

Behavioral Health Consortium

Annual Report 2025

BHCC+

BEHAVIORAL HEALTH CONSORTIUM

D E L A W A R E

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Dear Governor Meyer,

As the Chair of the Delaware Behavioral Health Consortium, I submit this Annual Review for the Fiscal Year 2024-2025. This report outlines the progress we have made and the work the Consortium will continue to do to strengthen behavioral health services, addressing the addiction epidemic, expanding access to care, and reducing stigma.



Too many families in our state have felt the pain of overdose deaths in the community, untreated mental illness, and the frustrating gaps in a behavioral health system that has not always met their needs. We remain firmly committed to closing those gaps.

This year marked my first in the role of Lieutenant Governor, and I want to begin by expressing my deep appreciation for those who laid the groundwork before me. Their dedication and vision have created a strong foundation, and I am committed to building upon that legacy. Although I have held this position for only six months, we have already made significant strides. One of our key accomplishments has been the strategic reorganization of our working groups to focus on specific, high-impact behavioral health issues. Each group is now guided by data-driven goals and outcomes, ensuring our efforts are both targeted and effective.

I am also proud of our work on House Substitute 1 for House Bill 169, which expanded the Consortium's focus, added term limits and new members representing veterans and maternal mental health, and streamlined governance of two critical bodies by removing the Consortium's approval role over opioid settlement funds.



The bill was developed in partnership with the Department of Justice, Department of Health and Social Services, Division of Mental Health and Substance Abuse, and your office, and passed in the General Assembly with bipartisan support.

This progress is only possible because of the collaboration, compassion, and commitment of so many.

I am grateful to my team, dedicated state employees across agencies, providers, community leaders, and advocacy partners who have helped shape and implement these efforts. Special appreciation goes to the facilitators and participants of our Listening Sessions, whose lived experiences continue to inform our direction. To the members of the Behavioral Health Consortium and our working groups, your expertise and resolve are helping us create a more integrated, equitable, and responsive behavioral health system.

While much work remains, I am proud of how far we have come. Together, we are building a system that meets people where they are- with dignity, with care, and with hope.

Sincerely,

A handwritten signature in black ink, appearing to read "KEG", with a large, stylized flourish extending from the end.

Kyle Evans Gay
Lieutenant Governor, State of Delaware
Chair, Behavioral Health Consortium

Executive Summary

Background

The Delaware Behavioral Health Consortium (BHC) was initially proposed by Governor John Carney as part of his Action Plan for Delaware and was officially established into law on July 16, 2017. Created through the passage of Senate Bill 111, the BHC was launched under the leadership of Lt. Governor Bethany Hall-Long, Senator Bryan Townsend, and Representative David Bentz. Its mission is to address the state's pressing and multifaceted issues related to addiction and mental health.

Delaware and the U.S. continue to experience a worsening behavioral health crisis.

- Nationally, about **one in five adults** (19%) have been diagnosed with depression, and nearly **24%** received mental health treatment in 2023—up from **19%** in 2019, reflecting modest improvements in access (CDC, SAMHSA, 2024).
- In Delaware, only **85.8% of adults** rated their mental health as “good” or better in 2023, down **5%** since 2018, while about **20%** report a diagnosed depressive disorder and **22%** experience anxiety or depression symptoms (Delaware DHSS, My Healthy Community, 2023).
- Local surveys show just **17% of adults** sought therapy for emotional or mental health concerns, with cost and stigma as common barriers (Delaware Health Department, 2023).
- Substance use disorders remain prevalent—affecting roughly **18% of residents** and **2.2% with opioid use disorder**—while overdose deaths dropped from **527** in 2023 to **338** in 2024, most concentrated in New Castle County (SAMHSA, Delaware News Service, 2025).
- Recent research (2023–2025) shows U.S. first responders face high mental-health burdens: a 2024 study found **18%** experience anxiety, **22.8%** depression, and **18.2%** PTSD symptoms; and a 2025 review found suicide risk is **consistently higher** across firefighters, EMS, police, and dispatchers due to high PTSD/depression rates and limited access to mental-health care.
- Maternal mental health conditions are the most common complication of pregnancy and childbirth—affecting **1 in 5 pregnant and postpartum individuals** in the U.S. yet **75% go untreated or undiagnosed**, despite suicide and overdose being the leading, and entirely preventable, causes of death in the first postpartum year, underscoring the urgent need for stronger advocacy, education, and collaborative support to improve maternal health outcomes.



Progress Report

Since its inaugural meeting in October 2017, the Behavioral Health Consortium (BHC) has worked to develop a coordinated, statewide approach to enhancing Delaware's behavioral health system. By identifying and connecting the many public agencies, nonprofit organizations, initiatives, and commissions already in place, the BHC has developed both short- and long-term strategies to save lives and expand access to treatment. The Consortium is committed to addressing the widespread and serious impact of mental health and substance use issues across the state.

To help shape its priorities, BHC leaders have organized public meetings, conducted focus groups, and engaged directly with communities to gain a deeper understanding of the most pressing behavioral health challenges facing Delaware. The 25-member Consortium convenes quarterly and actively engages stakeholders, state agencies, and members of the public to ensure that its work remains relevant and informed by expert insight and lived experience. In addition, the BHC has hosted a series of community listening forums across the state, which have guided the development of key initiatives and committee goals.

While this fiscal year marked a change in administration, the BHC continued to work hard for every Delawarean. A top priority was the restructuring of the BHC to create four working groups focused on areas identified for improvement within our State.

The New Working Groups

Maternal Mental Health

Community Mental Health and Substance Use Disorder

Communities of Care

First Responders

In addition to restructuring the working groups, the BHC has seen growth in numerous areas.

- HB 169 (2025) restructured Delaware’s behavioral-health system by expanding the Behavioral Health Consortium’s mandate, revising membership, and shifting grant-approval authority solely to the Prescription Opioid Settlement Distribution Commission (POSDC). It strengthens governance, accountability, and transparency in opioid-settlement fund distribution.
- The BHC launched a Community Engagement Funding Policy to ensure funding supports equitable, community-based behavioral health initiatives aligned with statewide priorities.
- Convened a statewide event to engage first responders in behavioral health awareness, training, and collaboration to strengthen community response and support systems.
- Appointed a dedicated Behavioral Health Consortium administrator to enhance coordination, program oversight, and implementation of community-focused initiatives
- From July 2024 to January 2025, the BHC supported **11** listening sessions across Delaware through six partner organizations, engaging **3,770** residents—particularly focused on vulnerable populations.
 - Activities focused on wellness, mental health, substance use prevention, re-entry needs, youth engagement, Narcan training, cultural community support, and stigma reduction.
 - Major community themes included safety concerns, substance use and addiction, mental-health stigma and service gaps, poverty, youth trauma, systemic racism, limited access to care, and justice-system impacts.

Community Mental Health & Substance Use Disorder



Aim

Address access to treatment, ending stigma, and family and community needs.

Goals

- Strengthen representation and collaboration across mental health literacy, community public safety, DHSS clinical leadership, substance use disorder (SUD) treatment, and communities most impacted by service gaps
- Address and bridge systemic gaps in behavioral health care, including fragmented services, reliance on self-medication when care is unavailable, and unsustainable pressure on community providers
- Monitor, clarify, and communicate upcoming changes to Medicaid and other federal rules to support preparedness and alignment across behavioral health systems

Members

- Carolyn Petrak, Committee Chair
- Senator Eric Buckson
- Rebecca King
- Deb Mason
- Annie Slease
- Rebecca Walker
- Kiera McGillvray
- Cheryl McFadden
- Jennifer Antonik
- Wendell Covell
- Jenn Ford

Maternal Mental Health



Aim

Addressing maternal mental health issues, including enhanced access and supportive systems.

Goals

- Analyze existing maternal mental health services, organizations, and providers to map resources and identify service gaps
- Support development of a centralized database of maternal mental health providers and programs for both public access and professional care coordination
- Advance longer-term public health education efforts to increase awareness, collaboration, and use of maternal mental health resources, including potential PMH First Responder Training opportunities

Members

- Malina Spirito, PsD, Med, PMH-C, Committee Chair
- Speaker Melissa Minor-Brown
- Dr. Garret Colmorgen
- Carol Boggerty
- Erin Booker
- Brian Frazee
- Brittany Taylor-Williams
- Carrie Snyder
- Ruth Yeboah
- Allison Murphy
- Fatimah Boone

Communities of Care



Aim

Supporting trauma-informed education and care environments and addressing the needs of the caregivers using a multifaceted, trauma-sensitive, systematic, and systemic approach.

Goals

- Identify key barriers to effective communities of care and develop strategies to address challenges such as limited access to resources, stigma and cultural barriers, lack of trauma-informed training, policy and systemic barriers, and socioeconomic and environmental factors
- Update and refine the scope and language of Executive Order 24 to reflect current trauma-informed care priorities and needs
- Review and align historical and recent trauma-informed care reports across state agencies to inform coordinated planning and future actions

Members

- Wade Jones, Committee Chair
- Senator Ray Seigfried
- Marla Blunt-Carter
- Darryl Chambers
- Rosa DiPiazza
- Jordan Weisman
- Julius Mullen
- Ronald Whitaker
- Su Chafin
- Karla Fleshman
- Mariann Kenville-Moore
- Traci Murphy
- Andrew Ramsarn

First Responders



Aim

Supporting trauma-informed education and care environments and addressing the needs of the caregivers using a multifaceted, trauma-sensitive, systematic, and systemic approach.

Goals

- Identify opportunities for the Behavioral Health Consortium to strengthen cross-agency alignment
- Advance sustainable funding strategies to support first responder wellness and behavioral health needs
- Compile and analyze additional data on current state spending related to PTSD

Members

- Diane Glenn, Committee Chair
 - Representative Valerie Jones-Giltner
 - Julia Lawes
 - Marvin Mailey
 - Jennifer Smolowitz
 - A.J. Schall Jr.
 - Alex Knorr
 - Amos Callaway
 - David Aber
 - Debbie Harrington
 - Donna Doyle
 - Jerry Brennan
 - Justin L. Conrad
 - Lorrie Williams
 - Major Andrew Lloyd
 - Paul Shavack
 - Roddy Little
- 

Key Initiatives and Milestones



House Bill 169 amends the BHC Governance and establishment of working group model structure



House Bill 169 removes BHC approval authority over the Prescription Opioid Settlement Distribution Commission's granting and contracting processes



Community Listening Sessions across the state



Community Engagement Funding Policy adopted by the Consortium



First Responders Conference held in partnership with the Department of Corrections



Hire of BHC Administrator

HOUSE SUBSTITUTE 1 FOR HB169

This Act updates the structure and responsibilities of Delaware's behavioral health oversight bodies.

The passage of House Bill 169 represents significant strides in modernizing the opioid abatement strategy. The legislation's core impact is to adapt the BHC's membership policy and streamlining the Prescription Opioid Settlement Distribution Commission (POSDC) process for approval for funding.

BEHAVIORAL HEALTH CONSORTIUM UPDATES

- Broadens the Consortium's mission to cover all behavioral health issues, not just substance use disorders.
- Establishes term limits for appointed members.
- Revises membership by removing inactive organizations and adding representatives from the Maternal and Child Death Review Board and the Delaware veteran community.
- Eliminates the Consortium's authority to approve grants and contracts issued by the Prescription Opioid Settlement Distribution Commission.

ADDITIONAL PROVISIONS

- Makes technical updates to align the law with the Delaware Legislative Drafting Manual.
- Incorporates the changes from House Amendment No. 1 directly into this substitute bill.

HOUSE SUBSTITUTE 1 FOR HB169

PRESCRIPTION OPIOID SETTLEMENT DISTRIBUTION COMMISSION UPDATES

Key Legislative Improvements:

- **Streamlined Efficiency:** HB 169 removes bureaucratic friction by placing final approval and distribution authority solely with the Prescription Opioid Settlement Distribution Commission (POSDC). This consolidation ensures that grants are processed more efficiently, thereby accelerating the flow of resources to areas of high need.
- **Clear Governance:** The bill establishes the POSDC as an independent entity separate from the Behavioral Health Consortium, providing clear lines of accountability.
- **Modernized Structure:** The legislation introduced a robust governance framework for the POSDC, including staggered 2-year terms (6-year limit) and a clear leadership structure (Chairperson and Vice Chair), enhancing transparency and sustainability.
- By supporting HB 169, the Behavioral Health Consortium ensures a stronger, more agile funding mechanism vital to the health and recovery of Delaware's communities.

POSDC Current Work and Future Endeavors:

- **Streamlined Efficiency:** HB 169 removes bureaucratic friction by placing final approval and distribution authority solely with the Prescription Opioid Settlement Distribution Commission (POSDC). This consolidation ensures that grants are processed more efficiently, thereby accelerating the flow of resources to areas of high need.
- **Clear Governance:** The bill establishes the POSDC as an independent entity separate from the Behavioral Health Consortium, providing clear lines of accountability.
- **Modernized Structure:** The legislation introduced a robust governance framework for the POSDC, including staggered 2-year terms (6-year limit) and a clear leadership structure (Chairperson and Vice Chair), enhancing transparency and sustainability.
- By supporting HB 169, the Behavioral Health Consortium ensures a stronger, more agile funding mechanism vital to the health and recovery of Delaware's communities.

FIRST RESPONDERS HEALING THE HELPERS CONFERENCE

The first-ever “Healing the Helpers,” a mental health conference for first responders and veterans, was held on November 12, 2025.

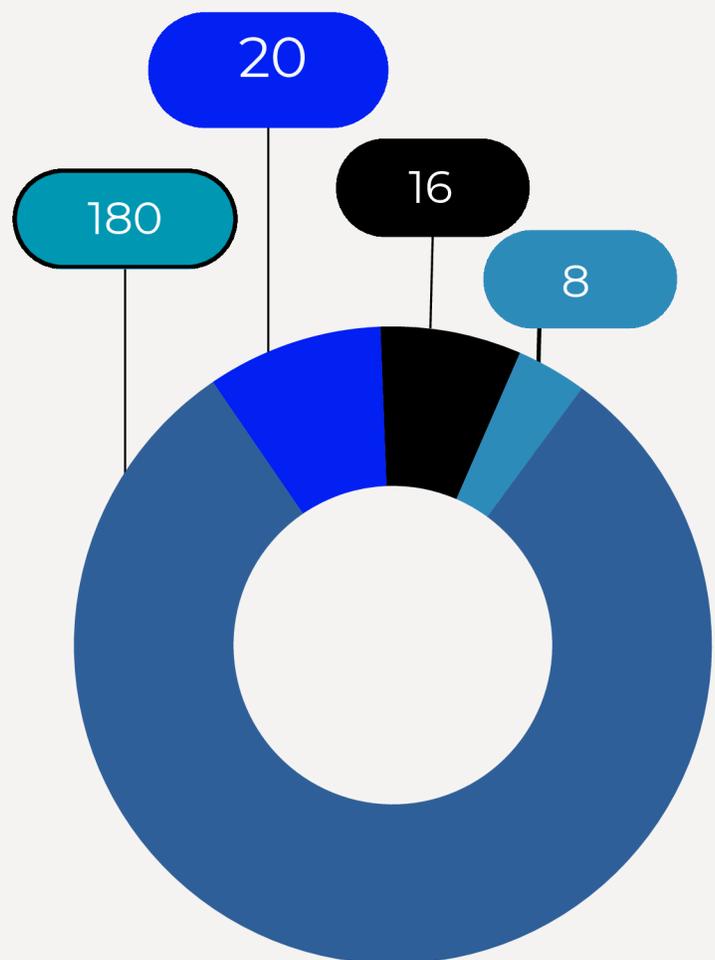
Attendees

● General Attendees

● Speakers

● Vendors

● AB&C Staff



This day was dedicated to supporting the wellness of Delaware’s first responders, correctional professionals, law enforcement officers, and veterans.



FIRST RESPONDERS HEALING THE HELPERS CONFERENCE

The event gave Delaware's helpers the space to pause, learn, and prioritize their own well-being. Sessions were centered on mental health, resilience, and connection.

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Survey Responses

89%

Reported being "satisfied" or
"very satisfied."

Some survey responses shared:

"Admin for sections should be encouraged to make this more of a mandatory event. This is the sort of training we need. This was a very valuable training tool. More people should be encouraged to attend."

"Fantastic presenters kept the audience's attention please keep up the momentum."

"H. Jean Wright was an amazing speaker. Very engaging and the entire presentation was enlightening. I would love to see and hear him speak again. Also love the fact that the panel was of local perspective."

We look forward to facilitating more conversations and events like this in the future.

BEHAVIORAL HEALTH CONSORTIUM ADMINISTRATOR

Katie Leibel-Marin



During this past fiscal year, the Behavioral Health Consortium strengthened its leadership infrastructure through the hiring of a new Administrator, Katrina Leibel Marin. This role was designed to support board management, provide strategic vision, and guide the ongoing growth and development of the Consortium and its working groups.

Hiring Process Highlights:

- Recruitment focused on candidates with experience in board management, strategic planning, and consortium development
- Received 18 applications, reflecting strong interest in the position
- Job description shared with over 30 partner organizations and agencies to ensure broad outreach
- Selection process led by a committee that included:
 - Staff from the Office of the Lieutenant Governor
 - Members of the Behavioral Health Consortium
- Utilized a detailed, systematic hiring process, including:
 - A standardized rubric for reviewing resumes
 - A structured rubric for interviews to ensure fairness and consistency

COMMUNITY ENGAGEMENT FUNDING POLICY

A key mission of the BHC is to provide funding to community-based efforts to **advance behavioral health awareness, reduce stigma, and expand access to services**. To streamline the use of funding, the committee unanimously passed the new Community Engagement Funding Policy during the September 2025 meeting. This policy ensures that all requests for financial support align with the larger BHC's mission, promote equity and inclusion, and address the needs of underserved populations.

Eligible events include:



Wellness fairs



Cultural events with a behavioral health focus



Youth engagement



Any initiative that is connected to the BHC working group priorities



Education sessions

Funding decisions will be made based on mission alignment, community impact, budget justification, collaboration, and plans for evaluation. Applications will be reviewed on a rolling basis, with reimbursement provided following the submission of a post-event report.

COMMUNITY LISTENING SESSIONS

VOICES ACROSS DELAWARE FY 2024-2025

Between July 2024 and January 2025, we conducted Listening Sessions with community partners across Delaware. The goal of these sessions was to hear directly from those working on the ground about the challenges they face, their priorities, and opportunities for improvement across various areas as well as provide resources to those in attendance.

Thank you to our community partners.

Without the wonderful work of our partner organizations, the Listening Sessions would not have been possible. We applaud the work these groups are doing and look forward to continuing to have open lines of communication in the future.

COMMUNITY LISTENING SESSIONS

VOICES ACROSS DELAWARE FY 2024-2025



Community Safety and Violence

Residents often feel unsafe due to gun violence, gang activity, and strained police-community relationships. Exposure to violence has significant impacts on mental health and community behavior, reinforcing cycles of trauma and mistrust.



Substance Use and Addiction

Drug use, particularly opioids, meth, and fentanyl, is rising, driven by trauma, unemployment, and lack of support. Barriers to treatment and persistent family patterns of addiction hinder recovery efforts.



Mental Health

Stigma around mental illness remains strong, and access to mental health care is limited. Trauma and stress are common and often unaddressed, affecting individuals' emotional and behavioral well-being.



Poverty and Economic Disadvantage

Unemployment, housing instability, and lack of access to essentials like food and healthcare contribute to ongoing hardship. Economic struggles are both a cause and consequence of other social issues.



Youth and Education

Children are frequently exposed to violence, trauma, and substance use, which affects school performance and mental health. Schools face challenges with high drop out rates and limited resources. There is lots of room for growth in mentorship and diversion efforts.



Systemic Racism

Marginalized communities face unequal incarceration, and access to services. Mistrust in institutions limits opportunities for health and well-being.



Access to Health Care and Social Services

Barriers like insurance gaps, transportation, and cultural insensitivity restrict access to care. Many are unaware of existing services, and mental health crisis responses are often inadequate.



Justice System

Incarceration deeply affects individuals and families, especially with limited reentry support. There are few court-mandated treatment options, and youth justice systems need more diversion and rehabilitation-focused approaches.



Thank You

We are deeply grateful to all those who shared their personal stories with us- your courage and resilience continue to inspire and guide our work.

From those who shared during our Community Listening Sessions to those reaching out in more informal settings, your contributions have guided us, and we look forward to continuing to be partners moving forward.

A special appreciation goes to the agencies and organizations that provided essential leadership and support throughout this process:

- Delaware Division of Public Health
- Division of Substance Abuse and Mental Health
- Department of Services for Children, Youth & Their Families
- Delaware Department of Safety and Homeland Security

Contact Information :

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Stay Informed:

