



## 2008 Public Policy Platform

In response to abusive and unacceptable conditions at Delaware Psychiatric Center (DPC), legislative and executive task forces have issued legislation and recommendations to address systemic problems at DPC and community mental health system. NAMI Delaware supports these recommendations and welcomes the opportunity to partner with elected officials and state agencies to effect a transformation of mental health care in Delaware.

No more falling through the gaps. No more inadequate services or failing institutions. Delaware deserves a state hospital that offers the highest-quality care in partnership with a community mental health system that provides an effective and evidence-based best practices and recovery-focused services. These should be provided to consumers (persons diagnosed with a mental illness) regardless of their ability to pay.

NAMI Delaware's public policy platform supports the recommendations of the task forces and prioritizes the following issues as vital to ensuring that persons with mental illness receive the treatment and supports they need to live full and satisfying lives as valued members of the community.

### 1. Delaware Psychiatric Center (DPC)

The recommendations of both the Governor's Task Force on the Delaware Psychiatric Center and the Delaware Psychiatric Center House Investigative Committee Final Report emphasize the need to immediately address the findings, including providing an effective and independent oversight structure of DPC, significantly enhancing performance improvement, and assuring appropriate treatment, discharge planning, and patient and staff protections.

NAMI Delaware advocates for prompt enactment of legislation to address DPC issues. In addition, sustained oversight and leadership is needed to transform DPC into a center of excellence that provides expert trauma-informed, recovery-oriented and client-focused care for persons who experience severe mental illness or co-occurring disorders.

### 2. Community Mental Health System of Care and Housing

A comprehensive array of accessible community mental health services and supports is necessary to ensure successful transition to the community from DPC and to minimize the incidence of hospitalization or incarceration of persons with mental illness. The following policy and funding needs are key to transforming Delaware's system of care:

- **Community Mental Health System Assessment:** An independent analysis of the current community mental health delivery system in Delaware is needed to identify

gaps in the continuum of care and populations who are falling through the cracks, such as persons who are uninsured or underinsured, persons discharging from hospitals or prisons, and transition-age youth. The Governor's Task Force recommends that "an assessment of the current capacity of the community support system be conducted to highlight a balanced and comprehensive system of care."

- **Crisis Recovery Centers:** People experiencing a mental health crisis should have access, in each county, to a center, which should be adjacent to the emergency room of a local hospital, that provides assessment and crisis stabilization and detoxify services. Psychiatric patients should not be further stigmatized by having a Crisis Recovery Center away from the regular emergency medical centers (hospitals and crisis clinics). ***NAMI firmly believes that accessing treatment for mental illness should be indistinguishable from accessing treatment for any other illness.*** The original concept of the Crisis and Psychiatric Emergency Services (CAPES) was patterned after the Comprehensive Psychiatric Emergency Program as described in a Report and Recommendations developed by American Psychiatric Association, August 2002. American Psychiatric Association's CPEP called for twenty-four hour, seven days per week, staffing by psychiatrists and other licensed medical personnel, and would have delivered a higher level of specialty expertise than is **not** currently available in the CAPES; which is not funded for the level of professional services called for by the APA. The CAPES currently operating at Christiana Hospital, a pseudo medical access center does not provide the level of service delivery as originally envisioned and should not be replicated. Delaware should compare the current services offered by CAPES to the original concept envisioned, which is considered a Gold Standard by the APA, and upgrade the services at Christiana Care and open two additional centers, one in Kent and in Sussex Counties.
- **Community Inpatient Care:** Some people who are experiencing a psychiatric crisis or are unable to care for themselves would benefit from inpatient care. However, many do not get this needed care because there are too few community psychiatric hospital beds and/or because of overly restrictive commitment laws. The following funding and policy proposals address these issues:
  1. Adequately fund acute psychiatric inpatient care for uninsured or underinsured patients;
  2. Review and reform state commitment laws to ensure that current statutes do not erect unnecessarily strict barriers to needed care.
- **Continuum of Effective Community-Based Care:** Persons with mental health and co-occurring disorders need access to a wide array of effective and evidence-based practices that promote recovery and minimize facility-based care or incarceration. To achieve this continuum of quality care, leadership is needed to implement the following:
  1. **Standards of Care:** Incorporate standards of care for mental health services into contracts with community service agencies and ensure strong DSAMH (Division of Substance Abuse and Mental Health) oversight of both standards of care and performance improvement programs in contracted programs. Contracts with service providers should include a provision that an annual evaluation will be conducted by an independent party to ensure quality of care and compliance of state and federal regulations.
  2. **Service Rates:** Fund community services at rates that reflect the cost of providing quality care. Any annual increases must be tied to appropriate

measures, to allow providers to sustain quality services. According to the Governor's Task Force, private providers received less than 4 percent in contract increases between 2001 and 2007, even though the consumer price index rose by about 30 percent in that period.

3. **Permanent Supportive Housing:** Develop and fund a comprehensive plan for permanent supportive housing. This plan should include transition specialists to provide follow-up services to those discharged from DPC and individuals in the community who need this care.
4. **Evidence-Based Practices:** Develop a plan for funding and implementing an array of evidence-based practices (EBPs) over the next five years to enhance services. Several EBPs, such as Integrated Dual-Diagnosis Treatment, Supported Employment, Assertive Community Treatment (ACT) teams, Illness Management and Recovery, and Family Psycho-Education are supported by the federal Substance Abuse and Mental Health Services Administration and have a track record of achieving good outcomes for persons with serious mental illness.

### 3. **Diversion from Incarceration and Successful Re-Entry**

The incarceration of persons with mental illness or co-occurring disorders in the criminal justice and juvenile justice systems is a serious concern of NAMI Delaware. Throughout the country, decreases in state hospital beds over the past several decades have been accompanied by an increase in the number of persons with mental illness in jails and prisons. To address this problem, NAMI Delaware prioritizes the following:

- **Mental Health Courts:** Expand Mental Health Courts to each county and include people with felony charges. Allocate funding necessary to provide "wraparound" treatment and supports (medication, housing, psychiatric care, case management, co-occurring disorders treatment, transportation, employment, etc.) to consumers who are not eligible for Medicaid.