

**Next Meeting  
December 18, 2006 - 9 AM – NOON  
Leg Hall - House Hearing Room**

**GOVERNOR’S COMMISSION ON COMMUNITY-BASED ALTERNATIVES  
FOR INDIVIDUALS WITH DISABILITIES’  
HEALTH CARE COMMITTEE MEETING MINUTES  
DECEMBER 1, 2006  
EASTER SEALS - NEW CASTLE, DE**

**PRESENT:** Tim Brooks, Co-Chair, CDS; Rep. Pamela Maier; Miranda Marquez, DVR; Pat Maichle, DDC; Charlotte Herbert, LDAF; Rita Marocco, NAMI-DE; Bill Adami, Easter Seals; Doyle Dobbins, DelARF; Dave Lindemer, DSCYF; Dr. Tom Kelly, DDDS; Victor Orija, DSAAPD; Michelle Hess, CDS; Kyle Hodges, Staff;

**GUEST:** Kathy Goldsmith, DOE

**CALL TO ORDER:** The meeting was called to order at 9:10 AM.

**APPROVAL OF MINUTES**

The minutes from the October meeting were approved as submitted.

**BUSINESS**

Kathy Goldsmith, DOE, was present and provided recommendations to assist the Committee with Goal 2.

Doyle recommended including “eliminating barriers (e.g. silo effect) in the objective about developing a collaborative strategic plan. The Committee agreed. Rita noted a concern with terminologies such as mental illness v. behavioral health, etc. It is important since kids (and adults) may be served based on diagnosis and thus “terminology”. Many times, a person may not get the appropriate services based on a medical diagnosis or “label”. The current “labels” get in the way of the actual need. Mental illness is very diffuse...there are many types. Kathy noted that it needs to be determined who has primary responsibility for children with developmental disabilities. DOE has a federal mandate and the other agencies do not. Tom noted that the distinction between medical v. behavioral is very important but is sometimes artificial. Dave noted that the eligibility criteria in different divisions are mainly diagnostically driven, although some base it on need. The diagnostically driven method needs to be removed and replaced with functional assessments regardless of diagnosis. It was agreed to add an objective to review the state’s eligibility terminologies/definitions to ensure consistency between departments/divisions and to ensure that appropriate services are provided based on functional need. We need to determine what services are needed and what agency has

primary responsibility. Basically, it is implementing services based on functional need, not diagnostically driven diagnoses or “labels”. A planned action may be to review the State’s eligibility criteria to determine appropriate changes.

The Committee reviewed Old Goal 2. The following was determined regarding the objectives:

1. Delete – this has been done and the report is 3 years old.
2. Delete – this has been done.
3. Dave noted that, at one time, replicating the First State School model downstate was being explored. Kathy will let Kyle know if this objective is still apt.
4. Dave noted that CMH has contacted Child Development Watch to determine the status of before/after-school care for medically fragile children. Dave was directed to Nurses & Kids who provide such care. Dave is not sure of the services. Rep. Maier noted that a task force addressed this and thought more money was provided for pediatric fragile care. It was agreed to delete this objective.
5. Dave reported that, based on the recommendations of the Foster Care Task Force, level IV foster care is now being provided and they have foster care for medically fragile children. More money has been included for foster care based on the Foster Care Task Force recommendations. It was agreed to delete this objective.
6. Tim noted that AI DuPont and CDS are collaborating on the survey of kids who have transitioned out of AI over the past 5 years to determine if they have been able to access appropriate medical care in the community. This will be completed in the spring. Reviewing this could be a planned action under the objective since CDS and AI would like to secure a grant to build on the results of the survey. Tom noted that the Office of Children with Special Health Care Needs within DPH may be involved.
7. Regarding day programs for people with medical needs, it was agreed to move that under Goal 1.
8. It was agreed to add something about Foster Care into one of the “new objectives”.

New Objectives:

It was agreed to move the following as planned actions under our broad strategic plan objective.

1. Provide additional behavioral health services at home and in school, and services that use best practices. Today there is not adequate capacity to respond with the timeliness families need.
2. Provide after school, evening and weekend support services that provide children with additional learning opportunities (such as tutors and homework helpers) and safe, healthy recreation. These can be developed in partnership with local community organizations. Examples include: Boys & Girls Clubs, Police Athletic Leagues, and many others.
3. Provide enhanced transportation to activities.

4. Provide and allow for flexible resources to respond to individual children and family needs.
5. Allow reasonable workloads for state case managers to enable them to coordinate, monitor, and provide care.

These would go under the broad objective of:

Implement a holistic approach to best serve children and families in the State of Delaware by mandating a deadline to DHSS, DSCYF and DOE for the purpose of developing a systemic strategic plan, including funding mandates and accountability, building capacity and resources, and processes to eliminate barriers (e.g. current silo effect).

This could be accomplished by an Executive Order or budget epilogue language.

Other objectives:

1. Amend the DE “mixing” law to be more flexible in allowing children with less severe histories of assault or other behaviors to remain in state. Provide facilities for these children. Dave explained that DEs settings are small and open and the DE mixing laws provide for safety standards that don’t allow kids with severe behavioral/aggressive issues to be in the same settings with other children with less severe issues. DE’s settings do not have locked rooms or doors, one-on-one supervision, etc. Dave believes that the law needs to be reviewed to determine how or if we can keep more kids in state. However, the review is already being conducted by Child Protection Accountability Commission (CPAC) so it was agreed to delete this objective.
2. Provide a deadline to DHSS, DSCYF and DOE for the purpose of developing a systemic strategic plan, including funding mandates and accountability, to best serve children and families in the State of Delaware. One option would be to include language in the budget epilogue. This was enhanced and provided above.
3. Increase the providers to serve those currently out of state. It was agreed to insert “capacity” after “provider”. Some providers already have the economies of scale, but still need additional resources. This approach would cover both areas.
4. Examine the [Individualized Residential Treatment \(IRT\) model that has been successful in serving children in state](#). DSCYF currently does this with contracts. It was agreed that this model may need to be expanded, generalized or directed to other appropriate agencies which may help keep some kids in state.

The Committee reviewed Goal 3. Kyle provided recommended language for the overall goal. It was agreed that the following overall goal should read as follows: “Amend Delaware’s laws, programs and policies so they reflect the science based evidence that mental illness is a medical condition deserving of the same quality of care as physical disabilities and/or illnesses.”

The old objectives were reviewed:

1. This objective is still apt. It was agreed to include Rita's language as a planned action as follows: "Create acceptance of mental illness as a biologically based neurological disorder that is possible to treat in community based settings." The owner should be: DHSS; DSCYF and the Insurance Commissioner's Office.
2. It was agreed to expand the objective to all populations. The objective should read as follows: "Improve access to mental health services for all Delawareans." It was noted that there are many studies be conducted in this area. The planned action will include: "Compile a single report of the recommendations of HR 93 and any other applicable reports." The owner is DHSS.
3. Rita believes this objective is trying to capture the disparity in how insurance coverage is allocated for treatment. The disparity factor falls under various components. This should be included as an objective under Goal 5, Objective 3

Rita Marocco's other recommendations were reviewed.

1. Planned Action: Eliminate the double standards of treatment for mental illness.  
Public Policy: Pass legislation that mandates the integration of coverage and treatment of mental illness into medical insurance and treatment on all levels. Kyle noted that this could be combined with Objective 3 above. Rita reported all treatment for mental illness is carved out of regular insurance which puts it under a different set of rules. Rita could do some research to determine if this is nationwide. Rita noted that mental health parity is useless if you use a medical necessity definition that rises to the level of commitment. It was agreed that this should go under Goal 5, Objective 3.
2. Objective: Decriminalize the disease of mental illness.  
Planned Action: Develop effective Jail diversion protocols.  
Public Policy: Need legislation to eliminate the role of police transports as primary transporters of individuals in psychiatric crisis; avoid criminal detention of individuals in psychiatric crisis by mandating availability of medical facility intervention versus jail. It was noted that an education and training component should be included as a planned action.
3. Objective: Assure availability of medications for Medicaid/Medicare or State Funded treatment of individuals diagnosed with mental illness.  
Planned Action: Develop protocol for open access to all drugs used to treat mental illnesses  
Public Policy: Need legislation to codify open access to all medications for the treatment of mental illnesses.

Rita believes that medications will not always be available through the PDL (preferred drug list) since there will be new medications coming out and then you need to try to get them approved through the P&T Committee. During the time frame for approval, these medications may not be available even if they are eventually approved. Kyle referenced SCPDs suggestion of regulating mental health drug. Rita did not believe grandfathering" would cover all the issues. It was agreed to include the objective, planned action and public policy.

Kyle referenced a “report card” on mental health services in DE. It was agreed to include the following objective: Develop transparent outcome data on the change from continuous treatment teams (CTTs) to community continuum of care programs (CCCPs). In addition, it was agreed to add something about better access to information. The “report card” methodology reported a grade of D- when trying to access information via available contact information. Finally, it was agreed to include an objective regarding better access to peer recovery programs.

Tom Kelly reviewed Goal 4 with the Committee. Regarding the overall goal, it was agreed to delete “self directed philosophy” and insert “self direction”.

1. It was agreed to delete “of these same people in times of emergency management and recovery.” Also, insert “their” instead of “the”. Kyle noted that SCPD and DDC are now housed under the Department of Safety and Homeland Security. These councils are active in current planning. It was agreed that these relationships need to be maintained as a planned action.
2. It was noted that a planned action may be to review the Healthy Delawareans with Disabilities 2010 Statewide disability report (adult report due in March 07; children in July 07). In addition, there is a statewide Behavior Risk Factor Surveillance Survey (BRFSS) Committee. Tom recommended that the disability community advocate to be a member of this committee. DPH obtains many of its health statistics from this group for those 18 and over. The contact is Fred Breukelman, the statewide BRFSS Director. It was agreed to increase funding for an epidemiologist to address disability issues. It was agreed that a task force is needed to coordinate national research [e.g. data and information from American Academy of Health and Disabilities (AAHD)].
3. It was agreed that this is covered in Goal 5 and should be deleted here.
4. It was noted that limits on self direction by people with disabilities is “across the board” (group homes, assisted living, community). This needs to be balanced with regulations/standards on training. Tom noted Ohio legislation as a possible model and will forward that to Kyle. It was agreed to delete “Continue to seek professional regulation” and insert “Enact ongoing” in the objective. It was agreed to examine the Ohio legislation and SB 261 (2004) to determine appropriate language. Tom also noted that accessibility to physician’s offices may fall under this objective. DDC is looking to issue an RFP to address this issue.
5. It was agreed that Workforc could address this and/or its covered under Goal 1, Objective 6.
6. It was asked if health prevention programs (e.g. smoking cessation, obesity and physical nutrition) address disability issues when they are established. Tom suggested that a planned action could be to: “Mandate or encourage that all DE health promotion and disease prevention programs include the needs of people with disabilities.

The Committee reviewed Goal 5. Kyle included objectives identified at the last meeting and others that he researched.

1. Kyle noted that CDS and the Insurance Commissioner's Office were going to research mandates in other states. A study was conducted which determined that DE is on the low end of insurance mandates compared to the rest of the country. It was agreed to include this objective.
2. It was agreed to delete "provider" and insert "party".
3. It was agreed to have this as Objective 1 with current objectives 1 & 2 (?) as planned actions. Bill noted that we should tap into insurance as best we can, but if there are limitations to coverage, there should be a state responsibility to get the person what they need – there should be a back-up support system in the insurance delivery system for limitations in coverage to ensure that an individual's functional needs are met. Language should be included in the planned action to capture this.
4. Kyle noted that a bill was introduced last session that addressed this. Medicaid does not cover costs for hearing aids. It was noted that this could be an example under number 1. Kyle thought the bill related only to Medicaid. It was agreed to keep this as an objective. It was noted there may be another bill to address newborn and infant hearing screening.
5. This was the bill Matt addressed in detail.
6. This provides Medicaid dental coverage to people over 21.
7. It was agreed to delete this objective (non-profits in state group health insurance programs).
8. This reforms the Worker's Compensation Law. It was agreed to include this as an objective
9. It was agreed to include this as an objective (access to appropriate medications).
10. Kyle will clarify this issue.
11. Delete "provider" and insert "professional". It was agreed to include this as an objective.

Respectively submitted,

Kyle Hodges  
SCPD Administrator

ExecOrder50hadmin12-1-06