
Behavioral and Mental Health Task Force Meeting

Tuesday, January 7th, 2016
 2:30 PM – 4:30 PM
 Buena Vista Conference Center
 Buck Library

Meeting Attendance

Task Force Members

Present

Co-Chair Senator Patricia Blevins
 Co-Chair Senator Bethany Hall-Long
 Susan Cycyk
 Dr. Michael Barbieri
 Dr. Marc Richman
 Representative Debra Heffernan

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 Marc.Richman@state.de.us
 Debra.Heffernan@state.de.us

Absent

Jim Lafferty
 Brenna Welker
 Joshua Thomas
 Erin Booker, LPC
 Susan Jennette
 Secretary Rita Landgraf

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Task Force Staff

Present

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Absent

Thomas Johnson

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Public Attendees

Name

Chris Devaney
 Edwina Bell
 Rebecca Richmond
 Julie Leusner
 Drew Wilson
 Neil Kaye
 Bill Mason

Affiliation

Connections
 Inspirational Speaker
 DPBHS
 DPBHS
 Medical Society of Delaware
 PSD/MSD/NAMI
 Meadowwood BHS

Jen Rini	The News Journal
Christine Schiltz	Parkowski, Guerke, & Swayze
Nancy Dietz	DYRS
Jack McDonough	DYRS
Vanessa Bennifield	DOC
Judith Caprio	DOC

The meeting was called to order at 2:09 pm.

Senator Bethany Hall-Long, Co-Chair, opened the Task Force meeting by wishing everyone a happy New Year. Next, she asked Task Force members and members of the public to introduce themselves.

Presentations

Senator Hall-Long introduced Dr. Rebecca Richmond, DPBHS (Division of Prevention and Behavioral Health Services), who presented on the *DPBHS Behavioral Health System in the DYRS Facilities*.

During Dr. Richmond's presentation, Dr. Neil Kaye, on behalf of Joshua Thomas and NAMI (The National Alliance on Mental Illness), asked Dr. Richmond if she could tell him why members of youth are going down. She responded that some initiatives are taking out kids who should not have been detained in the first place. For example, kids who were arrested for things like offensive touching, where previously they would be detained but now they are not. This is because there are a lot more kids being arrested on murder charges, attempt of robbery, and offenses involving guns.

Since children are facing more serious charges, they are being sentenced to places like Ferris and the Department of Correction (DOC). Additionally, since there are more kids who are involved in the Superior Court System and this process takes more time than the Family Court System does, youth are staying detained for a longer period of time. In detention the child's average stay is 30-40 days. However for kids involved in Superior Court, they are being detained from 6 months – 2 years before transferring over.

Senator Patricia Blevins, Co-Chair, asked Dr. Richmond if DPBHS has been able to easily find doctors in the community for their programs. Dr. Richmond replied that finding doctors has been difficult, but it is ultimately up to the family what agency they go through. However, in Delaware as a whole they have not been able to find a lot of board-certified psychiatrists to treat children and adolescents. Senator Blevins noted that a lack of board-certified psychiatrists to treat the Delaware population has been an underlying theme running through each Task Force meeting discussion thus far.

Dr. Richmond noted that when they contact parents, the parents often explain that they have not been able to get the medicine that their kids are prescribed to. Some parents even have had to wait on a 3-month wait list to see their psychiatrist for another prescription. She added that much of Delaware's detained youth are receiving better treatment than if they had not been detained.

Senator Blevins asked Dr. Richmond if she has noticed a problem with State personnel not sending every qualified candidate along. Dr. Richmond noted that in some situations that occurs, the basic requirement is that the psychologist should hold a license to practice in Delaware. Sometimes, a psychologist will hold a license in other states; this is when they work with Human Resources and the Office of Management and Budget to look at them.

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Dr. Kaye noted that the time to get a license, like a PhD, in Delaware is much longer than surrounding states. Senator Hall-Long replied that the Task Force needs to look at that.

Nancy Dietz, member of the public on behalf of DYRS (Division of Youth Rehabilitative Services), mentioned that when she started working at DYRS years ago, half of their treatment specialists were working day shifts which did not make sense considering kids were in school. After noticing where the gaps in treatment were, DYRS moved specialists to fill gaps during the night shift. Ms. Dietz noted that working at night may be a recruitment problem for the State because treatment specialists get tired of working during the evening.

Next, Senator Hall-Long introduced Nancy Dietz and Jack McDonough from DYRS. Both Ms. Dietz and Mr. McDonough presented on YRS (Youth Rehabilitative Services.)

During the presentation, Representative Debra Heffernan, member, asked where the “Opportunity to Change” (OTC) program that Ms. Dietz mentioned takes place. Ms. Dietz answered that the entire program takes place at the Ferris School.

Senator Blevins referenced kids who come into the detention centers with an addiction to alcohol and/or drugs and are suffering from withdrawal symptoms. The Senator asked how DYRS handles those situations. Ms. Dietz answered that the detention center’s psychologists evaluate the kids. All of the kids are also evaluated by the Medical Department within 24 hours, if the Department comes across a child who is going through withdrawal, there are precautions in place. Additionally, depending on where the child is headed to next, they would make sure that child is hooked up to the appropriate services and programs. Lastly, program coordinators set up follow-up care when the child goes back out into the community.

Senator Blevins also asked about what the treatment is for children experiencing withdrawal. Dr. Richmond replied that their Medical Department has a process for them that can take up to 4-weeks to manage symptoms. Additionally, the child is monitored very closely by the Medical Department to ensure their safety.

Senator Hall-Long asked if there is data on how many child offenders who are at Ferris ultimately end up in the State adult correction center. Ms. Dietz answered that the Delaware Statistical Analysis Center tracks their youth. She added that DYRS has just started a Quality Improvement Unit with a Data Manager, and DOC did the same thing a year earlier. This unit allows them to track kids over longer time periods instead of depending on a single agency to track them. This way, the right kids are matched to the right services, for the right amount of time.

Senator Hall-Long asked if they see any gaps in their programs and facilities. Mr. McDonough replied that they need a halfway house, the State does not have a true halfway house for kids and this is the point where they see the most recidivism occur. He continued to say that kids do very well in the secure care, the problems occur when they return home. However, if there were a halfway house to help them transition, recidivism rates would probably decrease.

Ms. Dietz added that they have a re-entry program where kids transition out of Ferris into the community. She referenced Mr. McDonough’s point and added that they need something in between

Ferris and the community, to give them appropriate oversight but lets the kids go out into their community and to school during the day.

Susan Cycyk, DPBHS and member, referenced the way school districts interpret the amount of time that the youth spends in YRS differently. Some school districts who expel a child, will not count the time that they spent at Ferris towards their expulsion time. In this case, if a child has been at Ferris for a year, then their expulsion lasts for an additional year or more. This is a very long period of time that a child is kept from their education. Senator Hall-Long noted that the Task Force needs to look at this.

Lastly, Senator Hall-Long introduced Dr. Marc Richman from DOC and Chris Devaney from Connections to present on the *Delaware Department of Correction's Behavioral Health Services*.

During the presentation, Senator Hall-Long referenced an outstanding statistic, 82% of Delaware inmates have mental health disorders or substance abuse disorders. Dr. Richman agreed that a large number of inmates suffer from either a mental health disorder, substance abuse disorder, or both, but the number constantly fluctuates. Senator Hall-Long noted that youth and adults in Corrections is where the Task Force can make their largest and most impactful initial steps.

Additionally, Dr. Richman noted that there is not a step ladder for individuals who are studying to become a psychologist or a social worker who then could automatically advance into another position when they receive their degree, and then again when they get their license. He added that it is easier to hire from a contractor perspective than from the State system. Senator Hall-Long noted that this is something the State needs to look into. Dr. Richman agreed. He continued to say they need to get individuals who are licensed or not. If the State is hiring non-licensed individuals into low-paying positions, the second they get licensed they are gone.

During the presentation, Mr. Devaney stated the amount of beds correctional facilities in the State have available. Howard R. Young Correctional Institution has 80 beds, Baylor Women's Correctional Institution has 72 beds, and 50% of the population on any given day could benefit from more beds and programs than they can currently staff and serve. Therefore, these individuals who need treatment are not receiving it.

Senator Blevins asked how many people are not receiving treatment from the Special Needs Units but need it. Mr. Devaney answered that on any given day about 230 people are not getting needed treatment from the Special Needs Unit.

Dr. Richman noted a gap in Delaware during his presentation. Delaware inmates cannot utilize Medicaid because they are in prison, and some states do not terminate their Medicaid, they suspend it so the inmate will not have to reapply for it. Then, when that inmate comes out of level V incarceration, their Medicaid is almost instantaneously turned back on. However, Delaware does not have this system in place, it is a termination State and it would be much better if Delaware was a suspension state. Senator Hall-Long asked that when an inmate gets transferred to the hospital, who picks up the cost. Dr. Richman answered that 24-hours after that inmates stay in the hospital, it gets picked up by Medicaid. The first 24-hours is paid for by Connections, if they need to stay longer, they can get the pending Medicaid approval, then the hospital picks it up.

Ms. Cycyk noted that the children have the same problem. Additionally, a child cannot apply for Medicaid so to get them reconnected, they have to contact the parents to reapply.

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Senator Blevins asked if the New Expectations program is 24/7, or if the pregnant women go back to Baylor at night. Mr. Devaney answered that the program is 24/7, its an unlocked building staffed 24 hours a day, the woman leave for medical appointments and treatment with staff support, and they get drug tested.

Senator Blevins asked about preventing the child's probability of being born addicted to Methadone. Mr. Devaney is looking to receive an approval to use Suboxone because the withdrawal period for the baby off of Suboxone is much less than it is for Methadone. He added that if a person is actively withdrawing off of Methadone, they cannot take them off until the baby is born, it must be replaced with an opiate.

Senator Hall-Long asked Vanessa Bennifield, member of the public on behalf of DOC, to mention some gaps that she sees. Ms. Bennifield mentioned that there are a large number of people who do need services, and Connections has been doing a lot of great work and one of their goals is to broaden access to care for offenders and to strengthen their reintegration into the community.

Judy Caprio, member of the public on behalf of DOC, noted that it is important to look at their entire screening process because the screening process starts the ball rolling for the continuum of care. She added that they have a proper screening process now and have been able to get to that point in a short period of time.

Senator Hall-Long referenced the State referral with the EEU (Eligibility and Enrollment Unit) process. She noted that it would be fascinating to see how many inmates have been on the EEU waitlist and have fallen through the cracks. Additionally, the Task Force should discuss the Mitchell System.

Mr. Devaney noted that he can speak to the EEU issue. Additionally, he can send Dr. Barbieri and Dr. Richman information by the end of the week on the amount of people they have served inside level V facilities who have come in on the deep-end services, which the EEU is the gatekeeper for. Additionally, he can provide information for how many people they have referred from level V and level IV to the EEU.

Senator Hall-Long asked if someone is sent from Mitchell to the emergency room (ER), and had previously been an inmate at some point, if the ER sends them back to Mitchell or to prison. Mr. Devaney answered that if they leave the ER, they go back to Mitchell. If they are admitted for an inpatient stay, they will go back to the infirmary of the level V facility that they came from until they are medically cleared.

Senator Hall-Long asked if it would make more sense to move Mitchell to DOC or keep it with DHSS (Department of Health and Social Services). Dr. Barbieri answered it has been a thought but it is a lower priority.

Representative Heffernan added that she does not think the State's problem is not having enough mental institutions, but it is more that there are not enough services in the community to keep people out of Corrections. She noted that it seems like once an inmate is in the correctional system they have a much better chance of getting their substance abuse disorder and serious mental illness under control. Representative Heffernan added that the State needs the same level of care available for individuals before they end up in Corrections.

Senator Hall-Long asked the public if they had additional questions or comments.

Edwina Bell, member of the public, mentioned some additional ideas:

- Include more self-dependence through teaching empowering skills and techniques in rehabilitation centers and prisons. One example of a program that makes this empowering process easier is CHANGE.
- Preventative measures could decrease future generations from being incarcerated.
- Hire dual-diagnosis clinicians.
- Emphasize a qualitative life v. a quantitative life to the State's youth.

Approval of Meeting Minutes

Senator Blevins asked if members had changes that they would like to see made in the Meeting Minutes from December 8th, 2015. Seeing none, Senator Blevins asked for motions to approve the December 8th Meeting Minutes. The first motion to approve the Meeting Minutes was made by Dr. Barbieri, this motion was seconded by Dr. Richman. The Meeting Minutes from December 8th, 2015 were approved unanimously.

Senator Hall-Long reminded members of the next Task Force meeting on January 7th, 2016 from 2:30 PM – 4:30 PM in the Buck Library. The Task Force meeting was brought to a close at 4:04 pm.