
Behavioral and Mental Health Task Force Meeting

Friday, March 4th, 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
 Representative Debra Heffernan
 Susan Cycyk
 Erin Booker, LPC
 Dr. Michael Barbieri
 Jim Lafferty
 Dr. Marc Richman
 Secretary Rita Landgraf
 Joshua Thomas

Email

Patricia.Blevins@state.de.us
 Bethany.Hall-Long@state.de.us
 Debra.Heffernan@state.de.us
 Susan.Cycyk@state.de.us
 Erin.Booker@christianacare.org
 Michael.Barbieri@state.de.us
 JLafferty@mhainde.org
 Marc.Richman@state.de.us
 Rita.Landgraf@state.de.us
 JThomas@namide.org

Absent

Brenna Welker
 Susan Jennette

Brg002@gmail.com
 Susan Jennette@state.de.us

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

Edwina Bell
 Helen Hall
 Neil Kaye
 Timothy Collins
 Sandra Billops
 Dale McKenzie
 Christine Schiltz
 Traci Bolander
 Drew Wilson

Affiliation

Author

 PSD/MSD/NAMI

 Temple University
 Cab Calloway
 Parkowski, Guerke, & Swayze
 MABH/DPA
 MSD

The meeting was called to order at 2:10 pm.

Senator Bethany Hall-Long, Co-Chair, opened the Task Force meeting by addressing the first item on the agenda, approval of the Meeting Minutes.

Approval of Meeting Minutes

Senator Hall-Long asked if members had changes for the January 7th, 2016 Meeting Minutes. Seeing none, Senator Hall-Long asked for motions to approve the January 7th 2016 Meeting Minutes. The first motion to approve the Meeting Minutes was made by Erin Booker, this motion was seconded Jim Lafferty. The Meeting Minutes from January 7th, 2016 were approved unanimously.

Discussion of the Final Report Draft Recommendations

Senator Hall-Long started by thanking the Senate and DSAMH (Division of Substance Abuse and Mental Health) staff for helping with the Task Force and working to put together the draft recommendations discussed during the meeting.

Senator Hall-Long also informed members that they will need to extend the Task Force final reporting deadline given the additional time needed to finish the final report. Additionally, if any Task Force members had additional thoughts, edits, or recommendations, Senator Hall-Long asked them to relay that information to Senate staff.

Behavioral Health Commission

Secretary Rita Landgraf noted that she is very happy with the recommendation of the Behavioral Health Commission.

Dr. Michael Barbieri addressed the functions set forth for the Behavioral Health Commission. Secretary Landgraf noted that the critical role of the Behavioral Health Commission should be an oversight and monitoring role. This way, the commission can ensure that the state's behavioral and mental health system will not resort backwards. Therefore, Dr. Barbieri advised that the functions of the commission should also include an oversight and monitoring role in addition to developing a "strategic roadmap" to ensure the quality of services delivered.

Jim Lafferty added that the commission should be given the opportunity to take the recommendations that this Task Force makes, and develop a timeline incorporating feasibility and execution plans.

Halfway House for Kids

Dr. Marc Richman noted that a traditional "halfway house" is used for substance abuse disorder. However, the recommendation that comes out of the Task Force should focus on the transition and reintegration of a child into the community. Therefore, Dr. Richman suggested changing the title from "Halfway House" to "Transition Program" or "Reintegration Program." Susan Cycyk seconded Dr. Richman's comments. Senator Hall-Long noted that a "halfway house" could be used as an example for the program that they recommend.

Jim Lafferty noted that Dr. Gerard Gallucci is a member of the American Psychiatric Association (APA) and heads a committee who presented an innovation award to Brookline, Massachusetts because of the

Minutes prepared by: Caitlyn Gordon, Legislative Aide

transitional program that they have developed for kids, which is very similar to what the Task Force would like to accomplish with this program.

Secretary Landgraf referenced the gaps in levels of care for substance abuse disorder; there are more services for adults than there are for children. Additionally, there are “target markets” where some target markets are more vulnerable than others. For instance, there are individuals who are coming out of Level V incarceration, and there needs to be appropriate levels of care to accommodate their needs at the most vulnerable time in their life. Some individuals will need a different level of care with varying intensities depending on where that individual is transitioning from.

WORKFORCE

Recruitment and Retention of the Workforce

In this section, Ms. Cycyk referenced a recommendation: “Focus on development and retention of board certified psychiatrists in Delaware.” She wanted to add “psychologists, social workers, and licensed mental health practitioners to this recommendation.”

Ms. Cycyk also addressed another recommendation: “Improve practices to keep fellows in Delaware after they complete their fellowship.” She wanted to expand this recommendation to: “Expand the behavioral health workforce via improved practices including but not limited to: Improve practices to keep fellows in Delaware after they complete their fellowship, strengthen internship and other opportunities.”

Secretary Landgraf and Ms. Cycyk would like efforts and recommendations within the “Workforce” section in the Task Force report to coordinate with the work that the Delaware Center for Health Innovation’s (DCHI) Workforce Committee is doing.

Workforce & Telepsychiatry

Secretary Landgraf asked to change the terminology used in the recommendation. Instead of referencing “telepsychiatry,” the Task Force should address “telehealth,” which incorporates other disciplines, not just medicine oriented. Additionally, DHSS’s (Department of Health and Social Services) Office of the Secretary has a staff person who is responsible for supporting telehealth initiatives.

Ms. Cycyk recommended that the Task Force should look into the Stevenson House Detention Center’s telepsychiatry challenges and progress prior to recommending it. Secretary Landgraf noted that the Behavioral Health Commission would also be a good source to monitor telehealth efforts.

Workforce Workgroup

Dr. Richman and Dr. Barbieri stated that this workgroup should study more than just residency programs. The workgroup should also study the APN (Advanced Practice Nurses) program, social workers, behavioral health, and psychology in conjunction with DCHI’s efforts.

Workforce & Education

Ms. Cycyk addressed the recommendation to put wellness centers in middle schools. She noted that if the State cannot find money to implement this recommendation in the short-term, an alternative approach would be to assure health for children in schools.

Senator Hall-Long noted that she was at Eisenberg Elementary School earlier in the day, who is working with limited money from the Department of Education (DOE) to incorporate a Wellness Center, which is a crucial and impressive addition to their school. The school is in a high-risk community, and their Wellness Center will be open to families in addition to their kids. The Wellness Center will also incorporate mental health and behavioral health treatment and comprehensive care.

Mr. Lafferty referenced the recommendation to incorporate behavioral health professionals in the schools. He added that although middle schools have been doing a great job, the Task Force should also focus on early intervention in the State's elementary schools. Dr. Barbieri added that the Task Force should incorporate public-private partnerships to develop Wellness Centers in the State's schools.

CORRECTIONS

Corrections & Ongoing Treatment

Dr. Richman referenced the recommendation in the "Ongoing Treatment" section, which states that "released inmates do not have access to continued care in their community because their insurance will not cover it." However, Dr. Richman noted that "do not" should be changed to "needs more." Secretary Landgraf added that there are certain target populations who are vulnerable during this point in their lifespan, so the transition also needs to be seamless.

Uniform Standards Across School Districts

Dr. Richman advised that this recommendation gets moved to a different section of the report, like under the "Education" section.

Increased Access to Special Needs Unit in DOC

Dr. Richman recommended changing "Special Needs Unit" to "Special Needs Units." Because the State needs more specialized units for individuals with behavioral health needs.

Beds in Correctional Facilities

Dr. Richman asked to change "Beds in Correctional Facilities" to "Treatment in Correctional Facilities." Additionally, for the recommendation under this section, instead of writing behavioral and mental health treatment, just writing behavioral health treatment would suffice.

SUICIDE & STIGMA

Education

Mr. Lafferty recommended changing the language in the first recommendation under the "Education" section. Instead of writing "develop training programs," the recommendation should say "utilize existing training programs." (Lifelines, Adolescent Depression and Awareness Program, ACIST, Safetalk, and the teacher education program.) Secretary Landgraf noted that there may be an oversight role in ensuring that these programs are staying effective. Senator Hall-Long noted that if the commission is created, oversight of these programs could be a part of their role.

Senator Blevins advised changing the language in the second recommendation listed under the "Education" section. She noted that the recommendation should be changed to "encourage a process for schools to provide education to legal guardians about suicide." Erin Booker recommended

broadening this recommendation to more than just schools, but for any individual who works with kids so they can identify and help children at risk.

Senator Hall-Long noted that the fourth and fifth recommendations under the “Education” section could be integrated into one recommendation as both involve developing a website and an application. Secretary Landgraf also noted, that instead of developing a whole new “Help is Here” website for kids, as the fourth recommendation states, the Task Force should recommend building onto the “Help is Here” website to add a section targeting kids.

Data & Research

Senator Hall-Long advised that the two recommendations under this section could be combined into one.

Treatment

Ms. Cycyk noted that she supports the first recommendation under the “Treatment” section. Last time DPBHS (Division of Prevention and Behavioral Health Services) tried to find a bid for a residential treatment center, they were seeking someone to bid on a substance abuse residential treatment center for kids and nobody did. Additionally, Ms. Cycyk advised changing the language in this recommendation by taking out “Delaware should” and “state run.”

Mr. Lafferty commented on the second recommendation under the “Treatment” section, because this was something that he recommended. He noted that his comments were to look at the treatment that kids are currently receiving, and seeing if there is a need to prolong their typical partial hospital program for an adolescent, which is two weeks. He continued to say, that there seems to be a pattern where kids are in the partial hospital program for two-weeks, and after two more weeks out, they are back into the program because their original treatment was not long enough. Mr. Lafferty noted that if the State’s children require longer-term care, the State should make sure that type of care is available.

Ms. Booker noted that a large barrier blocking a long-term partial hospital program for children is the insurance companies. The average length of stay for an insurance company to cover a child’s partial hospital treatment is two-weeks. Ms. Booker noted that it is not always the provider who is controlling that two-week deadline, it is the insurance company.

Secretary Landgraf advised that this recommendation is rewritten and based off of the needs of the child and recognizes that their needs to be more work with the payers relative to the patient’s needs.

CO-OCCURRING DISORDERS

Increase Reimbursement Rates

Senator Hall-Long noted that the Task Force cannot mediate reimbursement rates alone, but making recommendations involving reimbursement rates for the commission is crucial

Public Comment

Neil Kaye, commented that the substance abuse treatment recommendations should not just encompass youth. The State is also having a big problem with 30-somethings who have become

addicted to opiates after being prescribed to them for a legitimate medical reason. He concluded that this is also something that should be included, because it is a growing problem.

Dale McKenzie referenced the Delaware Code, and a term that is used to identify students who need special education services. The current terminology that is used is “emotional disturbance.” She stated that she would like this changed to an “emotional disability” or an “emotional behavioral health disability.”

Edwina Bell, asked Task Force members to include measurable outcomes in the recommendations. Additionally, Ms. Bell stated that elementary school years are a critical time in a child’s life in addition to their middle school years.

Tim Collins announced that there is a play at his church, “Murder, What’s Next,” which would be a great production for anyone in the mental health field to go and watch. He continued to relate the work that the Task Force is doing to his childhood and stated that working on improving a child’s home and upbringing would improve their overall wellbeing.

Senator Hall-Long asked members and the public if they had additional questions or comments. As there were none, the Task Force meeting was brought to a close at 3:58 pm.