COVID-19 Change Strategies

**Improved wellbeing of people suffering from mental health/addictions**

- Improved mental health/addictions outcomes (e.g., reduced deaths of despair)
- Years of life gained, life milestones regained (e.g., jobs, family, education)
- Thriving, resilient communities

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**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.

**Improved coordination across referrals and transitions**

Workflows and pathways that support seamless coordination at key transition points (medical, DoC, social services, family/community).

**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.

**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.

**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, desigmatization and treatment; support upstream policies to reduce trauma, mental health/addiction risk over time.

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**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)**

**1. Update DTEN and engage every unit to use DTEN for referrals**
**2. Build tracking systems**
**3. Advance Pathways for vulnerable populations**

**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**

**1. Support continuation of mental health and addictions treatment and support**
**2. Move stable people to a “stable list” engage them in peer support.**

**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