

Governor's Advisory Council for Exceptional Citizens (GACEC) 516 West Loockerman St., Dover, DE 19904 302-739-4553 (voice) 302-739-6126 (fax) <u>http://www.gacec.delaware.gov</u>

MEMORANDUM

DATE: May 25, 2016

- TO: The Honorable Members of the Delaware General Assembly
- FROM: Robert D. Overmiller, Chairperson GACEC

RE: House Bill No. 311 (Mental Health Transition Plan)

The Governor's Advisory Council for Exceptional Citizens (GACEC) has reviewed <u>House Bill No.</u> <u>311</u>, which authorizes the Family Court to order the Department of Health and Social Services (DHSS) to determine whether a child who is 17 years of age or older and in the custody of the Department of Services for Children, Youth and their Families (DSCY&F) qualifies for adult mental or behavioral health services. If the child does qualify for adult mental or behavioral health services, this legislation authorizes the Family Court to order that DHSS coordinate with DSCY&F to develop and implement a transition plan for mental or behavioral health services for the youth.

The plan would include any adult mental health or behavioral health diagnosis, list the prospective adult services for which the child might qualify, and include other information or relief the Court determines relevant to the child's transition to adulthood. See lines 7-10.

Council would like to share the following observations.

First, the transition of minors served by the DSCY&F Division of Prevention and Behavioral Health Services (DPBHS) to DHSS's Division of Substance Abuse & Mental Health Services (DSAMH) has been a matter of concern for decades. The most significant "tension" between the juvenile and adult systems results from more restrictive eligibility standards in the adult system. For example, the DPBHS serves minors with a wide array of mental health diagnoses while DSAMH has traditionally focused eligibility on persons with severe and persistent mental illness (SPMI). Compare DPBHS eligibility standards with DSAMH long term care (LTC) eligibility standards. DSAMH generally views SPMI to cover certain diagnoses, i.e., schizophrenia, depression, bipolar disorder, and personality disorder. <u>Id</u>. Other DHSS mental health programs (e.g. PROMISE) also have rather prescriptive eligibility standards based on specific diagnoses. <u>See</u> attached excerpt from PROMISE Medicaid waiver standards (August 22, 2014).

Second, the current DPBHS Strategic Plan is published at

<u>http://kids.delaware.gov/pdfs/pbh-StrategicPlanCY13-16-update-2016.01.05.pdf</u>. The attached excerpt identifies transition from the juvenile to the adult mental health services system as a priority and describes the following initiatives addressing this priority:

- PBH is participating on a youth transition workgroup led by Judge Nicholas in Kent County.
- The Delaware CORE (Community Outreach, Referral and Early intervention) Project was awarded to PBHS. This is a Substance Abuse and Mental Health Services Administration (SAMSHA) grant, in concert with DSAMH, to prevent psychosis in youth and young adults and to assist with the transition from youth BH services to the adult BH system.

If not already done, Council suggests that the sponsors of this legislation may wish to assess the status of the youth transition workgroup and SAMHSA-funded project addressing transition.

Third, Council acknowledges that House Bill No. 311 does have several positive features, including the following: 1) transition coverage of youth in DFS and YRS custody, as well as those in DPBHS custody; 2) provision of a mechanism to ensure the collaboration of DSCY&F and DHSS in developing a transition plan so transitioning youth do not "fall through the cracks"; and 3) expansion of its mental and behavioral health services support system.

DMMA administers the Medicaid Community Alternative Disability Program with eligibility up to age 19. <u>See</u> 16 DE Admin Code 25000. The Promoting Optimal Mental Health for Individuals through Supports and Empowerment or PROMISE program is still in its early stages of implementation. However, simply referring a 17 year old (with mental health limitations) to programs will result in a confused youth who may simply give up on trying to navigate the system. Development of a judicially-prompted plan should ensure a smooth transition for such youth.

Thank you for your time and consideration of our observations. Please feel free to contact me or Wendy Strauss should you have any questions on our comments.

CC: The honorable Rita Landgraf, DHSS The honorable Carla Benson-Green, DSCY&F Tania Culley, Esq., Office of the Child Advocate

Attachments