

## Community Health Needs Assessment Revised November 2013

### INTRODUCTION

The purpose of this Community Health Needs Assessment is to study the needs of the Wilmington area in healthcare, and to develop a plan for Saint Francis Healthcare to address those needs which are not being met, or which are only partially met in our community. The report summarizes the results of several assessments of healthcare needs undertaken in the state of Delaware, and uses that data to develop a plan that will benefit the public, and satisfy the requirements of the Affordable Care Act.

In keeping with standards set by Catholic Health East-Trinity Health, and the mission of Saint Francis Healthcare to be a transforming, healing presence in the Wilmington community, this report identifies needs and establishes priorities for charity health care, with particular attention to community needs and our core values of Reverence, Community, Justice, Stewardship, Courage and Integrity.

The vision of Saint Francis, approved at the May 2013 Board Meeting, is as follows:

*To provide access to quality health services that meet community needs and support our mission of being a transforming, healing presence through direct care and partnerships with others who share our commitment to compassionate care with special concern for the poor and underserved.*

This report includes a definition of the community assessed in the report, demographic and socioeconomic information about the community, and existing healthcare resources. It also includes the recommendations of the Saint Francis Community Health Needs Advisory Committee to identify and address the most pressing needs.

Quantitative information from the U.S. Census, Delaware Department of Health and Social Services, and in particular, the Delaware HealthTracker (an initiative of the Delaware Healthcare Association) and the 2012 Report of Recommendation by the Delaware Council on Health Promotion and Disease Prevention have been instrumental in the development of this report.

### DEFINITION OF COMMUNITY SERVED BY SAINT FRANCIS HEALTHCARE

Saint Francis Healthcare is located in the city of Wilmington. The hospital's service area was defined as the community for the purposes of this assessment. The service area includes the following zip codes in Wilmington, Delaware: 19801, 19802, 19804, 19805, and 19806. Within New Castle County, the following zip codes are also served by Saint Francis: 19803 and 19810 (Talleyville); 19809 (Claymont); 19808 (Pike Creek); 19707 and 19807 (Hockessin); 19736 (Yorklyn); 19720 (New Castle); 19702, 19711, 19713, 19716 and 19717 (Newark); and 19701 (Bear).

## DEMOGRAPHICS OF SAINT FRANCIS COMMUNITY

The following population facts are from the United States Census as reported through the Delaware Department of Health and Social Services and Delaware Health Tracker (December 31, 2012). This data represents the entire State of Delaware.

<b>PEOPLE</b>	<b>DELAWARE</b>	<b>UNITED STATES</b>
Population (2011 est.)	907,135	311,591,917
Population (2010)	897,934	308,745,538
Population % change (2000 to 2010)	14.6%	9.7%
Population 2000	738,600	281,421,906
Persons under 5 (2010)	6.2%	6.5%
Persons under 18 (2010)	22.9%	24.0%
Persons 65 and over (2010)	14.4%	13.0%
Female Persons	51.6%	50.8%
White Persons (2010)	68.9%	72.4%
Black Persons (2010)	21.4%	12.6%
American Indian (2010)	0.5%	0.9%
Asian Persons (2010)	3.2%	4.8%
Pacific Islander (2010)	0.0%	0.2%
Two or more races (2010)	2.7%	2.9%
Hispanic/Latino origin	8.2%	16.3%
White persons not Hispanic	65.3%	63.7%
Living in same house (one year or more)	85.4%	84.2%
Foreign born persons	8.2%	12.7%
Language other than English at home	12.2%	20.1%
High school graduates	87.0%	85.0%
College degree	27.7%	27.9%
Veterans	78,193	22,652,496
Travel time to work	24.1	25.2
Housing Units	405,885	131,704,730
Home ownership rates	73.6%	66.6%
Housing units in multi-unit structures	17.7%	25.9%
Median value of owner occupied housing units	\$242,3000	\$188,4000
Households	331,639	114,235,996
Per capita money income	\$29,007	\$27,334
Median household income	\$57,599	\$51,914
Persons below poverty level	11.0%	13.8%

When compared to the 2000 Census data, Delaware population changes include the following trends:

- Delaware overall population has increased slightly ahead of national trend;
- Delaware birth rate has declined slightly (6.6% to 6.2%) and is slightly lower than the national birth rate;
- Delaware population over 65 has increased by almost 2% points and is higher than the national trend (14.4% vs. 13.0%); the aging population in Delaware has been the focus of a recent series featured in the *Wilmington News Journal*, and Delaware government leaders;
- In keeping with national trends, Delaware's population is more diverse than 10 years ago, with significant increases in African American and Hispanic populations;
- While homeless rates have remained relatively stable in Delaware, there has been increasing attention to the health care needs of those in shelters and those who are in transition (moving out of prison, the military or stable relationships).

## HEALTH INDICATORS

2010 Causes of Death – According to the Bureau of Vital Statistics, Center for Disease Control, the leading causes of death in Delaware are:

1. Heart Disease
2. Cancer
3. Chronic lower respiratory disease
4. Stroke
5. Accidents
6. Alzheimer's
7. Influenza and Pneumonia
8. Kidney Disease
9. Suicide

Healthy People 2020 – The state of Delaware is participating in the national Healthy People 2020 initiative. This program provides a comprehensive set of key disease prevention and health promotion objectives which assist communities in assessing their health status and building an agenda for community health improvement. A series of particular indicators relating to health risk factors, access to health care, social determinants of health, are being tracked against local goals set.

Listed below are the health targets set by the state of Delaware\*:

Access to Health Services

Adults with Health Insurance	Current:	86.7%
	Target:	100%
Children with Insurance	Current:	95.4%
	Target:	100%

Adolescent Health

High School Graduation	Current:	81.9%
	Target:	82.4%

Cancer

Age-adjusted Death Rate (Breast Cancer)	Current:	23.0/100,000
	Target:	20.6/100,000
Age-adjusted Death Rate (Colorectal Cancer)	Current:	17.2/100,000
	Target:	14.5/100,000
Age-adjusted Death Rate (Lung Cancer)	Current:	57.3/100,000
	Target:	45.5/100,000
Age –adjusted Death Rate (Prostate Cancer)	Current:	24.9/100,000
	Target:	21.2/100,000
Colorectal Cancer Incidence Rate	Current:	48.3/100,000
	Target:	38.6/100,000

Environmental Health

Workers using Public Transportation	Current:	3.2%
	Target:	5.5%

Heart Disease and Stroke

Age-adjusted Death Rate (Stroke)	Current:	39.0/100,000
	Target:	33.8/100,000
High Blood Pressure	Current:	34.8%
	Target:	26.9%
High Cholesterol	Current:	40.6%
	Target:	13.5%

Immunization and Infectious Diseases

Adults 65+ with Influenza Vaccination	Current:	63.4%
	Target:	90.0%

### Access to Health Services

Adults 65+ with Pneumonia Vaccination	Current: 69.2%
	Target: 90.0%
Tuberculosis Incidence	Current: 2.3 cases/100,000
	Target: 1.0 cases/100,000

### Injury and Violence Prevention

Age-adjusted Death Rate (Homicide)	Current: 6.2 deaths/100,000
	Target: 5.5 deaths/100,000
Age-adjusted Death Rate (Injury)	Current: 36.1 deaths/100,000
	Target: 36.0 deaths/100,00
Pedestrian Death Rate	Current: 2.4 deaths/100,000
	Target: 1.3 deaths/100,000

### Maternal, Infant and Child Health

Babies with Low Birth Weight	Current: 9.0%
	Target: 7.8%
Infant Mortality Rate	Current: 8.3 deaths/1000 births
	Target: 6.0/1,000
Mothers who receive early Pre-Natal Care	Current: 75.3%
	Target: 77.9%
Pre-term Births	Current: 12.5%
	Target: 11.4%

### Mental Health and Mental Disorders

Age-adjusted Death Rate (Suicide)	Current: 10.7 deaths/100,000
	Target: 10.2 deaths/100,000

### Nutrition and Weight Status

Adults who are Obese	Current: 28.8%
	Target: 30.0%
Physical Activity	Current: 51.0%
	Target: 47.9%
Binge Drinking	Current: 20.3%
	Target: 24.3%

### Substance Abuse

Tobacco Use	Current: 21.8%
	Target: 12.0%

\*Data from Delaware Health Tracker [www.delawarehealthtracker.com](http://www.delawarehealthtracker.com).

The Delaware goals for Healthy People 2020 align very well with the leading causes of death and disease in the state. The goals also align with initiatives already underway at Saint Francis Healthcare to address community needs.

## THE COMMUNITY NEED SCORE

The Catholic Health East (CHE) Community Needs Score uses many of the socioeconomic indicators from the U.S. Census to assign a community need score to each zip code. The Community Needs Score is a composite value derived from scores on five perceived barriers to better health status. The barrier values are based on quintile ranks of statistics to socioeconomic measures.

- Income Barrier
  - Percentage of households over age 65 below poverty line
  - Percentage of families with children under 18 below poverty line
  - Percentage of single female families with children under 18 below poverty line
- Cultural Barrier
  - Percentage of population that is minority (including Hispanic ethnicity)
  - Percentage of population over age 5 that speaks a language other than English as their primary language at home
- Education Barrier
  - Percentage of population over 25 without a high school diploma
- Insurance Barrier
  - Percentage of population in the labor force, aged 16 or more, without employment
  - Percentage of population without health insurance
- Housing Barrier
  - Percentage of households renting their home

A score of 1.0 to 5.0 is assigned to each community, with 1.0 indicating a community with the lowest need and 5.0 a community with the highest need. There is a high correlation between high CNS scores and high rates of hospital utilization, including those which are preventable with adequate primary care. Rates of hospital use in communities with the highest needs are 60% higher than those in communities with low needs.

The CNS Score for Saint Francis Healthcare in the immediate surrounding community is 4.8, indicating a high area of need. The surrounding areas include pockets of need, particularly in the area of New Castle (which has become home to many of the immigrant populations coming to Wilmington).

The CNS Component with the highest percentage in the Saint Francis Healthcare immediate service area is Racial and Ethnic minorities (88%), followed by adults age 65 and over who are living in poverty (66.2%). Two in five single female-headed households with children are living in poverty (44.4%). Eight percent of residents in the primary service area do not speak English and 23.2% do not have a high school diploma.

## **EXISTING HEALTHCARE FACILITIES AND RESOURCES WITHIN THE COMMUNITY**

Delaware has a number of healthcare facilities which, collectively, address the healthcare needs of the state. Healthcare facilities were identified through a scan of the available directories and review of the Delaware Healthcare Association Annual Community Benefits Annual Report for 2012.

Healthcare providers include BayHealth, Nanticoke and Beebe Medical Centers in the south, and Christiana Care (primarily in New Castle and Kent Counties). Also serving the Wilmington area is the Alfred I. DuPont Hospital for Children, providing care for infants through age 18.

Saint Francis is the only faith-based hospital in the state of Delaware and one that embraces charity care as essential to its mission. Since 1924, Saint Francis has ministered to the needs of the surrounding community.

Within the state, almost nine out of every ten citizens seek care from Christiana Care Health System. A significant number of the poor within the city and the surrounding neighborhoods of Saint Francis pursue care at Saint Francis. Almost ninety percent of Saint Francis admissions come from the Emergency Department, where those in need of urgent or immediate care seek assistance.

For purposes of this assessment, skilled and intermediate facilities were not included in the survey of available healthcare programs.

Partnerships within the community that may help to improve health and wellness are possible not only with existing healthcare organizations, but also with community centers, parishes, and other charitable organizations such as Catholic Charities of the Diocese of Wilmington and the Ministry of Caring. These opportunities will be pursued as better appreciation for unmet needs in the community are identified and a plan to address these needs is undertaken.

## **DATA ACQUISITION and ANALYSIS**

The steps in this needs assessment process were: defining the community, identifying existing primary and secondary data and data needs, collecting primary and secondary data, analyzing data, and preparing a written report. The data collection sources are listed in the resources section of the Appendix.

Critical to the information shared in this report are materials from the United States Census (2000 and 2010), the Center for Disease Control Bureau of Vital Statistics, the Delaware Health Tracker (a collaborative website coordinated by the Delaware Healthcare Association and government agencies), the Delaware Department of Health and Social Services, and the 2012 Report by the Delaware Council on Health Promotion and Disease Prevention.

In addition to the data from state and federal sources, a commitment was made to interview every Catholic pastor within the city of Wilmington to better understand the health needs of these communities and to reconnect with the Catholic community in the Diocese of Wilmington. The qualitative data from these visits supports some of the recommendations which will be offered later in the report.

### **COMMITTEE MEMBERS:**

The following persons serve as members of the Community Health Needs Assessment Committee: Sally Bittel-Thomas (Director, Saint Francis Foundation) Cheri Briggs (Director, Pharmacy), Sister Elise Betz, OSF, Registered Nurse (Tiny Steps Program), Jean Caulfield (Vice President, Physician Integration and Business Development), Dr. Sandra Gibney (Emergency Room Physician), Dr. David Hack (Medical Director, Tiny Steps Program), Jenifer Harris (Director, Communications and Marketing), Susan Lalli-Ascosi (Director, Cancer Prevention and Support Services), Dr. Oswaldo Nicastro (Medical Director, Saint Clare Van), Barry Robinson (Manager, Employee Relations), Dr. Melissa Tribuiani (Medical Director, Center of Hope), Cathy Weaver (Vice President, Mission and Ministry).

### **COLLABORATORS IN THE COMMUNITY HEALTH NEEDS ASSESSMENT STUDY**

In addition to the members of the Saint Francis community who served on the Community Health Needs Assessment Committee, the following community groups and organizations were consulted in the process of developing the Community Health Needs Assessment and the Community Health Improvement Plan: West Side Grows, Latin American Community Center, Little Italy Neighborhood Association, Pacem in Terris, Ministry of Caring, Catholic Charities, and the pastors of every Catholic parish in the city of Wilmington.



## **HEALTH CONSIDERATIONS**

The following health considerations were considered in the process of completing this community health needs assessment: Delaware health indicators, health risk factors, access to healthcare and the social determinants of health. Attention was also given to the primary and chronic needs of Wilmington, including disease, behavioral risk activities, poor nutrition, substance abuse, the needs of the uninsured and low-income persons and families, homeless persons and parish needs.

These factors are similar to those identified by and studies as part of the Delaware Health Tracker initiative. The data available through this initiative was presented to the Community Health Needs Assessment Committee and guided the development of community health care priorities for Saint Francis.

## **PROCESS FOR IDENTIFYING AND PRIORITIZING COMMUNITY HEALTH NEEDS**

The Saint Francis Community Health Needs Assessment Committee met several times throughout the fall and spring to become familiar with the new expectations for a community health needs assessment and to study data as it became available. Persons who work in Saint Francis community health and charity programs were intentionally included for their knowledge and expertise. Additionally, given the strong commitment of Saint Francis to charity care and the investments which have been made in community needs over time, it was the hope of the committee to complete a robust survey of community needs and then to choose wisely those areas where Saint Francis is best positioned to leverage past service and meet current needs.

Because Saint Francis already provides service to those in need through the Saint Clare Van, the Center of Hope, the Tiny Steps Program and the Cancer Education Program, it was our intention to look for those opportunities which would allow us to capitalize on the relationships which are already in place, and continue to address those needs identified through the community health needs assessment as important to Wilmington and the surrounding community.

The alignment between community health needs in Wilmington and the services being offered through Saint Francis Charity Care Programs is notable. Specifically these programs are addressing community needs in access to health care, cancer, heart disease and stroke, immunizations, maternal, infant and child health, mental health, and substance abuse (tobacco). In almost every area where Delaware identifies a community health need, Saint Francis offers a program which addresses the need.

In addition, Saint Francis committed to a program of visitation to every Catholic parish within the city boundaries during Fall 2012. The purpose of this program was to build on past connections, understand the health needs of parishes traditionally served by Saint Francis and to consider possible ways of working together. A brief, qualitative survey of parish needs was included as part of each parish visit. The information from this visitation program was used to build awareness of potential service opportunities.

Once a preliminary understanding of healthcare needs was determined, a plan to schedule several community forums to invite community participation and comment on our community health program and plans for the future was developed. The Community Health Needs Assessment Report was also shared with the Mission, Ministry and Advocacy Committee of the Saint Francis Board of Directors and, in executive summary form and oral presentation, with the full Board.

## **SAINT FRANCIS COMMUNITY NEEDS**

Saint Francis intends to address community health issues by continuing to enhance medical care offered through the Saint Clare Van, the Tiny Steps program, the Center of Hope and our Cancer Education and Support program. These programs are addressing health care needs of those in great need in our community.

A review of the unmet community needs identified through the data already referenced from the Delaware Health Trackers has been analyzed. The following needs exist:

- Pre-natal, maternal, infant and child health, particularly in the city of Wilmington;
- Smoking Cessation;
- Stroke Prevention and Care is needed, particularly education regarding risks due to high blood pressure and high cholesterol risks;
- Heart Disease, particularly in various ethnic communities served by the hospital is a concern;
- People 65 and over living below the poverty line are present and have health needs in this community;
- Cancers, with a particular focus on breast, prostate, lung and colorectal cancers;
- Dental care;
- Care for those in transitional housing or precarious housing;
- Partnership with Saint Francis from parishes and other community centers for coordinated programs of health and wellness to impact particular communities;
- Violence in the city of Wilmington has been increasing.

The alignment between these community needs and the program already offered through Saint Francis Healthcare charity programs is significant. With this in mind, the following actions are suggested as possible ways of continuing to meet community needs. These initiatives will be further developed in the Community Health Improvement Plan.

**Tiny Steps** – The Tiny Steps program provides pre-pregnancy, pre-natal and maternal care to women and their children, especially those who are unable to afford care.

- Educate to increase the use of folic acid and vitamins among child bearing aged women and provide these supplements
- Educate to increase the pregnancy interval of women served to over 18 months
- Continue service to those in pre-pregnancy, pre-natal, infant and family care
- Continue smoking cessation education efforts
- Continue to educate about the prevention and treatment of sexually transmitted infections
- Consider adding additional evening and weekend hours
- Continue partnerships with community providers such as AAA (providing child safety seats) to assist those with needs for infant and child care
- Continue and expand bi-lingual services
- Continue and, if possible, expand availability of mental health services
- Re-establish connections with Mom’s House and Bayard House in community; reach out to A Door of Hope and Ministry of Caring to explore possible partnerships for healthcare, particularly those who are homeless or in transitional care.
- Add a part-time nutritionist to address issues of obesity and poor diet. Seek grant funding to support this initiative.
- Reach out to expectant fathers including those who are incarcerated.

**Saint Clare Van** – The Saint Clare Van is a mobile medical office providing medical care to anyone in the community who is uninsured. The van travels to stops throughout the city where people can seek care.

- Develop strategic plan to support growth of this ministry with the addition of a second van, expected in Fall 2013;
  - Include a component of community education, so that the Van may be used to support the presence of Saint Francis at health fairs, school programs, and community events where people may be in need of care;
  - Increase availability and hours of service, including the possibility of additional scheduled stops;
- Continue smoking cessation education efforts;
- Expand available van services to include specialists in service to van repeat population (podiatry, mental health, dental, ob-gyn, etc.);
- Work out a program to allow the van to provide services not only to the uninsured, but also to the under-insured, addressing those who have real healthcare needs but cannot afford the costs of treatment not covered by insurance;
- Continue bi-lingual services;
- Develop partnerships with parishes and Catholic schools (Three have already adopted the Saint Clare Van for the 2013 School Year)

**Center of Hope** – The Center of Hope is a medical practice located in the Newark area, providing care to those with and without insurance. The Center of Hope has a strong presence in the Hispanic community and serves many who are undocumented and/or without insurance.

- Continue integration of charity practice with purchased practice to meet needs for all within the Newark community;
- Continue bi-lingual services;
- Continue smoking cessation efforts;
- Work with Catholic Charities to coordinate family support of those who seek care through Center of Hope; connect COH Social Worker to Catholic Charity counselors;
- Seek new space more conducive to meet the needs of this busy practice.
- Consider expanding evening and weekend hours

**Cancer Prevention and Support** – The Cancer Prevention and Support program provides education, referral and care navigation to those who have received a diagnosis of cancer. The Cancer program also participates in community outreach to education about cancer prevention.

- Expand programs of education and prevention in Hispanic and African American communities.
- Continue focus of community outreach efforts on prevention through education and screening.
- Continue to provide navigation services through the treatment process.
- Develop new programs which address the needs of cancer survivors.

### **New Relationships**

- Develop a program to support parish nursing and wellness initiatives. Offer at least 2 professional development opportunities for parish nurse and wellness programs in 2013-14.
- Serve as resource and education partner for school nurses. Sponsor 2 school nurse meetings and 2 professional development opportunities for school nurses in 2013-14.
- Focus on building health partnerships with the Latin American Community Center, the West Side Neighborhood Center, West Side Grows, Ministry of Caring and Catholic Charities (especially Bayard House). Schedule at least one meeting and plan one joint health or wellness initiative in 2013-14.
- Re-establish connections to Bayard House and Mom's House;
- Contact the City of Wilmington to explore efforts underway to curtail violence; consider opportunities for participation in community programs on this topic.

### **Communications**

- As required by the new law, the Community Health Needs Assessment will be posted on Saint Francis Healthcare Website.
- Saint Francis will sponsor two community forums for Summer 2013 to seek input to this Community Health Needs Assessment and refine the action plan.
- Continue an annual “Uninsured Event” with a focus on education and screening of those who are uninsured in 2013-2014.

### **Other**

- The addition of the Life Center at the Riverfront is a major new initiative which will support the needs of elderly Delaware citizens who are in need of nursing home level care in a day setting. Invite a representative of Life to join the Community Health Needs Committee.
- Saint Francis continues a stroke prevention and education program, providing services to all Saint Francis programs and available to the community. Opportunities to integrate stroke education into the charity programs will be considered.

## **CONCLUSIONS**

Saint Francis Healthcare is providing meaningful and effective programs to address community health needs in Wilmington. Programs offered by Saint Francis are already well-aligned with the current health needs identified by multiple surveys, initiatives and data trackers in the state and at the federal level.

This Community Health Needs Assessment will be shared extensively within the Saint Francis community, including review by a select committee, the medical directors of established charity programs, the Senior Management Team and the Board of Directors.

To ensure alignment with our community needs, additional experts will be sought to guide further details of the action plan. Community representatives will be consulted, comments will be invited from the Saint Francis Website and two public forums will be scheduled for 2013. Information from these community conversations will be incorporated into this Community Health Needs Assessment.

## **Resources**

### **Saint Francis Healthcare**

Saint Francis Community Health Needs Assessment 2010.

Saint Francis Homeless Needs Assessment 2011.

Report on meetings of City Pastors, conducted October, November and December 2012.

Preliminary Submarket Definitions – Saint Francis Healthcare, Fall 2102 – Prepared by the Hammes Company.

### **Delaware**

Demographics Expert 2012 Demographic Snapshot for New Castle County.

Leading Causes of Death 2005-2009, Delaware Counties and City of Wilmington.

Behavioral Risk Factors Surveillance System – Delaware 2010 Report.

Community Needs Score for Delaware – Fall 2012 – Prepared by the Nielson Company.

Center for Disease Control Chronic Disease Indicators: Profile Delaware.

Kaiser State Health Reports: Delaware. [www.statehealthfacts.org](http://www.statehealthfacts.org).

Saint Francis Communities Served/Key Market Factors Report – December 2012.

Live United 2015: A Plan to Improve the Quality of Life in Delaware. United Way of Delaware. Published 2010; Updated 2012.

Delaware Health Tracker – Health People 2020: Progress Tracker – a collaborative effort by Delaware Hospitals to track important community health data. [www.delawarehealthtracker.com](http://www.delawarehealthtracker.com)

Building a Healthier Future: Recommendations of the Delaware Council on Health Promotion and Disease Prevention – January 2012 – Delaware Department of Health and Social Services.

Delaware Hospitals and Health Systems Community Benefit Annual Report 2011 – Published by the Delaware Healthcare Association.

## **Homeless Studies**

Homeless Delaware Annual Survey and Report – December 2012 – Published by the Hearth Academy.

National Survey of Programs and Services for Homeless Families: Delaware 2011 – Published by the Institute for Children, Poverty and Homelessness.

Emergency and Transitional Housing in Delaware 2012 – Published by the Delaware Homeless Planning Council.

2009 Point in Time Study on Homeless Persons in Delaware – Published by the Delaware Homeless Planning Council.

Breaking the Cycle: Delaware’s Ten Year Plan to Prevent Homelessness – a 2007 Report on Homeless Persons in Delaware – Homeless Planning Council.

## **Mental Health**

Mental Health Community Resources Directory and Annual Report – December 2012 – Published by the Mental Health Association of Delaware.

Delaware Health and Social Services, Division of Substance Abuse and Mental Health Statistics Budget and Treatment – 2007-2012 – Available at [www.de.gov](http://www.de.gov) website under Mental Health.

Substance Abuse and Mental Health Issues at a Glance: Delaware – A Short Report from the Office of Applied Studies – Office of the U.S. Department of Health and Human Services Administration. [www.samsha.gov](http://www.samsha.gov).

Delaware Adolescent Behavioral Health In Brief: A Short Report from the Office of Applied Studies – U.S. Department of Health and Human Services – 2012 – [sss.samhsa.gov](http://sss.samhsa.gov).