



SPONSOR: Sen. Townsend & Sen. McBride & Sen. Henry &  
Sen. Poore & Rep. Bentz & Rep. Schwartzkopf &  
Rep. Viola & Rep. Keeley  
Sens. Hansen, Walsh; Reps. Bolden, Brady, Dukes,  
Hudson, Osienki, M. Smith, Yearick

DELAWARE STATE SENATE  
149th GENERAL ASSEMBLY

SENATE BILL NO. 111  
AS AMENDED BY  
SENATE AMENDMENT NO. 1

AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO THE ESTABLISHMENT OF THE  
BEHAVIORAL HEALTH CONSORTIUM.

WHEREAS, in 2015, the 148th General Assembly passed Senate Concurrent Resolution No. 29 to establish the Behavioral and Mental Health Task Force ("Task Force") to examine changes in the provision of behavioral and mental health services in this State; and

WHEREAS, Governor Carney's transition report charged the Office of the Lieutenant Governor, in conjunction with the General Assembly, to establish a Delaware Behavioral Health Consortium ("Consortium") to address the State's behavioral health issues; and

WHEREAS, the prevalence of mental and behavioral health disorders is widespread across the United States; and

WHEREAS, 1 in 5 adults experience a mental illness in any given year and 4% of those live with a serious mental illness; and

WHEREAS, approximately 13% of youth ages 8 through 15 and 20% of youth ages 13 through 18 experience severe mental disorders in a given year; and

WHEREAS, 82% of inmates in Delaware have mental health conditions or related issues; and

WHEREAS, approximately 29% of inmates in Delaware are prescribed psychotropic medications; and

WHEREAS, approximately 29,000 out of nearly 730,000 adults who reside in Delaware live with a serious mental illness; and

WHEREAS, approximately 9,000 children who reside in Delaware live with a serious mental health condition; and

WHEREAS, in 2012, Delaware ranked 14th nationally in the total number of drug-related treatment admissions per 100,000 people; and

WHEREAS, in 2014, Delaware ranked 10th nationally in the number of 18 to 25 year olds who reported use of cocaine in the past year; and

WHEREAS, identified gaps in mental healthcare services affect long term care for patients; and

WHEREAS, the demand for the mental healthcare workforce has increased; and

WHEREAS, the stigma surrounding mental and behavioral health can impede access to health care services for patients; and

WHEREAS, the Consortium will develop a statewide integrated plan for addressing the prevention and treatment of substance use and mental health; and

WHEREAS, the development of the Consortium will create greater collaboration between private and public partners who are directly working in the field of behavioral and substance use; and

WHEREAS, the Consortium will further engage the Department of Health and Social Services, the Department of Services for Children, Youth, and their Families, Department of Education, the Department of Correction, and other State agencies deemed necessary to gather specific expertise while conducting the Consortium work; and

WHEREAS, the Consortium's membership will be of diverse stakeholders to ensure not only geographical representation, but both subject matter experience and cultural competence; and

WHEREAS, creating a coordinated body will streamline processes to better address potential gaps and ensure quality delivery of care across the State; and

WHEREAS, the Consortium will provide a standing advisory and oversight body that will ensure that the other mental health or substances related public commissions and committees will not continue to operate in siloes, but have a vehicle for strong, coordinated resource utilization and policy and practice recommendations.

NOW, THEREFORE:

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

Section 1. Amend Chapter 51, Title 16 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

Subchapter VIII-A. Behavioral Health Consortium.

§ 5195. Behavioral Health Consortium.

(a) There is established a Behavioral Health Consortium, referred to in this subchapter as the "Consortium".

(b) The Consortium shall provide oversight of the State's private and public bodies or entities that affect behavioral healthcare and substance use treatment to ensure the delivery of quality care.

(c) The Consortium shall periodically report to the Governor and General Assembly, on a schedule to be determined by the Consortium, to recommend any potential legislative action that ensures quality delivery and expanded access to behavioral healthcare. The first report is due by March 1, 2018.

§ 5196. Organization and composition of the Consortium.

(a) The Consortium is composed of 21 members, as follows:

(1) Seven individuals, or their designees, who are members of the Consortium by virtue of their respective positions, as follows:

- a. The Lieutenant Governor of the State of Delaware.
- b. The Chair of the Behavioral and Mental Health Commission.
- c. The Chair of the Center for Health Innovation.
- d. The Chair of the Delaware Suicide Prevention Association.
- e. The Chair of the Overdose Fatality Review Commission.
- f. The Chair of the Addiction Action Committee.
- g. The Chair of the Police Chiefs Council.

(2) Twelve individuals who are members of the Consortium by appointment by the Governor, as follows:

- a. One representative of a hospital in this State.
- b. Three advocates from statewide or national non-profit organizations that are dedicated to the improvement of behavioral health in this State.
- c. One practicing or retired individual licensed or previously licensed under Chapter 19 of Title 24 with experience in behavioral health in this State.
- d. One licensed psychiatrist.
- e. One representative of the education community who directly works to improve behavioral health in a Delaware school district.
- f. One advocate who has directly been impacted by behavioral health in this State.
- g. One representative of the insurance industry who directly works to improve behavioral health in this State.
- h. One citizen from each county who has been impacted by behavioral health.

(3) One member of the Senate, appointed by the President Pro Tempore of the Senate, to serve at the pleasure of the President Pro Tempore.

(4) One member of the House of Representatives, appointed by the Speaker of the House, to serve at the pleasure of the Speaker.

(b) Members serving by virtue of position may appoint a designee to serve in their stead and at their pleasure.

(c) Consortium Working Groups. – The Consortium shall create working groups in accordance with the recommendation of the Consortium.

(d) Terms of the Consortium Members. - Governor appointed members are appointed for a term of 2 years.

(e) Consortium Chair. - The Consortium shall be chaired by an appointment of the Governor from the Consortium membership. The Chair is responsible for guiding the administration of the Consortium by, at a minimum, supervising the preparation and distribution of meeting notices, agendas, minutes, correspondence, and reports of the Consortium.

(f) Official action by the Consortium, including making findings and recommendations included in a report issued by the Consortium, requires the approval of a majority of the total members of the Consortium.

§ 5197. Freedom of Information Act applicability to the Consortium; intent.

The Consortium is a “public body”, as defined in and for the purposes of the Freedom of Information Act, Chapter 100 of Title 29.

Section 2. The Consortium shall hold its initial organizational meeting within 90 days of the effective date of this Act, with the date, time, and place for the meeting to be set by the Chair of the Consortium.