

DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH, AND THEIR FAMILIES

Mission

The mission of the Department of Services for Children, Youth and Their Families (DSCYF) is to provide leadership and advocacy for Delaware's children. The Department's primary responsibility is to provide and manage a range of services for children who have experienced abandonment, abuse, adjudication, mental illness, neglect, or substance abuse. We endorse a holistic approach to enable children to reach their fullest potential.

Vision

Think of the Child First!

Our vision is ***THINK OF THE CHILD FIRST!*** We want every child to be safe and have stability, self-esteem, and a sense of hope. The Delaware Children's Department will lead a system of care (both community-based and residential) that is child-centered and assures effective, timely, and appropriate support for Delaware's children. We will achieve our mission when families, staff, community partners, and other stakeholders think of the child first. Our activities include prevention, early intervention, assessment, treatment, permanency, and aftercare. The Department will offer desirable career opportunities, attracting and retaining proud and talented employees who are motivated to think of the child first in all that they do.

System of Care Principles and Philosophy

- *Practice is Individualized*
 - Use child, family and community strengths
 - System engages respectfully with caretakers
 - Child and family have say in service decisions
 - Constant focus on safety (child, family, community)
 - Individualized plan means unique identification of strengths, needs, goals and actions
 - Plan is dynamic, changes with need
 - Teams plan and manage complicated care
- *Services are Appropriate in Type and Duration*
 - Best practices used across broad service array
 - Importance of screening and assessment
 - Least restrictive approach leads to better outcomes and lower costs
 - Natural supports to child and family
 - Desired outcomes identified and monitored

- *Child-Centered and Family-Focused*
 - Child viewed in context, across domains
 - Early identification of risks and needs
 - Children need care in family (-like) settings
 - Child, family, community safety **always** matter
 - Promote family stability and self-reliance
 - Helpers and families/caregivers partner
- *Care is Community-Based*
 - Access to age and developmentally appropriate settings, appropriate peer contact
 - Our community supports family care of kids
 - Early identification and intervention supports to schools, day-care and early health providers
 - Institutional care is closely linked to community system to improve outcomes and transitions
- *Care is Culturally Competent*
 - Family traditions, values and beliefs matter
 - Helpers must ask, learn about that culture
 - Actions are respectful and sensitive to culture
 - Cultures vary over time and from place to place
 - Helping agencies must reach into the communities served to find qualified staff
- *Care is Seamless, Within and Across Systems*
 - Service interfaces are **invisible** to recipients
 - Entities communicate for planning, implementing, and monitoring functions
 - Helping systems integrate missions
 - The **system** manages transitions
 - Resources and information are shared, as necessary to benefit the child
 - Advocacy is desirable and encouraged
- *Teams Develop and Manage Care*
 - Teams ***of service partners*** form around child, linking all levels
 - Child and family choices drive team decision-making, whenever possible, with safety always assessed and maintained
 - “Wrapping services” means “whatever it takes”
 - Team communication is adequate and ongoing
 - A child gets one team, one plan, whenever possible

Department Goals

The primary goals of the Department of Services for Children, Youth and Their Families are:

- *The Safety of Children and Youth:* Safety of children is the top priority of DSCYF. Department workers address safety from abuse, reabuse, neglect, dependency, self harm, substance abuse, violence by youth, and safety from institutional abuse by harmful acts of adults with criminal and/or child abuse histories.

- *Positive Outcomes for Children in Our Services:* Positive outcomes of DSCYF services include: reunification with families, timely achievement of permanency, reduced recidivism, achievement of an appropriate level of functioning and behavioral adjustment, and prevention and early intervention services that prevent children and youth from entering our mandated services.

Background and Core Services

The Department was created 23 years ago to combine within one agency child protective and mental health services that had been located in the Department of Health and Social Services; juvenile probation services that had been located in Family Court; and juvenile detention centers and the Ferris School for Boys that had been located in the Department of Correction.

These services were combined in a single agency to:

- Avoid fragmentation and duplication of services, while increasing accountability for delivery and administration of these services
- Plan, develop and administer a comprehensive and unified service delivery system to abused, neglected, dependent, delinquent and mentally ill or emotionally disturbed children and youth within a continuum of care, which shall include the involvement of their family, within the least restrictive environment possible
- Emphasize preventive services to children, youth and their families in order to avoid costs to the State of individual instability

The core services of the Department include:

- Child Protective Services (Delaware Code: Title 16, Chapter 9; Title 29, Chapter 90; Title 31, Chapter 3)

Child protective services include: investigation of alleged abuse, neglect, or dependency; out-of-home placement as necessary; in-home treatment; and adoption. The desired goals of child protective services include a reduction of reabuse, timely reunification with family when appropriate, timely achievement of permanency either through adoption, guardianship, or long-term foster care, and child and family well-being.

- Juvenile Justice Services (Delaware Code: Title 29, Chapter 90)

Juvenile justice services include: detention, institutional care, probation, and aftercare services consistent with adjudication. The desired goal of juvenile justice services is a reduction of subsequent rearrests/offenses (recidivism rates).

- Child Mental/Behavioral Health Services (Delaware Code: Title 29, Chapter 90)

Child mental/behavioral health services include: crisis services; outpatient treatment; intensive outpatient; day treatment; residential mental health, drug, and alcohol treatment. DSCYF strives to provide accessible, effective mental health/behavioral services for children in collaboration with families and service partners. The desired goals of these services include enabling children and caregivers to address and/or overcome presenting

issues and achieving the most appropriate level of functioning and behavioral adjustment in the least restrictive, most appropriate environment possible.

- Prevention and Early Intervention Services (Delaware Code: Title 29, Chapter 90)

Prevention and early intervention services include: training, public education, and contracted services aimed at preventing child abuse, neglect, dependency, juvenile delinquency, and drug and alcohol abuse among children and youth. Programs to link families with community resources to help reduce the risk of abuse and neglect are provided with funds authorized through the Safe and Stable Families Act. The desired goals of these services include prevention of service entry or service reentry in one or more of the above three core services.

- Child Care Licensing (Delaware Code: Title 31, Chapter 3 and Title 11, Chapter 85)

Child care licensing services include:

- Licensing of all child care facilities where regular child care services are provided by adults unrelated to the child and for which the adults are compensated.
- Criminal history and/or Child Protection Registry checks for all DSCYF employees, foster care parents, adoptive parents, employees of DSCYF contracted client services, licensed child care providers, licensed child care provider employees, licensed child care provider household members, and health care and public school employees with direct access to children or vulnerable adults.

The desired goals of these services include: quality child care: child care facilities that meet Delaware Standards; and the protection of children in child care, residential, health care, or educational facilities from harmful acts of adults with criminal and/or child abuse histories.

The Department has made significant progress in overcoming challenges to providing integrated and holistic services during the past six years. DSCYF has:

- Implemented recommendations of Governor Minner's Foster Care Reform Task Force to include establishment of graduated levels of foster care
- Re-engineered juvenile services to include programs such as state operated Level 4 programs in Grace and Snowden cottages and increased alternatives to detention
- Provided permanent homes for over 600 children through adoption
- Increased access to child mental health services to include oversight of mental health services in juvenile justice facilities and mental health screenings for all children age 4 and older entering foster care

Environmental Scan

While the Department has taken on many challenges over the past six years, it is important to acknowledge and address environmental challenges (both internal and external) that DSCYF must continue to address.

Internal Scan

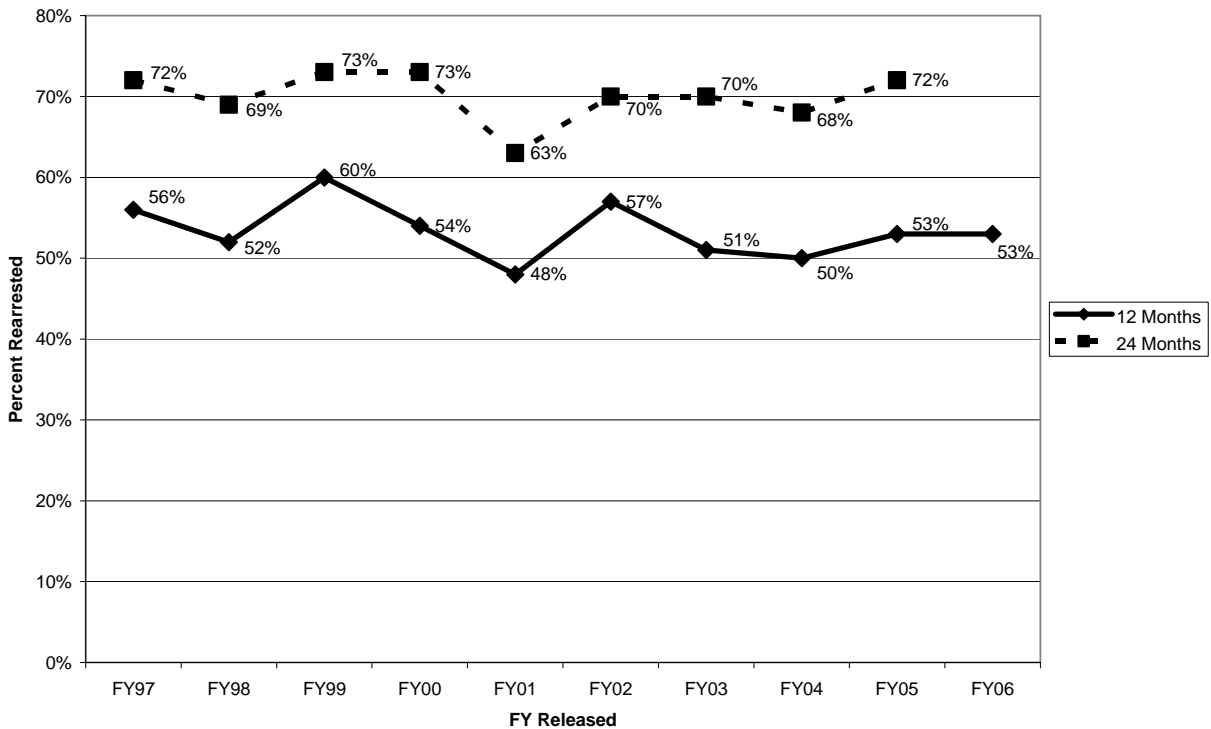
- **Strengths** of DSCYF's services include:
 - Committed, competent, and caring staff
 - Key stakeholder support and trust in our management of the core services and resources
 - Participatory management and multi-functional team approaches
 - Evolving service delivery system that provides better results for children and youth
 - Information technology support for our service operations
 - Good client outcomes
- **Challenges** to DSCYF's services include:
 - Acquiring additional behavioral/mental health and substance abuse services for children and youth in juvenile justice and child protective services
 - Acquiring additional services to prevent children and youth from entering juvenile justice and child protective services
 - Supplementing education services to include more vocational education programming
 - Increasing transitional services for youth returning to the community and/or public school from residential programs
 - Insuring that children in our care get needed services despite funding challenges
 - Converting casual/seasonal employees to full-time staff to meet the Department's need for full-time staff
 - Updating and renovating vacant buildings on the Delaware Youth and Family Center
 - Replacing an aging client information system (FACTS) based on old technology that makes planning and monitoring holistic service delivery and tracking of individual, programmatic, and Department outcomes difficult and challenging

External Scan

- **Opportunities** to improve DSCYF's services include:
 - The support of the Governor and legislature to meet the needs of Delaware's children and youth
 - Developing and encouraging broader recognition by stakeholders for increased community-based resources to support the maintenance of children and youth in the community
 - Availability of more System of Care (SOC) training for staff and key stakeholders in the provider and legal communities
 - Research-based evidence of effective behavioral, treatment, and vocational programs that have been shown to reduce recidivism

- Threats to DSCYF's services include:
 - Between 70% to 80% of offenders struggle with behavioral/mental health and addiction issues compared to 10% to 20% in the general population
 - Eleven percent of children ages 9-17 nationally have a diagnosable mental or addiction disorder with five percent of these having extreme functional impairment
 - Near-term and longer term recidivism rates for juveniles released from Ferris School (a Level V facility) in FY-05 ranged from 53% at 12 months to 72% at 24 months

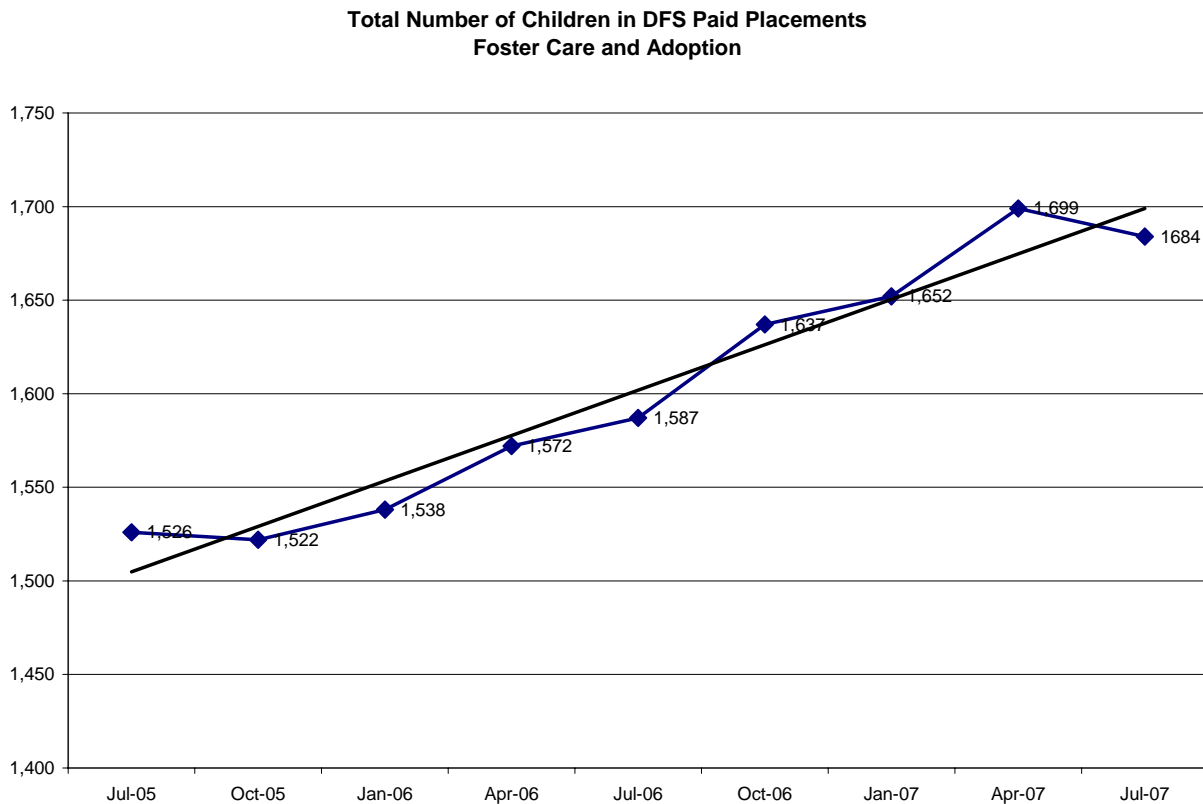
Ferris School for Boys Level V Recidivism Rates



Draft 1994-2006 Juvenile Level III, IV, & V Recidivism Study, Statistical Analysis Center (September 2006)

- Over 40% of children in child welfare nationally have diagnosable mental health conditions and an additional 20% experience developmental delays
- The incidence of learning disabilities nationally among juvenile offenders in residential programs is estimated between 30% and 50% compared to 10% to 15% in the general public school populations. Our data show that 40% to 50% of students in YRS secure care facilities on any given day have special needs.
- Unemployed offenders are 3 times more likely to reoffend than employed offenders
- Population projections indicate marked increases in teen/young adult populations across Delaware. In 2003, youth age 13-17 comprised 46% of DSCYF's population. Youth age 13-17 comprise nearly 50% of our population in FY 2007.

- A gradual increase in the total number of children and youth served in DFS services for which corresponding increases in base budget allocations have not kept pace



- A 2005 Youth Risk Behavior Survey conducted by the State of Delaware indicated that 16.6% of high school students in Delaware reported carrying a weapon such as a gun, knife, or club within the previous 30 days. Slightly over thirty percent (30.3%) of high school students reported that they had been in a physical fight one or more times during the past 12 months. .
- Potential increases in pressure on core services from the 26% of low-income families where parents have only part-time or part-year employment who are impacted by increased energy and transportation costs
- Violence among youth in the City of Wilmington
- Increased demand for services in Sussex County
- Long-term structural budget deficits in specific program and supply areas
- Inflation pressures on our providers
- Increases in fuel costs and other oil-related expenses

Transforming Juvenile Justice

The Department is undertaking a reform process in its juvenile justice services comparable to Governor Minner's foster care initiatives.

One of the first actions in her first term as governor was to create the Foster Care Reform Task Force that prepared the recommendations that have driven foster care reform in Delaware for the past six years. Primary elements in foster care reform included:

- Establishing graduated levels of foster care (with commensurate increases in training requirements and foster care payments) for working with children with behavioral health issues
- Establishing regional clusters of foster care families for networking and mutual support
- Instituting therapeutic foster care homes for children with significant behavioral/mental health needs
- Contracted in-home consultants to assist families experiencing difficulties managing a child in their foster care
- Behavioral health screenings for all new children ages 4 through 17 entering foster care and providing early intervention as needed

The foster care system in Delaware has benefited by the state's additional investments in foster care. However, Delaware is not realizing a satisfactory return on its investments in juvenile justice programs either in terms of rehabilitation or public safety. The cost of six-month's residential treatment exceeds \$60,000 per juvenile. The high rate of recidivism adds not only the cost of further incarceration, but added costs associated with public safety, police, court involvement, and victim costs/losses.

Adding mental health and counseling services to programs for rehabilitating juveniles has proven to be both effective and cost beneficial. Examples include:

- An innovative home-based counseling program in Milwaukee, Wisconsin has lowered the arrest rates of delinquent teen participants by 70 percent. The program has also reduced the number of youth in residential treatment saving significant expenditures in treatment costs.
- A small juvenile residential program in Florida using intensive behavior management and ongoing follow-up -- rather than locked cells or transfers to adult court -- to quell the criminal careers of violent and chronic juvenile offenders. Over the past four years this program has enabled 85 percent of participants to avoid re-arrest, compared to a 58 percent success rate in the state's more conventional juvenile secure care facilities.
- In Orange County, California, juvenile probation workers have developed methods to identify at first arrest youth who are most likely to become chronic offenders. By enrolling extreme-risk youth in intensive treatment and family counseling, the County lowered future incarceration rates among these youth and reduced the number with two or more subsequent arrests by 29 percent.

Quality juvenile justice intervention programs reduce delinquency, ease overcrowding in juvenile detention and residential facilities, divert delinquent youth from criminal careers, and reduce reliance on expensive "residential treatment" programs for disturbed and delinquent teens. Most importantly, these programs make communities safer and save taxpayer dollars.

Successful programs and best practices are more cost-effective than many of today's common practices. We must overcome the public skepticism about methods for reducing the criminality of troubled youths and start putting knowledge of what works into widespread practice.

The strategies involved in transforming juvenile justice services to increase the return on investment include increased behavioral health assessments; increased substance abuse and mental health intensive outpatient services; increased transition back to the community services; supports and staff; and a greater emphasis on vocational education that will increase the employability of juveniles returning to the community.

Examples of the types of program and activities the Department is working to implement and expand in the juvenile justice system during the next several years include:

- Invest in mental health and substance abuse services to divert youth from entering the juvenile justice system
- Invest in mental health and substance abuse assessments and services for youth in juvenile justice, including facility-based, residential programs, and community services.
- Establish community-based services targeted for at-risk youth leaving Levels IV and V programs to assist in their reintegration and successful transition back to the community and long-term success.
- Develop a comprehensive gender-responsive continuum of services for at-risk girls in the juvenile justice system.
- Address the impact of the State's growing youth population on detention centers by establishing more alternatives to detention.
- Invest in vocational education designed for youth exiting the juvenile justice system.
- Assure that transition services meet the needs of 21st century teens as they move to adulthood.

**Table 1: Transforming Juvenile Justice Strategies
and Associated Performance Measures**

Service Strategies	Associated Performance Measures
Improve transition planning services for juveniles returning to the community from residential programs	<ul style="list-style-type: none"> • Reduce the percent of children who return to service within 12 months of case closure • Reduce the percent of children in out-of-home care
Transitional Living to provide residential living for youth leaving DYRS services	<ul style="list-style-type: none"> • Reduce the percent of children who return to service within 12 months of case closure

To reiterate -- there are compelling reasons to reform the juvenile services delivery system, to strengthen child mental health services in support of that effort, and continue support of the Department’s work in foster care reform. These undertakings need to be long-term, multi-faceted, and implemented over several fiscal year cycles.

- The current service delivery system can be improved to get a better “return on investment” of the public dollars it uses to operate the system.
- Juvenile services can and should produce greater public safety.
- We know that there are significant human and financial advantages to preventing youth from entering and re-entering the juvenile justice system.

Strategic Infrastructure Priorities

The Department’s responsibility for healing the States’ children and families broken by child abuse, neglect, abandonment; juvenile delinquency; and mental health and substance abuse issues is labor intensive. The work force includes those who touch families directly – our frontline staff – and a cadre of staff who work behind the scenes to enable frontline staff to perform more effectively. Our work force requires a sound and solid infrastructure in order to deliver effective services to Delaware’s children.

The infrastructure requirements described below cannot be resolved in one year. Our goal is to address these issues over a multi-year period.

The most significant infrastructure issues are the following:

- Replacement of FACTS with the next generation client information system. The current Family and Child Tracking System (FACTS) was developed over a decade ago using then current hardware and software to manage front-line workers work flow in each division. With the need to better integrate services and to provide uniform processes, DSCYF has embarked on establishing the requirements for a client information system incorporating current technology and software capabilities that will include performance monitoring, report generation, and integration of service delivery with fiscal processes and management. The Department has prepared the specifications for a system development and implementation RFP that could be released for bid in FY-09 covering FY-09 through FY-13 should appropriate funding be made available.
- The need to convert casual/seasonal positions to full-time. Currently, the department employs about 150 individuals as casual/seasonal staff. Some of these casual/seasonal staff members work short term assisting with spikes in caseloads or on limited-term projects. Conversely, there are full-time responsibilities of the department that are handled, at least in part, by staff with casual/seasonal designations. These core responsibilities include maintenance of our medical records, supervision of youth in our residential programs, computer help-desk support. All of these essential, on-going responsibilities are being staffed with individuals paid as casual/seasonal staff.
- Staffing support services. The Department has seen growth over the past several years in both dollars and FTEs in the direct-service divisions. However, there has not been commensurate growth in the staff in the Division of Management Support Services. The result has been that several of the units within the Division have experienced an undue burden in meeting the support needs of the operating divisions.
- Additional staff to meet workload requirements. The following factors have lead to increased workloads:
 - Heavy caseloads/workloads for our Juvenile Probation Officers hamper transition planning and case monitoring work with juveniles returning to the community which in turn has a negative effect on recidivism and return to service rates.
 - There are growing numbers of children in child welfare and juvenile justice who require mental health or substance abuse services.
 - By Code, workers in the Division of Family Services are required to serve the entire family and to attend to the growing complexity of issues faced by these families. In addition, new federal standards are requiring case workers to address the education and health-related well-being issues of children in care.

These issues, coupled with increasing expectations imposed by the Family Court, require serious reconsideration of the caseload standards currently in place for our Divisions.

Historically, staffing needs have been defined in terms of caseload, thus using staff to case ratios as the measure of staffing needs. Increasingly, however, it is being recognized in the literature that the mere number of cases is not always an adequate measure of workload in light of the fact that effectively working with a case includes working with families, community agencies, public school staff, and other community support network

individuals—both faith-based institutions and neighborhood residents . This holistic approach is recognized as a best practice in coordinating services for abused, neglected, delinquent, and children and youth with behavioral health and substance abuse issues. As the Department implements this best practice approach in working with the child and their family, additional staffing will be required.

- Filling service gaps and increasing service capacity. The Department has several opportunities to serve youth in more appropriate settings and there are negative consequences for doing nothing. One example of serving youth in more appropriate settings is to provide more alternatives to detention. Without improved transition programs back to the community with an appropriate level of supervision for juveniles being discharged from juvenile justice residential programs, we are undermining our investments in residential programs for delinquents. In addition, outpatient behavioral/mental health services and other wrap-around or community services are needed to support the return of these youth to their communities. Experience and data show that most delinquent juveniles do not go to college. Increased vocational education programs are needed in DSCYF educational programs to make these youth employable so they can earn a living and support themselves. Employment will help youth break the cycle of criminal activity by making them less likely to re-offend.
- Loss of Federal Funds. The Department has experienced a decline in federal funds over the past several years. This decline includes decreases in Title IV-E cost recovery due in large part to a reduction in SACWIS funding for FACTS and to a lesser degree to dated 1996 Aid to Families with Dependent Children (AFDC) eligibility standards that have not kept up with inflation. Over time obligations based on the federal funds increased and became part of our base budget. Therefore, lost federal revenues must be replaced with General Funds in order to prevent reductions in service.

Table 2: Infrastructure Strategies and Associated Performance Measures

Infrastructure Strategies	Associated Performance Measures
Casual Seasonal Conversions	<ul style="list-style-type: none"> • Increase employee satisfaction
Design, Develop, and Implement FACTS II	<ul style="list-style-type: none"> • Reduce percentage of children in out-of-home care • Reduce the percentage of children who return to service within 12 months of case closure
Implement recommendations of the DSCYF Space Study	<ul style="list-style-type: none"> • Completion of recommendations

Summary of DSCYF Key Objectives

The service and infrastructure strategies listed above in Tables 1 and 2 address issues which DSCYF front-line workers and supervisors have identified time and time again as critical to their work satisfaction:

- Having the services children and youth require
- Having an infrastructure to support provision of services to children and youth in terms of staff, information system, and facilities

In combination, the DSCYF's FY-09 strategic initiatives support actions that impact three key outcomes of Department operations:

1. Percent of children and youth returning to DSCYF services
2. Percent of children and youth in out-of-home care
3. Employee satisfaction rate

DSCYF's key strategic performance measures that are included in DSCYF's FY 2009 Governor's Recommended Budget Narrative are:

- Increase the percent of contracted juvenile justice and child mental health community-based service expenditures of total contracted juvenile justice and child mental health community-based and residential service expenditures from 43.9% in FY-07 to 52% in FY-09
- Reduce the percent of children and youth who return to service within 12 months of case closure from 29.3% in FY-07 to 26% in FY-09
- Reduce the percent of children and youth in out-of-home care from 17.9% in FY-07 to 12% in FY-09
- Increase the percent of eligible children and youth who are open in two or more services (child protective, juvenile justice, and child mental health) who have Integrated Service Plans (ISPs) from 64% at the end of FY-07 to 100% by the end of FY-09
- Increase the percent of employees reporting job satisfaction on the DSCYF Employee Satisfaction Survey from 71.4% in FY-07 to 75% in FY-09

In addition, other DSCYF key strategic objectives include:

- Transform the DSCYF juvenile justice service delivery system by FY 2011
- FACTS II is developed and implemented by FY 2013
- Complete implementation of the recommendations of the DSCYF Space Study by FY 2011