

Behavioral and Mental Health Task Force Meeting

Tuesday May 24, 2016
2:00 PM – 4:00 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
Jim Lafferty
Dr. Marc Richman
Susan Jennette
Joshua Thomas

Email

Patricia.Blevins@state.de.us
Bethany.Hall-Long@state.de.us
Susan.Cycyk@state.de.us
Michael.Barbieri@state.de.us
JLafferty@mhainde.org
Marc.Richman@state.de.us
Susan.Jennette@state.de.us
JThomas@namide.org

Absent

Representative Debra Heffernan
Secretary Rita Landgraf
Erin Booker, LPC
Brenna Welker

Debra.Heffernan@state.de.us
Rita.Landgraf@state.de.us
Erin.Booker@christianacare.org
Brg002@gmail.com

Task Force Staff

Present

Caitlyn Gordon
Carling Ryan
Tanner Polce
Thomas Johnson

Email

Caitlyn.Gordon@state.de.us
Carling.Ryan@state.de.us
Tanner.Polce@state.de.us
Tom.Johnson@state.de.us

Public Attendees

Name

Neil Kaye
Christine Schiltz

Affiliation

PSD/MSD/NAMI
Parkowski, Guerke, & Swayze

The meeting was called to order at 2:11 p.m.

Senator Patricia Blevins, Co-Chair, welcomed Task Force members and members of the public to the meeting. Additionally, she addressed the Task Force final report, which is the first item up for discussion.

Corrections

Susan Ccyk, Department of Children, Youth, and their Families, provided an edit for page 7. There is a section on this page that mentions “board certified psychiatrists,” Ms. Ccyk noted that this should say “Board certified psychiatrists, advanced practice nurses, and other prescribers.”

Dr. Marc Richman, Department of Correction, updated the Task Force on the Medicaid termination v. suspension state. He noted that there might be some federal funding available that will allow Medicaid to make the shift from a termination state to a suspension state in Delaware. They are looking at 90% federal funding and 10% state funding, to make the technology switch for Delaware Medicaid to change from a termination state to a suspension state.

Dr. Richman referenced the licensing comment under the “Corrections” section, noting that it is an accurate reflection of reality. Senator Blevins asked if it would make sense to add a recommendation focused on streamlining and shortening the licensing process.

Chris Devaney, member of the public on behalf of Connections, responded that hiring physicians can take up to 3 months because the Division of Professional Regulation does not have the resources to process the physicians.

Dr. Richman continued saying that when Corrections or Connections are trying to recruit in, they have no ability to expedite the process, and then they are left with facilities that do not have a standing doctor.

Senator Blevins replied that they should include that issue as a recommendation.

Jim Lafferty, Mental Health Association of Delaware, asked to take out “through DSAMH” in the last paragraph on page 11, he noted that the sentence might flow better without it.

Dr. Michael Barbieri, Delaware Division of Substance Abuse and Mental Health (DSAMH), also added that the EEU (Eligibility and Enrollment Unit) process should be sped up and streamlined. He continued saying that they are looking at another approach with the EEU, as a more retrospective review rather than a prospective.

Dr. Richman also added that one the biggest issues with moving people through the EEU is that DSAMH does not have enough resources to link individuals up to care.

Suicide & Stigma

Mr. Lafferty noted that he had another recommendation for the Suicide & Stigma section. He recommended that after an Emergency Department discharges a patient, not only should they connect

that patient to care, but they should follow-up to see that the patient is continuing care. He continued saying that when an individual has suicidal ideation, it would give them comfort knowing that someone is checking up on them.

Ms. Cycyk continued to say it has been proven, that if someone with suicidal ideation receives a follow up, and know that someone cares enough to check in on them, they are less likely to try committing suicide.

Ms. Cycyk said that in July, they are rolling out all new Medicaid rates, she continued saying that the private rates are reimbursing less than Medicaid.

Dr. Richman noted that the Behavioral Health Commission needs to address the issue of who in Delaware is permitted to provide services.

Mr. Lafferty followed Dr. Richman's comments by noting that there has been talk about starting a "Masters in Psychology" program at the University of Delaware. The students would be licensed to practice in the community, and would be a huge help to improving the workforce.

Workforce

Christine Schiltz, member of the public on behalf of Christiana Care, directed the Task Force's attention to a number in the narrative of the report. Ms. Schiltz commented that the number "1,000," to represent the amount of patients who were left without care after the closing of the Rosenblum Center, is incorrect.

Senator Blevins asked Ms. Schiltz to provide the Task Force with another number, representing the number of people who were left without care, within the next couple of days if they want to change it.

On page 19, Mr. Lafferty referenced the third bullet under "recommendations." He commented that in addition to the State hospital, they should also include "private hospitals" under this bullet point.

Dr. Richman referenced the recommendation bullet point that states "in case of hospitalization, notice and open communication should be provided to that person's mental health professional."

Carling Ryan, Senate Staff, responded to Dr. Richman by noting that this means when a person is hospitalized, that person's mental health, or primary care provider, is immediately notified so that they can follow-up with that person after being discharged.

After discussion with the Task Force, they discussed changing the language to "mandatory communication between inpatient and outpatient providers for a patient regarding mental illness."

Co-occurring Disorders

Dr. Barbieri referenced co-occurring disorders in reference to intellectual disabilities. He noted that DSAMH is working with DDDS (Division of Developmental Disabilities Services) to develop an Assertive Community Team (ACT) to provide care to that population.

Senator Hall-Long noted a conversation that she had with Dr. Barbieri, where he mentioned that there might be money on the prevention side of DSAMH. She continued saying that there are many families, non-profits, faith-based and community groups who are working to institute programs that are in other states. The Senator commented that it would be helpful to look at implementing an office of community or faith-based initiatives in DSAMH to provide a link behind state agencies and non-profits.

Many members of the Task Force agreed with Senator Hall-Long that this type of program, or office, would be beneficial.

Senator Hall-Long explained the importance on the recommendations under the maternal depression section.

Ms. Cycyk also asked if there can be an additional recommendation put under the “Youth and Adolescent Comorbidity” section on page 24. She asked that a fourth bullet would be to review current in school behavioral health efforts to determine feasibility of expansion. Ms. Cycyk also commented that all the schools are asking for more, but the state should look into what schools already have first.

Mr. Lafferty thanked all Task Force staffers for their help in preparing the meeting minutes and the Task Force report.

Senator Blevins asked for motions to approve the meeting minutes from March 4, 2016.

Susan Cycyk motioned to approve the meeting minutes.

Mr. Lafferty seconded the motion to approve the meeting minutes.

The meeting minutes from March 4, 2016 were approved unanimously.

Senator Blevins asked if any members of the public or Task Force members had more questions or comments. As there were none, the meeting came to a close at 3:39 p.m.