



State of Delaware  
The Department of Services for  
Children, Youth and Their Families

## *Delaware Children's Department*

### **Joint Finance Committee Hearing Fiscal Year 2011**

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*Vivian L. Rapposelli*  
*Cabinet Secretary*

Good morning Senator Cook, Representative Williams, Members of the JFC and the public. Thank you for the opportunity to present the FY11 Governor's Recommended Budget for the Department of Services for Children, Youth, and Their Families (that I will refer to as the Children's Department). It is my pleasure to represent our staff, who choose, everyday, to take on the vital task of protecting and supporting the kids and families of this state.

Allow me to introduce my key leadership staff: Mary Kate McLaughlin, Chief Policy Advisor for the Department, Karryl McManus, Director of Management Support Services (DMSS); Susan Cycyk, Director of Child Mental Health Services (DCMHS); Carlyse Giddins, Director of Youth Rehabilitative Services (DYRS); and Laura Miles, Director of Family Services (DFS). The Deputy Directors are Michael Alfree, Marc Richman, Rick Shaw and Rodney Brittingham, respectively.



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# Thank You



*The Delaware Children's Department*

Upon joining the Governor's team last January, I quickly learned not only of the dedication of our staff, but of the deep responsibility we have to protect and support Delaware's children. Through the continued support of the Administration and the General Assembly, we are able to remain focused on our charge of serving the State's most vulnerable citizens. For that, I thank you.

Similarly, despite an unprecedented economic downturn facing the entire nation, staff throughout the Children's Department have continued to strive to uphold the highest standards to fulfill our mandates. We have stepped up to the challenge of digging deep and creating a leaner, more effective operation by working hard to streamline and realize efficiencies in the delivery of services, while continuing to improve upon these efforts. And as we continue to face new obstacles, I also want to thank the Children's Department staff for their hard work, perseverance and innovation in continuing to do more with less.



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## Achievements

- Continued Reduction in Out-of-State Placements for Adjudicated Youth



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Before we discuss the FY11 GRB and the needs and challenges facing the Children's Department, I would like to acknowledge some of the more recent achievements we've realized, in collaboration with stakeholders.

We are especially pleased with our efforts to serve youth in our Division of Youth Rehabilitative Services - "DYRS". DYRS has realized cost savings of over \$2 million by increasing our community-based capacity and reducing the number of youth in costly, out-of-state contracted residential placements. In fact, from FY08 to FY09, the average number of youth in out-of-state placements decreased from 113 to 60, due to placement recommendations between DYRS and the Courts. Evidence shows youth outcomes improve when they are served closer to home and families can be engaged in the treatment plan. Not only do our efforts to bring kids closer to home save money, they are truly best practices for helping our kids achieve success. While some of these savings will be reduced by budget cuts in the FY11 Governor's Recommended Budget, the remainder will allow us to redistribute resources as we continue to do more with less.



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## Achievements

- Increased access to behavioral health services for children under age six
- Specialized training for foster parents caring for teenagers



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The Division of Child Mental Health Services is legislatively mandated to serve children of all ages. However, our current services address the needs of children who are age six or older, meaning we simply do not reach all eligible children. This year, we started on the path to serve very young children who have serious behavioral challenges through a \$9,000.0 grant, for six years, from the Substance Abuse and Mental Health Services Administration. With these funds, we are training local Delaware providers to offer these younger children and their families one of the country's best practices – Parent Child Interaction Therapy. In addition to training treatment providers, we are working with early childhood centers to strengthen their ability to serve these children as well. In short, we are leveraging federal dollars to build local capacity, meet our legislated mandate and better serve children and families in need.

Building capacity and providing better service delivery is a recurring theme that carries into our foster care system as well. Given the heavy number of teens in foster care (over 40%), our staff recently developed a specialized training series for foster parents who choose to care for a unique, yet sometimes challenging group. The curriculum includes testimonials from teens in care so foster parents can gain a greater understanding of the teen perspective. To date, we have received positive feedback from participants on this new training.



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## Challenges Ahead



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The financial challenges we are facing are not only being addressed by our agency or even Delaware as a whole, but by the entire nation. These challenges call for a smaller, more efficient government. The Children's Department continues to work toward meeting the needs of our youngest Delawareans. However, it is important for me to note that shrinking our Department will not shrink the responsibilities we have to serve Delaware's children and families. Therefore, many of the initiatives you will see in the pages ahead are solutions we feel will create a more efficient government. Efficiency, we believe, is the key to working together to better serve children effectively with fewer resources while still providing staff with adequate supports.



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## Looking Ahead

- Rethink How We Do Business
  - Better Align Functions
  - Maximize Efficiency and Productivity
  - Shared Expertise

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Our budget initiatives this year are the result of looking at the way our Department does business and transforming our operations in a way that maximizes program effectiveness and continues to serve our families and children in a safe and holistic way.

Some of these changes will formalize approaches that have been in place for years. Other proposed changes will serve to better align functions within the organization to maximize productivity and shared expertise.



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## Prevention and Behavioral Health Services

- Consolidation of the Office of Prevention & Early Intervention and Child Mental Health Services
  - Better focuses efforts to intervene early, preventing high end, restrictive behavioral health services
- Continuation of the VOCA Grant

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*The Delaware Children's Department*

This year, as one of our primary Departmental initiatives, we propose a structural transfer to facilitate the move of the Office of Prevention and Early Intervention (OPEI) into Child Mental Health Services (CMH). The Division will be renamed to the Division of Prevention and Behavioral Health Services (DPBHS). This change recognizes strong components within the Department through OPEI, such as our school based Family Crisis Therapists. The move is intended to increase our emphasis and focus on prevention and the importance of programs and services designed to reach children and families before problems are deeply entrenched and require restrictive, costly, deep-end services. The Children's Department has long realized the importance of prevention not only as a cost effective approach, but a "best practice" in this field. Similarly, we recognize and value the benefits of effective behavioral health services. The combination of these resources and highly qualified staff will strengthen both prevention and behavioral health efforts for our Department.

Additionally, we propose a structural change through the use of existing base budget resources to continue the Child Development Community Policing (CDCP) program continue its good work in the City of Wilmington.



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## Administrative Support Services

- Consolidation of Contracts Unit
- Departmental Training Unit
- Office of Case Management

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We are also exploring ways to maximize Department resources through consolidation of administrative support functions.

We seek to streamline existing contract practices within the Department in an effort to improve accountability for the achievement of Department goals. We will enhance our capacity to monitor and evaluate the effectiveness of programs and services performed by our contracted providers. This will position us to better manage resources, better manage budget allocations and improve business planning functions.

Similarly, it is critical that we look at how we train new and existing staff on programs and procedures. As with many state agencies, continued attrition requires that we deploy and use staff in the most effective ways possible.

In seeking to maximize the expertise of our staff, while continuing to monitor and improve outcomes, staff from what has been known as the Office of Case Management have been redeployed to take on the critical task of developing and enhancing the Department's quality assurance functions.



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## Restructuring Community Services

- Redeploy existing resources
- Multi-year strategy
- Prevention of Deeper End Services



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Another key initiative for FY11 includes the proposed restructure of the Community Services Unit within DYRS. The current system needs improvement to effectively meet the needs of youth and public safety expectations. We must do business differently to leverage resources across the juvenile justice system and engage the community and stakeholders in producing better outcomes for youth. The restructure seeks to modify or make changes to the ways adjudicated youth receive services, specifically improving Level II services, to prevent them from the deeper-end needs of Levels III through V. Our strategy is a multi-year plan that will re-deploy resources and leverage community partnerships.



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## Stimulus Funding

- Food service equipment at Brenford and Middletown sites and the NCC Detention Center
- Education Unit IDEA funds
- Title IV-E Enhancement

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As with other states across the country, Delaware was bolstered by receipt of Stimulus funds designed at the national level to stimulate the economy. While not a recipient of direct grant funding, the Children's Department received Federal Stimulus funding through the Department of Education. With \$22,266.00 of the funds, we purchased several essential pieces of equipment, which were much-needed improvements for both staff and youth in residential facilities.

Additionally, our Education Unit received funding totaling \$67.3 through the Department of Education to provide additional consultation and support for teachers and implementation of our Frameworks Program. These are Individuals with Disabilities Education Act (IDEA) funds to be used to improve assessments and outcomes for youth with special education needs to help ensure effective transitions for youth.

Finally, during FY09, the Children's Department received \$220.0 in Title IV-E Stimulus funds. We project that we will receive an additional \$400.0 between July 1, 2009 and December 31, 2010, when the Stimulus funds expire. These funds helped offset the use of General Funds during these difficult financial times.



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## Budget Cuts

- FY 09 Reversions \$ (4,974.8)
- FY 10 Reductions \$ (3,434.4)

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During FY09, the Department was asked to identify reversions to help solve the State's fiscal crisis. The bulk of our reversions came from a one-time ASF transfer from a surplus that had accumulated in our cost recovery holding account. This transfer allowed us to limit the amount of cuts we took from direct client services.

In FY10, the Department sustained a number of base budget reductions, including the elimination of our Population Contingency in the amount of \$2.25 million. This fund was used to assist the service divisions in offsetting deficits driven by populations of youth we serve. As a result of these budget reductions, the Department has focused even more closely on managing caseloads and lengths of stay in costly out-of-state placements and deep-end residential placements. By closely monitoring the types and duration of services we provide to our youth, we have been able to spend within the budget we were appropriated.



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## Personnel Reductions

- FY10 Complement Reductions
  - 20 FTEs
- FY10 Attrition Reductions, per Section 54 of Epilogue
  - 43 FTEs cut from the FY11 GRB

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The FY10 budget includes two separate personnel reductions that affect the Children's Department. The first is the elimination of 20 FTEs from our complement. The second reduction is our contribution to the statewide initiative of reducing the size of government through attrition, as discussed in Section 54 of the FY10 Budget Bill. These 43 positions have been identified and are included in the FY11 Governor's Recommended Budget. These cuts affect each of our divisions, from the frontline to the back office. The services we provide are substantially people-driven, and our ability to continue to get the job done is a testament to our talented, dedicated workforce.



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## FY11 Governor's Recommended Budget

	GF	ASF
Personnel	\$ 365.0	
Contractual Services	\$ (2,484.6)	
Energy	\$ (366.8)	
Supplies and Materials	\$ (31.2)	
Capital Outlay	\$ (15.1)	
Child Welfare	\$ (313.1)	
Pass-Throughs	\$ (1,237.9)	
Debt Service	\$ (823.2)	
Tobacco Prevention		\$ (50.7)
<b>TOTAL</b>	<b>\$ (4,906.9)</b>	<b>\$ (50.7)</b>

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The Governor's Recommended Budget for FY11 includes operating budget reductions to lines across the Children's Department. Many of the reductions targeting our Contractual Services lines are related to our focus on minimizing underutilized programs. This will allow us to focus our dollars and efforts on what will work best for the children in our care. The Department's Leadership Team and I looked line by line at where we could leverage our resources to achieve better outcomes. We acted to align the goals that we have for the youth in our care with the most appropriate services to meet those goals. While these reductions are significant, client counts across the Department have been low, due to both nationwide trends and to the hard work of our dedicated frontline staff. We will continue to work tirelessly to ensure that we can reach these reduction targets.

The Governor has understandably demanded state agencies look closely at what services they provide, with a keen eye towards ensuring that everything we provide is relevant, appropriately utilized, managed effectively, and fits with our core mission in light of evolving best practices. In turn, and as part of this review, this Department must hold its contractual partners to the same standard. Many partnerships that we have are long-standing contracts for services. While many are still relevant and have progressed to reflect changing populations and needs, it is critical that the provider community, like any business, ensures that the services that they are providing to the Department are appropriate and efficiently administered. It is the Department's obligation to ensure that services that we contract for are being appropriately utilized. A contractual reduction through a jointly funded program between CMH and DFS is one such example in this year's budget. The program was high in cost, and was, quite simply, due to changing needs of our kids, being underutilized. Through the enhancement of our Quality Assurance efforts for contractual utilization and outcomes, the Department will continue to examine our contractual services, working with our valued partners in the provider community to ensure that contractual services are effective.

I have asked each of the Division Directors to address the specific base adjustments for their respective divisions.



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## FACTS II

- Improved Efficiencies
- Multi-Year Effort
- Current System on Life Support
  - Costly Modifications
  - Cumbersome and Inefficient
  - Obsolete Technology and Architecture

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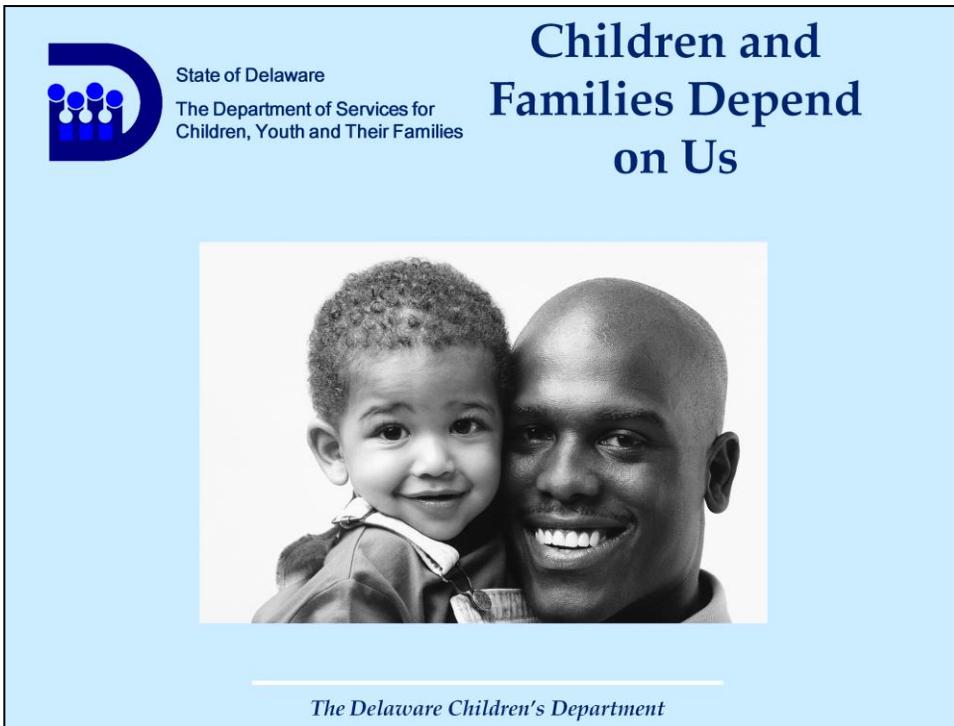
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Let me briefly turn to one of the highlights in our Capital Budget request.

In terms of the Capital Budget, our highest priority is our request for funding of the design, development and implementation phase for the FACTS II Project. This is a multi-year effort to replace the existing 17-year old Family And Child Tracking System (FACTS) that is no longer aligned with our Department's ability to meet the needs of the children and families we serve.

FACTS is the client information system that allows our staff to determine risk factors, manage cases and identify past problems that affect the safety of our children. It is the foundation of our automated work processes and the key to our ability to effectively manage cases. At 17 years old, the system is well beyond the end of its useful life. FACTS is based on obsolete technology and architecture and is becoming unreliable.

Our recommended appropriation of nearly \$3,700.0 for FY11 will fund the State portion of a review of previously-developed FACTS II requirements and the project will then move into Design and Development.



Our proposed initiatives for FY11 allow the Children’s Department to formalize some “unofficial” practices, while also restructuring certain functions within the Department allowing us to continue to improve how we serve children and families.

In any one year, nearly 22,000 children and their families depend on the Children’s Department. Our children and families may not recognize the importance of our business practices when they are in the middle of a crisis, but these decisions are made to ensure that they have the services they need to get better, the supports they count on and the necessary resources to be safe and successful in their communities.

Every decision focuses on the possible impact to the children and families we serve. Every structural change is focused on helping the front-line staff better do their jobs, while using the expertise of our community partners to help us all do a better job, from top to bottom.



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## Questions?



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Thank you for allowing me to present the FY11 Budget Request of the Children's Department. Our team will avail themselves to answer any questions you have.



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*Division of Management Support  
Services*

**Joint Finance Committee Hearing  
Fiscal Year 2011**

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*Karryl H. McManus  
Division Director*

Good morning Senator Cook, Representative Williams, Members of the JFC and the public.

Thank you for the opportunity to come before you to present the Governor's Recommended Budget for the Division of Management Support Services. I am here today to request your support for our budget, share information concerning some of our accomplishments this past year and discuss plans for our future.



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# Thank you



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*The Delaware Children's Department*

Before I begin my presentation, I would like to introduce the members of my leadership team, a group of dedicated professionals who serve the Department in very critical if unsung areas: Mike Alfree, Deputy Director; Brian Reynolds, Budget Manager; our Controller, John Greenly; Gene Mitchell, Manager of MIS Unit; Carl Nelson, our Program Evaluation Coordinator; Dana Sawyer, Administrator of the Office of Prevention and Early Intervention; Karen Triolo, our Contracts Unit Manager; and Leslie Boyd, our Cost Recovery Unit Manager.

I applaud their continued service and leadership during this time of reduced resources and increasing needs. They are dedicated to the idea that we are the lifeline to our frontline.



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## Mission

To support those helping children and families



*The Delaware Children's Department*

The Mission of our Division is to provide the critical support to the frontline staff. As such, the needs of this Division are weighted in relation to the critical needs facing our direct services staff. Our Support Services, Budget Management, MIS, Facilities Management, Fiscal Services, Human Resources and Quality Improvement and Evaluation staff ensure that our Departmental mission is the focus of the operating Divisions.

While we are a support organization, we set high standards for innovation and customer service and I would like to share information related to some of these efforts in the last fiscal year.

Despite some of the obstacles created by the slowing economy, we have continued to pursue initiatives that benefit those we serve and have been creative in maximizing what we have. I'd like to highlight some of that for you in the next few slides.



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## Accomplishments

- OPEI
  - K-5 National Recognition
- Title IV-E audit and system improvements

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The Office of Prevention & Early Intervention continues to provide both broad-based and targeted services to families and children in our communities. This dedicated work is paying off in many ways.

In April, the K-5 Early Intervention program was selected as one of the top 50 innovative programs in American government. The Innovation in American Government Program is sponsored by Harvard University and is a significant force in recognizing and promoting excellence and creativity in the public sector. We are extremely proud of our dedicated staff who work with some of the most vulnerable families in this state, and through our partnership with the Dept. of Education, continue to make a significant difference in the lives of at-risk Delaware children.

Turning to our Cost Recovery/Client Eligibility Unit, in April 2009, the Administration for Children and Families (ACF) performed a review of our Title IV-E foster care program, which concluded that the Children's Department was in substantial compliance with all program rules. This recognition of our efforts by our Federal partners is a testament to the team efforts of our staff in DMSS and the Division of Family Services. Achieving Substantial Compliance save the State from mandatory corrective action and extensive financial penalties.



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## Accomplishments

- Facilities/Maintenance
  - Further Space Consolidations
  - Cleveland White School Renovations
  - Lease Renegotiations



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Our Division works hard to support those on the frontline. As part of that charge, our Facilities and Maintenance Operation, under the leadership of Mike Alfree, accomplished several key projects without additional resources.

You may recall that last year, DSCYF staff moved out of cramped and deteriorating privately-leased space into updated quarters in State-owned space. In October, we were fortunate to identify space in that facility to consolidate staff and co-locate the Division of Child Mental Health Services. This move allows our staff to work together more closely and enhance case management for those children and families involved in multiple Divisions. In addition, in an effort to maximize existing campus assets as well as enhance the educational experience for the youth residing in our campus cottages, our Facilities Management and Maintenance Operation transformed previously unused space into a beautiful facility to house a school for the youth who reside in our campus cottages. The school houses three classrooms, offices for staff and a new resource center/library that contains books, resource manuals and internet access. This expansion has created an excellent opportunity for our students to transition to normal classroom settings and access materials previously unavailable to them.

Finally, the Children's Department staff were involved in a state-wide effort to identify areas for efficiency and effectiveness. As part of that work, staff were included on many multi-agency work groups. DMSS Facilities Management staff focused on a number of ways to create efficiencies and explore the idea of renegotiating existing leases. We brought this effort internally and successfully renegotiated one of our existing leases that resulted in savings of \$330.0 in the current fiscal year.



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## Accomplishments

- Human Resources
- MIS



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Our Human Resources section continues to deliver quality customer service to our operating Divisions and their staff. Staff has coordinated efforts to fill critical vacancies, communicated critical updates to the agency in a timely way, responded to numerous inquires from staff, monitored, tracked and coordinated the attrition process, and managed dispute resolutions in a timely and proactive way. HR staff developed and instituted several new HR policies to clarify and streamline Departmental practices.

Our Management Information Services Unit (MIS) works behind the scenes to ensure that the operating Divisions have access to the technology that they need to serve our families. This past year, a number of critical FACTS updates were implemented as well as the implementation of Voice Over Internet Protocol (VOIP) in our Terry Children's Psychiatric Center. The MIS Unit was instrumental in all of the staff consolidations and the new campus school by ensuring that all of these facilities had working phones and data connectivity.



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## Administrative Support Services

- Consolidation of Administrative Functions into Management Support Services:
  - Enhanced Management
  - Cross-Training of Staff within Functions
  - Maximized Resources
  - Improved Outcomes for Children

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I would now like to discuss our initiatives for FY 11 and beyond. In reviewing our Department for operational efficiencies, we propose a further consolidation of departmental support functions into the Division of Management Support Services.

Many administrative functions remain spread out through the individual Divisions. As the Children's Department learned when we previously consolidated the maintenance functions and Education Unit, consolidation in those areas generated increased operational efficiency and improved service delivery.

These proposals are in their developmental stages and are not currently formalized within the GRB. However, we felt it was important to address them today to give both you and the public an opportunity to hear some of the ideas we have been considering. We have prepared epilogue language to incorporate flexibility in planning for any internal movement of staff and resources.

We believe that through the following initiatives, we will maximize our resources – both financial and staffing – to eliminate redundancy and improve outcomes for children.



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## Contracts Unit

- Contract Consolidation
  - Improve Service Delivery
  - Reduce Administrative Burden
  - Effective Contract Management
  - Maximize Cost Recovery

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DSCYF agencies spend close to \$56 Million each year through more than 200 contracts, primarily service delivery contracts. In recognition of the criticality of strong procurement and contract management practices to the fiscal accountability and quality of its services, DSCYF has undertaken sustained efforts to strengthen procurement and contracting practices. Our successes include definitive movement toward unit-funded contracts, unit costs for services and utilizing these costs for budget development and expenditure projections and optimizing expenditures for contracted services. As the costs to provide the comprehensive services for the children in our care increase, it is critical we do more and we are again looking at ways to streamline and enhance our contract development and management practices within the Department.

We are working together with staff from the operational Divisions to develop an implementation plan that lays the foundation for our future operations. The chief guiding principles to our effort are:

- Improving Quality of Service Delivery
- Minimizing the Administrative Burden Within Our Contracting Process
- Ensuring Effective Contract Monitoring and Performance Measurement
- Maximizing Cost Recovery and Ensuring Appropriate Cost Allocation

We anticipate that these discussions will continue through fiscal year 2011 and any necessary structural changes will be addressed in our FY12 budget request.



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## Training Unit

### Training Consolidation



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Similarly, it is critical that we look at ways to sustain our ability to train new and existing staff on new programs, processes and procedures.

Training and staff development continue to be a key support function within our Department and with a mandate to reduce the size of state government, it is critical that we ensure that mandated training and professional development continue despite the loss of key training personnel. As we move forward into next fiscal year, we propose to consolidate the Department training staff under the Division of Management Support Services. While staff will physically remain with their existing operational units, oversight for training and staff development has been centralized under a lead Training Administrator. To increase flexibility and to provide ongoing training in light of staff vacancies and on-going attrition, we will cross-train staff to deliver training Department-wide.



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## Office of Case Management

- Office of Case Management
  - Reorganize
  - Combine Responsibilities
  - Redeploy Staff Where Needed

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The last consolidation is in the Office of Case Management (OCM). The core functions of the office as described in Delaware Code will continue; however, with the departure of several staff and the refining of quality assurance business practices, we have an opportunity to reorganize the work of the unit, combine responsibilities and redeploy staff to operational areas impacted by our hiring environment.

A review of the functions of OCM is ongoing and our planning has included input from internal staff to maximize support to mission-critical aspects of our operations. I would like to thank Karen Triolo for taking on the leadership in our Contracts Unit and the staff in OCM for their continued dedication to our mission.

Our goal is to have the restructuring finalized during FY 11.



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## FY11 Budget Cuts

• Contractual Services	(\$877.3)
• Tobacco Prevention Funds	(\$50.7) ASF
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Total:	(\$928.0)

*The Delaware Children's Department*

I would now like to present the detail of the FY11 Governor's Recommended Budget for the Division. It is no secret that the state and our nation continue to face significant fiscal challenges. As such, our requested line item budget reflects a decrease in resources. It includes proposed line item reductions in contractual services in both support and operational areas. Our largest reduction is a \$500.0 reduction in volume and inflation funds in the Office of the Secretary. These funds have been used in the past to address increased needs in the client populations of the operating Divisions. In addition, the GRB includes a \$25.0 adjustment to our contractual line that funds Department maintenance projects and a \$330.0 reduction to our contractual line that funds leased space for the operational Divisions. This reduction is off-set by lease renegotiations that have saved us enough funds to sustain this cut. The last reduction is a \$50.7 ASF cut in youth tobacco prevention programming in community settings.

Staff within the operational Divisions has been aggressive in their management of resources and have made great progress in utilizing resources effectively. These efforts will continue as we work towards reaching the recommended reduction targets.



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## Into the Future

- Strengthening Partnerships
  - Managing for Results

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A new fiscal reality for our state and our nation continues to challenge us to re-examine our long-standing business practices and maximize the resources we have at our disposal. We are working closely with the operating Divisions to provide them with the critical resources they need to meet the multiple and complex issues facing our children and families.

As we examine Departmental operations and redeploy staff and resources in the most effective manner, we will work hand in hand with our community partners and others to maximize the effectiveness of our programming.

Truly these are challenging times but by working together, we will find solutions to manage the needs of the populations we serve.



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## Our Team

### Working Better Together



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Finally, I would like to acknowledge the dedicated group of professionals working each day behind the scenes to serve those who serve children and families. Through the many changes that we've faced during the last year, they have worked hard and been innovative in crafting new solutions.



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Thank you.



*The Delaware Children's Department*

I would like to once again thank you for the opportunity to discuss our initiatives today. Thank you for your ongoing support and I am available for any questions you may have.



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## *Division of Child Mental Health Services*

**Joint Finance Committee Hearing  
Fiscal Year 2011**

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*Susan Cycyk  
Division Director*

Good Morning Senator Cook, Representative Williams, Members of the Joint Finance Committee, and community partners.

You cannot watch TV, listen to the radio or read a newspaper today without recognizing the level of stress our children and families face. From Haiti to Lewes, the need for healing is painfully clear. Even in more-settled times, approximately 20% of all children will experience a mental health issue during their young years.

I am humbled to stand before you and represent the people in Delaware who devote their lives to assuring that these children and families receive quality care that enables them to go to school, make friends, live with their families, and grow into adults who contribute to their community and our world. These people – our staff, providers, advocates, families – are awesome.

I would like to mention just a few: Deputy Director Marc Richman; Harvey Doppelt from Direct Services; Randal Wimberley from Clinical Services; Howard Giddins, who handles our Division information and analysis needs; administrator Nancy Widdoes; our consulting psychiatrist Rich Margolis; trauma center lead, Chuck Webb; Aileen Fink, Bob Dunleavy and Tom Olson, who respectively manage our work with Youth Rehabilitative Services, Child Priority Response, and facilities.



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## CMH Working Together

- Assuring the Right Treatment at the Right Time
- Building Capacity through the Promotion of Evidence Based Practices (EBP)
  - Trauma Focused Treatment
  - Widespread Trauma Training

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*The Delaware Children's Department*

The Division of Child Mental Health Services focuses on treatment for children with moderate to severe substance abuse and mental health challenges. Our children and families have exhausted their private insurance, do not have health insurance, are Medicaid recipients, or are in foster care. For these children and families, we manage and coordinate care, purchasing most of our treatment through the private and not-for-profit market. We provide direct services for teens at Silver Lake Treatment Consortium, for younger children at Terry Children's Psychiatric Center, and for all children who are detained in Youth Rehabilitative Services. We also provide assessment and intensive outpatient treatment.

While our direct treatment focus is on children whose challenges are serious, we are partners in building a system for all Delaware children and families who experience mental health challenges. We work with the entire community to continuously improve the skill of therapists, the quality of treatment, and the responsiveness of the private and public system, striving to assure that children and families get the right treatment at the right time.

It was this capacity-building approach that resulted in our past receipt of a federal trauma grant, which was directed by Chuck Webb. Through that grant, we trained 70 therapists in trauma-focused cognitive behavior therapy, (TF-CBT), an evidence-based practice that is recommended for children in foster care, teens in youth rehabilitation, and families who have experienced urban or rural violence, domestic violence, or sexual abuse.

In addition to building the specific skill set of public and private therapists across the state, we strengthened the child serving system's overall understanding of trauma through training that reached over 1,000 people.



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## Trauma Focused System



- Position to Respond to Local Needs
- Strengthen Treatment Capacity across the Community
- Worked in Partnership

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*The Delaware Children's Department*

As 2009 came to a close, we responded to the children and families in Sussex County who needed additional support. Parts of Sussex County are federally designated as suffering a shortage of mental health professionals. We've been working diligently to address this shortage, and by December 09, there were twelve professionals, trained to treat trauma, in Kent and Sussex Counties. All our work, and that of our partners, to increase the skill of treatment professionals and the overall quality of care, paid off. We were better prepared, at a very critical time for children and families in Sussex County.

This experience reinforced our commitment to develop a skilled workforce, and bring the best treatment practices available to the children and families of our state. This is what families want and children deserve.



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## Working Together



- CMH Workforce about 10% Leaner
- Focused and Intense Efforts in Sussex County
- Criminal Justice Council Funding to support the Community

*The Delaware Children's Department*

As the Cabinet Secretary indicated in her remarks, we are a far leaner Department. In December 09, when help was needed in Lewes, our Division's workforce was about 10% smaller than it had been when I stood before you a year ago.

The Criminal Justice Council provided funding for additional expert training for treatment providers and school-based personnel. Howard Giddins worked with four Sussex not-for-profit agencies to expand outreach, assessment, treatment and other supports for the community.

We are grateful for the financial support from the Criminal Justice Council, and for the partnership of the local provider community in assuring these resources are expeditiously deployed.



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## Partnerships in Best Practice

- Working with Education
  - Collaboration with schools
  - Treatment and Education in our In-state Residential Treatment Centers



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*The Delaware Children's Department*

We adapted in many ways to increase effectiveness and efficiency, especially through our commitment to evidence-based programs and best practices. Best practices, those that are offered in the home, school and community, work. Children and families heal more deeply and often more quickly. Promptly providing families and their children quality services also reduces cost.

Working with education is a particular focus for us. With funding through Delaware's federal youth suicide prevention grant, we continue to assist schools to use a resource website we developed with the Department of Education. Our outreach to education is beginning to bear fruit and referrals from schools have increased. In addition, every day, Tom Olson and our facility staff coordinate treatment services with our Department's education staff to assure the children at Terry Center and the teens at Silver Lake achieve academically.



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## Best Practice: Effective Management

- Reduced Hospital Length of Stay
- Managed Overtime and Casual Seasonal Costs in Facilities
- Increased Students

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*The Delaware Children's Department*

Randal Wimberley and our clinical staff aggressively monitor hospital length of stay, in concert with providers who offer community-based services, and in agreement with families. With the collaboration of both private hospitals that treat our children – Rockford Center up north and Dover Behavioral Health in the south – we reduced our children’s hospital stay to an average of 6-8 days. This best practice partnership resulted in children returning to home and school more quickly, and in reduced costs.

The labor and management teams at our two state-operated facilities, Terry Center and Silver Lake, worked together to reduce our overtime and casual/seasonal costs by 3%. I am grateful for our partnership with labor.

We continue to address the shortage of mental health professionals in our state by offering internships and a medical fellowship. This past year, over 20 students from a variety of schools worked hand in hand with us to serve children, while honing their professional skills. This has been a cost effective approach to increase services for children and families, while building a future treatment workforce.



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## Best Practice: Serving Younger Children

### Bringing Evidence-Based Systems of Care and Treatment: Delaware's B.E.S.T.

- Parent Child Interaction Therapy (PCIT), an Evidence Based Practice
- Funding for early childhood consultants

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*The Delaware Children's Department*

Child Mental Health's legislated mandate is to serve children and families from birth through age seventeen. The earlier we connect children and families with support, the more likely they are to succeed. To increase our capacity to serve younger children, our staff partnered with the early childhood education community and received a federal grant that resulted in our newest best practice effort, Delaware's B.E.S.T. This 6 year, \$9M award will enable us to: train local professionals in Parent Child Interaction Therapy (PCIT), which is effective with families of very young children; and create a continuum of outpatient, home-based and classroom-based services.

To date we've introduced PCIT to forty Delaware therapists. Contracts for two home-based treatment services were recently awarded.

As an outgrowth of Delaware's B.E.S.T., and through the hard work of Nancy Widdoes, the Department of Health and Social Services' Division of Social Services funded us to contract for early childhood consultants who will provide both child-specific and program-specific on site consultations in a variety of settings across the state, including pre-schools, childcare centers, Head Starts and family child care. Several consultants came on board this week.

We are very, very pleased to have these opportunities to begin serving younger children, their families, and the centers in which many of learn and play.



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Working  
Together

- Child Development-Community Policing
- Served over 2800 children
- Added a Domestic Violence Component
- Increased services to the Hispanic Community

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*The Delaware Children's Department*

Working together in the community involves adapting services to address local community needs, as we have in the Lewes area. Under the leadership of Bob Dunleavy, we took a different approach in the City of Wilmington. In partnership with the City's Department of Public Safety, we continue to offer the evidence-based program called Child Development-Community Policing, CD-CP.

CD-CP is a wonderful example of a service that involves prevention, early intervention and treatment. Since 2006, the program has served 2,800 children and their extended families. Most of the children are under the age of twelve; without CD-CP they might not have received services for many years.

We added a bilingual Domestic Violence counselor, and increased our contact with families from the Hispanic community.

The budget includes an internal transfer in the base, from 04-40 to 04-30, of \$103,900. This will enable us to absorb the cost and continue this vital community service.



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## Working Together



- Blend Division of Child Mental Health Services with Office of Prevention and Early Intervention (OPEI)
- Create: The Division of Prevention and Behavioral Health Services

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*The Delaware Children's Department*

Through our efforts to reach younger children and families, our Child Development-Community Policing program, our work on youth suicide and substance abuse prevention, and our efforts to reach children in the schools, it became apparent that the Division of Child Mental Health Services and the Office of Prevention and Early Intervention were moving in tandem. To better utilize highly qualified staff and further maximize limited resources, we propose a structural transfer that will blend these two areas into a new Division of Prevention and Behavioral Health Services.

Consistent with best practice, it is the intent of the Children's Department to increase our emphasis on prevention and early intervention and reach children and families before problems are deeply entrenched, difficult to resolve, and require restrictive and costly services. Intervening early and often creates stronger, healthier families and communities. The new Division's prevention efforts will remain focused on reducing risky behaviors such as child maltreatment, delinquency and truancy, violence, suicide and substance abuse, while promoting resiliency and emotional well-being. Together we will work on environmental strategies and population level changes, which are the cornerstones of national best prevention practice.

Children will still need quality treatment, and we will maintain a strong focus on providing effective treatment that results in individual child and family success. Our commitment to strengthen the local treatment community through training and capacity-building will continue.



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## Working Together



- Increased Behavioral Health for new children entering Foster Care
- Child Priority Response services
- Working with a group of children aging out of Foster Care

*The Delaware Children's Department*

Working together is a theme throughout the Children's Department. I will highlight two collaborations.

With the Division of Family Services, in concert with recommendations from the Child Protection Accountability Commission, and under the leadership of Harvey Doppelt, we started three activities intended to improve mental health outcomes for children in foster care. First, we reassigned two Child Mental Health employees - one upstate and one downstate – to consult on new children entering foster care, link these children to treatment, and meet with foster families and DFS staff to discuss challenges they may experience. Second, our Child Priority Response providers agreed to assure a team responds when a regional DFS manager indicates that a child's placement is in jeopardy due to the child's behavioral challenges. Third, we are monitoring a small group of youth in foster care who would not have typically been in our Division, and who are aging out of DFS, in order to support these youth, and our partners in DFS, as these children transition into the adult world.



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## Working Together



- Partnership with Youth Rehabilitative Services
- Substance Abuse and Mental Health Treatment
- Psychiatry
- Psychology

*The Delaware Children's Department*

Aileen Fink and her team continue to focus considerable attention on services for youth in the Division of Youth Rehabilitative Services. This is the second collaborative effort I will highlight. We work together through the Juvenile Justice Collaborative and several legislative committees.

Child Mental Health is directly responsible for the substance abuse and mental health treatment services within DYRS facilities, and for monitoring youth who are in out-of-state treatment. We manage psychiatry services in DYRS facilities, and provide psychology staff.



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## FY 11 Budget Cuts

Contractual	\$ ( 878.2)
Energy	\$ ( 147.0)
Supplies and Materials	\$ ( 1.2)
<hr/>	
Total	\$ (1,026.4)

*The Delaware Children's Department*

The Governor's Recommended Budget will provide the proposed new Division of Prevention and Behavioral Health Services with resources to: prevent children and families from developing problems related to our core business; intervene early when problems do occur; and provide community-based treatment alternatives for those with more serious behavioral health challenges.

The recommended reduction in funds of \$1,026.4 includes a reduction of \$874.0 in residential treatment. This reduction includes funds to a contractual provider for the provision of residential treatment services that were underutilized and no longer relevant given the needs of our population and our practices in providing services to youth. Our community-based service continuum will not be affected through his budget reduction.

We will manage within our recommended budget by employing community-based treatment strategies that are in alignment with best practice.

We will:

- offer effective, evidence-based treatment,
- invest in successful programs, such as state-operated and contracted Intensive Outpatient Treatment,
- provide on-site monitoring of hospitals to assure length of stay meets the needs of the child,
- manage residential treatment so children do not remain in restrictive settings beyond the time needed,
- and transition children back home and into their communities, where provider capacity has been strengthened.

By following the state's energy guidelines and monitoring supplies, we expect to achieve the other proposed reductions.



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## Division of Child Mental Health Services



*The Delaware Children's Department*

Thank you for your past support, and for this opportunity to report on our progress, and future plans. I appreciate the support we've received from the Administration, the General Assembly, our sister Divisions and colleagues throughout the Children's Department.

I want to thank our talented and hard-working staff in care assurance, assessment, administration, and direct services. Time won't allow me to mention all their names. I appreciate our dedicated providers and many partners across the community.

Together, we made good strides for Delaware's children this year.

I am grateful to the families who have the courage to ask for help, and the children and youth who work so hard to get better. They are my heroes. In these troubled times, it is important that we do not forget them.

Thank you for your time. My staff and I are available to answer your questions.



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## *Division of Family Services*

**Joint Finance Committee Hearing  
Fiscal Year 2011**

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*Laura Miles  
Division Director*

Good afternoon, Senator Cook, Representative Williams, members of the Joint Finance Committee, dedicated partners, and members of the public.

Thank you for the opportunity to present the FY 2011 Governor's Recommended Budget for the Division of Family Services. I will provide you with an overview of our Division's mission, accomplishments, challenges and opportunities that lie ahead.

I wish to introduce the members of my senior leadership team who are critical to our work: Rodney Brittingham – Deputy Director, Shirley Roberts – Administrator Office of Children's Services, Keith Zirkle – Administrator Policy & Program Support, Patti Quinn – Administrator Office of Child Care Licensing, Joe Smack – Executive Assistant.

I would like to take this opportunity to thank the entire Division of Family Services staff for their continued hard work and dedication to the children and families who need our services.



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## Our Mission



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*The Delaware Children's Department*

The mission of the Division of Family Services is to promote the safety and well-being of children and their families through prevention, protection, and permanency.

Child safety is and will always remain our paramount concern!



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## Federal Program Improvement Plan

- 5 Primary Improvement Strategies
  - Safety
  - Permanency Planning
  - Preserving Connections
  - Service Array
  - Quality Documentation
- 16 Action Plans
- 163 Action Steps



*The Delaware Children's Department*

We have just completed the first year of a two year Program Improvement Plan required by the Federal Child and Family Services Review (CFSR). This review includes eight quarterly reports geared towards improving safety, permanency, family engagement and service array.

If Delaware is found to be in non-compliance with the program improvement measures, we will have to forfeit federal dollars. We take this very seriously and have strengthened policies for safety assessments, safety protocols and family engagement. On November 23, 2009, DFS hosted a required annual review of the Program Improvement Plan. The review focused on evidence of impact to date resulting from the 163 item action plan. The federal team spoke highly of the activity level and accomplishments during the first four quarters. But their primary message was delightful to hear – they see evidence of a culture change by the way agencies, courts and partners share responsibility for improving outcomes for children and youth. This is not news to us as our collaborative efforts have been evident for years, but it is reinforcing to have external recognition. Safety, permanency and well-being are indeed priority areas for all of Delaware's child welfare community.



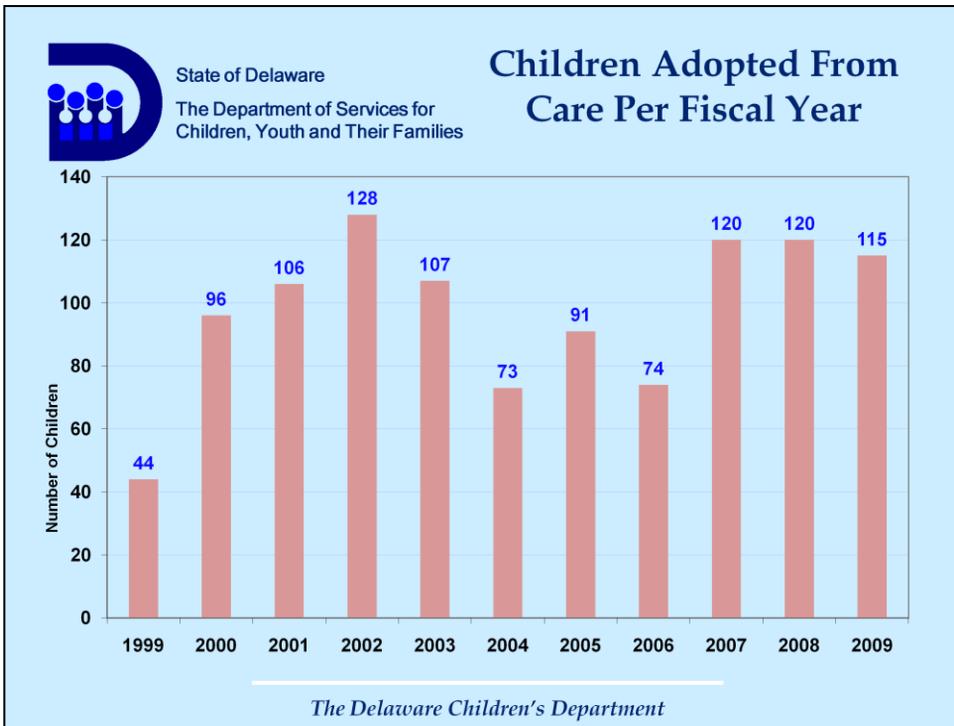
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## Caseworker Turnover



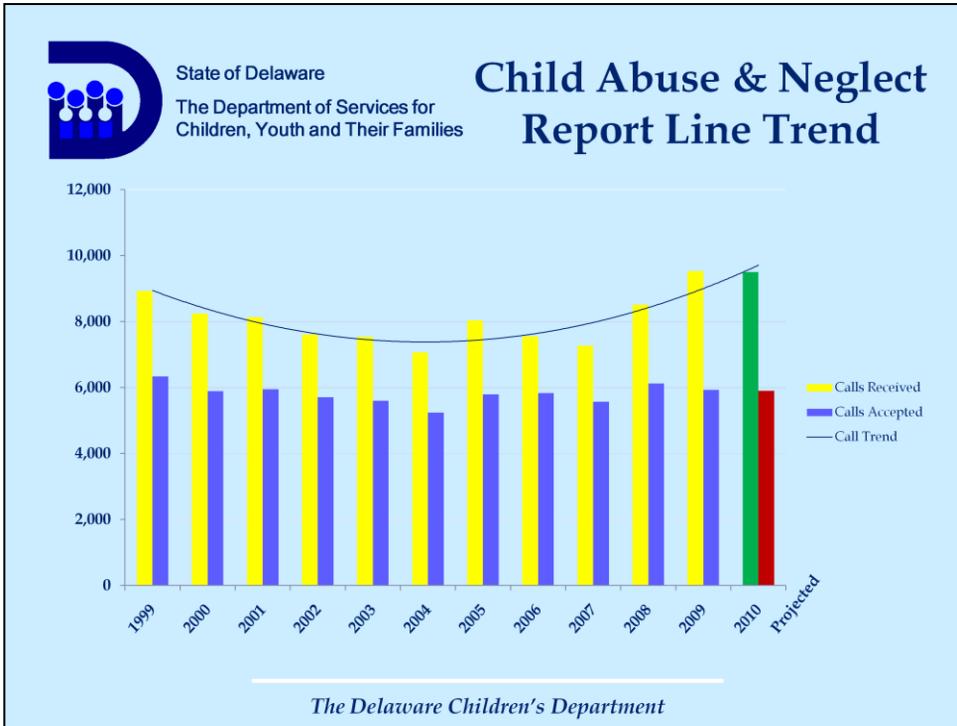
*The Delaware Children's Department*

As you can see, we have experienced a slight uptick in turnover of frontline caseworkers. Our turnover of 8.4% is still considerably lower than the national average of 45%. We are the envy of the nation and we thank the continued support of the Administration, the General Assembly, and our partners in the child welfare community for helping to keep the resources available to retain an experienced and dedicated workforce.

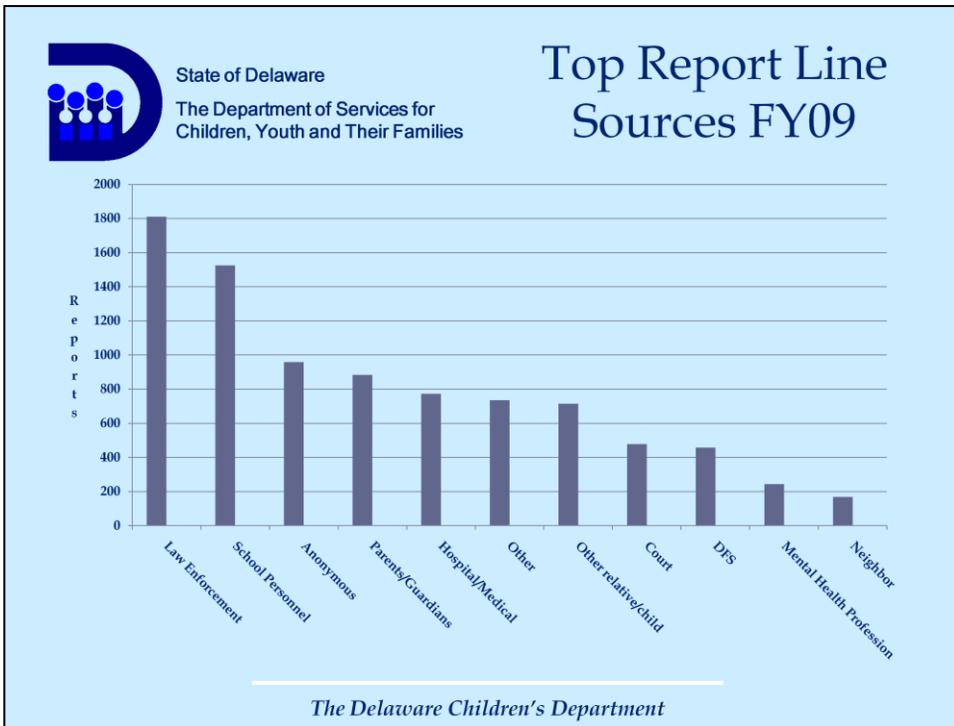


Adoption continues to be a success story. In FY09, 115 children were adopted from foster care into their forever family. Adoption accounted for 13% of all children leaving placement with DFS during the fiscal year. We have over 180 children with a goal of adoption.

In FY09, adoptions were finalized for ten teenagers in foster care. Our adage is that it is never too late for a child to find their forever family.



In FY09, DFS received 9,527 reports of abuse, neglect and dependency. This was a 12% increase from 2008. As you can see, halfway through FY10, we are projecting to match or exceed the FY09 reports.



The reporting of child abuse, neglect, and dependency is everyone's responsibility. Title 16 §903 of the Delaware Code requires any person who knows or in good faith suspects child abuse or neglect to make a report to the Division of Family Services. As you can see, we have many reporters in the state. Law enforcement and school personnel are our largest referral sources. Any person making a report in good faith is immune from any civil or criminal liability. Thanks to the 145<sup>th</sup> General Assembly, failure to make a report of child abuse or neglect can result in civil charges with financial penalties being assessed.



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## Investigation Caseloads

Statewide Investigation Caseloads for Jan 2008 - Dec 2009



*The Delaware Children's Department*

The number of investigations continue to be above standard. This is attributed to the continued heavy volume of child abuse and neglect reports. As you can see, in eight of the twelve months in 2009, we were above the caseload standard of 11 cases per worker. To address this, we have reallocated three treatment positions to address the heavy front-end volume, ensured expedited hiring of staff and secured additional resources to address the investigations caseloads.



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## Office of Child Care Licensing

- **DELACARE:  
Requirements for  
Child Placing Agencies**
- **DELACARE 'Healthy  
Living Rules', Lead the  
Nation**



*The Delaware Children's Department*

New Delacare Rules for Family and Large Family Homes became effective on January 1, 2009. The Office of Child Care Licensing held dozens of training sessions for licensed providers to help them meet the new requirements. We have begun the process of changing the requirements for Child Placing Agencies. This will be the fourth of five sets of rules to be revised since January 2007. The final set of rules is scheduled to be reviewed and revised during FY12. Delacare regulations are designed to ensure the health and safety of children and enhance the quality of their experiences in child care.

Delaware has been recognized at the national Healthy Kids, Healthy Future: Promising Practices and Policies for Health Promotion and Obesity Prevention in Early Care and Education Conference for embedding in licensing rules provisions for nutrition, physical activities and limits on television and computer time for all child care programs. OCCL worked closely with Nemours Health and Prevention Services and the Child and Adult Food Program (CACFP) from the Department of Education to craft a rule that would guide child care providers to serve healthy snacks and meals. These efforts have garnered attention in Congress and in other states. Our hope is that by experiencing healthy eating and activities while in care, children will develop healthy lifestyles that last a lifetime.



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## Office of Child Care Licensing

- FY09 Compliance Visits - 100%
- Child Protection Registry Checks - 39,422



*The Delaware Children's Department*

The Office of Child Care Licensing completed 100% of the required compliance visits for Family Child Care Homes. This is the second year in a row achieving our goal. The Criminal History Unit continues to receive and process high numbers of requests for Child Protection Registry and criminal background checks. In FY09, 39,422 Child Protection Registry and 6,617 criminal background checks were processed which resulted in the disclosure of 521 individuals with substantiated cases of child abuse and neglect and 2,992 individuals with arrest records. A total of 487 individuals were determined unsuitable for employment with the Children's Department, and child care facilities. Some of these individuals were found unsuitable to become foster or adoptive parents.



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## Foster Care

↓  
Number of Children in Care Down

↑  
Teens in Care Up



*The Delaware Children's Department*

The issue of children coming into care for the first time as teens is a difficult one and is very much on the forefront of discussion and work of the child welfare system and advocates.

The overall number of children in our custody and foster care placement responsibility is experiencing a downward trend. At the end of FY08, 863 children were in care. At the end of FY09, 743 children were in care, a 14% decrease. At the same time, the percentage of teens ages 13 and up has increased. At the end of FY08, teens made up 40% of the total number of children in care. As of February 1, 2010, teens made up 45% of the total number of children in care.

We are reviewing all teens in foster care and those children with the goal of APPLA (Alternative Planned Permanent Living Arrangement) in order to outline any new strategies that may prove helpful to address this population and their unique needs.

We are joining forces with our sister divisions to address the needs of teens in care. Utilizing recommendations from the Child Protection Accountability Commission, the Division of Child Mental Health Services has established a number of new strategies to assist children including dedicated staff to respond in the field. Staff have been assigned to work with children entering foster care and connect them to treatment services, and to meet with foster families and our staff to discuss challenges. Together we have initiated expedited response for children in crisis entitled Child Priority Response that helps keep children who are at risk from disrupting their placement. Our sister division is monitoring a small group of our youth aging out of care. This is part of a larger effort to support these youth as they enter the adult world.



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## Independent Living Enhancements

- Cabinet Level Support – Housing
- Office of Volunteerism - VISTA
- New Foster Care Parent Training for Teens
- STEPS to Include Teens in Transition Planning
- Creating Lasting Connections w/Significant Adults



*The Delaware Children's Department*

We are extremely grateful that the Governor's Cabinet recognizes our role and how their respective Departments may be able to help youth aging out of care. A great example of their work is the recent award of fifty Family Unification Housing Vouchers the Delaware State Housing Authority received to assist youth leaving foster care who need affordable and safe housing. These vouchers will assist these youth by supplementing what the youth can pay for housing. In addition, the DSHA has lowered the age requirement for applying to their waiting list for public housing and Section 8 Choice Vouchers from age 18 to age 16. This change will better position our youth to secure housing once they leave the care of the State.

Our partners at DHSS State Office of Volunteerism worked with us to apply for and receive a three year grant from the federal Volunteers In Service To America (VISTA). We are currently developing a foster care mentoring program for our teens in care. This is an exciting program that will greatly address the needs of children leaving foster care by providing needed adult support and involvement in their lives in areas such as education, housing, employment, training, and other supports. Our partners at DHSS have been invaluable. We look forward to working with them to bring this program to fruition.

Recognizing that teens in foster care present unique behaviors and are more likely to disrupt placement, we have designed specific training for foster parents willing to accept teens in their home.

The Stairways to Encourage Personal Success (STEPS) continues to be a successful planning tool that allows the youth to take an active role in their transition to the adult world.

Finally, we are focusing on creating lasting connections with significant adults – these are adults that the child can rely on to be there and help guide them through the ups and downs of life.



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## FY11 Budget Reductions

<b>Contractual Services</b>	<b>\$ (49.9)</b>
<b>Energy</b>	<b>\$ (25.2)</b>
<b>Supplies &amp; Materials</b>	<b>\$ (10.0)</b>
<b>Capital Outlay</b>	<b>\$ (5.0)</b>
<b>Child Welfare</b>	<b>\$ (313.1)</b>
<b>Pass-Throughs</b>	<b>\$ (1,237.9)</b>
<b>TOTAL</b>	<b>\$ (1,641.1)</b>

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*The Delaware Children's Department*

The Fiscal Year 2011 budget impacts for the Division of Family Services are reflected on this slide. \$403.2 are direct base reductions for our Division. This reduction includes funds to a contractual provider for the provision of residential treatment services that were underutilized and no longer relevant given the needs of our population and our practices in providing services to youth. We expect to be able to manage our core services with these reduction targets.



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**Thank You!**

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*The Delaware Children's Department*

As I close, I wish to thank you for the opportunity to present the Governor's Recommended Budget for the Division of Family Services for Fiscal Year 2011.

I, along with my team, will be happy to answer any questions you may have.



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## *Division of Youth Rehabilitative Services*

**Joint Finance Committee Hearing  
Fiscal Year 2011**

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***Carlyse Giddins  
Division Director***

Good Afternoon Senator Cook, Representative Williams, members of the Joint Finance Committee, community partners and interested citizens. I am pleased to share with you today an overview of the DYRS mission, our accomplishments, and opportunities to better serve the youth in our care.

Before we proceed, I would like to introduce my management team as there has been a change during the past year. Rick Shaw, my Deputy Director; Lisa DiStefano, Chief of Community Services; Annette Miller, Superintendent of Ferris School; Mitchell Rock, Superintendent of the New Castle County Detention Center; John Stevenson, Superintendent of Stevenson House Detention Center; and Alison McGonigal, Administrator of our Level IV Cottages.



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## Our Mission

“To support public safety and positive change of children, families, and communities through guidance, education and empowerment.”

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*The Delaware Children's Department*

The mission of the Division of Youth Rehabilitative Services is to support public safety and positive change of children, families, and communities through guidance, education and empowerment.

During the past year, our efforts in working better together have been instrumental in achieving our mission. I am greatly appreciative of the continued dedication of our staff during challenging times, the collaboration with our sister divisions and community partners, and the support of the Administration and General Assembly.

I would like to begin by giving you an overview of our program units.



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## Secure Care Detention

- Facility Self Inspection
- Cognitive Behavior Training (CBT)



*New Castle County Detention Center*



*Stevenson House Detention Center*

*The Delaware Children's Department*

The Division is dedicated to maintaining and exceeding standards necessary to keep youth safe in our facilities. New Castle County Detention Center recently underwent a facility self-inspection by a team of both internal and external reviewers. No violations of juvenile rights or environmental concerns were discovered. The facility administrator has developed a program improvement plan for those areas that require attention. Stevenson House is scheduled for a similar self-inspection later in 2010. These inspections help the facilities stay on top of important operational and programmatic issues necessary to maintain a quality facility.

The Cognitive Behavior Training (CBT) program, which teaches staff how to facilitate positive skill development with the youth, has been implemented in both facilities, resulting in fewer behavior violations. An action plan is in development to institute CBT this year in all of DYRS residential facilities.



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## American Correctional Association (ACA)

### Reaccreditation Audits Fall 2010

- New Castle County Detention Center
- Stevenson House Detention Center
- Ferris School

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*The Delaware Children's Department*

All of our Secure Care facilities are currently accredited through the American Correctional Association. In the fall of this year, all three facilities will be undergoing the process of reaccreditation. Administrators and staff from all three facilities are working diligently to ensure compliance with the standards required to be successful in this effort.



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## Secure Care Level IV Cottages

- Organizational Change & Program Review
- Facility Self Inspection
- Cleveland White School
- Community Partnerships



*Mowlds Cottage*



*Grace Cottage*



*Snowden Cottage*

*The Delaware Children's Department*

In our efforts to provide residential services to our youth closer to home, Grace and Snowden Cottages continue to provide residential treatment services to over 200 youth in-state each year. In a recent organizational change, Grace and Snowden, along with Mowlds Cottage, have moved under the oversight of a Program Administrator in the Office of the Director. Previously, the programs were part of the Ferris School Administration.

The Cottages have also completed the self inspection process and they, like NCCDC and Stevenson House, are working from an action plan.

Earlier this month, the Cleveland White School was opened in the Cleveland White Building. This remodeled program area provides educational services to youth from all three cottages in a normalized environment. Rather than youth receiving educational programming in multi-purpose areas within their residential buildings, they now are able to attend school in dedicated classrooms in a school like setting. We appreciate the efforts put forth by our Cabinet Secretary and sister Division, Management Support Services, in making the new school a reality. Once again, by working better together, we have been able to improve our services to youth in our care.

In addition, cottage residents continue to benefit from a range of program opportunities through organizations including Christiana Care, Christian Motorcycle Association, Delaware Center for Justice, Delaware Girls Initiative, Girl Scouts, Jewish Family Services, LINKS, Prison Ministries, and Women and the Law. We greatly appreciate the commitment our community partners have made to enhance the treatment experience for youth involved in our system.



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## Secure Care Ferris School

- Educational, Vocational and Life Skills Programming
- Cognitive Behavior Training (CBT)



*Ferris School*

*The Delaware Children's Department*

Ferris School continues to provide a quality education program in addition to a range of therapeutic services and vocational opportunities to over 140 students each year. In addition to the education program, Ferris continues to operate a licensed Residential Substance Abuse Treatment program which serves almost two-thirds of the student population each year. Students also participate in a variety of life skills programming conducted by Ferris treatment staff. These programs are designed to improve communication and interactive skills as well as healthier ways to resolve conflicts and anger issues. Ferris students are also given the opportunity to learn from the experiences of successful members of the community who act as positive role models by sharing their life stories and offering words of encouragement and support to the youth.

Ferris will also be adopting the CBT behavior management model in 2010.



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## Community Services

- Community Supervision and Treatment
- New Inappropriate Sexual Behaviors (ISB) Unit
- Specialized Caseloads

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*The Delaware Children's Department*

The Community Services unit is responsible for providing community supervision to pre-adjudicated and adjudicated youth throughout the State. The unit is also responsible for overseeing contractual services that provide both residential and non-residential support to the youth we serve.

During the past year, Community Services implemented a new unit dedicated to providing supervision and oversight to youth with inappropriate sexual behaviors. The ISB unit is comprised of specially trained probation staff that are proficient in recognizing behavior patterns of individuals adjudicated of sexual offenses. They are also familiar with community resources and service providers that can provide needed services and supports for the youth. The unit has made great strides in closing the gap towards sufficient community based services for this population. In addition, Community Services has attained an additional grant which will provide ongoing training to service providers as well as judicial officers. Community Services also has representatives who participate on the Sex Offender Management Board.

In addition, Community Services operates two specialized probation caseloads – a female gender specific caseload for at-risk girls and a caseload of youth who reside in the City of Wilmington's Hope Zone.

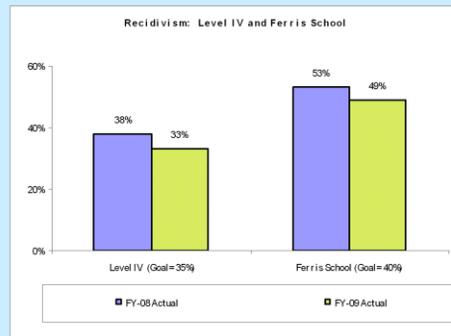
Community Services continues to provide quality services during these difficult times and strained resources.



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## DYRS Accomplishments

- Reduced Recidivism
- Manage Within Appropriation



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Our mission focuses on implementing positive change in our children. Through our efforts, recidivism has decreased. We want to prevent youth's reentry into the juvenile justice system! We are indeed headed in the right direction.

We aggressively seek to leverage resources, meet the individual needs of our youth and manage within appropriation. FY09 spending was below target budget.



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## Juvenile Justice Collaborative

- New Leadership – Cabinet Secretary and Chief Judge
- Formation of numerous subcommittees to review critical issues in Juvenile Justice

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The Division of Youth Rehabilitative Services, along with other system partners, has participated in the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative since 2003. Along with the change in administration has come new leadership and a renewed commitment to this important initiative. The renamed Juvenile Justice Collaborative, or JJC, is co-chaired by DSCYF Cabinet Secretary Vivian Rapposelli and Chief Judge Chandlee Kuhn of the Family Court. The Collaborative is focused on broad-based policy and reform in establishing a more effective and efficient juvenile justice system.

Through their efforts and those of the Collaborative members, numerous subcommittees have been formed to review critical issues within Delaware's Juvenile Justice arena. Many of these are issues that were highlighted in the Juvenile Justice Assessment completed by Shay Bilchick in 2008. The Subcommittees include: Legislation, H.B. 85, Superior Court, Truancy, Community Programs, Gun Court, and Disproportionate Minority Contact. The H.B. 85 Subcommittee has deferred to House Resolution 22 Task Force.



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## Community Programs Subcommittee

- Proposal to Restructure DYRS Community Services

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The Community Programs Subcommittee was tasked with assessing the current services provided by DYRS in the community from pre-trial through re-entry and, identifying opportunities for service enhancements while ensuring that we are investing our resources effectively. The team, comprised of DYRS staff and other juvenile justice stakeholders, proposed a framework for the Restructure of DYRS Community Services which was endorsed by the JJC. The proposal provides a high-level framework in which an evidence-based model can be built.

The reality is the current system neither meets the needs of youth nor promotes the expected level of public safety. We need to do business differently to create efficiencies, leverage resources across the juvenile justice system, and engage the community and stakeholders in producing better outcomes for youth.



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## **Strategies to Restructure DYRS Community Services (Pre-Adjudicated and Adjudicated Services)**

- Alternatives to Detention
- Level II / III
  - Risk Assessment Tool
- Level IV / V - Residential and Re-Entry
- Criteria for Diversion and Violations of Probation

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Our strategy centers around several workgroups. The Alternatives to Detention workgroup will seek to expand community-based alternatives and redefine residential services. Consideration will be given to programs such as home confinement with programming, shelter services, and day/evening reporting and sanction centers.

Level II/III workgroup seeks to build a continuum of probation services based upon the youth's charge and treatment needs. The concept also includes parent/caregiver accountability and eliminating duplication between service providers and DYRS probation staff supervision. A subgroup will address the development of a risk and needs assessment tool that will provide balance between the youth's treatment needs, appropriate interventions, and consequences for the delinquent behavior.

The Level IV/V Community Services Workgroup proposal creates enhanced alignment with the Governor's Re-entry Initiative and the Department's efforts for more effective transition to the community. The team will develop ideas for building staff capacity and develop supervision standards. The Serious Juvenile Offender Unit will provide auxiliary support services for the Probation Officer with a focus on public safety.

The Criteria for Diversion group seeks to define and expand diversion options while the Violation of Probation/Sanctions team will consider a range of engagements to effectuate compliance requirements.

The restructure strategy is a multi-year plan. With the flexibility of realigning existing resources contained in epilogue and seeking grant opportunities, the goal is to begin to shift to the new model in 2010.



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## FY11 Reductions

Contractual Services	\$ (679.2)
Energy	\$ (194.6)
Supplies and Materials	\$ (20.0)
Capital Outlay	\$ (10.1)
Debt Service	\$ (823.2)
<b>TOTAL</b>	<b>\$ (1,727.1)</b>

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As previously mentioned, we have been successful in the past managing within the target budget. By aggressively managing out-of-state placements and reducing length of stay, we fully expect to meet the FY11 Contractual Services target reduction of \$679.2. Additionally, we continue to monitor all expenditures closely and efficiently utilize energy resources.

An eye-opening study released in August supports our vision and strategy to restructure the DYRS Community Services. Longitudinal studies about the impact of juvenile incarceration yield results ranging from bad to worse. The most favorable, like the initial report of the MacArthur Foundation's "Pathways to Desistance" project released in December, find that despite the enormous expense of incarceration, youth sentenced to juvenile facilities are no less likely to re-offend than youth supervised in the community at a fraction of the cost. Other research, like the new study, finds that juvenile incarceration substantially increases future offending. We will work collaboratively with service providers to strengthen community-based services for youth exposed to the juvenile justice system.

We will continue to aggressively manage our resources in FY11 to meet core business requirements.



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## **FY-2011 Governor's Recommended Budget**

### **Thank You!**

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DYRS is committed to supporting public safety while providing appropriate services to the youth we serve. YRS will maximize community-based resources as well as in-state residential options while operating with a reduced complement of staff resources. We look forward to reprogramming existing budget allocations and capitalizing on grant opportunities to enhance our continuum of services.

Once again, I would like to recognize the dedicated staff of DYRS for continuing to work diligently to provide the best services possible for youth and families in our care during these difficult times.

Thank you for your continued support and I welcome any questions that you may have.