

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



CHILD AND FAMILY SERVICES PLAN

2014 ANNUAL PROGRESS AND SERVICES REPORT

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

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Overview of System Collaboration to Prepare Progress 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 FFY2014 planning meeting was held March 26, 2014. 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; Region III of the Children's Bureau, Administration of Children and Families and representatives of various community service agencies. This session included instructions for contributing editors to the annual progress report and a review of program activities and data measurements. This year, a total of 30 contributors, representing both agency and department staff and community partners, were invited to contribute to the APSR.

There are no edits to the 2010-2014 CFSP. There is a slight change in a Well-Being Measure necessitated by sample size. A letter sent to the Nanticoke Tribal Chief requesting time to discuss a partnering with this agency has not been answered. (See APSR Attachment 1: 2014 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.

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Overview of *Outcomes Matter*: Delaware's System Reform Effort

In the fall of 2011, the Division of Family Services (DFS) partnered with the Child Strategy Group of the Annie E. Casey Foundation (AECF) to conduct a comprehensive assessment of Delaware's child welfare system. That assessment confirmed several strengths in the areas of prevention of maltreatment recurrence, low entry rates into foster care, and achievement of permanency for children. However, the assessment also identified several areas of opportunities for improved performance. These included preventing unnecessary entries of teens into foster care, achieving better permanency outcomes for adolescents, reducing the number of youth who age out without legal permanence, and improving placement stability in foster care. DFS and AECF then spent several months researching and evaluating potential tools, strategies and models that would enhance child welfare practice and improve outcomes.

By May of 2012, DFS had identified a number of plans for system improvement. In an effort to communicate that these plans were part of an integrated whole, the effort was branded as the *Outcomes Matter* Initiative. The goal of the initiative was to create a best practice system that balances safety, permanency and well-being. The over-arching theme that integrates these disparate components is a focus on enhanced family engagement. The initiative was organized into three components:

Preventing Unnecessary Entries

- Structured Decision Making[®]
- Differential Response System
- Cross-Agency Collaboration
- Safety Organized Practice
- Team Decision Making
- Kinship Diversion

Crosscutting Infrastructure Strategies

- Comprehensive Screening and Referral
- Family Search & Engagement
- Outcomes Performance Management
- FACTS II (new SACWIS System)
- Financing & Reinvestment Strategies
- Communication Strategies

Improving Permanency Outcomes

- Continuum of Kin Supports
- Recruitment, Development & Support of Foster Families for Teens
- Strengthened Permanency Planning Committee Process
- Revision of Policies and Practices for APPLA Cases
- DE Youth Opportunities Initiative for Transitioning Youth

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These efforts were focused collectively on the following outcome measures:

- ✓ Reducing the number of teens who enter care/Increasing the number of teens who could safely be served at home;
- ✓ Increasing placement stability/reducing placement moves;
- ✓ Increasing the percentage of all children and youth who are able to make timely exits to legal permanency;
- ✓ Increasing the percentage of youth initially placed in safe kinship care arrangements, whether in custody or diverted from custody;

Guiding Principles and Values

Family Engagement As Core Value and Strategy

Family engagement in practice requires a series of intentional interventions that work together in an integrated way to promote safety, stability, well-being and permanency for children, youth and families. The family actively participates as a partner in solution- and outcome-focused planning that is needs-driven and strengths-based. Interactions are open, honest, transparent, and non-judgmental, so that the relationship is viewed as a partnership [Hunter of Social Work (2007): Child Protection Best Practice Bulletin].

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/values:

1. The balancing of physical and psychological safety of children is at the forefront in all decision making processes.
2. Effective engagement promotes more comprehensive sharing of information and perspectives, which increases the effectiveness of best practice tools, strategies, and models.
3. Every child deserves to grow up in a stable, nurturing family with kinship as the preference whenever safe and possible.
4. Decisions about specific interventions for children and families are more relevant, responsive and effective, when a team model is used with the family, to include the voice of the child.
5. Children and families are more likely to actively engage in a plan in which they had a key role in designing.
6. When plans recognize and build upon families' strengths and achievements, they are more likely to accept the interventions and internalize the positive changes.
7. 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.
8. Older youth transitioning from foster care into adulthood are more successful in achieving independence when they have meaningful connections with caring adults who will reliably support them.
9. Foster families are valued part of the child welfare team and need to be included in engagement efforts and developed through recruitment, training and support.
10. Families involved in the child welfare system have experienced various traumas both from the circumstances that led to the maltreatment and placement in foster care. Unresolved, these traumas can continue to impact their reactions, behaviors and development.

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Adoption of a Practice Model

DFS recognizes that to make these values and principles truly operational, the child welfare workforce needed a model that would integrate these values and principles into practice. DFS is in the process of adoption of Safety Organized Practice (SOP) as the core practice model for child welfare. SOP recognizes and affirms that the primary mission of child welfare agencies is to ensure that children are safe and that their family and system of care provide a safe environment. SOP utilizes tools and strategies to help child welfare professionals balance attention to the safety, permanency and well-being needs of the children, youth and families served. DFS is implementing SOP in conjunction with Structured Decision Making[®] tools across all child welfare functions, for an integrated approach to best practice.

The SOP tools and strategies promote a process of critical inquiry with families who come to the attention of the child welfare system, which is fundamental to true engagement. Additionally, the SOP approach minimizes the potential for bias by workers through a rigorous “mapping” of the safety, danger, and risk issues, as well as the strengths and protective factors. These frank and rigorous conversations focus on developing a joint understanding between the family, the child welfare agency and the family’s larger support and service system. This shared understanding of the issues helps foster a sense of shared responsibility to align the intentions and efforts of all involved in planning for and ensuring the child’s safety.

SOP tools and strategies involve the application of research based tools to enhance consistency, validity, and equity in the key casework decisions made by child welfare professionals. By providing a common language and framework, this approach enables the family and all those involved to engage in open and frank discussions, which enhance and deepen their critical thinking about the totality of the needs and issues. These conditions become the foundation for enhanced decision making in dealing with the complexity of issues and needs that child welfare professionals face daily.

The *Outcomes Matter* Initiative is focused on enhancing practices to achieve improved outcomes. Enhanced family engagement strategies, coupled with researched based tools and models provide the most effective approach to improving child welfare outcomes in the areas of safety, permanency and well-being.

Safety Section

System Level

Statewide Home Visiting Program: Maternal, Infant, and Early Childhood Home Visiting

The continuum of home visiting services in Delaware (DE) is overseen by the Division of Public Health in the Department of Health and Social Services.

The Delaware Maternal and Infant Early Childhood Home Visiting (MIECHV) program provides a broad and expanding array of Evidence-Based home visiting programs statewide. The Division of Public Health is responsible for administrative and fiscal oversight. The program has a statewide Community Advisory Board (CAB). The CAB is comprised of providers, policy makers, and other advocates and includes: Community-Based Child Abuse and Prevention (CB-CAP) grantee, Division of Family Services, Division of Prevention and Behavior Health,

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Division of Public Health, ECCS Coordinator, Office of Early Learning, United Way, Family Court, Child Death Review Commission, Office of the Child Advocate, Christiana Health Systems, Federally Qualified Health Centers, University of DE School of Nursing, University of Delaware School of Urban Affairs and Public Policy, Medicaid Managed Care Organizations, three private foundations and the various home visiting programs (i.e., Division of Public Health - Smart Start Program/Healthy Families America; Department of Education - Parents as Teachers; Early Head Start Programs; Children and Families First - Nurse Family Partnership and Healthy Families America).

The MIECHV Program is a provision of the Affordable Care Act (ACA) which responds to the diverse needs of children and families in at-risk communities. The program provides an unprecedented opportunity for collaboration and partnership at the Federal, State, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. It is intended to assure effective coordination and delivery of critical health, development, early learning, child abuse and neglect prevention, and family support services to these children and families through home visiting programs. The home visiting program plays a crucial role in the national effort to build quality, comprehensive statewide early childhood systems for pregnant women, parents and caregivers, and children from birth to 8 years of age – and, ultimately, to improve health and development outcomes.

MIECHV started with four key goals that it aims to achieve including:

1. Develop, implement and sustain a continuum of home visiting services statewide where the needs of families are met by the most appropriate program
2. Transition Division of Public Health nurse home visiting to implement Healthy Families America in six at-risk zones identified through a needs assessment
3. Improve maternal, infant and early childhood outcomes through targeted home visiting services
4. Monitor home visiting system changes and challenges to ensure long-term sustainability

After conducting a statewide needs assessment in 2010, the State of Delaware Division of Public Health designated six zones as “at-risk”, with three being located in the City of Wilmington, and three others being located in Kent and Sussex Counties. Zones were identified by assessing health, mental health, poverty, unemployment rate, high school drop-out rates, child maltreatment, crime and domestic violence rates. Families residing within these zones receive priority service. Ultimately, MIECHV hopes to create an effective, efficient, and sustainable home visiting system that will ensure that at-risk individuals will receive the assistance and services available to them, and in turn, increase positive outcomes for the children and families of Delaware.

Priority High-Risk Families include:

- Families who reside in areas identified as high risk through the needs assessment
- Low-income families
- Families with a history of child abuse and neglect or who have had interactions with child welfare services
- Families with a history of substance abuse or need of substance abuse treatment
- Families where tobacco is used in the home
- Families with children with low academic achievement

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- Families with children with developmental delays or disabilities

Delaware has received three MIECHV grants thus far in the amount of \$20,746,558. These funds have supported the following activities:

- The implementation the Help Me Grow model which includes providing a central intake for all Home Visiting program referrals
- Infrastructure to transition the Division of Public Health's Home Visiting program to the evidence-based Healthy Families America Home Visiting program
- Training and Technical assistance is provided to evidence based Home Visiting programs through a contract with Prevent Child Abuse Delaware
- Implementation of Health Ambassador programs which includes funding Community Health workers in all six of the identified high risk zones
- Expanding capacity of Parents as Teachers program
- Expanding capacity of Healthy Families America program
- Expanding of Nurse Family Partnership program
- Implementation of a new Healthy Families America program focused on parents with Substance Use Disorders
- Implementation of a Medical Legal Partnership program, providing legal assistance and case management to navigate housing and employment issues that adversely impact a family's health

Data and Outcomes

A requirement of MIECHV funding is that all programs receiving funding must collect a set of standard measures in six areas. These data collection areas are:

- Improved maternal and newborn health
- Prevention of child injuries, child abuse, child neglect or maltreatment and reduction in emergency department visits
- Improvement in school readiness and achievement
- Reduction in crime, including domestic violence
- Improvement in family economic self-sufficiency
- Improvement in coordination and referrals for other community resources and supports

The MIECHV Program in DE has served over 1,000 children and conducted over 6,000 home visits. This program is providing important evidence of being a significant strategy in preventing child maltreatment:

- # of children served by the home visiting program who are reported in a case of suspected maltreatment: 21
- # of children served by the home visiting program who are reported in a case of substantiated maltreatment: 7
- # of children served by the home visiting program who had a maltreatment disposition of "victim" and never had a prior disposition of "victim": 15

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Major Activities

Public Awareness Campaigns

<http://DEThrives.com> - This website was launched in 2013 as a common portal of information for the Help Me Grow Initiative and ways for parents and caregivers to access information.

Call 2-1-1 - This campaign included advertising about the toll free DE number for parents and caregivers to access information and obtain assistance in connecting with needed services.

QT-30 - This campaign is a shorthand for “30 Minutes of Quality Time Each Day”, which provides information about the importance of providing stimulation to help promote children’s positive development in cognitive and social/emotional domains.

Training

The MIECHV Program contracts with Prevent Child Abuse Delaware to provide common areas of training to all home visiting programs. These have included reflective supervision, domestic violence, substance abuse, and safety in the field. These cross-model trainings provide opportunities for home visitors from different programs to network, share resources, and build relationships that facilitate referrals.

Priorities for Coming Year

The above listed activities will continue as DE is still in the implementation stage of many of these components. The beauty of the committed stakeholders and partners in the Delaware Home Visiting Community Advisory Board (CAB) is that ongoing collaboration and discussion continues to provide assistance with identifying any service gaps, programs and resources (i.e. health, mental health, early childhood development, substance abuse, domestic violence, child welfare, education, and other social and health services) in the communities served; addressing any barriers/challenges; and promoting coordinated referrals.

Prevent Child Abuse Delaware Community Based-Child Abuse Prevention Grant (CB-CAP)

PCAD has been the lead agency for the federal CBCAP grant since 2004. The CBCAP grant represents federal set aside dollars that are provided to states based on population. The base grant for Delaware is \$200,000 with an opportunity to leverage additional dollars utilizing state and/or other sources of funding. The funds that are provided to the states are to be utilized to support community-based efforts to develop, operate, expand, enhance and where appropriate, to network initiatives aimed at the prevention of child abuse and neglect and to support networks of coordinated resources and activities to better strengthen and support families.

Each year the Chief Executive Officer of each state is asked to designate a lead agency that is responsible for the use of the federal grant funds. The lead agency has two major areas of responsibility, providing support, training and technical assistance to the community-based programs that receive grant funding and to provide leadership to a network of coordinated resources to better strengthen and support families. In Delaware the Family Support Coordinating Council (FSCC) lead by PCAD serves in this capacity.

During the past ten years CBCAP grant funding has been used to support home visiting programs, parent education efforts and the *Strengthening Families through Parent Provider Partnerships in Child Care* initiative. The funds provided have been used to provide the following activities:

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- Home Visiting – Grant funds have been used to support evidence-based home visiting programs. Nurse home visits, provided through the Nurse Family Partnership program, have been funded allowing nurses to work with young, first-time mothers who are experiencing poverty. Funds received by Parents as Teachers have allowed the program to increase the frequency with which visits are made to families who have come to the attention of the child welfare system.
- Parent Education – The Latin American Community Center has received funding to support their work with families in Wilmington’s Latino community. Provided by a bi-lingual staff member these services target families that are experiencing challenges dealing with their children’s behavior issues. People’s Place has received funding to work on parenting issues with families that have experienced domestic violence utilizing the 1 2 3 Magic Curriculum.
- Strengthening Families through Parent Provider Partnerships in Child Care – To date ten child care centers have been engaged in this program designed to provide staff with the knowledge, tools and supports that they need to help build protective factors in families. Training and technical assistance is provided by PCAD to each center so that the following goals can be achieved:
 - ✓ Reach large numbers of children and families with a primary prevention initiative.
 - ✓ Help the staff at the child care sites to establish personal and trusting relationships with families.
 - ✓ Train child care center staff to provide family members with encouragement and education.
 - ✓ Empower the child care center staff to act as an early warning system and to intervene with families before abuse and neglect occurs.

Collaborative Efforts/Projects

The FSCC is a multi-disciplinary, collaborative, public-private council that includes family members and professionals who are committed to assuring that a coordinated family education and support system is available in Delaware. The FSCC works with the Help Me Grow Advisory Committee, the Home Visiting Community Advisory Board, the Early Childhood Council and the Office of Early Learning to coordinate efforts on behalf of children and families in Delaware.

In partnership with the Child Death, Near Death, Stillbirth Commission and Delaware maternity hospitals, PCAD has sustained Delaware’s hospital-based Infant Abusive Head Trauma prevention program. Materials and a video about infant crying and ways to soothe a crying baby are shared with all new parents when their baby is born.

Outcome Measures, Accomplishments, Barriers and Challenges

Home Visiting – Outcomes have included healthy babies being born to participating mothers, children being developmentally on target, mothers being healthy and following a positive life course and improvements in parenting skills/competence as measured by the Life Skills Progression tool.

Parent Education – Outcomes have included a reduction in negative behaviors in children and no client referrals to DFS for reported child abuse or neglect during the course of program participation.

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Strengthening Families through Parent Provider Partnerships in Child Care – Parent surveys have continued to indicate strong and positive outcomes to questions about their relationships with classroom teachers and their willingness to ask questions when they are worried about their child(ren). Staff surveys have demonstrated a general belief that it is important to share information with parents on a daily basis and that building strong relationships between staff and parents is a priority at their child care center.

Priorities for Coming Year

All grantees work with the project evaluator to determine program outcomes. In the past each program has determined what these outcomes were and how they were going to be measured. While this data has demonstrated positive results it has been hard to determine the impact within our state of the CBCAP dollars invested. Going forward, all funded programs will be assisted by the project evaluator to measure how successful their program has been at building the protective factors that have been identified by the Administration for Children and Families and the Center for the Study of Social Policy.

It is the goal of PCAD, as the lead agency for Delaware's CBCAP grant, to increase the likelihood that at-risk children are safe and protected from harm by supporting, training and providing technical assistance to community-based programs that are designed to strengthen families by building protective factors. Research indicates that when these factors are present and strong in a family, the likelihood of child abuse and neglect diminishes.

Children's Justice Act

The Children's Justice Act (CJA) provides grants to states to improve the investigation, prosecution and judicial handling of cases of child abuse and neglect, particularly child sexual abuse and exploitation, in a manner that limits additional trauma to the child victim. This also includes the handling of child fatality cases in which child abuse or neglect is suspected and some cases of children with disabilities and serious health problems who also are victims of abuse and neglect.

To be eligible for CJA funds, states must be eligible for the Child Abuse Prevention and Treatment Act (CAPTA) State Grant and are required to establish and maintain a CJA Task Force. The CJA Task force is to be comprised of representatives from the following disciplines: law enforcement community, criminal court judge, civil court judge, prosecuting attorney, defense attorney, Child Advocate, Court Appointed Special Advocate, health professional, mental health professional, child protective service agencies, individual experienced in working with children with disabilities, parents and representatives of parent groups, adult former victims of child abuse and neglect, and individuals experienced in working with homeless children and youths. The Task Force is responsible for making policy and training recommendations to carry out the objectives of the grant, conducting a comprehensive evaluation every three years of the State's child welfare systems, and making recommendations for improvements to those systems.

In April 2011, the Child Protection Accountability Commission (CPAC), as the CJA Task Force, authorized a change in grant management from the Division of Family Services to the Office of the Child Advocate (OCA) on behalf of CPAC. Effective October 1, 2012, the Criminal Justice Council agreed to fiscally manage the grant. Because OCA provides staffing support to CPAC, this realignment will provide a more practical approach to administering the funds.

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The CJA Grant is administered by the U.S. Department of Justice, Office of Victims of Crime (OVC) and the grants are awarded by the Administration on Children, Youth and Families, U.S. Department of Health and Human Services, as outlined in Section 107 of CAPTA, as amended, by the Keeping Children and Families Safe Act of 2003.

History of Program

Delaware's Child Protection Accountability Commission was statutorily created in 1997 as part of a comprehensive strategy, entitled the Child Abuse Prevention Act of 1997, to improve Delaware's child protection system following the tragic death of a child who was involved with the child protection system. This act made significant changes regarding how Delaware investigates child abuse and neglect and how it fosters a child protection community of cooperation, accountability and multi-disciplinary collaboration. As a result, CPAC became the CJA State Task Force in Federal Fiscal Year (FFY) 2008, and the majority of disciplines specified under CAPTA are statutorily appointed to CPAC. The remaining disciplines participate in a number of long-term committees of the Task Force. In April 2013, the Abuse Intervention Committee was designated by CPAC to provide oversight for the CJA grant activities and to report the progress of the activities to CPAC.

Goals

The Abuse Intervention Committee meets on a quarterly basis to receive progress updates on the three priorities identified for the 2012-2014 grant period: (1) support of training and education initiatives related to the investigation and prosecution of child abuse and neglect cases using a multidisciplinary team approach; (2) creation of a committee to improve the investigation and prosecution of child abuse and neglect cases as well as offender accountability within the criminal justice system; and (3) implementation of a plan to eliminate infant unsafe sleep fatalities due to abuse or neglect in the state.

Major Activities

In FY14, CJA Grant funds were allocated for the following activities: salary for position of the Training Coordinator, Mandatory Reporting Training, Online Training System and Surveys, Child First™ Forensic Interviewing Training, Child Abuse and Neglect 101, and Child Abuse and Neglect Report Line Publicity. Additional funds will be used to send multidisciplinary team members from OCA, the Department of Services for Children, Youth and Families (DSCYF), Department of Justice (DOJ), Family Court, and law enforcement to two advanced training opportunities out of state: the 30th National Symposium on Child Abuse and Fourteenth International Conference on Shaken Baby Syndrome/Abusive Head Trauma. Grant funds will also be used to send the Children's Justice Act Coordinator and Executive Director of the CPAC to the Annual CJA Grantee Meeting and Citizen Review Panel Conference.

Collaborative Efforts/Projects

The following activities were collaborative projects during FY14: Child First™ Forensic Interviewing Training, Child Abuse and Neglect 101, and the advanced training opportunities provided to multidisciplinary team members.

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Outcome Measures

The following outcome measures were identified in the 2013 CJA Annual Progress Report and Grant Application:

- The Training Coordinator will facilitate and/or coordinate the CPAC approved trainings for professional audiences; expand on the use of web-based training; evaluate and enhance existing trainings; and maintain a tally of persons trained
- Sponsor a national expert(s) on crime scene investigations and best practice guidelines for the investigation of child death and near death cases to come to Delaware to provide a two-day advanced training course to professionals involved in the investigation and prosecution of child abuse cases
- Partner with the Gundersen National Child Protection Training Center and the Child First™ States to identify a long term plan for the Child First™ Program and determine if future training sessions will be held. For the October 2013 session, workshops on the multidisciplinary team (MTD) approach, medical evaluation and minimal facts interview for first responders will be included in Delaware's program.
- Provide partial funding for the Protecting Delaware's Children Conference, which has a focus on the investigation and prosecution of child abuse cases.
- Train 1000 professionals on the recognition and reporting of child abuse and neglect; assist the Division of Family Services with developing and providing the required yearly training for educators; and ensure that all trainings have a web-based option.
- Provide cross-education training to professionals through a series of agency specific presentations and the Child Abuse and Neglect 101.
- Plan and coordinate the yearly Mandatory Reporting Outreach Campaign to educate the community on the signs of child abuse and neglect and the obligation to report.
- The training statistics for July 2013 – March 2014 are:

Training Type	Onsite	Online
General Public	5 sites/87 people trained	66 completions
Medical Community	1 site/11 people trained	282 completions
Schools	8 sites/people 464 trained	11,649 completions

- Research, discuss, and draft recommendations concerning the completion of criminal background check for employees and volunteers of camps in Delaware to enhance the protection for children, in particular children with disabilities.

Priorities for Coming Year

The priorities will remain the same until new priorities are identified by CPAC for the next three-year grant period (2015-2017).

Link to Annual Report

On May 30, 2014, the CJA Annual Progress Report and Grant application will be available at: <http://courts.delaware.gov/childadvocate/CJAtaskforce.stm>

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Office of the Child Advocate and the Child Protection Accountability Commission

The Office of the Child Advocate (OCA) is a non-judicial state agency charged with safeguarding the welfare of Delaware's children. OCA fulfills this charge by providing legal representation for dependent, neglected, and abused children in civil Family Court proceedings; engaging in legislative advocacy; collaborating with child welfare system partners to evaluate the effectiveness of the child protection system and to make recommendations for changes to policies and procedures; developing and providing quality training to OCA's volunteer attorneys and the child protection system as a whole; and participating in the community to increase public awareness of OCA.

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. The Child Advocate is appointed by the Executive Committee of the Child Protection Accountability Commission (CPAC) to oversee OCA and to serve as the Executive Director of CPAC.

History of Program

OCA was created in 1999 in response to several child deaths in Delaware resulting from child abuse. These cases pointed to deficiencies in the child protection system that could only be remedied through the collaborative efforts of the larger Delaware child welfare system. The General Assembly determined that an office to oversee these efforts, staff CPAC, and provide legal representation on behalf of Delaware's dependent, neglected, and abused children was necessary.

Data on Children Represented

For its legal representation component, OCA, through its four in-house Deputy Child Advocates and more than 300 volunteer attorneys, is actively providing legal representation to 336 children as of February 28, 2014.

Guardian ad Litem Training

From April 1, 2013 through March 31, 2014, the Office of the Child Advocate (OCA) conducted 5 training sessions and trained 24 attorneys to represent children in DSCYF custody in the dependency/neglect proceedings involving their welfare.

Child Protection Accountability Commission

CPAC's overall statutory mission is to monitor Delaware's child protection system to ensure the health, safety, and well-being of Delaware's abused, neglected, and dependent children per 16 Del. C. § 912(b).

Twenty representatives from the child welfare community are statutorily appointed to CPAC and the members are as follows: (1) The Secretary of Department of Services for Children, Youth and Their Families (DSCYF), or the Secretary's designee; (2) The Director of the Division of Family Services (DFS), or the Director's designee; (3) Two representatives from the Attorney General's Office, designated by the Attorney General; (4) Two members of the Family Court, designated by the Chief Judge; (5) One member of the House of Representatives, designated by the Speaker of the House; (6) One member of the Senate, designated by the President Pro Tempore of the Senate; (7) The Chair of the Child Placement Review Board, or the Chair's

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designee; (8) The Secretary of the Department of Education (DOE), or the Secretary's designee; (9) The Director of the Division of Prevention and Behavioral Health Services (DPBHS), or the Director's designee; (10) The Chair of the Domestic Violence Coordinating Council, or the Chair's designee; (11) Eight at-large members with 1 person from the medical community, 1 person from the Interagency Committee on Adoption who works with youth engaged in the foster care system, 2 persons from law-enforcement agencies and 4 persons from the child protection community. Additionally, CPAC serves as the federally mandated Citizen Review Panel and Children's Justice Act State Task Force.

CPAC Committees

Abuse Intervention

The Committee is charged with providing measurable oversight of the Children's Justice Act (CJA) 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. The activities of the CJA are provided in an above section.

Training

The Committee is charged with ensuring the training needs of the child protection system are being met through ongoing, comprehensive, multidisciplinary training opportunities on child abuse and/or neglect. The Committee oversees the progress of its training initiatives, which are being monitored by its five workgroups: Mandatory Reporting, ChildFirst™/MDT (Multi-Disciplinary Team), Joint Conference, Cross-Education, and Child Abuse and Neglect Best Practices.

Mandatory Reporting Workgroup

The group has been developing and planning the one hour training for educators in the detection and reporting of child abuse for 2014-2015 school year. The training will be available onsite and online to those employed in the Delaware school system by August 2014.

ChildFirst™/MDT Workgroup

In October 2013, the ChildFirst™ Forensic Interviewing Training was received by 40 professionals from the following agencies: Division of Family Services, Department of Justice, New Castle County Police, Wilmington Police Department, the Delaware State Police, and Court Appointed Special Advocate Program. The goal of this training is support effective collaborative investigations by the Multi-Disciplinary Team.

Joint Conference Workgroup

CPAC and the Child Death, Near Death and Stillborn Commission (CDNDSC) sponsor a joint conference. The Joint Conference Workgroup coordinated with the ChildFirst™/MDT Workgroup to allow for a predictable training schedule for its two training initiatives. The Protecting Delaware's Children Conference and the ChildFirst™/MDT Training will be offered on alternating years since the CJA Grant is the primary source of funding for these two programs. The next Protecting Delaware's Children Conference is scheduled for March 3-4, 2015 at the Dover Downs Hotel. An advanced training course will be offered to multidisciplinary

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team members during the conference since the ChildFirst™ Forensic Interviewing Training will not be held again until March 2016.

Cross-Education Workgroup

Similarly, in October 2013, 48 professionals received the two-day Child Abuse and Neglect 101 Training, which featured presentations by the Children's Advocacy Center, Delaware State Police, Department of Justice, Family Court, Office of the Child Advocate, and Prevent Child Abuse Delaware. The workgroup is working with students from Delcastle Technical High School to develop an online training. The group also continues to work on its cross-education trainings, which will feature several online training modules for individual agencies involved in the child welfare community.

Child Abuse and Neglect Best Practices Workgroup

The workgroup was tasked with developing best practices for investigating and prosecuting child abuse cases. To incorporate these best practices, CPAC and Child Death, Near Death and Stillbirth Commission (CDNDSC) approved the revision of the Memorandum of Understanding (MOU) between DSCYF, Children's Advocacy Centers (CAC), DOJ and Delaware Police Departments. Training will also need to be developed and provided once this workgroup completes its revisions to the MOU.

Permanency for Adolescents

The Committee is charged with improving outcomes for adolescents in foster care by developing best practices, policies, procedures and statutes that remove barriers to permanency. This committee is focused on strategies that create lasting connections for adolescents, help support their timely exit to permanency, reduce the number of children with a goal of Another Planned Permanent Living Arrangement (APPLA), and support placement stability and success while in foster care. Since this Committee was not created to duplicate the work of any other groups or initiatives assisting adolescents in foster care, it instead identifies ways to complement or fill the gaps which still exist in Delaware's child welfare system. The Committee receives quarterly updates on legislation impacting youth, including the state-funded *Ready by 21* Stipends, as well as the status of crossover youth that are being served by the Division of Family Services, Division of Prevention and Behavioral Health Services, and Division of Youth Rehabilitative Services. The Committee also received an update on the progress of its three workgroups: Extended Jurisdiction, Permanency Options, and Juvenile Expungements:

1. Extended Jurisdiction - The group is currently developing a best practices guide for streamlining court orders and hearings to make them more youth friendly.
2. Permanency Options Workgroup - The group developed a user friendly guide to help foster parents and other caregivers with understanding the different permanency options for children experiencing foster care. The workgroup plans to develop training for professionals.
3. Juvenile Expungements - The group was tasked with completing revisions to the Juvenile Expungement Statute. CPAC continues to work with system partners on these statutory issues.

Education

The Committee is charged with the following: 1. Providing administrative oversight of the Memorandum of Understanding between DSCYF and DOE by: a) identifying and monitoring data points related to educational success; (b) reviewing responsibilities, staff familiarity and

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effectiveness with the MOU; (c) promoting system-wide communication on the MOU; and (d) revising, implementing, and training on the MOU, as needed; 2. Improving system collaboration between child welfare and education through training, curriculum development, and enhanced communication. The curriculum and resource identification shall include training modules and resources on child welfare/education policies, collaboration, and programs; and 3. Studying the educational success of children in foster care through the collection and analysis of data, and making recommendations for system improvement and performance measures as a result thereof. The Committee receives quarterly updates on the progress of its three long standing workgroups: MOU Implementation, Collaboration Training, and Data.

1. MOU Implementation Workgroup - The group was responsible for revising the MOU between the Department of Education, Local Education Agencies, and the Department of Services for Children, Youth, and Their Families, Division of Family Services, Division of Prevention and Behavioral Health Services, and Division of Youth Rehabilitative Services. The revised MOU was recently executed in December 2013.
2. Collaboration Training Workgroup - The group finalized the At a Glance School Summary Sheet: Who to Notify Regarding Students in Foster Care, and it has been distributed to educational and DFS staff. The workgroup has also been working on a Frequently Asked Questions sheet and discussing the need for trauma-informed practice for educational professionals.
3. Data Workgroup - Since Fiscal Year 2011, the Data Workgroup has been collecting data to make a comparison between school aged children and children in foster care for the following school years: 2009-2010, 2010-2011, 2011-2012, and 2012-2013. To conduct this data comparison, the workgroup identified several key areas related to student success: graduation rates, attendance, rate of special education identification, and proficiency testing. The Data Workgroup developed a list of recommendations based on the data collected for children in foster care in the last school year. The Committee is working to implement these recommendations.

System Dashboard

The Committee is charged with the following: 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 Data Unit from the Division of Family Services provides the majority of the data utilized, as well as the technical assistance for creating user-friendly dashboards. Currently, the dashboards provide quarterly data including: caseloads, processing of child abuse cases; court outcomes; permanency outcomes; extended jurisdiction; crossover youth; education outcomes for children in foster care; and re-entry/re-occurrence of maltreatment. The Committee plans to finalize the dashboards and provide quarterly reports of the data and trends at each CPAC meeting.

Joint Investigation

The Joint Committee was charged with researching and developing 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. In May of 2013, the Final Report of the Joint Committee on the Investigation and Prosecution of Child

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Abuse was approved by CPAC and CDNDSC, and the Committee formally disbanded. In total, nine recommendations were made and they are summarized as follows: creation of a Special Victims Unit within the Department of Justice to handle all felony level criminal child abuse cases; establishment of a team of criminal investigators within the DOJ to work with the Special Victims Unit; enactment of a criminal statute that allows for prosecution of caregivers who, with criminal negligence, enable the sexual abuse, serious physical injury or death of a child; review of Delaware's sentencing guidelines as they pertain to criminal child abuse cases; develop best practice guidelines for the investigation of child abuse cases involving sexual abuse, serious physical injury or death; provide regular training opportunities and demonstrative tools for professionals involved in the investigation and prosecution of serious physical abuse cases; assign a Deputy Attorney General specializing in the prosecution of felony level child abuse to the CDNDSC Child Abuse and Neglect Panel; create a comprehensive case management system within the DOJ; and provide CPAC support to the DOJ for budgetary requests for appropriate resources. In July 2013, CPAC developed and approved action steps to accomplish these recommendations.

Outcomes, Barriers and Challenges

Professionals who regularly respond to allegations of child abuse and neglect in Delaware will receive annual training opportunities through CPAC to improve the civil and criminal response in these cases. Since many of the training initiatives rely on the CJA grant as the primary source of funding, CPAC is limited with the number and frequency of training programs and resources it can offer to MDT partners, including bringing national experts to Delaware and sending teams to national conferences. Online training programs also have some challenges. While these trainings provide a solution for reaching a wider professional audience in the state, the limitations with technology (i.e. less interactive, lack of technical skills for user) become a barrier for some users.

Priorities for Coming Year

Over the next year, CPAC, through its various Committees, will maintain its commitment to the initiatives mentioned above. The Abuse Intervention Committee will continue to meet quarterly to provide oversight of the CJA Grant activities. At the same time, the Training Committee with the support of its workgroups and the Training Coordinator, will plan and facilitate the Protecting Delaware's Children's Conference and unveil the online Child Abuse and Neglect 101 Training and the 2014-2015 School Training. The Data Utilization Committee will finalize its work on the dashboards and submit quarterly reports to CPAC on an ongoing basis. Meanwhile, the Education Committee plans to implement its recommendations on the educational success of children in foster care and to provide additional resources to child welfare and educational professionals. The Permanency for Adolescents Committee will continue to address the barriers for achieving permanency and to support related legislation. Lastly, CPAC plans to continue its work on the recommendations identified in the Final Report of the Joint Committee on the Investigation and Prosecution of Child Abuse.

Link to Annual Report

The CPAC Fiscal Year 2013 Annual Report can be found at: <http://courts.delaware.gov/forms/download.aspx?id=72538>

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Children's Advocacy Center

The Children's Advocacy Center of Delaware (CAC) emphasizes the coordination of investigation and intervention services by bringing together professionals and agencies as a multidisciplinary team to create a child-focused approach to child abuse cases. Although some aspects of a multidisciplinary approach to child abuse can exist without a facility, a supportive, child-focused facility is fundamental to best practice for forensic interviews that can be observed by Multi-Disciplinary Team members and prevent the need for child victims to be re-interviewed. The CACs are designed to create a sense of safety and security for the children.

The Delaware CAC was founded in 1996 as a result of the efforts of a multidisciplinary task force comprised of leaders from the Department of Justice, the Division of Family Services, State, County and Municipal law enforcement agencies, the Criminal Justice Council, A.I.duPont Hospital for Children, the Family Court, the corporate sector, the private bar and other child advocates. The task force was convened to consider the role that a multidisciplinary center, such as a Children's Advocacy Center (CAC), could play in the State's efforts to develop a more timely, collaborative, coordinated and effective response to allegations of child abuse. The Children's Advocacy Center of Delaware was established as a 501(C)(3) non-profit organization in order to ensure that the center was able to operate from a position of neutrality, free from any disproportionate influence from any one branch of government or agency involved in Delaware's response to allegations of child abuse.

The CAC is a "pass-through" funding recipient contained within the Department of Services for Children Youth and Their Families Operating Budget. The three Children's Advocacy Centers in Delaware are fully accredited by The National Children's Alliance (NCA). Adherence to the NCA standards ensures the effective, efficient and consistent delivery of services to child abuse victims and their families. The CAC of Delaware is a signatory to the "Memorandum of Understanding Between The Department of Services for Children Youth and Their Families, The Delaware Department of Justice and all Delaware Police Departments"

Population Served

The CAC of Delaware primarily provides services to children who are victims of child physical and sexual abuse. The CAC also provides services to adults with cognitive disabilities who may have been sexually or physically abuse or who may have witnessed a violent crime such as domestic violence. A detailed breakdown of the populations served by the CAC is available on their website at: www.cacofde.org and select "Our Statistical Reports".

Outcomes, Barriers and Challenges

One key outcome measure for the CAC is that it "facilitates healing for the child and the caregivers". Highlights from our 2013 Outcome Measurement System Report, based on survey results from caregivers of children served by the CAC show:

- 95% of caregivers agreed they were referred to services that would help them to support their children and meet their children's needs following the initial visit to the CAC.
- 95% of caregivers agreed, if they knew anyone else dealing with a situation like the one their family faced, they would tell that person about the center.

There are no known barriers.

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CAC faces these challenges:

- Ensuring adequate State and Federal funding.
- Ensuring that all appropriate cases are referred by our multidisciplinary team partners to the CAC for services.

Plans and Priorities for coming year

Providing a CAC based multidisciplinary response to allegations of physical and sexual abuse that is timely, collaborative, coordinated, effective and child focused so that the child is not further victimized and/or traumatized by the intervention systems designed to protect them.

Link to Reports

<http://www.cacofde.org>

Court Appointed Special Advocate (CASA) Program

The mission of the CASA Program is to provide independent and quality representation and advocacy for abused and neglected children who are the subject of Court proceedings. The program provides carefully selected, thoroughly trained and responsibly supervised volunteers who serve as guardians ad litem who represent the best interest of these children.

The Delaware CASA Program began in New Castle County in 1981 and expanded statewide by 1983. The program has received continuous support from the judiciary, public and private welfare agencies and community groups. There are over 200 CASA volunteers in Delaware who represent more than 400 children. On the average each CASA is assigned to two children at one time. As a volunteer driven organization, the CASA program is an extremely efficient means to make a major impact for abused and neglected children. In 2013 alone, CASA volunteers provided more than 1,500 hours of casework to the children they serve.

A CASA is authorized by statute to request a hearing whenever any plan for a child is not being carried out or is not meeting the child's needs. The CASA plays an important role in a child's journey through the child welfare system.

CASA has been very active in collaborating with other groups and agencies in the child welfare community. Presently, there is a CASA representative participating on many of the CPAC committees as well as the Delaware Youth Opportunities Initiative (DYOI) groups. Additionally, CASA is involved with the Youth Advisory Council (YAC) and is represented on the Intra-Agency Adoption Committee. CASA is also represented on the Delaware State University Council. This past year, CASA offered field placements to students from Delaware State University, Wilmington University and Delaware Technical and Community College.

CASA has collaborated with other organizations to provide enhanced training opportunities for volunteers and staff such as Office of the Child Advocate (OCA) and The Parent Information Center (PIC). CASAs have received specialized training to enable them to be Educational Surrogate Parents. This past year CASA also participated in the Darkness to Light training as well as were offered 30 in-service training opportunities provided by CASA statewide.

During the fall of 2013, two trainers from Seattle Washington trained over 75 CASA staff and Volunteers on National CASA Association's Fostering Futures Curriculum. This Curriculum

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teaches advocates how to better work with older teens and the aging out population. The training is necessary to reflect the changing demographics of foster care youth.

In the spring of 2014, CASAs will be provided extensive training regarding extended jurisdiction of the Court for youth between the ages of 18 and 21, independent living services to older youth, as well as educational advocacy of foster youth.

In the year to come CASA will continue to offer training surrounding the many new initiatives of DFS, including Structured Decision Making™.

The CASA Program is committed to providing continuing education to volunteers to assist them in their advocacy. This will help enable The Family Court CASA Program to realize their vision:

- To improve outcomes for more children.
- To continuously increase program quality.
- To recruit volunteers from diverse backgrounds.
- To continuously improve volunteer effectiveness.

Additionally, CASA is in the process of revamping their data collection tools in an effort to produce more accurate and reliable data. This information will be critical in assessing outcome measures and program effectiveness.

Office Child Care Licensing

The Office of Child Care Licensing's (OCCL's) mission is to ensure the safeguards and enhance the quality for children in out-of-home care. OCCL is responsible for the licensure and regulation of family child care homes, large family child care homes, early care and education centers, school-age centers, residential child care facilities, day treatment programs, and child placing agencies for programs serving children birth to 18 years of age. The legal base for regulating child care is in the Delaware Code, Title 31, Part I, Chapter 3, Subchapter III, §341–345. OCCL is administered by the Department of Services for Children, Youth and Their Families (DSCYF), Division of Family Services (DFS). OCCL develops regulations for Family Child Care Homes, Large Family Child Care Homes, Early Care and Education and School-Age Centers, Child Placing Agencies, Residential Child Care Facilities and Day Treatment Programs, Criminal History Record Checks and Child Protection Registry Checks. The research conducted during regulation promulgation is extensive and includes best practices and recommendations found in such nationally recognized standards as “Caring for Our Children”, American Academy of Pediatrics, Center for Disease Control, U.S. Consumer Product Safety Commission as well as input from providers and local subject-matter experts. OCCL has been nationally recognized for its regulations and monitoring by the National Association of Child Care Resource and Referral Agencies (NACCRRA)

Scope of Services

- License and monitor Family and Large Family Child Care Homes, Early Care and Education and School-Age Centers, Child Placing Agencies, Residential Child Care Facilities, and Day Treatment Programs.
- Perform compliance reviews on licensed providers.
- Investigate complaints on licensed child care providers and allegations of unlicensed care.

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- Offer technical assistance on how to meet child care requirements and provide healthy, safe, and quality care.
- Enforce regulations and provide access to due process fair hearings.
- Assist the public in locating child care through web-based locator technology.
- Provide training for licensure (Information and Orientation Sessions for those interested in obtaining a license for any type of facility regulated by the OCCL) and annual professional development hours for providers.
- Provide the public with compliance history of licensed providers including web-based access (<http://www.apex01.kids.delaware.gov:7777/occl/>).
- Conduct criminal history and child protection registry checks.

Data

Providers by type:

- Child Placing Agencies – 20
- Child Care Centers – 453
- Family Child Care Homes – 764
- Large Family Child Care Homes – 73
- Residential Child Care Facilities – 26

Capacity by type:

- Child Care Centers – 44,627
- Family Child Care Homes – 6,490
- Large Family Child Care Homes – 874
- Residential Child Care Facilities – 379

Mandated visits completed:

- For the past six state fiscal years, OCCL has conducted an annual mandated visit to 100% of all licensed facilities.

Major activities (2010-2014)

Regulation Task Force: Executive Order #36 required a review of all regulations with all executive departments, including the OCCL. Public meetings were held throughout the state as a result of this order so that public comments could be received regarding regulation revision. The revision process for Criminal History Record Checks, Child Protection Registry Record Checks, and Child Placing Agency regulations has been completed. Regulations for Residential Child Care Facilities and Day Treatment Programs are currently published in the Register of regulations for additional public comment.

Technical Assistance and Data to the Office of Early Learning (OEL): OCCL has participated in many meetings with OEL and supervisors and licensing specialists serve on many committees to provide input to OEL. These include:

- T.E.A.C.H Early Childhood Advisory Board (Teacher Education and Compensation Helps)
- Infrastructure Grant Advisory Board
- Compensation, Retention, and Education Awards Advisory Committee (CORE AWARDS)
- Capacity Grant Advisory Committee
- Curriculum Assessment Task Force

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- Early Learning Insight Core Project Management Team
- OCCL responds to many emails and verbal requests for information from OEL.

Technical Assistance and Data to the STARS Quality Rating System for Early Care and Education: OCCL participates in numerous Delaware Stars committees to provide data and other information including:

- Delaware Stars Management Team
- Delaware Stars Target meeting,
- Cost of Delaware Stars meeting
- Delaware Stars Stakeholders Report meeting
- Environmental Rating Scale committee
- BUILD Learning Table
- Technical Assistance Goals meeting
- OCCL and Stars Communications meetings
- OCCL staff:
 - ✓ Respond to frequent requests from Stars technical assistants and management for specific program information
 - ✓ Provide information on the licensing status of all Stars applicants;
 - ✓ Respond to requests from technical assistants and Stars management regarding licensing compliance clarification
 - ✓ Prepare and deliver training to Stars technical assistants on licensing compliance
 - ✓ Conduct joint trainings of OCCL licensing specialists and Delaware Stars technical assistants

Integrity Committee

In order to ensure all licensed child care programs funded with public dollars are administered with integrity, a committee comprised of state staff from the Delaware Departments of Education; Health and Social Services; and Services for Children, Youth and Their Families, discuss regulations, standards, and reporting requirements for the following program areas: Child and Adult Care Food Program (CACFP), Purchase of Care (POC), OCCL DelaCare Regulations, Delaware First staff qualifications, and Delaware Stars.

Family and Child Tracking System (FACTS): Multiple staff members from the OCCL have been required to devote a major portion of their time to development, technical assistance and testing.

Procedure Manual: Successful completion and implementation of an internal Procedure Manual, replacing the previous manual from 1999.

Rubric: Successful completion of an OCCL rubric to assist in consistent decision making for enforcement actions.

Barriers and Challenges

One of the greatest challenges has been the requirement to review all seven sets of child care regulations at one time to comply with Executive Order #36. Regulation revision is a lengthy process and involves the participation of many individuals and groups but the process is proceeding as rapidly as possible. OCCL is challenged to maintain timely completion of tasks considering required participation in outside committees, information requests and preparation

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for enforcement hearings without an increase in staffing. With the addition of increased funding to providers from participation in Delaware Stars, provider appeals (with and without legal representation) to proposed OCCL enforcement actions have increased.

Priorities for Coming Year

- Completing the review of child care regulations and providing the related trainings, publication of regulations, and document changes that must accompany the changes.
- Continued participation in the Integrity Committee with completion of the multi-agency action rubric, implementation of the common attendance form, and ongoing cooperation for problem resolution.
- Successful implementation of FACTS II.

Link to Website:

<http://kids.delaware.gov/occl/occl.shtml>

Department of Services for Children, Youth and Their Families 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. During calendar year 2013, there were 54 critical incidents reviewed by the Department Safety Council. As a result of these reviews, eight recommendations were forwarded to the Divisions for implementation. Recommendations included training opportunities for contracted providers and internal department staff, the dissemination of information pertaining to safe sleeping practices and the development of a quality assurance review process in cases where there have been multiple unsubstantiated investigations within an identified period of time.

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.

Child Death, Near Death, and Stillborn Commission

The Child Death, Near Death and Stillbirth Commission (CDNDSC or Commission) provides meaningful system-wide recommendations to prevent the deaths and/or near deaths of children and improve the systems that provide services to children. The process brings professionals and experts together from a variety of disciplines to conduct retrospective case reviews, create multi-

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faceted recommendations to improve systems, and facilitate interagency collaboration to reduce the mortality of children in Delaware.

CDNDSC is housed as a non-judicial agency under the Administrative Office of the Courts. This placement was strategic to enhance CDNDSC's ability to advocate for other state agencies during transitions or difficult budgetary seasons. Commission was established in 1995, with the mission of safeguarding the health and safety of children in Delaware as set forth in 31 Del. C. § 320-324, after a pilot project showed the effectiveness of such a review process for preventing future child deaths. The legislation established the Child Death Review Commission, which has been charged to create up to three regional review panels, establish confidentiality for the reviews, and provide the Commission with the ability to secure pertinent records. The Commission has established three panels. The New Castle County and Kent/Sussex County Panels review all non-child abuse or neglect deaths. The Child Abuse and Neglect (CAN) Panel reviews deaths and near deaths due to child abuse and neglect statewide. The New Castle County Panel and the Kent/Sussex County Panel meet bi-monthly; whereas, the CAN panel meets monthly. The Commission meets quarterly to review and approve the work of the Panels.

The Commission's statute was amended in 2002, changing the name from the Delaware Child Death Review Commission to the Child Death and Stillbirth Commission. Another significant legislative change in 2002 added the expedited review process for child death due to abuse and neglect. Deaths involving abuse and/or neglect are reviewed within six months of a referral to the Commission, notwithstanding unresolved criminal charges. In 2004, the statute was amended a second time to change the Commission's name to the Child Death, Near Death and Stillbirth Commission (CDNDSB). Among other updates, the scope of infant review was broadened to include fetal and infant deaths from 27 weeks gestation to 20 weeks gestation. Also, the statutory change required the Commission to investigate and review all the facts and circumstances of the death or near death of an abused and/or neglected child expeditiously. The amended statute also required that system-wide recommendations arising from an expedited review of a death or near death due to child abuse or neglect be made to the Governor and General Assembly, as well as any members of the public requesting the recommendations, within 20 days following the expedited review. In addition, the chair of the Child Protection Accountability Commission was added as a member of CDNDSB and it was legislated that the two Commissions would meet at least annually to discuss recommendations and system improvements. Finally, a fiscal note was attached to the 2004 legislation in order to fund three staff positions dedicated to supporting the Commission.

In FY2005, the Commission worked in collaboration with the Division of Public Health (DPH) to implement a Fetal Infant Mortality Review (FIMR) pilot project under the leadership of the Governor's Infant Mortality Task Force. In FY2006, FIMR's budgetary positions were placed with the Commission. These three positions include a registered nurse III (FIMR Program coordinator), senior medical social worker, and an administrative specialist. The most significant accomplishment for FY2007 was the full implementation of the Fetal Infant Mortality Review Process. The bi-annual joint reviews with the Domestic Violence Coordinating Council's Fatal Incident Review Team began in April 2007. The cases reviewed involved child deaths and near deaths with domestic violence as a significant risk factor in the death or near death. In an effort to streamline these types of reviews, a member of the Domestic Violence Coordinating Council is now a participant at every child death panel. During FY2008, the

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Commission's statute was amended to include Maternal Mortality Review (MMR) and allow for public disclosure of deaths and near deaths due to abuse and/or neglect, after prosecution, to fulfill the federal CAPTA statute mandate. The Maternal Mortality Review program was implemented in FY2012.

Many child deaths are preventable and are often the result of predictable events. As the facts and story of a child's life are compiled and analyzed, certain risk factors for Delaware's children emerge. The challenge is to apply our knowledge of these risk factors and work together as a state to prevent these unnecessary deaths that impact our families and communities. The goal of CDNDSC is prevent all future deaths of children and near deaths of children due to abuse or neglect. The Commission's work is serious and necessary because a child's death is a sentinel event for every community.

Description of activities

- Identify and triage cases for review.
- Prepare and review child death and near-death cases that meet the criteria for review.
- Make recommendations to decrease child and maternal mortality.
- Collect and analyze data related to child deaths, near-deaths and maternal deaths.
- Issue annual reports and expedited review reports on recommendations and data.
- Engage community partners for prevention programs, such as Cribs for Kids and the state-wide hospital abusive head trauma education program.
- Collaborate with CPAC and the Delaware Healthy Mother Infant Consortium.
- Oversee the Delaware Cribs for Kids program.
- Joint Training with CPAC the "Protecting Delaware's Children Conference" for child protection professionals.

Collaborative efforts/projects

Child Protection Accountability Commission

In addition to semi-annual Joint Commission Meetings, CPAC and CDNDSC host the Protecting Delaware's Children Conference and continued to engage in joint committees to address recommendations from the state's child death and near death reviews. These committees were established based upon recommendations developed as a result of child deaths or child near deaths due to abuse and/or neglect. The recommendation must be recurring and the issue of utmost necessity to keep children safe in order to warrant a newly formed committee. Joint CPAC and CDNDSC Commission committees include the following:

- Investigation and Prosecution
- Mandatory Reporting Outreach Campaign
- Foster Care Medical Committee
- The Infant Safe Sleeping Practice Community Action Team

Delaware Healthy Mother and Infant Consortium

A continued collaboration with the Delaware Healthy Mother and Infant Consortium (DHMIC), led to the formation of an infant safe sleeping media campaign subcommittee under the DHMIC Education and Prevention Committee. The development of this state-wide campaign will incorporate a two part message. The public message addresses safety and preventability (billboards, PSA's, parent education material, website, social media sites, etc.) The professional part will address healthcare providers. The public launch date was April 17, 2013 at the

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Delaware Healthy Mother and Infant Consortium Annual Summit. In further fulfilling its statutory mandate, CDNDSC also actively participated in the following Committees:

- Coalition for Injury Prevention
- CPAC Committees (Training and Abuse Intervention Committee)
- Delaware Healthy Mother and Infant Consortium (Data and Science Committee, Education and Prevention Committee, Disparities Committee, Standards of Care Committee and Systems of Care Committee)
- National Center for the Review and Prevention of Child Deaths (Mid-Atlantic CDR Coalition and Data Dissemination Subcommittee)
- Nurse Family Partnership Advisory Board
- Suicide Prevention Taskforce (Youth Suicide Subcommittee)
- Wilmington Consortium

Data Summary

Statistics for Fiscal Year 2013 include:

- 46 deaths were reviewed by the child death panels
- 15 initial cases were reviewed by the child abuse/neglect panel
- 22 cases were final reviews of child abuse/neglect
- 124 fetal and infant deaths (62 fetal and 62 infant) were referred to CDNDSC; Of those cases, six did not meet statutory authority
- 54 cases were reviewed by FIMR case review teams
- 26 maternal interviews were conducted with mothers who have had a fetal/infant loss
- 2 of the maternal interviews were conducted jointly with a Spanish speaking interpreter
- 7 maternal deaths were reviewed by the MMR
- 363 referrals were made to the Delaware Cribs for Kids program. Since its inception, only one infant of a parent or caretaker that received a crib and the mandatory infant safe sleep education has died due to unsafe sleeping.
- All fetal, infant, and child death cases that are referred to CDNDSC but not statutorily under the CDNDSC purview are still reviewed for system concerns if services were sought in Delaware. 197 cases of this type were referred and reviewed by CDNDSC staff. This is in addition to the cases reviewed by the panels or teams. These cases are classified as triage within the office.

Outcome Measures, Barriers and Challenges (2010-2014)

Measure	FY 2013 Actual	FY 2014 Projected
% of triage cases reviewed within the office	100%	100%
% of Cribs for Kids referrals receiving a crib and training	91%	93%
% of eligible FIMR cases reviewed by case review teams	89%	91%
% of FIMR cases with a completed maternal interview	43%	45%

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The most significant challenge during 2010-2014 was the increased workload without additional staffing. This is due in part to a high level of cases but also increased expectations and quality of work that is produced by CDNDSC staff. In addition, within the last 12 months, CDNDSC has received three grants for prevention programs. However, this funding did not include additional staffing but created more work for current staff. Therefore, a retreat is necessary for Commissioners to outline expectations for a five year plan.

Priorities for coming year

- Revision of all policies (internal and external). The FIMR policy was revised in December 2013.
- CDNDSC Commission Retreat in the Fall of 2014 (to include prioritization of workload and prevention activities)
- Website Revision

Link to annual report

The CDNDSC calendar year and fiscal year 2012 reports can be found at <http://courts.delaware.gov/childdeath/docs/CDNDSCFinalAnnualReportFY12.pdf> . The 2013 CDNDSC Annual Report will be released by fall 2014.

All CAPTA reports are available on the CDNDSC website. The current CAPTA reports meet the required public disclosure requirements including the services provided information. The policy that governs this process can be located at <http://courts.delaware.gov/childdeath/members.htm>.

Agency Level

Within the Division of Family Services

Differential Response System (DRS)

The authority to implement a “family assessment and services approach” was originally granted by Delaware’s Child Abuse Prevention Act of 1997. The current statutory language is found in 16 Del.C., Subsection 906(e)(2, 9, 10, 11, and 14).

Technical Assistance (TA)

DFS was approved to receive TA from the National Resource Center for In-Home Services (NRC-IHS) in January 2012. Rob Sawyer and Caren Kaplan were designated to provide TA to Delaware. The initial Work Plan focused on the design and implementation of a contracted DRS in Delaware. The Division convened a work group that included internal Division and Department staff, as well as external stakeholders. In addition to the NRC-IHS technical advisors, we also had assistance and participation from the Annie E. Casey Foundation (AECF), and the Administration for Children and Families Region III-Program Specialist, Thomas Strawderman. The initial target population recommended by the work group was families with adolescents at risk of entering out-of-home placement. The foundation for this recommendation was an assessment completed by AECF that found that DE was exceeding the national average of teens in care (i.e., DE at 41%, National Average at 38%) and that 79% of these teens were entering foster care for the first time as teens. This data suggested that issues other than traditional maltreatment were involved. Further qualitative analysis found that indeed the majority of these families were struggling with extreme and escalating parent-child conflict that

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resulted in safety concerns. DFS elected to implement a Family and Assessment Response (FAIR) Program by contracting with a community-provider, Children & Families First. That program is described below.

Mr. Sawyer and Ms. Kaplan continued to provide TA at monthly meetings prior to and after the March 4, 2013 contract start date. The TA Work Plan was updated in June 2013 with a focus towards implementation of FAIR throughout the Division's regional offices. Ms. Kaplan's TA concluded in July 2013 and Mr. Sawyer's TA concluded in May 2014.

Delaware's DRS now consists of three pathways:

1. Pathway One is screened out reports involving infants and toddlers
2. Pathway Two is a Family Assessment and Intervention Response (FAIR)
3. Pathway Three is traditional investigation

Details about each of these Pathways are discussed below.

▪ *Pathway One - Pilot for Screened Out Cases*

A Memorandum of Agreement was signed by the Division of Family Services, the Infant-Caregiver Project (ICP) at the University of Delaware, and Delaware's Bringing Evidenced-Based System of Care and Treatment (BEST) Project in November 2013. The purpose of the Agreement is to "improve access to services in the community for families with infants and toddlers, who have been reported to the DFS Child Abuse Report Line, but whose reports are assessed and screened out as not meeting the statutory criteria for acceptance based on allegations of abuse and/or neglect" and would otherwise not receive services from the Division. The Division provides ICP with a data report of screened out reports involving children between the ages of six and twenty-four months. The pilot period will conclude December 31, 2014. Parents and caregivers are assessed to determine which of three levels of intervention is appropriate including ICP, BEST or an appropriate home visiting program through the State's Help Me Grow Program.

▪ *Pathway Two – Family Assessment and Intervention Response (FAIR)*

Community Based: Children and Families First (CFF)

There are two service levels for CFF FAIR: Level I –Family Keys and Level II – Functional Family Therapy (FFT), based on the level of need of the youth. The main goal of the Family Keys program is to decrease out-of-home placement for youth by offering families wraparound services including intensive, short-term crisis intervention and referrals to community-based programs, 24 hours per day, 7 days per week. Services are provided to the entire family, based on the premise that families in crisis can be empowered through three phases: immediate and intensive crisis management; the short-term intervention plan; and discharge and aftercare support. Families in need of more intensive clinical supports for conflict resolution and relationship repair will be tracked to Level II (FFT). FFT is a highly structured, relatively short-term intervention in which most families can effectively be served with 12 to 20 weekly sessions. CFF FAIR does not provide investigation services. Report Line FAIR Screening Criteria were developed for report assignment to CFF FAIR.

- Staffing – Level I services are delivered by one statewide unit consisting of a Program Manager and five caseworkers. The Program Manager is responsible for direct supervision

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of the caseworkers and administrative duties. Three caseworkers are located in New Castle County and one caseworker each is located in Kent and Sussex Counties. Level II services are provided by a 20% FFT Program Manager and two full-time FFT Therapists. Training and tools – CFF FAIR staff are required to attend DFS new worker Core Training, SDM[®] Safety and Risk Assessments training, and Safety Organized Practice (SOP) Module training. CFF FAIR Level I staff received Family Keys training and Level II staff received FFT training.

- Management – The DFS Program Manager for Intake and Investigation is both the lead and contract manager for CFF FAIR. Regular meetings include operational staff (e.g., the Supervisors of the Adolescent Fair Pilot Units (discussed below), Report Line Day Shift Supervisor and Administrator, selected Central Office administrators, TA and Annie E. Casey Foundation (AECF) consultants). Contract monitoring – Formal monitoring occurred on-site at CFF office locations in New Castle and Kent Counties on March 24-27, 2014. The monitoring consisted of seven parts: (1) personnel review, (2) fiscal review, (3) case readings, (4) FFT case readings, (5) staff interviews, (6) client interviews, and (7) statistical analysis (outcome measures). The contract monitoring coincided with an evaluation conducted by the AECF consultants of both CFF and Internal FAIR (discussed below). The purpose of AECF's evaluation is to determine the efficacy of replicating a family assessment approach utilizing Family Keys and FFT. Information was, purposefully, obtained jointly and shared to inform both the final monitoring report and AECF evaluation. The target date for finalization of both reports is June 2014.

Internal Pilot

DFS Adolescent FAIR Pilot Units

- Program Approach: The specialized Adolescent Units are utilizing a family assessment, rather than an investigative, approach for low risk cases.
- Staffing - The Office of Children's Services (OCS) Administrator is the lead for the pilot. There are two units in the Division's New Castle County regional offices that specifically target adolescent investigations. Each unit has a supervisor and five caseworkers. Due to the strong interest of the supervisors of those units and some of their staff members who were exposed to a DRS in Fort Collins, CO during February 2013, DFS made a decision to pilot FAIR internally with those units effective June 10, 2013. Staff in these units provide both FAIR and traditional investigation services. Report Line FAIR Screening Criteria were developed for report assignment to the Adolescent FAIR Pilot Units.
- Training and tools – All new DFS staff are required to receive the Division's core training. These units also received Structured Decision Making (SDM[®]) Safety and Risk Assessments training. Additionally, all DFS staff is required to complete the modules for Safety Organized Practice (SOP) training. The National Council on Crime and Delinquency's Children's Research Center, the disseminator of SDM[®] tools, conducted two fidelity case readings of the SDM[®] tools in 2013 that also included CFF FAIR. Additional quarterly SDM[®] fidelity case readings of the Division in 2014 will also include CFF FAIR.
- The FAIR Pilot Units do not use Family Keys, but are able to access FFT through Children & Families First grant funds. However, the grant-funded FFT is also available to others in the community, so Adolescent FAIR Pilot Unit referrals are frequently put on a waiting list.

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- Management – The supervisors of the Fair Pilot Unit, Report Line Day Shift Supervisor, regional administrators, selected Central Office administrators, TA and AECF consultants meet on a monthly basis to discuss operational issues and statistics.

Expansion Within Other DFS Regions

An internal FAIR Expansion Workgroup began meeting in March 2014 with the goal of expanding FAIR to the regional offices in Kent and Sussex Counties during the fall of 2014. These regional offices are exploring population and abuse/neglect report types that would most benefit from a family assessment approach in their locales. Additionally, the two regional offices in New Castle County may expand FAIR beyond the pilot adolescent populations.

Outcome measures and achievements

Contracted FAIR

- Number of Teen Youth and Families Served: CFF FAIR launched on March 4, 2013 and by March 31, 2014 (roughly 13 months later), 365 teen youth cases had been referred to FAIR and needed assessments. Of these, 36 families declined FAIR and were returned to DFS. Following assessment, 48 cases were sent back to DFS for safety and/or risk issues or were closed due to lack of safety or risk issues. So overall, 281 teen youth cases were opened and kept beyond assessment. Of these 281 cases, 227 were open in Level One Family Keys only, 47 were open in FFT only and 7 were open in both.
- Placements: Between 3/4/13 and 3/31/14 (almost 13 months), only 10 youth who had been referred to CFF FAIR eventually entered DFS placements. Seven of these youth were returned the next day or within days because the family refused to work with CFF or there were safety or risk concerns. So CFF actually only served three of the youth and families who eventually entered placements.

Re-reports: Between 3/4/13 and 3/31/14, there were approximately 60 re-reports (calls to the DFS hotline) about youth who had been previously referred to and/or served by CFF (a total of 365 youth over the same period). A closer look at 50 of these 60 re-reports shows that 15 of the 50 were made the same day or within a few days of the original referral to CFF and many of these were made by CFF themselves as they re-reported youth whose families refused to participate or whose safety and risk assessments were too high. Only 11 of the 50 had substantiated claims, and of these 11, CFF had served only 4. (The rest were mis-assignments or were returned within days to DFS). Of the 50 re-reports, another 11 had pending investigations as of 3/31/14. The rest were unsubstantiated, erroneous, or no further services required. (See APSR Attachment 1: FAIR Statistics)

Internal FAIR

- Internal FAIR started on June 10, 2013. Between the start date and December 31, 2013, a total of 58 families were served. Of those, only one youth was placed into care because the Family Court awarded DFS custody during the child's delinquency hearing.

Priorities for coming year

- Continue External/Contracted CFF FAIR
- Continue the screened out pilot for infants and toddlers
- Expand Internal FAIR to regional offices in Kent and Sussex Counties

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- Finalize the Division's draft FAIR protocol and develop additional policies and procedures as needed

Intake and Investigation (DFS Statewide Child Abuse Report Line)

- Statutory authority – The Division's authority for receiving and responding to reports of alleged abuse and neglect is found in 31 Del.C., Ch. 3 (Child Welfare) and 16 Del. C., Ch.9 (Abuse of Children). The core responsibilities are to:
 - ✓ Maintain a 24-hour statewide toll-free telephone report line
 - ✓ Enter every report of child abuse or neglect made to the Division in the Division's internal information system known as the Family and Child Tracking System (FACTS I)
 - ✓ Assess whether a report alleges extra-familial, intra-familial or institutional abuse utilizing screening criteria
 - ✓ Determine the urgency of response when a report meets the criteria for Division response utilizing priority response criteria
 - ✓ Data Reports – Maintain statistics on reports, investigations, and findings.

Intake Data

- Reports - The Division of Family Services received 17,333 reports of abuse, neglect and dependency referrals in FY13 and, screened-in 7,999 or 46% of those reports for investigation. Compared to FY12, the total number of reports received increased by 4%, while the number screened-in for investigation decreased by 9%. The increased number of reports received continues to be a result of legislation signed in 2012 requiring all statewide reports (i.e., intra-familial and extra-familial) of child abuse and neglect be made to the Division's Report Line and continued mandatory reporter training of professionals. The decrease in reports screened in is due to implementation of the Structured Decision-Making (SDM)[®] tool in May 2012 and increased consistency in the screening of reports.

Description of Activities

- Online reporting - On August 26, 2013, an online reporting system was established for reports that do not warrant immediate screening and response. Three questions must be answered before a reporter may proceed to report online. This system was created to reduce the frustration of professional reporters waiting in queue after the requirement that all statewide child abuse/neglect reports be made to the Division. The online Child Abuse and Neglect Report format is located at http://kids.delaware.gov/fs/fs_can_report.shtml.
- SDM[®] - After utilizing the SDM[®] screening tool for nearly two years, the screening definitions were revised and finalized in April 2014 for selected categories of abuse and neglect. Updated definitions for the Safety and Risk Assessments Manual were also finalized April 2014. A workgroup that included regional administrators and supervisors, as well as the National Council on Crime and Delinquency's (NCCD) Children's Research Center (CRC) collaborated on the definitions. Although the first two fidelity case readings were generally positive, DFS has continued to contract for four additional quarterly reviews to continue strengthening the fidelity to the model. Investigation staff were trained to use the SDM[®] Child Strengths and Needs Assessment (CSNA) that replaced the Plan for Child in Care.
- All Report Line staff are also required to complete the twelve Safety Organized Practice (SOP) Modules.

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- All Report Line staff have completed FACTS II training.
- Considered Removal Team Decision-Making (TDM) – Investigation staff were trained to participate in facilitated meetings that must occur before any child may be placed in out-of-home care or returned back home from out-of-home care.
- Investigation Coordinator – This position was created statutorily in 2013 and housed in the Office of the DSCYF Cabinet Secretary to track and monitor the multi-disciplinary investigation of cases involving death of, serious physical injury to, or allegations of sexual abuse of a child, from inception to final criminal and civil disposition. The multi-disciplinary team members include DFS, statewide law enforcement agencies, the Department of Justice, and Children’s Advocacy Center.

Collaborative Efforts/Projects

Child Protection Accountability Commission (CPAC)

- CPAC Abuse Intervention Subcommittee (AIS) – AIS makes recommendations to CPAC for expenditure of Children’s Justice Act funds. (See above section on Children’s Justice Act).
- Child Protection Registry- A workgroup was created to look at language and procedural changes needed in the Child Protection Registry statute (16 Del.C., Chapter 9, Subchapter II). Membership consisted of one judge and two commissioners of the Family Court, the Child Advocate, several Deputy Attorneys General including those for DSCYF and DFS, the DFS Deputy Director, and the Program Manager for Intake & Investigation. Ad hoc members also included staff from the DFS Criminal History Unit. Legislation was drafted that will codify DFS practice to provide an automatic Family Court hearing for any minor substantiated for child abuse and neglect. The legislation improves the array of factors that must be considered by the Court for Early Removal from the Registry and it also enables a substantiated party to request a limited purpose hearing to ensure that entry on the Registry for a criminal finding is for the same incident as was investigated civilly by DFS.
- CPAC Education Subcommittee
The Memorandum of Understanding (MOU) between the Department of Education, Local Education Agencies (LEA), and the Department of Services for Children Youth, and Their Families (DSCYF) - Division of Family Services, Division of Prevention and Behavioral Health Services, and Division of Youth Rehabilitative Services was updated and became effective on December 19, 2013. The MOU is available online at: <http://www.doe.k12.de.us/infosuites/ddoe/aboutdoe/workgroups/files/Dec192013MOUcombined.pdf>. This was the second revision of the MOU originally signed in February 1996. Key elements of the MOU include child abuse reporting and investigation, McKinney-Vento, transition from DSCYF to LEA and LEA to DSCYF, confidentiality, and dispute resolution.
- Child Abuse/Neglect (CAN)
A CAN Work Group has been convened to revise the MOU between the Department of Services for Children Youth, and Their Families, Delaware Law Enforcement Departments, the Department of Justice, and the Children’s Advocacy Centers. This is the fourth revision of the MOU originally signed in 1989. It is expected that this process will be completed during 2014.

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Hospitals

- The DFS Program Manager for Intake and Investigation continues to attend bi-monthly meetings at Christiana Care (New Castle County) and Bayhealth (Kent County). Until 2014, the Bayhealth meetings had been held monthly. The Program Manager also attends quarterly meetings at Beebe Hospital (Sussex County). The statewide Services Administrator frequently attends these meetings, also.
- The Hospital High Risk Medical Discharge Protocol that became effective in 2012 continues to operate effectively. The purpose of this protocol is to ensure that children and youth (birth to age 18) with special medical needs that are reported by Delaware hospitals to or active with the Division of Family Services (DFS) are discharged in a planned and safe manner. Moreover, it is the intention of this protocol to ensure that the child or youth is discharged into an environment that is safe and supportive of their medical needs. This document also defines the roles of DFS and hospital staff and the process that will be followed.

Other Collaborative Efforts

- The OCS Administrator and the DFS Statewide Services Administrator continue to attend bi-monthly Children's Advocacy Center (CAC) Advisory Board meetings.
- The most recent MOU with Dover Air Force Base Family Advocacy Program (DAFB FAP) that was signed on February 28, 2012 is in the process of being updated to conform, for example, to the Division's new SDM[®] policy language. The revised MOU is expected to be signed before the end of the current state fiscal year.
- Domestic Violence Liaisons
Collocation of private agency Domestic Violence Liaisons in four statewide regional DFS offices continues. Child, Inc. provides supervision of the Liaisons in New Castle County and Peoples Place II –SAFE Program provides supervision in Kent and Sussex Counties. The program began in 2002. The Liaisons are primarily funded through Victims of Crime Act (VOCA) funds that are managed by the Criminal Justice Council. Quarterly meetings have been held since the program started.
- Team Decision Making began in August 2013 for cases where agency custody is considered or where custody has occurred. Three caseworker positions were converted to TDM facilitators. As of March 31, 2014, 235 children were served with 98 children safely avoiding agency custody.

Achievements

2010

- Reporting Child Abuse and Neglect in Delaware – The content of a video created by the Division of Family Services in 1996 was updated in 2010 to conform to current statutes with the approval of the CPAC Abuse Intervention Subcommittee and the use of Children's Justice Act funds. The updated video was also converted from tape to DVD.

2011

- The Mandatory Reporting Form was updated to conform to changes in the statute. The changes made it possible to type the information into the form online and print it out.
- The Professionals Guide to Reporting Child Abuse & Neglect brochure was updated to conform to statutory revisions.
- The Child Protection Registry Guidebook brochure was updated in English and Spanish.

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- Report Line Publicity Campaign – A Child Abuse Report Line Campaign was developed called I See the Signs. A logo was created and a specific website was dedicated to I See the Signs.
- A Delaware Child Abuse Recognition and Reporting Summit was held on the evening of February 1, 2011 at the Sheraton Hotel in Dover.

2012

- Hospital High Risk Medical Discharge Protocol implemented
- SDM[®] Screening Assessment and Priority Response tool implemented
- MOU with Dover Air Force Base Family Advocacy Program updated

2013

- SDM[®] Safety and Risk Assessments tools implemented
- Online reporting tool implemented
- MOU with statewide public schools updated
- Safety Organized Practice (SOP) training began
- First Coaching Institute held
- Learning Circle training for supervisors

2014

- Safety Organized Practice (SOP) training continues
- Second Coaching Institute held

Challenges

- Continued increase in child abuse/neglect reports
- Transition to FACTS II
- Competing demands (e.g., training, scheduling, workloads) to manage multiple new initiatives

Priorities for Coming Year

- Update policies and procedures to conform with SDM[®] and SOP
- SDM[®] fidelity case reviews in Investigation
- Completion of Safety Organized Practice (SOP) Training
- Strengthening practices involving the use of Safety Plans
- Full implementation of learning circles for supervisors
- Development of a comprehensive DFS coaching plan to support integration of practice model
- Finalization and signature of the DAFB FAP MOU
- Update the DFS Parent Handbook
- Update “A Guide to the Child Protection Registry”

Safety Organized Practice (SOP)

SOP is the practice model adapted by DFS in 2013. 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 promotes and facilitates better engagement in a collaborative process with the family, which enables all members of the family to better tell their story and identify their own strengths and opportunities. In this approach, the

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casework intervention is deepened, so that a more comprehensive assessment of safety, risk and protective factors is completed. This approach helps case workers better balance their focus on safety and permanency.

Over the past year, implementation training for all staff has continued with completion of 6 modules, leaving 6 modules to complete the series in 2014. CRC continues support for trainers and coaches for other DFS staff. A second Coaching Institute was held April 2014 bringing most supervisors up to date. This implementation plan establishes strong internal expertise to support long term sustainability without continuing training costs.

SOP training topics include:

- 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

Permanency Section

System Level

Promoting Safe and Stable Families

The U.S. Department of Health and Human Services, Administration for Children and Families, Title IV-B subpart II, Promoting Safe and Stable Families Program allocates federal funding to provide Family Support and Family Preservation services. The Title IV-B subpart II, Family Support and Family Preservation funds are combined to provide a continuum of services whose primary functions are to support communities in the development and implementation of services that help children and families stay together, when safety can be assured. The program builds on family strengths, increases 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 Promoting Safe and Stable Families Consultation and Support Program (PSSF) administered through DPBHS. The program services are provided through a universal/targeted/indicated approach focusing on providing supportive services 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.

The intervention of the Promoting Safe and Stable Families (PSSF) Program focuses on increasing the protective factors of children and families, thus stabilizing and preventing the need for out of home placements/deeper in services. The goals of the PSSF Consultation and Support program are:

- To reduce life stressors that may negatively impact family functioning and child well-being, while helping families access needed services
- to build family skills and strengthen family functioning
- to reduce the risk of child maltreatment

Number of clients served

Fiscal year 2009 – 2012

- Total number of children served - 5894
- Total number of adults served - 3629

Fiscal year 2013

- Total number of children served – 831
- Total number of adults served – 706

PSSF Consultation and Support Program Service Delivery:

The Promoting Safe and Stable Families Consultation and Support Program (PSSFCS) combined the effort of its family preservation and family support components, thus providing universal/targeted/indicated approaches in the continuum of service that are family focused and child centered. This program consultation process focuses on providing supportive services which are intended to reduce the occurrences of child maltreatment by addressing the four associated risk factors which are: (1) parental characteristics; (2) family coping and isolation; (3) absence of resources and services; and (4) crisis and stress. The PSSFCS program service seeks

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to prevent families from entering or re-entering services in any division of DSCYF resulting from concerns of neglect, abuse and dependency. The PSSFCS sites are selected based on the geographical locations where child protective services receive the highest number of referrals. PSSF participants are referred to the program services from social service agencies, community organizations, internal/external state departments and self-referrals.

All families who reside in Delaware who have children age birth to 18 years are considered eligible for the Promoting Safe and Stable Family Consultation and Support Program. There are four contract service providers and total of seven sites serving the state of Delaware.

Service Description

The purpose of the consultation and support services intervention is to support communities in the development and implementation of services that will promote the healthy development of children by strengthening and preserving families, promoting father involvement in a safe and caring community. The program goal is to reduce the likelihood of families from entering and re-entering services of any DSCYF division through providing supportive and coordinated services, family centered practices and prevention and early intervention strategies. Through the consultation process the families are guided through a self-assessment, thus providing clarity of concerns and awareness of what's needed to reduce and or resolve concerns. Through the planning and intervention process the participants learn to take the lead in developing an intervention plan that identifies family strengths, informal and formal supports/resources, create a course of action to achieve the plan and method for monitoring progress toward goal obtainment. The program participants, through the consultation process, is supported in building and enhancing their ability to assess their core concerns, establish a plan to address concerns and enhance awareness of both information and formal support/resources available to offer needed support to the family. The family consultant and the participant are able to assess the families' coping skills, determine if the participant is experiencing behavior difficulties with their child(ren) and if the participant's parenting skills are being challenged. The family consultant helps the participant take the lead in developing a support network and plans to decrease stressors and to promote healthy development and linkages to the appropriate type of services such as parenting education, parent support groups, child behaviors intervention services, additional linkages to appropriate support services according to the child, parenting and family need.

Program Priorities

- Assure the fidelity of service implementation by utilizing a specially developed monitoring tool to assess quality of services based on the program premise.
- Strengthen the alignment between the Delaware Fatherhood and Family Coalition (DFFC) and the family support and consultation services through coalition building and outreach to fathers into the PSSFCS services.
- Assure all provider sites maintain trained family consultants, providing monthly program service booster trainings by hiring new family consultants within one month of vacancy and fully educated within two weeks. Practice, monitoring and booster training on implementation occur within six months. Trained family consultants attend monthly provider meetings to receive program instruction, share practice information/resources and provide feedback on successes, challenges and barriers.

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Collaborative Efforts

- PSSF partners with faith-based organizations, focusing on the homeless and participating in community events. PSSF collaborates with the Boys and Girls Club of America in Kent and New Castle Counties and specific apartment complexes for outreach, engaging participants for the Promoting Safe and Stable Family Consultation and Support Program (PSSFCS) services. PSSFCS has developed a partnership with Delmarva Electrical Power Outreach department to provide case management services.
- Each PSSFCS family consultant maintains a county specific community resource directory of formal and informal providers.
- The Promoting Safe and Stable Family Program (PSSF) is consistent in its practice and belief that *Strong Communities Promote Strong Families*. Under the PSSF program, the Delaware Fatherhood and Family Coalition (DFFC) was established to create a statewide group of shareholders referred to as the County Leadership Committee (CLC) to embark on broader goals. The collaborative partnership between PSSF and DFFC CLC's effort is to inform and engage the community, informing them of the importance of re-engagement of fathers into the lives of their children, their family and the community. PSSF family consultants provide support and technical assistance to its statewide coalition of shareholders (CLC) in becoming a driving force behind responsible fatherhood and healthy adult relationships throughout the state of Delaware. The objective of the DFFC is to promote father involvement as a positive influence, to stimulate a broad-based positive social movement to combat father absence and promote father involvement, to provide fatherhood and healthy adult relationship education opportunities and technical assistance to increase the capacity of the community to support father involvement and to promote fatherhood and co-parenting services. The DFFC County Leadership Committee (CLC) infrastructure is supported by the community based PSSF family consultants, who are technical advisors to the leadership of the CLC. The objectives of the County Leadership Committee (CLC) are to involve community members and profit/non-profit organizations; strengthen the DFFC's ability to become a driving force in Delaware; to increase involvement and heighten awareness of the impact of fatherhood and healthy adult relationships for the well-being of the child and their development; heighten the awareness of available resources and services in their area; and to engage sectors of the community to involve fathers and infuse fatherhood/adult relationship components into their existing services. There is one county leadership committee (CLC) in Kent, New Castle and Sussex County, operating in conjunction with community based PSSF.

Program Review

The Promoting Safe and Stable Family Consultation and Support Services (PSSFCS) program contracted with James Bell and Associates (JBA) to conduct a review of the program's existing evaluation plan and to re-design the program evaluation plan to assure the approach for assessing implementation, service delivery and expected client outcomes are appropriate for the program goals and objectives. As part of the evaluation review and redesign processes, JBA completed a review of selective program data:

- Preliminary analysis of the existing program design found the program to currently fall under the emerging programs and practices criteria as established by FRIENDS - National Resource Center for Community-Based Child Abuse Prevention (CBCAP) Evidence Based and Evidence Informed Categories. JBA completed preliminary analysis of select PSSF program data which determine the fidelity of the program implementation was maintained

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within each of the seven sites. The PSSF family consultants received in-service training on the redesign of the program evaluation plan.

- The PSSF consultation process tools were successfully revised: Family Needs and Social Support tool; Family Stressor and Resource Assessment tool; Client Satisfaction Survey and the program Service and Activity Log.
- The PSSFCS program detailed the program logic model to address program activities supporting the accomplishments of the Intermediate and Long-Term Outcomes.
- The PSSF consultation and support program has continued to work with James Bell and Associates to make the recommended process revisions necessary to participate in a rigorous evaluation to determine if the program meets the criteria of an evidence based program.
- The PSSF program was assessed by JBA to maintain the fidelity of the Consultation and Support model implemented to help families to stabilize and remain intact.
- The Family Consultants continue ongoing training of the implementation of the program's revised consultation tools.
- The Family Consultants received ongoing training in family support principles, strength based practice, system of care approach to service delivery, trauma informed service, suicide prevention, child abuse and neglect reporting, community coalition, goal setting and related trainings.

Achievements

- DBPHS-PSSF program service data tools have been intergraded in the Departments FACTS II data base system, supporting data integrity and a holistic approach to servicing.
- DPBHS-PSSF staff have participated in the FACTS II sessions, providing input of program data base operational needs.
- PSSFCS consultation tools have been entered into the FACTS II data base.
- DPBHS-PSSF staff continue to receive system development training on FACTS II.
- The Promoting Safe and Stable Family Consultation and Support program family consultants provided technical assistance to the Delaware Fatherhood and Family Coalition (DFFC) County Leadership Committees (CLC) in their efforts to solidify the implementation and function of the CLC's in Kent, New Castle and Sussex County. The establishment and implementation of the DFFC – CLC supports the strategic priority “Build A Self-Sustaining, Self-Determining Coalition.
- The DFFC County Leadership Committees were established and fully operational in Kent, New Castle and Sussex County.
- Membership retention plans were developed and implemented successfully engaging 45 new active members to the coalition.
- The PSSF family consultants completed DFFC Ambassadorship trainings part 1 and 2.
- The PSSF family consultants supported 9 monthly CLC membership meetings in Kent, New Castle and Sussex County promoting fatherhood and healthy adult relationship services and activities throughout the State of Delaware.
- The PSSF program and DFFC CLC awarded 54 community alternative grant opportunities supporting fatherhood, healthy co-parenting, and substance abuse prevention from 2010 – 2013.
 - ✓ 33 Fatherhood grants;
 - ✓ 5 Children's Health/Parenting grants;
 - ✓ 8 Youth Behavior/Self Esteem grants;
 - ✓ 3 Substance Abuse/Intervention grants; and

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- ✓ 5 Healthy Adult Relationships/Co-Parenting grants.
- ✓ A total of 4,440 individuals participated; 1,946 adults and 2,494 children/youth.

Areas of Improvement

- Establish FACTS II user agreements with PSSF contract provider agencies to allow system access.
- Division of Prevention and Behavioral Health Services and PSSF continue to work with the Division's FACTS II liaison to determine the process by which the consultation service data will be entered into the system, assuring data integrity.
- Improve PSSF staff skills in the use of FACTS II.
- The PSSFCS program continues to need the support of a data support person addressing the data of the program.
- Strengthen communication between the County Leadership Committees throughout the state to support the building of a self-sustaining and self-determining coalition and statewide participation in CLC events in Kent, New Castle and Sussex County.
- Social marketing and social media efforts to be further developed.

Challenges and Barriers

- The Promoting Safe and Stable Family (PSSF) service competes for referrals with other social service agencies in Delaware that provide emergency assistance.
- Dedicated Program Analyst position to enter data, maintain records and back up data, and provide qualitative oversight of data integrity.
- Provide administrative reports and summarize findings based on data.
- Transition of the implementation of documenting the consultation process participant service data from being noted directly to paper to being entered directly into a web base system at the time of the consultation.
- Staff for training and monitoring program fidelity and adherence to practice for new Family Consultants.
- Web base start up and training of PSSF Providers.

Priorities for the coming year

- Update the PSSF Service and Training Manual
- Train providers, monitor and evaluate PSSF practices using web base PSSF assessment tools
- Identifying the equipment needs of the provider and site capacity to use the FACTS II program
- Develop a new PSSF code manual based on FACTS II
- Evaluate the use of the revised PSSF participant and provider tools
- Pilot the comparative Resource Connection Only site for program effectiveness
- Web based data management using FACTS II
- Expand PSSF program model to community based non-profits
- Continue to infuse Fatherhood into the PSSF model

Links to reports or publications

James Bell and Associates Evaluation reports:

Connie VuChi Vu@jbassoc.com and Kate Lyon kLyon@jbassoc.com

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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. 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.

During FY2013 IFC Services were successful in increasing its collaboration efforts with various state and community organizations, thus resulting in an increase in referrals and additional families served throughout the state of Delaware.

Service Numbers by County:

New Castle County	Kent & Sussex County
Families Referred: 64	Families Referred: 21
Families Served: 49	Families Served: 22
Adults Served: 58	Adults Served: 41
Children Served: 117	Children Served: 67

Court Improvement Program & Great Expectations Meeting (GEM)

The Court Improvement Program (CIP) utilizes federal funds from the U.S. Department of Health and Human Services, Administration for Children and Families to ensure collaboration between the state-administered child welfare agency and the Courts to achieve safety, permanency and well-being outcomes for children in the child welfare system. Since 1998 the State of Delaware Family Court has administered the CIP and partnered with the Division of Family Services (DFS) around dependency and neglect cases. The overall goal of CIP is to strengthen the effectiveness of the decision-making of the Court to achieve the outcomes stated above.

There are three core elements within the CIP grants: data, basic and training. The data grant allows for an opportunity to improve the data sharing amongst Family Court and DFS; the training grant exists to increase child welfare expertise among the legal community and among other relevant stakeholders to receive cross-training opportunities; and the basic grant allows Family Court to assess their effectiveness in carrying out State laws regarding foster care and adoption proceedings. The State of Delaware Family Court has historically engaged stakeholders in CIP work and will continue to do so in the future.

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Description of Activities

CIP is invested in ongoing assessment of our ability to reach timely permanence for children placed in care. As such, Delaware reports on the following required timeliness measures: Time to First Permanency Hearing, Time to Subsequent Permanency Hearings, Time to Permanent Placement, Time to Termination of Parental Rights Petition and Time to Termination of Parental Rights. The CIP Key Measures indicates how Family Court performed with regard to these required measures as well as with additional measures related to safety. Performance is shared with judges and there is an annual review of Family Court Performance measures with the leadership from DFS and lead CIP Judges. Family Court Judges have access their own individual performance-related data around the key court performance measures on their own individual dashboard. The Family Court data management analyst is able to generate reports from within the CIP database to guide Continuous Quality Improvement initiatives. This ability to assess performance is beneficial to ensure that permanency is regularly reviewed within our system at all levels within Family Court.

Last year, Family Court submitted basic demographic data to the Child Protection and Accountability Commission dashboard reflecting the number of children served within Family Court. This year Family Court has also been a partner in refining the dashboard to ensure that meaningful data around permanency has been presented to relevant stakeholders; court key performance measures will be included in the newly revised dashboard.

Collaborative Efforts/Projects

Great Expectations Meetings are held quarterly within Delaware and are meetings comprised of leadership from the Division of Family Services and the lead CIP Judges in each county. These meetings offer an opportunity for information-sharing, problem-solving and collaboration to occur amongst the two entities as they work toward shared goals. Great Expectations Meetings allow the CIP leadership to set strategic direction for CIP efforts and to regularly review the strategic plan and performance measures around the program.

Local stakeholder meetings continue to occur regularly within Delaware and allow a forum for issues that directly impact CIP cases to be discussed, particularly around permanency and well-being. These meetings include parent attorneys, educational liaisons, judges, DFS staff and attorneys, provider agency staff, Office of the Child Advocate staff, and other key stakeholders involved in our child welfare system. It is here where opportunities to find system-wide improvements for our CIP cases can be strategized with a multi-disciplinary team. Issues that may arise at a stakeholders' meeting include operational and process-related issues and the meetings also serve as a forum for new practice issues to be discussed.

Family Court also plays a role in planning the CPAC Protecting Delaware's Children Conference. This is a rich training opportunity where Family Court can assist in coordinating evidence-based and best practice workshops that focus on child and family needs. Leadership from Family Court and other key staff members, along with a multi-disciplinary team of child welfare professionals, regularly attend the conference.

CIP staff and the Director of DFS represented Delaware at the National CIP Meeting in New Orleans in May 2014. This meeting provided opportunity to develop joint priorities for the coming year.

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Outcome Measures

The outcome measures that have historically been reviewed within Family Court are attached for review. The prior strategic plan is also attached for review and outlines the prior outcomes and objectives for the CIP. (See APSR Attachment 2: CIP Key Measures) There are a number of issues discussed in courtrooms that have the potential to be tracked and measured in a meaningful way, i.e.: educational and family engagement efforts. CIP has identified some measures around child well-being to be tracked moving forward, which will be reflected in the revised CIP strategic plan. CIP currently tracks and analyzes data around the timeliness of court hearings. Tracking well-being measures will allow the system partners to delve further into assessing the quality of the hearings. Moving forward there will be ongoing opportunities to fully analyze the performance data and understand what implications it may have on potential practice changes within Family Court.

Priorities for Coming Year

Family Court is expanding the number of performance measures which it reviews regularly to include additional measures of well-being. One of the priorities for the coming year is to gather baseline information around educational outcomes for youth in care, identify where there are gaps and work as a collaborative team in reducing the number of educational barriers that youth must confront. Family Court will also continue to champion the importance of engagement in Court – including youth, foster parents and families. In order to ensure that the best permanency option is achieved will require a collective effort from individuals involved in our children's lives.

Finally, Family Court wants to make an effort for the trauma-informed practices to permeate our courtrooms. The children who are placed in care are in need of tremendous support and attention; a trauma-informed approach to practice for each individual case will ultimately provide more positive outcomes for our children.

Child Placement Review Board

The Child Placement Review Board (CPRB), a state agency, is an independent citizen review board. CPRB is made up of individuals who have worked directly with children and who have been appointed by the Governor of the state of Delaware. Its legal mandate is set out in Delaware Code: TITLE 31 CHAPTER 38. CHILD PLACEMENT REVIEW ACT. The CPRB is subject to Federal Law § 475(5) (C) of the Social Security Act (42 U.S.C. 675(5) (C)). In 1978-79, the Junior League wrote and lobbied legislators in the Delaware General Assembly for passage of Senate Bill 245. Governor DuPont signed S.B. 245 (62 Del. Laws, C. 170), which created the Foster Care Review Board (FCRB) in July, 1979. The passing of Senate Bill 245 placed the Board within the Administrative Office of the Courts. The bill authorized the FCRB to have access to Family Court if the placement agency disagreed with the Board's recommendation, or if there was no progress towards permanent placement of a child within six months of his or her entering foster care.

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Description of Activities

The authorizing statute provides that the Board shall conduct administrative reviews for every child. Recommendations resulting from review of all plans for care and other needs of the child are included in reports. Additionally, the Board has the authority to advocate directly on behalf of the child. Child safety is always discussed and assessed during CPRB reviews. There are currently 14 Review Committees. Administrative Reviews are performed by the Review Committee. The Review Committee makes recommendations to the Court, to the Division of Family Services, and/or to the Division of Youth Rehabilitative Services through the distribution of the Committee's findings and recommendations report. In 1987, Delaware's "mixing law" stipulated that adjudicated youth housed in settings where they were mixed with non-adjudicated youth should have reviews after two months to ensure that the non-adjudicated youth are not negatively affected by being placed with the adjudicated youth. These reviews were added to the responsibilities of the CPRB. In 1989, legislation establishing the Ivyane D. F. Davis Memorial Scholarship was passed. The Board was given the responsibility of administering the scholarship. [Title 14 Chapter 34 § 3445]. In 2004, this statute was amended to allow the CPRB to use some of the Davis Scholarship funds as a state match for the federal Education and Training Vouchers funds. A MOU between the Division of Family Services (DFS) and the CPRB enables the Board to administer the ETV program in conjunction with the Davis Scholarship. In October of 1989, the Department for Children, Youth and Their Families (DSCYF) voluntarily transferred the responsibility for the review of out of home placements for adjudicated youth from the Office of Case Management to CPRB.

Number of Reviews and Scholarships

- Children in foster care are normally reviewed by the CPRB at their tenth and eighteenth months in care and annually thereafter for as long as the child remains in care. During FY2013, the CPRB held 720 individual reviews on 608 unduplicated foster children.
- In FY2013, the CPRB held 39 YRS reviews.
- 13 mixing reviews were conducted by the CPRB regarding placements of adjudicated minors.
- For FY2013 Davis and ETV funds totaled \$147,500 and funds were allocated to 49 recipients. Twenty-five recipients were at two-year colleges, 21 were at four-year colleges or universities, and 3 were enrolled in vocational training or certification programs. For FY2014, there are currently over 60 students receiving either Davis or ETV funds. (See APSR Attachment 3: ETV Statistics)

Collaborative Efforts/Projects

- Work with the Family Court and Casey Family Programs on a pilot project designed to improve educational outcomes for youth in foster care.
- The CPRB attends the Advisory Committees for all three Divisions (DFS/YRS/PBHS).
- Involvement in Delaware's Child Protection Accountability Commission (CPAC) efforts. This includes taking a position as an agency on pending child welfare legislation.
- Advocacy for permanent solutions within the ICOA (Interagency Committee on Adoption) and through community education on adoption, youth who have been in foster care.
- Allocated CPRB staff participation for the Youth Advisory Council (YAC), whose advocates work closely with youth who have been in foster care and facilitate meetings to examine policy and service issues in the child welfare field.

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- Supported the *Ready by 21* Initiative. Financially assisted the 2013 youth conference and presented a workshop in collaboration with two partnering groups on ETV and Davis Scholarship opportunities.
- CPRB administers the Ivyane D.F. Davis Memorial Scholarship (state) funds and has a MOU with DFS to administer its (federal) Education Training Vouchers.
- The CPRB has agreed to hear appeals for those youth receiving ASSIST (Achieving Self Sufficiency and Independence through Supported Transition) funds. This involves supporting the youth and working with their independent living provider to address any differences that may arise regarding the administration of these funds to an eligible youth.

Priorities for Coming Year

- CPRB is developing and implementing a two-tiered review system. Children under 12 who enter the system without markers for high risk of placement instability will receive a paper review in which the CPRB reviewers will work with DFS information to assess the plans being made for the child and his or her progress in the system. DFS expects these children to exit the system within two years of initial entry. For children who are 12 or older when they enter foster care, and for those who profile as being at risk for placement instability or long-term foster care, the CPRB will conduct a comprehensive review, working with DFS or other agencies to identify the child's barriers to permanency and the services needed to ameliorate those barriers.
- Continue to lobby for additional state funds for the Davis Scholarship program. This current school year there are over 60 students receiving either Davis or ETV funds. This is a substantial increase. The scholarship fund, which is approximately \$50,000 yearly, comes from the State's general fund. The scholarship allocation has not been increased since its establishment in 1989, although college costs have increased substantially.
- Continue to work with the Inter-Agency Committee on Adoption (IACOA) to enhance, support and sustain successful adoption outcomes for children who have been involved with Delaware's foster care system.

Link to Annual Report (FY 13)

<http://courts.delaware.gov/forms/download.aspx?id=73558>

Interagency Committee on Adoption

The Interagency Committee on Adoption (ICOA) is a group of representatives from DFS, licensed adoption agencies, the National Adoption Center, Adoptive Families with Information and Support (AFIS), and other non-profit agencies throughout Delaware. This collaborative shares information, and advocates for change as needed as related to termination of parental rights and adoption issues. This group was represented as the Office of Child Care Licensing sought community input on revising regulations for the child placing agencies. Two times a year, this group sponsors matching parties and invites the caseworkers from DFS and the private agencies to share and discuss information on the children and families on their caseload; this activity usually results in a few matches per year for children in foster care needing permanency. These events support collaboration among private agency caseworkers and agency staff. The ICOA is active in these activities for the past five years: MY LIFE, National Adoption Day and Heart Gallery.

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MY LIFE

Three years ago, there was concern that there were a large number of legally free older children in foster care and a status of APPLA who were not placed with a permanent family. Looking for permanency solutions, DFS contracted with consultant Dr. Darla Henry to provide 3-5-7 Model© training. The 3-5-7 Model© is an evidence-informed relational practice that supports the work of children and youth, individuals and families, in rebuilding their lives after experiencing traumatic events, specifically as they relate to losses. The 3-5-7 Model© provides tools, based on recognized theoretical foundations, in a strengths-based approach that brings continuity to the process for grieving losses and empowering individuals to engage in relationships that are secure and sustainable. Those who received the training were DFS adoption caseworkers, contracted adoption agencies, a few representatives from DFS foster care, CASA program, Attorney Guardian ad Litem (GALS), some supervisors, and court staff.

Delaware's adaptation of the 3-5-7© Model is called MY LIFE (My Young Life in Foster Care Explained).

The MY LIFE program is more than adoption preparation; it is readiness for building successful, meaningful relationships. Four contracted adoption agencies provide MY LIFE services. The first cohort of MY LIFE children were those TPR'd (Termination of Parental Rights) with a status of APPLA started February 2011. Starting October 1, 2013, DFS started providing MY LIFE services to non-TPR'd APPLA children and some children who have a goal of reunification. Some of these children/youth are 17 years of age and are close to aging out of foster care with no permanent connection. Through March 2014, the four private adoption agencies have provided services to 262 children statewide.

National Adoption Month Activities

Each year DFS, adoption agencies and community partners participate in activities throughout the state for National Adoption Day (NAD). In 2013, the event was held November 16th at Delaware State University. The event focused on recruitment for foster and adoptive families. There was information available for new families interested in becoming a foster or adoptive parent. There was also a panel of adoptive parents to discuss the approval process, what it takes to be a foster or adoptive parent and shared personal experiences. A separate event was held September 21, 2013 to recognize and celebrate with those who have adopted a child and reside in Delaware.

Heart Gallery

Delaware has a Heart Gallery display to recruit adoptive families for children in foster care needing permanency. Currently, there are 26 children who are residing in foster care who are TPR'd and need a permanent family. Sixteen of those children are listed on the Delaware Heart Gallery. Fifteen of those children are listed on the AdoptUSKids national web site. DFS features two children per month on the DSCYF/DFS online Heart Gallery. The photos are displayed statewide at churches, conferences, meetings, legislative hall, and upon request for other conferences and training as appropriate. DFS is in the process of recruiting additional photographers for the Heart Gallery as every child should have a current photograph on the website.

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Interstate Compact on the Placement of Children (ICPC)

The Delaware Interstate Compact Unit provides monitoring and administrative case management services to promote the protection of children who are placed into or out of Delaware for the purpose of foster care, relative care, adoption or probation and aftercare supervision. The unit provides technical assistance to staff, families, agencies, attorneys and courts related to the interstate compacts regulating child placements and transfer of supervisions, as well as, pertinent state and federal laws. The compacts included are:

- The Interstate Compact on Adoption and Medical Assistance (ICAMA) - Del C. 31 §5402
- The Interstate Compact for Juveniles (ICJ) – Del C. 31 §5203
- The Interstate Compact on the Placement of Children (ICPC) – Del C. 31 §381

Program Activities

The unit is comprised of a supervisor, two case managers and a program analyst. The Interstate Unit manages approximately 800 cases each year concerning children who are dependent and/or delinquent and are being placed in, or re-locating to, another state.

In 2013, Delaware Interstate Compact Office (DE ICPC) processed 380 ICPC placement requests for 374 children and 506 placement decisions. Additionally, DE ICPC completed 132 home studies requested via out-of-state ICPCs. Requests were sent for 300 Delaware children for placement out of state (“sending”) and received for 74 out-of-state children for placement into Delaware (“receiving”). Delaware children were typically male (66%), ages 11-18 (74%), and nearly evenly distributed racially between African-American (53%) and Caucasian (46%). Out-of-state children were typically younger with the majority aged 1-5 years (39%), but somewhat evenly distributed by race and gender with 55% male, 43% African-American, and 57% Caucasian.

Of total requests processed, 81% (306) were requests sent for placement out of Delaware and 19% (74) were requests received for placement into Delaware (“receiving”). Of sending requests, 65% (200) were residential facility (Article VI/institutional care, residential treatment center) and 35% (106) were family placements (adoptive, foster, relative, non-relative, and parent). The highest number of sending requests were Article VI/institutional care for delinquent youth (143) followed by residential treatment centers (57), adoptive (54), relative (29), parent (8), and foster (9) placements. Of receiving requests, 96% (71) were family placements (adoptive, foster, relative, parent) and 4% (3) residential facility (residential treatment center only). The highest number of receiving requests was adoptive placements (26) followed by relative (20), foster (17), parent (8) and residential treatment center (3).

Outcomes and Challenges

Of 132 home studies completed by DE ICPC, 89% were completed in or under 60 days in compliance with Safe and Timely Interstate Placement of Foster Children Act of 2006. Of total decisions processed, 75% (380) were received for Delaware requests for out-of-state placements (“sending”) and 25% (126) were sent for out-of-state requests for placement into Delaware (“receiving”). For sending requests, DE ICPC received significantly more approvals (79%) for out-of-state placement requests than denials (21%). For receiving requests, DE ICPC sent moderately more approvals (59%) for out-of-state children’s placement into Delaware than denials (41%).

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The continuing challenge to ICPC is in the receiving of home studies and interstate decisions within the expected timeframes. While home studies are mandated to be completed within sixty (60) days, many states are unable to fulfill that regulation.

Priorities for Coming Year

ICPC's next priority is to build and implement a National Electronic Interstate Compact Enterprise (NEICE) web-based system to automate ICPC activity. NEICE will enable the secure transfer of home study requests, results and progress reports in real time.

Agency Level (Division of Family Services)

Continuing Protective Services/Treatment Services (DFS)

Cases are transferred to treatment upon completion of the DFS investigation. The DFS investigation worker will transfer the case to treatment if they have identified abuse, neglect, or dependency or they feel that the family is at risk of same. Families can have an open treatment case for as little as two months or as long as is necessary to remediate the concerns identified during the investigation. The average length of time that case is open in treatment is nine months.

Currently DFS contracts with five community-based agencies to provide varying levels of in-home parenting support. Services include parent aide services and home-based family support counseling. During the current reporting period, 608 families were referred for parent aide services. Each family received approximately 39 hours of services. Thirty-five families benefited from home-based family support counseling. The average length of service for those families was approximately 4 months. One of the contracted community-based agencies provides consultation and assessment services for families that have children diagnosed with autism or other developmental disabilities. Based on the Functional Behavioral Assessment, a comprehensive plan is developed that will provide support for the child as well as everyone in the family. Three of the contracted providers offer parenting classes to families. Lessons taught during the parenting classes are reinforced one-on-one during home visits with the families.

Program Activities

The Treatment Workgroup meets approximately every two months to discuss policy and practice issues, and to provide programmatic information to all treatment supervisors as well as the regional and assistant regional administrators in each county.

Team Decision Making: On August 27, 2013, in collaboration with the Annie E. Casey Foundation, DFS launched Team Decision Making (TDM) meetings. Team Decision Making meetings include family members, foster parents (if the child is in placement), service providers, other community representatives, the caseworker, 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 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's strengths, experiences, knowledge, and resources to create a plan that provides for the safety and well-being of the children in the family. DFS hired 3 facilitators that are responsible for conducting all of the TDMs statewide. Since the launch of TDM there have been 210 TDM meetings covering 321 children. Approximately half of the TDM meetings occurred before removal. DFS was able to prevent 58% of these children from being placed in foster care due to

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the TDM. The TDM workgroup continues to meet on a quarterly basis to discuss policy, practice and program issues.

A joint, full-day learning opportunity and consultation session facilitated by AECF staff and Shellie Taggart took place on November 18, 2013. Ms. Taggart is a consultant with expertise in domestic violence, Team Decision Making, and Safety Organized Practice. Attendees included DFS TDM staff as well as the DFS domestic violence liaisons. The purpose of the meeting was to have a discussion about how to use Team Decision Making effectively in domestic violence cases, and to identify strategies for promoting safety in the process. At the conclusion of the meeting, the group agreed to the following next steps:

- Compile a directory of DV and other relevant community services that can be used with TDM participants
- Develop a standardized list of questions to ask prior to the meeting to ensure DV and other safety issues are addressed
- The TDM facilitators and domestic violence liaisons will continue to meet to further develop their relationship
- Develop an infrastructure regarding how/when a liaison is notified and brought in, the roles of the liaison before, during and after the TDM, and to develop written guidance for the use of the liaisons
- Identify additional joint training and learning opportunities

Structured Decision-Making[®] (SDM): The Children's Research Center completed Structured Decision Making[®] trainings for all treatment and permanency workers December 9-11, 2013. On February 3, 2013, workers implemented Family Strengths and Needs Assessment, the Child's Strengths and Needs of Assessment, the Reunification Reassessment, and the Risk Reassessment tools. By instituting Structured Decision-Making[®] tools in treatment and permanency, DFS now uses SDM[®] tools throughout the entire continuum of agency services. SDM[®] provides treatment and permanency workers and supervisors a uniform way to assess families, develop behaviorally based service plans, and provide a systematic way to review cases for closure.

Safety Organized Practice (SOP) in Treatment: All DFS Treatment workers are required to complete the 12 Modules of SOP. As discussed above in Investigation, the SOP Modules help promote greater engagement with the family and support more comprehensive planning for the risks and needs identified.

Substance Abuse/Other Drugs Liaisons: DFS contracts with two community-based substance abuse treatment agencies to provide case management services for parents that have identified substance abuse issue. The substance-abuse liaisons are co-located with DFS staff in each region. The substance-abuse liaisons are able to complete assessments on clients, ensure that clients are admitted to the correct level of treatment, assist with discharge planning for clients that are admitted to in-patient treatment program, and provide support to the client and their family. Substance-abuse liaisons in New Castle County facilitate a weekly Women's Empowerment Group to provide a forum for women involved with DFS to discuss not only their addiction issues but also their fears/concerns related to having a case open with DFS. Many of the women that attend the group have had their children placed in foster care so the group provides a place for them to talk about their experiences related to placement. Finally, the liaisons also provide educational sessions to the DFS workers in their regions. The liaisons

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solicit topics from DFS staff so that they can ensure they are covering topics that are relevant to the work they are doing with families. Recent topics included methamphetamine use, and heroin addiction.

Housing Case Management: DFS continues to partner with the Delaware State Housing Authority to provide state rental assistance vouchers to families active with DFS. To be eligible for one of the vouchers, lack of housing must be the last barrier preventing reunification; or the lack of housing is likely to result in the imminent placement of children in foster care. The voucher provides rental assistance to qualifying families for two years. During those two years, the family is partnered with the social worker from First State Community Action (FSCA). The FSCA social worker helps the family develop a budget, ensure that they maintain their property in an acceptable manner, and then helps the family prepare to transition out of the voucher program at the end of the two years. To date, 70 families have received a voucher. Of those 70 families, approximately 23 were able to be reunified because of the voucher, and DFS was able to prevent placement for the other 47 families.

Foster Care Education: 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 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. For the 2012-2013 school year, data analysis showed that 57% of all seniors in foster care graduated from high school compared to 87% of all other high school seniors. The data also showed that there was very little difference in the attendance rate for foster children versus all other students (92% versus 95%). According to the data, 48% of all school-age foster care students are receiving special education services versus 20% 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 (7th, 8th, 9th, and 10th). The workgroup also analyzed the number of placements youth have during the school year. 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 shows that older youth are more likely to experience multiple foster care placements during the school year as well as over the course of their lifetime. The Child Protection Accountability Commission Education Workgroup identified a variety of recommendations to increase graduation rates, improve special education rates, and improve reading proficiency. The recommendations were presented to Child Protection Accountability Commission and agencies have already begun working on tasks identified in the Recommendation Report. CPAC has requested additional data points beginning with the 2014/2015 school year. These additional data points will help further identify disparities for children in foster care compared to the general population of students. Those data points include:

- High School dropout rate: Single year dropout numbers for each high school grade level
- Discipline: Number of suspensions and expulsions
- Retention: Number of students more than one year older than the median age for grade
- Algebra 1: Number of students enrolled in Algebra 1, what grade they were in when they enrolled, and number of students passing Algebra 1 that academic year

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Foster Care Health: DFS continues to partner with representatives from Delaware Division of Medicaid to best meet the medical and mental health needs of children in foster care by conducting a monthly data exchange. The intent behind this monthly data exchange is to ensure the 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 Managed Care Organization (MCO) with the following information:

- The youth's name
- Date of birth
- Date of entry in foster care
- MCI number (Master Client Index)
- DFS caseworker 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 the child is using. The medical profile is then forwarded to the DFS caseworker within 30 days of the child in foster care. The SPOC also contacts the foster family to discuss the child's medical needs and discuss what supportive services the foster family might need. Additionally, if DFS finds out later that a child has a medical condition, the DFS caseworker 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 plan of care. This partnership eliminates that delay.

Outcome Measures, Barriers and Challenges

- Exits to reunification in less than 12 months are 76.7%, 64.6%, and 68.2%, respectively for FFY2011-2013. The national standard is 75.2% (a higher score is preferred)
- Re-entries to foster care in less than 12 months is 7.3%, 3.5% and 6.8%, respectively for FFY2011-2013. The national standard is 9.9% (a lower score is preferred)
- Caseload size and workload are challenges for treatment caseworkers
- Implementing FACTS II is another challenge

Priorities for Coming Year

- Fidelity reviews of SDM[®] tools conducted by Children's Research Center
- Case planning training conducted by the Children's Research Center
- Update policy manual
- Increase the number of Team Decision Making meetings that occur prior to removal
- Analyze new DOE data points
- Complete Safety-Organized Practice training

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Foster Care

The Division of Family Services' foster care program provides family foster care, group care and emergency shelter care. The Division contracts out about half of the programming with private agencies and manages recruitment, training and monitoring of state supervised foster homes. Services categories range from low to very high levels of care; this includes foster homes and group care facilities. Specialized services include medical, expecting mother/baby care, and teens. Contracted foster care providers are responsible to fully implement family foster care programming including recruitment, training and monitoring of all families approved by the contracted agency. We have identified Pressley Ridge, Northeast Treatment Centers, Inc., and Progressive Life Centers as contracted providers whose focus is to provide foster families for teenagers. We have contracted with two other providers, Children Choice and Children and Families First, to provide special medical care. Delaware also purchases out of state services to meet the needs of specific children.

Data, Demographics and Trends

During state fiscal year 2013, 1,153 children were in foster care, which represents a decrease of 11% from fiscal year 2012. Point in time on the last day of fiscal year 2013, there 648 children in foster care, a decrease of 7 % from the end of fiscal year 2012. Foster children in care as of April 1, 2014 are 48% or 280 females and 52% or 305 males. These numbers represent an overall decrease of children in care from April 1, 2013 to April 1, 2014 of 97 children or 11%. With the total number of children in care decreasing, the 2014 numbers represents a slight increase for African American from 54% on April 1, 2013 to 55% and a slight decrease for Caucasians from 56% on April 1, 2013 to 54 %. Children who identify as Hispanic/Latino represent 60 children or 9%. Our foster parents' race as of April 1, 2014 is 50% African American and 43% Caucasian. Foster parents are 3% Hispanic. These counts are compatible with the racial population of children in care and have been constant over the last four years.

Over several years the number of foster children is decreasing, while the percentage of older youth entering care remains stable. Youth initially placed with relatives increased 67% from June 2012 to December 2013.

Recruitment, Development and Support (RDS)

The Outcomes Matter (OM) initiative that directly focuses on foster care is the Recruitment, Development and Support initiative. With the support from the Annie E. Casey Foundation, the RDS workgroup created four sub-workgroups in early 2013 as outline below.

Recruitment Sub-Group: In August of 2013 DFS contracted with Shaina Collins to fulfill the role as a statewide foster care recruiter. Ms. Collins has been very active engaging the faith community to establish her role and promote faith-based resources. Supported by AECF consultant, Michael Sanders, Ms. Collins and the foster care team receives specialized coaching and training in recruitment and supporting foster parents. In September 2013 we hosted two day recruitment "Boot Camp" that included the statewide foster care team and all foster care contracted agencies. The training was facilitated by a national renowned recruiting expert Dr. Denise Goodman and Michael Sanders. Ms. Collins and Mr. Sanders worked closely with the statewide foster care team to create a recruitment plan for the CY2014, the plan includes regional and statewide activities focused on recruiting families for teens, sibling groups, children with

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disabilities and medically fragile children. The goal is to recruit sixty new families to serve these targeted populations.

Faith-Based Recruiting: The following summarizes the faith base recruitment activities:

- DFS provides flyers, brochures and speakers to the faith-based community.
- Through Lt. Governor Matt Denn's Faith-Family and Foster Care Initiative, many faith organization members hear the call for foster parenting. His efforts to recruit families are supported by designated staff to keep the initiative's momentum.
- Pastor Jim Weaver of Cross Roads Baptist Church heads the Mid-Atlantic Orphan Coalition which promotes foster care support. This Coalition's mission is to recruit 50 churches for 50 children in foster care. Their initiative, named Project 9:37, spreads a faith-based message about caring for children in New Castle County. This partnership has spanned nearly five years. To date the team has made about 20 presentations. The DFS foster care program manager and the statewide foster care recruiter Shaina Collins participated in a recent Mid-Atlantic Orphan Coalition board meeting and updated the Board on Outcomes Matters initiatives and discussed ways to improve outreach to faith-based organizations. Ms. Collins was invited by Pastor Weaver in March 2014 to attend the Delaware Ecumenical Council meeting, where she promoted partnering with the faith-based community with over 25 faith leaders.
- Victory Christian Fellowship Church, headed by Pastor Gary Whetstone is a strong foster care partner. Over the years Victory has hosted foster care pre-service trainings at their church and has many member foster and adoptive families. They run a free store named "Abraham's Attic" providing toiletries, pajamas and other personal items for children entering foster care. Recently Victory produced an original stage musical drama *Abandoned: Left for Dead*. The play ran during March and April with over five hundred attendees at each showing. The play focused on the need for committed and caring foster parents and the challenges and complexities of recruiting. Prior to the beginning of various shows Lt. Governor Denn or a DFS representative spoke to the audience about foster care. DFS and other foster care agencies provided information and staff to answer questions.
- Eastpoint Community Church in Newark hosts foster families cluster meetings, providing activities and snacks for the children while the foster parents talk and learn from each other.

Unit Support Sub-Group: This sub-group focused on creating an atmosphere of better communication between the foster care team who work with foster parents and caseworkers to improve support to foster families. This was done as a pilot in New Castle County by assigning a foster care worker to a treatment unit to be available for questions and consultation around foster families. In addition, at agency supervisors' meetings, issues regarding collaboration with the foster care unit are included on agendas. Based on feedback from the foster care team and treatment supervisors, this approach has great potential to improve communication and support to foster families. The challenge remains to fully implement and evaluate statewide...

Foster Parent Support Sub-Group: In March of 2013 foster parents were invited to talk about current supports DFS provides and identify needed supports. As a result of this meeting and the comprehensive assessment completed by AECF, a list of additional support to foster families were developed and others are in the final stages of development. In August 2013 DFS contracted with Progressive Life Centers to provide after-hours phone support to foster families. Michael Sanders facilitated 17 focus groups with every function within DFS and contractors to

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develop ten ways each function can support foster families under the banner “Support is Everybody’s Job”. Each staff person will receive a laminated card with the ten ways they can support caregivers. This workgroup is also developing posters for posting around all offices statewide. The posters and laminated cards will be unveiled in early summer 2014.

Mr. Sanders also trained the foster care team on “How to Recognized Signs of Disruption”. This presentation provides staff with tools to recognize placement disruption and to be proactive preventing disruptions. Another support per foster families request will be offering training around grief and loss when children whom they cared for leave their homes. These sessions begin during the fall/winter training cycle 2014-15. DFS is also providing information to foster families about changing expectations that foster families will engage more with birth families. Whenever possible and when it is in the best interest of the child, the expectation is that foster and birth parents will have an “icebreaker meeting” within days of a child’s placement, facilitated by the caseworker. Early feedback from foster families indicates many are on board and believe it is the right thing to do for children. A minority of foster parents have expressed more reservations about this approach.

Training and Development Sub-Group:

Pre-Service Training

In January 2014, DFS implemented a new foster parent pre-service training curriculum developed by The Institute for Human Services (IHS) in collaboration with the Ohio Welfare Training Program. The 30-hour IHS Pre-Service training includes the following 10 Modules: Orientation to Foster Care, The Child Protection Team, The Effects of Child Abuse or Neglect on Child Development, Attachment, Separation and Placement, Managing Behavior, Preventing and De-escalating Crisis, Cultural Issues in placement, Understanding the Primary Families, Children Who have been Sexually Abused, and The Effects of Caregiving on the Caregiving family. The first Module “Orientation to Foster Care” is provided by DFS Foster Care Staff as an over view to applicants. The applicants are prescreened and those that are approved are sent to a contacted provider for the other 9 Modules.

The readiness of families to foster is assessed in the context of their ability and willingness to meet 5 essential competencies:

1. Participate as a member of the child protection team
2. Meet developmental needs of children in care
3. Provide safety, well-being and placement stability
4. Work effectively with primary families to promote reunification
5. Promote lifelong connections and permanency

The current IHS curriculum is under revision. The next revision is expected in 2015 and includes National Child Traumatic Stress Network’s (NCTSN) trauma informed language, In-service training for foster parents is revised to use actual foster parenting experience to facilitate learning. The in-service trainings offered, to matriculate through service levels will include 11 from the IHS curriculum: Primary Families, Attachment, Effect of Abuse and Neglect, Caregivers Voice, Discipline, Healthy Sexual Development, Recognizing Sexual Abuse, Cultural Issues, Foster Families Grow, Defusing Crisis, Roots and Wings. Additional in-service training will include DFS Inappropriate Sexual (ISB) Behavioral Module 1, Teen Training, Foster Care 101, Psychotropic Medications, First Aid and CPR, Depression and Suicide, Trauma, Advanced Attachment, Medication Management, Mental Health Diagnosis, Substance Abuse and Inappropriate Sexual Behavior Offenders.

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National Foster Care Month

National Foster Care Month events include the third annual foster parent conference and recognition luncheon; this year's theme is "Trauma Hurts: Transforming Lives Together for Better Outcomes." The conference recognizes years of service, supports networking and offers training. Over three hundred and fifty participants participated on May 29th.

Kinship Care:

In the winter of 2013 DFS formed a kinship workgroup supported by 3 consultants from AECF, Tamara Horne, Lisa Payne-Wells and Mary Bissell. In April 2013 three members of the workgroup participated in a peer to peer exchange, "Achieving Excellence in Kinship Care" with other regional states. After much research and deliberation DFS submitted a proposal to the DFS Strategic Leadership Team in April 2014, outlining our plan to begin a Kinship care program in Delaware. Our next steps will include developing policy to guide the program and develop tracking tools.

Collaborative Efforts

DFS has developed a number of working collaborations in support of foster care:

- YMCA provides discount memberships to foster families and an additional full year membership to any youth who exit care.
- YMCA sponsors a full week of overnight summer camp experience for about forty foster children each year at no cost,
- Kind to Kids provides tickets to entertainment, sports and cultural events, as well as free educational programs and supplies, books, toys and games. Over the past year Kind to Kids developed and implement a Life Skills educational program for children in foster care ages 14 and 15.
- Our partnership with Parent Information Center (PIC) provides Educational Surrogate Parent training to foster parents.
- Delaware Youth Opportunities Initiative and the One Simple Wish Foundation work with DFS to help recognize the achievements of youth in foster care with special recognition and awards.
- The Kinney Foundation has graciously provided the foster care program with catered meals during special events and financial support for many years.

Outcomes and Measures

- Delaware consistently meets the national standard, Absence of Child Abuse and/or Neglect in Foster Care (99.68%).
- Comparing data from January – June 2012 with July – December 2013:
 - ✓ Children having two or more placements in the first 100 days dropped 39%
 - ✓ 66% increase in initial relative placements for teens
 - ✓ 18% reduction of all children in care
 - ✓ 45% reduction in all foster care entries
 - ✓ 40% reduction in teen entries
 - ✓ 42% reduction in congregate care placements
 - ✓ 38% reduction in initial placements for teens
- 55 new foster homes were approved calendar year (CY) 2013

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Priorities for Coming Year

The foster care priorities in the coming year are:

- Recruit and approve 38 families for sibling groups (6) medically fragile children (6), developmentally disabled children (6) and teens (20).
- In collaboration with sister divisions with DSCYF and AECF, develop in-state resources to reduce the number of children placed out-of-state.
- Support foster families working with birth families. Implement ice-breaker meetings.
- Fully implement the kinship care program
- Participate on committees working to improve educational outcomes for foster children, as well as reduce the number out of school suspensions. Implementation of training and support around grief and loss for foster families. Improve on safety and quality of care for teens in care by identifying and closing homes that are not meeting our standards.
- Continue foster parent conference and recognition events.
- Strengthen public-private partnerships to improve outcomes for foster children.

Adoption

Pre-Adoption

When foster children cannot return to the custody of their parents, DFS actively seeks another permanent family for the child. Permanency options for a child are adoption, permanent guardianship, guardianship, and APPLA.

DFS contracts with 4 private, nonprofit adoption agencies in Delaware to provide recruitment, approval, supervision and support services to adoptive families: A Better Chance For Our Children, Bethany Christian Services, Children and Families First and Children's Choice. The private agency is required to meet with the child monthly, document all activities and contacts and attend all court hearings. The adoption agencies are responsible for responding promptly to inquiries and explaining the adoption application and preparation process. The agencies also recruit, prepare, assess and approve adoptive parents who are prepared to meet the unique social, emotional, physical, educational and other needs of children. The agencies submit adoption home studies to DFS for approval of placement. They also provide or secure, on behalf of the child and adoptive family, services to meet the child's physical, social and emotional needs and to facilitate integration of the child into the adoptive family. Finally, the agencies provide family support and supervision of the pre-adoptive placement prior to the finalization. In recent years, post-adoption services have been added to the service array.

Alternative permanency planning activities begin for children still in foster care at 9 months, or earlier if circumstances are compelling, as the case is referred to the DFS Permanency Planning Committee (PPC) for review during the 10th month the child is in care. The DFS Permanency Planning Committee is multi-disciplinary team with DFS, Department, community and legal representatives. In the past year, DFS has opened the meeting to current foster parents or caretakers. If the PPC recommends a goal change, the caseworker will present that recommendation to the court at the next review/hearing. The Family Court considers the agency's recommendation and issues the permanency plan. On the average, there are 7 permanency planning committee meetings per month statewide. In 2013, there were 540 referrals made to the PPC statewide. For 2012 there were 564 referrals. This trend mirrors the decreasing foster care population.

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Adoption Assistance

The Division of Family Services provides adoption assistance for special needs children and their adoptive families. As of December 31, 2013, there were 410 children receiving adoption assistance (Title IV-E federal financial participation) and 524 children receiving adoption subsidy (non-IV-E). Adoptive families are required to complete annual reviews and Medicaid applications (if they reside in DE). Each year, there are between 50-60 children exiting the program. Most of the children are over 18 years of age and graduate from high school, but some of the children are no longer residing with the adoptive family or may have returned to live with a birth family member. Currently there are 1160 children active in the adoption assistance program.

National research and local experience have demonstrated that at times these families need post-adoption support. When the adoption is finalized, DFS provides information and referral to services and support groups. Yet, adoptions do fail or disrupt. During 2013, there were 12 pre-adoption placement disruptions and 10 adoption dissolutions. Some of the reasons for placement disruptions include the child's behavior or special needs, divorce, adoptive parent health and family relocation. Some of the children where the adoption dissolved include the child's return to their biological family, living with a non-relative, entering long-term treatment facilities and the child's criminal activity.

Family Search and Engagement (FSE)

As one of the Outcomes Matter initiatives, DFS partnered with Annie E. Casey Foundation to conduct a pilot at Beech Street Regional Office using Family Search and Engagement activities for children in foster care more than 3 years with a goal of adoption and APPLA, and without a permanent resource. This pilot started at the Beech Street location in the fall of 2012. This pilot included training for caseworkers and contracted agencies working with the children and ongoing monthly consultation. Children in the pilot reestablished connections with their birth families or exited to adoption or guardianship. This is an on-going process and caseworkers are proceeding with caution especially for the children where the parental rights were previously terminated. Feedback from the surveys included:

- Role of the supervisors is important
- FSE work needs to begin at placement
- Include foster home coordinators and private agencies in this process and from the start
- Focus more on permanency planning
- Group consults were helpful to the worker and supervisor
- The outcomes are good for the children/youth in foster care without permanent connections

In the summer of 2013, FSE practices were implemented statewide. Training was provided to caseworkers for DFS and contracted agencies, foster and adoptive parents and anyone who was working with these children placed in foster care. A core group of 18 representatives from DFS and contract agencies were trained by AECF to provide this training for other staff. This training started in Kent and Sussex counties in the fall and will be held in the New Castle County DFS office locations in the spring of 2014. All staff complete an on-line training prior to receiving this half day training. Feedback has been positive and well received by all staff at all levels.

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Post-Adoption Services

DFS has a contract with A Better Chance For Our Children (ABCFOC) to provide adoption services for children in foster care. In 2007, DFS expanded the contract with ABCFOC to include post-adoption services for children who exited foster care via adoption or permanent guardianship. The agency has a 24-hour hotline for families in crisis. The activities include information and referral, crisis assistance, statewide trainings on adoption-related topics, support groups for parents, therapy and support groups for children, Love and Logic parenting, Rec N Respite, and parent/child bonding workshops. In addition, ABCFOC provides parent training workshops with various speakers 5 or 6 times throughout the year. The topics have included Bullying, Sexting/Texting, Brain Based Parenting, Attaching To Children Who Have Experienced Trauma, and What Do I Do When My Teen Explodes. Some of these support groups and activities are in conjunction with Adoptive Families with Information and Support (AFIS).

From 2007 through March 2014, 195 children received an array of post adoption services. The breakdown of children receiving the services is as follows: 141 from DE foster care, 13 from DE private agency adoptions, 21 from non-DE US adoptions, 19 international adoptions and 1 cannot determine. There has been a slight decreased in the number of new referrals from 2012 to 2013 for post-adoption services, but there are some families receiving monthly case management services from ABCFOC. In CY2012, there were 36 new referrals for case management and 17 new referrals for crisis intervention services as compared to CY2013, with 24 new referrals for case management and 12 referrals for crisis intervention services. No children entered foster care resulting from an international adoption disruption or dissolution during FFY2013.

Collaborative Efforts and Projects

- DFS has on-going contact with providers and community partners to discuss current issues, trends and activities. The Adoption Program Manager has regular meetings with the adoption contract agencies.
- The contract agencies, DFS supervisors and administrators and other adoption agencies meet monthly at the Interagency Committee on Adoption meetings.
- DFS, adoption agencies and community partners are all invited to the post adoption training sessions provided by ABCFOC. This includes CASAs, Guardian Ad Litems, caseworkers, supervisors, foster home coordinators and fost/adopt parents.
- Mailings to adoptive families regarding activities, new training or workshop opportunities, and invite families to National Adoption Day events.
- Participation on the CPAC Permanency for Adolescents subcommittee.

Outreach and Recruitment Events

- DFS continues ongoing recruitment for foster and adoptive families. The focus is on teens, children with special needs, sibling groups, children with behavioral issues and males. These children are listed on the Deladopt list.
- There is a focus on younger children under the age of 5. This age group is reviewed by the supervisor, CASA/GAL and the PPC for fast tracking to permanency if the child cannot return home. About 60% of adoptions are by Delaware foster parents.
- Child specific recruitment is available via adoption contracts.
- Heart Gallery displays at churches, Legislation Hall, National Adoption Day and Foster Parent Conference.

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- Wilmington Blue Rocks program books promote foster parent recruitment with accompanying public service announcement on WJBR.
- Adoption agencies have regular orientation meetings which include characteristics of foster children.
- ICOA sponsors semi-annual matching events for DFS caseworkers and child specific recruiters.
- AFIS has a mailing list of families who have adopted from foster care, international or through a private adoption agency. Families receive notice of events such as upcoming trainings, the summer picnic or the National Adoption Day activities.

Outcomes

- The total number of children served annually by the adoption program is about 200 children. As of December 31, 2013, there were 159 open adoption cases within DFS.
- During FFY2013 there were 109 finalized adoptions for child in foster care. For CY2013, there were 97 finalized adoptions for children in foster care. This was a slight decrease as there were 100 adoptions in CY2012 and 95 adoptions in CY2011.
- As of April 1, 2014, DFS has 50 children, including 8 sibling groups, for whom the agency is actively recruiting adoptive families. Twenty six children are male and 24 female. Eight are Caucasian, 5 are bi-racial, and 37 are African American children. Of the 26 TPR'd and legally free children, 17 are at least 12 years of age and/or are part of a sibling group.
- The highest number of finalized adoptions was 125 for FFY2009. For FFY2010, the number adoptions dropped to 67 adoptions. Since 2010, the number of finalized adoptions has increased annually to 109 for FFY2013.
- National standard for adoption with 24 months is 36.6 % or higher and the percentage for Delaware FFY2013 is 43.2%.

Achievements

- In 2014, HB125 established conditions for reinstating parental rights. These conditions include the child being at least 14 years of age; in DSCYF custody; adoption is ruled out; the child consents to the reinstatement; and at least two years have lapsed since the TPR or the child is 17 years of age.
- Another proposed legislative change is HB 223. This bill clarifies that permanent guardianship meets the goals of permanency as defined in the Delaware Code and removes six month reporting requirements to Family Court by DFS.
- In 2013, Permanency Planning Committees in all DFS Regions started inviting foster parents to participate.
- Delaware used federal adoption incentive funds for contracted adoption services such as training, home studies, supervision, case management and family support. The last allotment was \$20,000 for FFY 2012.

Priorities for Coming Year

- Expand MY LIFE services to all children in Permanency/APPLA units.
- Review the current role, responsibility and policy of the Permanency Planning Committees with an emphasis on preparation for a recommended goal change and the process for approving resource families. Fully implement family engagement strategies and corresponding documentation across all program areas to strengthen permanency exits for foster children.

Well-Being Section

System Level

Prevention and Behavioral Health Services

The Division of Prevention and Behavioral Health Services (DPBHS) is part of the Delaware Department of Services for Children, Youth and Their Families (DSCYF). On July 1, 2010, the Division of Child Mental Health and the Office of Prevention and Early Intervention blended to become the new Division. DPBHS provides a statewide continuum of prevention services, early intervention services, and mental health and substance abuse (behavioral health) treatment programs for children and youth. DPBHS operates under the authority of Delaware Code Title 29, Chapter 90, § 9006 (2).

A primary goal for DPBHS is to provide care that is family-driven and youth-guided. DPBHS strives to be culturally and linguistically competent.

Prevention Services

Prevention Services has the responsibility for providing training, public education and consultation services aimed at prevention child abuse, dependency, neglect, juvenile delinquency, mental health disorders and drug and alcohol abuse among children and youth. The Prevention Unit responds to community needs by implementing universal, targeted and indicated approaches.

Fatherhood Initiative

The Delaware Fatherhood and Family Coalition (DFFC) is an initiative derived from the Promoting Safe and Stable Families Family Support services managed by the Division of Prevention and Behavior Health Services and funded under Title IV-B, subpart II operating under the Family Support component. The operation of the coalition is a shared collaborative effort involving the state, contracted services and the community addressing Responsible Fatherhood and Healthy Adult Relationship statewide.

The DFFC serves as a protective factor for the well-being of children because there is likelihood that positive and frequent father – child contact is associated with better socio-emotional and academic function based on research. Focusing on this protective factor, DFFC formed as an advocacy group to become a united change agent in Delaware that is committed to building a sustainable coalition which champions father’s involvement in the lives of their children and healthy adult relationships - specifically effective co-parenting. Officially, the coalition began structuring its operation in 2010 after spending several previous years on increasing Delaware’s citizen’s knowledge of and accepting the importance of Fatherhood and Healthy Adult Relationship and how to become involved in this movement.

The Delaware Fatherhood and Family Coalition (DFFC) set a foundation for community involvement to activate the public/private/social organization to participate in the Delaware Fatherhood and Family Coalition’s Strategic Priorities which are:

- Promote Father Involvement as a Positive Influence - By increasing community awareness of the importance of and commitment to father involvement in the lives of their children
- Build a Self-Sustaining, Self-Determining Coalition - By stimulating a broad-based positive social movement to combat father absence and promote father involvement.

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- Provide the Education and Technical Assistant Opportunities - By providing Fatherhood and Healthy Adult Relationship educational opportunities and technical assistance to increase the capacity of the community to support father involvement.
- Promote Fatherhood and Co-Parenting Services - Promote Fatherhood and Healthy Adult Relationship service and activities by DFFC members.

Program Achievements

- Local newspapers such as the Delaware News Journal, Milford Daily News and the Delaware Hispanic Magazine and Billboards promoted DFFC principles and events.
- Quarterly, the DFFC disseminates its own newsletter updating Delawareans on DFFC activities, county meetings, events and highlights.
- A live radio interview occurred during the 2013 Delaware Devoted Dads Summit with Lyanta Tomlin as the host of Divine Voice with radio station WWWE, one of Atlanta's inspiration morning shows. A video recording interview also occurred during this Summit hosted by Pastor Mills and viewed on local channel 28. A live radio interview occurred in 2012 with Pastor Figeraro reaching the English and Spanish speaking population broadcasted from Delaware on the topic of Importance of Fatherhood.
- The DFFC expanded its web-based communication with the use of various internet technologies such as twitter, Facebook, Vertical Response, E-Mail and Survey Monkey.
- Various collaborative mixed media products were produced with volunteers and the Panhellenic Greek Council. Video and music were shared at the 2012 and 2013 Delaware Devoted Dads Summit.
- The positions of the President, Vice President, Secretary, and Program Coordinator positions were filled with commitment signatures for New Castle, Kent and Sussex Counties in 2012. DFFC Protocols were developed for holding County Leadership Committee Meetings by June 2013. Family Consultants provided leadership and organizational technical support.
- The faith-based component began October 2013. New Castle County successfully piloted this initiative with involving 11 pastors. The pastors meet quarterly working to meet their three priorities: 1) support to other churches; 2) promote DFFC principles, and 3) advertise services they provide on DFFC's website.
- Types of training included Infusing Fatherhood into existing systems (overall 66 attendees), Introduction into the Importance of Fatherhood (225 Attendees), Leadership Training (12 attendee), Grant Training (150 attendees), and Ambassadorship Training (83 attendees). Community Dialogue Facilitator Training was established in 2013 for Barbershops/Salon and other entrepreneurs/organizations where there is opportunity for group discussion. After revisions in 2012, an additional component was developed specifically for those who are facilitators of the Community Dialogue. This was implemented in January 2014.
- The DFFC held its 4th Delaware Devoted Dads (DDD) Summit. With an average of 250 attendees over the four years, the attendees were very satisfied with the keynote speakers having a 93% rating. These speakers included Clifton Powell, Ed Gordon, Allen Houston and Steve Perry with a host of other plenary presenters in the field of Fatherhood, Child Support, Parenting and Youth Support. Overall the workshop sessions and the DDD summit satisfaction survey held a 96% rating.
- Over the past 4 years, the Delaware Fatherhood and Family Coalition has held 18 town hall meetings, 3 general membership meetings and since 2013 monthly county meetings.

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- In 2012, over 100 Hispanic families attended the DDD summit and in 2013, 113 families attended the DDD summit. Materials in Spanish, interpreters, a Latino workshop track and a facility where children could accompany their parents were provided.

Collaborative Efforts

- Significant outreach to the Latino community was important to obtain their involvement in family life as it is associated with Fatherhood.
- Representatives from DFFC and the state designed a strategic plan for the staff of Division of Youth Rehabilitative Services to assist in engaging fathers in working with incarcerated youth in 2012.
- The residents of County Seat Gardens in Sussex County benefited from coalition building skills of the DFFC state representative to meet the needs of the community. This largely Latino community identified leadership, social service partners, residential and business support to construct a playground in their community.
- The DFFC state representative also assisted Little Rock, Arkansas to build a Fatherhood Coalition.

Areas for Improvement

- Improve on DFFC's Social Media and Social Branding approaches.
- Strengthen the structure and leadership to become more self-reliant.
- Continue to develop DFFC operational procedures.

Challenges

- Coalition is built on volunteerism, incentives to engage leaders and participation of those with certain skill sets to advance DFFC.
- Continue to move towards self-sustainability. Technical assistance needed for applying for funding and resources to support upcoming priorities.
- Technical assistance needed to strengthen prevention environmental approaches.
- Organizations and services becoming father friendly and supportive in providing service not traditionally provided for fathers.
- Acquire state champions to raise awareness and support for identified platforms.

Priorities for coming year

- Expand DFFC faith-based component to Kent and Sussex County
- Train and increase the number of Barbershop and Salon shop owners to become Community Dialogue Facilitators in Kent and Sussex County.
- Define and revise contractual role responsibilities to meet the needs of the DFFC.
- Expand informational pages on the DFFC web-site.
- Infuse navigation services for fathers and mothers in the area of child custody and child support.
- Identify a registration program to register training attendees and track the type of trainings and number of attendees.
- Position DFFC to acquire a 501c(3) and create a Board of Directors.
- Position DFFC to apply for funding and champions.
- Identify and finalize protocols and standardize forms for an operational manual.
- Increase the number of experts in Delaware in the field of Fatherhood and Healthy Adult Relationship.

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Links to Reports and Publications

ataylor@delawareonline.com – News Journal

Patrick.Patterson@icfi.com - email address

Delawaredads.org – Delaware Fatherhood and Family Coalition

<http://www.whitehouse.gov/champions> - Mary Polk Fatherhood Award

Families and Centers Empowered Together (FACET) Program

FACET is a family support and empowerment program which uses an asset based prevention approach that focuses on identifying, building on, and maximizing family strengths; with a strong emphasis placed on parent empowerment. The program is located in an Early Learning Center setting and the services are designed to strengthen families by providing a variety of supportive services, parent workshop, and stress relieving activities to encourage parent involvement and parent/child bonding.

FACET is in its 22nd year of service and has expanded to include one additional center in New Castle County and two additional centers in Kent County. The FACET Program served 243 unduplicated families and 326 unduplicated children during this reporting period and 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 its program goals and objectives. In meeting their program goals and objectives an innovative service approach has been implemented whereby The Child School Readiness workshops are now a part of the standard menu of parent trainings. Each FACET center also participates in the Delaware Stars quality improvement program for early success. The Delaware 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.

After School, Summer and Extended Hours Programs

The Center for Disease Control and Prevention (CDC) reviewed and reported that the 2012 Adolescent Suicides in Kent County pointed to a lack of after-school activities for youth in Kent and Sussex Counties. As a result, the state awarded \$2.9 million for After School and Summer Programs. An additional \$200,000 was awarded to community centers to extend summer program hours on nights and weekend for community centers in high risk areas in the city of Wilmington. The programs provide academic, cultural, artistic, agricultural or recreational activities and reduce youth violence and suicides.

Substance Abuse Prevention

Substance Abuse Prevention and Treatment Block Grant (SAPTBG) 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 SAPTBG 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

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collaborative effort between DSAMH and DPBHS. The funding supports community collaborations through Brandywine Counseling and Community Services Inc. and West End Neighborhood House. Highlights of the funding are listed:

- Delaware Prevention Coalition (DPC) hosts the 5th Annual Teen Summit at the Wilmington Doubletree Hotel with over 400 youth engaged in the day
- DPC participates in Worlds Aids Day Prevention Forum
- DPC hosts 1st Community Anti-Drug Coalitions of America (CADCA) National Youth Leadership Initiative (NYLI) 3-day Training at Delaware Technical Community College (Dover) for (30) youth, (6) Community Prevention Coordinators and (2) Statewide Prevention Coordinators in partnership with DPBHS
- DPC hosts a 2-day CADCA training on the Strategic Prevention Framework Model in Dover for all DPC Coalition members and DPC partners
- DPC takes 11 youth to the CADCA Mid-Year Conference in Austin, Texas. First year any youth from the State of Delaware ever participated in this leadership conference. Scholarship was given from DPBHS working with CADCA.
- All Sectors of the coalition are filled as defined by SAMSHA and the SPF Model

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.

Prevention Priorities for Coming Year

- Promote Prevention –Increase community awareness of the importance of prevention
 - ✓ Develop an Internal and External Prevention Marketing Plan
 - ✓ Increase community involvement to drive plan
 - ✓ Increase family and youth involvement to drive plan
- Infrastructure Enhancement
 - ✓ Increase Prevention workforce
 - ✓ Increase staff development to enhance knowledge and skill of evidenced based prevention strategies and programs
- Evaluate Programs

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Early Intervention K- 5 Family Crisis Therapist Program

The K-5 Early Intervention Program (EIP) is an innovative collaboration between the Department of Services for Children, Youth and Their Families (DSCYF) and the Department of Education (DOE). EIP provides services to students displaying behavioral problems which impede their learning processes, or the learning process of others. The Early Intervention Program (EIP) was created in 1995 through collaboration between Department Secretaries, the Legislative Joint Finance Committee, and then Governor Carper. The program started with 9 Family Crisis Therapists (FCTs) and currently employs 53 FCTs assigned to 14 school districts and 5 charter schools throughout the state. A typical caseload of an FCT is fifteen to twenty children/families. EIP targets children who exhibit behavioral, academic, social, or mental health problems that, unless appropriately addressed at an early stage, can manifest through early failures in school into other more serious social and/or emotional developmental issues and potentially lead to early onset conduct disorder. FCTs work with a student's entire family, and can address any presenting issue whether behavioral, academic, or emotional. In many instances, FCTs work with families to address basic needs and/or crisis issues, thus enabling them to focus on the emotional, academic, and social needs of the child(ren). The goals of the EIP are to improve student behavior, strengthen parenting skills, access community resources and reduce the number of families and children needing more intensive services from the Department.

The FCT works closely with the school's management team to identify appropriate students for the program. The FCT then visits the parent at their home to offer them the option to participate in the Early Intervention Program.

When a parent agrees to participate in the EIP, the FCT performs service and trauma assessments during the first 30 days to inform case planning and to establish a baseline to measure progress. Each child screening positive for trauma is referred to a nearby counselor certified in Trauma Focused Cognitive Behavioral Therapy. A third assessment, Parent and Teacher "Child Rating Scale", is repeated at the end of each school year and at case closure to measure progress. Service plans are created within thirty days of the family entering the program and updated monthly; a summary of each case is provided to the assigned supervisor.

Services provided by the K-5 Early Intervention FCTs include: weekly individual counseling with students at the school, group counseling, weekly consultation with teachers and school administration, monthly family counseling at the home and in the school, home visits, self-advocacy, referral and crisis intervention. In addition, the FCT serves as a Liaison between the family and the school and or community agencies.

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Number of clients served (# children and families)

Time period	January 2010 to December 2010	January 2011 to December 2011	January 2012 to December 2012	January 2013 to December 2013
Average # of FCTs versus total # of FCT Positions	47 of 51	49 of 51	50 of 53	51 of 53
# of Participating Schools	51	51	53	53
# of Participating School Districts	13	13	14	14
# of Public Schools	48	48	50	48
# of Charter Schools	3	3	3	5
# of New Cases per Year	514	664	549	557
Monthly Average # of Cases Throughout the Year	611	735	800	765
# of Non Caseload Students	10716	12256	10344	12281
# Non Caseload Adults	4512	5129	4571	4283
# of Home Visits per Year	9024	10767	9023	9349
# of Office Visits	7332	8131	7280	7679
# of Individual Counseling Sessions	71064	73084	78136	79248
# of Group Counseling Sessions	10152	11548	11288	11578
# of Family Counseling Sessions	7896	9420	8832	9077

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Program Priorities

The K-5 Early Intervention Program has identified 5 priorities:

- Frequent contact with the child at the school. Each child is seen individually 3 to 4 times each month. The child may also receive group counseling, if warranted. In addition, the FCT has an office in the school. Therefore the FCT is able to make brief contact with the child several times each day to reinforce progress toward goals.
- Parent engagement: The FCT sees the parent at the home at least 1 time per month and also sees the parent at the school at least monthly to address family issues. The EIP uses the “Triple P Program” (Positive Parenting Practices).
- Assessment and case planning. The FCT, parent, teacher and child all provide feedback to inform case plans and measure progress. Families are assessed within 30 days and then assessed twice annually and again at case closure. These assessments are used to identify and modify case plan goals.
- Collaboration with the community: During this reporting period, K-5 Early Intervention FCTs have partnered with numerous community-based services, including: Catholic Charities, Salvation Army, Ministry of Caring, School Districts, Department of Health and Social Services, Adopt-A-Family, local community centers, homeless shelters, Operation Warm, medical centers, and mental health providers for children and adults. These services include mental health agencies, housing agencies, food and clothes closets, domestic violence agencies, homeless shelters, drug and alcohol counseling agencies, job assistance programs, and child care providers. In 2011 and 2012 the K-5 EIP began a partnership with the Nemours Health and Prevention Services resulting in more than 90 percent of the FCTs becoming certified in the “Triple P” Positive Parenting Practices Parenting Program.

Challenges and Barriers (2010-2014)

The Early Intervention Program (EIP) is a unique collaboration between DSCYF and the Department of Education. The EIP was created to address the needs of Delaware’s families who are typically not successful in traditional services. Delaware noticed that many children entering intensive DSCYF and DOE services as teens had similar histories during their elementary school years. The child and family were frequently referred to DFS and DPBHS, but did not qualify for mandated services. The child was frequently referred for special education, but did not qualify. The families were often referred for mental health counseling or other community intervention, but the families were unable to be successful in traditional community mental and behavioral health services. The K-5 EIP was designed to help the families who do not succeed in traditional community treatment and do not qualify for mandatory DSCYF or DOE services. Thus, one challenge/barrier is resisting the push for this unique service to change into a more traditional service. The K-5 EIP has been extremely successful in positively impacting the lives of children and their families for the past 18 years. In 2009, The K-5 EIP was selected to receive the Harvard University, Kennedy School of Government, award for being 1 of the top 50 Innovative Government Programs in the nation. Because of the program’s success, the K-5 EIP is often asked to change or add services in order to assist other programs in Delaware. While the program partners with many of these agencies to assist families, there is a continuous need to monitor the program to prevent mission drift.

The 53 FCTs are each located in 53 different schools throughout all 3 counties in Delaware. There are 4 supervisors for all 53 off site employees. A challenge for the program is a 13 to 1 staff to supervisor ratio where each staff is located off site in a unique location. Early

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Intervention addresses this challenge in several ways. Regular statewide meetings with all FCTs ensure the same messages reach all staff. Each supervisor has additional meetings with their unit, and meetings with the FCT and the school. This allows frequent face to face discussion of important information as well as opportunities for timely problem solving. The Early Intervention Program also monitors FCT performance through Outlook schedules, timesheets, monthly contact tracking, caseload statistics tracking and review of individual cases in FACTS each month. Supervisors and FCTs maintain additional contact throughout the month via emails and telephone calls. Summers present a challenge because school based FCTs work with families year round even though the schools are closed in the summer. The Early Intervention Program turns this challenge into an opportunity to provide interventions during the summer so the student returns to school in September better prepared to succeed. FCTs achieve this by working together to create up to 17 unique summer programs. These programs provided evidence based interventions 3 days per week for 6 to 8 weeks each summer. Each FCT engages caseload families to participate in these targeted summer programs. In addition, FCTs visit students in summer school, at summer camps, at YMCA/boys and Girls Club programs, day cares and at the student's home. The EIP turns the challenge into an opportunity to work closely with students and families over the summer months.

Priorities For Coming Year

The K-5 EIP will sustain these priorities: contact with the child at the school, parent engagement, assessment-driven and collaborative case planning with the school and family, and collaboration with the community. Additional priorities for the coming year include hiring and training a new supervisor and implementing FACTS II.

Middle School Behavioral Health Consultants (BHC)

In a June 6, 2010 News Journal article, Delaware was noted to have twice the national average of suspension/expulsion rates. Suspended students are more likely to have learning disabilities, be in foster care, and have emotional problems. Currently, many Delaware elementary schools have Family Crisis Therapists and high schools have Wellness Centers. Starting FY2014, Delaware now provides interventions to address mental health and substance use issues experienced by middle school students, grades 6-8. Services are provided 12 months a year. The services include: screening for mental health/substance abuse and for trauma, crisis assessment, clinical interventions, psycho-educational groups, and training and consultation for parents, teachers and administrators. The services assist school staff in the development of a positive and productive educational environment. BHCs also assist families and schools to access community mental health, substance abuse and prevention services. As of May 2014, there are 489 active cases in 27 middle schools statewide.

Behavioral Health

The Division of Behavioral Health Services (DPBHS) provides services to youth and families who meet eligibility and clinical criteria. Some may have no other involvement with DSCYF; however, most are active with or have had histories with other DSCYF Divisions in addition to DPBHS.

DPBHS administers a continuum of mental health and substance abuse treatment programs that range in levels of intensity and restrictiveness. These services are provided directly by Division staff and through contracted providers. This continuum includes:

- 24/7 crisis services

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- Routine outpatient services
- Behavioral intervention (formerly known as wrap-around aide services)
- Intensive outpatient services
- Part-Day (after-school) programs
- Day programs
- Residential treatment
- Psychiatric hospital

DPBHS offers mental health and substance abuse services, beyond outpatient therapy, through a Care Assurance Model. The DPBHS Clinical Services Management (CSM) Unit provides Care Assurance for all eligible youth. This includes the youth being assigned to a CSM team led by a licensed behavioral health professional. CSM team reviews information from a variety of sources and determines an appropriate level of care to assist the youth. CSM implements DPBHS's vision of providing clinical care in the least intensive level that meets the youth's clinical needs and safety concerns. The CSM team authorizes and monitors the youths' progress on an ongoing basis while in treatment, consults with the family and provider about treatment, and is responsible for facilitating discharge planning. Clinical necessity determines the youth's length of stay in a program.

CSM Responsibilities:

- Work with each family to identify strengths and determine appropriate treatment.
- Provide case coordination for the family while receiving DPBHS services. Coordinators work closely with the family, treatment providers, other agencies and schools to coordinate any services clients may need.
- Make every effort to provide services to help children and youth remain in their homes.
- Explain any financial responsibilities families may have for the cost of their child's care (Medicaid clients are not required to make co-payments for any services).
- Provide contact information for community resources and support that may be helpful to the family.
- Review client rights and have consents signed by the individual/family bi-annually and annually.

The CSM is at the hub of service delivery for the DPBHS Care Assurance Model. During the period of 1/1/10 through 12/31/13, CSM served 3,577 youth.

Division of Youth Rehabilitative Services (Juvenile Justice)

The Division of Youth Rehabilitative Services (DYRS) serves youth who have been placed on supervision by the Family Court, the Magistrate Court or another state's court through the Interstate Compact on Juveniles. Youth are assessed for their level of risk to reoffend as well as their criminogenic needs and based on such are placed on supervision with either a low risk provider, or a probation officer, or committed to a L4 or L5 program to meet the needs as assessed. DYRS also serves youth in pre-trial status, both in residential settings, as well as in the community with court ordered supports. Title 31 Chapter 51 assigns the Division of Youth Rehabilitative Services with the rights and responsibilities associated with the day-to-day care of juveniles committed to DYRS by the Court, including the right to the care, custody, and control of the juvenile. The mission of DYRS is to support public safety and positive change of children, families, and communities through guidance, education and empowerment.

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During CY2013, DYRS and/or their contracted providers worked with 2855 youth and their families.

Facility Services

DYRS provides services in a variety of ways with regards to facilities. For pre-trial services, DYRS has two secure detention facilities, one in New Castle County and the other on the border between Kent and Sussex counties. DYRS contracts with two community providers for non-secure detention, in three locations throughout the state for up to 30 youth.

DYRS has one level 5 locked facility for males and three level 4 staff secured cottages one for females and two for males on the Youth and Family Center campus, located at Centre and Faulkland Roads, in Wilmington, DE. All facilities that are state run by DYRS have a Cognitive Behavioral training model and provide programming specific to the youth assigned to the facilities.

DYRS contracts with a number of providers out of state for specific level 4/level 5 programs, targeted to meet needs that are not able to be addressed in-state, such as residential treatment for youth with inappropriate sexual behaviors.

Community Services

Probation

Youth placed on probation supervision are assessed by probation officers assigned to the Assessment and Monitoring Unit with the Positive Achievement Change Tool (PACT). Once assessed for their risk to reoffend, the unit supervisor assigns youth to either one of three low risk providers for supervision in the community, or to a probation supervisor for assignment to a probation officer in the community. The youths' top three criminogenic needs are addressed through services to match those needs, either through contracted providers or community providers. Their court ordered conditions are addressed/documentated in a case plan by either by the probation officers or the contracted case managers.

Special/Intensive Services

Youth with inappropriate sexual behaviors are statutorily required to be assessed prior to sentencing by experts who are specifically trained to determine a youth's risk to reoffend sexually. Recommendations are made to the court for sentencing options, both in the community and residentially for treatment. DYRS has a statewide probation unit that is trained to deal with youth with inappropriate sexual behavior adjudications.

DYRS provides pre-trial services, by Community Services staff, as well as contracted providers. DYRS supervises the court liaison unit for the Department, providing technical assistance to all four Divisions, and the Family Court. DYRS has a serious juvenile offender curfew check and apprehension unit, providing services to support their colleagues within the division. DYRS has recently created a statewide Gun Court Unit, in response to the Chief Judge of the Family Court's efforts with the Gun Court.

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Program Priorities and Collaborative Efforts

Permanency

DYRS works to support permanency for the youth served by assessing them and placing them in the most appropriate level of service in the community. For youth in need of residential services, DYRS works with the program and the families, to have the youth return home with appropriate re-entry services. For youth in placement, at the appropriate times, the probation officers are involved with all aspects of the permanency committee and court reviews to ensure compliance with ASFA.

Family Engagement

DYRS involves the family in planning for their children while on supervision in the community, as well as in placement. Families are expected and encouraged to plan for their children, as well as be involved in their return to the community following residential services; we have evidenced based re-entry services to assist with parent's engagement in their child's return to their home.

Mental Health

Youth with mental/behavioral health needs are referred to out-patient services for treatment. Mental health evaluation needs can be identified through the PACT assessment. Once indicated, a referral will be made as appropriate. We rely on our Division of Prevention and Behavioral Health to collaborate on cases that need either assessments or to be placed on a treatment team as indicated.

Education

DYRS works with the youth's school, not only while in placement, but also while in the community. DSCYF has a full complement of educational staff available to the state-run facilities, as well as transition specialists to help youth to return to their school districts, following residential treatment, both in-state and out-of-state.

Achievements

DYRS has undergone major restructuring, particularly in Community Services. DYRS was able to re-deploy money from the back end of our system, to use in the front end to serve low risk youth in a more meaningful way. As a result, the youth who were assessed at moderate high and high risk to reoffend are assigned to probation officers, who are able to be more closely involved with the youth and their families. These youth are being matched to services that meet their criminogenic needs, to improve their outcomes.

DYRS is one of three jurisdictions in the country to receive a grant for the Juvenile Justice Reform and Reinvestment Initiative (JJRI) in 2012. DYRS began collaborating with Georgetown University, Vanderbilt University and Urban Institute early in 2013 to implement the Standardized Program Evaluation Protocol (SPEP) to evaluate our low risk contract providers, as well as our provider of the umbrella services to match the youths' criminogenic needs. DYRS has stakeholder involvement throughout the Juvenile Justice community in Delaware, and are now working on system realignments, including early stages of discussion around a dispositional matrix.

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DYRS received a Second Chance Act grant in 2013 and has recently partnered with a contracted provider to open an evening reporting center and increased evidence based re-entry services for New Castle County and the City of Wilmington.

The state run facilities have all implemented the Cognitive Behavioral Treatment (CBT) model during the past year, and members of our leadership team completed a Youth in Custody certificate program at Georgetown University in August 2013 to help improve programming at the level 5 and level 4 facilities on campus.

Community Services developed and implemented a New Employee Training protocol for staff during 2013, to include mentoring and on the job training.

Challenges and Barriers

- Through our efforts to improve, a gap that DYRS has seen is in data analysis.
- Change is always difficult and DYRS did experience challenges with staff while implementing the Community Services restructuring plan and changing the state run facilities to the CBT model.

Priorities for coming year

- Implementing the aforementioned grants
- Exploring options to improve DYRS's data analysis
- Improve programming in the state run facilities
- Fully implementing the Community Services training plan
- Participation in the department's multi-division work group for crossover youth
- Become a more trauma informed organization

Links to any reports or publications

http://kids.delaware.gov/pdfs/yrs_csg_jjbook.pdf

Foster Care Clinic at AI DuPont Hospital for Children

Nemours A. I. DuPont Hospital for Children developed the Foster Care Health Program and has completed a comprehensive health assessment on over 100 children who entered foster care. Nemours offers primary physician care and referral to community medical services. As of last year all children who enter care in New Castle County must have the initial assessment completed at Nemours. The physicians who lead this project have demonstrated outstanding quality of care to and advocacy on behalf of children who use their services. In addition Nemours recently added the Transition of Care Program to support youth ages 18 to 21 transition from pediatric care to adult care this services is available for.

Health Care Policy and Coordination

There are no changes to Delaware's Health Care Services Plan dated October 2010. Health of foster children is governed by Medicaid Managed Care Organizations and a network of primary care providers. The Office of Evidence Based Practice and the Division of Medicaid and Medical Assistance are collaborating on a model of psychotropic medication oversight. Revisions to the Plan will follow research, development and issuance of any new policy and procedure.

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Project with DMMA on Psychotropic Medications

DFS has reviewed current best practices, as put forth by the American Academy of Child and Adolescent Psychiatry (AACAP) and our current policies on psychotropic medication including monitoring and informed consent procedures to ensure that care for children and youth in foster care aligns with current state of the art procedures. DFS has an ongoing collaboration with the Division of Medicaid and Medical Assistance (DMMA) to examine system-level psychotropic medication data related to youth in foster care, including polypharmacy and medication patterns. A part of the project is a data collection effort to examine psychotropic medication use patterns in vulnerable populations like Fetal Alcohol Spectrum Disorders (FASD) and drug exposed children, as well as those in residential mental health facilities. DE is building a model of oversight and monitoring on best practice programs (e.g. Texas and Connecticut) that have had successful monitoring and drug utilization review programs to help develop appropriate policies and procedures for both system- and client-level interventions. As noted previously, part of this effort includes recruiting for additional medical staff that could assist in case review, case consultation and training. In addition, DFS is developing resource materials that can be used for training staff and foster parents on the topic of psychotropic medications and informed consent.

Office of Evidence-Based Practice (OEBP) continues to work toward smoother information sharing processes at the case worker level, supporting this with the work done by the Screening and Consultation Unit, so that the information needed to appropriately care for children is available to all stake holders. As noted previously, DSCYF, as part of a cross divisional committee, to address changes in policy that would ensure that best practices for psychotropic medication use is followed consistently across divisions and is represented in contracted services. Finally, clinical monitoring and therapeutic program enhancement efforts aimed at addressing childhood trauma, associated dysregulation and building positive coping skills in youth also have the goal of reducing reliance on psychopharmacological interventions in youth with challenging behaviors. These non-pharmacological strategies have been shown to reduce reliance on psychotropic medications for behavior management and we are encouraging wide spread adoption of these best practices.

Services for Children Under the Age of 5

- *Delaware Thrives* is the statewide, multi-agency initiative to identify young children at risk for health or developmental challenges and ensure that these children and their parents and families have easy access to information and services. Several programs of this initiative specifically focus on the population of children under age 5:

- ✓ *2-1-1 Help Me Grow*

The United Way of DE, with funding from the Division of Public Health (DPH) implemented the Help Me Grow Initiative in 2012. Help Me Grow (HMG) was first started as a pilot in Hartford, CT, in 1998 as a community effort to identify at-risk children and effectively and efficiently link them to services. Its effectiveness has led to 13 states now adopting this approach.

The core service of HMG is the statewide free 2-1-1 call center, which is staffed by case managers who are specially trained to assist parents of young children identify and connect with appropriate resources and services. HMG 2-1-1 also serves as the central point of entry to the State's expanding continuum of Evidence-Based home visiting programs, which include the Healthy Families America, Parents As Teachers, and Nurse

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Family Partnership Programs. The case managers provide triage to help families determine the program that most appropriately meets their needs and then facilitates their connection to that program.

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

- *Statewide Neonatal Abstinence Syndrome Workgroup*

In response to growing concerns about the increasing numbers of infants being born with drug exposure, especially to opiates, the maternity hospitals in DE formed the Statewide Neonatal Abstinence Syndrome Workgroup. This workgroup includes physicians and nurses from Christiana Health Care Systems, Bay Health Hospital, Beebe Medical Center, St. Francis Hospital, and representatives from DFS. The workgroup has focused on researching treatment protocols for Neonatal Abstinence Syndrome and advocated for consistent implementation of these protocols statewide. DFS has participated in the workgroup to reinforce collaboration with the hospitals as they assess appropriate and safe discharge plans for these infants.

Birth to 3/Child Development Watch

It has been the DFS' policy for many years to screen all children, not just foster children, from birth to age three for disabilities or developmental delays. Child Development Watch 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 (DPH). 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.

The Division has a CDW Liaison located in the Division of Prevention and Behavioral Health Services who works directly with Division families. (See APSR Attachment 4: Child Development Watch Statistics)

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

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

CDW is a voluntary program and at times, parents, foster parents and relative guardians do not wish to pursue services, including initial evaluations. Overcoming these barriers includes parent education, which can include referrals to Parents as Teachers, 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.

Delaware's B.E.S.T. for Young Children and Their Families

Delaware's B.E.S.T.* for Young Children and Their Families (*Bringing Evidence-Based System-of-Care and Treatment) is administered by the Delaware Division of Prevention and Behavioral Health Services within the Department of Services for Children, Youth and Their Families. Just a few years ago, mental health services for young children (birth to 5 years old) were minimal and families in Delaware needing help for their children with severe challenging behaviors had nowhere to turn. Additionally, incidents of expulsions from public preschool setting were at an all-time high with Delaware ranked 4th in the nation for preschool expulsion. In 2008, DPBHS received a multi-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to address mental health services for Delaware's youngest population, children birth to 5 years. Over the last several years, a system-wide transformation has been underway to serve Delaware's youngest population through services and supports that promote social and emotional wellness.

The program's efforts center on creating a well-developed and sustainable statewide family-driven system of care for young children, birth to 5 years, with serious emotional disturbances and their families providing clinically appropriate services and supports that address the individual needs of children and their family and use evidence-based interventions and practice. Enhancements to the clinical community and early learning programs that increase core competencies to serve young children with Serious Emotional Disabilities are critical. The goals of this initiative are two-fold:

1. Create capacity in Delaware's statewide public children's mental health system to serve young children aged birth to 5 years with serious emotional disturbances and their families in the community using SAMHSA recognized evidence-based practices: Parent-Child

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Interaction Therapy (PCIT), Trauma Focused-Cognitive Behavior Therapy adapted for the young child population (TF-CBT), and Attachment and Bio-Behavioral Catch-up (ABC)

2. Create a system of care for children in early childhood with a broad array of accessible, clinically effective, individualized and fiscally accountable services.

With the framework of system of care, the key elements of these goals are to increase access to mental health treatment for very young children and their families; use evidence-based practices; create a continuum of community-based services and support; and ensure services are provided within and across a seamless system. Services and supports are planned and managed within a team framework which includes the child and his/her family and whatever natural and multi-system supports are available to meet the unique clinical, functional and cultural needs of each child and family. Through the Delaware's B.E.S.T. for Young Children and Their Families initiative, therapists are receiving training in proven treatments; early childhood providers are learning new skills to address challenging behaviors; families are participating in effective treatments with their children; and most importantly, children and their caregivers are experiencing healthier family interactions.

PCIT is an evidence-based mental health treatment for young children (ages 2-7) with behavioral difficulties and their families. It is a short-term, assessment-driven intervention where parents and children are required to develop and master a set of skills. PCIT focuses on improving the quality of the parent-child relationship and changing parent-child interaction patterns through a live coaching format. The treatment is designed to reduce defiant and aggressive behavior in young children and to ultimately prevent future negative outcomes associated with antisocial behaviors.

TF-CBT is an evidenced-based mental health treatment intervention effective for children who have experience traumatic events such as sexual and/or physical abuse, neglect, witness to violence, incident of loss and tragic incidents. Working with a therapist over 12 – 16 weeks of office based sessions, children and families learn how to recognize trauma related problems, develop skills to manage troubling behaviors and ways to cope with difficult memories.

ABC is an evidence-based intervention with proven effectiveness for very young children, birth to 3 years and their families. ABC is a short-term, targeted, attachment-based intervention program designed to promote sensitive caregiving behavior. The intervention addresses developmental concerns of very young children who have experienced early adversity and includes parent training which has been proven to positively impact outcomes among these children. The parent-training includes ten sessions conducted on a once a week basis. Specially trained Parent Trainers work with the family during each session, all of which occur in the family's home. During the training sessions, the caregiver learns strategies to enhance the child's development. ABC is available statewide for the infant and toddler population and their families. Foster families are a subset of those families eligible for services.

Delaware's B.E.S.T. continually pursues effort to expanding the birth-to-five system of care. This initiative provides on-going training to advance the evidence-based practices (PCIT and ABC) and system of care development along with training and technical assistance in adaptation to PCIT that strengthen staff competencies of professionals working in early care and education programs. It is critical that the early learning community can effectively, in an inclusive environment, serve children with behavioral challenges, support the healthy social and emotional

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development of all children and ensure children are well positioned and ready to learn when they enter kindergarten.

Collaborative Efforts

Delaware's B.E.S.T. is a collaborative effort across the comprehensive early childhood system, including work with the Division of Family Services, Office of Early Learning, Department of Health and Social Services, families, licensed early care and education providers and prevention, early intervention and mental health providers.

Outcomes and Achievements

Major outcomes include: (1) Increased capacity and competencies of mental health outpatient providers to serve young children using evidence-based practices; (2) Increased access to mental health treatment for young children; (3) Social marketing efforts that increase awareness of systems of care and moves our community toward action for a sustainable statewide system; and (4) Evidence of collaborative, effective and on-going work with key stakeholders, families, community members, advocacy groups and the governing body to ensure effective development. In Delaware, there is a much greater understanding of the crucial importance of early childhood learning and development, not only to the successful education and life outcomes for individual children, but to the collective well-being, quality of life and future prosperity as a state.

Supporting young child social and emotional development is critical.

Approximately 350* young children and their families have had or are currently receiving outpatient PCIT treatment and 180 children have been enrolled in home-based PCIT paired with intensive case management services. Caregivers are reporting: Less child aggressive behavior; less overall stress in the parent-child system; less stress related to children's challenging behavior (i.e. child fussing less, parent being less bothered by child behavior); less overall caregiving strain related to the demands of caring for a child with emotional and behavioral problems; less objective caregiving strain related to the demands of caring for a child with emotional and behavioral problems (e.g. missing work less); and less internalized caregiving strain related to the demands of caring for a child with emotional and behavioral problems (e.g. less guilt or worry about child's behavior). (*The number of children receiving outpatient PCIT is an underestimate due to barriers around data collection issues as there is no provision for required reporting from community outpatient providers.)

We have made significant progress in the implementation of ABC. Since April, we have hired two specialists to implement the intervention and evaluate the process. One is a full time clinician and the other a graduate student. Both have been trained in ABC by Dr. Dozier. We have identified over 30 organizations around the state that are involved with the birth-to-three population and could refer children and families for this intervention. Many of them have responded positively and supported the implementation of ABC. It is anticipated that 25 children and their families will receive this intervention annually. In particular, we are working with the Division of Family Services to identify and refer cases that would benefit from ABC. This would include foster families as well as intact families involved with child welfare.

Challenges and Barriers

Ensuring adequate capacity for services that allow for timely access to outpatient PCIT service is an on-going challenge. While there are 200 PCIT trained clinicians statewide, providers still have a waitlist for families requesting this specific service. In Delaware there are not agencies or private mental health practices that focus solely on young children services but rather serve children across the full age range. Caseload assignment is based on individual clinician's

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openings so families often have to wait to get an appointment with a PCIT trained clinicians. Agencies are working on strategies to reduce wait time.

Priorities for Coming Year

The following are priorities for the coming year:

- Continued training for clinical community in evidence-based practices to serve the young child population
- Sustainability for clinical training in evidence-based practices - establish PCIT training capacity within individual clinical practices post 2015. Funding for current Clinical Psychologist Trainers ends December 2015
- Continued promotion of and access to services that support the social and emotional wellness of young children across the early childhood community
- On-going community outreach to increase awareness for children's mental health

OCCL Guidance on Nutrition Standards for Child Care Providers/NHPS

In the proposed DELACARE: Regulations for Early Care and Education and School-Age Centers recently published in the Delaware Register of Regulations for public comment, proposed nutrition regulations have been revised as a response to previous public comment. It is anticipated that these nutrition standards (when they are finalized) will be incorporated into other Delaware child care regulations as they undergo the revision process.

In the proposed center regulations, child care providers who provide meals and/or snacks to children must follow DELACARE regulations for meal/snack components, frequency of providing meal/snacks, and correct portion sizes which are dependent on the child's age.

Recognizing the rights of families to choose which foods they feed their child, providers whose policy it is to have families supply meals and/or snacks to their child must provide nutrition education to families regarding recommended meal components and serving sizes for children. These centers must also have a policy on whether the center will supplement meals/snacks when the meals/snacks sent in by families do not conform to recommended nutritional standards (as contained in the regulations' appendix). The decision whether to supplement meals/snacks that do not meet the nutritional guidelines is a decision of the center *and is not required by regulation*. Families, however, must be informed of the center's policy on meals/snacks supplements.

Providers who choose to participate in the federal Child and Adult Care Food Program (CACFP) must follow the standards of that program, which exceed the DELACARE standards.

CPAC Education

Family Court has invested time and energy into further assessing the gaps in services for children as it relates to educational outcomes. Judges have the opportunity to ask at each dependency hearing whether or not best-interest meetings are occurring for children when a school placement move must occur. Based on research about the impact of placement instability, minimizing the number of times children move schools or homes is critical to their overall well-being. Family Court participates on an oversight level with regard to this issue and is also able to collaborate with the various CPAC committees that focus on educational issues to ensure that we are

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proactively addressing the educational needs of children. (Also see CPAC Education Subcommittee listed under Child Protection Accountability Commission)

Family Court and Brandywine Pilot

The Brandywine Demonstration Project is a collaborative effort between the Brandywine School District, Casey Family Programs, Family Court and DFS to further understand and take action around the educational needs of children in care. The partnership is intended to be a more in-depth look at what assessments and interventions are underway and effective in the Brandywine School District. The concept is to then better understand what approaches may be effective with other school districts as they strategize their efforts to better meet the educational needs of children in care. This project led to training in trauma-sensitive models for school districts, DFS and advocates.

Delaware Youth Opportunities Initiative at the Delaware Center for Justice

The Delaware Youth Opportunities Initiative (DYOI), a program of the Delaware Center for Justice, in cooperation with the Delaware Department of Services for Children, Youth, and Their Families, brings together the people, systems, and resources necessary to assist young people who leave the state's foster care system and must make the difficult transition to managing life as an adult. Founded in 2011 as a Jim Casey Youth Opportunities Initiative co-investment site, DYOI is working with young people leaving foster care become successful, productive adults by helping improve the systems that support them. The five core strategies of DYOI, when working in concert, have the potential to dramatically improve the outcomes for youth transitioning from foster care. They focus on:

- Engaging youth to become better decision-makers and self-advocates.
- Forging alliances and building a network of resources through partnerships and collaboration.
- Galvanizing public will and policy to effect reforms in practices and policies that will bring about more successful transitions.
- Increasing opportunities for economic success.
- Using data from research and evaluation to drive decision-making and shape communications

DYOI achieves the strategies through its program components, which include:

- The Youth Advisory Council - At each step of the strategic process, the most vital voice is that of the youth. Through the Youth Advisory Council, current and former foster youth take decision-making roles and become active participants in directing their own futures. In addition, the youth gain self-advocacy skills that will help them navigate the adult world. DFS and the contracted Independent Living Providers provide the support for the Council.
- The Community Partnership Board - This board, chaired by former state senator Liane Sorenson, is charged with advancing the goals of DYOI through planning and oversight. Board members include representatives from private and public enterprises. Foster youth, sit on the board as well, as it is their first-hand experiences that will help identify what is most needed in terms of resources, policies, and practices. The Board has seven working groups, all focused on specific outcome areas of needed improvement that meet monthly to improve those outcome areas.
- Opportunity Passport™ - Because managing finances to secure economic stability is central to making a successful transition, youth who participate in DYOI will be able to take

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advantage of the Opportunity Passport™ program. Its 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.

Description of activities

DYOI’s seven working groups develop goals and work towards those goals throughout the year. They are:

- **Permanency:**
 - ✓ Every young person has an enduring family relationship that
 - is safe and meant to last a lifetime;
 - provides for physical, emotional, social, cognitive and spiritual well-being; and
 - assures lifelong connections to extended family, siblings, other significant adults, family history and traditions, race and ethnic heritage, culture, religion, and language.
 - ✓ Policies and practices promote timely permanence and increase opportunities available to young people in employment, education, personal and community engagement (transitions), housing and transportation, and physical and mental health regardless of race or ethnicity.
 - ✓ Education:
 - Young people remain in school, uninterrupted by placement changes.
 - Young people achieve a high school diploma or GED.
 - Young people gain the information and resources to prepare for, enroll in, and achieve their postsecondary education goals.
 - Young people acquire education and/or skills that allow them to explore multiple career options and successfully secure employment.
 - ✓ Employment:
 - Young people receive the employment training skills necessary to obtain gainful employment and receive exposure to various work environments.
 - Young people support themselves by obtaining and retaining steady employment.
 - Part-time work opportunities are developed for young people.
 - ✓ Financial Development:
 - Young people demonstrate knowledge, skills, and behaviors to ensure positive management of assets and financial literacy.
 - ✓ Personal and Community Engagement (Transitions):
 - Young people have in place supportive community relationships to assist them in achieving their personal goals.
 - ✓ Housing and Transportation:
 - Young people obtain and maintain safe, stable and affordable housing.
 - Young people receive the opportunity to obtain a driver’s license and maintain insurance.
 - Young people have access to transportation for work or school.
 - ✓ Physical and Mental Health:
 - Young people have adequate health insurance coverage and access to services that meet their physical and mental health needs.

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Collaborative efforts/projects

- DYOI continually forms partnerships in order to increase positive transitions for youth who have experienced foster care. The program's projects are vast and diverse. Some of the more successful projects in 2013 were:
- The Education Working Group developed a mentoring pilot program was started in Kent County.
- The Employment Working Group completed a two week customer service training and job fair, where over 15 youth found employment and over 30 employers participated in a job fair.
- The Housing Working Group just completed a survey that gauged housing supports for youth 17 and older and the appropriateness of those supports.
- The Policy Working Group successfully wrote HJR to create a report researching extending foster care to 21 in Delaware. In addition, they successfully wrote and advocated for the passage of HB 163, Ready By 21, which outlined service enhancements to improve the aging out process in a developmentally appropriate way and provide youth with maintenance stipends once they age out in order to assist the young people as they transition to adulthood.
- The Permanency Working Group is focusing on cross-over youth, including updating juvenile expungements and juvenile sex offender legislation. The working group is also establishing extended jurisdiction best practices.
- 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 was expanded.
- The Lt. Gov. is working on an auto insurance program to ease the costs for current and former foster youth after having learned of this issue at a DYOI Community Partnership Board meeting.
- DYOI successfully held the first *Ready By 21* Summit, a two-day conference for youth and professionals focused on system improvements over the last five years. Over 500 people attended the summit.

Outcome Measures, Achievements, Barriers and Challenges

- DYOI measure several different outcomes every year. Through and Executive Committee, self-evaluation is always taking place. In addition, through Jim Casey, leverage and policy data is being collected. Those youth who participate in Opportunity Passport™ also take a survey twice a year to measure their own outcomes, from education attainment to personal connections. This information is shared with all partners.
- DYOI has been most successful in its collaborations. The initiative finds unique partners who may not be currently involved with child welfare. This “opens the door” for innovative programming that fits the needs of foster youth. DYOI has also been successful in getting youth who have experienced foster care to be a part of the conversation. As the Youth Advisory Council often states, “Nothing About Us, Without Us.” It is not uncommon to see a youth participate in a state meeting or hear about them in the Governor's State of State address.
- DYOI continues to face the challenge of working with often unstable youth. Our youth advocates often may be couch surfing and dealing with extreme trauma. It is hard to maintain consistency among the youth advocates, but DYOI does its best, offering engagement incentives for youth to participate in DYOI activities.

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Priorities for Coming Year

- The Education Working Group is developing partnerships with higher education institutions to offer tuition waivers.
- The Employment Working Group is currently creating a statewide job shadow day to take place later this year.
- The Housing Working Group is looking at the need for more transitional housing in the lower counties of Delaware, as well as resource center.
- The Physical and Mental Health Working Group is developing a sexual education protocol and best practices for foster youth.
- The Policy Working Group is concentrating on court oversight and youth engagement in the legal process. Several trainings and tools have been developed and will be utilized in the next year.
- The Permanency Working Group will continue to focus on cross-over youth, including updating juvenile expungements and juvenile sex offender legislation. The working group will also focus on the APPLA population and the high numbers of adolescents entering foster care for the first time.
- The Transitions Working Group is also completing an adolescent guidebook and child welfare professional benchmarks, to be rolled out system-wide by 2015.
- DYOI will continue to recruit youth to the Opportunity Passport™ program. By 2015, the goal is to have 50 youth enrolled.

Links to Annual Report

<http://dyoi.org/important-docs-reports>

Agency Level

Office of Evidence-Based Practices

The Division of Family Services' Office of Evidence-Based Practice was created to provide an in-house screening and consultation unit and to provide oversight to the various best practice and evidence-based/informed tools and models being implemented division wide. Development and maintenance of a psychotropic medication oversight and monitoring program is also one of our primary program goals. Clinical consultation and monitoring services are provided at both the system and case levels. Currently, OEBP is a small unit with two licensed psychologists and two clinical screeners.

Screening and Consultation Unit

The screening and consultation unit (SCU) provides effective screening for children who enter foster care, and these screenings are scheduled to take place within 4 weeks of entering care. The SCU screenings 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 also provides support and follow-up care to caseworkers and children in foster care through ongoing consultation and case related problem-solving.

In terms of specific procedures that are followed by the SCU staff, the following is the general process by which screenings 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

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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 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. Results from the clinical screeners performed by the SCU are shared with all staff involved with each child, and findings and recommendations are also shared with the child’s foster parents. In addition, findings and recommendations are available via the State of Delaware’s Family and Child Tracking System (FACTS). The SCU also 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.

(SCU Data March 2013-February 2014)

# of Cases Referred	# of Screenings Completed	# of Consultations on Entry to Care	# of Referrals From Screenings by Type
363	173	190	19 DPBHS Initiative 73 Outpatient MH 34 Child Find 1 DBPHS Team 4 DPBHS Neuropsych Evaluations <u>62 No referral needed</u> 193 Total Referrals Made

Consultations

In addition to case consultations, OEBP also provides clinical consultation and DFS representation to a number of teams across the Department working on key issues related to the

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well-being of children in care including, but not limited to, the Placement Resource Team (PRT), Out of State Placement workgroup, CPAC education work group, the Trauma Informed Care Steering Committee, and the Department Psychotropic Medication workgroup. OEBP team members also serve on a number of interagency committees to encourage collaboration and information sharing across systems. Trainings are also provided to caseworkers on topics such as trauma and FASD. OEBP also collaborates across programs and agencies to assist with clinical monitoring of contracts (e.g. Functional Family Therapy) and youth placed in out of state in mental health residential facilities. Efforts to support and enhance in state therapeutic foster care resources are also underway. The office is currently recruiting for a medical consultant that could assist with psychotropic medication case reviews, consultation and training. In line with these efforts, we have collaborated with our sister division, The Division of Prevention and Behavioral Health Services, in submitting an application for a health care innovation grant that could provide two additional OEBP screeners and funding for a larger medical consultation program. Furthermore, this grant would support the formation of a DPBH team devoted to the mental health services case management of youth in foster care.

Priorities for the Coming Year

Top priorities of OEBP for the coming year include: 1) Continuing to assist with the monitoring of psychotropic medications at the system and case level, which will include the recruitment of a medical consultant, 2) Helping to identify and support youth in foster care with psychological and behavioral difficulties to aid in placement stabilization and maintenance of community-based placements, 3) Clinical consultation at the program and case level to support the transition of children with complex needs from out of state placements and helping them return to the community as soon as possible, and 4) Support department-wide efforts to develop a state of the art trauma-informed system of care.

DFS Foster Care

Training and Support for Murphey School and People's Place II Group Home

DFS is committed to supporting the implementation of trauma-informed services across the child welfare continuum. In December of 2103 DFS contracted with a Dr. Lark Eshleman to provide training, consultation and support to group care staff at the Elizabeth E. Murphey School. Dr. Eshleman trains Murphey School staff on neurological implications of early trauma, associated behaviors and how to address them. Based on the overall evaluations staff indicated they had a better understanding of the impact of trauma and was now better prepared to work with youth in the group care setting. Dr. Eshleman will continue to provide additional consultation and work with the group care staff around Child, Adult Pairs Trauma Training (CAPTT), Sensory Integration Training, and Trauma Informed Interactive Training. These trainings, support and consultation will benefit Murphey School staff by developing skills and insight on the impact of trauma on children resulting in better programming at Murphey. Similarly, People Place II group home for girls is transitioning to the Sanctuary Model milieu, a theory-based, trauma-informed, evidenced-supported, whole culture approach that has clear and structured methodology for creating a trauma informed organizational culture. DFS has partnered with this program in their assessment and implementation process.

Parent Information Center: Educational Surrogate Training

DFS enjoys a strong partnership with Parent Information Center (PIC). This provides mutual benefit as it gives PIC an opportunity to grow their pool of Educational Surrogate Parents (ESP)

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and gives DFS an opportunity to have foster families trained and available to become an ESP for children in foster care who are in special education and a committed educational advocate within our program. PIC trains at a location that is geographically friendly to foster parents.

DSCYF Trauma-Informed Care Initiative

Beginning in FY14, the Delaware Department of Services for Children, Youth and Their Families (DSCYF) established a Department-level position (Director of Trauma Informed Care) to guide the development of a trauma-informed system of care. During the fall of FY2014, a Trauma Informed Steering Committee was established with representation from the 4 divisions; Drs. Sally Barker and Heather Alford from the DFS Office of Evidence-Based Practice serve on the committee. Initial efforts by the Committee included a review of national and state-level trauma informed care efforts and discussion regarding opportunities to improve collaboration across the DSCYF divisions with regard to practices and resources for traumatized youth and their families. For example, the committee discussed how to increase the number of youth involved with DFS who are connected to the trauma specific treatment supported by the behavioral health division at DSCYF including leveraging a case manager in the behavioral health division who assists families in the community with linkage to trauma-specific treatment. The Director of Trauma Informed Care has made contact with several other Delaware state agencies which have adult focused trauma informed efforts (e.g. Division of Substance Abuse and Mental Health, Division of Public Health, Delaware Superior Court, and Department of Corrections) to discuss opportunities for partnership. Conversation has included recognition of the multigenerational transmission of trauma and the importance of working across the adult and child serving systems to break this cycle. For example, a Superior Court grant funded team focused on serving adults with exposure to interpersonal violence including domestic violence agreed that it was important to ask about children within the home, their exposure to violence and to provide information to the caregivers about services and supports available through DSCYF for their children.

In addition to generating strategies to enhance intra and interagency collaboration, the committee also established an outline of the core elements of a trauma informed system in line with the framework developed by SAMHSA's National Center for Trauma Informed Care. As an initial step, the Committee developed and deployed a Department Trauma Informed Care survey to gather information about employee knowledge, attitude and practice regarding trauma informed care. Survey responses indicated that a majority of DFS employees recognize that clients have frequently experienced trauma exposure (92%) and that trauma impacts staff as well as clients (92%). Similar to the other divisions, DFS staff who completed the survey indicated being less familiar with the Adverse Childhood Experiences Survey (14% reported solid knowledge), the core components of trauma informed care (18% solid knowledge) and the impact of trauma on the brain and body (50% solid knowledge). A high percentage (75%) indicated strong belief that their supervisor or manager cared about their wellbeing, however fewer employees felt comfortable talking with their supervisor when their job was negatively impacting them (57%) and had solid knowledge of and access to resources the state offers to manage stress (62%). Front line workers and their supervisors indicated challenges with accessing trauma screening for client (only 25% indicated easy broad access to screening) although most felt knowledgeable about obtaining trauma-specific treatment). The majority of front line workers and supervisors indicated they had not had formal training or conversation with their supervisor/supervisee regarding secondary traumatic stress/vicarious traumatization.

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The Trauma Informed Care Steering Committee priorities include: (1) Establishing a DSCYF Trauma Informed Council to broaden representation across all levels of the organization including DFS front line workers, (2) Developing a multi-year strategic plan for infusing trauma informed care throughout the Department, (3) Developing trauma informed care training for all new employees as well as additional training for employees on the core elements of trauma informed care (e.g. trauma informed supervision, understanding the role of culture on trauma response) and (4) Reviewing policies and practices to assure alignment with the principles of trauma informed care.

Multi-Divisional Work Group

As DFS has analyzed the significant trend of teen entries into foster care, it became apparent that a significant source of these placements involved youth who were being discharged from juvenile justice placements in the Division of Youth Rehabilitative Services or residential treatment centers of the Division of Prevention and Behavioral Health Services. As a group, these youth also tend to have worse outcomes due to loss of connection to family, poor academic achievement, and multiple risky behaviors. Cabinet Secretary Ranji convened a DSCYF Multi-Divisional Work Group to study the needs of these youth, identify additional resources and community-based services to support them, and make formal recommendations for policy, financing and program changes. This workgroup is supported by consultants from the Annie E. Casey Foundation, which has had a national workgroup focused on serving cross-over youth. This workgroup has been researching best practice approaches, conducting site visits to other jurisdictions, and identifying service gaps within the state.

Independent Living and Chafee Foster Care Independence Program

Independent Living (IL) services are offered to youth beginning at age 14 through coordination from Division of Family Services workers and community resources inclusive of foster parents. Services focus on basic life skill development and training. Initial assessment of the youth's skill level is determined through the use of the Independent Living Skills Planning Guide. Communication regarding the strengths and areas of improvement are monitored quarterly between the DFS case worker and care giver. Beginning at age 16, eligible youth are referred to receive IL services from four contracted service providers. Services to youth ages 16-21 are focused in the areas of education, employment, housing, medical, and community resources. Contracted providers utilize the Casey Life Skills Assessment in order to determine the youth's skill level. This assessment secondarily helps with the development of the IL service plan in conjunction with the goals identified by the youth. Youth receive case management services from contracted providers in relationship to their service plan goals and other identified needs. Contracted providers conduct direct service delivery through both individualized and workshop formats. Additionally, services are coordinated with other community agencies. Youth are assisted in accordance with their skill level with the ultimate goal of helping youth to achieve self-sufficiency. In addition to case management services, transitional housing programs are also offered by contracted providers. Added service provisions now include the administering of needs based stipends to youth 18 and over through a program entitled Achieving Self Sufficiency and Independence through Supported Transition (ASSIST). During FY2014 approximately 87 youth ages 14-16 were served; and a total of 321 youth age 16 and older were served.

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The service population has trended in the direction of serving more youth that are 18 and older. In prior years, more youth in this age range were capable of obtaining employment and affordable housing without the assistance of the IL program. The economic decline has seemingly prompted a higher level of dependence on IL programming in order for youth to have the resources needed to sustain themselves. This trend has created a more significant emphasis on support service delivery to this segment of the population rather than life skill preparation for younger youth. Additionally, the mental health needs of the service population have become more complicated while the resources continue to decline. Service providers are often seeking to manage the varieties of crises encountered by the youth. A trend has also been noted relative to the growing population of adjudicated youth. There is a growing trend of youth aging out of both locked facilities and high level treatment facilities. As a result, these youth often institutionalized, have not received sufficient life skills training and are hence not well prepared to live in community settings. The needs of such youth are complex and require higher skill level service providers to effectively serve the youth.

Collaborative Efforts/Projects

(Note: Significant collaborative efforts supported by the Delaware Youth Opportunities Initiative (DYOI) described in earlier section).

- Efforts related to permanency have centered on those conducted through the DYOI Permanency Workgroup.
- Efforts related to well-being have centered on those conducted through the DYOI Physical and Mental Health IL Provider Forums. The collaboration with contracted IL providers is invaluable. Regular forums are held in order to effectively administer the program. The contractors have been committed to providing services that best meet the needs of the youth served. This has become increasingly challenging given the numbers of youth requiring services, the complexity of the needs of the youth, and the decreased community services available to meet their needs. Priorities have shifted as a result of the implementation of the ASSIST program. This has led to an offering of increased financial literacy training in order to prepare youth for the financial responsibilities associated with the funding received. Connections with community programming has also been an emphasis in order to proffer additional supports to the youth. Seven community agencies have given presentations during the IL forums throughout this year.
- ASSIST, a needs based stipend program was implemented in 2013 as a result of the legislative advocacy of DYOI. Delaware has sought to offer a form of extended foster care related services in a developmentally appropriate manner. House Joint Resolution 18 required the convening of a workgroup primarily comprised of youth in addition to a variety of community partners. The findings of this workgroup as primarily articulated by the youth were that additional supports were needed post 18, yet more traditional foster care services were not the preferred method of support. Accordingly, it was determined that needs based stipends in conjunction with IL services would better equip youth in a manner that would best prepare them for the responsibilities associated with adulthood. Simultaneously the stipend program allows for a financial resource for certain youth to remain with a former foster parent under a rental agreement. This has produced additional supports not only financially but also emotionally.

In order to support the well-being of youth post-foster care, Extended Jurisdiction was signed into law in 2011. It allows youth to continue to have court oversight through age 21 which

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includes representation by a CASA or GAL. This affords youth additional supports during their critical transition from foster care to adulthood. During 2013, approximately 30 youth reaped the benefits of this supportive service. Generally, youth under extended jurisdiction have maintained more stability both physically and mentally.

As for training opportunities and activities, IL providers and program manager attended the 2013 Pathways to Adulthood Conference. During this conference providers were afforded an opportunity to learn best practice methods in order to best address the well-being needs of youth. Relevant tools were obtained and have assisted providers in better engaging youth in order to improve their overall well-being. There has been an emphasis to train and serve youth from a trauma-informed perspective. Building on the Rich Relationships training conducted in 2013, IL providers have recognized the impact of trauma and helped youth better understand the role of trauma and how to be successful in spite of their life experiences. Also, during 2013, the IL program manager attended the Jim Casey Youth Opportunities Initiative Fall Convening. This convening also focused on the value of having a trauma informed lens as conveyed by keynote speaker, Dr. Robert Anda, lead investigator in the Adverse Childhood Experience Study (ACES).

Coordination with Other Programs

- Through a partnership with the Delaware State Housing Authority, housing vouchers have been made available to youth. A total of 30 federal vouchers through the Family Unification Program (FUP) are available to youth for 18 months. These vouchers are recycled for use by youth as the 18 month time period expires and then renews for a different youth to now utilize. These vouchers have been available since 2010 and have created improved housing resources for the youth and additional challenges simultaneously. The resource has helped youth to have affordable housing coupled with case management services to help alleviate homelessness for these youth. The challenges associated with the program involved providing the vouchers to youth that were ready for the responsibility and not just supplying this resource in order to prevent homelessness. In such instances where youth were not ready they ultimately lost their housing as well as their eligibility for federal housing for 5 years. Additional review methods were implemented in order to better determine those youth that could be successful. Fewer vouchers have been lost since implementing new measures. Fifty State Rental Assistance Program vouchers were made available as of 2011. These vouchers are available through the age of 22 and mirror the FUP in many respects. Both voucher programs require youth to work or attend school, yet many youth have not consistently fulfilled the requirement which has limited the affordability of their housing after the voucher expires. The implementation of the ASSIST program has helped youth avoid losing their voucher due to an inability to make utility payments. A total of 35 SRAP vouchers have been used and all 30 FUP vouchers. The partnership with DSHA has been invaluable.
- DSU scholarship-In 2011 a partnership with Delaware State University was created allowing for two youth per year to attend the university virtually debt free. This program was developed as a measure to better assist youth in their post-secondary educational endeavors. There are currently six youth participating in the program. One youth graduated in 2013 and another graduated in 2014. The program offers year round housing, comprehensive financial resources to virtually meet the financial obligation, and a campus support person.

Outcome Measures, Achievements, Barriers and Challenges

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- Throughout the last five years many improvements have been made in the areas of education, housing, and employment. Through a partnership with the Delaware Housing Authority, 80 housing vouchers have been made available to youth. This has provided affordable housing options for youth. Despite the fact that the rent was affordable for the youth, many youth were not in a position to afford the cost of the utilities. Monthly stipends have been made available to youth to further overcome the barriers that youth experience as they enter adulthood. Employment resources have been increased through a contract with the Jobs for Delaware Graduates Program. This program offers dedicated case management services related to employment. Given the economic decline, many youth have been impacted. This program not only assists youth with employment skill development but also educational achievement. The agreement with Delaware State University has been instrumental in creating positive learning opportunities for our youth. The partnership has been challenging, yet successful given that two youth have graduated since its inception in 2010. There has been recognition that in order for the youth to transition to adulthood the state systems must better collaborate. Governor Markell's goals have been embraced by the Cabinet Secretaries of the Department of Education, Department of Health and Social Services, Department of Labor, Delaware State Housing Authority, Department of Corrections, and Department of Services for Children Youth and Families which resulted in the creation of a signed MOU between the agencies.
- The most significant challenge over the past five years has been the increased number of adolescents that have entered foster care. With record numbers of youth aging out of care, the pressure to meet their needs with limited case management resources has been challenging. Although the resources have been increased somewhat, it has not been to the extent needed to meet the need. The most recent effort to improve programming has come through the Ready By 21 legislation. This allows for youth to receive developmentally appropriate independent living services, inclusive of monthly needs based stipends. Thus far, the program enhancements have proven beneficial for the youth, however they have simultaneously further overextended the contracted providers.
- Federal reporting requirements known as the National Youth in Transition Database were initiated in 2010. This reporting requirement focuses on data collection related to independent living related services and specific outcomes for youth at age 17, 19, and 21. Obtaining the required reporting measures has supplied important data that has helped focus Delaware's improvement areas. Delaware has gone above and beyond the general outcome survey requirements and instead completes surveys for all youth receiving IL services monthly. These monthly surveys provide critical information which serve as important measurements of how youth in the state are faring. Additionally, it has helped to educate various community efforts as they have sought to help meet the needs of older youth that have experienced foster care. As a result of implementing a regular schedule of surveying youth, Delaware has maintained full compliance during each of the NYTD reporting periods.

Priorities for Coming Year

- In June 2014 case managers and community partners will attend a two day training on Transition Planning and Life Long Connections conducted by the National Resource Center for Youth Development to enhance transition planning skills and forming permanent connections. Though the majority of youth report having a connection with an adult, evidence has not been fully seen that shows such youth have achieved relational permanency.

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- With the inception of the ASSIST program there has been a significant emphasis on improving the financial literacy skills of youth. The implementation of the Opportunity Passport program has furthered this effort. Throughout the next year continued focus will be placed upon this skill area. Opportunities will be sought to better allow youth to practice skill development earlier in order to create improved preparedness.
- Delaware looks forward to overcoming a barrier that is most meaningful to our youth. That is the ability to obtain a driver's license and an automobile insurance policy in their name as a minor. Through the committed efforts of Lt. Governor Denn, a program entitled, Developing Responsible Intelligent Vehicular Engineers (DRIVE) will begin this summer. A collaborative effort amongst several insurance companies will offer youth affordable rates along with financial assistance to support the payment of premiums.
- Last year's launch of the ASSIST program has created valuable learning experiences. During the next year additional youth will be added to the program. The lessons learned from the inaugural year will help to improve functioning of the program in the second year. We will seek to increase the accountability measures, enhance the saving practices of the youth and help youth to become better prepared for adulthood.
- The Youth Advisory Council has added membership in the last two years, creating a need for additional adult volunteers to support the council. YAC has completed two mural projects in the last three years. Both projects are now contained in the courtrooms of two Family Court judges and help to depict the challenges and resiliency of youth that experience foster care. In 2014, YAC was awarded with the Muriel E. Gilman award to recognize their strong advocacy on behalf of youth in foster care. YAC will continue to develop the leadership skills of the participants and create learning opportunities.

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Measurements

Here are the performance measures for the 2014 reporting period of the 2010-2014 Child and Family Services Plan for Safety, Permanency and Well-Being.

Safety

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

Performance Measures and Goals:

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 December 31, 2013:

Investigation- 97.9% of the children was assessed as safe. In 2013, DFS modified the Investigation Quality Assurance (QA) instrument, in order to evaluate with greater specificity, questions associated with adoption of the SDM[®] Safety Assessment tool. This composite includes nine questions, guiding reviewers in determining if all children in a household were properly assessed for safety.

Treatment- 93.15% of the children was assessed as safe.

2. **National Standard:** Absence of maltreatment recurrence. Goal is 94.6% or higher. For the 12 month period ending September 30, 2013, 96.9% of all 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 period ending 9/30/14, 99.57% of all children in foster care had no incident of abuse or neglect.

Permanency

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

Performance Measures and Goals:

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

For the 12 month period ending 9/30/13, of all applicable children in foster care, 94.37% received a face-to-face contact during each calendar month. For all face-to-face contacts which occurred, 79.74% occurred in the child's foster care setting.

2. **National Standard:** Permanency Composite #4 with component scores.
 - Scaled state composite score. Goal is 101.5 or higher. For the 12 month period ending 9/30/13, DE outcome performance for this composite was 94.5.
 - Of those children in care less than 12 months - percent with 2 placements or less. Goal is 86% or higher. For the 12 month period ending 9/30/13, DE outcome for this component was 83.3%.
 - Of those children in care for 12 but less than 24 months - percent with 2 placements or less. Goal is 65.4% or higher. For the 12 month period ending 9/30/13, DE outcome for this component was 61.3%.

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- Of those children in care 24 or more months - percent with 2 placements or less. Goal is 41.8% or higher. For the 12 month period ending 9/30/13, DE outcome for this component was 33.6%
- 3. National Standard: Reunification within 12 months from the most recent removal from home. Goal is 75.2% or higher. For the 12 month period ending 9/30/13, DE outcome for this standard was 68.2%
- 4. National Standard: Adoption within 24 months from the most recent removal from home. Goal is 36.6% or higher. For the 12 month period ending 9/30/13, DE outcome for this standard was 43.2%
- 5. 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. For the 12 month period ending 12/30/13, 92.86% of reviewers agreed with identified permanency goal of APPLA.

Well-Being

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

Performance Measures and Goals:

1. Quality Assurance: Measurement is a composite score of 13 questions from the QA Case Review tools for treatment and placement on identification of needs and services provided. Goal is 90% or higher of case reviews agree needs were identified and appropriate services provided. For the period ending 12/30/13, reviewers indicated that in 75.51% of cases reviewed, families were having their needs and services appropriately met.
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 period ending 12/30/13, reviewers indicated that in 95.12% of cases reviewed, children's well-being needs were being properly assessed and, when necessary, addressed.
3. Independent Living Services Report: Measurements for young adults receiving independent living services are percent youth graduating high school or GED program, percent youth employed and percent youth enrolled in post-secondary/vocational programs. Goals are 60% will graduate high school or obtain a GED, 70% will be employed, and 35% will be enrolled in a post-secondary/vocational program. For this report, measurements are for former foster youth who are actively participating in independent living (IL) contracted programs. Data is based on IL contractors' monthly reporting requirements and are stored independently from FACTS (Family And Child Tracking System). The data collection period is January 1, 2013 through December 31, 2013. The number of youth served and exiting care fluctuate each year, as such, percentages, as opposed to using raw numbers, were used to establish baselines.
 - 40% have a high school/GED education.
 - 38% were employed.
 - 59% were enrolled in vocational training or GED classes.
 - 29% were enrolled in post-secondary education and training programs.

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2010-2014 Measurement Discussion

SAFETY:

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.

	2010	2011	2012	2013	2014
Investigation	98.8%	99.2%	98.5%	100%	97.9%
Treatment	86.3%	94.0%	97.13%	91.18%	93.15%

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

	2010	2011	2012	2013	2014
	97.0%	96.1%	96.4%	97.11%	96.9%

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

	2010	2011	2012	2013	2014
	99.44%	100%	100%	99.84%	99.57%

Discussion: Overall, Delaware's safety measures indicate a strong performance for assessing child safety and for low recurrence of abuse and neglect among families served and children in foster care settings. Investigation scores higher than treatment across all reporting years on quality assurance case review safety assessments. Delaware's adaptation of Structured Decision Making[®] continues the primary focus of child safety at home and out-of-home settings.

PERMANENCY:

Caseworker Foster Care Contacts. Measure 1: Percent of foster children visited each and every month; and, Measure 2: Percent of those visits occurring in the child's residence.

	2009	2010	2011	2012	2013
Measure 1	64% (Goal - 60%)	75% (Goal - 75%)	81% (Goal - 90%)	95.66% (Goal - 90%)	94.37% (Goal - 90%)
Measure 2 (Goal is 50.5%)	90%	86%	84%	82.48%	79.74%

National Standards

Last FFY available	2009	2010	2011	2012	2013
Permanency Composite #4 with component scores. Scaled state composite score. Goal is 101.5 or higher	89.9	93.5	95.0	92.9	94.5
Of those children in care less than 12 months - % with 2 placements or less. Goal is 86% or higher.	81.5%	84.0%	82.1%	79.4%	83.3%
Of those children in care for 12 but less than 24 months - % with 2 placements or less. Goal is 65.4% or higher.	62.6%	61.3%	62.6%	62.6%	61.3%

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Of those children in care 24 or more months - % with 2 placements or less. Goal is 41.8% or higher.	28.2%	26.4%	28.2%	35.5%	33.6%
Reunification within 12 months from the most recent removal from home. Goal is 75.2% or higher.	68.1%	67.9%	76.7%	64.6%	68.2%
Adoption within 24 months from the most recent removal from home. Goal is 36.6% or higher.	35.2%	35.8%	34.7%	31.9%	43.2%

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.

CY	2010	2011	2012	2013	2014
	100%	98.3%	91.7%	100%	92.86%

Discussion: For Monthly Caseworker Visits, Measure 1, the original benchmark in 2007 was 43%. Delaware implemented a plan to incrementally reach the federally set goal of 90% by 2011. For FFY2012 and 2013, Delaware has exceeded the standard and is well poised to meet the 2015 goal of 95%. For Measure 2, Delaware has exceeded the 50.1% standard since tracking began in 2007.

For national standards of placement stability, Delaware has not met the standards for cohorts (in care 0-12 months, 12-24 months, >24 months) for the 5 available reporting years. Placement stability is a continuing concern to be addressed in the 2015-2019 CFSP. The data demonstrates overall consistent performance and improvement in the >24 month cohort.

For the national standard of reunification within 12 months of removal, Delaware met the goal once (2011) over the 5 year reporting period. Delaware is slower to reunify but the companion measure for foster care re-entry for these years meets the standard except for 2009. This suggests strong assessment and service provision to ensure a safe and stable return home.

For the national standard of adoption within 24 months, Delaware met the goal once (2013) during the reporting period. Delaware was within 2% for 3 of the remaining 4 years. The 2013 score of 43.2% is the best on record.

The 2015-2019 CFSP includes strategies to improve placement stability and timely permanency. Delaware desires to lower the rate of APPLA goal selection and the number of youth exiting foster care at age 18.

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WELL-BEING:

<i>Quality Assurance: Measurement is a composite score of 13 questions from the QA Case Review tools for treatment and placement on identification of needs and services provided. Goal is 90% or higher of case reviews agree needs were identified and appropriate services provided.</i>					
	2010	2011	2012	2013	2014
	72.67%	78.4%	81.3%	84.39%	75.51%
<i>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</i>					
	2010	2011	2012	2013	2014
<i>Investigation</i>					95.12% (Scores are combined for Investigation, Treatment and Placement)
Education	95.5%	98.0%	94.03%	100%	
Physical Health	93.95%	96.7%	94.04%	100%	
Mental Health	93.2%	95.1%	94.16%	100%	
<i>Treatment</i>					
Education	84.4%	91.1%	90.0%	92.0%	
Physical Health	86.6%	89.3%	91.2%	96.1%	
Mental Health	88.4%	90.0%	91.8%	93.6%	
<i>Placement</i>					
Education	96.4%	97.0%	96.4%	100%	
Physical Health	98.0%	98.0%	98.9%	99.0%	
Mental Health	98.5%	98.3%	100%	100%	
<i>Independent Living Services Report: Measurements for young adults receiving independent living services are percent youth graduating high school or GED program, percent youth employed and percent youth enrolled in post-secondary/vocational programs.</i>					
	2010	2011	2012	2013	2014
High school diploma/GED. Goal is 60%	32%	39%	36%	34%	40%
Employment. Goal is 70%	24%	20%	23%	29%	38%
Post-secondary enrollment. Goal is 35%	40%	29%	20%	45%	29%

Discussion: Well-being measures for the 2010-2014 CFSP are quality assurance case review measures scoring in-tact and foster care treatment cases; and from service reporting by independent living contracted providers. For identifying needs and providing services, case reviewers agreed with case documentation an average of 78.5% over 5 reporting periods, falling short of the 90% goal. Scores vary from 72.67% to 84.39%. Delaware's quality assurance

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reporting monitors this item as the agency transitions to the SDM[®] Strengths and Needs Assessment and Case Plan.

For identifying needs and service provision for education, physical and mental health, case reviewers agreed with documentation fairly consistently across investigation, treatment and placement functions, scoring frequently in the 90s. Scores range from 84.4% to 100%; the goal is 95%. Foster care cases scored consistently higher compared to investigation and treatment cases. Note the 2014 score is reported as a composite; suspension of treatment and placement case reviews rendered the program specific sample size invalid.

Well-being for young adults who aged out of foster care is measured across 3 domains: high school diploma/GED attainment, employment and post-secondary enrollment rates. These scores represent the whole population served by 4 contractors statewide. Over 390 young adults who completed an outcome survey are included in 2014 score. By comparison, 173 young adults were served in state fiscal year 2007, a growth of 126%. The high school graduation/GED rate averages 36.2%, far below the 60% goal established in 2010. The employment goal is 70% of young adults will be employed. The employment rate averages 26.8% but 2014 shows improvement with a high of 38%. The post-secondary enrollment measure is a stronger performer with an average of 32.6%, just shy of the 35% goal. Improving educational outcomes for young adults requires early intervention strategies and will be included in the 2015-2019 CFSP. It is reasonable to believe improvement in employment rates will follow improvements in high school/GED graduation rates. Delaware is encouraged by post-secondary enrollment and wants to see continued improvement in this area.

In summary, Delaware maintains strong performance for safety measures. Challenges remain to improve permanency and well-being measures in the next 5 years. The next strategic plan includes implementing a continuous quality improvement system to ensure fidelity of Safety Organized Practice, Structured Decision Making[®] and family engagement strategies to improve outcomes for families and children.

Program Support Section

Child Abuse Prevention and Treatment Act (CAPTA)

There have been no substantive changes to state law or regulations impacting Delaware's CAPTA eligibility.

Treatment staff began using the SDM[®] Safety Assessment tool when it was implemented for Investigation on February 12, 2013. On February 3, 2014, Treatment staff began using the SDM[®] Family Strengths and Needs tool on paper. The tool will not be used online until FACTS II goes live (below). Also, on February 12, both Investigation and Treatment began using the SDM[®] Child Strengths and Needs tool on paper.

Since FFY2011, CAPTA funds have supported the following program areas:

- Two 0.50 FTE Institutional Abuse (IA) Investigators are funded that investigate statewide allegations of child abuse in licensed and State run child care facilities. [*CAPTA, Section 106.a.1. The intake, assessment, screening, and investigation of reports of child abuse or neglect*]

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- DFS contracts with A.I. duPont Hospital for Children for the purpose of obtaining an expedited medical examination for the determination of child abuse or neglect. This contract also provides for the services of a social worker to manage DFS cases and assist DFS caseworkers. [*CAPTA, Section 106.13.B. to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.*]

Although CAPTA only directly funds two programs in Delaware, the other twelve CAPTA programs in 106.a. (e.g., Differential Response) are supported through state funds or funding provided to collaborating agencies (e.g., Victims of Crime Act for Domestic Violence Liaisons). Both of these programs address CAPTA 106.a.14.

Training

Staffing and Organizational Structure

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. CPD is housed within the Division of Management Services. CPD is staffed with a complement of seven trainers plus one support staff supervised by a Training Administrator II. Specifically, there is one Training Administrator II who supervises two trainer/educators and two Training Administrator I who each supervisor one trainer/educator. Each training administrator manages the training for a division within DSCYF. While trainers are crossed trained to be responsive to the training and professional development needs of the Department, from this complement three trainers have a primary background in family services and deliver the majority of DFS training assisted by the other trainers as needed. There are also two coaching supervisors within DFS whose primary responsibilities are to ensure new DFS workers complete pre-service training and required on-the-job experiences. Their salaries are partly IV-E funded.

Goals and Objectives

The goal of training in the Division of Family Services is to develop the necessary knowledge, skills and attitudes needed for workers, supervisors and managers to competently deliver assessment tools, family engagement strategies and child welfare practice model. As child welfare agencies work in partnership with a range of stakeholders, training is open to contracted service providers. During FY2014 training continues to be focused on the following casework practice initiatives: Structured Decision Making[®], Safety Organized Practice, Differential Response, Family Search and Engagement, and Team Decision Making.

CPD has number of ongoing 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 practice framework to meet the expanded responsibilities of staff, to comply with changes in policy, practice and program areas; (2) Provide competency-based pre-service training; provide in-service training to caseworkers, supervisors, administrators and contracted in-home service providers supporting best practices and integrated service planning; (3) Implement and sustain new practice approaches by teaming with DFS leadership, the Children's Research Center (CRC) and Annie E. Casey Foundation to develop the skills necessary for workers and supervisors practice with fidelity; and (4) To be an internal partner as

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members and/or leads of ongoing DFS workgroups, and participants in leadership meetings and other policy and practice committees to assist in defining, planning and executing training to targeted DFS staff.

Activities Supporting IV-B and IV-E

The following training activities support the CFSP goals and objectives, including training funded by titles IV-B and IV-E; and Technical Assistance provided to front-line staff.

CPD provides competency-based training to caseworkers, supervisors and administrators as well as to DFS contracted in-home service providers, thus promoting optimal training content, supporting best practices, and integrated service planning.

- *Pre-service training:* CPD provides training in the skills and knowledge needed by new hires to understand and implement the DFS practice model. Twelve competency-based pre-service core trainings are delivered to cohorts of newly hired workers in the Office of Children's Services. CPD trained mentors are paired with new workers to facilitate learning in the field which includes required on-the-job field experiences. In addition, a graduated caseload assignment is applied allowing for increased practical application of knowledge and skills trained. With newly trained coaches, an emerging coaching practice is available to new workers as needed.
- *In-service training:* Working closely with the Children's Research Center and Annie E. Casey Foundation, CPD trainers participated in the delivery of 15 trainings in FY2014 dedicated to building knowledge, practice skills and supportive attitudes geared to the full implementation of Outcomes Matters initiatives. All levels of staff were trained, from senior leadership to frontline caseworkers, and in the instance of Family Search and Engagement, support staff as well. In addition to traditional classroom training, field based learning experiences, such as Family Team Meetings facilitated by CRC were observed by workers to build their competence and confidence in family engagement and SOP casework practices promoting more effective staff supervision and coaching of such.
- *Statewide Partners:* Contracted providers, our in-home service delivery partners, including Domestic Violence and Substance Abuse Liaisons, attend new worker training alongside new state employees. Additionally, these providers attended and co-trained, co-facilitated or presented at several of the in-service trainings delivered in FY2014. Blended classrooms aid in clarifying individual and desired agency roles. They also serve as a platform for building a teaming environment in which to engage families in service planning.

Data and Statistics

The FY2014 DFS training chart (See APSR Attachment 5: Staff Training Chart) documents all required trainings for caseworkers, supervisors and managers. Participation metrics tracked are on Pre-Service and In-Service training. This consists of objective data like sessions offered, the number of participants by category, class completions, days trained, and the number of completed required field experiences. During FY14 training records indicate that 31 new workers attended pre-service training. One hundred seventy-six days of pre-service training were delivered in 12 core content areas. Of note is that every new worker cohort experienced trainings with in-home service providers in attendance. Similarly 63 days of in-service training were delivered in 19 different OM trainings. Providers participated in in each of these as well.

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Evaluation, training design and delivery, and performance improvement metrics are tracked based on subjective analysis by individual participants. Data are collected on class training evaluations, a new worker formative mid-point survey, and a summative new worker training system survey, both of which contain OJT (On The Job) field experience checklist. (See APSR Attachment 6: On the Job Training Chart; See APSR Attachment 7: Training Data Table). Of note, there was a 100% response rate to the mid-point survey. Over all 97% indicated they are using what is learned in training on the job. Forty four percent said they applied what was learned within a week of training and 40% are using it several times a week. Forty two percent indicated they need more support and coaching to apply skills taught in training. Data indicate that on the 17 item OJT checklist only 4 items met a completion rate of above 66% and above. The post training survey assesses the training system as a whole from a worker perspective. Outcome metrics are employee retention and employee satisfaction questions embedded in the new worker training system survey. The training system elements are evaluated based on a scale of 1-5 (strongly disagree to strongly agree). Considering the elements of classroom training, supervision, mentoring, and workplace environment, respondents ranked supervision, mentoring and job shadowing highest (agree to strongly agree). Of the 20 OJT items included in this assessment (three added plus those on the mid-point survey) seven met a 50% or greater completion rate.

Outcomes and Measures

The training system is the integration of policies, resources, procedures, practices and curricula in order to provide and support both formal and informal instruction, ongoing learning, and professional development focused on achieving agency outcomes. Indicators that training outcomes met include: 1) Ongoing curriculum reviews to ensure the knowledge and skills pertaining to the OM practice framework being trained and practices sustained; 2) Caseworkers who can demonstrate understanding and an emerging ability with OM practices and tools as indicated by self-reports, and supervisor and mentor feedback during training; 3) Providers are being trained along with DFS staff as indicated by attendance records and trainers reports; 4) Reported employee satisfaction on training surveys, and retention of casework staff as reported by DFS leadership; and CPD participation is reflected in workgroups and in senior leadership meetings. Training remains focused on the outcomes of safety, permanency, and well-being.

Barriers and Challenges

Implementing a large number of trainings statewide with a limited number of training staff dedicated to DFS proves to be a challenge. Coordinating the number of training events up and down the state with limited access to free training space that can accommodate over twenty participants is also a challenge. Additionally delivering training often at other sites creates a challenging regarding the use of technology embedded in training curriculum. Not all training sites have the technology needed and/or internet connectivity allowing trainer access to training materials and video. Almost exclusive use of and comfort with traditional means of classroom training can be a barrier to getting learners the information and knowledge they need without traveling long distance and the expense of time, particularly when information is the focus, not skill development.

Supervisors are learning the practices along with workers. Early adopters of new practices did not have the benefit a supervisor experienced in these new models. Consequently, these practice

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changes have created enhanced awareness of the value of group supervision and peer learning circles.

A looming challenge in planning and delivering training is the conflict with FACTSII training. All DFS staff will need to be trained prior to the Go-Live date of the new system, where the other divisions in DSCYF can incrementally train their staff. This will likely present challenges in scheduling these trainings in a compressed time frame given the pushback of the system's implementation.

Priorities for Coming Year

An online Family Search & Engagement training was utilized by DFS to inform all levels of staff about the practice. The outcome was successful and opened the window for opportunities to create and/or deploy training to staff at their offices and at their convenience. With software that allows CPD to create online training there is an opportunity to use this delivery method in the near future when it is appropriate. Additionally, meetings, briefings and presentations can be orchestrated using web based services like Go-To-Meeting and other training technology that can be used on tablets and iPads as well. Developing a structure for the practice of coaching is on the horizon for the next fiscal year. The majority of supervisors and lead workers have received training in coaching their staff and peers. Effectively planning and implementing this practice in other jurisdictions and organizations has been demonstrated to improve skills, increase levels of worker satisfaction which in turn improves outcomes for children and families. CPD staff have attended the Coaching Institute facilitated by the Children's Research Center and will have the ability to replicate the training in the future to new supervisors. Also, CPD can support the coaching efforts of supervisors and workers.

The implementation of learning circles for supervisors, projected be launched in the fall of 2014 is an opportunity for ongoing professional development, critical thinking, coaching and solutions focused interaction and support for supervisors. CPD is going to be involved in the launch of learning circles and the continued support of such, with a focus on assisting DFS and DSCYF on sustaining movement in the implementation and utilization of all the Outcomes Matter practices, while assuring fidelity.

Monthly Caseworker Visits

Delaware's current standards for caseworker contact with foster children meets the monthly contact requirement set by the Child and Family Services Act of 2006. Placement Chapter, Section G of the DFS User Manual states that children in out of home placements must be visited monthly. January 2008, a standardized reporting format was issued for foster care contacts for these factors: time, location, purpose, issued discussed, participants, safety and next steps. This format was distributed to DFS case workers and purchased care agencies. In January, 2009, FACTS was modified to include a specific monthly foster care contact event allowing supervisors to track monthly foster care contacts to ensure that children are seen monthly and that the majority of contacts are made in the child's place of residence.

For the past 2 years, Delaware has met the standards for monthly caseworker visits on Measure 1 and met the standard for Measure 2 for the past 4 reporting years:

Measure	FFY2010	FFY2011	FFY2012	FFY2013
Measure 1: % of visits	75%	81.19%	95.66%	94.37%

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promotion, the worker that applies is not competing against outside agencies or the general public. Applicants for FCT must have education, training and/or experience demonstrating competence in each of the following areas:

- Possession of a Bachelor's degree or higher in Behavioral or Social Science or related field
- Three years of experience in case management which includes assessing, planning, developing, implementing, monitoring, and evaluating options and services to meet an individual's human service needs
- Three years of experience in crisis intervention
- Three years of experience in making recommendations as part of a client's service plan such as clinical treatment, counseling, or determining eligibility for health or human services/benefits
- Six months experience in 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 such as financial support, employment, unemployment, housing, health care, disease prevention, substance abuse, child protective services, physical/mental health treatment and prevention or rehabilitation
- Three years of experience in interpreting laws, rules, regulations, standards, policies, and procedures
- Six months experience in narrative report writing
- Possession of a valid Driver's License (not suspended, revoked or cancelled, or disqualified from driving)

The division also has Casual Seasonal (C/S) Family Support Specialist positions that are typically hired at the lowest level, however in certain areas (Report Line) the casual seasonal positions are Senior Family Support Specialist. 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 receives 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: .007% Asian, 32% Black, 0% Hispanic and 64% White
- Salaries range from \$31,440 to \$53,077 across all positions
- Supervisor to worker ration standards are 1:5
- Of 251 frontline employees, 17 employees have unknown degrees (C/S retirees or are no longer employees with original records archived), 196 have bachelor's degrees and 38 have master's degrees. The percentages breaks down to 7% are unknown, 78% have bachelor's degrees and 15% have master's degrees.

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Caseload standards for fully functioning workers are:

- 12 investigation cases
- 18 treatment cases

Caseload reports as of March 31, 2014 state investigation caseloads average 13.3 and treatment caseloads average 15.8 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 was 1 voluntary demotion, 9 competitive promotions and 21 career ladder promotions for CY2013. There were 86 staff changes during the year including resignations (15%), retirements (.02%), state employment transfers (.08%) and promotions (30%).

Technical Assistance

Delaware has partnered with a variety of public and private resources in past years to enhance child welfare practice and systems. These include:

- National Resource Center for In-Home Services assisted with creating a Differential Response System.
- Annie E. Casey Foundation's Child Welfare Strategy Group conducted a comprehensive assessment of child welfare, made recommendations and provided technical assistance and consultation regarding data performance measurements, family engagement, Team Decision Making, foster care services, kinship care, cross-agency collaboration, and communication strategies.
- The National Council on Crime and Delinquency's Children's Research Center provided assistance, consultation and training to design and implement a new practice model 'Safety Organized Practice' and Structured Decision Making[®] tools.
- Casey Family Services co-sponsored the November 2012 Permanency Summit.
- Darla Henry provided technical assistance and training to adopt the 3-5-7 Model[®] to Delaware. The DE adaptation of this model is the MY LIFE programming.
- Deloitte Industries is the vendor providing design, development and implementation of the DSCYF's new Statewide Automated Child Welfare Information System (SACWIS).

Technical assistance has been invaluable to child welfare reform initiatives in Delaware during the past 5 years. Adopting a new practice model, implementing new risk assessment and planning tools, designing a new automated case management system and building system

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capacity to fully engage families and youth have been supported by these organizations to improve safety, permanency and well-being outcomes. Early indicators of success are a reduced foster care population, improved placement stability, timely exits to adoption; all accomplished with sustained child safety measures.

Tribal Collaboration

An invitation to participate in child welfare service planning was mailed to the Nanticoke Chief Daisy, February 28, 2014. There has been no response. The Nanticoke is not a federally recognized tribe. (See APSR Attachment 8: 2014 Letter to Nanticoke Chief)

Statewide Information System

During CY2013, DSCYF has continued to develop the new SACWIS system - FACTS II. The vendor, Deloitte Industries, is modifying a transfer system from Washington D.C., in order to meet the Delaware information system requirements. Modifications to the system include the 'Integrated Business Model', improving the case management and information sharing processes between the three major service divisions, Family Services, Youth Rehabilitative Services and Prevention and Behavioral Health Services.

Having finished requirements reviews in 2012, joint application design (JAD) sessions began in November 2013 and continued through March 2013. Throughout this process and following the completion of the scheduled JAD sessions, Deloitte submitted design specification documents to DSCYF for review and editing. In addition to screen design details Deloitte developed additional supportive documents such as program workflow spreadsheets, interface file layouts, form templates and, management and statistical reports. Throughout 2013, DSCYF reviewed and provided feedback to Deloitte regarding the proposed specifications. Included in the project were weekly reviews of critical items requiring a collaborative discussion and issue resolution. With the majority of design specifications documents approved and, Deloitte having prepared a training environment to demonstrate the applications functions, Deloitte trainers and functional leads presented the new system during session held in October/November 2013. On December 16, 2013, DSCYF began the User Acceptance Testing (UAT) process. Using test scripts intended to test individual screen functionality, workflow logic and critical program specific areas, the first stage of UAT was to conclude at the end of February, 2014. In addition to testing the case management activities in the application, division representatives have been evaluating several other critical areas of functionality. Quality and accuracy of data being migrated from FACTS I to FACTS II for conversion purposes. File layouts and data sharing between DSCYF and several other agencies for interface testing. Partner agencies include the Department of Education, Department of Health and Social Services, Department of Labor, and many others. In addition, building and preparing submission of critical Federal files such as NCANDS, AFCARS and NYTD.

In March 2014, due the volume of defects reported for corrective action by DSCYF testers and, with a scheduled 'Go-Live' date of April 1, 2013, DSCYF leadership in collaboration with project stakeholders and the executive steering committee, made the decision to delay the 'Go-Live' date 90 days. DSCYF and Deloitte continue to negotiate the project status, while defect are being addressed and fixes submitted to staff for re-testing. As of June 2014, there remain a significant number of system defects, and the implementation date remains uncertain.

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A final critical area being developed as a part of the FACTS II initiative is the adoption and development of the data reporting environment using the SAP (Systems, Applications, Products) Business Objects suite of tools. DFS is taking the opportunity to review its inventory of over 100 management reports and, evaluating the current for each report, which will result in reports being removed or modified to meet end user's needs. In addition, given the changes associated with the adoption of the SDM[®] decision-making tools and critical practice changes associated with Outcomes Matter initiatives, there is ongoing evaluation of new reports to be developed in order to better evaluate outcomes for children and families.

Quality Assurance System

During 2013, DFS modified the Intake and Investigation quality assurance case review instruments having adopted the SDM[®] report line and risk assessment tools. DFS has also been actively changing many of its practice standards through the Outcomes Matter initiatives, including the incorporation of Safety Organized Practice, Family Search and Engagement, Team Decision Making, as well as, developing a Differential Response System. Modifications to the Intake QA tool focused on adding questions specific to the appropriate use of the SDM[®] decision making process and, utilization of the decision tree in order to make better initial investigation response recommendations. Changes to the investigation tool included details addressing family engagement, use of the SDM[®] Risk Assessment and Safety Assessment processes.

Delaware has also adopted additional SDM[®] tools to be used for treatment and permanency services. These include the Family Strengths and Needs Assessment, Child Strengths and Needs Assessments, Risk Reunification Assessment, Reunification Reassessment. Staff training of these tools was conducted in December 2013 and January 2014, with implementation starting February 2014. As a result of these activities, the treatment and permanency QA case review tools were suspended October 2013. Both instruments are currently being modified in order to incorporate questions regarding the application of the SDM[®] tools and other critical practice changes occurring under Outcomes Matter. Currently, these tools will be integrated into the FACTS II case management system. Therefore, activating these tools is scheduled to be concurrent to the FACTS II 'Go-Live' date.

DFS has benefitted from the creation of an Entry Cohort Longitudinal Database (ECLD), which allows comparison of outcomes by segmented groups of children and youth in foster care. It helps build statistical case histories for each child who enters care within a specified time frame. These data bases combine the efficiencies of administrative data with the detail of targeted case reviews. ECLDs provide the clearest and earliest evidence of how changes in policy and practices can impact child outcome measures. These comparisons are made possible by disaggregating large child welfare data sets into cohorts of children who entered care before and after specific policies and/or practices were changed. ECLDs are free from the types of biases found in point-in-time data or Exit Cohort data. ECLDs are sophisticated data sets that can help minimize the investments of staff time and resources in the collection of data and initial analysis for continuous quality improvement (CQI).

The ECLD has provided performance management data on the overall Outcomes Matter Initiative, specifically as strategies were adopted to address preventing unnecessary placements, increasing placements with relatives, and improving placement stability in foster care:

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- 45% reduction in all entries into foster care;
- 40% reduction in teen entries;
- 18% reduction of all children in care;
- 66% increase in being able to place teens initially with relatives;
- 38% reduction of children with 2 or more placements in the first 100 days* in care;
- 41% reduction of teens with 2 or more placements in the first 100 days* in care.

(Note: *an analysis of youth with a significant number of multiple placements identified that these youth had experienced 2 or more placements within the first 100 days of entering foster care).

Additional CQI Efforts

DFS has also initiated a CQI approach focused on strengthening the use of safety plans in investigation and continuing protective services cases. The impetus for this study was recognition that several cases involving serious injury or death of a child, a safety plan had been implemented. DFS had conducted internal reviews of these cases, as had the Child Death, Near Death and Stillborn Commission. DFS, in conjunction with the Department of Justice and the Cabinet Secretary of DSCYF, convened a workgroup to review the issues and develop recommendations. The Office of Children's Services within DFS utilized a segmented sampling approach to review cases in which a safety plan was currently in place. This review provided baseline data on the percentage of safety plans that conformed to policy versus those in which issues in the assessment or appropriateness did not conform to policy or good practice. DFS will be providing additional training on strengthening safety plans in Module 9 of Safety Organized Practice in the coming months. DFS is also working with counsel from the Department of Justice to revise the Safety Plan Agreement forms to better guide staff in their use. DFS will then conduct a follow up assessment of safety plans in the early fall of 2014 as part of the continued CQI effort.