

**Division of Prevention and Behavioral Health Services
 Provider Forum Minutes
 DSCYF Admin Building
 August 17, 2012 from 10 AM – 12PM**

TOPIC	PRESENTER	DISCUSSION	ACTION
Division and Department Updates 1. Overview of Positions vacated 2. Announcement of Julie Leusner 3. Executive Order 36 4. GRB Approved 1% Budget Increases	1. Steve Yeatman 2. Steve Yeatman 3. Steve Yeatman 4. Jen Tse	1. Steve discussed various vacancies within senior leadership and administration within DPBHS. Dr. Perry, who oversaw drug court, left for a contractor position with the BEST grant, and Dana Sawyer, Chief of Operations, left for a director level position with DelTech; Nancy Widdoes and Martha Gregor have left for other opportunities as well. Dr. Perry's, Nancy's and Martha's positions are posted online through the state job search site for those that are interested in applying for state employment. 2. Dr. Julie Leusner has taken on Dr. Wimberley's position since his retirement. She is now the Director of Intake and Clinical Services Management Teams effective June 4, 2012. 3. The Kid's Department released a press release regarding June 14 th – Executive Order 36; this order will help businesses in Delaware; will be reviewing all regulations in the state to see if any barriers exist. The majority of our regulations fall under the Office of Child Care licensing. For those providers that offer day and residential treatment services, you may want the state to review specific regulations. There already have been 2 meetings downstate. The next one coming up is August 21 st – 87 Reeds Way in NCC from 6PM to 8PM. The Children's Dept website (http://kids.delaware.gov/execorder36.shtml) has information about this. If you cannot make the meeting there will be other ways to express your concerns. They are going to be reviewing the regulations of the state, broken up by agencies; comments are due by October 1 st . You can access the forms for public comments on the website listed above. 4. Jen reviewed the 1% increases as approved by legislation which were incorporated into the rates in contracts. If there were any concerns about the contracts, the providers in attendance were requested to stay behind to speak with the	1. For any state vacancy, this is the link for employment opportunities: http://www.jobaps.com/de/sup/images/default.asp 2. Julie Leusner can be reached at 302-633-2599 or via email at Julie.Leusner@state.de.us 3. Please follow-up directly with the link provided if you cannot make the last scheduled meeting for Executive Order 36 by making a comment online. 4. No additional actions

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5. New DPBHS Provider Page layout/content available soon 6. Billing Manual Clarification	5. Jen Tse 6. Tyneisha Jabbar-Bey	<p>PA Unit representatives. Additionally, now that the contracts were routed, PA Unit will begin visiting providers again to ensure all issues are addressed proactively. Jen also reiterated DPBHS is still working closely with DMMA for re-establishing our relationship with them and how this might impact our current infrastructure. Any changes that will impact providers will be communicated appropriately.</p> 5. A broad overview of the website changes was provided 6. Tyneisha clarified the units and provided a ‘cheat sheet’ of the billed amounts	5. The Provider Page of DPBHS has been revised and all links to the old link will redirect visitors to the new content. 6. The attachment provided by Tyneisha is included in the minutes
Results of the Community-Based Services RFP – Introduction and Recognition of All Providers	Jen Tse	<p>Jen thanked all the current providers that are continuing on in our service continuum in their existing capacity, as well those agencies that are continuing on and have also added capacity. Jen also welcomed those new agencies that DPBHS looks forward to building relationships with in this upcoming fiscal year.</p>	Excerpt from the DPBHS Weekly Announcement is in the meeting minutes as an attachment
Updates from the DFS Consultation Project	Doris Corbett-Darby	<p>Doris provided an overview of the statewide program that offers assistance for first time children that are entering foster care for the first time as well as those that are presenting symptoms that might jeopardize placement through the DFS Consultation Project.</p> <p>Doris advised that this program’s assessment process includes the UCLA preliminary screener; the GAIN short screener to identify any potential substance use issues.</p> <p>When behaviors are disruptive and escalating, intervention</p>	Brochure is included in the meeting minutes

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		<p>plans are created by Doris and her unit for foster parents. The typical timeframe is short term (about 45 days) for this level of involvement.</p> <p>This unit makes recommendations based on these screeners and evaluations. Once the consultation report is provided, Doris makes contacts with providers of DPBHS based off on information with child/youth.</p> <p>As a Division and a Department we need all the help we can get to ensure disruptions in foster placements do not occur unnecessarily. As such, if there is any way that this information can be brought back to your front line staff, that would be greatly appreciated. It has been communicated back that when agencies find out the there is not an active case with DBPHS and the youth needing assessment services is Medicaid eligible, the wait lists increases. We are hoping to avoid any barrier to care when and if possible and hope the longstanding relationships with our contracted agencies will allow this barrier to be removed to ensure foster care disruption does not occur.</p>	
<p>Updates from the DPBHS Residential Best Practices Committee</p>	<p>Stephen Perales</p>	<p>A copy of the operational outline for the best practices committee was distributed. DPBHS leadership identified the goals and priorities for Division including a goal to “enhance the effectiveness of the in-state specific residential treatment centers.”</p> <p>In March, the Residential Best Practices Committee was convened with a Mission to “Create a residential treatment environment in Delaware that is trauma-focused, family-driven and youth-guided with shorter length of stays and without the use of seclusion or restraint.”</p>	<p>Residential Best Practices Committee Operational Outline is included in the meeting minutes</p>

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		<p>Participants included state run facilities representatives, internal administrators from DSCYF, and former parents of youth in services at this level of care.</p> <p>Regular committee meetings concluded in mid-July. As we continue to work on finalizing the report, the objective is to incorporate the committee recommendations into the upcoming RFP language for RTCs and to incorporate changes into the state operated RTC facilities.</p>	
Prevention News and Updates	Yolanda Jenkins	<p>Yolanda presented information pertaining to prevention. The Division wanted to create a prevention provider manual similar to the treatment provider manual. Prevention is in the process of drafting that document. It is still in the draft phase.</p> <p>The content of this manual will be specific to prevention providers, as well as those treatment providers that offer those services.</p> <p>Accreditation for Division went from JCAHO to CARF about 6 years ago. Prevention is moving towards accrediting prevention services. Three years from the time we implement the accreditation, prevention providers will be then required to go for their accreditation as well.</p> <p>We are still working out the details with CARF to identify which prevention providers would need to seek out accreditation and if there are any prevention providers that would not require this status.</p> <p>CARF also recognizes COA and JCAHO.</p> <p>There were 3 announcements for Prevention: 1. On September 12, 2012 there will be training available at the Delaware Military Veterans and Family Suicide Prevention</p>	Once the Prevention manual is vetted through DPBHS leadership, it will be available for review. Provider feedback will be reviewed before being finalized.

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		<p>Expo – scheduled to occur at the Embassy Suites – targeting those community organizations working with military families.</p> <p>We are requesting organizations to be exhibitors – 8am – 8pm for the whole day. We are asking a very small fee \$25 gift card as part of the raffle).</p> <p>2. Department of Education is happening an anti-bullying conference held in Del State; conference center October 26th.</p> <p>3. Our Division is rolling out several things during Anti Bullying month; DAAD – football and volleyball season – tackle bullying in DE and no bullying in DE.</p> <p>Trying to have something every day in October to help prevent bullying in DE.</p> <p>Additionally, there was an announcement of the contest for anti-bullying. Details are found at this website: http://stopbullying.challenge.gov/</p>	

**UPCOMING DPBHS PROVIDER FORUM MEETINGS FOR CALENDAR YEAR 2012
 (All scheduled for Rm 198/199 in the Admin Building from 10AM – 12PM):**

*** November 16, 2012 ***

List of Attendees: Lauren Rhoades (Aquila of DE), Domenica Personti (Brandywine Counseling), Valleree Roach (Catholic Charities), Melinda Rizzo (CCHS/Rosenblum), Don Loden (CFF/Seaford House), Tina Fountain (CFF/Seaford House), Alberta Crowley (Crossroads), Mike Barbieri (Crossroads), Bruce Kelsey (DGS), Howard Sims (DGS), Tina Moyer (Fellowship Health Resources), Kristin Wilson (Fellowship Health Resources), Maylis Feliz (Fellowship Health Resources), Dory Zatuchni (Jewish Family Services), Abner Santiago (Latin American Community Center), Curtis Bolander (Mid-Atlantic Behavioral Health), Brenda Farside (New Behavioral Network), Arneice Ritchie (Open Door), John McKenna (Rockford Center), Stephanie Traynor (Supporting Kidds), Tom Olson (Terry Children’s Center), Steve Martin (University of Delaware), Catalina Scott (Mountain Manor), Lindsey Huttie (Rockford Center), Tracy Washington (PSI/PCS)

DPBHS Representatives: Steven Yeatman, Tyneisha Jabbar-Bey, Vanessa Bennifield Stacy Shamburger, Jennifer Tse, Chiara Fox, Vickie Artis, Miriam Cruz, Carmella Giddins-Jones, Doris Corbett-Darby, Yolanda Jenkins, Mary Polk, Janet Taylor-McDowell, Terri Gentry, Yvonne Bunch

Billing Units Quick Reference Guide FY13

Cost Per Unit

Unit Amount	\$ 36.06	\$ 97.87	\$ 87.57	\$ 113.32	\$ 108.17	\$ 92.92	\$ 30.91	\$ 15.45	\$ 100.00	\$ 170.00
1.00	\$ 36.06	\$ 97.87	\$ 87.57	\$ 113.32	\$ 108.17	\$ 92.92	\$ 30.91	\$ 15.45	\$ 100.00	\$ 170.00
1.25	\$ 45.08	\$ 122.34	\$ 109.46	\$ 141.65	\$ 135.21	\$ 116.15	\$ 38.64	\$ 19.31	\$ 125.00	\$ 212.50
1.50	\$ 54.09	\$ 146.81	\$ 131.36	\$ 169.98	\$ 162.26	\$ 139.38	\$ 46.37	\$ 23.18	\$ 150.00	\$ 255.00
1.75	\$ 63.11	\$ 171.27	\$ 153.25	\$ 198.31	\$ 189.30	\$ 162.61	\$ 54.09	\$ 27.04	\$ 175.00	\$ 297.50
2.00	\$ 72.12	\$ 195.74	\$ 175.14	\$ 226.64	\$ 216.34	\$ 185.84	\$ 61.82	\$ 30.90	\$ 200.00	\$ 340.00
2.25	\$ 81.14	\$ 220.21	\$ 197.03	\$ 254.97	\$ 243.38	\$ 209.07	\$ 69.55	\$ 34.76	\$ 225.00	\$ 382.50
2.50	\$ 90.15	\$ 244.68	\$ 218.93	\$ 283.30	\$ 270.43	\$ 232.30	\$ 77.28	\$ 38.63	\$ 250.00	\$ 425.00
2.75	\$ 99.17	\$ 269.14	\$ 240.82	\$ 311.63	\$ 297.47	\$ 255.53	\$ 85.00	\$ 42.49	\$ 275.00	\$ 467.50
3.00	\$ 108.18	\$ 293.61	\$ 262.71	\$ 339.96	\$ 324.51	\$ 278.76	\$ 92.73	\$ 46.35	\$ 300.00	\$ 510.00
3.25	\$ 117.20	\$ 318.08	\$ 284.60	\$ 368.29	\$ 351.55	\$ 301.99	\$ 100.46	\$ 50.21	\$ 325.00	\$ 552.50
3.50	\$ 126.21	\$ 342.55	\$ 306.50	\$ 396.62	\$ 378.60	\$ 325.22	\$ 108.19	\$ 54.08	\$ 350.00	\$ 595.00
3.75	\$ 135.23	\$ 367.01	\$ 328.39	\$ 424.95	\$ 405.64	\$ 348.45	\$ 115.91	\$ 57.94	\$ 375.00	\$ 637.50
4.00	\$ 144.24	\$ 391.48	\$ 350.28	\$ 453.28	\$ 432.68	\$ 371.68	\$ 123.64	\$ 61.80	\$ 400.00	\$ 680.00
4.25	\$ 153.26	\$ 415.95	\$ 372.17	\$ 481.61	\$ 459.72	\$ 394.91	\$ 131.37	\$ 65.66	\$ 425.00	\$ 722.50
4.50	\$ 162.27	\$ 440.42	\$ 394.07	\$ 509.94	\$ 486.77	\$ 418.14	\$ 139.10	\$ 69.53	\$ 450.00	\$ 765.00
4.75	\$ 171.29	\$ 464.88	\$ 415.96	\$ 538.27	\$ 513.81	\$ 441.37	\$ 146.82	\$ 73.39	\$ 475.00	\$ 807.50
5.00	\$ 180.30	\$ 489.35	\$ 437.85	\$ 566.60	\$ 540.85	\$ 464.60	\$ 154.55	\$ 77.25	\$ 500.00	\$ 850.00



State of Delaware

*The Department of Services
for Children, Youth and
Their Families*

PBH Enhances Community-Based Treatment Services

I recently released a broad announcement to our PBH partners regarding the successful effort to enhance the statewide community-based treatment services for children and families in need of behavioral health services, and specified that we have **increased service capacity in Kent and Sussex Counties.**

The announcement to our partners conveyed that our request for proposals resulted in the successful **addition of three new providers, and resulted in retaining all of our long-term providers. I also shared that many of our experienced providers are offering expanded services.**

The new providers to the continuum of DPBHS Community-Based Treatment Services are as follows:

- **A Center for Mental Wellness** will be providing Behavioral Intervention services across the state;
- **Brandywine Counseling and Community Services** will be providing substance abuse treatment services (Part-Day, Full-Day and Intensive Outpatient) for Kent and New Castle Counties starting in August;
- **Fellowship Health Resources** will be providing mental health and substance abuse Intensive Outpatient Services in Kent and Sussex Counties.

We are looking forward to building effective partnerships with our newest providers.

In addition to our new providers, the following experienced PBH treatment providers will be broadening services within our continuum:

- **Catholic Charities** will continue to provide Intensive Outpatient mental health services, with the ability to provide services for the intellectually disabled and developmental delayed population in New Castle County and additional capacity for Kent and Sussex for this specialized population. This is in addition to the routine outpatient services they currently provide;
- **Child Guidance Resource Centers** will provide Behavioral Intervention services, in addition to the Intensive Outpatient program they provide in Southern New Castle and northern Kent Counties;
- **Children and Families First** will be providing Intensive Outpatient mental health services using the Family Functional Therapy as their main evidence-based practice in Kent and Sussex Counties, in addition to operation of the Seaford House Residential Treatment Center, and increased their capacity by 4 slots for Day Treatment Services;
- **Crossroads** will be providing Intensive Outpatient substance abuse services in New Castle and Kent Counties in addition to their Part-Day and Full Day substance abuse services;

- **Jewish Family Services** will be providing Intensive Outpatient mental health services with the capacity to accept youth with developmental delays and autism spectrum disorders in New Castle County, in addition to the outpatient services they will continue to provide;
- **Psychotherapeutic Services, Inc.** will continue to provide Intensive Outpatient substance abuse services, with added capacity for Kent County;
- **Rockford and Dover Behavioral Health** will be providing Day Treatment Services for mental health and substance abuse as well as Part-Day substance abuse services across the state starting in August, in addition to the Inpatient Hospital mental health and Partial Hospital/Day Hospital mental health services they currently provide.

I also acknowledged and thanked the experienced providers within the DPBHS continuum that successfully competed to provide ongoing levels of care for our Division, which include the following:

- **Aquila of Delaware** will continue to provide Day Treatment Services and Intensive Outpatient substance abuse services in New Castle and Sussex counties, and Part-Day substance abuse services in New Castle County.
- **Delaware Guidance Services** will continue to provide Day Treatment mental health services in Kent and Sussex counties for the younger children (6-14), and Intensive Outpatient services statewide;
- **New Behavioral Network** will continue to provide Intensive Outpatient mental health services and Behavioral Intervention services statewide;
- **NorthEast Treatment Centers** will continue to provide Day Treatment Services in New Castle County as well as operation of the Red Lion and Iron Hill Residential Treatment Centers.

We value the partnerships that we have developed over the years and look forward to continuing to work with these agencies to strengthen the public behavioral healthcare, prevention and early intervention system across our state.



Project Mission

To maintain stable foster placements that can meet the needs of the children in placement. To identify the needs of both foster care providers and youth in placement, collaboratively build a protocol for addressing those needs, and work with our sister divisions, and other service partners to implement critical services and resources necessary.

Focus Areas:

Support for First Time Foster Placement

The Consultation Project staff will respond with the Foster Care Worker and/or Treatment Worker to all first time Foster Placements to:

- Provide psycho-education around diagnosis to foster parents.
- Evaluate the child's adjustment to the placement;
- Identify any behaviors that are causing concern;
- Work with the foster care provider to identify strategies to manage behaviors;
- Identify the need for treatment or other services and facilitate access to services/resources that the child and family need.

Foster Home Preservation Program

- The Consultation Project will offer support to Foster parents and DFS in identifying behaviors that threaten to disrupt the foster placement. The Child Priority Response crises service (CPR) through Delaware Guidance Services (DGS) in collaboration with Consultants will provide coaching and crises management within the Foster home and or phone. Consultant's will develop and review pro-active and reactive strategies for the disruptive behavior (s) to divert placement disruptions. The Child Priority Response service will provide additional supports, such as:
 - Assist in coaching Foster Parents with intervention strategies created by Consultant.
 - Consultant will assist in accessing treatment or other resources needed to support progress on behaviors and divert a disruption of the foster placement.
 - CPR will assist in teaching/coaching around the strategy, crisis counseling, psycho-education and recommend additional referrals as needed.

Other Services

Assistance with Children and Youth Open with

DPBHS: The DFS Consultation Project staff will assist any DFS worker in applications, treatment planning questions and requests for children already open with DPBHS.

This service would essentially assist the DFS worker in formulating a question or request clinically.

The DFS Consultation Staff may, as appropriate, act as a liaison to the DPBHS clinical teams and if the foster care child is evaluated by the project staff, ensure that the summary notes are shared with the Clinical Services Management Team.

Mental Health/Substance Abuse Consultation:

This project service provides access to consultation for DFS foster care youth to rule out the need for behavioral health treatment services, consult on processes, protocols or other questions regarding access to services, system navigation, planning or engaging stakeholders and foster family around addressing behavioral health issues.

This could include: The DFS worker in formulating clinical referrals, assisting in continuing treatment with a identified out of network therapist, and other questions or assistance that are related to the foster child's behavioral health status.



Division of Prevention & Behavioral
Health Services
(DPBHS)

Division of Family Services
Consultation Project



Referral Process: Please E-mail to request referral information:

Contact:

Doris Corbett-Darby FCT Supervisor
(302) 633-2616,
Fax: (302)622-4475
Doris.Corbett-Darby@state.de.us

Janet Taylor-McDowell
FCT, Kent & Sussex Counties
(302) 526 5729
Fax : (302) 739-5101
Janet.Taylor-McDowell@state.de.us

**Department of Services for Children, Youth and
their Families**



Residential Best Practices Committee

Mission: Create a residential treatment environment in Delaware that is trauma-focused, family-driven and youth-guided with shorter length of stays and without the use of seclusion or restraint.

Goals:

1. The youngest children in our system remain in the community. When residential treatment is needed, it is offered as close to the home environment as possible to better engage families and enable transitions into community schools and services.
2. Adolescents in our system who need residential treatment are served at locations that are not remote.

Operational Outline:

Identify potential residential services best practices including:

- Building Bridges Initiative
- Seclusion and Restraint
- Length of Stay (LOS)
- Evidence-Informed Practices

Identify potential residential services best practices through:

- Individual/Small Group Research
- Roundtable Discussions
- Site Visits to existing in-state RTCs
- Site Visits to out of state RTCs (small group/limited number)

Increase Committee knowledge of existing RTC:

- Programs/Services
- Service Philosophy
- Child Demographics
- Average LOS
- Staffing Requirements/Patterns
- Staff Training
- Communication
- Operating Guidelines

Increase Committee knowledge of existing RTCs through:

- Presentations
- Site Visits to existing in-state RTCs
- Roundtable Discussions

Gap Analysis

- Comparison of identified Best Practices and Current Practices

Recommend residential best practices

- For each Best Practice recommended:
 - Basis for Recommendation
 - Service Improvement Anticipated
 - Anticipated Cost/Cost Savings
 - Supporting Documentation

JOIN US TO “STAND BY THEM”

Delaware Military Veterans and Family

Suicide Prevention Expo

Community Provider Training – CEUs Available!

Register At: <http://dtool.dhss.delaware.gov>

Embassy Suites in Newark, DE

Wednesday, September 12, 2012

8 AM-4:30 PM

