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## Behavioral and Mental Health Task Force Meeting

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Thursday, October 27<sup>th</sup>, 2015  
 2:00 PM – 4:00 PM  
 Buena Vista Conference Center  
 DuPont Room

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### Meeting Attendance

#### Task Force Members

##### **Present**

Co-Chair Senator Patricia Blevins  
 Co-Chair Senator Bethany Hall-Long  
 Representative Debra Heffernan  
 Brenna Welker  
 Susan Cycyk  
 Dr. Marc Richman  
 Susan Jennette  
 Erin Booker, LPC  
 Joshua Thomas  
 Dr. Michael Barbieri  
 Jim Lafferty

##### **Email**

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 Debra.Heffernan@state.de.us  
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 Susan.Jennette@state.de.us  
 Erin.Booker@christianacare.org  
 JThomas@namide.org  
 Michael.Barbieri@state.de.us  
 JLafferty@mhaide.org

##### **Absent**

Secretary Rita Landgraf

Rita.Landgraf@state.de.us

#### Task Force Staff

##### **Present**

Caitlyn Gordon  
 Carling Ryan  
 Tanner Polce  
 Bryan Gordon  
 Thomas Johnson

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 Tom.Johnson@state.de.us

#### Public Attendees

##### **Name**

Neil Kaye  
 Jamie Nutter  
 Traci Bolander  
 Pam Price  
 Dr. Adam Glushakow  
 Gabrielle Koury  
 Dale McKenzie  
 Richard Margolis  
 Irene Waldron

##### **Affiliation**

PSD/MSD/NAMI  
 Parkowski, Guerke, & Swayze  
 MABH  
 Highmark  
  
 School Psychologist – Red Clay  
 School Counselor – Red Clay  
 Prevention & Behavioral Health  
 DE Healthcare Facilities

Deb Hamilton  
Drew Wilson

Association  
Cozen O'Connor  
Medical Society of Delaware

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The meeting was called to order at 2:08 pm.

Senator Hall-Long opened the Task Force meeting by welcoming everyone back. Following her welcoming comments, the Senator asked Task Force members and members of the public to go around and introduce themselves.

### **Consideration of Meeting Minutes**

Senator Blevins asked members to consider the meeting minutes and asked Task Force members if they had any objections to the minutes. Task Force members did not have changes or objections to the meeting minutes so the minutes were approved. Senator Hall-Long moved the discussion to the matrix.

### **Discuss the Matrix of Behavioral Health Services**

Senator Hall-Long introduced Dr. Glushakow who gave a presentation to Task Force members.

*During the presentation, the following topics were discussed:*

Susan Cycyk noted that the Terry Children's Psychiatric Center has a child psych fellowship. Additionally, these fellows rotate through Jefferson and Rockford during six-month blocks. She added that most of the fellows do not stay in Delaware at the completion of their fellowship. Senator Hall-Long replied that Delaware needs the fellows to stay when their fellowship is over.

Susan Jennette asked where people with traumatic brain injuries would fall on the continuum of care. Dr. Glushakow replied that these people would need specialized services; they would probably fall under the outpatient service line.

Susan Cycyk referenced one of Dr. Glushakow's comments that access to hospital inpatient care is difficult. She added that a new hospital has just been approved and will be built within a year in Sussex County. She continued by asking if Dr. Glushakow knows who exactly is having trouble getting inpatient care because they are not having trouble getting an inpatient bed for children. Susan Jennette responded that they are having the most trouble finding beds and facilities to take teens that have a heroin addiction and suicidal thoughts.

Dr. Marc Richman added that the problem does not lie with stabilization. Problems arise when they are trying to provide ongoing treatment to individuals who need more than outpatient treatment, because insurance will not pay for it. Dr. Richman also stated that there is a difference between crisis stabilization and ongoing long-term treatment.

Senator Blevins asked Dr. Richman to inform members who exactly is having trouble getting access to ongoing treatment. Dr. Richman responded that both Medicaid recipients and the privately insured are having trouble finding long-term residential treatment.

Minutes prepared by: Caitlyn Gordon, Legislative Aide

Susan Cycyk added that the Kids Department has residential treatment for mental health services, with a provider in Dover and one in Seaford. Ms. Cycyk clarified that these are not substance abuse residential services. There are no substance abuse residential services for youth in the state of Delaware. She added that the private insurers do not cover these services and this is a big problem.

Senator Blevins asked Dr. Michael Barbieri how many beds the State hospital has. Dr. Barbieri answered that they have 120 beds. Dr. Barbieri added that the State is trying to put some of these individuals out into the community with an ACT (Assertive Community Treatment) team to provide them with necessary daily services, this way the State is not keeping these people in institutions. He added that some people are transitioning out of the institutions and will not receive a follow-up for at least 3 weeks, and these timelines need to be changed. He continued by saying that the State is trying to implement more day hospital services.

Senator Blevins asked Dr. Barbieri to clarify the protocol for admissions. Dr. Barbieri replied that the state hospital takes admissions 24/7, but transfers should be scheduled. Dr. Marc Richman added that there are no regulations for admission into the state hospital.

Jim Lafferty added that if something happens to a person who already has a psychiatrist and that person is admitted into a hospital, their own psychiatrist will not know that this person has been hospitalized and that their medications have changed. Mr. Lafferty added that the State needs to improve their handoff process.

Dr. Richman noted that a scheduled discharge is the most efficient route of action to ensure a follow-up appointment. However, sometimes the hospital is notified that they must discharge a patient in 20 minutes. Erin Booker agreed and added that in some instances, Christiana will not discharge a patient and continue to provide services unfunded.

Senator Hall-Long moved the meeting along to the presentation and discussion of the *Matrix of Behavioral Health Services*. Bryan Gordon presented the matrix to Task Force members.

Susan Cycyk clarified that there are detox and opioid treatment services for adolescents but they are paid for by the Medicaid office. Ms. Cycyk added that although PBH (Prevention and Behavioral Health) does not have in-state residential treatment for substance abuse, the State's inpatient hospitals help by detoxing adolescents and will keep them stabilized until PBH can get them into a long-term residential provider out of state.

Senator Hall-Long clarified that the services listed on the matrix are only for uninsured individuals and Medicaid recipients.

Senator Blevins asked if there are behavioral health programs for the adjudicated adolescent population. Susan Cycyk confirmed that there are programs in line for this population. Dr. Marc Richman added that there are psychologists and psychiatrists working in the State's juvenile justice facilities.

Dr. Barbieri emphasized the importance of ensuring that the quality of service is evaluated. Susan Cycyk added that there are not enough prescribers in the State. She continued by saying that the State should work on bringing in more physicians, advanced practice nurses, and telemedicine. Susan Jennette followed these comments by stating that the Task Force should focus on the handing off

process as well. Senator Blevins added that if the handoff is done efficiently, some patients will not have to be readmitted, which would be a cost saver.

Gabby Koury, member of the public and school psychologist, stated that the transition from long-term residential care to care in the school system is important. She added that in many cases, students are going into long-term residential care and out of schools consecutively, which is impacting their level of education. Ms. Koury added that schools need more psychologists and counselors. Her national organization recommends one psychologist for every 500-700 kids. If there are too many kids per every one psychologist, the psychologist cannot provide as many mental health services.

Jim Lafferty responded to Ms. Koury's comments by adding that some students will spend the weekend in the hospital and come back to school on a Monday, but the school was not aware that the student had been hospitalized. Mr. Lafferty added that if schools were aware of these occurrences, psychologists could put a little more attention on the child and communicate with their parents. Ms. Koury agreed, and added that some students cannot handle transitioning from being in a hospital all weekend to going back into a full school schedule on Monday. If school psychologists were made aware of this, they could modify this student's schedule.

Dale McKenzie, member of the public and school counselor, asked if any Task Force member could answer why Rosenblum was able to provide a longer transition program, while MeadowWood Behavioral Health and Rockford are not able to.

Erin Booker answered Ms. McKenzie's question by stating that Rosenblum was keeping kids longer for the transition process without funding. Ms. Booker added that this is why there is a difference.

Representative Heffernan added that Rosenblum provided educational services. Ms. McKenzie continued by saying that education, transportation, and the incorporation of families were added perks of Rosenblum. She added that other treatment facilities provide education options which are crucial.

### **Discuss Topics and Speakers for Next Meeting**

Senator Blevins moved the discussion to the next portion of the agenda and started to review the topics up for discussion during the Task Force's future meetings. The Senator stated that she wants Task Force members to discuss the order of these topics and possible experts for each topic of discussion.

Jim Lafferty pointed out the "co-occurring disorders" topic on the agenda and added that this should include those with developmental disabilities who need mental health care. Additionally, it should include those who are elderly and have a medical problem but also have a psychiatric problem, or dementia. Mr. Lafferty added that if the Task Force includes those people into the discussion, the conversation will have more depth. Senator Blevins responded that those topics will be added to co-occurring disorders.

Susan Jennette cleared up questions about the HIPAA (Health Insurance Portability and Accountability Act) age of consent that Task Force members asked about at the last meeting. Ms. Jennette stated that in the Delaware Code, under Title 13, it states that consent to receive healthcare for minors is 18 years of age. Under Title 16, the code states that informed consent is 12 years of age. She added that Delaware's code is conflicting.

Jim Lafferty added that there is a workforce subcommittee done by Delaware Center for Health Innovation (DCHI). Traci Bolander responded by saying that the psychiatric residency issue has been addressed by DCHI as well, in collaboration with the Healthcare Commission. Jim Lafferty added that Jerry Gallucci, the Medical Director of DHSS, has done a lot of work on this and would be helpful.

Senator Blevins asked Task Force members if Delaware has residency programs for those who are studying for their PHD in psychology. Dr. Marc Richman added that the Kids Department has an APA (American Psychological Association) internship. Susan Cyclic continued by saying that the Kids Department has 3 APA interns at any given time. However, these interns are in Delaware for a year and since there are not enough psychologist jobs in Delaware, they leave the State. She added that they would provide more internships but the Department does not have the money to do that.

Traci Bolander added that she takes doctoral interns who are APA approved, however it is very cost prohibitive. She continued saying there are legislative matters to be addressed as it relates to post graduate studies in Delaware that are not barriers in other states. Senator Hall-Long asked Ms. Bolander to share these legislative matters with her at some point.

Neil Kaye, member of the public, added that UD has a counseling PhD program that takes interns.

Senator Blevins asked Task Force members to brainstorm experts to speak about the “correctional issues” topic. Dr. Marc Richman responded by saying he would be happy to speak on this topic and will bring in other experts to add to his presentation. Senator Blevins asked Susan Cyclic if someone from the Kids Department would be willing to talk about correctional issues, as well.

Dr. Joshua Thomas asked if the Task Force can include another topic to the correctional portion, he added that the Task Force should discuss diversion efforts so individuals do not end up in the correctional system to begin with.

Jim Lafferty added that MHA (Managed Healthcare Associates) would be willing to organize speakers to come talk about suicide and suicide prevention. Senator Blevins also asked Susan Cyclic if the Kids Department has done some work with suicide.

Senator Hall-Long asked Task Force members their thoughts on incorporating “stigma” throughout the discussion of the other topics. Dr. Joshua Thomas agreed that this would be a good idea; this way the Task Force could discuss how stigma impacts each area of discussion.

Senator Blevins asked Task Force members who should speak about co-occurring disorders, Dr. Mike Barbieri mentioned that DSAMH can find some experts to talk about this. Susan Cyclic also offered to bring people to talk from the Kids Department.

### **Discuss Public Meeting Dates and Public Hearing**

Senator Blevins asked if two meetings in November and two in December would work for the majority of Task Force members, most members agreed that this schedule was best.

**Public Comment**

Neil Kaye brought up the unintended consequences of the Attorney General's interpretation of the Bradley Bill and mandatory reporting. He added that this case negatively impacted people's willingness to get treatment. He added that young adults will come in for treatment, but if they mention sexual abuse, there is mandatory reporting that provokes these individuals to leave the office. This interpretation is acting as a barrier to treatment, even though it was not the intent of the interpretation. Dr. Kaye added that there are a lot of people asking for another interpretation of mandatory reporting. Traci Bolander agreed with these concerns and said there is a Town Hall Meeting in the works to discuss this issue.

Drew Wilson with the Medical Society of Delaware referenced the death of a local doctor. He added that there are a lot of providers who want to get more involved in the Task Force group. Mr. Wilson offered to connect members to anyone who can be of help to the Task Force's goals. He continued by saying that they can also help the Task Force come up with ways to further protect the workforce and their safety.

Traci Bolander stated that this Task Force should not let the work that DCHI is doing go unnoticed. Furthermore, Ms. Bolander mentioned that Secretary Rita Landgraf recently presented on where DCHI is with behavioral health and this would be a useful presentation.

Senator Hall-Long asked Task Force members and the public if they had any more comments; there was no further business of the Task Force so the meeting was adjourned at 3:55 pm.