CHILD AND FAMILY SERVICES REVIEW

PROGRAM IMPROVEMENT PLAN

State/Territory: Delaware

Date Submitted: January 20, 2016

Date Resubmitted: May 2, 2017

Date Approved:

PIP Effective Date:

End of PIP Implementation Period:

End of Non-Overlapping Year:

Reporting Schedule and Format: Program Improvement Plan (PIP) reporting will use the federal template, Attachment G, from the CFSR Procedural Manual (November 2015). Written reports will be submitted semi-annually 30 days post the end of the second and fourth quarters for each strategy and key activity identified in the PIP. The report will include state performance on each of the case review and systemic factor measures.

Overall Approach to Improvement Planning. Delaware's approach to the Child and Family Services Review (CFSR) Program Improvement Plan (PIP) aligns Areas Needing Improvement (ANI) identified in the Final Report within the context of the 2015-2019 Child and Family Services Plan (CFSP) and other Division of Family Services (DFS) and Department of Services for Children, Youth and Their Families (DSCYF) initiatives, adding strategies and activities to remedy the non-compliant items. Themed workgroups composed of internal and external stakeholders conducted early reviews of ANIs and identified strategies and activities to improve performance. With guidance and technical assistance from the Children's Bureau and Administration for Children and Families, Delaware moved through these steps:

- Review of Delaware's high level priorities to improve outcomes for children and families
- Review of Delaware's 2015-2019 Child and Family Services Plan's (CFSP) goals, objectives and benchmarks
- Review of current strategies and projects to improve outcomes
- Review of performance using federal and state data sources as indicators of the state's efforts to improve processes and outcomes
- Consideration of how the CFSR ANIs are being addressed with current initiatives and what future gains are likely with persistent, permanent implementation of current strategies
- Adding new strategies to address ANIs not addressed with existing initiatives and strategies

The CFSR-PIP executive committee composed of the Director, Deputy Director, Operations Administrator, Data and Quality Assurance Manager and Program Support Administrator used

this model to initiate a strategic improvement plan. Theme workgroup efforts to identify detailed activities to implement the plan found natural fit into this planning model.

High Level Priorities

Delaware's CFSP's high level goals for safety, permanency, well-being and systems are:

- At-risk children are safe and protected from harm
- Children maintain or achieve timely permanency
- Families are empowered to meet their own needs
- Youth are empowered to meet their own needs
- Foster children receive appropriate mental health assessment and psychotropic medications
- Improve high school graduation rates for foster youth
- Provide infrastructure supporting best practice child welfare principles and values

CFSR Findings and Themes

In summary, the CFSR identified these safety themes to be addressed:

- The agency's timeliness to reports of abuse/neglect for a 10 day response is inconsistent.
- The agency was more likely to assess and address the risk and safety concerns of children in foster care than at home.
- The agency did not consistently develop and monitor an appropriate safety plan.
- The agency did not continually monitor safety plans and the families' engagement in safety-related services in in-home cases.

(See the CFSR Final Report for more information)

In summary, the CFSR identified these permanency themes to be addressed:

- Safety Organized Practice is new and the CFSR review period did not reflect full implementation of the practice mode.
- Partial implementation status of extended family engagement is evident in items where engagement strategies and tools would make an impact.
- Current practice for changing goals delays permanency exits from foster care.
- Caseworker contacts with parents, especially fathers, are inconsistent and lack quality.
- Concerted efforts to promote and preserve family connections are inconsistent.
- Concerted efforts to place siblings together are inconsistent.

(See the CFSR Final Report for more information)

In summary, the CFSR identified these well-being themes to be addressed:

- Fathers are less likely than mothers to have their needs assessed, services provided and to be involved in case planning.
- Parents and children in intact families are less likely to be involved in assessment and case planning.
- Dental health needs are less likely to be assessed and services provided.

- Caseworker contacts with intact families are not consistent and lack quality, especially with fathers.

(See the CFSR Final Report for more information)

In summary, the CFSR identified these systems elements not in substantial conformity:

- Case Review:
  - There are delays in filing termination of parental rights petitions in accordance with the required provisions, or documenting exceptions in the case record.
  - There is inconsistency in notifying foster caregivers of court and administrative hearings and their right to be heard.
- Quality Assurance System:
  - Stakeholder interviews are not a component of the case review process.
  - The case review process lacks second level quality assurance.
  - Relevant reports were not consistently produced and there were no procedures to systematically use the results to develop program improvement measures and evaluate the impact of those efforts.
  - Only investigation cases are currently subject to case reviews.
- Service Array and Resource Development
  - While Delaware has a broad array of services, these services are not all accessible statewide to meet the needs of children and families
  - The agency and key partners interviewed identified gaps in services, most prevalent in the southern part of the state, including:
    - functional family therapy
    - pre-school and after-school programs
    - transportation
    - quality mental health services for children
    - affordable housing
- Staff and Provider Training
  - There is no in-service training for supervisors specific to child welfare supervision.
  - Private agency foster parents reported variation in the adequacy of their training.

(See the CFSR Final Report for more information)

Alignment with CFSR Areas Needing Improvement and Current Initiatives

The CFSR Safety Areas Needing Improvement are aligned with these existing strategies:

1. Continue technical support from Children's Research Center, the disseminators of SDM®, to support SDM® and SOP implementation with fidelity.
   - Item 1: Timeliness of investigation
   - Item 3: Risk assessment and safety management
2. Use a continuous quality improvement framework to monitor and guide implementation of SDM®, SOP and TDM by reviewing DFS data and Quality Assurance case review. reports with DFS staff and system partners.
   - Item 1: Timeliness of investigation

- Item 3: Risk assessment and safety management

3. Until a more comprehensive CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor implementation.
    - Item 1: Timeliness of investigation
    - Item 3: Risk assessment and safety management
4. Fully implement Consultation and Information Sharing Framework for group supervision.
    - Item 3: Risk assessment and safety management
5. Participate in Multi-Disciplinary Teams through the Children's Advocacy Center, promoting collaboration of child welfare, law enforcement, criminal justice, mental health and medical professionals.
    - Item 1: Timeliness of investigation
    - Item 3: Risk assessment and safety management
6. Continue collaboration with system partners, especially providers of services related to domestic violence and substance abuse (e.g. Division of Substance Abuse and Mental Health, Domestic Violence Coordinating Council, Children's Advocacy Center, Brandywine Counseling, Psychotherapeutic Services Inc., Child Inc., People's Place II) to promote comprehensive assessment of families' needs and integrated service planning.
    - Item 3: Risk assessment and safety management

The CFSR Permanency Areas Needing Improvement are aligned with these existing strategies:

Fully implement statewide strategies, tools and supports to conduct successful family search and engagement activities across all program areas to strengthen family connections and placement options for at-risk children and youth.

- Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement
- Item 8: Visiting with parent and siblings in foster care
- Item 10: Relative placement
- Item 11: Relationship of child in care with parents

Collaborate with the Family Court, Court Improvement Program (CIP) and Child Protection Accountability Commission (CPAC) committees to strategically plan strengthening legal processes to improve timely permanency.

- Item 5: Permanency Goal for Child
- Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement

Implement a statewide foster parent recruitment plan. Recruit in-state foster homes to meet the needs of minorities, teens, sibling groups and children with special needs.

- Item 7: Placement with siblings

Review children and youth under the age of 15 at local permanency committees for appropriate goal selection.

- Item 5: Permanency Goal for Child
- Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement

Participate in strategic planning efforts of the Department of Services to Children, Youth and Their Families (DSCYF) to promote collaboration and coordinated service delivery to multiple division youth served by child welfare, behavioral health and/or juvenile justice systems.

- Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement

Revise and reinstate quality assurance placement case reviews. Within a continuous quality improvement framework, use the data to guide initiative implementation and professional staff training. This is a cross-cutting strategy that covers safety, permanency and well-being areas needing improvement. This strategy addresses these permanency areas needing improvement.

- Item 5: Permanency Goal for Child
- Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement
- Item 7: Placement with siblings
- Item 8: Visiting with parent and siblings in foster care
- Item 10: Relative placement
- Item 11: Relationship of child in care with parents

The CFSR Well-Being Areas Needing Improvement are aligned with these existing strategies:

Continue Team Decision Making statewide for children at risk of removal from their homes.

- Item 12: Needs and services of child, parents and foster parents
- Item 13: Child and family involvement in case planning

Implement Safety-Organized Practice (SOP) Practice Model strategies, including family conferencing to be utilized at key decision points in child welfare cases.

- Item 12: Needs and services of child, parents and foster parents
- Item 13: Child and family involvement in case planning
- Item 14: Caseworker visits with child
- Item 15: Caseworker visits with parents

Use a continuous quality improvement framework to monitor and guide implementation of family engagement practice by reviewing DFS data and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions with system partners.

- Item 12: Needs and services of child, parents and foster parents
- Item 13: Child and family involvement in case planning
- Item 14: Caseworker visits with child

- Item 15: Caseworker visits with parents

Until a CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor implementation of:

a. TDM and SOP
b. Identification of needs and provision of appropriate services
    - Item 12: Needs and services of child, parents and foster parents
    - Item 13: Child and family involvement in case planning
    - Item 14: Caseworker visits with child
    - Item 15: Caseworker visits with parents

The CFSR Systems Areas Needing Improvement are aligned with these existing strategies:

Obtain technical assistance to provide processes, analysis of data, information and organizational structure supporting objectives of this strategic plan. Draft policy and protocols to use data-based information for all levels of staff. Draft a communication plan supporting the distribution and use of data-based information. Develop training for staff at all levels of the organization on continuous quality improvement. Implement stakeholder sessions to review data and recommend activities to improve progress towards goals. Review option to adopt federal on-site Child and Family Services Review Instrument. Take appropriate steps to implement a new Quality Assurance system or review current system for sample size, reliability and inclusion of Safety Organized Practice measures.

- Item 25: Quality Assurance System

Alignment of CFSR Areas Needing Improvement and New or Revised Initiatives

Based on the analysis of the current strategies and the findings of the CFSR, these strategies are modified or new to address ANIs:

Safety

In response to inconsistencies between field practice for initial investigation contact documentation recorded in FACTS events and policy requirements, DFS is revising policy and FACTS instructions to accurately report contact timeliness.

Item 1: Timeliness of investigation

DFS modified the FACTS safety plan workflow from investigation to the treatment case to enhance consistency in the development and monitoring of safety plans across program areas.

- Item 3: Risk assessment and safety management

DFS developed a flagging protocol for additional oversight by regional administrators to better ensure timely assessment of safety of the highest risk children.

- Item 3: Risk assessment and safety management

Permanency

Re-hire a statewide foster parent recruiter focusing on identified target populations of sibling groups, teens, minority and special needs children.

- Item 7: Placement with siblings

Enhance the strategy to collaborate with Family Court, Court Improvement Program and CPAC to include implementing policy and provisions to make timely changes to permanency goals.

- Item 5: Permanency Goal for Child
- Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement

Enhance strategic planning efforts of the DSCYF Partnering for Success initiative to promote collaboration and coordinated service delivery to multiple division youth served by child welfare, behavioral health and/or juvenile justice systems to include FIRST (Family Informed Resource Support Team) project.

- Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement
- Item 11: Relationship of child in care with parents

Within a continuous quality improvement framework, conduct semi-annual data reviews jointly with CIP and the state agency to identify barriers to establishing permanency plans by day 60 and conducting permanency hearings by day 364. Based on the analysis, revise legal and agency provisions to improve permanency timeliness and outcomes.

- Item 5: Permanency Goal for Child
- Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement

The agency to review and revise Permanency Planning Committee policy and procedures to strengthen timely establishment and change of permanency goals.

- Item 5: Permanency Goal for Child
- Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement

Review and recommend changes to the Supervisory Directed Case Conference policy, procedures and FACTS events to include new practice expectations related to Safety Organized Practice and Family Search and Engagement principles and practice.

- Item 8: Visiting with parent and siblings in foster care
- Item 10: Relative placement
- Item 11: Relationship of child in care with parents

Implement Ice Breaker meetings statewide for any youth entering foster care with a goal of reunification to preserve the continuity of family relationships and connections.

- Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement
- Item 11: Relationship of child in care with parents

Child welfare specific training for caseworkers and supervisors is a cross-cutting strategy addressing several areas needing improvement. For permanency, supervisor training topics include coaching caseworkers on Safety Organized Practice tools and strategies, proper use of Structured Decision Making® tools, preserving family connections and monitoring key permanency decision points and timeframes.

- Item 5: Permanency Goal for Child
- Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement
- Item 7: Placement with siblings
- Item 8: Visiting with parent and siblings in foster care
- Item 10: Relative placement
- Item 11: Relationship of child in care with parents

Well-Being

Continue Screening and Consultation Unit's consultation for at risk children to assist in accessing appropriate services.

- Item 12: Needs and services of child, parents and foster parents

Develop and implement policy and training on family team meetings across all program areas from investigation to permanency.

- Item 12: Needs and services of child, parents and foster parents
- Item 13: Child and family involvement in case planning
- Item 14: Caseworker visits with child
- Item 15: Caseworker visits with parents

Continue departmental efforts to meet the needs of multi-divisional youth through the Partnering for Success initiative.

- Item 12: Needs and services of child, parents and foster parents
- Item 13: Child and family involvement in case planning

Collaborate with Managed Care Organizations, hospitals, Division of Medicaid and Medical Assistance, Division of Substance Abuse and Mental Health and Division of Public Health to improve services to children and families served by DFS.

- Item 12: Needs and services of child, parents and foster parents
- Item 17: Physical health of the child

DFS modified the SDM® assessment and service planning tools to enhance the quality of information gathered and strengthen family participation in the assessment and planning process. Tools are automated in FACTS to improve efficiency and access of documentation.

- Item 12: Needs and services of child, parents and foster parents
- Item 13: Child and family involvement in case planning
- Item 17: Physical health of the child

Systems

Case Review

Conduct a semi-annual data review jointly between the Court Improvement Program and The Division of Family Services to determine barriers causing delays in timely filing of TPR petitions. Joint data review to include evaluation of caregiver notice efficiency. Plans to address the barriers will then be put into place.

- Item 23: Termination of Parental Rights
- Item 24: Notice to caregivers

The Division of Family Services will determine whether or not FACTS 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.

- Item 24: Notice to caregivers

The PIP permanency workgroup will review the hearing notification policy and recommend changes to strengthen notice to foster parents, pre-adoptive parents and relative caregivers.

- Item 24: Notice to caregivers

Staff and Provider Training

Develop, implement and maintain a child welfare specific professional development series for supervisors through the use of Department of Services for Children, Youth and Their Families' (DSCYF) Center for Professional Development utilizing the Delaware Learning Center features and functions for registration, tracking and evaluation.

- Item 27: Ongoing staff training

Ensure private agency foster and adoptive parents receive quality in-service training relevant to their needs and specifically for supervising a child in a child welfare setting.

- Item 28: Foster and Adoptive Parent Training

Service Array

Expand 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 strengthening communications.

- Item 29: Array of services
- Item 30: Individualizing services

Expand the array of services available for both intact families as well as families in which the children have been removed from the home by strengthening collaborations with internal and external child welfare partners.

- Item 29: Array of services
- Item 30: Individualizing services

Goals, Strategies and Activities

Safety

CFSP Objectives and Strategies

The CFSP lists these safety objectives:

- Implement Structured Decision Making (SDM®) across all program areas
- Implement Safety-Organized Practice (SOP) across all program areas
- Implement a Differential Response System for at-risk children and families
- Fully implement Considered Removal Team Decision Making (TDM) model for at-risk children and families to strengthen safety assessment and planning for children at-risk of entry into foster care
- Continue to enhance the knowledge and skill of child welfare staff involved in investigation and treatment of child maltreatment
- Establish policy and provisions to identify, document and serve foster children who also may be victims of sex trafficking

To achieve these safety objectives, the agency is employing the following key strategies:

1. Implement SDM® tools across program areas from intake to permanency.
2. Continue technical support from Children's Research Center, the disseminators of SDM®, to support SDM® and SOP implementation with fidelity.
3. Use a continuous quality improvement framework to monitor and guide implementation of SDM®, SOP and TDM by reviewing DFS data and Quality Assurance case review reports with DFS staff and system partners.
4. Until a more comprehensive CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor implementation.
5. Implement supervisor Learning Circles.
6. Fully implement Consultation and Information Sharing Framework for group supervision.
7. Develop, implement, and expand a differential response within DFS using Family Assessment and Intervention Response (FAIR) to accepted reports of child abuse and neglect.
8. Continue the contracted community-based FAIR Program to prevent unnecessary entries of teens into foster care statewide.
9. Continue the voluntary, community-based pilot for screened out cases involving infants and toddlers, which connects their families to home visiting and Evidence-Based parenting support programs.
10. Use a continuous quality improvement framework to monitor and guide implementation of differential response by reviewing DFS data, Quality Assurance case review reports and contractual performance measures with DFS staff and system partners.
11. Continue Considered Removal TDM meetings for DFS custody decisions; strengthen practice of using TDM prior to removal in non-emergency situations.

12. Consider TDM at other key case decision points involving placement changes.
13. DFS to continue to gather data on timing, attendees, decisions and outcomes of TDM meetings.
14. Participate in Multi-Disciplinary Teams through the Children's Advocacy Center, promoting collaboration of child welfare, law enforcement, criminal justice, mental health and medical professionals.
15. Support the education of Multi-Disciplinary Team members through joint training programs such as the Protecting Delaware's Children Conferences, National Conferences on Abuse Head Trauma and related opportunities.
16. Participate in the Joint Investigation Committee of the Child Protection Accountability Commission, which researches and implements best practices in investigation of child maltreatment.
17. Participate in the Statewide Neonatal Abstinence Syndrome workgroup of the DE Health Mothers and Infants Consortium to address the needs of drug exposed infants.
18. Continue collaboration with system partners, especially providers of services related to domestic violence and substance abuse (e.g. Division of Substance Abuse and Mental Health, Domestic Violence Coordinating Council, Children's Advocacy Center, Brandywine Counseling, Psychotherapeutic Services Inc., Child Inc., People's Place II) to promote comprehensive assessment of families' needs and integrated service planning.
19. Monitor effectiveness of child welfare training with participant evaluations. Use existing DFS leadership to monitor DFS training and CPAC Training Committee meetings to evaluate child welfare system curriculum development and topics.
20. Issue policy and procedures to identify and document foster children who also may be victims of sex trafficking and develop training for staff on the needs of this special population.
21. Collaborate with law enforcement agencies and Department of Justice to implement protocols to report missing children to law enforcement and entry into the National Crime Information Center.

System Performance Review

Safety

The following data measures apply to safety. The state-produced profile for national data and the agency's entry cohort longitudinal database (ECLD) reveal these findings:

- Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of FFY2015, 98.5% were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. The national standard is 94.6%.
- Of all children in foster care during FFY2014 and 2015, 100% were not victims of substantiated or indicated maltreatment by foster parent or facility staff member. The national standard is 99.68%.
- The ECLD reports victims 6 months ago with repeat maltreatment in the next 6 months for the reporting period January – June 2015 is .07% and for the period July – December 2015 is 2.3%. These measures are within the national standards for repeat maltreatment.

In summary, multiple data measures indicate Delaware's safety performance exceeds the national standards for repeat maltreatment and abuse/neglect in foster care.

To address the safety findings of the CFSR and agency data, the agency will fully implement the CFSP strategies with fidelity, statewide and across programs. The following PIP goals, strategies and activities were developed to further support these efforts:

Goa1 1: Delaware will ensure that all children, identified as suspected victims in Child Abuse/ Neglect Hotline reports, and assigned for an Investigation or FAIR Assessment, receive a timely response per policy and are assessed for safety.

CFSP Strategy: Timeliness of investigation is not listed as a CFSP goal or strategy.

Progress/Status: DFS runs data queries on timely investigation initial contacts as indicated by FACTS entries. For FFY2016, 92.25% of all investigations, Priorities 1-3, were initiated on time per agency timeframe policy. DFS added 23 investigation positions to decrease caseloads and increase timely responses.

CFSR Findings: The agency's timeliness to reports of abuse/neglect for a 10 day response is inconsistent.

PIP Strategy 1: Ensure timely contacts in investigation are occurring and are documented in the FACTS system.

- Item 1: Timeliness of investigation

Activity 1.1: Regional Administrators, Supervisors and staff review the monthly Initial Contact Investigation Reports to reinforce the priority of contact requirements, identify and address any challenges the regions face meeting these requirements. The Intake and Investigation Program Manager discusses the Initial Contact Report performance in the bimonthly work group meeting.
Timeframe: Quarter 1

Activity 1.2: Regional Managers identify barriers to timely responses, within their regions, such as workload, vacancies, caseload volume and performance. Managers will develop and implement strategies to ensure staff can meet initial contact requirements. The agency added 23 new investigator positions during SFY2017 to reduce workload and implemented continuous job postings to fill vacancies, reducing wait time to maintain maximum worker capacity.
Timeframe: Quarter 1

Activity 1.3: The Intake and Investigation Program Manager and the Data and Quality Assurance Manager will review and align policy, procedure, field practice and information system directions to ensure timely and accurate documentation. Investigation supervisors complete quality assurance case reviews monthly and share results with assigned workers to improve practice.
Timeframe: Quarter 1

Goal 2: Initial and ongoing safety will be assessed by treatment caseworkers and supervisors.

CFSP Strategy: Implement Structured Decision Making® (SDM®) tools across program areas from intake to permanency.

Progress/Status: SDM® instruments for treatment and permanency were added to FACTS March 2016, including the Family Strengths and Needs Guide (FSNG), Child Strengths and Needs Guide (CSNG), Family Service Plan, Family Service Plan Review/Approval, Safety Agreement Review, Risk Reassessment, Reunification Reassessment, Reunification Reassessment Safety. Statewide treatment and permanency staff completed training on the new tools. The Children's Research Center (CRC) provided additional coaching to staff and case reading reports. CRC's report highlighted the need to continue working with caseworkers on writing narrative to support the scores on both the FSNG and the CSNG. The Consultation and Information Sharing Framework is used in group supervisions statewide when a case transfers from investigation to treatment with a Child Safety Agreement (CSA) in place. FACTS was modified to allow for the 'Child Safety Agreement Review', established in investigation, to be available for review and completion in treatment. This provides treatment workers immediate access to the event for ongoing safety monitoring and review. FOCUS (For Our Children's Ultimate Success – new statewide automated information management system) design includes functionality to worklist an initial interview for Report Line referrals on open treatment cases. FOCUS design also includes a system generated home safety assessment to be completed if a CSA is completed using out of home interventions with relatives/non-relatives. These are generated when DFS has custody and plans to place with relatives/non-relatives.

CFSR Findings:

- The agency did not consistently develop and monitor an appropriate safety plan.
- The agency did not continually monitor safety plans and the families' engagement in safety-related services in in-home cases.

PIP Strategy 2: Improve how safety is assessed in families receiving treatment services by enhancing oversight of high risk cases and monitoring implementation of SDM®.

- Item 3: Risk assessment and safety management

Activity 2.1: To provide oversight of cases with the highest level of risk, Regional Managers conduct a group supervision using the Consultation and Information Sharing Framework, a structured protocol for organizing safety, risk, strengths and resources, for any case transferred from investigation to treatment with an active Child Safety Agreement.
Timeframe: Quarter 1

Activity 2.2: Supervisors monitor case activities to determine whether the circumstances have changed that may affect safety, per current policy, and require a new safety assessment. Supervisors document this discussion using the Directed Case Conference to ensure consistent application of policy.
Timeframe: Quarter 1

Activity 2.3: Within a continuous quality improvement framework, use data to guide safety initiative implementation and professional staff training. This is a cross-cutting strategy that covers ongoing safety, permanency and well-being areas needing improvement. **See Systems, Quality Assurance for activities.**

- Item 1: Timeliness of investigation
- Item 3: Risk assessment and safety management

Permanency

CFSP Objectives and Strategies

Taking a closer look at the permanency overall goal of maintaining or achieving timely permanency for children, the following objectives are identified in the CFSP:

- Implement family search and engagement practice
- Improve foster care placement stability and support adoptive families
- Improve timely exits to reunification, adoption and guardianship for foster children
- Reduce the number of youth exiting foster care at age 18
- Strengthen permanency planning for children age 15 and younger
- Continue to work with system partners to identify and reduce barriers to permanency

To achieve these objectives, the agency is employing the following key strategies:

1. Fully implement statewide strategies, tools and supports to conduct successful family search and engagement activities across all program areas to strengthen family connections and placement options for at-risk children and youth. This includes family team meetings and record mining to locate and contact relatives.
2. Implement a statewide foster parent recruitment plan. Recruit in-state foster homes to meet the needs of minorities, teens, siblings 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 through local and state level meetings and review of DFS and Court Improvement Program (CIP) key measures to strategically plan strengthening legal processes to improve timely permanency.
8. Participate in the Permanency for Adolescents Committee of the Child Protection Accountability Commission, which leads policy efforts to reduce barriers to permanency.
9. Participate in strategic planning efforts of the Department of Services to Children, Youth and Their Families to promote collaboration and coordinated service delivery to multiple division youth served by child welfare, behavioral health and/or juvenile justice systems.
10. Revise and reinstate quality assurance placement case reviews. Use the data to guide initiative implementation and professional staff training.

The following data measures for placement stability, timely exits to permanency and relative placements indicate mixed performance on the effectiveness of permanency strategies to maintain or achieve timely permanency outcomes. The state-produced profile for national data and the agency's entry cohort longitudinal database (ECLD) reveal these findings:

Foster Care Placement Stability:

- Of children in care less than 12 months, 85.1% have 2 or less placements for FFY2015. Performance has improved for 3 years, 2012-2014. The national standard is 86%.
- Of children in care 12 to 24 months, 61.8% have 2 or less placements for FFY2015. Performance improved from 2013. The national standard is 65.4%.
- Of children in care 24 or more months 31.3% have 2 or less placements for FFY2014. The national standard is 41.8%.
- Percentage of 0-12 year olds placed with relatives increased 8% over two years between 1/2014 – 12/2015.
- Comparing the first half of 2012 with the second half of 2015, there was a 71% decrease in number of children under age 13 with 2 or more placements in the first 100 days.
- Comparing the first half of 2012 with the second half of 2015, there was a 63% decrease in number of teens with two or more placements in the first 100 days.

Timely Exits to Permanency:

- For FFY2015, 64.4% of foster children were reunified within 12 months of removal. This is 10.8% lower than the national standard.
- The foster care re-entry rate for children exiting to reunification has exceeded the national standard of 9.9% or lower from FFY2010 to FFY2014. The FFY2015 rate was 12.1% and 2.2% over the standard.
- 38.0% of children with a goal of adoption exited foster care within 24 months of entering foster care for FFY2015. The national standard is 36.6% which Delaware exceeded for FFY2013 and FFY2015.
- Delaware has exceeded the national standard of 53.7% for legally free foster children exiting to adoption within 12 months of termination of parental rights for 3 years FFY2013-2015.
- Delaware did not met the national standards on exits to permanency for children in foster care for long periods of time for FFY2014-2015.
- Foster children 12 and younger exiting to permanency within 12 months have been declining since the baseline of 44% was established the first half of 2012. The July – December 2015 rate was 28%.
- Foster teens exiting to permanency within 12 months have been inconsistent since the baseline of 33% was established the first half of 2012. The July – December 2015 rate was 29%.

Relative Placement:

- Initial placements for foster children 12 and younger with relatives has increased for calendar year 2015 compared to the baseline established January-June 2012.
- Initial placements for teens with relatives has decreased for calendar year 2015 compared to the baseline established January-June 2012.

- Relative placements for foster children 12 and younger on the last day of the 6-month reporting period exceeded the baseline established January-June 2015 for the first time July-December 2015.
- Relative placements for foster teens on the last day of the 6-month reporting period has equaled or exceeded the baseline established January-June 2015 for reporting periods January 2014 – December 2015.

In summary, the data reveals strengths in foster care placement stability for children in care less than 12 months. Foster children in care longer than 12 months are more likely to experience placement moves. Delaware has mixed performance for achieving permanency for both young children and teens; the agency is slow to reunify but has a consistent low rate of foster care re-entry. Relative placement, a good measure of family engagement strategies, is mixed with younger children being placed with relatives at a better rate than teens. However, the agency has a promising trend to place teens with relatives after initial entry.

To address the permanency findings of the CFSR and agency data, the agency will fully implement the CFSP strategies with fidelity, statewide and across programs. The following PIP goals, strategies and activities were developed to further support these efforts:

Goal: Delaware will ensure that children in care have a clearly defined permanency plan established in a timely fashion that adheres to federal and state statutes and that all engaged parties work to achieve a timely permanency outcome for children. Improve ongoing efforts to preserve family relationships and connections for children in custody and in out-of-home care.

CFSP Strategy: Fully implement statewide strategies, tools and supports to conduct successful family search and engagement activities across all program areas to strengthen family connections and placement options for at-risk children and youth. Improve foster care placement stability and support adoptive families. Collaborate with system partners to identify and reduce barriers to timely permanency.

Progress/Status: Delaware completed a 5-year engagement with the National Council on Crime and Delinquency's Children's Research Center to implement SDM® and Safety Organized Practice. FACTS was modified May 2016 to include automated SDM® tools in treatment cases. Team Decision Making meetings require workers to invite maternal and paternal extended family whenever feasible. For the period July 1, 2015 to March 31, 2016, mothers attended 77% of all TDM meetings, fathers attended 55% of the meetings, and youth attended 74% of the meetings. Relatives and informal support persons attended 78% of the meetings. To strengthen family connections, judges have been ordering the use of social media to find connections for children more frequently. Workers have new access to Facebook. DFS hired a new statewide Foster Parent Recruiter September 27, 2016 targeting resources for teens, sibling groups and special needs children. DFS participates in Child Protection Accountability Commission's Permanency for Adolescents Committee and Permanency Options Work Group. Court Improvement Program and DFS are entering a Social Services Pilot Project assigning a social worker to parent attorneys and parents to improve case plan service connections, attorney-parent relations, the quality of court hearings and permanency achievement. Baseline data is court

permanency outcome data for FFY2016. The pilot will start April 2017 and run for 6 months. The social worker started late February 2017. Screening of pilot cases started March 8, 2017.

CFSR Findings:

- Safety Organized Practice is new and the CFSR review period did not reflect full implementation of the practice mode.
- Partial implementation status of extended family engagement is evident in items where engagement strategies and tools would make an impact.
- Current practice for changing goals delays permanency exits from foster care.
- Caseworker contacts with parents, especially fathers, are inconsistent and lack quality.
- Concerted efforts to promote and preserve family connections are inconsistent.
- Concerted efforts to place siblings together are inconsistent.

PIP Strategy 3: Fully implement statewide strategies, tools and supports to conduct successful family search and engagement activities across all program areas to strengthen family connections and placement options for at-risk children and youth.

- Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement
- Item 8: Visiting with parent and siblings in foster care
- Item 10: Relative placement
- Item 11: Relationship of child in care with parents

Activity 3.1: Program management staff continue to use existing data reports (Entry Cohort Longitudinal Database, CFSR-3 National Profile, Statewide Caseload Report), Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor implementation of family search and engagement practices. Results of these reviews are presented to monthly Strategic Leadership Team (administration, program, data, quality assurance and operations managers) meetings for review and discussion regarding strategies to improve family search and engagement practices (i.e., training, coaching) by the Data Manager and Program Support Administrator. Timeframe: Quarter 1

Activity 3.2: Strategic Leadership Team to recommend family engagement policy and practice enhancements which will be shared with statewide staff at bi-monthly program workgroups and other communication methods such as regional staff meetings, all managers' statewide meetings, operations management meetings. Strategies include early identification and documenting both parents beginning in intake and investigation, locating and contacting maternal and paternal relatives. Use program area supervisor meetings and statewide all management meetings to promote family search and engagement activities, sharing barriers and solutions beginning July 2017 at the next statewide all management team meeting. Timeframe: Quarter 3

Activity 3.3: New tools in FOCUS track family engagement. A family visitation table, and a preserving connections table tracks contacts with relatives and other significant persons. Easy

tracking provides additional supervisory tools to maintain consistent family contacts. Tools are active October 2017 as FOCUS is implemented.
Timeframe: Quarter 2

Activity 3.4: DFS to incorporate family engagement techniques into FOCUS testing and implementation. This is staff and supervisor refresher training for family team meetings, framework, significant other contacts, case planning with family members and safety planning with family members. FOCUS user testing began November 2016 and training begins June 2017.
Timeframe: Quarter 2

Activity 3.5: Program Management staff will review and revise policy related to relative notification of foster care placement letters to improve concerted efforts to identify, locate and engage relatives. Part of the policy revision will be a review of the current letters that are sent to relatives, as well as the frequency that letters are sent throughout the time that a child is in foster care placement.
Timeframe: Quarter 2

Activity 3.6: DSCYF Division of Management Support Services to expand accessibility of social media for staff conducting family search and engagement activities. Facebook is accessible to all regional staff, FSA and above.
Timeframe: Completed November 2016

Activity 3.7: Program Management staff review and revise policy related to visitation for children in foster care with their parents and siblings to ensure that visits are of sufficient quality and frequency. Revision to establish standards and documentation requirements for parents, relatives and siblings for children in foster care. Part of the policy revision will include developing documentation protocol for visits that will note continuity of relationships. Program Management staff will also share new policy regarding visitation schedules with contracted providers with the expectation that policy will be incorporated into their practices.
Timeframe: Quarter 2

Activity 3.8: Current SDM® reunification reassessment tool establishes definitions and evaluates visitation and quality of visitation with parents. Visitation table in FOCUS design to produce reports rating quantity and quality of visitation contacts. FOCUS will produce reports for supervisors and managers to evaluate case and system level visitation activity and compliance with standards. A preserving connections FOCUS table tracks relative and other significant connections that provide a new supervisory tool to evaluate permanent connections. FOCUS design also includes Indian Child Welfare Act provisions for family and tribal connections.
Timeframe: Completed; FOCUS design is completed and ready for implementation.

Activity 3.9: Investigation and Treatment Program Workgroups reviewed the Supervisory Directed Case Conference FACTS event for enhancements to strengthen consistency of family search and engagement practice by including a section on preserving connections

where significant other person contacts, visitation, parental participation in case planning, placement stability and quality of contacts are documented. While FACTS updates were not available, FOCUS design includes these updates to the Supervisory Directed Case Conference.
Timeframe: Quarter 2

Activity 3.10: Foster care coordinators and caseworkers will conduct Ice Breaker meetings for any youth entering foster care or at any placement change to a new foster home where the goal remains reunification, to preserve the continuity of family relationships and connections. A database will be developed to track the number of Ice Breaker meetings and other key measures. This data will be reviewed by the Foster Care Program Manager and will be shared with the Strategic Leadership Team and the Statewide Foster Care team.
Timeframe: Completed

Activity 3.11: DFS leadership team will incorporate family teaming into case management practice. Continue Team Decision Making meetings when youth are at risk of placement or have just entered placement and train staff on using family teaming at assessment, planning and key decision points. The Family Teaming Workgroup to develop policy and expectations on when family teaming is appropriate.
Timeframe: Quarter 1

PIP Strategy 4: Collaborate with the Family Court, CIP and CPAC committees to strengthen legal processes to improve timely permanency. Implement policy and provisions to make timely changes to permanency goals.

- Item 5: Permanency Goal for Child
- Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement
- Item 23: Termination of parental rights
- Item 24: Notice to caregivers

Activity 4.1: CIP Coordinator and the DFS Adoption Program Manager reviewed a sample of 14 cases from the CIP database with identified issues related to untimely permanency hearings and late TPR petition filings beginning the first PIP quarter and semi-annually thereafter. Cases that are out of compliance with establishing permanency plans by day 60, holding judicial hearings within established timeframes and late TPR filings are subject to review. Specific case findings were discussed at November 2016 and January 2017 workgroup meetings. The next sample of 10 cases to be pulled May 2017. The workgroup continues to compile findings to form recommendations for both agency and Family Court to implement.
Timeframe: Quarter 1

Activity 4.2: The CIP Coordinator and the DFS Adoption Program Manager will reconvene the Permanency Planning PIP Workgroup, which is comprised of DFS staff, Family Court staff and private stakeholders to share data and work on solutions for establishing permanency goals, changing permanency goals, improved scheduling of permanency hearings, caregiver notice of hearings and filing TPR petitions. While initial cases are

reviewed, it is anticipated that the Workgroup will meet monthly to identify barriers and implement solutions. Workgroup will recommend policy and procedure changes to agency and Court leadership to improve timeliness of permanency outcomes. Leadership will consider recommendations and execute final decisions.
Timeframe: Quarter 1

Activity 4.3: The PIP permanency workgroup will clarify the hearing notification policy and to strengthen notice and documentation of foster parents, pre-adoptive parents and relative caregivers' right to be heard. Caseworkers to enter a hearing notice progress note in the record.
Timeframe: Quarter 1

Activity 4.4: In conjunction with case reviews, the state agency and CIP will share available system data documenting permanency processes and permanency outcomes.
Timeframe: Quarter 2

Activity 4.5: CIP and the state agency will create shared definitions for how permanency is measured. (Ex: will the beginning date of measurement be the time from filing or the time the child was placed in care.) Additionally, CIP and the agency will create a common definition establishing the date of permanency as the date a trial home visit began or the date the judicial officer orders final permanency.
Timeframe: Quarter 2

Activity 4.6: DFS staff representatives will continue to attend quarterly CPAC Committee on Permanency meetings to review the use of the Permanency Options Resource Sheet, which documents supports available for permanency choices. Implement the use of the form through training and distribution to system partners.
Timeframe: Resource Sheet Completed January 2017; workgroup has ceased; activity completed.

Activity 4.7: Adoption Program Manager will convene a workgroup to review and revise Permanency Planning Committee policy and procedures to issue new criteria for timely establishment and change of permanency goals. New policy will be written and executed to initiate early adoption activities statewide. Activities include opening a permanency case, filing the TPR petition within 30 days and recruiting for adoptive resources. FOCUS design includes creating a permanency case from the Permanency Committee Review event.
Timeframe: Quarter 1

Activity 4.8: DFS Operations and Administration team (Director, Deputy Director, CFSR-CFSP Coordinator, Operations Administrator, Data Manager and Regional Administrators) will participate in regional CIP meetings, quarterly CIP Steering Committee meetings, CPAC Data Workgroup meetings, CIP-DFS Data Workgroup meetings and the Department of Justice quarterly meetings to review and strengthen provisions to improve timely permanency. Agency and Family Court data on hearing timeframe compliance, length of time to termination of parental rights, exits to reunification and other permanency goals, timeliness of filing TPR petitions and notice to caregivers will be exchanged and evaluated,

pre-PIP baseline data to be established to measure PIP implementation activities. Leadership will consider recommendations and implement final decisions.
Timeframe: Quarter 3

Activity 4.9: The Center for Professional Development will ensure all new state agency worker orientation includes the requirements for establishing permanency goals, changing permanency goals, scheduling of permanency hearings, caregiver notice of hearings and filing TPR petitions.
Timeframe: Quarter 1

Activity 4.10: DFS and CIP sponsored training for caseworkers, supervisors, attorneys, advocates and judges based on policy and procedure changes to be scheduled. Topics are establishing permanency goals, changing permanency goals, scheduling of permanency hearings, caregiver notice of hearings and filing TPR petitions.
Timeframe: Quarter 3

Activity 4.11: Continue implementation of the agency-CIP joint Social Services Pilot Program, matching parents, their attorney and a social worker to facilitate parental case plan service connections. The program improves the quality of attorney-client interaction, parent participation in judicial hearings and timely permanency outcomes. Baseline data is court permanency outcome data for FFY2016. The pilot will start April 2017 and run for 6 months. The social worker started late February 2017. Screening of pilot cases started March 8, 2017. Goal is to achieve reunification, or other permanency goal, in a shorter timeframe through enhanced engagement in case planning, accessing community based services, visitation, and participation in court hearings. Administered by the CIP Coordinator, pilot will serve New Castle and Sussex Counties for at least 6 months.
Timeframe: Quarter 1

Activity 4.12: CIP Steering Committee will evaluate the effectiveness of the Parent Advocate Pilot by compiling and analyzing parent, caseworker, and attorney surveys and length of time to permanency data. Based on outcomes and available funding, Court-CIP leadership will decide if the pilot will be continued, expanded or discontinued. DFS will consider results for program implications.
Timeframe: Quarter 3

PIP Strategy 5: Participate in DSCYF multiple divisional strategic planning efforts to enhance family engagement efforts for any child served by child welfare, behavioral health and/or juvenile justice systems to increase collaboration and coordinated service delivery to youth at risk of deep-end services through the Partnering for Success initiative – FIRST (Family Informed Resource Support Team). This team provides a unique approach to best serve youth in their community and least restrictive setting.

- Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement

Activity 5.1: DFS representatives will continue to implement and monitor success of the program by reviewing data obtained by the FIRST Coordinator and participation in monthly

steering committee meetings starting November 2016. The Committee includes one representative from DFS, DPBHS, Division of Youth Rehabilitative Services (YRS), FIRST and Office of Case Management (OCM). Meetings are held statewide for identified multi-division youth at risk of deeper end Department service to provide unique, individualized services.
Timeframe: Quarter 2

PIP Strategy 6: Within a continuous quality improvement framework, use data to guide permanency initiative implementation and professional staff training. This is a cross-cutting strategy that covers ongoing safety, permanency and well-being areas needing improvement. **See Systems, Quality Assurance for activities.**

- Item 5: Permanency Goal for Child
- Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement
- Item 7: Placement with siblings
- Item 8: Visiting with parent and siblings in foster care
- Item 10: Relative placement
- Item 11: Relationship of child in care with parents

PIP Strategy 7: Enhance options to place siblings together.

- Item 7: Placement with siblings

Activity 7.1: Foster care team to continue to implement the Statewide Recruitment Plan to target recruitment of families willing to care for sibling groups, including outreach to faith-based organizations, community groups, schools. Use foster teens and foster parents as recruiters. Enhance monitoring and support to prospective foster parents as they progress through the approval process.
Timeframe: Quarter 1

Activity 7.2: DFS hired a statewide Foster Parent Recruiter. Recruitment tasks are guided by the Delaware Statewide Recruitment Plan. The Foster Parent Recruiter will use tracking information from foster care inquiries through approval to determine gaps and barriers to successful foster parenting of sibling groups. Tracking of sibling group interest included in the inquiry database. The Foster Parent Recruiter updates the Statewide Recruitment Plan quarterly starting October 2016 and reports on efforts at monthly foster care workgroup meetings.
Timeframe: Quarter 1

Activity 7.3: Program management staff will review and revise policy to strengthen practice related to initial and ongoing assessment of available resources and documentation of sibling placements.
Timeframe: Quarter 2

WELL BEING

CFSP Objectives and Strategies

Taking a closer look at well-being, there are four overall goals listed in the CFSP:

- Families are empowered to meet their own needs
- Youth are empowered to meet their own needs
- Foster children receive appropriate mental health assessment and psychotropic medications
- Improve high school graduation rates for foster youth

The following objectives are identified in the CFSP for well-being for each goal:

Goal: Families are empowered to meet their own needs

- Fully engage at-risk families in assessment, planning and service delivery activities

Goal: Youth are empowered to meet their own needs

- Promote timely permanence and increase opportunities available to young people in employment, education, personal and community engagement

Goal: Foster children receive appropriate mental health assessment and psychotropic medications

- Assess and monitor foster children's health and mental health needs

Goal: Improve high school graduation rates for foster youth

- Develop and implement a data-based initiative to improve academic performance

To achieve these objectives, the agency is employing the following key strategies:

1. Continue Team Decision Making statewide for children at risk of removal from their homes.
2. Implement Safety-Organized Practice (SOP) Practice Model strategies, including family conferencing to be utilized at key decision points in child welfare cases.
3. DFS Program Support Team to conduct literature reviews, contact states' liaison officers, research evidence-based models as promoted by Child Welfare Information Gateway, Child Welfare League of America and American Humane Society and make recommendations for improving the continuum of family preservation, reunification and support interventions.
4. Use a continuous quality improvement framework to monitor and guide implementation of improvements. Identify areas needing improvement and implement corrective actions with system partners for these areas:
    a. Family engagement practice by reviewing DFS data and Quality Assurance case review reports with DFS staff and system partners
    b. Timely teen and young adult permanency, employment, education and personal/community engagement
    c. Monitor mental health assessment and psychotropic medication
    d. Foster children's academic performance
5. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor implementation of:
    a. TDM and SOP

   b. Timely permanency, employment, education, and personal/community engagement
   c. Identification of needs and provision of appropriate services
   d. Identification of educational needs and provision of appropriate services
   e. Use existing DFS, CPAC Education Committee and Department of Education forums to recommend and implement corrective actions through training, supervision and technical assistance
6. Use family search and engagement strategies (e.g. family meetings and record mining) to build connections and supports for foster youth and young adults aging out of foster care.
7. Conduct STEPS (Stairways To Encourage Personal Success) for all foster youth age 17 and older to plan a successful transition to adulthood.
8. Fully fund and implement ASSIST (Achieving Self Sufficiency and Independence through Supported Transition) for young adults (ages 18-20) who are aging out of foster care.
9. Continue Opportunity Passport™ programming to provide financial skills and match savings accounts.
10. Partner with the Youth Advisory Council (YAC) to achieve positive outcomes for foster youth and young adults aging out of foster care.
11. Support the initiative for Youth Involvement in Court and Youth Led Representation led by the Family Court and OCA.
12. Review existing foster teen handbook for strengthening youth roles and responsibilities and edit as appropriate. This handbook will be used in the initiatives referenced above in #7.
13. Establish prudent standards for foster parents to ensure developmentally appropriate activities are provided to foster children per Preventing Sex Trafficking and Strengthening Families Act.
14. Train foster parents on prudent standards established in #9.
15. Continue Screening and Consultation Unit's assessment of developmental needs and ensure connection to appropriate services to foster children age 5 and younger within 4 weeks of foster care entry.
16. Continue Screening and Consultation Unit's assessment of foster children within 4 weeks of entering care for mental health services, using developmentally-appropriate and trauma-informed screening tools. Ensure connection to evidence-based interventions as appropriate.
17. Partner on a consultation project with Tufts University Medical School, Casey Family Programs, Division of Prevention and Behavioral Health Services (DPBHS) and DSCYF Office of Trauma Informed Practice on monitoring and managing psychotropic medications in foster care.
18. Office of Evidence-Based Practice to monitor and report to DFS' Strategic Leadership Team progress on developing psychotropic medication tracking and establishing oversight standards.
19. Collaborate with schools to share system level educational information on foster children and youth.
20. Identify, recommend and implement supports for improving academic performance for foster children.

21. Participate in the Education Committee of the Child Protection Accountability Commission that is focused on system collaboration to address educational needs of children and youth in foster care.

These are data measures for well-being:

- A study of psychotropic medication prescribed to foster children for the period July 1, 2015 to December 31, 2015 finds 18.3% on medication only, 16.5% on medication and receiving therapy, 15.7% in therapy only and 49.5% not on medication or in therapy. (N=655)
- A study of antipsychotics prescribed to foster children for the period July 1, 2015 to December 31, 2015 finds 60% on medication only and 40% on medication and in therapy. (N=110)
- For CY2015, 51% of young adults receiving independent living services graduated or obtained a GED, 38% were employed and 24% were enrolled in post-secondary/vocational programs. For CY2014, 45% of young adults receiving independent living services graduated or obtained a GED, 33% were employed, and 30% were enrolled in post-secondary/vocational programs. For CY2013, 40% of young adults receiving independent living services graduated or obtained a GED, 38% were employed, and 29% were enrolled in post-secondary/vocational programs.
- During CY2015, 28% of young adults receiving independent living services had part time employment and 10% had full time employment.
- For CY2015, 338 of the 357 or 95% of foster youth receiving independent living services reported having at least one adult in their lives for emotional support. For CY2014, 171 of 175 or 98% reported having at least one adult in their lives for emotional support.

System produced well-being data was dependent on treatment and placement case review findings which were suspended in 2013. Foster child psychotropic medication baselines are being established. Independent living statistics reports indicate stable outcomes for education, employment and supportive adult relationships.

To address the well-being findings of the CFSR and agency data, the agency will fully implement the CFSP strategies with fidelity, statewide and across programs. The following PIP goals, strategies and activities were developed to further support these efforts:

Goal: Improve caseworker quality and frequency of contacts resulting in increased rates of child and parent engagement and participation in their assessment and case planning.

CFSP Strategy: Fully engage at-risk families in assessment, planning and service delivery activities using Safety Organized Practice tools and strategies. Promote timely permanence and increase opportunities available to young people through collaboration with Family Court, schools and community partners. Partner with Tufts University Medical School, Casey Family Programs, DPBHS and DSCYF Office of Trauma Informed Practice on monitoring and managing psychotropic medications in foster care. Collaborate with schools to share system level educational information on foster children and youth. Incorporate Treatment Outcome Package (TOP) findings into the Child Plan and the Family Service Plan when appropriate.

Progress/Status: As of October 1, 2016 there are 96 children in DFS custody residing with kinship families. DFS' ASSIST (Achieving Self Sufficiency and Independence through Supported Transition) financial assistance for young adults (ages 18-20) who aged out of foster care is fully funded and operational. Mental health and well-being screenings are administered to children entering foster care; 80% (202 out of 254) were screened within 30 days of entry to foster care, 94% (239 out of 254) were screened within 45 days of entry to foster care, and 99% were screened within 60 days of entry to care. Approximately 700 medication reviews are conducted annually. Partnerships with Annie E. Casey Foundation, Tufts University, and Outcome Referrals, Inc. build capacity to serve children in least restrictive, community-based settings through data informed policy decisions. DFS modified FACTS to include automated SDM® tools for case assessment and planning.

CFSR Findings:

- Fathers are less likely than mothers to have their needs assessed, services provided and to be involved in case planning.
- Parents and children in intact families are less likely to be involved in assessment and case planning.
- Dental health needs are less likely to be assessed and services provided.
- Caseworker contacts with intact families are not consistent and lack quality, especially with fathers.

PIP Strategy 8: Use data to promote pre-removal timing of Team Decision Making meetings.

- Item 12: Needs and Services of the child, parents and foster parents
- Item 13: Child and Family involvement in case planning

Activity 8.1: Family team meetings are currently used by considered removal Team Decision Making facilitators and Family Assessment and Intervention Response staff, both contracted and internal. Participation rates for attending Team Decision Making meetings for July-December 2016 are 76% for mothers, 43% for fathers and 67% for youth. The TDM Workgroup will continue to meet quarterly to review TDM practices, policy and data reports associated with TDM. Recommendations based on data monitoring and trend analysis will be provided to operations workgroup lead by the Operations Administrator for communication and planning to staff in the regions.
Timeframe: Quarter 1

PIP Strategy 9: Implement and strengthen Safety-Organized Practice (SOP) Practice Model strategies across key decision points in the case management continuum.

- Item 12: Needs and Services of the child, parents and foster parents
- Item 13: Child and Family involvement in case planning
- Item 14: Caseworker visits with the child
- Item 15: Caseworker visits with the parents

Activity 9.1: The Family Engagement PIP Workgroup to establish practice standards and guidelines for using SOP family engagement strategies throughout the life of a case and at key decision points. Strategies include family team meetings, 3 houses, Consultation and Information Sharing Framework and safety circles.

Timeframe: Quarter 1

Activity 9.2: The Family Engagement PIP Workgroup to strengthen and clarify the desired quality and required frequency of caseworker contacts and concerted efforts associated with client contacts in both foster care and intact family cases via policy updates and guidelines.
Timeframe: Quarter 1

Activity 9.3: The Family Engagement PIP Workgroup to strengthen and clarify supervisory responsibilities associated with the assignment, review and direction related to contact schedules for their staff via policy and guidelines. Supervisor roles and duties will be reinforced in supervisor training referenced in Strategy 17.
Timeframe: Quarter 1

Activity 9.4: The Family Engagement PIP Workgroup is charged with quarterly review of case review findings on caseworker contacts and planning activities. Implement policy and procedure changes, training or other resources to improve fidelity of the SOP model.
Timeframe: Quarter 3

Activity 9.5: DFS to train front line staff and supervisors on contact frequency, quality of contacts and documentation of contacts, the use of SOP tools and strategies. Supervisor training, Strategy 17, includes SOP tools and strategies targeting contacts.
Timeframe: Quarter 4

PIP Strategy 10: Develop and implement policy and training on family team meetings across all program areas from investigation to permanency to engage mothers, fathers and youth in case assessment, planning and key case decisions.

- Item 12: Needs and Services of the Child, Parents and Foster Parents
- Item 13: Child and Family Involvement in case planning
- Item 14: Caseworker visits with child
- Item 15: Caseworker visits with parents

Activity 10.1: The family team meeting workgroup began meeting May 2016 and continues to establish a family teaming model supporting quality family engagement in assessment, planning and key case decision points. There are natural case events where family team meetings are appropriate such as assessments, establishing and reviewing case plans, placement disruptions, permanency decisions and case transfers.
Timeframe: Quarter 1

Activity 10.2: Team Decision Making facilitators designed a training curriculum for staff of the family teaming model. A two-day training covers skill development using role-playing, collaborative planning with family and community resources, how to identify and contact participants and strategies to promote attendance. This activity was completed August 2016.
Timeframe: Completed

Activity 10.3: TDM facilitators and CPD to train DFS staff, statewide, on family team meetings and how to incorporate them into their case management strategies. After the initial

training, booster sessions are available quarterly. On-line training will be added to the Delaware Learning Center curriculum. Training content, attendance and scheduling will be tracked and managed using Delaware Learning Center functionality.
Timeframe: Quarter 2

Activity 10.4: DFS will use the new case management automated system, FOCUS, to document family teaming in the electronic record. The Family Team meeting workgroup will conduct quarterly tracking, review and analysis of Family Team Meetings that reflects fidelity and prompts future practice change post launch. FOCUS is scheduled to be active October 2017.
Timeframe: Quarter 3

Activity 10.5: Impact on length of time to reunification and other permanency exits, caseworker contacts with mothers and fathers and engagement in case planning activities will be measured via On-Site Review Instrument results for Items 12 through 15. Results are shared with staff at program workgroups, regional staff and supervisor meetings quarterly.
Timeframe: Quarter 3

Goal: Children receive adequate services to meet their physical and dental health needs. The provision of these services is documented appropriately to aid with the case planning and coordination of care.

PIP Strategy 11: Continue Office of Evidence Based Practice consultation for at-risk children to assist in accessing appropriate services.

- Item 12: Needs and Services of child, parents and foster parents
- Item 13: Child and Family involvement in case planning
- Item 17: Physical health of the child

Activity 11.1: The Office of Evidence Based Practice continue to complete assessments for children in foster care and provide ongoing consultation and guidance to case management staff to determine any health needs, assess appropriateness of medications and make recommendations to the managing caseworker. The assessments and consultations are documented in the record and tracked by the management staff in the Office of Evidence Based Practice. Staff use this information to better understand the physical and behavioral needs of the children on their caseload and determine resources to meet those needs and any other recommendations that may benefit the child.
Timeframe: Quarter 1

Activity 11.2: The Strategic Leadership Team to develop standards to document physical and dental needs and services for children in intact families. FOCUS design includes an event for Department staff to monitor medication and automate flags triggering pharmacy consultations. FOCUS to be implemented October 2017.
Timeframe: Quarter 2

PIP Strategy 12: Collaborate with Managed Care Organizations, hospitals, Division of Medicaid and Medical Assistance, Division of Substance Abuse and Mental Health and Division of Public Health to improve services to children and families served by DFS.

- Item 12: Needs and services of child, parent and foster parents
- Item 17: Physical health of the child

Activity 12.1: The Office of Evidence Based Practice Administrator and Program Managers to coordinate with the community health providers to explore opportunities for DFS staff to gain access to Electronic Medical Records (EMR). The Administrator and DFS Deputy Director are negotiating with the Delaware Health Information Network (DHIN) to allow caseworker access to medical and pharmaceutical information.
Timeframe: Quarter 3

Activity 12.2: DFS will develop a partnership with Managed Care Organizations, hospitals, Tufts University and other agencies to allow for greater understanding, communication and sharing of information including data, as it relates to the mutual child and families we serve. With help from the Office of Child Advocate, a Memorandum of Understanding between the agency and health care agencies is developing as a meeting agenda item.
Timeframe: Quarter 1

PIP Strategy 13: Within a continuous quality improvement framework, use data to guide well-being initiative implementation and professional staff training. This is a cross-cutting strategy that covers ongoing safety, permanency and well-being areas needing improvement. **See Systems, Quality Assurance for activities.**

- Item 12: Needs and Services of child, parents and foster parents
- Item 13: Child and Family involvement in case planning
- Item 14: Caseworker visits child
- Item 15: Caseworker visits with parent

SYSTEMS

This goal is listed in the CFSP:

- Provide infrastructure supporting best practice child welfare principles and values

The following objectives are identified in the CFSP for the system goal:

- Fully implement a new statewide data tracking system
- Design, resource and implement a continuous quality improvement system that focuses on data driven monitoring of objectives and benchmarks, as indicated, of the Plan with participation by system partners to make adjustments to practice
- Provide training and supports for a stable and competent workforce
- Review and update the Quality Assurance Case Review System

The following key strategies are identified in the CFSP for the systems objectives:

- Fully implement FACTS II (FOCUS) supporting an integrated child and family tracking system for the Department of Services for Children, Youth and Their Families
- Obtain technical assistance to provide processes, analysis of data, information and organizational structure supporting objectives of this strategic plan
- Draft policy and protocols to use data-based information for all levels of staff
- Draft a communication plan supporting the distribution and use of data-based information
- Develop training for staff at all levels of the organization on continuous quality improvement
- Implement stakeholder sessions to review data and recommend activities to improve progress towards goals
- Review and modify new worker training to include Safety-Organized Practice principles, strategies, and tools
- Make provisions supporting caseworker coaching and facilitative supervision
- Review option to adopt federal on-site Child and Family Services Review Instrument
- Take appropriate steps to implement a new Quality Assurance system or review current system for sample size, reliability and inclusion of Safety Organized Practice measures

Delaware's Family and Child Tracking System (FACTS) is fully SACWIS compliant. The system is over 20 years old and in need of modernization to meet the Department needs for an integrated case information system.

DFS suspended the treatment and placement quality assurance case reviews in 2013 pending the FOCUS initiative to include QA case review functionality; investigation case reviews are active with results reported to managers and supervisors. For CY2015, there were 115 investigation case reviews. Areas of focus are safety and risk assessment, well-being factors (education, physical and mental health) and family engagement. The CFSP targets in-home and foster care program areas for reform to include revised case review instruments and feedback loops with key stakeholders to evaluate the implementation of practice standards and initiatives. Children's Research Center conducted fidelity case reviews for SDM® in April and May 2016; final report is pending.

Initial caseworker training is highly structured with controls documented through the Delaware Learning Center features. New Castle County has two coaching supervisors for new caseworkers. DFS collaborates with the Center for Professional Development to identify annual in-service training topics. The past year's training targeted SDM® and SOP practice, supported by Children's Research Center (CRC) staff. Supervisor specific trainings for the Consultation and Information Sharing Framework and family search and engagement were presented in 2014.

To improve the functioning of these child welfare operations across the state, the agency will continue these efforts, fully implement these strategies with fidelity statewide and across programs, and in this PIP further address the findings of the CFSR:

Case Review System

Goal: Delaware's case review system will promote timely permanency and consistently provide foster caregivers their right to be heard in judicial and administrative hearings.

CFSP Strategy: DFS and Family Court, through local and state level meetings, review Court Improvement Program key measures and DFS measures to strategically plan strengthening legal processes to improve timely permanency. DFS participates in the Permanency for Adolescents Committee of the Child Protection Accountability Commission, which addresses barriers to permanency.

Progress/Status: Child Protection Accountability Commission meetings occur quarterly and review an array of data on caseloads, Report Line and re-entry to foster care. Court Improvement Program statewide quarterly meetings review key measures for permanency. The Permanency for Adolescents Committee of the Child Protection Accountability Commission meets to address barriers to timely permanency for teens. The CFSR 3 Data Profile released September 2016 scores Delaware's Permanency Outcome 1 as 'no difference' from the national standard for three cohorts (entries within 12 months, in care for 12-24 months and in care for more than 24 months). Re-entry to foster care is also scored as 'no difference' from the national standard. The number of foster children with APPLA (Another Planned Permanent Living Arrangement) has fallen from 137 on January 1, 2014 to 62 on October 3, 2016.

CFSR Findings:

- There are delays in filing termination of parental rights petitions in accordance with the required provisions, or documenting exceptions in the case record.
- There is inconsistency in notifying foster caregivers of court and administrative hearings and their right to be heard.

See Permanency Strategy 4 for Case Review System activities. Strategy 4 includes activities for Item 23: Termination of parental rights and Item 24: Notice to caregivers.

Quality Assurance System

Goal: DFS to develop and implement a continuous quality assurance system to improve safety, well-being and permanency outcomes for children and families.

CFSP Strategy: Design, resource and implement a continuous quality improvement system that focuses on data driven monitoring of objectives and benchmarks, as indicated, of the Plan with participation by system partners to make adjustments to practice**.** Review and update the Quality Assurance Case Review System. Obtain technical assistance to provide processes, analysis of data, information and organizational structure supporting objectives of the CFSP. Draft policy and protocols to use data-based information for all levels of staff. Draft a communication plan supporting the distribution and use of data-based information. Develop training for staff at all levels of the organization on continuous quality improvement.

Progress/Status: The agency will use the federal On-Site Review Instrument and the Online Monitoring System for the CFSR PIP. Procedures for sampling, assignment, stakeholder interviews and second level quality assurance remain the same as the CFSR. The CFSR Measurements and Standards Committee and ACF Region III have approved the PIP measurement plan. Investigation cases continue to be monitored with DFS' case review tool. Training and case assignments for the PIP align with the official start of the PIP two-year period.

CFSR Findings:

- Stakeholder interviews are not a component of the case review process.
- The case review process lacks second level quality assurance.
- Relevant reports were not consistently produced and there were no procedures to systematically use the results to develop program improvement measures and evaluate the impact of those efforts.
- Only investigation cases are currently subject to case reviews.

PIP Strategy 14: Adopt the federal On-Site Review Instrument (OSRI) review instrument for DFS' PIP case review tool.

- Item 25: Quality Assurance System

Activity 14.1: DFS has obtained approval from Department of Services for Children, Youth and Their Families Management Information Services to access the Online Monitoring System. QA Workgroup is established and drafted the case review procedure guide (See Attachment C) and training curriculum. The Quality Assurance Workgroup to compile a resource manual for reviewers. The list of reviewers/QA reviewers includes all supervisors, program managers and regional administrators. Two full day training events, one upstate and one downstate, for reviewers are scheduled for May 23rd and June 1st 2017. Training to include review of OSRI tool, stakeholder interviews, use of 2nd level quality assurance review and a practice case.
Timeframe: Quarter 1

Activity 14.2: DFS leadership to implement first round of case reviews June 1st 2017. Fifteen case reviews assigned monthly accrue the target of 90 cases every 6 months. DFS intends to adopt the OSRI as the permanent case review instrument and to add supplemental Safety Organized Practice items to the review process.
Timeframe: Quarter 1

PIP Strategy 15: Implement policy, protocols and stakeholder reviews to use data informed decisions to improve safety, permanency and well-being outcomes.

- Item 1: Timeliness of investigation
- Item 3: Risk assessment and safety management
- Item 5: Permanency Goal for Child
- Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement
- Item 7: Placement with siblings
- Item 8: Visiting with parent and siblings in foster care
- Item 10: Relative placement
- Item 11: Relationship of child in care with parents
- Item 12: Needs and Services of child, parents and foster parents
- Item 13: Child and Family involvement in case planning
- Item 14: Caseworker visits child
- Item 15: Caseworker visits with parent

- Item 25: Quality Assurance System

Activity 15.1: DFS Executive Steering Committee obtain technical assistance from the Capacity Building Center for States or other resources to provide processes, analysis of data, information and organizational structure supporting objectives of a continuous quality improvement system. With assistance from the Capacity Building Center for States, build a work plan to implement a continuous quality improvement system with team membership and assigned roles and duties of internal and community stakeholder members. As part of the work plan, DFS to review existing stakeholder forums where data is shared to determine gaps to identify opportunities to strengthen stakeholder input. Current forums are CPAC, agency strategic leadership team, state and local Court Improvement Program meetings, and Child and Family Services Plan stakeholder meetings.
Timeframe: Quarter 2

Activity 15.2: As an early activity promoting the establishment of a continuous quality improvement system, DFS Executive Steering Committee will draft a communication plan for all levels of staff supporting the distribution and use of data-based information.
Timeframe: Quarter 2

Activity 15.3: Use 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. CPAC Data Dashboard is an existing comprehensive report used to monitor agency and system performance. CFSR national standards and Entry Cohort Longitudinal Database reports are shared with statewide manager team semi-annually. 2016 hiring of 27 staff is a direct result of a data informed decision by agency and state administration. Make decisions on continuing data sharing activities in the work plan.
Timeframe: Completed

Activity 15.4: In alliance with the work plan implement semi-annual stakeholder reviews, feedback loops, initiate corrective actions and monitor data outcomes to improve performance.
Timeframe: Quarter 3

PIP Strategy 16: All levels of the agency and stakeholder participants receive training on continuous quality improvement.

- Item 25: Quality Assurance System

Activity 16.1: The quality assurance team will develop a training curriculum for agency staff and community partners. Data and Quality Assurance Manager is participating on both QA and staff training workgroups. Goal is to blend these groups to review data from QA reviews to define staff training needs and supports.
Timeframe: Quarter 3

Activity 16.2: DFS will provide statewide training for staff at all levels of the organization and community partner stakeholders on continuous quality improvement and how data

informs practice. Training modules to be accessed through the Delaware Learning Center or other web-based application with attendee tracking and user testing functionality. Timeframe: Quarter 4

Staff and Provider Training System

Goal: Develop and maintain an ongoing professional development series designed specifically for child welfare supervisors and foster parents.

CFSP Strategy: Provide training and supports for a stable and competent workforce. Center for Professional Development to survey supervisors to identify their training needs. Share training data and metrics with DFS leadership to make collaborative decisions to strengthen competencies and promote continuous quality improvement.

Progress/Status: Supervisor received specific trainings for the Consultation and Information Sharing Framework and family search and engagement strategies. The Professional Development Workgroup uses both classroom and electronic training platforms; these are available for supervisor trainings. A survey was completed by supervisors and management to assess training needs. Based on survey results, a child welfare supervisor curriculum is under development, modeled after the Ohio Child Welfare Training Program.

The private agency training workgroup (DFS staff and private agency staff) completed three early activities. The workgroup developed a plan, reported to the larger DFS Foster Care Workgroup (Foster Home Coordinators, Supervisors and Regional Administrators) and the private foster care agencies. Five private agencies also held focus groups with their foster parents to identify training needs January 2016. These topics were identified: Understanding Medical Conditions, Developmental Delays and Challenging Behaviors, Behavioral Health, Navigating Educational Systems, Educational Surrogate Parenting, Medications and Street Drugs, Trauma Informed Care, Understanding Legal and Court Proceedings, Separation and Grief, Building Healthy Relationships, Emergency Planning, LGBTQ Teen Issues, Sex Trafficking, Domestic Violence, Institutional Abuse Investigations, Prudent Parenting and Medical Confidentiality. Private agency training calendars for January 2016 to June 2017 are updated to accommodate these topics: Navigating Educational Systems (Recognition Day), Understanding Legal and Court Proceedings (Recognition Day), "What Foster Parents Need To Know About Psychotropic Medication" (Prevent Child Abuse Delaware - PCAD/DFS), Sex Trafficking (Pressley Ridge and Recognition Day), Domestic Violence (Progressive Life), Medical Confidentiality (covered in DFS/PCAD "Medication Management Class"), Developmental Delays (Pressley Ridge and Children & Families First), "Allegations Happen: How to Prevent & Survive" and "Prudent Parenting" (Progressive Life). The Parent Information Center, under contract with the Department of Education, conducts Educational Surrogate Parenting.

CFSR Findings:

- There is no in-service training for supervisors specific to child welfare supervision.
- Private agency foster parents reported variation in the adequacy of their training.

PIP Strategy 17: Develop, implement and maintain a child welfare specific professional development series for supervisors through the use of DSCYF Center for Professional

Development utilizing the Delaware Learning Center features and functions for registration, tracking and evaluation.

- Item 27: Ongoing staff training

Activity 17.1: The PIP Professional Development Workgroup assessed the training needs of child welfare supervisors via focus groups and surveys. Surveys indicated supervisors want training in safety planning, coaching in child welfare tools, solution focused decision-making, morale building, vicarious trauma, motivating staff, wellness and transfer of learning.
Timeframe: Completed

Activity 17.2: The PIP Professional Development Workgroup evaluated several state models and developed a training curriculum based on the Ohio Child Welfare Training Program. Curriculum will focus on areas such as worker safety and wellness, supervision clinical practice and developing caseworker critical thinking skills, assessing and improving performance, principles of competency centered, strength based practice. This activity is in progress.
Timeframe: Quarter 3

Activity 18.3: DFS will coordinate with CPD to implement the new training curriculum through the Delaware Learning Center's features and functions for registration, tracking and evaluation. CPD trainers will provide training statewide via live events. Workgroup to establish mandatory training criteria to include in performance planning.
Timeframe: Quarter 3

PIP Strategy 18: Ensure private agency foster and adoptive parents receive quality in-service training relevant to their needs and specifically for supervising a child in a child welfare setting by using a quality assurance approach to measure training satisfaction and cross-agency consistency.

- Item 28: Foster and Adoptive Parent Training

Activity 18.1: To implement a standardized training evaluation process across agencies, develop a consistent evaluation and reporting system on training conducted by all private child placing agencies and Prevent Child Abuse Delaware to achieve a 90% approval rating per agency. Based on January 2016 focus group information, training topics are added to agency and PCAD training calendars (See Progress/Status Report for list of trainings). Early statistics compiled for January to March 2017 report 14 total trainings, 4 trainings identified by foster parent survey and 168 total attendees. In summary, 94% agreed the training increased their parenting skills.
Timeframe: Quarter 1

Activity 18.2: DFS and private agencies collaboratively analyze survey results and make recommendations for training topics and calendars. Survey results to be compiled and organized for each agency and as a statewide system on a quarterly schedule beginning July 2017. Results to include cross-agency comparative ratings by topic. An early example of this comparative analysis is Prudent Parenting training offered by two agencies during the period

January – March 2017 where attendees reported 100% and 96% agreement that the training increased their parenting skills.
Timeframe: Quarter 1

Activity 18.3: Collaborative workgroup **s**ubmit report on survey findings and recommendations to key stakeholders, DFS management and private agency management. Workgroup to implement recommendations targeting unmet training needs and cross-agency inconsistencies.
Timeframe: Quarter 2

Service Array and Resource Development

Goal: Provide a service array to meet the individualized needs of children and families statewide.

CFSP Strategy: Using evidence-based SDM® tools, accurately assess the needs of children and families and match appropriate services. Maintain DFS' array of foster care and family support services. Partner with community agencies and advocacy groups to identify and provide needed services from prevention to intensive foster care settings such as home-based infant nursing, substance abuse and domestic violence co-located liaisons, mental health services, health services, transportation and housing.

Progress/Status: DSCYF's initiatives FIRST (Family Informed Resource Support Team) launched October 3, 2016. FIRST is a front end, facilitated family team meeting model aimed to strengthen community connections and reduce entries into long-term, deep-end residential settings. DFS has active partnerships with home visiting nursing, substance abuse, mental health, housing, medical facilities and child care agencies. FACTS assessment and planning tools were updated to match SDM® policy and procedures strengthening individualized assessment and planning.

CFSR Findings:

- While Delaware has a broad array of services, these services are not all accessible statewide to meet the needs of children and families
- The agency and key partners interviewed identified gaps in services, most prevalent in the southern part of the state, including:
    - functional family therapy
    - pre-school and after-school programs
    - transportation
    - quality mental health services for children
    - affordable housing

PIP Strategy 19: Strengthen 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.

- Item 29: Array of services

Activity 19.1: The Treatment Program Manager created and maintains a comprehensive resource manual, accessible by staff statewide, that includes contract and community based services. This manual is available on a division shared computer drive. The manual is updated by dedicated staff on a quarterly basis.
Timeframe: Completed

Activity 19.2: The Multi-System Healthy Action Committee is comprised of Division of Public Health, Division of Substance Abuse and Mental Health Services, Parents as Teachers, Smart Start, Nurse Family Partnership, Visiting Nurses, Early Headstart and DFS. This group began meeting February 2017 and continues to meet monthly in each county for case consultation and resource education. The Investigation and Treatment Program Managers will identify liaisons for housing, social services, substance abuse, and adult mental health and managed care organizations. Liaisons will facilitate knowledge of and access to services by distributing contact and eligibility information via statewide program meetings and regional staff meetings.
Timeframe: Quarter 1

Strategy 20: Provide individualized assessment that guides unique services to individuals receiving child welfare services.

- Item 30: Individualizing services

Activity 20.1: The evidence-based Family and Child Strengths and Needs Guide was added to the automated case management system (FACTS) March 2016. The Guide assesses each child and caregiver individually. Assessment finding prefill into Family and Child Service Plans to ensure individual needs are addressed. Fidelity of these events are monitored in supervisory case conferences, evidence-based reassessment events and in OSRI Items 12 and 13.
Timeframe: Strengths and Needs Guide completed. Monitoring of OSRI items due Quarter 3.

Part Two: Measurement Plan

Case Review Items

Statewide Data Measure	Baseline	Improvement Goal
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	81.08%	89.3%
Item 3: Risk and safety assessment and management	90.70%	94.7%
Item 5: Permanency goal for child	***74.50%***	***82.3%***
Item 6: Achieving Reunification, Guardianship, Adoption or APPLA	***82.69%***	***89.4%***
Item 12: Needs and service of child, parents, and foster parents	73.26%	79.4%
Item 13: Child and family involvement in case planning	74.70%	80.8%
Item 14: Caseworker visits with child	86.05%	90.8%
Item 15: Caseworker visits with parents	68.06%	75.1%
Data Source and Approach to Measurement: Delaware uses the retrospective 2015 state-conducted CFSR On-Site Case Review Instrument findings to establish baselines and improvement goals. (See Attachment A: DE- PIP Measurement Plan Goal Calculation Table for more detail). Delaware's first performance report will cover the initial 6 months of the PIP; and plans to use subsequent monthly rolling 6 month reporting periods, provided the minimum number of applicable of cases for the item is met (See Attachment B: Delaware CFSR PIP Case Sample Periods and Periods Under Review Table). See Attachment A for the number of applicable cases for each item. See Attachment C: Delaware Case Review Procedure Guide for case sampling criteria.		

Systemic Factor Items

Systemic Factor Item	Baseline	Improvement Goal
Item 25: Quality assurance system	N/A	N/A
Item 27: Ongoing staff training	N/A	N/A
Item 28: Foster and Adoptive Parent Training	N/A	N/A
Item 29: Array of Services	N/A	N/A
Item 30: Individualizing Services	N/A	N/A
Data Source and Approach to Measurement: Achievement of activities detailed in Part One: Goals, Strategies and Activities are measures of improvement.		

Attachment A

Delaware: CFSR Program Improvement Plan (PIP) Measurement Plan Goal Table

Case Review Items requiring measurement in the PIP based on the state's CFSR Round 3 findings and TB#9. 2015 State-conducted CFSR findings are used to establish the state's PIP baselines and goals.

CFSR Items	Item Description	Z value for 80% Confidence Level[1]	Number of applicable cases[2]	Number of cases rated a Strength	PIP Baseline[3]	Baseline Sampling Error[4]	PIP Goal[5]
Item 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment	1.28	37	30	81.08%	0.082417043	**89.3%**
Item 3	Risk and Safety Assessment and Management	1.28	86	78	90.70%	0.040091711	**94.7%**
Item 5	Permanency Goal for Child	1.28	51	38	74.5%	0.078112076	**82.3%**
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	1.28	52	43	82.7%	0.06715223	**89.4%**
Item 12	Needs and Services of Child, Parents, and Foster Parents	1.28	86	63	73.26%	0.061093708	**79.4%**
Item 13	Child and Family Involvement in Case Planning	1.28	83	62	74.70%	0.061079901	**80.8%**
Item 14	Caseworker Visits With Child	1.28	86	74	86.05%	0.047826519	**90.8%**
Item 15	Caseworker Visits With Parents	1.28	72	49	68.06%	0.070335274	**75.1%**

Explanatory Notes:

1) Z-values: Represents the standard normal (Z) distribution of a data set and measures the number of standard errors to be added and subtracted in order to achieve our desired confidence level (the percentage of confidence we want in the results). In order to have 80% confidence in the results of the sample data, a Z-value of 1.28 is used to calculate the margin of error.

2) Minimum Number of Applicable Cases: Identifies the minimum number of applicable cases used to establish the baseline based on the CFSR final report.

3) PIP Baseline: Percentage of applicable cases reviewed rated a strength for the specified CFSR item.

4) Baseline Sampling Error: Represents the margin of error that arises in a data collection process as a result of using a sample rather than the entire universe of cases.

5) PIP Goal: Calculated by adding the sampling error to the baseline percentage.

DELAWARE CFSR PIP CASE SAMPLE PERIODS and PERIODS UNDER REVIEW TABLE

For every six month period cases are assigned for review, the sample period is a six month period beginning one year prior to the schedule case review period start date.

Assignment Period (6 mon increments)	**1st 6-1-17 to 11-30-17**		**2nd 12-1-17 to 5-31-18**		**3rd 6-1-18 to 11-30-18**		**4th 12-1-18 to 5-31-19**	
	Sample Period	Period Under Review	Sample Period	Period Under Review	Sample Period	Period Under Review	Sample Period	Period Under Review
	6-1-16 to 11-30-16	6-1-16 to day review starts	12-1-16 to 5-31-17	12-1-16 to day review starts	6-1-17 to 11-30-17	6-1-17 to day review starts	12-1-17 to 5-31-18	12-1-17 to day review starts
Assignment Period	**5th 6-1-19 to 11-30-19**		**6th 12-1-19 to 5-31-20**		**7th 6-1-20 to 11-30-20**		**8th 12-1-20 to 5-31-21**	
	Sample Period	Period Under Review	Sample Period	Period Under Review	Sample Period	Period Under Review	Sample Period	Period Under Review
	6-1-18 to 11-30-18	6-1-18 to day review starts	12-1-18 to 5-31-19	12-1-18 to day review starts	6-1-19 to 11-30-19	6-1-19 to day review starts	12-1-19 to 5-31-20	12-1-19 to day review starts

Child and Family Services Review
Program Improvement Plan

Delaware Case Review Procedure Guide
February 7, 2017

Attachment C

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Attachment C

Continuous Quality Improvement- Case Review System (Overview)

Delaware Division of Family Services (DFS) currently has a comprehensive Quality Assurance Case Review System. Case Review instruments evaluate case management activities and decisions in the following program areas:

- Child Abuse and Neglect Hotline reports*
- Institutional Abuse Hotline Reports*
- Child Abuse and Neglect Investigation*
- Family Assessment and Intervention Response (F.A.I.R. - *differential response*)*
- In-Home Treatment Cases
- Foster Care Cases

(*See separate guide regarding business rules affecting the use of these instruments)

As a result of the 2015 Federal CFSR On-Site Review and subsequent 'Program Improvement Plan' proposal, Delaware will be modifying its approach to completing Treatment (Intact families) and Foster Care case review processes. Modifications include:

- Adopting the federal Onsite Case Review Instrument (OSRI) as the primary case review instrument.
- Adopting the federal Online Monitoring System (OMS) to document primary and second level case review results.
- Delaware will utilize the OMS reporting tools to export all data collected from case reviews.

Oracle PL SQL Developer is used to load statewide data for program area or populations and pull randomized samples, based on pre-determined sample requirements. For the purposes of the CFSR PIP, the following sample frames will be used for In-Home cases (Treatment) and Foster Care populations (Treatment/ Permanency):

- 90 reviews will be completed every six months, 15 a month; 54 (60%) Foster Care and, 36 (40%) In-Home.
- Sample frames will approximate statistical distribution of cases across the state.
- Sample stratification will include specific representation of children under the age of 16 years and over the age of 16 years.

Attachment C

Sampling methodology for Foster Care cases to be reviewed

Populations and Sample Frame-

The Foster Care Population, from which the sampling frame will be created, will include all children who meet the federal reporting requirements for AFCARS and will comply with the PIP measurement plan requiring a total of 12 months of practice findings to measure goal achievement. Therefore, for every six month period cases are assigned for review, the sample period will be a six month period beginning one year prior to the schedule case review period start date. For example:

- 6 month Case Review period = September 1, 2016 through February 28, 2017
- Sample period = September 1, 2015 through February 28, 2016

For every six month period of scheduled reviews, 54 foster care cases will be identified and 9 cases will be assigned per review month.
Data set details will include the child PID, Age, DOB, date of most recent home removal, most recent permanency goal, and FIPS code. Initial data set will include all cases where a child was in DFS custody and out-of-home care a minimum of one day (24-HR) during the sample period.

Establishing the Sample Frame-

Elimination steps to establish 1st sample frame. Results should reflect unduplicated count of all children in foster care, active for at least one day (24-HR) during the sample period (Custody end date cannot equal custody start date).

- Exclude children whose adoption finalization date was prior to sample period start date.
- Exclude children who reached their 18 birthday prior to sample period start date.
- Exclude children open for Adoption Subsidy services only, during sample period.
- Exclude children whose only placement setting during sample period is Trial Reunification.

(Data set will be preserved for audit purposes)

Sample Frame Stratification-

The Sampling frame will be sorted into six groups, consistent with two stratification strategies:
The first step in creating the subsets will be to separate the populations into two groups based on age.
(Rationale: Youth ages 16 and 17 represent a population of children in foster care for which a great deal of permanency planning and service support has been provided in the last several years in Delaware. This age group also represents approximately 20% of the total foster care population, at any given time. DFS will include a representative sample in the case review process, in order to evaluate increased service delivery and outcomes for this group).

Group 1 will include all children ages birth to less than 16 years, (as of the first day of the sampling PUR).
Group 2 will include all children age 16 (as of the 1st day of the sampling PUR) to less than 18 years.

Each group will be further separated into one of three groups by county assignment (FIPS code).
(Rationale: County stratification will ensure representative samples of foster care children based on the proportionate distribution of foster care children within each county over time. As a result, New Castle County, where the largest metropolitan area is located, will have the highest case count for sampling, when compared to Kent and Sussex County. The most current DE FY Annual Report will be used to establish percentage distribution for each county. (NCC 57%, Kent 22%, Sussex 21%)
Resulting files-

Group 1 (less than 16 years old) New Castle County [FIPS code 10003]
Group 1 (less than 16 years old) Kent County [FIPS code 100001]
Group 1 (less than 16 years old) Sussex County [FIPS 10005]
Group 2 (age 16 and up) New Castle County [FIPS code 10003]

Group 2 (age 16 and up) Kent County [FIPS code 100001]
Group 2 (age 16 and up) Sussex County [FIPS code 100005]
(Data set will be preserved for audit purposes. Sub-Universe will be used as the 'over sample' data set, if necessary).

Simple Random Sampling-

Each of the six groups will be loaded into sampling software program, using the following criteria to establish the percent sample detail: Note- county percentage represents the distribution of foster care cases served during FY14.

- Group 1 New Castle County = Set New Castle Co sample count to **24**
- Group 2 New Castle County = **6**
- Group 1 Kent County = Set Kent Co sample count to **9**
- Group 2 Kent County= **3**
- Group 1 Sussex County = Set Sussex Co sample count to **9**
- Group 2 Sussex County = **3**

As a result of the proportionate county distribution and sampling, Delaware will review **54 foster care cases.**

When the total cases ready for review drops below minimum count, additional cases from that sample group will be submitted for review.

Attachment C

Sampling Methodology for establishing In-Home case reviews

Delaware will create three groups of In-Home cases for review, based on three critical program areas. As a result three different data sources will be used to create the Universe of cases to be sampled within each program area:

- Traditional child welfare In-home Treatment cases = **28 cases**
- Family Assessment and Intervention Response (FAIR) [Delaware Differential Response] = **4 cases**
- Promoting Safe and Stable Families (PSSF) = **4 cases**

Populations and Sample Frame-

The Family and Child Tracking System (FACTS), the Delaware SACWIS-compliant, electronic case management system, will be used for data set extraction. Case 'type' will be Treatment cases. Data set details will include the case number, case 'type', case open date, case close date (if applicable), FIPS code, and county of current or last worker assignment. Initial data set will include all cases with at least one day in an 'open' status, during the specific sample period identified. (Data set will be preserved for audit purposes)

Establishing the Sampling Frame-

Elimination steps to establish 1st sub-universe. Results should reflect unduplicated count of all cases active for at least 45 consecutive days during the sampling period +45 days and where no participant was in custody/ out of home care for more than 24 hours.

- Remove all cases where the participants group includes a child who was in DFS custody at least one day (24-HR) during the sample period.
- Remove all cases with an end date on or before45 days after the sample period start date.
- Remove all cases where the open and close dates are equal to less than 45 days.
- Where families have multiple cases start/ end dates of 45 days or more, keep the initial case and drop all subsequent cases.
- Exclude cases open for ICPC or Subsidy only.

(Data set will be preserved for audit purposes)

Sampling Frame Stratification-

Sub-Universe will be grouped into one of three counties. County grouping will be identified by the county of the last assigned worker of record. Combine cases from Beech St (NC1) and UP (NC2) into one New Castle County group. (Data set will be preserved for audit purposes. Sub-Universe will be used as the 'over sample' data set, if necessary).

Simple Random Sample-

Run sampling software program* against the following criteria: Total cases pulled based on the following case count by county, a minimum of 36 cases must be sampled statewide: (Note- county percentage represents the distribution of treatment cases served during FY14.

- New Castle Co= 14.5 cases (58%). Set New Castle County sample count to **20** (16 DFS IH/ 2 PSSF/ 2FAIR)
- Kent Co = 5.5 cases (22%) Set Kent Co sample count to **8** (6 DFS IH/ 1 PSSF/ 1FAIR)
- Sussex Co = 5 cases (20%) Set Sussex Co sample count to **8** (6 DFS IH/ 1 PSSF/ 1FAIR)

When the total cases ready for review drops below minimum count, additional cases from that sub-universe will be submitted for review.

Attachment C

Sampling methodology for FAIR cases to be reviewed (Contracted/DFS)

Populations and Sample Frame –
The Population from which the sampling frame will be created will comply with ACF standards, as they apply to the CFSR round 3 In-Home case criteria. The Family and Child Tracking System (FACTS), the Delaware SACWIS-compliant, electronic case management system, will be used for the targeted population data set extraction. For the purposes of establishing the FAIR data set, the Hotline report outcome categories 'Screen-in Contract FAIR' and 'Screened-in DFS Fair', will be used to pull the list of applicable cases. Data set details will include the Hotline number, Hotline disposition date, Hotline (Family) name, FIPS code, and county identified in the hotline report of the families reported location. Initial data set will include all hotline reports with a disposition date and stated outcome between 6-1-16 to 11-30-16. Once the population of FAIR cases is established, additional identification details will be added:
For Hotline reports 'Screened-in' Contract FAIR, a manual review of all cases will be conducted and the contracted agency assigned the FAIR case will be identified.
For Hotline reports 'Screened-in' DFS FAIR, the case review case 'type' will be Investigation cases and the case number will be identified.
(Data set will be preserved for audit purposes)

Establishing the Sampling Frame-

Elimination steps to establish sample frame. Results should reflect unduplicated count of all cases active for at least 45 consecutive days during the sample period +45 days and where no participant was in custody/out-of-home care for more than 24 hours, at any point during the sample period+45.

- Remove all cases with an end data on or before 45 days after the sample period start date.
- Remove all cases where the participant group includes a child who was in DFS custody at least one day during the sample period+45. (This can include placement history reflected in separate case activity prior to or subsequent to the FAIR case identified in the universe).
- Remove all cases where the Hotline disposition date and close date is less than 45 days. (For Contracted FAIR, the "close" date will be reported by the contracting agency).
- Where families have multiple case start/ end dates of 45 days or more, keep the initial case and drop all subsequent cases.
- Remove all cases where the family or child is represented in another sample, i.e. In-Home, Foster Care universe.

Sampling Frame stratification-

The sample frame will be grouped into one of three counties. County grouping will be identified by the county of the last assigned worker of record, or the county of the Contract agency, including FIPS code. Combine cases from Beech St (NC1) and UP (NC2) into one NCC group.
(Data set will be preserved for audit purposes. Sub-Universe will be used as the 'over sample' data set, if necessary).

Simple Random Sample-

Sample size:
New Castle County- 2 cases
Kent Co- 1 case
Sussex Co- 1 case
*Sampling software will be the Oracle PL SQL Developer. See Attachment '2' for details on use of sampling process. When the total cases ready for review drops below minimum count, additional cases from that sub-universe will be submitted for review.

Attachment C

Sampling methodology for Promoting Safe and Stable Family (PSSF) cases to be reviewed

Populations and Sample Frame –

The Population from which the sampling frame will be created will comply with ACF standards, as they apply to the CFSR round 3 In-Home case criteria. (Rationale for sampling PSSF: Delaware uses Title IV-B, subpart II family support and preservation funding to support community based prevention programming). Currently, Promoting Safe and Stable Families (PSSF) does not have a case record structure in the FACTS information system. Therefore, the universe will be established as follows:
PSSF will build an excel file listing all families receiving PSSF services for each sample period. The excel spreadsheet will include the following details; Contracted Provider Name (PSSF no longer maintains database of cases with ID #'s). Sample frame detail will be modified and 'Contracted Provider' will replace Family ID- edit 10/30/14 MP), Name (Primary Adult), Address, City, Zip Code, County, Site, Registration Date, Close Date.

Establishing the Sample Frame-

Elimination steps to establish Sample Frame. Results should reflect unduplicated count of all cases active for at least 45 consecutive days during the sample period +45 days and where no participant was in custody/ out of home care for more than 24 hours, at any point during the sample period+45. The Registration date must be within the sample period.

- Remove all cases with an end data on or before 45 days after the sample period start date.
- Remove all cases where the participant group includes a child who was in DFS custody at least one day during the sample period+45. (This can include placement history reflected in separate case activity prior to or subsequent to the PSSF case identified in the universe-**will require a FACTS review for all clients listed in a PSSF case and, evaluation of any placement history**).
- Remove all cases where the Registration date and Close date is less than 45 days.
- Where families have multiple cases with separate start/ end dates of 45 days or more, keep the initial case and drop all subsequent cases.
- Remove all cases where the family or child is represented in another sample, i.e. In-Home, Foster Care or FAIR.

Sampling Frame stratification-

Sample Frame will be grouped into one of three counties, consistent with prior documented logic. County grouping will be identified by the county of the last assigned worker of record. Combine cases from Beech St (NC1) and UP (NC2) into one New Castle County group.
(Data set will be preserved for audit purposes. Specific sample frame will be used as the 'over sample' data set, if necessary).

Simple Random Sample-

Sample size:
New Castle County- 2 cases
Kent Co- 1 case
Sussex Co- 1 case
*Sampling software will be the Oracle PL SQL Developer. See attachment 'A' for details on use of sampling process.

When the total cases ready for review drops below minimum count, additional cases from that sample unit will be submitted for review.

Attachment C

Case Selection

Cases sampled from the entire state universe and assigned for In-Home and Foster Care review, will be subject to the following exclusion rules (Note: some details may not have been recorded in FACTS at the time of the sample and are subject to elimination review criteria after assignment):

In-Home Services –

- In-Home DFS services case open for fewer than 45 days during the sample period or less than 45 consecutive days with a minimum of one day at the end of the sample period will be excluded
- The case was assigned to a FAIR contractor for fewer than 45 days during the sample period review.
- In-Home services case in which any child in the family was in foster care for more than 24 hours after the sample period and up to the month scheduled for review.
- A FAIR case that is duplicated in the In-Home sample.
- A case where the same 'primary' worker, at the time of sampling, was assigned more than twice during the PIP measurement period, the third and subsequent cases will be eliminated.

Foster Care Services -

- A Foster Care case open fewer than 24 hours during the period under review.
- A Foster Care case in which a child was on a trial reunification (placement at home) during the entire sample period.
- A case in which the selected child is or was in the care and responsibility of another State, and the State being reviewed is providing supervision through an Interstate Compact for the Placement of Children (ICPC) agreement.
- Exclude Foster Care children age 18 and above on the first day of the six month sampling period.
- A case where the same 'primary' worker, at the time of sampling, was assigned more than twice during a PIP measurement period, the third and subsequent cases will be eliminated.

Case Elimination Process

- The initial statewide universe and previously defined sub-universe stratification groups will be created by the state agency Data Team.
- The sampling process will include a number of over-sampled cases, for each stratified group, which may be needed for the review. Staff will maintain records of sample frames/ sampled cases and assignments
- Upon assignment to scheduled reviewers and 2nd level reviewers, case review staff will need to first review the case for any 'elimination' criteria and conflict of interest issues missed during the sampling process, or confirm no other conditions apply.
    - Any In Home case where a child entered foster care for more than 24 hours, between the end of the sampling period and the first day of the month scheduled for review.
- If exclusions or reasons for elimination are identified, the reason will be documented by the data team, and a new assignment will be drawn from the oversample list.

- Once the case has been selected, the case may be further eliminated if multiple attempts to schedule key participants for interviews have been unsuccessful. Some additional conditions which may result in elimination can be found in the interview guide. Decision to eliminate a family/ child for review based on these criteria must be reviewed and approved by the 2nd level reviewer.

Conflict of Interest

A conflict of interest occurs when those serving in the capacity as Reviewers or 2nd Level Quality Assurance Reviewers were, at any time within 2 years of the date of the review, involved in the following:

- Assigned as the worker or supervisor to the case.
- Had oversight of the assigned worker or supervisor to the case.

There may be circumstances where there could be a potential conflict of interest for a period beyond 2 years of the period under review. This could include circumstances where there is a potential for a real or perceived bias or a relationship that could have the appearance of a bias that could influence a rating. In those circumstances, the issue will be brought to the attention of the QA Administrator and the nature and weight of the potential conflict will be considered on a case by case basis.

To prevent the likelihood of a conflict of interest, those conducting case reviews or quality assurance reviews will not be assigned in the region where they are employed or have been employed within the previous 2 years.

Once the review has been initiated and a conflict of interest has subsequently been identified, the conflict will immediately be brought to the attention of the QA Administrator.

If the QA Administrator verifies that a conflict is in fact present, the QA Administrator will identify a replacement Reviewer or replace the case, only for the case where the conflict exists.

If it has been determined that a conflict of interest is present, that individual may not further participate in any part of the review where the conflict was determined including being prohibited from participating in any discussion of the case that could affect the ratings of the case.

If a conflict of interest involves the second level QA reviewer, the QA Administrator will be notified to assign a replacement second level QA reviewer only for the case where the conflict exists and the second level QA reviewer who has the conflict of interest may not further participate in any part of the review where the conflict was determined including being prohibited from participating in any discussion of the case that could affect the ratings of the case.

Additional Elimination After Review Starts

Once the review has commenced, a case may be further excluded from the sample under review based on the following criteria.

- Unforeseen circumstances prevent continuation of the interviews due to an immediate concern of child safety or the safety of the reviewer preventing interviews with more than one party to the case.

  In these circumstances, the 2nd level QA reviewer is notified to confirm the exclusion. If they are in agreement, they will notify the data team, requesting a new case.

Attachment C

If excluding a case is being recommended due to difficulty completing the interviews, the 2nd level QA reviewer will be contacted to determine the following:

- What interviews have already been completed?
- Did efforts to complete the unsuccessful interviews include written correspondence, telephone calls and/or visits to the home or any other efforts that appear to be reasonable in providing notice and contacting the family?
- Were those efforts adequate based on the case circumstances?
- Would the lack of interviews affect the Reviewer's ability to adequately assess services provided to the family?

Addressing Safety Concerns

If, at any point during the review, a concern about child safety arises, the following process should occur.

If during the desk review of case record, the reviewer believes there are imminent safety issues, the reviewer will contact QA Administrator regarding their concerns. If warranted, QA administrator will review concern with OCS administrator. OCS administrator will determine next steps to address child safety.
If during any face-to-face interviews with the family or child, the reviewer believes there are imminent safety issues, several options might exist:

- If sufficiently critical, the reviewer may need to interrupt the interview and immediately contact 911.
- If sufficiently critical but does not necessarily require contact to 911, reviewer might complete interview and subsequently contact the DFS hotline to report their concern.
- If the reviewer is uncertain as to the imminent nature of their concern, or if the circumstances require a report to police or DFS hotline, the reviewer will contact the QA administrator and discuss concerns and options.

Conducting Case-Related Interviews

Case-related interviews will be scheduled by reviewers. These interviews of key informants are required on every case to inform the ratings. This should include all of the following individuals: child (if age and developmentally appropriate), parents, caregiver/foster care provider, and caseworker or supervisor. The process follows a written protocol for acceptable case-specific exceptions to an interview.

The following individuals related to a case will be interviewed unless they are unavailable or completely unwilling to participate:

In-Home Cases:

- All children in the home (if age and developmentally appropriate). There is discretion to conduct a group interview if separate interviews would be problematic for the family or to ensure interviews can be completed.
- The child's parent(s). While it is preferred that both parents are interviewed, only an interview with the primary caretaker is required if attempts to interview the other parent are unsuccessful.
- The family's caseworker. When the caseworker has left the agency or is not available for an interview, the supervisor who was responsible for the caseworker assigned to the family should be interviewed.

- If this is a FAIR / PSSF Case, the private agency caseworker will be interviewed. If the agency worker is no longer available for interview, the supervisor who was responsible for the caseworker assigned to the family should be interviewed.

Foster Care Cases:

- The child (if age and developmentally appropriate). Other children in the home may be interviewed if the reviewer believes there may be information helpful to completion of the review.
- The child's parent(s). While it is preferred that both parents are interviewed, only an interview with the primary caretaker is required if attempts to interview the other parent are unsuccessful.
- The child's foster parent(s), pre-adoptive parent(s), or other caregiver(s), such as a relative caregiver or group home houseparent.
- The family's caseworker. When the caseworker has left the agency or is not available for an interview, the supervisor who was responsible for the caseworker assigned to the family should be interviewed.
- If the child was placed in a private agency foster home and that agency was responsible for primary case management, the agency worker will also be interviewed. If the agency worker is no longer available for interview, the supervisor who was responsible for the caseworker assigned to the family or child should be interviewed.
- Interviews will include the GAL or CASA assigned to a foster care or trial reunification case.
- If the child's primary placement was in a mental health or juvenile justice setting during the period of review, the assigned mental health or juvenile staff will be interviewed.

The reviewers may determine that interviews with additional key participants (not previously noted) are needed to complete the review.

Acceptable exceptions to conducting interviews

- Only school-age children are interviewed, unless other arrangements are made. Cases involving preschool-age children may be reviewed but do not require an interview with the child. Instead, the reviewers might observe the child in the home while interviewing the birth or foster parent(s).
- The parents and or child cannot be located (example: youth on runaway) or are outside of the U.S.
- There is a safety or risk concern in contacting any party for the interview. (Ex. A parent has previously made threats to the agency.)
- Any party is unable to consent to an interview due to physical or mental health incapacity.
- Any party refuses to participate in an interview and the agency can document attempts to engage them.
- Any party is advised by an attorney not to participate due to a pending criminal or civil matter.

Unacceptable exceptions to conducting an interview

- An age cut-off that does not take into account a child's development capacity, e.g. a policy of not interviewing children under age 12.
- A party refused to participate in an interview and the agency did not attempt to engage them.
- A party has a pending criminal, civil, or procedural matter before the agency, e.g. appealing a TPR.

- The agency has not made attempts to locate a party for an interview.
- Any party speaks a language other than English.

Further interview protocol

- In person interviews are preferable. However, telephone interviews may occur if the interviewee is out of state, an interviewee would not be available for an in-person interview between 7am and 7pm Monday-Friday or it is determined that the interview would, otherwise, not be able to occur unless conducted by phone.
- Children will be interviewed alone. However, children in in-home cases or no longer in foster care may be interviewed in the presence of the parent at the request of the parent. Every effort should be made to engage the parent to allow for private interviews.
- If interviews are to be conducted in the home, they should take place in private area, separated from other family members.
- If the parent is unwilling to allow for a private interview with the child, the parent should be instructed to allow the child to respond to all questions and to not engage the child during the interview.
- Interviews must be completed during the month the case review is assigned and prior to the completion of the review.

Roles and Responsibilities of Case Reviewers and 2nd Level QA Reviewers:

Reviewers: Reviewers will include, but not be limited to, operations manager, program managers, and frontline supervisors.

Responsibilities:

- Reviewers will complete the training process. Reviewers will conduct the case review using the OSRI instrument.
- Reviewers will conduct the interviews of case participants.
- Reviewers will notify the 2nd level QA reviewer of any safety concerns or other issues that arise during the course of the review.
- Reviewers will review all available documentation for a child and family.

Second Level QA Reviewers: The purpose of the 2nd Level QA is to ensure that the case review was conducted according to procedures and that the review tool adequately reflects the case record and information gathered.

Responsibilities:

- Review the case record by reading notes and other available information to gain knowledge of the case under review.
- Noting the elements of the review tool, note any comments or potential points of discussion with reviewer.
- As the review is occurring:
    - Discuss the case with the reviewer, noting information from the QA reviewer's own case review
    - Determine whether the review tool accurately reflects information from the case record and any questions or concerns are addressed.

- Discuss any areas of disagreement or concern with the reviewer for response or further follow-up.
- Document and finalize the case review instrument.

Plan for Consistency of Ratings for Case Reviews

QA Team

- Will be required to complete the online OSRI training as prerequisite.
- Will participate in session to review individual scorings and reach consensus on scoring.
- Will participate in session to build case scenarios for regional training sessions, practice scenarios, compare individual scoring and reach consensus.
- Areas of concern raised in planning will be addressed in writing and added to FAQs folder on shared drive.
- Will participate in final development of training, complete practice session on training and then participate in actual training.
    - Facilitate small group discussions during training.
    - Review the Reviewers' scoring.
    - Provide technical assistance and coaching as indicated.

Reviewers/ 2nd Level Reviewers

- Required to complete the online OSRI training as prerequisite to participating in DFS training;
    1. Online OSRI to be reviewed and discussed in small group during training.
    2. Additional training activities testing scoring in specific areas to then be utilized, with scoring discussed and reviewed by training team.
    3. Training team will approve reviewers on case review component.
    4. Additional coaching to be provided as needed prior to approval to be local reviewer.
- Participate in training activities utilizing scenarios to test scoring in specific areas;
    1. Small group activity, facilitated by training team, in which role playing will be utilized to participate as Reviewer, Case Participant, and Observer. Feedback and technical assistance will be provided as indicated.
    2. Reviewers will be approved on interview component.
    3. Participate in training activities utilizing role play for interview preparation.
- All reviewers must be approved on the case review and interview components prior to being allowed to participate in regional review.

Issues Tracking, Appeals Process, Resolution and Communication

Within the context of a continuous learning environment, Delaware's Quality Assurance protocol provides processes for tracking and resolving issues that arise among Case Reviewers, 2nd level QA Reviewers or any other members of DFS who review case review findings.

Central Team and Database:

The QA team will receive and track resolution of issues. A central database logs receipt, reporter, person(s) responsible assigned to address, status and closure of issues.

Attachment C

QA team will contact reporters to ensure a complete understanding of the issue at time of receipt and prior to closure to ensure issue was thoroughly addressed.

Identification of Issues:

Issues raised by Case Reviewers and QA Reviewers, and the Steering Committee include:

- Issues identified with the case review instrument
- Case sampling methodology
- Case elimination procedures
- Reviewer training
- Hardware/software technology
- Access to case information
- Interviews with case participants
- Reliability between first and second level review ratings
- Any other issues with case review protocol implications

Method of Reporting:

A reporting form is used to capture key information regarding issues. The form is available on a shared drive accessible to all team members. See Attachment 1.

Criteria for Evaluating Corrective Action:

Fidelity to established policy, procedures and processes ensures case rating consistency, accuracy and reliability. Policies and procedures established for case sampling, case elimination, training requirements, record reviews, case-related interviews and any other established process are standards for evaluating issues. Issues will be resolved by direct reference to an established policy/procedure, training guide or review instrument instruction as previously outlined. The Steering Committee shares the authority to apply policy/procedures to specific issues. Edits to policy/procedures require Steering Committee team and Director approval.

Communication:

Any issue resulting in a policy/procedure change with respect to the QA case review process or instrument content will be distributed electronically to all case Reviewers and 2nd level QA Reviewers. All manuals will be updated immediately.

Appeals process:

If worker/ supervisor on record of case read completed review and have concerns about the outcomes, they will bring to the attention of the QA Administrator within 30 days. The concerns need to be specific to question and response. It cannot just be stated that 'notes were not up-to-date at time of review'. Concerns must reference only information available to reviewer at time of review.

QA Administrator will review issue and attempt to resolve with supervisor.

- If no resolution regarding the issue, then further discussion with reviewer and second level reviewer will take place. QA Administrator will review details with any appropriate subject matter experts, but will make the final decision to resolve issue.
- If there is resolution which results in the recommendation to change the original review item answer, a discussion with reviewer and second level reviewer will take place. Only the QA Administrator will make any changes to a completed review following this decision.

TRAINING

Upon assignment as reviewer or Second Level QA reviewer, individual will be provided with training on the Delaware QA process and procedure. The training will be focused on the understanding of the tool, its application and the additional interview and QA elements necessary for completion. The OSRI training will be conducted on line for all participants.

Training Curricula

Pre-Requisite Training

- The on-line training provided by ACF/CB will be required for all Steering Committee Members, Reviewers and 2nd Level QA Team members.
- In addition to the online OSRI training, all participants will receive training provided by the Steering Committee on the review process. There will be 3 training sessions, one in each county. Two to four weeks prior to the training, the QA Administrator will provide attendees with the Delaware Case Review Procedure Guide, Delaware QA case review instrument and instructions, Interview Guide and instructions, and a mock review case with hypothetical stakeholder interviews. They will be asked to review the information and conduct the mock review. They should bring all the information to training.
- The QA training may become a part of the core training received by all new supervisors. If this occurs, the above process will be included as an element of the new supervisor training and will not need to be conducted by QA Administrator. (Note: DFS will review with CPD, incorporating Case Review training into Supervisor curriculum).

Training Agenda

MODULE 1: OVERVIEW

- Welcome and overview of the agenda
- Overview of the QA Process
- Review of Delaware Case Review Procedure Guide
- Roles and Responsibilities of the Reviewer/2nd Level QA Reviewer
- Case Selection/Elimination Process
- Conflict of Interest

MODULE 2: CASE REVIEW PROCESS

- Review and feedback of the online training on the OSRI tool
- Review of QA Review Instrument and Instructions

- Review of Interview Guide and Instructions
  - Conducting Interviews
    - Who gets interviewed
    - Talking points for scheduling of interviews
    - How to conduct interviews
    - Acceptable and unacceptable exclusions to interviews
    - Utilizing the case review information to guide the interview
    - Determining whether additional interviews are needed
    - Issues with completion of interviews
    - What are adequate efforts to engage the family in interviews

- Addressing Safety Concerns
  - What constitutes a safety concern
  - How to document safety concerns
  - Who to contact
- Small Group- practice stakeholder interviews (reviewers will rotate roles of interviewer, case participant and observer in role play scenario.)

MODULE 3: MOCK REVIEW

- Provide answer key and review results of Mock Review
- Discussion

Attachment 1- Case Review Report Form (Sample only, not to be completed.)

Case Review (In-Home, Foster Care) Report Form

Date: **Name:**

Click here to enter a date. Click here to enter text.

Function:

: Choose an item.

Detailed Description of Issue:

Send form to the attention of Christine Weaver

ATTACHMENT '2'- SAMPLING PROCESS

Following is a brief overview of the current use of Oracle PL SQL Developer to create a sample set of cases assigned for Treatment QA Case Review.

Oracle PL SQL Developer is the software used.

The clause "sample" is what gets the sampling. The "&" in "&sample" prompts the user to put in a % - e.g. 10

1) Step 1 – run the main query.
   This creates a table named "case_review_Trtm". This gives ALL the cases from the Case table with Case ID, Case Open Date, Case Name, # of Months Open, Case Program Code based on the parameters under the "WHERE" clause.
   See attached spreadsheet, tab "1 paste here"

```
Create table case_review_Trtm as
SELECT distinct CASE_IDNO,
    case_open_date,
    CASE_NAME_TEXT,
    round (MONTHS_BETWEEN(sysdate, cs.case_open_date),1) "Months Open",
    cs.case_prog_code
FROM  SNPADM.CASE cs
WHERE CASE_PROG_CODE = 'TRT'
AND (cs.case_clse_date IS NULL OR TRUNC(cs.case_clse_date) > sysdate)
AND (MONTHS_BETWEEN(sysdate, TRUNC(cs.case_open_date))) > 7
```

2) Step 2 – After the main query in Step 1 is run, a second part of the query with the clause "sample" is run to select a user-specified sampling % (e.g. 10%) from the table that was created in Step 1.

```
select * from case_review_Trtm sample (&sample)
```

For instance, if I get 339 cases in Step 1, and I know that I need at least 20 cases, I would put in 10% so that I get 33 cases.

See tab, "2 system-sampling", column A.

Next, in tab "2 system-sampling", I check to make sure these 30 cases have NOT already been assigned in the past 12 months. I "skip" any case that had been assigned within the past 12 months. For instance, I don't assign case 930621 because it was already assigned in 11/12.