



DSCYF

Department of Services for
Children, Youth & Their Families

PREVENTION & BEHAVIORAL
HEALTH SERVICES

Annual Report

July 1, 2023 - June 30, 2024

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TO OUR STAKEHOLDERS

We are pleased to offer this annual report outlining the Division of Prevention and Behavioral Health Services (DPBHS) operations during the 2024 fiscal year. DPBHS is one of four divisions within the Department of Services for Children, Youth, and their Families (DSCYF). The division has approximately 300 employees who work every day to support or provide, directly and through contracts, an array of behavioral health prevention, early intervention, and treatment services for youth and families across Delaware. They are the key to our successfully achieving our vision for *all children and families to be strong, resilient, and live in supportive communities* and our mission to *develop and support a family-driven, youth-guided, trauma-informed prevention and behavioral health system of care*. The accomplishments detailed below would not have been achieved without their passion, dedication, and commitment to delivering strengths-based, effective, and culturally and linguistically responsive services that help youth and families build protective factors and achieve their goals.

In 2023, DPBHS developed a three-year strategic plan with four key goals:

1. Achieve the best outcomes for our youth and families through increased availability of evidence-based practices and intervention at the earliest point possible.
2. Ensure that family voice is represented at the individual and system level by expanding opportunities for youth and families to provide feedback and participate in service delivery.
3. Expand and fully integrate data-driven decision making to maintain a culture of continuous performance improvement including the development of a data dashboard and expanding the use of data for continuous quality improvement.
4. Recruit, develop and retain a highly competent and committed workforce by building on supervisor competencies and increasing staff's use of self-care strategies.

The following are some of our FY2024 accomplishments in line with the goals listed above:

- Issued several RFPs for prevention and early intervention services which resulted in 23 new contracts and 44 renewed agreements with current providers. This includes an RFP that resulted in the expansion of the Trauma Response for Youth program, which provides case management, trauma screening and evidence-based trauma intervention to prevent the development of post-traumatic stress disorder. The expansion made the program available to families statewide.
- Initiated the use of youth peer specialists in our Mobile Response and Stabilization Services (children's crisis program).
- Continued to implement a youth suicide prevention campaign using a variety of strategies; the campaign was highly successful and had 41.1 million impressions (e.g., content seen or heard by youth and adults) during the fiscal year.
- Undertook a substance use needs assessment of our service continuum to identify opportunities to strengthen substance use prevention, early intervention, and treatment.
- Developed a standard youth and family satisfaction survey which is being implemented across all DPBHS direct service programs.
- Initiated staff training in the use of Motivational Interviewing, an evidence-based practice which helps staff effectively engage youth and families and facilitate family-driven care.
- Added language in provider contracts detailing requirements for outcome data reporting, including youth/family satisfaction and status of improvement on goals at discharge.

- Established a division quality management committee to ensure coordinated continuous quality improvement activities across division operations. We also worked to refine and/or establish measurable performance indicators for all division program areas which will be monitored annually.
- Re-launched and expanded a division-wide employee wellness and recognition committee. The committee is working to engage new employees during onboarding and continue engagement throughout employment by sharing wellness resources and facilitating activities that promote employee wellness.

We also want to recognize our contracted providers who work with us to deliver behavioral health prevention, early intervention, and treatment services. We value our partnerships with our providers and appreciate their commitment to delivering trauma-informed evidence-based interventions. Their work is critical to building strong and resilient youth, caregivers, and communities. Finally, we would like to thank our Advisory and Advocacy Council, co-chaired by Jill Rogers and Dana Holz. We appreciate the Council's commitment to providing DPBHS with valuable input and guidance as we strive to continuously improve our system of care.

"The truth is that teamwork is at the heart of great achievement." John C. Maxwell

While we have many accomplishments to celebrate, we also recognize there is much work to do. In the coming year, we will be continuing to implement our strategic plan including expansion of the collection and sharing of system performance data, implementation of our new adolescent diagnostic unit, broadening our array of evidence-based behavioral health prevention, early intervention and treatment services and investing in the well-being of our staff. We look forward to continuing to work with our staff and our partners to achieve the best outcomes for youth, families, and the communities we have the privilege of serving.

Aileen Fink, Ph.D.

Aileen Fink, Ph.D.

Division Director

Stephanie Traynor, Psy.D., MBA

Stephanie Traynor, Psy.D., MBA

Deputy Division Director

DPBHS Operating Unit Accomplishments

DPBHS is organized into ten units that provide both supportive and direct services for youth and families. The information below provides a brief description of each unit and highlights major accomplishments for the 2024 fiscal year.

Supportive Service Units

The Budget Planning and Management, Provider Administration, Medicaid Administration, Communication and Data Management and Continuous Quality Improvement and Consultation units work to support division operations and are critical to ensuring that the division staff have the information and tools they need to deliver services to youth and their families. Below is a brief description of unit functions and key accomplishments for 2024.

The Budget Planning and Management Unit, currently under the direction of Dr. Stephanie Traynor, prepares the division's operating budget, approves and tracks purchase requests, and monitors income and expenditures. This unit also monitors the completion of the Random Moment Time Study (RMTS) contained within FOCUS. Accurate completion of the RMTS is critical to our receiving Medicaid funding.

In FY2024, the unit:

- Oversaw RMTS data collection resulting in an average completion score of 91% exceeding the benchmark of 85%.
- Made period updates to the division spending plan, ending the fiscal year on the 8th iteration.
- Approved and processed 402 requisitions totaling \$1,196,292.
- Processed 197 flex fund requests totaling \$74,050 to support families and position them for success by covering essential needs such as a parent's travel to visit their child in a residential treatment program, athletic lessons, tutoring, eyeglasses, and hygiene items.

The Provider Network Administration (PA) Unit, under the direction of Ms. Kelly Dobrowolski, works directly with providers to establish contracts, waivers, and single case agreements for specialized treatment services as needed. The PA staff serve as liaisons to division service providers, onboard new providers, provide technical assistance for providers, and host provider forums to ensure good communication with the provider network. This unit also conducts routine and as needed monitoring visits for providers and establishes corrective action plans as appropriate.

During FY2024, the PA unit's accomplishments included the following:

- Onboarded 13 new treatment providers.
- Established 20 new treatment contracts.
- Developed 17 single case agreements to ensure youth received specialized services not available in the current network.
- Completed 29 provider monitoring visits.
- Implemented one corrective action plan which was successfully completed.

The Medicaid Administration Unit, under the direction of Ms. Reid Millius, supports provider billing through the Medicaid billing system, processes invoices for services that are not covered through Medicaid and partners with Medicaid to enroll new providers to receive Medicaid reimbursement.

In FY2024, the unit:

- Supported provider billing claims totaling \$36,749,065.

- Processed 238 invoices totaling \$5,116,006.
- Helped 12 providers enroll in Medicaid (10 community-based providers, 1 residential treatment provider and 1 inpatient psychiatric hospital).

In addition, the unit monitors Delaware Medicaid rules and regulations to ensure division practices align with regulations and any changes. This unit also provides technical support to service providers and reviews Medicaid billing for compliance. For example, in December 2022, the 2023 Consolidated Appropriations Act (CAA), was signed into law. The Act included provisions changing the availability of Medicaid state plan services for incarcerated youth. Effective January 1, 2025, states must implement the required services based on section 5121 of the CAA 2023 including screening and diagnostic services in accordance with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements and Targeted Case Management.

The Medicaid Administration Unit has been working with other department staff to ensure compliance with the new regulations. In addition to regulation changes, the unit monitors annual billing updates from the Centers for Medicare and Medicaid Services (CMS) for outpatient and inpatient treatment billing and revenue codes. The unit notifies providers of changes and ensure that division billing aligns with changes made by CMS.

The Communications & Data Management Team, under the direction of Ms. Laura Wood, prepares and reviews divisional communications, assists in emergency preparedness, and prepares reporting to support division units in monitoring internal service delivery.

In FY2024, this unit:

- Delivered information to division staff through four new employee orientations, seven division newsletters and six divisional communications.
- Improved the division webpage through 51 website updates
- Partnered with five community organizations and one high school to deliver information on behavioral health prevention, early intervention, and treatment.
- Implemented the division's Suicide Prevention Campaign which included social media, radio, print, posters, banners. The campaign saw over 41 million impressions.
- Prepared 137 data reports to help direct service units ensure effective operations.
- Launched a public facing data dashboard to provide information about the division's treatment services. The dashboard currently shares information on the total number of youths served in treatment and the treatment shown below.



In FY2025, the unit plans to expand the information shared on the data dashboard to include information about the provider network, service appeals and prevention and early intervention service delivery.

The Continuous Quality Improvement and Consultation Unit, under the direction of Dr. Heather Alford, is responsible for a range of activities focused on strengthening division operations including collecting data for families served by the Child and Family Care Coordination (CFCC) teams, delivering evidence-based treatment training for the provider network, applying for and managing federal grant funding, monitoring use of psychotropic medication for youth in foster and in-state residential care, processing and responding to reportable events (e.g. youth runaway, hospitalization of youth, etc.) and managing appeals by caregivers regarding treatment service decisions.

In FY2024, the unit:

- Managed 12 appeals regarding treatment services.
 - 75% of the appeals involved the level of service intensity and 25% involved the authorized time frame for the services; three involved inpatient psychiatric hospital care and nine involved psychiatric residential treatment.
 - 25% of the appeals were on behalf of a youth under age 10, 25% were for youth ages 11-13 and 50% were for youth 14-17. Fifty percent of the appeals involved youth identifying as female and the remaining 50% involved youth identifying as male.
 - 50% of the appeals were upheld (i.e. caregiver requested service/timeframe was approved) and 50% were denied.
- Processed 1,467 reportable events and conducted 11 consultations with service providers regarding reportable events.
 - DSCYF requires contracted providers and state-run facilities to report on the occurrence of 28 critical (e.g. psychiatric hospitalization, sexual abuse) and non-critical (e.g. injury/illness resulting in an emergency department visit, use of restraint) events for youth receiving services. Aligned with the division's strategic plan goal to minimize the use of restraint, CQICU has been tracking the use of restraint. In FY24, the team noted an increase in reports of use of restraint. A review of the data indicated that increases were observed in both state-run and contracted facilities and that specific youth served in these programs had a high number of restraints (rather than the overall increase in the number of youths who experienced restraint). CQICU will be reviewing the characteristics of the youth who experience a high rate of restraint to provide recommendations regarding how to continue to reduce the use of restraint.
- Conducted multiple surveys of caregivers to collect data on caregiver strain and satisfaction.
 - Surveyed 65 caregivers regarding their level of caregiver strain at the time of intake into the CFCC unit; 55 (85%) reported a high level of strain at intake. A follow up survey of 34 caregivers with a high level of strain found that 1 of 34 (3%) was still reporting a high level of strain 60 days post intake.
 - Surveyed 54 caregivers regarding their satisfaction with treatment services. 57% indicated being highly satisfied, 30% somewhat satisfied and 13% reported being neither satisfied nor dissatisfied.
- Facilitated the following trainings:
 - Parent-Child Interaction Therapy (PCIT; intervention for young children)- six clinicians
 - Trauma-Focused Cognitive Behavior Therapy (TFCBT)- 26 clinicians
 - Motivational Interviewing - 83 clinicians.

In addition, the unit began preparation for facilitating training in Risk Reduction Family Therapy (trauma and substance use treatment) and an adaptation of Trauma-Focused Cognitive Behavior Therapy for youth with intellectual and developmental disabilities.

The unit's contracted pharmacy consultants completed 330 medication screenings to identify any concerns related to medication prescribing (e.g., possible drug interactions, dosage concerns, etc.). As part of the medication screening, the consultants identify youth on antipsychotic medications to ensure alignment with the Healthcare Effectiveness Data and Information Set (HEDIS) guidelines. When the pharmacy consultants identify a potential concern, they contact the prescriber to discuss the medication plan. The pharmacy consultants also address questions/concerns by department staff regarding the medication plans for youth on their caseloads.

Direct Service Units

In addition to the support units described above, DPBHS operates several units that provide direct prevention, early intervention and treatment services to youth and their families as well as conduct utilization reviews (authorize and monitor treatment services) for families served. These include the [Prevention Unit](#), [Intake Unit](#), [Early Intervention and Assessment Unit](#), [Acute Care and Utilization Review Unit](#), [Child and Family Care Coordination Unit](#) and two residential treatment centers ([Silver Lake Treatment Consortium](#) and [Terry Children's Center](#)).

The [Prevention Unit](#), under the direction of Ms. Rochelle Lazorchak, is responsible for a range of programs and services for youth and families. These include the Birth to Three program, Promoting Safe and Stable Families program (PSSF), Fatherhood program, Gang Violence prevention services, Helping Hands program, Separating and Divorcing Parent program, Intensive Family Consultation program, services for youth after school and during the summer and substance use/misuse prevention services.

During FY2024, the unit:

- Served 99 youth ages birth to three years in foster care through the Birth to Three program providing developmental screening and consultation to foster families and other partners to ensure children received needed interventions.
- Provided consultation through PSSF to 17 families (20 adults and 33 children). The priority short term goals for families served included financial wellness (26%), employment and housing (18% each) and Mental Health and Childcare (16% each). During FY2024, a request for proposal (RFP) was issued for the PSSF program to expand the use of evidence-informed interventions. The RFP resulted in contracts with five providers to support families across the state.
- Hosted fatherhood events in each county which reached about 600 youth and caregivers through a variety of events.
- Initiated gang violence prevention efforts including eight podcasts and violence prevention education to 80 youth.
- Provided the evidence based Speak Up Be Safe curriculum (designed to build safety skills to prevent and interrupt child abuse and neglect and bullying) to 407 preschool and school age children.
- Provided intensive family consultation for 110 families (44 in New Castle County and 66 in Kent/Sussex counties).
 - 98 of the 110 (89%) reported an increase in connection to support.
 - 95 of the 110 (86%) reported a reduction in identified problem behaviors and severity for their child(ren).

One family's story

One of the IFC team worked with a parent experiencing significant financial difficulties. Through work with the IFC team, the parent was connected to a program that helped her pay back rent and utilities which helped her retain her housing. She secured full time employment and was connected to behavioral health treatment services for one of her children. The parent shared about the IFC program, "I am not sure where I would have been without you". She added "You were always proactive ... there was always a new resource". And "Opening with you turned my life around".

- Utilized federal State Opioid Response funding to provide:
 - 992 school-aged children with prevention and education activities on the consequences of opioid and/or stimulant misuse
 - 2,764 underserved/diverse individuals with outreach activities to address opioid and stimulant-related use
 - 5,314 individuals with education on the consequences of opioid and/or stimulant use/misuse
- Utilized federal Substance Use Prevention Treatment Block grant funds to deliver substance misuse prevention programs to Delaware youth and caregivers. These funds align to the federal fiscal year (10/1-9/30). From 10/1/23-8/29/24,
 - 5,781 youth received at least one session of the evidence based Botvin Life Skills curriculum with 798 youth completing the full curriculum.
 - Disseminated substance misuse information to an audience of 36,334 at tabling events and through social media engagement.
- Provided Separating and Divorcing Parent Education to 2,104 adults.
- Expanded the Trauma Response Program for Youth (TRY), aka Youth Response Unit, in the city of Wilmington. The program received 350 referrals and provided varying levels of support (e.g. phone contact, resource sharing, trauma treatment) including providing 232 contacts and trauma treatment for 119 youth. In addition, the program attended 49 community events and conducted outreach to 422 individuals in their school and community.

The **Intake, Assessment and Early Intervention Unit**, under the supervision of Ms. Jocelyn Langrehr, processes referrals for intensive behavioral health treatment services, delivers early intervention in early care and education settings, elementary and middle schools and provides psychological consultation and evaluation for youth referred by the Family Court or from DSCYF divisions.

The **Intake Unit** receives requests for DPBHS services for youth who are uninsured or covered by Medicaid.

In FY2024, this unit:

- Processed 748 new referrals for intensive behavioral health treatment services. Unit staff review referrals, gather additional clinical information, and determine eligibility for intensive behavioral health treatment.
- In addition to processing requests for intensive treatment services, the intake team manages funding requests for office-based outpatient treatment for children covered by Medicaid who require more than 30 units of service or who are uninsured. In FY2024, this unit:
 - Processed 279 requests. Post-pandemic, the unit has seen an increase in outpatient funding requests every year since 2021.

The **Consultation and Assessment unit** (CAS) receives referrals to conduct psychological evaluations (general and specialized) for youth under age 18 who are involved with the Family Court

and/or open with one or more of the divisions in DSCYF (Division of Family Services, Division of Youth Rehabilitative Services, DPBHS).

During FY2024, the unit:

- Received 278 requests for assessment/consultation.
- Completed 232 psychological evaluations and consults.
 - 140 were for youth in New Castle County.
 - 50 were for youth in Kent County.
 - 42 were for youth in Sussex County.
- The most frequent referral source was the Family Court (73%), followed by DPBHS staff (18%) and Truancy Court (5%).
- The unit surveys families to gather information about their satisfaction with the assessment process. On average, families indicate a high degree of satisfaction as indicated below.

FAMILY SATISFACTION SURVEY RESULTS		
LIKERT SCALE: 1-Strongly Disagree 2 - Somewhat Disagree 3-Neither agree nor disagree 4-Somewhat Agree 5-Strongly Agree		
PROCEDURE: Family Satisfaction Surveys are administered via telephone by CAS K&S Admin Specialist in July for all evaluation reports completed in May & June; 47 reports were completed in May & June 2023; 22 surveys were completed		
	Average Rank	Question
1	4.9	Do you feel that meetings were scheduled at a time that were convenient to you and the your child?
1a	1.4	If not, do you think meetings scheduled for between 4pm and 6pm would be more suited to your circumstances?
2	5	Do you feel the meetings were scheduled at locations that suited and were accessible to you?
3	5	When speaking with the clinician, do you feel the clinician listened to what you had to say?
4	5	Were the responses to any questions you asked the clinician clear, and did you understand them?
5	4.3	Did the clinician ask you for information regarding your child?
6	5	Do you feel the clinician explained clearly what services may be available to assist your child?
7	4.6	Has understanding your child's behaviors become better for you since receiving information from the clinician?
8	4.1	How likely are you to try and get services for your child that were suggested by the clinician?
9	4.9	Do you feel your child was comfortable with and liked speaking to the clinician?
10	4.8	Overall Rating
COMMENTS:		
Everything went well. Child was already receiving treatment at that time.		
Clinician did an amazing job		
Clinician was very good with child and I was happy with the outcome.		
The clinician was very knowledgeable and we both felt comfortable		
Child was ok with clinician I think, Clinician very knowledgeable.		
Clinician, polite and knew what he was doing. I was happy		
Clinician was very good with us both		
Nothing more to add. Very happy that our thoughts were validated.		
I have nothing bad to say - all good		

DPBHS operates three early intervention programs which are delivered by division staff as well as by contractors across early education, elementary and middle school settings.

First, DPBHS implements the [Early Childhood Mental Health Consultation \(ECMHC\) program](#) through contracts with 14 early childhood licensed mental health clinicians (eight in New Castle County, three in Kent County and three in Sussex County). This program is a collaborative effort with the Department of Education and Division of Public Health which provide funding for the program. These Early Childhood Mental Health Consultants work with settings serving young children and their families to support social and emotional development and address challenging behaviors. The consultants apply a collaborative, strengths-based and culturally and linguistically competent approach to strengthen the setting's ability to create a nurturing environment that fosters mental wellness among children, families, and staff. Program services include individual child consultation, whole classroom consultation and staff training.

In FY2024,

- About 7,635 young children benefitted from the service. 318 individual child consultations were provided (a 24.8% increase from FY23) and 191 class-room wide consultations were provided.
- The program had a 98.7% success rate in avoiding suspensions/expulsions.
- 116 new requests for service were received (a 6% increase from FY23)
- 151 early care and education programs received consultation (a 9% increase from FY23)
- The average age for individual child consultation was 3.25 years.
- The top presenting concerns for consultation included aggression, defiant behavior, developmental concerns, difficulty with emotional regulation and autism-spectrum related concerns.
- The program delivered 161 trainings to 1083 early learning professionals (classroom teachers, assistants and administrators), a slight increase in the number of participants from last year.

Feedback from an early care educator:

"When we first started my little girl was having extreme breakdowns over little things and these episodes would take 30 -45 minutes to get out of. We started emotional talk by starting Tucker the Turtle. She learned how to tuck and take deep breaths when upset or mad. We also have started options or choices to allow her to think she is in control as this is what she needs. She has gone from multiple outbursts multiple times a day to maybe once a month. She has come so far by changing a couple of things and by including emotional talk. This program has helped my student but also has improved my teaching and classroom overall. My kids love to talk about emotions now!"

Next, DPBHS operates the [K-5 Early Intervention program](#). This program provides early intervention services in 54 elementary schools across 15 school districts. DPBHS works with the Department of Education and local school districts to identify high needs schools where support is needed to help youth achieve academic success. The program's Family and Student Interventionists (FSIs) provide support to individual students and their families as well as the school community.

During FY2024, the program:

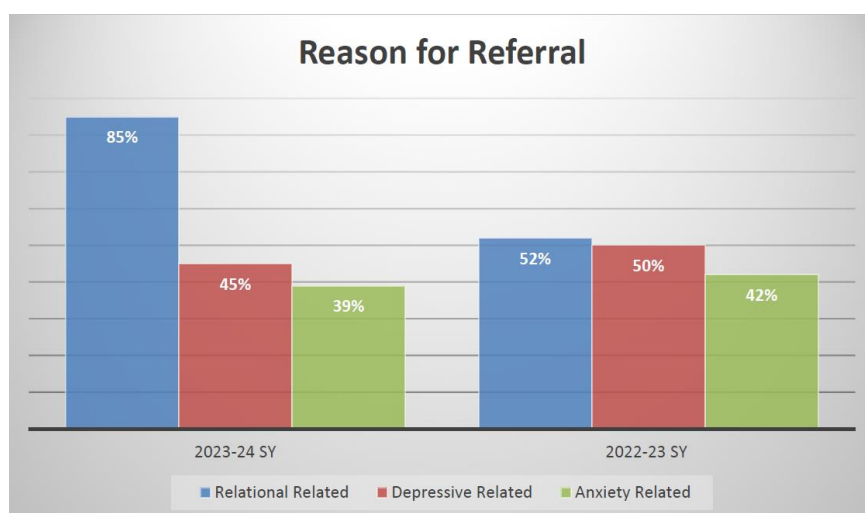
- Received 490 new referrals and served a total of 1,074 youth.
- Provided 97,853 contacts including 23,375 services to caseload parents and 74,478 services to caseload children. Services provided include trauma screening and support, child/parent support groups, social skills workshops for children, parent training and helping parents identify and connect with community resources to support their family, which could include clinical counseling, enrolling in Medicaid and getting financial assistance. The program also operates over the summer, providing a range of activities designed to help youth maintain skills developed during the school year.
- Maintained a high level of satisfaction from caregivers. The program surveyed caregivers served for the 2023-2024 school year and found that:
 - Ninety-six percent (96%) of parents were satisfied with the improvements in the behavior(s) for which their child was referred to the Early Intervention Program.
 - Ninety percent (90%) of parents found the Early Intervention Program useful in helping them cope with their child's negative behaviors.
 - Ninety-four percent (94%) of parents found the Early Intervention Program useful in helping them work with their child's teacher and school.
 - Ninety-seven percent (97%) of parents would recommend the Early Intervention Program to others.

- Maintained a high degree of satisfaction from teachers. The program also surveyed teachers for that time period and found that:
 - Ninety-five percent (95%) of teachers were satisfied with the improvements in the student's behavior(s) for which the student was referred to the Early Intervention Program.
 - Ninety-two percent (92%) of teachers found the Early Intervention Program's FSI useful in helping them deal with disruptive behavior(s) of this student in the classroom.
 - Ninety-one percent (91%) of teachers found the Early Intervention Program's FSI useful in helping them involve and work with the parent(s) to reduce the student's behavior issue(s).
 - Ninety-eight percent (98%) of teachers would recommend the Early Intervention program to other teachers or schools.

DPBHS also delivers early intervention within Delaware middle schools through a contract to place 30 clinicians (licensed and license eligible) in Delaware middle schools. The [Behavioral Health Consultation \(BHC\) program](#) offers free supportive counseling services and crisis support to students and their families and consultation support to the school's staff.

During the 2023-2024 school year:

- The program served 489 middle school students in BHC counseling services. The BHC's provided 7,551 consultation services to the schools and the student body. Of those, 5,387 consultation services were for students and families, including risk assessments, urgent matters and case management support and 2,164 consultation services were to the school staff, including administration, school counselors, teachers, and school nurses.
- The most frequent reason for referral was relationship issues followed by anxiety and depression. This was a slight change from the prior school year where the frequency of referral for relationship, depression and anxiety concerns were similar.



- 23% of youth receiving supportive counseling were 11 years old, 37% were 12 years old, 27% were 13 years old, 9% were 14 years old, and 4% were made up of students that were 10 or 15 and over at the time of enrollment.
- 44% of youth receiving supportive counseling identified as White, 41% as Black, 11% as biracial or multiracial, 1% as Asian/pacific islander, less than 1% as Native American, and 3% as other or unknown/refuse to answer.

- Maintained a high degree of satisfaction from school administration and staff. 94% surveyed indicated the program was “completely or considerably valuable” to their school.

Feedback from middle schools:

“Our BHC is able to provide invaluable care to our at most risk students. She is a blessing to work with and helps our students tremendously. She regularly goes above and beyond to help our students.”

“The BHC program helps meet the needs of the students. We are seeing an increase in social emotional needs from our student over the past several years and the services our BHC provide are essential to the needs of the school and community.”

The **Acute Care and Utilization Review unit**, under the supervision of Dr. Sweeney-Lehr, manages referrals for the DPBHS acute care services, including Mobile Response and Stabilization Services (MRSS; children’s mobile crisis program), crisis bed program, partial hospital and inpatient hospital programs. Staff in the unit work directly with the providers of the acute care service continuum to ensure that youth and families receive support and that children are connected with continued care.

During FY2024, this unit:

- Facilitated 996 inpatient psychiatric hospital admissions. The average length of stay was about 12 days.
- Authorized 1,761 MRSS assessments at the request of families, schools, law enforcement and other community partners.

The **Child and Family Care Coordination Unit (CFCC)**, under the supervision of Dr. Dane Saunders works with families of youth under 18 who are Medicaid covered or uninsured and who require intensive behavioral health treatment services. The unit is organized into seven teams; each is headed by a licensed clinician. Within each team, care coordinators deliver intensive case management support, identify, refer and monitor behavioral health treatment services, attend meetings with families as needed and assist with advocating on behalf of the youth and family.

In FY2024,

- The unit served 889 youth. This was an increase from the prior year (FY2023 = 771).
- Youth served ranged in age from 4 to 18. About 59% served identified as male and 41% identified as female. About 51% of the youth identified as African American, 46% as White, 1% Asian and 2% other/unknown. About 13% identified as Hispanic/Latino.
- 80% of youth served received only community-based services (i.e. didn’t require crisis bed, inpatient hospital, or residential treatment).
 - The most common community services received were mobile outpatient (services delivered in the home, school, and community) and therapeutic support for families (TSF; para-professional working under the supervision of a clinician to work on treatment plan goals outside of therapy).
 - In addition to mobile outpatient/TSF, youth served by CFCC also received a range of evidence-based manualized treatment approaches including Family-Based, Multisystemic Therapy and Functional Family Therapy.
 - Families served in CFCC have access to a Family Peer Support Specialist who is someone with lived expertise in supporting a youth with intensive behavioral health challenges.

- The CQICU unit surveyed 95 caregivers who were served in the Child and Family Care Coordination unit (CFCC) regarding their satisfaction with their CFCC care coordinator and developed an infographic of the results:



DPBHS operates two residential treatment programs: [Terry Children's Center \(TCC\)](#) and [Silver Lake Treatment Consortium \(SLTC\)](#) under the supervision of Dr. Tamara Walker. TCC programs include a 10-bed crisis stabilization unit and an adolescent diagnostic unit (in process of implementation) and SLTC includes a 16-bed residential treatment program for adolescents. The goal of the TCC crisis bed program is to stabilize risk behaviors so that youth can return to their home and continue with community treatment. However, the program has also served as a bridge for youth who do not require inpatient psychiatric hospitalization but who have been determined to require longer-term residential treatment as well as for youth in the custody of the department and for whom a living arrangement has not been identified.

Silver Lake Treatment Consortium (SLTC)

In Fiscal Year 2024, SLTC:

- Admitted 19 youth to the program during the fiscal year and 17 were discharged.
- Had an average length of stay of 7.5 months for youth served.
- Successfully discharged 82% of youth to their home/community living arrangement.
- Surveyed youth regarding their satisfaction with treatment and view on whether they were benefitting from treatment. Across youth served, there was an average rating of 3.9 out of 5 for satisfaction with treatment and 3.8 out of 4 for benefitting from treatment.

- A surveyed youth commented, “They made sure that I was involved and aware of what the plans were for my treatment and offered to listen to me if I felt it needed to change to better help me.”
- Surveyed caregivers on the same two questions (satisfaction and improvement). For satisfaction among caregivers of youth served, the average satisfaction was 4.8 out of 5 and for improvement it was an average of 4.9 out of 5.
 - As one parent noted, “Every staff member there was friendly, caring, and supportive. The therapy she received was excellent!”

Terry Children’s Center (TCC)

In Fiscal Year 2024, TCC:

- Admitted 11 youth to the crisis bed program. As indicated above, while the crisis bed program is meant to be short-term (i.e. average length of stay 3-10 days), the average length of stay during this fiscal year was 100 days. Because the program is limited to 10 beds, the longer lengths of stay have reduced the number of children served.
- Discharged 40% of the youth to their home, 30% to in-state residential treatment, and 30% to out-of-state residential treatment programs.
- Surveyed youth regarding satisfaction with treatment; youth responded with an average satisfaction of 2.4 out of 3. Youth averaged a score of 2.9 out of 3 regarding their view on whether they were benefitting from treatment.
- Surveyed caregivers regarding satisfaction with treatment. The average satisfaction rating was 4.2 out of 5. Regarding perceived improvement, the average caregiver rating was 3.7 out of 4.
 - As one parent noted, “[The] therapist was awesome. We are extremely happy with the results and services provided at TCC.”

As indicated above, TCC is in the process of opening a six-bed adolescent diagnostic unit. The expected length of stay for this program is 90 days. Youth served by the program will be those needing further diagnostic assessment to clarify behavioral health diagnosis(es) and those requiring additional behavioral stabilization to return to a community living arrangement (e.g. family home, foster home).

Appendix: Useful Links

1. [DPBHS 2023-2025 Strategic Plan](#)
2. [DPBHS Substance Use Treatment System: Current State and Recommendations](#)
3. [DPBHS Data Dashboard](#)
4. [DPBHS Prevention Services Site Search](#)
5. [DPBHS Youth Suicide Prevention and Support webpage](#)