# State of Delaware

DSCYF
Department of Services for Children, Youth & Their Families

# CHILD AND FAMILY SERVICES PLAN (CFSP)

# 2022 ANNUAL PROGRESS AND SERVICES REPORT (APSR)


## DELAWARE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

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# Table of Contents

# 2022 Annual Progress and Services Report

## I. Collaboration and Feedback Loops

In preparing the FFY2022 Annual Progress and Services Report (APSR), the Division of Family Services (DFS) shares writing and editorial input with over 20 agency and community partners. Internal contributors for the APSR include representatives from DFS, Division of Youth Rehabilitative Services (DYRS), Division of Prevention and Behavioral Health Services (DPBHS), Division of Management and Support Services (DMMS) Office of Case Management, Interstate Compact Unit and Center for Professional Development. External contributors include Court Improvement Program (CIP), Office of the Child Advocate (OCA), the Office of Child Care Licensing (OCCL), Children's Advocacy Center (CAC), Prevent Child Abuse Delaware (PCAD), Department of Education (DOE) and Division of Public Health (DPH).

Delaware's federal grantees for Community-Based Child Abuse Prevention (CBCAP), Court Improvement Program (CIP) and child welfare grants formed the Integrated Child Welfare Planning Collaborative (ICWPC) in May 2019. The membership now represents over 20 agencies. The collaborative has umbrella goals supporting healthy children, families and communities in Delaware. This group continues to meet quarterly with a focus on strengthening and communicating Delaware's child welfare service array. A stakeholder meeting was hosted by DFS, PCAD and CIP on October 20, 2020, with representatives from the Department of Services for Children, Youth and Their Families, Department of Health and Human Services (DHSS), Department of Justice, Department of Education, foster parents and congregate care providers, various community service agencies and the Nanticoke Indian Association. The event focused on system wide statistics and demographics of Delaware's population and the federal call to action to strengthen prevention services. While challenging to conduct virtually, strengths and weaknesses of Delaware's child welfare service continuum were discussed. Participants had positive comments regarding improvements made by DFS over the past year, but gaps in service were still noted. Many of the weaknesses highlight recurring issues in the service continuum. Concerns around child care and early education services were highlighted, as were a lack of therapeutic foster homes, respite care and kinship supports. A lack of available child psychiatry and difficulty for youth who transition to adult services were also highlighted. The group agreed that communication of the current service array and service availability was a weakness. This information was particularly expressed by members of the foster care community. As a result, resources available to foster parents are now included in the quarterly newsletter that they receive from DFS. Information from the meeting was shared with ICWPC members at subsequent meetings in order to continue the work on focusing on the need to develop new services. ICWPC will also create new pathways for information sharing regarding services. In the past, emphasis has been placed on keeping the statewide 2-1-1 network up to date with resource information in order to best support families.

Stakeholder input is gathered through CPAC public meetings, semi-annual stakeholder meetings, contracted provider meetings, foster parent conferences and staff surveys. Ongoing community partnership meetings with CIP and ICWPC provide forums for feedback on programming and performance measures. DFS participates in community committees for human trafficking,

domestic violence, education and substance abuse. DFS' continuous quality improvement (CQI) subcommittees for data quality, intact families and periodic reviews include stakeholder input from front line caseworkers, supervisors, and community partners. For the CQI post adoption disruption committee, a survey was completed with adopted parents to obtain information on service needs and gaps in practice. See Attachment Post Adoption Post Permanent Guardianship Survey Analysis. Eighty-four adoptive parents responded to the survey. Parents were asked about their experiences with formal supports, informal supports, mental health resources, psychotropic medications, child development resources, special medical and dental resources, education, residential treatment, respite, post-adoption services, and trauma services. Respondents provided ratings on satisfaction, access and outcomes. Ten respondents agreed to a follow up phone interview where their experiences were explored more in depth. Qualitative interviews are also being conducted with Delaware adoptive parents where a disruption has occurred. Once these interviews and results are compiled, Delaware plans to do a presentation of our findings to our administration and other stakeholders. So far, parental input revealed varied satisfaction with services, access and outcomes. Individualized services for special needs children is an area of concern for the child welfare system and partner agencies. A child's behavior is the most frequent factor noted resulting in an disrupted adoption.

Family input on the greater child welfare system in Delaware was shared with system partners using the Integrated Child Welfare Collaborative as the forum. Stakeholder input gathered during the needs assessment phase of the PreSchool Development Grant (PDG) included surveys and interviews with parents and caregivers using childcare services. Five families participated in a shadowing activity where interviewers accompanied caregivers in daily childcare activities. Also, there were 22 in-depth interviews with caregivers. Caregivers said they needed:

- Trusted partners who are invested in their child's education,
- Recognition of family needs
- Trust of the people caring for my child
- Child care that makes sense to me
- To feel invited and affirmed

These concerns noted in the needs assessment are applicable to at risk families and align with the principles of Safety Organized Practice. The strategic plan of the PDG builds on these needs to strengthen childhood development through community-based child centered, family focused services.

Interviews with stakeholders including parents, children, and foster parents are also a part of our quality assurance case review process.

The DFS Intake and Investigation Program Manager is a panel member on the state's Citizen Review Panel, also known as CAN Panel, which is responsible for reviewing all child death and near death cases and making recommendations to the Child Protection and Accountability Commission (CPAC) regarding MDT system improvements. The Office of the Child Advocate (OCA), which is the state's appointed CJA grantee, chairs the CAN Panel. OCA also chairs various other collaborative CPAC subgroups, on which DFS also serves, such as the Grants Oversight Committee, CAN Best Practices Committee, Child Sex Abuse Committee, Mandatory Reporting Workgroup, and the Substance Exposed Infant Subcommittee. All of these groups and subcommittees provide opportunities for the state's child welfare community partners to align

resources and ideas to achieve common goals and improve outcomes for children and families in Delaware.
The Independent Living Program Manager (ILPM) supports the Youth Advisory Council (YAC) with their monthly activities, annual events and assists youth with advocating and expressing their voice. Through YAC, youth are given opportunities to provide feedback to DSCYF on their experiences in the foster care system. In addition, leadership and state legislators attend YAC meetings giving youth an even broader platform to advocate for changes. During the past year, youth have raised driver's licenses, vehicle insurance and post-secondary education costs as areas to improve.

The agency's collaborative agenda with Family Court judges, parent attorneys, child attorneys and Court Improvement Program has targeted quality legal representation. DSCYF and Family Court administration successfully submitted narrative supporting Title IV-E claiming for eligible legal representation costs as a Cost Allocation Plan amendment. The agency and legal partners attend quarterly meetings hosted by Court Improvement Program. The CFSP, CFSR and CIP strategic activities are regular agenda items at these meetings.

In concert with improving legal representation for at risk families, at the January 2021 ICWPC meeting, Community Legal Aid Society, Inc. and Casey Family Programs presented a summary of a pilot program, First Chance DE, that combines legal and social services in East Wilmington. Stubbs Early Education Center, Jessup Street Nemours Pediatric Clinic, Children & Families First formed a partnership with CLASI to provide a multidisciplinary approach to support a primary prevention intervention model. Families will have access to legal and social worker staff and be assigned a peer-support specialist. Casey Family Programs is providing technical support and funding the pilot through September 2021.

Delaware's Annual Progress and Services Report, Child and Family Services Plans and Child and Family Services Review are accessible at this web address: https://kids.delaware.gov/fs/cfs-review-plan.shtml Annual Reports are posted upon Administration for Children and Families' approval. State contact is Trenee Parker, Division of Family Services, 1825 Faulkland Road, Wilmington DE 19805; 302.633.2701; trenee.parker@delaware.gov

# II. Update to the Assessment of Current Performance in Improving Outcomes

## ***Context Statistics***

Delaware's child welfare strategic assessment and planning is best understood within the context of the population served. DFS received 21,579 reports of abuse, neglect and dependency referrals in FY2020 and, screened-in 7,501 or 35% of those reports. Compared to 21,530 reports with 8,839 screened in for FY2019, the number of reports received increased by 0.23%, while the number screened-in decreased by 15%. Of all cases investigated in FY2019, 828 or 19% were substantiated; in FY2020, 863 or 20% were substantiated. This is a 4% increase in the actual number of total cases substantiated, but only a 1% increase in the overall number of completed substantiated investigations. In FY2020, a total of 2,164 families and children received treatment

services compared to 2,250 in FY2019, a decrease of 4%. The average monthly placement (DFS out-of-home care) population in FY2020 was 579, a decrease of 14% from the FY2019 average of 661. Two hundred sixty-seven (267) children entered initial DFS placements and 380 children exited placement in FY2020. There were 902 children who spent at least one day in foster care during FY2020. This was an 12% decrease from the 1029 children who spent at least one day in foster care during FY2019. In reviewing placement stability within the first 1,000 days, there was an average of 5.4 moves for FY2019 compared to 4.6 moves in FY2020, a 17% decrease. At the end of the fiscal year, there were 502 children in DFS out-of-home care, a decrease of 17% from 589 children in care at the end of FY2019. In FY2020, 119 children for whom the Division held parental rights were adopted and 37% of these adoptions were within 24 months of entry into care. At the end of FY2020, the Office of Child Care Licensing's total count of licensed facilities in Delaware was 1,066. These facilities have the capacity to serve 50,308 children. The Criminal History Unit completed 6,206 criminal history record checks and 61,263 Child Protection Registry checks, resulting in the disclosure of 2,507 arrest reports. The unit also requested approximately 471 out-of-state child abuse and neglect checks under the Adam Walsh Child Protection and Safety Act of 2006 during FY2020.

As of March 31, 2021, investigation caseload average for fully functioning caseworkers was 10 and treatment average caseload for fully functioning caseworkers was 13.8.

Kids Count® ranks Delaware 27th in the nation for overall child well-being in 2020 and 25th for family and community. One overall measure of the state's child welfare health is the rate of child abuse victims per 1,000 and Delaware has continued to improve from a high of 11.7 per 1,000 in 2012, to 7.2 per 1,000 in 2017, to 6 per 1000 in 2018, to 5.8 per 1000 in 2020.

***COVID Data***

During the pandemic, Delaware has compiled much data to analyze the impact of the COVID pandemic on practice. For example, below are the charts comparing hotline reports received per month from January 2019 through March 2021. There is a clear decline in the number of reports received with a higher differentiation seen during the school year. From February 2019- November 2019, school personnel made 2,983 reports to the DFS report line. From March 2020-Novermber 2020, school personnel made 4,450 reports, a 49% decrease.

| **2019** | **Report Date** | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Month** | **1/19** | **2/19** | **3/19** | **4/19** | **5/19** | **6/19** | **7/19** | **8/19** | **9/19** | **10/19** | **11/19** | **12/19** |
| Calls | 1,879 | 1,759 | 2,046 | 1,952 | 2,142 | 1,734 | 1,654 | 1,740 | 2,131 | 2,299 | 1,849 | 1,820 |
| **2020** | | | | | | | | | | | | |
| **Month** | **1/20** | **2/20** | **3/20** | **4/20** | **5/20** | **6/20** | **7/20** | **8/20** | **9/20** | **10/20** | **11/20** | **12/20** |
| Calls | 2,213 | 2,092 | 1,766 | 1,189 | 1,379 | 1,449 | 1,506 | 1,405 | 1,631 | 1,818 | 1,544 | 1,538 |
| **2021** | | | | | | | | | | | | |
| **Month** | **1/21** | **2/21** | **3/21** | **4/21** | **5/21** | **6/21** | **7/21** | **8/21** | **9/21** | **10/21** | **11/21** | **12/21** |
| Calls | 1,675 | 1,672 | | | | | | | | | | |

Below are the charts comparing open investigation cases as well as substantiated investigations

| | **Case Open Date** | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **2019** | **1/19** | **2/19** | **3/19** | **4/19** | **5/19** | **6/19** | **7/19** | **8/19** | **9/19** | **10/19** | **11/19** | **12/19** |
| | 617 | 506 | 597 | 579 | 568 | 462 | 446 | 486 | 560 | 623 | 466 | 519 |
| **2020** | **1/20** | **2/20** | **3/20** | **4/20** | **5/20** | **6/20** | **7/20** | **8/20** | **9/20** | **10/20** | **11/20** | **12/20** |
| | 568 | 545 | 448 | 285 | 363 | 363 | 412 | 363 | 397 | 504 | 325 | 406 |
| **2021** | **1/21** | **2/21** | **3/21** | **4/21** | **5/21** | **6/21** | **7/21** | **8/21** | **9/21** | **10/21** | **11/21** | **12/21** |
| | 394 | 399 | | | | | | | | | | |
| **Substantiated Cases** | **Case Close Date** | | | | | | | | | | | |
| **2019** | **1/19** | **2/19** | **3/19** | **4/19** | **5/19** | **6/19** | **7/19** | **8/19** | **9/19** | **10/19** | **11/19** | **12/19** |
| | 75 | 67 | 71 | 66 | 71 | 63 | 88 | 67 | 75 | 89 | 56 | 77 |
| **2020** | **1/20** | **2/20** | **3/20** | **4/20** | **5/20** | **6/20** | **7/20** | **8/20** | **9/20** | **10/20** | **11/20** | **12/20** |
| | 53 | 65 | 73 | 81 | 64 | 74 | 87 | 65 | 52 | 80 | 51 | 64 |
| **2021** | **1/21** | **2/21** | **3/21** | **4/21** | **5/21** | **6/21** | **7/21** | **8/21** | **9/21** | **10/21** | **11/21** | **12/21** |
| | 55 | 79 | | | | | | | | | | |

## ***National Standards***

Delaware uses federal syntax for safety and permanency measures defined by CFSR Round 3 national data profiles. National standards (CFSR Round 3) use Risk Standardized Performance (RSP) scoring and 95% confidence intervals for 7 safety and permanency measures. State scores fall within three interval categories: 1) better than, 2) no different than, and 3) worse than national performance. The below chart shows Delaware's scores per measure as of the January 2021 CFSR3 Data Profile report. Data sources are submissions of Adoption and Foster Care Analysis and Reporting System, and National Child Abuse and Neglect Data System files through December 2020.

Note: In February 2018, Delaware implemented a new Statewide Automated Child Welfare Information System (SACWIS) system, FOCUS (For Our Children's Ultimate Success). FOCUS development is ongoing, and corrections occur daily. A problem existed regarding placement episode calculations that was impacting our AFCARS report and had caused a data quality issue in regard to discharge reasons and therefore some outcomes are not available. (Permanency in 12 months and Re-entry into foster care). This issue has been addressed. However, there are now issues related to the AFCARS report pulling in historically accurate information needed for resubmissions. Once this is resolved Delaware will be resubmitting all AFCARS since our go-live date of February 2018.

| **CFSR Round 3 Measure and Data Standard** | **RSP Interval and Data Period** | **Performance Category** |
|---|---|---|

| | | |
|---|---|---|
| Permanency in 12 months (entries) - 42.7% | 30.5 (26.1%-35.4%)<br>10-1-14 to 9-30-17 | Worse than national performance |
| Permanency in 12 months (12-23 mos) - 45.9% | 43.4% (36.4%-50.8%)<br>10-1-19 to 9-30-20 | No different than national performance |
| Permanency in 12 months (24+ mos) - 31.8% | 33.7% (27.8%-40.3%)<br>10-1-19 to 9-30-20 | No different than national performance |
| Re-entry to foster care - 8.1% | 5.6% (2.9%-10.4%)<br>10-1-14 to 9-30-17 | No different than national performance |
| Placement stability (moves/1,000 days in care) - 4.44 | 4.43 (3.85-5.1)<br>10-1-19 to 9-30-20 | No different than national performance |
| Maltreatment in care (victimizations/100,000 days in care) - 9.67 | 5.45 (3.15-9.43)<br>FY18 | Better than national performance |
| Recurrence of maltreatment - 9.5% | 5.0% (3.8%-6.6%)<br>FY18-19 | Better than national performance |

## ***Child and Family Services Review***

The third round of the Child and Family Services Review (CFSR) improvement plan implementation phase ended March 30, 2019. The federal review occurred in 2015 with 86 case reviews conducted in four regional sites between April and July. Over 20 stakeholder interviews occurred May 11-20, 2015. The Program Improvement Plan (PIP) was approved effective April 1, 2017 and officially ended March 30, 2020 but then a 6 - month extension was granted until Sept 30, 2020. The following is a summary of the findings; see the CFSR Final Report for details: https://library.childwelfare.gov/cwig/ws/cwmd/docs/cb_web/SearchForm

Delaware identified these areas needing improvement:

Case related:

- Priority 3 investigation timeliness
- Assessing safety consistently in treatment cases
- Establishing and working towards timely permanency goals
- Foster parent recruitment targeting sibling groups
- Consistent notice of hearings to caregivers
- Improving children's physical and dental health services and documentation

System related:

- Reforming quality assurance (QA) case review system
- Designing and implementing child welfare supervisor training
- Consistent private agency foster parent training
- Improving service array
- Strengthening family engagement in assessment, planning and placement activities; targeting intact families and fathers

The Program Improvement Plan had 20 strategies with activities to make improvements to these case and system related areas needing improvement. Using the federal On-Site Review Instrument (OSRI) as the agency's case review tool, we were able to take advantage of the automated report features of the Online Monitoring System (OMS) to measure progress towards goals established in CFSR PIP Measurement Plan. After early challenges to complete timely reviews with fidelity, Delaware established a case review team to conduct case reviews and restarted case reviews in April 2018.. In March 2020, Delaware completed the third round of PIP monitored case reviews. In June, the agency chose the option to conduct another 6-month PIP reporting period to achieve unmet performance goals for Items 1, 6, and 14. These reviews were completed in September 2020. Delaware met all PIP goals except for Item 14: Caseworker Visits with Child.

## ***Quality Assurance Case Reviews of CFSR PIP Items***

This is a summary table of the CFSR PIP items using OSRI findings as the measurement tool, compares the 2015 baseline performance with improvement goals and performance rating.

| OSRI Items | Baseline | Improvement Goal | Status (Performance) |
|---|---|---|---|
| Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment | 81.08% | 89.3% | Achieved (90%) |
| Item 3: Risk and safety assessment and management | 90.70% | 94.7% | Achieved (91%) |
| Item 5: Permanency goal for child | 74.50% | 82.3% | Achieved (96%) |
| Item 6: Achieving reunification, guardianship, adoption or APPLA (Another Planned Permanent Living Arrangement) | 82.69% | 89.4% | Achieved (98%) |
| Item 12: Needs and services of child, parents, and foster parents | 73.26% | 79.40% | Achieved (79%) |
| Item 13: Child and family involvement in case planning | 74.70% | 80.8% | Achieved (84%) |
| Item 14: Caseworker visits with child | 86.05% | 90.8% | Did not achieve (81%) |
| Item 15: Caseworker visits with parents | 68.06% | 75.1% | Achieved |

| | | | |
|---|---|---|---|
| | | | (76%) |

Delaware utilized the federal OSRI to conduct quality assurance case reviews of foster care, in-home treatment, FAIR (Family Assessment and Intervention Response - differential response track) and Promoting Safe and Stable Family cases. Delaware conducted 5 rounds of case reviews; a total of 414 case reviews from April 2018 to September 2020. Each round consisted of 90 case reviews per a 6-month time span, except for round 3 (April 2018-September 2019) when only 54 case reviews were completed. The following chart shows the national performance, Delaware's overall performance by item on all completed PIP reviews, the last PIP reporting period (Round 5) and the most recent measurement period.

| OSRI Items | NATIONAL PERFORMANCE | DE ALL PIP REVIEWS | DE Round 5 PIP REVIEWS | DE CURRENT REVIEWS |
|---|---|---|---|---|
| | **CFSR Round 3** | **4/18-9/20** | **4/20-9/20** | **10/20-3/21** |
| | | **n=414** | **n=90** | **N=90** |
| Item 1: Timeliness of initiating investigations of reports of child maltreatment | 73% | 80.77% | 89.80% | 85.71% |
| Item 2: Services to family to protect children in the home and prevent removal | 65% | 97.06% | 95.45% | 100% |
| Item 3: Risk and safety assessment and management | 56% | 72.95% | 68.89% | 70% |
| Item 4: Placement stability | 74% | 73.81% | 74.07% | 77.78% |
| Item 5: Identifying permanency goal for child | 58% | 89.68% | 96.30% | 96.23% |
| Item 6: Achieving reunification, guardianship, adoption or APPLA | 42% | 88.49% | 98.15% | 96.30% |
| Item 7: Placement with Siblings | 81% | 89.60% | 86.36% | 100% |
| Item 8: Visitation with parents and siblings | 62% | 91.41% | 93.75% | 93.33% |
| Item 9: Preserving connections | 67% | 99.21% | 100.00% | 100% |
| Item 10: Relative placement | 70% | 97.51% | 98.11% | 100% |
| Item 11: Maintaining relationship with parents | 58% | 94.81% | 100% | 100% |
| Item 12: Needs and service of child, parents, and foster parents | 39% | 72.22% | 71.11% | 62.22% |
| Item13: Child and family involvement in case planning | 50% | 75.57% | 78.41% | 66.29% |
| Item 14: Caseworker visits with child | 66% | 76.09% | 75.56% | 74.44% |
| Item 15: Caseworker visits with parents | 40% | 70.85% | 72.06% | 55.22% |
| Item 16: Educational needs of child | 82% | 99.16% | 100% | 98.00% |
| Item 17: Physical needs of child | 69% | 95.90% | 95.52% | 93.94% |
| Item 18: Mental/behavioral health of the child | 60% | 93.75% | 93.88% | 97.96% |

Showing another view of performance during the PIP period, the next chart demonstrates Delaware's performance by outcome for CFSR Round 3 baseline in 2015 and for each PIP monitored period, along with national performance of all completed state reviews.

| | | Delaware Baseline | Period 1 | Period 2 | Period 4 | Period 5 |
|---|---|---|---|---|---|---|
| | **CFSR Round 3** | 2015 | April - Sept 2018 | Oct 2018 - March 2019 | Oct 2019 - March 2020 | April - Sept 2020 |
| | | n=90 | n=90 | n=90 | n=90 | n=90 |
| | **National Performance** | | | | | |
| **SAFETY OUTCOME 1** | 73% | 81% | 71% | 73% | 80% | 90% |
| **SAFETY OUTCOME 2** | 66% | 91% | 84% | 70% | 66% | 69% |
| **PERMANENCY OUTCOME 1** | 27% | 56% | 56% | 56% | 76% | 72% |
| **PERMANENCY OUTCOME 2** | 61% | 81% | 93% | 98% | 98% | 100% |
| **WELL BEING 1** | 36% | 70% | 72% | 64% | 68% | 71% |
| **WELL BEING 2** | 82% | 98% | 98% | 100% | 97% | 100% |
| **WELL BEING 3** | 57% | 83% | 99% | 90% | 89% | 95% |

Delaware has continued to utilize the OSRI to complete case reviews. The following chart demonstrates Delaware's performance by outcome for reviews completed October 2020 – March 2021.

| | **Delaware Case Reviews** |
|---|---|
| | October 2020 – March 2021 |
| | n=90 |
| **SAFETY OUTCOME 1** | 86% |
| **SAFETY OUTCOME 2** | 70% |
| **PERMANENCY OUTCOME 1** | 76% |
| **PERMANENCY OUTCOME 2** | 100% |
| **WELL BEING 1** | 62% |
| **WELL BEING 2** | 98% |
| **WELL BEING 3** | 93% |

DFS also conducts quality assurance reviews of investigation cases. The table below lists performance for CY2020 on safety assessment elements and a combined safety assessment score. (N=153, January-December 2020, statewide assignments)

| QA Investigation Case Review Detail | % of Reviewers Agreeing |
|---|---|
| SA1. Was the Safety Assessment completed on the appropriate household(s)? | 94.04% |
| SA2. Was safety assessed for all children in the household? | 93.38% |
| SA3. If "No" to Question SA2, was the reason documented? | 0% |
| SA4. Were all safety threats identified for each child? | 84.31% |
| SA5. Were the identified protective capacities documented during the contact(s) with the family? | 94.81% |
| SA6. Were the indicated safety interventions appropriate for the identified threats? | 95.24% |
| SA7. Is the final safety finding correct/appropriate? | 98.67% |
| SA8. Was a Child Safety Agreement completed according to policy? | 92.86% |
| SA9. If a Child Safety Agreement was completed, did it address the threats adequately? | 93.75% |
| Combined Score for Safety Assessment | 92.23% |

## ***Data Analysis and Discussion***

These performance measures present a varied picture of the agency's efforts to address the seven Safety, Permanency and Well-being Outcomes. Delaware's national data profile measures continue to comply with established standards for safety. Delaware has scored better than national performance on reoccurrence of maltreatment and on maltreatment in care. Kids Count® data shows the rate of child abuse victims per 1,000 and Delaware has continued to improve from a high of 11.7 per 1,000 in 2012, to 7.2 per 1,000 in 2017, to 6 per 1,000 in 2018, to 5.8 in 2020. Delaware scores above CFSR Round 3 national performance on all safety outcomes. For Safety Outcome 1, Item: 1 Timeliness of investigation, Delaware met our PIP goal with a 90% strength rating for the Round 5 case review that took place from April – September 2020. For the October 2020 – March 2021 reviews, results show a slight decline to 86%. The Department and DFS made extreme efforts to address timeliness issues regarding initial contact with victims of abuse or neglect. An initial interview due date report showing the status of all initial interviews on open cases was developed and is sent out twice a week to all administration and supervisors. The operations manager analyzes this report and sends out a weekly update on progress achieved or needed. Regional Administrators must report weekly on steps that will be made to complete the contacts. An investigation interview completion report is also sent out monthly. It was determined that priority 3 (within 10 days) assigned responses were the investigations with the lowest performance. For CY2020, 96% of priority one responses (24 hours), 92% of priority 2 responses

(72 hours) and 85% of priority 3 responses (within 10 days) were met on time or had diligent efforts. To address this, Delaware expanded our internal differential response (FAIR) as well as the types of investigation going to contracted FAIR. Delaware had also piloted the separation of investigation units by priority type. In October 2020, investigation caseloads dropped below the caseload standard of 11 for the first time in many years. Due to the COVID-19 pandemic, the overall number of hotlines reports received has declined by 21% (March 2019- December 2019 19,367 reports received; March 2020-December 2020 15, 225 reports received). Consequently, the number of open investigations has also declined by 27% (March 2019-December 2019 5,303 investigation opened, March 2020-December 2020 3,866 investigations opened).

Delaware has shown a slight improvement in performance on Safety Outcome 2. Delaware continues to exceed at providing services to protect children and prevent removal as shown by the 100% current case review performance on Item 2. Delaware was 1 of only 6 states that met the 90% goal for Item 2 for the CFSR 3. For Item 3: Ongoing risk and safety assessment and management, Delaware was the only state to meet the 90% federal goal on the CFSR. Since 2015, Delaware had a decline in performance but has shown slight improvements on Item 3 going from a 67% strength rating for Round 4, to a 69% for Round 5, to a 70% for the most recently completed case review. Delaware excels at utilizing family search and engagement strategies to prevent removal of children. Delaware uses the evidence based Structured Decision Making® caregiver safety assessment tool to determine not only risk factors but also protective capacities and safety interventions. Delaware caseworkers often create safety agreements with relatives, fictive kin, or others to prevent children from entering foster care. In FY20, 1,756 caregiver safety agreements were completed. Delaware uses Team Decision Making meetings prior to removal when possible to also present strategies to prevent children from entering foster care.

Delaware's performance on Item 3 is correlated with our performance on caseworker visits with children and parents, particularly on in-home services (intact treatment) cases. Safety cannot be assessed if children and caregivers are not being seen. A CQI Intact Treatment Committee was formed in order to develop strategies to improve performance on in-home services case reviews and improve outcomes with families. The committee developed a survey that was given to all DFS treatment caseworkers in order to gather information about strengths and barriers in their work with families. In the survey, many staff requested additional training on DFS policy, case review expectations, and practice standards. As a result, DFS has begun developing a series of mandatory training modules based on safety, permanency, and well-being outcomes, broken down by corresponding items in the case reviews. Each training module consists of the following sections: Child and Family Service Review On-Site Review Instrument Item objectives, definition, and questions, DFS related policy, caseworker responsibilities, supervisor responsibilities, data informed supervision – what reports supervisors can use to monitor performance, caseworker practice tips including Safety Organized Practice review, FOCUS events and documentation, and what is needed for an overall strength rating on the case review. Based on the area of lowest performance, Module I of the training series is Well-Being 1: Caseworker Visits with Children and Parents/Caregivers. This training was offered to staff on December 10, 2020, December 14, 2020, and December 16, 2020. This training was recorded and is in the process of being placed in the Delaware Learning Center so that newly hired staff and others are able to complete the training. Module II will be Well-Being Outcome 1/III: Assessment of Service. Please see Attachment for Power Point of Module 1 Training.

DFS' quality assurance investigation case review results show reviewers agree 92% or higher on every safety area identified with the exception of SA4: Were all safety threats identified for each child? which scored an 84.31%. Delaware made significant improvements on *safety agreement completed according to policy* which had been below expectations in CY19 (92.86% in CY20, 85.7% in CY19). Investigation case review results indicate reviewers agree with safety assessment and planning with combined scoring of 92.23% in CY20, a decline from 96.2% in CY19. "SA3. If "No" to Question SA2 (Was safety assessed for all children in the household?), was the reason documented?" is scoring 0%. Delaware also has shown a decline on ratings related to the number of *safety assessments completed on the appropriate household*, (94.04% in CY20, 98.6% in CY19), *safety assessed for all children in the household* (93.38% in CY20, 97.2% in CY19), *identified protective capacities* (94.81% in CY19, 96.4% in CY19), *appropriate safety interventions* (95.24% in CY20, 97.6% in CY19), and *safety agreement addressed the threats adequately* (93.75% in CY20, 100% in CY19). *Safety threats identified for each child* declined from 93.3% in CY19 and is now below expectations at 84.31% for CY20. Delaware plans to conduct an SDM® refresher training that will review policy, procedure, and practice related to the completion of accurate and timely safety assessments in upcoming months.

The average monthly DFS out-of-home care population in FY2020 was 579, a decrease of 14% from the FY2019 average of 661. Two hundred sixty-seven (267) children entered initial DFS placements and 380 children exited placement in FY2020. There were 902 children who spent at least one day in foster care during FY2020. This was a 12% decrease from the 1,029 children who spent at least one day in foster care during FY2019. At the end of the FY2020, there were 502 children in DFS out-of-home care, a decrease of 17% from 589 children in care at the end of FY2019. On 4/12/21, there were 477 children in DFS custody with 461 in foster care. In FY2020, 380 youth exited foster care as comparted to 447 in FY2019. Of these youth exiting care in FY2020, 34% had custody rescinded to original custodian (29% in FY2019), 21% were placed with guardians (26% in FY2019), 30% were adopted (30% in FY2019), and 15% reached age of majority (15% in FY2019). In FY2020, 119 children for whom the Division held parental rights were adopted and 37% of these adoptions were within 24 months of entry into care. Case reviews show that Delaware has continued to improve performance on permanency outcome 1 and has a 100% strength rating for permanency outcome 2 for past two case review periods. This is significantly better than national performance. Although no data is able to be provided for permanency in 12 months due to data quality issues, the state data profile shows that Delaware scores no different than national performance for permanency within 12 months for children in care 12-24 months (43.4%) and for permanency within 12 months for children in care more than 24 months (33.7%) for FY2020. Of the 108 foster care case reviews completed between April 2020 – March 2021, 56 children exited care during the case review period. Of those children, 39% exited care within 12 months of entering care, 27% achieved permanency within 12 months after being in care 13-24 months), and 34% achieved permanency within 12 months after being in care 24+ months.

Previously, the now disbanded CQI Periodic Review Committee had identified an issue where post permanency review hearings were not being scheduled timely due to the scheduling or delays around Termination of Parental Rights Hearings. This was resolved with the courts and post permanency court hearings are being scheduled more routinely. At this time, our current AFCARS 2021A report shows no missing periodic reviews. Delaware believes this has contributed to our higher performance on Item 5: Identifying Permanency Goals and Item 6: Achieving permanency

goals. These were items that had been on Delaware's Performance Improvement Plan. For the past two review periods, Delaware has achieved higher than federal goal of 90% on both items with a 96% or higher. Delaware also contributes our high performance on Permanency Outcomes I and II to our frequency of contact with children in foster care. On current case review, Delaware had a 90% strength rating for caseworker visits with children. For FFY2020, Delaware scored a 95% on the monthly caseworker visit report with 82.88% of visits taking place in the placement setting. As stated previously, Delaware excels at family search and engagement strategies. Delaware continuously makes efforts to locate relatives, promote visitation and maintain connections with parents/original caregivers, and family.

In reviewing placement stability within the first 1,000 days on the CFSR 3 Data Profile, there was an average of 5.4 moves for FY2019 compared to 4.6 moves in FY2020, a 17% decrease. Current case review performance results, however, show a decline from our 2015 baseline of 90% for item 4, placement stability. Round 4 PIP review results (10/19-3/20) were an 87% strength rating. Round 5 PIP review results (4/20-9/20) dropped to 74%. Most current reviews (10/20-3/21) showed a slight improvement to 78%. At the end of the fiscal year, there were 502 children in DFS out-of-home care, a decrease of 17% from 589 children in care at the end of FY2019. As of 4/12/21, the two highest populations of foster children are the age 0-1 population with 16% and age 16 and above with 28%. Using AFCARS 2021a frequency report, 31.5% of the children on the AFCARS report were born in 2005 or earlier (approximately 16 years of age or older). Of these children aged 16 and older, 86% have had more than one placement setting and 66% have had more than 2 placement settings since entering foster care as compared to all children in foster care where 64% have had more than one placement setting and 42% have had more than 2 placement settings. Placement stability has also been impacted by COVID as some foster parents are unwilling to take in new placements or less tolerable of keeping teens with behavior concerns or runaway behaviors.

Kids Count® ranks Delaware 27th in the nation for overall child well-being in 2020 and 25th for family and community. Case reviews show that Delaware is exceeding national performance in all three Well Being Outcomes. For Well Being Outcome 1, Delaware has seen a decline in our performance over the past two reporting periods. This is primarily due to our lower performance on the in-home services case reviews, especially on Item 14 Caseworker Visit with Children and Item 15 Caseworker Visit with Parents. As discussed previously, Delaware has a CQI Intact Family Committee that was specifically formed to address our lower performance on home service cases. The CQI Intact Family Committee efforts including the aforementioned training, Module 1: Well-Being Outcome 1, Caseworker Visits with Children and Parents/Caregivers, will be discussed in another section of this report. To improve quality of visits, Delaware has trained staff on Family Team Meetings. Delaware is also planning an SDM® and Safety Organized Practice refresher training.

For Well Being Outcome 2, education needs of children, Delaware scores 97% or higher since the 2015 baseline. For Well Being Outcome 3 related to the physical and mental health/ behavioral needs of children, Delaware has exceeded the federal goal of 90% for the past two performance review periods.

OSRI case review results are used by DFS program workgroups, leadership teams and specialized workgroups to evaluate program functionality, performance and practice model fidelity. Evidence of its use is referenced throughout Section IV. CFSP Progress Report in benchmark measurements

and progress reports. DFS will sustain the case review team and use of the OSRI for ongoing assessment of performance and the round four of the CFSR. Delaware plans to choose the state case review process for round four.

## ***Stakeholder Input***

DFS hosted a stakeholder meeting on October 22, 2020. At this meeting, Delaware presented our recent context data and statistics, reviewed recent program development, analyzed case review performance and identified our strengths and areas that needed improvement, shared information about the agency's growing Continuous Quality Improvement activities and impact on practice, and gathered stakeholders' comments and concerns to inform the agency's strategic planning. Please see attachment for PowerPoint presentation from stakeholder meeting. Delaware's next stakeholder meeting is being planned for Summer/Fall 2021.

Delaware currently has four active Continuous Quality Improvement Committees, a steering committee and three subcommittees (Data Quality, Intact Family, and Post Adoption Disruption). Stakeholders participate on these committees. For the intact family committee, a survey was conducted in June 2020 with DFS treatment frontline workers to obtain information on barriers to performance. See Attachment Qualitative Survey: Work with Intact Families. For the post adoption disruption committee, a survey was completed with adopted parents to obtain information on service needs and gaps in practice. See Attachment Post Adoption Post Permanent Guardianship Survey Analysis. Qualitative interviews are also being conducted with Delaware adoptive parents where a disruption has occurred. Once these interviews and results are compiled, Delaware plans to do a presentation of our findings to our administration and other stakeholders. Interviews with stakeholders including parents, children, and foster parents are also a part of our quality assurance case review process.

## ***Information System***

DSCYF's information system, FOCUS, went live February 6, 2018. Change requests and edits regularly update the system. Delaware DFS added a full-time position dedicated to the development of and maintenance of FOCUS. SACWIS compliance is obsolete, and the agency is transitioning to Comprehensive Child Welfare Information System (CCWIS). The Department has many staff participating in this effort. CCWIS Support Working Sessions are taking place weekly. The Adoption and Foster Care Analysis and Reporting System (AFCARS) Improvement Plan contains actions to improve data organization, element definitions and mapping. Delaware is in the process of preparing our data system, making application changes, and designing the new AFCARS report to meet the federal regulations and data requirements for the new AFCARS. The Department is also focused on ensuring reporting needs are being met by adding addition report building capabilities into the system. Einstein and Tableau licenses are being obtained. Report writers are currently being trained in both platforms.

## ***Case Review System***

Review of system data are standing agenda items at CIP Steering Committee and Child Protection Accountability Commission (CPAC) meetings to keep court, agency and system partners informed of performance. CIP data measures including the following are shared regularly: timeliness of hearings (Adjudicatory, Dispositional, Reviews, and Permanency); timely filings of termination of parental rights (TPR) petitions and timeliness of permanency by type. Delaware continues to

demonstrate that hearing timeliness is strong; however, there are some outlier cases where we are not meeting guidelines. In FY2020, 119 children for whom the Division held parental rights were adopted and 37% of these adoptions were within 24 months of entry into care. Timeliness of permanency exits are discussed in Section II., National Standards. Delaware meets the standards except for permanency exits within 12 months of entering foster care.

Collaboration between Family Court, DFS, child advocates and system partners lead to joint trainings, technical assistance and resources to strengthen timely exits to permanency. The CIP Coordinator, A Better Chance for Our Children Executive Director, Permanency Supervisor and Adoption Program Manager attended the Adoption Call to Action in August 2019. They developed an action plan worksheet that includes implementing Permanency Roundtables as a tool to make connections for youth.

## ***Quality Assurance System***

The quality assurance system was determined to be an area needing improvement in the 2015 CFSR. During the past 6 years, this system has grown from a collection of quality assurance activities to a maturing continuous quality improvement system guided by tested principles and procedures and monitored by a CQI Steering Committee.

In February 2017, Delaware adopted the federal OSRI as the quality assurance review tool for treatment (foster care and in-home) and differential response cases. Interviews with key case participants and stakeholders as well as a second level quality assurance review are a part of the review process. DFS has a dedicated case review team consisting of 4 full time case reviewers, 2 part time reviewers and a full time Continuous Quality Improvement (CQI) manager/second level quality assurance reviewer. Although no longer PIP monitored or under federal oversight, the CQI Manager continues to consult with the federal team for guidance on case reviews as needed. The Delaware case review team conducts 90 randomized treatment (in-home and foster care) and differential response case reviews for identified periods under review every 6 months, (15 reviews per month). The team also conducts 15 investigations and 4 internal differential response FAIR case reviews every month. In the future, this team will be conducting SDM® Fidelity case reviews as well. Planning is currently underway to have the case review team trained and prepared for this endeavor. The Case review team meets monthly to analyze case review results, determine trends or patterns, and discuss case review fidelity. Results of the case review are shared at the annual stakeholder meetings, Strategic Leadership Team (SLT) meetings, all management meetings, and program management meetings. Delaware has also corresponded with the QA Manager from the state of North Dakota and shared information regarding our case review process and procedure.

Delaware has a Continuous Quality Improvement system guided by a CQI Steering Committee that meets at least every two months. During these meetings, case review results are periodically reviewed for fidelity and accuracy. Review results are also analyzed to determine agency strengths as well as targeted areas of needs. Currently, three CQI subcommittees, the CQI Post Adoption Disruption Committee, the CQI Intact Family Committee and the CQI Data Quality Committee, meet on a monthly basis to address targeted areas of improvement.

The CQI Manager and data team regularly analyze reports to evaluate data quality. Data is analyzed to ensure FOCUS is functioning correctly and data entry by staff is accurate. The federal validation and frequency reports for NCANDS, AFCARS, and NYTD are used throughout the year to assess data quality and timeliness of entry. A number of new reports have been developed

as our agency continues to use data to inform practice. The CQI Manager and Operations Manager have worked closely to develop reports that target specific FOCUS events to monitor timeliness of completion and frontline performance. Specific trainings have been developed to address areas where data quality related to data entry has shown to be a problem such as placement events, custody events, and demographic information on persons. DFS FOCUS liaisons work collaboratively with the CQI Manager to correct data entry errors. Defect tickets are written to address data system issues. The CQI Manager shares analysis with the Operations Administrator to disperse information to frontline staff and supervision. Operations team then takes corrective action as needed. Periodically, the data team analyzes system generated reports by directly reviewing case data to validate fidelity of system reports. Certain reports, such as the monthly caseworker visit report are sent out monthly to not only allow management to assess job performance and data entry completion, but also so frontline can validate report and ensure information is accurate. (see Report Inventory Attachment)

## ***Staff Training System***

The practice of frontline workers is central to DFS achieving identified goals and objectives; therefore, training is focused on guiding day-to-day practice and the acquisition of necessary skills of those workers. The Center for Professional Development (CPD) provides staff development opportunities and competency-based training to DFS front line caseworkers, supervisors and managers as well as to DFS contracted in-home service providers, thus promoting and supporting best practices, a teaming environment, and integrated service planning and interventions. The focus on safety, permanence and child/family well-being is thematically integrated in all training. Ongoing curriculum updates and periodic revisions and effective training designs are used to continually deliver training to develop core knowledge and casework skills need to produce positive outcomes.

*Pre-service training*: CPD delivers training in the skills and knowledge needed by new casework hires to understand and implement the DFS practice model. Thirteen competency-based pre-service core trainings and one orientation class are provided on an ongoing basis. Four core courses are assigned to new hires within the first 3-5 weeks of starting. The remaining courses are self-selected by the participants within prescribed timeframes, not to exceed one year from start date. Courses can be taken at intervals that allow new staff to experience mentoring and job experiences alongside classes. Trained mentors and experienced staff are paired with new hires to facilitate learning in the field, which includes required on-the-job field experiences. Providers and other community partners such as Community Legal Aid, Delaware State Troopers, Delaware Coalition Against Domestic Violence, and mental health and trauma specialists present at pre-service and in-service trainings. A graduated caseload assignment is applied to facilitate increased practical application of knowledge and skills trained in this period of learning. New caseworkers complete new worker training, shadow experienced workers, manage an initial case with intensive supervision, and prepare to build a full caseload. During FY2021, training records indicate that 60 DFS new staff and 11 contracted providers attended or started pre-service training. Training records indicate 100% satisfactory completions for DFS new workers for the core pre-service training within the first two months, with supervisors being the control for ensuring their staff completes the remaining required training within the first year of hire.

Foster Home Coordinators are trained to present pre-service orientation to current and prospective foster parents and pre-adoptive parents orienting them to their roles and responsibilities in those

areas. A trained contracted provider delivers a 32-hour training developed by CPD geared towards individuals and families interested in fostering teens. Contracted providers are trained to deliver in-service modules provided by the Institute of Human Services.

*In-service training:* In-service training offers opportunities for developing higher levels of child welfare skills, practicing cyber security, applying trauma informed care and addressing other developmental needs of staff. Some courses are web-based and available at the user's convenience, while others are instructor-led.

Section III, Update to the Plan and Staff Training, has many references to new and refresher in-service trainings.

## ***Service Array System***

Supporting family focused and child centered interventions, Delaware's child welfare system offers a continuum of services to at-risk families and children from prevention to permanency to independent living, provided by public and community-based agencies. Evidence of effectiveness of the service array is visible in system measures, quality assurance case reviews, and stakeholder comments. Delaware's January 2021 CFSR Round 3 national data profile reports Delaware performs no different than the national standard for permanency within 12 months for children in care 12-23 months and for 24+ months, re-entry into foster care and placement stability. Delaware performs better than the national standard for recurrence of maltreatment and maltreatment in care. Kids Count® ranks Delaware 27th in the nation for overall child well-being in 2020 and 25th for family and community. One overall measure of the state's child welfare health is the rate of child abuse victims per 1,000 and Delaware has continued to improve from a high of 11.7 per 1,000 in 2012, to 7.2 per 1,000 in 2017, to 6 per 1000 in 2018, to 5.8 in 2020.

Current prevention services include home visiting, parent education, strengthening families, family consultation, fatherhood coalitions, school based early intervention and behavioral health consultants. Trauma-informed, developmental and evidence-based screenings for children entering foster care, as well as the monitoring of psychotropic medications, add valuable resources and information for reunification and permanency planning. Delaware continues to grow in Safety Organized Practice and Structured Decision Making® which facilitates strong assessment of safety threats, risk factors, family strengths and individual needs through family engagement activities. These strategies and tools individualize services to children and families. Delaware is also strengthening the kinship program which empowers families by providing supports and financial aid, preventing deep end placements. Delaware has is a current kinship navigator grant jurisdiction and will conduct a needs assessment to build supports for kinship caregivers.

In March 2020 a DFS and Child Development Watch (CDW) team started a review of the operating agreement between DFS, DPBHS and the CDW unit of DHSS. Child Development Watch provides assessment, planning and referral for children birth to three with a developmental delay or disability.

DFS is committed to collaborating with partners on enhancing Delaware's service array with an emphasis on prevention services and communication. The Integrated Child Welfare Planning Collaborative focuses on documenting and communicating child welfare services to front line

professionals and consumers. Delaware plans to expand prevention services to strength healthy communities, families and children.

## ***Agency Responsiveness to Community System***

DFS has a strong history with both formal and informal responsiveness to the community. DFS is a member of CPAC and responds to recommendations from member agencies. Title 16, §912 of the Delaware code, sets the Commission's membership as: The Secretary of DSCYF, the Director of DFS, 2 representatives from the Attorney's General Office, 2 members of the Family Court, 1 member of the House of Representatives, 1 member of the Senate, the Chair of the Child Placement Review Board, the Secretary of the Department of Education, the Director of the Division of Prevention and Behavioral Health Services, the Chair of the Domestic Violence Coordinating Council, the Superintendent of the Delaware State Police, the Chair of the Child Death, Near Death and Stillbirth Commission, the Investigation Coordinator, 1 youth or young adult who has experienced foster care in Delaware, 1 representative from the Public Defender's Office, and 7 at-large members (1 person from the medical community, 1 person from the Interagency Committee on Adoption who works with youth engaged in the foster care system, 1 person from a law-enforcement agency other than the State Police, and 4 persons from the child protection community). The agency also sits on and responds to findings and recommendations of the Child Death Review Commission. DFS also has a Community Advisory Council that reviews agency programming and provides opportunity for stakeholder input. The Council's membership is under review.

Stakeholder meetings are held annually. Surveys and focus groups provide community input on child and family outcomes and systems during CFSR and CFSP self-assessment phases. Family Court and foster care agencies participated in CFSR PIP activities and reporting. A stakeholder meeting was held October 22,2020 focusing on statewide child welfare service array strengths and areas to improve. See Section I, Collaboration for information about areas to improve. The Integrated Child Welfare Planning Collaborative provides a forum to balance prevention and early intervention services with formal child abuse/neglect responses. Community-based and public agencies have agreed to common values and goals for developing healthy individuals and communities to prevent formal child welfare responses.

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

Delaware has approximately 221 active and in-service foster homes split between state and child placing agency oversight. DFS recruits and supervises foster homes under internal policy and procedures, and staffs two foster care coordinator units statewide. Pre-service training, in-service training and home studies are provided by community agency contractors. Child placing agencies operate under license and requirements of DELACARE Regulations administered by the Office of Child Care Licensing. Delaware passed the 2018 Title IV-E Foster Care Review, an indicator of system health for approving and monitoring foster homes. Efforts to place siblings together was noted as a review strength. Another indicator of health is the occurrence of maltreatment in foster care. Delaware's CFSR Round 3 performance for FFY2018 (latest available) is no different than the national performance. Delaware uses foster and adoptive parent input to form in-service trainings offered to all private and agency foster parents. Prevent Child Abuse Delaware is the community-based provider of pre-service and in-service foster parent training. Annual foster parent conferences provide recognition and training of foster parents. Events occur during May of

each year aligning with national Foster Care Month. This year's events were cancelled due to the state of emergency orders forbidding large gatherings.

Delaware has a Foster and Adoptive Parent Marketing, Recruitment and Retention Plan as referenced in Section X. Updates to Targeted Plans. The recruitment plan strategically targets three areas: increase the number of new homes, retain good quality foster families and develop or recruit for youth with complex needs. This plan also aligns with concerns from stakeholders regarding the lack of therapeutic foster care resources, particularly for special needs children. The plan outlines interventions that address the points in the approval process that families drop out. The plan includes training and supports to increase foster parent confidence and skills, paying particular attention to matching and child/family demographics. Delaware continuously evaluates the needs of children and adjusts the recruitment, support and development strategies. (see attachment- DFS Foster and Adoptive Parent Recruitment and Retention Plan)

## ***Assessment Summary***

In summary system data, case review findings, CFSR PIP activities, CFSP activities and stakeholder comments, Delaware's child welfare system demonstrates both areas of strength and areas needing continued improvement. Family Services has implemented and sustained major initiatives over the past 8 years such as Safety Organized Practice, team decision making (TDM), a new case management client information system, expanded differential response tracks, programming for substance exposed infants, Structured Decision Making®, family teaming, enhanced supervisor training, and a formal continuous quality improvement system with a case review team. The agency added over 80 front line positions in the past 4 years. Delaware's national data profile measures continue to comply with established standards for safety. Delaware has scored better than national performance on reoccurrence of maltreatment and on maltreatment in care. Investigation and OSRI case reviews show that the agency performs well in safety assessment, family search and engagement, service provision to prevent removals, identifying and working to achieve permanency goals, maintaining connections for children in care, and assessing educational, physical, and mental health/behavioral needs of children. Improvement is needed on timeliness of investigations primarily for priority 3 (within 10 days) responses. Improvement is also needed for assessing risk, safety and needs for services to children throughout life of a case, family involvement in case planning, and caseworker visits with children and parents. Delaware attributes this primarily to poor performance on the quality and frequency of caseworker visits to parents and children for in-home treatment cases. Delaware has created a CQI Intact Family Committee to analyze issues and work towards solutions. In regard to permanency, data quality issues still exist that prevent comparison from previous years on national performance measures. Activities to improve caseworker and family interactions are noted in Section III, Update to the CFSP.

The number of children in foster care has decreased. The percentage of teens in care has increased over past three years and currently teenagers (age 13 and above) make up 50% of all children in care, while teens age 16 and above make up approximately a third of Delaware's foster care population. In reviewing placement stability on the CFSR 3 Data Profile, there was a 17% improvement between FFY2019 and FFY2020. Current case review performance results, however, show a decline from our 2015 baseline for placement stability. Case reviews show that Delaware continues do well on both permanency outcomes and is significantly better than national performance. Delaware exceeds at ensuring foster children are placed with relatives when possible,

placed with siblings, visit with parents and siblings, maintain relationships with parents, and preserve connections with family and others. Case review findings are strong for physical, dental and behavioral health as well as education.

As for infrastructure systems, the new automated information system has been challenging for users and data quality. Improvements continue to be made but it is a work in progress. Delaware has a CQI Data Quality Committee that works to improve system data quality. Delaware has established a formal CQI program and has a case review team dedicated to conducting all investigation, treatment, foster care, and differential response case reviews. In the future, they will also conduct SDM® fidelity reviews. All family service staff received in-service training on CQI and is mandatory training for all new workers. CQI subcommittees have been formed to address targeted areas of need. Service array has improved with expanded differential response tracks and collaborative teams that facilitate service coordination via points of contact. Serving special needs foster children in-state is an area to improve. Family Services and Family Court have a strong partnership and share successful interventions to improve timely permanency. Foster parent training is viewed as a strength in training evaluations, but stakeholders say more specialized training is needed. New worker and in-service training are active and adapts to best practice standards.

Workforce stability over the past six years has been challenging. Agency turnover is 15% for CY2019, an improvement over CY2018's 25%. In the past year, hiring incentives and hazard duty pay were added to facilitate on-boarding new employees. Caseload size is a key factor in maintaining safety and achieving permanency and well-being outcomes. As of March 31, 2021, investigation caseload average for fully functioning caseworkers is 10 (standard = 11) and treatment and permanency average caseload for fully functioning caseworkers is 13.8 (standard = 18). Over the past 5 years, investigation caseloads had reached a high of 26.1 in May 2018. Treatment caseloads had a high of 21.2 in December 2016. Since October 2020, investigation caseloads have been below standards, the first time in many years.

A Title IV-E Foster Care Review occurred the week of August 20, 2018. A total of 80 cases were evaluated for Title IV-E child eligibility, provider eligibility and federal claiming accuracy. Delaware passed this review and is scheduled for the next primary review in 3 years.

An AFCARS Review occurred the week of September 17, 2018. An improvement plan is active to review data organization, element field definition, and mapping.

In summary, Delaware continues to address areas needing improvement not achieved through CFSR PIP activities in the Child and Family Services Plan. Overarching themes are: timeliness and quality of caseworker contacts with children and parents, especially intact families, stabilizing and training the workforce, and applying continuous quality improvement strategies to areas needing improvement. Strengthening the service array from prevention through formal services will improve agency performance on national data standards and case review results. All efforts target the ultimate goal of healthy children, families and communities.

The following table summarizes the priorities of the 2020-2024 Child and Family Services Plan, addressing areas needing improvement while maintaining system strengths.

| Outcome/System | 2020-2024 CFSP Objectives |
|---|---|
| *Safety Outcomes 1 and 2*<br>Safety Outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate. | • Ensure initial investigation timeliness<br>• Sustain SDM® with fidelity<br>• Implement DFS prevention pathway<br>• Expand differential response<br>• Ensure child safety in treatment, permanency and interstate functions |
| *Permanency Outcomes 1 and 2*<br><br>Permanency Outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children. | • Strength family engagement in assessment, planning and services<br>• Practice TDM with fidelity<br>• Strengthen kinship programing<br>• Improve placement stability<br>• Provide frequent and quality visitation<br>• Prevent post-adoption disruptions<br>• Collaboration with court and partners to improve timely permanency |
| *Well-being Outcomes 1, 2 and 3* Well-being Outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs. | • Strengthen family engagement in assessment, planning and services<br>• Strength family search and engagement<br>• Sustain and increase opportunities for education, employment, personal and community connections for foster teens and young adults<br>• Advocate for foster teen driver licenses and car insurance coverage<br>• Reduce number of foster children on psychotropics without counseling |
| *Information System* | Not addressed in CFSP |
| *Case Review System* | Included in Permanency 1 and 2 Outcome Objectives |
| *Quality Assurance System* | • Target specific areas to improve using CQI principles<br>• Strengthen CQI Steering Committee functions<br>• Strengthen case review unit |

| Outcome/System | 2020-2024 CFSP Objectives |
|---|---|
| *Staff Training System* | • Provide quality new worker and in-service training<br>• Budget requests for training initiatives |
| *Service Array System* | • Increase community awareness and utilization of services<br>• Implement Title IV-E Candidacy (identification and services; administrative and prevention claiming)<br>• Add sex trafficking resources<br>• Strengthen foster care resources<br>• Strengthen healthy choices by aged out young adults |
| *Agency Responsiveness to the Community* | Not addressed in CFSP |
| *Foster and Adoptive Parent Licensing, Recruitment, and Retention System* | Included in Permanency 1 and 2 Outcome Objectives and Service Array Objectives |
| *Workforce Development* | • Implement a staffing capacity plan<br>• Reduce caseload standards for treatment<br>• Advocate for hazardous duty pay |

## III. Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes

*Revisions to Goals, Objectives, and Interventions*

A revised 2020-2024 Child and Family Services Plan, 2022 edition, is effective July 2021, pending ACF approval. Edits include deletion of completed benchmarks, revised timeframes and new benchmarks. (See Attachment: CFSP 2022 Edition.)

*Implementation & Program Supports*

Supports for the coming year include continuing upgrades to the integrated data system and applying a continuous quality improvement approach to child welfare practice. The new automated information system's vendor is Deloitte Digital, providing design and implementation supports. These system improvements strengthen the existing foundation for data informed practice. Databases for contacts, foster care psychotropic medication and education performance are established. In addition to ongoing development and tool enhancement, other planned enhancements will include a provider portal, increased accessibility through a mobile application used to worker's cell phones/mobile device and a transition to a new and more user-friendly platform called "Lightening". The Center for Professional Development strengthens child welfare competencies. The Delaware Learning Center supports training with user friendly access,

registration, tracking and reporting. See Section IX, Training Plan for updates on staff training. The Division continues its engagement with The National Council for Crime and Delinquency (NCCD), now called Evident Change, will provide depth-of-practice training for supervisors and front-line workers, to provide training on a peer coaching model, and strengthen our CQI system through training and implementation of a fidelity case reviews. Evident Change is also working with the DFS SDM Fidelity team around SDM tools, definitions and practice enhancements.

Service capacity for differential response is expanding with new positions to be filled in the upcoming year. Additional FY2020 funding supports the expansion of FAIR contracts, to improve outcomes for families and right-size high risk front-line workers' caseloads. DFS began in 2019 to expand the agency differential response track through a restructuring of front-line staff and will be fully implemented in the upcoming year. This restructuring is accompanied by increased training and coaching opportunities. DFS is adding practice coaches in regional offices to support fidelity to the practice model.

The Division continues to work to strengthen Kinship programming through the support of the Kinship Navigator Grant. A comprehensive needs assessment was completed by the selected contractor and work is beginning on implementing recommendations on practice and partnerships. (See Section III, Update to the Plan, Permanency, Objective: Strengthen kinship programming to improve permanency outcomes).

The Adoption Call to Action federal initiative is an opportunity to collaboratively plan activities and strategies to improve permanency outcomes for foster youth and targeted teens. Implementing permanency round tables and targeted recruitment activities show promise for locating permanent resources for challenging foster youth. A permanency roundtable training will be available for all staff and stakeholders in Summer 2021. The Child and Family Services Plan includes Call to Action activities. (See Section III, Update to the Plan, Permanency Goal: Children will maintain or achieve timely permanency, Objective: Ensure timely permanency and reduce reliance on APPLA for older youth through evidence-based interventions including Permanency Roundtables (PRT). Engage caseworkers and staff in these approaches, Benchmark 3).

Delaware, through Governor John C. Carney, also joined the ALL-IN Foster Adoption Challenge in November 2020. This initiative was also supported by the Cabinet Secretary of the Department, Josette Manning. Delaware's announcement coincided with the celebration of National Adoption month and included the announcement being shared via a media release and creation of a graphic that was shared on several social media platforms (Attachment).

Court Improvement Program, Community Based Child Abuse Prevention and child welfare representatives attend State Planning Meetings. The team identifies quality legal representation as an initiative to preserve families and achieve timely permanency. DSCYF, OCA and Family Court are collaborating to include Title IV-E claiming in the DSCYF cost allocation plan. Several models are under review targeting at risk families and foster children. The proposed programming will expand an existing program in the state that provides social work support to attorneys who represent parents in dependency/neglect proceedings. The concept behind this program is to front load services to families, thereby reducing the amount of time that children spend in foster

care. Findings from the pilot that was deployed in one county have demonstrated better outcomes for families that are served in this program.

DSCYF continues its commitment to a trauma-informed system of care. The Trauma-Informed Care Committee (TICC) continues to lead development and implementation of the Department's strategic framework for trauma-informed care. The TICC is comprised of representatives across the four DSCYF divisions. The TICC core focus areas are on workforce development, staff wellness, and communication as we continue to move forward in our journey from trauma-sensitive to trauma-responsive, and ultimately, trauma-informed.

In 2020, the TICC introduced updated staff competencies within a framework of the 4 R's of Trauma-Informed Care (realize, recognize, respond, and resist re-traumatization) and included specific competencies for staff engaged in direct work, supervision, and management in our child and family-centered practices and those who serve in supportive functions and do not interact with families. Competencies based on employee role were embedded into performance plans for staff throughout the department. The TICC partners with the Center for Professional Development to provide training in trauma-informed care topics. The training team worked quickly to adapt to the changing work environment in the wake of the COVID-19 pandemic to move training to a virtual model. Our training continuum includes an on-demand *Introduction to Trauma-Informed Care* training in our learning management system which all employees take within 30 days of hire. In-person and virtual training includes a full-day session for frontline staff, a full-day session for supervisors, a webinar on adversity and resilience, and a workshop on trauma and attachment in child welfare. Training sessions are offered on a rotating basis each month. In 2020 two staff forums were offered in response to the pandemic to support staff and supervisors in managing the stress and adversity associated with their work with families during a pandemic. In addition, the TICC collaborated with a DFS continuous improvement workgroup on strengthening post-adoption families to bring the National Adoption Competency Mental Health Training Initiative curriculum to our staff. Through this partnership, the training has been embedded in our learning management system for staff to take in 2021. The TICC will continue to expand training options and is adding book discussions as an additional learning modality in 2021.

The TICC also partners with *Trauma-Informed Delaware*, a state-wide coalition of leaders across state agencies and the community, including adoptive and foster parents and child welfare workers, in efforts to raise awareness about the impact of trauma and promote healing and resilience. Train-the-trainer courses are provided to community organizations in collaboration with the Department of Education to develop a trauma-informed network of care. Delaware has begun implementation of Take Care Delaware, a program based on the Handle with Care model, where police are able to notify school staff when a child may have been involved with or witnessed a traumatic event, so they know to handle that child with care. This initiative includes training on trauma impacts, recognizing behavioral indicators, and possible responses. This partnership began with the Smyrna School District and will be expanded in the fall of 2021 to include additional school districts.

The TICC provides regular communication to DSCYF staff through an electronic newsletter and other email communications. The TICC shares information about national and local training

opportunities, new research, resources, and information about self-care and resilience for staff. The TICC has representation on the DSCYF Policy Committee and uses a trauma lens to guide recommendations on policy and practice as appropriate.
Language in requests for proposals and contracts with providers include language in support of our trauma-informed system of care and expectations for providers to implement and expand their own trauma-informed practices and policies.

In 2020, after the transition of the Office of Evidence-Based Practice to the Division of Prevention and Behavioral Health Services as the new Clinical Quality Improvement and Consultation Unit, an enhanced foster child entry screening and referral project was launched. The project started as a pilot in New Castle County in the second quarter of 2020 and moved statewide in summer of 2020. The new project includes partners from the Division of Prevention and Behavioral Health's System of Care Grant Team and a community mental health provider, Delaware Guidance. While developmental, mental and behavioral health screenings continue, the efforts have been expanded to include engagement in the care provider, follow up, stronger referral recommendations and connections and rapid response from the partner agency. The Division continues to provide medication oversight for foster children via our contractual pharmacist. In addition, the program is developing and strengthening screening and referrals for younger children to Child Developmental Watch and other community resources.

*Staff support and guidance for maintaining work during the pandemic*
The COVID 19 Public Health Crisis began in the end of the 1st quarter of CY2020. Delaware like many other states was under a Stay At Home order issued by the Governor starting in the middle of March 2020. The Division of Family Services quickly developed an operational response plan that included establishing frontline case workers and supervisors as essential employees, issuing and making accessible necessary PPE, implementing facility and staff safety precautions and issuing communications to staff about protocols and practices to maintaining work during the pandemic. Staff were provided with flexibility to work from home and in the office using a flexible hybrid scheduling strategy. We developed several guidance documents for staff to support them and help them navigate during the pandemic. The documents included the "DFS Operational Guidelines during the Pandemic" that outlined how we would conduct business during the initial phases of the pandemic and stay at home order. This document served as a guide for staff, supervisors and managers on the adjustments to their normal work practices that would be needed during this time. The document outlined our services from to foster care, including guidance for each program area. We also developed the "Mobile Workforce Tracking Form". This form was used to document the daily activities of staff while working remotely. This was a tool we used to ensure and demonstrate that our tasks and responsibilities were carried out despite the changing work and community conditions. It also outlined a process for supervisors and managers on using remote supervision. We also issued "Visitation and Contact Guidance" document that provided direction on how staff would safely conduct necessary in person contacts, visitations and how visitation between foster children and their families would be conducted. This document also detailed the use of virtual contacts for family engagement, family visitation and other professional meetings. The documents were updated when necessary throughout the pandemic to reflect changes in conditions of the stay at home order and changes in recommendations regarding precautions and safety. All staff were provided with Safety and Well-ness training related to the Pandemic which was developed by our Center for Professional Development unit and was supported through the guidance and recommendations from the CDC and our State Division of

Public Health. Delaware was able to provide many frontline staff and supervisors with mobile devices (laptops or surface pros) to supplement their mobile cell phone that provided greater capability to complete work remotely. DFS worked closely with our partners such as Family Court, Office of the Child Advocate, Children's Advocacy Center, and various service provider agencies to develop and communicate their changes in services, staffing and facilities. Delaware provided free biweekly in home COVID-19 test kits for all essential staff. This allowed essential employees to access regular testing on a voluntary basis, along with confidential consultation from the Division of Public Health when needed. In addition, the Department of Services for Children, Youth and their Families established a response plan that included protocols for workplace safety protocols, cleaning, and sanitation protocols, COVID -19 testing and notification protocols all used across all the Divisions within the Department.

*Training and technical assistance*

DFS began in 2019 to expand the agency differential response track through a restructuring of front-line staff and will be fully implemented in the upcoming year. This restructuring is accompanied by increased training and coaching opportunities. DFS has added practice coaches in regional offices to support fidelity to the practice model. Additional FY2021 funding supports the expansion of FAIR contracts, to improve outcomes for families and right-size high risk front-line workers' caseloads.

The Intake and Investigation Program Team provided training to front line staff and supervisors in the following areas:

Plans of Safe Care: Training was developed collaboratively across program areas and with contracted providers to increase DFS staff's understanding of the risks to infants born prenatally exposed to substances, expertise in implementing and monitoring Plans of Safe Care (POSC), and knowledge of the state and federal legislation behind POSC. Virtual trainings were provided to DFS front line staff across all program areas, as well as supervisors and contracted providers. Future training for MAT providers and hospital providers is currently being developed and is anticipated to be delivered later in CY21.

FAIR Expansion: With the restructuring of front line staff to accommodate the expansion of differential response in Delaware, training was developed to give a broad overview to all staff of the history of differential response in Delaware, as well as a closer look at policy and programmatic changes associated with the expansion. The training will continue to be provided periodically as the state continues to transition staff to FAIR positions.

Intake Worker Mandatory Reporting: Training was developed by the CPAC Mandatory Reporting Training Committee and delivered by the Intake and Investigation Program Team. This training was provided to DFS intake workers to provide perspective about the training and education being provided to mandatory reporters in Delaware, to assist intake workers in screening reports more accurately and understanding the level of information that mandatory reporters are required to provide.

Future trainings: Trainings currently being developed by the Investigation Program Team and anticipated to be delivered later in CY21 are DV training through collaboration with DVCC,

MDT Refresher training, Investigation Refresher training, SDM Safety Assessment training, Registry/Substantiation policy training, and Serious Injury policy training.

*DFS Treatment Case Management Training*

With onboarding new frontline caseworkers and supervisors, training specific to their job function is needed. The Treatment Program Manager rolled out the following trainings since the development of the 2020-2024 CFSP:

- Introduction to Treatment: This training for new caseworkers or caseworkers who changed job functions and are now assigned to treatment. This training starts at the assignment of the treatment case through case closure. It walks through intact family cases, petitioning for custody, child placement, case planning, reunification, permanency planning, and everything in between. The purpose of this course is to give caseworkers an introduction into policies and procedures. In includes an overview of SDM® tools and Safety Organized Practice. Trainings were held on 2/6/20, 2/14/20, 7/29/20, and 3/3/21. This training is offered a minimum of semi-annually and can be offered more often if there is a need.
- Family Team Meetings (FTM) and Collaborative Planning: This training started in the fall of 2018 and is offered three times a year or as needed. It is part of the New Worker Training series. This training enhances Safety Organized Practice skills to help families identify their network and team with families to plan for safety, permanency, and wellbeing. Frontline staff, supervisors, and community providers for all program areas participated in Family Team Meeting and Collaborative Planning Training through March 2019. Trainings were held 6/17/19, 8/23/19, 11/6/29, 2/21/20, 7/20/20, 8/26/20, 9/30/20, 11/9/20, 2/19/21, and 3/12/21.
- SDM® Risk Assessment tools for Treatment: This training started in October 2019. This training walks treatment caseworkers and supervisors through the SDM® Risk Reassessment and Reunification Reassessment/Reunification Safety Assessment tools. The purpose of this training is to discuss the policy around these assessments and proper use of the tools in an effort to utilize these tools with fidelity. This training is mandatory for all treatment staff. Initial trainings were held 10/2/19, 10/30/19, 1/23/20, 1/28/20, 2/5/20, 2/18/20, 7/22/20 and 2/23/21. Future trainings are scheduled at least semi-annually and as needed.
- Domestic Violence Series: For this training the Division of Family Services partnered with the Domestic Violence Coordinating Council. This training was developed because caseworkers and contracted providers expressed a need for assistance in working with families experiencing domestic violence. The first training was held 10/28/19. The interest was so great that additional training was provided on 4/7/20, 4/14/20, and 4/21/20. This training explores the dynamics of domestic violence and trauma, offender accountability, and safety planning with families experiencing domestic violence. Future trainings will be offered.
- Permanency Planning Committee: This mandatory training was provided by the Adoption Program Manager to help caseworkers understand the Permanency Planning Committee process and timeframes. Training was offered in 2021 on January 19, 21, and 27 and February 16 and 23. This training will be provided ongoing as needed.
- CQI Training Series: This mandatory training educates caseworkers on the case review process and defines the outcome and how case reviewers determine if the outcome is a strength according to the OSRI. The training includes policy and practice information. The first module in the CQI Training series was Wellbeing Outcome 1: Caseworker Visits with Children and Parents/Caregivers. This module discussed the outcome in detail, what case reviewers are looking for when reviewing cases, current policy around caseworker visits with families,

children experiencing foster care, diligent efforts, caseworker supervision, quality visits, how to capture visitation in FOCUS, and practice reminders. Training was held 12/10/20, 12/14/20, and 12/16/20. This training will be recorded for ongoing training for new workers and refresher training for seasoned workers. Upcoming modules include: Wellbeing Outcome: Assessment of Services for Children, Caregivers, and Foster Parents; Wellbeing Outcome: Case Planning, Permanency Outcome: Placement Stability and Relative Placements; Permanency Outcome: Establishment and Achievement of Permanency Goals; Permanency Outcome: Preserving Connections; Safety Outcome: Timely Initial Contacts, Services to Prevent Removal, and Assessment of Safety and Risk.

Regional trainings at general staff meetings include the following:

- Mental Health Provider Training: Review the agency mental health contracts, types of evaluations provided, and how to make an appropriate referral. Delaware's four contracted mental health providers held a presentation for staff on 1/21/20, 2/3/20, 2/5/20, and 3/19/21.
- MCO Care Coordinators – AmeriHealth and Highmark: Introduced care coordination offered through Medicaid MCO providers and how they collaborate with providers for children in foster care. Building Health Futures with Care Coordination was offered by Highmark Care Coordinators virtually on 6/29/20. It was recorded for ongoing training through the Delaware Learning Center. The MCO providers are also going to present to the Substance Exposed Infant workgroup.
- Post Adoption Services: This training was offered by the Adoption Program Manager and discussed the different post adoption services available in Delaware.

Future trainings include the following:

- MOU with Department of Education (Best Interest Meetings).
- Evident Change (Formally CRC-NCCD) will be providing several trainings in the next year. These trainings include:
    - Advanced SDM/SOP Modules. These modules will include SDM/SOP knowledge, increase supervisory capacity to build workers' critical thinking and practice skills. It will review SDM policy and will include training focused on safety/risk assessment and practice, supervision of the FSNG/CSNG, reunification reassessment and risk reassessment.
    - Peer Coaching Model
    - CQI
    - Case Reading
- TDM Refresher Training
- Screening for Juvenile Trafficking
- Other training will be provided based on need.

Supervisor specific trainings are held at Treatment Workgroup (bimonthly) and All Management Meetings (quarterly). Trainings include the following:

- Independent Living: The Independent Living Program Manager has been providing training monthly on Independent Living services and procedures, such as STEPS meetings.
- Family Interventionist: This training was provided by the 3 family interventionist contractors for the state. This training discussed services offered by all three agencies including home-based family support counseling, parenting classes, and board-certified behavioral analysis.

- Policy Reviews: This training shares new and current policies with supervisors and regional administrators in detail.
- Post Adoption Services: This training is regarding the goal of post adoption services and how to refer a family.

The treatment program team is available at the request of supervisors to present at unit meetings. The topics can vary depending on what the supervisor would like to discuss.

*Center for Professional Development Training*

The Center for Professional Development provides training and professional development for DSCYF employees and partner agencies who work with children, youth, and families. CPD is housed within the Division of Management Support Services. CPD is staffed with a complement of two Training Administrator Is, four Trainer/Educator IIIs, and one Casual/Seasonal Administrative Assistant, all supervised by a Training Administrator II. The CPD trainers and administrators are responsible for providing New Employee Training (NET) for the Division of Family Services and the Division of Youth Rehabilitative Services each month, in addition to providing continuing education opportunities to all DSCYF staff. There are three coaching supervisors within DFS whose primary responsibilities are to ensure new DFS workers complete pre-service training and required on-the-job experiences.

CPD Goals and Objectives

The goal of training in the Division of Family Services is to develop the necessary knowledge, skills, and attitude needed for workers, supervisors, managers, and contracted partners to competently apply the DFS child welfare practice model. During FY2021, training continued to focus on the following casework practice initiatives grouped together under the banner 'Outcomes Matter' (OM): Structured Decision Making®, Safety Organized Practice, differential response, family search and engagement, and team decision making. Since 2014, the goal of training has evolved from the introduction of the 'Outcomes Matter' initiatives to embedding of the values in new staff as they start their career in child welfare, and encouraging experienced staff to develop competency and comfort with the different tools and techniques.

CPD's ongoing primary training objectives are:

1. Developing, updating, and modifying the DFS training curricula to embed the values, knowledge, and intervention skills in the practice framework to meet the job responsibilities of DFS staff and to comply with changes in policy, practice, and program areas.
2. Provide competency-based pre-service training to new hires within the division and within partner agencies; provide in-service training to caseworkers, supervisors, administrators, and contracted service providers that supports best practices and integrated service planning.
3. Implement and sustain practice approaches by teaming with DFS leadership and its partners to develop the skills necessary for workers and supervisors to practice with fidelity.
4. Be an internal partner as 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 Programs

The following training activities support the CFSP goals and objectives, including training funded by titles IV-B and IV-E. Also see Section IX, Training Plan for additional information on trainings supporting the 2020-2024 CFSP.

CPD provides competency-based training to caseworkers, supervisors, and administrators as well as to DFS contracted in-home service providers to promote and support best practices and integrated service planning. CPD updates the IV-B/IV-E Training Plan yearly adding courses to improve staff competencies. (See Attachment: Staff Training Chart 2022)

Pre-Service Training

CPD provides Instructor Lead Training (ILT) on the skills and knowledge needed by new hires to understand and implement the DFS practice model. Thirteen competency-based pre-service core trainings and one orientation class are delivered to cohorts of newly hired DFS caseworkers. In addition to ILT, new staff are provided with online training for different subjects that support Outcomes Matter strategies and supplement the NET. CPD trained mentors and experienced staff are paired with new hires to facilitate learning in the field, which includes required On-the-Job Training (OJT) experiences. In addition, a graduated caseload assignment is applied, allowing for increased practical application of the knowledge and skills trained. Following are the required ILT and online training courses for new DFS staff:

- *DSCYF New Employee Orientation* introduces all the divisions, department policies, and includes a review of diversity, mission, vision and strategic directions.
- *Safety Organized Practice (SOP):* An Introduction to the SOP and Structured Decision Making® Practice Models" educates staff on the Safety Organized Practice/Structured Decision Making® Assessments for Safety and Risk. The course includes how to assess safety and risk indicators in a family system, the importance of teaming with a family, safety agreements, support networks, family assessments, and how to complete SDM® Assessments.
- *This IS Abuse and Neglect: Identification and Responding by Child Welfare* Workers review historical, philosophical, and legal bases of child welfare, identification and assessment of child abuse and neglect, and impacts of culture and cultural diversity in child welfare practices.
- *Factors Affecting Child Safety: Assessing for Addiction, Domestic Violence, and Mental Health Risks* covers the challenges in assessing families experiencing substance use, mental health concerns, and/or intimate partner violence and how to conduct a balanced assessment of child safety from a trauma-informed perspective using SDM® definitions, tools, and policies/procedures.
- *Interviewing: Purposeful Conversations for Family and Youth Engagement* focuses on the values and attitudes of investigators, interviewing strategies and skills, casework as primary service intervention balancing a client centered focus with using authority when needed, engaging non-voluntary resistant clients, and protocols to follow when interviewing adults and young children.
- *Engaging Families in Difficult and Challenging Situations* discusses strategies to engage families while focusing on maintaining worker safety by defusing anger and using de-escalation techniques.
- *Family Team Meeting and Collaborative Planning* provides the groundwork and a model to facilitate family team meetings for collaborative planning with families at many

different stages in their case, to build agreements between the Department, families, providers, and other essential team members.

- *Child Development: What's Working Well and What Are We Worried About?* instructs participants on the fundamental principles of child development processes, and on the detrimental effects of child abuse and neglect featuring the most current research on brain development and impact of trauma on behavior. This training includes aspects of issues that adolescents face (gangs, sex trafficking, and sexual orientation).
- *Working with the Courts: Court Personnel, Process, Procedures, and Hearings* reviews the legal basis of child welfare practice and prepares new staff for filing petitions, testifying in family court, courtroom decorum, and how to work collaboratively with the deputy attorney general. Includes a presentation from a Deputy Attorney General and practice completing a custody petition.
- *Separation & Loss* discusses attachment, attachment disorders, and the effect of traumatic separation on children.
- *Permanency Process: Utilizing Policy and Assessment Tools to Inform Practice Decisions* defines permanency planning and discusses pre/post placement strategies that prevent or minimize trauma on children.
- *Service Provider Presentations* introduces staff to our partners in keeping children safe: Legal Aid, domestic violence advocates, alcohol/other drug liaisons, and mental health providers.
- *Team Decision Making Overview* includes a presentation by the TDM Facilitators regarding the process and procedures of team decision making meetings.
- *Special Investigators Field Safety* presented by Special Investigators regarding workplace safety and purpose/practices of the Special Investigators.
- *DE Mandatory Reporting Training 2021* provides uniform mandatory reporting training on the law and reporting requirements for mandated reporters.
- *Reasonable and Prudent Parenting Standards for Case Workers* informs caseworkers of an important change that was made regarding decisions foster parents can make on behalf of the foster children placed in their home.
- *Family Informed Resource Support Team (FIRST) Overview* provides an overview of the Partnering for Success initiative and explains how it will benefit our families as well as the other divisions within DSCYF.
- *Introduction to Trauma Informed Care* provides information on child trauma and the trauma-informed approach that the DSCYF has adopted to guide how it provides services to children and families.
- *Indian Child Welfare Act Online Training* which explains the child welfare provisions and requirements of the Indian Child Welfare Act and the New Rule established in 2016.
- *Active Shooter: What Can You Do* is an online course provided by US Office of Homeland Security, Federal Emergency Management Agency, and reviews what to do before, during, and after an active shooter incident.
- *DSCYF Confidentiality Policy 205 Training* online curriculum includes the Confidentiality of Client Information Policy 205 online training, a quiz, and acknowledgment of the policy.
- *HIPAA Training for Members of the HIPAA Workforce Certification* satisfies the U.S. Department of Health & Human Services (HHS) requirement for Health Insurance Portability and Accountability Act of 1996 (HIPAA) training and is designed specifically

for members of the HIPAA workforce, including employees and individuals with access to HR, benefits and/or payroll data as part of their job-related tasks, as well as supervisors and managers.

- *DSCYF eStar ACT150 ACT Employee Essentials* online curriculum reviews the required eStar training material necessary for an employee to successfully understand, navigate and perform actions within eStar.
- *Continuous Quality Improvement - Framework for Success* explains what Continuous Quality Improvement is, defines the benefits, and explains how staff can participate in the CQI process.
- *FOCUS - DFS Custody Process* includes online training for 3 vital functions of the DFS custody process: the Ex Parte Petition, the Level of Care, and the Placement events.
- *DFS Collaterals* reviews the importance of collecting detailed information from a variety of collateral sources, to inform quality case decisions within DFS.
- *DFS Independent Living Services* provides an overview of the Independent Living (IL) program. The purpose of the IL program is to prepare and assist youth in foster care to make the transition from foster care to independence.
- *DSCYF Mixing Policy 203* reviews the important aspects of Mixing adjudicated youth with non-adjudicated youth in residential facilities.
- *DSCYF Policy 217 - Non-Discrimination* reviews the DSCYF policy relating to non-discrimination in the services that we provide to the public. While the department has existing policies prohibiting discrimination against employees and those seeking employment, this policy addresses our clients and affirms our commitment to serving them without discrimination.
- *DSCYF Policy 305 - Standards of Conduct for Employees, Volunteers and Interns* provides a review of the important aspects of the DSCYF Policy 305 - Standards of Conduct.
- *DYRS Expungements in FOCUS* provides an overview of DYRS expungements in FOCUS and to ensure staff understand the importance and sensitivity of expunged information.
- *DFS STEPS Policy* provides information to ensure that staff understand the importance of advocacy, goal setting, and support of youth who are aging out of foster care
- *Confidentiality Policy 205 - DFS* covers the importance of confidentiality, the major changes of the revised confidentiality policy, and how to engage families in conversations about confidentiality.

<u>In-Service Training:</u>

In FY2021, DSCYF provided ILT and online training that continued to support the Outcomes Matter initiatives and federal mandates. Training was offered to DSCYF staff on:

- *SOP Mentor Training* orients experienced DFS caseworkers and supervisors to work with new staff on the elements of effective SOP casework practices.
- *Family and Youth Engagement* emphasizes a strength-based approach to partnership with youth and families, drawing from the concepts of motivational interviewing, appreciative inquiry, and safety organized practice.
- *DAG Presentation Series* is a monthly series of training from our DAGs with important information regarding the court process, including Reasonable Efforts, Permanency Hearings, TPR Hearings, Substantiation Hearings, etc.

- *Trauma Informed Care Frontline Training* teaches the definition of trauma, the symptoms of trauma at various developmental stages of a child/youth's life, how to foster a trauma-informed relationship, techniques to respond to a traumatized youth or family member, the different ways traumatic stress can impact a caseworker, and how to develop a personal plan to address traumatic stress.
- *Psychiatric Medications for Youth* online training provides staff with increased awareness of the use of psychotropic medication for children nationally and within the Department.
- *DFS FOCUS Feedback Sessions* is virtual training that demonstrates FOCUS screens for specific topics to show functionality, train staff on upgrades, clarify questions, and review challenges with the system that impact staff's ability to complete daily functions.
- *Structured Decision-Making Treatment Assessment Training* reviews the Structured Decision Making® Treatment Assessments as well as the treatment case workflow and closure process.
- *Introductory Training to DFS Treatment Services* is an introductory training to DFS Treatment Services from the day the case is assigned through closure. It will be an overview of treatment assessments and case planning.
- *Trauma and Attachment in Child Welfare* takes an in-depth look at the impact of trauma on attachment and offers suggestions for how to better work with children and youth who have experienced attachment disruptions. This training helps participants think about the short-term and long-term impact trauma has on a child's attachment experiences and brain development. Participants receive information about core issues in foster care and adoption that impact children over their lifetime.
- *Critical Incident Reporting and the Role of the Department Safety Council (Policy 211)* provides an overview of the purpose of DSCYF Policy #211: Department Safety Council (DSC) which reportable events are considered to be critical incidents and what has changed in reference to critical incidents in the updated policy.
- *DFS Intake Worker Mandatory Reporter Training* provides an overview of information presented in the Mandatory Reporting Training, information on how to access DE's child abuse and neglect trainings and available reporting resources
- *NTI Child Welfare Professional Training* was made available to DSCYF by the National Adoption Competency Mental Health Training Initiative (NTI) through a cooperative agreement between the Center for Adoption Support and Education (C.A.S.E.) and the Children's Bureau. The modular online training focuses on case work practices and professional skills for staff across the child welfare continuum to promote child well-being, permanency, and family stability for children living with foster, adoptive, or guardianship families.
- *Permanency Planning Committee Presentation* provides an overview of the Permanency Planning Committee (PPC), how it functions and how it can support the work of the department.
- *Plan of Safe Care (POSC) Refresher Training* provides information about the history and risk factors of Substance Exposed Infants (SEI), defines a Plan of Safe Care (POSC) and explains how to develop a POSC.

<u>Supervisor Training</u>

In FY2021, child welfare-specific supervisor training was offered to DFS supervisors. The DFS Supervisor Core consists of 6 modules that are 1-2 days each. The series of 6 modules are offered

twice a year, with one module scheduled each month (Module 1 offered in July 2020, Module 2 offered in August 2020, etc.). The entire series repeats again, beginning in January 2021. The *DFS Supervisor Core* modules cover the following topics:

- Module 1: Caseworker Supervision
- Module 2: Leadership in Child Welfare
- Module 3: Communication, Conflict, and Change
- Module 4: Improving Individual Staff Performance
- Module 5: Professional Development of Staff
- Module 6: Collaboration and Teamwork

Supervisors are offered *Trauma-Informed Supervision Training* quarterly. The one-day training is designed to provide direct service supervisors and managers with knowledge, skills, and abilities to provide trauma informed supervision to their employees. The course focuses on applying the six key principals of a trauma informed care approach, developing trauma informed care skills in staff, responding to staff impacted by their work, building resilience in staff, and incorporate trauma informed care principles into each day.

New within FY2021, supervisors were also offered *NTI Child Welfare Supervisor Training* which was made available to DSCYF by the National Adoption Competency Mental Health Training Initiative (NTI) through a cooperative agreement between the Center for Adoption Support and Education (C.A.S.E.) and the Children's Bureau.

The modular online training focuses on case work practices and professional skills for staff across the child welfare continuum to promote child well-being, permanency, and family stability for children living with foster, adoptive, or guardianship families. This curriculum also includes training for supervisors to support staff in applying learning to daily practice.

Statewide Partners

Our contracted in-home service delivery partners attend new worker training and some in-service training with state employees.

Data and Statistics

During FY2021, training records indicate that 60 DFS new staff and 11 contracted staff attended or started pre-service training. Training records indicate 100% satisfactory completions for DFS new workers for the core pre-service training within the first two months, with supervisors being the control for ensuring their staff completes the remaining required training within the first year of hire. The FY2021 DFS New Employee Training Chart lists the courses offered and the number of sessions for each course. (See Attachment: DFS New Employee Training FY2021)

Outcomes and Measures

Indicators that training outcomes are met include:

1. Ongoing curriculum reviews to ensure training maintains focus on the outcomes of safety, permanency, and well-being for children and the knowledge and skills pertaining to the Outcomes Matter practice framework.

2. Caseworkers who can demonstrate understanding and an emerging ability with OM practices and tools as observed in training, indicated by self-reports, and from supervisor and mentor feedback.
3. Contracted providers are being trained along with DFS staff as indicated by attendance records and trainer reports.
4. Reported employee satisfaction on training evaluations and retention of casework staff as reported by DFS leadership.
5. CPD participation in workgroups and senior leadership meetings to ensure training remains consistent with the Department's and Division's goals.

Barriers and Challenges

Statement about COVID 19 Impact

The greatest barrier for training in FY2021 was the impact of COVID 19. The implementation of in person training and professional development opportunities were directly impacted by the COVID 19 global pandemic and social distancing requirements that began in March of 2020. Within two weeks of the stay-at-home order, all DFS classes transitioned from in-person instructor-led training (ILT) to virtual instruction (vILT). The CPD team evaluated and utilized all available technology including Skype, Zoom, and WebEx platforms to offer training as scheduled. CPD had to learn new tools and adapt-in-person materials to online curricula in a short amount of time.

As experienced training professionals, CPD was aware that a sudden transition from ILT to vILT would be a challenge for adult learners, especially new staff. CPD focused on frequent 'check-ins' with class participants to monitor their well-being during the early days of the pandemic. Caring for the mental wellbeing of new staff is as critical as providing the foundational knowledge and skills they need to support children and families.

CPD recognized that active participation in remote learning would be a critical component for the success of any vILT course. The team modified existing activities or incorporated new activities and exercises to encourage interaction, reflection, and groupwork. These activities varied depending on the course, the trainer's style, class size and training platform. Trainers utilized annotation tools, breakout rooms, reaction buttons, polls, and videos to encourage active participation. In addition, CPD staff attended external professional development opportunities that provided additional resources to their trainer's toolbox of activities and ideas to bring to their classes.

New materials were developed to provide clear information and guidance for vILT courses for all staff, including training expectations and guides on resources for traumatic reactions resulting from topics discussed in training.

Transitioning to a virtual learning environment provided CPD with an opportunity to grow and adapt. As the work environment for both trainers and participants changed, new distractions and issues were identified that impacted how training is offered and how adults learn. The greatest lesson learned in FY2021 was the importance of flexibility, patience, and communication. Trainers utilized their skills to facilitate the learning experience, while managing technology, work-from-home challenges and uncertainty while maintaining a focus on quality and high standards for professional development and skill-based training.

CPD developed an orientation presentation for DFS and Department staff about the different virtual platforms available. CPD offered orientation sessions for staff to provide an overview of general WebEx and Zoom functionalities as well as provided meeting assistance during the transition to remote work.

Priorities for the Coming Year

CPD plans to continue to develop post-tests for in-service courses to measure knowledge gained and retained by the learner. The post-tests will identify areas where staff struggle with concepts, theories or skills that can be reinforced through coaching, supervision or additional training opportunities.

The Training team will continue to partner with the DFS Coaching Supervisors to develop strategies that facilitate information sharing and post training practice support for new staff, including On-The-Job experiences, mentoring, and supervisory support.

CPD will continue to develop, review, and update curricula to meet the needs of DFS staff and supervisors and will provide DFS with support in the implementation and utilization of all the Outcomes Matter practices, while assuring fidelity.

CPD will continue to develop their expertise in eLearning functionality to allow for online or virtual training opportunities that staff can access on their computers, smartphones, tablets, and iPads, allowing more flexibility of course completion and eliminating travel time.

*Partnering for Technical assistance*

Evident Change, formerly known as the National Council for Crime and Delinquency (NCCD), will provide depth-of-practice training for supervisors and front-line workers, to provide training on a peer coaching model, and to inform development of our CQI system. Training provided by Evident Change will also be available to FAIR contractors. Evident Change is also conducting fidelity assessments of SDM® tools in FOCUS.

The State of Delaware will continue to participate in the Adoption Call to Action Community of Practice and Adopt Us Kids Peer meetings events in FY2022. We will also continue to receive technical assistance from Darla Henry regarding the My Life (My Young Life in Foster care Explained) Program. My Life is DFS' adaptation of the 3-5-7 Model developed by Darla L. Henry, PhD, MSW, of Darla L. Henry and Associates, Inc.

Casey Family Programs offers technical assistance to DSCYF to draft the Family First Prevention Plan. The Department plans to submit a Prevention Plan to ACF in the coming months.

While the agency isn't seeking technical assistance from the Capacity Building Center for States presently, the agency will look for opportunities in the future as we prepare in the next year for the 4th round of the Child and Family Services Review.

## IV. Update on Progress Made to Improve Outcomes

***2020-2024 Child and Family Service Plan, Progress Report for FFY2020***

Based on the assessment of outcomes and systems using internal metrics, stakeholder comments, and federal vision, the following goals and objectives are established for 2020-2024. There are several broad principles and priorities supported by this strategic plan. The focus on child safety is paramount at all stages of a case from prevention to permanency. Children deserve to grow up in stable, nurturing and permanent families. Family interventions should be proportionate based on risk and protective factors. Key decisions include family and youth voices. Child welfare systems are strongest when partners share common vision, goals and resources. A skilled and experienced workforce is a core infrastructure to improving outcomes for children and families. A strong child welfare system uses continuous quality improvement to evaluate performance, guide practice and develop service array. Each benchmark (or activity) lists a progress report for the past year. Review of DFS metrics with stakeholders was scheduled for April 2020 and canceled due to the state of emergency. With the extension of the PIP reporting period, Delaware met our PIP goals for item 1: Timeliness of investigation and item 6: Achievement of reunification, guardianship, adoption, or APPLA. Delaware did not meet goal for item 14 Caseworker visits with child.

# Safety

**Goal:** At-risk children are safe and protected

**Rationale:** Child safety is the prime priority for Delaware's child welfare system and a core component of the agency's mission. Delaware has a history of low rates of recurrence of maltreatment and maltreatment in foster care. Initiating investigations within Delaware's response categories and interviewing all parties per policy was a weakness in the 2015 CFSR and a struggle to correct during the PIP 2-year implementation period. The April-September 2018 Onsite Review Instrument (OSRI) results for Item 1: Timeliness of initiating investigations of reports of child maltreatment find 71.43% of cases rated strength, below the 2015 baseline of 81.08% and the improvement goal of 89.3%. Stakeholder input indicates Family Services' response to reports are a strength. Family Services has internal investigation quality assurance case reviews. For CY2018, reviewers agreed 86% of safety and risk-related responses followed policy and implemented activities to keep children safe. Family Services has an initial investigation interview timeliness report which finds 86% of investigations comply with assigned response times for CY2018. Multiple process components contribute to OSRI and investigation case ratings while the system generated initial investigation interview timeliness report is based on a response category, assignment date and completed date field evaluation. Priority is given to urgent responses which places lower priority response times in jeopardy. High investigation caseloads are a key factor; Delaware's caseload standard is 11 cases per investigator. As of March 31, 2019, statewide investigation cases averaged 18.7. Over the past 5 years, investigation caseloads reached a high of 25.2 in February 2018. Delaware is committed to strong safety outcomes for at-risk children and will make improvements to processes and workforce contributing to weak OSRI performance. Caseload and worker positions are addressed under workforce stability and development goals.

**Measure:** Onsite Review Instrument case review performance is the primary measure for this goal: Item 1: Timeliness of initiating investigations of reports of child maltreatment. Component

measures are the investigation quality assurance case reviews and the initial investigation timeliness report. The goal for OSRI Item 1 is 95%; the goal for investigation case reviews is 95%. Initial investigation interview timeliness goal is 95%.

**Performance:** For Safety Outcome 1, Item 1: Timeliness of investigation, case review results show that Delaware had declined overall since 2015 but has shown improvement over the last 3 years. The baseline performance in 2015 was an 81% strength rating. Delaware's PIP Period 1 (April –Sept 2018) performance was a 71% strength, PIP Period 2 (Oct 2018 – March 2019) was 73% strength, PIP Period 4 (Oct 2019-March 2020) was 80% strength, PIP Period 5 (April 2020 Sept 2020) was 90%, and most recently completed review period (Oct 2020 – March 2021) was 86%. For CY2019, Delaware completed 7,360 initial interviews. Of these, 86% were completed on time. In CY2020, Delaware had completed 5,477 initial interviews, with 91% being completed on time. For the first quarter of 2020 (Jan-March), Delaware completed 1,358 initial interviews, with 94% being on time. Delaware failed to meet the 95% goal on either of these measurements. Investigation case review results for CY2020 show an overall safety score of 92.3%, which does not meet goal of 95%.

**Objective:** Ensure initial investigation timelines by using data reports and case review findings to monitor compliance at the state, region, team and caseworker level. Provide contact due reports at regular intervals. Ensure quality of initial contacts per policy, OSRI and best practice standards.

**Rationale:** Management of timeliness and quality of initial investigation contacts is vital to child safety at the case and system level. Delaware has the capacity to produce performance and due date reports to monitor and ensure timeliness of initial investigations. High caseloads and workload issues also contribute to decreased timeliness of initial investigation contacts and to decreased quality of initial contacts and will be addressed in another section of the plan.

**Outcome:** Timely and quality initial investigation contacts improve child safety.

**Benchmarks:**

1. Intake and Investigation Program Workgroup and FAIR Expansion Workgroup to monitor quality of contact with OSRI case reviews by producing quarterly/semi-annual/annual reports of Item 1: Timeliness of initiating investigations of reports of child maltreatment. Issue case specific reports to assigned supervisors and caseworkers.

**Timeframe:** January 2022

**Measure:** Documentation of monitoring of OSRI Item 1: Timeliness of initiating investigations of reports of child maltreatment and actions taken to improve distribution methods.

**Progress Report:** This benchmark is amended and pending in part. Although investigation initial contact reports of high-level information are distributed to

administration and distributed to regional administrators, reporting has not evolved to include case-specific reports to assigned supervisors and caseworkers in all units and regions. The responsibility for disseminating and analyzing the information has not yet shifted to the investigation program workgroup. However, with the expansion of differential response in CY20, one of the anticipated outcomes was improved timeliness of initiating investigation/assessment of reports. In order to assess this possible outcome, the FAIR Expansion Workgroup, which meets quarterly, has begun to examine this data as it relates to the initiation of FAIR cases, and initial data suggests that restructuring of front line staff has had a positive impact on workers' ability to initiate FAIR cases in a timely manner. Furthermore, anecdotal information suggests that restructuring of staff has also had a positive impact on timeliness of traditional investigation initiation. Further data analysis will be necessary to confirm these findings, and it is anticipated that the Intake and Investigation Workgroup will be able to begin reviewing this data and issuing case-specific reports to supervisors and caseworkers. The timeframe is revised to January 2022.

2. Strategic Leadership Team to use data from contact reports and OSRI case review reports to drive compliance to policy and ensure safety by analyzing performance factors, informing training, providing feedback to supervisors and caseworkers, and publicly recognizing good performers.

   **Timeframe:** January 2021 and ongoing.

   **Measure:** Documentation of reports and meeting notes recognizing performance, areas to improve, interventions and training implications.

   **Progress Report:** The Strategic Leadership Team meets on a monthly basis, and discussion of contact reports and their implication is a standing agenda item. Central administration generates and distributes a report every Tuesday and Friday to the regional administrators, capturing timeliness of investigation initial contacts and investigation closures. This data is used to inform the development of program-specific training for regional staff, which will be offered in the upcoming year. Still pending are reliable methods recognizing good performance. For a good portion of CY20, SLT met on a weekly basis to deal with questions and issues related to the crisis created by COVID-19. Much of the discussion in CY20 and early CY21 has related to family contacts in investigation, treatment, and permanency within the context of virtual work. SLT uses data from contact reports to analyze trends in the field, to ensure compliance with state and federal expectations, and to ensure child safety, while recognizing the need to support the health and safety of our workforce. At the start of the Pandemic, we developed and utilized daily tracking spreadsheets to measure and monitor staff work location (remote or in the office) as well as the number of face to face contacts they had with families and children both in the office and in the field during the pandemic. This tracking allowed us to ensure that contacts were continuing to be prioritized despite the conditions of the pandemic and that face to face contacts were being utilized where needed.

**Objective:** Sustain SDM® with fidelity by establishing a process to measure fidelity and by using case review findings to address timeliness, compliance with policy, and compliance with SDM® tools.

**Rationale:** The SDM® suite of tools is an evidence-based methodology for improving child safety and family outcomes. DFS has a Fidelity Team in place, charged with monitoring SDM® fidelity to protect against practice drift, to ensure the correct application of definitions, and to recommend changes to the definitions when necessary due to statutory or policy changes. Currently, FOCUS only implies fidelity based on timeliness of completion of the tools. A more comprehensive review of the use of the tools is necessary to ensure fidelity. Additionally, the rate of use of discretionary overrides in the SDM® Screening Assessment is currently 17.5%, which could indicate that the current definitions do not match practice, policy, or statute. The recommendation in the SDM® Risk Assessment is currently overridden at a rate of 3%. (Corrected from 33%, June 2020) Additional analysis of the definitions is needed so that staff can use the tools with fidelity and without undue use of the discretionary override function. Regional RED (Review/Evaluate/Decide) teams, staffed by workers of all functions and at all levels, also function to screen intake reports in and out and to determine pathway (differential response vs. traditional investigation), and additional analysis and training is needed in order to ensure a high level of fidelity to the tools.

**Outcome:** Sustain low rate of repeat maltreatment by accurately assessing and intervening for child safety and risk factors.

**Benchmarks:**

1. The SDM® Fidelity Team will conduct case reviews of a random sampling of cases and assess for accurate use of the SDM® tools. Consider using a portion of the same cases selected for the OSRI case reviews each quarter. Produce quarterly reports and issue case-specific reports to assigned supervisors and workers.

   **Timeframe:** June 2021 and ongoing

   **Measure:** Documentation of production and distribution of case review results.

   **Progress Report:** This benchmark is in progress. At the request of the Fidelity Team, Evident Change, formerly the National Center for Crime and Delinquency/Children's Resource Center, has contracted with DFS to provide training. The training contract includes a module on Case Reading Training and Policy, which the Fidelity Team hopes to implement statewide at the regional level. The team is considering a model of case review that involves the QA team, administrators, peer coaches, and supervisors in monthly case reviews. The timeframe is revised to June 2021 and ongoing.

2. The SDM® Fidelity Team will review SDM® definitions annually for clarity and to ensure that they continue to meet DFS' statutory and policy requirements. Produce reports from FOCUS based on typology at intake to measure how often discretionary

overrides are used in the SDM® Screening Assessment and to determine if overrides are more frequently associated with certain types of reports. Produce reports from FOCUS to assess how often the SDM® recommendation is overridden in the SDM® Risk Assessment tool. Provide reports to supervisors and staff.

**Timeframe:** June 2020 and annually.

**Measure:** Documentation of SDM® Fidelity Team review of definitions and actions taken. Fidelity Team to document distribution of reports to supervisors and workers.

**Progress Report:** During CY2020, Fidelity Team reviewed the definitions related to the SDM Caregiver Safety Assessment, SDM Provider Safety Assessment, and SDM Reunification Assessment, as well as the tools themselves, with assistance from Evident Change (formerly NCCD/CRC). The SDM Policy and Procedures Manual was updated accordingly and posted on the Department website. These updates were, in part, prompted by the SDM certification process, which required corresponding changes to FOCUS. In the upcoming year, staff trainings are planned to familiarize staff with the evolving definitions and tool functionality changes.

SDM® intake fidelity is monitored by reporting discretionary overrides by typology to the Intake and Investigation Program Manager and regional administrators who share with supervisors and workers. In CY2020, DFS completed 19,531 hotline reports—1,976 or 10% of which had a discretionary override, a decrease compared to CY2019 in which 13% of hotlines had a discretionary override. Breaking these down by final SDM decision, of cases that were overridden from a screened-out to a screened-in disposition, 90% or 183 had no maltreatment type selected, 3% or 7 were physical abuse, 2% or 5 were neglect, 2% or 4 were sexual abuse/exploitation, 1% or 2 were emotional abuse/neglect, 1 was dependency, and 1 was infant with prenatal substance exposure. Of cases that were overridden from a screened-in to a screened-out disposition, 2% or 42 had no maltreatment type selected, 26% or 455 were physical abuse, 39% or 690 were neglect, 10% or 180 were sexual abuse/exploitation, 18% or 315 were emotional abuse/neglect, 4% or 63 were dependency, 0.4% or 8 were death of child, 1% or 16 were infant with prenatal substance exposure, and 0.2% or 4 were trafficking. (NOTE: The category of "no maltreatment type selected" is related to a practice error. When an intake worker selects "SDM® not required" and elects to screen out the report, the primary allegation is left blank. If, however, the supervisor chooses to override this decision and screens in the report, the investigation is initiated but the SDM® tool may not have been completed. The correct practice in this circumstance is for the supervisor to send the SDM tool back to the intake worker for completion.)

A report of SDM® recommendation overrides in the SDM® Risk Assessment tool is in production. The report is distributed to the Intake and Investigation Program Manager and regional administrators who share with supervisors and workers. In CY20, discretionary overrides occurred in 3% of risk assessments, which is within the overall goal of 5% or less. This rate has remained consistent since CY18 and CY19.

(NOTE: In the original CFSP rationale statement, the percentage of overrides used on risk assessments was mistakenly provided as 34%, is 3%, and is corrected). A related data point is the use of discretionary overrides in the case disposition. The SDM Risk Assessment tool provides a recommended disposition, in response to the risk rating. In CY20, 14% of SDM case disposition recommendations were overridden, which is outside of the expected and acceptable range of 5-8%. By way of comparison, in CY18 the investigation disposition override rate was 11%, and in CY19 the investigation disposition override rate was 13%, so it appears that the use of discretionary overrides to determine the outcome of an investigation is trending up. As the Fidelity Team continues to review and analyze the definitions, it is expected that staff will feel more confident using the tools with fidelity, and the use of discretionary overrides will decrease. The training contract with Evident Change is also expected to address this trend. Fidelity Team will continue to run reports periodically, subsequent to revision of the definitions in each of the tools, to monitor the use of overrides. This benchmark's activities are ongoing.

3. SDM® Fidelity Team to conduct quarterly second-level reviews of cases reviewed by RED teams and assess for accurate use of the SDM® Screening Assessment and appropriate application of the intake definitions.

   **Timeframe:** January 2021 and ongoing.

   **Measure:** Production and distribution of quarterly reports and use data from the reports to inform RED team training.

   **Progress Report:** This benchmark is pending. DFS suspended RED teams indefinitely to streamline the intake process and improve the quality of decisions made by intake staff. If RED teams are reinitiated at some point in the future, then progress on this benchmark will be documented; if RED teams are not reinstated in 2021, this benchmark will be evaluated for CFSP inclusion.

**Objective:** Implement a prevention pathway at intake to respond to low risk reports that do not meet criteria to be screened in by the SDM® Screening Assessment for a DFS response.

**Rationale:** For FY2018, DFS received 20,419 reports to the hotline; of those reports, only 8,642 were screened in and received a DFS response, either through the differential response pathway or by the traditional investigation pathway. The remaining 11,777 reports, or 58%, were screened out and received no services because the allegations in the report did not meet criteria to be screened in. However, although DFS does not have a system for tracking allegations in screened out reports, many of the screened-out reports were made because there was a concern about a level of neglect. In a robust differential response system, there are multiple avenues available by which families at varying levels of need can receive services and thus prevent deeper involvement with the child protection system. Data on the national level reflects that neglect is the most prevalent form of child

maltreatment, and between 85% and 87% of children in foster care entered the system because of concerns about neglect. However, when families receive appropriate early prevention services, the incidence of future maltreatment may be reduced. Prevention is also much less costly than dealing with child maltreatment. Data compiled by Prevent Child Abuse America in 2018 shows that in other jurisdictions, such as Alabama, the cost of prevention per child was $8, compared to $175,000 per child to deal with maltreatment. Another national study found that for every dollar invested in the foster care system, there was a negative return on that investment of -$9.55 (Alia Innovations). Implementation of a prevention pathway response to address low risk reports shifts energy and resources to preventing maltreatment and entry of children and families into deeper level services.

**Outcome:** Access to early prevention services at intake improves child safety, reduces the future occurrence of maltreatment, and reduces entry into foster care.

**Benchmarks:**

1. The Intake and Investigation Program Manager will form a workgroup to consider what types of screened out cases would qualify for a prevention pathway response. Analyze the data to determine patterns or types of screened out reports which later result in assigned cases. Also consider data from other sources, such as other states, the Annie E. Casey Foundation and National Council on Crime and Delinquency (NCCD).

   **Timeframe:** January 2022

   **Measure:** Production and distribution of reports describing the data analysis, findings and recommendations.

   **Progress Report:** This benchmark is in progress. Funding for a prevention pathway response was not included in the Department's budget initiative for SFY2021, and given the current fiscal climate, it is not expected to be included in the budget initiative for SFY2022. However, preliminary planning activities, including analysis of patterns in screened out cases and assigned cases, are planned to prepare for future programming and to bolster the assertion that such programming would be beneficial. Special consideration will be given to application of a prevention pathway for neglect cases and certain types of "risk of" trafficking cases. This type of analysis will be a priority for the Intake and Investigation Program Manager in the upcoming year. There have been preliminary discussions on developing and strengthening referrals on screened out reports to our Promoting Safe and Stable Families program. Development of education and training on the service and referral process is planned for late 2021. In addition, there has been some work completed to document these referrals in our FOCUS system allowing for stronger future statistical analysis for these reports.

   A CQI Post-Adoption Disruption workgroup is considering a prevention pathway response specific to post-adoptive families. Preliminary discussions have centered on creating a process to refer at-risk families, who have been reported to the hotline but do not meet criteria, to A Better Chance for Our Children, with whom the

Division currently contracts to provide post adoption services. The workgroup also discussed the need to research other jurisdictions for prevention pathway responses. This benchmark's timeframe is revised to January 2022.

2. The Intake and Investigation Program Manager to lead research of prevention services offered in other jurisdictions at intake. Collect data on best practice and evidence-based models proven to reduce recidivism. Consult with sister divisions within the department, particularly with the Division of Prevention and Behavioral Health Services, to determine if the department already possesses the capacity to offer a prevention service at intake. Use this data to select a prevention response.

   **Timeframe:** April 2022

   **Measure:** Documentation of reports describing research, findings, recommendations and actions taken.

   **Progress Report:** This benchmark is in progress. Initial research has yielded some general information about chronic neglect but little in the way of specific programming or models to address prevention services offered at intake. The Intake and Investigation Program Manager connected with the State Liaison Officer in Minnesota to learn more about their Parent Support Outreach Program, which is offered at intake to screened out families, and additional meetings are needed to gather data about their program. Some preliminary information was gathered through a contact in Monterey County, CA with regard to their prevention pathway for certain types of screened out trafficking reports, but more specific information about their programming is needed. The Intake and Investigation Program Manager intends to engage Evident Change and Annie E. Casey Foundation for information about prevention services offered in other jurisdictions. In addition, preliminary work towards the development of Delaware's response to Family First Prevention and Services Act has yielded some early considerations on prevention services resources and gaps. Further exploration will occur in conjunction with the continued progress related to that initiative. This benchmark's timeframe is revised to April 2022.

3. Build the infrastructure necessary to support a prevention response. Agency leadership and Intake and Investigation Program Manager to request budgetary support and submit Requests for Proposals, if the evidence-based service is to be provided by an external contractor. Consider departmental and community-based options to accommodate prevention referrals. Consideration will need to be given to building the appropriate tools in FOCUS, including altering the SDM® intake tool to accommodate prevention responses.

   **Timeframe:** June 2022.

   **Measure:** Documentation of actions taken to support the provision of a prevention response.

**Progress Report:** This benchmark is pending.

**Objective:** Expand the agency's differential response service array so that more families have access to an appropriate level of service from the agency and can be diverted from deeper end services within the child protection system.

**Rationale:** In a robust differential response system, there are multiple avenues available by which families at varying levels of need can receive services and thus prevent entry into deeper involvement with the child protection system. Nationally, differential response has been shown to have a positive impact on child safety because the case worker's focus is on engaging the family in meaningful ways and implementing appropriate services more quickly, thus enabling families to keep their own children safe. Research also suggests that early intervention from a differential response program may reduce recidivism and prevent children from eventually entering the foster care system. Currently in Delaware, there are five differential response pathways: contracted adolescent FAIR, contracted domestic violence FAIR, contracted substance abuse FAIR, contracted Plans of Safe Care, and internal adolescent FAIR. Cases are selected for or excluded from each of these pathways based on varying sets of criteria, including maltreatment types and parental risk factors, with a focus on identifying and working with low risk cases to prevent future child maltreatment. However, with regard to contracted adolescent FAIR, data from CY2018 reflects that only 2% of children and youth were found to be victims in subsequent substantiated reports. Data also shows that 4.7% of children and youth who have had previous involvement with contracted adolescent FAIR have subsequently entered DFS custody. Additionally, the internal adolescent FAIR program has been successful on two fronts: first, in transferring fewer adolescent cases to DFS treatment, and second, in allowing the FAIR workers to spend time engaging with families by assigning predominantly Priority 3 (10 day response) cases. Because FAIR cases are not typically Priority 1s (24-hour response) or Priority 2s (3-day response), FAIR workers are able to move away from crisis intervention and engage more meaningfully with families. This results in more timely contacts, faster service implementation, and better outcomes for children. Expansion of differential responses will allow DFS to provide a response proportionate to risk level, diverting families from more intrusive, formal or deeper end services.

**Outcome:** Families who are reported to the DFS intake hotline and are screened in for a response receive services proportionate to their need, thus improving child safety and decreasing future occurrences of maltreatment.

**Benchmarks:**

1. Intake and Investigation Program Manager to contract with community-based provider to address reports screened in for "Risk of Neglect." A Request for Proposals has been written and will be issued, pending budgetary approval.

   **Timeframe:** September 2020.

**Measure:** Selection of a contracted provider to address risk of neglect differential response.

**Progress Report:** Budgetary approval was received for SFY2020, and Children & Families First was selected to provide FAIR services to families for whom DFS screens in reports for "Risk of Neglect," as well as other "Neglect without Injury or Illness" maltreatment types. Contract negotiations were initiated in March 2020, a signed contract was executed in June 2020, and services were initiated in July 2020. The contract delineates a 3-year expansion process by which the contract will increase its capacity by 200 cases each year, until a capacity to provide services to 600 new neglect cases each year is reached. SFY21 represented Year 1 of this process, and as of the end of February 2021, 201 neglect cases have been referred to the contractor. With continued budgetary support, it is expected that the contractor will add positions to the contract and will be able to accommodate an additional 200 neglect cases during SFY22. This benchmark continues and is in progress.

2. Expand internal capacity for FAIR cases. Intake and Investigation Program Manager to reconvene the FAIR Expansion Workgroup to address training needs and organization of the workforce to accommodate dedicated FAIR units. Consider assigning Priority 3 cases to a FAIR response track, including those requiring a Multi-Disciplinary Team (MDT) response and other case types.

   **Timeframe:** July 2021

   **Measure:** Documentation of DFS FAIR expansion.

   **Progress Report:** The FAIR Expansion Workgroup reconvened August 8, 2019 and has continued to meet monthly. Based on the findings of the data subgroup, which were consistent across the state with "Urgent Response" cases (P1s and P2s) comprising 40% of total intakes, and P3s comprising roughly 60% in each region, the decision was made that only cases of egregious harm, i.e., P1s and P2s, will receive an investigation, and all P3s, including those in which an MDT response is necessary, will be eligible for the FAIR pathway. A statewide FAIR expansion go-live date of February 1, 2020 was initially selected, but that date was moved back due to staffing and caseload concerns. The group decided that each region would have to have a minimum of 60% of their investigation staff on rotation before launching FAIR. Additionally, expansion at the beginning of 2020 was slowed due to the uncertainty created by the COVID-19 crisis, and regional administrators were reluctant to introduce a new practice to an already-stressed workforce; however, Kent County took the lead in reorganizing their existing investigation staff into Urgent and P3 categories in order to begin the process of shifting the work, and P3 workers in Kent County started taking FAIR cases in July 2020. Around the same time, New Castle County's new dedicated FAIR unit became fully operational and began accepting FAIR cases. The remainder of the investigative staff in NCC were reorganized into Urgent and P3 categories, with the intention of converting P3 workers to FAIR once workers' positions were filled to at least 60% capacity. Sussex County reorganized their investigative staff similarly in the fall of

2020. Both NCC and Sussex anticipate being able to "go live" with FAIR assignments for all P3 staff by late Spring 2021. As the three counties have operationalized the FAIR pathway, the Intake and Investigation Program Manager has provided multiple sessions of virtual FAIR Expansion training, which was made available for staff at all levels and in all program areas. The training was designed to provide an overview of differential response in the nation and in Delaware, to familiarize staff with the legislation behind differential response, and to orient staff to the practice changes inherent in a shift to FAIR. Additional training will be made available to FAIR staff, as needed, including monthly coaching calls with the Intake and Investigation Program Manager. Consideration has been given to the need to enhance new worker training so that new staff are oriented to the FAIR approach as the default approach, since it is anticipated that as many as 60% of intakes will be assigned to the FAIR pathway. These recommendations were shared with the CPD, who is responsible for creating and providing new worker training, and who was also a member of the training subgroup. Revisions and recommendations regarding the FAIR policy were provided to the Intake and Investigation Program Manager, who is in the process of incorporating them into the policy before sending the policy through the final review and approval process. This benchmark's timeframe is amended to July 2021.

3. Agency leadership to monitor implementation of the expansion through the use of initial contact reports, caseload reports, case reviews and backlog reports. Assess effectiveness of the expansion through reports on repeat maltreatment, rate of transfer to treatment, and entries into foster care. Assess the impact on the formal investigation pathway through reports on timeliness of contacts for both investigation and FAIR.

   **Timeframe:** December 2021.

   **Measure:** Production of reports evaluating processes and outcomes of expanded DFS FAIR responses.

   **Progress Report:** Although the implementation of FAIR expansion has not yet been completed statewide, the Intake and Investigation Program Team has begun to collect initial data from the FAIR case work being done in Kent County and the dedicated FAIR unit in New Castle County. Implementation in these counties is being monitored through the use of initial contact reports, caseload reports, OSRI case reviews, and backlog reports. The Program Team is most interested in learning of the impact that the FAIR pathway may have on timeliness of investigation and FAIR initiation, rate of transfer to treatment, repeat maltreatment, and especially rate of entry into foster care. Some of these measures, such as repeat maltreatment and entry into foster care, are longitudinal in nature, and results will not be able to be assessed for at least a couple of years. To that end, the data team has been requested to create reports in FOCUS that will allow us to pull that data at some point in the future. The shorter-term data, such as transfers to treatment and timeliness of investigation and FAIR initiation, is available now and is being tracked through FOCUS reports. Initial data from SFY21 Q1 and Q2 indicates that 274 initial reports (including linked reports) were referred to the DFS FAIR pathway statewide from the hotline. 243 cases either remained in the FAIR

pathway or were assigned to the FAIR pathway by the regional unit, and 224 received an on-time initial response, which represents a 92% on-time response rate when diligent efforts are factored in. 34, or 14%, went into backlog (i.e. were open longer than 90 days). During the same time period, 2,436 new investigation reports were screened in and assigned. Of those, 1,796 received an on-time initial response, which represents a 93% on-time response rate when diligent efforts are factored in. During the same time period, 164 FAIR cases were closed. Of those, 11, or 6.7%, were transferred to treatment. Comparing to the transfer rate of investigation cases during the same time period, 1,515 investigations were dispositioned, and of those, 280, or 18.5%, were transferred to treatment. This initial data suggests that a statewide FAIR pathway may have a positive impact on timeliness of initial contacts in both FAIR and investigation cases, and that engagement with families through a FAIR pathway reduces the likelihood that families will need to receive ongoing treatment services through the agency. The agency will need to continue to monitor this data to see if these trends continue as practice develops. If these trends can justifiably be attributed to the expansion of FAIR, then the agency can expect to see this data improve even further as statewide expansion continues.

The Division is particularly interested in studying and understanding the long-term effects that involvement in the FAIR pathway may have on prevention of children and families re-entering the system. To that end, data is being collected and analyzed pertaining to children and families' DFS involvement subsequent to FAIR involvement. In CY2020, 20 families who had been involved with FAIR received a subsequent hotline report within the same calendar year, one case received a subsequent substantiation within the same calendar year, and 3 children who had been involved with FAIR during CY2020 entered foster care within 12 months. (Note: Two of those three children were part of the same sibling group, so the entry into foster care actually represents 2 cases.)

This benchmark is ongoing, as DFS will continue to collect, monitor, and analyze these data points to measure the success of our FAIR expansion and programming.

**Objective**: Ensure child safety in treatment cases by making timely initial contacts, ongoing family and client contacts, responding to hotline reports that require a treatment response. Ensure quality of contacts by using data reports and case review findings to monitor compliance at the state, region, team, and caseworker level. Provide reports at different intervals. Ensure quality of contacts per policy, OSRI and best practice standards.

**Rationale:** Management of timeliness and quality of family and client contacts is vital to child safety at the case and system level.

**Outcome:** Timely and quality treatment contacts improve child safety.

**Benchmarks:**

1. Treatment Program Manager and data team to distribute reports to regional managers, supervisors, and caseworkers. Review barriers to maintaining contact schedules and implement strategies to relieving barriers.

   **Timeframe:** June 2020 and ongoing.

   **Measure:** Production of reports of contact schedules and actions taken to improve contact rates.

   **Progress Report:**
   There are several reports available for family contacts:
   - DFS Initial Treatment Contacts: This report provides information about the initial family contacts for each newly assigned case. It identifies the number of initial family contacts due in the timeframe selected and how many of those initial contacts were made on time, not on time, or not completed. When an initial family contact is not made by the due date the supervisor indicates whether or not diligent efforts were made by the caseworker to meet the contact timeframe. This report tracks whether or not diligent efforts were made for any initial family contact completed after the due date. This report also calculates the percentage of initial family contacts that were made by the due date for each caseworker.
   - Treatment Open for 30 Days No Actual Contact: Caseworkers are required to make their initial contact with the family within 1-14 days of the treatment case opening. This report indicates when a case has been open for longer than 30 days and the initial contact has not been recorded in the case.
   - Treatment with No Contact Schedule: Once a caseworker enters the date of their initial contact and ongoing contact schedule will be generated. This report indicates when there is an open treatment case and there is no ongoing contact schedule in the case. Similar to the report above, this report indicates that the initial contact has not been entered into the case. This report provides further information about how many days the case has been open, how many days the contact is overdue, and date that the contact became overdue.
   - Treatment Cases with Overdue Actual Contacts: This report provides information about the number of days between contacts with a family and how frequent the caseworker is required to meet with the family. The supervisor sets the contact schedule for each family based on risk and safety concerns. A caseworker could be required to see a family weekly, biweekly, or monthly.
   - DFS Ongoing Treatment Contacts: This report provides information about the ongoing family contacts for each assigned case. It identifies the number of ongoing family contacts due in the timeframe selected and how many of those contacts were made on time, not on time, or not completed. When an ongoing family contact is not made by the due date the supervisor indicates whether or not diligent efforts were made by the caseworker to meet the ongoing contact timeframe. This report tracks whether or not diligent efforts were made for any contact completed after the due date. This report also calculates the percentage of contacts that were made by the due date for each caseworker.

These reports are run weekly and distributed to Management, Regional Administrators, Assistant Regional Administrators and Director/Deputy Director. The Regional Administrators forward reports to supervisors and supervisors distribute to workers. These reports can be self-generated and customized by staff at any point in time.

The following report is available for Client Contacts. These contacts are specific to children who are in the custody of the Division of Family Services.

- Client Contact Report: This report is provided to staff monthly. The Client Contact Report provides information about whether the caseworker had an in-person contact with a child experiencing foster care during each month the child was in DFS custody and if that contact was in the child's placement home. Delaware continues to include virtual visits as in the residence contacts per federal COVID-19 instructions, however caseworkers are encouraged to complete an in-person visit (using recommended safety precautions and protocols) with children experiencing foster care at least every 60 days.

Data compiled using the OSRI tool and the above reports are reviewed and discussed in the monthly Strategic Leadership Team, quarterly statewide all management meetings, and Treatment Workgroup.

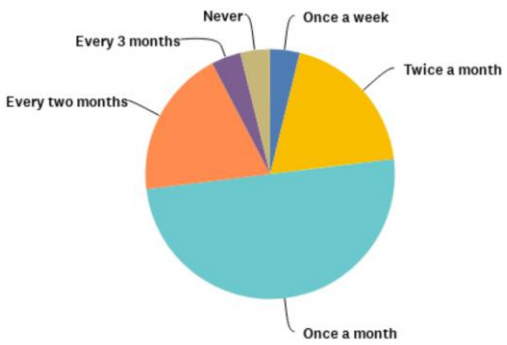
The most recent data was compiled by the quality assurance team using the OSRI tool. Item 14: Caseworker visits with child scores 74%; and Item 15: Caseworker visits with parents scores 55% (N=90 for September 2020 to April 2021 case reviews). Item 15 is a decrease from the previous round of reviews.

As a direct result of the declining performance on OSRI Items 14: Caseworker visits with child and 15: Caseworker visits with parents with intact families, the CQI Steering Committee sanctioned a CQI Intact Family Committee. This committee examines barriers and develops strategies to address this area needing improvement. Barriers already identified to making timely contacts are larger caseload sizes, staff turnover, and increased workload needs.

In May 2020, a survey was sent out to caseworkers about family engagement, specifically with intact families. Some barriers that were identified were time, responsibilities with court cases, difficulties locating the family, family is distrustful, large caseload, the client is not informed the family is being transferred to Treatment, and the current state of emergency. There are also data entry needs that cause a delay in entering contacts. The Treatment Program Manager is working with the FOCUS Team to revise the way contacts are entered which will streamline the process for staff.

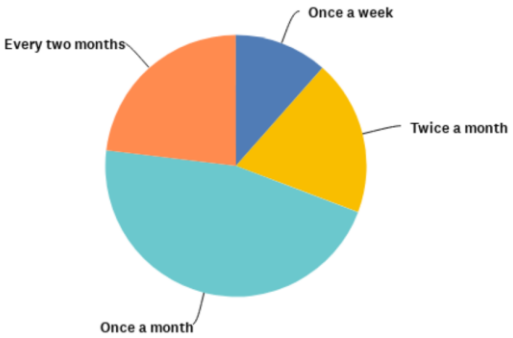
When asked on average, how often are you able to see every child in your intact family case, 4% indicated weekly, 19% indicated twice a month, 50% indicated monthly, 19% indicated every two months, 4% indicated quarterly, and 4% indicated never.

On average, how often are you able to see EVERY child in your intact family cases?




When asked on average, how often are you able to see every caretaker in your intake family case, 12% indicated weekly, 19% indicated twice a month, 46% indicated once a month, 23% indicated every two months.

How often are you able to see EVERY caretaker (parent responsible for care of child, caregiver as a result of safety plan, guardians, etc) on your intact family case?




Supervisors indicated that even with the above contact reports it is difficult to know on a daily or weekly basis what contacts are due in their unit. Training was provided to supervisors during Treatment Workgroup on how to filter the worker's worklist to show what contacts are due during a certain timeframe. Supervisors and workers can filter their worklist to a timeframe of their choosing so they know upcoming contacts that are due in the future and what contacts were missed.

2. The CQI Intact Family Committee to make recommendations to Strategic Leadership Team for improving contact frequency and quality with children and caregivers in intact family cases.

**Timeframe:** April 2021.

**Measure:** Documentation of recommendations and actions taken.

**Progress Report:** The CQI Intact Family Committee was formed after analysis of case review performance showed a significant difference in performance on in-home cases versus foster care cases. This group's make up includes DFS treatment workers, DFS treatment supervisors, DFS Administrative Case Reviewer, DFS Treatment Program Manager, DFS Program Support Manager, DFS CQI Manager and DFS Operations Manager. This group meets monthly. After analysis of case review rating summaries, various data reports, and treatment worker surveys, a theory of change was developed: If treatment caseworkers and supervisors received holistic training on Delaware policy, practice, and procedure as it relates to federal review expectations, improvements would be seen on case review performance. As a result, committee made recommendations to Strategic Leadership Team (SLT) for the development of a mandatory training series for all caseworkers, supervisors, and family service assistants that is based on safety, permanency, and well-being outcomes and broken down by corresponding case review items. Each training module consists of the following sections: Child and Family Service Review On-Site Review Instrument item objectives, definition, and questions, DFS related policy, caseworker responsibilities, supervisor responsibilities, data informed supervision – what reports supervisors can use to monitor performance, caseworker practice tips including applicable Safety Organized Practice or Structured Decision Making® review, FOCUS events and documentation, and what is needed for an overall strength rating on the case review. SLT approved this recommendation. Based on the area of lowest performance and need, Module I of the training series, Well-Being Outcome 1: Caseworker Visits with Children and Parents/Caregivers was the first to be developed. This training was offered to staff on December 10, 2020, December 14, 2020, and December 16, 2020. This training was recorded and is in the process of being placed in the Delaware Learning Center so that newly hired staff and others are able to complete the training. Module II will be Well-Being Outcome 1: Assessment of Services. This training is in the development phase and the goal is for it to be offered by end of July 2020.

A second theory of change is that if treatment workers' workload could be reduced, then we would see an improvement in performance. CQI Intact Family Committee reviewed the results of the previously completed DFS/CPAC treatment caseload study and was in agreement with the findings. Recommendations of this study include lowering treatment caseload standard to 12, expansion of treatment staff/or contracted services, case weighing strategies upon assignment, and intact vs placement caseloads. DFS leadership and CPAC are already in the process of working towards lowering the treatment caseload standard and expansion of treatment staff. CQI Intact Committee requested the development of a report indicating the number of children per caseload versus the number of cases per caseload along with the expected frequency of contact. This report showed quite a discrepancy amongst staff with some staff having 60+ children on their caseload. This data was then presented to Senior Leadership. As a result, operations manager is now utilizing this report and has directed supervisors to take child caseload counts into consideration when assigning caseloads. Committee has also begun building reports and gathering information on barriers to case closure, particularly on cases where risk is low and/or no services are being provided. One such

report that is now sent out monthly shows cases that remain open despite Final Order of Adoption or Permanent Guardianship Order being issued. When these cases remain open and no contact is made, they negatively impact case review performance. In general, CQI Manager provides updates to SLT on a regular basis on CQI Intact Committee to keep them informed of any new developments or undertakings by this group.

3. Treatment program workgroup to review priority response requirements for treatment in policy and revise or establish the priority response policy related to an accepted hotline report that is screened out for investigation but requires the treatment caseworker to respond within a priority timeframe.

   **Timeframe:** December 2020.

   **Measure:** Documentation of priority response procedures, distribution and adjustments.

   **Progress Report:** In the last year a workgroup formed to develop the Treatment Response Policy. The policy was presented to the Strategic Leadership Team in January 2021 for feedback on the policy and approval to move forward. It was sent to the policy reviewers in December 2020. It was sent for final review and signatures in February 2021.

   A Treatment Response may be made when a report is called into the Report Line and meets the criteria for and investigation or FAIR response. If the alleged perpetrator is active in an open treatment case, then the intake worker will determine if the report meets the criteria for a Treatment Response.

   A Treatment Response can be considered when the following conditions are met:
   a) The alleged perpetrator is active in an open treatment case
   b) The report must meet the criteria for a screened in report and investigation, using the Structured Decision Making® Intake Screening Tool.
   c) The type of report meets the definitions below.
      d) Substance Exposed Infant – The hotline is notified of the birth of an infant with prenatal substance exposure and would otherwise be screened in for an investigation response.
      e) Neglect concerns related to basic needs – A report is received regarding concerns with basic needs, such as the condition of the home, lack of food, no utilities, etc. The Treatment Caseworker may or may not be aware of these concerns and/or addressing the concern. The neglect allegation is not life threatening to the child, does not require medical treatment or hospitalization, and is not likely to result in criminal charges.
      f) Sua Sponte custody - Family Court grants Sua Sponte custody of a juvenile where the only allegation is dependency.

g) Non-relative petitions for guardianship – When a non-relative petition for guardianship of a child that does not include allegations of abuse or neglect and a home assessment is required.
"Risk Of" report – An intake report is screened in for one of the "risk of" maltreatment types and there is no other allegation or maltreatment type indicated.

If a Treatment Response is appropriate the response will be sent to the supervisor of the caseworker with the open treatment case. The Case Supervisor will assign the response to the caseworker. The response time is determined by the SDM® Priority Response tool. The Treatment Caseworker is responsible for completing an initial interview within the timeframe indicated. The response includes contact with the identified victims, any other victims identified during the initial contact, and the household caregivers. Other children in the home who are not identified as victims are also required to be seen. If the Treatment Caseworker determines there are further allegations, then a new hotline report will be called into the DFS Report Line.

4. Treatment Program Manager and data team to develop and produce priority response contact reports to monitor compliance with priority response timeframes by distributing reports to regional managers, supervisors, and caseworkers.

   **Timeframe:** June 2021.

   **Measure:** Documentation of timeliness of priority responses in treatment and actions taken to improve performance.

   **Progress Report:** The Data Team developed a report to monitor treatment responses. This report is currently in the validation process. Once validated the report will be distributed to Regional Managers to disseminate to supervisors and caseworkers.

5. Treatment Program Manager and workgroup to review quality of contacts using the OSRI. Team to consider review and revision (if required) of contact template and guide for workers to use when documenting family and client contacts. Team to make recommendations as needed to improve quality of contacts.

   **Timeframe:** June 2020 and ongoing.

   **Measure:** Documentation of review findings, recommendations and interventions taken to improve quality of contacts.

   **Progress Report:** Frequency and quality contacts are an ongoing discussion with supervisors and administration. DFS adopted a contact template that helps caseworkers organize their face to face narrative. The contact template includes the following:
   - Type of contact
   - Date, time, location

- Participants
- Purpose
- Discussion (what's working well/what are the worries)
- Observation and assessment
- Are children safe? Y/N and why
- Next steps

Treatment Workgroup has discussed the use of the contact template. Supervisors in the workgroup indicate that the contact template has been provided to caseworkers and they remind caseworkers to utilize the template in their documentation.

A CQI Intact Family workgroup was formed in the past year and consists of frontline workers, supervisors, managers, and administration. The quality and frequency of visits is a topic of discussion for this workgroup. A recommendation from the workgroup is to add the contact template into FOCUS for ease in using the template. The Treatment Program Manager and FOCUS team are currently working on a user story for a change request to add the template to FOCUS.

The most recent data was compiled by the quality assurance team using the OSRI tool. Item 14: Caseworker visits with child scores 74%; and Item 15: Caseworker visits with parents scores 55% (N=90 for April 2020 to September 2020 case reviews). Item 15 is a decline from the previous round of reviews.

**Objective:** Sustain safety protections for at risk children and youth placed in Delaware via interstate compact agreements.

**Rationale:** Child safety is a compact mandate and the core of the compact's goals. The Interstate Compact on the Placement of Children (ICPC) and The Interstate Commission of Juveniles (ICJ) are mechanisms to ensure the protection of children and youth placed across state lines. In 2020, the ICU processed a total of 993 incoming and outgoing referrals for the three compacts combined. The interstate unit assisted with 21 adoptions, 16 guardianships and 4 reunifications on incoming referrals. Specifically, for CY2020, the ICU unit received 875 cases. The number of cases received in CY2020 is considered a decrease in caseload compared to the CY 2019 total of 994, however, the Covid-19 pandemic caused some interstate compact unit nationwide to halt services and complete emergency interstate compact requests only for a period of time.

**Outcome:** Low rates of child maltreatment and maltreatment reoccurrence for children placed in Delaware via the ICPC.

**Benchmarks:**

1. The Interstate Unit to conduct annual contract monitoring of our community-based providers. Monitoring to include the number of placements, reportable events for alleged child abuse and neglect, number of reoccurring reportable events, and number of children and youth returned to their home state due to allegations of child abuse and

neglect. Monitoring will also include assessment of Delaware Child Abuse and Neglect Training attendance.

**Timeframe:** June 2020 and annually.

**Measure:** Documentation of monitoring finding and corrective actions as indicated.

**Progress Report:** The Interstate Unit had three annual contract service monitoring events scheduled to be completed by March 31, 2020. Due to COVID-19, only the Children and Families First monitoring began before this time which included a site visit, staff interviews and desk audit. The monitoring date range was December 2018 to December 2019. The monitoring report was completed on July 13, 2020, which included a need for a performance improvement plan and corrective action in the areas of home study timeliness, home study components, unannounced visits and quarterly report timeliness. Children and Families First presented a Corrective Action Plan on August 17, 2020 in which all areas were addressed with detailed steps. In response, the Interstate Unit conducted a training with Children and Families First on August 27, 2020 and the Interstate Unit provided a home study template which included the home study elements required per contract.
The ABCFOC and Children's Choice monitoring proceeded in August 2020 with a review of electronic records followed by staff surveys in September 2020. While working remotely the interstate team monitored data, updated the electronic staff survey and completed reportable event reviews. The monitoring date range was October 1, 2018 to December 31, 2019.

The monitoring reports were sent to both ABCFOC and Children's Choice on January 26, 2021.

The ABCFOC monitoring report included the need for a Performance Improvement Plan in respect to a small number of home study components. ABCFOC provided a detailed PIP including staff training and review of ICPC regulations as well as a review of the home study template provided by the Interstate Unit.

The Children's Choice monitoring report identified only two areas in which a Performance Improvement Plan was needed. Children's Choice provided a detailed response including a review of the home study template and staff training regarding home study requirements.

In calendar year 2020 there were 41 reportable events. For Delaware's contracted agencies, reportable events include both serious allegations as well as the reporting of illness requiring medical care outside the home and any injuries. Within the total reportable events received, there were four allegations of abuse/neglect. Two were screened out, however, the concerns were addressed by the contracted agency per the ICPC unit and a safety plan was implemented. The agency also held a team meeting and the child was visited by the contracted agency worker bi-weekly. A DFS investigation was opened in one case resulting in a closure due to lack of evidence. A DFS investigation was opened in another case leading to a physical abuse finding

against the victim child's mother. Mother had five children placed with her, all of whom entered DFS custody for a brief time before returning to Florida.

One child experienced four inpatient psychiatric hospitalizations from March 2020 to June 2020. The child has very complex mental health needs. The child came to DE after discharge from a residential treatment facility in PA. She had a history of foster, group home and residential treatment placements A DPBHS referral was completed prior to placement so mental health services were in place. The interested parties worked together to ensure the child's needs were met, however, the team met by phone and determined that the child was in need of a higher level of treatment and supervision and was returned to Pennsylvania.

Agency workers receive DE Child Abuse and Neglect training upon hire and have a yearly training requirement.

2. Interstate Unit to conduct quarterly monitoring of allegations of child abuse and neglect for youth receiving supervision in the state of Delaware. Unit to issue corrective actions as indicated.

   **Timeframe:** October 2019 and quarterly thereafter.

   **Measure:** Documentation of quarterly monitoring of abuse and neglect allegations and actions taken to ensure child safety.

   **Progress Report:** During January 2020 to March 2020 the Interstate Unit received 17 reportable events, none of which were reports of abuse or neglect. During April 2020 to June 2020 there were 6 reportable events, none of which were reports of abuse or neglect. During July 2020 to September 2020 there were 13 reportable events, three of which were reports of abuse or neglect. One was screened out, one resulted in a DFS investigation which closed due to no evidence and one which resulted in a DFS investigation with a finding of physical abuse against the child's mother. In one of the 13 cases two allegations of abuse was screened out, however, the contract agency reinforced the implemented safety plan. Mother had her five children placed with her and all were placed in DFS custody for a brief time before returning to Florida. During October 2020 to December 2020 there were 5 reportable events, one of which was an allegation of abuse or neglect which was screened out. In this particular case that was screened out, adjustments to the frequency of visitation by the agency worker were made accordingly, Prevention and Behavioral Health Services were implemented to assist in deescalating behaviors and provide supports for the foster parent and youth. Discussion was also held with the sending state to determine the best course of action.

# Permanency

**Goal:** Children will maintain or achieve timely permanency.

**Rationale:** Child welfare systems initial focus is on stabilizing safety and risk factors to prevent entries into foster care. Once a child enters state custody, the focus shifts to reunification with the

family. If reunification cannot be achieved children should have timely permanency planning within 12 months of entering foster care. It is also important for children to maintain their connections with their parents, extended family and community while living in out of home care. It is nationally accepted that children have better outcomes when they have permanent family connections and that whenever possible children do better when they are cared for by their families. Fourteen percent of children entering foster care in FY2018 were placed initially with relatives. For SFY2018, 82% of foster children were reunified with their family within 12 months of entering foster care. The companion measure of reentry into foster care within a year of reunification also meets Round 3 national standards. CFSR Round 3 Data Profiles for permanency finds Delaware below standard for permanency in 12 months of entering care and meeting standards for permanency for foster children in care longer than 12 months. Delaware is slower to reunify or achieve other permanency exits in the first 12 months but has a low reentry rate. Placement stability also meets Round 3 standards. During FY2018 a total of 116 adoptions occurred, the highest number to date, with 50% of those occurring within 24 months of most recent removal. In the 2015 CFSR, areas relating to permanency were identified as needing improvement. Subsequently, DFS, CIP and CPAC committees collaborated to strengthen legal process to improve timely permanency and achieved all PIP activities effective March 2019.

OSRI results from April-September 2018 find 66.67% of cases rated strength for Item 4: Stability of foster care placement; 81.48% rated strength for Item 5: Permanency goal for child; 83.33% rated strength for item 6: Achieving reunification, guardianship, adoption or APPLA; 84% rated strength for Item 7: Placement with siblings; 91.43% rated strength for Item 8: Visiting with parents and siblings in foster care; 96.3% rated strength for Item 9: Preserving connections; 93.88% rated strength for Item 10: Relative placement; 93.33% rated strength for Item 11: Relationship of child in care with parents; 78.89% rated strength for Item 12: Needs and services of child, parents, and foster parents; 83.53% rated strength for Item 13: Child and family involvement in case planning; 81.11% rated strength for item 14: Caseworker visits with child; and 76.06% rated strength for Item 15: Caseworker visits with parents. Ratings for Item 12A: Needs assessment and services to children rated strength in 88.89% of cases; 87.32% rated strength for 12B: Needs assessment and services to parents; and 89.13% rated strength for Item 12C: Needs assessment and service to foster parents.

Stakeholders say: Delaware has a strong commitment to youth not only in the Department but in the community as well; family needs are not consistently met statewide; youth know their plan, case status and circumstances; family teaming is gaining momentum; good effort to place siblings together; and foster parents are more involved with families. Stakeholders also say collaboration with families, youth, team members and other service providers can be improved, there is a gap of efforts and services to prevent foster care entry, and visitation for foster children is too infrequent and lacks quality and normalcy.

**Measure:** Onsite Review Instrument case review performance is the primary measure for this goal with a 90% strength performance expected for each: Item 4: Stability of foster care placement, Item 5: Permanency goal for child, Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement, Item 7: Placement with Siblings, Item 8: Visiting with parents and siblings in foster care, Item 9: Preserving connections, Item 10: Relative placement, Item 11: Relationship of child in care with parents, Item 12: Needs and

services of child, parents, and foster parents; Item 13: Child and family involvement in case planning; 14: Caseworker visits with child; and Item 15: Caseworker visits with parents.

Companion measures are CFSP Round 3 national standards for permanency, placement stability and reentry into foster care with performance goals of meeting or exceeding standards.

Measures for team decision making practice are: 80% of children will have a pre-removal TDM, 60% of children will be diverted from custody and 95% of children who enter custody will have a TDM.

**Performance:**

Case reviews show that Delaware continues to be significantly better than CFSR Round III national performance on both permanency outcomes. For Item 4: Stability of foster care placement, Delaware scored an 87% strength rating on completed reviews from Oct 2019 to March 2020 (N = 90). From April 2020 – Sept 2020 Delaware showed a decline and scored a 74%, and for most recently completed case reviews from Oct 2020 – March 2021, Delaware improved performance and scored a 78%. In reviewing placement stability within the first 1,000 days on the CFSR 3 Data Profile, Delaware scored no different than national performance with an average of 4.43 moves for FFY2020. In reviewing placement stability within the first 1,000 days, Delaware has shown improvement as there was an average of 5.4 moves for FY2019 compared to 4.6 moves in FY2020, a 17% decrease. Delaware did not meet case review performance goal of 90%.

For Item 5: Permanency goal for child, Delaware has made improvements. For case reviews completed between Oct 2019 – March 2020, Delaware had a 91% strength rating. For April 2020 – Sept 2020, Delaware had a 96% strength rating. For Oct 2020 – March 2021, Delaware maintained a 96% strength rating. Delaware met 90% performance goal.

For Item 6: Achieving reunification, guardianship, adoption, or APPLA, Delaware has also shown improvements. For case reviews completed between Oct 2019 – March 2020, Delaware had an 87% strength rating. For April 2020 – Sept 2020, Delaware had a 98% strength rating. For Oct 2020 – March 2021, Delaware had a 96% strength rating. Delaware met 90% performance goal. Permanency Outcome 1 (Items 4, 5, and 6), Delaware's 2015 CFSR baseline performance was 56%, national performance was 27%. Delaware scored a 76% for Period 4 (Oct 2019-March 2020), a 72% for Period 5 (April 2020 – Sept 2020), and a 76% for most current review period (Oct 2020 – March 2021).

For Item 7: Placement with siblings, Delaware had a 90% strength rating on case reviews between Oct 2019 – March 2020. For April 2020 – Sept 2020, Delaware had an 86% strength rating. For most recently completed reviews from Oct 2020 – March 2021, Delaware had a 100% strength rating. Delaware met performance goal of 90%.

For Item 8: Visiting with parents and siblings in foster care, Delaware had a 97% strength rating on case reviews between Oct 2019 – March 2020. For April 2020 – Sept 2020, Delaware had a 94% strength rating. For most recently completed reviews from Oct 2020 – March 2021, Delaware had a 93% strength rating. Delaware met performance goal of 90%.

For Item 9: Preserving connections, Delaware has had a 100% strength rating on the last three rounds of completed case reviews, exceeding performance goal of 90%. For Item 10: Relative placement, Delaware had a 98% strength rating on reviews completed between Oct 2019-March 2020, a 98% between April 2020-Sept 2020, and a 100% on most recently completed reviews. This exceeds 90% performance goal for this item.

For Item 11: Relationship of child in care with parents, Delaware had a 97% strength rating on case reviews between Oct 2019 – March 2020. For April 2020 – Sept 2020, Delaware had a 100% strength rating. For most recently completed reviews from Oct 2020 – March 2021, Delaware had a 100% strength rating. Delaware met performance goal of 90%. For Permanency Outcome 2 (Items 7, 8, 9, 10 and 11), Delaware's 2015 CFSR baseline was 81%, national performance was 61%. Delaware scored a 93% strength rating for Period 1 (April–Sept 2018) case reviews, 98% for Period 2 (Oct 2018–March 2019), 98% for Period 4 (Oct 2019-March 2020), 100% for Period 5 (April 2020 – Sept 2020) and 100% for most current period (Oct 2020 – March 2021). Delaware has met the 90% performance goal for Items 7-11. Performance is unavailable for re-entry into foster care and permanency in 12 months due to data quality issues (see assessment section for explanation). The CFSR 3 data profile shows Delaware at 43.4%, no different than national performance, for permanency within 12 months for children in care 12-24 months and 33.7%, no different than national performance, for permanency within 12 months for children in care more than 24 months for FY2020.

For Well Being Outcome 1 (Items 12, 13, 14 and 15), Delaware's 2015 CFSR baseline performance was 70%, national performance was 36%. Delaware scored a 72% strength rating for Period 1 (April–Sept 2018) case reviews, 64% for Period 2 (Oct 2018-March 2019), 68% for Period 4 (Oct 2019-March 2020), a 71% for Period 5 (April 2020 – Sept 2020) and a 62% for most recently completed reviews (Oct 2020 – March 2021).

For Item 12: Needs and services of child, parents, and foster parents, Delaware had a 70% strength rating on case reviews between Oct 2019 – March 2020. For April 2020 – Sept 2020, Delaware had a 71% strength rating. For most recently completed reviews from Oct 2020 – March 2021, Delaware had a 62% strength rating. Delaware has not met performance goal of 90%.

For Item 13: Child and family involvement in case planning, Delaware had a 68% strength rating on case reviews between Oct 2019 – March 2020. For April 2020 – Sept 2020, Delaware had a 78% strength rating. For most recently completed reviews from Oct 2020 – March 2021, Delaware had a 66% strength rating. Delaware did not meet performance goal of 90%. For Item 14: Caseworker visits with child, Delaware had an 76% strength rating on case reviews between Oct 2019 – March 2020. For April 2020 – Sept 2020, Delaware had a 76% strength rating. For most recently completed reviews from Oct 2020 – March 2021, Delaware had a 74% strength rating. Delaware has not met performance goal of 90%. For Item 15: Caseworker visits with parents, Delaware had a 65% strength rating on case reviews between Oct 2019 – March 2020. For April 2020 – Sept 2020, Delaware had a 72% strength rating. For most recently completed reviews from Oct 2020 – March 2021, Delaware had a 55% strength rating. Delaware did not meet performance goal of 90%. Overall, Delaware has declined performance on all Well Being Outcome 1 Items 12-15.

**Objective:** Strengthen family search and engagement (FSE) practice to locate, engage, connect and support family resources for children and youth in foster care. FSE practice will be enhanced by sending out relative notification letters when a child or youth enters DFS custody and again 6 months later, utilize the family search and engagement contract during treatment and reunification work, complete a national search and utilize the parent locator database.

**Rationale:** Children thrive when they have relationships with adults who support and love them. Stakeholder focus groups and surveys agree that family search and engagement is imperative for children and youth in foster care. Sending relative notification letters increases the likelihood that a kinship connection can be made for children and youth in foster care. Additionally, the family search and engagement program allows the practice to be child and youth led. US search and parent locator data base are tools that can locate the non-custodial parent and putative father. The identification of the father increases the family connections for a child or youth. The Division of Family Services has had a family search and engagement contract with Children and Families First since 2013. The purpose of this contract is to foster permanency for children in foster care. This service includes strategies, tools and skills for early and ongoing identification of family and others who are significant to children and youth. FSE also helps the identified adults make decisions about how they can be supportive to the youth. Since this program started, there have been 46 children referred for services. Eleven of those referred have developed new connections and 21 children reconnected with relatives and non- relatives. For the children receiving services, 70% developed a connection with a relative or non- relative that may be a resource.

**Outcome:** Children thrive when they have lifelong connections with family and a permanent place to call home.

**Benchmarks:**

1. Promoting an expansion of the eligible population and controlling referrals, the Treatment Program Administrator will increase referrals to contracted family search and engagement services.

   **Timeframe:** 2020 and ongoing.

   **Measure:** Documentation of number of referrals to family search and engagement in treatment cases and adjustments to referral process.

   **Progress Report:** Family search and engagement (FSE) services expanded during CY2019 by starting the referral process earlier. Both Treatment workers and Permanency workers can refer cases. Prior to 2019, referrals came solely from Permanency caseworkers. This change aims to reduce the time in foster care by earlier establishment of family connections. There were 21 youth referred for FSE services in CY2020; 19 referrals were from Permanency workers and 2 referrals were from Treatment workers. A total of 36 children were served by FSE during CY2020.

All referrals are routed through the Treatment Program Administrator. The referral form was slightly updated, and that information was provided to both Treatment and Permanency workers. The caseworker completes a referral and submits it to the Treatment Program Administrator via email. The Treatment Program Administrator reviews eligibility and manages the referrals with the contracted provider. Children and youth up to 17 years of age with no or few identified connections are eligible for FSE services. They may have a permanency plan of Adoption, Guardianship, APPLA, or a concurrent plan. Children and youth with the goal of Reunification are eligible on a case-by-case basis.

The children served by FSE in CY20 had the following permanency plans:

| | |
|---|---|
| Reunification | 12 |
| Guardianship | 6 |
| TPR/Adoption | 14 |
| APPLA | 1 |
| Reunification/TPR/Adoption | 1 |
| Permanent Guardianship/TPR/Adoption | 1 |
| APPLA/Guardianship | 1 |

2. The Treatment Program Administrator to gather data on connections and outcomes of contracted family search and engagement.

**Timeframe:** 2020 and ongoing.

**Measure:** Documentation of referrals and outcomes.

**Progress Report:**
The table below reports on outcomes of contracted family search and engagement activities for CY 20.

| FSE Service/Outcome | Count |
|---|---|
| Total number of youths served | 36 |
| Family connections established | 45 |
| Nonfamily connections established | 16 |
| Reunification with father | 2 |
| Reunification with mother | 2 |
| Placement with a family connection | 3 |
| Placement with a non-family connection | 0 |
| Closed upon reunification, adoption or guardianship | 3 |

3. Treatment program team to use a continuous quality improvement framework to monitor and guide implementation of family search and engagement practice by reviewing DFS data and quality assurance case review reports with DFS staff and system partners.

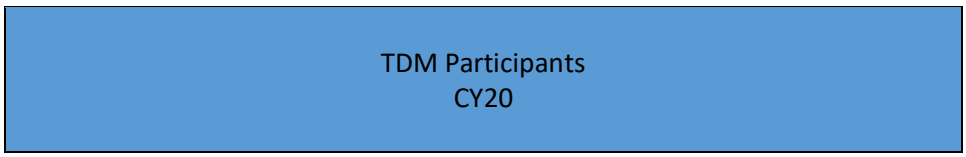
**Timeframe:** 2020 and ongoing.

**Measure:** Documentation of performance on OSRI Item 9: Preserving connection for cases receiving contracted family search and engagement services.

**Progress Report:** Delaware has several family search and engagement tools to help families identify supports and connections. These tools include TDM, family team meetings, and group supervision using Consultation and Information Sharing Framework, a tool designed by Sue Lohrbach. The Family and Child Strengths and Needs Guides include a genogram and ecomap. Other tools used in Safety Organized Practice are circles of safety and support, connectedness mapping, and Support Network Grid. For CY2020, 830 Framework records were created in FOCUS of which 99% included a genogram.
The Family and Child Strengths and Needs Guide (FSNG/CSNG) assesses caregiver and child strengths and areas of needs. A part of the assessment includes the use of a genogram and ecomap to identify family supports within the context of safety, risk, permanency, and well-being. These fields are mandatory to complete the assessment. The CSNG includes a field called "preserving connections" to consider those supports and the important people in a child's life. In February 2020 a relationship table was added to the assessment person on the FSNG/CSNG. The relationship table is found on the client person screen in FOCUS. Caseworkers have easy access to the relationship table and can update information as it is known. The relationships defined in the table will fill to the relationship table on the client person. Any relationships on the client person will forward to the assessment person as well.

Caseworkers are encouraged to use the Family Team Meeting template in FOCUS to document family team meetings. For CY2020, 112 FTMs were documented in the FTM record. Of those meetings, 100% included a parent, child, relative, and/or family supports.

TDMs include family search and engagement activities to locate resources who may be a support to the family and child when considering removal of a child from the home. Families are coached to identify who should attend the TDM. In CY20 there were 1454 participants invited to TDMs. Of those invited, 1338 attended the TDM. The chart below shows that when invited a high percentage of participants attend the TDM



| Participant | Invited | Attended | % attend | % of total participants attended |
|---|---|---|---|---|
| Mothers | 192 | 175 | 91.1% | 13.1% |
| Fathers | 140 | 108 | 77.1% | 8.1% |
| Maternal Relatives | 183 | 159 | 86.9% | 11.9% |
| Paternal Relatives | 91 | 82 | 90.1% | 6.1% |
| Relative Caregiver | 39 | 36 | 92.3% | 2.7% |
| Non-Relative Caregiver | 31 | 26 | 83.9% | 1.9% |
| Foster Parent/ Other | 8 | 7 | 87.5% | 0.5% |
| Informal Support | 59 | 56 | 94.9% | 4.2% |
| Formal Support | 664 | 650 | 97.9% | 48.6% |
| Youth | 47 | 39 | 83.0% | 2.9% |

The most recent data was compiled by the quality assurance team using the OSRI tool. Delaware performed well on Item 9: Preserving connections in case reviews. Connections were preserved in 100% of cases reviewed.

The CQI Intact Family Committee was formed after analysis of case review performance showed differences in performance on in-home cases versus foster care cases. This group's make up includes DFS treatment workers, DFS treatment supervisors, DFS Administrative Case Reviewer, DFS Treatment Program Manager, DFS Program Support Manager, DFS CQI Manager and DFS Operations Manager. This group meets monthly. After analysis of case review rating summaries, various data reports, and treatment worker surveys, a theory of change was developed: Strengthening treatment caseworkers and supervisors understanding and use of policy, practice, and procedure, with an added understanding of federal review expectations, would result in improved case review performance. As a result, committee made recommendations to Strategic Leadership Team (SLT) for the development of a mandatory training series for all caseworkers, supervisors, and family service assistants that is based on safety, permanency, and well-being outcomes and broken down by corresponding case review items. Each training module consists of the following sections: Child and Family Service Review On-Site Review Instrument item objectives, definition, and questions, DFS related policy, caseworker responsibilities, supervisor responsibilities, data informed supervision – what reports supervisors can use to monitor performance, caseworker practice tips including applicable Safety Organized Practice or Structured Decision Making® review, FOCUS events and documentation, and what is needed for an overall strength rating on the case review. SLT approved this recommendation. Based on the area of lowest performance and need, Module I of the training series, Well-Being Outcome 1: Caseworker Visits with Children and Parents/Caregivers was the first to be developed. This training was offered to staff on December 10, 2020, December 14, 2020, and December 16, 2020. This training was recorded and is in the process of being placed in the Delaware Learning Center so that newly hired staff and others are able to complete the training.

Module II will be Well-Being Outcome 1: Assessment of Services. This training is in the development phase and the goal is for it to be offered by end of July 2020.

A second theory of change is that a reduced workload may result in better practice which could positively impact performance in key areas. CQI Intact Family Committee reviewed the results of the previously completed DFS/CPAC treatment caseload study and was in agreement with the findings. Recommendations of this study include lowering treatment caseload standard to 12, expansion of treatment staff/or contracted services, case weighing strategies upon assignment, and intact vs placement caseloads. DFS leadership and CPAC are already in the process of working towards lowering the treatment caseload standard and expansion of treatment staff. CQI Intact Committee requested the development of a report indicating the number of children per caseload versus the number of cases per caseload along with the expected frequency of contact. This report showed quite a discrepancy amongst staff with some staff having 60+ children on their caseload. This data was then presented to Senior Leadership. As a result, operations manager is now utilizing this report and has directed supervisors to take child caseload counts into consideration when assigning caseloads. Committee has also begun building reports and gathering information on barriers to case closure, particularly on cases where risk is low and/or no services are being provided. One such report that is now sent out monthly shows cases that remain open despite Final Order of Adoption or Permanent Guardianship Order being issued. When these cases remain open and no contact is made, they negatively impact case review performance. In general, CQI Manager provides updates to SLT on a regular basis on CQI Intact Committee to keep them informed of any new developments or undertakings by this group.

**Objective:** Practice Team Decision Meetings with fidelity to strengthen safety assessment and planning for those who are at-risk of entry into foster care.

**Rationale:** Team Decision Meetings are facilitated meetings that help families, youth, caseworkers, and supports collaborate together in planning for the safety of children and youth. Delaware conducts TDMs when considering removing the child from the home. TDMs have shown to divert a number of children from state custody and involve natural family supports that continue the child's connection to family. TDMs bring mothers, fathers, relatives, and informal supports together for planning. In CY2018, 55% of TDM's were held pre-removal and 42% of those children were diverted from DFS custody. Seventy-seven percent of children had a mother attend and 43% of children had a father present.

**Outcome:** More at risk children will be diverted from foster care by increasing the number of pre-removal TDMs referrals to 80%. Of all children entering foster care, 95% will have a TDM. There will be increased participation by fathers and paternal relatives in TDMs.

**Benchmarks:**

1. TDM workgroup to issue TDM policy and procedures, using the formal policy approval protocol.

   **Timeframe:** June 2020.

   **Measure:** Issuance of TDM policy.

   **Progress Report:** The TDM Policy was revised 3/8/21 and signed by Director, Trenee Parker. This benchmark is completed.

2. TDM workgroup to develop and implement training on TDM policy and procedure. Team to consider live and web-based presentations.

   **Timeframe**: December 2021.

   **Measure**: Issuance of TDM policy.

   **Progress Report:**
   This benchmark is in progress.

   The TDM facilitators provide quarterly trainings to new workers quarterly.

   Curriculum still needs to be developed to provide a refresher training to all staff. This benchmark is extended through December 2021.

3. TDM workgroup to develop and distribute data reports regarding children who had a pre-custody TDM, children entering custody without a TDM, and children who had a post-custody TDM to regional managers, supervisors, and caseworkers. Review participant surveys for revision and include input in evaluation of practice. Team to include OSRI Items 9, 10, 12A and 12B in reporting. Conduct case reviews on children who enter custody but exit custody within a short timeframe.

   **Timeframe:** March 2021 and ongoing.

   **Measure:** Issuance of TDM reports including participant input and documentation of actions taken to improve process measures and diversion from foster care rates.

   **Progress Report:** The Treatment Program Manager developed several TDM reports in FOCUS which are used to inform the TDM workgroup. The reports were added to FOCUS in July 2019. The reports look at the following data points:

   - Children in DFS Custody: This report focuses on all the children who entered DFS Custody during a specified time period. This report looks at the following:

- Date of entry
- Reason for entry
- Entry placement
- Date of Exit
- Who the child exited custody to
- Whether or not there was a TDM
- Exceptions to a TDM
- Type of TDM
- Recommendations from the TDM for placement and custody
- Region TDM was held
- Program area

For CY20, 283 children entered DFS custody. Of those children 216 (76%) had a TDM, which is an improvement. Thirty-four percent of those TDM's were pre-removal.

The TDM workgroup reviews data reports on children who enter and exit DFS custody within 60 days. Of the children who entered DFS custody, 30 (11%) exited custody in less than 30 days and 17 (6%) exited custody within 30-60 days.

Of the children with a short stay in custody 14 (30%) did not have a TDM, 28 (60%) had a TDM; 82% were post removal, 4% were pre-removal, and 14% were Sua Sponte removals.

This is a decrease for the previous report; however, the Covid-19 pandemic had some impact on TDM and its process. All TDMs were held via telephone conference and there was a time period for learning and acclimating to doing things differently. Through all the changes TDMs were still held and still had a positive impact on families.

- Children with TDM: This report focuses on all children who had a TDM during a specified time period. This report looks at the following:
  - Demographic information on the child including Indian Child Welfare Act elements
  - Child, mother, and father attendance
  - Recommendations for placement and custody
  - If the child entered/exited DFS custody
  - Placement of the child if entered DFS custody
  - Age of child
  - Type of TDM
  - Region of TDM

For CY20, 337 children had a TDM. Of these children 82% had a mother attend the TDM and 49% had a father who attended a TDM, which was an increase from the previous year. Fifteen percent of children attended a TDM. Caseworkers continue to

be successful getting mothers to attend TDMs and ongoing efforts are needed to engage fathers and youth.

TDM diverted 62% of children from entering DFS custody.

- TDM Summary: This report focuses on each TDM as a whole that was held during a specified time period. The report tracks the following elements:
  - The number of children discussed
  - Meeting location
  - Facilitator
  - Purpose of TDM
  - Program area
  - Region
  - Substance abuse concerns and if the substance abuse liaison attended the TDM
  - Domestic violence concerns and if the domestic violence liaison attended the TDM
  - Attempts made for the TDM to be held prior to removal
  - Safety concerns
  - Why a TDM was needed
  - Date of next family team meeting

The TDM workgroup learned from this report that the rate of pre-removal TDMs is declining, however, the pandemic is a likely factor to this decline. There continues to be more emphasis on pre-removal TDMs and the TDM facilitators prioritize the pre-removal TDM over post-removal TDM referrals.

| Type | | % |
|---|---|---|
| Pre-Removal | 120 | 54% |
| Post-Removal | 90 | 41% |
| Court Initiated | 12 | 5% |

The TDM workgroup expects higher participation rates of domestic violence and substance abuse liaisons where concerns are indicated on the TDM referral.

| | | |
|---|---|---|
| AOD Concerns | 86 | 39% |
| AOD Invited | 18 | |
| AOD Attended | 6 | |
| | | |
| DV Concerns | 16 | 7% |
| DVL Invited | 9 | |
| DVL Attended | 7 | |

| | | |
|---|---|---|
| Safety Concerns | 4 | 2% |

DV Liaisons do not attend when perpetrators are viewed as risks to participating victims.

- TDM Participants: This report focuses on the people who were invited and attended the TDM. The report looks at the following:
  - Mother
  - Father
  - Maternal relatives
  - Paternal relatives
  - Formal supports
  - Informal supports
  - Relative caregivers
  - Non-relative caregivers
  - Foster parents
  - Youth

Attendance is strong for mothers, relatives, supports and youth when invited to attend.

| TDM Participants CY20 | | | | |
|---|---|---|---|---|
| Participant | Invited | Attended | % attend | % of total participants attended |
| Mothers | 192 | 175 | 91.1% | 13.1% |
| Fathers | 140 | 108 | 77.1% | 8.1% |
| Maternal Relatives | 183 | 159 | 86.9% | 11.9% |
| Paternal Relatives | 91 | 82 | 90.1% | 6.1% |
| Relative Caregiver | 39 | 36 | 92.3% | 2.7% |
| Non-Relative Caregiver | 31 | 26 | 83.9% | 1.9% |
| Foster Parent/ Other | 8 | 7 | 87.5% | 0.5% |
| Informal Support | 59 | 56 | 94.9% | 4.2% |
| Formal Support | 664 | 650 | 97.9% | 48.6% |
| Youth | 47 | 39 | 83.0% | 2.9% |

- Exception Reports: This report focuses on when a TDM exception was requested and the reason for the exception. Caseworkers and TDM facilitators can request a TDM be waived under limited circumstances. Examples of these circumstances are if a parent declines a TDM, the parents cannot be located, the child did not change placement after entering custody.

For CY 20 there were 28 TDM exceptions approved. All but one child entered DFS custody. Exceptions are limited to the following: there were no parents/relatives willing to attend the TDM, the child recently had a TDM and there were no changes in circumstances, or the child did not change placement after entering custody.

The Children in Custody, Children with TDM, Exceptions, and Participants Reports are reviewed in TDM workgroup and provided to Regional Administrators. The data reports are kept in the TDM folder on a shared drive.

Quality assurance case reviewers consider TDMs when evaluating these OSRI items; scoring for CY2018, CY2019, and CY2020 follows

| | 2018 | 2019 | 2020 |
|---|---|---|---|
| **Item 2: Services to family to protect children in the home and prevent removal** | 100% | 95% | 95% |
| **Item 9: Preserving connections** | 97% | 100% | 100% |
| **Item 10: Relative placement** | 96% | 98% | 98% |
| **Item 12 A: Needs and services to children** | 86% | 77% | 76% |
| **Item 12 B: Needs and services to parents** | 87% | 78% | 74% |

4. Using continuous quality improvement strategies to improve weak areas of practice, TDM workgroup to identify areas needing improvement, research solutions, implement interventions and evaluate performance.

**Timeframe**: June 2021 and ongoing.

**Measure**: Documentation of TDM evaluation, resulting interventions and impact on performance and outcomes.

**Progress Report:** Several TDM reports are in production to provide a foundation for targeting areas identified for improvement using CQI principles and strategies. Targeted areas include participation of fathers, paternal relatives, and youth. Based on data, other targeted areas continue to be the overall rate of TDMs and pre-removal rates. This activity is in progress. It is important to acknowledge the ongoing family engagement and continued use of TDM throughout the pandemic and all the challenges caseworkers and TDM Facilitators faced. Caseworkers continued to TDM practice throughout the pandemic.

**Objective:** Strengthen kinship programming to improve permanency outcomes.

**Rationale:** Relative placement is a priority option when children have to leave their homes due to safety and risk factors. The American Bar Association cites research indicating living with relatives is better for children by minimizing trauma of removal, improving well-being, increasing permanency, improving behavioral health, promoting sibling relations, preserving cultural and community connectedness, and helps older youth

transition to adulthood. Fourteen percent of children entering foster care in FY2018 were placed initially with relatives. Delaware's OSRI results for Item 10: Relative placement; show 93.33% of April-September 2018 case reviews are rated strength. Surveyed youth, foster parents, legal representatives, community professionals and DSYCF staff agree DFS caseworkers try to make relative placements when appropriate. Delaware seeks to strengthen kinship programming, building on current statewide programming providing case management and financial support. Delaware applied for a kinship navigator federal grant.

**Outcome:** Children will have better outcomes and healthier childhoods living with relatives when they must enter out of home care.

**Benchmarks:**

1. Foster care program manager to review and revise the relative home assessment policy and align FOCUS record structure as indicated.

   **Timeframe:** Review policy by December 2020. Draft FOCUS change request, if needed, by June 2021.

   **Measure:** Issuance of revised policy and documentation of completed FOCUS change request.

   **Progress Report:** The foster care program team has undergone many changes including team composition with a new program manager and shifting of responsibilities of program administrators. This benchmark is revised to a new timeframe due of July 2021 for review and draft FOCUS change request, if needed, by December 2021.

2. Foster Care Program Manager to train identified caseworkers and coordinators on changed procedures and FOCUS documentation.

   **Timeframe:** September 2021.

   **Measure:** Delaware Learning Center documenting training attendance.

   **Progress Report:** This benchmark is dependent on completion of the previous benchmark. Due to the amended timeframe for completion of Benchmark #1, this benchmark is pending and has a new timeframe of December 2021.

3. Upon receipt of the federal kinship grant, the Foster Care Administrator to draft and issue Requests for Proposal for a kinship navigator program. Proposed contracted components are a coordinator position, needs assessment, and recommendations for sustainable services.

   **Timeframe:** July 2020; TBD based on award notification.

**Measure:** Documented issuance of Requests for Proposal.

**Progress Report:** Delaware was awarded a FFY2019 kinship navigator grant. We hired a highly experienced part time employee who oversees the project. This position is solely dedication to kinship. Delaware finalized a Request for Proposals with service components for Kinship Support Navigator Program. The Request for Proposals was issued publicly in September 2020. We received two community proposals for these services, and both were reviewed. A contract was awarded to Children's Choice of Delaware for a Kinship Navigator Program effective September 28, 2020.

4. DFS strategic leadership team to consider kinship needs assessment and recommendations for practice interventions and enhancements. Consider partnering with existing community resources and mobile device applications.

**Timeframe:** Projected June 2021; TBD based on award and RFP dates.

**Measure:** Documentation of leadership team decisions, budget initiatives, links to community partners and technology utilization.

**Progress Report:** Children's Choice of Delaware was awarded a contract for a Kinship Navigator Program. This contract includes two phases of services. Phase one involves a needs and readiness assessment as well as formal recommendations. Phase two involves implementing a Division approved Kinship Support Navigator Program Model statewide in Delaware.

In phase one the Needs and Readiness Assessment included a statewide stake holder survey, a variety of focus groups and data collection. Areas of need identified for Delaware kinship families included financial support, community resources and general support, and formal training around managing family relationships. A thorough review of Kinship Navigator Programs in other states was completed including a review of program manuals (if available), review of available research articles and data, review of available program model information, participation in national webinars where these models were featured, review of Title IV-E Prevention Clearinghouse Data, review of the California Clearinghouse data and a review of the Casey Foundation information on kinship navigator program models. The models reviewed included Washington State, New Jersey, New York, Nevada, Arizona, San Diego and Florida. Based on the information available and the data on the IV-E Prevention Clearinghouse, the Florida Kinship Navigator Model, The Children's Home Network KIN-TECH model, was recommended for use in Delaware. The Florida Children's Home Network KIN-TECH model has been in operation in Florida for over 20 years and has the most rigorous studies available that show an increase in permanency, safety and well-being for children and youth placed in kinship homes supported by this model. It is the only model that has data available showing the direct decrease in recurrent child abuse and neglect experiences for children/youth in kinship homes and a decrease in return to the formal foster care system.

Children's Choice of Delaware submitted recommendations in December 2020 and Delaware has approved these recommendations.

Phase two, implementation of approved recommendations including The Children's Home Network KIN-TECH Model, began in March 2021.

5. Based on kinship navigator grant recommendations, Foster Care Program Manager to revise current kinship guidelines and issue policy via the established policy protocol.

   **Timeframe:** Issue policy by December 2021.

   **Measure:** Documented issuance of kinship policy.

   **Progress Report:** DFS leadership anticipates presentation of preliminary needs assessment outcomes and recommendations in June 2021. Once those recommendations are formalized the kinship policy will be updated and issued to all staff. This benchmark is in progress.

6. Foster Care Program Manager and Administrator to train coordinators and other applicable staff on kinship policy.

   **Timeframe:** March 2022.

   **Measure:** DLC records of training attendance.

   **Progress Report:** This benchmark is pending. Once the policy and training are developed, attendance will be recorded and monitored for completion through the DLC (Delaware Learning Center).

**Objective:** Improve placement stability for children in out of home care.

**Rationale:** Placement instability has negative consequences for child safety, permanency and well-being. Generally, the more placements a child experiences, the probability of reunification decreases. Using the CFSR Round 2 national standards for placement stability, Delaware is below standards for all time-in-care groups (.12 months, 12-24 months and >24 months). Using the CFSR Round 3 national standard, Delaware meets the standard for placement stability. OSRI results for Item 4: Stability of foster care placement for April-September 2018 rates 66.67% of cases as strength. Stakeholders see more frequent foster parent involvement with families and that family teaming is gaining momentum. Stakeholders call for more foster parent training for challenging youth and better communication among a child's team.

**Outcome:** Children will be healthier, experience less trauma and have better permanency outcomes with fewer out of home placements.

**Benchmarks:**

1. Foster care program team to monitor frequency and quality of Ice Breaker meetings between family and placement resource; standard for meeting frequency for initial placements is 95% and 50% for replacements. Quality of meetings is measured by participant satisfaction surveys.

   **Timeframe:** January 2022.

   **Measure:** Documentation of monitoring reports and actions taken to improve frequency and quality of meetings.

   **Progress Report:** Private agency Ice Breaker activities were suspended initially at the beginning of 2020 due to the absence of a foster care program manager. The suspension continued from May 2020 forward as a result of the restrictions related to the pandemic. Many of the foster care private agencies expressed concerns related to the small size of their meeting spaces which could not accommodate social distancing guidelines and they also faced concerns related to requiring and enforcing rules around face-coverings, number of participants, technology limitations of foster homes and limitations on total building capacity numbers for their organizations' office size. DFS foster homes continued to evaluate each situation individually to determine if there was a critical need to hold an Ice Breaker and worked around technological barriers and pandemic restrictions to ensure that when absolutely necessary an Ice Breaker was held if possible in a well-controlled, safe environment. We currently do not have a reliable structure in FOCUS to track Ice Breakers, however, we continue to work toward developing a consistent and accurate method to track Ice Breaker data. The data we have do have is minimal and inconsistent. This benchmark needs to be revised to reflect a new timeframe of January 2022.

2. Foster Care and Treatment Program Managers to draft proposal to expand team decision making meetings to include potential placement disruptions to facilitate additional services to stabilize placements. Managers to present to strategic leadership team for approval and next steps.

   **Timeframe:** January 2022

   **Measure:** Issuance of draft proposal and documented review by leadership team.

   **Progress Report:** This benchmark is still pending. In this past year there was a transition with the Foster Care Program Manager and priority over other foster care needs. However, the Foster Care and Treatment Program Managers had an initial meeting with the FIRST (Family Informed Resource Support Team) Supervisor. FIRST staff facilitate team meetings using the same model as TDM. The criteria is the youth is active in two Divisions, but there are exceptions. There is discussion about whether a FIRST meeting could be utilized to help stabilize placements that have a higher risk of disruption.

There is also a process being developed for dual status youth, those youth who are in the custody of DFS and are arrested. This new practice calls for a team meeting within 10 days of the arrest. The goal is to put services and activities in place to support the youth and foster family and to reduce placement disruption and the need for deeper end services.

3. With leadership approval, Foster Care and Treatment Program Managers to draft policy for pre-disruption TDM and circulate for approval using the policy review protocol.

   **Timeframe:** July 2021.

   **Measure:** Documented policy draft and issuance of policy.

   **Progress Report:** This benchmark is still pending. Policy development will include coordination with the foster care and investigation and treatment operations team.

4. Foster Care and Treatment Program Managers to conduct training, as indicated, for pre-disruption TDM. Consideration to be given for live and web-based presentations.

   **Timeframe:** March 2022.

   **Measure:** Delaware Learning Center documentation of attendance.

   **Progress Report:** This benchmark is still pending. Once policy and practice are developed and training has been deployed, the DLC will be used to capture documentation of attendance for participants.

5. Interstate Compact placements will be monitored by the Interstate Unit for stability and implement interventions to prevent disruptions through collaboration with community-based service contractors.

   **Timeframe:** 2020 and ongoing.

   **Measure:** Documentation of monitoring and actions taken to stabilize placements.

   **Progress Report:** The interstate team implemented a monitoring system for placement disruptions of children and youth placed in Delaware. The contract providers notify the interstate team member and supervisor immediately. The team tries to preserve the placement and if that is not possible; the interstate team coordinates with the sending interstate office to arrange travel plans for the child to return. The disruption is addressed at the interstate monthly team meeting, the bi-monthly contract provider meeting and during one on one supervision with the involved interstate team member. During CY 2020, there were five placement disruptions, one including a sibling group of five, which resulted in the children returning to the sending state. In the case of the five siblings who were placed with their mother, the children entered DFS custody for a brief time before returning to Florida.

In the case of one child, effort was made on the part of the agency and resource parents to stabilize the placement. Weekly Functional Family Therapy was instituted, and an IEP meeting held.

One child in the disruption number referenced above required a higher level of supervision and treatment. She experienced inpatient hospitalizations and frequent runaway occurrences. DPBHS (Division of Prevention and Behavioral Health Services) was active and engaged the team in planning. A team meeting including interested parties from PA and DE was held to formulate a plan to best meet the needs of the child. Ultimately, PA determined the child required residential treatment in PA.

One child with complex needs exhibited challenging behaviors and the resource expressed she was not able to meet his needs.

One child who verbalized past trauma had great difficulty adjusting to the resource home. Despite therapeutic intervention and team planning the child returned to California.

**Objective:** Children placed out of the home will have frequent and quality visitation with their families to maintain family connections.

**Rationale:** Visitation between a child placed out of the home, family, and siblings is important to maintain connections and promotes timely family reunification and establishing timely permanency goals. Visitation maintains the parent/child bond. OSRI case reviews for April-September 2018 for Item 8: Visiting with parents and siblings in foster care rates 91.43% of cases as strength. Item 11: Relationship of child in care with parents is rated 93.33% strength.

**Outcome:** Foster children will have fewer placement disruptions and stronger family bonds with frequent and quality visitation.

**Benchmarks:**

1. DFS and Court Improvement Program to continue collaboration to sponsor visitation host programming. Consider program expansion as performance data is evaluated.

   **Timeframe**: 2020 and ongoing.

   **Measure**: Documentation of collaboration and program performance and action taken.

   **Progress Report:** DFS and CIP collaborated on an enhancement to Visitation known as Visitation Hosts. On October 10, 2019, CIP and DFS shared the Values of Visitation Presentation with DFS Staff, the Court, Attorneys, CASA, and community providers. The presentation discussed the importance of visitation and introduced Visitation Hosts.

Further training has not been scheduled. Delaware scores really well in the areas of visitation and relationship of child in care to parents.

| | 2018 | 2019 | 2020 |
|---|---|---|---|
| **Item 8 Visiting with parents and siblings in foster care.** | **91%** | **88%** | **93%** |
| **Item 11 Relationship of child in care to parents** | **95%** | **91%** | **100%** |

2. Treatment Program Manager and leadership team to monitor monthly caseworker visits and intact family contacts for meeting federal and policy standards. Leadership team to implement interventions to improve frequency and quality as needed. Foster care contact standard is 95%. Team to include OSRI scores for Item 14: Caseworker contacts with child in monitoring, evaluating and implementing interventions.

   **Timeframe:** 2020 and ongoing.

   **Measure:** Documentation of leadership review and interventions to improve frequency and quality of contacts.

   **Progress Report:** OSRI measures for the period October 2020 to March 2021 are: Item 14: Caseworker visits with child is a strength in 74% of cases reviewed; and Item 15: Caseworker visits with parents is a strength in 55% of cases reviewed.

   Caseworker visits are recorded in FOCUS two ways:
   - Family Contact: Face to face contact between the caseworker and any person in the household (caregiver, parent or child). Several reports are built to monitor Family Contacts and are shared weekly with the leadership team and supervisors.
   - Client Contact: Face to face contact between the caseworker or private agency worker and the child in foster care. This contact also indicates whether to contact was made in the foster home. A report is distributed monthly to leadership team and supervisors.

   Family Contacts

   The contact policy was updated April 2019 to provide supervisors and caseworkers with more guidance around face to face contact and engagement with families. The frequency and quality of face to face contacts between caseworkers and children/caregivers support safety, permanency, and well-being of children and promote achievement of case goals. Guidance was provided to supervisors in assigning initial treatment and ongoing contacts to base frequency on current risk and safety. Policy updates were discussed with supervisors in investigation and treatment workgroups and with the leadership team.

Introduction to Treatment training is offered to all new Treatment Caseworkers and as a refresher for seasoned workers. In person contacts are a large focus in this training.

Through case reviews it was determined that the Division struggles in working with intact families. A CQI workgroup was developed in February 2020 identify barriers and come up with solutions to engaging families, especially intact families. Caseworkers, Supervisors, Treatment Program Manager, Administration, and the data team are represented in this workgroup. Data reports are reviewed, and discussion involves barriers to engaging families and ideas to strengthening contact with intact families. Some of the interventions include:

- Streamline the family contact record in FOCUS. Currently, the caseworker enters the date of the contact in one record and the narrative in another record. A request was made to the FOCUS Team to chance the contact record so the caseworker can enter the date of the contact and narrative in one record.
- Caseworkers are required to use a Contact Template for all Family Contacts. Currently this template is not in FOCUS. A request was made to the FOCUS team to create the Contact Template in FOCUS and include it in the Family and Client Contact Records.
- There are also concerns that some families remain open in Treatment when there is a pending Guardianship Petition in Family Court. There are times when the children are safe, and the family has planned for the child(ren) to remain with a relative/non-relative. The caregiver petitions for guardianship but the Treatment Case remains open even though the risk is lower and there are no further safety concerns. The workgroup will have more discussion around this but first needs to collect data on the number of cases affected and research statutes to determine if there is a requirement to continue treatment involvement in these cases.
- The CQI Training series started with Wellbeing Outcome 1: Caseworker Visits with Children and Parents/Caregivers. This mandatory training discussed in detail the importance of frequent and quality contacts with families.

<u>Client Contacts</u>

The Client Contact Policy was reviewed and updated in April 2019.
Recent performance for client contacts follows:

## Client Contacts FFY2020

| *Measure 1 - % of visits made on a monthly basis by caseworkers to children in FC* | |
|---|---|
| | STATEWIDE |
| # of children in FC | 751 |
| # of visits made to children in FC *if visited once per month* | 5765 |
| # of visits made to children in FC | 5460 |
| % of visits made to children in FC on a monthly basis (*Fed standard >=95%*) | 94.71% |

| *Measure 2 - % of visits that occurred in the residence of the child* | |
|---|---|
| | STATEWIDE |
| # of visits that occurred in the residence of the child | 4524 |
| % of visits that occurred in the residence of the child (*Fed standard >=50%*) | 82.86% |

## Client Contact FFY2019

| *Measure 1 - % of visits made on a monthly basis by caseworkers to children in FC* | |
|---|---|
| | **STATEWIDE** |
| **# of children in FC** | **899** |
| **# of visits made to children in FC *if visited once per month*** | 6805 |
| **# of visits made to children in FC** | 6242 |
| **% of visits made to children in FC on a monthly basis (*Fed standard >=95%*)** | **91.73%** |

| *Measure 2 - % of visits that occurred in the residence of the child* | |
|---|---|
| | **STATEWIDE** |
| **# of visits that occurred in the residence of the child** | 4992 |
| **% of visits that occurred in the residence of the child (*Fed standard >=50%*)** | **79.97%** |

**Objective:** Ensure timely permanency and reduce reliance on APPLA for older youth through evidence-based interventions including Permanency Roundtables (PRT). Engage caseworkers, staff and foster youth in these approaches.

**Rationale:** Implement a systematic and methodical set of steps to identify what is needed for each child to achieve permanency by engaging all members of the planning team in order to reevaluate past connections as well as future connections and what commitments, if any, they are able to make to that child. All children exiting the child welfare system achieve permanency through meaningful lifelong connections.

**Outcome:** Permanency Roundtables increase opportunities for the planning team to engage youth and ensure permanency goals are being met and they exit care with meaningful lifelong connections.

**Benchmarks:**

1. DFS staff to implement Permanency Roundtables statewide targeting cases prior to consideration of APPLA plan choices to exhaust all options for permanency and meaningful connections.

   **Timeframe:** January 2021.

   **Measure:** Documentation of roundtable frequency and outcomes using system and case review data.

**Progress Report:** This activity is ongoing. Permanency Roundtables are utilized as a tool to make connections for youth in Delaware. Permanency Roundtables were implemented statewide in August 2019 and take place monthly. Research shows that the more healthy relationships a youth has, the more likely they are able to heal from trauma. To date Delaware has completed Permanency Roundtables and follow up for 20 youth in Delaware. The youth have been age 11 - 18. One youth's rating has moved from marginal to good with a planned permanency plan of permanent guardianship. The continued goal is to refer a youth when the team feels that they have exhausted all resources or when a youth says no to permanency. A Permanency Roundtable presentation has been developed for statewide staff and stakeholders to provide knowledge of the benefits of both legal and relational permanency and the Permanency Roundtable as a tool for all youth in foster care in the state of Delaware.

2. The Adoption Program Manager to collaborate with Call to Adoption partners to engage teens in recruitment activities and continue permanency training by Darla Henry and Associates, Inc.

   **Timeframe:** 2021 and ongoing.

   **Measure:** Documentation of completion of events and teen permanency data measures.

   **Progress Report:** This activity is ongoing. In FY20 there were 116 adoptions finalized in the state of Delaware. Twenty-one (18%) of these adoptions were children age 12 – 18 years old. On November 21, 2020 the Interagency Committee on Adoption in Delaware celebrated National Adoption Day virtually. This celebration highlighted older youth and adoption.

   The State of Delaware has four contracts to offer My Life and Child Specific Recruitment to children and youth in Delaware. The "3-5-7 Model" is a state-of-the-art, evidence-informed relational practice supporting the work of children, youth, individuals and families in rebuilding their lives after experiencing traumatic events, specifically as they relate to losses. My LIFE and CSR services have been provided since 2-8-11 via DFS special needs adoption contracts with A Better Chance for Our Children, Bethany Christian Services, Children and Families First, and Children's Choice. The My Life program is available to all children and youth with a permanency plan of adoption, guardianship and APPLA. The Independent Living and Adoption

programs are working toward documentation that this is available to all youth whose permanency plan is changed to APPLA. Child Specific Recruitment also includes the child's voice in recruitment activities. My Life workers and Child Specific Recruitment workers meet quarterly to discuss cases and how to continue to engage youth. During the global pandemic, children and youth continued to receive these programs virtually. Additionally, the State of Delaware is participating in the All- In Foster Adoption Challenge and we are developing a plan to highlight older youth adoptions through local news outlets and social media.

The Division of Family Services and the Adoption Center have updated their Wendy's Wonderful Kids Memorandum of Understanding to include a documented recruitment plan for youth in this program. The Wendy's Wonderful Kids recruiter meets monthly with youth and engages them in recruitment services. Additionally, there are plans with the Adoption Center to schedule a teen match party and My Life group work for teens. This has been on hold as a result of the global pandemic.

In addition, Darla Henry is providing virtual training to the state of Delaware staff and stakeholders in March and April 2021. On March 31, 2021, Darla Henry will provide information and increase awareness of 3-5-7 model. A goal of the training is to increase understanding of behaviors resulting from the traumas of childhood and family experiences and identify practical tools for children, youth and family engagements. On April 14, 2021, Darla Henry will go into greater depth and exploration of the clarification, integration and actualization as they are applied in engagement with children and youth. On April 28, 2021, Darla Henry will introduce participants to the skills development guide. There were three sessions conducted and there were 35-40 attendees.

**Objective:** Prevent post-adoption disruptions.

**Rationale:** Delaware has a growing number of post-adoption disruptions resulting in foster care reentries. Five percent of children in foster care during April 2018–March 2019 were adoption disruptions. Several children are in intensive residential care facilities. Delaware established a CQI Post Adoption Prevention Workgroup. The team is gathering and analyzing data on the number of previously adopted children that are currently involved with not only DFS but other sister agencies. This team will recommend actions to strengthen services to prevent adoption disruptions. An early theory of change is to communicate available service at various points to adoptive families. The Adoption Program Manager is contracting for an adoption navigator to intervene with adoptive parents seeking assistance, information and help navigating community-based services. The navigator will also intervene with subsidy and Medicaid issues.

**Outcome:** Fewer adopted children will reenter foster care.

**Benchmarks:**

1. The Quality Assurance Manager continues to lead the post adoption prevention workgroup, gathering data and stakeholder input. Team will recommend interventions to leadership team and establish baseline measures.

   **Timeframe:** 2020 and ongoing until team is discharged.

   **Measure:** Documentation of findings, recommended interventions and baseline measures.

**Progress Report: Benchmarks:**

1. The Quality Assurance Manager continues to lead the post adoption disruption prevention workgroup, gathering data and stakeholder input. Team will recommend interventions to leadership team and establish baseline measures.

**Timeframe**: 2020 and ongoing until team is discharged.

**Measure**: Documentation of findings, recommended interventions and baseline measures.

**Progress Report:** The CQI Post Adoption Disruption Prevention Committee continues to meet monthly. Members of this committee have grown to include CQI Manager, Family Services program managers, adoption subsidy worker, data analysts, and stakeholder representation from Department's Office of Case Management, and representatives from post-adopt services contract providers A Better Chance For Our Children, Children's Choice, and Children and Families First. Delaware plans to add an adoptive parent to this committee. Most recent AFCARS report (October 2020 to March 2021) shows that 5.6% of children were adopted. This has been a consistent finding over past three years that 5-6% of all children in foster care have been previously adopted. There were 51 adoption disruptions using AFCARS 2019 A/B (Oct 2018 – Sept 2019) report, 28 of these children were Delaware DFS disruptions. Using April 2020 – Sept 2020 AFCARS data, only 3 of the disruptions were new placements within that time period. Breakdown was as follows: 1 disruption entered foster care in 2011, 2-2013, 1-2014, 2-2015, 2-2016, 5-2017, 5-2018, 10-2019, and 5-2020. Only 9 of the 33 disruptions had a goal of reunification; 11 had goal of adoption; 2 had a goal of guardianship, and 11 had a goal of long-term foster care or APPLA.

In order to get obtain qualitative data and the voice of adopted parents, members of the CQI Post Adoption Disruption Prevention Committee developed a qualitative survey for adoptive parents. In August 2020, this survey was sent out via email to 533 adoptive parents and received 84 responses. See attachment for overall survey results. A question asked on the survey was if any of the adopted parents would be willing to have further discussions about their adoption experience. For those that were in agreement, approximately 35, A Better Chance for Our Children staff completed follow up calls.

The Office of Case Management (OCM) at request of CQI Committee also conducted case reviews on a small sampling of the specific Delaware DFS disruptions. After reviewing results of the case

reviews, the committee opted to develop a qualitative interview specifically for adopted parents where a disruption had taken place. (See attachment for Post Adoption Survey Adopted Parents Interview Guide). DFS administrative case reviewers and OCM reviewer are currently in the process of locating these adopted parents, conducting FOCUS case reviews, and conducting qualitative interviews. Once completed, results of interviews will be shared with committee. Committee members will then develop a presentation showing results of the various adopted parent surveys and case reviews to present to DSCYF and DFS management and administration. Results of the adoptive parent survey were also shared with the DSCYF Strategic Planning Steering Committee as a source to inform department strategic planning.

CQI Post Adoption Disruption Prevention Committee theorizes that a contributing factor to adoption disruption is the lack of communication in regard to post adoption services. This was supported by adoptive parent survey results showing that 44% of adopted parents had utilized some form of post adoption services; however, some parents were not aware of or did not remember that these services existed. Committee determined that Department front line workers across divisions need to be better informed of post adoption services so that they can better communicate the availability of these services to adoptive families. Over the past year, committee has had a campaign to provide education on post adoption services. On August 10, 2020, Executive Director of A Better Chance for Our Children, a contracted post adoption service, did a presentation at DFS All Management Meeting to educate DFS supervisors and management on post adoption services. Following presentation, DFS operations manager presented that practice going forward would be to make referral to post adoption services at any point from intake through permanency that DFS is working with an adoptive family. It would also be an expectation for both internal and contracted FAIR workers to make referrals to post adoption services if warranted. On August 28, 2020, Regional Administrator for hotline attended CQI Post Adoption Disruption Committee Meeting to develop process and determine expectations for hotline staff in regard to post adoptive service referral and recommendations. For self-referrals involving post adoptive families, advising individuals of post adoption services and assisting with referral process could serve as a diversion technique. Hotline staff could also provide information on post adoption services to professional reporting sources if they are working with an adoptive family. Treatment Program Manager also shared information on post adoptive services with contracted Family Interventionists as an added resource for families. Adoption program manager attended FAIR workgroup to provide education on post adoption services and has communicated with Youth Rehabilitation Services community service staff. Committee members have provided presentation to school personnel. Foster parents are receiving information on post adoption services in their training. Post adoption service information will also be included on upcoming foster parent newsletter. Information on post adoption services continues to be sent out with each adoption agreement and renewal. Post adoption services contractors have now become more proactive and are doing outreach to adoptive parents at time of agreement renewal to speak directly to adoptive parents and ensure their awareness of available services. DFS director has made request for additional targeted groups to be trained on post adoption services to include team decision making (TDM) facilitators, investigation workers, and Independent Living providers. Members of CQI Committee will be attending future TDM facilitators meeting, treatment, and investigation program meetings to provide this training. Committee members are working with Independent Living Program Manager to facilitate training of Independent Living Providers in Summer 2020. In upcoming school year,

committee also plans to do follow up training to educate school family crisis therapists on post adoptive services.

Committee had found another contributing factor to adoption disruption is the need to strengthen the workforce's knowledge of trauma informed practice for pre-adopt and post-adopt children. Committee collaborated with the Department's Center for Professional Development and the Center for Adoption Support and Education through the National Adoption Competency Mental Health Training Initiative to add a set of training modules specifically geared towards child welfare professionals to the Delaware Learning Center. ATTACHMENT Training for CW-Modules – Lessons This training offers three learning track options:

1. NTI Training for Child Welfare Professionals (20 hours) is designed for professionals working for public and private child welfare agencies with children and youth in foster care, families preparing to foster or adopt, and children and youth and their adoptive or kinship families. This training is more focused on casework, whereas the MH professionals training has a focus on clinical assessment and treatment. The training is relevant for staff across the continuum, including prevention, child protection, permanency/foster care, licensing/home study, CASA/GAL, post-adoption and more.

2. NTI Training for Child Welfare Supervisors (25 hours) is designed for supervisors working in public and private child welfare agencies. It is the same training as NTI Training for Child Welfare Professionals but includes additional lessons to help supervisors support their staff to apply new skills in practice. There is also a Supervisor Coaching and Activity Guide that offers a variety of activities that can be used in individual or group supervision with staff.

3. NTI Training for Mental Health Professionals (30 hours) was designed for behavioral/mental health professionals in public and private agency, community-based, or residential settings, as well as private practitioners. NTI provides foundational knowledge to more effectively address the unique adoption-related issues that arise throughout the lifespan of the adoptive or guardianship/kinship family. This includes work with children and youth in foster care, adoptees, birth families, adoptive/kinship families.

These trainings became available in January 2021 for all DSCYF employees. Global emails to promote the training were sent out to all staff. Follow up email notifications were then sent out by program managers. These trainings were also discussed at Senior Leadership Team Meetings and All Management Meetings. At of 4/28/21, 39 staff have initiated and 6 staff have completed the child welfare professional training, 13 staff have initiated the child welfare supervisor training, and 45 have initiated and 1 staff has completed the mental health professional training series.

Adopted parents survey results clearly indicated a need for improved mental health services for adopted children including mental health professionals with specific training to provide therapy for adopted children. A Better Chance for Our Children, post adoption services, sponsored a free therapy training series, Moving Beyond Trauma Informed Incorporating Neuroscience into Practice to Improve Treatment Outcomes. (See attachment for flyer) This training is being conducted by an adoption therapist. CQI Manager, Chair of CQI Post Adoption Committee, was able to coordinate with the Community Relations Coordinator with Office of the Secretary to

promote this training. Numerous staff in the department expressed interest resulting in three separate cohorts of the training to be offered.

The Department continues to offer a number of trauma informed trainings that include the needs of pre and post adopted children. Child attachment and trauma training is offered on a quarterly basis to all Department staff. This training is given by a CQI Post Adoption Disruption committee member, the Executive Director of A Better Chance For Our Children.

CQI Post Adoption Disruption Prevention Committee also presented information regarding the Champions for Children Mental Health Peers Program. (See Attachment for flyer) This program offers trained Family Support Providers who help families navigate Delaware's mental health system and learn how to be a positive advocate for their children. CQI Post Adoption Committee members explored the availability of this program to work with foster parents and/or adoptive parents. CQI Post Adoption Committee advocated for information on this program to be added to foster parent newsletter. Program representatives also did presentation for post adoption services contract providers so that they could provide them as a resource for post adoptive families. CQI Post Adoption Committee is also working towards Peers Program doing a presentation at a DFS All Management Meeting in the future.

**Objective:** Children placed in Delaware via the Interstate Compact on the Placement of Children achieve timely permanency.

**Rationale:** Children placed in Delaware via the Interstate Compact deserve timely permanency planning. These children's length of stay until exit from foster care is not tracked by Delaware as they are under the jurisdiction of sending states.

**Outcome:** Timely permanency for foster children placed through the Interstate Compact on the Placement of Children.

**Benchmarks:**

1. Interstate Unit to establish baselines for length of time children are placed with a Delaware resource by state and county as applicable.

   **Timeframe:** CY 2020.

   **Measure:** Child count by permanency plan and length of stay from date of placement to permanency achievement using 9 months as a standard timeframe.

   **Progress Report:** For CY2020, 41 cases (adoption, guardianship (custody to a relative), and legal custody to parent) achieved permanency and were closed.

| Case Type/Plan | Total for 2020 | >9 months |
|---|---|---|

| | | |
|---|---|---|
| Adoption | 21 | 11 |
| Legal custody to relative | 16 | 2 |
| Legal custody to parent | 4 | 2 |
| Emancipation | 1 | 1 |

2. After 9 months of being placed in a Delaware foster home (related or unrelated caregiver) or with a parent or relative, the interstate team and community-based contractor evaluate the placement progress, barriers and next step towards permanency.

**Timeframe:** 2020 and ongoing.

**Measure:** Documentation of case reviews and actions taken to facilitate permanency.

**Progress Report:** Limited progress has been made due to factors out of the interstate team's control. The interstate team continues to collaborate with its agency and interstate compact partners and operate in the best interest and well-being of youth in care. Continuous monitoring of caseload and any items of concern, as well as maintaining an effective line of communication between all parties involved, is established amongst the team and its partners. Protocols are in place to track length of stay, monthly progress reporting, communications with sending states and next steps to achieve permanency. Barriers include jurisdictional challenges, extended reunification efforts, COVID-19 pandemic, change of plan by caregiver, and delayed documentation needed to achieve permanency.

# Well-Being

**Goal**: Families have the capacity to meet their own needs.

**Rationale:** Families are experts on their family. With support, families can be encouraged to develop their own goals and action steps. When families are empowered to make decisions, they are more likely to participate in planning and services. Safety Organized Practice is DFS' practice model. The model relies on strength-based assessment and planning using family engagement strategies. Delaware exceeds the national standard for recurrence of maltreatment per the CFSR Round 3 data profile for FY2016-2017. OSRI results for April-September 2018 score 78.89% as strength for Item 12: Needs and services of child, parents, and foster parents; 83.53% for Item 13: Child and family involvement in case planning. Item 12A: Needs assessment and services to children finds 88.89% of cases rated strength; and 87.32% rated strength for 12B: Needs assessment and services to parents. Stakeholders agree caseworkers encourage parents and children to participate in case planning, and caseworkers have meaningful contact with parents to ensure safety and to achieve goals. Stakeholder also say family team meetings should be practiced

more frequently, and that parents don't feel supported when caseworkers focus on negative behaviors and history.

**Measure:** Onsite Review Instrument case review performance is the primary measure for this goal: Item 12: needs and services of child, parents, and foster parents, Item 13: Child and family involvement in case planning, Item 14: Caseworker visits with child, and Item 15: Caseworker visits with parents. Performance goal for each of these items is 95% rated as strength. A companion measure is the rate of recurrence of maltreatment; performance goal is to meet national standard set at 9.5% per CFSR Round 3 data profile.

**Performance:**
For Well Being Outcome 1 (Items 12, 13, 14 and 15), Delaware's 2015 CFSR baseline performance was 70%, national performance was 36%. Delaware scored a 72% strength rating for Period 1 (April–Sept 2018) case reviews, 64% for Period 2 (Oct 2018-March 2019), 68% for Period 4 (Oct 2019-March 2020), a 71% for Period 5 (April 2020 – Sept 2020) and a 62% for most recently completed reviews (Oct 2020 – March 2021). For Item 12: Needs and services of child, parents, and foster parents, Delaware had a 70% strength rating on case reviews between Oct 2019 – March 2020. For April 2020 – Sept 2020, Delaware had a 71% strength rating. For most recently completed reviews from Oct 2020 – March 2021, Delaware had a 62% strength rating. Delaware has not met performance goal of 90%. For Item 13: Child and family involvement in case planning, Delaware had a 68% strength rating on case reviews between Oct 2019 – March 2020. For April 2020 – Sept 2020, Delaware had a 78% strength rating. For most recently completed reviews from Oct 2020 – March 2021, Delaware had a 66% strength rating. Delaware did not meet performance goal of 90%. For Item 14: Caseworker visits with child, Delaware had an 76% strength rating on case reviews between Oct 2019 – March 2020. For April 2020 – Sept 2020, Delaware had a 76% strength rating. For most recently completed reviews from Oct 2020 – March 2021, Delaware had a 74% strength rating. Delaware has not met performance goal of 90%. For Item 15: Caseworker visits with parents, Delaware had a 65% strength rating on case reviews between Oct 2019 – March 2020. For April 2020 – Sept 2020, Delaware had a 72% strength rating. For most recently completed reviews from Oct 2020 – March 2021, Delaware had a 55% strength rating. Delaware did not meet performance goal of 90%. Overall, Delaware has declined performance on all Well Being Outcome 1 Items 12-15. Delaware scores better than national performance on reoccurrence of maltreatment since the onset of CFSR Round 3 measures. Per the January 2021 CFSR 3 Data Profile, Delaware scores a 5.0% on reoccurrence of maltreatment, exceeding the national standard of 9.5%.

**Objective:** Strong family engagement in assessment, planning, and services through family contacts, safety organized practice, and implementation of family team meetings. Family engagement strategies produce effective family interventions. Practice Safety Organized Practice with fidelity.

**Rationale:** Families and youth are experts on their family and situation. Partnering with families and youth will help individualize services and provide the right services for the family. When families are partners and have a role in developing planning, they are more likely to engage and participate in services and case planning activities. OSRI ratings for Item 13: Child and family involvement in case planning, Item 12A: Needs assessment

and services to children and 12B: Needs assessment and services to parents are below the performance goal of 95% of cases rated strength. Stakeholders say family teaming is gaining momentum and there are strong efforts to locate relatives and others to prevent entry into foster care.

**Outcome:**
Safety and well-being outcomes improve when parents and youth are active in assessment, planning and service delivery activities.

**Benchmarks:**

1. To strengthen the family engagement workgroup, co-leaders will recruit frontline staff and supervisors for all regions to join. The workgroup is charged with evaluating and implementing interventions to strengthen the application of Safety Organized Practice principles, strategies and tools.

   **Timeframe:** September 2021.

   **Measure:** Documented workgroup minutes with attendees.

   **Progress Report:** The agency has contracted Evident Change (formally NCCD-CRC) for training on case readings. The case readings will help inform a Family Engagement Workgroup. There is not a training date set yet.

   A workgroup was established around family engagement with intact families, since that is an area needing improvement.

   The following are the OSRI ratings from 10/20 – 3/21 associated with this benchmark:

| | **Round 6** |
|---|---|
| Item 12 A: Needs assessment and services to children | 74% |
| Item 12 B: Needs assessment and services to parents | 56% |
| Item 13: Child and family involvement in case planning | 78% |

   There is a decrease in these ratings from 2019. Staff were trained in Family Team Meetings and Collaborative Planning. This training is also included in New Worker Training. One of the barriers is likely due to the pandemic. Case workers had to adjust to a new way to engage families.

   Other concerns noted were regarding the lack of timeliness in completing the assessments. Delaware uses the Family and Child Strengths and Needs Guide (FSNG & CSNG) to identify areas of concern. The initial FSNG and CSNG are due within 45 days of the opening of a Treatment Case and are reviewed every 90 days.

2. Family engagement workgroup to develop a Safety Organized Practice Toolkit for staff demonstrating the different tools used to engage families and children in assessment, planning and service activities. Workgroup to collaborate with CPD to incorporate Toolkit in new worker training.

**Timeframe:** December 2021.

**Measure:** Distribution of the SOP Toolkit to staff and CPD.

**Progress Report:** The family engagement workgroup has to reorganize and enlist new members. Currently tools can be found on the DFS shared drive for staff to locate various engagement tools. A Safety Organized Practice Folder has been added to the shared drive to provide workers with a SOP Toolkit. This folder includes a FRAMEWORK template/description, template for safety mapping, information about the Circles of Support, information on including the child's voice, and more to be added. The location of the tools is under review and new distribution avenues are being explored. CPD will incorporate the SOP Toolkit into DFS New Employee Training (NET) when it is complete. All edits or additional strategies regarding the SOP Toolkit will be rolled out by December 2021. Therefore, this benchmark's timeframe is revised to December 2021.

3. Use a continuous quality improvement framework to monitor and improve Safety Organized Practice fidelity by reviewing DFS data, quality assurance case review reports and stakeholder input with regional managers, supervisors and caseworkers. Develop a tool to be used by reviewers to assist in identification of Safety Organized Practice. Identify areas needing improvement and implement corrective actions.

   **Timeframe:** December 2021 and ongoing.

   **Measure:** Documentation of evaluating, recommending interventions and impact on child and family outcomes.

   **Progress Report:** During CY2020, DFS's Fidelity Team continued to develop a plan for monitoring and improving SOP fidelity. DFS and Evident Change (formerly NCCD/CRC) entered into a training contract, whereby Evident Change will provide DFS with the tools and sample management reports necessary to create our own data reports to reflect the use of SOP tools and techniques. With assistance from Evident Change, DFS conducted a staff survey of caseworkers and supervisors to help identify training needs that will be incorporated in the training curriculum by Evident Change. Another deliverable of the contract is training on a case reading tool, to be used by the QA team, practice coaches, supervisors, and administrators. The case readings will reflect the use of SOP tools and techniques and will assist in gathering this type of qualitative data. The Division has also created 4 Practice Coach positions. The coaches will receive specific training and will help frontline staff with family engagement and use of the SOP tools. The practice coaches will collaborate with their specific region to develop and address ongoing practice training needs.

**Goal:** Foster youth are equipped to meet their own needs.

**Rationale:** Responsible and self-sufficient young adults are those youth equipped to meet their own needs using natural supports and community resources. The agency's goal is to prepare foster youth for adulthood utilizing assessment tools focusing on five basic objectives: education, employment, housing, well-being and money management. Fifty-nine percent of youth 18-21 years old during January-April 2019 reported having received either a high school diploma, GED or vocation certificate; and 46% reported being enrolled and attending an education program. Graduating with a diploma or certificate is the first step to obtaining a job and self-sufficiency. During the first quarter of CY2019, 88% of youth 18-21 reported having received employment related skills with 51% either working full time or part time jobs. Data gathered from January-April 2019 reports 86% of youth ages 18-21 were living in either a college dorm, with a relative or non-relative, had their own housing, lived in supportive permanent or transitional housing, or were in the military. More specifically, 32% of this population reported living on their own. Youth living on their own, in supportive housing or dorms represent over three-quarters of the independent living participants have developed the tools to obtain safe housing. Life skill training and experiences are provided by foster caregivers, and through individual and group interventions by contracted independent living caseworkers statewide. During July 2018 through March 2019 all youth reported having a connection to supportive adult. Stakeholder surveys have higher rates of disagreement that caseworkers assist youth with establishing adult support networks. Stakeholder comments from this past year noted that youth could be more prepared for self-sufficiency and independence. Stakeholders want higher high school graduation rates for foster youth. Foster youth say they face barriers obtaining driver's licenses and insurance. See Section II. Assessment of Current Performance in Improving Outcomes for case planning, contact and service array as they contribute to preparing youth for adulthood. Delaware makes a strategic choice based on data, stakeholder input and performance measures, to improve outcomes for foster youth and young adults in the independent living program. Strong interventions at this age promote healthy childhoods for the next generation.

**Measure:** Primary measures for this goal are rates of high school graduation, rates of employment, rate of safe housing, rate of youth reporting connections to supportive adults. Outcome surveys on youth receiving independent living services, using National Youth in Transition Database elements, is the source data. Goals are 60% will graduate high school or obtain a GED, 70% will be employed, and 95% of youth are connected to a supportive adult. Companion measure will be number of youths reporting post-secondary education enrollment with a goal of 35%.

**Performance:**
Outcome surveys on youth receiving independent living services, using National Youth in Transition Database elements, is the source data. The first quarter report of calendar year 2021 shows 40% of youth over 18 years of age were either employed full-time or part-time. 61% of youth over 18 either had a high school diploma, GED, Associates degree or vocational certificate with 44% currently enrolled and attending school. 93% of youth receiving IL services ages 16-21 noted having a connection to a supportive adult.

> **Objective:** To achieve higher rates of high school graduation, promote and support the UGrad program with Kind to Kids. Share information about the program with DFS staff, along with contracted independent living providers in an effort to connect youth to resources.

**Rationale:** Youth in foster care experience trauma. While coping with these traumas, and healing, youth sometimes need extra supports to help them succeed in school. Youth may not know of the UGrad program, therefore sharing program descriptions and protocols with caseworkers that support the youth, will in turn connect the youth with the resources they need.

**Outcome:** With the support of the UGrad program, youth will more likely graduate high school.

**Benchmarks:**

1. Independent living team will partner with Kind to Kids to distribute UGrad brochures and contact information to relevant staff.

   **Timeframe:** Ongoing through 2024

   **Measure:** Documentation of promotional events for UGrad programming and count of number served.

   **Progress Report:** Throughout the year, the Independent Living Program Manager (ILPM) communicated with the President of Kind to Kids regarding the UGrad Program. The ILPM shares quarterly data reports with Kind to Kids to exhibit the outcomes for school attainment of older youth in foster care. The UGrad program attended the Youth Advisory Council (YAC) annual conference in 2020 as a vendor where they shared flyers and helpful resources such as tool kits and books to the youth. UGrad staff connected with youth by explaining the services they provide, highlighting how UGrad could assist youth with achieving their educational goals. The IL program partners with UGrad on an ongoing basis by inviting them to participate in monthly YAC meetings. This allows UGrad to connect with youth to share about their services. UGrad served 63 children and youth throughout 2020 with 9 youth currently on track to graduate the spring of 2021.

**Objective**: Increase opportunities for safe and affordable housing on campus at post-secondary education institutions by replicating the current program at Delaware State University by expanding to other schools in different counties.

**Rationale:** Delaware wants to increase the number of young adults enrolled in post-secondary education. The partnership with Delaware State Housing Authority allows youth to receive state funded rental subsidy vouchers to cover the dormitory housing costs, which in turn, eliminates the costs of housing for youth. Eliminating housing costs provides opportunities for youth to afford housing while attending post-secondary education.

**Outcome:** More youth will enroll in post-secondary education programs and have safe housing.

**Benchmarks:**

1. The Independent Living Program Manager will develop a partnership with a New Castle County post-secondary education institution to expand the partnership with Delaware State Housing Authority to provide opportunities for free on-campus housing for eligible youth.

   **Timeframe:** June 2021

   **Measure:** Issuance of a signed Memorandum of Understanding documenting partnership with a post-secondary educational institution in New Castle County.

**Progress Report:** In April 2020, noting the current MOU between Delaware State University (DSU) and DSCYF for the foster care housing program was outdated, the ILPM worked closely with the Department's Chief Policy Advisor and Delaware State Housing Authority (DSHA) Planner on drafting an updated MOU. Due to the Covid-19 pandemic and state of emergency, advocacy work on the legislative level paused in March 2020 regarding expanding the foster care housing program to other in-state post-secondary schools. The ILPM regularly communicates with DSU about how DSU manages the foster care housing program on their campus. Also, the ILPM regularly communicates with the State Rental Assistance Program (SRAP) Housing Program Coordinator, Julie Watkins with DSHA regarding the number of vouchers used by foster youth. Detailed tracking of the number of vouchers used must be maintained to ensure there are available SRAP vouchers for foster youth to use if they choose to live on campus at DSU. Even though the state of emergency halted most work, youth leader and foster care alumnus, Ms. Mayda Berrios, kept the conversation alive. In June the ILPM collaborated with Ms. Berrios to figure out ways to support foster youth on campus at DSU. As a youth who experienced foster care herself, Ms. Berrios took advantage of the foster care housing program and lived on campus at DSU. Ms. Berrios is also the President of a student led community relations organization called Companion Champions. Through this organization, Ms. Berrios works on developing mentorship programs for youth in the foster care housing program on DSU's campus. The ILPM highlights to Ms. Berrios that sustainability of such an excellent program is needed so that youth years from now could benefit from the program. In October 2020, Senator Hansen expressed interest in supporting youth who have experienced foster care to have limited financial obligations when attending in-state post-secondary education institutes. Senator Hansen attends monthly YAC meetings to hear directly from the youth on what their needs are regarding school and housing. The ILPM continues to work closely with Meredith Seitz on data collection regarding outcomes of youth and school attainment. The ILPM advocates for the foster care housing program to be replicated to other in-state post-secondary schools.

**Objective:** Increase the percentage of youth who have part-time employment and full-time employment.

**Rationale:** Job readiness training and employment counseling prepare youth for entering the workforce. DFS partners with Jobs for Delaware Graduates (JDG) to provide employment training and counseling. Job shadow experiences allow youth to get firsthand

knowledge of job responsibilities and what certain careers entail. Providing opportunities for youth to engage with employers also allows youth to learn what qualifications and expectations potential employers are looking for. These experiences will help youth with career choices. Delaware seeks to improve employment rates for youth receiving independent living services.

**Outcome:** Rates of youth receiving independent living services and reporting employment will rise.

**Benchmarks:**

1. The Independent Living Program Manager will continue partnership with Jobs for Delaware Graduates to provide employment support services.

   **Timeframe:** 2020 and ongoing.

   **Measure:** Documentation of JDG services rendered and number served.

   **Progress Report:** Starting in March 2020 when the pandemic first hit due to Covid-19, the ILPM set up weekly check-ins with JDG staff to discuss how business was being managed. Weekly check-ins continued to show improved collaboration and communication between the IL program and JDG staff therefore the weekly check-ins turned into permanent monthly meetings held over a virtual platform. In July 2020, JDG created an updated tracking system to better align with their outcomes outlined in their contract. In February 2021, JDG and the ILPM recognized that transportation for youth specifically in rural settings is a major barrier in obtaining and retaining employment. The ILPM and JDG developed a transportation partnership agreement to help youth attain sustainable transportation through a third-party contracted transportation company. JDG works closely with youth to plan for long-term transportation solutions. The first quarter report of calendar year 2020 showed 6 new referrals to JDG. The second quarter report showed 3 new referrals and the 3rd quarter report showed 5 new referrals. On average, half of the youth referred to JDG are seeking employment. On average, about 30% of youth active with JDG are employed each month.

2. The Independent Living Program Manager will lead efforts to develop a year-round job shadowing program. This will include drafting a proposal for the leadership team approval, forming partnerships with community agencies, and developing procedures for both youth and employers based on collaborative workgroup direction.

   **Timeframe:** March 2024.

   **Measure:** Documentation of proposal, leadership's response, workgroup outcomes, partnerships and procedures.

   **Progress Report:** The ILPM researches ways to develop job shadowing opportunities virtually due to the Covid-19 pandemic. ILPM looks to local post-secondary institutes

such as UD for ideas. Currently, UD offers students to connect with employers who are alumni of UD for one-hour interviews to learn about potential career paths. This Benchmark is ongoing.

3. The independent living team will train independent living contracted providers, employers and caseworkers on the approved job shadowing program protocol. In addition, the independent living team will develop promotional materials targeting youth.

   **Timeframe:** September 2024.

   **Measure:** Documented training of independent living providers, employers and staff using the Delaware Learning Center attendance log where applicable.

   **Progress Report:** The ILPM collaborates with Program Director from Prevent Child Abuse Delaware (PCAD) regarding doing a segment on the IL program for new foster parents. In May of 2020 the ILPM developed an assignment for DFS staff to acknowledge the new Stairways To Encourage Personal Success (STEPS) policy and procedures. This was conducted through the Delaware Learning Center (DLC). Throughout the summer of 2020, the ILPM conducted virtual trainings for the Office of the Child Advocate's (OCA) CASA program. In July 2020, the ILPM trained YRS and PBH staff via Zoom on the IL program. From the fall of 2020 through the end of the calendar year, DFS staff were required to complete the new version of the IL program training in the DLC. This new IL training is incorporated in the new hire training for all DFS staff. The ILPM started attending quarterly statewide Treatment Workgroups to provide opportunities for staff to learn about the IL program. The ILPM conducts various creative training scenarios such as true and false games for staff using virtual platforms.

**Objective:** Foster youth to obtain driver's licenses and insurance coverage.

**Rationale:** Youth that are able to provide their own transportation have more opportunities for employment, education, healthy connections to others and normal youth activities.

**Outcome:** Obtaining a driver's license and car insurance promotes self-sufficiency. Increase in positive outcomes for foster youth and young adults will be achieved when barriers for attaining a driver's license are removed for foster youth.

**Benchmarks:**

1. The Independent Living Program Manager will research national models, organize partners to sponsor legislation and funding to remove barriers to foster youth obtaining driver licenses and car insurance coverage.

   **Timeframe:** June 2024.

**Measure:** Documentation of efforts to secure legislative and private support for foster youth to obtain driver licenses and car insurance coverage.

**Progress Report:** The Division and the ILPM recognizes the multitude of barriers youth who have experienced foster care face when trying to obtain a driver's license and car insurance. The ILPM added to the provider contracts an incentive for youth to use for transportation related expenses. The contracted agencies provide the incentive to youth to help cover costs related to driving. In addition, with the new Consolidated Appropriations Act, Division X the IL program now allows a temporary maximum of $4,000 per youth to be spend on transportation related costs. On October 6, 2020, the ILPM along with DSCYF leadership met with Delaware Senator Hansen to discuss the barriers foster youth face with obtaining drivers licenses and finding affordable car insurance. Along with Senator Hansen, the First Lady Tracey Quillen-Carney attended the monthly YAC meeting on November 16, 2020 to hear directly from the youth about their experiences with transportation. This discussion led to a breakout workgroup with Senator Hansen and Delaware Senator McBride and youth leaders to deliberate this issue in more detail. Throughout the month of December and January, the ILPM and Department Leadership provided data to the Senators to assist with potential legislative proposals that will address the barrier that car insurance is typically unattainable for youth who've experienced foster care.

**Goal:** Foster children taking psychotropic medication also receive mental health counseling.

**Rationale:** The health and well-being of foster children is a top priority of Delaware's child welfare system. Delaware has developed an oversight and monitoring system for all children as they enter foster care as part of a larger nationwide effort. This effort has a goal to reduce overreliance on psychotropic medications for managing challenging behaviors in youth in foster care. All children who enter foster care are screened by the Office of Evidence-Based Practice's (OEBP) screening team to evaluate their mental health needs. A foster child's medical history, including psychotropic medication history, is reviewed by the pharmacy consultant. OSRI case reviews for April-September 2018 find 100% rated strength for Item 18: Mental/Behavioral health of the child. It is well-established best practice that children who are taking psychotropic medications also be involved in mental health counseling unless otherwise clinically indicated. For CY2018 26% or 294 foster children were prescribed psychotropic medications. Another measure is the number of foster children taking antipsychotics and not in mental health treatment. In CY2018, 5% or 53 foster children were prescribed antipsychotic medications without counseling. Stakeholders express concern for children receiving psychotropic medication without counseling.

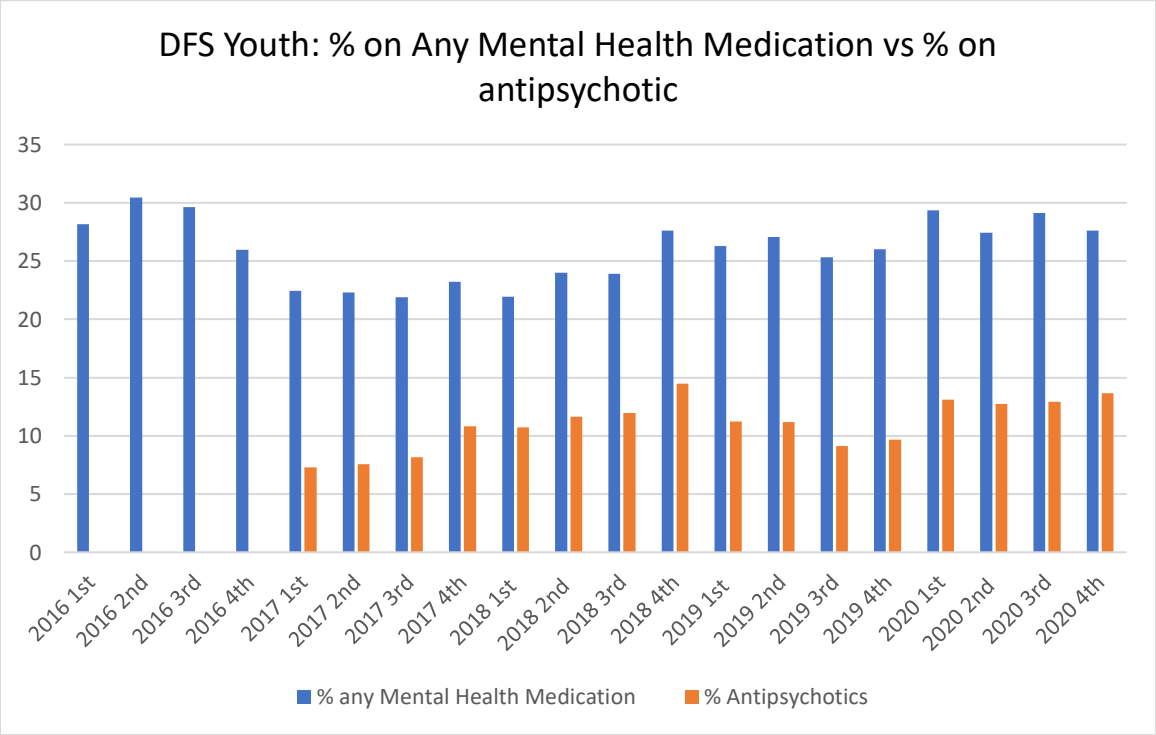
**Measure:** The primary measure for this goal is the percentage of foster care youth taking psychotropic medications and antipsychotics and not in counseling. This is obtained through Medicaid utilization data and internal data in our FOCUS system. The goal for this measure is to lower the percentages from the CY2018 baselines: 26% of foster children take psychotropic medication without counseling (N = 294), and 5% of all foster children take antipsychotic medication without counseling (N = 1,108).

**Performance:**

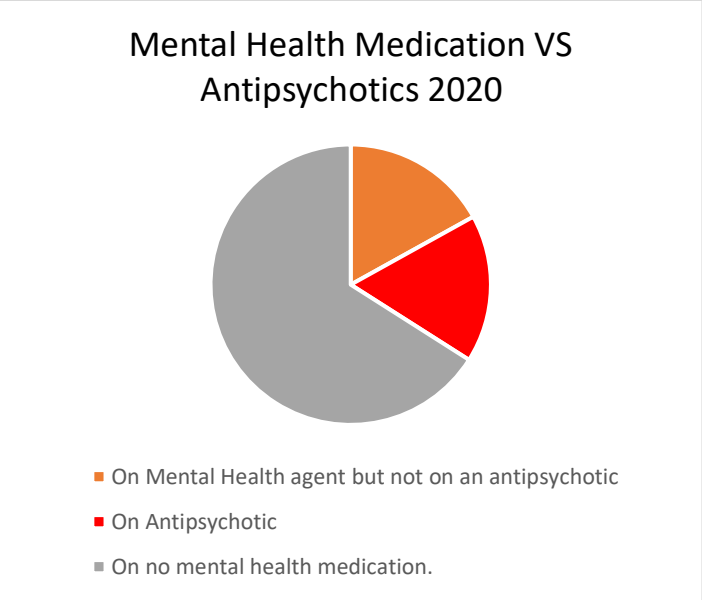
During CY2020, data shows an increase in psychotropic medication without counseling rose 1% from CY2019, and antipsychotic medication without counseling remains decreased by 1%. The number of children experiencing foster care on antipsychotic medication remains steady at 5%. This increase may be due to the high turnover and high variability of what medications a patient has been on before being enrolled and entering DSCYF care. The patients enrolled in 2019 are not all the same patients enrolled in 2020.

Below are the statistics of foster children's psychotropic medication and counselling rates for CY2020:
**Note:** The data reported in the graphs below reflect the number of youths in care during a calendar year. It does not reflect the date the youth entered care and is based on Medicaid claims.

**DFS Youth: All Mental Health Medication and Antipsychotic Medication**

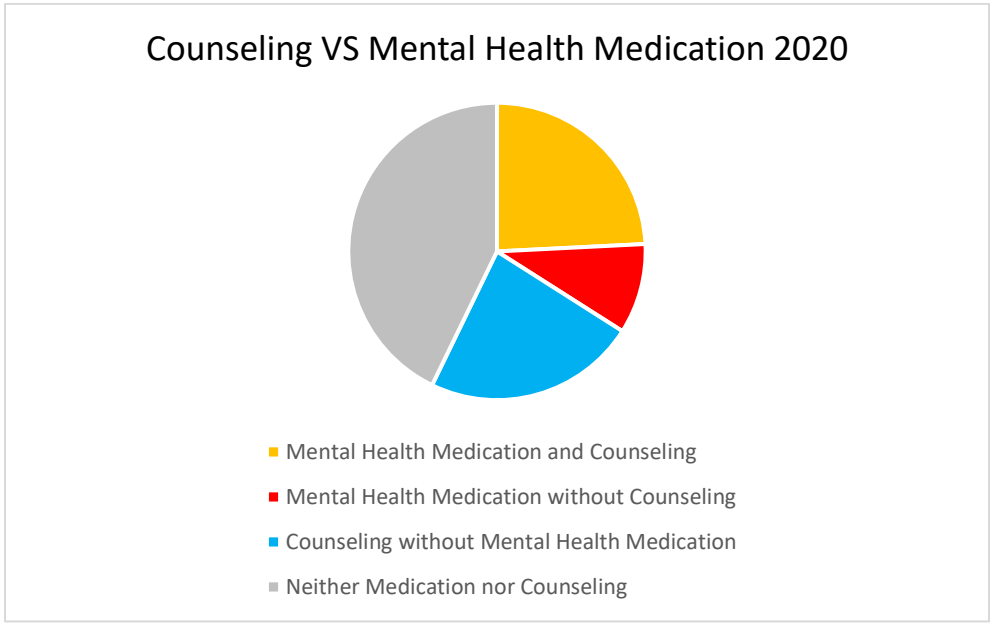



Annually, the population is examined to see what fraction are receiving any psychotropic medication, what fraction are receiving a medication in the antipsychotic class, and what subfractions have had a claim billed to Medicaid for mental health counseling.

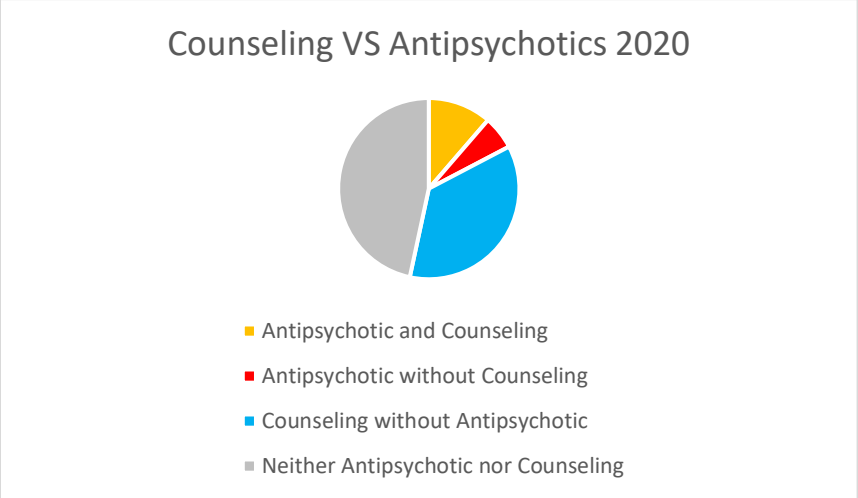



| CY2020: Psychotropic Medication and Antipsychotic Medication | |
|---|---|
| | # |
| All DFS children | 785 |
| On mental health medication | 267 |
| On mental health agent but not on an antipsychotic | 133 |
| On antipsychotic | 134 |
| On no mental health medication. | 518 |
| Youth receiving counseling | 372 |

**Mental Health Medication and Counseling:**



| CY2020: Psychotropic Medication and Counseling | Count |
|---|---|
| All DFS children | 785 |
| On MH medication | 267 |
| Mental health medication and counseling | 190 |
| Mental health medication without counseling | 77 |
| Counseling without mental health medication | 182 |
| Neither medication nor counseling | 336 |
| Not on psychotropic medication (with or without counseling) | 518 |
| Children receiving counseling | 372 |




| CY2020: Antipsychotic Medication and Counseling | Count |
|---|---|
| All DFS children | 785 |
| On antipsychotic | 136 |
| Antipsychotic and counseling | 89 |
| Antipsychotic without counseling | 47 |
| Counseling without antipsychotic | 283 |
| Neither antipsychotic nor counseling | 366 |
| Not on antipsychotic (with or without counseling) | 649 |
| Children receiving counseling | 372 |

Six youth were identified who, based on their FOCUS profiles, appeared to be getting two antipsychotics at the same time. However, for all six patients, Medicaid claims for 2020 only showed one agent or the other used at any given time. This usually indicates that the redundant antipsychotic was actually already discontinued but that not all records had been updated until after the fact. A cross-taper of up to 90 days is often considered appropriate.

Different age categories were also examined separately.

Utilization of any Mental Health Medication (psychotropic) and counseling claims based on age group:

| | Age 0-6 (<7) | Age 7-11 | Age 12-18 | Age 0-18 |
|---|---|---|---|---|
| with counseling claim | 10 | 41 | 139 | 190 |
| No counseling claim | 3 | 4 | 69 | 76 |
| All youths on Mental Health Medication age 0-18 | 13 | 45 | 208 | 266 |

Utilization of medication sin the antipsychotic class and counseling claims based on age group:

| | Age 0-6 (<7) | Age 7-11 | Age 12-18 | Age 0-18 |
|---|---|---|---|---|
| with counseling claim | 1 | 20 | 72 | 93 |
| No counseling claim | 0 | 3 | 38 | 41 |
| All youths on an antipsychotic age 0-18 | 1 | 23 | 110 | 134 |

**Objective:** Coordinate appropriate mental health counseling for foster children taking psychotropic medications.

**Rationale:** Connecting foster care youth to mental health counseling services at the time of entry into foster care should increase the percentage of youth on psychotropic medications and in mental health counseling. By working with providers, workers and foster parents, OEBP staff can assist in getting foster care youth the mental health services they need. If the youth has been successfully discharged from mental health counseling and is maintained with psychotropic medications alone, the clinical justification for this can be explained and documented. Stakeholders express concern for children receiving psychotropic medication without counseling.

**Outcome:** The percentage of youth in care receiving psychotropic medications and mental health services will increase; children will be engaged in best mental health treatment practices.

**Benchmarks:**

1. Children entering foster care who are on psychotropic medications but not receiving mental health counseling will be referred for mental health counseling services by the Division of Prevention and Behavioral Health Services' Quality Improvement Team.

   **Timeframe:** 2020 and ongoing.

   **Measure:** Documentation of medication review for children entering care and referrals to mental health counselling for children taking psychotropic medications and not in counseling.

   **Progress Report:** The DFS Office of Evidence Based Practice team, who was our former provider for screenings of children in foster care, moved to the Division of

Prevention and Behavioral Health Services in 2019 to form that Division's Quality Improvement Team. Due to the repurposing of those staff, DFS developed a new screening and referral partnership with the Division of Prevention and Behavioral Health and their System of Care Grant Team. This new partnership worked to develop new and stronger protocols for assessment and referral of foster children entering care. The project started as a pilot in New Castle county in March 2020 after a brief hiatus of the previous program while the new program was being developed. The new program established to pathways for screening and referral for children entering foster care. All children entering care (4 and older) are now referred to a contract provider, Delaware Guidance Services Inc., who conducts a developmental and mental health screening, engages the child, foster parent and other team members in completion of the assessment and the development of recommendations. The assessor also can assist with short term crisis intervention, connection and referral to resources and support via phone contact with the care provider. For children under four entering care, the assigned caseworker gathers information regarding the child and completes a referral to Child Development Watch where warranted. This new strategy will result in better support to the children and providers upon placement and help facilitate quicker connection to needed mental health services where recommended. During the initial planning phase, adjustments and enhancements were made to the protocol via frequent meetings with DPBHS System of Care Grant team, DFS Regional Administrators, DFS foster care team members and the partner agency team. That team continues to meet regularly to monitor and review statistics, consider adjustments or enhancements to the protocol and work through any barriers.

In addition to relying on the screening process to identify children taking psychotropic medications who are not in counseling, the Division of Family Services also contracts with a consultant to review Medicaid claims history for all children entering foster care. Using this claims history, the consultant pharmacist is another avenue for identifying children taking psychotropic medications but not receiving counseling. When such a child is identified using Medicaid claims history, this information is forwarded to the contract agency or the clinical screener to make a referral for mental health counseling.

**Quality Assurance System**

**Goal:** Embed continuous quality improvement principles in decision making across all functions to improve infrastructure, workforce, services, and outcomes.

**Rationale:** Healthy child welfare systems need to continually evaluate processes and performance to make measured improvements in child and family outcomes. Data informed decision making sustains productive programming, ensures balanced resource allotment and supports new initiatives. DFS uses system reports for measuring performance against national standards; and case review results for measuring case level safety, permanency and well-being elements. Stakeholder input and system data reports inform systems performance. Targeted areas needing improvement are best addressed using continuous quality improvement principles and strategies to choose, implement and evaluate interventions to effect positive changes. This system was an area needing improvement in the CFSR PIP. DFS issued a CQI Plan, trained staff and adopted a

uniform case review tool. Two targeted concerns were identified to improve using CQI principles. Stakeholders agree DFS has reports to access system performance.

**Measure:** This system's health will be measured by stakeholder agreement that they see evidence of data informed decisions and evaluation in workforce development and program interventions. Another measure is the status of targeted projects to improve processes and outcomes as noted in Annual Progress and Services Reports.

**Performance:**

Delaware has established and maintained a formalized CQI system. As it continues to mature, Delaware expects to have more stakeholder feedback regarding outcomes. A CQI Steering Committee meets at least every two months. Team members are the DFS CQI Manager, DFS Program Support Manager, DFS Operations Manager, a case reviewer, data analysts, Regional Administrators, DFS supervisors, the Department Community Relations Coordinator, and the Department CQI leader. This group considers stakeholder feedback, case review performance results, national data indicators, and report findings to determine agency strengths as well as targeted areas of needs. Four CQI subcommittees have been established thus far to address targeted improvement areas. They are CQI Periodic Review Committee, CQI Post Adoption Disruption Committee, CQI Intact Family Committee, and CQI Data Quality Committee. A fifth group will be forming in near future focusing on the teen population entering foster care. These groups meet on a monthly basis. The CQI Periodic Review Committee disbanded in November 2019. This group produced a number of positive outcomes and feedback from DFS operations and Department of Justice stakeholders continues to be very positive. Delaware has seen marked improvements and for the most recently submitted AFCARS, Delaware had no missing periodic reviews. Consequently, case review performance has also improved on Item 5: Establishing permanency goals and Item 6: Achieving permanency goals. Delaware is now exceeding performance goal of 90% on both items. The CQI Post Adoption Disruption Prevention group has quantitatively defined the scope of disrupted adoptions and is in process of gathering additional qualitative data. Team has researched solutions and developed some theories of change to improve outcomes. Team has begun the implementation of interventions. Stakeholder feedback has been very positive. The CQI Intact Family Committee was formed after analysis of case review performance showed a significant difference in performance on in-home cases versus foster care cases. Committee has identified the scope of the problem through analysis of data reports, case reviews, and stakeholder survey results. Team has developed some theories of change to improve outcomes and has begun implementation process. The CQI Data Quality Committee was formed after report analysis and validation tools showed key areas where data quality improvement was needed. Committee drafted this problem statement: DFS is inconsistently meeting data quality standards for accuracy, timeliness, and completeness. Through analysis of federal reports, the CQI Data Quality Team has targeted key events related to placement and custody as a focus for intervention strategies.

DFS set a goal to improve data informed practice across the agency. Trainings are being scheduled to teach supervisors how to better understand reports and use results to assess worker performance, prioritize needs, and improve practice. Data team continues to develop reports as the need arises to review key areas that program team uses to manage service provision, training needs, policy revisions, and other program needs. Operations manager analyzes these reports and sends out a weekly update to all regional administrators summarizing key areas of performance related to

investigation backlog, initial interview completion, case openings and closures. Operations manager is in process of developing a similar report for treatment staff.

CQI training continues to be mandatory for all DFS staff and is a part of new hire training. CQI training was also presented as part of most recent stakeholder meeting. CQI Steering Committee continues to brainstorm ways to inform staff of performance outcomes. CQI Manager and Department Community Relations Coordinator continue to collaborate on regular email blasts sharing positive performance results. These emails continue to be sent out to all staff and select DSCYF employees. CQI Manager also sends out "Kudos on Case Review" emails when case reviews receive an all strength rating. These emails are sent to workers, Supervisors, Assistant Regional Administrators, Regional Administrator, DFS Operations Administrator, DFS Director and DFS Deputy Director. Feedback regarding these kudos has been extremely positive.

The status of target projects to improve processes, performance and outcomes is noted in progress notes throughout Section IV, Progress Report.

In October, DFS held a stakeholder presentation of case review findings and system data. The agency shares selected data elements with Court Improvement Program and Child Protection Accountability Commission.

**Objective:** DFS to target specific areas to improve using CQI principles.

**Rationale:** Based on system data reports, performance on national standards, case review findings, audits and stakeholder comments, target specific areas to apply a cycle of activities defining the problem, gathering data, forming a theory of change, implementing an intervention and evaluating impact. Three areas are identified for 2020-2021: post adoption disruptions, intact family performance on case reviews, and data quality.

**Outcome:** Improved processes leading to better outcomes for children and families. For 2020-2021: Holding periodic reviews within 6-month timeframes and reduced adoptive disruption rates.

**Benchmarks:**

1. CQI workgroup for post-adoption disruptions to hold meetings to apply:
    a. Defining the scope of disrupted adoptions.
    b. Researching solutions to preserving adoptive families.
    c. Forming a theory of change to improve outcomes.
    d. Implementing an intervention to preserve adoptive families.
    e. Evaluating impact on rate of post-adoption out of home placements.

**Timeframe:** June 2021 and ongoing.

**Measure:** Documentation of application of CQI principles on this project and impact on number of post-adoption disruptions.

**Progress Report:** The CQI Post Adoption Disruption Prevention Committee continues to meet monthly. Members of this committee have grown to include CQI Manager, Family Services program managers, adoption subsidy worker, data analysts, and stakeholder representation from

Department's Office of Case Management, and representatives from post-adopt services contract providers A Better Chance For Our Children, Children's Choice, and Children and Families First. Delaware plans to add an adoptive parent to this committee. CQI workgroup was able to define scope of disrupted adoptions and determined between 5-6% of previously adopted children are in the foster care population; but they make up a third of intensive residential placements. Team continues to collect data. Most recent AFCARS report (October 2020 to March 2021) shows that 5.6% of children in foster care were previously adopted. There were 51 adoption disruptions using AFCARS 2019 A/B (Oct 2018 – Sept 2019) report, 28 of these children were Delaware DFS disruptions. Using April 2020 – Sept 2020 AFCARS 2020B data, only 3 of the disruptions were new placements where custody start fell within that AFCARS time period. Breakdown was as follows: 1 disruption entered foster care in 2011, 2-2013, 1-2014, 2-2015, 2-2016, 5-2017, 5-2018, 10-2019, and 5-2020. Only 9 of the 33 disruptions had a goal of reunification; 11 had goal of adoption; 2 had a goal of guardianship, and 11 had a goal of long-term foster care or APPLA. Using the AFCARS 2021A (Oct 2020 – March 2021), 33 out of 575 children had been previously adopted. Of these children, 1 disruption entered foster care in 2011, 1 in 2013, 1 in 2015, 2 in 2016, 4 in 2017, 5 in 2018, 9 in 2019, 6 in 2020, and 3 in 2021. Of these 9 had goal of reunification, 3 had goal of guardianship, 9 had goal of adoption, and 12 had goal of long-term foster care or APPLA.

In order to get obtain qualitative data and the voice of adopted parents, members of the CQI Post Adoption Disruption Prevention Committee developed a qualitative survey for adoptive parents. In August 2020, this survey was sent out via email to 533 adoptive parents and received 84 responses. See attachment for overall survey results. A question asked on the survey was if any of the adopted parents would be willing to have further discussions about their adoption experience. For those that were in agreement, approximately 35, A Better Chance for Our Children staff completed follow up calls. The Office of Case Management (OCM) at request of CQI Committee also conducted case reviews on a small sampling of the specific Delaware DFS disruptions. After reviewing results of the case reviews, the committee opted to develop a qualitative interview specifically for adopted parents where a disruption had taken place. (See attachment for Post Adoption Survey Adopted Parents Interview Guide). DFS administrative case reviewers and OCM reviewer are currently in the process of locating these adopted parents, conducting FOCUS case reviews, and conducting qualitative interviews.

Two early contributing factors were determined to be staff's lack of knowledge regarding post adoption services and a need to strengthen our workforce's knowledge of trauma informed practice for pre-adopt and post-adopt children. A theory of change is that if staff are educated on post adoption services, they will be able to communicate to adopted parents the availability of and make referrals to these programs. If this occurs, these programs could work with adopted families and prevent disruptions. A second theory of change is if staff have a more trauma informed awareness of issues specifically related to pre and post-adoptive children, they will better able to assess children and adopted family's needs, provide appropriate services or interventions, prepare adopted parents for future challenges, and better ensure safety, permanency, and well-being. This will lead to stability of pre-adoptive children in their homes and prevent disruptions. In regard to intervention, committee has had a campaign to provide education on post adoption services to department staff. On August 10, 2020, Executive Director of A Better Chance for Our Children, a contracted post adoption service, did a presentation at

DFS All Management Meeting to educate DFS supervisors and management on post adoption services. Following presentation, DFS operations manager presented that practice going forward would be to make referral to post adoption services at any point from intake through permanency that DFS is working with an adoptive family. It would also be an expectation for both internal and contracted FAIR workers to make referrals to post adoption services if warranted. On August 28, 2020, Regional Administrator for hotline attended CQI Post Adoption Disruption Committee Meeting to develop process and determine expectations for hotline staff in regard to post adoptive service referral and recommendations. For self-referrals involving post adoptive families, advising individuals of post adoption services and assisting with referral process could serve as a diversion technique. Hotline staff could also provide information on post adoption services to professional reporting sources if they are working with an adoptive family. Treatment Program Manager also shared information on post adoptive services with contracted Family Interventionists as an added resource for families. Adoption program manager attended FAIR workgroup to provide education on post adoption services. Committee members have communicated with Youth Rehabilitation Services community service staff and have provided presentation to school personnel. Committee members met with DFS director in regard to post adoption services resulting in a request for additional targeted groups to be trained on post adoption services to include team decision making (TDM)facilitators, investigation workers, and Independent Living providers. Members of CQI Committee will be attending future TDM facilitators meeting, treatment, and investigation program meetings to provide this training. Committee members are working with Independent Living Program Manager to facilitate training of Independent Living Providers in Summer 2020. In upcoming school year, committee also plans to do follow up training to educate school family crisis therapists on post adoptive services.

In addition to department staff, committee has focused on how to better inform foster and adoptive parents about post adoption services. Foster parents are receiving information on post adoption services in their training. Post adoption service information will also be included on upcoming foster parent newsletter. Information on post adoption services continues to be sent out with each adoption agreement and renewal. Post adoption services contractors have now become more proactive and are doing outreach to adoptive parents at time of agreement renewal and speaking directly to adoptive parents to ensure their awareness of available services.

Committee had found another contributing factor to adoption disruption is the need to strengthen the workforce's knowledge of trauma informed practice for pre-adopt and post-adopt children. Committee collaborated with the Department's Center for Professional Development and the Center for Adoption Support and Education through the National Adoption Competency Mental Health Training Initiative to add a set of training modules specifically geared towards child welfare professionals to the Delaware Learning Center. ATTACHMENT Training for CW-Modules – Lessons This training offers three learning track options: Training for child welfare professionals, training for child welfare supervisors, and training for mental health professionals. These 20-30-hour training modules became available in January 2021 for all DSCYF employees. Global emails to promote the training were sent out to all staff. Follow up email notifications were then sent out by program managers. These trainings were also discussed at Senior Leadership Team Meetings and All Management Meetings. As of 4/28/21, 39 staff have initiated and 6 staff have completed the child welfare professional training, 13 staff have initiated the

child welfare supervisor training, and 45 have initiated and 1 staff has completed the mental health professional training series. A Better Chance for Our Children, post adoption services, sponsored a free therapy training series, Moving Beyond Trauma Informed Incorporating Neuroscience into Practice to Improve Treatment Outcomes. (See attachment for flyer) This training is being conducted by an adoption therapist. CQI Manager, Chair of CQI Post Adoption Committee, was able to coordinate with the Community Relations Coordinator with Office of the Secretary to promote this training. Numerous staff in the department expressed interest resulting in three separate cohorts of the training to be offered. The Department continues to offer a number of trauma informed trainings that include the needs of pre and post adopted children. Child attachment and trauma training is offered on a quarterly basis to all Department staff. This training is given by a CQI Post Adoption Disruption committee member, the Executive Director of A Better Chance For Our Children.

Evaluation of impact cannot quite yet be undertaken.

See Benchmarks under Section IV. CFSP Progress Report, Objective: Prevent post-adoption disruptions, for more information on the CQI Post Adoption Disruption Prevention Committee.

2. CQI workgroup for intact family to hold meetings to apply:
    a. Defining the scope of intact family reviews having lower performance ratings
    b. Researching solution to improve casework with intact families
    c. Forming a theory of change to improve outcomes
    d. Implementing an intervention to improve performance with intact families.
    e. Evaluating impact on case review performance with intact families.

**Timeframe:** June 2021 and ongoing

**Measure:** Documentation of application of CQI principles on this project and impact on number of post-adoption disruptions.

**Progress Report:** The CQI Intact Family Committee is made up of DFS treatment workers, DFS treatment supervisors, DFS Administrative Case Reviewer, DFS Treatment Program Manager, DFS Program Support Manager, DFS CQI Manager and DFS Operations Manager. This group meets monthly. The group was formed after analysis of case review performance showed a significant difference in performance on in-home cases versus foster care cases. For the most recently completed case reviews, Delaware scored a 46.43% strength rating on in home services cases versus a 90.74% on foster care cases for caseworker visits with children and a 35.71% on in home services cases versus a 70.97% on foster care cases for caseworker visits with parents. CQI Intact Family Committee analyzed case review summaries and determined Delaware's performance for intact families on Item 14 Caseworker Visits with Child and Item 15 Caseworker Visits with Parent impacts our performance on other items such as Item 3 Risk and Safety Assessment and Management, Item 12 Assessing of Needs and Services for Children and Parents, and Item 13 Child and Parent Involvement in Case Planning. CQI Intact Family Committee reviewed the results of the previously completed DFS/CPAC treatment caseload study. Recommendations of this study include lowering treatment caseload standard to 12, expansion of treatment staff/or contracted services, case weighing strategies upon assignment,

and intact vs placement caseloads. The committee developed a survey that was given to all DFS treatment caseworkers in order to gather information about strengths and barriers in their work with families. CQI Intact Committee requested the development of a report indicating the number of children per caseload versus the number of cases per caseload along with the expected frequency of contact. This report showed quite a discrepancy amongst staff with some staff having 70+ children on their caseload. Committee has also begun building reports and gathering information on barriers to case closure, particularly on cases where risk is low and/or no services are being provided.

After analysis of case review rating summaries, various data reports, and treatment worker surveys, a theory of change was developed: If treatment caseworkers and supervisors received holistic training on Delaware policy, practice, and procedure as it relates to federal review expectations, improvements would be seen on case review performance. As a result, committee made recommendations to Strategic Leadership Team (SLT) for the development of a mandatory training series for all caseworkers, supervisors, and family service assistants that is based on safety, permanency, and well-being outcomes and broken down by corresponding case review items. Each training module consists of the following sections: Child and Family Service Review On-Site Review Instrument item objectives, definition, and questions, DFS related policy, caseworker responsibilities, supervisor responsibilities, data informed supervision – what reports supervisors can use to monitor performance, caseworker practice tips including applicable Safety Organized Practice or Structured Decision Making® review, FOCUS events and documentation, and what is needed for an overall strength rating on the case review. Based on the area of lowest performance and need, Module I of the training series, Well-Being Outcome 1: Caseworker Visits with Children and Parents/Caregivers was the first to be developed. This training was offered to staff on December 10, 2020, December 14, 2020, and December 16, 2020. This training was recorded and is in the process of being placed in the Delaware Learning Center so that newly hired staff and others are able to complete the training. Module II will be Well-Being Outcome 1: Assessment of Services. This training is in the development phase and the goal is for it to be offered by end of July 2020.

A second theory of change is that if treatment workers' workload could be reduced, then we would see an improvement in performance. DFS leadership and CPAC are already in the process of working towards lowering the treatment caseload standard and expansion of treatment staff. CQI Intact Committee presented the results of the number of children per caseload versus the number of cases per caseload along with the expected frequency of contact to senior leadership. As a result, operations manager is now utilizing this report and recommending supervisors to take child caseload counts into consideration when assigning caseloads. Committee has also begun building reports and gathering information on barriers to case closure, particularly on cases where risk is low and/or no services are being provided. One such report that is now sent out monthly shows cases that remain open despite Final Order of Adoption or Permanent Guardianship Order being issued. When these cases remain open for extended periods of time and no contact is made after order is issued, they negatively impact case review performance. These cases are currently being targeted for case closure. CQI Intact Committee is also developing a survey to determine the number of intact cases that are open due to a pending guardianship petition with family court, but DFS is not providing any services and there is little to no risk. Committee is also requesting assistance in obtaining data from the court regarding the

extent of DFS involvement in civil family court proceedings. Committee will also be reviewing cases where SDM® risk reassessment is low to moderate and case remains open. Evaluation of impact cannot yet be undertaken.

3. CQI workgroup for data quality to hold meetings to apply:
    a. Defining the scope of data quality accuracy, timeliness and completeness.
    b. Researching solutions to improve data quality.
    c. Forming a theory of change to improve data quality.
    d. Implementing an intervention to improve data quality.
    e. Evaluating the impact on rate of accuracy, timeliness and completeness.

**Timeframe**: June 2021 and ongoing.

**Measure**: Documentation of application of CQI principles on this project and impact on data quality.

**Progress Report**: The CQI Data Quality Committee was formed after report analysis and validation tools showed key areas where data quality improvement was needed. CQI Data Quality Committee meets monthly. This group includes representation from the Division of Management Support Services, the Executive Product Owner and DFS Product Owner for FOCUS, CQI Steering Committee, DFS data team, Center for Professional Development, DFS FOCUS liaisons, and DFS program team. Committee drafted this problem statement: DFS is inconsistently meeting data quality standards for accuracy, timeliness, and completeness. Through analysis of federal reports, the CQI Data Quality Team has targeted key events related to demographics, placement, case plans, and custody as a focus for intervention strategies. A theory of change was developed in regard to these targeted areas. Data entry by specific individuals with appropriate training will improve data quality. Another theory of change is that if FOCUS data system was more user friendly, data quality would improve. CQI Data Quality Committee opted to prioritize issues related to placement due to scope and impact placement had across our data system. In regard to placement entry, placement training including demonstrations of how to complete FOCUS placement events are mandatory for all staff and are located in Delaware Learning Center. CQI Data Quality Team members sent out reminders and recommendations that these trainings be initially completed and/or used as refresher trainings. As recommended by committee, DFS Product Owner also presented placement events in the monthly FOCUS Feedback sessions offered to all DFS staff. Team also recommended report writers build report to look for placement gaps. Through analysis of this placement gap report, Kids in Custody without Active Placement report, and AFCARS validation report, team also found that workers were struggling with the entry of relative/non-relative placements as well as out of state non-contracted facility placements leading to significant delays in placement entries. Given that 10% of all placements are with a relative or non-relative provider, this is problematic. Committee recommended that Family Service Assistants be specifically trained on relative/non-relative placement entries with expectation that once trained they would be responsible for all of these placement entries. Committee recommended that Foster Care Program Administrator be trained and enter all out of state facility placements. DFS Operations Manager was in agreement with these recommendations. DFS liaisons provided training and created a step by step document on relative/non-relative provider entries. This training is also available through the Delaware

Learning Center. Since this training has occurred, there has been a decline in the number of missing placements of these types. CQI Data Quality Team found that Delaware's service taxonomy was not user friendly and leading to delays or errors when entering placements. To remedy this, DFS product owner and program team have begun to review and simplify the service taxonomy used in FOCUS. As a quality assurance tool, the kids in custody without active placement is reviewed by CQI Manager on regular basis. Analysis of children found on this report is conducted and emails sent out to staff and supervisors in regard to placement entry.

CQI Manager has also provided education on how managers and administration can use this report as a data quality tool. The kids in custody without active placement report is sent out to managers and administrators weekly. CQI Data Quality Committee concerns and recommendations related to placement were presented at July 2020 All Management Meeting to DFS supervisors, management, and administration.

In regards to improving timeliness and completeness of data entry for case plans and custody orders, CQI Manager and data team used the AFCARS report to determine children with missing court orders (periodic reviews – element 5) and case plans (permanency goals – element 43), Data team built a report reflecting children that have missing orders and plans that is now sent out monthly. Improvements have been seen. Most recent AFCARS had no missing periodic reviews and one missing goal. CQI Data Quality Team has also made recommendation that division explore having a select group enter all court orders in data system. CQI Committee is in process of reviewing Final Order of Adoption entries. Committee is trying to determine if there is a delay in receiving these orders from the court or if delay is just related to worker entry. Delayed entry of the final order of adoption has significant impact to adoption subsidy payments and Medicaid. Reports were built to show all instances where placement end reason is adoption. These reports are provided to adoption subsidy workers to ensure they adoption subsidy cases can be created timely and that request to enter orders can be made if needed. While reviewing case plans, it was found that the permanency goal picklists were not consistent across various events in FOCUS. Team went through all the picklists related to permanency goals in all events across the system. Change request was created to ensure all picklists would have same values. This change request is pending. Team also spent time reviewing role and relations for case persons as this can be confusing to staff.

In analyzing federal reports, CQI Data Quality Team found that often a person's demographic information was not being updated, particularly in investigations. To address this, team developed an email blast that goes out periodically to remind all Department staff about specific areas of data quality. Emails are entitled, "Focus on FOCUS". (See attachment – "Focus on FOCUS". Thus far, targeted areas have focused on demographics such as race, ethnicity, and address. Team also made recommendation that a validation be built into FOCUS that an investigation cannot be completed unless race, ethnicity, gender, and address are updated in the system. A change request is currently pending. Training on entering demographic information was also provided during the FOCUS feedback sessions by DFS Product Owner. As many of interventions have just recently occurred, it is difficult to determine effectiveness or evaluate impact.

**Objective:** Sustain CQI steering committee as the guiding authority for Office of Children's Services continuous quality improvement.

**Rationale:** DFS' CQI Plan requires the agency to designate a CQI Coordinator and a CQI Steering Committee. The Steering Committee representing various levels of agency staff and community partners will review implementation of the Plan and advise agency management of level of functioning and CQI strengths and areas needing improvement. Committee membership is determined by the Coordinator and agency leadership.

**Outcome:** Application of CQI principles and strategies will improve processes, workforce competencies, service array, and outcomes for children and families. DFS' CQI system governance will mature providing structured guidance and growth of CQI culture. Quality assurance case reviews are conducted with fidelity, observing sampling, OSRI, and measurement standards.

**Benchmarks:**

1. The CQI Steering Committee will review case review findings and progress towards goals and make data driven recommendations for improving performance to the leadership team.

**Timeframe:** July 2020 and ongoing

**Measure:** Documentation of Committee's review of OSRI findings and recommendations.

**Progress Report:** A 6-month extension was granted and CFR PIP measurement period was extended to include an additional April 2020- October 2020 reporting period.

This is a summary table of the CFSR PIP items using the OSRI findings as the measurement toll, established baseline performance, improvement goal, and status of the achievement with highest performance rating.

| OSRI Items | Baseline | Improvement Goal | Status |
|---|---|---|---|
| Item # 1- Timeliness of initiating investigations of reports of child maltreatment | 81.08 % | 89. 3% | Achieved<br>90 % |
| Item # 3 – Risk and Safety assessment and management | 90.70 % | 94.7 % | Achieved<br>Baseline<br>91 % |
| Item # 5 – Permanency goal for child | 74.50 % | 82.3 % | Achieved<br>96 % |

| | | | |
|---|---|---|---|
| Item # 6- Achieving reunification, guardianship, adoption of APPLA | 82.69 % | 89. 4 % | Achieved<br>98 % |
| Item # 12 – Needs and services of child, parent and foster parent | 73.26 % | 79.40 % | Achieved<br>79 % |
| Item # 13- Child and family involvement in case planning | 74.70 % | 80.8 % | Achieved<br>84 % |
| Item # 14 – Caseworker visits with child | 86.05 % | 90.8 % | Did not Achieve<br>81 % |
| Item # 15- Caseworker Visits with parents | 68.06 % | 75.1 % | Achieved<br>76 % |

Delaware met PIP goals for Items 1, 3, 5, 6, 12, 13 and 15. Delaware did not meet PIP goals for Item 14. Delaware missed achievement of Item 14 by 9 %.

Case review performance and progress towards PIP measurement goals were reviewed at every CQI Steering Committee meeting and documented in CQI Steering Committee minutes. Committee continued to analyze case rating summaries for each item that was not meeting PIP goals to determine causal factors, commonalities and trends. After PIP extension period, DFS Leadership team met with federal team and CQI Manager provided presentation of case review performance results, interventions undertaken to achieve PIP measurement goals, as well as planned future endeavors. Following PIP extension, CQI Steering Committee continues to review case review performance to determine areas of strength and needs. Results are broken down by county and by program area. CQI Manager gives updates and shares reports on case review performance with DFS Director, Deputy Director, Operation Manager, and Program Team. CQI Manager also presents information at Strategic Leadership Team and All Management Meetings. Recommendations and interventions made by CQI Steering Committee as well as subcommittees are also shared in these forums. Delaware also presented case review performance findings, identified targeted areas of improvements, and actions taken or recommended to improve performance at Stakeholders Meeting in October. (See attachment: Stakeholder Meeting PowerPoint). Most recently, CQI Steering Committee has determined that placement stability has shown a decline in performance. Committee believes this may be correlated to the high number of teens in care. Committee has recommended a new CQI subcommittee be formed to collect data and provide analysis on teen population , determine strategies to prevent teen entry into care including improved service array, increase and improve quality of teen placement providers, and achieve more timely permanency.

Committee plans to recruit representatives from YRS, PBH, DFS, juvenile court, YAC and OCM to participate in this committee.

2. The DFS CQI steering committee will coordinate activities with the Department CQI workgroup.
   **Timeframe:** October 2019 and ongoing.

   **Measure:** Documentation of coordination and progress of CQI activities.

   **Progress Report:** DFS CQI System is more advanced than Department CQI System at this time. Department plans to expand their CQI efforts and will be modeling their program after DFS system. CQI Manager will collaborate and assist in this process. CQI Manager is working with representatives from Office of Case Management, YRS, DMSS, and PBH to develop a multidivisional case review tool to be used by Department case review team. This group is also working to determine key areas for department focused CQI activities. DFS report writers and data analysts continue to meet regularly with Department report writers during Report Developers Meetings to collaborate on activities and ensure there is not a duplication of efforts. Collaboration also continues in regard to the presentation of data on a public facing dashboard. Department and DFS report writing teams are also working together to become educated on report building tools such as Einstein and Tableau so that dashboards can be created for use by management to promote data informed practice. The Department CQI lead is a member of the DFS CQI Steering Committee. The CQI Post Adoption Disruption Prevention Committee continues to be a joint collaboration between DFS and the Department CQI program. Department CQI lead is a member of this committee. Previous sections of this report have provided detailed updates on this committee's progress and activities. The upcoming CQI committee related to teens is also targeted to be a department collaboration.

3. DFS' CQI steering committee to coordinate semi-annual stakeholder meetings and stakeholder input activities such as surveys.
   **Timeframe:** September 2019 and ongoing.

   **Measure:** Documentation of meeting schedule, attendees, presentations and evidence of stakeholder input.

   **Progress Report:** A stakeholder meeting was scheduled for April 9, 2020 but cancelled due to the pandemic. Stakeholder Meeting took place on October 22, 2020. Agenda included a discussion on the impact of COVID on DFS practice, a review of program highlights including workload, staffing and retention efforts, expanding differential response, strengthening partnerships, Family First Prevention Services, human trafficking initiatives, and the development of the formalized continuous quality improvement system. Agenda also included a presentation on case review performance results, CQI activities and discussion on areas targeted for improvement based on case review findings, and a feedback session to gather input from stakeholders to guide and inform Delaware's child welfare strategic planning.

   Stakeholders have been invited to attend and participate in CQI committees. Minutes are kept for each meeting that includes a record of attendance. The CQI Post Adoption

Disruption Prevention Committee has stakeholder representation from Department's Office of Case Management and post-adopt services contract providers. The team plans to add an adoptive parent to this committee. A qualitative survey was developed for adoptive parents including those experiencing disruption. The CQI Intact Family Committee created a survey for frontline treatment to determine barriers in their work. A second survey for treatment staff has been developed in regard to work with children awaiting guardianship. The CQI Data Quality Committee includes representation from the Division of Management Support Services and the Executive Product Owner for FOCUS.

4. DFS' CQI steering committee to inventory and catalog reports for use by administration, operations and program staff to reference in support of new initiatives or to recognize strong practice and performance for safety, permanency well-being and systems.

   **Timeframe:** June 2020 and ongoing.

   **Measure:** Documentation of report inventory and cataloging by outcome and system.

   **Progress Report:** Delaware maintains an inventory and catalog of all reports available for use by administration, operations, and program staff. This is updated on a regular basis as new reports are created. (See attachment: Report inventory)

## Workforce Stability and Development

**Goal:** Stabilize the workforce to improve outcomes for children and families.

**Rationale:** The Division is experiencing an unstable workforce with higher than normal staff turnover rates. The statewide staff turnover rate for CY2018 was 26.27%. The turnover rate for CY2019 was 15%. The turnover rate for CY2020 was 6%. The unmanageable workload associated with high caseloads, along with the lack of consistent staff development and training opportunities are turnover drivers for DFS. Normalizing caseloads, workloads and providing supports such as better training and compensation through hazardous duty pay will stabilize the workforce and create an improved work environment with experienced staff. Stakeholders agree caseload and workload are too high.

**Measure:** Caseload averages will be at or near the mandated standard and turnover rates will be reduced to 10% or less.

**Performance:** As of March 31, 2021, investigation caseload average for fully functioning caseworkers is 10.8 (standard = 11) and treatment and permanency average caseload for fully functioning caseworkers is 14.7 (standard = 18). Due to the reduction in reports to the DFS Child Abuse and Neglect report line, we saw significant decreases in caseloads during 2020. The Division also saw a very low turnover rate for CY2020, with a drop to only 6%. This is a significant reduction from CY2019 when the turnover rate was 15%. We also have recognized the impact the pandemic has had on this decrease. During the pandemic staff were less likely to leave the stability

of full-time employment and valued the planning for flexibility in carrying out the work, such as hybrid or remote working, flexible hours and safety precautions implemented across the state. As we have moved through the pandemic, we have started to rebound in reports and expect a rebound in increased caseloads as well. We continue to evaluate lessons learned for operating during the pandemic to determine what strategies could be leveraged to continue to address caseloads and turnover.

**Objective**: Enhance skill set and competences of staff through enhanced training opportunities primarily focused on Safety Organized Practice and Structured Decision Making®.

**Rationale:** In 2014, DFS began a sweeping practice model change through Outcomes Matter initiatives which included Safety Organized Practice, a child welfare practice model grounded in critical thinking regarding safety and strong family engagement. When Safety Organized Practice was implemented, staff were provided with 12 modules of training across the first year of implementation. Since that time, SOP was incorporated in new worker training so that new staff are introduced to the practice strategies. However, there is a gap in training opportunities for staff to deepen their practice through continuous training opportunities on the practice model. In addition, many of the "early adapters" and trainers of the practice model have been promoted to new and different positions and are not available to support continuous training on the model. Turnover of staff has also negatively affected the level of staff with knowledge and experience in using the SOP techniques. Stakeholders say training can be strengthened for caseworkers. Reinvesting in SOP training for all staff develops internal capacity to provide ongoing training on the model and strengthens staff skills. Outcomes will be stronger performance in the areas of assessment, family engagement and planning with children and families. Opportunities for staff to develop their skills and receive skills training also will assist with staff turnover by improving morale and connectedness to the agencies work.

**Outcome:** Well-trained staff prepared to utilize strong engagement and critical thinking skills with the children and families they serve. Increased family engagement in assessment and planning will result from quality engagement by trained staff.

**Benchmarks:**

1. DFS program team to engage Evident Change (formerly NCCD/CRC) through a technical assistance contract to establish a Safety Organized Practice Continuum for DFS staff with a budget of $380,000.

   **Timeframe:** October 2020.

   **Measure:** Executed contract and documentation of contractor and agency activities.

   **Progress Report:** Early in FY2020, upon receiving a significant amount of General Funds to be used for training, DFS's Fidelity Team, which is comprised of regional staff, members of the program team, the Deputy Director, and the Administrator of

Children's Services, asked Evident Change (formerly NCCD/CRC) to create a series of trainings, designed to deepen SOP and SDM practice, inform a peer coaching model, support the CQI model design, and provide a case reading model for staff at all levels. After a series of suggestions and negotiations, the Fidelity Team reached a consensus at the beginning of April 2020 that the following elements should be included in the new training contract: 1. Outcomes Matter Survey—to inform the team about the current training needs; 2. Case Reading Training and Policy Development; 3. SDM Supervisory Advanced Modules; 4. Peer Coaching Model; 5. CQI Improvement Model Design; and 6. SDM Worker Advanced Modules. A contract was executed in July 2020 with Evident Change, and services were initiated. As of March 2021, the survey has been rolled out to staff, sample management reports have been shared by Evident Change in order to inform our CQI development, and initial planning meetings have been held to begin training for peer coaches. CPD will participate in the roll-out of the SOP training for DFS staff, through scheduling sessions in the DLC, tracking attendance, participating in training, and modifying existing DFS training, as needed. This benchmark has been met.

2. DFS leadership to develop a training pool that includes staff volunteers, members of CPD, TDM® facilitators, coaching supervisors and practice coaches who are prepared to receive the "Train the Trainer" SOP modules.

   **Timeframe:** September 2021

   **Measure:** Established pool of trainers.

   **Progress Report:** This benchmark is pending. DFS staff, supervisors, coaches, and CPD trainers will attend the SOP 'Train the Trainer' modules once Evident Change has developed appropriate training, based on survey outcomes, and sessions have been scheduled. The timeframe is revised to September 2021.

3. DFS leadership and CPD staff to implement trainer modules of Safety Organized Practice baseline and depth of practice modules.

   **Timeframe:** December 2021

   **Measure:** Documentation of training completion using the DLC tracking.

   **Progress Report:** This benchmark is pending. Once the SOP 'Train the Trainer' modules are scheduled with Evident Change, CPD will enter them into the DLC so identified SOP trainers can register. Following the training, CPD will track attendance through the DLC roster. The timeframe is revised to December 2021.

4. Establish a calendar of opportunities for all staff to participate in all levels (baseline and depth of practice) of Safety Organized practice. DFS leadership will collaborate with the CPD, practice coaches, training pool staff and CRC to set the training calendar.

**Timeframe:** January 2022

**Measure:** Documentation of completion of 'Train the Trainer' sessions.

**Progress Report:** This benchmark is pending. CPD will work with Evident Change and the identified SOP trainers to schedule the necessary SOP sessions for DFS staff. The sessions will be entered into the DLC so staff can register. Following the training, CPD will track the attendance through the DLC roster. The timeframe is revised to January 2022.

5. SOP trainers to conduct baseline and depth of practice Safety Organized Practice training modules.

   **Timeframe:** January 2022 and ongoing.

   **Measure:** Using DLC's attendance tracking, 100% of newly hired staff have SOP training. In addition, 80% of existing staff will have completed SOP (baseline or depth of practice) training aligned with their need**.**

   **Progress Report:** This benchmark is pending. After the SOP Continuum training modules are complete, CPD will demonstrate that 100% of DFS new hires and 80% of existing DFS staff have received the training. The timeframe is revised to January 2022.

**Objective:** Reduce caseload averages for frontline staff through a staffing capacity plan that will increasing the number of staff available to carry cases.

**Rationale:** Delaware has a mandated caseload standard, which is set at 11 for investigation and 18 for treatment. Despite the mandate, the agency has experienced investigation caseload averages that are double the standard for the last year and half. For example, in the third quarter of 2018, the investigation caseload average was 23.4 and the average for the fourth quarter of 2018 was 22.8. While the treatment caseload averages have hovered at or near the standard of 18, the CPAC Caseload/Workload Time Study determined that that standard is too high. When workers are carrying more cases than they can reasonably manage, they are unable to make timely and quality assessments and interventions with children and families. A staffing capacity plan normalizing caseloads brings the agency into compliance with the mandated caseload standard and provides quality assessment and interventions with children and families. In addition, unmanageable caseloads lead to workers being overwhelmed, burn out and not feeling successful in their roles with the Division. These conditions lead to increased turnover. As of March 31, 2020, investigation caseload average for fully functioning caseworkers is 16.7 and treatment average caseload for fully functioning caseworkers is 13.4.

**Outcome**: Staff will manage caseloads at or near the mandated standards.

**Benchmarks:**

1. DFS leadership to implement a 5-year staffing plan that will have annual submissions based on the previous year's caseload average. Each year the Division will continue to review monthly and quarterly caseload reports and staffing levels (turnover reports) to develop the coming years staffing budget request.

   **Timeframe:** 2020 and annually for next 5 years, submissions for staffing requests will coincide with the annual budget preparation and timeframes.

   **Measure:** Documentation of FY2020-2024 budget proposals for staffing.

   **Progress report:** DFS continues to develop and adjust the 5-year staffing plan. The agency was successful in submitting the first- and second-year requests and both were included in the Governor's Recommended Budget. The third-year request was also successful and established epilogue language that will support the staff planning moving forward and allow for establishment of positions with flexibility and based on averages each year. In year three of the staffing plan, we have requested 16 additional positions to establish two new investigation units aimed at continuing to reduce the caseloads in areas where they are still above standard (Serious injury/sex abuse and NCC investigations). We are waiting for final establishment of the positions through OMB and then will proceed to hire for those new positions. We continue to plan for years 4 and 5. Each year's staffing request is based off current positions and current caseload trends and designed to move closer to caseload mandates. It should be noted that year 4 staffing approvals may be impacted by the COVID-19 public health crisis.

**Objective:** Reduce the mandated caseload standard for treatment by modifying legislation and assessing staffing needs to bring the agency into compliance with the new caseload standard.

**Rationale:** The Division in coordination with the CPAC Caseload/Workload Committee engaged in caseload and workload time study collaborating with Delaware State University. Results of the time study demonstrated that treatment staff, who have a current caseload standard of 18, do not have enough time to complete the necessary activities required to successfully manage the needs of the children and families on their caseload. Reducing the caseload standard and ensuring that staff are carrying caseloads at or near those standards, will allow staff to have enough time to complete the necessary activities associated with their cases. Timely completion of activities leads to improved performance in the areas of safety, permanency and well-being. A manageable caseload also leads to job satisfaction thereby reducing the likelihood of staff turnover due to the demands of excessive caseloads.

**Outcome:** Treatment and permanency staff will have a manageable caseload leading to better safety, permanency and well-being outcomes.

**Benchmarks:**

1. CPAC to draft legislation to mandate the reduction of the current caseload standard. Legislation will then be approved, sponsored and presented for approval during legislative session.

   **Timeframe:** June 2021.

   **Measure:** Documentation of legislation status lowering caseload standards for treatment workers.

   **Progress Report:** CPAC has drafted legislation that has been reviewed and approved by DFS and stakeholders. The draft bill is now in review with the Office of the Governor. Once approved it will be ready for presentation in an upcoming legislative session. It should be noted that some delay in presentation may be impacted by system delays due to the COVID 19 Public Health Pandemic.

2. DFS leadership to build staffing and budgetary plan to ensure that DFS can come into compliance with the lowered caseload mandate standard. DFS to add case carrying, supervisory and other support staff to the current staffing complement so that workers carry an average number of cases at or near the new standard.

   **Timeframe:** April 2020 and ongoing until lower caseload standards are implemented.

   **Measure:** Documentation of staffing and budgetary plans aligned with lower caseload standard.

   **Progress Report:** DFS Leadership has worked with both our Operations Leadership team and our Chief Fiscal Officer to develop a staffing and budgetary plan to onboard staff in a three-year period. Yearly requests for additional positions will be considered carefully and will be based on previous year treatment caseload trends and specified to regional areas of need. This staffing plan will bring DFS into full compliance with the new caseload mandate over the three years. The timing of implementation for this treatment caseload staffing plan is dependent on the timing that the legislation is passed and projected to start in FY2022.

**Objective:** Provide quality new worker and in-service training.

**Rationale:** Delaware stakeholders say pre-service and in-service trainings for caseworkers need improvement. As part of a comprehensive onboarding program, New Employee Training (NET) ensures that new hires receive the necessary knowledge and experience to perform their job competently and confidently. Recent studies have suggested that new staff appreciate a structured orientation to their day-to-day responsibilities, more guided support from their supervisors, and to be accepted into the group (https://www.td.org/insights/surprise-new-employees-want-formal-training). A September 2018 study by talentlms.com and Dr. Allison M. Ellis, Ph.D., Assistant Professor of Management and Human Resources at the California Polytechnic State University found that the highest employee satisfaction with onboarding programs

included blended learning delivery methods, a longer duration, more 'company culture' training, increased supervisory involvement, and a sense of connectedness and belonging (https://www.talentlms.com/blog/new-employee-onboarding-study/).

An organization's investment in robust NET, as well as continuing education, demonstrates to staff that they are valued and appreciated. In turn, employee retention improves as staff feel more engaged, understand the expectations placed on them, and have opportunities to develop, grow, and advance. According to shiftelearning.com, in a "recent national survey of over 400 employees spanning three generations (Baby Boomers, Generation X, and Millennials), 70% of the respondents indicated that job-related training and development opportunities influenced their decision to stay at their job." (https://www.shiftelearning.com/blog/statistics-value-of-employee-training-and-development).

**Outcome:** DFS NET and the entire new hire experience will reflect the commitment of the Division to be a learning organization that supports personal mastery, shared vision, and team building. DFS staff and supervisors will be provided with opportunities for continuing education that allow them to stay current with trends in child welfare, to support the initiatives of the Division, to further develop their skills, and to advance professionally.

**Benchmarks:**

1. After surveying new DFS staff on their training experience, CPD will collaborate with DFS to develop a comprehensive onboarding plan for DFS new hires that builds a sense of connectedness with the Division, delivers valuable training, and ensures consistent feedback and evaluation throughout the learning process.

   **Timeframe:** December 2021

   **Measure:** Documentation of staff surveys and issuance of an onboarding plan.

   **Progress Report:** Due to the Covid-19 Pandemic and impact on training and in-person meetings, this project is currently on hold. CPD intends to utilize the 2019/2020 collected data to inform the development on an onboarding plan. CPD intends to use evaluation data from in person or blended training experience only. Utilizing evaluation data collected during the pandemic transition period may not reflect the true quality and experience of the NET program.
   In April 2020, CPD assigned a System Evaluation to all DFS staff hired between May 2019 and January 2020, who had completed (or nearly completed) the DFS NET training series. The evaluation includes a Likert Scale of excellent, very good, good, fair or poor, in addition to multiple choice questions, and open-ended questions regarding the entire DFS NET experience. The raw survey data indicates that FY2020 new staff consistently rated their overall training experience as "very good" or "excellent." The lowest scores ("good") related to shadowing experiences.

   CPD is a member of the DFS Staff Retention/Onboarding Workgroup. The Workgroup has not begun meeting, so a comprehensive onboarding plan has not been developed yet.

2. CPD to train DFS supervisors on the onboarding process.

   **Timeframe:** June 2021.

   **Measure:** Documentation of training completion using Delaware Learning Center attendance tracking.

   **Progress Report:** Due to the Covid-19 Pandemic and impact on training and in-person meetings, this project is currently on hold. CPD intends to utilize the 2019/2020 collected data to inform the development on an onboarding plan. CPD intends to use evaluation data from in person or blended training experience only. Utilizing evaluation data collected during the pandemic transition period may not reflect the true quality and experience of the NET program.

3. CPD staff will confirm the DFS NET curriculum complements the existing policies, practices, and initiatives of the Division. Embedded in the NET will be the values, knowledge, and skills necessary for quality safety decisions and child welfare casework. The DFS NET will include opportunities for staff to learn in different ways, including Instructor-Lead Training (ILT), online training, and on-the-job experiences.

   **Timeframe:** January 2020 and ongoing.

   **Measure:** Documentation of training curriculum adjustments, variety of learning opportunities and DLC attendance tracking.

   **Progress Report:** The DFS Training Administrator maintains a tracking sheet (*DFS NET Curriculum Development Tracking Sheet*) where all changes to the DFS NET curriculum are documented throughout the year. During this reporting year, curriculum updates include *updated training expectations, traumatic reactions warning messages, post work guidance, FOCUS documentation language, confidentiality, and HIPPA policy information.*

   The Delaware Learning Center (DLC) continues to serve as the learning management systems for all attendance tracking and course offerings for DSCYF. In the DLC, DFS staff can register for ILT/vILT sessions, complete online training, view training videos, read/acknowledge materials, add external training, access their transcript, calculate their training hours, and participate in shared interest learning communities.

   CPD provides Instructor Lead Training (ILT) and online training on the skills and knowledge needed by new hires to understand and implement the DFS Safety Organized Practice (SOP) model. Thirteen competency-based core trainings are delivered to cohorts of new DFS caseworkers and contracted agency staff through ILT or vILT. When they start, new DFS staff are also automatically assigned *seventeen online training modules* on different subjects that support the Outcomes Matter strategies and supplement NET. CPD is equipped to provide the ILT courses in-person and virtually, depending on business need.

CPD provides four core ILT sessions to new staff in their first month: *Safety-Organized Practice: An Introduction to the SOP Model and Structured Decision Making (SDM), Interviewing: Purposeful Conversations for Family and Youth Engagement, This IS Abuse and Neglect: Identification and Responding by Child Welfare Workers,* and *Factors Affecting Child Safety: Assessing for Addiction, Domestic Violence, and Mental Health Risks*. The four core classes are interspersed with days in the field/office, so that new staff can begin experiencing On-The-Job activities immediately. CPD trained mentors and experienced staff are paired with new hires to facilitate learning in the field, through OJT experiences.

Following the four core ILT training classes, new staff schedule their remaining ILT NET courses based on their individual scheduling demands. The remaining nine NET courses have due dates that range from three months to one year following hire. The list of NET courses, due dates, and OJT activities are included in the DFS Transfer of Learning Brief provided to new staff and their supervisors when they start. The TOL Brief also includes the DFS Philosophy, the Safety Organizing Practice Values and Principles, and Training Ground Rules. (See Attachment: DFS TOL NET Brief – 14th Edition)

Following the core NET classes, a graduated caseload assignment is applied, allowing for increased practical application of the knowledge and skills trained. A detailed list of the DFS NET (pre-service) courses in included in Section II. Update to the Plan for Enacting the State's Vision, Staff Training.

4. DFS NET curriculum will be reviewed yearly (or more frequently, as needed) to ensure consistency between training and practice.

   **Timeframe:** March 2020 and ongoing.

   **Measure:** Documentation of training curriculum review and adjustments.

   **Progress Report:** CPD partners with DFS as a member or leader of workgroups, committees, and leadership meetings to provide consultation, assessment, planning, development, coordination, and other related workforce development activities for DFS staff. Participation in the following meetings/workgroups also allows CPD to remain current on DFS and child welfare practice and to ensure consistency between practice and training:
   - DFS Strategic Leadership Meeting
   - Treatment Workgroup
   - Investigation Workgroup
   - DR Expansion Workgroup
     - Fair Training Subgroup
   - CQI Data Quality Committee
   - DSCYF Policy Committee
   - Supervisor Manual Development Workgroup (chair)

- SDM Fidelity Workgroup
- CPAC Training Committee
- CPAC Mandatory Reporting Committee (chair)
- Trauma-Informed Care Committee
- Diversity and Inclusion Committee (chair)

As policies and procedures are created or modified, CPD immediately makes changes to the DFS New Employee Training (NET) curriculum.

CPD also gathers information about the individual DFS NET courses through level 1 course evaluations that rate the trainee's perception of course content, process, relevance to their job, and trainer performance. Level 1 evaluations are required for course completion for all DFS NET classes. Rating categories include a Likert Scale of excellent, very good, good, fair or poor. Also included in the evaluations are open-ended questions under each category, requesting ideas for improvements. Evaluations are reviewed regularly to inform training content, learning strategies, trainer competence, and delivery. Participants rate the content for its direct applicability to their job and if their knowledge and skill level increased by the end of the training.

During this reporting year, CPD developed post tests for each NET course to measure knowledge retained by staff after participating in a training session. Test questions are derived from material discussed in class and focus on theories, skills, and competencies critical to effective child welfare practice. The information gathered through these post-tests will contribute to the upcoming cycle of curriculum and facilitation updates.

The DFS Training Administrator maintains a tracking sheet where all changes to the DFS NET curriculum are documented throughout the year. A record of the last revision of each curriculum is included on the *DFS NET Curriculum Development Tracking Sheet*. The expectation is that each training module will be reviewed every three years to ensure quality and fidelity to the model. Curriculum reviews may happen sooner than three years if necessary due to policy or practice changes or if new data is published that impacts the training content.

5. CPD will formalize the experiential portion of training by adding an On-the-Job (OJT) Checklist to the NET requirements in the DLC.

   **Timeframe:** December 2021.

   **Measure:** Documentation of adding OJT Checklist to DLC.

   **Progress Report:** Due to the Covid-19 Pandemic and impact on training and in-person meetings, this project is currently on hold. Prior to attendance in the DFS NET, new staff are provided with the DFS New Employee Training and Transfer of Learning Brief that includes a detailed checklist of OJT experiences to be observed and demonstrated with their mentor and/or supervisor. Currently, the management of

the OJT list is controlled by the new employee and their mentor. Completion of the OJT activities is monitored by the supervisor or Coaching Supervisor.

6. New mentors will attend the 'Safety Organized Practice Mentoring Training' course to ensure they understand their important role in the entire onboarding process.

   **Timeframe:** December 2019 and ongoing.

   **Measure:** Documentation of mentor attendance of Safety Organized Practice Mentoring Training' using DLC tracking.

   **Progress Report:** *Safety Organized Practice Mentor Training* is offered at least once a year, depending on business need. The course focuses on orienting experienced DFS caseworkers and supervisors to work with new staff on the elements of effective SOP casework practices. Session attendance is tracked in DLC. During this reporting year, a session was offered in July 2020 attended by 7 mentors.

7. DFS new hires will demonstrate the skills they've acquired thru formal testing and mentor/supervisor observations.

   **Timeframe:** September 2020 and ongoing.

   **Measure:** Documentation of testing and observation of new hires.

   **Progress Report:** All DFS new staff are evaluated by post-tests and their mentors and supervisors following training. CPD courses have always included level 1 evaluations that capture a participant's reaction to the training (what they liked about it, was the room comfortable, did the instructor engage the class, and what was most useful). While the information obtained from a level 1 evaluations is important, a more accurate assessment of training quality is a level 2 evaluation.
   Level 2 evaluations measure how well the participant learned and retained what was covered. During this reporting period, CPD developed Level 2 evaluations for every ILT NET course~~s~~. Test questions were derived from material discussed in class and focused on theories, skills, and competencies critical to effective child welfare practice. Level 2 evaluations provide CPD with information about a participant's strengths and concerns, which can then be shared with the DFS supervisor.

   Newly acquired skill practice is documented and reinforced through observation and coaching from mentors, Coaching Supervisors, and Supervisors. Mentors and Coaching Supervisors work with new staff to ensure that they are prepared to meet the expectations and responsibilities of their roles. CPD will continue to partner with the Coaching Supervisors to align the DFS NET and coaching curricula to facilitate information sharing and strengthen new worker practice.

8. CPD will attend monthly DFS Strategic Leadership Team meetings and bi-monthly treatment and investigation workgroup meetings to remain up to date on current policy, practice and initiatives.

   **Timeframe:** October 2019 and ongoing.

   **Measure:** Documentation of meeting attendance and training adjustments to stay current with policy, practice and initiatives.

   **Progress Report:**
   CPD attends and is an active member of the following meetings:
   - DFS Strategic Leadership Meeting
   - Treatment/Investigation Workgroup Meetings
   - Statewide Leadership Team
   - Statewide Management Team

9. CPD will participate in SDM® Fidelity Team to support the use of SDM® assessment tools and SOP principles with fidelity.

   **Timeframe:** October 2019 and ongoing.

   **Measure:** Documentation of SDM® Fidelity Team participation and actions taken by CPD to improve SDM® and SOP implementation with fidelity.

   **Progress Report:** CPD participates in the SDM® Fidelity Workgroup. The team is working with the Evident Change consultants to identify necessary topics and to facilitate the coordination of SOP refresher trainings for DFS staff.

10. DFS Training Plan will be reviewed annually and revised based on stakeholder input, case reviews and other indicators of practice fidelity.
    **Timeframe:** 2021 and ongoing.

    **Measure:** Documentation of annual review of training plan and actions taken.

    **Progress Report:** The DFS Training Plan will be reviewed on an annual basis to reflect staff and stakeholder input, departmental requirements, and changes in practice. Annual reviews of the training plan will incorporate the most up to date information and will provide guidance for staff in identifying opportunities for continuing professional development that will meet the required 28 hours of training per calendar year.

11. CPD will use the DLC to schedule and evaluate training sessions. Attendance will be tracked and CPD will provide reports on continuing education hours to ensure compliance with policy and practice standards.

    **Timeframe:** December 2020 and ongoing.

**Measure:** Documentation of continuing education training using quantitative and qualitative performance measures.

**Progress Report:** CPD has used the Delaware Learning Center, a learning management system platform, since July 2015. The DLC provides CPD with the capability to create courses, schedule sessions, track attendance, compile training hours, run reports, and evaluate training. Level 1 evaluations are attached to all CPD courses in the DLC and are available following completion. These evaluations rate the trainee's perception of course content, process, relevance to their job, and trainer performance. Rating categories include a Likert Scale of excellent, very good, good, fair or poor. Also included in the evaluations are open-ended questions under each category, requesting ideas for improvements. Evaluations are reviewed regularly to inform training content, learning strategies, trainer competence, and delivery. Level 1 evaluations are currently voluntary for DFS in-service and supervisor training courses.

The DFS New Employee System Evaluation is administered upon completion of the New Hire Curriculum. Using a Likert Scale, the evaluation allows CPD to collect data about the entire experience of new hire training, mentor engagement, supervisory support, and functional responsibilities. CPD provides the DFS supervisors and administrators with updates on trends and information gathered from course evaluations and the system evaluation. The following table indicates some key data collected for FY2021.

| Classroom Training Questions | 1 Poor | 2 Fair | 3 Good | 4 Very Good | 5 Excellent |
|---|---|---|---|---|---|
| Content was appropriate to orient me to the job | 0% | 0% | 10% | 55% | 34% |
| Training reflected policy and best practice | 0% | 0% | 7% | 52% | 41% |
| Training prepared me to begin doing my job | 0% | 0% | 17% | 59% | 24% |
| **Supervision Questions** | | | | | |
| Supervision proved me adequate direction | 0% | 0% | 7% | 48% | 45% |
| Supervision supported classroom training | 0% | 7% | 7% | 34% | 52% |
| Supervision provided me regular feedback about my job performance | 0% | 3% | 7% | 45% | 45% |
| **Mentoring Questions** | | | | | |
| Mentoring provided enough shadowing opportunities to orient me to the job | 0% | 3% | 24% | 34% | 38% |
| Mentors gave me useful performance feedback | 0% | 3% | 14% | 41% | 41% |
| Mentoring prepared me to do my job | 0% | 3% | 21% | 34% | 41% |
| **Shadowing Experiences/On-the-Job Training** | | | | | |
| Shadowing activities were sequenced well to help orient me to the job | 0% | 3% | 24% | 41% | 31% |
| Shadowing helped me learn my job more effectively | 0% | 0% | 11% | 50% | 39% |
| Shadowing experienced workers helped prepare me to do my job competently | 0% | 0% | 25% | 50% | 25% |

# Service Array

**Goal:** Strengthen informal and formal services for children and families.

**Rationale:** All families, regardless of background, need to have access to meaningful services to build their protective capacities in order to keep their own children safe and to prevent them from entering foster care. Prevention efforts must look beyond those whom we traditionally consider to be "at risk," and instead must take a collaborative community approach to provide services that strengthen families and are accessible to anyone who wants to use them. This requires examining the resources already available within the Department as well as considering how the agency can better partner with outside community resources, such as Division of Public Health, Prevent Child Abuse Delaware, and other nonprofit organizations. Stakeholders agree Delaware has an array of formal services, but services need to be better coordinated and known among all partners at the family and system levels. Responding to a survey, stakeholders agreed or were neutral that Delaware has services to meet the needs of children and families: DFS (65%), DSCYF (76%), community partners (89%), court (60%), youth (80%), and foster parents (88%). Eighty-one percent of the responses indicated that Delaware has services to keep children safe in their own homes. Eighty-eight percent of the responses indicated Delaware has resources to help children

return home, to relatives, or to adoptive homes. Eighty-six percent of the responses indicated that services are individualized to meet the needs of children and families. Stakeholders also identify gaps in service for smaller populations requiring specialized care such as foster youth struggling to live in community settings, human trafficking victims and youth aging out of care. Delaware needs to cultivate informal supports to sustain lifelong healthy children, families and communities. Longitudinal impacts of prevention and early intervention services can be defined and measured, informing continuous improvement in child welfare.

**Measure:** Primary measures are recurrence of maltreatment and count of child abuse victims per 1,000 children per Kids Count publication. Companion measures for this goal are OSRI results for Item 12: Needs and services of child, parents and foster parents, Item 12A: Needs assessment and services to children, Item 12B: Needs assessment and services to parents; and Item 12C: Needs assessment and services to foster parents, Item 16: Educational needs of the child, Item 17: Physical health of the child, and Item 18: Mental/Behavioral health of the child. Stakeholder input on the broader service array will inform evaluation of service array system functioning and effectiveness.

**Performance:**
Recurrence of maltreatment for FY18-19 is 5.0% and better than the national performance of 9.5%. (Lower is better score) Kids Count® data shows the rate of child abuse victims per 1,000 and Delaware has continued to improve from a high of 11.7 per 1,000 in 2012, to 7.2 per 1,000 in 2017, to 6 per 1,000 in 2018, to 5.8 in 2020. a high of 11.7 per 1,000 in 2012, to 7.2 per 1,000 in 2017, to 6 per 1,000 in 2018, to 5.8 in 2020. OSRI results for April 2020 to Sept 2020 are: 71% for Item 12: Needs and services of child, parents and foster parents, 76% for Item 12A: Needs assessment and services to children, 74% for Item 12B: Needs assessment and services to parents, and 94% for Item 12C: Needs assessment and services to foster parents, 100% for Item 16: Educational needs of the child, 96% for Item 17: Physical health of the child, and 94% for Item 18: Mental/Behavioral health of the child.

OSRI results for October 2020 to March 2021 are: 62% for Item 12: Needs and services of child, parents and foster parents, 74% for Item 12A: Needs assessment and services to children, 57% for Item 12B: Needs assessment and services to parents, and 92% for Item 12C: Needs assessment and services to foster parents, 98% for Item 16: Educational needs of the child, 94% for Item 17: Physical health of the child, and 98% for Item 18: Mental/Behavioral health of the child. Delaware continues to exceed 90% for past two reporting periods for assessing needs and services related to children's education, physical health and mental/behavioral needs. Delaware has shown a decline in performance for all aspects of item 12, with largest decline in performance related to assessing needs of parents.

**Objective:** Increase community awareness of services by implementing a plan for collaboration, education, and resource development.

**Rationale:** There are a number of services in Delaware, but those services reach a select number of families and children. Increasing the awareness of services across Delaware will allow for a more individualized experience. This will also allow Delaware to more accurately evaluate gaps in services and allow for planning as a state and community to fill

those gaps. Strong collaboration between service partners, families and stakeholders will improve needs assessment of the family and individualize the services.

**Outcome:** Service array in Delaware will be known and strengthened statewide at the family and system levels. Services will be individualized based on accurate needs assessment, planning and service delivery choices. Children and care providers will have appropriate supports. Reunification timeliness will improve for DFS formal services without increasing foster care reentry rates. Treatment case closures without reopening in 12 months will increase.

**Benchmarks:**

1. DFS, Prevent Child Abuse Delaware and Court Improvement Program to sponsor the Integrated Child Welfare Planning Collaborative to organize and strengthen collaboration, communication and access to prevention, early intervention and formal child welfare services. Collaborative to establish objectives and activities to improve the prevention to formal child welfare intervention service array.

   **Measure:** Documentation of Collaborative membership, activities and products.

   **Timeframe:** December 2020 and ongoing.

   **Progress Report:**
   The purpose of the Collaborative is to create a place for child welfare partners to align multiple strategic plans under the common goals of improving the safety and health of children, families and communities. Since the inception of the Collaborative, the group has had 8 meetings, the last taking place virtually on January 28, 2021. Membership in the group provides an opportunity for engagement with various disciplines that are connected to child welfare. Participants engage from state agencies that support child welfare, such as the Office of the Child Advocate and the Division of Public Health, along with community-based agencies that contract with the State. Leadership for this group is maintained by the DFS, Prevent Child Abuse Delaware and the Court Improvement Project. Due to a personnel change at DFS, leadership will transition to a new individual by the end of 2021.

**Objective:** Increase utilization of services to at risk families prior to involvement with the state child welfare agency and prior to removal of children from the home.

**Rationale:** Families are capable of making sound decisions for their children given the right resources. Child maltreatment can be reduced or prevented when at risk families have early access to services. Promoting healthy life choices reduces conditions leading to maltreatment and risk of maltreatment. Stakeholders agree prevention services need improvement. Current prevention services include parent education, strengthening families, promoting safe and stable families, Delaware Fatherhood and Family Coalition, early intervention, behavioral health consultants, and home visiting. Trauma-informed and developmental development evidence-based screenings for children entering foster care,

and monitoring psychotropic medications add valuable resources for reunification and permanency achievement.

**Outcome:** Families will have early access to services when needed and before deeper end child welfare services are needed.

**Benchmarks:**

2. DFS, Prevent Child Abuse Delaware and DPBHS to participate in Integrated Child Welfare Planning Collaborative activities to organize and strengthen collaboration, communication and access to prevention and early intervention services.

   **Timeframe:** December 2020 and ongoing.

   **Measure:** Documentation of Collaborative activities to promote access to and increase utilization of prevention services.

   **Progress Report:** The ability of the Collaborative to introduce new services was impacted by the Covid-19 pandemic. Separately, each of the agencies have continued to move services forward. For example, Prevent Child Abuse Delaware (PCAD) continued to offer trainings virtually to support education services regarding prevention and were very visible during the month of April for Child Abuse Prevention month. Additionally, the Division of Family Services along with PCAD, were a part of a technical assistance opportunity through the National Governor's Association. The group, formally titled 'Empowering Educators', provided information through various social media platforms and in print, to inform the public on how to identify signs of abuse and neglect in a virtual world. The target population was staff working in schools, but the outreach went beyond that through the use of social media.

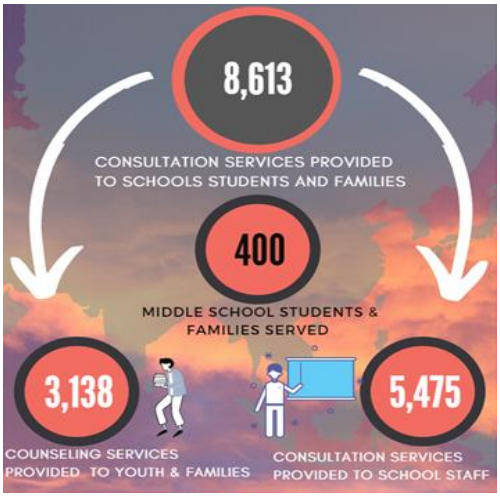
3. The Division of Prevention and Behavioral Health Services to contract with a provider to manage the Middle School Behavioral Health Consultation Program (MSBHC). The program continues to co-locate behavioral health consultants (BHC) in 30 middle schools statewide to assist with identifying youth at risk, provide mental health and crisis screenings, and facilitate a range of brief interventions designed to remove barriers to academic and social success.

   **Timeframe:** 2020 and ongoing.

   **Measure:** Documentation of BHC service activity, statistics and outcomes.

   **Progress Report:** For this academic year, we provided 8,613 consultation services to schools and students and directly served 400 middle school students. Out of the over eight thousand services provided, 3,138 counseling services were provided directly to youth and families. This number is cumulative which means students/families served are counted multiple times as they may have received services over multiple months. In the future, our electronic health records (ETO) report will include how many

students are enrolled in supportive counseling, short-term counseling and crisis counseling to get the number of students receiving services versus how many times they were served. The remaining 5,475 services were consultation services provided to principals, school counselors, nurses, teachers, and school psychologists.




The numbers demonstrate the amount the BHC program was utilized by the 29 schools over the course of six months. Since the BHC program is new to CFF, at this time, there is no data to compare these services to and determine if services are increasing in benefit to the school and students. We are looking forward to subsequent years to be able to see and demonstrate the increasing effectiveness and utilization of the BHC service to students and schools.

4. DPBHS and Children & Families First to develop monthly and annual data reports showing the number of youth receiving BHC services, type, demographics, diagnosis, and those that do not become involved with deeper end treatment services at 45, 90, 120 days post discharge.

**Timeframe:** June 2021 and ongoing.

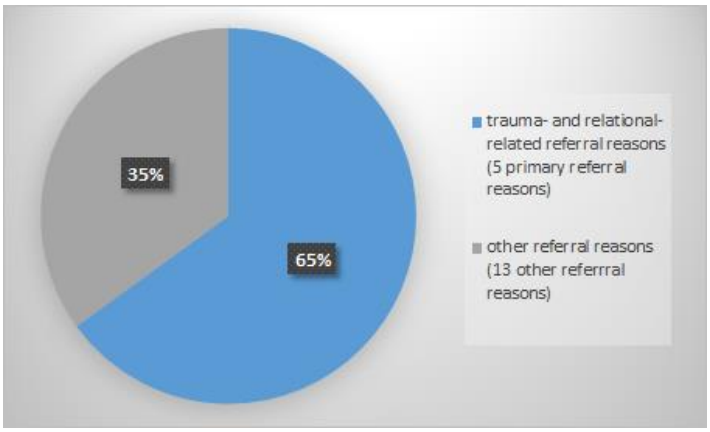
**Measure:** Documentation of BHC service statistics, demographics, outcomes and trends.

**Progress Report:**

**Counseling Services**

Of the 400 students who received services, there were five primary referral reasons that encompassed over 65% of referrals: 61 students were referred to the BHC program for anxiety, panic, fear and trauma response, 60 were referred for family stressors, 49 students were referred for verbal/physical aggression or negative conduct, 46 students were referred for peer conflict/interpersonal problems/bullying, and 44 were referred for being withdrawn/sad/depressed. These referral reasons are primarily related to relational issues. There were 260 students referred for these relational issues, which indicates that

over 65% of the students referred where experiencing an interpersonal conflict leading to emotional or behavioral problems. The remaining 35% of referrals included 13 other referral reasons, such as ADHD problems, bereavement or grief, homicidal or suicidal ideation, and decline in academic achievement. These remaining referral reasons represented 20 students or less, with some only representing one or two students.




Over 50% of students were referred to the BHC program by the school counselor which indicates school counselors are the primary referral source. Approximately 30% of referrals came from other school staff, such as principals and teachers. Only about 17% of referrals came from a student or family seeking a self-referral. Such a low self-referral rate may indicate a combination of persistent stigma against mental health services, lack of awareness of BHC services and lack of self-awareness by students or families that they are experiencing a mental health issue. This only further demonstrates the importance of BHCs being present and active in their schools to promote mental health services, collaborate with school staff and increase awareness.

***Demographic Information***

Of the 400 students served, 269 were females, which is 67% of the student population. 129 were males, which is 32% of the student population. Less than 1% identified as a transgender student. This indicates that female students were the most likely to be both referred for and engaged in BHC services.

Additionally, 46% of students identified as Caucasian, 39% as African American, and 15% as multi-racial. 17% of the students served were Hispanic.

93% of the students speak English and 7% speak Spanish.

29% of the students were 12 years old, 30% were 13 years old, and 21% were 14 years old. The additional 20% of students include 10 years old, 11 years old and 15 years old, incorporating students from the few schools that also have 5$^{th}$ graders and the few students that are in the 8$^{th}$ grade after having repeated a

previous grade. These percentages demonstrate that services were provided at about an even distribution across ages and grade levels.

82% of students are in regular education, 16% in special education, and 2% in honors.

### *Risk History*

57 students engaged in self-harm, which is 14% of the 400 students served in the program. Of the 57 students who engaged in self-harm, 89% (51) engaged in cutting, 7% engaged in headbanging, and 4% engaged in asphyxiation. No students self-harmed by burning.

11 students of the 400 students service or 3% attempted suicide. Of those 11 students that attempted suicide, 36% attempted suicide by overdose, 27% by cutting their wrists, 18 % by asphyxiation and 18% by hanging.

6 students or less than 1% experienced homicidal ideation and 26 students or 7% were hospitalized at a psychiatric facility.

### *Barriers*

Only 19.5% of families (78 families) reported barriers to BHC services. 35 families did not return consents, 29 experienced a language barrier, and 14 had no transportation.

### *Problem/Diagnosis*

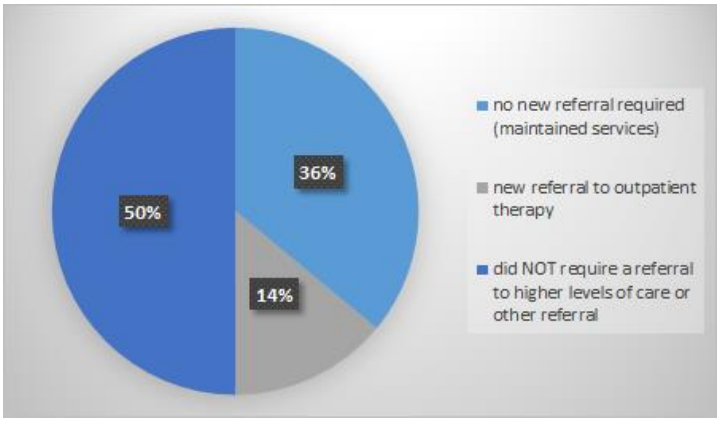
The top four diagnostic categories that students met criteria for, based on BHC assessment, were Depressive Related Disorders, Adjustment Related Disorders, Anxiety Related Disorders, and Academic Problem or Other Learning Disorders. These four diagnostic categories encompassed 47% of the students served. 13% of students met criteria for a depressive related disorder, 13% of students met criteria for anxiety related disorder, 13% of students met criteria for an adjustment related disorder, and 8% met criteria for an academic problem or learning disorder.

### *Discharges*

Similar to the referral diagnosis, there were four key diagnostic categories that students met criteria for, based on BHC assessment, upon discharge. They were Anxiety Related Disorder, Adjustment Related Disorder, Depressive Related Disorder, and Academic Problem or Other Learning Disorder. At discharge, these four diagnostic categories encompassed 59% of the discharge students. 16% were anxiety related disorder, 15% were adjustment related disorder, 14% were depressive related disorder and 13% were academic problem or other learning disorder. These categories closely align with BHCs' initial assessment at referral, with just a slight increase in academic problems or other learning disorders.

At discharge, 36% of students required no new referral, 14% of students were referred to outpatient mental health counseling and none of the students required a referral to a higher level of mental health care at discharge. This may indicate

that students are less likely to require higher levels of mental health care after BHC intervention and support, as well as demonstrate the effectiveness of BHCs teaching coping skills/strategies to help students manage their emotions and behaviors. It is noted that 24% of discharge referral data cannot be fully reported as BHCs chosen the "other" reason for discharge/referral from the list of options provided while self-reporting their discharge data. Future reports from ETO will include descriptions of the "other" category when selected so we may begin to ascertain trends being captured in this category.




## Non-Case Consult Counseling Services

Over the course of six months, there were over five thousand counseling and consultative services provided to students experiencing behavioral difficulties (without safety concerns) and to school counselors, teachers, and other school administrators. While brief counseling services are an important part of preventing higher levels of care, these supportive counseling and indirect consultation services are, in fact, a more needed service in the schools to provide stability and understanding of how mental health difficulties affect academic success. This is demonstrated by the fact that consultative services almost double the counseling services provided. It is in this vein, that the program looks to create stronger reporting structures around supportive counseling and consultative services in future reports.

## Risk Assessments & Crisis Services

Through the monthly PBH reporting structure, there were 74 risk assessments that were completed by BHCs during the six-month period. We believe this number underestimates the actual number of crisis services, crisis intervention and other risk assessments provided by BHCs. The actual number may have been under-reported due to differing definitions of risk assessments and crisis counseling. Anecdotal accounts from school staff and BHCs indicate that BHCs are critical in provided crisis services and assessment for safety for the students, with schools relying on the BHC as the professional responsible for handling mental health safety concerns. Future reporting structures will include data on the number of crisis services provided across the student body population and the outcome of the

crisis services by using multiple forms of documentation in the EHR system.

**Post Discharge Level of Care Data**

This includes 6 schools: Shue, Kirk, Smyrna, Mariner, Chipman, and Delmar.

There were 29 students who discharged from case services at least 30 days ago (this does not include any students who discharged in June since those students have not yet met the 30-day post-discharge timeframe). This includes only 10% of the students served. About 90% of the students served have not yet reached post-discharge timeframes as they discharged at the end of the school year.

Of the 29 students, 22 responded to BHC efforts to determine their services post-discharge (76% respondent rate).

For the 22 respondents, at the time of discharge, 19 students had no services in place (86%) and 3 students had outpatient services (14%).

Of the 22 students who reached 30 days post discharge, 17 students maintained at their level of care (77%). 4 students increased from no services to outpatient services (18%) and 1 student discharged from outpatient services to no services (5%), stepping down in level of care. *No students required higher levels of care or psychiatric hospitalization.*

Of the 8 students who reached the 60-day post discharge mark, 100% maintained at their level of care (7 with no services in place and 1 with outpatient services).

Of the 5 students who reached the 90-day post discharge mark, 100% maintained at their level of care (all with no services in place).

Of the 2 students who reached the 120-day post discharge mark, 100% maintained at their level of care (all with no services in place).

There were only 3 students who increased in services within 30 days of discharge, going from no services to outpatient, demonstrating BHC efforts to increase access to appropriate mental health care.

After 30 days, 100% of students maintained at their level of care, implying BHC intervention is successful in helping to stabilize students thereby preventing higher levels of care.

None of the students in BHC case services required hospitalization, residential care, or community-based services.

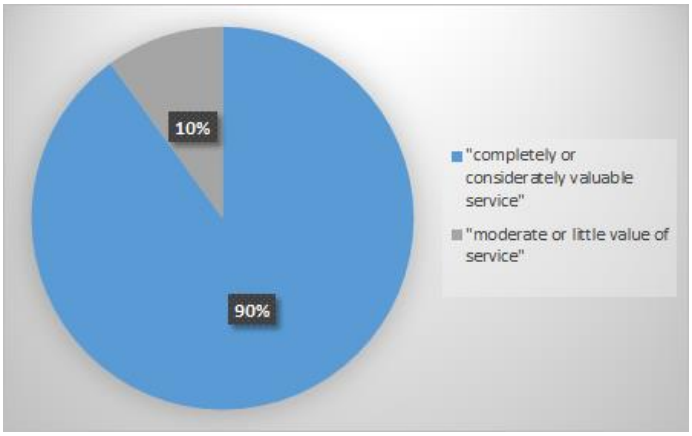
A challenge to obtaining the post discharge level of care is that many BHCs and schools experienced a significant drop-off in student responsiveness following the school closures and transition to online learning and telehealth services. A portion of the 90% of unreported data is due to the lack of responsiveness from students and families.

**School Satisfaction Survey**

At the conclusion of our first academic year, we sent a survey to administrators and school staff, requesting their feedback and evaluation of the services provided to their school during the school year. The survey inquired into overall BHC

services, specific BHC responsiveness and support from BHC leadership, using a 1-5 Likert rating scale and with open-ended questions to elicit further commentary and feedback. We received responses from 65 school administrators and staff. Respondents represented 23 of the 29 schools and included principals, assistant principals, school counselors, educational diagnosticians, psychologists, teachers, nurses, deans of discipline, behavior interventionists and SROs.

64% of respondents indicate that the BHC program is "completely valuable" to the school, while an additional 26% find the program to be "considerately valuable," for an overall rating of 90%. There were no respondents who felt the program had no value to their school and only 10% or respondents felt it had little or moderate value.




Similarly, 80% of respondents were either "extremely satisfied" or "very satisfied" with the overall BHC program. Again, no respondents indicated that they "were not satisfied at all" by the BHC program. In response to their satisfaction ratings, one respondent stated, "*Our BHC is incredible!"* and another wrote, *"Our transition to our new BHC went very smoothly mid-year. Our students receive a tremendous amount of support and help the BHC program. The BHC program is an extremely valuable asset for our school."*

Additional responses included 89% of respondents stating BHCs were "very responsive" and "extremely responsive" to their referrals and 82% of BHCs having "extremely effective" and "very effective" communication with the respondent. A respondent wrote, *"I feel like we are in constant communication."* 86% of respondents believe the BHC "fully understands" or "mostly understands" the needs of the students and school and 80% of BHCs being "extremely engaged" and "very engaged" with students and families. Finally, 83% of respondents specifically reported being "extremely satisfied" and "very satisfied" with their specific BHC. When asked to provided open feedback regarding the BHC program, over half of the respondents took the time to provide detailed responses.

5. DPBHS to sustain Early Intervention (EI) programming in 54 schools statewide to prevent at-risk children and families from entering deeper end, more intensive formal child welfare services.

**Timeframe:** 2020 and ongoing.

**Measure:** Documentation of EI statistics and outcome surveys of teachers and parents.

**Progress Report:** The Early Intervention program has sustained programming in 54 schools statewide. Below are parent and teacher satisfaction survey results for 2020. See Section V, Internal Partners for more information about the program.

| 2020 Parent and Teacher Satisfactions Survey Results of Cases Closed | | | |
|---|---|---|---|
| **Parent** | | **Teacher** | |
| N = 182 | | N = 229 | |
| Satisfied w/behavioral improvements | 96% | Satisfied w/behavioral improvements | 94% |
| Program helped w/coping | 96% | Program helped w/coping | 93% |
| Program helped w/school | 98% | Program helped w/school | 92% |
| Would recommend to others | 97% | Would recommend to others | 96% |

Survey results show 96% of parents were satisfied with the improvements in the behavior(s) for which their child was referred, 96% of parents found the program useful in helping them cope with their child's negative behaviors, and 98% of parents found the program useful in helping them work with their child's teacher and school. Ninety-seven percent of parents would recommend EIP to others.

In addition, 94% of teachers were satisfied with the improvements in the student's behavior(s) for which the student was referred to the Early Intervention Program, 93% of teachers found the Early Intervention Program's FCT useful in helping them deal with disruptive behavior(s) of this student in the classroom, and 92% of teachers found the Early Intervention Program's FCT useful in helping them involve and work with the parent(s) to reduce the student's behavior issue(s). Ninety-six percent of teachers would recommend the Early Intervention program to other teachers or schools.

*The number of parent and teacher satisfaction surveys that were received was lower than previous years as a direct result of the COVID-19 Pandemic.

6. EI program leadership to add 'I Can Problem Solve' (ICPS) model as an intervention. ICPS is a universal school-based program designed to enhance the interpersonal cognitive processes and problem-solving skills of children in preschool through 6th grade. Train family crisis therapists on the model and implement for 2019-2020 school year.

**Timeframe:** 2020 and ongoing.

**Measure:** Documentation of 'I Can Problem Solve' training, implementation and adjustments.

**Progress Report:** The I Can Problem Solve training took place June of 2019 with two follow-up trainings in the fall of 2019. The ICPS program was implemented after initial group trainings. FCT's integrated the ICPS principals throughout their interventions over the 2019-2020 school year. Due to COVID-19 pandemic the FCT's will continue implement the program throughout the 2021-2022 school year.

**Objective:** Delaware will define and identify foster care candidates; providing evidence-based prevention services that prevent foster care removals.

**Rationale:** It is important for children to grow up in their own family and maintain their family connections. Children who are able to safely remain in their own home avoid the trauma of entering foster care. Family First Prevention Services Act authorizes Title IV-E funding for evidence-based prevention services after Administration for Children and Families (ACF) approval. DFS has not implemented foster care candidacy Title IV-E administrative claiming.

**Outcome:** Children will remain safely in their own home, reducing the number of children entering foster care.

**Benchmarks:**

1. DFS program team and leadership will define foster care candidacy. Once determined, the team will develop policy and procedures to implement required provisions.

   **Timeframe:** December 2020.

   **Measure:** Documentation of foster care candidacy provisions and ACF approval.

   **Progress Report:** After multiple submissions, DFS received approval for a candidacy definition in September 2019. From that point forward, the DFS program team and leadership have continued to work on implementation of a prevention plan that will meet the requirement of the Family First Prevention and Services Act. The leadership team has expanded to include a Project Manager who is located in the Office of the Secretary for the Department.

2. DFS and CPD to train staff on foster care candidacy policy and procedures. Regional managers, supervisors and caseworkers will be educated on how to determine eligibility and requirements for ongoing eligibility.

   **Timeframe:** April 2021.

**Measure:** Documentation of foster care candidacy training.

**Progress Report:** Training on foster care candidacy will be implemented upon completion and approval of the FFPSA prevention plan. The Department's training unit, the Center for Professional Development, will work with the DFS program team and Department leadership to develop the training.

3. DFS to submit change requests to revise FOCUS to record and report candidacy statistics.

   **Timeframe:** March 2021.

   **Measure:** Documentation of foster care candidacy FOCUS updates.

   **Progress Report:** FOCUS updates will be determined upon completion and approval of the FFPSA prevention plan. The Department's FOCUS team will work with the DFS program team and Department leadership to develop the required modifications to the FOCUS system. Implementation of any changes in FOCUS will be a multi-step process that will include development and deployment, along with training.

4. DFS to collaborate with partners to select and implement prevention services for identified candidates for foster care per Family First Prevention Services Act evidence based qualified services.

   **Timeframe:** September 2021.

   **Measure:** Documentation of prevention services and ACF approval of provisions and claiming methodology.

   **Progress Report:** The Project Manager has been evaluating Delaware's readiness to implement FFPSA. To that end, the Project Manager has convened an Executive Committee comprised of representatives from various agencies, including agencies that provide contracted services, such as foster care, to DFS. The participants represent agencies that provide foster care services, as well as congregate care, to children and youth in Delaware. Participation also includes, but is not limited to, representatives from the Department of Education; the Division of Health and Social Services, to include Division of Social Services, Division of Medicaid and Medical Assistance, Division of Developmental Disabilities, Division of Public Health and Division of Substance Abuse and Mental Health; Family Court, including the Court Improvement Project manager; and a youth with lived experience as a young adult who experienced foster care. The members of this committee, along with leadership from the Department, will propose services that will build the foundation of the prevention plan. The Department will develop the process for claiming methodology that will also be a part of the prevention plan.

**Objective:** Develop both formal and informal in-state resources to assist victims of human trafficking through collaboration with partners.

**Rationale:** The issue of human trafficking has come to the forefront in Delaware in the past few years, and with the passing of HB 181 in 2017, the Division tracks and serves trafficking victims and their families. Agencies operating under the Multidisciplinary Response to Child Abuse and Neglect Memorandum of Understanding use a standard juvenile trafficking protocol to identify, screen and serve victims of trafficking. Current DFS policy specifies that when reports of possible human trafficking are received at the hotline, they are assigned to an investigation unit, which then works with the child's family to ensure that the child has an appropriate, protective caregiver. Given the statistics linking repeat runaway behavior with higher incidence of becoming a trafficking victim, policy guides interviewing a returning runaway foster youth for possible trafficking. Service array interventions for this specific population need evaluation and development.

**Outcome:** Victims of human trafficking are appropriately identified and provided with evidence-based services to prevent future victimization.

**Benchmarks:**

1. The Intake and Investigation, and Treatment Program Managers to review reports of trafficking activities and assess the current application of the Juvenile Trafficking Protocol and policy guidelines to identify exploited youth. Evaluate whether the current tools are sufficient to capture the data required to correctly identify exploited youth.

   **Timeframe:** June 2022

   **Measure:** Documented review of trafficking data, tools to identify trafficking victims and actions taken to strengthen identification.

   **Progress Report:** The Intake and Investigation and Treatment Program Managers participate on the Juvenile Human Trafficking Interagency Coordinating Council (JHTICC) and are co-chairs of the Victim Services Subcommittee. The Intake and Investigation Program Manager is also a member of the Data Subcommittee. The victim services committee is currently researching best practice models and reviewing current services within the state. The data subcommittee has been working to gather data on suspected and confirmed minor trafficking. More time is needed to review and validate data, but they have been able to compile some reports. The JHTICC recently transferred the task of identifying a new screening tool to CPAC, and both program managers are part of the CPAC subcommittee, tasked with selecting and implementing a new trafficking screening tool for the Department and across the statewide MDT.

   In January 2020, the SDM Intake tool in FOCUS was updated to include specific maltreatment types to capture allegations of human trafficking, both sexual and other. With this addition, tracking of reports of human trafficking became more reliable.

This data is shared with the Investigation Coordinator's (IC) office, housed within the Office of the Child Advocate. The IC's office reviews all intake reports and "double screens" them for possible trafficking allegations. The findings are sent to the DFS Intake and Investigation Program Manager on a monthly basis, who then cross-checks them to ensure that all reports of trafficking were screened appropriately and received an appropriate response. Since early in CY2020, the IC's office has met regularly with the Intake and Investigation and Treatment Program Managers to conduct joint case reviews of all screened in reports of trafficking. This process is intended to identify strengths in our response to trafficking reports, as well as to identify areas needing improvement. This process is also being used to inform the development and revision of the DFS trafficking policy. For CY2020, the IC's office identified 35 cases (38 separate victims) that met the criteria for a human sexual trafficking investigation. Of those 35 cases, 27 were opened for an investigation by DFS. The remaining 8 cases were screened out for various reasons, such as the incident occurring out-of-state and an adult victim disclosing juvenile trafficking. The goal is to have 100% agreement between the two offices with regard to which cases receive an investigative response, and it is hoped that this cross-sharing of information will aid in that endeavor.

In addition to the SDM® intake definition for human trafficking, staff are guided by DFS policy and procedures, which provide a list of red flags and guiding principles to assist in identifying possible trafficking victims. Staff also use the Juvenile Trafficking Protocol and the Juvenile Trafficking Pre-Assessment Checklist (JTAC) to assess youth who have returned from runway for indications that the youth may have been trafficked. These tools may be found in the MDT MOU at: https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx The Juvenile Trafficking Protocol is currently in the process of being updated, and the JTAC will be replaced by a new screening tool. The CPAC subcommittee tasked with selecting a new tool has selected the CSE-IT, which is an evidence-based validated tool, originating with West Coast. Both the updated protocol and the CSE-IT will be presented at the next CPAC meeting in May 2021 for final approval and adoption. Once formally adopted, training for the CSE-IT will be rolled out to DSCYF staff incrementally, starting with DFS intake and permanency, and then expanding to all department staff. This benchmark's timeframe is revised to June 2022 to allow time for training of staff in the new screening tool.

2. The Intake and Investigation, and Treatment Program Managers to modify the tools in accordance with findings from Benchmark 1. Provide training to frontline staff on current policy and use of the tools, as well as other factors that may assist in identifying youth who have been exploited.

   **Timeframe:** June 2022

   **Measure:** Documentation of tool revisions and staff training.

**Progress Report:** This benchmark is progress, as an appropriate screening tool has only recently been identified by the CPAC subcommittee and must still receive approval by CPAC. This screening tool is validated and is considered multidisciplinary. It does not rely on self-disclosure and allows for the screener to use knowledge gained through interviews and collateral information. The tool can be used for universal screening of youth 10 and older. This screening tool will also allow for collection of quantitative data. Once approved, staff training on the CSE-IT screening tool will be provided. In addition, based on input from other jurisdictions, most notably Monterey County, CA, a review of both federal and state trafficking legislation is being done by the Department, to inform other policy and tool changes. Specifically, consideration is being given to changing the SDM intake definition currently in use to screen trafficking cases at the hotline. In addition, the JHTICC Victim's Service Committee is currently researching best practices services in working with victims of trafficking. As trends emerge, changes to the tools will be considered and training to staff will be provided. This benchmark's timeframe is revised to June 2022.

3. Program Managers for Intake and Investigation, Treatment and Foster Care to survey stakeholders regarding the services available for trafficking victims open with DFS. Team to make recommendations to DFS leadership to fill identified service gaps.

**Timeframe:** December 2021

**Measure:** Documentation of survey activities, results and recommendations to leadership.

**Progress Report:** The Juvenile Human Trafficking Interagency Coordinating Council, a subcommittee of the adult HTICC, formed several subcommittees, including the Victim Services Subcommittee. That group is researching services for juvenile victims of human trafficking. This subgroup is co-chaired by the Treatment Program Manager and the Intake and Investigation Program Manager, and it is comprised of DSCYF, Salvation Army, FBI, and HTICC representatives. One of the goals of this subgroup, formed in CY2019, was to identify service needs and gaps, specific to the juvenile population. The group learned that the adult HTICC services subgroup was conducting similar activities, so the Treatment Program Manager obtained a copy of the adult services survey. During the March 2, 2020 meeting of the juvenile services subgroup, the group examined the survey and made changes in order to make it specific to services for juveniles. At the June 29, 2020 meeting, the group created a list of providers in Delaware and divided up the task of administering the survey to each provider to ascertain the level of services available to trafficking victims in Delaware. The subcommittee is scheduled to meet again in April 2021 and will review progress on survey completion and results. Once all surveys are complete the plan is use results to compile a resource guide that will be helpful to agency and community case workers. This benchmark is in progress. The timeframe for this benchmark is revised to December 2021.

4. Foster Care Program Manager to assess and resource specialized placements for foster youth who are also trafficking victims. Provide specialized training for foster parents caring for trafficking victims.

   **Timeframe:** Assessment by January 2022. Specialized training for foster parents by June 2022.

   **Measure:** Documentation of assessment, findings, recommendations and implementation of specialized foster parent training.

   **Progress Report:** Preliminary discussions have been held with current placement providers as well as a local organization, Zoe Ministries, which specializes in human trafficking support, regarding developing human trafficking resources. Human trafficking curriculum was incorporated into foster parent pre-service trainings and we are working toward implementation into in-service foster parent training. Due to training limitations related to COVID, we are shifting the timeframe for specialized training to December 2021.

**Objective:** Strengthen foster care resources for all children in out of home foster care.

**Rationale:** Children need temporary foster care settings and skilled service providers to meet their daily needs. All foster children should experience normal childhood experiences appropriate for their age and development. Stakeholders agree Delaware is challenged to increase the capacity of foster homes, especially for special needs children, substance exposed children and teen youth. Stakeholders say foster parents need supports for themselves and the children in their care. Delaware has a targeted Foster and Adoptive Parent Marketing, Recruitment and Retention Plan (referenced in Section VII.)

**Outcome:** Every child that needs foster care placement will have the placement resource that best meets their needs.

**Benchmarks:**

1. The statewide foster care team will implement the Foster and Adoptive Parent Recruitment Plan, including marketing, support and retention activities, to increase foster home capacity. The Plan includes activities to increase capacity for sibling groups, children with behavioral health needs, children with medical or physically challenging needs, infants affected by substance exposure and children with complex needs.

   **Timeframe:** 2020 and ongoing.

   **Measure:** Documentation of Foster and Adoptive Parent Marketing, Recruitment and Retention Plan activities and reports of foster home capacity.

**Progress Report:** The current Foster and Adoptive Parent Recruitment Plan outlines the recruitment goals for FY2020-FY2024. The recruitment plan strategically targets three areas: increasing the number of new homes, retaining good quality foster families and developing or recruiting families for youth with complex needs. The plan outlines interventions to address each of those three goals including interventions to address the need to match children with providers based on their needs. Delaware continuously evaluates the needs of children and adjust the recruitment goals and strategies accordingly by meeting quarterly to review efforts in recruiting. Delaware continues to use a contracted statewide Foster Parent Recruiter (FPR) to increase public awareness of the need for foster families and attend community events to engage the community. Recruitment activities target awareness of program needs and the importance for foster homes that can accommodate sibling groups, medically fragile children, children with behavioral health and other complex needs, and infants affected by substance exposure. DFS foster home coordinators conduct monthly foster parenting information sessions statewide for prospective foster parents. Delaware continues to use a community-based provider, Prevent Child Abuse Delaware to conduct pre-service and in-service trainings for foster parents and report on attendance and completion. Foster parents are offered core and supplemental trainings at a variety of times and locations in effort to strengthen current foster families, address gaps in service or areas needing growth, and retain quality foster homes.

In early FY2020, recruitment efforts were reaching between 397-524 people. However, since the pandemic began in March 2020, recruitment events and activities slowed due to cancellations of public events and the inability to conduct in-person recruitment events. Since the pandemic, recruitment efforts have been reaching approximately 50-100 people per month. Despite recruitment events reaching less people, the number of people attending information sessions and being referred to complete pre-service foster parent training has increased. In FY2020, approximately 20 people per month were referred from info sessions to take pre-service training; however, in FY21 approximately 40 people per month are referred to pre-service training and approximately 31% of those who complete pre-service training are submitting applications to become foster parents. Although there is an increase in people attending pre-service training, foster parent numbers continue to decrease with homes closing for reasons related to the pandemic.

Delaware has approximately 240 active and foster homes split between state and child placing agencies. DFS recruits and supervises foster homes internally. Child placing agencies operate under DELACARE Regulations administered by the Office of Child Care Licensing. Annual foster parent conferences are held to recognize and train foster parents during May each year aligning with national Foster Care Month; however, this year's event was cancelled due to the restrictions on public gatherings due to the COVID-19 pandemic. Virtual or drive-through recognition and training activities will be planned in place of the conference.

As a majority of foster child adoptions are by foster parents, the Foster Care Program Manager and Adoption Manager coordinate transitioning foster homes to adoptive homes in regard to board and subsidy payments and community based support services. The Adoption Call to Action plan sets activities to strengthen foster/adoptive recruitment by partnering with teen foster youth.

2. The foster care program team will catalog and issue supportive resource guides to foster families, caseworkers and partners.

   **Timeframe:** June 2022.

   **Measure:** Documentation of resource guide distribution.

   **Progress Report:** This benchmark is in progress. Preliminary discussions have taken place regarding cataloging resources. Foster care program team continues to issue a foster parent newsletter bi-annually that includes a listing of trainings and other articles outlining supportive resources. In addition, discussions have taken place with the leader of a new local foster parent association regarding community supports needed for foster parents.

3. The foster care program team to develop a comprehensive formal and informal resource database using mobile technology as a distribution medium.

   **Timeframe:** Development by June 2023; deployment by March 2024.

   **Measure:** Documentation of resource database development activities and final distribution.

   **Progress Report:** This benchmark is pending. Discussions have taken place between foster care program administrators and the department community relations team to strategize around this goal. Program team continues to work on developing a resource guide and will work with community relations around using mobile technology as a distribution medium.

4. The foster care program team to survey foster parents to assess supportive service gaps and make recommendations for implementing additional services.

   **Timeframe:** March 2022.

   **Measure:** Documentation of survey activities, findings and recommendations for expanding support services.

   **Progress Report:**
   This benchmark is pending. Foster care program team will survey foster parents to assess supportive service gaps and make recommendations for implementing additional services.

**Goal:** Strengthen informal and formal services for foster teens and young adults aging out of foster care.

**Rationale:** By strengthening informal and formal services for youth, youth will more likely become self-sufficient young adults. Focusing on healthy and informed choices regarding education, lifestyle, and family planning prepare youth to be responsible young adults. From January through April of 2019, 21% of youth 18-21 years old participating in the independent living program reported being incarcerated. Over three quarters of the youth engaged in the independent living program are making healthy choices to avoid criminal acts. Nineteen percent of youth participating in the independent living program at age 18 reported parenting their own child. During July 2018 through April 2019 of all youth and young adults receiving services, 64% of youth reported being enrolled and receiving education, 4% of youth reported receiving their GED or vocational certificate, 28% of youth reported receiving their high school diploma, 18% of youth reported being employed either part time or full time, and 53% of youth reported being enrolled in post-secondary/vocational programs. DFS wants to improve outcomes for foster teens and young adults by raising rates of high school graduation, employment, and post-secondary enrollment. Delaware wants to sustain the high percentage of independent living program participants who report positive connections to supportive adults.

**Measure:** Measures for this goal are from outcome surveys of independent living program participants, using National Youth in Transition Database elements. Goals are 60% of program participants will graduate high school or obtain a GED, 70% will be employed, and 35% will be enrolled in a post-secondary/vocational program.

**Performance:** The first quarter report of calendar year 2021 shows 40% of youth over 18 years of age were either employed full-time or part-time. 61% of youth over 18 either had a high school diploma, GED, Associates degree or vocational certificate with 44% currently enrolled and attending school.

**Objective**: Foster youth and young adults have opportunities for personal growth, leadership experiences, and community service.

**Rationale:** The Youth Advisory Council (YAC) is the voice of foster youth in Delaware. DFS, Family Court and community partners use this group to learn the youth perspective of foster care. Experiences to serve as advocates and stakeholders build leadership skills and self-esteem. Engaging with the local community broadens a youth's sense of inclusion and belonging to a community.

**Outcome:** Youth will be better equipped to make healthy decisions and advocate for themselves, easing the transition to self-sufficiency.

**Benchmarks:**

1. The Independent Living Program Manager to coordinate with partners to provide personal growth, leadership development and community service for youth participating in YAC.

**Timeframe:** 2020 and ongoing.

**Measure:** Documentation of YAC events and activities that promote personal growth, leadership development and community service.

**Progress Report:** When Delaware entered a state of emergency due to the Covid-19 pandemic in March 2020, typical day to day routine and way of life had to adjust. Pre-pandemic, the Independent Living Program Manager facilitated and hosted the monthly YAC meetings in person with the youth in a central location in the state. With collaboration of partnered organization Kind to Kids and support from the contracted Independent Living providers, the monthly YAC meetings and planning workgroups shifted to a virtual platform. This allowed for youth to remain in contact with one another, feel a sense of normality with routine and provided a platform for YAC to continue their advocacy missions. As an additional gesture of support for the youth, the First Lady attended the May and June YAC meetings. Planning for the annual YAC conference was in full swing by late spring. Due to the new pandemic restrictions, the Independent Living Program Manager established a stakeholder workgroup with the youth to help plan for a creative and modified conference. The goal was to allow the youth an opportunity to have their annual conference while maintaining safety for all participants. On August 5, 2020 the Independent Living program held the YAC conference at Killens Pond, a state park centrally located in the state. The First Lady was in attendance along with DSCYF leadership. The youth hosted guest keynote speaker, William Green who spoke about resilience. There were interactive workshops including a martial arts presentation and yoga breathing exercise. Vendors attended and provided a multitude of resources and giveaways to the youth. Lunch and a talent show were also included in the conference. The youth and stakeholders guided by the Independent Living Program Manager, successfully held the conference while adhering to state social distancing guidelines. In addition, the Independent Living Program Manager coordinated with the YAC officers and the Department's Community Relations Coordinator to set up interviews done by youth to promote YAC. These interviews were posted on social media platforms. Due to inconsistency with YAC Officer attendance at YAC events, the Independent Living Program Manager created a YAC Officer Agreement with the collaboration from youth and contracted agencies. The Agreement document outlined the roles and responsibilities of the officer and noted they would qualify for an incentive if they fulfilled their officer position requirements. The Independent Living Program Manager and YAC partnered with a student led community service organization called Companion Champions from Delaware State University. The Companion Champions group is led by foster alumni Ms. Mayda Berrios. Companion Champions and YAC developed a plan where Companion Champion students would meet with YAC officers to teach them leadership skills throughout the year. The partnership started in December 2020. An ongoing project related to YAC is the By-Laws Workgroup. This workgroup meets about once a month to discuss ways to improve the YAC By-Laws. The workgroup consists of internal staff, contracted providers, stakeholders, partners, and youth leaders.

**Objective**: Increase the percentage of foster youth graduating high school, obtaining a GED and enrolling in post-secondary educational and vocational programs.

**Rationale:** Level of education is an important contributor to quality of life. The NYTD Cohort 1 statistics for Delaware are 26% for 19-year old's in FFY2013 and 47% for 21-year old's in 2015. NYTD Cohort 2 statistics are 53% for 19-year old's in FFY2016 and 68% for 21-year old's in FFY2018. During July 2018 through April 2019 of all youth and young adults receiving independent living services, 64% of youth reported being enrolled and receiving education, 4% of youth reported receiving their GED or vocational certificate, 28% of youth reported receiving their high school diploma, and 53% of youth reported being enrolled in post-secondary/vocational programs. Stakeholders want higher high school graduation rates for foster youth. Celebrating youths' achievements, and recognizing their positive growth encourages a youth to continue making positive choices.

**Outcome:** Education measures for foster youth and young adults receiving independent living services will report higher percentages of high school graduation or GED certificates, and higher enrollment in post-secondary educational or vocational programs.

**Benchmarks:**

1. Independent Living Program Manager and contracted providers to partner with Kind to Kids Foundation for UGrad programming for eligible foster youth in 9th through 12th grades.

   **Timeframe:** 2020 and ongoing.

   **Measure:** Documentation of UGrad participation and outcomes.

   **Progress Report:** The Independent Living Program Manager collaborates with the UGrad program on a continued basis. The Program Manager shares the quarterly report of Independent Living outcomes related to school and education with Kind to Kids. Also, UGrad attended the YAC annual conference and connected with youth, providing them with resources and shared with the youth about the UGrad program. In addition, UGrad staff attend the monthly YAC meetings to connect with youth about their services.

2. Independent Living Program Manager to continue contracts with community-based providers to assist youth with tutoring and support to achieve high school graduation/GED and assist distribution and monitoring of ETV grant awards to eligible young adults.

   **Timeframe:** 2020 and ongoing.

   **Measure:** Documentation of ETV grant awards and contractor monitoring activities.

**Progress Report:** The Independent Living Program Manager has a close partnership with the Office of the Child Advocate (OCA) as they oversee the ETV awards. The Independent Living Program Manager ensures that OCA receives listserv email communications and is abreast of new trainings and webinars related to ETV. The Independent Living Program Manager worked closely with OCA to review the applications for the 2020-2021 school year and met with OCA staff virtually to conduct interviews with the youth applicants throughout July 2020. The Independent Living Program Manager, with the support of the contracted Independent Living providers, helped OCA submit all the ETV scholarships in the fall of 2020 to ensure all funds were received by youth applicants. The Independent Living Program Manager participates in quarterly Youth In Transition Committee meetings; a committee facilitated by OCA to review the ETV application process with partners and stakeholders. With the new temporary requirements in the Consolidated Appropriations Act, Division X related to ETV, the Independent Living Program Manager met with OCA in the early spring of 2021 to review the new regulations. OCA and the Independent Living Program Manager collaborated to come up with a plan on how to disseminate the information and change the application process so that the Division X requirements are met.

3. Independent living team to coordinate Destined for Greatness events with youth, advocates, family members and contractors.

   **Timeframe:** 2020 and ongoing.

   **Measure:** Documentation of Destined for Greatness activities and awards.

   **Progress Report:** The annual Destined for Greatness (DG) event planning started in January 2020. Independent Living contracted provider staff made up the planning workgroup and the first planning meeting was the end of January 2020. In conjunction with the planning workgroup, the Independent Living Program Manager partnered with different community organizations to plan for the event. With most events, the planning changed during March 2020 due to the Covid-19 pandemic. The workgroup strived to creatively find ways to hold DG as a virtual event, recognizing the importance of celebrating youths' achievements and successful graduations. The DG event was eventually held over Zoom on July 9, 2020 with 70 participants including the First Lady and DSCYF's Cabinet Secretary. Youth received gifts supported by One Simple Wish, certificates, and gift cards to get dinner. There were opportunities for youth to share quotes and spoken word. The event was uplifting, fun and inspiring. There were 40 graduates recognized including an additional 30 youth recognized for an achievement they had made over the past year. Planning for the 2021 DG event started to take place again in January 2021

**Objective**: Sustain and promote financial stipend programming for young adults transitioning out of foster care at age 18.

**Rationale:** A youth informed program, Achieving Self Sufficiency and Independence through Supported Transition (ASSIST) is financial aid for young adults working to achieve life skills, education, employment and other goals in their independent living plan. The application and reporting components of the stipend program teaches budgeting and accountability.

**Outcome:** Youth learn personal budgeting and develop routines to manage resources while living independently. Financially stable youth have safe housing, nutrition and enjoy age appropriate social activities.

**Benchmarks:**

1. Independent Living Program Manager to oversee administration of ASSIST programming for young adults active with independent living services.

   **Timeframe:** Ongoing through 2024

   **Measure:** Documentation of number of young adults receiving ASSIST stipends and application of program requirements with fidelity.

   **Progress Report:** With respect to the Covid-19 pandemic and Delaware state of emergency, the requirements for youth to receive the monthly ASSIST stipend changed so that youth could maintain stability in time of crisis. Changed regulations included a temporary lift to productivity requirements. This was re-addressed again in September 2020 by the Independent Living Program Manager and Independent Living contracted provider Directors. Even though youth were attending school (virtually and/or in person), the youth were not able to meet the same type of productivity requirements that were required of them prior to the pandemic starting. Therefore, the Independent Living Program Manager changed the productivity requirements again to align with supporting youth during the public health emergency to ensure they received supportive funds. To promote accountability and consistency, the ASSIST related documents were added to the contracted Independent Living providers contracts. The Independent Living Program Manager met with the IL Directors in January 2021 to review the efficacy of the ASSIST stipend program. This included discussion to develop new guidelines around the need for youth to eventually be employed to receive ASSIST. The Independent Living program recognizes that the stipend should supplement income the youth receives from employment. This promotes a youth to work towards self-sufficiency.

2. Independent Living Program Manager to coordinate review of exit surveys from youth leaving the independent living program to gain insight on the effectiveness of the ASSIST program. Manager to share lessons learned with stakeholders and take actions to improve outcomes.

   **Timeframe:** 2020 and ongoing.

**Measure:** Documentation of exit surveys and evaluation of ASSIST programming. Documentation of actions taken to adjust program components.

**Progress Report:** The requirement that the IL contracted providers support youth with completing exit surveys as they leave the program, was added to required activities for Independent Living providers. Gaining youth feedback and voice on their experience with receiving Independent Living services helps to develop the Independent Living program to better meet the needs of the youth. In addition, we are developing new ways to collect service outcomes in the Department's FOCUS system. The new data entry will promote better quality data collection. The Independent Living Program Manager along with staff from DMSS surveyed youth when conducting site contract monitors at two different agencies throughout 2020 to gain youths' feedback on services rendered. The surveys were conducted virtually.

**Objective**: Promote and support enrollment in post-secondary educational and vocational programming for eligible young adults.

**Rationale:** Youth may be more likely to attend post-secondary education if they have financial support. Education is a key factor to improving quality of life.

**Outcome:** Aged out foster youth have post-secondary education and vocational training leading to higher income and quality of life.

**Benchmarks:**

1. Review the DSCYF OCA ETV MOA annually. Update policy and procedures as needed based on stakeholder input.

   **Timeframe:** 2021 and ongoing.

   **Measure:** Documentation of MOA review and number of awards.

   **Progress Report:** In April 2020, both DSCYF and OCA signed off on the MOA that outlines the partnership between the two entities regarding oversight of ETV.

# V. Quality Assurance System

The quality assurance system was determined to be an area needing improvement in the 2015 CFSR. Since that time, the system has grown from a collection of quality assurance activities to a maturing continuous quality improvement system guided by tested principles and procedures and monitored by a CQI Steering Committee. In February 2017, Delaware adopted the federal OSRI as the quality assurance review tool for treatment (foster care and in-home) and differential response cases. Interviews with key case participants and stakeholders as well as a second level quality assurance review are a part of the review process. DFS has a dedicated case review team consisting of 4 full time case reviewers, 2 part time reviewers and a full time Continuous Quality Improvement (CQI) manager/second level quality assurance reviewer. Although no longer PIP monitored or

under federal oversight, CQI Manager continues to consult with federal team for guidance on case reviews as needed. The Delaware case review team conducts 90 randomized treatment (in-home and foster care) and differential response case reviews for identified periods under review every 6 months, 15 reviews per month. The team also conducts 15 investigations and 4 internal differential response FAIR case reviews every month. In future, this team will be conducting SDM® Fidelity case reviews as well. Planning is currently underway to have case review team trained and prepared for this endeavor. Case review team meets monthly to analyze case review results, determine trends or patterns, and discuss case review fidelity. Results of the case review are shared at the annual stakeholder meetings, Strategic Leadership Team (SLT) meetings, all management meetings, and program management meetings. Case review results are used as measures for numerous goals in the Child and Family Services Plan (Section III). See Section II, Quality Assurance System for information of the structure and functionality of this system.

# VI. Update on the Service Descriptions

- *Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, subpart 1)*

DSCYF has sustained the formal child welfare continuum of services from intake and investigation, treatment and ongoing case management through adoption and independent living services. Family support services are coordinated with multiple community partners using community-based interventions. DFS sustains a cluster of initiatives under the 'Outcomes Matter' banner including Safety Organized Practice, Structured Decision Making®, Team Decision Making, family teaming, and Ice Breaker meetings, all using family focused approaches to strengthen family voices in assessment, planning and service delivery. Infrastructure enhancements were added, such as new front line and supervisory staff positions, and supervisor training. Embedding continuous quality improvement principles to daily work and larger areas needing improvement matured during this reporting period. (See Section II, Service Array for description of child welfare services. As for progress reports on child welfare services, see Section III, Update on Plan for Enacting the State's Vision and Progress Made to Improve Outcomes; also see Section V, Statewide Community Partner Updates; also see CFS-101 for populations and locations; and Section XII, Grant Applications, Stephanie Tubbs Jones Child Welfare Services)

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

Post Adoption and Post Permanent Guardianship support services are available to all children and families in the State of Delaware who have achieved permanency through adoption and permanent guardianship. In June 2020 a Request for Proposal was posted to increase post adoption and post permanent guardianship services statewide. In September 2020, three awards were issued to expand the Division of Family Services post adoption and post permanent guardianship support services statewide. As a result, in January 2021, The Division of Family Services expanded their post adoption and post permanent guardianship support services statewide. There are contracts in place-with A Better Chance for Our Children (ABCFOC), Children and Families First (CFF) and Children's Choice to provide adoption services for children who resided in Delaware and have been adopted. The three

agencies have 24-hour hotlines for families in crisis. The activities include information and referral, crisis assistance, parent coaching, supporting birth family connections, sibling support, statewide trainings on adoption-related topics, support groups for parents, therapy and support groups for children and youth, Love and Logic parenting, parent retreats, Rec N Respite, and parent/child bonding workshops. Some of these support groups and activities are in conjunction with referrals from DFS Foster Care, private agency adoptions, other state adoptions, international adoptions, and the families themselves seeking post adoption training and support services. Referrals for post-adoption services have continued to remain steady during the national public health emergency. As a result of the public health emergency, all trainings and support groups moved to a virtual platform. Case Management was completed virtually as well as Rec N Respite. When necessary, crisis responses were handled face to face. Overall, the post adoption and post permanent guardianship support services were able to support families during the COVID-19 pandemic.

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

Delaware works closely with the Department of Public Health to utilize home visiting program. Delaware's home visiting programs include Nurse Family Partnership, Healthy Families America/Smart Start, Parents As Teachers, and Delaware Head Start/Early Head Start. Services continued throughout the pandemic, but providers switched from Face to Face contact to virtual contact. Home visiting continued virtually throughout the pandemic. Providers learned new and creative ways to engage with families. For many families there were positive responses to virtual visits and an increase in parent-child interaction. The Multisystem Healthy Action Committee meets quarterly in Kent and Sussex Counties and continued to meet virtually through the pandemic. The Committee reconvened in New Castle County in April 2021 after some changes in chairs/co-chairs. This committee focuses on services for children under the age of five, especially, those children who were substance exposed. Several early childhood community agencies, including DFS case workers/managers, hospital social workers home visiting managers, and many other community agencies meet to discuss services, referrals, data, trends, etc. Referral sources are shared with supervisors and case workers.

Highmark Health Options and Amerihealth are Delaware's two Medicaid MCO contractors. Each organization receives a monthly report of children who enter and exit foster care. The Care Coordinators reach out to DFS case workers to help coordinate services. This is building a good partnership to ensure children in foster care are receiving needed medical services.

In the last year the MOU was updated between The Division of Public Health, Department of Health and Social Services, Division of Family Services, and Division of Prevention and Behavioral Health regarding administering Child Development Watch Birth to Three Early Intervention System. The Division of Family Services receives stats from Child Development Watch monthly. The Division of Family Services is developing a plan to consistently refer children under 4 to Child Development Watch when they enter the custody of DFS.

| NCC DFS/ CDW statistics April 1, 2020 through March 31, 2021 |
|---|

| NCC Total DFS Children Referred to CDW April 1- March 31 | 84 |
|---|---|
| DFS ***Foster*** Children Referred to CDW | 16 |
| DFS Children with Active IFSPs | 37 |
| DFS ***Foster*** Children with Active IFSPs | 37 |

| Kent County DFS/ CDW statistics April 1, 2020 through March 31, 2021 |
|---|

| Kent Total DFS Children Referred to CDW April 1- March 31 | 67 |
|---|---|
| DFS ***Foster*** Children Referred to CDW | 17 |
| DFS Children with Active IFSPs | 13 |
| DFS ***Foster*** Children with Active IFSPs | 9 |
| | |
| **Kent County Total DFS Children Active on March 31, 2021** | **21** |
| DFS Foster Children Active with CDW as of March 31, 2021 | 8 |
| DFS Children with Active IFSPs as of March 31, 2021 | 11 |
| DFS Foster Children with Active IFSPs on March 31, 2021 | 7 |

| Sussex County DFS/ CDW statistics April 1, 2020 through March 31, 2021 |
|---|

| Sussex Total DFS Children Referred to CDW April 1- March 31 | 53 |
|---|---|
| DFS ***Foster*** Children Referred to CDW | 15 |
| DFS Children with Active IFSPs | 21 |
| DFS ***Foster*** Children with Active IFSPs | 9 |
| | |
| **Sussex County Total DFS Children active on March 31, 2021** | **25** |
| DFS Foster Children Active with CDW as of March 31, 2021 | 14 |
| DFS Children with Active IFSPs as of March 31, 2021 | 20 |
| DFS Foster Children with Active IFSPs on March 31, 2021 | 9 |

- *Efforts to Track and Prevent Child Maltreatment Deaths*

Delaware's Child Protection Accountability Commission (CPAC) is the state entity responsible for compiling child maltreatment fatality data from all the sources listed above. CPAC was vested with state statutory authority to investigate and review deaths or near deaths of abused or neglected children. This responsibility transferred from the Child Death Review Commission to CPAC on September 10, 2015. One specific statewide Child Abuse and Neglect Panel meets monthly to review child maltreatment fatalities, and the Intake and Investigation Program Manager sits on that panel.

In FY2020, CPAC approved the retrospective reviews conducted by the Child Abuse and Neglect Panel between July 2019 and June 2020. During this period, the Panel reviewed 72 child maltreatment deaths and near-death cases, which resulted in 112 strengths and 208 findings across seven system areas. The findings and recommendations resulting from the reviews of child deaths and near deaths due to abuse or neglect are available at the following link: https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx
These strengths and findings are distributed in draft form to intake and investigation staff, as well as upper divisional and departmental management, for purposes of enhancing quality of work, encouraging adherence to policy, and strengthening policies to be more collaborative and preventative.

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

CPAC serves as the federally mandated Citizen Review Panel, and the Child Abuse and Neglect Panel with oversight from the CAN Steering Committee conducts retrospective reviews on all death and near-death cases of abused and neglected children, assessing for strengths and weaknesses across seven system areas. CAN Panel is comprised of members from the Division, OCA, IC's office, law enforcement, the DV community, hospitals, schools, Child Development Watch (Delaware's part C program), Family Court, the DOJ, and the medical examiner's office, who meet monthly to make recommendations to the CAN Steering Committee. The Steering Committee reports to the Governor of Delaware with findings and recommendations. A copy of this report can be accessed at: https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx

- *Supplemental funding to prevent, prepare for, or respond to, Coronavirus Disease 2019 (COVID-19)*

Delaware received $127,441 in CARES Act Title IV-B Subpart 1 supplemental grant funds. Thus far Delaware has spent $10, 515 on Personal Protective Equipment for Division staff across this state. This allowed staff to continue to abide by the recommended safety precautions when interacting with co-workers, children, families and other professionals both in and outside the office.

Delaware had developed an initial proposal to support foster families using the funds received from the CARES ACT Title IV-B subpart 1 supplement grant funds. The proposal was based on the consideration of the closure of schools and stay at home directives and the implications that had on increased costs incurred by foster care providers. The proposal was centered around providing stipend relief with the additional $127,441 Stephanie Tubbs Jones Child Welfare Services Program Funds. Stipends would help offset the increased cost of food, household supplies, utilities, recreation, arts and crafts incurred by foster parents and group care providers

due to the Covid-19 state of emergency. Unfortunately, this proposal was not approved as the stipends too closely resembled foster care maintenance payments. DFS is exploring other options, including an Amazon voucher program in an attempt to exhaust these funds by September 30, 2021.

- *MaryLee Allen Promoting Safe and Stable Families (PSSF) (title IV-B, subpart 2)*

Family Support and Family Preservation funds in Delaware are combined to provide a continuum of services whose primary functions are to support communities in the development and implementation of services that help children and families stay together, when safety can be assured. The services build on family strengths, 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 reduce the likely child maltreatment and enhance child well-being. The Division of Family Services – Family Support Services contracts with various community providers to serve intact families and those families who are separated and working towards reunification. Children's Choice, New Behavioral Network, and WrapAround Delaware provide Family Interventionist services. New Behavioral Network and WrapAround Delaware provide Home Based Family Support Services. New Behavioral Network provides a Board Certified Behavioral Analyst. The purpose of these services is to provide intervention which will enable families to remain intact or to help resolve issues which resulted in children being removed from the home. The target population for the Family Interventionist and Home Based Family Support Services are families who are considered high risk for child abuse and/or neglect and they are involved with the Division of Family Services. The services are offered statewide. Families are referred to one of these agencies and services by the caseworker. The agency will conduct a strengths and needs assessment to develop a treatment plan with the family. For FFY 20, 407 families were served through Family Interventionist Services and 61 families were served through Home Based Family Support Services. It is estimated that for the next FFY the numbers will remain the same in the upcoming year.

The PSSF Consultation and Support Program is 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 consultation process focuses on increasing the protective factors of children and families, thus stabilizing families and preventing out of home placements. The goals of the PSSF Consultation and Support program are:

1) Reduce life stressors that may negatively impact family functioning and child well-being, while helping families access needed services.
2) Build family skills and strengthen family functioning.
3) Reduce the risk of child maltreatment.

Service decision-making process of the PSSFCS program occurs through the family consultation process. Families are guided through a self-assessment, examining concerns and developing an awareness of how to reduce or resolve concerns. The program participants enhance their ability to assess their family's core concerns, establish a plan to address concerns and learn of both informal and formal supports/resources available. The family consultant and the participant are able to assess the families' coping skills, determine if the family is experiencing difficulties with their child(ren) and if their parenting skills are being challenged. The family consultant promotes development of a support network, plans to decrease stressors, and linkages to services, such as parenting education, parent support groups or child behavior intervention services.

Three contracted community based organizations practice the consultation model in five sites offering an array of services such as family counseling, adult and youth mental health services, substance abuse services, youth programing, employment training/placement, housing counseling, emergency services, parenting and other related services designed to address the stressors experienced by caregivers. During FY2019 the program served 980 individuals and 367 families statewide. Services are concentrated in zip code areas with the highest number of abuse and neglect referrals.

*Adoption Promotion and Support Services*

PSSF funds are utilized by the Division of Family Services to support Delaware's children with a permanency plan of adoption. Children and youth with a permanency plan of adoption are eligible for child specific recruitment (CSR) and the My Life Program. The My Life (My Young Life in Foster care Explained) Program is DFS' adaptation of the 3-5-7 Model developed by Darla L. Henry, PhD, MSW, of Darla L. Henry and Associates, Inc. CSR and My Life promote youth engagement and are child centered and this aligns with the Adoption Call to Action of engagement and older youth adoptions. My Life and CSR are supported by PSSF funds and are utilized statewide.

*Service Decision-Making process for Family Support Services (45 CFR 1357.15®)*

Promoting Safe and Stable Families Consultation and Support service is delivered by three community-based organizations statewide at five service sites. Contracts were awarded through a Request for Proposal process. The agencies selected provide an array of children, youth, adult and family services sought by many of the families of PSSF program. The agencies collaborate and exchange family services among one another and other community service agencies. Providers serve communities with high percentages of referrals to child protection services. There are two sites in Sussex County, one site in Kent County, and two sites in New Castle County. During the period of this report, both New Castle County PSSF provider sites added the City of Wilmington into their service area. The Governor's Family Council, DHSS and DOE Dual Gene Family Resource Center supports service to the southern region of Wilmington where families and children experience high level of trauma due to the volume of violent crimes in the community. Consumer input via the pre and post service Family Stressor and Resources Assessment Index and satisfaction surveys are used to gauge program performance against expected outcomes. Both tools show positive ratings.

DFS uses a bidding process for contracted services supported by PSSF funds. Community-based services provide home based family preservation, family reunification and behavior analyst services for intact families and families with children in foster care. Considering the broad scope of need and population, these services are provided statewide. Other family centered services offered by DFS include substance abuse screening and referral, case management for housing vouchers, forensic and psychological evaluations, caregiver/child assessments, and bonding assessments.

Title IV-B subpart 2 funding ratios for FFY2020 are 32% family support, 21% family preservation, 24% family reunification and 22% adoption. The administrative costs are .8%.

- *Populations at Greatest Risk of Maltreatment (section 432(a)(10) of the Act)*

For Prevention populations, PSSF continues to provide community-based services in communities throughout the state in geographic areas with high incidents of child abuse and neglect reports, at risk communities exposed to high volume of traumatic incidents of violent crimes as noted by the City of Wilmington, CDC report of violent crimes. These are the same communities with high rates of COVID-19 impact of the family's ability to address their need to safeguard against the virus. These service efforts address the needs of 367 families and a total of 980 individuals.

For DFS' formal child welfare services, the populations at greatest risk of maltreatment are at-risk families and children in geographic areas with high incidents of child abuse and neglect reports, referrals from childcare providers, referrals from school personnel, early intervention students, substance-exposed infants, children with traumatic childhood experiences and children with developmental delays. Infants exposed to substances before birth is a special population determined to be at risk. Delaware has done extensive work on Plans of Safe Care for these infants and their families to align with Delaware's Aiden's Law and the Comprehensive Addiction and Recovery Act. DFS developed both internal and external pathways to address infants born with prenatal substance exposure.

Delaware is aware that foster children are at higher risk of becoming a victim of sex trafficking and continues to work with law enforcement, FBI and community providers to address identification and services for victims of sex trafficking. The Juvenile Human Trafficking Interagency Council brings together law enforcement, courts, advocates, DFS, FBI, and community partners together to look at data, public awareness, training, and victim's services. Delaware is looking at best practices for working with victims or suspected victims of human trafficking. The DFS Intake and Investigation and Treatment Program Managers have reviewed various juvenile trafficking screening tools. One tool has been identified and is going through the approval process to begin its use. Protocol and policy are being developed around the use of this tool, as well as, practice around identifying youth who are trafficked or at risk for trafficking.

- *Kinship Navigator Funding (title IV-B, subpart 2)*

Delaware received a FFY2019 kinship navigator grant and faced early challenges that we have quickly been able to overcome. We have hired and maintained a dedicated staff person to oversee

the kinship navigator program. A Request for Proposal was released September 2020 with an award being made by the end of the same month (September 2020). Children's Choice of Delaware was contracted to complete a needs and readiness assessment of Delaware and make formal recommendations. Both tasks were successfully completed by January 2021. This work also included direct support and financial assistance to 30 kinship families in Delaware. In addition, 35 kinship families with 80 children were provided holiday gifts and meals through donations from agency partnerships with community organizations that are being developed under the kinship navigator program. Delaware has continued to receive funding via the FFY2020 kinship navigator grant. This funding is associated with phase 2 of the contract that has been awarded to Children's Choice of Delaware. Implementation of approved recommendations began in March 2021.

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

Delaware has policy on foster child visits cited in Placement Chapter, Section G of the DFS User Manual that states children in out of home placements must be visited monthly. For FFY2020, Delaware's performance for Measure 1: Percent of Visits Made Monthly is 94.71%. For Measure 2: Percent of Visits in the Child's Residence is 82.86%. Due to this increase over the year, Delaware has successfully met this measure. The agency is addressing factors such as high investigation caseloads, high workload in treatment cases, staff turnover and FOCUS data entry that impact performance for Measure 1. Caseworker visit grant funds are applied to contracted foster care services using a methodology targeting caseworker visit costs. Contracted providers have monthly, if not more frequent, contact standards. DFS will submit monthly caseworker visit data for FFY2021 per Section 424(f) of the Social Security Act by December 15, 2021.

*Additional Services Information*

- *Adoption and Legal Guardianship Incentive Payments (section 473A of the Act)*

With federal approval, DFS applied adoption incentive funds to a new program called Parent Enrichment. The program reimburses adoptive caregivers to purchases to normalize childhood experiences and enhance child well-being. Funds also reimburse adoptive parents for training conference expenses. Additionally, funds were used to purchase training for staff related to adoption connection, disruptions and FASD. There have been no changes, issues or challenges. All funds are expected to be spent by grant end dates and documented by annual submissions of SF-425 forms. This program has been well received and will continue in FY22.

The Adoption Savings was used to execute a contract for an adoption navigator on October 28, 2019. Formal work by the navigator began on November 1, 2019. The navigator provides a variety of supports and assistance to families who are transitioning children out of foster care through adoption or permanent guardianship. Assistance includes but is not limited to requesting new birth certificates, new social security cards, Medicaid support, clarifying payment issues, answering questions about the psychological subsidy as well as the routine assessments and determinations of subsidy and assistance amounts. The navigator also supports families facing permanency disruption by connection to available resources and

providing direct assistance. This contract expires on September 30, 2021 and has the option to renew.

Additionally, in January 2021, the Adoption Savings was used to expand the state of Delaware's post adoption and post permanent guardianship service array. Currently there are contracts in place with A Better Chance for Our Children (ABCFOC), Children and Families First (CFF) and Children's Choice to provide post- adoption services for children who reside in Delaware and have been adopted. These contracts will expire on September 30, 2022 and have the option to renew.

The three agencies have 24-hour hotlines for families in crisis. The activities include information and referral, crisis assistance, parent coaching, supporting birth family connections, sibling support, statewide trainings on adoption-related topics, support groups for parents, therapy and support groups for children and youth, Love and Logic parenting, parent retreats, Rec N Respite, Respite and parent/ child bonding workshops. Some of these support groups and activities are in conjunction with referrals from DFS foster care, private agency adoptions, other state adoptions, international adoptions and the families themselves seeking post adoption training and support services. Referrals for post-adoption services have continued to remain steady. There have been no challenges accessing or spending the funds. The Division of Family Services will continue to utilize the Adoption Savings through the Adoption Navigator contract and post adoption support services.

- *John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program) (section 477 of the Act)*

  As an ongoing practice, contracted Independent Living(IL) providers are required to support youth with completing exit surveys as they close out of Independent Living services. In addition, feedback is gained directly from youth about their outcomes through NYTD outcome surveys. This information, along with IL related services captured through NYTD reporting mechanisms, are shared with the contracted IL providers. The information shared highlights NYTD outcome service arrays where the agencies are doing well and where the agencies could be doing better regarding providing services to youth. In the summer of 2020, the Independent Living provider contracts were amended to align with the NYTD outcome service areas to better align to the expected outcomes for service delivery. Feedback is gained from youth in foster care on a monthly basis through participation and discussion during the virtual YAC meetings. Workgroups, such as the YAC By-Laws workgroup, and YAC Advisors team includes youth participation and attendance. In July 2020, a youth participated in the Virtual Roundtables and gave feedback on their experience with foster care with respect to the Covid-19 pandemic and state of emergency. The youths' feedback provides insight on how foster youth were affected by the public health emergency and gives insight to the ILPM on how to better support foster youth. The IL program supported a youth leader to participate in the annual FosterClub internship. Due to the public health emergency, the internship was conducted virtually. The IL program engages the foster youth in program development workgroups so that a youth voice is included in creating positive outcomes for other foster youth. Youth voice is also captured through the YAC Instagram account (302YAC) including youth interviews and

engagement. In March 2021, we worked with the Department's third-party consultant, Health Management Services, to elicit feedback from youth about their experience with the Department. This was done through a presentation at the March YAC meeting, through online surveys and a breakout workgroup where youth met virtually with Health Management Services.

The Independent Living program involves the public and private sectors in helping youth in foster care achieve independence by collaborating with agencies to provide services to youth to build their self-sufficiency and resilience. The Independent Living Program contracts with five providers throughout the state to support youth transitioning out of foster care to become self-sufficient young adults. Youth eligible for a referral to one of the contracted providers includes youth in a foster care placement setting 16 and older, youth who have aged out of foster care and have not reached age 21 and youth who were adopted or placed under guardianship at 16 years of age. The Independent Living provider creates a plan with the youth to outline goals in areas including personal and interpersonal skill development, critical skill decision making, job skills including job preparation, job seeking supports and job maintenance supports, money management, credit management, housing, transportation, health services, personal hygiene, family planning, connections to community resources, nutrition education, support with understanding legal rights, prevention of drug and alcohol abuse and building healthy relationships.

The contracted providers include Progressive Life Center Inc., West End Neighborhood House Inc., Elizabeth W. Murphey School Inc., Dunamis Dominion, People's Place II Inc. Spring of 2020, the ILPM created a Request for Proposal (RFP) that will change the provider pool starting FY22. Performance expectations outlined in each of the contracts reads that the provider will assist the youth with achieving their education, employment, and housing goals as well as educating them on how to access community resources, understanding how to successfully network with support services in their community to maintain independence and to not be abused or neglected by the IL provider. Updated amendments to the existing contracts were developed during the summer of 2020 to align the performance expectations with NYTD outcomes. The Independent Living workers complete the Casey Life Skills Assessment with the youth to help ascertain their readiness in the different service domains. Based on the results of the assessment, the Independent Living worker will develop a plan with the youth to help them achieve their goals. The plan is reviewed with the youth at least every 6 months.

Youth have opportunities to participate in annual activities such as the YAC conference and the Destined for Greatness event. Over the past year, these events had to adjust to the social distancing guidelines due to the Covid-19 pandemic. Virtual platforms such as Skype, Zoom, Webex, and Teams have been used for these events, ongoing monthly meetings with youth, as well as provider and workgroup meetings. YAC provides monthly meetings for youth, including activities related to community service, networking with peers and connecting to community resources. DSCYF supports the YAC Instagram account called '302YAC'. The IL contracted providers and the service partners have also molded their way of doing business. The provider continuum has been creative with reaching out and connecting to youth. Along with the platforms mentioned about, providers

also use Facetime and chat functions on social media platforms. Agencies adhere to safety guidelines when using different communication platforms while working with the youth to meet their needs. Furthermore, gift cards for groceries and care packages have been utilized. For example, youth who participate in the monthly YAC meetings receive an Uber Eats gift card to purchase a meal to take the place of the typical dinner they would have received if meeting in-person for the YAC meeting.

DFS is incorporating the principles of Positive Youth Development by holding the annual Destined for Greatness event. The Destined for Greatness event is held every spring to honor youth that have graduated high school, college, or a vocational program. The event also recognizes youth that have made an accomplishment over the past year. To do this, caseworkers are asked to nominate youth for something positive they have achieved and to indicate a monetary wish the youth would like granted. In partnership with the organization One Simple Wish, DFS can grant youths' wishes by giving them monetary or physical items at the Destined for Greatness event. The event is a fun-filled celebration that is centered on positive reinforcement for achievements and accomplishments that youth have made. Also, we have connected with youth and DFS leaders on how best to implement Division X funds outlined in the Consolidated Appropriations Act. The IL program hopes to expand eligibility for IL services, support youth with housing needs and costs as well as help youth with transportation and grocery needs.

DFS shares the results of NYTD data collection with foster parents, youth, advocates, and other stakeholders through ongoing presentations. In addition, NYTD data is shared with independent living coordinators, agency staff and foster care providers through ongoing trainings. NYTD outcomes and services are presented in a training about the Independent Living program that could be accessed by DSCYF employees through the state's online Learning Center. In addition, the training is incorporated in the new-hire training for staff starting employment with the Division. With DFS' database system, FOCUS, NYTD information is pulled and developed into reports that are shared quarterly by the agency's data unit. These reports are used in quarterly meetings with contracted independent living provider meetings to discuss what is working well and areas to improve. In addition, the quarterly reports are broken down to show specific contracted agency data that is then shared with each agencies Independent Living Directors. The ILPM has identified additional areas in FOCUS to map to the NYTD extract report which provides enhanced qualitative and quantitative data. In addition, the Independent Living Program Manager works closely with the Special Projects unit to streamline NYTD data in FOCUS; changing the way in which NYTD service information is captured and entered in the system will improve the bi-annual NYTD extract.

The Independent Living program also contracts with Jobs for Delaware Graduates (JDG). JDG provides community-based programming to assist youth ages 16-21 in Kent and Sussex Counties in obtaining and retaining employment. JDG develops job placement opportunities, prepares youth for employment, matches youth to appropriate employers and jobs, and provides post job placement supports. Collaboration with JDG continued throughout the winter of 2020, with a focus on developing strategies for the provision of stable transportation for youth in rural areas. This was identified as a barrier for youth

employment. West End also provides supports to youth specifically with obtaining their GED and/or preparing them with vocational supports. In addition to this support, West End also partners with an organization called $tand By Me which is the entity DSYCF uses for credit checks for youth in foster care. Through this collaboration, caseworkers and youth receive support to help correct any findings on their credit report. Additionally, financial coaches are made available to the youth to teach financial literacy. Furthermore, 'Year Up' is a program in the Wilmington area to help youth with hands-on skill development and internship opportunities with local business. Another constant avenue some youth take is enrolling in and participating in Job Corps programs either here in Delaware, or in other states. DFS recently joined the Wilmington Job Corps Community Relations Council workgroup to partner with other community members on employment opportunities for youth. Continued partnership with Kind to Kids Foundation allows foster youth in high school as well as those in college connect with an educational advocate. This program, known as the UGrad program provides educational support for youth, and helpful the youth identify any educational needs they might have. The UGrad program goal is to help youth graduate high school and in turn be prepared for either a post-secondary education program or the workforce. In addition to this employment service provider, ongoing meetings have been initiated with the Department of Labor to discuss ways the Independent Living program could ensure that youth are being referred to their Workforce Innovation and Opportunity Act (WIOA) providers. We also continue a partnership with the First Unitarian Church and their Independent Living for Young Adults (ILYA) program. This program assists with tutoring services for older youth in foster care, furniture donations, graduation parties, supports for young parents and a school loan program. The Division's Independent Living Manager the Juvenile Human Trafficking Interagency Coordinating Council workgroup, the Delaware Continuum of Care, and the Integrated Child Welfare Planning Collaborative to expand the service array of the Independent Living program as well as provide a conduit for youth voice to the larger community.

The Impendent Living Program Manager has participated in multiple trainings on the new Foster Youth to Independence housing voucher. DFS has connected with housing authorities across Delaware to partner with a Housing Authority Program (HAP) to administer the FYI voucher. Along with the Independent Living Program Manager, the DSCYF Chief Policy Advisor meets with DSHA representatives to finalize the MOU for the administration of the FYI voucher. In conjunction with the FYI voucher, the IL program works with DSHA to assist eligible youth with achieving independence through support of other housing voucher. DFS and DSHA representatives closely monitor the process of youth applying, searching, and utilizing the vouchers. Meetings occur monthly with DSHA to review the application process and data counts for both the State Rental Assistance Program vouchers and the Family Unification Program vouchers. Collaboration between DSHA and the Independent Living program ensures that the count of available vouchers is accurate, and that the application process for youth is efficient.

- *Additional Chafee Funding (Division X)*

Delaware's award of Division X funds totaled $464,109. These funds are used to help aged out foster youth with transportation costs, not exceeding $4,000 per youth, housing, utilities, other pandemic driven costs, and case management services through age 26.

- *Education and Training Vouchers (ETV) Program (section 477(i) of the Act)*

The Independent Living Program Manager ensures that total amounts of educational assistance to youth does not exceed the total cost of attendance. We partnered with Office of the Child Advocate (OCA) CA to administer the ETV program. DSCYF and Office of the Child Advocate developed a MOA to demonstrate responsibilities and expectations. The Independent Living program and OCA work closely together, meeting regularly and sharing information to strengthen the program goals. We avoid any duplication of benefits under this and any other federally assisted benefit program by having each applicant certify what, if any, scholarships, or grant programs they've applied for on the application form. OCA has updated the ETV application, streamlined the form and updated the application in their online portal.

The independent living program received, reviewed, and allotted 34 youth with an ETV voucher since the submission for the 2020-2021 school year. OCA tracks the applications, reaches out to youth and their IL workers, and facilitates the interview process. In addition, OCA determines the allocation amounts of the ETV award along with other state funded scholarships including the Ivyane Davis Memorial Scholarship. The Youth in Transition Coordinator with OCA tracks applicant's information such as what school they attend, how much financial need there is, GPA status and the number of times they've received an ETV award. Scholarship amounts are determined through joint interviews with OCA and DFS Due to Covid-19 and the state of emergency, interviews were conducted over Zoom during the summer of 2020. OCA and the ILPM plan to conduct interviews over Zoom again for the upcoming applicant pool.

Several efforts were made to engage and support post-secondary students. Kind to Kids Foundation provided technology support to youth attending post-secondary programs. For example, they provided laptops to youth attending local universities. Jobs for Delaware Graduates (JDG) continued providing services to youth during the public health emergency by meeting with the youth virtually. In addition, Independent Living (IL) service eligibility extended beyond the age of 21. Contracted IL agencies provided supports and services to youth up to the age of 27. DFS publicly marketed that youth over the age of 21 were eligible for IL services through social media. This allowed young adults to have supports and additional funding that promoted stability while engaging in post-secondary education programs. Moreover, funding through Division X went directly towards re-paying debts and outstanding balances for youth who currently attend post-secondary programs. Other Division X funds, such as funding towards unmet transportation needs significantly helped youth maintain stability while attending school programs. DFS, with support of contracted IL agencies, paid youth direct payments to go towards transportation costs. In addition, DFS partners with the Office of the Child Advocate (OCA) who manages the state's Education and Training Voucher (ETV). The IL Program Manager met with OCA to address the Division X provisions. This included increasing award amounts to $12,000 through September 30, 2022, providing ETV awards to youth up to the age of 27 through September 30, 2021 and waiving the requirement

that a youth must be enrolled in a post-secondary education program or making satisfactory progress toward completing that program.

- *ETV Supplemental Funding (Division X)*

Delaware's expenditure of Division X supplemental ETV funds will be administered by the Office of the Child Advocate, applying criteria and requirements as established by federal instruction.

- *Chafee Training*

Delaware Division of Family Services and our Independent Living Program continue our relationship with Prevent Child Abuse Delaware (PCAD) who conducts the training for new DFS foster families. We work together to incorporate Independent Living related trainings in foster parent training series. After the STEPS policy was updated in the Policy Manual, an opportunity was created for DFS staff to read and review the new policy and acknowledge the new procedures in May of 2020. Throughout the summer of 2020 DFS was invited by OCA to facilitate virtual trainings on the Independent Living program for new CASA's. In July of 2020, DFS conducted trainings overviewing the Independent Living program for PBH and YRS staff. In addition, a virtual recorded training was developed in conjunction with Center for Professional Development detailing the Independent Living program. The training was required for all DFS staff to take through the end of December 2020. The training is accessible on the Delaware Learning Center (DLC) and is also included in new hire training. Starting in the spring of 2021, the Independent Living Program Manager will regularly attend quarterly Treatment Workgroup meetings and conduct mini trainings on the Independent Living program for staff.

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

Nanticoke Indian Association Chief Carmine was invited to review the coordinated 2020-2024 CFSP via the DSCYF website due to the April 2020 stakeholders meeting being cancelled because of the Covid-19 pandemic. The Independent Living program is included in this review. All APSR submissions are available to the Nanticoke Indian Association via the agency's web page upon final approval. The array of independent living services, including ETV is available to all foster youth including those with Indian heritage.

- *Family First Prevention Services Act Transition Grants and Certainty Grants*

Delaware has not spent any Family Frist Prevention Services Act Transition Grants. Spending plans are underway but not finalized.

## VII. Consultation and Coordination Between States and Tribes

Chief Carmine of the Nanticoke Indian Association has participated in our annual stakeholder meetings. Unfortunately, the April 2020 stakeholder meeting was cancelled due to the COVID-19 state of emergency. However, a virtual annual stakeholder meeting was held October 22, 2020 with the Chief in attendance. Chief Carmine agrees to assist the agency with

foster home recruitment and placement should an Indian child enter state custody. Chief Carmine acknowledged receipt of the Child and Family Services Plan and 2019 Annual Progress and Services Report. All APSR submissions are available to the Nanticoke Indian Association via the agency's web page upon final approval. FOCUS documents DFS' responsibility to determine ICWA eligibility and case activities that can be queried for building monitoring reports. Per DFS policy, services and protections include operation of a case review system for children in foster care, a preplacement preventive services program for children at risk of entering foster care to remain safely with their families, and a service program for children in foster care to facilitate reunification with their families, when safe and appropriate, or to place a child in an adoptive home, legal guardianship or other planned, permanent living arrangement. Indian foster children are under Delaware Family Court jurisdiction. Family Court monitors individual case proceedings for ICWA eligibility and case activity per ICWA and the 2016 ICWA Final Rule (25 CFR Part 23). FOCUS reports one Indian children in foster care. Delaware consulted with a representative of the Rosebud Sioux Tribe in 2016 to write ICWA policy. There are no planned changes in policy, procedure or statute. ICWA training is mandatory for new caseworkers and is available on the Delaware Learning Center. Chief Carmine continues as a child welfare stakeholder and will be invited to attend all stakeholder meetings to provide input on APSR progress. Stakeholder meetings include directions to the Department's website page listing CFSPs and APSRs. The agency has no agreement with a tribe to perform Titles IV-B or IV-E activities.

## VIII. CAPTA State Plan Requirements and Updates

The following statements address required reporting requirements for CAPTA:

- There are no significant changes to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state's eligibility for the CAPTA State Grant.

- There are no significant changes from the state's previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA.

- CAPTA State Grant funds were used, alone or in combination with other federal funds, in support of the state's approved CAPTA plan to meet the purposes of the program submitted June 30, 2020. Funds are applied to staff salaries who perform intake, assessment, screening, and investigation of reports of child abuse or neglect functions. Due to reorganization of staff, DFS transferred CAPTA funding of two 0.50 FTE Institutional Abuse (IA) investigators to two 0.50 FTE Family Service Specialist Investigators. CAPTA also funds a state level Family Services Program Support Administrator who works with the Intake and Investigation Program Manager to monitor Plans of Safe Care. In addition, CAPTA funds one Senior Family Service Specialist who investigates substance exposed infant cases and develops Plans of Safe Care to address the health and substance use treatment needs of the infant and family or caregiver to ensure the safety and well-being of infants with prenatal substance exposure. DFS also contracts with Holcomb Behavioral Health to implement Plans of Safe Care.

CAPTA funds are applied to a contract with A.I. DuPont Hospital for Children/Nemours for expedited medical examinations to determine child abuse or neglect. This contract also provides for the services of a social worker to manage DFS cases and assist DFS caseworkers. CY2020 marks the first year that the Nemours has offered outpatient child abuse services Monday through Friday through their CARE Clinic. The clinic is staffed by a APRN and MD. The clinic was established not only to follow up with children after their emergency department or inpatient visits but also to assist children in avoiding the emergency department setting altogether. This proved to be an effective strategy in CY2020 for children who were having a forensic interview completed and allowed the families to receive support in the same place. Additionally, the CARE Clinic assesses children with non-acute sexual abuse concerns. In CY2020, the clinic provided care to 297 children for concerns related to child abuse/neglect and other forms of maltreatment. This represented a patient care increase from CY2019, during which time the clinic supported 241 children with abuse/neglect/maltreatment medical concerns. This was a surprising increase, particularly given the COVID19 pandemic which drove the reduction of ambulatory medical care appointments in healthcare in general. (See Attachment: CARE Program Total 2020)

In CY2020, the Nemours Emergency Department treated 759 children for concerns related to abuse/neglect and other forms of child maltreatment, a significant increase in volume over CY2019, during which period the emergency department treated 602 patients. The most profound increases were seen in the number of children admitted to the hospital for concerns related to abuse (2019 = 54; 2020 = 206) and the number of children admitted for concerns related to neglect (2019 = 20; 2020 = 143). Many of the children treated for neglect were young children who ingested or were exposed to illicit drugs or psychiatric medications. Also, of note, due to the COVID19 pandemic, the Nemours Emergency Department patient care volume was down significantly. The child abuse population, therefore, not only increased in numbers, but also in regard to the percentage of overall chief complaints in the acute care/emergency department setting. (See Attachment: DFS AIDHC Data 2020)

- Child Protection Accountability Commission serves as Delaware's Citizen Review Panel. CPAC's SFY2020 report is located online at https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx

- In its 2018-2019 Joint Action Plan, CPAC and Child Death Review Commission established 5 prioritized recommendations for system improvement, along with 7 additional recommendations and 10 ongoing recommendations from the prior annual meeting. The progress made towards accomplishing these recommendations, as well as the full action plan, is available at the following link: https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx

- Delaware continues efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder. Legislation (HB 140) was introduced in April 2017 to codify hospital reporting of substance exposed infants (SEI)

and fetal alcohol syndrome disorder (FASD) children to DFS and the development of a POSC prior to discharge of the infant. The Governor signed this legislation (HB 140) June 7, 2018. The CPAC Substance-Exposed Infants Subcommittee developed and approved a POSC template and POSC family assessment template in September 2017 to comply with the changes made to CAPTA after the passing of CARA. All six birthing hospitals in Delaware are mandatory reporters and made reports during CY2020. DFS statewide administrators attend routine hospital meetings with the birthing hospitals.

In October 2017, DFS began a Plan of Safe Care (POSC) SEI pilot program with the introduction of one designated SEI caseworker in Kent County and one designated SEI caseworker in Sussex County. In CY2019, the internal capacity expanded to 11 DFS caseworkers, located throughout all three counties in the state. Caseworkers in Kent County are co-located at Bayhealth Kent General Hospital, and caseworkers in Sussex County are co-located at Beebe Healthcare. There are efforts underway to initiate a collaboration with Christiana Care Health Services and St. Francis Hospital in New Castle County, as well. The SEI workers are responsible for responding to all screened in cases regarding a substance exposed infant and become the POSC coordinator. The POSC coordinator is responsible for the development, implementation, coordination, and monitoring of the POSC to include referrals and service delivery. In April 2018, the Intake and Investigation Program Manager and the Investigation Coordinator conducted a training and coaching session for the designated SEI caseworkers, which has since expanded to a statewide training. In CY2020, the Intake and Investigation Program Manager convened a workgroup to construct a POSC refresher training for all DFS staff, which the Program Support Administrator has delivered through multiple sessions in early CY2021. Plans are now underway with the workgroup to develop a similar training for MAT providers. MAT providers who receive the training will be eligible to implement and monitor POSCs in certain limited situations, as detailed in policy. In CY2020, MAT providers reported that 67 POSCs were completed, although the true number is probably higher because one of the providers did not record any data for the first half of the year.

The Intake and Investigation Program Manager developed a POSC coordinator pathway as well as policy and procedure on the development, coordination, and monitoring of the POSC. The Investigation Coordinator(IC) developed an implementation guide to address implementation across several systems (i.e. birthing hospital, DFS, substance use disorder treatment center). In CY2020, the DFS Director and the IC collaborated to create a shortened version of the POSC, easier to use and understand, and more tailored to the needs of clients. A proposal for a Medical Plan of Safe Care was submitted by Christiana Care Hospital in CY2019, to be used by medical professionals in instances when a birthing mother has tested positive for a legitimately prescribed substance, and the medical provider is willing to implement and monitor the POSC. This proposal was reviewed and approved by the IC's office and DFS in CY2020 and is currently available for use by medical providers. Aggregate data will be provided from each of the birthing hospitals on a quarterly basis to DFS to be tracked by the Program Support Administrator.

In March 2018, an agency was awarded a contract for a POSC coordinator program to address the needs of infants born and identified as affected by marijuana, and the program began in July 2018. In CY2020, the program received 206 referrals from the DFS hotline.

The IC maintains a SEI Database that collects several elements of data through the use of data sharing and access to FOCUS. The IC distributes a year in review on Delaware's substance exposed infants and tracks this data since 2015. In June 2018, the IC began to produce quarterly monitoring data. In CY2020, 737 cases of infants prenatally exposed to substance were reported to the DFS hotline.

The CPAC Substance-Exposed Infants Subcommittee was developed as an extension of the group that was primarily comprised of hospital staff that previously existed to discuss the needs of substance exposed infants. The CPAC SEI Sub-committee has expanded that work and is co-chaired by Jennifer Donahue, the Investigation Coordinator for the state, and Dr. Allan DeJong, M.D., of Nemours Alfred I. duPont Hospital for Children, and is comprised of members of the medical community, DFS, OCA, DOE, DSAMH and their contracted providers, CDRC, Children & Families First, DOJ, DHSS, and the March of Dimes. After the CPAC/CDRC approved its 2016-2017 Action Plan, the committee was tasked with developing a template for the required CAPTA POSC and identifying the responsible agencies for initiating and monitoring POSCs. The committee meets every other month, and the meeting minutes can be available upon request. The DFS Director and DFS Intake and Investigation Program Manager are members of this CPAC sub-committee.

On July 12, 2016, the former DFS Director, with the technical assistance of the Casey Family Programs, invited the DHSS Divisions of Public Health and Substance Abuse and Mental Health to begin meetings to plan how to serve families with substance abuse better through a multi-agency approach. The Committee named itself the Multisystem Healthy Action Committee (MSHAC). DFS administrators, supervisors, and caseworkers continue to attend MSHAC. Meetings are held on a quarterly basis in each county. The Intake and Investigation Program Manager, Family Services Program Support Administrator, and the Treatment Program Manager attend these meetings.

In September 2019, the DFS SDM Policy and Procedures Manual was updated and republished to account for the changes required due to HB 140. Specifically, "Infant with Prenatal Substance Exposure," "Human Trafficking," and "Death of Child" were added as stand-alone maltreatment types, accompanied by updated definitions. Changes went live in FOCUS on January 6, 2020, which now makes tracking of these cases much more reliable and accurate.

- The Victims of Child Abuse Act Reauthorization Act of 2018 (P.L. 115-424) CAPTA Governor's Assurance Statement was submitted prior to June 30, 2019, and was attached to the 2015-2019 Final Progress and Services Report.

- The State Liaison Officer and contact information:

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Intake and Investigation Program Manager
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302-633-2663

- Delaware's Annual Progress and Services Report contains CAPTA provisions and are accessible at this web address: http://kids.delaware.gov/fs/fs_cfs_review_plan.shtml Annual Reports are posted upon ACF approval.

- *Supplemental CAPTA Funding (American Rescue Plan)*

  Delaware received $276,098 CAPTA funds per the American Rescue Plan legislation. Planned expenditure of the funds are pending but will meet the requirements per federal instruction and criteria.

# IX. Updates to Targeted Plans within the 2020-2024 CFSP

*Foster and Adoptive Parent Diligent Recruitment Plan*

Delaware's Foster and Adoptive Parent Marketing, Recruitment and Retention Plan targets three major areas of support and improvement of the foster care system: increase the number of new homes, retain good quality foster families and develop or recruit for youth with complex needs. The plan outlines interventions that address the points in the approval process that families drop out. The plan includes training and supports to increase foster parent confidence and skills, paying particular attention to matching and child/family demographics. Delaware continuously evaluates the needs of children and adjusts the recruitment, support and development strategies. Statistics, performance and progress reports are documented in the Plan. (See Attachment: Foster and Adoptive Parent Marketing, Recruitment and Retention Plan 2020) Also see Section III, Permanency, Objective: Strengthen foster care resources for all children in out of home foster care, Benchmark 1 for performance and progress report.

*Health Care Oversight and Coordination Plan*

Delaware's Health Care Oversight and Coordination Plan documents the required elements for meeting the medical needs of foster children.

The Division of Family Services works closely with the contracted MCO providers, HighMark and Amerihealth, regarding care coordination services for all children in foster care and collaboration for children not experiencing foster care. The MCO providers receive a monthly report of all children in foster care. The children are assigned a care coordinator work collaborates with the DFS caseworker and resource family. Training about care coordination services has been provided and continues to be available for staff.

Delaware contracts with a pharmacist who reviews all children who enter foster care for the following: Medication history; Evaluation of medication and medical encounter therapies to determine whether medications are appropriate; Informed consent has been obtained for all medications; Compliance with best practice through direct contact with caseworkers, families, youth, and prescribing physicians; Potential barriers to compliance with best practices and identify

solutions to overcome barriers; Prescribing of antipsychotic medications; Monitors medications when needed.

The pharmacist documents all medications and diagnosis' in FOCUS. The appropriateness, concerns, risks, and contradictions of pharmaceuticals are also documented. The pharmacist monitors the record when needed and especially when antipsychotic medications are prescribed. The pharmacist reaches out to the prescribing doctors when there are concerns or antipsychotic medications are current prescribed. Her provides consultation and recommendations to physicians. He also consults with DFS staff and stakeholders when there are questions or needs.

The COVID-19 pandemic changed the way healthcare services were received. In the beginning of the pandemic there was some adjustment to new policies and protocols in place. There were restrictions but in place that limited the number of adults attending appointments and entrance into the hospitals were limited. At times caseworkers utilized virtual platforms. Telemedicine became a widely used resource, especially for children who were not feeling well. For children who were exposed and/or positive for COVID-19 protocols and CDC recommendations were followed.

*Disaster Plan*

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

At the beginning of CY2020, prior to the Declaration of the State of Emergency, the Intake and Investigation Program Manager organized a small workgroup, tasked with reviewing and updating the Emergency Preparedness Plan. Minor updates and adjustments were made and were reported in last year's APSR. Effective July 2020, the Office of Child Care Licensing (OCCL), previously under the umbrella of DFS, was moved to be under the management of the Department of Education; therefore, the section of the Emergency Preparedness Plan pertaining to OCCL has been removed in the current version of the plan. (See Attachment: DFS Emergency Procedures April 2021)

*Training Plan*

Delaware's 2020-2024 CFSP included a staff development and training plan supporting goals and objectives that address Title IV-B/IV-E programs. Training is continuous, includes content from various disciplines and knowledge bases relevant to child and family services policies, programs, and practices. Training supports cross-system coordination and consultation. The Center for Professional Development provides state of the art training and professional development for DSCYF employees and their partners who work with children, youth and families. Specific trainings for DFS caseworkers focus on best practices and strategies promoting family engagement, professional competencies and multi-disciplinary collaboration.

An updated 2022 Training Plan and Training Chart is attached. (See Attachments: DSCYF 2022 Training Plan, Staff Training Chart 2022) Also see Section III, Implementation and Program Supports for more detail on staff training.

At this juncture, no new evaluative or research activities with a university, college, or outside organization are underway or planned for DFS training or programs. The only exception to this is our continued work with Evident Change, formerly NCCD, to develop survey and information gathering strategies related to determining gaps and needs in training related to practice and policy. In addition, work with the CQI subgroups and the SDM Fidelity team will continue to identify practice and service enhancements as well as corresponding training needs.

The 2020-2024 CFSP included a staff development and training plan in support of the goals and objectives in the CFSP that addresses both of the title IV-B programs covered by the plan. This training plan also must include all training activities and costs funded under title IV–E programs as required by 45 CFR 1356.60(b)(2),1357.15(t), and 1357.16(a)(5). Training must be an ongoing activity and must include content from various disciplines and knowledge bases relevant to child and family services policies, programs, and practices. Training content must also support the cross-system coordination and consultation basic to the development of the CFSP.

## X. Statewide Community Service Partner Updates

## ***Internal Partners***

### ***Criminal History Unit***

The Criminal History Unit (CHU) moved to the Division of Management Support Services in 2019. The core responsibilities remain conducting criminal history checks and child protection registry checks for applicable persons per Delaware and Federal Code. The CHU coordinates the background check and child protection registry check efforts for over 1,600 public and private employers, agencies and homes serving thousands of children and vulnerable adults in Delaware and across the nation. It is a critical, specialized Departmental function with effective policies, procedures and regulations for investigating, interviewing and determining eligibility for persons with access to children and vulnerable adults.

The CHU continually strives to implement innovative and effective procedures and practices to improve efficiency and effectiveness of state service. Most recently, the CHU assisted in the development and implementation of a new Child Protection Registry Web Portal. The portal is for in state and out-of-state agencies and individuals that are **required by law** to request a Delaware child protection registry check. Through the portal, agencies and individuals can register to request child protection registry checks and obtain confidential results online. The check provides information as to whether or not a person is listed as active on the child protection registry as a perpetrator in substantiated cases of child abuse and/or neglect at the time of the request.

In fiscal year 2020, the CHU conducted 6,206 fingerprinted background checks, resulting in the disclosure of 2507 SBI and FBI arrest records for those who work at child-serving entities in DE and 61,623 child protection registry checks, for those who work at child-serving entities and

health care entities. The unit also requested 471 out-of-state child abuse and neglect checks, conducted 471 out-of-state sex offender registry checks and received over 10,800 Delaware subsequent arrest notices. The background checks and child protection registry checks are mandated under Delaware and Federal Code. The laws require persons seeking employment who have unsupervised access to children and adults to have a background check and child protection registry check completed prior to employment or during a conditional period of employment. In addition, foster, respite, adoptive parents and their household members 18 years or older must have a background check prior to approval or during a period of provisional approval with the department or contracted providers.

## ***Division of Prevention and Behavioral Health Services (DPBHS)***

The Division of Prevention and Behavioral Health Services' mission is to develop and support a family-driven, youth-guided, trauma-informed prevention and behavioral healthcare system. DPBHS prevention and early intervention programs promote safe and healthy children, nurture families and communities, support social and academic success, and improve early identification of needs for children and youth (through age 17) with behavioral health concerns. DPBHS' service continuum includes a range of prevention programs and campaigns, early intervention services, treatment services, and care coordination supports designed to promote resiliency and well-being. Service options have varying intensity levels to meet the needs of children, youth, and their families.

### *DPBHS Population Statistics*

During CY20, DPBHS and their contracted providers worked directly with approximately 13,000 youth and their families in treatment, early intervention, and prevention services, in addition to those impacted by community-based prevention outreach programming. DPBHS is committed to providing services within a child-centered and family-driven system-of-care framework. DPBHS understands that children and youth often experience, witness, or are affected by traumatic events; therefore, DPBHS strives to deliver trauma informed services and supports that respects the individual journey of each child and family.

### *DPBHS CY2020 Accomplishments*

One of the most significant accomplishment of CY20 was to successfully continue to serve youth and families in the midst of the COVID-19 pandemic. DPBHS staff and our provider community worked quickly to shift operations in March of 2020. This shift required new equipment; new virtual platforms for meetings, supervision, and family meetings; and new strategies for engaging our youth and their families. For example, Our Consultation and Assessment Unit (CAS) continued to provide psychological assessment virtually. Providers shifted their therapeutic interventions to telehealth where possible. We did see a reduction in referrals for services and supports across our continuum; this was in part due to public schools moving to a virtual environment as they serve as a large referral source for DPBHS.

In addition, in CY20 DPBHS executed a large-scale improvement to its billing system. The new system allows providers to directly bill Medicaid rather than through DPBHS. This system allows providers to bill more quickly, in real time, rather than monthly, which in turns allows them to be paid more quickly. In addition, the new billing system allows providers to continue to

bill as usual, even during June when there is a State fiscal processing shutdown to close out the fiscal year.

DPBHS continued efforts to expand awareness among community partners of the impact and manifestations of childhood trauma. DPBH collaborates with community partners, including the Department of Health and Social Services and Department of Education, to offer "Mitigating Childhood Adversity and Promoting Positive Youth Development and Community Resilience for All Children and Their Families through Healing-Centered, Trauma-Informed Practices: A Training of Trainers." This is a 2-day training of trainers offered twice per year.

Take Care Delaware is a partnership between law enforcement and schools to adopt a trauma-informed approach for children who have been identified as being exposed to trauma in their home and community. The Take Care Delaware program is based on the national "Handle With Care" model, which includes training and other best practices for law enforcement and schools to prevent and mitigate the negative impact of childhood exposure to trauma. Police officers inform school officials when a student has been involved in or exposed to a traumatic event to which they responded. While no details of the event are given to school personnel, school staff members who are trained on how trauma impacts learning, are then able to incorporate interventions to mitigate the negative impact of trauma for those identified students.
Take Care Delaware supports children exposed to trauma and violence through improved communication and collaboration between law enforcement, schools, and behavioral health providers, and by connecting families, schools, and communities to behavioral health services. A pilot started in CY2019 in Smyrna School District and was expanded to 8 schools in CY2020. It will be rolled out to other school districts in the state once staff as well as law enforcement officers, in the school district's jurisdiction, have completed all required training.

Take Care Delaware works in conjunction with the Youth Response Unit (YRU), in which mental health professionals also work with those identified trauma-exposed youth. DPBHS contracts with A Seed of Hope Counseling to provide clinical services when needed. Clinicians are trained in Child and Family Traumatic Stress Intervention (CFTSI). Throughout the pandemic, YRU offered telehealth services and provided information to families about available resources such as food or financial assistance. YRU began offering a hybrid of telehealth and in-person services in the summer of 2020 with safety protocols in place, adhering to Federal and State guidelines. The YRU therapists have remained on-call throughout the pandemic to provide emergency response and support services to families impacted by trauma. A Seed of Hope Counseling Center offered online parent support groups, youth groups, and counseling for first responders. In addition, they held a series on mental health and the African American community.

Prevention efforts in general had to adjust to a landscape of remote learning, virtual community engagement, and reduced in-person contact with the implementation of new safety standards due to COVID-19. DPBH continues to collaborate with community partners Division of Social Services, DOE, United Way of Delaware and the Wilmington Community Advisory Council to provide staff of afterschool and summer programs training on Trauma-Informed Care and Early Identification and Referral Process for behavioral health supports. These services provide supervision and meaningful, structured activities for children and youth after school and early evening hours as well as throughout the summer season.

*Specific DPBHS prevention programs include:*

**Substance Abuse Block Grant (SABG)**-The SABG (Substance Abuse Block Grant), brought on several new providers in the winter of 2020 offering a variety of evidence-based substance abuse prevention programs including Botvin Life Skills, Catch my Breath, Too Good for Drugs and Violence and many others. These evidence-based prevention programs directly impacted 7,662 youth. In addition, population-based outreach efforts, such as table events, Drug Take Back Day, and social media campaigns, are estimated to have reached over 170,000 individuals.

**State Opioid Response (SOR) grant**-Through the SOR grant, DSCYF trained 80+ school-based Family Crisis Therapists, Behavioral Health Consultants and Prevention staff in Botvin Life Skills curriculum spanning elementary school through transition aged youth. Several staff were also trained to deliver the Botvin Parent course which will be available to parents of adolescents and teens involved with DSCYF. DPBHS provided medication lock boxes to DFS to distribute to families to keep medications safely stored from child access. Children's books on addiction, grief and loss were distributed at community outreach events for parents to read with their children and discuss difficult topics that impact our Delaware families.

**Early Childhood Mental Health Consultation**-In FY2020, aligning with the 2019-2020 scholastic year, more than 4,100 children benefited from the Early Childhood Mental Health Consultation service. Services were provided to 148 programs (licensed childcare centers and large family childcare programs) of which 56 (38%) were in the city of Wilmington. There are currently 14 Early Childhood Mental Health Consultants (ECMHC) providing key services statewide to early care and learning programs (8 New Castle County, 3 Kent County, and 3 Sussex County) with bi-lingual capacity in each county. The ECMHCs are all clinically licensed early childhood mental health specialists. Collectively, the ECMHCs conducted 191 child specific consultations and 179 classroom focused consultations. The service continues to see a high success rate in preventing preschool expulsions/suspensions based on child-specific consultation. The most common referral reasons were aggression, oppositional-defiant behavior, developmental delays or conditions, and hyperactivity or inattention. During 2020 there was a 99.9% success rate in avoiding suspensions and expulsions. In addition to the direct classroom work with teaching staff, the ECMHCs conducted several trainings for teaching professionals across early learning programs. They provided 188 individual trainings impacting close to 1542 early learning professionals, such as childcare classroom teachers, teacher assistants, and administrators. Trainings covered a range of topics designed to increase competencies of professionals to better work with child who have challenging behaviors and to support the social and emotional skill development of all children.

**Family Peer Support**- DPBHS also expanded peer services. Family Peer Services are available to parents of children with a behavioral health diagnosis. Services are provided by caregivers with personal experience parenting a child with behavioral health challenges. Family Peers offer assistance in navigating the child-serving systems while providing needed support and guidance to struggling caregivers. Family Peers receive training and there is a certification process. There are two Family Peer Support programs, one with Champions for Children, which served 184 families and the other through Autism Delaware, which served 52 families.

**Youth Peer Support**- DPBHS is also developing Youth Peers programming through grant funds. These services include a continuum of services in which young adults will offer support, advocacy and guidance to young people who have a behavioral health disorder to develop or enhance skills to gain self-sufficiency and to be successful in their recovery. This project

develops Youth Engagement Specialists whose goals are to: 1) educate the public about ending stigma associated with mental illness, 2) promote greater awareness of the signs and symptoms of mental health conditions as well as available resources, 3) encourage empathy towards those with lived experience, and 4) empower young people in all of Delaware's communities. In CY2020, the Youth Engagement Specialist facilitated two Virtual Block Parties. The Virtual Block Party is a springboard for the Youth Engagement Specialist to provide virtual education and outreach to Delaware's youth about mental health and substance use, in particular promoting awareness of available behavioral health resources. These two events reached 85 individuals, 60 of whom were Delaware youth. In addition, the Youth Engagement specialist facilitated one virtual workshop on social media etiquette which was attended by 35 individuals, 25 of whom were youth.

*DPBHS Barriers and Challenges*

The COVID-19 pandemic has certainly presented challenges in our efforts to serve children and their families, with the need to quickly address technology needs of a remote workforce and work with providers to shift prevention and treatment services to a virtual platform where possible, and work with facility staff to ensure direct client care in our facilities continued safely. COVID-19 also forced all facilities, those run by DSCYF and our contracted providers, to reduce capacity in order to maintain public health safety guidelines.

The integration into Delaware Medicaid Enterprise System (DMES) allowing providers to bill in a new way, in real time, while a significant accomplishment, did present a number of challenges. The new process impacted how authorizations are done and communicated, the requirements of specific documentation from providers, and a need to vigilantly monitor two systems to ensure all claims were paid, yet no duplication occurred.

One additional challenge is developing the provider network to offer specific, evidence-based treatment services to meet the youth DSCYF serves. In particular, there is a need to strengthen the provider network capacity to serve youth with intellectual and developmental disabilities, including autism. There is also a need for more providers skilled in substance use treatment and interventions for more aggressive, emotionally dysregulated youth.

*DPBHS Priorities for the Coming Year*

DPBHS is focused on expanding the array of services to best meet the youth and families served, including formal respite care. Respite care would allow a reprieve for youth and families that may help alleviate the need for a higher level of service, allowing the youth to remain in the community. DPBHS will continue to expand the provider network and the skills of our provider and facility staff, especially with regard to serving youth with intellectual and developmental disabilities. Expanding the attentiveness of the system to youth who have experienced trauma, continues to be a priority as well; we have applied for a federal grant, which if funded will add two new trauma specific interventions including one that will be provided to youth in Delaware's congregate care facilities. Take Care Delaware is expected to expand in 2020 into six more school districts across the state. Finally, DPBHS continues to work to expand consumer voice in all aspects of our work. We are reorganizing our Advisory Council to expand the participation of people with lived experience and identifying ways to increase caregiver involvement in decisions regarding care for their children.

In addition to our prevention services, DPBHS also offers early intervention services delivered in school to help youth and families experiencing a range of challenges. These services help youth improve functioning in home, school and community, assist families with connection to a variety of social services and ensure that children who require behavioral health treatment services are connected to them. During CY2020, early intervention providers worked closely with school to deliver their services in person and/or remotely based on the individual school's plans for educational service delivery.

***DPBHS Promoting Safe and Stable Families Program (PSSF)***

DPBHS' Promoting Safe and Stable Families Program is funded through Title IV-B subpart II, Family Support and Family Preservation funds. These funds are used to implement a continuum of services whose primary functions are to support communities in the development of services that help children and families stay together, while ensuring safety. 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 alleviate 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 (PSSFCS) uses universal, targeted and indicated prevention strategies to reduce occurrences of child maltreatment by addressing four associated risk factors: (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 PSSF Program focuses on increasing the protective factors of children and families, thus stabilizing and preventing the need for out of home placements/deeper end services. The goals of the PSSF Consultation and Support program are:

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

***FY19-20 Service Data***

During the service period, the PSSF consultation and support program served 592 children, 388 adults and 367 families. This is a 26.5% decrease in children and adults served and 6.8% decrease of families served during the FY18-19 service period. The decrease in families served was largely impacted by the increased availability of emergency supplemental appropriations provided by the Federal government through H.R.6800 -Heroes ACT, H.R1319-American Rescue Plan of 2021, H.R 748 CARES ACT. Having federal aid available to most American families resulted in a decrease in referrals received by the Promoting Safe and Stable Families Program. Without the Federal aid, it is highly conceivable that PSSF would have experienced more families in need of support services as communities across the state reported high numbers of COVID-19 cases that coincided with areas with low to no public health and social services available. While the data collected shows a decrease in families serviced across program sites, it also indicates a 58.8% increase in number of community resource connections. A decrease of families served with an increase in community referrals further confirms that families who prior to COVID-19 exhibited high levels of protective factors were in need of resources, without presenting the risk factors that required a family to complete full consultation process. Situational crisis brought on by the

COVID-19 pandemic in the areas of education and emotional wellness, parent child relationships, food and nutrition, housing , financial wellness , Physical wellness, identified by families served reflected by the Family Needs and Social Supports assessment tool are a driving force in why PSSF Program continues to conduct collaboration with formal support programs thus to decrease risk factors for families and children, including those risk factors that are a direct result of COVID-19 pandemic. Service collaboration support servicing families more holistically.

The average length of service for the consultation process showed a length of service of 8 to 16 weeks, maintaining the average consultation time period as in the prior fiscal year. With the increased emphasis on family driven service planning, the length of service has remained as in the previous reporting period. The family consultant continues to provide supportive services to families demonstrating enhanced skills in successfully accomplishing their goals, that reenforce the family ability to remain intact within in the community. The family's heightened awareness of their strengths, aids in their ability to work successfully the family consultant exploring strategies that improve the family's level of functioning, and ability to identify and address concerns by accessing both community natural supports and formal supports. During service period the frequency of face-to-face contacts was reserved for intensive cases as a modified area of service delivery in response to COVID-19 pandemic. Family consultants maintained contact with program participants via alternative modes, video conference, telephone, virtual meeting, providing the opportunity to have three direct contacts with each family supporting family engagement and retention, through service completion. Numerous families engaged in the consultation process were involved with multiple service providers, requiring service collaboration throughout the consultation process. The case management component of the consultation process facilitates a team-based approach building the families skills in addressing their needs, and successfully linking additional service providers to the family addressing family concerns.

During the period of review the program served approximately 367 families, 388 adults and 592 children and youth. 184 families successfully completed the consultation process by meeting two goals on Family Assessment and Intervention Plan. The five program providers sites were successful in connecting 980 individuals to appropriate resources. The total number of families served, in addition to the total number of resource connections was impacted by increased available resources in the community and staff vacancy in the program. One PSSF provider in Sussex County was without a family consultant for 6 months, while one PSSF provider site in New Castle County had a newly hired family consultant in training for three months of the service year.

Of 184 family participants completing the pre and post Family Stressor and Resources Assessment index (FSRA) rating, 91% indicated a reduction of caregiver stress, and increased confidence in their family's ability to assess and seek services in addressing identified needs. There were 980 individuals successfully connected to community resources during the reporting period.

Satisfaction Surveys assess participants' view of three program components: site environment, participant skill building and consultant competencies. Of 188 survey responses for FY2020, 97% either agreed or strongly agreed that the environment of the program is respectful and welcoming with hours that meet the community needs; during the months of service delivery,98% strongly agree or agree they were able to successful identify and address family immediate concerns; and 97% strongly agreed or agreed the consultant demonstrated competency in the delivery of the consultation process. 97% agreed the consultation empowered their families to achieve their goals.

98% report increased confidence in their family's ability to accomplish family goals and obtain need community resources.

***PSSF Collaborations and Partnerships***

Family success is supported by formal and informal services and agencies. Providers maintain county specific collaborative links with community services providers. Collaborations are described in several categories:

| **Community Services** |
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| Ministry of Caring, Joseph's, American Legion Delaware, St. Vincent De Paul Society, James Parker Food Outreach Program, Community Partners, Dover Rival Miracle-Center, Catholic Charities, First State Community Action Agency Emergency Services, Child Inc., Family Promise, Children Families First, Jewish Family Services of Delaware, First State Community Action Agency Re-entry Program, Delaware Health and Social Services Division of Child Support Service-Fatherhood Program statewide, Connection Community Base Services, Rose Hill Community Center Extended Hours Program, State of Delaware Social Service-Statewide, DSS Adopt-A-Family, Community Resource Center, Open Arms Adoption, DVR-Individuals with Disabilities, AIDS Delaware, De La Warr State Service Center, Capitol Park Community Center, Life By Design Coaching Firm, Grass Roots Community , Brandywine community counseling services, Delaware libraries, Boys and girls club of New Castle County |
| **Children and Education Support Services Collaborations** |
| Thomas Edison Charter School, Stanton Middle School, Stubs Elementary School, Brandywine Shue Medill Middle School, Parent As Teachers, JCC Early Childhood Center, Delaware Adolescent Initiative, Connecting Generations, I matter Inc., Warner Elementary, Parent Information Center (PIC), Communities in School (CIS), University of Delaware 4H Afterschool programs, DPBHS-Families and Center Empowered Together, University of Delaware 4H afterschool, FSCAA Learning PODS, CEB/Charter Schools, Great OAKS Kummba , Building future champions, GED programs: Delaware Skills Center, New Castle Learning Center, Del Tech Community College |
| **Emergency Services, Housing and Shelter Partnerships** |
| Sojourners, Friendship House, St. Patrick's Center, Shepherd Place, Conly West Apartment, Village at McKee Branch, , Clearfield Apartment, The Laurels, Smyrna Gardens Associates LP, Young's Realty, East Atlantic Apartments, Lakewood Mobile Home Park, Little Creek Apartments, DE Housing Alliance Centralized Intake Committee, DE Housing Stabilization Program, Delaware Housing Authority, Little Creek Apartments, Lakewood Mobile Home Park, East Atlantic Apartments, FSCAA food bank and Emergency assistance, |
| **Utility Partnerships** |
| Chesapeake Utilities, Del Marva Power, City of Dover Electric |
| **City and County Partnerships** |
| Wilmington Urban League Young Professionals, Wilmington Police Department, Wilmington Senior Center, Dover Police Department, |
| **Health Care Collaborations** |
| Henrietta Johnson, Westside Medical Center, Christian Care Wilmington Hospital-Community, Bay Health, Actualized Holistic Wellness, LLC, Westside Health Services |
| **Faith-Based Collaborations** |

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|---|
| Worship Center Delaware, New Life Christian Outreach, Frontline Worship Center, Christian love Worship Cathedral, Bethel AME church, Beautiful Gate Outreach Center, Thursday Male mentoring club, Concord Pres. Church |
| **Employment –Training Partnerships** |
| Randstad Staffing Agency, Interfaith Veterans Workgroup, Smith Consulting Services, Inc., Career Team, Kelly Staffing Service |

***Barriers and Challenges***

The PSSF service providers fidelity monitoring reports 2019-2020 found the sites in substantial compliance. The program encountered challenges with providing the consultation process training manuals and training to new contract service providers at the onsite of the 2020 pandemic. The Program continues to experience challenges in the retrieval of service data from DSCYF FOCUS data tracking system. The DPBHS FOCUS liaisons continue to assist the program staff and service providers addressing the program FOCUS profiles limiting data entry and retrieval frequently. Among the five program service sites, there were two vacancies amounting to six months of limited service delivery also negatively impacting the number of families serviced.

***Priorities for the coming year***

PSSF will maintain its supervisory training and booster sessions to support site performance and data. FOCUS implementation team to address user profiles and system functions.

PSSF staff will assist service providers with staff vacancy planning. During the upcoming year the program will explore restructuring the family support family preservation service through the RFP. The program will sustain community collaborations.

***Delaware Fatherhood and Family Coalition***

PSSF's Delaware Fatherhood and Family Coalition (DFFC) seeks to strengthen male involvement and to form a movement which supports fathers positive co-parenting, reduce the stressors single parents face by involving non-residential parental support, expand the community's capacity to collaborate and provide supportive services for non-residential fathers, enhance the collaborative efforts of the community, create father friendly environments and infuse fatherhood/ healthy adult components into new or existing services and increase educational opportunities for parents, professionals, coalition members and lay persons, working toward the sustainability of the DFFC. During reporting period DFFC maintains community engagement applying in person community outreach, virtual engagements, and community collaborations and partnerships. In the reporting period DFFC holds a series of initiatives to build a sustainable coalition championing father involvement supporting healthy relationships. During the review period, the program successfully provided 27 children, parent and family awareness training, family engagement and family relationship building initiatives.

Over the course of the reporting period there were 1,247 attendees in the initiatives hosted by DFFC statewide. The program service providers efforts to maintain community collaborations have remained intact despite impact of COVID-19 pandemic with a total of 632 attendees engaged at the monthly County Leadership Coalition meetings. In an effort to retain community participation in the work of the DFFC, DFFC piloted Fatherhood Newsletters, the second, third

and fourth quarter of the year. The Newsletter featured articles on fatherhood matters, parenting, family, family relationships. Child well-being, family dinner table, family playtime and county specific family support activities, and resources. The newsletter was viewed by 7053 website viewers during second, third and fourth quarters. DFFC Kent County Coalition provided fatherhood mentorship to the children referred by Capital School. The service was able to continue to provide 24/7 dad A.M curriculum training to the mentors of the program. During the reporting period 11 mentorship sessions were held servicing a total of 173 children and caregivers. There was a decrease in the number group mentorship sessions, and family engagement opportunities offered during the report period largely impacted by the lack of technical equipment available to many of the families referred to the program.

***Barriers and Challenges***

The demand of the DFFC to modify service delivery and obtain support from collaboration service providers to secure equipment supporting virtual service delivery, obtainment trainings and technical assistance in the modification of Fatherhood service delivery from direct interaction to virtual service delivery and the engagement of father, mother and other adult caregivers into virtual services. The DFFC has been challenged by modifying services to virtual platforms the transition does not accommodate the technological capabilities of some members of the coalition. A statewide coordinator focusing on solidifying a self-sustaining, self-determining coalition would promote fatherhood initiatives, goals and service delivery.

***Priorities for the Coming Year***

In the upcoming service period DPBHS will issue an RFP for the PSSF fatherhood initiative with focus of strengthening and promoting community-based fatherhood programs to increase efforts expanding fatherhood programing and service delivery in the communities statewide. Fatherhood program services will need to be expanded in the areas of: employment and training, strengthening family connection supporting the re-engagement of non-custodial parents in the services of DHSS Child Support Services; Re-entry programing supporting reunification; supportive housing for fathers serving as the custodial parent; and adult education services partnerships. The DFFC will continue efforts to solidify service partners with State family and children service agencies to infuse fatherhood into service delivery building father active engagement in children and family services. The DFFC service priority will restructure the focus of its community services to seek to establish and implement a strategic plan that the DFFC will operate in hybrid capacity when possible to sustain coalition and increase enrollment. The program team will explore funding for a statewide coordinator position. Finally, the initiative will refine its process for managing the collection and reporting of service data.

## *DPBHS Early Intervention Programs:*

## Behavioral Health Consultants Program

The Middle School Behavioral Health Consultation (MSBHC) Program is a voluntary school-based program managed by DPBHS in partnership with the Delaware Department of Education. Contractual Mental Health Providers are available to several middle schools across the State of Delaware to assist with identifying youth at risk, providing mental health and crisis screenings, and offering a range of brief interventions designed to remove barriers to academic and social success. The program focuses on enhancing collaboration among state agencies and communities

to meet the needs of participating children and their families. There are currently 31 Middle School Behavioral Health Consultants providing services statewide to middle school youth enrolled in grades 5-8, across 30 middle schools and 13 Head Start programs. For the 2019 to 2020 academic year, the MSBHC program conducted 8,613 consultations, specifically 3138 directly to youth and their families and 5475 to school staff, to include principals, school counselors, nurses, teachers and school psychologists. None of the youth receiving these services needed inpatient or residential treatment, 14% received a referral to outpatient services, and 36% were already in appropriate outpatient treatment services and continued at the same level of treatment.

**Description of Services**

The Behavioral Health Consultant Program (BHC) consists of 31 mental health professionals (licensed & licensed eligible), two Team Leaders (TL), and a Program Manager (PM). The BHC program offers free short-term counseling and supportive services. Short term counseling last for a period of three months. Students are screened for symptoms/behaviors, session goals are established, and students attend scheduled sessions on a weekly/bi-weekly basis. At discharge, the BHC works with the student/family to determine what services, if any, are needed. BHCs make referrals to outpatient mental health agencies and community partners sch as YMCA, Boys & Girls Club, etc. Referrals are based upon the need of the student/family. BHCs also offer supportive services in the form of wellness checks with students. BHCs assess high risk behaviors (suicide, self-harm, etc.), verbally de-escalate students, recommend interventions/strategies to teachers on managing challenging behaviors, collaborate with school staff to improve student success, provide resources to families for housing, utility assistance, etc. Supportive services are available throughout the school year and students can utilize BHC services as little or as much as they need to.

***Program Challenges***

The BHC program wasn't fully staffed until March 2020, meaning that fewer students and families were served during the school year. Unfortunately, becoming fully staff coincided with the beginning of the Covid-19 pandemic. BHCs were removed from the school setting where they and other school staff could no longer visibly see student behaviors. BHCs had to rely on school staff even more to get connected with students/families that needed counseling, support, or community resources. Many students don't seek assistance on their own and, as a result, referral and engagement rates dropped. Prior to the pandemic, 75% of referrals came from school staff and other professionals who identified a student in need and less than 20% came directly from a student or their family.

The move of the BHC program to a remote workforce required supervisors to work diligently to define clear expectations and tasks for team members to focus on. Many of the team members had trouble with parent/youth engagement during the telehealth period due to technology challenges and scheduling conflicts with parents/students, including parents who were essential staff with limited availability. For families that had struggles with online learning, the BHCs initiated contact with the parent and student to assist in identifying and overcoming the obstacles to learning. During the online learning period, BHCs provided direct care hours by attending student online learning classes, following up with students that weren't attending online classes, providing support to teachers, participating in virtual school meetings, increasing resource

support to parents, while continuing to provide regular support to students and families on their caseload.

***Program Opportunities***

The BHC program believes in continual program development and growth. Each summer the program will plan to assess the data from the previous academic year and discuss ways to strengthen the program and outcome measures. The BHCs spend the majority of their time providing supportive services to students and the program is in the process of identifying ways to provide more structure and outcome measures for these services. One measurement tool that will be used in the upcoming 2021-2022 academic year, the BHCs will administer the Devereux Resiliency survey to gather outcome measures for students who receive supportive services.

Input from team members is valued so the BHC Advisory Committee was created. The Advisory Committee is a forum for a group of 5 to 6 BHCs that will make recommendations and/or provide key information to the BHC leadership team, to include details regarding policies and procedures. The goal is that the Advisory Committee has at least one member from each of the three counties. The committee members will serve a one-year term that will begin in June of each year. As the Advisory Committee evolves, it is planned that the Committee will also strengthening the mission and purpose of the BHC program, articulate program goals and develop means to monitor and strengthen the BHC program and services while enhancing the public's knowledge of the BHC program. One of the ways that public knowledge is being increased is by having the BHCs call each of the incoming 5$^{th}$ or 6$^{th}$ grade students in their school. Regardless of the students emotional or behavioral status, the BHCs will introduce themselves and make them and their families aware of available supportive services. Students and families will then know they have someone they can turn to for support if they face challenges over the course of the middle school years.

The BHC program is in the process of deploying a new Electronic Health Record (EHR). Training has taken place virtually with follow up sessions planned as staff transition back to the workplace. One of the improvements in the EHR is a reporting structure that will allow for additional data points to be captured. Until the reporting structure is created, BHCs will continue to have manually capture data using the Prevention and Behavioral Health monthly report. It is estimated that the first test report will be available by September 2020. Future reports will include data on caseload sizes, school consultation services, crisis services, crisis outcomes, resiliency outcomes, academic outcomes, and mental health outcomes.

The end goal, as always, is to increase the value of BHC services to the schools, increase safety by focusing on suicide prevention and intervention, increase early intervention and treatment of behavioral issues, and increase engagement and access with students and families.

## ***K-5 Early Intervention Program***

The K-5 Early Intervention Program (EIP) is an innovative collaboration between the DSCYF and DOE. EIP provides services to students displaying behavioral problems that impede their learning processes, or the learning process of others. The Early Intervention Program 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 (FCT) and currently employs 54 FCTs.

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 and into other more serious social and/or emotional developmental issues which could and potentially lead to early onset conduct disorder. These children often experience early incidents of delinquency and can potentially begin a lifetime cycle of failure. If these problems are not addressed early, children and their families are likely to require more intensive and expensive interventions later in the life cycle and continue to the deeper-end services of DSCYF.

Fifty-four FCTs from DSCYF are assigned to designated elementary schools in fifteen school districts and seven charter schools throughout the state. The EIP is a voluntary program for parents/caregivers. Referrals are made by principals, teachers, guidance counselors, nurses, and other school staff. A typical caseload of an FCT is 15 to 17 children/families From January 2020 through December 2020 the average caseload size was 13 cases per FCT. This was a result of the Covid-19 Pandemic and social distancing.

EIP's holistic approach employs FCTs that are uniquely different from traditional guidance or school counselors. FCTs work with students' entire families, including parents/guardians and siblings. In many instances, FCTs work with families to address survival and/or crisis issues e.g., preventing the electric from being shut off, thus enabling them to focus on the emotional, academic, and social needs of the child(ren).

The goals of the EIP are to "Help Parents Help their Children" improve student behavior in the home and school, improve school and parent relationships, and empower parents to be able to become self-sufficient in seeking services for their families.

The K-5 Early Intervention Program has identified 5 priorities that have the most effect on caseload families' ability to succeed:

- Contact with the child at the school. Each caseload child is seen individually 4 times each month.
- Parent engagement. Parents from each family are seen at home once each month and at school once each month.
- Communication with the school. FCTs maintain constant contact with teachers and school leaders.
- Assessment and case planning. The FCT, parent, teacher and child all provide feedback to inform case plans and measure progress. Families are assessed by at least 6 instruments within 30 days and are assessed twice annually and again at case closure. These assessments are used to identify and modify case plan goals. These activities drive the changes that lead to success.
- Collaboration with the community.

All children and families are evaluated (including a trauma screen) and then an intervention plan is developed with the family. The FCTs provide support, when appropriate work on parent training skills with the parents, assist the child in developing self-control skills and helps the family connect with community resources.

Survey results show 96% of parents were satisfied with the improvements in the behavior(s) for which their child was referred, 96% of parents found the program useful in helping them cope with their child's negative behaviors, and 98% of parents found the program useful in helping

them work with their child's teacher and school. 97% of parents would recommend EIP to others.

EIP keeps statistics on number of staff, location, children and families served, cases, contacts and services:

| **Statistics by CY** | **January 2015 to December 2015** | **January 2016 to December 2016** | **January 2017 to December 2017** | **January 2018 to December 2018** | **January 2019 to December 2019** | **January 2020 to December 2020** |
|---|---|---|---|---|---|---|
| # FCTs | average # of FCTS= 51 | average # of FCTS= 52 | average # of FCTS= 52 | average # of FCTS=52 | average # of FCTs=52 | average # of FCTs=47 |
| # of vacancies | 6 | 7 | 8 | 7 | 9 | 9 |
| # Schools | 53 | 54 | 54 | 54 | 54 | 54 |
| # Districts | 14 | 14 | 15 | 15 | 15 | 15 |
| # Public Schools | 49 | 50 | 47 | 47 | 47 | 47 |
| # Charter Schools | 4 | 4 | 7 | 7 | 7 | 7 |
| # New Cases | 566 | 565 | 563 | 480 | 528 | 163 |
| # Ave Cases/Month | 16 | 17 | 16 | *15 | 15 | 13 |
| # Ave Students/Month | 38 | 34 | 33 | 31 | 32 | 17 |
| # Ave Adults/Month | 28 | 26 | 24 | 22 | 25 | 88 |
| | | | | | | |
| | **Total for 12 months** | **Total for 12 months** | **Total for 12 months** | **Total for 12 months** | **Total for 12 months** | **Total for 12 months** |
| # Ave Non-Caseload Students/Month Total | 28/12211 | 22/13379 | 21/13082 | 19/11973 | 20/12112 | 19/10818 |
| # Ave Non-Caseload Adults/Month Total | 7/4513 | 7/4141 | 7//4054 | 6/3533 | 6/3948 | 4/2193 |
| # Ave Home Visits/ Month Total | 10/6338 | 11/6760 | 12/7542 | 10/6052 | 10/6385 | 8/4272 |

| Statistics by CY | January 2015 to December 2015 | January 2016 to December 2016 | January 2017 to December 2017 | January 2018 to December 2018 | January 2019 to December 2019 | January 2020 to December 2020 |
|---|---|---|---|---|---|---|
| # Ave Office Visits/ Month Total | 8/4940 | 10/5969 | 11/6698 | 9/5693 | 8/4947 | 3/1918 |
| # Ave Individual Counseling Sessions/ Month Total | 66/40290 | 76/46993 | 72/44703 | 50/31031 | 69/42986 | 39/22027 |
| # Ave Groups, Large and Small/Month Total | 19/11918 | 23/14375 | 28/17436 | 21/12888 | 32/19653 | 18/10048 |
| # Ave Family Counseling Sessions/Month Total | 16/9798 | 21/12896 | 26/16063 | 21/12888 | 31/19410 | 17/9498 |

*From January 2017 through August 2017 caseload size was 17-20 cases. From September 2017 through December 2017 caseload size was 15-17 cases.
**The lower numbers in 2020 are a direct result of the Covid-19 pandemic which began March 16, 2020 and the need to social distance.
***The # Ave Adults/Month in caseload provided interventions were higher in 2020, due to the need to social distance, there was a decrease in face to face contacts. As a result, there was an increase in telephone/email contacts which were included in these numbers as of March 16, 2020.

During this reporting period from January 2020 to December 2020 K-5, the Early Intervention FCTs 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, 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 childcare providers. By accessing necessary resources before a crisis arises, the FCTs support the family and help ensure through home visits that they are getting the help that they need to remain intact and functional. Through a partnership with the Nemours Foundation in 2011 and 2012, EIP became certified providers of "Triple P" Positive Parenting Practices parenting program. FCTs have 2 of the top 3 nationally ranked empirically validated programs available for DE families. The combined efforts of these governmental and non-profit organizations help promote safety, permanency and well-being.

### *Challenges Faced During COVID 19*

In determining the best way to continue providing services while working within the CDC guidelines and protecting our staff, children, and families, an intervention plan was developed that allowed for services to continue. Service delivery methods were modified and virtual platforms, such as Zoom, were used to connect children and families to virtual opportunities,

such as visits to museums. FCTs also worked to help parents to engage in virtual sessions with teachers in order to assist their children.

Knowing that children were not presenting with the same behavioral issues normally identified by school officials which needed to be addressed, the teams worked closely with families to identify and address issues and behaviors they identified based upon the child's increased time in the home during virtual learning. The teams also worked with families to identify and address their needs, many of which developed as a result of the pandemic. There was an increased need for resources such as food, housing and mental health interventions. The team also found that many families didn't have access to electronic devices and Wi-Fi. Efforts were increased to connect families to resources that could assist with these needs. One of the most relied upon resources for families, particularly, around technology, were the schools for the children.

***Priorities for Next Year***

The FCT program plans on increasing the caseload size by serving additional children. FCTs will work with the school to identify students who are having the most trouble re-acclimating to in-person learning. Highlighting coping and social skills during interventions will lead the FCTs to helping the children adjust to a new daily routine.

Services to parents will continue to be a priority as the program recognizes that many families will still have struggles after the pandemic. The return to the classroom may actually present challenges that weren't present before, so a continuous assessment of needs in needed. These assessments may identify issues that could be assisted with training. The FCTs will work on developing training for children and families that will assist with their needs.

## ***Family Informed Resource Support Team (FIRST)***

FIRST (Family Informed Resource Support Team), strives to develop creative child-centered, family-focused, community-based individualized service plans based on family strengths and needs. FIRST strengthens inter-divisional knowledge and collaboration and builds best practice skills in family and youth engagement. FIRST meetings support the goals of youth and families to by connecting them to individualized supports and services promoting the ability for youth to remain in or return to the community or the least restrictive setting possible. FIRST meeting structure provides increased family engagement and empowerment in case planning and decision-making. FIRST aims to:

- Increase family capacity to meet youth needs within the family system with community-based supports
- Improve overall youth well-being, stability, self-sufficiency, and efficacy
- Prevent youth from entering deeper end services.

**Criteria**

Youth must be active (within the last 30 days) with treatment in at least two divisions and/or youth at risk of out of state placement. Division workers can refer youth they feel would benefit from community-based supports or are considered at-risk of multi-divisional involvement or placement. Parent/custodian must agree to participate in the FIRST process.

**KEY PRACTICE ELEMENTS**

- FIRST is a collaborative decision-making process
- Multi-divisional meeting with representatives from all active divisions present
- A dedicated facilitator leads the team meeting
- Includes parents, youth, extended family members and interested service providers together with department staff
- Custodial parent or legal guardian participation is mandatory
- Youth participation is expected, if unable to be present, the use of practice tools to represent their voice is encouraged
- The team identifies and creates a plan for individualized, community-based services
-

***Accomplishments, January 2020-January 2021***

With the FIRST program going through several transitions in 2019, our program's enrollment rate had been affected. However, by the close of 2020 our program was fully staffed for almost 1 year and we have seen an increase in our enrollment rate by 64%. The FIRST team continues to explore and test methods and ideas to increase to the targeted 70% enrollment rate. Worker referrals continue to generate a 70% family enrollment rate. With that in mind, the FIRST coordinator continues to provide presentations about FIRST to all the divisions to increase awareness and divisional referrals. Additionally, an interactive online training was developed to serve to spread awareness and divisional referrals. FIRST believes the key to increase enrollment and positive outcomes for youth is to expand on division worker awareness and willingness to submit referrals.

Due to the global pandemic, FIRST had to adjust its procedures and process to address the needs of our families. In conjunction to moving to virtual engagement with families, during the months of March-May 2020 Community Resource Specialists focused on addressing family's acute needs and connecting them to resources specific to the pandemic. During this time, FIRST was able to assist a total of 73 families, statewide. The FIRST team was also able to identify 175 resources and supports specific to the pandemic. Furthermore, FIRST developed a monthly COVID-19 resource newsletter that was also shared with participants with pertinent resources and supports statewide.

In June 2020, FIRST began hosting FIRST meetings virtually using the WebEx platform. WebEx Meetings allows for online meetings with HD video, audio, and screen sharing. This has allowed FIRST to coordinate FIRST meetings to meet the needs of families. FIRST has also developed an online survey (through Survey Monkey) for meeting participants to complete as well. Making these necessary changes has allowed our team to continue the work of FIRST while also adhering to the state and health guidelines during these trying times.

FIRST had 53 families in total who completed the FIRST Program in its entirety. FIRST also conducted a total of 38 FIRST meetings this past year. Due to the pandemic 98% of FIRST meetings were held virtually. Youth participation is a parent/guardian driven decision. Most

parents/guardians chose not to include children under the age of 12, thus the 60% enrollment rate for ages 14–16. Youth, ages 12–18, had an 91% attendance rate. Seventy-seven percent of services provided were specific to the youth's needs and 20% of services were for families as a whole. FIRST targets free services within the community to create long-term opportunities for youth to explore after DSCYF is no longer involved with the family. However, with the 37FRS funding that was budgeted this year, FIRST was able to provide an increase in finical support for youth and their families.

The FIRST team has connected 83 youth and their families to 186 services and supports to address their identified individual needs. FIRST schedules meetings at a date/time/location convenient for the family. All of the FIRST referral interviews were conducted by phone or virtually this year due to the pandemic. The FIRST process also strengthens interdivisional knowledge and collaboration. Ninety four percent of DPBHS caseworkers participated in FIRST meetings and its process.

FIRST began its development into the case management information platform, FOCUS, at the end of the 2020 year. Implantation into FOCUS will strengthen the FIRST data collection and program outcomes. FIRST collaborated with the DSCYF data unit to ensure that the functionality within FOCUS would allow for accurate data point and reporting of the program. FIRST is currently being built into the FOCUS information platform and full functionality is anticipated to occur by August 2021.

***Challenges***

The COVID-19 pandemic presented a host of challenges this year. FIRST referrals, community engagement, and overall service delivery were all impacted. The FIRST process was altered to meet the needs of our families and identified community resources were also tailored to family needs at that time. There were limited community-based resources for specific categories such as mentor, childcare for older youth, respite, and transportation. The collective FIRST team worked together to find solutions to these barriers as best as we could. The pandemic also slowed the progress in expanding eligibility criteria and strengthening our data collections.

Additionally, the Vision Quest Mentoring contract suspended it's in person mentoring and was inactive from March 2020 until June 2020. Though the pandemic presented this challenge, Vision Quest began piloting a virtual mentoring program with FIRST participants in late June and is still in progress to date. Referrals for this service are expected to increase with hopes of returning to in person mentoring when it is safe to do so.

***Priorities for the Coming Year***

FIRST will continue to review and expand eligibility criteria to enhance the team's ability to support department-involved youth and families. These plans will include increasing efforts to assist with developing strong transition plans and provide needed supports for youth returning from residential programs and increased outreach when youth have experienced a disruption in their foster care placement and are at risk of future disruptions. FIRST will also focus on strengthening data collection and the overall process with the integration of the FIRST functionality into FOCUS (by August 2021).

Since the pandemic limited progress in the evaluation and outcomes reporting, FIRST plans to prioritize these efforts in the coming year. With the assistance from the Continuous Quality

Improvement Unit, FIRST will continue to track and report on outcomes, and review and modify the current outcomes survey and review process.

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

The Division of Youth Rehabilitative Services is the lead juvenile justice agency that serves youth court ordered to agency supervision through the judicial system. DYRS is responsible for assessing the needs of youth and collaborating with their families, schools, and support systems to develop plans that address the factors that contribute to a youth's risk for delinquency. 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 guide youth involved in juvenile justice to a successful future and to support public safety.

DYRS provides services and supervision to youth through a variety of program areas. Civil Citation diverts low-risk youth from system contact as a pre-arrest diversion program. Probation through contracted provider supervision serves low risk youth by addressing their needs. Community services supervision with a probation officer provides intensive supervision to youth with moderate to high-risk scores and offers services to reduce overall risk to recidivate. Level IV staff-secure services at Grace, Snowden and Mowlds Cottages are for short-term residential stays. Level V secure care services at Ferris School offers longer-term residential programming to youth with high risk and high needs. DYRS maintains contracts with community-based providers to supplement services to address the needs of youth placed under supervision. For youth with specialized residential needs, the Division maintains residential contracts. In addition to these post-adjudicated services, DYRS provides pretrial supervision to youth in the community. In addition, DYRS has two detention facilities that serve youth placed in detention.

### *Pandemic Planning*

In CY2020, the COVID-19 pandemic planning consumed most of the 1st two quarters of the year for Division Leadership. We were fortune that our facility and community services youth population numbers remained low so that we could adequately plan new ways of service delivery. In March of 2020, we successfully transitioned our community services or probation staff to full remote work. The Division was well equipped to do so as we had outfitted most of our community services staff with portable devices years prior (surfaces/laptops and smartphones). The Division's residential facilities quickly closed the doors to all non-essential personnel and developed ways to provide services, education, and visitation differently. The Division had our first youth case in a state-run facility in November of 2020. We opened a COVID-19 medical isolation unit in the Stevenson House Detention center to house youth with COVID-19 staffed by current YRS facility staff volunteers. The unit remained open from November through the end of March 2021. As of March 31, 2021, the Division has had a total of 75 employee and 42 youth COVID-19 cases.

### *Population Statistics*

During CY2020, DYRS and/or their contracted providers worked with 1,056 youth and their families. The Juvenile Civil Citation program received 409 referrals during CY2020. This is a decrease of 98 youth over CY2019 and the program has a successful completion rate of 96% for

CY2020. The Division attributes to the reduction in referrals to the COVID-19 pandemic and the time youth spent out of school as School Resource Officers in the schools are the largest referral source for Civil Citation.

Low risk youth, identified by the Division's assessment tool, are referred to contracted providers who monitor their conditions of probation and address their criminogenic needs. Referral to these resources allows DYRS to embrace best practices of diverting low risk youth away from system involvement. In CY2020, 361 youth were served through these contracted resources. The average length of service was 159 days.

There were 553 youth served through detention supervision during CY2020. This number may include youth detained more than once over the course of the year. The average length of stay (LOS) was 33 days. Males accounted for 82% of detained youth.

The Residential Alternatives to Detention (RAD) served 130 youth in CY2020 with an average LOS of 19 days. Youth served through RAD are able to attend their home school and continue with community-based treatment.

In CY2020, 142 youth were served through residential placement after adjudication. Ferris School served 79 youth with an average LOS of 134 days. Grace Cottage served 6 youth with an average LOS of 100 days, Snowden Cottage served 28 youth with an average LOS of 90 days and Mowlds Cottage served 29 youth with an average LOS of 134 days.

***Barriers and Challenges***

Limiting staff turnover continues to be a challenge for the Division. Job fairs are successful but high staff turnover limits capacity to build skills of existing staff. As low risk youth are diverted away from the system in alignment with best practice, the Division finds itself needing to plan for more high needs youth that require specialized case planning. These youth have intense criminogenic needs and mental health and substance abuse needs. Accessing services in the best interests of a youth's individual situation can be complicated through the adjudicatory process. Additionally, the number of youths who are committed to secure detention with mental health issues remains high. The Division will continue to work on partnerships that can help reduce the barriers to accessing treatment for youth without needing to further deep end youth to gain the service.

***Accomplishments***

In CY2020, DYRS is proud that were able to manage our facilities and services in the community for our probation clients seamlessly during the pandemic. The Division actually had a significant increase in contacts with our youth and families using technology. We will certainly continue to leverage technology as we come through the pandemic and enter into a post pandemic world. Our staff and youth were resilient which aided us in continuing with our Division mission. The Division held an in-person job fair in early 2020 and during the pandemic held a virtual job fair and a drive -through event for our "hard to fill" front line positions. The Division continues to attempt to attract and retain our valuable staff. In December of 2020, The Residential Cottages underwent a PREA (Prison Rape Elimination Act) Audit. Ferris School and the Stevenson House Detention center completed audits in early 2021. All three facilities had successful audits with corrective action plans to be completed in the 3rd quarter of 2021.

***Collaborative Efforts***

DYRS will continue to work collaboratively with system partners from the Family Court, Department of Justice, and Offense of Defense Services to implement system changes. Members of DYRS will continue to serve on various committees throughout the state to focus on justice reform efforts to enhance family involvement, ease system barriers, and address the high-risk youth. The Division, in collaboration with the Department Center for Professional Development (CPD), will be rolling out a Department Training on the Effects of Illegal/Inappropriate Use of Detention for all Department staff in 2021. Finally, DYRS routinely collaborates with DFS regarding policy and practice, and staff from both divisions work in tandem on shared cases. The Division is represented on the Integrated Child Welfare Planning Collaborative.

***Priorities for the Coming Year***

The priorities for the coming year include planning for a safe return to the workplace post pandemic, completing all tasks related to the facilities PREA corrective action plan, and planning for the passing of and implementation of juvenile justice reform legislation (HB 26 and 27). In addition, the Division continues to collaborate with DSCYF sister divisions to implement a process to better serve Dual Status Youth through with support from the Robert F. Kennedy National Resource Center (RFK). Included within the target population for the review are Commercially Sexually Exploited Children (CSEC). The goal of this review is to create a departmental response to the target population and prevent youth from moving further into the juvenile justice system. The Division also secured additional funding through the Criminal Justice Council (CJC) to continue to fund the Diversion Coordinator position. The Diversion Coordinator reviews all juvenile arrests and identifies youth who may be eligible for diversion from the formal court process. With the addition of the Diversion Coordinator, YRS seeks to provide alternatives to adjudication for appropriate youth. The Diversion Coordinator will also support the implementation of the post arrest Diversion process that has been put on hold due to the pandemic.

# ***Community Partners***

## ***Department of Education, Office of Child Care Licensing***

As of July 1, 2020, the Office of Child Care Licensing (OCCL) moved from the Department of Services for Children, Youth and Their Families to the Department of Education (DOE). OCCL promulgates regulations and monitors the regulation compliance of licensed providers who provide services in the following facilities: family child care homes, large family child care homes, early care and education and school-age centers, residential child care facilities and day treatment programs for children, and child placing agencies (agencies providing home based adoption and foster care services). OCCL's mission is to ensure safeguards and enhance the quality for children in out-of-home care.

***Accomplishments***

Prior to the COVID-19 health crisis when restrictions were placed on entrance to childcare facilities by the governor's executive order and the Division of Public Health, OCCL had completed 100% of its mandated yearly site visits. During the COVID-19 health crisis, monitoring visits continued to investigate complaints of alleged regulation noncompliance and allegations of

unlicensed care. Later, monitoring visits for programs on an enforcement action and programs with an agreement of understanding in place were added. Other facilities were given extensions to their licensing year so that they could continue to provide licensed care to children. In 2020, three supervisors reviewed nearly 520 statewide complaint allegations to confirm the allegations were actual regulation violations and referred nearly 350 complaint allegations to licensing specialists for investigation. (This is a record low.) Multiple sets of childcare regulations were formally revised again to reflect the move to DOE and to make other needed changes. OCCL reviews and updates its Procedures Manual at least annually to reflect current practices that promote conformity in regulation monitoring procedures throughout the state. Relationships and partnerships are created and strengthened with other agencies, such as DOE's Office of Early Learning, Delaware Stars for Early Success (Delaware's voluntary quality-rating improvement system for early care and education providers), Department of Health and Social Services, Delaware Association for the Education of Young Children, and Children & Families First. Joint visits with representatives from the Child and Adult Care Food Program and Purchase of Care programs continue as needed to determine regulation compliance.

With the continued health crisis, OCCL had to develop alternative ways to conduct the previously in-person information and orientation sessions required for new facilities to become licensed. Not only did OCCL have to acquire the necessary technology to make remote training sessions possible, staff required training to be able to conduct and troubleshoot these remote learning sessions. Applicants needed support to be able to register and participate.

OCCL also developed an online Administration of Medication training to permit successful providers to administer medications to children while in care. Additionally, OCCL created a Delaware-specific online training on the health and safety training components required by the reauthorized Child Care Development Block Grant. This training, which will soon be available free of charge to childcare providers, is in its final states of quality review. These two trainings can help providers attain their annual professional development requirement at no cost to them.

***Challenges***

- The continued health crisis continues to impact the work of OCCL and the providers we serve. OCCL has developed a close partnership with the Division of Public Health so that these two agencies work together to make the childcare environments as safe as possible from the spread of COVID-19 while continuing to operate. Regulations and procedures have been modified during this health crisis and are reexamined to reflect environmental changes.
- The November 2014 federal reauthorization of the Child Care and Development Block Grant (CCDBG) requirements continues to have significant impact on the workload of OCCL as we work to develop trainings required of childcare professionals. The high cost of creating online trainings limits the number of trainings OCCL can develop.
- This year the Delaware CCDBG state plan must again be submitted. This requires much planning and work as well as collaboration with other agencies.
- The move from DSCYF to DOE has resulted in many changes and coordination of procedures and technology. This is on-going as some OCCL needs are still handled by DSCYF while others are managed by DOE. The complete migration to DOE should be accomplished by July 1, 2021.

- The Regulations for Residential Child Care Facilities and Day Treatment Programs are the next set of regulations to be revised. The health crisis and move to DOE has postponed this revision.
- OCCL has been charged with assuming the regulation and monitoring of summer camps in Delaware. OCCL has researched best practices for summer camps and is developing a new regulation requirement for these facilities. We will engage a task force to assist in the final drafting and will submit the proposed regulations to the Delaware Register of Regulations for a period of formal comment and possible revision before being posted in the Register as final.
- The ratio of caseloads for licensing specialists is listed as 1:150 in Delaware Code. This ratio has not changed since the inception of the childcare licensing office even though the complexity of the regulations, the degree and frequency of monitoring visits, and an increase in complaint allegations have all increased significantly. The National Association of Regulatory Agencies recommends that caseloads for licensing specialists should be 1:50.

***Collaborative Efforts***

OCCL works closely with the Office of Early Learning, Delaware Stars for Early Success, and other community partners for the benefit of the early childhood community. OCCL administration, supervisors, and staff serve on numerous early childhood committees including: Delaware Early Childhood Council, National Governor's Association Grant Committee, Preschool Development Grant Committee, QRIS Revision Team, Integrity Committee, Capacity Grant Committee, WAGE$ Advisory Committee, Delaware Technical and Community College Early Childhood Advisory Board, New Castle County Vo-Tech Advisory Board, Wilmington Early Care and Education Council, Families and Centers Empowered Together Committee, Delaware Stars Early Childhood Curriculum Review Panel, the multi-agency Suspension and Expulsion Committee led by DHSS, and Teacher Education And Compensation Helps Advisory Board.

***Priorities for the Coming Year***

As for priorities for the coming year, OCCL must finalize the new regulations for summer youth camps and complete the revision of regulations for Residential Child Care Facilities and Day Treatment Programs. The transition from DSCYF to DOE requires learning the culture and requirements of DOE while continuing to provide services to providers and protections to children. The COVID-19 health crisis has required OCCL and providers to change how childcare is provided and monitored. OCCL continues to review internal procedures to ensure regulation enforcement conformity throughout the state.

## INTEGRATED CHILD WELFARE PLANNING COLLABORATIVE

***DELAWARE HEAD START COLLABORATION OFFICE REPORT- April 2021***

The Delaware Head Start Collaboration Office (HSCO) is located in the Department of Education- Office of Early Learning. The Office of Head Start (Administration for Children and Families-Health and Human Services) supports a HSCO Director in each state. The HSCO Director supports the federal Head Start grantees in the state by acting as a liaison to state

departments and community partners as well as to the Office of Head Start at the federal level and the Regional office.

Delaware has five Head Start grantees located statewide. The estimated total funded enrollment for 2020 was 1,711 (birth to age 5). This enrollment number is somewhat less due to a transition in one of the grantees. The pandemic, in 2020, impacted the Head Start community as it did for other early learning children, families and professionals. As Head Start programs went to virtual learning children were with parents/families and Head Start pivoted to support this unique situation. The Office of Head Start provided many resources to aid in this new learning/living environment.

Head Start programs provide comprehensive services (health, nutrition, family engagement, education) in a part / full day and part / full year format. One of the grantees is an Early Head Start- Child Care Partnership which is a child care program following Head Start guidelines for infants and toddlers.

The HSCO Director joined the Integrated Child Welfare Planning Collaborative in 2019 to represent Head Start and the early learning community to provide a context for the importance of early childhood development as it impacts child welfare. Along with the other community partners in the Collaborative it became apparent that issues like preschool suspension and expulsion can be indicators linked to child welfare. The HSCO Director also serves as the point of contact for the Office of Head Start directives that specifically address child welfare such as: http://hsicc.cmail20.com/t/ViewEmail/j/7B35BE0ADA63995D2540EF23F30FEDED/68312270D9CE5926DCC9454293137CA2

The past year has presented challenges, due to Covid-19 in providing the comprehensive services to children and families that have historically set Head Start programs apart from other early learning programs. Head Start programs needed to pivot to virtual learning in an effort to keep staff, children and families safe. Head Start programs focused on staff wellness which is critical to being able to work effectively with families. The flexibility and commitment of the Head Start community enabled services to be provided in a different way. The following are some examples of how Head Start continued to serve children and families:

- Providing drive through meals and learning kits for families to use with their children in English and Spanish.
- Providing additional wellness and mental health opportunities for staff.
- Assisting families with telehealth options as needed.
- Assisting families to complete the ASQ developmental screenings to ensure the identifying of children who need special education services continues.

Each year the Head Start Collaboration Office is required to create goals that align with the regional (Region III) and central (Office of Head Start) offices. Among Delaware's 2021 Head Start Collaboration Office goals are:

- Promote a healthy start for HS children by forming community partnerships and providing resources to support optimal health.

- Support Head Start programs in serving children and families who are experiencing homelessness, migrant families, families effected by substance misuse and children in foster care.

By joining the Integrated Child Welfare Planning Collaborative, the HSCO Director has made new connections that will support Head Start grantees in providing information and resources. The HSCO Director has also recommended participation by other Department of Education staff, in particular, the Equity Design Team Education Associate to provide an equity lens to this work.

## ***Office of the Child Advocate***

The Office of the Child Advocate (OCA) is a non-judicial state agency charged with safeguarding the welfare of Delaware's children. OCA was created in 1999 in response to numerous 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 Delaware's many child welfare agencies. The General Assembly determined that an office to oversee these efforts, staff the Child Protection Accountability Commission (CPAC), and provide legal representation on behalf of Delaware's dependent, neglected, and abused children was necessary. Pursuant to 29 Del. C. § 9005A, OCA is mandated to coordinate a program of legal representation for children which includes the Court Appointed Special Advocate (CASA) Program; to periodically review all relevant child welfare policies and procedures with a view toward improving the lives of children; recommend changes in procedures for investigating and overseeing the welfare of children; to assist the Office of the Investigation Coordinator in accomplishing its goals; to assist CPAC in investigating and reviewing deaths and near deaths of abused and neglected children; to develop and provide training to child welfare system professionals; and to staff CPAC.

While OCA has many statutory duties, legal representation of children is a significant part of OCA's mission. OCA accomplishes its charge to represent children through the employment of four Deputy Child Advocates, seven Contract Child Attorneys, a substantial and dedicated pool of CASA Volunteers and volunteer Child Attorneys supervised by OCA staff, and strong partnerships with the child-serving agencies in Delaware. During SFY2020, OCA provided legal representation to 952 children statewide. Three hundred ninety-one were represented by a Contract Child Attorney and CASA, 357 were represented by a Volunteer Child Attorney and 204 were represented by Deputy Child Advocates. Broken out by county, 200 children were represented in Kent throughout the fiscal year, 578 in New Castle, and 174 in Sussex.

Another statutory responsibility is assisting the Office of the Investigation Coordinator (IC) in accomplishing its goals. The IC was established in the wake of Dean Ammons' independent review of the Earl Brian Bradley case. As a result of Dean Ammons' review, the Governor's Committee on the Protection of Children was established in order to address recommendations relating to multidisciplinary (MDT) collaboration and coordination. In 2013, legislation was put forth, drafted by the Committee, and ultimately championed by CPAC, creating the Office of the Investigation Coordinator. The IC performs two mission critical functions for at-risk populations of children in Delaware: 1. Monitoring each reported case involving the death of, serious physical injury to, or allegations of sexual abuse of a child from inception to final criminal and civil disposition; and 2.

Monitoring infants with prenatal substance exposure. The IC transferred from DSYCF to OCA on April 20, 2016. In SFY2020, the IC received 6,057 referrals from DFS, the Delaware Criminal Justice Information Center (DELJIS), and the Children's Advocacy Center of Delaware, and opened 1,404 cases to monitor. Of the 1,404 cases opened, 93% (1,304) alleged child sexual abuse, 4% (55) involved a serious physical injury to a child, approximately 2% (27) were child sex trafficking and 1% (18) were child deaths. One physical injury case was also monitored. On June 30, 2020, 903 cases were being actively monitored by the IC. In SFY2020, the IC received more than 700 referrals of infants exposed to substances ranging from opiates to benzodiazepines. In addition to monitoring these cases, the IC is responsible for co-chairing the CPAC/Child Death Review Commission's Joint Committee on Substance Exposed Infants and Medically Fragile Children and reviewing the DE HOPE - Regional Partnership Grant to fund the development of Plans of Safe Care for infants with prenatal substance exposure and their families.
In addition to overseeing OCA, the Child Advocate serves as the Executive Director of CPAC, which is comprised of key child welfare system leaders, who meet regularly with members of the public and others, to identify system shortcomings and the ongoing need for system reform. CPAC's overall statutory mission is to monitor Delaware's child protection system to ensure the health, safety, and wellbeing of Delaware's abused, neglected, and dependent children. CPAC serves as the federally mandated Citizen Review Panel and Children's Justice Act (CJA) State Task Force.

During SFY2016, CPAC was vested with state statutory authority to investigate and review deaths or near deaths of abused or neglected children. This responsibility transferred from the Child Death Review Commission to CPAC in September 2015, and it is one of many ways that CPAC satisfies its requirements as Delaware's Citizen Review Panel. The Child Abuse and Neglect (CAN) Panel, on behalf of CPAC, conducts the confidential investigations and retrospective reviews, and the CAN Steering Committee is charged with providing oversight of these duties. In SFY2020, the CAN Panel, with oversight from the CAN Steering Committee, conducted retrospective reviews on 72 cases – 39 initials and 33 finals, which resulted in 112 strengths and 208 findings across seven system areas. While all activities of the CAN Panel and CAN Steering Committee are confidential, the statute allows for CPAC to release system-wide findings or recommendations arising from the reviews to the Governor, General Assembly and public. At each quarterly Commission Meeting, CPAC Commissioners reviewed and approved the strengths and findings arising from the investigation and review of these 72 deaths and near deaths due to abuse or neglect.

CPAC is charged with administering two educational scholarship opportunities for young adults who have experienced foster care. The Chafee Education and Training Vouchers (ETV) Program is a federally funded, state-administered program which provides eligible youth up to $5,000 a year to cover the costs associated with post-secondary education or training programs. DSCYF is the agency designated by the Administration for Children and Families to receive the federal funds. As a result, in SFY2020, OCA entered into a memorandum of understanding with DSCYF to administer the ETV Program funds. Similarly, the Ivyane D.F. Davis Memorial Scholarship Fund (Scholarship Fund) is a state-funded program established in 1989 to provide scholarships for post-secondary education to Delaware youth who experienced foster care. CPAC was vested with state statutory authority to administer the Scholarship Fund in SFY2019, and funding was appropriated in SFY2020. OCA hired a Youth in Transition Coordinator to administer the scholarship

application process and opened its application process to youth in April 2020. Over 50 applicants applied for the scholarship opportunities and 46 youth received an award. In addition, CPAC established the Youth in Transition Committee, which began meeting in January 2021 to provide oversight for the scholarship program.

***Child Welfare Collaborative Activities***

As the CJA Task Force, CPAC provides regular training opportunities for child welfare professionals and multidisciplinary team members. Many of the training opportunities are facilitated by the CPAC Training Committee and include: the child abuse mandatory reporting training programs and supplemental trainings; training on the Memorandum of Understanding (MOU) for the Multidisciplinary Team (MDT) Response to Child Abuse and Neglect; the ChildFirst® Forensic Interview Protocol Training; MDT scholarships to national child welfare conferences; and the biennial Protecting Delaware's Children Conference. During SFY2020, child abuse mandatory reporting training was provided by CPAC to approximately 7,355 professionals. In addition, another 2,557 professionals completed supplemental trainings on topics such as child neglect, minimal facts, and the mandatory reporting refresher training. Multiple resources were also developed for mandated reporters and are available on the OCA website.

In February 2020, CPAC expanded the role of the Abuse Intervention Committee, which is a longstanding committee that oversees the CJA grant. The Committee's new charge is providing measurable oversight of the CJA grant as well as monitoring and coordinating activities, strategic plans and reporting of grants received or administered by Task Force members or their agencies, which relate to child protection. As such, it was renamed the Grants Oversight Committee. It is anticipated that this revitalized group will help ensure the CJA program's activities and goals align with other federal and state grants, such as the Court Improvement Program, Victims of Crime Act and CAPTA, and to identify gaps in services provided to victims of child abuse in Delaware. The Committee began meeting in January 2021 and includes representatives from various child welfare agencies.

Throughout SFY2020, OCA continued to meet with the Family Court, DSCYF, the Children's Advocacy Center and the Department of Justice to improve policies and procedures in the child welfare system and to develop future policy and legislative agendas. A significant focus of these partnerships in SFY2020 was how to continue to meet the needs of children and families during the COVID-19 pandemic. OCA and Family Court continued to meet on a quarterly basis to review procedures, volunteer recruitment, court appointments and scheduling. In addition, OCA stayed in frequent contact with Family Court regarding the impact of COVID-19 on court processes and the procedures and expectations for child welfare hearings during these times. Family Court has also continued to delegate a portion of its federal Court Improvement Program (CIP) grant to contract with a CPAC Data Manager, housed within OCA, who has worked with system partners to review and analyze child welfare data, and staff the CPAC Data Utilization Committee and Education Data Workgroup. The Court has also delegated significant federal funds to support and expand OCA's data management system, and communications have begun to transition the CIP database to this management system.

Meetings with DSCYF helped to advance issues such as case management decisions, caseloads, placements, permanency, and system challenges. OCA also worked with DSCYF during FY20 to draft updates to the agencies' Memorandum of Understanding regarding exchange of records. OCA also partnered with both the criminal and family divisions of the Department of Justice to review policies and procedures, establish collaboration and tackle system issues. Likewise, OCA has meetings with the Children's Advocacy Center at least annually to develop common goals, address system breakdowns and partner for funding opportunities and support.

Through the generosity of various organizations and individuals, OCA is able to partner with DSCYF to provide life experiences and normalcy to children experiencing foster care. During SFY2020, over $23,000 was utilized for school field trips, tutoring, school supplies, senior pictures, homecoming and prom attire, summer camps, sports equipment and lessons, and essential items like clothes and baby supplies for the more than 500 children experiencing care. These funds were especially important when the pandemic hit, and children were confined to their homes. OCA was able to help alleviate some of the stress and boredom by providing books, games, puzzles, art supplies, and other comfort items to its clients. OCA was also able to provide a large number of laptops and other technology so that children and youth could do their schoolwork or connect with family members.

***Barriers and Challenges***

In September 2020, CPAC and the Child Death Review Commission convened a joint retreat to discuss the findings from the reviews of deaths or near deaths of abused or neglected children and to make recommendations for system improvement. CPAC also uses this forum as its three-year assessment for the CJA Grant. Approximately 50 members from CPAC, CDRC, and the CAN Panel participated in the meeting to review the findings stemming from the review of 110 child abuse and neglect death and near-death cases. These cases were for incidents that occurred between July 2017 and December 2019, and the result was 611 findings and 478 strengths across system areas. From these findings, CPAC and CDRC developed its 2020-2021 Action Plan with 13 prioritized recommendations for improving the medical response, safety and risk assessment, and multidisciplinary team response to child abuse cases. In addition, the Action Plan includes 6 ongoing recommendations from prior action plans and two priority areas identified by CPAC and CDRC. The CPAC Grants Oversight Committee will be responsible for monitoring the Action Plan to ensure that CPAC and CDRC are making progress towards the recommendations.

***Priorities for Coming Year***

Over the next year, OCA and CPAC, will maintain many of its current initiatives, including: developing and providing training to the child welfare community; reviewing deaths or near deaths of abused or neglected children to inform system change; monitoring each reported case involving the death of, serious physical injury to, or allegations of sexual abuse of a child from inception to final criminal and civil disposition; monitoring infants with prenatal substance exposure; improving outcomes for child victims by supporting, training and coaching multidisciplinary team agencies; continuing to build the scholarship program and other financial opportunities for youth experiencing foster care; recruiting additional volunteers for the CASA Program; recommending legislative changes; and implementation of recommendations from the 2020-2021 Joint Action Plan. Finally, CPAC will strive to foster the collaborative relationships between its child welfare

partners to ensure safety, well-being and permanency for all children in Delaware's child protection system.

***Links to Annual Reports***
CPAC Annual Report: https://my.visme.co/view/q6xw83yd-cpac-annual-report
OCA Annual Report: https://my.visme.co/view/90mz434k-oca-annual-report
CJA Annual Report and Grant Application:
https://courts.delaware.gov/childadvocate/cpac/cja_taskforce.aspx
Review of Child Deaths and Near Deaths Due to Abuse or Neglect:

https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx

## ***Children's Advocacy Center of Delaware***

The Children's Advocacy Center (CAC) of Delaware is a statewide, private, non-profit organization established in an effort to improve Delaware's response to child abuse cases. The mission of the Children's Advocacy Center is to reduce the devastating long-term effects that child abuse has on children, their families and society through immediate, coordinated, child focused services, education and advocacy. Our vision is *A World Without Child Abuse*. The main goal of all CACs is to make sure that child victims are not further victimized by the systems designed to protect them.

Nationally, the Children's Advocacy Center movement began in the 1980s due to concerns about the system response to child abuse cases. At the time, investigative agencies were not working together effectively which led to investigations and investigative techniques that were often frightening, repetitious, and disjointed for children and their families. Due to the lack of coordination and collaboration between investigative agencies, children were often subjected to multiple, duplicative interviews where they were forced to re-tell and re-live their abuse experiences over and over with different professionals. Thus, children were being retraumatized and revictimized by the system put in place to protect them.

Determined to create a better system response, Robert "Bud" Cramer, a District Attorney in Huntsville, Alabama, founded the first Children's Advocacy Center known as the National Children's Advocacy Center (NCAC) in 1985. The focus of this new system response would be on the children and their families and would require a coordinated and collaborative response amongst the different disciplines when responding to allegations of child abuse.

In 1994, a community task force was formed in Delaware to assess the way abused children and their families are served within the state. After spending two years researching and reviewing other systems and models, the task force recommended that Delaware establish a Children's Advocacy Center where expert multidisciplinary teams would provide child-focused, coordinated services in a safe, child-friendly setting. The recommendation was accepted and approved, and the first CAC in Delaware opened in 1996 at A.I. duPont Hospital for Children. In 1999, a second office of the Children's Advocacy Center of Delaware opened in Milford to provide services to both Kent and Sussex Counties. In 2003, the Kent County Center was opened in Dover, and the Milford Center was moved to Georgetown to serve Sussex County. As of October 2003, the CAC had offices located in each of Delaware's three counties. All three Centers were designed to create a sense of safety and security for the children and their families. Additionally, all three Centers are accredited

members of the National Children's Alliance (NCA). NCA is a membership and accrediting organization providing services to the CACs across the United States, as well as numerous developing centers, multidisciplinary teams and child abuse professionals. The National Children's Alliance promotes the CAC model because it strongly believes that the combined professional wisdom and skill of the multidisciplinary team approach results in a more complete understanding of case issues and the most effective child- and family-focused system response possible.

The Children's Advocacy Center of Delaware is responsible for scheduling and conducting forensic interviews and providing child and family needs assessments for suspected child abuse and neglect victims referred to the CAC by our multidisciplinary team partners. Additionally, the CAC provides administrative support for and participates in the State of Delaware MDT Case Review meetings statewide which are facilitated by the Office of the Investigation Coordinator (IC). The Children's Advocacy Center, along with representatives from the Department of Services for Children, Youth and Their Families, the Delaware Department of Justice, State, County and Municipal Law Enforcement Agencies, and medical and mental health professionals serve as Delaware's multidisciplinary team (MDT) in responding to allegations of child abuse and neglect.

As a member of Delaware's MDT and a signatory of the State of Delaware Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect, the CAC:
Receives all cases referred by the aforementioned governmental agencies and schedules forensic interviews which are conducted by specially trained and experienced forensic interviewers utilizing a nationally recognized forensic interview protocol.
By scheduling the case for an interview at the Children's Advocacy Center our goal is to ensure that:

- The forensic interview is conducted in a timely manner.
- The child victim is interviewed one time, in a neutral, safe, child friendly setting by a specially trained and experienced forensic interviewer.
- The interview is simultaneously recorded (audio and video) and observed by MDT members who watch the interview via closed circuit television from an adjoining conference room.
- The medical, mental health and social service needs of the child and his/her family are assessed in a timely manner and appropriate referrals for medical evaluations, mental health interventions and social services are made.
- All cases are tracked in the CAC's Case Management System from inception through final disposition and the MDT meets on a regular basis to review open cases in order to ensure that no child victim's case falls through the cracks.
- A child victim is not further victimized or traumatized by the systems designed to protect them.

Despite challenges related to the coronavirus pandemic, during SFY2020 the CAC received 1211 new cases, conducted 1132 forensic interviews, provided initial mental health and social services needs assessments for 1013 children and referred 43 children to external mental health and social services providers. One of our key performance goals is that we will provide excellent client services to the children and families who are referred to the Children's Advocacy Center. Our

standard is that of the completed surveys, 90% will indicate a 90% (+) level of satisfaction with the services received at the CAC. We measure our performance by providing each non-offending caregiver with a client services satisfaction survey. In SFY2020, 843 surveys were provided to non-offending caregivers. Of the 843 surveys provided, 190 were completed/returned. Completed surveys indicated an overall satisfaction rate of 97%.

***Child Welfare Collaborative Activities***

As part of Delaware's multidisciplinary response to child abuse and neglect, the CAC collaborates with child welfare partners statewide on a daily basis to schedule and conduct forensic interviews of children and to assist with the assessment of needs and provision of informational resources and referrals for the children and families we serve. Additionally, the CAC collaborates with the IC in preparation for the State of Delaware MDT Case Review meetings held statewide on a regular basis.

The Chief Executive Officer of the CAC serves as a commissioner on the Child Protections Accountability Commission (CPAC). Additionally, the Children's Advocacy Center is represented on various CPAC committees and workgroups, such as:

- Child Abuse and Neglect Panel
- Child Abuse and Neglect Steering Committee
- Child Abuse and Neglect Best Practices Workgroup
- Committee on the Investigation, Prosecution and Treatment of Child Sexual Abuse
    - Multidisciplinary Team (MDT) Response/MOU Compliance
    - Mental Health, Medical and Prevention Response
    - Extra-Familial, School, and Institutional Abuse Response
- Grants Oversight Committee
- MDT/ChildFirst® Delaware Workgroup
- Protecting Delaware's Children Conference Workgroup
- Training Committee

***Barriers and Challenges***

The COVID-19 Pandemic posed an unprecedented challenge for the CAC. Due to the health and safety risks associated with the pandemic, the CAC had to quickly assess current practices and determine how to
safely operate while protecting the health of our staff, clients, and community partners. The CAC collaborated with local, state, regional and national partners to develop and implement policies and procedures in line with the Governor's Orders, as well as guidelines put forth by the Centers for Disease Control and Prevention (CDC). While these were everchanging, newly implemented policies and procedures allowed the CAC to respond to emergent cases in the early stages of the pandemic. The CAC continued to conduct forensic interviews in emergent cases only for several months (Mid-March through July) which led to a backlog of non-emergent cases statewide. In August 2020, the CAC implemented its SMART RESTART COVID-19 Operational Protocol. The recommendations outlined in the Protocol were based, in part, upon the guidelines put forth by the Centers for Disease Control and Prevention (CDC), the Occupational Safety and Health Act (OSHA and the Delaware Department of Public Health. Implementation of this Protocol allowed the CAC to begin conducting forensic interviews for non-emergent cases, as well as the emergent

cases. The CAC worked with MDT members to get interviews scheduled as soon as possible, but the COVID-19 Pandemic severely impacted scheduling timeframes for the non-emergent cases.

***Priorities for Coming Year***

The CAC will continue to work with our multidisciplinary team partners to serve children and families impacted by abuse and neglect, utilizing best practices as outlined in the State of Delaware Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect. In addition to the provision of our core services, the CAC will continue to support CPAC initiatives and to participate in the various committees and workgroups created to move these initiatives forward so we can serve children and families better.

***Links to Annual Reports***

Please visit our website at www.cacofde.org for more information about us and the services we provide. To view our Caseload Summary Reports and our Client Satisfaction Survey reports, use the following link https://cacofde.org/our-performance/.

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

The Court Improvement Program utilizes federal funds from the U.S. Department of Health and Human Services, Administration for Children and Families to ensure collaboration between the 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 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.

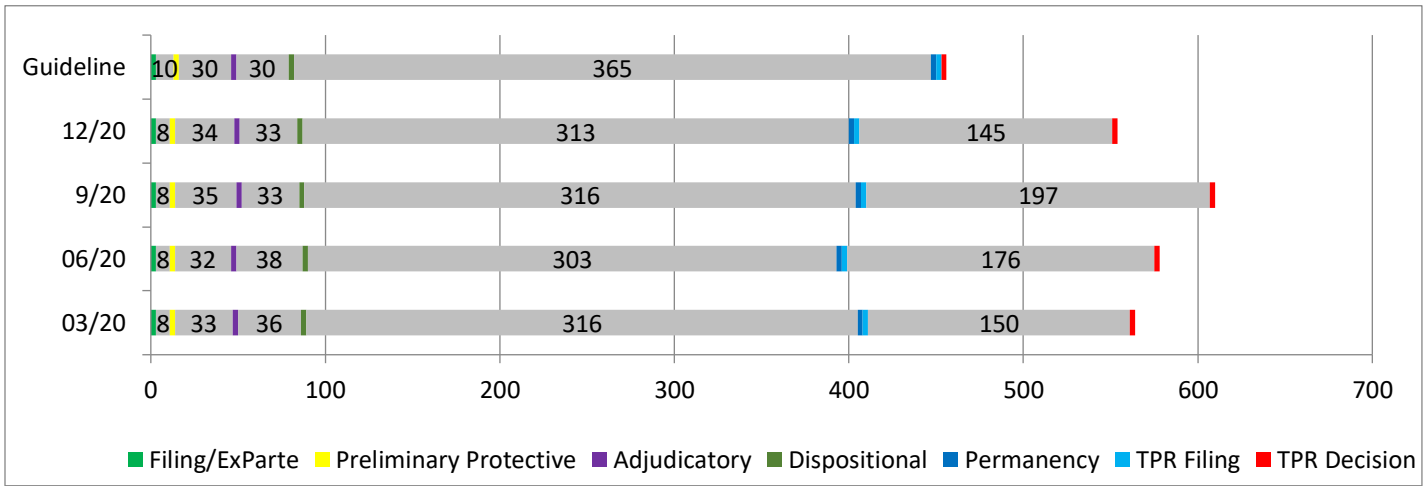
CIP activities are structured under data, basic and training grants. The data grant provides opportunity to improve the data sharing amongst Family Court, DFS and other key stakeholders; the training grant increases child welfare expertise among the legal community and other stakeholders through cross-training opportunities. The basic grant allows Family Court to assess their effectiveness in carrying out state laws regarding foster care and adoption proceedings and subsequently, make improvements where appropriate. The State of Delaware Family Court has historically engaged stakeholders in CIP work and will continue to do so in the future.

***Outcome Measures, Accomplishments, Barriers and Challenges***

The CIP continues to track and report out on a number of key measures related to court improvement work. he CIP Dashboard tracks parent and youth presence at hearings, hearing timeliness – including hearings that fall inside and outside of guidelines – and permanency outcome measures. In CY2020 there were several timeliness measures that were reviewed with the CIP judicial officers and the state agency leadership to inform us how we perform in our practice. Specifically, CIP has made a strategic effort to measure on a quarterly basis our permanency hearing to post permanency hearing timeliness and permanency hearing to termination of parental rights (TPR) hearing timeliness. This information is then reported out regularly in CIP Steering Committee meetings.

Delaware's CIP is committed to ongoing tracking and monitoring of its timeliness reporting measures and will continue to evaluate trends in our data moving forward. A CIP Data Subcommittee was established as an opportunity to provide background information about existing data management systems, data quality and sharing of information. The Subcommittee meets quarterly with leadership from Family Court, the state agency, Department of Justice, and the Office of the Child Advocate and reports out during CIP Steering Committee Meetings.

The below chart reflects overall court timeliness performance in conducting hearings during calendar year 2020. The CIP database produces timeliness data that informs our state how we are performing in accordance with Delaware Family Court Rules. CIP recognizes the importance of holding timely hearings to avoid permanency delays; this is an ongoing priority for the program. CIP and DFS will continue to collaborate in data reviews and case reviews to identify barriers and reasons for timeliness delays. This was an identified goal for the Court and DFS in prior years and the ongoing challenge will be to ensure that our entire system finds opportunities for permanency improvements.




***Collaborative Efforts***

**Social Service Project**

Delaware CIP and DFS collaborated to launch a Social Services Intervention Project, which paired parent attorneys with a social worker as soon as a dependency/neglect case was opened in Family Court. The CIP and state agency partnered together over the past several years to move the project forward by facilitating meetings with a group of involved stakeholders ultimately allowing for the launch of the social services project. The social services project ended in the summer of 2018. The assessment to determine the effectiveness of the project was conducted in fall 2018 by the CPAC Data Analyst. The final report for the Social Service Pilot Project, including findings and recommendations, were presented to the CIP Steering Committee in January 2019. Since there were promising practices found in the pilot project, the CIP Steering Committee determined that a smaller workgroup should be established to discuss next steps. Based on feedback from stakeholders, the social worker will work in one county only to maximize the time they spend on the cases. The replicated social services project has been implemented over the past two years and data has continued to be collected, evaluated and shared with stakeholders.

**Permanency Values and Permanency Round Table Trainings**

Delaware continues to collaborate with Casey Family Programs and DFS to provide trainings to stakeholders including the state agency, program providers, OCA, and DOJ to focus on improving permanency outcomes and reducing the use of APPLA. Following the Permanency Values Training held last year, a follow up facilitator training was held for DFS staff and providers to begin conducting Permanency Round Tables (PRT) in the state. Additionally, an 'Unpacking the No' training was held for stakeholders to enhance the understanding of all staff and individuals on a child's planning team regarding the intricacies of permanency planning barriers and how to best overcome them. While PRT's are continuing to be held, an in-depth training was created to provide to front line workers to improve the utilization of PRT's throughout the state. This training has been mandated for all treatment and permanency workers and will take place in summer 2021. Additional training opportunities for other stakeholders will follow.

**NCJFCJ Implementation Site**

Delaware Family Court was selected by the National Council of Juvenile and Family Court Judges (NCJFCJ) to become an implementation site for their Enhanced Resource Guidelines and Model Courts project. Courts that are active in the Model Courts Project receive individualized assessment, planning, training, technical assistance, and evaluation services as they seek to implement the principles and recommendations set forth in the **Enhanced Resource Guidelines** and work toward improved practice and outcomes. Delaware has participated in a site evaluation with statewide stakeholder collaboration as well as a training on their Enhanced Resource Guidelines. NCJFCJ has engaged Delaware stakeholders with strategic planning sessions as well for the upcoming 5-year CIP Strategic Plan. Continued collaboration will occur over the next year.

**Training**

While the COVID-19 Pandemic significantly changed how trainings and how they are offered, CIP has continued to ensure that child welfare training opportunities for the legal community remain available. There was a statewide virtual training on the Delaware Child Welfare Response to COVID-19 offered this winter featuring panel discussions from Family Court and DFS as well as presentations from Domestic Violence, Juvenile Justice, Parenting, and Substance Abuse. Additionally, another statewide virtual training will be offered to all stakeholders, Interrupting Racism for Children, which includes learning history of racism in the child welfare system and ways to interrupt that cycle. The CIP will continue to ensure relevant trainings are made available for stakeholders.

***Priorities for the Coming Year***

1. A workgroup on quality legal representation, including leadership from the court and the agency as well as representation from child and parent attorneys, has continued to meet. One of the foundational steps this workgroup has taken was to collaborate with the agency to utilize current data to better understand the circumstances of the children and families who would potentially benefit from this funding. An MOU was created in order to draw down IV-E funding for reimbursement and submitted for approval. While the approval is still pending, the workgroup has engaged in discussions to determine how

best to utilize available funds and has identified expanding the MDT model (social services project) statewide while continuing to look for ways and resources to improve compensation for attorneys as well as a centralized office for parent attorneys. Additionally, Delaware has continued to evaluate current parent attorney best practices and created an inter-disciplinary workgroup to develop statewide parent attorney standards. The Delaware Parent Attorney Standards are completed and roll out of the standards will occur via training to all parent attorneys and stakeholders.

2. The next 5-year CIP Strategic Plan will be submitted this coming summer to address identified goals and areas of focus, including Preventing Unnecessary Entry into Foster Care, Engagement of Youth and Families, and Quality Legal Representation. These goals will look to specifically address issues surrounding reducing entries into care of older youth, early engagement of families, including fathers, and improving training and resources available to stakeholders. This will be an ongoing collaboration throughout the year.
3. Delaware continues to monitor and ensure that quality court hearings are occurring for our CIP cases. Delaware conducted quality-hearing surveys last calendar year and will look to modify these surveys for this upcoming year to account for many of the virtual hearings that are currently taking place. This data will then be analyzed, shared with stakeholders, and inform future practices.
4. CIP continues to ensure that relevant child welfare trainings are made available to those stakeholders practicing in our CIP cases. Ongoing stakeholder feedback will be solicited through meetings to ensure that training is reflective of the needs of practicing attorneys, judicial officers and stakeholders.
5. Delaware's CIP will continue to track relevant CIP data, particularly hearing party presence, timeliness data and permanency outcomes. This data will be shared with partners at the state agency and will be referenced to track progress and inform collaborative initiatives.

## ***Community-Based Child Abuse Prevention Grant (CBCAP)***

Prevent Child Abuse Delaware (PCAD) has been the lead agency for the federal CBCAP grant since 2004. The CBCAP grant represents federal funds provided to each state annually based on population size. The base grant for Delaware is $175,000. These funds are utilized to support community-based efforts to develop, operate, expand, enhance and where appropriate, to network initiatives aimed to prevent child abuse and neglect and to support networks of coordinated resources and activities to better strengthen and support families.

The CBCAP 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. Recently the federal grantees who receive funding from the Children's Bureau (CBCAP, CIP and DFS) have been asked to develop a shared vision for strengthening families and prevention, using the CFSP as a blueprint for reorienting child welfare systems towards prevention, integrated planning and system improvement efforts. To satisfy the responsibilities of the CBCAP grant and to move forward to create a shared vision the Integrated Child Welfare Planning Committee (ICWPC) has continued to meet to learn more about Delaware's broad

service continuum that includes public and private partners and to strengthen collaboration and communication.

**CBCAP Grant Funded Programs**

Currently PCAD provides CBCAP grant funding to support the Strengthening Families through Parent Provider Partnerships in Child Care initiative, the work of the Delaware Readiness Teams and the housing stability project at the Dual Generation Center in Wilmington.

**Strengthening Families through Parent Provider Partnerships**

Since 2006, five cohorts of childcare centers have received CBCAP funding, training, and on-site technical assistance. Grantees are required to create a leadership team that includes parents and staff that meets at least quarterly. The leadership teams are responsible to create and implement an annual action plan designed to build protective factors among enrolled families.

During this coming year PCAD will work closely with Delaware's Early Childhood Support Team to coordinate grant funding in this area with the activities described in the newly created 5-year strategic plan. This plan will be guided by the results obtained through the Pre-School Development Grant needs assessment.

The CBCAP funded work that has been done in childcare centers around building protective factors is designed to "support the whole family". The training and technical assistance provided to grantees allows childcare professionals to develop the skills and tools that they need to actively engage with families in positive and supportive ways by developing protective factors. Discussions will be conducted with the Early Childhood Support Team in advance of seeking new grantees in this area to establish how best to provide financial support to childcare centers and to best utilize training and technical assistance resources. As in the past funding priority will be given to centers and professionals who are providing services to families who are eligible to receive Purchase of Care benefits to help offset the cost of childcare.

**Delaware Readiness Teams**

The mission of the Delaware Readiness Teams is to establish community-based teams through-out the state comprised of parents, educators, childcare providers, representatives of community-based services and businesses. All teams are formed in and provide support to high-risk communities. Their mission is to build strong partnerships, expand family supports and to prepare children birth through age eight for a great start in life. To accomplish their mission, the teams work to maximize the potential of young children by:

· Empowering families to strengthen the well-being of their children.

· Building protective factors within families.

· Strengthening relationships between families, communities, and schools.

In the past, the teams have utilized grant funds to conduct parent conferences, Kindergarten Academies, and baby showers for at risk populations across the state. In addition, the teams have hosted Community Cafes that have focused on child development and skill building. The harvest from previous community cafes has been instrumental in providing a focus on the difficulties that families have registering their children for kindergarten and in accessing developmental screening tools electronically. Since these issues have been identified work on a centralized kindergarten registration system has been advanced and legislation has been introduced, much to the delight of the parents working on this project who feel like their voices have really been heard! Universal access to the Ages and Stages Questionnaire has also been achieved with all of Delaware's school districts now providing access electronically.

**Dual Generation Center**

The Dual Generation Center was created in 2019 to meet the complex needs of families living in the areas surrounding the Stubbs, Bancroft, and Bayard schools within the Christina School District. Research at the national, state, and local level has identified access to stable housing as a priority for the families involved in this program. Unfortunately, the lack of stable housing has been linked to children from unstably housed families being over-represented in child maltreatment reports and a growing body of evidence links housing problems to child maltreatment and child abuse investigations.

The lack of suitable housing in Delaware is largely due to the unwillingness of landlords to rent property to families with an adverse rental or credit history. During this year, the Dual Generation Center will establish a Risk Mitigation Fund with a CBCAP grant. This fund will allow the staff at the center to partner with landlords to address the challenges that families face when trying to identify suitable housing. The fund will provide a "landlord guarantee" of compensation and property repair, if needed, that will encourage them to rent to families with limited income, poor rental history, poor credit, or past involvement with the criminal justice system.

The goal of this project will be to identify 11 landlords who will work with the staff from the Dual Generation Center to provide stable housing to 40 families within the communities that they serve.

***Priorities for the Coming Year***

During the coming year Prevent Child Abuse Delaware, as the CBCAP lead agency, will focus its efforts on the following:

· Enhancing protective factors, particularly when multiple risk factors are present.

· Coordinating prevention funding sources.

· Increasing the use of informal/non-stigmatizing supports.

· Supporting evidence-based programs, where appropriate.

· Evaluating the effectiveness of its funded programs.

Additionally, PCAD will work with its partners to:

- Map the state's prevention service array and help to prioritize prevention activities.
- Direct and support networks of coordinated child maltreatment prevention resources and activities to better strengthen and support families.
- Review data primarily collected by Kids Count, DPH and DFS (focus groups and surveys) and utilize the information to make grant funding decisions, to support program development and changes to policy and legislation, and to advocate for systemic change.
- Utilize needs assessment data to identify specific challenges faced by local communities.
- Enhance outreach to underserved populations.
- Develop parent leadership.

# XI. Statistical and Supporting Information

*Information on Child Protective Service Workforce*

The following information describes hiring, training and turnover for the child welfare workforce. For the Division of Family Services, three caseworker positions are in the progressive career ladder:

- Family Service Specialist (FSS) PG 10
- Senior Family Service Specialist (SFSS) PG 11
- Master Family Service Specialist (MFSS) PG 13

The Family Service Specialist Career Ladder Series is traditionally recruited in the following manner. When the incumbent leaves, the vacant position resets to the lowest level of the career ladder and the position is posted as open competitive on the Delaware Employment Link (DEL) website. After the posting closes all applications are screened to ensure that the minimum qualifications are met. Applicants for Family Service Specialist (FSS) 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, social science or related field
- Knowledge of health or human services work such as applying theories, principles, laws and practices of health or human services programs and services that assist with and improve life for individuals, families, or communities in the areas such as financial support, employment, unemployment, housing, health care, disease prevention, substance abuse, child protective services, physical/mental health treatment and prevention, rehabilitation
- Knowledge of interviewing to obtain facts, explore issues and identify courses of action
- Knowledge of case management which includes assessing, planning, developing, implementing, monitoring, and evaluating options and services to meet an individual's human service needs
- Possession of a valid driver's license (not suspended, revoked or cancelled, or disqualified from driving)

For the purpose of retaining and attracting experienced investigation and treatment workers in the Division of Family Services, the Division may competitively recruit for Family Crisis Therapists (FCT), Pay Grade 15, internally from investigation and treatment units. Current Division employees who successfully apply for these positions shall have their position reclassified to FCT. While this is a competitive process with no guarantee of promotion, the candidate 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, 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.

New staff receives 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 and training chart.

Here are other characteristics of DFS' child welfare workforce:

- Race statistics for the workforce are: 1% Asian, 1% Multi, 37% Black, and 57% White.
- 4% Hispanic.
- Salaries range from $35,907 to $53,138 across all positions.
- Supervisor to worker ratio standards are 1:5.
- Educational degrees (caseworker, supervisor, administration; N=315) - A Bachelor's in a behavioral, social science or related field is required for these positions.

Personnel transactions for CY2019 for DFS positions are: 73 hires/rehires, 6 retirements and 32 terminations. There were 266 staff transactions/changes during the year. The turnover rate based on these figures was 8%.

As of March 31, 2021, investigation caseload average for fully functioning caseworkers is 10.2 (standard = 11) and treatment and permanency average caseload for fully functioning caseworkers is 13.9 (standard = 18).

*Juvenile Justice Transfers*
For the period April 1, 2019 to March 31, 2020, thirty youth in cases open with DFS were transferred into the custody of the Division of Youth Rehabilitative Services. These youth were in investigation and treatment caseloads when their commitment to the juvenile justice system's levels 4 and 5 began.

*Education and Training Vouchers*
From July 1, 2019 through June 30, 2020 the total number of youths receiving ETV was 34 including 22 new recipients. For July 1, 2020 through June 30, 2021 the total number of youth receiving ETV was 40 including 20 new recipients. (See Attachment: ETV Attachment D)

*Inter-Country Adoptions*
As of March 24, 2021, there were 4 total adoptions in Delaware from other countries posted on the state government website in 2019. (http://travel.state.gov/content/adoptionsabroad/en/about-us/statistics.html). There were no children who entered state custody in FY20 as the result of the disruption an adoption from other countries.

*Monthly Caseworker Visit Data*
DFS will submit monthly caseworker visit data for FFY2020 per Section 424(f) of the Social Security Act by December 15, 2021.

# XII. Financial Information

**Payment Limitations**
**Last year's submission**
***Payment Limitations – Title IV-B, Subpart 1***
The state affirms less than 10% of title IV-B, subpart 1 federal funds are expended for administrative costs. Delaware had no expenditure of FFY2005 Title IV-B, subpart 1 funds for foster care maintenance payments, adoption assistance payments and child day care. Non-federal matching funds for FFY2005 Title IV-B, subpart 1, spent on foster care maintenance payments total zero. For FFY2022, Delaware will not spend Title IV-B, subpart 1 funds for foster care maintenance payments, adoption assistance payments or child day care. Non-federal matching funds for FFY2022 are not expended for foster care maintenance payments, adoption assistance payments or child day care.

***Payment Limitations – Title IV-B, Subpart 2***
For FFY2021, at least 20% of the allocation is spent within four categories of PSSF as follows:

- Family Preservation 20%
- Family Support 34%
- Reunification 24%
- Adoption 21%
- Administrative costs 0.7%

For FFY2019, expenditures for matching Title IV-B, subpart 2 funds totaled $322,100 state funding; this exceeds the 1992 base year amount of $155,126. The state affirms less than 10% of federal funds under title IV-B, subpart 2 are expended for administrative costs. FFY2018 expenditures were at least 20% of the grant for each of the four PSSF categories.

***Payment Limitations Chafee Program***

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

***FY2021 Budget Revision – CFS-101, Part 1***

(See Attachment: Delaware FY19 CFS-101 Part I Revision)

***FY 2022 Budget Request – CFS-101, Parts I and II***

(See Attachment: Delaware FY20 CFS-101 Part I and CFS 101 Part II)

***FY 2019 Title IV-B Expenditure Report – CFS-101, Part III***

(See Attachment: Delaware FY18 CFS-101 Part III)

## XII. Grant Applications

**CHILD ABUSE PREVENTION AND TREATMENT ACT**
**APPLICATION FOR FFY2022**
**SPENDING PLAN**

| **Personnel** | **Salary** | **OECs** | **Health** |
|---|---|---|---|
| 0.5 FTE-Senior Family Service Specialist: Investigates allegations of child abuse and neglect, implements Child Safety Agreements when indicated. Makes findings of abuse, neglect, and risk of future harm. | $19,136 | $6,173 | $4,005 |
| 0.5 FTE-Senior Family Service Specialist: Investigates SEI cases and develops a Plan of Safe Care to address the health and substance use treatment needs of the infant and affected family or caregiver to ensure the safety and well-being of infants with prenatal substance exposure. | $19,136 | $6,173 | $4,132 |
| 1 FTE- Family Services Program Support Administrator Supports Intake and Investigation Program Manager to monitor Plans of Safe Care | $49,711 | $16,037 | $21,438 |
| 1 FTE- Master Family Service Specialist- Investigates all SEI cases and develops a Plan of Safe Care to address the health and substance | $43,544 | $14,047 | $20,718 |

| | | |
|---|---|---|
| use treatment needs of the infant and affected family or caregiver to ensure the safety and well-being of infants with prenatal substance exposure. | | |
| **Total Personnel Costs** | | **$224,251** |
| | | |
| **Contractual** | | **$54,466** |
| • Contract with the A. I. du Pont Hospital for Children For expedited medical examination services by a physician and the services of an A.I. social worker to manage DFS cases | **$**43,092 | |
| • Contract with Holcomb Behavioral Health to implement Plans of Safe Care | $11,374 | |
| **Travel** | | **$4,000** |
| Training or conferences at local, regional or national levels | | |
| | | |
| **Supply** | | **$4,000** |
| | | |
| **Indirect Costs** | | **$3,103** |
| Audit | $869 | |
| State Personnel Office Charges | $577 | |
| SWCAP | $1,657 | |
| | | |
| **TOTAL** | | **$289,820** |

**CHILD ABUSE PREVENTION AND TREATMENT ACT**
**APPLICATION FOR FFY2022**
**SPENDING PLAN DETAIL**

**Proposed Activity:**

- Salary, OEC, and health for a position in DFS to investigate reports of child abuse and ensure child safety:
  - 0.5 FTE – Senior Family Service Specialist: Investigates and intervenes in family crisis situation related to the safety and well-being of child(ren)
- Salary, OEC, and health for positions in DFS to work with substance exposed infant (SEI) cases:
  - 0.5 FTE – Senior Family Service Specialist: Investigates SEI cases and develops a Plan of Safe Care to address the health and substance use treatment needs of the infant and affected family or caregiver to ensure the safety and well-being of infants with prenatal substance exposure.
  - 1 FTE – Master Family Service Specialist: Investigates SEI cases and develops a Plan of Safe Care to address the health and substance use treatment needs of the infant and affected family or caregiver to ensure the safety and well-being of infants with prenatal substance exposure.
  - 1 FTE – Family Services Program Support Administrator: Supports Intake and Investigation Program Manager to monitor Plans of Safe Care

**Amount of Federal Funding:** $224,251

**Characteristics of Individuals to Be Served:**

- Children at risk of abuse or neglect and their families.
- At risk children and their families due to prenatal substance exposure.

**Geographical Area Served:**

- Statewide for Family Services Program Support Administrator; New Castle County for investigation and SEI positions.

**Objectives:**

Investigation:

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

SEI Investigation:

- Timely and quality interventions with families where an infant has been prenatally exposed to substances to ensure child safety.
- Develop and monitor a Plan of Safe Care to address the health and substance exposure treatment needs of the infant and family.

**Results Expected:**

- Children are protected from repeat maltreatment.
- Enhanced family capacity to meet their own needs.

**Measures:**

- Reoccurrence of child maltreatment.

**Proposed Activity:**

- DFS will contract with A.I. DuPont Hospital for Children for expedited medical examination services by a physician and the services of an A.I. social worker to manage DFS cases.
- DFS will contract with Holcomb Behavioral Health to implement Plans of Safe Care.

**Amount of Federal Funding:** $54,466

**Characteristics of Individuals to Be Served:**

- Children and families referred to the DFS hotline because of concerns about abuse or neglect or prenatal substance exposure.

**Geographical Area Served:**

- Statewide.

**Objectives:**

- Provide contracted family intervention and assessment services to at risk children and families receiving services from DFS.
- Ensure timely assessment of medical needs of children reported to DFS for alleged abuse or neglect.
- Implement Plans of Safe Care.

**Results Expected:**

- Enhanced family capacity to meet their own needs.
- Children are protected from repeat maltreatment.

**Measures:**

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

**TITLE IV-B SUBPART 1 - STEPHANIE TUBBS JONES CHILD WELFARE SERVICES**
**APPLICATION FOR FFY2022**
**SPENDING PLAN**

| | | |
|---|---|---|
| **Salary and OEC** | | **$191,289** |
| Office of Children's Services | | |
| 1.0 FTE - Permanency Coordinator (PG 11) | $62,541 | |
| 1.0 FTE – Family Crisis Therapist (PG15) | $69,984 | |
| 1.0 FTE – Senior Family Service Specialist (PG11) | $58,764 | |
| **Contractual** | | **$890,269** |
| Office of Children's Services will contract for family Support services as part of its child protective Service continuum | $854,121 | |
| Division of Management Support Services | | |
| 1.0 FTE – Administrative Assistant | $36,148 | |
| **Supply** | | **$6,000** |
| **Indirect** | | **$5,725** |
| Audit | $2,404 | |
| State Personnel Charges | $1,731 | |
| SWICAP | $1,590 | |
| **Federal Funds** | $819,962 | |
| **State Matching Funds** | $273,321 | |
| **TOTAL STATE AND FEDERAL** | | **$1,093,283** |

**TITLE IV-B SUBPART 1 - STEPHANIE TUBBS JONES CHILD WELFARE SERVICES**
**APPLICATION FOR FFY2022**
**SPENDNG PLAN DETAIL**

## Proposed Activity:

- Salary, OEC, and health for positions in DFS to work with substance exposed infant (SEI) cases:

    - FTE – Family Crisis Therapist (PG 15)
    - FTE - Senior Family Service Specialist (PG 11)

- Salary and OEC for position in the Office of Children's Services (OCS) to promote and support achievement of permanency for children:
  1.0 FTE – Permanency Coordinator - works directly with the Adoption Program Manager

- 1.0 FTE – Administrative Assistant – performs administrative tasks supporting the functioning of the Office of Child Care Licensing. This non-state position is listed as a contractual expenditure on the budget summary.

**Amount of Federal Funding:** $191,289

**Characteristics of Individuals to Be Served:**

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

**Geographical Area Served:** Statewide

**Objectives:**
**OCS- Permanency**

- Record and distribute Permanency Planning Committee minutes statewide.
- Identify, review and recommend permanency goals for children in care for 9 months or
  longer as member of Permanency Planning Committees statewide.
- Monitor key events to achieve timely permanency goals.

**OCS- Investigation:**

- Timely and quality investigations of child abuse and neglect allegations.
- Provide oversight and monitoring of interventions to ensure child safety.
- Apply child welfare best practices and evidence based interventions.
- Timely and quality interventions with families where an infant has been prenatally exposed to substances to ensure child safety.
- Develop and monitor a Plan of Safe Care to address the health and substance exposure treatment needs of the infant and family.

**Results Expected:**

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

**Measures:**

- State Profile Permanency Measures
- Reoccurrence of child maltreatment

## Proposed Activity:

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

**Amount of Federal Funding:** $891,962

**Characteristics of Individuals to Be Served:**

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

**Geographical Area Served:**

- Statewide.

**Objectives:**

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

**Results Expected:**

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

**Measures:**

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

**TITLE IV-B SUBPART 2 - PROMOTING SAFE AND STABLE FAMILIES**
**APPLICATION FOR FFY2022**
**SPENDING PLAN**

| | | |
|---|---|---|
| **Salary and OEC** | | |
| OCS Staff Members | | **$148,733** |
| 8 Staff Members dedicating at least 25% of their time toward reunification services to families with children in placement | | |
| **Contractual** | | **$1,174,131** |
| ***Division of Prevention and Behavioral Health Services*** | $499,098 Federal | |
| Contracts with six sites throughout the state to deliver family support and family preservation, fatherhood, healthy adult and community partnership building supports and services infusing fatherhood into service. | $331,071 State Match | |
| ***Division of Family Services Office of Children's Services*** | | |
| Contracts to provide reunification support services, statewide | $202,292 Federal<br>$2,659 State Match | |
| Contracts to provide a continuum of adoption promotion/support services, statewide | $210,000 | |
| **Administration** | | **$6,731** |
| Program administration, supplies and materials to Support communication, education, training and program management | | |
| **Total Indirect** | | **$5,324** |
| Audit | | $3,003 |
| State Personnel Charges | | $1,154 |
| SWICAP | | $1,167 |
| **Federal Funds** | | $1,001,189 |
| **State Matching Funds** | | $333,730 |
| **TOTAL FEDERAL AND STATE** | | **$1,334,919** |

**TITLE IV-B SUBPART 2 - PROMOTING SAFE AND STABLE FAMILIES**
**APPLICATION FOR FFY2022**
**SPENDING PLAN DETAIL**

**Family Preservation and Family Support**

## Proposed Activity: Family Consultation and Support Services

DPBHS to provide Family Consultation and Support Services under Family Support and Preservation components of Title IV-B subpart 2 statewide through community-based agencies who utilize a family support approach with family centered practices. The PSSF consultation and support case management model incorporates evidence-based practices and evidence informed approaches. Assessment and planning tools are aimed to empower and stabilize families by addressing the risk factors and core stressors of caregiving that often lead to child maltreatment. Well supported practices are aimed to improve parenting skills, family needs management, parent to parent and parent to child healthy relationship skills that promote healthy, safe, nurturing and stable environments.

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

**Amount of Federal Funding:** $397,338

**Characteristics of Individuals to be Served:**

- Fragile families with children 18 and younger. Families served also include homeless parents, non-residential fathers, foster parents and young adults.
- Families must have one or more risk factor; a demonstrated the need for prevention intervention due to an on-going crisis.
- Prior or current involvement with the Division of Family Services is not a disqualifying characteristic for involvement in the program.

**Geographical Area Served:**

- Statewide

**Objectives:**

- Provide community-based family consultation, prevention case management, and planning services that address family stressors (parental characteristics, child behavior, coping abilities, parenting skills, knowledge of and access to resources) to prevent maltreatment of children.
- Increase family stability using a universal and selected prevention approach.

- Engage and retain fathers in consultation and support services.

- Conduct qualitative and quantitative data assessment and reporting.
- Provide pre-placement prevention services to preserve intact families while ensuring that children remain safe with their families.

**Results Expected:**

- Engagement: Services are accessible to the community where providers may meet with the program participants either at their home or a location conducive to the program process. Per contract year, each site shall engage at least 50 families for the family consultation and support services.
- Retention: Per contract year, each site shall retain at least 35 families for the family consultation and support services. Retention is defined as a participant who completes all of the PSSF pre/post consultation and support family forms, reaches at least two goals and completes the program participant satisfaction surveys.
- Support Only Referrals: Per contract year, each site shall refer at least 300 individuals to appropriate services and resources. Individuals are defined as all family members documented on the Family Information Registration Form. This count includes:
    - A participant who does not complete a post–family assessment, however, completes their family goals.
    - A participant who does not complete two goals.
    - A participant who wants to receive resource referral services only.

**Measures:**

- Reduction of stress measured by Pre/Post Family Forms and Participant Satisfaction Survey.
- Number of families, children and adults receiving services.
- Number of participants connecting to services and supports.
- Number of participants connecting to caregiver enhancement support services.

**Delaware Fatherhood and Family Coalition**

**Proposed Activity: Family Support - Coalition Building: Fatherhood and Healthy Adult Relationship Initiative**

DPBHS to support fatherhood initiatives through community-based partnerships that promote effective co-parenting, healthy father-child relations and healthy family relationships. The initiative uses state and local coalitions as the organizational structure to empower communities using universal and selected prevention approaches. Coalitions utilize evidence-based practices and evidence informed approaches. They provide professional, care giver and community service engagement trainings. Parenting curriculums, communications curriculum and materials are accessed by a network of fatherhood service providers statewide. The Initiative facilitates opportunities for children and noncustodial parents to spend time together, helping to strengthen relationships.

**Amount of Federal Funding:** $140,000

**Characteristics of Individuals to be Served:**

- At-large members, leaders from the County Leadership Coalitions (CLC), partners, and volunteers statewide who are committed to fatherhood. Recipients of the supports and services are all Delawareans.
- Fathers raised in father-absent homes who lack experience in what it means to be a committed, involved father.
- Custodial and noncustodial parents who are not engaged in the lives of their children.

**Objectives:**

- Develop and pilot measurement tools assessing paternal engagement and parenting skills.
- Strengthen fatherhood infrastructure, programing and collaborations, addressing the unique needs of fathers.
- Strengthen the infrastructure of the Delaware fatherhood initiative to bridge profit and not-profit organizations.
- Support resources assisting parents to navigate child support, Family Court for custody and visitation, Division of Social Services and schools.
- Strengthen healthy relationships services through conflict resolution and communications skills training.
- Train professionals and engage the community regarding the vital role fathers play in their children's lives.
- Promote fatherhood involvement through volunteerism.
- Recruit fathers to participate in fatherhood initiative programing and service activities.
- Provide non-traditional fatherhood parenting and co-parenting workshops and technical assistance to individuals and communities.
- Distribute research based educational articles, tips, service, community and navigational information on the DFFC website.
- Establish a single agency Fatherhood Initiative Service Coordinator to coordinate the fatherhood initiative activities.
- Explore and develop service connections and/or collaborations with employment training services for both the custodial and noncustodial parent,
- Develop and pilot prevention interventions to educate youth who are not yet parents about the economic, social, and family consequences of early parenting.
- Implement prevention trainings and opportunities for participants in fatherhood programs to work with their children to break the cycle of early parenthood

**Results Expected:**

- Engaged and retained community organizations to facilitate fatherhood community-based workshops, trainings, parent to parent and parent and child relationship building opportunities, grassroots dialogue sessions, and strengthening service collaboration with fatherhood services statewide.
- Strengthened leadership skills for the CLC officers.
- Reduction of maltreatment by non-custodial/non-residential fathers.

**Measures:**

- Satisfaction survey responses to fatherhood activities.

## Proposed Activity: Reunification

Serve families statewide who have children placed in foster care due to abuse, neglect and/or dependency. These families are identified as candidates to reunify within 12 months. Office of Children's Services caseworkers serve these families. Families may also receive contracted services to expedite reunification through family support or parent aide services.

**Amount of Federal Funding:** $247,070

**Characteristics of Individuals to Be Served:**

- Families with children in foster care due to abuse, neglect or dependency with a reunification permanency plan.

**Geographical Area Served:**

- Statewide

**Objectives:**

- Identify risk factors and needs that resulted in foster care placement.
- Provide support services as identified in case planning to reduce risk and promote reunification.

**Results Expected:**

- Timely reunification for foster children and their families.

**Measures:**

- Foster care exits to permanency within 12 months of entering care.
- Reentry into foster care within 12 months of reunification.

## Proposed Activity: Adoption Promotion and Support

Serve children seeking permanent families statewide. Promote recruitment, approval and support for adoptive resources in Delaware and the nation.

**Amount of Federal Funding:** $210,000

**Characteristics of Individuals to Be Served:**

- Children seeking permanent families and who are in the custody and care of the state.
- Adoptive resource families are recruited, approved and supported by this service.

**Geographical Area Served:**

- Statewide and national

**Objectives:**

- Build capacity for adoptive resources.

- Support adoptive placements in Delaware and nation to ensure permanency for children.

**Results Expected:**
- Timely adoption of foster children needing permanent homes.

**Measures:**
- Foster care exits to permanency with a plan of adoption.
- Foster care reentries of adopted children.

## Proposed Activity: Family Support Services

Serve children with goal of reunification with their families and intact families through community-based service contracts.

**Amount of Federal Funding:** $109,685

**Characteristics of Individuals to Be Served:**
- Children seeking permanency who are in the custody and care of the state with plan of reunification.
- Intact families with child abuse and neglect risk factors.

**Geographical Area Served:**
- Statewide

**Objectives:**
- Identify risk factors and needs that resulted in foster care placement or protective supervision.
- Provide support services as identified in case planning to reduce risk, preserve family stability and achieve reunification.

**Results Expected:**
- Timely reunification of foster children with family and relatives.
- Reduction of risk factors preventing out of home placements.

**Measures:**
- Foster care exits to permanency within 12 months of entering care.
- Reentry into foster care within 12 months of reunification.
- Foster care entry rates for intact families.
- New substantiation within 12 months of reunification or case closure.

**TITLE IV-B SUBPART 2 - MONTHLY CASEWORKER VISIT (MCV)**
**APPLICATION FOR FFY2022**
**SPENDING PLAN**

| | | |
|---|---|---|
| **Contractual** | | **$84,156** |
| DFS applies MCV funds and state matching funds to foster care provider contracts supporting monthly visits with foster children with the majority of visits occurring in the foster home. | | |
| **Federal Funds** | $63,117 | |
| **State Matching Funds** | $21,039 | |
| **TOTAL STATE AND FEDERAL** | | **$84,156** |

**TITLE IV-B SUBPART 2 - MONTHLY CASEWORKER VISIT (MCV)**
**APPLICATION FOR FFY2022**
**SPENDING PLAN DETAIL**

## Proposed Activity: Monthly Caseworker Visits

For this budget application period, Delaware is requesting $63,117 federal IV-B, subpart 2 funds supporting caseworker visits. The expected period of expenditure will be SFY2022; federal funds will be liquidated by December 31, 2022 or as declared by the Children's Bureau. Caseworker visit funds are applied to contracted foster care services using a methodology targeting caseworker visit costs.

This proposed activity supports DFS' policy on foster child contacts which states children are to be seen monthly and a majority of the contacts be in the child's residence. The policy website is: http://kids.delaware.gov/policies/dfs/fs-user-manual.pdf Placement Chapter #4, Section G.

**Amount of Federal Funding:** $62,928

**Characteristics of Individuals to be Served:**

- Foster children ages 0-17.

**Geographical Area Served:**

- Statewide

**Objectives:**

- Frequent visits with foster children.

**Results Expected:**

- Absence of maltreatment in foster care settings.
- Timely exits to reunification or other permanent homes.
- Compliance with state and federal standards for monthly caseworker contacts.

**Measures:**

- Monthly caseworker visits measures for monthly frequency and location.

**CHAFEE FOSTER CARE INDEPENDENT LIVING PROGRAM**
**APPLICATION FOR FFY2022**
**SPENDING PLAN**

| **Personnel** | **Salary** | **OECs** | **Health** |
|---|---|---|---|
| 1.0 FTE Program Manager (PG 18)<br>Oversees statewide program operations | $55,827 | $18,049 | $8,010 |
| 1.0 FTE – Administrative Specialist I (PG 7)<br>Provides administrative support to Program Manager | $28,048 | $9,068 | $8,204 |
| **Total Personnel Costs** | | | **$127,206** |
| **Contractual** | | | **$2,315,356** |
| Six agencies provide independent living services, and room and board to youth 16 to 21 years of age. The agencies assist youth in care with participation in age and developmentally appropriate activities, assist youth exiting care with stipends, rent and utilities deposits and emergencies during transitioning | | | $2,298,356 |
| Youth Advisory Council annual expenditures | | | $9,042 |
| Annual activities to support youth and staff | | | $7,958 |
| **Supplies**<br>Monthly council meetings, leadership training and conferences for Youth Advisory Council members | | | **$507** |
| **Travel**<br>Attendance at national conferences | | | **$8,420** |
| **Program Administration Supplies** | | | **$4,000** |
| **Indirect** | | | **$3,756** |
| Audit | $1,545 | | |
| SWICAP | $1,057 | | |
| SPO Charges | $1,154 | | |
| **Federal Funds** | $515,059 | | |
| **State Matching Funds** | $128,765 | | |
| **Additional State Funds** | $1,832,421 | | |
| **TOTAL STATE AND FEDERAL** | **$2,476,245** | | |

**CHAFEE FOSTER CARE INDEPENDENT LIVING PROGRAM**
**APPLICATION FOR FFY2022**
**SPENDING PLAN DETAIL**

**Proposed Activity:**

Federal funds resource 2 full time positions at the state level to oversee independent living programming, both internal and external to the agency.

- FTE Program Manager (PG 18) will oversee statewide program operations.
- FTE Administrative Specialist I (PG 7) will provide support services to the Program Manager and assist in data management.

The Division of Family Services will provide independent living services to assist youth, ages 14 and older that are in foster care, and young adults who exited care upon their 18th birthday but have not reached age 21. Youth who leave care after age 16 for adoption or kinship/permanent guardianship are eligible for IL services. The ILP Manager and Administrative Specialist coordinate and oversee statewide independent living policies, programming and community-based contracts. The IL team coordinates training for staff, foster parents and community partners. DFS will host statewide youth conferences and leadership development workshops. Members from YAC will participate in National Youth Leadership Conferences. The Independent Living Program Manager collaborates with community partners and federal programs to strengthen the services and supports available to youth.

**Amount of Federal Funding:** $127,206

**Characteristics of Individuals to be Served:**

The program provides services to foster youth and former foster youth between the ages of 14 to 21. Youth who leave foster care for adoption or kinship guardianship at age 16 or older are included in the service population.

**Geographical Area Served:**

- Statewide

**Objectives:**

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

**Results Expected:**

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

**Measures:**

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

**Proposed Activity:**
DFS will contract with community-based providers to provide independent living services. Contractors will ensure that youth in care with participation in age/developmentally appropriate activities, assist youth exiting care with stipends, rent and utilities deposits and emergencies during transitioning.

**Amount of Federal Funding:** $338,599

**Characteristics of Individuals to Be Served:** The program will provide services for foster youth and former foster youth between the ages of 16 to 21. Youth who leave foster care for adoption or kinship guardianship at age 16 or older are included in the service population.

**Geographical Area Served:**
- Statewide

**Objectives:**
- Provide planning and services for money management, employment readiness, educational success and positive social interactions for foster teens ages 16 and 17.
- Provide financial, housing, counseling, employment, education, and other appropriate services and support to former foster care recipients between 18 and 21 years of age.
- Provide opportunities for youth to advocate for their own needs.

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

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

**EDUCATION AND TRAINING VOUCHERS (ETV)**
**APPLICATION FOR FFY2022**
**SPENDING PLAN**

| | | |
|---|---|---|
| **Contractual** | | **$124,670** |

DFS partners with the Office of the Child Advocate to administer ETV programming. OCA allocates funds to colleges, training programs, in partnership with contracted independent living agencies or eligible youth. Funds are used for college tuition and fees, supplies and equipment, books, room and board, transportation, dependent care, and other costs associated with completing a training or educational program.

| | |
|---|---|
| Tuition and Fees | 65,612 |
| Supplies and Equipment | 13,000 |
| Room and Board | 40,754 |
| Transportation | 3,130 |
| Dependent Care | 1,922 |
| **Indirect Costs** | |
| Audit Fees | 252 |
| **Federal Funds** | 100,036 |
| **State Matching Funds** | 25,009 |

| | |
|---|---|
| **TOTAL STATE AND FEDERAL** | **$125,045** |

**EDUCATION AND TRAINING VOUCHERS (ETV)**
**APPLICATION FOR FFY2022**
**SPENDING PLAN DETAIL**

**Proposed Activity:** Provide youth who are enrolled in a postsecondary education or training program with needed funds to assist with completion of the educational or training program.

**Amount of Federal Funding:** **$**100,036

**Characteristics of Individuals to Be Served:**
Young adults exiting foster care at age 18 and attending post-secondary education and vocational programs. Young adults adopted after age 15 and attending post-secondary education and vocational programs.

**Geographical Area Served:**
- Statewide

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

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

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