Behavioral and Mental Health Task Force Meeting

Thursday, October 1st, 2015
2:00 PM – 4:00 PM
Buena Vista Conference Center
Buck Library

Meeting Attendance

Task Force Members

Present	**Email**
Co-Chair Senator Patricia Blevins	Patricia.Blevins@state.de.us
Co-Chair Senator Bethany Hall-Long	Bethany.Hall-Long@state.de.us
Representative Debra Heffernan	Debra.Heffernan@state.de.us
Brenna Welker	Brg002@gmail.com
Susan Cycyk	Susan.Cycyk@state.de.us
Dr. Marc Richman	Marc.Richman@state.de.us
Susan Jennette	Susan Jennette@state.de.us
Erin Booker, LPC	Erin.Booker@christianacare.org
Joshua Thomas	JThomas@namide.org
Dr. Michael Barbieri	Michael.Barbieri@state.de.us
Jim Lafferty	JLafferty@mhainde.org

Absent	
Secretary Rita Landgraf	Rita.Landgraf@state.de.us

Task Force Staff

Present	**Email**
Caitlyn Gordon	Caitlyn.Gordon@state.de.us
Tanner Polce	Tanner.Polce@state.de.us
Bryan Gordon	Bryan.Gordon@state.de.us
Thomas Johnson	Tom.Johnson@state.de.us

Absent	
Carling Ryan	Carling.Ryan@state.de.us

Public Attendees

Name	**Affiliation**
Jesse Chadderdon	Delaware State Senate
John McKenna	Rockford Center
Charles Constant	Dover Behavioral Health
Neil Kaye	PSD/MSD/NAMI
Steve Yeatman	DSCYF
Jamie Nutter	Parkowski, Guerke, & Swayze

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Traci Bolander	MABH
Bill Mason	MeadowWood BHS
Wayne Smith	DHA
Emma Radulski	UD Student
Mandell Much, PhD.	Aquila Behavioral Health/ARGO
Pam Price	Highmark
Kim Gomes	Byrd Group
Christine Schiltz	Parkowski, Guerke, & Swayze
Thomas Cook	DelARF
Dr. Adam Glushakow	
Ken Christie	

The meeting was called to order at 2:12 pm

Welcome and Introductions
Senator Blevins and Senator Hall-Long welcomed everyone to the first Behavioral and Mental Health Task Force meeting and thanked them for coming. Senator Hall-Long informed members that Secretary Landgraf sent her regrets that she could not make the meeting. Senator Hall-Long emphasized the importance of meeting preparation for efficient and effective Task Force meetings.

Senator Blevins initiated introductions for the Task Force members. In addition to introducing themselves, Task Force members were asked to touch on behavioral and mental health topics they would like to see covered. Furthermore, Senator Hall-Long asked members with a clinical background to please clarify that during their introductions.

Topics that members included in their introductions:

- Adolescent mental health needs/developmental disabilities
- Services for pregnant woman
- Follow-up on suicidal attempts
- Correctional facilities
- Adult mental health needs
- Treatment through the whole state - gaps in service
- Stigma of mental health disorders
- Co-occurring disorders
- Private market insurance
- Payment for services
- In-patient and out-patient treatment

Senator Blevins emphasized the importance of taking a look at mental health in the prison system. She noted that many individuals are facing mental illness prior to incarceration and their lack of treatment is what leads them there. The Senator also stated that if the Task Force finds a way to treat these individuals prior to incarceration, the population of incarcerated people will hopefully decrease.

Senator Hall-Long noted that this Task Force is not the first of its kind. The Senator referenced House Resolution 93 which looked at this topic. She also emphasized the importance of picking tangible issues.

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When introductions were completed, Senator Hall-Long moved the meeting to the second topic on the agenda.

Determine behavioral and mental health subcategories for in depth discussion.
Senator Blevins opened this portion of the agenda by asking the Task Force to narrow down topics to discuss during the following meetings. Furthermore, she asked members to think about how we would like to discuss their chosen topics in terms of experts, research, etc.

Senator Hall-Long asked the Task Force whether their discussions should follow the categorical topics, or if the Task Force should break them into specific populations such as, age, corrections, etc.

Jim Lafferty suggested that the Task Force should look at each topic by age, from youth to geriatric care. However, Brenna Welker responded that breaking each category into age could cause some confusion. She mentioned that some kids are going home to mental illness so the Task Force should look at ages together.

Dr. Marc Richman suggested to structure conversation by looking at the levels of care, and analyzing it back into the population. He presented an example: the Task Force would look at what is available for intensive out-patient care, and then look at whether this care is for children, adults, etc. Dr. Richman suggested this tactic as opposed to looking at each age in silos. The Task Force collectively agreed on his approach.

Senator Blevins reminded the Task Force of two agreed upon topics:

1. Suicide follow-up
2. What is available for each level of service

Senator Blevins also touched upon the plan of having 6 total meetings and talking about 2 topics each meeting.

Dr. Michael Barbieri mentioned that the Task Force also needs to talk about work force issues. He stated that Delaware does not have adequate providers to respond to the level of need. Susan Jennette added that parents are taking their children out of the state because there are not beds for inpatient care available.

Senator Hall-Long followed by stating the importance of the Task Force clarifying not only what type of care is available, but if people are able to access in-patient and out-patient care. For instance, the state hospital does not take admissions after 3:00 p.m. or on weekends and they only take a specific category of people, which precludes some individuals from getting treatment. Dr. Barbieri responded that the Task Force should have a template of all the services that are available and how they are accessed, so the Task Force can see where there are gaps.

Senator Hall-Long mentioned House Resolution 93, which includes some recommendations worth considering. She noted that we will make a copy of HR 93 to have as a reference.

Susan Cycyk mentioned that the Task Force should look into what the private insurance plans actually provide. Ms. Jennette added that the ACA (Affordable Care Act) states mental health and behavioral health services are under the 10 essential health benefits that need to be covered.

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Mr. Lafferty responded that medical necessity is usually the valve that shuts off services. Ms. Jennette agreed and mentioned that many medical necessity cases are based off a book's analysis and not the actual person. Additionally, the standard of services that a patient receives is based off of trial and error. If a patient fails one type of service, then they progress on to receiving a different type of service until they find the right fit. Ms. Jennette stated that she would like to see this changed, instead of basing medical necessity off of a book, it should be determined by looking at the person. She added that we should look at legislation from other states to determine the best legislation for Delaware.

Senator Hall-Long opened the floor to public comment during this conversation.

Dr. Glushakow, member of the public, stated that the Task Force should consider what the minimum requirements are that someone should have from their insurance. He added that the Task Force needs to confirm that the neediest individuals, who cannot speak for themselves, are getting the care they deserve. Dr. Glushakow referenced recent changes which are making it almost impossible to afford the most commonly used medications.

Traci Bolander, member of the public, mentioned some topics discussed during the Task Force meeting already has data and are in the works. She stated that we need to refer to work that has already been done and coordinate with that, instead of repeating it.

Senator Blevins listed the topics of interest stated during this discussion:

1. Work force
2. Lack of providers
3. Residency program possibilities
4. Suicide follow-up
5. Levels of service and creating a matrix
6. Access to care
7. Dual-diagnosis
8. Stigma

Jim Lafferty emphasized new findings on the importance of telehealth and telepsychiatry. Some advantages of telepsychiatry noted by the Task Force are:

- Clients who do not have access to transportation still receive care.
- Depressed clients who mentally cannot leave their home still receive care.

Dr. Glushakow emphasized the drawbacks to telehealth and telepsychiatry:

- This type of care cannot be used for everyone and each method of care needs to be addressed on a patient by patient basis
- EX: A patient with schizophrenia would not do well with telepsychiatry.

Senator Blevins asked for additional comments on subjects the Task Force should identify. She added that corrections should be discussed, if there were no objections. There were none. Jim Lafferty added that we need to expand corrections to the justice system.

John McKenna, member of the public, wanted to prompt the Task Force to look at quadruple-diagnosis. Mr. McKenna noted that individuals with quadruple-diagnosis do not necessarily have a place to go.

Neil Kaye, member of the public, emphasized access to the correct care, not just care in general.

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Senator Hall-Long reminded the Task Force that at the end of their meetings, the Task Force can recommend an ongoing council or work group that would address specific issues.

Ms. Jennette reminded the Task Force to keep HIPAA (Health Insurance Portability and Accountability Act) in mind when discussing each topic. Dr. Richman added that the Task Force should have a CFR 42 expert come in to clarify what doctors can and cannot share.

Senator Hall-Long closed the discussion by asking for additional comments by Task Force members. There were none, so she changed the topic of discussion to the third item on the agenda.

Discussion of Public Hearing Date
Senator Blevins opened this item of discussion by noting the next meeting might be a good time to hold a public hearing. The Senator then asked for any thoughts or input on this idea.

Jim Lafferty responded that the Task Force should nail down the matrix before a public hearing.

Senator Hall-Long asked if the public hearing during third or fourth meeting was more favorable to the Task Force. The Task Force members agreed. Additionally, Ms. Welker added that we should call it a "Town Hall."

Senator Hall-Long added that the Task Force should set up tours to see what type of care is available at different facilities.

Senator Hall-Long closed discussion on the public hearing date and moved the meeting to the fourth item on the agenda.

Planning and Scheduling of Future Meetings
Senator Blevins opened scheduling of future meetings with a tentative date and location, October 19th at Buena Vista.

The Task Force discussed further meeting dates and agreed on October 27th, at Buena Vista at 2:00pm.

Public Comment
Senator Hall-Long moved the discussion to public comment and asked if there were any members of the public who would like to speak.

Thomas Cook suggested that the Task Force looks at the shift that occurred between state funded services that DSAMH (Department of Substance Abuse and Mental Health) has provided in the past under cost reimbursement models to systems of managed care for certain services and the outcomes from these changes.

Mr. Cook also referenced a personal matter and related it to HIPAA. He noted that because of perceived HIPAA barriers, his family was not aware of important medical information about another family member. Mr. Cook noted that HIPAA clarification is important.

Charles Constant referenced gaps in services and stated there also needs to be a focus on awareness of services in place right now.

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Bill Mason offered a tour of MeadowWood Behavioral Health Hospital, if anybody was interested. He also referenced the transportation issues that occur when they need to get patients from Sussex County to New Castle County. Mr. Mason mentioned that the state needs to find a way to fix these transportation issues.

Ken Christie emphasized the importance of not putting the public in a box during the Public Hearing with outlined topics.

Senator Hall-Long and Senator Blevins ended public comment and thanked everyone for coming out to the meeting.

There was no further business of the Task Force so the meeting was adjourned at 3:47pm.

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