

Behavioral Health For Delaware

What do we see in our Communities?

What can we do?



Mary Kane, President

May 4, 2018

Thank you for inviting me!

- Concept Systems, Inc.
- The catalyst for this project



Objectives and Expectations

- Objectives
 - Open the conversation
 - Produce community-informed picture of the issues
 - Produce community-informed roadmap for action
 - Support BHC with organizational framework for action
- Expectations
 - Moderate participation
 - Guidance for priority setting
- Results
 - Participation beyond expected
 - High value input on both questions
 - Shared perceptions and concerns as well as noted differences
 - Great alignment between Question #1 output and Question #2 framework
 - Ready to use action development map with priorities



Process

- Purposes:
 - Find out **what Delaware's communities are seeing and experiencing.**
 - Ask **what should be done** to address the issues that we are facing.
- Events:

Over 300 people attended at least one of four listening sessions

 - About 15 volunteers facilitated the groups
 - An electronic survey and email connection included ideas from 30 additional people



Questions for Listening Sessions

1. When you think about mental health and addiction (behavioral health), how behaviors affect health, and how people feel about their health where you live, what is happening in your community?
2. What is the number 1 thing we in Delaware can do to deal with mental health related issues and the issues we are facing in behavioral health, that we talked about in question #1?

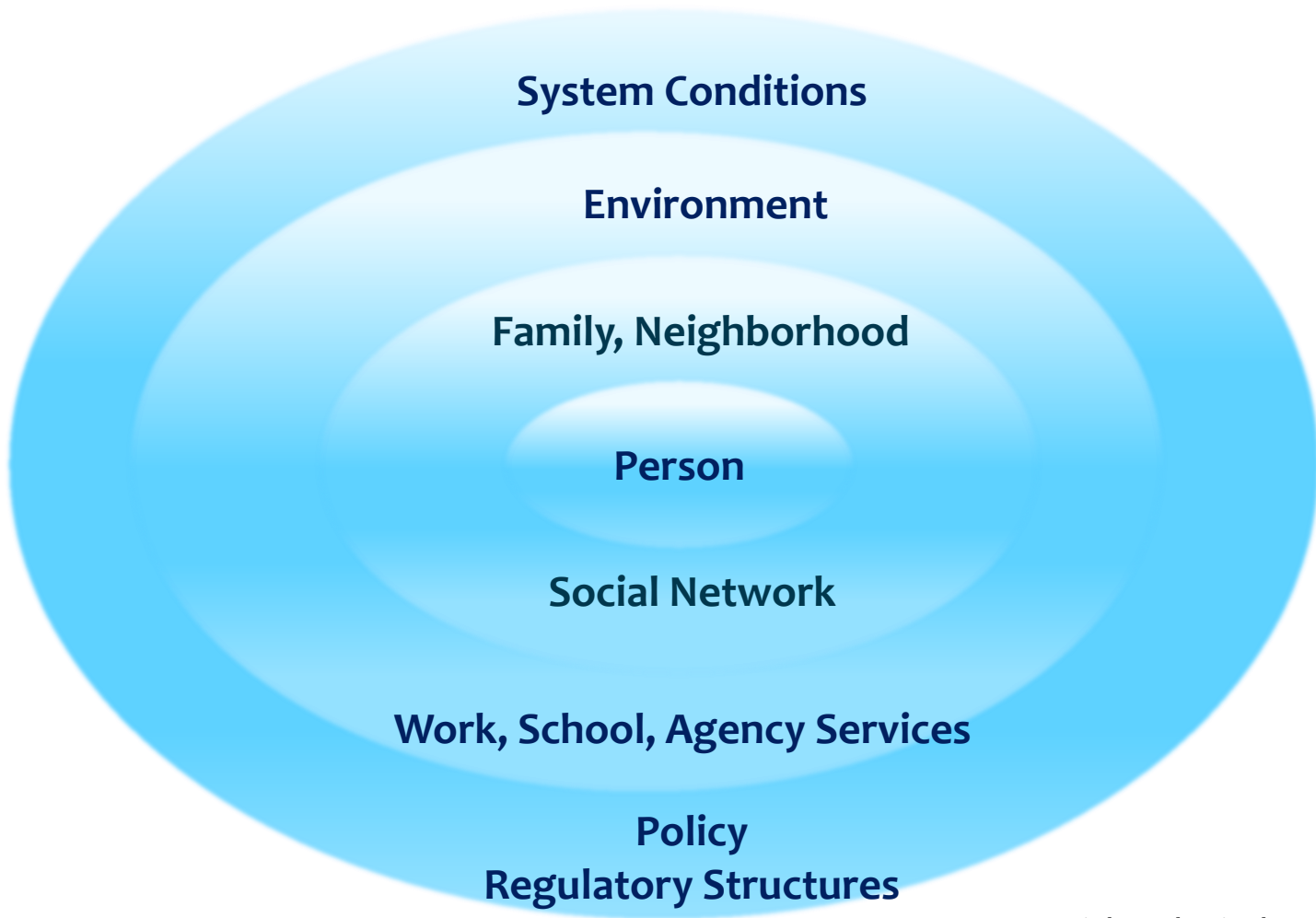


Feedback to Question #1, Organized

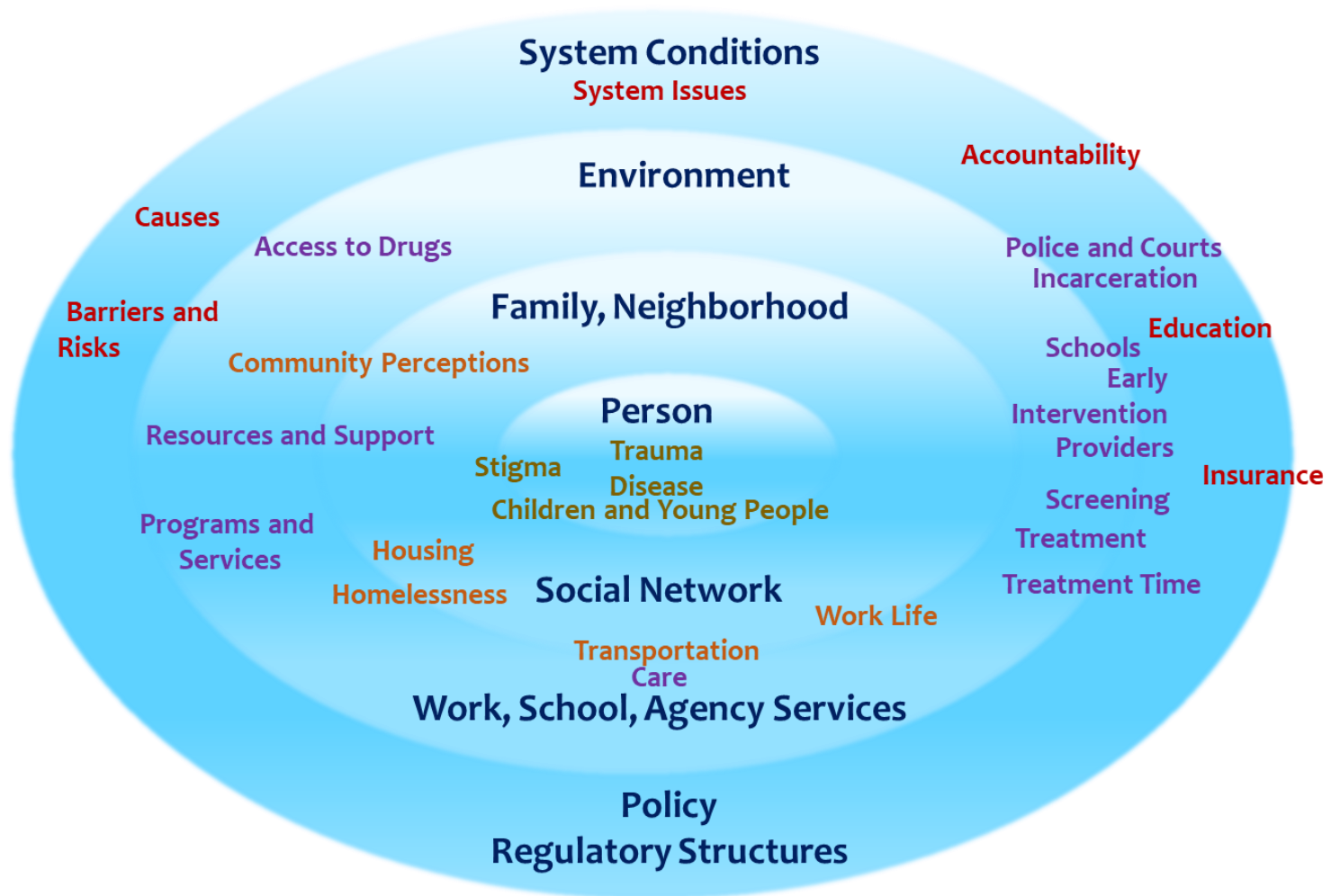
- Over 520 ideas from listening sessions in response to Question #1
- Conducted content analysis, organized by themes that emerged from the participants' words
- Used CDC's Social Ecological Model to help organize the themes to make usable
- Drafted preliminary report:
 - **Issues That Affect Behavioral Health in Delaware: Perceptions, Experiences and Recommendations from the Community**



A Picture of Social Relationship



Answers to Questions #1



Person

- Children and Young People
 - Chronic risk
- Disease
 - Co occurring conditions, effects of mental illness; prevalence of personal experience of co-occurring illnesses, effects of mental illness for those who have disabilities
- Stigma
 - Fear of those who suffer, lack of understanding, isolation
- Trauma
 - At all ages, effects of early childhood trauma



Family, Neighborhood

Includes the Social Network Structure

- Community Perceptions
 - “not in my back yard”
- Housing
 - Dangerous, insecure, lack of community, no care structures
- Homelessness
 - Insecurity, risk, “other-ness”, tent cities exacerbating, food insecurity
- Transportation
 - Affects options, capacity to stabilize
- Work Life
 - Lowest paying jobs, criminal record blocks, no capacity to stabilize



Environment

Includes School, Agency and Care Services, Authority Structures

- Access to Drugs
 - Over-prescription especially after surgery, street access, combinations
- Care
 - Medical and mental health access limited, no continuum of care, costly, fragmented
- Early Intervention
 - Too late, ignoring cues
- Programs and Services
 - Lack of agency communication, coordination, confusing to consumer; program gaps after discharge, short sighted
- Providers
 - Social workers, MH professionals lacking; MDs and related professions underrepresented especially for specific populations (elderly, veterans); are they sufficiently trained for issues?
- Screening
 - Not an option, underused
- Treatment
 - Too much focus on medication, not enough on behavioral health changes; balance needed; concern re “off meds” behavior isolating person in need
- Treatment Time
 - Significant barrier; lack of long term options, lag in appointments when in crisis



Environment

Includes School, Agency and Care Services, Authority Structures

- Incarceration
 - Pervasive effects, drug and mental illness combination lead to vicious cycle; addiction as a crime, no capacity to address causal issues; drugs in prison system; limited post-release follow-up
- Police and Courts
 - Gap between law enforcement and community, addict viewed as criminal; police should not be expected to provide treatment, no tools or information; aging into adult level charges
 - Addiction not recognized as illness, path to help is not offered as option via drug courts; court-ordered medication that is then not managed; probation not effective
- Resources and Support
 - Funds of course a barrier, resources not evenly spread; resources exist but not known or accessible, gaps in basic resources throughout state
- Schools
 - Major concern, provider of mental health and behavioral health help; understaffed, under-resourced, over-demanded without support; lack of training for teachers and others in system



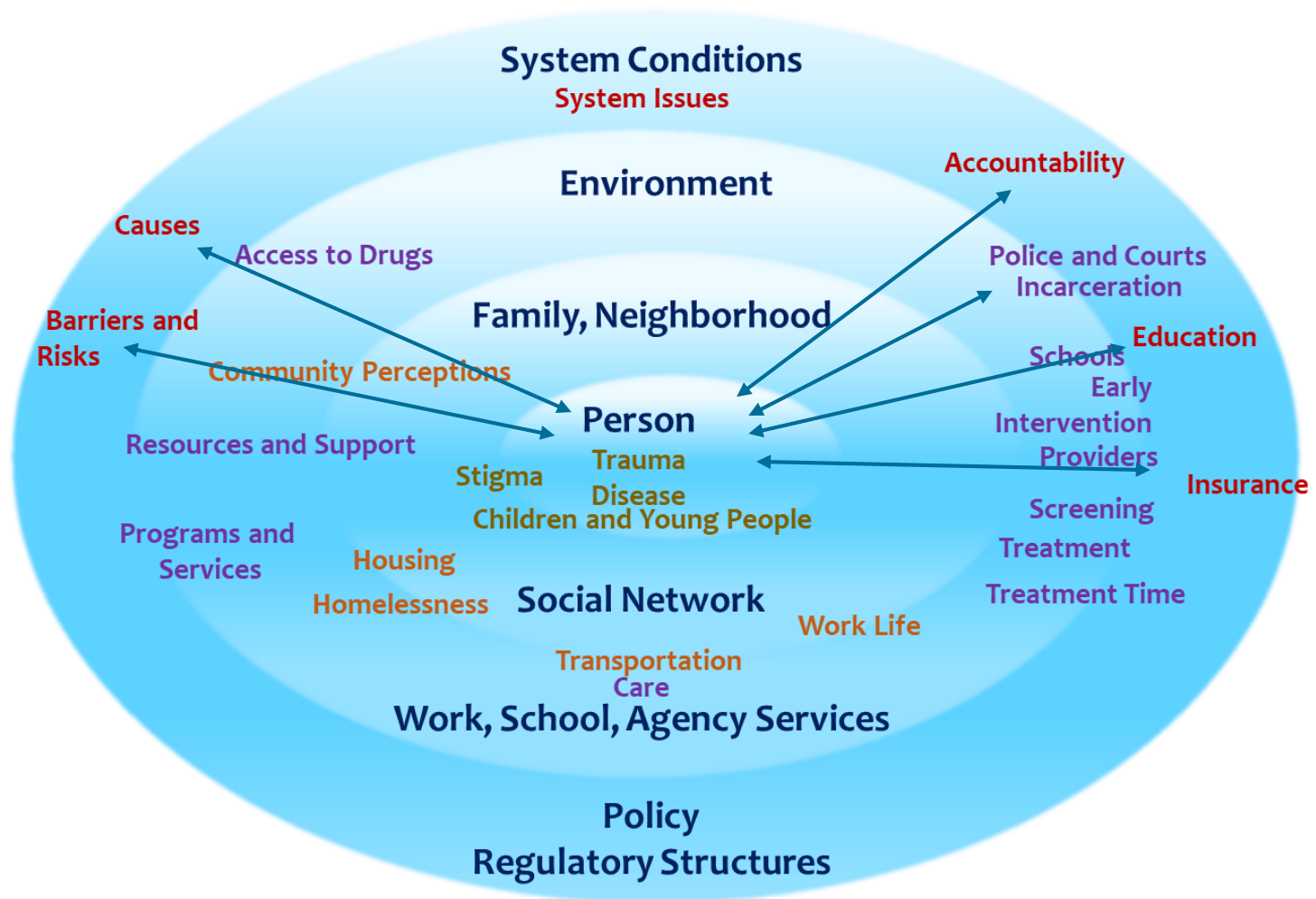
System Conditions

Includes Policy, Regulatory Issues

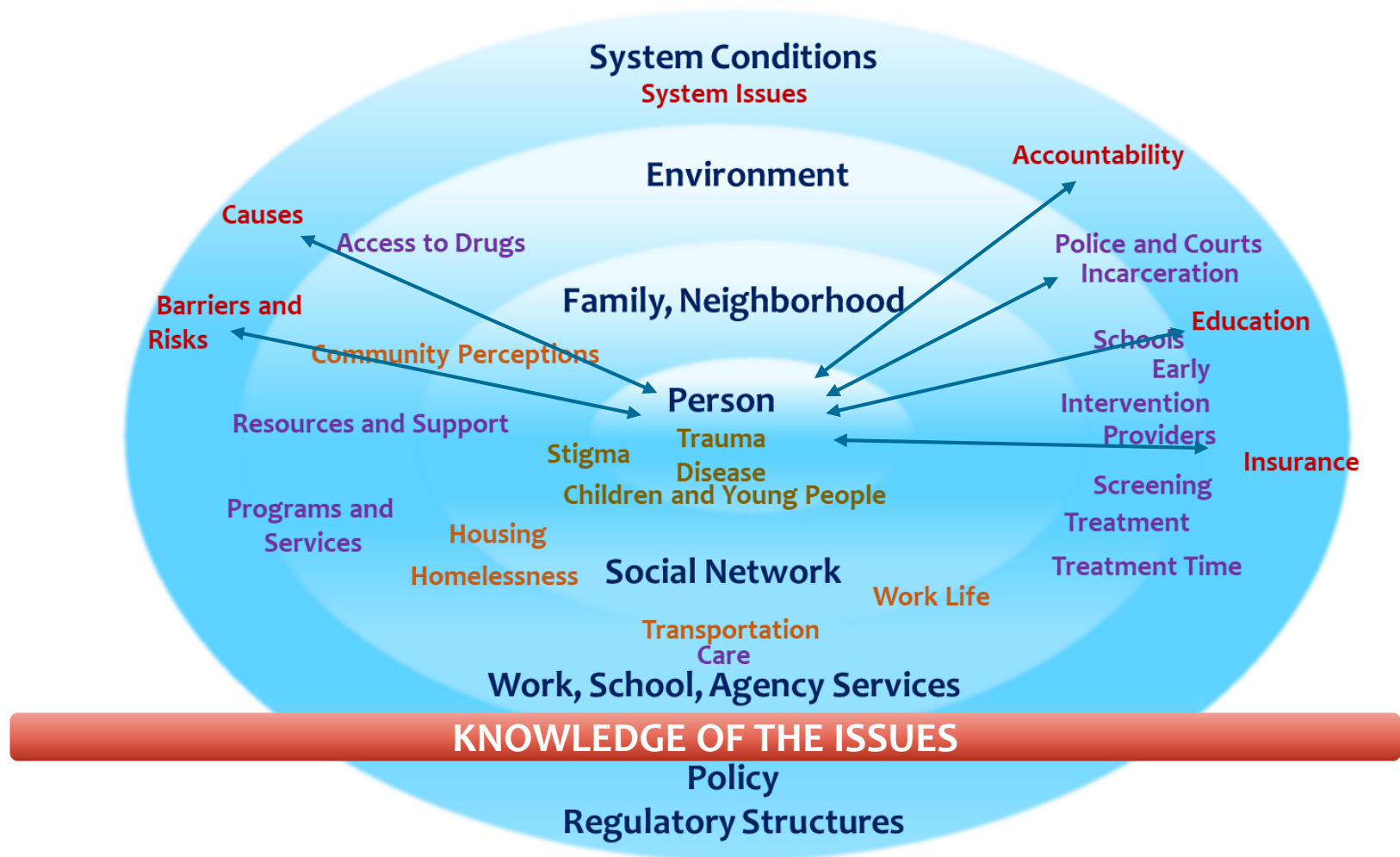
- Accountability
 - At all levels—person to industry to systems
- Barriers and Risks
 - Co-occurring hidden/undiagnosed conditions; poverty, gun violence, community trauma; criminalized crack epidemic=no treatment
- Causes
 - Lack of understanding re science of addiction; bullying as normative, lack of understanding of mental illness; BHC a critical priority to lead the discussion
- Education
 - Pervasive need at all levels to improve culture and reduce risk; lack of decent quality basic and advanced education as barrier to achievement
- Insurance
 - Lack of coverage for those needing treatment; therapy not covered, Medicaid insufficient; treatment contingent on insurance approval
- System Issues
 - Red tape, fragmentation, inefficiencies



The System View



The System View and The Role of Knowledge



Knowledge

- At all levels for all actors
 - Lack of formal learning about health and mental health
 - Parents and teachers: knowledge of developmental stages
 - Information confusion at all levels
 - Assets not well known; exposure but not understanding
 - Where to go for help to avoid criminal punishment or social isolation
- All require education: policy, educators, law enforcement and community service, leaders, neighborhoods, families, children.



Feedback to Question #2, Organized and Prioritized

- Over 600 ideas in response to Question #2
 - Listening sessions, survey, website
- Conducted Group Concept Mapping (GCM)
 - Edited ideas set to 117 specific non-redundant comments from residents
 - Lt Governor's office
 - invited BHC and others to sort *individually* the ideas set
 - Invited BHC and others to *rate* each idea on
 - Importance
 - Feasibility to make progress on that specific action idea
- Drafted report:
 - ISSUES OUR COMMUNITIES EXPERIENCE THAT AFFECT BEHAVIORAL HEALTH, AND ACTIONS TO REDUCE BURDEN AND IMPROVE DELAWARE'S BEHAVIORAL HEALTH
 - includes Question 1 Preliminary Report, edited.



Asking the Community



What is a specific thing we in **Delaware can do** to deal with the issues we are facing in our state's behavioral health, including mental health related issues and addiction?

Over 600 ideas

117 total ideas that were representative, **the building blocks for action**

For example:

Work on prevention at all levels beginning with preschool through adulthood. (6)

Ensure programs are able to deliver the services they are promising, with more effective review. (19)

Change insurance requirements so that individuals who were in jail qualify for residential treatment to reduce risk of relapse. (26)

Address the low reimbursement rates for therapy and counseling services. (47)

Develop more creative and pervasive advertisement of the HelpsHereDE.org website and other programs in the state. (60)

Law enforcement and Emergency Department personnel need training on mental health issues, so it's not treated as a crime. (79)

Be able to modify treatment models to meet individual needs. (103)



Those who sorted and rated

Location of Residence	#
New Castle County	25
Sussex County	9
Kent County	5
Out of State	4
No Response	3

Occupation	#
Advocacy	2
Business	1
Consultant	2
Counseling / Psychiatric Services	4
Education (college/graduate school)	2
Government / Public Administration	8
Healthcare	13
Public Safety / Security	1
Retired	3
Social Services	3
No Response	2
Other* Other: Clergy; Executive Director; Finance; Health, Social Services, and Higher Education; Psychologist and Adult Educator	5



Those who sorted and rated

Behavioral Health Treatment Experience	Yes	No	NR
Personal experience of treatment for Mental Health/Addiction	19	25	2
Familial experience of treatment for Mental Health/Addiction	31	13	2
Friend experience of treatment for Mental Health/Addiction	36	8	2
Other experience of treatment for Mental Health/Addiction	43	1	2

Group is educated, professional
Question is about receiving treatment

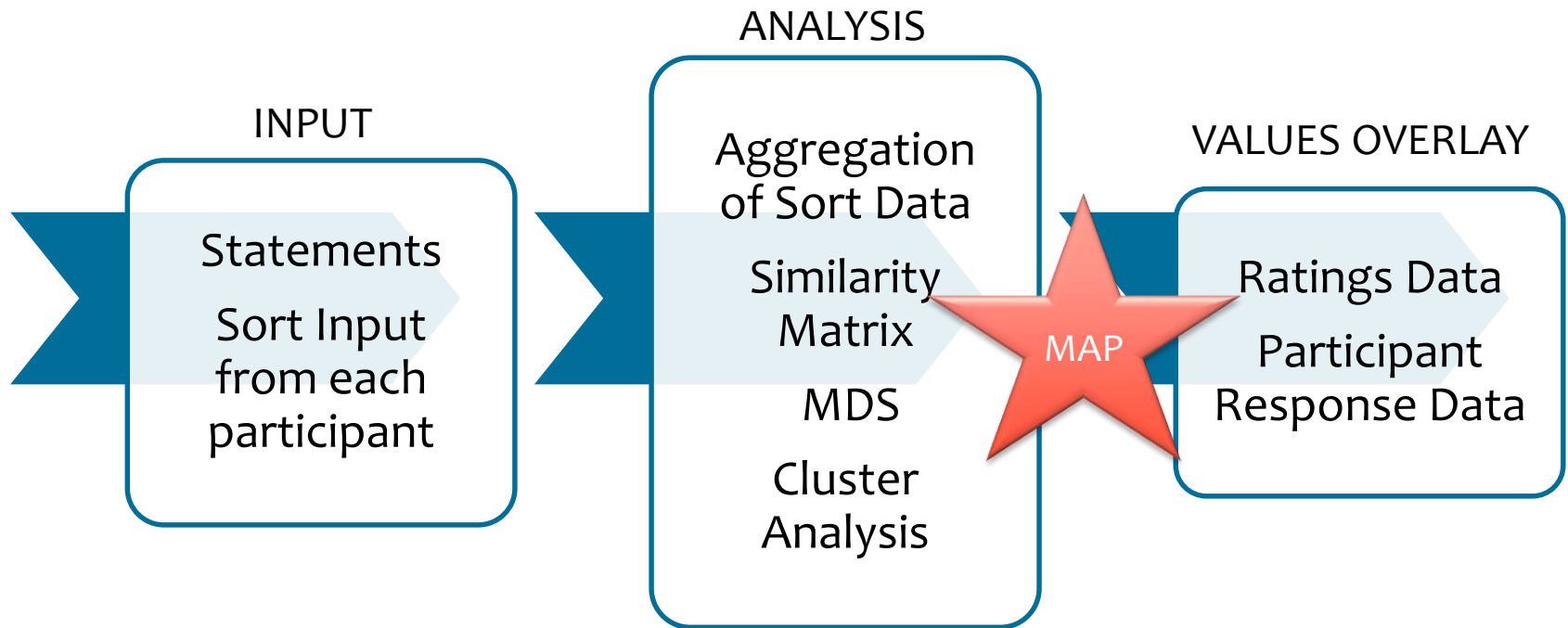


Kaiser Family Foundation, 2016

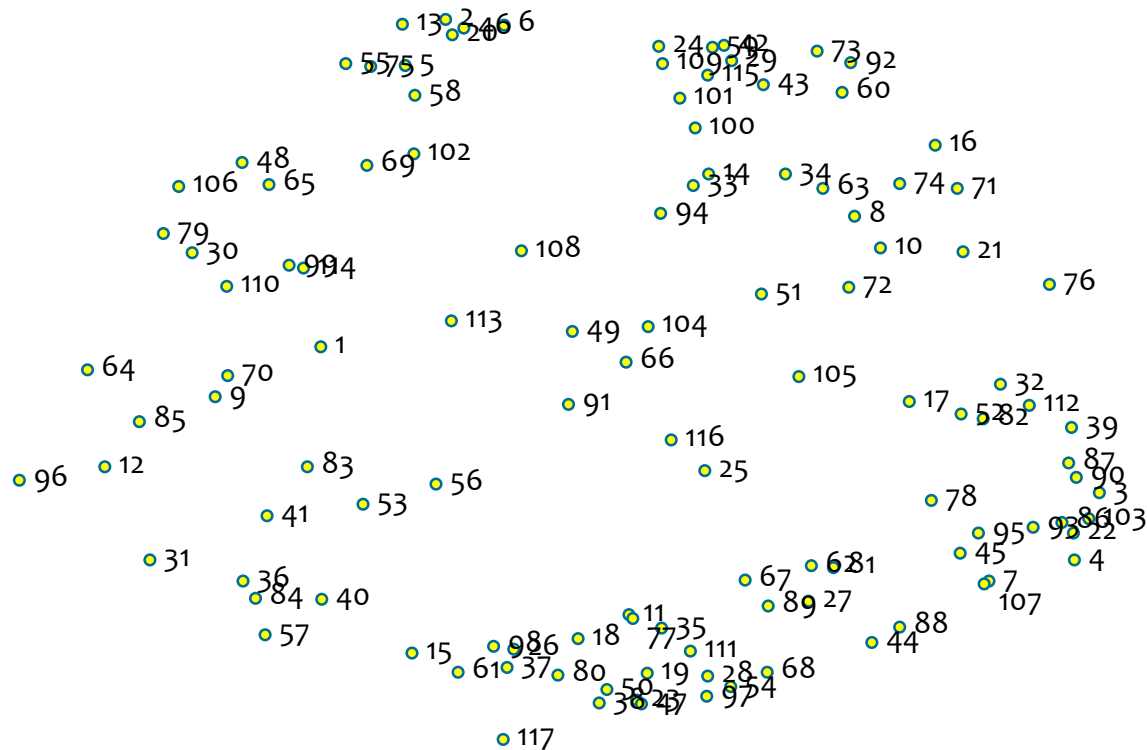
- 44% say they personally know someone who has been addicted to prescription painkillers
- Over 50% say that lack of access to care for people with substance abuse issues is a problem.
- 25% report that a doctor or health professional has told them or another family member living in their household that they have a serious mental health condition.
- 21 % report that there has been a time when they or another family member thought they might need mental health services but did not get them.



The Process: Data Sources and Steps



Point Map: The Map Building Blocks



From all participants who each sorted the ideas

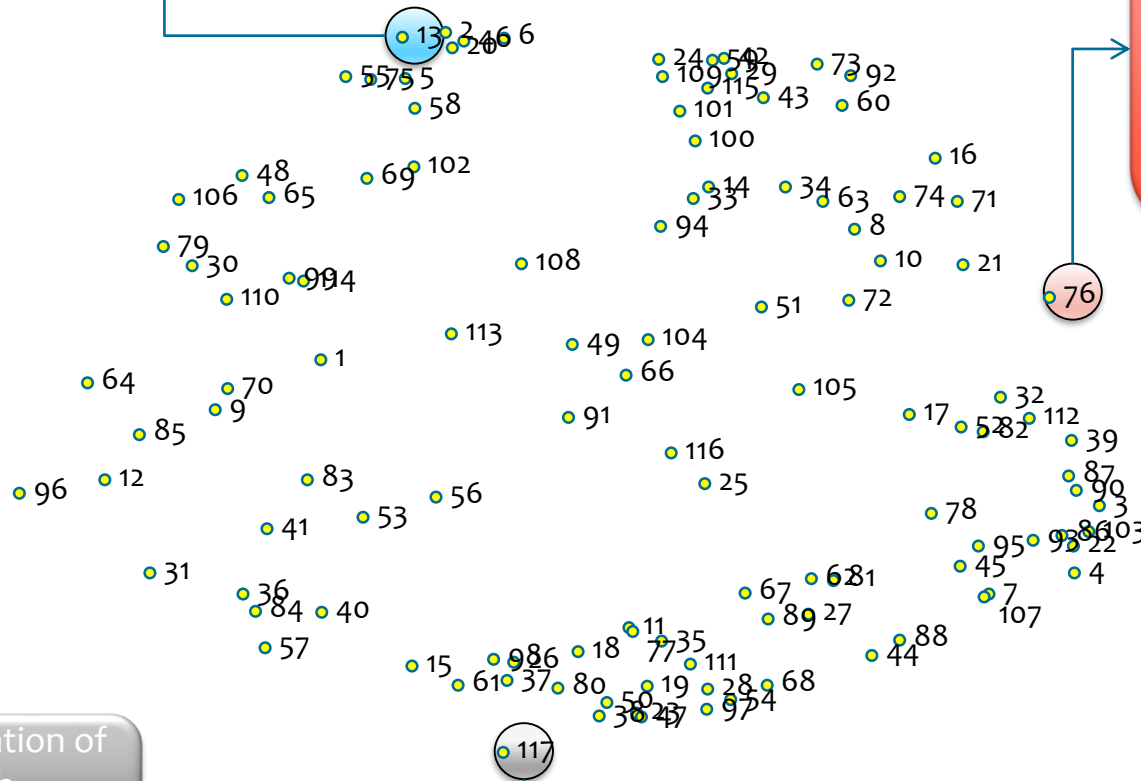


Point Map

Similar ideas are closer together...

Provide age-appropriate education K-12 on decision making and life skills. (13)

Develop a website or phone line to act as a single point of entry to the system. (76)



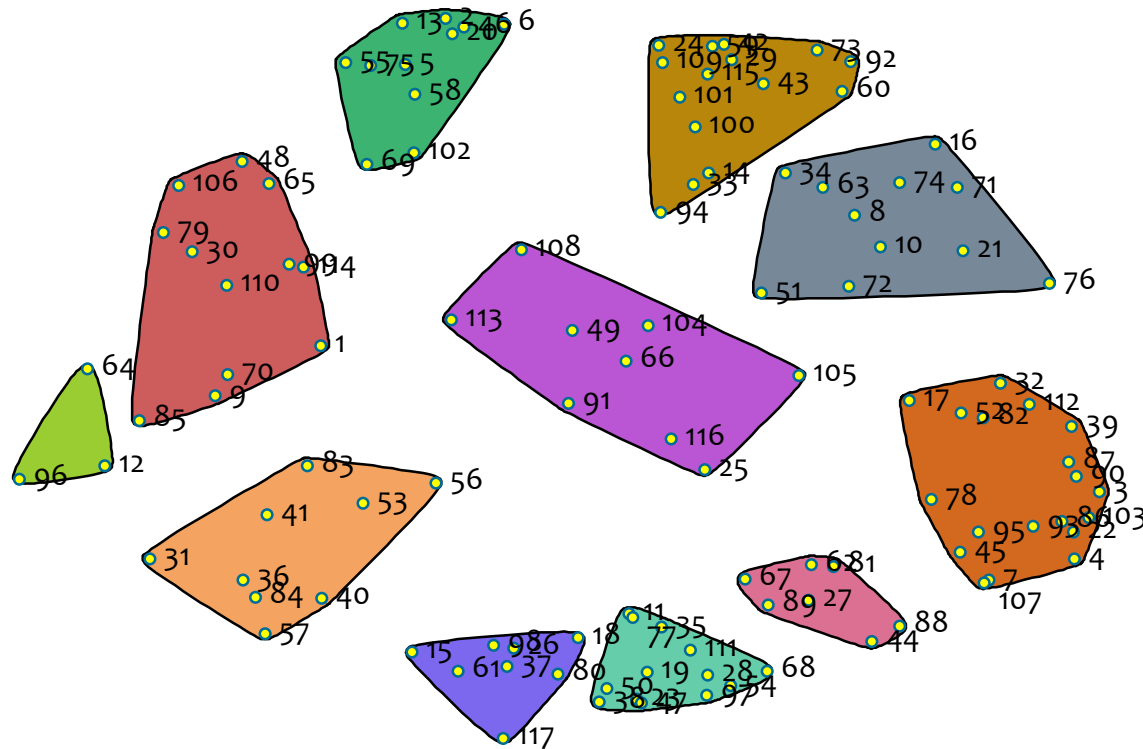
Conduct evaluation of treatments with comparisons and replications. (117)

Conceptually different ideas appear farther apart.



Cluster Map

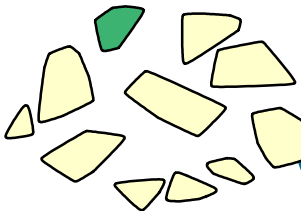
A shared conceptual structure, where clusters contain many related ideas.



Touring the Map

- The geography of the group's ideas, cluster by cluster
- Labels are CSI-suggested; should be confirmed or changed to reflect best fit
- The following “tour” shows examples of the contents of each cluster of ideas
- A general sense of the content, and then how the ideas relate to a larger action framework
- We add the ratings in the next step, to illustrate priorities from the participants' perspective





Our Children and Schools: Examples

2. Support schools to provide current information at the right levels for all grades, and for parents and guardians.

20. Begin intervention early in life with quality preschools that support, nurture and facilitate positive self-esteem, self-worth and conflict resolution skills.

46. Help kids and young people develop early appreciation for their bodies and their health.

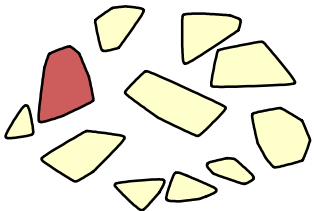
55. Support increased engagement of parents with schools through home mentors and one-on-one interaction.

58. Work with teachers and guidance counselors for students who are struggling with obvious issues, to help those students find proper health care.

69. Consider the additive impact of gun violence and multiple shootings on children's psyches.

102. Provide early services for adverse childhood experiences and trauma.





Family Safety Network: Examples

1. Find ways to reduce the financial and emotional trauma that families experience during illness and treatment.

9. Identify safe places for those in recovery to interact with community members for recreation, socialization, cultural/artistic resources developing a club house or "living room" model.

65. Develop stronger partnerships and coordination between police departments and local schools.

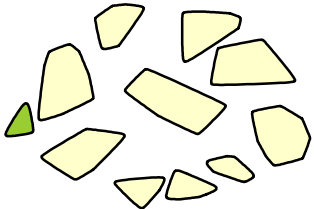
79. Law enforcement and Emergency Department personnel need training on mental health issues, so it's not treated as a crime.

99. Provide support to help families address things like enabling, co-dependency, treating the whole family and not just the addict.

85. Develop systems to identify and deal with drug sellers using social media, community reaction, and criminal justice.

114. Identify arts, sports, culture, recreation and safe places for community members to meet and participate in activities.

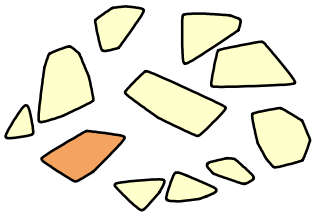




Work Readiness

- 12. Help those re-entering society to be able to have career paths, not just minimum wage jobs.
- 64. Give addicts work training, help developing work skills, and employment assistance opportunities.
- 96. Require post-prison discharge plans as a bridge to society, including transitional housing.





Legislation to Support Re-engagement: Examples

31. Eliminate vicious cycles of criminal record impacting drug addicts and the mentally ill.

36. Allow non-violent felons to restore their rights, providing an incentive if they turn their lives around.

53. Revamp the foster care system to include enriched mental health services for both child and family, such as multidimensional treatment foster care (MTFC).

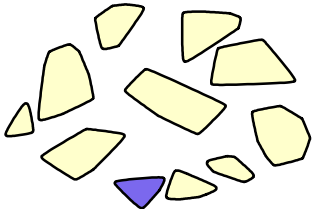
56. Address issues around limited access to transportation.

57. Block legalization of marijuana because it fuels the drug epidemic.

83. Change practice of workplaces asking about mental health or addiction history.

84. Urge judges to sentence addicts to treatment and not jail.





Regulations to Support Access: Examples

15. Investigate regulating pharma industry prices, distribution and lobbying practices.

18. Better process for regulating treatment agencies, including Medication Assisted Treatment providers and for-profit methadone clinics, to ensure they are achieving outcomes.

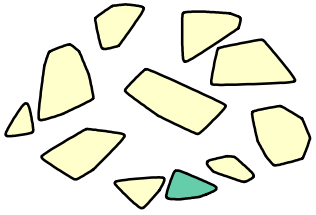
26. Change insurance requirements so that individuals who were in jail qualify for residential treatment to reduce risk of relapse.

80. Reduce disparity between cost of methadone via Medicaid compared to cost if you have a job.

98. Make credentialing quicker so that more providers would choose to practice in our state, thereby increasing access.

117. Conduct evaluation of treatments with comparisons and replications.





Resources: Examples

11. Consolidate government resources for more effective use and better outcomes.

23. Change the very low payment and reimbursement strategies for behavioral health services.

28. Make sure that agencies' budgets are increased to adequate levels in order to provide comprehensive long-term services.

35. Ensure distribution of resources throughout the state, including downstate.

50. Allocate funds specifically for detection and intervention.

68. Provide adequate resources and oversight of the mental health system.

77. Explore mandatory information sharing on individuals with Substance Use Disorder so treatment providers know the individual history.

97. Expand providers who take Medicaid coverage in Delaware.





Treatment Access and Accountability: Examples

27. Advocate for telemedicine psychiatry to be supported by insurance companies, especially in rural areas to increase access to help.

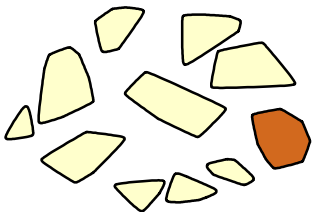
62. Reduce the wait for service, and address the barriers to qualifying for help.

67. Work with mental health providers to develop methods of accountability to address issues and ensure clarity of protocols.

81. Integrating services and resources for a comprehensive plan, to include a continuum of care system for the state.

88. Ensure that all primary care settings offer and are adequately reimbursed for integrated behavioral health with care management services, both visit-based and between visits.

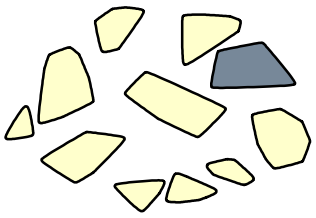




Treatment System: Examples

- 3. Ensure individuals have a solid plan for continuity of care with localized and continuous personal engagement.
- 4. Encourage Medication Assisted Treatment (MAT) programs to consider use of Vivitrol instead of Methadone.
- 17. Identify coping mechanisms that work, and that a person can use long term.
- 22. Develop more in-patient, long term residential care centers that provide at least 90 days of care for those with the disease of drug abuse.
- 32. Include alcoholism identification and treatment as necessary components, since alcohol kills thousands per year.
- 52. Integrate trauma-informed and trauma-responsive programming in a substantial and systematic way in order to keep problems from compounding.
- 78. Provide advocates or treatment navigators to help and direct individuals and families in need of behavioral health services.
- 90. Implement a systematic method for effective referral after screening for substance use.
- 93. Include programs for individuals who have mental health issues but not substance use disorders; their needs are different.
- 95. Increase geriatric services for mental and behavioral health in Delaware from the three currently available.
- 107. Require that Medication Assisted Treatment (MAT) includes integrated therapy and follow-up.





Changing Perceptions and Definitions: Examples

10. Reorient conversations by elected officials and the media toward integrating mental health care with physical health care and the importance of screening.

21. Campaign to encourage the community to make mental health part of wellness care, not sick care, with 1-3 mental health well visits covered at no cost like with preventative physical care.

34. Provide training for how to deal with veterans.

51. Mandate effective education to providers on pain management, addiction, and treatment to address inappropriate prescribing.

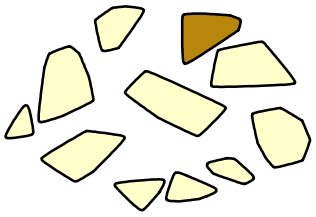
71. Clarify that dementia is not mental health illness--See Title 16.

72. Address language and cultural barriers to mental health treatment.

74. Develop a guide to help with finding answers about services, money, insurance, facilities, and time requirements.

76. Develop a website or phone line to act as a single point of entry to the system.





Education for Everyone: Examples

24. Provide education for all on the signs of behavioral and mental health issues.

33. Recognize the link between homelessness, mental health struggles and substance abuse.

42. Provide public education regarding the relapsing/remitting course of these illnesses and the science supporting the most effective treatments.

43. Provide education on the possibility of living without addiction for those suffering from addiction.

60. Develop more creative and pervasive advertisement of the HelpsHereDE.org website and other programs in the state.

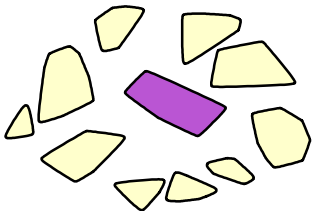
92. Reduce the stigma associated with seeking counseling and treatment related to behavioral health through outreach and education.

94. Address the systematic harassment and profiling of those in treatment.

100. Engage faith based organizations in community, connecting to other community good groups.

109. Better education about mental health and substance abuse for the community, police, emergency personnel and professionals.





Readiness in Every Community: Examples

25. Fund studies that focus on effectiveness of dissemination and implementation of treatments in communities.

49. Seek out programs that are currently working with youth, for example, and provide the resources to expand and replicate state wide.

91. Work on harm reduction across the board, with safe injection sites and testing.

105. Provide more crisis intervention and early resources, including mental health first aid wherever needed.

113. Increase collaboration with state agencies, private sectors and non-profit organizations that focus on youth, through Delaware Youth.

116. Develop a strong inpatient and outpatient rehabilitation program with work training and employment assistance.



The ActionFramework



Values: The Ratings Data

- Importance
- Feasibility to Make Progress
- 4 point scales

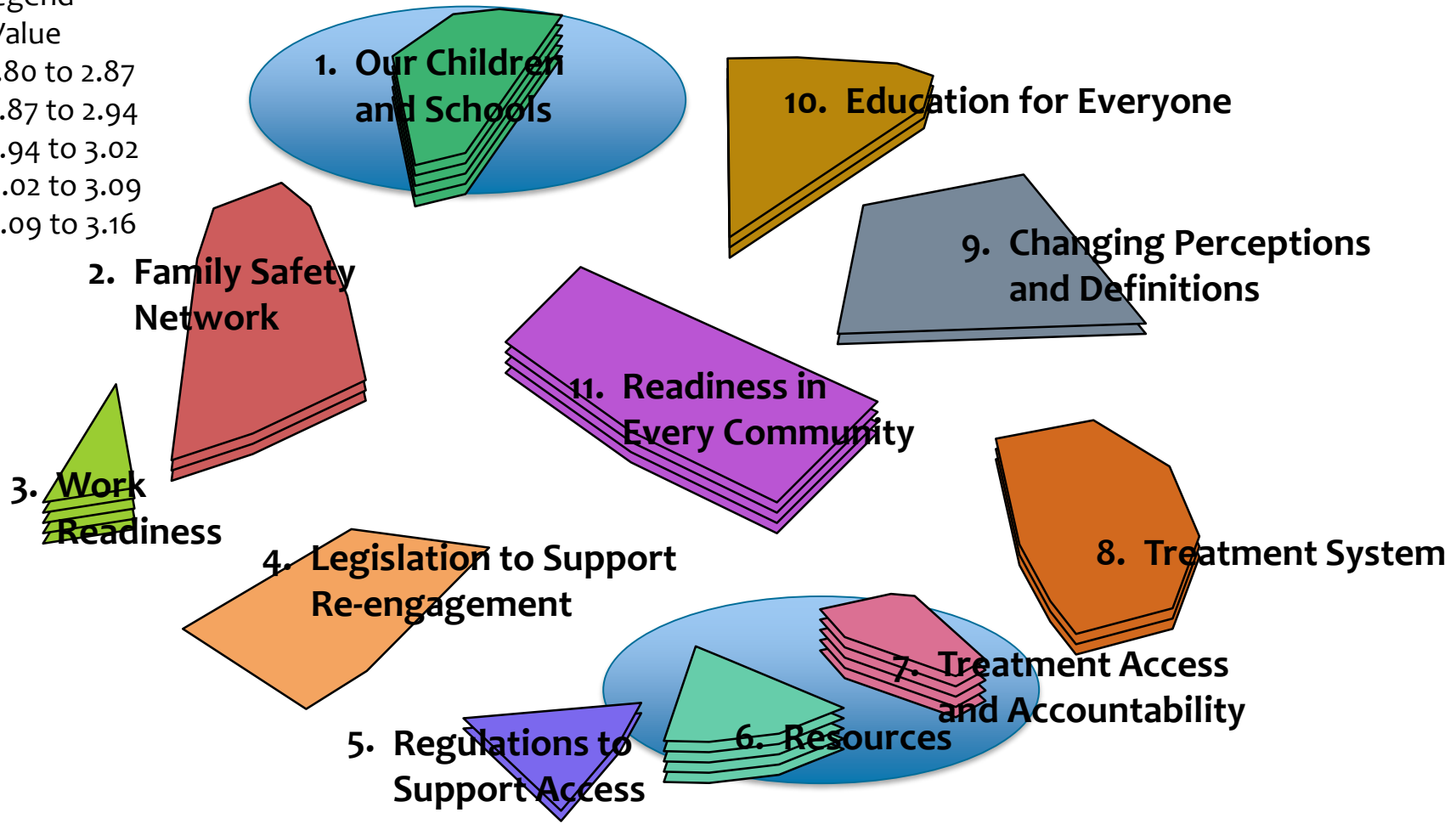


Map of Importance

Cluster Legend

Layer Value

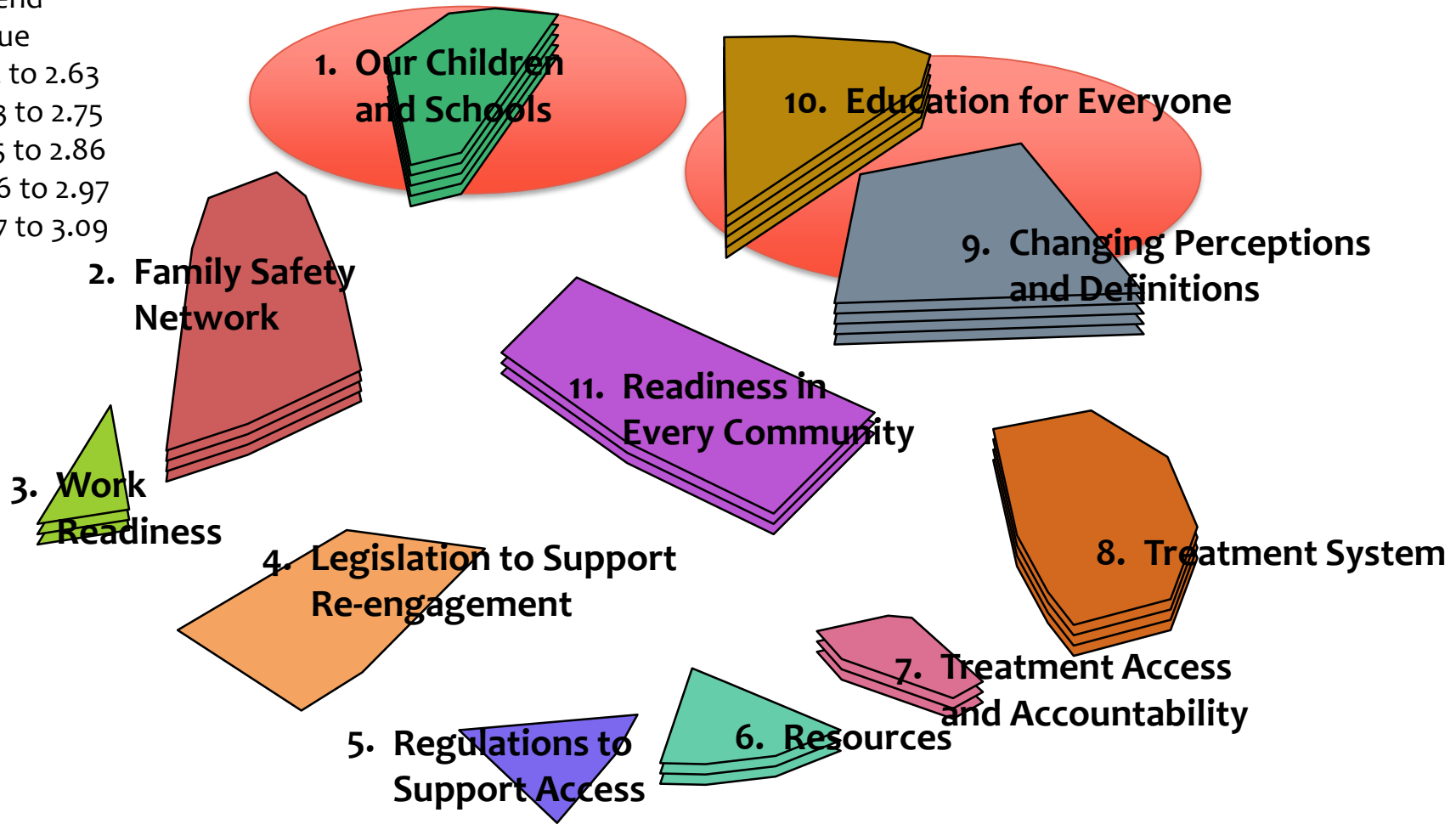
1	2.80 to 2.87
2	2.87 to 2.94
3	2.94 to 3.02
4	3.02 to 3.09
5	3.09 to 3.16



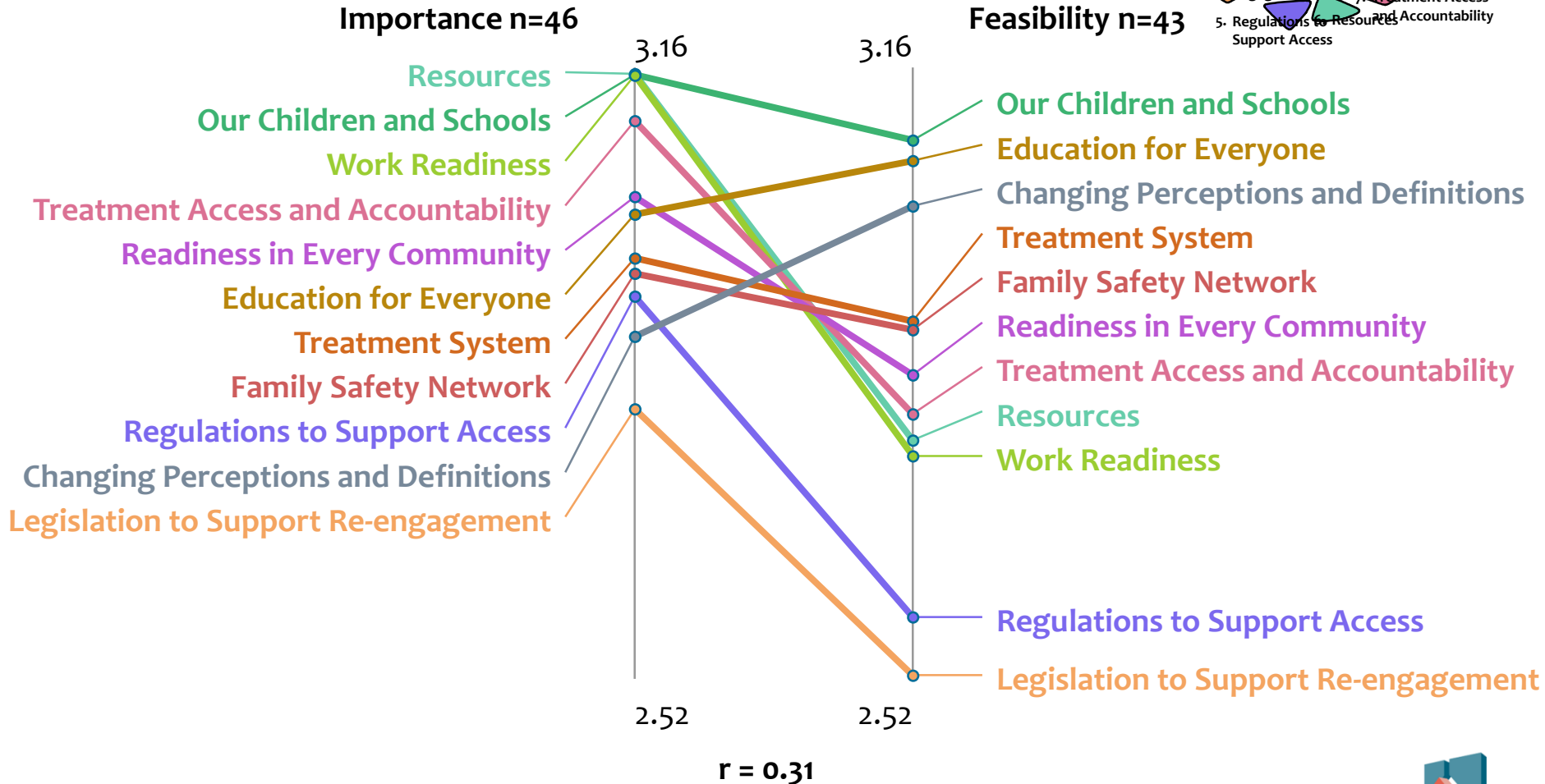
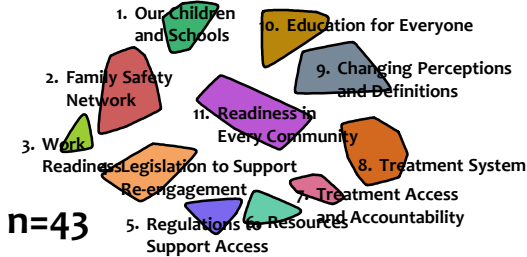
Map of Feasibility to Lead to Progress

Cluster Legend

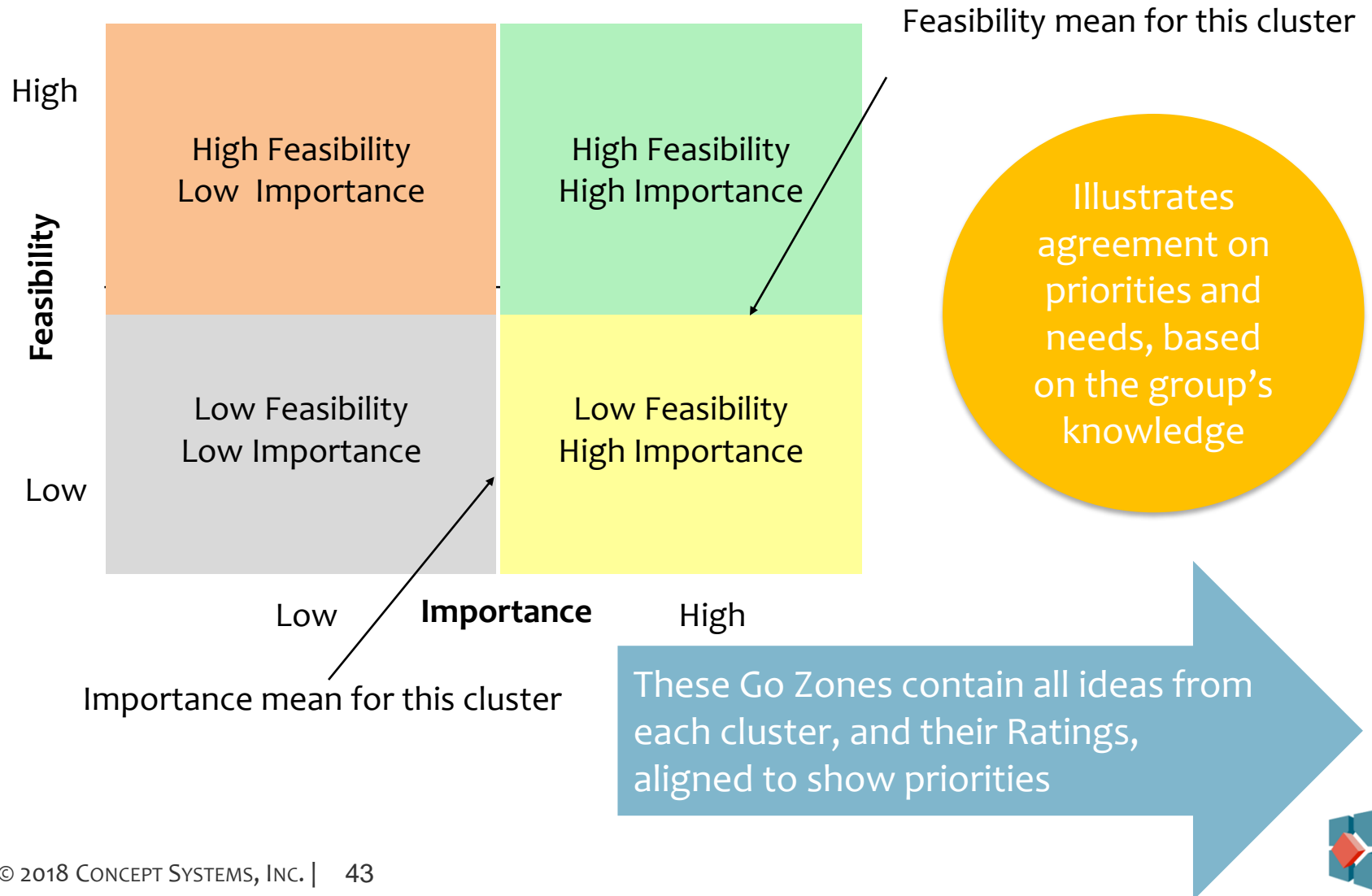
Layer	Value
1	2.52 to 2.63
2	2.63 to 2.75
3	2.75 to 2.86
4	2.86 to 2.97
5	2.97 to 3.09

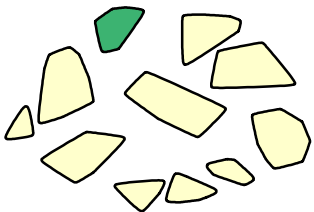


Importance to Feasibility: A Pattern Match

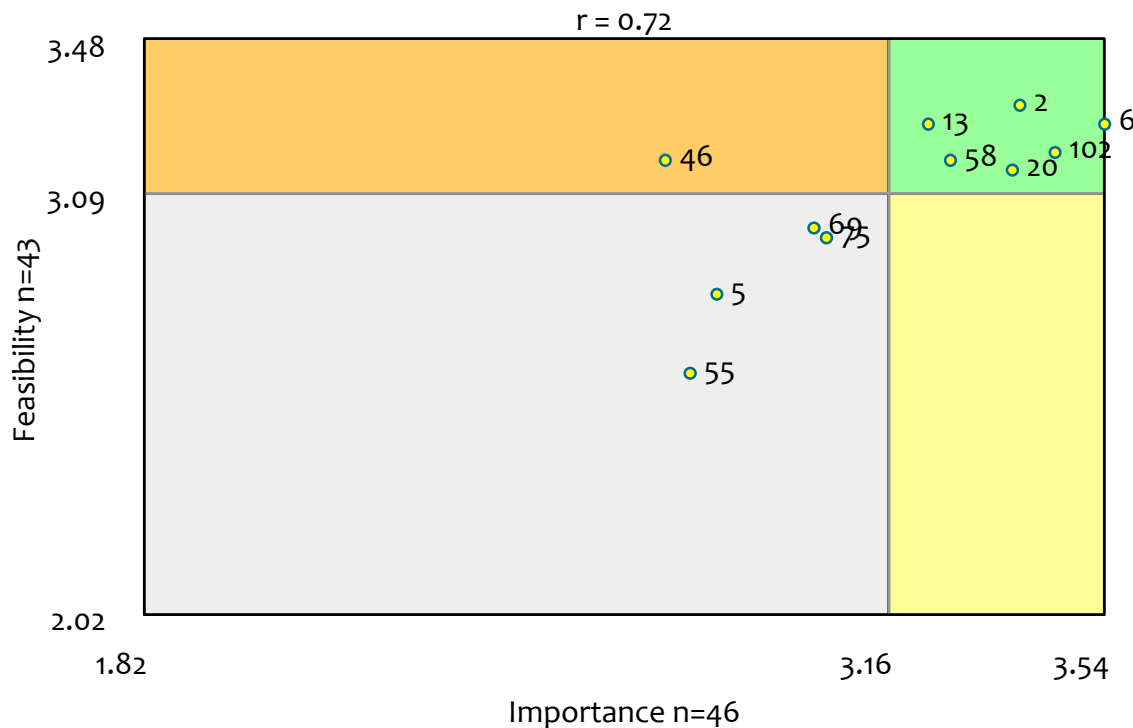


A Go-Zone for Each Cluster





Our Children and Schools

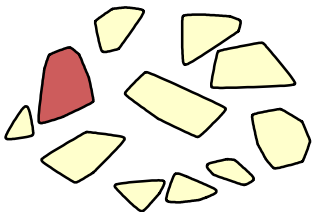


- 2. Support schools to provide current information at the right levels for all grades, and for parents and guardians.
- 6. Work on prevention at all levels beginning with preschool through adulthood.
- 13. Provide age-appropriate education K-12 on decision making and life skills.
- 20. Begin intervention early in life with quality preschools that support, nurture and facilitate positive self-esteem, self-worth and conflict resolution skills.
- 58. Work with teachers and guidance counselors for students who are struggling with obvious issues, to help those students find proper health care.
- 102. Provide early services for adverse childhood experiences and trauma.

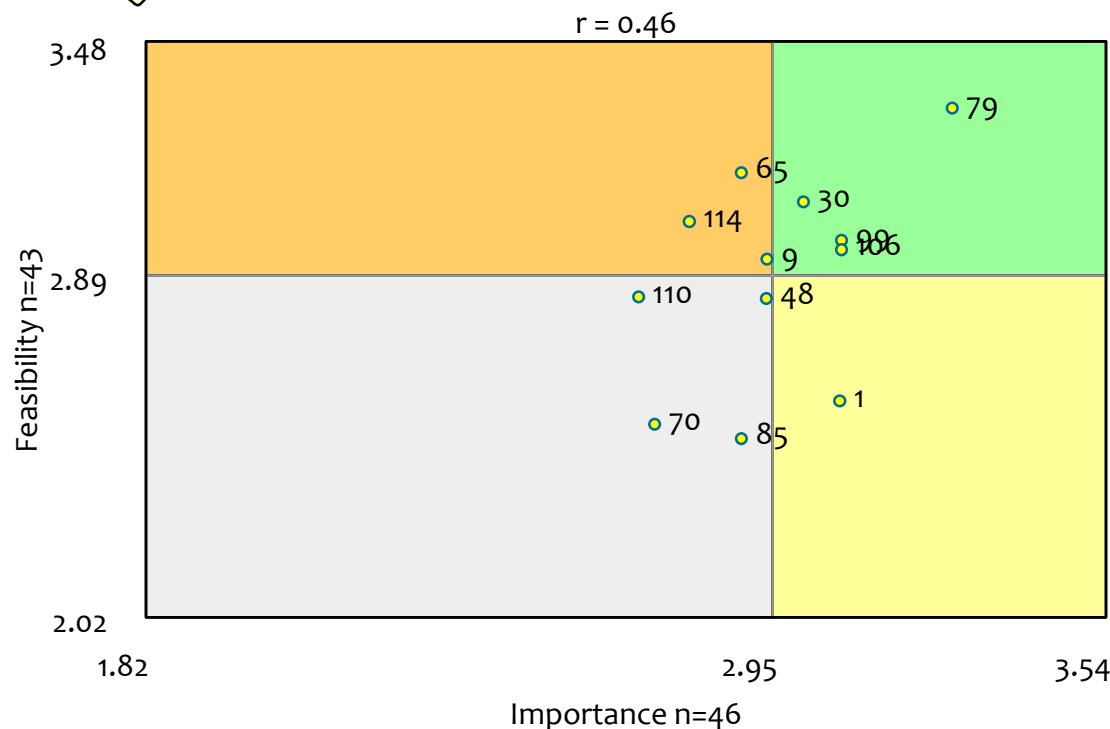
46. Help kids and young people develop early appreciation for their bodies and their health.

- 5. Invite students to participate in the solution while making it clear it is the responsibility of adults to be committed to resolving violence issues in the community.
- 55. Support increased engagement of parents with schools through home mentors and one-on-one interaction.
- 69. Consider the additive impact of gun violence and multiple shootings on children's psyches.
- 75. Teach parenting skills to fathers and mothers, including life skills, conflict resolution, and respect, especially for young or single parents.





Family Safety Network



30. Increase training for correctional officers to better deal with population.
 79. Law enforcement and Emergency Department personnel need training on mental health issues, so it's not treated as a crime.
 99. Provide support to help families address things like enabling, co-dependency, treating the whole family and not just the addict.
 106. Ensure additional supports and training for alternative penalties for issues at schools instead of the disruption of expelling or suspending.

1. Find ways to reduce the financial and emotional trauma that families experience during illness and treatment.

9. Identify safe places for those in recovery to interact with community members for recreation, socialization, cultural/artistic resources developing a club house or "living room" model.

65. Develop stronger partnerships and coordination between police departments and local schools.

114. Identify arts, sports, culture, recreation and safe places for community members to meet and participate in activities.

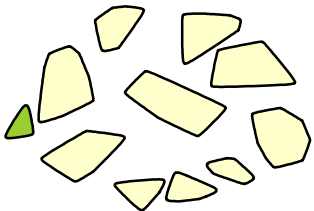
48. Reach out to business communities for employment opportunities and other support.

70. Lead recovering people to know how to "rebrand" themselves.

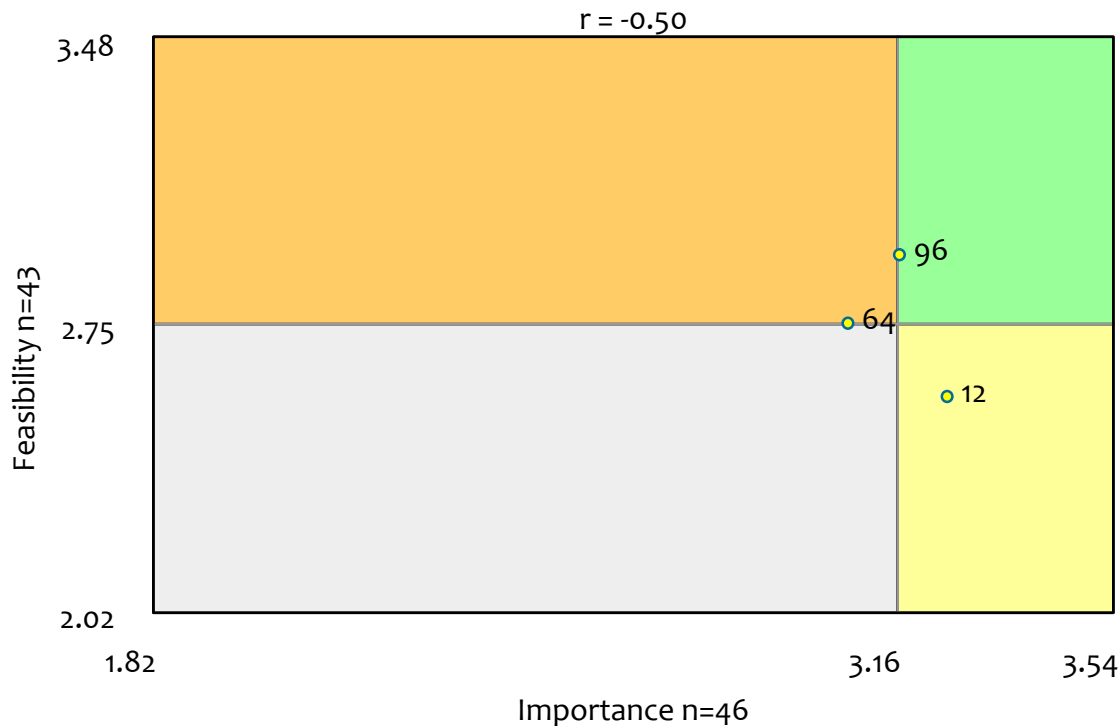
85. Develop systems to identify and deal with drug sellers using social media, community reaction, and criminal justice.

110. Establish ways to have routine open communications for those that have loved ones in treatment.





Work Readiness

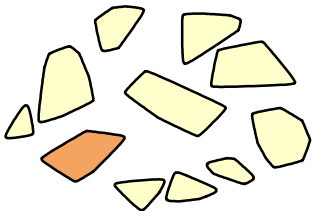


96. Require post-prison discharge plans as a bridge to society, including transitional housing.

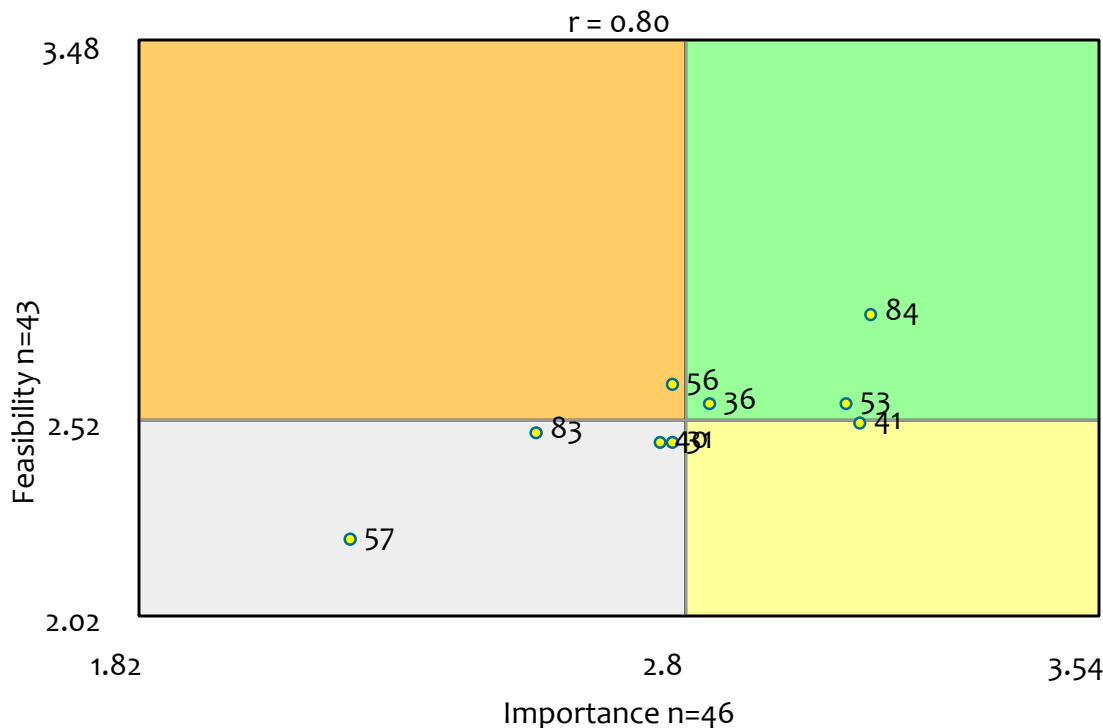
12. Help those re-entering society to be able to have career paths, not just minimum wage jobs.

64. Give addicts work training, help developing work skills, and employment assistance opportunities.





Legislation to Support Re-engagement



36. Allow non-violent felons to restore their rights, providing an incentive if they turn their lives around.

53. Revamp the foster care system to include enriched mental health services for both child and family, such as multidimensional treatment foster care (MTFC).

84. Urge judges to sentence addicts to treatment and not jail.

41. Address and improve the safety and affordability of available housing and living conditions that can detract from a person getting treatment and cause relapse.

56. Address issues around limited access to transportation.

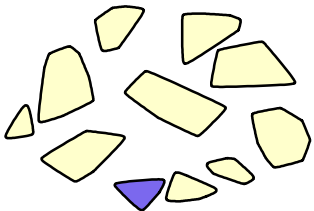
31. Eliminate vicious cycles of criminal record impacting drug addicts and the mentally ill.

40. Change the law to assist family members in getting the help for individuals that need inpatient help.

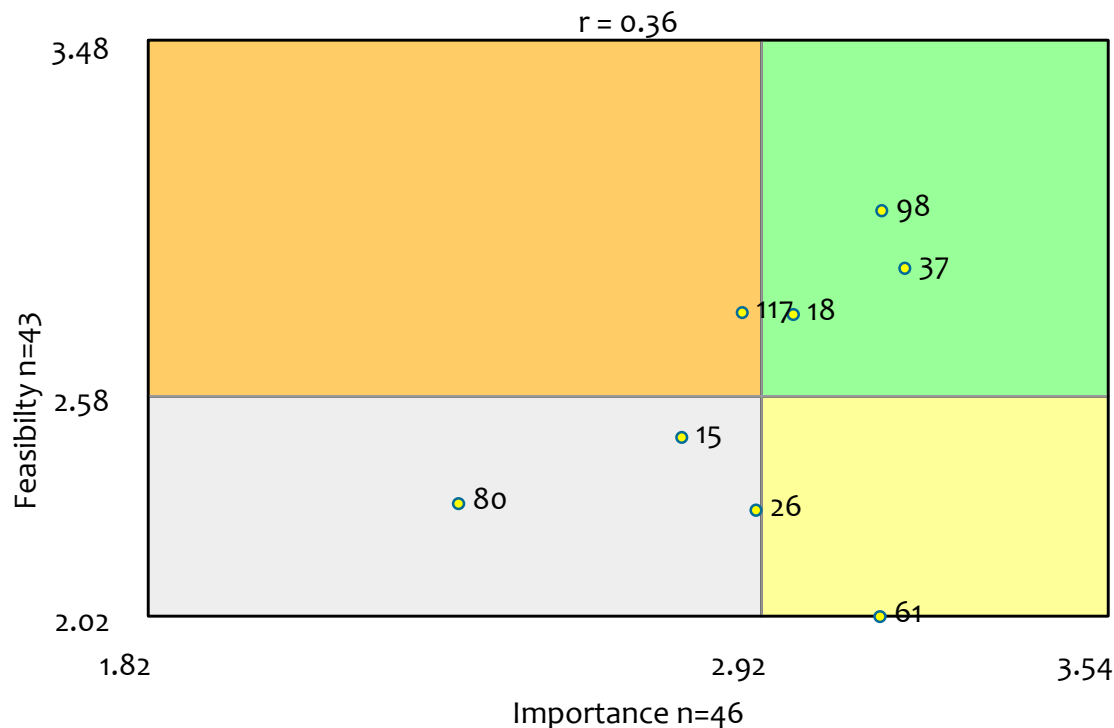
57. Block legalization of marijuana because it fuels the drug epidemic.

83. Change practice of workplaces asking about mental health or addiction history.





Regulations to Support Access



18. Better process for regulating treatment agencies, including Medication Assisted Treatment providers and for-profit methadone clinics, to ensure they are achieving outcomes.

37. Connect with nearby state licensing programs for mental health providers to increase ease for professionals to be licensed in Delaware also.

98. Make credentialing quicker so that more providers would choose to practice in our state, thereby increasing access.

61. Find a way to have healthcare for Delaware citizens that is affordable to all.

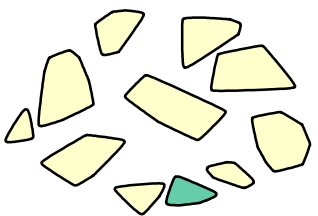
117. Conduct evaluation of treatments with comparisons and replications.

15. Investigate regulating pharma industry prices, distribution and lobbying practices.

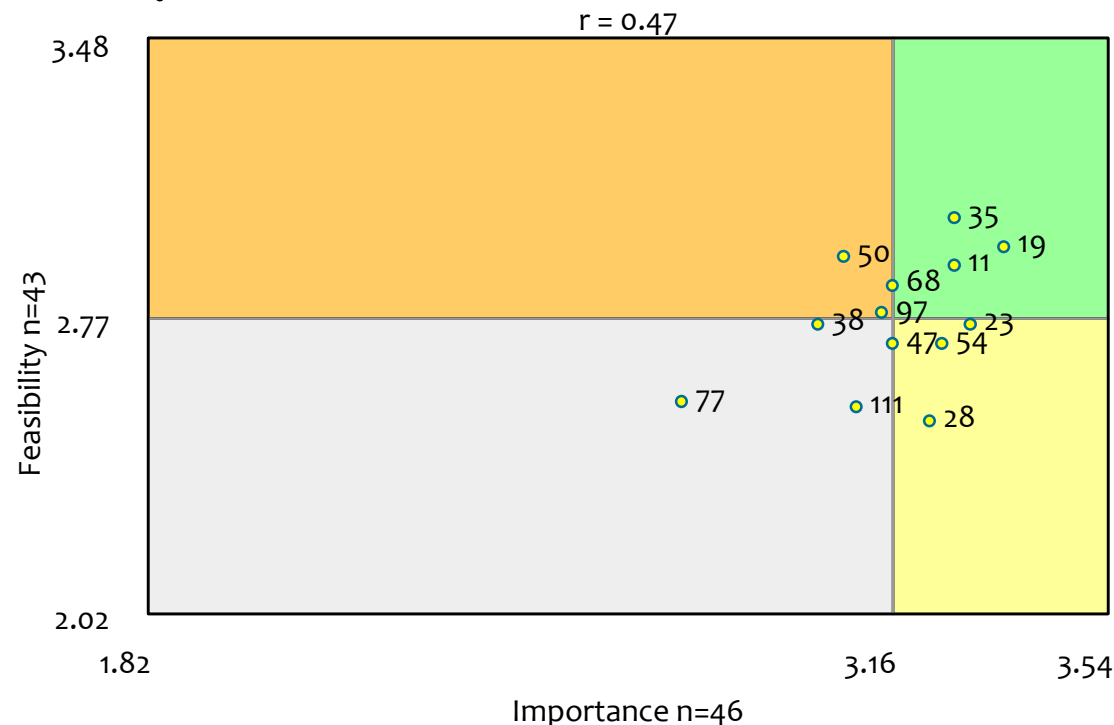
26. Change insurance requirements so that individuals who were in jail qualify for residential treatment to reduce risk of relapse.

80. Reduce disparity between cost of methadone via Medicaid compared to cost if you have a job.





Resources



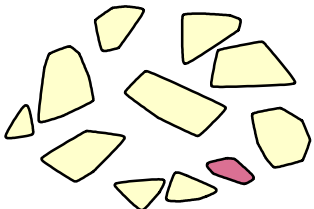
11. Consolidate government resources for more effective use and better outcomes.
19. Ensure programs are able to deliver the services they are promising, with more effective review.
35. Ensure distribution of resources throughout the state, including downstate.

23. Change the very low payment and reimbursement strategies for behavioral health services.
28. Make sure that agencies' budgets are increased to adequate levels in order to provide comprehensive long-term services.
54. Provide funding for incentives to keep good counselors as employees and stop the frequent turnover that undermines the continuity and success of treatment.

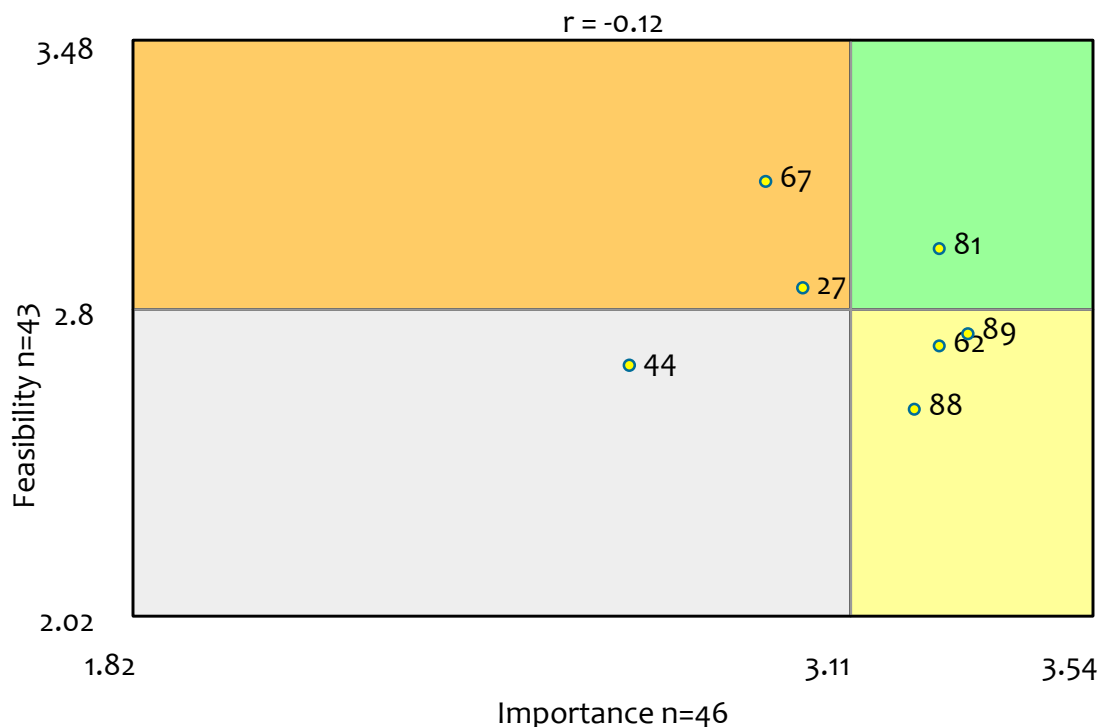
50. Allocate funds specifically for detection and intervention.
68. Provide adequate resources and oversight of the mental health system.
97. Expand providers who take Medicaid coverage in Delaware.

38. Subsidize professional training and educational loan forgiveness for providers to practice in state.
47. Address the low reimbursement rates for therapy and counseling services.
77. Explore mandatory information sharing on individuals with Substance Use Disorder so treatment providers know the individual history.
111. Increase access to mental/behavioral health providers by increasing insurance or pay-for-service options.





Treatment Access and Accountability



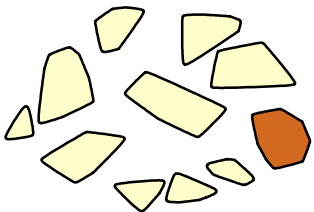
81. Integrating services and resources for a comprehensive plan, to include a continuum of care system for the state.

62. Reduce the wait for service, and address the barriers to qualifying for help.
88. Ensure that all primary care settings offer and are adequately reimbursed for integrated behavioral health with care management services, both visit-based and between visits.
89. Coordinate services and funding to support behavioral health issues, across all related agencies, governmental and non-governmental.

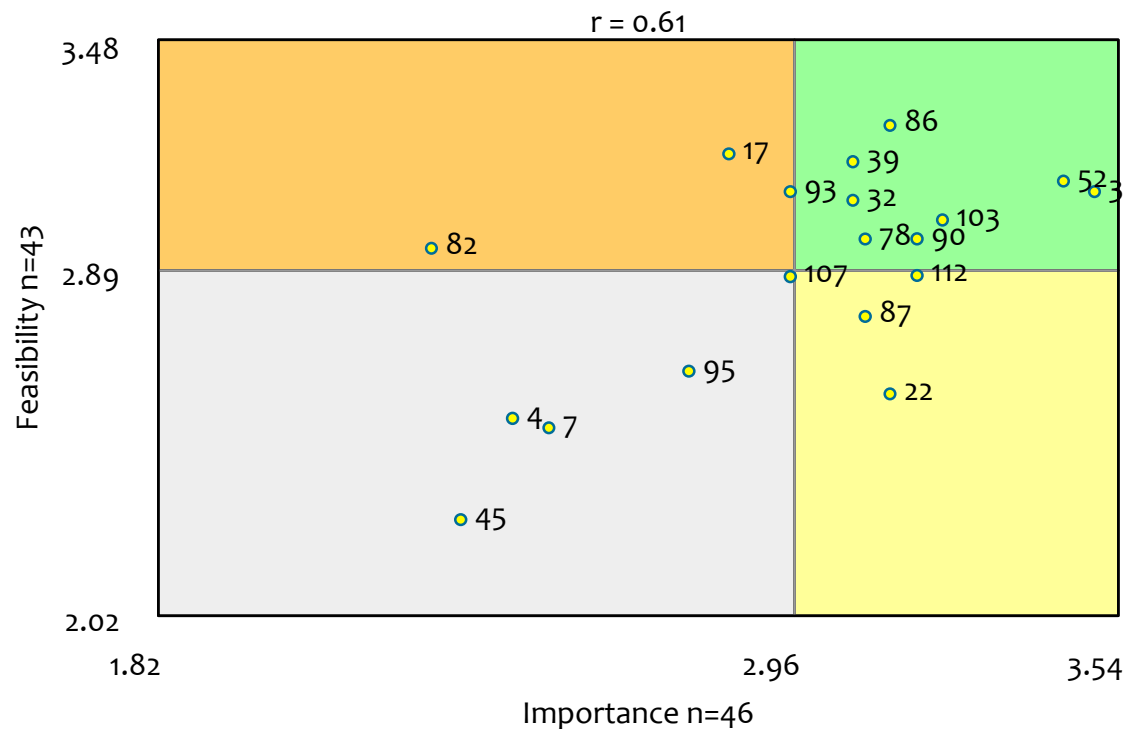
27. Advocate for telemedicine psychiatry to be supported by insurance companies, especially in rural areas to increase access to help.
67. Work with mental health providers to develop methods of accountability to address issues and ensure clarity of protocols.

44. Support and reimburse for holistic treatments and wellness treatments.





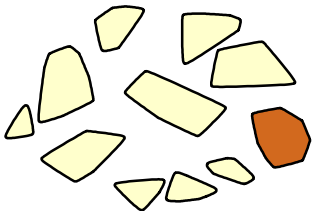
Treatment System (slide 1 of 2)



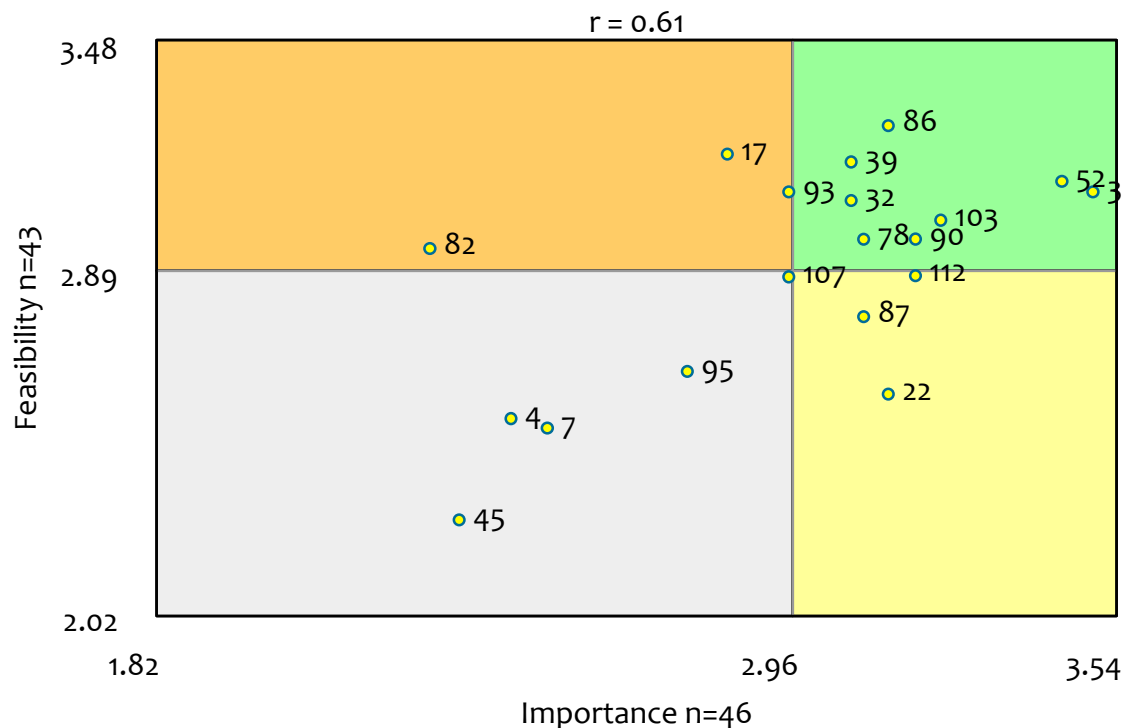
17. Identify coping mechanisms that work, and that a person can use long term.
 82. Look at recovery programs such as 12 steps programs as models.
 93. Include programs for individuals who have mental health issues but not substance use disorders; their needs are different.

3. Ensure individuals have a solid plan for continuity of care with localized and continuous personal engagement.
 32. Include alcoholism identification and treatment as necessary components, since alcohol kills thousands per year.
 39. Build a toolbox of best practice strategies, using different treatment methods and activities that actually help, not enable.
 52. Integrate trauma-informed and trauma-responsive programming in a substantial and systematic way in order to keep problems from compounding.
 78. Provide advocates or treatment navigators to help and direct individuals and families in need of behavioral health services.
 86. Treat those who have problems with other drugs, including alcohol, in addition to opioids.
 90. Implement a systematic method for effective referral after screening for substance use.
 103. Be able to modify treatment models to meet individual needs.





Treatment System (slide 2 of 2)



22. Develop more in-patient, long term residential care centers that provide at least 90 days of care for those with the disease of drug abuse.

87. Create a peer system that assigns a peer to a user at the onset of care and stays with the person through treatment, regardless of agency.

112. Develop ways to ensure once a problem is identified there is a clear path to treatment, including resources to support the treatment.

4. Encourage Medication Assisted Treatment (MAT) programs to consider use of Vivitrol instead of Methadone.

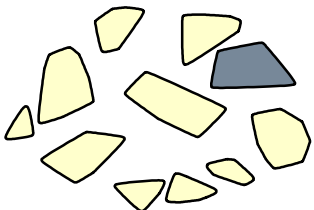
7. Provide funding for phone-based psychotherapy and flexible treatment management by nontraditional and lay mental health providers.

45. Hire additional therapists, social workers, and counselors with knowledge of American Sign Language to benefit deaf/blind residents.

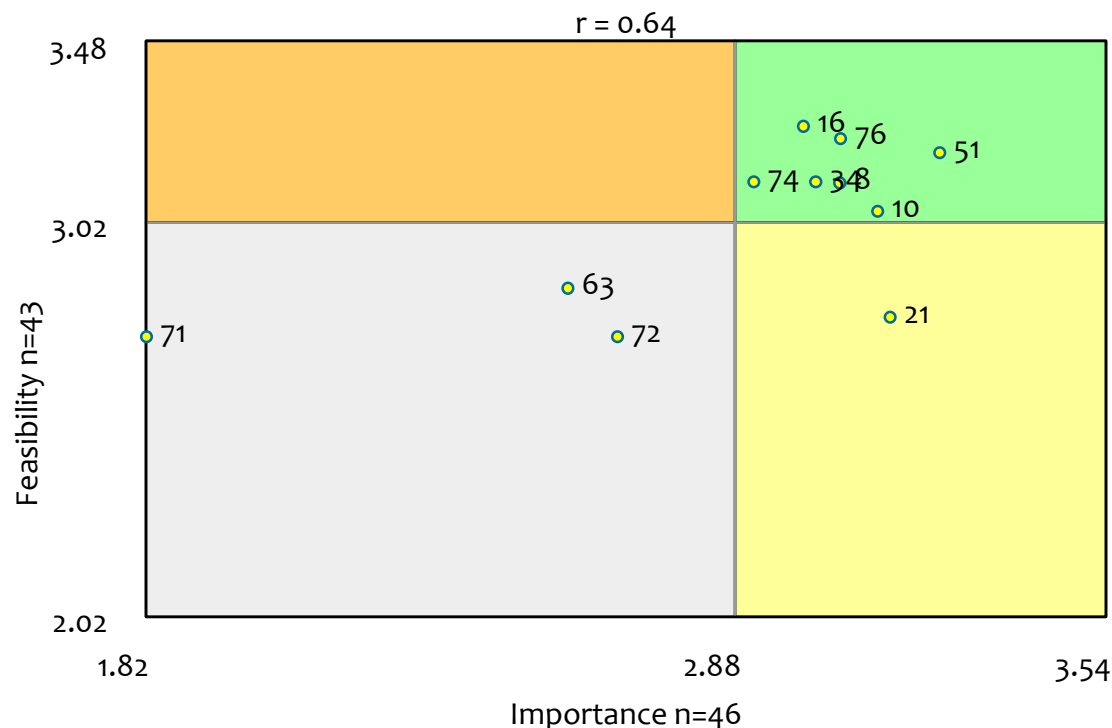
95. Increase geriatric services for mental and behavioral health in Delaware from the three currently available.

107. Require that Medication Assisted Treatment (MAT) includes integrated therapy and follow-up.





Changing Perceptions and Definitions



8. Communicate improvements as they occur, and emphasize that care in-state is available and affordable so persons will seek care.

10. Reorient conversations by elected officials and the media toward integrating mental health care with physical health care and the importance of screening.

16. Ensure access to information through cell phone and other technology to promote 'help is here.'

34. Provide training for how to deal with veterans.

51. Mandate effective education to providers on pain management, addiction, and treatment to address inappropriate prescribing.

74. Develop a guide to help with finding answers about services, money, insurance, facilities, and time requirements.

76. Develop a website or phone line to act as a single point of entry to the system.

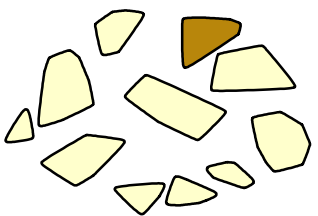
63. Educate professionals to increase their knowledge of specific cultures like those with disabilities and those who are deaf/hard of hearing/blind.

71. Clarify that dementia is not mental health illness--See Title 16.

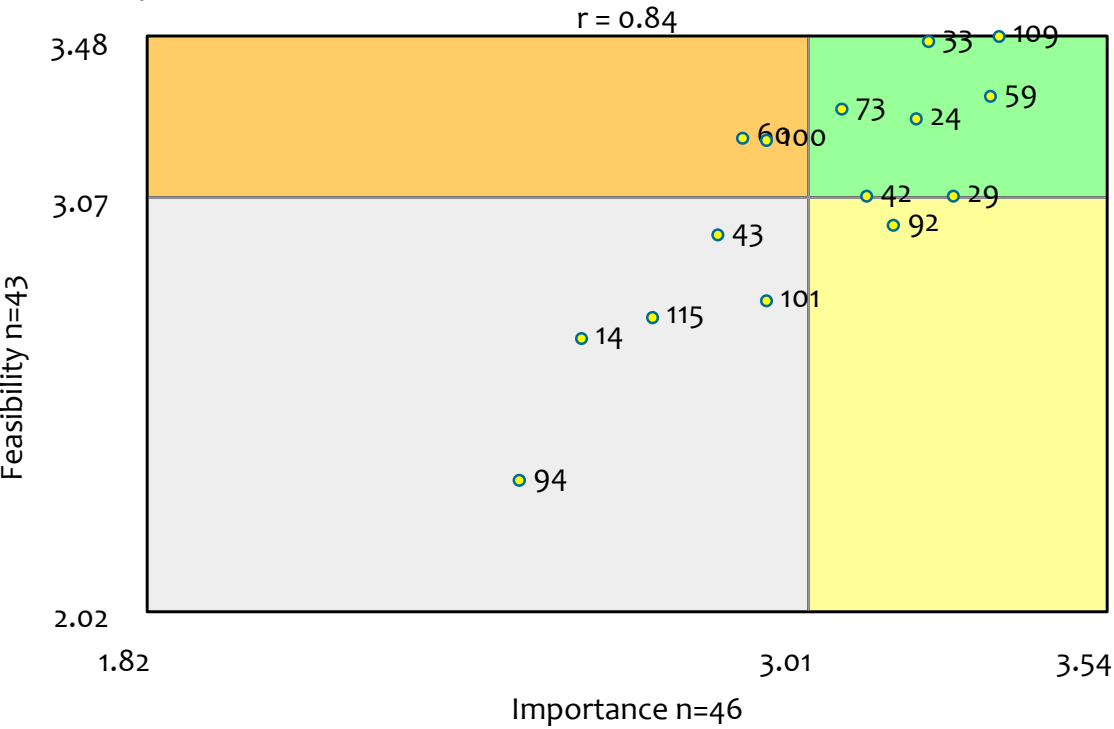
72. Address language and cultural barriers to mental health treatment.

21. Campaign to encourage the community to make mental health part of wellness care, not sick care, with 1-3 mental health well visits covered at no cost like with preventative physical care.





Education for Everyone



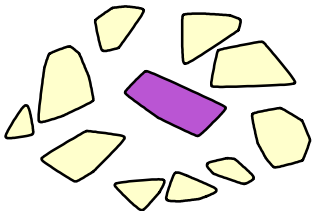
- 24. Provide education for all on the signs of behavioral and mental health issues.
- 29. Engage the community at all levels since this is a community issue.
- 33. Recognize the link between homelessness, mental health struggles and substance abuse.
- 42. Provide public education regarding the relapsing/remitting course of these illnesses and the science supporting the most effective treatments.
- 59. Provide training to help people see the warning signs to reach people and reduce suicide.
- 73. Continue and expand the messaging campaign to reduce stigma.
- 109. Better education about mental health and substance abuse for the community, police, emergency personnel and professionals.

- 60. Develop more creative and pervasive advertisement of the HelpIsHereDE.org website and other programs in the state.
- 100. Engage faith based organizations in community, connecting to other community good groups.

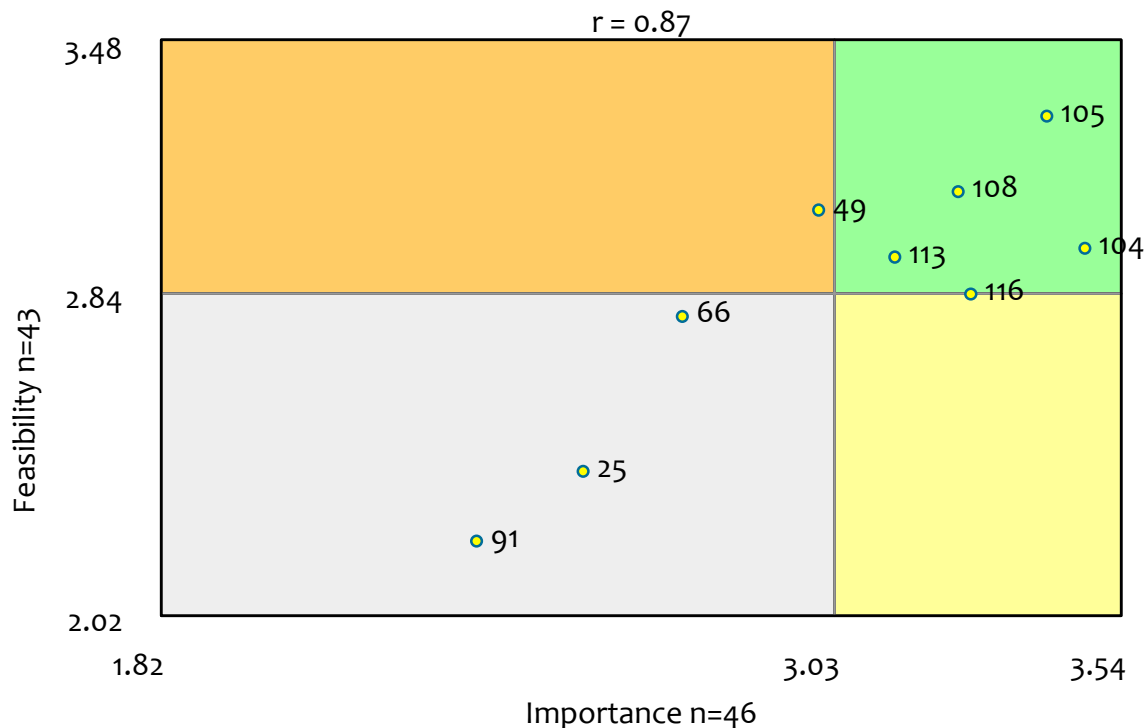
- 92. Reduce the stigma associated with seeking counseling and treatment related to behavioral health through outreach and education.

- 14. Involve professional groups (delta, unions, etc.) in addressing the issues.
- 43. Provide education on the possibility of living without addiction for those suffering from addiction.
- 94. Address the systematic harassment and profiling of those in treatment.
- 101. Establish subgroups to support people in institutions and schools to decrease stigma.
- 115. Increase understanding that we need to care more and act as a community.





Readiness in Every Community



- 104. Strengthen communities with more local services to address trauma, substance abuse, mental health, prevention and healthy behavioral supports in the environment.
- 105. Provide more crisis intervention and early resources, including mental health first aid wherever needed.
- 108. Implement pre-screening tools which are critical for early detection, including pediatric screening.
- 113. Increase collaboration with state agencies, private sectors and non-profit organizations that focus on youth, through Delaware Youth.
- 116. Develop a strong inpatient and outpatient rehabilitation program with work training and employment assistance.

49. Seek out programs that are currently working with youth, for example, and provide the resources to expand and replicate state wide.

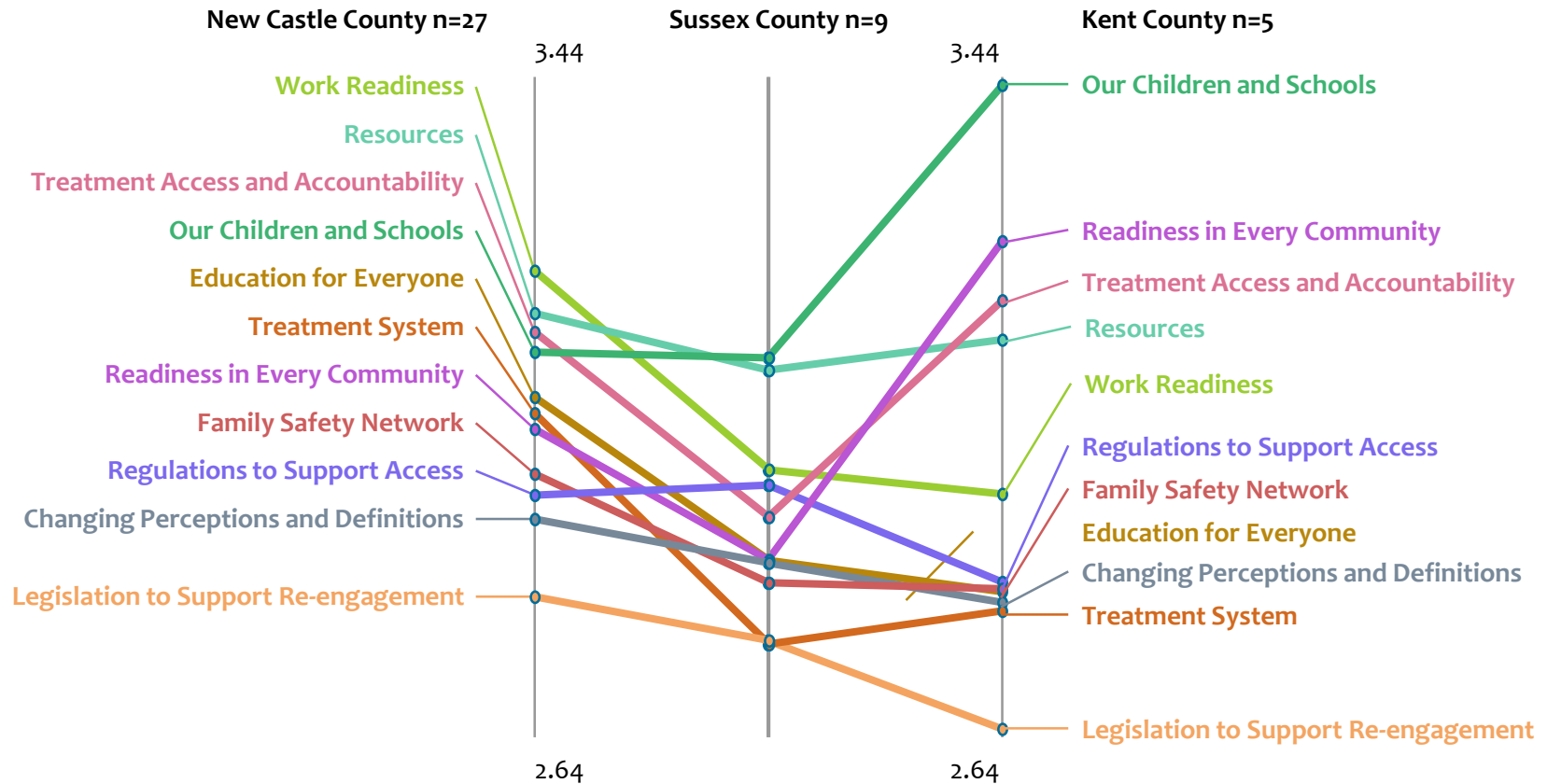
25. Fund studies that focus on effectiveness of dissemination and implementation of treatments in communities.

66. Ask addicts how they would solve the problems and then let experts consider how to implement the solutions.

91. Work on harm reduction across the board, with safe injection sites and testing.

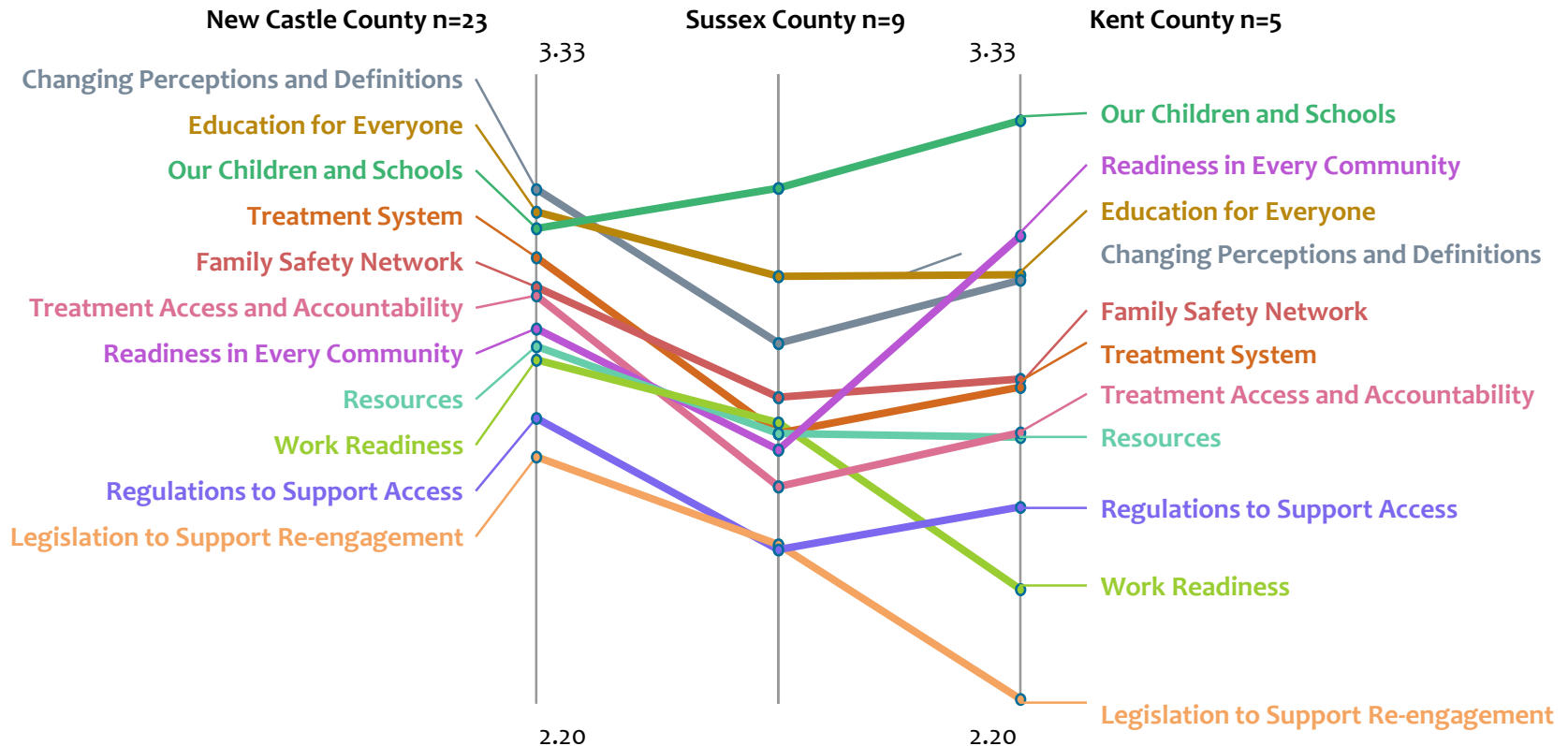


Pattern Match by County of Residence Importance



Pattern Match by County of Residence

Feasibility to Make Progress



Discussion

- Value of the results to Communities and the State as a whole
- Use of the results
 - As the action framework for BHC
 - Committee structure framework and starting set of priorities
 - To frame progress assessment and year to year evaluation
- Revisions and Next Steps



Thank you

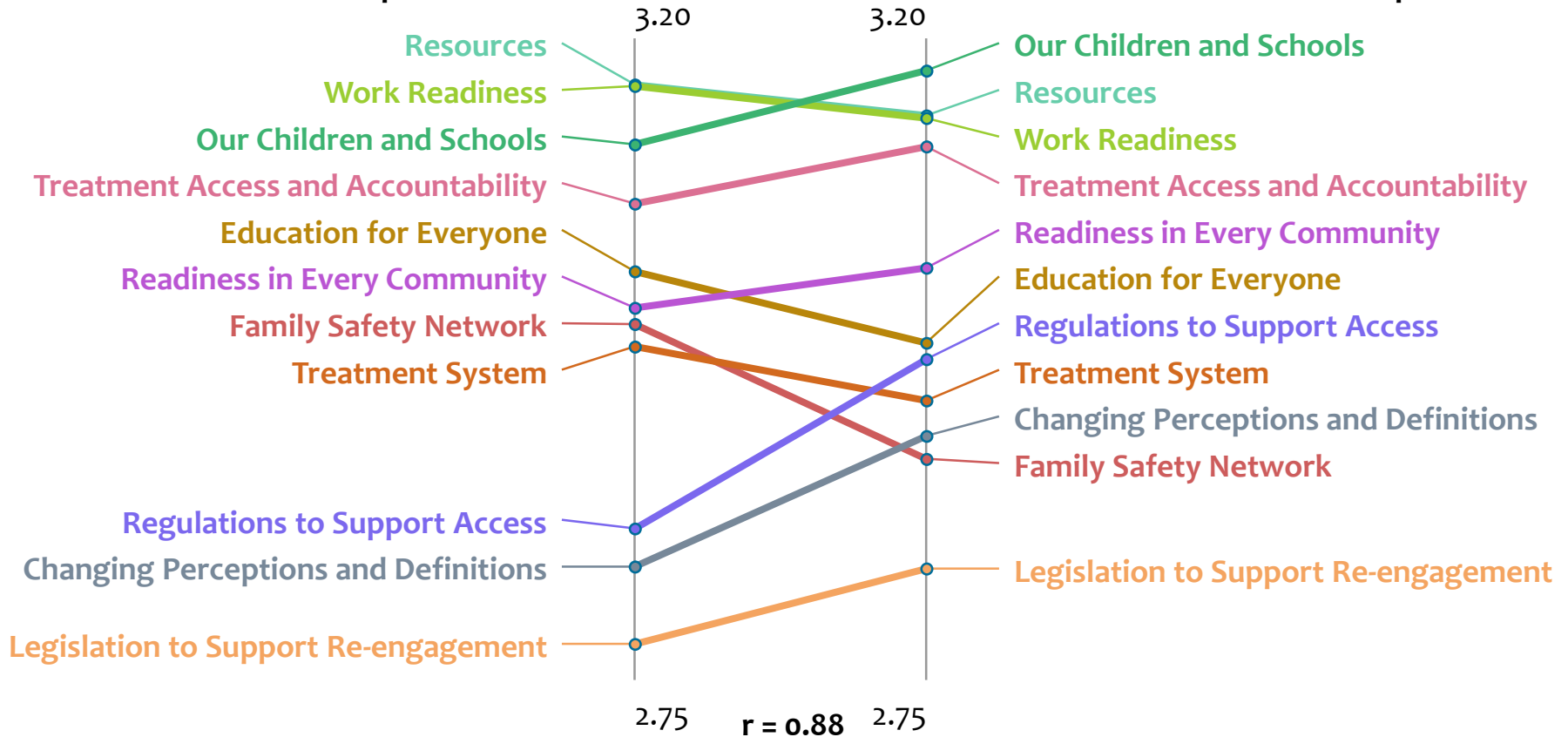


Pattern Match

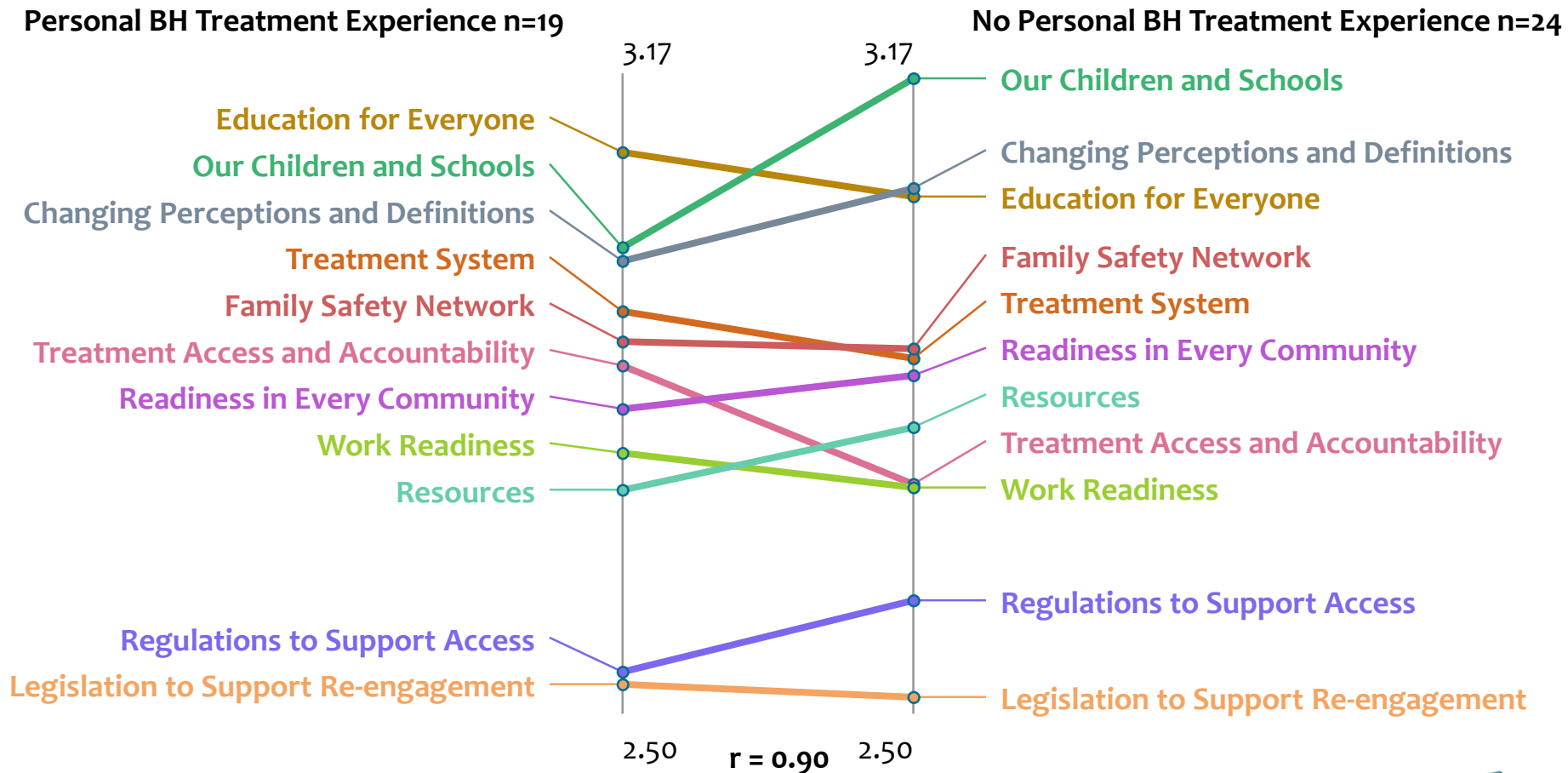
BH Treatment Experience

Personal BH Treatment Experience n=20

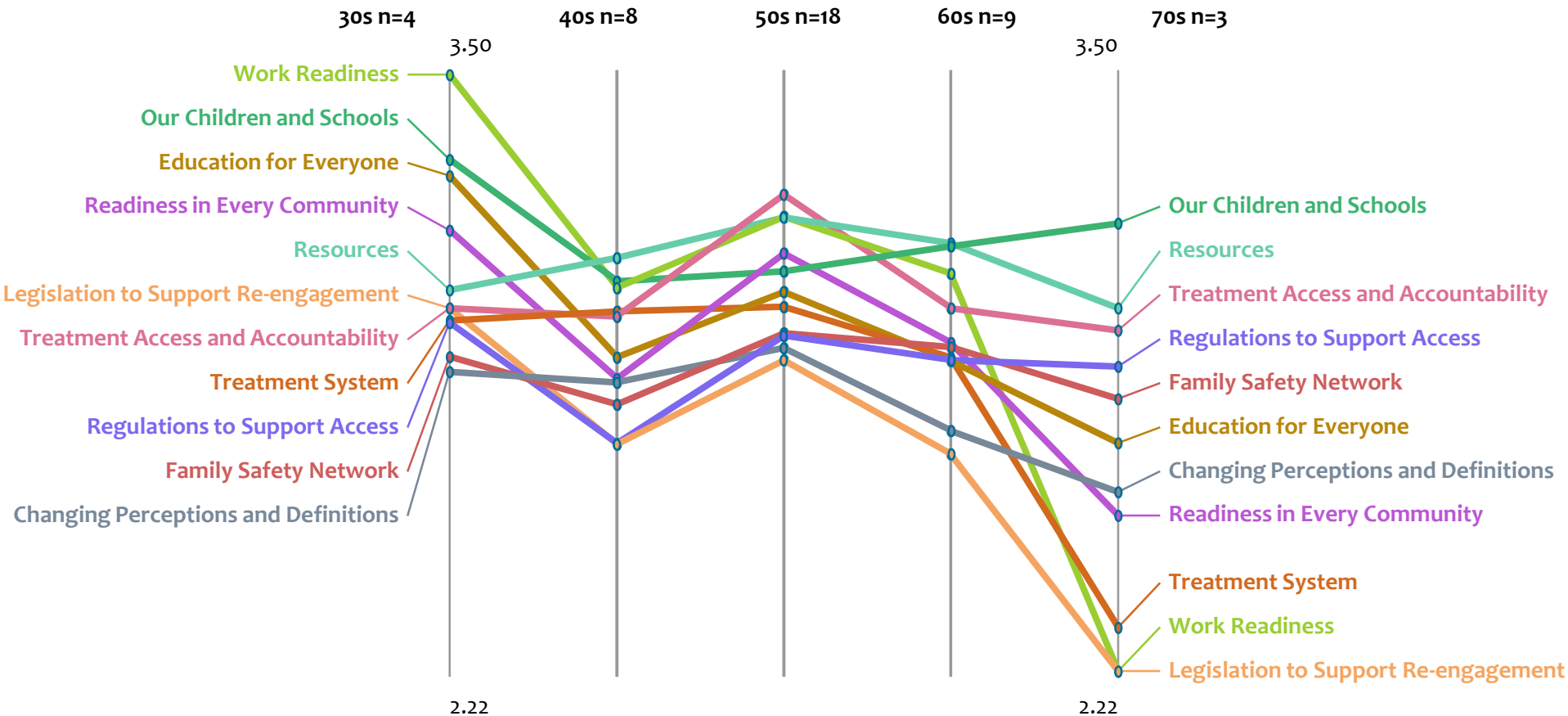
No Personal BH Treatment Experience n=26



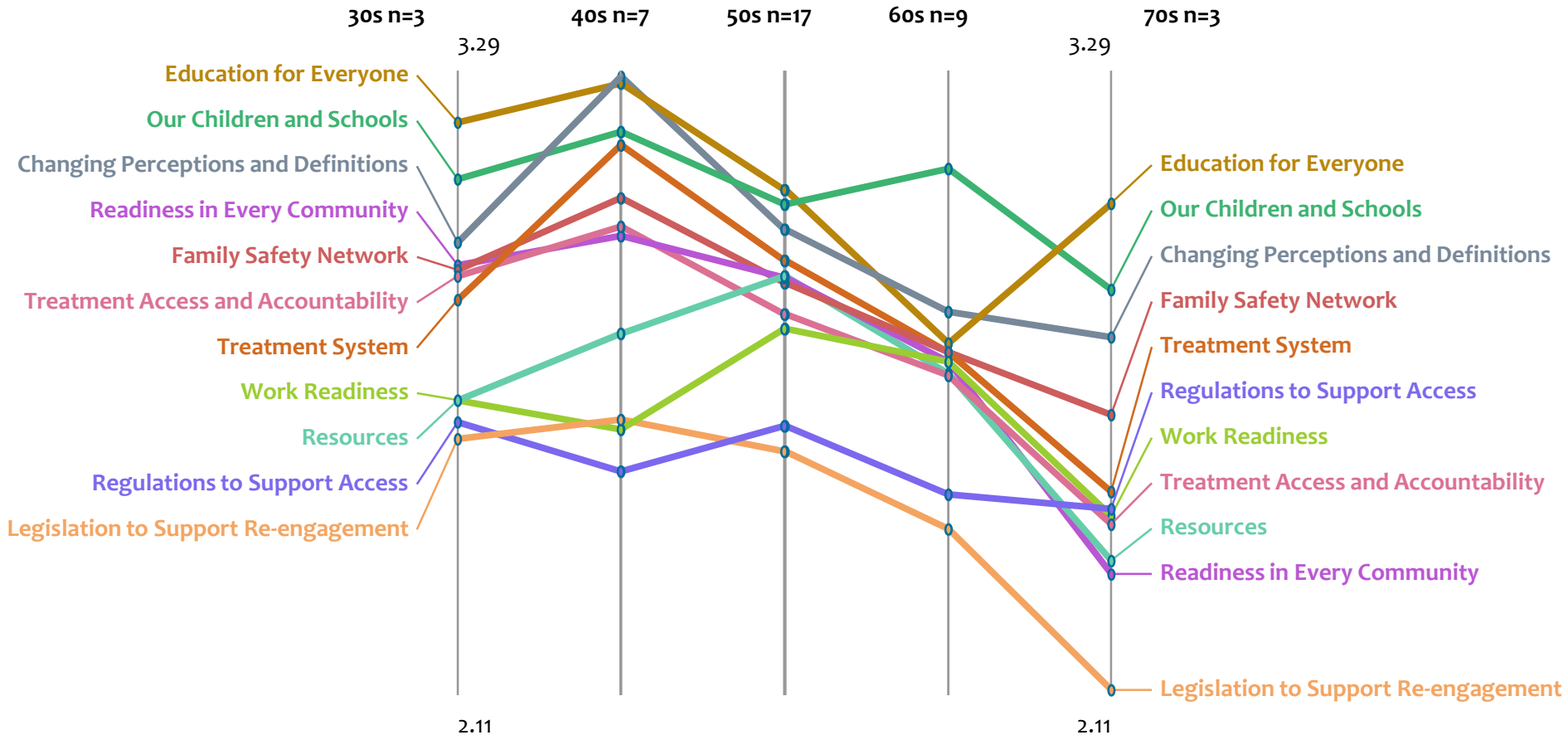
Demographic Pattern Match Feasibility to Make Progress BH Treatment Experience



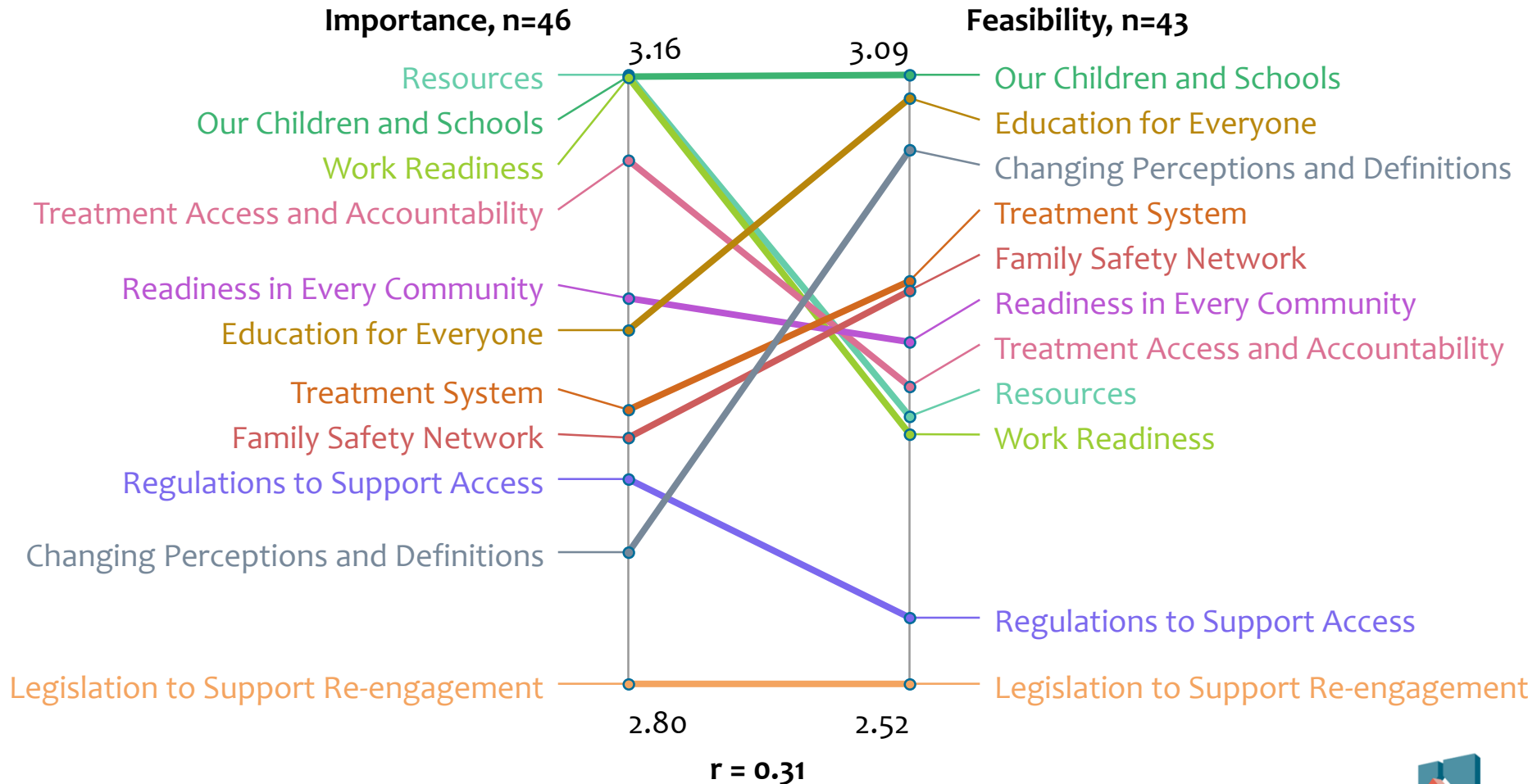
Pattern Match by Age for Importance



Pattern Match by Age for Feasibility to Lead to Progress



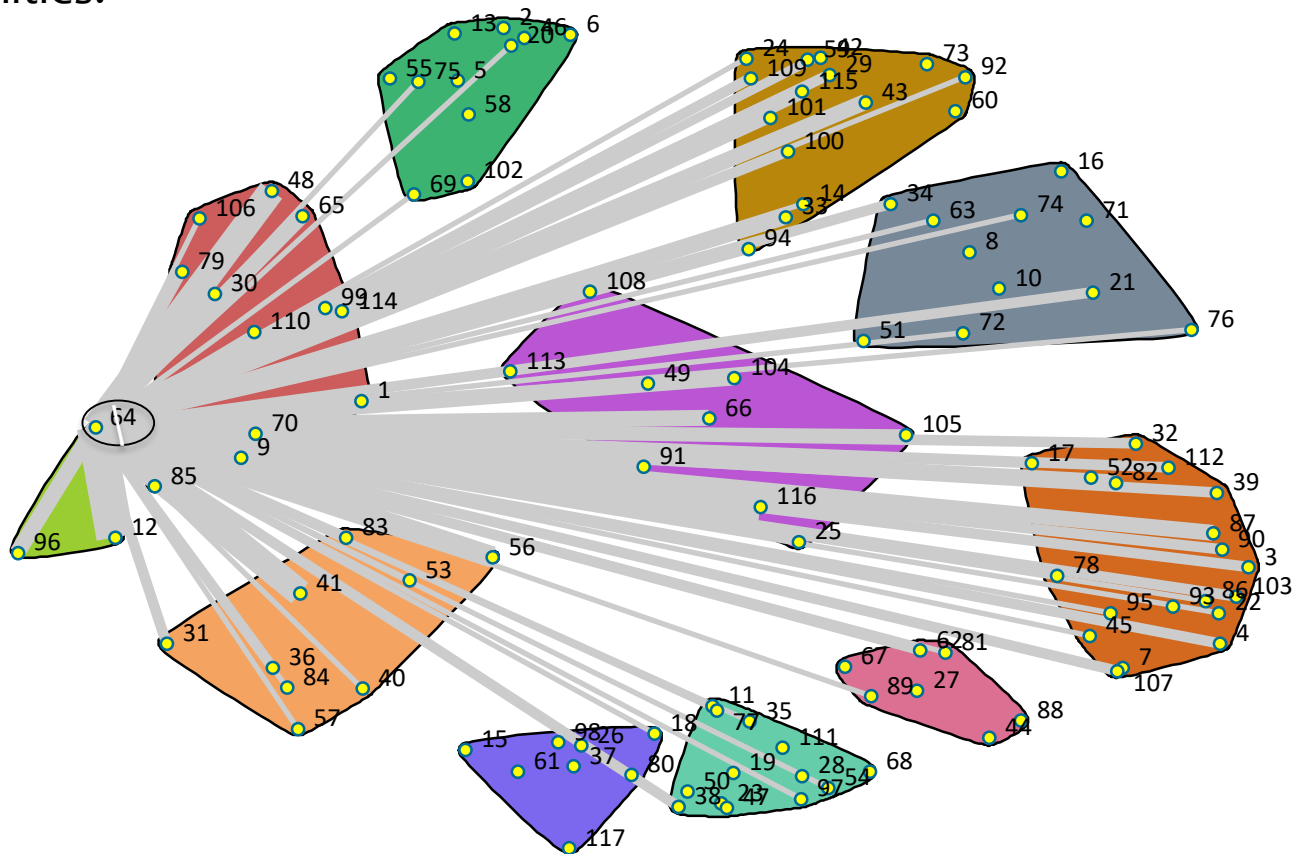
Importance to Feasibility, Relative Pattern Match



Statements that Bridge

An example of a bridging statement: Statement 64, Bridging value 1.00

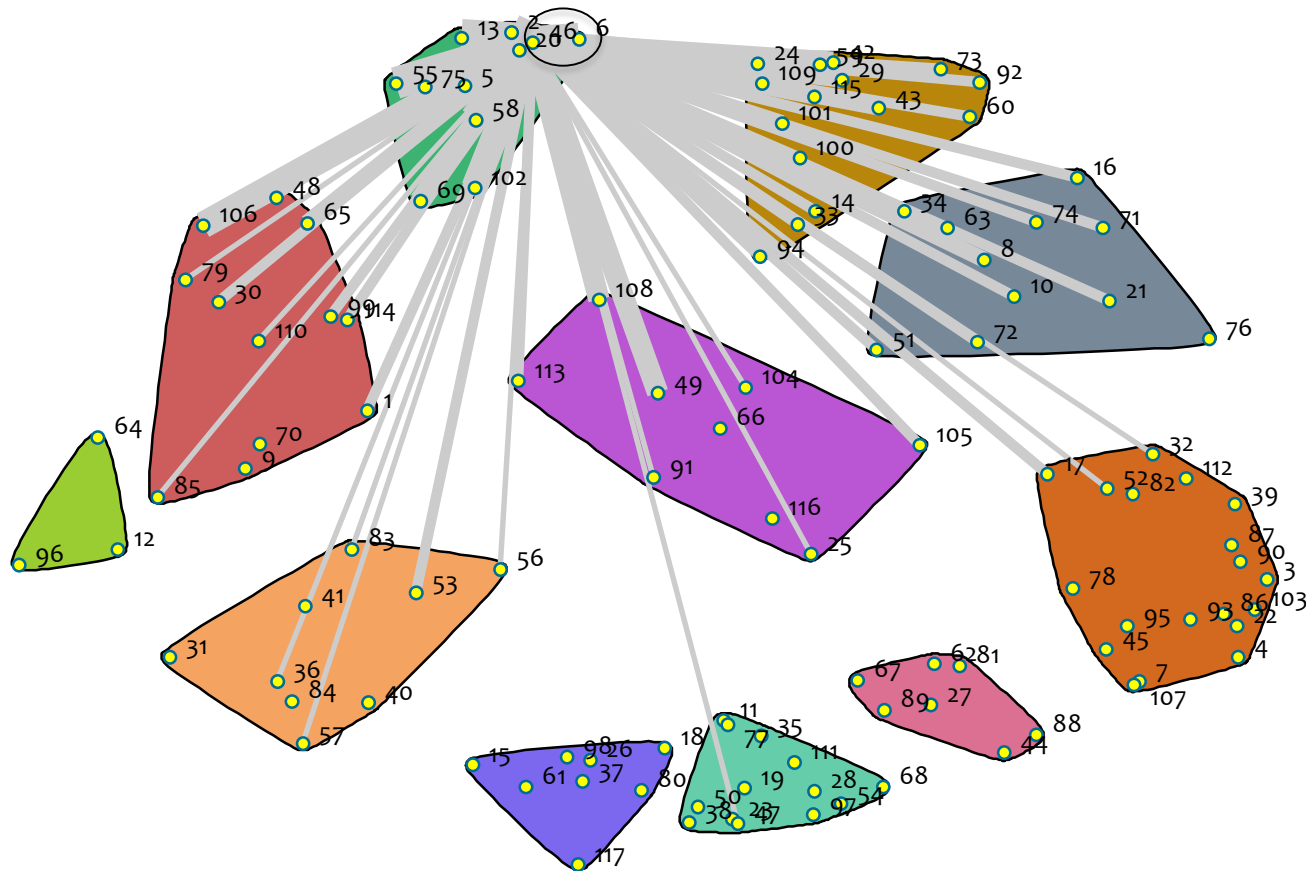
Give addicts work training, help developing work skills, and employment assistance opportunities.



Statements that Anchor the Map's Content

An example of an anchoring statement: Statement 46, Bridging Value 0.00

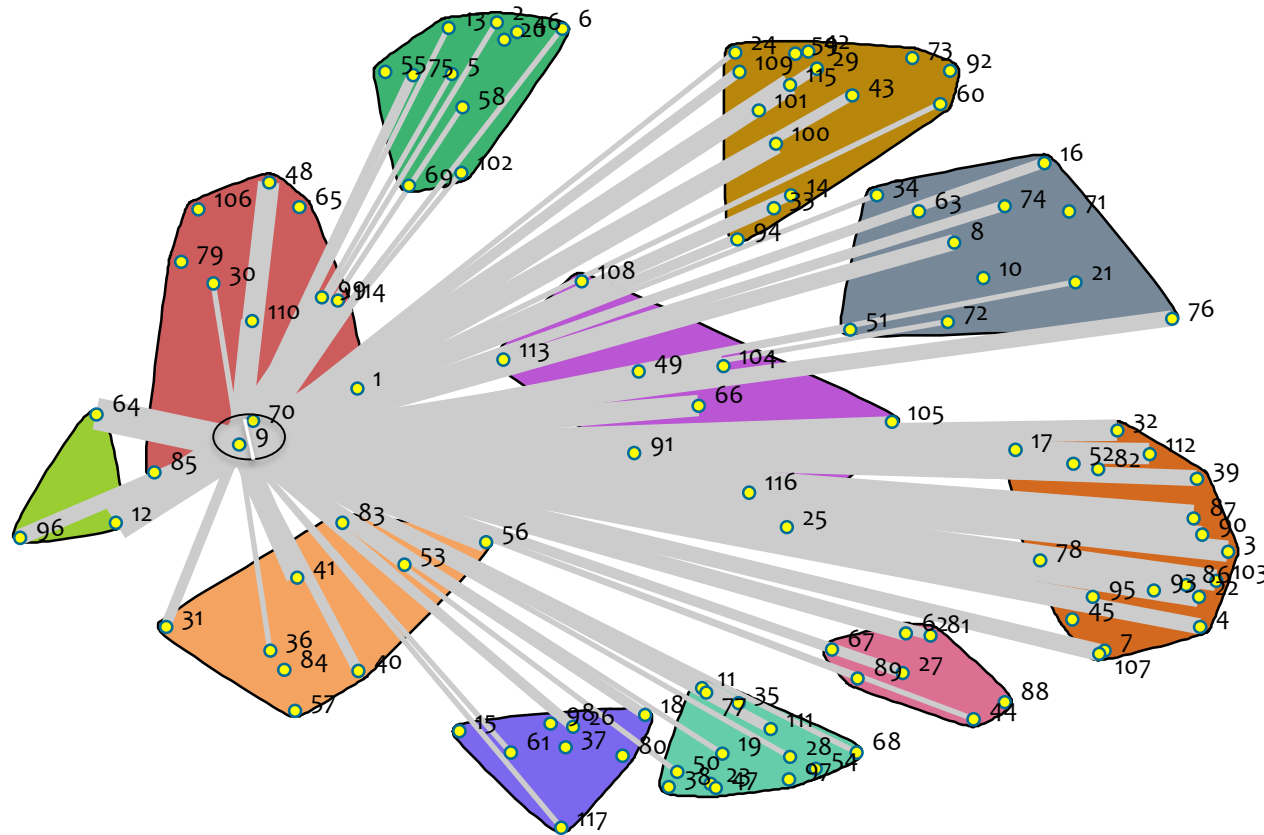
Help kids and young people develop early appreciation for their bodies and health.



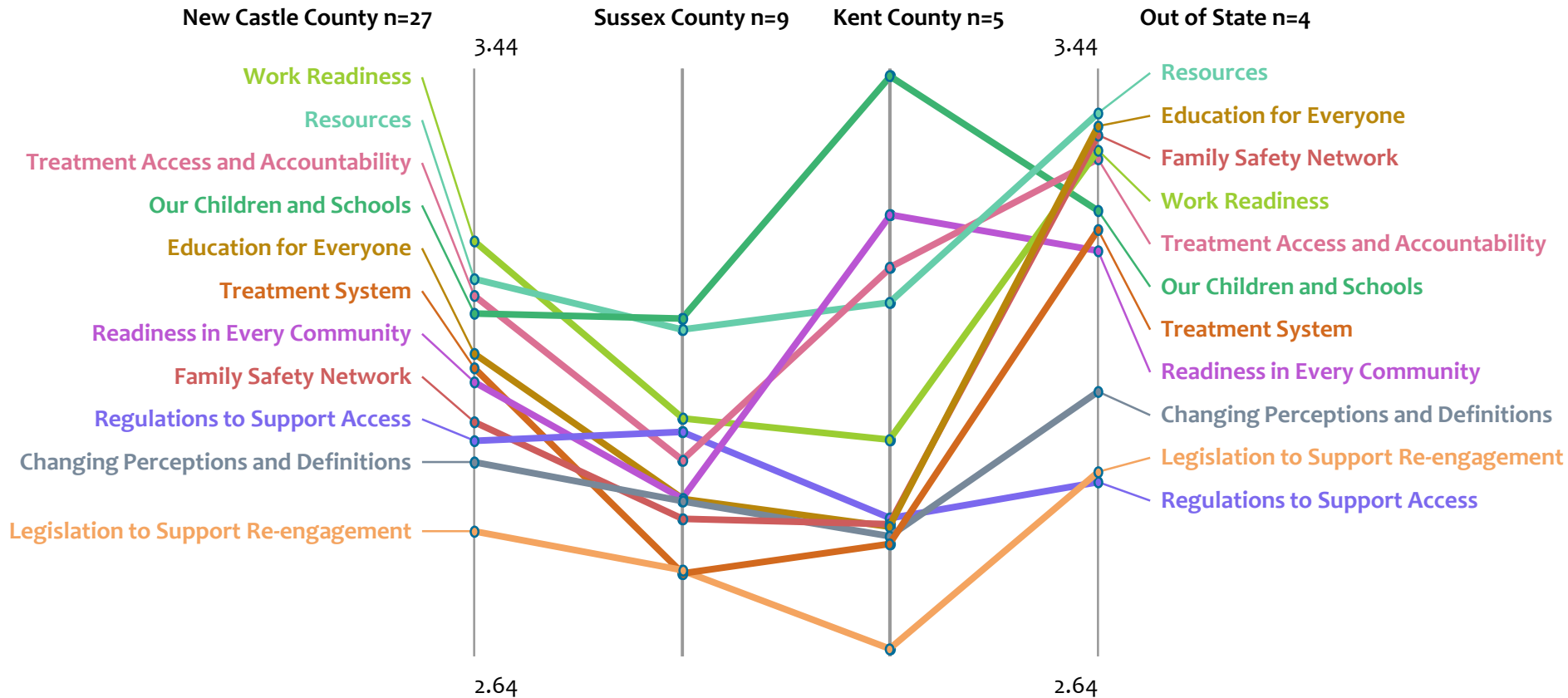
Statements that Bridge

An example of a bridging statement: Statement 9, Bridging value 0.96

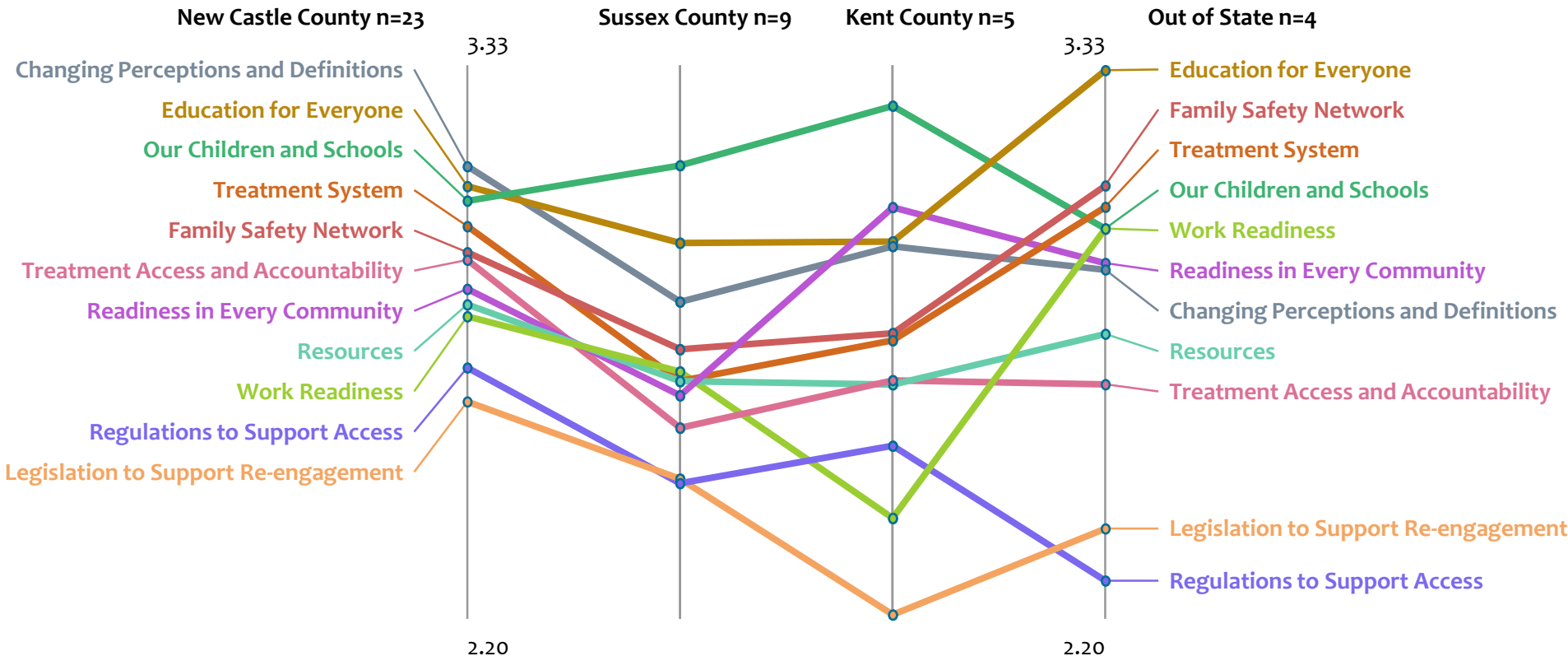
Identify safe places for those in recovery to interact with community members for recreation.



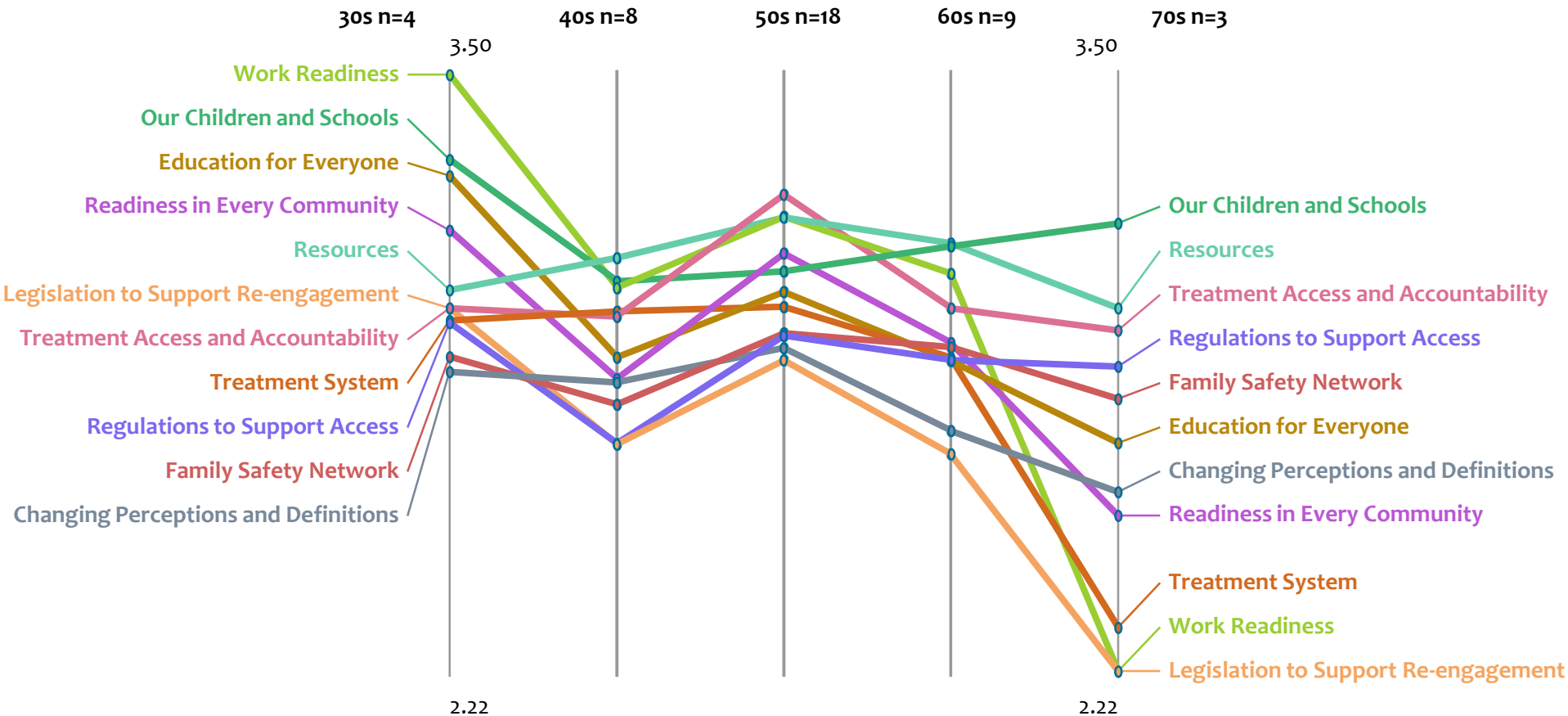
Pattern Match by Location: Importance



Pattern Match by Location for Feasibility to Lead to Progress



Pattern Match by Age for Importance



Pattern Match by Age for Feasibility to Make Progress

