

## BHC Questionnaire Responses

| <b>Person</b> | <i>"What's the number one behavioral or mental health issue facing Delaware?"</i>  | <i>"What's the number one issue/action item Delaware can do to address SUD/OD?"</i>  |
|---------------|--|--|
| A             | suicide education is not enough to be concerned, you need to act                   | lack of peer to peer physical locations in each county to provide free services and provide a place for people to meet peers                   |
| B             | lack of access   | limited treatment options  |
| C             | easy access to effective home, family, and community based services                | criminalization due to not understanding disease progression and recidivism  |
| D             | stigma from the community but also from health care professionals as well          | lack of services for long term recovery, services must be long term with many supports especially peer recovery coaches                        |
| E             | navigating a complex and fragmented healthcare system, especially when in crisis   | meeting the needs of those who are not ready for recovery but are vulnerable to overdose, incarceration, and death                             |
| F             | no consistent method for screening and treating conditons in an ongoing way        | overdose deaths as an outcome to no coordinated, comprehansive methos for screening, engaging, and treating those with substance use disorders |
| G             | access to services: coordination of care and education to reduce stigma            | awareness of substance abuse issues  |
| H             | access to care and stigma associated with care                                     | more treatment (longterm and shortterm) facilities and options   |
| I             | the fact that most people are "treated" in prison versus the community             | stigma around it and the belief that 12-steps/abstinence equals true recovery  |
| J             | prevention and identificaton   | we need a coordinated, comprehensive, quality, person-centered, navigable, engaged treatment system  |
| K             | funding for mental health treatment  | funding for longterm treatment beds, facilities, etc.  |
| L             | the lack of adequate psychiatric rescources  | the ability to navigate the many steps necessary in the continuing of treatment  |
| M             | lack of adequate rescources for all ages   | treatment to reduce recedivism   |
| N             | lack of longterm rescources  | lack of treatment options  |
| O             | lack of trained physicians to treat mental health issues                           | lack of a central statewide data base with regards to substance users  |
| P             | the stigma associated with getting help  | transportation: patent getting to treatment, getting to out patient daily treatment, access to support groups                                  |
| Q             | Prevention and early intervention in the family and commnity                       | family exposing infants causing long term health issues  |
| R             | not having shelter and place of acceptance   | affordable housing for people in treatment and after-care  |
| S             | breaking down the stigma for the individual and their family in order to seek help | we need longterm treatment in state and expansion of naloxone access/funding   |