



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

Delaware Children's Department

Karryl H. McManus
Acting Cabinet Secretary



Good morning Representative Smith, Senator McDowell, Members of the Joint Finance Committee, Controller General Morton and his staff and the public. On behalf of the staff of the Department of Services for Children, Youth and Their Families (DSCYF), that I will reference in the rest of my presentation as the Children's Department, I would like to present our FY14 Governor's Recommended Budget.

Allow me to present members of my leadership team: Mike Alfree, Acting Director of Management Support Services (DMSS); Susan Cycyk, Director of the Division of Prevention and Behavioral Health Services (PBH), Nancy Dietz, our new Director of the Division of Youth Rehabilitative Services (YRS) and Vicky Kelly, Director of the Division of Family Services (DFS). The Deputy Directors are Brian Reynolds, Steve Yeatman, Alison McGonigal and Rodney Brittingham, respectively. Additionally, I'd like to introduce our new Community Relations Coordinator, Andrea Wojcik, who is joining us for the first time this year and will be tweeting about our Budget Presentation so that we can keep the public and our stakeholders informed while keeping with our goal of being "green."

Finally, operating the Powerpoint for us today is the Executive Secretary for the Office of the Secretary, Allyson McGonigle.

We appreciate the opportunity to represent our staff and our partners who dedicate their time and talent to fulfilling our Department's mission.

Thank You



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I would like to begin by thanking you for your past support of the Children's Department and our work to provide services to better accommodate the complex and difficult needs facing the populations we serve. The continued support of the Administration and the General Assembly has been invaluable to our efforts to serve the State's most vulnerable citizens. We stand ready to continue the hard yet rewarding work in front of us.

I am extremely proud of what has been accomplished over the past few years, especially during the difficult economic times our state and nation have faced, and am grateful for the dedication of all of our staff.



The vision of the Children's Department is:

Our children. Our Future. Our Responsibility. We are strengthening foundations for children and families by giving them the tools and support they need to be successful. By forging community partnerships and being responsive to the needs of those we serve, we will provide long-term, sustainable solutions for our youngest Delawareans.

We take this vision seriously and in alignment with the Governor's message in the State of the State address, as well as his recommended budget, we are implementing a series of system enhancements which will transform the way we as an agency view and manage the issues that the children we serve face. You will hear about our focus on mental health and productive afterschool activities. Additionally, we will talk about system improvements that will allow our caseworkers and managers to continue to ensure child safety, while connecting families to the most appropriate level of service for their needs, and ultimately reducing DFS caseloads. Throughout our presentation you will hear about our focus on Trauma-Informed Care and how it will enhance the way we serve children that have faced traumatic incidents in their young lives. Ultimately, these system enhancements are about better outcomes, better futures for our children.

This is an exciting yet challenging time at the Children's Department.

Trauma Informed System of Care

- Interventions
- DSCYF Plan
 - DFS Office of Evidence Based Practice



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I'd like to take a moment to talk about an important cultural shift in our Department that we refer to as a Trauma Informed System of Care. In essence, it is a recognition that programs and services should be delivered in an environment that is intended to be supportive, comprehensively integrated and empowering for trauma survivors. Trauma informed care is based on an understanding of the vulnerabilities of children that have experienced trauma and interventions which are designed specifically to address the consequences of these events for the individual and to facilitate healing. Treatments are designed to recognize the following:

- Our children who have experienced traumatic events need to be respected, informed, connected, and hopeful regarding their future.
- There are strong relationships between trauma and issues facing our children (e.g., substance abuse, eating disorders, depression, and anxiety).
- We need to work in a manner that empowers our young people and offers them the best outcomes in a respectful, caring environment.

We have already begun work on this Department-wide transformation in our DFS which you will hear more about later in our Department presentation. I'd like to talk briefly about some of our Department highlights from the past year, beginning with DMSS.

Division of Management Support Services (DMSS) Highlights



- FACTS II
- Multi-Purpose Juvenile Facility

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Since we met last year, DMSS has been moving forward on implementation of a major information system rebuild. FACTS is the Department's Family and Child Tracking System which houses our client information. This system is based on old, non-supported architecture and information is housed in the system in such a way that the Divisions cannot "talk" to each other in an automated way when they have a client in common. In 2011, the agency embarked on a process to build a new system, FACTS II, which would facilitate better communication and collaboration. The project is currently in the Joint Application Design phase with an anticipated go live date in Summer, 2014.

DMSS is also managing the construction of a new 13-thousand square foot Juvenile Multi-Purpose Facility on the Main Administration Complex of the Children's Department. The building is a result of the allocation of Capital funds made available to us at the end of FY11. This facility is designed to expand the work our Education Unit already does and enhance the educational opportunities for the youth in our staff-secure facilities or as they are often referred to "cottages."

We estimate completion in November 2013.

Education Highlights

- Instructional Rounds
- Education Technology Specialist



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Our Education Unit, which is housed in the Office of the Secretary, continues to work diligently to find and expand opportunities for youth in our care to successfully continue or complete their education.

The Education Unit initiated an Instructional Rounds process this year, to increase student achievement in all Children's Department education programs. Visits to all of the classrooms in our facilities allow observation of staff teaching techniques and student comprehension. Good techniques lead to good comprehension which in turn leads to positive critical thinking skills and improved academic outcomes for the students, enabling better transitions back to the community. This process reinforces the need to adhere to curriculum frameworks for teachers as well as focused learning strategies for students in the classroom.

Last year, the Education Unit also converted one teaching position to an "educational technology specialist" to support teachers in implementing online curriculum tools for all students. This position is also an asset for students as many are or will be required to take at least one online class to graduate. The upgraded technology and online learning to be integrated into the new Multi-Purpose facility will further utilize this position.

Prevention & Behavioral Health Services (PBH) Highlights



- Prevention Services
 - Violence Prevention
 - Suicide Prevention
- School-Based Services
 - ECMHCs
 - K-5 FCTs
 - Middle-School BHCs
- Treatment Services
 - Community-Based Services

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Our Division of Prevention and Behavioral Health Services (PBH) undertook major challenges of three key areas this year: prevention, school-based services and behavioral health treatment.

The Division's prevention efforts strengthen local communities and support the children and families who reside in them. For the second year, PBH funded extended hours for City of Wilmington community centers, allowing more than 6500 children who live in the City to participate in activities geared toward keeping them off the streets and out of harms way. Through the federal Garrett Lee Smith grant, PBH offered Lifelines, a suicide prevention training, in Delaware's public middle schools. You will hear more from Director Cycyk about this and other training opportunities offered through PBH.

The Division increased its focus on school-based services, including Early Childhood Mental Health Consultants (ECMHCs) for children age 2 to 7. Through federal Race to the Top funds, PBH doubled the number of consultants this past year. The K-5 Early Intervention program was expanded from 51 to 53 schools and served over 1400 elementary school children. The initial Middle School Behavioral Health Consultation Project was started in 3 schools and served nearly 700 children and families. Through this project, 69 adolescents in need of additional behavioral health services were identified. Our school-based approaches are geared toward early identification and prompt access to behavioral health services.

In July 2012, PBH completed a successful outreach effort to enhance statewide community-based behavioral health treatment services, and increase service capacity in Kent and Sussex Counties. This service expansion was achieved through the addition of three new providers and an expansion of services now offered by many of our more experienced providers.

Division of Youth Rehabilitative Services (YRS) Highlights

- Juvenile Justice Enhancements
 - Juvenile Justice Collaborative Efforts
 - Progressive Rehabilitative Approach
 - Improved Mental Health Treatment



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I'll turn now to our Division of Youth Rehabilitative Services (YRS). Over the last several years, the culture within the Division of Youth Rehabilitative Services (YRS) has changed from a strong correctional focus to a focus on therapeutic rehabilitation. This change is aligned with the latest research and philosophy in the field of juvenile justice and evidence-based practices. With the successes achieved through detention reform and the restructuring of Community Services, YRS has been able to provide treatment centered interventions in the community for low level offenders and more intensive supervision to those youth who present with more complex needs and pose a serious risk to public safety.

In FY12, YRS commissioned an independent assessment of Delaware's juvenile justice system focusing on YRS and its collaboration with key stakeholders and service providers. Noted accomplishments include the forging of a dynamic Juvenile Justice Collaborative; moving to a progressive rehabilitative approach; improving mental health treatment; implementing trauma-informed care in the juvenile justice system; and addressing gaps in services by contracting for evidence-based services; and assessment tool.

These improvements have positioned us to continue to provide better outcomes for youth in our juvenile justice settings.

Division of Family Services (DFS) Highlights

- Continued “Front End” System Reforms
 - Structured Decision Making®
 - Differential Response System
 - Reduction in Investigation Caseloads
- Youth Aging Out of Foster Care
 - HJR 18 “Ready By 21”



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In the Division of Family Services (DFS), the most significant achievement was safely bringing investigator caseloads below the statutory standard of 11 for the first sustained period in over 6 years. This was accomplished in face of a historic volume of hot line reports and was critical to effectively investigating cases with serious incidents of maltreatment and keeping children safe. Director Kelly will explain further the two strategies we utilized to reduce investigation caseloads: Structured Decision Making® (SDM) and the creation of a Differential Response System.

Addressing the needs of youth aging out of foster care has been a major priority for the Department and has been well supported by Governor Markell's administration. With the leadership of Lt. Governor Matt Denn and support from the Delaware Youth Opportunity Initiative (DYOI), we have created a Community Partnership Board of business leaders, service providers, youth in foster care, and alumni of foster care. This group is tasked with finding ways to increase supports for youth in the transition to adulthood. The Community Partnership Board has committees addressing a variety of issues including housing, employment, transportation, health care, and community engagement. House Joint Resolution 18, passed in the last legislative session, created a group to identify and recommend strategies to meet the needs of youth aging out of foster care. The Policy Committee of the board led this study and recently completed its report, *Ready by 21: Meeting the Needs of Youth Aging Out of Foster Care*. I will discuss those recommendations in a moment under our budget initiatives for the coming year.

I would like to again to recognize and thank our key partners, including Delaware State University, Delaware State Housing Authority and others, who, with the support of OMB, are helping us leverage vital resources for youth.

FY14 GRB: Mental Health

- Middle School Behavioral Health Consultants (BHCs) and Psychiatry (\$3,300.0)
- Targeted Prevention Programs (\$2,225.0)



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Events at both the State and National levels have affirmed our call for more mental and behavioral health services in Delaware. The Department, through the Division of Prevention and Behavioral Health Services (DPBHS) sees as many as 3000 children in any given year through mental health and prevention services. We can do more.

As the Lt. Governor recently said, the mental health services at our high school wellness centers are the most requested service from our high school students. And while we have over fifty family crisis therapists in elementary schools, services in middle schools are lacking. Last year we began an initiative that brought clinicians into three (3) middle schools. Based on the positive results of that initiative, the Governor has recommended \$3,300.0 to fund a ten-fold increase in the number of trained, front-line mental health personnel in our state's middle schools. To round out our mental health continuum, we also support the recommendation to use tele-psychiatry services for youth as well as psychiatric consultations with primary care physicians, to increase access to mental health services across the state.

The Governor has also recommended \$2,225.0 for after-school and summer programs for young people. Through a competitive grant process, we will identify partners who can offer programs that will not only improve students' academic performance, but also reduce depression, drug use, suicidal ideation, and juvenile delinquency.

Director Cycyk will provide more details about these plans during her division presentation.

FY14 GRB

- DFS Deficit Correction (\$2,046.0)
- Field Connectivity (\$158.4)
- FACTS II (\$3,750.0)



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In addition to addressing the mental health needs of children and their families, we are seeking funding to support emerging issues within the Division of Family Services (DFS). DFS is experiencing an increasing number of teenagers entering care for the first time. Teens often present complex, and costly, problems. As the number of children with less intensive service needs are replaced with older teens who require more intensive and costly services, division costs have increased dramatically in the past few years. It can cost upwards of \$250.0 per year to place a teen with complex needs in a specialized foster care setting. With the per child cost this high, you can see how quickly our costs can rise as the demographics of our clients change. The Governor's recommendation of \$2,046.0 in deficit correction will allow us to continue to serve these children with these very complex needs.

The Department is also beginning to harness the potential that technology has to improve human services. Over the last year, we have been able to purchase iPads for frontline workers. Staff use these tablets to develop case plans for youth in care while in the field on home visits, and can eliminate trips back to the office simply to enter case notes into FACTS. This access allows workers to spend more time with children in care, and allows for more time in the community. The Governor's recommended budget includes \$158.4 in ASF spending authority for the ongoing cost of 4G access, which is essential for the tablets to connect to FACTS from anywhere in the state.

Finally, the Governor has recommended \$3,750.0 in ASF spending authority to augment Bond Bill funding to complete the development of FACTS II.

FY14 GRB

- Enhanced Services for Youth Aging Out of Foster Care (\$515.0)
- Strengthening In-State Treatment Services at Middletown Silver Lake Center (\$262.7)



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As I mentioned earlier, youth aging out of foster care have received national attention for being at high risk of homelessness, unemployment, crime and sustained public assistance. In response to the House Joint Resolution (HJR) 18, the Governor recommended \$515.0 to offer need-based stipends to youth aging out of foster care in DFS. In her presentation, Director Kelly will share the details of this program.

Finally, the Governor recommended \$262.7 to consolidate state run programming for adolescents at the Middletown Silver Lake Center. The Middletown Silver Lake Center has maintained an excellent reputation for its work and is a critical part of a deep-end service array in Delaware. Director Cycyk will share the details of our plans during her presentation.

Children and Families Depend on Us



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In closing, I'd like to reiterate my earlier remarks about the vision of our Department. Our children are our future – our responsibility. It is a responsibility none of us take lightly, but all of us at the Children's Department embrace passionately. I am in awe of the skill and dedication demonstrated by our staff each day. From those on the front-line, to administrative support. They clearly understand the importance of our work and care those we serve.

We work hard and think critically and strategically about how we operate, not just to adapt to a changing economic climate, but to continually improve how we serve children and families. They depend on us and they deserve our best.

Questions?



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Thank you for allowing me to present the FY14 Governor's Recommended Budget. I and my team are available to answer any questions you have.



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

Delaware Children's Department

*Division of Management
Support Services*

Michael J. Alfree

Acting Division Director

Good morning Representative Smith, Senator McDowell, members of the JFC, Controller General Morton and staff, community partners and the public.

I am pleased to present the Governor's Recommended Budget for the Division of Management Support Services (DMSS) on behalf of the 202 employees within our 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 our charge to support the work of the Operational Divisions and I'd like to provide a peek into the many ways that we support those who care for Delaware's children and their families.

Thank You!



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With me today is Brian Reynolds, my Acting Deputy Director and our Budget Manager. As I begin my presentation, I would like to publicly thank the DMSS Leadership team – Aileen Fink, Director of Trauma Informed Care implementation; 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 and John Glancey, our FACTS II leads. I'm so pleased with their progress this year and I am very appreciative 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 to 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 employees across the Department. The Division supports the overall management of three operating divisions: Prevention and Behavioral Health Services, Youth Rehabilitative Services, and Family Services.

Our Department vision, “Our Children, Our Future, Our Responsibility,” is embedded in the way we do our work. While most of us do not provide direct services, our efforts ensure those on the front line can focus on addressing the complex needs of Delaware’s children and their families. 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, as well as some important funding the Governor has recommended for our FY14 operating budget.

Human Resources

- Human Resource Unit
 - Documented HR Work Processes
- Center for Professional Development
 - Training, Training, Training



Delaware Children's Department

Let me start with Human Resources which contains our HR Unit and our CPD (Center for Professional Development) Unit.

The role Department staff play in the lives of vulnerable Delawareans is vital. Staff at all levels are responsible for knowing the business rules and expectations for meeting client needs. Our HR Unit has worked hard this year to ensure our business practices are in compliance, well-documented and communicated to everyone. As an example, we have implemented a new policy dealing with random drug testing for all Department staff. This particular process randomly screens staff on a monthly basis. This work is one way the Department helps assure that our staff are physically ready to perform the essential function of their position. Indirectly, it gives the public confidence that the children in our care are safe.

Our Center for Professional Development continues to expand training to management and front line staff. We've implemented a training series for managers and supervisors. In conjunction with DFS, our CPD has developed Safety Organized Practice and Structured Decision Making Training – new practice models for our agency.

As the nature of the Department's work evolves to embed more evidence based and trauma informed policies, we are positioning our HR practices and training to support these critical needs.

Better Technology for Better Service Delivery

- \$3,750.0 ASF for FACTS II
- \$158.4 ASF for Mobile Technology



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Technological solutions that assist the front line are advancing exponentially. Our own staff depend on having a secure and reliable information system that assists them in their daily work.

The Governor has recommended \$3,750.0 in ASF spending authority to augment Bond Bill funding to complete the development of FACTS II, our newest version of the Family and Child Tracking System. Our existing system, while meeting our needs in many ways, is cumbersome and stove piped, and the underlying technology is no longer supported. FACTS II will allow staff across the Department to communicate better, leading to better services for children and families. Our managers will be better able to run on-demand reports to inform data-driven decision making. The project remains on track to be completed by the Summer of 2014.

We are also seeing the benefits of having a well equipped frontline workforce that can access FACTS anytime, anywhere. After successful field tests, we purchased 300 iPad tablets and deployed them to frontline staff in DFS, YRS and PBHS. Staff can now enter their notes into FACTS in 'real time,' eliminating the need to return to the office for data entry. Staff can also use tablets to develop case plans for youth in care while in the field on home visits, ensuring that they are able to effectively plan directly with the parents and youth.

The Governor's recommended budget includes \$158.4 in ASF spending authority for the ongoing cost of 4G access, which is essential for the tablets to connect to FACTS from anywhere in the state.

Monitoring Contracts for More Effective Services



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Our Contracts, Interstate and Quality Assurance Unit continues to expand its reach and has accomplished much this year. A critical role of the unit is contract monitoring. Approximately half of the Department's budget provides funding for contracted providers. The consolidated contracts unit has streamlined policies and practices and implemented guidelines to improve efficiency, accountability and quality of service delivery. All of this work is done with an eye on making sure our contracts are delivering the highest quality, most cost-effective services to the children and families we serve.

Facilities Management



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I'll turn now to our Facilities Management/Maintenance efforts. Our team can be seen plowing snow and caring for our campus grounds as they are tasked to provide a safe environment for our staff and members of the public. What cannot be seen but just as important is the team's efforts to manage the upkeep of the building and facilities within our control. While handling day to day work, the group manages the projects that fall under our capital improvement program. Two of the projects started during FY 13 will give you an idea how their work enhances both staff and client safety.

At the Terry Children's Center, the members of the maintenance team led an effort to give the center a total makeover. Carpet, painting, new furniture, signage, and upgraded electronics all helped our youth feel more at home in the center, and created a safer working environment for staff.

November was the start of construction on a new Multi-Purpose Juvenile Facility on our Faulkland Road campus. The maintenance team is managing the construction of a facility that will be "LEED" certified and meet the needs of the educational programs we envision will operate within the building. To develop the everyday operations of the facility – The Programs, we have assembled a team that includes staff from our Education Unit and YRS.

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 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.



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*Division of Prevention and
Behavioral Health Services*

*Susan A. Cycyk
Division Director*

Good morning Representative Smith, Senator McDowell, members of the JFC, Controller General Morton and staff, and members of the public. Thank you for your past support and for this opportunity to share our future plans, and the achievements we have made with our dedicated staff of 301 and our many community partners. Time will not permit me to recognize the entire team, but I would like to mention a few of our leaders who are here with me today, in addition to our Deputy Director Steve Yeatman: Director of Prevention Daphne Warner, Clinical Services Manager Julie Leusner, Specialized Services Manager Harvey Doppelt, Residential Services Director Tom Olson, Data Manager Howard Giddens, Managed Care Administrator Sarah Marshall and Social Services Senior Administrator Steve Perales.

The Division and our partners support Healthy Minds for Delaware's children through the development of innovative and effective services that strengthen the resiliency of Delaware's children and families, build supportive communities and ensure the safety of our youngest citizens.

The Division of Prevention and Behavioral Health Services makes effective services available and accessible in our local communities. We encourage families with children or adolescents with mental health or substance abuse issues to get help as soon as possible, because early intervention reduces problems, enabling children to thrive and families to grow together.

DPBHS Vision and Mission

- **Vision Statement:** Resilient Children and Families Living in Supportive Communities
- **Mission Statement:** To develop and support a family-driven, youth-guided, trauma-informed prevention and behavioral health system of care.



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Our vision is that all children and families are strong, resilient, and live in supportive communities.

Our mission, which is to develop and support a family-driven, youth-guided, trauma-informed prevention and behavioral health system of care, drives us to continuously improve our services and reach our vision.

Multiple studies have shown that failure to meet the mental health needs of children has serious consequences such as: increased risk of suicide and substance abuse, school failure, contact with the juvenile justice system, poor employment opportunities and poverty in adult hood.

Our Children deserve action so they do not experience these consequences.

Supporting Healthy Minds *Suicide Prevention*

Teen Suicides (1/1/12-5/4/12) :

- 11 Teen Suicides in Kent/Sussex
- 116 (estimated) nonfatal suicide attempts

Suicide Prevention:

- Youth Risk Behavior Survey
- Lifelines Curriculum



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One of our most significant priorities is to prevent violence, beginning with the tragedy of youth suicide. Suicide is a growing issue in Delaware and nationally. At last year's hearing, as I stood before you, our Division learned of the first suicide at Polytech High School. This would prove to be the first of several teen suicides that followed.

In all, there were 11 deaths by suicide among youths aged 12-21 in Kent and Sussex counties, between January 1 and May 4, 2012. There were an estimated 116 nonfatal suicide attempts among same aged youth in Kent and Sussex counties, during that same period.

Our state has difficult challenges in preventing youth suicide, especially in middle schools, as 21% of respondents to the Youth Risk Behavior Survey indicated they had seriously considered suicide in the previous year. The 2010 School Health Profiles report from the Centers for Disease Control established that "two students in each average Delaware middle school classroom reported attempting suicide in the past year." To address this issue, and through a second Youth Suicide Prevention grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), we are offering a best practice curriculum, Lifelines, in Delaware's public middle schools.

Thus far we have trained more than 3,700 students, 580 parents and almost 4,000 professionals in suicide prevention.

We are making progress in addressing the issue of teen suicide.

Supporting Healthy Minds Violence Prevention

Reported Violence in Delaware:

- 1,656 Arrests for Violent Crimes by Juveniles (2011)
- 16.5% Bullied at school (15-18 yr olds)
- 22.7% Weapons (11-14 yr olds)

Unsupervised Teens and Crime:

- 35% of all 12 yr olds are unsupervised after school (US DOJ-OJJDP)
- Juvenile violent crime peaks after school (US DOJ-OJJDP)

Wilmington Community Center Extended Hours Program

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We are also working very hard to prevent violence against others. I'd like to call your attention to this slide. The numbers reported on this slide come from various sources including The Crime in Delaware Report for 2007-2011, prepared by the Statistical Analysis Center, Criminal Justice Council, the Delaware Youth Risk Survey, and the U.S. Department of Justice.

Research findings show that many 12-year-olds are left by themselves for an estimated 20 or more hours per week while their parents are working or taking classes. The evidence suggests that children "who are unsupervised during the hours after school are more likely to use alcohol, drugs, tobacco, receive poor grades, and drop out of school as compared with children benefiting from constructive activities supervised by responsible adults". (US Department of Justice)

For the past two years, we have helped address violence in Wilmington, by making it possible for community centers to extend their hours during the summer. The Extended Hours Program was designed to allow community centers in Wilmington to remain open, provide a safe haven and age appropriate services for youth who might otherwise be out on the street.

This past summer and early fall, more than 6,500 youth participated in the extended hours service, doubling the number of youth served the previous year. Youth participated in suicide awareness, anti-bullying, substance abuse prevention, character building, technology classes, and organized sports.

We also participated in Wilmington's curfew center; of the 185 youth who entered the center for violating curfew, 92% did not break curfew a second time. While we were successful in supporting children, youth and families, our focus was limited to the City of Wilmington.

Supporting Health Minds Governor's Recommended Budget

\$2,225.0 for Expanded After School and Summer Services for Youth

Programs to include:

- Suicide Awareness
- Anti-Bullying
- Substance Abuse Prevention
- Awareness Training for adults serving youth
- Curriculum with arts & nature



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The Governor's recommended budget broadens our prevention efforts to serve children and youth across the state. We support the Governor's recommendation of \$2,225.0 to expand preventive mental health services after school and during the summer for Delaware's youth. This initiative is targeted to address both youth suicide and violence. It is an outgrowth of the initial findings of an investigation conducted by the Centers for Disease Control (CDC) of teen suicides in Kent and Sussex Counties in 2012. The CDC indicated there is a great need for after school activities for youth in Kent and Sussex Counties, and that the lack of such activities may be a significant contributor to teen suicides in these areas of the state. The CDC also recommended training for adults who serve youth in the recognition of, and appropriate response to, youth mental health challenges.

Proposed programming will include: suicide awareness, anti-bullying and substance abuse prevention, supervised sports, in addition to curricula that offer children exposure to the arts and nature. We will also require training for adults who serve youth, enabling them to better connect children and families with additional services.

Additionally a small part of the funding will be used so we can adequately evaluate the effectiveness of our efforts.

Supporting Healthy Minds Early Access to Services

National KIDS Count (2007 report) 19% of Delaware children ages 2 - 17 have one or more emotional, behavioral or developmental conditions.



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In addition to strengthening after school opportunities, we support school-based services. For many children, the ability to succeed in school is impacted by behavioral health issues.

According to National Kids Count Data (2007), 19% of Delaware's children, ages 2-17, have one or more emotional, behavioral, or developmental conditions.

For these reasons, we begin addressing behavioral health issues early.

Supporting Healthy Minds Early Access to Services

- **Early Childhood**
 - ECMHC 98% successful
- **K-5 Early Intervention**
 - 53 elementary Schools
 - 80% improved school performance
 - 95% parent satisfaction
- **Behavioral Health Consultants**
 - 1600 Staff Consultations
 - 90% said they would use again

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Our Early Childhood Mental Health Consultants address school readiness for young children. In the last year, we doubled the number of Early Childhood Mental Health Consultants and maintained the success rate of this service at 98%. The Division is also making great strides in the expansion of Parent-Child Interaction Therapy (PCIT), an evidence-based treatment for children ages 2-7 who experience very challenging and disruptive behaviors. Today, more than 125 therapists statewide have been trained in (PCIT) and have provided in home and outpatient treatment to 360 young children and their families. This enables the children to remain in their homes since their families have now learned to address behavioral challenges by parenting differently and in a more effective manner.

We meet the needs of many of our Elementary aged children through our K-5 Early Intervention Program. This program is staffed and managed by the Division and a provider in partnership with the Department of Education and local school districts. Family Crisis Therapists (FCTs) are assigned to 53 elementary schools statewide to work with at risk families and provide a range of interventions designed to remove barriers to academic and social success.

In the most recent Delaware Youth Risk Behavior Survey, over 20% of middle school students reported having seriously considered suicide at some point in their life while over 33% reported using alcohol and 14% reported having used drugs. For many teens, this behavior results in suspension or expulsion from school. To address the gap in services for this school aged population, we instituted the Middle School Behavioral Health Consultation Project in 2010. This game changing project has been operating for over 18 months in three middle schools and has been effective in identifying and working with youth experiencing behavioral health problems. Behavioral Health Consultants are licensed clinicians with at least 1,600 hours of post-Masters mental health counseling while under the direct supervision of one or more approved clinical supervisors. The clinical consultants provide suicide risk assessment, trauma and substance use screening, individual and family counseling, behavioral health consultation for school staff, and link youth to other services they need.

Supporting Healthy Minds Governor's Recommended Budget

\$3,300.0 for Early Access to Behavioral Health Services

- Expand the Behavioral Health Consultant Program in the Middle Schools
- Psychiatric Consultations for Primary Care Physicians
- Tele-psychiatry



Delaware Children's Department

We support the Governor's recommendation for \$3,300.0 to expand access to behavioral health services. This includes the expansion of the successful Behavioral Health Consultant program in the Middle Schools. This will allow us to increase our current consultant contractual force ten-fold. These contracted consultants will offer an array of clinical services previously unavailable in Delaware's public middle schools. The consultants will assess for risks associated with suicide and screen for mental health and substance use problems. Students will be able to receive counseling in schools and receive referrals to other school-based services or to community mental health or substance abuse providers for longer term treatment.

We will initiate 30 Behavioral Health Consultant contracts with this funding. Each consultant will be assigned to one or more schools as determined through collaboration with the Department of Education and the local school districts.

This budget request includes additional initiatives also aimed at increasing early access to behavioral health resources. One of them covers the cost of child psychiatrist telephone consultations with pediatricians and family doctors. This will allow pediatricians to directly prescribe follow-up services, including medication if necessary, without a child having to wait for an appointment with a psychiatrist. A second initiative we propose is an investment in long-distance mental health services called tele-psychiatry. This allows Delaware-licensed psychiatrists who are located out of state, to partner with local providers through the use of HIPPA compliant video conferencing equipment.

Supporting Healthy Minds Residential Treatment

Division Goal to Enhance Operation of RTCs

- Residential Treatment Best Practices
- Building Bridges Initiative
- RTC Operation Enhancements for Young Children
- Terry Children's Center Improvements



Delaware Children's Department

For certain children in our state, the help and support offered at home, in schools and communities is simply not enough. These children require help beyond school and home. We are always working on improving outcomes for these youth, who receive our deeper end more intense services in our residential treatment centers. This year we embarked on a review of these services based on current best practices, focusing on outcomes for children and youth identified by the nationally recognized Building Bridges Initiative (BBI).

In working towards these objectives for the children and youth we serve, we determined that the environments in our own RTCs needed improvement.

As a result, the staff and leadership at Terry Children's Center (TCC) worked with staff in our Division of Management Support Services, as mentioned in their presentation, to create a more home-like environment at the Center. TCC is a residential and day treatment center that serves children ages 7-12. It also houses crisis beds. Some of the areas impacted by the upgrades include new Building Signage; an enhanced family friendly Lobby Area; a new and improved Game Room; a brighter Cafeteria and newly painted Gymnasium. The environmental changes combined with changes in our service delivery approach make the center more family friendly, and have truly created a more positive therapeutic environment for the children we serve.

Supporting Healthy Minds Strengthened In-State Treatment Centers

Silver Lake Treatment Center (Middletown)

- \$262.7
- Consolidate locations
- Improves service delivery

Brenford Challenges:

- Difficult access for families
- Limited access to services
- No public transportation



Delaware Children's Department

It is time to create the same program and facility enhancements for our adolescent population who suffer challenges so severe that they cannot be effectively treated at home or school. These youth are served at our Middletown Silver Lake Residential Treatment Center and the Brenford Residential Treatment Center. Each of these facilities is on leased property, both of which expire at the end of FY 2013.

We support the Governor's recommendation of \$262.7 which will allow us to expand services and capacity at the Silver Lake Treatment Center in Middletown to accommodate all of our adolescent RTC clients. Brenford is a single family home in an isolated setting that is not easily accessible to major roads and other services. The layout of this privately owned home makes supervising multiple residents difficult. It is important to note that this is not a foster home or group home. This is a residential treatment facility. As such, it should have proper sight lines for supervision of youth being treated for mental health issues, which it does not. Our proposal to move these youth to the Middletown Silver Lake Center under a long term lease will allow for a safer environment and therefore better treatment.

In addition, since the Silver Lake complex is where the Brenford children currently attend school, consolidating the two programs into one location would create significant efficiencies. Staff time currently spent on transporting residents back and forth could be refocused to providing direct services. Transportation costs to their school would be eliminated. The children themselves would benefit from having all their education, housing and treatment needs served in one location. Parents will also have better access to their children because of bus routes and more direct travel via major roadways.

Questions?



Delaware Children's Department

In closing, I appreciate your past support for Delaware's young children, adolescents, families and communities. I am grateful for the creativity and responsiveness of our staff and community partners. Most of all, I appreciate the children and families with whom we have the privilege to work.

As Governor Markell said in his recent inaugural address, "We will make it possible for every child in Delaware to achieve his or her full potential...They will have the best shot we can give them to realize their dreams..."

Thank you for your consideration of initiatives intended to help all Delaware children reach their potential and dreams.

My team and I are available to answer your questions.



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

Delaware Children's Department

*Division of Youth
Rehabilitative Services*

*Nancy Dietz
Division Director*

Good Afternoon Representative Smith, Senator McDowell, Controller General Morton and staff, members of the Joint Finance Committee, community partners, and interested citizens. As the new Director of YRS, I am honored to stand before you today, along with my staff to discuss how we are working together to promote healthy minds and healthy lives for the youth and families we serve.

Before we proceed, I would like to introduce the members of my management team who have accompanied me here today. Alison McGonigal, Acting 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 Raheem Perkins, Acting Superintendent of our Level IV Residential Cottages.

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.”

Delaware Children’s Department

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.

Juvenile Justice in Delaware

The Little Engine That Could

http://kids.delaware.gov/pdfs/yrs_csg_jjbook.pdf

Prepared by the Comprehensive Strategy Group

Delaware Children's Department

YRS has maintained its collaborative relationship with the Annie E. Casey Foundation and the Juvenile Justice Collaborative, co-chaired by Family Court Chief Judge Chandlee Johnson Kuhn and former Cabinet Secretary Vivian Rapposelli. Through the efforts of this group, much has been accomplished in the juvenile justice arena in the past several years. As noted by Acting Secretary McManus, 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 was unveiled at our first statewide juvenile justice conference in June 2012.

The conference highlighted national standards in juvenile justice that have become an integral part of our statewide system reform initiative. These standards include educational policies, substance abuse and mental health, trauma and maltreatment, and evidence-based practices.

Juvenile Justice Reform and Reinvestment Initiative

In partnership with:

- The Center for Juvenile Justice Reform at Georgetown University
- The Peabody Research Institute at Vanderbilt University
- The Justice Policy Center at the Urban Institute
- Delaware Criminal Justice Council / Statistical Analysis Center

Delaware Children's Department

The assessment conducted by the Comprehensive Strategy Group encouraged Delaware to develop a means to quantify the results of its new programming and structural improvements. We are pleased that 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, will position 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.

Community Services

- Umbrella Services
- Positive Achievement Change Tool (PACT)



Delaware Children's Department

One of our most notable accomplishments has been the substantial reduction in detention populations and out of state residential placements, resulting in savings that have allowed the division to focus its efforts on the restructuring of our Community Services unit. The Community Services unit is responsible for providing community supervision to pre-adjudicated and adjudicated youth throughout the State. We have reshaped our internal structure to build a strength-based community service continuum. In the past year, YRS has developed contracts with providers statewide, offering an umbrella of evidence based or informed services in the community. Services include job training, academic enrichment, substance abuse education, and parenting programs that aim to improve supports within the family.

In addition to the restructuring effort, YRS has adopted an evidence based screening tool, known as the PACT, that identifies risk and needs, risk to reoffend, and intervention strategies. While in the early stages of implementation, PACT is proving successful in providing a more responsive case management system and appropriate supervision options for youth, resulting in more positive outcomes.

By continuing to build our community-based options that meet the risks and needs of our youth and families, we have continued to experience reductions in the number of youth who are committed to secure detention and residential treatment.

Secure Care Detention

- Therapeutic Life Skills
- Family Engagement



New Castle County Detention Center
(NCCDC)



Stevenson House Detention Center

Delaware Children's Department

With the reduced populations achieved in secure detention, we have been able to initiate the rehabilitative process through the implementation of therapeutic interventions aimed at teaching our most at-risk youth how to make healthy decisions.

Youth at the New Castle County Detention Center (NCCDC) have started to participate in Aggression Reduction Therapy (ART), which teaches them how to deal with real life anger/aggression scenarios through role play. The youth are responsible for processing their reactions, deciding what reaction is acceptable in society and learning ways to better deal/cope with their anger.

Stevenson House has initiated a partnership with the Food Bank of Delaware to conduct the Kid C.H.E.F. program, a skill based curriculum that teaches how to cook healthy, easy foods based on current nutritional guidelines. Stevenson House will also host a food pantry for the families of youth committed to the facility. Youth in NCCDC have also learned to make healthy choices with a limited budget by growing their own vegetable garden in the spring and summer months. The youth maintain the garden and harvest the vegetables which are then used by the facility kitchen for meal preparation.

Stevenson House and NCCDC continue to host a variety of family-centered activities including monthly Family Nights and annual Family Fun festivals, 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.

Both facilities are preparing for re-accreditation with the American Correctional Association later this year.

Secure Care Level IV Residential Cottages

- Community-based Standards (CbS)
- Space Alteration Project
- Education and Enrichment



Mowlds Cottage



Grace Cottage



Snowden Cottage

Delaware Children's Department

Our Residential Cottages have continued to make significant progress in creating stronger treatment programs for the overall well-being of our youth.

In April of this past year, the Residential Cottages began implementing 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. The standards address areas such as safety, mental health, programming, reintegration and security. Measurement consists of monthly data snapshots across each standard, quarterly record reviews, and individual surveys for youth, families, and all staff who have direct contact with youth.

A space improvement project was also completed this past year in all three Cottages. The project has allowed for more efficient use of existing space and has created a safer and healthier environment for youth and staff.

Youth committed to the Residential Cottages continue to participate in educational and vocational programming at the Cleveland White School.

Enhanced Education & Enrichment Multi -Purpose Facility



Delaware Children's Department

This year, in collaboration with DMSS, we are excited to be planning for additional educational and enrichment activities that will be a part of the new multi-purpose facility on campus.

The DMSS Education Unit works collaboratively with YRS to ensure our youth achieve individual success in reaching their educational goals. With the anticipated opening of the multi-purpose facility, we will be able to offer, for the first time, educational opportunities for youth in the community under probation or aftercare supervision. By continuing to provide educational and vocational support to these youth, we hope to further increase their educational performance and employability skills.

Secure Care Ferris School

- Trauma Informed Programming
- Transformative Life Skills
- Parents as Partners



Ferris School

Delaware Children's Department

As stated earlier, we are serving our most at-risk youth who present with very complex needs. Ferris School is our only in-state Level V treatment facility for young men. During the past year, Ferris School administration, in partnership with the Division of Prevention and Behavioral Health, initiated the beginning stages of implementing a trauma informed treatment program. Staff have completed 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 also served as a pilot site for the implementation of Transformative Life Skills (TLS), a research-based intervention strategy for physical and behavioral health, educational success, and violence prevention. We will be expanding this approach to all of our program units this year.

In an effort to engage parents as part of the treatment process, staff are facilitating the Multi-Family Strengths *Parents as Partners* group to improve family relationships and prepare families for reunification when their child transitions to the community. The group is based on accountability, role modeling, using appropriate communications and coping strategies, and learning to celebrate the family's strengths. Building a healthy family support network is key to our youth's success.

Similar to NCCDC and Stevenson House, Ferris School is also preparing for re-accreditation with the American Correctional Association later this year.

Healthy, Safe Environments



- Mental Health Training Initiative
- Enhanced Security Systems
- Extended Nursing Coverage

Delaware Children's Department

In collaboration with our partners, we continue to strive for healthy, safe environments. In early 2012, YRS was selected by the National Center for Mental Health and Juvenile Justice to participate in the Juvenile Justice Mental Health Training Initiative. Through this initiative, YRS and PBH conducted a Train the Trainer session to develop our capacity to train all staff, in Secure Care and Community Services, on an annual basis on the connection between normal adolescent development, delinquent behavior, and the impact of mental health, trauma, and substance abuse. It is our goal to train 75% of our staff during this first year, with full implementation being a part of our regular new employee training and annual refresher training. I would like to extend my appreciation to our partners in PBH for helping us fulfill this important training need.

With the assistance of DMSS, we were able to upgrade and install additional security cameras in NCCDC and Stevenson House as well as key card access systems for the main entrances to the Residential Cottages and the common areas of NCCDC. Ferris School installed a Lobby Works security system at the front desk to streamline the process for admitting and tracking visitors to the facility. These enhancements will allow us to better monitor access and movement in the facilities, creating a safer environment for youth and staff.

In partnership with Christiana Care, we expanded hours for nursing coverage in our secure care facilities this past year. The nurses are available to address medical needs such as illness and recreational injuries that previously required the attention of an on-call physician or transport to an off-campus medical center.

FY 13 Budget Request

No new funding requests

Delaware Children's Department

Through our internal system reforms, we have continued to reallocate and leverage our resources.

In FY14, we are not requesting additional funding for any new initiatives. We support moving \$1.4 million from our YRS budget to the DFS Child Welfare Budget, due to sustained low numbers of residential community services placements. We will continue to manage within our existing resources as we strive to set the standard for excellence in juvenile justice.

Questions?



Delaware Children's Department

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 and I welcome any questions you may have.



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

Delaware Children's Department

Division of Family Services

Vicky Kelly

Division Director

Good afternoon, Representative Smith, Senator McDowell, 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 FY14 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, and then the challenges and opportunities related to our budget requests.

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 the members of our senior leadership team: Rodney Brittingham, Deputy Director, several administrators, Shirley Roberts, of Children's Services, Keith Zirkle, of Resource and Policy, Patti Quinn, of Child Care Licensing, Michael Peyser, of Data and Quality Assurance, and Joseph Smack, Executive Assistant.

DFS Scope of Service

Child Welfare Services

- Report Line
- Investigations
- Protective Supervision (Treatment)
- Foster Care
- Adoption
- Independent Living

Office of Child Care Licensing (OCCL)

- Licensing child care providers & centers
- Licensing Child Placement Agencies
- Licensing RT Centers
- Criminal History Unit

Delaware Children's Department

Our charge is to ensure the safety and well-being of children. Our services are organized around two primary areas of focus. The first is the provision of child welfare services, focused on children who have experienced, or are at risk of, abuse and/or neglect. To give you an idea of the number of children we serve, we have 787 children in our custody. In addition, we provide protective supervision and ongoing services to more than 2,300 children who remain with their families.

The other service area is in the Office of Child Care Licensing, which licenses and monitors providers who care for children outside their homes, whether in child care homes or centers, private child welfare agencies, or residential treatment centers. A critical component of that licensing duty is to ensure that those employed in child care positions do not have criminal histories that would prohibit them from such work. The Criminal History Unit processes almost 50,000 background checks each year of people who work in schools, social services and health care.

While this work can be very challenging, we have had a successful year and are happy to share some of our accomplishments.

Child Welfare Accomplishments

- Stabilizing caseloads
- Implementation of Structured Decision Making®
- Continued success on federal measures
- 100 Adoptions in 2012
- Reducing the number of youth aging out of foster care without families

Delaware Children's Department

We have several important accomplishments to report in the child welfare area.

First, we were able to bring investigation caseloads in line with the statutory standards for the first sustained period in more than 6 years. This is critical to ensure that our investigators have the time to adequately assess the safety of vulnerable children. In recent years, we have faced a significant increase in the reports of child abuse and neglect, which put additional pressures on the front end of our system. One strategy that has helped was the implementation of Structured Decision Making® at the hotline. This is an actuarial tool that weighs various risk factors, such as history, as well as protective factors and then provides research-based decision trees to guide workers in making solid decisions. This tool has helped us better determine which reports warrant an investigation. We are now in the midst of implementation in our investigation units.

Also, each year, public child welfare agencies are required to report to the federal Administration for Children and Families on a number of outcome measures on safety, permanency and well-being. ACF regularly praises Delaware as one of the strongest child welfare systems in the country. Last year, DFS succeeded in surpassing the benchmarks set for states on 5 of the 6 measures. The measure where we are below the national average involves placement instability, due to moves while in foster care and is the focus of one of the major innovation efforts underway.

Also, as part of our commitment to promote permanent connections for children in care, we are proud to report that in 2012, 100 children found their forever families through adoption.

Last, but not least, we have been focused on improving permanent connections for teens in care so that fewer age out of care on their own. In FY12, 80 youth aged out of care, which was down from the 100 youth in FY11. Our goal is to ensure that no youth ages out without permanent connections to a support system.



Our most important accomplishment is our creation of a Differential Response System. We are grateful for the support we received for last year's key budget initiative. DE has now joined other best practice states in being able to provide alternative pathways for cases based on the level of risk. In 1997, the General Assembly in revisions to Title 16 of the Delaware Code provided the authority for the two pathways of response. One involves the statutorily required, forensic investigations conducted by DFS for moderate and high risk cases. The other pathway is the Family Assessment and Intervention Response, for low risk cases. Last year's budget initiative allowed us to build this alternative response through community-based services.

Our first venture into this community-based Family Assessment and Intervention Response pathway is focused on preventing unnecessary teen entries into the system. Children and Families First was awarded the contract for this new service and is working closely with us in the implementation. We anticipate that over 300 teens and their families will be served by this new approach.

With a Differential Response System, DFS is now better able to focus its expertise and limited resources on protecting the most vulnerable children.

Accomplishments: Office of Child Care Licensing

- Licensing 1,500 providers serving 53,000 children
- 6th straight year achieved all mandated visits
- Early Learning Partnerships
- 2nd Annual Business Conference for Providers
- Workforce development



Delaware Children's Department

We also have several accomplishments to share from the Office of Child Care Licensing. OCCL has for the 6th year in a row made 100% of all mandated visits to licensed providers to monitor their care.

OCCL is also excited to be partnering with the new Governor's Office of Early Learning, the Department of Education, and the Department of Health and Social Services in supporting Delaware's Race to the Top—Early Learning Challenge Grant's achievements in improving outcomes for young children.

This past spring, OCCL held the second annual Business Conference for Child Care Providers. We partnered with the Small Business Administration, Delaware State University, the Delaware Economic Development Office, and others to provide this important conference focused enhancing providers' business skills to be successful. Over one hundred current and perspective providers attended. Planning for the third annual conference is underway.

OCCL is also helping to lead the nation in innovative ways for providers to access training by partnering with the Military Liaison Initiative and Penn State University's "Better Kid Care" to expand online training options. Over 100 providers each year take advantage of this option and Delaware leads the nation in states participating in this program.

These are but some of our accomplishments. Now I would like to turn to our challenges and opportunities.

Current Challenges



The demands on child welfare have never been greater. We are challenged by children with increasingly complex needs and overwhelmed families, coupled with an increasing scope of legal responsibilities. Yet, we are also hopeful that our continued investment in innovation will reap improved outcomes for years to come.

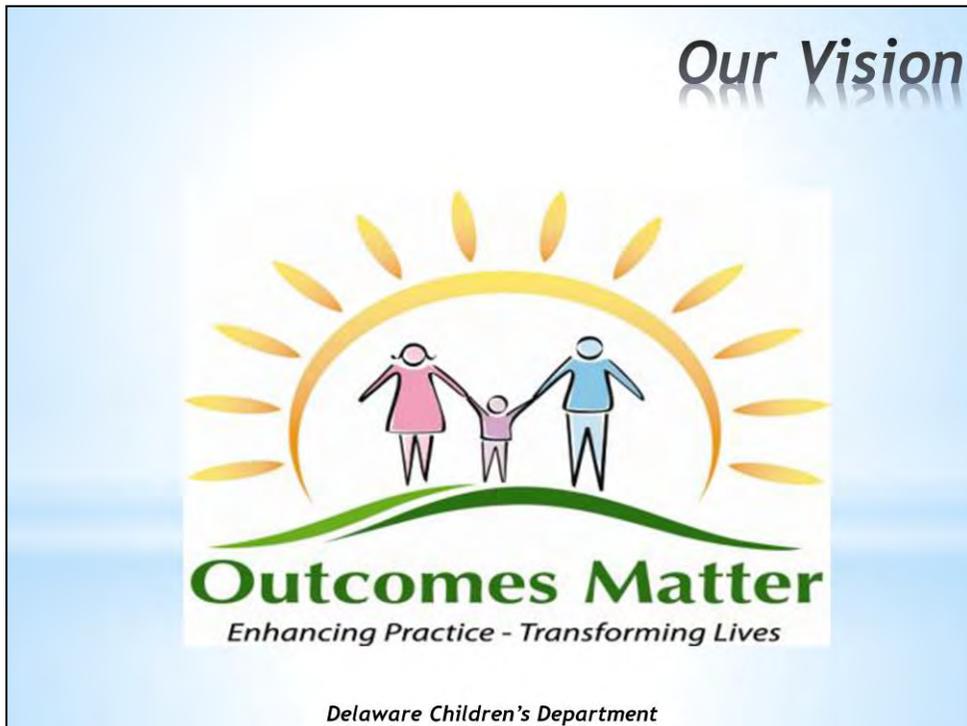
Our biggest challenge is managing our multitude of statutory and regulatory responsibilities amidst historic demands on our system. This chart depicts the continued increase in volume of reports of child abuse and neglect in DE since 2007. In FY12, this trend resulted in a record 16,668 hotline reports and over 8,000 child protective investigations. Halfway through FY13, we are cautiously optimistic that we may have finally reached a plateau in the reports of child abuse and neglect. The implementation of Structured Decision Making® helps us use our resources and expertise more efficiently, because we are now better able to make wise decisions about which cases require full investigations.

It is amidst this challenge that we have also undertaken the journey to transform our system.



We have begun an exciting journey—a journey that will help us more fully realize the promise in our name, the Division of *Family Services*. Governor Markell’s charge in his State of the State address was for all of us in government to commit ourselves to building better futures for those we serve. Ensuring child safety is the foundation of a strong child welfare system, but our ultimate success will be determined by whether the children we serve are able to live and grow in nurturing and protective families. Many of our innovation efforts are focused on increasing family engagement in the services we and our contracted partners provide. Research makes a compelling case that family engagement is truly at the root of all successful outcomes in child welfare.

This dovetails with our Department’s vision: ***Our Children. Our Future. Our Responsibility.*** And all of this aligns with the paradigm shift happening nationally in child welfare. That shift argues for a broader vision--one that is not only focused on safety, but calls us to make important progress in ensuring that children have access to permanent nurturing relationships and real opportunities for well-being and success.

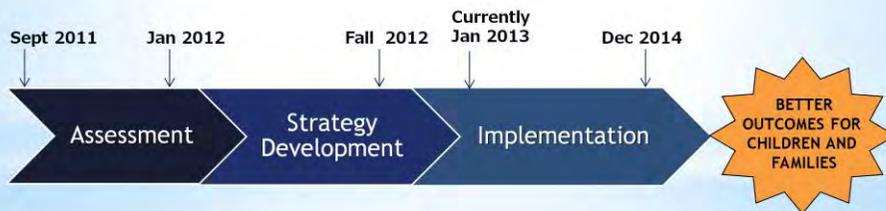


Our comprehensive system transformation effort includes the implementation of 18 different tools and approaches. Structured Decision Making® is but one example. Others include best practice approaches across our whole spectrum of services. These various efforts have been organized into an overarching strategic framework, which we have branded as “*Outcomes Matter*”. This is our logo, which was chosen in a competition among our staff. The tagline says “Enhancing Practice – Transforming Lives”.

We are the only state that has embarked on such an ambitious innovation plan, but our intentional approach is beginning to yield important synergies among the different parts of the initiative. Some of the key outcomes on which these efforts are focused include safely reducing the number of entries into foster care and expediting permanency for all children in foster care. We anticipate significant achievement in these outcomes by the end of 2014.

DFS System Transformation

Our work with the Annie E. Casey Foundation



Delaware Children's Department

This slide depicts an overview of our path to transforming our child welfare system through practice innovations. Our primary partner on this journey is the Child Welfare Strategy Group of the Annie E. Casey Foundation. This journey began in September of 2011, with a comprehensive assessment of not only our agency, but also the larger system in which we operate. Following almost 9 months of intensive strategy development, we are now in the early stages of implementation of a number of approaches that will improve our practice and data management strategies, to help us achieve even better outcomes for children and their families.

Leveraging Support

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



Delaware Children's Department

Our success in this transformation effort will be due in large measure to our ability to leverage external supports and investments. The partners listed on this slide have been instrumental in providing a host of in-kind investments in DE through consultation, training, and coaching from a team of more than a dozen nationally recognized experts. Their contributions to date are collectively worth over a million dollars of free services for DFS. This generous support has made it possible for us to embark on such an ambitious agenda of innovation.

We are very grateful that our ambitious plan has been supported by our local partners such as the Child Protection Accountability Commission, the Family Court, and many others. The strong system partnerships in Delaware has been recognized by these external experts as providing an invaluable foundation on which we can build.

Office of Evidence - Based Practice



Delaware Children's Department

In addition to that tremendous external support, we have also benefited from support within the Children's Department. Four positions were moved to create our new Office of Evidence-Based Practice within DFS. This will help us better infuse clinical expertise into our division, while also helping us to ensure consistency of care across the department. The two psychologists and two assessment staff will help us meet additional federal mandates to provide comprehensive screening of all children in foster care and to manage the use of psychotropic medications among children in care. We are very grateful to our sister Division of Prevention & Behavioral Health Services for their support in the creation of this new office. Our goal is to more effectively identify and address the needs of children in foster care, and in so doing, hopefully prevent the need for deeper end services later.

Budget Initiative: Expanded Transition Services

- HJR 18 and *Ready by 21*
- \$515.0 for needs-based stipends
- Developmentally appropriate array of supportive services
- Building on foundation of existing resources



Delaware Children's Department

And now I turn to our budget initiative.

The first initiative is the proposed ***Ready By 21*** Program recommended by the House Joint Resolution 18 workgroup. This is an effort to support youth transitioning from foster care, since they are at such high risk for homelessness and poverty. After careful study of various options, we are proposing to create needs-based stipends to help these young people with basic expenses such as utilities and transportation. These stipends would be approved and monitored by the young person's case manager in independent living services. This targeted approach is possible since we are able to leverage the supports through existing independent living services, Statewide Rental Assistance Program vouchers through the DE State Housing Authority, and other programs. Our goal is to provide a developmentally appropriate array of supportive services to help these youth successfully transition into adulthood and be ready for independence at age 21.

Costs of Meeting More Complex Needs



15 Younger Children One
Year = \$70,000



15 Teens One Year = \$865,000



Delaware Children's Department

Our other budget request is for a structural adjustment to close our deficit. I would first like to explain some of the cost drivers of our deficit.

For many years, the demographics of children in foster care remained fairly stable, which allowed us to make predictions about their needs with some certainty. However, as the demographics change, we are now caring for children and youth with more complex needs. As younger children exit care to permanency, they are increasingly being replaced by teens, who now make up over 42% of the children in foster care. Many more of these youth need additional supports and even specialized placements. This is having a serious financial impact on our budget. Younger children typically have less complex needs for services and support. The board payment for a typical young child to stay in foster care for one year is about \$4,600. However, an older teen more typically presents with complex needs for service and supports, which can cost over \$57,000 per year. This slide provides an example of the impact this is having in driving the costs of foster care. For example, if 15 typical younger children leave care, but then 15 teens with more complex needs enter care, the costs of care for just this group of youth can swing from \$70,000 to more that \$865,000 per year. We also have individual youth whose specialized placements can cost \$250,000 or more per year. These ever changing needs are creating greater volatility in our budget projections, as well as driving our deficit.

FY14 Door Opener

\$3,462.0 Deficit Correction

\$2,046.0 New Funds

\$1,416.0 Structural Transfer from YRS

Delaware Children's Department

Our door opener is for deficit correction. Our total deficit for FY13 is estimated to be \$3,462.0. We support the Governor's recommendation of \$2,046.0 in new funding and a structural change of \$1,416.0 funds to be transferred within the Department from YRS.

We thank our sister division of YRS for supporting this transfer.

We would appreciate your support of this initiative.

Questions?



Delaware Children's Department

Thank you for allowing me to present our accomplishments, challenges and initiatives. Today is Valentine's Day, which has become a significant day for us. A year ago today at a statewide meeting for our managers, we and our partners from the Annie E. Casey Foundation, unveiled the findings from the comprehensive assessment of our system, which launched our transformation effort. The theme for that day borrowed on the image for Valentine's Day, which is the heart. The French word for heart is "coeur", which is the root of the word courage. Child welfare work requires courage. Every day, I am humbled by the courage demonstrated by our staff and our partner providers, who are on the front lines confronting many of society's most challenging problems, while seeking to protect and serve the most vulnerable children. We are truly grateful to be doing this challenging work in a state where we have the benefit of so many strong partnerships.

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