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○ Spring ○ 2014

DPBHS Kids Line

A Newsletter from the Delaware Children's Department
Division of Prevention and Behavioral Health Services

RESILIENT CHILDREN AND FAMILIES
LIVING IN SUPPORTIVE COMMUNITIES

Jennifer Ranji
Cabinet Secretary

Director's Message



Susan A. Cycyk

Children's Mental Health Matters:

In Delaware during the Month of May we celebrate Prevention, Mental Health, Early Childhood and Spring. We are reminded that emotional health is integral to a young child's intellectual and physical development; that prevention programs are effective in improving academic, social and future employment outcomes; and that quality mental health and substance abuse treatment enables children and families to work through difficult issues and enjoy life together. We favor the color green, which symbolizes healing, health, growth and hope.

Last week was Children's Mental Health Awareness Week, and we celebrated for 5 days, partnering with local businesses, such as Rita's Water Ice franchises, and with early childhood centers. On May 7th, Representative Debra J. Heffernan received **unanimous support** from the Delaware House of Representatives for Resolution # 34, which says in part:

"BE IT RESOLVED by the House of Representatives of the 147th General Assembly of the State of Delaware, that May 8, 2014, is recognized as Children's Mental Health Awareness Day in honor of the children diagnosed and living with mental health challenges along with caregivers and families.

BE IT FURTHER RESOLVED that the Delaware Division of Prevention and Behavior Health Services and its network of community-based partners is commended for the ongoing work that together they have undertaken to

raise children's mental health awareness in our state and to provide support and resources for children experiencing mental health challenges and their families."

We appreciate the General Assembly's honoring of the children and families we are privileged to serve, and their recognition of the positive community partnerships that enable quality services to be locally delivered.

The theme for Mental health Month is "Building a Circle of Wellness". I want to thank our staff and multiple partners who work with us to prevent suicide and substance use, to address psychiatric crises and meet acute care needs, to strengthen our youth's resiliency, self-esteem and problem-solving capabilities, and to provide quality treatment from early childhood to adulthood. Together, you build a strong circle around Delaware's young people. It is a privilege to work with you!

Susan



Expanding Access to Psychiatric Care

The FY 14 Budget Initiative that created the Middle School Behavioral Health Consultants also included approval and funding for two additional programs that targeted increasing access to behavioral health care—**Telepsychiatry** and the **Primary Care Physician-Psychiatry Consultation Project**.



Telepsychiatry is the use of real-time HIPPA compliant video conferencing to facilitate an interaction between a clinician and a patient when they remain in two discreet locations. As a specialty of the larger categories of telehealth, telemedicine, and tele-mental health; telepsychiatry is a discipline that focuses on the delivery of psychiatric services through videoconferencing by either psychiatrists or psychiatric nurse practitioners.

Benefits of Telepsychiatry include:

- Expand Psychiatric Capacity
- Shorten Wait Times with Timely Service
- Improve Consumer Satisfaction
- Provide Appropriate Level of Care

The Stevenson House Detention Center in Milford will serve as the pilot location for telepsychiatry within the state network.

Due to a shortage of available psychiatrists, Stevenson House has been without an on-site psychiatrist since September 2012.

During this time, residents have been transported to Ferris School in Wilmington to meet with the psychiatrist.

Through a contract with Insight to provide psychiatrists and the procurement of new equipment to facilitate long distance meetings, youth at Stevenson House will receive psychiatry consultations at the facility. This service is ready to “go live”.

Additional community locations for telepsychiatry are being developed in Kent and Sussex Counties. Three sites have received equipment and are scheduled for installation of the telepsychiatry equipment shortly. These service locations are anticipated to be functioning by the end of June.

The **Primary Care Physician (PCP)-Psychiatry Consultation Project** was also established in Delaware to expand access to behavioral health services.

Dr. Mark Borer is under contract to provide consultative services in support of the implementation of this project. Dr. Borer’s primary tasks under this contract are to:

- Identify and recruit PCP(s) and Psychiatrist(s) to participate in the project.
- Provide training and technical assistance to these providers throughout the life of the project.

A contract has been finalized with a PCP to serve Sussex County and a contract for PCP services in Kent County is currently in the review process.



DPBHS and Our Work with Family Courts

We work with Family Court in Clinical Services, Drug and Mental Health Court and Assessment.

The DPBHS Clinical Services Management Teams provide Care Assurance for youth receiving behavioral health treatment services through DPBHS. Youth are assigned to a Clinical Services Management Team headed by a licensed behavioral healthcare professional (Treatment Team Leader).

There is a specialized team within the Clinical Services Management Team for Drug Court.

The Drug Court team, led by Erica Burgoon, provides substance abuse assessments, manages treatment services and provides community supervision for Family Court youth who have entered the Adjudicated Youth Drug Court Program.

The Attorney General's Office may offer a chance to a juvenile to avoid prosecution and possible conviction if the juvenile agrees to follow special conditions. One such condition could be enrollment in the Drug Court program. Juveniles who agree to participate in the Drug Court must be evaluated for substance abuse and follow all treatment recommendations. In addition, they will undergo random drug screens and will appear before the Drug Court judge at least once a month. Juveniles who successfully complete the Drug Court program have their charges dismissed.

In 2006, the Family Court, in collaboration with the Office of the Public Defender, received federal grant money through the Criminal Justice Council to pilot a Mental Health Diversion Court for juveniles

with delinquency charges pending. The program offers a treatment-based resolution of the delinquency charges of juvenile offenders with mental health disorders.

In conjunction with the Mental Health Court program, the Family Court has created a dedicated juvenile competency calendar for conducting competency hearings and monitoring compliance with treatment recommendations for non-competent juveniles still facing open charges. One dedicated judge is assigned to hear and track all the competency hearings. Mental Health Court Youth who also receive services through DPBHS are assigned to one of the Clinical Services Management Teams to manage the delivery of mental health treatment. Unlike Drug Court, there is no dedicated team for Mental Health Court.

The DPBHS Consultation and Assessment Services (CAS) Unit provides mental health and substance abuse assessments to children referred by the Courts and from other Divisions within the Department of Services for Children, Youth and Their Families. This team provides psychological assessments and consultations, competency evaluations, and consults with the Department staff on specific child and family centered issues. The purpose of the consultation or evaluation is to determine if the child/youth has a mental health and/or a substance abuse disorder and if so diagnosis it and provide treatment recommendations. While in most cases the assessment is done face-to-face with the child/youth, in some instances consultation can consist of a record review followed by a report.

We appreciate the opportunity to partner with the Court on behalf of children and families.





Residential Treatment Services -Request for Proposals

DPBHS is interested in improving the local capacity of In-State residential treatment services

In an effort to improve in-State local capacity of residential treatment services to serve

2. Use of appropriate **evidence-based clinical practices** that are responsive to the individual child and family’s complex social, emotional, and psychological needs, and that are supportive of educational success.
3. **Family intervention and counseling services** designed to help families develop and sustain behavior management skills.
4. Supports **strong integration and continuity** of out-of-home behavioral health services with services delivered in the home and community settings.
5. Identifies and coordinates available **community resources** to support the diverse needs of all youth and families served.
6. Has **capacity to ‘right-size’ the range and scope of services** available to meet prevailing and future demographic and treatment trends.
7. Offers **strong and diverse service capacity** to serve children that are currently referred to out-of-state residential service settings.

Delaware’s children and youth, DPBHS developed and released a Request for Proposals in March 2014 seeking bids for residential treatment services.

Residential treatment services represent the most restrictive levels of care in DPBHS’ continuum of behavioral health care. Residential treatment services are required when a mental health or substance use condition impairs a child’s ability to function in his or her home, school, community, or other social settings and/or when they pose a high level of risk of harm to others or themselves.

Through the RFP, DPBHS communicated interest in programs with the following features:

1. A program model supporting **trauma-informed care** environments that are focused on strengthening connections to the family and community.

Ten proposals were received by the April 23rd due date.

A Proposal Review Panel is scheduled to meet in May for the evaluation process. DSCYF looks forward to notifying selected bidders and initiating negotiations soon.

Enhancements in Current DPBHS-Operated Residential Facilities



Over the past year, the DPBHS-Operated residential facilities at the Terry Children’s Center (TCC) and the Silver Lake Treatment Consortium (SLTC) have undergone major transformations.

Based on recommendations from a local cross-system committee and guidance from the Substance Abuse and Mental Health Service Administration (SAMHSA) national Building Bridges Initiative (BBI), the staff and leadership at the two facilities developed plans to implement a BBI-oriented operational philosophy. BBI is based on a family engagement and involvement model that is also trauma-informed.

TCC and SLTC staff and leadership worked together to develop a new operation model, called the S.A.F.E.T.Y. Model.

In addition, all staff were trained in new physical restraint protocol aimed at further reduction of restraints and improved follow-up protocol

Several new therapeutic and life-skill oriented groups and clubs were initiated at TCC and SLTC including, crocheting, painting, cooking, money management, meditation, gardening, golfing, photo club, outdoor club and an arts and crafts club.

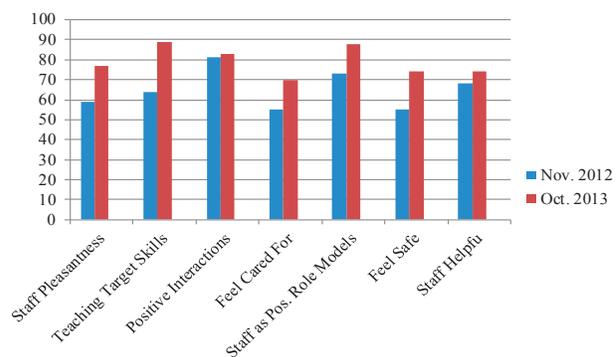
Both TCC and SLTC received a “100% improvement” in overall programming in terms of instituting the BBI philosophy and values compared to the previous year according to a follow up review by national BBI consultants. Quite an achievement!

These changes have resulted in improved services and a more positive

experience for the children and youth served in our residential treatment centers and for the staff that serve them.

When compared to 2012, youth at TCC report significant improvements in the following areas: Perceiving Staff as Pleasant, Working on Behavioral Target Goals, Feeling Cared for by Staff, Viewing Staff as Positive Role Models, Feeling Safe and Perceiving Staff as Helpful. BBI is having an impact!

TCC Youth Survey



Impact of DPBHS Prevention Programs



Courageous Hearts receives funding from DPBHS



and horses to address treatment goals. EAP is considered a short-term, or "brief" approach.

During this presentation the BHCs learned about how the process related to EAP can facilitate positive emotional and social changes in children coping with mental health and behavioral health concerns. Throughout the presentation the BHCs participated in hands on activities. We thank Rosemary and Linda for their time and for making the presentation possible.

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The Effectiveness of Equine Psychotherapy: Presentation by Courageous Hearts

On April 22nd, our Middle School Behavioral Health Consultants (BHCs) learned about a unique therapeutic intervention called Equine Assisted Psychotherapy from Rosemary Baughman and Linda Muncy.

Equine Assisted Psychotherapy (EAP) incorporates horses experientially for emotional growth and learning. It is a collaborative effort between a licensed therapist and a horse professional working with the clients



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