

A Vision for the SUD Treatment System in Delaware



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He was released from a local Emergency Department just hours after he overdosed on heroin, was revived by paramedics using naloxone, and brought to the hospital for follow-up treatment. He left the hospital against the medical advice of the health professionals who treated him and returned to his parents' home. Less than 24 hours after he was brought to the hospital, his father found him dead in his bedroom, packets of heroin on his bed next to his lifeless body.

That scene or one similar to it has been an almost everyday experience in our state, with 308 lives lost to drug overdoses last year, an increase of 35 percent from 2015. These painful and tragic losses are a clear indication that our substance use disorder treatment system is not working the way it needs to in response to the opioid addiction crisis we are facing.

Too many people are not finding their way into treatment fast enough when they are ready. Too many people are not receiving treatment such as medication-assisted treatment that is best supported by science. Too many people are falling through the cracks when they transition from one level of treatment to another. Too many Delawareans still don't understand that substance use disorder is a chronic disease and should be treated like any other chronic disease. Often, the complex physical and mental health needs, as well as such social needs as housing, vocational skill development and

financial stressors are not being addressed. All of these factors lead to people struggling with a substance use disorder who either do not seek treatment or fall out of the system instead of getting the support they need to address the chronicity of their disease.

We envision a treatment system that is engaging, comprehensive, coordinated, integrated, high-quality, and person-centered. Learning from the successes of such states as Maryland, Rhode Island and Vermont, we are developing plans to create Centers of Excellence (or COEs) for the treatment of addiction. The COEs should provide the following services: comprehensive substance use disorder evaluation; induction and maintenance of medication-assisted treatment such as buprenorphine, methadone and vivitrol; group and individual counseling; strategic outreach using peers at key touch points to engage new or lost-to-care clients. The centers also will include wrap-around services such



as peer recovery services; case management; mentorship of collaborating health care providers, like primary care; links to recovery/transitional housing; occupational therapy; vocational training/placement; family engagement; syringe exchange services; and financial and legal coaching. In addition, the COEs will either provide or partner for psychiatric evaluation and treatment and the co-management of other chronic medical disorders. It will be critical that the centers are held accountable for the quality of the services they provide and that they participate in a learning community as a way to learn from each other, from a broader stakeholders group and from the communities they serve.

We recognize that in our current system there are many missed opportunities, times that could be reachable moments for individuals in active use, but where successful engagement into treatment, or back to treatment, does not occur. We want to make sure that our system identifies and reaches people at those opportune times and quickly brings them into the treatment services that are the right fit for them. This will involve using peer coaches who can engage with individuals at key touch points; increasing public awareness of what is available and how to connect to care; designing and implementing an Emergency Medical Services system of care – involving referral to treatment, follow-up via peer coach after overdose and possibly even initiation of medication-assisted treatment prior to ED discharge; identifying SUD among pregnant women, engaging them in treatment and implementing



postpartum plans of safe care upon diagnosis of neonatal abstinence syndrome (NAS) after delivery as needed; and connecting people to treatment via the criminal justice system.

We will be discussing this vision, learning from experts and listening to each other at a forum on October 26 at Delaware Technical Community College's Terry Campus in Dover. We hope you will join us and make your voice be heard.



We know that treatment for substance use disorder works and long-term recovery is possible. Our hope is that in the not too distant future all Delawareans who are struggling with substance use disorder are better able to have their needs met, including treatment of their chronic brain disease and all other social supports. Many lives are counting on all of us.

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