2020 DELAWARE STATE
EPIDEMIOLOGICAL PROFILE
SUBSTANCE USE AND RELATED ISSUES

Mental Health and Wellness

prepared for

Acting Director Alexis Teitelbaum and the
Delaware Division of Substance Abuse and Mental Health
&
The Delaware State Epidemiological Outcomes Workgroup

with funding from the
Strategic Prevention Framework - Partnerships for Success Program
The Role of the Delaware State Epidemiological Outcomes Workgroup and the Purpose of the Epidemiological Profile

All states, including Delaware, have received support from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) to establish a Statewide Epidemiological Outcomes Workgroup (SEOW). The Division of Substance Abuse and Mental Health (DSAMH) in the Department of Health and Social Services supported the establishment of the Delaware SEOW through SAMHSA Strategic Prevention Framework grants awarded previously. The SEOW is a group of people and organizations that have and use analytical data concerning substance use and related behaviors and consequences; this information can be used to establish and monitor indicators related to substance use prevention. Formerly known as the Delaware Drug and Alcohol Tracking Alliance (DDATA), Delaware’s SEOW mission is to bring data on substance use and associated issues to the forefront of the prevention process by pursuing the following goals:

- To build monitoring and surveillance systems to identify, analyze, and profile data from state and local sources
- To provide current benchmarks, trends, and patterns of substance abuse consumption and consequences
- To create data-guided products that inform prevention planning and policies
- To train agencies and communities in understanding, using, and presenting data effectively

The annual Delaware State Epidemiological Profile was developed by the SEOW to disseminate data for strategic planning, decision-making, and evaluation. Using indicators that are available on an ongoing basis, the report describes patterns of consumption, context, consequences, and trends of substance use, as well as other risk and protective factors, especially among young people in Delaware. The report also highlights crosscutting issues that warrant attention as well as populations that may experience disproportionate risk for these concerns.

This chapter provides an overview of the issue of mental health and wellness in Delaware. To review the complete Delaware Epidemiological Profile, other chapters, infographics, or SEOW data products, please visit the UD Center for Drug and Health Studies Delaware Epidemiological Reports page.
SEOW Collaborators

Thank you for your participation and commitment to data-driven prevention planning, practice, and evaluation! We are especially grateful to the team at the Delaware Division of Substance Abuse and Mental Health for their guidance and collaboration.

atTAcK Addiction
Bellevue Community Center
Christiana Care Health System
Colonial School District
Delaware Academy of Medicine/Delaware Public Health Association
Delaware Afterschool Network
Delaware Center for Justice
Delaware Coalition Against Domestic Violence
Delaware Council on Gambling Problems
Delaware Courts - Office of the Child Advocate
Delaware Criminal Justice Council
Delaware Criminal Justice Information System
Delaware Department of Education
Delaware Department of Services for Children, Youth and their Families
  Division of Prevention and Behavioral Health Services
Delaware Department of Health and Social Services
  Division of Medicaid and Medical Assistance
  Division of Public Health
  Division of Services for Aging and Adults with Physical Disabilities
  Division of Substance Abuse and Mental Health
Delaware Department of Safety and Homeland Security
  Delaware State Police
  Division of Alcohol and Tobacco Enforcement
  Division of Forensic Science
Delaware Department of State
  Delaware Office of Controlled Substances
  Division of Professional Regulation, Prescription Monitoring Program
Delaware Domestic Violence Coordinating Council
Delaware Information and Analysis Center
Delaware Multicultural and Civic Organization
Delaware Prevention Coalition
Holcomb BHS/Open Door, Inc.
KIDS COUNT in Delaware, University of Delaware Center for Community Research & Service
La Esperanza Community Center
Latin American Community Center
Mental Health Association in Delaware
Milford School District
Nemours Health and Prevention Services
Planned Parenthood of Delaware
Red Clay Consolidated School District
Sussex County Health Coalition
Transitions Delaware
Trauma Matters Delaware
United Way of Delaware
Wesley College
West End Neighborhood House
University of Delaware
    College of Health Sciences
    College of Arts and Sciences
    Student Health & Wellness Promotion
Wilmington University

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Table of Contents

Notes on Data Reporting and Interpretation iii

1. Mental Health and Wellness 1-1
   National Overview 1-1
   Delaware Overview 1-1
   Promising Practices: The Crisis Text Line 1-16

2. References 2-1
   Mental Health and Wellness 2-1
   Data Sources 2-3
Table of Figures

Figure 1: Feeling sad/hopeless almost every day for 2 weeks or more in a row, past year, HS .... 1-4
Figure 2: Trends in feeling sad/hopeless almost every day for 2 weeks or more in a row, HS...... 1-5
Figure 3: Self harm\textsuperscript{a} in the past year by sex, race/ethnicity, MS.......................................................... 1-6
Figure 4: Self harm\textsuperscript{a} in the past year, by sex, grade, and race/ethnicity, HS................................. 1-7
Figure 5: Ever seriously considered suicide, MS......................................................................................... 1-8
Figure 6: Seriously considered attempting suicide, past year, HS............................................................. 1-9
Figure 7: Ever made plan for suicide, MS ................................................................................................. 1-10
Figure 8: Made plan to attempt suicide, past year, HS .......................................................................... 1-11
Figure 9: Trends in having made plan to attempt suicide in past year, HS ............................................. 1-12
Figure 10: Attempted suicide in lifetime, MS........................................................................................... 1-13
Figure 11: Attempted suicide in past year, HS....................................................................................... 1-14
Figure 12: Trends in attempted suicide in past year, HS ....................................................................... 1-15
Figure 13: Frequency of conversations, texters, and active rescues, 2016-20 ........................................ 1-17
Figure 14: Crisis text line conversation topics ...................................................................................... 1-17
Notes on Data Reporting and Interpretation

In order to protect the anonymity of respondents and to ensure that the data reported meet certain statistical standards, the Center for Drug and Health Studies (CDHS) at the University of Delaware recently updated its guidelines for reporting and interpreting data from surveys that it administers to students across the state of Delaware. As a result, in the 2020 Delaware State Epidemiological Profile, data in some tables and figures have been aggregated or otherwise reported differently than in years prior. The following notes summarize the guidelines for interpreting data presented in this report:

- **Reporting small numbers**: For any estimate where the raw number of responses is less than 30, no statistical estimates are reported. Statistics computed from such a small proportion of the total number of students may be unreliable, inflating the significance of existing relationships in the data, and among some special populations, may put individuals at risk of being identified. In some data products such as our heat maps, multiple years of data have been combined in order to increase the sample sizes to a reportable figure.

- **Rounding**: All figures from Delaware school survey data (DSS, YRBS, YTS) are rounded to the nearest whole percent. As such, in some cases the cells in a table may add up to slightly more or less than 100%.

- **Missing Observations**: In our analysis, any missing observations (responses) are not calculated into the total percentages. Because different questions have varying numbers of missing responses, the total sample size and percent missing may fluctuate slightly from question to question. This is due to a few factors:
  - Students may not answer all questions on a survey, particularly those towards the end if they run out of time or they tire of answering questions.
  - Students may also skip or decide not to respond to certain questions for various reasons (e.g., if they fear their responses will not be kept confidential; if they consider the question too personal or sensitive; if they do not understand the question; etc.)

- **Discrepancies in Reporting**: With respect to the Delaware YRBS survey, there may be slight discrepancies in how CDHS reports some data points compared to how the Centers for Disease Control and Prevention (CDC) and their national technical advisors (Westat, Inc.) report the data. This is largely due to differing practices when conducting analysis with missing observations in the data and does not substantially impact the overall prevalence estimates, trends, and relationships among these data points.

- **Statistical Significance**: Unless otherwise indicated, all reported correlations between variables are statistically significant at the $p<.05$ level. Null hypothesis testing, used to estimate statistical significance, provides an estimate of the likelihood that the relationship between two indicators is not due to random chance. If the $p$-value for a given crosstab is less than .05, this suggests that in 95% of cases, the correlation between the relevant variables is because there is a relationship between them.
• **Weighted Data:** Weighting data is a correction technique that compensates for nonresponses, helps correct for unequal probabilities of being selected within the sample, and helps ensure that the sample drawn is representative of the Delaware student population. If data is weighted there will be a notation indicating the data is weighted for the specific fact, figure, or table. Prevalence data from the Youth Risk Behavior Survey and Youth Tobacco Survey are usually weighted, however, data is not weighted when exploring small subpopulations to ensure an accurate analysis that is not influenced due to the small number of individuals in those subpopulations.

  o **2019 Weighted Data:** In previous years, advisors to the CDC have provided weights with the Youth Risk Behavior Survey data, and frequencies have been estimated using weighted data. In 2019, the YRBS sample population in Delaware did not meet threshold requirements for weighting data, so any prevalence estimates relying on YRBS data for this year are unweighted.

In 2019, a total of 10,765 Delaware students responded to either the Delaware School Survey (DSS) or the Delaware Youth Risk Behavior Survey (YRBS). By survey, the total number of respondents are as follows:

<table>
<thead>
<tr>
<th>Survey Administration</th>
<th># of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DSS</strong></td>
<td></td>
</tr>
<tr>
<td>5th Grade</td>
<td>2,992</td>
</tr>
<tr>
<td>8th Grade</td>
<td>2,126</td>
</tr>
<tr>
<td>11th Grade</td>
<td>2,299</td>
</tr>
<tr>
<td><strong>Delaware YRBS</strong></td>
<td></td>
</tr>
<tr>
<td>Middle School</td>
<td>1,162</td>
</tr>
<tr>
<td>High School</td>
<td>2,186</td>
</tr>
</tbody>
</table>
1. Mental Health and Wellness

National Overview

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood to adolescence through adulthood. (Centers for Disease Control and Prevention, n.d.)

According to the CDC, mental illnesses are among the most common health problems experienced throughout the country: more than half in the U.S. will be diagnosed with a mental illness or disorder during their lifetime; one in five Americans will experience a mental illness each year; one in five children will experience a “serious debilitating mental illness” at some point in their lifetime; and approximately 4% of adults live with a serious mental illness, such as schizophrenia or major depression (CDC, n.d.). Mental health problems may arise from multiple causes ranging from biological or genetic factors to life circumstances and stressors such as trauma, or they may result from a combination of these contributing dynamics. Though often challenging, mental illnesses are treatable, but recognition of the need for and access to treatment are variable.

Mental health is a major component of one’s overall health and well-being, and poor mental health is associated with higher risk for other medical conditions, such as cardiovascular disease, diabetes, and Alzheimer’s dementia (National Institute of Mental Health, n.d.). Mental health problems and substance use disorders often co-occur. Findings from a National Institute on Drug Abuse (NIDA, 2020) research report indicates approximately half of individuals who experience a mental disorder will also experience a substance use disorder at some point in their lifetime. Comorbidity may be due to common risk factors for both conditions, or one condition may lead to the other.

Just as a positive state of overall health is more than the absence of disease or illness, mental wellness is more than the absence of mental illness (World Health Organization, 2018). Chapter 13 of this report includes a discussion of protective factors that may contribute to mental wellness in addition to substance use prevention. An upcoming State Epidemiological Outcomes Work Group (SEOW) report will also highlight the role of positive childhood experiences (PCEs), protective factors, and resiliency. For a discussion of adverse childhood experiences (ACEs) which can lead to lifelong emotional and physical challenges, please see Chapter 11.

Delaware Overview

Findings from the 2017-2018 National Survey on Drug Use and Health (NSDUH) estimate that 42,000 (approximately 4.3%) adults aged 18 and over in Delaware experienced a serious mental illness and approximately 15% experienced any mental illness in the preceding year. The same
survey estimates that approximately 6.2% of Delaware adults experienced major depression in the previous year and 4% of adults had serious thoughts of suicide. NSDUH also estimates that nearly 15% of Delaware adults received mental health services in the preceding year. From 2014-2018, the suicide rate in Delaware was 12 deaths per 100,000 (Delaware Department of Health and Social Services, Division of Public Health, 2020). According to America’s Health Rankings which draws upon multiple data sources to report on various aspect of community health, in 2019, 12.4% of all adults in Delaware experienced frequent mental distress, although older individuals report a lower rate of approximately 7% (United Health Foundation [UHF], n.d.).

Data from the 2019 High School Delaware Youth Risk Behavior Survey (YRBS) indicate that nearly one in three (approximately 31%) of Delaware 9th through 12th grade students report they had felt sad or hopeless almost every day for two weeks or more in a row in the past year. Seventeen percent report they had seriously considered attempting suicide during the past year, while 13% of students report that they had a plan for suicide, and 8% report that they had actually attempted suicide in the past year. Additionally, nearly 16% of high school students report that they had purposely hurt or cut themselves during the past year. Results from the 2019 Middle School YRBS indicate that among middle school students, 19% had seriously considered suicide, 13% had made a plan, and 9% had attempted suicide at some point in their lifetime. While it is too early to know the impact of the COVID-19 pandemic and the subsequent stay-at-home order on the mental health of individuals and families in Delaware, it is logical to assume these conditions will create additional challenges for some.

These numbers illustrate that there is a profound need for mental health services for youth, as well as adults, in Delaware. In 2019, Delaware had 262.6 mental health providers per 100,000 people, a slight increase from previous years (UHF, n.d.). Since 2013, the Department of Services for Children, Youth and their Families has also deployed behavioral health consultants in most middle schools throughout the state to provide screening and other preventive services on-site. Nonetheless, the needs remain great, particularly for specialized services and for southern Delaware; according to the Health Resources and Services Administration (HRSA), Sussex County has a shortage of mental health facilities and received a Health Professional Shortage Area score of 18 or above, which qualifies as a high-priority area (Health Resources and Services Administration [HRSA], 2017).

On a positive note, in 2018, Delaware received several new federal grants to promote enhanced mental health among Delaware youth, including Project DELAWARE and the Delaware Child Psychiatry Access Program. Other new resources have launched recently to provide support and enhance mental well-being in Delaware. Mentalhealthde.com provides information on mental wellness, suicide prevention, videos with practical tips for educators, parents and others, materials for downloading or electronic dissemination, and a special section dedicated to teens. The Delaware Hope Line is a 24/7 helpline designed to assist Delawareans cope with the stress and behavioral health needs that may have been exacerbated...
by the COVID-19 pandemic, or who are experiencing challenges connecting to needed services. It provides a single point of contact for callers to connect with the full range of resources available through the Delaware Division of Substance Abuse and Mental Health (DSAMH). Callers can reach the Hope Line at: 1-833-9-HOPEDE (1-833-946-7333). Behavioral health tips and reminders are also available by texting DEHOPE to 55753. In addition, Delaware participates in the national Crisis Textline, a promising practice for youth mental well-being, which is highlighted at the end of the following series of graphs.
2019 Delaware Youth Risk Behavior Survey
High School Students Who Felt Sad or Hopeless Almost Every Day for Two Weeks or More in the Past Year

Figure 1: Feeling sad/hopeless almost every day for 2 weeks or more in a row, past year, HS

Note:
*Estimates were not significant at the p<.05 level.

Back to table of figures
Delaware Youth Risk Behavior Survey, 1999-2019
Trends in Feelings of Sadness or Hopelessness
among High School Students in Delaware
(in percentages)

Figure 2: Trends in feeling sad/hopeless almost every day for 2 weeks or more in a row, HS

Note:
*In 2019, YRBS data was unweighted. Data from 2017 and earlier was weighted.

Back to table of figures
Figure 3: Self harm\textsuperscript{a} in the past year by sex, race/ethnicity, MS

Note:
*Estimates were not significant at the p<.05 level.
\textsuperscript{a}Self harm refers to non-suicidal self-injury, such as cutting or burning oneself on purpose without wanting to die.
Differences in self harm by individual grade level were too small (n<30) to report.

Back to table of figures
2019 Delaware Youth Risk Behavior Survey
Self Harm in the Past Year among High School Students
(in percentages)

Figure 4: Self harm in the past year, by sex, grade, and race/ethnicity, HS

Note:
Unless otherwise noted, all estimates are statistically significant at the p<.05 level.
*aSelf harm refers to non-suicidal self-injury, such as cutting or burning oneself on purpose without wanting to die.

Back to table of figures
Figure 5: Ever seriously considered suicide, MS

Note:
*Estimates were not significant at the p<.05 level.
2019 Delaware Youth Risk Behavior Survey
High School Students Who Seriously Considered Suicide in the Past Year
(in percentages)

![Pie chart showing percentages of students seriously considering suicide by gender and grade level.]

Figure 6: Seriously considered attempting suicide, past year, HS

Note:
Unless otherwise noted, all estimates are statistically significant at the p<.05 level.

Back to table of figures
Figure 7: Ever made plan for suicide, MS

Note:
*Estimates were not statistically significant at the p<.05 level.
Differences by race/ethnicity were too small (n<30) to report.
2019 Delaware Youth Risk Behavior Survey
High School Students Who Made a Plan
to Attempt Suicide in the Past Year
(in percentages)

Figure 8: Made plan to attempt suicide, past year, HS

Note:
*Estimates were not statistically significant at the p<.05 level.

Delaware Youth Risk Behavior Survey, 1999-2019
Trends in High School Students Who Made a Plan to Attempt Suicide in the Past Year (in percentages)

Figure 9: Trends in having made plan to attempt suicide in past year, HS

Note:
*In 2019, YRBS data was unweighted. Data from 2017 and earlier was weighted.

Back to table of figures
2019 Delaware Youth Risk Behavior Survey
Middle School Students Who Report Attempting Suicide in their Lifetime
(in percentages)

Figure 10: Attempted suicide in lifetime, MS

Note:
Unless otherwise noted, all estimates were statistically significant at the p<.05 level.
Individual estimates of attempted suicide by grade level and race/ethnicity were too small (n<30) to report.
### 2019 Delaware Youth Risk Behavior Survey
High School Students Who Report Attempting Suicide in the Past Year
(in percentages)

<table>
<thead>
<tr>
<th>Group</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino/a/x</td>
<td>6</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>11th/12th grade</td>
<td>6</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>9th/10th grade</td>
<td>9</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>6</td>
<td>10</td>
<td>8</td>
</tr>
</tbody>
</table>

Figure 11: Attempted suicide in past year, HS

Note:
Unless otherwise noted, all estimates are significant at the p<.05 level.


[Back to table of figures](#)
Delaware Youth Risk Behavior Survey, 1999-2019
Trends in High School Students
Who Report Attempting Suicide in the Past Year
(in percentages)

Figure 12: Trends in attempted suicide in past year, HS

Note:
*In 2019, YRBS data was unweighted. Data from 2017 and earlier was weighted.

Back to table of figures
Promising Practices: The Crisis Text Line

Crisis texting services are considered promising practices in suicide prevention. The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) sponsors the Garrett Lee Smith Suicide Prevention initiative, which funded the Department of Services for Children, Youth and their Families (DSCYF) to conduct Project SAFETY in Delaware through June 2020. The agency partnered with Crisis Text Line (CTL), a nonprofit organization that provides crisis texting services staffed by trained volunteers who respond to the texters, providing support and information, and, whenever necessary, triggering an active rescue. Staffers code the conversations according to keywords. When a texter uses a specific designation, data is collected to highlight aggregate characteristics of those conversations.

The first chart below provides the frequency of CTL conversations that have been attributed to Delaware’s Project SAFETY designation (text DE to 741741). As of June 2020, CTL had 1,744 registered conversations under this classification and there had been nine active rescues. The second chart illustrates the topics of conversations by those using CTL as coded by the trained volunteers. Relationships, anxiety and stress, and depression and sadness are the top-three topics coded, followed by suicide, which was identified in 19% of conversations.
Monthly Frequency of Crisis Text Line Conversations

Figure 13: Frequency of conversations, texters, and active rescues, 2016-20

Topics of Crisis Text Line Conversations (in percentages)

Figure 14: Crisis text line conversation topics

Back to table of figures
2. References

Mental Health and Wellness


https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response
## Data Sources

<table>
<thead>
<tr>
<th>Data Instrument</th>
<th>Administered/Compiled by</th>
<th>Most Recent Data</th>
<th>Trend Range</th>
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<tbody>
<tr>
<td>Delaware Annual Traffic Statistical Report</td>
<td>Delaware State Police/Delaware Statistical and Analysis Center</td>
<td>2019</td>
<td>-</td>
</tr>
<tr>
<td>Delaware Behavioral Risk Factor Surveillance System (BRFSS)</td>
<td>DE Division of Public Health (sponsored by the CDC)</td>
<td>2018</td>
<td>-</td>
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<tr>
<td>Delaware Prescription Monitoring Program (PMP)</td>
<td>DE Department of State, Division of Professional Regulation</td>
<td>2018</td>
<td>2012- 2018</td>
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<td>Delaware School Survey (DSS) – 5th, 8th, and 11th grades</td>
<td>Center for Drug and Health Studies, UD</td>
<td>2019</td>
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<td>Delaware Youth Risk Behavior Survey (YRBS) – High School</td>
<td>Center for Drug and Health Studies, UD (sponsored by DE Division of Public Health and the CDC)</td>
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<tr>
<td>Delaware Youth Risk Behavior Survey (YRBS) – Middle School</td>
<td>Center for Drug and Health Studies, UD (sponsored by Nemours)</td>
<td>2019</td>
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<tr>
<td>Delaware Youth Tobacco Survey – 6th – 12th grades</td>
<td>Center for Drug and Health Studies, UD (sponsored by DE Division of Public Health)</td>
<td>2018</td>
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<td>Monitoring the Future – 8th, 10th, and 12th grades</td>
<td>University of Michigan (sponsored by the National Institute on Drug Abuse)</td>
<td>2019</td>
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<td>Performance Measures, Delaware</td>
<td>National Highway Safety Administration</td>
<td>2018</td>
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</tr>
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<td>US Health Resources &amp; Services Administration</td>
<td>2018</td>
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<td>National Survey on Drug Use and Health (NSDUH)</td>
<td>US Substance Abuse and Mental Health Services Administration</td>
<td>2016 - 2018</td>
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<td>2019</td>
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<tr>
<td>Treatment Admissions Data</td>
<td>US Substance Abuse and Mental Health Services Administration, collected by Delaware Division of Substance Abuse and Mental Health</td>
<td>2019</td>
<td>2002 - 2019</td>
</tr>
</tbody>
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In addition to the data sources for the figures and tables in the 2020 report, the following data sources are also cited throughout the narrative:

- America’s Health Rankings
- Bureau of Labor Statistics
- Centers for Disease Control and Prevention
- Delaware Department of Education
- Delaware Department of Safety and Homeland Security, Division of Forensic Science
- Delaware Health Tracker
- Delaware Household Health Survey
- Drug Enforcement Administration
- Health Resources and Services Administration
- KIDS COUNT in Delaware
- National Center for Health Statistics
- National Conference of State Legislatures
- National Institute on Drug Abuse
- National Institute on Mental Health
- RTI International
- State of Delaware Economic Development Office
- The Trevor Project
- U.S. Census Bureau