

Meeting Teens' Needs and Preventing Unnecessary Out-of-Home Placements in Delaware

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More child welfare agencies around the country are seeking to keep older youth with their families by providing preventive, home- and community-based services that do not require entry into the foster care system. These

efforts are aimed at reducing the number of teens coming into care because of behavioral problems often associated with parent-child conflicts—not abuse or neglect—recognizing that foster care is not designed for this purpose. Drawing on lessons learned from jurisdictions that have prevented unnecessary out-of-home placements, the Annie E. Casey Foundation partnered with the Delaware Division of Family Services in 2012 to design, implement, and study the results of a promising entry-prevention program for teens.

Delaware's child welfare agency, the Division of Family Services (DFS), partnered with the Annie E. Casey Foundation (Casey) to develop a program that provides preventive, home- and community-based services to teens and their families as an alternative to entering the child welfare system. Family Assessment and Intervention Response (FAIR) aims to meet the needs of teens who would otherwise have entered the public child welfare system because of "child behavior," often related to parent-child conflict.¹ The program has successfully kept most teens served out of placement and provides lessons learned to other jurisdictions seeking to design similar programs. Multiple data reviews find that the model:

- **Keeps young people safely at home, preventing unnecessary system placement.** In five years, 1,587 teens were served by FAIR. Just 4% entered child welfare placements; 9% and 10% entered juvenile justice and mental health placements, respectively.
- **Decreases system entries.** Although some changes to the original model have occurred, initial FAIR results illustrated the program's capacity to decrease overall teen entries into the system.
- **Saves state funds.** FAIR began to save money 11 months after implementation. The total cost per young person served was approximately \$2,000 per young person. This compares to upwards of \$10,000 per month for group placements. FAIR reduces teen exposure to the ill effects of system entry and frees up money that can instead be directed toward prevention services (The Annie E. Casey Foundation, 2019).

This article provides an overview of national challenges related to unnecessary entries of teens in out-of-home placement and explores the partnership between Delaware DFS and Casey that launched FAIR.

¹This article reviews the original teen entry-prevention version of FAIR (sometimes referred to as "external FAIR"), recognizing that (a) external FAIR has expanded in recent years to serve youth and families with other risk factors such as domestic violence and children of all ages, and (b) the program name FAIR also refers to an internal, non-contracted differential response track within DFS which was not part of this review (sometimes referred to as "internal FAIR").

It also highlights the program's key elements, shares findings from several studies and provides lessons learned for future replication efforts.

A National Challenge

The nation's child welfare system was built to address abuse and neglect (The Annie E. Casey Foundation, 2015b). But today, too many teens find themselves in the child welfare system for reasons unrelated to that mission. In 2017, more than 185,000 young people ages 13 to 20 lived in out-of-home placements, making up 27% of the national out-of-home population. While some enter as children and become teenagers during long stays in foster care, the majority of older youth in foster care enters as teens—either for the first time or as re-entries (U.S. Department of Health and Human Services, 2018).

“Child behavior” is the reason for entry for a significant number of teens. Nationally, child behavior is one of multiple reasons given for 37% of youth over age 12 who entered child welfare in 2017—a rate nine times higher than for younger children. For 23% of teens, child behavior was the sole entry reason (U.S. Department of Health and Human Services, 2018).

What does “child behavior” mean exactly? Adolescence is normally a time of risk-taking. Some so-called child behaviors are simply part of normative development, though parents may find these behaviors difficult to manage. Adolescent relationship researchers confirm that parent-youth conflict is common during adolescence, a period during which teens are seeking more independence and renegotiating parent-child relationships (Lerner & Steinberg, 2009). Teens often come to the attention of child welfare systems because of struggles with their parents, their families can't cope with teens' behavior or behavioral health services are not adequate or accessible. A teen may run away or engage in risky behavior. Or they may act out due to their exposure to trauma, which if unaddressed can lead to mental health issues and life challenges into adulthood (The Annie E. Casey Foundation, 2015c).

Sometimes parents' frustration may be the central issue. They may be unable or unwilling to access mental health services for their teens

and give up, giving custody to the state to access otherwise inaccessible services. In other cases, courts may order a youth into foster care if a parent has refused to pick up a teen from detention—or sometimes well-intentioned judges will order out-of-home placements hoping more structure and supervision will benefit a teen (The Annie E. Casey Foundation, 2015c).

Unfortunately, child welfare systems are generally poorly suited to help teens and their families. Upon entry, a substantial proportion of teens end up in group homes and residential treatment centers rather than staying at home or being placed with relatives or foster families. In many cases, this can deepen teens' struggles. In 2017, 37% of young people who were aged 13–17 and system-involved were in group settings, compared with 7% of children under age 13 (U.S. Department of Health and Human Services, 2018). Teens who are Black are especially at risk, being two times more likely to enter systems than their counterparts who are White.²

What's more, the latest adolescent development research underscores that having young people live in long-term group placements—which results in disrupted relationships—can impede growth at a critical stage in a young person's life. Also, young people who enter or re-enter care at age 16 or 17 are vulnerable to aging out of the system without the relationships or skills needed for adulthood. They are more likely to drop out of high school, experience mental and physical health problems or be homelessness, be unemployed, have no income and rely on public assistance, experience early parenthood, or become incarcerated (National Academies of Sciences, Engineering and Medicine, 2019).

Best practice for teens and their families involves providing an effective continuum of care, with services ranging from in-home supports to quality residential treatment. Parents also need education on what healthy adolescent development looks like, how to facilitate it and how to get assistance when needed (Steinberg, 2001). During adolescence,

²Based on an Annie E. Casey Foundation analysis of Adoption and Foster Care Analysis and Reporting System public use files and Census Bureau data.

adults and systems should help teens build agency and self-efficacy, not restrict their options and decision-making (National Academies of Sciences, Engineering and Medicine, 2019; American Bar Association, Youth Engagement Project, 2019).

Delaware's Crisis

While unnecessary entries of teens into child welfare systems remains a national challenge, Delaware's situation was particularly acute in 2011. The state's governor reached out to the Annie E. Casey Foundation for assistance with multiple concerns, including how to help the large numbers of older youth in the system. In 2010, young people ages 13 and older made up nearly 50% of the state's out-of-home caseload—much higher than the nationwide average of about one-third. For nearly 80% of Delaware teens who entered placements in fiscal year 2010, it was their first time in the child welfare system (The Annie E. Casey Foundation, 2016a). Entries of teens who are Black were particularly high and disparate, with these teens entering care that year at a rate nearly three times that of those who are White.³

In the fall of 2011, Delaware partnered with Casey, assessed the state's child welfare system, and embarked on a multiyear partnership. The effort was part of a larger agency overhaul that, among other things, added Structured Decision Making (SDM) tools to strengthen screening and response processes; implemented Safety-Organized Practice (SOP), a systemwide practice model that engages families; and introduced a version of Team Decision Making (TDM), a family meeting approach that involves families in safety and placement decision making (The Annie E. Casey Foundation, 2016a).

Casey's assessment found that not only were high numbers of older youth coming into care, but a large percentage were being placed in group settings. Approximately half of teens removed from home

³Based on an Annie E. Casey Foundation analysis of AFCARS public use files and Census Bureau data.

between 2008–2010 were in group settings, either from the start or at a later point in their foster care experience. For those who remained in the system for more than a year, two-thirds experienced three or more placements and nearly 30% had seven or more—the type of instability that can lead to decidedly poorer adult outcomes (The Annie E. Casey Foundation, 2016a).

Several other influences led to the development of FAIR:

- A 2011 qualitative review of cases referred by the court, law enforcement or a parent/guardian suggested many youth could have safely been diverted from placement and remained at home given that parent-child conflict and other non-abuse-or-neglect concerns led to the referral.
- A DFS workgroup was charged with planning how to use funds provided by the legislature to implement a differential response approach. Quickly, they focused on the benefits of preventing teen entries as part of this new track.

Casey and the National Resource Center for Family Centered Practice supported the DFS workgroup. As part of its contribution, Casey shared just-completed research into best practices for meeting teens' needs (The Annie E. Casey Foundation, 2015c). The promising approaches shared several common characteristics, including:

- **Timeliness.** Quick access to initial screening and services allows families to get help before the crisis grows too challenging for a community-based intervention.
- **High-quality service.** High-quality screening and assessment means experienced staff trained in family engagement are matching youth and families with services.
- **A range of services.** To meet families' needs, a continuum of services is required, from less intensive approaches to proven, evidence-based services.

Elements of FAIR

FAIR, as delivered to its original subpopulation of teens, consists of a rapid response to reports of teens, many with behavioral challenges or parent-child conflicts. It is one element of Delaware's differential response approach and incorporates the principles of SOP, which focuses on family engagement and involving youth and family in decision making. Young people are assigned to FAIR at the state's hotline, which uses SDM tools.

All core FAIR services for this specific subpopulation of teens are provided under contract by Children and Families First (CFF), a private provider, at an annual cost of \$750,000.⁴

How a FAIR case moves through the system:

- **Hotline.** DFS hotline staff use (1) SDM tools to determine whether to accept the case and (2) a set of FAIR entry criteria to determine if it should be referred to FAIR.
 - Referral reasons to FAIR can include; parent-youth conflict and/or behavioral issues as well as youth at risk of abuse/neglect or youth referred for some neglect or dependency reasons. Also referred to FAIR are cases in which parents have not picked up a youth from detention or are unable to cope with teen behavior.
- **Contact.** CFF staff contact families by phone within 24 hours of hotline referral. Case managers visit the family at least once every two weeks.
- **Core services.** FAIR provides services for 30 days, extending to 90 days in certain circumstances, in three categories:
 - *Initial assessment.* Within 10 days, referred teens and families are assessed in face-to-face interviews for safety, risk and needs. Interviews with CFF staff indicate assessment

⁴See footnote 1.

generally takes place within a few days of referral.⁵ Assessment is conducted by program staff using multiple assessment tools, including SDM safety and risk assessments and the Child and Adolescent Functional Assessment Scale (CAFAS). They also complete a case plan.

- *Level 1 services.* Referred youth and families receive community-based, in-home services including short-term crisis intervention, family stabilization services, conflict resolution and referral to other services. Services are provided by CFF for those with lower levels of parent-child conflict.
- *Level 2 Functional Family Therapy (FFT) services.* FFT is provided in-house by CFF to a subset of high-needs youth and families. This evidence-based program provides a three-stage, intensive counseling approach to 10% to 20% of FAIR referrals annually.

If families refuse CFF services or if assessments indicate high safety or risk levels, CFF re-reports the case to the hotline for a traditional child protection investigation.

FAIR's other critical elements:

- **Staffing.** FAIR operates with a program manager, supervisor, FFT therapists, a program administrative specialist and case managers with bachelor-level degrees. Caseloads are kept below 15 families per case manager.
- **Supervision and training.** FAIR is overseen by CFF's chief clinical officer. Supervision focuses on skill building and encourages self-care. Training includes topics such as mindfulness and nutrition. Still, staffing is reported as one of the biggest challenges, given the stressful nature of the work.

⁵Response times are specified in the contract between DFS and CFF and tracked and reported on a quarterly basis.

- **Immediate services.** Since CFF provides FFT in-house, clients can access services immediately without waiting periods.
- **Hours of operation.** There are multiple shifts to accommodate families' schedules, including an overnight on-call shift from 8pm–9am.
- **Salaries.** CFF works to ensure competitive salaries. Staff receive computers, WiFi, and telephones and are compensated for travel. When not meeting with youth and families, staff can work from home.
- **Data gathering.** CFF shares regular reports that a DFS manager on the agency leadership team reviews quarterly.

Methods

Casey's studies of FAIR efficacy and cost-efficiency are based on one- and five-year reviews and a fiscal analysis.

One-year Review

In 2014, Casey worked with DFS and CFF to conduct a one-year review of FAIR to determine whether FAIR had kept teens at home and to identify program improvements.

Administrative program data was reviewed from March 4, 2013, through March 31, 2014 (roughly 13 months). Children and Families First provided quarterly aggregate data reports with information on specific reporting measures, which were specified in their contract with DFS. Reviewers compiled and analyzed this information. Delaware's Division of Family Services also provided the team with a child-specific data file with information on youth who entered the child welfare system; DFS regularly monitors whether youth who completed FAIR enter the system. In addition, Casey interviewed staff from FAIR (managers, caseworkers and FFT therapists) and DFS (managers and

supervisors) to better understand what was working and what challenges existed.

Teens and Families Served

Over 13 months, FAIR conducted assessments and provided subsequent services for 281 youth and their families. All received Level 1 crisis intervention services; 19% receiving additional, Level 2 FFT.

Initially, FAIR received 365 referrals. Of those families, 36 (10%) refused FAIR and were re-referred to DFS. After assessment, an additional 48 cases (15%) were either returned to DFS because of safety or risk issues or closed after assessment for lack of additional needs. As Table 1 indicates, timeliness of contact and initial assessment was a CFF strength (Children and Families First, 2013–2017).

Table 1. Timeliness of Initial Contact and Assessment

Measure	3/4/2013–3/31/2014
Families contacted within 24 hours	96%
Families met in person within 48 hours	96%
SDM safety assessment completed at first in-person meeting	91%
CAFAS completed within 10 days	96%
SDM risk assessments completed within 21 days	97%

Entries into Child Welfare Placements

Of the 281 youth served, only three youth who had completed FAIR eventually came into DFS custody—a 1% entry rate. Of the initial 365 FAIR referrals, 10 youth ended up in DFS placements, but seven had either been incorrectly assigned to FAIR or reassigned for a traditional investigation given high safety/risks. If those young people are included, FAIR had a 3% entry rate.

With FAIR, the hope was that teen entries into the system would decline. At the one-year review, teen entries into DFS had decreased by over 40%. Not all of the decrease can be attributed to FAIR—the drop

accompanied concurrent systems changes, such as implementing SOP, SDM, a version of TDM and other new approaches at the agency.

Qualitative Findings

Key findings from interviews include:

- DFS and CFF interviewees felt FAIR was keeping kids safe at home, preventing unnecessary DFS placements, serving its intended population, and helping youth and parents with prior mental health and substance abuse issues.
- CFF staff believed they were helping families feel engaged, empowered, and motivated; build skills to become more self-sufficient; and handle conflict differently.
- CFF and DFS staff reported contributors to FAIR success include having a caseload cap of 15 families. This allowed sufficient time to see families, build relationships and include families in decision-making and was aided by differential response and SOP tools, which promote family engagement.
- DFS staff believe subcontracting was critical to FAIR's success. Choosing a provider that could offer a broad range of services to the original teen subpopulation—such as supports for pregnant and parenting teens—was key.

Other lessons were suggested by the qualitative interviews:

- *Entry criteria.* Defining FAIR entry criteria and a referral process while also launching SDM was challenging and caused some inaccurate referrals.
- *Legal criteria.* It took time to sort out legal issues, such as understanding how referrals were affected by statutes on excessive force, since so many parent-child conflict cases involve excessive force.
- *Utilization.* Because implementing new hotline tools was challenging, FAIR did not reach full capacity—350 referrals—in its first year. After the one-year data review, FAIR was expanded to young people ages 11 and 12.

- *Assessment.* It took time to decide on the appropriate assessment ratings for FAIR entry. Early on, the CAFAS cutoff was low, leading to many overrides. DFS and CFF ended up adjusting it up for year two.
- *Flexible funding.* According to interviewees, having flexible funding from FAIR's onset was crucial to providing client-specific supports such as payment for utility bills, rent or school clothing.

Five-year Review

In 2019, a Casey team worked with DFS and CFF to obtain and analyze five years of administrative data (study period was actually four years and 10 months, from March 4, 2013, to December 31, 2017). The team compiled and analyzed information on available measures from CFF's quarterly aggregate data reports over the five-year time period. In addition, we:

- conducted a small number of interviews with DFS and CFF staff and
- examined a child-specific data file, provided by DFS, on a small subset of young people who entered child-serving systems after completing FAIR, including Delaware's juvenile justice agency, called Youth Rehabilitative Services (YRS) and its child mental health agency, called Prevention and Behavioral Health (PBH).

Number of Teens and Families Served

Over five years, FAIR received 2,059 referrals from DFS. Approximately 4% were mis-assignments returned to DFS because cases did not match FAIR criteria and slightly less than 1% were duplicate referrals. An additional 8% were returned to DFS because youth and families declined FAIR. FAIR ended up serving 1,587 teens and their families; however, some families were served by FAIR more than once during the five-year review period. As a result, FAIR staff

conducted a total of 1,792 assessments for youth and families during the five years.

Of the 1,587 teens and families assessed, approximately 5% required no further services and supports beyond the initial assessment. The remaining 95% received crisis management and stabilization services plus referral to community-based services. Approximately 12% also received FFT, with almost 70% completing all three parts.

We consider all 1,587 teens and their families as having received FAIR services, including those who just received an assessment, as interviews with staff revealed that for many youth and families, the assessment itself was the intervention and served to stabilize the family’s situation.

Data indicated that FAIR conducted assessments for an average of 358 youth and their families annually. The actual numbers fluctuated from a low of 256 in year one to a high of 447 in year three. The average decline rate for those determined to need an assessment was around 9% annually.

Age and Gender for Teens Served

Figures 1 and 2 present information on age and gender for the 1,587 teens served. The majority of youth were age 15 or older, and more

Figure 1. Age of Youth Served by FAIR, 2013–2017

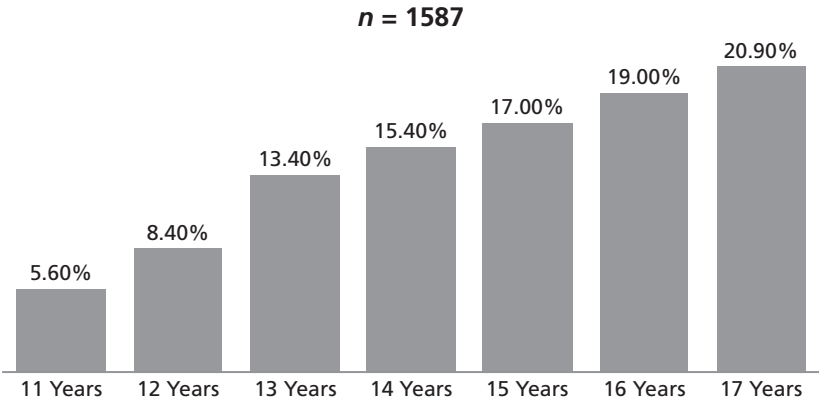
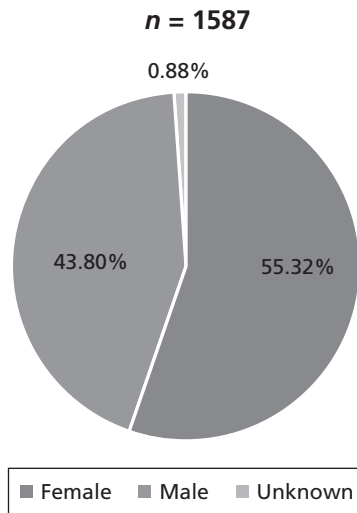


Figure 2. Gender of Youth Served by FAIR, 2013–2017



were female than male by a small margin. Unfortunately, race/ethnicity information was not available; this is discussed in this article in the “Considerations for Replication” section.

Timeliness

Data indicated that timeliness of initial contact and assessment continue to be a program strength, as shown in Table 2 (Children and Families First, 2013–2017). Because of staffing and turnover challenges, the required response time for face-to-face contact shifted from 48 hours in 2013 to 10 days in 2014—a significant change. However, interviews with FAIR staff indicate most youth and their families are still assessed within a few days, despite the longer allowable timeframe.

Qualitative Findings

Findings from a limited number of recent qualitative interviews with DFS and CFF staff identified some lessons learned, including:

- **Staffing.** It’s important to keep salaries competitive and keep work hours reasonable to reduce turnover. Burnout comes quickly

Table 2. Timeliness of Initial Contact and Assessment

Measure	Five-Year Average
Families contacted within 24 hours	95%
Families met in person within 10 days	96%
SDM safety assessment completed at first in-person meeting	95%
CAFAS completed within 10 days	96%
SDM risk assessments completed within 21 days	98%

if staff must be available to their clients 24/7. In response to staff feedback, CFF created an on-call shift as well as pay incentives for afterhours visits.⁶

- **Self-care.** Management and staff report that attention to self-care is critical for staff retention. It is a focus of CFF staff supervision and staff must develop and implement self-care plans.
- **Warm handoff.** Over time, to decrease the number of clients who decline FFT and other services, CFF implemented a policy of having case managers provide in-person introductions of families to FFT therapists, leading to better uptake of services.
- **Learning journey.** DFS and CFF report that having the original FAIR planning workgroup visit a location that was successfully keeping teens and younger children out of their system was critical to developing and implementing FAIR.
- **Leadership experience.** DFS and CFF report having a strong and knowledgeable program manager is key, preferably someone with child welfare and mental health expertise who understands trauma, attachment and adolescent development as well as staff development.

⁶CFF has regular shifts from 9-5, 10-6, 11-7 and 12-8 and on-call from 8pm-9am.

Youth Who Eventually Enter the System: A Closer Look

Entries into child welfare placement. Of the 1,587 youth who received FAIR assessments and services, only 64 came into DFS custody within three years of completion of FAIR.⁷ This 4% entry rate is higher than the 1% entry rate in our year one review. However, data indicated that 19 of the 64 youth who later entered DFS came in more than a year after FAIR discharge. We also had information that 39 of the 64 youth who entered DFS placement did so within one year, an entry rate of 2.5% for those who completed FAIR. Discharge information was missing for seven of the youth who entered. If it were determined that all seven entered the system within a year of FAIR completion, the entry rate would be under 3%. Approximately 30% of those 64 teens who eventually entered DFS' care had received FFT.

Age and gender of youth who entered DFS placements. We were able to obtain data on the small subset of 64 young people with FAIR experience who went on to enter DFS placements, and found that most were 14 and up. Almost 60% were female, as shown in Figure 3 and Figure 4 (Delaware Division of Family Services, 2013–2017).

Entries into juvenile justice and mental health placements. During the five years studied, approximately 9% of the 1,587 youth who received FAIR services also entered a YRS placement. An additional 10% entered PBH placements.

The data provides a window into the experiences of youth involved with multiple systems. Of the 64 youth who entered DFS placements after completing FAIR, almost 50% had a least one previous or subsequent YRS or PBH placement during the five-year period. Five young people had entered a placement in all three child-serving systems. This illustrates the complex needs of the youth referred to FAIR; it also indicates an opportunity to diversify services to meet their more complex needs.

⁷Five of the 64 youth entered DFS custody twice over the five-year period.

Figure 3. Age of Youth Served by FAIR Who Later Entered Custody, 2013–2017

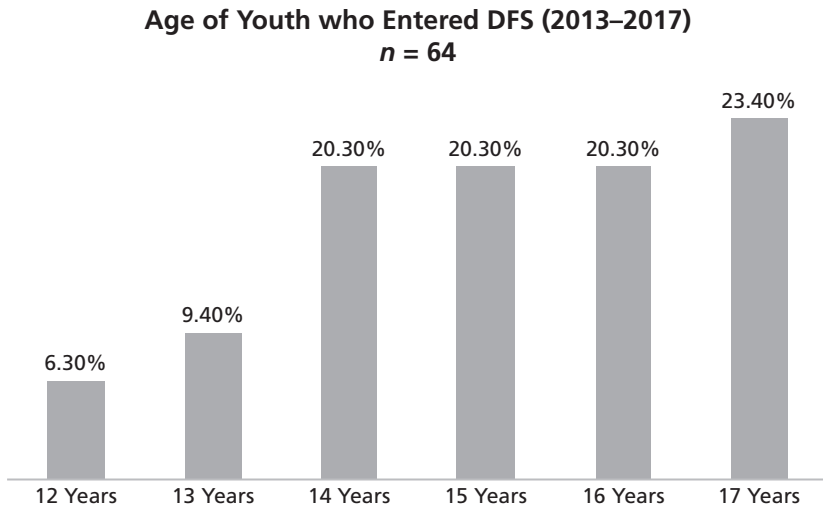
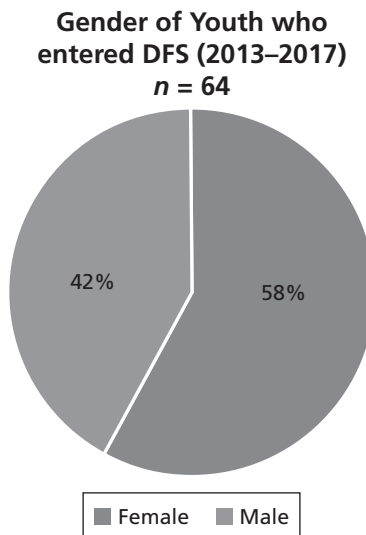


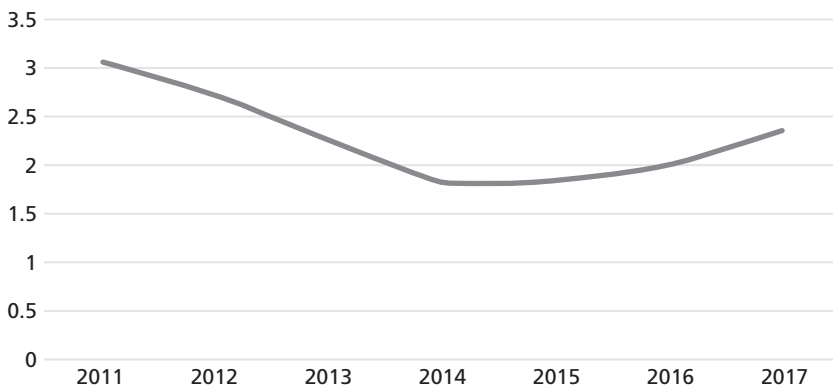
Figure 4. Gender of Youth Served by FAIR Who Later Entered Custody, 2013–2017



A Look at Overall Child Welfare Entries

While entries of youth age 13 and up into foster care dropped significantly in FAIR’s first year, the state’s child welfare system has since seen entries plateau, then gradually increase from 2015–2017, as displayed in Figure 5 (U.S. Department of Health and Human Service, 2018). The reasons for this require further, urgent inquiry. One hypothesis is that early work to educate hotline staff and the judicial community needs to be continuously updated so all child welfare partners continue to recognize the benefits of meeting teens’ needs at home, not in out-of-home placements.

Figure 5. Delaware Entry Rates for Youth Ages 13–17 (Entry rate per 1,000)



Source: Annie E. Casey Foundation analysis of AFCARS public use files and Census Bureau data.

Fiscal Analysis

When used unnecessarily, group placements are not cost-effective. They typically cost states considerably more than preventive services. They also cost three to five times as much as foster family placements while frequently not providing young people with the social and emotional supports they need to thrive as adults (The Annie E. Casey Foundation, 2015a).

To study and possibly replicate FAIR in other jurisdictions, it was important to understand its cost relative to other services. Casey partnered with DFS to develop a strategy to analyze costs using placement days into foster family placements as the unit of measurement (The Annie E. Casey Foundation, 2019). The return-on-investment approach calculates the financial impact of diverting or shortening child welfare placements. Equipped with this information, decision makers can choose the right interventions and program changes—those that benefit teens and agency budgets. Delaware DFS provided the team with the necessary agency fiscal data and CFF FAIR information to complete the analysis.

Casey's fiscal analysis showed the program paid for itself within the first year, with cost savings beginning in month 11 (The Annie E. Casey Foundation, 2019). Had the analysis been less conservative and included group or residential placement costs in addition to the costs of family foster care (a more realistic representation of actual costs), the program would have been considered to have paid for itself in even less time.

Given that FAIR services were contracted out for a set dollar amount using state dollars (\$750,000 per year), it was easy to determine a cost per youth served. Over five years, the average cost per youth served was approximately \$2,000, a large savings compared to the \$10,000 or more for a residential placement for a month in Delaware. The cost per youth never exceeded \$2,700 in any given year, with the average cost per youth decreasing as the number served increased.

Limitations

There are a few limitations to mention. Our studies mainly involved reviewing quarterly aggregate data reports, not child-specific data files, which limited the scope of our analysis. For example, if we had child-specific data that included FAIR entry and discharge dates, we could have calculated average length of stay for youth in the program and

provided comparison for different subpopulations. Child-level data analyses could have lent additional insight on other measures as well.

Being limited to (primarily) quantitative data, we did not have access to information that could round out our understanding of FAIR's strengths and identify opportunities for improvement. For example, qualitative case reviews could have confirmed whether or not youth referred to FAIR consistently met hotline referral criteria over time. Detailed case reviews of young people who eventually entered a system after completing FAIR could have provided critical information on the specific service needs of subpopulations to strengthen FAIR in the future. In-depth interviews with youth and families served could have yielded important insights on the quality of and perceived client satisfaction with FAIR services.

Considerations for Replication

Based on FAIR's lessons learned, here are recommendations to those agencies considering implementing a rapid-response, entry-prevention program:

1. Collect and regularly review race/ethnicity data (The Annie E. Casey Foundation, 2016b). Systems should track and monitor entries into FAIR-like programs by race and ethnicity. It is important to determine if there are racial disparities in which youth are referred to FAIR and examine any differences in how young people experience FAIR, such as who receives different levels of service, whose needs are met through FAIR and who later enters a child welfare or juvenile justice placement. It would be ideal to track this data from program initiation.

2. Focus on entry criteria. Entry criteria and fidelity to the criteria probably have the greatest impact on a program's ability to serve the intended youth and families successfully and prevent unnecessary system entries. Agencies should revisit entry criteria every two years, using data on overall system entry rates and race equity as a guide. Periodic case reviews could also help.

3. Plan continuous partnership with the courts. At the five-year review, why were more young people entering Delaware's child welfare system? An early guess is rising use of court-ordered custody arrangements. Systems and judicial partners need to maintain continuous conversations on what's best for teens.

4. Closely review outcomes for subpopulations. Systems should review the cases of youth who are served by FAIR-type programs and later enter juvenile justice or other systems. They should consider whether adding other services and supports do a better job of meeting the needs of youth of color, parenting teens or others with specific needs.

5. Plan to address staffing challenges. Worker stress and burnout is inevitable given the 24/7 nature of the job. Have a plan to manage that. Also, plan how to transfer knowledge and expertise in a high turnover environment. Having a staff recruitment and retention strategy is critical. Be flexible with hiring criteria, since the ability to connect with and engage youth and their families is more important than academic degrees or certifications.

Conclusion

These findings underscore that entry-prevention programs, when properly designed and implemented, can safely keep teens at home and in their communities, supporting young people at a critical time during their adolescent development. Delaware's FAIR program illustrates that such programs can be a cost-effective means to meet the needs of teens and their families while reducing the costly, often inappropriate and developmentally harmful, out-of-home placements.

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