

Delaware Rural Mental Health Assessment Summary

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*DELAWARE HEALTH
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EXECUTIVE SUMMARY

The Delaware Division of Public Health, Office of Rural Health was invited to participate in a regional project led by the National Organization of State Offices of Rural Health to assess the rural behavioral health infrastructure, identify delivery system challenges and issues, and suggest activities and potential stakeholders to improve mental/behavioral health access in rural Delaware.

The assessment process included a review of previously published reports on mental health access in Delaware, key informant interviews, issues identified through previous Delaware conferences related to mental health, an inventory of mental health services currently available in Delaware, and related demographic data.

The information obtained from the assessment process was further refined to identify the specific challenges and issues as they related to the delivery system and vulnerable populations in rural Delaware. Those challenges and issues included:

- Inadequate number of providers
- Need to increase availability for crisis and inpatient services
- Stigma and lack of awareness of mental health and substance abuse programs and services
- Need for improvement in the law enforcement and criminal justice systems as they relate to mental health

This report provides detailed information on the assessment process and specific service delivery issues in rural Delaware and their impact on vulnerable populations. It further identifies the challenges to the access and improvement of mental/behavioral health care in rural Delaware, the opportunities for improvement, the potential stakeholders for each of the challenges, the anticipated outcomes, the funding and resources available and needed, and the likelihood of successful intervention.

I. Background

The Delaware State Office of Rural Health (within the Delaware Division of Public Health) was invited to participate in a regional project led by the National Organization of State Offices of Rural Health. The organization recognized the emerging and shared policy and service delivery issues posed by the rural behavioral health infrastructure in many of the states for whom they have a coordinating role. Recognizing this shared issue, National Organization of State Offices of Rural Health elicited the states in two specific regions for interest in receiving technical assistance to complete an assessment process. Delaware is within one of the selected regions. The organization convened the services of the Maine Rural Health Research Center to create a standardized, multi-staged process and tools for individual states to use in completing their respective state level assessments. The organization's overarching intent was to provide administrative tools for individual states to stimulate the development of ongoing relationships between rural health advocates, mental health and substance abuse policymakers, and stakeholders. The final assessment can be used as a blueprint for rural stakeholders to support their mental health/substance abuse agenda.

In an effort to implement a community-based information gathering process, the Delaware State Office of Rural Health requested the assistance of the Delaware Rural Health Initiative to lead the assessment activities. The Delaware Rural Health Initiative is comprised of a group of downstate health industry leaders, consumers, and non-profit organizations who since 1996 have collaborated on issues affecting Delaware rural healthcare, human services, infrastructure and ultimately rural Delawareans' quality of life. For administrative efficiency, members of the Delaware Rural Health Initiative currently convene and complete business activities through the framework of the Central & Southern Delaware Community Health Partnership on a quarterly basis. The Delaware Rural Health Initiative began its formal foray into the examination of the rural Delaware mental health infrastructure in 2007 when it secured the services of the Maine Rural Health Research Center to help plan and facilitate a Delaware stakeholder workshop. The workshop focused on the rural mental health infrastructure and possible community-based solutions. Given their baseline familiarity with rural mental health issues, their interest in further exploring and specifying opportunities on which to focus their efforts, and their established relationship with the Maine Rural Health Research Center, the Delaware Rural Health Initiative was determined to be a logical leader for completing the assessment process.

II. Assessment Process

The Maine Rural Health Research Center provided a tool kit to guide a multi-staged assessment process. Broadly, the process consisted of a literature review of key existing state mental/behavioral health data and reports, followed by specified, categorical, informant interviews of mental health and substance abuse policymakers and stakeholders. Discussion guides for each of the categorical types of stakeholders were provided, as well as an outline for a suggested assessment document. This profile of the rural behavioral health environment identifies opportunities for rural stakeholders to strengthen relationships and to further stimulate community-based planning.

III. Key Stakeholders to the Assessment Process

The Maine Rural Health Research Center tool kit specified five (5) stakeholders to include in the interviews:

- Director of the State Mental Health Agency;
- Director of the State Substance Abuse Agency;
- Director of the State Behavioral Health Association;
- Director of the State Primary Care Association; and
- The National Association for the Mentally Ill and/or Other Advocacy Organization.

Delaware uses a single state agency to oversee mental health and substance abuse policy and programs. Additionally, there are other stakeholders that have, in recent years, emerged as key opinion leaders on the topic of Delaware's behavioral healthcare infrastructure. There have been three recent studies on mental health in Delaware:

- Mental Health Professionals in Delaware – This report assessed the supply, distribution and practice characteristics of mental health providers.
- The Supply and Demand for Mental Health Services in Delaware, Volumes I and II – This report included an action plan for improving mental health in Delaware and utilized survey and focus group results.
- The 2007 House Resolution No. 93 Establishing a Speaker's Task Force to Study Mental Health Issues for The Citizens of the State of Delaware, staffed by the Medical Society of Delaware, prepared a comprehensive report of findings by the same name. While rural health issues were not the specific focus, they were addressed in the report and therefore some of the participants were identified as key stakeholders for the assessment process.

The Delaware assessment process relied upon the following key stakeholders who generously shared their time, expertise, and insights during face-to-face interviews:

- Nicholas Biasotto, D.O., President, Medical Society of Delaware;
- James Lafferty, Executive Director, Mental Health Association in Delaware;
- Paula Roy, Executive Director, Delaware Health Care Commission;
- Kim Beniquez, Substance Abuse Director, Division of Substance Abuse and Mental Health;
- Steve Dettwyler, Director of Community Mental Health Services, Division of Substance Abuse and Mental Health;
- Carlyle F.H. Hooff, Executive Director, National Alliance on Mental Illness in Delaware;
- Ranga N. Ram, M.D., DFAPA, President, Psychiatric Society of Delaware;
- Janis Chester, M.D., Legislative Representative, Psychiatric Society of Delaware;
- Glyne Williams, Diamond State Partners Program Manager, Division of Medicaid and Medical Assistance;
- Rosanne Mahaney, Deputy Director, Division of Medicaid and Medical Assistance; and
- Miguel McInnis, CEO, Mid-Atlantic Association of Community Health Centers.

The ideas and opinions gleaned from stakeholders in the interview process have been aggregated and are presented in blinded composite in the assessment and profile that follows.

IV. Delaware's Rural Mental Health Assessment

The Delaware Behavioral Health System

Delaware's Mental Health and Substance Abuse Agencies

In Delaware, adult mental health and substance abuse services fall under the umbrella of the Division of Substance Abuse and Mental Health within the Department of Health and Social Services. Within the Division, there are separate program directors for community mental health, substance abuse services, and the Delaware Psychiatric Center - a state inpatient psychiatric facility located in New Castle County.

The Division of Substance Abuse and Mental Health directly provides services through four community mental health clinics, one each in Kent County and Sussex County and two in New Castle County. The clinics provide a variety of psychiatric and support services for individuals facing a serious mental illness. The services at these centers include psychiatric crisis intervention, short-term and long-term counseling, psychiatric evaluation and treatment, medication management, information referral and assistance in obtaining pertinent entitlements and access to other community providers. These clinics serve primarily medically indigent patients using fee-for-service, but anyone can receive an initial evaluation. Persons with insurance are referred out as appropriate. The Division of Substance Abuse and Mental Health operates mobile crisis units in each county and operates the Crisis and Psychiatric Emergency Services (CAPES) unit under a partnership with Christiana Care Health System, which includes two hospitals. CAPES is a crisis intervention service located at the Christiana Care Wilmington Hospital. CAPES provides psychiatric evaluation and disposition services to individuals who require these services once they have been medically cleared in the hospital emergency department.

The Division of Substance Abuse and Mental Health directly operates the Delaware Psychiatric Center inpatient facility. Other inpatient care is operated privately at MeadowWood Behavioral Health System and The Rockford Center in Wilmington and Dover Behavioral Health System in Dover. Residential treatment is also available at Governor Bacon Health Center in Delaware City. The program at Governor Bacon, called Cornerstone Residential, is a treatment facility for individuals with significant co-occurring mental health and substance abuse disorders. Transitional housing through group homes and apartments is available in all three counties. The Projects for Assistance in Transition from Homelessness (PATHS) is a federally funded program which seeks to link homeless, mentally ill persons to services.

Child mental health services operate under the umbrella of the Division of Child Mental Health within the Department of Services to Children, Youth and Their Families. The Department provides voluntary mental health and substance abuse counseling and treatment service to children through age 17 who are without insurance or have Medicaid but require services more intensive than the 30 hours provided through the Medicaid Managed Care Organization benefit. Division of Child Mental Health is an accredited behavioral healthcare organization, providing a full range of services from outpatient through psychiatric inpatient treatment. It serves about 2,400 children and their families each year. The main service

levels are crisis intervention, intake and assessment (includes consultation), outpatient, intensive (home-based) outpatient, therapeutic respite, day treatment, home-based individual residential treatment, facility-based residential treatment, and psychiatric hospitalization. Additional hospitals and day treatment programs for children and adolescents include:

- The Rockford Center in Wilmington;
- Rosenblum Adolescent Center in Wilmington;
- Terry Children’s Psychiatric Center in Wilmington;
- Delaware Guidance Day Treatment in Kent and Sussex Counties; and
- Dover Behavioral Health System in Kent County.

Assessment and outpatient treatment are provided by several agencies that provide services statewide, including Delaware Guidance, Children and Families First, and Catholic Charities. Within Kent and Sussex Counties, additional service providers include Aquila (substance abuse), People’s Place (mental health and substance abuse) and Open Door (mental health and substance abuse). The A.I. DuPont Hospital for Children in New Castle County offers psychological testing and evaluation.

Most substance abuse programs in Delaware are provided under contract with the Division of Substance Abuse and Mental Health. These include Kirkwood Detox, Brandywine Counseling, Connections, Kent/Sussex Counseling and Thresholds. There are a total of 11 service sites, two of which are in Kent County, two in Sussex County and the remaining seven in New Castle County. Intensive outpatient services are provided through Connections in Kent County and Fellowship Health Resources in Sussex County. Additional services include Gaudenzia which serves persons 18 -25 years old with primary opiate addiction and Gateway, an 80 bed long term residential treatment facility located on the grounds of Gov. Bacon Health Center in Wilmington (New Castle County) designed to treat clients that are suffering from co-occurring disorders. Outpatient methadone services are provided through Brandywine Counseling and Kent/Sussex Counseling. There are also five halfway houses – two in New Castle County, two in Sussex County, and one in Kent County.

The Community Continuum of Care Program is a comprehensive, integrated recovery approach to working with people diagnosed with severe and persistent psychiatric disabilities and often a co-occurring drug and alcohol addiction. These programs provide a comprehensive array of resource/service management.

Some community-based services are provided by contracted providers through Community Continuum of Care Programs. These include:

- Fellowship Health Resources (Sussex County);
- Psychotherapeutic Services, Inc. (Kent County); and
- Horizon House and Connections, CSP (New Castle County).

Funding Sources for Mental Health and Substance Abuse Services

Medicaid

Medicaid pays for mental health and substance abuse services through fee-for-service and through three managed care organizations. All Medicaid recipients in Delaware must enroll in a managed care organization. The exceptions to this rule include persons who are in a nursing home, are covered under the AIDS waiver, have Medicaid & Medicare or Medicaid & Champus, persons who are incarcerated (all services are then covered under prison health services), non-qualified aliens, migrant farm workers, persons placed out of state (such as in foster care) and other rare exceptional cases. The Medicaid Managed Care Organizations must have behavioral health services as part of their contract with the State of Delaware, but there are limitations. Reimbursement for children up to 18 years old is limited to 30 outpatient visits annually. If inpatient care is needed the Division of Child Mental Health must approve. If approved, Medicaid then covers mental health services under a fee-for-service payment system but any other medical services are still covered by the managed care organization under a capitated payment arrangement. Adults receive up to 20 outpatient and 30 inpatient days when covered by the managed care organization. If there is a clear demonstration of need, one inpatient day can be converted to three outpatient visits. They can also convert one inpatient day to two residential days but still must have a clear demonstration of need. If a person is diagnosed with severe and persistent mental illness, the Division of Substance Abuse and Mental Health reviews the case and if approved, the person can receive continuing mental health services through fee-for-service Medicaid. Individuals with fee-for-service Medicaid may not be part of a managed care organization. They can obtain services anywhere that accepts their insurance in addition to the state run programs.

State Block Grants and other funding sources

Based on their most recent award, Delaware receives a total mental health block grant of \$767,972 (adult services receives \$545,260 and children's services receives \$222,712). The adult funds are used for anti-stigma programs, suicide prevention, and to support mental health services at two of Delaware's federally qualified health centers. The Division of Substance Abuse and Mental Health receives approximately \$6 million in substance abuse block grant funds. These funds are used to support all substance abuse programs provided by the state. Other than state general funds, funding is received through the state Grant-in-Aid program as directed through the budget epilogue language. For reimbursable services provided by the Division of Substance Abuse and Mental Health, the agency can keep the state share of the revenue. The Division also receives 1% or \$1 million dollars from the video lottery to support gambling addiction programs.

Behavioral Managed Care Environment and Major Commercial Payers

Delaware does not have a Medicaid behavioral managed care program. Major private insurers in Delaware including Blue Cross/Blue Shield and Aetna, have behavioral health benefits and some have addiction treatment benefits. Accessing benefits is not an issue of whether a consumer/enrollee has the benefit, but if the provider accepts insurance and if the insurance approves the treatment plan. Availability and adequacy of private insurance is a vexing problem for Delawareans. Over 12% of Delawareans find themselves without health insurance as it is not provided in their employment setting, or it is unavailable or financially out of reach to purchase privately. Providers assert that sub-standard reimbursement rates

negatively impact their willingness to participate in plans, coupled with the more exacerbating problem of the plans' utilization review processes which they feel often administratively defies their professional clinical judgment.

Behavioral Health Infrastructure/Service Delivery Systems

Major Treatment Delivery Systems

Delaware Psychiatric Center, located in New Castle County, is the sole state administered psychiatric hospital in Delaware. It is operated by the Division of Substance Abuse and Mental Health. Delaware's largest community-based hospital system Christiana Care Health System (New Castle County) offers multiple mental/behavioral health programs:

- Inpatient acute services and outpatient psychiatric services;
- Pathways (a perinatal behavioral health program);
- The Herman Rosenblum, M.D. Child & Adolescent Center (a psychiatric day hospital treatment center at the Wilmington Hospital facility which serves children and adolescents ages 13 – 18 who have emotional, academic, behavioral and /or developmental problems);
- An adult partial hospital program which offers intensive outpatient treatment to people experiencing acute psychiatric symptoms that impair functioning at home and on the job; and
- A Psychiatric Crisis Team (a group of specialty-trained registered nurses available 24 hours a day for emergency response).

A.I. duPont Hospital for Children in New Castle County offers outpatient counseling services to children.

There are several private inpatient entities:

- The Rockford Center located in Newark offers inpatient, partial hospital services for children, adolescents and adults as well as a co-occurring treatment program and Progressions, a geriatric behavioral health program;
- MeadowWood Behavioral Health System (located in New Castle County) is a privately owned, psychiatric inpatient medical facility offering mental health and addictions treatment for children, adolescents, adults and seniors in Delaware. It also has a day treatment program;
- The Dover Behavioral Health System (located in Kent County) offers inpatient, partial hospital and dual diagnosis services to adolescents and adults; and
- The Meadows Program located in Delaware City features four licensed residential group homes, each serving 10 persons with severe and persistent mental illness.

Delaware's four federally qualified community health centers provide behavioral health and substance abuse treatment services:

- Westside Family Health and Henrietta Johnson Medical Center are located in urban / suburban New Castle County;
- Delmarva Rural Ministries and its Kent Community Health Center is located in Kent County (Dover); and
- La Red Health Center is located in Sussex County (Georgetown).

Delmarva Rural Ministries and La Red Health Center serve rural areas. The health centers provide these services onsite through licensed clinical social workers and in some cases contracted psychiatrists, and through collaborative relationships with local provider organizations. Additionally, in May 2009, La Red Health Center received a three-year federal grant through the Health Resources and Services Administration's Office of Rural Health Policy to target Sussex County seniors with community-based mental health education, risk detection, and onsite service delivery via a psychiatric nurse practitioner and licensed clinical social workers.

Training Programs:

There are no medical schools in Delaware. The Delaware Institute for Medical Education and Research however maintains a unique program with Thomas Jefferson University's School of Medicine wherein medical school slots are purchased by the state and held specifically for Delaware graduates. Further, in affiliation with Thomas Jefferson University, psychiatric residents train at the Delaware Psychiatric Center. Christiana Care Health System and St. Francis Hospital each administer residency programs. The psychiatric residents from Delaware Psychiatric Center complete some of their required rotations at Christiana Care Health System. Thomas Jefferson University's "Jefferson Fellowship" program is available for psychiatrists to get training in child psychiatry at the Terry Children's Psychiatric Center, a state run hospital in Wilmington. The University of Delaware has Master's degree programs in counseling and social work. Delaware State University offers a Master's degree in Social Work. Wilmington University has a Master's degree program in Community Counseling.

The "Rural" Delaware Behavioral Health System

Description of Delaware's Rural Areas

Delaware covers 1,954 square miles. Its three counties - New Castle, Kent, and Sussex - cover only 96 miles in length and 35 miles in width. The northernmost county - New Castle - has long been primarily urbanized; its southern extremity has rural pockets below the Chesapeake & Delaware Canal. Kent and Sussex Counties are located "below the Canal". Kent County is contiguous with New Castle and Sussex County is contiguous to Kent County.

Kent and Sussex Counties are predominantly rural in character. Kent County has two census tracts federally designated as "rural" and all of Sussex County is federally designated as "rural."

According to the USDA Economic Research Service, in 2007 (USDA-ERS' latest data available) the State had an estimated population of 864,764 people with 184,291 living in rural Delaware.

Recently released 2008 U.S. Census data estimates that Kent County's population increased by 2.4%, by just over 3,700 persons to 155,415, since 2007. Population density (2007 U.S. Census data) for Kent County is 258 people per square mile with 65% urban and 35% rural. The average size of farms in the County is 257 acres. Kent County has a land area of 590 square miles. Travel distance between the northernmost town in Kent (Smyrna) and the southernmost (Milford) is around 35 miles with travel time averaging around 47 minutes. Public transportation in Kent County outside of urban areas is minimal.

The Sussex growth rate was an estimated 2.3%, almost 4,200 persons, to 188,036. Population density for Sussex County (2007 U.S. Census Data) is 197 people per square mile with 47% urban and 53% rural. The average size of farms in the County is 216 acres. Travel distance between the northernmost town in Sussex (Milford) and the southernmost (Delmar) is approximately 40 miles with travel time averaging around 60 minutes. Sussex County has large geographic distances between service points and lacks an adequate public transportation system. The state's major highway arteries run north to south, but it is largely side and country roads that connect the eastern and western sides of both Kent County and Sussex County.

The median income for the state between 2000 and 2007 has decreased from \$57,426 in 2000 to \$54,610 in 2007 though cost of living has increased significantly. Since 2000, Sussex County's median income has been at least \$7,000 less than the state median, according to 2000-2007 State-by-State Median Income report of the American Community Survey, US Census Bureau.

Data released by Delaware's Department of Labor shows that in January 2009, Delaware's unemployment rate was 6.7 and rates for the counties were as follows: New Castle County 7.0, Kent County 7.3 and Sussex County 8.2. The recession has had a major impact across the state and occupations in real estate and construction-related businesses have hit Kent and Sussex County hard, with unemployment and layoffs affecting all industry related to building, from architects to lumber workers, to day laborers.

According to the U.S. Census Bureau (2007), over half (52.4%) of Kent County's population is female. The median age is 36.1. In terms of race and ethnicity, 72.2% of the county's population is White, 24% Black/African-American, 4.2% Hispanic, 3.6% Asian, 1.5 Some Other Race, and 1% Native American. According to the Delaware Population Consortium, Kent County's population is projected to increase from an estimated 157,751 in 2009 to 236,614 by 2030. Sussex County's population is projected to increase from an estimated 192,929 in 2009 to 272,313 in 2030. In 2007, over half (51.1%) of Sussex County residents were female. In terms of race and ethnicity, 80% is white, 13% Black/African-American, 6% Hispanic, 1% Asian, 0.5% Some Other race and .5% Native American.

In 2007-2008, 28.3% of non-elderly Delawareans went without health insurance for all or part of the two year period. By all age groups in 2007 the uninsurance rate in Kent and Sussex was 17.4. The rate is higher among Hispanics (36.6 in 2006-2007) in the state. Since the economic downturn, the rate of uninsured statewide has undoubtedly risen significantly, especially for the unemployed. In December 2008, it was reported that 55% of unemployed workers in Delaware with income below 200% of poverty were uninsured.

Delivery System Challenges and Issues (in alphabetical order)

- ❖ *Crisis and emergency services.* The system in Delaware is fragmented. There is little awareness about crisis intervention resources outside of the hospital emergency departments and the law enforcement system. There is a lack of coordination of care among emergency services, inpatient treatment facilities and outpatient resources. As a result, there is no assurance of a seamless continuum of care for the person in need of care. There is a general sense of dissatisfaction among key stakeholders participating in this project with the current system and its perceived lack of accountability. Hospital emergency room staffs have difficulty finding inpatient psychiatric beds to which to refer their patients, resulting from either the admission process at the state and private facilities and/or the availability of beds. When a patient is discharged from an inpatient facility, the discharge plan is not always communicated to the outpatient facility to which the patient is referred. Under the auspices of the Division of Substance Abuse and Mental Health, there are mobile crisis services available 24/7 to provide initial psychiatric crisis help at the patient's location. CAPES is a partnership between Christiana Care and the Division of Substance Abuse and Mental Health that provides an entry point for evaluation, observation and disposition to treatment within the Emergency Department at Wilmington Hospital. The program only exists in New Castle County. It has been suggested that a CAPES program is needed in each county.
- ❖ *Consumer awareness of mental health/substance abuse programs and services.* There is limited knowledge and information among the general public as to the availability and eligibility requirements of mental health and substance abuse programs and services in the State. This is especially true for crisis services and for those who are uninsured and/or who have never used the mental health system. Practitioners often are unaware of all programs available to their patients and are lacking information about the eligibility requirements for community-based programs. Lack of awareness and understanding of community resources can lead to several challenges including consumers not receiving the care and treatment they need, practitioners who are frustrated by a perceived lack of recourses for referrals, and programs that are underutilized.
- ❖ *Fiscal challenges: inadequate funding for programs and services.* Federal and state budget cuts are placing a strain on the mental health and substance abuse prevention and treatment service delivery system. There is a sense among consumers that some service providers want them to remain dependent upon them because funding streams to the providers are primarily based upon caseload data. Consumers want to be empowered to move beyond treatment services. They want to become independent and self-sufficient but they sense the system is holding them back. Practitioners often struggle with finding open slots for quality wrap-around services to which to refer their patients. Additionally, practitioners believe that funding, which they believe is currently being allocated to other, less effective programs, should be used to support endeavors to implement programs founded on industry best practices. Increased funding for these programs will afford increased referral opportunities for their patients.

- ❖ Housing shortages. Both consumers and practitioners report a shortage of housing statewide for persons with mental illness and substance abuse addictions, especially those having a criminal history. Persons with a criminal record have limited, if any housing options, with very long waiting lists for transitional or supervised housing. Except for shelters, it is very difficult for practitioners and case workers to find housing for persons leaving inpatient mental health and/or substance abuse treatment facilities. The stigma associated with mental illness compounds the barrier to obtaining safe and affordable housing.
- ❖ Insurance: coverage. Access to mental health services is impacted by the lack of insurance and an individual's insurance coverage. The increased number of people losing employment, individuals with employer coverage taking on a higher premium burden and employed individuals whose employer has reduced or dropped coverage all add up to barriers to accessing health care. According to a 2005 survey of mental health providers conducted by the University of Delaware's Center for Applied Demography and Survey Research for the Delaware Division of Public Health, approximately 20% of psychiatrists and 12% of mental health specialists do not participate in insurance plans. Mental health providers do not accept all insurance plans/types of insurance. Kent County mental health providers are more likely to accept insurance plans than their counterparts in Sussex County.
- ❖ Insurance: low reimbursement/"hassle factors" for providers. A substantive challenge to private practitioners is payment and insurance. There is increasing demand for services but decreasing availability of services due to low reimbursement. Insurance companies limit their practitioner panels as well as their reimbursement rates for mental health practitioners. Practitioners at all levels report not having a rate increase in over a decade and their incomes are declining each year due to increased denials and inadequate reimbursement rates. As a result, many mental health practitioners refuse to accept managed care insurance. Patients are required to pay out-of-pocket and submit their own paperwork to the insurance company for reimbursement. This exacerbates mental health access barriers, especially in areas which already have limited practitioner resources. Medicaid and Medicare's lower reimbursements are a disincentive for providers to accept public insurance. There is a growing trend for psychiatrists not accepting insurance at all mostly due to low reimbursement and working on a cash-only basis. There is also the "hassle" factor – dealing with insurance companies is sometimes difficult as they do not always want to approve the number of visits that the psychiatrist recommends and the offices do not want to deal with insurance billing. Restrictions and claims denials for authorized services are resulting in reduced productivity and are placing a financial strain on individual and small practices. Hospitals must be assured of payment for admissions for psychiatric patients in a manner that is indistinguishable from payment for any other illness.
- ❖ Law enforcement and criminal justice. Law enforcement personnel are ill-equipped to respond to the needs of persons with mental illness in crisis. Once a person with mental illness is involved with the criminal justice system, there is a lack of coordination for their follow-up care and treatment. Persons with mental illness are overrepresented in the criminal justice system. Law enforcement plays an integral role in the mental health

system, yet there is a significant lack of training and resources for law enforcement personnel who are, in many cases, the front line in encountering persons with mental illness and substance abuse issues and linking them with the healthcare system. Consumers with experience in the law enforcement process felt it to be more traumatic than the crisis they were experiencing. In an effort to ameliorate these problems, Delaware has developed mental health courts. The Delaware Mental Health Court Program is an interagency effort to screen, identify, treat and divert misdemeanor offenders in need of mental health adjudication process to the Delaware Mental Health Court Program's clinical case manager. These courts currently exist only in New Castle County.

- ❖ Primary care and mental health in the practice setting. The primary care medical system and mental health system function separately and independently. Fifty percent of those with a mental illness have a major medical condition that is not being treated. A recent national study published in *Health Affairs* found that about two-thirds of U.S. primary care physicians reported in 2004-05 that they couldn't get outpatient mental health services for their patients—a rate that was at least twice as high as for other common services. Two-thirds of mental health prescriptions are written by primary care providers, and depression and anxiety are among the leading causes of visits to primary care offices or community health clinics. With the exception of Federally Qualified Health Center patients, consumers are not receiving comprehensive and coordinated health care and when a mental health disorder is recognized by their primary care provider, making referrals to a mental health practitioner is difficult or does not occur. While many primary care providers are generally comfortable with providing prescriptions for uncomplicated mental health issues, they often need to consult with a psychiatrist for more involved mental health diagnoses. With so few psychiatrists, especially in the rural areas of Kent and Sussex Counties, this often presents a challenge.
- ❖ Provider shortages. There is inadequate numbers of psychiatrists, especially in the rural areas, for consultation and referral of more complicated diagnoses and an insufficient supply of psychologists and licensed clinical social workers, especially in the rural areas. There is a shortage of mental health practitioners in the rural areas of southern New Castle County, northern and western Kent County and western and southern Sussex County. A geographic portion of rural western and southern Sussex County is federally designated as a Mental Health Professional Shortage Area. In 2005, there were eight psychiatrists and 63 mental health specialists in Sussex County. The ratio of FTE psychiatrist to population in Sussex County is 1:22,983. The Sussex County ratio of FTE mental health specialists to population is 1:2,802. In 2005, in Kent County there was a ratio of FTE mental health specialists to population of 1:2,409. The ratio of FTE psychiatrists to population in Kent County is 1:5,146. Recruitment and retention is an issue. More advanced practice nurses and physician's assistants with backgrounds in mental health should be recruited. There is an insufficient supply of psychologists and licensed clinical social workers, especially in the rural areas, available for employment at federally qualified health centers.
- ❖ Psychiatric inpatient facilities. There are no psychiatric inpatient facilities in Sussex County and only Kent Community Health Center in Kent County; all other inpatient services are in New Castle County.

- ❖ Translation services and culturally sensitive providers. There is a lack of translation services for persons with limited English capability. Sensitivity of providers to cultural differences is an issue and is not exclusive to Hispanic, Asian, and Indian cultures. Providers need to have a better understanding of the person's culture and background.
- ❖ Transportation. Transportation is a major issue for individuals living in Kent and Sussex County. There is a lack of adequate transportation for clients and families to get to appointments, support groups and other needed services. For persons who need inpatient care, there is no inpatient facility for adults or children in Sussex County and only Dover Behavioral Health System in Kent County. All other inpatient facilities are located in New Castle County and transportation, if available at all, can be very expensive.
- ❖ Stigma. Stigma is a significant barrier to accessing mental health and substance abuse services and can perpetuate mental illness. There is a lack of accurate information and education regarding mental illness in the schools, which ideally should begin in elementary school. There is little understanding of mental health as a component of physical health. Public policy and cultural norms weigh heavily into this lack of awareness. Significant effort is needed in educating the public about mental illness. Care should be family focused - not just for the individual - so families can overcome the stigma. It needs to be more acceptable to reach out for help.
- ❖ Vocational rehabilitation system. There are limitations in the vocational rehabilitation system to facilitate meaningful employment opportunities for persons with mental illness. There is a lack of supported employment opportunities, which integrate mental health and vocational supports. While vocational rehabilitation services exist, they seem to focus mainly on training. There is little emphasis on job placement assistance, retention, and career ladder advancement. For those that do receive job placement, the jobs tend to be menial with no regard to the individual's skills and abilities. Finding and keeping jobs is difficult for persons with mental illness. Additionally, there is a disincentive to work because their jobs cause them to make just enough to lose State benefits but not enough to adequately support themselves and their families.

Challenges to Serving Vulnerable Populations in Rural Areas

Assessment and Treatment for Children and Adolescents

There are limited resources for adolescents, both for inpatient and outpatient treatment. Assessment and treatment services for children are under-funded. Adolescents with mental/behavioral health and/or substance abuse illnesses seem to fall between the cracks in both the educational and mental health systems. There is a lack of coordination between the mental health, youth correction and education systems. Behavioral issues start as early as preschool, but many parents, educators and childcare providers are ill-equipped to recognize the early signs of behavioral health issues. Families feel they are not taken seriously when they express their concerns about their children's behavioral health. Adolescents are stigmatized and find it difficult to resume normal educational and social activities after encountering the mental health and youth correctional systems. Children with behavioral issues are disenfranchised in the education system. Obtaining an evaluation by a mental health professional can be complicated by lack of providers. Many physicians prefer to refer children to the A.I. DuPont Children's Hospital in Wilmington for evaluation; transportation to

this facility can present an additional barrier for many consumers. Medication management becomes more complicated with children in respect to dosing, and finally there is a serious lack of psychiatrists specializing in the child.

Older persons

There is a significant lack of mental health services for the growing senior population in Kent County and Sussex County. As previously noted, as a result of both the aging of the population and an increasing in-migration of the retiree population, the Sussex County elderly population is anticipated to grow rapidly. By 2020, the elderly population is projected to increase from 20.5% in 2006 to 34% of total Sussex County population with the greatest growth rate in the over 85 age group, according the Delaware Population Consortium. Specialty geriatric mental health services are virtually non-existent in Sussex County. There are cultural issues driving a hesitancy to use mental health and substance abuse services for many seniors. There is a growing need to address dual diagnosis, isolation, depression and stigma associated with seeking mental health care and the need is magnified due to living in a rural area. Transportation is a major issue for this population.

Immigrants

Kent and Sussex Counties have an immigrant population chiefly employed by the county's poultry and farming industry. Undocumented residents and in particular their children represent an at-risk population having significant unmet mental health and substance abuse issues.

Major Rural Behavioral Health Stakeholders in Delaware

La Red Health Center Located in Georgetown (Sussex County), La Red Health Center is the sole safety-net primary and preventive health care provider of its kind for low-income residents of Sussex County. An onsite bilingual Licensed Clinical Social Worker provides mental and behavioral health care, along with substance abuse referral services. (Substance abuse counseling is provided to La Red patients thru an arrangement with Brandywine Counseling in Georgetown, DE). La Red is a Federally Qualified Health Center.

Delmarva Rural Ministries Delmarva Rural Ministries operates the Kent Community Health Center serving Kent County by providing primary and preventive care to vulnerable populations. A Licensed Clinical Social Worker provides mental and behavioral health care and substance abuse referral services on-site. Delmarva is a Federally Qualified Health Center.

Delaware's Projects for Assistance in Transition from Homelessness (PATH)

This grant program is administered by the Department of Health and Social Services, Division of Substance Abuse and Mental Health, and is an integral part of Delaware's comprehensive community-based system of care for adults with mental illness. The PATH Program focuses on primary outreach services to homeless persons with serious mental illness or co-occurring disorders with the aim of engaging them and linking them with the mainstream treatment and support services. PATH operates a walk-in program in Wilmington, Dover and Georgetown.

Community Mental Health Clinics Located downstate in Dover and Georgetown, the clinics provide a variety of psychiatric and support services for individuals facing a serious mental illness. The clinics are operated by the Delaware Division of Substance Abuse and Mental Health. The services at these centers include psychiatric crisis intervention, short and long term counseling, psychiatric evaluation and treatment, medication management, information referral and assistance in obtaining pertinent entitlements and access to other community providers.

Community Continuum of Care Programs Located in Sussex County (Fellowship Health Resources) and Kent County (Psychotherapeutic Services, Inc), this program is a comprehensive, integrated recovery approach to working with people diagnosed with severe and persistent psychiatric disabilities (and sometimes a co-occurring drug and alcohol addiction). The program provides a comprehensive array of resource/service management supports that includes: clinical and rehabilitation services, employment and educational rehabilitation and supports, 24/7 crisis response, full-time psychiatrists, housing assistance, coordination of care with other community providers such as an individuals medical doctor, and supports for families. This approach allows individuals to remain within one service system in which all services are provided by the same staff.

Dover Behavioral Health System Located in Dover (Kent County), this facility offers inpatient, partial hospital and dual diagnosis services to adolescents and adults.

Brandywine Counseling Inc. This substance abuse and treatment agency, which has locations across the state, provides counseling and related assistance to persons with chemical addiction and related problems.

Connections This program offers a comprehensive array of community-based treatment, support, housing, and employment services for people recovering from and living with mental health and substance use conditions, homelessness, and HIV/AIDS. Connections is committed to seeking out those without access to quality care throughout Delaware and to doing whatever it takes to support those they serve to achieve their goals.

V. Assessment Process Conclusions

The assessment process yielded a number of areas of concern, gave direct voice to needed solutions and possible approaches, and many of these suggestions repeated those that had been heard through previously published Delaware mental health studies. Presented in random order below are the summarized issues and opportunities that emerged from the assessment process. Supplemental information-gathering events and activities that were completed subsequent to the formal assessment process corroborated these findings. This additional information is presented in the next section of this report, and taken together with the conclusions from the assessment process presented below, inform considerations and potential priorities for key stakeholders.

1. CHALLENGE Access: Inadequate number of providers There is an inadequate number of psychiatrists, especially in the rural areas, for consultation/service delivery and referral of more complicated diagnoses and an insufficient supply of psychologists, psychiatric advanced practice nurses, and licensed clinical social workers.

OPPORTUNITIES:

- √ Establish a central phone number to provide information to mental health professionals interested in practicing in Delaware.
- √ Advertise the Delaware State Loan Repayment Program to psychiatrists and mid-level mental health professionals. There is also a need to increase the funding for this program.
- √ Continue to advertise and use the Conrad State 30 / J-1 Visa Waiver Program to attract and retain psychiatrists in rural Delaware.
- √ Explore ways to involve the Delaware Division of Professional Regulation in the recruitment of mental health professionals to rural Delaware.
- √ Consider increasing the funding to the existing residency program at the Delaware Psychiatric Center to create a more competitive program. This would likely increase the number of residents who remain in Delaware to establish their practice after training.
- √ Develop a tiered licensing system, similar to that in Pennsylvania and Maryland, to ease the financial hardship faced by master's level educated social workers while they are obtaining the required number of clinical hours for full licensure. Issuing these social workers a restricted license while they are completing their supervised clinical training hours would lift restrictions of insurance companies to provide reimbursement for the work these masters level social workers are already performing
- √ Increase the recruitment efforts and use of Psychiatric Advanced Practice Nurses in rural areas.

Potential Stakeholders: The Division of Public Health Office of Rural Health and Primary Care, the Delaware Health Care Commission, the Division of Substance Abuse and Mental Health, Jefferson Medical College and Delaware's colleges and universities.

Outcomes, Funding and Resources, Likelihood of Successful Intervention Given the state's current financial crisis, increased funding for state programs is not likely in the short term. With little financial investment, however, increased recruitment efforts for mental health professionals exist within the Conrad State 30/J-1 Visa Waiver Program, the State Loan Repayment Program and through outreach to psychiatric residents in Delaware residency programs extolling the benefits of rural practice. Increased recruitment of Psychiatric Advanced Practice Nurses is best accomplished through individual agency efforts.

2. CHALLENGE Access: Increase availability of crisis and inpatient services. There are no inpatient mental health facilities in Sussex County and only one inpatient facility in Kent County. Persons in psychiatric crisis who present at local emergency rooms do not have ready access to expert evaluation and must be transported, typically by law enforcement agencies, to facilities in New Castle County.

OPPORTUNITIES

- √ Explore the feasibility of establishing Crisis and Psychiatric Emergency Services (CAPES) programs at downstate hospitals.

- √ Identify opportunities to establish an inpatient and partial hospitalization/day treatment program in Sussex County.

Potential Stakeholders Division of Substance Abuse and Mental Health, Division of Child Mental Health, hospitals in Sussex County, and the Delaware Economic Development Office.

Outcomes, Funding and Resources, Likelihood of Successful Intervention The Division of Substance Abuse and Mental Health has expressed great interest in working with downstate hospitals toward development of a CAPES program. With health care being the fastest growing "industry" in Delaware, the Delaware Economic Development Office may be a key player in helping to attract inpatient mental health providers to Sussex County as it would provide increased job opportunities. These interventions are contingent upon available state, federal and other grant funding and making the issue of mental health a public policy priority.

3. CHALLENGE Stigma/lack of awareness of mental health and substance abuse programs and services Stigma is a barrier to seeking services and can perpetuate mental illness. Failure to recognize the signs and symptoms of mental illness can contribute to and exacerbate physical health problems. Contributing to the stigma problem is limited knowledge and information among the general public as to the availability of, and eligibility requirements for, mental health and substance abuse services in the State. This is especially true for crisis services.

OPPORTUNITIES

- √ Increase dissemination of information to consumers and physicians about available mental health treatment services.

- √ Offer training to front line service providers (case workers, medical office staff, etc.) regarding sensitivity to persons with mental health issues and available resources.

√ Offer educational opportunities to encourage primary care health professionals to integrate mental health screenings/services into their practices, stressing the link between mental and physical health.

√ Expand availability of the Mental Health Association in Delaware's Adolescent Depression Awareness Program to Kent County and Sussex County school districts and continue support for their Beyond Stress Teen program. Offer a train-the-trainer session in rural Delaware for the Adolescent Depression Awareness program in conjunction with the Mental Health Association.

Potential Stakeholders Division of Substance Abuse and Mental Health, Delaware Rural Health Initiative, Division of Child Mental Health, Mental Health Association in Delaware, National Alliance on Mental Illness-DE, Medical Society of Delaware, Department of Education, and the Division of Public Health Office of Primary Care and Rural Health.

Outcomes, Funding and Resources, Likelihood of Successful Intervention The Adolescent Depression Awareness program offered through the Mental Health Association in conjunction with Johns Hopkins University currently operates programs in school districts in New Castle County. Expansion of the program to schools in Kent and Sussex County will help increase awareness of the signs of mental health issues, increase knowledge of available resources and help reduce the stigma of mental illness beginning in the teen population.

4. CHALLENGE Law enforcement and criminal justice Law enforcement personnel are ill-equipped to respond to the needs of persons with mental illness in crisis. Once a person with mental illness is involved with the criminal justice system, there is a lack of coordination for their follow-up care and treatment.

OPPORTUNITY

√ Mental health courts should be expanded to Kent and Sussex counties.

√ The State contracted health care provider within the prison system should coordinate the treatment of mental illness during incarceration and after discharge by providing information and education and by creating a discharge plan. A contingency discharge plan should also be developed at the time of incarceration in case the prisoner is immediately released by the judge.

Potential Stakeholders Delaware Department of Justice, Department of Corrections, Division of Substance Abuse and Mental Health, Division of Child Mental Health, Mental Health Association and National Alliance on Mentally Illness-DE.

Outcomes, Funding and Resources, Likelihood of Successful Intervention The mental health court system has been extremely successful in New Castle County in identifying and diverting offenders in need of mental health services to appropriate services. The result is relief in prison overcrowding and reduction in clinical and legal recidivism. These programs should be expanded to Kent County and Sussex County.

VI. Supplementary Assessment Process Activities

The following activities occurred at the same time but outside of the National Organization of State Offices of Rural Health's guided assessment process that was carried out by the Delaware State Office of Rural Health.

League of Women Voters May 2009 Legislative Awareness Event: On March 18, 2009, the Delaware League of Women Voters held their annual "League Day" in Dover, a half day conference focused on current issues in mental health care access. During the conference, a panel of state experts provided testimony from the state agency, legal, private medical community, and advocacy group perspectives. It was noted that lack of access to a comprehensive system of mental health services was especially acute in Kent County and Sussex County.

Delaware Rural Health Initiative Meetings and Events: On April 8, 2009, the Delaware Rural Health Initiative conducted its 3rd Annual Rural Health Summit. This event, like the two previous summits, was carried out with the participation and sponsorship of the Delaware State Office of Rural Health. This third summit built on the previous summits and focused on identifying health care needs in rural Delaware.

The Delaware Rural Health Initiative conducted its first summit in 2004. It was utilized as an information gathering process to identify issues of utmost concern to an audience of approximately 125 broad rural health stakeholders including consumers, service providers, advocates, agencies, and non-profit organizations. Serving the needs of targeted populations groups (children, teens, uninsured, and seniors) emerged as priority from this event - recognizing that service needs and health policy implications for each of these populations contained cross-cutting issues.

In 2007, the Delaware Rural Health Initiative planned and conducted an annual meeting that focused on one of the cross cutting issues identified during the 2004 summit – namely mental and behavioral health. A mental health workshop was administered with the professional assistance of John Gale and David Lambert from the Maine Rural Health Research Center. A subset of the 2004 audience (approximately 50 stakeholders) specifically interested in the topic and/or who worked in the field of mental/behavioral health, gathered for a half-day session that identified specific areas of rural concern. The issues are listed below.

Access to Care

- Overall lack of infrastructure
- Restricted availability of inpatient psychiatric beds
- Limited community-based resources

Emergency Room Pressure Points

- Demand upon law enforcement for transport to inpatient facilities
(A costly and unintended use of police workforce that compounds the issue of stigma)
- The categorization of involuntary or voluntary admission status
(A classification that affects reimbursement and providers' care plan for the patient)

Possible Strategies

- Explore / maximize use of telemedicine to expand access
- Explore emergency department triaging methods
- Identify opportunities to reduce need for patient transport
- Build community awareness about existing resources

The April 8, 2009 event returned to a broad conference format to explore what makes rural “rural” and to present data and gather information to underscore the point that Delaware’s “downstate” and rural health infrastructure is NOT comprised of simply “downsized” northern Delaware or urban issues. In fact, its issues, including workforce, infrastructure, demographics, and health outcomes are unique. The event used a breakout session/roundtable approach to elicit discussion on focused topics with mental health being one of three of those topics. Approximately 80 individuals attended the mental health roundtables. Mental health subject matter experts included Steven Dettwyler, director of Community Mental Health in the Delaware Division of Substance Abuse and Mental Health; James Lafferty, executive director of the Mental Health Association in Delaware; and Yvonne Dodd, licensed clinical social worker at La Red Health Center. Each shared information on their various programs and the challenges and successes in rural mental health access. The key issues identified by both the guest experts and the attendees included:

- Lack of inpatient psychiatric beds, especially in Sussex County;
- Lack of mental health courts in Kent County and Sussex County;
- Lack of adequate public transportation and the distance persons must travel to receive mental health services, especially inpatient care;
- Cultural issues, including language barriers and translation services;
- Isolation, especially among senior citizens;
- Insufficient supply of mental health professionals, especially those bilingual in English/Spanish;
- Inadequate reimbursement for mental health providers and few providers who will accept insurances; and
- Lack of hospital inpatient counseling services for persons who have received a traumatic diagnosis (Note: it was agreed that support was generally available for persons who had a cancer diagnosis but did not exist for persons with other traumatic diagnoses such as amputees).

Successful programs identified by the speakers and attendees included:

- The Mental Health Association in Delaware’s school-based Adolescent Depression Awareness Program operated in conjunction with Johns Hopkins University; and
- The integration of physical and mental health model used by the federally qualified health centers.

Potential opportunities for improvement of mental health access included the following:

- Increase the use of Psychiatric Advanced Practice Nurses;
- Establish CAPES (Crisis and Psychiatric Emergency Services) units at hospitals in Kent County and Sussex County;

- Support expansion of integrated physical and mental health services at physician practices using the federally qualified health center model; and
- Consider the use of telemedicine to improve access to psychiatric consultation for both physicians and consumers.

VII. Observations

1. The issue of the adequacy of the rural mental/behavioral health care infrastructure is multifaceted and contains complex systemic issues that are dependent on broad health policy and funding.
2. Despite the breadth and complexity of the larger issue, consensus clearly exists on issues and possible strategies.
3. Discerning “rural” specific issues from those issues that are unique to the statewide mental and behavioral system is difficult at best. The issues that riddle the downstate mental and behavioral system are largely those that affect the statewide system, some issues more acutely than others. Recurring, rural-specific issues on which to focus efforts and planning are narrow; however, actionable strategies could be diverse. The following table depicts the major areas of concern identified during various forums.

| DRHI May 2007 Rural Health Event | The Delaware-NOSOHR Assessment Process | DRHI April 2009 Rural Health Event |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Access to Care <ul style="list-style-type: none"> • Overall Provider Supply • Inpatient Beds • Community Resources | Access to Care <ul style="list-style-type: none"> • Overall Provider Supply • Inpatient Beds • Cultural Barriers • Transportation Barriers • Crisis Services | Access to Care <ul style="list-style-type: none"> • Overall Provider Supply • Inpatient Beds • Cultural Barriers • Transportation Barriers • Crisis Services |
| Other Infrastructure Impacts <ul style="list-style-type: none"> • Law Enforcement • Effects of categorization of voluntary or involuntary admissions | Other Infrastructure Impacts <ul style="list-style-type: none"> • Law Enforcement • Housing • Employment | Other Infrastructure Impacts <ul style="list-style-type: none"> • Mental Health Courts |
| | Funding/Reimbursement | Funding/Reimbursement |
| Awareness of Resources | Awareness of Resources | Awareness of Resources |
| | Separation of Physical and Mental Health Conditions | Separation of Physical and Mental Health Conditions |
| | Stigma | Stigma |

4. Some strategies can more easily be deployed at the community level than others. Some strategies, however, could be addressed incrementally if the proper stakeholders took leadership roles and were sufficiently supported. Examples include the Mental Health Association, the Medical Society of Delaware, and Delaware Rural Health Initiative, all of whom have expressed strong interest, if given support, to lead comprehensive initiatives. Governmental planning between the State Office of Rural Health within the Division of Public Health, the Division of Substance Abuse and Mental Health, the Division of Child Mental Health, and the Delaware Health Care Commission could determine the feasibility of coordinating financial resources (given current budgetary environment) to address prioritized key issues. Similarly this type of planning to support infrastructure development and improvements could minimize duplication and fragmentation.

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