
Behavioral and Mental Health Task Force Meeting

Thursday, November 23rd, 2015
 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
 Susan Jennette
 Erin Booker, LPC
 Joshua Thomas
 Dr. Michael Barbieri
 Jim Lafferty
 Dr. Marc Richman

Email

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 Erin.Booker@christianacare.org
 JThomas@namide.org
 Michael.Barbieri@state.de.us
 JLafferty@mhainde.org
 Marc.Richman@state.de.us

Absent

Representative Debra Heffernan
 Brenna Welker
 Secretary Rita Landgraf

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 Rita.Landgraf@state.de.us

Task Force Staff

Present

Caitlyn Gordon
 Carling Ryan
 Tanner Polce
 Bryan Gordon
 Thomas Johnson

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Public Attendees

Name

Neil Kaye
 Richard Margolis
 Drew Wilson
 Christine Schiltz
 Jerry Gallucci
 Liz Proctor
 Chuck Webb

Affiliation

PSD/MSD/NAMI
 Prevention & Behavioral Health
 Medical Society of Delaware
 Parkowski, Guerke, & Swayze
 DHSS
 Rockford Center
 PBH

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

Senator Patricia Blevins, Co-Chair, opened the Task Force meeting by welcoming everyone back. She also noted that although Dr. Marc Richman could not make the meeting, he was listening in through a conference call. Following her welcoming comments, the Senator asked Task Force members and members of the public to go around and introduce themselves.

Approval of Meeting Minutes

Next, Senator Blevins asked if members had changes that they would like to see made in the Meeting Minutes from October 27th. Seeing none, Senator Blevins asked for motions to approve the October 27th Meeting Minutes. The first motion to approve the Meeting Minutes was made by Susan Ccyk, this motion was seconded by Susan Jennette. The Meeting Minutes from October 27th were approved unanimously.

Adult Co-occurring Disorders Presentation

Senator Blevins introduced Dr. Gerard Gallucci who presented on *Co-occurring Disorders* to Task Force members.

During and after the presentation, the following questions were asked:

Senator Blevins asked Dr. Gallucci to define anti-social personality. He responded by explaining that it is a personality vulnerability. Anti-social personality may be characterized by behaviors influenced by lack of conscious, unstable personality type, risk taking tendencies, and impulsiveness. Dr. Gallucci added that anti-social personality is one of the more serious personality disorders. Additionally, borderline personality disorder is similar in extremity to anti-social personality disorder.

Senator Bethany Hall-Long, Co-Chair, asked how anti-social personality disorder falls on the DSM (Diagnostic and Statistical Manual of Mental Disorders) categorization with sociopathic. She related this to the Department of Correction's high comorbidity. Dr. Gallucci stated that with Correction there is an overrepresentation of anti-social personality disorder. He noted that acts like cruelty to animals or firesetting by children are risks for development during adulthood and could lead to personality disorders.

Senator Blevins asked if there were results of individuals who succeeded from therapy and learned to live with their mental health disorder while possibly controlling their substance abuse disorder. Dr. Gallucci responded to the Senator's question by explaining what the Delaware Co-Occurring State Incentive Grant did. It created a system that was more responsive to people coming in the front door, whether it was a substance abuse program or a mental health program. Dr. Gallucci added that prior to individuals coming into either of those systems, the State had not previously addressed co-occurring disorders.

Previously, individuals did not get screening for co-occurring disorders. Now, there is universal screening for co-occurring disorders at the entry level so individuals will be identified immediately. Additionally, because of the ability to screen for co-occurring disorders, DHSS (Delaware Department of Health and Social Services) staff has felt more capable and competent to treat it.

Dr. Michael Barbieri agreed that there have been improvements with identifying and treating co-occurring disorders but there are still gaps. He provided an example of when a person comes in for treatment of co-occurring disorders. This individual usually wants to choose which disorder to treat rather than getting treatment for both. Dr. Barbieri stated that DHSS is also struggling on how to make sure these patients are sticking to their medications.

Senator Hall-Long prompted Dr. Gallucci to start his second presentation on *Psychiatric Services for Persons with Developmental and Intellectual Disabilities*.

During and after the presentation, the following questions were asked:

Senator Hall-Long referenced a figure that Dr. Gallucci presented: 46% of individuals with severe intellectual disabilities also have schizophrenia. She added that this is a large percentage, and wondered if it was an outlier. Dr. Gallucci responded by saying most people with severe intellectual disabilities do not have schizophrenia. He added that it is difficult to assess those with high ID/DD (Intellectual Disabilities/Developmental Disabilities) because these individuals have a lack of communication skills. Sometimes intellectual disabilities will overshadow psychiatric symptoms and sometimes conditions will be either under diagnosed or over diagnosed.

Jim Lafferty asked about the effective service models that Dr. Gallucci presented and asked if there would be a new appropriation or if the general funds were already available. Dr. Gallucci answered that they already have the funds available from the Department; the money was built into the budget.

Jim Lafferty also asked when the Delaware's ACIST (Assertive Community Integration and Support Team) project will start. Dr. Gallucci answered that it should start this spring. Additionally, Mr. Lafferty asked if there were previous services that have existed prior to this program for adults with developmental disabilities. Dr. Gallucci answered that there have been no specialized services for adults. He added that DHSS has a psychiatrist who is working with the Division of Developmental Disabilities. However, they have not had a formalized program to address adults with special needs and ID/DD mental health needs.

Dr. Joshua Thomas asked Dr. Gallucci if they have a target number of people they would like to address with the ACIST project. Dr. Gallucci answered that their initial target will be 50 adults and they hope to raise that number to 100 statewide.

Senator Hall-Long asked Dr. Gallucci if the State is going to limit itself with this program by using the word "hospitalizations" as opposed to "ER visits." She continued to state that she was concerned on what a "psychiatric hospitalization" exactly means. When looking at the Medicaid data, ED (Emergency Department) visits are substantially higher and equally as important. The Senator added that maybe this data should be considered when developing their definition for "psychiatric hospitalizations." Dr. Gallucci responded by saying that their criteria is not set in stone.

Jim Lafferty mentioned children with intellectual and developmental disabilities. Through discussion with the Task Force, one of the big problems with these children, is they are not receiving treatment early enough. Susan Cycyk noted that the Task Force needs to gather a list of who these children are, and how many there are, to start serving them at a younger age than the State does now. She added that there is a lot the State could be doing to prevent tragic events with these children. Dr. Barbieri noted that these children usually end up unemployed and in jail later in their lives. He added that this is

a population of people that the State is not intervening with early enough and not providing enough support services to.

Adolescent Co-occurring Disorders Presentation

Senator Blevins introduced Mr. Chuck Webb who presented on *Adolescent Substance Abuse and Comorbidity* to Task Force members.

During and after the presentation, the following questions were asked:

Susan Jennette restated Mr. Chuck Webb's findings that he presented saying that community intervention is more effective than residential treatment. She asked him to expand on this comment. He stated that treatment is certainly heading in that direction. Mr. Webb added that a big problem when comparing the two is the State cannot randomize kids to residential and outpatient. So, there is a consensus that integrated intensive community based interventions, with the support of residential and outpatient treatment, have the best probability of making lasting changes.

Dr. Barbieri stated that stability is important, but reimbursement rates do not follow that. Care in the community does not always get supported outside clinical intervention. However, if the State does not stabilize within the community, the patient will end up going back into deep end services.

Senator Blevins asked if short-term treatment is effective, or if most people with severe and persistent mental illness and substance abuse disorders need a lifetime of professional support. Mr. Webb answered that relapse usually happens several times in a person's life but there is hope that these individuals will reach a plateau where they are able to abstain for a long period of time. At this point, periodic after care will work as a reinforcement of what the patient learned in a restricted or community based setting. Mr. Webb added that this will provide the patient with a better chance of offsetting deterioration and from returning to their substance abuse habits.

Senator Blevins followed Mr. Webb's comments with another question. She asked if patients with mental illness should also continue periodic aftercare. Dr. Barbieri answered that long-term care and periodic check-ins are always helpful.

Senator Hall-Long mentioned how difficult reimbursement has been. She continued to add that she receives phone calls on a weekly basis from families who cannot get inpatient residential treatment. She asked what the status of in-state treatment is for substance abuse. The Senator continued to ask if most of the substance abuse treatment for 18-years and younger is found out of State. Ms. Cczyk responded by saying that Delaware does not have any licensed in-state substance abuse treatment centers for children. She added that the State either uses Mountain Manor Treatment Center Baltimore or Delaware's hospitals for short stay residential treatment. Ms. Cczyk stated that two of Delaware's contracted providers have gone through training for the "7 challenges" and are accepting adolescents who have substance use. She added that depending on what the child's insurance is, may create a real problem.

Dr. Barbieri stated that most insurance companies will cover the residential treatment programs that Ms. Cczyk mentioned. He added that the problem with having these treatment centers in Delaware is because the State does not have the volume of potential patients that would sustain the program over time. Dr. Barbieri suggested that maybe Delaware should look at a transitional service for this State.

Minutes prepared by: Caitlyn Gordon, Legislative Aide

Senator Hall-Long stated that she experienced a challenge with the Department of Education first hand. There is a child who has a mental health disorder and was acting out in the school district. She continued by saying that the school was afraid to report this because there are certain requirements. She asked Task Force members if there are issues at the Department of Education that jump out at them.

Ms. Cycyk responded by saying that there are two populations in schools that are challenging for school districts. The first population is the children who have an IEP (Individualized Education Program) because the district needs to make sure they are fulfilling the IEP. She added that there are also children who are not special education who make up the second population that are being connected to treatment. Ms. Cycyk added that if children are going to be kept in school, rather than at home, there needs to be services in the school. But, school districts do not have all of the resources that they need. Dr. Barbieri noted that those in the behavioral health system are the ones who need to bring these services to the schools rather making educators create their own.

Senator Blevins asked if there were any comments from the public. As there were none, the Task Force meeting was brought to a close at 4:01 pm.