



# DSCYF

Department of Services for  
Children, Youth & Their Families

## DELAWARE

**2020-2024 CHILD AND FAMILY  
SERVICES PLAN**

## FINAL REPORT

**June 30, 2024**

**1825 FAULKLAND ROAD  
WILMINGTON, DE 19805**

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# 2020-2024 Child and Family Services Plan Final Report

## I. General Information and Collaboration

### General Information

This is the final report for the 2020-2024 Child and Family Services Plan (CFSP) for the State of Delaware. The Division of Family Services of the Department of Services for Children, Youth and Their Families (DSCYF) is the child welfare agency for Delaware and the primary author of this report.

The Division's Mission is to promote the safety and well-being of children through prevention, protection, and permanency. Our vision is that our children are our future and our responsibility. We aim to investigate child abuse, neglect, and dependency, offer treatment services, foster care, adoption, and independent living services, supported by our partnerships and dedicated staff who protect and help children gain a sense of well-being and achieve permanency.

The Department is comprised of the Division of Family Services (DFS) as the primary child welfare agency, the Division of Youth Rehabilitation Services (DYRS) that manages juvenile justice services, the Division of Prevention and Behavioral Health Services (DPBHS) that supports child mental and behavioral health services and the Division of Management Support Services (DMSS) that provides administrative support services for the frontline that includes the CCWIS system (FOCUS). Together, the Department's mission is to engage families and communities to promote the safety and well-being of children through prevention, intervention, treatment and rehabilitative services and a vision of safe and healthy children, resilient families, and strong communities.

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/fs/cfsreview-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](mailto:Kimberly.warren@delaware.gov).

### Collaboration

The Delaware Child Welfare System is a small community of very strong and dedicated partners. In addition to the work done in preparation for the Round 4 Child and Family Services Review (CFSR), the 2024 Annual Progress and Services Report (APSR) development was shared with over 20 agencies and community partners of the child welfare system. Internal and external partners contribute to this report by supplying, collecting, and/or evaluating data; by participating in working groups, or by being a writer of the final narrative. Delaware's federal grantees including 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.

Delaware's child welfare system strives to support the mission and vision by staying true to our core values of safety, compassion, respect, and collaboration. We achieve this through our close partnerships with the Court and Judicial community, the robust community-based service providers, various organizational groups, educational systems, law enforcement and other state supportive agencies. The Division participates in several organizations including the Court Improvement Program (CIP) steering committee and subcommittees, Office of the Child Advocate (OCA) working groups, Child Protection and Accountability Commission (CPAC) committee and subcommittees, the Delaware Anti-Trafficking Action Committee (DATAC) and subcommittees, Interagency Committee on Adoption (IACOA), Multisystem Healthy Action Committee (MSHAC), the Interagency Coordinating Council (ICC), and the Governor's Advisory Council on Exceptional Citizens. The Division involvement in these various committees includes front-line staff, administrators, the program team and the Deputy Director and Director. The committees each touch important systems that intersect with child welfare, such as the Courts, Early Childhood Education and Education. In addition to participation in these committees, the Division also convenes meetings with community partners and contractors to share system updates and to get stakeholder feedback that is reflected throughout this report. The Division hosts regular 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 from the child welfare community. This feedback is then evaluated and incorporated into practice by the Continuous Quality Improvement (CQI) and Program Teams to be included into the state planning.

This is the fifth APSR submission for the 2020-2024 Child and Family Services Plan (CFSP). Delaware's 2024 APSR is strongly supported by the work completed during the Statewide Assessment phase of the Round 4 Child and Family Services Review (CFSR) as well as completion of the actual CFSR as Delaware is one of the year 1 states. The Statewide Assessment development was conducted in the Fall of 2022 with the Statewide Assessment submitted on February 3, 2023. The stakeholder interviews were conducted during the first week of May 2023 and Delaware conducted the case reviews as part of the State Led CFSR. Much of the data and analysis of the systemic factors and services are drawn from the work done as part of the CFSR. Delaware developed subcommittees of stakeholders and agency staff to address the 3 outcomes and 7 system factors of the CFSR. These groups helped to draft the Statewide Assessment, developed stakeholder interviews and became integral in the development of the Program Improvement Plan (PIP), which was submitted on April 24, 2024. These groups engaged in the development of the 2025-2029 CFSP and will be a part of the implementation and monitoring of the PIP once it is approved. Delaware's Continuous Quality Improvement (CQI) system is focused on improving and meeting the requirements of the CFSR and also contribute to the APSR. These groups have a variety of stakeholders who participate in regular meetings to contribute, influence and execute state and system wide changes in a timely fashion.

The services, goals, objectives, and benchmarks described in this final report were developed through collaboration with the larger child welfare community and reflects data, analysis, feedback, and assessment of the system conducted during the end of the Child and Family Services Review Round 3 Program Improvement Plan that was implemented in 2017 and concluded in 2020.

The 2020-2024 Child and Family Service Plan was grounded in the following guiding principles:

- The focus on child safety is paramount at all stages of a case from prevention to permanency.
- Effective engagement promotes more comprehensive sharing of information and perspectives, which increases the effectiveness of best practice tools, strategies, and models.
- Every child deserves to grow up in a stable, nurturing family.
- Families involved in the child welfare system have experienced various traumas both from the circumstances that led to the maltreatment and the separation of removal to foster care. Unresolved, these traumas can continue to impact their reactions, behaviors, and development.
- Family interventions should be proportionate based on risk and protective factors.
- Children and families are more likely to actively engage in a plan in which they had a key role in designing. Key decisions include family and youth voices.
- When plans recognize and build upon families' strengths and achievements, they are more likely to accept the interventions and internalize the positive changes.
- Decisions about specific interventions for children and families are more relevant, responsive, and effective, when the team involved with the family helps make them.
- Plans that are individualized and needs-based, instead of service-driven, are more likely to promote positive outcomes in safety, permanency, stability, and well-being.
- Older youth transitioning from foster care into adulthood are more successful in achieving independence when they have established relationships with caring adults who will reliably support them.
- Child welfare systems are strongest when partners share common goals and resources.
- A skilled and experienced workforce is supported by competency-based training, facilitative supervision, community-based services, and technology.

Family engagement is a central unifying theme that supports DFS' practice model, Safety Organized Practice (SOP). Through SOP, family engagement is elevated as an overarching philosophy and practice, based on the belief that such engagement is fundamental in achieving improved outcomes for all children in safety, permanency, and well-being.

## II. Update on Assessment of Performance, the Plan for Improvement and Progress to Improve Outcomes

### A. Assessment of Performance

#### Delaware Statistics and Contextual Data

Delaware's child welfare scope of service and achievement of outcomes correlates to the population served. For context here are some statistics describing the current population.

Delaware Statistics						
<i>*By State Fiscal Year (SFY)</i>						
	SFY2018	SFY2019	SFY2020	SFY2021	SFY2022	SFY2023
Reports of abuse, neglect and dependency received	20,528	21,530	21,579	20,543	23,599	24,390
Reports accepted as screened in for investigation	8,646 (42%)	8,839 (41%)	7,501 (35%)	7,430 (36%)	8,611 (36%)	7,665 (31%)

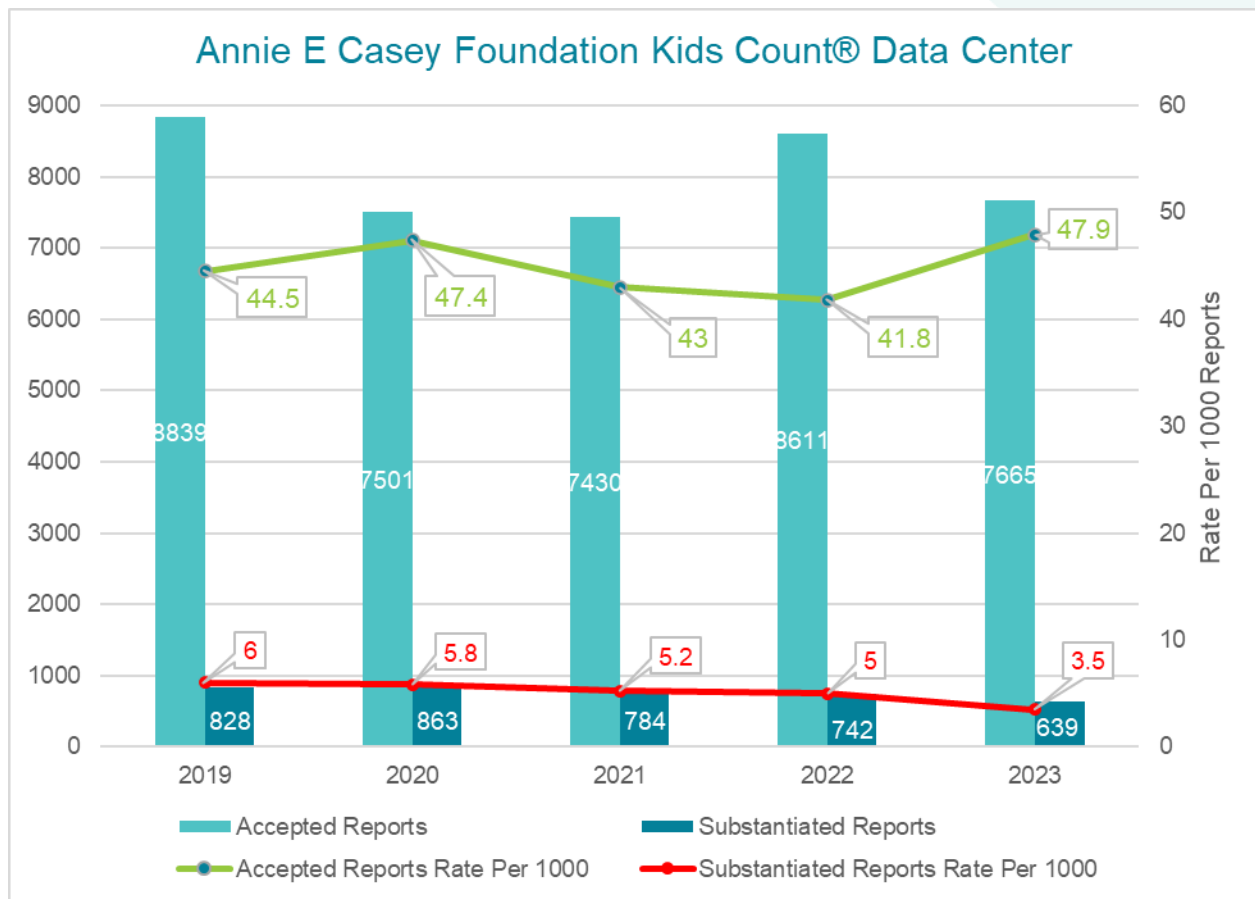
(% of reports)						
Substantiated Investigations (% of accepted reports)	911 (21%)	828 (9%)	863 (12%)	786 (11%)	742 (9%)	639 (8%)
Families and children received treatment services	2,332	2,250	2,164	1,824	1,666	1,776
Average Monthly FC placement	759	661	579	483	505	582
Initial entry into care	380	290	267	215	363	368
Exits from care	416	447	380	303	305	309
At least 1 day in care	1144	1,029	902	780	812	866
Number of children in out of home care on 9/30	686	589	589	502	501	561
Percentage adopted within 24 months of entry	50%	43%	37%	50%	39%	43%

Reports of abuse, neglect, and dependency have steadily increased over the 5 years with a slight drop during the pandemic. The rate of accepting reports remains fairly steady while the number of substantiated investigations has decreased over time. This decrease is also noted with families receiving treatment services.

The average monthly placement (out-of-home care) population has been increasing over the past two years as has initial entries into care, the number of children spending at least one day in foster care, and the number of children in out of home care at the end of the fiscal year. The number of youths exiting foster care has remained steady over the past three years. The percentage of children adopted within 24 months of entry has wavered over the past 5 years, ranging from 37%-50%.

Kids Count® ranks Delaware 34th in the nation for overall child well-being and 28th for family and community for 2023. One overall measure of the state's child welfare health is the rate of child abuse victims per 1,000 (substantiated reports) and Delaware has continued to improve from a high of 11.7 per 1,000 in 2012. The chart below shows rating over the past 5 years.





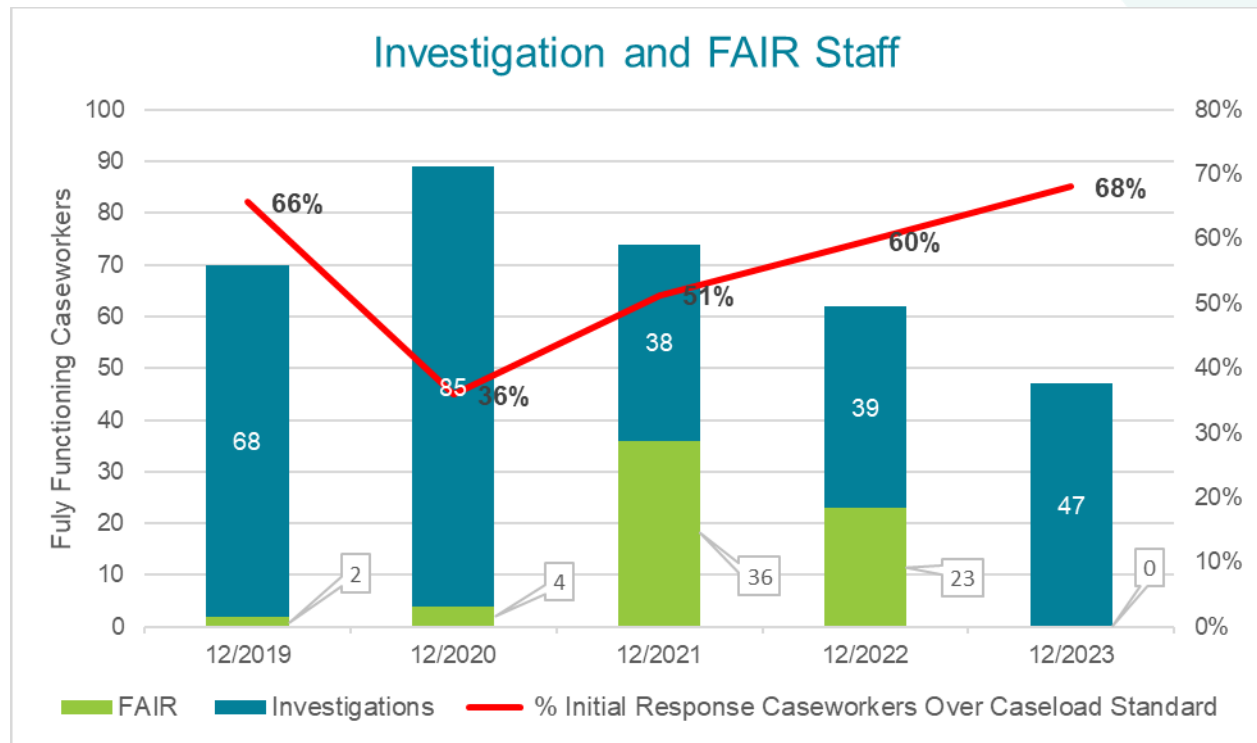
In 2020, the Office of Child Care Licensing (OCCL) was moved from Children's Department to the Department of Education. Prior to the office moving to another Department, OCCL statics were including in the annual progress report.

During the Child and Family Services Review (CFSR), it was clear that workforce challenges impact almost every item and contribute to the difficulties of meeting the needs of children and families. Workforce is the undercurrent of the contributing factors for Delaware's performance. To better understand the status of the workforce, it is important to review the data from the Vacancy/Caseload Reports.

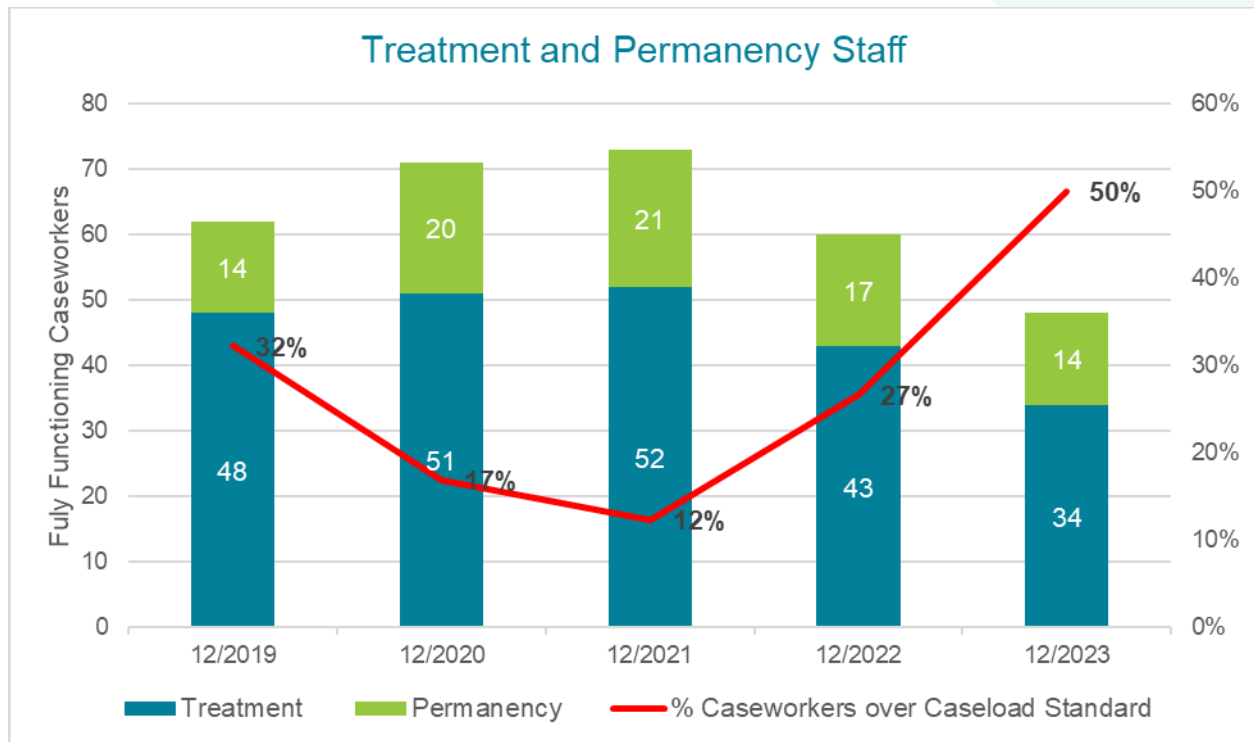
Delaware has both the traditional investigation response as well as a differential response, called Family Assessment and Intervention Response (FAIR). The investigation and assessment caseload standard is 11 cases per worker. Adolescent workers were earlier adopters of the FAIR process and in 2019, the Division of Family Services established dedicated internal FAIR units to compliment the contracted FAIR units. This expansion is reflected in the numbers in the chart below, where the FAIR staff went from 4 in 12/20 to 36 fully functioning staff in 12/21. In March 2023, operational needs related to investigations warranted a change back to one internal pathway for all accepted reports. At that time internal FAIR staff were converted to investigation, resulting in 0 fully functioning FAIR staff as indicated in the chart below.



The chart below shows the number of fully functioning workers over the caseload standard of 11. It is clear that the number of fully functioning workers (or lack thereof) correlates with the number of fully functioning staff over caseloads.



A similar trend can be seen with the Treatment and Permanency staff. Treatment (TRT) staff manage both intact families and foster care cases. Treatment staff are providing reunification services for foster care cases with the goal of reunification and case management support and services to intact families. Permanency staff manage the foster care cases where the goal is either Adoption, Guardianship or APPLA. In partnership with CPAC and others, Delaware was successful in changing the caseload average mandate from 18 to 12, recognizing that the workload of 18 or more cases has significant implications for performance and outcomes. The legislative amendment to caseload statute was effective June 2023. The chart below clearly demonstrates when we experience increased vacancies, we also experience an increase in the number of staff over the caseload standard.



Delaware tracked data to assess the impact of the COVID-19 pandemic. The below chart compares data from January 2019 through December 2023 for intake reports received per month, cases opened for investigation per month and completed 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. A clear upswing was seen when restrictions were lifted, and schools, one of our largest groups of mandated reporters, were back to full attendance.

Monthly Intakes												
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
Reports received	1,879	1,759	2,046	1,952	2,142	1,734	1,654	1,740	2,131	2,299	1,849	1,820
Reports Accepted	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
Reports Received	2,213	2,092	1,766	1,189	1,379	1,449	1,506	1,405	1,631	1,818	1,544	1,538
Reports accepted	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
Reports received	1,675	1,672	2,016	1,958	1,907	1,869	1,710	1,630	2,070	2,320	2,010	1,986

Reports Accepted	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
<b>2022</b>	<b>1/22</b>	<b>2/22</b>	<b>3/22</b>	<b>4/22</b>	<b>5/22</b>	<b>6/22</b>	<b>7/22</b>	<b>8/22</b>	<b>9/22</b>	<b>10/22</b>	<b>11/22</b>	<b>12/22</b>
Reports received	1,826	2,119	2,359	1,914	2,108	1,649	1,632	1,675	2,022	2,173	1,987	1,972
Reports Accepted	489	399	637	482	630	470	453	472	581	552	462	413
Substantiations	41	79	63	59	54	59	54	54	74	54	30	44
<b>2023</b>	<b>1/23</b>	<b>2/23</b>	<b>3/23</b>	<b>4/23</b>	<b>5/23</b>	<b>6/23</b>	<b>7/23</b>	<b>8/23</b>	<b>9/23</b>	<b>10/23</b>	<b>11/23</b>	<b>12/23</b>
Reports received	2,199	2,075	2,401	1,957	2,443	1,839	1,688	1,760	2,025	2,291	1,909	1,861
Reports Accepted	547	522	608	461	626	441	378	498	540	532	441	449
Substantiations	44	58	68	56	45	58	60	53	45	49	44	38

### Federal Review and Reporting

Delaware completed Round 3 CFSR in 2015 with the PIP approved and effective April 1, 2017. The PIP officially ended March 30, 2020, but then a 6-month extension was granted until September 30, 2020.

Delaware completed the Round 4 Child and Family Services Review (CFSR) with the Final Report being issued on January 25, 2024. The review found Delaware to not be in substantial conformity for all safety, permanency, and well-being outcomes and four of the seven Systemic Factors. A Program Improvement Plan (PIP) was developed and officially submitted for review on April 24, 2024.

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 CFSR Round 3 national performance, CFSR Round 3 Baseline, and Delaware's overall performance by item for the reporting periods spanning October 2021 to March 2024 including the CFSR Round 4 reviews.

OSRI Case Review Measures										
		CFSR Round 3							CFSR Round 4	
National Performance	Baseline	10/19-3/20	4/20 - 9/20	10/20-3/21	4/21-9/21	10/21-3/22	4/22-9/22	10/22-3/23	4/23-9/23	10/23-3/24
	n=86	n=90	n=90	n=90	n=90	n=90	n=90	n=90	n=78	n=90
Safety Outcome 1: children are, first and foremost, protected from abuse and neglect.										
73%	81%	80%	90%	86%	80%	86%	78%	79%	81%	71%
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment										
73%	81.08%	80.39%	89.80%	85.71%	80.49%	86.36%	77.50%	78.72%	80.95%	71.43%
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.										
66%	91%	66%	69%	70%	78%	68%	73%	70%	64%	66%
Item 2: Services to Family to Protect Children in the Home and Prevent Removal										

65%	96.43%	93.33%	95.45%	100%	100%	95.45%	100%	97.67%	86.67%	89.47%
Item 3: Risk and Safety Assessment and Management										
56%	90.70%	66.67%	68.89%	70.00%	77.78%	67.78%	73.33%	71.11%	65.38%	66.67%
Permanency Outcome 1: Children have permanency and stability in their living situations.										
27%	56%	76%	72%	76%	74%	72%	66%	63%	50%	68%
Item 4: Stability of Foster Care Placement										
74%	90.38%	87.04%	74.07%	77.78%	75.93%	72.22%	71.70%	70.73%	75.00%	70.45%
Item 5: Permanency Goal for Child										
58%	74.51%	90.74%	96.30%	96.23%	96.30%	98.15%	96.15%	100%	80.00%	95.35%
Item 6: Achieving Reunification, Guardianship, Adoption or Another Planned Permanent Living Arrangement (APPLA)										
42%	82.69%	87.04%	98.15%	96.30%	96.30%	98.15%	98.11%	90.24%	70.00%	88.64%
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.										
61%	81%	98%	100%	100%	98%	100%	96%	100%	85%	93%
Item 7: Placement with Siblings										
81%	88%	90.32%	86.36%	100%	90.48%	91.67%	100%	91.67%	75.00%	91.30%
Item 8: Visitation with Parents and Siblings										
62%	76.74%	97.14%	93.75%	93.33%	90.91%	93.10%	91.43%	92.86%	79.31%	77.78%
Item 9: Preserving Connections										
67%	94.23%	100%	100%	100%	98.15%	100%	98.11%	100%	95.00%	100%
Item 10: Relative Placement										
70%	84%	98.00%	98.11%	100%	100%	100%	97.96%	97.44%	82.50%	95.35%
Item 11: Maintaining Relationship with Parents										
58%	78.05%	96.55%	100%	100%	100%	100%	93.10%	100%	91.30%	89.47%
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.										
36%	70%	68%	71%	62%	77%	70%	61%	68%	56%	66%
Item 12: Needs and service of child, parents, and foster parents										
39%	73.26%	70.00%	71.11%	62.22%	76.67%	70.00%	61.11%	67.78%	56.41%	65.56%
Item 12A: Needs and Services of child	73.33%	75.56%	74.44%	84.44%	77.78%	75.56%	73.33%	70.51%	70.00%	
Item 12B: Needs and Services of parents	70.42%	73.53%	56.72%	70.77%	66.15%	64.38%	74.67%	55.71%	63.01%	
Item 12C: Needs and Services of foster parents	100%	93.88%	92.45%	95.83%	97.87%	84.78%	95.00%	94.59%	95.12%	
Item 13: Child and family involvement in case planning										
50%	74.70%	67.82%	78.41%	66.29%	78.16%	74.12%	65.91%	70.11%	60.53%	65.48%
Item 14: Caseworker visits with child										
66%	86.05%	75.56%	75.56%	74.44%	83.33%	76.67%	75.56%	72.22%	70.51%	71.11%
Item 15: Caseworker visits with parents										
40%	68.06%	64.79%	72.06%	55.22%	72.31%	67.19%	64.38%	73.33%	57.35%	63.38%
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.										
82%	98%	97%	100%	98%	96%	98%	100%	96%	88%	93%
Item 16: Educational Needs of Child										
82%	98.18%	97.83%	100%	98.00%	96.00%	98.00%	100%	95.83%	87.50%	93.18%

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.										
57%	83%	89%	95%	93%	94%	90%	93%	96%	76%	86%
Item 17: Physical Needs of Child										
69%	86.44%	97.14%	95.52%	93.94%	96.72%	92.65%	97.14%	94.74%	88.00%	90.20%
Item 18: Mental/Behavioral Health of the Child										
60%	91.38%	85.37%	93.88%	97.96%	95.83%	89.58%	92.86%	97.96%	70.27%	90.48%

DFS also conducts quality assurance reviews of investigation cases. The table below lists performance for CY2019 through CY2023 on safety assessment elements and a combined safety assessment score. For CY2023, Delaware met the goal of 95% on all elements.

Quality Assurance Reviews Investigation Safety Assessment					
QA Investigation Case Review Detail	CY2019 N=77	CY2020 N=153	CY2021 N=157	CY2022 N=153	CY2023 N=170
SA1. Was the Safety Assessment completed on the appropriate household(s)?	99%	94%	100%	97%	96%
SA2. Was safety assessed for all children in the household?	97%	93%	90%	93%	95%
SA3. Were all safety threats identified for each child?	93%	84%	93%	98%	95%
SA4. Were the identified protective capacities documented during the contact(s) with the family?	96%	95%	95%	98%	95%
SA5. Were the indicated safety interventions appropriate for the identified threats?	98%	95%	98%	98%	98%
SA6. Is the final safety finding correct/appropriate?	99%	99%	98%	98%	99%
SA7. Was a Child Safety Agreement completed according to policy?	86%	93%	93%	93%	95%
SA8. If a Child Safety Agreement was completed, did it address the threats adequately?	100%	94%	100%	100%	100%
Combined Score for Safety Assessment	96%	92%	94%	97%	97%

In addition to the OSRI case review and QA Investigation tools, Delaware also meets all the requirements and utilizes the AFCARS, NYTD, NCANDS and MCV reports for system analysis.

### Race and Ethnicity Data

According to the Census Bureau, Delaware's general child population breakdown by race and ethnicity has remained consistent over the past 5 years. It 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%.

Using the NCANDS Value Distribution Reports the below chart indicates the breakdown by race and ethnicity of identified child victims.

### NCANDS Race and Ethnicity Data

Race	FY2019	FY2020	FY2021	FY2022	FY2023
White	48%	44%	48%	46%	45%
Black	48%	54%	48%	51%	52%
Asian	1%	0.24%	0.88%	0.27%	0.79%
American Indian/Alaskan Native	0.16%	0%	0.18%	0%	0.34%
Native Hawaiian/Other Pacific Islander	0.08%	0%	0.09%	0%	0.34%
Two or more races	2%	2%	2%	3%	2%
Ethnicity					
Hispanic	15%	12%	15%	16%	15%

Using the 2019A-2024A AFCARS frequency report, the following chart identifies the race and ethnicity of Delaware's foster care population, without separating those with two or more races.

2019A-2024A AFCARS Race and Ethnicity Data						
Race	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024
White	50%	47%	53%	51%	50%	49%
Black	59%	60%	53%	55%	55%	55%
Asian	0.38%	0.28%	0%	0.32%	0.27%	1%
American Indian/Alaskan Native	0.13%	0.14%	0.34%	0.16%	0%	0%
Native Hawaiian/Other Pacific Islander	0%	0.14%	0.17%	0.16%	0%	0%
Ethnicity						
Hispanic	11%	11%	12%	16%	13%	12%

### Child and Family Outcomes

Evaluation of the Child and Family Outcomes are derived from review of the national standards and the OSRI completed case reviews.

National standards (CFSR Round 4) 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, 2) No Different, and 3) Worse than national performance. The following chart shows Delaware's scores per measure as of the February 2024 CFSR 4 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 2023.

#### Safety Outcome 1 & 2 (Items 1-3)

Delaware's national data profile measures continue to comply with established standards for safety. For the past 5 years, Delaware has scored better than national performance on reoccurrence of maltreatment and better than or no different than national performance on maltreatment in care.

CFSR Round 4 Measure and Data Standard	RSP Interval and Data Period				Most Recent Performance
Maltreatment in care (victimizations /100,000 days in care) - 9.07	4.29 (2.38-7.73) FY18	2.31 (1.05-5.12) FY19	7.22 (4.19-12.46) FY20	6.46 (3.5-11.95) FY21	No Different
Recurrence of maltreatment - 9.7%	5.0% (3.8%-6.5%) FY18-19	4.0% (2.9%-5.4%) FY19-20	3.0% (2.1%-4.3%) FY20-21	4.7% (3.5%-6.3%) FY21-22	Better

Quality assurance investigation case review results show that Delaware's overall combined safety has improved over the past few 5 years. For CY23, Delaware met the 95% goal for all safety elements. Kids Count® data shows the rate of child abuse victims per 1,000 in Delaware has continued to improve from a high of 11.7 per 1,000 in 2012 to a 3.5 per 1000 in 2023.

OSRI Case Review Measures										
		CFSR Round 3							CFSR Round 4	
National Performance	Baseline	10/19-3/20	4/20 - 9/20	10/20-3/21	4/21-9/21	10/21-3/22	4/22-9/22	10/22-3/23	4/23-9/23	10/23-3/24
	n=86	n=90	n=90	n=90	n=90	n=90	n=90	n=90	n=78	n=90
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.										
73%	81%	80%	90%	86%	80%	86%	78%	79%	81%	71%
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment										
73%	81.08%	80.39%	89.80%	85.71%	80.49%	86.36%	77.50%	78.72%	80.95%	71.43%

For Safety Outcome 1, *Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment*, Delaware has consistently not met the federal goal of 95%. Delaware case reviews completed from Oct 2019 – March 2023 did score above Safety Outcome 1 CFSR Round 3 national performance (73%) with scores ranging from 78%-90% strength ratings. For CFSR Round 3, Delaware was on a PIP for Safety Outcome 1. Delaware met our PIP goal with a 90% strength rating for the Round 5 case review that took place from April – September 2020. From April – September 2023, Delaware completed the CFSR 4 case reviews and received an 81% strength rating. The most recently completed case reviews (October 2023 - March 2024) showed a 10% decline with a score of 71%. For CFSR Round 4, Safety Outcome 1 will again be on Delaware's PIP.

Review of CY2023 aggregate report showed that Delaware met priority time for 82% of the 6,200 initial responses completed. Breaking these down by priority response, Delaware's lower performance in Priority 3 responses has been a trend over the past 4 years (see chart below).

DFS Initial Contact on time by Priority Report				
Initial Response Time met on time or had diligent efforts				
Year	Overall	Priority 1 (24 Hours)	Priority 2 (3 days)	Priority 3 (10 days)
CY2020	89%	96%	92%	85%
CY2021	94%	99%	98%	90%
CY2022	90%	98%	97%	83%
CY2023	82%	97%	94%	72%

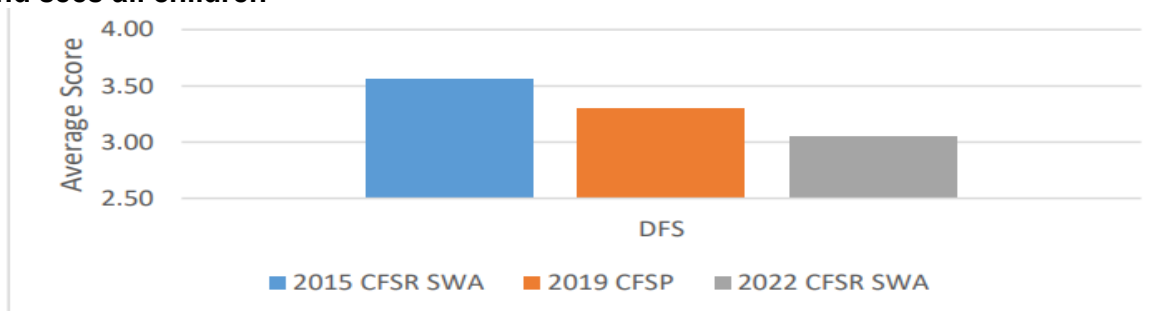
Between 2020 and 2021, Delaware mobilized multiple approaches to address timeliness concerns on Priority 3 cases, including expanding our internal Family Assessment and Intervention Response (FAIR) and FAIR contracts to divert more Priority 3 cases, as well as piloting the separation of investigation units by priority type. As a result, improvements were seen in CY2021. Aggregate reporting shows that in CY2021, Delaware completed 6408 initial interviews statewide with 94% completed on time. However, due to the staffing crisis as detailed in earlier chart, DFS was unable to maintain separation of priority units and internal FAIR, resulting in all investigation staff receiving Priority 1 (P1), Priority 2 (P2) and Priority 3 (P3)



responses. We have since seen a decline in our timeliness of initiating investigations. For CY2022, Delaware completed 6,767 initial interviews with 90% completed on time overall. As seen in the chart above, Delaware has declined to 82% of initial responses completed timely. Although Delaware has continued to meet 95% timeliness on P1 responses, P2 responses have dropped just below the 95% goal (94%) and P3 responses have dropped to 72%. A decline in timeliness on P3 responses is a primary factor for the decline in our overall performance. This decline strongly correlates to the increased vacancy rates and consequential increased caseloads for investigations statewide.

A comprehensive survey completed by 109 DFS staff members regarding their opinion about timely response to reports of abuse and neglect revealed that 96.23% agreed in 2015, 90.24% agreed in 2019 and 83.95% agreed in 2022 that DFS responses were completed timely. Across time agreement has dropped suggesting an awareness of our staffing challenges and difficulties still with the P3 responses despite the strong performance on P1 and P2 responses.

**Question: Family services respond timely/appropriately to reports of abuse and neglect and sees all children**

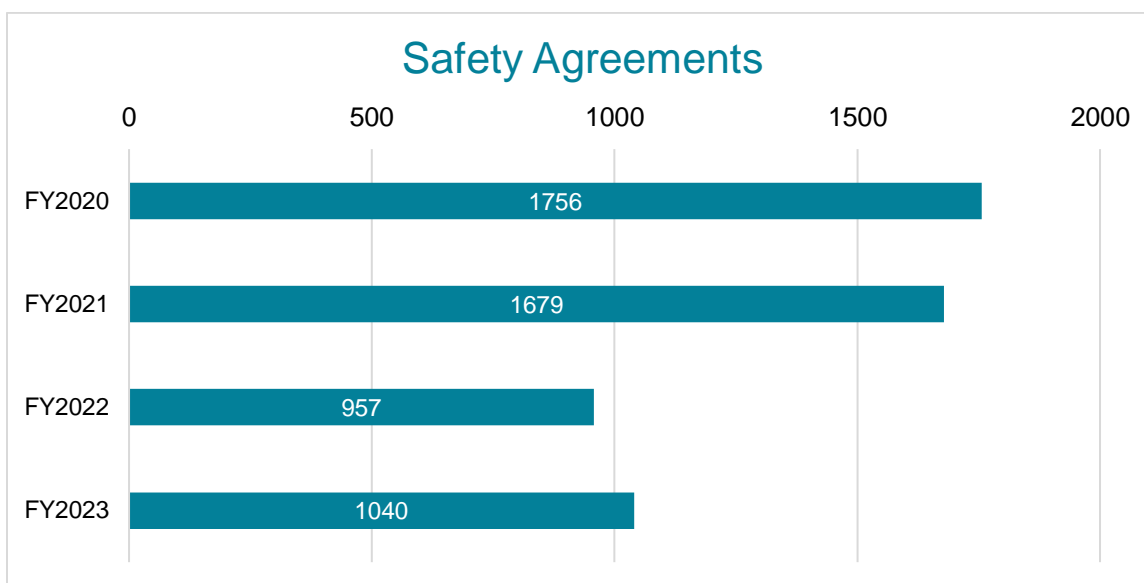


For Safety Outcome 2, Delaware has consistently not met the federal goal of 90% over the past 5 years. Delaware case reviews completed from Oct 2019 – March 2023 did score at or above Safety Outcome 2 CFSR Round 3 national performance (66%) with scores ranging from 66%-78% strength ratings. From April – September 2023, Delaware completed the CFSR 4 case reviews and received an 64% strength rating. The most recently completed case reviews (October 2023 - March 2024) showed a 2% improvement with a score of 66%. For CFSR Round 4, Safety Outcome 2 will be on Delaware's PIP.

OSRI Case Review Measures										
		CFSR Round 3							CFSR Round 4	
National Performance	Baseline	10/19-3/20	4/20 - 9/20	10/20-3/21	4/21-9/21	10/21-3/22	4/22-9/22	10/22-3/23	4/23-9/23	10/23-3/24
	n=86	n=90	n=90	n=90	n=90	n=90	n=90	n=90	n=78	n=90
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.										
66%	91%	66%	69%	70%	78%	68%	73%	70%	64%	66%
Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care										
65%	96.43%	93.33%	95.45%	100%	100%	95.45%	100%	97.67%	86.67%	89.47%
Item 3: Risk and Safety Assessment and Management										
56%	90.70%	66.67%	68.89%	70.00%	77.78%	67.78%	73.33%	71.11%	65.38%	66.67%

Delaware continues to show a strong performance on Safety Outcome 2: *Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care.*

Delaware was 1 of only 6 states that met the 90% goal for Item 2 for the CFSR Round 3. Delaware consistently exceeded the Item 2 CFSR 3 national performance of 65% on every case review period. For CFSR Round 4 (the two most recent case review periods), Delaware has seen a decline in performance dropping just below the 90% federal goal. Delaware excels at utilizing family search and engagement strategies to prevent removal of children and uses the evidence based Structured Decision Making® (SDM) caregiver safety assessment tool to determine not only risk factors but also protective capacities and safety interventions. Delaware caseworkers often enter into safety agreements with relatives, fictive kin, or others to prevent children from entering foster care.



Most current CY22 data from the Investigation Quality Assurance case reviews show that safety agreements are being completed according to policy 95% of the time and that when safety agreements are completed, they are addressing the safety threats 100% of the time. Delaware also uses Considered Removal Team Decision Making (TDM) meetings prior to removal, when possible, to strategize with the family to prevent children from entering foster care. For CY2022, 422 children had a TDM. Of these, 197 were a pre-custody TDM, with 63% of the youth being diverted from custody. For CY2023, 407 children had a TDM. Of these, 263 were a pre-custody TDM, and resulted in 61% of the youth being diverted from custody.

For Safety Outcome 2 *Item 3: Risk and Safety Assessment and Management*, Delaware was the only state to meet the 90% federal goal on CFSR Round 3. Delaware consistently exceeded the Item 3 CFSR Round 3 national performance of 56% during every case review period. From April – September 2023, Delaware completed the CFSR Round 4 case reviews and received a 65% strength rating. The most recently completed case reviews (October 2023 - March 2024) showed a 2% improvement with a score of 67%. Delaware's performance on Item 3 is correlated with our performance on caseworker visits with children and parents (Item 14 and 15), particularly on in-home services (intact treatment) cases. When families are not seen, it cannot be determined that the agency has engaged the family effectively to assess safety or risk. Case review data supports this finding. Timely caseworker contacts impact assessment of needs, and

implementation of services and interventions to address safety or risk factors. 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 work done by this group is discussed later in this report.

OSRI Case Review Measures					
	10/21-3/22	4/22-9/22	10/22-3/23	4/23-9/23	10/23-3/24
Item 3					
Intact Families	43%	45%	49%	39%	26%
Foster Care	80%	89%	90%	80%	89%
FAIR	75%	75%	75%	80%	100%
Item 14					
Intact Families	54%	48%	49%	43%	32%
Foster Care	89%	89%	93%	85%	93%
FAIR	75%	88%	75%	90%	100%
Item 15					
Intact Families	52%	55%	62%	37%	41%
Foster Care	76%	72%	85%	68%	80%
FAIR	88%	63%	83%	80%	92%

#### Permanency Outcomes 1 & 2 (Items 4 – 11)

Overall, Delaware far exceeds CFSR Round 3 national performance on Permanency Outcome 1 (27%) and Permanency Outcome 2 (61%). For Permanency Outcome 1: *Children Have Permanency and Stability in Their Living Situations*, Delaware has consistently not met the federal outcome 90% goal. Case reviews show a decline in performance on Permanency Outcome 1 primarily due to our performance on Item 4, *Stability of Foster Care Placement*. Delaware has consistently performed within range of CFSR Round 3 national performance (74%) on the case reviews, however, it is below the 90% federal goal.

For Permanency Outcome 2: *The continuity of family relationships is preserved for children*, Delaware met the federal outcome goal of 90% for all review periods, except for the April – September 2023 CFSR Round 4 case review period which received an 85% strength rating (shaded field on chart below). Both permanency outcomes will be addressed in the Delaware PIP.

OSRI Case Review Measures										
		CFSR Round 3							CFSR Round 4	
National Performance	Baseline	10/19-3/20	4/20 - 9/20	10/20-3/21	4/21-9/21	10/21-3/22	4/22-9/22	10/22-3/23	4/23-9/23	10/23-3/24
Permanency Outcome 1: Children have permanency and stability in their living situations.										
27%	56%	76%	72%	76%	74%	72%	66%	63%	50%	68%
Item 4: Stability of Foster Care Placement										
74%	90.38%	87.04%	74.07%	77.78%	75.93%	72.22%	71.70%	70.73%	75.00%	70.45%
Item 5: Permanency Goal for Child										
58%	74.51%	90.74%	96.30%	96.23%	96.30%	98.15%	96.15%	100%	80.00%	95.35%
Item 6: Achieving Reunification, Guardianship, Adoption, or Another Planned Permanent Living Arrangement (APPLA)										
42%	82.69%	87.04%	98.15%	96.30%	96.30%	98.15%	98.11%	90.24%	70.00%	88.64%
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.										

61%	81%	98%	100%	100%	98%	100%	96%	100%	85%	93%
Item 7: Placement with Siblings										
81%	88%	90.32%	86.36%	100%	90.48%	91.67%	100%	91.67%	75.00%	91.30%
Item 8: Visitation with Parents and Siblings										
62%	76.74%	97.14%	93.75%	93.33%	90.91%	93.10%	91.43%	92.86%	79.31%	77.78%
Item 9: Preserving Connections										
67%	94.23%	100%	100%	100%	98.15%	100%	98.11%	100%	95.00%	100%
Item 10: Relative Placement										
70%	84%	98.00%	98.11%	100%	100%	100%	97.96%	97.44%	82.50%	95.35%
Item 11: Maintaining Relationship with Parents										
58%	78.05%	96.55%	100%	100%	100%	100%	93.10%	100%	91.30%	89.47%

**Risk-Standardized Performance (RSP) Compared to National Performance:**  
***Permanency 1 Data Indicators as of 2/26/2024***

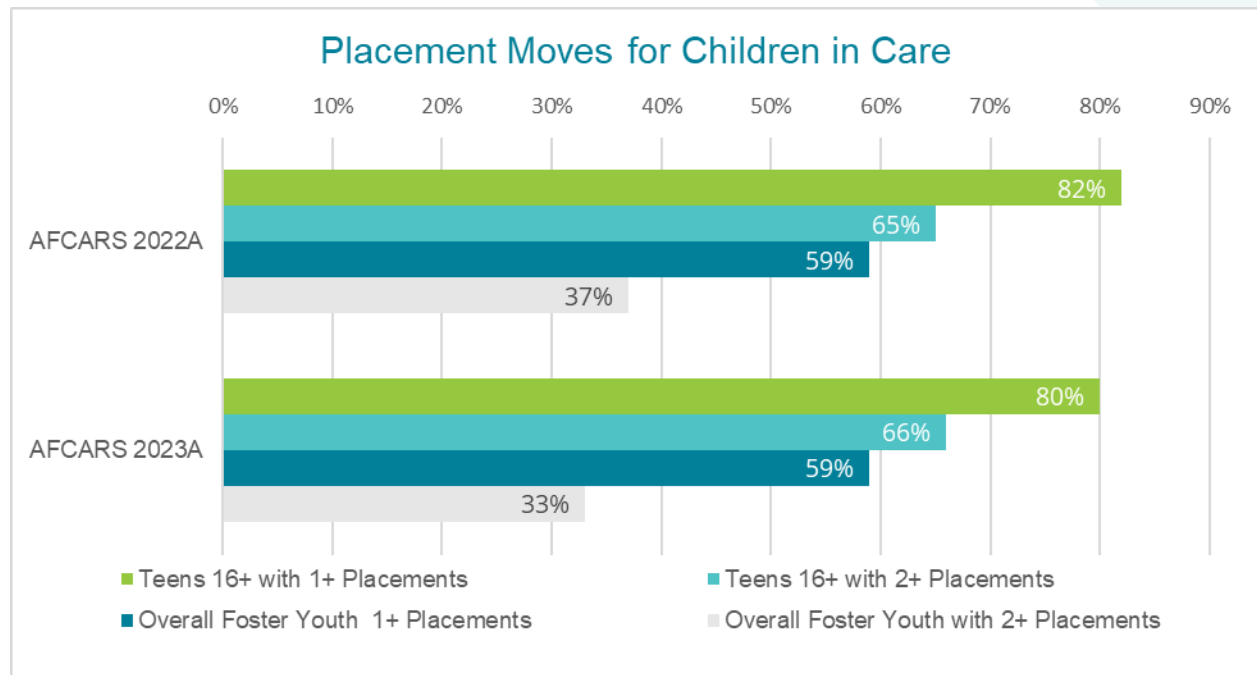
CFSR Round 4 Data Indicator	National Performance	RSP	RSP Interval	Data Period	Most Recent Performance
Permanency in 12 months for children entering foster care	35.2%	25.95%	21.4% - 30.9%	4/21-3/22	Worse
Permanency in 12 months for children in care 12-23 months	43.8%	40.6%	33.5% - 48.3%	FY23	No Different
Permanency in 12 months for children in care 24 months or more	37.3%	26.2%	19.2% - 34.8%	FY23	Worse
Reentry to foster care in 12 months	5.6%	7%	4.4% - 11%	FY22	No Different
Placement stability (moves/1,000 days in care)	4.48	5.48	4.92 - 6.3	FY23	Worse

For permanency within 12 months, Delaware had improved to better than national performance but had shown a decline and is now worse than national performance. For permanency within 12 months (12-23 months), Delaware has consistently maintained no different or slightly better than national performance. For permanency within 12 months (24+ months), Delaware has shown a steady decline and is now worse than national performance. Reentry to foster care in 12 months has consistently been no different than national performance but is beginning to trend upward in the past two years. Placement stability has shown a decline in performance over the past two years and placement stability is now worse than national performance.

Regarding Permanency Outcome 1, 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.

Delaware has found that the decline in placement stability performance is challenged by the complexities associated to our teens in care. In review of the available data, we know that there is a high percentage of teens in care, approximately 40% of our population and they are more likely to have placement disruptions. We know from AFCARS 2022A and 2023A data, 20-30% of the children in care are teenagers aged 16 or older. In addition, approximately 80% of those teens had more than one placement setting and teens who had more than 2 placement settings rose to 66% in 2023. As compared to the overall population of youth in care, only 59%

experienced more than one placement setting and only approximately 35% experienced more than 2 placement settings.



The CQI Teens Committee was created to focus on prevention of teen entry into foster care and placement stability of youth that are in custody. The mission of this committee is to analyze data and performance related to teens, determine targeted areas of improvement, create theories of change, and make recommendations to better serve our teen youth. The CQI Promoting Permanency Success Committee also is indirectly addressing the teens as many disrupted adoptions/guardianships occur when the youth is a teenager. The work being done by both committees will be discussed further in this report. Some initial findings are that placement stability for our teen population is also impacted by the lack of support and services for families and caregivers. With significant gaps or delays in services for teens with significant mental health or behavior issues in Delaware, Delaware foster parents, kin providers, and other group care programs are unwilling to take placements and at times unable to successfully support and maintain the youth with significant behavior and mental health challenges.

For Permanency Outcome 1: Item 5: Timely achievement of permanency goal, Delaware has consistently exceeded CFSR Round 3 national performance (58%) on the case reviews. Delaware met the federal outcome goal of 90% for all review periods, except for the April – September 2023 CFSR Round 4 case review period which received an 85% strength rating. Analysis of this issue found that 16- or 17-year-olds eligible for the goal of APPLA did not consistently have that goal considered by the caseworker, system partners, or Court as some were found to have an existing perception that APPLA should not be used as a permanency goal. We discovered that some partners in our legal community, shifted their practice based on concerns that assigning the goal of APPLA could be perceived as ‘giving up’ on achieving permanency for youth. Influenced by this shift in thinking, caseworkers and other team members also missed opportunities to consider alternative goals for youth. Analysis also found that there are other barriers related to achieving permanency, those factors are being explored by the Permanency PIP workgroup for inclusion in our upcoming PIP.



Overall, Delaware does very well at the timely establishment of case goals. Most children entering foster care have an initial goal of reunification. Goals are established and recorded on the child plan that is completed within 30 days of a child entering care and approved by the court. The caseworker and supervisor may refer a case to the Permanency Planning Committee (PPC) at any time to review permanency options or for case consultation. In accordance with policy and practice, when a child has not been reunited with family within 10 months of entering foster care or has been in care for a total of 10 out of 15 months, the caseworker refers the case to the PPC. The case must be reviewed at least 30 days prior to the permanency hearing for a review of the goal or any proposed goal changes. The committee approves and/or recommends goal continuation or changes. The Permanency Planning Committee Coordinator tracks timeframes for all foster children needing a PPC review and alerts the regional staff regarding those timeframes. Between 1/1/20 and 4/24/23, we have had 401 children who have remained in care for at least 12 months; 93% of those children had timely permanency hearings that were scheduled within 12 months of their entry to care. Additionally, 100% of those children had timely permanency review hearings, occurring within 12 months.

Previously, the now disbanded CQI Periodic Review Committee had identified an issue where post permanency review hearings were not being scheduled timely due to the scheduling or delays around Termination of Parental Rights Hearings. This was resolved with the courts and post permanency court hearings are being scheduled more routinely. 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 CFSR Round 3 Program Improvement Plan (PIP). Delaware also attributes our high performance on Permanency Outcomes I and II to our frequency of contact with children in foster care. When workers are having frequent contact with youth in foster care, they are able to identify permanency goals and provide needed services and support to achieve these goals timely. The tables below show the monthly caseworker visits with children on foster care cases from FFY 2019 - FFY 2023. Delaware had a 90% or above strength rating for caseworker visits with children on foster care cases and consistently exceeded the federal goal of 50% visits occurring in the residence of the child for the past 5 years.

Measure 1: Percentage of monthly visits made by caseworkers to children in Foster Care					
(Federal Standard $\geq 95\%$ )	FFY2019	FFY2020	FFY2021	FFY2022	FFY2023
# of children in care	899	751	650	706	797
# of visits in FC if visited once per month	6805	5765	4856	5400	6309
# of visits made to children in FC	6242	5460	4583	5127	5834
% of visits made on monthly basis	91.73%	94.71%	94.38%	94.94%	92.47%
Measure 2 - Percentage of visits in the residence of the child					
(Federal Standard $\geq 50\%$ )	FFY 2019	FFY2020	FFY2021	FFY2022	FFY2023
# of visits occurring in child's residence	4992	4524	4103	3963	4447
% of visits occurring in child's residence	79.97%	82.86%	89.53%	77.30%	76.23%

For Permanency Outcome 1: Item 6: Timely establishment of permanency goal, Delaware has consistently exceeded CFSR Round 3 national performance (42%) on the case reviews. Delaware met the federal outcome goal of 90% for all review periods between April 2020 – March 2023. Delaware saw a decline in performance on the April – September 2023 CFSR Round 4 case review period which received a 70% strength rating but improved to an 89% for the most recent review period (October 2023-March 2024).

Looking at foster care statistics over the past 5 years, Delaware has seen an increase in the number of children in foster care.

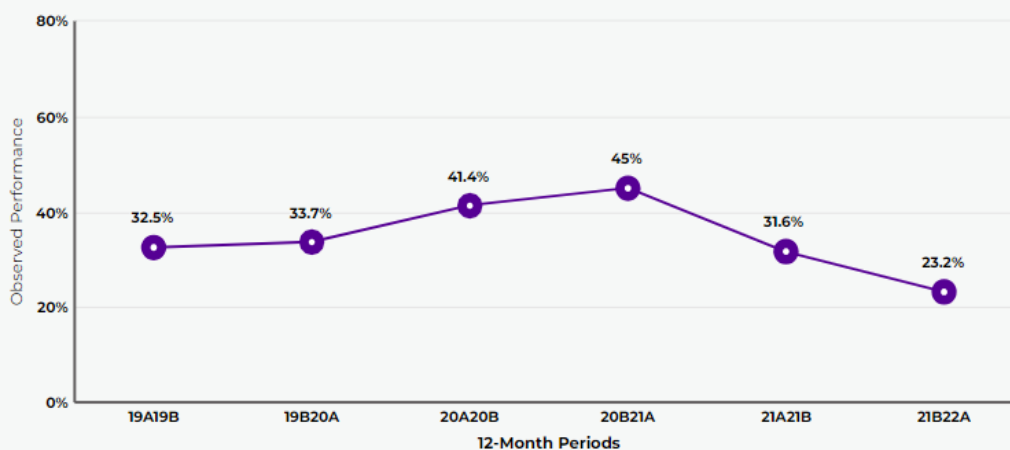
Foster Care Statistics					
	SFY2019	SFY 2020	SFY2021	SFY2022	SFY2023
Average Monthly FC placement	661	579	483	505	582
Initial entry into care	290	267	215	363	368
Exits from care	447	380	303	305	309
At least 1 day in care	1,029	902	780	812	866
Number of children in out of home care on 9/30	589	589	502	501	561
Percentage adopted within 24 months of entry	43%	37%	50%	39%	43%

In reviewing the National Standards CFSR Round 4 data measures over time, as our foster care numbers have increased, our permanency related performance has shown a decline.

Permanency within 12 months (entries) and permanency within 12 months (24+ months) has shown a downward trend in performance and are both now worse than national performance.

## Permanency in 12 months (entries)

▲ A higher Observed Performance value is desirable.





## Permanency in 12 months (24+ mos)

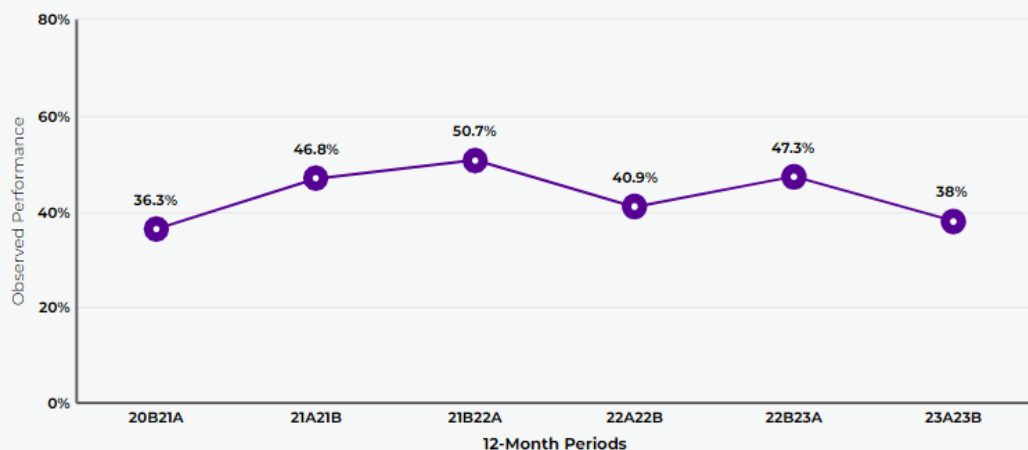
▲ A higher Observed Performance value is desirable.



Permanency with 12 months (12-23 months) has remained consistent and is no better than national performance.

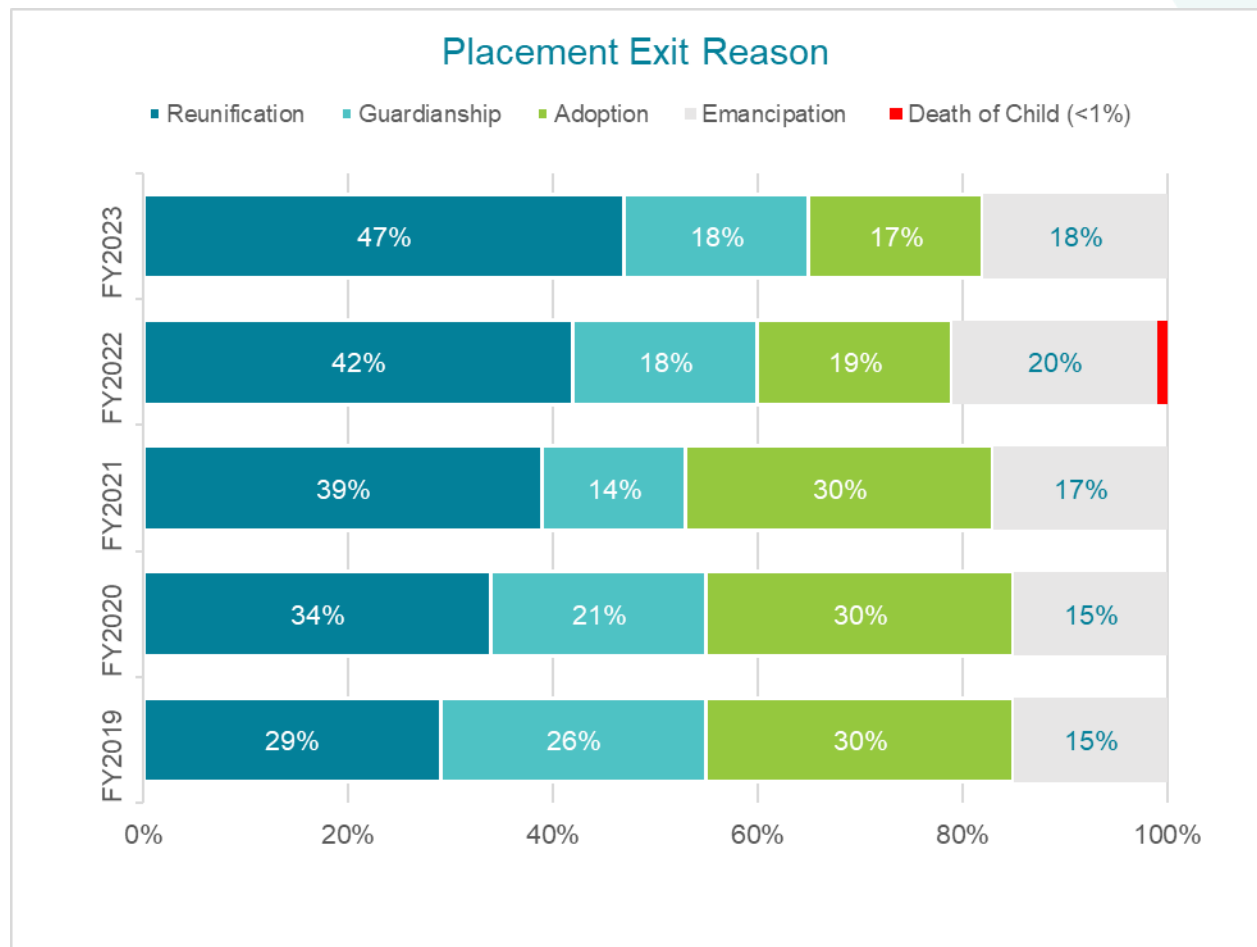
## Permanency in 12 months (12 - 23 mos)

▲ A higher Observed Performance value is desirable.



Although the national data indicators show that Delaware does take longer to establish permanency, Delaware has increased the number of children being reunified with their parents or original caregivers. For FY2023, nearly 50% of youth in foster care have reunified. For the

other 50% of youth exiting care, the exit reason is spread evenly among guardianship, adoption, and emancipation (aging out of care).

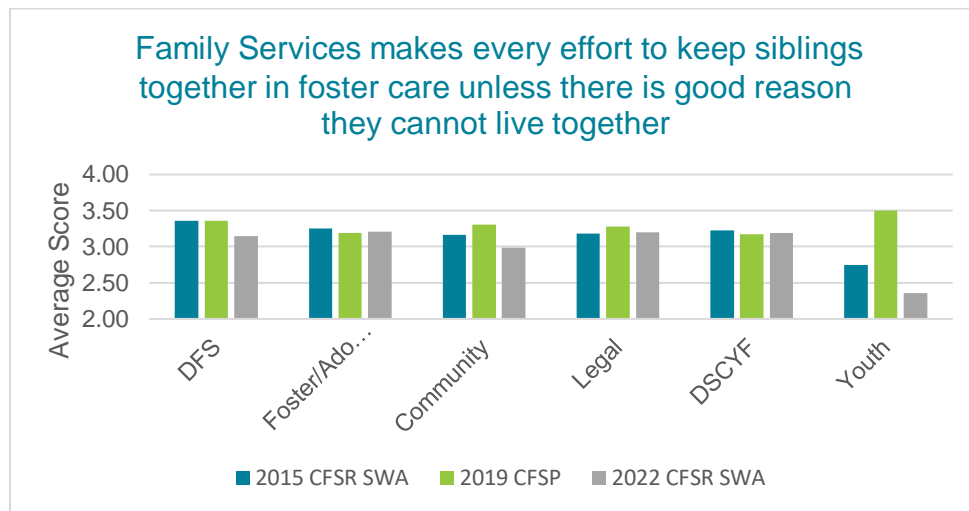


For Permanency Outcome 2: Item 7: Placement with Siblings, Delaware had consistently exceeded CFSR Round 3 national performance (81%) on the case reviews from October 2019 – March 2023 and October 2023 – March 2024. Delaware met the federal outcome goal of 90% for all review periods between October 2020 – March 2023 and October 2023 – March 2024. For the April – September 2023 CFSR Round 4 case review period Delaware had an inconsistent performance score and only received a 75% strength rating. See below chart for details. Delaware correlates our performance score on the overall lack of available placement resources for sibling groups.

OSRI Case Review Measures										
		CFSR Round 3							CFSR Round 4	
National Performance	Baseline	10/19-3/20	4/20 - 9/20	10/20-3/21	4/21-9/21	10/21-3/22	4/22-9/22	10/22-3/23	4/23-9/23	10/23-3/24
	n=86	n=90	n=90	n=90	n=90	n=90	n=90	n=90	n=78	n=90
Item 7: Placement with Siblings										

81%	88%	90.32%	86.36%	100%	90.48%	91.67%	100%	91.67%	75.00%	91.30%
Item 8: Visitation with Parents and Siblings										
62%	76.74%	97.14%	93.75%	93.33%	90.91%	93.10%	91.43%	92.86%	79.31%	77.78%
Item 9: Preserving Connections										
67%	94.23%	100%	100%	100%	98.15%	100%	98.11%	100%	95.00%	100%
Item 10: Relative Placement										
70%	84%	98.00%	98.11%	100%	100%	100%	97.96%	97.44%	82.50%	95.35%
Item 11: Maintaining Relationship with Parents										
58%	78.05%	96.55%	100%	100%	100%	100%	93.10%	100%	91.30%	89.47%

Stakeholders were also asked in a comprehensive survey about their experience and understanding of Division practice around placement with siblings. As depicted on the chart below, stakeholders agree that DFS makes efforts to keep siblings together in placement.



For Permanency Outcome 2: Item 8: Visitation with Parents and Siblings, Delaware had consistently exceeded CFSR Round 3 national performance (62%) across all review periods. Delaware met the federal outcome goal of 90% for all review periods between October 2019 – March 2023. For the April – September 2023 CFSR Round 4 case review period and the most recent review period (October 2023 – March 2024), Delaware has seen a decline in performance receiving only a 79% and 78% strength rating respectively. Case review analysis has found that a parent's individual circumstances (work schedule, service involvement, etc.) are not always considered during visitation planning. Correlating with item 7 performance, individualized visitation planning for children does not consistently provide for sibling visitation when siblings are placed in separate resource homes. If parents are not having visitation (due to No Contact Orders, TPR, etc.) visits are not consistently continuing between siblings. Visits with very young siblings are sometimes considered unnecessary. Delaware is in process of reviewing policy and practice for enhancements and exploring additional contracted family time (visitation) services to address this problem.

For Permanency Outcome 2: Item 9: Preserving Connections, Delaware has consistently exceeded CFSR Round 3 national performance (67%) and the federal outcome goal (90%) across all review periods.

For Permanency Outcome 2: Item 10: Relative Placement, Delaware had consistently exceeded CFSR Round 3 national performance (70%) across all review periods. Delaware met the federal outcome goal of 90% for all review periods between October 2019 – March 2023 and October 2023-March 2024. Delaware had a slight inconsistent drop in performance to 83% during the April – September 2023 CFSR Round 4 case review period.

For Permanency Outcome 2: Item 11: Maintaining Relationships with Parents, Delaware had consistently exceeded CFSR Round 3 national performance (58%) across all review periods. Delaware met the federal outcome goal of 90% for all review periods between October 2019 – October 2023. In the most recent review period (October 2023 – March 2024), Delaware dipped just below the federal goal with a performance score of 89%. Overall, Delaware has consistently scored well on Permanency 2 Outcome. Delaware excels at family search and engagement strategies and continuously makes efforts to locate relatives, promote visitation and maintain connections with parents/original caregivers, and family.

### *Well-Being Outcomes 1, 2, & 3 (Items 12 – 18)*

Overall, Delaware far exceeds CFSR Round 3 national performance on Well-Being Outcome 1 (36%), Well-Being Outcome 2 (82%) and Well-Being Outcome 3 (57%). For the CFSR Round 4 case reviews, Delaware did not meet the federal goal for any of the Well-Being Outcomes and therefore, those items will be addressed in the Delaware CFSR Round 4 PIP.

OSRI Case Review Measures										
		CFSR Round 3							CFSR Round 4	
National Performance	Baseline	10/19-3/20	4/20 - 9/20	10/20-3/21	4/21-9/21	10/21-3/22	4/22-9/22	10/22-3/23	4/23-9/23	10/23-3/24
	n=86	n=90	n=90	n=90	n=90	n=90	n=90	n=90	n=78	n=90
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.										
36%	70%	68%	71%	62%	77%	70%	61%	68%	56%	66%
Item 12: Needs and service of child, parents, and foster parents										
39%	73.26%	70.00%	71.11%	62.22%	76.67%	70.00%	61.11%	67.78%	56.41%	65.56%
Item 12A: Needs and Services of child		73.33%	75.56%	74.44%	84.44%	77.78%	75.56%	73.33%	70.51%	70.00%
Item 12B: Needs and Services of parents		70.42%	73.53%	56.72%	70.77%	66.15%	64.38%	74.67%	55.71%	63.01%
Item 12C: Needs and Services of foster parents		100%	93.88%	92.45%	95.83%	97.87%	84.78%	95.00%	94.59%	95.12%
Item 13: Child and family involvement in case planning										
50%	74.70%	67.82%	78.41%	66.29%	78.16%	74.12%	65.91%	70.11%	60.53%	65.48%
Item 14: Caseworker visits with child										
66%	86.05%	75.56%	75.56%	74.44%	83.33%	76.67%	75.56%	72.22%	70.51%	71.11%
Item 15: Caseworker visits with parents										
40%	68.06%	64.79%	72.06%	55.22%	72.31%	67.19%	64.38%	73.33%	57.35%	63.38%
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.										
82%	98%	97%	100%	98%	96%	98%	100%	96%	88%	93%
Item 16: Educational Needs of Child										
82%	98.18%	97.83%	100%	98.00%	96.00%	98.00%	100%	95.83%	87.50%	93.18%

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.										
57%	83%	89%	95%	93%	94%	90%	93%	96%	76%	86%
Item 17: Physical Needs of Child										
69%	86.44%	97.14%	95.52%	93.94%	96.72%	92.65%	97.14%	94.74%	88.00%	90.20%
Item 18: Mental/Behavioral Health of the Child										
60%	91.38%	85.37%	93.88%	97.96%	95.83%	89.58%	92.86%	97.96%	70.27%	90.48%

For Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs, Delaware has consistently not met the federal outcome 90% goal for any of the individual items (12, 13, 14, or 15). Delaware, however, does very well on Item 12c: Assessing Needs and Services of Foster Parents.

Delaware's Well Being Outcome 1 performance is primarily due to lower performance on the in-home services (Intact Treatment cases) case reviews, especially on Item 14: Caseworker Visit with Children and Item 15 Caseworker Visit with Parents. For the most recently completed case reviews, on Item 14, in-home services cases scored a 32% strength rating, while foster care cases scored a 93%, a 61% difference. For Item 15, in-home services cases scored a 41% strength rating, while foster care cases scored an 80%, a 39% difference. Ongoing and timely caseworker visits (Items 14 and 15) impact performance on Well-Being Outcome 1, Items 12-13. Lack of contacts with children and families (or documentation of such) results in insufficient evidence to support that their needs are fully assessed, and they are engaged in case planning. Inconsistencies with initial treatment contacts with families when a case is being transferred from investigation or FAIR is also affecting performance for this item. For CY23, 58% (317 of 547) of initial treatment contacts were achieved timely or had diligent efforts. Case review data supports this finding. Timely caseworker contacts impact assessment of needs, and implementation of services and interventions to address safety or risk factors.

OSRI Case Review Measures					
	10/21-3/22	4/22-9/22	10/22-3/23	4/23-9/23	10/23-3/24
Item 3					
Intact Families	43%	45%	49%	39%	26%
Foster Care	80%	89%	90%	80%	89%
FAIR	75%	75%	75%	80%	100%
Item 12					
Intact Families	43%	38%	49%	32%	32%
Foster Care	83%	74%	85%	70%	84%
FAIR	75%	63%	67%	70%	92%
Item 13					
Intact Families	48%	48%	51%	37%	32%
Foster Care	88%	76%	89%	72%	87%
FAIR	75%	63%	75%	80%	92%
Item 14					
Intact Families	54%	48%	49%	43%	32%
Foster Care	89%	89%	93%	85%	93%
FAIR	75%	88%	75%	90%	100%
Item 15					
Intact Families	52%	55%	62%	37%	41%
Foster Care	76%	72%	85%	68%	80%
FAIR	88%	63%	83%	80%	92%

As discussed previously, Delaware has a CQI Intact Family Committee that was formed to address the lower performance with in-home service cases. Recommendations and initiatives of this committee are found later in this report. Treatment focus groups and surveys found that there is a more substantial and time sensitive workload related to foster care cases than intact family cases. For placement cases, staff are required to coordinate multiple activities related to care coordination and planning such as providing transportation for children to appointments, school, and family time/visitation and coordinating services for the youth, parents, and caretakers. Court and system oversight in tandem with the increased workload tasks on placement cases monopolizes the allotted time a worker has and therefore leaves less time to manage intact family cases. Strategies being explored are centered around decreasing the workload for treatment staff, therefore increasing capacity to engage in frequent and meaningful visits with intact families. Delaware is also exploring expansion of contracted services to support in-home case management, transportation, and visitation for the children and families we serve. We believe implementation of these, and other strategies will drive performance improvements and outcomes in this area.

For Well-Being Outcome 2: Children receive appropriate services to meet their educational needs, Delaware had consistently exceeded the CFSR Round 3 national performance (82%) and met the federal outcome 90% goal on case reviews from October 2019 to March 2023. Delaware saw a decline in performance over the most recent two reporting periods, an 88% performance on the CFSR Round 4 case reviews completed between April 2023 – September 2023 and a 93% performance on the October 2023 – March 2024 reviews. Analysis shows that Delaware overall has a strong practice of obtaining educational information on all youth involved with the Division from Investigation/Assessment through Permanency. There is a current Memorandum of Understanding (MOU) in place between DSCYF and the Department of Education (DOE) to address stability of school placement for children in foster care. Within 5 days of placement a Best Interest Meeting will convene with the DFS Caseworker, a liaison from the School of Origin, and a Liaison from the School of Residence. This process has been a long-standing practice and both DOE and DFS work together to ensure discussion of the educational placement that is in the child's best interest.

For Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs, Delaware had consistently met the federal outcome 90% goal for items 17 and 18 from April 2020 – March 2023. For the CFSR Round 4 case reviews from April – September 2023, Delaware's performance declined to 88% and 70%, but performance has improved to 90% for both items for the most recently completed case reviews. The case reviews find that most children are up to date with their preventive medical and dental care and when there are medical, dental, or mental health needs for children, those needs are appropriately addressed most of the time. Analysis of areas needing improvement found that there have been instances where dentist appointments have not been made every 6 months as per policy. The lack of available mental health services and staffing challenges for the mental health provider community have also led to barriers and delays in youth receiving needed mental health treatment. Case Reviewers also found evidence of strengths for applicable cases as follows: majority of children have current and periodic physical, dental, and vision exams, identified medical or mental health needs are followed up on by the caseworker and referrals are made as needed, follow up is taking place with foster parents and parents about the child's needs and medication, and discussions/collateral contacts are made with providers. For Substance Exposed Infant (SEI) cases, Plans of Safe Care (POSC) were completed to assess and plan for substance exposed infants with their families. Nemours, the largest pediatric



network in Delaware, has partnered with DFS to open a patient portal so that caseworkers and foster parents can easily access patient information, connect with the doctor, review records, etc. for children who receive primary care services through Nemours. Caseworkers collaborate with PBH and the child's treatment team when involved with the child to help address their mental health needs.

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 this CFSP Progress Report.

## Systemic Factors

### *Information System*

Delaware's Comprehensive Child Welfare Information System (CCWIS), which replaced Delaware's SACWIS-compliant FACTS system, went live on February 6, 2018, and is named For Our Children's Ultimate Success commonly called FOCUS. Delaware's FOCUS was one of the nation's first cloud-based child welfare case management systems to be implemented during the CCWIS transition period. FOCUS uniquely provides an integrated case management solution to support the seamless delivery of child welfare, behavioral health, and youth rehabilitative services within and across all DSCYF divisions. FOCUS provides a secure workspace that is available 24-7, is accessible everywhere in the US and US Territories with an internet-connected device and is mobile enabled with talk-to-text capability to improve caseworkers' experience and efficiency while working in the field. DFS uses the FOCUS system to record all programmatic activities including Intake, Investigation, Treatment, Permanency, Foster Care, Adoption, Independent Living, and Interstate Compact.

The state completed its Technical Assistance Monitoring Review of CCWIS from October 2022 through February 2023 with staff from the Administration for Children and Families (ACF), which included demonstrations and activities to review conformance with CCWIS design requirements, Title IV-E eligibility, intake, and investigation. In June 2023, Delaware received ACF feedback on strengths and opportunities for improvement, providing FOCUS with a Satisfactory rating on CCWIS design compliance.

FOCUS Provider Portal, a pared down version of the FOCUS system, has been created and is currently being operationalized to give access to contracted provider staff to accept referrals for service initiated by DFS staff to access the case they are assigned to in order to assist DFS with services and documentation and to streamline invoicing. The first portal application completed was for the report line where community members can report concerns regarding abuse, neglect, and dependency through an online Reporter Portal that feeds directly into FOCUS. DSCYF has implemented an extensive planning and functional needs review process for additional contracted provider staff access to the Provider Portal and FOCUS. Contracted provider staff delivering Family Assessment and Intervention (FAIR) and Plan of Safe Care (POSC) services can access cases referred to them in FOCUS as of May 2024. Contracted provider staff for Adoption services are expected to begin using FOCUS in Summer 2024. Treatment contracted provider staff will transition to data entry into the Provider Portal and/or FOCUS based on their system needs by the end of Summer 2024 and Foster Care contractor provider staff will follow in late 2024/early 2025. Currently under development is a



portal to support foster care and adoptive parent recruitment where applicants can gain access to information and the application process to complete applications directly in the system and interact with DFS during the initial and ongoing approval.

In May 2024, DFS successfully submitted the AFCARS 2024A file. Ongoing quality reviews and analysis are continuing to strengthen the report year over year.

Delaware submitted its updated 2024-2025 Data Quality Plan (DQP) and the results of DSCYF's first Biennial Data Quality Plan Review in April 2024. The Biennial Review comprehensive data assessment and gap analysis provided the backdrop for existing strategy review and development of new actions to ensure continuous data quality improvement as documented in the latest iteration of the DQP (*See Attached DQP*). DSCYF provided narrative updates informed by Biennial Review findings and progress achieved for each priority along with updated SMART goals and action items for the next two years to continue to support data integrity. While numerous enhancements have been implemented in the FOCUS system in efforts to continuously improve data timeliness, completeness, and accuracy, this system was found to be not in substantial conformity in the CFSR Round 4 final report, primarily due to ongoing challenges with timeliness of data entry for placements and court orders. Strategies have been developed to address these areas needing improvement and are documented in the CFSR Round 4 Program Improvement Plan (CFSR PIP) and the 2024-2025 DQP. *\*\*See CQI data quality committee section of this report for details.*

### *Case Review System*

The Division, in collaboration with the Court Improvement Project (CIP), Office of Child Advocate (OCA) and Child Protection Accountability Commission (CPAC), monitor the Case Review System performance for Delaware child welfare. The DFS Program and CQI teams review items that are evaluated through case reviews and regularly provide updates to DFS senior leadership. Additionally, the review of system data is a standing agenda item at CIP Steering Committee and CPAC meetings to keep the court, agency and system partners informed of performance. The CQI Periodic Review Committee developed strategies to improve performance and accurately track periodic reviews and Permanency Hearings for youth in care. During the recent CFSR round 4, this item resulted in a strength rating. Children in care are reviewed by the court every 3 months on average and there is close monitoring of the court date to ensure compliance with hearing timeliness guidelines. Three of the other related items, written case plan, termination of parental rights and notice of hearings and reviews to caregivers, were shown to be areas needing improvement. More specifically it was found that although written plans may be completed it is unclear if they are consistently developed jointly with parents. It was also discovered that when the Child Placement Review Board was dissolved, the tracking of children in care 15 of 22 months was not transitioned to another format or entity and it was challenging to accurately determine need and monitor timeliness for TPR petitions. Additionally, although it is clear that caregivers play an importation role in the case review system and are often encouraged and do participate in hearings, the state does not have a systemic and consistent way of notifying them of each hearing and their right to be heard and tracking those notifications. System developments are underway to enhance the information system to capture appropriate data to assess these areas.

For Delaware, the written case plan is a child plan series that includes a 5-day Plan, which is an immediate needs plan due within 5 days of the child entering care; a Child Plan, which is a comprehensive goal identification plan due 30 days from entry covering the time in care; and a 6-month Child Plan Review. If the child remains in placement for 12 months a new child plan is completed. The plan is to be completed with input from the parent and child when appropriate

along with other team members. The FOCUS template has all required provisions and elements including permanency goal, visitation, education, health, and mental health needs and goals. As of 6/7/2024, of 519 youth in custody at least 60 days, 95% had a written child plan entered into the data system. The expectation is that for all children entering custody in Delaware, a copy of the child plan is provided to the court by the disposition hearing where it is entered into the record and shared with all parties to the hearing, including parents. The plan elements are reviewed through court testimony at every subsequent hearing. As part of the CFSR, it was discovered that this is not consistent in all counties. Possible reasons for this include staff turnover and high caseloads resulting in plans not being updated as needed. This is being addressed by DFS and CIP.

Using the OSRI Case Review results specifically from foster care cases, the below chart looks at the breakdown of involvement by child, mother, and father. Breaking this down further, For Item 13 – Involvement in Case Planning – many of those marked areas needing improvement were correlated to the frequency of caseworkers not meeting with parents and/or children (Item 14 and Item 15). When workers did meet with parents and children, the majority of workers did have meaningful planning discussions to jointly develop case plans. Planning was also shown to be a part of Team Decision Making Meetings and Family Team Meetings.

In Delaware, periodic reviews are conducted by the courts. Generally, each court hearing reviews the ongoing safety of the child; the continuing necessity for out-of-home placement; the appropriateness of the out-of-home placement; the extent of the agency's and parents' compliance with the case plan; the extent of progress that has been made toward alleviating or mitigating the reasons the child was placed in foster care; the likely date by which the child may be returned home or placed for adoption; the steps the agency is taking to ensure the child's foster care provider is following the reasonable and prudent parent standard; and whether the child has regular, ongoing opportunities to engage in age or developmentally appropriate activities (including consulting with the child in an age-appropriate manner about the opportunities of the child to participate in the activities. The CIP data subcommittee measures and shares timeliness of hearings (Adjudicatory, Dispositional, Reviews, and Permanency), timely filings of termination of parental rights (TPR) petitions and timeliness of permanency by type. Review of this system data are standing agenda items at CIP Steering Committee and CPAC meetings to keep court, agency and system partners informed of performance. Delaware continues to demonstrate that hearing timeliness is strong; however, there continues to be some outlier cases where we are not meeting hearing type guidelines. In those instances, case reviews are conducted to better understand the delays to determine if there are system wide opportunities for improvement.

After the Preliminary Protection hearing (10 day) and Adjudicatory hearing (30 days), every child in custody is to have a hearing every 3-4 months with limited exceptions and an official Permanency hearing every 12 months from custody entry. For all children that have been in care for 15 of 22 months, unless an exception is determined and approved from the Permanency Planning Committee (PPC), a TPR petition is to be filed. During the Statewide Assessment phase of the CFSR, it was discovered that Delaware does not have a reportable data element to report out the TPR filing exceptions as this is only recorded in the PPC notes that require individual review.

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 SFY2023, OCA provided legal representation to 837 children statewide. 496 were represented by a Child Attorney and CASA. 349 were represented by a Child Attorney only. Broken out by county, 184 children were represented in Kent throughout the fiscal year, 528 in New Castle, and 125 in Sussex.

Foster Care caregivers including foster parents, group home staff or relative/kinship providers, are included in court reviews for the children in their care. Delaware does not have a formal or automatic system of notification that confirms that caregivers are given notice of hearings and their right to be heard, but caregivers, staff and partners have confirmed during the CFSR stakeholder interviews that they are given notice, and it is reinforced by the courts. Caregivers are reminded of the hearings by multiple team members and the Judges are accommodating and supportive of caregiver involvement.

CFSR PIP permanency committee reviewed practice and the benefits of concurrent planning earlier in a case; particularly, during Permanency Planning Committee 9-month reviews. Judges recirculated the CIP Leading Practices report which outlines recommended court practices for all CIP cases. Family Court monitors delays in issuing court orders over 90 days; and DOJ and OCA assess the legal history of all parties to determine legal presumptions. The PIP Permanency Committee also stressed better communication with resource parents when there are delays about any permanency decisions to explain information available. The child's planning team implements family search and engagement services earlier in a case and DFS expands contracted family search services to children with the goal of reunification.

Collaboration between Family Court, DFS, child advocates and system partners leads to joint trainings, technical assistance, and resources to strengthen timely exits to permanency.

Stakeholder comments are generally positive for this system noting consistent periodic and permanency reviews, caregivers receive notice of hearings, caregiver and youth voices are heard.

In review, this system is functional supported by evidence that current activities and strategies make a positive impact on timely permanency. The 2020-2024 CFSP includes continued collaboration with Family Court. Objectives to strengthen family engagement, kinship, placement stability and service array will benefit performance of this system's measures.

### *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. The CQI Manager consults with the federal team for guidance on case reviews as needed.

The Delaware case review team had conducted 90 randomized case reviews for identified periods under review every 6 months, (15 reviews per month). The team also conducts 15 investigation case reviews every month. For the CFSR Round 4 case reviews (April – October

2023), the case review team was only able to complete 78 of the planned 90 case reviews. CQI manager went out on unexpected medical leave which led to unexpected reassignments. For the CFSR Round 4 PIP reviews, Delaware will be completing 65 randomized case reviews every 3 months, approximately 21-22 cases a month. These PIP reviews began in April 2024.

As part of the case review process, the review team also conducts supplemental surveys that consist of an open-ended conversational discussion with review participants (parents, caregivers, youth, and foster parents) to obtain lived experience feedback regarding broader systemic practices such as trauma informed care, cultural awareness, case planning, collaboration across division, and service array. Delaware has updated and built the internal investigation and FAIR case review tools into the FOCUS data system. In addition to policy adherence questions, Delaware has added questions related to the use of Safety Organized Practice and SDM® tools, Family Engagement Strategies, Substance Exposed Infants and Plans of Safe Care, and MDT response. During reviews, case reviewers are also reviewing data quality and alerting the CQI manager when information is inaccurate or missing in the FOCUS system. In the future, this team may be conducting SDM® Fidelity case readings 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 reviews and supplemental surveys are shared at the biannual stakeholder meetings, Strategic Leadership Team (SLT) meetings, all management meetings, program management meetings, CQI Steering Committee, CQI committees, and other forums. Results are also shared and discussed at monthly case review team meetings and during one-on-one supervision with front-line staff to ensure information is understood throughout the agency at all levels. Additionally, the CQI Manager and the Department Community Relations Coordinator continue to collaborate on regular email blasts, "Delaware Rocks", sharing positive performance results with all staff. 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 appreciate the recognition for their performance.

The agency not only shares performance results, information on areas which need improvement, and updates on actions taken to make improvements, but also seeks feedback and input. The survey completed during the Statewide Assessment with stakeholders confirms the majority of youth, foster parents, community partners, DFS and DSCYF staff agreed that DFS has a statewide continuous quality improvement system that identifies strengths and needs, shares results, and seeks their feedback for process improvement and system planning.

DSCYF has moved the data team under the centralized FOCUS team. CQI Manager continues to closely collaborate with the data team. The data team builds the needed statewide reports and queries to pull needed information from the FOCUS system and maintains a report inventory. The data team also runs the federal reports such as AFCARS, NCANDS, NYTD, and the monthly caseworker visit report. Prior to submission, federal validation tools are used to monitor data quality of requested information. 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 the data profile in preparation



for the CFSR Round 4. Delaware also successfully built and submitted AFCARS 2020 with no compliance errors in May 2023.

In addition to monitoring quality of federal report data, the CQI Manager and data team regularly analyze in-house reports to evaluate data quality to ensure FOCUS is functioning correctly and data entry by staff is accurate. Periodically, the data team analyzes system generated reports by directly reviewing case data to validate fidelity of system reports. The CQI Data Quality Committee monitors the Department Data Quality Plan and makes determinations related to focus areas of data quality improvement needs. 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 also been developed to address areas where data quality related to data entry has shown to be a problem such as placement events – particularly worker approved relative/kin placements, custody events, and demographic information on persons. The Department has hired two full time FOCUS trainers to provide this training. Report team has also begun providing “Bite-sized learning” trainings to management and administration on how to use specific reports to assist them in their supervision needs around monitoring data quality and worker’s entry of required information.

DFS FOCUS liaisons work collaboratively with the CQI Manager to correct data entry errors. Defect tickets are written to address data system issues and make improvements. The CQI Manager shares analysis with Administrators 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 kids in custody with active placement are sent out weekly 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.

The CQI Manager and data team also conduct ongoing data quality checks with CIP, OCA, and the Courts. Information related to custody dates, demographics of the children in agency custody, permanency plan, and initial placement reasons are shared and reviewed to ensure consistent and accurate information is being maintained. Through the various CQI committees and other forums, additional court information has been requested such as information on Sua sponte custodies, short stays, TPR, and adoption/guardianship disruptions, and this data is now being tracked regularly. CQI Manager was also given access to the court’s data system, APRICOT, and can review court data as needed. 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. Focus groups conducted confirmed the agency has a plentiful number of useful reports which are distributed and accessed regularly, and both staff and stakeholders indicated they are aware of the process to obtain additional data as needed.

Delaware’s Continuous Quality Improvement system is guided by a CQI Steering Committee that meets at least every two months. The Steering Committee reviews results of case reviews, supplemental survey findings, federal reports, and various other quantitative and qualitative data to determine agency strengths or targeted areas of needs and monitor progress on improvement efforts. Report-outs on all CQI subcommittees and initiatives undertaken are discussed, as well as noted barriers and recommendations around next steps. Next steps could include continued implementation (adopt), expansion (adapt), or discontinuation (abandon) of

an initiative. During these meetings, case review results are periodically reviewed for fidelity and accuracy.

Currently, Delaware has four CQI subcommittees, the CQI Promoting Permanency Success Committee (formerly the CQI Post Adoption Disruption Committee), the CQI Intact Family Committee, the CQI Teen Committee, and the CQI Data Quality Committee. A fifth CQI Committee, CQI Planning Committee is in the early stages of development. The CQI Promoting Permanency Success Committee now meets quarterly. The other three meet on a monthly basis. The committees review data related to the identified problem, propose solutions, and discuss action steps, and then continuously monitor the steps taken to evaluate outcomes. These follow a Plan, Do, Study, Act (PDSA) model. Focus groups conducted highlighted DFS' consistent efforts to ensure all child welfare agencies and those with lived experience are included in these meetings and are active participants in the decisions-making process. The DFS Strategic Leadership Team meeting has also begun using more CQI activities (Plan, Do, Study, Act), reviewing data to determine areas needing improvement. Per SLT recommendations, subcommittees have been formed to address areas such as Level of Care improvements, guardianship reform, and APPLA consistency with courts. These subcommittees seek feedback and report out their findings, recommended initiatives, and progress at each SLT meeting.

In response to DFS' accomplishment in establishing a Quality Assurance System which has demonstrated how successful dynamic continuous quality improvement efforts are to improving practice, the Department has adopted their methodology and replicated this across the Department in various ways. Goal 3 of the Department 5-year Strategic Plan is to expand and institutionalize data-driven decision-making practices to demonstrate the agency's dedication to continuous quality improvement. In response, the department created a Continuous Quality Improvement Collaborative, Data Governance Board and leveraged the existing Department Quality Assurance Team to develop a System of Care Case Review Tool which closely aligns to the federal review tool and process used by DFS. Modeling the current DFS case review process, Administrative Case Reviewers from the Office of Case Management conduct case readings and qualitative interviews of key participants and stakeholders to complete a case review tool. The first targeted review pilot was completed on youth who were involved with more than one of the DSCYF divisions (YRS, PBH, DFS). CQI manager is an active member of the CQI Collaborative and Data Governance Board. Additional objectives aligned with Goal 3 of the Strategic Plan are to develop a cadre of staff who are trained/certified in continuous quality improvement practice and dedicate resources to support ongoing improvement, cross training, and succession management activities; expand current continuous quality improvement efforts to include data-driven examination of processes, critical incidents, and service delivery using proven continuous quality improvement strategies. The DSCYF Continuous Quality Improvement Collaborative is currently finalizing a project charter related to engaging individuals with lived experience to ensure decision-making and project planning within the department are informed by diverse perspectives from individuals with lived experience. As part of this project, the Collaborative conducted research on how other jurisdictions have been successful at incorporating lived experience into planning and decision-making, developing a process for payment and reconciliation, determining parameters for participants, developing a recruitment strategy, developing a process to promote client confidentiality, and submitting a pilot proposal. Members have developed policy to compensate those with lived experience. DFS CQI Manager will be piloting this project. Additionally, the department has begun hosting town

halls regularly to share updates and have open discussions with department staff to address employee concerns and inform them of process improvement efforts. On 11/9/22, the department hosted a town hall featuring the Governor who not only spoke about the steps being taken statewide to improve key areas of concern (vacancy rates, employee retention, lack of placement resources), but also requested staff share recommendations and feedback with him on areas in need of improvement.

Review of the previous CFSR, CFSP, and recent APSR's clearly show the growth of continuous quality improvement practices statewide. Continuous quality improvement activities are clearly documented in all aspects of performance improvement measures and have measurable standards to determine quality. Delaware uses CFSR standards for safety, permanency, and wellbeing outcomes. National data indicators are also used for standards regarding safety, permanency, and placement stability. Delaware has documented policy and user manual that clearly outline expectations regarding foster care, services, and child welfare practice and procedures. All policies align with federal and state mandates and law. Delaware has a Structured Decision Making® policy and procedure guide with clear definitions and instructions to ensure fidelity of SDM® tool use. The federal report validation and data quality standards are used to ensure the data quality plan, which follows Comprehensive Child Welfare Information System (CCWIS) data standards, and policy are upheld regarding data timeliness, completeness, accuracy, consistency, and reliability. Qualitative and quantitative data is shown throughout these reports as being relied upon to inform decisions and support recommendations for improvements. Evidence of specific standards followed are referenced throughout the outcomes assessments provided throughout this document.

### *Staff Training System*

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

*Pre-Service Training:* CPD delivers training on the policy, skills, and knowledge needed for new casework staff to understand and implement the DFS practice model. Seventeen competency-based pre-service courses and one orientation class are provided on an ongoing basis. Four core courses are assigned to new hires within their first full month in a 'cohort.' The remaining courses are assigned to the participants within their first four months. The New Employee Training (NET) schedule allows for intermittent and increasing time in the office so new staff can receive mentoring, practice new skills, and attain job experiences alongside classes. Trained mentors and experienced staff are paired with new hires to facilitate learning in the field, which includes required on-the-job field experiences. Providers and other community partners such as Community Legal Aid, Delaware State Troopers, Delaware Coalition Against Domestic Violence, mental health and trauma specialists present at pre-service and in-service trainings. A graduated caseload assignment is applied to facilitate increased practical application of knowledge and skills trained within this period of learning. New staff attend new worker training, shadow experienced workers, manage an initial case with intensive supervision, and prepare



to build a full caseload. In the CFSP 2020-2024 reporting period, 80% of new staff selected “Very Good” or “Excellent” to “the training content was appropriate to orient me to the job” and 90% selected “Very Good” or “Excellent” that “the training reflected policy and best practice” in the DFS New Employee System Evaluation, which is assigned to new hires after they finish the NET. In the 2020-2024 CFSP Training Plan period, 261 new DFS staff and 59 contracted providers attended or started pre-service training.

Foster Home Coordinators are trained to present pre-service orientation to current and prospective foster parents and pre-adoptive parents orienting them to their roles and responsibilities in those areas. A trained contracted provider delivers a 32-hour training developed by Prevent Child Abuse Delaware (PCAD) geared towards individuals and families interested in fostering teens. Contracted providers are trained to deliver in-service modules provided by the Institute of Human Services.

*In-Service Training:* In-service training provides staff with opportunities to develop competency in child welfare, learn new skills, practice cyber security, apply trauma informed care and address other developmental needs. In-service training is offered in a variety of formats, including Instructor-Led Training (ILT) offered in-person or virtually, and web-based courses that allow for asynchronous learning.

Staff training is regularly identified as an area needing improvement in surveys. Only 25% (80) of DFS staff participated in the 2022 Child Welfare Stakeholder Assessment Survey. Of the DFS respondents, 68.75% selected “Agree” or “Strongly Agree” that “Family Services provides ongoing and annual training to caseworkers to develop stronger skills and knowledge.” However, it is also noted that only 50% of the DFS staff achieved the Training Goal of 28 hours for CY2023, which indicates that half the staff do not take advantage of training opportunities when they are available. In the 2022 Child Welfare Stakeholder Assessment Survey, only 50% of the DFS respondents chose “Agree” or “Strongly Agree” that “New contracted case managers are trained in basic skills and knowledge required to do their job.” However, new staff surveyed in the DFS New Employee System Evaluation regularly score the New Employee Training (NET) much higher (see above paragraph for “Pre-Service Training”).

Part of the imbalance may lie in the perception of what off-the-job and on-the-job training can accomplish. While off-the-job (traditional instructor-led classroom) training can introduce concepts, theories, policies, and expectations, on-the-job training (“live” practice, mentoring, coaching, etc.) takes place in the field and it is where theory meets practice. It is commonly believed that it takes at least two years for new child welfare staff to become proficient and comfortable at their job. Not unlike doctors or police officers, a majority of the learning in child welfare is done in the field with guidance from mentors, supervisors, and co-workers.

*See Section VIII. Targeted Plans Within the 2020-2024 CFSP, Training Plan for additional information. Section II.D. 2020-2024 CFSP, includes a professional staff training objective under workforce stability and development.*

### *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. Delaware has expanded our post adoptive/guardianship services and now has three contracted providers offering services to not only post adoptive families but post guardianship families as well. DFS and the Birth to Three program partners with DPBHS and the Department of Education 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 has expanded services to support foster care by adding foster care recruitment supports as well as direct support services to the foster parents through contracted behavioral health supports. Delaware's team has also strengthened our understanding of MRSS (Mobile Response and Stabilization Service) and other resources for youth, like the national 988 Suicide and Crisis Lifeline. Delaware has worked hard to support expanded housing opportunities over the last five years both for youth transitioning from foster care as well as with families, as an effort to prevent out of home placement and to reduce housing instability. We engage in partnerships with housing programs through the Delaware State Housing Authority and the Wilmington Housing Authority while developing and a contract for expanded housing support and case management for families that have received SRAP or FUP vouchers. We have also endeavored to expand our foster care placement resources through seeking new providers and supporting and expanding the service continuum with existing providers. We continue to partner and work collaboratively with our sister divisions, DYRS and DPBHS to work together to share resources and ensure youth and families have the services they need.

#### *Agency Responsiveness to Community System*

Delaware has a strong history with both formal and informal responsiveness to the community. Since CFSR Round 3, Delaware attempted to increase our large stakeholder meeting from annual to semi-annual. Details related to stakeholder activities are detailed in CQI section benchmark: DFS' CQI steering committee to coordinate semi-annual stakeholder meetings and stakeholder input activities such as surveys. Delaware also has several stakeholder contributors in the development of the APSR and the CFSP.

Delaware's CQI system has resulted in several subcommittees that include stakeholders with lived experience, the courts and legal system, various community partners, and all levels of state and community child welfare workers and managers. This system provides a continuous and evolving feedback loop between the state agency and the many child welfare stakeholders. Data, strategies, initiatives, and recommendations are shared.

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

The Division recognizes the importance of family and children involvement and voice in all aspects of child welfare practice. Qualitative reviews with parents, youth, foster parents, and

relative/non-relative caregivers are a part of the case review process. In April 2022, the case reviewers added a supplemental survey to their case reviews to ask system related questions related to topics such as case planning, service array, engagement, cultural awareness, and collaboration across divisions. As of 6/11/2024, we have collected data from 380 participants: 168 (44%) parents, 125 (33%) foster parents or kin caregivers, 85 (22%) youth and 2 (<1%) others. Results are reviewed at every CQI Steering Committee and shared by the CQI manager with the program managers and other stakeholders involved in the CQI subgroups to take necessary action.

Delaware partners with 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. The youth advisory council engagement demonstrates the Delaware's child welfare agency's ability to get feedback and change directions in that when the council was not functioning well the youth participated in a focus group in early 2022 lead by a local college group to share feedback that resulted in changes to the structure and name of the organization. Also, hearing from the youth the struggles of not having reliable transportation resulted in the passing of HB 151 that developed a driver's license program to resolve barriers for youth people getting the driver's license.

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. She has shared interested in working together if we do have a shared youth, but this has not occurred. 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 partners 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. Those with lived experience, including youth, foster parents, kinship caregivers, adopted parents, and parents, are active members of various CQI Committees. 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 shared concerns amongst DFS and partners regarding the rising numbers of teens in care with complex needs. This committee has a diverse group of stakeholders that bring a range of perspectives. There is a strong legal presence 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 on meeting the needs of post adopted/guardianship children and preventing their re-entry into care. 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.

*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 from participants on 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. The CIP coordinator was a member of the CFSR Round 4 Steering Committee. Members of the legal community were actively involved the Statewide Assessment and resulting CFSR report. To better connect the agency staff with the judges, Judge's roundtable discussions have taken place 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.

Delaware has interfaces with multiple other programs, including TANF, Medicaid, Child Support, Department of Education, Department of Labor, Criminal Justice Information Services (CJIS). These interfaces are built between the agencies system to share information related to shared clients. They also established relationships of communication which are utilized to coordinate CFSP services. Many members of these other state agencies are either members or consultants of DFS CQI subcommittees and other community partnership committees.

DFS is a member of CPAC (Child Protection Accountability Commission) 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).

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

Delaware's "Foster and Adoptive Parent Marketing, Recruitment and Retention Plan" strategically targets three areas: increase the number of new homes, retain good quality foster families, and develop or recruit for youth with complex needs. This plan also aligns with concerns from stakeholders regarding the lack of therapeutic foster care resources, particularly for special needs children. The plan outlines interventions that address the points in the approval process that families drop out. The plan includes training and supports to increase foster parent confidence and skills, paying particular attention to matching and child/family demographics. Delaware continuously evaluates the needs of children and adjusts the recruitment, support, and development strategies. DFS recently put the full array of foster care placement services out for bids and is currently doing contracted negotiations to



strengthen the foster family agencies that recruit, and licensing half of the foster families used in Delaware. A foster care management reorganization is underway within DFS to help dedicate staff to the licensing, recruitment, and retention of state foster families along with a new contractor for recruitment that started in 2023. Renewed efforts to strengthen existing foster families and recruit new ones that can manage the increasing challenging children needing foster care placement is underway.

In Delaware, families can become foster parents through DFS (public) or through a contracted child placing agency (private). Both public and private licensing practices have equal minimum licensing standards that aligned with national standards set forth by the Administration for Children and Families (ACF) in the National Model Foster Family Home Licensing Standards. Delaware also has a provisional approval of relative or non-relative placement providers that are not licensed with standard criteria and are considered worker approved placement providers. These providers are often referred to the Kinship Navigator Program and offered the opportunity to pursue being licensed as a foster parent. The Kinship Navigator program is managed by a contracted provider, Children's Choice, that also managed foster and adoptive families. Children's Choice used the recently rated KinTech model for Kinship services.

All licensed providers managed by the state or private agency are required to have fingerprinted background checks for resource parent applicants and all adult household members. This provides for the criminal background; Adam Walsh clearance and Child Protection check by the Department's criminal history unit. Subsequent arrests are reported almost immediately for appropriate action. All worker approved placement providers have a background screening.

Delaware has approximately 400 active foster homes split between state and child placing agency oversight. DFS recruits and supervises foster homes under internal policy and procedures and has two statewide foster care coordinator units. 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 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. DFS maintains a five-year Foster and Adoptive Parent Marketing, Recruitment and Retention Plan (MRRP) (see attachment- *DFS Foster and Adoptive Parent Recruitment Plan 2024*) which outlines the ongoing efforts of the Division to ensure there are an adequate number of families available and able to care for the diverse population of children in Delaware who are removed from their homes until they can safely return. DFS has contracted with a new recruitment agency to support the MRRP and is currently refreshing contracts with placement providers to increase and improve placement resources. Efforts are underway with the FOCUS development team on a recruitment portal that will improve the process of onboarding a new foster family as well as provide more direct real-time interactions with the prospective foster parents and existing foster parents and the state.

Delaware utilizes national adoption exchanges such as Adoption Center, AdoptUSKids, A Family for Every Child, and the Delaware Heart Gallery to utilize cross-jurisdictional resources for permanency. DFS works closely with the Interstate Compact on the Placement of Children (ICPC) office to join children from Delaware with family members in other states. In addition to utilizing national exchanges, the Division has partnered with the Dave Thomas Foundation for Adoption (DTFA) and posted a Request for Proposal (RFP) on April 14, 2023. The purpose of

the RFP is to award one or more contracts to provide evidence child – focused recruitment service model to identify legal and relational permanent resources for foster children with a plan of adoption, guardianship or another planned permanent living arrangement (APPLA). The successful bidder will partner with the Dave Thomas Foundation for Adoption (DTFA) and the Division to hire and train three (3) Wendy's Wonderful Kids (WWK) child focused recruiters and implement the WWK child focused, evidence -based recruitment model.

### Assessment Summary

In summary of the system data, case review findings, CFSR PIP activities, CFSP activities and stakeholder comments, Delaware's child welfare system has both strengths and weaknesses. Family Services has implemented and sustained major initiatives in the past 5 years such as Safety Organized Practice, team decision making, a new information system, expanded differential response tracks, programming for substance exposed infants, trafficking, and Structured Decision Making®. The CFSR Round 3 PIP activities added an operational continuous quality improvement system, supervisor training and family teaming. The agency added additional front-line positions to support the growing workload and better manage operational needs. System data for safety measures are strong but case reviews reveal weakness in timeliness of initial investigation and ensuring safety throughout the life of a case due to lack of contacts. Placement stability, contacts with parents and youth, and involvement of parents/ youth in planning are identified as areas needing improvement. Services to prevent removal, timely identification and achievement of goals, family preservation, visiting with parents and siblings, preserving connections, relative placements, supporting parent and foster child relationships all score well in case reviews. Case review findings are also strong for ensuring the educational, physical, dental, and behavioral health needs of children are met.

As for infrastructure systems, Delaware has a new information system FOCUS and an established data quality plan. As reported earlier in this document, Delaware also now has a fully functioning CQI system and extensive collaboration with community partners. Regarding the case review system, Delaware has regularly scheduled periodic reviews and permanency hearings. Although evidence shows written case plans are being done, it is unclear if they are consistently being developed with families and youth. Qualitative analysis shows that termination of parental rights petitions are being completed timely, but Delaware has no current method to track this quantitatively. Similarly, foster parents report they are being notified of court hearings and the right to be heard, but Delaware has no formalized process in place. Service array has improved with expanded differential response tracks, post adoptive services, kinship programs, independent living, and other services as reported throughout this report. Delaware does need to improve access to services related to transportation, housing, and youth with challenging behavior and extensive mental health needs. Delaware does well with foster and adoptive parent licensing, recruitment, and retention. Foster parent training is viewed as a strength via training evaluations, but Delaware needs to be able to better track participation. Delaware has extensive new worker and in-service trainings; however, stakeholders find a need for more hands-on training such as mentoring and role-playing and treatment/permanency program and supervisor specific training. These areas of concern are addressed in the 2020-2024 CFSP, Section III.

There have been successes in achieving stated goals and objectives for 2020-2024 but there is work to be done. Stabilizing the workforce, applying continuous quality improvement strategies to areas needing improvement, strengthening the service array from prevention to formal services will support the ultimate goal of healthy children, families and communities.



The following table summarizes the strategic areas Delaware focused on over the past five years:

Outcome/System	2020-2024 CFSP Objectives
<b>Safety Outcomes 1 and 2:</b> 1. Children are first and foremost, protected from abuse and neglect. 2. Children are safely maintained in their own homes whenever possible and appropriate.	<ul style="list-style-type: none"> <li>• Ensure initial investigation timeliness</li> <li>• Sustain SDM® with fidelity</li> <li>• Implement DFS prevention pathway</li> <li>• Expand differential response</li> <li>• Ensure child safety in treatment, permanency and interstate functions</li> </ul>
<b>Permanency Outcomes 1 and 2:</b> 1. Children have permanency and stability in their living situations 2. The continuity of family relationships is preserved for children.	<ul style="list-style-type: none"> <li>• Strengthen family engagement in assessment, planning and services</li> <li>• Practice TDM with fidelity</li> <li>• Strengthen kinship programing</li> <li>• Improve placement stability</li> <li>• Provide frequent and quality visitation</li> <li>• Prevent post-adoption disruptions</li> <li>• Collaboration with court and partners to improve timely permanency</li> </ul>
<b>Well-being Outcomes 1, 2 and 3:</b> 1. Families have enhanced capacity to provide for their children's needs. 2. Children receive appropriate services to meet their educational needs. 3. Children receive adequate services to meet their physical and mental health needs.	<ul style="list-style-type: none"> <li>• Strengthen family engagement in assessment, planning and services</li> <li>• Strengthen family search and engagement</li> <li>• Sustain and increase opportunities for education, employment, personal and community connections for foster teens and young adults</li> <li>• Advocate for foster teen driver licenses and car insurance coverage</li> <li>• Reduce number of foster children on psychotropics without counseling</li> </ul>
<i>Information System</i>	Not addressed in CFSP
<i>Case Review System</i>	Included in Permanency Outcomes 1 and 2 Objectives
<i>Quality Assurance System</i>	<ul style="list-style-type: none"> <li>• Target specific areas to improve using CQI principles</li> <li>• Strengthen CQI Steering Committee functions</li> <li>• Strengthen case review unit</li> </ul>
<i>Staff Training System</i>	<ul style="list-style-type: none"> <li>• Provide quality new worker and in-service training</li> <li>• Budget requests for training initiatives</li> </ul>
<i>Service Array System</i>	<ul style="list-style-type: none"> <li>• Increase community awareness and utilization of services</li> <li>• Implement Title IV-E Candidacy (identification and services; administrative and prevention claiming)</li> <li>• Add sex trafficking resources</li> <li>• Strengthen foster care resources</li> <li>• Strengthen healthy choices by aged out young adults</li> </ul>
<i>Agency Responsiveness to the Community</i>	Not addressed in CFSP
<i>Foster and Adoptive Parent Licensing, Recruitment, and Retention System</i>	Included in Permanency Outcomes 1 and 2 and Service Array Objectives
<i>Workforce Development</i>	<ul style="list-style-type: none"> <li>• Implement a staffing capacity plan</li> <li>• Reduce caseload standards for treatment</li> <li>• Advocate for hazardous duty pay</li> </ul>

## B. Plan for Enacting the State's Vision

### Revisions to Goals, Objectives, and Interventions

Over the last 5 years, Delaware continuously worked on the objectives as described in the 2020-2024 CFSP that was developed based on the Statewide assessment, CFSR Round 3 results and our PIP efforts. Along the way, we have adjusted our benchmarks and timeframes based on several factors including the impact of the pandemic and other operational, programmatic and policy trends and needs. Some activities and goals have been accomplished and are now part of our programming and practice. Those are outlined in the Final Report narratives. Some of the activities and goals will continue and/or be enhanced or modified for continued improved practice and outcomes. Those will be detailed in the new CFSP, as we move ahead for the next five years of strengthening our system. Some noted successes include our development and implementation of a strong case review system that utilizes the OSRI and partners and supports our enhanced CQI system which has multiple teams analyzing our priority areas for enhancements and improvements across our system. In addition, several benchmarks and objectives were completed or determined to no longer be needed and those were therefore removed from our CFSP over the years.

## C. Implementation & Program Supports

### **State's training & technical assistance to regional offices**

Delaware is a state-run child welfare system that supports 5 regional offices and 1 central administration office. 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 on key subjects. *(For the full array of trainings offered by the Center for Professional Development (CPD) and the Program Team, See Section VIII: Targeted Plans; See Attachment: Staff Training Chart FY2025)*

- **Staff Development and Coaching:** The Division revisited and reviewed our strategies related to ongoing staff development and coaching. Our Strategic Leadership team established a training subcommittee that will review DFS specific training strengths and needs and will develop recommendations for adjustments or enhancements. An early recommendation from the committee was to develop a stratified curriculum that would provide levels of trainings grouped together for beginner, intermediate and advance practice staff, allowing staff to matriculate through the levels advancing their skills and expertise as they advance through the career ladder. The levels are still under development therefore final recommendations are forthcoming. In addition, the committee is analyzing existing coaching opportunities, such as our practice coaches and coaching units and determine strengths and opportunities for enhancements that could further support and strengthen staff skill development and deeper practice.
- **Topic Driven Presentations:** DFS implemented “Lunch & Learn” and “Morning Buzz” as training opportunities on a variety of topics identified at various meetings or workgroups, during case reviews and from CQI groups as areas of interest or areas of concerns. The sessions are an hour-long over lunch or first thing in the morning and consist of either a presentation by a group or service or a mini training to bring better awareness to staff. All

Department staff are invited to attend and the DFS Director encourages participation. Staff can also recommend topics which are added to a master calendar for sessions a couple times a month.

- ***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. A special FAIR training was developed 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.
- ***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 adopted 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. Ongoing training is scheduled for Department users to ensure understanding and use of the tool.
- ***MDT MOU Refresher Training:*** The Intake and Investigation program manager trained all staff on the MDT process as a refresher to investigation training and working with the MDT. Training included information about DFS's role in the MDT, updated MOU requirements, especially pertaining to the Juvenile Trafficking Protocol, and other elements of child abuse investigations, such as victim and perpetrator interviews, safety assessments and agreements, assessment of siblings, and documentation.
- ***Motivational Interviewing Training:*** In collaboration with CPD, the DFS Motivational Interviewing subcommittee of the Strategic Leadership (SLT) Training and Staff Development workgroup researched available training regarding the use of Motivational Interviewing in Child Welfare. CPD developed a training curriculum and established a training series available to staff beginning in January 2024. All frontline staff and supervisors were recommended for "Motivational Interviewing for Child Welfare" training. Training attendance was tracked through the DLC. The SLT Training and Staff Development committee is considering other refresher or additional modules that may be available to strengthen staff understanding and use of the tools in practice.
- ***FAIR expansion (Differential Response):*** The Division responded to the need and opportunity to enhance differential response and utilized ARPA funds to implement an additional case capacity expansion of external FAIR. Full implementation has experienced

some delays due to contractor staffing challenges. Internal differential response pathways also faced challenges this year primarily due to workforce instability. Due the need to better organize and support the workload and assignments of remaining staff in light of the high vacancy rates, DFS has temporarily reorganized case assignments into just one pathway, investigations. We continue to monitor caseload and staffing and work towards opportunities to revert to two full pathways.

- **FOCUS (information system):** The Department continues to work toward CCWIS compliance with system enhancements and consultation. An internal Department FOCUS team was established to streamline responsiveness to system usage issues and provide 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. To support efforts last year, system improvements for intake, reducing entry duplication as well as several DFS enhancements across the system were deployed. The Provider Portal became operational and DFS continues to work on getting contracted providers in the portal and improving their usability. AFCARS 2020 file was successfully completed and submitted. Plans for the coming year include continued work on the provider portal, completion of the foster and adoptive parent recruitment portal and enhanced analytics will be deployed. The Department will continue to review and update the federal files for NCANDS, NYTD, MCV and AFCARS 2020. 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. 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.

The TICC provides regular communication to DSCYF staff through an electronic newsletter and other email communications. The TICC shares information about national and local training opportunities, new research, resources, and information about self-care and resilience for staff. The TICC has representation on the DSCYF Policy Committee and uses a trauma lens to guide recommendations on policy and practice as appropriate.

#### **Technical Assistance and Capacity Building**

Delaware worked with the Children's Bureau Region 3 staff during preparation for and participation in the CFSR Round 4. Monthly discussions included technical assistance and capacity building supports. Children's Bureau provided oversight for the CFSR Round 4 case reviews. Children's Bureau and MASC provided technical assistance and support in the development of CFSR Round 4 PIP Measurement Plan. Children's Bureau will continue to provide oversight on select case reviews during the PIP review periods. The Center for States and Children's Bureau provided support in the development of the CFSR Round 4 PIP. The Children's Bureau is invited and has attended CQI committees. Delaware has been doing significant work on improving the youth advisory council to get a strong youth with lived experience voice integrated into the CFSR and CFSP. The Center for States is working with CQI Manager and committee members to explore and develop means to better include the voice of those with lived experience, particularly youth in our overall CQI process. Delaware has historically had trouble getting feedback of the parents or adults involved with the division. We are interested in strategies to engage parents. Staffing continues to be a challenge to supporting the goals and objectives, so any assistance in that area would be appreciated.

**Structured Decision Making® (SDM®) Fidelity:** The Division continues its engagement with Evident Change to work with the SDM® Fidelity team around the SDM® screening tools, definitions, and practice enhancements. Current support from Evident Change is the case reading training and manual. This is expected to be delivered in 2024 and is intended to strengthen the 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.



## D. Progress Made to Improve Outcomes

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 FFY2024 edition of the 2020-2024 CFSP.

### Safety

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

**Rationale:** Child safety is the primary 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%.

From last APSR 2024:

### **Performance:**

Delaware has consistently not met the OSRI Item 1: Timeliness of investigation goal of 95%.

OSRI Safety Outcome 1, Item 1: Timeliness of investigation: Case review results show that Delaware's performance has fluctuated over the past five years. The baseline performance in 2015 was an 81% strength rating. During Delaware's PIP, we had a drop and then steady improvement, reaching a 90% strength rating during the last PIP review period (April 2020 to September 2020). Since the close of PIP, Delaware's performance fluctuated between 78%-86%, but demonstrated a significant drop with our most recent case review (October 2023 to March 2024) having a 71% strength rating, our lowest performance since PIP Period 1 in 2018.

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/Achieved goal
Oct 2020 – Mar 2021	86%	Drop/Achieved goal
Apr 2021 – Sep 2021	80%	Drop
Oct 2021 – Mar 2022	86%	Improvement/Achieved goal
Apr 2022 – Sep 2022	78%	Drop
Oct 2022 – Mar 2023	79%	Improvement
Apr 2023 – Sep 2023	81%	Improvement
Oct 2023 – Mar 2024	71%	Drop

Looking at yearly Initial interview aggregate reports, Delaware was showing improvement in performance from 2019 to 2021, but a drop during the last two years, likely because of the 50% functioning staff capacity.

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%
CY2022	6,767	90%	Not Met by 5%
CY2023	6200	82%	Not Met by 13%

**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. Data team will produce proactive due date initial investigation contact reports to ensure compliance with priority response timeframes by distributing weekly reports to regional managers, supervisors, and caseworkers.

**Timeframe:** December 2021.

**Measure:** Production and distribution of due date reports.

**2020-2024 Summary:**

This benchmark was completed in 2021.

**Progress Report:** The state's SACWIS system, FOCUS, allows for the creation of data reports utilizing various parameters with relative ease. During FY2019, the Division's Strategic Leadership Team adopted the motto "Manage with Data" to reflect our commitment to utilize data reports to improve staff performance and client outcomes. The data team developed an initial investigation contact report to ensure compliance with priority response timeframes. The Office of Children's Services Administrator distributes reports on a twice-weekly basis to regional administrators. Regional administrators then distribute that information to supervisors for use with front-line workers. It is also shared with DSCYF's Secretary. This benchmark is completed.

New #1 in 2022 was:

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 2023 and ongoing

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

**2020-2024 Summary:**

This benchmark was pending in 2021, but not carried forward in 2022. Although investigation initial contact reports of high-level information are distributed to administration and regional administrators reporting did not evolve to include case specific reports to assigned supervisors and caseworkers. The responsibility for disseminating and analyzing the information did not shift to the Investigation Program Workgroup. This is, in part, due to spikes in overdue contacts, created by high staff turnover. Timeliness of investigation remains a CFSR PIP item.

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:** December 2019 and ongoing.

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

**2020-2024 Summary:**

**Final Progress Report:** The state's CCWIS system, FOCUS, allows for the creation of data reports utilizing various parameters with relative ease. The data team developed an initial investigation contact report to ensure compliance with priority response timeframes. The Office of Children's Services Administrator distributes reports on a twice-weekly basis to regional administrators. Regional administrators then distribute that information to supervisors for use with front-line workers. It is also shared with DSCYF's Secretary.

Investigation initial contact reports of high-level information, including case identifiers and case-specific reports, are distributed to administration, regional administrators, and assigned supervisors and caseworkers, and Intake and Investigation Program Workgroup discusses this data at bimonthly meetings. With the expansion of differential response in 2020, one of the anticipated outcomes was improved timeliness of initiating investigation/assessment of reports. Initial data suggested that restructuring of assignments of front-line staff had a positive impact on workers' ability to initiate both Family Assessment and Intervention Response (FAIR) cases and traditional investigation cases in a timely manner, as seen below. Unfortunately, due to staffing shortages and operational necessity, the practice of assigning cases to an internal FAIR pathway was suspended in FY22, and investigation assignments ceased to be structured according to response time. This may have contributed to lower performance in the area of timely contacts. Further action needs to be taken to see an improvement in this area.

Strategic Leadership Team (SLT) meets monthly, and data from contact reports, as well as information from ongoing CQI case reviews, is a standing agenda item at every meeting. SLT discusses and determines next steps on areas needing improvement and identifies individuals to spearhead those next steps. The Initial Contacts in Investigation timeliness report is sent to the Regional Administrators every Monday, and Regional Administrators report weekly progress to the OCS Administrator on Fridays. Staff are recognized by their RA and ARA for good performance. Contact reports on treatment cases are sent twice monthly by the OCS Administrator, identifying families who need to be seen each month and recognizing staff who are meeting the requirement for seeing families every month. In both instances, individual case reviews are completed when cases are substantially out of compliance with timelines. Individual coaching/training is provided.

Timeliness of Initial Responses for Investigation vs FAIR								
	Investigation				FAIR			
	FY20	FY21	FY22	FY23	FY20	FY21	FY22	FY23
Priority 1	92%	99%	99%	99%	100%	--	--	99%

Priority 2	92%	97%	97%	96%	--	--	--	96%
Priority 3	82%	91%	91%	77%	84%	87%	84%	77%
All Reports	86%	95%	95%	85%	85%	87%	84%	85%

Initial Response Time met on time or had diligent efforts				
Year	Overall	Priority 1 (24 Hours)	Priority 2 (72 hours)	Priority 3 (10 days)
CY2020	89%	96%	92%	85%
CY2021	94%	99%	98%	90%
CY2022	90%	98%	97%	83%
CY2023	82%	97%	94%	72%

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

**Rationale:** The SDM® suite of tools is an evidence-based methodology for improving child safety and family outcomes. DFS has a Fidelity Team in place, charged with monitoring SDM® fidelity to protect against practice drift, to ensure the correct application of definitions, and to recommend changes to the definitions when necessary due to statutory or policy changes. Currently, FOCUS only implies fidelity based on timeliness of completion of the tools. A more comprehensive review of the use of the tools is necessary to ensure fidelity. Additionally, the rate of use of discretionary overrides in the SDM® Screening Assessment is currently 17.5%, which could indicate that the current definitions do not match practice, policy, or statute. The recommendation in the SDM® Risk Assessment is currently overridden at a rate of 33.6%. 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:** September 2020 and ongoing.

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

**2020-2024 Summary:**

A contract was executed with Evident Change to provide training, including a module on Case Reading and Policy. The Case Reading Policy Manual is still undergoing revisions by the contractor, and training will follow. Training is projected to begin in the summer of 2024. Fidelity Team intends to adopt a model of case review that includes the QA team, administrators, peer coaches, and supervisors in monthly case reviews.

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.

**2020-2024 Summary:**

DFS has worked extensively with our contractor Evident Change to review and revise our entire complement of SDM® intake definitions over the past few years. This process has included looking at specific definitions, such as the "risk of" definitions and our human trafficking definitions to correspond with best practices and policy changes, as well as a general overarching review and revision of all the intake definitions, editing for clarity and conciseness. The past five years has also included a certification process by Evident Change, and as a result, all the SDM® tools and assessments were revised and updated. DFS continues to contract with Evident Change to review the applicability and relevance of the SDM® definitions and policies and to make edits when necessary.

SDM® intake fidelity is monitored by reporting screening discretionary overrides by typology to the Intake and Investigation Program Manager and Regional Administrators, who share the data with supervisors and workers. For the past five years, the overall screening Discretionary Override (DO) rate has been decreasing, with a slight increase in the last fiscal year:

Fiscal Year	Hotline Reports	Number of DOs	% DOs
2019	21,496	3,089	14.4
2020	21,584	2,456	11.4
2021	20,547	1,960	9.5
2022	23,706	2,274	9.6
2023	24,420	2,758	11.3

Analyzing this data further, the following table depicts the maltreatment types associated with cases that were overridden from a screened-out to a screened-in disposition, as well as Infants with Prenatal Substance Exposure (IPSE):



FY	Screened-In Overrides	No Maltreatment	Physical Abuse	Neglect	Sexual Abuse	Emotional Abuse	Dependency	IPSE
2019	493	83.6%	5.3%	6.3%	1.6%	2.4%	0.8%	n/a
2020	265	89.8%	5.7%	2.3%	1.1%	1.1%	0	0
2021	246	93.5%	2.4%	1.6%	1.2%	0.4%	0.4%	0.4%
2022	232	90.9%	3.8%	2.3%	1.3%	0.4%	0.4%	0.4%
2023	104	59.6%	14.4%	13.5%	6.7%	3.8%	1.0%	1.0%

The following table depicts the maltreatment types associated with cases that were overridden from a screened-in to a screened-out disposition:

FY	Screened-Out Overrides	No Maltreatment	Physical Abuse	Neglect	Sexual Abuse	Emotional Abuse	Dependency	IPSE
2019	2,596	3.9%	25.0%	41.0%	8.8%	18.3%	2.9%	n/a
2020	2,191	1.7%	25.7%	41.5%	10.5%	16.8%	3.1%	0.5%
2021	1,714	1.8%	26.1%	35.9%	11.1%	20.9%	3.2%	0.5%
2022	2,042	1.1%	27.3%	35.2%	14.3%	18.9%	2.8%	0.4%
2023	2,654	1.1%	27.1%	40.2%	9.6%	17.0%	3.8%	0.8%

This data suggests that intake staff are much more likely to accept the screening recommendation of the tool when the recommendation is to screen out a report, but when the tool recommends screening in a report, staff are most likely to override and screen out the report when the maltreatment type is either physical abuse or neglect. (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 also available through FOCUS. The report is distributed to the Intake and Investigation Program Manager and Regional Administrators, who share with supervisors and workers. For the past few years, the override rate has remained steady or decreased slightly and is well within the overall goal of 5% or less:

Fiscal Year	Risk Assessments	Number of DOs	% DOs
2019	4,486	145	3.2
2020	4,369	144	3.3
2021	3,632	87	2.4
2022	2,856	59	2.1

2023	3,640	116	3.2
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(NOTE: In the original CFSP rationale statement, the percentage of overrides used on risk assessments was mistakenly provided as 34%, is actually 3%, and has been 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. Over the past several years, data shows that staff's use of this discretionary override has remained stable or decreased slightly, but outside the accepted range of 5-8%.

Fiscal Year	Case Disposition Override Rate
2019	13.1%
2020	14.1%
2021	13.7%
2022	13.4%
2023	11.0%

As the Fidelity Team continues to review and analyze the definitions and tools, 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.

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.

**2020-2024 Summary:**

DFS suspended the use of RED teams in CY2019. However, in CY2022, RED teams were reintroduced in two different capacities. The first was twice-daily RED teams, which were initiated first in our New Castle County office and later statewide to give staff the opportunity to receive case direction once a response was made on a FAIR or investigation case. These RED teams were staffed by central and regional administrators, regional administrators, and supervisors. Sue Lohrbach's Case Consultation Framework was used to structure the meetings, and recommendations were made for next steps. Due to staffing shortages and caseload crises, RED teams in New Castle County were again suspended, in favor of administrative case review teams. However, Kent and Sussex Counties have continued to build their capacity to run RED teams.

The second use of the RED team format, which was initiated in September 2022, is Administrative RED Team. This team is comprised of the DFS Director, Deputy Director, OCS Administrator, Intake and Investigation Program Manager, and Region 5 Administrators, and meets every morning to review all screened in “risk of” reports and marijuana/OTC/legal substance ingestion reports. The original purpose of this RED team was to pilot new revised versions of our SDM® “risk of” definitions, hoping to focus our staff, time, and resources on those families who will most benefit from our intervention. Since its inception, the scope of Admin RED team has widened to include additional categories of reports that require further study and data collection. The tables below depict the reports that have been reviewed by Admin RED team since its inception in CY2022, along with a breakdown by maltreatment type and disposition.

Calendar Year	Reports Reviewed	Screened In	Screened Out
2022	366	106	260
2023	1013	341	672
Jan to April 2024	96	35	61

#### Screened In Reports

Calendar Year	Reports Reviewed	Risk Of	Other Maltreatment Type	Linked to Active Investigation
2022	109	101	9	6
2023	341	255	86	17
Jan to April 2024	35	21	14	4

#### Screened Out Reports

Calendar Year	Reports Reviewed	Associated with Active Investigation	Treatment Response	Referred to Another Service*
2022	256	11	5	33
2023	672	56	11	56
Jan to April 2024	61	0	0	3

*\*Includes Promoting Safe and Stable Families (PSSF), Intensive Family Consultation (IFC), post adopt, school FCT (Family Crisis Therapist), Adult Protective Services (APS), Domestic Violence liaison*

**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:** In CY2018, DFS received 20,422 reports to the hotline; of those reports, only 8,939 were screened in and received a DFS response, either through the differential response pathway or by the traditional investigation pathway. The remaining 9,862 reports, or 48.3%, 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 entry into 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 2023.

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

**2020-2024 Summary:**

This benchmark has been met. Partial funding for a prevention pathway was included in the Department's budget initiative for SFY2024, and in partnership with Prevent Child Abuse Delaware (PCAD), approval was given to release a joint RFP to secure a contractor to provide prevention services. Preliminary planning activities have included development of criteria, including report typology, for inclusion in this new contracted program. Delaware has had extensive consultation with Minnesota child welfare professionals, who have been using CBCAP money to fund a prevention pathway response, the Parent Support Outreach Program (PSOP), for several years. The intention is to funnel screened out cases, meeting a defined threshold, to the prevention service and thus reduce the likelihood of future involvement in the child welfare system. Merakey Allos has been selected as our Pathway 1 contractor. partnership with the CBCAP agency, PCAD. Timeframe is service delivery by January 2024 and measure will be referrals to the contractors and contact and outcome reports from the provider.

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 2023

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

**2020-2024 Summary:**

This benchmark is completed. 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 about 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 was used to create a budget request for similar programming in Delaware in SFY24. The Division met with administrators in our sister division, the Division of Prevention and Behavioral Health, to examine the way that Promoting Safe and Stable Families (PSSF) is currently being used in Delaware. It was found that this service, as well as a similar but differently funded service, Intensive Family Consultation (IFC), post-adopt and kinship services are underutilized, and a system was created whereby screened out reports meeting criteria are referred to these services either through a process of hand-selection by the Intake and Investigation Program Manager or through Administrative RED team. This benchmark is going to be removed as completed.

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<sup>®</sup> intake tool to accommodate prevention responses.

**Timeframe:** April 2023 and ongoing

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

**2020-2024 Summary:**

Partial funding for a prevention pathway was included in the Department's budget initiative for SFY2024, and in partnership with Prevent Child Abuse Delaware (PCAD), a joint RFP was released last year to secure a contractor to provide prevention services. Merakey Allos has been selected as our Pathway 1 contractor. DFS intake will funnel screened out cases meeting program criteria to the contracted prevention service and

hopefully thus reduce the likelihood of future system involvement. Program criteria include the presence of two or more identified stress factors, as well as no previous DFS involvement. Prevention planning also included examining the department's current programmatic offerings, which include Promoting Safe and Stable Families (PSSF), post-adopt services, kinship services, and Intensive Family Consultation (IFC), which were found to be underutilized. The prevention pathway, which will initiate at the DFS report line, also includes referrals to these services.

**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. Amended in 2023: Intake and Investigation Program Manager will monitor newly awarded contract for "risk of neglect" cases to assess progress and outcomes of this services.



**Timeframe:** March 2020.

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

**2020-2024 Summary:**

This benchmark has been achieved. Children and Families First, who is the contracted provider of FAIR services for “risk of neglect” cases, as well as other case types, received a full contract monitoring in December 2021. Several strengths identified included timely initial contacts, use of technology to make quality ongoing contacts, child well-being factors addressed in the majority of cases, appropriate household members and caregivers identified and interviewed, and correct use of Structured Decision Making (SDM®) tools. Areas identified for improvement included service delivery not occurring biweekly at a minimum as required, the need to employ better family and child engagement strategies, a lack of thorough documentation, inadequate supervisor case conferences, a lack of documented family agreements or family service plans, and inadequate use of flex funding to offset poverty-related issues. In response to these findings, the Division reiterated the contractual requirements of the use of progress notes to document service delivery and professional observations, documentation of RED team and supervisor case conferences in every case, and the presence of a family service plan in every case. To ensure progress in these areas, the Division has been meeting with the contractor on a regular basis (weekly-monthly) and has been monitoring additional cases on a monthly basis. These quality assurance monitoring activities will continue as long as the contract is in effect. This benchmark will be amended adding the continued monitoring of the new “Risk of neglect” contract with Children and Families First for fidelity, case support and positive outcomes of families. Timeframe is June 2024 and measure is the risk of neglect referral report, contract information and outcome reports.

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:** April 2024

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

**2020-2024 Summary:**

The FAIR Expansion Workgroup reconvened August 8, 2019, and met monthly until mid-2022. Based on the findings of the data subgroup, the decision was made that only cases of egregious harm, i.e., P1s and P2s, would receive an investigation, and all P3s, including those in which an MDT response is necessary, would 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. 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 operationalized the FAIR pathway, the Intake and Investigation Program Manager 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 provided training on Family Team Meetings for FAIR to all staff, both internal and contracted. However, with the significant staffing crisis experienced by the Division statewide, but especially in New Castle County, operations administrators decided to stop assigning cases to the FAIR pathway and blended all priority response units again. Thus, the internal FAIR pathway is nonfunctional at this time.

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:** April 2024 and ongoing.

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

**2020-2024 Summary:**

Once initial implementation of internal FAIR was completed statewide, the Intake and Investigation Program Team began to collect initial data. Implementation was monitored through the use of initial contact reports, caseload reports, OSRI case reviews, and backlog reports. Although the internal FAIR pathway is not being utilized at this time, renewed effort is being made to expand the contracted FAIR pathway through additional funding and contracts. 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 timeliness of investigation and FAIR initiation (reported above) and transfers to

treatment, is available now and is being tracked through FOCUS reports. Please refer to the below table for rates of transfer to treatment for FAIR and investigation cases.

Rate of Transfer to Treatment		
Calendar Year	FAIR	Investigation
2021	11%	15%
2022	14%	13%
2023	2%	11%

This early data is inconclusive in supporting the theory 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 a trend develops.

**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 develop and produce initial and ongoing treatment family and client contact reports to monitor compliance with established timeframes. Use OSRI case review results as companion measures for contact compliance.

**Timeframe:** March 2020.

**Measure:** Documentation of development and production of contact reports.

**2020-2024 Summary:**

This Benchmark was completed in 2020. Over the last 4 years several reports have been developed and available for various types of 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, and Assistant Regional Administrators. 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.

- 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.
- DFS Treatment Cases with Last Actual Contact: This report identifies the last date a worker had in-person contact with a family. It is distributed to Regional Administrators monthly who provide it to supervisors.

During the Pandemic, Delaware included virtual visits as in-person contacts. However, staff were expected to complete an in-person visit to identify and address safety concerns.

2. 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:** Documentation of distribution, review and actions taken resulting from contact reports.

**2020-2024 Summary:**

The reports listed under number 1 are provided through e-mail on a weekly or monthly timeframe to DFS managers and administrators. The Regional Administrators forward the report to supervisors who share the reports with frontline workers. These reports can be self-generated and customized by staff at any point in time.

Initially, there was a barrier to adding contact dates because FOCUS was not generating the next contact due date. The FOCUS team was able to establish a process where FOCUS liaisons can generate the contact when it is not automatically generated. This no longer seems to be a barrier to entering contacts.

In May 2020, a survey was sent out to caseworkers about family engagement, specifically with intact families. Barriers to sufficient quality and quantity contacts that were identified were time, responsibilities with court cases, difficulties locating the family, family is distrustful, large caseloads, the client is not informed the family is being transferred to Treatment, and the pandemic (which was the current state of emergency at the time of the survey). There were also data entry requirements that, at times, cause a delay in entering contacts. Supervisors indicated that they had a hard time determining what contacts are due in their unit each week. Training was provided to supervisors about how to filter the worklist to know when upcoming contacts are due currently, in the future, and what contacts were missed.

Review of the contact reports and CQI reviews lead to the formation of the CQI Intact Family Committee to review strengths and challenges and to strategize improving contact frequency and quality with children and caregivers in intact family cases. A new benchmark was added for 2021.

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

**Timeframe:** April 2022 and ongoing

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

**Progress Report:**

This benchmark is ongoing as the committee continues to identify needs and made recommendations to SLT, on strategies to improve contact frequency and quality. The CQI Intact Family Committee was formed February 2020 to develop strategies to improve performance on in-home services case reviews and improve outcomes with families, especially around quality and frequency of contacts. This committee meets monthly and includes DFS frontline treatment staff (case workers and supervisors), Regional Administrators, DFS CQI Manager, DFS Operations Manager, Program Team, community partners, and youth with lived experience. This Committee reviews and analyzes CQI reports to identify strengths and needs. See CQI Intact Family Committee section of this report for details.

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.

**2020-2024 Summary:**

This benchmark was completed in 2021 and dropped for 2024.

The Treatment Response Policy was completed and signed by Director Trennee Parker on 3/8/21. A Treatment Response may be considered when a report is called into the Report Line and meets the criteria for an investigation or FAIR response. If the alleged perpetrator is active in an open treatment case, then the intake worker will determine if the report meets the criteria for a Treatment Response.

A Treatment Response can be considered when the following conditions are met:

- The alleged perpetrator is active in an open treatment case.
- The report must meet the criteria for a screened in report and investigation, using the SDM® Intake Screening Tool.
- The type of reports meets the definitions below:
  1. Substance Exposed Infant – The report line is notified of the birth of an infant with prenatal substance exposure and would otherwise be screened in for an investigation response.
  2. Neglect concerns related to basic needs – a report is received regarding concerns with basic needs, such as the condition of the home, lack of food, not utilities, etc. The Treatment Caseworker may or may not be aware of these concerns and/or addressing the concern. The neglect allegation is not life threatening to the child, does not require medical treatment or hospitalization, and is not likely to result in criminal charges.
  3. Sua Sponte custody – Family Court grants Sua Sponte custody of a juvenile where the only allegation is dependency.
  4. Non-relative petitions for guardianship – when a non-relative petitions for guardianship of a child that does not include allegations of abuse or neglect and a home assessment is required.
  5. “Risk of Report” – An intake report is screened in for one of the “risk of” maltreatment types and there is no other allegation or maltreatment type indicated.



The Treatment Response policy was reviewed and updated in September 2023 to include the following:

- Neglect concerns related to abandonment/no caregiver available/lock out – a report is received regarding concerns of abandonment, no caregiver available, or lockout and the crisis is related to parent child conflict and adolescent type behavior.
- Relative petitions for guardianship – when a relative petitions for guardianship of a child that does not include allegations of abuse or neglect and a home assessment is required.
- Permanency Response for risk of human trafficking –a report is received for risk of trafficking for a youth active in an open permanency case.

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 2024

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

**2020-2024 Summary:**

A data report has been developed to monitor treatment responses. It has taken some time to validate and update the report. The report is available through our DFS Management Reports in FOCUS. The report has recently been reviewed by the team and additional amendments have been requested. This request has been made to the data team. It is expected the report will be available with amendments by June 2024.

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.

**2020-2024 Summary:**

Frequency and quality contacts are an ongoing discussion with frontline staff, supervisors, and administration. Delaware adopted a contact template that helps organize in-person contact narratives. The template includes the following:

- Type of contact
- Date, time, location
- Participants/role
- Purpose

- Discussion (what's working well/what are the worries)
- Assessment of child safety
- Next steps

Furthermore, the CQI Intact Family workgroup was formed during this review period. One activity the committee is working on is to discuss and strategize around quality and frequency of contacts. One recommendation was to enter the contact template into FOCUS. This has been a challenge to develop the user story as it is so complex. This will be an ongoing project.

On September 20, 2020, the Family Contact policy was reviewed, amended, and signed into policy. The Client Contact policy was reviewed, amended, and signed into policy on March 8, 2021. The Face-to-Face Contact Template is included in the policy with a template for frontline staff to use.

Through Delaware's self-assessment activities to prepare for Delaware's federal review, it was identified that families who are not seen timely or frequently enough to assess for needs and services make up the majority of "Area Needing Improvement" ratings. There is a deficiency of adequate caseworker visits with families and children. Frontline caseworkers and supervisors participated in focus groups to discuss barriers to quality contacts and engaging with families and to discuss strategies used to engage families. Some key challenges were identified including increased complexities of families referred for ongoing treatment services, families don't want to engage, higher risk families take priority, workload makes it difficult to do everything expected, lack of resources, and difficulties locating families. The FOCUS groups also identified key strategies that help with the challenges, such as, using the due dates in FOCUS, being transparent with families, making unannounced visits, using SOP tools, scheduling the next meeting in advance to work with the family's schedule, and strength-based conversations.

In April 2022, the case reviewers added a supplemental survey to their case reviews to include the voice of mothers, fathers, youth, foster parents, and relative/non-relative caregivers. The supplemental survey asks mothers, fathers, youth, foster parents, and relative/non-relative caregivers about their engagement with their DFS caseworker. The results of the Supplemental Survey are discussed below. Based on the surveys, there was a decrease in developing and reviewing plans with families and keeping families informed when children are in foster care. This is likely caused by staff vacancies and turnover.

Survey Question	% Agree 4/27/22- 12/31/22	% Agree CY 2023
Do you have enough opportunities to share concerns about your family, your safety, and your needs?	83% (129/155)	83% (125/150)
If you/your child was in foster care, were you kept informed about (or included when possible) their appointments, meetings, progress, services, or general life events?	85% (68/80)	76% (53/70)
Were you able to be an active partner in developing the case plan and goals for you and/or your family?	79% (84/107)	76% (96/126)
Was the case plan reviewed and modified with you as circumstances changed?	86% (71/83)	71% (70/99)

Was your DFS worker accessible?	78% (110/141)	79% (113/143)
Did your DFS worker respond timely when needed?	73% (100/137)	78% (107/138)
Do you feel the worker truly tried to get to know you, your family, and your children? Each person's individual needs? Your family values and culture?	78% (121/155)	84% (127/151)
When interacting with your DFS worker and other agency staff, did you feel respected	89% (141/159)	89% (135/151)

The OSRI Measures through the years has fluctuated through the review period.

OSRI Case Review Measures								
			CFSR Round 3			CFSR Round 4		
10/19-3/20	4/20 - 9/20	10/20-3/21	4/21-9/21	10/21-3/22	4/22-9/22	10/22-3/23	4/23-9/23	10/23-3/24
n=90	n=90	n=90	n=90	n=90	n=90	n=90	n=78	n=90
Item 14: Caseworker visits with child								
75.56%	75.56%	74.44%	83.33%	76.67%	75.56%	72.22%	70.51%	71.11%
Item 15: Caseworker visits with parents								
64.79%	72.06%	55.22%	72.31%	67.19%	64.38%	73.33%	57.35%	63.38%

	Item 14: Caseworker Visits with Child	Item 15: Caseworker Visits with Parents
4/20 – 9/20	76%	72%
10/20 – 3/21	74%	55%
4/21 – 9/21	83%	72%
10/21 – 3/22	77%	67%
4/22 – 9/22	76%	64%
10/22 – 3/23	72%	73%
4/23 – 9/23	71%	57%
10/23 – 3/24	71%	63%

Focus groups with frontline staff and supervisors indicate that caseworkers have strategies to engage families, but families are dealing with more complex needs and don't want to engage or have already been referred for ongoing services. Higher risk families take priority and workload makes it difficult to connect with all families. Families are sometimes hard to locate. When the caseworkers are making contact with families, they tend to make quality contacts.

**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 2018, the ICU processed a total of 1012 incoming and outgoing referrals for the three compacts combined. The interstate unit assisted with 30 adoptions and 18 guardianships; 11 children returned to their home state.

DE IC ensures that ICPC home study evaluations are completed upon request from sending states. Upon placement, DE IC ensures that supervision is provided per ICPC compact regulations. DE IC contracts with trusted and established private agencies that offer a variety of services including foster and adoption services.

DE IC ensures that ICJ transfer of supervision requests are assigned to Delaware Youth Rehabilitation Services (DYRS). DYRS provides home study evaluations and supervision for youth adjudicated in another state to ensure the safety of the youth and the community. DE IC also plays a vital role in the return of non-adjudicated youth who were reported missing and extradition of youth who have active warrants with DE as the demanding state and DE as the holding state.

DE IC ensures that ICAMA Medicaid activation requests are submitted to DHSS Foster Care and Adoption Medicaid Unit to ensure the provision of medical benefits and services to children receiving adoption assistance from another state.

Calendar Year	Cases
2019	994 incoming/outgoing Cases opened/closed
2020	993 incoming/outgoing Cases opened/closed
2021	1652 incoming/outgoing All cases managed/opened/closed ICPC – 690 ICAMA – 836 ICJ – 126
2022	1533 incoming/outgoing All cases managed/opened/closed ICPC – 567 ICAMA – 828 ICJ – 138
2023	1350 incoming/outgoing All cases managed/opened/closed ICPC – 421 ICAMA – 792 ICJ - 137

**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.

This benchmark was updated in 2024 as Delaware Child Abuse and Neglect Training is a requirement for each agency to:

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.

**Timeframe:** June 2020 and annually.

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

**2020-2024 Summary:**

DE IC conducted three contract monitoring activities of our community-based providers in CY 2020. COVID-19 impacted the completion of this monitoring. Another contract monitoring activity of the three providers was conducted in CY 2022. Performance Improvement Plans and Corrective Action Plans were issued, with overall improvement noted from the first to the second monitoring that can be attributed in part to training provided by DE IC and the providers as well as the revision of the ICPC Home Study template to ensure all monitored components were included in the template. It was determined by DMSS leadership that a formal yearly monitoring was not required. DE IC maintains a monthly case tracking spreadsheet and prepares a quarterly report that measures contract agency compliance with home study and quarterly report time frames. DE IC plans to conduct a formal monitoring in CY 2024. Additionally, the process of reviewing these APSR items is itself a monitoring method.

In the last quarter of CY 2019, there were 8 reportable events submitted by provider agencies, with zero re-occurring (defined as 3 or more of similar type) and zero reports of abuse and neglect.

In CY 2020 to February 2021, there were 41 reportable events with 9 due to allegations of abuse and neglect (applies to caregiver as well as any other allegation, including past allegations already known but reported again by the child). There was one re-occurring reportable event during this time and a sibling group of 4 returned to the sending state

In CY 2021, there were 27 reportable events with 5 due to allegations of abuse and neglect and one reoccurring event. Two children (siblings) returned to the sending state due to concerns that the relative caregiver was violating a safety plan.

In CY 2022, there were 28 reportable events with 5 due to allegations of abuse and neglect (involving seven children). Four children returned to the sending state.

In CY 2023, there were 19 reportable events with 1 allegation of abuse and neglect. The subject child was removed from the home temporarily for respite placement and returned to the home after the conclusion of the DFS investigation. It should be noted that the resource is planning to adopt the child and her sister, who remained in the home during that time.

The most common problem is receipt of the report within required time frames, mainly due to the resource parent failing to contact the contract agency within time frames outlined in the reportable event instructions. Contract agencies re-train the resources after these occurrences.

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.

**2020-2024 Summary:**

See 1. above

DE IC reviews allegations of abuse and neglect for youth receiving supervision in Delaware upon notice rather than quarterly. Reportable events must be communicated per reportable event instructions and reports must be submitted in the FOCUS system to DE IC by the provider. These allegations are not exclusive to the caregiver, but also include any allegation made by or on behalf of the child related to family members, teachers, or peers for example. These cases often result in a report to the DE Division of Family Services hotline and/or a report to the sending state's hotline depending on the time and location of the alleged abuse and neglect. The sending state's interstate office is notified by DE IC upon receipt of information pertaining to abuse and neglect. Immediate removal may be warranted and can be requested by DE IC or effected by the sending state. There are occasions where removal is not immediately warranted, and safety planning is done to prevent separation from the family. Visitation may be adjusted or suspended by the sending state or at the request of DE if it is related to the allegation.

DE contract providers communicate in a timely fashion with DE IC and likewise DE IC communicates in timely fashion with the sending state.

## 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:** OSRI 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 4 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 had shown a continuous decline in performance on Permanency Outcome 1; however, an improvement was seen in the most recent review period (October 2023 to March 2024) Our below 90% performance is primarily due to our performance on Item 4, placement stability.

Performance on item 4 has overall declined throughout the reporting periods. In reviewing the National Standards CFSR Round 4 data measures over time, placement stability has shown a decline in performance over the past two years and placement stability is now worse than national performance. Looking at Placement Stability Observed Performance from the National CFSR Round 4 data indicators, there is a clear upward trend in moves/1000 days in care. There was an average of 5.48 moves for FY2023 compared to 4.01 moves in FY2022. Delaware did not meet case review performance goal of 90%.

For Permanency Outcome 2, Delaware met the federal outcome goal of 90% for all review periods, except for the April-September 2023 CFSR Round 4 case review period which received an 85% strength rating.

OSRI Case Review Measures										
		CFSR Round 3							CFSR Round 4	
National Performance	Baseline	10/19-3/20	4/20 - 9/20	10/20-3/21	4/21-9/21	10/21-3/22	4/22-9/22	10/22-3/23	4/23-9/23	10/23-3/24
Permanency Outcome 1: Children have permanency and stability in their living situations.										
27%	56%	76%	72%	76%	74%	72%	66%	63%	50%	68%
Item 4: Stability of Foster Care Placement										
74%	90.38%	87.04%	74.07%	77.78%	75.93%	72.22%	71.70%	70.73%	75.00%	70.45%
Item 5: Permanency Goal for Child										
58%	74.51%	90.74%	96.30%	96.23%	96.30%	98.15%	96.15%	100%	80.00%	95.35%
Item 6: Achieving Reunification, Guardianship, Adoption, or Another Planned Permanent Living Arrangement (APPLA)										
42%	82.69%	87.04%	98.15%	96.30%	96.30%	98.15%	98.11%	90.24%	70.00%	88.64%
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.										
61%	81%	98%	100%	100%	98%	100%	96%	100%	85%	93%
Item 7: Placement with Siblings										
81%	88%	90.32%	86.36%	100%	90.48%	91.67%	100%	91.67%	75.00%	91.30%
Item 8: Visitation with Parents and Siblings										
62%	76.74%	97.14%	93.75%	93.33%	90.91%	93.10%	91.43%	92.86%	79.31%	77.78%
Item 9: Preserving Connections										
67%	94.23%	100%	100%	100%	98.15%	100%	98.11%	100%	95.00%	100%
Item 10: Relative Placement										
70%	84%	98.00%	98.11%	100%	100%	100%	97.96%	97.44%	82.50%	95.35%
Item 11: Maintaining Relationship with Parents										
58%	78.05%	96.55%	100%	100%	100%	100%	93.10%	100%	91.30%	89.47%

CFSR Round 4 Data Profile shows that Delaware scores no different than national performance for re-entry into foster care within 12 months (7%), permanency within 12 months for children in care 12-23 months (40.6%), but has become worse than national performance for permanency in care within 12 months (25.9%), for permanency within 12 months for children in care more than 24 months (26.2%).

**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. Since this program started, there have been 46 children referred for services. Eleven of those referred have developed new connections and 21 children reconnected with relatives and non- relatives. For the children receiving services, 70% developed a connection with a relative or non- relative that may be a resource.

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

**Benchmarks:**

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

**Timeframe:** 2020 and ongoing.

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

**2020-2024 Summary:**

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 CY2023. Permanency workers submitted 19 referrals. Treatment workers submitted 2 referrals.

No changes have been made to the referral process or criteria for referrals this past review period. Referrals continue to be routed through the Treatment Program Administrator. The caseworker completes a referral and submits it to the Treatment Program Administrator via email. The Treatment Program Administrator reviews eligibility and manages the referrals with the contracted provider. Children and youth up

to 17 years of age with no, or few, identified connections are eligible for FSE services. They may have a permanency plan of Reunification, Adoption, Guardianship, APPLA, or concurrent plans.

The children served by FSE in CY 23 had the following permanency plans:

Reunification	2
Guardianship	12
Permanent Guardianship	1
TPR/Adoption	5
Reunification/Adoption	1
Reunification/Permanent Guardianship	1

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

**Timeframe:** 2020 and ongoing.

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

**2020-2024 Summary:**

The table below reports on outcomes of contracted family search and engagement activities from CY 2023.

FSE Service/Outcome	Count
Total number of youths served	35
Family connections established	20
Non-family connections established	2
Closed upon reunification, adoption, or guardianship	4

3. The 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.

**2020-2024 Summary:**

Delaware continues to make several family search and engagement tools available to staff. These tools include Team Decision Making meetings, family team meetings, group

supervision framework (which includes review of a genogram/ecomap), the Family and Child Strengths and Needs Guide (which also include a genogram and ecomap), and several other Safety Organized Practice tools.

Family Search and Engagement is heavily discussed as a part of the Family Team Meeting training that is provided to all new staff and as a refresher.

Group Supervision Framework is a tool to provide consultation to staff in a group format that includes administration, supervisors, and caseworkers. Group Supervision Framework helps to organize cases and provide direction by considered strengths, areas of needs, and family supports. This Framework includes a section to point out the family's genogram and ecomap.

The Family Team meeting record is a separate template or record in FOCUS. Caseworkers are encouraged to use this record to document family team meetings. They can also document as a note in the case; however, the preference is to use the Family Team Meeting Template. The family team meeting brings together the family, caregivers, and supports together to plan for the child's safety and family planning.

	CY 19	CY 20	CY 21	CY 22	CY 23
Framework with Genogram/EcoMap	1033/1034 99%	829/830 99%	799/799 100%	1811/1820 99%	1900/1905 99%
Family Team Meetings	170	112	467	291	71

The numbers of family team meetings using the template has decreased, it does not necessarily represent a decrease in family team meetings, but rather the family team meetings are likely being recorded as a note instead of using the template.

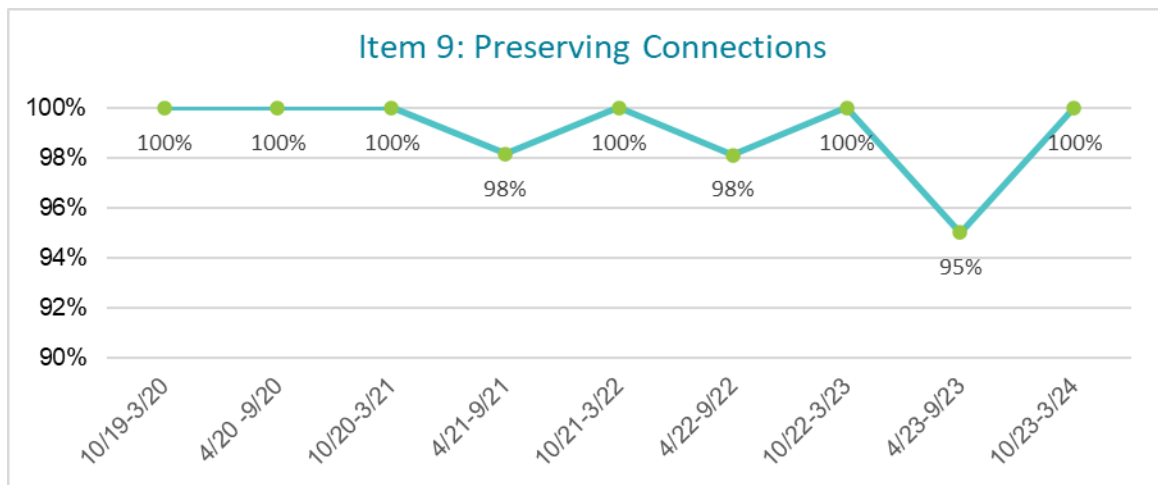
The Family and Child Strengths and Needs Guide (FSNG/CSNG) assesses caregiver and child strengths and areas of need. A part of the assessment includes the use of a genogram and ecomap to identify family supports within the context of safety, risk, permanency, and wellbeing. These fields are mandatory to complete on the assessment. The CSNG includes an assessment of "preserving connections" to consider those supports and important people in a child's life. In February 2020 a relationship table was added to all assessments in FOCUS under all assessment persons. Caseworkers can build the family's relationships in FOCUS by using the relationship table. This table can also be found on the client person screen, but caseworkers can update the information without leaving the assessment. The relationship table in the assessment person will fill to the relationship table on the client person screen and this function is reciprocal.

TDM meetings 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. Caseworkers and facilitators help the family identify who should attend the TDM. When people are invited to TDM's they tend to attend.

TDM Participants				
Calendar Year	CY 20	CY 21	CY 22	CY 23
Total # participants attended	1338	1445	2250	1437

Mothers	175	174	287	287
Fathers	108	116	205	121
Maternal Relatives	159	164	230	184
Paternal Relatives	82	92	153	95
Relative Caregiver	36	47	64	55
Non-Relative Caregiver	26	26	50	17
Foster Parent	7	3	7	1
Informal Support	56	72	117	73
Formal Support	650	707	1080	584
Youth	39	44	57	20

The OSRI Measures show Delaware is doing well at Preserving Connections between children and their extended families/kin.



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

**Rationale:** Team Decision Meetings are facilitated meetings that help families, youth, caseworkers, and family supports collaborate 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 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%. Ninety-five percent of children entering care will have a TDM. There will be increased participation by fathers and paternal relatives in TDMs.

**Benchmarks:**

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



**Timeframe:** June 2020.

**Measure:** Issuance of TDM policy.

**2020-2024 Summary:**

The TDM policy was revised 3/8/21 and signed by DFS Director, Trenee Parker. This benchmark was completed.

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

**Timeframe:** September 2020.

**Measure:** Issuance of TDM policy.

**2020-2024 Summary:**

The TDM Facilitators provide quarterly training for new agency staff. TDM Policy and Refresher training was provided by the TDM Facilitators in 2022 and again in 2023. Additional training will be offered annually.

3. TDM workgroup to develop and distribute data reports regarding children who had a pre-custody TDM, children entering custody without a TDM, and children who had a post-custody TDM to regional managers, supervisors, and caseworkers. Review participant surveys for revision and include input in evaluation of practice. Team to include OSRI Items 9, 10, 12A, 12B and 13 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.

**2020-2024 Summary:**

The following reports are available and shared with staff. They are reviewed by the TDM workgroup and housed in the TDM folder on the agency shared drive.

**Children in DFS Custody:** This report focuses on all the children who enter DFS custody during a specified time period. The report considers the following:

- Date of entry into foster care
- Reason for entry into foster care
- Entry placement
- Date of exit
- Who did the child exit custody to
- TDM date
- Exceptions to a TDM
- Type of TDM
- Recommendations from the TDM for placement and custody

- Region TDM was held
- Program area.

DFS Custody Statistics	CY 2020	CY 2021	CY 2022	CY 2023
# Children Entered DFS custody	283	338	416	325
# Children with a TDM	221 (78%)	272 (80%)	297 (71%)	220 (68%)
# Pre-Removal TDM	78 (35%)	117 (43%)	70 (24%)	99 (45%)
Short Stays	CY 2020	CY 2021	CY 2022	CY 2023
Children who exited less than 30 days	30	39	57	42
Children who exited less than 60 days	17	13	40	23
# children who had a Pre TDM	1 (.2%)	10 (19%)	9 (.9%)	5 (.8%)
# of children who had a Post TDM	23 (49%)	16 (31%)	31 (32%)	15 (23%)
# of children Sua Sponte	4 (.9%)	4 (.8%)	4 (.4%)	3 (.5%)
Children who had no TDM	19 (40%)	20 (38%)	53 (55%)	37 (57%)

In reviewing this data less than 50% of children who enter DFS custody have a pre removal TDM. Delaware would like to see more children have a Pre-Removal TDM. When looking at short stays, between 16-20% of children who enter custody have a short stay in custody, which means they exited custody within 60 days of entering custody. In review of this information the majority of children who exit custody quickly have either a Post Removal TDM or no TDM. If these children had a Pre-Removal TDM it is likely they would have never entered DFS custody and the family could have had the opportunity to plan for safety outside of DFS custody.

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

- Demographic information on the child, including Indian Child Welfare Act elements, race, age, ethnicity, gender.
- Child, mother, father attendance at the TDM
- Recommendations for placement and custody
- Date of custody (if child entered custody)
- Placement information (if child entered custody)
- Age of child
- Type of TDM
- Region of TDM

	CY 2020	CY 2021	CY 2022	CY 2023
Children with a TDM	337	372	422	407
Children with a Pre-TDM	185	204	197	263
Children with a Pre-TDM who did not enter DFS custody	113	78	124	161
Diversion	61%	38%	63%	61%
Mothers Attended	277 (82%)	291 (78%)	326 (77%)	332 (82%)

Fathers Attended	164 (49%)	155 (42%)	207 (49%)	186 (46%)
Youth Attended	50 (15%)	53 (14%)	63 (15%)	65 (16%)

Through the years, there has been an increase in families having a TDM. With implementation of the TDM policy and the TDM Refresher trainings we are seeing an increase in Pre-Removal TDM's. The Diversion rate has stayed close to 60% through the years and Delaware strives to see the Pre-Removal TDM numbers increase, especially for those children who enter custody. Delaware has seen fairly consistent percentages of parents and youth who attend TDM's. The teams have prioritized making sure that parents and their supports are at the TDM meetings.

TDM Summary: This report focuses on each TDM as a whole that was held during a specified time period. The report tracks the following elements:

- The number of children discussed
- Meeting location
- Facilitator
- Purpose of TDM
- Program area
- Region
- Substance abuse concerns
- Domestic violence concerns
- Attempts made for the TDM to be held prior to removal
- Safety concerns
- Why a TDM was needed
- Date of the next Family Team Meeting

	CY 20	CY 21	CY 22	CY 23
Total # TDM	222	238	238	251
Pre-Removal	120 (54%)	128 (54%)	107 (45%)	152 (61%)
Post-Removal	90 (41%)	99 (42%)	113 (47%)	88 (35%)
Court Initiated	12 (5%)	11 (5%)	18 (8%)	11 (4%)
AOD concerns	86	86	76	79
DV concerns	16	24	16	21
Safety Concerns	4	6	9	11

In CY 23 there was an increase in Pre-Removal TDMs. Substance use and domestic violence concerns have remained stable throughout the years.

TDM Participants: This report focuses on the people who were invited and attended the TDM including mothers, fathers, maternal and paternal relatives, formal supports, caregivers (relative/non-relative, foster), informal supports, and youth.

	CY 20	CY 21	CY 22	CY 23
Total # participants attended	1338	1445	2250	1437
Mothers	175	174	287	287
Fathers	108	116	205	121
Maternal Relatives	159	164	230	184
Paternal Relatives	82	92	153	95

Relative Caregiver	36	47	64	55
Non-Relative Caregiver	26	26	50	17
Foster Parent	7	3	7	1
Informal Support	56	72	117	73
Formal Support	650	707	1080	584
Youth	39	44	57	20

Staff do a great job at inviting parents and their supports to the TDM.

**Exception Report:** This report focuses on TDM exceptions that were requested and granted or denied. 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, or the child did not change placement after entering custody.

	CY 20	CY 21	CY 22	CY 23
Exceptions Granted	24	20	43	34

The number of TDM exceptions has increased through the years. The TDM workgroup will look into the exceptions that were approved to determine if the exception was appropriate.

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

**Timeframe:** June 2021 and ongoing.

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

#### **2020-2024 Summary:**

The TDM workgroup reviews data reports and discusses areas of strengths and areas of improvement. The TDM workgroup played a key role in development of TDM policy. When TDM practice seemed to decline in CY 22, the TDM workgroup recommended refresher training for all staff. This training was achieved in the last quarter of 2022. This decline was likely in part to the increased vacancy rates and transition out of the pandemic. For CY 2023 Delaware saw improvement in Pre-removal TDMs overall. The workgroup continues to strategize about how to increase pre-removal TDM's for children who do enter DFS custody. One area the workgroup is reviewing is the number of petitions that are filed during the DFS afterhours shift. Currently, there is not a TDM facilitator to cover afterhours petitions for custody.

5. Program Support Administrator to implement child welfare access to Office of Child Support Enforcement parent locator service for select regional staff to search for absent parents and relatives of foster children.

**Timeframe:** December 2021.

**Measure:** Documentation of locator access and functionality.

**2020-2024 Summary:**

Access to the federal Office of Child Support Enforcement locator service is available to 6 supervisors and the program support administrator effective April 2020. The supervisors are located in various regional office statewide. This benchmark was completed in 2021.

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

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

**Benchmarks:**

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

**Timeframe:** Review policy by December 2023. Draft FOCUS change request, if needed, by June 2024.

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

**2020-2024 Summary:**

*This benchmark changed in 2024 to Investigation, Treatment, Permanency and Foster Care Program Managers will coordinate to review and revise the relative/non-relative home assessment policy and align FOCUS record for improved functionality.*

In 2021 the foster care program workgroup was disbanded, and a new program manager was hired. The program underwent several team changes and in 2022 the benchmark was revised to shift responsibility to the Investigation, Treatment, Permanency and Foster Care Program Managers to work together to review and revise the relative home assessment policy and align the FOCUS record structure as indicated. Due to several competing priorities among the four program managers, this benchmark was not met.

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

**Timeframe:** December 2024.

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

**2020-2024 Summary:**

Changed in 2024 to: The Program Managers will train identified caseworkers and coordinators on changed relative/non-relative home assessment procedures and FOCUS documentation.

This benchmark is dependent on benchmark #1 and as such has not been met at this time.

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:** Projected March 2020; TBD based on award notification.

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

**2020-2024 Summary:**

This benchmark was achieved in September 2020. In Federal fiscal year 2019 Delaware was awarded a kinship navigator grant. Early tasks of the project encountered barriers due to staff shortages in the foster care program. The barriers were overcome by hiring a part time position to oversee the project filled by a former DFS retiree who brings experience and knowledge to the team. The Foster Care Program Manager position was also filled in May of 2020, covering the gaps in program staff. The Request of Proposals for a kinship navigator program including a coordinator, needs assessment and recommendations for sustainable services was issued publicly in September 2020. Two community proposals were received and reviewed. A contract was awarded to Children's Choice of Delaware effective September 28, 2020.

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

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

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

**2020-2024 Summary:**

This benchmark was achieved in August 2021. The contract Delaware awarded to Children's Choice for a Kinship Navigator Program included two phases of services. Phase one involved a needs and readiness assessment as well as formal recommendations. Phase two involved implementing a Division-approved Kinship Support Navigator Program Model statewide in Delaware. The Needs and Readiness



Assessment was conducted from October 2020 to July 2021 and included a statewide stakeholder survey, a variety of focus groups and data collection. Areas of need identified for Delaware kinship families included financial support, community resources and general support, and formal training around managing family relationships. After comprehensive research and review of Kinship Navigator models nationwide, Children's Choice recommended the Florida Children's Home Network KIN-TECH model for use kinship navigation services in Delaware. Delaware approved the recommendation in December 2021. Children's Choice worked with Children's Home Newark in Florida to adapt its Kin-Tech model to meet our needs in Delaware and training on the model took place from January 2021 to July 2021. The Kin-Tech Kinship Navigator Program was fully launched statewide in Delaware August 2021. This benchmark was met and removed from reporting. A new benchmark was added to track and review outcomes of the Kinship Navigator Program.

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 2023.

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

**2020-2024 Summary:**

Over the past 5 years, a formal Kinship policy has not been issued. Kinship guidelines have been revised to match the Kinship Navigator Model, Kin-Tech, and training on the guidelines has been provided to DFS and Children's Choice staff. Kinship services are offered through the formal kinship navigation program with our contracted provider, Children's Choice. Additionally, DFS has the ability to train a small number of relatives providers to become Kinship providers and is working toward establishing a separate licensing track for kinship homes that would allow us to provide IV-E reimbursable stipends to those families.

**New Benchmark #3 in 2024:**

NOW BENCHMARK #4: 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:** Ongoing

**Measure:** Kinship Navigator referral tracking and outcome data

**Summary:**

This benchmark was added with the 2024 ASPR submission due to the completion of the previous two benchmarks and the need to evaluation the Kinship Navigator Program's outcomes on an ongoing basis.

Children's Home Network certified that Children's Choice of Delaware's Kinship Navigator Program is demonstrating continued fidelity to the KIN-TECH™ model. Successful Fidelity Monitoring of the Kin-Tech model was completed in 2022, 2023, and anticipate Children's Choice will again be provided a letter of certification in September

2024 indicating that program staff is maintaining fidelity to the KIN-TECH™ model. Children's Choice Kinship Navigator Program continues to add to the array of services provided to include statewide support for youth and families in areas of training and support groups. Monthly reports are submitted by Children's Choice with a variety of data points which include the number of referrals, number of case closures, and families that are waitlisted for services. In addition, data is now being collected on youth and families with successful closure in the Kinship Navigator Program at the one-, two-, and three-year time frame for any re-entry into the child welfare system. This data is provided to Children's Home Network and the Division of Family Services for continued analysis.

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

**Timeframe:** December 2023.

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

**2020-2024 Summary:**

This benchmark is dependent on the previous benchmark, issuance of a Kinship policy which has not been met and as a result has not been met. However, Children's Choice staff and DFS staff were provided with rigorous training on the approved Kinship Navigator Model, Kin-Tech virtually due to pandemic restrictions prior to implementation of the model in August 2021. Delaware continues to be in full compliance with the Kin-Tech model for Kinship Navigation. Training and information have been provided to community partners, the DSCYF leadership team, DFS leadership and Program Team, various DFS units/regions, and the CIP/CASA statewide. Additionally, training and information has been shared at DFS all-staff meetings statewide, and lunch and learn sessions for which attendance is tracked in the Delaware Learning Center. Additionally, there is a recorded training available in the Delaware Learning Center for staff on an as needed or on-going basis. Additionally, Children's Choice staff members provide one-on-one education to DFS caseworkers and supervisors when discussing cases and receiving Kinship Navigator referrals. These training efforts on the kinship guidelines and Kinship Navigator Program will continue to take place until a formal kinship policy is issued.

**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 workgroup 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 2023 and ongoing.

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

**2020-2024 Summary:**

Of the 168 placements from July 2023 – March 2024 in DFS foster homes, Icebreakers were done for 34 of these placements. Of the 134 placements in which an Icebreaker was not completed, 78 were not situations in which an Icebreaker was warranted due to family of origin not being appropriate or reachable or various other reasons. In 56 situations DFS failed to arrange Icebreaker meetings when they could be appropriate.

This benchmark has not been met as of April 2024 but is in progress. The Foster care workgroup was suspended at the beginning of calendar year 2020. Ice Breaker activities were suspended initially in the beginning of 2020 due to the absence of a foster care program manager and then continued from May 2020 until July 2021 due to the COVID-19 pandemic. During the time in which Ice Breakers were suspended, the Foster Care Program Team met with the contracted foster care agencies and DFS foster home coordinators to discuss ways to continue Ice Breakers despite the restrictions on in-person meetings. However, barriers such as small meeting spaces that could not accommodate social distancing guidelines, the logistics of requiring and enforcing face-coverings, building capacity numbers, and significant technology limitations for participants ultimately led to the decision to continue the suspension of the Ice Breakers until July 2021. Once Ice Breakers began occurring, gaps in data quality were discovered. A paper-based tracking system was being utilized to track initial placement and replacement Ice Breakers and the details about those activities. Contracted provider agencies submit a document to DFS monthly tracking their Ice Breaker activities and each DFS coordinator unit submits a quarterly list of Ice Breaker activities. The Foster Care Program Team revised the tracking form for Ice Breakers in calendar year 2021 to improve consistency across contracted agencies and DFS foster homes. Additionally, guidance on tracking and reporting Ice Breaker activities was issued multiple times between calendar years 2021 and 2024 through email, at team meetings and at Provider Meetings.

In calendar year 2022, we initiated the conversations regarding building an Ice Breaker task in FOCUS to establish a reliable method to track Ice Breaker activities for every placement of DFS youth. In calendar year 2023, it was determined based on numerous design and clarification sessions with the FOCUS development team and internal DFS units that the implementation of an Ice Breaker task in FOCUS would have to be done in two phases.

Phase 1 implementation includes automatic Ice Breaker tasks to be worklisted for every placement of a youth in a DFS foster home to the assigned coordinator of that home. Phase 2 will include expanding functionality to allow Ice Breaker tasks to be worklisted for every placement of a youth in a contracted provider agency home. Phase 2 will not take place until private agencies can directly access the FOCUS or the FOCUS portal which is scheduled for Q4 of calendar year 2024.

An Ice Breaker task was created, designed, clarified, and tested by the end of 2023. After some issues being resolved following testing, the functionality went live for DFS foster home placements as of March 5, 2024. Training guides have been created and distributed and foster home coordinators are successfully entering Ice Breaker activities into FOCUS. We do not have enough data to report on DFS foster home Ice Breakers since implementation began; however, initial evaluation of what has been entered indicates that we will be able to more clearly establish a picture of the frequency and quality of Ice Breaker activities based on the newly designed task. Phase 2 is still pending the ability of providers to enter FOCUS directly; however, contracted provider agencies are tracking Ice Breakers manually via a paper form. The data obtained is inconsistent and unable to be reliably reported.

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:** March 2020.

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

**2020-2024 Summary:**

This benchmark was re-evaluated and updated/removed as of the APSR submitted on June 30, 2022. After re-evaluation, it was determined that a TDM at the time of placement disruption is too late to address needs of the youth and stabilize the placement. The Foster Care and Treatment Program Managers have identified 3 other practices in place that would be a more appropriate route to help stabilize placements (Family Informed Resource Support Team, Dual Status Youth Meetings, and Foster Parent Support Services).

**REVISED Benchmark #2:** 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:** July 2022 for implementation of the FP supports and ongoing

**Measure:** Documented review of additional proposals by leadership team and documentation of referrals and outcomes of the 3 current supports.

**2020-2024 Summary:**

There are practices in place that are a more appropriate route to help stabilize placements. These current strategies include:

- 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 remaining 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 expediate and support a youths' return to family and community. Dedicated facilitators network with providers and connect families to services and supports within their community. This chart tracks the number of FIRST meetings that resulted in no change of placement, higher level of care needed, lower level of care needed. This data was not tracked until July 2021 (FY22).

	FY22 (n=21)	FY23 (n=45)	FY24 *through 3/31/24 (n=168)
No Change in Placement	16	33	130
Higher Level of Care	3	10	13
Lower Level of Care	2	2	25

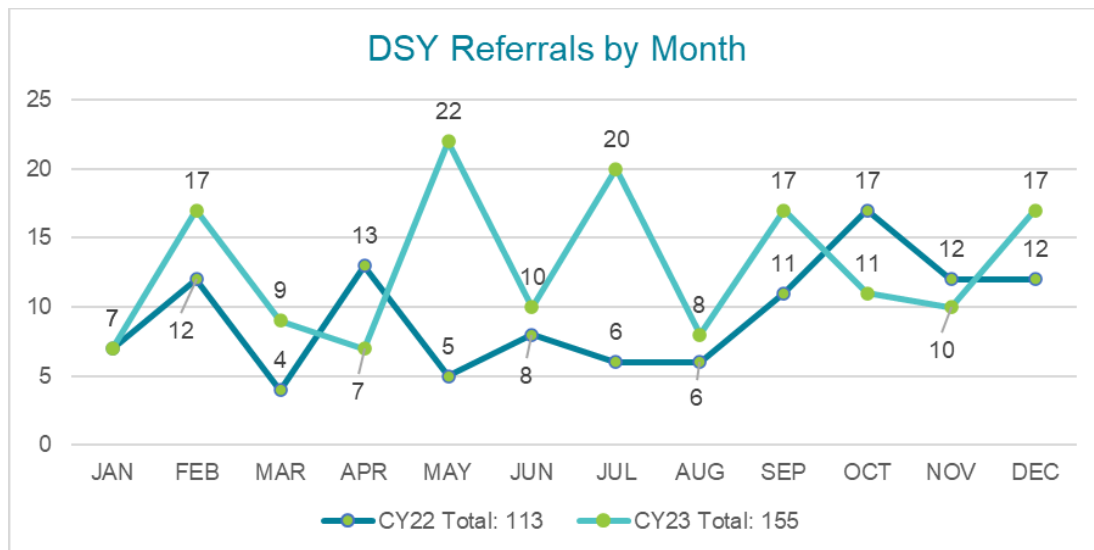
In FY24 there is a large jump in the total numbers. This is for a few reasons:

- In FY23, the FIRST team hired a dedicated Administrative Specialist and one of the tasks assigned to that position is to complete the 30-day, 90-day and annual outcome reviews for youth who have been involved with FIRST. This is the process that facilitates collection of this data.
- Since FIRST did not go live until July 2021, no annual reviews were actually completed until July 2022 (FY23).
- In FY23, FIRST started ramping up training about the program to increase division referrals and had a Change Request implemented in FOCUS to include system-generated referrals to the program. System-generated referrals are automatic referrals that get created by FOCUS when a youth becomes involved with more than 1 division.
- FY24 was the first time in over a year in which the FIRST team was fully staffed allowing the program to carry more cases statewide.
- In FY24, the FIRST team was approved to add 1 additional full-time caseload carrying position which increased the number of families involved with the program. The staffing compliment of the FIRST program currently includes 1 full-time worker in each county, 1 full-time statewide worker, 1 casual-seasonal New Castle County worker, and 1 statewide supervisor.
- Dual Status Youth (DSY) meetings began on January 1, 2022. The Department identifies 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. The goal of this meeting is to focus on providing appropriate services and support/interventions to reduce further penetration into the juvenile justice and child welfare systems. 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.

Data for DSY has been collected since January 1, 2022. Due to some changes in the DSY data team some of the data is not fully available for CY 23.



DSY Demographic Information		
	CY 22	CY 23
Total Identified Youth	113	155
Total Unduplicated Youth	93	121
Youth with more than 1 arrest	20	17
Active in more than 1 Division (DFS, YRS, PBH)	90 (80%)	133 (86%)
Males	61 (54%)	96 (62%)
Females	52 (46%)	59 (38%)
New Castle County Referrals	61 (54%)	59 (38%)
Kent County Referrals	19 (17%)	25 (16%)
Sussex County Referrals	32 (29%)	71 (46%)
Out of State	1	0
Identified as Black	67 (59%)	103 (66%)
Identified as White	45 (40%)	51 (33%)
Identified as Asian	1 (1%)	1 (1%)



- Foster Parent Support Services started in February 2022. The Foster Care Program Team recognizes the vital role supporting foster families with challenging foster youth plays in stabilizing placements and preventing disruptions. In August 2022, DFS awarded a contract to Wraparound Delaware to provide Foster Parent Support Services. Referrals started being accepted for the program in November 2022. The program was developed to provide 1:1 support to foster families with foster youth focused on addressing challenging youth behaviors, strengthening foster parenting skills, improving relationships with families of origins, identifying community and natural supports, and providing in-home support and education to foster families. This program can also accept referrals for families receiving a youth from a higher level of service such as a group or residential treatment center to help them proactively set up their home and prepare for a successful transition. The contract also includes a Foster Parent Support Group that started being held monthly in April 2023. As April 20, 2024, the Foster Care Program has referred 28 families to the program for 1:1 service. Of those families 16 have received services, 12 declined services. Of those that declined services, many reported that the referral came too



late as the youth they were struggling with had already been removed from their home or they had already given notice for removal of the youth and would not reconsider. The other primary reason for choosing not to participate was not feeling like they needed services. Those that fell into that category were primarily new foster families that were referred solely due to it being their first placement to help provide support and guidance proactively. At least 11 of the families that have received services kept the youth they were struggling with for 60 days or unless a goal change occurred. In the other 5 situations, it is either too close to the referral date to determine or the family was not referred due to concerns with placement stability. This program is showing early signs of effectiveness at stabilizing placements, but referrals need to be made earlier to effectively prevent disruptions. The Foster Parent Support Group continues to operate monthly, and a core group of attendees is forming. Informally, foster families have noted to their coordinators that they find the support group helpful.

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:** September 2020.

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

**2020-2024 Summary:**

This benchmark was re-evaluated and updated/removed as of the APSR submitted on June 30, 2022, 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 2021.

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

**2020-2024 Summary:**

**This benchmark was updated in 2024 to below.**

**Summary**

This benchmark was updated in 2022 to reflect training on new strategies (FIRST, DSY, Foster Parent Support Services) due to the re-evaluation of the related benchmark.

**REVISED Benchmark #3 (previous was discontinued):** Foster Care and Treatment Program Managers will conduct or arrange awareness campaigns and trainings on identified strategies around placement stability and support.

**Timeframe:** July 2023 and ongoing

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

**Summary:**

Since the contract start date for Foster Family Support Services, The Foster Care Program Manager provided information and opportunities for coordinators, staff, and private agencies to learn about the Foster Family Support Services and interact directly with the contracted provider, Wraparound Delaware, to answer questions about the program. Information was initially distributed to foster parents about the program in a variety of ways, via a flyer in the Bi-Annual Foster Parent Newsletter and via email pushed through coordinators and agency staff workers and continues to be distributed on a routine basis. Additionally, we have provided information to our Hotline staff about the Foster Family Support Services and information about how to make a referral for a foster family who calls expressing difficulty with a child placed in their home.

Ongoing training and guidance is provided to DFS placement coordinators on foster parent support services. The Foster Care Program continues to promote and expand the knowledge and reach of foster parent support services in a variety of methods, such as email communications, highlighting services offered in the Foster Parent Newsletter, presenting at, or inviting the contracted provider to, staff/provider/team/stakeholder meetings, and sending out flyers routinely to foster parents and contracted foster care agencies.

The FIRST supervisor is a participant in the CQI: Teens Workgroup. In October 2021 an online training about FIRST was assigned to all DSCYF staff. FIRST has provided additional trainings and presentations to staff throughout CY 22, CY 23 and CY 24 (through April 30, 2024) and a webinar was recorded and is available to staff. The following training opportunities have been offered:

2/15/22	General Staff Meeting – Sussex
2/28/22	DSCYF Town Hall
3/3/22	Regional Staff Meeting – New Castle
8/18/22	DFS All Management Meeting
2/1/23	General Staff Meeting – New Castle
4/13/23	Lunch & Learn
10/18/23	Lunch & Learn
10/23/24	FIRST joined the Kinship Community Collaborative
3/6/24	Presentation to DFS staff in New Castle County
3/8/24	Presentation to DFS staff in Sussex County
3/20/24	Presentation to DFS staff in Kent County
3/2024	FIRST joined the CQI Promoting Post-Permanency Success committee
4/13/24	Lunch & Learn

DSCYF staff were trained on Dual Status Youth meetings through a live virtual session during FY 22. The same training was recorded as a webinar and is available in the Delaware Learning Center. The DSY facilitators presented at a Lunch & Learn on 6/6/23 which was also recorded and placed in the Delaware Learning Center.

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.

**2020-2024 Summary:**

DE IC has a system in place for monitoring placement disruptions of children placed in Delaware. The contract providers notify the DE IC administrator and/or supervisor when disruptions appear imminent or have occurred. The provider tries to preserve the placement by gathering information and assessing the presenting issue(s). The provider communicates with DE IC and develops a plan, which could include arranging for a child's return to the sending state or coordinating a meeting with the interested parties of each state. Disruptions are addressed at DE IC unit meetings, one-on-one supervision meetings, and quarterly contract provider meetings. Specific cases are discussed as necessary.

**ICPC PLACEMENT DISRUPTIONS**

**CY2019 – 4**

**CY202 – 5**

**CY2021 – 8 (through 2/22)**

**CY2022- 9 (from 2/22)**

**CY2023 – 4**

There are a variety of reasons for ICPC placement disruptions including:

- allegations against the resource
- safety concerns related to child or caregiver
- child's significant needs (such as need for higher level of mental health treatment)
- child's challenging behaviors
- resource not willing to provide long-term care or pursue legal permanency
- possible COVID 19 impact

Efforts made to prevent disruption include:

- assessment or observation of instability by contract provider and resulting intervention
- pursuit of individual or family therapy
- collaboration and planning with interested parties from both states
- respite placement in 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.

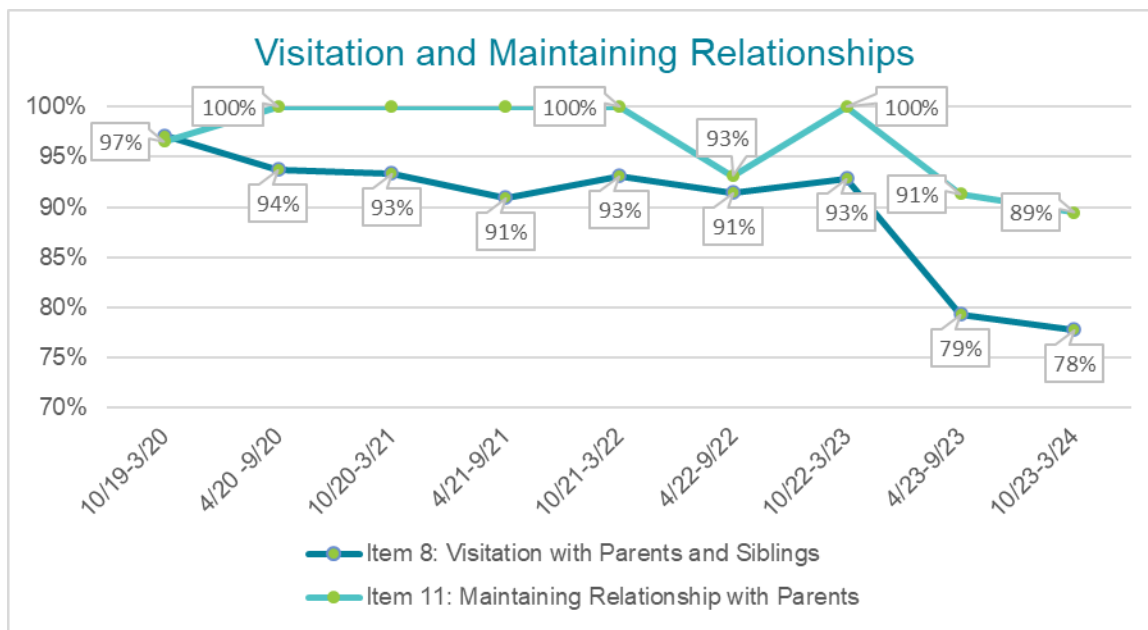
**Timeframe:** 2020 and ongoing.

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

**2020-2024 Summary:**

CIP and DFS collaborated on an enhancement to visitation called "Visitation Host". Visitation Hosts are discussed in the visitation policy. The Visitation Host is someone the family knows and trusts who can supplement family time between parents and children.

The OSRI measures show that Delaware does well in ensuring children and their families maintain their relationship and stay connected. There was a dip in the most recent review periods which could be due to low staffing among Delaware's contractors. Delaware utilizes contracts to support family time (visitation) and all contractors have experienced difficulty maintaining staff. Services were put out for bid in the summer/fall 2023 and all new contracts have been negotiated and are now active. Contractors are in the process of hiring and training staff.



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.

**2020-2024 Summary:**

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, child). Several reports are built to monitor family contacts and are shared 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 if the 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.

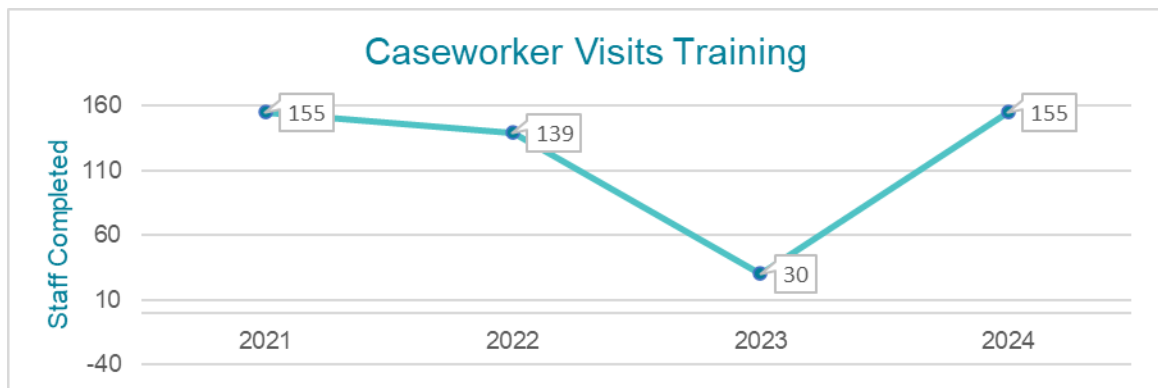
Through case reviews it was determined that the Division struggles in working with intact families. A CQI Intact Family workgroup was developed in February 2020 to identify barriers and come up with solutions to engaging families, especially intact families. Caseworkers, Supervisors, Treatment Program 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 requires a user story, which has been started. There were some challenges in needs that are required as a part of this project, so it has been paused.
- Caseworkers are required to use a Contact Template for all Family Contacts. Staff have access to the contact template. At this time, it has to be copied into FOCUS. A request has been made for the ability to add a template to FOCUS.
- DFS, CIP, Family Court, frontline staff, and administration discussed concerns that some families remain open in Treatment when there is a pending Guardianship Petition in Family Court and the family is not working towards reunification. 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. This new and enhanced record has been built into our FOCUS system and is currently being tested by users. It is expected to be available for use in the production environment in the next few months.
- 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 mandatory refresher to staff in 2022. It is now being assigned to staff on a yearly basis beginning 1/8/24. Between 2021 and 2024 248 staff have completed the training at least once. Based on the current number of staff, 84% of staff have completed the training at least once.



### Client Contacts

The Client Contact policy was reviewed and updated in April 2019.

Measure 1: Percentage of monthly visits made by caseworkers to children in Foster Care					
(Federal Standard $\geq 95\%$ )	FFY2019	FFY2020	FFY2021	FFY2022	FFY2023
# of children in care	899	751	650	706	797
# of visits in FC if visited once per month	6805	5765	4856	5400	6309
# of visits made to children in FC	6242	5460	4583	5127	5834
% of visits made on monthly basis	91.73%	94.71%	94.38%	94.94%	92.47%
Measure 2 - Percentage of visits in the residence of the child					
(Federal Standard $\geq 50\%$ )	FFY 2019	FFY2020	FFY2021	FFY2022	FFY2023
# of visits occurring in child's residence	4992	4524	4103	3963	4447
% of visits occurring in child's residence	79.97%	82.86%	89.53%	77.30%	76.23%



**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.

**Rationale:** 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. Ensuring that all children who leave the child welfare system are able to 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. The Adoption Program Manager and CIP Coordinator will coordinate 'Unpacking the No Training' provided to DFS leadership, frontline staff, private agency partners and legal partners. A collaborative project sponsored by Casey Family Services, this training explores the barriers caseworkers and others on a child's planning team experience permanency when planning for and engaging youth during permanency round tables. The training will offer expanded knowledge and strategies on how to work past those barriers in order to have the best chance of achieving permanency.

**Timeframe:** September 2019.

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

**2020-2024 Summary:**

This benchmark is complete. The CIP Coordinator and the Division of Family Services Adoption Program Manager coordinated the "Unpacking the No" training with Casey Family Program Partners. This training took place on June 4, 2019 and June 6, 2019. A total of 37 professionals attended the training including Child Welfare Workers, Supervisors, Attorneys and Administrators. This training defined permanency and clarified how values and trauma affect permanency. The learning objectives included: Describing strategies for engaging youth; understanding the impact trauma has on children, families, workers and systems; Explains how to address resistance and common obstacles (working with youth and adults); Applies tools, techniques and resources to locate permanent connections for youth.

2. The Adoption Program Manager and CIP Coordinator will coordinate Permanency Roundtables Facilitator Training to permanency supervisors, senior caseworkers as well as private agency caseworkers and supervisors. This training is supported by Casey Family Services.

**Timeframe:** December 2019.

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

**2020-2024 Summary:**

This benchmark is complete. The CIP Coordinator and the Division of Family Services Adoption Program Manager coordinated the Permanency Roundtables Facilitator

Training with Casey Family Program Partners. This training took place on August 1 and August 2, 2019. A total of 12 permanency supervisors, senior caseworkers, private agency supervisors and caseworkers attended. This training defined permanency and clarified how values and trauma affect permanency. The learning objectives included: The six steps of a Permanency Roundtable: Welcome and Overview, Present the Case, Clarify and Explore, Brainstorm, Create Permanency Action Plan, Debrief Roundtable. Additional objectives included the Permanency Roundtable Follow Up Process. Attendees were prepared to facilitate Permanency Roundtables for the Division of Family Services.

3. 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:** March 2020 and ongoing

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

**2020-2024 Summary:**

Permanency Roundtables are utilized as a tool to achieve relational permanency for youth in Delaware. Permanency Roundtables were implemented statewide in August 2019 and were available monthly. Research shows that the healthier the 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 28 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. Permanency Roundtable training was provided to staff and stakeholders since 2021 to encourage the practice and 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.

A Permanency Roundtable has not been completed in Delaware in over one year. Feedback from staff and stakeholders indicate that it was helpful to discuss each youth however positive outcomes were not seen. Additionally, staff and stakeholders felt that some of this work could be completed in other areas, including the Wendy's Wonderful Kids program. Permanency Roundtables will continue to be available for Delaware's youth.

A Request for Proposal posted on April 14, 2023, for the purpose of awarding one or more contracts to provide evidence child-focused recruitment service model to identify legal and relational permanent resources for foster children with a plan of adoption, guardianship or another planned permanent living arrangement (APPLA). Children and Families First was the successful bidder and have begun partnering with the Dave Thomas Foundation for Adoption (DTFA) and the state of Delaware Division of Family Services (DFS) to hire and train 2 Wendy's Wonderful Kids (WWK) child focused recruiters and implement the WWK child focused, evidence-based recruitment model. There is room in the contract to expand to 3 recruiters if it is determined to be necessary.

The Wendy's Wonderful Kids contract became live with Children and Families First on September 7, 2023 – September 30, 2024. Children and Families First have 2 WWK recruiters and currently there are 24 youth begin served in the WWK program with a goal of APPLA, Guardianship Unknown or Adoption.

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.

**2020-2024 Summary:**

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, 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.

A Request for Proposals (RFP) was posted in April 2024 for adoption support services. This RFP includes My Life and Child Specific Recruitment with a noted need for recruitment for teenagers.

The Division of Family Services has partnered with the Dave Thomas Foundation for Adoption (DTFA) and entered into a contract with Children and Families First in September 2023 to provide evidence child – focused recruitment service model to identify legal and relational permanent resources for foster children with a plan of adoption, guardianship or another planned permanent living arrangement (APPLA). Children and Families First and the Division of Family Services representatives attended a 2 day in person training in Ohio in November 2024 to learn the Wendy's Wonderful Kids child focused, evidence -based recruitment model. There are currently two (2) Wendy's Wonderful Kids (WWK) recruiters hired by Children and Families First to serve children in Delaware with a special focus on children over the age of 12, sibling groups and children with special needs. This contract is active to September 30, 2028, with the option to renew. There is capacity to hire an additional WWK recruiter if needed.

Delaware also continues a partnership with a local videographer to develop videos of youth we are currently recruiting families. To date, twenty-one (31) videos have been completed and there are more to come. The videos are shared on the state of Delaware, DSCYF Heart Gallery: <https://kids.delaware.gov/family-services/heartgallery/>

Additionally, they are used by individual recruiters for recruitment. The state of Delaware Division of Family Services also partnered with a local shopping mall to build a wall to

promote foster care and adoption in Delaware. The wall features some of the youth that the Division of Family Services (DFS) are recruiting families. It also includes contact information for the Adoption and Foster Care programs. 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.

**2020-2024 Summary:**

The Post Adoption Disruption Committee was recently renamed to the Promoting Permanency Success Committee. Progress on this benchmark is detailed in the CQI Promoting Permanency Success Committee section of this report.

2. Adoption Program Manager to execute a contract for an adoption navigator to support adoptive parents needing information and referrals to community-based services to grow healthy family relations and prevent out of home disruptions.

**Timeframe:** October 2019.

**Measure:** Documentation of an executed and active contract for an adoption navigator.

**2020-2024 Summary:**

This benchmark is complete. A contract for an adoption navigator was executed on October 28, 2019, and is active through September 30, 2024, with the option to renew. The adoption navigator formerly began work 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.

**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:** March 2020 and ongoing.

**Measure:** Documentation of baselines.

**2020-2024 Summary:**

The documentation of baselines measure was indicated on the APSR 2020 report. This was modified to "Child count by permanency plan (outcome) and length of stay from date of placement to permanency achievement using 9 months as a standard timeframe" on the APSR 2021 and APSR 2022 reports. The ninth month measure was not considered on the APSR 2023 and APSR 2024 reports as this measure was not a focus of Delaware ICPC. Children placed in Delaware entered care in their respective states at different times. The length of time children were in care in their home states prior to placement in Delaware can range from weeks to years and therefore a uniform measure is not relevant. The Adoption and Safe Families Act requires children in care to have permanency hearings at least every 12 months and requires states to seek termination of parental rights for children who have been in care for 15 of the previous 22 months with many exceptions. Delaware IC and contract providers do inquire with sending states about permanency planning and permanency goals.

Case Type	2019	2020	2021	2022	2023
Guardianship/Legal Custody to Relative	17	16	10	17	13
Legal Custody to Parent	16	4	10	10	8
Emancipation (Reached Majority)	1	1	3	2	2
Adoption/Public	12	12	7	15	14
Adoption/Private	9	9	8	6	6
DE Receiving/Placements	*No Data	*No Data	*No Data	71	54
DE Sending/Placements	*No Data	*No Data	*No Data	121	104

2. After 9 months of being placed in a Delaware foster home, 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.

**2020-2024 Summary:**

DE IC collaborates with agency and interstate compact partners and operates in the best interest and well-being of youth in care. Continuous monitoring of caseloads and any items of concern, as well as maintaining an effective line of communication between all parties involved, is established amongst DE IC and its partners. Procedures are in place to track length of stay, progress, communications with sending states and next steps to achieve permanency. ICPC contract provider agencies are instructed to include inquiries about legal permanency in quarterly progress reports which are submitted to the sending states. The DE ICPC Quarterly Progress Report template includes the following sections which prompt information or inquiry pertaining to permanency planning: Permanency Plan/Progress and Areas of Concern/Recommendations. Legal permanency is emphasized as a priority during quarterly contract provider meetings as well. Provider agencies are also encouraged to request from the sending states any court orders issued during a child's placement in addition to permanency status updates. 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 that can impede progress toward legal permanency include jurisdictional challenges, extended reunification efforts, change of plan by caregiver, delayed documentation needed to achieve permanency and adherence to Adoption and Safe Families Act timeframes.

**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:**

Overall, Delaware far exceeds CFSR Round 3 national performance on Well-Being Outcome 1 (36%). For the CFSR Round 4 case reviews, Although Delaware has shown improvements on Well-Being Outcome as well as individualized outcomes in the most recently completed case review period (10/23-3/24), Delaware did not meet the federal goal of 90%.

OSRI Case Review Measures										
		CFSR Round 3							CFSR Round 4	
National Performance	Baseline	10/19-3/20	4/20 - 9/20	10/20-3/21	4/21-9/21	10/21-3/22	4/22-9/22	10/22-3/23	4/23-9/23	10/23-3/24
	n=86	n=90	n=90	n=90	n=90	n=90	n=90	n=90	n=78	n=90
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.										
36%	70%	68%	71%	62%	77%	70%	61%	68%	56%	66%
Item 12: Needs and service of child, parents, and foster parents										
39%	73.26%	70.00%	71.11%	62.22%	76.67%	70.00%	61.11%	67.78%	56.41%	65.56%
Item 12A: Needs and Services of child		73.33%	75.56%	74.44%	84.44%	77.78%	75.56%	73.33%	70.51%	70.00%
Item 12B: Needs and Services of parents		70.42%	73.53%	56.72%	70.77%	66.15%	64.38%	74.67%	55.71%	63.01%
Item 12C: Needs and Services of foster parents		100%	93.88%	92.45%	95.83%	97.87%	84.78%	95.00%	94.59%	95.12%
Item 13: Child and family involvement in case planning										
50%	74.70%	67.82%	78.41%	66.29%	78.16%	74.12%	65.91%	70.11%	60.53%	65.48%
Item 14: Caseworker visits with child										
66%	86.05%	75.56%	75.56%	74.44%	83.33%	76.67%	75.56%	72.22%	70.51%	71.11%
Item 15: Caseworker visits with parents										

40%	68.06%	64.79%	72.06%	55.22%	72.31%	67.19%	64.38%	73.33%	57.35%	63.38%
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Delaware scores better than national performance on reoccurrence of maltreatment since the onset of CFSR Round 3 measures. Per the February 2024, CFSR 4 Data Profile, Delaware scores a 4.7% on reoccurrence of maltreatment, exceeding the national standard of 9.7%

**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:** December 2019.

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

**2020-2024 Summary:**

This benchmark was removed and combined with the CQI Intact Committee Work. This committee involves front staff (caseworkers and supervisors, community partners, regional staff, and families with lived experience).

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:** October 2020.

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

**2020-2024 Summary:**

This benchmark was achieved. A SOP Toolkit was developed and provided to staff. A Safety Organized Practice Folder has been added to the DFS shared drive to provide staff with the SOP Toolkit at any time. 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. Additional tools will be added as needed. All new staff receive a laminated SDM Safety Assessment card that can be used in the field as a handy reference guide.

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 2020 and ongoing.

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

**2020-2024 Summary:**

This benchmark was reviewed and combined with other areas of the plan including the CQI committees doing the review and monitoring. The SDM Fidelity Team has paused its work as review of the SDM® Screening tool definitions are being reviewed and negotiated with Evident Change. Training and implementation of Case Readings has not been completed at this time due to various factors, one being the capacity of staff to be able to take on this project. The CQI committees are using the case reviews to determine areas of need and to focus on strategies to improve practice and work with families.

**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. An agency mandate is to prepare foster youth for adulthood focusing on five basic objectives: education, employment, housing, life skills and connections to caring adults. 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% reporting being in 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 establish adult support networks. Stakeholder comments from this past year noted that youth could be more prepared for self-sufficiency and independence. Stakeholders want higher high school graduation rates for foster youth. Foster youth say they face barriers obtaining driver's licenses and insurance. See Section II. Assessment of Current Performance in Improving Outcomes for case planning, contact and service array as they contribute to preparing youth for adulthood. Delaware makes a strategic choice based on data, stakeholder input and performance measures, to improve outcomes for foster youth and young adults in the independent living program. Strong interventions at this age promote healthy childhoods for the next generation.

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

**Performance:**

As of 6/14/24, there are 357 active referrals for formal Independent Living services, 173 are still in care and 35 that have aged out of care are currently being served in transitional living programs. Of the 273 youth that were over the age of 18 and had an IL service outcome record entered in CY2023, 172 are reported as have either full or part time employment at some point (63%). Of the same time and population, 168 achieved either a high school diploma, Associates/Bachelor's degree or vocational certificate/license (62%).

**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. The Independent Living team will review the youth served and outcomes of the program to determine effectiveness.

**Timeframe:** Ongoing through 2024

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

**2020-2024 Summary:**

In 2023, Delaware amended this benchmark to include: The Independent Living team will review the youth served and outcomes of the program to determine effectiveness. This benchmark of partnering with Kind to Kids Foundation has been achieved but will continue as an ongoing benchmark to reflect the partnership and support for the program. Additional information regarding the UGrad Academy will be featured later in the report.

**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. In 2022, this benchmark was amended to The Independent Living Program Manager will develop a partnership with post-secondary education institutions to expand the partnership with Delaware State Housing Authority to provide opportunities for free on-campus housing for eligible youth. Monitor outcomes for young adults attending post-secondary education and support HB 123.

**Timeframe:** June 2020 and going

**Measure:** Documenting partnership with a post-secondary educational institutions and outcomes for young adults.

**2020-2024 Summary:**

Delaware has made significant progress in the area of housing for young adults who are attending post-secondary educational institutions. While Delaware has had a standing program with Delaware State University (DSU) and the Delaware State Housing Authority (DSHA), this program is no longer needed due to the passing of House Bill 123. This legislation became effective on October 21, 2021, and supports children who experienced foster care in part or all of their teen years to access higher education by providing a tuition waiver program to cover the costs of tuition, fees and (where offered)



room and board at a public Delaware college or university. This legislation replaced the former program that required youth to apply for a housing voucher from DSHA in order to live free of charge on the DSU campus year-round. In addition to DSU, youth can attend the University of Delaware and Delaware Technical and Community College, free of charge.

Youth who have experienced foster care have another support provided to them as they seek a secondary education with the creation of the Aspire529 program. Aspire529 is a program that was created by the Office of the State Treasurer to help youth who have experienced foster care pay for costs related to pursuing college or vocational training. The grants cover accompanying costs such as paying for books and supplies, materials required for skills training, transportation costs and childcare. Recipients of the grants, which are \$529, also receive two free, private, one-on-one financial coaching sessions from trained, skilled professionals through an agency called \$tand By Me®

**Objective:** Increase the percent of youth that have part time employment and fulltime 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.

**2020-2024 Summary:**

The Independent Living Program contracts with Jobs for Delaware Graduates (JDG) to support employment training and counseling for youth and young adults in the Independent Living program. This is a service that was greatly impacted by the pandemic and the enforced stay-at-home orders in the state. While unable to engage in-person with youth and young adults, JDG continued to connect virtually with those that they were serving. In 2024, JDG is working with 57 youth and young adults. Of those 57, 26% are employed and 14 of those youth and young adults have been employed for at least 90 days, 58% of those active with JDG are seeking employment and 9 youth and young adults are working on skills training.



In addition to the services they provide to youth, JDG staff actively engage in monthly Helping Our Peers Evolve (HOPE) meetings and participate in the annual Hope conference. At the HOPE conference, JDG staff have conducted workshops focusing on filling out employment applications, interviewing and job readiness. JDG staff have also provided training for Independent Living contracted providers.

2. The Independent Living Program Manager will lead efforts to develop a year-round job shadowing program by drafting a proposal for leadership team approval, forming partnerships and procedures for both youth and employers based on leadership direction.

This benchmark changed in 2023 to: 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. This benchmark has not been met and is currently being evaluated for change for the upcoming CFSP

**Timeframe:** March 2024.

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

**2020-2024 Summary:**

The Independent Living Program Manager met with leadership in December of 2019 to identify the goals for a year-round job shadowing program. This benchmark has several components that need to be documented and sequenced. 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. 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. The ILPM researched ways to develop job shadowing opportunities virtually due to the Covid-19 pandemic. ILPM looks to local post-secondary institutes 99 such as UD for ideas. Currently, UD offers students to connect with employers who are alumni of UD for one-hour interviews to learn about potential career paths. The TIL PM collaborates with the Department of Labor youth providers. One of those youth providers, Delaware Futures, attended the annual Helping Our Peers Evolve (HOPE) conference in 2021 as a vendor. Delaware Futures connected with youth 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. Youth identified that they would like transportation to the job-shadow events and an adult to be with them when job shadowing. They provide opportunities for youth to do internships, job shadowing and on-site experience with employers in the community. In 2023, the IL program also met with Job Corps - Community Relations to learn about resources for youth to take advantage of to promote career and education goals. For 2024 it was reported that this benchmark was not attained. Youths were refusing to complete job-shadowing due to no financial compensation. This benchmark has not been met and is currently being evaluated for change for the upcoming CFSP.

3. The independent living team will train independent living contracted providers, employers, and caseworkers on the approved job shadowing program protocol.

This benchmark changed in 2023 to: 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:** March 2024.

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

**2020-2024 Summary:**

As the approved job shadowing program protocol has not been developed, this benchmark has not been completed.

**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, normal youth activities and healthy connections to others.

**Outcome:** Youth will be able to meet their own needs if they are able to provide their own transportation.

**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.

**2020-2024 Summary:** During monthly Youth Advisory Council (YAC) meetings, now HOPE meeting the Independent Living Program Manager (ILPM) encourages and supports YAC leaders to share their experiences regarding obtaining a driver's license. In the spring of 2020, the Independent Living Program Manager updated the DFS policy on youth obtaining a driver's license, removing barriers from the process. In addition, contracted independent living programs provided youth with a financial incentive for obtaining their learner's permit. The barrier that Delaware foster youth continue to encounter was obtaining car insurance. In 2020, the contracted agencies provided the incentive to youth to help cover costs related to driving. In addition, with the Consolidated Appropriations Act, Division X the IL program allowed a temporary maximum of \$4,000 per youth to be spent on transportation related costs. On October 6, 2020, the ILPM along with DSCYF leadership met with Delaware Senator Hansen to discuss the barriers foster youth face with obtaining drivers licenses and finding affordable car insurance. Along with Senator Hansen, the First Lady Tracey Quillen-Carney attended the monthly YAC meeting on November 16, 2020, to hear directly from the youth about their

experiences with transportation. This discussion led to a breakout workgroup with Senator Hansen and Delaware Senator McBride and youth leaders to deliberate this issue in more detail. Throughout the months of December and January, the ILPM and Department Leadership provided data to the Senators to assist with potential legislative proposals that will address the barrier that car insurance is typically unattainable for youth who have experienced foster care. In the fall of 2021, Senator McBride along with the Department collaborated on drafting a bill that addressed 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. The ILPM partnered with Office of Child Advocate to apply for the Division X TA, Paving the Way program in the early spring of 2022. The application was accepted, and collaboration workgroups began. Data outlining youth who have a drivers license, learners permit, car insurance and barriers they face began being collected monthly. In June 2022, Senate Substitute No 1 for Senate Bill no 151 was passed. This created a path for the Office of the Child Advocate (OCA) to develop a program with funding to support youth in getting their driver's licenses. DFS participated with OCA in their development and launch of their Paving the Way to Adulthood program in May 2023. OCA in partnership with DFS and Delaware Motor Vehicles (DMV) are reducing barriers for youth to get a driver's license and meet the various requirements. OCA is able to issue financial support to caregivers who put minors on their driver's insurance or to aged out youth who have car insurance to help defray the cost of driving. The DFS policy on youth driver's licenses was updated in 2023 to support the new OCA program and support staff in planning for driver's licenses for their youth.

The Driver's License and Insurance (DLI) Program for youth who experienced foster care in Delaware under 29 Del. C. § 9011A opened application on April 1, 2023. The DLI program is managed by the Office of the Child Advocate (OCA). Within the first year, 119 youth applied to the program, with over 80% of the applicants being 18 and older. The number of youths who have applied to the program shows the interest and need for the DLI services. OCA staff routinely conduct trainings and presentations on the DLI program to various staff and stakeholders including contracted independent living services providers, Court Appointed Special Advocates, foster families and DFS staff.

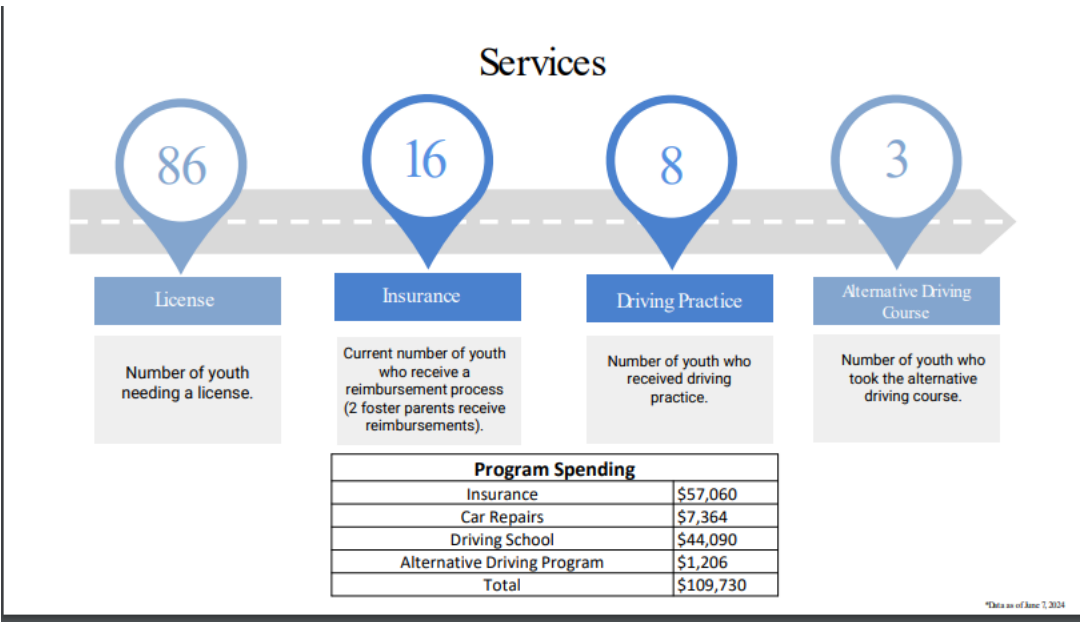
Youth who are in DSCYF custody as well as those who have exited under a variety of circumstances are eligible for the program. The DLI Program provides support not only to the youth, but also the youth's team, including the foster family where applicable. These supports include coordination of enrollment in driver education in school, referrals and payment for alternative driver education classes, funding for driving instruction and practice through a driving school and help with car safety maintenance. For minors, the program reimburses foster parents the cost to add a youth as a driver to the foster parent's auto insurance policy, including any increases in premium should the youth cause an accident. For young adults who own a car and have an auto insurance policy, the program reimburses a portion of the premium; the amount the individual is responsible to pay will gradually increase each year that they participate in the program, to prepare them to accept full responsibility for the auto insurance bill once their eligibility for the program ends. In addition, in partnership with the Division of Motor Vehicles, the DLI program provides a waiver letter, which establishes a youth's right to have fees waived when applying for a license and functions as one of the two required address verification documents.

In the first year, 28 youth were provided funds through the DLI program for one or more of the services and supports offered by the program. 3 youth received assistance with an alternative driver education class, and 5 were able to obtain driving instruction and practice through the Wilmington Driving School. Wilmington Driving School also offers a vehicle if needed for a youth to take the road test at the DMV. 4 youth have taken advantage of this offer. 8 youth received funds to assist with car safety maintenance. A total of 21 youth received funding for auto insurance (2 were minors whose foster parents were reimbursed the cost to add the youth to the foster parent’s insurance). Additionally, 68 youth received a fee waiver letter to take to the DMV to obtain a driver’s license.

The average amount of funds disbursed on behalf of each program participant was \$2,524.93. On average, the program paid \$2,762.63 per participant for driver education (including driving instruction through a driving school), \$670.98 per participant for costs incidental to licensure (including use of a driving school car to take the road test required for licensure and car safety maintenance), and \$1,926.10 per participant toward auto insurance.

The total amount of funds disbursed during the program’s first year was \$70,697.98. The bulk of the funding went toward auto insurance, on which the program spent \$40,448.07. For driver education services, the program paid a total of \$22,101. For costs incidental to licensure, \$8,051.72 was disbursed.

As of June 6, 2024, the following services have been provided since onset of the program.



**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% taking psychotropic medication without counseling (N=294), and 5% taking antipsychotic medication without counseling (N=1108).

**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. Overall, medication use has declined compared to 2021 in both percent and absolute numbers. For CY23, 31% of foster youth were taking psychotropic medication without counseling (N=226) and 35% were taking antipsychotic medication without counseling (N=102).

**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 by the OEBP team for mental health counseling services.



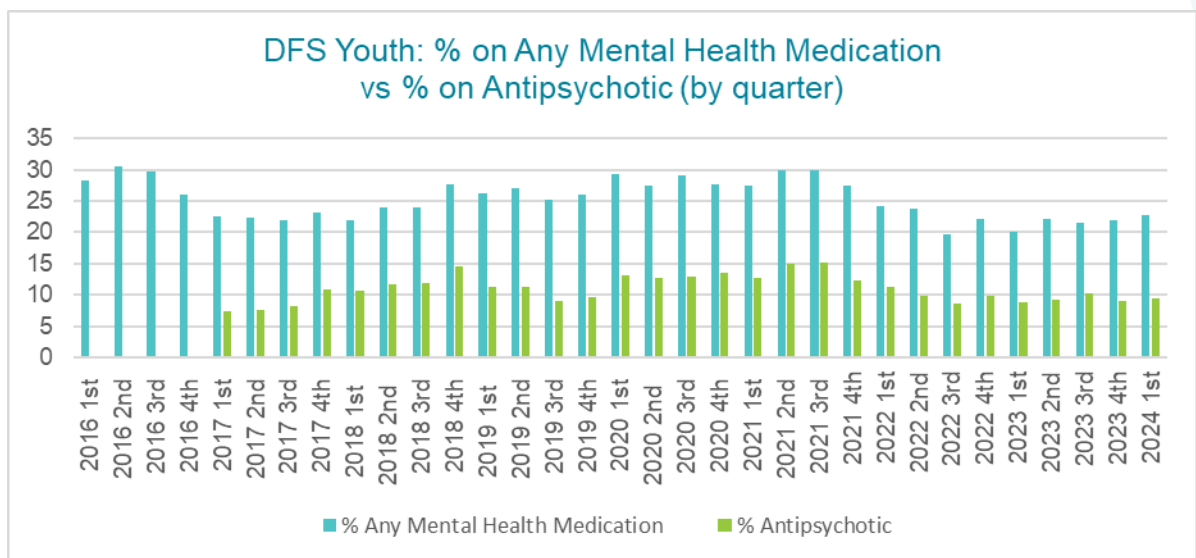
**Timeframe:** 2020 and ongoing.

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

**2020-2024 Summary:**

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.

Overall, medication use has declined compared to 2021 in both percent and absolute numbers.



Quarter	% Any Mental Health Medication	% Antipsychotic	total DFS	Count Any Mental Health Medication	Count Antipsychotic
2016 1st	28.19%	Not measured	855	241	Not measured
2016 2nd	30.45%	Not measured	880	268	Not measured
2016 3rd	29.63%	Not measured	881	261	Not measured
2016 4th	25.96%	Not measured	890	231	Not measured
2017 1st	22.46%	7.3	877	197	64
2017 2nd	22.32%	7.56	887	198	67
2017 3rd	21.88%	8.16	882	193	72
2017 4th	23.21%	8-Oct	896	208	97
2018 1 <sup>st</sup>	21.94%	10.74	866	190	93
2018 2 <sup>nd</sup>	24%	11.63	825	198	96



2018 3rd	23.92%	11.96	836	200	100
2018 4th	27.61%	14.5	779	217	114
2019 1st	26.27%	11.22	723	192	82
2019 2nd	27.07%	11.19	724	196	81
2019 3rd	25.31%	9.13	723	183	66
2019 4th	26.03%	9.67	703	183	68
2020 1st	29.38%	13.09	657	193	86
2020 2nd	27.45%	12.73	652	179	83
2020 3rd	29.14%	12.93	580	169	75
2020 4th	27.64%	13.64	550	152	75
2021 1st	27.5%	12.71	527	145	67
2021 2nd	29.85%	15.02	526	157	79
2021 3rd	29.87%	15.12	529	158	80
2021 4th	27.46%	12.32	568	156	70
2022 1st	24.23%	11.36	590	154	67
2022 2nd	23.72%	9.88	607	144	60
2022 3rd	19.77%	8.66	612	121	53
2022 4th	22.17%	9.79	654	145	64
2023 1st	20%	8.87	710	142	63
2023 2nd	22.09%	9.25	670	148	62
2023 3rd	21.6%	10.3	699	151	72
2023 4th	21.88%	9.12	658	144	60
2024 1st	22.66%	9.52	662	150	63

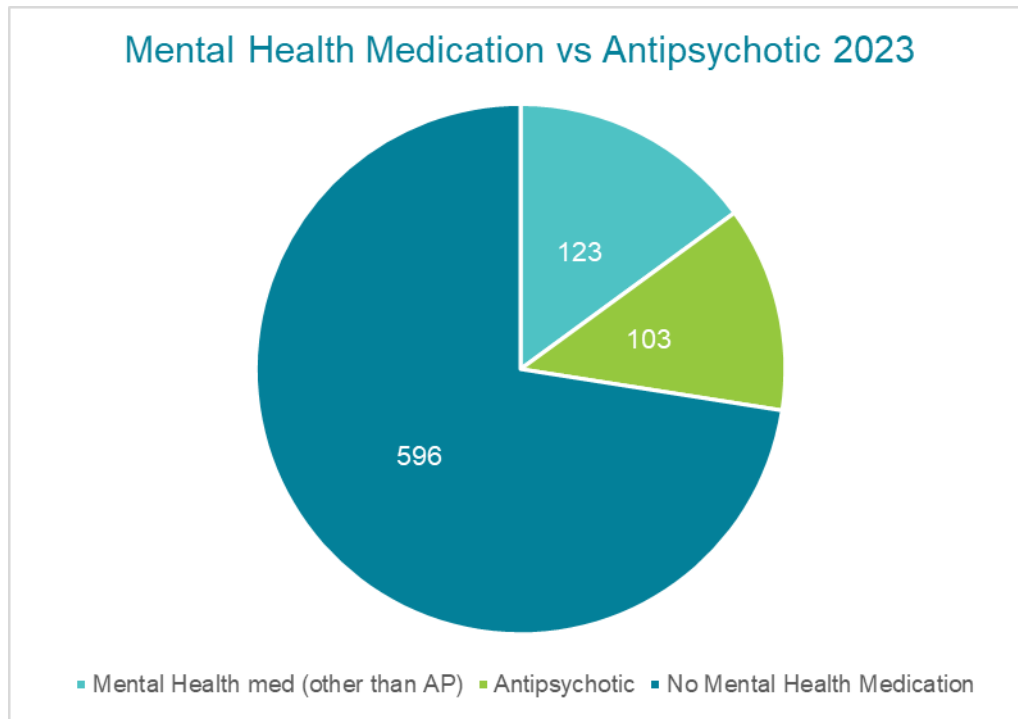
The total population of youths enrolled was lower in 2023 compared to 2022. There were about 40 fewer youths distributed across the age groups.

**Utilization of any Mental Health Medication (psychotropic) and counseling claims based on age group CY2023:**

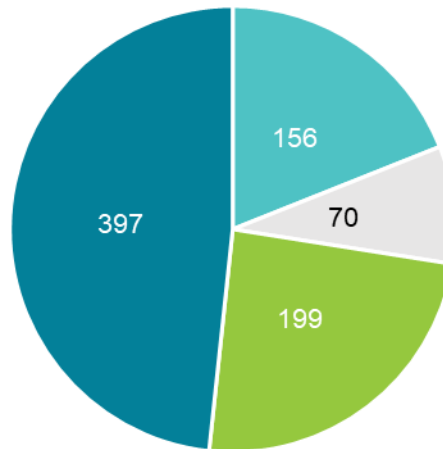
	Age 0-6	Age 7-11	Age 12+	Age 0-18
No Mental Health Medication	334	102	171	607
Mental Health Medication	11	42	173	226
MH medication with Counseling	7	34	115	156
MH medication without Counseling	4	8	58	70
Antipsychotic	2	11	89	102
Antipsychotic with Counseling	0	6	60	66
Antipsychotic without Counseling	2	5	29	36
Total	345	144	344	833

There were 12 youths under age 12 who had Medicaid claims for mental health medications but without any claims for counseling within the same 12-month window.

There were 36 youths with a claim for an antipsychotic but no claim for counseling within this time window.



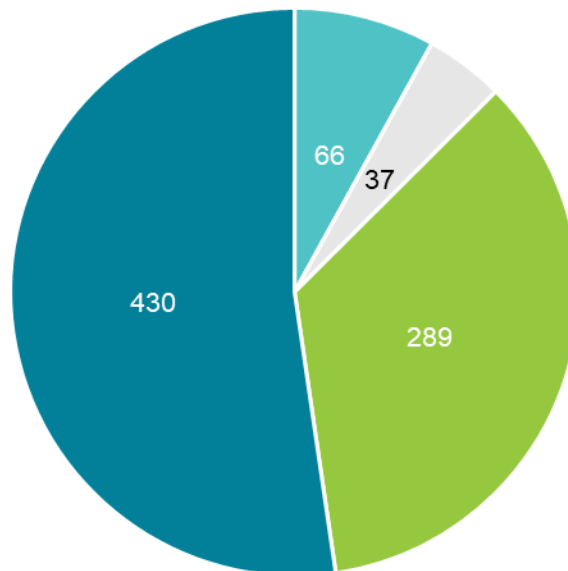
### Mental Health Medication and Counseling 2023



- Receiving both mental health medication and counseling
- Mental health medication alone
- Counseling without MH medication
- Neither Mental Health Med nor Counseling

CY 2023: Psychotropic (any) Medication and Counseling	
All DFS Youth	822
Receiving both mental health medication and counseling	156
Mental health medication alone	70
Counseling without MH medication	199
Neither Mental Health Med nor Counseling	397
Counseling (regardless)	355
MH Med (regardless)	226
AP Medication (Regardless)	103

### Antipsychotic Medication and Counseling 2023



- Receiving both Antipsychotic and counseling
- Antipsychotic alone
- Counseling without Antipsychotic
- Neither Antipsychotic nor Counseling

CY 2023: Antipsychotic Medication and Counseling	
All DFS Youth (all year 2023)	822
Receiving both Antipsychotic and counseling	66
Antipsychotic alone	37
Counseling without Antipsychotic	289
Neither Antipsychotic nor Counseling	430
Counseling (regardless)	355
AP Medication (Regardless)	103

### 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 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 developed and implemented continuous quality improvement policy, a data quality plan, and a mandatory continuous quality improvement training for all DFS staff statewide which is included in the new worker curriculum and available in the Delaware Learning Center. The implementation of the Data Quality Plan is overseen by the DSCYF Data Governance Board, which is chaired by the DSCYF Deputy Cabinet Secretary. Members include DSCYF leadership, FOCUS product owners, FOCUS managers, the DFS Continuous Quality Improvement Data manager and the DSCYF Information and Resources Manager. Delaware has also experienced increased buy-in from leadership, both within the Division and across the Department, regarding the importance of establishing continuous quality improvement processes. This has resulted in the establishment of QA units in each Division and creation of the Department's Continuous Quality Improvement Collaborative.

The DFS case review team includes four full-time case reviewers, two part-time case reviewers and a continuous quality improvement manager who also serves as the second level QA reviewer. There is a Case Review Guide and Training Curriculum developed to drive the work of this unit. The review team conduct 90 case reviews over a 6-month period, with 15 reviews being completed each month. The case assignments all pulled from in-home treatment, foster care and differential response FAIR cases. The assignments are randomized from a statewide pool of cases active during the period under review. With the start of the CFSR Round 4 PIP review period in April 2024 that will be used to determine Delaware's baseline for improvement, the case review team will complete 65 case reviews every 3-month period in order to improve the capacity of Delaware to meet PIP established performance goals.

The case review team also conducts 15 investigation case reviews every month. These QA review events are built into FOCUS and reside at the case level. The review team also conducts supplemental surveys that consist of an open-ended conversational discussion with review participants (parents, caregivers, youth, and foster parents). The surveys provide lived experience feedback regarding broader systemic practices such as trauma informed care, cultural awareness, case planning, collaboration across division, and service array. Results of the case reviews completed are shared at the bi-annual stakeholder meetings, monthly Strategic Leadership Team (SLT) meetings, all management meetings, program management meetings, and other forums. Results are also shared and discussed at monthly case review team meetings and during one-on-one supervision with front-line staff to ensure information trickles down and is understood throughout the agency at all levels.

The agency not only shares performance results, information on areas which need improvement, and updates on actions taken to make improvements, but also seeks feedback and input. Surveys completed with stakeholders confirm that the majority of youth, foster

parents, stakeholders, DFS and DSCYF staff agreed that DFS has a statewide continuous quality improvement system that identifies strengths and needs, shares results, and seeks their feedback for process improvement and system planning. CPAC meetings are public meetings and the CFSR, CFSP, APSR, Policy Manuals and Strategic Plan are available on the Department's public-facing website. Additionally, the Continuous Quality Improvement Manager and the Department Community Relations Coordinator continue to collaborate on regular email blasts, "Delaware Rocks", sharing positive performance results with all staff. The Continuous Quality Improvement 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 share that they appreciate the recognition for their performance. Focus groups, stakeholder interviews, and surveys conducted during this self-assessment confirmed that staff and stakeholders at all levels are aware of and have been invited to participate in continuous quality improvement activities in which performance of child welfare strengths and weaknesses were discussed. They confirmed feeling that the information is being shared with the correct audience and they are included in and understand the process. Participants also felt they were involved in performance improvement efforts and were provided feedback related to the impact of their contribution. The Continuous Quality Improvement Unit was also recognized for their ability to increase the incorporation of voice of those with lived experience through the implementation of the supplemental surveys which have helped provide assurance that our caregivers' feelings matter which empowers them to share their opinions which could help others. Feedback received from youth, parents, and caregivers participating in the qualitative reviews and committees has confirmed they are excited to share their experience and provide recommendations for process improvement.

The department data team builds the needed statewide reports and queries to pull needed information from our FOCUS system and maintains a report inventory. The data team also runs our federal reports such as AFCARS, NCANDS, NYTD, and the monthly caseworker visit report. Prior to report submission, federal validation tools are used to monitor data quality of requested information. 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. In addition to monitoring quality of federal report data, the Continuous Quality Improvement Manager and data team regularly analyze in-house reports to evaluate data quality to ensure FOCUS is functioning correctly and data entry by staff is accurate. Periodically, the data team analyzes system generated reports by directly reviewing case data to validate fidelity of system reports. The Continuous Quality Improvement 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 also been developed to address areas where data quality related to data entry has shown to be a problem. DFS FOCUS liaisons work collaboratively with the Continuous Quality Improvement Manager to correct data entry errors. Defect tickets are written to address data system issues. The Continuous Quality Improvement 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. The Continuous Quality Improvement Manager and data team also conduct ongoing data quality checks with Court Improvement Program (CIP), Office of Child Advocate, and the Courts.



Information related to custody dates, demographics of the children in agency custody, permanency plan, 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. The data team continues to learn better ways to pull data from our system and enhance how data is presented. Focus groups conducted confirmed the agency has a plentiful number of useful reports which are distributed and accessed regularly, and both staff and stakeholders indicated they are aware of the process to obtain additional data as needed.

A CQI Steering Committee meets at least every two months. This group considers stakeholder feedback, case review performance results, supplemental survey 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. Details to follow. The status of target projects to improve processes, performance and outcomes is noted in progress reports throughout Section IV, Progress Report.

An overarching recommendation of the CQI committees was the need for a method to provide training and information on services and resources across the department. With high caseloads, workers struggle to find time to attend lengthy classroom trainings. As a resolution, virtual Lunch & Learns (trainings that occur from 12-1:00pm) and Morning Buzz (trainings from 9-10:00am) were created. Lunch & Learn training sessions have been provided by various community partners or subject matter experts on an assortment of topics. They can be attended by any DSCYF staff members. Training can also be shared with individuals outside of the department. Many are also recorded live and then can be watched on video through the Delaware Learning Center. Following the success of and positive feedback regarding the DFS Lunch & Learns, in May 2023, FOCUS trainers began holding weekly one hour FOCUS technical assistance sessions on specific data entry problem areas such as non-relative/relative worker approved placement entry. In May 2023, the FOCUS report team also began to hold one-hour trainings specifically for administration and supervisors called Bite-Size Learning Session – FOCUS reporting. At these trainings, the report team walks through a specific report and demonstrates how it can be used for supervision, performance assessment, data quality and entry review, and data collection.

**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. Two areas are identified for 2020-2021: Missed periodic reviews and post adoption disruptions.

**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 on periodic reviews to hold meetings to apply:

- a. Defining the scope of missed periodic reviews.
- b. Researching solutions to completing periodic reviews.
- c. Forming a theory of change regarding changing the frequency of periodic reviews.
- d. Implementing an intervention to complete 6-month periodic reviews.
- e. Evaluating impact of interventions using Adoption and Foster Care Analysis and Reporting System, Department of Justice, Court Improvement Program and DFS reports.

**Timeframe:** June 2020.

**Measure:** Documentation of application of CQI principles on this project and impact on frequency of periodic reviews within 6 months.

**2020-2024 Summary:**

CQI Periodic Review Committee was formed as a direct result of 2019A AFCARS file initially showing over 70 blanks for Element 5, periodic reviews, causing a greater than 10% margin of error for this element. Besides the file submission barriers, a question was also raised if the lack of regularly scheduled periodic reviews would impact the permanency plan for the child. The CQI Periodic Review Committee members included representation from the DFS data team, DFS program area including frontline representation, DFS program leadership, Department of Justice, and Court Improvement Project. To research the problem, analysis was first completed on each record of AFCARS report that was missing periodic review data. This included communication with the DFS caseworker assigned to each foster child and Deputy Attorney General's office if needed. Team determined there were two causal factors to the missing periodic review information, data entry issue (order had not been entered into FOCUS system) and periodic court review did not occur.

Two causes for the missing entries were identified: workers not entering FOCUS events and delays receiving orders from Family Court. The team developed a theory of change: If frontline staff received orders timely and were kept better informed of missing orders, orders would be entered into FOCUS allowing data to be pulled into AFCARS report. To address data entry issues, interventions were strategized and implemented. The QA Manager worked with the DFS Operations Administrator to provide communication to frontline supervisors and caseworkers of the need for timely entry of court orders in FOCUS. QA Manager also discussed this issue at Strategic Leadership Team and All Management Team Meetings. A report was developed by the data team using AFCARS to list all children with a missing periodic review. This report is provided to all Regional Administration and DFS Supervisors approximately two months prior to and up until AFCARS submission. Closer to AFCARS submission individual emails are sent by the Data Manager to caseworkers requesting court orders be entered or to explain the lack of entry. FOCUS liaisons and product owner also developed trainings on court order entry. In regard to delay from the Court, Committee members presented concerns at Family Court Judges Meeting. Data Manager and Lead Deputy Attorney General in the Children's Unit now collaborate to assist in obtaining orders for hearings that have occurred. All court orders are sent to one assigned individual in each region to track reception, disseminate to assigned worker and supervisor, and better ensure entry into FOCUS.

To analyze instances where periodic reviews were not occurring, team reviewed the Social Security Act and federal requirement to have a periodic review every 6 months.

At this time in Delaware, a TPR hearing is not considered a periodic review; however, at these hearings caseworkers are presenting the same updates and information on children as they do at dependency case review hearings. TPR hearings can expand over months and are often rescheduled or continued without review hearings taking place. Paper reviews by the court, in lieu of actual hearings, were also occasionally taking place with no order issued. The Child Placement Review Board (CPRB) case review had also been considered a periodic review, but Delaware disbanded the Child Placement Review Board. CIP data and AFCARS data confirm that gaps exist of greater than 6 months between court review hearings. TPR cases are more likely to have a delayed periodic review; CPRB reviews had previously filled this gap. It was determined that there are challenges getting review hearings scheduled during a TPR appeal or after the TPR. At TPR hearings, Court is not scheduling next review hearings because parents are present. They are scheduling hearings afterwards and providing notice to DFS. There is a delay in getting these hearings scheduled at times. Committee also analyzed length of stay in care and exit custody reports. It was determined that having regularly scheduled periodic reviews as currently defined had no significant difference on goal achievement and timeliness. TPR appeals took 400 days longer than cases without appeals to reach adoption goal. In 2018, there were 141 adoption cases, 16 had appeals. It was also found that the longer you stay in care, the more likely you are to have a delay in achieving permanency goal.

A theory of change was developed: Periodic review frequency and timeliness will improve with tighter accountability and correct documentation. Committee members presented periodic review concerns at CIP Steering Committee meetings. Judges confirm that all information required to meet definition of periodic reviews was also considered as part of TPR hearing and as part of paper review process. Judges agreed to issue orders documenting a review hearing and a TPR hearing. Deputies will ask for two orders, one related to TPR of parents and one related to child's dependency review. Judges are now issuing orders based on paper reviews. Lead Deputy Attorney General drafted an order that is attached to the paper review upon submission. Judges update this draft as needed, sign, and file the order. The DFS Operations Administrator informed staff of need to enter paper reviews and two separate orders, a TPR order and a review order, into FOCUS. QA Manager continues to monitor this practice when analyzing AFCARS and other reports.

A second theory of change is that if the courts were reminded that periodic reviews are needed every 6 months, the number of timely periodic reviews would increase. Committee members presented data at a CIP Steering Committee meeting. Judges were made aware that a continuance on a TPR should not delay the review hearing. Also, if a parent appeals the TPR decision, review hearings must proceed on schedule. To help address timely hearings, CIP database was updated to track hearings and send proactive emails to court officials reminding them a hearing needs scheduled.

The impact of interventions has been positive and produced a number of positive outcomes. Feedback from DFS operations and Department of Justice stakeholders continues to be very positive. For the CFSR Round 4 Final Report Item 21: Periodic Reviews, Delaware received an overall strength rating. The case review system was found to be functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review. Information in the Statewide Assessment and collected during interviews with stakeholders reported that periodic reviews were occurring routinely across the state.

The courts are typically holding periodic reviews at least every 6 months, and some courts often hear cases more frequently. The court's case management system tracks the timeliness of periodic reviews, the Court Improvement Program (CIP) runs reports to determine the timeliness of periodic review hearings, and the CIP data team, which includes representation from DFS, meets quarterly to review hearing timeliness. Consequently, case review performance has also improved on Item 5: Establishing permanency goals and Item 6: Achieving permanency goals.

This benchmark was completed in 2020.

2. 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.

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

**2020-2024 Summary:**

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 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 work of this committee has not only led to the expansion of post adoptive services to three contract providers, but also these providers are now accepting referrals for not only post adoptive/permanent guardianship families, but all guardianship families across the state.

The CQI Promoting Permanency Success Committee (formerly known as the Post Adoption Disruption Prevention Committee) meets quarterly. Members of this committee have grown to include CQI Manager, Family Services program managers, adoption subsidy worker, data analysts, foster parent, kinship project supervisor, adoptive parents, young adult with lived experience, QA case reviewer, supervisors, and stakeholder representation from Department's Office of Case Management, Prevention and Behavioral Health Services, Youth Rehabilitative Services, and post-adopt services contract providers A Better Chance For Our Children, Children's Choice, and Children and Families First.

The CQI Post Adoption Disruption Prevention group has quantitatively and qualitatively defined and continues to review the scope of disrupted adoptions.

Original Scope:

In 2019-2020, 5-6% of youth in foster care have been previously adopted but made up 1/3 of high-cost placements.

Using AFCARS 2020B, April-Sept 2020 – 33 youth in foster care were previously adopted. Breakdown was as follows: 1 disruption entered foster care in 2011, 2-2013,

1-2014, 2-2015, 2-2016, 5-2017, 5-2018, 10-2019, and 5-2020. Only 9 of the 33 disruptions had a goal of reunification; 11 had a goal adoption, 2 had a goal of guardianship, and 11 had a goal of long-term foster care or APPLA.

In 2019, over 400 hotlines involved adopted children.

Adoptive parent survey results show that 32 of the 72 adopted parents surveyed, or 44% 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.

Current scope:

Using AFCARS 2022B (4/1/22-9/30/22) data, 42 youth were identified as experiencing at least one disrupted adoption (6.25% of the total in-care population). Six of the 42 youth exited care, two aged-out, and four were reunified. Custody Start Dates of the 42 youth: 2016 – 1; 2017 – 3; 2018 – 1; 2019 – 5; 2020 – 4; 2021 – 13; and 2022 – 15. Twenty-three of these 42 youth were 16 years old or older. Two of these youth had experienced a prior disruption and one youth had four disruptions.

Using AFCARS 2023A (10/1/22-3/31/23), 46 of 731 youth were identified as experiencing at least one disrupted adoption (6.29% of the total in-care population). Custody Start Dates of the 46 youth were as follows: 2017 – 2; 2018 – 1; 2019 – 5; 2020 – 4; 2021 – 12; 2022 – 11, and 2023-3. Twenty-four of these youth were 16 years or older. One youth had a prior disruption and one youth had four disruptions.

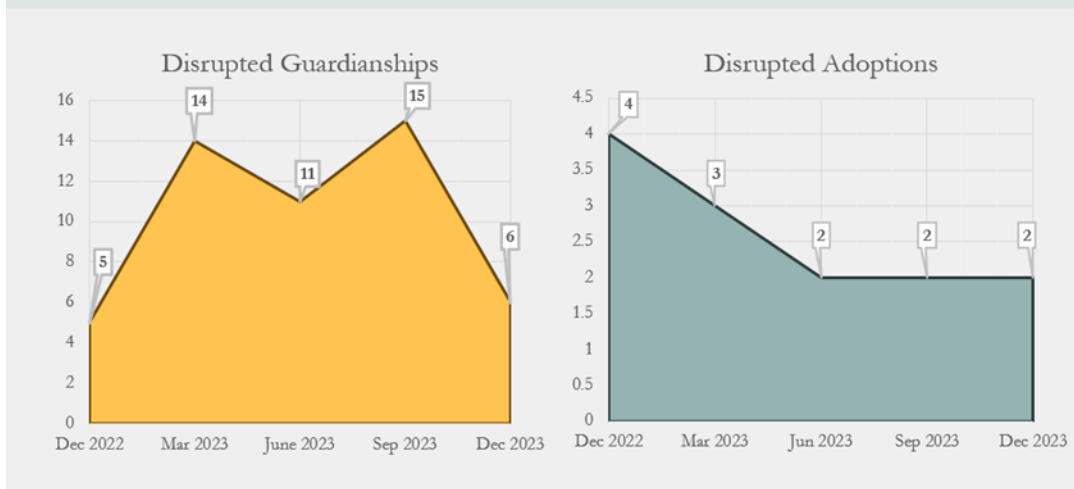
Using AFCARS 2023B (4/1/23-9/30/23), 42 of 723 youth were identified as experiencing at least one disrupted adoption (5.8% of the total in-care population). Custody Start Dates of the 42 youth were as follows: 2017 – 2; 2018 – 1; 2019 – 3; 2020 – 1; 2021 – 12; 2022 – 16, and 2023-7. Twenty-six of these youth were 16 years or older. One youth had a prior disruption.

As a result of collaboration with our court partners, the court has added fields to track adoption and guardianship disruptions which has allowed for even more data analysis and review of prevention strategies across department agencies and the courts. The CQI Manager now has access to the Family Court data system, APRICOT. Court data from the past four-years related to disrupted adoptions and guardianships was examined.



## Disrupted Entries into DSCYF Custody

Dec 2022 – Dec 2023



In CY2023, 329 youth entered foster care. Of these there was a total of 46 youth, (14%) that entered foster care due to disrupted guardianship, 9 (3%) entered due to disrupted adoptions, a 2% decrease from last year. All 9 were from unique families. Ages were 12 and older with 4 being 16 years of age. Eight of the adoption disruptions had a primary entry reason of parent/child conflict. One had a primary reason of physical abuse. The 46 disrupted guardianships were from 35 unique families, 10 youth have already been reunified.

In CY2022, 18 of 373 (5%) entries into foster care were disrupted adoptions. Thirty-two (32) of the 373 entries were disrupted guardianships. The 18 disrupted adoptions included a sibling group of five, a sibling group of three, and two sibling groups of two. (11 unique families) Seven (7) of the 18 adoption disruptions were attributed to parent/child conflict, seven (7) were due to abuse, three (3) due to parental drug use, and one (1) was due to medical issue of parent.

In CY2021, there were 328 entries into care. Of these, 20 (6%) disrupted adoptions and 60 disrupted guardianships. The disrupted adoptions involved 14 unique families. The primary reasons were parent/child conflict (9), sex abuse (2), medical abuse (1), parent drug use (1), and parent medical (1).

In CY2020, there were 261 entries into care. Seven (3%) of the 261 entries were disrupted adoptions with five (5) due to parent/child conflict, one (1) physical abuse, and one (1) sex abuse.

In order to obtain qualitative data and the voice of adopted parents, the committee initially had developed a qualitative survey for adoptive parents. In August 2020, this survey was sent out via email to 533 adoptive parents and received 84 responses. This adoptive parent survey found 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. A question asked on the aforementioned



qualitative survey was if any of the adopted parents would be willing to have further discussions about their adoption experience. For those that were in agreement, approximately 35, A Better Chance for Our Children staff completed follow up calls. The Office of Case Management (OCM) at request of CQI Committee also conducted case reviews on a small sampling of the specific Delaware DFS disruptions. After reviewing results of the case reviews, the committee opted to develop a qualitative interview specifically for adopted parents where a disruption had taken place. DFS administrative case reviewers and OCM reviewers conducted FOCUS case reviews and qualitative interviews of these cases. Survey of Delaware specific disruption adopted parents, showed only 50% were aware of post adoption services.

By December 2024, the committee plans to administer the qualitative survey again to determine intervention impact and percentages of post adoptive service utilization and awareness.

The CQI Promoting Permanency Success Committee theorizes that a contributing factor to adoption disruption is the lack of communication in regard to post adoption services. The committee initially 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. The need for awareness related to post adoption services has expanded to contract providers and community partners. Data indicates that most families are already in crisis at the point that they reach out for help or services. The CQI Promoting Permanency Success Committee also recommended this outreach and education be provided to adopted families as a prevention strategy.

To strengthen the workforce's knowledge of trauma informed practice for pre-adopt/guardianship and post adopt/guardianship children, the committee has spearheaded a campaign to increase awareness. Over the past years, the training on post adoption services has been provided to all Division of Family Services staff and FAIR contracted providers. After training, DFS operations manager presented that practice going forward would be to make referral to post adoption services at any point from intake through permanency that DFS is working with an adoptive family. Training has also been provided to independent living providers, family interventionists, TDM facilitators, congregate care staff, child placing agencies (foster care only), foster home coordinators, PBH staff, Department of Education guidance counselors and social workers, childcare facilities, rotary club, and a contracted agency Mental Edge. Adoption program manager has presented information on post adoptive services at DFS Lunch and Learns. Information was also presented at an Adoption Coalition panel. Post-permanency service information is shared with kinship families. Post adoption contracted agencies have begun calling families within 30 days of finalization, again at six months, one year, and with each subsidy renewal. DFS adoption worker also continues to send post adoption information with yearly agreement renewal request. A monthly post permanency newsletter is distributed via email to all families receiving subsidies that have consented to get continuing information. Newsletter contains information on agencies providing post permanency services and links to provider agency support groups. Contracted agencies have also begun sending child age related information sheets to adopted parents. The post-adoption training is on the Delaware Learning Center and has been assigned as required training for DFS staff. Some YRS and

PBH leadership have requested that this training be a requirement for their YRS and PBH staff as well. A video was created highlighting post-adoption services to promote to families. It has been online since its debut at the agency hosted National Adoption Day celebration in November 2022. Post-adoption permanency information is available on the Department website: <https://kids.delaware.gov/family-services/post-adoption/>.

The need for information about disrupted adoptions and guardianship cases requiring DFS intervention or post permanency services led to the creation of new fields in the FOCUS hotline and FAIR/Investigation risk assessment event that asks if the intake involves an adoptive or guardianship family. A report was built that pulls this information for all screened in and screened out hotlines and completed risk assessments. Report is sent out weekly to adoption program manager. Adoption program manager reviews the report every week to see if the family is already involved in post-adoption services and reaches out to or has provider agency reach out to offer post-adoption information and services to those not already served. Manager also discusses the services and referral with the investigation or FAIR worker to help inform them of the situation. From July 2022 until May 2024, 1,937 intake reports and 507 completed risk assessments involved adoptive or guardianship families. Contract agencies report that they have seen an influx of referrals since this report review and reach out has occurred. In future, it is the hope that data can be obtained to show how many families from these reports resulted in post permanency services being provided.

See Permanency section, Objective: Prevent post-adoption disruptions for detailed actions taken.

The committee 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. During the past 5 years, the committee has collaborated with several partners to offer **National Adoption Competency Mental Health Training Initiative training (NTI)** training modules for child welfare professionals, child welfare supervisors, and mental health professionals. As of January 2024, the total number enrolled in NTI training since implemented is 84 Child Welfare Professionals, 22 Child Welfare Supervisors, and 70 Mental Health Professionals. The National Adoption Competency Mental Health Training Initiative training modules for child welfare professionals, child welfare supervisors, and mental health professionals continue to be offered in the Delaware Learning Center. Global emails to promote the training continue to be sent out to all department staff and contracted providers. The Delaware Learning Center also has a new ability to 'Recommend' other courses when someone completes a similar course. Recommendations for the NTI courses are added to all the Trauma Informed Care courses currently offered. A collaborative with Springfield College was planned and now an adoption therapy certification program is in place. Eleven people completed the certificate program in 2023. In 2024, there are 17 participants primarily therapists. 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. The committee collaborated with community partners to offer free therapy training. A Better Chance for Our Children, post adoption services, sponsored a free therapy training series, Moving Beyond Trauma Informed Incorporating Neuroscience into Practice to Improve Treatment Outcomes.

Because of the high volume of continued interest, the training has been offered again this year. Currently, two cohorts of therapists are going through the training series. The committee is presently working on expanding awareness to community therapist and professions regarding these training opportunities.

See Permanency section, Objective: Prevent post-adoption disruptions for detailed actions taken.

Deeper analysis has recently led to the Committee developing a new theory of change related to transitions between services, particularly a higher level of service to a lower level of service, and transitions from one worker to another. For example, when a child is in a residential facility and discharges back to the community, often times parents do not feel prepared which can result in a disruption and the youth being placed in DFS custody. If we can provide better and more consistent services during transitions, we can potentially reduce the number of disruptions. The Committee has reviewed Department Policy 209 – Service Coordination Regarding Dependent Youth and proposed changes. This policy went under department review. The new updated Department Policy 209 was finalized in May 2024. Review of policy was assigned as a mandatory review in the Delaware Learning Center for all DSCYF staff. The purpose of this policy is to ensure that active DSCYF case managers are working as a team with youth and families in order to prevent dependency, and, if dependency has been established, to promote family reunification. This policy pertains specifically to those youth who: A. Have successfully completed residential treatment but whose parents/guardians are unable or unwilling to have the youth return home, B. Are currently in a detention center, detention alternative, inpatient psychiatric hospital, or mental health crisis bed and whose parents/guardians are unable or unwilling to plan for the youth, or C. Are active with the Department and at risk of becoming dependent. These youth will be considered department youth and case planning will be coordinated and resources shared. As this is a relatively new theory of change, committee is still in process of defining scope of problem and conducting analysis on causal factors.

Additional benchmark:

3. CQI workgroup for intact families to hold meetings to apply:
  - a. Defining the scope of intact family reviews having lower performance ratings
  - b. Researching solutions to improve caseworker 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 reviews showed a significant difference in performance on in-home versus foster care cases. This committee meets monthly and includes relative/kin providers, an adoptive parent, DFS treatment workers and supervisors, DFS Practice Coaches, DFS Administrative Case Reviewers, DFS Treatment Program Manager, DFS Regional Administrators,

DFS Program Support Administrator, CPD trainer, DFS Management Analyst, contracted kinship project supervisor, DFS CQI Manager and DFS Operations Manager. Findings and recommendations are shared with the Strategic Leadership Team (SLT) and senior Leadership on a regular basis to keep them informed and support recommendation implementation.

The 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). Case reviews show that Delaware's in-home cases have 25-45 % lower performance ratings on OSRI Item 3, Item 12, Item 13, and Item 14A than foster care cases. (Data analysis provided earlier in the assessment of current performance section of this report.) Lack of frequent and quality visits impacts the ongoing assessment of needs, services, and planning.

CQI Intact Family Committee reviewed the results of the previously completed DFS/CPAC treatment caseload study. Recommendations of this study include lowering treatment caseload standard to 12, expansion of treatment staff/or contracted services, case weighing strategies upon assignment, and intact vs placement caseloads. The committee developed a survey that was given to all DFS treatment caseworkers in order to gather information about strengths and barriers in their work with families. In the last few years, frontline workers and supervisors have also participated in various focus groups to discuss the barriers to quality contacts. Strategies were discussed on how to engage with intact families. Caseworker and supervisors provided many productive feedback items that include families are complex; families do not want to engage with services or do not know why they have been referred for ongoing services; higher risk families and foster care cases are often prioritized out of necessity; high workload makes it difficult to meet all expectations; there are a lack of resources for families; and families may be difficult to locate. While discussing barriers, the groups also focused on strategies to improve quality contacts. Some of the strategies that workers utilize are using due dates in FOCUS; being open and transparent with families; using unannounced visits; utilizing Safety Organized Practice tools; scheduling visits in advance to work with the family's schedule; and using strength-based conversations.

A recommendation of the CQI steering committee to track implementation of strategies was to conduct administrative reviews on treatment cases. These reviews were initiated in Spring 2023. CQI Intact Committee requested the development of a report indicating the number of children per caseload versus the number of cases per caseload along with the expected frequency of contact. This report showed quite a discrepancy amongst staff with some staff having 70+ children on their caseload. This report was shared with operations team to assist with case weighing strategies upon assignments.

The CQI Steering Committee conducted an analysis of Areas Needing Improvement (ANIs) by region, worker, and supervisor in July 2022 to determine if staff performance issues were impacting ratings. To do this, all ANIs for Item 14 Caseworker Visits with Children from PUR start April 2019 to October 2020 PUR start were reviewed (past 4 reporting periods). Thirty-five completed reviews from



the April 2021 PUR start were included as well. Analysis showed a clear need to assist NCC with barriers that might be preventing successful visits. It was also noted that most of the staff with ANIs were seasoned staff, not new or inexperienced staff, as predicted by management. For specific performance measure data on OSRI items, please refer to Assessment of Current Performance Section of this report. It should be noted that the high turnover and vacancy rate is a barrier to truly determine intervention effectiveness. High caseloads and safety priorities impact workers abilities to participate in trainings or other intervention strategies to impact significant improvement.

Analysis of the qualitative and quantitative data led to a theory of change: 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. CQI Intact Family committee made recommendations to Strategic Leadership Team (SLT) for the development of a mandatory training series for all caseworkers, supervisors, and family service assistants. The training module consists of the following sections: Child and Family Service Review On-Site Review Instrument item objectives, definition, and questions, DFS related policy, caseworker responsibilities, supervisor responsibilities, data informed supervision – what reports supervisors can use to monitor performance, caseworker practice tips including applicable Safety Organized Practice or Structured Decision Making® review, FOCUS events and documentation, and what is needed for an overall strength rating on the case review. Module I Well-Being 1: Caseworker Visits with Children and Parents/Caregivers was offered to staff in 2020. Following the recommended case worker visit training, there was a clear improvement noted in our performance regarding OSRI Items 14 and 15. Based on the review of this initiative, it was recommended and approved by leadership that the caseworker visit training would be assigned as a mandatory refresher annually and provided to all new staff as required training. Although this training is mandatory, staff find it difficult to participate in training due to prioritizing field responses and other case work obligations. To improve quality of visits, Safety Organized Practice and SDM® Refreshers Trainings have also 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 was developed: if the treatment worker's workload could be reduced, we would see an improvement in performance. Decreasing the workload for treatment staff will increase capacity to engage in frequent and meaningful visits with intact families. DFS leadership and CPAC worked collaboratively towards legislation changes necessary to support lowering the treatment caseload standard and expansion of treatment staff, (see Workforce Stability Progress Report section for details). As a result of this work, SB33 was signed into law by Governor John Carney on June 9, 2023. Delaware has also expanded our differential response program use with contracted providers while expanding the Kinship Navigator program. To support this theory, CQI Intact Committee discussed the piloting of intact vs treatment caseloads, but the high vacancy rate has impacted current implementation. Recently, Delaware has begun contracting for in-home case management services for intact families and expanded contracts for transportation and Family Time (visitation) services. It is believed this expansion will allow Delaware caseworkers to visit and better engage with intact families.

The CQI Intact committee also found concerns with the treatment case conference event and its need to better ensure there was a thorough assessment of risk, safety and needs and provide definite next steps for workers. Reviews and system reports also found that supervisor case conference events are not being completed every three months as per policy. Case conference completion reports are sent out weekly. The committee has developed an improved supervisor case conference event that will soon be launched in FOCUS. It is currently in the testing phase. With the launch of the improved case conference event, CQI Intact Family Committee plans to have training on and stress the importance of having quality ongoing case conferences that are well documented in the FOCUS system. DFS CQI Intact Family Committee also recognizes an overall need to build knowledge and supervisory skills of a young maturing supervisor group.

This Committee had 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. A specific Guardianship subcommittee was formed by the Strategic Leadership Team to move forward with analysis and action steps to address guardianship issues. This resulted in joint meetings with family court and updates being made to the guardianship referral process.

Within the last few years, CQI Intact Family Committee analysis of case review and system reports have found specific areas that could be targeted for performance improvement on Well-Being Outcome 1 Items. Reviews found that a number of missed timely and/or quality visits were occurring when a case is transferred from investigation/FAIR assessment to ongoing treatment services. Per policy, the treatment case should be assigned within 3 days and initial contact should be completed within 11 days. Reviews found that the initial treatment contact is not always completed timely. Also, there are some instances where a family service assistant is going out to make an initial contact with family but simply providing them information about the assigned treatment caseworker. This is not a quality visit. An initial treatment contact timeliness report and due date report is already sent out weekly. Because the initial engagement with a family and the need to initiate services promptly is so important, the CQI Intact Family Committee is developing strategies to improve initial treatment contacts.

The CQI Intact Family Committee analysis of case reviews also found that there continues to be a clear discrepancy between contacts with mothers and contacts with father. For the October 2022 – March 2023 reviews, 75 cases were applicable for Item 15: Caseworker visits with parents. Of these 71 cases applicable for mother, 60 (85%) had frequent visits with mother and 68 (96%) had quality visits with mother. Of the 41 cases applicable for fathers, 30 (73%) had frequent visits with father and 35 (85%) had quality visits with father. For the April – Sept 2022 reviews, there were 73 applicable cases for item 15. Of the 68 applicable for mother, 47 (69%) cases had frequent visits with mother and 59 of the 66 (89%) applicable cases had quality visits with mother compared to 25 of the 44 (57%) cases had frequent visits with father and 33 of the 39 (85%) cases had quality visits with father. For the 65 October 2021 – March 2022 item 15 applicable case reviews, 82% had frequent visits and 91% having quality contacts with mothers while 63% had frequent visits and 78% had quality visits with fathers. Case reviews found that workers primarily engage with



mothers as mothers are most often the primary caretakers of the children. A higher number of fathers are not as involved with their children and workers did not always make sufficient attempts to engage them. For domestic violence cases, if father was perpetrator and was out of the home, workers primarily focused on supporting mother as a victim and did not engage with the father. The treatment focus groups mentioned above were asked about the barriers in meeting with fathers. Feedback provided noted the following: Fathers do not want to deal with DFS and let the mothers do the talking; Workers do not engage fathers if they show who they really are (speak loudly or aggressively, take over conversation, etc.); Fathers do not always know what is happening with the kids, e.g., school, medical, etc. ; Did not think fathers had to be seen if another parent was available ; Mothers do not always volunteer that father is involved; Fathers not home during regular business hours, may be working. To address the lack of engagement with fathers, the CQI Intact Family Committee invited the Delaware Fatherhood and Family Coalition to do a presentation. This Coalition champions father involvement and supports healthy adult relationships, specifically effective co-parenting which in turn provides positive outcomes for Delaware children and communities. As a result of the presentation, the DFS Treatment Program Manager is worked with Coalition members on scheduling 24/7 Dad parenting sessions for DFS involved fathers. A training/workshop was also developed and presented by the Coalition to frontline staff to provide better communication and engagement strategies in working with fathers.

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)

4. 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. 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 Practice Coaches, DFS frontline staff and DFS program team. The 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.

The CQI Data Quality Committee meets monthly and continues to monitor the impact of initiatives on data quality. Improvements to FOCUS related events and processes have taken place and are documented throughout this report. To address overarching issues, the committee determined it would be effective for the FOCUS team to hold office hours in the regional offices across the state for liaisons to be accessible to provide assistance and direction related to FOCUS data entry. The FOCUS liaisons started this in Fall 2022 and the initial response was favorable. Liaisons have found that more staff are engaging with them, and they are able to provide one-on-one training in person. On May 18, 2023, the FOCUS team presented “Meet the FOCUS Team” at a DFS Morning Buzz.

Analysis of the Statewide Assessment survey results showed that DFS has a number of reports in FOCUS to monitor data but whether or not these are being consistently used to inform practice is in question. The Committee determined a new initiative was needed in which the report team will hold trainings on how to use specific reports for supervisors and administration in efforts to help them better understand the information in the reports and become more comfortable with using them. These one-hour training sessions, “Bite-Sized Learning Session – FOCUS Reporting” began on May 9, 2023, and are held monthly.

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). Delaware’s DQP received approval from Children’s Bureau Associate Commissioner Aisha E. Schomburg on February 10, 2022. 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”. The 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 is updated annually to demonstrate ongoing compliance and consider the latest CCWIS data standards and locally developed performance plans.

In the fourth quarter of 2023, DSCYF Leadership and the Data Governance Board initiated the state’s first Biennial Data Quality Plan Review. A comprehensive review was conducted across the categories of Intake, Investigation/Assessment, Case Management, Financial/Contract/Provider, and Data Exchanges, consistent with the Biennial Review plan detailed in the department’s initial 2022 Data Quality Plan. The Biennial Review included an assessment of the department’s performance and progress toward established data quality goals from quantitative analysis of data from FOCUS monitoring reports, dashboards, and federal reporting data such as AFCARS, NCANDS, NYTD, and monthly contact visits (MCV). Interviews with the

five DFS Program Managers, DFS Program & Resource Administrator, DFS CQI Manager, DSCYF FOCUS Liaisons and Trainers, DSCYF FOCUS Product Owners, Strategic Information Systems Manager, DSCYF CQI Data Quality Committee, and numerous other stakeholders provided qualitative input on data quality challenges and priorities. In addition, the Biennial Review leveraged agency federal submissions recently developed or currently in development, such as the Children and Family Services Review (CFSR) Round 4, the CFSR Round 4 Program Improvement Plan (CFSR PIP), and the 2024 Child and Family Services Plan Annual Progress and Services Report (CFSP APSR) to identify data quality concerns and priorities.

The CQI Data Quality Committee monitors progress and makes suggestions for improvement on our data quality priorities. The following three data quality priorities had been established for the 2022-2023 year and will continue to be the top priorities for 2024 -2025:

1. Create, standardize, and enact department-wide and division-specific Data Timeliness Policies and Procedures.
2. Continue ongoing data completeness efforts to bolster the complete entry and maintenance of valid data focused on 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 (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.

As part of data quality priority 1, The Department established a goal: Improve the Timeliness of Data Entry for Placement Entry and Exit Dates. To address timeliness of entry of placements, monthly placement entry and exit timeliness reports were developed and used to establish baselines regarding the percentage of placement entries and placement exit event entry into FOCUS within 24 hours of real time occurrence. In June 2022, placement entry baselines were established to be 11% for (14 of 122) placement entry and 28% (24 of 85) for placement exit. These timeliness reports are distributed to division management for awareness and action monthly. The June 2022 established baselines were significantly below 90% goal. Performance has been further challenged through 2022 and into 2024 by the division’s ongoing staffing crisis. Placement data entry timeliness performance is a regular agenda topic at the CQI Data Quality monthly meeting.

<b>Placement Entry/Exit Data Entry Timeliness</b> (Goal: 90% of Placement Entries and Exits entered into FOCUS within 1 business Day)		
<b>Month/Year</b>	<b>% of Placements Entry Entered On Time</b>	<b>% of Placement Exits Entered On Time</b>
Baseline June-22	11%	28%
Aug-22	8%	22%
Oct-22	17%	17%
Jan-23	8%	10%

Feb-23	7%	13%
Jun-23	24%	33%
Dec-23	5%	14%
Jan-24	10%	12%

Since the June 2022 baseline was established, the following strategies, specific to placement entry, have been implemented:

- Monthly Placement Entry and Exit Timeliness reports were developed mid-2022 and are distributed to division management for awareness and action on a monthly basis. The “Kids in Custody without Placement” report is also being distributed monthly and was the subject of the first “Bite-Sized Learning – FOCUS Reporting” training session for supervisors and administration in May 2023.
- Weekly data quality checks are completed by the CQI Manager using the “Kids in Custody with No Active Placement” report. The Placement Gap Quality Assurance report as well as the AFCARS validation tool are also used to monitor placement entry. When a missing placement is identified through this data quality monitoring, emails are sent to supervisors and workers requesting missing placement entry in FOCUS.
- Training materials have been updated to include the data entry timeliness policy for placement entry and exit (1 business day). This is reinforced in New Employee Training and refresher trainings conducted by the FOCUS trainers.
- Relative/Non-Relative placements were identified by the CQI Committee as a specific pain point, so training was developed by FOCUS trainers on these placements. In May 2023, FOCUS trainers held weekly open house technical assistance sessions specifically on relative/non-relative worker approved placement entry. FOCUS Liaisons are also working with users individually to assist with entry placements on an ongoing basis as needed.
- CR-1235, implemented in October 2023, split the Level of Care (LOC) from the Placement Event in FOCUS for DSCYF Supervision and Respite placements, making Placement entry faster and easier for these types of short-term placements.
- Throughout much of 2023, a team of subject matter experts (SMEs) across DFS worked on the design for CR-1208 to split the Placement Event from the LOC in FOCUS for all other placement types. Lean process improvement principles were utilized to think through how to capture the most accurate, relevant information in the most efficient way, improving user experience and timeliness of Placement entry. Surveys were also deployed to collect broad user input for the redesign effort. Due to the size and complexity of the redesign and the significant potential impacts to federal reporting, this effort was put on hold toward the end of 2023. Timing and feasibility remain unclear at this time, but DSCYF will begin planning smaller changes to the LOC in 2024 to improve user experience in the meantime.

Despite DSCYF’s efforts to improve Placement data entry timeliness, this remains an area for improvement. Based on the findings from the Biennial Review, performance against established goals for this priority has not been consistently improving as shown in the data table above. In addition, no improvement has been seen yet in Placement entry timeliness for Respite and DSCYF Supervision

Placements following the implementation of CR-1235. DFS is currently discussing the feasibility of the one business day data entry policy for Placement Entry and Exit. The CQI committee issues regular communications through “Focus on FOCUS” emails and other mechanisms to division staff to stress the importance of data entry timeliness and reinforce the timeliness policy. The committee continues to brainstorm additional ways to help improve data entry timeliness on an ongoing basis.

As part of data quality priority 1, the Department established a second goal: Timely Data Entry for All Initial Interviews. The current DFS Initial Interview data entry timeliness policy requires Initial Interviews to be entered into FOCUS within 5 business days from the date the interview took place. Initial interview entry timeliness report was developed and used to establish baseline regarding the percentage of initial interview entries into FOCUS within 5 days of real time occurrence. In June 2022, baseline was established to be 77%, significantly below goal of 95%. Report is distributed to division management for awareness and action on a monthly basis. Initial Interview Timeliness report is reviewed at every CQI Data Quality Committee meeting.

Initial Interview Data Entry Timeliness (Goal: 95%of Initial Interviews Entered within 5 business day policy)	
Month/Year	% of On Time Initial Interview Entries into FOCUS
Baseline June-22	77%
Sept-22	61%
Jan-23	54%
Feb-23	64%
Jun-23	51%
Jan-24	40%
Feb-24	32%

Since the June 2022 baseline was established, the following strategies specific to initial interview entry timeliness have been implemented:

- A FOCUS enhancement (CR-1089) has been implemented to enable capability to pull historical timeliness data based on initial interviews that have been archived. This has enabled the division to better track data entry timeliness performance over time.
- Monthly Initial Interview Timeliness reports were developed mid-2022 and are distributed to division Management on a monthly basis for monitoring and action.
- Training materials have been updated to include the 5 business day data entry timeliness policy for all contacts, including initial interviews, and the two dedicated FOCUS trainers stress the importance of this policy in New Employee Training and routinely reinforce in refresher trainings.

Despite DSCYF’s efforts to improve Initial Interview data entry timeliness, this remains an area for improvement. The June 2022 established baseline was below goal as noted above, and performance has been further challenged through 2022 and into 2024 by the high turnover and vacancy rate in DFS investigation/FAIR units.



In addition, based on feedback from ACF on the recent CFSR Round 4 submission, DFS will be required to start documenting and tracking initial interviews for each child associated with an intake. Currently, initial interviews are documented by case, not by child. A change will be required in FOCUS to enable this additional documentation and tracking, and ultimately will require additional data entry efforts by users, which could further impact data entry timeliness performance.

As part of data quality priority 1, a third goal was added to the 2024-2025 DQP: Timeliness of Court Order Entries. In order to measure improvement in timeliness of court order entry, court order entry timeliness report was created and used to establish baseline regarding the percentage of court order entries into FOCUS within 5 days of real time occurrence. In June 2022, baseline was established to be 14%, significantly below goal of 95%. The report is shared with division management for awareness and action monthly and reviewed at every CQI Data Quality Committee meeting. Agency staffing struggles are contributing to decline in performance.

<b>Court Order Data Entry Timeliness</b> (Goal: 90% of Court Orders entered within 1 business day policy)	
<b>Month/Year</b>	<b>% of On Time Court Order Entries into FOCUS</b>
Baseline June-22	14%
Oct-22	11%
Jan-23	17%
April-23	13%
Jun-23	14%
Nov-23	11%
Jan-24	10%

DFS leadership and the CQI Data Quality Committee have been brainstorming new strategies to try to improve timeliness and completeness of Court Order entry into FOCUS, including potentially revising the timeliness policy to extend beyond 1 business day. One of the challenges to achieving timeliness goals for this priority is that there are often delays in the Court manually sending court orders to DSCYF for entry into FOCUS. The State's Court System is currently updating their data system to Apricot. Once that update is complete, DSCYF will explore a potential data interface with Apricot. As timing and feasibility remain unclear for this potential initiative, DSCYF will focus on other strategies that can be implemented in the shorter term to improve timeliness and completeness of court orders entry. One such strategy is the appointing of a single point of contact (POC) for each region be responsible for court order entry into FOCUS. In stakeholder focus group discussions held as part of the CFSR Round 4 development, it was discussed that each region has a different approach for entry of Court Orders into FOCUS, and timely entry was generally better when one POC was utilized to enter court orders for that region into FOCUS.

As part of the CFSR Statewide Assessment in reviewing periodic reviews, a report was built to pull in all court orders for a child and measure time between hearings. The CQI Manager reviews this report to find missing order types as well as locate



large gaps in time between hearings indicating court orders are missing. Requests are then made to caseworkers and supervisors to enter missing orders in FOCUS. The CQI Manager continues to use the AFCARS validation report to determine children with missing court orders (periodic reviews) and child plans (permanency goals).

Permanency goals are captured in the child plan event in FOCUS. In the new AFCARS, all goal changes need to be captured, not just the most recent goal. For Delaware, this is mapped from our completed child plans. While the collaboration with families in the completion of child plans is captured in other areas of this report, the entry of child plans into FOCUS will be addressed here. Entering completed child plans into FOCUS timely and accurately is an area needing improvement. The timeliness of all case planning activities continues to be challenged by ongoing DFS staffing shortages and high caseloads. However, DFS leadership and the CQI Data Quality Committee have agreed that of all of the case plans and assessments, Child Plans should be the primary initial priority for timeliness and completeness improvement efforts. Therefore, the timeliness of entry of child plans has been added as a fourth goal under priority 1 of the DQP.

Federal regulations require that all child plans are developed with the family within 60 days of initial placement following removal. Furthermore, DFS policy requires that child plans are developed with the family within 30 days of initial placement and each subsequent placement and goal change. While there are not yet any child plan timeliness or completeness monitoring reports that have been developed, FOCUS point in time data reviewed in March 2024 showed that of all open cases, only 17% of child plans were completed by the due dates across investigation, treatment, and permanency.

Going forward, the CQI Manager will be operationalizing a new committee to focus on case planning improvements. In addition, Child Plan timeliness and completeness will be added as a regular agenda topic in the monthly CQI Data Quality Committee meetings, and the committee will be working to further define the goals, develop and operationalize monitoring reports, and establish baselines for this priority. DSCYF leadership have already been brainstorming potential strategies for improvement in child plan timeliness and completeness, including redesigning the Child Plan record in FOCUS to make it faster and easier to complete. Improvement efforts such as the redesign of the Treatment Case Conference Event (CR-1128), which will help ensure that Supervisors are performing regular, thorough reviews of case planning activities with all relevant case data at their fingertips, are already in progress. Child Welfare Contributing Agencies' (CWCAs) ability to enter child plans directly into FOCUS or the pared down version of FOCUS, the Provider Portal, is also expected to improve timeliness and completeness.

Data quality checks are completed regularly with court data team to ensure children's permanency goals are accurate in both systems. The CQI Data Quality Committee began the process of doing a walkthrough of the child plan event. 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. As review occurs, the Treatment Program Manager creates tickets requesting the proposed improvements. While reviewing child plans, it was found that the permanency goal picklists were not consistent across various events in FOCUS. A change request was created to ensure all picklists would have same

values. This build has been implemented. The committee also found that workers were completing plans after child had exited custody and placement. The committee requested validations be built to not allow child plans to be created after placement or custody exit date. This request is still pending. The committee also discovered instances on case plans where workers were selecting APPLA as a goal for youth under the age of 16, which is against policy. A request to create validation to not allow goal of APPLA to be selected prior to youth turning 16 was made. The build was implemented in 2022.

When developing timeliness and completion reports, an overarching issue preventing the ability to pull historical information was found. To create a worklist for staff of pending activities, tasks are assigned to the worker's worklist. During the original build, due dates and completion dates were only built on the task itself and not the record. FOCUS does a routine system archive of tasks after one year resulting in the data no longer being available for reports. This makes it very difficult to analyze trends beyond one year. Members of the CQI Data Quality Team subsequently went through all DFS objects in FOCUS to request that due dates and completion dates be moved to the event record instead which was implemented in Spring 2023.

In relation to the Data Quality Plan Priority 2: Continue ongoing data completeness efforts to bolster the complete entry and maintenance of valid data focused on key pain points, Delaware recognizes that partially complete or missing data (e.g., missing address, missing or incorrect date of birth, missing information on case or legal status) can negatively affect the ability of DSCYF to provide comprehensive care to children and families. Missing data could mean the client does not receive needed services. DSCYF recognizes that all data is not required for all persons, however where the department has determined that data is required, FOCUS functionality has been implemented to ensure that all mandatory fields are completed.

Over the past two years, numerous validations and worklisted tasks have been added in the FOCUS system to bolster data entry completeness. One of many examples is a validation added in 2023 to ensure complete entry of race, ethnicity, and address fields in Investigations, which has greatly reduced the number of NCANDS federal reporting validation errors. Another recent example is the addition of tasks associated with Independent Living (IL) Service Records, which remind IL workers to complete service records as needed. In addition, case management activities that have historically been documented within the existing case note format are being transitioned into customized screens and fields in FOCUS, further bolstering capture of complete information in the system. Recent examples include: implementing Ice Breaker events in FOCUS to ensure complete documentation and tracking of initial meetings with a child, foster care provider, and birth family upon each new placement; and implementation of Stairways to Encourage Personal Success (STEPS) Events in FOCUS to document and track required meetings to support youth with planning as they prepare to transition out of care. As opportunities for additional FOCUS enhancements to ensure data completeness are identified, design change requests are submitted, prioritized, and implemented as part of routine operations.

The data quality plan priority related to completeness that the department has been focusing on over the past two years has seen improvement of caseworker monthly

contact completeness. DFS is not yet meeting established goals for this priority, and thus have determined that it will remain a priority in the 2024 Data Quality Plan. Over the past two years, the following strategies, specific to caseworker monthly contact completeness have been implemented:

- The Monthly Client Contact report has been upgraded and is sent out monthly to ensure completeness of data entry. It can be broken down by supervisor, region, etc., for ease of use. As the fiscal year comes to an end, the report is sent out weekly as compilation of this information is needed for the federal MCV report. The client contact data entry report is reviewed monthly by the CQI Manager which includes reviewing notes for caseworker reference to completing a client contact and emailing the worker and supervisor directly instructing them to update the client contact-related fields.
- Transition of CWCAs into FOCUS and the pared down version of FOCUS, Provider Portal, is continuing and allows contracted providers direct entry capability into FOCUS, which will enable further improvements in Client Contact entry completeness and timeliness.
- Training materials have been updated, and the importance of monthly Client Contact data entry completeness and timeliness is covered during New Employee Training and routinely reinforced in refresher trainings.
- Throughout much of 2023, the DFS Program Managers, division SMEs, and the DFS FOCUS Product Owner worked to redesign the contacts screens and fields in FOCUS (CR-0783). Currently, monthly Client and Family Contacts are tasks in the FOCUS system and are archived after six months, which inhibits timeliness monitoring. In addition, notes from a contact are documented in progress notes in the system, which are not connected to the task, so it can be difficult to track these and ensure complete documentation of Contacts in the system. The FOCUS redesign will convert Contacts from tasks to records in FOCUS, which will help to ensure complete documentation of contact notes and enable timeliness monitoring. The redesign will also include logic that will qualify a single Contact entry for a Family Contact and a Client Contact if the child and family members are both present at a single contact meeting, thereby reducing duplicate Contact detail entry. Due to the size and complexity of the redesign and the impacts to federal reporting, this effort was put on hold toward the end of 2023. The department will plan to revisit this design change in the second half of 2024 to determine feasibility and timing.

The Monthly Client Contact report has been upgraded and is sent out monthly to the Operations Manager and Regional Administrators to ensure completeness of data entry. These reports include all months where a contact event has not been entered, along with the assigned worker and supervisor's name. As the fiscal year comes to an end, the report is sent out weekly as compilation of this information is needed for the federal MCV report. For our FY2021 and FY2022 monthly caseworker visit report, Delaware had a 100% completion rate for all visit events at time of submission.

The issue of completeness was further highlighted when reviewing historical caseload reports. It was discovered that the assigned user table was inaccurate as it was not reporting all past assigned users. Part of this error was found to be created

when cases were improperly assigned. The correction for this issue was addressed through a change request that requires a standardized process for case assignment. This change has been implemented in FOCUS and past assigned users are being updated.

While AFCARS 2020 pulls information regarding the Indian Child Welfare Act (ICWA), Delaware has very few youths that qualify for ICWA. It was determined that ICWA fields in FOCUS was lacking. Because a child's tribal affiliation must be entered for every youth, parent/caregiver, adoptive parent, or foster parent of youth in custody, the CQI Committee had recommended FOCUS team create and provide training to all DFS staff. This was completed in early 2023. It was also recommended that an ICWA status field be added to the Kids in Custody report to track and ensure ICWA information has been added. This request is pending but close to completion.

In relation to the third priority, 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, the Biennial Review identified the following three sub-priorities related to accuracy and consistency for inclusion in the 2024 Data Quality plan:

- Priority 3a: Reduce Duplicate Person Records in FOCUS
- Priority 3b: Reduce Manual, Duplicate Entry Among CWCAs
- Priority 3c: Support Data Exchange Accuracy through Improvements in the Data Exchange Agreement Process

Priority 3a and 3b were existing data quality plan priorities for the 2022-2023 Data Quality Plan for which the department is not yet meeting established goals. Priority 3c is a new priority that is being added to the 2024 Data Quality Plan.

The 2022 Data Quality Plan included a priority to *Improve Accuracy of Address Information (Specifically Zip Codes)*. Strategies implemented specific to this priority over the past two years included the following:

- The Person Address with No Zip Code report is distributed monthly, and FOCUS Liaisons address any missing zip codes in the report.
- Training, regular staff reminders, and overall heightened focus by the department has significantly reduced the number of missing zip codes.
- Additional system changes have been implemented for further improvements in address completeness and accuracy:
  - CR-1076, implemented in May 2023, allows for address validation more than once if edits are made upon learning complete address information. If an address is updated, FOCUS Liaisons will have the ability to complete address validation again.
  - CR-0981, implemented in November 2022, introduced validations to require input of address data prior to completion of an investigation.

Reviews of the Person Address with No Zip Code reports through the first quarter of 2024 showed no more than 19 missing zip codes at any point in time. Considering progress and performance in this area, the DSCYF has determined that the established goals for this priority have been adequately met and this will no longer

be a priority in the 2024 Data Quality Plan. Focus on complete and accurate address entry will continue to be an integral part of ongoing daily operations.

While the focus of this data quality plan priority over the past two years has been to identify and address duplicate PIDs related to the conversion from the old FACTS SACWIS system to the current FOCUS CCWIS system, the following strategies have been implemented not only to identify and remove conversion-related duplicate PIDs, but also to reduce duplicate PID creation and to streamline duplicate PID monitoring:

- CR-1055, implemented in January 2022, identified and removed Duplicate Case Persons in FOCUS for all divisions. 850 duplicate PIDs were identified in this effort, and all confirmed duplicate PIDs were resolved.
- CR-1052, implemented in February 2022, added pre/post adoption flag logic to prevent inadvertent PID duplication related to adoption name change.
- CR-0981, implemented in October 2022, introduced a validation to ensure that Race, Ethnicity, Gender, and Address are completed on a Person before case closure can be completed. Ensuring this information is completed on Persons provides additional data points for Person searches in FOCUS, further reducing likelihood of duplicate Person creation.
- CR-0569, implemented in March 2023, ensures that when a person is added to a case, the mandatory fields for the Person Type are captured and, if needed, the Person Type (Client) is automatically generated.
- CR-0834, implemented in October 2023, introduced an additional set of controls in the PID creation and validation process to prevent duplicate PID creation, such as required person search and expanded search criteria.
- CR-1053, also implemented in October 2023, enhanced the Duplicate ID Report to exclude pre- and post-adoptive children. The enhanced report has enabled efficiency in the process to identify these duplicate PIDs.
- CR-1065 has been developed to add a validation that will alert the user if they are potentially creating duplicated pre-or post-adoptive Person Involved records and duplicated Adoption information records. This change will be implemented in June 2024.
- In addition to the above system and report enhancements, training materials (New Employee Training Decks, FOCUS User Manuals, and FOCUS Quick Reference Guides) have been updated to ensure the robust person search functionality is consistently and correctly used, and the importance of person search to prevent duplicate PID creation is stressed in training sessions.

DSCYF has completed the initial conversion clean-up duplicate PID identification and resolution efforts and has progressed several actions to address the ongoing challenge of duplicate Persons. Minimizing creation of duplicate PIDs as well as identifying and quickly resolving duplicate PIDs has become and will remain a general operating focus to ensure data integrity. However, based on findings from the Biennial Review, FOCUS Liaisons are still receiving >500 requests each year to resolve duplicate PIDs. As a result, DSCYF has determined that ongoing reduction of duplicate PID's will remain a priority on the 2024 Data Quality Plan.

Transition of Contracted Service Providers into the Provider Portal and FOCUS is continuing. Over the past two years, the following progress has been made to reduce manual, duplicate data entry among CWCAs:

- From April to May 2022, DSCYF held seventeen individual discussion sessions with all CWCAs that provide child welfare services and support to DFS. The purpose of



these meetings was two-fold: to ensure CWCAs understand how critical it is to enter accurate, timely child welfare-related data to maintain data quality and to understand any existing internal systems used to support current CWCA data collection needs. These discussions supported DSCYF analysis of needs in the Provider Portal and the level of effort by CWCAs to begin entering data directly into the Provider Portal. Additionally, the discussions shed light on those CWCAs with whom data interfaces may be explored as the Provider Portal continues to be rolled out.

- DMSS launched Provider Portal functionality as a pilot with ICPC cases in August 2022.
- DFS launched Provider Portal functionality as a pilot with one DFS Adoption Unit and one Adoption Services CWCA in August 2022. Contracted Independent Living Service Providers, Family Assessment and Intervention Response (FAIR) Providers, Plan of Safe Care (POSC) Providers, and additional Adoptions Services providers were transitioned into the Provider Portal in 2023. Feedback on functionality from the DFS Program Managers and CWCA users continues to be collected with system fixes and enhancements being prioritized to improve Provider Portal functionality and user experience.
- DSCYF has centralized oversight of CWCA contracts and Provider Portal access requirements with the Contracts division to ensure a standardized, streamlined process and ensure all requirements for Provider Portal access are met.
- Provider Portal training materials continue to be developed and CWCA users are being trained by FOCUS trainers and DFS Program Managers prior to entry into the Provider Portal and FOCUS.
- Development of a separate Foster Care Portal to manage applications, tracking, and training of Foster Care Providers is nearing completion and is expected to be implemented in 2024.

While progress has been made in transitioning providers into the Provider Portal and FOCUS, DSCYF has experienced unexpected challenges that have impacted data quality in areas such as IL NYTD Surveys. DSCYF is implementing process changes based on lessons learned to improve the process and minimize unintended data quality impacts as the transition proceeds. A more robust planning process has been operationalized ahead of transitioning CWCAs into the system in order to fully understand and address functionality and access/permission needs for each contracted service provider in FOCUS and the Provider Portal. More rigorous end to end testing is also being completed by SMEs and FOCUS team members to ensure the Portal is functioning as needed for each contracted provider ahead of transition.

User feedback has been invaluable during the transition and has informed DSCYF next steps. Currently, the department is in the process of moving contracted FAIR/POSC and Permanency providers from data entry into of the Provider Portal and into direct data entry into FOCUS as the Provider Portal functionality has been determined to be insufficient and it would be cost prohibitive to add functionality to the Portal to the extent needed for these contracted service providers. Contracted Treatment Service Providers will be the next program area to be transitioned into the Provider Portal and FOCUS, based on their system functionality needs, in a phased transition period from April-August 2024. DSCYF plans to transition Contracted Foster Care into the Provider Portal and FOCUS at the end of 2024. Contracted provider data quality monitoring reports and dashboards are being planned and developed as needed once transitions are completed for both the Provider Portal and the Foster Care Portal.



Based on the above, DSCYF has determined that reducing manual, duplicate data entry by transitioning CWCAs to FOCUS and the Portals will remain a priority in the 2024 Data Quality Plan.

In regard to priority 3c, Support Data Exchange Data Accuracy through Improvements in the Data Exchange Agreement Process, every DSCYF data exchange will have been reviewed by July 2024 through the MuleSoft 4 upgrade, and design documents are being updated as part of that process. Through this process, DSCYF did identify the need for improvements to Department of Education (DOE) interfaces. FOCUS change request CR-0979 has been developed for this and will be prioritized following the MuleSoft 4 upgrade.

Overall, data exchange data quality was not identified as an area of concern for DSCYF in the Biennial Review. Data exchange errors and failures are not a significant issue, and the department has a robust process for catching and correcting errors and failures. There is a two-layer error notification approach for data exchanges. The error or failure is reviewed, and if it is determined that it occurred on the agency partner side of the exchange, the identified agency point of contact is notified and a correction is requested. If the error or failure is the result of a DSCYF error, then the FOCUS liaison unit is contacted to review and analyze the error and determine how it can be corrected.

However, the Biennial Review did indicate that the process and ownership for monitoring, maintenance, and enforcement of data exchange agreements is unclear, and data exchange agreement language may be inconsistent or missing key elements to ensure data quality and confidentiality expectations are clear. As a result, DSCYF has determined that a thorough review of and potential adjustments to data exchange agreement language, process, and ownership will be included as a priority in the 2024 data quality plan. DSCYF plans to leverage the ACF Data Exchange Agreement Self-Assessment tool for guidance in reviewing and modifying the agreements and the overall agreement process.

5. 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 disruption.
  - 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 has grown to include representatives from every DSCYF division, the courts, numerous stakeholders, community partners, and individuals with lived experience. 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 (OCA) Chief of Legal Services, OCA Data Analysts, OCA Youth in Transition Director, System of Care Director, Youth Lead of the System of Care Grant, DMS Program Director from Office of Cabinet Secretary, DMSS FIRST program supervisor, OCM Supervisor, FAIR Director, DPBHS Child Psychologist, YRS administrator, Kinship Program Manager, Delaware Futures, Delaware Father and Family Coalition, Founder of Duffy's Hope, Father and Wrestling Coach, Program Manager of the Behavioral Health Consultant Program, Independent Living Staff from Murphy School, DFS frontline supervisors and workers, and young adults with lived experience including the president of our youth group, HOPE.

The CQI Teen Committee has continued to review data reports and case reviews analyzing teens in custody and service provision implications and placement stability. 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. (See Assessment of Current Performance in Improving Outcomes for Item 4 Table). Delaware correlates placement stability performance to the number of teens in foster care. Teens made up a disproportionate number of youths in foster care. Teens continue to have a higher rate of placement disruption as compared to younger children. Placement stability has also been impacted by the lack of placement resources, especially for teens. With significant gaps or delays in services for teens with significant mental health or behavioral issues in Delaware, Delaware foster parents and other residential programs are unwilling to take in new placements or less tolerable of keeping teens with such significant behavior concerns or runaway behaviors.

The following data points were considered by the committee. This data review was used to develop enhancement strategies for the teen population.

The 2020 Delaware Census shows that youth ages 10-19 make up 12% of the overall population. As of 4/12/22, 43% of youth in foster care were 13 or older. As of 4/24/23, 40% (242 of 609) of our youth in foster care were 13 or older and 22% (131 of 609) were 16 or older. As of 4/17/2024, 38% (221 of 575) of our youth in foster care were 13 or older and 21% (121 of 575) were 16 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. Using AFCARS 2023A, 20% (145 of 731) of the children on the AFCARS report were born prior to 4/1/2017, (16 years of age or older). For these youth, 116 or 80% had have more than one placement setting and

95 or 66% have had more than 2 placements setting as compared to all children where 59% (433 of 731) have had more than one placement setting and 33% (243 of 731) have had more than two placement settings.

CIP data reports that in the CY2021, 31%, or 106 of 341 youth entering custody were teens. Of these youth, 40%, 42 teens, were due to disrupted guardianships, 19%, 20 teens, were due to a sua sponte order, and 10%, 11 teens, were due to a disrupted adoption. Primary entry reason for these teens, 41%, 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. CIP data reports that in the CY2022, 30%, or 126 of 417 youth entering custody were teens. Of these youth, 21%, 26 teens, were due to disrupted guardianships, 26%, 33 teens, were due to a sua sponte order, and 9%, 11 teens, were due to a disrupted adoption. Primary entry reason for these teens, 43%, 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. CIP data reports that in the CY2023, 29%, or 94 of 329 youth entering custody were teens. Of these youth, 24%, 23 teens, were due to disrupted guardianships, 21%, 20 teens, were due to a sua sponte order, and 9%, 8 teens, were due to a disrupted adoption. Primary entry reason for these teens, 34%, was parent-child conflict and 14% was physical abuse. Secondary reasons included guardian or caretaker no longer wishes to provide care, child's behavior, and child's mental health.

The Foster Care Program Manager worked with fiscal to gather numbers for board, group care, and out-of-state payments to confirm that teens are significant cost drivers and particularly with out of state specialized placements. Looking at the breakdown for Quarter 1 of FY21,

Foster Care Payments for Youth 13 years & over:

DFS Homes \$218,708  
Group Care \$1,087,793  
Out-of-state placements \$726,799

Total all age groups:

DFS Homes \$455,427  
Group Care \$1.239 million  
Out-of-state placements \$734,687

This data shows that 48% of board costs are for youth 13+. There are 90 youth over the age of 13 in DFS homes, which is 27% of the total. Data shows that teens make up 80% of group care costs and 99% of out of-state placements.

Using above numbers, there has been a 5% decline in youth in foster care 13 or older per DFS report; a decrease of 10% of youth 16 or older per AFCARS reports; and a 2% decrease of teens entering custody per CIP report since the creation of the CQI Teens Committee.

The CQI Teens Committee developed a problem statement and two theories of change. The problem statement is 'Teens make up a disproportionate share of youth

in foster care and placement stability decreases when a child is older.’ The two theories of change are:

- Preventing teens from entering care will improve performance on placement stability
- Improving service provisions across the Department to foster parents and youth will stabilize placements for teens in custody and improve performance on placement stability.

The committee began gathering information on community and contracted statewide services available to teens, including those that could address issues related to parent-child conflict. Although information collection was originally geared towards teens, the need for a centralized directory of all available community services was found to be apparent. As a result, CQI Teen Committee recommended that a centralized dashboard be developed. CQI Teen Committee members from the Family Informed Resource Support Team, or FIRST, took on this task and created an interactive Community Directory. This is an easy to navigate public facing dashboard which allows users to filter and search for information on community resources throughout the state. In addition to the Community Directory Dashboard, FIRST has also compiled a list of statewide seasonal resources and upcoming events. The Community Directory Dashboard and the “Seasonal Resources and Events” can be accessed on the DSCYF website at <https://kids.delaware.gov/first-community-directory/>.

The CQI Teens committee also found that many available contracted services are being underutilized by the Department. Committee worked on promoting these programs, educating workers and foster parents of their availability, and exploring cross divisional use of contracted programs. A report was built showing all division contracted services. FIRST worked to also make this a DSCYF internal dashboard that is now available to all DSCYF staff. Review of this report, however, showed inconsistencies with data entry related to the specific details or targeted use of the service. In the upcoming year, the committee will be working with contracted agency program managers and the Department contract unit to ensure completeness and consistency of information provided. Department leadership has presented at town halls and other forums that contracted services are available across the Department and that division directors will collaborate when a need exists.

Over the past years, the CQI Teens Committee has had numerous providers present at committee meetings so that information could then be sent out across the Department. For many of these providers, CQI Committee members arranged for providers to present at Lunch & Learn training sessions, unit meetings, and/or program team meetings. For all the providers, information on their program was shared via email to all DFS staff to further awareness of available resources. A positive outcome is that many of these providers then became members of the CQI Teens Committee.

Highlights of these include:

- In March 2023, Children and Families First did presentation at a Lunch & Learn training session on all their services available including FFT, Cognitive Behavior Therapy, and Child-Parent Psychotherapy. Children & Families First FAIR cases can be referred to Family Functional Therapy (FFT) and this service is underutilized. FFT

expanded and will provide services to youth and foster parents in order to stabilize placements, but this is rarely taking place.

- In September 2022, DPBHS presented an overview of their programming to the CQI Teens Committee. Their programming reaches the statewide population and provides a variety of services that include family support and empowerment and parenting training. Of particular interest to the committee was information that DPBHS also funds after-school and summer programs throughout the state and has the Youth Response Unit that provides intervention when children in the City of Wilmington face an acute trauma situation. The committee was also interested in the Intensive Family Consultation program that helps families with children under 18 who face multiple problems due to risk factors. The program helps with 1:1 intense consultations, person-centered planning, advocacy & collaboration, and resource connection.

- In September 2022, the K-5 program, which is a voluntary program that is a collaboration between DOE and DSCYF, presented on their school-based family crisis therapists' program. FCTs are located in 54 public schools work with students whose behavior impedes their learning process or the learning process of others. Referrals are done through a school intervention team led by the school's principal. A noted barrier is that school based FCTs cannot engage with a child if that child is active in DFS services. Conversations were held whether or not children in foster care who often struggle with school could be considered for the program. It was stated that they could be part of a service continuum depending on circumstances. Presentation was also provided on the Behavioral Health Consultant (BHC) program. BHCs are in 32 middle schools and provide a variety of services including supportive counseling, crisis consultations, skill-building, referrals to community programs, and trauma-focused therapy. Referrals can be made by anyone or even be a self-referral from the student. Information on these programs was shared across Department by committee members. With this information, the administrative RED team began making referrals to the BHC and school FCT programs as a preventative type of approach to provide services to at risk families and youth in transition.

- In November 2022, the Delaware Family and Father's Coalition presented to the committee.

- In November 2022, Highmark Care Coordinators presented at a DFS Lunch and Learn training session and information on psychological assessments and the Transitional Independent Living programs was provided at a second Lunch and Learn training.

Given the long-waiting list for and lack of mental health/behavioral services for teens, CQI Teen Committee is exploring other avenues to provide needed supports to teens. Having a strong connection or a positive role model plays an important role for our youth. For this reason, CQI Teens Committee has been reaching out to various mentoring programs across Delaware. Several programs have presented to the committee:

- In January 2023, the director of the Green Beret Project in Dover presented to the Committee. The program has been in existence for seven-years and have built relationships with youth in low-income neighborhoods, Murphey School, and Ferris School. This mentoring program works with at-risk young men in high crime areas.



- In January 2023, executive director from Connecting Generations gave an overview of their program. They began over 30-years ago as a creative grandparenting program that later grew into a creative mentoring program. There are over 100 schools now partnering with the program with a presence in all three counties. The Creative Mentoring program has a mentor coordinator in selected schools. Mentors meet with the youth 30-60 minutes during the school week. Connecting Generations provides many other programs that are targeted to specific age groups and focus on emotions and showing respect. They do this through group sessions with a focus on the arts in some of their programs. Connecting Generations also has peer supported programs and provide mentors for children that are experiencing foster care. With all of the helpful information that was provided, the CQI Teens Committee arranged for Connecting Generations to present at a Lunch and Learn training session in March 2023. This program has expressed a desire to become more involved with DFS families and youth in foster care. The DFS treatment program manager is working with the Department of Education on a proposal that will allow a Connecting Generations referral be discussed at every Best Interest Meeting (BIM).

- In March 2023, founder of Duffy's Hope prevention program, which is designed to work with youth ages 13-18, presented. The program is in five schools and offers projects, field trips and mentoring. There is a parent advisory group, and they are working on a new housing project for young women aging out of foster care. Members of the Career Team also presented on their programs for education and employment in Kent & Sussex Counties. They work with young adults 16-24 in various skills and career development aspects. They can assist with obtaining a GED and then work for secondary education. They have a program with Delaware State University for six-month online certification programs that team the young adult with a mentor. They have partnered with the IT program that allows the young adult to be paid \$15 an hour for training in a 12-week program.

- Delaware Futures also presented to the committee in March 2023. Delaware Futures is a statewide program designed to help students from the 8th grade onwards with their education and postsecondary education success. They offer tutoring, mentorship programs, and paid internships among other services. The CQI Teens Committee arranged for Delaware Futures program to present at a Lunch & Learn training session in June 2023.

- Youth Build presented to committee in June 2023. Youth Build is a national youth incentive program that is community-based and new to the Wilmington area. The program serves youth 16-24 years old with an emphasis on serving those who need to acquire a GED. There is an emphasis on teaching construction trades. They supply transportation and all other needs for program participants. They also have program certifications in culinary arts, and a medical track that certifies nursing assistants and electronic billing agents. The goal of Youth Build is two-fold: 1. Become educationally competent 2. Become self-sufficient by building skills. It is a year-round program and includes a mental health component that focuses on self-care and strength building.

Following the mentoring presentation, the FIRST unit compiled a list of mentoring programs and sent that globally to the Department on 2/27/24. This information was



also sent to Department of Education. The mentoring information was added on the intranet page for DSCYF and on their FIRST community dashboard.

The CQI Teen Committee also found that a gap in services exists for children and their foster families who are experiencing struggles. To address this and to improve placement stability, DFS finalized a contract with Wraparound Delaware to provide support services for foster families who are experiencing difficulties. The contractor will help the foster parent in navigating services and planning. This contract also provides a support group for foster families that is intended to help families to build supports and relationships and will serve families when placement is occurring from group homes, DPBHS facilities or from DYRS placement. The program is expected to serve up to 45 families per year. Other programs, such as Family Interventionists and Home-based programs can also be utilized by foster families. The committee plans to look at recruitment efforts and improved training for foster parents to better prepare them for challenging teens. DFS foster parents are offered diverse training opportunities each year. Trainings include working with youth who experience depression; suicide prevention; crisis diffusion; and working with LGBTQ+ youth. Participation in a training has been challenging and the Foster Care Program manager is working collaborative with our training partner, Prevent Child Abuse Delaware (PCAD), to increase the number of trainings available and to develop strategies for improved attendance. The foster care program manager is also developing a training plan for DFS foster families and is looking to add more specific trainings such as trauma and human trafficking.

Related to service provision, the committee has determined there is a need for improvement in service coordination across divisions. Service gaps were found during points of transition, for example, from DYRS or DPBHS residential services to home. During this transition period, the committee found that many teens enter DFS custody, sometimes via sua sponte orders from Family Court, as parents are not prepared or are unwilling to care for child due to lack of supportive services. It is challenging for DFS to find initial placements for these youth and, unfortunately, has led to youth spending nights supervised by staff at DFS office or other location until a placement can be located. The committee also found that policy and/or best practice is not consistently being followed as related to Policy 209. (These concerns were undertaken by the CQI Promoting Permanency Success Committee.)

Additionally, a number of meeting types that impact teens entering or remaining stable in care such as Team Decision Making, Family Informed Resource Support Team (FIRST) (when child involved in multiple divisions), ice-breakers (caregivers and foster parents at time of initial placement), STEPS (Stairways To Ensure Personal Success) that are held 90-days before a teen leaves care, Dual Status Youth, and family team meetings, are often not being held to prevent placement or promote stability. Per committee recommendations, a CQI Teens subcommittee was formed to compile a list of all meeting types that are held across all divisions involving teens, along with their purpose, frequency, and participants. The CQI Teens Committee meeting has focused efforts on defining barriers and promoting awareness of practice and policy related to these meetings and updates on initiatives and progress made is discussed at each meeting. The subcommittee recently finalized a Meeting Information Guide Sheet that is being used to develop a Meeting Flip Book that will be provided to all DSCYF staff. This flip book will be a quick reference guide outlining the purpose, referral process, facilitator, and required

attendees for meetings for all the different divisions. It is the hope that by promoting awareness of these meetings, better collaboration and planning can take place with families and youth across Divisions. Here is an example of a page from the flip book:

## Division of Family Services (DFS)

### Best Interest Meeting (BIM)

Purpose: To determine school placement for children in foster care. This meeting is a collaboration between DFS and Local Education Authorities (LEA) to ensure educational stability of children in foster care.

Referral Process: A BIM is held within 5 days of a child entering DFS custody, changing placement, or exiting from DFS custody and yearly if there are no changes. A BIM is initiated by the DFS worker notifying the LEA District Liaison of the need to schedule (<https://www.doe.k12.de.us/Page/3224>)

Facilitator: School of Origin Liaison

Attendees:

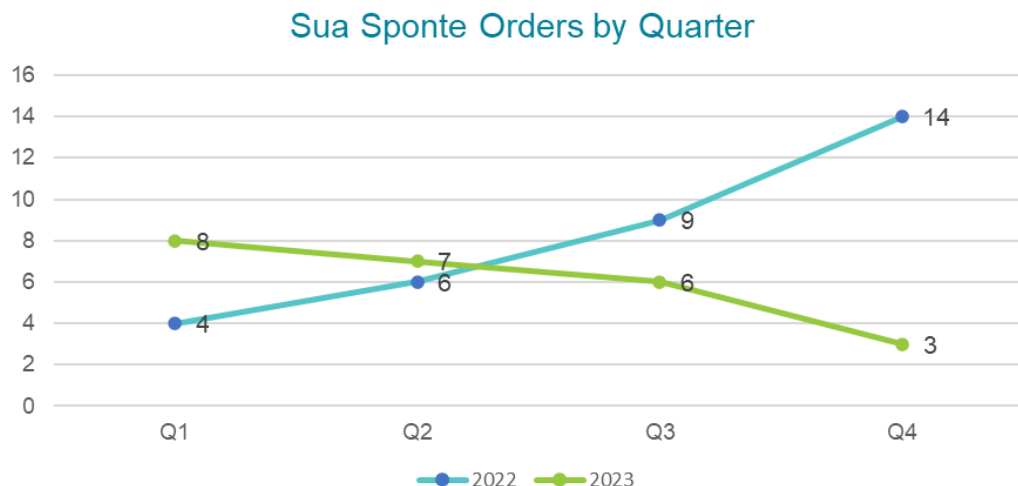
- Professionals: DFS, School Liaisons from the District of Residence and the District of Origin. Other professionals may also be invited (ex. Child Attorney).
- Family: Caregivers should be invited (both foster parents and biological parents if appropriate).
- Youth: Yes, when appropriate.

The CQI Teen Committee found that the Family Informed Resource Support Team (FIRST) was determined to be a program in existence that was underutilized due to lack of staff awareness. The FIRST program works with youth and families that are involved in more than one division. FIRST gets a system generated report with youth involved with more than one agency. A FIRST caseworker then reaches out to the other division workers and the family to gauge their interest in the FIRST program. The meeting is family-led and looks at the strengths of the family and youth, their needs, and concerns. FIRST will help find community resources and can help with funding some resources to secure home safety. In May 2022, FIRST presented their program at a CQI Teens Committee meeting. Committee member arranged for FIRST to present at an August 2022 DFS All Management Meeting. On 4/13/2023, the CQI Teens Committee featured the FIRST program during a Lunch and Learn and encouraged FIRST to present during regional staff meetings to share information about their program. The Committee also reviewed and made recommendations that were accepted to expand acceptance criteria for the program. Consequently, referrals to the FIRST program have improved and an additional full-time position was added to support the increased demand.

Analysis of teen entry reasons also found a number of youths entering care due to criminal or risky behaviors that do not qualify for placement in a locked detention facility. CQI Teen Committee found, and stakeholder interviews confirm that a service gap exists for pre-adjudicated youth or youth involved in misdemeanor and risky behaviors. Services are available when the youth is adjudicated, but few diversionary programs are available for pre-adjudicated youth. YRS does not get involved prior to adjudication unless pretrial services are ordered. Information was shared with committee that school-based FCTs in K-5 schools and behavioral health

consultants in the middle schools are prevention programs that are provided by PBHS.

The CQI Teens Committee explored initiatives to push the value of TDMs as a removal and sua sponte prevention tool for staff and the courts. Data related specifically to TDM is shared in other areas of this report. In CY2021, 20 teens entered care due to a sua sponte order. In CY2022, 33 teens entered via sua sponte. Analysis showed that majority of sua sponte custody orders were issued by juvenile justice commissioners and a higher percentage were from Kent County. Entering DFS custody is a very traumatic event for youth and their families. Also, there are high costs for all child welfare systems associated with children entering care for short stays. The Treatment program manager met with TDM facilitators to provide TDM refresher trainings in September and October 2022. The Operations Manager has established that DFS should not seek custody of a teen until a TDM has been held to prevent entry into care. The Operations Manager has set guidelines that DFS should not accept a teen into custody until a Team Decision-Making Meeting has been held to seek family, programs, and services that can prevent entry into care. CQI Teen Committee members (Treatment Program Manager and CIP Coordinator) worked jointly to present information about TDMs at CIP stakeholder meetings in all three counties. It was recommended that the courts make referral to DFS so that TDM can be held, rather than ordering sua sponte custody. Further analysis found that the Kent County court liaison office had an extended vacancy. The vacancy was filled and projected outcome was that the liaison will be able to provide intervention and lower the number of sua sponte orders from taking place in Kent County. The court liaison program did do a presentation to the judges on protocols and practice. The liaison team also presented at a DFS Lunch & Learn training session in April 2023. The chart below indicates a clear impact of efforts made.



In order to address placement concerns, the Department worked closely with the Office of the Governor to seek funds to improve in-state services to youth with behavioral health needs. In April 2022, Governor John Carney approved American Rescue Plan Act funds to enable the renovation of Wharton Hall. Wharton Hall is a large building on the Delaware Youth and Family administrative campus that is currently not in use. The remodel will result in an increase of crisis beds from 6 to 10 and will create a 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 that is currently operated at the Terry Children's Psychiatric Center will be converted to a program for adolescents who need additional diagnostic assessment and stabilization 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, from a 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 approximately 90 days and it is not intended to replace residential treatment or to serve as a DFS shelter. Ribbon cutting for this facility is projected to be in 2025.

Ice Breaker Meetings have not been occurring to policy, within 5 days of placement. The Foster care program manager has addressed this with foster care coordinators. A request was made to create an Icebreaker task in FOCUS so that information can be captured and accessed. This event is now in testing phase in FOCUS. Icebreaker meetings are occurring more consistently with contracted provider agencies than with DFS foster homes. The foster care management team is meeting to strategize on improving ice breaker meeting usage.

The CQI Committee found that upon initial placement with a foster parent or provide, a copy of the child's Level of Care is provided. This form contains information that DFS believes is important for provider to know. Through the CFSR Stakeholder interview with HOPE, it was learned that youth felt that it was important for foster families and providers to know more about them. Feedback was received on what youth would want a potential foster parent to know about them and what they would want from a family. Based on the feedback, a "Get to Know Me" questionnaire was developed and reviewed with youth. It includes information such as favorite foods, hobbies, and schedules. This new tool is now included in the placement packet provided at every new placement. The tool can also be used during Ice Breaker meetings to assist staff and foster parents in initial conversations with youth around placement.

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 during the remaining CFSR PIP measurement periods not to exceed the October 2019-March 2020 reporting period. Updated language as of 2020: 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:** May 2020. Updated to June 2020 and ongoing

**Measure:** Documented status of CFSR PIP Onsite Review Instrument results compared to improvement goal performance in Children's Bureau correspondence or APSR.

**2020-2024 Summary:**

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

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

OSRI Items	Baseline	Improvement Goal	Status
<u>Item # 1-</u> Timeliness of initiating investigations of reports of child maltreatment	81.08 %	89. 3%	Achieved 90 %
<u>Item # 3 –</u> Risk and Safety assessment and management	90.70 %	94.7 %	Achieved Baseline 91 %
<u>Item # 5 –</u> Permanency goal for child	74.50 %	82.3 %	Achieved 96 %
<u>Item # 6-</u> Achieving reunification, guardianship, adoption of APPLA	82.69 %	89. 4 %	Achieved 98 %
<u>Item # 12 –</u> Needs and services of child, parent and foster parent	73.26 %	79.40 %	Achieved 79 %



Item # 13- Child and family involvement in case planning	74.70 %	80.8 %	Achieved 84 %
Item # 14 – Caseworker visits with child	86.05 %	90.8 %	Did not Achieve 81 %
Item # 15- Caseworker Visits with parents	68.06 %	75.1 %	Achieved 76 %

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

The CQI Steering Committee meets at least every two months. Team members include the DFS CQI Manager, DFS Program Support Manager, DFS Operations Manager, case reviewer, data analyst, Regional Administrators from every county, DFS supervisors, the Department Community Relations Coordinator, CIP Coordinator, the Department CQI lead, DFS deputy director, adopted parent, Independent Living Program Manager, foster parent coordinator, Kinship Navigator Program coordinator, and project manager from office of the secretary. Our hope is to have additional front-line staff and more individuals with lived experience join the committee as well. This group considers stakeholder feedback, case review performance results, supplemental survey results, national data indicators, and report findings to determine agency strengths as well as targeted areas of needs. Case review performance is 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. CQI Steering Committee also reviews supplemental survey results at every meeting. 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 presents case review performance findings, identified targeted areas of improvements, and actions taken or recommended to improve performance at Stakeholders Meetings.

Based on analysis of current performance and CFSR Round 4 stakeholder interviews, statewide assessment, and final report, the CQI Steering Committee has recommended that a new subcommittee be developed, CQI Planning Committee. This committee will be tasked with developing strategies to make improvements related to better engagement of parents and youth in planning. Focused areas of improvement will be the development of child plans with parents/caregivers, ensuring written copies of child plans are provided within 60 days, holding child plan meetings as per policy, updates to Plan events in FOCUS system, use of Family Team Meetings and other meeting forums for planning, and improving the overall engagement of parents, caregivers, and youth in planning.

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.

**2020-2024 Summary:**

This benchmark is in progress and ongoing. In response to DFS' accomplishment in establishing a Quality Assurance System which has demonstrated how successful dynamic continuous quality improvement efforts are to improving practice, the Department has adopted their methodology and replicated this across the Department in various ways. Goal 3 of the Department 5-year Strategic Plan is to expand and institutionalize data-driven decision-making practices to demonstrate the agency's dedication to continuous quality improvement. In response, the department created a Continuous Quality Improvement Collaborative and Data Governance Board and leveraged the existing Department Quality Assurance Team to develop a System of Care Case Review Tool which closely aligns to the federal review tool and process used by DFS. The CQI Manager was very involved in the tool development and process. The CQI Manager also provided training to OCM reviewers on where to locate needed information in DFS FOCUS events. Modeling the current DFS case review process, Administrative Case Reviewers from the Office of Case Management conduct case readings and qualitative interviews of key participants and stakeholders to complete a case review tool. The first targeted review pilot was completed on youth who were involved with more than one of the DSCYF divisions (YRS, PBH, DFS). Process is in place that OCM case reviewer supervisor reviews sample of youth to CQI Manager to determine if DFS case review has already occurred on the youth. Delaware review team does not want to duplicate interviews with youth and families. A report of findings is sent out every 6 months to DSCYF leaders. On 2/10/2023, the first System of Care Comprehensive Review Analysis and Findings Report was sent out. To ensure there is a feedback loop, the ask is for the CQIC members to check in with their leadership to get their thoughts on what next steps they are taking internally (if any) in response to the findings, whether they want the CQIC's assistance with anything, and then similarly that member will follow-up with the CQIC to close the loop. The Collaborative then tracks and reports out on the results of actions taken based on the information shared.

The CQI manager is an active member of the CQI Collaborative and Data Governance Board. Additional objectives aligned with Goal 3 of the Strategic Plan are to develop a cadre of staff who are trained/certified in continuous quality improvement practice and dedicate resources to support ongoing improvement, cross training, and succession management activities; expand current continuous quality improvement efforts to include data-driven examination of processes, critical incidents, and service delivery using proven continuous quality improvement strategies. The DSCYF Continuous Quality Improvement Collaborative had a project charter related to engaging individuals with lived experience to ensure decision-making and project planning within the department are informed by diverse perspectives from individuals with lived experience. As part of this project, the Collaborative researched how other jurisdictions have been successful at incorporating lived experience into planning and decision-making, developing a process for payment and reconciliation, determining parameters for participants, developing a recruitment strategy, developing a process to promote client confidentiality and submitting a pilot proposal. Members developed policy to compensate those with lived experience. The DFS CQI Manager will be piloting this project.

The Collaborative has also worked on efforts to improve employee retention and morale. The Collaborative reviewed results of employee satisfaction survey completed by Department. The Collaborative also held focus groups to gather more qualitative information. The CQIC reviewed the cumulative summary of comments and sorted them into themes using concept mapping process methodology. Recommendations that present an opportunity with few or minimal barriers, cost, or time are summarized in the report: Recommendations to Leadership on Cost-Free Ways to Boost the Employee Experience. Additional information about focus group discussions related to supervision and management are summarized in the Supervision & Management Practice Report. A general mailbox was set up to solicit others in the Department to reach out with ideas for process improvements they would like explored or to suggest a collaborative approach on a current project. Collaborative members including the CQI Manager also worked to create a standardized Plan Do Study Act (PDSA) template form for our department to use. A multidivisional workgroup was also created to develop a department bench book for family court.

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. The Collaboration worked to present information on the DSCYF intranet home page differently to make it easier to find and reduce redundancies. Department report writing teams are working 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.

**2020-2024 Summary:**

This benchmark is in progress and ongoing. DFS stakeholder input activities and engagement are documented throughout this report.

A stakeholder meeting hosted by DFS, PCAD and CIP occurred September 19, 2019, with 52 of 109 invitees attending including representatives from the Department of Services for Children, Youth and Their Families, Department of Health and Human Services (DHSS), Department of Justice, foster parents, various community service agencies and the Nanticoke Indian Association. The event focused on system wide statistics and demographics of Delaware's population and the federal call to action to strengthen prevention services. As a group activity, strengths and weaknesses of Delaware's child welfare service continuum were documented. While participants listed numerous strengths and weaknesses, by vote, the primary gaps were universal home visiting for newborns, childcare for low-income families, access to transportation, early education teachers, transition to adulthood services, afterschool activities, therapeutic foster homes, respite care for all families, child psychiatry, kinship support, and service capacity. The group agreed that communication of the current service array and service availability was a weakness.

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

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 completed a Round 4 CFSR self-assessment. Stakeholders were engaged in all aspects of the assessment. There were over 100 active participants that contributed to the development of the Statewide Assessment. Delaware organized subcommittees for the many areas of the assessment for the collection, review, and analysis of related data. A comprehensive child welfare assessment survey was conducted using SurveyMonkey and issued electronically. The comprehensive assessment survey contained statements directly linked to the items of the Statewide Assessment and was issued to DFS staff, Department staff, community partners, legal community, foster and adoptive parents and youth from October 11, 2022 to November 9, 2022. In May 2023, federal team led stakeholder interviews were completed with various stakeholders (youth, parents, DFS staff, service providers, leadership, etc.). The CQI manager observed or participated in every meeting to use feedback provided in CQI activities.

As mentioned earlier in report, a supplemental survey was created to ask system related qualitative questions of parents, children, and caregivers such as foster or kinship providers during case review interviews. The case review team began administering this survey in the spring of 2022. Supplemental Survey results are reviewed at every CQI Steering Committee meeting.

DFS hosted a stakeholder meeting on September 20, 2022. One hundred forty (141) individuals from at least 24 different agencies attended this meeting including representatives from Administration for Children & Families. At this meeting, Delaware presented our recent context data and statistics; reviewed recent developments in each of the program areas including actions steps taken as a direct result of the feedback given at prior stakeholder meeting; provided 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. There was less feedback by stakeholders provided as compared to previous meetings. One stakeholder noted that they appreciated the transparency, because DFS covers all the struggles and are upfront with what we are working on, there was no criticism. "When you lay it out there, it is hard to be critical."

On January 11, 2024, DFS held a Stakeholder meeting for the CFSR Round 4 Delaware Final Report presentation by the Children's Bureau. Delaware had over 200 participants in attendance including members of the legal community, foster parents, adoptive parents, caseworkers, youth, supervisors, administrators, internal Department partners, providers, community partners, and parents. Following the presentation, opportunity was provided to provide feedback at a high level.

Delaware currently has five active Continuous Quality Improvement Committees, a steering committee and four subcommittees made up of various stakeholders and community partners. The collaboration and use of various means to gather input is discussed in earlier sections of this report. 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.

**2020-2024 Summary:**

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. Report requests are also maintained in our Tracker data system. A report is also able to be pulled from FOCUS showing all reports housed in the FOCUS data system. This benchmark's timeframe is ongoing.

**Objective:** DFS leadership to resource and supply a dedicated quality assurance case review unit within the quality assurance and data team.

**Rationale:** Dedicated staff are needed to conduct quality assurance case reviews assures case review fidelity. Quality case reviews provide core measures of child welfare operational health and gauges process and outcomes for children and families. The CFSR PIP activities to conduct quality case reviews were challenged by the lack of full time, dedicated staff. Stakeholders say staff and partners are interested in data.

**Outcome:** DFS will maintain high quality case review results used to inform self-assessments, resourcing decisions and identification of areas to focus CQI targeted activities improving outcomes for safety, permanency, well-being, service array and workforce development.

**Benchmarks:**

1. Delaware General Assembly to pass FY2020 Governor's Recommended Budget which includes three full time positions for case reviewers.

**Timeframe:** July 2019.

**Measure:** Documented passage of FY2020 Budget Bill.

**2020-2024 Summary:**

The Delaware General Assembly passed the FY2020 Governor's Recommended Budget that included the DSF staffing requests. The DFS staffing request included three full time positions classified as Administrative Case Review Specialist. Those positions were established in September 2019 and hired in December 2019. This benchmark is completed.

2. Quality Assurance Manager to hire and train new reviewers to conduct quality case reviews using the Onsite Review Instrument.

**Timeframe:** October 2019.

**Measure:** Documentation of case assignments November 2019.

**2020-2024 Summary:**

In October 2019, Delaware established a case review team consisting of 4 full time case reviewers, a part time reviewer, a part time second level quality assurance reviewer, and a full-time quality assurance manager/second level quality assurance reviewer. All reviewers were trained to use the OSRI instrument with fidelity to the federal model, as well as case review processes and procedures. A case review procedure guide was created. The team conducted 90 treatment (in home and foster care) and differential response case reviews in 6-month periods, 15 reviews per month. The team also conducts 15 investigations case reviews every month. This benchmark is completed.

## 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 2018 was 26.27%. 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 is too high.



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

**Performance Summary/Progress Report:**

DFS has been challenged over the last five years with increasing turnover rates for our frontline case carrying staff and to a lesser degree, yet still concerning among the frontline supervisory staff. During calendar year 2020, DFS experienced our only decline in turnover which we associate with the COVID-19 Pandemic, the turnover rate for frontline case carrying staff dipped to 13% but quickly rose to 20% the following year. During 2022, the turnover rate jumped ten percent rising to 30% for frontline staff positions. We ended the year in 2023 with a turnover rate of 33.7%. Delaware like many other jurisdictions is currently in a staff shortage crisis that impacts our ability to manage the workload, meet the needs of children and families and achieve expected and enhanced outcomes. Full details regarding turnover rates from 2019-2023 can be found in section IV. Statistical and Supporting Information/CAPTA Annual State Data Report.

**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 (SOP), a child welfare practice model grounded in critical thinking regarding safety and strong family engagement. When Safety Organized Practice was implemented, all staff were provided with 12 modules of training across the first year of implementation. Since that time, SOP has been 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 adopters” 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 decreased 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 include 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 agency’s 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 to receive approval of the budget proposal submitted to contract with the NCCD Children Research Center (CRC) to establish a Safety Organized Practice training continuum.

**Timeframe:** July 2019.

**Measure:** Documentation of approved proposal and allotted funding.

**2020-2024 Summary:**



DFS submitted a budget proposal to contract with NCCD/CRC to establish an ongoing training curriculum that will provide Safety Organized Practice training to staff within the Division. The proposal was approved, funds allocated, and contract negotiations are approaching finalization. This benchmark is completed.

2. DFS program team to engage NCCD/CRC through a technical assistance contract to establish a Safety Organized Practice Continuum for DFS staff.

**Timeframe:** December 2023.

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

**2020-2024 Summary:**

This benchmark has been met. Early in FY2020 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:

- 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.
- Workers and supervisors are using the SDM and SOP tools to support their decisions for children and families.
- 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 CY2022 and early CY2023, Evident Change has worked with Fidelity Team to revise and improve the SDM Case Reading Manual. Once edits are complete, training will be rolled out to staff.t.

3. 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:** June 2024.

**Measure:** Established pool of trainers.

**2020-2024 Summary:**

The TDM Facilitators continue to provide the *TDM Overview* training to new staff every quarter. They also provided 12 sessions of *Team Decision Making Refresher* training to DFS staff between September 2022 and July 2023. The Investigation and Treatment Program Administrators provided 9 sessions of *Family Team Meeting – FAIR Refresher Training* to FAIR workers between October 2021 and April 2022

The TDM Facilitators are involved in providing TDM training to all new staff on a quarterly timeframe. The TDM Facilitators also provide the TDM Refresher training to all staff yearly.

Several Department Staff were trained to provide training on the Commercial Sexual Exploitation – Identification Tool (CSE-IT) to DSCYF staff and contractors.

The DFS Fidelity Team and Evident Change negotiated an alternative way to approach training support with SDM. Funding was prioritized to case readings to help DFS better understand areas where the practice is not landing. This idea of a training pool remains an interest of DFS 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. With 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.

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

**Timeframe:** June 2024.

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

**2020-2024 Summary:**

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.

The Senior Leadership Team established the SLT Training Workgroup in January 2023 to review the current training curriculum and recommend upgrades to the training. As a new staff member, there are several trainings that must be completed within the first year. The workgroup came up with a recommendation to identify training based on a level system:

- 101 – entry level and the first month of training that is required to be completed to carry a caseload.
- 201 – additional entry level training that is required throughout the first year.
- 301 – training that works on a deeper practice and further development of skills
- 401 – training that deepens practice, but also encourages participation of the more seasoned staff in the training and mentoring of newer staff.

The 301 and 401 levels identify some required trainings and refreshers, but also require a certain number of hours in different categories, such as, professional development, trauma informed care, diversity, and self-care which allows for staff to choose topics of interest or need. The Training Workgroup also recommends that training hours and requirements be a part of the career ladder. In order to move up the career ladder a caseworker must complete the training requirements.

The SLT Training Workgroup is also looking at the supervisor curriculum. There are supervisory modules available to supervisors already, but the SLT Training workgroup would like to see a more robust supervisor training.

5. 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:** July 2020.

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

**2020-2024 Summary:**

This benchmark is in progress. Pending items 1-3 above. This benchmark's timeframe is being amended to June 2024.

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

**Timeframe:** December 2020 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.

**2020-2024 Summary:**

Progress Report: This benchmark is in progress. Pending items 1-3 above

**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 lead to workers being overwhelmed, burn out and not feeling successful in their roles with the Division. These conditions lead to increased turnover.

**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.

**2020-2024 Summary:**

This benchmark is completed. DFS worked with our partners at DHR and OMB (Office of Management and Budget) to include the caseload standards and position requirements in our epilogue language. The goal was to transition away from an annual staffing plan and request to standardized authority to seek positions when necessary to be in compliance with the caseload standards. Now that this has been accomplished, we will have authority to seek additional positions when needed and do not have to have a stand-alone yearly staffing plan. The epilogue language allows for position acquisition in alignment with the caseload standards for treatment and investigation caseloads.

DFS continues to utilize annual position reviews to determine if we need to request additional positions to meet our operational needs and manage caseloads. We have been successful in several years at getting approval to add additional positions to meet our operational need. We have added additional positions for the weekend holiday/after-hours investigation units, additional investigation positions and corresponding supervisor and support positions for those new units. Given that this practice has been successful, DFS plans to continue to utilize this strategy

2. DFS to hire three practice coaches as a component of the staffing capacity plan. These coaches will be assigned to each county and will support both staff and supervisors through mentoring, coaching, training and other support geared towards improving and developing their skills.

**Timeframe:** September 2019.

**Measure:** Documentation of FY2020 budget includes practice coaches and hiring of positions.

**2020-2024 Summary:**

This benchmark is complete. DFS has been successful at adding practice coach positions to our staffing compliment. We have added one practice coach/FCT position in each county. While we have struggled to keep these positions filled consistently due to promotion and other internal movement, the positions are established and when full are meeting the goals of supporting and developing staff.

**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. Co-chairs of the CPAC Caseload/Workload Committee will present final report and recommendations to CPAC and seek approval to move forward with recommendations.

**Timeframe:** August 2019.

**Measure:** Documentation of successful submission of final report, recommendations, and CPAC response.

**2020-2024 Summary:**

The final report and recommendations from the CPAC Caseload/Workload Committee were presented at the November 2019 CPAC Meeting. The recommendation from the work group is to change the current treatment caseload mandate from 18 to 12 cases per worker. There were other recommendations for the Division to consider related to the management, assignment and weighting of those cases once the caseload mandated had been changed. These recommendations were an effort to support the agency coming into compliance with the new mandate and transitioning to the new standard efficiently. The final report and recommendations were approved by CPAC on 11/20/19. This benchmark is completed.



2. DSCYF leadership 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. In 2020, this benchmark was revised to: CPAC to draft legislation to mandate the reduction of the current caseload standard

**Timeframe:** May 2023.

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

**2020-2024 Summary:**

This benchmark is completed. New amendments to Senate Bill 197 were finalized and introduced in the end of 2021. DFS continued to support this legislation moving forward and former 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. The legislation to change the caseload standard from 18 to 12 did not pass the Senate Finance Committee hearings. However, it was reintroduced as Senate Bill 33 with additional information regarding the epilogue language and authority of the Division/Department to seek additional positions only when necessary and when caseload averages are above the new standard, along with current caseload averages over the last year. Deputy Director, Sue Murray and Director, Tenee Parker attended house and senate committee hearings and the final vote of approval for the bill was April 4, 2023.

3. 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:** September 2022 and ongoing

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

**2020-2024 Summary:**

This benchmark was completed in 2023. DFS successfully collaborated with CPAC and leveraged the work of the CPAC Caseload/Workload committee to analyze the caseload and workload of the DFS frontline staff who manage treatment and permanency cases. The committee worked with Delaware State University and conducted a time study of the multitude of tasks and responsibilities that these staff have and made a recommendation on what was a manageable caseload for those staff. Previously, DFS had a mandate of 18 treatment/permanency cases per worker. The recommendation from the committee was to lower the caseload mandate to 12. DFS worked with CPAC for approval and necessary changes to legislation to reflect the new caseload standard. DFS continues to monitor caseloads for treatment and permanency staff through weekly and monthly reports. We have been plagued by staffing vacancies in some of our regional operations locations and therefore have seen caseloads in those areas that are above the new standard. However, we have not moved to seek additional positions as we believe if we were closer to being fully staffed, the caseloads would be at or below the new standard. DFS will continue to monitor these caseloads and use the existing

position review and request process we established in collaboration with Department of Human Resources and Office of Management and Budget.

**Objective:** Launch a hazardous duty pay initiative for staff whereby they would receive supplemental compensation reflective of the hazards their job duties and responsibilities present.

**Rationale:** In person and electronic staff survey results indicate that a reason staff leave their positions is due to the hazards that they face daily while completing their job duties and responsibilities. This objective will improve staff retention and support stabilizing the workforce.

**Outcome:** Staff will be fairly compensated for the hazards that they are exposed to in their positions. Staff will be less inclined to leave, leading to a more stable workforce which will positively influence the outcomes for the children and families they serve.

**Benchmarks:**

1. In collaboration with DMSS, DFS will review all positions for eligibility for hazardous pay to create a personnel listing to be submitted to Department of Human Resources (DHR) and Office of Management and Budget.

**Timeframe:** August 2019.

**Measure:** Final submission of eligible personnel report by DFS and DMSS.

**2020-2024 Summary:**

DFS worked with DMSS to review all position classifications eligible for hazardous duty pay and created a master personnel listing that could be used to submit to the Office of Management and Budget. This process was tedious and took place over the course of two and half months (August 2019 through mid-October 2019). This benchmark was completed in 2019.

2. Together with DHR and DMSS, DFS will work through compensation calculations for all approved and eligible staff to determine the hazardous duty pay rate for each employee. In addition, compensation start dates, review schedules and auditing practices will be implemented in collaboration with DMSS, OMB, DHR and DFS.

**Timeframe:** December 2019.

**Measure:** Documentation of hazard duty pay per employee, start dates, review schedules and audit practices.

**2020-2024 Summary:**

This benchmark was completed in 2019. Through a series of meetings and communications between August 2019 and February 2020, DFS in collaboration with DHR and DMSS established accurate compensation calculations, start dates and tracking procedures for staff eligible and approved for hazardous duty pay. The eligible staff received approval and began receiving hazardous duty pay in two waves. Investigation staff were approved for compensation starting mid-October 2019 and treatment staff were approved for compensation starting mid-November 2019. The agency established a process to review errors and future eligible positions that may be

granted to the department to ensure they receive starting compensation. All errors were corrected, with retroactive compensation where necessary, by February 2020. The DFS Deputy and DMSS HR Specialist will review eligibility and approval semi-annually. DFS collaborated with Department of Human Resources and Office of Management and Budget to develop and implement hazardous duty pay for all frontline staff and supervisors. Now all staff in those positions earn hazardous duty pay in accordance with the merit pay rules for state employees. We continue to value this as recognition of the work conditions frontline staff and supervisors are exposed to in the community and when working directly with children and families.

**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, the 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:** March 2020 and ongoing.

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

**2020-2024 Summary:**

This benchmark is ongoing. The COVID pandemic, experienced during the CFSP 2020-2024 period, directly affected the onboarding process for new DFS staff. The NET courses were held virtually for nearly 2 years and the shadowing/mentoring experiences were severely impacted due to social distancing guidelines and restrictions. During the pandemic, the new employee evaluation was suspended as the results would not have reflected the true quality and experience of the DFS New Employee Training (NET) program. CPD recognizes that virtual learning is not the ideal method for onboarding as it does not permit staff to develop rapport with others, to share experiences, or to build a strong foundation of support with each other. Beginning in January 2022, the DFS NET classes returned in-person and CPD reinstituted the process of assigning all the NET courses within a 4-month training period (instead of giving new staff a full year to complete the required courses). CPD provides a Transfer of Learning (TOL) Brief to the new staff, Coaching Supervisors, and assigned supervisors before NET begins. The TOL orients new staff to the DFS onboarding process and provides important information on the role of the training partners, how to use the DLC, the SOP Principles, course descriptions, expectations, and a checklist of OJT activities. The TOL is updated regularly to reflect new courses added to the curriculum, changes to DFS policy or procedures, and modifications to the onboarding process. (See attached DFS Transfer of Learning NET Brief- 18th Edition) All new DFS staff also are provided with the CPD Training Expectations that outlines their responsibilities in the learning process. (See attached CPD Training Expectations) In FY2023, DFS added a new Coaching Supervisor position for Sussex County, bringing the total number of Coaching Supervisors up to four across the state (two for New Castle County and one each for Kent and Sussex Counties). The DFS Coaching Supervisors manage the onboarding process for new staff by coordinating schedules, arranging mentors, assigning test cases, providing guidance, and preparing new staff for their role. They support new staff throughout their first few months of NET and help new staff transition to their assigned units/supervisors. CPD and the Coaching Supervisors meet quarterly to discuss test and survey results, trends in training, retention efforts, feedback on mentoring, and the overall onboarding experience. With the exception of the pandemic period, new staff hired to DFS within the CFSP 2020-2024 period were surveyed about their onboarding experience using the New Employee System Evaluation. (See Benchmark #3 for results)

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

**Timeframe:** March 2020 and ongoing.

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

**2020-2024 Summary:**

This benchmark is ongoing. During the CFSP 2020-2024 period, the COVID pandemic delayed the newly formed DFS Staff Retention/Onboarding Workgroup in March 2020. DFS shifted their efforts to managing their staff through the social distancing requirements and CPD began modifying the existing NET courses to virtual to ensure new employee training could continue. After returning to in-person training in 2022, both DFS and CPD experienced unprecedented loss of staff, challenging our ability to accomplish our most basic tasks. CPD took all of 2022 to return to full complement and

DFS still struggles with a high vacancy rate. In 2023, CPD began meeting with the DFS Coaching Supervisors quarterly to review and modify the DFS onboarding process. Small changes are instituted by the workgroup and larger issues are escalated to DFS Leadership, as needed. When the onboarding process is modified significantly, CPD will ensure that DFS supervisors receive training, materials, and/or guidance on the new process(es). During the CFSP 2020-2024 period, no significant changes were made to the DFS onboarding process.

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.

**2020-2024 Summary:**

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. To ensure consistency between practice and training, CPD participated in numerous meetings and workgroups to remain current on DFS policies and child welfare practice during the CFSP 2020-2024 period. (See list in Benchmark #8) CPD provides Instructor Lead Training (ILT) on the skills and knowledge needed by new hires to understand and implement the DFS Safety Organized Practice (SOP) model. A NET curriculum of 17 competency-based courses is provided to cohorts of new DFS caseworkers and contracted agency staff over a period of 4 months. New staff attend five core ILT sessions 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 remaining NET courses are spread out over the following three months and are interspersed with days in the field/office, so that new staff can begin experiencing On-The-Job (OJT) activities immediately. This permits new staff to see 'real life' examples of topics covered in training and to practice new skills while they are still 'fresh.' Trained mentors and experienced staff are paired with new hires to facilitate learning in the field, through mentoring of OJT activities and experiences. CPD is equipped to provide the ILT courses in-person and virtually, depending on business need. (See the full list of NET courses in the Transfer of Learning Brief) Additionally, new DFS staff are automatically assigned online courses in the Delaware Learning Center (DLC) on different subjects that support the Outcomes Matter strategies, department policies, and supplement NET. As policies and procedures are created or modified, CPD immediately makes changes to the DFS NET curriculum. CPD also gathers information about individual NET courses through Level 1 course evaluations that rate the staff's perception of the 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. The evaluations include open-ended questions requesting ideas for improvements. The Level 1 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 they feel their knowledge and skill level increased by the end of the training. CPD also utilizes post-tests for most NET courses as Level 2 evaluations to measure knowledge retained by staff after participating in training. 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. As explained in Benchmark #1, CPD also surveys new staff on their overall onboarding experience through a New Employee System Evaluation that is assigned in the DLC after they complete the entire NET curriculum. Following are the results of the DFS New Employee System Evaluation during the CFSP 2020-2024 period (excluding the COVID pandemic):

New Employee System Evaluation Data					
Questions	Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
Content was appropriate to orient me to the job	1%	2%	16%	41%	39%
Training reflected policy and best practice	1%	0%	9%	51%	39%
Training prepared me to begin doing my job	2%	3%	22%	45%	28%
Supervision provided me adequate direction	0%	1%	9%	40%	50%
My direct supervisor supported classroom training	1%	2%	7%	34%	56%
Supervision provided me regular feedback about my job performance	0%	2%	10%	41%	47%
Mentoring provided enough shadowing opportunities to orient me to the job	7%	2%	15%	31%	44%
Mentoring supported what I learned in class.	5%	1%	17%	38%	40%
Mentoring prepared me to do my job	6%	3%	14%	31%	46%
Shadowing activities were sequenced well to help orient me to the job	1%	6%	19%	36%	38%
Shadowing opportunities were available in sufficient quantity	2%	5%	24%	30%	39%
Shadowing experienced workers helped prepare me to do my job competently	1%	2%	19%	40%	38%

The Delaware Learning Center (DLC) serves as the Learning Management System for the State and DSCYF. In the DLC, staff can register for Instructor Lead Training (ILT), complete online modules, view training videos, read/acknowledge policies, add external training, access their transcript, calculate their training hours, and participate in shared interest learning communities. The DLC allows staff to experience a variety of learning opportunities.

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.

**2020-2024 Summary:**

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 assistance. As policies and procedures are created or modified, CPD immediately makes changes to the DFS New Employee Training (NET) curriculum. During the CFSP 2020-2024 period, the CPD curriculum updates included modifications to the Safety Organized Practice Policy and Procedures manual to reflect changes made by Evident Change and data updates. Modifications were also made to the curricula in the following courses: *Factors Affecting Child Safety: Assessing for Addiction, Domestic Violence, and Mental Health Risks*, *Safety Organized Practice Mentor Training*, *Interviewing: Purposeful Conversations for Family and Youth Engagement*, and *Child Development: What's Working Well and What are We Worried About*. CPD also gathers feedback from participants through Level 1 course evaluations that rate the participant'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. Open-ended questions are included under each category, requesting feedback and ideas for improvement. The evaluations are reviewed regularly to inform training content, learning strategies, trainer competence, and delivery. Additionally, most DFS NET courses include a required post-test as a Level 2 evaluation to measure knowledge retained by staff after completing the course. Test questions are derived from the material discussed in class and focus on theories, skills, and competencies critical to effective child welfare practice. The information gathered through post-test reviews contribute to curriculum and facilitation updates. The DFS Training Administrator maintains a record of all significant changes to the DFS NET curriculum. Previous curricula are maintained in an archive for reference. The expectation is that each course will be reviewed every three years to ensure fidelity to DFS policies and procedures. Curriculum reviews may happen sooner than three years if necessary due to policy or practice changes or if new data is published that impacts the training content.

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

**Timeframe:** June 2020 and ongoing.

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

**2020-2024 Summary:**

When new staff start, they are enrolled in the DFS New Employee Training (NET) and are given the Transfer of Learning (TOL) 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 has been 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.

**2020-2024 Summary:**

This benchmark is ongoing. Following the pandemic, DFS experienced high levels of attrition, leading to a scarcity of experienced caseworkers ready to become mentors. As a result, this course was not offered in CY2021 or CY2022. In the reporting period of CFSP 2020-2024, 4 sessions were offered and 26 staff completed the course. Going forward, *Safety Organized Practice Mentor Training* will be offered at least once a year, and more often if needed, for staff who are ready to begin mentoring.

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

**Timeframe:** September 2020 and ongoing.

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

**2020-2024 Summary:**

This benchmark is ongoing. In FY2021, CPD developed and began assigning Level 2 post-tests to measure how well the participants retained the information covered in the course. 12 of the 17 NET courses include a mandatory post-test. Participants are provided with 5 attempts to pass the post-test with a score of 80% or better. CPD staff provide assistance to any staff who may struggle with a post-test. Test questions are derived from material discussed in class and focuses on theories, skills, and competencies critical to effective child welfare practice. Level 2 post-tests provide CPD with information about a participant's strengths and areas of concern, which can then be shared with the DFS Coaching Supervisors, direct supervisors, mentors, and Practice Coaches. In the CFSP 2020-2024 period, 91% of DFS new hires passed the post-tests in 1 or 2 attempts with an overall average score of 84% on their first test attempt. CPD reviews data from the Level 2 evaluations to inform training content, learning strategies, trainer competence, and delivery. Newly acquired skills are practiced and reinforced during OJT through observation and feedback from mentors, Coaching Supervisors, direct supervisors, and Practice Coaches.

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.

**2020-2024 Summary:**

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 assistance. To remain current on DFS/child welfare practice and to ensure consistency between practice and training, CPD participated in the following meetings, workgroups, and conferences in the CFSP 2020-2024 reporting period:

- DFS Strategic Leadership Team
- DFS Statewide Management Meeting
- Delaware CFSR Stakeholder Meetings
- Protecting Delaware's Children Conference
- Treatment Workgroup
- Investigation Workgroup
- DR Expansion Workgroup - FAIR Training Subgroup
- CQI Data Quality Committee
- DSCYF Policy Committee
- Supervisor Manual Development Workgroup (chair)
- SDM Fidelity Workgroup
- CPAC Training Committee
- CPAC Mandatory Reporting Workgroup (chair)
- Trauma-Informed Care Committee
- Diversity and Inclusion Committee (chair)
- Motivational Interviewing Planning Workgroup
- CIP Training Subcommittee
- SLT Training Workgroup (chair)

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.

**2020-2024 Summary:**

This benchmark is ongoing. During the CFSP 2020-2024 reporting period, CPD participated in the SDM® Fidelity Workgroup. The DFS Fidelity Team and Evident Change negotiated an alternative approach to the SDM® training. Funding was prioritized to focus on case readings to help DFS better understand the areas of the practice where the needs are greatest. The Fidelity Workgroup is on hold until the case reading and staffing issues have been addressed.

10. CPD and DFS to develop a formal continuing education plan providing DFS caseworkers and supervisors opportunities to grow personally and professionally. Plan will be

reviewed annually and revised based on stakeholder input, case reviews and other indicators of practice fidelity.

**Timeframe:** June 2020 and ongoing.

**Measure:** Documentation of a continuing education plan for caseworkers and supervisors, annual review of plan and actions taken.

**2020-2024 Summary:**

This benchmark is ongoing. In CY2020, DSCYF established a training goal of 28 hours for all staff. In preparation of that requirement, CPD established a DSCYF Training Plan in 2019 that reflected required training for all staff from the State, the Department, and the individual divisions. The DSCYF Training Plan also included a list of optional courses on a variety of topics that staff can access through the DLC, external websites, conferences, etc. The DSCYF Training Plan is reviewed and updated annually to reflect staff and stakeholder input, new State, Departmental, or Divisional requirements, and changes in practice. (See attached DSCYF Training Plan FY2025). Beginning in September 2022, CPD collaborated with DFS on the SLT Training Workgroup to establish training requirements for DFS staff promotions and advancement. The workgroup identified specific 100, 200, 300, and 400 level courses and electives that allow staff to self-select courses of interest within a list of approved topics. Examples of elective courses available within each topic are included for reference. The SLT Training Plan was finalized in July 2023 and will need to be reviewed and approved by DFS leadership and Human Resources before it can be implemented. (See attached SLT Training Plan 2023).

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.

**2020-2024 Summary:**

This benchmark is ongoing. CPD has used the Delaware Learning Center (DLC) learning management system for all attendance tracking and course offerings since July 2015. CPD staff are certified DLC administrators and have access to create courses and sessions, assign training, upload recordings/materials, track attendance, and run reports. CPD distributes a NET Compliance Report to DFS leadership at least twice a year to identify staff who have not completed their required NET classes. Of new DFS staff who started in CY2023, only 7% were missing 3 or more NET courses, and 19% had attended the training but not completed the post-tests. Additionally, CPD distributes a Training Hour report to the entire Department in July and October with the YTD training hours, so staff and supervisors know where they stand towards the year-end goal of 28 hours. A final YE report is distributed in early January for inclusion in yearly Performance Reviews. In CY2023, 50% of DFS staff achieved the goal of 28 hours of training. DFS staff are provided with numerous opportunities for in-service training, including instructor-led courses on division-specific topics (like Motivational Interviewing, Autism, Trauma-Informed Care), on department-specific topics (like



Supervisor Core, Wellness/Self-Care, Basic First Aid/CPR), to hundreds of asynchronous online courses and videos on work-related topics offered in the DLC. Additionally, department staff are permitted to add external training (webinars, conferences, etc.) to their transcript for credit towards their yearly goal. During the CFSP 2020-2024 reporting period, DFS staff completed over 82,970 hours of pre-service and in-service training in more than 2,800 different courses.

## 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 and 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.

One overall measure of the state's child welfare health is the rate of child abuse victims per 1,000 (substantiated reports) and Delaware has continued to improve from a high of 11.7 per 1,000 in 2012. The chart below shows rating over the past 5 years.

Location	Program Type	Data Type	2019	2020	2021	2022	2023
Delaware	Accepted Reports	Number	8839	7501	7430	8611	7665
	Rate Per 1,000		44.5	47.4	43.0	41.8	47.9
	Substantiated Reports	Number	828	863	784	742	639
	Rate Per 1,000		6.0	5.8	5.2	5.0	3.5

The following charts shows Delaware performance over the past five years on the following items: 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.

OSRI Case Review Measures										
		CFSR Round 3							CFSR Round 4	
National Performance	Baseline	10/19-3/20	4/20 - 9/20	10/20-3/21	4/21-9/21	10/21-3/22	4/22-9/22	10/22-3/23	4/23-9/23	10/23-3/24
	n=86	n=90	n=90	n=90	n=90	n=90	n=90	n=90	n=78	n=90
Item 12: Needs and service of child, parents, and foster parents										
39%	73.26%	70.00%	71.11%	62.22%	76.67%	70.00%	61.11%	67.78%	56.41%	65.56%
Item 12A: Needs and Services of child		73.33%	75.56%	74.44%	84.44%	77.78%	75.56%	73.33%	70.51%	70.00%
Item 12B: Needs and Services of parents		70.42%	73.53%	56.72%	70.77%	66.15%	64.38%	74.67%	55.71%	63.01%
Item 12C: Needs and Services of foster parents		100%	93.88%	92.45%	95.83%	97.87%	84.78%	95.00%	94.59%	95.12%
Item 16: Educational Needs of Child										
82%	98.18%	97.83%	100%	98.00%	96.00%	98.00%	100%	95.83%	87.50%	93.18%
Item 17: Physical Needs of Child										
69%	86.44%	97.14%	95.52%	93.94%	96.72%	92.65%	97.14%	94.74%	88.00%	90.20%
Item 18: Mental/Behavioral Health of the Child										
60%	91.38%	85.37%	93.88%	97.96%	95.83%	89.58%	92.86%	97.96%	70.27%	90.48%

**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 to be made as a state and community to fill those gaps. Strong collaboration between service partners, families and stakeholders will improve assessment needs of the family and individualize the services.

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

**Benchmarks:**

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

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

**Timeframe:** December 2020 and ongoing.

**2020-2024 Summary:**

Delaware's federal grantees for Community-Based Child Abuse Prevention, Court Improvement Program and child welfare grants formed the Integrated Child Welfare Planning Collaborative in May 2019. The membership grew to represent 19 agencies or offices by April 2020. The collaborative has umbrella goals supporting healthy children, families and communities in Delaware. In 2021, this benchmark was suspended with the retirement of 2 of the leads and the pandemic. Preliminary discussions have occurred with leadership of the 3 components of the collaborative to plan for engagement of the efforts pioneered by the previous leadership. Although the Collaborative has not been meeting as originally designed, the agencies have been working together on utilizing current prevention and early intervention strategies like the Promotion Safe and Stable Families contracts managed by PBH and partnering with PCAD on an opportunity to do a Pathway One prevention contract to help serve families in a better way than deep end services. Regular meetings are held with PBH and DFS to discuss families referred and services utilized to help target appropriate family needs with the appropriate intervention. The Department has also submitted their prevention plan as part of the FFPSA requirements.

**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.

**2020-2024 Summary:**

Delaware's federal grantees for Community-Based Child Abuse Prevention, Court Improvement Program and child welfare grants formed the Integrated Child Welfare Planning Collaborative in May 2019. The membership grew to represent 19 agencies or offices by April 2020. The collaborative has umbrella goals supporting healthy children, families and communities in Delaware. In 2021, this benchmark was suspended with the retirement of 2 of the leads and the pandemic. Preliminary discussions have occurred with leadership of the 3 components of the collaborative to plan for engagement of the efforts pioneered by the previous leadership. Although the Collaborative has not been meeting as originally designed, the agencies have been working together on utilizing current prevention and early intervention strategies like the Promotion Safe and Stable Families contracts managed by PBH and partnering with PCAD on an opportunity to do a Pathway One prevention contract to help serve families in a better way than deep end services. Regular meetings are held with PBH and DFS to discuss families referred and services utilized to help target appropriate family needs with the appropriate intervention. The Department has also submitted their prevention plan as part of the FFPSA requirements.

2. DPBHS's Office of Prevention's Middle School Behavioral Health Consultation Program (MSBHC) 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. In 2020, this benchmark was revised to: 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 statistics. Revised in 2020: Documentation of BHC service activity, statistics and outcomes.

**2020-2024 Summary:**

For the 2022-2023 school year, the BHC program served 598 middle school students in BHC counseling services. For this academic year, they provided a total of 8,482 consultation services to the schools and the student body. 6096 consultation services were to students and families, including risk assessments, urgent matters and case management support. 2,386 consultation services were to the school staff, including administration, school counselors, teachers and school nurses.

For the 2021-2022 school year, the BHC program served 712 middle school students in BHC counseling services. For this academic year, they provided 19,516 consultation services to the schools and the student body. 3,466 consultation services were to students and families, including risk assessments, urgent matters and case management support. Of the student services, 1,399 services were for crisis support, 2,067 were for case management support and 944 services were to support groups in the school. 10,319 consultation services were to the school staff, including administration, school counselors, teachers and school nurses.

Compared to last year's data there was a significant change in the number of consultations provided. In previous years, BHCs were able to provide brief check-ins with to the same group of students throughout the entire academic year. This academic year, the goal was to reach more students, so they only offered supportive counseling for a four-month period. In addition to that, this academic year BHC changed their requirement for staff to capture consultations in an electronic health records system. Previously, staff were required to enter in the number of consultations on a contact form. This academic year staff were required to create a brief consultation note for all consultations they provided. Although the number of consultations seem lower than previous years, the change in requirements of services and documentation allowed for an increase the number of students BHC provided services to.

3. DPBHS to develop a FOCUS report showing percentage of youth who received BHC services that do not become involved with deeper-end treatment services at 45, 90, 120 days post-discharge. In 2020, this benchmark was revised to: DPBHS and Children & Families First to develop monthly and annual data reports showing the number of youths 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:** Issuance of report of population served entering more intensive treatment services. In 2020, Measure revised to: Documentation of BHC service statistics, demographics, outcomes and trends.

### **2020-2024 Summary:**

Data that follows is for the 2022-2023 school year.

### ***Reasons for Referral***

Across BHC counseling services, the top three categories for referral were relational related problems: depressive related problems, and anxiety related problems. Of the 598 students who received supportive counseling services, 52% of referrals were



relational related (bullying & peer conflict & family stressors), 50% of referrals were depressive related (withdrawn, sad or depressed behavior & self-injurious behavior & suicidal ideation) and 42% were anxiety related. We are still experiencing the aftermath of the COVID-19 pandemic

### ***Demographic Information***

#### ***Gender***

In supportive counseling services, 58% of students identified as female, 40% male and 1% trans/nonbinary/other. Compared to last school year, we had a slight rise in the number of male students we provided services to.

#### ***Race***

In supportive counseling services, 46% of students identified as White, 39% Black, 1% Hispanic, 9% is for bi or multiracial, less than 1% for Asian/pacific islander, and 4% for other or unknown/refuse to answer.

#### ***Language***

In supportive counseling services, 69% of students spoke English, and 7% of students spoke Spanish as their primary language.

#### ***Age***

In supportive counseling services, 31% of students were 12 years old, 31% were 13 years old, 32% were 11 years old, 12% were 14 years old, and the other 2% makes up students that were 10 or 15 and over at the time of enrollment. ***Education Status***

81% of student enrolled in short-term counseling are regular education, 13% are special education and 7% are honors. 76% of students enrolled in supportive counseling are regular education, 20% are special education and 4% are honors.

#### ***ACEs***

ACEs refer to Adverse Childhood Experiences, such as childhood abuse, community violence, experience of racism or parental substance abuse. Studies demonstrate that adults who experience four or more adverse experiences are more likely to have long term health impacts of heart disease, substance abuse, legal system involvement and suicide, to name a few. Prevention measures include routine screening of all students and multidisciplinary interventions. Of supportive counseling students, 11% of students had an ACE score of 0, 18% had 1 ACE, 21% had 2 ACEs, 15% had 3 ACEs, and 40% of students had 4 or more ACEs.

#### ***Discharges***

The BHC program had a high rate of successful discharges for the 2022-23 academic year. They had 66% of successful discharges in supportive counseling. Successful discharges are defined as the following: student no longer needed services, student transitioned to another BHC service, successful discharge without a referral, and successful discharge with a referral.

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.

**2020-2024 Summary:**

**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 process, 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 (FCTs) and currently employs 54 FCTs. 51 of those positions are State-Merit and 3 are contracted through Jewish Family Services (JFS). In September 2023, although the FCTs are under the merit system classification of Family Crisis Therapist (FCTS), their working title was changed to Family and Student Interventionist (FSIs).

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 FSIs/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/FSI is 15 to 17 children/families at any one time. From January 2023 through December 2023 the average caseload size was 14 cases per FSI/FCT.

EIP's holistic approach employs FSI/FCTs that are uniquely different from traditional guidance or school counselors. FSI/FCTs work with students' entire families, including parents/guardians and siblings. In many instances, FCTs/FSIs 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. FSI/FCTs maintain constant contact with teachers and school leaders.
- Assessment and case planning. The FSI/FCTs, parent, teacher and child all provide feedback to inform case plans and measure progress. Families are assessed by at least 6 instruments within 30 days and are assessed twice annually and again at case closure. These assessments are used to identify and modify case plan goals. These activities drive the changes that lead to success.
- Collaboration with the community.

All children and families are evaluated (including a trauma screen) and then an intervention plan is developed with the family. The FSI/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.

Parent	2019	2020*	2021	2022	2023	Average
N	614	182	437	444	475	430
Satisfied w/ behavioral improvements	98%	96%	99%	98%	96%	97%
Program helped w/ coping	96%	96%	97%	90%	92%	94%
Program helped w/ school	99%	98%	95%	93%	91%	95%
Would recommend to others	96%	97%	97%	98%	97%	97%

From 2019-2023 satisfaction survey results shows the average percentage of parents who were satisfied with the improvements in the behavior(s) for which their child was referred was 97%, the average percentage of parents who found the program useful in helping them cope with their child's negative behaviors was 94%, and the average percentage of parents who found the program useful in helping them work with their child's teacher and school was 95%. The average percentage of parents who would recommend Early Intervention program to others was 97%.

In addition, the average percentage of teachers who were satisfied with the improvements in the student's behavior(s) for which the student was referred to the Early Intervention Program was 96%, the average percentage of teachers who found the Early Intervention Program's FSIs useful in helping them deal with disruptive behavior(s) of

the student in the classroom was 93%, and the average percentage of teachers who found the Early Intervention Program's FSI useful in helping them involve and work with the parent(s) to reduce the student's behavior issue(s) was 94%. The average percentage of teachers who would recommend the Early Intervention program to other teachers or schools was 97%.

EIP keeps statistics on number of staff, location, children, and families served, cases, contacts and services:

Statistics by CY	2019	2020*	2021	2022	2023	
# FCTs/FSIs	average # of FCTs= 52	average # of FCTs= 47	average # of FCTs= 48	average # of FCTs/FSIs= 42	average # of FCTs/FSIs= 46	
# Of vacancies	9	9	15	**** 29 out 54 total positions	19	
Schools	54	54	54	54	54	
Districts	15	15	15	15	15	
Public Schools	47	47	47	47	47	
Charter Schools	7	7	7	7	7	
New Cases	528	163	354	516	416	*****
Avg Cases Per Month	15	13	12	14	14	
Avg Students Per Month	32	17	25	14	123	*****
Avg Adults Per Month	25	**88	52	42	36	
	<u>Total for 12 months</u>	<u>Total for 12 months</u>	<u>Total for 12 months</u>	<u>Total for 12 months</u>	<u>Total for 12 months</u>	
Avg Non-Caseload Students / Month Total	20/12112	19/10818	21/12234	10/5015	10/5558	
Avg Non-Caseload Adults / Month Total	6/3948	4/2193	3/1979	3/1558	3/1777	
Avg Home Visits /	10/6385	8/4272	see numbers in	see numbers in	see numbers in	

Month Total			avg. parental contacts	avg. parental contacts	avg. parental contacts	
Avg Office Visits / Month Total	8/4947	3/1918	see numbers in avg parental contacts			
Avg Parental Contacts/Month and total	***	***	59/33636 *****	42/20778	36/19838	
Avg Individual Counseling Sessions/Month Total	69/42986	39/22027	38/21754	63/36093	90/48833	*****
Avg Groups, Large and Small/Month Total	32/19653	18/10048	20/11179	19/9697	21/11220	
Avg Family Counseling Sessions/Month Total	31/19410	17/9498	22/12556	16/9053	10096	

\* 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.

\*\*\*\*The lower numbers in 2022 are a direct result of an increase in vacancies from previous years.

\*\*\*\*\*In 2023 there were less new cases than the previous year but less cases were closed in 2023 than the previous year.

\*\*\*\*\*The # Ave Students/Month in caseload provided interventions were higher in 2023 because we began calculating child contacts with additional fields. The previous fields were face to face individual pullout, groups (large and small) and 1 on 1 interventions. The additional fields included: group positive action, individual positive action, classroom observations and individual during routine.

\*\*\*\*\*In 2023 children required more help in transitioning back to school full time.

During this reporting period from January 2023 to December 2023 K-5, the Early Intervention FSI/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 FSI/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. FSI/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. EI program leadership to added ‘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 6<sup>th</sup> grade. Train family crisis therapists on the model and implement for 2019-2020 school year. In the Fall of 2022, the EIP adopted the Social and Emotional Learning (SEL) program Positive Action. Positive Action is based on the intuitive philosophy that we feel good about ourselves when we do positive actions. FSIs will teach parents, students and teachers how to work together to be healthy, think critically and creatively, solve problems, be responsible, form positive relationships, be honest with self and others, set goals, and do other positive actions to become happy and successful. This program replaces “Triple P” and has a train the trainer component that will allow our 12 certified trainers to do training refreshers and train new staff.

In June 2024, staff will go through refresher training and implement assessments that will be able to show growth within in families and children’s behaviors in school. Program is also working with the Positive Action group on a monitoring tool that will capture data through assessments and chart the information received from the assessments. Staff have been utilizing the Positive Action programs through individual sessions and group sessions. There is a parent component that will officially start in the Fall school year of 2024.

### ***Challenges for the FSIs***

Over this past year staff have continued to have issues with completing home visits as well as office visits. Families are still hesitant to allow the FSIs to visit the home do to lingering concerns with Covid-19. Schools also have limited the number of parents permitted in the schools. FSIs have been able to meet with most of their parents for home visits in other community settings. As well as meeting with the parents for a brief time at drop off in the morning and pick up at the end of the school day for office visits. The K-5 FSI/FCTs have made the parents aware of the importance of parental contact and involvement in the K-5 program.

### ***Priorities for Next Year***

The Early Intervention Program plans increase SEL trainings to ensure that FSI/FCTs have the proper trainings to deal with existing and current issues brought about due to the Covid-19 Pandemic. The FSI will continue to have sessions with Parents using the Positive Action program. Adding this component to our interventions helps the program to build on the holistic philosophy of incorporating the child, parents, and schools in the treatment of the children we serve. The FSIs have created a data base of resources

across the state to make it easier for FSIs to find services and resources to help the families in the schools we serve.

We are also, looking to create a fund that will allow for use to be able to supply resources of our own in emergency situations for our caseload families. Resources such as bus passes to allow for families to get to Dr. appointments. Emergency housing vouchers while families wait for other services to become available. Food and clothing vouchers to address an immediate need for families. We are in the middle of rebranding and building on the services that we already provide to our families to continue to stand out from other services. This will be accomplished by cooperation between the management team and the FSI/FCTs.

FSI/FCTs 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 6<sup>th</sup> 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.

**2020-2024 Summary:**

This benchmark continues but will be combine with benchmark #4 because it is incorporated into that reporting. Early Intervention continues to us the "I Can Problem Solve" model as well as adopting in Fall of 2022 the Social and Emotional Learning (SEL) program Positive Action to accompany the "I Can Problem Solve" program. The progress and updates are provided in the previous benchmark.

**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 safety 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:** June 2024.

**Measure:** Documentation of foster care candidacy provisions and ACF approval.

**2020-2024 Summary:**

This benchmark is completed. 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 has been incorporated into the Department Prevention Plan for FFSFA. The plan has been submitted to ACF and is currently under review and edits. Delaware is currently in process of developing policy. The activities of developing policy and procedures will be developed and implemented in conjunction with the approval of the Prevention Plan. The Division, with the assistance of the Department's Project Manager has begun the process of developing policy in order to re-submit the Prevention Plan for final approval.

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:** June 2024.

**Measure:** Documentation of foster care candidacy provisions and ACF approval of claiming methodology. Documentation of effective date.

**2020-2024 Summary:**

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.

3. DFS to submit change requests to revise FOCUS to record and report candidacy statistics.

**Timeframe:** June 2024.

**Measure:** Documentation of foster care candidacy FOCUS updates.

**2020-2024 Summary:**

This benchmark is still in progress and is dependent on ACF approval of the Department's Family First Prevention Services Act (FFPSA) prevention plan.

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:** June 2024.

**Measure:** Documentation of prevention services and ACF approval of provisions and claiming methodology.

**2020-2024 Summary:**

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. These services were included in the submitted Prevention Plan and have been encourage in request for proposals for new DFS family support contracts. DFS would like to select contractors that can provide evidence-based prevention services to families. DFS uses differential response options to provide the right level of intervention and support to families referred to DFS. The goals are 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. DFS is currently working with ACF on edits and clarification of the Prevention Plan for final approval.

**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 runaway foster youth's return home 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:** December 2022.

**Measure:** Documented review of trafficking data, tools to identify trafficking victims and actions taken to strengthen identification.

**2020-2024 Summary:**

This benchmark has been substantially met in 2022. 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 relayed these recommendations, on behalf of the JHTICC, to the larger HTICC in June 2022. The data subcommittee worked 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 received training 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. The Intake and Investigation and Treatment Program Managers review any cases identified as trafficking or risk of trafficking through the Juvenile Trafficking Oversight Team (JTOT). JTOT includes members of the MDT, including members from the Office of the Investigation Coordinator, medical, law enforcement, CAC, and Office of the Attorney General. This team reviews the MDT process and identifies strengths and areas needing improvement. This process was used to inform the development and revision of the DFS trafficking policy.

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 runaway 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 been updated as part of a larger effort to update the MOU, and those changes were approved by CPAC in May 2022. The Intake and Investigation Program Manager provided training to staff in June 2022, regarding the changes in the MOU. The Juvenile Trafficking Protocol was updated in CY 2021. The protocol may be found in the MDT MOU at: [https://courts.delaware.gov/childadvocate/cpac/cpac\\_reports.aspx](https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx). The Division's Trafficking policy was developed in December 2021 and signed into policy June 20, 2023.

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 2023.

**Measure:** Documentation of tool revisions and staff training.

**2020-2024 Summary:**

This benchmark has been completed. The Intake and Investigation and Treatment Program Managers were part of the CPAC subcommittee who selected the Commercial Sexual Exploitation-Identification Tool (CSE-IT), which is an evidenced-based, validated tool, originating with WestCoast Children's Clinic. The CSE-IT was approved by CPAC in May 2021. This tool does not rely on self-disclosure and allows for the screener to use knowledge gained through interviews and collateral information. CSE-IT can be universally for youth 10 and older. It also allows for collection of quantitative data.

In October 2021, 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). Use of the tool by agency staff, including intake, began in August 2022. DSCYF staff have been trained in the use of CSE-IT and all new staff are trained in the use of the tool. Sessions are offered monthly.

Intake staff are using a modified version of CSE-IT that is specific to the child abuse report line. CSE-IT is used when a report is called in that has some red flags for trafficking, when a youth returns from missing, 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).

In CY 22, CSE-IT was built into FOCUS on the intake report and on the person type, client.

The Division's Trafficking policy was developed in December 2021 and signed into policy June 20, 2023. In addition, the Juvenile Trafficking Protocol, which is part of the MDT MOU, has been updated and was approved by CPAC in May 2022. Staff have been trained in the MDT response and the juvenile trafficking protocol.

The Intake and Investigation Program Manager and Treatment Program Manager partnered with local agencies who have services for adult human trafficking survivors, Salvation Army (Restoration Now), Meet me at the Well, and Zoe Ministries. These partners provided a half day juvenile trafficking presentation to all regions on 2/13/23, 2/14/23, and 2/21/23. This training was well received by DFS staff.

In June 2022, the Department rolled out a Train the Trainer for CSE-IT and 16 Department staff were certified to provide this training. In the CFSP 2020-2024 reporting period, 42 sessions were held and 616 DSCYF staff and contractors completed the training. CPD schedules this course every month for new hires and anyone who wants a refresher.

3. Program Managers for Intake and Investigation, Treatment and Foster Care to survey stakeholders regarding the services available for trafficking victims open to DFS. Team to make recommendations to DFS leadership to fill identified service gaps.

**Timeframe:** October 2020.

**Measure:** Documentation of survey activities, results and recommendations to leadership.

**2020-2024 Summary:**

This benchmark was completed in 2022.

Delaware has a legislatively mandated trafficking counseling called the Delaware Anti-Trafficking Coordinating Council (DATAAC). A subcommittee under DATAAC is the Juvenile Anti-Trafficking Coordinating Committee (JATAC). As of November 2023, the Treatment Program Manager chairs JATAC and the Intake and Investigation Program Manager is a part of the committee, as well as, many community partners, including medical, school, mental health, law enforcement, DSCYF, attorneys, and more. One of the subcommittees under JATAC was the victim services committee. This committee was formed 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. The committee also identified gaps in services and made recommendations to DATAAC about services needed for juveniles. Through the victim services committee a survey was developed to help identify current services and needs and had presentations by known juvenile trafficking providers. While it was found that Delaware has a small array of service providers with training specific to trafficking, the committee made recommendations for areas of improvement for identified gaps.

The following gaps were identified:

- Delaware has identified trauma informed providers, but finding practitioners with specific training or experience with juvenile survivors of trafficking was difficult.
- Youth in foster care need training/education about trafficking.
- 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 needs to be identified and implemented.

JATAC continues to explore gaps and make recommendations for juvenile trafficking survivors.

The DFS Treatment Program Manager is working with a new contracted provider who is going to identify staff to work with families and juveniles who are trafficked or at risk of trafficking. This service is expected to begin in July 2024.

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:** June 2023

**Measure:** Documentation of assessment, findings, recommendations and implementation of specialized foster parent training.

**2020-2024 Summary:**

This benchmark has been met at this time, but there is an ongoing need to continue to evaluate and assess our resources for foster youth who are also trafficking victims and train foster families and staff who work with youth who have survived trafficking.

Currently the Foster Care Program Team is in negotiations with Zoe Ministries who put in a proposal for the December 2022 RFP for specialized group care services. They specifically developed a group home for youth who are also trafficking victims. We anticipate the final execution of this contract by the end of July 2024.

At this time all of Delaware's in-state contracted child placing agencies have received training and information on our trafficking protocols and the use of the CSE-IT tool which we began using in 2022. Three of our congregate care providers have completed a six-week advanced Residential Course through My Choice My Life sponsored by the Children's Bureau, Region 3 as of April 2022 in which they learned to develop a comprehensive CSEC policy and protocols that align with best practices, create a diverse, nonjudgmental, 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.

DFS has partnered with a community organization to customize a portion of our pre-service foster parent training to cover caring for youth survivors of trafficking. Additionally, we provide supplemental trainings on Human Trafficking for all foster parents on an annual basis. We also contract with 4 out-of-state Residential Treatment Facilities that have specific services or programs for youth who are also survivors of trafficking. And we work with an organization, KidLink who recently informed us of 2 additional programs that are being developed to serve youth survivors of trafficking that we could utilize if needed.

**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.

**2020-2024 Summary:**

The FY2020-FY2024 Foster and Adoptive Parent Recruitment Plan strategically targeted three areas for foster and adoptive parent recruitment: increasing the number of foster homes, retaining good quality foster families, and developing or recruiting families for youth with complex or special needs in our target areas. The Plan activities were based largely on contracted services with a Foster Parent Recruiter (FPR). We utilized a variety of strategies such as community outreach efforts, hosting recruitment events, launching public awareness campaigns, and hosting monthly orientation sessions. Quarterly meetings were held across Delaware's three regions to evaluate the needs of foster youth and adjust the strategies as needed. We continue to offer a bonus to foster families that refer new foster families to the Division since. We continue to work on retention and training of foster families by providing supporting services to foster families and offering a wide selection of core and supplemental trainings targeting identified areas needed for growth via surveys and stakeholder feedback.

Several notable changes in recruitment services occurred during the last five years. In early 2020, the COVID-19 pandemic had a significant impact on recruitment efforts by slowing recruitment significantly. Community outreach became much more difficult considering the restrictions on gatherings and events. The pandemic led us to shift many of our efforts including utilizing virtual platforms for our monthly orientation sessions. Although we continued to manage inquiries and reach out virtually to the public, the new families we continue to bring on board each quarter are still not enough to account for the loss of homes we experienced during the pandemic and continue to lose each year. Many families have reevaluated their lifestyle or simply no longer want to bring foster youth into their home due to health concerns or the lack of community-based mental health services for those youth. We hope to target some of these identified gaps in the next five-year plan. Another significant change occurred at the very end of 2021, when our FPR moved on to a new position. After multiple attempts to fill the vacancy through various avenues, we negotiated a contract for recruitment services in 2022 and those services went into effect in 2023. Unfortunately, that contract lasted only 7 months due to provider issues that were unable to be remediated. As of 2024 we have a new contracted FPR and are working on developing a Recruitment Advisory Board to guide

recruitment activities. Throughout the time we were without a FPR, we continued to recruit and on-board new foster families. We did not experience any significant change in frequency of inquiries or conversion rates of inquiries to foster homes.

Some of the recruitment highlights from the past five years are as follows:

- In 2021 our welcome packet for people inquiring to become foster parents was updated along with our foster parenting brochures and the foster care website.
- In 2022 we began to develop a new online portal to streamline the process to become a foster parent from inquiry through home opening. This portal will allow us to capture data on when families are dropping out of the process to become a foster parent and help track all of the documents and transitions between phases and contracted providers. The portal has been built as of January 2024 and issues found in tested are being resolved. We anticipate the portal launching in 2024.
- In 2022 we had a two-page infographic designed to aid Foster Parent Recruitment efforts by visually represent the process of becoming a foster parent and outline key requirements. We have this infographic translated into Spanish and Haitian Creole.
- In 2023, we partnered with University of Delaware to hang a banner at their pool recruiting foster and adoptive families.
- In 2023, we had a mural painted in the Christiana Mall to recruit foster and adoptive families.
- In 2023 we began a social media campaign (Facebook & Instagram) seeking foster parents with curated messaging dispelling fostering myths, highlighting the application process, and informing the community of our need. The campaign included new logos and hashtags based.
- In May of 2023 we launched a retention campaign for National Foster Care Month that included giving all active foster families a Delaware State Park Annual Pass to enjoy the many free activities the parks have to offer throughout the year.
- In 2024 we worked with Looking Glass media to design a movie theater advertisement that will run in all three Delaware counties. It is currently in the process of being developed.

Overall, our foster families are diverse and match the racial and ethnic background of the youth in our custody relatively well. We are working to improve our outreach to the Hispanic population in Delaware and overcome linguistic barriers. We recently began launching social media content in Spanish. Our first Foster Parent Advisory Committee will be held in June 2024 which will be chaired by our FPR and include various stakeholders including current foster parents. We continue to partner with local organizations such as PFLAG to recruit families to serve LGBTQ+ families, Nemours to recruit families with medical training, and the local school districts to recruit families with experience with youth with special needs.

2. The foster care program workgroup will catalog and issue supportive resource guides to foster families, caseworkers, and partners.

**Timeframe:** June 2021.

**Measure:** Documentation of resource guide distribution.

**2020-2024 Summary:**



Over the last 5 years, the Foster Care Program team explored various options for issuing a supportive resource guide for foster families, caseworkers, and partners. Comprehensive placement resource guides are maintained and distributed to DFS staff at regular intervals. The program continues to distribute information about partnerships with community resources and programs available to support our youth and families on a routine basis and present information about those resources at statewide management meetings, strategic leadership meetings, stakeholder meetings, provider meetings, program and team meetings, and lunch and learn sessions.

The Foster Care Program provides information about resources to foster families in a variety of ways. Our bi-annual Foster Parent Newsletter has undergone a major overhaul and is now distributed electronically. In 2022 we added a section to the newsletter for community resources and in 2024 we added a section for upcoming events and opportunities. Additionally, we continue to highlight our support services and community partnerships through email blasts and flyers.

The Foster Care section of the Division's website has also undergone several revisions, most notably adding a section for Foster Care Supports. And the workgroup assigned to revise and reissue the Foster Parent Handbook completed their revisions and the handbook is waiting on final leadership approval for issuance.

As of April 2023, we have a foster parent support group, organized, and led by our contracted partner Wraparound Delaware. The support group information is listed in the bi-annual Foster Parent Newsletter, monthly flyers are distributed to all foster parents via email, and the provider has conducted multiple presentations on the supports offered to department staff. The Foster Care Program meets with this contracted provider monthly and shares targeted information about community resources and internal department resources available to families based on the general feedback the provider is receiving at the support group.

We continue to partner with the YMCA to provide free summer day and overnight camp opportunities for youth in foster care. In 2024 the YMCA has offered two spots for foster youth in their Leadership in Training overnight camp program for 10<sup>th</sup> graders. We have developed a new partnership with The Art of Giving Foundation which can provide funding for youth in foster care to participate in or experience the creative arts such as music or dance lessons, theater or ballet shows, and a variety of other opportunities.

3. The foster care program workgroup 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.

**2020-2024 Summary:**

Over the past five year, many options were explored to utilize mobile technology as a distribution medium for a comprehensive formal and informal resource database for foster families. The Foster Care Program worked with the Director of Communications for the department to explore the possibility of developing a private website for foster families to enter to see resources available to them, but technology barriers were not

able to be problem-solved. The program team conducted extensive research into the use of other options such as listservs, mobile app technology, and utilizing our current electronic case record system, FOCUS to create private log-ons for foster families.

In calendar year 2024, a plan is fully underway to meet this benchmark. A change request (CR) has been initiated and user stories are started to create a new portal to our FOCUS system for all existing foster parents. This CR would allow all foster parents to sign in and register for trainings and see a comprehensive listing for supports and resources available to them. The foster care program team would have the ability to change out the resources and add new ones regularly.

Additionally, in calendar year 2024, we have launched the use of mobile app technology, Textedly. This app technology provides us with the ability to mass text our foster families, staff, and providers about upcoming events, resources, placement needs, messages of appreciation, and opportunities to get involved. Users have to opt in to receive texts and we have the ability to add tags to each person so we know if they are a foster parent, staff, or provider and can send targeted messaging. We have a clearly established plan for how we will utilize this technology to share important information with our stakeholders.

In addition to the strategies listed above to share resources with our foster families and other stakeholders, FIRST has developed a Community Directory of local programs such as food programs, parenting education, after-school activities, transportation, recreation, mental health services, financial support services, and other community-based services. This Community Directory is interactive and linked right on the department's webpage. The Foster Care Program has distributed the flyer for this directory to all foster families.

4. The foster care program workgroup 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.

**2020-2024 Summary:**

This benchmark was met in 2023. We conducted survey of foster and adoptive families with questions focused on foster parent training, caseworker interactions, the process to become a foster parent, and foster parent support in September 2022. One of the key takeaways from the survey is that families would like more training on managing children with behavioral and mental health concerns. Another takeaway was that lack of childcare and having the time to do in-person trainings is a barrier to families attending trainings. Several families noted that they would like training that is online and self-paced rather than instructor led. The Foster Care Program is re-evaluating training practices for foster parents and establishing related benchmarks for the next CFSP.

**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 be 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 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.

As of 6/14/24, there are 357 active referrals for formal Independent Living services, 173 are still in care and 35 that have aged out of care are currently being served in transitional living programs. Of the 273 youth that were over the age of 18 and had an IL service outcome record entered in CY2023, 172 are reported as have either full or part time employment at some point (63%). Of the same time and population, 168 achieved either a high school diploma, Associates/Bachelor's degree or vocational certificate/license (62%).

**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 HOPE (formerly known as YAC).

**Timeframe:** 2020 and ongoing.

**Measure:** Documentation of YAC events and activities that promote personal growth, leadership development and community service.

**2020-2024 Summary:**

This benchmark was updated to reflect the formal adoption of HOPE (Helping Our Peers Evolve) as the name of the Youth Advisory Council.

The five years involved in this reporting period has brought forth many changes for youth who experience foster care, but the one consistent piece for them has been the presence of the Youth Advisory Council (YAC) meetings and the annual conference. YAC had a rebranding and is now known as HOPE (Helping Our Peers Evolve), which was a name selected by the youth and young adult participants. YAC and now HOPE meetings are designed to provide youth who are experiencing foster care and young adults who have experienced foster care an opportunity to come together monthly to have fellowship while learning about things that will impact their lives. For example, presentations have been done for HOPE around financial planning, college preparation and the impact of intimate partner violence. Attendees at HOPE can offer suggestions for topics to be discussed at meetings. During Round 4 of the Child and Family Services Review, Delaware's HOPE team participated in a focus group with our federal partners. HOPE was given the opportunity to give feedback back on their needs and how they are met, or not met, by Delaware's foster care system.

One of the biggest challenges facing HOPE during this 5-year period was the pandemic. In a time when Delaware was under a stay-at-home order, meetings pivoted to a hybrid platform so that youth and young adults were still able to engage in the process. In some ways, participation in the meetings improved as youth who previously did not attend meetings took the opportunity to engage. Meetings continued to be held virtually until stay-at-home orders were lifted. Return to in-person meetings was slow, but eventually attendance became more robust than ever. Special events, such as the Halloween and Christmas parties, are often the best attended meetings. HOPE also has one meeting per year that is dedicated to a community service project, Adopt-a-Highway.

The annual conference is typically held in August and there was no break in the conferences during the pandemic as each conference was held in-person, though some restrictions were in place in 2020 and 2021. The annual conference provides attendees with an opportunity to interact with peers, learn about community-based services from vendors who attend and to hear from dynamic speakers. Past speakers have included Delaware's poet laureates, The Twin Poets, professional athletes and adults who have lived experience with foster care. Workshops are held that focus on topics that are of interest to the youth and young adults, such as ways to seek financial support in paying for car insurance through the newly initiated Driver's License and Insurance (DLI) program. Another workshop of great interest is one where attendees learn cooking skills.

HOPE also provides youth and young adults with an opportunity to learn leadership skills. To this end, HOPE has elected officers that are held to certain standards. In 2020, the Independent Living Program Manager created an Officer Agreement through the collaboration from youth, young adults and contracted agencies. The Agreement document outlines the roles and responsibilities of the officer and noted they would qualify for an incentive if they fulfilled their officer position requirements. Annual elections are held, and the officers play a large role in the HOPE meetings and the annual conference. HOPE strives to meet the goal of, "Nothing about us, without us".

**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 for UGrad programming for eligible foster youth in 9<sup>th</sup> through 12<sup>th</sup> grades.

**Timeframe:** 2020 and ongoing.

**Measure:** Documentation of UGrad participation and outcomes.

**2020-2024 Summary:**

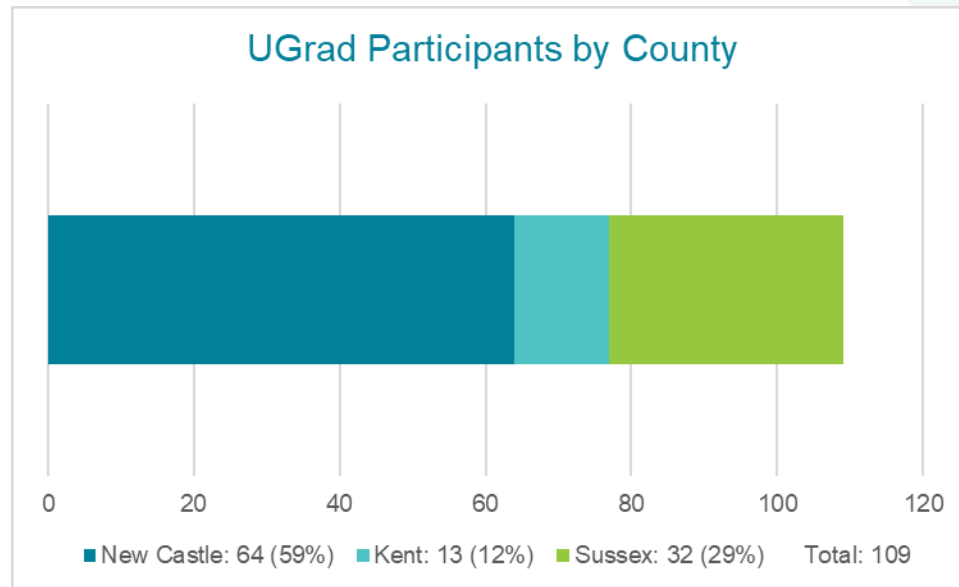
This benchmark has been achieved as far as partnering with Kind to Kids Foundation. The program has been established and continues to expand as the program matures. UGrad Academy is a case management program offered statewide for Delaware students who experience foster care. The program provides biweekly in-person visits by UGrad Advocates to the students alternating both at home and at school. UGrad Advocates facilitate education by weekly monitoring of grades, providing academic resources such as private one-on-one tutoring and school supplies, facilitating education support and intervention with schoolteachers, counselors and DFS workers, and communication with the student's team.

The Independent Living Program Manager and Kind to Kids remain in routine contact about the program. The Independent Living Program Manager provided information on UGrad services to contracted independent living providers. The UGrad program attends the HOPE (Helping Our Peers Evolve) annual conference to share helpful resources such as tool kits and books with the youth.

Over their course of involvement with DFS, UGrad has consistently expanded the number of youths that they serve, as well as the ages of the youth that are eligible for the program. When the program began in 2019, students in 5<sup>th</sup> to 8<sup>th</sup> grade were served and that eligibility criteria has now expanded to serve students from kindergarten to college. In 2024, UGrad program served 109 children and youth who were experiencing foster care in grades from kindergarten to college. All students who were designated to



graduate were successful and all students were successfully promoted to the next grade. Below is a chart that details student participants by county:



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.

**2020-2024 Summary:**

In 2019, Delaware supported a modification to allow the Child Protection Accountability Commission (CPAC) to become the sole administrator of the Ivyanne Davis Scholarship program. This scholarship benefits youth who have experienced foster care. CPAC is provided administrative support by the Office of the Child Advocate (OCA) and they were the ultimate distributor of funds. Historically, the scholarship funds were administered along with the Education and Training Vouchers (ETV) and this continued plan was supported as DFS and OCA executed a Memorandum of Agreement to bundle the awards for administration by OCA. From this point forward, the Independent Living Program Manager has been a part of this process with OCA by reviewing applications and interviewing youth who are seeking assistance. The Independent Living Program Manager, with the support of the contracted Independent Living providers, helps OCA to submit the ETV scholarships to ensure all funds were received by youth applicants. The Independent Living Program Manager continues to participate in quarterly Youth In Transition Committee meetings, which is a committee facilitated by OCA to review the ETV application process with partners and stakeholders. When new temporary requirements in the Consolidated Appropriations Act, Division X were enacted, the Independent Living Program Manager met with OCA to review the new regulations. OCA

and the Independent Living Program Manager collaborated to come up with a plan on how to disseminate the information and change the application process so that the Division X requirements were met. As a result, DFS was successful in providing these additional funds to youth and young adults.

For the 2022-2023 school year, CPAC awarded a total of \$133,709.44 in funding to 27 youth. \$60,804.44 was awarded from the Scholarship Fund, \$72,905 from ETV. In this past academic school year, CPAC awarded a total of \$133,810.44 in funding to 30 youth, as 3 students received new ETV awards. Young adults attend a variety of post-secondary education or training programs during with this funding. The Delaware Fostering Independence Through Education Tuition Waiver Program was implemented in the spring semester of 2022 and has impacted the awards related to tuition and room and board for a number of youths attending Delaware State University, Delaware Technical Community College and the University of Delaware. The CPAC Services for Youth Advancement Committee continues to provide oversight for the scholarship programs.

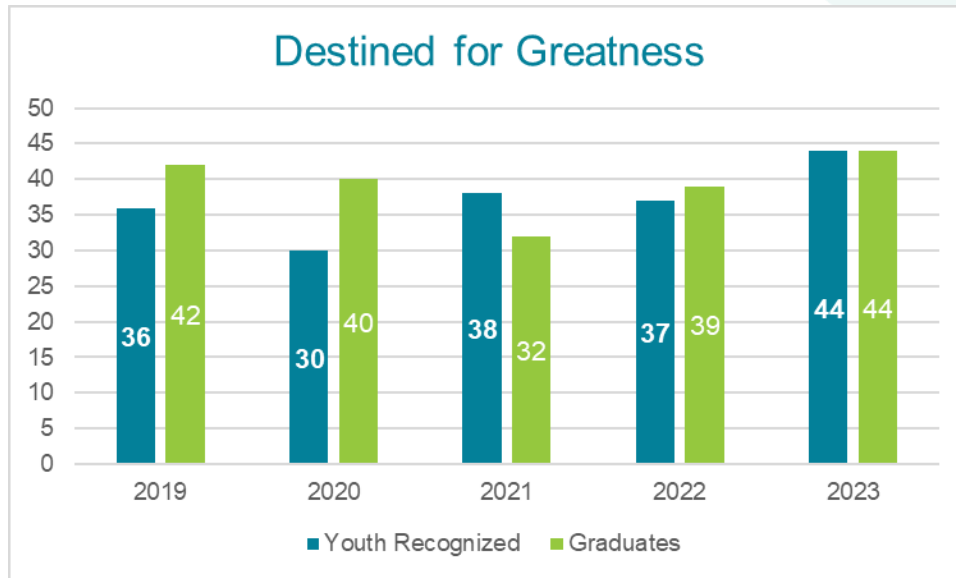
3. Independent living team to coordinate Destined for Greatness events with youth, advocates, family members and contractors.

**Timeframe:** 2020 and ongoing.

**Measure:** Documentation of Destined for Greatness activities and awards.

**2020-2024 Summary:**

Destined for Greatness is annual event that recognizes the accomplishments of our youth and young adults who have graduated from high school, college, or vocational programs. It also provides recognition for youth and young adults who have achieved success in the past year. For several years, Delaware has partnered with a community organization, One Simple Wish, so that recipients receive a gift card as a way of recognizing their accomplishment. This event is very well attended, and all participants go out of their way to celebrate the youth and young adults. Below is a chart that details the number of youth and young adults who have been recognized during this 5-year reporting period.



**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.

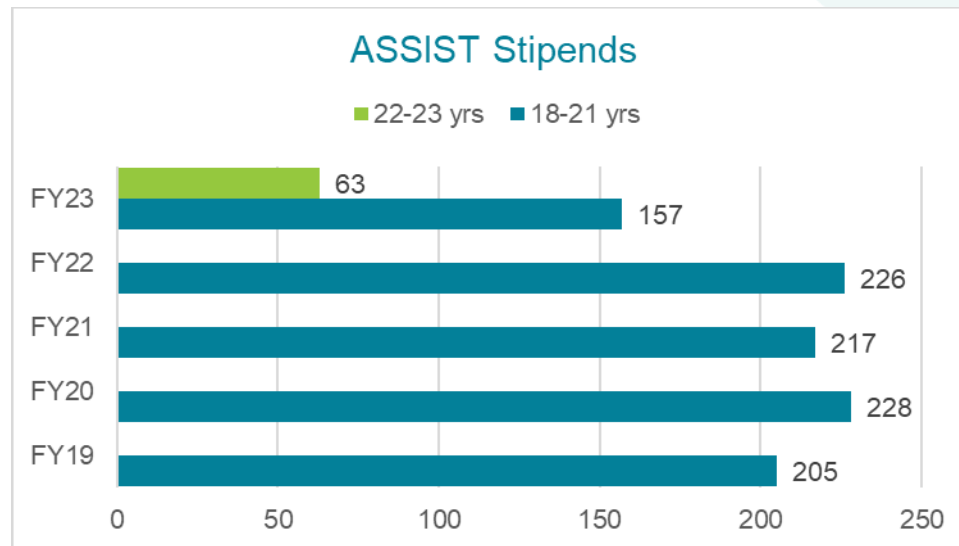
**Benchmarks:**

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.

**2020-2024 Summary:** Below is a chart that details the number of young adults who have received ASSIST payments during the 5-year reporting period. On May 3, 2022, HB 271 was signed into law. This expansion of independent and transitional living services from age 21 to age 23 better aligned with case management requirements of housing assistance programs, supports young adults who are transitioning from post-secondary education programs into the workforce and helps to maintain a longer connection with youth who have experienced foster care. One of the driving factors for this legislation was the success of expansion of federal support for independent living during the pandemic. This benchmark has been met and will continue.



The independent living program manager tracks monthly usage and billing of ASSIST stipends distributed by providers. Over the course of the reporting period, monthly requirements for out of state youth receiving the ASSIST stipend were streamlined and rules regarding productivity hours for in-state youth were revised. During the COVID-19 state of emergency, the requirements for youth to receive the monthly ASSIST stipend changed so that youth could maintain stability in time of crisis. Changed regulations included a temporary lift to productivity requirements. Funding continued throughout the 2021 calendar year as the Independent Living Program Manager coordinated with the Directors of the contracted agencies to ensure youth received Division X funding through ASSIST stipends. Fiscal tracking documents have also been developed to improve monitoring of ASSIST invoicing by contracted providers and adding youth counts.

During the review period, the ASSIST program has been evaluated by the Independent Living Program Manager and contracted providers to address how the program has been meeting the needs of youth. The program has been in place for 10 years and there have been many lessons learned. Program changes and new DFS policy have been proposed. One of the required changes to the ASSIST program that has been implemented is an expansion of services to the age of 23 due to the passing of HB 271. One of the concerns expressed about the stipend program is that youth are not using it as a temporary support but are becoming dependent on state entitlement payments. The goal moving forward is to adjust the program so that the stipend is slowly decreased over time while still meeting essential housing needs that the youth may have while working towards independence. This benchmark has not been met and the timeframe will continue as ongoing for administration and evaluation. This benchmark will be continued into the next 5-year plan.

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.

**2020-2024 Summary:**

Since the expansion of independent living services to age 23, the ASSIST program has been under review. A new policy has been drafted to detail procedures for the state funded ASSIST program. Beginning in April 2022, youth 21-23 could access ASSIST funds using the Emergency Funding Request form for financial help. The procedure for providing financial support this expanded population was sent to agency and contracted staff as well as youth. Feedback from stakeholders suggests that the ASSIST procedures need to have a transition or “step-down” process in place to help youth reduce their reliance on state financial assistance and increase their self-sufficiency. Unfortunately, exit surveys are not used consistently by providers and, when used, do not seem to be good evaluation tool of the ASSIST program. This benchmark will be updated to find new ways to evaluate the effectiveness of the ASSIST program. This benchmark has not been met.

**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. Independent Living Program Manager to coordinate distribution of ETV to eligible youth, in compliance with all federal requirements. In 2020, this benchmark was revised to: Review the DSCYF OCA ETV MOA annually. Update policy and procedures as needed based on stakeholder input.

**Timeframe:** Ongoing through 2024

**Measure:** Documentation of number of young adults receiving ETV vouchers, rules applied and other descriptors of outcomes.

**2020-2024 Summary:**

This benchmark was updated in 2022 after OCA became the administrator of ETV awards distribution. The benchmark includes an annual review of the MOU that exist between OCA and DFS, as well as updating policies and procedures based on stakeholder input. This benchmark will continue to be monitored annually.

In 2019, Delaware supported a modification to allow the Child Protection Accountability Commission (CPAC) to become the sole administrator of the Iyvanne Davis Scholarship program. This scholarship benefits youth who have experienced foster care. CPAC is provided administrative support by the Office of the Child Advocate (OCA) and they were the ultimate distributor of funds. Historically, the scholarship funds were administered



along with the Education and Training Vouchers (ETV) and this continued plan was supported as DFS and OCA executed a Memorandum of Agreement to bundle the awards for administration by OCA. From this point forward, the Independent Living Program Manager has been a part of this process with OCA by reviewing applications and interviewing youth who are seeking assistance.

For the 2022-2023 school year, CPAC awarded a total of \$133,709.44 in funding to 27 youth. \$60,804.44 was awarded from the Scholarship Fund, \$72,905 from ETV. In this past academic school year, CPAC awarded a total of \$133,810.44 in funding to 30 youth, as 3 students received new ETV awards. Young adults attend a variety of post-secondary education or training programs during with this funding. The Delaware Fostering Independence Through Education Tuition Waiver Program was implemented in the spring semester of 2022 and has impacted the awards related to tuition and room and board for a number of youths attending Delaware State University, Delaware Technical Community College and the University of Delaware. The CPAC Services for Youth Advancement Committee continues to provide oversight for the scholarship programs.

While education is a key implement for future financial success, support is needed for young adults to pursue the opportunity. To this end, the Independent Living Program Manager has 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 IL providers to supplement their work with youth around college readiness. The IL 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 IL program. Recently, ILYA has increased their capacity, and is now willing to provide their services statewide.

This benchmark has been met but will continue into the future.

### III. 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. The CQI Manager consults with the federal team for guidance on case reviews as needed. The Delaware case review team conducted 90 randomized foster care, and in-home (treatment and differential response) case reviews for identified periods under review every 6 months, (15 reviews per month). As of April 2024, case

review team will conduct 65 randomized foster care and in-home (treatment and differential response) case reviews for identified periods under review every 3 months. As part of the case review process, the review team also conducts supplemental surveys that consist of an open-ended conversational discussion with review participants (parents, caregivers, youth, and foster parents) to obtain lived experience feedback regarding broader systemic practices such as trauma informed care, cultural awareness, case planning, collaboration across division, and service array. The team also conducts 15 investigation case reviews every month. Delaware has updated and built the internal investigation and FAIR case review tools into our FOCUS data system. In addition to policy adherence questions, Delaware has added questions related to the use of Safety Organized Practice and SDM® tools, Family Engagement Strategies, Substance Exposed Infants and Plans of Safe Care, MDT response. During reviews, case reviewers are also reviewing data quality and alerting CQI manager when information is inaccurate or missing in the FOCUS system. In the future, this team may 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 reviews and supplemental surveys are shared at the bi-annual stakeholder meetings, Strategic Leadership Team (SLT) meetings (monthly), all management meetings, program management meetings, CQI Steering Committee, CQI committees, and other forums. Results are also shared and discussed at monthly case review team meetings and during one-on-one supervision with front-line staff to ensure information trickles-down and is understood throughout the agency at all levels. Additionally, the Continuous Quality Improvement Manager and the Department Community Relations Coordinator continue to collaborate on regular email blasts, “Delaware Rocks”, sharing positive performance results with all staff. The Continuous Quality Improvement 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 agency not only shares performance results, information on areas which need improvement, and updates on actions taken to make improvements, but also seeks feedback and input. Survey completed during the Statewide Assessment with stakeholders confirms that the majority of youth, foster parents, stakeholders, DFS and DSCYF staff agreed that DFS has a statewide continuous quality improvement system that identifies strengths and needs, shares results, and seeks their feedback for process improvement and system planning.

DSCYF has moved the DFS data team members under the centralized DMSS FOCUS team. The CQI Manager continues to closely collaborate with the data team. The data team builds the needed statewide reports and queries to pull needed information from our FOCUS system and maintains a report inventory. The data team also runs our federal reports such as AFCARS, NCANDS, NYTD, and the monthly caseworker visit report. Prior to submission, federal validation tools are used to monitor data quality of requested information. Recently, 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. Delaware also successfully built and submitted AFCARS 2.0 with no compliance errors.

In addition to monitoring quality of federal report data, the Continuous Quality Improvement Manager and data team regularly analyze in-house reports to evaluate data quality to ensure FOCUS is functioning correctly and data entry by staff is accurate. Periodically, the data team analyzes system generated reports by directly reviewing case data to validate fidelity of system reports. The CQI Data Quality Committee monitors the Department Data Quality Plan and makes determinations related to focus areas of data quality improvement needs. The Continuous Quality Improvement 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 also been developed to address areas where data quality related to data entry has shown to be a problem such as placement events – particularly worker approved relative/kin placements, custody events, and demographic information on persons. The Department has hired two full time FOCUS trainers to provide this training. Report team has also begun providing training to management and administration on how to use specific reports to assist them in their supervision needs around monitoring data quality and worker's entry of required information. The first training was the use of the Kids in Custody report.

DFS FOCUS liaisons work collaboratively with the Continuous Quality Improvement Manager to correct data entry errors. Defect tickets are written to address data system issues and make improvements. The Continuous Quality Improvement Manager shares analysis with Administrators 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 kids in custody with active placement are sent out weekly 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. The Continuous Quality Improvement Manager and data team also conduct ongoing data quality checks with Court Improvement Program (CIP), Office of Child Advocate, and the Courts. Information related to custody dates, demographics of the children in agency custody, permanency plan, and initial placement reasons are shared and reviewed to ensure consistent and accurate information is being maintained. Through the various CQI committees and other forums, additional court information has been requested such as information on sua sponte custodies, short stays, TPR, and adoption/guardianship disruptions, and this data is now being tracked regularly. CQI Manager was also given access to the court's data system, APRICOT, and is able to review court data as needed. 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. Focus groups conducted confirmed the agency has a plentiful number of useful reports which are distributed and accessed regularly, and both staff and stakeholders indicated they are aware of the process to obtain additional data as needed.

Delaware's Continuous Quality Improvement system is guided by a CQI Steering Committee that meets at least every two months. The Steering Committee reviews results of case reviews, supplemental survey findings, federal reports, and various other quantitative and qualitative data to determine agency strengths or targeted areas of needs and monitor progress on improvement efforts. Report-outs on all CQI subcommittees and initiatives undertaken are discussed, as well as noted barriers and recommendations around next steps. Next steps could

include continued implementation (adopt), expansion (adapt), or discontinuation (abandon) of an initiative. During these meetings, case review results are periodically reviewed for fidelity and accuracy. Currently, Delaware has four CQI subcommittees, the CQI Post Adoption Disruption Committee, the CQI Intact Family Committee, CQI Teen Committee, and the CQI Data Quality Committee. The CQI Post Adoption Disruption Committee now meets quarterly. The other three meet monthly. The committees review data related to the identified problem, propose solutions, and discuss action steps, and then continuously monitor the steps taken to evaluate outcomes. These follow a Plan, Do, Study, Act (PDSA) model. Focus groups conducted highlighted DFS' consistent efforts to ensure all child welfare agencies and those with lived experience are included in these meetings and are active participants in the decisions-making process. The DFS Strategic Leadership Team meeting has also begun using more CQI activities (Plan, Do, Study, Act), reviewing data to determine areas needing improvement. Per SLT recommendations, subcommittees have been formed to address areas such as Level of Care improvements, guardianship reform, and APPLA consistency with courts. These subcommittees seek feedback and report out their findings, recommended initiatives, and progress at each SLT meeting.

In response to DFS' accomplishment in establishing a Quality Assurance System which has demonstrated how successful dynamic continuous quality improvement efforts are to improving practice, the Department has adopted their methodology and replicated this across the Department in various ways. Goal 3 of the Department 5-year Strategic Plan is to expand and institutionalize data-driven decision-making practices to demonstrate the agency's dedication to continuous quality improvement. In response, the department created a Continuous Quality Improvement Collaborative, Data Governance Board and leveraged the existing Department Quality Assurance Team to develop a System of Care Case Review Tool which closely aligns to the federal review tool and process used by DFS. Modeling the current DFS case review process, Administrative Case Reviewers from the Office of Case Management conduct case readings and qualitative interviews of key participants and stakeholders to complete a case review tool. The first targeted review pilot was completed on youth who were involved with more than one of the DSCYF divisions (YRS, PBH, DFS). CQI manager is an active member of the CQI Collaborative and Data Governance Board. Additional objectives aligned with Goal 3 of the Strategic Plan are to develop a cadre of staff who are trained/certified in continuous quality improvement practice and dedicate resources to support ongoing improvement, cross training, and succession management activities; expand current continuous quality improvement efforts to include data-driven examination of processes, critical incidents, and service delivery using proven continuous quality improvement strategies. The DSCYF Continuous Quality Improvement Collaborative is created a project charter related to engaging individuals with lived experience to ensure decision-making and project planning within the department are informed by diverse perspectives from individuals with lived experience. As part of this project, the Collaborative researched how other jurisdictions have been successful at incorporating lived experience into planning and decision-making, developing a process for payment and reconciliation, determining parameters for participants, developing a recruitment strategy, developing a process to promote client confidentiality, and submitting a pilot proposal. Members developed policy to compensate those with lived experience. The DFS CQI Manager will be piloting this project.

Additionally, the department has begun hosting town halls regularly to share updates and have open discussions with department staff to address employee concerns and inform them of



process improvement efforts. On 11/9/22, the department hosted a town hall featuring the Governor who not only spoke about the steps being taken statewide to improve key areas of concern (vacancy rates, employee retention, lack of placement resources), but also requested staff share recommendations and feedback with him on areas in need of improvement.

## **IV. Final Update/Report on Service Description**

### **1. The 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)

### **2. Services for Children Adopted from Other Countries**

*(Section 422(b)(11) of the Act)*

Post Permanency 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 or have exited foster care through guardianship.

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 continue an adoption certification program for master's level therapists with degrees in counseling, social work or related fields. This program is funded by the state



utilizing applicable child savings and fills a gap in services for adopted children. 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.

### 3. Services for Children Under the Age of Five

*(Section 422(b)(18) of the Act)*

Delaware continues to work closely with the Department of Public Health to encourage utilization of Delaware's home visiting programs, which include Nurse Family Partnership, Healthy Families America, Parents As Teachers, and Delaware Head Start/Early Head Start. The Treatment Program Manager and Intake and Investigation Administrator participate in the Home Visiting Community Advisory Board. The Treatment Program Manager also participates in the Help Me Grow workgroup.

The Multisystem Healthy Action Committee (MSHAC) meets quarterly in all three counties. MSHAC in Sussex County has been meeting regularly. There was a pause in the NCC and Kent County meetings due to transition of 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 caseworkers/managers, hospital social workers, home visiting managers, and many other community agencies meet to discuss services, referrals, data, trends, etc.

Highmark Health Options and AmeriHealth have been Delaware's two Medicaid MCO contractors. In 2023, Delaware First Health became a new Medicaid MCO provider in DE. Delaware has a great relationship with these providers. Delaware provides a monthly report to the providers about children who exit and enter foster care. The Care Coordinators reach out to DFS case workers to help coordinate services. This partnership helps ensure children in foster care are receiving recommended medical services and screenings.

The Division of Family Services, Prevention and Behavioral Health, and Division of Public Health have a liaison for the Delaware's Birth to Three program (B23). Data is shared between The Division of Family Services and B23 program that includes a monthly list of children who enter DFS custody. The list of children is cross-referenced with a report of children who were referred to B23. If a child is under the age of three and entered DFS custody but was not referred to B23, then the Treatment Program Administrator sends an email to the assigned DFS worker and supervisor. This email reminds the caseworker to screen the child for developmental needs and refer to B23 if appropriate.

DFS/B23 Statistics	1/1/22-12/31/22	4/1/2021-3/31/22
NCC Total DFS Children Referred to B23	53	45
DFS <b>Foster</b> Children Referred to B23	35	29
DFS Children with Active IFSPs	0	1
DFS <b>Foster</b> Children with Active IFSPs	10	3
Children Active as of March 31, 2022		
NCC Total DFS Children		39

DFS Foster Children		23
DFS Children with Active IFSPs		0
DFS Foster Children with Active IFSPs		2

Kent Total DFS Children Referred to B23	40	61
DFS <b>Foster</b> Children Referred to B23	18	13
DFS Children with Active IFSPs	5	8
DFS <b>Foster</b> Children with Active IFSPs	1	2
Children Active as of March 31, 2022		
Kent Total DFS Children		11
DFS Foster Children		3
DFS Children with Active IFSPs		5
DFS Foster Children with Active IFSPs		2

#### Total DFS Children Referred

Sussex Total DFS Children Referred to B23	30	63
DFS <b>Foster</b> Children Referred to B23	13	14
DFS Children with Active IFSPs	2	11
DFS <b>Foster</b> Children with Active IFSPs	2	5
Children Active as of March 31, 2022		
Sussex Total DFS Children		19
DFS Foster Children Active with B23		7
DFS Children with Active IFSPs		8
DFS Foster Children with Active IFSPs		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 multiple agency sources. 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](https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx)

In FY2023, CPAC approved the retrospective reviews conducted by the Child Abuse and Neglect Panel between July 2022 and June 2023. During this period, the Panel reviewed 93 child maltreatment deaths and near-death cases, which resulted in 123 strengths and 188 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](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 Child Welfare information system nor determine deaths as a result of abuse or neglect in the same manner as the Division.

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.

#### 4. MaryLee Allen Promoting Safe and Stable Families (PSSF) (Title IV-B, subpart 2)

##### Family Preservation and Family Support

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 individualized comprehensive services that builds on the strengths of individuals, 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 statewide identified geographical service areas that 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. Additionally, service areas also have higher reported cases of children and adult receiving SNAP and TANF benefits. The program also 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.

Individuals to be served are any caregiver and at-risk families with children 17 and younger. Families served also include parents experiencing housing insecurities, non-residential fathers, foster parents, and young adults who have a child 17 years or younger or seeks to gain a relationship with their child. Families must have one or more risk factor, a demonstrated need for prevention intervention. Prior or current involvement with the Division of Family Services is not a disqualifying characteristic for involvement in the program.

#### **1. PSSF Collaboration 2020-2024**

Through provider partners Jewish Family Services of Delaware, Connections, and First State Community Action Agency -we have made and often sustained partnerships with agencies, organizations and stakeholders who support the family consultation and coordination process supporting Delaware youth via their caregivers. While the following is not a finite listing, agencies listed supported multiple families throughout the Family Consultation and Support Process with a variety of their identified goals and emerging stressors.

From 2020 to 2024 Promoting Safe and Stable Families program have established and sustained partnerships with the following social service-oriented agencies: Thurman Adams State Service Center, Belvedere State Service Center, Appoquinimink State Service Center, Laurel State Service Center, DeLaWarr State Service Center, Hudson State Service Center, Claymont State Service Center, Porter State Service Center, Northeast State Service Center, Williams State Service Center, Milford State Service Center, Shipley State Service Center, Neighborhood House, Society of Saint Vincent de Paul, Catholic Charities, New Castle County, First State Community Action Agency, Catholic Charities, Sussex County.

From 2020 to 2024 Promoting Safe and Stable Families program have established and sustained partnerships with the following housing-oriented agencies in the state of Delaware: Housing Alliance, First State Community Action Agency, Dover Interfaith Mission for Housing, Rapid Rehousing, Mary Campbell Center, Sussex Community Crisis Housing, Habitat for Humanity, Delaware State Housing Authorities of New Castle, Wilmington, Millsboro and Dover, and a host of private landlords.

From 2020 to 2024 Promoting Safe and Stable Families program have established and sustained partnerships with the following nutrition, health and wellness-oriented agencies: Food Bank of Delaware. Women, Infant and Children (WIC), Mother Meals, Meals on Wheels, First State Communication Action Agency, Rosehill Community Center, Marshallton Food Pantry, Red Lion Methodist Church food Closet, Sunday Breakfast Mission, Claymont Community Center, Hilltop Community Center, West End Neighborhood House, Hanover Presbyterian Church Food Pantry, Hope Lutheran Food Pantry, Friendship House, Saint Georges United Methodist Church Food Closet, Kent County Community Action Nutrition Program, Department of Education Summer Food Service Programs.

From 2020 to 2024 Promoting Safe and Stable Families program have established and sustained partnerships with the following child and youth serving agencies: Boys and

Girls Club- Frain, YMCA, DelWarr, Gloves without Drugs, My Sisters Keeper, Delaware Adolescent Program Incorporated (DAPI) and Dual Generation Center.

Through these collaborations we have reduced household stress, increased self-efficacy, and introduced new resources for families to access in their respective communities.

### **Assessment of Performance**

#### **Promoting Safe and Stable Families (PSSF)**

Our first objective of 2020-2024 was to provide in home and/or 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. The opportunity to provide in-home services as we envisioned became interrupted due to the COVID-19 pandemic, however, the consultation process was able to be conducted virtually and over the phone in the homes/ dwellings of families across the state of Delaware. One of the challenges and limitations of virtual sessions is that families had the ability to turn camera's off or utilize blurred backgrounds which prevented the Family Consultant to observe the area and see if there were any potential conflicts. As the imminent threat of COVID-19 subsided it was challenging to transition families to in person participation. In 2024 DSCYF-PBH put out to bid two Request for proposals to identify and expand service areas and family supports available to families. In response, Promoting Safe and Stable families have 4 new providers, including a Spanish Speaking agency in efforts to diversifying services. As we move forward in 2025-2029, we are expanding our services to ensure that Hispanic families beginning in New Castle County have equitable access to services in their homes and communities that are culturally appropriate.

Our second objective was to increase family stability using a universal and selected prevention approach. All providers shared information regarding Promoting Safe and Stable Families as well as the Delaware Fatherhood and Family Coalition at all their events. Understanding families are compromised in many different ways disseminating information to all in hopes that it gets to the individuals who may benefit. Additionally, selective prevention was utilized to target families who may be at or above the poverty line, have an active or pending DFS case or has an established stressor; these specific populations have been determined at risk for child abuse and neglect due to the life stressors.

Our third objective was to engage and retain fathers in the family consultation and support services. While there were some fathers who were the primary recipient of family consultation and support programming majority of the families were single-headed female household. In 2024 DSCYF-PBH put out to bid two Request for proposals to highlight and focus on fatherhood priority services in addition to family services. In result we have four new providers for Promoting Safe and Stable Family Programs and four new providers for priority fatherhood program. While the tools utilized for both are the same, we hope the specialty service will engage fathers in ways that it has not done so in the past. In the years 2020 to 2024 we focused on coalition building and community events. As we move forward in 2025-2029, we are adding fatherhood specific case



management services geared to both custodial and non-custodial fathers. The objectives utilized in 2020-2024 will be consistent in 2025-2029 with the difference that dedicated staff to engage fathers in the family support and consultation process will be incorporated.

Our fourth objective was to conduct qualitative and quantitative data assessment and reporting. Qualitative data was to be gathered through short answer satisfaction survey. Quantitative data was to be gathered through pre/post assessment, satisfaction survey, registration for events and satisfaction of group events presented. While there was some opportunity to gather data there were other challenges that were faced during this period of review. Among them was staff not having the ability to facilitate assessments across from participants as the program designed entailed. Instead pre and post surveys were administered in a variety of ways which skewed the results. Questions may or may not have been misinterpreted at pre or post as the picture they conveyed did not mirror the results demonstrated on the goal worksheet. To combat and further prevent data collection challenges, DSCYF-PBH consulted with a Prevention Epidemiologist to help better capture the data we seek to capture to illustrate our prevention efforts.

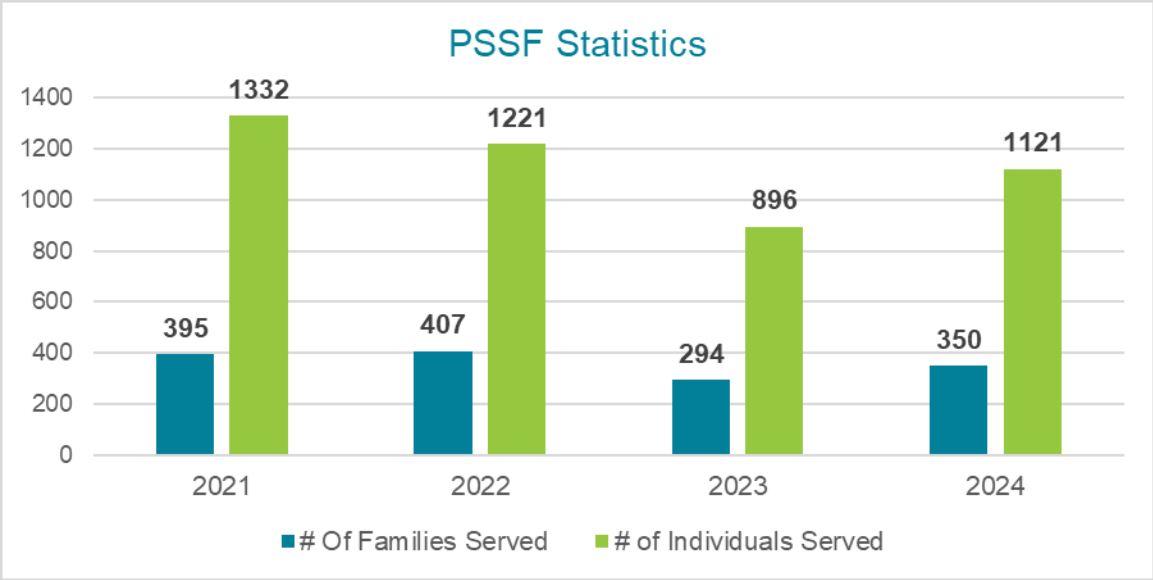
Our fifth objective was to provide pre-placement prevention services to preserve intact families while ensuring that children remain safe with their families. During the consultation process we have worked with families who were concurrently involved with DFS services. Family preservation and support services were provided to families, yet it was unclear if pre-placement efforts were avoided. Moving forward in 2025-2029 we will have a plan to capture data on families who have DFS involvement.

### **Expected Outcome Results**

Engagement expected outcomes per contract year from 2020-2024 were as follows: providers met with the program participants either at their home or a location conducive to the program process, each site was charged to engage at least 50 families for the family consultation and support services to the community throughout 2020 to 2024, of those families engaged per contract year 35 families would have been retained for the family consultation and support services. Retention has been defined as a participant who completes all the PSSF pre/post consultation and support family forms, accomplished at least two goals and completed the program participant satisfaction surveys. Additionally, 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 did not complete a post-family assessment, however, completes their family goals, a participant who does not complete two goals and a participant who wants to receive resource referral services only.

Throughout 2020-2024 service year 1,446 families and 4,570 individuals were provided family consultation and family support and preservation services in community-based settings and virtually. These numbers include families who completed the full consultation process including all required documentation as well as those families who completed their goals but not the post documentation and families who received only resource referrals. Data was gathered from Family Information Forms (FIF) which is the initial form and information gathered from each participant. The FIF captured the number of families and individuals receiving services as well as the number of

participants who were connected to family preservation and family supportive services. Additional measurements such as reduction of stress measured by Pre/Post Family Forms and Participant Satisfaction Survey, Increase of Protective Factors Identified in Pre/ Post Surveys and number of participants connecting to caregiver enhancement support services were not consistently captured.



While services were open to all they were some accessibility barriers when COVID-19 arrived. Caregivers did not have the privacy to speak freely, devices to make appointments were often occupied by children in the household attending online curriculum or needing support, some households did not have technology and others lacked internet to participate fully with the expected documentation. DSCYF-PBH Department had staff turnover in addition to each provider site leaving services not provided for periods of time. Additionally, two requests for proposals were issued to seek a variety of providers to enhance Promoting Safe and Stable Families Program as well as Fatherhood programs. In response we diversified the service providers to expand our reach into various communities, highlighted home and community-based services and streamlined assessment tools while maintain the strength-based nature.

Some of stressors and challenges families face such as financial hardship, housing instability, child-parent relationship remained constant there has been some identification of the need for systems navigation, peer support and preventative health and wellness programs which will be supported through our new providers in the service period of 2025-2029.

**2. Collaboration 2020-2024 Delaware Fatherhood and Family Coalition (DFFC)**

Throughout service period of 2020-2024 many local, state, non-profit agencies and churches collaborated to support the statewide efforts of the Delaware Fatherhood and

Family Coalition including but not limited to: Domestic Violence Coalition, First State Community Action Agency, Every Man Counts, Department of Labor, Henrietta Johnson Medical Central, Interfaith Connection, Food Bank of Delaware, Children and Families First, Wilmington Police Department, Georgetown Police Department, New Castle County Parks and Recreation, New Castle County Police.

### **Assessment of Performance**

Throughout service period of 2020-2024 the DFFC was led by County Project Coordinator Trainers who were contracted with providers in each county (New Castle, Kent, Sussex) to provide non-traditional fatherhood parenting and co-parenting workshops to strengthen healthy relationships through conflict resolution and communications skills training. The project Coordinator Trainers were also charged with coordinating county and statewide fatherhood initiative activities. Annually, Project Coordinator hosted the following events in their local communities: Retention and Recruitment Event, Mother's Day Event, Father's Day Event, Fatherhood Moment Community Service Project, Community Health and Wellness Event, local townhall meetings and barbershop conversations covering a host of topics relative to Fathers. Statewide a Fatherhood Symposium and Awards Banquet was held.

Each County Project Coordinator Trainer was responsible for recruiting and training their local County Leadership Committee officers. CLC Officers were invited to local trainings and events to strengthen their leadership skills. In turn, the CLC officers were charged to train professionals and engage the community regarding the vital role fathers play in their children's lives.

In Kent County a Mentorship partnership was created with Capitol school District to pilot prevention interventions to educate youth who are not yet parents about the economic, social, and family consequences of early parenting. These programs targeted youth to break the cycle of early parenthood.

Statewide recruitment efforts to engage fathers to participate in fatherhood initiative programming and service activities were conducted through multi-media strategies, post cards during large food distribution events, and word of mouth through partnering agencies. Project Coordinator trainers would refer fathers to the Promoting Safe and Stable Family Program to engage in family support and family consultation services however barriers prevented the participation.

On both the DFFC website and at the host of tabling and recruitment events research based educational articles, tips, service, community, and navigational information were distributed.

A continuing effort in service period 2025-2029 is to strengthen the infrastructure of the Delaware Fatherhood and Family Coalition to be self-sustaining; having the Department and its selected providers to be a collaborator in lieu of the implementer. The DFFC will bridge profit and not-profit organizations together to promote fatherhood involvement through volunteerism. Interested parties will be trained in coalition building techniques in efforts to revitalize the Delaware and Fatherhood Coalition.

### **Expected Outcome Results**

Through the service period of 2020-2024 the Project Coordinator Trainers were the only individuals who facilitated fatherhood community-based workshop and trainings.

There were three events that focused on parent to parent and healthy co-parenting relationships. Each family focused event strengthened parent and child relationship-building opportunities by eliminating stressors such as an activity, meal, and transportation. Grassroots dialogue sessions were held in barbershops across the state covering topics of healthy relationships, men's health, child support and custody, advocating for children in school and other organic conversations that developed.

A host of strengthening service collaboration with fatherhood services statewide.

While there is no measurement tool that can capture a reduction of maltreatment by non-custodial/non-residential fathers the activities and workshops provided are to reduce parental stressors

Engaged and Retained 12 fathers in consultation program evidenced by the completed form PSSF referral form that was not completed by all project coordinator trainers. Graduated 48 fathers from the 24/7 Dad Program throughout the state of Delaware.

**Measures:**

Satisfaction surveys were collected at fatherhood activities and events responses received showed high satisfaction with program and events and increased understanding of the role and importance of involved fathers in the lives of their children.

The Reduction of stress measured by pre/post Family Forms and Participant Satisfaction Survey, Increase of Protective Factors Identified in Pre/ Post Surveys, Number of fathers connecting to services and supports, and number of fathers connecting to caregiver enhancement support services. Aforementioned outcomes would have been captured through Promoting Safe and Stable Families Support and Consultation Numbers.

**Objectives:**

There were many objectives for the Delaware Fatherhood and Family Coalition through the service period 2020-2024 that were determined to be more realistically obtained through individualized support and consultation and collaborations to address the unique needs of fathers. In 2025-2029, fatherhood priority programming will increase father involvement and family stability using a universal and selected prevention approach. In 2025-2029, fatherhood priority programming will pilot qualitative and quantitative measurement tools to conduct comprehensive data assessment and reporting. The tools utilized in the Promoting Safe and Stable Families Program will be mirrored in the Fatherhood Program. In 2025-2029, fatherhood priority programming will engage and retain fathers in consultation and support services. The consultation and support services will be provided in home and/or community and address family stressors (parental characteristics, child behavior, coping abilities, parenting skills, knowledge of and access to resources) to prevent maltreatment of children. Fatherhood support resources assisting parents to navigate child support, Family Court for custody and visitation, Division of Social Services, Employment Training and schools will be additional areas of focus.

## **Update on Programs and Service Areas: Family Preservation and Family Support**

In FY 2020-2024, DPBHS provided Family Consultation and Support Services under Family Support and Preservation components of Title IV-B subpart 2 statewide through two community-based agencies over 5 sites that utilized a family support approach with family-centered practices. The PSSF consultation and support case management model incorporated trauma-informed practices in the service delivery. Assessment and planning tools were utilized to empower and stabilize families by addressing the risk factors and core stressors of caregiving that often lead to child maltreatment. Well-supported practices were 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. While the original intent was to provide Family Consultation and Support Services in person in the participants home or other established community-based location due to COVID-19 services were provided virtually using Zoom or over the phone. Post the imminent threat of COVID-19 service providers were having challenges re-engaging families in the original model to its fidelity.

The plan in FY 2025-2029 is to reinstitute in-home and community-based family consultation and supportive services and including the hybrid or virtual option when needed. Ensuring services are provided in an area that is familiar to the family/ father being served will help the providers deliver individualized, culturally humble services. Family services are differentiated from fatherhood services in the upcoming years and staff is designated to provide services to their target populations. In addition, the length of the program has been extended to 12-14 weeks, evidenced to be an appropriate amount of time to see the increase and impact of protective factors. Designated services are also less prescriptive in 2025-2029 than in service years 2020-2024. Aside from measurement tools, providers have the autonomy to support and preserve families as their families require them. It is encouraged to truly look at the individual and family in their environment and build supports around them instead of placing them in a program that may not otherwise be realistic or meet their needs.

## **Promoting Safe and Stable Families Program (PSSF) -Title IV-B, subpart 2**

See Section II. Service Array, Section III. 2020-2024 CFSP, Section IV. Child and Family Services Continuum, Service Coordination, Service Description, and Section IX. Budget Request, Grant Applications, Promoting Safe and Stable Families Program for description of services supported by Title IV-B, subpart 2.

The Promoting Safe and Stable Families Consultation and Support Services, and the Responsible Fatherhood Initiative (Delaware Fatherhood and Family Coalition) provide levels of family and community support service specifically designed to prevent families from entering or reentering services for child maltreatment. Programming also builds community capacity to engage and support fathers' positive engagement with their children, families, and community. The PSSF family consultation and support program model is implemented in communities throughout the state. The program targeted population includes caregivers who have child(ren) under the age of 18 and youth transitioning out of care who have multiple needs due to social and /emotional stressors and present these risk factors:

1. Isolation or inability to trust others.
2. Difficulty managing stress and crisis related to life events.
3. Lack of information supports and /or services to effectively parent and/or address child behaviors.
4. Lack of social supports.
5. Behavioral, mental illness and disabilities.



## 6. Lack of accessibility to resources and services.

### Family Reunification

DFS has a contract with three community agencies to provide family preservation, family support, and family reunification services to families who have been referred to a treatment unit. Service levels are:

- Family Interventionist–intact families
- Family Interventionist–placement families
- Family Interventionist–foster home support
- Home based family support (intact or placement)
- Behavioral analyst (intact or placement and foster homes)
- Triple P Parenting Class
- Strengthening Families Parenting Class
- Nurturing Parenting Partners

The family interventionist meets with the family at least weekly to conduct an assessment and set goals with the family. The family interventionist assists the family in meeting the goals on their Family Service Plan. Some of the activities include parenting, budgeting, assist in finding employment or housing, participate in team meetings, organizing services / appointments, and much more. For placement families the family interventionist also supervises family visitation and works on parenting skills with the family, in addition to the activities listed above. The family interventionist can also assist a foster parent in managing a child's behavior. The home-based family support service is a therapist who provides family therapy in the home, focusing on the specific family, parental, environmental, and mental health or physical factors that may be affecting the family. The behavioral analyst will complete an assessment if a family has a child with developmental delays, such as, autism. The behavioral analyst will develop a behavior plan with the family and share it with the family interventionist so that identified techniques can be incorporated and reinforced during home visits. Triple P and Strengthening Families are both evidenced based parenting curriculum. The agency who offers Strengthening Families also makes the course available to families who are not directly associated with DFS.

### Service Decision-Making process for Family Support Services

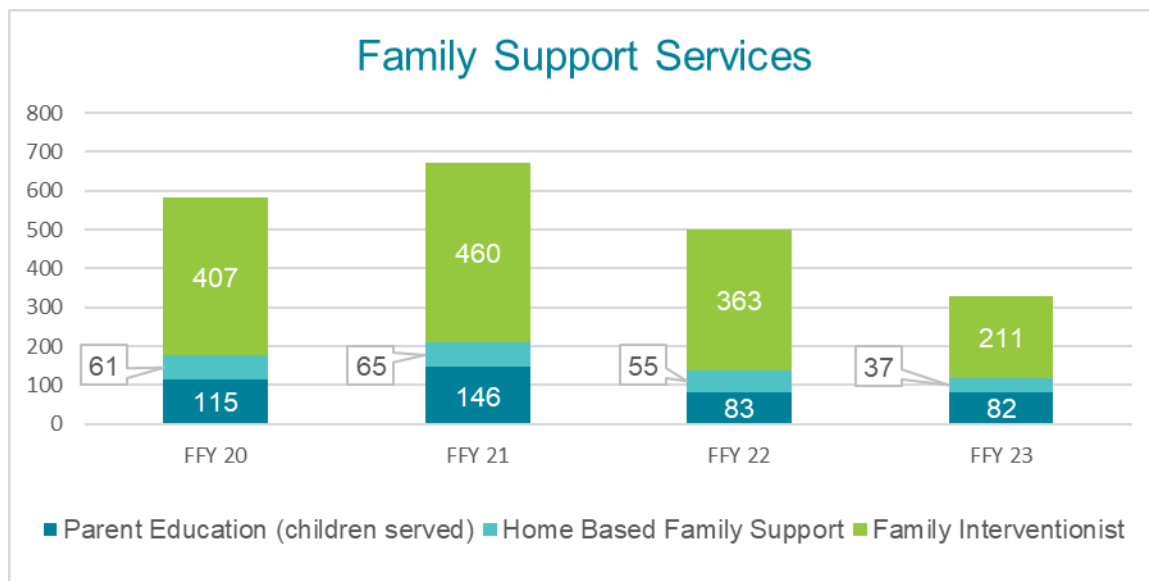
Promoting Safe and Stable Families Consultation and Support services are delivered by three community-based organizations to: increase formal and informal support networks, address concerns, increase family's advocacy efforts to address their need for services, empower families to make the connection to appropriate services and resources, assist families in designing an intervention plan, and increase a family's awareness of how to reduce stress in the future through this planning approach. PSSF Consultation and Support program provides an array of supportive and family preservation services to families active and not currently active with DSCYF core services.

The community-based providers are located throughout the state and were selected by the RFP process. PSSF providers serve communities with high percentages of referrals to child protection services. There are two sites in Sussex County, one site in Kent County, and two sites in New Castle County. An additional site during the 2020–2024 service period will serve southeast Wilmington collaborating with DHSS and DOE. The program serves communities lacking the ability to assure the basic needs of children and families. In addition, these

communities are cited in the Delaware Center for Disease report.as having higher rates of environmental trauma inflicted upon children and families.

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.

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, provide opportunities to improve the parent's capacity to mee their children's needs with a focus on prevention and early intervention services that alleviates family crisis and stressors in an effort to reduce the likelihood of child maltreatment and enhance child well-being. The Division of Family Services contracts with four providers to serve intact families and those families how are separated and working towards reunification and currently in 2024 the service array is expanding to 6 providers. 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, parent education, and Home-Based family support services are families who are considered high or very high risk for child abuse and/or neglect, and they are involved with the Division of Family Services. These services are offered statewide. Families are referred to one of these agencies and services by the DFS caseworker.



DFS also uses a bidding process for contracted services supported by PSSF funds. Currently, four providers offer these services, however in August 2023 a Request for Proposals went out for these family support services. Six providers have been selected to provide for this service array. Community-based services provide family intervention for intact families and families with children in foster care.

### Adoption Promotion and Support Services

Adoption services range from pre-adoption resource recruitment, training, home studies, MY LIFE programming, pre-adoption supervision and case management. DFS routinely uses contracted child specific adoption recruitment, AdoptUSKids and local DelAdopt listing to connect adoptive resources. The state of Delaware discontinued their contract with the Adoption Center in 2023 and entered into a contract with the Dave Thomas Foundation for Adoption and Children and Families First to offer the evidence based, child focused recruitment model, Wendy's Wonderful Kids, to Delaware's children and youth. Emphasis is placed on youth with a goal of APPLA, Guardianship Unknown and Adoption who are in danger of aging out of foster care with no relational permanency. Emphasis is also placed on children under the age of 6 to expedite exit to permanency through early goal review at local Permanency Planning Committees. Post-adoption services are available from 3 contracted private agencies for statewide crisis intervention, case management, training, bonding workshops and other supports. Post-adoption services are for all families in Delaware who have achieved permanency through adoption, guardianship or permanent guardianship. These services are available for families who adopt from foster care or privately, including international adoptions.

## **5. Populations at Greatest Risk of Maltreatment** *(Section 432(a)(10) of the Act)*

During the service period of the report, PSSF continued to provide community-based services in communities throughout the state in area with high incidents of child abuse and neglect reports, higher rates of SNAP and TANF cases and in 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 that experienced high rates of residual impact on the families due to the COVID-19 pandemic. The families in these communities reported an increased need and concern around financial wellness, housing instability, and employment opportunities.

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.

Delaware is aware that foster children are at higher risk of becoming victims of sex trafficking, and we continue to work with law enforcement, the FBI, and community providers to address identification and services for victims of sex trafficking. To that end, Delaware, as voted upon and approved by CPAC in May 2021, has adopted the CSE-IT screening tool to assist in the identification of trafficking victims. The Juvenile Anti-Trafficking Action Committee (JATAC) (formerly known as the Juvenile Human Trafficking Interagency Coordinating Council, or JHTICC) brings together law enforcement, courts, advocates, DFS, the FBI, and community

partners to look at data, public awareness, training, and victims' services. Delaware is looking at best practices for working with victims or suspected victims of human trafficking.

## 6. Kinship Navigator Funding

*(Title IV-B, subpart 2)*

Delaware's statewide Kinship Navigator services are provided via a contract with Children's Choice of Delaware, a community-based private child welfare agency. The program started in October 2020 with a needs and readiness assessment and researching national kinship navigator models. This resulted in recommending to DFS the Kinship Interdisciplinary Navigation Technologically Advanced Model, aka KIN-TECH™. It is an evidence-based kinship navigator program designed to support kinship caregivers. DFS approved the model for replication in Delaware.

KIN-TECH™ was rated as evidence-based in September 2022 by the California Evidence-Based Clearinghouse for Child Welfare. A rating of 2 (Supported by Research Evidence) was obtained in 3 topic areas: Kinship Caregiver Support Programs, Placement Stabilization Programs, and Prevention of Child Abuse and Neglect (Primary) Programs. Each of those 3 areas was rated as having High Child Welfare Relevance. The evidence-based model was developed by Larry Cooper, MSW, LCSW, Vice President of Innovation, of Children's Home Network in Tampa, FL. Delaware has used this model since its roll-out on August 4, 2021.

A Fidelity Monitoring of the Children's Choice kinship navigator program began in the fall of 2022 completed by Larry Cooper of Children's Home Network and certified Children's Choice, Delaware as of May 1, 2023, as having a program that is meeting and maintaining model fidelity for KIN-TECH™. He completed another audit later in 2023 and re-certified Children's Choice for another year. He is auditing again in late summer/early fall to assess ongoing fidelity to KIN-TECH™.

The Delaware program currently covers full-time kinship positions as follows: one Supervisor, one Intake Coordinator/Support Group Assistant, two Caseworker Navigators, one full-time Peer Navigator, one part-time Executive Secretary, and a part-time Peer Navigator who begins employment at the beginning of July 2024. Also, the statewide Director, with overall responsibility for programs her agency provides in Delaware, continues to allocate much of her time to the kinship navigator program. All positions are full-time except for the Executive Secretary, which is a 20% position, and the incoming Peer Navigator, who will be part-time.

For the upcoming contract year effective 10-1-24, we hope to add funds to the contract to cover the expenses of licensing kinship caregivers through Children's Choice; this has been piloted, and we hope it will continue if adequately funded. We still would like additional funds to add a professional Family Finding Specialist to the contract in order to increase the placements of children with Formal and Voluntary kinship caregivers whether relatives or fictive kin.

The Kinship Navigator Program is funded through 9-30-24 using the Title IV-B, subpart 2 Kinship Navigator grant of \$200,000 and Applicable Child Savings funds to supplement the overall need for the program. The contract has expanded to \$580,078 since 10-1-20. In addition, Children's Choice was awarded a \$50,000 grant from a private foundation in Wilmington, Delaware in April 2022. The grant is allocated directly to Children's Choice for direct service/tangible items to kinship. This is not reflected on the DFS Spending Plan as it is not DFS' funds.

The program has steadily increased the numbers of caregivers served and has continued to provide formal Kinship services statewide to kinship caregivers of children active with DFS, whether or not the child is in DFS custody. Services include Psycho-social/Historical Assessment, Case Management, Family Support Plan, Navigation, including Inter-Disciplinary Team Advocacy, Community Outreach and Public Education, including Delaware Kinship Community Collaborative, Educational Workshops, Support Groups, Assistance With Referrals to other Services beyond the Kinship program such as Substance Abuse Workshops and Linkage to Service, Legal Services, Family Team Conferencing, Tutoring, Mentoring, Health and Wellness, Developmental Screening, Respite and/or Coordinated Child Care.

DFS caseworkers and/or Office of the Child Advocate CASAs and GALs are given a brief explanation of the program and complete a one-page referral form for the formal Kinship Navigator services for caregivers of children on their caseloads. Children's Choice has the kinship navigator program listed on its brochure and its website. The program has been so well received and needed that families not involved with DFS reach out and referrals are sometimes made by community members, Family Court judges, and caregivers themselves. If the family is not involved with DFS and in an effort to not turn anyone away from support, Children's Choice offers informal services that include Information & Referral services and invitations to either of the two existing support groups, depending upon where they reside. Children's Choice also includes the informal families in the distribution of donated gifts at Christmas time. Community partners are aware of the program via attendance at the Delaware Kinship Community Collaborative, established near the end of 2021. Children's Choice and DFS also participate in the DHSS-DSS-Community Partner Support Unit bi-weekly resource calls that have over 400 names on the invitation list.

DFS and Children's Choice have also since February 2024 entered into two collaborative professional relationships with two other State agencies in order to facilitate services and benefits for our statewide kinship caregivers. We in the Kinship Navigator Program are seeing incremental improvements and tremendous willingness on the part of DHSS-Division of Social Services and DHSS-Division of State Service Centers to make the application processes smoother for staff and caregivers. It is pleasure working with them at our monthly meeting with each.

Upon referral for formal services, Children's Choice follows up with the caregivers via an initial contact by the Intake Coordinator before they are assigned to a navigator based on their level of needs. Caregivers with one to three needs are assigned to a Peer Navigator for services for 1 -3 months; caregivers with more complex needs are assigned to a degreed Caseworker Navigator for services up to 6 months. The Intake Coordinator, Peer Navigator,



and Case Worker Navigators explain the program in more detail. If the program is at capacity and the caregiver is put on a waitlist, the Intake Coordinator makes weekly contact for an update on their circumstances.

Children's Choice and DFS continue to build capacity to serve kinship caregivers of DFS children. A goal is to grow program capacity to a point at which kinship caregivers of all children active with DFS can access services upon referral by their DFS Caseworkers. The division continues to support kinship caregivers as regular case management procedures and refers caregivers that need added supports, because the Kinship Navigator Program does not currently have capacity to serve all kinship caregivers that are currently caring for children in DFS custody.

A long-term goal is to include increased prevention efforts to kinship caregivers of non-DFS children. Through various channels we network with community private and agencies, such as DHSS-Division of Services for Aging and Adults with Physical Disabilities , DHSS-Division of Social Services, Division of State Service Centers, and, as needed, with The Department of Education, to build community ownership and capacity to serve the caregivers of children outside of the child welfare system; the most current number of Informal kinship caregivers in Delaware is approximately 25,000. About 20,000 of those are grandparents; the other 5,000 are aunts, uncles, older siblings, and non-relative fictive kin, such as godparents, school personnel, church contacts, family friends, etc. The number of the children they are raising is an unknown.

DFS is committed to supporting the Kinship Navigator program and to again support as needed Larry Cooper of Children's Home Network with a letter of support for a re-review of the evidence-based KIN-TECH™ model with the Title IV-E Prevention Service Clearinghouse in the hope of it receiving a promising, supported, or well-supported rating and allowing Delaware to claim IV-E reimbursement at 50% for kinship services. DFS was successful in helping Children's Home Network to obtain a re-review, which is currently underway.

**TOTAL SERVED 10-1-20 THROUGH 5-31-24:**  
**478 KINSHIP CAREGIVERS**  
**1,226 CHILDREN**

## 7. Monthly Caseworker Visit Formula Grants

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 policy on foster child visits is cited in Placement Chapter, Section G of the DFS User Manual that states children in out of home placements must be visited monthly. This is also established in placement agency contract language. For FFY23, Delaware scored at 92.47% on the monthly caseworker visit report with 76.23% of visits taking place in the placement setting.

DFS will submit monthly caseworker visit data for FFY2022 per Section 424(f) of the Social Security Act by December 15, 2024.

## 8. Adoption and Legal Guardianship Incentive Payments (Section 473A of the Act)

With federal approval, Delaware applied adoption incentive funds to a program titled Parent Enrichment. The program reimburses adoptive caregivers for purchases made to normalize childhood experiences and enhance child well-being. This program has been well received and will continue in FY25. 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.

## 9. Adoption Savings

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, 2024, and has the option to renew.

The Interagency Committee on Adoption is collaborating with Springfield College to offer 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 permanency 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- permanency services for children who reside in Delaware and have been adopted, have guardianship or permanent guardianship. These contracts are expanding to include families who have guardianship and will expire on September 30, 2024, 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 permanency support services.

## 10. Family First Prevention Services Act Transition Grants

Delaware has not yet spent any Family First Prevention Services Act Transition Grant Funds. Delaware has submitted an initial draft of the Delaware FFPSA plan. It was recently returned for some clarification and edits. 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 may also be used for training.

## 11. John H. Chafee Foster Care Program for Successful Transition to Adulthood (*The Chafee Program*) (Section 477 of the Act)

Delaware's Independent Living program involves the public and private sectors in helping youth in foster care achieve independence by collaborating with agencies to provide services to youth to build their self-sufficiency and resilience. Independent Living planning begins for youth in foster care starting at the age of 14 by the DFS or placement caseworker including skill development in the child plan. The IL 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 IL 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. Performance expectations outlined in each of the contracts reads that the provider will assist the youth with achieving their education, employment, and housing goals as well as educating them on how to access community resources, understanding how to successfully network with support services in their community to maintain independence and to not be abused or neglected by the IL provider.

The program also supports the HOPE (Helping Our Peers Evolve) youth advisory council, 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. 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 Independent Living Program Manager requires the contracted IL providers support youth with completing

exit surveys as they close out of IL services. In addition, feedback is gained directly from youth about their outcomes through NYTD outcome surveys. This information, along with IL related services captured through NYTD reporting mechanisms, are shared with the contracted IL providers. The information shared highlights NYTD outcome service arrays where the agencies are doing well and where the agencies could be doing better regarding providing services to youth.

Major changes to the IL program include HB 123 and HB 271. HB 123 supports youth by providing a tuition waiver program to cover the cost of tuition, fees and room and board at public Delaware colleges and University. This was signed into law on 10/21/21 so 2022 is the first year that youth have been able to fully engage in this support. HB 271 expands the age of independent living supports from age 21 to age 23 and was signed into law on 5/3/22. DFS has expanded contracted services to support this additional population.

Delaware's Independent Living program also oversees a program called Achieving Self-Sufficiency and Independence through Supported Transition (ASSIST), which is a stipend program to support youth evaluating their needs, budgeting their finances and applying for a stipend to cover living expenses. The program is being reviewed for effectiveness and finding ways to help youth slowly back away from state support by learning the skills needed to be financially self-sufficient.

Delaware collaborates with Public Housing Authorities (PHAs) 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.

DFS participates on the Youth in Transition Committee that is led by The Child Protection Accountability Commission (CPAC), with staffed by the Office of the Child Advocate (OCA). OCA administers two programs for young adults who have experienced foster care in Delaware: The Post-Secondary Scholarship Program and the Driver's License and Insurance Program.

The Post-Secondary Scholarship Program provides educational scholarship opportunities to young adults who have experienced foster care. The Program also coordinates with the Department of Services for Children, Youth and Their Families (DSCYF) to ensure these same young adults have access to the Delaware Fostering Independence Through Education Tuition Waiver Program. The Tuition Waiver Program waives the cost of tuition and all mandatory fees at public Delaware in-state schools (University of Delaware, Delaware State University, and Delaware Technical Community College) for eligible young adults.

The Driver's License and Insurance Program provides youth and young adults who have experienced foster care access to a driver's license and motor vehicle insurance by overcoming legal barriers and providing funding for driver education, costs incidental to licensure, and motor vehicle insurance.

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.

Delaware explores opportunities to support LGBTQI+ youth by partnering with the local chapter of PFLAG. PFLAG conducted a training (Creating Affirming Communities) for the DFS Foster Care team and Provider Agencies in February 2022 that was informative. PFLAG worked with DFS to modify the training to be provided to other audiences. This workshop was then offered to foster parents.

PFLAG and PTK (Parents of Trans Kids) partners with HOPE 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+.

FOCUS was updated 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+.

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

The Division X funding allowed Delaware to re-engage with young adults who turned 21 by offering them a chance to receive services. To do this the Independent Living program created a shared mailbox for constituents to email regarding questions about Division X and to accept requests to re-engage. If a young adult reached out, their case was reopened, and they were assigned an independent living provider. In addition to the expanded ages for case management and housing services, DFS also developed the Pandemic Relief Youth Voucher (PRYV) to use funds for housing-related costs to support young adult stability. Funds were also used to provide funding for transportation related expenses. The additional funds allowed for flexible spending to support young adults with various needs such as rent, groceries, meal delivery, utilities, cell phones/plans, laptops, internet service, respite care services for parenting young adults, supports for pregnant young adults, outstanding health insurance costs, and paid post-secondary education institutions for remaining outstanding tuition balances for young adults. DFS created a guide for staff on how to implement Division X and a checklist document to use for young adults requesting transportation funds. Flyers and other graphics were created and distributed on the Department website, through social media outlets and on HOPE's Instagram regarding Division X.

The expansion of service ages was very successful and demonstrated a need for young adults that experienced foster care. As a result, Delaware made the commitment to expand the IL program services to age 23 permanently. In December of 2021, Governor Carney signed the certification for expanding services to the age of 23 and House Bill 271 was signed in May 2022.



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 Pandemic Relief Youth Voucher (PRYV) amounts started at \$200 per youth, then expanded once there was a recognition there was more funding than the number of youths requesting the PRYV. Delaware was able to spend out the entire Division X allotment.

To maximize the opportunities provided through Division X funding, the Independent Living program engaged with Delaware State Housing Authorities Emergency Housing Program which provided rental assistance to help clients affected by COVID-19 pandemic. The program manager also participated in collaboration meetings with the Delaware's Continuum of Care (CoC) to learn more about the Emergency Housing Program and coordinated with the Department of Human Services to distribute Division X flyers. These partnerships continue to be utilized to support youth transitioning out of foster care.

*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 Delaware the Education and Training Vouchers are managed and administered by the Child Protection Accountability Commission (CPAC), with staffing from the Office of the Child Advocate (OCA). The Post-Secondary Scholarship Program provides educational scholarship opportunities to young adults who have experienced foster care. In addition to the ETV funds, they also administer the state Ivyane D.F. Davis Memorial Scholarship Fund. Youth are eligible for up to \$5,000 a year to cover the costs associated with post-secondary education or training programs. Since April 2022, CPAC awarded a total of \$168,375.89 in funding to 50 youth. \$67,870.09 was awarded from the Scholarship Fund (Ivy Davis), \$69,185.00 from ETV and another \$31,320.80 from other funding sources. The awards ranged from \$500 to \$12,000, but the average award was \$3,337.52. Young adults attended the following post-secondary education or training programs during the period: Dawn Training Center, Delaware Food Bank, Delaware State University, Delaware Technical Community College, Goldey-Beacom College, Macalester College, Maggie Career Institute, New York Institute of Technology, Radford University, University of Delaware, Widener University and Wilmington University. The Delaware Fostering Independence Through Education Tuition Waiver Program was also implemented in the spring semester of 2022, so the awards were adjusted to consider the tuition waiver for a number of young adults attending Delaware State University, Delaware Technical Community College and the University of Delaware. The CPAC Youth in Transition Committee also provided oversight for the scholarship program during the period.

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

The additional funding from Division X was provided to The Office of the Child Advocate (OCA) to include in their awards. The Independent Living Program Manager 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.

*See Attachment: Delaware ETV Chart Attachment C.*

#### Chafee Training

During the reporting period, the Independent Living Program continued to organize tours of the 3 transitional housing programs that are available to youth when they transition from foster care. Training about the independent living program was provided throughout the year with each of the regional offices to support staff awareness of available services. Contractors were also involved in this staff training. The program organized a training for providers with Highmark Care Coordinators to talk about care coordinators providing services to youth and young adults; with the Chief of Clinical Services from DSAMH who provided a training on how to bridge the gap between children and adults services and discussed the development of a MOU for a program that will connect youth to services if they don't meet the higher level of need for the PROMISE program; and the Youth in Transition Coordinator from OCA discussed HB 123 and ETV. The Independent Living Program Manager presented an overview of the program during the child welfare stakeholder meeting. The Independent Living Program also supported contractor staff and 2 youth to attend the national Daniels Independent Living Conference. The program continues to provide training opportunities for youth by bringing speakers or presenters to the HOPE meetings.

## **V. Consultation and Coordination Between States and Tribes**

There continues to be no federally recognized tribes in Delaware, however 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 the agency has not had a family or child connected to the Lenape Indian Tribe and will need to 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, the data collection in the system was updated and enhanced staff training has occurred on data collection regarding Indian tribes. Current basic 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 that enter the system, they are afforded all available services via the State agency. The Family Court has standardized the practice of asking about Indian heritage in court proceedings. 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.

## VI. Child Abuse Prevention and Treatment Act (CAPTA)

### State Plan Requirements and Update

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 and Affected Family or Caregivers

- 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, 2023. 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 one 0.50 FTE Master Family Service Specialist and one 0.50 Family Crisis Therapist, 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 funding was applied to one FTE 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 forensic medical examinations to determine child abuse or neglect. This contract also provides for the services of a social worker to manage DFS cases and coordinate the smooth processing of DFS cases through the Emergency Department. In CY2023, a total of 697 DFS children, identified as possible victims of abuse or neglect, were seen in the Nemours Emergency Department. Of these, 171 cases resulted in hospitalization. For further breakdown of the types of cases and ages of children, as well as a comparison with past years, see Attachment: DFS Nemours Data 2023. Another consideration when interpreting patient volume is the Nemours CARE Program, which offers 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. The goal for the current grant period is to see 315 patients. From April 1, 2023, through March 31, 2024, CARE Clinic saw a total of 257 patients, with 245 being new patients and 8 returning patients. A total of 354 patients were scheduled in this cycle, with a total of 97 no-shows, which is an increase over last year. *For further breakdown of CARE Clinic patient data, see Attachment: CARE Clinic Data 2023.*

- Child Protection Accountability Commission (CPAC) serves as Delaware's Citizen Review Panel. CPAC's SFY2023 report is located online at:  
[https://courts.delaware.gov/childadvocate/cpac/cpac\\_reports.aspx](https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx)
- In its 2024-2025 Joint Action Plan, CPAC and the Maternal and Child Death Review Commission (MCDRC) established 14 prioritized recommendations for system improvement, divided into four focus areas—medical, MDT, legislation, and funding/resources. The 2024-2025 Joint Action Plan was approved by CPAC on February 14, 2024, and by MCDRC on March 22, 2024. All of the recommendations will be assigned to the appropriate entity and will be monitored by the CPAC Grants Oversight Committee. Updates will be provided to CPAC and MCDRC at least semi-annually. The full action plan is available on the OCA website at the following link:  
[https://courts.delaware.gov/childadvocate/cpac/cpac\\_reports.aspx](https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx)
- Delaware continues efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder. All six birthing hospitals in Delaware are mandatory reporters and made reports during CY2023. DFS statewide administrators attend routine hospital meetings with the birthing hospitals. DFS or FAIR POSC 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 CY2023, a training was created for and delivered to MAT providers, who are eligible to implement and monitor POSCs in certain limited situations, as detailed in policy. BCCS was trained on 9/13/23, and CORAS was trained on 8/16/23. In CY2023, MAT providers reported that 34 POSCs were completed.

In early CY2023, a decision was made in the Department no longer to screen in reports of marijuana-only births, absent other risk factors or maltreatment allegations. Therefore, the work of the contracted agency, originally meant to address the needs of infants prenatally exposed to and affected by marijuana, has pivoted to include other categories of substance exposed infants.

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 CY2023, the number of infants reported to be prenatally exposed to substances dropped to 310 reports, compared to 670 cases in CY2022, due to a change in the requirement to report infants prenatally exposed to marijuana who are not otherwise affected by the exposure.

The Multisystem Healthy Action Committee (MSHAC) continues to meet on a quarterly basis in each county to share resources and coordinate the effort to serve families with substance abuse concerns through a multi-agency approach. This meeting is attended by DFS administrators, supervisors, and caseworkers, as well as members of the DHSS Divisions of Public Health and Substance Abuse and Mental Health, and community partners and providers. The Intake and Investigation Family Services Program Support Administrator attends and/or chairs these meetings.

American Rescue Plan Act (ARPA)

- Delaware received supplemental funding through the American Rescue Plan Act (ARPA), and the Division has designated this 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. In addition, Delaware is in the process of launching 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](mailto:Sarah.azevedo@delaware.gov)  
302-633-2663
- Delaware's Annual Progress and Services Report contains CAPTA provisions and are accessible online upon ACF approval: <https://kids.delaware.gov/family-services/cfs-review-plan/>

## VII. Statistical and Supporting Information

### 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 OR two years paraprofessional work experience in health and human services work/associate degree may substitute for one-year paraprofessional experience OR one year experience in professional health and human service work.
- 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, do not accrue paid time off, and are not eligible for medical benefits.

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:
  - Asian- .82%
  - Multi- 2.05%
  - Pacific Islander- .41%
  - Black – 44.67%
  - White- 48.36%
  - Hispanic- 3.69%
- Salaries range from \$39,272- \$63,375 inclusive of the supervisor positions. This reflects an increase from last year due to wage bargaining/recruitment and retention efforts – last year's range was \$37,748 to a maximum starting salary of \$54,200)
- Supervisor to worker ratio standard is 1:5.
- Educational requirements have changed this past year as another recruitment/retention strategy. Now FSS- MFSS + FSS supervisor no longer require a degree but do require relevant work experience. FCT and FCT supervisor require a bachelor's degree as a minimum.
- Mandated caseload average for investigation case workers is 11. In 2023, we were successful at updating the mandated caseload average for our treatment and permanency staff. The new standard is now 12. This is a reduction from the previous mandated standard of 18.

#### Caseload Standards and Supervision Ratio

Pursuant to 29 Del. C. §9015(c), to ensure the Department's compliance with the standards for caseloads set forth in §9015, I am required to report quarterly on our Division of Family Services (DFS) caseloads. Please accept this report for the third quarter of FY2023.

Section 9015 establishes the following caseload standards:

Investigations	11 cases per 1 fully functional worker
Treatment	12 cases per 1 fully functional worker
Supervision	5:1 staff to supervisor ratio

Per statute, the average caseloads are based upon the number of fully functioning workers divided by the number of open cases. Fully functioning workers are workers who have completed the required 6 months of training and are approved to carry a full caseload. The numbers in this report do not account for workload, which can be exponentially greater due to the number of children involved in a particular case.

#### Juvenile Justice Transfers

Although children may be served by juvenile justice and be ordered by the courts into juvenile justice facilities, DFS continues to hold custody and therefore do not transfer custody. Youth Rehabilitation Services, Delaware's juvenile justice agency, is within DSCYF. For the CY2023, 4 youth in DFS custody were transferred into the physical custody of the Division of Youth Rehabilitative Services. These youth were in investigation and treatment caseloads when their commitment to the juvenile justice system's levels 4 and 5 began.

### Education and Training Vouchers

From July 1, 2021, through June 30, 2022, 26 ETV awards were issued, with 8 being issued to new recipients. The following fiscal year, (July 1, 2022, through June 30, 2023) the total number of youths receiving ETVs was 33 with 3 new recipients. For July 1, 2023, through June 30, 2024, the total number of youths receiving ETV awards was 27, including 3 new recipients. In this last fiscal year, CPAC awarded a total of \$133,810.44 in financial support with \$73,006 of those funds through ETV support. The remainder of the financial support was through the Ivyane Davis Memorial Scholarship Fund. (See Attachment: Delaware ETV Chart Attachment C)

### Inter-Country Adoptions

As of April 8, 2024, there were 3 total adoptions in Delaware from other countries posted on the state government website in 2022, 10 for 2021, 2 for 2020, 4 for 2019, 7 for 2018, and 8 for 2017. (<http://travel.state.gov/content/adoptionsabroad/en/about-us/statistics.html>). Of the 10 children, 4 were age 1 -2 years; 1 was age 3 – 4 years; 2 were age 5 – 12 years and 1 was age 13-17 years. Sixty percent of the 10 children were male and 40% were female. There were 0 children who entered state custody in FY22 as the result of a disruption or dissolution of an adoption from other countries.

### Monthly Caseworker Visit Data

DFS will submit monthly caseworker visit data for FFY2024 per Section 424(f) of the Social Security Act by December 15, 2024.

## **VIII. Targeted Plans within the 2020-2024 CFSP**

### **Foster and Adoptive Parent Diligent Recruitment Plan**

The Foster and Adoptive Parent Marketing, Recruitment and Retention Plan for foster and adoptive parents was developed using information from stakeholders, staff working with foster families or foster children and case reviews. The plan identifies three major goals which are to recruit new foster families, retain and develop current foster parents and meet the complex needs and characteristics of the children in need of foster and adoptive placements. The Division has a foster parent recruiter who attends a variety of events throughout Delaware and during recruitment meetings the events are evaluated for effectiveness and adjustments made to ensure targeted recruitment. Delaware has been able to make connections across a wide range of areas from faith-based, cultural, medical and helping communities to attract families that will match the children's demographics in foster care. The plan outlines how Delaware will continuously review and make adjustments to reaching potential families. Due to the implementation of a new computer system, reporting on the demographics of the children in foster care and the complement of families has been a challenge so included in the plan is better tracking, reporting and evaluation of the populations. The plan includes the specific ways the Division plans to address training and development of foster families to meet the needs of our children. There are educational/resource opportunities available to families regarding fostering

and adoption on websites, forms and staff education already in place; the plan includes reviewing the information to make improvements to better inform our families. Delaware is small and has a strong collaborative interest in supporting foster children. One challenge the current plan addresses is retention and development as the agency loses families, making the system less attractive to prospective families.

About fifty percent of the children adopted out of the foster care system is by their foster families and a growing number of foster families get guardianship of youth. This positive permanency outcome has a negative impact on foster resource capacity. The use of data informs decision making and application of resources to sustain capacity of foster homes. (See *attachment: Foster and Adoptive Parent Marketing, Recruitment and Retention Plan*)

### Health Care Oversight and Coordination Plan

Section 422(b)(15)(A) of the Act requires states to develop a plan for the ongoing oversight and coordination of health care services for children in foster care. States must develop the plan in coordination with the state title XIX (Medicaid) agency, and in consultation with pediatricians and other experts in health care, and experts in and recipients of child welfare services.

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. Delaware First Health is a new MCO provider in the state of Delaware, however, Delaware First Health did not begin offering services until 2024.

For CY 2023, 590 foster children received health services through either Highmark Health or AmeriHealth MCO. There was a total of 365 Highmark Health members and 209 AmeriHealth members.

The MCO providers receive a monthly report of all children who 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.

Highmark Health Options and AmeriHealth have presented their respective programs during a Lunch and Learn. The purpose was to provide relevant information to Division staff and answer any questions regarding the program benefits, as well as Care Coordination services. (See *Attachment: Health Care Services Plan (2024)*)

### 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. Updates and adjustments were made and were reported in the 2021 APSR. No substantial changes have been made to the plan since that time. *(See Attachment: DFS Emergency Procedures April 2024)*

## Training Plan

The mission of the Center for Professional Development (CPD) is to provide state of the art training and professional development for DSCYF employees and their contracted providers who work with children, youth, and families. CPD is housed within the Division of Management Support Services (DMSS) and consists of 4 Training and Education Specialist IIIs, 2 Training & Education Manager Is, an Administrative Assistant, and a Training & Education Manager II. Additionally, there are four Coaching supervisors within DFS whose primary responsibility is to ensure new DFS workers complete pre-service training and required on-the-job training. CPD Trainers are cross trained to be responsive to the training and professional development needs of the Department.

The goal of training in the Division of Family Services is to develop the necessary knowledge, skill, and attitude needed for workers, supervisors, managers, and contracted providers to competently apply the DFS child welfare practice model in their work with children and families. pre-service and in-service training continues to focus on embedding the values and casework practices supported by the various initiatives grouped together under the banner 'Outcomes Matter:' which include Structured Decision Making®, Safety Organized Practice, differential response, family search and engagement, and team decision making.

CPD's ongoing primary training objectives are:

1. Develop, update, and modify 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 and in-service training to caseworkers, supervisors, administrators, and contracted service providers that support best practices and integrated service planning.
3. Implement and sustain practice approaches by teaming with DFS leadership and its partners to develop the skills necessary for workers and supervisors to practice with fidelity.
4. Be an internal partner as members and/or leads of ongoing DFS workgroups, leadership meetings and other policy and practice committees to assist in defining, planning, and executing training to targeted DFS staff.

The DFS New Employee Training (NET) includes content that embeds the values, knowledge, and skills required for day-to-day casework practices pertaining to the DFS Outcomes Matter initiatives. CPD continuously modifies the NET curriculum to meet the needs of the division and to address changes in policy and procedure. Evaluations of each course and of the entire New Employee experience allow CPD to collect data and make changes, as needed. Courses have been modified, removed, or added based on feedback received, trends identified, and business need.

The DLC allows CPD to deliver instructor-led training, virtual learning, exams, and certifications to develop employees. Additionally, the DLC automates the administration and oversight of all employee training. Course information and session schedules are published on the DLC and



employees can register, join waitlists, or express interest in any training object available to them. Staff can request training and supervisors can approve or assign training objects. Reference information on the different Outcomes Matter initiatives is posted on the DFS Shared drive so it is accessible to all DFS staff. Registered courses, DFS NET training schedules and class descriptions are available to staff on their individual DLC transcripts. The DFS New Employee Transfer of Learning brief is provided to trainees and supervisors with information on the DFS New Employee Training program, including core competencies, required shadowing activities, checklists, Transfer of Learning (TOL) activities, evaluations, training ground rules, links to supplemental information, and CPD contact information.

The CFSP 2020-2024 includes a staff development and training plan that supports the goals and objectives that address Title IV-B/IV-E programs. Training is continuous, including content from various disciplines and knowledge bases relevant to child and family service policies, programs, and practices. Training supports cross-system coordination and consultation. Specific courses for DFS caseworkers focus on best practices and strategies promoting family engagement, professional competencies, service-planning, and multi-disciplinary collaboration. The DSCYF Training Plan details how the department trains all staff and the required training for various positions. The DFS Staff Training Chart provides pre-service and in-service course information and indicates which courses are funded by the IV-E programs. (See Attachments: DSCYF Training Plan FY2025, DFS Staff Training Chart FY2023)

### **Pre-Service Training**

CPD delivers training on the policy, skills, and knowledge needed for new casework staff to understand and implement the DFS practice model. Seventeen competency-based pre-service courses and one orientation class are provided on an ongoing basis. Four core courses are assigned to new hires within their first full month in a 'cohort.' The remaining courses are assigned to the participants within their first four months. The New Employee Training (NET) schedule allows for intermittent and increasing time in the office so new staff can receive mentoring, practice new skills, and attain job experiences alongside classes. Trained mentors and experienced staff are paired with new hires to facilitate learning in the field, which includes required on-the-job field experiences. New employees are also assigned required online training courses in the DLC when they start, including "Reasonable and Prudent Parenting Standards," "Indian Child Welfare Act," "Continuous Quality Improvement – Framework for Success," "Mandatory Reporting," among others. A graduated caseload assignment is applied to facilitate increased practical application of knowledge and skills trained within this period of learning. New staff attend new worker training, shadow experienced workers, manage an initial case with intensive supervision, and prepare to build a full caseload. In the 2020-2024 CFSP Training Plan period, 261 new DFS staff and 59 contracted providers attended or started pre-service training.

### **In-Service Training**

DFS and CPD continue to provide ILT and online training that supports the Outcomes Matter initiatives and federal mandates. In the CFSP 2020-2024 reporting period, in-service training was offered to DFS staff on a variety of topics, including Trauma Informed Care, Motivational Interviewing, CSE-IT, Mentoring, Wellness, etc. CPD also provides child welfare specific supervisor training on leadership, supervising frontline staff, communication, conflict, change, performance evaluations, professional development of staff, and collaboration/teamwork. See the DSCYF Training Plan FY2025 and DFS Staff Training Chart FY2023) for a full list of the courses that were/are available to staff and supervisors to support the division's initiatives.

## **Training Collaborations and Partnerships**

### ***Community Outreach and Training***

DFS training incorporates guest presentations from community service organizations including those focused on domestic violence, community legal aid, substance abuse treatment, and law enforcement. The following organizations participate:

- Delaware Coalition Against Domestic Violence
- Delaware State Troopers
- Brandywine Counseling
- Psychotherapeutic Services
- Community Legal Aid
- People's Place
- Child, Inc.
- Office of the Child Advocate

### ***Mandatory Reporting Training***

The Child Abuse Prevention Act of 1997 was amended in 1999 (14 Del. C. §4123). The amendment requires that each public school ensure that each full-time teacher receives one hour of training in the identification and reporting of child abuse. The training and materials are updated and prepared by the Office of the Child Advocate. OCA and CPD work together to modify the training curriculum each year. Training is available online or onsite by request. CPD and OCA staff, as well as some DFS administrators, supervisors, and caseworkers are available to provide the training.

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

The Office of the Child Advocate is a non-judicial state agency charged with safeguarding the welfare of Delaware's children. OCA was created in 1999 in response to numerous child deaths in Delaware resulting from child abuse.

CPAC's overall statutory mission is to monitor Delaware's child protection system to ensure the health, safety, and wellbeing of Delaware's abused, neglected, and dependent children. One of CPAC's statutory duties is to access, develop, and provide quality training to the Division of Family Services, Deputy Attorneys General, Family Court, law-enforcement officers, the medical community, educators, day-care providers, and others on child protection issues. The Commission is staffed by OCA.

CPD is represented on the Child Protection Accountability Commission Training Sub-Committee and chairs the Mandatory Reporting Training subcommittee. DFS, Family Court, Department of Justice, Domestic Violence Commission, Office of the Child Advocate, Child Death, Near Death and Still Birth Commission, Delaware Department of Health and Social Services, and community agencies are represented. The committee meets quarterly to share agency training information and to pool resources, where possible. This committee organizes biennial *Protecting Delaware's Children* conferences. At the conferences, national and regional experts and researchers in the field of child welfare presented plenary sessions and workshops on a range of topics related to protecting children and strengthening families and communities in Delaware. More than 400 participants attended the recent conference in April 2019.

The OCA web site (<https://courts.delaware.gov/childadvocate/>) provides additional web-based and on-site training opportunities, as well as historical information from previous conferences.

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

Collaborating with the Children's Research Center, DFS implemented SDM® and SOP in FY2013 and FY2014. The SDM® and SOP policies and procedures were incorporated into the new hire training curricula. SDM® incorporates a set of evidence-based assessment tools and decision guidelines designed to provide a higher level of consistency and validity in assessment and decision-making processes and a method for targeting limited system resources to families who are likely to subsequently abuse or neglect their children. SOP is a holistic approach to collaborative teamwork in child welfare that seeks to build and strengthen partnerships within a family, their informal support network of friends and family, and the agency. SOP utilizes strategies and techniques in line with the belief that a child and their family are the central focus and that the partnership exists in an effort to find solutions that ensure safety, permanency and well-being for children. Emphasis is placed on using engagement and interviewing strategies with children to bring their voice into the decision-making process in all functional areas. Workers have been trained on tools especially useful for engaging children five years old and under. DFS and CPD will continue to work with the CRC to reinforce the SDM® and SOP principles, practices, and tools.

### ***Differential Response***

Differential response is a front-end strategy that offers an alternative to traditional investigation and uses family engagement assessments and referrals to community services for low-risk cases. The family can opt to accept services or choose traditional investigation. DFS contracts with Children & Families First (CFF) and Holcomb Behavioral Health Services (HBHS) to provide this service, called FAIR. New CFF and Holcomb FAIR staff are trained alongside new DFS workers, taking the required DFS NET classes. This includes SDM® and SOP training as FAIR staff use the DFS SDM® Safety Assessment and Risk Assessment tools, as well as SOP engagement strategies in the provision of their program service area.

### ***Team Decision Making***

Team Decision Making is a structured and facilitated pre-removal meeting with the family, the child (if appropriate), and the family's network and supports. The meeting is used to make a 'live' placement decision after reviewing the safety and risk concerns. The goals of TDM are to improve the DFS decision-making process, encourage support and buy-in of the family, extended family and community, and to develop specific, individualized interventions for children and families where placement is being considered as a safety intervention. TDM involves a trained, independent facilitator that is experienced and knowledgeable in DFS policies and procedures, best practices, and the TDM facilitation process. The main task of the facilitator is to help the group reach consensus on a plan for safety. In collaboration with the Annie E Casey Foundation, DFS implemented TDM statewide in 2013. CPD staff are trainers of the TDM facilitation process along with targeted DFS staff. TDM Facilitation Training is offered as needed.

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

FSE is an approach to practice that allows workers to dig more deeply with youth and families to identify important others in their lives; relatives, kin, and extended family members, who can serve as safety network members with an emphasis on involving fathers and assist in planning for permanency. FSE is compatible with practice model and related initiatives being implemented in DFS currently. The DFS New Employee curriculum was modified to support this practice and *Family Search & Engagement* training is offered twice a year by CPD for Department staff.

### **Consultation and Collaboration**

CPD trainers assist individual employees, supervisors, and functional units within DFS and the Department by providing consultation services on individual and group performance issues. CPD trainers participate in in-service training, as well as any train-the-trainer sessions offered by DFS or their partners. Learning from those experiences is embedded in new worker training or ongoing training, as appropriate.

In order to implement and sustain new practice approaches over the long run, CPD works with DFS leadership, CQI and CRC to develop highly skilled workers and supervisors. CPD attends initiative workgroups and serve as committee leads related to planning and rolling out any initiative/practice-driven training. A training administrator from CPD is a standing member of the DFS Strategic Leadership Team.

Building caseworker competence to perform effectively in this transformative environment requires significant training as well as mentoring and coaching efforts. The literature and research on transfer of training and the implementation of evidence-based practices recognizes the need for strategies like cultivating champions, engaging early adopters, coaching, supervisor support, developing learning communities or communities of practice, mentoring and training on day-to-day practices. This involvement also enhances CPD's ability to serve in our consultant capacity with staff and supervisors.

With a lens focused on training needs, CPD staff share the information, data, observations, impressions, and plans with the CPD unit manager and other CPD trainers at unit meetings as well. In that context, discussions and data analysis occurs and next steps are identified for training and performance improvement of DFS staff.

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

#### **IV-B/IV-E Training Chart Update**

The DFS Staff Training FY2025 has been modified to reflect IV-E compliance as follows:

- All required pre-service and in-service training for child welfare caseworkers are shown with the number of training days for each training.
- The training provider and location of each course are included.
- Request to claim materials, space, etc. is detailed for each training.
- Current funding is asterisked on the chart and defined at the bottom of the chart. Proposed FFP is shown for each training on the chart.
- Frequency of each training is provided.

(See attached: *DFS Staff Training FY2025*)

#### **Surveys and Evaluations**

In July 2015, CPD began using the Delaware Learning Center, a Cornerstone learning management system. One benefit of the DLC is the automation of the evaluation process. Level 1 evaluations are attached to all CPD courses in the DLC and are available following completion of the course. They can be required or optional. Historically, few (or no) evaluations are completed when they are optional. In part, this is due to the fact that the course moves to the 'completed' area of the transcript and 'active' courses are the default view. In FY2018, the Level 1 evaluations were made required for most of the DFS new hire classes to ensure as much

feedback as possible. However, even courses pending evaluation in 'active' status move to 'completed' after 3 weeks if the evaluation is not completed.

The Level 1 evaluations in the DLC rate course content, understanding, and relevance to job responsibilities. 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 of the categories requesting ideas on improving that area.

In June 2016, CPD added online DFS New Employee Midpoint and System Evaluations to the DLC. The Midpoint Evaluation is administered at the midpoint of training and includes a follow-up Quality Check-in meeting between CPD and the new hires. The Midpoint Evaluation and Quality Check-in meetings are generally held after the 2<sup>nd</sup> month of training. The DFS New Employee System Evaluation is administered upon completion of the new hire curriculum, usually after the 4<sup>th</sup> month. These evaluations allow CPD to collect data about the entire experience of new hire training, mentor engagement, supervisory support, and functional responsibilities. CPD provides the Coaching supervisors, direct supervisors, and leadership with updates on trends and information gathered from the system evaluations.

### **Training provided by the Treatment Program Team**

- **DFS Lunch & Learn or Morning Buzz:** Started in January 2023: 1-hour of training several times per month on a variety of topics including, collaterals, safety agreements, housing, domestic violence, education for children in foster care, having difficult conversations, mentoring programs, independent living, permanency, kinship, FOCUS navigation, and more.
- **Introduction to Treatment:** Walks staff through a treatment case from case assignment through case closure.
- **Team Decision Making Refresher:** In 2022 and 2023 the TDM facilitators provide a refresher training for all staff who have not had TDM training in the past year. This presentation was to remind staff of the TDM practice and policy and to encourage staff to utilize pre-removal TDM's.
- **Human Trafficking: A Trauma-Informed Approach to Cases Involving Youth:** Feb 2023: DFS Trafficking community partners presented to staff in each region.
- **Commercial Sexual Exploitation – Identification Tool (CSE-IT):** WestCoast Children's Clinic trained department staff on the use of the CSE-IT tool and trained select staff to become trainers of the tool. Training of a pilot group started in 2021, the Train the Trainer was held in the summer of 2022, and training was rolled out to all staff beginning Fall of 2022. Sessions are held monthly.
- **SDM Refresher Trainings:** Evident Change provided several refresher trainings for investigation and treatment in the fall/winter 2021.
- **Dual Status Youth Meetings:** Fall 2021 the Department rolled out training on the new Dual Status Youth protocol.
- **CQI Training Series Module 1: Wellbeing Outcome 1: Caseworker Visits with Children and Parents/Caregivers:** This training started in December 2020 and has continued through virtual means throughout the following years. This training discussed the importance of contact with children and families, shared the policy, shared what case reviewers are looking for when they review cases, and provided tools to help with contact and engagement.
- **SDM Treatment Tools:** 2020: This training discussed the SDM Risk assessments used in treatment cases.



- **Value of Visitation:** 2019: This training was collaborative with DFS and our family court partners (OCA, Judges, Parent Attorneys) and discussed the importance of maintaining the relationship between children and their families and introduced a supplemental tool to family visitation – Visitation Host.

## IX. Financial Information

### Payment Limitations

#### Payment Limitation: Title IV-B, Subpart 1:

The state affirms less than 10% of the Title IV-B, subpart 1 federal funds are expected for administrative costs. Delaware had no expenditure of FFY2005 Title IV-B, subpart 1 funds for childcare, foster care maintenance or adoption assistance payments. Non-federal matching funds for FFY2005 Title IV-B, subpart 1, spent on foster care maintenance payments total zero. For FFY2024, Delaware will not spend Title IV-B, subpart 1 funds for childcare, foster care maintenance or adoption assistance payments. Non-federal matching funds for FFY2024 are not expended for foster care maintenance payments, adoption assistance payments or child day care. The state affirms less than 10% of title IV-B, subpart 1 federal funds are expended for administrative costs.

#### Payment Limitation: Title IV-B, Subpart 2:

For FFY2024, 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 \$7,087 of which \$4,000 to be used to support two representatives in attending the annual grantee meeting in Washington, D.C.

For FFY2021, expenditures for matching Title IV-B, subpart 2 funds totaled \$335,079 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. FFY2021 expenditures were at least 20% of the grant for each of the four PSSF categories.

#### 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.

### Grant Applications

**CHILD ABUSE PREVENTION AND TREATMENT ACT  
APPLICATION FOR FFY2024  
SPENDING PLAN**

<b>Personnel</b>	<b>Salary</b>	<b>Fringe/Health</b>
0.5 FTE- Senior Family Service Specialist:	\$23,023	\$11,703
0.5 FTE-Family Crisis Therapist	\$24,622	\$19,502
1 FTE- 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	\$14,702
1 FTE- Family Services Program Support Administrator: Supports Intake and Investigation Program Manager to monitor Plans of Safe Care	\$52,858	\$40,175
Personnel Subtotals:	\$146,549	\$86,083
<b>Total Personnel Costs</b>		<b>\$232,632</b>
<b>Contractual</b> 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		<b>\$59,880</b>
<b>Travel/Supply</b> Training or conferences at local, regional or national levels and supplies		<b>\$5,000</b>
<b>Indirect Costs</b> Audit State Personnel Office Charges SWCAP	\$908 \$1,731 \$1,832	<b>\$4,471</b>
<b>TOTAL</b>		<b>\$302,558</b>
<b>Supplemental allotment 2021</b>		<b>276,098</b>

**CHILD ABUSE PREVENTION AND TREATMENT ACT  
APPLICATION FOR FFY2024  
SPENDING PLAN DETAIL**

**Proposed Activity:**

- Salary, OEC, and health for a position in DFS to investigate reports of child abuse and ensure child safety:
  - o 0.5 FTE –Senior Family Service Specialist: Investigates and intervenes in family crisis situations 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:
  - o 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.
  - o 1 FTE –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.
  - o 1 FTE – Family Services Program Support Administrator: Supports Intake and Investigation Program Manager to monitor Plans of Safe Care

**Amount of Federal Funding: \$302,558**

**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; Sussex for investigation position; New Castle County and Kent for 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:**

- Recurrence 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:**

- Recurrence of child maltreatment
- State Profile Permanency Measures

**TITLE IV-B SUBPART 1 - STEPHANIE TUBBS JONES CHILD  
WELFARE SERVICES  
APPLICATION FOR FFY2024  
SPENDING PLAN**

<b>Personnel</b>	<b>Salary</b>	<b>Fringe/Health</b>
Office of Children's Services		
1.0 FTE – Permanency Coordinator (PG 11)	\$44,408	\$23,031
1.0 FTE – Family Crisis Therapist (PG15)	\$49,218	\$24,567
1.0 FTE – Senior Family Service Specialist (PG11)	\$41,210	\$22,139
<b>Totals:</b>	<b>\$134,836</b>	<b>\$69,737</b>
<b>Contractual</b>		<b>\$868,510</b>
Office of Children's Services will contract for family support services as part of its child protective Service continuum	Federal State	\$568,306 \$264,056
Division of Management Support Services		
1.0 FTE – Administrative Assistant	\$ 36,148	
<b>Indirect</b>		<b>\$6,836</b>
Audit	Federal State	\$1,658 \$829
State Personnel Charges		\$1,731
SWICAP		\$1,685
Facility & Admin		\$944
<b>Federal Funds</b>	\$828,951	
<b>State 25% Matching Funds</b>	\$276,317	
<b>TOTAL STATE AND FEDERAL</b>		<b>\$1,096,051</b>



# **TITLE IV-B SUBPART 1 - STEPHANIE TUBBS JONES CHILD WELFARE SERVICES**

## **APPLICATION FOR FFY2024 SPENDING PLAN DETAIL**

### **Proposed Activity:**

- Salary and fringe/health for positions in DFS to work with substance exposed infant (SEI) cases:
  - o 1.0 FTE – Family Crisis Therapist (PG 15)
  - o 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:
  - o 1.0 FTE – Permanency Coordinator (PG11) - works directly with the Adoption 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-
  - o Children at risk of abuse and neglect and their families.
  - o At risk children and their families due to prenatal substance exposure.

**Geographical Area Served:** Statewide

### **Objectives:**

#### **OCS- Permanency**

- Record and distribute Permanency Planning Committee minutes statewide.
- Identify, review and recommend permanency goals for children in care for 9 months or longer as member of Permanency Planning Committees statewide.
- Monitor key events to achieve timely permanency goals.

#### **OCS- Investigation:**

- Timely and quality investigations of child abuse and neglect allegations.
- Provide oversight and monitoring of interventions to ensure child safety.
- Apply child welfare best practices and evidence-based interventions.
- Timely and quality interventions with families where an infant has been prenatally exposed to substances to ensure child safety.
- Develop and monitor a Plan of Safe Care to address the health and substance exposure treatment needs of the infant and family.

### **Results Expected:**

- Foster children achieve timely permanency.

- Enhance family capacity to meet their own needs.
- Intact families are preserved and foster children are reunited with their families.

**Measures:**

- State Profile Permanency Measures
- Reoccurrence of child maltreatment

**Proposed Activity:**

OCS will contract with community-based service providers for family interventionists and family support services.

**Amount of Federal Funding:** \$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 FFY2024  
SPENDING PLAN**

<b>Personnel</b>	<b>Salary</b>	<b>Fringe/Health</b>
OCS Staff Members	\$85,592	\$54,541
8 Staff Members dedicating at least 25% of their time toward reunification services to families with children in placement		
<b>Total Personnel Costs</b>		<b>\$ 140,133</b>
<b>Contractual</b>		<b>\$ 888,710</b>
<i><b>Division of Prevention and Behavioral Health Services</b></i>	Federal	\$561,194
Contracts with four (4) sites throughout the state to deliver family support and family preservation services including promoting father involvement and strengthening healthy adult co-parenting relationships, healthy parent-child relationships and building community partnerships to infuse fatherhood into service.	State Match	\$327,516
<i><b>Division of Family Services Office of Children's Services</b></i>	Federal	\$64,867
Contracts to provide reunification support services and family support, statewide		
Contracts to provide a continuum of adoption promotion/support services, statewide		\$210,000
<b>Administration</b>		<b>\$ 5,117</b>
Program administration, supplies and materials to support communication, education, training for grant administration		
Supplies	\$1,117	
Travel	\$4,000	
<b>Total Indirect</b>		<b>\$ 5,181</b>
Audit	Federal \$1,972	
	State \$986	
State Personnel Charge	\$1,154	
SWICAP	\$1,070	
<b>Federal Funds</b>		<b>\$985,506</b>
<b>State Matching Funds</b>		<b>\$328,502</b>
<b>TOTAL FEDERAL AND STATE</b>		<b>\$1,314,008</b>

**TITLE IV-B SUBPART 2 - PROMOTING SAFE AND STABLE  
FAMILIES  
APPLICATION FOR FFY2024  
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:** \$263,829

**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 utilized 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. Additionally, service areas also have higher reported cases of children and adult receiving SNAP and TANF benefits. The program also 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:** 529,260

**Characteristics of Individuals to be Served:**

- At risk families with children 17 and younger. Families served also include parents experiencing homelessness, 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 in home and/or 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 the PSSF pre/post consultation and support family forms, accomplishes 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.
- Increase of Protective Factors Identified in Pre/ Post Surveys
- 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 & Fatherhood Consultation and Support Services**

DPBHS to support fatherhood initiatives through community-based partnerships that promote effective co-parenting, healthy father-child relationships 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.

DPBHS to incorporate a consultation and support case management model which incorporates trauma-informed practices in the service delivery for custodial and non-custodial fathers. Assessment and planning tools are utilized to empower and stabilize fathers 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.

**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.
- Custodial and noncustodial fathers who want to strengthen their parent-child relationship

- Custodial and noncustodial fathers who want to strengthen their co-parenting relationship

**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 county specific 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
- Provide in home and/or 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.

**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.

- Engaged and Retained fathers in consultation program.

**Measures:**

- Satisfaction survey responses to fatherhood activities.
- Reduction of stress measured by Pre/Post Family Forms and Participant Satisfaction Survey.
- Increase of Protective Factors Identified in Pre/ Post Surveys
- Number of fathers connecting to services and supports.
- Number of fathers connecting to caregiver enhancement support services.

**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:** \$64,867

**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 FFY2024**  
**SPENDING PLAN**

<b>Contractual</b>		<b>\$84,183</b>
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	\$63,542
	State	\$20,641
<b>Indirect</b>		<b>\$ 249</b>
Audit	Federal	\$187
	State	\$ 62
<b>Federal Funds</b>		<b>\$62,295</b>
<b>State Matching Funds</b>		<b>\$20,703</b>
<b>TOTAL STATE AND FEDERAL</b>		<b>\$82,998</b>



**TITLE IV-B SUBPART 2 - MONTHLY CASEWORKER VISIT (MCV)**  
**APPLICATION FOR FFY2024**  
**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:** \$63,542

**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 FFY2024**  
**SPENDING PLAN**

<b>Personnel</b>	<b>Salary</b>	<b>Fringe/Health</b>
1.0 FTE Program Manager (PG 18) Oversees statewide program operations	\$62,036	\$28,789
1.0 FTE – Administrative Specialist I (PG 7) Provides administrative support to Program Manager	\$30,732	\$18,729
Subtotal Personnel Costs	\$92,768	\$47,517
<b>Total Personnel Costs</b>		<b>\$140,285</b>

<b>Contractual</b>		<b>\$2,149,374</b>
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	\$349,749
	State	\$107,667
	Add. State	\$1,675,000

HOPE annual expenditures	State	\$ 9,000
Annual activities to support youth and staff	State	\$ 7,958

<b>Supplies</b>	Federal	\$500
Monthly council meetings, leadership training		

<b>Travel</b>	Federal	\$2,015
Attendance at national conferences		

<b>Program Administrative Supplies</b>	Federal	\$3,365
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<b>Indirect</b>		<b>\$ 4,461</b>
Audit	Federal	\$1,125
	State	\$ 375
SWICAP	Federal	\$1,160
SPO Charges	Federal	\$1,154
Facility & Admin	Federal	\$647

<b>Federal Funds</b>		\$500,000
<b>State Matching (20%) Funds</b>		\$125,000
<b>Additional State Funds</b>		\$1,675,000

<b>TOTAL STATE AND FEDERAL</b>		<b>\$2,300,000</b>
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# **CHAFEE FOSTER CARE INDEPENDENT LIVING PROGRAM**

## **APPLICATION FOR FFY2024 SPENDING PLAN DETAIL**

### **Proposed Activity:**

Federal fund 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 Independent Living services. The Independent Living Program Manager and Administrative Specialist coordinate and oversee statewide independent living policies, programming and community-based contracts. The Independent Living team coordinates training for staff, youth, 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 Independent Living Program Manager collaborates with community partners and federal programs to strengthen the services and supports available to youth.

**Amount of Federal Funding: \$140,285**

### **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. The contractors will also monitor and distribute state funds designed to assist youth in their transition.

**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 FFY2024  
SPENDING PLAN**

<b>Contractual</b>	<b>\$62,666</b>
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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.

<b>Indirect Costs</b>	<b>\$189</b>
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Audit Fees	Federal \$151
	State \$38

<b>Federal Funds</b>	<b>\$ 50,284</b>
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<b>State Matching Funds</b>	<b>\$ 12,571</b>
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<b>TOTAL STATE AND FEDERAL</b>	<b>\$62,855</b>
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**EDUCATION AND TRAINING VOUCHERS (ETV)  
APPLICATION FOR FFY2024  
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: \$62,666**

**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 16 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.



## X. Attachments

Reallotments for FY 2024 (Current Year) Funding  
(See Attachment: Delaware FY24 Reallotment)

FY 2025 Budget Request CFS 101 Parts I and II  
(See Attachment: Delaware FY24 CFS-101s)

FY 2022 Title IV-B Expenditure Report- CFS 101, Part III  
(See Attachment: Delaware FY24 CFS-101s)

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