Behavioral Health Consortium Quarterly Meeting			
Date and Time:	04/06/21 10:00-11:30	Location:	Virtual Meeting

Attendees: Sandra Gibney, Hansen, Lt. Governor, Dave Humes, Traci Bolander, Wade Jones, Carolyn Petrak, Tamera Fair, Rebecca King, Avani Virani, Dr. Josh Thomas, Jennifer Smolowitz, Emily Vera, David Bentz, R.L. Hughes, Thomas Killian, Rebecca King, Sen. Stephanie Hansen, Laura Wisniewski, Aileen Fink, Alexis Teitelbaum, Caroline Judd, Carolyn Petrak, Charles Sawchenko, Christina Bryan, Concept Systems, David Bentz, D Cornish, Dr. Joshua Thomas, Dr. J Michael Harpe, Emily Vera, Erin Golcner, Erin Willis, Heather Goldwin, Evelyn Hayes, Harris Marx, James Larks, Jenn Ruebush, Jim Ellison, Joe Aronson DSAMH, Jordan Weisman, John Treadwell, Joseph Hughes, Judy Schlott SUN DE, Kate Brookins, Kathleen Seipel, Keith Warren, Khali Abdar-Rashid, Kiera McGillivary, Kimberly Chandler, Kristen Doughty, L Kirby, Lisa, Maddie Moses, Franshawn R, Margaret Guy, Mary Beth, Mike Duffy, Mindy Webb, Monica Shockley-Porter, Pam Price, Peg Enslen DDOE, Perry Patel, R.L. Hughes, Mary Kane, Ray Seigfried, Sandra Syglowski, Rebecca King, Sen. Stephanie Hansen, Susan Haberstroth DDOE, Susan Bunting, Sydney Hyer, Tammya, Teri Lawler DDOE, Thomas Killian, Trinidad Navarro, Valerie Tickle, Vic Heresniak, Alicia Emmanuel, Anna Shields, Bill Northey, Valarie Wright

Topic: Welcome and Introductions

Review of previous meeting notes: Meeting minutes were accepted with the addition by Dave Humes of including a discussion on the opioid fee for the next consortium meeting. Franshawn Ricketts shared her story of recovery.

Topic: (1) Agency Reports

Presenter:

•**DSHS:** Kimberly Chandler presented a PowerPoint on suicides from the year 2020 that included mechanisms

- (2019) overdose by age and county
  - Age and county:
    - 21-60 are most affected
    - 61 in new castle
  - Overdose toxicology
    - More than one drug may have been involved
    - Fentanyl and 441 cases involve this drug.
    - Heroin and others are all of concern
  - For 2020
    - 446 overdose deaths
    - Increase over previous years
    - Overdose dates to death: 102
    - Projected is 460 deaths by the end of 2021.
- (2015-19) Cocaine, Fentanyl,
- (Mentions grant funding, liquid handling instrument for Toxicology Unit

Laws/ Policies

- Drug division program
- Expansion of Narcan deployment for police agencies
- Overdoses:

•**DPH**: Kate Brookins

- (2019-20) DMI Naloxone Patients vs Administrators; there has been an increase of both but there was a decrease in community distribution
- HRSA's rural communities opioid response program
- Research grant on stimulant overdose; develop/ identify effective ways to prevent stimulant overdose
- Grant Strategic prevention framework

Caroline Judd

- Reversing the opioid crisis
- Neonatal abstinence syndrome rates (2010-19)
- Opioid prescription monitoring
- SUD treatment opioid has increased; most other opioids have decreased
- Behavior risk/ youth behavior risk survey; not on website yet

•**DSAMH:** Thomas Killian

- Delaware Hope-line
- Delaware Treatment and referral Network (DTRN)
    - Significant increase in the usage over the years
- Bridge clinics
    - Administering naloxone
    - Expanding to New Castle soon
- Prescription opioid impact fund
    - Opioid overdose reversal medication $50,000
    - Stabilization centers $300,000
    - Recovery service scholarship $250,000
- OIF scholarship request
    - A fund that is determined by health
    - Expanses include housing, rental assistance, legal assistance, transportation, education, dental, utilities, etc.
- DTRN to support referrals for the pre-arrest diversion program- started statewide
- 9-8-8 implementation planning
    - Nationwide Suicide crisis number that shall be implemented soon
- Police Diversion Program (PDP)
        - Help individuals to be diverted from the criminal justice system and to help them with substances use disorders and mental health challenges
- State opioid response grant 2.0
    - An opportunity to address and reverse overdose needs
    - Goals:
        - Promote universal screening
        - Decrease overdose statewide by increasing access to treatment
        - Collect high quality data to track performances

- Initiatives
  - Naloxone
  - Medications for overdose
  - Promote prevention and early intervention
  - State opioid response grant
  - An opportunity to reverse overdose trends
    - 80% involved with synthetic opioids
    - Non-fatal and fatal overdoses involving drug stimulants are on the rise
    - They want an opportunity to help get people in stable housing,

•**DCYSF**: Aileen Fink presented on the data and grants that the Division of Prevention and Behavioral Health Services had

- Children and Families
  - Rapid assessment of pandemic impact on development- early childhood
  - Nationally, children are suffering and have many anxieties due to their familial upbringings
  - Single parents, lower income families and parents of children with special needs experience higher rates of stress
  - There has been a decline in preventive care
  - More than 20% of students experiences signs of anxiety and depression after one month in quarantine
  - School connections matter
- Substance exposed infants
  - Overall, the number of reports dropped slightly from 2019-2020
    - 762 in 2019 compared to 737 in 2020
  - No significant change in January-February 2021 relative to 2020
    - 117 in 2021 compared to 116 in 2020
  - Pilot an app that is utilized for parents who were identified as substance exposed to help them monitor progress and a safe plan of care.
- A significant decrease for request for services since the start of COVID but request are increasing

Grant updates:

- has 3 federal grants awarded to DSCYF
  - Delaware child psychiatry access program
  - Systems of care
  - Clinical high risk for psychosis
- Applied for funding through the National Child Traumatic Stress Network Program
  - Implementation of two new trauma specific treatments
- Prevention Programs
  - Substance abuse prevention and treatment block grants
    - Focus on building protective factors that reduce substance misuse and prevent suicide
    - Rebid; added new providers and continue to expand use of best practices
  - Out of School Time Program
    - In the process of being rebid; added suicide prevention requirement and Youth Program Quality Assessment
- Transition Age Youth
  - Protocol to begin planning with youth aging out at 17.6 years of age
    - Work to identify plan for continued behavioral health services

- Established monthly report tracking numbers TAY
- Work with DSAMH to identify barriers/challenges and strategies to better engage youth in continued care
    - Many youth explain that they are tired of getting this continued care.
    - Works with adults and peers to help children at risk
- Relationships matter
    - Teacher-student relationships
        - Influence social and emotional development
- Project DelAware grant
    - Project thrive gives funding for trauma-specific recovery services
    - Also focuses on classroom specific and community wide support for trauma
    - Focuses on training

•**DOE**: Teri Lawler

- Social isolation and loneliness factors
- Depression and anxiety factors
- Children and families
    - Children have been suffering nationwide
- Challenges
- Opportunities through School connections
    - Substance abuse
    - Violence
    - Emotional distress
    - Eating/sleep disorders
    - Self-harm

Topic: (2) Committee Updates

Senator Hansen provided updates on SB 77 which is moving from the Senate to the House which expands liability coverage for lay people. They are also looking into third party coverage for companies.

Rep. Bentz also around fentanyl testing strip legislation which is through the senate and the house committee and will be heard on the house floor soon.

Access and Treatment: (Dr. Gibney)

The committee has been involved in the committee working to collab naloxone distribution with vaccination events. This has started and will expand. The subcommittee is looking to see how to assist with providers to access gap in services.

Corrections and Law Enforcement (Lt. Sawchenko):

Stated that there has on our less meeting for corrections and law enforcement. We looked at was assessing the current availability of behavioral health, wrap around services for those leaving incarceration, and to identify assets and gaps. Behavioral health services that are now being provided in the DLC facilities.

(Tamera Fair) The Committee is looking at the current availability of behavioral health and wraparound services for those leaving incarceration. They were able to learn more about this from Deputy Secretary Records and their subcontractor, Centurion. They have replaced the three tracks from the Key Program. They are working with DSAMH to do discharge planning. They will reach out to DSAMH on this.

Changing Perceptions (Dave Humes):

The committee is looking at cultural humility/competency CEU requirement. Katie Capelli has been involved with the development of the stigma campaign which they have not had the discussion. Noted that the legislation waws communicated by Senator Hansen and Rep. Bentz. Discussed Opioid Impact Fee and wanted updates on the

Emily Vera and Dave Humes met with Senator Coons on a federal bill which will permit alternative means of pain management to be used and they did this as a way to get him to co-sponsor the bill.

Data and Policy (Carolyn Petrak):

Stressful and congested legislative session and policy did not propose any of their own new legislation

The committee did not propose any new legislation but wanted to support other subcommittees. They met with the Education and Prevention workgroup on universal screening which they found was productive. Met last week, provided update on Humes and Senator Hansen. They are really focusing parity and how to look at this broadly and look at other state initiatives.

Education and Prevention (Rebecca King):

Working on a program that works on a screening process for children; in the process of a need's assessments, mental health and prescreening process for children ages 8-10

Subcommittee EP10 is meeting on a bi-weekly basis and has expanded their membership to include more representatives from DOE, PBH/DSCYF, CDS, and various school districts. We have reached out to representatives from the Medical Society of Delaware AAP and will be reaching out to Nemours Behavioral Health for increased medical representation. We would also like to have support from the Data and Policy team as we move forward. Our current focus is to develop a set of recommendations for mental health and substance use disorder prescreening processes that can support youth ages 10-13 for schools, pediatrician offices, and emergency departments.

EP10 will be utilizing the Multi-Tiered System of Support (MTSS) for the infrastructure of the project and are working closely with DOE and districts as they roll out the new MTSS Regulations for schools which include having a screening process to identify children in need of behavioral supports in addition to academic supports. A logic model is being created for project implementation and outputs including: 1. Infrastructure support, 2. Needs assessment, 3. Mental Health Prescreening and Referral Process, and Provider Training. When completed, we will share it with the overall BHC. We are modeling this approach after one that was created for the Building Bridges Program when introducing Developmental Screens for ASD in pediatric environments.

Our next step is to create an overall timeline for project goals and completion. We will simultaneously be creating a survey for the needs assessment to determine what schools, pediatrician offices, and emergency departments are currently doing (if anything) to screen children ages 10-13 for behavioral health concerns.

Family and Community Readiness:

The Committee is working on the implementation of a training program that trains people on how to work with people with Alzheimer's and Dementia

The Committee is working on examining the DSAMH aging recommendations and how they can identify priorities. Also looking to understand how HB159 is being implemented and how this can be updated, if needed to ensure quality treatment.

Topic: (3) Public Comment

Comments:

Erin Goldner asked was there any data on any pregnant women who overdosed and died

Harris S. Marx: Delaware will be getting monies from the Opioid Settlements. Some will be onetime, and others will be ongoing. President Biden is presenting an Infrastructure plan which covers both hard and soft infrastructure. Delaware lacks soft infrastructure in its Behavioral Health System. While Delaware has some cities, it is still a rural area. The state's Behavioral Health System keys in on the major populated areas and is weak in the rural areas leaving 10,000 people with issues as unserved.

This Consortium over the last couple of years have gone through several resets with Committees being told each time what are the issues that they need to deal with. These are ever changing, and little gets done. This is a top-down approach which has not been effective. A bottom-up proposal from the Peer-to-Peer Subcommittee of the Treatment and Access Committee would create the above soft infrastructure in Delaware's Behavioral Health System. It would be an outreach program from the existing Drop-In Centers in the State going to the rural areas to find these unserved individuals and families and get them help.

This proposal has been ignored by this Consortium. The $600,000 cost for this proposal should be paid through the above Opioid monies. Its use will cover the whole Behavioral Health spectrum of Opioids, addiction, schizophrenia, bipolar, depression, etc., etc. By the way, the members of the Peer-to-Peer Subcommittee is a diverse group made up of people from NAMI, MHA, SARDAA, the drop-in centers, DSAMH, hospitals, a children's organization and consumer advocates.

COVID-19 has increased the above 10,000 number created by the stress and isolation during this crisis. Build DE's infrastructure by using the Opioid monies for this proposal.

Next Meeting: July 20th