



DSCYF

Department of Services for
Children, Youth & Their Families

**Child and Family Services Reviews
Statewide Assessment
February 3, 2023**

**Minor formatting adjustments may have been made to this document for 508 compliance.
Content is unaffected.**

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General Information- Overview of Delaware Functioning

A. General Information about Delaware Child Welfare

Name of State Child Welfare Agency:

DELAWARE

Department of Services for Children, Youth and Their Families

State Child Welfare Contact Person(s) for the Statewide Assessment

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B. Statewide Assessment Participants:

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. Some members of the agency participated on multiple subcommittees and participation was monitored through an Executive Steering Committee. A comprehensive list of all stakeholder participants, including stakeholder affiliation and role(s) in the assessment, is contained in the table below. Individuals with lived experience are indicated with an asterisk (*) after their name.

NAME	AFFILIATION	ROLE IN STATEWIDE ASSESSMENT PROCESS
Kim Warren	Program and Resource Administrator, DFS	CFSR Co-Lead, Executive Steering Committee Member, Response to the community
Trenee Parker	Division Director, DFS	Executive Steering Committee Member
Sarah Azevedo	Intake & Investigation Program Manager, DFS	Safety Co-Lead
Rita Fisher	FAIR Program Manager, Children & Families First	Safety Co-Lead
Colleen Woodall	Regional Administrator, Region 2, DFS	Safety Member
Charmaine Henry	Investigation FCT (Family Crisis Therapist) Supervisor, DFS	Safety Member
Tobi Appelman	Treatment Program Support Administrator, DFS	Safety & Well-Being Member
Brittany McBride	FAIR Clinical Coordinator, Holcomb	Safety Member

NAME	AFFILIATION	ROLE IN STATEWIDE ASSESSMENT PROCESS
Kortney Dibert	Administrative Case Review Specialist (formerly in investigation), DFS	Safety Member
Rosie Morales	Child Abuse & Neglect Panel, Office of the Child Advocate, Children's Justice Act coordinator	Safety Member
Alana Moffa	Intake & Investigation Support Administrator, DFS	Safety Member
Retania Drain	FAIR Supervisor, Children & Families First	Safety Member
Moira Dillon	Adoption Program Manager, DFS	Permanency Co-Lead
Sophia Elliott	Independent Living Program Manager, DFS	Permanency Co-Lead
Christine Lemanski	Assistant Regional Administrator, Region 1, DFS	Permanency Member
Mike Langrell	Treatment FCT Supervisor, DFS	Permanency Member
Kareylenn Thompson	State Director, Children's Choice (Foster/Adoption/Kinship)	Permanency; Staff & Provider Training; and Service Array Member
Mark Hudson	Deputy Child Advocate, OCA	Permanency Member
Celeste Williams	Clinical Services Supervisor, PBH	Permanency & Case Review Member
Judge Peter Jones	Family Court Judge, Sussex County	Permanency Member
Lynn Moyer	Social Worker, Children & Families First	Permanency Member
Stacy Shamburger	Life Lines Program Director, West End Neighborhood House	Permanency Member
Jennifer Glanden	Permanency FCT Supervisor, Kent County, DFS	Permanency Member
Raven Mendenhall*	Young Adult from foster care	Permanency Member
Melissa Briddell	Independent Living Program Director, Murphey School	Permanency Member
Kelly Lackey	Case Reviewer, DFS	Permanency Assessment Contributor and Case Review System Member
Trinette Redinger Ramsey	Treatment Program Manager, DFS	Well-Being Co-Lead
Lisa Moore*	Case Reviewer, DFS & foster parent	Well-Being Co-Lead
Debbie Colligan	OCS Administrator, DFS	Well-Being and Executive Steering Committee Member
Rosemary Hogan	Treatment FCT Supervisor, DFS	Well-Being Member
Shelley Yingling	Regional Administrator, Region 5, DFS	Well-Being Member
Keya Hackett	Treatment FCT worker, DFS	Well-Being Member

NAME	AFFILIATION	ROLE IN STATEWIDE ASSESSMENT PROCESS
Jennifer Davis	Department of Education and child welfare liaison	Well-Being Member
Barbara Messick*	Parent Champion, parent	Well-Being Member
Cathy Zakrzewski	FAIR FCT Supervisor, DFS	Well-Being Member
Mandy McFarland	Project Manager & FOCUS product owner, DFS	Statewide Information System Co-Lead and Executive Steering Committee Member
Christel Davis	FOCUS Executive Product Owner, DMSS	Statewide Information System Co-Lead
Wayne Smiley	FOCUS Product Owner, DMSS	Statewide Information System Member
Megan Benner	Foster Care Coordinator, DFS	Statewide Information System Member
Stacy McDevitt	Permanency Family Crisis Therapist worker, DFS	Statewide Information System Member
Christy Diffendall	Assistant Regional Administrator, Region 2, DFS	Statewide Information System Member
Andy Cohen	Manager of Data & Statistics, DMSS	Statewide Information System Member
Christina Jones-Bey	Independent Living Program Director - Peoples Place	Statewide Information System and Staff & Provider Training Member
Deborah Flad	Manager of Base Technologies, DMSS	Statewide Information System Member
Abby Swienton	Business Support, Deloitte (Information System Vendor)	Statewide Information System Member
Courtney Scruggs	Business Support, Deloitte (Information System Vendor)	Statewide Information System Member
JoAnn Santangelo	Court Improvement Program Coordinator, Family - New Castle	Case Review System Co-Lead, Executive Steering Committee and Quality Assurance System Member
Kelly Ensslin	Chief of Legal Services, OCA	Case Review System Co-Lead
Ava Carcirieri	Director of Special Court Programs, Family-New Castle	Case Review System and Quality Assurance System Member
Judge Mardi Pyott	Family Court Judge, Kent	Case Review System Member
Islanda Finamore	Deputy Attorney General, New Castle (Agency Attorney)	Case Review System and Staff & Provider Training Member
Stephanie Reid	Parent Attorney, speaking for parents	Case Review System Member

NAME	AFFILIATION	ROLE IN STATEWIDE ASSESSMENT PROCESS
Monica Morris	Regional Administrator, Kent, DFS	Case Review System Member
Debbie Santos*	Foster Parent and foster parent trainer	Case Review System Member
Suzanne Valle	Family Crisis Therapist (Permanency), DFS	Case Review System Member
Christine Weaver	Data & Quality Assurance Manager, DFS	Quality Assurance System Co-Lead; Executive Steering Committee Member and data contributor to all groups
Jerrica Boyer	Manager, Office of Case Management, DMSS	Quality Assurance System Co-Lead
Stacy Northam-Smith	Regional Administrator, DFS- Sussex	Quality Assurance System Member
Keith Zirkle	Management Analyst III, DFS	Executive Steering Committee and Quality Assurance System Member
Natasha Smith	Quality Assurance Manager, YRS	Quality Assurance System Member
Meredith Tavani	Psychologist, PBH	Quality Assurance System Member
Cindy Sze	Data Analyst, Kent, OCA	Quality Assurance System Member
Mollie Marine	Data Analyst, New Castle, OCA	Quality Assurance System Member
Amy Hauser*	Adoptive Parent	Quality Assurance System Member
Tabitha Humphreys	Training Administrator II, DMSS	Staff & Provider Training Co-Lead
Kellie Turner	Director of Programs, Prevent Child Abuse Delaware	Staff & Provider Training Co-Lead
Jeannette Applewhaite	Coaching FCT Supervisor, DFS	Staff & Provider Training Member
Laura Garvin	Investigation FCT Supervisor, DFS	Staff & Provider Training Member
Sharon Thomas	Practice Coach, DFS	Staff & Provider Training Member
Jeff Pelly	CPD Training Administrator I, DFS	Staff & Provider Training Member
Theresa Broome	Foster Care & Adoptions Program Manager, Children & Families First	Staff & Provider Training Member
Susan Murray	Deputy Director, DFS	Service Array Co-Lead and Executive Steering Committee Member

NAME	AFFILIATION	ROLE IN STATEWIDE ASSESSMENT PROCESS
Susan Burns	Project Manager, Office of the Secretary, DSCYF	Service Array Co-Lead
La'Vonne Singletary	Family Services Specialist, PBH	Service Array Co-Lead
Rachel Panchisin	Assistant Regional Administrator, DFS Kent	Service Array Member
Karen Davis-Williams	Family Service Support Administrator, Grants & Contracts, DMSS	Service Array Member
Ashley Bruncsak	Regional Administrator, Community Services, YRS	Service Array Member
Missy Polokas	CASA Program Director	Service Array Member
Sam Clancy	CASA Coordinator	Service Array Member
Jandy Albury	Mental Health Program Administrator II, PBHS	Service Array Member
Vera Greenplate	Foster Care Contract Manager, DFS	Service Array and Foster & Adoptive Family Member
Beautiful White	Treatment FCT Supervisor, Kent, DFS	Service Array Member
Mandie Timmons *	Parent Attorney Support Social Worker, Sussex, foster and adoptive parent	Service Array Member
Tracy Whitehouse*	Foster Care Program Manager, DFS, former foster parent	Foster & Adoptive Family Co-Lead, Staff & Provider Training Member
Meg Garey	Executive Director, A Better Chance For Our Children	Foster & Adoptive Family Co-Lead
Deidra McNatt	Criminal History Unit Supervisor, DMSS	Foster & Adoptive Family Member
Mike McHugh	Adoption Supervisor/Agency Training Coordinator, Children & Families First	Foster & Adoptive Family Member
Shayne Jarvey	Senior Director of Delaware Programs, Cayuga	Foster & Adoptive Family Member
Mike Casey	Family Services Program Support Supervisor, Interstate Compact Unit, DMSS	Foster & Adoptive Family Member
Monica Mclain	Foster Care Coordinator, DFS	Foster & Adoptive Family Member
Sara Riffe	Adoption FCT Supervisor, DFS	Foster & Adoptive Family Member
Cindy Knapp	Supervisor, A Better Chance For Our Children	Foster & Adoptive Family Member
Lara Flowers	Resource & Development Administrator, Office of Child Care Licensing	Foster & Adoptive Family Member

C. Staff And Stakeholder Engagement

To organize the Child and Family Services Review, Delaware formed an Executive Steering Committee to coordinate efforts on the Statewide Assessment and other components of the Review. The Steering Committee then formed and trained 9 subcommittees in the various areas of the Statewide Assessment. Each subcommittee had 2-3 co-leads to organize the groups and the steering committee made recommendations for membership that were diverse in experience and was mindful of workload distribution. The co-leads were encouraged to invite working members and contributing members from all types of perspectives, keeping a targeted approach of having individuals with lived experience. Working members were defined as members that would be able to review data and provide insight for the analysis and contributing members were defined as key stakeholders that had valuable input but were not able to commit to being full working member. Contributors to a group include people that were serving on other committees but had value to add to the group, participants in focus groups or partners with expertise that were used as consultants for feedback or data. Delaware has several existing groups that bring a variety of staff, providers, individuals with lived experience and leadership from within the agency and our community to work on targeted areas of the system. Subcommittees used these groups as focus groups and to incorporate existing data collection, analysis and recommendations into the Statewide Assessment response to leverage established evaluation efforts and evidence. Subcommittees utilized data from the OSRI case reviews where Delaware conducts 90 case reviews every 6 months using the federal OSRI case review tool.

Additional tools utilized to incorporate stakeholder input into the Statewide Assessment included a comprehensive child welfare assessment survey conducted using SurveyMonkey and issued electronically, Supplemental Survey questions conducted in person by case reviews and Stakeholder feedback collected at the semi-annual stakeholder virtual meetings. 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. The survey was structured with 4 possible answers: Strongly Agree, Agree, Disagree or Strongly Disagree. For the purpose of ease in this report, the strongly agree and agree while the strongly disagree and disagree were combined. This was similar to the surveys used in 2015 for the CFSR Round 3 Statewide Assessment and the 2019 CFSP development. This approach allowed the data from all 3 surveys to be compared over time. Throughout this assessment document the comprehensive survey will be used as evidence of stakeholder agreement or disagreement of assessment items. Some statements were not offered to all groups, such as timeliness of TPR filing to youth considering they don't have much direct knowledge of this area. We did broaden some statements to more groups but did receive significant feedback that an N/A option was necessary because they didn't have knowledge of that item. Parents were not surveyed with this survey as the 2015 and 2019 surveys didn't include parents. A separate survey was planned for parents, but due to many issues related to staffing and an

acute staffing crisis intervention that required all levels of staff prevented the creation, issuing and collecting of this survey in time for analysis. Plans for future surveys and parent engagement are planned but could not be completed in time for the submission of this assessment. The 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. The data was provided to the subcommittees to be used for analysis. Some of the subcommittees also utilized surveys from other groups, such as general surveys that are completed at the conclusion of foster parent training. Focus groups were organized with various groups to gain feedback from different perspectives. Key partnerships in the Statewide Assessment also include the Community-Based Child Abuse Prevention (CBCAP) Program Director and Court Improvement Project (CIP) Coordinator, who serviced as co-leads, and the Children’s Justice Act grantee coordinator who was a working member on a subcommittee.

Consideration and planning for the feedback loop and partnering with stakeholders will continue throughout the CFSR process and will also be a part of the APSR and CFSP updates. To meet that goal, Delaware is encouraging continued involvement of the subcommittees that helped to build the Statewide Assessment. Delaware will also continue to host semi-annual stakeholder meetings to gain feedback. The last of these meetings was conducted on September 20, 2022, and planning is underway for the first meeting for 2023.

I. Delaware’s Context Affecting Overall Performance

A. Vision and Core Values

The Department of Children, Youth and Their Families consist of four operating Divisions: Division of Prevention and Behavioral Health Services (DPBHS), Division of Family Services (DFS), Division of Youth Rehabilitative Services (DYRS), Division of Management Support Services (DMSS). The child welfare agency is primarily DFS. All 4 divisions work together to serve children and families in Delaware.

Department Mission:

Engage families and communities to promote the safety and well-being of children through prevention, intervention, treatment and rehabilitative services.

Department Vision:

Safe and healthy children, resilient families, strong communities.

Department Core Values:

Safety

1. All children deserve to be free from abuse and neglect.
2. Evidence-based tools and evidence-informed practices are used to aid decision making and planning for child safety, but we recognize safety cannot always be ensured by rigid

compliance; a decision that is contrary to an evidence-based tool or practice is appropriate when it is necessary to ensure a child's safety.

3. We are committed to creating emotionally and physically safe environments for youth, families and staff.
4. We are committed to the rehabilitation of youth and will seek the least restrictive, but most effective, methods to accomplish rehabilitation while still maintaining public safety.

Compassion

1. Always seek to mitigate trauma and avoid re-traumatization by utilizing trauma informed practices.
2. Ask "what happened to you" instead of "what's wrong with you."
3. Recognize that all children want to be with their own families, and we must empower parents to take responsibility for the care & safety of their children by making sure they have the support and resources they need.
4. Recognize that every contact with a family is an opportunity to make them stronger, healthier and more stable.
5. Acknowledge and appreciate those things that make every family unique.

Respect

1. Dignity and respect are shown to children and families in every interaction.
2. Make sure all people we serve can access what they need and are treated fairly.
3. Make families our partners in all decision making.
4. All children and families deserve prompt attention by skilled staff.
5. Serve our families where they are – in their homes, schools and communities.
6. Recognize that every contact with a family is an opportunity to make them stronger, healthier and more stable.

Collaboration

1. Plan for transitions and prepare children and families for each transition, including case transfers to new workers.
2. Minimize the number of placements and transitions.
3. Ensure communication between divisions for all multi-divisional youth.
4. Determine what would make a family more stable and connect with other divisions, agencies and providers to meet their needs.

In addition to supporting the Department mission, vision and values, the Division of Family Services, as the children protection and permanency agency, has the mission to promote the safety and well-being of children and their families through prevention, protection, and permanency and the vision that our children are our future and our responsibility. The aim is that the Division investigates child abuse, neglect, and dependency; offers treatment services, foster care, adoption, and independent living services. Close to 400 staff positions are

dedicated to protecting children and helping them gain a sense of well-being and to achieve permanency.

DFS works closely with our sister divisions, other state and federal agencies and community child welfare partners to ensure the lives of children and families who need our services are transformed for the better.

B. Cross-cutting issues

The Child Welfare System is a priority in Delaware for many partners and efforts that improve the system do receive strong consideration from lawmakers, community oversight committees and the state budget due to continues good performance on measurable standards. The recent pandemic created a reduction in the number of children who experienced foster care, as well as a reduction in child abuse and neglect reports. The volume of child abuse and neglect reports has returned to pre-pandemic levels, and often exceeds that level. As a result of the pandemic, there were significant shifts in how business was conducted that required increase spending for support technology to support a virtual work model. The Department was able to provide staff with more flexible work schedules and more compensation as the post pandemic work continues. However, the child welfare system for both state and contracted staff has Several factors have emerged after the pandemic which have resulted in the highest turnover rate of workers that DFS has ever experienced. This staffing turnover has also been felted by our contracted provider agencies as well. The child welfare staffing crisis has been significant for at least a year with both our state employees and our contracted partner staffing. The vacant positions, low response to openings and less qualified candidates has resulted in significant workload struggles and service delivery. Delaware continues to meet national performance standards for the majority of the measurements, but the staffing crisis is beginning to impact performance and we anticipate this will continue into the future as we work to rebuild the workforce.

C. Current Initiatives

Delaware completed the CFSR Round 3 in 2015. The resulting Performance Improvement Plan (PIP) was in place from April 2017 to March 2019. Delaware was not in substantial conformity for 6 of the 7 Safety, Permanency and Wellbeing outcomes and 4 of 7 System Outcomes for the final report of the CFSR Round 3. Following the completion of the PIP period and non-overlapping period, Delaware was able to demonstrate substantial conformity in all but Item 14 in Well-Being Outcome 1. The deficiency resulted in a financial penalty. Since the last round, Delaware has continued with strategies to improve timeliness of responses; fidelity to our SDM[®] assessment and planning model; strengthen tools for family search and engagement; stronger collaboration with CIP for improved timeliness to permanency; strengthen family team meeting strategies; improving medical care coordination and strengthen supervisor and foster/adoptive parent training opportunities. Delaware's most significant improvement since Round 3 was our establishment of a case review team and a stronger CQI system. The case review team utilizes the federal OSRI tool for case reviews and results are shared with a variety

of groups and stakeholders regularly. The results allow Delaware to address concerns more timely and to see emerging issues. From the case review team, Delaware has developed a CQI team that includes a Steering Committee and has created several subcommittees that are designed to bring together stakeholders and agency staff, to address identified issues by analyzing data, gathering feedback and making recommendations for initiatives to make improvements in outcomes for children and families. The case reviews and CQI work is now imbedded in our daily practices and emerges in all aspects of the system.

Delaware continues to struggle with meeting the established goal of 90% for Item 14 set by Round 3, although our performance is significantly higher than the national performance. Delaware has come extremely close to meeting the goal several times, but despite training, staffing, reporting and accountability measures we have been unsuccessful in meeting 90%. With the current staffing shortages, Delaware continues to outperform compared to the national standard, but has show a drop from our highest performance.

II. Assessment of Child and Family Outcomes

A. Safety Outcomes 1 and 2

(A) Children are, first and foremost, protected from abuse and neglect (Item 1); and (B) children are safely maintained in their own homes whenever possible and appropriate (Items 2 and 3).

State Response:

Delaware's Safety Round 3 Findings and PIP activities were as follows:

In Round 3, Delaware was **not in substantial conformity** with Safety Outcome Measures 1 and 2. Safety Outcome 1 did not meet the 95% goal with only 81% substantially achieved of the cases reviewed. Safety Outcome 2 did not meet the 95% goal with 91% substantially achieved of the cases reviewed with a breakdown of 94% foster care, 83% in home and 100% differential response cases.

Areas of Improvement were:

1. Timeliness to reports requiring a 10-day response was inconsistent.
2. Improve the assessment and addressing the risk and safety concerns of children at home.
3. Consistently develop and monitor appropriate safety plans, as well as monitoring families' engagement in safety-related services in in-home cases.

Safety PIP strategies included:

1. Ensure timely contacts in investigation are occurring and are documented in the FACTS (now FOCUS) system.
2. Implement Structured Decision Making (SDM[®]) tools across program areas from intake to permanency.

3. Improve how safety is assessed in families receiving treatment services by enhancing oversight of high-risk cases and monitoring implementation of SDM®.

Delaware was successful in developing timeliness reports and incorporate them into practice to encourage timely contact, has been continuing to support and strengthen SDM tools and was able to add significant staff positions before the current staffing crisis to reduce caseload sizes. These activities supported the achievement of the PIP and remain in place currently.

Current Safety Outcome Assessment:

To conduct our current Safety statewide self-assessment, Delaware reviewed the following evidence, which demonstrates utilization of both qualitative and quantitative processes:

Tools/Reviews

- APSR and CFSR
- OSRI Case Reviews
- Investigation Quality Assurance (QA) tool
- Family Assessment and Intervention Response (FAIR) QA tool
- Child Abuse and Neglect (CAN) Panel Reviews
- FOCUS reports—Team Decision Making (TDM), case closure reasons
- FAIR Contractor Quarterly Reports
- Family Court APRICOT Reports

Feedback and Input Gathering Mechanisms

- Focus Groups with treatment staff, investigation staff, contracted FAIR staff, Family Court staff
- Qualitative supplemental surveys with foster parents, mothers, fathers, caregivers, and youth
- DFS Stakeholder meetings
- DFS Strategic Leadership meetings
- DFS All Management meetings
- DFS Program Team meetings
- DFS TDM Workgroup meetings
- DFS Treatment Workgroup meetings
- DFS Investigation Workgroup meetings

Following the review of this information, Delaware has determined the following notable strengths related to the statewide Safety Outcomes:

Overall, Delaware’s statewide performance is in line with standards, policies, and expectations. Delaware continues to perform very well compared to national standards, and children are kept safe in Delaware. Delaware’s national data profile measures continue to comply with established standards for safety. Delaware has scored better than national performance on recurrence of maltreatment and on maltreatment in care.

	National Performance	FY18-19	FY 19-20	FY20-21
Recurrence of Maltreatment	9.7%	5.0% (3.8%-6.5%)	4.0% (2.9%-5.4%)	3.0% (2.1%-4.3%)

	National Performance	FY18	FY19	FY20
Maltreatment in Care (victimizations per 100,000 days in care)	9.07	4.29 (2.38-7/73)	2.31 (1.05-5.12)	7.22 (4.19-12.46)

Kids Count® data shows the rate of child abuse victims per 1,000, and Delaware has continued to improve from a high of 11.7 per 1,000 in 2012, to 7.2 per 1,000 in 2017, to 6 per 1,000 in 2018, to 5.8 in 2020, to 5.2 per 1000 in 2021.

The table below shows Delaware’s overall performance on Safety Outcome 1 and 2. Although better than national performance, Delaware has shown a decline in performance on overall outcomes in comparison to our 2015 baseline.

	National Performance	Delaware Baseline	Delaware OSRI Case Reviews (n=90)			
			2015 Round 3	Oct 2020 - March 2021	April -Sept 2021	Oct 2021- March 2022
SAFETY OUTCOME 1	73%	81%	86%	80%	86%	78%
SAFETY OUTCOME 2	66%	91%	70%	78%	68%	73%

Item 1- Timeliness of Initiating Investigation of Reports of Child Maltreatment

The Department and DFS have made strong efforts to address timeliness issues regarding initial contact with victims of abuse or neglect. An initial interview due date report, showing the status of all initial interviews on open cases, is sent out twice a week to administration and case supervisors. The operations manager analyzes this report and sends out a weekly update on progress achieved or needed. Regional Administrators must report weekly on steps that will be made to complete the contacts. An investigation interview completion report is also sent out monthly. The table below shows the OSRI case review performance on Item 1, an overall small sampling of applicable cases.

OSRI Case Review Measures Item 1: Timeliness of Investigation	
Measurement Period	Strength Rating
Oct 2020 – Mar 2021	85.71%
Apr 2021 – Sep 2021	80.49%
Oct 2021 – Mar 2022	86.36%
Apr 2022 – Sep 2022	77.50%

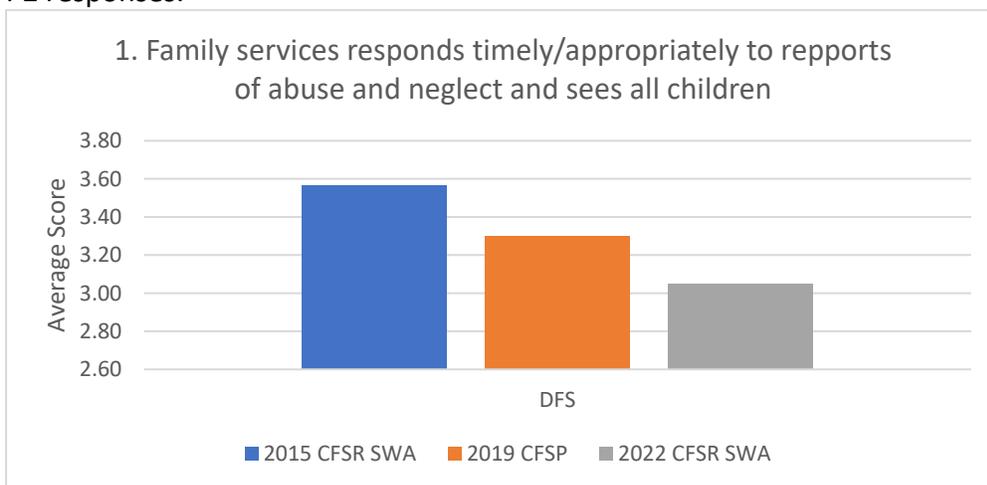
Aggregate reporting shows that in CY2021 Delaware completed 6408 initial interviews statewide with 94% completed on time. For CY2022, Delaware completed 6,767 initial interviews with 90% completed on time. It was determined that priority 3 response (within 10 days) was the area of lowest performance in CY2020. To address this, Delaware expanded our

internal differential response (FAIR) as well as the types of reports going to contracted FAIR. Delaware had also piloted the separation of investigation units by priority type. As a result, improvements were seen in CY2021. Due to the staffing crisis, this pilot has been put on hold until positions can be filled to adequately respond to all cases. It is expected that when positions are filled and priority 3 responses can be separated again we will see a return to higher performance. In CY2022, Delaware has continued to meet 95% goal for initial response times with priority 1 and priority 2 responses, however, there has been a decline on priority 3 responses. This is strongly correlated to the increased vacancy rates and consequential increased caseloads for investigations, particularly in New Castle County.

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

In October 2020, investigation caseloads dropped below the caseload standard of 11 for the first time in many years likely due to pandemic and remained below standard until October 2021. One year later in October 2022, caseloads have been increasing by almost double caseload standards, with an average statewide investigation/FAIR caseload of 20.75. The overall number of hotline reports (20,543) received in FY2021 declined by 4% from FY2020 but increased by 15% to 23,705 hotline reports received in FY2022. Consequently, the number of open investigations has also increased. In FY2021, 5,630 investigations were opened. In comparison, 6,498 investigations were opened in FY2022, a 15% increase.

The comprehensive survey asked DFS staff about their agreement with responding timely to reports, 96.23% agreed in 2015, 90.24% agreed in 2019 and 83.95% agreed in 2022. Across time agreement has dropped which in the 2022 survey suggesting an awareness of our staffing challenges and difficulties still with the P3 responses despite the strong performance on P1 and P2 responses.



The pandemic also impacted timeliness with children not being in school, staff not being permitted into certain facilities, such as hospitals, and many clients refusing to meet with DFS staff because of concerns about exposure, making timely contacts was often challenging. While virtual contacts were approved in some situations, this allowance did not assist with timeliness on urgent cases, in which in-person contact was necessary, and in some cases, clients did not have the necessary technology to allow for virtual contact. For staff hired during the pandemic, switching from virtual to in-person contact was met with significant resistance for some and led to higher-than-usual turnover.

In conclusion, a rating of **Area Needing Improvement** is still recommended for Item 1: Timeliness of Initiating Investigation of Reports of Child Maltreatment based on the OSRI performance and the declining agreement from stakeholders. Recent efforts to enhance the FOCUS system and strategizing with staff for more efficient ways of responding and documenting initial responses is underway. Reports are issued to help managers track and support timely responses and efforts to resolve the staffing crisis are being developed which should all show improved performance in this area.

[Item 2- Services to protect children in the home and prevent removal or reentry into foster care](#)

Delaware continues to exceed at providing services to protect children and prevent removal. Delaware was one of only six states that met the 90% goal for Item 2 for the CFSR 3.

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

Delaware excels at utilizing family search and engagement strategies to prevent removal of children and uses the evidence based Structured Decision Making® caregiver safety assessment tool to determine not only risk factors but also protective capacities and safety interventions. Delaware caseworkers often create safety agreements with relatives, fictive kin, or others to prevent children from entering foster care. In FY22, 957 caregiver safety agreements were completed. Delaware uses Team Decision Making meetings prior to removal when possible, to also present strategies to prevent children from entering foster care.

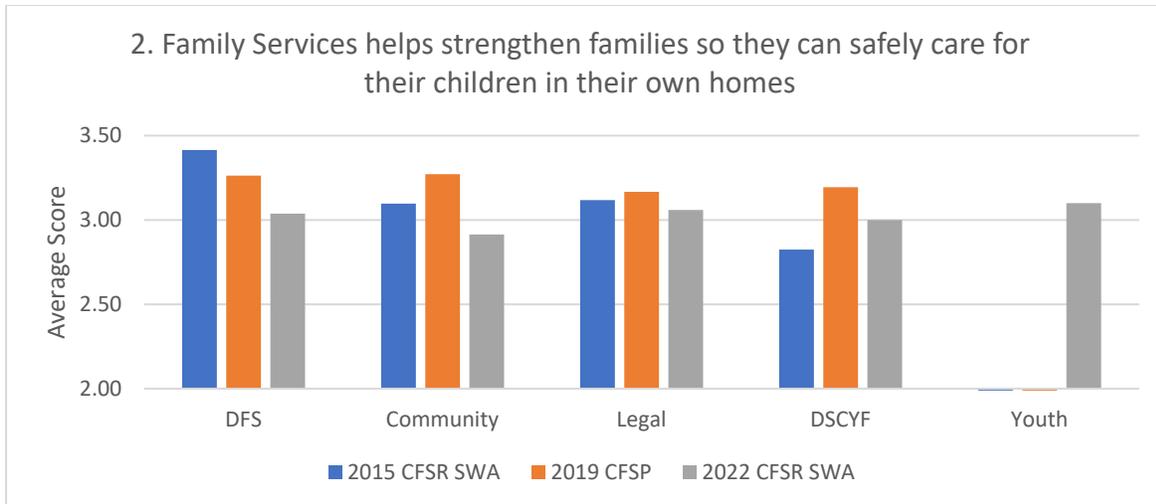
As part of our self-assessment process, we took a deeper look at Delaware’s statewide use of and fidelity to the Team Decision Making process as a strategy for preventing children from entering foster care. Between January 1, 2022, and June 30, 2022, a total of 86 children had a pre-TDM. Of those 86 children, 22 entered custody, and 64, or **74%, were diverted from custody and placement**. However, the majority of these pre-TDMs are occurring in treatment

cases, and less often in investigation cases, in which emergency placements are more often needed. Strengthening TDM utilization continues to be a part of our ongoing CFSP.

An examination of short-stays in foster care, which more often result when a pre-TDM is not completed, revealed that 87% of children who were short-stays, defined as spending fewer than 90 days in care, were returned to their parents. Family Court *sua sponte* orders create a high number of youth entering care unnecessarily, as evidenced by the percentage of short-stays among this population. In 2020, 6 of 17 youth (35%) who entered care via a *sua sponte* order were a short-stay, in 2021 6 of 12 youth (50%) were a short-stay, and to-date in 2022, 11 of 33 youth (33%) have been a short-stay in foster care. For the 2022 group of youth, 6 of the 33 have not yet been in care for 90 days which could increase the short stay entries group. This data tells us that a renewed effort to work with Family Court to prevent these *sua sponte* entries into care was needed and the CQI Teens Committee has made recommendations and action steps have taken place to address this issue. In coordination with the CIP coordinator, the Treatment Program Manager has attended judges' meetings across the three counties to educate them on TDM process and sharing that courts can make a referral to the Division without ordering custody from the bench.

A gap that was noted during this self-assessment process was a lack of information about re-entry into foster care or subsequent victimization after Family Court previously entered a finding of No Probable Cause. Family Court does not currently track this data, but a review of APRICOT data (Family Court's information system), showed from January 2019 to present there were 153 children that were in foster care for 15 days or fewer. Of these 153 children, 34 entered care through a *sua sponte* order. Comparing this APRICOT data with DFS FOCUS data, of these 153 children only 8 children re-entered foster care (5%) suggesting that the agency may have been able to prevent them from coming into care.

The comprehensive survey was offered to all but foster/adoptive families, with an overall strong agreement that the division helps to strengthen families to keep children safe at home. Youth were offered this statement in 2022 and showed strong agreement that the division helps them stay safely with their families. DFS was 81.25%, Community partners were 79.01%, Legal was 90.20%, DSCYF was 84.81% and youth was 80% agreement. Agreement has dropped from 2015 to present which is consistent with current staffing concerns.



In conclusion, a rating of **Strength** is recommended for Item 2: Services to protect children in the home and prevent removal or reentry into foster care as seen with the strong performance in case reviews, the high percentage of diversions using TDMs, and stakeholder agreement support this rating.

[Item 3- Risk and Safety Assessment and Management](#)

For Safety Outcome 2 - Item 3: Risk and Safety Assessment and Management, case reviews were above the national performance of 56%, but did not reach goal of 90%.

OSRI Case Review Measures Safety Outcome 2 - Item 3: Risk and Safety Assessment and Management	
Measurement Period	Strength Rating
Oct 2020 – Mar 2021	70%
Apr 2021 – Sept 2021	77.78%
Oct 2021 – Mar 2022	67.78%
Apr 2022 – Sept 2022	73.33%

Delaware attributes performance decline to staff turnover and vacancies. The depth of knowledge and skill in the workforce to apply the tools to assess risk and safety from initial contact with a family and throughout the involvement with the agency is frequently renewed with new staff. Delaware’s performance on Item 3 is correlated with our performance on caseworker visits with children and parents, particularly on in-home services (intact treatment) cases. A CQI Intact Treatment Committee was formed to develop strategies to improve performance on in-home services case reviews and improve outcomes with families. The committee administered a survey to all DFS treatment caseworkers to gather information about strengths and barriers in their work with families. In the survey, many staff requested additional training on DFS policy, case review expectations, and practice standards. As a result, DFS began

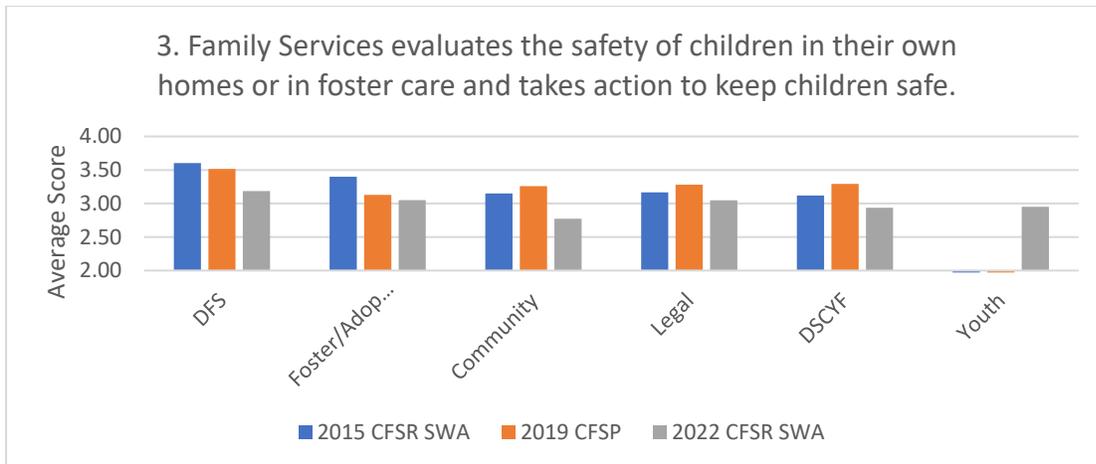
developing a series of mandatory training modules based on safety, permanency, and well-being outcomes.

DFS also conducts quality assurance reviews of investigation cases. The table below lists performance for CY2021 and CY2022 on safety assessment elements and a combined safety assessment score. Goal for each item is 95%. For CY21, there were 157 statewide case reviews were conducted using the old tool. In April 2022, Delaware implemented a new Investigation and FAIR quality assurance case review tool in FOCUS. For CY22, 118 statewide case reviews were conducted using this tool, 93 investigation and 25 FAIR cases.

QA Investigation Case Review Detail	% of Reviewers Agreeing CY21 N=157	% of Reviewers Agreeing CY22 N=118
SA1. Was the Safety Assessment completed on the appropriate household(s)?	100%	97.46%
SA2. Was safety assessed for all children in the household? (SA3 was removed from the tool)	89.81%	92.37%
SA4. Were all safety threats identified for each child?	93.48%	97.62%
SA5. Were the identified protective capacities documented during the contact(s) with the family?	94.74%	97.62%
SA6. Were the indicated safety interventions appropriate for the identified threats?	97.87%	97.50%
SA7. Is the final safety finding correct/appropriate?	98.09%	97.46%
SA8. Was a Child Safety Agreement completed according to policy?	93.33%	91.30%
SA9. If a Child Safety Agreement was completed, did it address the threats adequately?	100%	100%
Combined Score for Safety Assessment	93.68%	96.17%

DFS' quality assurance investigation case review results show reviewers agreed 90% or higher on every safety area identified. Delaware's overall combined safety assessment improved from a 92.28% in CY20 to a 93.68% in CY21 to a 96.17% in CY22. Delaware made significant improvements on SA4: "All safety threats identified for each child" which had been an 84.31% in CY2020. For CY21, this scored a 93.48% and in CY22, a 97.62%. Delaware recently conducted an SDM® refresher training that reviewed policy, procedure, and practice related to the completion of accurate and timely safety assessments which may correlate to overall improvements.

The comprehensive survey shows strong agreement that the division evaluates the safety of children in their own homes or in foster care, but agreement has dropped over time which is consistent with performance indicators. For 2022, DFS 88.23%, Foster/adoptive parents 79.58%, Community 70.37%, Legal 84.32%, DSCYF 75.65% and youth 75% agreement.



Tools and processes used by Division staff statewide to assess safety and risk over time include the SDM® Safety Assessment, SDM® Risk Assessment, SDM® Risk Reassessment, history checks, and use of collateral information, all of which are required in policy. One strength is that the SDM® Safety Assessment is used by staff to identify areas that need resources and services, and staff report that they revisit the identified concerns with families to ensure that concerns have been mitigated, prompting conversations with families. However, when a safety assessment results in a child safety agreement, monitoring and review of the safety agreement is inconsistent statewide, and staff struggle to write safety agreements that clearly document expectations. Findings related to DFS’s use of safety agreements have been noted in multiple CAN Panel reviews (Child Abuse and Neglect Review Panel). Although the cases reviewed by CAN Panel are ones with significantly bad outcomes, these findings suggest an opportunity to improve safety agreement understanding and use. Similarly, while it is policy for staff to consult with a wide range of both professional and personal collateral resources to support decisions related to safety and risk, CAN Panel has found that staff do not consistently consult with non-professional or informal resources. These two topics were the subject of refresher training, which was delivered to staff in the fall of 2022.

The SDM® Risk Assessment, is used to make decisions during an investigation about risk of future harm and the need for ongoing services, and intake staff have shared that they use previous risk assessments when screening new reports to determine what services have been provided previously and how a case was closed. While these uses of the safety and risk assessments are strengths, one noted area of opportunity is that the risk assessment is completed at the end of an investigation and is not generally used to prompt conversations with the family. The Division is looking at revising policy and practice to make better use of the risk assessment to engage families by requiring it to be completed earlier in the life of an investigation.

Our self-assessment process included a closer look at the impact of staffing issues within DFS and our contracted providers on the ability to assess safety and risk and to provide services to prevent removal or re-entry. Because of high turnover among contracted staff, many cases that

would otherwise have been handled by a contracted provider are now being assigned to DFS staff. DFS staff report feeling “scared” that they are not assessing safety and risk adequately because of the high number of cases. Operation and program staff have supported remaining staff who are carrying a larger than normal amount of the work by offering group discussion and decision making through our RED team process or administrative case reviews. While various SOP tools are available for staff to use, such as Three Houses, Safety House, and other child-focused tools, staff report not having the time to use the tools as intended. Additionally, because of the high turnover of staff, a large part of the workforce is comprised of new staff, who lack experience, knowledge, and skill, and the Division does not have enough experienced staff to mentor new employees and pass along institutional knowledge. Division leadership has made an increased effort to bring in guest speakers to educate staff about services, as well as launching a Lunch and Learn series to train staff on a wide variety of topics.

In conclusion, a rating of **Area Needing Improvement** is recommended for Item 3: Risk and Safety Assessment and Management because of the reduced performance on the OSRI case review. The investigation QA tool indicates strong performance on investigation cases only and stakeholders agree that Delaware is assessing risk and safety well. The assessment of risk and safety beyond the initial response and over the life of the case is an area that can be strengthened. Improving staff confidence in using the SDM tools and collateral contacts to support safety and to improve contact which is how we can assess safety.

Overall Summary and Recommended Rating:

Overall finding is that Delaware is **not in substantial conformity** for Safety Outcome 1 or Safety Outcome 2 based on the drop in timeliness of investigation and ongoing risk assessment. Although various efforts have taken place, Delaware has not met the goal of 95% for Safety Outcome 1 or the goal of 90% for Safety Outcome 2 at any point over the past three years.

B. Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

State Response:

Delaware’s Permanency Round 3 Findings and PIP activities were as follows:

In Round 3, Delaware was **not in substantial conformity** for Permanency Outcome 1 or 2. Although Item 4: Foster Care Placement Stability with 90% strength and Item 9: Preserving Connections with 94% strength were rated as both **strengths**, the other items were **areas needing improvement**. Item 5: Permanency goal for child was only 75% strength, Item 6: Achieving permanency goal was only 83% strength, Item 7: Placement with siblings was 88%, Item 8: Visiting with parents and siblings was 77%, Item 10: Relative placement was 84% strength and Item 11 Relationship of child with parent was 78%.

Permanency PIP strategies included:

1. Strengthen family search and engagement tools and supports including family team meetings and record mining to locate and contact relatives.
2. Statewide foster parent recruitment plan to meet the needs of minorities, teens, sibling groups and children with special needs.
3. Continue post-adoption services to strengthen bonding and prevent disruptions.
4. Provide MY LIFE programming to all appropriate foster children and youth; prioritize children with a permanency plan of adoption or APPLA.
5. Review children and youth under the age of 15 at local permanency committees for appropriate goal selection.
6. Research, develop and implement kinship care programming.
7. Collaborate with the Family Court to improve timely permanency.
8. Promote collaboration and coordinated service delivery to multiple division youth served by child welfare, behavioral health and/or juvenile justice systems.
9. Revise and reinstate quality assurance placement case reviews. Use the data to guide initiative implementation and professional staff training.

Delaware successfully completed the PIP and with collaboration with the courts dramatically improved the permanency planning for youth.

Current Permanency Outcome Assessment:

Statewide Data Indicators were all met compared to national standards. Delaware children in care longer than 12 months were more likely to experience placement moves and there was a mixed performance for achieving permanency for both young children and teens; the agency was slow to reunify though had a consistently low rate of foster care re-entry. Relative placement, a good measure of family engagement strategies, was mixed with younger children being placed with relatives at a better rate than teens. The agency had a promising trend to place teens with relatives after initial entry.

The average monthly placement (DFS out-of-home care) population in FY22 was 505, an increase of 12% from the FY21 average of 483. 363 children entered initial DFS placements, and 305 children exited placement in FY22. There were 812 children who spent at least one day in Foster Care during FY22. This was a 4% increase from the 780 children who spent at least one day in Foster Care during FY21. At the end of the fiscal year, there were 501 children in DFS out-of-home care, a decrease of 1% from 502 children in care at the end of FY21. Of the 305 children leaving placement during FY22, of these youth exiting care in FY2021, 42% had custody rescinded to original custodian (39% in FY21, 34% in FY20), 18% were placed with guardians (15% FY21, 21% in FY20), 19% were adopted (30% in FY 21 and FY20), 20% reached age of majority (17% in FY21, 15% in FY20), and <1% was due to death. In FY22, 59 children for whom the Division held parental rights were adopted with 39% occurring within 24 months of entry into care. In FY21, 102 children for whom the Division held parental rights were adopted and 50% of these adoptions were within 24 months of entry into care, compared to 37% in FY20.

Delaware exceeds overall national performance on both permanency outcomes. Delaware also had made marked improvements on both outcomes since our 2015 baseline. Delaware has seen a decline in performance on Permanency Outcome 1 in the past two years and has not met the 90% goal. Delaware meets the federal goal of 90% consistently for Permanency Outcome 2 for past three years and has scored above 95% in the last 4 review periods.

	National Performance	Delaware Baseline	Delaware Case Review (n=90)			
			2015 CFSR Round 3	Oct 2020 - March 2021	April - Sept 2021	Oct 2021- March 2022
PERMANENCY OUTCOME 1	27%	56%	76%	74%	72%	66%
PERMANENCY OUTCOME 2	61%	81%	100%	98%	100%	96%

Below table breaks down the Permanency Outcomes by item from the OSRI case reviews.

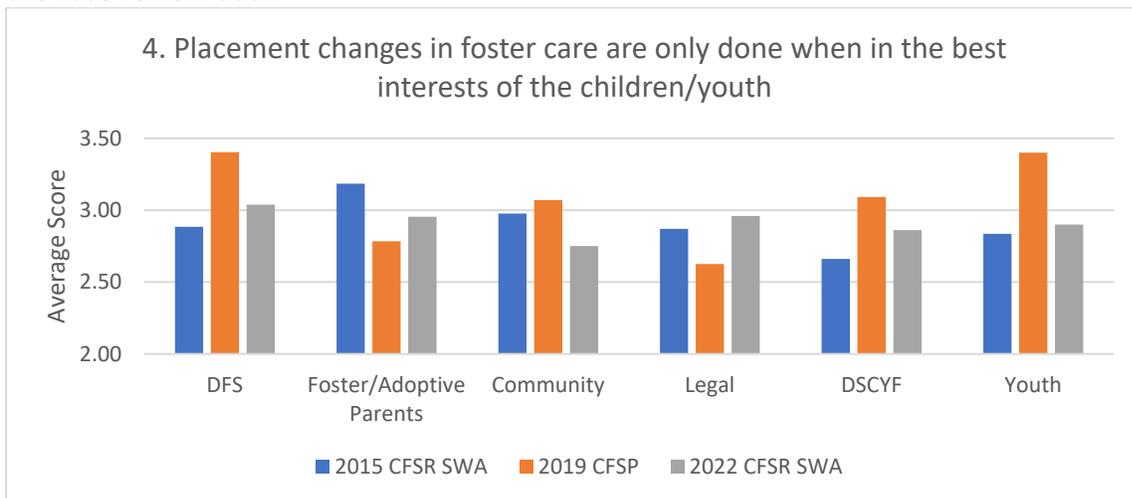
OSRI Items	National Performance	Delaware Case Reviews			
	CFSR Round 3	10/20-3/21	4/21-9/21	10/21-3/22	4/22-9/22
Item 4: Placement stability	74%	77.78%	75.93%	72.22%	71.7%
Item 5: Identifying permanency goal for child	58%	96.23%	96.3%	98.15%	96.15%
Item 6: Achieving reunification, guardianship, adoption or APPLA	42%	96.30%	96.3%	98.15%	98.11%
Item 7: Placement with Siblings	81%	100%	90.48%	91.67%	100%
Item 8: Visitation with parents and siblings	62%	93.33%	90.91%	93.1%	91.43%
Item 9: Preserving connections	67%	100%	98.15%	100%	98.11%
Item 10: Relative placement	70%	100%	100%	100%	97.98%
Item 11: Maintaining relationship with parents	58%	100%	100%	100%	94.1%

[Item 4- Placement Stability](#)

Since our 2015 CFSR 3 baseline, Delaware’s statewide performance has improved for all permanency items related to identification and achievement of permanency goals, placement with siblings, and the continuity of family relationships and connections. However there has been a decline in Permanency Outcome 1 as a result of a decline in placement stability. Over the past two years, there has been a 10% decline in placement stability. Delaware correlates the decrease in performance to the growing number of teens in foster care and the lower tolerance of foster parents to deal with challenging youth behaviors. As of April 2022, 43% of youth in foster care were age 13 and 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. Additionally, placement stability has been impacted by the pandemic as some foster parents are unwilling to take in new placements or less tolerable of keeping teens with behavior concerns or runaway behaviors. 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. CQI Post Adoption also is indirectly addressing the teens as many disrupted adoptions occur when the adopted youth is a teenager.

To gather additional information, the Comprehensive survey were distributed statewide to key stakeholders including legal, community partners, DSCYF staff, DFS staff, foster and adoptive parents, caseworkers and youth. Of 79 DFS staff 78.48% agreed, of 87 foster/adoptive parents 74.71% agreed, of 80 community partners 66.25% agreed, of 50 legal community 76% agreed, of 79 DSCYF staff 70.89% agreed and of the 20 youth 70% agreed that placement changes were only done when in the youth’s best interest. This is a decline from prior surveys which supports the case review data.



Additionally, focus groups and workgroups were held that included youth, foster and adoptive parents, community and legal partners, child welfare caseworkers, program managers, administrators, subsidy and permanency coordinators and case reviewers. The CQI Teen Committee member focus group validates the findings that placement stability is declining, and teens have the highest number of placements compared to younger children. Amongst other actions, the CQI Teens Committee has recommended a tool/ questionnaire be developed with teens that will determine what the youth wants foster parent to know about them. The hope is this will support families getting to know youth that are joining their families. Members of the committee have begun collaborating with youth on this project.

The CQI Post Adoption Committee recognizes that the majority of adoption disruption were foster families. A recommendation for both families who adopt or take guardianship are enhanced resources including, support groups, ongoing check-ins, trainings pre-adoption/guardianship. The Adoption Program has taken immediate steps to address some of these areas including partnering with Springfield College to develop an adoption competent therapy training. Discussion at the permanency sub-committee note that some families who take guardianship or adopt may need in-depth training on making a commitment to a child long term. An area of opportunity is to prepare the family for what to expect from their teenage when they take in the child at a younger age. Statewide, Delaware strives to use trauma-informed techniques including using strength-based language. One example of this, is referring to placing a child in foster care to a child joining a family. Delaware has expanded post adoption services to include families that took guardianship and now has three contracted post adoption service providers. CQI post adoption committee members have also embarked on a campaign to provide training on post adoption services across the state. We learned from stakeholders that the gap in mental health services and other available resources for all families contributes to placement stability as foster parents, kinship providers, and adoptive parents are unable to handle youth's mental health challenges or behaviors. We know that when families do not have access to services, the family system is more likely to become overwhelmed. On a positive note, it was found that families are using more of their natural supports. Youth surveyed and participating in focus groups confirmed a need for better connection work with foster and adoptive families as well as more diverse foster families. Stakeholders validated there is an opportunity and need to educate staff and foster families on cultural awareness for our youth.

In conclusion, a rating of **area needing improvement** is recommended for Item 4: Placement Stability due to the declining performance found in the case reviews and declining agreement by stakeholders.

[Item 5- Identifying Permanency Goal](#)

All children entering foster care has an initial goal of reunification. This is recorded on the child plan 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 to obtain case permanency guidance. However, if a child has not been reunited with his family within 10 months of entering foster care or has been in care for a total of 10 out of 15 months, the caseworker must refer the case to the PPC. The case must be reviewed at least 30 days prior to the permanency hearing for a plan recommendation. The Permanency Coordinator will track all foster children needing a PPC review and will keep the regions informed.

The caseworker includes the following in the PPC referral:

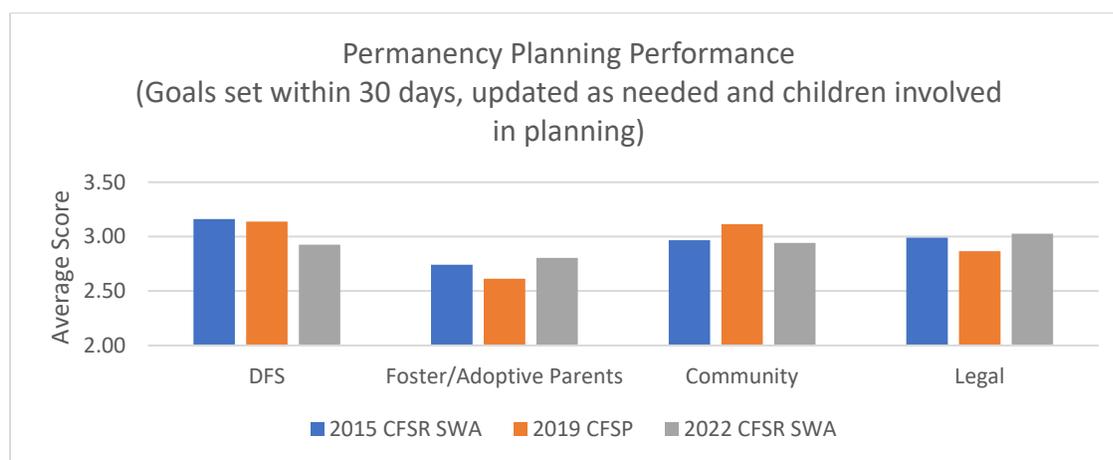
- Brief description of when and why the child entered care.
- Summary of case plan elements and parent progress.
- Best interest and wishes of the child.
- Brief description of the child.
- Efforts in exploring relatives for placement and/or support.

Discussion during PPC includes the review of reunification efforts, exploration of relatives, as well as recruitment activities for a child waiting for permanency.

Performance measures with the OSRI case review demonstrates that Delaware is exceeding the federal measure for identifying a permanency goal for children.

OSRI Case Review Measures Permanency Outcome 1- Item 5: Permanency Goal for child	
Measurement Period	Strength Rating
Oct 2020 – Mar 2021	96.23%
Apr 2021 – Sep 2021	96.30%
Oct 2021 – Mar 2022	98.15%
Apr 2022 – Sep 2022	96.15%

In addition, the comprehensive survey was offered to stakeholders. Although the agreement across some stakeholder groups dropped over time, others are in more agreement in 2022. Of 81 DFS staff 71.60% agreed, of 88 foster/adoptive parents 60.23% agreed, of 80 community partners 80% agreed, of 50 legal community 70% agreed that Delaware sets initial goals and changes as needed for the youth.



In conclusion, a rating of **Strength** is recommended for Item 5: Identifying Permanency Goals for children based on the case review data and the stakeholder support.

[Item 6- Achieving reunification, guardianship, adoption or APPLA](#)

As of June 28, 2022, CFSR Data Profile shows that Delaware is statistically better than the national performance for permanency within 12 months from entry, and for permanency within 12 months for children in care 12-24 months. This same profile indicates that Delaware is statistically no different than the national performance related to permanency within 12 months for children in care more than 24 months, reentry to foster care, and placement stability.

		17B18A	18A18B	18B19A	19A19B	19B20A	20A20B	20B21A	21A21B	21B22A
Permanency in 12 months (entries)	Denominator	401	352	278	268	297	249			
	Numerator	149	130	100	87	100	103			
	Observed performance	37.2%	36.9%	36.0%	32.5%	33.7%	41.4%			
Permanency in 12 months (12-23 mos)	Denominator				176	156	154	124	124	138
	Numerator				71	71	73	45	58	70
	Observed performance				40.3%	45.5%	47.4%	36.3%	46.8%	50.7%
Permanency in 12 months (24+ mos)	Denominator				223	192	181	165	155	121
	Numerator				82	63	57	45	36	24
	Observed performance				36.8%	32.8%	31.5%	27.3%	23.2%	19.8%
Reentry to foster care	Denominator		242	194	167	168	161	132		
	Numerator		6	7	5	7	6	2		
	Observed performance		2.5%	3.6%	3.0%	4.2%	3.7%	1.5%		
Placement stability (moves/1,000 days in care)	Denominator				41,616	50,501	39,569	31,210	37,664	50,886
	Numerator				212	244	174	145	179	258
	Observed performance				5.09	4.83	4.40	4.65	4.75	5.07

Previously, the CQI Periodic Review Committee, which has retired, had identified an issue where post permanency review hearings were not being scheduled timely due to the scheduling or delays around Termination of Parental Rights Hearings. This was resolved with the courts and post permanency court hearings are being scheduled more routinely. At this time, our current AFCARS 2022A and 2022B reports show no missing periodic reviews. Delaware believes this has contributed to our higher performance on Item 5: Identifying Permanency Goals and Item 6: Achieving Permanency Goals. These were items that had been on Delaware’s Performance Improvement Plan. For the past four review periods, Delaware has achieved higher than federal goal of 90% on both items with a 96% or higher. Delaware also contributes our high performance on Items 5 and 6 and Permanency Outcomes II to our frequency of contact with children in foster care. For FFY2021, Delaware scored a 94.38% on the monthly caseworker visit report with 89.53% of visits taking place in the placement setting. For FFY2022, Delaware scored a 94.94% with 77.3% of visits taking place in the placement setting. Case reviews show that Delaware excels at family search and engagement strategies. Delaware continuously makes efforts to locate relatives, promote visitation and maintain connections with parents/original caregivers, and family.

Case review data demonstrates that Delaware is exceeding federal measures for achieving permanency and in the last 4 review periods has been above 95%.

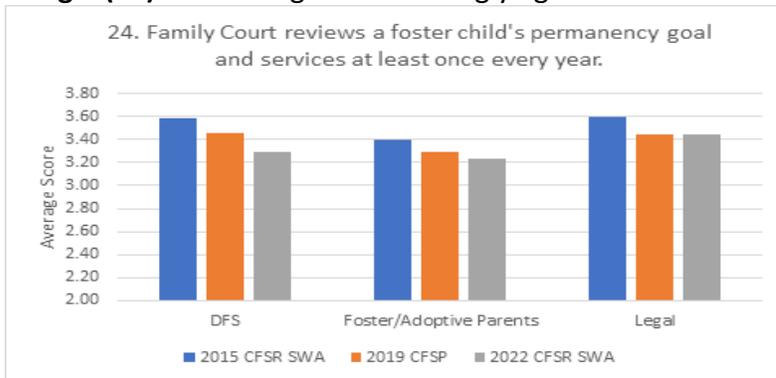
OSRI Case Review Measures	
Permanency Outcome 1- Item 6: Achieving Permanency	
Measurement Period	Strength Rating
Oct 2020 – Mar 2021	96.30%
Apr 2021 – Sep 2021	96.30%
Oct 2021 – Mar 2022	98.15%
Apr 2022 – Sep 2022	98.11%

The Statewide PIP for Round 3 indicated the need for collaboration with the Family Court, CIP and CPAC committees to strengthen legal processes to improve timely permanency as well as

implement policy and provisions to make timely changes to permanency goals. The Comprehensive survey results indicate a slight decrease of family court reviews of a foster child’s permanency goal and services at least once every year. The chart below compares results from DFS staff, foster/adoptive parents and legal staff over three rounds of surveys.

Survey Year: 2022 CFSR SWA

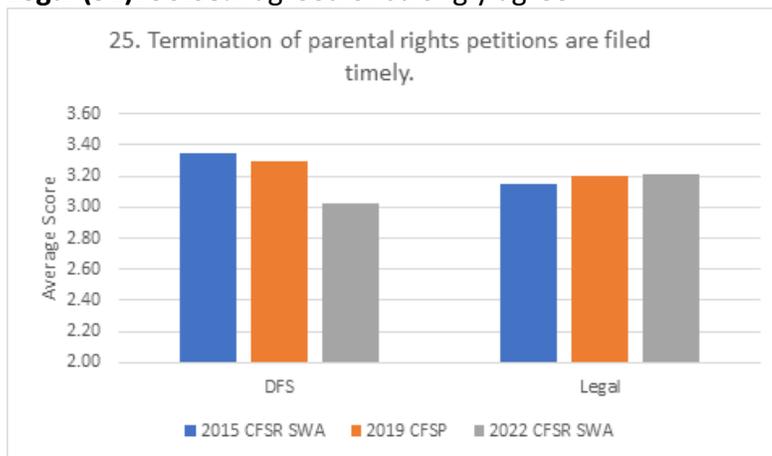
- **DFS (80): 97.5%** agreed or strongly agreed
- **Foster/Adoptive Parent (88): 95.45%** agreed or strongly agreed
- **Legal (51): 98.04%** agreed or strongly agreed



The comprehensive survey results for termination of parental rights petitions filed timely shows a decrease from the perspective of DFS staff and counter to this, the legal perspective shows a slight increase. The chart below indicates the findings.

Survey Year: 2022 CFSR SWA

- **DFS (78): 82.05%** agreed or strongly agreed
- **Legal (51): 96.08%** agreed or strongly agree



Current data from CY21 and CY22 indicates an average time of 9 months between custody start and filing date for the Termination of Parental Rights (TPR) date. It was found that there is a need to define concerted efforts versus reasonable efforts. When Child Specific Recruitment is offered, this meets as concerted efforts. A recognized strength is the frequency of Family Court hearings; Family Court reviews orders and a finding of reasonable efforts are considered every 6-months. Supporting evidence includes workgroup feedback that frequent court hearings promote regular information sharing regarding families.

Delaware is statistically better or no different than the national performance on permanency related data indicators. The Statewide data indicators show that younger children versus older youth go to permanency faster. The indicators represent a disparity with race. There are less African American children achieving permanency than white children and is an area of improvement for Delaware. During the pandemic a small number of youth came into care making the data indicators showed surprising information. For example, the data indicator for reentry to foster care in 12 months for New Castle County is 100%. The data for this indicator and demographic represents only one family. See the graph below:

Observed performance on permanency indicators					
Reentry to foster care in 12 months					
	Percentage			Percent of total	Percent of total
	18B19A	19B20A	20B21A	(exits) 20B21A	(reentries) 20B21A
Age at exit					
Total	3.6%	4.2%	1.5%	100.0%	100.0%
0 - 3 mos	0.0%	0.0%	33.3%	2.3%	50.0%
4 - 11 mos	0.0%	0.0%	0.0%	6.8%	0.0%
< 1 yr subtotal	0.0%	0.0%	8.3%	9.1%	50.0%
1 - 5 yrs	1.8%	5.9%	0.0%	35.6%	0.0%
6 - 10 yrs	0.0%	0.0%	0.0%	17.4%	0.0%
11 - 16 yrs	9.1%	6.0%	2.6%	29.5%	50.0%
17 yrs	0.0%	0.0%	0.0%	8.3%	0.0%
Race/ethnicity					
Black or African American	6.7%	5.3%	2.7%	56.8%	100.0%
Hispanic (of any race)	0.0%	0.0%	0.0%	13.6%	0.0%
White	0.0%	0.0%	0.0%	27.3%	0.0%
Two or More	0.0%	25.0%	0.0%	2.3%	0.0%
Locality					
Kent County	2.0%	7.1%	0.0%	15.9%	0.0%
New Castle County	5.5%	4.3%	2.2%	67.4%	100.0%
Sussex County	0.0%	0.0%	0.0%	16.7%	0.0%

Addressing the disparity of African American children in care versus white children in care is a national need, Delaware is no exception. The black population is over-represented for the number of moves and number of days in care versus while population. There is also a need for more diverse foster families and staff. A proposed solution is to contract with a Statewide foster parent recruiter. Permanency sub-committee discussion notes that there is a need for diversity among staff; that many people who are working with children in foster care do not represent them. There are training opportunities for foster families Statewide to become more culturally aware and diverse, but there remains a need for diverse resources in different communities across the state that can meet the unique needs of children in foster care when placed in a foster home that does not represent their culture. Another area of opportunity that the workgroup identified is staff knowledge of diverse statewide resources.

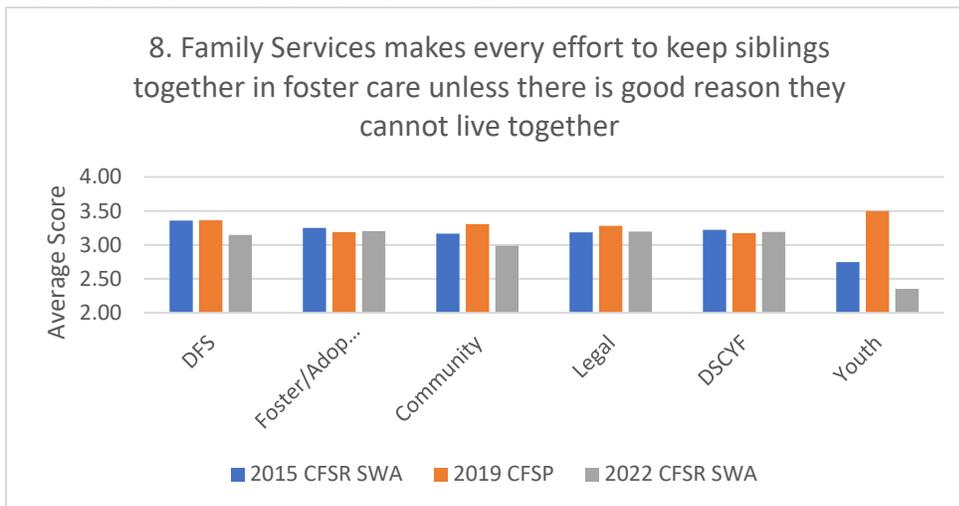
In conclusion, a rating of **Strength** is recommended for Item 6: Achieving Permanency based on the case review outcomes being so strong and stakeholder agreement. Permanency data indicators also support this rating.

Permanency Outcome 2:

[Item 7- Placement with siblings](#), [Item 8- Visitation with parents and siblings](#), [Item 9- Preserving connections](#), [Item 10- Relative Placement](#), [Item 11- Maintaining relationship with parents](#)

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

Stakeholders were also asked with the comprehensive survey about their agreement with if the Division places siblings together. There was consistent agreement across the stakeholder and across time as seen in the chart below.

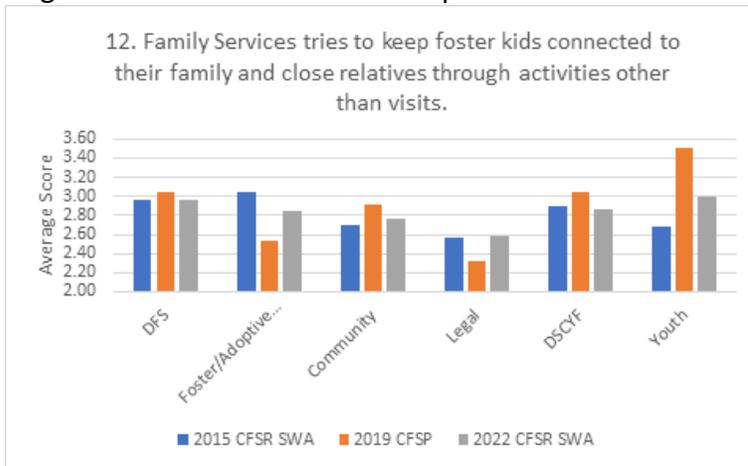


For Item 8: Visiting with parents and siblings in foster care. Delaware met performance goal of 90% on past three review periods.

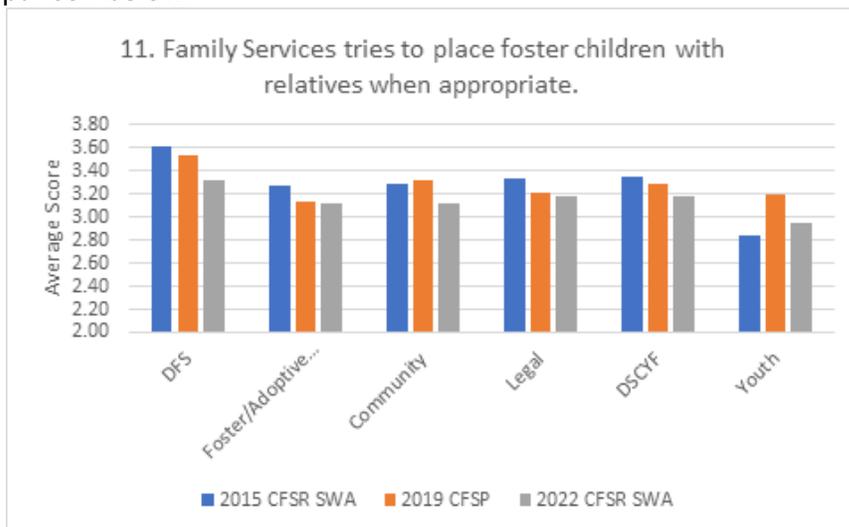
As an area of strength, the permanency sub-committee noted that Ice Breaker meetings help with preserving connections when a child is placed into foster care. Due to the small size of Delaware, preserving connections occurs even when youth are placed outside of their ‘home’ community. Although Delaware is doing above the federal goal of 90% in relation to Item 10, relative placement, community partners stress that there are still challenges for youth to join kin families. It is of note that the Division must show a concerted effort to make kinship connection. Concerted effort is defined as to identify, locate, inform, evaluate. Delaware has expanded the kinship navigator program but there is a need to continue Delaware’s work to develop resources for kin families. An active Guardianship committee is also working to better the process and collaboration between DFS and the Courts regarding guardianship proceedings to improve guardianship timelines and stability.

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

Assessment survey comparison indicates that key stakeholders believe that this effort has decreased related to connection with community. Positively, youth feedback indicates that we are doing better since CFSR 3. See comparisons below.



Despite recent kinship work and case review findings, there is a dip in statewide belief that DFS joins youth with relatives when appropriate. Again, youth responses increased. See comparison below.



We also learned in focus groups and surveys alike that there is a gap in resources for kin, adoptive and foster families as well as a lack of diversity among staff and caregivers.

The CQI Teens workgroup, CQI Adoption Disruption workgroup and the created and expansion of the Case Review Team are all results from the last PIP. The CQI for Teens workgroup formed

to focus on Delaware’s statewide foster care teen population. Teens make up over 50% of Delaware’s youth in foster care. Teens also have a higher number of placement moves than younger children and tend to stay in care longer. The mission of this workgroup 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 workgroup found that guardianship’s have a high frequency to disrupt. The Adoption Disruption workgroup recognizes that the majority of adoption disruption were foster families. A recommendation for both families who adopt or take guardianship are enhanced resources including, support groups, ongoing check-ins, trainings pre-adoption/guardianship. The Adoption Program has taken immediate steps to address some of these areas including partnering with Springfield College to develop an adoption competent therapy training. Discussion at the permanency sub-committee note that some families who take guardianship or adopt may need in-depth training on making a commitment to a child long term. An area of improvement is to prepare the family for what to expect from their teenage when they take in the child at a younger age. Statewide, Delaware strives to use trauma-informed techniques including using strength-based language. One example of this, is referring to placing a child in foster care to a child joining a family. Another immediate action the CQI for Teens workgroup has started to develop is a tool for youth to talk about themselves that would be shared with their new family. This way, youth can share information about themselves that the foster parents can use to better support them in their home.

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

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

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

Summary and Recommended Rating:

In conclusion, Delaware is **not in substantial conformity** with Permanency Outcome 1. Although Delaware exceeds federal goal of 90% for Item 5: Identifying Permanency Goal and Item 6: Achieving Permanency Goal, Delaware is not meeting goal of 90% for placement stability. Delaware is in **substantial conformity** for Permanency Outcome 2, exceeding federal goal of 90% for the overall outcome as well as all related items for the past three years.

C. Well-being Outcomes 1, 2 and 3

Well-being Outcomes include: (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.

State Response:

Delaware's Well-Being Round 3 Findings and PIP activities were as follows:

In Round 3, Delaware was **not in substantial conformity** for Well-Being Outcome 1, with areas needing improvement with item 12- needs and services of parents, item 13-involving families in case planning, item 13- caseworker visits with children and item 14- caseworker visits with parents. Assessing the needs and services for children in foster care was rated as a strength. Delaware was in **substantial conformity** for the Well-Being Outcome 2 for meeting the educational needs of the children. And Delaware was **not in substantial conformity** for Well-Being Outcome 3 due to physical health needs of children was rated as an **area needing improvement**, although mental/behavioral health was rated as a strength.

Well-Being PIP strategies included:

Several areas identified as needing improvement were already aligned with existing strategies: Team Decision Making (TDM), Implementation of the Safety Organized Practice Model, use of a continuous quality improvement framework to monitor and guide implementation of family engagement practice by reviewing case reviews with DFS staff and system partners, and use of a CQI system, data reports, and QA Case reviews reports and feedback from staff and stakeholders. These strategies continue to be a part of practice today. In fact, since Round 3 Delaware has implemented a QA Case Review process that shows an accurate picture of our strengths and areas needing improvement and allows for us to complete a deeper analysis in applicable areas. It is used to inform various workgroups and helps to identify gaps in services, trends specific to Delaware, and areas where practice can be strengthened through coaching or training.

The following objectives that were focused on in the Round 3 PIP were to fully engage at-risk families in assessment, planning, and service delivery activities, promote timely permanency and increase opportunities available to young people in employment, education, personal, and community engagement, assess and monitor foster children's health and mental health needs,

and develop and implement a data-based initiative to improve academic performance. Several key strategies were employed to help strengthen our wellbeing outcomes. (Reference Round 3 PIP).

Current Well-Being Outcomes Assessment:

Performance Data Highlights:

Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs

OSRI Case Review Measures Wellbeing Outcome 1 (Items 12, 13, 14, and 15)	
Measurement Period	Strength Rating
Delaware’s 2015 baseline	70%
National Performance	36%
Apr 2020 – Sept 2020	71%
Oct 2020 – March 2021	62%
Apr 2021 – Sept 2021	77%
Oct 2021 – Mar 2022	70%
Apr 2022 – Sept 2022	61%

For Well-being Outcome 1 (Items 12, 13, 14, and 15), Delaware’s 2015 CFSR baseline performance was 70%, national performance was 36%. Delaware performs consistently well above the national performance and is at or above the baseline for 2 of the last 4 reporting periods. Delaware continues to struggle meeting the 90% performance goal for this outcome and has shown a decline in performance over the last three case review periods. This is attributed to an overall decline in our frequency and quality of visits with parents.

OSRI Case Review Measures Wellbeing Outcome 1 – Items 12, 13, 14, and 15				
Measurement Period	Item 12 – Needs and Services	Item 13 – Involvement in Case Planning	Item 14 – Caseworker visits with Child	Item 15 – Caseworker visits with parents
Apr 2020 – Sept 2020	71%	78%	76%	72%
Oct 2020 – March 2021	62%	66%	74%	55%
Apr 2021 – Sept 2021	77%	78%	83%	72%
Oct 2021 – Mar 2022	70%	74%	77%	67%
Apr 2022 – Sept 2022	61%	66%	76%	64%

Delaware performed strongest with Item 14 – caseworker visits with children and weakest with Item 15 – caseworker visits with parents. Delaware dipped in performance in the fall/winter after the start of the pandemic and showed improvements the following spring. There has been a decline since the community opened back up, perhaps due to staffing issues and a

transition from virtual family engagement back to in-person family engagement. Delaware does very well overall regarding contacts with youth that are in foster care. Case reviews shows that our frequency and quality of contacts with parents and youth in intact treatment cases is what lowers our overall performance. A focus on caseworker visits with intake families is needed to help strengthen this outcome.

The tables below shows the client contacts performance from FFY 2019 - FFY 2022. Client Contacts are caseworker visits with children in foster care. Delaware met the Federal Standard of 95% in FFY 2022 and FFY 2020. We were also very close to meeting the 95% goal in FFY2021. Delaware has exceeded the 50% Federal Standard of visiting children in their residence for the past four fiscal years.

Measure 1: % of visits made on a monthly basis by caseworkers to children in Foster Care				
	FFY2019	FFY2020	FFY2021	FFY2022
# of children in care	899	751	650	706
# of visits in FC if visited once per month	6805	5765	4856	5400
# of visits made to children in FC	6242	5460	4583	5127
% of visits made on monthly basis	91.73%	94.71%	94.38%	94.94%

Measure 2 - % of visits that occurred in the residence of the child				
	FFY 2019	FFY2020	FFY2021	FFY2022
# of visits occurring in residence of child	4992	4524	4103	3963
% of visits occurring in residence of child	79.97%	82.86%	89.53%	77.30%

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs

OSRI Case Review Measures Wellbeing Outcome 2 (Item 16)	
Measurement Period	Strength Rating
Delaware's 2015 baseline	98%
National Performance	82%
Apr 2020 – Sept 2020	100%
Oct 2020 – March 2021	98%
Apr 2021 – Sept 2021	96%
Oct 2021 – Mar 2022	98%
Apr 2022 – Sept 2022	100%

For Well-being Outcome 2 (Item 16), Delaware's 2015 CFSR baseline performance was 98%, national performance was 82%. Delaware performs consistently well above the national performance and is at or above the baseline for all but 1 reporting period. Analysis shows that Delaware has a strong practice of obtaining educational information on all youth involved with

the Division from Investigation/Assessment through Permanency. For the reporting period where Delaware fell short was due to a child who was missing from care for the majority of the period under review and did not have a current IEP throughout the period under review. Delaware continues to meet the 90% performance goal for this outcome.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

OSRI Case Review Measures Wellbeing Outcome 3 (Items 17 and 18)		
Measurement Period	Strength Rating (Item 17)	Strength Rating (Item 18)
Delaware’s 2015 baseline	86%	91%
National Performance	69%	91%
Apr 2020 – Sept 2020	96%	94%
Oct 2020 – March 2021	94%	98%
Apr 2021 – Sept 2021	97%	96%
Oct 2021 – Mar 2022	93%	90%
Apr 2022 – Sept 2022	97%	93%

For Well-being Outcome 3 (Items 17 & 18), Delaware’s 2015 CFSR baseline performance was 86% for Item 17 and 91% for Item 18. The national performance was 69% for Item 17 and 91% for Item 18. Delaware performs consistently well above the national performance and baseline for Item 17 and above national performance and baseline for Item 18, except for one round. During the October 2021 – March 2022 round it was found that there was not medication or mental health oversight for two children who had mental and behavioral health needs and there was a lack of assessment and referral to families for mental health and trauma needs. Delaware continues to meet the 90% performance goal for this outcome.

Brief Analysis:

2022 Analysis of Well-Being Outcome 1:

In-home service parents and youth who were not seen timely or frequently enough to assess for needs and services made up the majority of Areas Needing Improvement ratings. Although contacts with family and youth across all case types do not meet the 90% federal measure, deeper analysis found there is a more profound deficiency of adequate caseworker visits with families and children for in-home service cases.

OSRI Case Review Measures Wellbeing Outcome 1 (Items 12, 13, 14, and 15)						
Measure	Intact		Foster		FAIR	
	(10/21-3/22)	(4/22-9/22)	(10/21-3/22)	(4/22-9/22)	(10/21-3/22)	(4/22-9/22)
Item 12	43%	38%	83%	74%	75%	63%
Item 13	49%	48%	88%	76%	75%	63%

OSRI Case Review Measures						
Wellbeing Outcome 1 (Items 12, 13, 14, and 15)						
Measure	Intact		Foster		FAIR	
	(10/21-3/22)	(4/22-9/22)	(10/21-3/22)	(4/22-9/22)	(10/21-3/22)	(4/22-9/22)
Item 14	54%	48%	89%	89%	75%	88%
Item 15	52%	55%	76%	72%	86%	63%

The CQI Intact Family Committee was formed after analysis of case review performance showed a significant difference in performance on in-home cases versus foster care cases. The Team has developed some theories of change to improve outcomes and has become an implementation process. After analysis of case review rating summaries, various data reports, and treatment worker surveys, a theory of change was developed: If treatment caseworkers and supervisors received holistic training on Delaware policy, practice, and procedure as it relates to federal review expectations, improvements would be seen on case review performance. A second theory of change is that if the treatment worker’s workload could be reduced, then we would see an improvement in performance.

Since Round 3 DFS has made significant efforts to review policy and practice around quality visits and family engagement. A Safety Organized Tool Kit was developed and is found on our shared drive. All staff have access to the Tool Kit. Case Reviewers review Investigation and FAIR Cases (separate from case reviews) which do look at the use of Safety Organized Practice Tools. Reviewers find that case workers utilized the Three Questions consistently, but do not notice routine use of other tools, such as Three Houses, Safety House, Solution Focused Questions, etc. Review of the family and foster care contact policy has been completed, reviewed, and distributed to staff. A training curriculum was developed and mandatory for staff to attend on the quality of contacts and importance of family engagement. This training reviewed Well-being Outcome 1, discussed policy, and included practice strategies. We did see an uptake in contacts with children and families after the training, however, that has since decreased likely because of worker turnover and newer staff. A request was made for this training to be reviewed yearly, but this was a recent ask. Weekly contact reports are being shared with administration, supervisors, and frontline staff. The next step could be to help supervisors understand the reports and feel confident in their supervision. Supervisors should be supported in holding workers accountable and following practice and policy.

The CQI Intact Family Committee reviewed the recommendations of the DFS/CPAC treatment caseload study, which were to lower treatment caseload standard to 12, expansion of treatment staff/or contracted services, case weighing strategies upon assignment, and intact vs placement caseloads. DFS leadership and CPAC are already in the process of working towards legislative changes necessary to support lowering the treatment caseload standard and expansion of treatment staff. Delaware has also expanded our differential response (FAIR) with

to take child caseload counts into consideration when assigning caseloads. CQI Intact Committee has also discussed the piloting of intact vs treatment caseloads. The high vacancy rate has impacted this implementation.

The committee also identified barriers to case closure, looking particularly at cases where risk is low and/or no services are being provided. One such report shared monthly shows cases that remain open despite a Final Order of Adoption or Permanent Guardianship Order being issued. In these cases, contacts are missed because the case has reached the legal goal and there is typically no reason for the family to be involved with the Division. Another report showing the last actual contact made with the family was also created and is sent out weekly. Concerns were also noted that closing a case in FOCUS was time consuming and cumbersome. Though analysis of these reports, the agency was able to determine that there were delays in closure of cases for various reason. During these delayed closures the technical requirement for contacts continued despite the “work” of the case being done. This negatively impacted our performance related to client contacts. The Treatment Program Manager streamlined the process in the FOCUS system and trained staff on new procedures. Feedback received from treatment supervisors is that it is much easier to close cases now.

The CQI Intact Committee members also found concerns with the treatment case conference event. There was a request to make it more purposeful so that workers and supervisors would be able to better ensure there was a thorough assessment of risk, safety and needs and provide definite next steps, ultimately resulting in an improvement to our work with families and cases moving through treatment at a quicker pace. A subcommittee was subsequently formed. This committee has developed an improved supervisor case conference event. A change request is currently pending to update the event in FOCUS.

This Committee also found that delays in guardianship proceedings with family court for youth not in agency custody were impacting caseloads by unnecessarily extending the length of activity with the agency while workers and families were waiting for finalization. After review of specific case examples, it was determined that many factors contributed to delays in guardianship process including guardianship checklists not being submitted or requested consistently for guardianship petitions, petitions had inaccurate or incomplete documentation related to reason for filing and any concerns/risk identified by the petitioner, miscommunication regarding court’s expectations, concerns about the ability or access of relative/kin/petitioners to obtain needed medical care or education for named child (children), and court’s understanding of child safety agreements and safety planning. To address these areas, CIP Coordinator was invited to attend CQI Intact Committee to discuss guardianship related concerns. On February 14, 2022, New Castle County Family Court and DFS held a roundtable discussion. Frontline workers and supervisors, judges, attorneys, CQI Intact Family Committee members, and others met virtually to address various topics including guardianship. If DFS recommends that a relative/kin file for guardianship, DFS will assist in providing the individual with a guardianship checklist. Roundtable discussion confirmed that many DFS workers were not aware of the checklist or were not filling it out accurately. Workers were also not aware that medical and education affidavits signed by parents were being accepted by

medical facilities and schools to ensure children are able to attend school and receive needed medical, dental, or mental health care when in the care of others. A Guardianship Checklist Refresher training was consequently held on March 8, 2022. Follow up emails were sent out to ensure workers were familiar with checklist and affidavits. During round table, it was also found that certain judges were automatically denying a guardianship petition if a DFS child safety agreement was active because child was not in imminent risk or danger. DFS Investigation Program Manager did a presentation on child safety agreements and safety planning to family court judges to enforce that child safety agreements are completed only if there were significant concerns that would cause a child to enter custody if an agreement was not able to be completed. They are meant to be short term and not a long-term solution. A specific Guardianship has been formed to move forward with analysis and action steps to address guardianship issue.

Kinship Navigator program was invited to speak at a CQI Intact Family Committee meeting. Kinship navigators can assist relatives/kin in filing the guardianship petition and supporting them through the process. Trainings on kinship navigator program has been provided to staff to promote use of this program. Because it was difficult to run data reports regarding non-custodian kinship families, committee recommended and was approved to have kinship related fields added to DFS hotline and investigation event in FOCUS. These fields were implemented into FOCUS in August 2022. Reports were consequently created and are shared weekly with kinship navigator program so they can work to ensure all families, even those where the hotline was screened out and did not meet criteria for an investigation/assessment, that quality for kinship navigator program have access to this service. As of Jan 17, 2023, report found that 532 intakes involved children in a kinship setting and 157 investigations/internal FAIR cases involved children living in a kinship family. This is a new process so outcome data has not been able to be obtained but will be analyzed in future.

In addition to the case review results other information was considered in analyzing Well-Being Outcome 1. In April 2022, the Case Reviewers added a supplemental survey to their review process. When the Case Reviewers interview the participants, which includes the mother, father, youth, and foster parent or kinship care provider, a series of questions is asked to deepen our level of understanding about how the agency worked with the family from each family member's perspective. Results of these surveys are similar to overall performance scores for in-home service cases. From April 27, 2022, through September 20, 2022, 126 families participated in this conversation. The following questions were considered in this analysis:

- Do you have enough opportunities to share concerns about your family, your safety, and your needs? 82% (103/126) responded "yes"
- 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? 75% (59/79) responded "yes"

- Were you able to be an active partner in developing the case plan and goals for you and/or your family? 53% (66/126) responded “yes”
- Was the case plan reviewed and modified with you as circumstance changed? 43% (54/126) responded “yes”
- Was your DFS worker accessible? 68% (86/126) responded “yes”
- Did your DFS worker respond timely when needed? 63% (79/126) responded “yes”

Furthermore, the families had an opportunity to share their detailed thoughts about case planning and decision making. Families identified the following strengths regarding case planning:

- They were a part of the team and were invited to team meetings and kept informed
- They were a part of discussions around needs, services, and case plan progress and when their voice was heard
- When the caseworker was supportive, helped identify support people, helped prepare the family

Families identified the following as areas that need improvement regarding case planning:

- Professionalism in meetings
- Flexibility in planning, especially when circumstances change
- Provide the family with copies of the plan and acknowledge all family members, help the family understand the plans/progress

Families identified the following strengths regarding interactions with the caseworker:

- Responsive/accessible, supportive
- Kept informed
- Helpful/answered questions
- Didn't give up

Families identified the following areas that need improvement regarding interactions with the caseworker:

- Did not feel valued/heard
- Did not get to know the family
- Could not answer questions or follow up on resources

These concerns could be attributed to high staff turnover across the state that includes more seasoned staff. Newly hired staff have a reduced number of mentors and newer supervisors who do not have the knowledge base of more seasoned staff and mentors.

Frontline workers and supervisors participated in focus groups to discuss the barriers to quality contacts and engaging with intact families and to discuss strategies used to engage with these families. The supervisor focus group met on 8/10/22 and took place at a treatment program team meeting that included all agency treatment supervisors. Caseworkers focus groups were

held on 8/2/22 (9 agency participants) and 8/9/22 (10 agency participants). Caseworker and supervisors provided the following feedback: families are more complex, families do not want to engage or do not know they have been referred for ongoing services, higher risk families and foster care cases on caseloads take priority, workload makes it difficult to do everything expected, lack of resources, and sometimes families are difficult to locate. Some of the strategies workers use to ensure they are making quality contacts with the family are the use of due dates in FOCUS, being open/transparent with the family, unannounced visits, Safety Organized Practice tools, schedule in advance/work with the family's schedule, and strength-based conversations.

Delaware utilizes the Family Strengths and Needs Guide (FSNG) and Child Strengths and Needs Guide (CSNG) to assess the needs of the parents and child. The FSNG and CSNG are completed within 45 days of the treatment case opening and are reviewed every 90 days until case closure. As of January 17, 2023, a report of all open treatment cases open longer than 45 days showed that 83% (612/741) of families have a completed FSNG. This shows that most families are being assessed for needs and services using the FSNG. There are times when a family would not have an FSNG/CSNG completed, for example, if the family cannot be located, is deceased, or has been excused from planning. This result would differ from case reviews as case reviews consider frequency and quality of contacts with the family to include the family in the assessment. Completion of the FSNG/CSNG can be completed based off case record, although that is not considered best practice. Also, case reviews look at assessments completed throughout the entire reporting period; FSNG report looks to see if there have been any completed FSNGs, not necessarily one that is up to date.

Any identified needs on the FSNG/CSNG are discussed for planning in the Family Service Plan in collaboration with the family. In a review of cases open from 7/1/20 through 10/7/22, 74% had completed plans (940/1273). Similarly, to the FSNG/CSNG a Family Service Plan may not be completed for a family if they cannot be located, is deceased, does not want to plan or has been excused from case planning. For the purpose of this data, a complete plan is a plan that has been marked complete in our FOCUS system. A completed plan could look different for each family. This data point does not consider the quality of the plans. The quality is reviewed through our case reviews.

When children enter foster care a Child Plan is completed within 30 days of placement. In reviewing children in custody longer than 60 days from FY20 to current 95% of children have a completed Child Plan.

95% of Kids with 60 days or more in custody from FY18-current have completed Child Plans during custody

1396 Kids 60 days or more in Custody from FY18-current
 1360 With Child Plans
 1334 During custody
 1331 Completed

FY18	317
FY19	254
FY20	232
FY21	190
FY22	300
FY23	38

When invited to Team Decision Making Meetings (TDM) families do participate in assessment and planning for their family. TDM is a family driven meeting, so the family decides who participates in the meeting. This data considers all who participated in the TDM regardless of whether or not they are listed in the case.

TDM Participants

CY 2020				CY 2021				CY 2022 (semi)			
Participant	Invited	Attended	% attend	Participant	Invited	Attended	% attend	Participant	Invited	Attended	% attend
Mothers	192	175	91.1%	Mothers	196	174	88.8%	Mothers	85	78	91.8%
Fathers	140	108	77.1%	Fathers	136	116	85.3%	Fathers	64	53	82.8%
Maternal Relatives	183	159	86.9%	Maternal Relatives	186	164	88.2%	Maternal Relatives	65	62	95.4%
Paternal Relatives	91	82	90.1%	Paternal Relatives	105	92	87.6%	Paternal Relatives	31	29	93.5%
Relative Caregiver	39	36	92.3%	Relative Caregiver	48	47	97.9%	Relative Caregiver	24	22	91.7%
Non-Relative Caregiver	31	26	83.9%	Non-Relative Caregiver	32	26	81.3%	Non-Relative Caregiver	17	15	88.2%
Foster Parent/ Other	8	7	87.5%	Foster Parent/ Other	4	3	75.0%	Foster Parent/ Other	1	1	100.0%
Informal Support	59	56	94.9%	Informal Support	80	72	90.0%	Informal Support	22	19	86.4%
Formal Support	664	650	97.9%	Formal Support	713	707	99.2%	Formal Support	254	263	103.5%
Youth	47	39	83.0%	Youth	57	44	77.2%	Youth	15	10	66.7%

Stairways to Encourage Personal Success (STEPS) is a meeting with all youth experiencing foster care who are age 17 and older to help plan for a successful transition to adulthood. STEPS meetings are in policy and are occurring, but at this time there is not a way to capture data on these meetings. Feedback from caseworkers is that STEPS meetings are not always happening, and the quality could be improved. While there are prep forms and questions to help prompt the conversation, these forms need to be updated. The STEPS meeting is youth centered and driven by the youth. The exit meeting is a follow up to the STEPS meeting to review the STEPS plan, modify the plan, and make sure the youth have their essential documents. Input from Delaware's last stakeholder's meeting agreed that there could be improvements made to the STEPS meeting.

Analysis of case reviews also found that there continues to be a clear discrepancy between contacts with mothers and contacts with father. For the April – Sept 2021 period under review of the 73 applicable cases for item 15: Caseworker visits with parents, 47 of the 68 (69%) applicable 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%) applicable case had frequent visits with father and 33 of the 39 (85%) applicable cases had quality visits with father. October 2020 – March 2021 case reviews with 65 applicable cases showed similar results with 82% having 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 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, 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. One service offered is a 24/7 dad, a parenting program specifically geared towards fathers. The 24/7 Dad program is run as 12 (2) hour sessions in a group setting or a one-on-one home-based program,

teaching men the characteristics they need to be good fathers 24 hours a day, 7 days a week. The 24/7 Dad successfully changes fathers' attitudes, knowledge, and skills- and is designed to equip fathers with the self-awareness, compassion, and sense of responsibility that is imperative to good parenting. DFS Treatment Program Manager is currently working with Coalition members on scheduling these sessions for DFS involved fathers. A training/workshop is also being developed and will be presented by the Coalition in the next few months to frontline staff to learn better communication and engagement strategies in working with fathers.

Well-being Outcome 1 is an area Delaware shows a continued need for growth and area of improvement. There has been some fluctuation in the review measures but an average of 68% of reviews are a strength. We know that contact with parents and youth (Items 14 & 15) correlates to how we perform in assessment and planning (Items 12 & 13). If caseworkers are not contacting youth and parents, then they are not able to sufficiently assess needs and plan with the family. We also know that family teaming is a great way to engage families. Strengthening family team meetings is encouraged as a family engagement strategy that includes families in the assessment and planning processes. Many of the strategies utilized in CFSR Round 3 PIP are still being utilized and improved upon today, such as Team Decision Making Meetings, Safety Organized Practice, Structured Decision Making®. Families feel engaged in working with the caseworker when they feel valued and are a part of the team in assessing their needs and planning. Team Decision Meetings allow families to be a part of their own assessment and planning for their family.

Analysis (Well-Being Outcome 2):

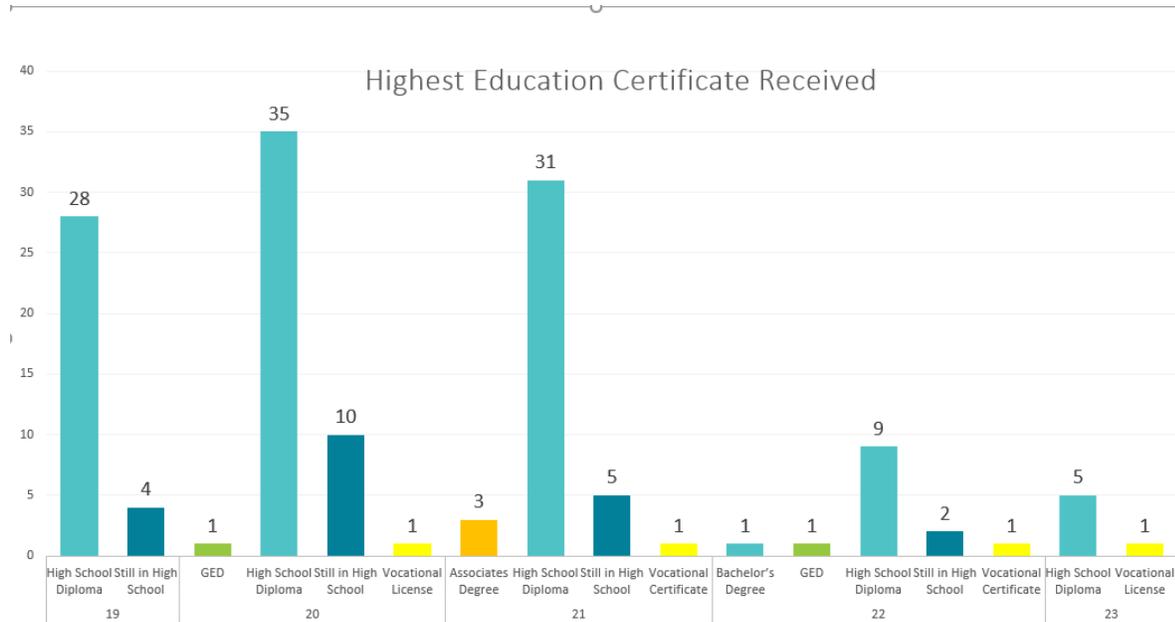
In addition to the QA Case Reviews other information was considered for further analysis.

Case Reviewers found evidence of strengths for this outcome to include the following: current and updated IEP/504 plans if applicable, updated collaterals with school, collaboration with the school and foster parents, truancy issues are appropriately addressed and often improved., and children have an educational surrogate parent assigned if special education needs are identified. Reviews also found that there are few gaps in continuing education when a child enters foster care or changes placement, transportation is established timely, and a Best Interest Meetings are being held to determine what school placement is in the child's best interest. It is also noted that caseworkers assist parents in advocating for children's needs, especially when identified in intact families.

In 2012, Delaware formed the Child Protection Accountability Commission's Education Committee which involves multiple system partners in assessing, monitoring, and improving education outcomes for children in foster care. The committee receives and analyzes data annually, however, if a child is determined to be in foster care for 1 day out of the school year,

then they are considered a child in foster care for the entire school year, even if it was only a short period of time. Therefore, the data could consider their school experience prior to or after exiting foster care for that school year. The Child Protection and Accountability Committee (CPAC) Education Data subcommittee is working on updating and reviewing the data. Data has been difficult to gather and support the agency findings. The data from Department of Education as mentioned above considers a child in foster for the entire school year regardless of when they actually entered or exited foster care. Regarding graduation rates, non-foster care youth graduation rate is 87% in 2019, 88% in 2020, and 88% in 2021 graduated. Foster care youth graduation rate is 68% in 2019, 66% in 2020, and 56% in 2022. Chronic absenteeism, defined as absent 10 or more days during the school year, is also significantly higher for foster care youth.

There is a current Memorandum of Understanding (MOU) in place between DSCYF and the Department of Education 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. Although case reviews qualitatively show these are taking place, there is not good quantitative data currently to review and is an area of growth that is needed.



This graph shows the highest education certificate received by youth who have experienced foster care. It shows that many youth have their high school diploma when they age out of foster care. The high school diploma remains the highest educational certificate received among the age groups. Delaware recently passed House Bill 123 (tuition wavier program)

which provides youth who have experienced at least one year of foster care after the age of 14 with college tuition and free room and board. The youth must be accepted and enrolled in the University of Delaware, Delaware State University, or Delaware Technical Community College. The youth may receive the tuition waiver for 5 years up to the age of 27. One of the intended outcomes is that more youth who have experienced foster care will access higher education.

Kind to Kids provides educational advocacy and academic support for youth in foster care (K-12) via their UGrad Academy. UGrad Academy obtains excellent outcomes for children experiencing foster care, with a 97% high school graduation rate for youth experiencing foster care. The program is funded by Delaware's Department of Education, private foundations, and federal and state grants. Students in the program receive biweekly personal visits by a UGrad educational advocate, educational advocacy with the education system, one-on-one private tutoring, communication with the student's team of support, Academic Student Profiles that provide the student's academic status for court hearings, educational supplies and resources, removal of barriers to education, and acknowledgement of academic achievements. UGrad Academy continues to support youth experiencing foster care into post-secondary schooling, whether trade school, two-year college or four year degree or facilitate transition to a student's career path. UGrad advocates also support the youth and family when reunification is achieved by continuing academic advocacy and support and helping build the parent's confidence towards their child's education for three to six months after reunification.

For the past three years, UGrad Academy has achieved a 97% graduation rate for seniors participating in the program, with 100% of elementary and high school students move forward to their next school year. 90% of the children continue with the program. In 2022, there were 60 UGrad students enrolled in the program with 10 seniors. All ten UGrad seniors graduated for a 100% graduation rate, and 100% of elementary, middle and high school students successfully moved up to their next grade. The seniors were in enrolled in UGrad Academy for a range of 1 – 2 years. In 2021 there were 50 UGrad students experiencing foster care, including twelve senior students. All 12 seniors graduated, for a 100% graduation rate. 100% of the UGrad elementary, middle and high school foster students successfully moved up to their next grade level.

One of UGrad Academy's strengths is the collaboration and relationships with the school, caseworkers, foster parents, children, youth, and families. Areas that Kind to Kids Foundation sees as a need for improvement is obtaining referrals for children in foster care earlier and younger - as soon as they enter foster care. UGrad Academy is able to effect positive academic change more quickly when children are younger, however the program has more difficulty obtaining referrals for elementary and middle school students in foster care than for high school students. The program can also help foster youth more efficiently when the students are enrolled in the beginning of the school year, rather than later on in the school year when the student may have declining or failing grades. During the summer or start of the school year,

students can be paired with UGrad advocates and private tutors ensure consistency and get an early start for academic success. Kind to Kids Foundation seeks future funding for UGrad Academy to serve all Delaware school age children in foster care.

UGrad Academy is not mandated by the state, but rather a voluntary program for children in foster care. As such, eligibility requirements include that youth must want to participate in the program, meet consistently with their UGrad Advocate and attend school. The vast majority of Delaware's students in foster care are eligible for the program. However, due to funding restrictions, youth who are perpetrators of a violent crime against a person are not eligible for the program. Kind to Kids Foundation has long term plans to expand UGrad Academy in order to serve more children in foster care with each year.

Overall, the educational needs of the children in Delaware are met. There may be areas around data that can be strengthened. Many of the strategies utilized in CFSR Round 3 PIP are still being utilized and improved upon today, such as, the CPAC Education Committee and Best Interest Meetings. Case Reviews show that we are performing well in Well-being Outcome 2. We are meeting the needs of children we work with. We ensure their special education needs are being met through current IEP and 504 plans and educational surrogate parents are appointed when applicable. There are few gaps in education when children enter foster care or change placements and transportation supports are available to ensure children continue education when there is transition in custody/placement. The Division of Family Services and Department of Education have a good partnership to ensure educational stability and outline a process to consider a child best interest in school placement through Best Interest Meetings which also allow for transportation to and from school when a child attends a school out of district. Case reviews also find that board extensions are made available to youth when they want continued support of the agency to finish high school.

Analysis (Well-Being Outcome 3):

The QA case reviews find that children are up to date with their preventive medical and dental care and when there are medical and dental needs for children, those needs are appropriately addressed. Case Reviewers found evidence of strengths for applicable cases as follows: majority of children have current and periodic physical, dental, and vision exams, identified medical 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 medical needs and medication, and discussions/collateral contacts are made with medical providers. For Substance Exposed Infant cases, plans of Safe Care were completed and monitored to assess and plan for substance exposed infants and their families.

Case Reviewers found mental health needs are being met as evidenced by children having mental health evaluations when they enter care or when determined needed and those

children are connected to services. The medication information in the file is accurate and up to date for children experiencing foster care and regularly monitored with the prescribing doctor and foster parents. Caseworkers collaborate with Prevention and Behavioral Health and the child's treatment team when involved with the child. Case workers have regular communication/collateral contact with providers, foster parents, parents, and caregivers around the child's mental health needs.

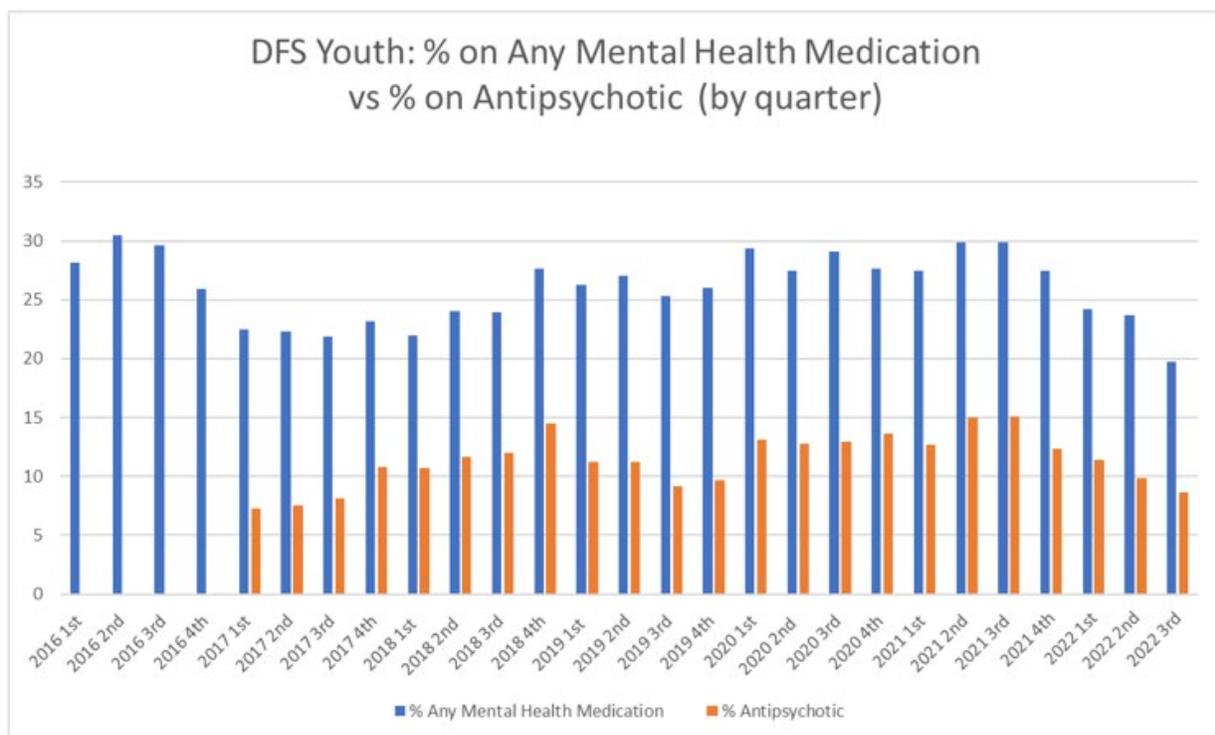
As part of this analysis review of collaboration with Nemours was discussed. Nemours has partnered with the Division of Family Services to open a patient portal so that caseworkers and foster parents can easily access patient information, connect with the doctor, review, records, etc. for children who receive primary care services through Nemours. Nemours through contract and Memorandum of Understanding with Delaware's MDT partners developed the Care Team, which includes a comprehensive exam for children who have experienced an acute serious injury or sexual abuse. Outside of the contract and Memorandum of Understanding the Care Team expanded to work with children experiencing foster care. The Team completes a comprehensive physical for each child who is referred. This includes gathering medical records, birth hospital information, and a thorough exam. They complete development and mental health screenings and make appropriate referrals when needed. A comprehensive report is provided to the caseworker that includes how they are doing as of the day of the visit and needs for follow up. This program is available statewide but is located in New Castle County. The Care Team feels the type of care they provide children and the collaboration with the caseworkers who make the referrals is a strength. They feel an area that can be improved is updating the paperwork and feedback about how the program is working would help them gauge if the program is meeting the needs of the children in Delaware.

Delaware Division of Family Services has a strong partnership with HighMark Health Options, one of the Managed Care Organizations in Delaware. Delaware Division of Family Services also partners with Amerihealth. Delaware Division of Family Services provides monthly reports on children who enter and exit DFS Custody. The care coordinators connect with the caseworker and foster parents to offer care coordination services, if needed. Our agency has not requested data reports from these partners in regards to overall numbers served and services provided. This an area that can be improved upon.

One strategy that came out of CFSR Round 3 is Delaware contracts with a pharmacist who reviews, monitors, and consults on the use of mental health medication and antipsychotic medication prescribed to youth in foster care. We have had a pharmacist consultant look at this since 2016. As the bar chart shows, there was a decline in mental health medication use in 2016, but it then steadily crept back up until about 3rd quarter 2021 and it has been declining again for the last ~5 quarters.

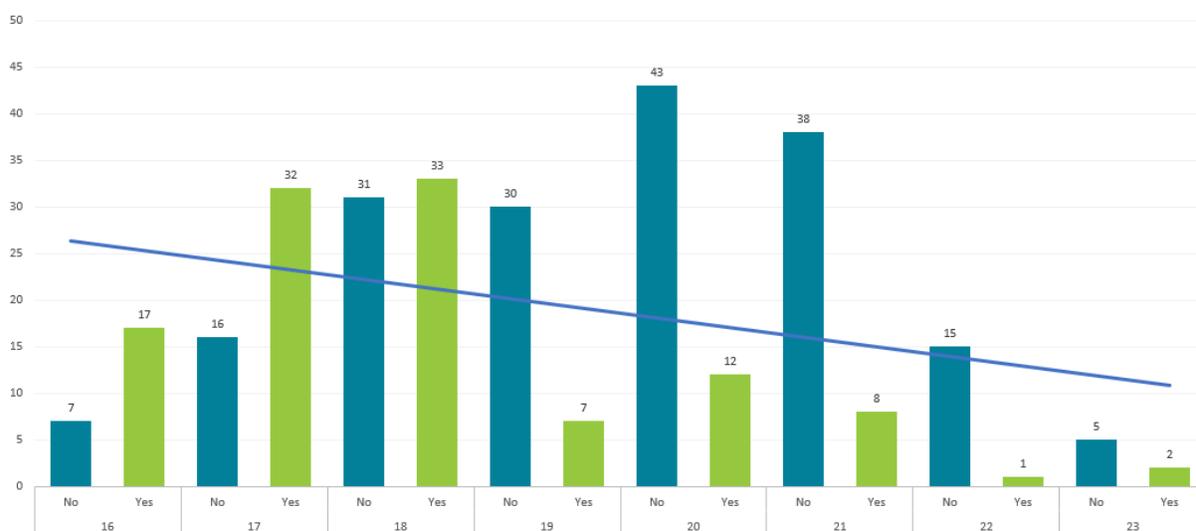
There may not be a clear understanding of why there is decline, however, some thoughts are provided by our pharmacist consultant. Pharmacist interventions include contacting prescribers whenever a new antipsychotic is added to confirm appropriate metabolic monitoring and documented psychotherapy. This may remind providers to continually evaluate whether the benefits outweigh the risks, and ultimately decrease the incidence of unnecessary prescribing. Over the past year, there has been increased coordination between the consultant pharmacist and all departments (PBH, YRS) which could also theoretically contribute to the recent decline. While the additional checking and pharmacist follow-up may improve prescribing habits, this is just one of many factors. Turnover and general prescribing trends likely effect medication use, potentially far more than DSCYF policies. For example, any change in medication use could be partly explained by changes when youths actually enter care.

During the Pandemic, fewer youths entered DFS Custody. This may be because teachers were no longer able to detect as many of the situations where referrals were needed. It is plausible that only youths with more serious problems were detected and entered into DFS Custody. There may have been an increased probability that enrolled youths were already on mental health medication before entering care. Without lockdowns, enrollment has been increasing and the total number of youth entering DFS custody is rebounding. Thus more youths may now be entering care even though their mental health conditions are more mild: The less serious cases but still relevant cases are now more likely to be identified. Such youths may be less likely to already be on mental health medications.



Review of mental health service for youth after they turn 18 shows that as a youth gets older, they are accessing less mental health supports, which is a strength for some of the youth because they are finding they need fewer supports. A few youth responded in a survey that “I aged out 2 years ago, everything went well for me.” And another youth stated, “I’m out of DFS, work and living well, if I need any information I (know who I can call)”. It could also tell us that there are fewer mental health providers vs. minors. More evaluation would be helpful in this area. The Independent Living providers provide support to youth and their mental health by referring to community mental health providers, working with care coordinators through the Managed Care Organizations, providing activities for networking with other youth, small group sessions on various topics, etc.

Mental Health Services



Total 306 youth – received at least one type of TIL support in 2022

One of the strategies identified on the Round 3 PIP was to continue Screening and Consultation Unit’s assessment of foster children within 4 weeks of entering care for mental health services. There have been some changes in this program as the Screening and Consultation Unit’s role changed within the Department, however, a partnership was formed with Delaware Guidance Services through the Systems of Care Grant to conduct these screenings. Since March 2020, 83 children have been screened. It should be noted here that if a child is already involved with Prevention and Behavioral Health or other mental health services, which a large number of our youth in care are, an assessment or screening may not be needed. There also had initially been struggles with the screeners getting foster parent information so they can schedule the screenings. DFS now provides a report of all youth entering custody. A DFS point of contact is also in place for the program to obtain up to date provider information if needed. With these improvements, we hope to see an increase in these numbers. The service has many strengths, but one noted strength is the screeners can get the youth connected to treatment quickly. At

this time, there is no data to support this, just screener opinion. Additional benefits have been to help coordinate services, identify gaps in services , and hear the child communicate their needs. Identifying gaps in service is coordinated with frontline staff and through information gathering from the child and foster parent during the screening. For example, if it is determined that a child needs a specific resource through the screening, this is identified and coordinated with the team and staff working directly with the child to address the gap.

Delaware continues to perform very well in ensuring children receive appropriate services to meet their physical and mental health needs. Delaware has a strong partnership with one of Delaware’s Managed Care providers. One of the strategies utilized in CFSR Round 3 PIP is still being utilized and improved upon today, the monitoring of psychotropic medications for children in foster care continues through a contracted pharmacist consultant. While Delaware performs very well in this Outcome an area of improvement could be to help youth stay connected to mental health services as the transition into adulthood. Additionally, Delaware can strengthen collaboration among all MCO providers to help ensure children are receiving appropriate medical services. Finally, stronger collaboration around early mental health screenings and timeliness of services would be beneficial to youth.

Summary

In summary, the CFSR Round 4 self-assessment shows that Delaware is not in substantial conformity with Wellbeing Outcome 1 and has not met the 90% federal goal for this outcome. Delaware is in substantial conformity with Wellbeing Outcomes 2 and 3. Delaware meets the federal goal of 90% consistently over the past three years on these outcomes.

Results of Deeper Data Exploration for Priority Focus Areas:

Since Outcome 1 continues to be an **area needing improvement**, a decision was made to explore the items deeper to determine if there is a difference in measurements for intact, foster care, and FAIR (Family Assessment) families. After deeper analysis of case review performance, it was learned there is a significant difference in performance on in-home (intact) cases versus foster care cases.

OSRI Case Review Measures Wellbeing Outcome 1 (Items 12, 13, 14, and 15)						
Measure	Intact		Foster		FAIR	
	(10/21-3/22)	(4/22-9/22)	(10/21-3/22)	(4/22-9/22)	(10/21-3/22)	(4/22-9/22)
Item 12	43%	38%	83%	74%	75%	63%
Item 13	49%	48%	88%	76%	75%	63%
Item 14	54%	48%	89%	89%	75%	88%
Item 15	52%	55%	76%	72%	86%	63%

Information Regarding CQI Change and Implementation Activities, as Applicable:

The CQI Intact Family Committee was formed after analysis of case review performance showed a significant difference in performance on in-home cases versus foster care cases. The committee has identified the scope of the problem through analysis of data reports, case reviews, and stakeholder survey results. The Team has developed some theories of change to improve outcomes and has become an implementation process.

Since Round 3 DFS has made significant efforts to review policy and practice around quality visits and family engagement. A Safety Organized Tool Kit was developed and is found on our shared drive. All staff have access to the Tool Kit. Review of the family and foster care contact policy has been completed, reviewed, and distributed to staff. A training curriculum was developed and mandatory for staff to attend on the quality of contacts and importance of family engagement. This training reviewed Wellbeing Outcome 1, discussed policy, and included practice strategies. Weekly contact reports are being shared with administration, supervisors, and frontline staff. The next step could be to help supervisors understand the reports and feel confident in their supervision. Supervisors should be supported in holding workers accountable and following practice and policy.

Overall Summary and Recommended Rating:

In summary, the CFSR Round 4 self-assessment shows that Delaware is **not in substantial conformity** with Wellbeing Outcome 1 and has not met the 90% federal goal for this outcome. Delaware is in **substantial conformity** with Wellbeing Outcomes 2 and 3. Delaware meets the federal goal of 90% consistently over the past three years on these outcomes.

III. Assessment of Systemic Factors

A. Statewide Information System

Delaware's Statewide Information System Round 3 Findings and PIP activities were as follows:

In the Round 3 CFSR, it was determined that Delaware was in **substantial conformity** with the Statewide Information System systemic factor as the one item in this systemic factor was rated as a **strength**. The CFSR Round 3 was based on FACTS, the Statewide Information System in place at that time. There was no CFSR Performance Improvement Plan (PIP) specifically related to this systemic factor due to the substantial conformity rating.

Statewide Information System Overview

The Department of Services for Children, Youth, and Families (DSCYF) current information system, For Our Children's Ultimate Success commonly called FOCUS, went live February 6, 2018. The agency has operationalized its Comprehensive Child Welfare Information System (CCWIS), which replaced Delaware's SACWIS-compliant FACTS system. The state is currently working through the CCWIS design self-assessment under ACF direction. Delaware FOCUS was

one of the nation's first cloud-based child welfare case management systems to be implemented and provides an integrated case management solution to support the seamless delivery of services within and across all DSCYF divisions. FOCUS provides a secure, easy-to-use 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.

The FOCUS system serves the following purposes:

- Provides a single database for all clients served by DSCYF, thus reducing duplication of client level data, improving accuracy and completeness of client details, and providing the capability to easily identify all family and children services being provided by all divisions and programs.
- Enables DSCYF users to easily identify the status (in foster care or no longer in foster care), demographic characteristics (date of birth, sex, race, ethnicity, disability, medically diagnosed condition requiring special care), placement location (physical location), and the goals for placement of every child in foster care or who had been in foster care within the immediately preceding 12-month period.
- Enables the ability to meet all federal, state and system critical reporting requirements and enables creation of system-generated standardized and customized data reports.

Delaware Division of Family Services (DFS) uses the FOCUS system to record all programmatic activities including Intake, Investigation, Treatment, Permanency, Adoption, Independent Living, and Interstate Compact. Included in most programmatic activities are the recording of assessment and intervention activities, engagement of clients in the assessment processes, engagement of clients in the service planning process, documentation of service delivery activities, foster care placement activities, visitation and all permanency planning activities and decisions. Department staff enter data directly into the system for events related to Eligibility, Intake, Investigation, Treatment, Permanency, Independent Living, Adoption and Guardianship. System Administrators (Liaisons) have the ability to enter data under certain circumstances, if needed, and review and assess issues with system users. Some contracted agency staff, such as the Independent Living Program area, enter data directly into FOCUS and others enter data via a Provider Portal. The FOCUS Provider Portal creates ease of access for contracted agency staff that do not need access to all FOCUS data fields. Finally, community members can report concerns regarding abuse, neglect, and dependency through an online Reporter Portal that feeds directly into FOCUS.

DSCYF has a well-established and effective process for making changes to the FOCUS system to improve functioning, expand capability, and address problems identified. DSCYF uses the Agile methodology for project management and software development, which involves close collaboration with stakeholders to make incremental improvements through small and frequent releases. The department adheres to a project cadence/Sprint schedule for software development and additional system improvement initiatives and uses Tracker, an Agile project management and development life cycle application built on the Salesforce platform, to capture all system change requests. System change requests are maintained in the Product

Backlog and prioritized based on urgency and business need. The Product Backlog is constantly refined by Product Owners to ensure Change Requests (CRs) are prioritized in the appropriate Sprint and the requests at the top of the backlog are ready for design clarification/development. User stories, or a description of a feature of the software from the end-user or customer perspective, including test scenarios, are written by Product Owners and subject matter experts (SMEs). Design clarification sessions, collaborative sessions between the software development team, Product Owners, and SME's, are used to vet business requirements. Change Request design documents are provided to the Product Owner team for review and approval. System changes are deployed into the test environment for user acceptance testing (UAT). UAT is executed by Product Owners, SMEs, and end users; tickets are created for all identified defects and design gaps in Tracker and triaged with the technical team. Fixes are made by the development team and migrated into the system test environment for re-testing/business validation. Change requests which have passed UAT are deployed from the test environment into Production per the project cadence release schedule. Business validation is completed in Production post-deployment that the change has been made and is functioning correctly. Smaller, cosmetic changes, along with build and data fixes occur outside of the sprint cadence using a similar, but condensed, process.

Statewide Information System Improvements

Since initial implementation in 2018, there have been continued improvements made to FOCUS and supporting processes, consistent with priorities identified in the 2020-2024 Delaware Child and Family Services Plan (CFSP), the 2022 Delaware Comprehensive Child Welfare Information System Data Quality Plan (DQP), the 2020 ACF technical assistance site visit, and the 2023 CFSP Annual Progress and Services Report (CFSP ASPR). Qualitative and quantitative data is shown throughout these reports as being relied upon to inform decisions and support recommendations for system improvements.

System related strategies outlined in the CFSP that progressed over the past several years include full implementation of FOCUS as well as process improvement, policy updates, and increased training on data quality. As detailed in the 2023 CFSP APSR, data system supports for the upcoming year include ongoing upgrades to the integrated data system including enhancing the continuous quality improvement approach to child welfare practice through sample automation. An internal department team, consisting of Focus Liaisons and Trainers, has been established to streamline responsiveness to system usage issues and provide continually updated user manuals and quick reference guides along with regular new employee and refresher trainings that are available live and on-demand through the Delaware Learning Center. New tools such as the Plan of Safe Care (POSC) tool to assess and provide services to safely maintain substance-exposed infants in the home and the Commercial Sexual Exploitation Identification Tool (CSE-IT) to improve identification of human trafficking victims have been implemented in FOCUS. Other enhancements include revised visitation plans and logs, changes to and certification of SDM® Tools in the information system, updated data extraction logic for the National Child Abuse and Neglect Data System (NCANDS) and National Youth in Transition Database (NYTD). In addition,

expansion of the Provider Portal and updated data extraction for the Adoption and Foster Care Analysis and Reporting System (AFCARS) 2.0 reporting continues. These system improvements strengthen the existing foundation for data informed practices.

As detailed in the DQP, the following priorities were established to further improve data entry timeliness, completeness, and accuracy for the 2021-2022 period:

- *Timeliness:* Create, standardize, and enact department-wide and division-specific data timeliness policies and procedures.
- *Completeness:* Continue ongoing data completeness efforts to bolster the complete entry and maintenance of valid data focused on key pain points.
- *Accuracy:* Centralize the “person-type” data strain, 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 systemwide.

Significant progress has been made in bolstering system training through the hiring of dedicated trainers and development of new trainings to address areas where data entry quality has been problematic. Additional improvements include establishing and reinforcing policies and processes supporting data quality and timeliness as well as the creation of several new system-generated reports to better enable data quality monitoring. The following FOCUS modifications have been implemented to further improve data entry timeliness, accuracy, and completeness:

- To improve accuracy of data entry for case plans and custody orders, system adjustments have been made to ensure permanency goal picklists are consistent across various events in FOCUS. Validations have been built to restrict child plans from being created after the custody exit date and validations are being built to prevent a goal of APPLA from being selected prior to youth turning 16 years of age.
- To improve custody related issues, a custody episode table was created to reflect the start and end of a custody series, enhancing the ability to run custody related reports and for users to have an easier view of multiple custody entries. New fields have been added to ensure actual end dates are connected to specific custody orders.
- Change Requests have been implemented to move due dates and completion dates from tasks to objects in FOCUS, so that this data can be pulled into a report for events older than a year, which then enables review of performance over time.
- To streamline entry and accessibility of contact data, work is in progress to create a consolidated contact event in the system. The contact event will capture all client and family contacts, as well as contact notes, in a single event. Currently each contact is created in a separate task, which is less efficient as it requires multiple entries of similar data.
- To reduce duplicate person entry, improve accuracy of address information, and reduce duplicate data entry among Child Welfare Contributing Agencies (CWCAs), a

validation has been built into FOCUS that an investigation cannot be completed unless race, ethnicity, gender, and address are updated in the system. A Change Request has been completed to enable functionality to edit an existing address and re-validate it, which will help prevent address duplication. The FOCUS Provider Portal is in the process of being rolled out to allow CWCA staff to enter data directly into the FOCUS system, which will reduce duplicate entry and improve data accuracy, timeliness, and accessibility.

- To ensure the FOCUS system is as user-friendly as possible, the Continuous Quality Improvement (CQI) Data Quality Committee began an assessment of FOCUS activities by program area in early 2022, starting with Treatment Foster Care cases with the intent 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 to prevent data re-entry. As the assessment proceeds, the program manager creates tickets requesting the proposed system improvements.

Additional system and supporting process improvements have been made to address the findings and recommendations made in the March 2020 ACF site visit report, which are noted below:

- The Einstein reporting tool training has been expanded and the new analytics portal allows access to numerous reports, mitigating the need for manual report generation. In April 2020, DSCYF contracted with the current software vendor for a full-time Salesforce Einstein technical resource to work with the Department to support creation of complex Einstein reports and to aid the Department Reporting Team with knowledge transition about Salesforce Einstein reporting capabilities. DSCYF continues to work with the full-time Einstein resource to create meaningful and useful dashboards for all users which are available in the new Analytics Portal.
- Significant improvements have been made in design consistency with the addition of numerous data validations and ongoing efforts to continue to identify fields to be adjusted for consistency and reduced duplication.
- Progress has been made to improve system navigation and usability and further enhancements are planned for this federal fiscal year.
 - Automation of workflow is nearing completion.
 - An intake change request is currently in development to link existing validated persons to intake when the person is known.
 - Significant changes were made to ICWA, currently in development, to reduce duplication while continuing to gather the required information.
 - Updates to the modified placement flow are currently in design clarification process. These updates will positively impact the timely documentation of placement admission.
 - Multiselect functionality for persons involved in plans and assessments, capability to associate persons to addresses, restructuring of intake to improve efficiency, and streamlining of client and family contacts are all planned for 2023 FFY.

- Use of ID numbers over readable names is being continuously addressed as records are updated.
- DSCYF has 61 established bi-directional data exchanges with other State agencies including Department of Health and Social Services (Medicaid, Child Support. Master Client Index), Department of Labor, Delaware Criminal Justice Information System and First State Financials. DSCYF has existing monthly Rep Payee 103a State Foster Care Data Exchange with the Social Security Administration.

Systemic Factor Functioning Current Self-Assessment:

Data Analysis Approach:

In order to assess the current systemic factor performance and efficacy of recent enhancements made to Delaware’s statewide information system and supporting processes, quantitative data was analyzed from the following sources with a focus on how well the system is recording valid (complete and accurate) data, data accessibility, timeliness of data entry, and exit dates:

- CFSR 4 Data Profile, AFCARS data quality checks
- ACF Child Welfare Outcomes Report
- NCANDS Report
- NYTD Report
- Monthly Caseworker Visit (MCV) Federal Submissions
- CCWIS Kids in Custody Report and Targeted Case Reviews
- CCWIS Monthly Client Contact Report and Targeted Case Reviews
- CCWIS Placement Entry and Exit Timeliness Reports
- CCWIS Initial Interview Timeliness Reports
- Court Order Timeliness Reports

In addition, qualitative input on systemic factor functioning was collected and analyzed from surveys and focus group discussions. The surveys, completed in September 2022, collected feedback on FOCUS via rating and commentary across DSCYF, DFS, and Community stakeholders. Survey results from 2022 were then compared against 2015 CFSR Round 3 and 2019 CFSP survey results to assess performance over time. Three focus group sessions were conducted involving 44 experienced staff participants from Client Eligibility, Hotline, Office of Case Management Administrative Review, Records Department, Investigative Treatment, Permanency Planning Committee, Data, Team Decision Making, Office of Child Advocate, DFS Senior Leadership Team (SLT), Report Writers, Family Service Assistants, Independent Living Providers and Caseworkers, and Foster Care Supervisors. Focus group questions were designed to gather feedback on accuracy, completeness, timeliness and accessibility of system data, overall user experience, system training, and suggestions for system enhancements related to the systemic factor functioning. Lastly, a short survey was sent to a representative group of the legal community to gather their input on data accuracy based on their engagement through the courts.

Systemic Factor Quantitative Analysis:

Delaware FOCUS and supporting processes have been designed to ensure that **valid, required information** on status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care is recorded. The centralized, comprehensive information system allows stakeholders in the child welfare system to be connected in real time on one platform. Unique to Delaware, all users across all DSCYF divisions can enter, share, and access data, thus reducing occurrences of redundant, missing, or inaccurate data. Contracted agency staff can enter data directly into FOCUS or through the FOCUS Provider Portal, enabling improved data entry timeliness, completeness and accuracy. User training is extensive, with full day classes for new users, regular refresher trainings, and as needed 1:1 sessions, provided by two dedicated FOCUS trainers. FOCUS instructional manuals are also emailed to users for ongoing reference. Custom data maintenance functionality, which is used to make updates to records and merge duplicate persons in the information system, contains an audit trail with date/time stamp and the name of the user who made the updates. The functional workflow of the information system contains mandatory field requirements and system validations to ensure data is accurate and complete. A unique Personal Identification Number (PID) is generated by the system for each client upon entry, and the system will not generate a PID unless valid required information is entered for that client. The system interfaces with partner agencies and outside systems (e.g., Master Client Index, Child Support, Medicaid Management Information System [MMIS], Temporary Assistance for Needy Families [TANF], Social Security Administration [SSA], etc.) to regularly send and receive client data, and exception reports are generated for missing and inaccurate data, which then require updates by the Department. In addition, the system provides capability to upload documents containing case details to centralized areas, including court orders which contain status and goals for placement. System generated Management reports are distributed weekly, monthly, quarterly, annually and upon request and are used by operational managers and staff as a method of ensuring information recorded in FOCUS is accurate and complete.

DSCYF has a dedicated Continuous Quality Improvement (CQI) Unit that monitors data, addresses data issues, and reviews processes, practices, and outcomes of the child welfare system. Dedicated Product Owners and FOCUS Liaisons work collaboratively with the CQI Unit and assist users, supervisors, and managers to ensure data quality, data timeliness, and data integrity through assessing data cleanup needs, performing data maintenance activities, merging duplicate PIDs, triaging issues with users, logging tickets as needed, drafting user stories, and assessing and reporting system defects and user training needs. Liaisons also work collaboratively with the system software vendor to address any system related issues impacting data quality. In addition, when a system issue reported by an end user is caused by missing or inaccurate data, the software vendor identifies the data and provides details to the business area for correction. Additional details on the state's data quality assurance practices can be found in the Quality Assurance Systemic Factor assessment.

The system is also designed to ensure that status, demographics, location, and goals for placement information are **quickly and easily accessible**. The Person record for each client contains address information including active and inactive homes, current address, and mailing address. The Person record also contains custody status, custody start and end date fields, and a custody episode which displays custody start and end dates. Person and Person Type records contain demographic characteristics including age, race, gender, ethnicity, religious/spiritual affiliation, income, education, sexual orientation, marital status, and diagnosis. The Person Type record contains a custody section which displays individual custody records in a consolidated view with easy navigation to custody and court order records. Placement Summaries provide a consolidated view of all placements including foster care (with start and end dates), provider ID, provider name, service, state, foster care setting, funding information, removal reason, and runaway indicators. System generated report capability enables viewing of consolidated information on children in care. Management reports easily identify every child who is, or has been, in foster care during specific time periods and also easily identifies children in custody with open case types. As part of the State of Delaware's Continuity of Operations Plan (COOP), reports are generated weekly providing a holistic view of all children in DFS custody, including demographic and placement location details, to ensure that DFS can continue to perform their agency mission essential functions during a wide range of emergencies.

For all children who were in foster care during a specific period and who have an exit recorded, the system design and supporting processes help to ensure **valid exit dates are recorded**. Child placement summaries display a placement episode number and invalid exit dates that are easily identifiable by end users. The information system runs a daily batch job to recalculate placement episodes for children for whom a placement, trial reunification, or runaway record was created or updated. Placement episode batch exception/error reports identifying data issues are automatically sent to specific business users. The system also produces automated management reports to easily identify missing or invalid exit dates and DSCYF has the ability to upload an AFCARS file and immediately view and address any data issues, including exit date issues.

A review of the **AFCARS data quality check** data provided in the CFSR 4 Data Profile showed no data quality issues related to date of birth, Enters and Exits Care Same Day, and Exit Date Prior to Removal Date from April 2017 – March 2022. Dropped Records data from October 2017-September 2021 (Chart 1) shows a relatively consistent dropped records percentage year over year, well below the 5% limit. Dropped records data for October 2021-March 2022 were not available at the time of assessment and therefore could not be analyzed.

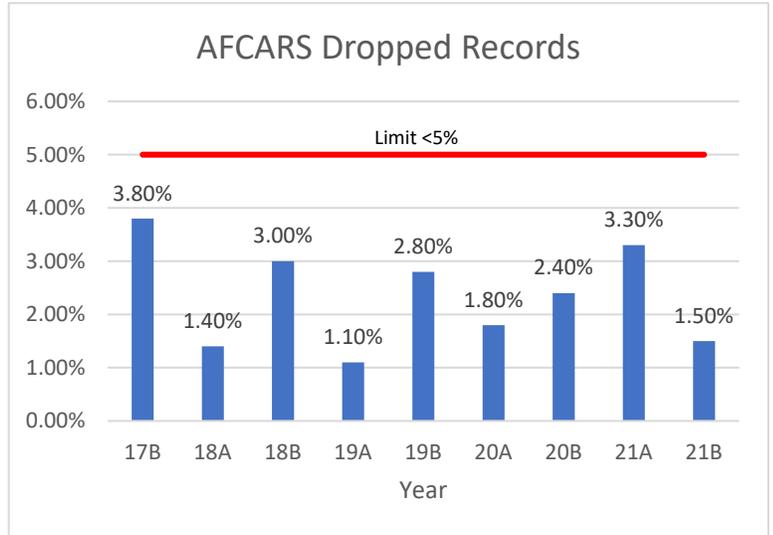


Chart 1: AFCARS Data Quality Checks – Dropped Records

A review of the department’s October 2022 **NYTD** submission showed a compliant rating with no missing, internally inconsistent, or out of range errors, and no record level data quality or element level quality advisories. Error free data percentage was determined to be 100% for most elements. The error free data percentage for the adjudicated delinquent, education level, and special education elements was 95.48%, but still well above the error free standard of 90%.

A review of the percentage of missing data included in the **ACF Child Welfare Outcomes report for Delaware** showed a significant uptick in missing data across several categories (Table 1) in 2018. This can be attributed to the information system transition that occurred in 2018. The data shows a significant improvement in missing data in subsequent years as the FOCUS system and supporting processes matured and continuous quality improvements were made. Also, there were logic issues in our AFCARS extract in 2018 and 2019. These issues were fixed and Delaware resubmitted AFCARS for these years. The 2021-2022 data is not yet available and thus, could not be analyzed, but marked improvements should be seen in the amount of missing data, particularly related to exit information.

Category	Percentage (%) of Missing Data				
	2016	2017	2018	2019	2020
Age of Child Victims	<0.1	0.3	0.2	0.3	<0.1
Race/Ethnicity of Child Victims	0.5	0.1	0.3	<0.1	0
Maltreatment Types	0	0	0	0	0
Age of Children in Foster Care	0	0	0	0	0
Race/Ethnicity of Children in Foster Care	0	0	0	0	0
Race/Ethnicity of Children waiting for adoption	0	0	0	0	0
Race/Ethnicity of Children Adopted	0	0	0	0	0
Exits of Children from Foster Care	0	0	18.9	0.6	0.3
Exits of Children w/ Diagnosed Disability	0	0	18.9	0.8	0

Category	Percentage (%) of Missing Data				
	2016	2017	2018	2019	2020
Exits of Children older than 12 at Entry into Foster Care	0	0	27.2	0	1.0
Exits to Emancipation	0	0	0	0	0
Exits by Race/Ethnicity - Black (Non-Hispanic)	0	0	24.4	1.2	0.6
Exits by Race/Ethnicity - Hispanic (of any race)	0	0	14.3	0	0
Exits by Race/Ethnicity - White (Non-Hispanic)	0	0	12.7	0	0
Exits by Race/Ethnicity - Two or more races	0	0	21.9	0	0
Time to Reunification	0	0	3.2	0	0
Children Reentering Foster Care	0	0.2	2.5	2.7	0
Time to Adoption	0	0	0	0	0
Missing Placement Setting Counts (In care <12 months)	0	0	0.6	0	0.3
Most recent placement settings for children who entered care during the FY and were 12 or younger at the time of placement	0	0	2.7	0	0

Table 1: ACF CW Outcomes Report, Delaware Missing Data Percentages 2016-2020

Reviews of the **2020, 2021, and 2022 NCANDS** submission data showed the state’s strong focus on system data quality and completeness. NCANDS summary counts showed a 19.2% increase in the number of NCANDS records after validation in 2022 over 2021. It is believed that improved data quality played a role in this increase as fewer records were discarded due to validation errors. Reviews of NCANDS File and Child Completeness data (Table 2) showed 100% completeness for County of Investigation and Child Date of Birth each year. While Child County of Residence completeness in the 2022 submission remains below the 95% submission goal, the state showed significant improvement in 2022 over 2021 and 2020. A validation has been implemented to require input of address data prior to completion of the investigation, so further improvement in this element is expected in the 2023 NCANDS submission. Reviews of NCANDS value distribution blanks and unknown or unable to determine data (Table 3) showed no missing data for child race, ethnicity, living arrangement, sex, and age in 2021 and 2022 and no unknown or unable to determine classifications for any element other than living arrangement in 2022. While unknown or unable to determine can be a valid classification, DSCYF is focused on reduction of unknown or unable to determine classifications and is continuing to analyze system improvements to support this. A validation was built in FOCUS in 2021 to make living arrangement a required field.

Element	2020	2021	2022	Goal
County of Investigation/Assessment	100%	100%	100%	95%
Child Date of Birth	100%	100%	99%	95%
Child County of Residence	66.90%	65.70%	87.30%	95%

Table 2: NCANDS Completeness Data

Element	2020 Blanks (%/#)	2021 Blanks (%/#)	2022 Blanks (%/#)	2020 Unknown or Unable to Determine (%/#)	2021 Unknown or Unable to Determine (%/#)	2022 Unknown or Unable to Determine (%/#)
Child Race (duplicate victims)	0	0	0	0	0	0
Child Race (duplicate non-victims)	0.01%/1	0	0	0.05%/5	0.09%/9	0
Child Ethnicity (duplicate victims)	0	0	0	0.08%/1	0	0
Child Ethnicity (duplicate non-victims)	0	0	0	0.09%/10	0.09%/9	0
Child Living Arrangement	0	0	0	21.22%/2055	19%/2130	21.34%/2905
Child Sex	0	0	0	0	0.02%/2	0
Child Age	0	0	0	0	0	0

Table 3: NCANDS Value Distribution - Missing Data

To encourage timeliness and completeness of data entry, the system uses appropriate alerts, ticklers, and notifications based on functional workflow. Users of the information system have a home/landing page in the system which contains worklisted ticklers (tasks) with record descriptions, link, and due dates along with a caseload view displaying all cases assigned to them. Tasks/case related activities are worklisted for a variety of activities and records including assessments, plans, background checks, funding requests, level of care, permanency committee review, placement, court order, case plan, progress note, reportable event, Random Moment Time Study (RMTS) for Title IV-E funding, Team Decision Making (TDM), and case disposition. Audit tracking is enabled on information system objects and records to track updates with a date/time stamp and name of the user making the change. System notifications sent to caseworkers and supervisors provide approval, level of care, placement, and runaway information as well as reportable event and critical incident updates/information. Additionally, timeliness of data entry into the system is continuously reinforced in ongoing system training and through frequent management reminders, including emailed reminders to staff.

Detailed timeliness reports have been created using the system's robust data and are regularly used by supervisors, regional administration, and program management. Reviews of recent CCWIS Kids in Custody, Monthly Client Contact, Placement Entry and Exit Timeliness, Initial Interview Timeliness, and Court Order Entry Timeliness report data demonstrate that timely data entry continues to be challenged by staff shortages, high staff turnover, and high caseloads. As detailed above, data entry timeliness is a priority identified in the CFSP and Data Quality Plan, and progress is underway targeting system adjustments to make data entry more efficient in an effort to help improve timeliness. It is important to note that the majority of actual client contacts and initial interviews are occurring within the required timelines and frequencies, but the events are not consistently being entered into the system within expected timelines given current staffing challenges.

The CCWIS Kids in Custody without Active Placement report generated on October 24, 2022 showed 3.6% of youth without an active placement in FOCUS (21 youth without an active placement, 559 youth with an active placement). System case reviews were conducted on December 7, 2022, for each of the 21 youth and the system data showed that all required

placement updates had been made by that time, however the average length of time to make the placement updates in the system was found to be ~32 days.

The CCWIS **Monthly Client Contact Report**, which was upgraded as a result of the Data Quality Plan initiatives, was reviewed for September 2022. The September report included 521 cases with client contact not completed in the system by the 9/30/2022 due date. Subsequent system case reviews were conducted on December 7, 2022, which included 10 randomly selected cases that showed one contact was missed and one case custody ended while eight contacts occurred by the contact due date. Of the eight completed contacts, two contacts were entered in FOCUS before 9/30/2022, four were entered within 15 days and two were entered after 30 days. It is important to note that ongoing, monthly reviews of client contact data entry by the CQI team, which includes emailing the worker and supervisor directly instructing them to update the client contact-related fields and reviewing notes for caseworker reference to completing a client-contact, supports data improvement efforts across the Department. Future, prioritized changes to combine contacts with notes will help to improve the timely entry of this data.

Further review of the 2022 **MCV federal submission** showed that Delaware met the *Measure 1 – Percentage of Visits Made on a Monthly Basis by Caseworkers to Children in Foster Care* federal standard of $\geq 95\%$ in 2022, and exceeded the *Measure 2 – Percentage of Visits that Occurred in the Residence of the Child* federal standard of $\geq 50\%$. This demonstrates that the system and supporting practices are functioning well to capture this data.

A review of the September **CCWIS Initial Interview Timeliness** report data (Table 4) showed that 71% of initial interviews were completed in FOCUS within 7 calendar days. DFS policy requires that initial interviews be documented in FOCUS within 5 business days, regardless of the assigned response priority. The overall average time to complete the initial interview tasks in FOCUS in September 2022 was 6 calendar days.

Response Priority	Number of Interviews	Average Number of Days to Complete Initial Interview Task in FOCUS	% of Initial Interviews completed in FOCUS within 5 days	% of Initial Interviews completed in FOCUS within 7 days	% of Initial Interviews completed in FOCUS within 10 Days	% of Initial Interviews completed in FOCUS beyond 10 Days
Priority 1	91	5	68%	77%	86%	14%
Priority 2	63	7	56%	70%	73%	27%
Priority 3	58	7	55%	62%	74%	26%
Total	212	6	61%	71%	79%	21%

Table 4: CCWIS Initial Interview System Task Completion Timeliness Data

A review of the October 2022 **CCWIS Custody Order Entry Timeliness** report data (Table 5) showed that only 11% of custody orders were entered into FOCUS within 1 business day which is the documentation timeliness policy for DFS court orders, with an overall average of 12 days to enter custody orders. This report reflects the amount of time between the actual hearing date and the entry of the custody order into FOCUS, which relies upon DFS receiving custody orders from Family Court. System initiatives targeted at reducing delays in DFS access to custody orders are currently under consideration.

Number of Custody Orders	% Of Orders Entered within 1 day	% Of Entries within 3 days	% Of Entries within 5 days	% Of Entries made beyond 5 days
113	11%	17%	29%	71%

Table 5: CCWIS Custody Order Entry Timeliness Data

A review of **CCWIS Placement Entry** report data (Table 6) showed that 8% of August 2022 placement entries were made within the 1 business day which is the documentation timeliness policy for DFS placement, with an overall average of 23 days to enter the placement into FOCUS and 15% of September entries were made within 1 day, with an overall average of 25 days to enter the placement into FOCUS.

Report Date	Number Placements Entered	% Of Placements Entered within 1 day	% Of Entries within 3 days	% Of Entries within 5 days	% Of Entries made beyond 5 days
August 2022	128	8%	20%	34%	66%
September 2022	112	15%	23%	37%	63%

Table 6: CCWIS Placement Entry Timeliness Data

A review of **CCWIS Placement Exit Timeliness** report data (Table 7) showed that 22% of August 2022 placement exits were entered within the 1 business day which is the documentation timeliness policy for DFS placement, with an overall average of 22 days for entry into FOCUS. Only 19% of September placement exits were entered within 1 day, with an overall average of 23 days for entry into FOCUS.

Report Date	Number Placement Exits Entered	% Of Exits Entered within 1 day	% Of Entries within 3 days	% Of Entries within 5 days	% Of Entries made beyond 5 days
August 2022	99	22%	48%	42%	58%
September 2022	70	19%	34%	39%	61%

Table 7: CCWIS Placement Exit Date Timeliness Data

The **CCWIS Placement Entry Timeliness** report data from August and September also showed several children listed as having exited placement, but with no length of stay listed, indicating that exit dates had not yet been entered into the system.

Systemic Factor Qualitative Analysis - Surveys:

The following statement was included on the 2022 stakeholder surveys sent to DFS, DSCYF, and community stakeholders, asking for the degree to which respondents agree or disagree:

The statewide information system correctly shows foster children's status, demographic characteristics, location, and permanency goals.

Of the 79 respondents from DFS and 77 respondents from DSCYF, 75% agreed that FOCUS correctly shows foster children’s status, demographic characteristics, location, and permanency goals. Of the 34 respondents from the community who use the FOCUS system, 76% agreed with the statement. As the surveys were intended to be anonymous, follow up with those who disagreed to better understand the specific reasons for their rating was not possible. However, DFS will explore a follow up qualifier question to this statement in future stakeholder surveys.

Positive commentary was received regarding the online Reporter Portal as well as the system’s ability to scan documents and pictures into FOCUS being an improvement over the previous FACTS system. Areas for improvement identified by survey respondents involved training, workloads preventing timely and accurate entries into the system, challenges in finding information in the system, and implementation of “work smarter” efficiency improvements.

Community stakeholders were not asked the FOCUS systemic factor question on the 2015 and 2019 surveys and DSCYF was not asked the FOCUS systemic factor question on the 2015 survey, making comparison data somewhat limited. The 2015 survey was based on FACTS, while the 2019 and 2022 surveys were based on FOCUS.

Charts 2 and 3 compare the responses from the 2015, 2019, and 2022 surveys regarding the statewide information system correctly showing foster children's status, demographic characteristics, location, and permanency goals. Both the DFS and DSCYF survey comparisons show improvement in 2022 over 2019 – the two surveys completed since implementation of FOCUS.

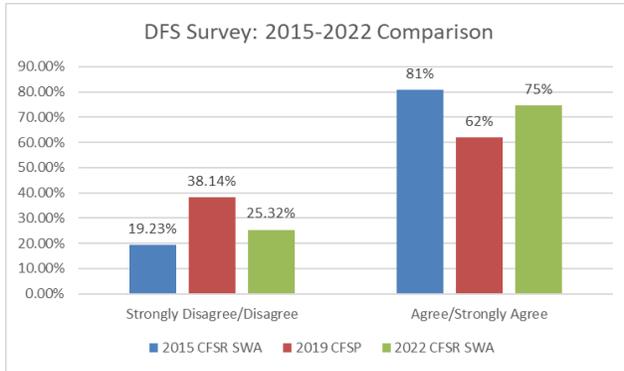


Chart 2: DFS 2015-2022 Survey Comparison

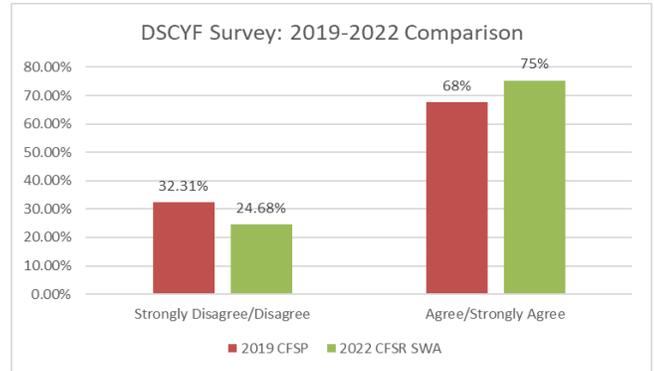


Chart 3: DSCYF 2019-2022 Survey Comparison

Systemic Factor Qualitative Analysis – Focus Groups and Supplemental Survey:

Focus group participants generally agreed that the FOCUS system does enable the state to readily identify the status, demographic characteristics, location, and goals of placement for every child who is (or in the preceding 12 months has been) in foster care. Across three focus group sessions held, feedback and input were gathered from 44 engaged stakeholders that included DSCYF staff and contracted agency provider perspectives.

Regarding ease of data accessibility, participants generally agreed that data is easily accessible with proper training, but frequent staff turnover impedes training efficacy. Focus group session participants also highlighted that there is some variability by staff and division regarding where information such as goals, current address, and court orders are being entered into the system, challenging quick access to this information at times. This reflects barriers to training efficacy as there are dedicated fields and objects for these specific data pieces. Participants suggested additional reinforcement in trainings and increasing ease of navigation to ensure quick access to this information.

On the topics of data accuracy and entry timeliness, focus group participants agreed that these elements are primarily challenged by staff workload, high staff turnover, and training. Participants noted that the existing FOCUS training offering is already extensive with all day classes for new users, refresher trainings, and 1:1 sessions as needed, but suggested expanded training options and access points to accommodate challenging staff schedules, as well as additional training for contracted providers. Participants generally agreed that mobile capability is a useful tool, and enabled faster data look up in some cases, but utilization of this tool is not yet consistent across frontline staff. Participants suggested several FOCUS modifications to help make data entry more efficient, thereby enabling improved data entry timeliness, many of which were already planned or are now under consideration.

Specific enhancement ideas generated by focus group sessions to further improve the ability of users to quickly access the status, demographics, location, and placement goals for children in foster care include the following, which will be explored and analyzed by Product Owners for feasibility of system changes:

- Clearly placing the child’s goal on the front page of each case so it is easily accessible.
- Setting up a placement alert system that will trigger if a child is in custody without a placement.
- Identify ways to improve the worklist to help staff identify priority tasks for each case.
- Add a tickler if a youth is placed in a home that already has another youth placed so that all case workers are aware.
- Analyze ways to further reduce duplicative entry in the system by pulling forward consistent, accurate data to other relevant screens.
- Develop a snapshot view of a child’s status, location, demographics, and goals clearly visible in one location in the case.
- Complete an analysis of all picklists/drop downs to determine those most frequently used and have those placed at the top of picklists for easy user navigation.
- Optimize use of automatic system notifications for next steps in particular processes (e.g., specialized placement).

Several enhancements are currently in the planning process that were discussed during focus group sessions. As part of AFCARS 2.0, a snapshot view of a child in care health related details will be implemented via an AFCARS Consolidated Health Screen. In addition, a future change request will be developed to separate the level of care from the placement event, which will reduce the number of fields/data elements staff must enter for each placement.

A short, three-question survey was issued to gather input from the legal community on their perceptions of the statewide child welfare information system’s data accuracy based on their interactions through the courts. Eight agency and parent attorneys and judges responded, with most respondents sharing that they have not experienced issues with missing or inaccurate data during court proceedings. A few respondents noted that there has been a lack of prior history readily available in some cases, such as whether parents have attended substance abuse programs. This concern will be addressed with the continued roll out of the Provider Portal that will allow providers to update FOCUS with logs and narrative on items such as participation in and effectiveness of service delivery.

Overall Summary and Recommended Rating:

Based on the quantitative and qualitative evidence assessed, Delaware is in **substantial conformity** for the Information System Systemic Factor.

The system and supporting practices are well designed to ensure that valid, required information is captured and is easily accessible by trained users. Delaware continues to consistently exceed data quality standards in AFCARS, NCANDS, and NYTD federal reporting. The state has a rigorous and effective continuous quality improvement process in place, and system enhancements are ongoing, consistent with priorities identified in the CFSP, DQP, and CFSP ASPR to further improve data accuracy, completeness, and timeliness. Seamless collaboration, both formal and informal, between the CQI unit, FOCUS Liaisons, and the software vendor to monitor data quality and implement system modifications to improve data

quality continues. The state has expanded FOCUS training and continues to reinforce policies around data accuracy, completeness, and timeliness through training and other mechanisms.

The assessment reconfirmed that timeliness of data entry into the system continues to be a primary challenge, resulting from staff shortages, high staff turnover, and high caseloads. System enhancements to help improve efficiency of data entry are continuing, consistent with the priorities laid out in the CFSP and DQP. System enhancements to improve efficiency for frontline staff are currently being prioritized and additional system enhancements targeted at data entry timeliness are under consideration.

B. Case Review System

State Response:

Delaware's Case Review System Round 3 Findings and PIP activities were as follows:

In Round 3, Delaware was **not in substantial conformity** for the Case Review System. Although items 20: Written Case plan, 21: Periodic Review and 22: Permanency Hearings were rated as a **strength**, Delaware had **areas needing improvement** for Items 23: TPR and Item 24: notice of hearings and reviews to caregivers.

Item 20: Written Case Plan

In CFSR 3, Delaware received an overall rating of **Strength** for Item 20 based on information from the statewide assessment and stakeholder interviews. The statewide assessment found that case plans were in place in 85% of cases Stakeholder interviews indicated that the case planning process is routinely functioning to involve the active participation of parents in the development of case plans for children in foster care. DFS has several instances where the case plan is reviewed and developed including at the conclusion of the TDM and at family meetings.

Current Information:

Delaware's child plan template is located in our FOCUS system and has all required provisions and elements including permanency goal, visitation, education, health, and mental health needs and goals. As of October 14, 2022, of the 477 youth in custody at least 60 days, 86% have a completed written case plan entered into the data system. Overall, since FY18, 95% of youth in custody 60 days or more, had a completed child plan. For all youth entering custody in Delaware, a copy of the written case plan must be provided to the court by the disposition hearing. It is then entered into the record and is shared with all parties to the hearing, including parents. The plan is reviewed through court testimony at every consequent hearing. In reviewing the *DFS Supplemental Survey*, of the 20 parents with youth in foster care who participated, 10 or 50% indicated they were an active part in their case plan development. Of the 27 youth who participated, 26 or 96% indicated they were actively involved in planning.

Statewide Survey Results were as follows:

- Legal Community: of the 50 respondents, 26 or 52% agreed or strongly agreed a case plan is developed jointly with the child and child's parents.

- Foster Parents of the 89 respondents, 61 or 68% agreed or strongly agreed a case plan is developed jointly with the child and child’s parents.
- Community Partners: of the 77 respondents, 61 or 79% agreed or strongly agreed a case plan is developed jointly with the child and child’s parents.
- DFS: of the 80 respondents, 61 or 76% agreed or strongly agreed a case plan is developed jointly with the child and child’s parents.
- Youth: of the 20 respondents, 17 or 85% agreed or strongly agreed that they are involved in creating their case plan.

In looking at Case Review results specifically from foster care cases, this chart looks at the breakdown of involvement by child, mother, and father for applicable cases.

Measurement Period	Item 13 - Involvement in Case Planning	Item 13 Child Involvement YES	Item 13 Mother Involvement YES	Item 13 Father Involvement YES
Apr 2020 - Sept 2020	94%	97%	91%	90%
Oct 2020 - March 2021	85%	95%	83%	71%
Apr 2021 - Sept 2021	90%	100%	97%	72%
Oct 2021 - Mar 2022	88%	95%	86%	69%
Apr 2022 - Sept 2022	76%	88%	73%	67%

Breaking this down further, For Item 13 – Involvement in Case Planning – many of those marked areas needing improvement were correlated to the frequency of caseworker not meeting with parents and/or children (Item 14 and Item 15). When workers did meet with parents and children, the overall 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.

Measurement Period	Item 14 - Caseworker visits with Child	Item 15 - Caseworker visits with parents
Apr 2020 - Sept 2020	94%	88%
Oct 2020 - March 2021	91%	71%
Apr 2021 - Sept 2021	98%	83%
Oct 2021 - Mar 2022	89%	76%
Apr 2022 - Sept 2022	89%	72%

Based on the above evidence, the case review system is functioning statewide to ensure that each child has a written case plan that is developed jointly with the child’s parent(s) and includes the required provisions and should be rated as being a strength. A uniformed case plan event is used statewide and stored in the data management system. Data reports from FOCUS

show that child plans are being completed. Each agency worker is completing the same assessment tool to generate the case plan based on the family's needs and strengths. The agency is asking for case plans to be completed that are appropriate and individualized to the child and family's needs. As evidence through documented court testimony, case reviews, and survey results, the workers are making efforts to ensure the case plan is developed jointly with the family and child, albeit improvements can be made in regard to engagement with parents, particularly fathers. There were however some limitations in regard to the sample size used for some of the surveys. Additionally, due to staffing shortages it may account for the delay in having case plans entered (14% missing) compared to our overall rate of having case plans completed over the past several years (95% completion rate). It is recommended that the written case plan be submitted in court on a more consistent basis, and not just at dispositional hearing, so the court can also track parent and child involvement in the case plan development. Additionally, workers should be meeting with the family on a more consistent basis to ensure the plan is tailored to the family.

Based on the above evidence, the case review system is functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions and should be rated as a **strength**. A uniformed system is used statewide including utilizing the same data management system to collect data. Each agency worker is completing the same assessment tool to generate the case plan based on the family's needs and strengths. The agency is asking for case plans to be completed that are appropriate to the family's needs and provides, through court testimony, the efforts the workers are making to ensure the case plan is developed with the family and child. There were some limitations in regard to the sample size used for some of the surveys. Additionally, due to staffing shortages it may account for the delay in having case plans entered (14% missing) compared to our overall rate of having case plans completed over the past several years (95% completion rate). It is recommended that the case plan be submitted in court on a more consistent basis so the court can also track parent and child involvement in the case plan development. Additionally, workers should be meeting with the family on a more consistent basis now that more in person visits are taking place and to ensure the plan is tailored to the family. The court should ensure that there is enough time between hearings for the worker to meet with the family.

Item 21: Periodic Reviews

In CFSR 3, Delaware received an overall rating of **Strength** for Item 21 based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, Delaware provided information from a recent time period on the number of periodic reviews held. Information received from stakeholders during stakeholder interviews confirmed that periodic reviews routinely occur statewide at least every 6 months, and in many cases every 3 months, either by the courts, the Child Placement Review Board, or Permanency Planning Committee. Stakeholders also reported that the periodic reviews cover the required elements.

Current Information

In Delaware, periodic reviews are conducted by the courts. At court hearings, a review takes place to include 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 family home or child care institution 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. Delaware has done much work to ensure that periodic reviews are occurring at least every 6 months. A CQI Periodic Review Committee was formed after AFCARS Element 5 analysis showed a number of missing periodic reviews. Committee included representation from the court, DFS, DOJ, and CIP. The group determined that when the Child Placement Review Boards stopped occurring, periodic reviews were not occurring as frequently. Group also determined primary issue was related to the scheduling of Termination of Parental Rights and delayed scheduling of post-permanency review hearings. The CQI Periodic Review Committee disbanded in November 2019. This group produced a number of positive outcomes and feedback from DFS operations and Department of Justice stakeholders continues to be very positive. Delaware has seen marked improvements and for the past 4 AFCARS submissions, FY21A-FY22B, Delaware has had no missing periodic reviews. Any errors noted on compliance report were related to data entry issues. Consequently, case review performance has also improved on Item 5: Establishing permanency goals and Item 6: Achieving permanency goals. Delaware is now consistently exceeding performance goal of 90% on both items.

Statewide Survey Results

- DFS: of the 80 respondents, 74 or 93% agreed or strongly agreed there was a court review for the child every 6 months.
- Community Partners: of the 76 respondents, 69 or 90% agreed or strongly agreed there was a court review for the child every 6 months.
- Legal Community: of the 80 respondents, 74 or 93% agreed or strongly agreed there was a court review for the child every 6 months.
- Foster Parents: of the 89 respondents, 83 or 93% agreed or strongly agreed there was a court review for the child every 6 months.

Based on the above evidence, the case review system is 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 and should be rated as being a **strength**. The Court Improvement Program Data Team, with representation from DFS, meets on a quarterly basis to review hearing timeliness and ensure that hearings are held within guidelines. Additionally, the DFS CQI unit regular reviews AFCARS to ensure periodic reviews are occurring.

[Item 22: Permanency Hearings](#)

In CFSR 3, Delaware received an overall rating of **Strength** for Item 22 based on information from the statewide assessment and stakeholder interviews. Permanency hearings were held at least annually by the court and within 12 months of entry.

Current Information

Analysis of court data reports found that Permanency Hearings were held within guidelines (12 months from placement) 2020: 73% In Guidelines; 2021: 73% In Guidelines; 2022* (Q1-Q2): 90% In Guidelines *The court is in a better position to track data more accurately in 2022 which may be the reason for the increase in timelines. Data regarding reasons for hearings out of guidelines has only been tracked in some cases so the data is not consistent for reporting out at this time.

Statewide Survey Results

- DFS: of the 80 respondents, 78 or 98% agreed or strongly agreed the child's permanency plan and services were reviewed at least every 12 months.
- Legal Community: of the 51 respondents, 51 or 100% agreed or strongly agreed the child's permanency plan and services were reviewed at least every 12 months.
- Foster Parents: of the 88 respondents, 88 or 95% agreed or strongly agreed the child's permanency plan and services were reviewed at least every 12 months.

Based on the above evidence, the case review system is functioning statewide to ensure, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter and should be rated as being a strength. The court has updated their data management system to better track information related to hearing timeliness, including permanency hearings. The data indicates a significant increase for permanency hearings occurring at least every 12 months from the previous years and may be due to better efforts of the court to collect this date more accurately. The Court Improvement Program has included hearing timeliness on its strategic plan to improve timeliness of all hearings, including permanency and regularly reviews this date during CIP Data and CIP Steering Meetings, both of which have representation from the Court, DOJ, and the agency. Internal reviews are also conducted on the hearings held outside of guidelines to determine reason and if further changes to the system need to occur.

Item 23: Termination of Parental Rights

In CFSR 3, Delaware received an overall rating of **Area Needing Improvement** for Item 23 based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, Delaware reported that although it has a report for tracking the timelines for termination of parental rights, a forum (permanency placement committee meeting) for discussing the need to file for termination of parental rights, and a process for caseworkers to notify the agency attorney of a change in plan goal, the requirement to file a petition for

termination of parental rights is not routinely met. Data from the agency indicated that termination of parental rights petitions were filed timely in 62% of the applicable cases. Data from the CIP indicated that filings were timely in 79% of a sample of cases and that some cases within the sample had exceptions to filing noted. Stakeholders clarified that there was not a consistent statewide process for tracking the need to file termination of parental rights timely or an established process for documenting compelling reasons not to file.

The following PIP action steps were put into place:

- Conduct a semi-annual data review jointly between the Court Improvement Program (CIP) and The Division of Family Services to determine barriers causing delays in timely filing of TPR petitions. Plans to address the barriers will then be put into place.
- DOJ began to file TPR petitions at the time that DFS internally changed the plan (when the Permanency Planning Committee met) in an effort to ensure they were timely filed.
- Days to TPR filed was reviewed quarterly at CIP Steering Committee meetings and cases that fell out of guidelines were discussed.

Current Information

A review of Family Court data shows that the average number of days from the TPR filing date to the TPR hearing for CY2020 was 171.6 days and average from the TPR filing to the TPR decision was 191.5 days. For CY2021, the average number of days from TPR filing to TPR hearing was 129.4 days and from TPR filing to TPR hearing was 147.8 days. Court data is not available at this time for CY2022.

DFS Data

In FFY2020, 80 TPR petitions were filed by DFS. Of these 66 or 83% were filed within 15 months of custody start date, 48 or 60% were filed within a year of custody start date. The average number of days between custody start and TPR filing was 333 days. The average number of days between TPR filing and TPR hearing was 108 days and for TPR hearing and TPR decision was 13 days. For FY2021, 67 TPR petitions were filed by DFS. Of these 46 or 69% were filed within 15 months of custody start date, 27 or 40% were filed within a year of custody start date. The average number of days between custody start and TPR filing was 342 days. The average number of days between TPR filing and TPR hearing was 107 days and for TPR hearing and TPR decision was 14 days. In FY2022, 39 TPR petitions were filed by DFS. Of these 31 or 79% were filed within 15 months of custody start date, 21 or 54% were filed within a year of custody start date. The average number of days between custody start and TPR filing was 342 days. The average number of days between TPR filing and TPR hearing was 107 days and for TPR hearing and TPR decision was 14 days. This data is not reporting as to whether a youth has been in care 15 of 22 months or if any TPR exceptions has been in place previously.

In FFY2019, of 129 adopted youth, 34% occurred within 24 months. In FFY2020, of 114 adopted youth, 41% occurred within 24 months. In FFY2021, of 86 adopted youth, 58% occurred within 24 months. In FFY2022, of 55 adopted youth, 45% occurred within 24 months.

Case Review Findings

Analysis of DFS Case Reviews time frames for Item 5, Question 5D: Has the child been in foster care for 15 of the most recent 22 months? 5E: Does the child meet other ASFA criteria for TPR?, 5F Did the agency join or file a TPR petition before the PUR or in a timely manner during the PUR? and 5G: Did an exception to the requirement to file a TPR petition exist? Is shown in the table below.

	10/20-3/21	4/21-9/21	10/21-3/22	4/22-9/22
15-22 months - yes	33	36	29	27
ASFA criteria - yes	2	1	1	0
TPR filed before or timely -yes	17	21	18	12
TPR filed before or timely -no	15	15	10	15
Exception to file TPR exist -yes	13	15	10	15

Based on case reviews, Delaware is filing TPRs timely. If a TPR has not been filed timely, there is a documented exception to the requirement that exists. For the past three case review periods, 100% of applicable cases had the TPR filed timely or there was an exception to file the TPR. For the two instances during the 10/20-2/21 timeframe where TPR was not filed timely and exception did not exist, both were due to court delays. The majority of exceptions are related to the youth not wanting to be adopted. Others were due to child being in a relative placement or agency still working towards reunification.

Statewide Survey Results

- DFS: of the 78 respondents, 64 or 82% agreed or strongly agreed termination of parental rights petitions are filed timely.
- Legal Community: of the 51 respondents, 49 or 96% agreed or strongly agreed termination of parental rights petitions are filed timely.

Based on the above evidence, the case review system is functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions and should be rated a **strength**. Since the last CFSR the Department of Justice (DOJ) has made an effort to file TPR at the time the internal change occurs within DFS to change the permanency plan. DOJ and Family Court have continued to track TPR file dates and report out on this measure during quarterly CIP meetings. The findings have shown improvement to ensure TPR petitions filed are timely. It is recommended that DOJ and Family Court begin to track any compelling reasons for the TPR to not be filed.

Item 24: Notice of Hearings and Reviews to Caregivers

In CFSR 3, Delaware received an overall rating of **Area Needing Improvement** for Item 24. Findings were determined based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, Delaware described the process caseworkers used to give the Deputy Attorney General and Child Placement Review Board administrative office the lists of the resource parents who should be notified of upcoming reviews and hearings. The statewide assessment also provided information from foster parent focus groups indicating that foster parents were more commonly notified of reviews and hearings directly by their caseworkers. During stakeholder interviews, stakeholders clarified that caretakers are often notified of reviews and hearings but there is variation in how this occurs. Stakeholders stated that caregivers are not consistently informed of their right to be heard.

PIP strategies were as follows: Conduct a semi-annual data review jointly between the Court Improvement Program and The Division of Family Services to include evaluation of caregiver notice efficiency. Plans to address the barriers will then be put into place; Division of Family Services will determine whether or not data system contains the data detail to generate monthly reports regarding pending due dates of hearings and reviews for the purpose of notification of public and private agency foster parents, pre-adoptive parents and relative caregivers; Review the hearing notification policy and recommend changes to strengthen notice to foster parents, pre-adoptive parents and relative caregivers.

2022 Relevant Data

Data on foster parent and relative/guardian attendance at court hearing did not start being entered into court data bases until CY2022.

- 192 foster parents attended hearings during Q1 and Q2 2022 (36% of all available hearings)
- 84 Guardians/Relatives attended hearings during Q1 and Q2 2022 (16% of all available hearings)

DFS Supplemental Survey

- Of the 22 Foster Parents who participated, 18 or 82% felt respected, 16 or 73% felt they had an opportunity to share concerns, and 15 or 68% indicated they were informed of meetings/appointments.

Statewide Survey Results

- DFS: of the 78 respondents, 67 or 86% agreed or strongly agreed that foster parents, pre-adoptive parents, and relative caregivers receive timely notice of hearings and of the 81 respondents, 76 or 94% agreed or strongly agreed that foster parents, pre-adoptive parents, and relative caregivers are provided an opportunity to speak in court.
- Community Partners: of the 78 respondents, 58 or 74% agreed or strongly agreed that foster parents, pre-adoptive parents, and relative caregivers receive timely notice of hearings and of the 78 respondents, 70 or 90% agreed or strongly agreed that foster

parents, pre-adoptive parents, and relative caregivers are provided an opportunity to speak in court.

- Legal Community: of the 50 respondents, 40 or 80% agreed or strongly agreed that foster parents, pre-adoptive parents, and relative caregivers receive timely notice of hearings and of the 51 respondents, 50 or 98% agreed or strongly agreed that foster parents, pre-adoptive parents, and relative caregivers are provided an opportunity to speak in court.
- Foster Parents: of the 89 respondents, 63 or 71% agreed or strongly agreed that foster parents, pre-adoptive parents, and relative caregivers receive timely notice of hearings and of the 89 respondents, 76 or 85% agreed or strongly agreed that foster parents, pre-adoptive parents, and relative caregivers are provided an opportunity to speak in court.

Delaware Case Review Results

- A total of 215 foster care case reviews were completed between October 2019 – September 2022. Looking at Item 12c Needs and Services to foster parents, 180 had a strength rating, 21 were not applicable, and 14 were noted as being an area needing improvement. During interviews with foster parents and caregivers, case reviewers are asking if they were provided notice of court hearings and able to speak in court. If they were not, an area needing improvement would be the resulting rating. In reviewing all 14 of the case reviews where Item 12c was noted as being an area needing improvement, only two noted that timely notification was not provided. The other 12 all noted that timely notification was provided. Case reviewers noted that although foster parents are made aware of court proceedings and confirm they are able to speak in court, they often choose to not attend the proceedings. Rating summaries also indicated that in addition to caseworkers providing hearing notifications, CASA were also ensuring foster parents and caregivers were aware of court proceedings.

There are limitations to the data that was collected including more information on how foster parents are receiving notice of hearings with respect to the child. Although the court provides verbal notice at the end of each hearing, not all foster parents are in attendance. Additionally, although the court tracks foster parent attendance, it does not track if they have received notice. Following the PIP from Round 3, a process was implemented for the court to ask the DFS worker if the foster parent was notified of the hearing if they were not present. This practice has continued, and statewide stakeholders have found that foster parents are more present than they have been in the past. A recommendation moving forward is for the court to include in their orders whether the foster parent was provided with a notice and any reason for them to not be in attendance. Additionally, it will be helpful to break out some of the data to look at types of hearing and age of the child when considering foster parent attendance as foster parents tend to participate in hearings earlier in the process and for younger children in care.

Based on the above evidence, the case review system is functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right

to be heard in any review or hearing held with respect to the child and should be rated a **strength**.

Overall Summary and Recommended Rating:

Based on the analysis of the 5 items for this system, it is recommended that Delaware is in **substantial conformity** for the Case Review System. The partnership with the child welfare agency and the court system works well to identify emerging issues in each of these areas and address them with collaborative solutions.

C. Quality Assurance System

Delaware's Quality Assurance System Round 3 Findings and PIP activities were as follows:

In Round 3, Delaware was **not in substantial conformity** for the Quality Assurance System. Although Delaware had a case review process it was missing several elements of a quality assurance system including:

1. Stakeholder interviews and second level quality assurance for case reviews.
2. Established standards for evaluating the quality of service in the state.
3. Relevant reports were not consistently produced or used to develop program improvement measures.
4. No process to evaluate planned program improvement measures.
5. Only investigation cases were reviewed on an ongoing basis.

In response, Delaware adopted the following Quality Assurance System PIP strategies:

1. Adopt the federal On-Site Review Instrument (OSRI) review instrument as our permanent case review tool.
2. Implement policy, protocols and stakeholder reviews to use data informed decisions to improve safety, permanency and well-being outcomes.
3. All levels of the agency and stakeholder participants to receive training on continuous quality improvement.

Delaware's Quality Assurance System PIP activities included:

- Adopting the federal On-Site Review Instrument (OSRI) review instrument in February 2017 as our permanent case review tool for foster care, in-home treatment, and differential response (FAIR) cases. This process included the development of a case review procedure guide and training curriculum (attached). These reviews include:
 - Interviews with key case participants and stakeholders
 - Second level quality assurance reviews
- Received technical assistance from the Capacity Building Center for States to provide oversight and consultation on processes, analysis of data, information and organizational structure to implement a continuous quality improvement system.

- Created a work plan that included the review of existing stakeholder forums (CPAC, SLT, CIP, CFSP stakeholder meetings) where data is shared to determine gaps to identify opportunities to strengthen stakeholder input.
- Created a communication plan for all levels of staff supporting the distribution and use of data-based information.
- Used caseload, staff vacancy, contact, placement, Quality Assurance case review reports and feedback from DFS staff and system partners to monitor workload and caseload impact on practice.
- Implemented semi-annual stakeholder reviews, feedback loops, initiated corrective actions and monitored data outcomes to improve performance.
- Developed and then provided statewide training for staff at all levels of the organization and community partner stakeholders on continuous quality improvement and how data informs practice.

To conduct our current Quality Assurance System self-assessment, Delaware reviewed the following evidence which demonstrates both qualitative and quantitative processes being utilized.

Tools/Reviews

APSR

CFSR

OSRI

Investigation Quality Assurance (QA) Tool

Family Assessment and Intake Response (FAIR) QA Tool

Department of Services for Children, Youth, and Families (DSCYF) System of Care (SOC) Review Tool

Child Abuse and Neglect (CAN) Panel Reviews

Structured Decision-Making (SDM®) Fidelity Team – Evident Change

Feedback and Input Gathering Mechanisms

Focus Groups with adoptive parents who experienced a disruption, treatment staff, youth, employees related to morale, program managers involved in contract monitoring, contract monitoring staff, DFS leadership, and DSCYF leadership

Qualitative supplemental surveys with foster parents, mothers, fathers, caregivers and youth

DFS Stakeholder Meetings

DFS Strategic Leadership Team Meetings

DFS All Management Meetings

DFS Program Team Meetings

DFS Continuous Quality Improvement Steering and Meetings

DSCYF Senior Leadership Meetings

DSCYF Continuous Quality Improvement Collaborative

DSCYF Data Governance Board

DMSS Data Quality Committee

DSCYF Stay Interviews

DSCYF Exit Interviews

DSCYF Employee Satisfaction Survey

DSCYF Town Halls
Child Protection Accountability Commission (CPAC) Data Committee Public Meeting
DSCYF public-facing Site (kids.delaware.gov)
DFS/Family Court Data Quality Reviews (ex. kids in custody and goals)
DFS Senior Leadership Focus Group (10/6/22)
DMSS Contract Monitoring Process Focus Group (10/14/22)
DFS Contract Monitoring Process Focus Group (10/21/22)
DSCYF Senior Leadership Focus Group (10/26/22)

Outputs

DSCYF Strategic Plan
DFS Continuous Quality Improvement Meetings/Minutes
Data Quality Plan
Continuous Quality Improvement Policy
Continuous Quality Improvement Trainings
CFSP
Adoption and Foster Care Analysis and Reporting System (AFCARS)/National Youth in Transition Database (NYTD)/National Child Abuse and Neglect Data System (NCANDS) Compliance Reports
National Data Outcomes Report
DSCYF Report Inventory and Report Tracker
DSCYF Report Validation Process
Child Death Review Commission Annual Reports

Following the review of this information, Delaware has determined the following notable strengths related to the statewide Quality Assurance System.

Since the previous CFSR, 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 department-wide to any staff interested. The implementation of the Data Quality Plan is overseen by the DSCYF Data Governance Board which is chaired by the DSCYF Deputy Cabinet Secretary and members include division leadership, FOCUS product owners, FOCUS managers, 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, on the importance of establishing continuous quality improvement processes which resulted in establishing QA units in each division, including DFS' statewide Continuous Quality Improvement Unit which includes a case review team and data team of report writers and analysts.

The 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 conducts 90 randomized statewide treatment (in-home treatment and foster

care) and differential response FAIR case reviews using the federal OSRI tool for identified periods under review every 6 months, 15 reviews per month (see attached case review guide for specific methodology used). The review team also conducts 15 investigation, and 4 FAIR case reviews every month, and these QA review events are built into FOCUS and reside at the case level. Case reviews include a review of FOCUS and case records, as well as qualitative interviews of all important parties to the case including parents, children, foster parents, caregivers, workers, and supervisors. 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. Results of the case reviews completed are shared at the bi-annual stakeholder meetings, Strategic Leadership Team (SLT) meetings (monthly), 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. Survey completed 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 (see attached survey). 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 are very much appreciative of the recognition for their performance. Focus groups 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 data team builds the needed statewide reports and queries to pull needed information from our FOCUS system and maintains a report inventory (attached). 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. 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 such as placement events, custody events, and demographic information on persons. The Department has hired two full time FOCUS trainers to provide this training. DFS FOCUS liaisons work collaboratively with the 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 (<https://courts.delaware.gov/childadvocate/cpac/>). The data team continues to learn better ways to pull data from our system and enhance how data is presented. For example, they are currently learning how to use various visualization tools such as Einstein Analytics and Tableau to develop dashboards with the goal to increase use and access to synthesized data to enhance data-driven decision making. 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 well established statewide Quality Assurance System is guided by a Continuous Quality Improvement Steering Committee which is composed of various levels of agency staff

and community partners and operates as a multi-disciplinary team meeting. This Steering Committee meets every two months and during meetings, case review results are discussed and reviewed periodically for fidelity and accuracy. The Steering Committee also reviews results of federal reports and various other quantitative and qualitative data to determine agency strengths or targeted areas of needs and monitor progress on improvement efforts. When targeted areas of need for improvement are identified, the Steering Committee determines a need to establish a Continuous Quality Improvement to focus on that identified area of need. Currently, there are four active Continuous Quality Improvements operational in response to findings: Post Adoption Disruption, Data Quality, Intact Family and Teens. The CQI Periodic Review Committee disbanded in November 2019. This group was formed after AFCARS analysis showed a number of missing periodic reviews. After review of data, committee determined primary issue was related to the scheduling of Termination of Parental Rights and post-permanency hearings. This group produced a number of positive outcomes and feedback from DFS operations and Department of Justice stakeholders continues to be very positive. Delaware has seen marked improvements and for the most recently submitted AFCARS, Delaware again had no missing periodic reviews. Consequently, case review performance has also improved on Item 5: Establishing permanency goals and Item 6: Achieving permanency goals. Delaware is now consistently exceeding performance goal of 90% on both items. Delaware had been on a PIP for these items due to having a CFSR Round 3 baseline rating for Item 5 of 74.5% and for Item 6 of 82.59%. The actives meet monthly to 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 following is a brief synopsis of CQI initiatives and findings:

The **CQI Post Adoption Disruption Prevention** group has quantitatively and qualitatively defined the scope of disrupted adoptions in that 5-6% of our foster care population has been previously adopted. This team researched solutions, developed some theories of change to improve outcomes, and has begun the implementation of interventions. CQI Post Adoption Disruption Prevention Committee theorizes that a contributing factor to adoption disruption is the lack of communication regarding post adoption services. This was supported by adoptive parent survey results showing that 44% of adopted parents had utilized some form of post adoption services; however, some parents were not aware of or did not remember that these services existed. Survey of Delaware specific disruption adopted parents, showed only 50% were aware of post adoption services. Committee determined that front line workers across the Department and stakeholders need to be better informed of post adoption services so that they can better communicate the availability of these services to adoptive families and a targeted outreach campaign was initiated and continues. Data indicates that most families are already in crisis at the point they reach out for help or services. Post Adoption Disruption Committee recommended outreach be provided to adopted families as a preventative strategy and contracted post adoption agencies are now doing this. The committee had found another

contributing factor to adoption disruption is the need to strengthen the workforce's knowledge of trauma informed practice for pre-adopt and post-adopt children. The committee has collaborated with several partners to offer NTI training for professionals and the 3-5-7 Model training from Darla Henry. a collaborative with Springfield College took plan and now an adoption therapy certification program is in place. 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, presentations for Champions for Children Mental Health Peer Program and the pilot for the Connect Program for parents of adopted pre-teens and teens.

The **CQI Intact Family Committee** was formed after analysis of case review performance showed a significant difference in performance on in-home cases versus foster care cases. 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 14. Committee has identified the scope of the problem through analysis of data reports, case reviews, and stakeholder survey results. After analysis of case review rating summaries, various data reports, and treatment worker surveys, a theory of change was developed: If treatment caseworkers and supervisors received holistic training on Delaware policy, practice, and procedure as it relates to federal review expectations, improvements would be seen on case review performance. As a result, the committee made recommendations to SLT for the development of a mandatory training series for all caseworkers, supervisors, and family service assistants that is based on safety, permanency, and well-being outcomes and broken down by corresponding case review items. Each training module consists of the following sections: (1) Child and Family Service Review On-Site Review Instrument item objectives, definition, and questions, (2) DFS related policy, (3) caseworker and supervisor responsibilities, (4) data informed supervision – what reports supervisors can use to monitor performance, (5) caseworker practice tips including applicable Safety Organized Practice or Structured Decision Making® review, (6) FOCUS events and documentation, and (7) what is needed for an overall strength rating on the case review. Based on the area of lowest performance and need, Module I of the training series, Well-Being Outcome 1: Caseworker Visits with Children and Parents/Caregivers was the first to be developed. This training was offered to staff in December 2020 and recorded so it is available as needed in the Delaware Learning Center. Newly hired staff are required to take the training. It will continually be reassigned to all staff including supervisors and administration that have not completed the training in over a year or have never completed the training. Module II: Well-Being Outcome I: Assessment of Services is currently under development. To improve quality of visits, Safety Organized Practice and SDM® Refreshers Trainings have taken place. Program team members have also presented trainings on Family Team Meetings and the overall in-home treatment services process. A second theory of change is that if treatment workers' workload could be reduced, then we would see an improvement in performance. Many efforts documented throughout this report have taken place to reduce worker caseload. The effectiveness of committee efforts is difficult to measure as outcome performance is significantly impacted by staff vacancies resulting in higher caseloads.

The **CQI Data Quality Committee** was formed after report analysis and validation tools showed key areas where data quality improvement was needed. Committee drafted this problem statement: DFS is inconsistently meeting data quality standards for accuracy, timeliness, and completeness. 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. Through analysis of federal reports, the CQI Data Quality Team has targeted key events and trainings related to placement and custody as a focus for intervention strategies and will be monitoring progress on the goals established in the CCWIS Data Quality Plan. AFCARS April 2021-September 2021 submission regarding 30-day timeliness measurement: 3 errors were reported for entry or .51% and 5 errors for exits or 3.5%. For AFCARS October 2021-March 2022 submission, 9 (1.45%) errors were reported for entry and 3 (2.5%) errors for exits. For April 2022-September 2022 submission, 1 (.15%) error was reported for entry and 6 (4.29%) errors for exits. For both submission, both met validation requirements. Improvements to FOCUS related events and process have taken place and are documented throughout this assessment.

The **CQI Teen Committee** was formed after analysis showed that a decline case review performance on Permanency Outcome 1 primarily related to performance for placement stability were significantly correlated with the number of teens in care. Analysis found that teens (13 and older) make up the highest percentage of youth in DFS custody and have a higher rate of placement disruptions as compared to younger children. Of the teens entering custody, between 50-60% were due to disrupted guardianships or adoptions and approximately 10% were *sua sponte* orders. Most disruptions had current or previous involvement with sister Division of Prevention and Behavioral Health Services. Primary entry reason for these teens was parent-child conflict. Secondary reasons included caretaker no longer wished to provide care, child's behavior, and child's mental health. For youth 13-18 that exited care, nearly half exited within 6 months. Of these short stays, half exited to reunification. CQI Teens Committee developed a problem statement: Teens make up a disproportionate share of youth in foster care and placement stability decreases when a child is older and two theories of change: Preventing teens from entering care will improve performance on placement stability. Improving service provisions across the department to foster parents and youth will stabilizing placements for teens in custody and improve performance on placement stability. Committee is gathering information on community and contracted statewide services available to teens, including those that could address issues related to parent-child conflict. Committee found that many available services are being underutilized by the department and is working on promoting these programs, educating workers and foster parents of their availability, and exploring cross divisional use of contracted programs. Committee also found a need to improve coordination of services across divisions, particularly during points of transition. To address this need, Committee plans to focus efforts on the education of DSCYF staff, courts, and stakeholders and the adherence to policies that are already in place such as Policy 209, Team Decision Making, Family Informed Resource Support Team, and Dual-Status Youth. DFS also has a Request for Proposal out for therapeutic foster homes. The therapeutic foster parents will be better clinically trained to handle children 12 years and older who have behavioral health issues.

Committee plans to look at recruitment efforts and improved training for foster parents to better prepare them for challenging teens.

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.

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 agency in various ways. In 2018, the Department released its first Employee Satisfaction Survey to solicit feedback from staff across the agency, statewide, on key topics related to feelings about management, their work environment, organizational climate, job satisfaction, training/development opportunities and comments on what is working well and where there is room for improvement. This survey went out again in 2019 and 2021 as a way to gauge how the agency is doing in each of these categories. The next survey is set to go out in 2023. 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. Most recently, 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.

In 2020, in response to some of the feedback from the Employee Satisfaction Survey, the Department hired a consultant to facilitate additional surveys, focus groups and develop committees with staff at all levels, including external providers/stakeholders, to more closely evaluate targeted areas for change and develop a Five-Year Strategic Plan for the agency (attached). Goal 3 of the 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. 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 (currently 5 staff trained) 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; develop strategies and a protocol for applying continuous quality improvement strategies to improve process inefficiencies; determine how processes, inefficiencies, or gaps will be identified and who can initiate continuous quality improvement workflow, and to develop a training and communication plan that promotes understanding of the purpose/benefits of continuous quality improvement and employee roles in that that process. 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 is researching 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.

Through the self-assessment process, the limitations of our current Quality Assurance System found were strongly correlated to the agency's vacancy rate. Feedback from focus groups confirmed that if fully staffed, caseloads and workloads would be more evenly distributed which would change the mindset from putting out fires to having more time to spend on proactive discussions around continuous quality improvement. Supervisors and Managers noted it is difficult with ongoing vacancy levels to find a time/space to have conversations around this topic. It is also difficult for staff to make time to attend trainings to receive additional education on continuous quality improvement practices. There were suggestions posed for Coaching Supervisors and/or Practice Coaches to incorporate some of this in their work moving forward although those positions are also experiencing vacancies currently. The connection between retention challenges and performance outcomes, both internally and externally, were also discussed during conversations related to an expressed interest by many on doing more longitudinal types of studies on youth who are involved with our department. Since the nature of collecting that level of detailed information is accomplished via a manual research process which is extremely time intensive, this is something that cannot reasonably be attainable by the established QA teams given their staffing levels. Given the interest expressed by focus groups conducted on obtaining more information on outcomes to evaluate our service delivery system more consistently, time was also allocated to two additional focus groups to explore contract monitoring processes and our ability to collect this level of information from our providers which could counterbalance time spent internally by QA teams collecting and analyzing this data. Findings from those conversations indicated that although the department has an established contract monitoring process and standards, they are not consistently enforced and provider deliverables on performance benchmarks are

dependent upon contract requirements which are customized by service, not standard across all contracts/providers. It was determined through conversations with the QA System that a proposal to the DSCYF Continuous Quality Improvement Collaborative should be made to examine this process and make recommendations for improvements, so workload is more equitably shared between the Contract Administrators and Program Managers, and to ensure this practice becomes standardized and enforced.

Overall Summary and Recommended Rating:

After thorough review of the information noted, in addition to considering feedback received via survey and focus groups, the child welfare agency finds that the Quality Assurance System is in **substantial conformity**. Not only have the magnitude of improvements made since the last CFSR been identified, but limitations and areas needing improvement have also been noted which truly demonstrates how effective our CQI system is in practice. The fact that we have come so far yet continue to push the bar is a clear demonstration of how fluid the CQI process is.

D. Staff and Provider Training System

State Response:

Delaware's Staff and Provider Training System Round 3 Findings and PIP activities were as follows:

In Round 3, Delaware was found to be **not in substantial conformity** for the Staff and Provider Training System. Delaware received an overall rating of **Strength** for Item 26: Initial Staff Training while Item 27: Ongoing Staff Training and Item 28: Foster and Adoptive Parent Training received an overall rating of **Area Needing Improvement**.

In response, Delaware adopted the following Staff and Provider Training System PIP strategies:

1. Implement Child Welfare specific supervisory training
2. Create and implement a standardized training survey to gather feedback from participants
3. Coordinate trainings using the survey feedback with state and private agency providers to offer training opportunities that meet the foster parents needs.

Item 26: Initial Staff Training

The Center for Professional Development (CPD) provides monthly statewide competency-based pre-service training to caseworkers, supervisors, and administrators, as well as to DFS contracted in-home service providers, to promote best practices and integrated service planning. CPD updates the IV-B/IV-E Training Plan yearly, adding required and elective courses to improve staff competencies. (See Attachment: *Staff Training Chart 2023*)

CPD provides statewide Instructor-Lead Training (ILT) on the skills, knowledge, and concepts needed by new hires to understand and implement the DFS practice model. Fifteen competency-

based pre-service courses are provided within a four-month cohort period. Agency Providers are required to attend pre-service training, depending on their role; and it is reinforced in their contract. (See Attachment: *DFS Required NET Courses*)

In addition to the ILT courses, all new staff are assigned online training on different subjects that support the Outcomes Matter strategies, reinforce policy, and supplement the New Employee Training (NET). (See Attachment: *DFS Required New Employee Online Training*)

New staff are paired with trained mentors and experienced staff to facilitate learning in the field, which includes required On-the-Job Training (OJT) experiences. In addition, a graduated caseload assignment is applied, allowing for practical application of the knowledge and skills attained in training. Level 2 post-tests are established for a majority of the ILT NET courses and all the ILT NET include a required Level 1 evaluation.

Initial Training Procedures:

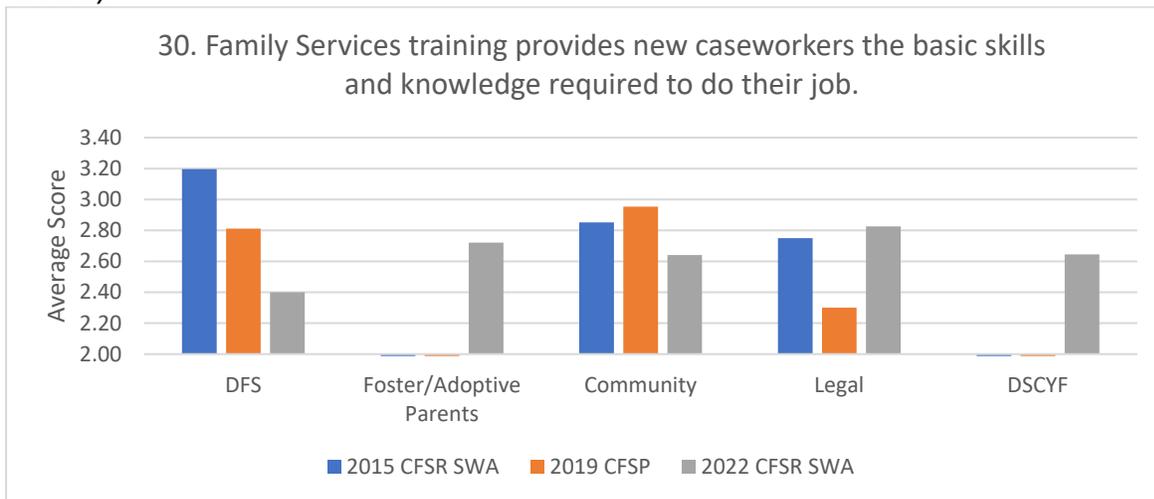
1. CPD receives a list of new hires from Human Resources (HR) before every pay period. The Training Administrator I (TAI) identified as the DFS training liaison is responsible for managing the New Employee Training (NET) process. Part of that responsibility includes scheduling and staffing NET sessions throughout the year, registering new staff in their cohort of classes, and supporting the Trainers. The TAI also collaborates with contracted providers to create accounts in the DLC and register their new staff in the cohort alongside DFS staff. During FY2022, training records indicate 65 DFS staff and 15 contracted providers attended all or part of pre-service training. (Data Source: *DFS NET Attendance Report FY2022*)
2. Twice a year, CPD generates a report to identify new staff who are missing NET courses after their 4-month cohort. Training records indicate 72% of new DFS staff who started in 2022 had completed all the required NET courses or were only missing one course. (Data Source: *DFS NET Compliance Report 11-2022*)
3. The CPD TAI participates in workgroups and senior leadership meetings to ensure the DFS NET remains consistent with the Department's and Division's goals.
4. CPD completes ongoing curriculum reviews and makes modifications to ensure training focuses on the outcomes of safety, permanency, and well-being for children and aligns with federal and state regulations and the Outcomes Matter (OM) practice framework.
5. New caseworkers demonstrate ability and understanding of the OM skills and tools through observations in training, self-reports, and from supervisor and mentor feedback.
6. 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. Evidence reflects that 87.8% of new staff in FY2022 rated the NET pre-service courses as "Very Good" or "Excellent" on applicability of the content to the job. (Data Source: *DFS NET Evaluation Reports FY2022*)
7. CPD uses Level 2 post tests to measure how well the participants retain what was covered in NET classes and that data informs training content, learning strategies, trainer

competence, and delivery. 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 identifies concerns, which can then be shared with the DFS supervisor. In FY2022, new staff achieved an average score of 81% on the Level 2 post-tests for twelve NET classes. A review of test quality identified one test that was problematic and ‘tricky,’ so that test is being modified. (Data Source: *DFS NET Test Analysis FY2022*)

8. Newly acquired skills are practiced and reinforced through observation, coaching, and practice with mentors, Coaching Supervisors, and supervisors. The DFS NET Transfer of Learning Brief (TOL) is shared with supervisors and new staff before training begins. The TOL orients the new staff to the onboarding process, sets classroom expectations, defines the training partner roles, explains the QA tools, reviews the DFS philosophy, describes the NET courses, and provides a checklist of On-the-Job (OJT) experiences/activities. (*DFS New Employee Training Transfer of Learning Brief*)

Due to the unanticipated length of the pandemic, competing responsibilities, and the format of the NET schedule, new staff were not formally surveyed on their overall onboarding experience in FY2022 using the New Employee System Evaluations. This is being corrected in FY2023 since the NET returned ‘in-person’ in March 2022 and the format of the NET schedule has returned to a 4-month cohort.

Results of the 2022 Comprehensive Survey indicates that 50% of existing DFS staff (N=80) agree or strongly agree that “Family service training provides new caseworkers the basic skills and knowledge required to do their job.” (Data Source: *2022 Child Welfare Assessment Survey Results*)



This is a decline from previous year’s survey results for this same topic, 90.19% (2015) and 68.87% (2019). While the content of the NET curricula has not changed dramatically since 2015, there are several factors that may influence the DFS staff’s perception of training effectiveness:

1. FOCUS – the new SACWIS/CCWIS system went live in 2018 and has created challenges for existing and new staff, necessitating a number of updates and workarounds which cause staff to feel frustrated and disenchanting as a whole.
2. Pandemic – contact restrictions during the pandemic dramatically affected the quality of the mentoring, coaching, and training experience for new staff between March 2020 and March 2022. All of the NET training was facilitated virtually during this period, preventing new staff from building supportive relationships with each other and the trainers. Work from home mandates also affected the quality of interaction between new staff, mentors and supervisors. (One study by Paychex.com* reported that while 60% of co-workers who know each other reported high morale, that number dropped to 24% for those who didn't know their co-workers.) New staff were less likely to observe home assessments and 'live/natural' interactions with clients and children. Increased social isolation, confusion, anxiety, technology issues, and distractions at home affected the quality of the reception of training and likely overshadowed the natural excitement and eagerness most people experience when starting a new job. Mentoring and coaching is an integral part of the learning experience for new child welfare workers. While the NET courses can introduce concepts and skills, they must be observed and practiced in the field to solidify them for new staff. Reduced access to experienced mentors and "true" field experiences directly impacted the ability of new staff to properly learn their job, creating a perception that the training was inadequate.
3. Capacity –DFS has experienced an inordinate amount of staff turnover in FY2022. This has resulted in higher caseloads for the remaining staff and a shortage of experienced caseworkers available to mentor new staff. In some instances, less-experienced staff acted as mentors or new staff tried to practice skills together. This may have affected the transfer of learning negatively, creating confusion for new staff and increasing the workload for supervisors.
4. Morale - the factors listed above have affected the morale for experienced staff who feel overworked and underappreciated, for new staff who are overwhelmed with new information and confused by conflicting experiences, and for supervisors who try to do more with less while supporting their staff's well-being at the expense of their own.

The perception of DFS NET from other partners was higher than that of the child welfare staff. 61.84% of other DSCYF staff, 65.39% of community partners, 70.93% of foster parents, and 73.92% of the legal community Strongly Agree or Agree that training provides 'new caseworkers with the basic skills and knowledge to do their job.' Additionally, 84.21% of youth felt their DFS caseworker 'knows how to do their job.' (Data Source: *2022 Child Welfare Assessment Survey Results*)

Several themes were revealed in the feedback section of the 2022 Comprehensive Survey results from DFS staff, including setting the right expectations to applicants and new staff about the realities of working in child welfare (overtime may be necessary, mentally draining, belligerent clients, etc), add more hands-on, realistic training, and provide more mentoring and guidance along the way. (Data Source: *2022 Comprehensive Survey Results*)

The actual effectiveness of training lies less in the perception of training by staff, clients, or partners and more in the quality of the final casework. It is unrealistic to expect classroom training to cover everything that a child welfare caseworker needs to know. Mentoring, field experience, skills practice, and reinforcement by supervisors are important factors for the successful development of new staff. Some of the important key concepts that are introduced in NET include Child Safety, Well-being, Compassion, Respect, Engagement, Trauma-Informed Care, Collaboration, Cultural Competence, Strengths-Based Focus, Placement Stability, Permanency, and use of Evidence-Based Tools. One measure of the effectiveness of NET and the onboarding process could be the following chart that compares Delaware’s performance by Outcome to the national performance for CFSR Round 3 in 2015 versus the most recent results from the 2023 APSR. In 6 of the 7 Outcomes, Delaware scored the same or better than 2015 and significantly better than the national performance. (Data Source: Delaware APSR 2023)

Outcome	CFSR Round 3 National Performance	Delaware Baseline 2015 (N=90)	Delaware Review 10/202-3/3022 (N=90)
Safety 1	73%	81%	86%
Safety 2	66%	91%	68%
Permanency 1	27%	56%	72%
Permanency 2	61%	81%	100%
Well Being 1	36%	70%	70%
Well Being 2	82%	98%	98%
Well Being 3	57%	83%	90%

In conclusion, a rating of **Strength** is recommended for Item 26: Initial Staff Training based on the well outlined curriculum, feedback loop and monitoring. Recognized opportunity for improvement exists as it relates to the overall onboarding process. While 2 of the 3 counties have dedicated Coaching Supervisors that manage onboarding new staff, Sussex County does not. As a result, there is less consistency and oversight of the process within Sussex as each supervisor handles onboarding individually. Another opportunity that exists is the development of higher ‘levels’ of training to reinforce and expand on knowledge and skills developed in NET. DFS has begun considering the addition of 200 and 300 level courses on some topics for staff. An additional opportunity would be to add ‘successful completion of all NET requirements’ to the promotion requirements for Senior Family Service Specialist, which is usually available to Family Service Specialists after one year of service.

[Item 27: Ongoing Staff Training](#)

State Response:

Since the 2015 CFSR and subsequent PIP, DFS surveyed supervisors who indicated they wanted training on safety planning, coaching in child welfare tools, solution focused decision-making, morale building, vicarious trauma, motivating staff, wellness, and transfer of learning. DFS obtained curriculum from the Ohio Child Welfare Program that was developed by the Institute for Human Services. The curriculum was modified to reflect Delaware casework and CPD began

offering the training in August 2018. In 2015, DFS staff were required to complete 18 hours of in-service training per year. In 2020, DSCYF instituted a 28-hour in-service training requirement for all staff and requirement was added to the yearly Performance Review factors. Staff are encouraged to include training hours from a variety of sources, including external websites, conferences, and seminars.

The Center for Professional Development (CPD) provides statewide Instructor-Led Training (ILT) and asynchronous online training to DFS staff that supports the Trauma Informed Care, Safety Organized Practice, Structured Decision Making, and Outcomes Matter initiatives, as well as federal and state mandates. Contracted providers are also invited to attend courses that apply to their work.

In FY2022, in addition to courses offered through the Delaware Learning Center on hundreds of topics, more than 30 in-service courses were specifically offered to DFS staff. This included courses offered by Program Managers and SME trainers like the ‘Lunch and Learn’ series which is offered at lunchtime for only 1 hour and covers a variety of topics applicable to daily caseworker duties. (See Attachment: *DFS In-Service Training FY2022*)

DFS Supervisors are able to view the transcripts of their staff in the DLC; and they can assign training directly to staff. This allows supervisors to monitor the training their staff has completed and to check the status of mandatory courses, due dates, etc.

CPD offers statewide child welfare-specific supervisor training to DFS supervisors. The DFS Supervisor Core consists of 6 modules that are 1-2 days each. The series of 6 modules are offered twice a year, with one module scheduled each month (Module 1 offered in January 2022, Module 2 offered in February 2022, etc.). The entire series repeats again, beginning in July 2022 with Module 1. (See Attachment: *DFS Supervisor Core Training FY2022*)

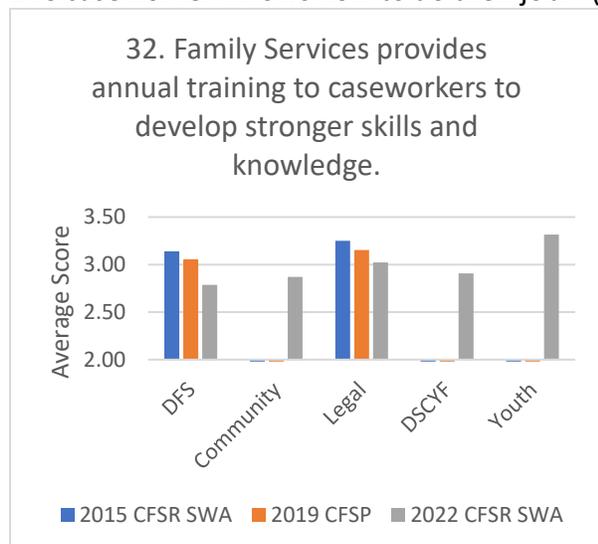
In addition to the in-service courses offered to all DFS staff in FY2022, DFS supervisors were also offered 8 additional in-service courses specific to supervision. (See Attachment: *DFS Supervisor In-Service Training FY2022*)

DFS supervisors participate in quarterly Statewide Management meetings and regular county staff meetings which offer an opportunity to collaborate with supervisors from other units and provides supervisors and staff with important information on timely topics. DFS leadership is using creative methods to provide supervisors and staff with training opportunities.

The Training Administrator I (TAI) identified as the DFS training liaison is responsible for attending DFS leadership meetings and workgroups to stay abreast of trends and training opportunities for DFS staff. DFS leadership and supervisors also reach out to the TAI to develop new curriculum, schedule sessions in the DLC, modify existing presentations into online courses, and to manage SME trainers. Training needs often result from opportunities identified during case reviews, feedback from staff or supervisors, or when new projects/processes are being introduced. During FY2022, new training was offered to DFS staff on Framework Consultation

Meetings, Trauma-Informed Care, Judicial Processes, Human Trafficking, Safety Assessments, Domestic Violence, Self-Care, Guardianship Checklists, Gender Identity, and Substance Misuse. (Data Source: *DFS New Employee Online Training and DFS In-Service Training FY2022*)

In the 2022 Comprehensive survey, 68.75% (N=80) of DFS staff Agree or Strongly Agree that they receive ongoing training to improve skills and knowledge. This is a decline from previous year’s survey results for this same topic, 88% (2015) and 83.97% (2019). As described in Item 26, there are several factors that may influence the DFS staff’s perception of training effectiveness, including FOCUS, Pandemic, Morale, and Capacity. The perception of DFS’s in-service training from other partners is higher than that of the child welfare staff. 81.58% of other DSCYF staff, 80.52% of community partners, 79.76% of foster parents, and 88.89% of the legal community Strongly Agree or Agree that DFS ‘provides ongoing and annual training to caseworkers to develop stronger skills and knowledge.’ and, as indicated in Item 27, 84.21% of youth felt their DFS caseworker ‘knows how to do their job.’ (Data Source: *2022 Comprehensive Survey Results*)



In the feedback section of the 2022 Comprehensive Survey results from DFS staff, several responses indicated more training and refreshers were needed, including those directly related to specific job functions. As detailed in Item 26, the actual effectiveness of training lies less in the perception of training by staff, clients, or partners and more in the quality of the final casework. In 6 of the 7 Outcomes, Delaware scored the same or better than 2015 and significantly better than the national performance. (Data Source: *Delaware APSR 2023*)

CPD generates a report to leadership in July and October on staff progress towards the yearly goal of 28 training hours. In early January, CPD distributes a final report of the Training Hours for the previous calendar year. Training records indicate 60% of DFS staff completed at least 28 hours of training in CY2021 (Data Source: *DFS Training Hours – Full Year 2021 – Percentage of Staff Attaining Goal*). As of October 2022, 55.5% of DFS staff had completed at least 21 hours of training for CY2022 and were on target to achieve the training goal by the end of the year. (Data Source: *DFS – Training Hours as of 10-12-22*)

Enrollment records indicate that, when elective in-service training is offered on subjects directly related to the work of child welfare staff, they are minimally attended. For example, two virtual ILT sessions on *Dynamics of Domestic Violence: Recognizing, Responding, and Removing Barriers* were offered in March 2022 with only 23 DFS staff attending (*Enrollment Summary – DFS – Dynamics of DV*). Enrollment records for other elective in-service training demonstrate similar attendance/completions. Although the online *NTI Child Welfare Professional Training* curriculum has been available for several years, no DFS staff completed the curricula in FY2022 (*Training Progress Summary - NTI Child Welfare Professionals -FY2022*). Informal surveys of staff indicate they feel too busy to attend training, likely related to the recent capacity issues and high caseloads. Low attendance in training could explain the perception of DFS staff that the in-service training is ineffective and inadequate. Several staff (N=8) were interviewed on recent in-service training (*TDM Refresher* and *MDT Refresher*) and asked if the content helped them to work with families or to implement the policy; 75% of the staff said it did. (*DFS Staff Survey on In-Service Training*)

In conclusion, a rating of Strength is recommended for Item 27: Ongoing Staff Training due to the detailed training plan and creative opportunities for a variety of trainings, continued improvements of ongoing training, the implementation of supervisor specific training and supported by stakeholder feedback. There are recognized opportunity for improvement, while there are a good number of courses offered, supervisors and staff do not feel they have the time to attend and there is little enforcement of training that is considered ‘mandatory.’ When competing priorities exists, training is usually the first item to be discarded. As indicated previously, there are larger reasons that training attendance is low, most notably high staff turnover and high caseloads for remaining staff – these issues will need to be ameliorated before attendance at in-service training will improve. Another opportunity that exists would be to tie in Training Hours with promotions, ensuring staff are not promoted if they have not achieved the 28-hour training goal in the past CY.

[Item 28: Foster and Adoptive Parent Training](#)

State Response:

Delaware utilizes state staff and contracted providers to provide training to foster and adoptive parents. Round 3 identified this area as needing improvement and a PIP strategy of cross referencing and offering more variety of training was implemented with success. The survey and cross referencing became a part of practice and continues to inform the training system today.

To assess current functioning, the comprehensive surveys, training surveys and focused discussions during meetings were used. Additionally, data from the PIP workgroup and ongoing training evaluations over FY 18 – FY 21 was analyzed and included. The number of participants who completed the surveys were small and some data was incomplete due to questions being skipped or limited responses from some groups of stakeholders.

The data shows the overall stakeholders agree foster and adoptive parents and group care staff have training that gives them the skills and knowledge to care for children. There are inconsistencies with how training compliance is tracked and how these inconsistencies are

addressed primarily because of the various agencies that oversee families. Stakeholders noted that training requirements differ among agencies. A provider portal, where providers will document service delivery in FOCUS, and a recruitment portal, where foster and adoptive parents will enter and receive information including licensing and training information, are currently being developed into the FOCUS system. This centralized data collection and communication will allow the agency and stakeholders to improve communication and monitoring.

A plethora of training is offered statewide throughout the year to prospective and current foster and adoptive parents and group care staff. (See attachment of trainings offered). Private providers and Prevent Child Abuse Delaware (PCAD) provide ongoing monthly statewide competency-based pre-service training to prospective foster parents. Curriculum used varies by agencies and include PRIDE, Institute for Human Services (IHS) and provider affiliated training. However, topics covered are similar and include general information about the child welfare system, abuse and neglect including impact of trauma on child's development, attachment and bonding issues, child development, positive behavior management, birth parent or former guardian relationships, and self-care.

Pre-service training requirements for most prospective foster parents is between 29 – 32 hours and for adoptive parents is between 29 – 50 hours depending on specific agency requirements; one provider requires 50 hours of pre-service training for prospective foster parents. Completion of the pre-service training is a requirement to eligible to become a foster parent or be approved for adoption. A focus group of providers held in November 2022 and a specific training survey to providers confirmed that statewide and for all agencies 100% of eligible foster parents or approved adoptive parents completed the necessary pre-service training. And, on average about 92% of participants who start pre-service training complete it and become eligible to become a foster parent. (*Provider meeting data 11/10/22 and provider survey 11/22*)

Additionally, private providers and PCAD provide ongoing statewide in-service training to foster parents throughout the year. Required topics are offered regularly and additional topics are identified through surveys and work with foster parents and offered throughout the year statewide. These opportunities allow foster parents to take required training as well as supplemental topics. Training is offered by all child placing agencies and certain topics are offered to all foster parents, kinship and adoptive parents statewide regardless of the agency they are affiliated with. Required annual training hours for licensed foster parents vary from 15 hours for lower-level parents to 36 hours for higher level parents based on the agency the foster parent is affiliated with.

Training is offered in a variety of formats; in-person, virtual, online courses and self-studies. In-person and virtual training is offered frequently statewide throughout the year ranging from one training per month to multiple trainings per month. Foster parents are given ample opportunity to meet their annual training requirements. Additional support programs that are offered by private agencies include a mentor program where new and experienced foster

parents are paired, and a coaching specialist who is able to meet with families individually when needed. This information was supported by the focus group with providers, provider and foster parent survey completed in fall of 2022.

Since the deployment of FOCUS in 2018, tracking required annual training compliance for foster parents licensed with the State of Delaware has been more challenging because of entry and exporting training lists has not been user friendly. Getting comprehensive statewide and accurate data from the system was not possible and could not be analyzed for compliance with requirements for in-service training. Additionally, addressing circumstances where foster parents licensed with the State who do not complete training is inconsistent. Compliance with meeting required training hours for foster parents is an area where clear data could not be identified. Provider Survey results yielded an average of 88% of foster parents affiliated with private providers statewide meet their training requirements annually.

When foster families are not in compliance with their training requirements all foster parents statewide are notified of their incompliance and a plan to obtain needed training is created. The amount of time a family has to become compliant varies by agency, ranging from 30 to 90 days. The agency works with the families on getting the needed training. If a family does not meet their requirement after the allotted timeframe, they are put on hold until the requirements are met. Clear data about consequences for foster parents who did not fulfil their training obligation after a training plan was created could not be collected for the State of Delaware foster parents.

Training plans for group care staff are developed that follow the Council on Accreditation and Office of Childcare Licensing requirements. 15 hours of onboarding training, plus 40 hours of on-going training for fulltime employees and 20 hours of on-going training for parttime employees on a variety of topics are provided statewide.

These trainings are provided in a variety of ways: on site coaching with experienced staff, online training through Relias and in-person training.

The training topics include:

- Carrying out job responsibilities;
- Emergency procedures
- The Delaware child abuse and neglect law(s) and regulations
- Instruction in administering cardiopulmonary resuscitation (CPR) and first aid
- Trauma informed care
- Medication training
- Crisis management
- Educational advocacy
- Cultural sensitivity
- Behavior management policies and procedures
- Human trafficking
- HIPPA

100% of group care staff statewide complete initial training. Anyone who does not complete initial training is not employed. Group care administration monitor staff training. If required training is not completed at review time a plan for training is created. Each facility has a check-in period if staff have not completed training by the required date they are not able to work until they complete all necessary training. If training is not completed by agency review the staff person may be removed from program. On average 92% of staff statewide complete the annual required training. *(Provider meeting data 11/10/22 and group care survey 11/22)*

The evidence shows that foster and adoptive parents value training, believe there are enough opportunities to meet their training requirements and that training provides them with the skills and knowledge they need to be care for children. Skills and knowledge are assessed in a variety of ongoing ways; pre/post testing, training evaluations, and quarterly program outcomes. Pre/post-testing and evaluations are given after each training statewide by most agencies. Pre and post test data for training classes is collected and analyzed. Training is reviewed by agencies annually and updated as needed. Evaluations are provided to participants and feedback is gathered including needed training topics. Families are also asked during their annual review to provide feedback about training topics and if there are areas where training would be helpful. Identified training needs are typically addressed and added to the training schedule. When negative feedback is given about a particular training, the curriculum is reviewed and adjustments are made. If an instructor has received consistent negative feedback, the concerns are shared with him/her. If a particular topic continues to be identified by the majority of participants as not meeting their needs that training is not offered again. If an instructor continues to receive negative feedback, he/she is not invited to provide additional training. Additionally, staff statewide who support foster parents are surveyed during meetings about areas and topics that they believe need to be addressed. *(Provider meeting data 11/10/22 and provider survey 11/22)*

During monthly meetings with families, workers look to see if families are following regulations and practicing skill that were taught during both pre and in service training. If there is an area of concern a training and support plan will be developed.

100% of providers surveyed believe foster parents' skills increase from training. They identified examples of evidence, through increased understanding of Delaware regulations, increased placement stability, positive changes in parenting approaches, positive changes in language they use to discuss the children in their care, and that foster parents are more comfortable reaching out for assistance when they are struggling with a child or situation. *(Provider meeting data 11/10/22 and provider survey 11/22)*

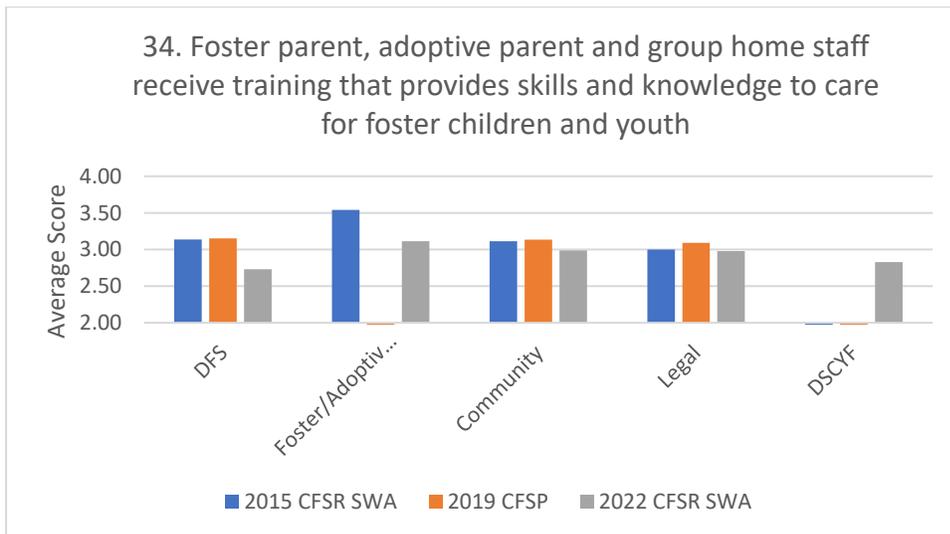
Data collected from foster parents indicated foster parents feel training is addresses the skills they need to care of children. *(Foster and adoptive parent survey 11/22)*

- 89% of foster and adoptive parents who completed a general survey in November indicated that the training they received prior to becoming a foster parent adequately prepared them for fostering youth.
- 88% indicated they believe the training they receive provides information that is relevant to caring for foster children.

- 93% of foster parents surveyed feel training enhances their skills and ability to care for the children in their homes.
- 93% of foster parents surveyed believe training is an important part of foster parenting and parenting success.
- 93% of foster parents surveyed believe enough training opportunities are available

Data collected from the 2022 Comprehensive Survey demonstrates that stakeholders agree that training provides skills and knowledge foster and adoptive parents need to care for children in their home.

- 71% of DFS staff surveyed indicated that they strongly agree/agree that training provides the skills and knowledge foster and adoptive parents need.
- 79% of DYSCF staff surveyed indicated that they strongly agree/agree that training provides the skills and knowledge foster and adoptive parents need.
- 85% of community partners surveyed indicated that they strongly agree/agree that training provides the skills and knowledge foster and adoptive parents need.
- 80% of the legal community surveyed indicated that they strongly agree/agree that training provides the skills and knowledge foster and adoptive parents need.
- 88% of foster and adoptive parents surveyed indicated that they strongly agree/agree that training provides the skills and knowledge foster and adoptive parents need.



Other data points that are correlated with foster parents using skills and knowledge to carry out their duties are:

- 98% of foster and adoptive parents indicated that they strongly agree/agree that they make sure children are safe in their homes.
- 75% of youth surveyed indicated that they strongly agree/agree that they feel safe in their foster homes.

Foster and adoptive parents who attend training statewide are asked on evaluations if they feel the training increased their skills and if it is relevant to their level of expertise. (*PCAD annual report data for fiscal years 18 – 21.*)

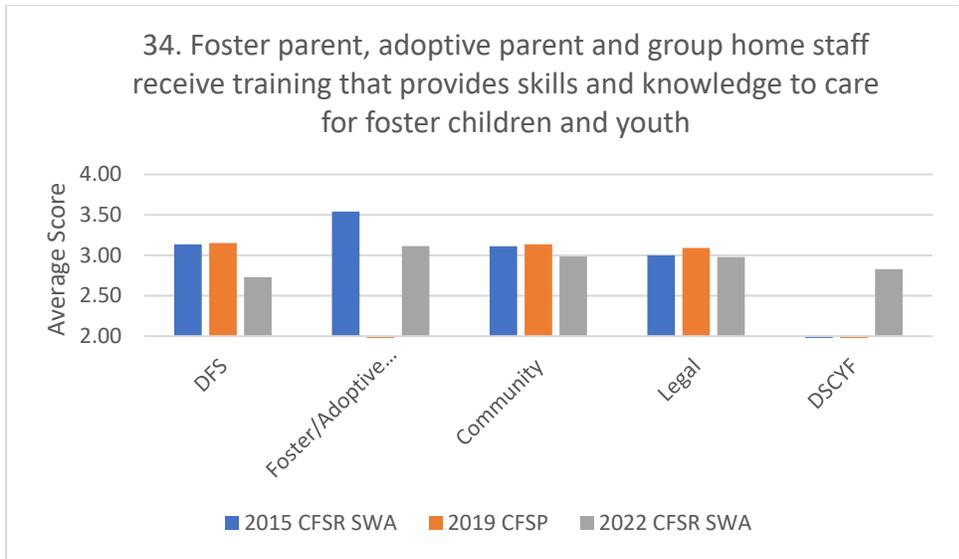
- Consistently year after year over 96% of foster parents surveyed indicate the training has increased their skills.
- Consistently year after year 100% feel the training is relevant to their level of expertise.

Skills and knowledge for group care staff statewide are assessed in a variety of ongoing ways. Surveys are provided to staff after training and feedback regarding trainings offered and needed is provided during individual meetings with staff supervisors statewide. This feedback is gathered on average monthly.

Feedback about training is reviewed by group care administrators and information is given to the directors statewide to address areas in need of improvement. Additionally, group care agencies statewide include their staff feedback when choosing topics and training delivery. Significant consideration is given on utilizing methods of training delivery that best meets the staff needs. (*Provider meeting data 11/10/22 and group care survey 11/22*)

Data collected from the 2022 Comprehensive Survey demonstrates that stakeholders agree that training provides skills and knowledge group care staff need to care for children.

- 71% of DFS staff surveyed indicated that they strongly agree/agree that training provides the skills and knowledge group care staff need.
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- 85% of community partners indicated that they strongly agree/agree that training provides the skills and knowledge group care staff need.
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- 88% of foster and adoptive parents indicated that strongly agree/agree that training provides the skills and knowledge group care staff need.



Comparison data varies. When comparing the Comprehensive Survey from 2015 and 2022 data around training decreased slightly. However, when foster parents are surveyed directly the data demonstrates much higher satisfaction with training. The concerns addressed in the previous PIP were not identified during recent surveys which demonstrates training across agencies is more consistent in topics, delivery and quality.

In conclusion, a rating of **Strength** is recommended for Item 28: Foster and Adoptive Parent Training due to the robust amount and variety of trainings offered statewide by both state and private agencies.

Due to lack of data around training compliance for State of Delaware foster parents, it is recommended that this area is in need of improvement. The system used to gather data to determine if foster parents licensed with the State of Delaware are in compliance with their annual training requirements needs to be improved. Because of the inability to determine compliance for foster parent licensed with the Division of Family Services, the response when a foster parent has not met their training requirements is not clear.

Overall Summary and Recommended Rating:

Based on the analysis of the 3 items for this system, it is recommended that Delaware is in **substantial conformity** for staff and provider training. Although, Delaware recognizes areas to strengthen in regard to tracking and monitoring training of foster parents across the entities, we have seen improvements with availability of training for staff and providers. The pandemic did impact staff perspectives about what the work entails calling for more basic and creating training experiences the system is established to meet the needs.

E. Service Array and Resource Development

State Response:

Delaware's Service Array Round 3 Findings and PIP activities were as follows:

In Round 3, Delaware was **not in substantial conformity** for the systemic factor of service array and resource development receiving an overall rating of **Area Needing Improvement** for Item 29- array of services and Item 30- individualizing services. Information in the statewide assessment and collected through the stakeholder interviews indicated that although a number of services are available in the state, these services are not sufficient to meet the needs of children and families. Notable gaps in services include functional family therapy, pre-school and after-school programs, transportation, quality mental health services for children and affordable housing. Information collected indicated that gaps were more prevalent in the southern part of the state, noting that the waiting list for mental health services was 8 to 12 weeks. Additionally, information in the statewide assessment noted utilization of flexible funding used to individualize services and enhanced assessment of service needs using SDM® Assessment tools, as evidence that the system is functioning. However, during interviews, there were reports of challenges accessing flexible funding for in home services, insufficient support for individualizing services and challenges servicing non-English speaking families statewide.

The Service Array and Resource Development System PIP strategies included:

1. Strengthening the array of services available for both intact families as well as families in which the children have been removed from the home by evaluating gaps in services and establishing partnerships to expand services for housing, social services, substance abuse, adult mental health, and managed care organizations.
2. A second strategy was to improve the connection between assessment and connection to services to ensure individual child and family needs are effectively addressed. The primary activities during the PIP were focused on creating a comprehensive resource manual, accessible by staff statewide, that included contract and community-based services, so that staff coordinating services would be better informed about complete service array opportunities.

An additional activity included in the PIP related to Service array was to continue the work of the Multi-System Health Action Committee (MSHAC), which was a partnership between public and private service providers. This group identified liaisons for housing, social services, substance abuse, adult mental health, and managed care organizations. Those liaisons facilitated knowledge of and access to services by distributing contact and eligibility information statewide. Finally, Delaware added the evidence-based Family and Child Strengths and Needs Guide (assessment tool) to the automated case management system (FACTS) in March 2016. The Guide assesses each child and caregiver individually. Assessment findings correlate with the Family and Child Service plans to ensure individual needs are addressed.

Each year through the Division's CFSP, Delaware has developed objectives, goals and strategies designed to strengthen and enhance service array. Delaware feels strongly that this is a necessary and continuous process and is closely correlated to various other outcomes and

systemic factors. In the most recent CFSP, DFS outlined several objectives in this area. They are as follows:

- Increase community awareness of services by implementing a plan for collaboration, education, and resource development
- 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
- Develop both formal and informal in state resources to assist victims of human trafficking
- Strengthen foster care resources for all children placed outside their home
- Strengthen informal and formal services for foster teens and young adults aging out of care; increase the percentage of youth graduating high school, obtaining a GED and enrolling in post-secondary or vocational education programs
- Sustain and promote financial stipend programming for young adults transitioning.

There are a multitude of benchmarks, performance measures and outcomes aligned with these objectives in our recently approved 2023 CFSP and APSR.

To conduct our current Service Array statewide assessment, Delaware reviewed the following evidence which demonstrates our state's continued efforts to enhance and strengthen the accessibility and individualization of services for children and families.

Evidence reviewed and analyzed:

CFSP, APSR- various years since 2015 including most recent 2023

OSRI results for applicable questions (Item 12 (a, b, c), 16, 17, 18)

OSRI supplemental survey results, CFSR 2015, DE's CFSR PIP,

Post Adoption and Guardianship Survey

CFSR 2015 survey

PIP Survey

CFSR 2022 Survey

DFS Program Manager service contract utilization and monitoring data via individual outreach (includes Transportation, Family Interventionist, FAIR, SDM® Assessment tools, Independent Living, Housing vouchers program, drug and alcohol and domestic violence liaison programs, pre- and post-adoption support services, TDM/Family Team Meetings, CSE-IT tool, Dual Status Youth, Foster care family, group, and shelter care (in-state and out of state))

FIRST data reports

Collaborative Consultation and Resource team (CCRT) data and survey reports

DSCYF Strategic Plan and related documents

DFS Annual Stakeholder presentation and minutes

Pharmacy consultant data related to monitoring of psychotropic medications for foster youth

CPAC Caseload reports

Division of Prevention and Behavioral Health Services -Middle School Behavioral Health

Consultation program data

Division of Prevention and Behavioral Health Services Early Intervention Program data (K-5 EI program)

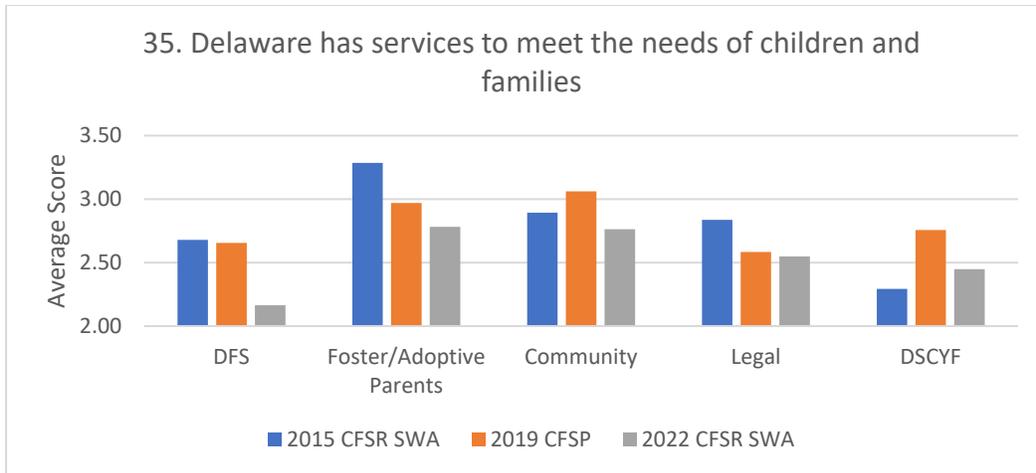
Child Development Watch Birth to Three Early Intervention Program data
 CPAC/CAN Panel findings and recommendations
 Promoting Safe and Stable Families program data
 Division X supplemental funding data from TIL Program Manager
 Kinship Navigator annual program review and data
 Amazon Voucher Program utilization data

Following the review of the above information, Delaware has identified several strengths related to the statewide service array. Delaware uses several performance measures when determining our performance on strengthening informal and formal services. Primary measures are recurrence of maltreatment and count of child abuse victims per 1,000 children per Kids Count® publication. Comparison measures for this goal are the OSRI results from Item 12a, b and c: Needs and services of children, parents, and foster parents as well as Items 16 (education needs), 17 (Physical Health needs) and item 18 (Mental/Behavioral health needs of children. Recurrence of maltreatment for FY19-20 is 4% and better than the national performance of 9.5%. Kids Count® data shows the rate of child abuse victims per 1,000 and Delaware has continued to improve from a high of 11.7/1,000 in 2012, to 7.2/1,000 in 2017, 6/1,000 in 2018, 5.8/1,000 in 2020 and most recently to new low of 5.2/1,000 in 2021. For companion case review items 16, 17 and 18, Delaware has consistently scored a 90% or higher.

OSRI Case Review Measures			
Measurement Period	Strength Rating (Item 16- Education)	Strength Rating (Item 17- Physical)	Strength Rating (Item 18- Mental/Behavioral)
Delaware’s 2015 baseline	98%	86%	91%
National Performance	82%	69%	91%
Apr 2020 – Sept 2020	100%	96%	94%
Oct 2020 – March 2021	98%	94%	98%
Apr 2021 – Sept 2021	96%	97%	96%
Oct 2021 – Mar 2022	98%	93%	90%
Apr 2022 – Sept 2022	100%	97%	93%

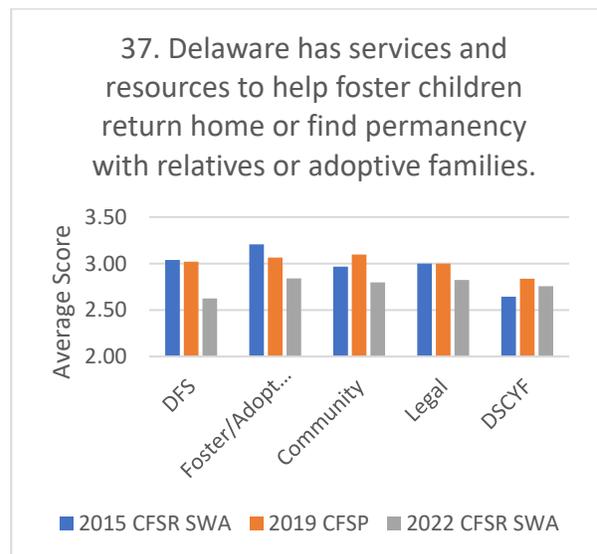
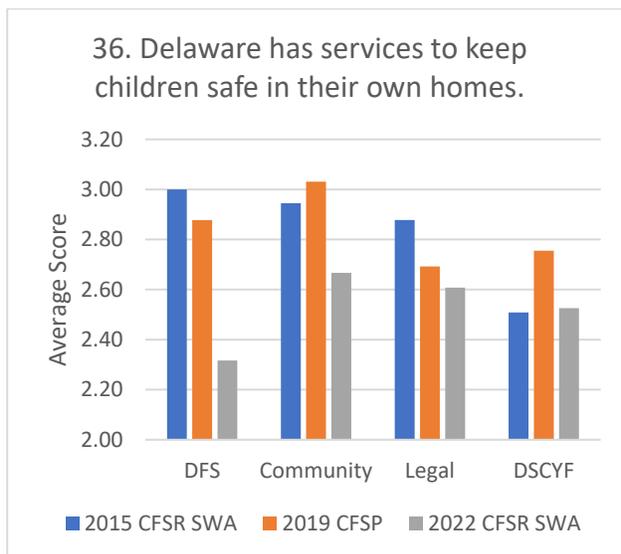
These performance measures are determined to be strengths for Delaware under the Well-Being outcome suggesting that Delaware is meeting the needs of children across these areas. There was agreement that improvements have occurred over time and has been supported by policy, training and attention to these needs.

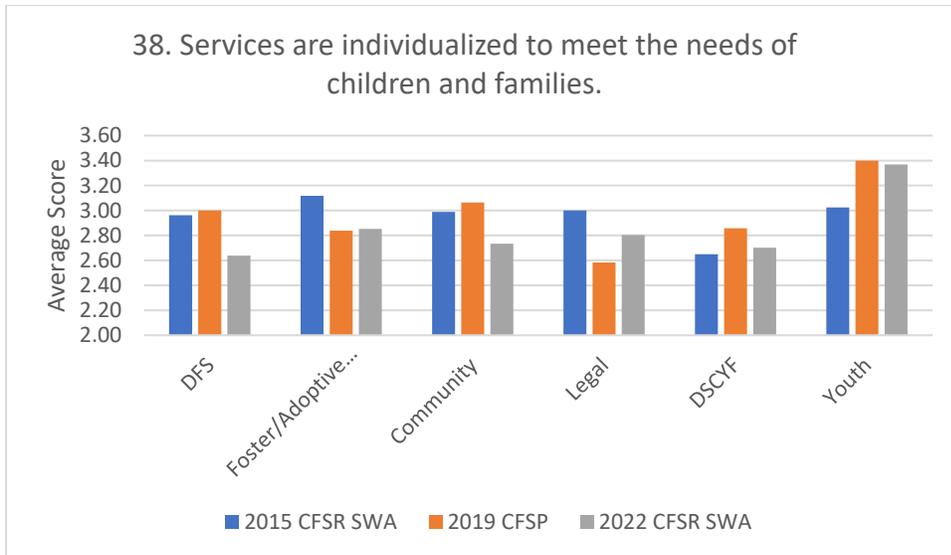
Analysis of various data sets and evidence as well as multiple results from the Comprehensive survey with DFS and Department staff, legal community, community partners, foster/adoptive parents and youth, we have determined that much work has been done by DSCYF, DFS and others throughout Delaware to enhance the statewide service array and there were many improvements both in type, quantity, and quality of services.



Some examples include expansion of FAIR, addition and expansion of Kinship Care Programming, pre- and post-adoption support services, expansion of evidence-based programming across the statewide community, adoption of the CSE-IT trafficking tool, development and implementation of protocol for Dual Status Youth meetings and additional flexible funding through the Family Informed Resource Support Team (FIRST) and the Amazon voucher program. There is also evidence to suggest that services can be individualized to meet needs for many children and families.

The 2022 Comprehensive survey results indicate that 63% of the respondents agree or strongly agree that Delaware has services to keep children safely in their homes, 70% agree or strongly agree that Delaware has services and resources to help foster children return home or find permanency, and 69% agree or strongly agree that services are individualized to meet child and family needs. The survey respondents included DFS staff, DSCYF staff, community partners, legal community, foster/adoptive parents, and youth. These survey results are supported by the utilization data reviewed by the team.





Through the statewide self-assessment process, Delaware has identified areas of our system that need continued improvement. While there is evidence that there is a statewide service array system, staffing challenges within DFS/DSCYF, the provider network, and community-based agencies threaten timely delivery of services and service quality. The improvements and enhancements made thus far to expand and strengthen our service array have shown regression in some areas in the wake of the pandemic and workforce crisis that faces our state.

In general, the service array is currently **not in substantial conformity** with the standards related to availability of a range of services due to staffing challenges, waitlists, and some geographic gaps, particularly in Sussex County. Although there are services to address the needs of families and individual children to create a safe home environment throughout the state there are gaps due to staffing and waitlists/referral restrictions. While the staffing and workforce crisis has impacted service array across the board, the most affected service types have been case management, placement resources and mental and behavioral health services for children and adults. Similarly, for services that enable children to remain safely with their family when reasonable, there is too much reliance on the FI (Family Interventionist) program for these families and there are current gaps due to waitlists/referral restrictions.

Although many of our services can be tailored to meet individualized needs, it can be challenging for families who have welcomed a child or children into their family through adoption or guardianship to find providers who understand their unique situation and needs. We also recognize gaps in placement resources for children, particularly teens across the state. Therefore, we conclude that primary barriers to achieving and maintaining a strong and thriving Service Array system, are strongly correlated with the current child welfare and community wide resource and workforce crisis. The Division has experienced high vacancy rates particularly in investigation in our New Castle County office. We have also seen partner agencies experiencing similar vacancy challenges. The agencies that provide foster care, case management and home intervention services have all experienced staffing shortages that impacted their ability to service clients. The community resources have experienced similar workforce issues, particularly in mental and behavioral health service categories. We also have

a gap in resources for out of home placement and have had to do very creative and individualized plans utilizing different resources. This strain has been felt by all parts of our system, including children and families. One care provider provided the following comment “The system desperately needs more providers; more social workers, more contract agencies, more foster homes and foster homes tailored to the needs of children with mental illness.” This confirms what DFS has recognized for some time and has begun putting contract services out for bid to try to enhance the services and also to determine rate increases to help agencies that provide services to the child welfare system to attract qualified staff to deliver the needed services.

In the related companion performance measure, OSRI case review tool item #12 (a, b, c), Delaware has not met the expected performance goal of 90%. For the most recent completed case review period (Oct 21- March 22), Delaware scored the following: 12a- Needs assessment and services to children- 78%, item 12b- needs assessment and services to parents- 66% and Item 12c- needs assessment and services to foster parents- 98%.

	Delaware Case Reviews			
	10/20-3/21	4/21-9/21	10/21-3/22	4/22- 9/22
Item 12: Assessing Needs and Services	62.22%	76.67%	70.00%	61.11%
Item 12 A: Needs and services to children	74.44%	84.44%	77.78%	75.56%
Item 12 B: Needs and services to parents	56.72%	70.77%	66.15%	64.38%
Item 12 C: Needs and services to foster parents	92.45%	95.83%	97.87%	84.78%

While we have made improvements in all the categories of this time, we continue to need to improve work with parents, especially fathers in order to achieve the established goal. We will also need to continue to address service gaps across the state for children and foster parents to ensure no further regression occurs.

Overall Summary and Recommended Rating:

After thorough review of all the information, feedback and evidence related to the accessibility, availability, and individualization of services for the children and families, Delaware finds that despite continued efforts and improvements over the past 5 years, this system area remains an **area needing improvement**.

F. Agency Responsiveness to the Community

Delaware’s Agency Responsiveness to the Community System Round 3 Findings and PIP activities were as follows:

In Round 3, Delaware was found to be in **substantial conformity** for the systemic factor of agency responsiveness to the community. Item 31 was rated as **area needing improvement** due to challenges with engaging minorities, birth parents, foster parents and internal staff. Delaware did well with engagement of other serving agencies, courts/legal and community

partners. Item 32 was rated as a **strength** based on demonstrated coordinated services with other federal programs.

Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR
State Response:

Since the Round 3, Delaware attempted to increase our large stakeholder meeting from annual to semi-annual. The pandemic and staff turnover created some barriers to this occurring during that time. The last two stakeholder meetings, Delaware was deliberate in specific feedback loops. During the November 2021 stakeholder meeting, participants were engaged in providing feedback, suggestions and ideas for improvement. 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. This information was categorized, and the program team began working on many of the items identified and incorporated them into the 2023 APSR submitted in 2022. Then during the September 2022 stakeholder meeting, the feedback was highlighted with actions taken or plans for action, which resulted in positive feedback from participants. Delaware also has several stakeholder contributors in the drafting of the APSR and updates to the CFSP.

Delaware's CQI system has resulted in several subcommittees that include stakeholders from lived experience, the courts and legal system and all levels of state and community child welfare workers and managers. This system provides a continues 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 that families and children involvement in the child welfare plan, progress and reporting could be stronger and we recently implemented a supplementary questionnaire to go with our case review interviews to try to get feedback from families engaged in case reviews.

Since using the survey beginning in May 2022, we have collected data from 107 participants: 36% parents, 36% foster parent or kin caregiver, 27% youth and 1% other. The survey asks both yes/no and open-ended questions about accessibility to DFS, if they feel heard and have opportunities to engage in the process, if the agency engaged the families natural support system/community, overall if DFS helped the family, among others. Results are shared by the CQI manager with the program managers and other stakeholders involved in the CQI subgroups to take necessary action.

Results showed that participants felt respected by the case worker 89% of the time, felt engaged 86% of the time and of those that answered, 81% felt like an active participant in their case plan.

Delaware utilizes the youth advisory council which was rebranded and renamed by the youth to HOPE (Helping Our Peers Evolve). This group provides feedback on areas of need related to the youth in care, they work on improving the lives of children in care and are informed of

opportunities for support in the child welfare system. 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 partner by including them in CQI groups, provider meetings with program managers, stakeholder calls and meetings and as needed trainings and staffing meetings. Whenever possible, the agency asks members of the community that either have lived experience or represent the voice of lived experience to join groups. With federal encouragement, the state is moving toward making it standard practice to be asking at every opportunity if lived experience is part of the discussion. Kinship navigator community has joined the CQI Intact family group to help get kin caregiver's and children's voice to the table about what they need to maintain safe homes for children. DFS contractors are invited to participate in regular provider meetings with their DFS program leads to discuss the goals of the division and assess the needs of the families and children served. This feedback is then incorporated into workgroups, policy and practice updates and training plans. The CQI teens committee was developed out of a need heard from stakeholders about the rising numbers of teens in care with complex needs. This committee has a diverse group of stakeholders that bring a range of prospective. There is a strong legal 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 with adoptive parents on meeting the needs of adopted children and helping children in care reach permanency. This committee has strong community partnerships with advocacy groups, local colleges, legal community partners and adoptive parents and is making strong recommendations with related actions.

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

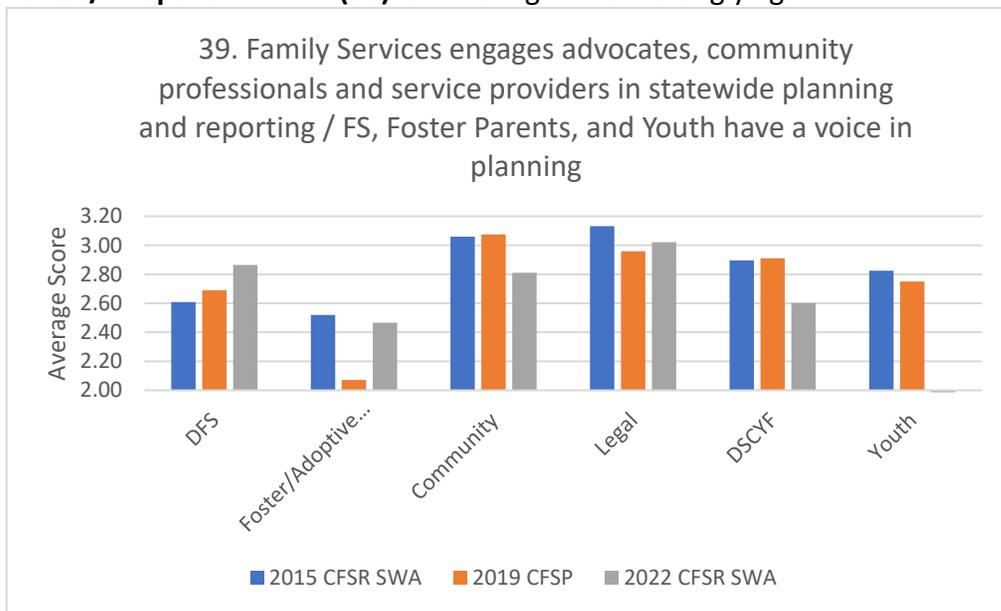
The Division works closely with the CIP Coordinator to encourage and get recommendations from participants on all of our CQI groups and division working groups. Both the Division and Department staff participate on all CIP groups and many members of leadership work directly with our CIP coordinator. To better connect the agency staff with the judges, Judge's roundtable discussions have been planned with one that happened in Feb 2022, which put case workers, supervisors, administrators and judges at the same virtual table to discuss strategies of improvement and understanding. The DFS program team has conducted many training sessions with the judicial community around child welfare practices and solicited feedback. Data is

frequently shared and reviewed by both the CIP data committee and the DFS CQI data committee to review each other’s data for comparison and to identify gaps and make recommendations for improvement. These groups then share the findings with the larger DFS and judicial community as well as both sets of leadership.

This item was part of the comprehensive survey to DFS staff, DSCYF Staff, community partners, the legal community and youth. Different statements were used from 2015 to 2022 but were compared together to see the change over time. Results indicate that respondents believe that Delaware does engage stakeholders in the process of planning and reporting and where they indicated a higher disagreement (foster and adoptive parents) in 2015, Delaware has been able to engage them in a different way and in 2022 this category shifted to a stronger agreement.

Survey Year: 2022 CFSR SWA

- **DFS (81): 79.01%** agreed or strongly agreed
- **DSCYF (78): 64.10%** agreed or strongly agreed
- **Community (79): 74.69%** agreed or strongly agreed
- **Legal (47): 89.36%** agreed or strongly agreed
- **Foster/Adoptive Parents (88): 51.14%** agreed or strongly agreed



In conclusion, a rating of **Strength** is recommended for this item due to the strong partnerships and feedback loops established with stakeholder meetings, supplemental surveys and CQI participation.

Item 32: Coordination of CFSP Services With Other Federal Programs

State Response:

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's CQI subcommittees and other community partnership committees.

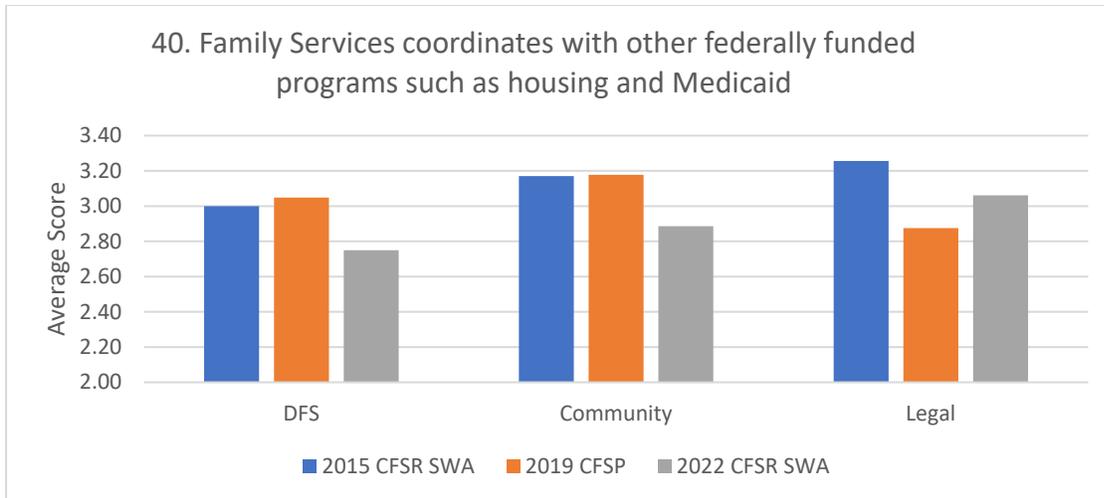
DFS is a member of CPAC (Child Protection Accountability Commission) and responds to recommendations from member agencies. Title 16, §912 of the Delaware code, sets the Commission's membership as: The Secretary of DSCYF, the Director of DFS, 2 representatives from the Attorney's General Office, 2 members 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. The agency also sits on and responds to findings and recommendations of the Child Death Review Commission. DFS also has a Community Advisory Council that reviews agency programming and provides opportunity for stakeholder input.

In addition to the interfaces that are built in the information system, DFS has access to other agencies in Delaware to support the child welfare system functioning including the MCI system with Medicaid, DELJIS criminal system, medical records.

The comprehensive survey shows a strong agreement that Delaware coordinates with other federally funded partners.

Survey Year: 2022 CFSR SWA

- **DFS (80): 72.50%** agreed or strongly agreed
- **Community (79): 81.02%** agreed or strongly agreed
- **Legal (49): 91.84%** agreed or strongly agreed



In conclusion, a rating of **Strength** is recommended for this item based on the interfaces, system and information sharing and stakeholder agreement.

Overall Summary and Recommended Rating:

Based on the analysis of the 2 items for this system, it is recommended that Delaware is in **substantial conformity** for responsiveness to the community. There is strong partnership across agencies and with information sharing. The many workgroups including the CQI groups incorporate a vary of members from different perspective of the community strengthen our assessment and planning for the needs of the children and families served in Delaware.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention System

Delaware’s Foster & Adoptive Parent Licensing, Recruitment and Retention System Round 3 Findings and PIP activities were as follows:

In Round 3, Delaware was found to be in **substantial conformity** with the systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention. Delaware received an overall rating of **Strength** for Item 33, 34 and 35. Item 36, Cross-Jurisdictional Resources for Permanent Placements received an overall rating of **Area Needing Improvement** due to a lack of evidence to demonstrate that the state was effective in using cross-jurisdictional resources to facilitate timely permanency. The Interstate Compact team was including in our CFSP and APSR reporting to work on improving this area with stronger collaboration and smoother procedures. This was not included as a PIP item.

State Response:

Item 33: Standards Applied Equally

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 standards for approval. These standards are defined for child placing agencies in the Delacare

Regulations for Child Placing Agencies issued by the Office of Child Care Licensing (OCCL) housed under the State's Department of Education and by the procedural guidelines of each agency. These standards are defined for Division of Family Services homes in the Division's policies and procedures that are aligned with the Delacare regulations. Both licensing Standards outlined in DFS policy and Delacare regulations are reasonably aligned with national standards set forth by the Administration for Children and Families (ACF) in the National Model Foster Family Home Licensing Standards.

Foster home eligibility standards provide threshold requirements for licensing foster homes related to age, financial stability, physical and mental health, criminal background checks, physical environment health and safety, sleeping arrangements, transportation, emergency preparedness, training, and other various factors. Families seeking to foster youth in the custody of DFS, go through a rigorous process in which the division evaluates the family in accordance with the established critical standards and determines if they meet the criteria to become a foster parent.

DFS has 14 licensing coordinators responsible for initial licensing evaluations and to provide monitoring and support to DFS foster families. Each private agency also has a dedicated person assigned to each family to license, review, and support foster homes with their organization. Licenses for both public and private agencies are reviewed annually for continued compliance with critical standards. Policy and procedure outline expectations for foster families and clear practices when standards are not being met.

Additionally, The Foster Care Program Team reviews private agency licenses on a quarterly basis to ensure that all agencies submit annual license renewals for each family timely. OCCL monitors compliance with specific standards for child placing agencies. DSCYF also conducts contract monitoring that reviews standard requirements along with contractual deliverables.

Delaware also has a provisional approval of relative or non-relative placement providers that are not licensed with standard criteria and are consider worker approved placement providers. These providers have a relationship with the youth and the division staff conducts a background screening for criminal or child abuse history, home assessment for physical safety and caregiver interview for fitness of providing care for the child. Once a case worker approved the provider for placement, the caregiver is referred to the foster care team. A home visit by a foster home coordinator takes place within 5 business days to inform the relative/non-relative provider about possible options they have to care for the child including becoming a foster parent or a kinship provider for added supports. Appropriate referrals to start foster care licensing or kinship support are made based on the caregiver's interest.

A current initiative in Delaware is strengthening our formal kinship program which empowers families by providing supports and financial aid, preventing deep end placements. Over the past couple of years, we have been on a journey to bring a formalized Kinship Navigation Program to Delaware. We have contracted with a provider agency, Children's Choice, for this service and chosen the KinTech model for Kinship services. From October 2020 through August 2021, we

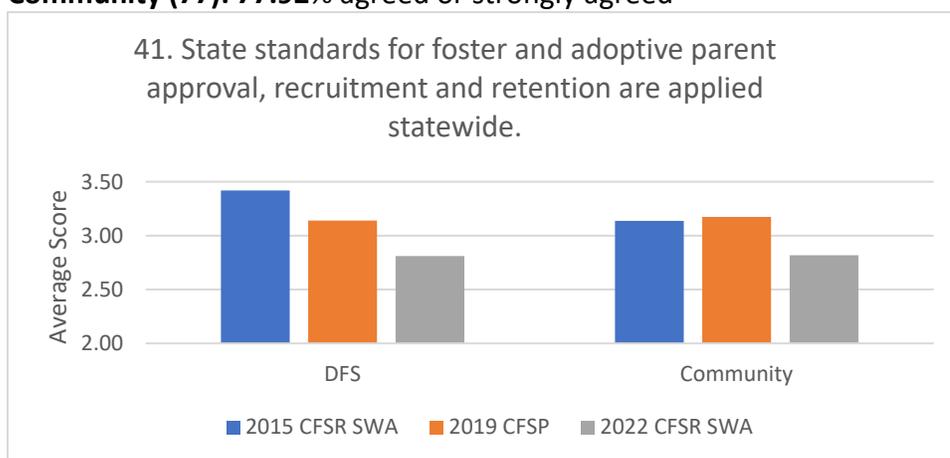
were able to provide some financial assistance and tangible items to kinship families. In August 2021, we officially launched a full array of kinship services for families. Services include case management support provided by professional level social workers, the ability to directly enroll families in benefits, peer-to-peer navigation, a support group, and a Kinship Community Collaborative which is a multisystem, multisector partnership that allows the team to bring community resources to the table with a kinship family to problem-solve through barriers and challenges and provide easy-to-access referral services. From August 2021 through August 2022, we have been able to provide full kinship navigation services to 122 caregivers, 316 children. This brings the grand total of families served in any capacity from October 2020 through July 2022 to 287 kinship caregivers and 763 children. Additionally, we are working toward developing a process to license kinship families in effort to provide additional support.

This item was included in the comprehensive survey provided to stakeholders to assess agreement on if standards are applied equally statewide for public foster families, child placing agencies and facilities and agreement on addressing safety of children in care. The equal standards were offered to DFS staff and the community partners who approve the homes and facilities and the safety item was offered to all stakeholder groups, although youth were only included in the safety item in 2022. Results indicate a drop in agreement over time but still strong agreement from each group. This aligns with the current placement and staffing crisis seen with providers and the state agency.

State standards for foster and adoptive parent approval, recruitment and retention are applied statewide:

Survey Year: 2022 CFSR SWA

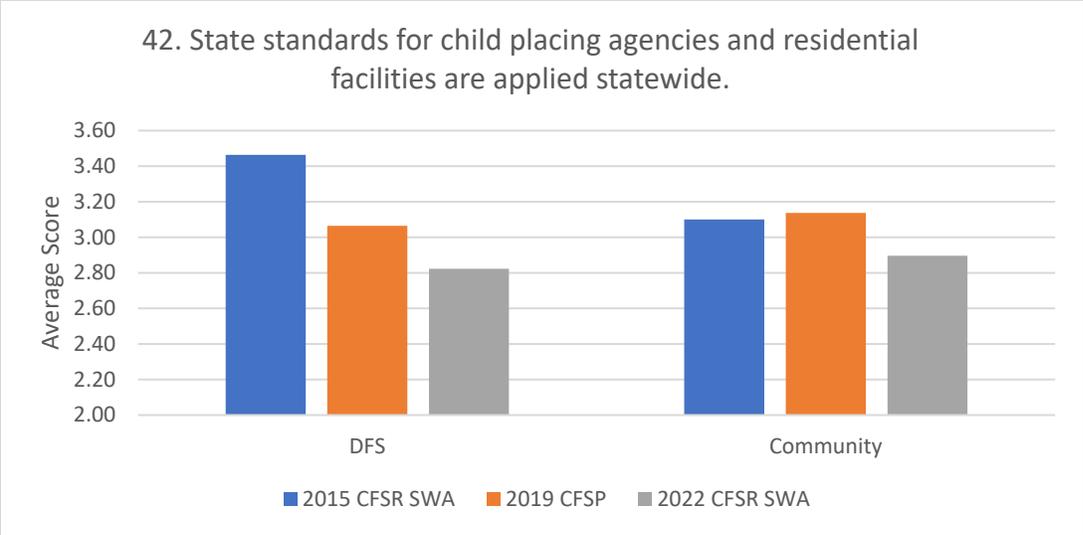
- **DFS (79): 78.48%** agreed or strongly agreed
- **Community (77): 77.92%** agreed or strongly agreed



State standards for child placing agencies and residential facilities are applied statewide.

Survey Year: 2022 CFSR SWA

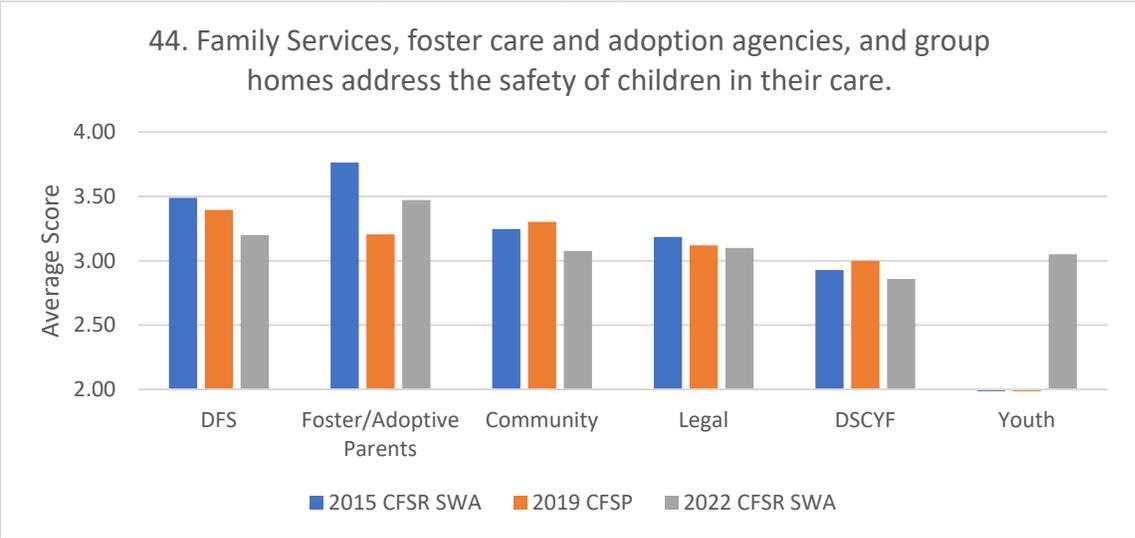
- **DFS (79): 79.75%** agreed or strongly agreed
- **Community (77): 81.82%** agreed or strongly agreed



Family Services, foster care and adoption agencies, and group homes address the safety of children in their care.

Survey Year: 2022 CFSR SWA

- **DFS (80): 97.50%** agreed or strongly agreed
- **Community (79): 82.27%** agreed or strongly agreed
- **Legal (50): 96%** agreed or strongly agreed
- **Foster/Adoptive Parents (89): 95.51%** agreed or strongly agreed
- **Youth (20): 75%** agreed or strongly agreed
- **DSCYF (78): 73.08%** agreed or strongly agreed



In conclusion a rating of **Strength** is recommended for Item 33: Standards Applied Equally based on the regulations and policies in place, the growth of the kinship programing and the results of the surveys showing stronger agreement. Delaware anticipates that as the placement and staffing crisis is resolved this item will show improvements as well.

Item 34: Requirements for Criminal Background Checks

State Response:

Statewide regulations and policies require that contracted agencies and the Division of Family Services ensure the completion of fingerprinted background checks for resource parent applicants and all adult household members. Applicants and adult household members must provide a list of all the states they have lived in during the past five years in order to complete clearances as required by the Adam Walsh Child Protection and Safety Act. Adam Walsh results are provided to Delaware's Criminal History Unit for processing before a final determination of eligibility is made. The Criminal History Unit provides letters indicating whether an applicant or household member is eligible or ineligible based on the Adam Walsh and fingerprinted background check results. Contracted agencies and the Division are also required to ensure a household member turning 18 years old has a fingerprinted background check completed within five business days of turning this age.

Additionally, subsequent arrest information is immediately provided by the Criminal History Unit to the appropriate agency. The agency reviews the information and takes necessary action. The annual re-approval of foster families also ensures the ongoing assessment of safety requirements. The family's file is reviewed to ensure compliance and any deficits are addressed prior to re-approval.

The following statistics were provided by Delaware's Criminal History Unit for the period of November 1, 2021, to October 31, 2022:

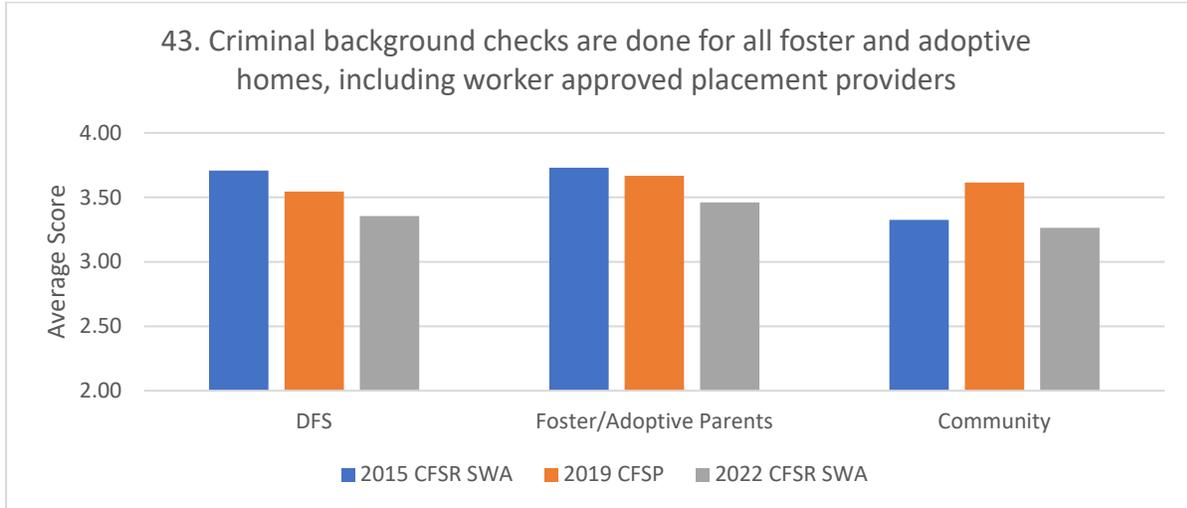
- **Adoption:** 171 background checks were completed statewide, including review of 30 Adam Walsh checks. 168 of these checks were determined **eligible** (98.2%), 1 check was **ineligible** (0.60%) 2 checks were **prohibited** (1.2%).
- **Foster Care:** 296 background checks were completed statewide, including 75 Adam Walsh checks processed. 290 of these checks were determined **eligible** (98%), 3 checks were **ineligible** (1%), 3 checks were **prohibited** (1%).
- During this same time period, the initial determination for one person was changed due to subsequent activity.

The Division of Family Services completes DELJIS (Delaware criminal justice system) screening for each of their families statewide on an annual basis. Contracted agencies are contacted by Delaware's Criminal History Unit if there are subsequent arrests in Delaware.

This item was included in the comprehensive survey to DFS staff, community partners and foster/adoptive parents. Legal community, DSCYF and youth were not asked. Of the 89 parents who responded, 84 selected "Agree" or "Strongly Agree", which is 94%. This response suggests that background checks are understood to be an important requirement in the assessment process. DFS and community partners who issues licenses has a strong agreement but seems to indicate that the requirement may not be perfect currently.

Survey Year: 2022 CFSR SWA

- **DFS (79): 97.46%** agreed or strongly agreed
- **Community (76): 94.73%** agreed or strongly agreed
- **Foster/Adoptive Parents (89): 94.39%** agreed or strongly agreed



In conclusion, a rating of **Strength** is recommended for Item 34: Requirements for criminal background checks based on the rigid procedures. Delaware continues to demonstrate that background checks are conducted for all prospective resource families.

[Item 35: Diligent Recruitment of Foster and Adoptive Homes](#)

State Response:

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. In a survey of foster and adoptive parents conducted in November 2022, 93% of foster parent respondents agreed that the training they receive enhances their skills and ability to care for foster children.

DFS maintains a five-year Foster and Adoptive Parent Marketing, Recruitment and Retention Plan (MRRP) 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.

Currently, the MRRP strategically targets 3 main goals: increase the number of foster family homes, retain good quality foster family homes, and develop and recruit foster family homes

that can meet the needs of complex youth. This plan was developed after review of the prior MRRP, the CSFR and CSFR PIP, FOCUS placement and provider records, stakeholder input and other Department data. The plan is flexible and can be modified as needed to ensure that the stated goals and objectives meet the needs of Delaware's foster youth. That plan is updated minimally each quarter to include data, statistics, and a progress report for each goal. Quarterly reports and statistics come from reports in FOCUS, regional coordinators who run the information sessions and collect data on home openings and closings and the kids in custody report. Delaware used to also get data from the recruiter about the inquiries, but the recruiter resigned in early 2022 and Delaware decided to do a request for proposal for an agency recruiter. The contract was recently awarded and is under contract negotiations. Data gathered from the various contributors are reported at quarterly recruitment meetings and incorporated into the annual updates of the plan.

The MRRP includes interventions that address the points in the approval process where families are most likely to drop out. The plan covers 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.

In 2022, DFS put Foster Parent Recruitment Services up for bid. We are currently reviewing proposals and anticipate awarding a new contract within the first quarter of 2023. The successful bidder will take the lead on community outreach and recruitment activities linked to the goals listed in the MRRP.

Over the past two years, the pandemic has significantly impacted the recruitment efforts of the division. In March of 2020, the division had approximately 237 DFS licensed foster homes, but by May 2022, we were down to 203 DFS licensed foster homes. The foster care program has identified based on home closure reasons that most families are closing for their own personal reasons such as concerns for their health, changes in their careers, and overall desire to focus on the needs of their immediate family.

Although there was a significant decline in inquiries at the height of the pandemic, recruitment efforts have continued. During the calendar year 2022, foster care coordinators have conducted various recruitment activities such as setting up booths at local festivals, state fairs, back to school nights and other events at local schools, family law seminars, and faith-based organizations. Additionally, Foster Parent Information Sessions continue to be held monthly for people who are interested in becoming foster parents to get additional information and begin their journey. In 2021-2022, between 50-65 people attended Foster Parent Information Sessions each quarter across the state with an average of 13 per quarter moving forward to pre-service training and an average of 9 per quarter becoming licensed foster parents.

Due to the low number of families inquiring and becoming licensed foster parents, the foster care program has sought stakeholder feedback by way of the November 2022 survey, training surveys and asking coordinators to talk with prospective foster parents who didn't move

through the process to identify areas of improvement regarding recruitment and retention. They were asked about the ease of the process, topics related to retention such as support to foster parents and their willingness to help with recruitment efforts. Recruitment is also discussed with staff at the quarterly provider meetings and quarterly coordinator meetings. Efforts are underway with the FOCUS development team on a recruitment portal that will improve the ease of the process and will have more direct real-time interactions with the prospective foster parents and existing foster parents and the state.

One area identified is the ease of the process for inquiring about and becoming about becoming a foster parent. The current process can be cumbersome, and the forms are redundant. This process can discourage families from moving forward and is a contributing factor to people dropping out of the process. In a survey of foster and adoptive parents conducted in November 2022, nearly 14% of families stated that the process to become a foster parent was more difficult than they expected. To address this area, DFS has begun to develop an online inquiry portal that connects to our electronic case record system that will streamline the inquiry and application to become a foster parent. This portal will walk applicants through the process checking off all required documents and forms as they go. They will also be able to register for pre-service training in the portal. The anticipated launch date for the portal is Fall of 2023.

Additionally, we recognized the need for updated marketing materials to support recruitment efforts. We are in the final stages of creating updated flyers and infographics that visually outline the process for becoming a foster/adoptive parent. We have also begun researching and pricing out marketing opportunities such as bus wraps, public service announcements at local movie theaters, and media campaigns. Although not awarded, we did apply for a grant for recruitment funds to support these efforts.

Another key area of need identified by stakeholders is the support we provide to licensed foster parents. In a 2022 survey of the legal and judicial community in Delaware, 71% of respondents indicated that DFS always or often provides support for foster parents to meet the needs of the foster youth population. To provide additional support to foster families, DFS has contracted with a provider agency, Wrap Around Delaware, for a Foster Parent Support Program. This program can provide one-on-one support to foster parents to prevent placement disruptions by strengthening parenting skills, improving relationships with foster youth, building partnerships with biological families as appropriate, developing community connections and natural supports, problem-solving around barriers to maintaining foster youth, stress management and general support. In addition, DFS continues to partner with community agencies to provide additional resources for foster families such as free or discounted YMCA memberships and scholarships to summer camps.

Additionally, we have established practices aimed at retaining foster families by providing support and connection to other foster parents. One practice is our annual foster parent conference which provides recognition, training, and connection for foster parents. The event occurs during National Foster Care Month in May. For the last 2 years, the large event has been

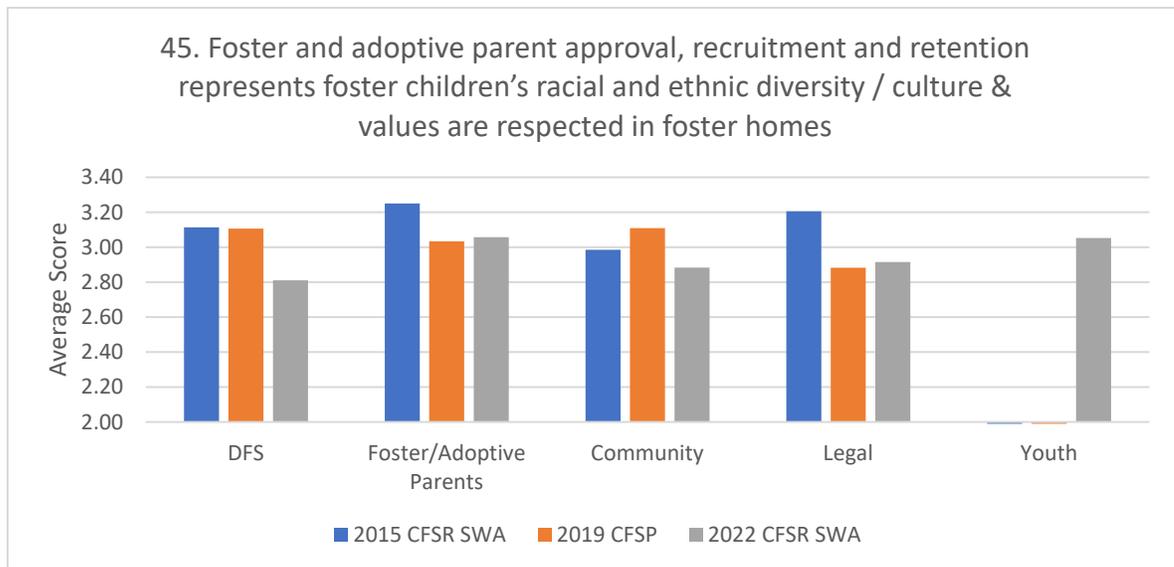
cancelled due to restrictions related to the pandemic. Instead, we have opted for smaller, drive-thru events and parades. In FY22, our home coordinators did “drive by” recognition where they had a car parade and celebration of service milestones and holiday “drop-by” events. In December 2022, we were able to have our first in-person holiday parties in each county for DFS foster families since the onset of the pandemic.

Although the number of foster homes has declined over the past 2 years, the division has a clearly outlined plan to not only continue to actively recruit families and bolster recruitment efforts but to also improve recruitment and retention of quality foster families by utilizing stakeholder feedback.

The comprehensive survey asked DFS, community partners, legal community and foster/adoptive parents about this item. Department staff were not asked, and youth were only asked in 2022. Results indicate that most groups agree that the division does represent racial and ethnic diversity with a slight decline recently.

Survey Year: 2022 CFSR SWA

- **DFS (79): 78.48%** agreed or strongly agreed
- **Community (77): 80.52%** agreed or strongly agreed
- **Legal (47): 82.98%** agreed or strongly agreed
- **Foster/Adoptive Parents (87): 83.91%** agreed or strongly agreed
- **Youth (19): 68.42%** agreed or strongly agreed



In conclusion, a rating of **Area Needing Improvement** is recommended for Item 35: Diligent Recruitment of Foster and Adoptive Homes. In part due to factors beyond Delaware’s control from the pandemic, placement resources are dropping despite efforts to recruit. Also, Delaware’s resources for our current population of complex needs children are significantly deficient resulting in poor placement matches and placement stability issues. Efforts are

underway to secure a strong recruiting agency, evaluate marketing and track needs and capacity.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements Analysis

State Response:

The statewide practice is to recruit for foster/adoptive families both in state and in other states and to utilize the Interstate Compact on the Placement of Children (ICPC) process in order to join children from Delaware with family members in other states. In order to recruit for adoptive families in other states, the Division uses national adoption exchanges to search for families and to provide information about waiting children in Delaware. The utilized entities include the Adoption Center, AdoptUSKids, A Family for Every Child, and the Delaware Heart Gallery.

Currently, 34 children are being recruited for statewide. Sixty percent are males; thirty-five percent are African American, thirty percent are Caucasian, and twenty-five percent are Biracial. Sixty percent of the children are 12 years old to 17 years old.

According to the Division's Adoption Program Manager, the exploration of the ICPC process for children waiting in foster care is discussed during monthly Permanency Planning Committee (PPC) meetings that are held statewide. The PPC is a multi-disciplinary team designed to consider the best interests of the child and recommend guidance for case direction related to the child's permanency options. The PPC is comprised of the Regional Administrator, the Assistant Regional Administrator (ARA), a Permanency Supervisor in the Region, a Supervisor not directly involved with the case, the Program Manager of Adoption Services or designee, a Deputy Attorney General for the County (non-voting member), a Foster Care Supervisor, the Permanency Coordinator, a representative from the Division of Youth Rehabilitative Services, and a representative from the Division of Prevention and Behavioral Health Services.

The caseworker and supervisor may refer a case to the PPC at any time to review permanency options or to obtain case permanency guidance. However, if a child has not been reunited with his family within 10 months of entering foster care or has been in care for a total of 10 out of 15 months, the caseworker shall refer the case to the PPC. If the next scheduled court hearing is a Review Hearing, the caseworker may refer the case to the PPC after that hearing and at least 30 days prior to the permanency hearing for a plan recommendation. The Permanency Coordinator will track all foster children needing a PPC review and will keep the regions informed.

As noted above, discussion during PPC includes the exploration of relatives, including options in other states, as well as recruitment activities for a child waiting for permanency. If resources in other states are or have been identified, plans for ICPC referrals are made and monitored.

The following ICPC data is from January 1, 2021, to December 31, 2021:

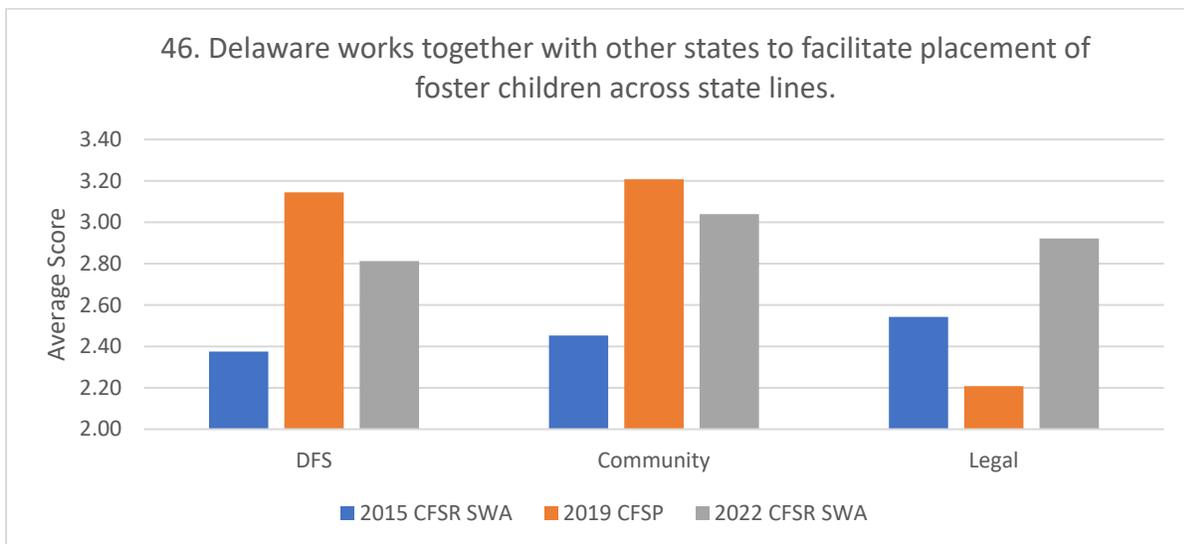
- 79 referrals sent to other states for Delaware children during this period.

- 68 Delaware children joined families in other states for foster care or for adoption during this period from prior or new referrals.
- Of the 79 referrals made in 2021, 19 of those resulted in a child joining the resource in the other state; 10 of those took place in 2021 and 9 took place in 2022.

In addition to the data included in the previous section, the comprehensive survey data was utilized to assess progress. This item was part of the survey to DFS staff, community partners and the legal community, Foster/Adoptive Parents, DSCYF and youth were not asked about this item. Results indicate that respondents from the Division of Family Services, the community, and legal partners believe that Delaware works to facilitate children joining families in other states through the ICPC. The survey results suggest that engagement with the ICPC team and efforts of recruiting in other states has had a positive shift.

Survey Year: 2022 CFSR SWA

- **DFS (80): 73.75%** agreed or strongly agreed
- **Community (77): 87.01%** agreed or strongly agreed
- **Legal (51): 82.35%** agreed or strongly agreed



In conclusion, a rating of **Strength** is recommended for Item 36: Use of Cross-Jurisdiction Resources. The survey data above coupled with the PPC’s consistent practice of considering, exploring, and monitoring ICPC referrals suggests that the Division is effectively using cross-jurisdictional resources to facilitate timely permanency.

Overall Summary and Recommended Rating:

Based on the analysis of the 4 items for this system, it is recommended that Delaware is in **substantial conformity** for foster and adoptive parent licensing, recruitment and retention. Although, item 35 has been strongly impacted by the pandemic for both families interested in fostering or adopting and workforce challenges along with the lost of the state recruiter, the

system of recruiting foster parents who ultimately is our highest adoptive parent resource is still intact and operation as expected.

IV. Attachments

- A. CFSR State Data Profile
- B. Comprehensive Child Welfare Assessment Survey Results
- C. DSCYF 5 year Strategic Plan
- D. DFS Required NET Courses
- E. DFS Required New Employee Online Training
- F. DFS In-Service Training FY2022
- G. DFS Supervisor In-Service Training FY2022
- H. DFS Supervisor Core Training FY2022
- I. Case Review Procedure Guide
- J. Report Inventory