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Winter

2016

# 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

Carla Benson-Green  
Cabinet Secretary

## Director's Message



Susan A. Cycyk

As I recently prepared to present the Governor's Recommended Budget (GRB) for DPBHS on February 18th to the Joint Finance Committee, I was reminded once again, of the attention our staff and contractors offer the children, youth and families we serve, your focus on quality processes and outcomes, and the sheer quantity of excellent work and service you have provided in your various roles across this Division and system. It was truly a humbling honor to represent you.

The GRB includes one DPBHS-related request for \$1.2M towards the deficit we expect to experience as a result of the Centers for Medicare and Medicaid Services (CMS) requirements to be implemented beginning July 1st, as part of the updated basic Medicaid plan for children's behavioral health. CMS (the Federal Medicaid agency) will not cover some expenditures previously covered.

Moving forward, the Division will remain focused on: increasing family supports that enable more children to thrive at home; improving the participation of the children and adolescents we serve in public schools; strengthening the involvement of families in treatment; and enhancing individual service planning.

We have significant strength on which to build throughout this state fiscal year and into the future, which was supported by the organizations and individuals who came to the February 18th hearing to share their stories. Several young people talked about the positive impact afterschool/summer programs have had on their

lives; a high school student shared his story on the value of treatment; a parent spoke about her son, who had benefited from many levels of treatment over many years, and is now graduating high school and entering the military; a school Assistant Superintendent talked about the value of our school-based services, and there were others.

In this edition of the Kids Line Newsletter, we share some optimistic news about the use of alcohol and tobacco by teens nationally and locally. We also offer an update on our efforts to update our State Medicaid Plan, new community based services that have been developed and more.

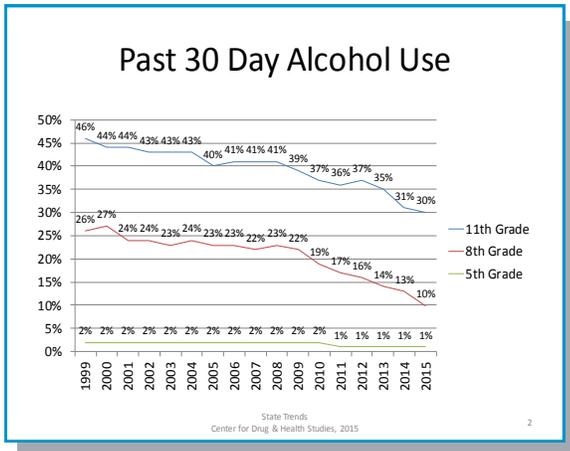
I am so proud to share that each member of this Division focuses on increasing the resiliency of the children and families we serve and strengthening the support system available to them – in their local neighborhoods, community organizations, treatment provider partners, and schools. We work within our units, on committees, in workgroups, and sometimes alone, to fulfill our responsibilities. We are a busy and dedicated group of professionals!

*Susan*

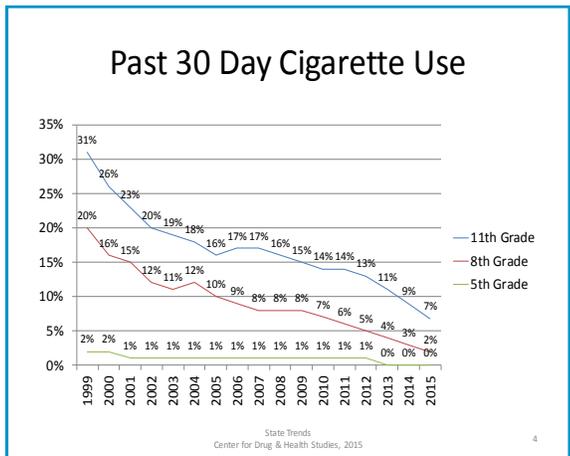
# Decline in DE Teen Alcohol & Tobacco Use

The *Center for Drug and Health Studies, University of Delaware's* report: *A First Look at Delaware School Survey Trends through Spring 2015*, reveals an encouraging decline in alcohol use and cigarette use and some mixed news on marijuana and prescription painkillers.

- Reports of alcohol use, which has been a consistent focus of prevention activities for youth in the past few years, have declined.



- Cigarette use has also declined. BUT the recent emergence of e-cigarettes and the increased use of this product make it clear we need to broaden our trend analyses to look at this new route of transmission. It is likely that cigarette declines may be masking a transfer to e-cigarettes.



- Marijuana and prescription pain killer use has generally declined, but there is a cautionary uptick noted in 2015 for use of each of these drugs for 11th graders.

# New Community Based Services

DPBHS has implemented a specialized wraparound team devoted to children shared by the Division of Family Services (DFS) and DPBHS. Wraparound plans are comprehensive and address multiple life domains across home, school, and community, including living environment; basic needs; safety; and social, emotional, educational, spiritual, and cultural needs. Twenty children are currently participating. Additional supports have also been added for vulnerable families at risk of hospital re-entry, through our child priority response (crisis) program; the PIER model for psychosis prevention is now serving over 10 transition age youth; high fidelity 24/7 wraparound, family-based 24/7 treatment, functional family therapy, dialectical behavioral therapy, and multi-systemic therapy are all moving forward.

These community-based services have been effective in many jurisdictions, and we are working diligently to assure Delaware has similar positive results.

# Service Access Restructure

Significant effort is occurring at multiple levels to restructure the Division's Clinical Management Services and to integrate the Intake process and Acute Care into a more efficient single Prevention and Behavioral Health "front door". The CASII (Child and Adolescent Service Intensity Instrument) and ASAM (American Society of Addiction Medicine) are two assessment tools now used as part of DPBHS' Central Intake screening process. These tools provide a standardized method of evaluating clinical information within a System of Care Model, resulting in:

- ◇ Service intensity recommendations that best meet the needs of the child;
- ◇ Consistency of decision making; and
- ◇ Clarity for families and referral sources.

Central Intake uses the ASAM for substance use and the CASII for behavioral health service recommendations.

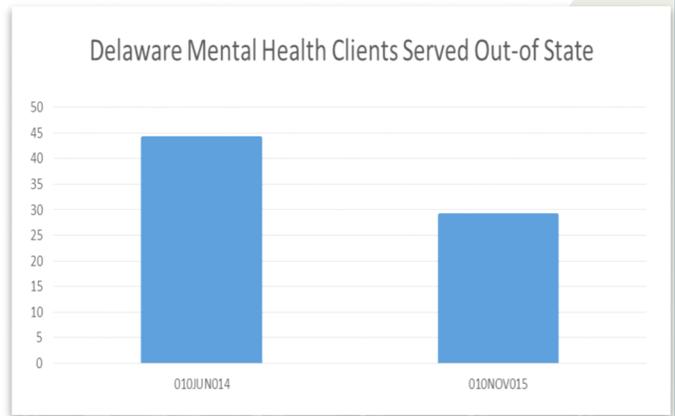


# Mental Health Youth Served Out-of-State

DPBHS has been working to assure that hospitalization and intensive residential treatment are provided when needed and only for appropriate lengths of time. During FY '15, we successfully reduced the number of youth the Division authorized for mental health residential treatment by 6.4%.

While our focus on reducing the use of residential treatment has been on all residential treatment, we have been particularly concerned about children and youth served in residential settings out of state, and for long periods of time. The chart illustrates how over the last year, we have been successful in reducing the number of children and youth assigned to out-of-state residential treatment.

This success is due to our community-based services, and our partnerships with in-state residential providers in Sussex and Kent Counties, in addition to the residential services the state provides directly in New Castle County.



# Medicaid Update

The Delaware Division of Medicaid and Medical Assistance (DMMA) submitted their final documents on our state plan to the Centers for Medicare and Medicaid Services (CMS) on February 11, 2016. The plan is expected to be implemented July 1, 2016. Of significance, DPBHS is moving from a very flexible “bundled” rate to a very individualized fee-for-service rate for reimbursement from Medicaid. This is a major change for the state-operated facilities and the DPBHS contracted provider community.

In addition, the Division along with the Division of Management Support Services (DMSS) and the Division of Medicaid and Medical Assistance (DMMA) confer via telephone with Mercer, a Medicaid consulting firm, to develop final payment rates for every level of care DPBHS will provide. Rates will vary depend-

ing on the training of persons providing the interventions; for example, rates of reimbursement will be higher when licensed persons serve our children and youth. This will impact how our providers organize their service delivery to assure their most licensed and credentialed staff see clients, whom they recruit into their organizations, and which new providers join our network in the future.

Under the new structure, reimbursement for evidence based approaches will be significantly higher than reimbursement for traditional outpatient or intensive outpatient treatment.

As part of implementing the Medicaid state plan, PBH, DMSS and DMMA are working together to integrate PBH into the Medicaid state billing system. That means all our billing processes are also undergoing change at the same time we are implementing a new Medicaid plan.



# Residential Treatment Centers

DPBHS operates two residential treatment centers:

Terry Children’s Center for children aged 12 or younger and Silver Lake Treatment Center for adolescents.

Both programs embrace the philosophy that treatment is time-limited and home is the best place to be, and practice the art of family engagement.

Over 80% of the children and youth in our residential programs regularly go home on weekends or during the week to be with their families. Working with the family in their home environment increases the probability of treatment success in reuniting the family and sustaining behavioral improvements, over 30% of family counseling sessions, in both programs, occur within the home. This is a marked increase from only a few years ago when counseling sessions in the home would have been rare.



New construction at Silver Lake Treatment Center in Middletown

# Early Intervention Programs



The Division operates three school-based early intervention programs:

The **Early Childhood Mental Health Consultants** provide consultation with early childhood teachers and programs to help address disruptive behaviors. The Consultants have been effective in preventing expulsion of children from early education centers, with a success rate of 99% over the course of 5 years.

The **K-5 Early Intervention Program** that served over 1,300 individual elementary age students and their families, including siblings and extended families in FY '15. The program is located in 53 schools across the state. An additional 15,000 received less intensive assistance. 96% of teachers surveyed found the program useful in helping them deal with disruptive behaviors in their classrooms.

The **Behavioral Health Consultants (BHCs)** served 8,689 middle school students in FY '15. Thirty behavioral health consultants were assigned to 32 public or charter middle schools across the state. The referrals received by the BHCs were primarily due to inappropriate conduct, anxiety, depression, peer conflict and suicidal ideation. The majority of these referrals resulted in brief interventions, sometimes in connection with prevention or other appropriate

school-based services. 1,060 of the students were identified as needing further support which included individual and group therapy sessions provided in the school, in the home or in the community. Only 33 were referred into DSCYF's deeper end behavioral health services.

The program is reaching the population intended by intervening early, providing necessary services and linkages, and reducing the need for more intensive treatment.



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