



*Delaware Health and Social Services*

## ***Division of Substance Abuse and Mental Health***

**Joint Finance Committee Hearing  
Fiscal Year 2017 Governor's  
Recommended Budget**

***Michael A. Barbieri, Ph.D.  
Division Director  
Tuesday, February 23, 2016***

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Senator McDowell, Representative Smith, members of the Joint Finance Committee and members of the public, I am Michael Barbieri, Director of the Division of Substance Abuse and Mental Health (DSAMH). With me today is Susan Holloway, the DSAMH Deputy Director.

The material distributed today is comprised of two handouts. The first handout details our FY '17 Governor's Recommended Budget (GRB), which I'll be talking about shortly. This packet contains an overview of our agency, program updates, as well as some of our accomplishments since we were here last year.



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## **DSAMH**

- The Single State Agency for prevention and treatment services for substance use, mental health and gambling conditions.
- Provides services regardless of ability to pay.
- Licenses and regulates those providing mental health and substance abuse treatment services.
- Contracts with a variety of agencies to provide a continuum of services addressing the behavioral health needs for the people of Delaware.

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- DSAMH is the Single State Agency that offers prevention and treatment services to anyone, 18 and over, with substance use, mental health and gambling conditions.
- DSAMH provides services to all Delawareans, regardless of ability to pay, with funding from federal and state dollars.



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## **US DOJ Settlement Agreement**

- DE continues to meet the benchmarks established by the US DOJ. There are two areas in partial compliance: 30% Reduction of Bed Days and Risk Management.
- Both of these were a focus of 2016, and as of our last visit from the US DOJ, we are aggressively moving toward compliance.
- We appear to be on target for a success with the settlement and to be a model for other states.

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We are in the fifth year of the US DOJ Settlement Agreement, and I would like to review our status.

DE has met substantial compliance in all but three of the of the Settlement Agreement Targets. There are two targets that have met partial compliance: 30% Reduction of Bed Days and Risk Management.



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## **US DOJ Settlement Agreement KEY SERVICES**

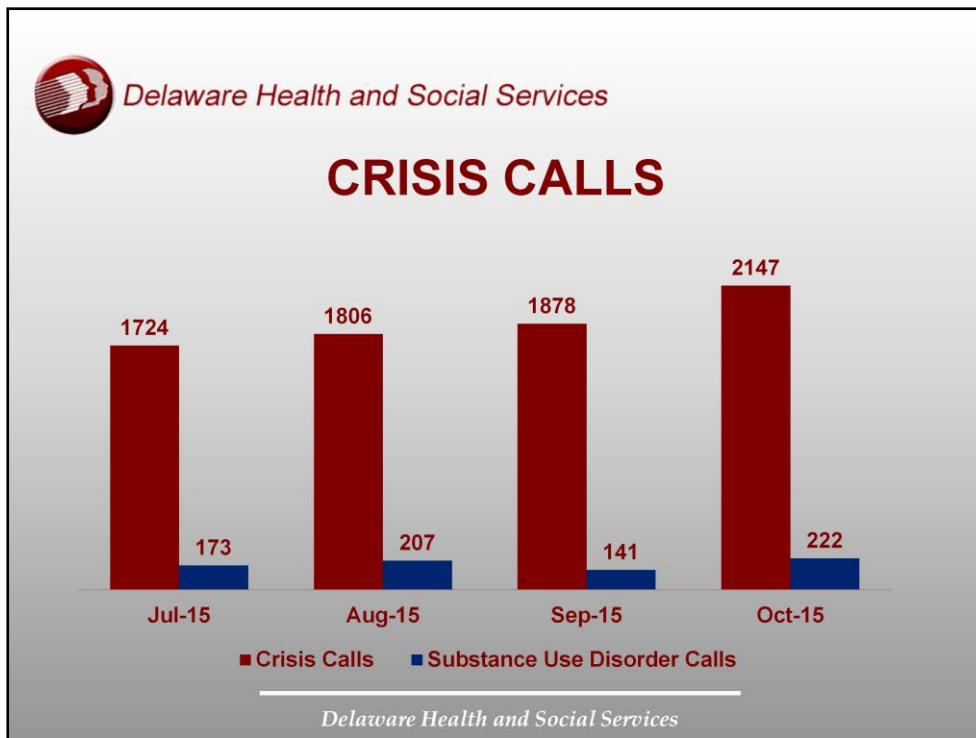
- The Mobile Crisis: Our Teams (NCC & Kent/Sussex) continue to intervene with people in crisis within 45 minutes of a call and have been successful in diverting them from hospitals into community based services.

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Some highlights:

Mobile Crisis teams (NCC & Kent/Sussex) continue to exceed their response time target (1 hour) and average 45 minutes per call.

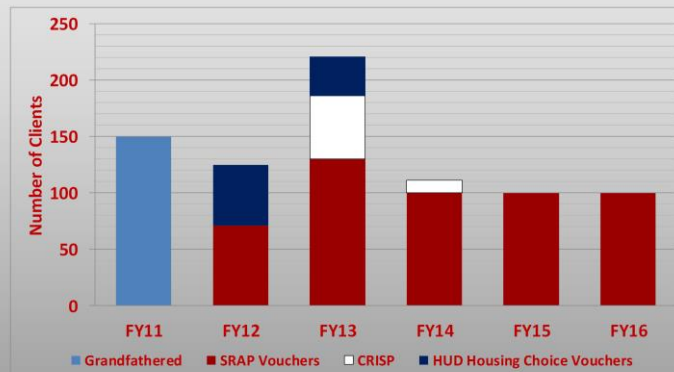


DSAMH provides a 24/7 crisis response service for any individual in crisis, including individuals with a mental illness or a substance use condition. The goal of this service is to ameliorate the crisis and may involve dispatching a mobile crisis team, alerting the police or simply assisting the individual in finding needed services and supports.



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## US DOJ Settlement Agreement New Housing Vouchers Generated By Year



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This chart reflects the community based, independent housing that has been added since the implementation of the US DOJ Settlement Agreement.

- DSAMH continues working with the Delaware State Housing Authority to issue State Rental Assistance Program (SRAP) vouchers.
- Currently, there is a high demand for housing, and the number grows each day with more clients who are identified with Serious and Persistent Mental Illness (SPMI) and are in substandard housing or homeless.
- Many of the vouchers are issued to clients who are in DPC and are in need of housing once they are discharged from the hospital.
- Finally, we have a critical housing shortage of safe and affordable housing apartments in Delaware. We are working to increase this resource through outreach and education to our Delaware landlords, partnerships, and property managers.



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## **HOUSING**

- **We must continue to expand our housing options because this is a critical component for stabilizing those dealing with Serious and Persistent Mental Illness. Options include:**

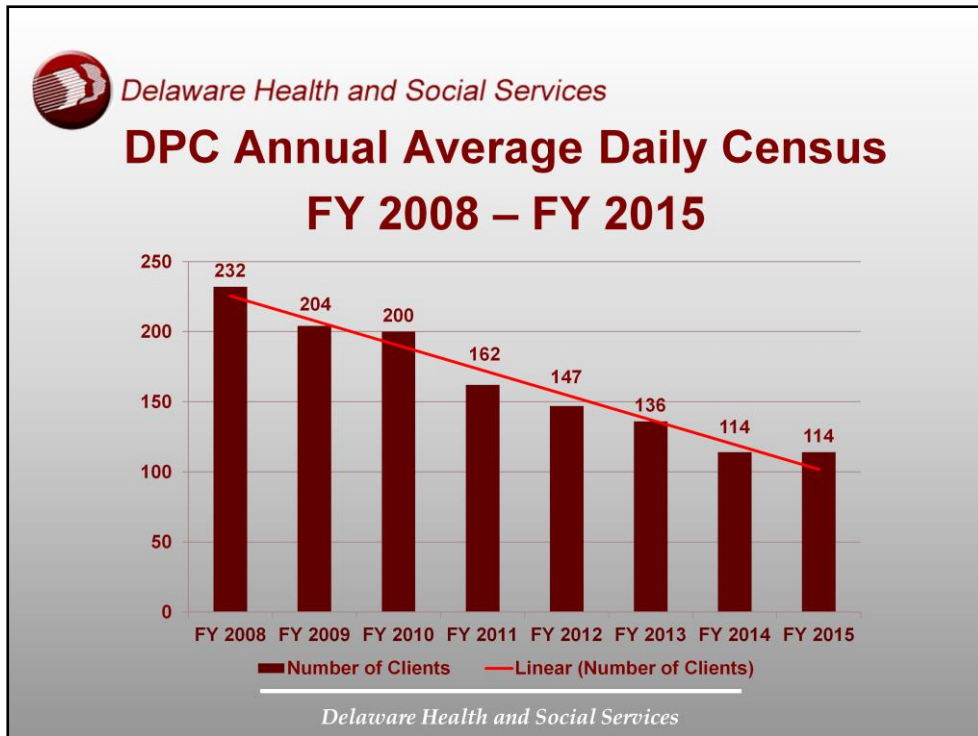
- **State Rental Assistance Voucher (SRAP) and 811 Project Demonstration Program, both are partnerships with Delaware State Housing Authority**
- **Supervised Apartment Program**
- **Group Homes**
- **Transitional Housing**
- **Crisis Beds (3 to 5 days)**
- **Resource/Respite beds**

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There are a variety of housing options for clients with SPMI:

- SRAP and 811 Project Demonstration Programs -- both are partnerships with the Delaware State Housing Authority;
- Supervised Apartment Program;
- Group Homes;
- Transitional Housing;
- Crisis Beds (three to five days); and
- Resource/Respite beds.

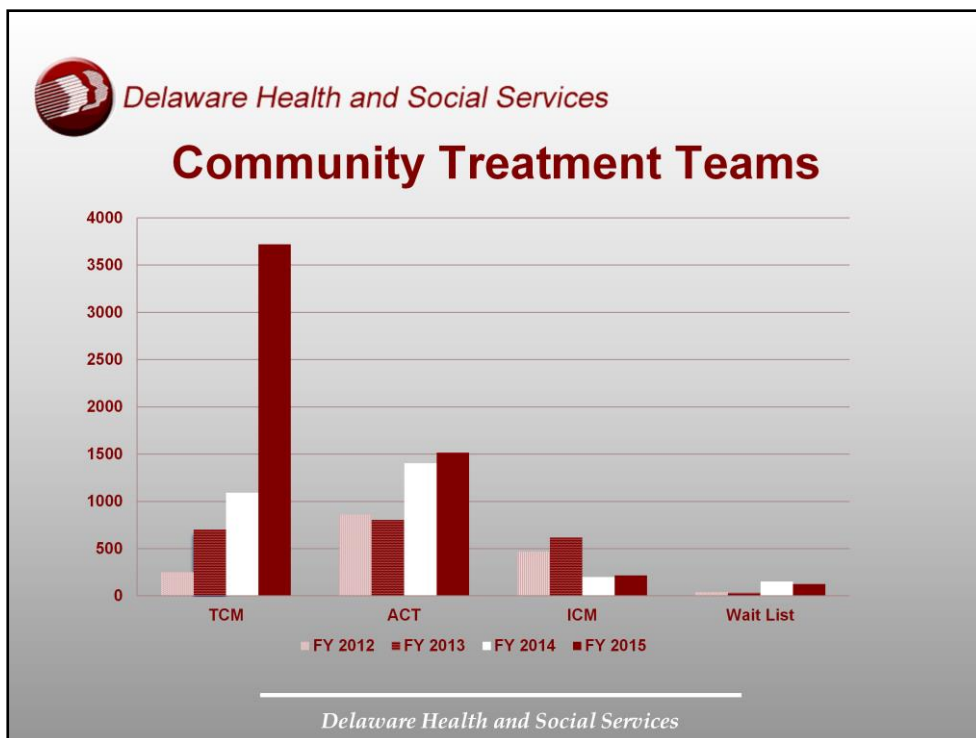


This chart shows the DPC Annual Daily Census.

DPC has transitioned from a long-term care facility to an acute care facility.

We have had continued success in reducing the average daily census at DPC.





**Assertive Community Treatment (ACT) teams** serve up to 100 clients with serious and persistent mental illness, and the focus is on intensive community care to avoid unnecessary inpatient hospitalization. These programs/services align with the US DOJ Settlement Agreement. At the end of FY '15, ACT census was 1,515.

**Intensive Care Management (ICM) teams** serve up to 200 clients with serious and persistent mental illness who have had success maintaining community tenure but still require intensive community supports to avoid unnecessary inpatient hospitalization. At the end of FY '15, ICM census was 217.

**Targeted Care Management (TCM):** Targeted Care Management providers engage individuals who are not currently receiving behavioral health services or are receiving inadequate services. TCM staff engage with individuals and will assist them until the individual is well connected to the services they need. 3,719 clients were served by TCM during FY '15.



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## **PEER SERVICES**

We continue to support the development of Peer Programs throughout the State. Peers play a critical role in helping those with mental illness and/or addictions in their recovery.

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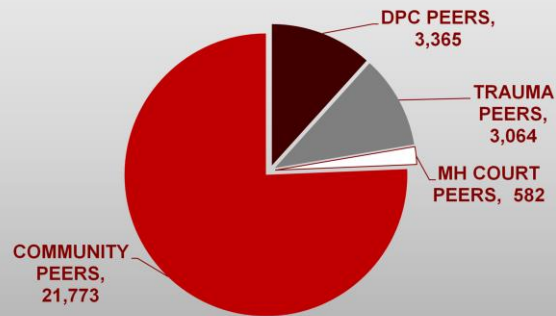
Peer Support Services are services delivered by trained individuals who support other people with similar illnesses to develop skills in managing their illnesses and their often lifelong symptoms, assist them to learn to advocate for themselves, learn illness management skills, and identify and use natural supports.

These services can be provided in individual and group settings, in person or by phone.



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## Peer Support Services – Contacts FY 15



Note: Numbers include phone and in-person contacts (including walk-ins). Contacts are duplicative across clients

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In FY '15, Peers had over 28,000 contacts with clients.



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## **Substance Use Disorder RE-DESIGN**

**The re-design initiated in FY '16 needs to be supported and gaps identified filled. The re-design consists of the following:**

- **Increase in residential beds from 78 to 95 and includes the movement from one site and one provider to four sites and three providers. These sites include the newly renovated facility in Smyrna. The others are in New Castle and Kent County.**
- **Increase in residential beds for young adults with opiate addiction from 16 to 32 with sites in New Castle and Sussex County.**

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With the additional funding received in FY '16, we have increased the number of residential treatment beds from 78 to 95.

These programs are as follows:

- 47 treatment beds for males in Smyrna (renovated location within Delaware Hospital for the Chronically Ill);
- 16 treatment beds for males in Dover (temporarily operating in Delaware City pending facility finalization);
- 16 treatment beds for females in Dover (temporarily operating in Delaware City pending facility finalization); and
- 16 treatment beds for females in Wilmington (temporarily operating in Delaware City pending facility finalization).

We are also increasing the number of residential beds for young adults with opiate addiction from 16 to 32 with sites in New Castle and Sussex County.



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## **Substance Use Disorder RE-DESIGN**

- **The implementation of two Withdrawal Management Programs one in New Castle County and one in Sussex County. These include:**
  - **16 residential beds**
  - **12 23-hour observation beds**
  - **30 Ambulatory Detoxification slots.**

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A major component of our Substance Use Disorder Re-Design, was the change in the service model for withdrawal management. We had one withdrawal management program in New Castle County which offered one level of service.

The re-design expanded the service array to four levels of service to ensure clients had access to the most appropriate level of treatment. We now offer two levels of care in residential beds: 23 hour observation; and ambulatory detoxification in both New Castle and Kent/Sussex Counties.



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## **New Withdrawal Management Program**

Since opening on 11/9/15, the new Harrington Withdrawal Management Program has served:

- 289 clients in 23-hour slots
- 197 clients in inpatient beds
- 97 clients in ambulatory detox

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The new Withdrawal Management Program in Harrington opened on November 9, 2015 and has served:

- 289 clients in 23-hour slots;
- 197 clients in inpatient beds; and
- 97 clients in ambulatory detox.



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## **SERVICE EXPANSION**

- Expansion of the network of Comprehensive Behavioral Health Outpatient Treatment Programs. This expansion offers a community based continuum of care for clients with serious and persistent mental illness as well as substance use disorder that can assist the individual through journey to recovery.

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The re-design of the outpatient services system included the consolidation of different services such as methadone, intensive outpatient and outpatient into the new Comprehensive Behavioral Health Outpatient Treatment Program. This consolidation allows clients to receive a variety of services in one program location and by one provider instead of being transferred between programs as their recovery needs changed.

The implementation of a fee for service reimbursement structure and leveraging Medicaid funds via the State Plan Amendment has allowed us to expand the number of programs available for clients to utilize.



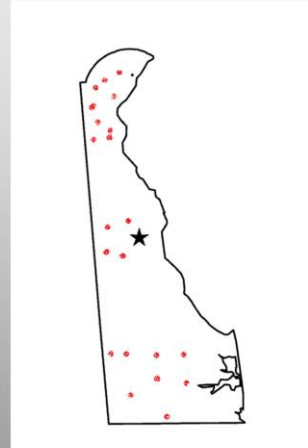


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## **OUTPATIENT TREATMENT**

Programs are located throughout the state:

- Eight (8) in Sussex County;
- Four (4) in Kent County;
- Nine (9) in New Castle County



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Outpatient treatment services can now be obtained from:

- Eight (8) locations in Sussex County;
- Four (4) locations in Kent County; and
- Nine (9) locations in New Castle County.





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## **Sober Living Residential Beds**

Significant addition to our development of community based care.

- Have added 60 more beds going from 60 to 120.
- Have distributed beds in all three counties.

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Also included in the design of residential substance abuse treatment services is the addition of more sober living residential beds formerly known as half-way houses.



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## Sober Living Beds

	Level 2 Men	Level 2 Women	Level 3 Men	Level 3 Women	Total
<b><u>Awarded</u></b>					
Total NCC Beds	16	16	18	8	<b>58</b>
Total NCC Homes	2	2	2	1	<b>7</b>
Total Kent Beds	0	8	10	10	<b>28</b>
Total Kent Homes	0	1	1	1	<b>3</b>
Total Sussex Beds	14	0	8	0	<b>22</b>
Total Sussex Homes	1	0	1	0	<b>2</b>
<b>Negotiations Pending</b>					<b>12</b>
<b>Total Beds</b>					<b>120</b>

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- Seven (7) programs with 58 beds will be located in New Castle County;
- Three (3) programs with 28 beds will be located in Kent County;
- Two (2) programs with 22 beds will be located in Sussex County; and
- We are still negotiating the award for the remaining 12 beds.



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## **PARTNERSHIP**

Medicaid & DSAMH are working together to enroll our provider network into the Medicaid system and to use Medicaid dollars to fund services offered.

This will help us leverage our money against federal dollars to strengthen and expand our network of services

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A DMMA and DSAMH partnership facilitated revisions in the Delaware Medicaid State Plan to expand federal funding for behavioral health services.



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## **LEVERAGE MEDICAID**

The partnership between Medicaid & DSAMH has enabled us to initiate the PROMISE program and to expand Medicaid coverage for treatment of Substance Use Disorders and Mental Illness.

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Another Medicaid and DSAMH partnership resulted in CMS approval of the Promoting Optimal Mental Health for Individuals through Supports and Empowerment (PROMISE) program to leverage additional federal funding to provide an array of services to individuals residing in the community who have SPMI and/or other diagnostic criteria.



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## **Thank you very much for your continued support**

- ✓ ***Behavioral Health (Mental Health/Substance Abuse) is essential to overall health***
- ✓ ***Prevention Works***
- ✓ ***Treatment is Effective***
- ✓ ***People do Recover***

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Thank you for the opportunity to present an overview of our agency to you today.