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Spring 2015

# 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

On May 27th Cabinet Secretary Jennifer Ranji, introduced an exciting cross-Division initiative to improve outcomes for some of the most challenging youth who enter this Department. Called **Partnering for Success: Individualized Services. Innovative Strategies**, this initiative is a Department effort to successfully serve more children at home and in their communities, provide individualized services to youth and families, prevent unnecessary entries into one or more child serving systems, and deliver a unified, Department-wide approach for engagement. Soon to be underway is the implementation of one of the Partnering for Success strategies. Called **Expedited Transition to Family (ETF)**, this strategy involves a specific family meeting model for engagement.

In addition to our efforts to improve outcomes through Partnering for Success, DPBHS is working, in some Division-specific ways, to improve our system, our services and the outcomes for those we are privileged to serve. I am pleased to update you on significant changes in process within DPBHS.

**System of Care:** These principles form the foundation for our work. See page 3 of this newsletter for more information.

**School-based Services:** Behavioral Health Consultants (BHCs) in middle schools are successful in working with families and in connecting adolescents with appropriate treatment, primarily outpatient. Early indicators are that their intervention is reducing the need for more intense treatment. Great news! Family Crisis Therapists (FCTs) in elementary schools are now coordinating with BHCs to transition children from FCTs to BHCs over the summer months. This is a practical process improvement that will enable the child to enter middle school more positively.

**Treatment Services Enhancements:** Residential and community-based treatment are undergoing change to improve effectiveness and outcomes by aligning more closely with system of care principles,

most apparent in: individualizing treatment and strengthening Family and Youth voice.

- **Residential Treatment:** The five RTCs that will be available within Delaware have received consultation from SAMHSA's national Building Bridges Initiative, which focuses on helping RTC staff engage families from entrance through treatment to discharge, reducing RTC length of stay, and strengthening transitions to home, school and community. RTC services are available in Seaford, Dover, Middletown and New Castle. Once the provider meets the City requirements, our fifth RTC will be open in Wilmington.
- **Community-based Treatment:** Current contracts will remain in place through December 2015, while we work with continuing providers and seven new providers to contract for and implement new treatment services they proposed, including: flexible outpatient of varying intensities; intensive family-based services and variations; part day (increased after school and evening treatment); shorter length day treatment; and high fidelity wraparound services. Community-based treatment will be more flexible, more individualized, with family and youth choice.

For more on our system improvements, see the spotlight on our Clinical Services Management and Medicaid-funded Services in this newsletter.

Wishing you a healthy and happy summer,

# Family Partners

DPBHS **Family Partners** offers peer-to-peer support opportunities for families who have children and youth with mental health, emotional and behavioral challenges. The monthly Family Partners meetings are completely family-driven; meaning that the families decide what topics are prioritized and discussed at each meeting. Families also have access to a large resource table that provides valuable educational tips and information on community activities that families have requested from the month before.

Parents are encouraged to bring their children. All meetings start with a large group meal. After dinner, children and adults are moved into separate groups. Children are supervised by a Clinical Care Coordinator and a support person during the children's activities. At the same time, parents engage in a round table discussion of topics they feel are important. Families are encouraged to share as much or as little as they feel comfortable sharing.

Family Partners provides parents and caregivers with the opportunity to meet others that are facing similar challenges in a safe and non-judgmental environment. Families that have attended the monthly meetings report feeling less isolated and more knowledgeable about community resources.

*"Talking things out and speaking and sharing feelings at our monthly meetings has been a tremendous help" – J.P*

*"I know I'm not alone when I'm at the meetings. We all may be different but have come together for the same reason... our children" – R.J*

*"When I'm here, I don't have to worry about getting the looks from other people because of my child's behavior" –D.R*



## Coming Together for Our Children

Family Partners offers *peer-to-peer support* opportunities for families who have children and youth with mental health, emotional and behavioral challenges. Our purpose is to support you, and families like you in sharing and growing from your experiences. Visit one of our monthly meetings and make a difference for you and your family.

**Sussex County**  
Georgetown Presbyterian Church  
203 N. Bedford St  
Georgetown, De 19947

6/11/15

7/16/15	10/08/15
8/13/15	11/12/15
9/10/15	12/10/15

**Kent County**  
Barratt Building (2nd Floor)  
821 Silverlake Blvd  
Dover, De 19904

6/16/15

7/21/15	10/20/15
8/18/15	11/17/15
9/15/15	12/15/15

**New Castle County**  
Easter Seals  
61 Corporate Commons  
New Castle, De 19720

6/23/15

7/28/15	10/27/15
8/25/15	11/24/15
9/22/15	12/22/15

For more information and to reserve your family's spot contact:  
Barb Messick  
Phone: 302-892-6408 or  
Barbara.Messick@state.de.us

**Dinner and Children's Activities Included!**

This opportunity is made possible through the DSCYF Division of Prevention and Behavioral Health Services

# Clinical Services Management Improvements

To improve fidelity to system of care principles, to assure responsive and responsible system management in the future, and to adapt effectively to the nation's changed healthcare delivery system, this unit is involved in a structural review this summer, that will affect supervision and the individual roles and responsibilities of our staff.

Staff committees and workgroups are working to address various aspects of the needed operational adjustments. While the details will be finalized later this summer, progress has occurred as follows:

On June 15th, the initial step was taken to have one coordinated family-friendly entrance point. The acute care team, managed by Bob Dunleavy and the Intake team, managed by Danielle Stevenson, were officially aligned under the supervision of Rich Margolis, MD. Bob and Danielle, and their team, will draft policies, practices, job responsibilities, etc. - all the details that will enable us to support families who call us for help and to work well as an integrated team.

Consistent screening, using well-researched tools that are common across children's behavioral health systems, to determine level of care, are in the process of being implemented within the Intake Unit. These tools will offer clarity and transparency for families and others who refer.

Case management will operate as a separate function from level of care decision-making for Day, RTC, inpatient treatment. Case managers will support families and youth to choose both the treatment that will be most effective and their provider, from our community-based service array. Case managers will also use researched children's behavioral health case management tools to assist them in sup-

porting families throughout treatment. This area will be managed by the applicant who will replace Julie Leusner, Ph.D., who is now our Deputy Director.

Utilization review and ongoing (post Intake) level of care determination, focused primarily on Day treatment, Residential treatment and Inpatient treatment, will be supervised by Rich Margolis, MD.

Building on past processes, Dr. Margolis and the team leaders have already put in place a weekly team process to review applications for residential treatment and identify alternative community-based treatment as appropriate, called the Assessment for Residential Treatment (ART) Committee.

Decisions regarding clinical services structure, supervision, roles/responsibilities/key tasks, will be made this summer, as the information is needed to assist the state to be reimbursed for administering Delaware's children's behavioral health Medicaid system, under a new reimbursement approach that meets current federal standards.



# Delaware CARES/ System of Care Expansion

Delaware CARES (Collaborative, Acceptable Relationships and Engaged Systems) is a four-year System of Care (SOC) Expansion and Implementation grant funded through the Substance Abuse and Mental Health Services Administration (SAMSHA). The overarching goal of Delaware CARES is to expand, enhance, and sustain a *family-driven* system of care in order to support the long-term outcomes of Delaware's children and youth with serious emotional disorders within their home communities. With this funding, Delaware CARES provides our system with the opportunity to align our services with high-quality SOC principles through training and collaboration, to support family engagement across all levels of the system, and to pilot flexible, evidence-based, community approaches that embody SOC standards.

To date, Delaware CARES is involved in a number of on-going DPBHS initiatives related to training, capacity building, and infrastructure development. In conjunction with the National Federation of Families for Children's Mental Health, Delaware CARES has developed a comprehensive training and technical assistance plan to facilitate a common understanding of family engagement across our children's behavioral health system. Plans are currently underway to hold Division-wide trainings in each of the three counties for DPBHS staff and families, culminating with a day-long summit in October 2015. Technical assistance will be subsequently available through the National Federation to facilitate training recommendations and promote sustainability.

Delaware CARES is also currently piloting two clinical service enhancements that have demonstrated strong outcomes for children with serious behavioral health needs in other states. The grant has developed a high-fidelity wraparound team to provide intensive care coordination for children that are receiving services from both DPBHS and the DFS. Utilizing family strengths and natural supports, Care Coordinators provide comprehensive care management and facilitate families' participation in the four stages of the high-fidelity wraparound process. The CARES team recently began accepting cases in May 2015. Targeted outcomes for these children and families include, increased positive family/caregiver interactions, stronger connections with community supports, and improved parent/caregiver empowerment to navigate systems.

Furthermore, through the State's contracted crisis provider- Delaware Guidance Services, the grant supports a specialized crisis team to provide community-based follow up and stabilization for children with severe psychiatric difficulties and frequent utilization of crisis services. This team provides short-term intensive therapeutic follow up for children and youth who are experiencing ongoing behavioral health issues which otherwise may result in the increased need for hospitalization or imminent risk of out-of-home placement. The intention of this service is to reduce hospitalization rates/lengths of stay and to increase attendance and engagement with lower levels of community-based care.

## Medicaid Transformation

DPBHS is in the process of re-writing our children's behavioral health Medicaid state plan, for the first time since the 90s, in order to bring it into compliance with federal regulations and to align with system of care principles and current practices. While the new state plan will not be fully implemented until July 2016, a concerted effort is underway to assure our treatment services, and our clinical services management structure, meet requirements for reimbursement as soon as possible.

What will remain the same:

- Population to be served - children and families with serious behavioral health challenges, who are Medicaid recipients or are without insurance.
- Authorization for treatment - DPBH staff.
- Focus on local, community-based treatment.

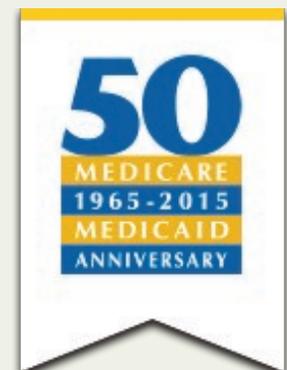
What will be different:

- Increased family and youth choice.
- Increased flexibility in community-based treatment.
- More open provider panel - any willing provider who meets DPBHS standards.
- Reimbursement-PBH will no longer receive a bundled

rate payment; we will be paid on a fee for service basis for services received by eligible clients, and a fee for administering the system.

- Provider payments - fee for service based partly on the credentials of the professional providing the service.
- Management responsibilities: DPBHS responsibilities for assuring quality and positive outcomes, analyzing and reporting on data, provider network development, professional development, and communications are among the responsibilities that will increase.

Medicare & Medicaid  
have been covering  
healthcare for 50 years!



# Announcements

## ◆ New DPBHS Deputy Director Announced

DSCYF Cabinet Secretary Jennifer Ranji recently announced that Julie Leusner was appointed as the new DPBHS Deputy Director.

Julie joined the Department as a Regional Supervising Psychologist in 2011, and most recently served the Division as the Director of Intake and Clinical Services. Julie is a licensed psychologist in Delaware and Pennsylvania, and received her training in Washington, DC, Trenton, NJ, and St. Paul, MN. Her experiences include psychological testing, assessment, group and individual therapy, treatment planning, utilization review, coordination of case management, supervision, and behavioral health care management. She has served adults, adolescents and children, in inpatient, residential and outpatient settings.

Congratulations to Julie!

## ◆ DPBH's Grace Alexander named *DSCYF Employee of the Year for 2014!*

Grace is a Youth Rehabilitative Counselor Supervisor at the Terry Children's Center and was nominated by Jeff Hypes, Program Manager at the Terry Center. In his nomination communication, Jeff wrote:

Since becoming a YRC supervisor in 2005, Ms. Alexander has established herself as a respected leader and a team player who cares about the children and staff development. One great



Pictured (left to right): Susan Cycyk, Tom Olson, Grace Alexander and Jeffrey Hypes.

example of Grace's dedication was to embrace the new culture of trauma-informed care at the Terry Center. As part of this culture shift, incidents of physical restraints are being used as a measure of effectiveness. The Terry Center was able to significantly reduce physical restraints to historic lows – in fact, none were recorded last February! This was due in large part to Grace's embracing the new way of working with children and her ability to assist her staff with this transition.

Congratulations to Grace and kudos to Jeff Hypes and Tom Olson for their management and leadership at Terry Center. Good people excel as employees when they are in supportive environments and receive appropriate training and coaching.



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