December 2019

YEAR 1 PROGRESS REPORT

BHC+

Behavioral Health Consortium

THREE-YEAR ACTION PLAN

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A Special Thank-You

We would like to express our appreciation and gratitude to all of the individuals who shared their personal stories with us. Your courage, spirit, and drive to make a difference inspire us all.

To the nearly 600 Delawareans who took part in the concept-mapping process in all three counties — including those in recovery, family members of those who lost their battle, providers, law enforcement, researchers, elected officials, and interested community members — we thank you for your ideas, suggestions, and feedback.

To all of the Consortium members and stakeholders who have been a part of this process from the beginning, we thank you for your dedication and passion to make change and save lives.

Thank you to the multiple agencies, divisions, and partners that helped provide leadership and support to us:

- **Delaware Division of Public Health**
- **Delaware Division of Substance Abuse and Mental Health**
- **Delaware Department of Services for Children, Youth, and Their Families**
- **Delaware Department of Safety and Homeland Security**
- **Concept Systems, Inc.**

Governor Carney,

Bethany A. Hall-Long, PhD, RN
Lieutenant Governor
Chair, Behavioral Health Consortium

As Chair of the Behavioral Health Consortium, I respectfully submit to you this progress report. This report details and outlines the status of each objective that was recommended as part of the Three-Year Action Plan to address both the addiction epidemic and behavioral health in Delaware.

Like the rest of the nation, Delaware has suffered too many overdose deaths. Also, those living with mental health and addiction have faced great difficulty seeking the treatment they need. Too often, they, along with their families and loved ones, have endured the hardship of a fractured behavioral health system that has not served them effectively.

Since the release of the Three-Year Action Plan, we have made tremendous progress toward improving and integrating Delaware's behavioral health systems. Recommendations included in the report resulted in the enactment of legislation that is currently accelerating progress in access, insurance, and treatment options for Delawareans seeking behavioral health treatment. Delaware was the first in the nation to adopt the Overdose System of Care. This innovative statewide approach ensures that first responders and health systems provide the critical link to continual care during an individual's time of crisis. In addition, we have supported the creation of the START (Substance Use Treatment and Recovery Transformation) initiative, which allows for rapid intake and assessment, treatment with medication and counseling, peer-mentorship services, and access to chronic-pain management. In 2018, the Behavioral Health Consortium was honored to be selected by the Pew Charitable Trust to create a model for addressing the opioid epidemic that other states could use.

A key focus of the Behavioral Health Consortium continues to be public awareness and education to erase stigma and break down barriers. Earlier this year, the Behavioral Health Consortium launched a public awareness campaign aimed at addressing stigma. This campaign reinforced the message that "no one has to struggle alone." Support for Project Purple, a successful statewide awareness and stigma campaign, provided us the opportunity to educate public officials and community leaders about the stigma associated with behavioral health.

On behalf of the members of the Behavioral Health Consortium, I am incredibly grateful to our stakeholders for their continued support of our mission of developing short- and long-term strategies and initiatives to address the major behavioral health challenges we face in Delaware. I look forward to working with the members of the Behavioral Health Consortium to continue expanding mental health parity, increasing resources for children and families, and developing the workforce required for a behavioral health system that works for everyone.

We still have a long way to go, but I am very proud of the progress we've made.

Sincerely,

Bethany A. Hall-Long

Bethany A. Hall-Long, PhD, RN
Lieutenant Governor
Chair, Behavioral Health Consortium

Executive Summary

BACKGROUND

The formation of the Delaware Behavioral Health Consortium (BHC) was first proposed by Governor John Carney in his Action Plan for Delaware and signed into law on July 16, 2017. The BHC, created by the passage of Senate Bill 111, under the leadership of Lt. Governor Hall-Long, Senator Bryan Townsend, and Representative David Bentz, was formed to tackle Delaware's challenging and complex issues around addiction and mental health. In Delaware, as in many other states across the nation, the statistics reveal a troubling reality. Over 30,000 adults, 9,000 adolescents, and more than 82% of our prison population struggle with mental illness or substance use disorder. Nationally, 11 is the average age of onset of a behavioral health disorder, and 22.5% of the general population is struggling with mental illness. Unfortunately, far too many Delawareans do not seek treatment, do not know where to turn for help, or do not have the resources to get the help they need. Compounded by the epidemic in prescription drug access and subsequent misuse, individuals in all parts of the state are equally vulnerable to opioid use disorder, which can exacerbate behavioral and mental challenges for individuals already suffering from behavioral and mental stressors.

PURPOSE

Since the first meeting in October 2017, the BHC has focused on creating a streamlined approach to improving Delaware's behavioral health system by identifying and linking the numerous public and nonprofit bodies, efforts, initiatives, and commissions that are currently in place, and creating both short-term and long-term strategies to save lives and expand access to treatment services. The Consortium intends to address the prevalence and severity of behavioral and mental health issues.

As a catalyst to establishing the BHC's priorities, leaders have hosted public meetings, held focus groups, and worked with local communities to identify the most pressing issues currently facing the state in the behavioral health arena.

The 25-member BHC meets monthly. The BHC invites stakeholders, members of the public, and relevant agencies to each meeting, ensuring that the business of the BHC has currency through the valued input of both experts and those with real-world experience. The BHC has conducted a series of statewide community listening forums, which served as the basis for BHC Committee tasks.

THE PEW CHARITABLE TRUSTS REPORT

In 2018, the BHC was able to partner with Pew Charitable Trusts, whose research and analysis led to insights to support Delaware's priorities. The resulting report lays out strong recommendations for improving substance use disorder treatment in Delaware.[1] The recommendations, when implemented, are expected to "increase the treatment capacity in the state, particularly in outpatient and primary care settings, and would help people with OUD to access coordinated care that meets their individual needs."[2]

The report includes eight major recommendations, targeting treatment and care as a system, the development and support of the workforce, ensuring coverage and reimbursement, and focusing on underserved populations. Some of the recommendations in the report outlined the need for a common assessment tool to support continuity of care, increased insurance coverage, and specific case management for those leaving the Department of Corrections.[3] This report has added momentum to the BHC's work and highlighted opportunities for consistent improvement within the state. We note in the Committee progress summaries below where Pew recommendations are related to Committee priorities.

BHC ROLES, CLARIFIED

In May 2019, the BHC hosted a meeting with all Committee and BHC members to reflect on actions and progress to that point. The following specific roles of the BHC were articulated and confirmed:

- Convener of critical partners in the fight to reduce and eliminate our residents' challenges related to behavioral health and, specifically, substance use disorder.
- Facilitator for collaborative processes to understand and solve the issues.
- Aggregator and disseminator of promising, measurable actions to identify progress and impact on the issues across the state.
- Link and catalyst for all involved parties to lead to effective and lasting changes to the current state.

[1] https://ltgov.delaware.gov/wp-content/uploads/sites/27/2019/04/Delaware-Recommendations-for-OUD-Treatment-Expansion-Final-PDF.pdf
[2] Ibid.
[3] https://ltgov.delaware.gov/wp-content/uploads/sites/27/2019/04/Delaware-Recommendations-for-OUD-Treatment-Expansion-Final-PDF.pdf

Executive Summary

COMMITTEE CHARGES

The Three-Year Action Plan describes each Committee's charge and priorities by year, within a three-year time frame. The BHC Handbook, drafted in May 2019, describes each Committee's purpose and charge.

Access and Treatment

Ensuring adequate resources, capacity, and high-quality treatment should be a top priority for every behavioral health system across the state. Looking to expand treatment resources that increase access for individuals is critical.

Changing Perceptions

Work to reduce the barrier that stigma creates for individuals and alter perceptions on behavioral health. Provide information and insight to the communities that have not been touched.

Corrections and Law Enforcement

Produce recommendations and collaborate with stakeholders to promote a quality, sustainable, and efficient corrections and law enforcement system that meets the needs of the individual experiencing behavioral health issues.

Data and Policy

Oversee any legislative action, promote data sharing among entities, and ensure all other Committees are receiving any data requested related to behavioral health. (Note: The group still serves this function but as a link and information provider to other Committees.)

Education and Prevention

Provide education, prevention, and early intervention on behavioral health that is understandable and accurate for all stakeholders.

Family and Community Readiness

Support, educate, and fight stigma for families and communities that are experiencing any behavioral health issues, in order to promote quality services.

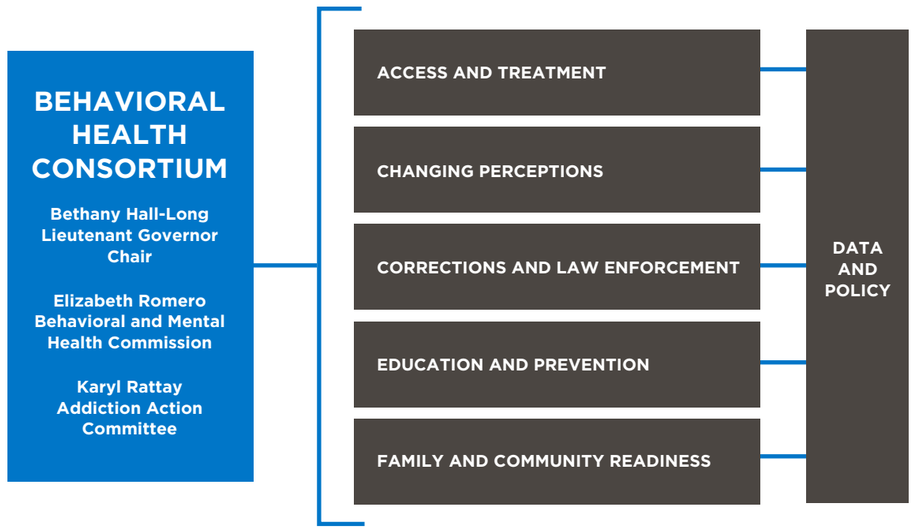
YEAR 1 PLAN: THE BLUE BOOK

To accelerate action across all areas of need identified through the processes described on the previous page, the BHC established a Committee structure to ensure that all areas of need and opportunity were present in the overall work plan of the BHC's Committees. The following illustrates the BHC structure as of May 2018.

BEHAVIORAL HEALTH CONSORTIUM
Lt. Governor

ACCESS AND TREATMENT COMMITTEE	CHANGING PERCEPTIONS COMMITTEE	CORRECTIONS AND LAW ENFORCEMENT COMMITTEE	DATA AND POLICY COMMITTEE	EDUCATION AND PREVENTION COMMITTEE	FAMILY AND COMMUNITY READINESS COMMITTEE
Chair: Dr. Sandy Gibney	Co-Chairs: Dave Humes and Dr. Joshua Thomas	Co-Chairs: Tamera Fair and Lt. Charles Sawchenko	Co-Chairs: Carolyn Petrak and Dr. Meghan Walls	Co-Chairs: Rebecca King and Dr. Michele Marinucci	Co-Chairs: Cheryl Doucette and Dr. James Ellison

A revised Committee structure was proposed in July 2019, to recognize the interdependencies between the Data and Policy Committee and all other Committees, as well as the Data and Policy Committee's charge as serving as a resource for all Committees. The structure is revised to reflect that change in relationship among the Committees:



Committee Progress to Date

In Year 1, Committees were very active in tackling the priority objectives that were described in the Blue Book. Committees varied significantly in scope and types of priorities. The largest, Access and Treatment, had responsibility for several large-scale areas of need, and achieved progress in each of those areas. Committees with more specific objectives worked with partners to explore and assess current needs, link programs, and make progress in Year 1.

How this section is organized

To reflect the work and progress of each Committee, we listed each Committee's objectives in the sentence that appears above the progress summary on that objective. The objectives are numbered uniquely; for example, all items related to Access and Treatment are designated with "AT" and a unique number. The group of objectives for Corrections and Law Enforcement is designated as "CLE," with a unique number. Those unique identifiers also appear in the legislative report, which follows the Committee Progress section below.

Committees have reported their progress for each objective or task. The report reflects the time frame in which action was expected and the Committees' assessment of progress. Committees report each assigned target using the following structure:

NOT STARTED: No action has been taken on the objective. This usually signals that the Committee has conducted research with experts and gathered data in order to formulate priorities during Year 1. Items that are not intended to be active until Year 2 or Year 3 are also flagged as "Not Started" in most cases.

IN PROGRESS: Planning and collaborating to activate a selected course of action or program is underway. Some Year 2 items are already in progress, along with Year 1 priorities.

ACTIVE: The program or initiative is actively being promoted or deployed. In some cases, you will note other agencies referenced. Generally, that indicates that the action is the responsibility of that agency, and the agency is actively focused on the task. The related BHC Committee is a partner to support action.

Colors associated with progress of Committee tasks are:

Not Started | In Progress | Active

To reference the BHC Committee progress with the Pew Report Recommendations, we included a table of Pew recommendations for each Committee, and we noted the recommendations addressed by the work of the Committee.

YEAR 1 PROGRESS REPORT

ACCESS AND TREATMENT

A NOTE FROM THE CO-CHAIRS

In its first year, the Access and Treatment Committee worked intently on passing legislation and learning about state efforts to combat the opioid epidemic.

The Committee was able to assist with mental health parity, Overdose System of Care, and many other pieces of legislation as mentioned in the legislative report. The Committee also worked within the community by providing monthly naloxone distributions. In the upcoming year, the Committee wants to continue to work to meet the needs of the community and expand access to treatment and support services.

The Access and Treatment Committee's charges included responsibility for action in four action areas. Each subgroup is listed below, followed by its objectives and progress to date.

Related Pew Report Recommendations

Priority Area		Recommendation	Related
Treatment system transformation	1	Fund reimbursement for care coordination.	AT3, AT15
	2	Issue regulations to expand facilities and dosing sites.	AT9, AT11
	3	Mandate common assessment tool to support diagnosis and placement.	AT11
Underserved populations	7	Sufficient funding for DE DOC to expand FDA-approved MAT to all persons in correctional facility.	AT17
	8	Require care management for people with high care needs who are returning to the community, including those with OUD.	AT11

Insurance, Regulations, and Reimbursement

AT1: Support mental health parity legislation.

• Facilitate mental health parity legislation.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Full integration of mental health parity across public and private insurance	1	Active: Legislative Action: See table (SB 230)	

AT2: Educate the public on insurance availability and options.

• Link to public awareness campaign under Education and Prevention Campaign.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Increased awareness of available insurance options through a public awareness campaign	1	In Progress: Legislative Action: See table (SB 116)	Education and Prevention Committee, Changing Perceptions Committee

AT3: Reduce disparity between cost of Medication Assisted Treatment (MAT) for Medicaid vs. private insurance.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
No disparity between cost of MAT for Medicaid and private insurance	2	In Progress: Legislative Action: See table (SB 220)	Insurance Taskforce

AT4: Reduce disparity between cost of medications/psychopharmacology for Medicaid vs. private insurance.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
No disparity between cost of medications/ psychopharmacology for Medicaid and private insurance	2	In Progress	Insurance Taskforce

AT5: Adopt pay-for-value initiatives in opioid use disorder treatment, including bonuses and penalties for quality metrics, and payment methodologies that reward positive outcomes within the Medicaid population.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Implementation of appropriate pay-for-value initiative program that works to ensure positive, equitable outcomes	2	In Progress	

AT6: Explore and develop revolving Loan Repayment Program for Treatment Services.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Recommendations and/or proposal for Loan Repayment Program for Treatment Services	2	Not Started	Insurance Taskforce

AT7: Evaluate and change reimbursement strategies for behavioral health, including therapy and counseling services.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Policies and/or regulations that ensure accurate reimbursement for behavioral health	2	In Progress	

Access and System of Care

AT8: Implement Centers of Excellence for rapid intake and assessment, treatment with medication and counseling, peer-mentorship services, and access to chronic-pain management.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Centers of Excellence established and operating	1	Active: DSAMH START initiative	DSAMH

AT9: Create an "Overdose System of Care."

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Adoption of Overdose System of Care throughout all state health systems	1	Active: Legislative Action: See table (HS 1 for HB 240)	Overdose System of Care Committee

AT10: Create and conduct geriatric behavioral health or substance use disorder evaluation and needs assessment for treatment.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Statewide coordinated strategic plan for addressing the behavioral health needs of the geriatric population	1	In Progress	

AT11: Increase the capacity of the substance use disorder treatment system along the full continuum of care to meet the needs of Delawareans, including residential beds, recovery residences, and outpatient services to ensure high-quality individualized care.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Capacity of the SUD treatment meets the demand for treatment	1	In Progress	

AT12: Conduct and create youth education and treatment evaluation/needs assessment.

- Analyze plan for Youth Educational Treatment & Recovery Academy.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Statewide coordinated strategic plan for addressing the behavioral health needs of the youth population	2	In Progress	

AT13: Ensure all students have access to state-supported mental health services.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Improved access to state-supported mental health services	2	In Progress	

AT14: Advocate for and increase telemedicine psychiatry, to increase access in rural and underserved areas.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Improved access to state-supported mental health services	2	In Progress	

AT15: Evaluate current efforts to increase access to behavioral health providers by increasing insurance and pay-for-service options.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Improved access to providers	2	Not Started	

AT16: Evaluate, pilot, and develop key recommendations to support primary care settings and to ensure that they are adequately reimbursed for integrated behavioral health.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Best practices and recommendations for integration of behavioral health and primary care	3	Not Started	

Treatment Options

AT17: Increase access to Medication Assisted Treatment (MAT).

- Increase education for primary care physicians, obstetricians, providers, emergency departments, and other appropriate entities.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Ensure that providers and clients are aware of MAT and how to appropriately refer and administer MAT, and coordinate with behavioral health services when needed	1	Active: DPH and AAC providing MAT education	

AT18: Develop a statewide Community Health Workers Network, which will have a focus on behavioral health.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Integration of Community Health Workers Network into multiple community organizations and health systems	1	Active: Community Health Workers are currently being trained	

AT19: Develop a peer-to-peer program statewide.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Creation of BHC standard best practices for peer-to-peer programs	1	Active: DSAMH START program utilizing peer support	

AT20: Substance-exposed Infants.

- Continue postpartum screening program.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Monitoring of the SEI program	1	Active: DSCYF running a program	DSCYF

AT21: Expand access to naloxone.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Communities have access to naloxone as need arises	1	Active: DPH and DMRC actively dispensing naloxone to communities	DPH, DMRC, DSAMH

AT22: Expand the Syringe Services Program and fentanyl testing strips.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Improved access to Syringe Services Program and fentanyl testing strips	1	In Progress	

AT23: Provide more crisis intervention, including mental health first-aid training to first responders and communities.

• Expand and enhance 24-hour crisis hotline for point of entry and referral.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Increased access to crisis intervention as well as more training for community and first responders	1	In Progress	

AT24: Expansion of detox facilities.

• Explore options for adolescent-exclusive detox.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Increased number of facilities that assist with detox and stabilization for all populations, including youth populations	1	In Progress	

AT25: Expand trauma-informed and trauma-responsive care programming in a substantial and systematic way.

• Building upon the First Lady's Compassionate (Trauma-Sensitive) Schools Program.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Increased trauma-informed approaches within state and community agencies	1	Active: First Lady Initiative: Trauma-informed Delaware	

AT26: Support chronic-pain care management.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Implementation of chronic-pain management alternatives instituted into health systems and community organizations	1	Active: Legislative Action: See table (SB 225)	

AT27: Evaluate and develop a Veterans Response Training (VRT) program.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Established VRT program	1	Active: Trainings are being held	CLE Committee

AT28: Ensure behavioral health resources meet the needs of those with intellectual and developmental disabilities, with a focus on evidence-based approaches.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Behavioral health resources that are accessible to all and include multiple forms and reading levels	2	Not Started	

AT29: Examine and study harm-reduction measures, including safe-consumption sites.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Recommendations created on the appropriate harm-reduction measures for the DE population	3	Not Started	

AT30: Expand both psychiatric and other in-demand workforce residency programs.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Increased behavioral health workforce in the state	1	Not Started	

AT31: Utilize mobile vans to promote educational development and better health outcomes in the community (e.g., clinics, community health workers).

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Implementation of mobile vans that provide preventive care and react to the needs of the communities they serve	1	In Progress	

AT32: Evaluate subsidized professional training and loan forgiveness programs for providers to practice in-state.

• Evaluate support for higher education institutions.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Increased financial support for provider training and loan forgiveness programs	2	Not Started	

YEAR 1 PROGRESS REPORT

CHANGING PERCEPTIONS

A NOTE FROM THE CO-CHAIRS

The Changing Perceptions Committee held its first meeting in September 2018. Our early consensus was to attempt to meet monthly. As the Committee continued to meet, we established a set time in order for all interested individuals to participate.

In order to address our barriers and communication and messaging tasks, we brought in people from various cabinet departments and organizations to provide expertise in the four Year 1 areas that we were tasked with addressing.

Related Pew Report Recommendations

Priority Area		Recommendation	Related
Underserved populations	8	Require care management for people with high care needs who are returning to the community, including those with OUD.	CP8

CP1: Cultivate relationships with the business community for job employment for individuals.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Creation and implementation of recovery to job pipeline into multiple directions	1	In Progress	

CP2: Ensure behavioral health resources are culturally competent, utilizing evidence-based approaches.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Health equity and cultural competency/humility approach adopted throughout the state; formulation of resource guide on best practices and/or legislation to ensure this	2	Not Started	

CP3: Evaluate hiring policies in workplaces regarding the need to disclose behavioral health history.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Creation and implementation of recovery to job pipeline into multiple directions	2	In Progress	

CP4: Educate and provide support to individuals in recovery on ways to reacclimate after active addiction.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Disseminated and increased awareness and continued messaging developed for how to assist with acclimating	2	In Progress	

CP5: Educate public officials and community leaders on the stigma associated with behavioral health, to better influence policymaking.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Standardized process of educating new legislators on behavioral health in the state and BHC priorities	1	Active: Engaged legislators on multiple issues	

CP6: Support and implement "Project Purple," a statewide awareness and stigma campaign.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Full implementation of Project Purple throughout the state	1	Active: Project Purple started statewide October 2019	

CP7: Increase awareness and use of HelpIsHereDE.com.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Increased awareness of HelpIsHereDE.com as a key resource	1	In Progress	

CP8: Evaluate opportunities to ensure treatment information is available through cellphone, hotline, or other technology, to give families and consumers quicker access to care.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Creation of a guide for the resources that is disseminated statewide and assists in identifying the best resources for each subgroup (providers, family, etc.)	1	In Progress	Education and Prevention Committee, DSAMH

YEAR 1 PROGRESS REPORT

ACCESS AND TREATMENT

CHANGING PERCEPTIONS

CORRECTIONS AND LAW ENFORCEMENT

DATA AND POLICY

EDUCATION AND PREVENTION

FAMILY AND COMMUNITY READINESS

CORRECTIONS AND LAW ENFORCEMENT

A NOTE FROM THE CO-CHAIRS

In its first year, the Corrections and Law Enforcement Committee assembled a diverse group of strategically positioned individuals (e.g., DOC, community organizations, DHSS, DSAMH, DSCYF, state police departments, CJC) to address these issues as they pertain to assistance from Corrections and Law Enforcement. The following is the progress made by the subcommittee on the Year 1 tasks.

Related Pew Report Recommendations

Priority Area		Recommendation	Related
Underserved populations	7	Sufficient funding for DE DOC to expand FDA-approved MAT to all persons in correctional facility.	CLE5
	8	Require care management for people with high care needs who are returning to the community, including those with OUD.	CLE1, CLE4

CLE1: Increase training for correctional officers to better deal with individuals with behavioral health needs within our prison and probation population.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Expanded training for cadets and probation officers; plan to have specialized units	1	Active: DOC has expanded training and is currently working to expand to other populations	Department of Corrections, Department of Homeland Security, DSAMH

CLE2: Develop and increase stronger partnerships and coordination between police departments, school districts, and school resource officers to offer trauma-informed training.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Trauma-informed training standardized across the network	2	In Progress Legislative Action: See table (HB 74)	Department of Homeland Security, Police Chiefs Council, Behavioral Health Consortium

CLE3: Medicaid status should be shifted from "termination" to "suspension."

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Full implementation of Medicaid suspension for incarcerated population	1	Active: Medicaid suspension will begin January 2020	Department of Corrections, Department of Health and Social Services, Medicaid, DSAMH

CLE4: Standardize post-prison discharge treatment and wraparound services as a bridge to society, including transitional housing.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Regular reports from DCRC	1	Active: Formation of the DCRC through executive order	Department of Corrections, Department of Health and Social Services, Delaware Housing Alliance

CLE5: MAT expansion within Department of Corrections.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Bridged gap between detentioners and re-entrants to community-based providers; continuum of care follow-up	1	Active: Plan to expand MAT treatment	Department of Corrections, Department of Homeland Security

CLE6: Study potential post-arrest avenues that would restore rights to an individual who has a behavioral health diagnosis, to increase access to medical services/medication and job/labor markets.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Increased access to medical services/medication and job/labor markets for those who have been arrested	2	Not Started	Behavioral Health Consortium, Department of Corrections, Courts, Criminal Justice Council, Department of Labor

CLE7: Examine the "drug diversion program" and the sentencing for individuals with behavioral health diagnoses, to explore treatment vs. prison time.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Provide recommendations on diversion best practices	3	In Progress	Behavioral Health Consortium, Courts, Department of Homeland Security, Department of Corrections, Criminal Justice Council

CLE8: Allocate funds specifically to detection and intervention programs as well as law enforcement diversion programs (e.g., pilot TRUST, Angel Program, HERO HELP).

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Expanded Open Beds and "flagging"; standardized for one statewide program	1	In Progress	Behavioral Health Consortium, Office of the Lt. Governor, DSAMH, Police Chiefs Council, Department of Homeland Security

CLE9: Evaluate and develop Veterans Response Training (VRT) program.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Established VRT program	1	Active: Training sessions are being held	Office of the Lt. Governor, New Castle County Police Department, Department of Homeland Security, Behavioral Health Consortium

YEAR 1 PROGRESS REPORT

DATA AND POLICY

A NOTE FROM THE CO-CHAIRS

The Data and Policy Committee has been active in increasing data sharing across state and community organizations, and in assisting with policy development.

During the Pause meeting in May 2019, the Committee decided to restructure itself for Year 2 and Year 3, establishing connections with each Committee to provide data and support for their targeted priorities, as a means to accomplising the assigned tasks. The Committee meets quarterly to discuss what each Committee is doing, and creates a plan for their work.

Related Pew Report Recommendations

Priority Area		Recommendation	Related
Treatment system transformation	1	Fund reimbursement for care coordination.	DP4
	2	Issue regulations to expand facilities and dosing sites.	DP9
	3	Mandate common assessment tool to support diagnosis and placement.	DP6

DP1: Create a statewide MOU for state agencies to share critical data related to brain health.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Governor's office has taken lead on this initiative	1	In Progress	Governor's Office

DP2: Create a statewide MOU for nonprofits and entities that contract with the state, to better share critical data related to behavioral health trends and statistics.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Increased information sharing with nonprofits and entities	1	In Progress	

DP3: Assess and expand overdose fatalities and determine what critical resources are needed in specific ZIP codes.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Ensure that critical resources are deployed to areas of high need	1	Active: Legislative Action: See table (SB 230)	

DP4: Explore funding of infrastructure cost for health care claims data (all payers), focusing on mental health parity cost and programs.

• Work to modernize 42 C.F.R. Part 2.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Infrastructure in place for health care claims data	1	In Progress	

DP5: Explore, analyze, and look to improve the Prescription Monitoring Program.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
PMP fully implemented in all health care settings and utilized to identify problematic prescribing and dispensing	1	Active: PMP running and implemented in multiple locations	

DP6: Evaluate resources for families and individuals who need involuntary treatment resources.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Increased resources for families and individuals who need involuntary treatment resources	1	In Progress	

DP7: Evaluate alternative therapies for individuals in active recovery.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Recommendations for alternative therapies for individuals in active recovery	1	In Progress	

DP8: Support legislation that would ban powdered alcohol.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Legislation banning powdered alcohol	1	Active: Legislative Action: See table (HB 372)	

DP9: Explore options for funding, ranging from federal applications, settlements, and state-based legislation (i.e., Opioid Assessment Fee, etc.).

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Recommendations and/or legislation on funding from settlements, federal applications, and state-based legislation	2	Active: Legislative Action: See table (SB 34 with SA 1)	

DP10: Conduct assessment of behavioral health and substance use disorder commissions and agencies to study any gaps or overlap between entities.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Gap analysis of behavioral health and substance use disorder commissions and agencies	2	Not Started	

YEAR 1 PROGRESS REPORT

EDUCATION AND PREVENTION

A NOTE FROM THE CO-CHAIRS

The Education and Prevention Committee's focus is on providing education, prevention, and early intervention to ensure that mental and behavioral health issues are understood and addressed.

Our Committee comprises mostly educators who work in schools and the private mental health sector. One of our Committee's proudest accomplishments is the offering of a variety of behavioral health training to professional groups statewide. This has been accomplished through the revival of the Delaware Department of Education (DOE) statewide in-service day, where mental health first aid and other behavioral health topics will be offered to school staff across the state — and through partnership with the Division of Substance Abuse and Mental Health, who provided Mental Health Train the Trainer Training for Youth to community members. We look forward to continuing to expand education across sectors and into communities.

No specific Pew Report Recommendations were referenced in the Committee's charge, which focuses exclusively on education.

EP1: Engage the faith-based organizations to educate on local resources and to provide a greater connection to services.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Coordinated, collaborative strategy with the faith-based community on health initiatives, including providing ongoing education for health pastors and nurses	1	In Progress	Behavioral Health Consortium, DSAMH, Healthy Neighborhoods Consortium

EP2: Implement the Lieutenant Governor's Challenge to promote the improvement of physical and behavioral health for youth across the state.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Lt. Governor's Challenge increased awareness and promotion throughout the state	1	In Progress	Office of the Lt. Governor, Behavioral Health Consortium

EP3: Support and develop a "Green Alert" system for veterans in our community who are in crisis.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Implementation of a "Green Alert" system for veterans	1	Active: Legislative Action: See table (HB 368)	Behavioral Health Consortium, NAMI, DSAMH, Veterans Commission

EP4: Support increased engagement of parents and guardians with schools through home mentors/community health workers and one-on-one interaction.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Developed integration of behavioral health into the school and home setting	2	In Progress	Behavioral Health Consortium, Local Education Agencies, Chief's Association, DSAMH, Department of Education

EP5: Implement and scale Botvin's LifeSkills Training and/or an alternative evidence-based curriculum for youth prevention.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Behavioral health prevention curriculum and supports are integrated into all schools that are culturally relevant and community informed	1	Active: DOE is working on regulations and curriculum improvement	Behavioral Health Consortium, DSAMH, Department of Education, Chief's Association

EP6: Promote a public campaign to increase education, prevention, and awareness around resources and stigma for suicide, addiction, mental health, alternative therapy, homelessness, and mindfulness.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Coordinated promotion and awareness of state agency public awareness campaigns	1	Active: BHC had a public awareness campaign during summer 2019	Behavioral Health Consortium, Department of Health and Social Services, DSCYF, Office of the Governor, Office of the Lt. Governor, CPS Committee

EP7: Implement evidence-based prevention strategies through the Healthy Neighborhoods Consortium.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Implementation of a statewide coordinated prevention strategy for behavioral health	1	Not Started	Behavioral Health Consortium, DSAMH, Division of Public Health, DSCYF, Healthy Neighborhoods

EP8: Provide education on safer prescribing of opioids and improve pain management for the medical community.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Development of education and awareness campaign on safer prescribing and pain management tools	1	In Progress	Addiction Action Committee, Division of Professional Regulations, Division of Public Health, Behavioral Health Consortium, A and T Committee (Safe Prescribing, Addiction Action Committee)

EP9: Offer basic behavioral health training to professional groups across the state.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Systematic procedure of educating medical, education, business professionals on behavioral health	2	Not Started	Behavioral Health Consortium, DSAMH, Division of Public Health, DSCYF

EP10: Implement prescreening tools, which will assist with early detection of mental illness and substance use disorder.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Adoption of policy or regulations that promote or require prescreening for mental illness	2	Not Started	Behavioral Health Consortium, DSAMH, Division of Public Health, DSCYF

EP11: Engage communities and provide education on the signs of behavioral health issues through community mentorship programs, peer-to-peer counseling, and training.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Ensure that training and educational programs on behavioral health are accessible to community members through targeted outreach and funding	2	Active: Multiple initiatives from state agencies	Behavioral Health Consortium, DSAMH, Division of Public Health, Healthy Neighborhoods, FCR Committee

EP12: Evaluate "Helping the Helpers" program to provide counseling services for behavioral health workers who experience burnout and compassion fatigue.

- Work to modernize 42 C.F.R. Part 2.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Provide recommendations on best practices to reduce burnout and compassion fatigue for those working in the behavioral health field	2	Not Started	Behavioral Health Consortium

EP13: Educate and provide training and resources for provider community to ensure better succession planning to providers and caregivers.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Provider community has resources and training on succession planning to providers and caregivers	2	Not Started	Behavioral Health Consortium, DSAMH, DSCYF

YEAR 1 PROGRESS REPORT

FAMILY AND COMMUNITY READINESS

A NOTE FROM THE CO-CHAIRS

The Family and Community Readiness Committee has actively worked to address differing needs such as housing and caregiver support.

The Committee has gathered information on current programs and initiatives, and built relationships with key stakeholders. In the upcoming year, the Committee will work to address the wraparound and educational needs that arise for those who are supporting individuals with a behavioral health condition.

Related Pew Report Recommendations

Priority Area		Recommendation	Related
Treatment system transformation	8	Require care management for people with high care needs who are returning to the community, including those with OUD.	FCR2

FCR1: Collaborate with the Family Services Cabinet Council on behavioral-health-related programs.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Coordinated efforts between the FSCC and the BHC	1	In Progress	Behavioral Health Consortium, Family Services Cabinet Council, Office of the Lt. Governor, Office of the Governor

FCR2: Evaluate current efforts, review evidence, and offer educational programs to support families with a loved one in active addiction, with mental illness, or with behavioral health issues.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Recommendations on best practices for education programs that support families with a loved one with behavioral health issues	2	Not Started	Behavioral Health Consortium, DSAMH, Office of the Lt. Governor, Addiction Action Committee, Department of Education, DSCYF

FCR3: Create a resource line for family members and caregivers that clearly outlines critical information, such as providers, insurance information, and potential cost.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Development of a single resource line for behavioral health and SUD needs; possibly an extension of HelpIsHereDE.com	2	In Progress	DSAMH, Behavioral Health Consortium, Office of the Lt. Governor, Division of Public Health, University of Delaware, DSCYF

FCR4: With a focus on young people, identify arts, sports, culture, and recreation opportunities for community members — as well as safe places for community members to meet and participate in these activities.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Community resource guide for activities within the three counties that is available on the Lt. Governor's website	1	Not Started	Behavioral Health Consortium, Office of the Lt. Governor, DSAMH, Division of Public Health, Healthy Neighborhoods Consortium, DSCYF

FCR5: Address issues around limited access to transportation.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Recommendations and regulations/policy aimed at improving transportation issues within the state	2	Not Started	Behavioral Health Consortium, Office of the Lt. Governor, Department of Transportation

FCR6: Explore and provide holistic health-based programs, specifically targeting youth in areas of poverty.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Recommendations on the best holistic practices for behavioral health	2	Not Started	Behavioral Health Consortium, Office of the Lt. Governor, Healthy Neighborhoods Consortium, DSCYF

FCR7: Address and improve the safety and affordability of available housing for individuals in recovery.

Anticipated Outcome	Year	Status	Collaborators and Related Committees
Recommendations and regulations/policy aimed at improving housing issues within the state	2	In Progress	

Year 1 Legislative Update

To support the governor's priorities and to accelerate the efforts for which the Behavioral Health Consortium is responsible, legislators have sponsored and supported bills and resolutions to support specific behavioral health priorities. The legislation reported below is accelerating progress in access, insurance, and treatment options. Funding for the Opioid Impact Fund will catalyze action, as will new emphases on telepsychology, overdose care systems, and education for both providers and patients on treatment choices. Ensuring access to both nonmedical treatments and appropriate medications supports a whole-health model to behavioral health. Recognizing the priority of trauma-informed care, the legislation ensures that those who care for children are informed in relation to trauma events.

The legislation noted here was directly associated with the BHC mandates to which it is linked. Other legislative progress has been made this year in areas relevant to mental and behavioral health but are not listed here because they are not linked topically to a specific BHC mandate.

Bill Number Senate Bill 230	**Sponsors** Townsend, Bentz, Henry	**Associated Committees Tasks*** AT1	**Related Agencies**

Amends Title 18 of the Delaware Code, § 3343, by establishing annual reporting requirements for insurance carriers regarding coverage for serious mental illness and drug and alcohol dependencies.

Amends Chapter 35, Title 18 of the Delaware Code by adding § 3571T to set annual reporting requirements for insurance carriers providing mental illness and drug and alcohol dependencies benefits, and the carriers' compliance with the Mental Health Parity and Addiction Equity Act of 2008.

Amends Title 31 of the Delaware Code, § 525, by setting annual reporting requirements for insurance carriers regarding coverage for serious mental illness and drug and alcohol dependencies for recipients of public assistance.

Bill Number Senate Bill 116	**Sponsors** Townsend, Sturgeon, Bentz	**Associated Committees Tasks*** AT2	**Related Agencies** Office Value-Based HC Delivery, Primary Care Reform Collaborative

Expands membership of the Primary Care Reform Collaborative.

Creates an Office of Value-Based Health Care Delivery in the Department of Insurance to reduce health care costs by increasing the availability of high-quality, cost-efficient health insurance products that have stable, predictable, and affordable rates.

The Office of Value-Based Health Care Delivery will work with the Primary Care Reform Collaborative and the state benchmarking process.

Bill Number Senate Bill 220	**Sponsors** Bentz, Townsend	**Associated Committees Tasks*** AT3, AT17	**Related Agencies**

Adds coverage for Medication Assisted Treatment ("MAT") for drug and alcohol dependencies to the mental health parity laws for health insurance.

Requires health insurance carriers to provide coverage for prescription medications approved by the U.S. Food and Drug Administration for MAT at no greater financial burden than for prescription medication for other illness or disease, without step therapy requirements, and at the lowest tier of the drug formulary.

Makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.

Bill Number House Joint Resolution 6	**Sponsors** Siegfried, Lockman	**Associated Committees Tasks*** AT17	**Related Agencies**

Calls on the Behavioral Health Consortium to issue legislative and regulatory recommendations that would increase access to the total number of Medication Assisted Treatment (MAT) prescribers among all providers.

Bill Number	**Sponsors**	**Associated Committees Tasks***	**Related Agencies**
Senate Bill 34 with SA 1	Hansen, Delcollo, Bentz, Hensley	AT5, AT17, AT21, DP9	Department of HSS, Addiction Action Committee, Overdose System of Care Committee

Creates a Prescription Opioid Impact Fund ("Fund") through a prescription opioid impact fee ("Fee") that is paid by pharmaceutical manufacturer.*

Provides that Secretary of the Department of Health and Social Services, after receiving recommendations from the Behavioral Health Consortium, the Addiction Action Committee, and the Overdose System of Care Committee, **will award grants and contracts from the money in the Fund for the following activities:****

1. Opioid addiction prevention.
2. Opioid addiction services, including the following:
   - Inpatient and outpatient treatment programs and facilities, including short-term and long-term residential treatment programs and sober-living facilities.
3. Treating substance use disorder for the underinsured and uninsured.
4. Emergency assistance relating to prescription opioids, including purchasing naloxone.
5. Administrative costs of implementing the Fee and Fund, up to 15% of the amount in the Fund.

Act expires in five years, unless terminated sooner or extended by the General Assembly, so that the Fee is only continued if it is effective and is not creating negative unintended consequences.

*The fee is based on the total of the Morphine Milligram Equivalent ("MME") in each manufacturer's products dispensed in Delaware, based upon data already reported to the Prescription Monitoring Program ("PMP"). The Fee is calculated at a rate of either 1 penny per MME for a name-brand prescription opioid dispensed and reported in the PMP, or 1/4 of a penny per MME for a prescription opioid that is a generic.

**Anticipated revenue: $2.8 million in 2020, $2.7 million in 2021, and $2.5 million in 2022.: 1.

Bill Number	**Sponsors**	**Associated Committees Tasks***	**Related Agencies**
HS 1 for House Bill 440	Bentz, Hansen, Townsend	AT9	

Establishes an overdose system of care to improve care, treatment, and survival of the overdose patient in state of Delaware.

Allows the Secretary of the Department of Health and Social Services to establish stabilization centers that can receive overdose patients from Emergency Medical Services and designate acute health care facilities, freestanding emergency departments, and hospitals that meet established requirements as an overdose system of care center.

Establishes a standing Overdose System of Care Committee to assist in the oversight of the overdose system of care and provide recommendations for its implementation and maintenance.

Bill Number	**Sponsors**	**Associated Committees Tasks***	**Related Agencies**
House Bill 172	Bentz, Hansen	AT14	Association of State and Provincial Psychology Boards

The Psychology Interjurisdictional Compact (PSYPACT) is an interstate compact designed to facilitate the practice of telepsychology and the temporary in-person, face-to-face practice of psychology across state boundaries. PSYPACT has become operational, as at least seven states have enacted PSYPACT legislation.

Through PSYPACT, **licensed psychologists are able to apply for and use Association of State and Provincial Psychology Boards (ASPPB) certificates,** which include the E Passport, to practice telepsychology and the Interjurisdictional Practice Certificate (IPC) to conduct temporary in-person, face-to-face practice in PSYPACT states.

Bill Number	**Sponsors**	**Associated Committees Tasks***	**Related Agencies**
House Bill 368	Viola, Townsend	EP3	Gold Alert and Blue Alert Programs

Creates the Green Alert Program to aid in locating missing members of the armed forces, including veterans, who have a physical or mental health condition that is related to their service. Modeled after Delaware's existing Gold Alert and Blue Alert Programs.

Bill Number	Sponsors	Associated Committees Tasks*	Related Agencies
Senate Bill 225	Hansen, Keeley	AT26, EP8	

Encourages prescribers and patients to use proven non-opioid methods of treating back pain.

1. Prohibits numerical limits on physical therapy and chiropractic care, which might deter prescribers or patients from using those treatments rather than opioids.

2. Adds continuing education requirements for prescribers relating to risks of opioids and alternatives to opioids.

3. Creates a pilot program within the state employee health care plan that allows the use of massage therapy, acupuncture, and yoga for the treatment of back pain.

Bill Number	Sponsors	Associated Committees Tasks*	Related Agencies
House Bill 74	Lynn, Lockman, Pettyjohn, Heffernan, Spiegelman	CLE2	Take Care Delaware

Enables a key component of the Take Care Delaware program, a partnership between law enforcement and schools, to adopt a trauma-informed approach to children who have been identified at the scene of a traumatic event. Take Care Delaware operates by a police officer or emergency-care provider alerting a child's school about the child's presence at a traumatic event that the police officer or emergency-care provider responded to.

Enables officer or emergency-care provider to avoid violations of the State Bureau of Investigation's dissemination statute and the Victim's Bill of Rights in Title 11 by **creating a narrow exception to both statutes**, allowing police officers and emergency-care providers to send the child's name to the child's school district or charter school so that the child's teachers can support the child in a trauma-informed way.

Bill Number	Sponsors	Associated Committees Tasks*	Related Agencies
Senate Bill 161	Hansen, Delcollo, Griffith, Briggs, King	CLE4	DE Division of Substance Abuse and Mental Health

Allows law-enforcement officers to share an individual's identifying information with the Division of Substance Abuse and Mental Health ("DSAMH") if the officer suspects the individual is suffering from an overdose or a mental health crisis, allowing DSAMH to connect the individual with behavioral health treatment services.

Bill Number	Sponsors	Associated Committees Tasks*	Related Agencies
Senate Bill 206	Hansen, Bentz	DP3	Office of Emergency Medical Services, Office of the State Epidemiologist, DE Prescription Monitoring Program, PMP Advisory Committee, Addiction Action Committee

Links specific patient care data related to overdose collected by the Office of Emergency Medical Services or the Office of the State Epidemiologist with data in the Delaware Prescription Monitoring Program ("PMP").

Encourages best practices in the use of health information to ensure that consistent, humane, evidence-based treatment and care is available and provided to those suffering from substance use disorder or nonfatal overdose.

Provides prescriber and dispenser identified data to the PMP Advisory Committee and the Addiction Action Committee, which will enable these Committees to do the following:

1. Appropriately identify prescribing and dispensing patterns of concern.
2. Make recommendations to the PMP administrator.
3. Provide targeted education to those individuals whose prescribing or dispensing practices are outliers from the Delaware average.

Makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.

Bill Number	Sponsors	Associated Committees Tasks*	Related Agencies
House Bill 372	Paradee, Henry	DP8	

Makes it unlawful for a person to manufacture, distribute, sell, offer for sale, possess, purchase, or use a concentrated alcoholic beverage.

Makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.

Cross-Committee Collaboration for Greater Impact

The Committees were established based on community feedback and the priorities that emerged. Although each Committee has specific targets for action and change, collaboration and communication among the Committees is important to ensure that all groups have the most recent information and data, and that Committees are able to contribute to the larger BHC objectives. In Year 1, Committees worked on and informed each other about the following cross-committee objectives.

PUBLIC AWARENESS CAMPAIGN COORDINATION

Information about services, support for access to the best options for behavior change and treatment, and encouragement to make progress are critical. An integrated public awareness and education campaign is a key component of BHC and its Committees. The tasks related to an integrated campaign and the related Committees are noted here:

- **Changing Perceptions and Stigma**
  - » Support and implement "Project Purple," a statewide awareness and stigma campaign.
  - » Educate public officials and community leaders on the stigma associated with behavioral health, to better influence policymaking.
- **Education and Prevention**
  - » Promote a public campaign to increase education, prevention, and awareness of resources and stigma for suicide, addiction, mental health, alternative therapy, homelessness, and mindfulness.
- **Access and Treatment**
  - » Educate the public on insurance availability and options.

DEVELOPING A RESOURCE LINE

Access to information and resources in the moment they are needed will be a game changer for substance use disorder reduction. The Committees mentioned below are charged with taking action to ensure progress on this important approach:

- **Changing Perceptions and Stigma**
  - » Evaluate opportunities to ensure treatment information is available through cellphone, hotline, or other technology, to give families and consumers quicker access to care.
- **Family and Community Readiness**
  - » Create a resource line for family members and caregivers that clearly outlines critical information, such as providers, insurance information, and potential cost.

Year 2 Priorities

EXPLORING OPPORTUNITIES FOR VULNERABLE POPULATIONS

As access to treatment increases, it is important to ensure that the needs of vulnerable populations are being addressed. This year the BHC will work to understand how a health equity framework can be adapted within brain health, and will provide recommendations on best practices.

ENSURING MENTAL HEALTH PARITY

Per the original legislation and the recommendation from the Pew Report, the BHC will continue to promote mental health parity through encouraging stakeholders to explore how parity can be achieved.

EXPANDING RESOURCES

Addressing the social determinants that impact brain health are key to ensuring continued support and success. The BHC will explore what resources are already in place and where the gaps are, and then create recommendations on how to address those gaps.

EXPANDING TRAINING

Continued education is critical in the battle against stigma and in ensuring that communities are able to address various needs. The BHC will continue to partner with organizations and advocate for ongoing training. The upcoming year will also have an emphasis on preventative training and workshops.

Each of these priorities will require cross-Committee efforts, directed by the Consortium at large.

COMMITTEE MANAGEMENT AND FACILITATION

In Year 2, the BHC plans to support the Committees even more efficiently. This includes updating the draft BHC Committee Handbook and distributing it to all members by no later than December 2019. The Handbook provides guidance for Committees to support cross-Committee information sharing and action, and consistency in reporting to support progress tracking. There is easy access to all Committee and BHC meeting notes now, and in Year 2, we will be fully operational.

Year 2 Priorities

CROSS-COMMITTEE EMPHASIS

In Year 2, we will support the Committees in focusing on greater combined impact by identifying additional common areas of interest and concern. For example, each Committee can and should be involved in the development of an integrated public awareness and education campaign, as described above. Similarly, all Committees will be involved in developing a progress-tracking and assessment approach to demonstrate in data the value of our combined effort. This will be facilitated through quarterly BHC meetings in which the Consortium and the Committees will meet concurrently to promote cross-collaboration and discussion.

CROSS-SECTOR ACTIONS AND COLLABORATION

Cross-sector efforts are underway, in addition to independent action being taken by either state or county agencies, or nongovernment organizations with missions related to the BHC's priorities. In Year 2, we will conduct a comprehensive environmental scan and network construction of all agencies or programs that are active in each of the priority areas that the BHC has targeted. The purpose of the scan is to construct an action structure and support efficient time and resource use for greater impact in the shorter term. The result will lead to much faster and higher-quality cross-sector action to accomplish the critical objectives of the BHC.

PROGRESS ASSESSMENT AND TRACKING

In Year 2, the BHC will help the Committees develop tracking approaches to progress, to support and provide regular data-based feedback in addition to narrative progress reports. The Committees will continue to use the framework contained in this Progress Summary. The BHC quarterly meetings, where all Committees are present, will allow the BHC to plan for progress tracking more effectively.

Early in Year 2, the BHC will review the feedback from the Community Forums to identify items that may have risen to the level of required action. This will allow the BHC to assign those items to appropriate Committees and identify relevant partners for action as soon as possible.

In Year 3, the BHC will conduct an integrated evaluation of progress, results, and outcomes. We will seek to link BHC actions to changes and effects of their efforts in communities and neighborhoods. The comprehensive evaluation will include significant progress indicators of all items related to the BHC's charges and Committee priorities, and link progress to BHC efforts as well as those of partners and collaborating agencies. The environmental scan mentioned above will be a key data source for the comprehensive evaluation.

Behavioral Health Consortium
The Hon. Bryan Townsend
The Hon. David Bentz
The Hon. Bethany Hall-Long
Ms. Cheryl Doucette
Dr. James Ellison
Ms. Tamera Fair
Dr. Sandy Gibney
Dr. Emily Hauenstein
Dr. Terry Horton
Chief R.L. Hughes
Mr. David Humes
Mr. Wade Jones
Ms. Becky King
Chief Wayne Kline
Dr. Michele Marinucci
Ms. Carolyn Petrak
Dr. Karyl Rattay
Ms. Elizabeth Romero
Ms. Jennifer Smolowitz
Mr. Matthew Swanson
Dr. Joshua Thomas
Ms. Emily Vera

Access and Treatment Committee
Ms. Suzan Abdallah
Mr. Greg Apps
Ms. Jennifer August
Ms. Jenna Bellaty
Ms. Brenda Blain
Dr. Traci Bolander
Ms. Erin Booker
Dr. Elizabeth Brown
Dr. Mark Debussy
Mr. Mike Duffy
Mr. Purcell Dye
Ms. Annalisa Ekbladh
Ms. Cheryl Fruchtman
Ms. Amanda Fisher
Dr. Sandy Gibney
Ms. Julie Hammersly
Ms. Suzanne Heron
Ms. Pamela James
Ms. Mariann Kenville
Dr. Meghan Lines
Ms. Kim Lovett
Mr. Ken Martz
Mr. Harris Marx
Ms. Erin McCulloch
Ms. Annamarie McDarmott
Ms. Cathy McKay
Mr. John McKenna
Ms. Barbara Messick
Mr. Chris Moen
Ms. Sara Monnen
Dr. Lynn Morrison
Dr. Sherry Nykiel
Ms. Ashley Petruno
Ms. Dorothy Prior
Ms. Liz Proctor
Ms. Arneice Ritchie
Ms. Jill Rodgers
Ms. Jenn Ruebush
Ms. Jennifer Shalk
Ms. Kim Sivak
Mr. Matthew Swanson
Ms. Valorie Thomas
Mr. Doug Tynan
Mr. Greg Valentine
Dr. Avani Virani
Dr. Rebecca Walker
Ms. Daphne Warner
Dr. Jordan Weisman
Ms. Whitney Wideman
Ms. Erin Willis
Dr. Elmer Yu
Ms. Elizabeth Zubaca

Changing Perceptions Committee
Ms.. Katie Capelli
Mr. Aleks Casper
Ms. Su Chafin
Ms. Lisa Coldiron
Mr. Sam Davis
Ms. Lynne Dillaplane
Ms. Jessica Estok
Mr. Mike Gavula
Ms. Heather Godwin
Mr. Steve Gonzer
Ms. Susan Haberstroh
Mr. Ronald Hargove
Dr. Evelyn Hayes
Mr. David Humes
Ms. Beth Jeker
Ms. Kim Jones
Ms. Stephanie Keough
Mr. Larence Kirby
Ms. Geeta Kotak
Mr. Jim Lafferty
Mr. Nolan Lewis
Mr. Kim Lovett
Mr. Rob McCreary
Mr. Dubard McGriff
Mr. George Meldrum
Ms. Maia Michael
Mr. Steve Myers
Ms. Carolyn Petrak
Ms. Alta Porterfield
Ms. Cythnia Pritchard
Ms. Iva Reed
Mr. Luis Santiago
Ms. Kathleen Seipel
Ms. Arlene Simon
Dr. Joshua Thomas
Ms. Amy Tomko
Ms. Emily Vera
Dr. Meghan Walls

Corrections and Law Enforcement Committee
Ms. Renee Beaman
Mr. Dolan Blakey
Mr. Jeffrey Broughton
Ms. Matia Bryan
Ms. Judith Caprio
Mr. Shane Darby
Dr. Jim Elder
Ms. Alicia Emmanual
Ms. Tamera Fair
Mr. Greg Fuller
Mr. Steve Gonzer
Mr. Stephen Groff
Ms. Janet Harris
Ms. Onika Harris
The Hon. Jerry Herlihy
Chief R.L. Hughes
Ms. Pam James
Cpl. Colleen Kearns
Ms. Amy Kevis
Ms. Karen Lantz
Ms. Penny Lewis
Ms. Nickisha Lingham
Chief Marvin Mailey
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Lt. Charles Sawchenko
Mr. Jacque Scott
Ms. Meredith Seitz
Mr. Gregory Smith
Mr. Saad Solimon
Mr. Valarie Tickle
Cpt. John Treadwell
Mr. Richard Urey
Mr. Deon Wilson
Ms. Lisa Zimmerman

Data and Policy Committee
Dr. Tammy Anderson
Mr. Paul Calistro
Ms. Mary Louise Embry
Mr. Henry Engleka
Dr. Lucille Gangardella
Ms. Cheryl Heiks
Ms. Rita Landgraf
Ms. Penny Lewis
Ms. Kim Lowman
Mr. Dave Mangler
Ms. Sara Monnen
Ms. Cynthia Newton
Dr. Dan O'Connell
Mr. Perry Patel
Ms. Carolyn Petrak
Ms. Corinthia Pierce
Ms. Stacey Schiller
Dr. Jason Slavoski
Mr. Matthew Swanson
Dr. Rebecca Walker
Dr. Megan Walls
Ms. Elizabeth Zubaca

Education and Prevention Committee
Ms.. Christine Alois
Ms. Pamela Ann
Ms. Julane Armbister
Ms. Moneak Baskerville
Ms. Chelsea Bryce
Ms. Yvonne Bunch
Ms. Daryl Chambers
Ms. Cyndi Clay
Ms. Dionne Cornish
Ms. Ada Cunningham
Ms. Karen DiNardo
Dr. Kristen Doughty
Dr. Mary Douglas
Ms. Penny Dryden
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Mr. Greg Fuller
Mr. Ronald Gallimore
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Ms. Onika Harris
Ms. Emily Hauenstein
Mr. Wade Jones
Ms. Rebecca King
Mr. Neil Kirschling
Ms. Geeta Kotak
Ms. Bonnie Lane
Dr. Michele Marinucci
Ms. Beth Mattey
Ms. LaVadia Owens White
Ms. Rita Paige
Ms. Virginia Rector
Ms. Katherine Salamon
Ms. Linda Santoro
Dr. Jason Slavoski
Ms. Annie Slease
Ms. Jennifer Smolowitz
Ms. Deborah Stevens
Ms. Sandra Syglowski
Mr. Doug Tynan
Ms. Ashlee Upp
Mr. Daniel Walker
Ms. Daphne Warren
Ms. Na-Tasha Williams
Dr. Cami Winkelspecht

Family and Community Readiness Committee
Dr. Tammy Anderson
Ms. Kimberly Blanch
Ms. Christina Crooks Bryan
Ms. Katie Capelli
Ms. Mary Beth Cichocki
Ms. Julie Devlin
Ms. Cheryl Doucette
Dr. Mary Douglas
Ms. Bernice Edwards
Dr. James Ellison
Ms. M'onet Floyd
Dr. Lucille Gamberdella
Ms. Erin Goldner
Mr. Joel Harris
Ms. Jane Hovington
Ms. Aimee Isaac
Mr. Don Keister
Ms. Mariann Kenville-Moore
Ms. Carol Lovett
Ms. Jamie Magee
Ms. Pat Maichle
Ms. Shawna Mayles
Deacon Susan Phillips
Ms. Jodie Puzio-Bungard
Ms. Paulette Rappa
Ms. Marcey Rezac
Mr. John Robinson
Ms. Tina Showalter
Ms. Barb Szewczyk
Mr. Brett Taylor
Ms. Megan Williams

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