

Division of Prevention and Behavioral Health Services (DPBHS)
Strategic Plan for Calendar Year 2017 - 2021

Vision: Resilient children and families living in supportive communities.

Mission: To develop and support a family-driven, youth guided, trauma-informed prevention and behavioral health system of care.

Goal 1: Improve outcomes for children and families by using a trauma-informed system of care approach across all Division priorities: Prevention, Early Intervention and Treatment

Objectives	Measures	Lead	Status
1.1 Strengthen family engagement; implement wrap-informed and wraparound care management approaches and other proven best practices.	Offer 2 – 4 hours of training within each individual unit during January 2017 – December 2017.	Catherine Bracaliello	<ul style="list-style-type: none"> • Training will be provided by unit staff that participated in the National Federation train-the-trainer.
	Increase family engagement as evidenced by 5 new family activities in SL and TCC	Tom Olson	
	All children will be receiving wrap informed care coordination through CFCC by January 2017.	Tracey Frazier	
1.2 Integrate prevention, early intervention, and treatment services across our continuum of care and into communities at risk/in need.	Develop procedures for staff to integrate service plans to include early intervention, prevention and treatment services. To be completed by June 2017.	Tracey Harvey Doppelt	<ul style="list-style-type: none"> •
	Develop procedures for staff to increase referrals to early intervention and prevention	Daphne Warner Bob Dunleavy	

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Objectives	Measures	Lead	Status
	services by 25% beginning 2017.		
1.3 Increase the number of prevention, natural supports, and early intervention services used across our continuum.	Collect data of increased referrals to early intervention and prevention services by 25% starting July 2017.	Tracey Harvey Daphne Tom	•
1.4 Increase capacity to provide trauma-informed screening and assessment.	Provide training and consultation to providers each year beginning 2017 on the UCLA	Chuck Webb	• Determine the number of providers to be trained
1.5 Provide individualized, flexible, youth-guided, and family-driven services.	Monitor 25% of a care coordinators Plan of Care within a year, beginning 2017, to ensure individualized, flexible, youth guided and family driven services. Monitor 5% of provider treatment plans within a year, beginning 2017, to ensure individualized, flexible, youth guided and family driven services.	Tracey Rich Margolis	•

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Goal 2: Strengthen the network of community providers and partners to assure accessibility, choice, culturally relevant family and child focused services, and trauma-informed treatment/services across all settings: Prevention, Early Intervention, and Treatment.

Objectives	How to measure	Lead	Status
2.1 Develop approaches to address the needs of youth transitioning into adulthood.	<ul style="list-style-type: none"> • # of transition age youth • # assessed for ongoing (adult) treatment services • # referred for additional services (professional, including DHSS, and non-professional) 	Howard Giddens Chuck	
2.2 Increase the use of stress and trauma assessment tools and approaches throughout the system. • Target a trauma-related performance improvement to be made in an existing service each year; report on progress.	Implementation of a strategic plan for trauma-informed care	Susan Burns	
2.3 Work with DDDS, DMMA, and others to develop a plan for children/youth with intellectual and developmental disabilities.	Plan including: 1. Initial multi-agency meeting 2. Follow-up meeting(s) 3. Draft report for new administration 4. Final report	Susan Ccyk	
2.4 Monitor services to assure children are receiving the most appropriate, effective, and least restrictive services.	Develop interim measure of requested and actual services provided, and LOC determinations / re-determinations, suces (considering "incidents") in	Howard Tracey Rich	

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Objectives	How to measure	Lead	Status
	EPB services and in non-EBP services.		
2.5 Participate in state efforts to address the needs of substance exposed infants and children/youth with FASD.	Track State efforts and PBHS participation	Susan C. Julie Leusner	

Goal 3: Improve positive supports in neighborhoods and communities to improve emotional safety and well-being for children, youth and families and build resiliency.

Objectives	How to measure	Lead	Status
3.1 Identify clear priorities and proven best practices to address prevention priorities focused on reduction of: mental illness and specifically suicide and psychosis; substance use, including opioids; abuse and neglect of children; juvenile criminal activity; and other forms of community trauma. Lead or participate in community efforts to address these focus areas.	Approval of a strategic plan for Prevention	Daphne	

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Objectives	How to measure	Lead	Status
3.2 Focus efforts on supporting children and youth to remain in schools.	# of children who remain in school	Daphne Tracey	
3.3 Improve partnerships and/or support families to address the needs of children/youth who do not participate in school, may not have a safe place to be during daylight hours, and/or may not have adults available to them.	# of collaborative committees and workgroups in which PBH staff represent the Division	Leadership Team	
3.4 Strengthen early childhood supports in alignment with state early childhood strategic plans.		Daphne	

Goal 4: Ensure a strong Divisional infrastructure that maintains focus on the vision and achieves the mission.

Objectives	How to measure	Lead	Status
4.1 Complete a strategic plan for prevention and early identification that, at a minimum, addresses priorities in goals 3.1 and 3.2 and assures data collection, analysis, and regular reporting.	The completion and approval of a plan that meets the objective	Daphne	

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Objectives	How to measure	Lead	Status
<p>4.2 Strengthen family leadership through multiple efforts that encourages a family-driven system, including launching a new family-run organization and enhancing family peer options.</p>	<p>Incorporation of a family-run organization 501 (c)3 approval Certification of first cadre of Family Support Peers Completion of Training for second cadre of Family Support Peers FSP program remains at 75% or more utilization</p>	<p>Catherine</p>	
<p>4.3 Strengthen youth leadership efforts to establish an integrated youth voice across the Division; enhance youth peer options. Complete a strategic plan to meet this objective.</p>	<p>Identify youth for inclusion/participation in plan development Development of a Strategic Plan</p>	<p>Chuck</p>	
<p>4.4 Strengthen the current workforce through training and information-sharing; develop the future Delaware-based workforce through internships and volunteer experiences that increase the number of professionals available to serve our state's children, youth and families.</p>	<p># of training opportunities for staff to develop skills / learn new information # of partnerships with local colleges and universities for internships # of interns with PBH by program</p>	<p>Chuck</p>	

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Objectives	How to measure	Lead	Status
implementation; workforce; grant funding and state budget; CARF accreditation, Building Bridges and other reviews; family engagement, system of care implementation, and progress as a trauma-informed system.			
4.7 Maximize state and federal resources to meet objectives, strengthen system, and fill gaps.	Approval of annual budget Monthly reviews of the budget	Howard	
4.8 Meet the goals of our current federal grants: SAFETY, CORE, LAUNCH and CARES.	% of goals in each grant program that are achieved	Harvey Chuck Daphne Catherine	
4.9 Meet licensing and accreditation requirements, including policy updates, quality/performance oversight, and communication.	Passing/maintaining annual licensure Quarterly review of CARF compliance achieved. Communication to Leadership	Rich	