

# *Delaware Children's Department*

Joint Finance Committee Hearing

Fiscal Year 2013

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*Vivian L. Rapposelli*

*Cabinet Secretary*

Good morning Senator McDowell, Representative Williams, Members of the JFC, Controller General's Office staff and the public. Thank you for the opportunity to present the FY13 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 the 1200+ staff in our agency who 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 Ccyk, Director of Prevention and Behavioral Health Services (PBH); Carlyse Giddins, Director of Youth Rehabilitative Services (YRS); and Victoria Kelly, Director of Family Services (DFS). The Deputy Directors are Michael Alfree, Steven Yeatman, Rick Shaw and Rodney Brittingham, respectively.

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Our Responsibility.*



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Our children. Our future. Our responsibility.

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 the ongoing economic struggle, staff throughout the Children's Department continue to demonstrate their commitment to serving and protecting children and families throughout Delaware, and I want to take this opportunity to publicly thank them for all they do.

## *Delaware's Time to Lead*



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In this year's presentation, I wish to begin by echoing the Governor's remarks in his State of the State - "Now is Delaware's time to lead." It's a stance we, as a Department, have continued to take seriously in the last three years as we made transformational improvements in our Department.

For years, I have reiterated that our "system" is only as good as the people who are part of it; only as strong as we strive to make it. Like anything else, it takes an investment of time, energy and, yes, sometimes, if not always, money. Like a recipe, without these basic ingredients, it won't work. I'm proud to stand here before you and tell you that our Department has invested time, energy and financial resources toward a better tomorrow for kids.

The momentum represented in the budget requests you'll hear today are possible only because of the thoughtful investments we have made that have developed the strong foundation that we have today.

Therefore, before I discuss the GRB, I want to take a moment to share with you the highlights from the various divisions.

It is a testament to our Directors, deputies, managers, supervisors, front-line workers, and all staff alike that each Division has actively recognized their important role in our collective effort, remained steady and focused in difficult economic times, and brought us to where we are today.

## *DFS Highlights*

### Division of Family Services (DFS)

- Solutions for record volume
- 5<sup>th</sup> in nation on prevention of a recurrence of maltreatment



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In the Division of Family Services, the most significant issue continues to be increasing volume, a trend which began in 2007. Through unique collaboration with stakeholders and the Annie E. Casey Foundation, we are working to implement long-term, nationally recognized solutions to what we expect to be a continuing trend.

With increased caseloads, demands on our DFS workers multiply. Challenges on our front line workforce have been difficult. Despite these challenges, the efforts of our staff have earned Delaware the spot of 5<sup>th</sup> in the nation on prevention of a recurrence of maltreatment. I must take a moment to thank and congratulate them on this extraordinary achievement.

## *DFS Highlights*



Division of Family Services (DFS)

- Structured Decision Making®
- Differential Response (DR)

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The Department is pursuing two important initiatives to address the challenges, which Director Kelly will speak about in more detail in her presentation. While these sound like mere initiatives, I highlight them because they represent much more than that. They represent a significant change in how the state supports its approach to child welfare.

The first of these is the implementation of a research-based approach called Structured Decision Making. This simple, objective and reliable set of tools will provide our caseworkers and managers with pertinent information, which will help us make the best decisions for individual cases. We are working with the nationally recognized Children's Resource Center and have begun planning for implementation of Structured Decision Making this year.

The second represents a request we are making before you today as part of the Governor's Recommended Budget. Differential Response is a best practice in responding to low-level, yet vulnerable families, allowing staff to provide more intense services to the more severe, high risk cases.

By pursuing Structured Decision Making and Differential Response as a unified approach, we hope to continue our success in ensuring child safety, while providing families with the most appropriate level of service for their needs, and ultimately reducing DFS caseloads. I'm pleased to tell you that the Child Protection Accountability Commission, which is comprised of almost all the partners in the system that we continuously seek to improve through such initiatives, has been an excellent partner in planning for both Structured Decision Making and Differential Response. CPAC has conveyed, and demonstrated, their full support for this path forward, and I'd like to express my thanks for that.

## *Youth Aging Out of Foster Care*

- Administration Priority
- Agency and Stakeholder Collaboration
- Youth representation and active involvement



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Equally as important to how children come into our child welfare system is how successfully they transition out. Not only is it a priority for this administration and of personal interest to me and the Governor, it has been the focus of many advocates – many of whom are in this room – for several years. Collectively, we have elevated this issue to finally receive the attention it deserves and I'm pleased to share that we continue to make significant progress.

We continue to broaden the level of engagement among stakeholders to include business leaders, community organizations and legislators. Our next milestone was reached last month when we held the first meeting of the Community Partnership Board, a group which represents the many stakeholders state-wide that will focus on key issue areas such as employment, health and education. Most importantly, and new for Delaware is that we have embraced the notion of "Nothing About Us Without Us" – as a result, youth are represented and actively involved with this initiative.



Speaking of children who age out of foster care, I wish to briefly discuss a second year request for additional funds made by Director Ben Addi from the Delaware State Housing Authority.

The GRB includes a request for \$3M to support the program in the DSHA operating budget this year. This would build upon the \$1.5M allocated in last year's bond bill. This program is part of a multi-agency, collective effort to enhance the opportunities for populations including children who age out of foster care, and for family unification. When housing is one of the obstacles facing vulnerable populations such as youth aging out, this program provides stability – a critical component to their success. You may recall seeing Matt and Mindie Stevenson at the State of the State, successful recipients of the SRAP program.

I fully support DSHA in the work they've done to make this a priority for their agency and encourage you to also support their recommendation.

## YRS Highlights

### Youth Rehabilitative Services (YRS )

- Juvenile Justice Collaborative
- Enhanced Community Services



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Turning to the Division focused on our juvenile justice system, the Division of Youth Rehabilitative Services (YRS) has enhanced its community capacity with a concentration on providing better outcomes for kids. YRS continues its work with the Juvenile Justice Collaborative (JJC), which is comprised of agency partners including the Family Court, Justice of the Peace Court, Department of Justice, the Public Defender's Office, Criminal Justice Council and numerous non-profit agencies. As I've reported previously, the JJC works in partnership with the Annie E. Casey Foundation as a replication site for the Juvenile Detention Alternatives Initiative (JDAI). The primary goal of the JJC is to improve the effectiveness and efficiency of Delaware's juvenile justice system.

Current initiatives within YRS, in collaboration with the Juvenile Justice Council include:

- Restructuring of YRS Community Services;
- Establishing a formal effort to address disproportionate minority contact within the juvenile justice system;
- Focusing on developing front-end services to reduce the need for deeper-end services, especially residential placement; and
- Improving data collection and analysis

Since becoming a JDAI replication site, Delaware has significantly reduced the instances of inappropriate and unnecessary detentions and strengthened agency and community partnerships statewide. This work, and various ongoing initiatives, has positioned Delaware to become a model juvenile justice system.

## *PBH Highlights*



### Prevention and Behavioral Health Services (PBH)

- Working with Very Young Children
- Training/Capacity Building
- Community Based Treatment
- Leverage Federal Dollars

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The Division of Prevention and Behavioral Health Services began the fiscal year as a new Division with employees deployed across communities, schools and offices throughout the state. The PBH team has successfully integrated prevention, early intervention and treatment into one division, working together to strengthen children, families and communities.

The Division disseminates extensive training in the community through eight, evidence-based approaches, transforming treatment by changing how it is delivered. Of note is Parent Child Interaction Therapy (PCIT), a highly effective mental health treatment for young children with challenging behaviors. As a direct result of our training, we have seen a dramatic increase in access to treatment. Also, we have engaged Early Childhood Mental Health Consultants in the early education settings, which have improved the outcomes for children with behavioral health issues that threaten their ability to remain in their settings. These initiatives, and others, are key components to the Race to The Top – Early Learning Challenge grant I will discuss later.

PBH has been extremely responsive to requests for assistance specifically in light of efforts to prevent and curtail crime in the City of Wilmington. The Curfew Center and Extended Hours in Community Centers were two efforts focused on reducing violence among youth. In particular, we saw positive outcomes in the community hours extension and you'll hear more about that as part of the Governor's Recommended Budget.

Finally, PBH is extremely successful in leveraging federal dollars to enhance and expand our service array. The Division continues its implementation of a six-year, \$9M SAMHSA grant to develop a statewide mental health system of care for young children and their families and was also awarded a \$1.5M Suicide Prevention grant from SAMHSA.

## Education Highlights

### Education Unit

- On-line Credit Courses
- Enhanced Educator Training
- Internship Opportunities



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Now, I'll highlight the work of our Education Unit, which is housed in the Office of the Secretary. Terry Senio, who leads the Unit is here with us today. The education team has been working hard to find and expand opportunities for youth in our care to successfully complete their education.

By hiring a Curriculum Coordinator, we are maximizing the education that kids in our care are receiving and striving towards helping kids be successful and earn the credits they need to graduate. We have also purchased several on-line curricula, which allow students who work best through this medium, to recover and accelerate earning high school credits while in our care. Further, we developed a partnership with Diploma at a Distance so students will have a plan and a way prior to leaving our care to continue their programs in the community and for graduation with a diploma, versus a GED.

Finally, all Education Unit staff members were trained in DOE's Common Core Curriculum Standards and Learning Focused Strategies. This alignment of our curriculum with DOE and local schools strengthens student transitions back to the public schools.

## *DMSS Highlights*



- Title IV-E Backlog Eliminated
- SSI and SSA Eligibility Project
- Supporting the Frontline

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Turning now to the last of our Divisions, I'll update you on initiatives within the Division of Management Support Services (DMSS).

DMSS continues to work in the background to provide the necessary resources and supports needed to enable our operating Divisions to do their critical work. I spoke last year of the reduction in the backlog in our Title IV-E client eligibility. The Cost Recovery Unit has since completely eliminated the backlog and increased the rate at which we are reimbursed for costs by the Federal Government for foster care. The Unit also continues to develop opportunities to enhance federal reimbursements for services provided by our Department. Recently, the unit developed a billing process that has resulted in significant savings to YRS to cover the cost of medications and other medical expenses for youth in out of state placements.

Thanks to the support of the General Assembly, in collaboration with the unions, we have implemented a Department Drug Testing Policy.

## FY13 GRB

- PBH Deficit Relief – \$920.0
- DFS Differential Response – \$750.0



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I'd like to turn now to the Governor's Recommended Budget, which contains recommended Inflation & Volume increases to PBH Periodic Treatment of \$570.0 and to PBH 24 Hour Treatment of \$350.0, both of which will provide relief from ongoing client-driven deficits. Both the number of clients and the complexity of these clients' needs are increasing across the PBH service continuum, and these funds are necessary for the Department to provide critical, mandated treatment services to our clients.

To address a critical emerging issue for the Division of Family Services, the Governor has recommended \$750.0 to implement Differential Response. As I mentioned in my DFS highlights, and Director Kelly will expand upon, this is an improved triage approach that provides alternative ways for vulnerable families to access needed services when there is no child maltreatment present.

## *FY13 GRB (cont'd)*

- PBH Community Centers Extended Hours – \$200.0 ASF
- Pass Through Partner Support



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The Governor also recommended \$200.0 ASF to help fund extended hours at certain community centers. We look forward to continuing this successful program, which we know kept kids engaged in positive activities and out of trouble, this coming summer.

Finally, our three pass through partners – the Children's Advocacy Center, People's Place Milford, and Child, Inc. – were all recommended at their FY12 funding levels. We value the important role our pass through partners play in supporting Delaware's children and families, and we encourage you to continue your support of their fine work.

## *Race to the Top – Early Learning Challenge*

- \$49.0 million over four years
- Cross-agency initiative with the Children’s Department, DHSS, DOE and the Governor’s Office



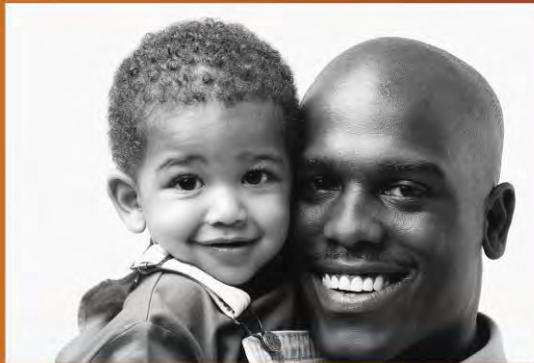
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Building on the \$22M that was appropriated last year, the State has been awarded a second Race To the Top grant, called the Early Learning Challenge.

The Early Learning Challenge grant is focused on improving the quality of early care and education, workforce development among child care staff, and implementing a kindergarten entry assessment. The \$49M grant will be dispersed over four years and represents a cross-agency initiative with the Children’s Department, DHSS, DOE and the Governor’s Office.

As the Governor’s designated lead for this initiative, I want to thank my colleagues at the partner agencies and their staff, as well as OMB, for the immense amount of work and commitment that has gone into Delaware receiving this award.

*Now Is Delaware's Time  
to Lead*



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I'd like to drive home the Governor's statement that now is the time to lead. As a Department, our entire team could not be stronger and has embraced the momentum as we continue to implement exciting initiatives.

We work hard and think critically about how we operate and continually improve how we serve children and families. They depend on us, deserve our best and we appreciate your support.

*Questions?*



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Thank you for allowing me to present the FY13 Governor's Recommended Budget for 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 2013

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*Karryl H. McManus*  
*DMSS Division Director*

Good morning Senator McDowell, Representative Williams, members of the JFC, Controller General's Office staff, community partners and the public.

I am pleased to represent the Division of Management Support Services in presenting on behalf of the 203 employees of this Division. I am proud of the work these dedicated employees perform each day, and I want to share some of the accomplishments that often go below the radar. It is the charge of this Division to literally keep the doors open and I'd like to give you a peek into some of the ways that we support those who care for Delaware's children and their families.

*Thank You!*



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As I begin my presentation, I would like to introduce the members of my Division leadership team.

Michael Alfree, Deputy Director; Brian Reynolds, Budget Manager; Jeanette Hammon, Manager of Human Resources & Center for Professional Development; Christine Kraft, our Department Controller; Gene Mitchell, Manager of our Management Information Systems Unit; Karen Triolo, Manager of our Contracts, Interstate and Quality Assurance Unit; Leslie Boyd, our Cost Recovery Unit Manager; and Laura Miles, FACTS II Manager who along with John Glancey and Carl Nelson are charged with Development and implementation of FACTS II. I'm so pleased with our team's progress this year and I would like to publicly thank them for all of their hard work and support.

Similarly, on behalf of the DMSS Leadership Team, I would like to thank the employees of our Division for a successful year of providing timely customer service and critical support for our colleagues.

## *Mission*

*"To support those helping children and families"*



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The mission of DMSS is to support those helping children and families. We are a shared service provider that supports multiple divisions and State employees through human resource support, telecommunications, agency administration, contracts management, fiscal services, cost recovery and other department-wide needs.

The Division supports the overall management of three operating divisions: Family Services, Prevention and Behavioral Health Services and Youth Rehabilitative Services. DMSS is responsible for building the necessary connections with other State departments, embracing and implementing new technologies, ensuring the appropriate physical and logistical supports for DSCYF staff, and actively contributing to the development of a solid funding base. These will allow DSCYF and its partner agencies to provide improvements and more diversified services to children and families in the State.

Our Department vision, "Our Children, Our Future, Our Responsibility," is embedded in the way we do our work. While not providing direct services to kids, our planning and effort is guided by ensuring those on the front line have the supports they need to do the really hard and demanding work involved in addressing the complex needs of Delaware children. We take that responsibility seriously and strive to provide the divisions the best customer service and support possible.

I'd now like to highlight just some of our accomplishments over the past year.

## Human Resources

- Random Drug Test Implementation
- Payroll and Fiscal Alignment
- Center for Professional Development
- Policy Review



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Our HR Unit took on several Department-wide projects. Chief among them is the implementation of a new law that requires DSCYF to perform new employee and random drug testing. We know a drug free workplace benefits those we serve as well as our employees and creates an atmosphere of greater health and safety. The new policy aligns well with that overarching goal. We worked in concert with the Unions and trained and educated staff to ensure that everyone was aware of and understood our process and practices. In January, we secured an outside vendor who will conduct random selection of staff and testing services, and we developed procedures to ensure appropriate due process. Testing will begin March 1, 2012.

Additionally, this past August, we transferred the Department's payroll unit from HR to the Fiscal Services Unit. We have begun to realize improved communication, payment accuracy and an increased level of customer service for our internal stakeholders.

Our Center for Professional Development, or CPD, is expanding training opportunities for staff. Most recently, we conducted supervisor training for all three service divisions. As the Department continues to focus on developing in-state, community based capacity to treat youth with complex needs, CPD has worked with the service divisions to develop a Department-level training curriculum for treating youth with inappropriate sexual behaviors.

Finally, the unit undertook a review of Division policies and practices to ensure alignment with state policies related to compensation and overtime.

## Management Information Systems

- SACWIS Compliance
- Innovative Technologies
  - Dragon Speak
  - Wi-Fi
  - Materials Management
  - VOIP Phones



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I would now like to turn to our Management Information Systems Unit. Our MIS Unit is responsible for security and the reliable operation of the Department's computing infrastructure. Our MIS staff supports e-mail, internet/extranet and related services and operates our Family and Child Tracking System (FACTS). In addition, the Unit maintains upgraded solutions for phones, PCs and video conferencing.

I am pleased to report that in December, Delaware became one of seven states to achieve Federal Compliance with regard to FACTS, our automated case management system.

MIS unit staff supported several projects designed to improve productivity and access to technology for those we serve. These projects include:

- Distribution of Dragon Speak Software, a product that translates speech to text.
- Installation of Wi-Fi for Education Unit laptops to allow students and instructors freedom of movement while connecting them to centralized instruction and testing systems.
- Installation of library management software that allows staff to better track materials.
- Installation of voice-over-IP telephones in the Campus Administration Building.

These innovative technologies improve the way we serve children and families, remove barriers and increase productivity.

## *Contracts, Interstate and QA*

- Continuation of Unit Consolidation
- 2% Provider Increase



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In that same vein, I'd like to discuss our ongoing efforts to improve our efficiency and maximize resources. Our Contracts, Interstate and Quality Assurance unit continues to transition administrative functions from across the Department. Now almost two years old, the team has strengthened the infrastructure to support contract administration. The Unit has developed and implemented an integrated department-wide contract management process, and developed and implemented a cross-training curriculum to promote cross-divisional knowledge and understanding. We also continue to integrate the contract monitoring process to promote consistency across all Departmental contracts.

We were well positioned to respond to the legislative mandate granting a 2% increase to our community partners and providers. Our unit coordinated the rate increase and finalized the drafting of amendments to increase the rates quickly and effectively.

Again, these administrative functions often go unnoticed – and we believe that is a good thing. We want our front line staff to do what they do best – focus on safety and permanence, child wellness and rehabilitation.

## *Fiscal Services*

- Continued FSF Alignment
- Integration of Payroll
- Submission of Cost Allocation Plan



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Let me briefly discuss our Fiscal Services unit. Fiscal faced several challenges including the implementation of a new financial management system and some significant staff turnover. Despite these developments, staff continued to develop a strong knowledge of the new FSF system to ensure all required statewide reports were completed and submitted on time.

While our Fiscal Unit was successful with the State reports, the challenge continued with blending state data into federal reports. However, by the end of the year, our Fiscal Unit was successful in submitting all federal quarterly reports – within required time frames.

As time permitted, the accounting groups within Fiscal Services worked to ensure members within each team had sufficient cross-training to cover critical tasks in the absence of staff. Cross-training and succession planning became an important “non-accounting” work product.

In addition, Fiscal accomplished three very specific tasks. First, the number of foster care providers receiving payment by check was reduced by over 50%. Fiscal continues to work with the Treasurer’s Office to have those receiving checks switched to electronic cash card payments during this calendar year.

Second, as we mentioned earlier, the Payroll Unit was successfully integrated into Fiscal Services after being transferred from HR.

And finally, our Title IV-E Cost Allocation Plan update was submitted to our Federal monitors, ACF’s Region III and the DHHS. This plan determines federal reimbursement for administrative services provided by the agency and it is our expectation that our reimbursement will increase as a result of our new plan submission.

## *Cost Recovery*



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Similarly, our Cost Recovery Unit remains the key revenue generating component in DMSS. We work hard to look for ways to maintain and increase federal claiming through our cost recovery efforts.

This year, we implemented an SSA/SSI Advocacy program to enhance the rate of eligibility for children in DFS care for federal cost recoveries. This project has the dual benefit of (1) enhancing federal cost recoveries to cover the cost of services for these youth while in care, and (2) assisting our kids when they age out of foster care by having completed their eligibility while still a child. This supports their ability to move toward independent living by providing a consistent level of income.

The CRU also exceeded our annual revenue goal for Medicaid/CHIPS, and the unit created a dashboard report providing clear and detailed information about our operations and production. Based on this data, we can develop specific goals and proactively address emerging trends.

A key achievement is the development of a billing process to enable the Department to bill CHIP for youth who receive Medicaid-eligible services while residing in out-of-state facilities. Previously, we were unable to bill Medicaid for these costs due to income ineligibility. Therefore, the youth's medical expenses were borne solely by the state. Working with our sister division, YRS, we identified a process that enables us to obtain federal reimbursement for medical services through CHIPS. There are a small number of youth who currently fall into this category, however, medication costs associated with care can be quite expensive and federal participation can result in significant savings.

## Facilities Management



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I'll turn now to our Facilities Management/Maintenance efforts. Staff are tasked with providing a safe and secure environment for our customers. They plow the roads for employees of our 24/7 facilities when snow falls, perform upkeep on buildings and grounds, and manage the spending of our Capital funds. Our Facilities staff have taken a lead role in four major statewide projects:

- Coordinating our Department Continuity of Operations Plan (COOP),
- Initiating and managing our recycling efforts,
- Working to improve our "Emergency Preparedness" readiness, and,
- Managing our work with NORESO to implement the requirements of Executive Order 18.

The work of our Facilities Management unit is critical to ensure the safety of our staff and clients.

## Looking Ahead

- FY13 Governor's Recommended Budget
  - (\$52.0) Fleet Reduction
  - \$607.4 Provider Increase
- FACTS II
- Supporting those who help children and families

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Our Division's FY13 Governor's Recommended Budget includes a structural transfer of funds to assist with client-driven deficit correction in the Division of Prevention and Behavioral Health Services. DMSS is committed to continuing to operate within our appropriated budget. Across the Department, the Governor has recommended a reduction in fleet funding, and we will work with the service divisions to ensure we meet this reduction. The Governor has also recommended a 1% increase for our contractual providers. Our Contracts Unit will once again take the lead in distributing this much-needed relief to our partners in the provider community.

Additionally, I am pleased to report that we have achieved a number of significant milestones with respect to the development of FACTS II, our large scale replacement of our case management system. In addition to securing project management and quality assurance support, we have selected Deloitte as our Design, Development and Implementation vendor. Our goal for the future is to modernize and transform our technology so that it is easier to navigate, reduces the amount of time to record and retrieve data and, most importantly, maximizes the time that front line workers spend with children and families.

As a support division, DMSS is in the unique position of touching the lives of children less directly but no less importantly, than other Divisions in the Department. Through the talents and hard work of staff within DMSS we are counted on to make sure that appropriate staff are in place to do the right job at the right time.

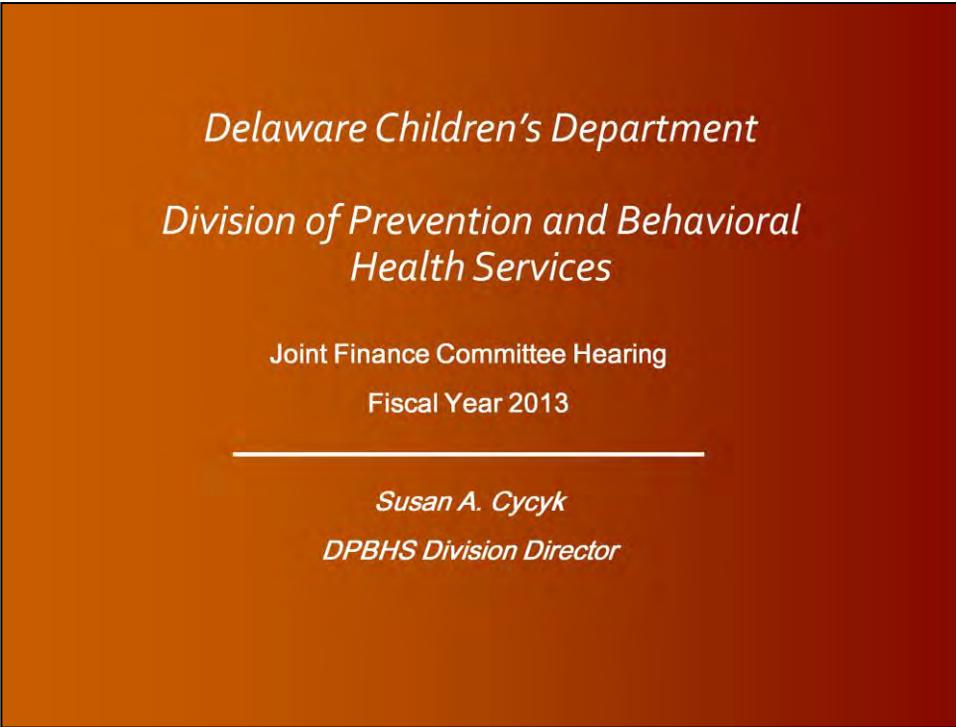
*Questions?*



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In closing, I would like to express my appreciation for the opportunity to speak with you today about the progress we have made this past year. Although I am confident that we have made tremendous strides over the past 12 months, there is still much work to be done to meet the needs of our staff who work to address the complex needs and demands of our clients.

Thank you for your ongoing support. We are available for any questions you may have.



Good morning Senator McDowell, Representative Williams, members of the JFC, Controller General's Office staff and the public. Thank you for your past support, and for this opportunity to speak on behalf of our employees and community partners, who know so deeply that our children are our future and our responsibility.

The Division of Prevention and Behavioral Health Services leads the development of innovative and effective services that strengthen the resiliency of today's children and families and build supportive communities for the children of tomorrow. We collaborate with a breadth of partners to provide researched services that offer sustainable improvements in the lives of those who are most vulnerable.

Nationally accredited, we have been recognized for our leadership, management and service excellence by Harvard University, The White House, and the Substance Abuse and Mental Health Services Administration (SAMHSA). This morning I will share a few of our many accomplishments over the past year, and our plans to address the challenges we face.

## *Leading in Partnership*

- State of Delaware
- Federal Government
- Businesses
- Providers
- Community Organizations
- Volunteers
- Employees



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I appreciate our many partners in the Department, across state government, in the business, provider, faith-based and volunteer communities. They are vital to our success in implementing critical local services and in engaging children and families to voluntarily participate.

I would like to thank our staff, who are committed to excellence, and especially a few members of our team for their leadership: Deputy Director Steve Yeatman, Director of Prevention and Substance Abuse Services Martha Gregor, Early Childhood and Managed Care Administrator Nancy Widdoes, Specialized Services Director Harvey Doppelt, Chief of Operations Dana Sawyer, and Information Systems Manager Howard Giddens.

## Leading in Quality

8,500 Children Served

- Satisfied Customers
  - Early Education Staff
  - Public School Teachers
  - Youth
  - Parents



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This year we served 8,500 children with challenges such as attention deficit, oppositional defiance, substance abuse, and depression, that severely impacted their functioning at home and in school. Eighty-five percent of the children we serve live with a family that often needs support to manage a myriad of stressors, including poverty, domestic violence, substance abuse and mental illness. Through prevention, early intervention, and/or treatment, our Division was actively connected with 70,000 children and families.

Service outcomes and satisfaction are positive. Early education staff see marked reductions in disruptive behavior following our treatment. Ninety percent of school teachers are satisfied with the behavioral improvements children achieve. Eighty-five percent of youth who receive substance abuse or mental health treatment report they feel hopeful for their future; and 90% of their families are satisfied with the quality of the treatment they received.

To achieve these outcomes we leverage general funds, federal dollars, resources from the Departments of Education and Health and Social Services, and community support. This year Astra-Zeneca and the National Child Traumatic Stress Network provided funding that enables a local organization, Supporting Kidds, to work with us and Colonial School District to offer trauma and grief groups for middle school students.

## Leading a Trauma Informed System



- **CARES**  
For early Education center & other non-licensed staff
- **PCIT**  
Therapists working with parents of very young children
- **TCIT**  
PCIT adapted for pre-school teachers
- **CASOM**  
Treatment for youth with sex offense adjudications
- **GAIN**  
Substance Abuse Assessment
- **CPS**  
Collaborative problem solving; schools & RTC
- **TGCT - A**  
Adolescent trauma groups - Colonial
- **TF-CBT**  
Trauma Focused Cognitive Behavior Therapy, ages 2-17 and families

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Many children and families experience trauma, and building a trauma-informed system of care in Delaware is our priority. A strong workforce, skilled in implementing best practice treatment, is critical for the system to remain effective. As an example, because we focused on training therapists, we were prepared to support families who had been patients of Dr. Bradley. We will continue to invest in developing the workforce, in order to be prepared to support future children and families to effectively address their traumas, heal, and enjoy productive lives.

There are eight researched best practices on this slide, proven effective with children and families in child protection and youth rehabilitation. To strengthen our system we disseminate all eight. The four that are circled were added this past year alone.

One of these practices, Trauma and Grief Component Therapy for Adolescents (TGCT-A), is the intervention being implemented at Colonial School District. We recently received federal funding to join a national learning collaborative, where we and our YRS colleagues will be trained to adapt this trauma and grief treatment for youth in Ferris School. We are excited about the opportunity to continue to improve the quality of treatment we provide within youth rehabilitative settings.

Through House Joint Resolution 7, the General Assembly established a task force to report on the status of the children's mental health system in Kent and Sussex counties. Secretary Rapposelli serves on the task force and we look forward to recommendations to further enhance services.

## Leading in Prevention

- **Suicide Prevention**
  - 21% of middle school students at high risk
  - \$1.5 SAMSHA
  - \$480.0 SAMSHA
- **Child Development Watch**
- **Underage Drinking**
- **Promoting Safe & Stable Families**



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One of our most significant priorities is to prevent violence, beginning with the tragedy of youth suicide. Our state has difficult challenges in preventing youth suicide, especially in middle schools, where 21% of respondents to the Youth Risk Behavior Survey indicated they had seriously considered killing themselves in the previous year. The 2010 School Health Profiles report from the Centers for Disease Control confirms that “two students in each average Delaware middle school classroom reported attempting suicide in the past year.” This year we successfully completed a three year, \$1.5M federal SAMHSA grant, creating teen and family-friendly websites, training adults to recognize the signs of suicide, and increasing our ability to respond to acute situations. There is more to do, and we are very pleased to receive a second Youth Suicide Prevention grant from SAMHSA. With \$480.0, we will offer a best practice curriculum, Lifelines, in Delaware’s public middle schools.

In addition to reducing violence, prevention empowers individuals and communities to meet the challenges of life events and to create conditions that promote healthy behavior. It is an integrated approach that begins at birth, through programs like our Child Development Watch that assures infants and young children in DFS receive developmental assessments. It helps school-age children and their families reduce underage drinking, through efforts such as our nationally award-winning Step Up campaign. Prevention works in the community through programs like Promoting Safe and Stable Families, which expanded in Seaford and Wilmington this past year, supports 75 families in DFS who receive housing vouchers, and added a new program for families who experience domestic violence. Our Division’s prevention efforts are primarily federally funded.

## Leading in Prevention

### Community Centers

- 10 Centers
- Extended evening & weekend hours
- Reached 345-615 children each night
- Ages 7 - 17



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Returning to our efforts to prevent violence, we also address violence that occurs in our communities. Last summer we joined with 10 community centers in the most distressed areas of Wilmington to address youth violence by extending the hours those community centers were opened into the evening and weekends. Offering adult supervision and a safe environment in which to participate in structured group activities, we reached 345 to 615 children as young as age seven and as old as 17, each night. Complaints of youth loitering lessened and city residents indicated that they felt safer in their communities. Anecdotally and as reported by The News Journal, Wilmington experienced a 40% reduction in youth violence during this period. It was a very successful prevention pilot.

# Leading in Early Childhood Intervention

Delaware's B.E.S.T.\*

for Young Children and Their Families

(\*Bringing Evidence-Based Systems of Care and Treatment)

- \$9M Federal Grant
- Year 4 of 6
- 276 Children/Families with Emotional/Behavioral issues treated
- Children age(s) 6 and under



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While we work towards healthy communities, we also address school readiness, which includes social and emotional competencies, such as the ability to play, share, listen, and regulate one's behavior when upset. Poverty and other traumatic experiences can interfere with the development of social and emotional competency in a preschooler. National research indicates that the number of children experiencing behavioral problems within the school setting has increased, and that, without early intervention, these problems become increasingly resistant to change, and can result in disruptions in the elementary school classroom and eventual academic failure.

Fortunately, we received a \$9M grant from SAMHSA to address behavioral health challenges within our younger population. We are now in year four of our six-year grant, Delaware's B.E.S.T.\* for Young Children and their families (\*Bringing Evidence-Based Systems of Care and Treatment). I am pleased to report that 276 children, age six or younger have been treated, as have their families. They received services from therapists specifically trained to work with young children. We have seen improvements in the pre-school child's self-control and positive communication, at both early education setting and home. Parents report that the behavior of their other children has also become more manageable and that family life is less stress-filled.

## Leading in Early Childhood Intervention

### Mental Health Consultation

#### ◆ Reduces Expulsion from Child care

- ◆ 99% rate preventing expulsion

#### ◆ Train Pre-School Staff

- ◆ 700 hours of consultation
- ◆ 67 early education centers

#### ◆ Serve 209 Families

#### ◆ Race to the Top – Early Learning Challenge



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We added an innovative intervention to further serve young children and their families and reduce expulsion from child care. With funding from the Department of Health and Social Services (DHSS), we contract with licensed professionals to provide Early Childhood Mental Health Consultation for pre-schools, early education centers and family child care, focusing on those who serve children funded through purchase-of-care. Seven hundred hours of consultation, in topics such as child development, have been provided to 67 centers across our state. Two hundred and nine families have been served, with a 99% success rate in preventing expulsion.

Our approach is comprehensive, focusing both on supporting and treating the children and families who need our assistance right now, and on building the capacity of parents, early education professionals, and the treatment community to intervene quickly and effectively in the future. This is the continuous quality improvement approach the Division of Prevention and Behavioral Health Services has adopted to lead the way for future generations.

While our Division has done a great job in strengthening services for younger children in our state, within four short years, the need has outstripped our capacity. Through the infusion of additional Race to the Top – Early Learning Challenge grant funds, our Division will receive funds to increase the number of Early Childhood Mental Health Consultants in Kent and Sussex Counties. In addition, we will receive resources to increase training opportunities for professionals interested in working with pre-school children.

## Leading in Early Intervention

### Middle School Behavioral Health Consultants

- ◆ Three Public Middle Schools
  - One in Kent County
  - Two in New Castle County
- ◆ Improvement in Student Behavior



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While we expanded in Prevention and in Early Intervention for younger children, we also expanded our focus within Delaware's schools. In February 2011, we began a behavioral health consultant pilot in middle schools. By May we were in three: one in Kent County and two in New Castle County. We work with students identified by the school, assessing the adolescent's strength, clarifying challenges, meeting with parents and assisting school staff to support the student. Brief treatment is offered to the adolescent, as well as connection with providers if longer term services are needed.

In our first five months we connected with over 200 students and briefly treated 70 of them. Schools reported that the behavior of these adolescents was more appropriate. We assisted 176 parents.

We are pleased to be back in the three schools again this year, and I look forward to updating you on our progress in the future.

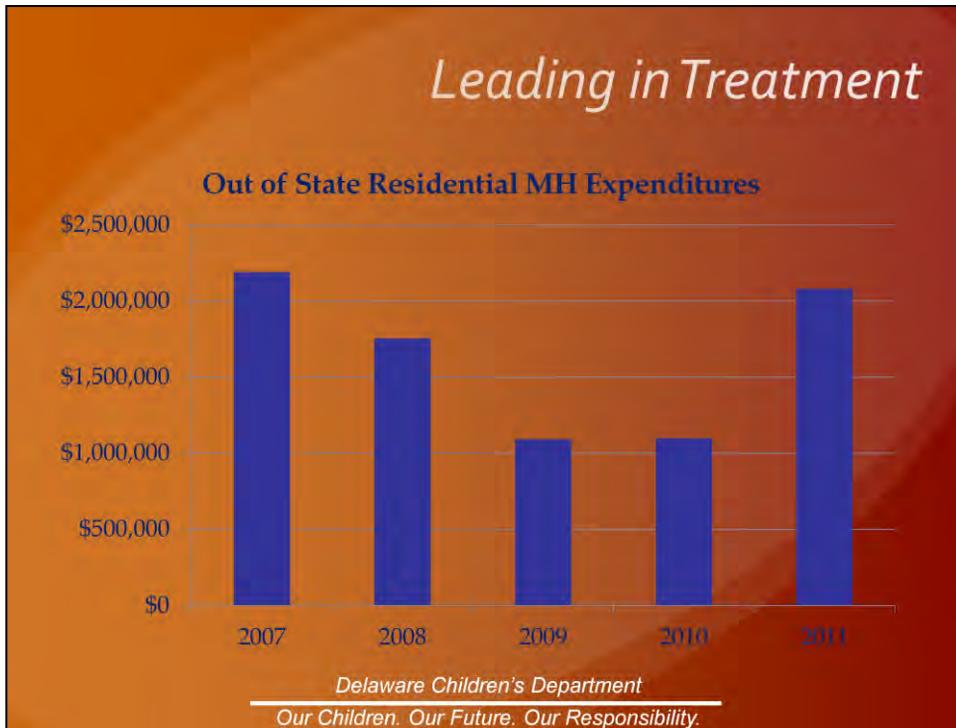


In addition to prevention and early intervention, we are responsible for mental health and substance abuse treatment for children and youth, who suffer serious illnesses that affect their ability to function. Our clients are Medicaid recipients or uninsured; in addition to the severity of their illnesses, many endure economic hardship. We are pleased that our service outcomes are positive and our satisfaction rates are high.

Year upon year, more children and adolescents are entering treatment that is provided directly by our staff, or more commonly, by our provider community. Consistent with research, we strive to offer best practice services to children while living at home or in close proximity to their families. Driven by increasing numbers of children and youth served, expenditures for these school and community based services have increased an average of 4.5% over the last five years. These are critical services that help us to stabilize children, prevent youth suicide and address substance abuse.

This slide indicates the significant growth we are experiencing in Intensive Outpatient, the community service most often requested by families and referral sources. Day Treatment and Day Hospital demand has also increased.

This growth in need for local community-based services has led to a deficit of \$1,320.0 in our 0430 IPU.



Some children and youth suffer challenges so severe that they cannot be effectively treated at home or school. In these situations, residential services are needed. As the slide indicates, the need for residential services has climbed markedly,. A significant number of these children and youth are also served by YRS and/or DFS.

Because their problems appear to be increasingly complex, we brought in a national consultant to help us implement Collaborative Problem Solving at Terry Center for younger children and Silver Lake for teens. Despite this effort, children presented with complex needs that exceeded our in-state capacity. We utilized residential treatment from out of state vendors for children and youth with serious, sometimes life-threatening issues, such as anorexia, substance abuse or uncontrollable violence.

While our community based (0430) services had shown a budget deficit for the past four years, our residential services (0440) previously had a surplus that enabled us to balance our budget. That is no longer the case.

In FY 10, the 0440 budget was reduced by \$279.4, and in FY 11 it was reduced by \$871.2. The total reduction in 0440 was \$1.15M. This reduction, coupled with increased need, put significant financial pressure on the 0440 budget, resulting in a deficit of \$1.1M.

## Leading through Management

### Door Opener

	Inflation/ Volume	Structural Changes	
Periodic Treatment	\$ 570.0	\$ 750.0	\$ 1,320.0
24 Hour Treatment	\$ 350.0	\$ 750.0	\$ 1,100.0
Total	\$ 920.0	\$ 1,500.0	\$ 2,420.0

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As a result of the growth in need for both community-based and residential services, the Division of Prevention and Behavioral Health Services has a structural deficit of \$2.42M.

The Governor's recommended budget includes a request for a door opener that will address the increases in contractual expenses we are experiencing and expect to continue to experience, due to inflation, volume, and client need, in both our periodic treatment – community budget, and our 24 hour – residential budget. Specifically, this is a \$920.0 increase that will provide relief from ongoing client-driven deficits.

The remaining \$1.5M will be addressed through structural changes in personnel lines in the Divisions of Management Support Services and Prevention and Behavioral Health.

Without these funds, we would need to consider reducing or delaying the provision of services that are legislatively mandated, included in Delaware's Medicaid state plan, and most importantly, vital for the health of our children and families.

## Leading in the Community

### Extended Community Center Hours

- \$200,000 in ASF
- Funds 10 centers
- Provides increased access to computers, tutoring and other activities
- Reduces youth violence in the City of Wilmington



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The Governor's Recommended Budget includes the authority to spend \$200.0 in ASF for a new budget initiative, Extended Community Center hours.

Historically, community centers in the most distressed areas of Wilmington close at five or six p.m. on weeknights and have minimum weekend hours. For two months during the summer of 2011, we provided funding for ten centers to remain open for two more hours per day, for three days per week. One of those days was to be a Friday or Saturday. The centers offered computer access, tutoring, cooking, art, self-esteem building, and physical activities that, as previously reported, resulted in reduced youth violence.

The recommended funding to continue this highly successful approach during Summer 2012 is in our Prevention IPU, 0420.

## *Leading for the Future*



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In closing, I appreciate your past support for Delaware's young children, adolescents, families and communities.

I am grateful to the children, youth and families who allow us to support them to heal. You give us hope, and you give us reminders, like this poster you created in a summer violence prevention program.

Embodying the Department's vision, "Our Children. Our Future. Our Responsibility," it says it all.

What we do for our children today affects their lives tomorrow, and forever.

My team and I are available to answer your questions.

*Delaware Children's Department*

*Division of Family Services*

Joint Finance Committee Hearing

Fiscal Year 2013

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*Victoria Kelly*

*DFS Division Director*

Good morning Senator McDowell, Representative Williams, members of the JFC, Controller General's Office staff, dedicated partners and the public.

Thank you for the opportunity to present the FY13 Governor's Recommended Budget for the Division of Family Services. First, I would like to provide you with an overview of our mission and several accomplishments achieved through work with our sister agencies and valued partners. Then I will discuss our current challenges, as well as important opportunities that lie ahead.

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. With me today, representing DFS are Rodney Brittingham, Deputy Director, Joseph Smack, Executive Assistant, Shirley Roberts, Administrator of the Office of Children's Services, Keith Zirkle, Administrator for Program and Policy, Patti Quinn, Administrator for the Office of Child Care Licensing, and Michael Peyser, Administrator of Data and Quality Assurance.

## *Our Mission*



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The department's vision: ***Our Children. Our Future. Our Responsibility*** resonates with an important national paradigm shift in the field of child welfare. This shift argues for a broader vision that calls us to continue our efforts to ensure child safety, while also challenging us to make important progress in make certain children have access to permanent nurturing relationships and real opportunities for success.

We believe that Delaware is well-poised to achieve success in this broadened vision. Our mission "promoting the safety and well-being of children and their families" provides a framework which guides our work. Our success to date provides a strong foundation on which to continue building. I would like to now provide you with a very brief overview of some of our important recent accomplishments that have helped build this foundation.

## *Child Safety is Paramount*

### DFS performance on **critical safety measures:**

- ✓ Prevention of the recurrence of maltreatment:  
**97.9%**
- ✓ Approximately **93%** of children reunified with their family did not re-enter foster care.

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Our primary goal and, indeed duty, is to ensure the safety of children at risk of maltreatment. Achieving child safety is the foundation of any child welfare system. There is a national “gold standard” measure that we are required to report annually to the federal government. That measure is the percentage of identified child victims who do not experience a recurrence of maltreatment. Delaware is a leader on this measure, as we rank 5<sup>th</sup> best in the country. Indeed, 97.9% of our children served do not experience further maltreatment in the time frame considered critical for a recurrence.

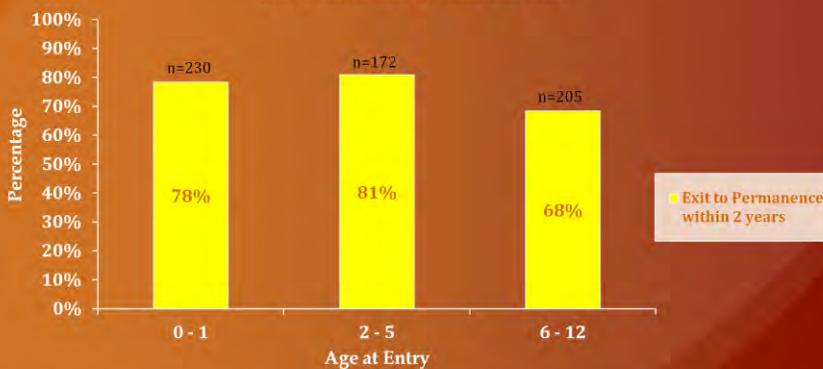
Another important measure is how safe children are when they are reunified with their families after foster care. Only about 7% of our former foster children re-enter care, which is well below the national average. These two measures taken together are evidence that intervention by DFS significantly improves a child’s chance of safety.

I want to especially commend the tireless efforts of our treatment workers for their significant role in these achievements.

To achieve these safety results is a sign of a strong child welfare agency. To do this while also having one of the lowest entry rates into foster care in the nation, is even more impressive. Because together, these statistics demonstrate that we are successful in taking into care only those children who most need that level of service, while successfully intervening to prevent other children from having to enter foster care. These are the hallmarks of a solid child welfare system.

# Permanency Outcomes

Exits to Permanence for Children 0 - 12 Years Old  
Who Entered Care CY 2008 and 2009



Source: Entry Cohort Data created by Annie E. Casey Child Welfare Strategy Group, based on Delaware State AFCARS Submissions FFY 2008 - FFY 2011

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Another achievement is our success in helping younger children safely return to their families or find a new permanent family through adoption or guardianship. This slide shows the percentage of younger children who leave foster care to permanent families. From left to right, these bars indicate that 78% of children birth to age one, 81% of children ages 2 – 5, and 68% of children ages 6 – 12, are able to move to a permanent family within two years of entering foster care.

# Adoption



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While we strive to help families reunify whenever that can be safely accomplished, sometimes a child cannot return home from their foster care placement. When that occurs, DFS works with the Family Court to make children legally free for adoption so they can have access to a new permanent family.

Adoptions continue to be one of our most important success stories. In 2011, 95 children were adopted from foster care into their forever families. This was an increase from the 67 children who were adopted in 2010.

Adoptive families, especially those adopting children from foster care, open their hearts and homes to children who often are very wounded from past traumas. These children can challenge even the most dedicated parents. In our effort to provide ongoing meaningful support to these families, last year we added a new contract for much needed post-adoption services. Our partner in this effort is the agency A Better Chance for Our Children, formerly Upper Bay Adoption Services. Over 100 families have received crisis assistance, support groups and counseling. We are delighted to provide this important support to these dedicated families.

## *Independent Living Enhancements for Youth ages 16 - 21*

- DSHA – Statewide Rental Assistance Program
- Partnership with Delaware State University



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Like child welfare systems across the country, we continue to face challenges in helping teens find permanency. Consequently, this has become one of our major strategic efforts for the coming year. I will share more about this in a few moments. Our current focus has been on expanding services to prepare youth for independence.

We now offer an expanding array of Independent Living and related services for youth from the ages of 16 to 21. Independent living services are provided through a public-private network including DFS staff and four contracted providers. This network currently serves approximately 375 of our youth each year.

A critical focus of the Independent Living Program is to help youth secure housing. We are extremely grateful for the partnership with the Delaware State Housing Authority that created the Statewide Rental Assistance Program housing vouchers for young people aging out of foster care. These vouchers assist youth in obtaining affordable and safe housing. We thank the General Assembly for supporting this important initiative.

Our partnership with Delaware State University continues to provide opportunities for youth who aged-out of foster care and meet the academic requirements to enroll in college. Supports include tuition, housing and board. DSU worked to ensure housing would be available during times when the campus was traditionally closed. Four students are currently enrolled and the agreement will allow two students to enter each year until a maximum of eight students are enrolled.

## *Independent Living Enhancements*

- **Innovative State Plan**
- **Community Partnership Board**



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We are excited by another important opportunity that will help us leverage greater support for young people preparing to and exiting foster care. Through the support and encouragement from Governor Markell, Delaware became a Jim Casey Youth Opportunities Initiative co-investment site in January 2011. The Delaware Center for Justice is the lead agency on this initiative and has leveraged foundation funding to enhance service delivery and supports to youth aging-out of foster care. DFS is a lead partner in this initiative. An environmental scan, done in partnership with the University of Delaware and Delaware State University, assessed Delaware's strengths and unmet needs in all areas affecting youth and young adults.

Lt. Governor Denn will be leading the new Community Partnership Board that will bring together business leaders, service providers, advocates, and young people to develop comprehensive plans to address critical issues such as financial empowerment, employment, housing, transportation, education, health and social well-being.

## Office of Child Care Licensing

### OCCL Licenses Five Types of Child Care:

- Early care and education and school-aged centers;
- Family child care homes;
- Large family child care homes;
- Child placing agencies; and
- Residential and Day Treatment facilities.



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Another important component of DFS is the Office of Child Care Licensing (OCCL), whose staff ensures safeguards and enhances quality in out-of-home care. The OCCL licenses nearly 1,500 child care providers and facilities in Delaware providing services to 53,000 children. OCCL has for the 5<sup>th</sup> year in a row made 100% of all mandated visits to licensees.

The Delaware regulations, *DelaCare*, have gained national recognition and have been used as a model for other states.

As you know, Delaware was recently awarded a federal Race to the Top - Early Learning Challenge grant. A portion of these funds will help build on the quality standards set in *DelaCare* rules.

Last year, the Joint Sunset Committee reviewed how OCCL exercises its authority under the DE Child Care Act. A set of recommendations were subsequently issued. We continue to work with the committee and community partners to respond to the recommendations received.

## *Community Partnerships*



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Our success is inextricably linked to the strong network of community partners who work with us every day. We are grateful to these partners, who are too numerous to name. However, we would like to take just a few moments to recognize several of them.

First, it is important to recognize that of the 433 total licensed foster homes in Delaware, 175 of these are managed by contracted private providers. Our other contracted providers also offer a range of critically important services including but not limited to foster parent training and preparation, adoptions, family supports and independent living services. Delaware's child welfare service system is truly a strong and vibrant public-private partnership.

We could not be successful in our mission to ensure children's safety, permanence, and well-being without the continued support from valued partners such as the Family Court, the Office of the Child Advocate, the Child Advocacy Center and the Child Protection Accountability Commission. Our newest partner is the Child Welfare Consulting Group of the Annie E. Casey Foundation. We are very grateful to Governor Markell and Secretary Rapposelli who initiated this partnership that will help us leverage incredible resources to assess and strengthen our system. The Annie E. Casey consultants have begun a multi-year engagement with us to develop and identify important strategies for system improvement. This invaluable resource is an investment by the Annie E. Casey Foundation in Delaware and requires no state funding.

With our limited resources, these valued and dedicated partners help us extend our reach to achieve so much more. We are extremely grateful to be part of such a caring community.

## Child Abuse & Neglect Report Line Trend



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Now that you have an overview of our accomplishments, it is also important to provide the context of our current challenges. This slide powerfully depicts the record volume of reports of child maltreatment. All reports of child abuse, neglect, and dependency in the State of Delaware are received by the DFS Child Abuse Report Line. For each year, there is a pair of bars—the one on the left depicts the number of reports received, while the bar on the right depicts the resulting number of investigations by DFS.

You will see that since FY07, we have faced a steady increase in the volume of calls received. This trend began well before the Bradley Case and still continues.

This trend resulted in a record 14,010 reports and 8,000 child protective investigations in FY11. Halfway through FY12, we are exceeding our initial projections of continued growth in volume and are now on course to receive over 17,000 hotline reports.

This record volume is putting pressures on our system. This volume includes both cases of true child maltreatment along with a growing number of cases of vulnerable families whose children are at-risk for a multitude of other needs. These demands are stretching our child welfare system resources. This poses the very real concern that as we attempt to respond to the multitude of needs, we risk diverting our resources away from those children who most need our protection.

## *Our Critical Priority*



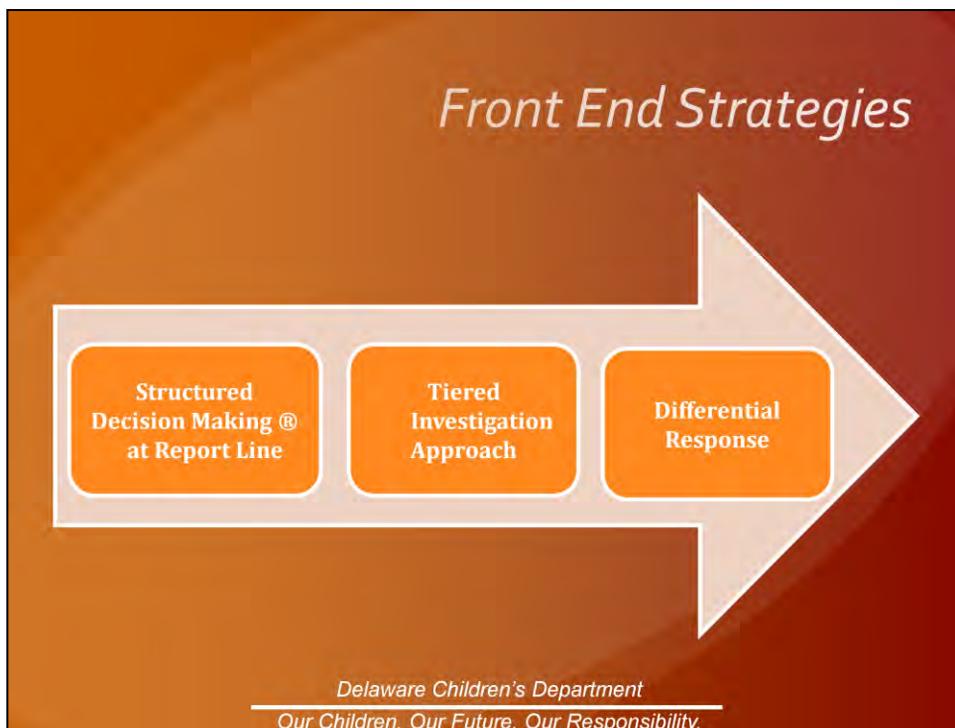
- Multiple Fractured Ribs
- Cigarette Burns to Heel
- Facial Lacerations
- Broken Arms & Femur
- Dislocated Collarbone
- Malnourished

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Here is of but one of our Delaware children who has suffered serious abuse. I know this picture is difficult to look at. Yet it represents the situations that DFS staff face almost daily in responding to cases of serious child maltreatment, whether physical abuse, sexual abuse, or neglect. This small child, like others in Delaware, is at the center of our desire to implement strategies to help us safely manage the historic volume that faces us.

The limited resources of a child welfare system can be stretched too thin when workers face responding to both cases of serious child maltreatment and related child safety issues, as well as a growing number of other low risk cases involving poverty, child and parent conflict, and other social issues. Our goal and system reform is to ensure children and families can access the most appropriate help in the most responsive and effective way to meet their specific needs.



In order to create a system that can more effectively respond to the various needs of these families, several strategies are needed. This slide shows the strategies focused on the front end of the system that are needed to address the historic volume.

First, DFS has worked with national consultants to implement an approach called Structured Decision Making at the report line. Structured Decision Making utilizes the state’s statutes, as well as current research in child welfare, to create a comprehensive set of decision trees that facilitate valid and consistent decisions about which reports require an investigation. This state-of-the-art approach has been implemented in over 20 states and several other countries.

We have also implemented a Tiered Investigation Approach, congruent with the authority granted us in Title 16, Chapter 9, of the Delaware Code. This authority allows us to use a family assessment and services approach in cases in which there is a low risk of child harm. This approach is used in conjunction with mandated full investigations for cases with moderate to high risk or where incidents of child maltreatment have already occurred. Both the assessment approach and the full investigations include a primary focus on ensuring child safety.

The third strategy, Differential Response, is the focus of our budget initiative and the next critical piece of our system reform efforts.

As I have shown you, the record volume is putting historic pressures on our front line staff in their efforts to first ensure children’s safety. Even with the help of OMB last year in increasing staffing resources, our investigation caseloads remain above the mandated size. We have only two options to respond to these challenges: 1) continue to seek additional staff to meet compliance with our statutory caseload requirements, or 2) invest in new strategies that will address both the volume issue and help us achieve better outcomes for families served. We are focusing on the latter by adopting several strategies of system reform that will help us more effectively leverage our resources and expertise to successfully meet these challenges.

## *Differential Response*

- Child Welfare Best Practice Approach
- Triage Approach – Alternative Pathways
- More Responsive / Less Stigmatizing
- Statutory Authority

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Differential Response is the strategy that is the focus of our budget initiative. With this slide, I would like to provide some context for why this strategy is needed to improve our system.

Differential Response is a best practice approach to responding to low risk cases. In Delaware, as across the nation, approximately 60% of the cases reported involve alleged neglect. While some of these cases involve significant risk to the children's safety, most do not. The majority of these other cases involve issues of poverty, parent-child conflict, and a host of other social problems. Differential Response creates another pathway for these vulnerable families to access needed services. Historically, the only way families could access services from the child welfare system was through the one pathway of the investigation of maltreatment. Such investigations are legally mandated and structured to enable substantiation of the charges against the parent. This process is often experienced as intrusive and stigmatizing for the families who become the focus of such investigations.

Differential Response has now been implemented in other jurisdictions for over 20 years. Two important outcomes have been found. First, child safety is not compromised. Second, these families find that their issues can be addressed in a more supportive way when they are effectively linked with resources that help to stabilize them.

The Delaware Code grants statutory authority to DFS to utilize an assessment and services approach in conjunction with mandated investigations, which is the basis for Differential Response. Given the current pressures on the system, Differential Response offers a critical opportunity for DFS to better leverage its child welfare expertise and limited resources to focus on cases with real safety issues.

## *FY13 Budget Initiative*

**Differential Response \$ 750.0**

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Based on these challenges and the opportunity for system improvement, the GRB is requesting an FY13 budget initiative to develop a Differential Response approach. We continue to garner the support of CPAC and will be working with them and other key stakeholders to develop an effective local model of Differential Response to enable us to respond more effectively to the growing need for services among Delaware's vulnerable families. Our plan is to develop supports within the system as well as with our community partners. Creating greater capacity in the system to help families effectively manage and raise their teens will be a primary focus of this effort.

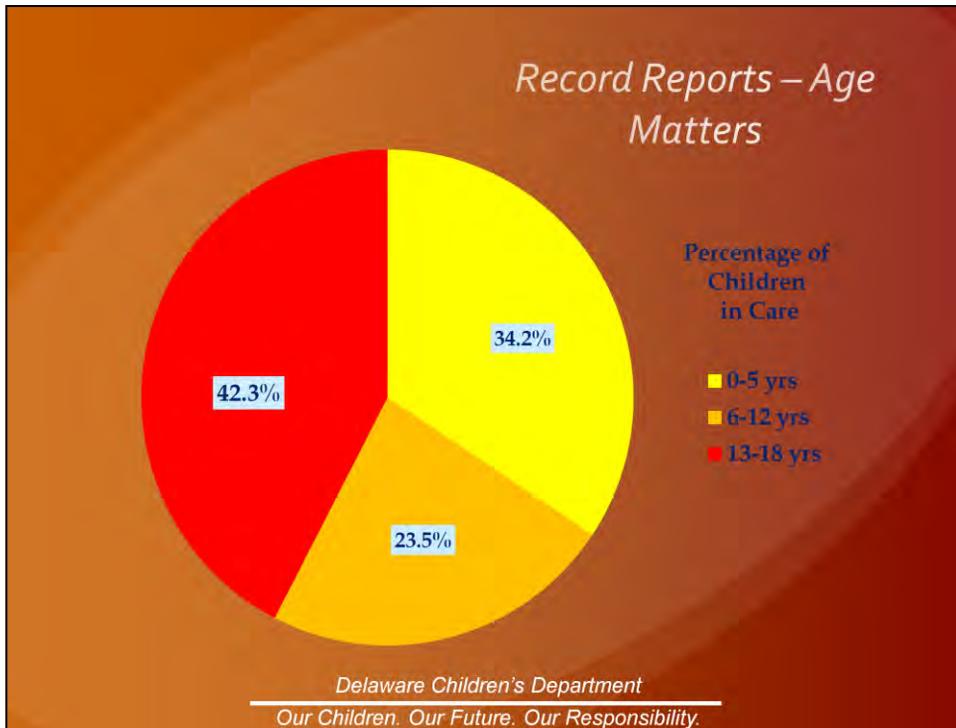
We would appreciate your support of this important initiative.



I have shared with you some of the front end pressures. This slide shows a building pressure on the rest of our system, which creates a barrier to our ability to redeploy funds to address the front end concerns.

After several years of declining numbers of children in foster care, the number of children began to rise again in 2009 and that trend continues. On January 1, 2011, there were 769 children and youth in care. By January of 2012, that number had grown to 841.

The increased number of children and youth in foster care only tells part of the story about our current challenges. The changing demographics of foster care tells the rest of the story.



This chart depicts the percentage of Delaware children and youth in foster care by age. A little over 34% of the children in foster care are ages 0 – 5. Almost 24% of children in foster care are ages 6 – 12. And, most concerning, over 42% of the youth in foster care are ages 13 – 18.

Further, over 40% of all children and youth now entering foster care come in as teenagers. What is particularly concerning is that in Delaware, 80% of these teens are entering foster care for the first time as teenagers. In many of these cases, it appears that the lack of effective community services may be contributing to these youth ending up in foster care. Especially for older teens, their short time in foster care is not sufficient to address their needs and set them on a course to achieve permanency and personal success. We believe we can and must do better by these young people. The first step is in providing effective community-based services to help strengthen more of these families to effectively resolve conflicts and manage their teens. This group of teens will be a primary focus of our Differential Response initiative.

## Cost Drivers in Foster Care



15 Younger Children  
One Year = \$70,000



15 Teens One Year = \$865,000

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This slide provides an example of the impact teens are having in driving the costs of foster care. For example, if 15 typical younger children leave care and are replaced by 15 teens with more complex needs, the costs of care for this group of youth can swing from \$70,000 to more than \$865,000 per year. A relatively small number of cases can cause dramatic swings in the cost of services. Not all teens go into specialized services, but given their increasingly complex needs, more and more do. Therefore, the increase in overall volume, coupled with the change in population served, is resulting in a dramatic escalation in the cost of client services.

More importantly, research shows us that increased foster care does not create the opportunities for permanency and meaningful outcomes we desire for teens. Indeed, the opposite is too often true. Therefore, DFS is focused on addressing this issue strategically through innovations in our services so that we can safely reduce the number of teens in care and help them achieve more positive outcomes.

## Questions?



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I would like to close by expanding on something Secretary Rapposelli mentioned in her opening remarks. In addition to asserting “now is Delaware’s time to lead” during his State of the State, Governor Markell reminded us of the adage that organizations either win or lose “in the turns.” The field of child welfare is at a point of an historic turn. The demands on our systems have never been greater. We can only “win” if we continue to adapt to the changing needs of the at-risk children and vulnerable families in our state. A successful turn will mean that we strategically adopt the innovations necessary to address the complexity of demands we face. DFS is well-poised to make this successful turn by continuing our attention to child safety and yet also making important strides in helping children achieve real permanency and meaningful outcomes. We believe that through the combined efforts of our staff and partners, and with the support of the Annie E. Casey Foundation, that we can create a model child welfare system for the nation.

Thank you. My leadership team and I are happy to answer any questions.

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*Division of Youth Rehabilitative Services*

Joint Finance Committee Hearing

Fiscal Year 2013

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*Carlyse Giddins*

*DYRS Division Director*

Good Afternoon, Senator McDowell, 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 progress during the past year, and opportunities to better serve the youth in our care.

Before we proceed, I would like to introduce my management team who have accompanied me here today. Rick Shaw, my Deputy Director; Darryl Dawson, Manager of Quality Assurance and Data; Lisa DiStefano, Chief of Community Services; the superintendents of our facilities - Annette Miller of Ferris School; Mitchell Rock of the New Castle County Detention Center; John Stevenson of Stevenson House Detention Center; and Alison McGonigal of our Level IV Cottages.

## *Our Mission*

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

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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, we have continued our efforts to improve Delaware's Juvenile Justice System. We have worked closely with our community partners, including the Juvenile Justice Collaborative, Criminal Justice Council, Child, Inc.'s Choice Program, Delaware Girls Initiative, Jewish Family Services, and the Delaware Center for Justice. I appreciate the continued dedication of our staff during challenging times, the collaboration with our sister divisions, partnerships with service providers, and the support of the Administration and General Assembly.

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

## Secure Care Detention

- Family Nights
- Resource Fair
- Scouts
- Culinary Arts



*New Castle County Detention Center (NCCDC)*



*Stevenson House Detention Center*

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The Division is dedicated to maintaining and exceeding standards necessary to keep youth who enter the juvenile justice system safe in our facilities. We are very proud of the staff in our facilities who work diligently every day to provide quality care to the juveniles in residence.

In addition to maintaining our American Correctional Association Accreditation status, we continue to provide new opportunities for youth in our care. Stevenson House and NCCDC have instituted Family Nights, which provide an opportunity for parents and other family members not only to visit, but to receive educational and informational materials designed to aid in the transition of youth back into the community. Annually, Stevenson House hosts a Resource Fair where community providers come to the facility and offer information and guidance to families whose children are detained, but will eventually be returning home. With few exceptions, these youth do return home and strengthening the transition process is important in enhancing their ability to become successful. Last year I reported that a new dental operatory was opened at Stevenson House thanks to the efforts of the Delaware Dental Association and others. I am pleased to say that this initiative has been very successful and our youth now receive quality dental services within the facility.

At the New Castle County Detention Center, a Scout troop has been established to provide hands on life skills and experiences for dozens of residents, both male and female, who wish to participate. We believe NCCDC is the first detention facility in the nation to have such a program. The Detention Center has also begun a Culinary Arts class where selected youth are instructed in basic kitchen and cooking skills and, through a partnership with the Food Bank of Delaware, may earn a scholarship for more formal training.

## Secure Care Level IV Cottages

- ◆ Cleveland White School Opened
- ◆ Transition Planning
- ◆ Security Cameras



*Mowlds Cottage*



*Grace Cottage*



*Snowden Cottage*

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In February of 2010, the Cleveland White School opened its doors to provide educational services to youth residing in Grace, Snowden, and Mowlds Cottages. The school provides educational services to youth from all three Cottages -boys and girls- creating a normative school environment. Youth are grouped according to their transition plan: return to regular school, enrollment in adult education, employment and vocational training. Cottage staff work in collaboration with the Education Unit staff by monitoring behaviors and coordinating treatment and educational needs.

During this past year, we have continued to work on program improvements, including enhanced transition planning. As a participating agency under Governor Markell's Offender Reentry Initiative, we subscribe to the philosophy that transition begins at admission.

In addition, we have improved the safety and security of these programs by adding security cameras in all three Cottages. By doing so, we have brought our Level 4 programs up to par in this regard, with our secure buildings. Physical plant upgrades are also underway in these facilities.

In summary, our Level IV facilities have made significant progress in creating stronger treatment programs for the overall well-being of our youth.

## *Secure Care Ferris School*

### Programming:

- Educational
- Substance Abuse Treatment
- New Gun Violence Prevention Program
- Life Skills



*Ferris School*

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Next I will discuss our Level V program.

Ferris School continues to provide a quality education program in addition to a range of therapeutic services and vocational opportunities to its students each year. In addition to the education program, Ferris operates a licensed Residential Substance Abuse Treatment program, which serves almost two-thirds of the student population each year. Every student must participate in programs like the new Gun Violence Prevention program provided by the Delaware Center for Justice. This program was implemented in support of Family Court's Gun Court with a goal to break the repeating cycle of juvenile gun crime and decrease future violent juvenile crime. The youth are also offered a variety of life skills programming conducted by Ferris treatment staff. These programs include Anger Replacement Therapy, conflict resolution, and oral communication.

## Cognitive Behavior Training (CBT)

- Enhanced Staff Training
- Evidence-based behavior management model
- Consistent throughout our facilities

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Cognitive Behavior Training, or CBT, is an evidence-based behavior management model that has met with great success in many juvenile residential programs across the country. It is a strength based model designed to reward youth for pro-social behaviors while teaching positive skill development. Over the past several years, CBT has been implemented in all of our residential facilities, thus standardizing a consistent behavior management system in all of our programs. In the near future, our Community Services staff will be introduced to the concepts of the model so that youth who return to the community will continue to be exposed to a consistent approach and redirection of their behavior. This will ensure even smoother re-entry transitions for our youth.

We will also be providing enhanced skill based training for our secure care staff, to further their understanding of normal adolescent development and how CBT can be a useful tool in behavior management.

This is but one example of how our agency is focusing on our Department's vision – *Our children. Our future. Our responsibility.* This positive behavior management model helps youth build skills in effective decision-making, which enables them to make better informed and responsible choices.

## *DYRS Facility Partners*

- Division of Prevention and Behavioral Health Services
- DSCYF Education Unit
- Medical and Dental Healthcare Providers



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The Division of Youth Rehabilitative Services continues to strengthen internal partnerships within our facilities. We extend our thanks and appreciation to our facility partners for helping us to advance our mission.

The Division of Prevention and Behavioral Health Services provides psychiatric and mental health treatment and supports within our facilities. The clinicians complete screenings, provide group and individual counseling, and offer support to DYRS staff in managing through crises. Later this year, Ferris will partner with our sister division, Prevention and Behavioral Health, in a Child Trauma and Stress training grant designed to work with youth in juvenile residential facilities.

Our Education Unit works collaboratively with us to ensure our youth have the greatest advantage for future academic success, with youth who are capable of learning, gaining an average of two to three grade levels during their stay. DYRS, along with the Department's Education Unit, is participating in a study of corrections education with the University of Maryland's Center for Educational Excellence in Alternative Settings. The Center's mission is to radically improve the quality of education provided to our nation's most at-risk and underserved youth.

With both medical and dental healthcare providers fully integrated in servicing our secure care facilities, we continue to make quality improvements in our continuum of care. Within the next few months, we will be working to expand the hours of our nursing coverage in our residential programs.

## Community Services Restructure

- PACT
- Adjunct Services Unit



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Now let me turn from secure care facilities to community services. The Community Services Unit is responsible for providing community supervision to pre-adjudicated and adjudicated youth throughout the State. We have been very busy during the past year reshaping our internal structure and functions in order to provide improved services to youth and their families. By leveraging our existing resources and creating a strength-based service continuum, YRS is helping to lead the way, through our youth, for future generations. We have been able to accomplish a number of significant changes. They include:

- **The Positive Achievement Change Tool or PACT.** This is a risk and needs assessment instrument that ensures youth are assigned to a supervision option in the Community Services continuum that addresses their risk to re-offend as well as providing the necessary services that address their treatment needs.
- **Creation of the Adjunct Services Unit.** This Unit provides specialized support to youth in the community who require additional supervision to ensure community safety. This includes the addition of two case managers into the Unit and the expansion of electronic monitoring, which support Family Court's Gun Court. Our combined efforts focus on combating juvenile gun crime with governmental synergy.

## Community Services Restructure (cont'd)



- Statewide Back-on-Track Program
- Providers for low to moderate risk youth

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One of our strategic priorities is to create statewide parity of services for youth. We wish to ensure youth in every county have a diversified service continuum to support them in becoming productive and contributing members of society.

- **The expansion of the Back on Track program statewide.** Previously a New Castle County only service option, the program now provides statewide services and intervention for youth with the lowest risk of re-offending.

- **Contracted Providers to serve low to moderate risk offenders.** Through the RFP process, again using existing resources, we have contracted with two providers to provide appropriate services to youth with low to moderate risk and needs. This has resulted in lower caseloads for our probation staff, which allow them to focus on improved services for youth and families with greater challenges. In addition, these new contracts created 15 new job opportunities.

The expansion of community based service options has created parity across all three counties and has greatly contributed to youth being served in their communities rather than costly residential placements that often do not result in positive outcomes.

## *FY13 GRB*

- ◆ No new initiatives
- ◆ No additional reductions

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Despite significant funding cuts in the past two fiscal years from our Community Services contractual allocation, we have continued to move forward in providing improved service options for the youth and families we serve. By leveraging our remaining resources, we have maintained a strong momentum toward strengthening families' ability to handle the complex needs of their children.

In FY13, we are not requesting additional funding for any new initiatives. We will manage within our existing resources to continue to strive to make Delaware's juvenile justice system a national model.

*Thank You!*



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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.

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