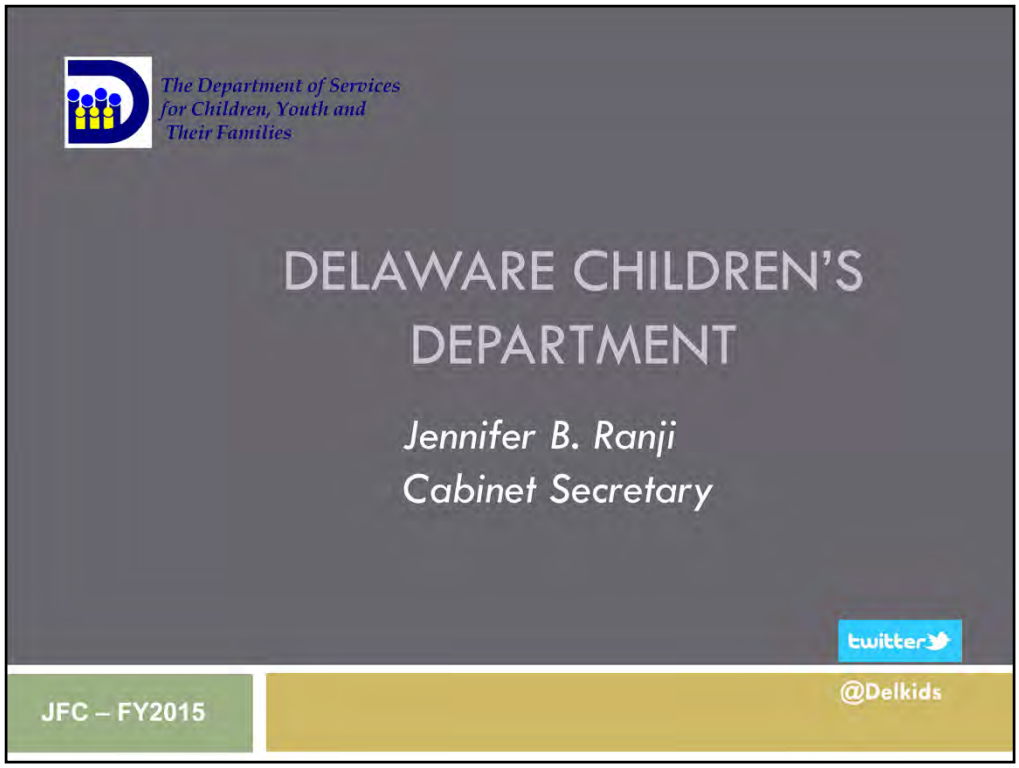


Good morning Senator McDowell, Representative Smith, members of the Joint Finance Committee, Controller General Morton and staff, and members of the public.

THANK YOU

Thank you for allowing me to present the FY15 Governor's Recommended Budget on behalf of the Children's Department.

Joining me today are the Directors of each division: Karryl McManus, Director of Management Support Services (DMSS); Susan Cycyk, Director of the Division of Prevention and Behavioral Health Services (PBH), Nancy Dietz, Director of the Division of Youth Rehabilitative Services (YRS) and Vicky Kelly, Director of the Division of Family Services (DFS). As well as other members of the Department's leadership team.

During this presentation I will 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 FY15.

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

Division of Management Support Services (DMSS) Highlights

- Education Opportunities for Youth in Care

DMSS staff play a critical role within our Department, providing the human resource, budget, fiscal, information technology, facilities, and education services for our other three Divisions.

Our Education Unit, which is housed in DMSS, serves youth across the Department. We feel very strongly that the educational opportunities that we provide to the youth who are in our residential settings is critically important to their successful transition back into their communities. We are committed to focusing on teacher quality and supports, renewed commitment to maximizing the academic growth of the students while they are with us, and increasing the use of technology to make the most of every minute that we have a child in our care.

This work has been made easier thanks to the investment made by the Governor and the General Assembly to build the much-needed multi-purpose education facility on campus – students began attending classes in the new building in January, where they are able to benefit from better technology and an atmosphere that much more closely mirrors a

traditional school setting.

Division of Prevention & Behavioral Health Services (PBH) Highlights

- FY14 Budget Initiatives
  - Middle School Behavioral Health Consultants
  - After-School and Summer Programs
  - Silver Lake Treatment Center Expansion
- FY15 Initiative
  - Parent Child Interaction Therapy

Our PBHS Division offers services and supports to youth of all ages, from prevention programs to low-level community based services to residential treatment and crisis services.

In FY14, the General Assembly approved $3.3M in funding to place 30 Behavioral Health Consultants or BHC's in middle schools statewide. We were not certain how many clinicians would respond to our RFP for these services, but I am happy to report that after one round of contracting, we have 23 BHCs working in 27 middle schools across the state. Several of the BHCs reported that when they arrived at their school, there were already student files waiting for them for students the schools had identified as needing the assistance of BHCs. We believe that we will address many unmet needs with this initiative. We're also making progress on our initiative to consolidate residential programming at our Silver Lake site in Middletown.

Also in the FY14 budget, PBH was approved for $2.2M in funding to support after school and summer prevention programs. So far, twelve agencies have been awarded this funding to serve youth in all three counties, and those programs are in various stages of program implementation. Director Cycyk will talk about all of our FY14 Initiatives, as well as Parent Child Interaction Therapy, our FY15 initiative, in more

detail during her presentation.

Division of Youth Rehabilitative Services (YRS)

- Improved Transitions
- Education Task Force
- FY15 Initiative - Improved Re-entry Services for Ferris School Youth
- Outcomes Data

One large area of focus for YRS is the need to better support youth as they transition back into the community.

As the Governor said in his State of the State address, we need to change the trajectory of youth who enter the deep end of our criminal justice system. Youth who leave secure care often return to the same exact challenges that led them to us in the first place. Many of them won't complete their education. Of 184 youth in custody at our Faulkland Road campus last year, only 11 were back in traditional schools six months later. Many youth drop out, are expelled, or are re-incarcerated.

We need to break the cycle of incarceration by getting these youth back into school. In the coming months, I will lead a task force focused on how to get these children into an educational environment that is sensitive to their unique challenges and experiences.

The Governor also recommended $250.0 for a re-entry program to fund community-based advocates to work with these families and youth as they leave Ferris School. Advocates will help these youth access mental health services, re-enroll in school, and get on a path to success.

We also need more timely and accurate data on youth after they leave our care. In her presentation, Director Dietz will talk about how we are leveraging existing resources, and how we secured a federal grant, to assist us in getting the information we need.

Division of Family Services (DFS)

- Continued "Front End" System Reforms
  - Differential Response
  - Team Decision Making
- Youth Aging Out of Foster Care
  - Continued Funding for Ready by 21

The Division of Family Services provides Child Protective Services, including the child abuse/neglect report line, investigation, foster care, intact family treatment services, independent living and adoption.

DFS continues to implement the Outcomes Matter initiatives to offer better decision making, more family assistance, and more training and supports for foster families. We are making significant, evidence-based changes in a system that has often been based on subjective assessments and application of policies that could be difficult to implement. Director Kelly will talk about Outcomes Matter in more detail later, but we are seeing good results from this initiative so far.

We are thankful the Governor recommended $515.0 ASF for second-year funding for the Ready by 21 program, which provides needs-based stipends to youth who age out of foster care.

DFS Highlights

- Office of Child Care Licensing
  - Criminal History Unit
  - Regulatory Changes

DFS is also responsible for the safety of children in child care settings via its Office of Child Care Licensing and for performing thousands of background checks each year of people who work in schools, social services and health care.

As Director Kelly will discuss, we have been working hard on reviewing and paring down our regulations. As a result of our meetings with stakeholder groups this fall, we expect to propose regulations this Spring that are consolidated to 1/3 of their current size.

I'll now take a moment to talk about an FY15 budget initiative that will impact all four divisions.

New Initiative

Annie E. Casey Foundation Tool for Measuring Child Well-Being

The Department currently serves children in various settings, in-state and out-of-state, in government operated and contracted facilities, for greatly varying lengths of time and types of interventions.

As we continue to try to serve more and more complex children with an increasingly complex network of services and limited resources, it becomes even more important that we begin taking a deeper look at what interventions are working and which are not meeting our expectations.

The Governor has recommended $250.0 to work with the Annie E. Casey Foundation's Institute for Child Outcomes to pilot a tool that will better track and measure children's well-being while receiving our services.

The Institute for Child Outcomes has developed an online tool that tracks a child's status across 12 domains that have been proven to be reliable indicators of a child's well-being. The tool is sensitive enough to track changes over relatively short periods of time, and to determine not only how a child is faring, but what impact specific interventions have had. The tool can be used across all of our Divisions, service levels, and interventions, and the information obtained from it can be available instantaneously to the individuals working with the child who we deem appropriate.

With this tool, we will be better able to gauge how a child is doing at any given point in time and tracking whether they are improving. In the long run, the tool will help the Department make better informed decisions by matching children to the most appropriate intervention for their needs.

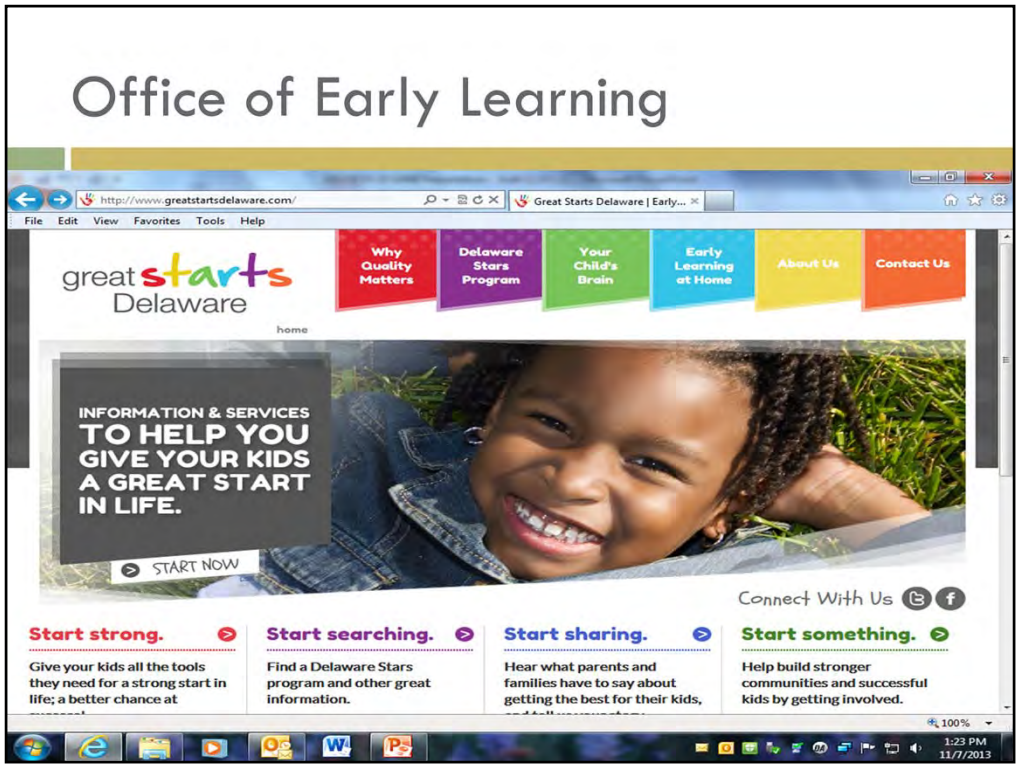
FY 2014 Highlights and Accomplishments

Investigation Coordinator

I would also like to update you on two other initiatives that are relevant to the work of the Department.

In May we hired Jennifer Donahue, Esquire, formerly of the Office of the Child Advocate, to fill the newly created Child Abuse Investigation Coordinator position. This position was based on recommendations in the Dean Ammons report on the Earl Bradley Case.

The role of the Investigation Coordinator is to assess, monitor and track all reported interfamilial and extra familial cases of sex abuse, serious physical injury and death. Ms. Donahue is currently tracking over 400 cases that fall into these categories, and is working through communication and collaboration with the multi-disciplinary team members to advance the best interests and safety of children in Delaware.



I'd also like to mention the work of the Office of Early Learning. The Office was created to implement the Early Learning Challenge grant that Delaware received in 2012. The nature of the early learning work requires significant coordination between the Children's Department, the Department of Education, and the Department of Health and Social Services, with the Children's Department Secretary the designated lead Cabinet official for the work.

The OEL is leading and coordinating the effort to develop Delaware as a high-quality early learning State.

The Office and its partners – state agencies and many others – has already made significant progress increasing the number of early childhood providers that are participating in the Stars quality rating program and implementing the Early Learning Survey – a robust tool that is helping kindergarten teachers better assess and meet the needs of incoming kindergartners.

The number of programs participating in Delaware Stars has increased from 134 to well over 400, including 75% of all early learning centers and 20% of all family based childhood programs. Additionally, we have launched $3.8 million in compensation, retention and education awards to more than 1300 individuals working in Stars programs who have improved their education and credentials.

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, Controller General Morton and staff, and members of the public. On behalf of the staff of the Division of Management Support Services, I would like to provide updates on some of our activity this past year.

Please allow me to present members of the DMSS leadership team here today: Mike Alfree, Deputy Director and Brian Reynolds, Budget Manager.

I appreciate the opportunity to represent our staff who often work behind the scenes in support of our Department's critical responsibilities.

DMSS Mission

- "To Support Those Helping Children and Families"

  - Human Resources
  - Facilities
  - Telecom/MIS
  - Fiscal Services
  - Cost Recovery

As a shared service provider, DMSS is responsible for all administrative aspects of the Department including Human Resources, Facilities/Maintenance, Telecommunications, Database Management, Budget Coordination, Fiscal Services and cost recovery.

Centralized administrative services allow for the sharing of resources to create incremental process improvements and meet agency needs on demand.

DMSS Mission (con't)

- OCM
  - Interstate
  - Grants and Contracts
  - Quality Assurance
- Education
- Trauma Informed Care

In addition to the service areas mentioned previously, DMSS also houses critical cross-Divisional responsibilities, including the Office of Case Management, our Education Program, and our work supporting Trauma Informed Care.

It has been a busy year for the entire Division and I'd like to take a moment to highlight some of our work.

FACTS II

- Project Look Ahead
  - Thirty dedicated DSCYF staff testing the system
  - All DSCYF staff will be trained between January and March 2014

INTEGRATING SYSTEMS
FACTS II
SUPPORTING FAMILIES

As some of you may recall, the Department is in the process of updating our existing Management Information System - FACTS. This three year journey is nearing completion and we are in the most intense phases of the project.

This new system will allow us to do four key things not available in the current system. First, the new system will visually integrate the three service division case management processes. This will allow a case management approach that is streamlined and will follow a case from intake through service delivery using interdivisional screens and navigation.

This web based system will provide easier access to client history and the identification of client needs across DSCYF.

We will have more intuitive system navigation with major improvements in the ability to link family members and related persons across services. Finally, FACTS II will enhance the way workers record case notes providing a shared view of case information among Department Users.

As indicated, the project has entered an important phase known as User Acceptance Testing (UAT). This phase started on December 16th and is on going. Thirty Department staff across all four Divisions are presently executing 1,500 test scripts to ensure that our vendor has met our business needs. Following UAT, we segue into staff training and we expect to transition from the current information system to FACTS II in the Spring of 2014.

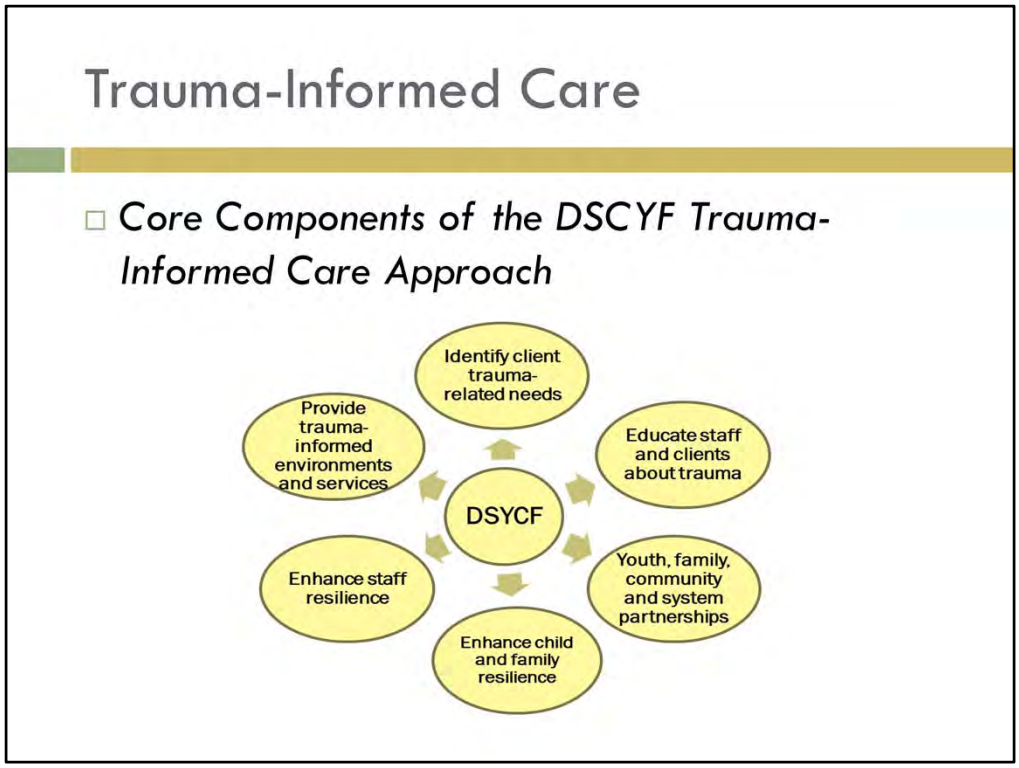
Medicaid and Affordable Care Act

- Revenue Enhancement
  - DMMA State Plan Changes
    - ASF Structural Changes
  - Affordable Care Act

Recent changes at the Federal level now require that we change our current methodology for Medicaid billing and we have until July 1, 2015, to develop a structure that is approved by our Federal Medicaid partners. We are working with both State and Federal Medicaid staff to ensure that our billing methodology is aligned with Federal requirements, and minimize impacts to our annual revenue collections. As a first step, we have consolidated our ASF Medicaid cost recovery funding into PBH, the division that provides the services that generate these dollars. You will see this reflected in the GRB as a series of one-to-one GF to ASF structural changes. We believe it is more transparent to spend these dollars in the division that generates them.

Our CRU section is working to implement changes to our system created as a result of the Affordable Care Act. Children receiving services from DPBHS who were previously uninsured, will now be insured. We are establishing relationships with insurance companies in Delaware that are insuring children receiving services provided by our Department – this will enhance the recovery for these services by becoming an "in network" provider.

The final ACA impact for the CRU is that children aging out of foster care and are Medicaid eligible will remain eligible until they are 26, as long as they retain Delaware residency. We are working with Medicaid and DSS to ensure a smooth transition for these youth.



The Department has undertaken numerous efforts across all 4 Divisions to focus on the impact of trauma on the youth we serve and on the staff who work with them.

DMSS chairs the DSCYF Trauma Informed Care workgroup to ensure that we:

•Realize the prevalence of trauma exposure and can recognize the signs of toxic stress and link children to trauma-specific interventions.

•Create environments that help children and families feel safe and supported, and

•Consider the impact that working with traumatized children and families can have on our staff.

You will be hearing from some of my sister divisions about the work they are doing to identify client trauma specific needs, create and link to trauma informed services and environments as well as to ensure supportive work environments for their staff.

Key Educational Accomplishments

- Student participation in free online college coursework
- Partnerships in support of LFS and Common Core
- Employment Specialists Connecting Youth with Work
- Standardized test scores increasing
- Multi-Purpose Juvenile Facility

As Secretary Ranji mentioned, another area of focus within DMSS is our Education Unit, and I'd like to share some key accomplishments for the Unit.

As a Unit, the Education staff has a renewed focus on youth transition to school, work and postsecondary educational alternatives.

Students are beginning to participate in Education Portal's free online college coursework in selected subject areas. Once completed, students are eligible to take the College Level Education Program (CLEP) exam for college credit, which will transfer to several local universities, including Wesley and Delaware State University.

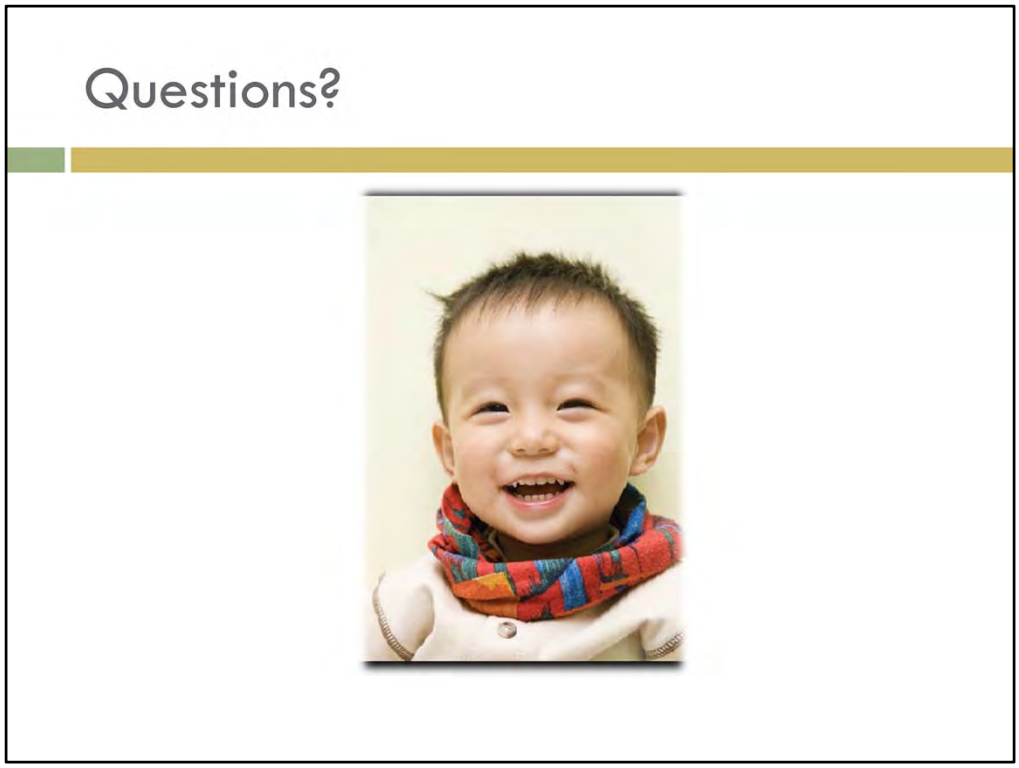
In addition, we have developed a partnership with the Southern Delaware Professional Development Center through the University of Delaware to provide training and support to our teaching staff around Learning Focused Strategies (LFS) training and Common Core Alignment.

Standardized test scores are increasing across facilities. We are currently showing an upward trend for youth achievement in both reading and math.

Last year, we hired two Employment Specialists to work with transitioning Cleve-White School students. Prior to release, the specialists work with youth on job readiness, including interview skills and resume preparation. Post hire, the specialists follow up regularly to track issues.

Finally, we reported last year on construction of a new multi-Purpose Juvenile Facility on our Faulkland Road campus. Work began in November 2012 was complete by January 2014 – on time and under budget. Our facilities team did an outstanding job overseeing the

construction of the building using LEED certificate standards. This new resource is enhancing the educational environment for our youth and allowing them to learn in a state of the art facility.

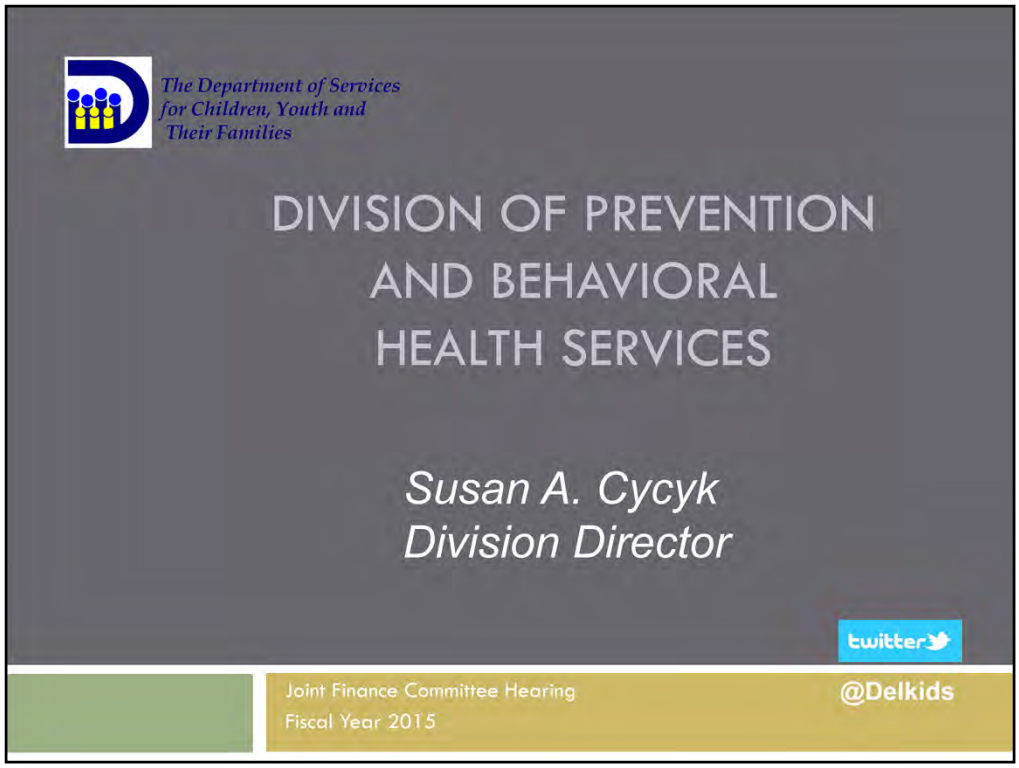


In closing, I would like to express my appreciation for the opportunity to speak with you about the progress we have made as a Division.

I would be remiss if I did not acknowledge the untiring and dedicated staff that comes to work each day, ready to take on the challenges of serving children with increasingly complex needs. Whether on the front line or in the behind-the-scenes roles often carried out by DMSS, the staff continuously rises to the challenges and provides creative new ways to get the job done.

To all of them, I want to say a special public thank you.

Thank you for your support and I am available to answer any questions you may have.



Good morning Senator McDowell, Representative Smith, members of the JFC, 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 discuss our future plans and to share our achievements, which are due to the dedication of our employees and our many community partners.

Accomplishments

- Increased Access to Services
- Continuously Improved Quality of Services
- Intensified Early Childhood Mental Health
- Strengthened Prevention Services

Our recent accomplishments, grouped into the four categories on this slide, are substantial. I am pleased to discuss them further.

Accomplishments: Access

- Elementary School FCTs – 1,573 students (11.5% Increase)
- Community-Based Treatment Service
- Behavioral Health Services to Youth in DYRS Facilities (Approx. 150 each week)
- Treatment Services – over 4,400 served (4.9% Increase)
- Prevention Services – over 9,100 served (10% increase)

Assuring access to appropriate services is critical for our success. This slide shows the increase in the number of children and youth accessing our services

One area I want to highlight is the increase in our statewide community-based treatment services. For the first time in some communities, families had a choice of provider. We also eliminated waiting lists for many of our services, particularly in Kent and Sussex Counties.

We also added services in our YRS facilities, where we recently introduced a new substance abuse program called Opportunities to Change, designed to provide students with problem-solving skills and to focus on relapse prevention. We also implemented Project H.O.P.E. (Healing Opportunities for Positive Engagement), to provide parents with the tools and information necessary to assist their adolescent to be successful upon their return home.

Accomplishments: Continuously Improving Quality of Services

- CARF Accreditation at the highest level
- State-Operated RTCs
  - -BBI Consultations from SAMHSA
  - -RTC Best Practices Local Committee
  - -Reduction in Use of Restraints

While we increase access, we also need to assure quality. The Division is nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and recently earned a three-year accreditation renewal. This is the highest level of accreditation possible.

Enhancing the effectiveness of our State-Operated Residential Treatment Centers (RTCs) has been a primary focus over the past few years. The Division utilized consultation from the Substance Abuse and Mental Health Service Administration's (SAMHSA) Building Bridges Initiative (BBI), as well as recommendations from local partners, to shape a plan for RTC improvement. Our leadership team and staff headed the development of changes to the physical appearance of the facilities, created a more trauma-informed setting and treatment approach, increased the involvement of family-members, and continued to reduce the use of restraints.

Accomplishments: Early Childhood Mental Health

- Improved quality of treatment (through use of evidence-based practice) and
- Strengthened family partnership across the system.

We have also focused on early childhood mental health. Through the Bringing Evidence-based System of Care and Treatment, or BEST Grant, over 200 clinicians have been trained in Parent-Child Interaction Therapy (PCIT), an effective mental health treatment for young children (age 2-5) with behavioral difficulties. I'll speak more about PCIT later in this presentation.

In addition, during calendar year 2013, 665 early learning professionals were trained in Child-Adult Relationship Enhancement (CARE) and 25 teachers received Teacher-Child Interaction Therapy (TCIT) training. Both CARE and TCIT are adaptations of PCIT for non-clinical staff working with young children, including early care and education professionals, parents, caregivers and foster families. All these researched approaches focus on strategies to build positive relationships with a child.

Accomplishments: Prevention Services

- After School/Summer Prevention Programs
  - -Suicide Prevention
  - -Violence Prevention
- Anti-Bullying
- Youth/Leadership Development

Here in Delaware, after-school and summer prevention programs are now offered across the state, and address both youth suicide and violence. By strengthening our prevention approach, we will address the initial findings of an investigation conducted by the U.S. Centers for Disease Control (CDC) of teen suicides in Kent and Sussex Counties in 2012. I will provide additional information on our activities later in this presentation.

Our Anti-Bullying Program increases awareness and provides an anti-bullying curriculum for schools, community centers and for college students studying counseling.

The Division coordinates an annual statewide Teen Summit that is planned by Delaware youth. The focus of the Summit is to address topics of importance to youth such as gender issues, underage drinking and substance abuse. Over 700 teens participate in this annual summit. This summer we will also sponsor a youth leadership academy.

Update on FY 14 Budget

$2,225.0 Allocated for After-School/Summer Prevention Programs

- 12 Agencies Awarded Mini-Grants-Up to $20,000 and served over 800 children/youth
- 40 Proposals Received for $1.9 million RFP
- 12 Organizations selected to receive first round of full funding
- 2500 Youth to be served

In September, we released funds to implement mini-grants to fund prevention services between September 2013 and January 2014.

In November, twelve organizations were selected to receive nearly $2 million dollars remaining in after school and summer prevention program funds. Three of the twelve organizations selected will offer programs in all three counties; four will operate in New Castle County; two will conduct their programs in Kent County; and three will operate in both Kent and Sussex Counties.

We anticipate that approximately 2,500 youth will be served annually by these After-School/Summer Prevention program. From north to south, we are offering a robust series of opportunities for our youth, from academics, through screening for trauma and training in suicide prevention, to youth leadership development.

Most of these programs are in geographic areas in which Delaware's youth have experienced significant challenges, such as community violence and poverty.

Update on FY 14 Budget

$3,300.0 allocated for Early Access to Behavioral Health Services:

- Expand the Behavioral Health Consultant Program in the Middle Schools
- Psychiatric Consultations
- Tele-psychiatry

In July 2013, $3,300.0 was allocated to PBH, primarily to support middle school students in their school environments. Through this funding, contracted Middle School Behavioral Health Consultants (BHCs) assess for risks associated with suicide, screen for mental health, trauma and substance use, and provide counseling in the school setting. They connect families with other school or community services, and to community mental health or substance abuse providers if longer term treatment is recommended.

Twenty-three (23) BHCs are presently working in Delaware Middle Schools. Each consultant is assigned to one or more schools as determined through collaboration with the Department of Education and local school districts. Ongoing recruitment to fill the remaining BHC positions continues. With our current federal suicide prevention grant ending this year, we will have 30 professionals in the schools, who will be trained to continue our school-based suicide prevention work.

Included in this allocation are resources to increase access to psychiatry.

Psychiatric Consultations for Primary Care Physician Service covers the cost of child psychiatrist telephone consultations with pediatricians and family doctors. This will allow these primary care physicians to directly prescribe follow-up services, including medication if necessary, without requiring a child to wait for an appointment with a psychiatrist. We are working to finalize the first round of contracts for this service and anticipate implementation of this service in late-February.

Telepsychiatry allows Delaware-licensed psychiatrists to provide behavioral health services to patients in distant locations. Telepsychiatrists team up with partners in the patient's local area through the use of HIPPA compliant video conferencing equipment. We are working through the Department of Technology and Information (DTI) regarding appropriate equipment and are targeting a Spring kick-off of this service.

FY 14 Budget - Outcomes

Prevention

- Program-specific outcomes

Behavioral Health Consultants

- Academic performance
- School behavior
- DFS referral

I spoke earlier about our Division's commitment to quality services and our consistent efforts to improve our performance. We recognize and appreciate the significant investment our state has made in after school and summer prevention programs and in behavioral health services for middle school students. We are considering approaches to best measure outcomes of these new services.

For our after school and summer prevention programs we engaged the Criminal Justice Council (CJC) to monitor each programs' service delivery as compared with their program plan. For example, if an agency is funded to present an evidence-based violence prevention program, pre and post-tests on children's increased knowledge can be a measurement.

For our Behavioral Health Consultants, we will track the academic and behavioral performance of the specific children we serve. We will also track referrals of these children into the Division of Family Services.

Update on FY 14 Budget

Silver Lake Treatment Center (Middletown)

- Consolidate Silver Lake and Brenford locations
- Improve service Delivery
- Occupancy targeted For Fall 2014

The Division's budget for fiscal year 2014 included funding for building expansion at the Silver Lake Treatment Center in Middletown, which will provide the capacity to accommodate all our adolescent clients in one centrally located state-operated facility.

This expansion will address identified needs, such as better meeting space for family visits and space for physical activity during inclement weather. Improvements include a separate residential wing for females residents, thus providing an opportunity for gender-specific treatment and programming.

The builder received approval from the Middletown Planning and Zoning Committee and recently met with the Mayor and City Council. Occupancy of the new space at Silver Lake is targeted for Fall 2014, pending final lease negotiations.

FY 15 Governor's Recommended Budget
Continuation of Services to Young Children

- $589.3 ASF to sustain the Intensive Home-based Parent Child Interaction Therapy (PCIT) Program
- Allows two existing local providers to continue to offer Intensive Home-based PCIT

Delaware is in the final year of Bringing Evidence-based System of Care and Treatment (B.E.S.T) for Young Children and Their Families; a $9M, 6 year federal grant to develop a system of care for young children (birth to five) with mental health issues, and for their families. Prior to this grant, which ends in September 2014, Delaware had little to no mental health treatment for this population and few clinicians in our network were using evidence-based practices for this age group.

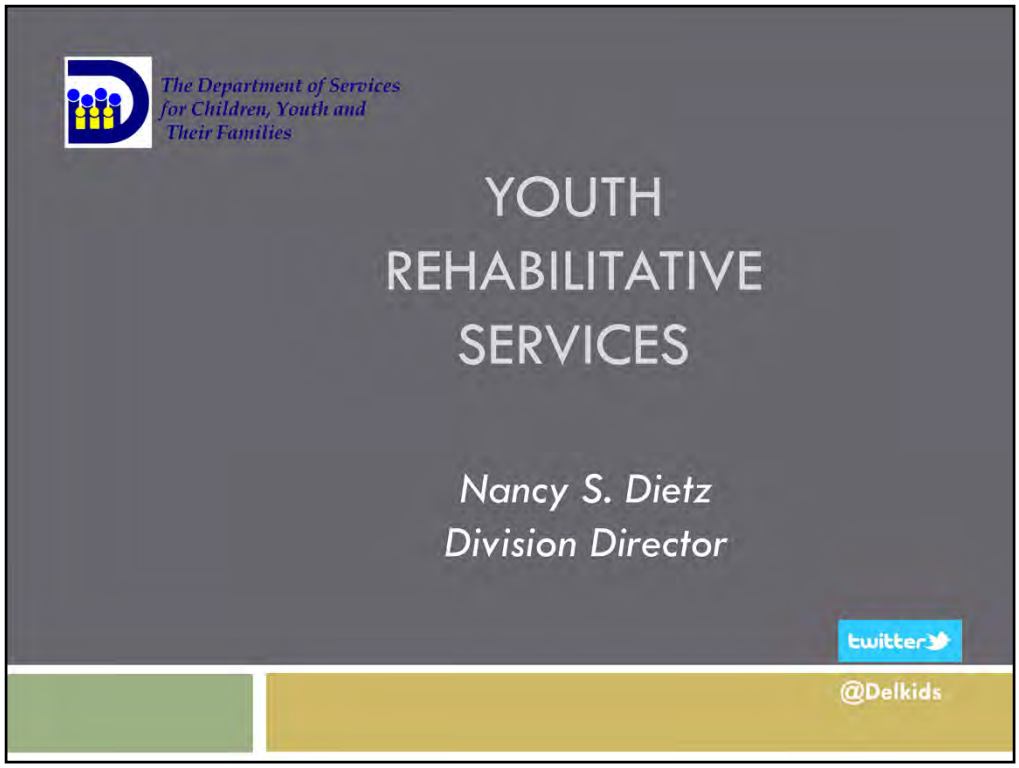
The Governor has recommended $589.3 ASF to enable PBH to continue to provide Parent Child Interaction Therapy to young children with high intensity behavioral health needs, many of whom are at risk of removal from early education and learning programs. This funding will provide continued capacity at two qualified local treatment providers to serve 70 to 100 children per year. Families generally participate in this treatment from 4 to 6 months in their home.

Resilient Children and Families Living in Supportive Communities

This slide is from one of our family picnics. These families are playing with their children, something that had been a rare experience for many of our families. The slide shows a team pulling together - children, families, staff - towards a goal. It is symbolic of what we do, every day, throughout PBH: we support children and families with very serious challenges to grow strong together, achieve their goals, realize their dreams, and build the community of the future.

I appreciate your past support for Delaware's young children, adolescents, families and communities, and for our work in prevention, early intervention and treatment. I am humbled by the true dedication and professionalism of our staff and community partners. Most of all, I am grateful to the children and families with whom we have the privilege to work. Every day they inspire us to grow more effective on their behalf.

My Deputy Director, Steve Yeatman, 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 stand 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.

Our Mission

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

The Division of Youth Rehabilitative Services (YRS), provides services statewide to youth who have been adjudicated delinquent and ordered by the court system to receive services.

During the past year, we have continued our efforts to build a system that protects public safety, holds youth accountable for their behaviors and decisions, and provides treatment and rehabilitative services tailored to meet the needs of youth and their families.

Most youth want to succeed and have the potential to do so with the right supports. Our goal is to focus on skill development, the power of making choices, building positive relationships, and addressing the underlying issues that impact behavior.

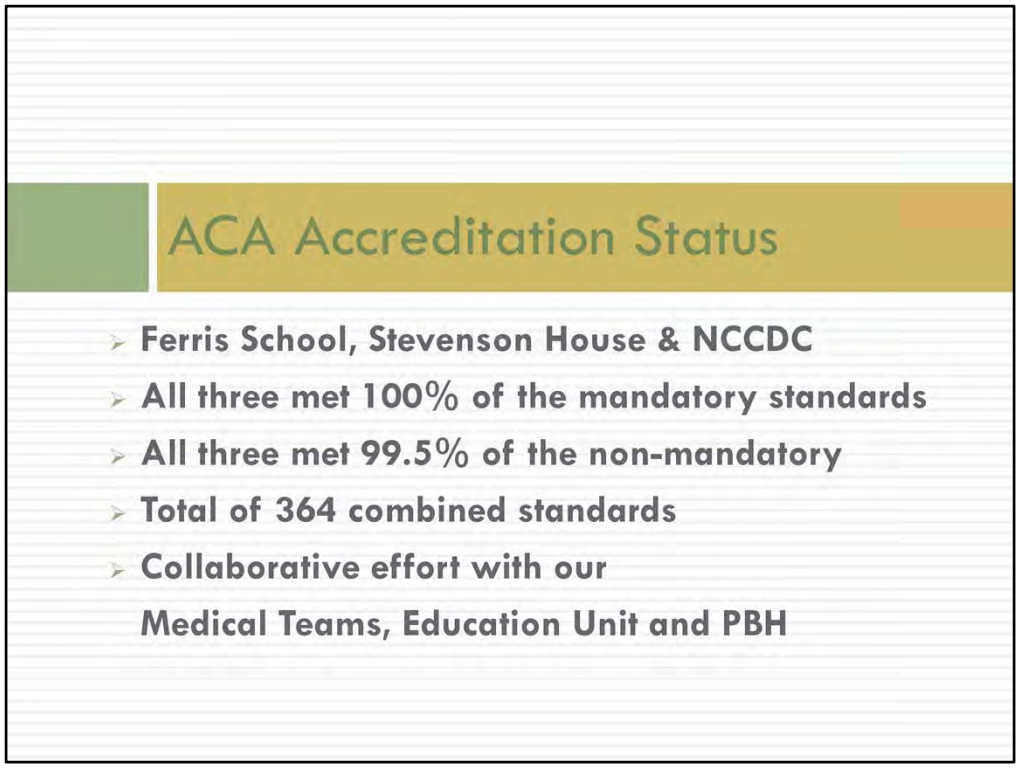
Community Services provides supervision for youth on pre-trial and probation with appropriate supervision options based on the risk to re-offend. Community Services also connects youth to services, supports and programs which address the needs that contribute to delinquency behavior, promote youth success and reduce recidivism. Use of the Positive Achievement Change Tool (PACT) is the cornerstone of our process to provide effective and appropriate services and supervision support to youth. The PACT is an evidence based risk, needs and strengths assessment instrument which assists Community Services in planning a responsive supervision and intervention plan for each youth.

Our 2 detention facilities provide secure care for youth awaiting trial. Due to a multi-year effort termed the "Juvenile Detention Alternatives Initiative", Delaware has been able to reduce populations in secure detention through the use of objective admissions criteria and community based alternatives. This has allowed us to improve rehabilitative programming to youth residing in our detention centers awaiting court referrals.

During the past year, Ferris School has transformed its leadership team and now has a new Principal, Superintendent and Assistant Superintendent. As mentioned by Director McManus, the Department has implemented a trauma informed treatment program that included staff training on the impact of trauma on adolescent development and behavior in addition to learning strategies for managing the effects of vicarious trauma and the benefits of self-care. Weekly groups are facilitated with youth who have been identified as having been exposed to trauma and loss. In addition, Ferris School has added an evidence-based Gun/Gang Violence Reduction program to the curriculum for youth adjudicated on gun related crimes. Building a healthy family support network is key to our youth's success. In an effort to engage parents as part of the treatment process and reunify families when the youth transitions to the community, staff continue to enhance family activities at the facility and we now provide transportation access to families traveling from down state.

The Residential Cottages are three staff secure Level 4 facilities. In 2012, the Residential Cottages began program performance measurement as part of Community-based Standards, the only national standard process for residential treatment programs. The goal is to establish and sustain systems for continuous improvement and accountability. Youth committed to the Residential Cottages continue to participate in educational and vocational

programming at the newly constructed Multi-Purpose Facility on campus.



Late in 2013, the Stevenson House, NCC Detention Center and Ferris underwent an ACA (American Correctional Association) reaccreditation review.

During this review, each facility must meet 100% of the mandatory standards and 90% of the non-mandatory standards. There are a total of 364 combined standards that are expected practices.

I am proud to announce that all three facilities were found to be in compliance with 100% of the mandatory standards and 99%+ of the non-mandatory standards. These scores are the highest that any of the three facilities have received in the past inspections.

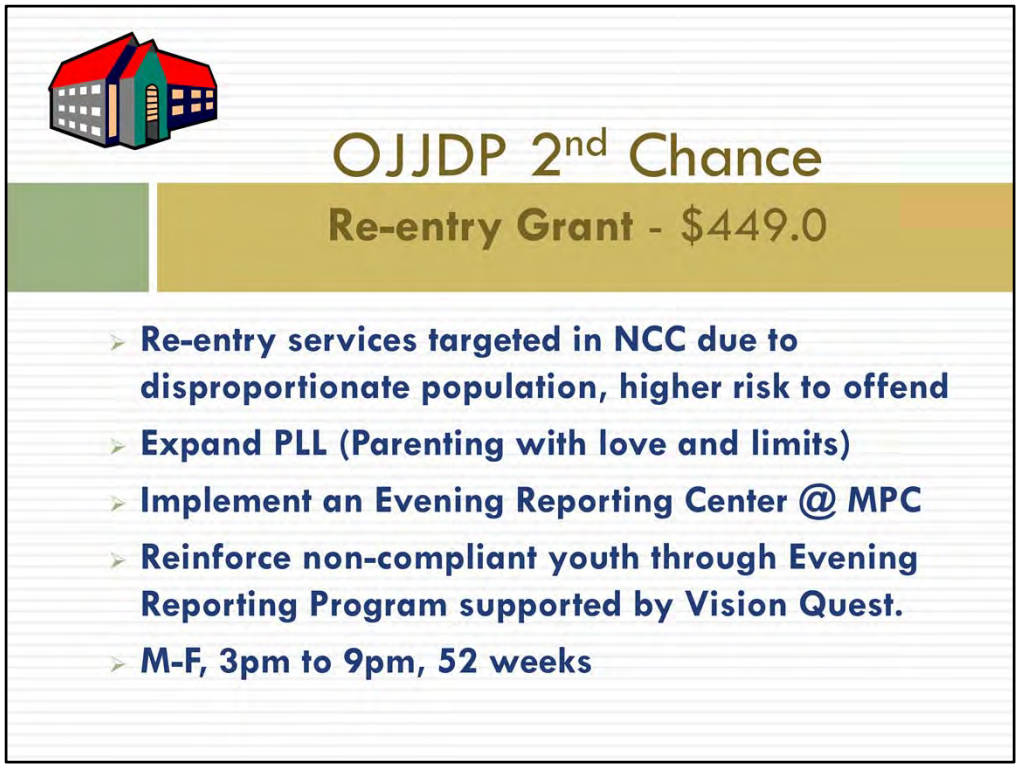
This was a rigorous process that could not have been successful without the support of all the divisions in DSCYF.

YRS has maintained its collaborative relationship with the Annie E. Casey Foundation and the Juvenile Justice Collaborative, co-chaired by Secretary Ranji and Family Court Chief Judge Chandlee Johnson Kuhn. Through the efforts of this group, much has been accomplished in the juvenile justice arena in the past several years. In 2012, YRS commissioned the Comprehensive Strategy Group to provide an assessment of the Division's progress in juvenile justice reform. The resulting report noted that "the Delaware model is one that reflects a vision of how a state can meet the needs of children, youth, and families in a unified, comprehensive, compassionate and cost effective manner." The report included reform recommendations for further juvenile justice system improvements, many of which were initiated or implemented in 2013. Reform efforts will continue in 2014 and focus on the recommended improvements laid out in this slide.

As a result of our restructuring efforts, the use of a risk/need tool, the Positive Achievement Change Tool (PACT) assessment, and how we connected kids to services based on criminogenic need, 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.

This project, conducted in partnership with the Criminal Justice Council, positions 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.

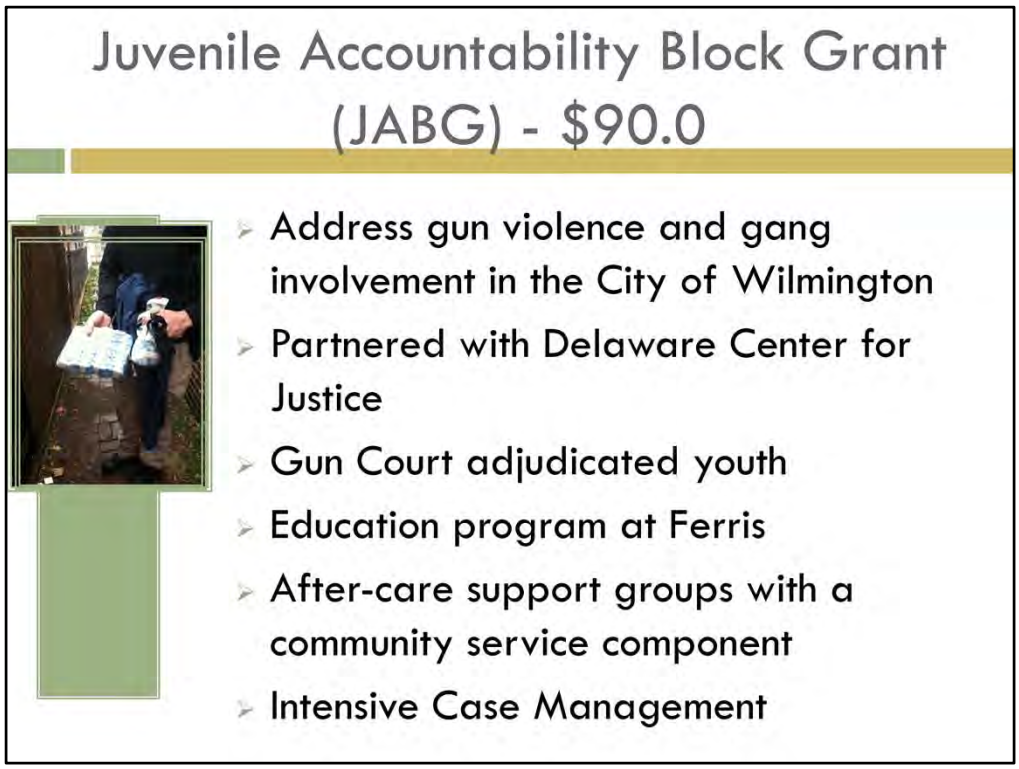
Through the JJRRI grant, YRS and the partners of the grant, will evaluate YRS community based programming and examine their cost effectiveness.



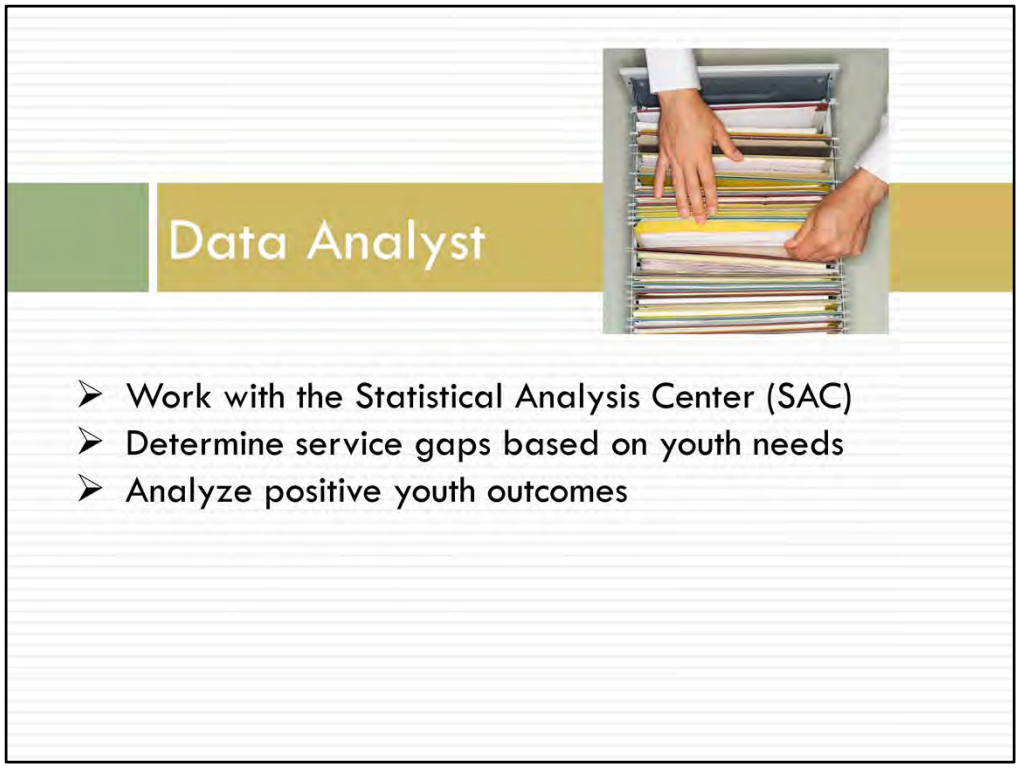
As part of a comprehensive strategy for serious, violent, and chronic juvenile offenders, YRS in partnership with the Criminal Justice Council recently received an OJJDP, 2nd Chance Re-entry Federal Grant.

The target population for this grant program is youth re-entering the New Castle County community. This area was chosen due to the disproportionate population of juveniles being released from secure confinement back to New Castle County. This population of youth is in need of intensive rehabilitative treatment services. While the youth are in placement, it allows for individual therapy to begin with the youth and services to begin with the families

The approved grant is a combined program of funding re-entry services along with an Evening Reporting Center that will be housed in the new Multi-purpose facility. The ERC will serve as reinforcement for youth who are not compliant with programming when they return to the community. Academic services will also be provided that will include tutoring, homework assistance, GED preparation, and participation in the web-based VisionQuest Academy. The ERC will have a computer lab in which youth will participate in supervised and structured activities.



In response to the alarming rate of gun and gang crime, YRS and the Delaware Center for Justice partnered and applied for and received a JABG block grant which will fund an evidence-based education program regarding gun/gang violence that incorporates skill based learning for students at the Ferris School for Boys. This program includes intensive case management/after-care components for adjudicated youth charged in Delaware's Gun Court. The program consists of three main components: evidence-based education within the facility, after-care support groups with a community service component, and intensive case management.



Delaware's juvenile justice system cannot advance significantly without objective data and performance outcomes. While we are able to obtain some recidivism data through the Statistical Analysis Center, YRS needs a Data Analyst who is able to quantify the results of new programming and structural improvements as well as evaluate our risk assessment protocols for reliability and validity.

We will use existing Department resources to hire a Data Analyst that will:

Work with the Statistical Analysis Center to expand recidivism analysis

Determine service gaps based on youth needs, and

Collect and analyze positive youth outcomes data such as education and employment.

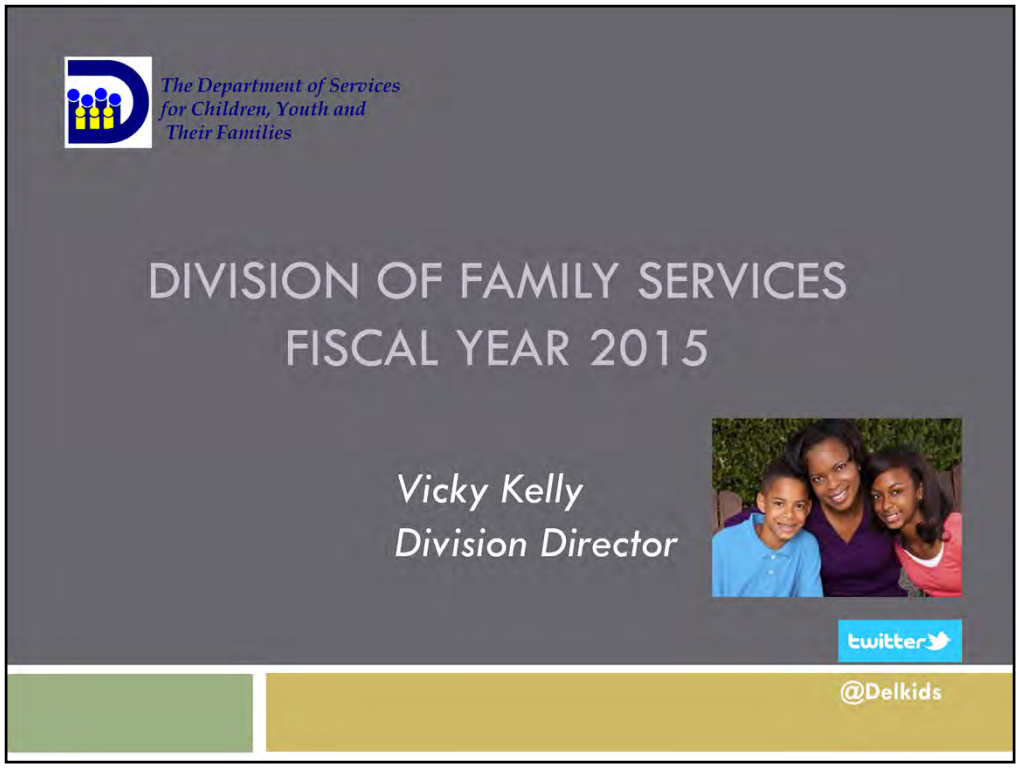
In FY15, the Governor has recommended $ 250 thousand in additional funding for Enhanced Re-entry Services for adjudicated youth. Many of the youth leaving our secure facilities re-enter the community facing the same circumstances that that led them to the criminal justice system in the first place. Research indicates that many youth consider reentry the most serious challenge of their lives.

We are seeking funding to implement a Youth Advocacy aftercare program that supports the transition and reintegration of youth returning to the community from out-of-home placement. The advocate would meet with the youth and family during out-of-home placement and throughout aftercare and help identify the strengths, interests, challenges, and needs for each youth and family and incorporate into the re-entry plan.

Programs like this model have been used successfully in other jurisdictions. Successful reentry and transition is critical to slowing the revolving door within the juvenile and criminal justice systems. The benefit of a successful outcome for even one individual is substantial.

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, Alison McGonigal, 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.

Thank you for the opportunity to present the FY15 Governor's Recommended Budget for the Division of Family Services. I would like to provide a very brief overview of our agency, followed by overviews of several important accomplishments, a few of our challenges and opportunities, and then finish with our plans to use existing resources to accomplish important priorities.

Before I begin, I would like to take a moment to thank the entire DFS staff for their continued hard work and dedication to the children and families who need our services.

Division of Family Services (DFS)

- **Office of Children's Services**
  - Abuse & Neglect Reporting/Investigation/Treatment
  - Foster Care
  - Adoption
  - Independent Living
- **Office of Evidence Based Practice**
- **Office of Child Care Licensing**
  - Criminal History Unit

DFS is organized into several units:

The Office of Children's Services, which provides the child abuse/neglect report line, investigation, intact family treatment services, foster care, adoption and independent living services.

The Office of Evidence Based Practices, which provides screening and consultation services.

And the Office of Child Care Licensing, which includes our Criminal History Unit.

DFS Highlights

- Office of Evidence Based Practices
- Continued Innovations in Best Practice
  - Differential Response System
  - Structured Decision Making®
  - Team Decision Making
  - Strengthening Foster Care Services

I would like to begin with highlights of some of our achievements.

Last year, DFS created of Office of Evidence Based Practices by leveraging existing resources. This office ensures that all children entering foster care have been screened to assess their mental health needs and provides consultations as needed to caseworkers and foster parents in understanding these children's needs. Since starting in March of 2013, of the 324 children and youth who have entered foster care, our staff have screened 153 who were not already receiving mental health services. 75 of these children have been identified as needing services such as counseling, Child Development Watch, or other specialized service and referred. They have provided 171 consultations to staff and foster parents as we work to help meet the needs of these children and stabilize their placements. Staff in this office also help monitor and ensure that the use of psychotropic medications given to children in foster care is appropriate.

DFS continues to implement a host of system improvements known collectively as the ***Outcomes Matter Initiative***. These improvements are focused on offering better research-based decision making, more effective family engagement, and more training and supports for foster families. While there is a lot of activity, I will highlight four of the key pieces that have been implemented within the last year:

First, DFS has successfully implemented a Differential Response System, a best practice approach for child welfare services to serve low risk cases. Historically, our child welfare system had only one choice in response to hotline calls – either the case met the criteria and an investigation for abuse or neglect was opened with that family, or the case was screened out. A Differential Response System allows us to offer another option called the Family Assessment and Intervention Response for low risk cases in which it is determined that the family could benefit from supportive services, but there is not the need for more significant interventions. The cases selected initially for this other pathway are those involving families with teens experiencing severe parent-child conflict. To date, 340 families have been served through this pathway and only 5 youth served have needed to enter foster care. We are pleased to report that we have been able to safely decrease our teen entries into foster care by 30% in the last two years.

Second, DFS has successfully implemented Structured Decision Making® in the investigation units statewide. Last year we implemented these research-based tools for intake at the Child Abuse Report Line. The research-based tools for investigations provide enhanced guidance for workers as they assess safety, risk and protective factors in families, to help us ensure children's safety and make the most informed decisions about the response needed.

Third is Team Decision Making, another best practice approach in child welfare. Team Decision Making utilizes a trained facilitator to convene a meeting of the family, its support system, and DFS staff within 48 hours of a child or youth coming into foster care. This meeting reviews the safety issues that led to placement, but also actively engages the team in a discussion of risk and protective factors to explore and plan for the needs of the child and family. Since being implemented in September, 81 meetings have been held involving 121 children. 64 of those children were able to safely stay with or return to their families with the supports of the comprehensive plans developed. Feedback from our workers and system partners indicates this approach is significantly improving our engagement with families to meet the needs of their children.

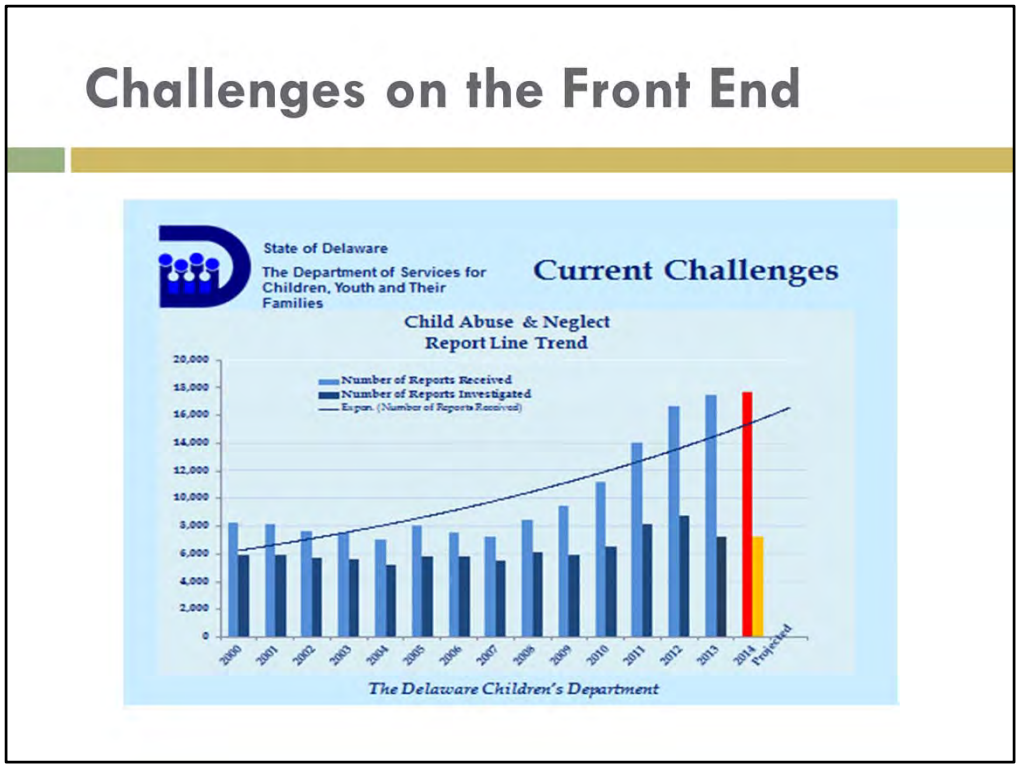
Fourth are a number of approaches to strengthen foster care services, including targeted recruitment to increase foster homes for teens, sibling groups, and medically fragile children, coupled with enhanced training and other supports for foster parents.

DFS Highlights

- Office of Child Care Licensing (OCCL)
  - Licenses child care providers and centers, child placing agencies, residential treatment providers
  - Criminal History Unit
  - Regulatory Changes

DFS is also responsible for the safety of children in child care settings via its Office of Child Care Licensing. OCCL licenses over 1,500 providers who care for children in different settings. The office also performs almost 50,000 background checks each year of people who work in schools, social services and health care.

Most recently, OCCL staff hosted four task force meetings with child care providers and various stakeholders to present proposed revisions to Child Care Center regulations. This is in line with the intent of Governor Markell's Executive Order 36 to make government regulations streamlined and more relevant. The regulations have been reduced and condensed to approximately one third (1/3) their previous size –from approximately 1,100 regulations to about 400 – and key areas have been consolidated into easy to follow charts to make them user friendly. There are also some substantive changes that offer added flexibility to providers. Our plan is to have these regulations promulgated by the Spring.



While we celebrate these recent accomplishments, we recognize that there are still challenges ahead.

Our biggest challenge is managing our multitude of statutory and regulatory responsibilities amidst historic demands on our system. This chart depicts the continued pressure on the front end of our system with the reports to the Child Abuse Report Line and the corresponding investigations by year. The trend shows the increase in volume of reports of child abuse and neglect in DE in recent years. In FY13, this trend resulted in a record 17,333 hotline reports and over 8,000 child protective investigations. Halfway through FY14, we are expecting another year of increased reports with the projection estimated to reach over 17,500 calls. However, it appears this trend may finally be stabilizing.

What is important to note is that the implementation of the Structured Decision Making® tools at the Report Line, which were supported by the Child Protection Accountability Commission, have helped us be able to make better critical decisions about which cases require an investigation and thus use our resources effectively and efficiently as we work to keep the most vulnerable children safe. It is important to note that in Delaware, as across the country, child abuse report lines receive a majority of calls that are not about actual child abuse, but rather a host of concerns such as poverty, mild forms of potential neglect, and parent-child conflict. The Structured Decision Making tools help us carefully assess the actual risk of harm to children to make wise decisions about which cases require the child protection investigation.

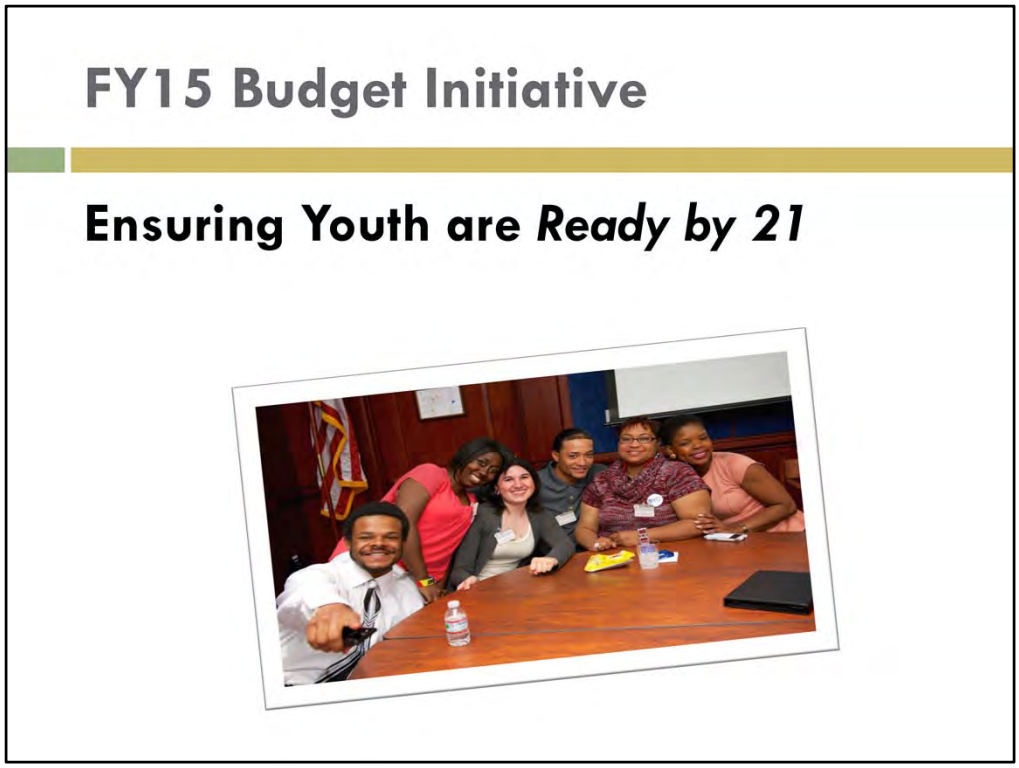
System Transformation Effort

- Annie E. Casey Foundation
- Children's Research Center (NCCD)
- ACF/National Resource Center
- Jim Casey Foundation
- Casey Family Programs
- Local partners

For the last two and a half years, DFS has been engaged in a comprehensive system transformation effort, which has been branded as the Outcomes Matter Initiative. Our primary partner in this endeavor has been the Annie E. Casey Foundation, who will be winding down their work with us in the coming months. We have also benefitted from the support and advice of several other national consultants also listed on this slide. The combined contributions of free consultation, technical assistance, training, and support have helped us leverage well over 2 million dollars in in-kind investments in DFS to help us achieve our goals of a comprehensive, best practice system.

In DE, we are also fortunate to have a strong and vibrant public-private partnership, with almost half of our child welfare services provided by private community agencies. They have been vital partners in helping us meet the needs of the children and families we serve and now also in this system transformation work. Our local partners also include a host of stakeholders and advocates who work tirelessly to ensure that our system is one of the strongest in the country.

With all of our new approaches and models now successfully implemented, we are on track to achieve even better outcomes for the children, youth and families we serve.



Now, I would like to finish with our FY15 budget initiative.

Addressing the needs of youth aging out of foster care has been a priority for Governor Markell's administration.

Last year, the General Assembly provided funding to help create the new stipend program, which helps these young adults with concrete needs as they transition into independence. These concrete needs include things like assistance paying rent, electric bills to maintain their housing vouchers, car insurance, and educational expenses.

Since August, 57 youth have met the enrollment criteria, including completion of their financial literacy training and having their budgets approved. Other youth are still in the process of enrollment. The stipends are approved and monitored by the case managers in the Independent Living Services Programs. Only 3 of these enrolled youth have had their stipends terminated for failure to follow the program rules.

The Governor's Recommended Budget includes $515.0 ASF spending authority for DFS to support the costs of stipends for this new group of young people who will be turning 18 in FY15.

Thank you again for the opportunity to share with you the important work of DFS. Every day our staff is hard at work ensuring that DE's children are safe, have real opportunities to grow up in caring families, and are supported to reach their potential.

My Deputy Director, Shirley Roberts, and I would be happy to answer any questions.