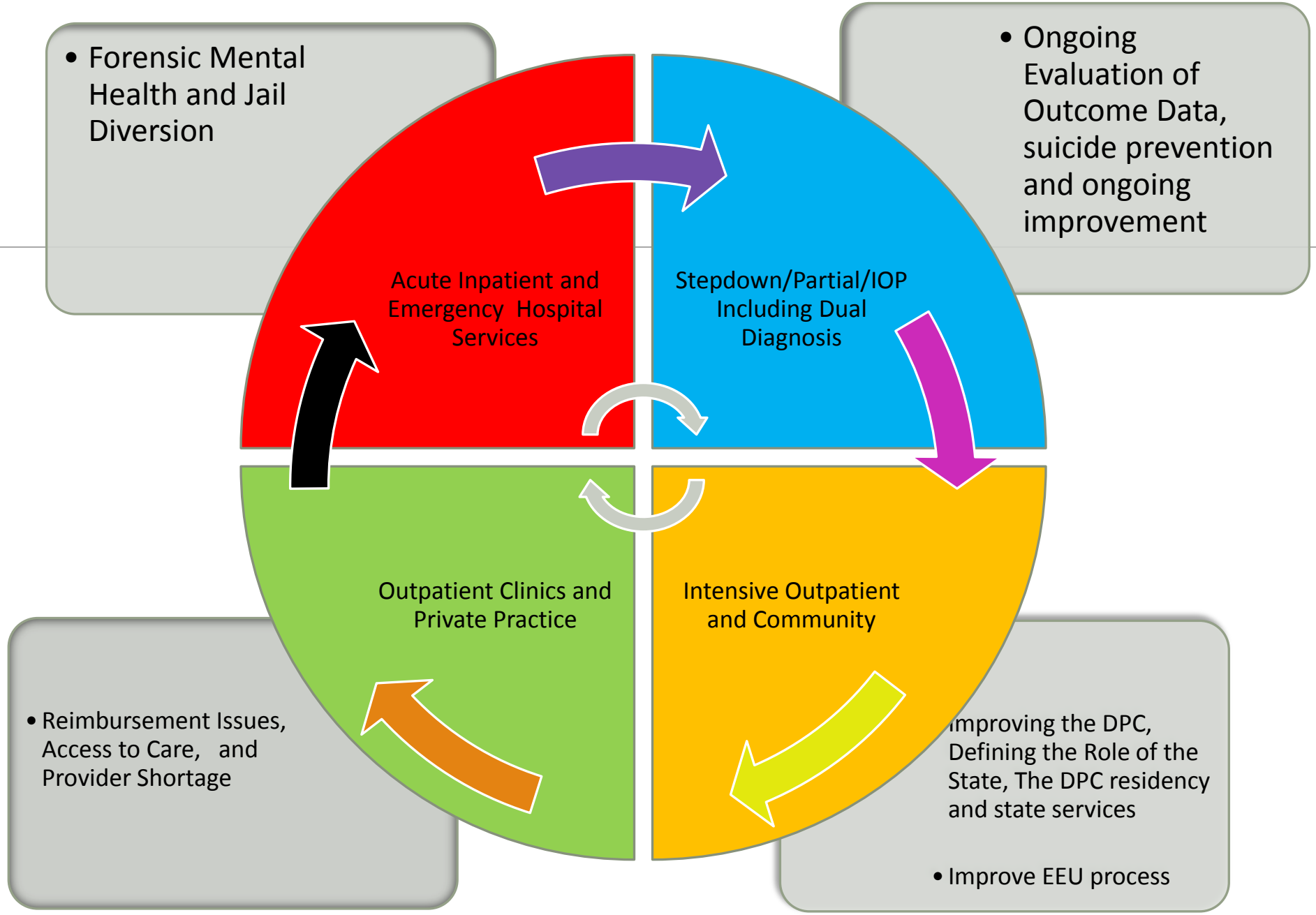
DELAWARE MENTAL HEALTH TASKFORCE MEETING #2

THE DUPONT ROOM

OCTOBER 27, 2015 AT 2PM


• Forensic Mental Health and Jail Diversion
• Ongoing Evaluation of Outcome Data, suicide prevention and ongoing improvement
Acute Inpatient and Emergency Hospital Services
Stepdown/Partial/IOP Including Dual Diagnosis
Outpatient Clinics and Private Practice
Intensive Outpatient and Community
• Reimbursement Issues, Access to Care, and Provider Shortage
mproving the DPC, Defining the Role of the State, The DPC residency and state services
• Improve EEU process

Welcome to the second meeting of the task force

- Over the last 1-2 years the state of Delaware has seen many fundamental changes to our mental health system In response to many challenges including the ACA. Even change instituted with the best of intentions may have unforeseen and unintended consequences
- While evidenced based guidelines, funding, and demands drive change in treatment modalities, we must be vigilant that our patients often do best with stability and structure.
- Despite many advances, the basis of effective treatment remains the provider and patient relationship
- After many sweeping changes to our private and state system many providers and citizens have expressed concerns about our complex system.
- There are now significant and sometimes increasing gaps that disrupt the continuum of care, the principles of recovery, and patient centered care. These gaps make it ever more challenging for providers and patients and their families to negotiate our system.
- I believe that the aforementioned concerns are having a detrimental effect for many of most disadvantaged who can not easily advocate for themselves. This threatens the health and safety of many of our patients, and places undue strain on law enforcement, prisons, and their families.
- To effect change we must engage in an honest and safe dialogue that transcends our differences.

Mission Statement

1. We have assembled leaders, experts and family, advocates representing a wide array of disciplines, vast experiences, and many invaluable perspectives

2. Thanks to our concerned representatives we have the privilege of coming together for a very noble cause.

3. Our mission is a difficult one: As a team, we will discuss, examine, and evaluate the gaps, strengths and weaknesses in our mental health system for the purpose of improving care. The focus will be on attainable goals.

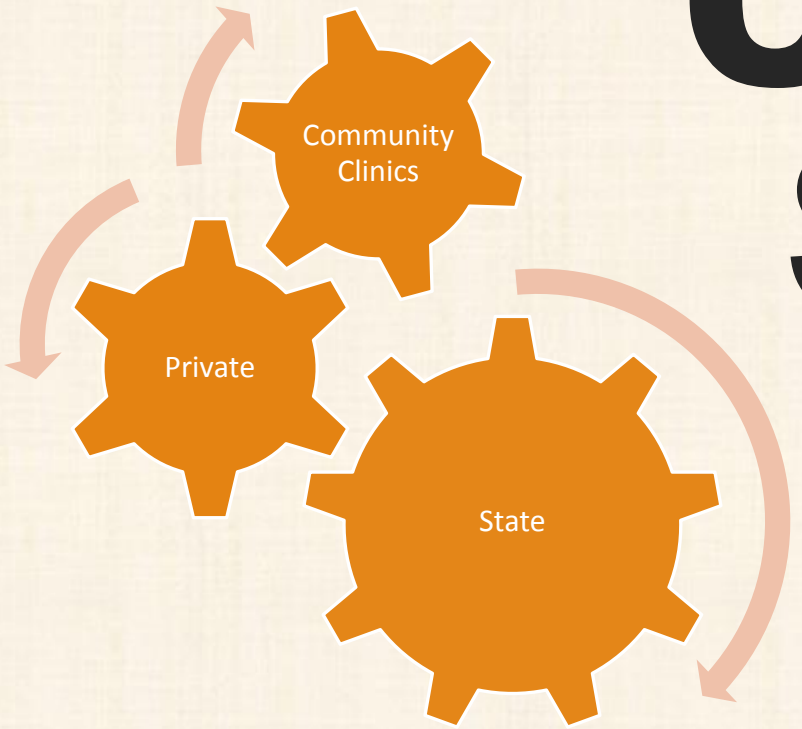
4. Attempt to foster inter-system communication and clearly define the roles of the state system and other providers in the continuum of care

5. While some of the shortfalls can be addressed in the near future, many problems will require ongoing efforts and regular feedback from the public, families, and providers. We will attempt to provide a real world perspective as well as some possible interventions.

5. The task force will promote civil dialogue that forms the basis for continued and productive organized processes to meet current and future challenges

6. Our lawmakers have recognized the urgency and will provide necessary support to drive change.

PERSPECTIVE ON THE CURRENT SYSTEM



Outpatient Care

1. Limited providers and access to care for child and adult patients. Even greater limitations on psychotherapy.
2. With the transition of the state clinics, there remains an underserved group poorly covered by private insurance
3. Very limited access to case management services/wrap around services
4. State reimbursement Rates are low placing practices at risk of closure
5. Formulary coverage has declined and now often with exorbitant copays. Lurasidone as an example which may cost $200
6. Limited intensive outpatient coverage with programs that need improvement.
7. Lack of metric data on care delivery.

Inpatient and Emergency Services

1. Limited access to hospital based inpatient care, leading to boarding and delays of care
2. Despite efforts to improve commitment laws confusion remains problematic.
3. Clarify the roles the state and private hospitals to improve patient centered care. Disposition should be based on patients circumstances and wishes.
4. Clarify process of appropriate admission to DPC
5. Handoff communication between providers
6. Consider subacute care or 72 hour observation to re usage, boarding, length of stay.
7. Delays in EEU processing and limited placement ver

Strengthen The Delaware Psychiatric Residency

1. The residency is not capable of providing most of outpatient teaching sites
2. Education is being done by outside hospitals and residents rotate at outside sites
3. Currently the residency lacks strong teachers, research, fellowships
4. The residency does not participate in the ACGME match system. Residents are chosen by referral and perhaps not merit based.
5. A stronger residency means more providers, more sites, and attracting talented individuals
6. Consider partnering with a local academic teaching hospital
7. Institute metrics to monitor performance
8. Consider support for substance abuse and child psych fellowship education

Other Important Target Areas

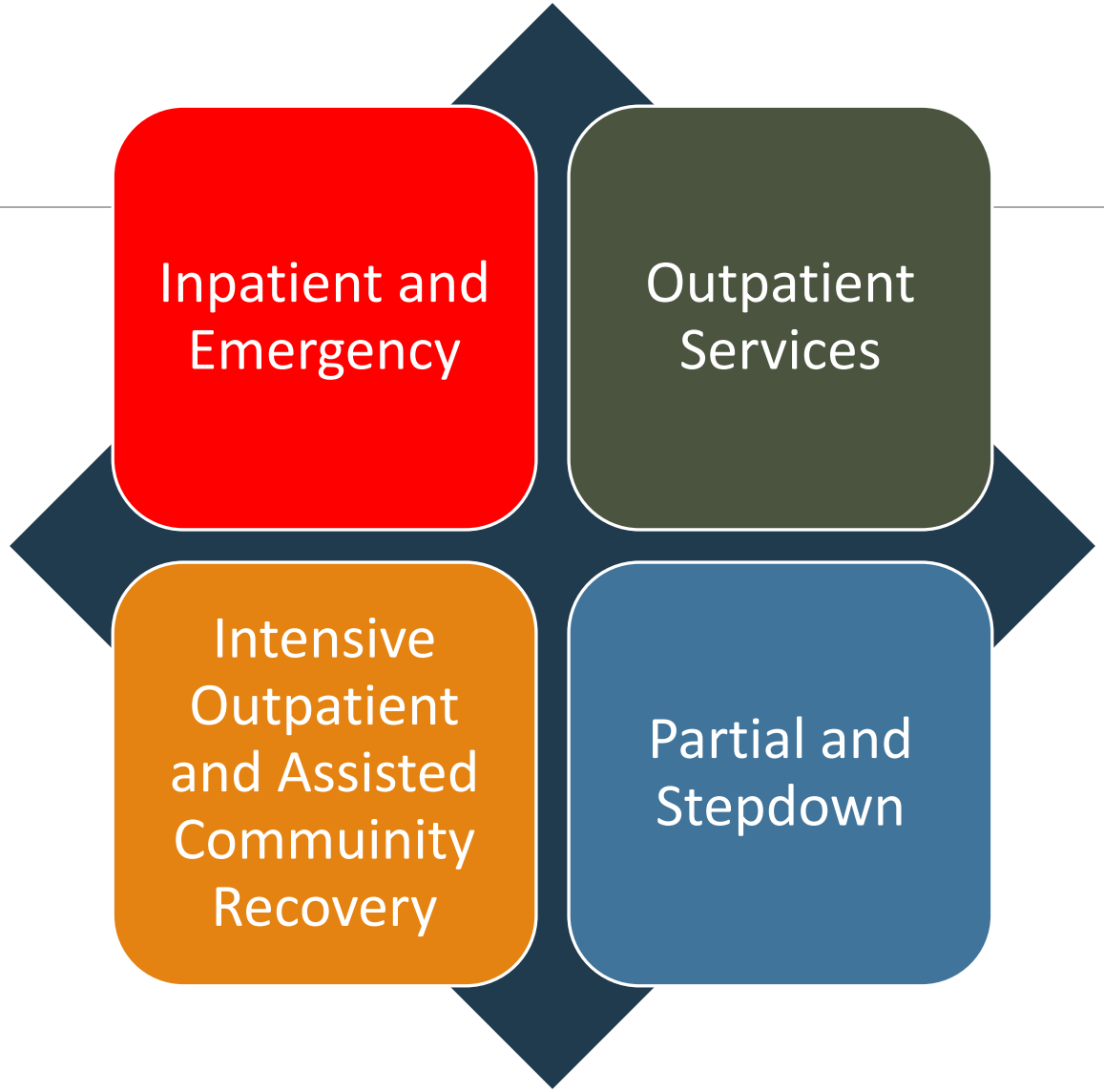
1. SUICIDE: Consider a team to regularly meet and discuss suicide or attempts and intervene. Consider adding a flag to the preexisting controlled substance database or a separate database. The VA has a suicide risk coordinator stationed at every VA.

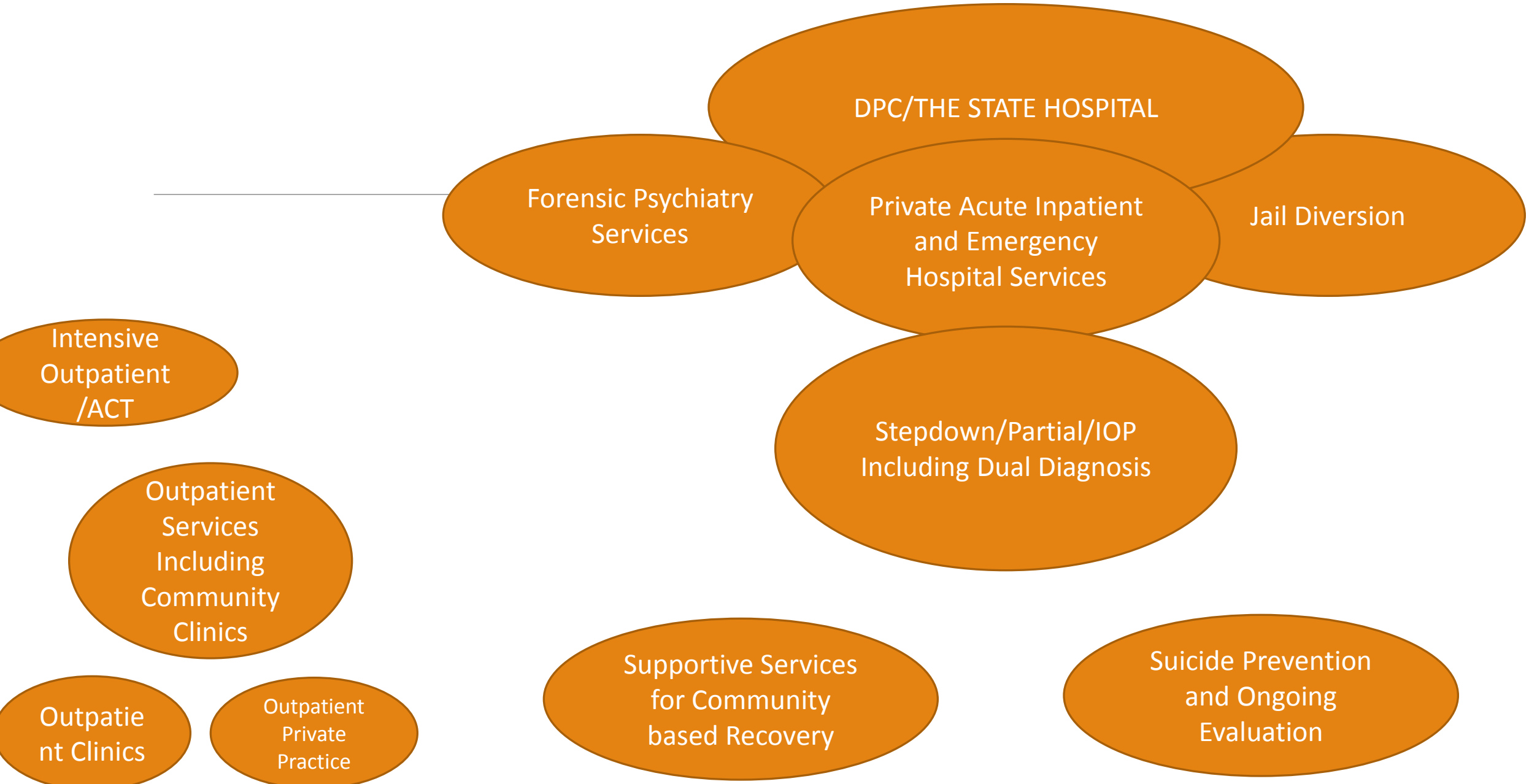
2. POST PARTUM MENTAL ILLNESS. Discuss ways of monitoring and consider post partum screen if feasible. Consider bolstering programs to address mental illness in pregnancy and substance abuse.

3. JAIL AND FORENSIC PSYCHIATRY: The prison system has now become the largest provider of mental health services. Explore ways to improve patient centered care and focus on recovery. Improve continuum of care upon release.

4. DUAL DIAGNOSIS POPULATIONS: Address limited access and availability of services to treat the many mentally ill patients with cooccuring substance abuse.

5. ELDERLY: There remain great challenges to providing care and placement when necessary for our elderly.


Inpatient and Emergency
Outpatient Services
Intensive Outpatient and Assisted Commuinity Recovery
Partial and Stepdown


DPC/THE STATE HOSPITAL
Forensic Psychiatry Services
Private Acute Inpatient and Emergency Hospital Services
Jail Diversion
Intensive Outpatient /ACT
Stepdown/Partial/IOP Including Dual Diagnosis
Outpatient Services Including Community Clinics
Outpatie nt Clinics
Outpatient Private Practice
Supportive Services for Community based Recovery
Suicide Prevention and Ongoing Evaluation