Child Protection Accountability Commission

Mental and Behavioral Health Services to Children In and Adopted Out of Foster Care Subcommittee

FINAL REPORT ON PROGRESS TOWARD RECOMMENDATIONS

December 13, 2010

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Access to Division of Prevention & Behavioral Health Services

RECOMMENDATION	PROGRESS	OUTCOME	FUTURE RESPONSIBILITY
1. DSCYF should create an environment of mental health care by requiring DPBHS to ensure the availability of mental health services and case management to every child in foster care from their entry into DSCYF custody until their exit from same.	It has become clear that resources are not available for DPBHS to fully open a case and care manage every child who enters DFS custody or is adopted from custody. However, DPBHS and DFS have actively partnered to create an environment that supports the well-being of children in foster care and/or adopted from foster care. DE's Medicaid MCOs have also partnered with DSCYF in this process. Specific improvements in access to mental health services and case management include: a) DSCYF has enhanced access to treatment through DE's Medicaid MCO system. Since July 2010, DFS exchanges a database with Medicaid identifying all children in foster care as well as the DFS worker assigned to the case. Medicaid then sorts the list by MCO provider (Unison, Delaware Physicians Care, and Diamond State Partners). Each MCO provider then receives a list identifying all children in foster care that are assigned to their program. Each MCO has designated a single point of contact (SPOC) who creates a health profile for each child. This health profile is provided to the assigned DFS worker. In addition, the SPOC from the MCO reaches out to the foster parent for the child to ensure that they are aware of the child's medical/behavioral health needs and to determine if they are in need of any additional services, including education. b) DPBHS assigned two seasoned full-time professionals to provide consultant services for DFS staff and foster families. This work was added to their jobs. When the burden became too challenging to meet, staff from the Promoting Safe and Stable Families program stepped in to assist, while DSCYF worked with OMB to reclassify two DPBHS full-time positions. These two positions will be devoted to working with DFS staff,	Long Term Goal Substantial Progress No Further Role for this Subcommittee	DSCYF responsible for continuing to achieve this goal through studies and pilot projects DPBHS responsible for providing quarterly reports to CPAC regarding behavioral health services to children

	foster families, and new children entering custody. A draft handbook to guide DFS and DPBHS has been started and will be completed when the full team is on board. It will include policy and procedure. The Consultation Project staff will re-engage DFS foster care workers to identify consultation cases, and will manage all aspects of the Consultation Project. DFS staff have referred children to this pilot but have experienced limited results due to program staffing shortfall. DFS staff have great expectations for this pilot and are eager to utilize the services that will be provided by the two full-time staff hired by PBH. c) In Milford, DPBHS and DFS are piloting care management for a subset of children in DFS custody: youth with a goal of APPLA who will remain open with DPBHS until they reach the age of 18. 7 youth in Sussex County who were not already open with PBH were selected to participate in this APPLA Care Management Pilot. Of those youth, 6 were determined to need a higher level of mental health services than they were previously receiving. d) DPBHS recently awarded its statewide Child Priority Response/Crisis Services to one provider, in order to ensure consistency and more efficiently manage resources. This provider will continue to offer DFS an arrangement whereby, when a DFS regional administrator or assistant administrator contacts the provider and indicates that a placement of a child in foster care is at risk, that call will be given priority for a crisis worker to go to the home to stabilize the situation, support the foster care provider and identify/link to services, resources and supports. e) DPBHS has actively engaged in training and outreach activities as follows: 1. To further ensure that DSCYF staff and foster families		

	are aware of mental health services and the processes to access them, DPBHS has participated in CAN trainings and child protection conferences. PBH staff have met with school personnel and offered information at PBH conferences. 2. DPBHS staff provided training in Attachment Issues at the Protecting Delaware's Children conference. 3. DPBHS has staffed a table at Delaware's National Adoption Day celebration for the past 2 years to provide adoptive families with information on how to access behavioral health services. 4. DPBHS staff participated in the production of a training product on stress in children that has been used by DSCYF with foster families. The product was developed through the National Child Traumatic Stress Center and is available free as it is in the public domain. Training materials are called: A Workshop for Resource Parents – Caring for Children Who Have Experienced Trauma f) DPBHS has striven to enhance DE's provider population as follows: 1. Because DE has a shortage of mental health practitioners, DPBHS has invested in assuring those who are available for children in foster care are well-trained. PBH has trained professionals in using the following evidence-based tools/treatments: GAIN, a respected national assessment tool; Trauma-Focused Cognitive Behavioral Therapy; Parent-Child Interaction Therapy. These approaches are proven to be effective with children in foster care and/or adopted from foster care. 2. DPBHS has worked with the American Psychological		

	Association and local universities, especially the University of Delaware and Widener University, to offer internship/learning opportunities for students who plan to enter the child behavioral health field. Through these efforts, the University of DE initiated a class in evidence-based practice in their psychology department.		
2. In DSCYF so creating an environment of mental health care, DFS and DPBHS should develop and update where appropriate written policies and protocols to ensure the mental health needs of every child in foster care are being met.	Policies and protocols are under development for DFS and DPBHS regarding operation of the Consultation Project and the Child Priority Response services.	Substantial Progress No Further Role for this Subcommittee	DPBHS responsible for ensuring continued attention to this recommendation
3. DPBHS should be required, as may be amenable to the adoptive family, to provide case management services for every child adopted out of foster care until age 18, regardless of whether the child has a current need for mental or behavioral health services. Notwithstanding this recommendation, should a child adopted out of foster care be placed or relocate out of state, DPBHS may terminate case management services after transition to the receiving state's mental health service system.	Resources are not available to entirely implement this recommendation as written. Upper Bay received a contract from DSCYF to provide post adoption services and began fulfilling that contract on July 1, 2010. The contract funding will continue for 3 years and will begin to address this recommendation.	Long Term Goal Some Progress No Further Role for this Subcommittee	IACOA responsible for monitoring continued progress toward this recommendation
4. DSCYF should undertake an evaluation of its organizational structure; inter-divisional communications, policies, procedures and	DSCYF has reviewed its organizational structure, communications, policies, procedures and staffing patterns. Significant progress has been made in streamlining operations, eliminating inter-divisional	Substantially Complete	DSCYF responsible for ensuring continued attention

processes; and staffing patterns as they relate independently and collectively to the delivery of mental and behavioral health services to children in and adopted out of foster care. Opportunities should be explored to: • Streamline policies and procedures for access to and delivery of mental health services in order to maximize efficiency and effectiveness; • Eliminate inter-divisional barriers or impediments in order to provide a seamless mental and behavioral health services delivery system from the time the child enters the foster care system until the child exits same; • Align staffing patterns (classification, allocation, and deployment) to support and complement the mental and behavioral health delivery system; • Maximize the utilization of all financial resources through effective case management practices.	barriers, aligning staff to meet critical needs, and maximizing revenue. Such progress includes: a) Integration of Office of Prevention and Early Intervention and Division of Child Mental Health Services into new Division of Prevention and Behavioral Health Services that has as its priority areas: prevention, early intervention and behavioral health treatment. DFS has a representative on the DPBHS Community Advisory & Advocacy Council; b) Centralized Contracting Unit and centralized Training Unit in DSCYF; c) Assignment of DFS and DPBHS Deputy Directors to address conflicts amongst Division staff; d) Reclassification of two DPBHS positions to better support children and staff who work with children in foster care; e) Child Watch workers who focus on children in foster care and who work in DPH/DHSS were realigned with DPBHS' prevention work and moved from DFS supervision; f) Use of DHSS resources to contract for Early Childhood Behavioral Health Consultants to work with children with behavioral health issues in purchase-of-care early education centers; and g) Use of some DPBHS resources to train workers in early childcare settings identified by OCCL/DFS h) DYRS strategic plan focused on community services, in concert with the Juvenile Justice Collaborative, of which DPBHS is a member.	No Further Role for this Subcommittee	to this recommendation

5. Where there is disagreement about level of care for a child in foster care, the DPBHS clinical staff should meet the child prior to making his or her decision about the appropriate level of care.	Written policy to address this recommendation is under development. The Clinical Services Unit is in the process of reviewing and developing a best practice approach.	Some Progress No Further Role for this Subcommittee	DPBHS responsible for monitoring continued progress and improvement
6. DPBHS should ensure its level of mental health treatment takes into account the environment of care as DPBHS does in substance abuse treatment. The primary focus of DSCYF and its divisions should be what is most appropriate for the child, while factoring in the least restrictive environment where the child can succeed and be safe.	DPBHS' level of care criteria was most recently reviewed in May 2010. An additional statement was included in the overview, to further emphasize that the child's environment of care is to be taken into account when decisions about treatment and level of care are considered. Level of care criteria can be found on DSCYF's website.	Complete	DPBHS responsible for ensuring continued compliance with this recommendation
7. DPBHS, DFS and DDDS should work together to craft MOUs, protocols, and/or legislation to assure that the mental and behavioral health needs of the cognitively disabled population of DSCYF children are appropriately met, and that the responsibilities of each agency are clearly delineated and met with the concomitant resources to serve this challenging population.	DPBHS provides some services for these children, including: an Intensive Outpatient program for 8 children with these challenges at any one time; addressing the needs of a small number of these children in child care settings through Behavioral Health Consultants; and treatment of a small number of these children by therapists trained in Parent-Child Interaction Therapy. Additional things in place or in process to address this recommendation include: a) An MOU is in place between DSCYF and DDDS to collaboratively guide casework practice (the MOU can be found in the DFS policy manual, pgs. 281-289); b) DPBHS has two representatives on DE's Act Early team, a statewide planning group that is considering approaches to better serve these children; c) Legislation was passed that enables DPBHS to bring	Some Progress No Further Role for this Subcommittee	DSCYF responsible for continuing to make improvements in this area

	children to the attention of the Interagency Coordinating Council for collaborative planning and consideration of funding if their needs are serious and their conditions are negatively impacting their educational success and home lives. DPBHS' representative on the Council is a psychologist who is very familiar with this population of children; d) DPBHS also has a knowledgeable representative on the Developmental Disabilities Planning Council, which addresses issues of access to appropriate services for children with developmental disabilities.		
8. DSCYF, in conjunction with DPBHS and DMMA, should continue to work together to extend DPBHS case management services for children who age out of foster care until age 21, and work toward a seamless transition to the adult mental health system.	DSCYF has worked collaboratively with its partners in CPAC, Family Court, DHSS and others towards a more seamless transition into adulthood. Efforts include: a) DFS has worked collaboratively to create brochures that educate professionals and youth about Extended Jurisdiction. A presentation regarding Extended Jurisdiction was made to the members of the Youth Advisory Council on September 20, 2010. A training held on October 12, 2010 for APPLA workers, supervisors, and regional administrators included a presentation regarding Extended Jurisdiction as well. b) Independent living services are provided to youth from ages 14-21. Services are provided via DFS caseworkers to youth ages 14 and 15. Services to youth in this age range primarily include assessment and skill development through training from foster parents. From age 16-21, independent living services are delivered through four contracted agencies located in each county. Services include but are not limited to assessment, service plans, and assistance with education, employment, housing, and	Some Progress No Further Role for this Subcommittee	APPLA Workgroup responsible for monitoring continued progress toward this recommendation

	medical needs. Medical assistance includes accessing mental health services through the adult mental health system, assistance in accessing SSI benefits, and Division of Vocational Rehab services. Housing options include transitional housing, rental subsidy vouchers, host home agreements, and a permanent housing program that was specifically designed for youth that have at least one major mental health diagnosis. Youth must enter this program prior to their 23rd birthday and are able to remain in the program permanently if they comply with the rules and funding through HUD is maintained. Participants in this program receive assistance with mental health/medication management through community providers who work collaboratively with the housing program staff. Education and Training vouchers are provided to youth who pursue secondary education or vocation training programs. Generally youth are eligible to receive these scholarship funds from age 18-23. c) Most recent MOU with DSAMH, which needs Cabinet approval. d) DSAMH/DPBHS transition workgroup is focusing on the type of services and delivery model that will best serve this population. Considering an Assertive Continuing Care research-based case management model as well as organizing services with the initial contact focusing on housing, vocational and educational needs.		

RECOMMENDATION	PROGRESS	OUTCOME	FUTURE RESPONSIBILITY
1. DSCYF should develop a crisis response service that adequately meets the needs of children and families in crisis, looking at the outcomes of the SOS program for guidance.	DPBHS and DFS have worked diligently to increase the effectiveness of this service. a) Crisis services have been centralized under one statewide provider, Delaware Guidance, to assure continuity of care and to maximize resources. DFS participated in the development of the RFP and the recommendation of the provider selected, as did Community Legal Aid. b) Personnel in crisis service have been trained in brief crisis treatment through University of PA, in vicarious trauma, and in Trauma-Focused Cognitive Behavioral Therapy. c) Policies and procedures are in place that enable Regional DFS Administrators or Assistant Administrators to contact the crisis provider when a child is at risk of losing a placement. These children will be given priority for prompt response, and will be opened with the provider for short term intervention and connection to longer term treatment, if it is warranted. However, use of the priority response and foster home preservation services is limited. The Consultation Project will work with the Crisis Services Unit to better structure, support and reach out to Regional Administrators to maximize the benefit of this service. d) During this fiscal year, through the efforts of DPBHS, three school districts in New Castle County have decided to bring in a national expert to train their school personnel in collaborative problem-solving, a classroom–based approach that is intended to help teachers manage disruptive behavior. This may strengthen the school's capability to serve children in or adopted from foster care and reduce the need for crisis interventions. e) Red Clay, Christina and Colonial school districts are participating in a pilot project with DPBHS, to offer trauma treatment in a group setting for middle school students. This preventative measure may reduce the need for crisis interventions.	Substantial Progress No Further Role for this Subcommittee	DSCYF responsible for ensuring continued attention to this recommendation

RECOMMENDATION	PROGRESS	OUTCOME	FUTURE RESPONSIBILITY
1. CPAC, together with leaders of the new administration, shall work together to create a task force or subcommittee to include private insurance companies, adoptive families and representatives of DMMA to: • Develop recommendations for improving the depth and breadth of skilled clinicians approved by private insurance companies and third-party administrators who are competent to treat complex trauma as a result of child abuse and neglect; • Develop a pilot project to be led by a private insurance company or third-party administrator to test the recommendations; and • Explore the feasibility of allowing families who have adopted children out of foster care to continue using Medicaid for mental health benefits while utilizing private health insurance for physical health benefits.	The Division of Medicaid and Medical Assistance advised that children adopted from foster care can remain on Medicaid as their primary insurance after adoption. DFS revised its policies to advise families of the opportunity to keep adopted children on Medicaid.	Complete in that allowing adopted children to remain on Medicaid has obviated the need to meet with private insurance companies to encourage them to better develop their resources, or to explore allowing children to remain on Medicaid for mental health benefits while utilizing private health insurance for physical health benefits	
2. CPAC should introduce legislation to require continuity of necessary and appropriate mental health care after adoption finalization, which would enable a child to remain with their mental health provider regardless of a change in insurance after adoption.	The Division of Medicaid and Medical Assistance advised that children adopted from foster care can remain on Medicaid as their primary insurance after adoption. DFS revised its policies to advise families of the opportunity to keep adopted children on Medicaid.	Complete in that allowing adopted children to remain on Medicaid has obviated the need to change mental	

		health providers	
3. DFS, DPBHS, and the Interagency Committee on Adoption (ICOA) should work together to develop written documentation and training on how to guide adoptive families in their personal choice regarding medical coverage for their adopted child. This documentation and training would then be used to train new adoption and permanency workers from the State and contracted agencies, as well as raise awareness in the child welfare legal community as to the need to make well-informed choices on medical care benefits prior to finalization.	The Division of Medicaid and Medical Assistance advised that children adopted from foster care can remain on Medicaid as their primary insurance after adoption. DFS revised its policies to advise families of the opportunity to keep adopted children on Medicaid. A letter was sent to all adoptive families informing them that adopted children can remain on Medicaid, and changes were made to the adoption assistance agreement to reflect this. In addition, DPBHS employees who work as Behavioral Health Consultants for DFS can assist DFS staff and foster families in making informed choices about mental health and/or substance abuse treatment. Medicaid's Managed Care Organizations also provide information to families and assist with choosing treatment.	Complete	DSCYF responsible for ensuring continued compliance with this recommendation
4. CPAC, together with DMMA and DSCYF, should explore the state and federal requirements and limitations on Medicaid eligibility for children in DSCYF custody who are not in paid foster care placements, and propose statutory and policy changes to ensure that all children in DSCYF custody remain Medicaid eligible throughout the duration of that custody.	DSCYF, Division of Social Services (DSS) and DMMA have been working to explore this issue. Currently DSCYF notifies DSS of an address change when a child goes into an unpaid placement. DSS then sends a Medicaid application to the new placement address for the caregiver to complete and submit. An August, 2010 query of children in unpaid placements revealed that only 6% of children had a lapse in coverage when moving	Substantial Progress No Further Role for this Subcommittee	DSCYF responsible for continuing to work with DSS & DMMA to address this recommendation

	into an unpaid placement. 79% of the children were open with Medicaid as a member of the caregiver's Medicaid case. Research is currently underway to determine why 6% had a lapse in coverage.		
5. DMMA and DSCYF should explore opportunities to streamline the Medicaid application process for children in foster care.	DSS and DSCYF have specialized units that work directly with each other regarding Medicaid eligibility processing for children in foster care placements. Both units are extremely well versed in the eligibility rules regarding Medicaid eligibility and foster care. An electronic process (data interface) was developed to transmit foster care Medicaid applications to DSS nightly. Recently, DSS has agreed to accept Medicaid applications for children in foster care without proof of citizenship (if unattainable in a timely fashion) and run the applications against the SSA database to obtain proof of citizenship. The Client Eligibility Unit (DSCYF/DMSS) and the Foster Care Medicaid Unit (DHSS/DSS) have established a strong rapport and determination to continuously work towards enhancing the process by meeting on a regular basis.	Substantial Progress No Further Role for this Subcommittee	DSCYF responsible for continuing to work with DSS to address this recommendation

Lack of Information/Failure to Share – DSCYF History/Family History

RECOMMENDATION	PROGRESS	OUTCOME	FUTURE RESPONSIBILITY
1. DPBHS, DFS, and OCA should share databases and information systems related to all children in and adopted out of foster care so as to ensure they receive appropriate mental and behavioral health services, including but not limited to Trauma Focused Cognitive Behavioral Therapy through the Child Well Being Initiative.	Database sharing has not occurred. Hoever, OCA, DFS and DPBHS work together to enable children in foster care to have access to counselors trained in these and other evidence-based and promising practices. DPBHS has also designated two full-time positions that will support DFS staff and foster families to access these services, in the event challenges are experienced. DSCYF has received funding and is in the beginning stages of upgrading the FACTS information management system, which will allow for greater information sharing among the Divisions and may obviate the need for this recommendation.	Some Progress No Further Role for this Subcommittee	DSCYF/DMSS responsible for ensuring continued attention to this recommendation as FACTS II is developed
2. DPBHS and DFS should partner to ensure the FACTS event summarizing DSCYF history on a family is implemented and accessible to all necessary parties. To the extent that mental health treatment history can be referenced or included in the summary, it should be. Currently DSCYF is able to generate a report of all "placements," regardless of the Division. This information should be incorporated or referenced in the history as well.	The foundation for this item has been created and a template prepared. This issue is to be addressed by FACTS II.	Some Progress No Further Role for this Subcommittee	DSCYF/DMSS responsible for ensuring continued attention to this recommendation as FACTS II is developed

3. Should FACTS II come to fruition, consideration should be given to eliminating the requirement of separate case files for DPBHS, DFS and DYRS in DSCYF custody cases.	This issue is to be addressed by FACTS II. Key features (from FACTS II Project Restart Charter): • Replacing a program-centric FACTS with a child-centric system • Full data integration in a client management system – accomplished by consolidating various service planning processes into a single workflow	Substantial Progress No Further Role for this Subcommittee	DSCYF/DMSS responsible for ensuring continued attention to this recommendation as FACTS II is developed

Transitions Between Therapists/Mental Health Services

1. DPBHS, in conjunction with a representative group of providers, should develop a standardized summary form to be used by all mental health professionals in the treatment of children in or adopted out of foster case which shall be completed prior to the transfer and/or at the conclusion of treatment. DPBHS will ensure that all of its approved therapists complete this form, and provide it to DPBHS, DFS, and the new mental health provider, if applicable. This form shall become part of the permanent DSCYF record on the child in or adopted out of foster care.	Many children in foster care or adopted from foster care receive treatment through providers paneled by Medicaid's Managed Care Organizations. DFS is working with DMMA on coordinated discharge summary and planning forms for children who receive behavioral health treatment through these organizations. For those children who receive more than outpatient services through the DPBHS provider network, standardized forms and timeframes for discharge summaries will be developed and included in contracts effective July 2011. Currently all service admission information and a history of treatment can be found in and printed from FACTS; DSCYF uses discharge summaries when a child moves from one level of service or placement to another.	Substantial Progress No Further Role for this Subcommittee	DPBHS responsible for ensuring continued attention to this recommendation

2. DPBHS progress reviews and case management of every child in foster care should be proactive and monitor the child's progress in mental health treatment regardless of the level of care being provided.	It has become clear that resources are not available for DPBHS to fully open a case and care manage every child who enters DFS custody or is adopted from custody. However, DPBHS and DFS have actively partnered to create an environment that supports the well-being of children in foster care and/or adopted from foster care. DPBHS assigned two seasoned full-time professionals to provide consultant services for DFS staff and foster families. These two positions will be devoted to working with DFS staff, foster families, and new children entering custody to identify behavioral health needs and resources. Care management is a proactive process, with regular scheduled reviews between treatment providers and others involved in the child's care. The CMH level of care criteria was reviewed in May 2009 and an additional statement was included to emphasize that the child's environment of care is taken into account when decisions about treatment and level of care are considered. The DFS and DPBHS Deputy Directors are authorized to resolve any concerns about level and quality of treatment, as an additional safeguard, in the event concerns cannot be resolved at the local or regional level.	Some Progress No Further Role for this Subcommittee	DPBHS responsible for ensuring continued attention to the goals of this recommendation

Communication Among Sister Agencies

1. DPBHS and DFS should implement a structured communication policy, protocol, or memorandum of agreement (MOA) and/or give consideration to the co-location of DPBHS staff serving this population directly within the DFS units. The goal of this recommendation is to foster a team concept in serving children in DFS custody which must necessarily start within DSCYF. At a minimum, specialized units within DPBHS should be considered to focus on children in and adopted out of foster care.	DFS and DPBHS direct services staff are now co-located in Georgetown, Milford, Dover, Newark (University Plaza) and Wilmington (Beech Street). In addition, 2 DPBHS staff members have been assigned to work within the DFS system – one upstate and one downstate. There has also been cross-training among the Divisions. The Deputy Directors of DFS and DPBHS work together to address any concerns that could not be effectively addressed at the local or regional level. The Deputies keep their respective Division Directors aware of issues as they arise and resolutions that are developed. DPBHS is making a concerted effort through TF-CBT, PCIT and other training, to strengthen our staff and provider understanding of the needs of children in or adopted out of foster care. The long-term goal is to assure the child will be well-served at whatever point they enter the behavioral health system. Specialized units are therefore not under consideration at this time.	Substantially Complete No Further Role for this Subcommittee	DSCYF responsible for ensuring continued attention to the goals of this recommendation
2. Via protocols or MOA between DPBHS and DFS, transition plans should be completed prior to the movement of a child for placement or mental health treatment.	Policy 209 provides for departmental coordination of services when children and youth are open with more than one Division. Dialogue among Divisions planning for a child is more open and collaborative. FACTS II will significantly support the Divisions to fully achieve this recommendation.	Some Progress No Further Role for this Subcommittee	DPBHS & DFS responsible for ensuring continued attention to the goals of this recommendation

3. DSCYF should implement a policy, protocol, or MOA between DPBHS, DFS and DYRS to ensure that children in or adopted out of foster care who become detained have no interruption in mental health treatment while in secure care.	Policy 209 provides for coordination in services for children active in any Division in DSCYF. No other formal policies have been put in place. DPBHS is responsible for screening and coordination of treatment for children in detention. Services provided include: a) Every youth who is admitted to detention receives a MAYSI screen which screens for mental health and substance abuse issues. If the screen indicates a possible concern, a more intensive MH assessment and/or the GAIN screen is completed. A UCLA trauma screen is done on youth if necessary as indicated by the MAYSI. b) There is access to a psychiatrist and more intensive supervision if needed. c) Depending upon the length of time the youth is detained, service providers may visit the youth. d) If a youth is receiving Intensive Outpatient services and becomes detained, DPBHS and our providers will keep the “slot” available for up to 59 days.	Substantial Progress No Further Role for this Subcommittee	DPBHS responsible for ensuring continued attention to this recommendation
4. DSCYF should provide training to its employees in accordance with recommendation #1 in the Training, Education, and Dissemination of Information section of this report.	DSCYF consolidated its training units into one Department-wide unit within DMSS, to more effectively and efficiently meet the Department’s training needs. DSCYF has acquired software to begin creating online curricula that will be available to staff on an ongoing basis. DPBHS is committed to building the capacity of DSCYF staff, treatment providers and child-serving partners across the state, to identify behavioral health issues, link children and families with appropriate services, and provide high quality treatment. The Division devotes significant attention to this area.	Substantially Complete No Further Role for this Subcommittee	DSCYF Training Unit responsible for ensuring ongoing training in accordance with this recommendation

	DPBHS staff, providers and partners avail themselves of materials and online trainings available in the public domain through the National Child Traumatic Stress Center. DPBHS participated in the development of these trainings and materials, including those that have been very helpful for DFS. DPBHS provided a series of 3 free brown-bag lunch trainings to strengthen staff and providers' ability to treat children with both mental illness and developmental disabilities. In addition, two DPBHS staff members participate in DE's Act Early collaboration to improve training and services for children with these challenges. DPBHS mental health treatment professionals have presented on the DFS system and access to services for DFS regional managers, and DFS representatives presented on the DFS system for DPBHS managers.		

Educational Transitions

1. DSCYF and DOE should promptly complete the execution of the Memorandum of Understanding between them.	The MOU has been executed and DFS staff were trained. The DMSS Training Unit will assure all DSCYF staff receive information in FY 2011.	Complete No Further Role for this Subcommittee	DSCYF Training Unit responsible for ensuring all DSCYF staff are trained

2. Using the executed Memorandum of Understanding, DSCYF (DFS, DPBHS and DYRS if applicable) and DOE shall conduct TIMELY and mandatory transition meetings for children that are in DSCYF custody prior to the child re-entering school from alternative schools, detention, or treatment facilities. These transition meetings shall ensure that the child's educational and mental health needs will be appropriately met in home, school, and community. Delays in this meeting should not result in retaining a child in an inappropriate setting.	This issue was addressed in MOU training. DFS training included reminders to DFS staff that CASAs and GALs were to be invited to transition meetings. DSCYF's Education Unit now has staff whose responsibility it is to assure transitions from DSCYF-operated/funded educational programs to schools are appropriate. DSCYF-operated or funded facilities and clinical services teams assure that children are not retained in DSCYF programs beyond the time required to meet treatment goals or fulfill legal requirements. DSCYF-operated and funded programs are accredited, and accrediting organizations address this issue in their reviews. PowerPoints were developed to educate homeless liaisons and school district personnel.	Some Progress No Further Role for this Subcommittee Refer to CPAC Education Subcommittee	CPAC Education Subcommittee responsible for monitoring compliance with this recommendation
3. DSCYF (DFS, DPBHS and DYRS if applicable) should proactively create a communication system for letting schools know who is responsible for a child in DSCYF custody and to encourage open and frequent communication through that system.	Information is exchanged between DOE and DSCYF on a regular basis. Information is updated monthly to ensure an accurate account of children in DFS custody in schools. DOE 101 training curricula has been completed and is on the DOE website. DFS 101 is being developed. These curricula will help staff in the respective agencies understand and navigate each others' systems more effectively. DPBHS-DOE collaborative webpage is complete and available on DOE's website.	Substantial Progress No Further Role for this Subcommittee Refer to CPAC Education Subcommittee	CPAC Education Subcommittee responsible for monitoring compliance with this recommendation

Informing Families

1. DSCYF (including DFS and DPBHS) should create and/or improve the Level of Care forms and/or Child Profiles provided to foster and adoptive families to fully include a child's DSCYF and trauma background, behaviors, mental health needs, and other important factors so that families are prepared for the children entering their home. This should result in increased stability of placement due to a thorough knowledge base, the availability of appropriate supports, and the preparation of the family for acting-out behaviors that often result in disruptions.	The Level of Care is created and updated as information becomes available on any given child. The Transfer Instruction Sheet, which includes all medical and educational information, is updated any time the child moves and a copy is provided to the receiving caretaker. DPBHS has provided its staff, providers and network with trainings, newsletters and/or materials on engaging families, motivational interviewing, and therapeutic practices that work effectively with children who are in foster care and/or adopted from foster care. All contracted adoption agencies will be required to provide a prediction sheet for each child they place with an adoptive family, which will provide details including current and predicted behaviors of the child based on his or her background and circumstances.	Complete No Further Role for this Subcommittee	DSCYF responsible for ensuring continued compliance with this recommendation
2. DFS and DPBHS should jointly increase the resources and supports to prepare and train families to work with children with behavioral difficulties in order to minimize disruptions which impact not only the child and family, but also DPBHS and DFS.	DPBHS sponsored or co-sponsored free training on Engaging Families, Vicarious Trauma, Parent-Child interaction Therapy, Prevention, Fatherhood, and Suicide Prevention. Foster families and others across the child-serving system have routinely been invited to these and other programs. DFS approved a plan that allows foster parents to receive training credits for attending DPBHS programs and for participating in treatment with a child in care. As part of the Consultation Project there has been discussion of lunchtime learning and cluster meeting training for foster parents.	Substantial Progress No Further Role for this Subcommittee	DSCYF responsible for ensuring ongoing attention to this recommendation

	This will be part of the program once full time staff are hired. DFS is delivering Teen Foster Parent training. It is specific to the issues related to caring for a specialized and often challenging group of children. The Behavioral Health Consultation service, priority crisis response service, and APPLA Case Management Pilot will also assist DFS to support children in care and stabilize placements.		

RECOMMENDATION	PROGRESS	OUTCOME	FUTURE RESPONSIBILITY
1. CPAC's Training Subcommittee should create a subgroup with appropriate members to develop a core and advanced curriculum training, similar to CAN 101, to educate all child welfare system employees and partners, including schools, judges, lawyers, medical providers, mental health providers, contract agencies and families on, but not limited to, the following issues: • How to access mental and behavioral health services for children in Delaware; • The levels of care available; • Resources; • Behaviors of complex trauma due to child abuse and neglect, and family management and support of children who suffer from complex trauma, acknowledging an expectation that children who enter foster care have experienced trauma from the removal itself.	DPBHS provides training in how to access services, levels of care available in its service array, and resources available for DFS, schools, and system partners on a regular basis. The DOE-DPBHS website is also a useful in that regard. **www.delaware.gov/doe** Another useful tool is the psycho-education web-based training developed by DPBHS. **http://www.udel.edu/cds/initiatives-school-familyed.html** In addition, the curricula developed through the National Child Traumatic Stress Network can be very helpful in working with foster families and others interested in children in foster care or adopted. The web address is: **http://nctsn.org/nccts/nav.do?pid=ctr_rsch_prod_rpc_guide** CPAC's training committee continues to develop and disseminate 101 trainings. Members of CPAC's Mental health subcommittee and CPAC's training subcommittee have begun to work with DSCYF and providers to develop a curriculum.	Minimal Progress No Further Role for this Subcommittee	Refer to CPAC Training Subcommittee for Completion of Child Mental Health 101

2. DPBHS, DMMA, OPEI, DFS and the CPAC Training Subcommittee (or a component thereof), should develop a user-friendly website that lists all available mental and behavioral health services and providers in Delaware, together with credentials, areas of specialty, and clinical requirements for service access. The group should investigate potential linkage with similar work being undertaken by DSAMH and by DOE. Adequate resources, including the use of grants, should be explored to assure the information is current and accurate. The website http://www.networkofcare.org should be explored thoroughly.	Resources – at the very least time and person-power – will be needed to fully implement this recommendation. The CPAC Mental Health Subcommittee developed a workgroup, co-chaired by providers Mandel Much (Aquila) and Bruce Kelsey (De Guidance Services) to work on developing a list of skilled clinicians that could be a starting point for such a website. Progress has been made in that DPBHS has continued to train clinicians and others in practices that are effective with children in foster care and/or adopted, including: TF-CBT, TF-CBT adapted for young children, Motivational Interviewing, Engaging Families, and Parent-Child Interaction Therapy. Most recently, 6 community therapists were trained in using Trauma and Grief Component Therapy for Adolescents (TGCT-A) in small group settings. In addition, DPBHS and DYRS are working together to train community therapists in working specifically with youth whose sexual behavior is inappropriate. DPBHS maintains lists of therapists trained and/or certified in these evidence-based treatments.	Minimal Progress No Further Role for this Subcommittee	Refer ongoing efforts of MH Subcommittee Workgroup to ICOA DSCYF responsible for ensuring continued attention to this recommendation

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<td>3. DSCYF, and in particular DFS with the guidance of experts in this area, should require in future foster home contracts that families and contract agency workers be trained and supported on complex trauma associated with child abuse and neglect, and the behaviors that stem there from.</td>
<td>All DFS foster families and contracted foster families are given access to in-service training associated with complex mental health issues associated with abuse and neglect. All contracted agencies are required to receive training. Resources are readily available free through the National Child Traumatic Stress Network. DPBHS participated in the development of the NCTSN resources.

DFS workers receive training related to trauma in new worker orientation and foster families receive training related to trauma in PRIDE and other ongoing training.

A Child Placing Agency Task Force has been meeting to review the requirements of providers who serve children in foster care. The review task force is chaired by DFS and includes a DPBHS representative.

Throughout 2009-2010, many free and accessible training programs were offered in DE, including:
2 full day trainings on working with young children
2 trainings on working with children/families in which fetal alcohol syndrome is present
Suicide Prevention conference
People of Color mental health conference
Protecting DE’s Children Conference
Training with Family Court
Training for providers on treating youth with inappropriate sexual behavior.</td>
<td>Some Progress

No Further Role for this Subcommittee</td>
<td>DSCYF responsible for ensuring ongoing attention to this recommendation</td>
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4. DSCYF, and in particular DFS with the guidance of experts in this area, should require in future adoptive placements that agencies identify appropriate mental health therapists in the community to support adoptive families with regard to the behaviors that stem from placement of children with complex trauma associated with child abuse and neglect, to minimize disruptions.	Adoptive families residing in DE receive 3 documents for resource references: 1. List of adoption support groups, educational services and adoption agency advocacy information. 2. List of DE therapists specializing in adoption issues 3. List of community resources developed by DPBHS Upper Bay was awarded a contract for post-adoption services and is responsible for the dissemination of these materials. Services include: dissemination of materials; case management; crisis management; general trainings; parent/child bonding workshops; support groups; child/teen therapy groups; parenting education. DPBHS has trained providers on Trauma Focused Cognitive Behavioral Therapy and Parent-Child Interaction Therapy, both of which support adoptive families with regard to the behaviors that stem from placement of children with complex trauma associated with child abuse and neglect and help to minimize disruptions. The Interagency Committee on Adoption is working on a booklet to be provided to all adoptive parents which will include information about providers trained in TF-CBT and PCIT as well as other resources for adoptive families, including the toll-free number for post-adoption services from Upper Bay. ICOA also created a list serve to exchange ideas and send newsletters and information via e-mail.	Some Progress No Further Role for this Subcommittee	DSCYF, through its Child Placing Agency Taskforce, responsible for ensuring continued attention to this recommendation

PROVIDERS

RECOMMENDATION	PROGRESS	OUTCOME	FUTURE RESPONSIBILITY
1. DDPBHS, DPBHS, DMMA, and provider agencies should create a plan to provide incentives for mental health professionals to develop skills and provide treatment to children in and adopted out of foster care.	DPBHS staff met with adoptive parents, who have offered to assist in securing specialized training for providers, to further strengthen their ability to serve adopted children.	Minimal Progress Refer to Provider Forum No Further Role for this Subcommittee	DPBHS responsible for working with the Provider Forum to address this recommendation
2. DPBHS, DMMA, and provider agencies should explore options to reimburse mental health professionals for attending trainings on providing treatment to children in and adopted out of foster care.	DPBHS offers free trainings with CEUs to providers. When a training program is directly related to a specific client, DPBHS has paid for the therapist's time at the training program. DSCYF is looking at how to train providers who are not part of DPBHS's network	Minimal Progress Refer to Provider Forum No Further Role for this Subcommittee	DPBHS responsible for working with the Provider Forum to address this recommendation
3. DPBHS, DMMA, and provider agencies should partner with the local colleges and universities to regularly utilize student interns in all of their mental health programs for children, with clear cut internship guidelines and supervision that will cultivate an interest by students in providing mental health services to children in and adopted out of foster care following graduation.	Through a growing partnership with the University of Delaware's Dept. of Psychology, an additional student intern was referred to DPBHS. DPBHS continues to work with the American Psychological Assn., Widener University, Jefferson University and occasionally Drexel University. A fresh outreach to Wilmington University and Delaware State University has been started.	Minimal Progress Refer to Provider Forum No Further Role for this Subcommittee	DPBHS responsible for working with the Provider Forum to address this recommendation

4. DPBHS, DMMA, and provider agencies should partner with the local colleges and universities to build an incentive package for attracting and retaining mental health professionals in Delaware. In so doing, they should review the strategies employed by the State of Maryland, and consider modification to licensing and supervision requirements, loan forgiveness opportunities, career ladders and resources through Delaware Institute for Medical Education and Research (DIMER), Delaware's process for loan repayments for medical professionals.	DPBHS staff met with mental health professionals in Maryland to discuss their recruitment and training efforts. In addition, DPBHS staff joined a national workgroup through the Children's Division of the National Association of State Mental Health Program Directors, where suggestions were shared for recruiting and training personnel.	Minimal Progress Refer to Provider Forum No Further Role for this Subcommittee	DPBHS responsible for working with the Provider Forum to address this recommendation
5. DPBHS, DMMA, and provider agencies should partner with the local colleges and universities to explore creative ways to count clinical hours required for a degree that meets the purpose of clinical hours while maximizing the ability to provide services to children receiving mental health treatment.	Through the American Psychological Association and other internships, behavioral health providers are providing professional clinical experiences and benefiting children.	Minimal Progress Refer to Provider Forum No Further Role for this Subcommittee	DPBHS responsible for working with the Provider Forum to address this recommendation
6. DPBHS, DMMA, and the Office of Professional Regulation (OPR) should conduct a market analysis of Medicaid reimbursement rates for children's mental health services in the surrounding state area (NJ, PA, MD, VA, WV).	Delaware, as much of the nation, has experienced challenging economic times. Market analyses and other efforts to potentially increase reimbursement rates for providers have not been pursued during this time.	No Progress Refer to Provider Forum No Further Role for this Subcommittee	DPBHS responsible for working with the Provider Forum to address this recommendation

7. DPBHS, DMMA, and the MCOs should work together to streamline the credentialing process for professionals and develop a policy to allow provisional paneling so professionals can treat and bill for services.	MCOs have streamlined the credentialing processes.	Minimal Progress Refer to Provider Forum No Further Role for this Subcommittee	DPBHS responsible for working with the Provider Forum to address this recommendation
8. DPBHS should pursue with OPR the granting of provisional licenses for already-licensed professionals in good standing from other states while they go through the process of licensure in Delaware, enabling them to treat and bill for services.	Representatives of the Office of Professional Regulation have been invited to meet with the DPBHS Community Advisory & Advocacy Council, and will be invited to meet with the Provider Forum.	Minimal Progress Refer to Provider Forum No Further Role for this Subcommittee	DPBHS responsible for working with the Provider Forum to address this recommendation
9. DSCYF should increase resources to enable its employees to acquire the education needed for licensure.	DPBHS offers free trainings with CEUs to providers. When a training program is directly related to a specific client, DPBHS has paid for the therapist’s time at the training program.	Minimal Progress Refer to Provider Forum No Further Role for this Subcommittee	DPBHS responsible for working with the Provider Forum to address this recommendation

RECOMMENDATION	PROGRESS	OUTCOME	FUTURE RESPONSIBILITY
1. DSCYF should evaluate OPEI to ensure concrete and direct goals are in place to support its Divisions – DCMHS, DFS and DYRS – and how they interact to serve families. DSCYF should pursue and maintain grants that support these goals.	Effective July 2010, OPEI and DCMHS have become the Division of Prevention and Behavioral Health Services. This is an effort to more efficiently manage the Dept's prevention, early intervention and treatment services, and to focus more intently on effective prevention in the future. The OPEI-CMH alliance resulted in 5 federal grant applications 2010-11 thus far. Unfortunately, none were funded.	Complete	DPBHS responsible for continuing to pursue grants that support the work of DSCYF and its Divisions
2. CPAC should partner with the Governor's Council on Early Childhood to ensure that children in and adopted out of foster care are benefiting from quality child care, thereby helping to reduce the needs for deep-end mental health services in the future.	DSCYF is represented on the Governor's Early Childhood Council. Issues identified in the recommendation are being addressed primarily through the Delaware's B.E.S.T. grant. DPBHS provides the following services related to young children, their families and their childcare settings: a) Family Partners, a support group for families; a) Training for treatment professionals in PCIT, an evidence-based approach for working with young children and their families in an outpatient setting, including two home-based services using PCIT in the community (1 upstate and 1 downstate); c) 5 Early childhood Behavioral Health Consultants who address the needs of purchase-of-care day care centers and the children/families who attend them; and d) Internship and training opportunities for professionals interested in learning the skills needed to serve young children and families; The Governor's Council on Early Childhood was one of DSCYF's partners in writing the SAMHSA grant to serve young children, called	Complete in that the issue is being addressed by the Delaware's B.E.S.T. Grant and other efforts, thereby obviating the need to partner with the Gov's Council on Early Childhood No Further Role for this Subcommittee	DSCYF responsible for ensuring continued attention to the goals of this recommendation

	DE's B.E.S.T. for Young Children. The Council continues to be a partner in the implementation. The grant enables DPBHS to develop treatment for families of children 2-5 years of age who are exhibiting problem behaviors and are in danger of disrupting child care placements. DFS and DPBHS have aligned to ensure that children in and adopted from foster care receive quality child care and early education opportunities. Representatives from DPBHS work on a consistent basis with the Office of Child Care Licensing within DFS, in the implementation of the objectives of our federal DE's B.E.S.T. grant, and in training childcare/early education center direct service staff. This has included DPBHS sponsorship of DFS staff, Family Court and OCA representatives at a national System of Care Conference during the summer of 2010. DFS and DPBHS have also worked closely together to offer Early Childhood Behavioral Health Consultants for DE's purchase-of-service child care centers, and the staff, families and foster families who are involved with those centers. To date, more than 25 centers have worked with us and we have provided more than 50 child specific mental health consultations. DPBHS and/or DFS are represented on a variety of Councils and Coalitions that often focus on issues related to young children, including: Interagency Coordinating Council; Emotional Wellness Committee of the Governor's early Childhood Council; Developmental Disabilities Council; State Council of Persons with Disabilities; and Family Coordinating Council. In addition to work spearheaded by DSCYF, early education and child care centers participate in other opportunities in the local community. For example, 60 centers are affiliated with United Way's Success by Six Program.		

3. DSCYF, and specifically the employees of DFS and DPBHS, should be trained on the entitlements of children in foster care to Title IV-E – Part C – Birth to 3 screenings and services and early Head Start to maximize opportunities for positive brain development in our young children in foster care.	The Department has continued to move forward to address this recommendation. The DMSS Training unit will provide training for DPBHS staff on entitlements for children in foster care. The training will be provided during calendar year 2011. With the Office of Child Care Licensing under the management of DFS, efforts are underway to update DFS staff on Head Start opportunities. Representatives of Head Start trained DFS staff at management meetings; information was then distributed amongst DFS staff. Additional efforts have been made to maximize opportunities for positive brain development in young children in foster care: a) Through funding by DSS/DHSS, DPBHS has contracted for licensed Behavioral Health Consultants. These consultants have been trained in PCIT, an evidence-based treatment that is effective for children with very challenging behaviors who are in foster care and/or adopted, and in The Pyramid Model (Positive Behavior Support (PBS) for young children in preschool settings). These behavioral health consultants work in purchase-of-care child care centers, and have worked with at least 10 children in foster care or adopted from foster care to date. b) DPBHS now manages two social work staff who are members of Child Development Watch in the Division of Public Health. Information exchange is routine. DPBHS is active on the Governor's Council on Early Childhood Education and on the Interagency Coordinating Council, which further encourages information exchange. c) DFS has a longstanding research partnership with the University of Delaware's Infant-Caregiver Project. The project studies the impact on young children who experience trauma	Substantial Progress No Further Role for this Subcommittee	DSCYF Training Unit responsible for ensuring DSCYF staff are trained in accordance with this recommendation

	and disruptions in placement (i.e. removal from home). Training to foster parents helps them to be more nurturing especially when the child might suggest he/she does not need their care; provide nurturing care when the child is in states of distress; and learn techniques to allow them to help children regulate their behaviors and emotions. Recently this program was expanded to include toddlers in foster care ages 18-36 months. All foster parents are expected to participate in the Infant-Caregiver Training Program. d) DMSS and OCA are working with the Courts to assure that judicial orders do not negatively impact cost recovery.		
4. OPEI, together with DPBHS and DFS, should examine the continuum of community based services and explore opportunities to develop prevention programs with agencies such as Big Brothers, Big Sisters, YMCAs, and Boys and Girls Clubs, so as to connect children in DSCYF custody and families with informal supports to build resiliency.	OPEI is now part of DPBHS as of July 1, 2010. DPBHS has a current prevention plan. The Division is utilizing information learned through the National Prevention Network research conference September 2010, and the System of Care conference July 2010 (which was also attended by DFS, OCA and Family Court), and other national and local information to review the current plan and revise as needed. Members of the DE prevention community were involved in the current strategic plan, and have been invited to participate on the DPBHS Community Advisory and Advocacy Council, which will be active in updating the plan. In addition, DPBHS co-chairs the DE Suicide Prevention Coalition, which is in its final year of a grant to focus on youth suicide prevention. The Coalition includes a number of very active DPBHS staff, and local not-for-profit and/or faith-based organizations, and is working to identify the elements of its efforts that they recommend be sustained and an implementation plan to do so. One of the successful efforts has been gatekeeper training, which helps people identify behaviors that indicate suicidal thoughts and trains them on how to respond. This	Some Progress No Further Role for this Subcommittee	DSCYF responsible for ensuring continued attention to this recommendation

	training has occurred statewide. DPBHS is also an active partner with DSAMH in the implementation of a SAMHSA System Improvement Grant (SIG) that is focused on building local community capacity to prevent substance abuse. Many not-for-profits, faith-based and grassroots organizations are involved with the SIG grant. With federal resources, our DE's B.E.S.T. team connects families of young children with a wide variety of local resources. Our state's wraparound team does the same. Both the wraparound team and DE's B.E.S.T. for Young Children and Their Families have reasonably small caseloads, enabling them to attend to a wide variety of resources for the children and families they serve. To assist DPBHS staff with higher caseloads, one DPBHS employee, who had previously worked exclusively for the Early Intervention unit, has been tasked with finding local resources for staff across the new Division. This employee works in NCC 3 days/week and in Kent/Sussex 2 days.		
5. DPBHS, together with its community partners, should examine its continuum of care for services available to children with substance abuse issues, and how those services can be provided concurrently with mental health services to avoid the need for more deep-end mental health or substance abuse treatment in the future.	DPBHS supports this recommendation and the national recommendation that treatment be concurrent if appropriate, rather than sequential. DPBHS participates in a SAMHSA-funded, DSAMH-led, statewide effort to increase the skill of therapists and to build the local infrastructure that will support providers to integrate mental health and substance abuse treatment into one coordinated treatment approach for children, youth and adults. This is a multi-year effort that has involved provider and staff training and consultation.	Substantial Progress No Further Role for this Subcommittee	DPBHS responsible for ensuring continued attention to this recommendation

RECOMMENDATION	PROGRESS	OUTCOME	FUTURE RESPONSIBILITY
1. DFS and all of its contracted foster care providers should require foster parents to be actively involved with children’s therapy.	DSCYF has worked diligently to address this recommendation. Foster parent PRIDE training addresses the importance of mental health treatment and the significant role foster parents play in the process. DFS encourages families to be actively involved in children’s treatment and allows for families to receive training credits for participation in treatment. If necessary, foster parents can participate in treatment sessions by phone. Finally, the foster parent agreement has been revised to reinforce to foster parents that they are responsible for transporting children to treatment. DPBHS funded programs invite foster parents to participate in social and recreational activities, in addition to treatment, with children, when these activities are offered. DPBHS invites foster parents to its conferences. The most recent one, held on September 30, 2010, included a session on PRIDE training.	Some Progress No Further Role for this Subcommittee	DFS responsible for holding foster parents accountable in accordance with this recommendation
2. DPBHS and DFS should work together to ensure that services are flexible and provided in a location appropriate to facilitate family involvement in treatment.	DPBHS and DFS work together on RFP development and the awarding of RFPs, in an effort to assure contracts recommended will serve our mutual populations. Together we communicate the need for flexible hours and local access to treatment services. DPBHS offers Intensive Outpatient, which is home and community-based; home-based services for very young children through DE’s B.E.S.T. for Young Children grant; Behavioral Health Aides at home and in the community; assessment at school or home as needed; consultation with families and school student improvement teams as requested; behavioral health consultations for early childhood education purchase-of-care centers; child priority response (crisis); and mobile outpatient, where providers are reimbursed at an increased level if they go to the school or home. DPBHS providers are actively engaged with many schools and districts across the state, and provide a variety of services requested by the school systems.	Substantial Progress No Further Role for this Subcommittee	DSCYF responsible for ensuring continued attention to this recommendation

3. DSCYF should provide regular respite care for foster and adoptive families, as part of a support system that works to preserve placements.	DFS provides respite care to foster parents coordinated through the foster home coordinator. DFS does not provide respite services for adopted children. Families are encouraged to partner with other adopted families to take turns providing respite for one another. Upper Bay also encourages waiting adoptive families to provide respite. This is done without DFS involvement. Upper Bay also provides Rec 'N Respite Services, through DFS' Special Needs adoption contract. This program will serve up to 10 children ages 6 thru 14 years of age. In addition, DPBHS had a representative, Susan Schmidt, Ph.D., who served on the Delaware committee that successfully applied for funding through the Lifespan Respite Act. DHSS was the recipient of federal money for lifespan respite services in Delaware. Dr. Schmidt continues to serve as our representative and is one of the reviewers for respite care funding. DFS will continue to research and seek funding through grants during 2011 to fund respite services for adopted children.	Substantial Progress No Further Role for this Subcommittee	Refer to Upper Bay and IACOA to ensure continued attention to this recommendation for adoptive families
4. When necessary, DFS should transport children in foster care to treatment.	DFS staff and foster parents transport children to treatment when necessary.	Substantially Complete but Ongoing No Further Role for this Subcommittee	DSCYF responsible for ensuring continued compliance with this recommendation

RECOMMENDATION	PROGRESS	OUTCOME	FUTURE RESPONSIBILITY
1. DSCYF should review its instilled System of Care principles and partner with CPAC to determine the feasibility of implementing a system where monies are allocated for each child entering DSCYF custody and the money then follows the child.	This recommendation has not been addressed.	No Progress No Further Role for this Subcommittee	DSCYF responsible for continuing to consider this recommendation as it looks at its funding structure and funding streams, and for seeking CPAC support as needed
2. OPEI, in coordination with DSCYF, should aggressively pursue grants and funding opportunities to increase community based mental health services for children in and adopted out of foster care.	DPBHS does not have a designated grant writer. A team of staff work on grant applications as aggressively as they are able and within the context of their various roles and responsibilities, as evidence of their commitment to continuously improve the local community-based service system. During calendar year 2009-10, DPBHS applied for 5 federal grants that would have increased and/or strengthened community-based services. Unfortunately, none were funded. DPBHS also assisted DPH/DHSS with a grant application which also was not funded. DPBHS partnered with Delaware's Lifespan Respite Committee on its application process, which received substantial funding for respite care for families with children with disabilities. DPBHS was successful in working with federal funds and its state budget to add home-based intensive outpatient services for 16 children statewide, and early childhood Behavioral Health Consultants for purchase-of-care early childhood centers. With Criminal Justice Council funds, DPBHS provided training,	Substantial Progress No Further Role for this Subcommittee	DPBHS responsible for ensuring continued attention to this recommendation

	treatment and support for families in and around Sussex County. In addition, DPBHS is piloting Trauma and Grief Component Therapy for adolescents, in a group setting, in three New Castle County middle schools, through a mix of federal and state funds. This is an on-going process, and DPBHS has been very aggressive in applying for and obtaining grants or sharing grant resources.		
3. DSCYF, in conjunction with the state Office of Management and Budget (OMB), should reevaluate the Cost Allocation Plan relative to Appropriated Special Funds (ASF) allocated to the provision of mental and behavioral health services to children so as to maximize funding available for this purpose.	This recommendation has not been addressed. There is a Medicaid bundled rate for behavioral health services for each child served. However, the budget is structured so that DPBHS operates within a defined allocation which may not have relevance to that bundled rate. The economic challenges the state is facing, coupled with potential changes in healthcare requirements and funding, has caused the addressing of this recommendation to be delayed.	No Progress No Further Role for this Subcommittee	DSCYF responsible for continuing to consider this recommendation as it looks at its funding structure and funding streams, and for seeking CPAC support as needed

4. The Governor should appoint a Task Force or charge CPAC with: • Conducting an analysis similar to the Governor's Task Force on Foster Care to structure the levels of mental health services, conducting an analysis of what resources are available at each level, and developing a plan for the increasing of resources to meet the mental and behavioral health needs of children in and adopted out of foster care; • Considering whether the current management and financial structure of DSCYF meets the needs of the children and families it serves as it relates to the delivery of mental health services, and how to improve the delivery of services by DSCYF in the most appropriate, cost efficient, child-driven manner that eliminates disagreements over responsibilities and finances between divisions; and • Exploring with DMMA the requirements and flexibilities in the current Medicaid 1115 Waiver.	CMH and OPEI were merged to form the Division of Prevention and Behavioral Health Services. Management has changed, as has oversight of difficult child/family situations. There have been increased efforts to educate one another and to facilitate access to appropriate services. Conflict among Divisions has decreased.	Complete in that restructuring of Department and Divisions, aggressive pursuit of grants, and effective leadership have resulted in increased community-based services and has eliminated the need for such a task force	DSCYF responsible for ensuring continued attention to the goals of this recommendation

5. DPBHS should continue funding for an Institute to support evidence-based practices such as the Child Well Being Initiative.	DPBHS does not have an official Institute. However, DSCYF's philosophy is to train in evidence-based practices. If those are unavailable or not feasible to implement, promising approaches are considered. DPBHS has one full-time employee certified in TFCBT who provides training and refresher training to therapists and student interns throughout the year. This employee has also been trained in administering the GAIN, an assessment tool DPBHS is implementing across its provider community. In addition, DPBHS utilizes skilled consultants to train the DE child-serving system in other evidence-based treatment, such as PCIT.	Substantially Complete - although no institute has been created, Department philosophy and practice is centered on evidence-based practices No Further Role for this Subcommittee	DSCYF responsible for ensuring continued attention to this recommendation
6. DPBHS should obtain additional resources to increase availability of wraparound services.	This recommendation has not been addressed. The DPBHS wraparound unit continues to work effectively with children and families. As grant resources become available and/or the local economy improves, expansion of this program can be considered.	No Progress No Further Role for this Subcommittee	DPBHS responsible for ensuring continued attention to this recommendation

RECOMMENDATION	PROGRESS	OUTCOME	FUTURE RESPONSIBILITY
1. DPBHS and DFS should coordinate levels of care to decrease placement disruptions and ensure appropriate treatment.	DPBHS Clinical Services Teams and DFS staff work in partnership to proactively meet the needs of children. The two DPBHS employees who will serve as Behavioral Health Consultants to DFS staff and the Crisis Priority Pilot for DFS Regional Administrators will address potential disruptions and be helpful in ensuring appropriate treatment.	Some Progress No Further Role for this Subcommittee	DSCYF responsible for ensuring continued attention to this recommendation
2. DSCYF should explore financial restructuring of placements and opportunities for reimbursement outside of Medicaid.	DPBHS is in conversation with DDDS and DMMA regarding reimbursement. Action has been delayed due to the financial stress the state and the country are currently experiencing.	Some Progress No Further Role for this Subcommittee	DMSS responsible for continuing to explore financial opportunities and alternatives
3. DPBHS should restructure its assessment for mental health treatment to take into consideration a child's environment, recognizing that children in foster care have experienced trauma and their behaviors are often a result thereof.	DPBHS is working towards becoming a more trauma-informed system in all aspects of its delivery and management, including assessment. The child's environment is taken into account, and is included in the standards by which the level of care is determined.	Complete	DSCYF responsible for ensuring ongoing implementation of trauma-informed approach
4. DSCYF should utilize OPEI to connect parents with community resources in accordance with the recommendations made in the Prevention section of this report.	OPEI merged with DCMHS to become the Division of Prevention and Early Intervention. The new Division's website has been updated. The service array will be completed by first quarter calendar year 2011. See previous sections.	Substantial Progress No Further Role for this Subcommittee	DPBHS responsible for ensuring continued attention to this recommendation