

Substance Use Disorder (SUD) Agency and Organization Database

Update to Behavioral Health Consortium
(BHC)

2022



Introduction and Database Context

- SUD-DE.com database - designed as a critical resource for “real-time” public and private use in addressing SUD in DE
- Assumes addressing SUD requires networks of organizations, agencies and community members providing a spectrum of strategies and services
- Intended to facilitate planning, service and programmatic capacity building, and network coordination in targeted areas and across systems





About

The SUD-DE database contains information about Delaware's SUD community organizations and agencies. Learn more about the database and its uses.

[Learn more →](#)

Reports

The SUD-DE database produces 1 Delaware's SUD community organizations. You can find several reports.

[Learn more →](#)

Sign up for the SUD-DE Pilot

Use this form to provide your contact information. We will contact you via email about your organization or agency's participation in the pilot.

Email *

First Name *

Last Name *

Organization *

Optional Comments

[SUBMIT](#)



Knowledge Base

Articles

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Settings

- Add User
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Welcome, John

Pending Review: 5

Published Articles: 15

Total Feedback: 7

Total Article Views: 60

Top 5 Authors

Alexandra Maxwell, Eric Gasser, Jennifer Olson, Zane Scally, Jett Mittle, Rose Dear

Articles by Department

Article Views by User

Feedback by Month

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Organization/Agency



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- Org/Agency

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Organization/Agency

Organization/agency full name

AIDS Delaware, Inc

Acronym or shorthand name of the organization/agency (if listed)

What type best describes your agency or organization?

Not-for-profit (501 C3)

Primary Mailing Address

Primary Mailing Address 2

Primary City/Town

Primary State/Province

Primary ZIP/Postal Code

General Organizational Email

Main office Phone Number

Organization/agency website address

contact@aidsdelaware.org

https://aidsdelaware.org/

What the Organization/agency's mission statement?

Our mission is to eliminate the spread and stigma of HIV/AIDS, improve the lives of those living with HIV/AIDS, and promote community health through comprehensive and culturally-sensitive services, education programs, and advocacy.



Locations

Page 2

Locations

[X Delete](#) [Grid Edit](#)

<input type="checkbox"/>	Site Name	Address	Address2	City/Town	State/Province	ZIP/Postal Code	County	Phone	Address Type	Edit
<input type="checkbox"/>	Wilmington Office	100 West 10th Street, Suite 315		Wilmington	DE	19801	New Castle	302-652-6776		Edit
<input type="checkbox"/>	Georgetown Office	205 East Market Street		Georgetown	DE	19947	Sussex	302-226-3519		Edit
<input type="checkbox"/>	Dover Office	9 East Loockerman Street, Suite 302		Dover	DE	19901	Kent	302-528-0942		Edit

Programs/Services Address [v](#)


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Groups Across the Life Span

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Populations

Considering the list below, which Life Span groups does your organization either (a) provides services to and/or (b) focuses activities to address their needs and concerns?

☐ Children (under 12)

☒ Adolescents (12-17)

☒ Young adults/college-age women or men

☒ Adult men

☒ Adult women

☒ Pregnant or parenting women

☒ Seniors

☒ Families

☐ Other (please specify)

☐ None of the above



Vulnerable Groups

Considering the list below, which Vulnerable groups does your organization either (a) provides services to and/or (b) focuses activities to address their needs and concerns?

☒ Criminal justice involved or incarcerated

☒ Homeless

☐ Immigrants/Refugees

☐ Veterans/Active military personnel

☒ Minority groups

☐ Non-English speaking

☒ Poor, Economically Disadvantaged, Indigent

☒ Uninsured or underinsured populations

☐ Other (please specify)

☐ None of the above



Mental Health

Considering the list below, which Mental Health groups does your organization either (a) provides services to and/or (b) focuses activities to address their needs and concerns?

- ☐ Co-Occurring Severe and Persistent Mentally Ill
- ☒ Co-Occurring substance abuse and mental health conditions
- ☒ Comorbid mental illness/chronic disease or physical conditions
- ☒ HIV/AIDS, Tuberculosis, Viral Hepatitis
- ☒ People with Disabilities and/or their Families (e.g., developmental, physical, or psychological)
- ☐ Suicide risk/suicide attempt
- ☐ Other (please specify)
- ☐ None of the above



Substance-Use

Considering the list below, which Substance-Use groups does your organization either (a) provides services to and/or (b) focuses activities to address their needs and concerns?

☐ DWI Offenders

☒ Individuals on Other Medication-Assisted Treatment

☒ Individuals on Psychotropic Medications

☒ Injection Drug Users

☐ Other (please specify)

☐ None of the above



Trauma/Violence

Considering the list below, which Trauma groups does your organization either (a) provides services to and/or (b) focuses activities to address their needs and concerns?

☒ History of trauma, including sexual abuse

☐ Perpetrators of violence, including sexual assault

☐ Victims of Domestic Violence/Intimate Partner Violence

☒ Survivors of trauma/violence


☐ Other (please specify)

☐ None of the above

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Prevention Services

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Services

Considering the following list, please indicate if your organization offers Prevention Services/strategies:

☐ Do not provide prevention services/strategies

☒ Information dissemination strategies

☒ Education strategies

☒ Alternative strategies

☒ Problem identification and referral

☒ Community-based processes

☐ Environmental strategies

☐ Other (please specify)



Intervention/Early Intervention Services

Considering the following list, please indicate if your organization offers Intervention/Early Intervention Services?

- | | |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Do not provide intervention/early identification services | <input checked="" type="checkbox"/> Community-based programs that encourage clients to self-refer for assessment and referral for services |
| <input checked="" type="checkbox"/> Employee Assistance programs (formal or informal) in workplaces | <input type="checkbox"/> SBIRT (Screening, Brief Intervention and Referral to Treatment) in medical settings |
| <input checked="" type="checkbox"/> Screening (Alcohol) | <input checked="" type="checkbox"/> Screening (Mental Health) |
| <input checked="" type="checkbox"/> Screening (Other Drugs) <input type="text" value="Screening (Other Drugs)"/> | <input checked="" type="checkbox"/> Screening (Trauma) |
| <input type="checkbox"/> Screening and brief interventions for justice/court-involved youth, young adults, adults and families | <input type="checkbox"/> Student Assistance Programs in schools and colleges |



Integrated Screening and Assessment Processes

Considering the following list, please indicate if your organization offers Integrated Screening and Assessment Processes?

☐ Do not provide Integrated Assessment and Screening Processes

☒ Assessment

☒ Case Management

☐ Family interventions

☐ Intensive Outpatient treatment

☐ Psychopharmacology

☒ Skills training

☐ 12-Step recovery meetings

☒ Brief Intervention

☒ Cognitive-behavioral therapy

☒ Individual or group counseling

☒ Motivational enhancement

☐ Residential treatment

☐ Other (please specify)



Treatment Services

Considering the following list, please indicate if your organization offers Treatment Services (for substance use disorders or co-occurring substance use and mental health disorders)?

- | | |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Do not provide Treatment Services | <input checked="" type="checkbox"/> Care Coordination |
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Intensive Outpatient Services (IOP) |
| <input type="checkbox"/> Medically Managed Inpatient Hospital-Based Services | <input type="checkbox"/> Naltrexone (Vivitrol) |
| <input type="checkbox"/> Office Based Medication Assisted Treatment (buprenorphine/Suboxone) | <input type="checkbox"/> Opioid Treatment Programs (methadone) |
| <input type="checkbox"/> Other Medication Maintenance | <input type="checkbox"/> Outpatient (OP) Counseling Services (Individual) |
| <input checked="" type="checkbox"/> Outpatient Counseling Services (Group) | <input type="checkbox"/> Partial Hospitalization |
| <input type="checkbox"/> Residential Services | <input type="checkbox"/> Transitional Living |
| <input type="checkbox"/> Other (please specify) <input type="text"/> | |



Recovery Support Services (RSS)

Considering the following list, please indicate if your organization offers Recovery Support Services (RSS)?

- | | |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> Do not provide Recovery Support Services | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Anger Management | <input checked="" type="checkbox"/> Care Coordination |
| <input type="checkbox"/> Employment Services | <input type="checkbox"/> Impaired Driving Program |
| <input type="checkbox"/> Job Training/Employment Counseling | <input type="checkbox"/> Peer Recovery Coaching |
| <input type="checkbox"/> Peer Support Groups | <input type="checkbox"/> Permanent Supportive Housing |
| <input checked="" type="checkbox"/> Personal Finance Skill Building | <input checked="" type="checkbox"/> Recovery Mentoring/Relapse Prevention Management |
| <input checked="" type="checkbox"/> Recovery-supportive health care, employment, education, and community environments | <input checked="" type="checkbox"/> Relationship Skill Building |
| <input type="checkbox"/> Sober Housing | <input type="checkbox"/> Stable Housing and Employment |
| <input type="checkbox"/> Substance Free Activities | <input type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Volunteer Opportunities/Giving Back | <input type="checkbox"/> Other (please specify) <input type="text"/> |



Effective Community Strategies

Considering the following list, please indicate if your organization offers or is involved with Effective Community Strategies?

- ☐ Community involvement in care
- ☒ Coordination across agencies and organizations providing SUD services
- ☒ Evidence-based care
- ☒ Family involvement in care
- ☒ Hot-spotting
- ☒ Dissemination of national organization resources and guidance
- ☒ Partnerships with law enforcement and judicial system
- ☒ Peer support
- ☒ Telehealth or mobile services
- ☐ None of the above
- ☐ Other (please specify)



Additional Programs, Services, Activities


Considering the following list, please indicate if your organization offers any Additional Programs, Services, or Activities?

- ☐ Alternative Justice Programs
- ☐ Employee Assistance Programs
- ☒ Housing Assistance
- ☐ Law Enforcement Activity
- ☐ Youth Groups
- ☒ Youth Mentoring Programs
- ☐ None of the above
- ☐ Other (please specify)

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Funding

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Resources

From which sources does your agency/organization receive funding?

☒ Federal grants or contracts

☒ State grants or contracts

☒ Foundation grants or support

☐ Private, including Board support

☒ Donations

☒ Insurance or Cost recovery

☐ Endowment

☐ State of Delaware General Fund

☐ Other (please specify)

☐ None of the above



Capacity and Requirements

What services might your organization or agency provide if you had the capacity?

With a prescriber on-site, we could offer PrEP, PEP, and even MAT/similar, which would be a great benefit. We would also be interested in expanding to offer more counseling groups and community education events


What resources would be required to provide this service?

Money, staff, relationship and ability to offer medical care at our office(s)

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Name and Description

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Programs

Program Name	Briefly describe (a few sentences will do) your agency's or organization's key programs.	
HIV Medical Case Management		Edit Delete
Mental/Behavioral Health Counseling for HIV+ people		Edit Delete
M/BH Counseling for those at-risk for HIV or otherwise affected by HIV		Edit Delete
Community Outreach		Edit Delete
Community Education		Edit Delete
LGBTQ Youth Leadership Program		Edit Delete
M/BH Counseling for those at-risk for HIV or otherwise affected by HIV		Edit Delete
Community Outreach		Edit Delete
Community Education		Edit Delete
LGBTQ Youth Leadership Program		Edit Delete
		ADD

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Partners

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Partners

Please indicate agencies or organizations you partner or collaborate with (up to 10) to address substance use and its effects in Delaware. Then, select from the list the ways in which you partner or collaborate with the agency or organization previously named.

1. Organization/Agency Name
2. Referral for services
3. Program/services planning or strategy development
4. Consultation
5. Care/Services integration and coordination
6. Co-location of services
7. Information sharing
8. Event hosting
9. Cross-organizational training
10. Marketing and messaging development
11. Joint or cooperative funding
12. Other (please specify)

5. Care/Services integration and coordination
6. Co-location of services
7. Information sharing
8. Event hosting
9. Cross-organizational training
10. Marketing and messaging development
11. Joint or cooperative funding
12. Other (please specify)

X Delete
Grid Edit

	1.Name ?	2.Referral ?	3.Program ?	4.Consult ?	5.Care ?	6.Co-Location ?	7.Info ?	8.Event ?	9.Cross-Org ?	10.Marketing ?	11.Funding ?	12.Other ?	(Please Specify) ?
<input type="checkbox"/>	Connections	✓	—	✓	✓	—	✓	—	—	—	—	—	Edit

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Ways of Partnering

✕ Delete ⌘ Exit Grid Edit

<input type="checkbox"/>	1. Name (?)	2. Referral (i)	3. Program (4. Consult (?)	5. Care (?)	6. Co-Location	7. Info (?)	8. Event (?)	9. Cross-Org	10. Marketing	11. Funding (12. Other (?)	(Please Specify)
<input checked="" type="checkbox"/>	Connection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Brandywine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Rockford	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	SODAT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Referral for
<input type="checkbox"/>	Drug Court	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	DSAMH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Partner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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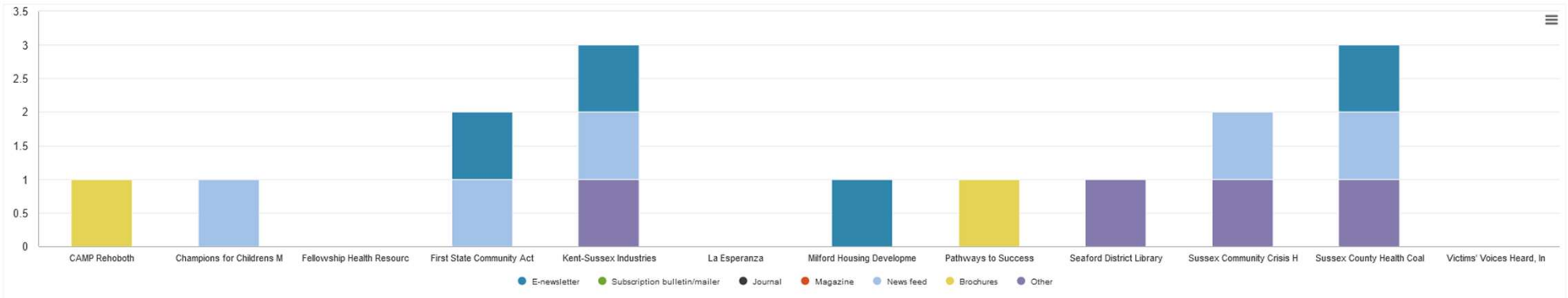
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Reports – Map of Primary Location Zip codes



Reports – Example Communications



[Download Data](#)

Organization/agency full name	E-newsletter [?]	Bulletin/maile [?]	Journal	Magazine	News feed [?]	Brochures [?]	Other
TOTAL	4	0	0	0	5	2	4
CAMP Rehoboth	-	-	-	-	-	✓	-
Champions for Childrens Mental Health	-	-	-	-	✓	-	-
Fellowship Health Resources	-	-	-	-	-	-	-
First State Community Action Agency	✓	-	-	-	✓	-	-
Kent-Sussex Industries	✓	-	-	-	✓	-	✓
La Esperanza	-	-	-	-	-	-	-
Milford Housing Development Corporation	✓	-	-	-	-	-	-
Pathways to Success	-	-	-	-	-	✓	-
Seaford District Library	-	-	-	-	-	-	✓
Sussex Community Crisis Housing Services, Inc.	-	-	-	-	✓	-	✓
Sussex County Health Coalition	✓	-	-	-	✓	-	✓
Victims' Voices Heard, Inc.	-	-	-	-	-	-	-

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Reports – Partners Report

County New Castle ▾

ZIP/Postal Code -- Select -- ▾

SEARCH

Organization/agency full name ▲	Partner-Name	Referral	Program	Consult	Care	Colocation	Info	Event	Training	Marketing	Funding	Other	(Specify)
Center for Drug and Health Studies, University of Delaware													
	DSAMH	-	-	-	-	-	-	-	-	-	-	✓	Research and evaluation
	DPH	-	-	-	-	-	-	-	-	-	-	✓	School survey administration
	CJC	-	-	-	-	-	-	-	-	-	-	✓	Evaluation and research support
Delaware Criminal Justice Council													
	Any Federal, State, Local and Non-profit organizations	-	✓	-	-	-	✓	✓	✓	-	-	-	
Horizon House													
	Brandywine Counseling and Community Services, Inc.	✓	✓	-	-	✓	✓	-	-	-	-	-	
	Aquila of Delaware	✓	-	-	-	-	-	-	-	-	-	-	
	Gaudenzia	✓	-	-	-	-	✓	-	-	-	-	-	
	Connections	✓	-	-	-	-	-	-	-	-	-	-	
Project New Start Inc.													
	DE Department of Correction	✓	-	✓	✓	-	✓	-	-	-	-	-	
	Jewish Family Services	✓	-	✓	✓	-	✓	-	-	-	-	-	
	New Castle County Police Hero Help Program	✓	✓	✓	✓	-	✓	-	-	-	-	-	
	Christiana Care Health System	✓	✓	✓	✓	-	✓	-	-	-	-	-	

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Thank You

