

## Behavioral Health Consortium Meeting Minutes

Date and Time: 04/22/20  
Location: Virtual Meeting

### Topic: Welcome and Introductions

Review of previous meeting notes: Previous Meeting Minutes were approved

Discussion/Comments

### Topic: (1) Story of Recovery

Presentation: Pamela Church from Gaudenzia shared her story of recovery. After 19 years of struggling with an addiction, she was able to get into treatment in Delaware. She participated in a Salvation Army program and then went to an Oxford House. She found the importance of continued treatment essential as she continues still sees a therapist. She is currently in a nursing program. She will celebrate 5 years of sobriety in September

### Topic: (2) Concept Systems Update

Presentation: Mary Kane presented on Community Forums, Year 2 Priorities linkages and using the environmental scan to further develop collaborative action and services. The Environmental Scan and Committee Handbook along with the presentation that were discussed will be sent out to the Consortium

### Topic: (3) DSAMH Update

Presentation: Director Romero presented to the Consortium on how DSAMH's response to the pandemic. Using the START model which focuses on improving wellbeing, thriving and resilient communities, Director Romero discussed how the agency and their contractors have worked to switch to virtual care. They have also advanced pathways for vulnerable populations and integrating screening for social issues and addiction, including loneliness. She provided an update on overdose numbers: 431 in 2019 and 101 since Jan 2020

DSAMH has told agencies they can repurpose their START funding to get people back into services. Treatment partners like Brandywine and Connections are supporting methadone take-homes. Also DSAMH is partnering with DPH to increase naloxone access at food initiatives and get mail order naloxone available.

To help address the rise in hopelessness, rise in people with no/little social connectedness there is text program DEHOPE which provides ongoing mental health tips and support. Text DEHOPE to 55753.

Also partnering with the warmlines including NAMI, Jewish Family Services to ensure messaging and access. This is updated weekly

A virtual outreach page is forthcoming. May also add virtual communications page for people under 26. Aunt Bertha is a care coordination platform that might be integrated.

DSAMH is seeking ideas to keep people together and is open to any ideas or feedback, please reach out to Sydney Garlick, if you have any ideas

#### Topic: (4) Policy Update

The Lt Gov gave an update on the Legislative Session. The General Assembly has not met since the first month of January due to COVID-19 and it is unclear when Session will resume. Given the pandemic, there will be priority placed on the State's budget.

#### Topic: (4) Opioid Impact Fee

Sen. Hansen provided an update on the Opioid Impact Fee. This Opioid Impact Fee was established by SB 34 which was cosponsored by Rep. Bentz. Funds have begun to roll into the fund and it is anticipated that about \$2 million will be brought in this year. Outlined in the legislation is that the DHSS secretary is to determine where money is spent in consultation with BHC, AAC, OSOC, to identify DHSS priorities. These recommendations need to be in by January 1<sup>st</sup>.

The money can be used for

- Opioid addiction prevention
- Treatment, including inpatient, outpatient, residential and sober living
- Services for under/uninsured emergency assistance
- 15% of funds can be used for cost of admin.

#### Committee Updates

##### **Access and Treatment Committee:**

*Effect of COVID:* Each attendee reported on agency/institution adjustments and status, including service capacity. In general, agencies pivoted fast and effectively to telehealth, and continue to serve clients with take home support like MAT. Emergency departments are screening for COVID on the spot prior to entrance into the ED.

Agencies report concern effects of people are staying away from treatment points of service. Isolation not only reduces treatment access but also increases stress and relapse.

At the same time deaths are increasing, agencies and institutions have a lot of capacity.

*Critical need for communication to emphasize:* Availability and easy access to services, agencies' capacity to help right now. Also need new ways of providing what people need, to reduce anxiety

*Policy focus*

Dr. Gibney had requested moving that discussion to next meeting because she wants to be present for it.

##### **Data and Policy**

The Committee at their last meeting reviewed policy proposals that were submitted to other committees. Their feedback was shared with the respective committees.

The impact of the pandemic was discussed within the committee. There are unintended consequences such as impacts on engagement and billable hours which the committee wanted to take initiatives on. This includes strategic education to providers on how telehealth

There was also concern from the National Council for BH on ability of BH community service system to survive if they can't bill for services.

### **Family and Community Readiness**

The Committee reviewed feedback on legislation that was sent to Data and Policy and discussed how to further them. For implementation of HB159 want to work with Dept. of Professional Regulations and for training development want to work with Dementia Friendly Delaware. For BH Advance Directives want to do outreach to provider and legal stakeholder to get their interest in this

Committee also discussed the impact of COVID on their work. They noted impacts on housing, an increase in complicated grief and more intense domestic violence and sexual assault calls. The group decided to gather resources related to items in order to create a Quarantine Survival Guide

### **Corrections and Law Enforcement**

The committee reviewed their tasks and felt that they were on track. They are tabling the diversion presentation which they plan to present at the next in person Consortium meeting.

### **Education and Prevention**

The Committee discussed the work that HMA is doing with partners in construction industry. They are also developing toolkit for employers/employees, including naloxone access.

The Committee discussed how the pandemic was disrupting screenings. But that School nurses and guidance counselors are still connecting with students. It is unclear how professional development is going to look like for teachers but that is something to monitor

### **Changing Perceptions:**

Unable to provide update due to technological difficulties

## **Public Comment**

Public comments were submitted via email to Sydney Garlick and Tanner Polce. The following comment comes from Harris Marx:

I had previously discussed about the need to educate nursing home employees about being able to see that their clients are showing signs of behavioral health issues. Another issue has come up in nursing homes that needs to be addressed.

As I have mentioned before, one of the many jobs that I have is driving people in wheelchairs to their medical appointments, many of which reside in nursing homes. On average, 3 to 4 of my

clients pass away every month. Because of my emotional makeup, I am able to deal with grief in a healthy way. What about the workers in the nursing homes?

Just before the pandemic, a worker at a nursing home started to have a grief problem. He could not deal with it and started to drink (not a drinker before). He was not given any grief counseling by the nursing home. He eventually got fired and several days later was found dead by drinking too much alcohol. This is tragic. Now with the pandemic and many more individuals are dying in Nursing Homes like Genesis and Atlantic Shores down south plus the ones upstate, I see a need for a requirement that nursing homes in Delaware provide grief counseling to their workers as a matter of course and this Consortium should make that happen.

**Next Meeting: July 14, 2020**