MISSION

The mission of the Department of Services for Children, Youth and Their Families is:

*to facilitate positive change in the behavior and condition of the children and families in its care.*

Governor Carper has placed a strong emphasis on quality improvement as an integral part of his administration’s goals. In examining DSCYF’s mission in light of this goal of the Administration, the department’s Management Leadership Team (MLT) has adopted this new mission statement, which articulates the department’s commitment to quality customer outcomes.

By focusing on its core functions, the department assists the clients it serves by providing opportunities for and support to them to change their behaviors and/or living conditions so that they increase their ability to cope with the needs and demands in their lives.

Accordingly, to fulfill its mission, the department is shifting its performance focus from how much and/or how well it provides services to a focus on how much improvement clients experience in their behavior or living conditions as a result of the services they receive.

As the focus shifts from service provision to improved client outcomes, the emphasis in staff performance measures will also shift from how much time and effort staff invest providing client services to how much positive change occurs in the behavior and living conditions of children and their families as the result of DSCYF programs and staff work.

The department has also developed a new vision statement: *Excellence in services for children and families now and for the future.*

The department’s new vision and mission statements will facilitate a strategic focus on the future needs and interests of DSCYF customers.

KEY OBJECTIVES

- Define and implement appropriate responses to the legitimate requirements of departmental clients and customers.
- Integrate the MLT’s quality improvement efforts with the strategic planning process.
- Develop and implement client behavior and condition change tracking systems.
- Implement an information system that satisfies performance monitoring needs at each management level.
- Link performance measurement with staff performance agreements.
- Continue to enhance the department’s core functions.
SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
37-00-00

- Continue to develop and improve client case management practices.
- Implement and track performance measures which have been aligned with case management responsibilities.
- Continue to develop the Family and Child Tracking System (FACTS) and its ability to provide management information.
- Develop and pilot the use of performance measures in contracted services.
- Continue to refine workload standards for direct services staff.

Children, Youth and Families

<table>
<thead>
<tr>
<th></th>
<th>FY 96</th>
<th>FY 97</th>
<th>FY 98</th>
<th>FY 99</th>
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<tbody>
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<td>78,796.2</td>
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<td>16,548.4</td>
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<tr>
<td>TOTAL</td>
<td>92,714.1</td>
<td>96,405.3</td>
<td>100,551.9</td>
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Chart Reflects Appropriated Amounts

BUDGET

<table>
<thead>
<tr>
<th></th>
<th>FY 1998 ACTUAL</th>
<th>FY 1999 BUDGET</th>
<th>FY 2000 GOV. REC.</th>
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<td>889.4</td>
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<td>ASF</td>
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<tr>
<td>NSF</td>
<td>82.0</td>
<td>93.1</td>
<td>97.0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,042.9</td>
<td>1,063.0</td>
<td>1,072.4</td>
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</table>

POSITIONS

FY 2000 BUDGET HIGHLIGHTS

OPERATING BUDGET:

- Recommend enhancements of $55.8 and 1.0 FTE and $500.0 in contractual services in Child Mental Health to implement a new initiative titled the Interdivisional Youth Program. This goal of this initiative is to provide consistent, long-term services to youth currently receiving episodic care from the Department.
- Recommend enhancements of $75.4 and 1.5 FTE, $25.1 ASF and 0.5 ASF FTE and 2.0 NSF FTEs to be FACTS Liaisons. These positions will function as functional experts in each of the divisions to assist personnel with FACTS related issues including employee training, troubleshooting and implementing and testing enhancements to the system.
- Recommend enhancement of $124.0 ASF in the Division of Youth Rehabilitative Services to provide mental health services to youth in the State’s detention centers, New Castle County Detention Center in Wilmington and Stevenson House in Milford.
- Recommend enhancement of $594.4 to the Division of Family Services. These funds will enable the division to increase the State subsidy provided to adoptive parents by five percent, increase the foster care board payments by five percent and increase the payments to group homes by five percent. In addition, these funds will equalize the State adoption subsidy and the Federal adoption subsidy.
- Recommend one-time funding of $103.5 and $96.9 ASF to provide casual seasonal employees to support the Department’s Client Records Management Initiative. This program will augment the Department’s current FACTS database by inputting historical data into the system.

CAPITAL BUDGET:

- Recommend $3,500.0 for the initial phase of construction for a new Secure Care Detention Facility. This facility will expand the number of youths who can be detained securely and provided rehabilitative services to help keep them from becoming part of the adult prison population.
- Recommend $300.0 to supplement the Minor Capital Improvement and Equipment Program.
**MANAGEMENT SERVICES**
**37-01-00**

**MISSION**

To enhance continuous quality improvement in all aspects of the department’s operations through:

- Planning, monitoring and evaluation
- Budgeting and fiscal management
- Management information systems
- Human resources services, staff development and training
- Educational services
- Cost recovery
- Contract monitoring, policy coordination and grants administration
- Fleet and facilities management
- Departmental assessment.

**KEY OBJECTIVES**

- Integrate and expand the use of Family And Children Tracking System (FACTS) as a departmental management tool.
- Provide leadership in tracking performance measures to be aligned with departmental case management responsibilities.
- Maximize cost recovery revenue in the new Welfare Reform environment.
- Develop and pilot the use of performance measures in contracted services.

**BACKGROUND AND ACCOMPLishments**

The Division of Management Services was established in 1994 and has played an important role by improving its services delivery and management systems. Through its various functional areas, the division has played a leadership role in a number of areas, including:

- Implementing a state-of-the-art Integrated Client and Management Information System for the department. Delaware became the first state to receive enhanced funding under the Federal State Automated Child Welfare Information System (SACWIS) to develop the FACTS to manage the client information (October 1994).

System benefits will exceed costs in State fiscal year 2001. Total cost for development of the FACTS system through June 1998 was $11 million, yet benefits were realized beginning in 1995 and have been compounding ever since. Considering benefits to the Division of Family Services alone (benefits to the IV-B and IV-E organizations), total benefits will exceed total costs, toward the close of State Fiscal Year 2000.

FACTS was designed from the beginning to be an integrated system incorporating the work not only of the Division of Family Services, but also Youth Rehabilitative Services, Child Mental Health, and Management Services.

FACTS is now undergoing a Post Implementation Review (PIR) and DCSYF has identified several areas that need attention. The department has prepared a white paper that details the planned growth for the department’s information infrastructure in the coming years.

The implementation of FACTS has enabled the department to achieve the following goals:

- Building an effective accountability system, which includes:
  - Establishment of the Planning, Monitoring and Evaluation Unit (1994).
  - Establishment of the Departmental Assessment Unit (1994), and structurally moving it to the Division of Management Services in 1998.
  - Promulgation of policies for the evaluation of all new programs in the department.
  - Adoption of a typology for performance measurement (1997) that looks at four types of performance measures: those that are essentially counts (quantity of input); those that reflect productivity (quantity of output); those that reflect system improvements (quality of effort); and those that reflect the impact of our services/work on clients and customers (quality of effect).
  - Establishment of policies and procedures for various reports. All reports are geared to monitoring system and program effectiveness, and are based on real data, with regularly established reviews.
SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
37-00-00

- Enhancing client automated information system to produce data related to accountability.

- Enhancing revenue generation.
  - Established a three year contract with a consulting firm to assist the department in expanding its revenue base, and developing the infrastructure necessary to maximizing revenue collections (1994).
  - Created the Cost Recovery Unit to manage the operations to capture federal entitlement dollars (1994).
  - Established a consolidated Eligibility Unit to accurately determine federal dollars due to the department/state (1995).
  - Created a new Medicaid billing system in FACTS. This new system automated many of the functions which had to be performed manually (1995).

- Improving educational services, including achieving secondary school accreditation by the Middle States Association of Schools and Colleges. (Note: Effective September 30, 1997, the operational supervision of the Ferris educational staff was transferred to the superintendent of the institution.).

- Interdivisional program and service coordination
- Program development
- Departmental communications
- Interdepartmental/interagency coordination
- Establishing and nurturing departmental culture
- Departmental legal consultation
- Institutional abuse investigations
- Coordination of Executive Advisory Council

### PERFORMANCE MEASURES

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td># management improvements generated</td>
<td>12</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td># school district collaborations</td>
<td>47</td>
<td>58</td>
<td>60</td>
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OFFICE OF THE DIRECTOR
37-01-15

### ACTIVITIES

- Direct development and oversight of the division’s operations and policies.
- Oversee divisional quality improvements.
- Direct cost recovery operations.
- Oversee monitoring and evaluation of the division’s programs.
- Ensure intra- and inter-agency cooperation and coordination.
- Plan and implement staff training.
- Oversee information systems re-engineering.
- Coordinate development of divisional and departmental management improvements.

### PERFORMANCE MEASURES

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<tr>
<th></th>
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<tbody>
<tr>
<td>% annual revenue goal reached</td>
<td>112.9</td>
<td>100</td>
<td>100</td>
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</table>

FISCAL SERVICES
37-01-20

### ACTIVITIES

- Financial planning
- Federal budget analysis
- Fiscal policy development
- Federal cash management
- Eligibility determination
SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
37-00-00

- State/federal fiscal reporting
- Cost allocation plan operations
- Budget analysis and support to divisions
- Accounts payable/receivable
- Purchasing
- Client payments operations

**PERFORMANCE MEASURES**

<table>
<thead>
<tr>
<th></th>
<th>FY 1998</th>
<th>FY 1999</th>
<th>FY 2000</th>
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<tr>
<td># material audit findings for DSCYF contained in the state Auditors annual audit report</td>
<td>0</td>
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**PERFORMANCE MEASURES**

<table>
<thead>
<tr>
<th>FY 1998</th>
<th>FY 1999</th>
<th>FY 2000</th>
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<tbody>
<tr>
<td>Actual</td>
<td>Budget</td>
<td>Gov. Rec.</td>
</tr>
</tbody>
</table>

**PLANNING AND EVALUATION**
37-01-25

**ACTIVITIES**

- Strategic planning, monitoring and evaluation
- Facilities/construction management
- Capital improvement planning and administration
- Department budget development
- Policy coordination
- Fleet management
- Contract management
- Records management
- Grants management

**PERFORMANCE MEASURES**

<table>
<thead>
<tr>
<th>FY 1998</th>
<th>FY 1999</th>
<th>FY 2000</th>
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<tbody>
<tr>
<td>Actual</td>
<td>Budget</td>
<td>Gov. Rec.</td>
</tr>
</tbody>
</table>

**EDUCATION SERVICES**
37-01-40

**ACTIVITIES**

- Student assessment services
- Instructional services
- Student support services
- School transition services
- Internal compliance/standards monitoring
- Technical assistance and consultation
- Program/student outcomes evaluation
- School-based administrative leadership

**PERFORMANCE MEASURES**

<table>
<thead>
<tr>
<th>FY 1998</th>
<th>FY 1999</th>
<th>FY 2000</th>
</tr>
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<tbody>
<tr>
<td>Actual</td>
<td>Budget</td>
<td>Gov. Rec.</td>
</tr>
</tbody>
</table>
SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
37-00-00

MANAGEMENT INFORMATION SYSTEMS
37-01-50

ACTIVITIES

- Computer training
- Help Desk support
- Information systems development services
- Information systems support
- Multi-media support
- Network support
- PC support
- Telecommunications support
- Telephone system support

PERFORMANCE MEASURES

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<tr>
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</thead>
<tbody>
<tr>
<td>Improved worker productivity through cumulative time savings resulting from re-engineering and automation of departmental processes</td>
<td>83 minutes/worker/day</td>
<td>91 minutes/worker/day</td>
<td>100 minutes/worker/day</td>
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*Previously reported productivity improvements were based on initial estimates. These figures are based on an in-depth cost/benefit study completed in summer 1998.

CHILD MENTAL HEALTH SERVICES
37-04-00

MISSION

To develop the potential of this generation and the next through effective treatment for children and their families; and collaboration with service partners.

KEY OBJECTIVES

- Operate a public children’s behavioral healthcare system, seamlessly integrating mental health and substance abuse treatment for both Medicaid and non-Medicaid clients.
- Effectively implement the role of the public partner/care assurance model in Medicaid’s public-private partnership for children’s behavioral healthcare managed care under the Governor’s Medicaid Managed Care Initiative - the Diamond State Health Plan.
- Maintain effective gate-keeping and crisis services.
- Maximize effectiveness of existing resources.
- Consolidate divisional information, accountability and quality improvement systems.
- Increase managerial flexibility and accountability.

In Fiscal Year 2000, the division is focusing on:

- Accountability and outcome measurement, specifically the assessment of the functional level of youth at inception of service and periodically thereafter to determine what gains are made in what particular services.
- Penetration of substance abusing populations, particularly youth on probation through, among other efforts, the 19802 Project and offering immediate access to substance abuse services through on-site representatives in the juvenile courts.
- Innovation of therapeutic foster care and therapeutic group care as part of the DCMHS continuum of services to provide step-down from psychiatric hospital and residential treatment where clients
have maximized benefit from treatment and require a place to live with community supports.

BACKGROUND AND ACCOMPLISHMENTS

The Division of Child Mental Health Services (DCMHS) has achieved the following:

Clinical Services Management:

- Recovered youth sent to out-of-state hospitals. DCMHS brought back to Delaware approximately 54 youth in out-of-state hospitals. At this time only two youth are in specialized out-of-state hospitals.

- Controlled runaway spending on psychiatric hospitalization of adolescents. Proportional allocation of division budget spent on hospital services has declined from 48 percent to 11 percent, with a corresponding increase in community-based, non-bed services.

- Knitted services together with the clinical services management team model for public sector clients requiring major interdivisional and interdepartmental collaboration.

- Established six clinical services management teams. Staff locations include Wilmington, Dover, Milford, Georgetown and, new in Fiscal Year 1998, Newark - all have interdivisional co-location.

Provider Network:

- Built a comprehensive network of community-based services. There are now more than 60 DCMHS service points statewide, versus 16 in 1987. There are more than 20 in Kent and Sussex counties versus four in 1987.

- Promoted use of model programs and research-validated approaches to improve treatment outcome. Currently ten programs have direct linkage to pioneering models with good data foundations.

- Established provider deliverables, performance criteria, monitoring (routine and special), and provided technical assistance in building the behavioral healthcare capacity and quality of Delaware’s provider community.

Accountability:

- Established a database for management and accountability. DCMHS database is fully relational, permitting ad hoc queries and special reports. It forms the basis for clinical management decisions, system management and for Medicaid cost recovery.

- Collaborated with the DSCYF Cost Recovery Unit in promoting and facilitating cost recovery on Medicaid-approved services, including development with the Medicaid Office of the concept of a bundled rate payment, then successful negotiation of a specific bundled rate for Medicaid youth served in DCMHS managed care.

Leadership:

- Established continuous review of all key aspects of performance division-wide in order to guide system improvement.

- Attained new standard of accountability with comprehensive set of monthly status reports and operationalized critical performance targets in:
  - Effectiveness
  - Efficiency
  - Appropriateness
  - Accessibility
  - Provider Capacity

- Attained JCAHO accreditation as a Managed Behavioral Health Care Organization in Fiscal Year 1998 to:
  - provide assurance to clients/families of quality of care,
  - establish parity of system credential with private MCO partners in DSHP following the intent of the H.R.94 committee’s report,
  - assure continuous improvement of system and services to clients,
  - codify and make routine the clinical and administrative accountabilities required in the DCMHS care assurance model. DCMHS was the first public and first child system in the nation to be so accredited under JCAHO.

- Achieved status as a national model for a Children’s Behavioral Healthcare System.
## SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

### 37-00-00

#### Budget

<table>
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<tr>
<th></th>
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<tr>
<td>GF</td>
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<td>ASF</td>
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<td>26,247.2</td>
<td>27,408.5</td>
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#### Positions

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<td>NSF</td>
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<td>TOTAL</td>
<td>199.9</td>
<td>205.9</td>
<td>209.6</td>
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#### Managed Care Organization

#### 37-04-10

##### Activities

- Intake and assessment.
- Clinical services management.
- Quality improvement.
- Accountability: data, information and monitoring.
- Service development and general management and administration for the statewide Children’s Behavioral Health Services Managed Care System.
- Case and program consultation for DSCYF.
- Planning, including linkages with model programs.
- Consultation/presentation to other organizations on Delaware’s DCMHS’ care assurance models.

##### Performance Measures

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>% clients rated as showing progress on service plan goals</td>
<td>82</td>
<td>70</td>
<td>70</td>
</tr>
<tr>
<td>% responding clients/families expressing satisfaction with role in service planning, accessibility of services, interaction with staff and client progress on standard measures, telephone surveys and family interviews</td>
<td>92</td>
<td>70</td>
<td>70</td>
</tr>
<tr>
<td>% of available parents actively participating in services planning</td>
<td>88</td>
<td>65</td>
<td>65</td>
</tr>
<tr>
<td>% cases meeting clinical services contact standards</td>
<td>76</td>
<td>75</td>
<td>75</td>
</tr>
<tr>
<td>Adequate support for Managed Care organization functions (client to clinical services manager ratio established standard is 1:20))</td>
<td>1:37</td>
<td>1:27</td>
<td>1:27</td>
</tr>
<tr>
<td>% initial/periodic client functional measurements show improvement</td>
<td>N/A</td>
<td>70</td>
<td>70</td>
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#### Early Intervention

#### 37-04-20

##### Activities

- Community child consultations for Head Start and day care centers statewide.
- Community-based, family-centered early intervention with model programs utilizing research on prediction and prevention of antisocial behavior.
- Provide priority response to day cares identified by the DFS Office of Child Care Licensing as requiring staff training and programmatic strengthening.

##### Performance Measures

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>% Headstart and day care centers served expressing satisfaction with consultation services</td>
<td>93</td>
<td>90</td>
<td>90</td>
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#### Periodic Treatment

#### 37-04-30

##### Activities

- Crisis response/intervention services and crisis beds for diversion from hospital.
- Full range of family-centered, community-based outpatient mental health and substance abuse treatment.
- Intensive outpatient treatment and services for chronically mentally ill youth.
- Day/partial psychiatric hospital treatment.
- Community-based, family-centered model programs utilizing research on prediction and prevention of antisocial behavior.

##### Performance Measures

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Response to referrals (i.e., recommendations made (within below time frames: Level I (Emergencies)-same day response</td>
<td>98</td>
<td>95</td>
<td>95</td>
</tr>
<tr>
<td>Level II (Routine)-response within two working days</td>
<td>97</td>
<td>95</td>
<td>95</td>
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</tbody>
</table>
SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
37-00-00

24-HOUR TREATMENT
37-04-40

ACTIVITIES

• Mental health and substance abuse 24-hour, residential treatment services.
• Inpatient psychiatric hospital treatment.

PERFORMANCE MEASURES

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Appropriate use of in-patient, psychiatric hospital days per year per 1,000 Medicaid eligible children</td>
<td>90</td>
<td>138</td>
<td>138</td>
</tr>
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</table>

YOUTH REHABILITATIVE SERVICES
37-05-00

MISSION

The mission of the Division of Youth Rehabilitative Services (YRS) is to advance public safety by helping delinquent youth develop the positive social skills necessary to lead more crime-free lives. To fulfill this mission, the division provides individualized, family-focused care, treatment and support; and treatment in a variety of settings, including the youth’s own home, community-based, residential programs and secure facilities.

KEY OBJECTIVES

• To cooperate with the other divisions in DSCYF to integrate services through shared contracts and programming.
• To work with programs in the community, particularly the schools, to assist in the implementation of the Family Services Cabinet Council program initiatives.
• To measure and monitor the progress of youth that receive YRS services. YRS expects to see improvements in committed youths’ anger and aggression control, school achievement, job readiness/job skills, conflict management skills, independent living skills, problem solving skills and avoidance of criminal behavior.
• Achieve ACA accreditation at Ferris School.
• Maintain Snowden and Grace Cottage programs for up to 30 delinquent youth.
• To control institutional overtime and casual/seasonal payroll expenditures by bringing detention center staffing levels up to meet institutional bed capacity levels.

BACKGROUND AND ACCOMPLISHMENTS

Benchmarks: In Fiscal Year 1997, YRS began piloting benchmarking techniques to identify and implement best practices for the division. Key benchmark standards were identified and performance measurements developed for Fiscal Year 1998 and Fiscal Year 1999.
The performance measures focus on minimizing the movement of youth from non-residential to residential placement, increasing the percentage of YRS resources devoted to non-residential services and measuring the effectiveness of residential programs in reducing recidivism.

**IPU Merger:** The merger that occurred July 1, 1996, of the Alternatives to Incarceration and the Community Based Services Units, allowed YRS to allocate a greater portion of funds to those youths who need the most help in order to avoid recidivism and the resulting movement from probation into expensive residential treatment programs. In Fiscal Year 1998, 20.95 percent of the DYRS direct care budget was used on non-residential services. The benchmark for Fiscal Year 1998 was 20 percent.

**Multi Systemic Therapy:** Multi Systemic Therapy (MST) was piloted during Fiscal Year 1997. Therapists treated Level 4 youths and their families in their own homes. An initial evaluation suggested that the program would be especially successful in treating and reducing recidivism among youth that have committed violent crimes.

In November 1997, YRS expanded the MST program to provide services to clients and their families in Kent and Sussex counties. There are two teams now of three staff members each. In addition, a supervisor for both teams has been added who does not carry a regular caseload, but who provides back-up services when needed.

The MST program ratio was modified from the client-to-staff ratio of 5:1 in the pilot program to 6:1. There are two teams, a New Castle County team and a Kent/Sussex team with three workers per team and each person serves six families for a total program capacity of 36 clients and their families.

**Operation Safe Streets:** In June 1997, OSS was implemented via the Governor’s Task Force on Violent Crime. A partnership was created among the Wilmington Police Department, Youth Rehabilitative Services, and the Department of Correction. Its goals were to (1) stop the 550 percent growth in the number of shootings in the City of Wilmington from March 1997 through May 1997, and (2) reduce the number of shootings in Wilmington between June 1, 1997 and September 30, 1997 as compared to the same period in 1996.

Police and probation officers together made unannounced, evening home visits to probationers who had violent criminal histories. The home visits were to closely monitor this population’s compliance with court ordered curfews. If a probationer was not complying, he or she was arrested and removed from the community. This partnership operated on the assumption that if known criminal offenders were driving the shooting trends in Wilmington, then they are less likely to become a shooting victim or shooting suspect if they are more closely supervised. The results of the pilot program are (1) a 70.6 percent decrease in the number of shootings between June 1997 and September 1997 and (2) a 4.7 percent decrease in the number of shootings during the July 1, 1997 and September 30, 1997 as compared to the same period in 1996.

**HOSTS Program:** On March 18, 1998, the first students entered the HOSTS reading pilot program at Ferris School. HOSTS is a structured mentoring program which targets students who need assistance in reading, math, and other academic skills. Students are matched with trained business and community-volunteer mentors. Each mentor follows a computer generated lesson plan structured to match the student’s ability level and learning style. Mentors serve as role models who motivate, support and provide individual student attention.

Ferris teaching staff chose students for HOSTS who were the farthest behind in reading skills for their ages. Students were as much as ten grade levels behind. The students demonstrated remarkable progress in the program. Pre- and post-tests showed that the average HOSTS student increased his reading skills by 1.3 grade levels in just three months. Prior to participating in HOSTS, the students had achieved a lifetime average increase of just one twelfth of a grade level in any three month period since the age of six.

**Expanded Medical Services:** In Fiscal Year 1998, YRS expanded its inventory of medical services provided to residents of Ferris School and NCCDC. Hepatitis is a dangerous contagious disease common among the populations that YRS serves. YRS now immunizes every resident against hepatitis, so youths that don’t have hepatitis who enter a YRS facility are protected against contracting it during their stay. Asthma is another serious, though not contagious, illness that affects more than half of YRS facility clients. An asthma specialist visits Ferris and NCCDC regularly to treat acute and chronic asthma. A sports medicine doctor also makes regular visits to Ferris and NCCDC to screen for, evaluate, treat, and rehabilitate old and new orthopedic injuries. A nurse practitioner has also joined
the team. This professional can diagnose illnesses and injuries and prescribe medications and other treatments.

## BUDGET

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<td>31,665.3</td>
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## POSITIONS

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<tr>
<td>TOTAL</td>
<td>290.9</td>
<td>311.4</td>
<td>312.1</td>
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## OFFICE OF THE DIRECTOR

### 37-05-10

### ACTIVITIES

- Direct division operations and develop policy.
- Manage budget and fiscal operations.
- Monitor and evaluate division programs.
- Ensure intra- and inter-agency cooperation and coordination.
- Plan and implement staff training.
- Core services/mandates.

### PERFORMANCE MEASURES

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>% YRS budget allocated to non residential services</td>
<td>20.95</td>
<td>22</td>
</tr>
<tr>
<td>% Superior Court detainees released within 120 days.</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>% Family Court detainees released from detention within 30 days</td>
<td>93</td>
<td>98</td>
</tr>
</tbody>
</table>

## COMMUNITY SERVICES

### 37-05-30

### ACTIVITIES

- Assess the type and quantity of alternative, probation and aftercare services needed to serve delinquent youth that do not require secure incarceration.

### PERFORMANCE MEASURES

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>37% youth in alternative residential placement re-arrested</td>
<td>- -</td>
<td>40</td>
</tr>
<tr>
<td>34% youth re-adjudicated within 12 months from admission to an alternative residential placement</td>
<td>- -</td>
<td>37</td>
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<tr>
<td>10% youth moving from non-residential supervision to residential placement</td>
<td>- -</td>
<td>14</td>
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</tbody>
</table>

## SECURE CARE

### 37-05-50

### ACTIVITIES

- Provide secure detention for youth that require it before their hearings or trials.
- Provide 24-hour custodial care and treatment for incarcerated, adjudicated youth.
- Provide appropriate education, treatment, counseling, recreation, vocational training, medical care and family-focused case management for youth in secure residential facilities.
- Seek ACA accreditation for Ferris School.

### PERFORMANCE MEASURES

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>45% youths re-arrested with-in 12 months of date of admission to Ferris School</td>
<td>- -</td>
<td>45</td>
</tr>
<tr>
<td>45% youths re-adjudicated within 12 months of date of admission to Ferris School</td>
<td>- -</td>
<td>45</td>
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</tbody>
</table>
SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
37-00-00

FAMILY SERVICES
37-06-00

MISSION

The protection and safety of a child is always the first priority of the Division of Family Services. Services offered by the division are child centered and family focused. The Division of Family Services has the duty to establish, manage and advocate a system of services which ensures the following:

- Children at risk are safe from abuse, neglect and exploitation;
- Families provide a safe environment from which children are strengthened;
- When families are unable to provide a safe environment, temporary homes provide the support necessary for optimum growth and development;
- Children under its care receive safe, secure and nurturing permanent homes in a timely manner;
- Youth under its care who reach adulthood are provided the opportunity to succeed;
- Intervisional planning and program development are integrated into daily work as well as interdivisional coordination of services for families active with more than one division;
- Information management provides tracking and monitoring tools;
- Quality assurance activities are ongoing through licensing, monitoring, evaluation and case review; and
- Comprehensive prevention programs target issues of child abuse and neglect, substance abuse, delinquency, mental health, AIDS among youth, youth self-sufficiency and developing family strengths.

KEY OBJECTIVES

- Enhance early intervention services and interagency collaboration to support and strengthen families.
- Ensure timely availability of appeal hearings and decisions on issues of service delivery, institutional abuse findings, foster parent adoptions and other issues.

BACKGROUND AND ACCOMPLISHMENTS

The Division of Family Services (DFS) is mandated to serve abused, neglected and dependent children. DFS service delivery, as in other child protective systems nationally, was developed and continues to focus on abused and neglected children. Other child welfare resources must be developed to meet the needs of dependent children and their families.

Child welfare services represent a broader system that encompasses child protection as one of its specialized components. Child welfare services are necessary to prevent and treat issues resulting from: poverty and unemployment, the drug and AIDS epidemics, homelessness and housing shortages. Child welfare services prevent family problems from becoming crises for child abuse, neglect, dependency, delinquency and mental illness.

The Division of Family Services also licenses child care facilities and provides training for child care providers. In addition, the division has provided extensive community-based primary prevention services and expanded early intervention programs in collaboration with the public schools.

TRENDS THAT IMPACT DEMAND FOR SERVICE

National trends provide useful information on child abuse and neglect trends. “With the growth in public awareness of child maltreatment, as well as in the prevalence of risk factors such as poverty, teen parenthood, and substance abuse, the number of children reported as abused or neglected has increased greatly in the past decade. In 1986, an estimated 2.09 million children were reported as abused or neglected; by 1995, the number had jumped to 2.96 million, a 42 percent rise in ten years. The number of children reported as abused or neglected per 1,000 children in the population increased by 27 percent - from 33 per 1,000 in 1986 to 42 per 1,000 in 1995.” (1997 CWLA Stat Book)
The passage of the Adoption and Safe Families Act is also having a significant impact. The Act requires states to move children towards permanence within 15 months of entry into substitute care. If children are not able to be reunited with family within that time frame, other permanency options such as adoption must be sought. Although the Act was only passed in November 1997, an increase in the number of children moving to adoption has been seen. The increase in numbers is expected to continue.

The percentage of unmarried teens who keep their children has risen. 1993 data show Delaware as 20th in the nation with a rate of 39 births per 1,000 females in unmarried teens age 15-17. (1997 CWLA Stat Book) Adolescent pregnancy severely limits the opportunities for both parent and child.

Unemployment results in increased levels of anxiety, depression and hostility, which affect all family members. Virtually every study on the social and familial effects of job loss has pointed to an increased incidence of alcohol and drug use, as well as spouse and child abuse.

Common to child protective services throughout the nation and in Delaware is the over-representation of families and children of color. While people of color represent 19.3 percent of the state’s population, 52.3 percent of the families served and 63.3 percent of the children in placement are persons of color.

Trends in Placement Resources
Delaware’s out-of-home population is increasing. With increasingly difficult children entering care and a decrease in families willing and able to accept the challenge of foster parenting, it is critical to support the substitute care givers. With more damaged children entering and requiring longer care, the number of children in substitute care is expected to continue to increase.

Trends in Independent Living and Permanency Planning
There has been increased emphasis on recruiting adoptive homes for “special needs” children. As more of these adoptions occur, the likelihood of disrupted adoptions increases significantly without increased attention to the assessment and preparation of adoptive families and the availability of supportive post-adoption services.

Children and youth under DFS care are less likely to have family support networks in place to aid them on their road to independence. The division has the responsibility for providing independent living preparation services necessary to assist extremely vulnerable youth making the transition from substitute care to adulthood.

Trends in Prevention
The Office of Prevention continues to provide leadership in the development of primary prevention programming in numerous local communities:

- Continuing to compete successfully for federal funding to develop prevention programs for Delaware’s children and families.
- Promoting comprehensive statewide services through its network of programs including Community Prevention Coordinators, who are employed by communities to develop local resources; an effective partnership has been forged to strengthen youth, families and neighborhoods, particularly in the state's communities at greatest risk.
- Developing numerous programs and materials for people throughout the State to increase understanding of abuse of alcohol, tobacco and other drugs and child abuse and neglect.

Child Welfare in Delaware Today
Intake and Investigation: The Division of Family Services received 8,596 reports of adolescent, neglect, dependency and abuse problems, an increase of 13.2 percent over Fiscal Year 1997. Accepted reports were 6,384, a decrease of 7 percent from Fiscal Year 1997. The number of those reports substantiated for Fiscal Year 1998 was 2,019 or 32 percent, an increase of 340 cases or 21 percent over Fiscal Year 1997.

Substantiated Reports By Type FY 1998

- Abuse 36%
- Adolescent problems 6%
- Dependency 7%
- Sexual Abuse 11%
- Neglect 37%
- Other 6%
**Protective Treatment:** In Fiscal Year 1998, 2,665 families received treatment services. Approximately 1,380 families were receiving protective treatment services at any one time. The number reflects families receiving continued services following a substantiated report and does not include families active in investigation.

**Placement:** The average monthly placement (out-of-home care) population in Fiscal Year 1998 was 899. Eight hundred twenty-six (826) children entered placement and 770 exited placement.

Between Fiscal Year 1990 and Fiscal Year 1998, the number of children in care at year-end increased from 663 to 944 or 43 percent. The number of children entering placement has increased by 24 percent since Fiscal Year 1990 while the number of children exiting care has increased by only 1.1 percent from Fiscal Year 1990 to Fiscal Year 1998. These historical data are represented in the chart below.

**Adoption:** In Fiscal Year 1998, 54 children for whom the division held parental rights were finalized in adoption, an increase of 69 percent from the 32 adoptions finalized in Fiscal Year 1997.

**Office of Case Management:** The division’s Office of Case Management (OCM) processed 1,419 cases during Fiscal Year 1998 in its Interstate Compact and 88 mixing requests. Additionally the Interstate Compact Office developed, proposed, and managed two contracts during Fiscal Year 1998. The contracts provide oversight for home study or supervision services for out of state placement referrals. In the past these cases were the responsibility of DFS treatment staff and required time that is now devoted to providing services to Delaware families. A total of 96 new cases were referred for contractual services.

Case reviews were reengineered from a time consuming conference review process to an automated (FACTS based) review protocol. The redesign resulted in doubling reviews from to 1,554 in Fiscal Year 1998. The new system includes a feedback loop to allow timely response and correction of identified problems. Quarterly reports greatly enhance the ability to identify trends in practice.

Family Court liaisons participated in 5,974 court hearings and provided ongoing assistance to department and court staff, including processing over 200 information requests per week.

**Prevention:** Prevention services are well established in communities throughout the State through incentives provided through the division’s Office of Prevention. The vast majority of communities have elected to participate, creating increased knowledge and services related to the prevention of substance abuse and child maltreatment. During Fiscal Year 1997, 17,580 citizens participated in targeted prevention programs sponsored by the Office of Prevention. These programs included FACET with 1,498 participants, FAST with 584 participants and CHILD, Inc. parenting education programs with 1,519 graduates. And an additional 150,000 people were reached by primary prevention programs.

**Child Care Licensing:** In Fiscal Year 1998 more than 37,172 of Delaware's children (essentially the same as Fiscal Year 1997) were involved in the state's 2,255 licensed child care facilities (a two percent decrease since Fiscal Year 1997). In Fiscal Year 1998, the Criminal History unit completed 5,900 criminal history record requests, and 9225 Child Abuse Registry checks. The number of criminal records found through the SBI and FBI fingerprint search has significantly increased from 675 in Fiscal Year 1995 to 2323 in Fiscal Year 1998. The number of substantiated cases of child abuse and neglect found through Child Abuse Registry checks has also been increasing at an alarming rate from 19 in Fiscal Year 1995 to 197 in Fiscal Year 1998.

**ACCOMPLISHMENTS**

- Expanded a statewide early intervention program in the schools which provides Family Crisis Therapists to work with children identified as having behavior problems which put them at risk of school failure.
For Fiscal Year 1999 the K-3 program will be serving young children statewide in 31 schools and 12 districts. The Colonial School District program has five therapists and serves children from K to 12th grade.

- The K-3 program conducted the first annual Early Intervention Summit for FCT’s and school personnel.

- In the Promoting Safe and Stable Families program, several sites received local and national awards: Ron MacArthur/Boys & Girls Club of Western Sussex, Annie E. Casey Foundation Award; Hilda Sample, Resource Coordinator, the Office of Prevention “Live the Village Award”; and Delaware State Housing Authority, NAHRO national award.

- Funded and released the 1997 School Survey on Alcohol, Tobacco, and other Drug Abuse Among Delaware Students, in collaboration with the Department of Education and the Center for Drug and Alcohol Studies at the University of Delaware.

- Supported the 4th Annual Juneteenth Celebration sponsored by Delaware Prevention Network (DPN) which spanned a week to celebrate freedom, historically from slavery, but today a celebration of freedom from substance abuse, violence and teen pregnancy.

- Assisted the Delaware Division of Alcoholism, Drug Abuse and Mental Health, along with DPN, Boys and Girls Clubs of Delaware, New Castle County Community Partnership, and Tobacco Free Delaware, in completing 590 tobacco compliance checks as required by the Synar Amendments to the Substance Abuse Prevention Block Grant.

- An intensive, extensive retraining of staff in investigation and treatment in the Office of Children’s Services is under way to include all workers and supervisors.

- DELJIS information system has been installed and is operational in all OCS sites providing immediate access to criminal justice information on current clients and newly reported abuse/neglect cases.

- The Family Unification Certificate/Voucher Set-Aside Housing Program in conjunction with the State Housing Authority has prevented the placement of 15 children and reunited 4 children with their families since its inception.

- Videophones were installed at the University Plaza site to enable workers to handle their court responsibilities at the office and reduce the amount of non-productive time spent waiting in court.

### Budget

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<td>3,783.1</td>
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<td><strong>Total</strong></td>
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<td><strong>26,434.9</strong></td>
<td><strong>28,212.0</strong></td>
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### Positions

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<td>NSF</td>
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<td>68.9</td>
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<td><strong>Total</strong></td>
<td><strong>393.3</strong></td>
<td><strong>400.4</strong></td>
<td><strong>402.4</strong></td>
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</table>

### Office of the Director

#### Activities

The Office of the Director provides leadership and general administration to achieve the goals of the division. This includes accomplishing the following:

- Establishment and maintenance of appropriate child welfare services;
- Accountability based on client and program outcomes;
- Planning based on analyzing national, state and local trends;
- Preparation and management of the divisional budget;
- Resolution of issues in service delivery;
- Implementation of service delivery throughout the State;
- Representation on national/local organizations, committees and advocacy groups;
- Planning for continuous improvement in case management and quality assurance;
- Professional development activities to ensure staff are able to provide efficient and effective services to clients; and
- Regulatory functions including child care licensing, criminal background/child abuse registry checks, and training opportunities for child care providers.
SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
37-00-00

**PERFORMANCE MEASURES**

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<tr>
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<tbody>
<tr>
<td>85% of unified case plans accepted by Family Court</td>
<td>90</td>
<td>85</td>
<td>85</td>
</tr>
<tr>
<td>100% of new DFS workers will complete training within 6 months</td>
<td>100</td>
<td>100</td>
<td>100</td>
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**PREVENTION/EARLY INTERVENTION**
37-06-20

**ACTIVITIES**

- Community-based training, public education and consultation services to prevent child abuse and neglect, youth suicide, juvenile delinquency, mental health disorders and drug and alcohol abuse among children and youth.
- Primary prevention supports community-based organizations (CBOs) in assessing local needs, program building, developing community-based management of local resources, and by coordinating local prevention efforts.
- School-based interventions to help at-risk students, their siblings and families.
- Home Visiting for new parents.
- Part-C Program coordinates services to children 0-3 with developmental or other special needs who are also involved with child protective services.

**PERFORMANCE MEASURES**

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<tr>
<th></th>
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<tbody>
<tr>
<td>90% investigations completed - within 45 days if routine</td>
<td>42</td>
<td>90</td>
<td>90</td>
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<tr>
<td>90% investigations completed - within 20 days for urgent</td>
<td>N/A</td>
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<td>85</td>
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**INTAKE/INVESTIGATION**
37-06-30

**ACTIVITIES**

- Receives reports of children at risk of maltreatment from the public.
- Investigates/assesses reports and implements initial safety plans when necessary.
- Refers families to community resources when appropriate.

**PERFORMANCE MEASURES**

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<tbody>
<tr>
<td>More than 85% of clients closed by DFS will not return as substantiated abuse case within 6 mos.*</td>
<td>N/A</td>
<td>N/A</td>
<td>85%</td>
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<tr>
<td>95% of available parents will enter into a case plan with DFS within 45 days of transfer to treatment services*</td>
<td>N/A</td>
<td>N/A</td>
<td>95%</td>
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<tr>
<td>Number of active families (non foster care) involved for 12 mos. Will decrease by 5%.*</td>
<td>N/A</td>
<td>N/A</td>
<td>5% Decrease</td>
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<tr>
<td>20% decrease in number of children in substitute care 2 years or longer*</td>
<td>N/A</td>
<td>N/A</td>
<td>10% Decrease</td>
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<tr>
<td>Petitions to terminate parental rights will be filed within 90 days of decision to pursue adoption in 90% of cases*</td>
<td>N/A</td>
<td>N/A</td>
<td>90%</td>
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<tr>
<td>90% of youth in DFS custody will complete their education plan prior to leaving out-of-home care*</td>
<td>N/A</td>
<td>N/A</td>
<td>80%</td>
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