



State of Delaware

*The Department of Services for
Children, Youth and Their Families*

RFI# CYF15-10

Request for Information

SERVICE COMPONENTS

Options for Reconfiguring Child Welfare Services

Responses due: April 22, 2015 by 4 P.M. ET

NO contract awards will result from this action.

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Section 1 Overview

The Delaware Department of Services for Children, Youth & their Families (DSCYF), Division of Family Services (DFS) is interested in exploring different options for how child welfare services might be configured and administered. Child welfare services in DE are currently provided in a public-private partnership through both state operated and contracted services.

This Request for Information (RFI) is intended as one of several strategies DFS is employing to obtain stakeholder input and invite commentary on these options in order to help shape a possible future Request for Proposal (RFP) for these services. The intent of this RFI is for DFS to obtain feedback on: a) the operational challenges of possible reconfigurations if additional services were to be provided through contracts with community providers and b) innovative strategies and ideas that might inform how such services are configured and contracts developed.

It is important to note that responding to this RFI will neither increase nor decrease a future bidder's chances of being awarded a contract resulting from any future procurement action.

Our goal in releasing this RFI is to seek input about possible options to best configure the delivery of child welfare services to ensure that DFS can continue to meet its statutory duties and strategically plan to use its limited resources in the most effective approaches to meet the needs of the families and their children who require child welfare services. This request is based on the presumption that full time state employee positions are not likely to increase given budget constraints. Consequently, if increased volume in the demand for services continues, then DFS would more likely be faced with contracting specific functions or programs. This RFI is an early step in strategic planning should such efforts become necessary.

Specifically, DFS is interested in:

- 1) Educating the provider community about the demands related to the provision of child welfare services, including both the demographics of clients served and the changing landscape of legal and other regulatory reform, to support informed decision-making about the feasibility of potentially undertaking the provision of such services;
- 2) Educating the provider community about the level of risk involved in child welfare services, to identify their potential strengths, capacity, and potential interest, in serving additional or different subpopulations of child welfare clients and to support informed decision-making about the feasibility of potentially undertaking the provision of such services;
- 3) Exploring possible reconfigurations of service delivery options that could include a continuum of state operated (currently such functions as the Child Abuse and Neglect Report Line and child protective services investigations), state-community provider co-operated (currently such functions as foster care), and state administered-community provider operated services (currently such functions as Independent Living Services), depending on the unique operational and legal issues involved in specific services.

Additional or new configurations in service delivery may enable DFS to contract additional services and, in so doing, create capacity to shift existing state positions to core functions that must be retained within the agency, such as child protective services investigations, if existing resources are not sufficient to keep caseload standards within the statutorily required levels.

- 4) Generating creative and innovative approaches to meeting the increasingly challenging needs of children, youth and families served in child welfare to assist DFS and DSCYF in strategic planning.

DFS hopes this RFI will be a catalyst for dialogue and creative problem-solving by those with expertise in providing child welfare services. As such, *DFS is not expecting complete proposals in response to the RFI; rather, DFS is interested in conceptual responses in the form of brief memoranda or similar formats.*

Respondents to the RFI may elect to answer only as many questions as desired; there is no expectation to answer all of them. If you have additional information that you believe DFS should consider that we have not asked about, or you have information that you recommend DFS take into consideration in the development of any potential RFP, please submit that as well.

Section 2 Background Information

2.1 DFS

DFS is the public agency charged with the administration of child welfare services in the State of Delaware. DFS was established pursuant to Title 29, State Government. Chapter 90: Department of Services for Children, Youth and their Families (DSCYF), Section 9006: DFS shall be responsible for the provision of child protective services, treatment, prevention, adoption and related services.

DFS's responsibilities include planning, coordinating services, contracting, managing, and monitoring Delaware's child welfare service system. Overview of DFS:

- DFS is organized into three units:
 - **Central Office**
 - Director's Office: This office provides administrative oversight of all Division programs and services, coordinates responses to constituents, and represents the Division on various committees, task forces and commissions.
 - Program Support and Policy Team: This team oversees the implementation of policy, participates in federal reporting efforts, and manages contracts with providers.
 - Data and Quality Assurance: This team manages all data requests, which include internal operational reports, state-specific reports like the CPAC Dashboard, and the various mandated federal reports.
 - Office of Evidence-Based Practice: This team provides behavioral health and trauma screening for all children and youth entering foster care;

collaborates with other health care professionals to help ensure that the special needs of children/youth in care are coordinated and appropriate; provides consultation to workers, supervisors and foster parents as needed in understanding and managing children's behavioral challenges.

- **Office of Children's Services**
 - Oversees the management of frontline, state operated services through the 5 regional offices (New Castle County: Beech Street and University Plaza; Kent County; Sussex County; and Statewide Services for Report Line and After Hours Urgent Investigation Response.

- **Office of Child Care Licensing**
 - Responsible for developing regulations and monitoring 1,500 providers who care for children in out-of-home programs such as child care, child placing agencies, and residential and day treatment programs.
 - Oversees the Criminal History Unit, which conducts approximately 7,000 criminal background checks and 50,000 Child Protection Registry checks for individuals working in schools, healthcare, and related programs serving children.

- **Scope of DFS Child Welfare Services:**
 - Child Abuse and Neglect Report Line:
 - The statewide Report Line received 18,054 reports in FY14. This represents An 89% increase from the 9,527 reports received in 2009. In FY15, it is estimated that DFS will receive over 19,500 reports.
 - All reports are screened using the research-based Structured Decision Making® Intake Assessment to determine which reports meet the statutory criteria for intervention.

 - Child Protective Services Investigations:
 - In FY14, DFS conducted 8,222 child protective services investigations. This represents a 39% increase from the 5,929 investigations received in 2009. In FY15, DFS anticipates conducting over 8,500 investigations.

 - Treatment (Ongoing Protective Services):
 - In FY14, DFS provided ongoing protective services (i.e. "Treatment" services) to 1,743 in-tact families. This number has remained fairly stable since FY09. Cases are counted based on the primary caregiver; it is important to recognize that over 3,000 children are estimated to be served in these families annually.
 - Treatment services are focused on addressing and resolving the danger and risk factors identified to help stabilize the functioning of families where safely possible to help keep

 - Foster Care
 - 995 children were served in foster care in FY14;

- Currently, there are approximately 650 children/youth in DFS custody, with 550 in foster homes statewide;
 - This represents a 20% decrease since 2012. This decrease is primarily due to a decrease in teen entries due to our Differential Response System and an increase in relative placements.
 - Foster care is a true public-private partnership in DE, with approximately 50% of foster homes managed by private agency providers and 50% by DFS directly. In DE, even for children placed in foster homes through private agencies, DFS retains primary legal responsibility for the case management of the foster care services.
 - **Therapeutic Foster Care Services**, which would add to the continuum of existing services, are covered in a separate RFP *and not part of the consideration for reconfiguration that may follow this RFI.*
 - Permanency Services
 - Permanency unit staff carry caseloads of children/youth for whom the goal is APPLA or adoption. In FY 14, 579 children/youth were served in these units. For those who have a goal of adoption, casework involves case management and recruitment. For those with a plan of APPLA, case work involves case management to help stabilize the youth in the current placement, as well as identifying and developing potential supportive relationships with caring adults, who may become a permanency resource. With recent changes to federal law, APPLA will not be allowed as a goal for youth younger than age 16. This will result in requiring more intensive and extensive efforts to recruit, identify and develop permanency resources for these youth.
 - Adoption services are the subject of a separate RFP. *They are not part of the consideration for reconfiguration that may follow this RFI.*
 - Independent Living Services
 - These services are provided to youth in foster care beginning at age 14 and can continue until age 21.
 - In FY14, over 400 youth statewide received these services (173 were under the age of 18).
 - These services are provided through contracts with community providers and are the subject of a separate RFP. *They are not part of the consideration for reconfiguration that may follow this RFI.*
- Over the last three years, DFS has implemented a comprehensive approach to system improvements branded as “**Outcomes Matter**”. The overarching principle of this initiative is enhancing family engagement, which helps ensure children’s safety and promotes positive outcomes. DFS has implemented a number of research-based and best practice tools and approaches including Structured Decision Making®, Safety Organized Practice, Team Decision Making, Family Search & Engagement, and the foster care improvement effort known as Recruitment, Development and Support.

These combined tools and approaches help ensure comprehensive and robust assessments of families' needs and strengths, deepen our engagement with families to help provide meaningful interventions responsive to their needs, and promote improved outcomes for all. DFS continues to provide training, coaching, and support to ensure full-scale implementation with fidelity to the models, which is a multi-year endeavor. Many provider agencies have been active partners in these efforts.

- DE, along with all states, the District of Columbia, and Puerto Rico make regular reports to the federal Administration for Children and Families/ Children's Bureau (i.e, National Child Abuse and Neglect Data System (NCANDS), Adoption and Foster Care Analysis and Reporting System (AFCARS), and the National Youth in Transition Database (NYTD). DFS has a strong track record of performance on the various performance measures that focus on safety, permanency and well-being. In October 2014, the Children's Bureau released a report comparing states. DE was one of only three jurisdictions that met or exceeded all measures and had no data quality issues.
- The DFS budget totals approximately \$63 Million annually. This includes approximately \$52 Million in state General Funds and \$9 Million in federal funds. In terms of contractual expenditures, foster care homes and programs cost approximately \$13 Million; Adoption subsidies cost approximately \$7 Million; Group care and specialized placements cost approximately \$4 Million; and Family support services cost approximately \$4 Million; and Legal costs approximately \$1 Million. The contracted Family Assessment and Intervention Response Program that is part of our Differential Response System costs approximately \$750,000.

2.2 Critical Community Needs and the Challenges for Child Welfare

A. Chronic Neglect

Neglect, the failure of parents/caregiver to meet the basic needs of their children, continues to be the most pervasive type of maltreatment in the US and DE. In FY14, DFS conducted over 5,000 investigations of neglect. Neglect accounted for 53% of substantiated cases (physical abuse 25% and sexual abuse 11%). While the rates of physical and sexual abuse have remained relatively stable, reports nationally of neglect continue to increase. Poverty is a major risk factor in chronic neglect; in DE, it is estimated that over 42,000 children are living in poverty.

Neglect is also more likely to occur repeatedly, resulting in families being reported subsequent times to child protection because of the complex array of family characteristics commonly associated with chronic neglect, which can include poverty, mental health, substance abuse, lack of social support, and chaotic family and community environments (CWIG, 2013). Chronic neglect can have significant and lasting impact on children's development (CWIG, 2013).

In spite of these realities, very few interventions have been developed and tested to address neglect. In fact, the California Based Clearinghouse for Child Welfare

(CEBC) lists more than 330 programs to serve children and families, yet only 5 are classified as interventions for neglect. Of those, only Homebuilders, Family Connections, and Safe Care, have been studied among child welfare-involved families and have achieved a rating of research evidence. It is not known whether these models are appropriate or effective for families experiencing chronic neglect. The implementation of these models can be costly and difficult to achieve full fidelity given the required intensity of service delivery and scope of interventions.

Any intervention targeted for families with chronic neglect would need to include significant linkages to and collaboration with social service programs that address basic needs such as TANF, SNAP, subsidized child care, housing, employment, and adult treatment services such as substance abuse and mental health treatment. These providers tend to be fragmented and difficult to coordinate into a holistic safety net for these vulnerable families.

B. Substance Use Disorders and the Impact on Families

1. Drug Exposed Infants

In CY14, DFS received 401 reports of drug/substance exposed children. Of these, 281 met criteria for investigation (133 in NCC, 65 in KC, and 83 in SC). DFS continues to work with the maternity hospitals in DE to coordinate services for these infants and their families. There are several efforts underway through DE Healthy Mothers and Infants Consortium and the Division of Public Health to create consistent protocols for the assessment of and intervention with these families. Given the current escalating drug problem, this issue is likely to continue to grow as a priority for services.

2. Parents with Substance Use Disorders (SUD)

Extrapolating from national data, it is estimated that at least 18,000 children in DE are living with at least one parent who has a Substance Abuse Disorder. That number may be significantly greater given the recent increase in reported drug usage. In FY14, DFS investigated almost 3,000 cases that involved allegations of substance abuse by a caregiver. Of those, over 1,000 cases were assessed as requiring transfer to Treatment/ongoing protective services with intact families for referral to services and monitoring.

DFS currently utilizes the supports of Liaisons from substance abuse treatment provider agencies, who are co-located with DFS, to provide consultation, outreach, and screening for caregivers identified as having SUDs. The liaisons also help connect caregivers with ongoing services as needed.

However, effectively engaging these caregivers in responsive and meaningful services continues to be a challenge for our state. Substance abuse treatment programs are typically designed to focused on the adult client and are not

specifically tailored to address the complex challenges of caregivers who are struggling with their own recovery in addition to the challenges of caring for their children. There are two substance abuse treatment residential programs for mothers and their young children in the state.

Recovery from SUDs is a difficult and lengthy process, which commonly involves periods of sobriety, coupled with periodic relapses. The length and process of recovery presents challenges to DFS, where Investigation and Treatment services are designed to be time-limited.

C. DFS Treatment Caseloads and Workloads

DFS Treatment Caseworkers carry caseloads that include both in-tact families (Protective Treatment Cases) and placement cases (children in foster care and their birth families). States have tried different configurations of caseloads; there are no approaches that are recognized as best practice. DFS' practice of combining in-tact and placement cases is based on the experience that approximately 35% of in-tact Treatment cases end up requiring placement in foster care. During foster care, the DFS Treatment worker continues to work with the birth family to support reunification, where possible and appropriate. Once the child(ren) are reunified, the caseworker may continue to support the family if additional services are required. The current combined caseload approach provides a greater likelihood that there is stability and consistency in the caseworker assigned. While that may not always be possible due to geographic relocations, improved consistency of the worker-family relationship has been demonstrated in research to support improved permanency outcomes.

However, the mixed caseload approach also creates some challenges. Placement cases are typically the subject of frequent court reviews, so that Treatment caseworkers increasingly spend more time in court. Court orders may include extensive requirements, including multiple supervised visitation requirements (e.g., visits with siblings placed separately, separate visits with each parent), which given the complex family structures that are now common, can present significant scheduling challenges. Consequently, there are increasing challenges for caseworkers to effectively manage both placement cases and in-tact treatment cases.

Treatment cases involve identified risks for the children remaining in their homes. The risk, at least initially, does not rise to the level that indicates the need for removal to foster care. However, the assessed risks are significant enough to require services and supports to help stabilize the family's functioning and improve the care and safety of the children. Providing services to these intact families requires both casework, in the form of assessment, referral, and ongoing case management, as well as ongoing risk management, in the form of ongoing assessments and interventions focused on the children's safety. DFS has adopted the research-based Structured Decision Making® safety and risk assessments across all functions of child welfare to help guide decision making across the life of a case.

D. Risks Associated with not Maintaining Capacity for Core Functions

Several states have undertaken efforts to reconfigure their child welfare services, from smaller scaled attempts to increase contracts with private providers to larger scaled attempts at privatization of certain functions. There is no one model that serves as best practice, much less as an example of significant long term success. DFS is currently contracting with multiple private providers to provide services related to several functions. For example, all independent living services are provided by contract agencies; approximately half of foster care and adoption services are provided by contract agencies.

Currently, when contract provider agencies experience operational challenges that reduce their capacity for service, DFS is able to provide coverage/back up for any critical service to ensure that system capacity is maintained. A common operational challenge may include significant staff turnover, which significantly reduces the capacity to provide the services for a period of time. Contract provider agencies typically lack the capacity to redeploy or reassign other staff to provide adequate temporary service delivery. Consequently, one of the risks in expanding contracts to cover key functions is that DFS would shift those prior resources to other functions, thereby reducing internal capacity for that original function, if crises arise in contracted provider agencies. DFS would then be less able to provide coverage/back up to ensure that the function continued during the crisis. However, these key functions are a statutory requirement and so must be provided, regardless of any temporary or protracted operational crisis in the larger system.

Another risk in expanding contracts to cover key functions is that contract provider agencies typically require some level of assurance that they can refuse to accept certain clients due to factors such as the level of risk presented or prior unsuccessful discharge. Consequently, public agencies, even in systems with a high degree of contracted services, often must maintain some capacity to serve the most high risk and challenging clients. This can pose operational challenges for the public agency in planning for and ensuring capacity to serve a smaller and often fluctuating number of clients.

Section 3 RFI Information

3.1 Questions

1. Is the current configuration of the public-private partnership in child welfare service delivery appropriate and adequate to meet the current and projected needs in Delaware? Please provide comments to support your answer.
2. Given the challenges facing DFS:
 - a. Are there other best practice or evidence-informed/-based approaches, models or strategies that should be considered for implementation?
 - b. Are there innovative approaches that could leverage existing local resources into a different approach to better meet the needs of the children and families served by DFS?
3. Is there interest, willingness, and potential capacity in the private contract agencies to provide expanded and/or additional services that would target the sub-groups of client families discussed above in **Section 2.2**?
 - a. If yes:
 - i. Please rate such interest, willingness, and potential capacity (0 None to 5 High);
 - ii. Provide a brief paragraph or two that summarizes your agency's particular areas of interest in exploring further;
 - iii. Provide a paragraph or two about how your agency might envision staffing such a project and a rough estimate of anticipated costs. **Note: A detailed program description and budget are not required or sought at this time.**
 - b. If no:
 - i. Please briefly explain the concerns and limitations that are barriers that prevent interest, willingness or potential capacity.
4. If DFS were to expand contracting for child welfare services, the contractor(s) selected would need to collaborate with DFS on the risk management of such cases. DFS has implemented the research-based Structured Decision Making® safety and risk tools, with the support of the Child Protection Accountability Commission. Use of the same tools across all functions, whether provided by DFS or contractors, is critical in assuring that consistent criteria and assessments are utilized to guide decision making. Please briefly address any challenges or concerns that contractors may have regarding this requirement.
5. DFS provides regular reports to the federal Administration for Children and Families/Children's Bureau on a number of required elements that are then analyzed as critical performance measures for states. Please discuss any challenges or concerns about data sharing and your agency's capacity to adapt its client information system to
6. Occasionally, contract providers experience organizational challenges that decrease or interrupt their ability to continue to provide services for some period of time or permanently. Please briefly describe any recommendations about how the system should ensure continuity of care for children and families, and ensure that statutorily required services are accessible.
7. DFS has worked with numerous national consultants over the last 3 plus years in the planning for and implementation of Outcomes Matter. This system transformation effort

is focused on enhancing practice and achieving improved outcomes. The primary unifying approach is enhanced family engagement, which is considered important in achieving improved outcomes in the three core domains of child welfare (i.e., safety, permanency, and well-being). Please provide brief comments as to whether this approach would be considered important in contracted services. If yes, please briefly describe why and how continuity of approaches between DFS and private contractors could be sustained. If no, please briefly describe why.

8. DFS has adopted and trained all staff in the practice model, Safety Organized Practice (SOP). Many private contract provider agencies have also been trained in this model. One of the areas of focus in SOP is ensuring that the voices of all family members are elicited and included in meaningful ways in the assessment, planning, and service delivery. Please briefly comment on whether this approach would be consistent with contracted services and any barriers that might limit or prevent its implementation.
9. Under state law, DFS receives legal representation in child welfare cases before the Family Court from the Department of Justice (DOJ). DOJ does not represent private agencies, so even among current foster care cases served by private contract agencies, DFS is required to maintain primary legal responsibility for overseeing the case management services to both the child and birth family. Please briefly discuss any concerns or barriers your agency perceives in expanding services in which the families have or may have court involvement.
10. Please briefly describe your organizations innovations, creative strategies, emerging/promising or best practices that you believe DFS should consider as we redesign our service continuum.
11. There has been much discussion within the field of child welfare about moving toward Performance-Based Contracts. If DFS were to contract additional or expanded services, what outcomes does your organization believe are most important indicators of effective services? What outcomes does your organization believe it has limited control over?
12. Are there other key indicators of program quality that should be tracked for contract monitoring purposes?
13. With reference to the challenges outlined above in Section D. Risks Associated with Not Maintaining Capacity for Core Functions, please provide an overview description of the resources and assistance community providers might need in being able to assure continuity of services during periods of staff turnover or other operational challenges.
14. Please feel free to provide additional thoughts or questions.

Section 4 RFI Response Instructions

4.1 RFI Response Instructions

RFI responses must be received by **Thursday, April 22, 2015, by 4:00 p.m.** Eastern Time. Questions or requests for clarifications of this document should be submitted by email to **Alexander.Meade@state.de.us**.

Parties interested in responding to this RFI should prepare a typed response that includes a cover sheet that states the respondent's name, organization, address, telephone number, email address, and affiliation or interest (e.g., family member, community member, provider, advocacy organization). Responses may be submitted either electronically or in hard-copy format.

- Response by e-mail to: Alexander.Meade@state.de.us
- Respond with hard copy to:
Alexander Meade
Office of the Director
Division of Family Services
1825 Faulkland Road
Wilmington, DE 19805

Questions should be answered in order of appearance and numbered according to the RFI question number. Respondents are invited to respond to any or all of the RFI questions; please respond to as many as you feel are appropriate. Responses, including any attachments thereto, should be clearly labeled and referenced by name in the RFI response. No part of the response can be returned. Receipt of RFI responses will not be acknowledged.

4.2 Use of RFI Information

Information is being solicited in the RFI to assist DSCYF/DFS in strategic planning efforts. The RFI is not binding on DSCYF/DFS and shall not obligate DSCYF/DFS to issue a procurement that incorporates any RFI provisions or responses. Responding to this RFI is entirely voluntary, will in no way affect DSCYF/DFS's consideration of any proposal submitted in response to any subsequent procurement, and will not serve as an advantage or disadvantage to the respondent in the course of any future procurement that may be issued. Responses to this RFI become the property of the state of Delaware and are public records under Delaware law. However, information provided in response to this RFI identified by the respondent as trade secrets or commercial or financial information shall be deemed confidential and shall be exempt from disclosure as a public record. This exemption does not apply to information submitted in response to any subsequent procurement unless stated at that time.

It is important to note that responding to this RFI will neither increase nor decrease a future bidder's chances of being awarded a contract resulting from any future procurement action.