Improved wellbeing of people suffering from mental health/addictions

✱

Improved mental health/addictions outcomes (eg, reduced deaths of despair)

✱

Years of life gained, life milestones regained (e.g., jobs, family, education)

✱

Thriving, resilient communities

Engage and stabilize people with behavioral health needs wherever they might be ready to engage	Engage people where they are: ED, hospital, justice, primary care, specialty care, social services, community-based assets, and connect them to support, treatment and harm reduction	1. Switch to virtual care 2. Simplify intake and treatment workflows 3. Divert from EDs to crisis stabilization 4. Add capacity to care for those who are struggling (medium/rising risk)
Improved coordination across referrals and transitions	Workflows and pathways that support seamless coordination at key transition points (medical, DoC, social services, family/community)	1. Update DTRN and engage every unit to use DTRN for referrals 2. Build tracking systems 3. Advance Pathways for vulnerable populations
Seamless access to care management and social needs that supports mental, physical, social, and spiritual well-being	Comprehensive assessment of needs; peer-supported, relational, highly reliable care management across levels and stages of risk and recovery; connection to wraparound needs	1. Integrate screening for social needs and addictions (loneliness, housing, financial insecurity) into all BH workflows 2. Rapidly connect people to the supports they need 3. Extra check-ins for those at highest risk
Person-centered, peer-supported, long-term treatment support for patients and families in the community	Quality, evidence-based treatment at appropriate levels of care. Chronic care model to manage behavioral health as a chronic illness in primary care and in the community	1. Support continuation of mental health and addictions treatment and support. 2. Move stable people to a "stable list" engage them in peer support.
Prepared and resilient communities (long-term, in partnership with DPH and other Delaware initiatives)	Engagement of schools, faith communities and community based organizations across continuum of prevention, harm reduction, destigmatization and treatment; support upstream policies to reduce trauma, mental health/addiction risk over time	1. Disburse naloxone freely 2. Scale up peer supports 3. Rapidly expand peer to peer platforms to expand care supports in the community (Big White Wall, CHESS, etc) 3. Work with State SHOC to support disaster plans 4. Work with DHSS Task Forces to connect MH/SUD with needs

Text Messaging Program: DEHOPE

- Opt-in text messaging program
- Provides ongoing mental health tips and connection points
- Provides Covid-related messaging related to behavioral health
- Promotes digital resources for family help and support

TEXT DEHOPE to 55753

Virtual Outreach Page (Forthcoming) :

Calendar of Events

- Feature partner events
- Google calendar for syncing
- Participants can email DSAMH communications team to update events
- A list of other statewide social events

Warm Line Resources

- Feature partner ongoing warm support lines
- Refreshed weekly

HelpIsHereDE.com/Connections