



In 2006, Delaware's mental health care system received a grade of C. Three years later the grade has dropped to a D, in part because of the lack of consumer-run programs and limited efforts to reduce the criminalization of people with mental illness. Delaware also has much work to do to strengthen community programs and to improve care at the state hospital.

The Delaware Division of Substance Abuse and Mental Health (DSAMH), within the Department of Health and Social Services, administers the state hospital, the Delaware Psychiatric Center (DPC), and four mental health centers that operate six sites. In addition, DSAMH contracts with private agencies for community mental health services.

For the last several years, public attention has focused on deplorable conditions and serious abuses at DPC. Three investigations of DPC during 2007-2008 resulted in several recommendations for improvement. The state has made significant progress in addressing the identified deficiencies. As the number of inpatient beds at DPC decreases, however, finding housing in group homes and supportive apartments is a challenge. Delaware is struggling to provide a full continuum of care that includes high-quality inpatient and community mental health services.

Some strong programs exist, and there are committed service providers in the system. Community programs provide integrated treatment statewide for people with co-occurring mental illness and substance abuse. Community mental health centers have treatment teams that follow Assertive Community Treatment (ACT) principles. A Mobile Crisis Intervention Unit serves the entire state. DSAMH also is encouraging collaboration between mental health and primary care providers.

Delaware has two mental health courts, which is a positive development; but, it lacks police Crisis Intervention Teams (CIT) and jail or prison reentry programs. Although the state no longer generally limits the number of prescriptions per person per month, it does restrict access to four specific psychiatric medications.

## Innovations

- New state leadership
- Mobile crisis intervention teams
- Integrated dual diagnosis treatment

## Urgent Needs

- Implement state hospital investigation recommendations
- Supportive housing
- Consumer-run programs
- Jail and prison reentry programs and CIT

## Consumer and Family Comments

- *"I was provided with a therapist that I can see as often as I feel the need for, as well as an emergency number for after hours, staffed with people, not a machine."*
- *"Limited resources . . . poor communication about what is available . . ."*
- *"There is nothing positive about public mental health services in Delaware. The state does not provide enough access to treatment. Those living in the lower parts of Delaware do not have access to treatment at all."*
- *"More affordable, safe housing . . ."*

Funding for community-based programs has been stagnant over the past three years, while the cost of service delivery has increased, causing financial strain. Future funding for both DSAMH and community-based providers also is uncertain. Heading into 2009, Delaware expects to cut the state budget, including mental health care, by approximately 20 percent. The financial crisis threatens hopes to expand evidence-based practices and make other necessary reforms in the mental health care system.

Delaware has new leadership in 2009, which could play a critical role in turning the mental health care system around. Governor Jack Markell, Lt. Governor Matt Denn, and a new Secretary of the Department of Health and Social Services, Rita Langraf, all have proven interest in best practices and reform. However, only sustained political commitment and financial investment will produce the kind of progress that is needed.