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○ Winter ○ 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

Our goal in producing the Kids Line newsletter is to share information about the activities and focus of the Division of Prevention and Behavioral Health Services (DPBHS).

Spring is near and is a season of new growth. During this spring, DPBHS will be very active growing our state's prevention and behavioral health system for children. We will: enhance our Prevention services through a new Request for Proposals (RFP); strengthen our School-based approaches; implement four federal grants; and begin the transformation of our Treatment services, including our management of care, our Medicaid reimbursement methodology, and our community-based services through an RFP.

It is due to our dedicated employees who share their many talents, commitment to children, focus on quality, strong work ethic, and long work hours that we are able to address important issues and grow our system. Thank you to all our employees! A special note of appreciation for **Grace Alexander**, who has been recognized as the **DPBHS** and the **Department Employee of the Year**.

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 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 re-

duce 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.

In addition to her normal duties, Ms. Alexander has nurtured a relationship with a local church to provide holiday gifts for the children in the Terry Center during the season. I think that Ms. Alexander's work is best summed up by one of the children at the Terry Center who said 'she smiles at me, and it makes me feel better.'

Congratulations to Grace, and thanks again to all of our great employees!

In this issue of the DPBHS Kids Line newsletter, we share information and updates on our efforts to more fully engage families and youth as partners in all aspects of the planning and delivery of the services they receive. We also reveal information regarding our plans to restructure our Care Assurance Model and how we are transforming our residential treatment centers. In this issue, we place the spotlight on Seaford House, a program of Children and Families First, and the Mental Health Association, our partner in suicide prevention. We are pleased to have these, and many other fine organizations, on our team.

Susan

Family Engagement and Support Services

Engaging families and youth in treatment and early intervention is essential in promoting long-term outcomes for the children we serve. DPBHS recognizes the need to strengthen our Division in this regard. For this purpose, the DPBHS mission statement identifies our goal of creating a *family-driven*, youth-guided prevention and behavioral system of care.

This mission refers to the extent that families, other caregivers, and youth are full partners in all aspects of the planning and delivery of their own services with the needs of the child and family guiding the types and mix of services provided. It recognizes that families have a vital decision-making role in the care of their children.

Family Support Services (FSS) Team

In order to support the Division's goal of becoming a family-driven system of care, the Family Support Services (FSS) is a group that was created in November 2014. The group is comprised of DPBHS staff and contractors representing treatment, prevention, and grant program initiatives. Moreover, the group is made up of four individuals who, within their jobs and personal lives, are committed to supporting families.

The purpose of the FSS team is to coordinate family engagement activities across the array of services offered within the continuum of Delaware's system of care. Furthermore, throughout their respective programs and grant initiatives, the FSS team is looking to support and

expand family engagement and family support services. The FSS team is currently developing a plan to enhance the following family support services in the future:

- Family Mentoring
- Parent Education
- One-on-one Support
- Parent Leadership Training
- Peer-to-peer Support Groups
- Linking families to community resources
- Supporting families during decision making
- Help families navigate the mental health and family service systems
- Teaching Families to Advocate for themselves and their child



FSS Team Members

The FSS team members are available to address questions, suggestions or interest in more information about attending one of the planning meetings.

(FSS Team Member information continued on Page 4)

Transforming Care Assurance



DPBHS recently contracted with the Technical Assistance Collaborative, Inc. (TAC), to conduct a comprehensive review of the Division's care assurance system for youth with behavioral health (mental health and substance abuse) challenges. TAC is a Boston-based national nonprofit organization, with over 20 years of experience providing policy leadership, technical

assistance and consultation for numerous federal, state and local government agencies, focusing on mental health, children's services and related topics.

The purpose of the review was to evaluate the Division's Clinical Services Management Team staff structure and composition and approach to managing care, within the context of increased caseloads.

Based on the review, TAC recommendations include:

- Engage in a sustained cultural and organizational change process that assures understanding and adoption of system of care approaches in all aspects of the work.
- Restructure utilization management functions to create a single point of entry for PBH services, as compared with our current entrance through acute care/crisis or intake, and that centralizes authorization for care, and separates case management from authorization.

- Streamline the intake process to make it more family-friendly.
- Employ the use of a standardized tool to inform decisions regarding PBH eligibility and care coordination intensity.
- Select a vendor to conduct training and coaching on the wraparound model.
- Broaden the service array.
- Adopt a data driven quality management process that analyzes and disseminates performance data to Clinical Services Management teams and network providers.

Anticipated benefits of the recommendations include:

- Improved outcomes for children, youth and families.
- Strengthened family and youth voice, leading to longer term empowerment/self-responsibility.
- Enhanced and increased numbers of community-based services.
- Improved clarity and consistency across the public system for families, referral sources and providers of service - in structure, process, roles and responsibilities, decision-making regarding treatment.
- Increased efficiency.
- Increased use of data to evaluate performance, improve quality, and recommend future system advancements.

Implementation will begin in March-April 2015, and will continue through June 2016.

Project SAFETY



The Federal Substance Abuse and Mental Health Services Administration (SAMHSA),

recently awarded DPBHS a third Garrett Lee Smith Grant. DPBHS will work with the Mental Health Association (MHA) in Delaware to prevent suicide among youth in our community through the implementation of this grant. Project SAFETY (Suicide Assessment, Follow-up, Education, Texting for Youth and Young Adults) will focus on screening youth and young adults for suicide ideation and behavior, along with other behavioral health issues, using a web based screening instrument delivered on a tablet in primary care and education settings. Being able to identify these issues early, before a crisis occurs, is an effective way to link young people to care and prevent suicide.

Research has also shown that follow-up after suicide behavior occurs is a simple but effective way to keep youth safe. MHA will be working on coordinating care to make sure that follow up occurs.

Another big protective factor for young people is a sense of connection. In order to increase connection while decreasing mental health stigma, MHA has implemented a youth subcommittee of the Dela-

ware Suicide Prevention Coalition called Opis.

Opis is made up of adults and students who have created a contest for youth to submit thirty second PSA videos about suicide prevention on YouTube. The four category winners of the contest will be invited to a red carpet event and presented with prizes. The overall winner will have a chance to have their PSA video professionally filmed and shown before previews in several movie theaters state wide. For more information, go to www.getrightsideup.org and click on resources and 2015 Opis YouTube PSA Contest.

Finally, MHA provides support groups throughout the state. Through the new grant, MHA will be able to expand the Suicide Survivor groups to provide extra support for those recovering from this particular tragedy.

MHA will also continue to hold free suicide prevention trainings throughout the state separate from the grant that will bolster the work that we are doing on Project SAFETY. We are hopeful that as our community becomes more supportive, connected, and suicide-aware, we can create a safer-from-suicide community for our young people.



Children and Families First: Seaford House Restructure

Over the past few years, Children and Families First - Seaford House have undergone significant restructure. Based on inspiration and feedback from several multi-layered stakeholders including youth, fami-

lies, and Division of Prevention and Behavioral Health Services staff, Seaford House has made major philosophical, programmatic and therapeutic changes over a relatively short amount of time. See below.

Before	Now (2015)
Non-structured philosophical identity	Trauma Informed Culture: Building Bridges Initiative
Point/Level System	No point/level system in RTC. House Rules and Consequences just like home
Boys Town (regimented and staff driven)	Collaborative Problem Solving (mutual problem solving and youth driven)
No implementation of consistent clinical treatment interventions (best practices)	Child Behavior Checklists being used to collect and track outcome data. Addiction Severity Inventory will be utilized as well.
Outcomes driven by deliverable expectations	Outcomes are driven by real impact and will be measured beyond completing Seaford House
No implementation of reliable and valid clinical assessments	Child Behavior Checklists being used to collect and track outcome data. Addiction Severity Inventory will be utilized as well.
Only traditional talk therapy with no creative expressive therapies available	All teens do not respond talk therapy and other forms of counseling can be incredibly effective for some youth: Art Therapy; Guided Imagery; Dance & Movement; and Equine Assisted Therapy
No therapy groups offered only psychosocial	Group 1x week (topics may include trauma, substance abuse, anger management, and more)
“Home passes” contingent only on behavior	“Going home” is a natural expectation unless safety is a concern
Limited Community Involvement (1x week)	Youth participate in prevention activities in the community (3-4xs each week) and partnerships with local youth serving organizations continue to develop.
No structured way to utilize staff strengths and talents	Mentoring and enrichment activities are driven by staff strengths to align with youth strengths (culinary, sports tournaments, auto care, poetry, volunteerism, talent shows, photography, scrapbooking, arts/crafts, painting, and gardening)
Institutional Environment	Home-like environment (sensitive colors, family furniture, family-like meals, visible wall affirmations)
Multidisciplinary Team	Parents and youth will be taught and empowered to lead the child family team process.
Disjointed Continuum of Care	Based on what the child/family need.

Family Support Services (Cont.)

(Continued from Page 2)

Barbara Messick, Family Coordinator Barbara.Messick@state.de.us 302-892-6408

I currently lead Family Partners, a monthly peer-to-peer support group for families of children (0-18 years old) with mental health concerns, in all three counties of Delaware. I am a single mom with three children, all of whom have their own mental health diagnosis. Because of my lived experience, I am able to relate to what families are going through. I know the struggles of not knowing where to begin the search for help for your child. Navigating Delaware's mental health system can be confusing and intimidating for anyone. Not only can I relate to the struggles of finding services, but also the struggles of receiving services and following through with the recommendations of the therapists and case managers.

Regina Johnson, Family Crisis Therapist Supervisor Regina.Johnson@state.de.us 302-633-2572

My job consists of providing assistance to families in many aspects. I hope to facilitate effective coordination between families and services, engage families to collaborate with service and treatment providers, and serve as a positive role model, advocate, and support to families. I have a Master of Science degree in Mental Health Counseling and 19 years of experience providing mental health services. I have a personal reference in the system as I am also a foster parent who has experience navigating through human service systems.

Pam Weir, Lead Family/Early Childhood Youth Engagement Specialist Pam.Weir@state.de.us 302-781-3216

I bring over 13 years of experience working with children and families. I am currently responsible for family and young child engagement activities to support Delaware's early childhood system of care. Through monthly, statewide support groups, engagement with child serving agencies, and continuous community outreach, I hope to help improve the lives of children and families of Delaware. I am the mother of three teenaged children and understand the challenges of raising children with social and emotional challenges.

Brandia Sanders, Family Crisis Therapist Brandia.Sanders@state.de.us 302-256-5635

My role as the Family Support Specialist at Terry Children's Center is to engage families during the treatment process. I assist families with social service resources in the community; housing, employment, food assistance, after school programs and childcare. As a wife and mother of three growing boys, I understand the ongoing demands of parenting. I am passionate about helping families help themselves. Within in this role I encourage our families and youth to have a "Voice". My goal is to continue to help families advocate for themselves and their children.



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NCTSN The National Child Traumatic Stress Network

carf
Commission on Accreditation
of Rehabilitation Facilities

We're on the Web!
kids.delaware.gov