RESHAPING DELAWARE'S BEHAVIORAL HEALTH TREATMENT SYSTEM

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DELAWARE STATISTICS
DELAWARE OVERDOSE DEATHS

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>172</td>
</tr>
<tr>
<td>2013</td>
<td>188</td>
</tr>
<tr>
<td>2014</td>
<td>223</td>
</tr>
<tr>
<td>2015</td>
<td>229</td>
</tr>
<tr>
<td>2016</td>
<td>308</td>
</tr>
<tr>
<td>2017</td>
<td>345</td>
</tr>
<tr>
<td>2018</td>
<td>400</td>
</tr>
</tbody>
</table>
DELAWARE RANKED FIRST IN THE NATION FOR HIGH-DOSE OPIOID PRESCRIPTIONS

ANNUAL HIGH-DOSE (≥90MME/DAY) PRESCRIBING RATES PER 100 PERSONS

- Delaware
- United States

Data shows a decrease in high-dose opioid prescribing rates from 2008 to 2017, with Delaware consistently showing the highest rates compared to the United States.
PAST YEAR USE OF ILLEGAL SUBSTANCES AMONG DELAWARE 11TH GRADERS

Percentage Saying Yes

Source: DCHS Delaware School Survey, Center for Drug and Health Studies, University of Delaware
CURRENT TREATMENT AND ENGAGEMENT: BUILDING ON OUR EXISTING PERFORMANCE

Initiation of Alcohol & Other Drug Dependence Treatment: Age 18 & Older

DELAWARE
38%

UNITED STATES
36%

Source: CMS Adult Core Set for Medicaid, 2016
Engagement of Alcohol & Other Drug Dependence Treatment: Age 18 & Older (Engagement Rate)

**DELWARE**

16%

**UNITED STATES**

14%

Source: CMS Adult Core Set for Medicaid, 2016
**STARTING SOONER**
**BEHAVIORAL HEALTH & CHRONIC DISEASE**

<table>
<thead>
<tr>
<th>Chronic Medical Condition</th>
<th>% With Depression / Anxiety</th>
<th>% Treated For Depression / Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis</td>
<td>32.3%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>30.5%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Chronic Pain</td>
<td>61.2%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>30.8%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Asthma</td>
<td>60.5%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Coronary Artery Disease</td>
<td>48.2%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Cancer</td>
<td>39.8%</td>
<td>5.7%</td>
</tr>
</tbody>
</table>

**SOURCE:** National Council for Behavioral Health and The American Hospital Association (2019).
DELAWARE’S TREATMENT SYSTEM

SUBSTANCE USE TREATMENT AND RECOVERY TRANSFORMATION (START) INITIATIVE

DELAWARE TREATMENT AND REFERRAL NETWORK (DTRN)
25 member Consortium creating a streamlined approach to improving Delaware’s behavioral health system.

The Consortium, through public meetings and focus groups, work with the local community to identify the most pressing issues facing the State in the behavioral health arena.
THREE-YEAR ACTION PLAN

- Access and Treatment
- Changing Perceptions and Stigma
- Corrections and Law Enforcement
- Data and Policy
- Education and Prevention
- Family and Community Readiness
The individual is considered above all — treatment is person-centered.
START

- Substance Use Treatment and Recovery Transformation (START) Initiative
- START is the recovery pathway

DTRN

- Delaware Treatment and Referral Network (DTRN)
- DTRN is the software program that connects patients who enter START for treatment.
INSTANTLY CONNECTING PEOPLE IN CRISIS WITH THE CARE THEY NEED

- A transparent, efficient, and effective flow between primary and emergent care and behavioral health specialty care
- Matches a patient with services and resources
- Improves transitions of care
- Improves and enhances patient and care provider experience
- Gives patients a better chance to live the best life possible
ACCOMPLISHMENTS TO DATE

- 47 Organizations Live
  - Behavioral Health
  - Out of State
  - Primary Care
  - Pediatric
- Enhancements to make more efficient
  - Close the Loop
  - ASAM tool
  - Highlights for START Participants
  - Uploading Forms

DTRN IS ACCESSIBLE ON MULTIPLE PLATFORMS. ONLY AN INTERNET CONNECTION AND A WEB BROWSER ARE NEEDED TO ACCESS THIS SECURE SERVICE.
UTILIZATION: TOTAL REFERRALS

September 2018 through August 2019
16,600 Referrals

Total Referrals by Month

Total Referrals by County and Statewide Agencies

DELAWARE TREATMENT AND REFERRAL NETWORK
Initially, most referrals were for Psych Inpatient (90% in September) now PI encompasses 42% of the total referrals in August. Providers are referring to more outpatient services.

September 2018 – August 2019
Most declines were due to Patient Acuity “not admitted due to pre-existing medical conditions”.

The largest decline within bed availability was for “providers not able to treat more acute patients”.

There were 99 declines related to age/sex.

Top declines by County:
- New Castle: Patient acuity--Due to medical condition
- Kent: Bed availability--No acute beds available
- Sussex: Patient acuity--Due to medical condition
Technology driving DTRN
Founded by Physician
HIPAA Compliant & Cloud Based

DELAWARE TREATMENT AND REFERRAL NETWORK
User is walked through scoring the six ASAM Dimensions with "Help Me Decide".

- Output is level of treatment recommendation.
- Patient's profile could lie between two levels.
START SERVICES ARE MARKED BY A RED ASTERISK

<table>
<thead>
<tr>
<th>Organization</th>
<th>Service</th>
<th>Service Type</th>
<th>Adult M</th>
<th>Adult F</th>
<th>Adolescent M</th>
<th>Adolescent F</th>
<th>Total M</th>
<th>Total F</th>
<th>Next Available Appointment</th>
<th>Walk-in Access</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Aqua of Delaware</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Having trouble referring a client? Submit a form without identifiers.</td>
</tr>
<tr>
<td>* Aqua of Delaware</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>We keep a list to improve care delivery</td>
</tr>
<tr>
<td>Aquila of Delaware - Dover</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>Aquila of Delaware - Dover</td>
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</tr>
<tr>
<td>Argo Institute - the Refuse</td>
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<td></td>
</tr>
<tr>
<td>Argo Institute - the Sober Living</td>
<td></td>
<td></td>
<td>6</td>
<td>7</td>
<td>-</td>
<td>-</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Intake forms can be uploaded at Manage Services.

Intake forms can then be downloaded from Service info.
DIGITAL INITIATIVES

- DHIN Data Exchange – Bi-directional health summary exchange between the state exchange (DHIN) and DSAMH (all behavioral health providers)
- Behavioral Health Smart Alerts – Clinical alerts to providers when their patients are admitted/discharged for BH care throughout the state
- Electronic Medical Record (Cerner) – EMR for the DSAMH Division which includes 2 hospitals, Mental Health services, Crisis and Bridge Treatment.
- Care Coordination Platform- system to facilitate the appropriate delivery of care across multiple agencies caring for clients with Behavioral Health disorders. The case management application will help organizations identify, track, and better assist clients by removing the barriers of care around social, economic, and behavioral determinants of health.
- Delaware Treatment and Electronic Referral Network – Automated coordination of Substance Abuse and Mental Health referral messaging throughout the state
- Payer Project – Integrate Medicaid payment systems in EMR, revenue cycle management, care coordination software, patient tracking and care management across organizations.
The individual is considered above all — treatment is person-centered.
FRAGMENTED APPROACH

- Medical Care
- Medication Access
- Behavioral Health Services
- Housing
WHOLE PERSON CARE COORDINATION

- Day Care
- Parenting Training
- Medication Access
- Safe Sleep Education
- Medical Home
- Food
- Employment
- Behavioral Health
- Nutrition Education
- Substance Use
- Housing
- Safety Education
- Food Employment
- Substance Use Housing
- Safe Sleep Education Medical Home
COMMUNITY CARE COORDINATION

• Find those at greatest risk

• Engage & identify individually modifiable risk factors

• Confirm that “packages of intervention” are delivered and risk factors are addressed
**Client Needs Assessment Form**

**FAMILY – Household lead completes this section**

<table>
<thead>
<tr>
<th>What could you use help with today? (Check all that apply)</th>
<th>Check here if you don’t need help. ___</th>
</tr>
</thead>
<tbody>
<tr>
<td>(You are the main contact for your household or you live alone)</td>
<td></td>
</tr>
<tr>
<td><strong>Housing</strong></td>
<td>Help with everyday activities (bathing, getting dressed, making meals)</td>
</tr>
<tr>
<td>Not safe (not living in a safe place)</td>
<td>Clothing and personal items</td>
</tr>
<tr>
<td>Not stable (need a permanent place to live)</td>
<td>Help with completing forms (reading and understanding them, filling out)</td>
</tr>
<tr>
<td><strong>Food</strong></td>
<td>Financial Coaching (budgeting, taxes, debt collectors, home ownership)</td>
</tr>
<tr>
<td>WIC/SNAP/Food Stamps</td>
<td>Legal help (housing, identification paperwork, parole status, citizenship)</td>
</tr>
<tr>
<td>Not enough food</td>
<td>Safety (feeling safe in my home, neighborhood, work)</td>
</tr>
<tr>
<td>Hard to get healthy food (overweight or underweight)</td>
<td>Employment (getting a job, finding a better job)</td>
</tr>
<tr>
<td><strong>Utilities</strong></td>
<td>Education (completing school, GED, training program, college)</td>
</tr>
<tr>
<td>Don’t have</td>
<td>Sad, depressed, angry, stressed, worried, grieving (behavioral health issues)</td>
</tr>
<tr>
<td>Will be turned off</td>
<td>Substance use (evaluation or treatment, alcohol, tobacco, other drugs)</td>
</tr>
<tr>
<td><strong>Financial</strong></td>
<td>Behavioral problems with child (anger, acting out, temper tantrums)</td>
</tr>
<tr>
<td>Need help with applying for SSI/SSDI/TANF</td>
<td>Child(ren)s connection to family member (mom, dad, sibling, grandparent)</td>
</tr>
<tr>
<td>Can’t pay medical bills</td>
<td>Getting along with others in my home (fighting or abuse of any kind)</td>
</tr>
<tr>
<td>Can’t pay bills</td>
<td>Health insurance</td>
</tr>
<tr>
<td><strong>No Phone</strong></td>
<td>Healthcare (family doctor, specialist)</td>
</tr>
<tr>
<td><strong>No Internet</strong></td>
<td>Medical home (place to go for regular health care)</td>
</tr>
<tr>
<td><strong>Transportation</strong></td>
<td>Dental care (teeth or gums)</td>
</tr>
<tr>
<td>No transportation</td>
<td>Vision (eye sight, glasses)</td>
</tr>
<tr>
<td>Car needs repairs</td>
<td>Medication problems (taking medications, getting medications, side effects)</td>
</tr>
<tr>
<td><strong>Day Care (Child Care/Elder Care)</strong></td>
<td>Chronic disease (diabetes, heart disease, cancer, asthma)</td>
</tr>
<tr>
<td><strong>Respite Care</strong></td>
<td>Pregnancy</td>
</tr>
<tr>
<td><strong>Household Items</strong></td>
<td>Family planning (birth control, family spacing)</td>
</tr>
<tr>
<td><strong>Guardianship/Custody</strong></td>
<td>Development concerns about child (delay with walking, talking)</td>
</tr>
<tr>
<td><strong>Are any of your issues urgent? ___ Yes ___ No</strong></td>
<td>Immunizations (shots)</td>
</tr>
</tbody>
</table>
## Client Needs Assessment Form

**Name:** 
**Date:** 
**Visit Location:** 

### FAMILY – Household lead completes this section

<table>
<thead>
<tr>
<th>Topic</th>
<th>Details</th>
</tr>
</thead>
</table>
| Housing | Not safe (not living in a safe place)  
Not stable (need a permanent place to live) |
| Food | WIC/SNAP/Food Stamps  
Not enough food |
| Utilities | Don’t have  
Will be turned off |
| Financial | Need help with applying for SSI/SSDI/TANF  
Can’t pay medical bills  
Can’t pay bills |
| Transportation | No transportation  
Car needs repairs |
| Day Care (Child Care/Elder Care) | |
| Respite Care | |
| Household Items | |
| Guardianship/Custody | |

### INDIVIDUAL

<table>
<thead>
<tr>
<th>Topic</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help with everyday activities</td>
<td></td>
</tr>
<tr>
<td>Help with completing forms</td>
<td></td>
</tr>
<tr>
<td>Clothing and personal items</td>
<td></td>
</tr>
<tr>
<td>Financial Coaching</td>
<td>(budgeting, taxes, debt collectors, home ownership)</td>
</tr>
<tr>
<td>Legal help</td>
<td>(housing, identification paperwork, parole status, citizenship)</td>
</tr>
<tr>
<td>Safety</td>
<td>(feeling safe in my home, neighborhood, work)</td>
</tr>
<tr>
<td>Employment</td>
<td>(getting a job, finding a better job)</td>
</tr>
<tr>
<td>Education</td>
<td>(completing school, GED, training program, college)</td>
</tr>
<tr>
<td>Sad, depressed, angry, stressed, worried, grieving</td>
<td>(behavioral health issues)</td>
</tr>
<tr>
<td>Substance use</td>
<td>(evaluation or treatment, alcohol, tobacco, other drugs)</td>
</tr>
<tr>
<td>Behavioral problems with child</td>
<td>(anger, acting out, temper tantrums)</td>
</tr>
<tr>
<td>Child(ren) connection to family member</td>
<td>(mom, dad, sibling, grandparent)</td>
</tr>
<tr>
<td>Getting along with others in my home</td>
<td>(fighting or abuse of any kind)</td>
</tr>
<tr>
<td>Health insurance</td>
<td></td>
</tr>
<tr>
<td>Healthcare</td>
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<td>Family planning</td>
<td>(birth control, family spacing)</td>
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<td>Development concerns about child</td>
<td>(delay with walking, talking)</td>
</tr>
<tr>
<td>Immunizations</td>
<td>(shots)</td>
</tr>
</tbody>
</table>

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**Are any of your issues urgent?** 
Yes  
No
Strengths I bring:


Other things I want to talk about today:


Care coordinator’s notes:


Next Home Visit Date: ______________________
Goals for Next Home Visit:


Client’s Signature ______________________ Date ___________ Care Coordinator’s Signature ______________________
AREAS OF FOCUS

- Department of Corrections
- Hospitals
- Law Enforcement
- Education system
- Youth in Transition
- Custodial Parents and Pregnant Women
  - Children
- Aging
- Social Service Agencies
- Medicaid
THE INDIVIDUAL IS CONSIDERED ABOVE ALL — TREATMENT IS PERSON-CENTERED.
Rating System for Addiction Treatment Programs
Provide reliable and transparent information on the quality of addiction treatment programs to:

- Incentivize high-quality care
- Inform treatment selection
- Improve quality and align with Principles
- Identify high-quality care

- States
- Providers
- The Public
- Payers
THE INDIVIDUAL IS CONSIDERED ABOVE ALL — TREATMENT IS PERSON-CENTERED
Re-entry to community with ongoing care

Care continues as the patient re-enters life in the community, to help the patient stay in recovery.

- Referral to mental health and substance use disorder community services
- Continuing Medication-Assisted Treatment (MAT), with or without counseling
- Peers stay engaged throughout
DELAWARE: ENGAGEMENT AND ONGOING SUPPORT

INTEGRATION OF PRIMARY AND BEHAVIORAL HEALTH CARE

Goals and Objectives

• Promote full integration and collaboration in clinical practice between primary and behavioral healthcare

• Support the improvement of integrated care models for primary care and behavioral health care to improve the overall wellness and physical health status of adults with a serious mental illness (SMI) or children with a serious emotional disturbance (SED)

• Promote and offer integrated care services related to screening, diagnosis, prevention, and treatment of mental and substance use disorders, and co-occurring physical health conditions and chronic diseases
Partnership for Drug-Free Kids and the Delaware Department of Health and Social Services now offer evidence-based resources for Delaware families!

- Personalized support to families
- Help in creating an action plan to help a child work toward recovery
- Website, phone number and digital platforms with specific resources available in Delaware
This dedicated Helpline for Delaware families gives a place for parents and caregivers to connect with Parent Support Specialists by phone, text or e-mail.

The Partnership for Drug-Free Kids masters-level specialists will listen to families over the phone or chat with them digitally to help them develop an action plan, and make them feel supported through their difficult journey with a loved one’s substance use.

The specialists are trained in Delaware-specific resources so that they can direct families towards help in their region.
After speaking a Helpline specialist, a parent can be offered the option of peer support with another Delaware parent who has also struggled with a loved one’s substance use.

By speaking with someone who has “been there”, parents can learn how to stay connected to their loved one, and get the support and encouragement they need and deserve.

Parent coaching takes place over the phone for about 5 phone calls, where parents can feel supported by someone who truly understands what they’re going through, because they have been on this journey as well.

The parent coaches from the Partnership for Drug-Free Kids are specially trained to be able to help and listen to another parent affected by a loved one’s substance use.
ONE-ON-ONE SUPPORT FOR YOUR FAMILY

CALL 1-855-DRUGFREE
Speak with a Family Specialist
M-F: 9am-12am ET
Weekends: 12pm-5pm ET

TEXT HopeDE to 55753
Text a Family Specialist
Receive a response within 24-48 hours

VISIT drugfree.org/delaware
Connect via email with our Family Specialists
Get Delaware-specific resources

6/17/2019
THE INDIVIDUAL IS CONSIDERED ABOVE ALL — TREATMENT IS PERSON-CENTERED
Decreased deaths from opioid overdoses by ##

Improved wellbeing of those suffering from opioid addiction by ##

Improved wellbeing of families of those suffering from addictions by ##

#thriving communities

Engage and stabilize people with addictions wherever they might be ready to engage

Improved coordinated across referrals and transitions

Seamless access to wrap around services

Person-centered, peer-to-peer, and treatment support for patients and families in the community

Prepared and resilient communities (long-term, DPH and other DE initiatives)

Engage people where they are: ED, hospital, justice, primary care, specialty care, social services, community-based assets and connect them to support, treatment and harm reduction

Workflows and pathways that support seamless coordination at key transition points (medical, DoC, social services, family/community)

System of community-based coordination across sectors including data exchange and payment supports (e.g. Pathways Hub model implementation)

Proactive planning for stepped care based on a person's journey through addiction; initiatives to address opioids as a chronic disease in the community.

Engagement of schools, faith communities and community based organizations across prevention harm reduction, destigmatization and treatment
Well-being in the Nation Measures

Explore data about every community in the United States.

Well-being of People
Well-being of Places
Equity
PEOPLE REPORTED WELL-BEING

Two simple questions

Administered 2.7 million times, highly validated

Relate to morbidity, mortality, cost

Useful for risk stratification

Work across sectors

% people thriving
% people suffering
% people with hope

Common Measures for Adult Well-being

1. Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you. Indicate where on the ladder you feel you personally stand right now.

2. On which step do you think you will stand about five years from now?

3. Now imagine the top of the ladder represents the best possible financial situation for you, and the bottom of the ladder represents the worst possible financial situation for you. Please indicate where on the ladder you stand right now.

www.winmeasures.org
WELL-BEING AND IMPROVED PERCEPTION OF LIFE

Adult Well-Being Assessment

For the first three questions, please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you, and the bottom of the ladder represents the worst possible life for you.

1. Indicate where on the ladder you feel you personally stand right now.
   0 1 2 3 4 5 6 7 8 9 10

2. On which step do you think you will stand about five years from now?
   0 1 2 3 4 5 6 7 8 9 10

3. Now imagine the top of the ladder represents the best possible financial situation for you, and the bottom of the ladder represents the worst possible financial situation for you. Please indicate where on the ladder you stand right now.
   0 1 2 3 4 5 6 7 8 9 10

4. In general, how would you rate your physical health?
DELAWARE PERCEPTION OF WELLBEING

PEOPLE’S PERCEPTION OF THEIR WELL-BEING

How many Delaware residents are thriving? How many are struggling or suffering?

Thriving (2017): 55.36%
Struggling (2017): 42.14%
Suffering (2017): 2.49%
START Provider WellBeing Pilot

Adult Finance, Hope and Well-Being Assessment

- **Finance**
  - Suffering: 47.83%
  - Struggling: 26.09%
  - Thriving: 26.09%

- **Hope**
  - Suffering: 10.87%
  - Struggling: 10.87%
  - Thriving: 78.26%

- **Well-Being**
  - Suffering: 33.33%
  - Struggling: 37.78%
  - Thriving: 28.89%
QUESTIONS?