State of Delaware

2023 ANNUAL PROGRESS AND SERVICES REPORT

CHILD AND FAMILY SERVICES PLAN

JUNE 30, 2022

DELAWARE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

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I. Introduction and Collaboration

The Delaware Child Welfare System is a small community of very strong and dedicated partners. In preparing for the FFY 2023 Annual Progress and Services Report, the Division of Family Services (DFS) shares writing and editorial input with over 20 agencies and community partners. Internal and external partners contribute to this report by supplying, collecting, and evaluating data, by participating in working groups or by being a writer of the final summary. Delaware's federal grantees from Community-Based Child Abuse Prevention (CBCAP), Court Improvement Program (CIP), the Children's Justice Act (CJA) and others assisted in improvements to the system across the past year that are reflected throughout this report.

The Department of Services for Children Youth and Their Families consists of the child welfare agency, Division of Families Services, the juvenile justice agency, Division of Youth Rehabilitative Services, the child behavioral health agency, Division of Prevention and Behavioral Health Services and the Division of Management Support Services. Our Mission, which is supported by our many partners, is to engage families and communities to promote the safety and well-being of children through prevention, intervention, treatment, and rehabilitative services. Our Vision is to have safe and healthy children, resilient families, and strong communities.

We strive to support this mission and vision by staying true to our core values of safety, compassion, respect, and collaboration. We do this with our close partnerships with the Court and Judicial community, our community-based service providers, school systems and other state support agencies. The Division participates on several community groups such as Court Improvement Program (CIP) committees and subcommittees, Office of the Child Advocate (OCA), Child Protection and Accountability Commission (CPAC) committee and subcommittees, Juvenile Human Trafficking Interagency Coordinating Council (JHTICC), Interagency Committee on Adoption, Multisystem Healthy Action Committee (MSHAC) as well as holds meetings with community partners and contractors to share system updates and get stakeholder feedback that is reflected throughout this report. The Division hosts semi-annual stakeholder meetings to provide an opportunity for stakeholders to get updates and ask questions about current practices as well as provide insight to areas of need for the child welfare community.

This is the third APSR submission for the 2020-2024 Child and Family Services Plan (CFSP). Delaware has begun planning for the Round 4 Child and Family Services Review (CFSR) that will start with the Statewide Assessment in the fall of 2022. Delaware is partnering with current contributors of the APSR as well as engaging new participants to evaluate the system for improvements. Following the Statewide Assessment, Delaware is anticipating doing our state led review in the spring of 2023. This will be extremely timely for our planning for the next 5 year plan for the state. Like the rest of the nation, Delaware was significantly impacted by the COVID-19 pandemic which forced us to re-evaluate how to best collaborate with our system partners as well as our children and families. With the restrictions with face to face meetings, we have had to utilize various and new technologies to find ways to connect in different ways from our traditional in person collaboration meetings. We have experienced increased family and children participation in their cases by using alternative methods of connecting and hope to use this for increased family feedback to the system as a hole. We are currently experiencing significant staff shortages both with state staff and contracted agencies that provide case management and necessary services. The capacity for structured collaboration has changed while agencies and organizations meet the critical needs of their own programs, but as we continue to recover there has been renewed excitement and energy to improve the system and share the workload.

Delaware's Annual Progress and Services Report, Child and Family Services Plans and Child and Family Services Reviews are accessible at this web address: https://kids.delaware.gov/family-services/cfs-review-plan.shtml Annual Reports are posted upon Administration for Children and Families' approval. The State contact is Kimberly Warren, Division of Family Services, 1825 Faulkland Road, Wilmington DE 19805; 302-633-2665; Kimberly.warren@delaware.gov.

II. 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.

Delaware Statistics		
	SFY2020	SFY2021
Reports of abuse, neglect and dependency received	21,579	20,543
Reports accepted as screened in for investigation	7,501 (35% of reports)	7,430 (36% of reports)
Substantiated Investigations	863 (20% of accepted)	784 (22% of accepted)
Families and children received treatment services	2,164	1,824
Average Monthly FC placement	579	483
Initial entry into care	267	215
Exits from care	380	303
At least 1 day in care	902	770
Number of children in out of home care on 9/30	589	502
Number of children DFS holds parental rights	119	103
Percentage adopted within 24 months of entry	37%	50%

Reports of abuse, neglect, and dependency decreased by 4.8%, and the number screened-in decreased by 1%. Substantiations decreased but percentage of reports substantiated increased this year; of all cases investigated in FY2021, 784 or 22% were substantiated compared to FY2020, 863 or 20%. There was a decrease of 16% of families and children who received treatment services this past year compared to FY2020. The average monthly placement (out-of-home care) population in FY2021 was 483, a decrease of 17% from the FY2020 average of 579. Two hundred fifteen (215) children entered initial DFS placement, and 303 children exited placement in FY2021. There were 770 children who spent at least one day in foster care during FY2021. This was a 15% decrease from the 902 children who spent at least one day in foster care during FY2020. In reviewing placement stability within the first 1,000 days, there was an average of 4.6 moves for FY2020 compared to 4.75 moves in FY2021, a 3% increase. At the end of the fiscal year, there were 502 children in DFS out-of-home care, a decrease of 14% from 589 children in care at the end of FY2020. In FY2021, 103 children for whom the Division held parental rights were adopted and 50% of these adoptions were within 24 months of entry into care. At the end of FY2021, the Office of Child Care Licensing's total count of licensed facilities in Delaware was 1,031. These facilities have the capacity to serve 50,843 children. The Criminal History Unit completed 5,423 criminal history record checks and 53,651 Child Protection Registry checks, resulting in the disclosure of 2,027 arrest reports. The unit also requested approximately 400 out-of-state child abuse and neglect checks under the Adam Walsh Child Protection and Safety Act of 2006 during FY2021.

As of March 31, 2022, investigation caseload average for fully functioning caseworkers was 12.3, treatment average caseload for fully functioning caseworkers was 11.7, and the permanency caseload average for fully functioning caseworkers was 11.6. The average internal FAIR caseload average for fully functioning caseworkers was 19.1.

Kids Count® ranks Delaware 32nd in the nation for overall child well-being in 2021 and 30th 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 1,000 in 2018, to 5.8 per 1,000 in 2020, to 5.2 per 1,000 in 2021.

COVID-19 Data

During the pandemic, Delaware tracked data to assess the impact of the COVID-19 pandemic. The below chart compares data from January 2019 through March 2022 for hotline reports received per month, cases opened for investigation per month and concluded investigations resulting in a substantiation of abuse, neglect, or dependency. There is a clear decline in the number of reports received during the height of the pandemic with a higher differentiation seen during the school year. A clear upswing is seen since restrictions have been lifted and schools are back to full attendance.

DFS Monthly Tracking												
	Calls-Report Date, Cases Opened- Case Open Date, Substantiations- Case Closed 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**
Calls (Reports)	1,879	1,759	2,046	1,952	2,142	1,734	1,654	1,740	2,131	2,299	1,849	1,820
Cases Opened	617	506	597	579	568	462	446	486	560	623	466	519
Substantiations	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**
Calls (Reports)	2,213	2,092	1,766	1,189	1,379	1,449	1,506	1,405	1,631	1,818	1,544	1,538
Cases Opened	568	545	448	285	363	363	412	363	397	504	325	406
Substantiations	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**
Calls (Reports)	1,675	1,672	2,016	1,958	1,907	1,869	1,710	1,630	2,070	2,320	2,010	1,986
Cases Opened	394	399	498	521	513	535	509	469	606	631	559	530
Substantiations	55	79	75	56	56	66	65	65	71	63	62	57
2022	**1/22**	**2/22**	**3/22**	**4/22**	**5/22**	**6/22**	**7/22**	**8/22**	**9/22**	**10/22**	**11/22**	**12/22**
Calls (Reports)	1,826	2,119	2,359									
Cases Opened	489	548	637									
Substantiations	41	82	63									

National Standards and Child and Family Services Review

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, permanency and well being 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 2022 CFSR 3 Data Profile report. Data sources are submissions of Adoption and Foster Care Analysis and Reporting System (AFCARS), and National Child Abuse and Neglect Data System (NCANDS) files through December 2021.

CFSR Round 3 Measure and Data Standard	RSP Interval and Data Period	Performance Category
Permanency in 12 months (entries) - 42.7%	37.2 (31.6%-43.2%) 10-1-18 to 9-30-19	No different than
Permanency in 12 months (12-23 mos) - 45.9%	48.8% (40.9%-56.9%) 10-1-20 to 9-30-21	No different than
Permanency in 12 months (24+ mos) - 31.8%	31.2% (24.6%-38.8%) 10-1-20 to 9-30-21	No different than
Re-entry to foster care - 8.1%	6.1% (3.2%-11.6%) 10-1-18 to 9-30-19	No different than

Placement stability (moves/1,000 days in care) - 4.44%	4.68 (4.06-5.4) 10-1-20 to 9-30-21	No different than
Maltreatment in care (victimizations /100,000 days in care) - 9.67%	3.33 (1.65-6.7) FY19	Better than
Recurrence of maltreatment - 9.5%	4.0% (3%-5.4%) FY19-20	Better than

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 September 30, 2020.

The full CFSR Final Report is available on the
Federal website: https://library.childwelfare.gov/cwig/ws/cwmd/docs/cb_web/SearchForm
Department website: https://kids.delaware.gov/family-services/cfs-review-plan/

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 the above improvements. 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.

Delaware has continued to utilize the federal OSRI to conduct quality assurance case reviews of foster care, in-home treatment, and FAIR (Family Assessment and Intervention Response - differential response track) cases. Each review period consists of 90 case reviews per a 6-month time span. The following chart shows the national performance, and Delaware's overall performance by item for the last three reporting periods spanning October 2020 to March 2022.

OSRI Items	NATIONAL PERFORMANCE	DE REVIEWS	DE REVIEWS	DE REVIEWS
	CFSR Round 3	10/20-3/21	4/21-9/21	10/21-3/22
Item 1: Timeliness of initiating investigations of reports of child maltreatment	73%	85.71%	80.49%	86.36%
Item 2: Services to family to protect children in the home and prevent removal	65%	100%	100%	95.45%
Item 3: Risk and safety assessment and management	56%	70%	77.78%	67.78%
Item 4: Placement stability	74%	77.78%	75.93%	72.22%
Item 5: Identifying permanency goal for child	58%	96.23%	96.3%	98.15%
Item 6: Achieving reunification, guardianship, adoption or APPLA	42%	96.30%	96.3%	98.15%
Item 7: Placement with Siblings	81%	100%	90.48%	91.67%
Item 8: Visitation with parents and siblings	62%	93.33%	90.91%	93.1%
Item 9: Preserving connections	67%	100%	98.15%	100%
Item 10: Relative placement	70%	100%	100%	100%
Item 11: Maintaining relationship with parents	58%	100%	100%	100%
Item 12: Needs and service of child, parents, and foster parents	39%	62.22%	76.67%	70%
Item13: Child and family involvement in case planning	50%	66.29%	78.16%	74.12%
Item 14: Caseworker visits with child	66%	74.44%	83.33%	76.67%
Item 15: Caseworker visits with parents	40%	55.22%	72.31%	67.19%
Item 16: Educational needs of child	82%	98.00%	96.00%	98%
Item 17: Physical needs of child	69%	93.94%	96.72%	92.65%
Item 18: Mental/behavioral health of the child	60%	97.96%	95.83%	89.58%

Showing another view of performance, the next chart demonstrates Delaware's performance by outcome for CFSR Round 3 baseline in 2015, the last three measurement periods, along with national performance of all completed state reviews.

OUTCOME	National Performance	Delaware Baseline	Delaware Review	Delaware Review	Delaware Review
	CFSR Round 3	2015	10/20-3/21	4/21-9/21	10/21-3/22
		n=90	n=90	n=90	n=90
SAFETY 1	73%	81%	86%	80%	86%
SAFETY 2	66%	91%	70%	78%	68%
PERMANENCY 1	27%	56%	76%	74%	72%
PERMANENCY 2	61%	81%	100%	98%	100%
WELL BEING 1	36%	70%	62%	77%	70%
WELL BEING 2	82%	98%	98%	96%	98%
WELL BEING 3	57%	83%	93%	94%	90%

DFS also conducts quality assurance reviews of investigation cases. The table below lists performance for CY2021 on safety assessment elements and a combined safety assessment score. Goal for each item is 95%. (N=157, January-December 2021, statewide assignments)

QA Investigation Case Review Detail	% of Reviewers Agreeing
SA1. Was the Safety Assessment completed on the appropriate household(s)?	100%
SA2. Was safety assessed for all children in the household?	89.81%
SA3. If "No" to Question SA2, was the reason documented?	0%
SA4. Were all safety threats identified for each child?	93.48%
SA5. Were the identified protective capacities documented during the contact(s) with the family?	94.74%
SA6. Were the indicated safety interventions appropriate for the identified threats?	97.87%
SA7. Is the final safety finding correct/appropriate?	98.09%
SA8. Was a Child Safety Agreement completed according to policy?	93.33%
SA9. If a Child Safety Agreement was completed, did it address the threats adequately?	100%
Combined Score for Safety Assessment	93.68%

Race and Ethnicity Data

According to the Census Bureau, Delaware's general child population breakdown by race and ethnicity is as follows: White – 47%, Black – 26%, Asian – 4%, Native American-0.2%, Native Hawaiian/Other Pacific Islander -<0.1%, Hispanic (of any race) – 17%, and two or more races – 6%.
According to the Delaware Child Welfare Outcomes report, the breakdown of child victims by race and ethnicity for FFY 2020 is as follows: White – 34%, Black – 52%, Asian – 0.3%, Hispanic – 12%, Two or more races – 1.7%.

Using the 2022A AFCARS frequency report, Delaware's foster care population, without separating those with two or more races, identifies as 55% Black, 51% White, 0.16% Hawaiian or Pacific Islander, 0.32% Asian, and 0.16% American Indian. Of these, approximately 7% identify as more than one race. Approximately, 10% of the foster care youth were Hispanic.
The following chart provides more specific information on the race and ethnicity of Delaware's foster care population including overall foster care population, entries into foster care, and exits with exit reasons.

FFY All Kids in Custody Grouped by Race	FFY							
	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019	FFY 2020	FFY 2021	Grand Total
Race								
American Indian or Alaskan Native	0	0	0	1	1	2	2	6
White	480	568	602	582	479	407	381	3499
Asian	10	8	8	7	3	2	0	38
Native Hawaiian or other Pacific Islander	1	1	1	1	0	1	1	6
Black or African American	578	651	647	662	567	485	400	3990
Undetermined	0	1	0	0	0	0	0	1
Total	1069	1229	1258	1253	1050	897	784	7540

FFY Entries Grouped by Race	FFY							
	2015	2016	2017	2018	2019	2020	2021	Grand Total
Race								
American Indian or Alaskan Native	0	0	0	1	0	1	0	2
Asian	3	1	1	3	1	0	0	9
Black	262	274	218	228	156	135	133	1406
Native Hawaiian or other Pacific Islander	1	1	0	0	0	1	0	3
Undetermined	0	1	0	0	0	0	0	1
White	205	260	231	203	133	130	138	1300
Total	471	537	450	435	290	267	271	2721

	FFY							
FFY Exits by Race and Exit Reason	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019	FFY 2020	FFY 2021	Grand Total
American Indian or Alaskan Native								
Adoption	0	0	0	0	0	0	0	**0**
Death of Child	0	0	0	0	0	0	0	**0**
Emancipation	0	0	0	0	0	0	1	**1**
Guardianship	0	0	0	0	0	0	0	**0**
Living with Other Relative(s)	0	0	0	0	0	0	0	**0**
Reunification with Parent(s) or Primary Caretaker(s)	0	0	0	0	0	0	0	**0**
Grand Total	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**1**
White								
Adoption	50	60	63	76	87	67	49	**452**
Death of Child	0	1	1	1	0	0	0	**3**
Emancipation	38	34	26	27	35	36	31	**227**
Guardianship	23	30	41	38	33	19	44	**228**
Living with Other Relative(s)	9	14	20	13	9	8	8	**81**
Reunification with Parent(s) or Primary Caretaker(s)	33	42	55	67	29	35	27	**288**
Grand Total	**153**	**181**	**206**	**222**	**193**	**165**	**159**	**1279**
Asian								
Adoption	1	0	4	0	1	1	0	**7**
Death of Child	0	0	0	0	0	0	0	**0**
Emancipation	0	1	0	1	0	0	0	**2**
Guardianship	0	0	0	0	0	1	0	**1**
Living with Other Relative(s)	0	0	0	0	0	0	0	**0**
Reunification with Parent(s) or Primary Caretaker(s)	1	0	0	4	0	0	0	**5**
Grand Total	**2**	**1**	**4**	**5**	**1**	**2**	**0**	**15**
Native Hawaiian or other Pacific Islander								
Adoption	0	0	0	1	0	0	0	**1**
Death of Child	0	0	0	0	0	0	0	**0**
Emancipation	0	0	0	0	0	0	0	**0**
Guardianship	0	0	0	0	0	0	0	**0**
Living with Other Relative(s)	1	0	0	0	0	0	0	**1**
Reunification with Parent(s) or Primary Caretaker(s)	0	0	0	0	0	0	0	**0**
Grand Total	**1**	**0**	**0**	**1**	**0**	**0**	**0**	**2**
Black or African American								
Adoption	36	46	61	58	62	64	44	**371**
Death of Child	0	0	0	0	0	0	0	**0**
Emancipation	56	35	38	44	53	52	30	**308**
Guardianship	29	47	45	56	41	26	25	**269**
Living with Other Relative(s)	11	11	11	23	9	9	1	**75**
Reunification with Parent(s) or Primary Caretaker(s)	51	65	43	61	53	65	46	**384**
Grand Total	**183**	**204**	**198**	**242**	**218**	**216**	**146**	**1407**
Undetermined								
Adoption	0	0	0	0	0	0	0	**0**
Death of Child	0	0	0	0	0	0	0	**0**
Emancipation	0	0	0	0	0	0	0	**0**
Guardianship	0	0	0	0	0	0	0	**0**
Living with Other Relative(s)	0	0	0	0	0	0	0	**0**
Reunification with Parent(s) or Primary Caretaker(s)	0	1	0	0	0	0	0	**1**
Grand Total	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**1**
Total Child Count								
Adoption	75	100	104	120	129	114	86	728
Death of Child	0	1	1	1	0	0	0	3
Emancipation	88	69	60	67	85	82	57	508
Guardianship	49	74	82	87	70	42	64	468
Living with Other Relative(s)	18	25	31	31	15	17	9	146
Reunification with Parent(s) or Primary Caretaker(s)	76	102	93	123	80	99	71	644
Grand Total	**306**	**371**	**371**	**429**	**379**	**354**	**287**	**2497**

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, to 5.2 per 1000 in 2021.

Delaware scores above CFSR Round 3 national performance on all safety outcomes. For Safety Outcome 1, Item 1: Timeliness of investigation, Delaware has made improvements over the past year, which was a PIP item that Delaware was in conformity with but continues to focus on.

OSRI Case Review Measures Safety Outcome 1 - Item 1: Timeliness of Initiating Investigation	
Measurement Period	Strength Rating
Oct 2020 – Mar 2021	85.71%
Apr 2021 – Sep 2021	80.49%
Oct 2021 – Mar 2022	86.36%

Aggregate report shows that in CY2021 Delaware completed 6408 initial interviews with 94% completed on time. The Department and DFS have 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 and is sent out twice a week to administration and case 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 response (within 10 days) was the area of lowest performance in CY2020. To address this, Delaware expanded our internal differential response (FAIR) as well as the types of reports going to contracted FAIR. Delaware had also piloted the separation of investigation units by priority type. As a result, improvements have been seen in CY2021.

Investigation Interview Completion Report: Initial Response Time met on time or had diligent efforts			
Year	Priority 1 (24 Hours)	Priority 2 (72 hours)	Priority 3 (10 days)
CY2020	96%	92%	85%
CY2021	99%	98%	90%

In October 2020, investigation caseloads dropped below the caseload standard of 11 for the first time in many years likely due to COVID-19 and remained below standard until October 2021. Currently, investigation caseloads are at 12.3. However, with the increased number of cases going through differential response, our internal FAIR average fully functioning worker caseload is at 19.1. The overall number of hotlines reports (20,543) received in FY2021 has declined by 4% from FY2020. With the pandemic impact lessening, we are seeing increased hotline volume thus far in FY22. As of March 2022, 18,030 hotline calls have been received. Consequently, the number of open investigations has also increased. In FY2021, 5630 investigations were opened, of these 3691 were from July 2020-March 2021. In comparison, 4978 investigations have been opened from July 2021-March 2022, a 35% increase.

Delaware has shown a decrease in performance on Safety Outcome 2 (Items 2 and 3). Delaware continues to exceed at providing services to protect children and prevent removal. Delaware was 1 of only 6 states that met the 90% goal for Item 2 for the CFSR 3.

OSRI Case Review Measures Safety Outcome 2 - Item 2: Services to protect children and prevent removal	
Measurement Period	Strength Rating
Oct 2020 – Mar 2021	100%
Apr 2021 – Sep 2021	100%
Oct 2021 – Mar 2022	95.45%

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 FY21, 1,679 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.

For Safety Outcome 2 - Item 3: Risk and Safety Assessment and Management, case reviews were above the national performance of 56% but showed a significant drop in performance in the last reporting period.

OSRI Case Review Measures Safety Outcome 2 - Item 3: Risk and Safety Assessment & Management	
Measurement Period	Strength Rating
Oct 2020 – Mar 2021	70%
Apr 2021 – Sept 2021	77.78%
Oct 2021 – Mar 2022	67.78%

Delaware attributes performance decline to staff turnover and vacancies. These issues will be addressed in other related areas of this report. 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. A CQI Intact Treatment Committee was formed to develop strategies to improve performance on in-home services case reviews and improve outcomes with families. The committee had 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 began developing a series of mandatory training modules based on safety, permanency, and well-being outcomes. More detail of this work can be found in Section IV Update on Progress Made to Improve Outcomes.

DFS' quality assurance investigation case review results show reviewers agreed 90% or higher on every safety area identified and met goal of 95% on 5 items including a 100% rating on SA1: *Safety assessment completed on the appropriate household* and SA9: *If Child Safety Agreement was completed, did it address the threats adequately*. Delaware's overall combined safety assessment improved from a 92.28% in CY20 to a 93.68% in CY21. Delaware made significant improvements on SA4: *"All safety threats identified for each child"* which had been an 84.31% in CY2020. For CY21, this scored a 93.48%. Improvements were also noted on SA1: *Safety Assessment completed on appropriate household,* SA6: *Safety interventions appropriate for the identified threats,* and SA9: *If Child Safety Agreement was completed, did it address the threats adequately*. Delaware has shown a decline on one rating, SA2: *Safety assessed for all children in the household, (*93.38% CY20, 89.81% CY21). Delaware recently conducted an SDM® refresher training that reviewed policy, procedure, and practice related to the completion of accurate and timely safety assessments.

The average monthly placement (DFS out-of-home care) population in FY2021 was 483, a decrease of 17% from the FY2020 average of 579. Two hundred fifteen (215) children entered initial DFS placement, and 303 children exited placement in FY2021. There were 770 children who spent at least one day in foster care during FY2021. This was an 15% decrease from the 902 children who spent at least one day in foster care

during FY2020. the end of the fiscal year, there were 502 children in DFS out-of-home care, a decrease of 14% from 589 children in care at the end of FY2020. On 4/12/22, there were 528 children in DFS custody with 522 in foster care. In FY2021, 303 youth exited foster care as compared to 380 in FY2020. Of these youth exiting care in FY2021, 39% had custody rescinded to original custodian (34% in FY2020), 15% were placed with guardians (21% in FY2020), 30% were adopted (30% in FY2020), and 17% reached age of majority (15% in FY2020). In FY2021, 102 children for whom the Division held parental rights were adopted and 50% of these adoptions were within 24 months of entry into care, compared to 37% in FY2020. Overall, Delaware exceeds national performance on both Permanency Outcomes. Case reviews show that Delaware has shown a decline in performance on Permanency Outcome 1 primarily due to our performance on Item 4, placement stability.

OSRI Case Review Measures Permanency Outcome 1 - Item 4: Placement Stability	
Measurement Period	Strength Rating
Oct 2020 – Mar 2021	78%
Apr 2021 – Sept 2021	76%
Oct 2021 – Mar 2022	72%

In reviewing the CFSR statewide data indicators placement stability within the first 1,000 days, there was an average of 4.6 moves for FY2020 compared to 4.75 moves in FY2021, a 3% increase. Delaware correlates the decrease in placement stability performance to the number of teens in foster care. Teens have a higher rate of placement disruption as compared to younger children. As of 4/12/22, 43% of youth in foster care were 13 or older. Using AFCARS 2022A frequency report, 30% of the children on the AFCARS report were born in 2006 or earlier (approximately 16 years of age or older). Of these children aged 16 and older, 82% have had more than one placement setting and 65% have had more than 2 placement settings since entering foster care as compared to all children in foster care where 59% have had more than one placement setting and 37% have had more than 2 placement settings. Placement stability has also been impacted by COVID-19 as some foster parents are unwilling to take in new placements or less tolerable of keeping teens with behavior concerns or runaway behaviors. A Continuous Quality Improvement Teens Committee has been formed to address this matter and will be discussed in more detail in this report.

The state data profile shows that Delaware scores no different than national performance for permanency within 12 months (37.2%), for permanency within 12 months for children in care 12-24 months (48.8%) and for permanency within 12 months for children in care more than 24 months (31.2%) for FY2021. 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 2022A 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 three 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. For FFY2021, Delaware scored a 94.38% on the monthly caseworker visit report with 89.53% 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.

Case reviews show that Delaware is exceeding national performance in all three Well Being Outcomes. For Well Being Outcome 1, Delaware had seen an improvement from reviews completed from October 2020 – March 2021 (62% strength rating) to reviews completed from April 2021- September 2021 (77%). The most recent review period, October 2021-March 2022 shows a decline in our performance to a 70% strength rating.

OSRI Case Review Measures Well Being Outcome 1 (Items 12, 13, 14 &15)	
Measurement Period	Strength Rating
Oct 2020 – Mar 2021	62%
Apr 2021 – Sept 2021	77%
Oct 2021 – Mar 2022	70%

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. Lack of frequent and quality visits impacts the ongoing assessment of needs, services, and planning. As discussed previously, Delaware has a CQI Intact Family Committee that was specifically formed to address our lower performance in-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 also trained staff on Family Team Meetings and held SDM® and Safety Organized Practice refresher training.

For Well Being Outcome 2, Item 16 Education Needs of children, Delaware scores 96% or higher since the 2015 baseline. For Well Being Outcome 3 related to Item 17 Physical Needs and Item 18 Mental/Behavioral Health Needs of children, Delaware has met or exceeded the federal goal of 90% for the past four 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 the 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 has chosen the state case review process for round four.

Stakeholder Input

Delaware has a strong stakeholder relationship because of the size of our jurisdiction and our close partnerships. There is always a need to continually look for opportunities to improve stakeholder engagement with our child welfare partners. The development of the APSR was done using several writing leads who pulled information and recommendations from groups lead by DFS and participating in groups lead by our community partners.

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

The Division recognizes that families and children involvement in the child welfare plan, progress and reporting could be stronger and we recently implemented a supplementary questionnaire to go with our case review interviews to try to get feedback from families engaged in case reviews. This data is in its preliminary stages and it is showing promise in getting lived experience to the table. Delaware utilizes the youth advisory council which was rebranded and renamed by the youth to HOPE (Helping Our Peers Evolve). This group provides feedback on areas of need related to the youth in care, they work on improving the lives of children in care and are informed of opportunities for support in the child welfare system. Delaware does not have any federally recognized Indian tribes but has 2 state recognized tribes. Chief Carmine of the Nanticoke Indian Association is routinely invited to participate in stakeholder meetings and provide input. The state agency has not successfully engaged with the Lenape Indian Tribe, but there are plans to engage him and strengthen our existing relationship. Delaware actively engages our community partner by including them in CQI groups, provider meetings with program managers, stakeholder calls and meetings and as needed trainings and staffing meetings. Whenever possible, the agency asks members of the community that either have lived experience or represent the voice of lived experience to join groups. With federal encouragement, the state is moving toward making it standard practice to be asking at every opportunity if lived experience is part of the discussion.

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

The Division works closely with the CIP Coordinator to encourage and get recommendations for participants on all of our CQI groups and division working groups. Both the Division and Department staff participate on all CIP groups and many members of leadership work directly with our CIP coordinator. To better connect the agency staff with the judges, Judge's roundtable discussions have been planned with one that happened in Feb 2022, which put case workers, supervisors, administrators and judges at the same virtual table to discuss strategies of improvement and understanding. The DFS program team has conducted many training sessions with the judicial community around child welfare practices and solicited feedback. Data is frequently shared and reviewed by both the CIP data committee and the DFS CQI data committee to review each other's data for comparison and to identify gaps and make recommendations for improvement. These groups then share the findings with the larger DFS and judicial community as well as both sets of leadership.

How are families, children, youth, tribes, courts and other partners involved in the assessment of agency strengths and needs, review and modifying the goals and objectives and monitoring the CFSP:

The Division has drifted away slightly from the routine surveys, focus groups and open committees that use to afford stakeholders the opportunity to actively engage in the assessment, planning and monitoring of the CFSP. As areas of leadership have settled in and critical review of the process of this engagement have taken place, the Division has sought participation on the well-established CQI groups and have made recommendations of developing more frequent and robust engagement with families, children/youth, tribes, court and other partners. A focus group was held with the HOPE participants in early 2022 to seek the youth's input on how the system is working. This session was conducted by young adults in higher education which allowed the youth to actively engage. This group also did focus groups to share feedback of the system that were incorporated in the redesign of the youth counsel and to the programs in general to serve the youth. They are provided regular feedback on things happening with state services in their monthly meetings as well as through their contracted service providers. Kinship navigator community has joined the CQI Intact family group to help get kin caregiver's and children's voice to the table about what they need to maintain safe homes for children. DFS contractors are invited to participate in regular provider meetings with their DFS program leads to discuss the goals of the division and assess the needs of the families and children served. This feedback is then incorporated into workgroups, policy and practice updates and training plans. The CQI teens committee was developed out of a need heard from stakeholders about the rising numbers of teens in care with complex needs. This committee has a diverse group of stakeholders that bring a range of prospective. There is a strong legal presences on this group with members of the office of the child advocate, juvenile probation (YRS) and CIP members. The CQI post adopt disruption committee has been working with adoptive parents on meeting the needs of adopted children and helping children in care reach permanency. This committee has strong community partnerships with advocacy groups, local colleges, legal community partners and adoptive parents and is making strong recommendations with related actions.

DFS hosted a stakeholder meeting on November 3, 2021. (S*ee attachment: DFS Stakeholder Meeting 11-3-21).* At this meeting, Delaware presented our recent context data and statistics, reviewed recent developments in each of the program areas, analyzed case review performance, 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. One hundred fifty-six (156) individuals from 26 different agencies attended this meeting including representatives from Administration for Children and Families, Family Court, Office of the Child Advocate, foster parents, various contract providers, medical professionals, and DSCYF front line staff and administration. Delaware data team categorized and then shared all feedback provided with senior leadership and program team. DFS program team has gone through all feedback provided and has taken many action steps. *(See attachment: November 2021 Stakeholder Feedback Summary).* Examples of action steps taken include Independent Living Program manager scheduled open houses for TIL providers and did presentations regarding TIL programs, Adoption program manager

continues to provide training on post adoptive services to various groups, foster care program manager added resource information to foster parent newsletter, kinship navigator program has spoken to various groups and CQI committees, kinship data fields have been added to FOCUS system to track non-custodial kinship families, and department has focused on retention efforts. Delaware's next stakeholder meeting is being planned for Summer 2022. At this meeting, Delaware plans to review the feedback provided at previous meeting and inform stakeholders of actions steps taken as a direct result of the feedback provided.

Delaware currently has five active Continuous Quality Improvement Committees, a steering committee and four subcommittees (Data Quality, Intact Family, Teen, and Post Adoption Disruption). Stakeholders, including adopted parents and foster parents, 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 in August 2020 with adopted parents to obtain information on service needs and gaps in practice. *(See Attachment Post Adoption Post Permanent Guardianship Survey Analysis)*. Qualitative interviews were also conducted with Delaware adoptive parents in July and August of 2021 where a disruption has occurred. Evaluation of these interviews and results is being conducted and a presentation of findings will be provided to administration and other stakeholders. Interviews with stakeholders including parents, children, and foster parents are also a part of our quality assurance case review process. In order to further obtain the voice of those with lived experience, a supplemental survey was created by the CQI Steering Committee to obtain feedback from youth, parents, caregivers, and foster parents on specific systemic issues. Starting in April 2022, case reviewers will conduct these surveys as part of our overall case review process. Questions are related to interaction with DFS worker, Case Planning and Decision Making, Foster Care Engagement, and Strengths and Opportunities. *(See Attachment CQI Supplemental Survey Tool – Final (CQI Unit))*. Results of these surveys will be reviewed at each CQI Steering Committee Meeting.

DSCYF also has a newly established DSCYF CQI Collaborative Committee. The initial focus for this group is employee morale and retention. An Employee Satisfaction Survey was sent out in the summer of 2021 to all DSCYF employees. The survey included 56 questions focused on the following topic areas: Management/Leadership, Development, Work Environment, Organizational Climate, Satisfaction, and Communication. *(See Attachment Employee Satisfaction Survey Summary Report 2021).* As a follow up to this survey, the DSCYF CQI Collaborative Committee conducted focus groups in April 2022 with DSCYF employees. Questions asked were related to value/appreciation, meaningful incentives other than financial, safety in the work environment, accountability, reason for staying with the department, supervision, and training and development. The information obtained from the Focus groups is still being compiled and reviewed by the committee members.

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 Department developed and submitted a data quality plan *(See Attachment Delaware Data Quality Plan (FOCUS) 2022)* to the Administration of Children and Families in accordance with 45 CFR 1355.52. This plan, The Delaware Comprehensive Child Welfare Information System (Delaware FOCUS) Data Quality Plan, was approved by ACF and work has begun to implement the included strategies and action steps. The following data quality plan priorities are aligned with the DSCYF 5-year Strategic Plan:

1. The creation, standardization, and enactment of department-wide and division specific data timeliness policies and procedures.
2. Continue data completeness efforts to bolster the complete entry and maintenance of valid data focused key pain points.

3. Centralize the "person-type" data strain to ensure accuracy, through which an individual's comprehensive extended demographic history shall be captured to enhance quality of service delivery and share updated information across programs and services across the system.

The implementation of this plan will be overseen by the DSCYF Data Governance Board which is chaired by the DSCYF Deputy Cabinet Secretary. Members include division leadership, FOCUS product owners, FOCUS managers, DFS CQI Data manager and the DSCYF Information and Resources Manager.

Delaware was officially released from the Adoption and Foster Care Analysis and Reporting System (AFCARS) Improvement Plan. 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. The Department is also focused on ensuring reporting needs are being met by adding additional 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

The Case Review System is a strong focus of Delaware's CIP Steering Committee and the Division. Representatives from both groups are active participants in subgroups and working groups to evaluate and make recommendations for this system. The Program and CQI teams review items involved with case reviews as part of regular work and a 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 continues to be some outlier cases where we are not meeting guidelines. In FY2021, 103 children for whom the Division held parental rights were adopted and 50% of these adoptions were within 24 months of entry into foster care. In comparison, 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. Delaware's performance on achieving permanency in 12 months is no different from national standards. 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 Office of the Child Advocate (OCA), which is a non-judicial state agency charged with safeguarding the welfare of Delaware's children, contributes to the case review system quality. Pursuant to 29 Del. C. § 9005A, OCA is mandated to coordinate a program of legal representation for children which includes the Court Appointed Special Advocate (CASA) Program. During SFY2021, OCA provided legal representation to 737 children statewide. Three hundred ninety-seven were represented by a Child Attorney and CASA, and 340 were represented by a Child Attorney only. Broken out by county, 162 children were represented in Kent throughout the fiscal year, 446 in New Castle, and 129 in Sussex.

Quality Assurance System

The quality assurance system was determined to be an area needing improvement in the 2015 CFSR. 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 investigation, and 4 internal differential response FAIR case reviews every month. Delaware is currently in process of updating our internal investigation and FAIR case review tools and building them into our FOCUS data system. 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 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, four CQI subcommittees, the CQI Post Adoption Disruption Committee, the CQI Intact Family Committee, CQI Teen Committee, and the CQI Data Quality Committee, meet monthly 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. The Department has hired two full time FOCUS trainers to provide this training. 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. The 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 the report and ensure information is accurate. (*see attachment: Report Inventory- May 22).*

The CQI Manager and data team also conduct ongoing data quality checks with CIP, Office of Child Advocate, and the Courts. Information related to custody dates, demographics of the children in agency custody, and initial placement reasons are shared and reviewed to ensure consistent and accurate information is being maintained. Data is also reviewed during quarterly CIP data quality team meetings and CPAC data quality team meetings. During these meetings, data is analyzed for trends, patterns, and data quality. These teams also determine the best approach to presenting pertinent information to the CIP Steering Committee and CPAC committee.

Delaware DSCYF is currently in the process of developing a department administrative case review tool to determine department performance on system of care principles. Modeling the current DFS case review process, Administrative Case Reviewers from the Office of Case Management will be tasked with conducting case readings and qualitative interviews of key participants and stakeholders to complete a case review tool. This tool is still in the development stage. The first targeted reviews will likely be completed on youth who are involved with more than one of the DSCYF divisions (YRS, PBH, DFS).

Staff Training System

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 Rehabilitation 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 the 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 FY2022, 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 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 to 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 collaborating 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.

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. Fourteen 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 New Employee Training (NET). CPD trained mentors and experienced staff are paired with new staff 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 attained in training.

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. Current prevention services include home visiting, parent education, strengthening families, family consultation, fatherhood coalitions, school based early intervention and behavioral health consultants. Trauma-informed, developmental, and evidence-based screenings for children entering foster care, as well as the monitoring of psychotropic medications, add valuable resources and information for reunification and permanency planning. Delaware continues to grow in Safety Organized Practice and Structured Decision Making® which facilitates strong assessment of safety threats, risk factors, family strengths and individual needs through family engagement activities. These strategies and tools individualize services to children and families. Delaware is also strengthening the kinship program which empowers families by providing supports and financial aid, preventing deep end placements. Delaware is a current kinship navigator grant jurisdiction and the program has been well established with our contracting partner utilizing the KinTech model. With growing interest and support of this program, Delaware is looking for opportunities for expansion of services. DFS and Child Development Watch (CDW) partners with DPBHS and the CDW unit of DHSS to provide assessment, planning and referral for children birth to three with a developmental delay or disability. DFS is committed to collaborating with partners on enhancing Delaware's service array with an emphasis on prevention services and communication. Delaware plans to expand prevention services to strengthen 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.

Stakeholder meetings are held semi-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. Input is gathered from the youth engaged in the Youth Advisory Council, recently renamed by the youth to HOPE (Helping Our Peers Evolve), to help improve the system and services for youth and understanding their needs and struggles. Delaware

recently initiated a system questionnaire as part of the case review process to gather input from parents, youth, and caregivers during case review interviews to try to increase our lived experience feedback.

Foster and Adoptive Parent Licensing, Recruitment and Retention System

Delaware has approximately 400 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. The event occurs during National Foster Care Month in May. For the last 2 years, the large event has been cancelled due to restrictions related to COVID-19. This past year the home coordinators did "drive by" recognition where they had a car parade and celebration of service milestones. Delaware's "Foster and Adoptive Parent Marketing, Recruitment and Retention Plan" *(see attachment- DFS Foster and Adoptive Parent Recruitment Plan 2022)* 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. The division was recently allotted state funding to expand therapeutic foster care services to help meet the needs of children with many complex needs. Efforts to identify a strong model and a provider with the skills and capacity are underway.

III. Update to the Plan for Enacting the State's Vision

Delaware continues to work with our community partners to manage the new normal of post pandemic child welfare that is significantly impacted by staffing shortages and resource issues unlike things we have seen in the past. Everyone is asked to shoulder more because of the lack of staff and resources. Despite the struggles, Delaware has continued to be committed to serving the children and families in the state and finding new ways to connect using virtual and other communication efforts. We have attempted to advance our shared teaming around challenging family dynamics to meet the complex needs of today's families. Child Welfare seems to have taken a new shift in recent years. The increased efforts to move toward prevention and the emergence of even more complex needs for children and families has created an imbalance that has asked us to rethink and re-evaluate our efforts, resources, and strategies.

Delaware continues to work on the objectives laid out in the 2020-2024 CFSP that was developed based on the Statewide assessment, CFSR Round 3 results and our PIP efforts. We have made some adjustments to our benchmarks and timeframes based on the impact of the pandemic and other operational needs. The goals continue to be consistent. Areas of interest for this year's review are using our SDM case management and assessment model to fidelity, managing the system standards and expectations with significant staff shortage and evaluating improvements to the foster care system to meet the needs of our current population.

Delaware has developed a strong CQI team that has been coordinating specific workgroups to target evaluation, recommendations, and action for different areas of need in the system. These groups consist of state workers and administrators, community partners and service providers and child welfare contributors such as CIP and OCA (CJA). Delaware completed a thorough review of the AFCARS file going back to 2018 when the FOCUS system went live and was able to successfully complete a resubmission to improve data quality on our data profile in preparation for the CFSR Round 4. The CQI data quality manager is actively involved with the project and takes the observations learned from the evaluation of the files including NYTD and NCANDS back to the CQI Steering or subcommittees to strategize corrective actions. This procedure has helped to enact efforts of improvement quickly and with a collection of interested participants.

Delaware collects and reviews race and ethnicity data across the system and is aware of the racial disparity in Delaware's child welfare compared to the general population. The child welfare community is committed to finding ways to address this with renewed direction from the Federal Government to advance racial equality and support for underserved communities. Delaware invites the federal partners to assist with identifying strategies to build on known areas for improvement and analysis areas of system inequality.

Revisions to Goals, Objectives, and Interventions

A revised 2020-2024 Child and Family Services Plan, 2023 edition, is being summitted with this APSR. Edits include deletion of completed benchmarks, revised timeframes and new benchmarks. This document uses the 2022 version to report progress. (*See Attachment: CFSP 2023 Edition.)*

Implementation & Program Supports

Pandemic response and planning for 2021

We started 2021 still in the midst of the pandemic and operating with modifications and adjustments on many levels. We continued our hybrid working opportunities for most staff and worked with our sister divisions and other state agencies to develop priorities and strategies as we moved forward. A variety of precautions remained in place such as distancing, mask wearing and enhanced sanitization and cleaning protocols. The agency also continued to track and report all COVID positive staff, providers, and foster children. In January and February, we turned our attention to the new staff requirement established by the governor for all state employees to either attest to vaccination or test weekly. To support this effort, we held a department wide Town Hall reviewing the new requirement and responding to questions directly from staff. Also, in the months of January and February we held vaccination clinics whereby staff could receive first and second does COVID-19 vaccinations. This effort was a developed through collaboration and partnership with our Division of Public Health and local pharmacies. We also were able to open one of the clinics to our group care provider staff. We worked with our provider community closely answering questions, sharing resources and opportunities as we together navigated the pandemic.

We worked collaboratively with the state Department of Human Resources and our other sister divisions within the department to develop a three step "Return to the Worksite" plan. This plan outlined the gradual return of staff to the physical worksite. It should be noted that while Governor Carney lifted the mandated mask requirement in July 2021, mask wearing continued to be mandated in all state buildings. Furthermore, the Department required mask wearing while at work and while in contact with clients, partners, or others. The "Return to the Worksite" plan outlined a phased in approach that started in the end of May 2021, with Administrators, managers and supervisors returning more regularly to the worksite first. In the months of June through August then began returning to working more frequently to their worksite, with majority of staff to return by September 7th. The plan also outlined a multitude of other protocols put in place including screening of staff and visitors, use of conference/meeting/visitation space as well as personal safety protocols such as mask wearing, distancing, and cleaning protocols to be used in all department buildings.

During this time, we were continuing to practice with caution and flexibility when it came to carrying out the requirements of the agency. This included flexible or hybrid scheduling, use of virtual platforms for meetings and contacts and leveraging technology where necessary. We worked very closely with our Department of Technology and Information (DTI) and developed a plan to outfit all staff with mobile devices such as a surface pro or a laptop. This allowed staff greater flexibility in working remotely while having necessary access and tools to perform their essential tasks. The deployment of so many devices took several months but we were successful in outfitting all staff with the tools for success by the end of 2021. Additionally, department wide town halls were held before and after the "Return to the Worksite" plan was launched. Weekly communication went out to staff via the department's Communication Coordinator. These communications shared resources and guidance on the pandemic, vaccinations, personal safety precautions, policy and protocol changes and updates and various other announcements. The Department policy committee also worked in coordination with the State's Department of Human Resources to develop and launch a formal telework policy for state employees and Department employees. This was launched in June 2021 with the anticipation of staff returning to the worksite in September and allowed for a few months for staff to work with their supervisors and teams to consider and plan out flexible and hybrid work schedules to better support the return to the worksite. The Division's administration worked very closely with the Operations and Program/Policy team to develop some parameters regarding position and personnel eligibility criteria that aligned with the policy and provided flexibility to the workforce. We established a telework agreement application protocol for non-probationary employees and administration reviewed and approved or denied all applications received. This new opportunity was important to support the necessary work-life balance staff needed during the continuation of the pandemic and the impending return to the worksite. We were successful at implementing the approved telework schedule agreements throughout the last quarter of 2021.

DFS also leveraged the use of CARES funds to support our staff and clients throughout 2021. CARES funds were used to purchase necessary PPE for staff including multiple purchases of masks and gloves as well as personal hand sanitizers. We also used CARES funds to develop a program to support the children and families we work with who were struggling with the impacts of the pandemic. We worked with Amazon to establish an Amazon Voucher program whereby families could receive a voucher to purchase necessary childcare and household supplies. The eligible items include diapers, wipes, car seats, bassinet/pack and plays, developmental and educational toys and tools and cleaning/laundry supplies. We established a referral and tracking protocol and launched the program in September 2021, with our first voucher processed mid-month. We have continued to add available funds to the voucher program and have found it very successful in supporting the needs of families. We have also partnered with our sister Divisions (PBHS and YRS) to allow for referrals for families they are working with that have needs. Also, during 2021, the Division received CARES Stimulus allotments for some foster children. We worked with our fiscal unit to develop a spending plan to utilize the funds for each child in accordance with the federal requirements. Staff worked closely with the youth, caretakers, and other members of the team to spend the received funds and provide for the needs and wants of the recipient children. In summary, the COVID-19 global pandemic continued to present us manage challenges in 2021. We worked with our staff, providers, community, and partners to work through the challenges, remain flexible and take advantage of opportunities where possible. The workforce and client population is in flux and we worked very hard to navigate during this unprecedented and every changing times.

SDM Fidelity: The Division continues its engagement with Evident Change, previously the National Council for Crime and Delinquency (NCCD), to 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 fidelity case reviews. Evident Change is also working with the DFS SDM Fidelity team around SDM tools, definitions, and practice enhancements.

FAIR expansion (Differential Response): Service capacity for differential response expanded (See Section III, with new positions in FY2021. Additional FY2021 and FY2022 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, which was fully implemented this past year. This restructuring will continue to be accompanied by increased training and coaching opportunities. DFS has also added practice coaches in regional offices to support fidelity to the practice model.

Adoption Call to Action: 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 was presented to all staff and stakeholders on May 26, June 22, 29, August 6, 13, 20, 2021 and January 21, 2022. The Child and Family Services Plan includes Call to Action activities. (See Section IV, Update on Progress Made to Improve Outcomes, 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)

FOCUS (data system): Data system supports for the upcoming year include ongoing upgrades to the integrated data system including enhancing the continuous quality improvement approach to child welfare practice through sample automation. Deloitte Digital, the automated information system vendor, continues to provide design and implementation supports. An internal Department team has been established that streamlines responsiveness to system usage issues and provides continually updated user manuals and quick reference guides along with regular refresher trainings that are available live and on demand through the Delaware Learning Center. Databases for non-residential referrals for service and corresponding service logs, monthly transition and independent living service outcomes, Plan of Safe Care, and the Commercial Sexual Exploitation – Identification Tool have been established within the automated information system. Analytics and data quality initiatives continue along with efficiency initiatives to upgrade interfaces and establish interactive report dashboards. In preparation for Comprehensive Child Welfare Information System compliance, meetings with each Child Welfare Contributing Agency have begun for the purposes of disseminating federal guidance, exploring current data systems and needs, technology capabilities, and anticipated challenges. In addition to ongoing development and tool enhancement, other planned enhancements include expansion of the provider portal, revised visitation plans and logs, changes to and certification of SDM tools in the automated information system, and updated data extraction logic for NCANDS, NYTD, and AFCARS 2.0. These system improvements strengthen the existing foundation for data informed practice.

Trauma-Informed Care: DSCYF has an active and engaged Trauma-Informed Care Committee (TICC) that includes representatives from each of the four divisions. The work of the TICC began in 2013 and was bolstered in 2018 when Governor Carney issued Executive Order #24 affirming Delaware's commitment to trauma-informed care.

DSCYF has prioritized trauma-informed care in the strategic plan and the Trauma-Informed Care Committee has developed their own strategic framework that emphasizes workforce skill development, employee wellness, and external partnerships. This framework aims to move DSCYF closer to realizing the goal to be a fully trauma-informed system. We recognize that this is a journey and will take time and continued support to achieve our goal. Although there are individuals and functional areas that are trauma-informed, as a collective department, we have assessed our current level to be at trauma-sensitive and we are working to advance our collective level to trauma-responsive. The strategic framework for the TICC includes the following goals:

- A DSCYF workforce that has the knowledge and skills to engage with youth, families, colleagues, and partners using a trauma-informed lens and strength-based strategies to promote resilience and self-efficacy.

- Communication that promotes a trauma-informed environment and fosters a sense of safety, trust, and transparency.
- Workforce wellness and satisfaction is improved.
- Partnerships are leveraged to support a trauma informed DSCYF and Delaware.

The DSCYF TICC has developed training curricula, tools, and resources to embed trauma-informed principles and practices into our work with children and families. The TICC has developed a series of courses to increase staff awareness about adverse childhood experiences and the impact adversity and toxic stress have on child development and outcomes throughout the lifespan, including negative health, social, and opportunity outcomes. The curricula include short webinar topics, full-day training for case managers and supervisors/managers and a course for all DSCYF staff to promote a trauma-informed workplace for all employees. In addition, the TICC has developed performance planning competencies that are incorporated into all DSCYF employee performance plans based on their role within the organization and a bank of interview questions to help hiring managers identify competencies that support our trauma-informed workplace when interviewing prospective staff.

DSCYF is working in collaboration with other child and family serving state departments to build awareness of the impact traumatic experiences and chronic adversity have, particularly when those experiences occur during childhood. DSCYF, like our partner agencies, is constantly evolving and improving our trauma-informed practice and competency. In 2020, Delaware was a recipient of a technical assistance grant through the National Governor's Association (NGA) to strengthen and advance TIC implementation efforts. DSCYF was a collaborator in working groups and activities related to this opportunity. Although the grant timeframe has concluded, the working groups are continuing. In addition, the TIC work is being woven into the Family Services Cabinet Council (FSCC) and participants from the NGA grant workgroups now serve on FSCC working groups to ensure a trauma-informed lens is applied to system improvement work.

State's training & technical assistance to regional offices

Delaware is a state-run child welfare system that supports 5 regional offices. To identify support and training needs, there are monthly program, operation, and strategic leadership meetings as well as bimonthly functional meetings with supervisors and a quarterly all management meeting. This allows DFS to hear and take action on concerns from programming, policy and operations. Below are some highlights of training and supports offered.

The Intake and Investigation Program Team provided and/or supported 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, in CY2020 and CY2021. Future training for MAT providers and hospital providers is currently being developed and is anticipated to be delivered later in CY2022.

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. This training was originally rolled out in CY2020 and continued into CY2021. The training will continue to be provided periodically as the state continues to transition staff to FAIR positions.

Family Team Meetings--FAIR: Training was developed through collaboration with the Treatment Program Manager to familiarize FAIR staff with the application of Family Team Meetings (FTM) in a FAIR case setting. With the focus on family engagement, FTMs are particularly well-suited to assist FAIR case managers in assessing child safety, goal setting, and creating support networks with families. FTM-FAIR training will continue to be provided through CY2022.

Commercial Sexual Exploitation Identification Tool: Training was provided by WestCoast Children's Clinic for implementation of a pilot program to begin utilization of the Commercial Sexual Exploitation Identification Tool (CSE-IT). The pilot group included a subset of treatment and permanency workers, as well as all intake staff. Intake staff were additionally trained on the CSE-IT Intake version of the tool, which is a shorter version of the full CSE-IT, designed to assist intake staff in screening reports of sex trafficking. The pilot will continue through June 2022, at which point WestCoast will provide training to additional staff and will provide a train-the-trainer component, which will allow for full implementation of the CSE-IT across the Division.

Domestic Violence Training for Supervisors: Through collaboration with the Domestic Violence Coordinating Council, training was provided in March 2022 to investigation, FAIR, and treatment supervisors. The objectives of the training were to identify power and control tactics used by abusive partners, both before and after separation, assess the risk/safety needs of families to assist with harm reduction, connect individuals to appropriate community services, including warm referrals to domestic violence services, and improve communication between parents (offending/non-offending) to ensure the safety and wellbeing of the children involved.

SDM Safety and Risk Refresher Training for Supervisors: The Division contracted with Evident Change to provide refresher training for investigation supervisors on the use of the SDM Safety Assessment and SDM Risk Assessment. This comprehensive safety and risk training was provided over multiple sessions in late CY2021. The next phase of the training contract is to provide unit-based training to front-line staff later in CY2022.

SDM Safety Assessment FOCUS training: With the development and launch of a revised version of the SDM Safety Assessment tool and policy, training has been created and provided by the department FOCUS Trainer. Training has focused on teaching staff to navigate the tool in FOCUS, as well as how to apply the updated policy to their work.

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, 3/3/21, 6/23/21, 11/29/21, and 12/22/21. 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, 3/12/21, 9/30/21, 11/10/21, and 3//17/22.

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. This time the Reunification Reassessment tool is going through some upgrades. Training on Risk Assessments for Treatment will resume once the edits are completed.

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. Further training for supervisors was held 3/28/22 and 3/30/22. The training objectives were to identify power and control tactics used by abusive partners, assess the risk/safety needs of families to assist with harm reduction, connect individuals to appropriate community services, and improve communication between parents to ensure the safety and wellbeing of the children involved.

Dual Status Youth Meetings: This training was a departmental training and was developed regarding the new Dual Status Youth Protocol. Participants learned how youth are identified as Dual Status and the protocol and practice when working with these youth. When a youth is identified a Dual Status Youth Meeting is held. Participants learn about their role in the Dual Status Youth Meeting and what to expect from the meeting. This training was providing to DFS, YRS, and PBH case managers, as well as, contracted foster care providers and foster parents. This training was held on the following dates in 2021: 11/9, 11/10, 11/15, 11/16, 11/17, and 11/18. This training is available in a recorded format for ongoing training needs.

CSE-IT (Commercial Sexual Exploitation – Identification Tool: CSE-IT is a tool developed by Westcoast Children's Clinic in California. Delaware started using this tool in November 2021 with a pilot group of departmental staff to help identify concerns for juvenile trafficking. Delaware DFS is adopting this tool for use by our Intake, Investigation/FAIR, Treatment, and Permanency staff. Case managers from YRS and PBH are also utilizing the tool when a youth has been identified as Dual Status. To date 119 case managers across the department have been trained. On June 30, 2022, Westcoast Children's Clinic is training 25 case managers across the department to train CSE-IT to all case managers. The plan is to have current case managers trained by September 30, 2022, with refresher and new hire training as needed.

Evident Change SDM Refresher Trainings: Treatment Supervisors: This training discussed the fundamental principles and practices of the Structured Decision-Making and Safety Organized Practice tools and provided strategies for ongoing treatment and permanency casework. This training for supervisors and administrator. This training was held on 12/10/22 and 12/16/22.

Brain Science Training Institute – Supporting Persons/Families Affected by Trauma: This training, held on 5/3/22, provided participants with the knowledge of different types and signs of traumatic events, the impact of trauma on the brain structure, development, and functioning, how to prevent and overcome trauma, introductory steps for trauma-informed organizations, and where to find additional information to learn more about trauma.

Independent Living: The Independent Living Program Manager has been providing training bi-monthly on Independent Living services and procedures during treatment workgroup meetings.

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.

Future trainings:

- SDM Safety and Risk Unit-Based training
- MDT MOU Refresher training
- Registry/Substantiation policy training
- Serious Injury policy training.
- MOU with Department of Education (Best Interest Meetings).
- Evident Change (Formally CRC-NCCD) will continue to provide trainings in the next year. These trainings include:
    - Unit based trainings to review SDM policy and will include training focused on safety/risk assessment and practice, the FSNG/CSNG, reunification reassessment and risk reassessment.
    - Case Reading
- TDM Refresher Training
- Screening for Juvenile Trafficking
- Juvenile Trafficking
- Other training will be provided based on need.

The following courses are offered by the Trauma-Informed Care Committee in partnership with the DSCYF Center for Professional Development and more courses are added at least annually.

Adversity to Resilience – Understanding ACEs and Building Bounce (webinar): Physiological and developmental impact of adversity, stress, and trauma; The impact of adverse childhood experiences (ACEs); Why trauma effects people differently; Fostering resilience in youth, families, and yourself; Creating a trauma-informed system

Beyond Optimism: Embracing the Science of Hope and Its Role in Trauma-Informed Care (webinar): The definition of hope and how it differs from optimism and wishes; The three core components of hope theory; Why hope matters for us and the youth/families we serve; Strategies to cultivate hope and build self-efficacy

Communicating with Purpose: Written Documentation and Communication (workshop): Define framing and review framing strategies for written communication; Review principles of effective report writing and documentation; Apply framing strategies through group activities and writing practice
This is part one of a three-part series in development

Trauma-Informed Care Frontline Training (full-day training): The developmental impact of trauma; Ways to respond to individuals who've experience trauma; The impact exposure to trauma and the trauma of others can have on staff

Trauma-Informed Supervision Training (full-day training): Information and skills to support staff in using a trauma-informed approach with youth and families; Ways to support staff who have experienced trauma; The impact exposure to trauma and the trauma of others can have on staff

The Trauma-Informed Workplace (webinar): Why a trauma-informed workplace matters; What research on exposure to adverse childhood experiences (ACEs) tells us; How adversity, stress, & trauma impact development and health across the lifespan; How to support a trauma-informed workplace; How to foster resilience in the workplace

The trauma-informed care training team is continually working to develop new curricula. The second module of *Communicating with Purpose – Verbal Interactions* is in currently in development for this three-part skills-based series on trauma-informed framing and communication. This first workshop on written documentation and communication is completed and listed above. The series will also include a module on supervisory communication.

Center for Professional Development Training
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: DE Staff Training Chart FY2023*)

FY2022 is the first full year that CPD has implemented Level 2 post-tests for a majority of the NET courses. Following are the required ILT NET and online training courses for new DFS staff:

- *DSCYF New Employee Orientation* introduces all the divisions, explains key 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.
- *DSCYF FOCUS Training - DFS Intake and Basic Navigation* covers the intake process, basic FOCUS navigation, and case functionalities of investigation, FAIR, and treatment cases. *(Offered monthly, effective December 2021)*
- *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.
- *Framework Consultation Meetings* reviews the elements included in a Framework consultation meeting, provides helpful tips, and explains the requirements for DFS staff.
- *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

In-Service Training:

In FY2022, CPD and DFS provided ILT and online training that continued to support the Outcomes Matter initiatives and federal mandates. Training was offered to DFS 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.
- ***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.
- ***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.
- ***NTI Child Welfare Professional Training*** is offered 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.
- ***Adversity to Resilience-Understanding ACEs and Building Bounce*** covers the following topics: Physiological and developmental impact of adversity, stress, and trauma, Adverse Childhood Experiences (ACEs), why trauma effects people differently, fostering resilience and creating a trauma-informed system.
- ***Beyond Optimism: Embracing the Science of Hope and its Role in Trauma-Informed Care*** covers the following topics: Hope defined and how it differs from optimism and wishes, the three core components of hope theory, why hope matters for us and the youth/families we serve and strategies to cultivate hope and build self-efficacy.
- ***Empowerment Through Intention*** provides tips on creating a self-care plan that nurtures what matters most.
- ***Lunch & Learn*** is offered monthly by the CASA program on a variety of topics applicable to CASA and DFS staff.
- ***Critical Incident Reporting*** provides an overview of Continuous Quality Improvement as it relates to Critical Incidents, which reportable events are considered to be critical incidents, a refresher on what has changed in reference to critical incidents in policy, Critical Incident Scenarios, and the process used by Department Safety Council for review and identification of systemic issues and opportunities for improvement to reduce the likelihood of incident recurrence.
- ***Commercial Sexual Exploitation IT (CSE – IT)*** is a tool developed by WestCoast Children's Clinic to help professionals identify children and youth who have been, are being, or at risk for juvenile trafficking. The course helps participants understand the purpose and use of the CSE-IT.
- ***Dual Status Youth Meetings*** provides an overview of the Dual Status Youth Meetings including the purpose, target population, preparation, goals, and workflow to best support the new initiative.
- ***Family Team Meetings – FAIR Refresher Training*** provides a refresher on the model to facilitate Family Team Meetings for collaborative planning with families for FAIR caseworkers. This training reviews safety, service, and crisis planning.

- ***Maintaining Professional Boundaries*** describes what professional boundaries are, why it is important, how to recognize boundary crossings and violations, how professional boundaries are expressed through DSCYF policies, techniques for maintaining healthy, professional boundaries, and staff's duty to report boundary issues.
- ***Service Integration Fund (SIF) Overview*** provides an overview of the Service Integration Fund (SIF). The course explains how to apply for funds, the application review and decision process, and fiscal requirements and procedures will also be discussed.
- ***STEPS Facilitator Training*** provides staff with an understanding of the increased risks to foster youth who age out of the foster care system, a review of the STEPS meeting flow, effective facilitation techniques, how to manage conflict, and an overview of the necessary STEPS forms.
- ***The Trauma Informed Workplace*** is an introduction to trauma-informed workplace practice with an emphasis on how traumatic experiences and adversity impact employees, and therefore the organization. This course covers why a trauma-informed workplace matters, what research on exposure to adverse childhood experiences (ACEs) tells us, how adversity, stress, & trauma impact development and health across the lifespan, why trauma affects people differently, how to support a trauma-informed workplace, and how to foster resilience.

Supervisor Training

In FY2022, 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 2021, Module 2 offered in August 2021, etc.). The entire series repeats again, beginning in January 2022.

The *DFS Supervisor Core* modules covers 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

DFS supervisors participate in quarterly Statewide Management Meetings which offer an opportunity to collaborate and build rapport with supervisors from other units and counties. They also participate in county Staff meetings. Management and Staff meetings provide supervisors with training opportunities on a number of timely topics.

In FY2022, DFS Supervisors were offered these additional courses:

- ***Dynamics of Domestic Violence: Recognizing, Responding, and Removing Barriers*** was made available by the Domestic Violence Coordinating Council. The course explored the systems in place to hold abusers accountable for their actions, and how DFS workers can safely engage all parents to ensure the safety and wellbeing of their children. Additionally, participants learned about community-based and systems-based domestic violence services that can be complementary to the DFS safety planning/risk assessment process.
- ***Self-Care tips for Managers and Supervisors*** is a one-hour module was provided by ComPsych. This training offered tools to help managers cope with stress and thrive in their organizations.
- ***Coaching of Coaches Web Calls*** are open to supervisors who completed the Coaching Institute and/or Coaching Refresher. The sessions are designed to be interactive and hands-on, with opportunities for practice, modeling, coaching, and growing the coaching practice.
- ***DSCYF Selection Interviewing*** provides a look into the hiring process and the hiring managers with skills and insight for conducting interviews. The course acquaints hiring managers with state and DSCYF requirements related to the interviewing and hiring process.
- ***Evident Change SDM Refresher Training: Investigation Supervisors*** revisits the fundamental principles and practices of the Structured Decision-Making (SDM) and Safety Organized Practice tools and strategies for Investigation and Assessment.

- ***Evident Change SDM Refresher Training: Treatment Supervisors*** revisits the fundamental principles and practices of the Structured Decision-Making (SDM) and Safety organized Practice tools and strategies for ongoing Treatment and Permanency casework.
- ***Trauma-Informed Supervision Training*** provides 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.
- ***NTI Child Welfare Supervisor Training*** is offered 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. This 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 FY2022, training records indicate that 47 DFS new staff and 3 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 four months, with supervisors being the control for ensuring their staff completes the remaining required training within the first year of hire. The FY2022 DFS New Employee Training Chart lists the courses offered and the number of sessions for each course. (*See Attachment: DFS New Employee Training FY2022*)

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

The greatest barrier for training in FY2022 was the remaining impact of COVID-19. Though we began to see the tapering of COVID-19 pandemic restrictions and a gradual return to workplace, it was a period of high anxiety and transition for trainers and staff alike. DFS NET remained virtual until March 2022 due to mask and social distancing requirements that impacted the number of staff that could be safely trained in our facilities. The DFS vILT NET courses included new activities and exercises to encourage interaction, reflection, and groupwork. During vILT, trainers used annotation tools, breakout rooms, reaction buttons, polls, and videos to encourage active participation.

Transitioning from a vILT to ILT learning environment has revisited problematic areas related to travel requirements, car reservations, and room availability – all of which have not been necessary in the past 2

years. The lessons from FY2021 of the importance of flexibility, patience, and communication continues well into FY2022.
Another barrier for training in FY2022 is a change in the staffing of the Center for Professional Development (CPD) unit. Three vacancies exist as CPD staff take advantage of career and growth opportunities elsewhere, creating shortages in the training staff available to provide ILT classes.

Priorities for the Coming Year
CPD has modified how the DFS NET will be assigned to new staff. Beginning in January 2022, CPD is assigning all 14 of the NET classes to staff within a 4-month timeframe. This will ensure that staff complete the necessary courses within a reasonable timeframe to prepare them for child welfare casework and will return control of the NET to CPD staff instead of relying on the supervisors to monitor staff progress. This will also allow for CPD to reinstate the *DFS New Employee System Evaluation* which allows CPD to assess the onboarding experience of new staff.

CPD plans to evaluate the results of post-tests for pre-service courses to measure knowledge gained and retained by the learner. Post-tests identify areas where staff struggle with concepts, theories, or skills that can be reinforced through coaching, supervision, or additional training opportunities. Recommendations will be shared with DFS administrators and supervisors.

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.

CPD will work with each division to determine how to accomplish the various goals of the 5-year Strategic Plan. CPD will attend Train-the-Trainer sessions, support SME trainers, incorporate new data into exiting curricula, and maintain training records in the DLC.

Technical assistance and capacity building needs that the state anticipates in FY 2023 in support of the CFSP/CFSR goals and objectives.
Delaware is actively working with the CB Region 3 staff in preparation for the CFSR Round 4. Part of the discussions have been about getting some technical assistance for the CFSR planning and talking with the capacity building about support around the family and youth engagement. Delaware has been doing significant work on improving the youth advisory council because we unfortunately have a handful of youth that attend the meetings but the youth are not stepping up to become the leaders that we are hoping for. We are hoping to have some support in evaluating our youth meetings to find recommendations to better engage young people to advocate for themselves and share their voices. Delaware has historically had trouble getting feedback of the parents or adults involved with the division. We are interested in strategies to engage parents.

IV. Update on Progress Made to Improve Outcomes

2020-2024 Child and Family Service Plan, Progress Report for 2022 Edition

Based on the assessment of outcomes and systems using internal metrics, stakeholder comments, and federal vision, the following goals and objectives were 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 must include the 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. Based on progress and program adjustments, Delaware updates the Child and Family Services Plan each year. This section reports progress on the FFY2022 edition of the 2020-2024 CFSP.

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%.

OSRI Items	NATIONAL PERFORMANCE	DE REVIEWS	DE REVIEWS	DE REVIEWS
Item 1: Timeliness of initiating investigations of reports of child maltreatment	**CFSR Round 3**	**10/20-3/21**	**4/21-9/21**	**10/21-3/22**
		N=90		
	73%	85.71%	80.49%	86.36%

Performance:

For Safety Outcome 1, Item 1: Timeliness of investigation, case review results show that Delaware's performance has fluctuated over the past 4 years. The baseline performance in 2015 was an 81% strength rating. During Delaware's PIP, we had a drop and then steady improvement. Since the close of PIP,

Delaware again demonstrated a drop in performance with a recent show of improvement. Data during the PIP Period 3 could not be used due to quality issues that were resolved.

OSRI Case Review Measures- Item 1: Timeliness of Investigation		
Measurement Period	Strength Rating	
Baseline performance 2015	81%	
DE PIP Period 1 (Apr 2018 – Sep 2018)	71%	Drop
DE PIP Period 2 (Oct 2018 – Mar 2019)	73%	Improvement
DE PIP Period 3 (Apr 2019 – Sep 2019)	Data Quality Issues	
DE PIP Period 4 (Oct 2019 – Mar 2020)	80%	Improvement
DE PIP Period 5 (Apr 2020 – Sep 2020)	90%	Improvement
Oct 2020 – Mar 2021	86%	Drop
Apr 2021 – Sept 2021	80.48%	Drop
Oct 2021 – Mar 2021	86.36%	Improvement

Looking at yearly aggregate reports, Delaware has shown improvement in performance over the past three years. Investigation case review results for CY2021 show an overall safety score of 93.68%, which is slightly below the goal of 95%.

Yearly Aggregate Reports			
Time	Completed initial interviews	Percentage on time	Goal of 95%
CY2019	7,360	86%	Not Met by 9%
CY2020	5,477	91%	Not Met by 4%
CY2021	6,742	93%	Not Met by 2%

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 including case identifiers are distributed to administration and distributed to regional

administrators, reporting has not evolved to include detailed 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 assignments of front-line staff has had a positive impact on workers' ability to initiate FAIR cases in a timely manner. According to reports pulled from FOCUS, in FY20, Delaware's timely FAIR initiation rate was 85%; in FY21, this rate increased to 87%. Furthermore, data suggests that restructuring of staff has also had an even more significantly positive impact on timeliness of traditional investigation initiation. In FY20, Delaware's timely investigation initiation rate was 86%; in FY21, this rate increased to 95%. 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 2023.

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:
   This benchmark is an ongoing effort. The Strategic Leadership Team (SLT) met on a monthly basis throughout CY21, and discussion of contact reports and their implication was 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, to be offered in the upcoming year. Much of the discussion in CY20 and early CY21 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.

   Good performance is recognized in various ways. The CQI team sends out "kudos" for every case review in which all or most of the ratings are found to be strengths. These "kudos" are shared with the worker, their supervisor, all administrators in the worker's chain-of-command, and the Cabinet Secretary. In addition, the OCS Administrator distributes a monthly report of treatment contacts and recognizes all staff who have seen all of their families within the previous 30 days. Timeframe is ongoing.

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, in 2019 the rate of use of discretionary overrides in the SDM® Screening Assessment was 17.5%, which could indicate that the current definitions do not match practice, policy, or statute. Also in 2019, 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 still in progress. At the request of the Fidelity Team, Evident Change 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. Training is projected to begin in the late spring of 2022. The team is considering a model of case review that involves the QA team, administrators, peer coaches, and supervisors in monthly case reviews. This training was delayed to provide supervisor specific training related to the use of SDM and Safety Organized Practice. The benchmark's timeframe is revised to June 2022 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:
   This benchmark is still in progress. During CY2021, with assistance from Evident Change, Fidelity Team reviewed and updated the human trafficking definitions within the SDM Intake tool, and the SDM Policy and Procedures Manual was updated accordingly. The human trafficking definitions were updated to correspond with best practices and changes in the Division's trafficking policy. Additionally, the SDM Caregiver Safety Assessment tool was updated in conjunction with the SDM certification process being conducted by Evident Change. Staff have been receiving training regarding these updates and enhancements during the early part of CY2022, and training will continue throughout the year.

   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 FY2021, DFS completed 20,543 hotline reports—1,960 or 9.5% of which had a discretionary override, a decrease compared to FY2020 in which 11.4% 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, 11.7% or 230 had no maltreatment type selected, 3% or 6 were physical abuse, 4 were neglect, 3 were sexual abuse/exploitation, 1 was 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, 1.5% or 30 had no maltreatment type selected, 22.8% or 448 were physical abuse, 31.4% or 615 were neglect, 9.9% or 190 were sexual abuse/exploitation, 18.3% or 358 were emotional abuse/neglect, 2.8% or 54 were dependency, 9 were death of child, 8 were infant with prenatal substance exposure, and 2 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 FY20, the SDM® Risk Assessment tool was completed on 3,632 cases. Discretionary overrides occurred in 87 or 2.4% of these risk assessments, which is within the overall goal of 5% or less. This rate has remained consistent since 2018. (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 FY21, 13.7% of SDM case disposition recommendations were overridden, which is outside of the accepted and acceptable range of 5-8%. This represents a slight decrease in overrides; however, over the past few years, the override rate has remained fairly stable. In FY20, 14.1% of SDM case disposition recommendations were overridden. In FY19 the investigation disposition override rate was 13.1%, and although the rate in FY18 was only 6.6%, this aberrantly low rate may be attributable to errors in the data collection system at the time. As the Fidelity Team continues to review and analyze the definitions, it is hoped 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. DFS has been working on certifying the SDM tools in FOCUS which has led to intense review of the tools and their use. Recent certification involves the SDM Reunification Reassessment. DFS is working with Evident Change to update definitions and the tool. This process is ongoing. At this time there are not reports on the Risk Reassessment of Reunification Reassessment being provided to supervisors and staff. Once the tools are completed in FOCUS work will begin on validating reports for these tools. This benchmark's timeframe is 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 still in progress. 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. There is currently discussion of reinstating a RED team process to assist in screening FAIR cases; however, if RED teams are not

reinstated in 2022, this benchmark will be evaluated for CFSP inclusion. This benchmark's timeframe is updated to suspended until RED team is reinstated.

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 still in progress. Funding for a prevention pathway response was not included in the Department's budget initiative for SFY2022; however, it is expected to be included in the budget initiative for SFY2023. Preliminary planning activities, including analysis of patterns in screened out cases and assigned cases, has been done to prepare for future programming and to bolster the assertion that such programming would be beneficial. Discussions are underway with Prevent Child Abuse Delaware (PCAD) to determine the feasibility of designating certain CBCAP funds for this purpose. To this end, as well as to inform our development of a program, the Division and PCAD have consulted with child welfare professionals in Minnesota, who have been using CBCAP money to fund a prevention pathway response, their Parent Support Outreach Program, for several years. Based on information from Minnesota, if Delaware is able to allocate adequate funding, the intention is to funnel screened out cases, meeting a defined threshold, to a prevention pathway contracted service.

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 2023.

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 completed in part and pending in part. Initial research yielded some general information about chronic neglect but little in the way of specific programming or practice models, and after consultation with other child welfare professionals in Delaware and with the Annie E. Casey Foundation, the conclusion is that specific models and programming to address neglect are lacking nationally. 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 connected with the State Liaison Officer in Minnesota to learn more about their Parent Support Outreach Program (PSOP), which is offered at intake to screened out families, and additional meetings were held, in conjunction with PCAD and the PSOP administrator, to gather data about their program. This data will be used to create a budget request for similar programming in Delaware in SFY23. The Division intends to examine the way Promotion Safe and Stable Families (PSSF) is currently being used in Delaware, and the Cabinet Secretary has invited the Division to propose a restructuring of this service to better serve as a prevention pathway. This service, as well as other prevention avenues already available to the Division but underutilized, will be examined as part of this effort. This benchmark's timeframe is revised to April 2023.

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 in progress. The Intake and Investigation Program Manager connected with the State Liaison Officer in Minnesota to learn more about their Parent Support Outreach Program

(PSOP), which is offered at intake to screened out families, and additional meetings were held, in conjunction with PCAD and the PSOP administrator, to gather data about their program. This data will be used to create a budget request for similar programming in Delaware in SFY23. Children & Families First has been part of these early discussions, and a Request for Proposals will be submitted once funding is secured. The Division intends to examine the way Promotion Safe and Stable Families (PSSF) is currently being used in Delaware, and the Cabinet Secretary has invited the Division to propose a restructuring of this service to better serve as a prevention pathway. This service, as well as other prevention avenues already available to the Division but underutilized, will be examined as part of this effort. This benchmark's timeframe is revised to April 2023.

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:

This benchmark has been achieved. 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, and services were initiated in July. 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. 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 both SFY22 and SFY23. This benchmark is being updated to a new activity The Intake and Investigation Program Manager will monitor newly awarded contract for "risk of neglect" cases to assess progress and outcomes of this services. Timeframe June 2023, measure number of referral and contract outcomes.

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:
   This benchmark is in progress. 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 need 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 were able to "go live" with FAIR assignments for all P3 staff by late Summer 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. Beginning in late 2021, the Intake and Investigation Program Support Administrator has been providing training on Family Team Meetings for FAIR to all staff, both internal and contracted. Additional training will be made available to FAIR staff, as needed. 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. A workgroup has also been convened by the Program Manager to create FAIR-specific tools in FOCUS and a FAIR Guidelines manual. This benchmark's timeframe is amended to December 2022.

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:
   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. Now that implementation of FAIR has been completed statewide, the Intake and Investigation Program Team has begun to collect initial data. Implementation 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. Data from CY21 indicates that 2,294 initial reports (including linked reports) were referred to the DFS FAIR pathway statewide from the hotline. 1,828 cases either remained in the FAIR pathway or were assigned to the FAIR pathway by the regional units, and 1,603 received an on-time initial response, which represents a 87.7% on-time response rate when diligent efforts are factored in. A total of 512 cases, or 28% of FAIR cases opened in CY21, went into backlog (i.e. were open longer than 90 days). During the same time period, 4,679 new investigation reports (including linked reports) were screened in and assigned. Of those, 4,525 received an on-time initial response, which represents a 96.7% on-time response rate when diligent efforts are factored in. During the same time period, 562 FAIR cases were closed. Of those, 64, or 11%, were transferred to treatment. Comparing to the transfer rate of investigation cases during the same time period, 4,427 investigations were dispositioned, and of those, 682, or 15%, were transferred to treatment. This early data analysis supports the theory 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 hopes to see this data improve even further as statewide expansion continues. This benchmark's timeframe is amended to implemented and ongoing monitoring.

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:
   This benchmark is ongoing. 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. Throughout CY 2021 Delaware included virtual visits as residence contacts per federal COVID-19 instructions. Currently, caseworkers are encouraged to complete an in-person visit (using recommended safety precautions and protocols) with children experiencing foster care. This benchmark's timeframe remains implemented and ongoing.

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:
This benchmark has been completed. Recommendations have been made and implemented. The committee will continue to work on ways to improve contact frequency. CQI Intact Treatment Committee was formed to develop strategies to improve performance on in-home services case reviews and improve outcomes with families. The committee had 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 began developing a series of mandatory training modules based on safety, permanency, and well-being outcomes. More detail of this work can be found in Section IV Update on Progress Made to Improve Outcomes., broken down by corresponding items in the case reviews. Each training module consists of (1) Child and Family Service Review On-Site Review Instrument Item objectives, definition, and questions, (2) DFS related policy, (3) caseworker responsibilities, (4) supervisor responsibilities, (5) data informed supervision – what reports supervisors can use to monitor performance, caseworker practice tips including Safety Organized Practice review, (6) FOCUS events and documentation, and (7) 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 was 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 placed in the Delaware Learning Center and added as a requirement for new worker training. Recently, it was reassigned to all staff including supervisors and administration that have not completed the training in over a year or have never completed the training. *(see Attachment- Case Review Training Module 1- Caseworker Visits*). The committee is also using reports to identify barriers to case closure, looking particularly at cases where risk is low and/or no services are being provided. When these cases remain open and no contact is made, they negatively impact case review performance. A report showing the last actual contact made with the family was also created and is sent out weekly. Concerns were also noted that closing a case in FOCUS was time consuming and cumbersome. Treatment program manager streamlined the process in the FOCUS system. Feedback received from treatment supervisors is that it is much easier to close cases. This benchmark's timeframe is updated to ongoing for continued monitoring and recommendations.

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:
   This benchmark has been completed. The Treatment Response Policy was completed and signed by Director Trenee Parker on 3/8/21.

   A Treatment Response policy details were shared in last year's APSR which describes when a Treatment Response can be considered, procedures for assignment and required action by the Treatment worker. This benchmark's timeframe is being updated to achieved and being removed from the plan.

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:
   This benchmark is still in progress. The Data Team developed a report to monitor treatment responses. This report continues through the validation process. There were errors noticed in the report around priority response times. A request to resolve the issue was completed. Once the issue is resolved and the report is validated it will be distributed to Regional Managers to disseminate to supervisors and caseworkers.

   For CY 21 there were 74 intakes that were identified as a Treatment Response. The timeframe is being amended to December 2022.

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:
   This benchmark is in progress. 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 which has been discussed and vetted by the Treatment Workgroup and CQI Intact Family Workgroup.

The Face-to-Face Contact template is included in Policy 403: Family Contacts and Policy 404: Foster Care (Client Contacts)

The CQI Intact Family workgroup 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 77% ; and Item 15: Caseworker visits with parents scores 67% (N=90 for September 2021-March 2022 case reviews). This benchmark's timeframe continues to be ongoing.

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:
   Timeframe of data: CY 2021 to February 1, 2022.
   The Interstate Unit completed three targeted contract monitoring events in 2022. The date range reviewed was September 1, 2020 to December 15, 2021 for Children and Families First. CFF monitoring efforts began in December 2021 culminating in a monitoring report which was submitted to CFF on February 17, 2022. On March 18, 2022, CFF submitted a corrective action plan to the Interstate Compact Unit for one item (Quarterly Progress Reports completed) and a performance improvement plan for three items: (Discussion with child included issues, objectives, and goals for permanency; Quarterly Progress Reports include follow up information; Unannounced visit occurred) detailing steps to address those areas.

The date range reviewed in respect to both A Better Chance For Our Children and Children's Choice was February 1, 2021 to February 1, 2022. Monitoring efforts for those agencies began in February 2022. A monitoring report was submitted to ABCFOC on February 28, 2022. ABCFOC submitted a performance improvement plan to the Interstate Compact Unit for one item (Second Home Study visit documented and completed within the required time frame) detailing steps for improvement.

A monitoring report was submitted to Children's Choice on March 9, 2022. No issues were identified for a corrective action plan or performance improvement plan.

In calendar year 2021 through February 1, 2022, there were 27 reportable events. DSCYF requires compliance with contractual requirements including prompt reporting of specified significant events affecting the care and well-being of Delaware children. Seven events required person to person voice contact within four hours, which was achieved in five of these cases. Eleven events required notification within 24 hours or next business day and ten were achieved. All reportable events were handled properly in accordance with operating guidelines once the agencies became aware of the event. The agency re-trained the resources of the children who remained in the resource homes, the only cases in which follow-up could be done.

In one case, the foster resource (maternal grandmother) failed to contact Children's Choice after learning that her adult daughter, the parent of the placed child, removed the child from the home of a relative. Maternal grandmother picked up the child within a few hours but did not report this to Children's Choice. Maternal grandmother reportedly shared this information with Philadelphia CUA after the incident, however.

In another case, a foster resource (grandparent) passed away. Relatives responded by caring for the child, however, they did not contact Philadelphia CUA or Children's Choice until four days later. Children's Choice and Philadelphia CUA responded immediately upon notification and Philadelphia CUA placed the child in an approved Pennsylvania foster home that day.
In another case, a resource parent took a child to CHOP for an examination due to complaints of back pain. The resource contacted Philadelphia CUA within a day but did not notify Children's Choice for two weeks.

One case involved reoccurring reportable events. The youth in question had three runaway occurrences, two of which occurred on the same day, and an inpatient psychiatric hospitalization within a three-week period. Neither the youth nor the resource (one of the two caregivers) were willing to engage in planning to stabilize or maintain the placement. The caregiver noted the impact of the youth's behavior on their health and stress level. The youth returned to the sending state upon discharge from the inpatient psychiatric hospital.

There were nine reportable events related to abuse and neglect detailed in number 2 below. The reportable events vary in type. Some were related to the ICPC placement while others were related to incidents alleged to have occurred in the sending state prior to placement. Two children returned to the sending state as a result.
The benchmark item regarding monitoring attendance of Delaware Child Abuse and Neglect Training is a routine part of monitoring contracts and is not a separated item. Updating the benchmark to remove this extra statement as it is including in the monitoring.

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:
Timeframe of data is CY 2021 to February 1, 2022.
CY 2021 Q1- There were four reportable events this quarter. Two reportable events concerned the foster parent of a sibling group placed through ICPC. An allegation of abuse was made against the foster parent in respect to her biological children, not the children placed through ICPC. The children were not present during the alleged incident. DFS FAIR opened a case. The sending state was notified, a team meeting was held, and a safety plan was enacted. Another reportable event concerned an allegation made by a child against a parent in respect to events that occurred in another state prior to placement with the IPC resource.

CY 2021 Q2- There were six reportable events this quarter. In one case, a parent took two children without permission from the home of her brother, who reported he was not aware mother could not have unsupervised contact with her children. One child was placed through ICPC with maternal grandmother at this time. Upon notice, maternal grandmother picked up the children from mother and returned them to her home. The sending state was notified, and a safety plan was enacted.

CY 2021 Q3- There were five reportable events this quarter. In one case, a child alleged past abuse in another state unrelated to the current ICPC resource and placement.

CY 2021 Q4 to February 1, 2022- There were 12 reportable events this quarter. In one case, a child shared with a non-caregiver that the child's biological father was being verbally abusive. DFS hotline screened out the call. The child later firmly denied that father was being verbally abusive. DE locals and DE ICPC office communicated with the sending state locals and sending state ICPC office regarding this and a plan was developed in respect to father's contact with the child. In another case, a child alleged abuse by a teacher. The child was experiencing a tantrum outside of the school. The teacher then physically guided the child inside the building. DFS hotline was called even though this was extrafamilial. The school addressed the concern with the teacher. The school nurse examined the child as well. The school followed up with the resource. In another case, a DFS worker who was involved with the siblings and parent of two children placed in DE through ICPC observed one of the children in the home of biological mother in violation of the safety plan. Police were contacted. The placement agency was able to reach the children's aunts, who had the children. Children were returned to home of maternal grandmother before being placed with the aunts until returned to Pennsylvania. The agency, ICPC office and PA remained in contact throughout this period to plan the return of the children. Although the children were located with relatives it is believed that at least one of them was with mother in violation of the safety plan.

One case had reoccurring reportable events. The youth in question had three runaway occurrences, two of which occurred on the same day, and an inpatient psychiatric hospitalization within a three-week period. Neither the youth nor the resource (one of the two caregivers) were willing to engage in planning to stabilize or maintain the placement. The caregiver noted the impact of the youth's behavior on their health and stress level. The youth returned to the sending state upon discharge from the inpatient psychiatric hospital.

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 3 national performance on both permanency outcomes. Case reviews show that Delaware has shown a decline in performance on Permanency Outcome 1 primarily due to our performance on Item 4, placement stability. Performance on this item has declined each reporting period. In reviewing the CFSR 3 Data profile placement stability within the first 1,000 days, Delaware scored no different than national performance. There was an average of 4.6 moves for FY2020 compared to 4.75 moves in FY2021, a 3% increase. Delaware did not meet case review performance goal of 90%.

OSRI Case Review Measures Permanency Outcome 1- Items 4, 5 & 6			
Measurement Period	Item 4- Placement Stability	Item 5- Permanency Goal for child	Item 6- Achieving reunification, adoption, guardianship or APPLA
Oct 2020 – Mar 2021	78%	96%	96%
Apr 2021 – Sep 2021	76%	96%	96%
Oct 2021 – Mar 2022	72%	98%	98%

Despite lower performance with placement stability, Delaware has been scoring consistently higher on this outcome measure then our own baseline and well above the national performance measure.

OSRI Case Review Measures Permanency Outcome 1 (Items 4,5 & 6)	
Measurement Period	Strength Rating
Delaware's 2015 baseline	56%
National Performance	27%
Oct 2020 – Mar 2021	76%
Apr 2021 – Sept 2021	74%
Oct 2021 – Mar 2022	72%

For Item 7: Placement with siblings, Delaware has met this performance goal of 90% for past three review periods. Scoring a 100% strength rating on case reviews completed between October 2020 – March 2021. There has been some drop in performance in the last year. For Item 8: Visiting with parents and siblings in foster care. Delaware met performance goal of 90% on past three review periods.

For Item 9: Preserving connections, the last three rounds of completed case reviews exceeded performance goal of 90%. For Item 10: Relative placement and Item 11: Relationship of child in care with parents, Delaware had a 100% strength rating for past three review periods which exceeds the 90% performance goal for these items.

OSRI Case Review Measures Permanency Outcome 2- Items 7, 8, 9, 10 & 11					
Measurement Period	Item 7- Placement with siblings	Item 8- Visits with parents & siblings	Item 9- Preserving Connections	Item 10- Relative Placement	Item 11- Relationship of child with parents
Oct 2020 – Mar 2021	100%	93%	100%	100%	100%
Apr 2021 – Sep 2021	91%	91%	98%	100%	100%
Oct 2021 – Mar 2022	92%	93%	100%	100%	100%

CFSR Round 3 Data Profile shows that Delaware scores no different than national performance for permanency within 12 months (37.2%), for permanency within 12 months for children in care 12-24 months (48.8%), permanency within 12 months for children in care more than 24 months (31.2%), and re-entry into foster care (6.1%) for FY2021.

OSRI Case Review Measures Permanency Outcome 2 (Items 7,8,9,10 & 11)	
Measurement Period	Strength Rating
Delaware's 2015 baseline	81%
National Performance	61%
Oct 2020 – Mar 2021	100%
Apr 2021 – Sept 2021	98%
Oct 2021 – Mar 2022	100%

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. At the time of the plan development, this program had 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:
   This benchmark was implemented in CY2019 with the expansion and is ongoing to review for additional expansion opportunities and track referrals. Family search and engagement (FSE) services continue to be accessible to both Treatment and Permanency workers. Prior to 2019, referrals had only come from Permanency caseworkers. The change aims to reduce the amount of time spent in foster care by earlier establishment of family connections.

   There were 21 youth referred for FSE services in CY2021, this is an increase of 2 from the prior year. Permanency workers submitted 11 referrals and Treatment workers submitted 10 referrals. There was a shift of 8 less from Permanency workers and 8 more from Treatment workers compared to last year.

Last year there were only 2 referrals submitted by Treatment workers. A total of 39 children were served by FSE throughout CY2021. This is up by 3 children from last year.

Referrals continue to be routed through the Treatment Program Administrator by the caseworker completing a referral and submitting it 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 Reunification, Adoption, Guardianship, APPLA, or concurrent plans.

The children served by FSE in CY 21 had the following permanency plans:

Reunification	9
Guardianship	13
TPR/Adoption	15
Reunification/Guardianship	2

No changes have been made to the referral process or criteria for referrals this past review period. Updating the benchmark to reflect the future planning to track referrals and review for opportunities for additional expansion. Also updating the benchmark's timeframe to implementation date of 2019 and ongoing for monitoring.

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:
   This benchmark is established and ongoing for outcome collection. The table below reports on outcomes of contracted family search and engagement activities for CY 2021. There was approximately a 44% increase in the family connections established this calendar year compared to last year's 45. And a 16% increase in the non-family connections compared to last year's 16.

FSE Service/Outcome	Count
Total number of youth served	39
Family connections established	80
Non family connections established	19
Closed upon reunification, adoption, or guardianship	9

   Updating the measure to "Documentation of FSE Outcomes". This benchmark timeframe is updated to tracking start of 2019 and ongoing outcome tracking.

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:
This benchmark is ongoing. Delaware utilizes several family search and engagement tools to help families identify supports and connections which include Team Decision Making (TDM), family team meetings, and group supervision using Consultation and Information Sharing Framework, a tool designed by Sue Lohrbach. Other tools used in Safety Organized Practice are circles of safety and support, connectedness mapping, and Support Network Grid. For CY2021, 799 Framework records were created in FOCUS of which 100% included a genogram.
The Treatment assessment tools- Family and Child Strengths and Needs Guide (FSNG/CSNG) 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. A relationship table was added to FOCUS that helps case workers record relationships that is stored on the client person screen, is available on all assessment tools for easy review and updated.
Case workers are encouraged to use the Family Team Meeting template in FOCUS to document family team meetings. For CY2021, 467 FTMs were documented in the FTM record, which is significant increase from CY2020 (112 documented). These meetings consistently include representation by the family, youth, and supports. There were 345 family team meetings recorded by FAIR, 78 by Family Investigation, 40 by Treatment and 4 by Permanency.
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 CY2021 there were 1846 participants invited to TDMs (27% increase from CY2020). Of those invited, 1445 attended the TDM (8% increase from CY2020). The chart below shows that when invited a high percentage of participants attend the TDM:

TDM Participants CY2021				
Participant	Invited	Attended	% attend	% of total participants attended
Mothers	196	174	88.8%	12.0%
Fathers	136	116	85.3%	8.0%
Maternal Relatives	186	164	88.2%	11.3%
Paternal Relatives	105	92	87.6%	6.4%
Relative Caregiver	48	47	97.9%	3.3%
Non-Relative Caregiver	32	26	81.3%	1.8%
Foster Parent/ Other	4	3	75.0%	0.2%
Informal Support	80	72	90.0%	5.0%
Formal Support	713	707	99.2%	48.9%
Youth	57	44	77.2%	3.0%

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 from October 2021 through March 2022. This benchmark's timeframe is ongoing.

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 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. TDM Policy and Refresher curriculum has been developed and is ready for training. The TDM Facilitators assist in all TDM Trainings. During the fourth quarter of 2021 there was 1 TDM Facilitator who was needed to facilitate TDM's. It is anticipated that TDM training will be completed in 2022 once the TDM facilitators are fully staffed. TDM training for new staff is held quarterly and provided by the TDM Facilitators. This benchmark's timeframe is being amended to December 2022 for implementation efforts. Also Measure is updated to implementation of training.

2. 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:
   This benchmark is ongoing. 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.

   For CY2021, 338 children entered DFS custody. Of those that entered care, children 272 (80%) had a TDM, which is an improvement from last year. Forty three percent (43%) 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, 41 (12%) exited custody in less than 30 days and 13 (4%) exited custody within 30-60 days.

Of the children with a short stay in custody (54 children), 24 (44%) did not have a TDM and 30 (56%) had a TDM; Of the 30 TDMs held, 53% were post removal, 33% were pre-removal, and 13% were Sua Sponte removals.

Due to the continued pandemic, TDMs were held via telephone conference until August 2021 when they returned to face to face / hybrid model.

Children with TDM: This report focuses on all children who had a TDM during a specified time period.

For CY2021, of all the children, there were 372 children had a TDM. Of these children 78% had a mother attend the TDM and 42% had a father who attended a TDM. Fourteen percent (14%) of children attended a TDM. Case workers continue to be successful getting mothers to attend TDMs and ongoing efforts are needed to engage fathers and youth.

For CY2021, TDM diverted 38% of children from entering DFS custody, which is a decrease from the previous year.

TDM Summary: This report focuses on each TDM as a whole that was held during a specified time period.

There was no change in the rate of Pre-TDM from CY2020 to CY2021. 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	128	54%
Post-Removal	99	42%
Court Initiated	11	5%

For CY2021, 36% of the TDM's indicated AOD concerns while 10% of TDM's indicated domestic violence concerns. Only 3% of TDM's indicated safety concerns. The Domestic Violence Liaison (DVL) and substance abuse liaison (AOD) were expected to participate when either issue was indicated as a concern. DV Liaisons do not attend when perpetrators are viewed as risks to participating victims.

AOD Concerns	86	36%
AOD Invited	24	
AOD Attended	13	
DV Concerns	24	10%
DVL Invited	10	
DVL Attended	8	
Safety Concerns	6	3%

TDM Participants: This report focuses on the people who were invited and attended the TDM. Attendance is strong for mothers, relatives, supports and youth when invited to attend.

TDM Participants- CY2021				
Mothers	196	174	88.8%	12.0%
Fathers	136	116	85.3%	8.0%
Maternal Relatives	186	164	88.2%	11.3%

Paternal Relatives	105	92	87.6%	6.4%
Relative Caregiver	48	47	97.9%	3.3%
Non-Relative Caregiver	32	26	81.3%	1.8%
Foster Parent/ Other	4	3	75.0%	0.2%
Informal Support	80	72	90.0%	5.0%
Formal Support	713	707	99.2%	48.9%
Youth	57	44	77.2%	3.0%
Mothers	196	174	88.8%	12.0%

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 CY2021 there were 13 TDM exceptions approved. All of the children 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 Reviews completed in CY2018, CY2019, CY2020 and CY2021 follows:

	2018	2019	2020	2021
Item 2: Services to family to protect children in the home and prevent removal	100%	95%	95%	95%
Item 9: Preserving connections	97%	100%	100%	100%
Item 10: Relative placement	96%	98%	98%	100%
Item 12 A: Needs and services to children	86%	77%	76%	78%
Item 12 B: Needs and services to parents	87%	78%	74%	66%

3. 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:
This benchmark is ongoing. 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.

Since COVID-19 the use of the TDM evaluation decreased. The Treatment Program Manager will work with TDM facilitators in the upcoming year to offer evaluations at every TDM. This benchmark's timeframe is ongoing.

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 DSCYF 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:
   This benchmark is still in progress. The relative home assessment policy requires the coordination of several program managers and due to other priorities has not been completed. The benchmark is being updated to include the 3 case management program managers (Investigation, Treatment and Permanency) along with the Foster Care Program Manager to review and revise the home assessment policy and make updates in FOCUS. Updating the timeframe for policy to December 2022 and FOCUS change request to June 2023.

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 benchmark #1. Training caseworkers and coordinators on changed relative/non-relative home assessment procedures and FOCUS documentation will occur once the policy has been reviewed and revised and the FOCUS changes have been made. Revise benchmark to include all the program managers in benchmark #1. Timeframe for this benchmark has been revised to July 2023.

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. ACHIEVED

   Measure: Documented issuance of Requests for Proposal.

   Progress Report:
   This benchmark has been achieved. Delaware was awarded the federal kinship navigator grant and after a successful Request for Proposals, the contract was awarded to Children's Choice of Delaware for a Kinship Navigator Program effective September 28, 2020. Removing this benchmark as it has been completed.

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. ACHIEVED

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

   Progress Report:
   This benchmark has been achieved. From October 2020 to July 2021 Children's Choice of Delaware conducted and completed a Needs and Readiness Assessment including focus groups and surveys with stakeholders and incorporated kinship caregivers. A comprehensive review of Kinship Navigator models nationwide was completed.

   DFS strategic leadership has reviewed the Needs and Readiness Assessment and the recommendation of Children's Choice. In December 2020, DFS approved Children's Choice's recommendation to contract with nationally recognized Children's Home Network in Florida to adapt its Kin-Tech model to meet our needs in Delaware. Delaware was fully trained on the Kin Tech model from January 2021 to July 2021 and the Kin-Tech Kinship Navigator model was fully launched statewide in Delaware in August 2021.
   This benchmark will be removed as it has been completed. It will be replaced with a new benchmark that the Foster Care Program Team will track and review outcomes of the Kinship Navigator Program and work with the contractor to improve services for families and children. Timeframe will be ongoing and Measure will be Kinship Navigator referral tracking and outcome data.

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:
   This benchmark is in progress. Kinship guidelines have been revised to match the approved Kinship Navigator Model, Kin-Tech, and training was completed. The policy on Kinship is still undergoing revisions. Revised timeframe for issuing Kinship policy is December 2022.

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 in progress and is dependent on the policy being completed. Children's Choice staff and select DFS staff were fully trained on the approved Kinship Navigator Model, Kin-Tech by July 2021. The ongoing and rigorous training was completed virtually due to pandemic restrictions. This model was launched statewide in Delaware in August 2021. Delaware has and continues to be in full compliance with the Kin-Tech model for Kinship Navigation. Staff will receive training on the policy once it is completed in December 2022. This benchmark's timeframe is being revised to February 2023.

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:
   This benchmark is in progress. Ice Breaker meetings were suspended initially at the beginning of 2020. Foster care resumed conducting Ice Breakers in July 2021; however, the COVID-19 pandemic continued to be a barrier to conducting meetings in many situations. Ice Breakers activities are occurring, but the data consistency continues to be a challenge. FOCUS does not currently have functionality to track Ice Breakers. A paper-based tracking method is being used. During the report period we re-issued guidance on tracking and reporting Ice Breakers and revised the format of data reporting which has resulted in small improvements to our data quality. Additionally, we have initiated conversations regarding building a reliable structure in FOCUS to track Ice Breakers more consistently and accurately. Revised timeframe for this benchmark is January 2023 for improved tracking and then ongoing for monitoring.

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 has been re-evaluated and will be updated. At this time there is no plan to expand TDM meetings to include potential placement disruptions. Upon further review, it has been determined that a TDM at the time of placement disruption is too late to address needs of the youth and to stabilize the placement. At this time there are ongoing discussions around practice already in place and being developed that will be a more appropriate route to help stabilize placements.

   Here are current strategies in place or under development to provide additional services and support to stabilize placements.

   - FIRST (Family Informed Resource Support Team) facilitates team meetings using the same model as TDM. The criteria for referral is the youth is active in two Divisions or the youth is at risk of entering a residential program, but there are exceptions. FIRST brings together the family, youth, professionals, and supports and is designed to support youth remining in or returning to family and community settings. The goal is to prevent youth from entering long-term residential care and to strengthen transition plans to expedite and support a youth's return to family and community. Dedicated facilitators network with providers and connect families to services and supports within their community.
   - Dual Status Youth Meetings (DSYM): Beginning January 1, 2022, the Department started identifying youth who are dual status (youth who are in foster care and receive a new arrest or who enter DFS custody through a sua sponte order). Once a youth is identified as dual status, they are referred to a contracted facilitator through WrapAround Delaware who will facilitate a Dual Status Youth Meeting within 10 days of the notification. The goal of this meeting is to focus on providing appropriate services and support/intervention to reduce further penetration into the juvenile justice and child welfare system. The goal is to support the current placement plan and offer targeted, evidence-based services that will address the current crisis and support the youth and family's needs.
   - Foster Parent Support Services: In October 2021, foster care program posted a Request for Proposals (RFP) to add new services to support foster parents. A bidder was selected in February 2022. At this time, we are in the contract negotiating phase. This contract will outline multiple services for foster families with the goal of stabilizing placements and preventing disruption. This contract will include a wrap-around support services to foster parents that will focus on addressing challenging child behaviors, strengthening foster parenting skills and relationships with biological/adoptive families, improving community supports, and providing in-home support and education to foster families. Additionally, this contract will include a foster parent support group. We aim to have this program operating by July 2022.

   Delaware has decided to discontinue the pre-disruption TDM strategy so this benchmark is going to be discontinued and replaced with: Foster Care and Treatment Program Managers to research and review strategies to reduce placement disruptions. Recommendations will be shared with leadership for additional activities. The Program Managers will track current supports (FIRST, DSY and foster parent support services) and their outcomes for effectiveness and improvements. Timeframe will be July 2022 for the implementation of foster parent

supports and ongoing for tracking and outcome reports. Measure will be documentation of referrals and outcomes of the 3 current strategies.

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 will be removed as strategy is being discontinued. As discussed above, policy will not be written for pre-disruption TDMs.

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 will be updated to reflect training on new strategies for reducing placement disruptions. Staff have requested refresher training on FIRST so leadership is exploring ways of promoting and sharing the benefits of FIRST and the procedures with staff. FIRST staff has been readily available to provide training to staff but with turnover increasing awareness will be important. Training on the Dual Status Youth protocol and meetings was provided to Department staff beginning in November 2021. A zoom recording is available to all staff as a refresher or new training. Training was also provided to contracted foster home providers and foster parents. Also, the team will explore if training is needed or at least notice of the foster parent supports when the contract is operational. This benchmark is being updated to- Foster Care and Treatment Program Managers will conduct or arrange awareness campaigns and trainings on identified strategies around placement stability and support. And the timeframe is being update to July 2023 and ongoing.

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:
   Timeframe used for data is CY 2021 to February 1, 2022. 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 when placement disruptions appear imminent or has occurred. The team tries to preserve the placement and if that is not possible; the interstate team coordinates with the sending interstate office to devise a plan which could include arranging for the child's return to the sending state. Disruptions are addressed in general at the interstate compact unit team meetings, quarterly contract provider meetings and during one-on-one supervision meetings between the Deputy Compact Administrators and unit supervisor. Specific cases are discussed as necessary. During CY 2021

through February 1, 2022, there were eight placement disruptions involving seven placement resources.

Children's Choice experienced three placement disruptions during this monitoring period involving two foster home resources. In one case, a foster resource (maternal grandmother) passed away and was found by her sister, the child's aunt. The child's family contacted Philadelphia CUA four days later to inform them of the death. Philadelphia CUA notified Children's Choice and they responded immediately to develop a plan to keep the child safe, resulting in the child's return to Pennsylvania for placement in an approved foster home. In another case, the foster resource (maternal grandmother) violated a safety plan agreement in respect to two grandchildren placed in her care. The situation surrounding this is detailed in great length in the final quarterly report and the incident which led to the disruption was communicated immediately to DE ICPC, DFS hotline and police. The children were removed from the home by Philadelphia CUA and placed with a relative.

Children and Families First experienced two placement disruptions during this monitoring period. In one case, an effort was made on the part of the agency and resource to stabilize the placement. Weekly Functional Family Therapy was instituted, and an IEP meeting was held. Child did not want to engage in individual therapy. The resource's commitment to the child wavered during the placement. New Jersey ICPC was notified, and it was determined the child would return to New Jersey. A brief runaway incident preceded his removal. An FFT session was held upon his return that day.

Another youth returned home due to conflict with the resource. Conflict was noted while child was on a visit with the resource prior to placement, however, child stated that she wanted to reside with the resource. Resource and child discussed individual therapy and child was placed on a waiting list. Family therapy was requested so CFF arranged Functional Family Therapy, but neither the resource nor the child wanted to engage. Ultimately, the child returned to Florida

ABCFOC experienced three placement disruptions during this monitoring period. In one case, parent and child interactive therapy was in place. The sending state did not give much notice of removal and the sending state ICPC office was also not provided notice. The resource had expressed some frustration but had indicated a willingness to consider adoption just over two weeks before child was removed from the home.

In another case, a child was experiencing significant behavioral and mental health issues punctuated by runaway events and inpatient hospitalization. Neither the youth nor the resource were interested in following through with resources identified by ABCFOC. Police were notified of runaway events when necessary. ABCFOC checked with child regarding safety and trafficking concerns upon her return from AWOL.

In another case, a child began exhibiting concerning behaviors upon placement. The sending state did not fully report the extent of this child's behavior problems prior to placement. The resource parents developed a plan to ensure the children in the home were always supervised. ABCFOC and the resource family initiated a referral to the school district for early childhood screening and services, and ABCFOC made a referral for play therapy. Visits were arranged with local family members. Ultimately, the resource determined they could not provide safety for the child and their own children but waited until after the holidays to request his return to the sending state

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:
   This benchmark is ongoing. DFS and CIP collaborated on an enhancement to Visitation known as Visitation Hosts. Visitation Hosts are part of visitation policy and is a tool for the case worker's toolbox for ensuring family connections.

   Inservice training about Visitation Hosts was provided to CASA on November 4, 8, and 15, 2021. Delaware scores well in the areas of visitation and relationship of child in care to parents.

		2018	2019	2020	2021
Item 8	Visiting with parents and siblings in foster care	91%	88%	93%	93%
Item 11	Relationship of child in care to parents	95%	91%	100%	100%

   It has been difficult to track visits being conducted by visitation hosts but FOCUS updates to how we document visitation is planned for implementation this summer which may help capture this better. This benchmark's timeframe will continue to be ongoing.

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:
   This benchmark is in progress and ongoing. OSRI measures for the period October 2021 to March 2022 are: Item 14: Caseworker visits with child is a strength in 77% of cases reviewed; and Item 15: Caseworker visits with parents is a strength in 67% 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. 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 Intact Family workgroup was developed in February 2020 to 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. This request is currently being worked on by the Treatment Program Manager and FOCUS team.
- Caseworkers are required to use a Contact Template for all Family Contacts. This request is currently being worked on by the Treatment Program Manager and FOCUS team.
- There is ongoing discussion with CIP, Family Court, frontline staff, and administration around concerns that some families remain open in Treatment when there is a pending Guardianship Petition in Family Court. There are several treatment cases that remain open, without DFS custody, but are "waiting" for guardianship to be granted to relatives/non-relative caregivers. The caregiver petitions for guardianship but the Treatment Case remains open even though the risk is lower, there are no further safety concerns, and the removal parent/caregiver no longer wants to work towards reunification.
- The Treatment Program Administrator reviewed the supervisory case conference with a team of Treatment Supervisors. They are working with the FOCUS team to streamline this record.
- The Treatment Program Manager and FOCUS team made implemented updates to the Treatment Case Closure to aide in the ease of case closure and ensure necessary information is provided at the time of case closure.
- 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. This was provided to all staff in 2020 and re-assigned as a refresher to staff in 2022.

Client Contacts

The Client Contact Policy was reviewed and updated in April 2019. Recent performance for client contacts for FFY 2021 follows:

Measure 1- % of visits made on a monthly basis by caseworkers to children in FC			
	FFY2021	**FFY2020**	**FFY2019**
# of children in FC	**650**	**751**	**899**
# of visits made to children in FC if visited once per month	**4856**	**5765**	**6805**
# of visits made to children in FC	**4583**	**5460**	**6242**
% of visits made to children in FC on a monthly basis	**94.38%**	**94.71%**	**91.73%**
(Fed standard >=95%)			
Measure 2- % of visits that occurred in the residence of the child			
# of visits that occurred in the residence of the child	**4103**	**4524**	**4992**
% of visits that occurred in the residence of the child	**89.53%**	**82.86%**	**79.97%**
(Fed Standard >=50%)			

This benchmark's timeframe will continue as ongoing for monitoring.

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 benchmark activity is complete. Permanency Roundtables are utilized as a tool to achieve relational permanency for youth in Delaware. Permanency Roundtables were implemented statewide in August 2019 and are available 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 27 youth in Delaware. The youth have been age 9 - 18. Delaware has had one youth exit care who had a Permanency Roundtable with a permanent guardian. The continued goal is to refer a youth when the team believes that they have exhausted all resources or when a youth says no to permanency. A Permanency Roundtable training was presented to staff and stakeholders on May 26, June 22, 29, August 6, 13, 20, 2021 and January 21, 2022. The purpose of the presentation is to provide knowledge of the benefits of both legal and relational permanency and how to utilize the Permanency Roundtable as a tool for all youth in foster care in the state of Delaware. This benchmark's timeframe will be updated to ongoing for monitoring and continue to report outcomes and data related to the practice.

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 benchmark is ongoing. In FY21 there were 103 finalized adoptions in the state of Delaware. Eleven percent (11%) of these adoptions were children age 12 - 18 years old. On November 20, 2021 the Interagency Committee on Adoption in Delaware celebrated National Adoption Day virtually. This celebration's theme was Engaging Youth in the Process & the event highlighted post adoption support services.

The State of Delaware continues to have 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 February 8, 2011 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. 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.

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. A virtual match event for older youth took place on January 29, 2022. Thirteen Delaware children participated. Another virtual match event is scheduled for June 2022.

Darla Henry completed virtual training in March and April 2021.

This benchmark's timeframe continues to be ongoing for evaluation and refinement to support teen permanency.

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:
   This benchmark is completed in part and will be updated to 2 new benchmarks detailing specific recommendations and activities. The CQI Post Adoption Disruption Prevention Committee continues to meet monthly. Membership composition and management of the

committee is details under the Quality Assurance section of this report. The committee has been analyzing the following data with a plan to make recommendations for improvement.
Most recent AFCARS frequency report (October 2021 to March 2022) shows that 7.4% or 46 children currently in care were previously adopted. An increase from the 5-6% over the past three years. This increase can be contributed to two large sibling groups that entered DFS custody during this period. Of these 46, 39% or 18 of the disruptions were new placements within the AFCARS 2022A time period. Overall breakdown by year of entry is as follows:

	2015	2016	2017	2018	2019	2020	2021	2022	Total
# of disruptions	1	1	3	1	7	5	17	11	46

Only 20 of the 46 disruptions had a goal of reunification; 8 had goal of adoption; 10 had a goal of guardianship, 3 had a goal of long-term foster care or APPLA, and 5 new entries did not have a goal yet established.
Of youth that have been previously adopted, a high percentage of these youth age out of foster care as compared to all youth in care. See charts below for Delaware specific data.

	FFY							
	Sep-19		Sep-20		Sep-21		Total % of youth	Total Count of youth
Exit Reasons	% of youth	Count of youth	% of youth	Count of youth	% of youth	Count of youth		
Adoption	0.00%		16.67%	2	16.67%	2	10.26%	4
Emancipation	80.00%	12	75.00%	9	66.67%	8	74.36%	29
Guardianship	13.33%	2	8.33%	1	8.33%	1	10.26%	4
Reunification with Parent(	6.67%	1	0.00%		8.33%	1	5.13%	2
Grand Total	**100.00%**	**15**	**100.00%**	**12**	**100.00%**	**12**	**100.00%**	**39**

	FFY							
	2019		2020		2021		Total % of youth	Total Count of youth
Exit Reasons	% of youth	Count of youth	% of youth	Count of youth	% of youth	Count of youth		
Adoption	34.04%	129	32.01%	113	30.18%	86	32.25%	328
Emancipation	22.43%	85	23.23%	82	20.00%	57	22.03%	224
Guardianship	18.47%	70	11.90%	42	22.46%	64	17.31%	176
Living with Other Relative(s	3.96%	15	4.82%	17	3.16%	9	4.03%	41
Reunification	21.11%	80	28.05%	99	24.21%	69	24.39%	248
Grand Total	**100.00%**	**379**	**100.00%**	**353**	**100.00%**	**285**	**100.00%**	**1017**

Youth in care that had previously been adopted have a longer average length of stay then the average of all youth in care. See charts below for Delaware specific data.

	Average Length of Stay (in days)	
FFY	**Kids Previously Adopted**	**All Kids**
2019	850.29	652.64
2020	978.36	646.24
2021	876.85	594.91
Grand Total	**898.56**	**633.77**

As shared in previous APSR reports, in order to 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 specifically for families where a disruption had taken place.
Twelve qualitative interviews were completed with adopted parents with the following results:

- The majority of the adopted parents had been foster parents for the children whom they adopted.

- The majority of disruptions were teens and the reason for disruption was child's behaviors and parent-child conflict.
- Only 50% were aware of post adoption services.
- 80% of the youth had involvement with Prevention and Behavioral Health Services prior to disruption.
- Largest support for foster parents was their families.

Suggestions for improvement included the need for additional resources, availability of crisis services, department agencies need to work better together, respite services, and overall communication improvements.

The committee members are developing 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.

Based on the committee's recommendations, the committee has continued the campaign to provide education on post adoption services. On April 14, 2021, the committee members held a presentation on post adoption services at DFS treatment program workgroup. On May 20, 2021, a presentation was provided to the Team Decision Making Workgroup. Information was also provided at the Foster Care Coordinators and foster care providers group meeting. On August 2, 2021, committee members attended family interventionist meeting and provided training on post adoption services. On August 11, 2021, a presentation was provided to DFS investigation program workgroup. The committee members presented to Independent Living Provider Meeting on August 13, 2021. Information was presented to New Castle County Youth Rehabilitative Services (YRS) on August 26, 2021. Kent and Sussex County YRS was trained by committee members on September 16, 2021. Court appointed special advocates were also trained on post adoption services in September. FAIR staff were also trained. On October 15, 2021, Center for Child Development training was held. Training was provided at the Prevention and Behavioral Health Provider meeting, which included Promoting Safe and Stable Families and Intensive Consultation staff in November 2021. In February 2022, presentations on post adoption services were given at the Court Improvement Plan Stakeholders Meeting in New Castle, Kent, and Sussex Counties and at the PBHS Providers Forum. On April 4, 2021, a training on post adoption services was provided to school nurses, counselors, foster care liaisons, homeless liaisons, family crisis therapists, and other Department of Education staff. Information on post adoption services has been added to DFS new worker training.
Information on post adoption services has also been shared with our foster care provider community via the foster parent newsletter. Post adoption agency newsletter is now being disseminated to additional DSCYF staff and stakeholders. This newsletter list trainings and contact information for post adoption agencies. Adoption program manager is in process of developing a public service announcement as well as a recorded training on post adoptive services that will be available on the Delaware Learning Center for all DSCYF staff. Adoption program manager now gets a notification if a new hotline comes in on a family that is receiving an adoption subsidy. At that point, manager does a reach out to the investigation worker to let them know what post adoption agency they are working with and provide update about post adoption service availability. To increase the awareness and assessment of need for post adoptive services, the committee also recommended that fields be added to the DFS intake tool and investigation case events. A change request was created to add "Is this an adoptive or permanent guardianship family?" and "If yes, was the family/reporter provided information on post adoption services?" to the DFS intake tool, as well as the risk assessment, case conference, and disposition events in investigation and FAIR cases. This FOCUS build is currently in process. The addition of these fields will also allow more quantitative data to be

pulled from these tools related to adoptive/permanent guardianship families earlier in their interactions with the Division.

Data indicates that most families are already in crisis at the point they reach out for help or services. Post Adoption Disruption Committee recommended outreach be provided to adopted families as a preventative strategy. The post adoption contract agencies are now beginning to contact adoptive parents at the time of their annual subsidies' renewal. Agency staff will check-in with family on their current situation, encourage families to return their agreement forms, and provide information on post-adoption services. Monthly emails are also going out to adopted parents, resulting in some clients reaching out after their monthly email is sent.

As a result of various trainings and outreach, post adoption contract agencies report more referrals are coming in from a variety of sources. There has also been an increase of referrals from hotline and investigation staff.

The plan will be updated to reflect the above efforts under a **New Benchmark #1**: Improve awareness of post adoption services for staff, community partners and families. Timeframe: 2020 and ongoing. Measurement: Documentation of presentations, information sharing and data on disruptions. Data regarding post adoption referrals, referral sources and outcomes.

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. This training offers three learning track options:

1. NTI Training for Child Welfare Professionals (20 hours) was designed for professionals working with children and youth in foster care, families preparing to foster or adopt, and children and youth and their adoptive or kinship families.
2. NTI Training for Child Welfare Supervisors (25 hours) was designed for supervisors working in public and private child welfare agencies.
3. NTI Training for Mental Health Professionals (30 hours) was designed for behavioral/mental health professionals.

These trainings became available in January 2021 for all DSCYF employees. Global emails to promote the training continue to be sent out to all staff. These trainings are also discussed at Strategic Leadership Team Meetings and All Management Meetings. In 2021, 50 staff were enrolled with 12 staff completing the training. Seventeen supervisors were enrolled with one completing the training. Thirty-four mental health professionals had initiated the training and two have completed the training. It is encouraging to see staff enrolled in these trainings and because the modules must be done in order and are long, it is expected that it could take someone a year to complete them. The agency will continue to monitor enrollment, attendance and completion of these trainings.

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 had been offered on a quarterly basis to all Department staff. This training was given by a CQI Post Adoption Disruption committee member, the Executive Director of A Better Chance For Our Children (ABC). In March 2021, Darla Henry's training series on the 3-5-7 Model was held. In February 2022, executive director of ABC presented to family court judges on appropriate therapeutic approaches to children.

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. Last year, A Better Chance for Our Children, post adoption services, had sponsored a free therapy training series, Moving Beyond Trauma Informed Incorporating Neuroscience into Practice to Improve Treatment Outcomes. Because of the high volume of interest, three separate cohorts of training were conducted by an adoption therapist. Because

of the continued interest, the training has been offered again this year. Currently, two cohorts of therapists are going through the training.

CQI Post Adoption Disruption Prevention Committee also presented information regarding the Champions for Children Mental Health Peers Program. 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. Peers Program also conducted presentation at a DFS All Management Meeting.

In April 2022, Children & Families First began to pilot the Connect Program. This 12-week program will be piloted by Dr. Vicky Kelly and an adoption worker. It is open to all parents of adopted pre-teens and teens. Families with an approved permanency plan moving to adoption are eligible. The program has therapeutic role-playing, support, and education components. This program has been done in 11 states, but never with adoptive parents before.

Interagency Committee on Adoption in Delaware is working on a collaboration with Springfield College on developing a version of the adoption therapy certification program. The first year of the program is expected to start in the Fall of 2022 and will be offered to therapists who hold master's degrees and providing therapy. The sessions would be held Friday evenings and Saturdays to better accommodate practitioners' schedules. The program would be eligible for reimbursement upon completion by DFS.

New Benchmark #2: The CQI Post Adoption Disruption Prevention Committee to strengthen the workforces' knowledge of trauma informed practice as related to adoption. In addition, will increase and improve services for pre-adopt and post-adopt children. Timeframe is 2020 and ongoing. Measure is documentation of trauma informed presentations and training opportunities, data from survey and training attendance and service descriptions and outcomes. This benchmark will be removed from the plan and replaced with the 2 new benchmarks that more accurately reflect the current work.

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 CY 2021, 35 cases achieved permanency (adoption, guardianship/legal custody to a relative, and legal custody to parent). Twelve adoptions were public and three were private.

Case Type/Plan	Total for 2021	>9 months
Adoption	15	9
Guardianship/legal custody to relative	10	8
Legal custody to parent	10	5
Emancipation	3	3

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, quarterly progress reporting, communications with sending states and next steps to achieve permanency. Contract provider agencies are instructed to include inquiries about legal permanency in quarterly reports which are submitted to the sending state. The children placed in Delaware through the ICPC are in the custody of the sending state, therefore, the agencies have little control over the direction of each case. Barriers include jurisdictional challenges, extended reunification efforts, COVID-19 pandemic, change of plan by caregiver, and delayed documentation needed to achieve permanency. Legal permanency is discussed during quarterly contract provider meetings. Provider agencies are encouraged to request from the sending states any court orders issued during a child's placement as well as permanency status updates.

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 is well above the national performance and is at or above baseline during 2 of the last 3 reporting periods. Delaware has not met the 90% performance goal for this outcome.

OSRI Case Review Measures Well Being Outcome 1 (Items 12,13,14 & 15)	
Measurement Period	Strength Rating
Delaware's 2015 baseline	70%
National Performance	36%
Oct 2020 – Mar 2021	62%
Apr 2021 – Sept 2021	77%
Oct 2021 – Mar 2022	70%

Delaware performed strongest with Item 14- Caseworker visits with children and weakest with Item 15- caseworker visits with parents. Delaware dipped in performance in the fall/winter after the start of the pandemic and showed improvements the following spring and then saw a decline as the community opened back up.

Delaware showed some improvement and some drops in performance on the individual items out Well Being Outcome 1. This demonstrates the need to support the work on case worker visits to help improve outcomes as indicated in various benchmark activities.

OSRI Case Review Measures Well Being Outcome 1- Items 12, 13, 14 & 15				
Measurement Period	Item 12- Needs & Services	Item 13- Involvement in planning	Item 14- Caseworker visits with child	Item 15- Caseworker visits with parents
Oct 2020 – Mar 2021	62%	66%	74%	55%
Apr 2021 – Sep 2021	77%	78%	83%	72%
Oct 2021 – Mar 2022	70%	74%	77%	67%

Delaware scores better than national performance on reoccurrence of maltreatment since the onset of CFSR Round 3 measures. Per the January 2022 CFSR 3 Data Profile, Delaware scores a 4.0% on reoccurrence of maltreatment, exceeding the national standard of 9.5%.

In CY21, 372 children had a TDM, 204 or 55% of these had a pre-TDM. For CY21, TDM diverted 38% of children from entering DFS custody, which is a decrease from the previous year. In CY21, 338 children entered DFS custody. Of these youth, 80% had a TDM, 43% a pre-TDM, 53% a post-TDM, and 4% court initiated. DFS did not meet our goals for these benchmarks.

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:
   This benchmark is in progress. The Family Engagement workgroup has been merged with the CQI Intact Family Committee as they had the same focus and similar membership. The agency has contracted Evident Change (formally NCCD-CRC) for training on case readings. The case readings will help inform the Committee on areas to focus on. There is not a training date set yet.

   The following are the OSRI ratings from 10/21 – 3/22 associated with this benchmark:

	Round 8
Item 12 A: Needs assessment and services to children	78%
Item 12 B: Needs assessment and services to parents	66%
Item 13: Child and family involvement in case planning	74%

   This benchmark is being updated to reflect that the workgroup is going to use the case reading information to inform the group. The objective of getting frontline staff and supervisors is already achieved. The updated benchmark is The CQI Intact Family Committee/Family Engagement Workgroup to evaluate and implement interventions to strengthen the application of Safety Organized Practice, principles, strategies, and tools. Encourage frontline staff and supervisors to participate in working groups. Timeframe is ongoing.

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:
   This benchmark has been achieved. The toolkit has been completed and distributed to staff. A Safety Organized Practice Folder has been added to the DFS 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. All new staff also receive a laminated SDM Safety Assessment that can be used in the field as a handy reference guide. As additional SOP tools are implemented by DFS, CPD will incorporate them

into the DFS New Employee Training (NET). This benchmark is being removed as it has been completed.

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:
   This benchmark is in progress. During CY2021, 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. These strategies continue to be pending.

   Evident Change delivered supervisory based training for Investigation and Treatment Supervisors which took place in November/December 2021. Further training will be decided upon once the case readings take place and deliver some information about areas of strengths and areas needing improvement. This training is planned to be provided later in 2022.

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 youth reporting post-secondary education enrollment with a goal of 35%.

Performance:
The first quarter report of calendar year 2022 shows 41% of youth over 18 years of age were either employed full-time or part-time. 49% of youth over 18 either had a high school diploma, GED, Associates degree or vocational certificate with 48% currently enrolled and attending school.

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:
   This benchmark was achieved and will continue for collaboration efforts. The Transitional and Independent Living Program Manager (TIL PM) met with Kind to Kids in July 2021 along with DFS Director Trenee Parker and the Department's Cabinet Secretary, Josette Manning to review the success of UGrad and to discuss goals of the program. The Department highlighted their support of UGrad mentorship component and advocacy skill building for youth. Kind to Kids staff routinely participates in Delaware's youth advocacy group which was renamed by the youth to Helping Our Peers Evolve (HOPE) monthly meetings and activities by way of giveaways and celebrating youths' birthdays. Kind to Kids also actively engages in the HOPE annual conferences as a support and vendor. The Department encourages Kind to Kids to explore providing their services through the Department of Labor to expand their programming. UGrad currently provides services to 61 youth in foster care and youth who have recently aged out of foster care providing support from grades 3rd through college. UGrad is currently working with 11 seniors who are all graduating high school this spring. This benchmark is ongoing to continue collaboration to share and promote this program. Updating this

benchmark to report out the number of youth served by the program and the outcomes. Timeframe will be annually and the measure will be updated to report youth served and graduation rates.

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:
   This benchmark is in progress and has evolved with legislative support. In the late spring of 2021, the Program Manager met with Delaware State University (DSU) to begin work on updating the MOU that outlines the foster care housing program. This program allows youth who are engaged in the TIL program that are attending DSU, to apply for a housing voucher to use while living in a dorm on campus. Using a housing voucher decreases the room and board expenses that a youth is responsible to pay. Delaware State Housing Authority (DSHA) covers the remaining 'rent' cost to DSU. This program provides an avenue for youth to live on campus year-round since the vouchers are designed to cover rent for 12-months. This program was explored for use at the University of Delaware (UD) in light of HB 123, the free tuition waiver program. HB 123 certifies that UD, DSU and Delaware Technical Community College will waive all tuition, fees and room and board for youth attending their school, who has experienced at least one year of foster care in Delaware after the age of 14. HB 123 passed July 1, 2021 and notice of the bill and how it impacts youth was discussed during the monthly HOPE meeting in the summer. Also, HB 123's passing and the implications it has on youth was shared at the annual Destined for Greatness event on July, at the ILYA graduation party, the annual HOPE conference in August. Flyers, media posts (including a recorded interview with a former foster youth who helped develop HB 123) and FAQs were disbursed to DFS staff, contracted agencies, and youth. The TIL PM and team created a shared email mailbox for questions and inquiries. The TIL PM and team monitor this email mailbox every week and use it as the gateway for providing youth with verification they're eligible for the tuition waiver program. The TIL PM attended the HB 123 Governor signing on October 21, 2021, in Wilmington, Delaware. Youth also attended along with providers and partnered staff. Two youth spoke about their experience and support of bill. An additional effort to decrease costs associated with attending a post-secondary educational program has been made by the Office of the State Treasury (OST). OST is creating a grant program for youth who've experienced foster care in Delaware. DFS and OST collaborated throughout the year, sharing data, ideas, and policy to create the program. The grant will go in to affect this calendar year and youth can use it to cover indirect costs they have associated with attending post-secondary school.

This benchmark's timeframe will be ongoing for monitoring of the support and the measure will be updated to review the youth served and outcomes. The benchmark will be amended to reflect the partnering with the post-secondary institutions for positive outcomes for youth.

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:
   This benchmark is in progress. The TIL PM collaborated with JDG to explore the possibility of their contract expanding to cover the temporary larger eligible population of youth due to the Division X provisions. The TIL PM and JDG met in the spring of 2021 and updated the contract amendment noting that JDG services would be provided to youth up to the age of 23. In addition to the services they provide to youth, JDG staff actively engage in HOPE meetings, including engaging in workgroups to re-brand HOPE. With new contracts for TIL services came along new staff. The TIL PM facilitate virtual meet-and-greets between JDG and the new contracted TIL providers. The TIL PM and JDG continue to meet virtually to discuss what is working well and what is not working well regarding programming. 25 youth have been referred to JDG since the last reporting period. Total number of active youth is 30. This benchmark's timeframe will continue as ongoing for monitoring and outcome measures.

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:
   This benchmark is in progress. The TIL PM collaborates with the Department of Labor youth providers. One of those youth providers, Delaware Futures, attended the annual HOPE conference in 2021 as a vendor. Delaware Futures connected with you and provided them with resources and services. Youth engaged in HOPE discussed how HOPE could be an avenue for them to do on-site job shadowing experiences. This was discussed during the virtual break out room conversation regarding what youth

want from HOPE and how HOPE can support them. Youth identified that they would like transportation to the job-shadow events and an adult to be with them when job shadowing.
There is no change to this benchmark's timeframe.

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:
   This benchmark was postponed due to the pandemic and recent state of emergency because of COVID-19. The summer youth internship program with the family court was re-established starting the spring of 2022. There is no change to this benchmark's timeframe as it is still in progress.

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:
   This benchmark is in progress. With the implementation of Division X, the TIL program allocated funds to youth directly related to transportation. The provision in Division X indicated that $4,000 could be provided to a youth to pay for transportation related expenses. Youth could purchase a vehicle, pay for car insurance with the funds amongst other expenses. If the youth was interested in using the funds to purchase a vehicle, they had to complete the Vehicle Purchasing Checklist form. This form was created by the TIL PM with the intent to ensure a youth was financially ready and appropriate to buy a car. Information about Division X as well as the opportunity to spend the funds on transportation related expenses was shared during April 2021's HOPE meeting. Over the past year, work has been done on the legislative level to remove and lift barriers youth have experienced with getting driver's license. In the fall of 2021, Senator McBride along with the Department collaborated on drafting a bill that addresses how foster parents potentially could financially help with a youth's car insurance bill and/or sign for a youth to obtain their driver's license. These bills have not been introduced to legislation to date. There is also pending legislation to establish a driver's program through the Office of the Child Advocate. TIL PM partnered with OCA to apply for the Division X TA, Paving the Way program in the early spring of 2022. The application was accepted, and collaboration workgroups have

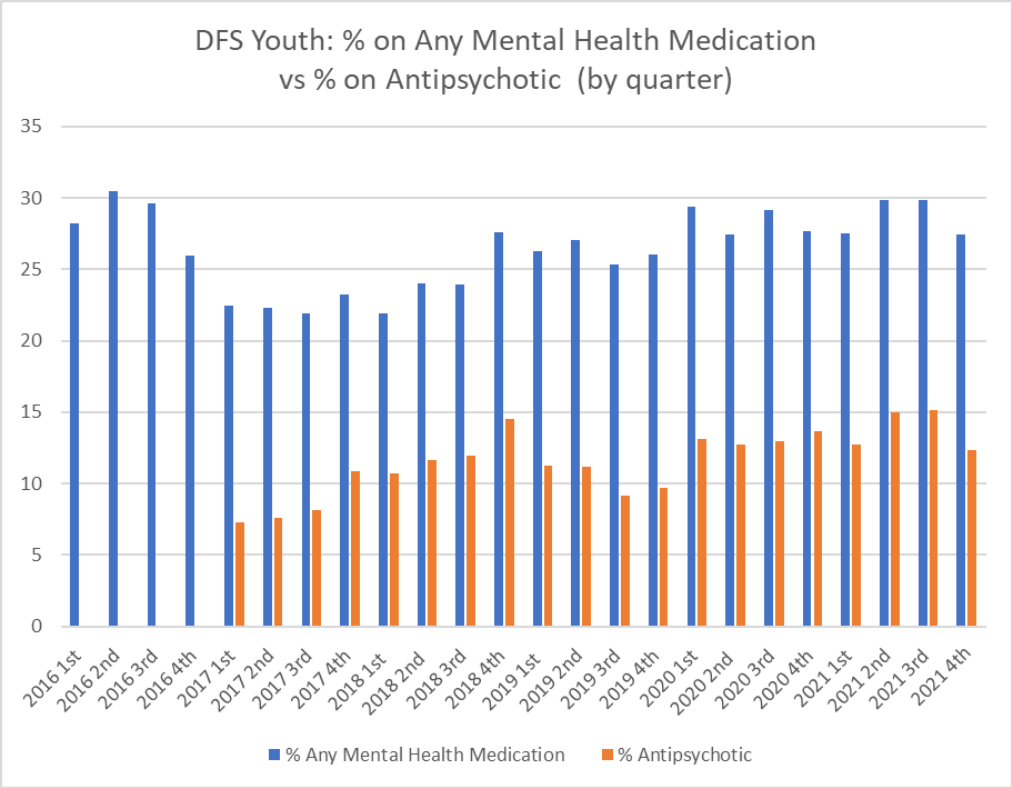
begun. Data outlining youth who have a drivers license, learners permit, car insurance and barriers they face are now being collected monthly. There is no change to this benchmark's timeframe as it is still in progress.

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

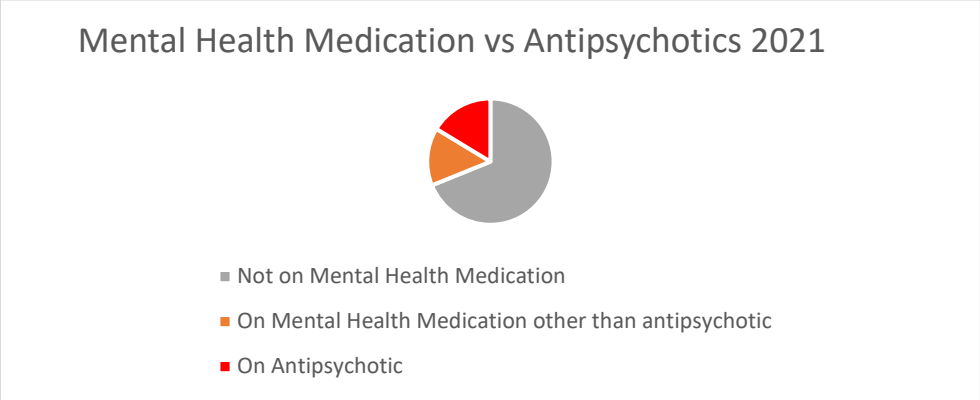
Rationale: The health and well-being of foster children is a top priority of Delaware's child welfare system. Delaware has developed an oversight and monitoring system for all children as they enter foster care as part of a larger nationwide effort. This effort has a goal to reduce overreliance on psychotropic 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).

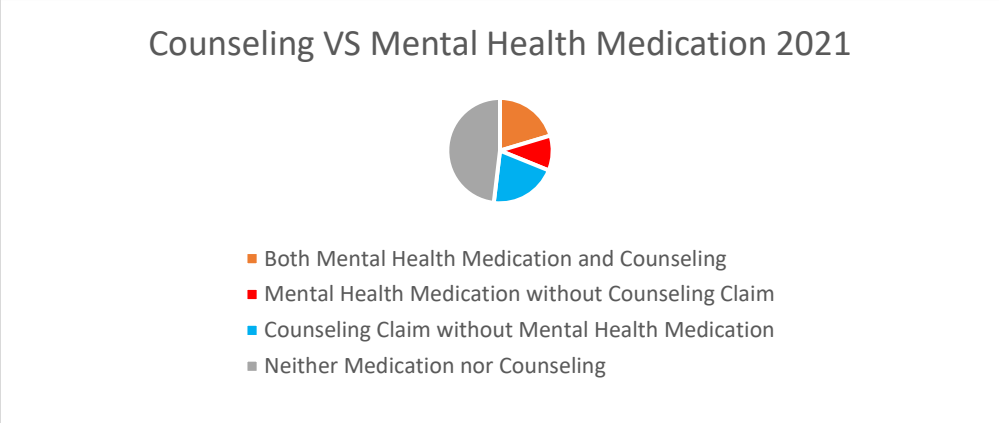
Performance:



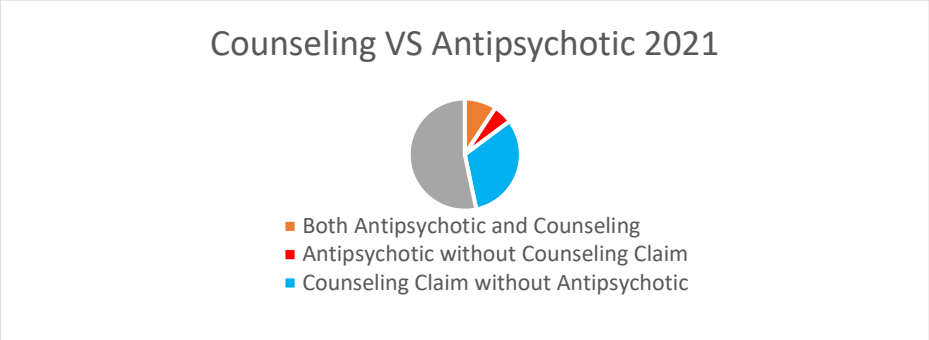
Annually, the population is examined to see what fraction are receiving any psychotropic medication, what fraction are receiving a medication in the antipsychotic class, and what subfractions have had a claim billed to Medicaid for mental health counseling.



VY2021: Psychotropic Medication and Antipsychotic Medication	Count
All DFS children	790
Not on Mental Health medication	544
On Mental Health medication	246
On Antipsychotic	117
On Mental Health medication (but not Antipsychotic)	129



CY2021: Psychotropic Medication and Counseling	Count
All DFS Children	790
On Mental Health Medication	246
Mental Health medication and counseling claim	161
Mental health medication without counseling claim	85
Counseling without mental health medication	164
Neither medication nor counseling	380
Not on Mental Health medication	544



CY2021: Antipsychotic Medication and Counseling	Count
All DFS Children	790
On Antipsychotic	117
Antipsychotic and counseling claim	74
Antipsychotic without counseling claim	43
Counseling without Antipsychotic	252
Neither antipsychotic nor counseling	421

Utilization of any Mental Health Medication (psychotropic) and counseling claims based on age group:				
	Age 0-6	Age 7-11	Age 12-18	Age 0-18
No Mental Health Medication	282	90	172	544
Mental Health Medication	3	43	200	246
Mental health medication with Counseling	3	35	123	161
Mental health medication without Counseling	0	8	77	85
Antipsychotic	0	16	101	117
Antipsychotic with Counseling	0	13	60	73
Antipsychotic without Counseling	0	3	41	44
Total	285	133	372	790

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:
This benchmark is in progress. All children entering care (4 and older) are 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.

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. The Medicaid claims data is summarized in the annual pie charts and the quarterly bar charts shown above.

A third method specific to antipsychotic use is built into the FOCUS computer tracking system. This process is initiated if an antipsychotic is documented on the client medication screen when added by a case worker, pharmacist, or other user. Whenever any youth in care starts an antipsychotic, the consulting pharmacist is contacted to reach out to the prescriber's office to check that mental health counseling. This process also checks for metabolic monitoring and other parameters in accordance with guidelines based on the Healthcare Effectiveness Data and Information Set (HEDIS). This benchmark's timeframe is ongoing for monitoring.

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. Delaware continues to receive positive feedback from stakeholders that they see evidence of data informed decisions and evaluation in workforce

development and program intervention. A CQI Steering Committee meets at least every two months. Original team members were 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. The group has expanded to include an adopted parent, Independent Living Program Manager, foster parent coordinator, and project manager from office of the secretary. Our hope is to have CIP coordinator and front-line staff join the committee as well. 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. Five 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, CQI Data Quality Committee, and CQI Teens Committee. 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 again 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 and qualitatively defined the scope of disrupted adoptions. 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 and will be monitoring progress on the CCWIS Data Quality Plan. Teens make up the highest percentage of youth in DFS custody. Teens also have a high impact on placement stability. The newly formed CQI Teens committee was formed to focus on two paths: prevention of teens entering DFS custody and placement stability of teens in care. This group is compiling data and has begun analysis of causal factors.

DFS set a goal to improve data informed practice across the agency. The Data team continues to develop reports to review key areas identifies by the program team and used 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. The CQI Steering Committee continues to brainstorm ways to inform staff of various performance measures and outcomes. The CQI Manager and the Department Community Relations Coordinator continue to collaborate on regular email blasts, “Delaware Rocks”, sharing positive performance results. These emails continue to be sent out to all staff and select DSCYF employees. The CQI Manager also sends out “Kudos on Case Review” emails when case reviews receive an all strength rating. These emails are sent to workers, Supervisors, Assistant Regional Administrators, Regional Administrator, DFS Operations Administrator, DFS Director, DFS Deputy Director, and Cabinet Secretary. Feedback regarding these kudos has been extremely positive and workers are very much appreciative of the recognition for their performance.

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

Case review findings and system data was shared at stakeholder meetings. 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:
   This benchmark is in progress as the CQI process is continuous. This benchmark will record the process of CQI evaluation and will provide recommendations. These recommendations are then detailed out in other sections of this plan. This committee has been working on several activities already detailed in the Permanency section, Objective: Prevent post-adoption disruptions. 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, adoptive parent, foster parent, and stakeholder representation from Department's Office of Case Management, Prevention and Behavioral Health Services, and representatives from post-adopt services contract providers A Better Chance For Our Children, Children's Choice, and Children and Families First.

   The Committee analyzed quantitative data from AFCARS and other reports, in order to 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. 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. 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. Survey of Delaware specific disruption adopted parents, showed only 50% were aware of post adoption services. Committee determined that front line workers across the Department need to be

better informed of post adoption services so that they can better communicate the availability of these services to adoptive families.

Data indicates that most families are already in crisis at the point they reach out for help or services. Post Adoption Disruption Committee recommended outreach be provided to adopted families as a preventative strategy.

The 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. The committee has collaborated with several partners to offer NTI training for professionals and the 3-5-7 Model training from Darla Henry. The committee is also working on a collaborative with Springfield College for an adoption therapy certification program.

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. So the committee collaborated with community partners to offer free therapy training, presentations for Champions for Children Mental Health Peer Program and the pilot for the Connect Program for parents of adopted pre-teens and teens.

This benchmark's timeframe is ongoing for continue quality improvements. Recommendations of awareness of post adopt services and improved workforce training and services will be detailed out in new benchmarks under the Permanency Section, Objective: Prevent post-adoption disruptions, Outcome: Fewer adopted children reentering foster care.

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 the performance on intact family case reviews.

Progress Report:
This benchmark is in progress as the CQI process is continuous. 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 Practice Coach, DFS Administrative Case Reviewer, DFS Treatment Program Manager, DFS Regional Administrators, DFS Program Support Administrator, DFS CQI Manager and DFS Operations Manager. This group meets monthly, and updates are provided to the Strategic Leadership Team (SLT) on a regular basis to keep them informed of any new developments or undertakings by this group.
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, the committee made recommendations to 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: (1) Child

and Family Service Review On-Site Review Instrument item objectives, definition, and questions, (2) DFS related policy, (3) caseworker and supervisor responsibilities, (4) data informed supervision – what reports supervisors can use to monitor performance, (5) caseworker practice tips including applicable Safety Organized Practice or Structured Decision Making® review, (6) FOCUS events and documentation, and (7) 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 in December 2020 and recorded so it is available as needed in the Delaware Learning Center. Newly hired staff are required to take the training. Recently, it was reassigned to all staff including supervisors and administration that have not completed the training in over a year or have never completed 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 December 2022. To improve quality of visits, Safety Organized Practice and SDM® Refreshers Trainings have taken place. Program team members have also presented trainings on Family Team Meetings and the overall in-home treatment services process.

A second theory of change is that if treatment workers' workload could be reduced, then we would see an improvement in performance. The CQI Intact Family Committee reviewed the recommendations of the DFS/CPAC treatment caseload study, which were to lower 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 legislation changes necessary to support lowering the treatment caseload standard and expansion of treatment staff, (see Workforce Stability Progress Report section for details). Delaware has also expanded our differential response (FAIR) with contracted providers. The CQI Intact Committee had a report developed to review the number of children per caseload versus the number of cases per caseload along with the expected frequency of contact. The report revealed a significant workload imbalance across staff, with some staff having more than 60 children on their caseload. This data was then presented to Senior Leadership resulting in the operations manager utilizing this report to direct supervisors to take child caseload counts into consideration when assigning caseloads. The committee is also using reports to identify barriers to case closure, looking particularly at cases where risk is low and/or no services are being provided. One such report shared monthly shows cases that remain open despite a Final Order of Adoption or Permanent Guardianship Order being issued. In these cases, contacts are missed because the case has reached the legal goal and there is typically no reason for the family to be involved with the Division. Another report showing the last actual contact made with the family was also created and is sent out weekly. Concerns were also noted that closing a case in FOCUS was time consuming and cumbersome. Though analysis of these reports, the agency was able to determine that there were delays in closure of cases for various reason. During these delayed closures the technical requirement for contacts continued despite the "work" of the case being done. This negatively impacted our performance related to client contacts. The Treatment Program Manager streamlined the process in the FOCUS system and trained staff on new procedures. Feedback received from treatment supervisors is that it is much easier to close cases now. The CQI Intact Committee members also found concerns with the treatment case conference event. There was a request to make it more purposeful so that workers and supervisors would be able to better ensure there was a thorough assessment of risk, safety and needs and provide definite next steps, ultimately resulting in an improvement to our work with families and cases moving through treatment at a quicker pace. A subcommittee was subsequently formed. This committee has developed an improved supervisor case conference event. A change request is currently pending to update the event in FOCUS.

This Committee also found that delays in guardianship proceedings with family court for youth not in agency custody were impacting caseloads by unnecessarily extending the length of activity with the agency while workers and families were waiting for finalization. After review of specific case examples, it was determined that many factors contributed to delays in guardianship process including guardianship checklists not being submitted or requested consistently for guardianship petitions,

petitions had inaccurate or incomplete documentation related to reason for filing and any concerns/risk identified by the petitioner, miscommunication regarding court's expectations, concerns about the ability or access of relative/kin/petitioners to obtain needed medical care or education for named child (children), and court's understanding of child safety agreements and safety planning. To address these areas, CIP Coordinator was invited to attend CQI Intact Committee to discuss guardianship related concerns. On February 14, 2022, New Castle County Family Court and DFS held a roundtable discussion. Frontline workers and supervisors, judges, attorneys, CQI Intact Family Committee members, and others met virtually to address various topics including guardianship. If DFS recommends that a relative/kin file for guardianship, DFS will assist in providing the individual with a guardianship checklist. Roundtable discussion confirmed that many DFS workers were not aware of the checklist or were not filling it out accurately. Workers were also not aware that medical and education affidavits signed by parents were being accepted by medical facilities and schools to ensure children are able to attend school and receive needed medical, dental, or mental health care when in the care of others. A Guardianship Checklist Refresher training was consequently held on March 8, 2022. Follow up emails were sent out to ensure workers were familiar with checklist and affidavits. During round table, it was also found that certain judges were automatically denying a guardship petition if a DFS child safety agreement was active because child was not in imminent risk or danger. DFS Investigation Program Manager did a presentation on child safety agreements and safety planning to family court judges to enforce that child safety agreements are completed only if there were significant concerns that would cause a child to enter custody if an agreement was not able to be completed. They are meant to be short term and not a long-term solution. Kinship Navigator program was invited to speak at a CQI Intact Family Committee meeting. Kinship navigators can assist relatives/kin in filing the guardianship petition and supporting them through the process. Trainings on kinship navigator program has been provided to staff to promote use of this program. Currently, it is difficult to run data reports regarding non-custodian kinship families. Committee recommended and was approved to have kinship related fields added to DFS hotline and investigation event in FOCUS. This will allow the agency to pull information on families that can benefit from kinship navigator program. CQI Intact Committee members and CIP coordinator are conducting further analysis of cases involving guardianship proceedings with particular focus on length of time from date petition is filed to date of hearing.

Based on results of the CPAC caseload study and feedback from frontline treatment workers, CQI Intact Committee has also discussed the piloting of intact vs treatment caseloads. A subcommittee will be formed to determine next steps and present recommendations to Strategic Leadership Team. If approved, goal is to begin this pilot by January 2023.

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.

For the most recently completed case reviews, Delaware scored a 53.57% strength rating for caseworker visits with children and a 51.85% strength rating for caseworker visits with parents. Last year for same time frame, Delaware scored a 46.43% strength rating on in home services cases and a 35.71% on in home services cases. Improvements in performance have been seen.

This benchmark's timeframe is ongoing and recommendations for actions will be detailed in benchmarks under the appropriate section of this plan. (Case worker visits)

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:
This benchmark is in progress as the CQI process is continuous. 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, DSCYF Strategic Information Systems Manager, the Executive Product Owner and DFS Product Owner for FOCUS, CQI Steering Committee, DFS data team, Center for Professional Development, FOCUS liaisons, FOCUS trainers, DFS frontline staff 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: 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.
Members of the CQI Data Quality Committee were involved in the development of the Delaware Comprehensive Child Welfare Information System (CCWIS) Data Quality Plan (DQP). Much of the analysis completed by the CQI Data Quality Committee was used to guide the development of the DQP. Delaware was one of three states that completed a Data Quality Plan Model. On May 25, 2022, the Children's Bureau had a CCWIS webinar, "Data Quality Plan Improvement – Making Improvements Based on the Model DQP Experience". DFS CQI Manager, DSCYF Strategic Information Systems Manager, and FOCUS executive product owner presented our DQP model, describing lessons learned, and sharing Delaware's experience in the collaboration on DQP model creation. The DQP outlines plans and protocols for ongoing data quality monitoring intended to meet the requirements set forth by the Administration of Children and Families CCWIS Data Quality Plan requirements under 45 CFR 1355.52. The CCWIS Data Quality Plan is a living document and will be updated annually to demonstrate ongoing compliance and consider the latest CCWIS data standards and locally developed performance plans. The DQP serves as an outline of guiding principles, practices, and procedures that underscore DSCYF's commitment to high-quality data collection and entry. Per CCWIS data standards, DSCYF will ensure:

- **Data Timeliness –** Improve data timeliness through communicating, managing, and executing appropriate time expectations for the collection, accessibility, and availability of information.
- **Data Completeness** – Improve data completeness by enabling CCWIS to maintain all required information, which ensures DSCYF and stakeholders have the necessary data and information to make data-informed decisions.
- **Data Accuracy and Consistency** – Improve data accuracy by actively managing the standard, clarity and degree to which data is correctly and consistently collected, analyzed, and used to make data-informed decisions; and
- **Data Reliability** – Improve data reliability to ensure information and data that is collected represents the "real world" so that business decisions can be made in a timely and effective manner.

The CQI Data Quality Committee will be monitoring progress and make suggestions for improvement on our data quality priorities. The following three data quality priorities have been established for the 2021-2022 year:

- Create, standardize, and enact department-wide and division-specific Data Timeliness Policies and Procedures:

• Continue ongoing data completeness efforts to bolster the complete entry and maintenance of valid data focused on key pain points; and
• Centralize the "person-type" data strain to ensure accuracy, through which an individual's comprehensive extended demographic history shall be captured (e.g., medical, educational, behavioral health, dental, etc.) to enhance quality of service delivery and share updated information across programs and services across the system.

To address timeliness of entry, the Division of Family Services issued on August 13, 2021, a Policy and Management Directive on Documentation Standards that reinforces the importance of timely data entry. In addition, two trainers have been hired to regularly create and update training materials on FOCUS to incorporate timeliness policies and directives and to reinforce accuracy and completeness. CQI Data Quality Committee has requested that timeless of entry reports be built to measure placement entry and exits, initial interview entry, and custody order entry. The build on these reports is in progress. Once validated, these reports will be used to establish a baseline. Delaware's established goal is to have 90% of placement entries and exits and court orders entered within 24 hours.

Regarding 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. Team had previously recommended report writers build report to look for placement gaps that CQI Manager uses regularly to locate missing placement information. Through analysis of this placement gap report, Kids in Custody without Active Placement report, and AFCARS validation report, team also found that workers are still 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. The Committee recommended that Family Service Assistants be specifically trained on relative/non-relative placement entries with expectation that once trained they would be responsible these placement entries. The FOCUS trainer developed and conducted specific training on relative/non-relative placement entry. This training is now scheduled on a monthly basis. The FOCUS trainer will also work one-on-one with staff as needed. 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. As a quality assurance tool, the kids in custody without active placement and AFCARS validation report 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 regarding placement entry barriers. AFCARS April 2021-Sept. 2021 submission regarding 30-day timeliness measurement: 3 errors were reported for entry or .51% and 5 errors for exits or 3.5%. For AFCARS October 2021-March 2022 submission, 9 errors were reported for entry or 1.45% and 3 errors for exits or 2.5%. For both submission, both met validation requirements.

In regard to improving timeliness and completeness of data entry for case plans and custody orders, the 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 reviewed regularly. Improvements have been seen. Most recent AFCARS had no missing periodic reviews and one missing goal (related to a mapping issue that is being addressed and not a data entry issue). While reviewing case plans, it was found that the permanency goal picklists were not consistent across various events in FOCUS. The team went through all the picklists related to permanency goals in all events across the system. A change request was created to ensure all picklists would have same values. This change request is pending. The Committee also found that workers were completing plans after child had exited custody. There were also instances on case plans where workers were selecting APPLA as a goal for youth under the age of 16, which is against policy. Committee requested that validations be built to not allow child plans to

be created after custody exit date or allow goal of APPLA to be selected prior to youth turning 16. These builds are pending.

Much work has been done on custody related issues. When working to develop timeliness reports, it was found that the court order initial completion date was being updated any time an edit was made or new FOCUS deployment took place. This matter was addressed and resolved. The CQI Data Team requested development of a custody episode table to reflect the start and end of a custody series. This table would enhance ability to run custody related reports and for users to have an easier view of multiple custody entries. New fields were added to ensure actual end dates were connected to specific ex-parte custody start orders. The CQI Data Quality Committee has reviewed Final Order of Adoption entries. The 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.

When developing timeliness and completion reports, an overarching issue was discovered that impacts Delaware's ability to run historical information. When FOCUS was built, a task was assigned for each event that would be completed on a case. This task is assigned to a specific worker and sits on their worklist. The event due date and completion date were only built on the task and not on the event. After one year, the system archives these tasks which prevented completion date and due dates from being pulled into a report for events older than a year, an obvious issue if you are trying to establish trends and review performance over time. Members of the CQI Data Quality Team subsequently went through all DFS objects in FOCUS and change requests were made to move due dates and completion dates from tasks to actual objects from FOCUS start and going forward. Other divisions also completed this activity. This build is pending.

In regard to priority two, Delaware has prioritized ensuring the completeness of entry for caseworker visits. Our monthly caseworker visit reports are sent out monthly to operations manager and regional administrators. These reports include all months where a contact event has not been entered, along with the assigned worker and supervisor's name. Delaware is currently in the process of building a contact event into our data system. For our FY2021 monthly caseworker visit report, Delaware had a 100% completion rate for all visit events at time of submission.

Related to issue of completeness, during the build of historical caseload reports, it was found that the assigned user table on a case was not accurate. There were gaps of time where the assigned user was missing. It was found that during conversion, all this information did not pull into new system. It was also found that there were multiple ways to assign a case, but only one way caused the assigned user table to be updated. A change request was made and implemented to ensure staff complete case assignments in the same manner. Contractor was also able to convert assigned user information from previous data system. Work is in process to obtain the remaining missing historical assigned user information.

To address data priority three, Delaware's goal is to reduce duplicate person entry in our system, improve accuracy of address information, and reduce duplicate data entry among Child Welfare Contributing Agencies. To reduce duplicate person creation, CQI Data Quality Committee recommended that a training be developed for the department demonstrating FOCUS search functionality and other means to prevent duplication. This training is currently being developed by FOCUS trainers. Duplicate PID (Person Identification number) reports are being sent out. 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". Thus far, targeted areas have focused on demographics (race, ethnicity, and address), duplicate PID entry, timely placement entry, education information, progress note completion, and other data quality related areas. 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. To improve information, a CR is also in place to allow address a new validation of previously validated address at intake. This will prevent address duplication. To reduce duplicate data entry by CWCAs, a provider portal is in process of being built to allow CWCA staff to enter data directly into the FOCUS system. As many of interventions are pending, it is difficult to determine effectiveness or evaluate impact.

To ensure our data system is as user-friendly as possible, the CQI Data Quality Committee also began the assessment of FOCUS activities by program area, starting with treatment cases. The purpose is to ensure there are no unwanted defaults, determine if any information is not needed and can be removed, and identify fields where information could pull forward and prevent data re-entry. Committee has just started this process. As review occurs, treatment program manager creates tickets requesting the proposed improvements. This work will be ongoing. This benchmark's timeframe is ongoing and recommendations for actions will be detailed in benchmarks under the appropriate section of this plan.

4. CQI workgroup for Teens to hold meetings to apply:
   a. Defining the scope of teens in custody and impact on service provision and placement stability.
   b. Researching solutions to prevent teen entry into care and prevent placement disruptions.
   c. Forming a theory of change to prevent teen entry into care and placement disruption.
   d. Implementing an intervention to improve placement stability for teens in care and prevention strategies.
   e. Evaluating the impact on teen entry into care and placement stability.

Timeframe: June 2022 and ongoing.

Measure: Documentation of application of CQI principles on this project and impact on teen entry into custody and placement stability.

Progress Report:

This benchmark is in progress as the CQI process is continuous. The CQI Teen Committee was formed after analysis showed that case review performance results were significantly correlated with the number of teens in care. CQI Teen Committee held its first meeting in July 2021 and has continued to meet on a monthly basis. This group is made of representatives from every DSCYF division and the courts. Members include the CQI Manager, DFS director, DFS case reviewers, Transitional and Independent Living Program Manager, Treatment Program Manager, Foster Care Program Manager, Regional Administrator, DFS Operations Manager, Department Manager of Data and Statistics, CIP Coordinator, Office of Child Advocate Chief of Legal Services, Office of Child Advocate Data Analysts, DMSS FIRST program supervisor, OCM Supervisor, FAIR Director, DPBHS Child Psychologist, YRS administrator, and DFS frontline supervisors and workers.

At onset, CQI Teen Committee reviewed data reports and case reviews to determine scope of teens in custody and impact on service provision and placement stability. Committee hopes to use results from the new supplemental survey being conducted by case reviewers to obtain more qualitative data on this area. Case reviews show that Delaware has shown a decline in performance on Permanency Outcome 1 primarily due to our performance on Item 4, placement stability. For Item 4: Placement Stability, Delaware scored a 78% strength rating for reviews from October 2020 – March 2021, 76% for reviews from April -September 2021, and a 72% from October 2021-March 2022. In reviewing the CFSR statewide data indicators placement stability within the first 1,000 days, there was an average of 4.6 moves for FY2020 compared to 4.75 moves in FY2021, a 3% increase. Delaware correlates the

decrease in placement stability performance to the number of teens in foster care. Teens have a higher rate of placement disruption as compared to younger children. As of 4/12/22, 43% of youth in foster care were 13 or older. Using AFCARS 2022A frequency report, 30% of the children on the AFCARS report were born in 2006 or earlier (approximately 16 years of age or older). Of these children aged 16 and older, 82% have had more than one placement setting and 65% have had more than 2 placement settings since entering foster care as compared to all children in foster care where 59% have had more than one placement setting and 37% have had more than 2 placement settings. In 2020-2021, there were 153 teens with at least one placement and a disruption from specifically a foster home placement. Kids Count Delaware reports that the population of teens in Delaware has not changed much in the past five years, however the percentage of children in foster care 13 years or older is increasing significantly. Teens also make up the majority of youth served by YRS and PBHS. The mean age of DSCYF youth clients is 16 years.

CIP data reports that in the period of January-March of 2021, 38% of youth entering custody were teens. In April – June 2021, 33% of youth entering custody were 13-17 years. A total of 46 teens entered custody between January – June 2021. Of these youth, 48%, 22 teens, were due to disrupted guardianships, 13%, 6 teens, were due to a sua sponte order, and 9%, 4 teens, were due to a disrupted adoption. Primary entry reason for these teens was parent-child conflict. Secondary reasons included guardian or caretaker no longer wishes to provide care, child's behavior, and child's mental health. Most of these disruption cases had PBHS history at the time of the disruption or within the past 6 months. For youth ages 13-17 years, 47% exited within 6 months of entering custody (53% reunification, 33% guardianship, and 13% aged-out). Team Decision Making data showed that 70% of the short stays in 2020 had a TDM. Of these, 75% were post TDMs – 4% were sua sponte ordered, and 21% were pre-TDMs.

CQI Teens Committee developed a problem statement: Teens make up a disproportionate share of youth in foster care and placement stability decreases when a child is older. The committee developed two theories of change: Preventing teens from entering care will improve performance on placement stability. Improving service provisions across the department to foster parents and youth will stabilizing placements for teens in custody and improve performance on placement stability.

Regarding service provision, Committee is gathering information on service availability to teens, including those that could address issues related to parent-child conflict. Committee found that many available services are being underutilized by the department. YRS has contracts for Multisystemic Therapy (MST) program, offered by the Center for Mental Wellness, and Family Functioning Therapy. From January 2020 to March 2021. FFT had 21 referrals made (17 in '20 and 4 in '21). MST had 16 referrals made (all in 2020). They had no referrals in 2021. Youth must be post-adjudicated to be eligible for services. PBHS has a care coordinator program. Children & Families First FAIR cases can be referred to FFT and it always has been underutilized. FFT referrals can be made to work with youth and foster parents to stabilize placements, but this is rarely taking place. Committee is in process of obtaining list of DSCYF contracted services and will be exploring ability of cross divisional use of these programs. Committee also will be focused on promoting these programs and educating workers and foster parents of their availability.

Related to service provision, committee has determined there is need for improvement in service coordination across divisions. Service gaps were also found during points of transition for example from YRS or PBHS residential services to home. During this transition period, committee found that many youth come into DFS custody, sometimes via sua sponte, as parents are not prepared or unwilling to care for child due to lack of supportive services. It is difficult to then find initial placements for these

youth and unfortunately has led to children spending nights supervised by staff at DFS office until a placement, even temporary, can be located. In April 2022, Governor approved American Rescue Plan Act funds to enable the renovation of Wharton Hall (circa 1930) – a large, unused building on administrative campus. The remodel will result in the increase of crisis beds from 6 to 10 and an up to 10 bed adolescent diagnostic and stabilization treatment program. The crisis bed program will continue to serve children and adolescents while the existing residential program for younger children will be converted to a program for adolescents who need additional diagnostic assessment and stabilization in order to be better able to be successful in their community. Adolescents served in the diagnostic and stabilization program may be admitted directly from a home setting or from crisis bed or inpatient psychiatric hospital and the program will focus on the development of a plan to enable to youth to return to their identified living arrangement. Length of stay for this program is expected to be about 90 days and it is not intended to replace residential treatment or to serve as a DFS shelter – it is intended for adolescents who have complex behavioral health challenges who are at risk of disruption of their living arrangement and who require additional assessment and stabilization to ensure they have an appropriate plan in place to support their needs.

Policy 209 relates to the service coordination of the Department regarding dependent youth and ensures staff are working with youth and families to prevent the dependency of a child leaving YRS or PBHS placements, or if dependency does exist to promote family reunification. The report line is supposed to receive a dependency checklist from YRS or PBHS staff for DFS to expect to receive custody. If received timely, pre-TDMs can be held that could divert custody. Committee has found that this is not consistently occurring and will be planning and promoting training on this policy.

Committee also found that policy and/or best practice is not consistently being followed as related to a number of meeting types that impact teens entering or remaining stable in care. These include TDM, FIRST (when child involved in multiple divisions), ice-breakers (caregivers and foster parents at time of initial placement), Dual Status Youth, and family team meetings. Committee plans to analyze barriers and promote awareness and adherence to these practices and policy.

A gap in services also occurs when child first enters foster care. Currently, DFS is looking at a transition support contract to help with planning for success in the foster home. DFS also has an RFP out for therapeutic foster homes. The therapeutic foster parents will be better clinically trained to handle children 12 years and older who have behavioral health issues. Committee plans to look at recruitment efforts and improved training for foster parents to better prepare them for challenging teens. This benchmark's timeframe is ongoing and recommendations for actions will be detailed in benchmarks under the appropriate section of this plan.

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:
   This benchmark is in progress and ongoing. Case review performance are reviewed at every CQI Steering Committee meeting and documented in CQI Steering Committee minutes. The Committee continues to analyze case rating summaries for each item that is not meeting established goals to determine causal factors, commonalities, and trends. Results are broken down by county and by program area. The CQI Manager gives updates and shares reports on case review performance with DFS Director, Deputy Director, Operation Manager, and Program Team. The 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. Most recently, the 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. Based on committee recommendation, a new CQI subcommittee was formed to collect data and provide analysis on teen population to determine strategies to prevent teen entry into care and improve placement stability. This benchmark's timeframe continues to be ongoing for monitoring.

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:
   This benchmark is in progress and ongoing. The DFS CQI Manager has collaborated with Department CQI leads to expand the department CQI system. The DFS CQI Manager is a member of the newly formed DSCYF CQI Collaborative. The CQI Collaborative group was formed as part of Delaware's Strategic Plan. This group was formed to expand and institutionalize data-driven decision making throughout the department by establishing and implementing a shared vision and common goals to govern data quality and integration and a culture of continuous quality improvement. The Strategic Plan Goals that this collaborative will focus on are as follows: to develop a cadre of staff who are trained/certified in CQI practice and dedicate resources to support ongoing improvement, cross training, and succession management activities; to expand current CQI efforts to include data-driven examination of processes, critical incidents, and service delivery using proven CQI strategies; to develop tools and protocols for administrative case review in support of strategic planning goals and department values; to develop strategies and a protocol for applying CQI strategies to review and improve process inefficiencies; to determine how processes, inefficiencies, or gaps will be identified and who can initiate CQI workflow, and to develop a training and communication plan that promotes understanding of the purpose/benefits of CQI and employee roles in that that process. Collaborative has begun work on employee retention and morale and is currently gathering data to define scope of issue. The Collaborative reviewed results of employee satisfaction survey completed by Department. The Collaborative also held focus groups to gather more qualitative information. Review of this data will be taking place. Discussions are being held regarding supervisor competency and its impact on the latter.

Department CQI leads are members of DFS CQI Steering committee as well as the CQI Teen Committee and CQI Post Adoption Committee. Previous sections of this report have provided detailed updates on these committees' progress and activities

The 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. 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. This benchmark's timeframe continues to be ongoing for monitoring and 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:
This benchmark is in progress and ongoing. DFS hosted a stakeholder meeting on November 3, 2021. At this meeting, Delaware presented our recent context data and statistics, reviewed recent developments in each of the program areas, analyzed case review performance, 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. One hundred fifty-six (156) individuals from 26 different agencies attended this meeting including representatives from Administration for Children and Families, Family Court, Office of the Child Advocate, foster parents, various contract providers, medical professionals, and DSCYF front line staff and administration. Delaware data team categorized and then shared all feedback provided with senior leadership and program team. DFS program team has gone through all feedback provided and has taken many action steps. Examples of action steps taken include Independent Living Program Manager scheduled open houses for TIL providers and did presentations regarding TIL programs, the Adoption Program Manager continues to provide training on post adoptive services to various groups, the Foster Care Program Manager added resource information to foster parent newsletter, the kinship navigator program has spoken to various groups and CQI committees, kinship data fields have been added to FOCUS system to track non-custodial kinship families, and department has focused on retention efforts. Delaware's next stakeholder meeting is being planned for Summer 2022. At this meeting, Delaware plans to review the feedback provided at previous meeting and inform stakeholders of actions steps taken as a direct result of the feedback provided.

Delaware currently has five active Continuous Quality Improvement Committees, a steering committee and four subcommittees (Data Quality, Intact Family, Teen, and Post Adoption Disruption). Stakeholders, including adopted parents and foster parents, 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. For the post adoption disruption committee, a survey was completed with adopted parents to obtain information on service needs and gaps in practice. Qualitative interviews were also 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. In order to further obtain the voice of those with lived experience, a supplemental survey was created by the CQI Steering Committee to obtain feedback from youth, parents, caregivers, and foster parents on specific systemic issues. Starting in April 2022, case reviewers will conduct these surveys as part of our overall case review process. Questions are related to interaction with DFS worker, Case Planning and Decision Making, Foster Care Engagement, and Strengths and Opportunities. Results of these surveys will be reviewed at each CQI Steering Committee Meeting.

Planning is currently underway to hold focus groups with treatment workers and supervisor. Goal is to identify barriers related to meeting performance goal for caseworker visits with children and parents. This benchmark's timeframe is ongoing.

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:
   This benchmark is ongoing. 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. This benchmark's timeframe is ongoing.

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. CY2021 turnover was 15%.

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

Performance:
During the early stages of the pandemic in 2020 and into the first half of 2021, DFS saw a decline in reports received and therefore reduced caseload averages for staff in both investigations and treatment. The investigation caseload average had dipped as low as 10.8 in March of 2021. However, once schools and community organizations began to reopen and return to hybrid or in person instruction, DFS saw a rebound in reporting and a subsequent increase in caseloads. By December of 2021, the average investigation caseload was rising at 13.05 and pushed to just over 15 by the end of January (Investigation caseload standard =11). Treatment caseloads remained low with an average of 11 in December 2021(Treatment caseload standard=18). In CY2020 we experienced a very low turnover rate of 6% for the agency. We attribute much of this decline to the pandemic when staff were less likely to leave the stability of full-time employment and were able to continue to appreciate the flexibility of hybrid or remote working agreements that developed in response to the pandemic. However, in CY2021, our turnover rate for frontline case management positions rose to 15%. Like many other human service and child welfare partners, CY2021 brought us struggles around recruitment and retention. Despite several workforce development initiatives

such as hazardous duty pay, wage bargaining, sign on bonuses and implementation of telework opportunities, we experienced staff shortages on the front line.

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:
   This benchmark has been met. Early in FY2020 the 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. The following elements were 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. Initial planning meetings had been held to begin training for peer coaches. CPD participated in the roll-out of the SOP training for DFS staff in summer and fall of 2021, through scheduling sessions in the DLC, tracking attendance, participating in training, and modifying existing DFS training, as needed. Initial recipients of training were investigation supervisors, who participated in SDM Supervisory Advanced Modules, and peer coaches, who participated in the Peer Coaching Model training. Planning is currently underway to implement Case Reading training, which will then form the basis for a curriculum for unit-based SDM Worker Advanced Modules.

In March 2021, a staff survey was sent to staff. This survey was completed by April 2021 and the results were compiled by Evident Change. There were three key themes highlighted:

i. There is inconsistent understanding of the purpose of some SDM/SOP tools, even though many participants believe they have strong knowledge of the SDM/SOP system.
ii. Workers and supervisors are using the SDM and SOP tools to support their decisions for children and families
iii. Participants commonly responded that they could benefit from more training and support.

Training for peer coaches has been completed.

In November and December 2021, Evident Change offered 3 Investigation and 3 Treatment Refresher training/coaching sessions for supervisors and administration on advanced SDM® and SOP Practice. There were 23 Treatment Supervisors and/or administrators who completed this Treatment Refresher. CPD has participated 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.

In the upcoming year Evident Change will be working with DFS on establishing and implementing case readings. It is anticipated that these case readings will identify specific areas to focus on for unit-based training in SDM® and SOP. This benchmark's timeframe is being updated to December 2022 to complete the final training roll out.

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 in progress, the SDM fidelity team and Evident Change negotiated an alternative way to approach training support with SDM. Funding was prioritized to case readings to help the State better understand areas that the practice is not landing. This idea of a training pool remains an interest of the division, but will be delayed until the case reading and staffing issues have been addressed. With staff workload needs and turnover it has been difficult to establish a training pool. Recent additions to round out the practice coaches, coaching supervisors and the hiring of the TDM facilitator positions, it may be possible to revisit this benchmark in the future. There will continue to be outreach to staff and coaches who are interested in providing ongoing training and staff will be trained as identified. The TDM Facilitators continue to actively train new staff in TDM and will be working with the Treatment Program Manager to provide TDM refresher training to all staff. The Investigation Program Administrator teamed up with the Treatment Program Manger to deliver a Family Team Meeting Refresher Training that was specific for FAIR workers. This benchmark's timeframe is being amended to June 2023.

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 in progress. After the case readings are developed and implemented there will be a better idea of areas of SOP where more in depth training is needed. At that time more discussion will

take place on how to identify and train trainers and coaches. This benchmark's timeframe is being amended to June 2023.

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 in progress. Pending items 1-3 above. This benchmark's timeframe is being amended to June 2023.

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 in progress. Pending items 1-3 above. This benchmark's timeframe is being amended to June 2023.

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 in compliance with the mandated caseload standard and provides quality assessment and interventions with children and families. In addition, unmanageable caseloads leads 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:
This benchmark is in progress. DFS was successful in developing and implementing a 5-year staffing plan to support caseloads. The agency successfully submitting position requests in years 1, 2 and 3 of the outlined plan. In all three of those years, we added caseworker, supervisor, and support staff positions to better manage caseloads. In year three of the staffing plan cycle, we also were successful in establishing standing epilogue language that will annually allow for adjustments and consideration for staffing request specifically tied to caseloads. In 2019 and the beginning of 2020, DFS did start to see a slight decrease in caseloads as a result of the additional staff and the diversion of cases to contractors. For comparison, March is typically a month we experience higher number of reports and correspondingly higher caseloads. In March 2018, the investigation caseload average was 24.3. In March 2019, we saw a slight decrease in the average (post year one of the staffing plan) to 20.5. In March 2020, we dropped again slightly to 19.3. However, in March of 2021 after almost a full first year experiencing the pandemic, caseloads in investigation declined sharply to an average of 10.2. DFS began to see an increase in reports received when schools returned to in person or hybrid learning in the fall of 2021 and anticipates again an increase in caseloads for March 2022. Due to pandemic impact on caseloads, reducing them to at or just below the caseload standard, DFS did not move forward with additional position request slated for years 4 and 5. As we see conditions of the pandemic improve and things return to normal, we are continuing to see a gradual rise in caseloads, particularly in our investigation and FAIR caseloads. Coupled with the rise or return to reporting of child abuse and neglect, the agency started to experience staffing struggles in late 2021 in that we had trouble filling vacant positions and retaining staff. This challenge had a direct impact on our percentage of fully functioning staff able to manage the caseloads and is a contributing factor to the again rising caseload averages. DFS will continue to review and monitor caseloads for investigation and treatment to determine and develop any necessary corresponding budget requests. We will continue to utilize our weekly, monthly, and quarterly internal caseload data reports as our primary reference source in this monitoring activity. This benchmark's timeframe is annual and ongoing until the deployment of the 5 year plan.

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 2022

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

Progress Report:
This benchmark is achieved. New amendments to Senate Bill 197 were finalized and introduced in the end of 2021. DFS continues to support this legislation moving forward and Cabinet Secretary, Josette Manning, and Deputy Director, Sue Murray testified in support of the legislation in the January 2022 legislative committee hearing. The bill passed and was sent on for further evaluation and approval to the Senate Finance Committee. If the legislation amendment is successful and reduces the caseload standard for treatment from 18 to 12, the Division will evaluate our staffing needs and will have the opportunity to plan for any associated budget requests. It would also establish a three-year timeline for the agency to come into compliance with the new caseload standard for treatment. Due to the sharp decline of reports and subsequent investigations during the pandemic, the Division also experienced a decline in treatment caseloads which if maintained would put us in good position to be able to establish the new caseload averages sooner and with the possibility of needing fewer additional positions to reach the new caseload average. It is yet to be determined if the reduction in caseloads for treatment and permanency staff will remain and that will continue to be evaluated using our weekly, monthly, and quarterly caseload reports. This benchmark will be removed as the work was completed and the legislation is nearing the end of the process.

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:
   This benchmark is in progress. DFS Leadership worked in conjunction with our Chief Fiscal Officer to outline a proposed budget plan for additional positions. Once legislation is passed and finalized, DFS will then re-evaluate the plan and determine the necessary position requests needed. 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 be in early summer 2022. This benchmark's timeframe is going to be updated to September 2022 also updating the benchmark to change it from building the plan to implementing it once legislation is passed.

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:
   This benchmark is in progress and ongoing. Due to the unanticipated length of the COVID-19 pandemic and competing responsibilities, staff were not formally surveyed on their onboarding experience in FY2022. CPD recognizes that virtual learning is not the ideal method for new employee training as it does not permit staff to develop rapport with other staff, to share experiences, and to build a strong foundation of support with each other. Using evaluation data collected during the pandemic transition period may not reflect the true quality and experience of the DFS NET program.

   Beginning in January 2022, the DFS NET classes returned in-person and CPD reinstituted the process of assigning all 14 NET courses within a 4-month training period (instead of giving staff a full year to complete them). This allows CPD to begin surveying staff when they have completed NET. CPD will participate alongside DFS in the DFS Staff Retention/Onboarding workgroup to determine how to enhance the process for new staff. CPD will continue to work with the coaching supervisors to strengthen the transfer of learning opportunities for new staff. This timeframe has been postponed to April 2023 and ongoing.

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:
   This benchmark is in progress and is ongoing. This project has not yet begun due to the pandemic. CPD will participate alongside DFS in the DFS Staff Retention/Onboarding workgroup to determine

how to enhance the process for new staff. When the onboarding process has been modified, CPD will ensure that DFS supervisors received training, materials, and/or guidance on the new processes. In addition, the Division has hired a supervisor practice coach in spring 2022 who will work on supervisor training needs.

This timeframe has been postponed to April 2023 and ongoing.

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:
   This benchmark is established and is ongoing. The Center for Professional Development (CPD) 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 changes *to Policy and Procedures manual to reflect changes made by Evident Change and data updates.*

   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 Instructor Lead Training/virtual ILT sessions, complete online modules, view training videos, read/acknowledge materials, add external training, access their transcript, calculate their training hours, and participate in shared interest learning communities. This allows for a variety of learning opportunities for staff.

   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. Fourteen 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 thirty- two *online training modules* on different subjects that support the Outcomes Matter strategies, department policies, and supplement NET. CPD is equipped to provide the ILT courses in-person and virtually, depending on business need.

   Effective January 2022, CPD began registering new hire staff in the full NET cohort which consists of the fourteen trainings offered within a four-month timeframe. CPD provides five 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, Factors Affecting Child Safety: Assessing for Addiction, Domestic Violence, and Mental Health Risks,* and *DSCYF FOCUS Training - DFS Intake and Basic Navigation.*

   The NET classes are interspersed with days in the field/office, so that new staff can begin experiencing On-The-Job activities immediately. This permits staff to see 'real life' examples of topics directly following training. Trained mentors and experienced staff are paired with new hires to facilitate learning in the field, through OJT experiences.

The list of NET courses 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 – 15th Edition)*

Following the core NET classes, a graduated caseload assignment is applied, allowing for increased practical application of the knowledge and skills attained. A detailed list of the DFS NET courses is included in Section III. (Update to the Plan for Enacting the State's Vision, Staff Training.).
This benchmark's timeframe is ongoing.

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:
   This benchmark is ongoing. 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. CPD participated in numerous meetings/workgroups in FY2022 to remain current on DFS and child welfare practice and to ensure consistency between practice and training.

   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.

   CPD utilizes post tests for each NET course as a Level 2 evaluation to measure knowledge retained by staff after participating in a training session. Test questions are derived from material discussed in class and focuses on theories, skills, and competencies critical to effective child welfare practice. The information gathered through post-tests contribute to 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. 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. This benchmark's timeframe continues to be ongoing.

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:

This benchmark has been implemented. When they start, 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 OJT list is maintained and updated by the new employee and their mentor and completion of the OJT activities is verified by the supervisor or Coaching Supervisor.

CPD had hoped to formalize the OJT process by adding the activities to the Delaware Learning Center. However, upon further review of the functionality for this process in the DLC, CPD has determined that it will not work for DFS staff. The DLC function is very labor intensive and would add an inordinate amount of work to the mentor or supervisor. Given the staffing shortages and increased workloads that DFS is experiencing, the DLC function is not a viable option at this time.
This benchmark will be removed as achieved.

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:
   Revision: Due to the pandemic and its impact on training and in-person meetings, this benchmark has been postponed. *Safety Organized Practice Mentor Training* was not offered during FY22.

   CPD plans to offer a session in FY2023 now that classes have return in-person. This benchmark's timeframe will continue to be ongoing.

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:
   This benchmark is ongoing. All DFS new staff are evaluated by post-tests and their mentors and supervisors following training. All CPD courses include 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). In some instances, the evaluation is required for course completion.

   CPD also utilizes Level 2 post tests to measure how well the participant retained what was covered. Test questions are derived from material discussed in class and focuses 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.

   During this reporting period, CPD reviewed data from the Level 2 evaluations to inform training content, learning strategies, trainer competence, and delivery. Newly acquired skill practice is documented and reinforced through observation and coaching from mentors, Coaching Supervisors, and Supervisors. This benchmark's timeframe will continue to be ongoing.

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:
   This benchmark is ongoing. To stay current with policy, practice, and initiatives, CPD attends and is an active member of the following workgroups/meetings:
   - DFS Strategic Leadership Team
   - SDM Fidelity Workgroup
   - Evident Change Training Subcommittee
   - DFS Investigation and Treatment Workgroups
   - DSCYF Policy Workgroup
   - Churchman's Safety Committee
   - CIP Training Subcommittee
   - Barratt/Robbins Safety Committee
   - Trauma Informed Care Committee
   - Juvenile Human Trafficking Interagency Coordinating Council
   - Domestic Violence Workgroup
   - Mandatory Reporting Workgroup*
   - CPAC Training Workgroup
   - Diversity and Inclusion Committee
   - DSCYF Strategic Planning Steering Committee

   **Chaired by a CPD team member*
   This benchmark's timeframe will continue to be ongoing.

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:
   This benchmark is ongoing. 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.

   In FY2022, Evident Change provided Coaching follow-up and SDM Refresher training to Intake, Investigation, Treatment, and Permanency supervisors. And Evident Change is now developing Case Review training for DFS staff. This benchmark's timeframe will continue to be ongoing.

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:
This benchmark is ongoing. The DSCYF Training Plan is reviewed on an annual basis to reflect staff and stakeholder input, departmental requirements, and changes in practice. Annual reviews of the training plan incorporate the most up to date information and ~~will~~ provides guidance for staff in identifying opportunities for continuing professional development to meet their required 28 hours of training per calendar year.
(See attached DSCYF Training Plan 2022). This benchmark's timeframe will continue to be ongoing.

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:
This benchmark is ongoing. 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 and are required for NET course 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 voluntary for DFS in-service and supervisor training courses. The following table indicates some key data collected on DFS NET classes for FY2022:

Classroom Training Questions	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
It is clear how I will apply this information	0%	0%	2.5%	31.5%	66%
Child safety, and permanency and child well-being issues were addressed	0%	1%	11.5%	22.5%	65%
The content was directly applicable to my job	0%	1.5%	11%	23%	64%

Level 2 post-tests are assigned in the DLC after class attendance is entered. Participants must pass the post-test with a score of 80% or greater to complete the course. Participants are provided with 5 attempts to take the test. Should a participant fail the post-test 5 times, a discussion is held between CPD and supervisor to determine if another test attempt should be provided or if the person should attend the class again. The following data indicates some key data collected for the FY2022 DFS NET post-test scores for the four core NET classes offered in month one:

1. *This IS Abuse and Neglect: Identification and Responding by Child Welfare Workers* - 84% passed within the first 2 tests
2. *Safety Organized Practice: An Introduction to the SOP Model and Structured Decision Making (SDM)* - 95% passed within the first 2 tests
3. *Interviewing: Purposeful Conversations for Family and Youth Engagement* - 97% passed within the first 2 tests

4. *Factors Affecting Child Safety: Assessing for Addiction, Domestic Violence, and Mental Health Risks* -93% passed within the first 2 tests

This benchmark's timeframe will continue to be ongoing.

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 FY19-20 is 4.0% and better than the national performance of 9.5%. 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 per 1000 in 2020, to 5.2 per 1000 in 2021.

OSRI Case Review Measures Item 12: Needs and Services for child, parents and foster parents	
Measurement Period	Strength Rating
Performance Goal	90%
Oct 2020 – Mar 2021	62%
Apr 2021 – Sept 2021	77%
Oct 2021 – Mar 2022	70%

For Item 12, Delaware has not met performance goal of 90%. For most recently completed case reviews (October 2021-March 2022), Delaware scored the following:

Item 12A: Needs assessment and services to children, 78%;
Item 12B: Needs assessment and services to parents, 66%;
Item 12C: Needs assessment and services to foster parents, 98%.

For Item 16: Educational needs of the child, Item 17: Physical health of the child, and Item 18: Mental/Behavioral health of the child, Delaware has consistently scored a 90% or higher. For most recently completed case reviews from October 2021- March 2022, Delaware scored a 98% for Item 16: Educational needs of the child, a 93% for Item 17: Physical health of the child, and a 90% for Item 18: Mental/Behavioral health of child.

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 with 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:
   This benchmark was suspended with the retirement of 2 of the leads and the pandemic. The Integrated Child Welfare Planning Collaborative has not met this past year. The 3 lead participants of this group are the Child Welfare agency, CIP coordinator and CBCAP coordinator, 2 of the 3 lead participants retired in the last year and during the transition and coverage of those positions, the group did not continue meetings. All of the leads are now in place and have started discussions about re-establishing this group. There is value in having partners across child welfare to meet and discuss issues and strategies. It is known at this time if this group will get re-established before, as part of or after the CFSR round 4 that will begin this fall and carry on till next fall. Updating this timeframe to December 2023.

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:

1. 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:
   This benchmark was also suspended for the same reasons above. Delaware DFS continues to work with both of the supporting agencies to strengthen prevention services. The Department has been working on their prevention plan as part of the FFPSA requirements. Updating this timeframe to December 2023.

2. 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.

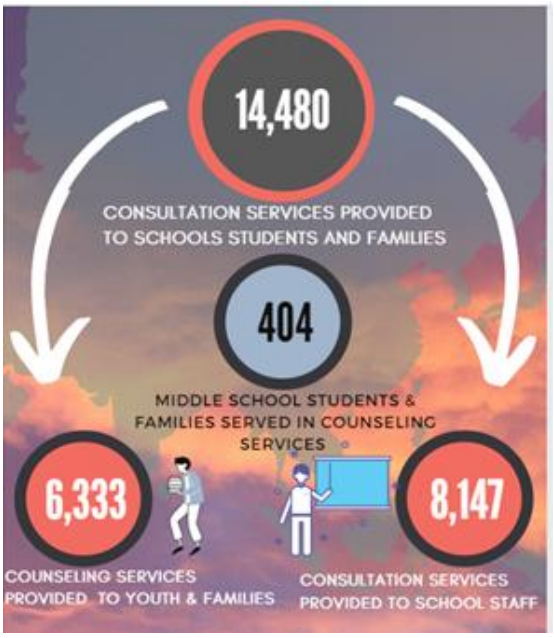
   Timeframe: 2020 and ongoing.

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

   Progress Report:

   This benchmark is ongoing. The BHC program served 404* middle school students in BHC counseling services. 101 students received short-term counseling services and 325 students received supportive counseling services. 22 students transitioned between the two BHC levels of care. For this academic year, we provided 14,480 consultation services to the schools and the student body. 6,333 consultation services were to students and families, including risk assessments, urgent matters and case management support. Of the student services, 1,437 services were for crisis support, 4,326 were for case management support and 570 services were to support groups in the school. 8,147 consultation services were to the school staff, including administration, school counselors, teachers and school nurses.

   **this number represents discrete students served regardless of how many services received.*



The above numbers demonstrate the amount the BHC program was utilized by the 31 schools over the course of the academic year. Last year, BHCs provided 8,613 consults and had a total of 400 students enrolled in services. Compared to last year we provided almost double the discrete number of consultation services to schools, students and families this year. A significant part of this increase in consultation services was around case management and social service support to families and the school. This may be representative, in part, in how COVID-19 impacted what schools and families needed to engage our BHCs. This year we saw an increase in school engagement and families requiring social service support as opposed to mental health support as COVID-19 increased financial and other basic necessities stressors.

3. 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:
   Reasons for Referral

   Across both levels of BHC counseling services, there were three primary categories for referral: relational related problems; depressive related problems, and; anxiety related problems. Of the 101 students who received short term counseling services, 31% of referrals were relational related (bullying & peer conflict & family stressors), 24% of referrals were depressive related (withdrawn, sad or depressed behavior & self-injurious behavior & suicidal ideation) and 16% were anxiety related. Of the 325 students who received supportive counseling services, 25% of referrals were depressive related, 23% was anxiety related, and 20% were relational related. Last year there were five primary referral reasons: depression, anxiety, relational, conduct disordered behavioral, and family stressors. This year conduct disordered behavioral such as aggression was not a primary referral reason. This may have been in part due to the students not being in the building and less conflict occurring on school grounds.

Referral Agent

For short term counseling, 49% of referrals came from school counselors, 22% came from other school staff, and 9% came from the student or guardian. Under supportive counseling services, 39% of referrals came from school counselors, 28% from the student or guardian, and 24% from other school staff. Compared to short term counseling services, there was a 8% point increase in self seeking referrals which lead to decrease in school staff referrals for supportive counseling services. Self referrals might be due to the fact students requested services. Students that were familiar with the BHC program were more likely to seek out services again possibly to maintain that resiliency factor of one trust adult. Compared to last year, the numbers of referral agents remained approximately the same.

Demographic Information

Gender

In short term counseling services, 51% of students identified as female, 48% male and 1% trans/nonbinary/other. In supportive counseling services, 63% of students identified as female; 36% male, and 2% trans/nonbinary/other. Compared to last year's data, there was a 6% increase in BHCs serving male students.

Race

In short term counseling services, 44% of students identified as white, 40% black, 7% bi or multiracial, 5% Hispanic, 3% Asian or pacific islander, and 2% other. In supportive counseling, 48% of students identified as white, 32% black, 10% bi or multiracial, 9% Hispanic, and 1% other. Compared to last year there was a 9% decrease in the Hispanic population, and a 6% decrease in multiracial.

Language

In short term counseling services, 92% of students spoke English, and 8% of students spoke Spanish as their primary language. In supportive counseling services, 94% of student spoke English and 6% spoke Spanish.

Age

In short term counseling services, 32% of students were 12 years old, 31% were 13 years old, 22% were 11 years old, 12% were 14 years old, and the other 3% makes up students that were 10 or 15 and over at the time of enrollment. In supportive counseling services, 33% of students were 13 years old, 32% were 12 years old, 19% years old, 12% 14 years old, and the other 3% makes up students that were 10 or 15 and up.

Education Status

79% of student enrolled in short-term counseling are regular education, 12% are special education and 9% are honors. 77% of students enrolled in supportive counseling are regular education, 21% are special education and 7% are honors. Roughly 9% more students are receiving special education in supportive counseling than short term counseling. Supportive counseling is designed for students already receiving services, like special education that may need extra in-school support. Short term counseling is designed for students without extra services in place.

Post Discharge Level of Care Data (Short Term Counseling)

BHCs monitored the mental health services students received, aside from BHC services, from the time of enrollment through discharge and for four months past discharge. This data indicates the ability of BHC services to appropriately increase mental health services and reduce high levels of care. From enrollment to discharge, of the short term counseling students served, 78% of students maintained their level of mental health services during BHC are. 22% of the students that received short term counseling services were referred to a higher level of care during BHC services.

4. 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:
   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 2021 through December 2021 the average caseload size was 12 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.

Data

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 Calendar Year	**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**	**January 2021 to December 2021**
Average # of FCTs	52	52	52	52	47	48
# of vacancies	7	8	7	9	9	15
# Schools	54	54	54	54	54	54
# Districts	14	15	15	15	15	15
# Public Schools	50	47	47	47	47	47
# Charter Schools	4	7	7	7	7	7
# New Cases	565	563	480	528	163	354
# Ave Cases/Month	17	16	*15	15	13	12
# Ave Students/Month	34	33	31	32	17	25
# Ave Adults/Month	26	24	22	25	88	52
	Total for 12 months					
# Ave Non-Caseload Students/Month Total	22/13379	21/13082	19/11973	20/12112	19/10818	20/11234
# Ave Non-Caseload Adults/Month Total	7/4141	7//4054	6/3533	6/3948	4/2193	3/1979
# Ave Home Visits/ Month Total	11/6760	12/7542	10/6052	10/6385	8/4272	
# Ave Office Visits/ Month Total	10/5969	11/6698	9/5693	8/4947	3/1918	
# Ave Parental Contacts/Month and total						59/33636 *****
# Ave Individual Counseling Sessions/ Month Total	76/46993	72/44703	50/31031	69/42986	39/22027	38/21754
# Ave Groups, /Month Total	23/14375	28/17436	21/12888	32/19653	18/10048	20/11179
# Ave Family Counseling Sessions/Month Total	21/12896	26/16063	21/12888	31/19410	17/9498	22/12556

*From January 2016 through August 2017 caseload size was 17-20 cases. From September 2017 through December 2017 caseload size was 15-17 cases.

**During January 2018 through December 2018 the minimum 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 the pandemic we began calculating parental contacts which includes: home visits, office visits, telephone/email contact and One on One Parent Education Triple P. # Ave Parental contacts/month and Total replaces the # Ave Home Visits /month and Total and # Ave Office Visits /month and Total fields in 2021.

Partnerships

During this reporting period from January 2021 to December 2021 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 has presented challenges that weren't previously present which necessitates ongoing assessments of needs. 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. FCT's will seek programs and activities that also address the trauma associated with COVID-19. FCT's will re-establish face to face contact with parents per CDC

recommendations. With previous resources for families closing their doors, FCT's will seek new partnerships to ensure families get the same high level of assistance and services the program has offered in the past.

5. 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:
   This benchmark is in progress. In the Fall of 2019 The EIP adopted the "I Can Problem Solve" program. This program focuses on a universal school-based program designed to enhance the interpersonal cognitive processes and problem-solving skills of children in preschool to grade 6. ICPS is proven to prevent and reduce early high-risk behaviors such as impulsivity and social withdrawal and to promote prosocial behaviors such as concern for others and positive peer relationships. In November of 2019 we piloted the program in our schools and the program was going well until the Pandemic hit and FCT's were no longer in the schools. The program was halted at that time and once schools began to slowly bring students back into the schools, with social distancing rules in place, the program wasn't able to be restarted. FCT's will begin to use I Can Problem Solve beginning in the 2022-2023 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:
   This benchmark is completed in part and continue. Delaware's foster care candidacy definition is: *A candidate for foster care is a child who is at imminent risk of foster care absent the effect of the services included in the child-specific prevention plan.* This was approved by ACF by email from Lisa Pearson on 9/30/19. The definition is being incorporated into the pending Department Prevention Plan for FFSFA. The activities of developing policy and procedures is still under development. This benchmark's timeframe will be updated to December 2022.

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:
   This benchmark is in progress. The candidacy definition has been determined and it is being incorporated into the Department's FFSFA prevention plan. The training will be developed upon completion of policy and procedures. This benchmark's timeframe is being amended to March 2023.

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:
   This benchmark is in progress. 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. This benchmark's timeframe will be updated to July 2023.

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:
   This benchmark is in progress. Delaware prevention planning partners have included representatives of partner agencies and community-based contracted provider organizations. This group initially met as an Executive Committee and associated working groups to develop initial plans. The participants included 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, among others. The members of this committee, along with leadership from the Department, proposed services that will build the foundation of the prevention plan.

   DSCYF has incorporated research and evidence-based practices into the service continuum, including services available through DFS contracted providers. DSCYF will leverage and expand services available through the Division of Prevention and Behavioral Health Services and Division of Youth

Rehabilitative Services that are supported in the Title IV-E Prevention Services Clearinghouse. In addition, DFS has plans to introduce new services aligned with the FFPSA in accordance with Delaware procurement and contracting processes. DFS uses differential response options to provide the right level of intervention and support to families referred to DFS. The goals is to strengthen and stabilize families early and prevent maltreatment occurrence/recurrence and address risk factors that could lead to entry into foster care. The Delaware prevention plan will build upon this infrastructure to further reduce foster care entries.

The Department is in the process of finalizing the draft prevention plan for submission and is working with consultants to develop claiming methodology and to update the DSCYF Cost Allocation Plan. This benchmark's timeline will be updated to September 2022.

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:
   This benchmark has been substantially met. 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 subcommittee was charged with researching best practice models and reviewing current services within the state. These activities were completed and recommendations were made to the JHTICC on January 18, 2022. The program managers will relay these recommendations, on behalf of the JHTICC, to the larger HTICC in June 2022. The data subcommittee has been working to gather data on suspected and confirmed minor trafficking and has been able to compile reports. In 2020, the JHTICC transferred the task of identifying a new screening tool to CPAC, and both program managers were part of the CPAC subcommittee, tasked with selecting and implementing a new trafficking screening tool for the

Department and across the statewide MDT. The CPAC subcommittee selected the CSE-IT, which is an evidence-based validated tool, originating with WestCoast Children's Clinic. The CSE-IT was presented to CPAC in May 2021 and was granted final approval. Training to pilot the tool was provided to DFS intake staff, DFS permanency and treatment staff, and staff in other DSCYF sister agencies in October 2021, and use of the tool at intake and by youth workers began in January 2022. All other department staff will be trained on the use of the tool starting in June 2022, when train-the-trainer training will be provided by WestCoast Children's Clinic.

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. These definitions were updated in December 2021. 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 was used to inform the development and revision of the DFS trafficking policy, which is anticipated to be signed and implemented by Summer 2022. For CY2021, the IC's office identified 27 reports (26 separate victims) that met the criteria for a human sexual trafficking investigation. Of those 27 reports, 16 were opened for an investigation by DFS, with 15 separate victims. The remaining 11 reports were screened out for various reasons. Of the 15 screened in cases (one of the reports was linked to an active investigation), all of the victims were female, and 13 were non-Hispanic white. Nine of the cases were extra-familial in nature, and 6 were intra-familial. Nine of the cases were located in New Castle County. The age range of the victims was 13.14 to 17.93 years, and the average age of the victims was 15.63 years.

In addition to the SDM® intake definitions for human trafficking, staff are guided by DFS policy and procedures. Staff previously used the Juvenile Trafficking Pre-Assessment Checklist (JTAC) to assess youth who have returned from runway for indications that the youth may have been trafficked, but that tool has been replaced by the CSE-IT. The Juvenile Trafficking Protocol, which is part of the CAN Best Practices MOU (also known as the MDT MOU), has recently been updated as part of a larger effort to update the MOU, and those changes are expected to be approved by CPAC in May 2022. The Intake and Investigation Program Manager will provide training to staff in June 2022, regarding the changes in the MOU. The protocol may be found in the MDT MOU at: https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx.
More time is needed to review and validate data, especially considering the new trafficking identification tool that is being piloted. With implementation of the screening tool statewide it is expected that data will be collected in validated within 2022.

The Juvenile Trafficking Protocol was updated in CY 2021. The Intake/Investigation and Treatment Program Managers are finalizing a policy for juvenile human trafficking and plan for the policy to be signed in 2022. This benchmark's timeframe is revised to September 2022 to allow time for training of staff in the CSE-IT, adoption of the updated MOU and juvenile trafficking protocol, and training of staff on the updates.

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 in progress. The Intake and Investigation and Treatment Program Managers were part of the CPAC subcommittee who selected the CSE-IT(Commercial Sexual Exploitation – Identification Tool), which is an evidence-based validated tool, originating with WestCoast Children's Clinic. The CSE-IT was presented to CPAC in May 2021 and was granted final approval. 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.
Training to pilot the tool was provided to DFS intake staff, DFS permanency and treatment staff, and staff in other DSCYF sister agencies (approximately 125 staff) in October 2021, and use of the tool at intake and by youth workers began in January 2022. All other department staff will be trained on the use of the tool starting in June 2022, when train-the-trainer training will be provided by WestCoast Children's Clinic.
DFS is using CSE-IT at intake when a report is called in that has some red flags for trafficking, when a youth returns from missing/runaway, and for youth in foster care during the child planning phases. CSE-IT is used by the Department for any youth identified as Dual Status (a youth in foster care who has a new arrest or enters DFS custody through sua sponte).

On June 30, 2022, Westcoast Children's Clinic is providing a Train the Trainer on CSE-IT for 25 identified Department Trainers who consist of frontline staff, supervisors, and administrators. This will allow Delaware to train all current Department Staff and provide ongoing training for new staff and refreshers, as needed.

The SDM intake definitions for human trafficking were updated in December 2021. The Division's trafficking policy has been updated and is awaiting the Director's signature. In addition, the Juvenile Trafficking Protocol, which is part of the MDT MOU, has been updated and is expected to be approved by CPAC in May 2022.
This benchmark's timeframe will be updated to ongoing for monitoring of training implementation.

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:
This benchmark is complete. The Juvenile Human Trafficking Interagency Coordinating Council, a subcommittee of the adult HTICC, formed several subcommittees, including the Victim Services Subcommittee, which was charged with researching services for juvenile victims of human trafficking. Co-chaired by the Treatment Program Manager and the Intake and Investigation Program Manager, the subgroup is comprised of DSCYF, Salvation Army, FBI, and HTICC representatives. The group identified service needs and gaps, as well as existing services in Delaware, specific to the juvenile population. Recommendations for needed services were made to the JHTICC in January 2022, and these recommendations will be brought to the HTICC meeting in June 2022.

The JHTICC Victim's Service Committee researched best practices services in working with victims of trafficking and has prepared a report to be presented to the Human Trafficking Interagency

Coordinating Council. This Committee was represented by several community stakeholders, DSCYF frontline staff/supervisors/administration, law enforcement/FBI, and community partners. The goal of the committee was to explore ways to expand the service array for in-state services for juvenile victims and conduct a search of best practices for trauma-informed services for post residential treatment. This committee conducted interviews of several service providers based in Delaware. There were several presentations by agencies working with trafficking survivors. While Delaware has a small array of service providers the committee made some recommendations for areas of improvement for some identified gaps. Delaware has identified trauma focused providers, the committee had difficulty identifying providers who have specific training or experience with juvenile survivors of trafficking. There is a need to focus on education/training of youth in foster care. There is a need for awareness and professional training for providers, such as school social workers, police, wellness centers, and others. There are several best practice models that are not currently found in Delaware. Funding and agencies to implement these best practice models need to be identified and implemented.

My Choice My Life, based out of Boston, MS, is providing an advanced Residential Course sponsored by Children's Bureau, Region 3. Delaware was approved for 4 scholarships to this six-week course beginning April 27, 2022. The Treatment Program Manager and three of Delaware's congregate care providers are attending this training. Attendees will learn to develop a comprehensive CSEC policy and protocols that align with best practices, create a diverse, non-judgmental, and engaging culture for improved outcomes for exploited and high-risk youth, create and maintain a coordinated system of care, and advanced skills and expertise around the trajectory of recovery from exploitation. This benchmark will be removed from the plan as completed.

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:
This benchmark is in progress. Based on the JHTICC Victim's Service Committee's evaluation of the service gaps in Delaware for juvenile survivors of trafficking, it is clear there is a need to focus on education and training for foster parents and congregate care providers. There are several trauma focused providers, but no providers in state who have specific training or experience with juvenile survivors of trafficking. There are several best practice models that are not currently found in Delaware. Funding and agencies to implement these best practice models need to be identified and implemented.

The Foster Care Program currently contracts with four out-of-state organizations that provide residential services to foster youth who are also survivors of trafficking. One of those contracts was added in July 2021.

Delaware continues to work toward providing specializing training for foster parents on caring for youth survivors of trafficking. Foster Care Program offered a supplemental training on Human Trafficking for foster parents in Summer 2021. Additionally, the program continues to include a section in pre-service training for DFS foster parents that was developed in partnership with a local community-based organization, Zoe Ministries, specializing in this area. Several of the private foster care agencies and congregate care facilities also include basic training for staff and foster families on Human Trafficking, but no formal model has been adopted at this time.

Additionally, 3 of Delaware's congregate care providers are attending the My Choice My Life Advanced Residential Course sponsored by Children's Bureau, Region 3. This is a six-week course in which attendees will learn to develop a comprehensive CSEC policy and protocols that align with best practices, create a diverse, non-judgmental, and engaging culture for improved outcomes for exploited and high-risk youth, create and maintain a coordinated system of care, and advanced skills and expertise around the trajectory of recovery from exploitation. This benchmark's timeframe is being updated to June 2023 for the completion of the specialized training.

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:
   This benchmark is in progress. The current Foster and Adoptive Parent Recruitment Plan outlines goals for FY2020-FY2024. The recruitment plan strategically targets three areas: increasing the number of foster homes, retaining good quality foster families and developing or recruiting families for youth with complex needs in our target areas. The plan outlines measures, objectives and interventions to address each of those goals. Delaware continuously evaluates the needs of foster youth and adjust the goals and strategies minimally on a quarterly basis. Delaware utilizes a contracted statewide Foster Parent Recruiter to increase public awareness of the need for foster families and attend community events to engage the community. In November of 2021, our contracted recruitment provider moved to a new position, and we are in the process of recruiting a new provider to provide recruitment services. Recruitment activities target awareness of program needs and recruitment of homes that can accommodate sibling groups, medically fragile children, children with behavioral and mental health need and other complex needs. During this time, we continue to engage in recruitment activities in the community and 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 FY2022, recruitment efforts reached between 243-400 people monthly. This is an overall increase from last year primarily due to the relaxation of COVID-19 restrictions. Information Session registration is lower than previous years. Despite low attendance at Information Sessions, we have an average of 21 people per quarter registering for pre-service training and about 65% of those people completing pre-service and 35% of those completing pre-service progress in the process by submitting an application to become a foster parent. This shows an overall increase in the percentage of people progressing through the process to the home study phase.

Despite on-going recruitment efforts, overall Delaware had a net loss of foster parents during the pandemic. Last year we had approximately 240 active DFS foster homes and approximately 200 private agency homes licensed by DELACARE Regulations administered by the Office of Child Care Licensing. As of the third quarter of FY2022, we have 203 DFS homes and 197 private agency homes. Due to the ongoing COVID-19 pandemic and the resulting workforce challenges for private agencies, we have not held the Annual Foster Parent Conference in the past two years. Delaware continues to celebrate and connect foster families in May each year aligning with National Foster Care Month. We hold drive-through celebrations and social media celebrations.

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. This benchmark's timeframe continues to be ongoing.

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. The foster care program team continues to work on developing a resource catalog of foster families, caseworkers and partners. At this time, we have a comprehensive list of placement resources for caseworkers and have started a compilation of other community-based resources such as summer programs for youth, mental health resources, and other foster care specific supports. Additionally, we have added a resource section to our bi-annual Foster Parent Newsletter to highlight community resources for foster families. We have also developed a workgroup to revise and update the Foster Parent Handbook with a completion goal of August 2022, which will detail expectations, guidance and resources for DFS foster families. Additionally, the foster care program has been developing a stronger partnership with the foster parent associations in Delaware. This benchmark's timeframe is updated to June 2023.

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 in progress. Foster care program team is working with department communications team to develop a private website for foster families where we can list our comprehensive formal and informal resources for foster families to access from their own electronic devices. Additionally, we

have explored other possible ideas such as listservs, mobile app technology, and additional functionality in our current electronic case record system, FOCUS. There are no changes to this benchmark's timeframe.

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 in progress. The foster care program team is in the process of developing a new survey of foster parents to assess supportive service gaps and make recommendations for implementing additional services. The survey is in the final stages of development and we anticipate distribution to begin in September 2022. This benchmark's timeframe is revised to September 2022.

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 2022 shows 41% of youth over 18 years of age were either employed full-time or part-time. 49% of youth over 18 either had a high school diploma, GED, Associates degree or vocational certificate with 48% 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:
   This benchmark is in progress and ongoing. At the April 2021 YAC meeting, DFS promoted information regarding the pandemic relief funds allocated through Division X. The outline of the provisions and what youth were eligible for was shared during the meeting. Also, Dr. Rattay from the Department of Public Health joined the meeting to conduct a discussion on the pandemic, specifically regarding the vaccine. Dr. Rattay engaged with the youth and answered questions they had and addressed concerns. In June, DFS along with the contracted TIL providers developed a workgroup to re-brand YAC. These efforts continued throughout the year. Youth also participated in the re-branding discussions and provided their feedback. Youth were engaged in the conversation about what they wanted from YAC during meetings and at the annual conference. Survey results were used to make decisions during workgroup meetings throughout the winter and into the new calendar year. In the September YAC meeting, a representative from OCA lead a discussion with the youth to review the results of the survey. Break out rooms were held to discuss the results and to hold more discussion on what direction they'd like to see YAC go in in the future. Focused workgroups were offered for youth interested in running as officers. Unfortunately, throughout the summer and fall of 2021, youth did not step up to lead YAC meetings or want to run as officers. During the summer, the Foster Youth in Action (FIYA) organization participated virtually and provided resources to youth during the YAC meetings. August 4, 2021, was the annual YAC conference. Ashley Rhodes-Courter was the keynote speaker, chosen by youth during planning meetings earlier that year. Afternoon conference workshops included a presentation by Delaware Anger Management by Aya Counseling services on dealing with difficult behaviors. A second workshop was facilitated by Celeste Williams who works at Preventative Behavioral Health. Celeste guided the youth through a painting project and talked about managing emotions by finding positive outlets. The youth were able to show off some talent (singing, dancing) during the talent show in the afternoon. DJ Tim Dogg MC'ed the event and encouraged the youth to be themselves and connect with one another. Lunch was provided by the local food truck Woody's on Wheels. Vendors included, Delaware Futures, LAM, ILYA, Dart, Salvation Army, Del Tech, Kind to Kids, Delaware Anger Management, Aya Counseling, CASA and West End's Education and Employment Program. A total of 52 adults and 37 youth attended the event. In the fall, the TIL PM met with Cabinet Secretary's Executive Administrator to talk about YAC and her potential involvement. In September, the TIL PM and administration explored using different technological platforms to support staff supporting YAC, such as using Teams functionalities. The October YAC meeting was the first in-person meeting since the pandemic. 31 youth attended and 4 attended virtually. The holiday party in December also had a high turn out of youth. There was bowling, socializing, and networking with youth and providers. The re-branding work conducted over the year was unveiled the start of the new calendar year. YAC is now known as HOPE (Helping Our Peers Evolve). The new name was suggested and voted on by youth. In addition to the new name, there is now a website for HOPE found on the Department's home page. The HOPE bylaws were revamped and established, which can also be found on the website. The re-branding also entails a different way the meetings and activities are planned and facilitated. Registration forms are streamlined using Teams Forms. The contracted providers take on primary roles for facilitating meetings, supporting youth with leadership roles, and developing their advocacy skills. Partnership with Delaware State University's Companion Champion group continues.

The TIL PM started the process to create a MOA with DSU/CC and DFS/HOPE in February 2022. This benchmark is going to be updated to the new name of the council and the timeframe will continue as ongoing.

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 olds in FFY2013 and 47% for 21 year olds in 2015. NYTD Cohort 2 statistics are 53% for 19 year olds in FFY2016 and 68% for 21 year olds 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:
   This Benchmark has been achieved and will be ongoing for collaboration. UGrad currently provides services to 61 youth in foster care and to those youth who have recently aged out of foster care from grades 3rd through college. The TIL PM met with Kind to Kids in July 2021 along with DFS Director Trenee Parker and the Departments Cabinet Secretary. The purpose of the meeting was to review the success of UGrad and to discuss goals of the program. The Department highlighted their support of UGrad mentorship component and advocacy skill building for youth. Kind to Kids staff routinely participates in Helping Our Peers Evolve (HOPE) monthly meetings and activities by way of giveaways and celebrating youths' birthdays. Kind to Kids also actively engages in the HOPE annual conferences as a support and vendor. The Department encourages Kind to Kids to explore providing their services through the Department of Labor to expand their programming. This benchmark's timeframe is ongoing for the promotion of the program and reporting on outcomes.

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:
   This benchmark is ongoing. In 2021 early summertime the TIL PM promoted the Delaware Futures Program during the Strategic Leadership Meeting (SLT). The Delaware Futures Program is a youth

provider for the Department of Labor (DOL) supported by the Workforce Innovation and Opportunity Act (WIOA). Delaware Futures mission is to 'provide academic, social motivational support and cultural enrichment that empowers high school students to recognize and fulfill their unrealized potential and become matriculated college students'. The Delaware Futures Program resource was also shared with the contracted TIL providers to supplement their work with youth around college readiness. The TIL program continues to partner with the Independent Living for Young Adults (ILYA) organization at the First Unitarian Church in Wilmington. ILYA provides free in-person and virtual tutoring to youth engaged in the TIL program. Recently, ILYA has increased their capacity, and is now willing to provide their services statewide! This benchmark's timeframe will continue as ongoing for monitoring of the awards and outcomes.

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:
   This benchmark is ongoing. Planning for the annual Destined for Greatness (DFG) event started in early February 2021. The DFG planning workgroup was comprised of staff from Transitional and Independent Living (TIL) contracted providers. On July 15, 2021, family members, advocates, foster care, and TIL providers gathered at the Elizabeth Murphey School to recognize and celebrate the accomplishments of 38 youth achievers and 32 graduates; 18 of which were honored as an achiever and a graduate. Each graduate received a gift, and through a partnership with the organization One Simple Wish, each achiever was granted wishes via electronic gift cards. The ability to meet face-to-face this year was a great opportunity for youth to enjoy their moment by crossing a stage and receiving uplifting cheers. 2021's event included entertainment and uplifting music by a DJ, a wonderful catered meal and was emceed by former foster youth and Murphey School resident. This benchmark's timeframe will continue as ongoing.

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:

This benchmark is in progress. The TIL PM supports youth who age out of foster care who move away from Delaware to receive the ASSIST stipend through delegation of the oversight of the stipend to a contracted agency. Throughout the 2021 calendar year the TIL PM coordinated with the Directors of the contracted agencies to ensure youth received Division X funding in conjunction with ASSIST stipends. Much planning and coordinating was conducted throughout the year to ensure both funding streams were received by youth affectively. Amendments to the ASSIST stipend program were adjusted to reflect the reality of the pandemic and state of emergency. With the state of emergency lifted by the Governor on August 13, 2021, the amendments to the ASSIST productivity requirements were adjusted. The TIL PM recognizes that even though the pandemic severity has changed, the 'new normal' creates changes in youths' daily lives. Permanent changes to the program requirements were made to ensure that policy was addressing this new normal. Starting in the new year, January 2022, the TIL PM and Directors from the contracted agency looked at the ASSIST program as a whole to address how the program has been meeting the needs of youth. The program is now 10 years old, and there have been many lessons learned. Program changes were proposed to leadership at DFS in February of 2022. The main worry about the stipend program is that youth are not using it as a steppingstone. The goal is to adjust the program so that the stipend is slowly, decreased over time while also still meeting essential housing needs that the youth may have while working towards independence. In addition to the program changes, DFS may be able to provide the stipend to older youth if HB 271 passes. This will allow DFS to provide services to youth up to the age of 23, including the ASSIST stipend. This benchmark's timeframe will continue as ongoing.

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:
   This benchmark is in progress and ongoing. The TIL PM presented an overview of programming, highlights and data on the TIL program during the stakeholders meeting on November 23, 2021. Information from stakeholders is being addressed ongoing. This includes improving the collaboration between DFS staff and contracted TIL providers. Opportunities for DFS staff to take tours of the TL sites was established and dates for these tours range throughout 2022. Exit surveys as well as surveys from youth currently receiving TIL services are gained during provider monitors. Evaluation of the ASSIST program occurs on an on-going basis. This benchmark's timeframe will continue as ongoing.

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:
This benchmark is annual and ongoing. DSCYF and OCA maintain the MOA. There were no revisions to the MOA. CPAC, via OCA 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. In SFY2021, CPAC awarded a total of $209,403.00 in funding to 44 youth. The awards ranged from $1,900 to $10,000, but many of the awards were $3,000 or $5,000. In addition, the majority of youth were attending either Delaware Technical Community College or Delaware State University. The CPAC Youth in Transition Committee also provided oversight for the scholarship program during the period. This benchmark's timeframe will continue as ongoing.

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 investigation 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 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 IV, Update on Progress Made to Improve Outcomes; 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.

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.

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.

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

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

Delaware 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. The home visiting programs and DFS collaborate to work together with families.

The Multisystem Healthy Action Committee meets quarterly in Kent and Sussex Counties and in 2021 the NCC Committee reconvened with new 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.

The Division of Family Services receives stats from Child Development Watch Birth to Three Early Intervention each month. The Division also receives a list of children who entered DFS custody during the

same time period. Those lists are then cross-referenced. If a child under the age of three entered DFS custody, and CDW did not receive a referral for said child, DFS sends an email to the assigned DFS worker and Supervisor. The email encourages the worker to submit a CDW referral if a referral is appropriate.

NCC DFS/CDW statistics April 1, 2021 through March 31, 2022	
NCC Total DFS Children Referred to CDW April 1, 2021 - March 31, 2022	**45**
DFS ***Foster*** Children Referred to CDW	29
DFS Children with Active IFSPs	1
DFS ***Foster*** Children with Active IFSPs	3
NCC Total DFS Children Active on March 31, 2022	**39**
DFS Foster Children Active with CDW as of March 31, 2022	23
DFS Children with Active IFSPs as of March 31, 2022	0
DFS Foster Children with Active IFSPs on March 31, 2022	2

Kent County DFS/CDW statistics April 1, 2021 through March 31, 2022	
Kent Total DFS Children Referred to CDW April 1, 2021 - March 31, 2022	**61**
DFS ***Foster*** Children Referred to CDW	13
DFS Children with Active IFSPs	8
DFS ***Foster*** Children with Active IFSPs	2
Kent County Total DFS Children Active on March 31, 2022	**11**
DFS Foster Children Active with CDW as of March 31, 2022	3
DFS Children with Active IFSPs as of March 31, 2022	5
DFS Foster Children with Active IFSPs on March 31, 2022	2

Sussex County DFS/CDW statistics April 1, 2021 through March 31, 2022	
Sussex Total DFS Children Referred to CDW April 1, 2021 - March 31, 2022	**63**
DFS ***Foster*** Children Referred to CDW	14
DFS Children with Active IFSPs	11
DFS ***Foster*** Children with Active IFSPs	5
Sussex County Total DFS Children active on March 31, 2022	**19**
DFS Foster Children Active with CDW as of March 31, 2022	7
DFS Children with Active IFSPs as of March 31, 2022	8
DFS Foster Children with Active IFSPs on March 31, 2022	5

Efforts to Track and Prevent Child Maltreatment Deaths (section 422(b)(19) of the Act)

Delaware's Child Protection Accountability Commission (CPAC) is the state entity responsible for compiling child maltreatment fatality data from 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.

CPAC serves as the federally mandated Citizen Review Panel, and the Child Abuse and Neglect Panel with oversight from the CAN Steering Committee conducts retrospective reviews on all death and near death cases of abused and neglected children, assessing for strengths and weaknesses across seven system areas. CAN Panel is comprised of the DFS Intake and Investigation Program Manager, as well as members from the OCA, the IC's office, law enforcement, the DV community, hospitals, schools, Child Development Watch (Delaware's part C program), Family Court, the DOJ, and the medical examiner's office, who meet

monthly to make recommendations to the CAN Steering Committee. The Steering Committee reports to the Governor of Delaware with findings and recommendations. A copy of this report can be accessed at: https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx

In FY2021, CPAC approved the retrospective reviews conducted by the Child Abuse and Neglect Panel between July 2020 and June 2021. During this period, the Panel reviewed 70 child maltreatment deaths and near-death cases, which resulted in 82 strengths and 256 findings. The findings and recommendations resulting from the reviews of child deaths and near deaths due to abuse or neglect are available at the following link: https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx
These strengths and findings are distributed in draft form to intake and investigation staff, as well as upper divisional and departmental management, for purposes of enhancing quality of work, encouraging adherence to policy, and strengthening policies to be more collaborative and preventative.

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

Supplemental Appropriations for Disaster Relief Act (applicable states only)
This is not applicable to Delaware.

Supplemental funding to prevent, prepare for, or respond to, Coronavirus Disease 2019 (COVID-19)
Delaware received $244,094 in CARES Act Title IV-B Subpart 1 supplemental grant funds. Thus far Delaware has spent $157,761.31 on various items including additional personal protective equipment for Division staff across this state. These purchases have 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 has also continued to fund a program to provide support to families through the Amazon Essentials program. This program provides relief to families that have impacted by COVID-19 by allowing them access to certain products that are available through Amazon. These items include cleaning supplies, personal protective equipment and other essentials like diapers. This program has been very well-received and is utilized as a prevention service by DFS workers, as well as workers in other divisions within the Department, particularly the K-5 Prevention program that operates in most schools across the state. Delaware, with the approval of the Children's Bureau, is also installing telecommunication services in the southernmost county in the state which previously had none, as well as updating services in offices in the other regions, including the northernmost county that serves the largest number of families. These installations and updates will afford DFS workers greater opportunities to conduct virtual or hybrid meetings with families and other professionals, as well as to participate in virtual trainings. The upgrades will allow for better connection across the state. DFS will have these supplemental grant funds obligated by September 30, 2022, and spent by December 31, 2022.

MaryLee Allen Promoting Safe and Stable Families (PSSF) (title IV-B, subpart 2)

Division of Prevention Behavioral Health Services', Promoting Safe and Stable Families Program receives Title IV-B subpart II, Family Support and Family Preservation funds. The funding is utilized to coordinate a service system that builds on the strengths of families and communities; emphasizing collaborative approaches to identification of risks factors and increasing protective factors, services promote a family's ability to function; preventing child abuse and neglect and it's contributing factors. The services are intended to protect children from abuse and promote permanency for children within their own families. The Delaware DPBHS Promoting Safe and Stable families 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 a family's stressors and the likelihood

to experience child maltreatment. 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. 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

During the fiscal year review period, services continued to operate in a modified hybrid capacity in response to the COVID-19 Pandemic national health emergency. The PSSF service target populations are parents and caregivers of children birth to 18, and youth exiting departmental care. The family support and preservation service delivery sought to reduce risk factors that attribute to child maltreatment and assured safety and healthy environments for children, youth, and families. The consultation services addressed the needs as self-identified by each participant family to reduce stress and other contributing factors of child maltreatment. The top 10 needs most identified by families served during this period of the review were: 1) Financial wellness and emergency assistance (29%) 2) employment(21%) 3) housing (17%) 4) educational services (10%) 5) mental health and emotional wellness (7%) ; (15% remaining needs) (6) physical wellness 7)parent-child relationship 8)transportation 9)childcare 10)food and nutrition, data was derived and assessed by the family needs and social supports tool intake and closure scale. The top needs of the service population reflect the impact of the COVID-19 pandemic on families. Geographically there has been an influx of parents and caregivers who have been displaced from employment due to COVID-19, the top three needs of financial wellness/emergency assistance, employment, and housing reflect the effects of the national crisis on local families. The needs of the families prompted program efforts to increase partnerships with community partners to alleviate financial hardships faced by families, providers established a holistic community-centered approach to servicing families. Families engaged in the family support consultation services of the Promoting Safe and Stable Families Program developed skills that increased their ability to identify resources in their community to address contributing factors to child maltreatment this promoted the parent caregivers' ability to support their children maintaining stability.

PSSF providers were instrumental in partnering with community service organizations statewide aiding in creating and establishing home environments that were conducive to healthy parent-child relationships for families, youth, and children. The program also increased formal and informal collaborations with housing service providers to address families in need of housing in support of children remaining in the care of a caregiver or family member.

The target population to continue to access Promoting Safe and Stable Families, Family support, and Family preservation services, reducing the identified risk factors that threaten child safety and proactively strengthening families. During the period of this review, participants completed a satisfaction survey on services received, the following measurements reflected that families identified that they were able to reduce life stressors that may negatively impact their family functioning and child well-being, by accessing needed services, 96 % of families served strongly agreed there was a positive impact in this area. Families indicated they were able to build family skills and strengthen family functioning 98% strongly agreed that increased their ability to self-assess and had improved functioning, finally families reported they were able to reduce the risk of child maltreatment, 96% of participants strongly agreed they their risk factors were reduced due to the consultation process.

Division X Supplemental Funding from the Supporting Foster Youth and Families Through the Pandemic Act.

Prior to Division X, Delaware's TIL program provided supports to youth up to the age of 21. Delaware has been able to use Division X to provide case management support to youth up to the age of 23. In December of 2021, Governor Carney signed the certification for expanding services to the age of 23. DFS recognizes the benefit to expand services to older youth and these services will help with collecting 21-year old's NYTD surveys, will align with providing supports to youth who are using the FUP or FYI housing vouchers and will support youth with completing the post-secondary education. House Bill 271 was proposed to legislation in January 2022 to amend Titles 13 and 29 of the Delaware Code relating to eligibility for TIL services. A major challenge was to spend the money in the allotted time frame. The information about the program and requirements to spend it out were distributed during the time allotted to spend the funding. This created constraints on implementing policy, collaborating with providers in the community and caused constraints administratively. Technical systems including fiscal structures struggled to support Division X implementation due to being outdated. Also, the ability to meet with youth face-to-face during the pandemic created issues around supporting them with Division X provisions. The amount of money allocated to each youth for transportation had some negative consequences because youth did not have the opportunity to learn about appropriate car purchase strategies and stable plans for car insurance payments. Thoughtful implementation for planning and developing opportunities for youth to make smart decisions about their Division X funding was not possible due to the time constraints of allocating the funding to the youth.

Service Decision-Making process for Family Support Services (45 CFR 1357.15(r))

The Promoting Safe and Stable Families (PSSF) services are offered in the communities with the greatest risk of child maltreatment, the community-based family preservation and support services work cohesively with community organizations to address risk factors in the areas of evictions and stable housing, re-entry programming, educational services, food deficiency and other noted needs identified by the program participants. The service decision-making process of the PSSF Consultation and Support program occurs through the family consultation process. The families develop skills to be able to self-assess and problem solve presenting barriers that impact their ability to function. The provider staff and program participants work together to establish a plan that increases the family's protective factors increasing their ability to identify and utilize informal and formal supports. With guidance from the family consultant, the family is the lead in developing a support network, plan to decrease stressors, and implementing appropriate informal and formal supports that promote stability and positive parent-child relationships.

During this period of review, PSSF maintained three contracted community-based organizations providing the consultation case management model across five service sites to community-identified at greatest risk of child maltreatment. During the review period, the program served 896 individuals and 294 families received family support and family preservation prevention services. Services are concentrated in zip code areas throughout the state reported receiving the highest number of abuse and neglect referrals. The PSSF community-based providers continue to develop techniques to increase recruitment and retention efforts to engage families in need of support services.

Title IV-B subpart 2 funding ratios are 32% family support and 20% family preservation; combined they provide a continuum of services intended to reduce the occurrence of child maltreatment by addressing the four associated risk factors. The program service builds upon providing hybrid service delivery, increasing, and enhancing family support competency by addressing strength-based service delivery that is the trauma-informed utilizing system of care principles.

Family Support and Family Reunification funds in Delaware are combined to provide a continuum of services whose primary functions are to support communities in the development and implementation of services that help children and families stay together, when safety can be assured. The services build on

family strengths, 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.

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 a 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 impact on the families due to the COVID-19 pandemic, the families in these communities reported an increase in concern around physical wellness, financial assistance, and employment opportunities. These service efforts address the needs of 294 families and a total of 896 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 are 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 federal Comprehensive Addiction and Recovery Act. DFS developed both internal and external pathways to address infants born with prenatal substance exposure.

Foster children are at higher risk of becoming victims of sex trafficking, and Delaware continues to address these issues via the Juvenile Human Trafficking Interagency Coordinating Council (JHTICC) which brings together law enforcement, courts, advocates, DFS, the FBI, and community partners to look at data, public awareness, training, and victims' services. To address identification and services for victims of sex trafficking, Delaware, as voted upon and approved by CPAC in May 2021, has adopted the CSE-IT (Commercial Sexual Exploitation – Identification Tool) screening tool, developed by WestCoast Children's Clinic, to assist in the identification of trafficking victims. 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. Delaware continues to look at best practices for working with victims or suspected victims of human trafficking.

Kinship Navigator Funding (title IV-B, subpart 2)

Children's Choice of Delaware currently was awarded the contract for Kinship Navigator services in Delaware. Children's Choice and Delaware have partnered with Children's Home Network in Florida to adapt its Kin-Tech model to meet the needs of families we serve. This model was fully implemented in Delaware in August 2021.

Families are made aware of Kinship Navigator services through a variety of ways. Case workers, contracted providers, and many community partners are part of a community collaboration committee to help support and share information with kinship families. A brochure about services has also been created and shared in the community. Direct support from the Kinship Navigator Program currently requires a referral from The Division of Family Services or Office of the Child Advocate however any family that reaches out is provided basic resources.

Children's Choice Kinship Navigator Program Contract current staffing (4/30/22):

20% State Director
50% Kinship Care Coordinator (Supervisor)
100% Intake Coordinator/Support Group Assistant
20% Administrative Assistant
100% Peer Navigator
2- 100% Professional Caseworker Navigator

Kinship Care Coordinator position has been vacant since 04-29-22. The agency's State Director and Second-in-Command (Professional Caseworker Navigator) will be running the program until 10-01-22 when new Coordinator is expected to be hired.

Second Professional Caseworker Navigator (new position) started 05-09-22 and will be gradually assigned cases. Funded through 09-30-22 due to savings over time from the unfilled Peer Navigator position; vacancy moved to Professional Caseworker Navigator due to complexity of cases and easier to fill.

Total Kinship Formal/Voluntary Caregivers & Children Served 10/1/20 – 4/30/22:
260 Caregivers, 684 Children

Formal Caregivers & Children Served VIA KIN-TECH™ (08/04/21 Implementation)– 04/30/22:
95 Caregivers, 237 Children

Formal Caregivers & Children "Financial Assistance Only" Prior to KIN-TECH™ 10/1/20 – 9/30/21:

Phase 1: October 2020 – January 2021:	25 caregivers, 74 children
Phase 2: February 2021 – June 2021:	28 caregivers, 57 children
Total Served	53 caregivers, 131 children
IV-E Flex Funding Summer/Fall 2021:	112 caregivers, 316 children
Total Served Prior to KIN-TECH:	165 caregivers, 447 children

KIN-TECH Model Fully Implemented 8/4/21:

Formal Kinship Caregivers & Family Served to date (Children in DFS Custody)	95
Intakes Completed- Awaiting Navigator Assignment	20
Intakes Pending (awaiting responses from caregivers)	9

Above does not include pre-KIN-TECH "financial assistance only" support offered by the contractor. Please note that when we work with caregivers, all children in the home benefit, not just the child(ren) in DFS custody.
Referrals- Continue to come in daily.

KIN-TECH Caseload Standards:
KIN-TECH Caseload Average Duration: 3-6 Months.

100% Peer Navigator	10-12
100% Professional Caseworker Navigator	15-18

Current Caseloads as of 4/27/22:

100% Peer Navigator	15
100% Intake Coordinator/Support Group Assistant	29
100% Professional Caseworker Navigator	17
100% Professional Caseworker Navigator (filled 5/9/22)	0

Kinship Navigator Program Goals

Goal: 65% of children in Kinship Care instead of Foster Care with strangers
Current performance: 18.4%

- Encourage Kinship Caregivers to become licensed Foster Parents
- Serve Voluntary Kinship Caregivers once FOCUS can track children no in DFS custody by active with DFS and approved by DFS to live with relative or fictive kin.
- Expand staff by a 100% Professional Caseworker Navigator, 100% Peer Navigator, increase 20% Administrative Assistant to 100%, increase Kinship Care Coordinator/Supervisor from 50% to 100%.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Caseworker visit grant funds are applied to contracted foster care services using a methodology targeting caseworker visit costs. Contracted providers have monthly, if not more frequent, contact standards. Delaware 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 FFY2021, Delaware scored a 94.38% on the monthly caseworker visit report with 89.53% of visits taking place in the placement setting. 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. Delaware has a CQI workgroup that is identifying strategies to improve caseworker visits including reissuing training to staff. Details of these efforts can be found in the CFSP progress reports.

DFS will submit monthly caseworker visit data for FFY2021 per Section 424(f) of the Social Security Act by December 15, 2022.

Additional Services Information

Adoption and Legal Guardianship Incentive Payments (section 473A of the Act)

With federal approval, DFS applied adoption incentive funds to a program called Parent Enrichment. The program reimburses adoptive caregivers to purchases made to normalize childhood experiences and enhance child well-being. This program has been well received and will continue in FY23. Funds may also reimburse adoptive parents for training conference expenses. Additionally, funds were used to purchase training for staff related to trauma, adoption connection, disruptions and FASD. Funds have also been used for a virtual match event for older youth that took place on January 29, 2022. Thirteen Delaware children participated. Another virtual match event is scheduled for June 2022 and will also utilize incentive funds.

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

Adoption Savings (section 473(a)(8) of the Act)

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, 2023 and has the option to renew.

The Interagency Committee on Adoption is collaborating with Springfield College to develop an adoption certification program for master's level therapists with degrees in counseling, social work or related fields. The Adoption Savings will be utilized to reimburse and support therapists who are working with families in Delaware who have adopted.

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 are expanding to include families who have guardianship and will expire on September 30, 2023 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 and guardianship support services.

The Division of Family Services will continue to utilize the Adoption Savings through the Adoption Navigator contract and post adoption and guardianship support services.

It is also anticipated that Springfield College will offer an initial adoption certification program in Fall 2022. The Interagency Committee on Adoption will maintain a public list of therapists who have completed this program to work with all adopted children, youth and families in the state of Delaware. The Adoption Savings will be utilized to reimburse and support therapists who are working with families in Delaware who have adopted.

Delaware is also researching the Family Match program as an adoption exchange.
There is no estimated timetable for spending unused savings calculated for previous years. There have been no challenges spending the funds.

Family First Prevention Services Act Transition Grants
Delaware has not yet spent any Family First Prevention Services Act Transition Grant Funds. Plans are underway to finalize the Delaware FFPSA plan. Once finalized, Delaware plans to use transition funds to support changes to the FOCUS CCWIS case management system to support candidacy designation and prevention case planning functionality. Funds will also be utilized to train staff in the use of *Motivational Interviewing* to enhance their communication skills to effectively engage youth and families in conversations about change.

Family First Transition Act Funding Certainty Grants (applicable states only)
Not applicable for Delaware.

John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program) (section 477 of the Act)

The Transition and Independent Living program supports the HOPE (Helping Our Peers Evolve) group, Delaware's youth advocacy group, and its related activities. HOPE is the mechanism for teens in foster care and young adults who've recently aged out of foster care to share their perspectives of the child welfare system. Through HOPE activities and meetings, youth voice what is working well and not working well in the foster care system. HOPE meets monthly in-person, and virtually when safety precautions need to be put in place. In addition to this, the Department gains feedback from youth during monitors of contracted providers. The Department conducts surveys of youth to gain their feedback on their experiences. As an ongoing practice, the Transition and Independent Living Program Manager requires the contracted TIL providers support youth with completing exit surveys as they close out of TIL services. In addition, feedback is gained directly from youth about their outcomes through NYTD outcome surveys. This information, along with TIL related services captured through NYTD reporting mechanisms, are shared with the contracted TIL 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.

The TIL 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 TIL Program contracts with six 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 23 and youth who were adopted or placed under guardianship at 16 years of age. The TIL 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., Children's Choice Inc., People's Place II Inc., and Together We Care, Inc. The six providers began new contracts the summer of 2021 as a result of a Request For Proposal. 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 TIL provider.

Major changes to the TIL program include HB 123 and HB 271. HB 123 paves the way for the Division to support youth up to the age of 23, when historically Delaware only support youth with TIL services until the age of 21. HB 123 mandates that the public colleges in Delaware waive the tuition, fees and room and board for youth who've experience foster care. Subsequently, the Department has established relationships with the schools to support this programming to ensure youth are graduating successfully.

Another major change to note is the re-structure of the youth advocacy group, HOPE. The goal of the restructure is to better meet the needs of the youth to help promote leadership and autonomy. Currently, the TIL program is looking to make changes to the Achieving Self-Sufficiency and Independence through Supported Transition (ASSIST) stipend program to structure the program into levels. This way, youth will slowly learn the skills needed to be financially self-sufficient.

In addition to these changes, the TIL PM collaborated with Public Housing Authority's (PHA's) to develop a partnership to allocate the Foster Youth to Independence (FYI) vouchers. Currently, DSCYF has a MOU with Wilmington Housing Authority (WHA) to allocate the FYI voucher. The TIL PM distributed the notice

to both WHA and DSHA (PHA who administers the FUP voucher) that youth who leased up after December 27, 2020, that are working or in school for over 9 months could extend their voucher for an additional two years.

Throughout the summer and fall of 2021, the TIL PM developed new ways for staff to capture NYTD information in FOCUS. These changes have led to less administrative work for frontline staff and improved the quality and frequency of the information being captured. The changes also paved a way for DFS to collect additional TIL related outcome data. This data is reported quarterly and shared with stakeholders.

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.

Division X Additional Funding from the Supporting Foster Youth and Families Through the Pandemic Act.

DFS created a shared mailbox for constituents to email regarding questions about Division X. Through this shared mailbox, the Transition and Independent Living (TIL) Program Manager monitored inquiries from older youth wanting to re-engage in services. DFS created a Mandated Directive to guide staff on how to implement Division X and a checklist document to use for youth requesting transportation funds. Flyers and other graphics were created and distributed on the Departments website, social media outlets and on HOPE's Instagram about Division X. Delaware developed the Pandemic Relief Youth Voucher (PRYV) to use funds for housing related costs to support youth stability. Funds were also used to provide funding for transportation related expenses, expanded case management IL services to include 22 through 26 year old's until September 2021, and continued the expansion for youth up to the age of 23 through September 2022. The additional funds allowed for flexible spending to support youth with various needs such as rent, groceries, meal delivery, utilities, cell phones/plans, laptop, internet service, respite care services for parenting youth, supports for pregnant youth, outstanding health insurance costs, and paid post-secondary education institutions for remaining outstanding tuition balances for youth.

Prior to Division X, Delaware's TIL program provided supports to youth up to the age of 21. The TIL program uses Division X to provide case management support to youth up to the age of 23. In December of 2021, Governor Carney signed the certification for expanding services to the age of 23. Delaware recognizes the benefit to expand services to older youth and these services will help with collecting 21-year old's NYTD surveys, will align with providing supports to youth who are using the FUP or FYI housing vouchers and will support youth with completing the post-secondary education. House Bill 271 was proposed to legislation in January 2022 to amend Titles 13 and 29 of the Delaware Code relating to eligibility for TIL services.

Accomplishments of the funds for young people include 66 youth inquired and re-engaged in services. DFS was able to allocate $4,000 per youth for transportation after the youth completed the required transportation request form. Maximum PRYV amounts started at $200 per youth, then expanded once there was a recognition there was more funding than the number of youth requesting PRYV. Delaware was able to spend out the entire Division X allotment.

The Independent Living program engaged the most recent HOPE President on areas where youth may need financial support. During the summer of 2021, the program collaborated with Chafee program managers from Washington, D.C., PA and WY about how they implement Division X. In addition, the program

connected with other community agencies to provide information about pandemic relief support. This included sharing information about the Delaware State Housing Authorities Emergency Housing Program which provided rental assistance to help clients affected by COVID-19 pandemic, participating in collaboration meetings with the Delaware's Continuum of Care (CoC) in April of 2021 to learn more about the Emergency Housing Program, and coordinating with the Department of Human Services to distribute Division X flyers. Delaware also allowed contracted agencies to bill for time their organization spent on administrative tasks to allocate Division X provisions and funding.

A major challenge was to spend the money in the allotted time frame. The information about the program and requirements to spend it out were distributed during the time allotted to spend the funding. This created constraints on implementing policy, collaborating with providers in the community and caused constrains administratively. Technical systems including fiscal structures struggled to support Division X implementation due to being outdated. Also, the ability to meet with youth face-to-face during the pandemic created issues around supporting them with Division X provisions. The amount of money allocated to each youth for transportation had some negative consequences because youth did not have the opportunity to learn about appropriate car purchase strategies and stable plans for car insurance payments. Thoughtful implementation for planning and developing opportunities for youth to make smart decisions about their Division X funding was not possible due to the time constraints of allocating the funding to the youth.

Delaware explored opportunities to support LGBTQI+ youth by partnering with an organization named PFLAG. A couple of department staff are members of the local chapter. PFLAG did a training (Creating Affirming Communities) for DFS Foster Care team and Provider Agencies in February 2022 that was informative and allowed the state to preview for appropriate sharing to other audiences. A separate workshop was then offered to foster parents.

Planned Parenthood is also offering a training for foster parents on supportive relationships which will touch on working with LGBTQ+ youth. Transitions Delaware LLC – Karla Fleshman, LCSW, Mdiv hosted training for independent living providers.

PFLAG and PTK(Parents of Trans Kids) attended the HOPE youth conference as vendors in order to connect and support our youth. West End, an independent living provider, has partnered with PFLAG and has committed some of their housing to youth who identify as LGBTQI+.

To support state staff, the agency has been working with PFLAG on staff training as well as updating the FOCUS system to allow space for reflecting a youth's affirming pronouns and name changes. The department also provides sensitivity training that addresses affirming behavior for staff to the general population that identify as LGBTQI+.

Access to Medicaid for Former Foster Youth:

The Department will collaborate with the local Medicaid office to coordinate implementation to offer Medicaid to eligible youth.

Information about the SUPPORT Act will be distributed to youth at HOPE meetings and the Department will use social media outlets, such as Instagram and the Departments website to promote the changes.

Education and Training Vouchers (ETV) Program (section 477(i) of the Act)

In efforts to engage or re-engage students whose post-secondary education has been disrupted by the COVID-19 pandemic, Delaware utilized advertisement and marketing of the Division X provisions and was able to reach youth and young adults in the community to alert them of the changes to eligibility for ETV. The contracted TIL providers distributed information about the temporary changes in ETV eligibility to youth they had connections to as well as youth who they were currently supporting. OCA marketed information on their website about the changes in eligibility.

With the HB 123 passing, the tuition waiver program was established in the spring of 2022. With this program, the Department collaborates with the University of Delaware, Delaware State University and Delaware Technical Community College to develop programming to support youth. The program waives tuition and fees, and room and board where applicable for youth who've experience foster care for at least one year after the age of 14 if they're attending one of the three public colleges in Delaware. Each school is responsible for supporting the youth and ensuring they have access to services to promote retention and successful graduation.

Division X Additional Funding from the Supporting Foster Youth and Families Through the Pandemic Act.
The Office of the Child Advocate (OCA) is responsible for administering the ETV awards. OCA increased award amounts for each youth using the Division X funding. As noted below, OCA conducted a second round of disbursements to youth for the spring semester using the additional ETV funds.

The Transition and Independent Living (TIL) Program Manger worked with OCA to allocate the supplement ETV funds and collaborated on a process for distributing the additional funding. A second round of applications for ETV occurred in October 2021 to implement a second disbursement of ETV which would take place for the Spring 2022 semester.

In conjunction with HB 123, the free tuition waiver program, and the additional ETV funds from Division X, most youths' educational expenses were covered starting in the spring of 2022. There were 26 youth who applied and were awarded ETV in 2021.

The Department supports HB 271, which allows youth up to the age of 23 to receive TIL services. This provides a way for youth attending a post-secondary education program to maintain connection to vital supports that could help them successfully graduate. The Department has established relationships with the public colleges to support youth who are receiving ETV funds to ensure they have a successful experience and graduate timely.

There were some challenges in meeting the distribution timeframes because the technology used for allocating the money either to the youth or directly to the institutions did not have some needed flexibilities. This caused issues around how the youth could use the funding and the timeliness of distribution of funds.

There were no changes made to how the ETV program is administered. OCA is responsible for administering the ETV awards.

See Attachment: Delaware ETV Chart Attachment C. For this reporting period there were 26 ETV awards made.

Chafee Training
In May of 2021, the Transition and Independent Living (TIL) Program Manager presented an overview of the program during the family court stakeholders meeting as well as conducted a virtual training for the Department Attorney Generals unit on April 25, 2022 providing an overview of the program highlighting recent changes. To support communication and collaboration, the contracted TIL agency Directors presented an overview of their programs to staff during DFS's Treatment workgroups in August of 2021 and again in February 2022. DFS supported contracted TIL staff along with two DFS staff to attend the annual Daniels Conference held in Florida from August 31st through September 3rd in 2021. Staff attended training, presentations, workgroups and networked with other state representatives. The TIL Program Manager along with the Life Lines Director from West End Neighborhood House held a presentation on their program during a Capacity Building for States webinar called 'Securing Safe and Stable Housing for Youth and Young Adults' on February 2022. The presentation was an overview on how Delaware structures housing for youth who've aged out of foster care.

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

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.

VII. Consultation and Coordination Between States and Tribes

There are currently no federally recognized tribes in Delaware, but there are 2 state recognized tribes- Nanticoke Indian Association and Lenape Indian Tribe. Chief Natosha Carmine of the Nanticoke Indian Association has participated in our annual stakeholder meetings in previous years. She has been favorable in working collaboratively together although we have not had occurrence to share work with any particular youth or family. Chief Carmine agrees to assist the agency with foster home recruitment and placement should an Indian child enter state custody. Chief Carmine has acknowledged receipt of the Child and Family Services Plan. All APSR submissions are available to the Nanticoke Indian Association via the agency's web page upon final approval. The Lenape Indian Tribe lead by Principal Chief Dennis J Coker, was recognized in Delaware in 2016 and Delaware will work to engage that tribe in child welfare discussions including inviting him to stakeholder meetings. FOCUS was built with the capability to capture ICWA information to better identify and engage tribes. With the development of the updated AFCARS report, there are plans for enhanced staff training around recording of ICWA information in our FOCUS system to enhance our awareness and collaboration with local Indian tribes. There are no planned changes in policy, procedure or statute. Current ICWA training is mandatory for new caseworkers and is available on the Delaware Learning Center. Delaware has a low population of identified Indian children, but for any than enter the system they are afforded all available services via the State agency. 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). Chief Carmine continues as a child welfare stakeholder and will be invited to attend all stakeholder meetings to provide input on APSR progress as well as engage with the CFSR round 4. Delaware also plans to work toward improved engagement with the Lenape Indian Tribe. The agency has no agreement with a tribe to perform Titles IV-B or IV-E activities.

VIII. CAPTA- State Plan Requirements and Updates

The following statements address 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.

Plans of Safe Care for Substance-Exposed Infants:

- 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, 2021. Funds are applied to staff salaries who perform intake, assessment, screening, and investigation of reports of child abuse or neglect functions. CAPTA funding was applied to two 0.50 FTE Family Service Specialist Investigators, as well as 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 Nemours Children's Hospital (previously A.I. DuPont Hospital for Children) 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. For comparison, in CY2019, a total of 628 children were evaluated in the Nemours emergency department. This was an increase from CY2018 and was followed in CY2020 by one of the largest yearly increases in patient volume, with a total of 749 children evaluated. In CY2021, the total patient volume dropped to 647 children, which was a decrease from CY2020 but higher than CY2019. (*See Attachment: DFS AIDHC Data 2021*)

Several notable trends were present in CY2021. While physical abuse volume dropped between 2020 and 2021 (398 to 238), child neglect increased (143 to 173). Sexual abuse also increased (219 to 256). The increase in neglect was in large part due to the increase in supervisory neglect related to exposure to substances, such as illicit drugs or prescription medications in young children, which led to health complications for the child victim. Nemours treated an overwhelming number of young children who overdosed on drugs such as fentanyl, marijuana, and cocaine, as well as pharmaceuticals commonly prescribed for psychiatric conditions, including Clonidine, Effexor, and Zyprexa to name a few. Additional data review should be conducted within this population due to the volume increase in patients treated. It is also possible that many of the sexual abuse concerns were precipitated by the standardized use of the emergency department's self-administered behavioral health screen. Many teens made new disclosures regarding sexual abuse through this tool but presented to the emergency department for an entirely different chief complaint. There are ample opportunities, as well, to look further into this patient population grouping and the use of self-administered screening tools to assess for safety risk factors. This same self-administered screening tool also now includes questions related to trafficking risk factors – in the year 2022 Nemours has seen many teens who have self-disclosed trafficking risk factors. The initiation of these screening questions will hopefully complement the trafficking referrals to the IC's office to allow for improved patient outcomes. Next year, Nemours hopes to have specific information regarding human trafficking in their year-end report.

CY2021 also marks the first full year in which the Nemours medical record has automatically generated the patient population data for this report. Several improvements were made to streamline documentation to assist in capturing the patient cases, but the possibility exists that some patients were lost in the final total. This is always a possibility in data collection and analysis and an important deficit to keep in mind when interpreting the data. An additional deficit is the lack of available information about law enforcement involvement, as well as the population of children referred to the emergency department by an MDT partner. An error was identified in the database, and this information was not captured. Individual chart reviews will be conducted to glean this information, but accuracy may be questionable.

Another consideration when interpreting patient volume is the Nemours CARE Program. CY2020 marked the first year that Nemours offered outpatient child abuse services Monday through Friday through their CARE Clinic. 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. The Nemours CARE Program was fully operational for its first full calendar year in CY2021 with a physician and APRN seeing patients full time. In years past, patient volume in the outpatient setting was limited by provider schedules and availability of space, which reduced the number of appointments available. Compilation of outpatient CARE Clinic data continues to determine if Nemours was able to reduce emergency department visit volume and move those children more appropriately to the ambulatory care setting – to coordinate with their forensic interviews, for example, as this was the intended goal of the Clinic, particularly for non-

acute sexual abuse victims, as well as sibling/household contact examinations that could safely be supported in the outpatient setting. That patient data will be shared once it has been compiled. Another area of exploration for patient data is the partnership between the DE Division of Forensic Science and the Nemours Radiology Department for the completion of post-mortem imaging. This has been a growing program that also supports the multi-disciplinary response to child abuse and neglect in the State of Delaware. And finally, the Nemours foster care program has concluded its first year under the CARE Team patient care umbrella. DFS is a member of the CARES Team Grand Advisory Board, which monitors the implementation of the CARES program at Nemours and develops plans for expansion to the other counties.

- Child Protection Accountability Commission (CPAC) serves as Delaware's Citizen Review Panel. CPAC's SFY2021 report is located online at https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx

- In its 2020-2021 Joint Action Plan, CPAC and the Child Death Review Commission (CDRC) established 13 prioritized recommendations for system improvement, along with two additional recommendations and six ongoing recommendations from the prior annual meeting. The 2020-2021 Action Plan was approved by CPAC on February 17, 2021, and by CDRC on March 12, 2021. CPAC was tasked with addressing six of the 13 prioritized recommendations. One of the other two recommendations was prevention-focused and assigned to CDRC, while the other focused on the multidisciplinary response to child sexual abuse cases and was assigned to CPAC. CPAC tasked its Grants Oversight Committee with monitoring the recommendations and providing updates to CPAC and CDRC at least annually. The full action plan is available on the OCA website at the following link: https://courts.delaware.gov/Forms/Download.aspx?id=126368

- 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 CY2021. 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 is interest in initiating 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 they 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 CY2021, MAT providers reported that 94 POSCs were completed.

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 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 POSC event was built into FOCUS, the Division's SACWIS system, and was launched for use by staff in CY2021. 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 is 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 CY2021, the program received 216 referrals from the DFS hotline. After accounting for misassignments and links to active cases, the contracted program initiated 208 cases.

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 has tracked this data since 2015. In June 2018, the IC began to produce quarterly monitoring data. In CY2021, 727 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 expanded that work and was co-chaired by Jennifer Donahue, the Investigation Coordinator for the state, and Dr. Allan DeJong, M.D., of Nemours Children's Hospital (previously Alfred I. duPont Hospital for Children), and was 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. The DFS Director and DFS Intake and Investigation Program Manager were members of this CPAC sub-committee. After the CPAC/CDRC approved its 2016-2017 Action Plan, the committee was charged with improving outcomes for substance-exposed infants and their families by addressing the following recommendations, as developed at the Joint CPAC/CDRC Retreat: 1) establish a definition of substance-exposed and substance-addicted infants; 2) draft a statute to mirror the definitions as needed and consider adding language to the neglect statute; 3) recommend universal drug screenings for infants in all birthing facilities in the state; 4) review and revise the DFS Hospital High Risk Medical Discharge Protocol to include substance-exposed infants; 5) refer SEI's to evidence-based home visiting nursing programs prior to discharge; and, 6) review and incorporate the Neonatal Abstinence Syndrome (NAS) Guidelines for Management developed by DHMIC's Standards of Care Committee. The committee completed all six of its charges and held its last meeting on January 29, 2021.

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 Family Services Program Support Administrator attends and/or chairs 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.

American Rescue Plan Act Funding:

- Delaware received supplemental funding through the American Rescue Plan Act (ARPA), and the Division intends to use the money to fund additional contracted FAIR positions. As one pathway in Delaware's differential response system, the FAIR program is a prevention-oriented, family engagement-minded approach to low-risk reports of abuse and neglect. One of the community-based agencies with whom the Division currently contracts for these services has been asked to submit a proposal to add case worker positions to the contract, in order to utilize the ARPA funding to provide FAIR services to a greater number of at-risk families. In addition, Delaware is in the process of developing a Pathway 1 prevention service, and we anticipate utilizing some of the ARPA funds to support this effort.

- The State Liaison Officer and contact information:
  Sarah Azevedo
  Intake and Investigation Program Manager
  1825 Faulkland Road, Wilmington DE 19805
  Sarah.Azevedo@delaware.gov
  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.

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 2022) 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 Health Options and AmeriHealth, regarding care coordination services for all children in foster care and collaboration for children not experiencing foster care.

For CY 2021, 612 foster children received health services through either Highmark Health or AmeriHealth MCO. There were a total of 347 Highmark Health members and 265 AmeriHealth members.

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

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. The Governor's State of Emergency was lifted on July 13, 2021, but it was reinstated on January 3, 2022. It was again lifted on March 1, 2022.

At the beginning of CY2020, prior to the Declaration of the State of Emergency, the Intake and Investigation Program Manager organized a small workgroup, tasked with reviewing and updating the Emergency Preparedness Plan. Minor updates and adjustments were made and were reported in the 2021 APSR. No changes have been made to the plan since that time.
(See Attachment: DFS Emergency Procedures April 2022)

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.

At this time, Delaware has no new evaluative or research activities with a university, college, or outside organization underway or planned for DFS training or programs. The only exception to this is our continued work with Evident Change to complete case reading training and evaluate for any future trainings related to SDM fidelity. 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.
An updated 2022 Training Plan and Training Chart is attached**.**
(See Attachments: DSCYF Training Plan 2022, DE Staff Training Chart 2023) Also see Section III, Implementation and Program Supports for more detail on staff training.

X. Statistical and Supporting Information

1. CAPTA Annual State Data Report Items:

***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. (see Staff Training and Development section for thorough details related to staff training)
Here are other characteristics of DFS' child welfare workforce for CY21:

- Race statistics for the workforce are: 1% Asian, 2.5% Multi, .5% Pacific Islander, 46% Black, and 45% White
- 5% Hispanic
- Salaries range from $37,748 to a maximum starting salary of $54,201 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 CY2021 for DFS positions are: 45 hires/rehires, 5 retirements and 44 terminations. There were 222 staff transactions/changes during the year. The turnover rate based on these figures for DFS only was 15% (for frontline case carrying positions).

***Juvenile Justice Transfers*:**
For the period April 1, 2020 to March 31, 2021, 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.

2. Education and Training Vouchers:

From July 1, 2020 through June 30, 2021 the total number of youths receiving ETV was 26 including 8 new recipients. For July 1, 2021 through June 30, 2022 the total number of youth receiving ETV was 27 including 7 new recipients. (See Attachment: Delaware ETV Chart Attachment C)

3. Inter-Country Adoptions:

As of March 28, 2022 there were no adoptions in Delaware from other countries posted on the state government website in 2020.
(http://travel.state.gov/content/adoptionsabroad/en/about-us/statistics.html).
There were 2 children who entered state custody in FY21 as the result of a disruption or dissolution of an adoption from other countries. One youth was age 15 at time of disruption and the reasons were Severe Emotional Neglect, Abuse and Dependency. This youth's current plan is Reunification. A second youth was age 13 and came into state custody Sua Sponte. The adoption was dissolved and the youth was adopted again in December 2021.

4. Monthly Caseworker Visit Data:

DFS will submit monthly caseworker visit data for FFY2022 per Section 424(f) of the Social Security Act by December 15, 2022.

XI. Financial Information

1. **Payment Limitations**

A. 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 FFY2023, 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 FFY2023 are not expended for foster care maintenance payments, adoption assistance payments or child day care.

B. Title IV-B, Subpart 2

For FFY2022, the state affirms that the following percentage breakdown will be spent:

- Family Preservation 20%
- Family Support 33.7%
- Reunification 24.7%
- Adoption 21%
- Administrative costs 0.7%

In the CFS-101, Part II, of title IV-B PSSF has allocated in administrative cost $7,127 of which $4,000 to be used to support two representatives in attending the annual grantee meeting in Washington, D.C.

For FFY2020, expenditures for matching Title IV-B, subpart 2 funds totaled $333,730 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. FFY2020 expenditures were at least 20% of the grant for each of the four PSSF categories.

C. 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.

2. **Reallotments of FY 2022 (Current Year) Funding**
   (See Attachment: Delaware FY23 Reallotment)

3. **FY 2023 Budget Request—CFS-101, Parts I and II**
   (See Attachment: Delaware FY23 CFS-101s)

4. **FY 2020 Title IV-B Expenditure Report—CFS-101, Part III**
   (See Attachment: Delaware FY23 CFS-101s)

5. **Expenditure Periods and Submission of Standard Form 425 (SF-425) Federal Financial Report**

XII. Grant Applications

CHILD ABUSE PREVENTION AND TREATMENT ACT
APPLICATION FOR FFY2023
SPENDING PLAN

Personnel	**Salary**	**Fringe/Health**	
0.5 FTE- 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.	$23,023	$11,628	
0.5 FTE-Family Crisis Therapist:	$24,128	$18,703	
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.	$46,046	$25,960	
1 FTE- Family Services Program Support Administrator: Supports Intake and Investigation Program Manager to monitor Plans of Safe Care	$50,206	$38,061	
Total Personnel Costs	**$143,403**	**$94352**	**$237,755**
Contractual			**$43,092**
Contract with Nemours Children's Hospital for expedited medical examination services by a physician and the services of a Nemours social worker to manage DFS cases			
Travel/Supply			**$2,667**
Training or conferences at local, regional or national levels and supplies			
Indirect Costs			**$4,388**
Audit		$864	
State Personnel Office Charges		$1,731	
SWCAP		$1,793	
TOTAL			**$287,902**

Supplemental allotment 2021 276,098

CHILD ABUSE PREVENTION AND TREATMENT ACT
APPLICATION FOR FFY2023
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 –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 – Family Crisis Therapist: Investigates SEI cases and develops a Plan of Safe Care to address the health and substance use treatment needs of the infant and affected family or caregiver to ensure the safety and well-being of infants with prenatal substance exposure.
  - 1 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: $237,755

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 Nemours Children's Hospital for expedited medical examination services by a physician and the services of a Nemours social worker to manage DFS cases.

Amount of Federal Funding: $43,092

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 FFY2023
SPENDING PLAN

Personnel			**Salary**	**Fringe/Health**	
Office of Children's Services					
1.0 FTE – Permanency Coordinator (PG 11)			41,631	21,929	
1.0 FTE – Family Crisis Therapist (PG15)			48,261	24,124	
1.0 FTE – Family Service Specialist (PG10)			45,702	23,396	
					$205,044
Contractual					**$884,171**
Office of Children's Services will contract for family					
Support services as part of its child protective		Federal	$574,832		
Service continuum		State	$273,191		
Division of Management Support Services					
1.0 FTE – Administrative Assistant			$ 36,148		
Indirect					**$6,836**
Audit	Federal		1,644		
	State		822		
State Personnel Charges			1,731		
SWICAP			1,695		
Facility & Admin			944		
Federal Funds			$822,038		
State Matching Funds			$274,013		
TOTAL STATE AND FEDERAL					**$1,096,051**

TITLE IV-B SUBPART 1 - STEPHANIE TUBBS JONES CHILD WELFARE SERVICES
APPLICATION FOR FFY2023
SPENDING PLAN DETAIL

Proposed Activity:

- Salary and fringe/health for positions in DFS to work with substance exposed infant (SEI) cases:
  - 1.0 FTE – Family Crisis Therapist (PG 15)
  - 1.0 FTE – Family Service Specialist (PG 10)
- Salary and fringe/health for position in the Office of Children's Services (OCS) to promote and support achievement of permanency for children:
  - 1.0 FTE – Permanency Coordinator (PG11) - works directly with the Adoption Program Manager

Amount of Federal Funding: $205,044

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.
And 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: $610,980

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 FFY2023
SPENDING PLAN

Personnel	**Salary**	**Fringe/Health**	
OCS Staff Members	$85,306	$51,285	
8 Staff Members dedicating at least 25% of their time toward reunification services to families with children in placement			
	Total Personnel Costs		**$ 136,591**
Contractual			**$1,194,379**
Division of Prevention and Behavioral Health Services	Federal	$499,098	
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.	State Match	$319,441	
Division of Family Services Office of Children's Services	Federal	$150,202	
Contracts to provide reunification support services and family support, statewide	State	$ 15,638	
Contracts to provide a continuum of adoption promotion/support services, statewide		$210,000	
Administration			**$ 5,117**
Program administration, supplies and materials to Support communication, education, training and program Management (supply 1,117 and travel is 4,000= 5,117)			
Total Indirect			**$ 5,235**
Audit	Federal	2,010	
	State	1,005	
State Personnel Charge		1,154	
SWICAP		1,066	
Federal Funds		1,005,238	
State Matching Funds		336,084	
TOTAL FEDERAL AND STATE			**1,341,322**

TITLE IV-B SUBPART 2 - PROMOTING SAFE AND STABLE FAMILIES
APPLICATION FOR FFY2023
SPENDING PLAN DETAIL

Proposed Activity: Reunification
Salary, Fringe/health for OCS case workers to 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. Families may also receive contracted services to expedite reunification through family support or parent aide services.

Amount of Federal Funding: $136,591

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.

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 that utilize a family support approach with family-centered practices. The PSSF consultation and support case management model incorporates trauma-informed practices in the service delivery. 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: $369,098

Characteristics of Individuals to be Served:
- At risk 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. The coalition and fatherhood coordinators provide professional, caregiver and community service engagement trainings. Parenting curriculums, communications curricula 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: $130,000

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: Family Reunification and Family Support Services

To serve children with goal of reunification with their families and intact families through community-based service contracts.

Amount of Federal Funding: $150,202

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.

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.

TITLE IV-B SUBPART 2 - MONTHLY CASEWORKER VISIT (MCV)
APPLICATION FOR FFY2023
SPENDING PLAN

Contractual			**$83,901**
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 State	$ 62,926 $ 20,975	
Indirect			**$ 255**
Audit	Federal State	$ 191 $ 64	
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 FFY2023
SPENDING PLAN DETAIL

Proposed Activity: Monthly Caseworker Visits
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: $63,117

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 FFY2023
SPENDING PLAN

Personnel	**Salary**	**Fringe/Health**	
1.0 FTE Program Manager (PG 18) Oversees statewide program operations	$56,316	$26,656	
1.0 FTE – Administrative Specialist I (PG 7) Provides administrative support to Program Manager	$28,548	$17,656	
Total Personnel Costs	**$84,864**	**$44,313**	**$ 129,177**

Contractual			**$2,069,364**
Six agencies provide independent living services, and room and board to youth 16 to 23 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	Federal State Add. State	$ 343,956 $ 124,625 $1,583,783	
HOPE annual expenditures		$ 9,042	
Annual activities to support youth and staff		$ 7,958	
Supplies Monthly council meetings, leadership training and conferences for HOPE members			**$ 500**
Travel Attendance at national conferences			**$ 2,015**
Program Administration Supplies			**$ 3,365**
Indirect			**$ 4,362**
Audit	Federal State	$1,125 $ 375	
SWICAP		$1,061	
SPO Charges		$1,154	
Facility & Admin		$ 647	
Federal Funds		500,000	
State Matching Funds		125,000	
Additional State Funds		1,583,783	
TOTAL STATE AND FEDERAL			**$2,208,783**

CHAFEE FOSTER CARE INDEPENDENT LIVING PROGRAM
APPLICATION FOR FFY2023
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 but have not reached age 23. Youth who leave care after age 16 for adoption or guardianship are eligible for Transition and Independent Living (TIL) services. The TIL Program Manager and Administrative Specialist coordinate and oversee statewide independent living policies, programming and community-based contracts. The TIL team coordinates training for staff, foster parents and community partners. DFS will host statewide youth conferences and leadership development workshops. Members from HOPE (Helping Our Peers Evolve) will participate in National Youth Leadership Conferences. The TIL PM collaborates with community partners and federal programs to strengthen the services and supports available to youth.

Amount of Federal Funding: $129,177

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

Geographical Area Served: Statewide

Objectives:

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

Results Expected:

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

Measures:

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

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: $343,956

Characteristics of Individuals to Be Served:

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

Geographical Area Served: Statewide

Objectives:
- Provide planning and services for money management, employment readiness, educational success and positive social interactions for foster teens ages 16 and 17.
- Provide financial, housing, counseling, employment, education, and other appropriate services and support to former foster care recipients between 18 and 23 years of age.
- Provide opportunities for youth to advocate for their own needs.

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

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

EDUCATION AND TRAINING VOUCHERS (ETV)
APPLICATION FOR FFY2023
SPENDING PLAN

Contractual		$149,555

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	78,885	
Supplies and Equipment	14,000	
Room and Board	51,248	
Transportation	3,500	
Dependent Care	1,922	
Indirect Costs		**375**
Audit Fees	Federal 191 State 64	
Federal Funds	$124,943	
State Matching Funds	**$** 24,987	
TOTAL STATE AND FEDERAL		**$149,930**

EDUCATION AND TRAINING VOUCHERS (ETV)
APPLICATION FOR FFY2023
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: $124,568

Characteristics of Individuals to Be Served:

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

Geographical Area Served: Statewide

Objectives:

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

Results Expected:

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

Measures:

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