Delaware Community Gap Analysis: Opioid Wrap-Around Services

PREPARED FOR

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC HEALTH

BY HEALTH MANAGEMENT ASSOCIATES

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The executive summary is available at: https://www.dhss.delaware.gov/dhss/dph/files/dcga_opioidwasvcs_eesummary.pdf.

The full report is available at: https://www.dhss.delaware.gov/dhss/dph/files/dcga_opioidwasvcs.pdf.

To request a copy of the report or the executive summary, mail a request to:

Division of Public Health

100 Sunnyside Road

EMSPS – Prickett Building, 2nd floor

Smyrna, DE 19977

If you have questions about the report, call 302-223-1313.

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Table of Contents

Executive Summary

Over the past decade, the problems associated with opioid addiction and overdose have generated increased attention throughout the United States. Nationally, overdoses and deaths related to opioids have increased dramatically in recent years, with the Centers for Disease Control and Prevention (CDC) estimating that every day, 91 people die from an overdose of opioids (CDC, n.d.). Delaware has been impacted more heavily by this crisis than many states and is sixth in the nation for the highest rates of age-adjusted, per capita overdose deaths related to opioids.[1] In addition, the average number of daily naloxone administrations has more than doubled across the state over the last three years.[2] The impacts of opioid addiction extend beyond the risk of overdose and death to many other public health and community-wide problems, including increased risk of HIV and Hepatitis C, increases in impacts to infants and mothers, loss of employment, and increases in homelessness, crime, and other issues.

The State of Delaware, including the Department of Health and Social Services (DHSS), Division of Public Health (DPH), is responding to this public health crisis in many ways, including:

- Coordinating and aligning opioid response activities across Delaware's state agencies, public health initiatives and other grants and resources
- Developing and implementing System of Care activities specifically related to the development of a statewide strategic approach to Opioid Use Disorder (OUD)
- Creating Community-Level Response Teams that can be engaged to respond in the event of an opioid-related emergency; and
- Conducting an assessment of needs for community-based wrap-around services[3] for persons with or at risk for OUD.

The report provides details about this last initiative – the community needs assessment of wrap-around services. DPH contracted with Health Management Associates (HMA) Community Strategies to conduct this needs assessment.

The primary goal of the study was to understand the current status and strength of community-based wrap-around resources to prevent OUD, to provide needed resources to people in recovery from OUD and their families and friends, and to support communities in preventing and responding to acute OUD crises.

The study was initiated in March 2019 and data collection concluded in August 2019. This report provides details about the study methodology and its components, the results of the study, and recommendations based on the data.

[1] CDC. (2018). Annual Surveillance Report of Drug-Related Risks and Outcomes. https://www.cdc.gov/drugoverdose/pdf/pubs/2018-cdc-drug-surveillance-report.pdf

[2] Delaware Department of Health and Social Services, Division of Public Health.

[3] A wrap-around service is a service or resource that is not a substance use treatment service but is a service that can "wrap around" treatment services to help people get into recovery, stay in recovery and/or make treatment more successful.

It is important to note that the vast majority of interviewees, focus group participants and survey respondents said that the services they have received have helped them in many ways – including with their recovery and with being healthier. Some even said that without services they have received, they would not be alive. Although this study was designed to focus on unmet needs, it is important to note that many needs *are being met.* A goal of this study was to gather information that can meet needs even more effectively.

Study Methodology and Components

The study had four major components:

Community Advisory Board

The first component was to develop Community Advisory Boards (CABs), to promote community engagement in the community needs assessment process and potentially, in future programming that might emerge from the assessment. Two CABs were formed and met twice in the spring and summer of 2019 to provide input and feedback on the study and its findings.

Interviews with Leaders at Community-Based Organizations

The second component was to conduct interviews with select organizations and key stakeholders within these organizations about unmet needs they see in relation to wrap-around services for prevention, getting people into treatment, and help for people coming out of treatment. Interviews were conducted with 12 leaders at nine community-based organizations that provide wrap-around services.

Focus Groups with People with Lived Experience

The third component was to conduct focus groups in each county with two groups of people: 1) people in recovery from opioid addiction; and 2) friends and family of people in recovery or people who have OUD and are not yet in recovery. Ten focus groups were held, with 66 people participating across all three counties.

Community Survey

The fourth and final component was to use what we learned in these focus groups and interviews to develop and disseminate a survey to the community and to a broad set of community-based organizations about individual and community well-being; unmet needs; reaching the hard to reach and hard to engage; prioritization of areas of need; and current status of community knowledge about how to help people who need help, and where to go for help. Over 300 people responded to the community survey.

Summary of Findings

Unmet Needs

The greatest unmet needs for wrap-around services for people in recovery, people who are actively struggling with an opioid addiction, and for the prevention of OUD consistent across the interviews, focus groups, and the community survey, and were verified by the CAB. These included:

- Housing (getting and keeping stable, safe housing, including sober housing)
- Mental health support
- Jobs (help getting a good job)
- Transportation (to get to jobs, school, treatment, other resources)

- Peer Support (like peers or community health workers)
- Social support
- Food
- Education (such as help getting a High School Equivalency diploma, or GED)
- Child care
- Legal help

In addition to specific services that are needed, the following needs related to how services are delivered and accessed were identified by community members:

- More coordination of services
- Increased awareness of what is available
- More collaboration between service providers
- More funding of services

Well-Being

In addition to exploring unmet needs, the study collected data about current well-being. The data were collected and analyzed in alignment with the scoring utilized by the 100 Million Healthier Lives initiative.

In general, and not surprisingly, community members who are struggling with opioids, or are in recovery, report much lower rates of current individual well-being, and much lower perceptions of their community's well-being.

Also, not surprisingly, people who are not in recovery or struggling with opioids report much higher well-being (70% in the thriving group) than those struggling with opioids and people in recovery, (54% and 23%, respectively). Interestingly, none of the respondents who are in recovery or actively struggling with opioid addiction believed they would be "suffering" in five years, possibly indicating a great deal of hope for their individual future well-being.

People in recovery and people actively struggling with opioid addiction had much lower perceptions of their community's well-being, with half of people in recovery and almost 70% of people struggling with addiction rating their community as "suffering." Respondents who are in recovery or actively struggling with an addiction had less optimism about their community's future well-being, with about one-third believing it will still be suffering. Note that this is much lower than the percentage who rated their current community well-being as suffering, potentially signaling some hope for the future.

Solutions and Recommendations

In the focus groups, one of the first questions that was asked was: "Besides treatment, what do people who are in recovery or actively struggling with an opioid addiction need?" One of the most common answers was simply: "Everything."

Given the complexity of opioid addiction, this honest answer was not a surprise. People who are struggling and people who are in recovery often need a lot of different resources, they need them to be easy to access and easy to coordinate, and they often need these resources for a long time. They also need to be supported by their community.

Given the complexity of the needs, the solutions are not simple, either. This study highlights the most pressing needs, but it cannot provide solutions to meet all of these needs. However, some specific solutions did emerge from this study and we highlight these solutions in this section, as well as some specific recommendations for next steps, in response to the three goals of this study.

On the current status and strength of wrap-around resources in the community to contribute to prevention of OUD:

1. Community members reported a need to decrease stigma of opioid addiction, which is thought to be a main driver behind the lack of support from their communities. Educational programs and modeling of non-stigmatizing behavior can help people provide nonjudgmental, empathic support.

   Recommendation: Deliver training to wrap around service providers and other community members to recognize and address substance use disorders in a non-stigmatized way, based on an informed appreciation for the complexity of the disease and the recovery process.

2. Community members were extremely appreciative of the effort to gather their perceptions about what is needed, and most were eager to have more opportunities to engage in the development of solutions, and to share information.

   Recommendation: Continue to engage community members in these types of conversations. This is an opportunity to help overcome the stigma and lack of understanding or awareness of the needs of individuals and their recovery, and to strengthen wrap-around resources.

3. Community members reported an overall lack of coordination between service providers and in the ability to identify and make referrals.

   Recommendation: Deliver training on how to make effective referrals, including warm hand-offs and follow-up on those referrals.

4. Community members highlighted the extensive needs of people who are in recovery or actively struggling with an addiction and noted that, while many of the needed services may be available at times, they are not always available, they are not always easy to find, and they are not always coordinated. Community members recommended some kind of initiative that makes resources easier to access when they are needed, and that these resources are available for the long period of time needed for full recovery and reintegration into the community and a productive life.

   Recommendation: Consider developing a “village” model that provides comprehensive wrap-around services with enough time to help someone recover, stabilize, and rebuild their life.

5. Lack of transportation to and from wrap-around services, to and from treatment, and to and from jobs is a critical barrier for people in Sussex and Kent counties.

Recommendation: Ensure that transportation needs are included in a care plan, and identify what solutions are needed to overcome transportation issues. For example, if cost is the barrier, identify opportunities for travel vouchers for public transportation or co-share rides (e.g. Lyft, Uber, taxis). If accessibility to transportation is an issue, vouchers for co-share rides is another solution.

6. Community members identified a lack of peers employed by wrap-around service providers and noted that peers would strengthen the wrap-around services system. This is also a potential opportunity to address the workforce barriers for people who are in recovery.

   Recommendation: Identify best practice in recruiting, hiring, and training of peer specialists among service providers. In particular, explore ways to identify those in recovery who make strong candidates for a peer position and how to refer them to the Delaware Certification Board for peer certification and training. Pilot those best practices and identify opportunities to expand effective programs across the service provider network. Additionally, it may be helpful to explore developing systems of peer supports that cross services, as that would allow a person in recovery to work with the same peer across services, rather than working with a different peer for each service.

On the provision of needed resources for people in recovery from OUD, and their families and friends:

1. Safe, affordable, stable housing is one of the biggest unmet needs. Some community members argued that, without safe and stable housing, recovery is not possible.

   Recommendation: Focus on increasing funding for sober living homes and safe supportive recovery housing for all populations, including women, women with children, and people in recovery who are receiving Medication-Assisted Treatment (MAT).

2. To address the complexity of needs for individuals in recovery, a standard strength and needs assessment may help to ensure that needs are met with the right services and resources, and to be a communication tool for other providers serving the individual, as well as the individual, about what is needed and why. An assessment tool – including its design and implementation – is also an opportunity to increase overall provider coordination within and across counties.

   Recommendation #1: Develop a coordinated strength and needs assessment tool that can be used across service providers. A strength and needs assessment may include an assessment of family and relationships (or personal network); a place to live; psychological and emotional well-being; health and medical; crisis and safety; financial security; education and vocation needs; legal needs; cultural and spiritual needs; basic needs for daily living; and social and recreational opportunities.

   Recommendation #2: Develop a care plan tool that is responsive to the strength and needs assessment for each individual. Care plans communicate to providers, the individual, and their personal support network their vision for future, strengths, needs, desired outcomes, and the strategies and interventions required to be successful in recovery.

3. Community members noted that there were limited opportunities for employment for individuals in recovery, as well as limited education and training opportunities.

   Recommendation: Identify best practices in workforce programming or employer hiring incentive programs to support the recruitment, hiring, training, and management of individuals in recovery. Create recovery-friendly workplace environments, such as what Rhode Island, New Hampshire, Pennsylvania are doing through the Recovery Friendly Workplace Initiative. Visit https://www.recoverybootcamp.com/recovery-friendly-workplace/

On how to support communities in being able to prevent and respond to acute OUD crises.

1. People who receive services most often find out about services via word of mouth, the Internet, and organizations from which they currently receive services. However, community members note that this information is not always accurate.

   Recommendation: Develop a coordinated resource and referral database that is reliably updated by community resource providers that accurately reflects services offered, eligibility for services, and how to access the services. Prioritize those services and resources that the community identifies as "not available," including housing, jobs, child care, and legal help.

2. A majority of community members generally report knowing what to do to help someone who is struggling with opioid addiction, and how to help someone who has overdosed. However, about one-quarter of respondents reported that they did not know, or were not sure how to help and that they need more information about training on, or access to, Naloxone in order to be able to help.

   Recommendation: Build upon the Community Response Teams being created in "hot spot" areas and continue to grow the community's knowledge, awareness, and skills to respond to the opioid crisis, and increase access to Naloxone.

Introduction

Over the past decade, the problems associated with opioid addiction and overdose have besieged the United States. Nationally, overdoses and deaths related to opioids have increased dramatically, with the Centers for Disease Control and Prevention (CDC) estimating that every day 91 people die from an opioid overdose (CDC, n.d.). This crisis has impacted Delaware more than many states. Delaware is sixth in the nation for the highest rates of age-adjusted, per capita overdose deaths related to opioids[4] and the average number of daily naloxone administrations has more than doubled across the state over the last three years.[5] The impacts of opioid addiction extend beyond the risk of overdose and death to many other public health and community wide problems, including increased risk of HIV and Hepatitis C, increases in impacts to infants and mothers, loss of employment due to addiction, increases in homelessness and crime, and other issues.

The State of Delaware, including the Department of Health and Social Services, Division of Public Health (DPH), is responding to this public health crisis in many ways, including:

- Coordinating and aligning opioid response activities across Delaware's state agencies, public health initiatives, and other grants and resources
- Developing and implementing system of care activities specifically related to the development of a statewide strategic approach to Opioid Use Disorder (OUD)
- Creating Community-Level Response Teams that can be engaged to respond in the event of an opioid related emergency; and
- Conducting an assessment of needs for community-based wrap-around services for persons with, or at risk for, OUD (i.e., services that are not treatment services, but instead are services that "wrap around" individuals and help them get into treatment, stay in recovery, or prevent opioid use).

This report provides details about this last initiative – the community needs assessment of wrap-around services. DPH contracted with Health Management Associates (HMA) Community Strategies to conduct this needs assessment. The study's primary goal was to understand the current status and strength of wrap-around resources in the community to contribute to prevention of OUD; to provide needed resources to people in recovery from OUD, their families and friends; and to support communities in being able to prevent and respond to acute OUD crises. Specifically, the study was designed to explore the availability of strong, appropriate, sufficient, and well-connected wrap-around services within each

[4] CDC. (2018). Annual Surveillance Report of Drug-Related Risks and Outcomes. https://www.cdc.gov/drugoverdose/pdf/pubs/2018-cdc-drug-surveillance-report.pdf

[5] Delaware Division of Public Health.

county. The study was also designed to explore individual and community resilience and well-being now and in the future.

> Wrap-around services are any services that are not treatment, but instead are services that "wrap around" individuals and help them get into treatment, stay in recovery, or prevent opioid use. Examples include: housing, child care, legal help, social support, help finding a job, or getting needed education.

The study was initiated in March 2019 and data collection concluded in August 2019. This report provides details about the study methodology and its components, the results of the study, and recommendations based on the data.

Study Methodology and Components

The study had four major components: 1) the development and engagement of a Community Advisory Board (CAB); 2) interviews with leaders at community-based organizations that provide wrap-around services; 3) focus groups with people with lived experience, including people struggling with opioid addiction, people in recovery, and friends and family; and 4) a community survey.

The first component of the study was to develop CABs as a way to promote community engagement in the community needs assessment, and potentially in future programming that might emerge from the assessment.

The second component was to conduct interviews with select organizations and key stakeholders within these organizations about unmet needs they see regarding wrap-around services for prevention, getting people into treatment, and help for people coming out of treatment.

The third component was to conduct focus groups in each county with two groups of people: 1) people in recovery from opioid addiction; and 2) friends and family of people in recovery or people who have OUD and are not yet in recovery.

The fourth and final component was to use what we learned in these focus groups and interviews to develop and disseminate a survey to the community and to a broad set of community-based organizations about individual and community well-being, unmet needs, reaching the hard to reach and hard to engage, prioritization of areas of need, and current status of community knowledge about how to help people who need help, and where to go for help.

STUDY COMPONENTS:

1. **Community Advisory Boards**
2. **Key Informant Interviews**
3. **Focus Groups**
4. **Community Survey**

Community Advisory Boards (CABs)

HMA developed, with support and assistance from community partners, two CABs that provided feedback on some of the key results of the community needs assessment and that will provide guidance around utilization of the findings (i.e., how do we best turn these results into action). To that end, early in the study, we developed and finalized a process for identifying and recruiting participants (community members in recovery, friends and family members, and community-based organization staff) and assembled a process and timeline for CAB involvement. To facilitate involvement by community members, two separate CAB groups were formed: one in New Castle County and one to serving Kent and Sussex County. Ten people are members of the CAB: seven joined the Kent/Sussex County CAB (three from Sussex and four from Kent), and three people joined the New Castle County CAB.

The first round of CAB meetings (one in each of the two areas described above) was held in June 2019 and had three areas of focus. First, the meetings provided an overview of the community needs assessment, the purpose of it, and the role of the CAB members. Second, the meetings gathered input on the findings from the interviews and focus groups and ensured we were interpreting the findings correctly. Third, CAB members were asked to provide suggestions regarding questions for the community survey and regarding the best ways to disseminate the survey to achieve the desired response rate and diversity of responses.

The second round of CAB meetings was held in August 2019. These meetings shared preliminary findings from the community survey and asked for feedback on what the data revealed about needs in the community and the well-being of individuals and communities. It is hoped that CAB meetings can continue beyond the life of this needs assessment, as CAB members are quite interested in continuing to be engaged in the use of the findings.

Summary of Key Informant Interview Findings

HMA conducted semi-structured key informant interviews with 12 leaders at nine organizations that provide wrap-around services throughout Delaware (Appendix A contains a list of interviewees and their organizations). The purpose of these interviews was to discuss key informants' knowledge of unmet community needs and the availability of various services needed to have a sense of well-being and resiliency. The interviews were carried out over the phone and notes were taken. In addition, participants were asked if we could record the interviews to enhance the quality of the notes, and for those who agreed, an audio recording of the interview was taken, which was later transcribed and analyzed. Leaders from the following organizations were interviewed: Bridges Delaware, AIDS Delaware, Jewish Family Services, Housing Alliance Delaware, Mental Health Association in Delaware, Food Bank of Delaware, Community Legal Aid, National Alliance on Mental Illness of Delaware, and the Kingswood Warehouse Project. Many of the organizations have their main offices in Wilmington, but the organizations serve people across all three counties.

Key informants were asked about services that people in recovery from opioid use need and specific barriers to their recovery, as well as services that are needed to support prevention. Most key informants noted the same set of needs: housing, legal supports, employment, education, access to health care services, cultural appropriate services, childcare, trauma-informed services, and services designed for specific populations. Additionally, during the interviews, key informants were asked to describe what they thought would help fill the gaps in wrap-around services and remove barriers to accessing these services. The detailed needs and suggested solutions are noted.

Access to Safe and Affordable Housing

Among these needs, homelessness and lack of access to affordable housing was the most frequently mentioned need for people who are at risk for opioid use and for those in recovery. Key informants expressed a need for more housing vouchers and for an increase in the number of landlords who accept vouchers. For the homeless population, key informants noted that more services and beds are needed in the community.

> Solutions suggested: To fill gaps surrounding housing services, key informants suggest that the State invest in more affordable housing, integrate housing systems, fill funding gaps, and enforce housing updates with landlords. It is suggested that "housing developers, government entities, and other programs pull together in a cohesive, organized way to build housing people can afford."

Access to Legal Help

It was also mentioned that having a criminal past or having been previously incarcerated was a huge barrier to accessing services that will help with recovery and to staying in recovery. There is a need for legal representation for those experience civil and legal issues, including expungement laws, public benefits, help with domestic violence, and immigration and citizenship services.

> Solutions suggested: To fill gaps regarding lack of legal services for people in recovery, key informants suggested implementing a universal screening process for legal needs for individuals struggling with opioids to help identify legal needs that individuals have; implementing "clean slate" legislation (which seals certain criminal records from public view); and updating legislation related to the civil

right to counsel. Another suggestion was to dispatch legal teams to address the full scope of someone's legal needs as a part of wrap-around services being provided to that individual. Some interviewees suggested that the community can build on the model of medical-legal partnerships, which have been powerful in providing wrap-around services.

Access to Transportation

Another major barrier mentioned for people in recovery was transportation, especially in Kent and Sussex counties. Lack of transportation was said to be a major barrier to getting into treatment and staying in recovery, and it contributes to homelessness and joblessness. People in recovery need transportation to access most services in the community, especially since some services are spread out.

Solutions suggested: A suggestion for filling the transportation gap was to provide bus passes and gas cards for those who have cars.

Access to Jobs and Education

Another barrier that was mentioned was employment. Key informants discussed a need for jobs that pay living wage and jobs that are accessible to the formerly incarcerated. Additionally, key informants noted a need for educational opportunities, especially for formerly incarcerated individuals.

Access to Health Care Services and Culturally Appropriate Services

Key informants noted that a needed wrap-around service is access to health care providers, specifically providers who accept Medicaid and lower reimbursement rates. However, having access to providers is not enough for people in recovery. People in recovery need providers who are culturally competent, can provide patient education, and can spend time with these patients.

Other Needs

Other identified needs were child care and child support, culturally appropriate services in Spanish and other languages, trauma-informed services, services for veterans, and services for the elderly. Additionally, although interviews were focused on wrap-around services outside of treatment services, many key informants mentioned gaps in treatment services, including the need for more detox centers, more counselors, and longer-term residential programs.

More coordination

Many key informants made suggestions that were not specific to a type of service that is needed but, rather, are about coordination of services. For example, multiple key informants noted that increased collaboration among non-profit service providers could increase coordination around services in their communities. In the words of one organization leader: "We are a small state, but we aren't well-coordinated with each other."

Increased awareness of what is available

Further, key informants thought that there is a need in the community (among people who might need services, and among organizations and people who provide services) for increased awareness of the programs that are available. They suggested that an even deeper partnership with the state could help increase the information that is available about services and ensure that the people who need the services the most have the information they need.

"So many services that are available, I couldn't tell you what they all are. And the people working in the system can't tell you what they are or how to access them." – Key Informant

More collaboration

Another theme was around the level of competition among the nonprofit and government sectors. This competition is unhealthy because "organizations are looking out for their own best interest, while balancing that with meeting the need in the community." Many believe there should be an increase in data-sharing across agencies. One key informant stated: "Each agency has their own plan and what matters to them but [there] needs to be sharing these plans across all the agencies to address the opioid crisis."

Solutions suggested: A few key informants had specific, concrete suggestions for improving coordination and increasing the information that is available to community-based organizations and to people in need of services. One idea suggested by many of the key informants was a centralized location, or "one-stop center" where people could go to access all services they may need in recovery. This center would have staff who would be able to link individuals directly to services on-site to keep them from having to travel from place to place in hopes of receiving help. Another idea that was suggested was the creation and maintenance of a continuously updated database with a dashboard showing the current, real-time availability and capacity of specific services in specific locations.

Key informants also mentioned that more community supports are needed with a focus on investing in the vulnerable populations, including looking at racism and poverty, which are intertwined. One leader stated, "Folks may have a variety of situations and circumstances that shape the way they currently live;" therefore, it is crucial to examine life circumstances to understand why folks struggle in recovery.

"Creating community of people that are aware of those that have less than they do and may have been challenged in life in ways they don't appreciate and have compassion to help fellow residents to overcome those challenges, so those people can have a good quality of life and an equal shot. Leveling the playing field."

More funding

Key informants generally felt that more funding is needed for wrap-around services, including

funding for housing. Some interviewees suggested "earmarking" funding to increase the number of people who are able to access services.

Summary of Focus Group Findings

Overview

The third component of the wrap-around services needs assessment was to conduct focus groups in each county which began In April 2019. HMA conducted 10 focus groups across three counties, with 66 people participating. The focus groups included people in recovery, family members and friends of those struggling or who have struggled with opioid addiction, grieving parents, and those experiencing homelessness. In Sussex County, three focus groups were held, with a total of 17 people in recovery, family and friends of someone struggling with an opioid addiction, and people who had lost a family member. In New Castle County, four focus groups were held, with a total of 24 people. One group was family and friends, while the other three were people in recovery or people actively using opioids, including one group mostly comprised of people experiencing homelessness. In Kent County, three focus groups were held with 25 people in recovery or actively using, including people experiencing homelessness.

Unmet Needs

Although there were some differences between counties around unmet needs, common themes emerged.

Housing

Similar to the key informant interviews, a need for safe, affordable housing was one of the biggest needs expressed in all of the focus groups. In all three counties, lack of safe, stable and affordable housing was noted as a big gap in wrap-around services, with a specific focus on a need for more affordable housing, more safe housing, more sober living homes, and increased access to emergency housing. A lack of sober living homes for women was specifically noted, as was a lack of sober living homes for women with children. Participants believed that, at times, a lack of access to safe and affordable housing was related to a lack of funding for housing, but that, in other cases, funding was available but the housing units themselves were unavailable. In other cases, focus group participants thought housing might be available but accurate information about how to get that housing was not available to them.

"Housing is first and foremost. A lot of addicts are on the streets or living in abandoned homes. [They need] a safe place to go."

"[We] need funding for this kind of structured housing. Not just a house – a structured environment. If they go to treatment and go back to the same environment, they are just going to start using again".

On a related note, many focus group participants who were in recovery noted a specific need to have housing that offers a structured environment, such as one that offers meetings, requirements, and services.

Another barrier to housing services noted by participants was a perceived lack of coordination around accessing these services. One participant stated, "We've been to social services, housing alliance, everywhere… there is no place that helps you with housing; they just tell you what you want to hear." Another participant said, "They give you the run-around when it comes to housing. Every time you call them on the phone, they tell you "two weeks" but we've been waiting for two years." Another participant said, "Once you get signed up, they leave you in the air and no one knows what's going on."

Transportation

Especially in Kent and Sussex counties, transportation was noted as a need for people in recovery to access the services they need, but also to be able to rebuild their lives, go to work, and meet all of the requirements of their recovery. For those in Kent and Sussex counties, participants expressed that there is no reliable transportation (unless you live in New Castle County), stating, "Buses only run in certain places and not at all the convenient times." Cost was also mentioned as an issue because "people cannot afford Uber and Lyft services" to get around. In New Castle County, participants expressed that the issue is not availability of transportation, but rather the affordability of it, and people in recovery need more bus passes provided to them, because even the buses are expensive.

Employment and Job Training/Education for Adults

Employment needs came up very frequently in focus groups. Participants noted that there are almost no jobs that will "hire felons and addicts" and those jobs that do exist pay so little that they "can't get by." For example, in Kent County, participants thought it would be helpful to work to increase the number of employers who will hire persons with criminal records as well as pay higher wages.

People in recovery noted that job training and "education obstacles are huge" (i.e., getting their General Education Development degree (GED) is difficult when trying to stay in recovery, hold down a job, and get their life back together). In addition, there is a perception that there is not much available in terms of job training for people in recovery. For example, Sussex County participants reported the perception that there are no education and training opportunities for people who are currently addicted to opioids or for recovering addicts.

Life Skills Training/Education

Across all three counties, participants mentioned needing life skills education or training. In New Castle County, one participant said that people in recovery "need survival skills all over again. They learn to get whatever they need in whatever way they can. They tend to have animalistic behavior to survive."
Another said that "people need to learn how to take care of themselves, how to learn a little about themselves. Learning and re-adjusting to "normalcy" or whatever the term is. Having regular meals, learning to communicate again, it's big adjustment."

"People who provide treatment and have not lived it can say "I understand" but they really don't – reading it in a book doesn't help you know what it's really like."

Peer supports

Some focus group participants noted a specific desire to have more peer support and a desire for agencies to employ more people who have lived experience as peers and counselors, especially in Kent and New Castle counties. Participants perceive that there is a lack of sufficient numbers of peers employed to assist with this effort and that not enough agencies are run and managed by people with lived experience.

"Peers are so important because they are not scared to go into the neighborhoods where active drug use is happening and people need to be connected to resources, and they can tell people about the resources."

Support Networks

Other people noted that people in recovery need more than just peer supports or specific services; they need a whole network of people and supports to rebuild their lives. "People need support networks – not support groups – support networks – people burn a lot of bridges, they are in and out of jail, it takes time to burn bridges, but it takes twice as long to rebuild those bridges."

Other specific services

Other participants mentioned a need for some very specific services across all three counties. In Kent County, these service needs included: services for children like childcare, child support, activities for children, and women and children's family homes. In Sussex County, the need for additional services included: jail-based services such as treatment services for incarcerated individuals struggling with addiction and access to services and supports after being released; access to services and supports needed to survive such as food stamps; and services for women. In New Castle County, there is a need for specific services, including more resource centers and state service centers; more help getting small things such as identification, Social Security cards, and phones; and mental health services, which goes hand-in-hand with services for substance use disorder. One participant stated, "Mental health and substance abuse go hand in hand – neither is worse than the other; even if you don't have a diagnosable mental health issue, you will after using drugs. If you are using drugs, you probably have a mental health issue – if you dig deep into why someone uses drugs, it's probably that they had something happen in their lives that they couldn't handle and that drove them to use drugs."

Lack of awareness and coordination of existing resources

Many participants across the counties mentioned that they struggle to get accurate information about availability of services and that word of mouth is the primary way to learn about resources and services. One Sussex County participant said: "There are a lot of resources; the problem sometimes is not the availability of resources but the lack of awareness of them. People in recovery often don't know what is out there for them." In Kent County, participants expressed that places that offer wrap-around services need better coordination of these services, and more serious workers to answer the phones. In addition, it was also expressed that organizations should partner and work with each other to enhance the services they provide. Other people noted a lack of coordination of existing services. They said that, often, they know of services that exist, but it is very hard to navigate and find all of the services they need and coordinate them.

Filling Gaps and Solutions

Participants were asked about what they thought could help fill some of the gaps in services and meet some of the unmet needs they mentioned. The most frequently suggested solution was the idea of a "village," or a centralized and organized set of comprehensive resources that would help someone be in recovery and stay in recovery. This "village" would include "peer supports to come along side and help them navigate the systems, whether treatment or recovery or just out of jail."

> *"What people in recovery need is a village. They need a place where these kids can go and come out of withdrawal, go into a recovery center, somebody who's going to work with them. And then have a place where they can get an apartment, where they can get jobs, where they can still see their parole officers and take care of that so that ... We're helping them, instead of throwing them right back into where they were and then in two or three weeks, back in the same place."*

Participants believed that "the treatment providers don't really do anything to help patients access wrap-arounds" and that "there's stuff there, but it is all so disjointed. I've reached out to look for more of what is out there, but often cannot find what is really needed. It's all about the support network." Another noted that "most of the supports at treatment centers are only available during the day;" therefore, a "village" would fill the gaps where treatment centers fall short.

Outside of the idea of the "village," others mentioned that needed solutions are more affordable and safe housing that are not in drug-ridden areas ("Now, they move us into houses in drug-infested areas where drugs are readily available, and it makes absolutely no sense to do that because we can't fight addiction that way."), more transportation, and more substance use prevention education in schools (at early ages) so kids will not become addicted.

Parents who lost a child to opioid addiction, or who had a child who is struggling with opioid addiction, noted that they needed more education and information, including information about how not to enable them, what would be helpful, what the court process would be like, what their recovery might look like, and how they, as parents, could be helpful.

Others noted that the need is simply more funding for services, saying "How many meetings have we sat in time after time and they have said the same thing over and over again. And then when we ask what's happened, [they say,] 'Well, we don't have the funding for that right now.' So really in my eyes they're not doing, nothings getting done."

Others said that an important piece of the solution is to decrease stigma in the community. The impact of stigma came up over and over in focus groups, with participants noting that when a person is suffering with an opioid addiction, they do not receive the same compassion and support that they would if they were suffering from a physical illness, and that this lack of compassion and understanding translates into lack of support from the community.

Well-being and Resilience

Focus group participants were asked what the current levels of well-being and resilience are in their communities, and what it would look like for their communities, and individuals who live in them, to have a high level of well-being and resilience.

When asked about the current level of well-being, participants mentioned that their well-being is negatively impacted by many of the same issues previously noted, including a lack of supports, lack of housing, lack of transportation, and other issues. But they specified that the perspective of addiction in the community deeply affects well-being and resiliency because people in recovery and people who are struggling with addiction feel stigmatized, judged, and not treated as worthy of help, rather than being treated as people who need and deserve support and help. One participant said, "The main problem is that addiction and homelessness is all stereotyped and it's all criminalized, and we aren't treating it as a disease or as an affliction, but like it's your fault. The conversation needs to change."

"Those people who judge and stereotype. People treat you differently that's a barrier right there in itself. So, we can't have a community of well-being if we have those who think this way and have stigma and stereotypes."

Across all three counties, the idea that people need to feel like a human being was expressed several times. Participants expressed that having a sense of well-being begins with feeling like a person, and they often do not get that feeling within their communities. A participant stated, "People need to feel safe and feel like a person. For people to recover, they need someone who has been there and really knows what you're going through, the thoughts and cravings and what we are going through. For us to feel safe, we need to be able to reach out to people who understand us and aren't looking down on us. Some people think we don't even need to be here at all."

When asked what could be done to create a sense of well-being and resilience, participants mentioned many of the solutions already discussed, including more safe and affordable housing, better jobs, and more community supports (including centralized village-like supports).

As noted previously, housing was one of the top gaps expressed during the focus groups across all counties. When discussing well-being and resilience, participants noted that, without safe and stable housing, it is impossible to have well-being. One participant said: "If you're homeless, you get referred over and over. You get to a point where you say 'Forget it. I've gotten referrals before.'" Another stated: "People hit barrier after barrier – can't even get housing – and they are just going to go back to what they know to survive." Others said well-being would be improved if the community could provide people with basic needs to survive.

Other focus group participants said that one way to improve well-being and resilience is to "get rid of pharmaceutical companies." In the words of one focus group participant: "I think to be honest, if you want to start somewhere from that discussion, we start with pharmaceutical companies. Now, the question is, how are you going to start with them because it's big money and it's been around for years?"

Others mentioned mental health concerns being at the root of low levels of well-being, stating, "Mental health issues are far greater than anyone can acknowledge. There are a lot of people who deal with bipolar disorder, anxiety, and depression. There [are centers] where a lot of the people with mental health issues go to hang out, but they don't get treatment there; it's just a hang-out spot."

"We don't all want to be rich. Some of us just want to meet our basic needs and pass something along to our kids. Have enough money saved for a rainy day – fix my car. We aren't asking anyone to make us royalty. We just want to meet our basic needs."

Findings from Community Member Survey

As the last component of the community needs assessment, a community survey was implemented from mid-July until early August 2019. The survey was available online and on paper, and in both English and Spanish. It was distributed via many community partners, who publicized the survey and made it available to their staff, their clients, and other community members. The goal was to receive at least 200 responses, with representation from all three counties and people of different ages, races, and ethnicities, and experiences with the opioid crisis.

Summary of Respondents

A total of 316 people responded to the survey between July 11 and August 9, 2019. Respondents were a mix of people currently struggling with an opioid addiction, people in recovery, friends and family members of people struggling with an addiction, friends and family who had lost a loved one to the opioid crisis, and people who work at organizations that provide wrap-around services.

Table 1. Number and Percentage of Responses to Opioid Survey by Community Members, Delaware, 2019*

Community Members	Number**	Percent
I am a family member or friend of someone in recovery or someone who is addicted to opioids.	126	31%
I have lost a family member or friend to opioids.	107	27%
I work for an organization that provides opioid treatment or wrap-around services.	99	25%
I am in recovery from opioids.	57	14%
I currently struggle with an opioid addiction.	14	3%
Total Responses	403	

*Nine respondents identified themselves as currently living in Pennsylvania (n=5) or Maryland (n=4). However, these respondents also identified as receiving services in Delaware and typically being a resident of Delaware. Therefore, their responses are included throughout.

**Respondents could pick more than one response.

Source: Delaware Community Gap Analysis: Opioid Wrap-Around Services Community Member Survey, HMA Community Strategies, 2019

County Representation

Respondents came from across the state, from all three counties. About one-quarter of respondents were from Kent County, about one-quarter were from Sussex County, and about half were from New Castle County. These are roughly the same percentages as the population for the state by county (Table 2). Because differences by county in terms of needs and resources can be critical, in many parts of the analyses and this report, data and interpretation are provided by county in addition to the full sample of respondents.

Table 2. Number and Percentage of Responses to Opioid Survey by County, Delaware, Pennsylvania or Maryland, 2019

County*	Number	Percent	Population of County	Percent of State's Population in County
Kent	51	21%	167,540	18%
New Castle	128	51%	546,140	60%
Sussex	60	24%	203,373	22%
Maryland or Pennsylvania	8	3%		
Total Responses	247		917,053	

* Respondents were asked for their ZIP Code, so it would be possible to determine geographic representation and analyze data by county. If respondents did not have stable housing, they were asked to provide the ZIP Code where they spend the most time. A total of 69 of the respondents (about 20%) did not provide a ZIP Code.

Source: Delaware Community Gap Analysis: Opioid Wrap-Around Services Community Member Survey, HMA Community Strategies, 2019

Eight respondents gave ZIP Codes outside of Delaware. However, because these respondents were receiving services in Delaware, they were retained in the analyses, though they were not attributed to a county.

Age, Race, Gender, and Sexual Orientation

The mean age of respondents was 46 years, with respondents ranging in age from 22 to 77. About 65% of respondents were female, 35% were male, and two respondents identified their gender as nonbinary. The majority of respondents who answered the question about sexual orientation identified as heterosexual (n=153), with 18 people identifying as lesbian, gay, bisexual, LGBTQ (lesbian, gay, bisexual, transgender or questioning); or pansexual. The majority of respondents (n=153 or 54% of responses) were white. A total of 62 respondents (22% of responses) were African American.

Table 3. Number and Percentage of Responses to Opioid Survey by Race and Ethnicity, Delaware, 2019

Race/Ethnicity	Number*	
White	153	54%
Black or African American	62	22%
Latino, Hispanic, or Spanish	16	6%
Multi-Racial	12	4%
American Indian or Alaska Native	8	3%
Asian	6	2%
Native Hawaiian or other Pacific Islander	3	1%
Other Race	8	3%
Prefer not to answer	17	6%
Total Responses	285	

*Respondents could select more than one and some respondents did not answer this question, so the total responses does not equal the total number of survey respondents.

Source: Delaware Community Gap Analysis: Opioid Wrap-Around Services Community Member Survey, HMA Community Strategies, 2019

Employment, Income, and Education

Most respondents (n=170 or 63% of those who answered this question) reported being employed full-time. About 13% reported being unemployed.

Table 4. Number and Percentage of Responses to Opioid Survey by Employment Status, Delaware, 2019

Employment Status	Number*	Percent
Full time	170	63%
Unemployed	35	13%
Part time	22	8%
More than one job	11	4%
On disability	9	3%
Retired	8	3%
Self-employed	7	3%
Student	5	2%
Homemaker or full-time parent	3	1%
Total Responses	270	

*Respondents could pick more than one.

Source: Delaware Community Gap Analysis: Opioid Wrap-Around Services Community Member Survey, HMA Community Strategies, 2019

In terms of income, respondents came from all income levels, with about one-third reporting a household income of less than $25,000, and about one-quarter reporting a household income between $25,000 and $50,000.

Table 5. Number and Percentage of Responses to Opioid Survey by Household Income, Delaware, 2019

Income Category	Number	Percent
Less than $25,000	69	29%
$25,000 to $49,999	63	27%
$50,000-$74,999	40	17%
$75,000-$99,999	26	11%
$100,000 or greater	36	15%
Total Responses	234	

Similarly, respondents were diverse in their level of education. About 7% did not complete high school, and about 9% had an advanced degree. The remainder of respondents were distributed relatively equally across education levels from having a high school diploma or GED to having a master's degree.

Table 6. Number and Percentage of Responses to Opioid Survey by Education Level, Delaware, 2019

Level of Education	Number	Percent
Did Not Complete High School	17	7%
High School/GED	45	18%
Some College	54	22%
Bachelor's Degree	52	21%
Master's Degree	58	23%
Advanced Graduate work or Ph.D.	21	9%
Total Responses	247	

Source: Delaware Community Gap Analysis: Opioid Wrap-Around Services Community Member Survey, HMA Community Strategies, 2019

Housing and Access to Health Care

While housing and access to health care were not the primary foci of the needs assessment, a few questions were asked to get a sense for the respondents' access to housing and health care. To that end, the survey asked if respondents had stable housing; if they had health insurance; what kind of insurance they had; and the last time that they saw a health care provided and got what they needed.

A total of 202 respondents reported having stable and safe housing, while 35 reported that they do not. A total of 232 respondents reported having health insurance, with 16 saying they did not. A total of 65 respondents did not answer this question, so it is likely that the number of people without insurance is higher. However, of those who did respond to this question, 93% reported having health insurance. Of those who reported having insurance, 33% reported having public insurance (i.e., Medicaid, Medicare, VA) and 64% reported having private insurance. About 5% said they weren't sure. When asked when they last saw a health care provider and got what they needed, over three-quarter said within the last six months. However, 12% and 13% said it had been more than six months and more than one year, respectively.

Survey Results

Individual and Community Well-Being

Respondents were first asked a series of questions to explore their current sense of well-being, their future sense of well-

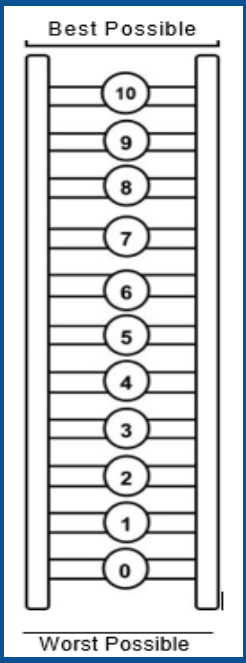
Well-Being Survey Questions

For the *first two questions* please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the **best possible life for you** and the bottom of the ladder represents the **worst possible life for you.**

1. Indicate where on the ladder you feel you personally stand right now.
2. On which step do you think you will stand about five years from now?

For the *next two questions* imagine that top of the ladder represents the **best possible community** and the bottom of the ladder represents the **worst possible community.**

3. Indicate where on the ladder you feel ***your community*** stands right now.
4. On which step do you think ***your community*** will stand about five years from now?



being, and the well-being of their communities. Questions were replicated from the 100 Million Healthier Lives initiative research (https://www.100mlives.org/) in order to facilitate comparisons between this very targeted data set and the larger sets of data that have been collected by 100 Million Healthier Lives for general populations. These questions ask respondents to report their perceived well-being, currently and in the future, as well as their perceptions of their community's well-being, currently and in the future. These questions, and the ladder image, are provided in the sidebar at right.

Current Well-Being

The data about current well-being were analyzed in alignment with the scoring utilized by the 100 Million Healthier Lives initiative. An answer of 0 to 4 is interpreted as "suffering" and at highest risk, scores of 5 and 6 are "struggling" and as having rising risk, and scores of 7 to 10 are "thriving." According to this scale, about 67% of community members who responded to this survey are "thriving," about 21% are "struggling," and about 12% are "suffering."

When we look at the data for people who identified themselves as in recovery or actively struggling with an opioid addiction, the percentage of people who are thriving drops to 54% and 23%, respectively, with 15% and 31% in the suffering group, respectively. People who are not in recovery or struggling with an addiction are much more likely to be in the "thriving" group, at nearly 70% of respondents, with just 10% in the suffering group.

Table 7. Percentages of Responses to Current Individual Well-Being by County and Opioid Use, Delaware, 2019

	All Respondents	Kent County	New Castle County	Sussex County	People Not In Recovery or Struggling with Opioids*	People in Recovery	People Actively Struggling with Opioids
Thriving	66.9%	61.5%	71.1%	59.3%	69.5%	54.3%	23.1%
Struggling	21.3%	26.9%	20.3%	20.3%	20.2%	30.4%	46.2%
Suffering	11.8%	11.5%	8.6%	20.3%	10.3%	15.2%	30.8%

*Family and Friends, Staff at Community Based Organizations

Source: Delaware Community Gap Analysis: Opioid Wrap-Around Services Community Member Survey, HMA Community Strategies, 2019

As depicted in Table 7, it is notable that the numbers for Sussex County are very different from both the statewide averages and from the averages for Kent County and New Castle County, with a greater percentage of respondents falling into the "suffering" group. Additionally, New Castle County has a lower percentage in the "suffering" group and a higher percentage in the "thriving" group. This could be a result of differences in who responded to the survey by county. However, it could also indicate greater needs in Sussex County. **Not surprisingly, people who are not in recovery or struggling with opioids report much higher well-being (70% in the thriving group) than those struggling with opioids and people in recovery (54% and 23% in the thriving group, respectively).**

When asked about the current well-being of their community, responses were markedly different (Table 8). Results were generally much less positive, with only 26% of respondents falling into the "thriving" group – suggesting that only about one-quarter of respondents perceive their communities to be

thriving. About 43% fall into the "struggling" group, and almost one-third fall into the "suffering" group. As with results for individual well-being, New Castle County had more positive results, and Sussex County had less positive results. **People in recovery and people actively struggling with opioid addiction had much lower perceptions of their community's well-being, with half in recovery and almost 70% struggling with addiction) who rated their community as "suffering."**

Table 8. Percentages of Responses to Current Community Well-Being by County and Opioid Use, Delaware, 2019

	All Respondents	Kent County	New Castle County	Sussex County	People Not In Recovery or Struggling with Opioids*	People in Recovery	People Actively Struggling with Opioids
Thriving	26.4%	25.5%	30.7%	20.3%	27.4%	17.4%	15.4%
Struggling	42.9%	37.3%	39.4%	45.8%	45.6%	32.6%	15.4%
Suffering	30.7%	37.3%	29.9%	33.9%	27.0%	50.0%	69.2%

*Family and Friends, Staff at Community Based Organizations

Source: Delaware Community Gap Analysis: Opioid Wrap-Around Services Community Member Survey, HMA Community Strategies, 2019

Future Well-Being

These questions ask respondents to report their anticipated well-being in five years, as well as what they anticipate will be their community's well-being in five years.

The data about future well-being were analyzed in alignment with the scoring utilized by the 100 Million Healthier Lives initiative. An answer of 0 to 4 is interpreted as "suffering" and at highest risk, scores of "5 to 7" are "struggling" and as having rising risk, and scores of "8 to 10" are "thriving."

According to this scale, about 82% of community members who responded to this survey believe they will be thriving in five years, about 16% believe they will be struggling, and about 2% believe they will be suffering. **Interestingly, none of the respondents who are in recovery or actively struggling with opioid addiction believed they would be "suffering" in five years, possibly indicating a great deal of hope for their individual future well-being.**

Table 9. Percentage of Responses to Future Individual Well-Being by County and Opioid Use, Delaware, 2019

	All Respondents	Kent County	New Castle County	Sussex County	People Not In Recovery or Struggling with Opioids*	People in Recovery	People Actively Struggling with Opioids
Thriving	81.8%	70.0%	84.4%	83.1%	81.7%	84.8%	69.2%
Struggling	15.9%	26.0%	13.3%	15.3%	15.8%	15.2%	30.8%
Suffering	2.3%	4.0%	2.3%	1.7%	2.5%	0%	0%

*Family and Friends, Staff at Community Based Organizations

Source: Delaware Community Gap Analysis: Opioid Wrap-Around Services Community Member Survey, HMA Community Strategies, 2019

The data regarding perceptions of how their communities will be doing in five years show very different results. Despite the vast majority of respondents believing they will be thriving individually in five years, only a very small percentage (13%) of respondents believe their community will be thriving in five years. More than half (54%) believe their community will be struggling and almost one-third believe it will be suffering. As with the measure of current community well-being, respondents in New Castle County were more optimistic than respondents in other communities, with a much lower percentage of respondents (19%) believing their community will be suffering in five years. **Respondents who are in recovery or actively struggling with an addiction were less optimistic about their community's future well-being, with about one-third believing it will still be suffering. Note that this is much lower than the percentage who rated their current community well-being as suffering, potentially signaling some hope for the future.**

Table 10. Percentage of Responses to Future Community Well-Being by County and Opioid Use, Delaware, 2019

	All Respondents	Kent County	New Castle County	Sussex County	People Not In Recovery or Struggling with Opioids*	People in Recovery	People Actively Struggling with Opioids
Thriving	27.8%	30.0%	29.7%	27.1%	26.7%	28.3%	23.1%
Struggling	48.3%	34.0%	50.8%	45.8%	51.7%	39.1%	38.5%
Suffering	23.8%	36.0%	19.5%	27.1%	21.7%	32.6%	38.5%

*Family and Friends, Staff at Community Based Organizations

Source: Delaware Community Gap Analysis: Opioid Wrap-Around Services Community Member Survey, HMA Community Strategies, 2019

Making the Community Better

Community members were asked, "What do you think would make your community better?" They were provided with an opportunity to respond to this question in an open-ended way, sharing any information they wanted to share.

In Kent County, by far the most common response was more resources, such as clean, safe, housing; better intervention in the schools for at-risk children more resources and better resources for those addicted to drugs; more assistance with the homeless, substance and mental health issues; more housing services; more services to reduce poverty and substance abuse issues; and simpler access to services. Other common responses were to get "drugs out of the neighborhood" and to prevent violence. Several respondents mentioned that having more recreational and family-oriented activities in the community would help.

Similarly, the most frequent response from New Castle County respondents was that more resources would make their community better. Specific resource needs mentioned were: more housing units and homeless services, more case workers, more help centers, and better access to quality mental health and addiction services. Several respondents mentioned a need for more inpatient treatment services. A number of respondents also mentioned that communication about what is available would make the

community better. Multiple respondents mentioned a need for more job opportunities. Several respondents said their community would be better if it had more opportunities for people to engage in activities that are positive, affordable, and healthy, including "public get togethers, active lifestyle opportunities, and activities for adults at night that are healthy. A number of respondents mentioned a need for more compassion in their community and less stigma around opioid addiction. One respondent wrote: "[There needs to be] less stigma on addicts. Realizing addiction, although a choice to use the first time, is not a choice to enter the dark side of addiction. It can happen to anyone. You, your parent, your child, your aunt, uncle or cousin. Addiction doesn't discriminate. People in recovery, those doing the right thing, trying to get their life back, those people should be given a second chance. Don't just count them out."

As with other counties, respondents from Sussex County mentioned that their community would be better if it had more resources to help with substance use, mental health problems, housing needs, and services for people who are experiencing homelessness. They also mentioned a need for better jobs and education. However, more than in other counties, Sussex County respondents frequently said that what would help make their community better would be getting "drugs out of the community."

Individual Physical Health, Mental Health, and Sense of Purpose

Community members were also asked to rate their physical and mental health. For the full group of respondents, the mean for physical health was 3.3, which is between "good" and "very good." The mean for mental health was 3.4, which is also between "good" and "very good."

Community members were asked the degree to which they agree with the statement that "I lead a purposeful and meaningful life." For the full group of respondents, the average response was 5.8, which is between "slightly agree" and "agree."

Table 11. Mean Score of Responses to Physical Health, Mental Health, and Sense of Purpose, by County, Delaware, 2019

	All Respondents	Kent County	New Castle County	Sussex County
Physical Health (1-5)	3.3	3.2	3.3	3.2
Mental Health (1-5)	3.4	3.4	3.4	3.4
Sense of Purpose (1-7)	5.8	5.7	5.8	5.9

Source: Delaware Community Gap Analysis: Opioid Wrap-Around Services Community Member Survey, HMA Community Strategies, 2019

Table 12. Mean Score of Responses to Physical Health, Mental Health, and Sense of Purpose by Recovery Status and County, Delaware, 2019

	People Actively Struggling	People in Recovery	People NOT in Recovery or Actively Struggling
Physical Health (1-5)	3.1	3.0	3.4
Mental Health (1-5)	2.7	3.1	3.5
Sense of Purpose (1-7)	4.7	5.5	5.9

Source: Delaware Community Gap Analysis: Opioid Wrap-Around Services Community Member Survey, HMA Community Strategies, 2019

Table 13. Mean Score of Responses to Physical Health, Mental Health, and Sense of Purpose by Race, Ethnicity, and County, Delaware, 2019

	African-American Respondents	White Respondents	Latino Respondents
Physical Health (1-5)	3.3	3.2	3.1
Mental Health (1-5)	3.5	3.4	3.4
Sense of Purpose (1-7)	6.0	5.7	5.5

Source: Delaware Community Gap Analysis: Opioid Wrap-Around Services Community Member Survey, HMA Community Strategies, 2019

Needs and Resources

Respondents were asked: "When you think about services **that people need most** when they are struggling with opioid addiction or are in recovery, what services do you think they need the most?" They were then asked to select the three that they or other people need most. If there was a need that was not listed, they were asked what that need was.

Table 14: Top Three Needs of Respondents by Frequency and County, Delaware, 2019

Service	Times in Top Three*	Times in Top Three (Kent)	Times in Top Three (New Castle)	Times in Top Three (Sussex)
Housing (getting and keeping stable, safe housing, including sober housing)	224	34	97	49
Mental health support	163	25	66	37
Jobs (help getting a good job)	123	24	55	20
Transportation (to get to jobs, school, treatment, other resources)	114	23	48	29
Peer Support (like peers or community health workers)	108	22	49	20
Social support	44	9	19	7
Food	30	7	11	4
Education (such as help getting a GED)	20	1	8	4
Child care	16	0	12	3
Legal help	12	3	6	1

*These services were noted as one of the top three needs by respondents who did not specify their county, as well as by people who did specify their county. Therefore, these totals are larger than the sum of the count by county.
Source: Delaware Community Gap Analysis: Opioid Wrap-Around Services Community Member Survey, HMA Community Strategies, 2019

Similar to the interview and focus group findings, the services that were noted most frequently were housing, mental health support, jobs, transportation, and peer support – in that order. One notable exception in the order is that, in Sussex County, transportation was more frequently chosen than jobs as one of the top three needed services.

Availability of Services

Community members were then asked how available these services are in their community. Response options were:

1 = "Always available"
2 = "Sometimes available"
3 = "Not available at all"

An average score of two means that, on average, respondents thought this service was "sometimes available." A higher score (nearing three) would mean that respondents thought the service was "always available," while a score closer to one would mean that respondents thought the service was "not available at all."

Table 15. Average Score for Availability of Services by County, Delaware, 2019

Service	All Respondents	Kent County	New Castle County	Sussex County
Housing	1.9	1.9	1.9	1.8
Transportation	2.0	2.1	2.0	1.9
Peer Support	2.1	2.2	2.1	2.2
Food	2.3	2.4	2.3	2.4
Jobs	1.9	1.9	1.9	1.9
Education	2.2	2.3	2.1	2.2
Child care	2.0	2.0	2.0	2.0
Legal help	1.9	1.9	1.9	1.9
Social support	2.1	2.1	2.1	2.0
Mental health support	2.1	2.1	2.1	2.2

Note: a score of "1" indicates the respondent thinks the service is always available; "2" means sometimes available; "3" means not available at all. Higher average scores indicate less perceived availability of service.

Source: Delaware Community Gap Analysis: Opioid Wrap-Around Services Community Member Survey, HMA Community Strategies, 2019

Overall, community members perceive these services to be somewhat available, with little variation. However, it can also be helpful to examine the percentage of respondents who thought a specific service is "not available at all" in their community. For example, 20% said housing and employment is not available at all, and 22% of respondents said legal help is not at all available. On the lower end, only 5% said help with food is not at all available.

Table 16. Percentages of Respondents who Chose Services "Not Available at All", Delaware, 2019

Availability of Service	Percent of Respondents Saying "Not Available at All"
Housing	20%
Transportation	14%
Peer Support	10%
Food	5%
Jobs	20%
Education	8%
Child care	19%
Legal help	22%
Social support	10%
Mental health support	13%

Source: Delaware Community Gap Analysis: Opioid Wrap-Around Services Community Member Survey, HMA Community Strategies, 2019

Satisfaction with Services

Community members were asked how satisfied they were with any services they have received in these areas. Respondents could choose:

1 = "very satisfied"

2 = "somewhat satisfied"

3 = "not satisfied at all"

They could also choose: "I have not used this service."

The mean response for most services was "somewhat satisfied."

Table 17. Average Score for Satisfaction with Services by County, Delaware, 2019

Service	All Respondents	Kent County	New Castle County	Sussex County
Housing	2.0	2.1	1.8	2.0
Transportation	2.1	2.3	2.1	1.8
Peer Support	2.3	2.3	2.1	2.5
Food	2.4	2.5	2.4	2.5
Jobs	2.1	2.2	1.7	2.2
Education	2.3	2.3	2.5	2.3
Child care	2.2	2.2	2.1	2.2
Legal help	2.0	2.1	2.1	1.9
Social support	2.1	2.1	2.0	2.2
Mental health support	2.1	2.1	2.1	2.3

Note: a score of "1" indicates the respondent is very satisfied with the service; "2" means somewhat satisfied; "3" means not satisfied at all. Lower average scores indicate higher satisfaction with a service.

Source: Delaware Community Gap Analysis: Opioid Wrap-Around Services Community Member Survey, HMA Community Strategies, 2019

How Easy Services are to Find

To understand how people find information about services they or a loved one might need, the survey asked how easy it is to find information and where people find information.

Respondents could choose:

1 = "easy to find"
2 = "sometimes can find it"
3 = "can't find it"

They could also choose: "I have not used this service."

The mean response for most services was "sometimes can find it."

Table 18. Average Score for Ease of Finding Services, by Service and County, Delaware, 2019

Service	All Respondents	Kent County	New Castle County	Sussex County
Housing	2.1	2.1	2.0	2.1
Transportation	2.1	2.3	1.9	2.1
Food	2.1	2.3	1.9	2.3
Peer Support	2.2	2.3	2.2	2.3
Jobs	2.0	2.0	1.9	2.1
Education	2.2	2.3	2.2	2.2
Child care	2.0	2.1	1.9	2.0
Legal help	2.0	2.2	1.9	1.9
Social support	2.1	2.2	2.0	2.2
Mental health support	2.2	2.2	2.0	2.3

Note: a score of "1" indicates the respondent thinks the service is easy to find; "2" means the respondent can sometimes find the service; "3" means the respondent can't find the service. Higher average scores indicate less ability to find a service.

Source: Delaware Community Gap Analysis: Opioid Wrap-Around Services Community Member Survey, HMA Community Strategies, 2019

It can also be helpful to examine the percentage of respondents who thought it was not possible to find specific service. For example, 23% of respondents said they cannot find information about legal assistance. On the lower end, only 10% said information about educational services was hard to find.

Table 19. Percentage of Respondents that Reported that Services Can't Be Found, Delaware, 2019

Service	Percent of Respondents Saying "Can't find it"
Housing	17%
Transportation	18%
Peer Support	18%
Food	11%
Jobs	19%
Education	10%
Child care	22%
Legal help	23%
Social support	14%
Mental health support	16%

Source: Delaware Community Gap Analysis: Opioid Wrap-Around Services Community Member Survey, HMA Community Strategies, 2019

Respondents were asked where they typically find information about services. The most commonly noted sources of information for respondents were word of mouth, the Internet, and organizations that provide them with services. A few respondents noted that they find information on 2-1-1, ads in public places, and the "Help is Here" website.

Table 20. Number of Responses by Source of Information about Services, Delaware, 2019

Source of Information	Number of Responses
Word of mouth (from my friends and family)	184
The Internet	160
An organization that I get help from	150
2-1-1	50
Ads I see at bus stops or other public places	45
"Help is Here" website	22

Source: Delaware Community Gap Analysis: Opioid Wrap-Around Services Community Member Survey, HMA Community Strategies, 2019

How to Help Others

Community members were asked if they would know how to help someone who said they needed help with an opioid addiction, and if they would know how to help someone in the event of an overdose.

To the first question of whether respondents would know how to help someone who said they needed help with an opioid addiction, 74% of respondents said yes. About 7% said they would not know how to help someone and another 19% said they were not sure. Among those who said yes, most said they would help the person get connected with treatment services. Those who said they did not know how to help were asked what would help them be prepared. These respondents said they needed more information and education about the epidemic and about services, such as having a resource list, or a list of services that has current availability.

To the second question, which was "Would you know what to do and how to help you saw someone who had just overdosed on opioids?" Three-quarters of respondents said they would know what to do and how to help. Only 15% said they did not know, and another 10% were not sure. Among those who said yes, they knew what to do; nearly every respondent said they would administer Narcan, the drug that can reverse overdoses if administered quickly; and/or call 9-1-1. Those who said they did not know how to help were asked what would help them be prepared. These respondents said they need training on how to administer Narcan or classes and information about how to respond.

Solutions and Recommendations

In the focus groups, one of the first questions asked was: "Besides treatment, what do people who are in recovery or actively struggling with an opioid addiction need?" One of the most common answers was simply: "Everything." Given the complexity of opioid addiction, this honest answer was not a surprise. When we examined this answer a bit more, what we heard was that people who are struggling and people who are in recovery often need a lot of different resources, they need them to be easy to access and easy to coordinate, and they often need these resources for a long time. They also need to be supported by their community.

Given the complexity of the needs, the solutions are not simple, either. This study highlights the most pressing needs, but it cannot provide solutions to meet all needs. However, specific solutions emerged

from this study. These are highlighted in this section, as well as some specific recommendations for next steps in response to the study's three goals.

On the current status and strength of wrap-around resources in the community to contribute to prevention of OUD:

1. Community members reported a need to decrease stigma of opioid addiction, which is thought to be a main driver behind the lack of support from their communities. Educational programs and modeling of non-stigmatizing behavior can help people provide nonjudgmental, empathic support.

   Recommendation: Deliver training to wrap-around service providers and other community members to recognize and address substance use disorders (including opioid use disorder) in a non-stigmatized way, based on an informed appreciation for the complexity of the disease and the recovery process.

2. Community members were extremely appreciative of the effort to gather their perceptions about what is needed, and most were eager to have more opportunities to engage in the development of solutions, and to share information.

   Recommendation: Continue to engage community members in these types of conversations. There are opportunities to help overcome the stigma and lack of understanding or awareness of the needs of individuals and their recovery, and to strengthen wrap-around resources.

3. Community members reported an overall lack of coordination between service providers and in the ability to identify and make referrals.

   Recommendation: Deliver training on how to make effective referrals, including warm hand-offs and follow-up on those referrals.

4. Community members highlighted the extensive needs of people who are in recovery or actively struggling with an addiction and noted that, while many of the needed services may be available at times, they are not always available, they are not always easy to find, and they are not always coordinated. Community members recommended some kind of initiative that makes resources easier to access when they are needed, and that these resources are available for the long period of time needed for full recovery and reintegration into the community and a productive life.

   Recommendation: Consider developing a "village" model that provides comprehensive wrap-around services for a long enough period of time to help someone recover, stabilize, and rebuild their life, including resources like assistance earning a GED or securing employment.

5. Lack of transportation to and from wrap-around services, to and from treatment, and to and from jobs is a critical barrier for people in Sussex and Kent counties.

Recommendation: Ensure that transportation needs are included in a care plan, and identify what solutions are needed to overcome transportation issues. For example, if cost is the barrier, identify opportunities for travel vouchers for public transportation or co-share rides (e.g. Lyft, Uber, taxis). If accessibility to transportation is an issue, vouchers for co-share rides is another solution.

6. Community members identified a lack of peers employed by wrap-around service providers and noted that peers would strengthen the wrap-around services system. This is also a potential opportunity to address the workforce barriers for people who are in recovery.

   Recommendation: Identify best practice in the recruitment and onboarding of peer specialists among service providers. In particular, explore ways in which to identify those in recovery who make strong candidates for a peer position and how to refer them to the Delaware Certification Board for peer certification and training. Pilot best practices and identify opportunities to expand effective programs across the service provider network. Additionally, it may be helpful to explore developing systems of peer supports that cross services, allowing a person in recovery to work with the same peer across services, rather than working with a different peer for each service.

On the provision of needed resources for people in recovery from OUD, and their families and friends:

1. Safe, affordable, stable housing is one of the biggest unmet needs. Some community members argued that, without safe and stable housing, recovery is not possible.

   Recommendation: Focus on increasing funding for sober living homes and safe supportive recovery housing for all populations, including women, women with children, and people in recovery who are receiving Medication-Assisted Treatment (MAT).

2. To address the complexity of needs for individuals in recovery, a standard strength and needs assessment may help ensure that needs are met with the right services and resources, and to be a communication tool for other providers serving the individual and for the individual about what is needed and why. An assessment tool – including its design and implementation – is also an opportunity to increase overall provider coordination within and across counties.

   Recommendation #1: Develop a coordinated strength and needs assessment tool that can be used across service providers. A strength and needs assessment may include an assessment of family and relationships (or personal network); a place to live; psychological and emotional well-being; health and medical; crisis and safety; financial security; educational and vocational needs; legal needs; cultural and spiritual needs; basic needs for daily living; and social and recreational opportunities.

   Recommendation #2: Develop a care plan tool that is responsive to the strength and needs assessment for each individual. Care plans communicate to providers, the individual, and their personal support network their vision for future, strengths, needs, desired outcomes, and the strategies and interventions required to be successful in recovery.

3. Community members noted that there were limited opportunities for employment for individuals in recovery, as well as limited education and training opportunities.

   Recommendation: Identify best practices in workforce programming or employer hiring incentive programs to support the recruitment, hiring, training, and management of individuals in recovery. Create recovery-friendly workplace environments, such as what Rhode Island, New Hampshire, Pennsylvania are doing through the Recovery Friendly Workplace Initiative. Visit https://www.recoverybootcamp.com/recovery-friendly-workplace/

On how to support communities in being able to prevent and respond to acute OUD crises.

1. People who receive services most often find out about services via word of mouth, the Internet, and organizations from which they currently receive services. However, community members note that this information is not always accurate.

   Recommendation: Develop a coordinated resource and referral database that is reliably updated by community resource providers that accurately reflects services offered, eligibility for services, and how to access the services. Prioritize those services and resources that the community identifies as "not available," including housing, jobs, child care, and legal help.

   A majority of community members report knowing what to do to help someone who is struggling with opioid addiction, and how to help someone who has overdosed. However, about one-quarter of respondents reported that they did not know or were not sure how to help, and that they need more information about, training on, or access to, Naloxone in order to be able to help.

   Recommendation: Build upon the Community Response Teams being created in "hot spot" areas and continue to grow the community's knowledge, awareness, and skills to respond to the opioid crisis, and increase access to Naloxone.

Appendix A: Key Informant Interview Organizations

Organization Name	Interviewee
National Alliance for Mental Illness Delaware	Dr. Joshua Thomas
Community Legal Aid Delaware	Daniel Atkins, Laura Graham
Food Bank of Delaware	Chad Robinson, Charlotte McGarry
Mental Health Association in Delaware	Emily Coggin Vera
Housing Alliance Delaware	Tina Showalter
Jewish Family Services	Basha Silverman
AIDS Delaware	Frank Hawkins
Bridges	Susan Kent
Community Leader	Beth Duke
Kingswood Warehouse project	Laura Saperstein

Appendix B: Key Informant Interview Guide

Introductions
Thank you for taking time to talk with us. We are _____ (names) from Health Management Associates Community Strategies. We are working with the State of Delaware on a number of projects related to Delaware's opioid crisis, including helping understand what resources are available to help prevent opioid use, to strengthen communities, to respond to crises related to opioids, and to help people in recovery and the communities they live in.

One of those projects is to better understand what we call "wrap around services" – the kinds of services that are NOT treatment, but are things that help people who are in treatment or need treatment, or need help in their recovery – or that help reduce future crises by meeting needs of people before they begin to have substance use issues. These are services like food, transportation, housing, violence prevention, and other services.

The project has three phases.

1. The first is to talk with community leaders and people who work with organizations that provide wrap-around services and get your thoughts about what is available, what is missing, what people need, and what you think about your community's strengths and well-being and where more supports for people are needed. We plan to interview 15-20 people, and you are one of them.

2. The second is to talk with people with lived experience – people in recovery, and friends and family members – about what they see as the unmet needs, how to increase well-being and prevent future crises. We plan to hold six focus groups of about 8-10 people across Delaware.

3. The third is a community survey to get more information from a broader group of people.

We want to talk with you primarily as part of this first phase, but we would like to ask you a few questions about the second and third phases – specifically if you know people you'd recommend we include in focus groups, and also if you have suggestions for how we can get the survey out to people.

We will compile all of the information from all of these sources into a report to the State of Delaware. Their intention is to use the information to help guide their strategies for helping with the opioid crisis.

Questions before we begin:
- Can we record the interview? (get verbal consent)
- Can we use your name as someone we interviewed? (get verbal consent)
- Would you be interested in receiving information about the findings of this?

Interview Guide

Background

- Can you tell us a little bit about your organization and the roles it plays in the community, what needs your organization meets, and for whom?
- Can you tell us a little bit about your role within the organization?

OUD Crisis

- When you think about opioid use in your community, what do you think about it, in terms of who is affected, why it is happening, and how big of a problem it is?

Gaps

We want to talk with you about what we are calling "wrap-around" services for people who are struggling with opioid use, are in recovery, or are at risk of using opioids. What we mean by a wrap-around service or resource is a service or resource that is NOT treatment but is about something that could "wrap around" treatment to make it more successful, to help people stay in recovery, and to help prevent people from even starting to have problems with opioids. It could be something like having safe housing.

- When you think about people who are at risk for opioid use, or who are in recovery, what kinds of things do you think of or hear from people that they need (besides treatment)?

- Where do you think there are gaps in your community (or across Delaware) in these services or resources? If there are gaps in wrap around services, what types of services, and for whom?

- Are some gaps related to accessibility of services (i.e., people can't get to them), lack of culturally appropriate services (i.e., for LGBTQ youth or veterans), lack of connections between services, lack of enough of services, or just services are non-existent?

- What are the most critical gaps?

Filling the Gaps

- When you think about how these gaps could be filled, what do you think? What do you think might help?

- If you have suggestions for meeting these gaps – what would this look like?

Well-Being and Resilience

I want to talk a little bit about well-being and resilience.

Maybe add if needed: When we talk about well-being, we are talking about not just the absence of disease, but the presence of positive physical, mental and social states of being – and we're thinking about both individual and community level well-being. And when we are thinking about resilience, we are also thinking about resilience at the community level (how well can a community bounce back from a crisis) and at the individual level.

- When you think about well-being and resilience for individuals, what do you think of? What does it look like for someone to have resilience and a strong sense of well-being?

- When you think about a community having a sense of well-being and being resilient, what do you think of? What does it look like for a community to have resilience and a strong sense of well-being?

- What do you think is the current well-being of the community (not just around OUD, but generally)?

- Are there things you think could be done to help make your community more resilient and have greater community-level well-being?

- What do you think is needed to get there – to build more resilience and well-being, both at the individual level and at the community level?

Community Partners

I want to ask your thoughts on how nonprofits and other organizations in your community work together to solve problems and help strengthen the community.

- When you think about strengths in the community, in terms of how nonprofits and other organizations work together, what do you think of?

- When you think about ways that community partners could work together more effectively, what do you think of?

- Are there things that you can think of that would help community partners work together better?

Other Key Informants, Focus Group Participants and Community Advisory Board Members

Depending on the appropriateness of the organizations:

- Do you have suggestions for other key informant interviewees?

- Do you have suggestions for focus group participants?

- Do you have suggestions for survey dissemination and could you help with dissemination?

Appendix C: Focus Group Guides

Focus Group Guide for People in Recovery

Introductions
Thank you for taking time to talk with us. We are _____ (names) from Health Management Associates Community Strategies. We are working with the State of Delaware (the Division of Public Health) on a number of projects related to Delaware's opioid crisis, including helping understand what resources are available to help prevent opioid use, to strengthen communities, to respond to crises related to opioids, and to help people in recovery and the communities they live in.

One of those projects is to better understand what we call "wrap-around services" – the kinds of services that are NOT treatment, but are things that help people who are in treatment or need treatment, or need help in their recovery – or that help reduce future crises by meeting needs of people before they begin to have substance use issues. These are services like food, transportation, housing, violence prevention, and other services.

The project has three phases.

- The first was to talk with people who work with organizations that provide wrap around services and get their thoughts about what is available, what is missing, what people need, and what they think about the community's strengths and wellbeing and where more supports for people are needed. We interviewed about 15 people.
- The second phase is to talk with people with like you – people with lived experience – people in recovery, and friends and family members – about what you see as unmet needs in the community or for yourselves and your loved ones, and about how to increase wellbeing and prevent future crises. We are having about six groups like this across Delaware.
- The third phase is a community survey, to get more information from a broader group of people.

We will compile all of the information from all of these sources into a report to the State of Delaware. Their intention is to use the information to help guide their strategies for helping with the opioid crisis.

So what we are doing today is just having a conversation. I will start off the conversation with some questions for you. There are no right or wrong answers to any of these questions. They are intended to be questions that start conversation and help us focus in on some things.

I want to make sure everyone understands that their participation in this conversation is completely voluntary. You don't have to participate, and if you decide not to participate, that's okay and that decision will not have an impact on any services you receive or any other activities you participate in. If you decide to participate, you do not have to answer any questions you don't want to answer.
Review consent form and get signature.

Ground Rules:

- There are no right or wrong answers.
- Remember that you don't have to answer anything you don't want to answer. And you can step out or leave at any time.

- Everything said in here is confidential.
- Please don't be offended if I ask you to make space for other people to talk.
- Let's try to stay focused on the topics. It's so important that we hear from you about the resources that are available and those that are missing.

Questions before we begin:

- We will work hard to take really good notes, but we would like to record this conversation in case we miss something. Is that okay with everyone? If anyone does not want it to be recorded, that's fine and we won't record it. (get verbal consent and signed consent forms)
- Does anyone have any questions?
- Would you be interested in receiving information about the findings of this?

Focus Group Guide

Gaps

As I mentioned, we want to talk with you about what we are calling "wrap-around" services for people who are struggling with opioid use, are in recovery, or are at risk of using opioids. Again, what we mean by a wrap-around service or resource is a service or resource that is NOT treatment but is about something that could "wrap around" treatment to make it more successful, to help people stay in recovery, and to help prevent people from even starting to have problems with opioids. It could be something like having safe housing.

Do you have any questions about what we mean by "wrap-around services"?

1. When you think about people (yourself, or people you know) who are at risk for opioid use, or who are in recovery, what kinds of things do you think you or other people need (besides treatment)?

2. Do you think those things are available in your community?

3. If you, or someone you know, needed some of these things, do you think they would be able to find them and actually get the things they need?

4. If not, what gets in the way? What prevents you or others from being able to get what you need?

Filling the Gaps

5. When you think about things that are not available, or that you haven't been able to find or get, what do you think might help make these things more accessible or available?

Well-Being and Resilience

I want to talk a little bit about well-being and resilience. When we talk about well-being, we are talking about not just the absence of disease, but the presence of positive physical, mental and social states of being. We are thinking about people and communities being healthy. And when we are thinking about resilience, we are thinking about being able to bounce back from a crisis. This can be a person bouncing back, or a whole community – having the resources that are needed to come back from a crisis – and maybe even prevent future crises.

6. When you think about well-being and resilience for individuals, what do you think of? What does it look like for someone to have resilience and a strong sense of well-being?

7. When you think about a community having a sense of well-being and being resilient, what do you think of? What does it look like for a community to have resilience and a strong sense of well-being?

8. What do you think is the current well-being of the community (not just around OUD, but generally)?

9. Are there things you think could be done to help make your community more resilient and have greater community-level well-being?

Focus Group Guide for Family and Friends

Introductions
Thank you for taking time to talk with us. We are _____ (names) from Health Management Associates Community Strategies. We are working with the State of Delaware (the Division of Public Health) on a number of projects related to Delaware's opioid crisis, including helping understand what resources are available to help prevent opioid use, to strengthen communities, to respond to crises related to opioids, and to help people in recovery and the communities they live in.

One of those projects is to better understand what we call "wrap-around services" – the kinds of services that are NOT treatment, but are things that help people who are in treatment or need treatment, or need help in their recovery – or that help reduce future crises by meeting needs of people before they begin to have substance use issues. These are services like food, transportation, housing, violence prevention, and other services.

The project has three phases.

1. The first was to talk with people who work with organizations that provide wrap-around services and get their thoughts about what is available, what is missing, what people need, and what they think about the community's strengths and wellbeing and where more supports for people are needed. We interviewed about 15 people.
2. The second phase is to talk with people with like you – people with lived experience – people in recovery, and friends and family members – about what you see as unmet needs in the community or for yourselves and your loved ones, and about how to increase well-being and prevent future crises. We are having about six groups like this across Delaware.
3. The third phase is a community survey, to get more information from a broader group of people.

We will compile all of the information from all of these sources into a report to the State of Delaware. Their intention is to use the information to help guide their strategies for helping with the opioid crisis.

So what we are doing today is just having a conversation. I will start off the conversation with some questions for you. There are no right or wrong answers to any of these questions. They are intended to be questions that start conversation and help us focus in on some things.

I want to make sure everyone understands that their participation in this conversation is completely voluntary. You don't have to participate, and if you decide not to participate, that's okay and that decision will not have an impact on any services you receive or any other activities you participate in. If you decide to participate, you do not have to answer any questions you don't want to answer.
Review consent form and get signature.

Ground Rules:

- There are no right or wrong answers.
- Remember that you don't have to answer anything you don't want to answer. And you can step out or leave at any time.
- Everything said in here is confidential.
- Please don't be offended if I ask you to make space for other people to talk.
- Let's try to stay focused on the topics. It's so important that we hear from you about the resources that are available and those that are missing.

Questions before we begin:

- We will work hard to take really good notes, but we would like to record this conversation in case we miss something. Is that okay with everyone? If anyone does not want it to be recorded, that's fine and we won't record it. (get verbal consent and signed consent forms)
- Does anyone have any questions?
- Would you be interested in receiving information about the findings of this?

Focus Group Guide

Gaps
As I mentioned, we want to talk with you about what we are calling "wrap-around" services for people who are struggling with opioid use, are in recovery, or are at risk of using opioids. Again, what we mean by a wrap-around service or resource is a service or resource that is NOT treatment but is about something that could "wrap around" treatment to make it more successful, to help people stay in recovery, and to help prevent people from even starting to have problems with opioids. It could be something like having safe housing.

Do you have any questions about what we mean by "wrap-around services"?

- When you think about people who are at risk for opioid use, or who are in recovery, particularly your family members and friends, what kinds of things do you think they need or needed (besides treatment)?
- Do you think those things are or were available in your community when they are or were needed?
- If someone you know needed some of these things, do you think they would be able to find them and actually get the things they need?
- If not, what gets in the way? What prevents them from being able to get what they need?

Filling the Gaps

- When you think about things that are not available, or that your loved one or friend is or was not able find or get, what do you think might help make these things more accessible or available?

Well-Being and Resilience

I want to talk a little bit about well-being and resilience. When we talk about well-being, we are talking about not just the absence of disease, but the presence of positive physical, mental and social states of being. We are thinking about people and communities being healthy. And when we are thinking about resilience, we are thinking about being able to bounce back from a crisis. This can be a person bouncing back, or a whole community – having the resources that are needed to come back from a crisis – and maybe even prevent future crises.

- When you think about well-being and resilience for individuals, what do you think of? What does it look like for someone to have resilience and a strong sense of well-being?
- When you think about a community having a sense of well-being and being resilient, what do you think of? What does it look like for a community to have resilience and a strong sense of well-being?
- What do you think is the current well-being of the community (not just around OUD, but generally)?
- Are there things you think could be done to help make your community more resilient and have greater community-level well-being?

Appendix D: Community Survey

Survey Introduction

Thank you for completing this survey.

- We are asking for hundreds of people around Delaware who have been impacted by the opioid crisis to complete this survey.
- This survey is about **"wrap-around services"** – the kinds of services that are **NOT TREATMENT**, but other things that help people who are in treatment or need treatment or need help in their recovery. These are services like food, transportation, housing, violence prevention, and other services.
- Your answers are completely confidential. We will not ask you anything that would identify you personally, and all of your answers will be grouped with answers from other people.
- Health Management Associates Community Strategies is collecting and analyzing the data and will provide results to the state of Delaware (Division of Public Health).
- Data will be used to help the Division of Public Health learn more about what resources are needed to help with the opioid crisis in Delaware.
- If you have any questions about this survey, please email Marci Eads, PhD, at meads@healthmanagement.com.

For the *first two questions* please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the **best possible life for you** and the bottom of the ladder represents the **worst possible life for you.**

1. Indicate where on the ladder you feel you personally stand right now.

0 1 2 3 4 5 6 7 8 9 10

2. On which step do you think you will stand about five years from now?

0 1 2 3 4 5 6 7 8 9 10

For the *next two questions* imagine that top of the ladder represents the **best possible community** and the bottom of the ladder represents the **worst possible community.**

Indicate where on the ladder you feel ***your community*** stands right now.

0 1 2 3 4 5 6 7 8 9 10

3. On which step do you think ***your community*** will stand about five years from now?

0 1 2 3 4 5 6 7 8 9 10

4. What do you think would make your community better?

5. In general, how would you rate your physical health?

Excellent Very Good Good Fair Poor

6. In general, how would you rate your mental health, including your mood and your ability to think?

Excellent Very Good Good Fair Poor

7. How strongly do you agree with this statement? "I lead a purposeful and meaningful life."

Strongly Agree	Agree	Slightly Agree	Neither Agree nor Disagree	Slightly Disagree	Disagree	Strongly Disagree

8. When you think about services **that people need most** when they are struggling with opioid addiction or are in recovery, what services do you think they need the most? Please select the **THREE** you (or other people) need most.

_____Housing (getting and keeping stable, safe housing, including sober housing)
_____Transportation (to get to jobs, school, treatment, other resources)
_____Peer Support (like peers or community health workers)
_____Food
_____Jobs (help getting a good job)
_____Education (such as help getting a GED)
_____Child care
_____Legal help
_____Social support
_____Mental health support
_____Something else (please write it here:_____)

9. How available are these services in your community?

	Always available	Sometimes available	Not available at all
Housing (getting and keeping stable, safe housing, including sober housing)			
Transportation (to get to jobs, school, treatment, other resources)			
Peer Support (like peers or community health workers)			
Food			
Jobs (help getting a good job)			
Education (such as help getting a GED)			
Child care			
Legal help			
Social support			
Mental health support			
Something else (please write it here:_____)			

10. Please check all that apply for you:

☐ I am in recovery from opioids.
☐ I am a family member or friend of someone in recovery or someone who is addicted to opioids.
☐ I have lost a family member or friend to opioids.
☐ I currently struggle with an opioid addiction.
☐ I work for an organization that provides opioid treatment or wrap around services.
- Please specify name of organization:_____

11. If you have received any of the services below, how satisfied are you with those services?

	Very satisfied	Somewhat satisfied	Not satisfied at all	Have not used these services.
Housing (getting and keeping stable, safe housing, including sober housing)				
Transportation (to get to jobs, school, treatment, other resources)				
Peer Support (like peers or community health workers)				
Food				
Jobs (help getting a good job)				
Education (such as help getting a GED)				
Child care				
Legal help				
Social support				
Mental health support				
Something else (please write it here:_____)				

12. How easy is it to find information about these services?

	Easy to find	Sometimes can find it	Can't find it
Housing (getting and keeping stable, safe housing, including sober housing)			
Transportation (to get to jobs, school, treatment, other resources)			
Food			
Peer Support (like peers or community health workers)			
Jobs (help getting a good job)			
Education (such as help getting a GED)			
Child care			
Legal help			
Social support			
Mental health support			
Something else (please write it here:_____)			

13. When you or someone else needs information about services, what are the places you or they usually find it?

☐ An organization that I get help from (which organizations: _____)
☐ Word of mouth (from my friends and family)
☐ The internet
☐ 211
☐ "Help is Here" website
☐ Ads I see at bus stops or other public places
☐ Other: _____

14. Would you know how to help someone who said they needed help with an opioid addiction?

☐ Yes
☐ No
☐ I'm not sure

If yes, what would you do?_____

_____

If no or you're not sure, what would help you be prepared?_____

_____

15. Would you know what to do and how to help you saw someone who had just overdosed on opioids?

☐ Yes
☐ No
☐ I'm not sure

If yes, what would you do?_____

_____

If no or you're not sure, what would help you be prepared?_____

_____

Demographics

16. What is your zip code?_____
    Note: If you don't have stable housing, in what zip code do you spend the most time?

17. How old are you? _____

18. What is your gender?_____

19. What is your race and ethnic origin?
Please check all that apply.

☐ American Indian or Alaska Native
☐ Black or African American
☐ Latino, Hispanic, or Spanish
☐ Asian
☐ Native Hawaiian or other Pacific Islander
☐ White
☐ Other Race (please specify) _____
☐ Multi-Racial (please specify) _____
☐ Prefer not to answer

20. What is your sexual orientation?_____

21. What is your current employment status?
Please check all that apply.

☐ Full time
☐ Part time
☐ More than one job
☐ Self-employed
☐ Unemployed
☐ On disability
☐ Student
☐ Retired
☐ Homemaker or full-time parent
☐ Other (please specify)_____

22. What is your annual gross (pretax) household income?

☐ Less than $25,000
☐ $25,000 to $49,999
☐ $50,000-$74,999
☐ $75,000-$99,999
☐ $100,000 or greater

23. What is the highest degree or level of school you have completed? (If you are currently enrolled, please mark the previous grade or highest degree received.)

☐ Did Not Complete High School
☐ High School/GED
☐ Some College

☐ Bachelor's Degree
☐ Master's Degree
☐ Advanced Graduate work or Ph.D.

24. What is your housing situation?
☐ I have stable and safe housing.
☐ I do not currently have stable and safe housing.
☐ Other (please specify)_____

25. Do you have health insurance?
☐ Yes
☐ No

If yes, what kind of insurance?
☐ Private
☐ Public (like Medicaid, Medicare, or Veteran's Administration)
☐ I don't know.

26. When is the last time you saw a health care provider and you got what you needed?
☐ Within the last month
☐ More than a month ago, but less than 6 months ago
☐ More than 6 months ago, but less than 1 year ago
☐ More than 1 year ago