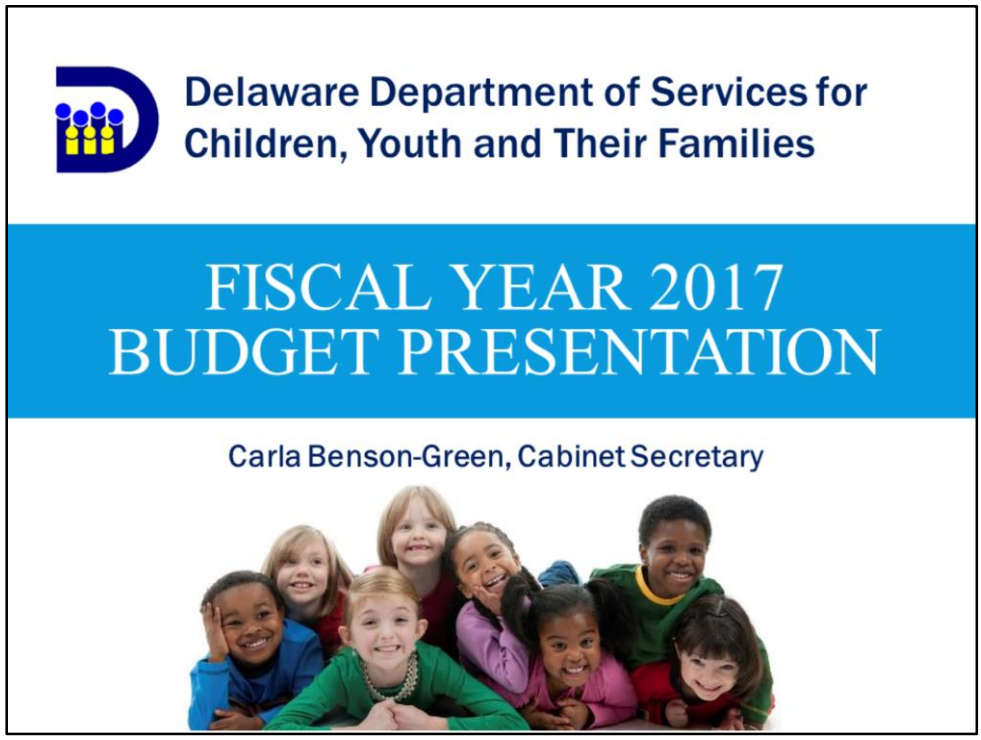


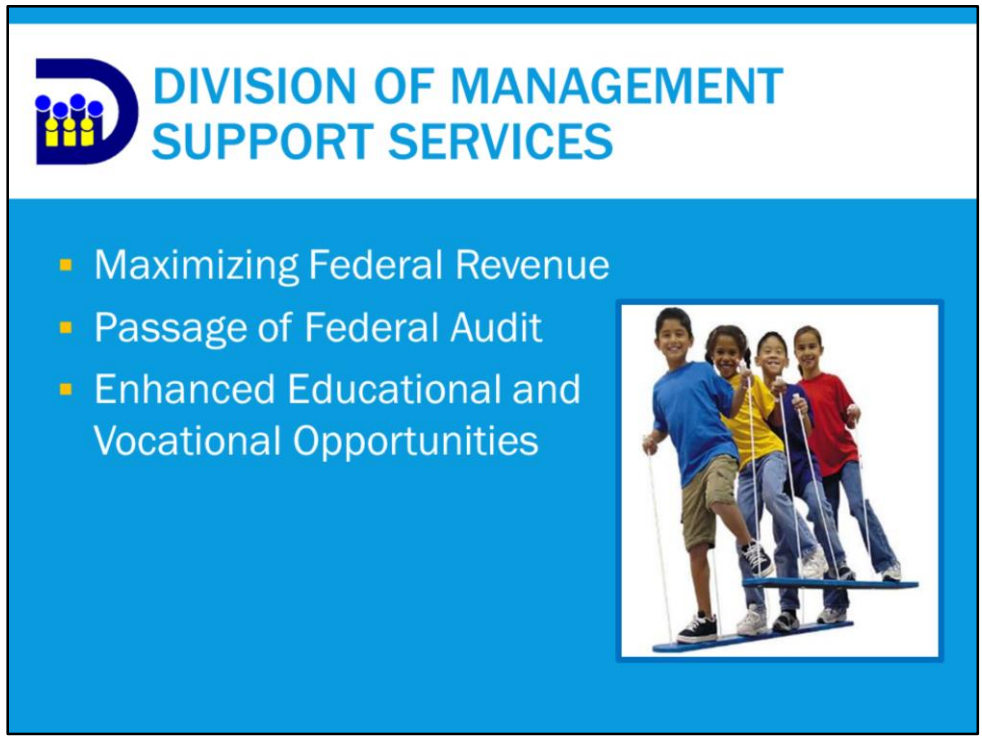
Good morning Senator McDowell, Representative Smith, members of the Joint Finance Committee, Controller General Morton and staff and members of the public.

Thank you for allowing me to present the FY17 Governor's Recommended Budget on behalf of the Children's Department.

Joining me today are Karryl McManus and Alison McGonigal, Director and Deputy Director of DMSS; Susan Cycyk and Julie Leusner, Director and Deputy Director of PBH; Nancy Dietz and Jack McDonough, Director and Deputy Director of YRS; Shirley Roberts and Trenee Parker, Director and Deputy Director of DFS.

During this presentation, I'll briefly highlight the most significant activities of each of our four Divisions over the last year, as well as new budget initiatives the Governor recommended for funding in FY17.

First, I'll turn to the Division of Management Support Services, or DMSS.



The Division of Management Support Services (DMSS) supports those helping children and families. The Division builds the necessary connections with other state departments, embraces and implements new technologies, ensures the appropriate physical and logistical supports for Department staff, and contributes to the development of a solid contractual funding base that allows the department and its partner agencies to deliver services to children and families within Delaware and beyond.

In a few moments, Director McManus will speak to the specifics of the Division's work, however, I would like to highlight some of the Unit's key accomplishments this year.

The Cost Recovery Unit within DMSS continues to exceed our annual Medicaid revenue goal by ensuring that all services provided by the Department are appropriately billed. In FY15, the unit recovered an additional $1.8 million over the Department goal of $21.6 million. This revenue is used to provide much-needed services to clients.

The unit also maximizes Social Security revenue which assists in covering the cost of care for our eligible children in foster care and helps them in their transition to adulthood by ensuring a basic level of income.

This unit, in concert with the Division of Family Services, led the Department in successfully passing the IV-E eligibility review conducted by the Administration for Children and Families in 2015 with an outcome of substantial compliance with federal regulations.

The education unit has continued to focus on enhancing educational opportunities for youth in our care in alignment with the Common Core State Standards. This past year, the unit implemented an online courseware in an effort to increase course offerings that assist in credit recovery and credit acceleration for students. As a result of these enhancements; we have seen a 227.5% increase in credit recovery over the past three years. (141 credits in 2011, 458.5 credits in 2014). Studies have shown credit recovery may be an effective strategy to improve graduation rates

Also, through the work of the education unit, 13 students earned their high school diploma or equivalent in the school year ending in 2015. Four of these youth earned this distinction while still residing with us. The other nine achieved this goal within 90 days of exiting one of our residential settings. This is the first year we have collected this data. During the same time, 27 youth found employment in their local communities.

An additional responsibility for DMSS is ensuring adequate work space for the Departments employees. Currently, 660 of our 1,200 employees are housed in 17 separate leased office spaces across the state. We thank the Governor for recommending $52.0 for increased lease obligations throughout the Department.

Our Division of Prevention and Behavioral Health Services offers services and supports to youth of all ages, from afterschool and summer prevention programs, to community-based treatment and hospital care.

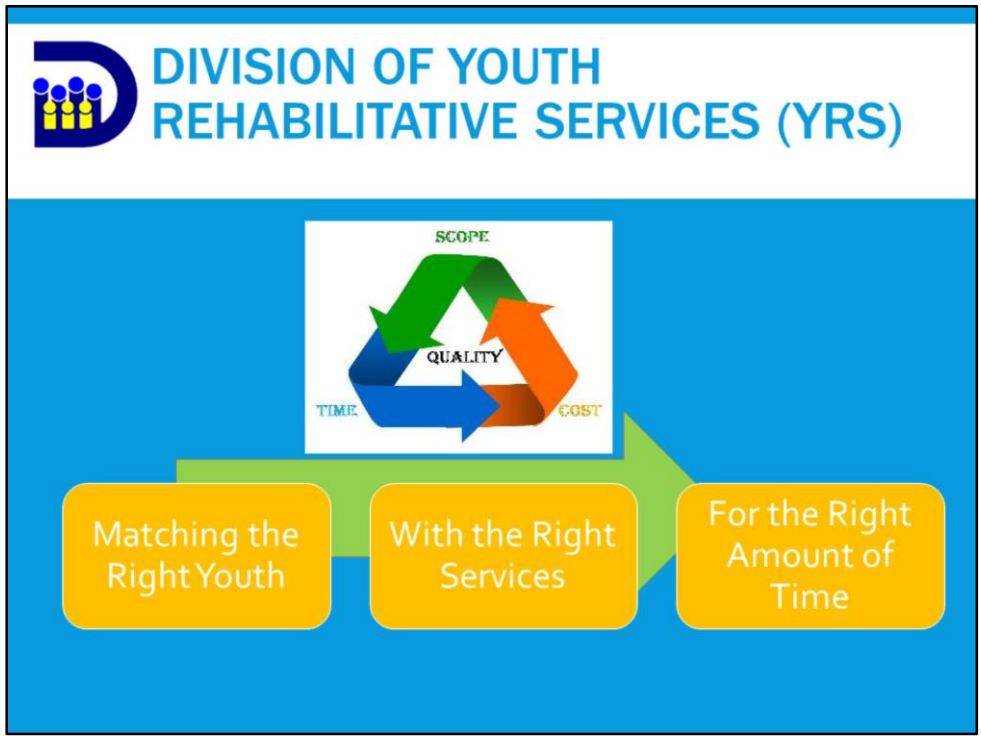
PBH has been working on a transformation that includes: a redesigned Medicaid-funding system; a staff reorganization that will result in right-sized caseloads and family-driven treatment; and enhanced local community services. This will enable us to serve children more appropriately, support families more effectively, and assure quality treatment in, or close to home. The Division's efforts have begun to bear fruit as demonstrated by a 6.4% reduction in out of state residential treatment this year.

We are thankful the Governor recommended just over one point two million dollars to support the increased costs due to a required change in the Medicaid reimbursement methodology. This change is the result of new Federal Guidance for our state plan that requires a shift from a bundled rate methodology to a fee for service billing structure.

In addition to increasing access to local treatment, the Division is also expanding the service array of prevention programs and continuation of our Behavioral Health Consultant and K-5 early intervention programs. This includes services that strengthen vulnerable families and provide youth with safe and healthy environments in which to thrive.

Finally, PBH is managing over $16M in federal grants from the Substance Abuse and Mental Health Services Administration, strengthening our ability to prevent suicide and psychosis, to respond to crises, and to improve services for our families.

Director Cycyk will expand upon these topics during her presentation later today.

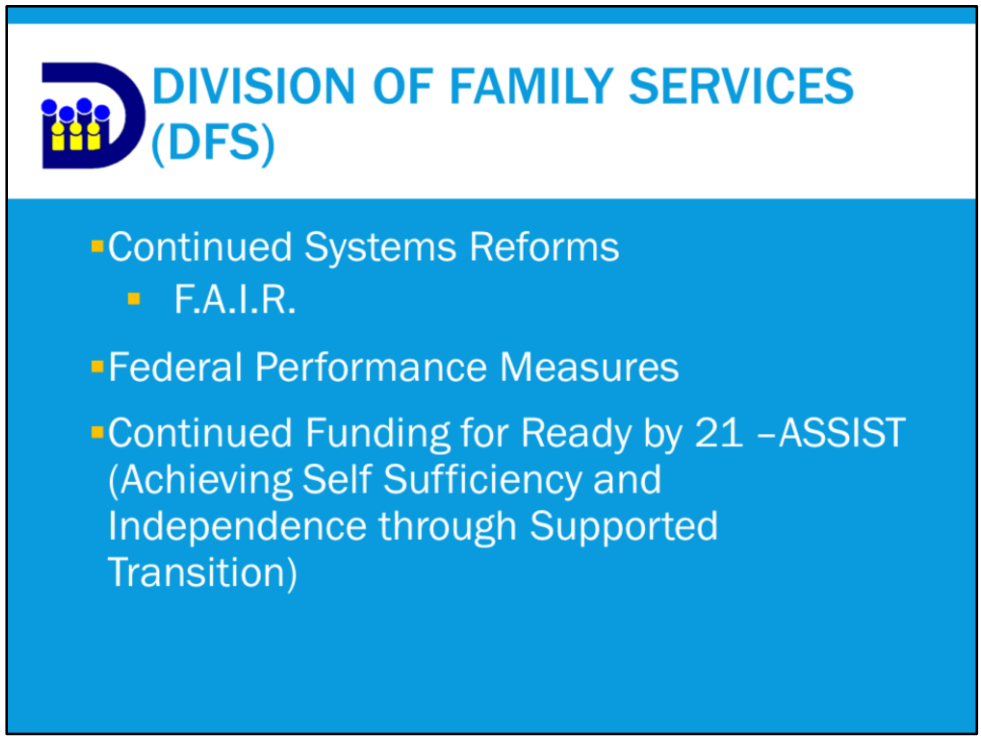


The Division of Youth Rehabilitative Services (YRS) serves approximately 5,000 youth per year, ranging from juvenile probation to secure care. Our mission is to increase public safety by reducing juvenile delinquency through effective services that strengthen families and create opportunities for at-risk youth.

After a decade of significant restructuring, and now under the leadership of Director Dietz and Deputy Director McDonough, the division has made strides to become more focused on data development, quality assurance, and performance based measures to ensure that we are providing "the right youth, with the right services for the right amount of time".

The division reallocated existing resources to develop a Quality Improvement Unit that translates "what works", into everyday practices. The unit was developed to strategically evaluate and improve our division approach to juvenile justice to ensure it has the right combination of services that meet the needs of our youth. In support of the work that is being conducted through the Juvenile Justice Reform & Reinvestment Initiative, which began in 2013, the National Reentry Resource Center and PbS (Performance Based Standards), YRS will be able to: evaluate existing programs for fidelity and improved outcomes; use data to evaluate the results and direct system improvements; and employ a coordinated approach across systems to address distinct needs of adolescents.

Director Dietz will talk this afternoon about the unit and several new initiatives including the Juvenile Civil Citation Program, that gives non-violent youth a 2nd chance.



The Division of Family Services provides child protective services, including the child abuse/neglect report line, investigation, foster care, intact family treatment services, adoption, independent living services and the office of child care licensing inclusive of the criminal history unit.

In an effort to better serve families struggling to manage challenges with their teens DFS implemented a Differential Response system, known as F.A.I.R. (Family Assessment and Intervention Response) in partnership with Children and Families First. This initiative is designed to provide an alternative to a standard investigation and has been geared to the adolescent population. From initiation in March of 2013 through September 30, 2015, F.A.I.R. has served 840 families with only 23 youth needing to enter foster care.

Delaware has continued to do well in federal data analysis conducted by the Administration of Children and Families. Delaware had the 4th highest rate of referrals per 100,000 residents (84.7%) and was 7th highest in the rate of children receiving an investigation per 100,000 residents (64.9%). Both are evidence that efforts to educate the community on reporting have been successful. Delaware ranked 6th best in the nation in the absence of recurrence of maltreatment with 97.9% exceeding the national standard of 94.6%. We also were 1 of only 3 states in the nation to achieve 100% in the absence of maltreatment in foster care.

Last, I will mention the budget request for DFS. We are thankful the Governor has recommended $515.0 in General funds to fully fund the Ready by 21- ASSIST program, which provides needs-based stipends to youth who age out of foster care and deserve our assistance in making a successful transition to adulthood. We are in year 3 of this program and are seeing success in education achievement and employment.

Director Roberts will be providing additional information on these areas in her comments.

DSCYF 24/7 FACILITY STAFFING

The Department continues to evaluate overtime usage across our residential facilities. A major impact on overtime usage is a result of the ACA rulings reducing the number of hours casual seasonal staff are able to work. We have worked with the Office of Management and Budget human resources division through the past year to implement several strategies to reduce the number of overtime hours such as:

- Continuous (180 day) job postings for specific positions
- Recruiting casual seasonals specifically for weekend/overnight/on-call shifts
- Ensuring that all casual seasonal slots are filled (4 per BP)
- Ensuring that all casual seasonal positions approved to work 37.5hours are working those full hours
- Job fair
- Established (permanent) interview panel, interviewing every few weeks
- Adjustment to the YRS New Employee Training scheduled to reduce delays in employees becoming trained and ready “to work the floor”

We continue to work with the Office of Management and Budget to develop effective solutions to reduce overtime hours

I would like to end by thanking you for your past support of the Children's Department. Your support has allowed us to enhance our service delivery and to better accommodate the complex needs facing the children and families we serve.

I'd be happy to answer any questions you may have.

Good morning, Senator McDowell, Representative Smith, members of the Joint Finance Committee, staff from the Controller General's Office and Members of the public.

I would like to introduce members of my leadership team here today: Alison McGonigal, DMSS Deputy Director, and Kate Carlson, Department Budget Manager. Before I begin, I would like to thank you for allowing me the opportunity to share with you information about the Division of Management Support Services as well as the Governor's Recommended Budget.

As Secretary Benson-Green mentioned previously, the mission of DMSS is to provide the critical support to the frontline staff. As such, the needs of this Division are weighed in relation to the critical needs facing our direct services staff. From that standpoint, our support services, budget management, MIS, facilities/maintenance operations, fiscal services and human resources unit goal is to provide the needed resources to those working directly with the children and families served by the Department.

In addition to supporting the needs or our direct care staff, we also work in a number of ways to support cross divisional initiatives that undergird the work of our Department. I'd like to briefly share information about those areas today.

One of the significant ways we contribute to the Department's overall efforts is program financing. DMSS includes our Cost Recovery/Client Eligibility Unit. The unit's goal is to maximize the recovery of federal Medicaid, SCHIP, Title IV-E entitlement and Social Security funds for DSCYF.

Our Cost Recovery unit's work brings in upwards of $24 million in ASF revenue each year. For the past 7 years, the unit closed out our fiscal year having exceeded the annual revenue goal for Medicaid and CHIPS. Our staff thoroughly reviews contracts to ensure that we are billing Medicaid for those services provided by the department. In addition to state general funds, our recoveries fund the varied services provided by the Division of Prevention and Behavioral Health.

The purpose of the Title IV-E foster care program is to prevent the unnecessary placement of children from low-income families by offering states fiscal incentives for providing preventive services. Under the program states claim federal funds for maintenance payments for eligible children in foster homes and subsidized adoption payments for eligible children in adoptive homes. In addition, the state can also receive reimbursement for administrative costs associated with the IV-E program. The program maintains tight eligibility criteria and only reimburses for eligible foster children where continuation in the home would be contrary to the child's welfare, are income eligible based on cash assistance

standards and the child or children are placed with a licensed foster care provider. At present, approximately 38% of children we serve qualify for these federal payments. These funds offset the state of the sole cost of care for these children.

The SSA/SSI advocacy program seeks to determine whether children who come into the Department's care are eligible for Social Security income based on their status as the child of a deceased parent or parents, or whether they are so disabled that they qualify for Social Security in their own right. Our program conducts an extensive review of each child in care.

Recovering SSA/SSI has the dual benefit of helping to cover the cost of services for these children as well as to assist the child when they age out of foster care by having completed their eligibility while still a child. This financial resource supports their ability to move toward independent living by providing a base level of income.

Earlier this year, DSCYF, in partnership with the Annie E. Casey Foundation, embarked on a Department-wide initiative known as Partnering for Success. The goal of this work is to achieve better outcomes for our most complex and challenging youth. Generally, these are youth who are involved with, or at risk for involvement with, all three service divisions and/or are engaged in our deeper end services. Our approach is to identify these children earlier and create flexible, individualized services for them through collaboration and engagement with both youth and their families.

One outcome from the work thus far has been the formation of the Expedited Transition to Families process, or ETF. This effort is being led by the Office of Case Management in concert with identified leads from each division. Research has shown that children do better when they are safely served in their own communities and homes and that collaboration between the child welfare, juvenile justice, and behavioral health agencies improves outcomes.

In an ETF process, the youth, family members and their supports, as well as stakeholders, meet to identify child and family strengths and needs. The team then develops an action based timeline and support plan for family placement when appropriate. Key to this effort is addressing and eliminating barriers to providing the individualized supports identified during the meeting. Since this work started in August, teams have met with thirty five youth who were in out of state residential settings to discuss and develop plans that would safely return them to family or the least restrictive community environment. As of January 25, 2016; 10 of the 16 youth in cohort 1 have come back to Delaware.

Our Division continues to develop statewide connections to create a trauma informed care approach to the way we address children who have experienced significant trauma in their young lives.

DMSS chairs a multidivisional group focused on bringing trauma informed care to DSCYF. Our goals are to ensure that

- all staff are trained in understanding and responding to trauma,

- all children are screened for trauma
- DSCYF and its providers are trained to provide trauma-focused interventions to promote resilience and recovery and
- DSCYF promotes resilience of its staff and responds to staff who experience secondary traumatic stress.

In addition to that work, the Division houses the Education Unit, which provides education services to youth in all Department-operated residential facilities as well as contracted day treatment and non-secure detention facilities.

In 2015, we initiated a culinary arts program in partnership with The Hospitality School for the students at Ferris School. Students are taught from the National Restaurant Association ProStart Foundations training program over 9 weeks. At the end of the program, the students become certified in the ServSafe Food Handlers program. The goal of the program is to have students achieve inner personal growth, gradual independence, and changes in thinking and behavior that will lead to their ability to gain valuable employment. By the end of April 2016, three classes , totaling 17 students, will have completed the Culinary Arts course during this first pilot year. Each student earns a high school credit in the culinary arts career pathway, earns the ServSafe certification, participates in an internship with the Ferris School Food Service unit, and has the option to participate in an externship at the Hospitality School. One student, currently participating in this externship, stated: ““I really enjoyed the culinary class because it was a “hands on” experience. We were able to use the book and lecture knowledge to create recipes. The class learned to work together as a team. Every student completed the class with the *Serv Safe* certification, which will help me get a job in the field.”

The culinary students have catered several events on our campus including two high school graduations at Ferris School, a family engagement dinner for Ferris youth and families, a resident luncheon at the YRS Cottages, and a Governor’s Cabinet meeting. We look forward to continuing this partnership and providing youth with a viable life skill and vocational path.

In 2015 the Facilities Maintenance Unit managed the successful transition of over 90 department employees to a new leased space designed to provide workspace and secure areas designed to comply with federal regulations for social security and criminal history records.

The Facilities Maintenance team also oversaw the installation of a new fire alarm system and cooling tower for our administration building, the installation of a new generator for the New Castle County Detention Center, and just this month are working to finalize a security camera upgrade project at Ferris School.

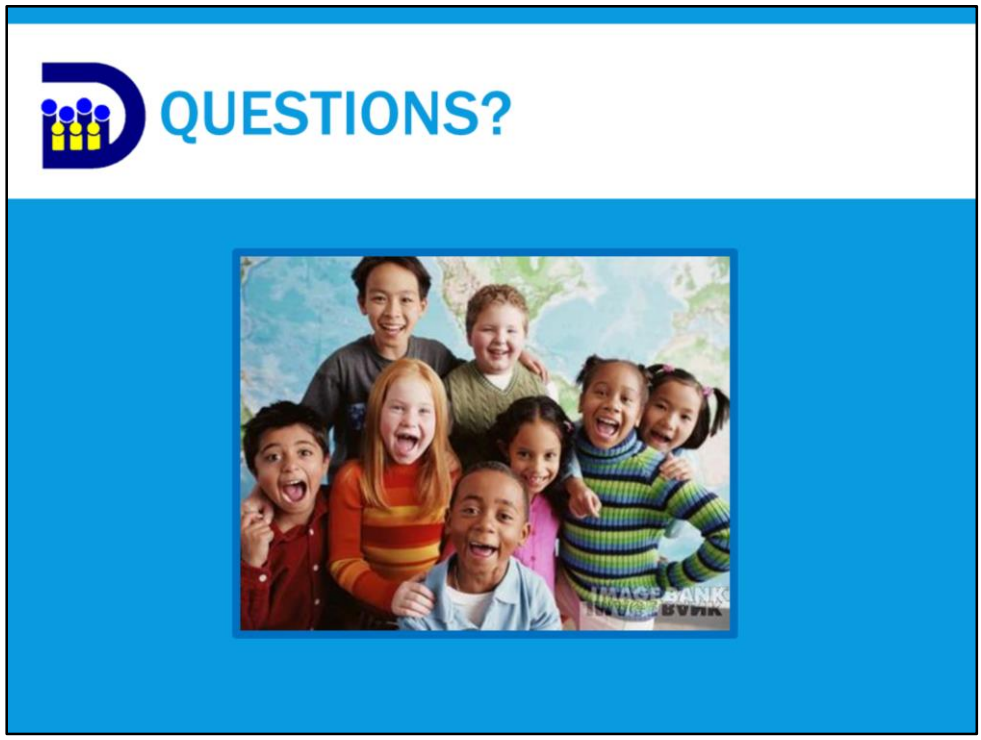
DSCYF contracts with 236 providers that deliver direct care as well as ancillary services. Our consolidated Contracts Unit provides support to the operating divisions in monitoring and improving quality of service delivery.

The Center for Professional Development falls under our Human Resources unit. On July 1, 2015 this unit aided in the implementation of the enterprise level learning management system called the **Delaware Learning Center** in concert with OMB Statewide Training and several other Executive Branch Departments. For DSCYF, the Delaware Learning Center replaces Compliance Suite/Training Management System and other manual processes previously used to register for CPD/Department learning and development courses. The benefits of the Delaware Learning Center include

- Single point of access for all learning and development information
- Single Sign-on from a state network computer
- 24/7 availability from any internet connection
- Ability to register for DSCYF and OMB Statewide Training courses from a single site

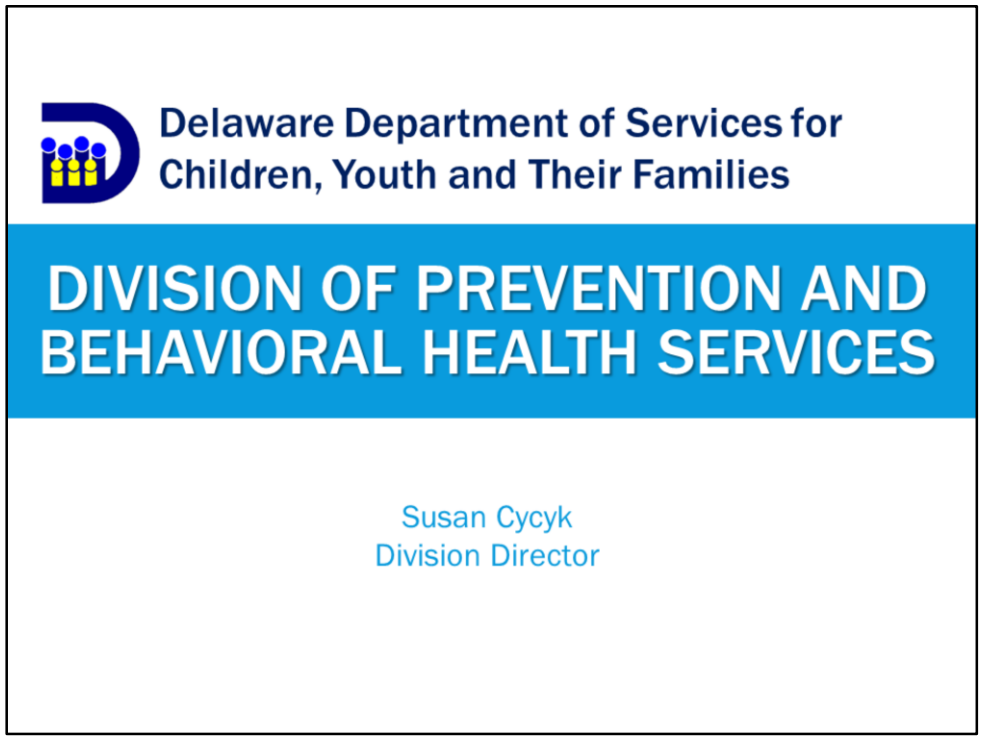
- Ability register for classroom training, launch online training and videos, track training progress, and print training records and certificates of completion.

In FY2015, the MIS unit successfully migrated production work to its failover site for two weeks without interruption to the business. The team continues to align its processes and architecture with DTI in the anticipation of a future consolidation. MIS and its business has begun the creation of 1, 3 & 5 year strategic plans for technology and business applications. MIS continues to work closely with DHSS on its application upgrades and improving data quality between the agencies.



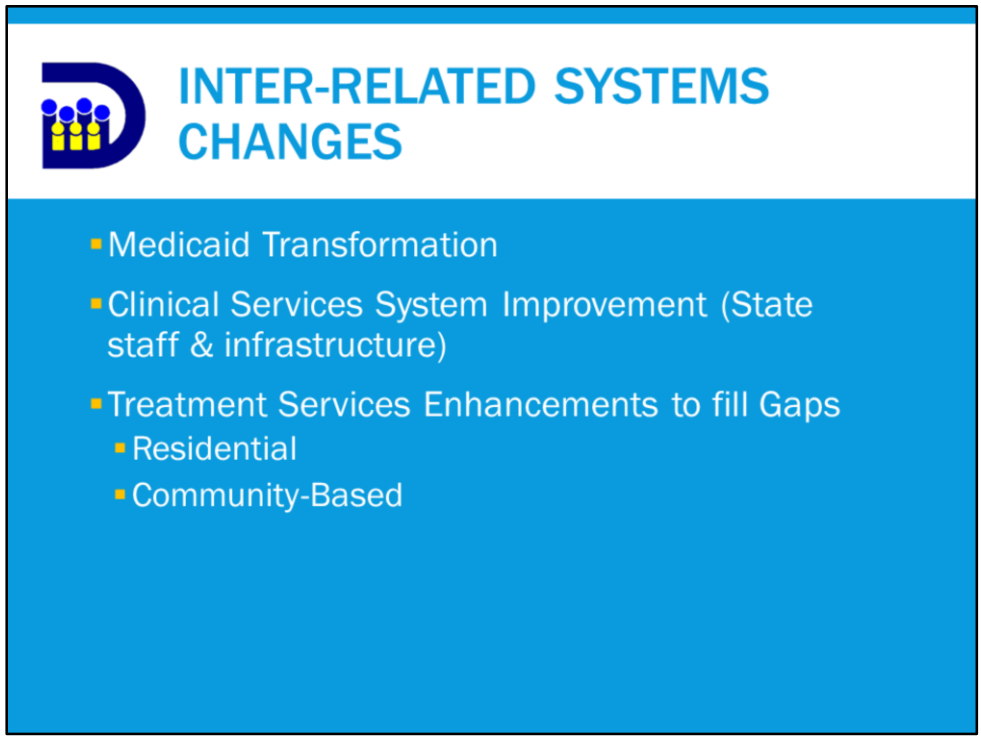
In closing, I would like to express my appreciation for the opportunity to speak with you about our operations. Though we work primarily behind the scenes, we are an integral part of the overall success of the Department. DMSS staff come to work each day, ready to help meet the needs of those serving children and families with increasingly complex needs.

Again, thank you for your support and I and my staff are available to answer any questions you may have.



Good afternoon Senator McDowell, Representative Smith, members of the Joint Finance Committee, Controller General Morton and staff and members of the public. Thank you for your past support for prevention, early intervention and treatment services for Delaware's children. I appreciate this opportunity to share our accomplishments, which are made possible by your support and through the dedication of our employees and our many community partners. Joining me today is Julie Leusner, PBH Deputy Director.

The Division is focused on: increasing family supports that enable more children to thrive at home; improving the participation of the children and adolescents we serve in public schools; strengthening the involvement of families in treatment; and enhancing individual service planning.



As Secretary Benson-Green mentioned earlier, the Division has devoted time and resources to address three major inter-related changes: Medicaid transformation; clinical services system improvement and treatment services enhancement.

Our current Medicaid state plan was developed in the late '90s. We are fully in the process of bringing it up to date with current CMS standards and regulations, to continuously improve our quality and assure ongoing funding. The Medicaid Reimbursement Methodology will change: The new option is a fee-for-service reimbursement methodology, in which Medicaid will reimburse DSCYF on a fee-for-service basis for all services provided.

Clinical Services Management (CSM) has been the hub for treatment management in our Division since the '90's. While Clinical Services has consistently considered methods to increase effectiveness, a system review from a national consultant resulted in reorganization plans to enhance effectiveness and meet newer Medicaid standards. Changes have occurred in Intake, improving timeliness; in CSM with increased family choice in treatment decisions, and in our Acute Care/Crisis service by utilizing additional contractors to work with highly vulnerable families.

We are working towards offering residential services in close proximity to home, school and community, across the state. In Sussex County, our residential provider expanded their service options at our request; in Kent County, a new provider opened a residential program in July 2015 for 6 males, followed by 2 females in October 2015; in New Castle County we offer our two state-operated residential facilities; and in Wilmington our recently approved residential provider is working through City regulations with the intent to open during this fiscal year.

In FY 2015, we accepted 22 proposals from organizations interested in providing community-based mental health and substance abuse services for youth. These new contracts will move the Division away

from strictly defined services and into more individualized services with increased flexibility for our youth. During this fiscal year, we expect to add five new evidence based community services for our families. These services will be located throughout the state and offer services which vary in intensity and duration, including high fidelity wraparound and family based services, that will provide a 24/7 response for families in crisis. Over time, individualized and family centric community-based services are anticipated to reduce residential and in-patient hospital care.

Our prevention services form our first line of defense to protect Delaware's children and youth.

The FY16 budget continued the Summer and Afterschool programming with an added literacy component. The programs are designed to increase resiliency, build life skills, and reduce violence, suicide and substance use. In FY15, statewide, we reached 2,623 unduplicated children and youth through the Summer and Afterschool programs, <u>most</u> of whom participated <u>multiple</u> times in accessible programs in their local communities. Program locations increased from 21 to 26 statewide in FY16 to support the added focus on literacy.

Examples of current programming include:
Duffy's H.O.P.E. which offers the Ambassador program with a focus on gang violence prevention using the Phoenix curriculum, and The Peter Spencer Family Life foundation which provides the Freedom School to youth K-12 in New Castle County. DEMCO in Kent County, offers the Harcourt Trophies Reading program and Children and Families First in Seaford provides an afterschool boys council and girls circle.

During Fiscal year '15, PBH created the #URmyReason substance use prevention campaign. This statewide campaign was aimed at high school juniors and seniors, and their families and friends during the spring prom season, when 1/3 of all alcohol-related traffic fatalities involving teens occur. Twenty-five high schools, and 15,000 students, were involved using a variety of social media platforms.

This slide highlights our investment in three school-based early intervention programs that were created or significantly expanded during this Administration, which will reap benefits for Delawareans for years to come.

The Early Childhood Mental Health Consultants provide consultation with early childhood teachers and programs to help address disruptive behaviors. The Consultants have been effective in preventing expulsion of children from early education centers, with a success rate of 99% over the course of 5 years.

In FY '15, over 1,300 individual elementary age students and their families, including siblings and extended families, benefited significantly from our K-5 Early Intervention program, located in 53 schools across the state. An additional 15,000 received less intensive assistance. 96% of teachers surveyed found the program useful in helping them deal with disruptive behaviors in their classrooms.

During FY '15, 8,689 middle school students were referred to one of the 30 behavioral health consultants shared among 32 public or charter schools. The referrals were primarily due to inappropriate conduct, anxiety, depression, peer conflict and suicidal ideation. The majority of these referrals resulted in brief interventions, sometimes in connection with prevention or other appropriate school-based services. 1,060 of the students were identified as needing further support which included individual and group therapy sessions provided in the school, in the home or in the community. Only

33 were referred into DSCYF's deeper end behavioral health services. The program is reaching the population intended by intervening early, providing necessary services and linkages, and reducing the need for more intensive treatment.

In FY ’15, a total of 5,709 children and youth received individual, group or family treatment through the Division and its contracted providers. This is a 3% increase over the previous year. Community-based individualized services, assessment, intensive outpatient and outpatient grew significantly, as did hospital-based treatment. Mental health and substance abuse residential services declined, as did day treatment services.

Significant effort is going on at multiple levels to restructure Clinical Services and to integrate Intake/Acute Care into a more efficient single Prevention and Behavioral Health “front door”. The CASII (Child and Adolescent Service Intensity Instrument) and ASAM (American Society of Addiction Medicine) are two assessment tools now used as part of PBH’s Central Intake screening process. They provide a standardized method of evaluating clinical information within a System of Care Model, resulting in: service intensity recommendations that best meet the needs of the child; consistency of decision making; and clarity for families and referral sources. Central Intake uses the ASAM for substance use and the CASII for behavioral health service recommendations.

The Division of Prevention and Behavioral health Services is currently managing four federal grants, three of which are statewide.

The overarching goal of the System of Care grant, known as Delaware CARES, is to create a family driven system that provides high quality behavioral health services. Engagement and empowerment of families has been shown to improve children's long term behavioral health outcomes. We have provided more than a dozen family engagement trainings for staff and families, culminating in a Family Summit November 6th. Through this grant we increased resources for our Child Priority Response (crisis) service, and built a wraparound team for families who are involved in both DFS and PBH.

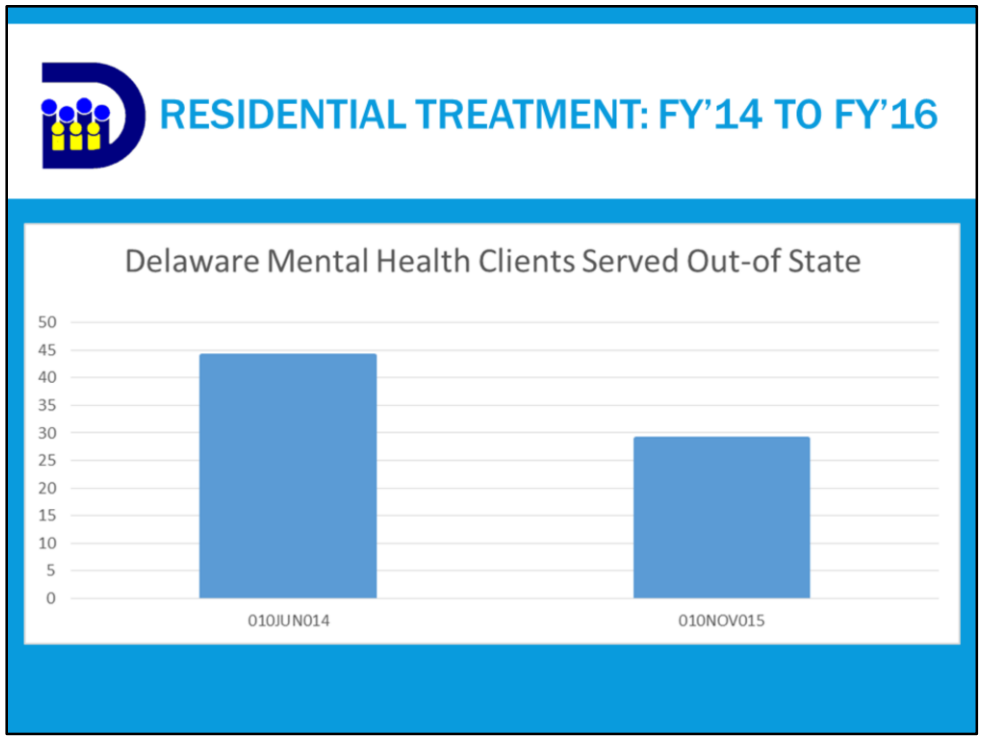
Project CORE focuses on transitional age youth (16-25) who are showing early signs of psychosis. Partnering with DSAMH, we have identified 10 youth and families to date to receive services from a team of clinicians, occupational therapists, and vocational specialists, who are implementing an approach that has been effective in 6 other jurisdictions in reducing psychosis, hospitalization, and suicide among the youth served.

SAFETY is our third SAMHSA suicide prevention grant. We are screening youth through primary care physicians and general medical settings, which had not been a priority in previous grants. Like CORE, it focuses on transitional age youth. Through this grant we increased resources for our Child Priority Response (crisis) service in Kent and Sussex counties, to complement our efforts through the System of Care grant in New Castle.

LAUNCH is a collaboration with the Division of Public Health, intended to improve the social-emotional well-being, health outcomes and academic achievements of students in the feeder patterns for Warner Elementary and Shortlidge Academy, public schools within the City of Wilmington. Resources have been used for health communications for families, home visiting, behavioral health support in the home and in 10 early childhood settings, and the integration of behavioral health care into primary medical care

settings at Jessup Street and St. Francis.

Each of these grants has enhanced our ability to support children, youth and families and improve the quality of treatment in our state.



PBH has been working to assure that hospitalization and intensive residential treatment are provided when needed and only for appropriate lengths of time. During FY 15, we successfully reduced the number of youth PBH authorized for mental health residential treatment by 6.4%.

While our focus on reducing the use of residential treatment has been on all residential treatment, we have been particularly concerned about children and youth served in residential settings out of state, and for long periods of time. The slide above illustrates how over the last year, we have been successful in reducing the number of children and youth in out-of-state residential treatment.

This success is due to our community-based services and partnerships with in-state residential providers in Sussex and Kent Counties, in addition to the residential services the state provides directly in New Castle County. We are hopeful that this number will continue to decline as a result of our Partnering for Success ETF process previously described by Director McManus.

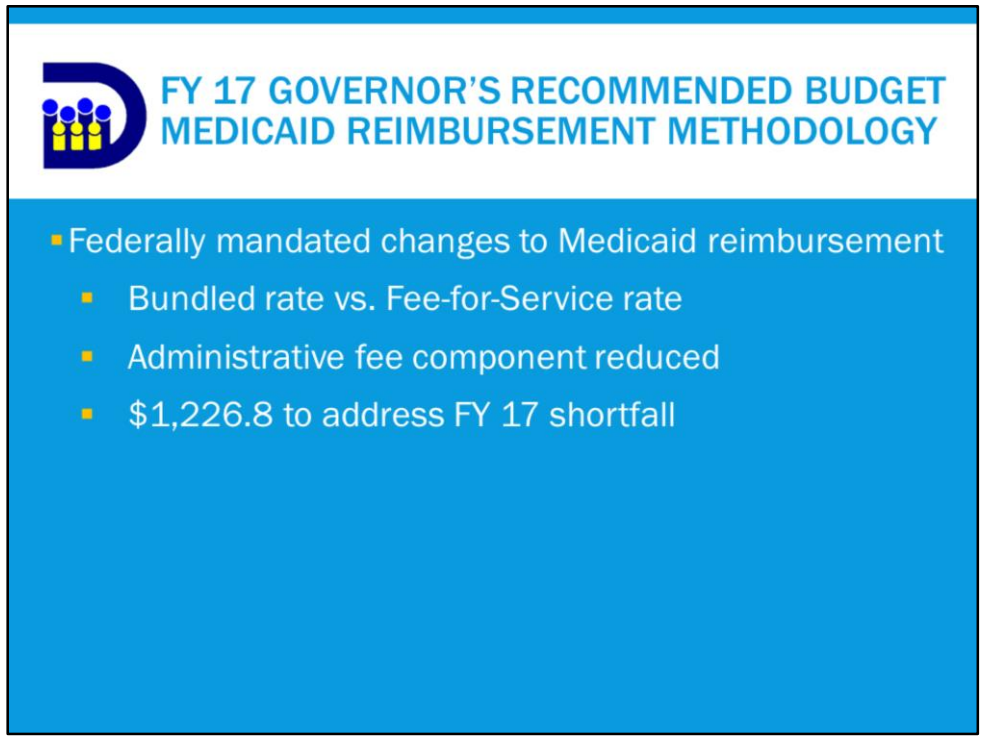
PBH staff provide comprehensive clinical assessments for children and youth with complex challenges. These assessments are used by Family Court to make critical determinations, by school personnel to design educational programs, by Department staff and partners to design treatment plans that meet the child's needs, and by families to implement recommendations. Surveys indicate families find the information from this service to be clear and helpful in their understanding of their child.

Our staff provide direct clinical services, consultation and training within all YRS facilities. We screen for trauma, suicide, and mental health/substance use issues, work with youth in crisis, conduct group therapy, provide individual counseling, and in partnership with YRS, develop and implement treatment plans and behavioral health discharge plans.

PBH also operates two residential treatment centers: Terry Center for children aged 12 or younger and Silver Lake for adolescents. Both programs embrace the philosophy that treatment is time-limited and home is the best place to be, and practice the art of family engagement. Over 80% of the children and youth in our residential programs regularly go home on weekends or during the week to be with their families. Because working with the family in their home environment increases the probability of treatment success in reuniting the family and sustaining behavioral improvements, over 30% of family counseling sessions, in both programs, occur within the home. This is a marked increase from only a few years ago when counseling sessions in the home would have been rare.

Over the past year PBH and DMSS have been working on a critical project, which is to have one accessible and centralized location in Middletown for our state-operated adolescent residential treatment services. The new residence, pictured on this slide, is projected to open at the end of March. Upon opening 8 females who currently reside at the current Brenford site, will move in to this new facility. Once the moves are complete we will be able to terminate the current Brenford lease They will be on the same property as the educational program they attend every day, eliminating the time the girls spend traveling from their home site to the school site and back. Having all of our adolescent programs in one

location will improve the girls' access to their therapists, enable us to more efficiently schedule staff and better manage fleet and other resources. Ultimately it will result in a higher quality program.



The Governor's recommended budget includes a $1.2M door opener to address an expected increase in costs due to a change in Medicaid reimbursement methodology required by the Centers for Medicaid & Medicare Services (CMS). PBH currently operates under a Medicaid State plan which was approved in 1997. This plan calls for the Division of Medicaid and Medical Assistance (DMMA) to reimburse DSCYF a per-child, per-month bundled rate for each eligible child receiving services through PBH. CMS determined that the monthly bundled rates for comprehensive children's behavioral health services, were not consistent with CMS' current statutory and regulatory requirements.

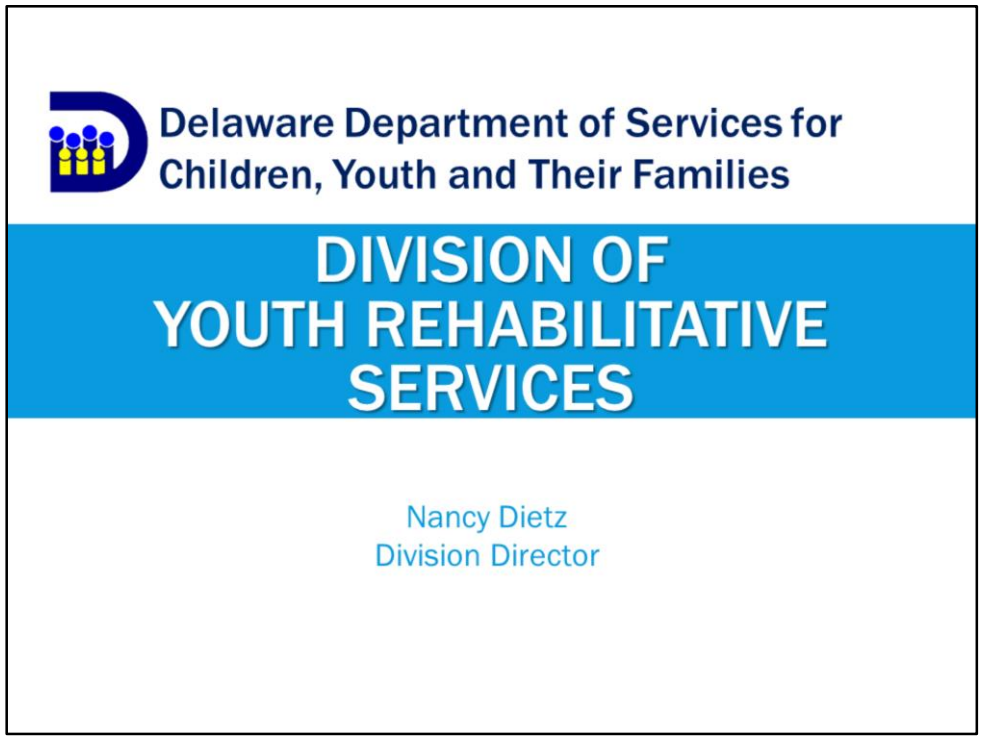
Therefore, effective July 1, 2016, DSCYF will no longer be reimbursed with a bundled rate, but instead will bill Medicaid using a fee-for-service methodology.

Changing PBH from a bundled rate reimbursement structure to a fee for service reimbursement structure is a huge shift. In a proactive response to the upcoming changes, the Department has been working with two consulting groups, the Public Consulting Group (PCG) and Mercer, on rate setting and cost projections. PCG is helping us work through the challenge of maximizing our revenues for administrative and other indirect expense claims that we currently claim at 15% under the bundled rate. In the new reimbursement methodology only a portion of these items currently claimed will be Medicaid eligible. These recommended additional resources are critical to maintain current services for children.

It is my honor to represent the Division of Prevention and Behavioral Health Services, our skilled and hardworking employees, and our partners in carrying out this important work.

I am particularly grateful to the children, youth and families we have the privilege to serve.

My Deputy Director, Julie Leusner, and I are available to answer your questions.

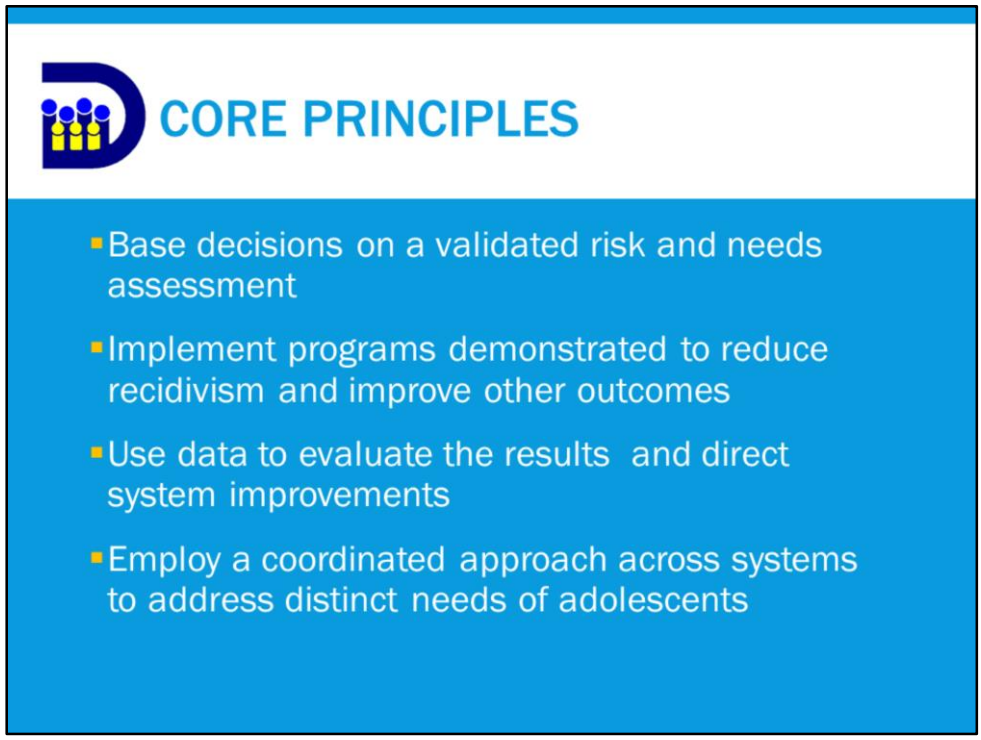


Good Afternoon, Senator McDowell, Representative Smith, Controller General Morton and staff, members of the Joint Finance Committee, community partners, and interested citizens.

As the Director of YRS, I am honored to be before you today, along with my staff to discuss how we are working together to promote public safety, as well as healthy minds and lives for the youth and families we serve.

I am pleased to share with you an overview of the YRS mission, our progress during the past year, and opportunities to better serve the youth in our care.

Please allow me to introduce the Deputy Director, Jack McDonough, who joined our leadership team less than a year ago.



As Secretary Benson-Green discussed earlier; YRS leadership and staff have been working hard over the past few years to focus on ensuring that we are providing the right services for the right youth for the right amount of time by following these core principles.

In 2013, Delaware was one of three nationwide recipients of federal grant funding from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to participate in the Juvenile Justice Reform and Reinvestment Initiative (JJRRI). This three year project, conducted in partnership with the Criminal Justice Council, positioned YRS to develop and implement performance and cost measurement practices and enable us to make informed decisions about resources and services for youth in the juvenile justice system and the development of a dispositional matrix.

Through the JJRRI the division trained dedicated staff in the use of the Standardized Program Evaluation Protocol; also known as the "SPEP" tool.

The process provided YRS and providers with information to evaluate effectiveness of contracted provider programming and determine opportunities for improvement.

Throughout the process, providers were presented with reports and recommendations for program improvements. Initial baseline results varied among the providers. After reviewing scores, we identified training needs for staff responsible for implementing these programs. As a result, training was conducted on post-traumatic stress and anxiety in youth, and reducing school avoidance behavior. Our contracted services for the higher risk youth earned above average scores on the baseline SPEP measurement. The SPEP process will expand to residential programs and move to our secure care facilities for further evaluation.

This slide indicates several of the programs that have been evaluated and have made program improvements as a result of recommendations.

In line with our core principles, our continued work with JJRRI and the recommendations from the *National Reentry Resource Center,* the Division restructured and reclassified existing positions to develop a Quality Improvement Unit that provides Data Management, Research, Quality Assurance and a Professional Standards functions to the agency.

The Unit will work collaboratively with the Department of Corrections, the Delaware Statistical Analysis Center, and DELJIS and guide us in our mission to reduce juvenile delinquency through effective prevention, intervention, and treatment services.

The unit will be instrumental in guiding the Division in its mission to implement programs demonstrated to reduce recidivism, use data to evaluate the results and direct system improvements and employ a coordinated approach designed to the meet the developmental needs of adolescents.

As a result of our continuous improvement model, our Secure Care facilities participate in three levels of review.

The first is our participation in our Level 5 ACA (American Correctional Association) audit, conducted every three years.

ACA participation ensures that our facilities are in compliance with national standards and provides facilities with benchmarks for improving procedures and operations in secure care. Our last audit period resulted in **exceptional** evaluations for all level 5 facilities.

The second level of review is based on CbS (Community-based Standards) at our Level 4, Residential Cottages and PbS (Performance-based Standards) in all of our Level 5 facilities.

PbS and CbS are both data-driven improvement models that collect and report both quantitative and qualitative data. CbS standards are specific to less secure programs that allow for community transition, while PbS standards are specific to our most secure facilities for youth.

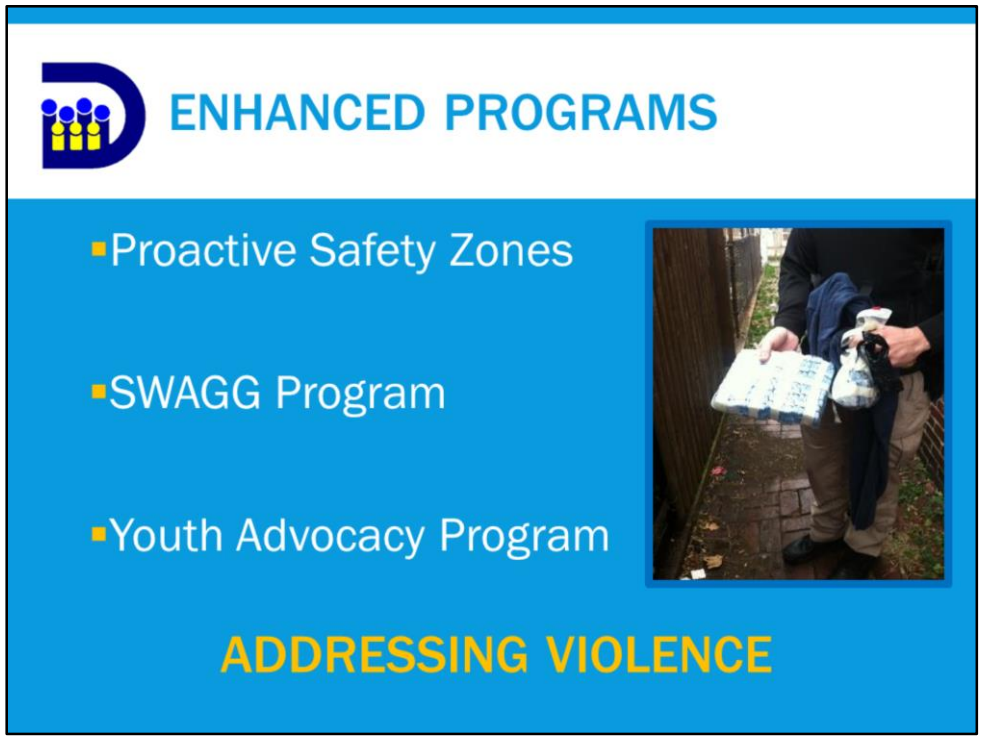
The final level of review are The Prison Rape Elimination Act (PREA) audits which are mandated by the US Department of Justice. Failure to comply with PREA would result in reduced federal funding to the State of Delaware. Compliance with the federal guidelines is intended to protect kids from sexual assault and harassment. Four of our facilities have successfully completed PREA audits; leaving our agency well ahead of the national trend for meeting compliance. The two remaining facilities will be audited in the Spring.

In our continuous review of core curricula, policy, and practice to ensure that our approach is relevant to our current youth population, the division conducts a variety of programs in our secure care facilities.

One such program stems from a partnership between the division, Faithful Friends and Delaware's Office of Animal Welfare in an effort to teach youth in the Residential Cottages basic dog care and training skills and compassion for dogs while improving the behavior of dogs to increase their adoptability. Many of the youth in the juvenile justice system have themselves been the victim of abuse, neglect and abandonment, therefore; the program offers a therapeutic way for the youth to experience unconditional love and the benefits of the human-animal bond. To date there have been 20 youth graduates from the program who helped to train 21 dogs. We are thrilled to report that twenty of these dogs have been adopted!

The division also offers TGCT-A, a trauma and grief component therapy for adolescents at Ferris School. This program is designed to reduce posttraumatic emotional and behavioral reactivity while improving pro-social behavior in adolescents exposed to multiple forms of trauma.

Another program, offered at Ferris School and our residential cottages, is the Opportunity To Change program. This is a substance abuse program with a focus on relapse prevention designed to provide youth with the skills necessary to meet this goal.



To address gun violence and gang involvement among youth in the City of Wilmington, Dover and throughout the state, YRS has implemented several secure care programs and community based services.

The Serious Juvenile Offender Unit continues to work with juvenile probation, local, county and state law enforcement regarding adjunct services associated with curfew and compliance monitoring. The officers provide intelligence information to the Delaware State Intelligence system and regularly attend meetings with WPD, US Attorney's Office, DSP, New Castle County , and Dover Police Departments to share information and provide current gang training for staff.

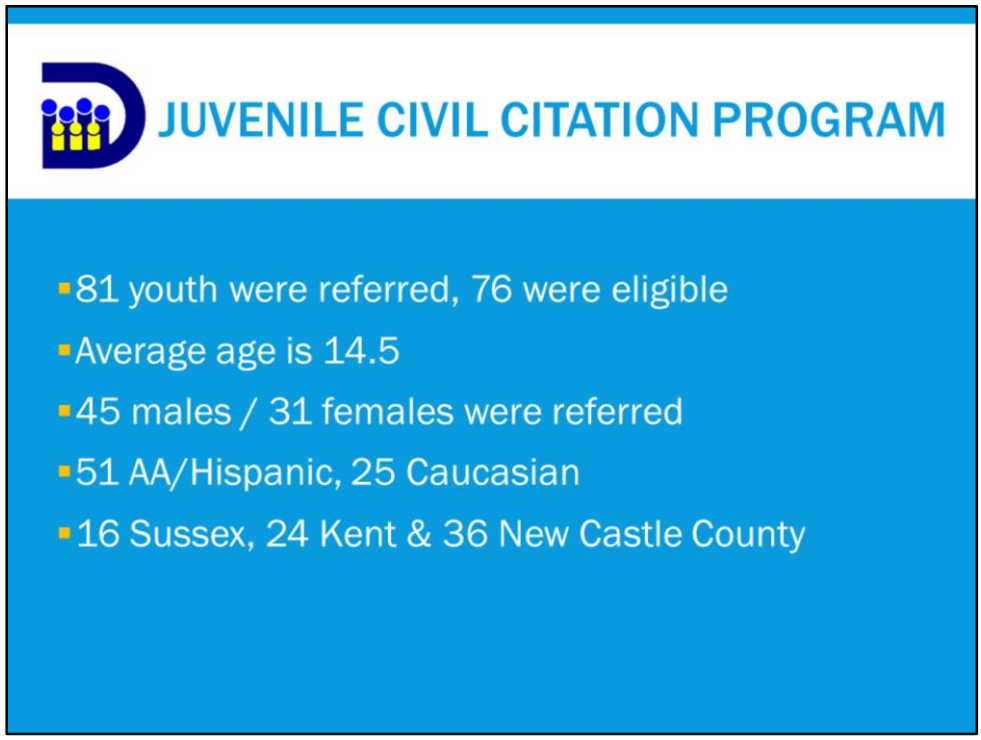
We have just recently implemented Geographic Restrictions for high risk, violent juvenile offenders. Anti-social peer groups are one of the top three criminogenic triggers. In light of this fact, to restrict violent youth from high crime areas where they have no apparent nexus, is an effective path to reduce violence. YRS, and specifically the Serious Juvenile Offender Unit, has partnered with the Wilmington Police Department to help monitor the movement of these restricted youth in two *Proactive Focus Zones* in the city.

In response to the alarming rate of gun and gang violence, YRS and the Delaware Center for Justice partnered and received a Juvenile Accountability Block Grant which funds an evidence-based education program that incorporates skill based learning for students at the Ferris School for Boys. The program, SWAGG (Student Warriors against Gangs and Guns) is a 80 hour education program modeled after the Phoenix Curriculum. Youth that have been adjudicated for a gun or gang related offense participate in the skills-based program.

Many of the youth leaving our secure facilities re-enter the community facing the same circumstances that led them to the criminal justice system in the first place. Research indicates that many youth placed in a secure setting consider reentry the most serious challenge of their lives. YRS competitively awarded a contract to The Youth Advocacy Program (YAP) to implement an aftercare program that supports the

transition and reintegration of youth returning to the community from out-of-home placement. This program, which began in July, provides an intensive level of support to these youth and their families, with 24x7 availability to assist with school re-entry, mentoring, connection to therapeutic services, and advocacy for the youth and family.

Male youth leaving Ferris School and residing in the City of Wilmington currently participate in the program. To date, 10 youth have been referred to YAP. The Quality Improvement Unit will continue to assess the program and provide relevant analysis regarding effectiveness and outcomes.



We are especially proud to announce the success of a statewide Juvenile Civil Citation Diversion Program that began this summer. Through a working group that was convened under the Criminal Justice Council, YRS agreed to be the responsible agency for the coordination of referral and service delivery.

The program addresses juvenile first-time misdemeanor offenses for violations of Disorderly Conduct, Loitering, Shoplifting, Title IV Alcohol Offenses (underage consumption and possession), Possession of Marijuana (less than 1 ounce), and Criminal Trespass III.

Beginning as a pilot program in late 2015 with School Resource Officers, the program now permits all police officers statewide to refer youth who commit a first-time misdemeanor offense to a 90-day program in which they will receive an assessment and must participate in a variety of community service activities. The young person would not go through the traditional criminal justice system nor be subject to a criminal record. This alternative to arrest program allows youth who commit first-time eligible offenses to receive intervention services without an arrest record and further involvement in the criminal justice system. First-time offenders are afforded the opportunity to learn from their mistakes and avoid the lifetime stigma associated with an arrest. It makes sense to use resources strategically and reserve serious sanctions for youth who pose the highest risk to public safety. The program is funded through a grant from the Delaware Criminal Justice Council.

Based on the type of eligible offenses, 81 youth were referred to civil citation. 76 of the 81 referrals were eligible to participate. The average age of referred youth was 14.5. Of those who participated, 45 were males and 31 were females. 51 were identified as African American or Hispanic and 25 were identified as Caucasian. 16 youth were referred from Sussex county, 24 from Kent and 36 from New Castle County. To date, all but one participant has successfully completed the program.

On behalf of my leadership team, I would like to recognize the dedication of our YRS staff and partners in supporting our youth in becoming healthy, successful young adults.

Thank you. My Deputy Director, Jack McDonough, and I welcome any questions you may have.

Good afternoon, Senator McDowell, Representative Smith, members of the Joint Finance Committee, Controller General Morton and staff, dedicated partners, and members of the public. Joining me today is Trenee Parker, DFS Deputy Director.

Thank you for the opportunity to present the FY17 Governor's Recommended Budget for the Division of Family Services. I would like to provide a brief overview of our agency, followed by some important accomplishments, our challenges and opportunities.

Before I begin, I would like to take a moment to thank the entire DFS staff for their continued hard work. The mission of DFS is to promote the safety and well-being of children and their families through prevention, protection and permanency.
The work that DFS staff does is among the most difficult in state government. Still, they show their dedication, day after day, to the children and families who need our services.

DFS is responsible for the safety of children in child care settings via its Office of Child Care Licensing. At the end of FY15, OCCL's total count of licensed facilities in Delaware was 1,276. These facilities have the capacity to serve 50,753 children. Once again, 100% of all licensed facilities received at least one monitoring visit.

The Criminal History Unit performed over 6,500 fingerprinted criminal history record checks and over 51,000 Child Protection Registry checks. These checks resulted in the disclosure of over 2,900 arrest reports. The Criminal History Unit also requested over 100 out-of-state child abuse and neglect checks under the Adam Walsh Child Protection and Safety Act of 2006. Following implementation of Emergency Regulation 101, OCCL processed an additional 1,950 background checks this year for workers in summer camps. Starting in April, the Beau Biden Child Protection Act will take effect, statutorily authorizing these background checks.

After a lengthy review and revision process, the regulations for Early Care and Education and School-Age Centers were finalized. These new regulations are approximately 1/3 the size of the previous version going from 1,100 pages to 400 and are more user friendly.

The Office of Evidence-Based Practice provides screening for all children entering foster care and provides consultation services for frontline staff and foster parents working with children. Staff in this office include two licensed psychologists who review therapeutic treatment plans and a contracted pharmacist who ensures that the use of psychotropic medications given to children in foster care is appropriate.

During FY15, of the 335 children and youth who have entered foster care, our staff screened 191 who were not already receiving mental health services. The number of screenings has almost doubled from FY14. 117 of the children screened have been identified as needing services such as counseling, Child Development Watch, or other specialized services and referred. They have provided 144 consultations to staff and foster parents as we work to help meet the needs of these children and stabilize their placements.

DFS HIGHLIGHTS – FEDERAL PERFORMANCE MEASURES

	National Standard	DE
Re-maltreatment	9.10%<	2.9%
Re-entry in Care	8.3%<	2.0%
Adoption 24 months	26.8%	33.3%
Maltreatment in Foster Care	8.5%	4.87%

The federal Administration for Children and Families, Children's Bureau, provides states and jurisdictions with annual data profiles based upon data submitted by the department on an annual basis. The most recent federal data profile is from 2014. Delaware continues to meet all federal reporting requirements addressing child abuse/ neglect and foster care data.

As reported last year, Delaware was one of only three jurisdictions to meet all seven measures for Child and Family Services Review round 3, and, have no data quality issues. Delaware continues to be one of the best performers nationally in the area of preventing re-maltreatment of abuse or neglect and foster care re-entry rates. The national standard for re-maltreatment is 9.10% or less and the DE rate was 2.9%. The standard for re-entry is 8.3% or less and the DE rate was 2.0%. In addition, while consistently meeting the national standard of 8.5% over time, DE saw a significant reduction in maltreatment in foster care, dropping from 7.19% to 4.87%. Delaware ranked second nationally, for 'timeliness of adoptions'. The national median for adoption achieved in 24 months is 26.8% and DE performed at 33.3%. Delaware continued to perform in the top 50% of states of the measurements related to timeliness and permanency of reunification; achieving permanency for children and youth in foster care and placement stability.

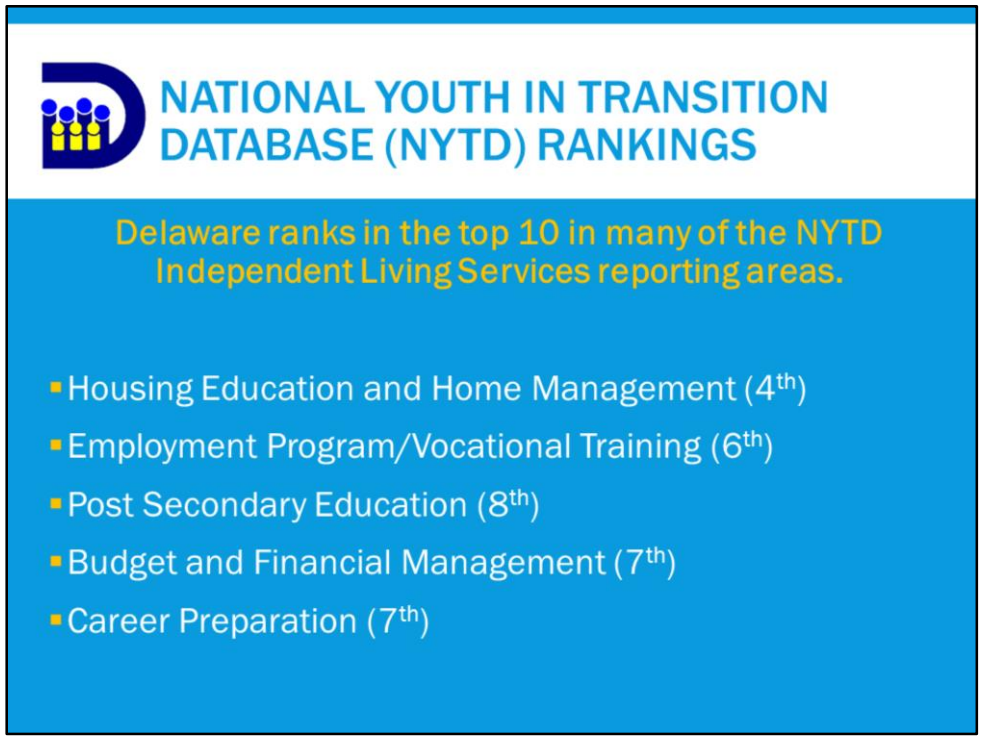
As a part of the continuing efforts to engage families and continuing our Outcomes Matter initiatives, DFS has implemented Ice Breakers, a program initiated through our ongoing collaboration with the Annie E. Casey Foundation. The Ice Breaker meeting is to take place no later than five days after a child enters DFS custody and foster care and should involve the child, the biological parents and the foster parents. The goal of this meeting is to help the foster parents have a better understanding of the child and his or her needs and for the biological parents to meet the substitute caregivers for their child. These meetings also help the child to see their team working together with the end result being a reduction in trauma to the child and increased placement stability. The Ice Breaker meeting is facilitated by the foster home coordinator for the foster family and the worker for the child and family.

DFS has also initiated a limited Kinship Care project in New Castle County. This program allows for relatives to become kinship providers for their minor relatives that are in DFS custody. The requirements for approval are less restrictive than the process for foster care approval and the stipend paid by DFS is less than a foster care board rate and allows children to remain with family members in their own community. Since the inception of the program, 11 children have been diverted from foster care placement.

DFS has also implemented a number of policy changes related to provisions of the federal Preventing Sex Trafficking and Strengthening Families Act. Some of these changes include consulting with foster care youth ages 14 and older and encouraging them to invite two people to join their Plan for Child in Care (PCIC) planning team; reviewing and having teens sign a Rights of Youth in DSCYF Custody document; and providing free annual credit reports to youth ages 14 and older. DFS is also restricting youth under the age of 16 from having a plan of Another Planned Permanent Living Arrangement (APPLA) and is working to develop prudent parenting standards for foster parents as a result of this act.

As mentioned previously, F.A.I.R - Delaware's differential response to investigation, has served 840 families since the program began in 2013. This program provides an alternative to a traditional

investigation and is a federal requirement for all states. How states have implemented differential response varies. Delaware targeted our teen population for this program and it has been effective in reducing the percentage of teens entering foster care. Since the program's inception, only 23 youth have entered foster care.



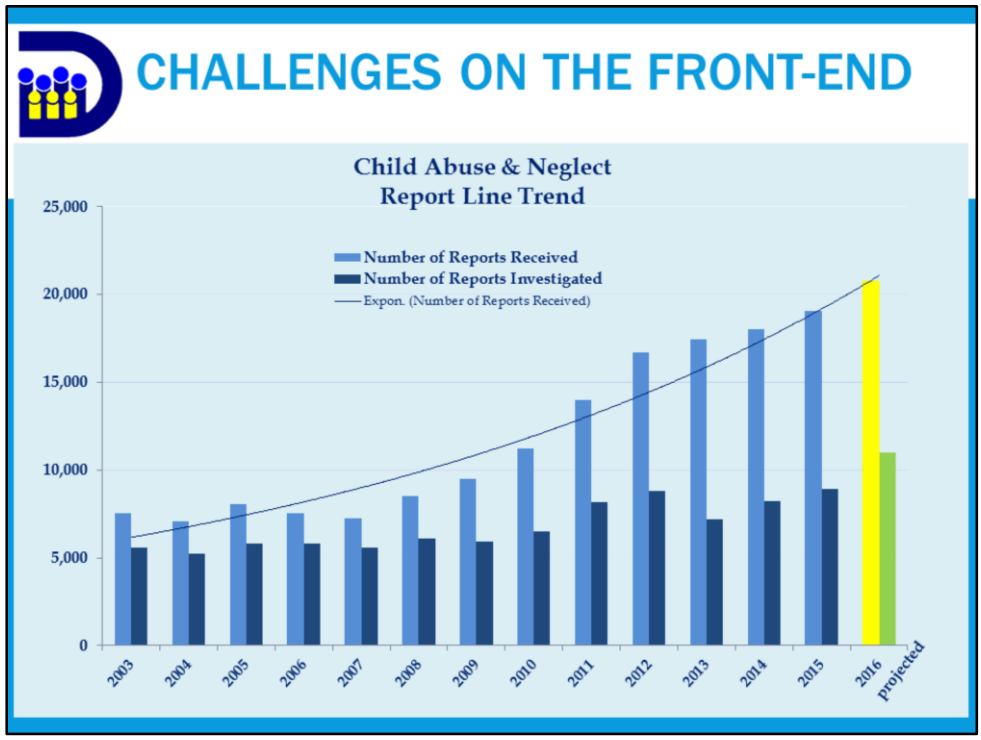
Our mission, goals and objectives of the Independent Living (IL) program are:

- To provide services to aid young adults with the transition from foster care to adulthood
- To comprehensively support young adults who have transitioned from foster care
- To train young adults to become self sufficient
- To help young adults develop goals and effective plans to accomplish their goals

To achieve those goals, we offer services that include:

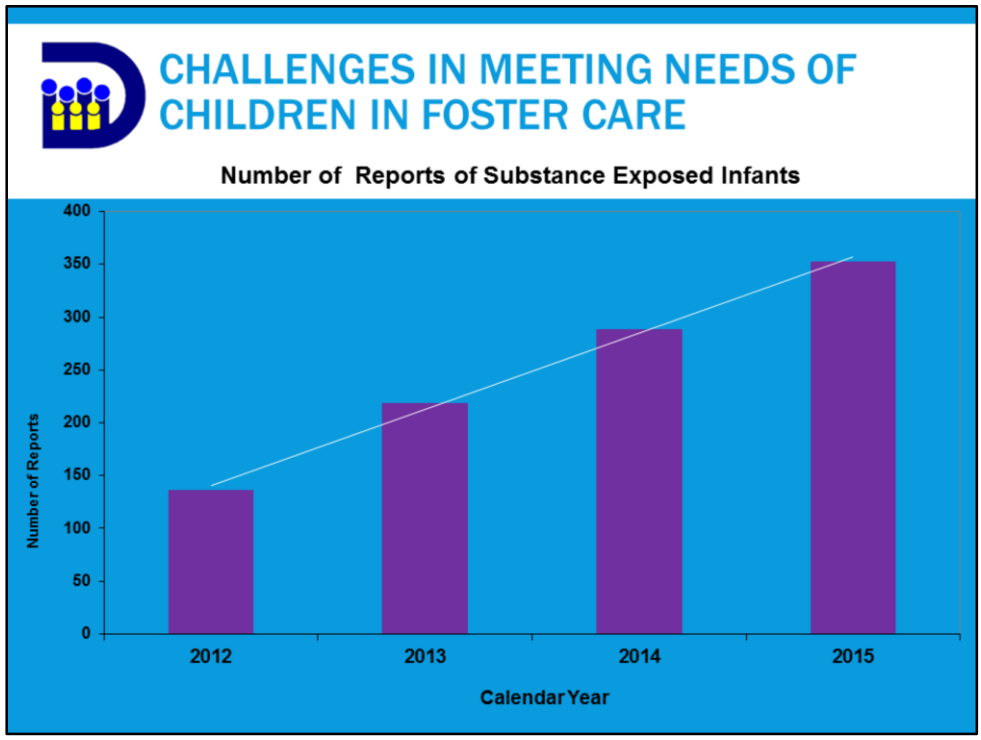
- Career planning
- Financial literacy
- Housing
- Educational Support
- Post Secondary Support
- Assistance with accessing community services
- Self care
- Home life, daily living, relationship and communication skills.

We are proud of the outcomes that have been achieved in our Independent Living program which has continued to develop with the feedback and input of one of strongest Youth Advisory Councils in the country. As you can see, Delaware's outcomes are in the top 10% nationally in many areas.



As this chart shows, reports of child abuse and neglect continue to be received at historic levels. Almost 19,000 reports were received last fiscal year and we are expecting to exceed 20,000 reports in FY16. We conducted more than 200 additional investigations in 2015 as compared to 2014.

The record number of reports has led to increased caseloads. To meet this demand, we were approved to fill 11 reallocated Department positions in 2015. Eight of the positions were assigned to investigations throughout the state. We were also able to hire one additional supervisor for Kent, Sussex and at our hotline.



While the number of teens in DFS custody has declined, the number of children in care from birth to two years of age has increased by 31% over the past year. These children represent the most vulnerable population served by DFS and many enter care after being born substance exposed. DFS has experienced a sharp increase in the number of reports received that indicate prenatal substance exposure. Compared to 2012 when DFS received 136 such reports, 353 reports were received in 2015, which represents a 160% increase in reports that indicate prenatal substance exposure. The chart above demonstrates this consistent increase in reports for prenatal substance exposure over the last four years. DFS partners with local hospitals to help in the development of a plan for safe care for these children prior to discharge. DFS also provides the supportive services of contracted substance abuse liaisons to help in connecting the mothers of these children to substance abuse treatment programs.

Child welfare is an imperfect discipline. We are called upon to determine who may be responsible for an injury to a child. Often times this is done with many unknowns and constantly changing variables. Here are five examples of how we are working to improve our child welfare system.

Last year we reported that we had entered into a partnership with Chapin Hall at the University of Chicago. Chapin Hall is a leading research and policy center for improving the well-being of children, their families and their communities. We have spent several months preparing and sending Delaware data to Chapin Hall and are anticipating feedback shortly.

Additionally, we have continued to work with the Children's Research Center. They continue to analyze Delaware's fidelity in the use of the Structured Decision Making© (SDM) tools and were recently in Delaware to provide additional training on safety planning.

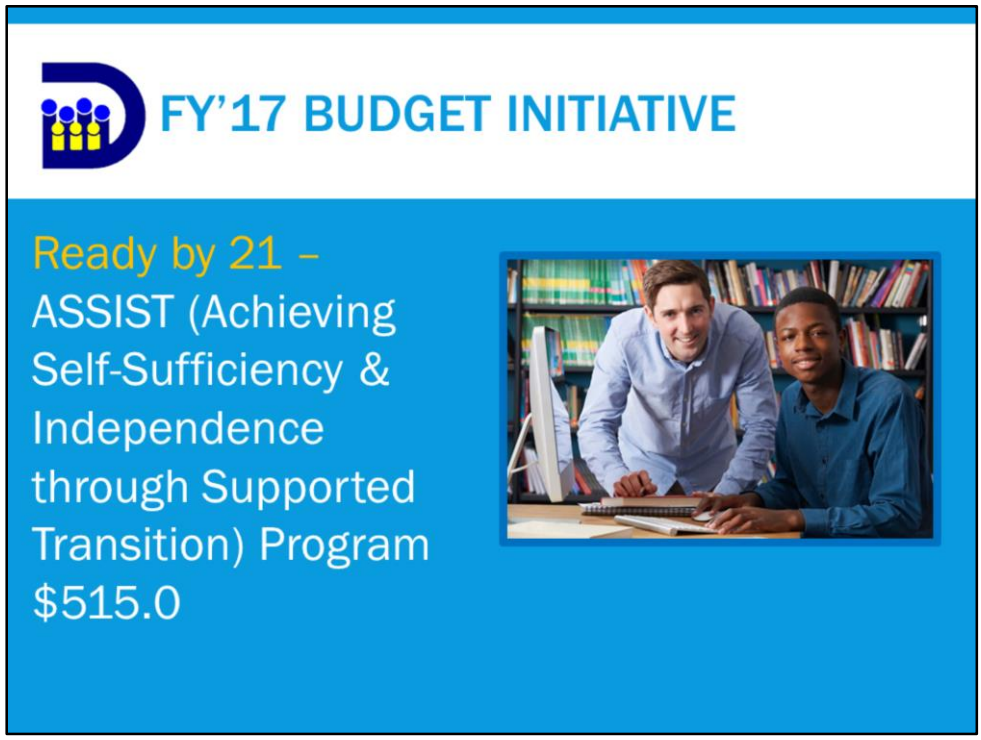
We also continue to work with Nemours/A.I. Dupont Hospital for children on opportunities to improve coordination of care for children in foster care. As part of these improvements Dr. Allen DeJong from Nemours recently conducted statewide training for staff on trends in high-risk cases.

Finally, with the passage of Senate Bill 56 by the 148th General Assembly, we now have an added tool to compel cooperation. Historically, we have had very limited ability to require families to cooperate with treatment services.

We continue to work with national experts on safety planning and to identify additional areas that can be strengthened.

Delaware was the first state in the nation to participate in the 3rd round of the federal Child and Family Services Review. This comprehensive system-wide review is conducted to determine quality of child welfare services and compliance with federal standards across 52 states and jurisdictions. For the first time, states were given an option to conduct the reviews using their own teams with federal oversight. Delaware was the first state to complete the review process using the new option. We have received the final report and are negotiating with the federal oversight agency, Administration for Children and Families on developing a program improvement plan.

Also, in August, DFS in conjunction with DMSS and the Administration for Children and Families staff conducted a financial and program review of Title IV-E claims for 80 foster children. Delaware passed the review with a 95% compliance rating. The next review will be 2018.



The Governor's budget request includes $515.0 general funds to fully fund the Ready by 21 program. These funds provide youth with the added support necessary to complete/continue their education and career pursuits with supplemental financial resources to help address the high costs of living. Ultimately the funds help to prevent homelessness and provide funding to allow young adults develop the budgeting skills necessary to maintain a household with the support of the Independent Living program.

Youth aging out of foster care have received national attention for being at high risk of homelessness, unemployment, crime and sustained public assistance. To address these concerns, House Joint Resolution 18 tasked a multi-disciplinary committee to develop program and budget descriptions for extending services to young adults ages 18, 19 and 20 who are aging out of foster care. The Ready by 21 stipend program, entitled ASSIST (Achieving Self Sufficiency & Independence through Supported Transition), began in August 2013 and provides needs-based stipends to these young adults.

In FY15, we were able to provide stipends to 202 youth that have aged-out of foster care through ASSIST. According to our most recent data, of these 202 youth, 61% completed high school, 61% were employed, and 55% were enrolled in school or vocational training. The ASSIST program requires that the eligibility of the youth be verified, completion of an agreement by the youth, and completion of a budget worksheet which outlines the youth's monthly income versus their monthly expenses. Youth must also complete a minimum of six hours of financial literacy training.

Thank you again for the opportunity to share the important work that DFS accomplishes every day. Our staff of dedicated professionals are engaging families to help Delaware's children grow in safe and protective homes.

My Deputy Director, Trenee Parker, and I would be happy to answer any questions you might have.