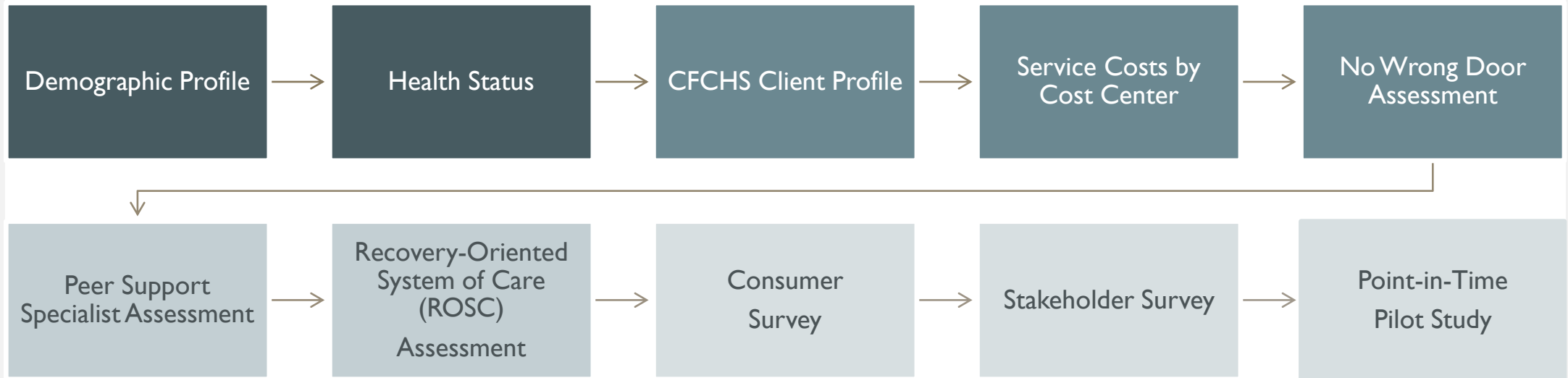
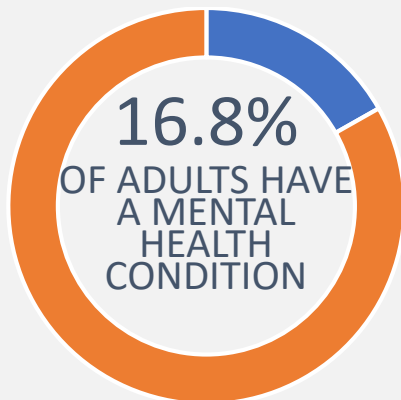


**2019**  
**CENTRAL FLORIDA CARES**  
HEALTH SYSTEM

**Behavioral Health Needs Assessment**  
**Brevard County**

# NEEDS ASSESSMENT COMPONENTS





**NEARLY 1/3**  
HAVE A CO-OCCURRING  
SUBSTANCE USE  
DISORDER



**MOST FLORIDIANS  
LACK ACCESS TO CARE**

**61.7%**  
OF ADULTS WITH A  
MENTAL ILLNESS  
**DID NOT  
RECEIVE  
TREATMENT**

**ONE IN 5.5**



**10.1%**

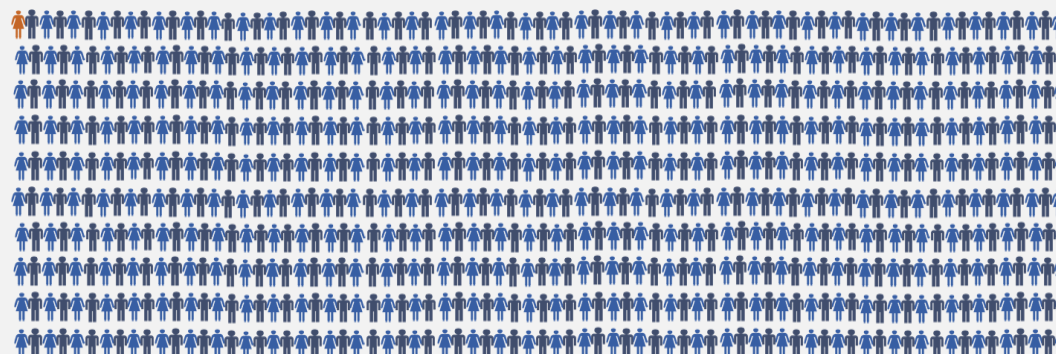
OF YOUTH HAD  
**NO ACCESS**  
TO MENTAL  
HEALTH  
SERVICES  
THROUGH  
THEIR PRIVATE  
INSURANCE



**13.5%**  
PREVALENCE  
OF YOUTH  
MARIJUANA  
USE

**106,000** THOUSAND  
YOUTH WITH MAJOR DEPRESSIVE EPISODES  
**DID NOT**  
RECEIVE TREATMENT

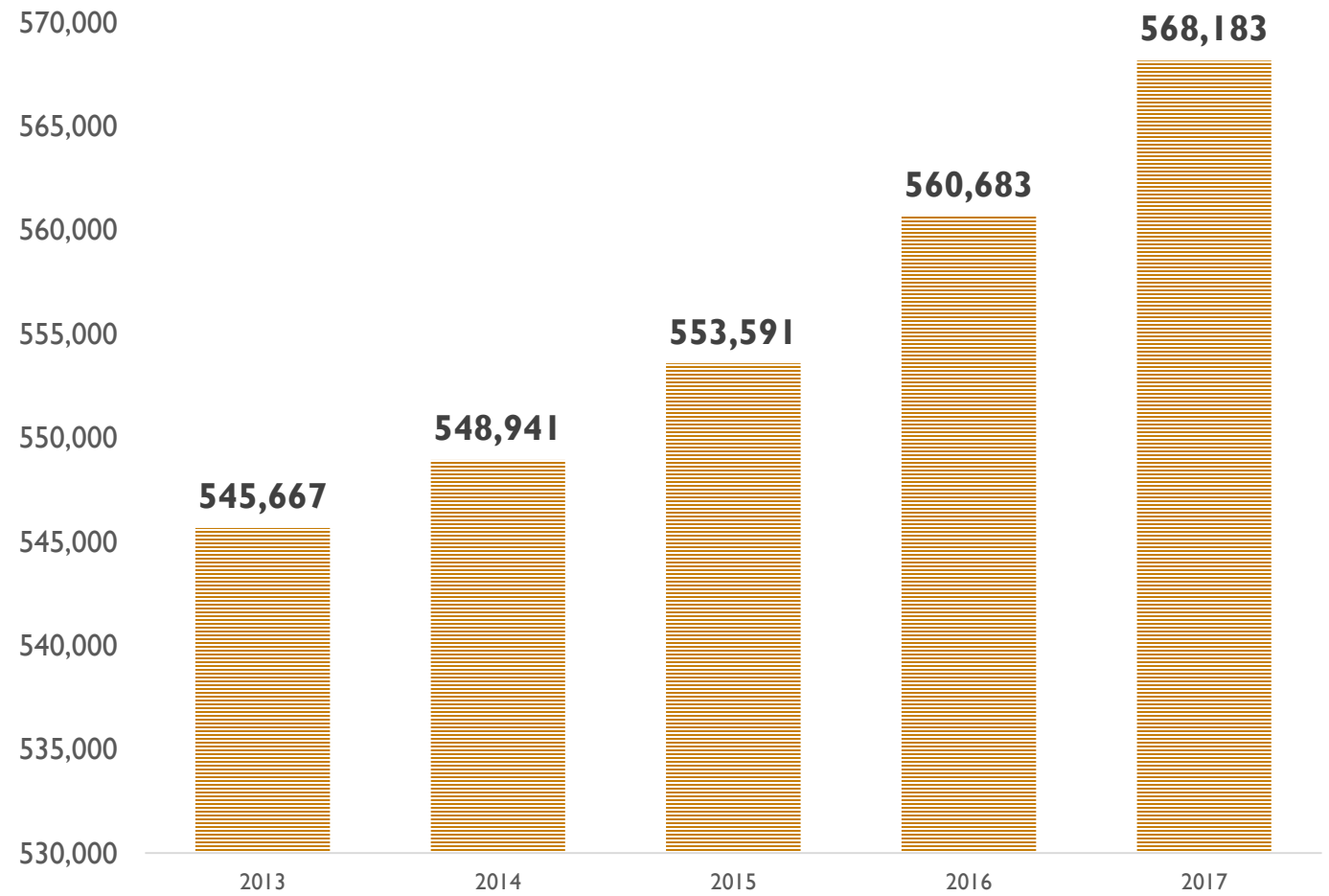
IN FLORIDA,  
THERE'S ONLY  
**ONE MENTAL HEALTH  
PROFESSIONAL**  
PER 750  
PEOPLE



# **DEMOGRAPHIC PROFILE**

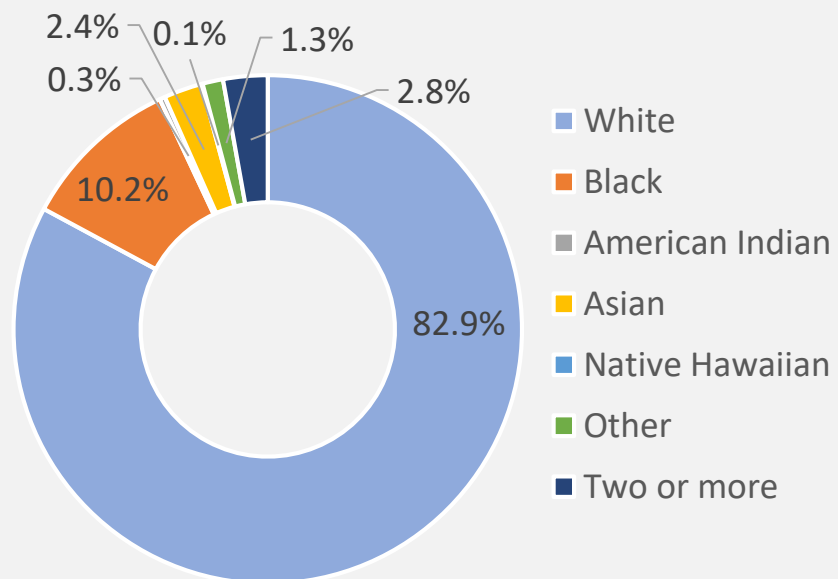
## **FOR THE SERVICE AREA**

## POPULATION ESTIMATES

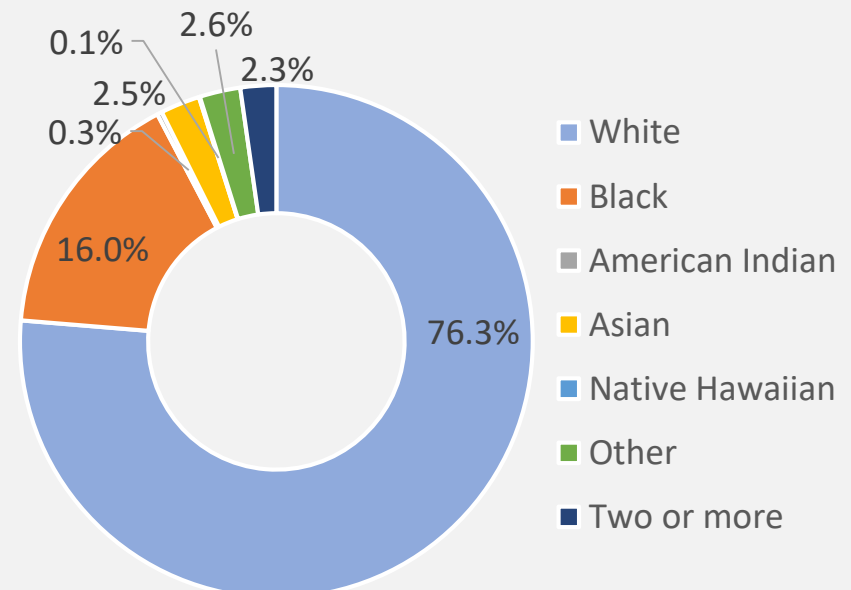


# RACE

## BREVARD COUNTY



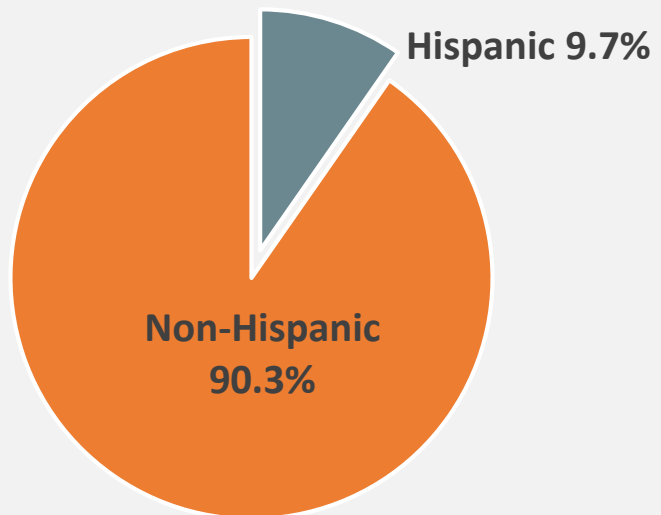
## FLORIDA



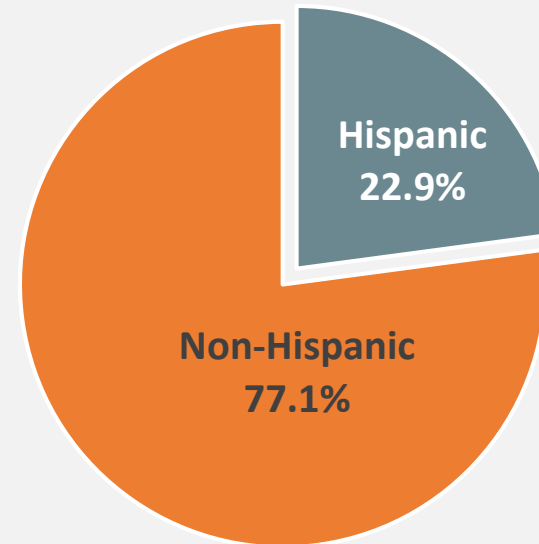
SOURCE: U.S. Census Bureau, American Community Survey (2013-2017)

# ETHNICITY

## BREVARD COUNTY



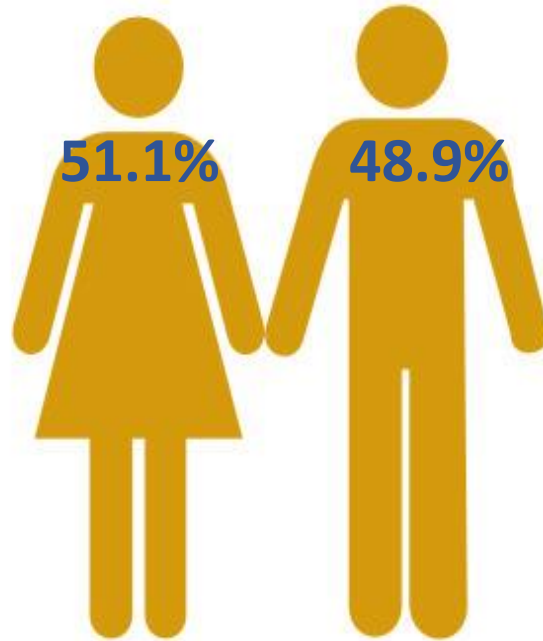
## FLORIDA



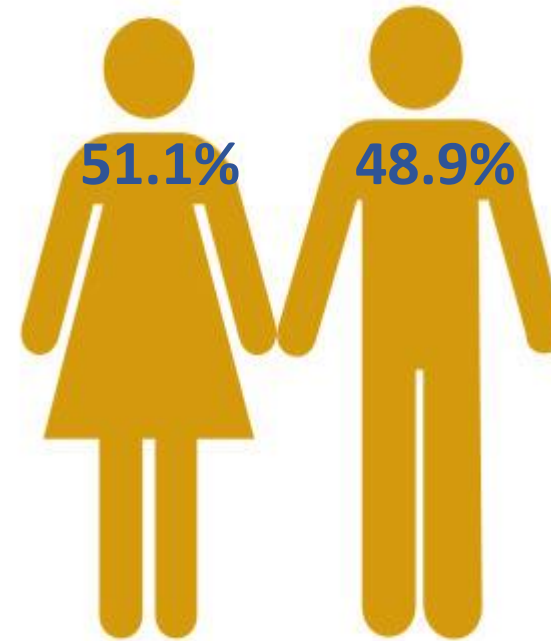
SOURCE: U.S. Census Bureau, American Community Survey (2013-2017)

# GENDER

## BREVARD COUNTY

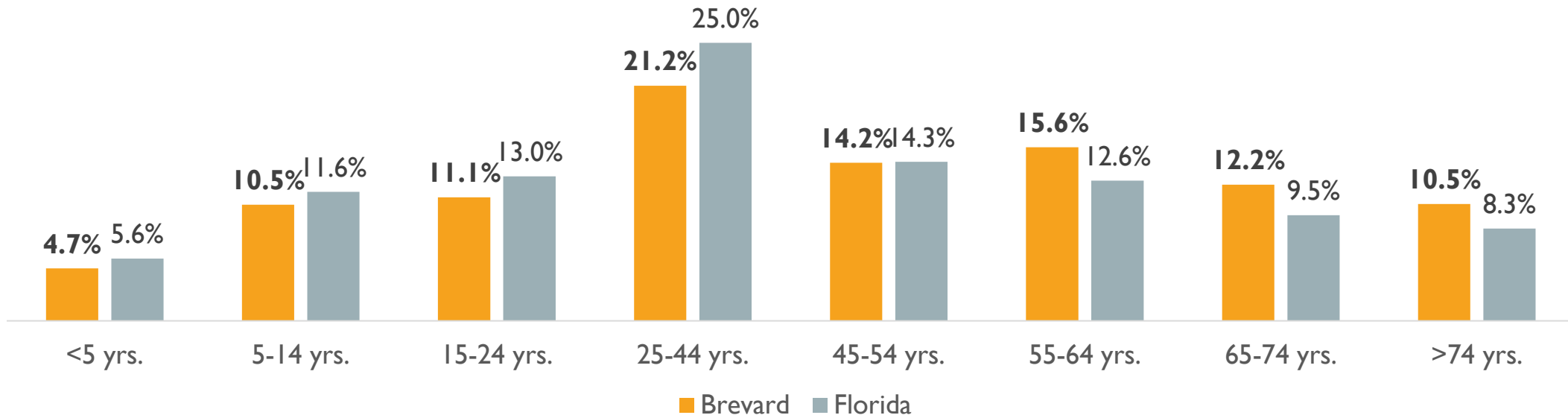


## FLORIDA



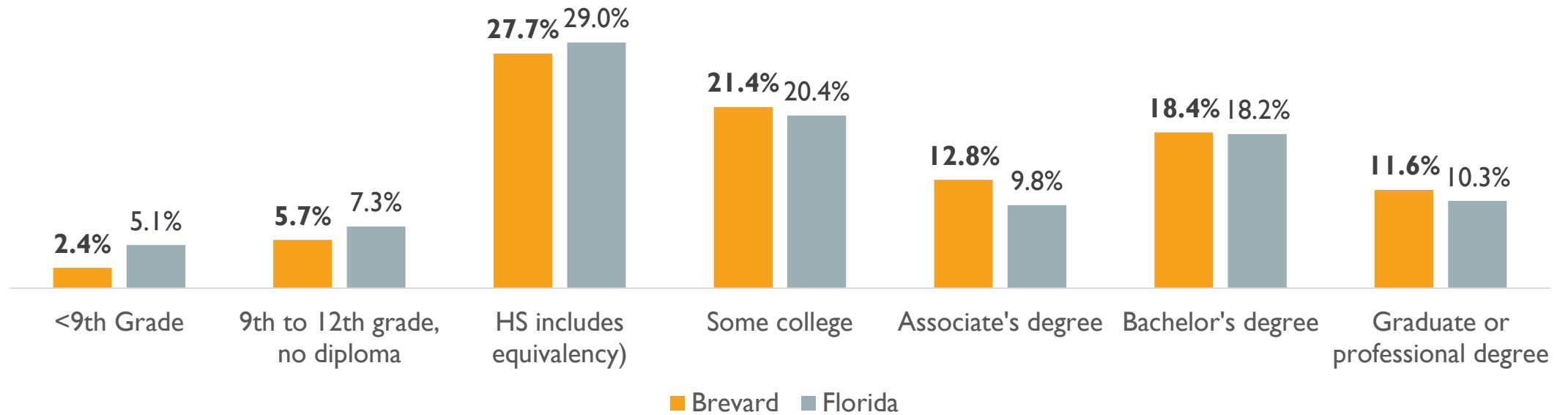
SOURCE: U.S. Census Bureau, American Community Survey (2013-2017)





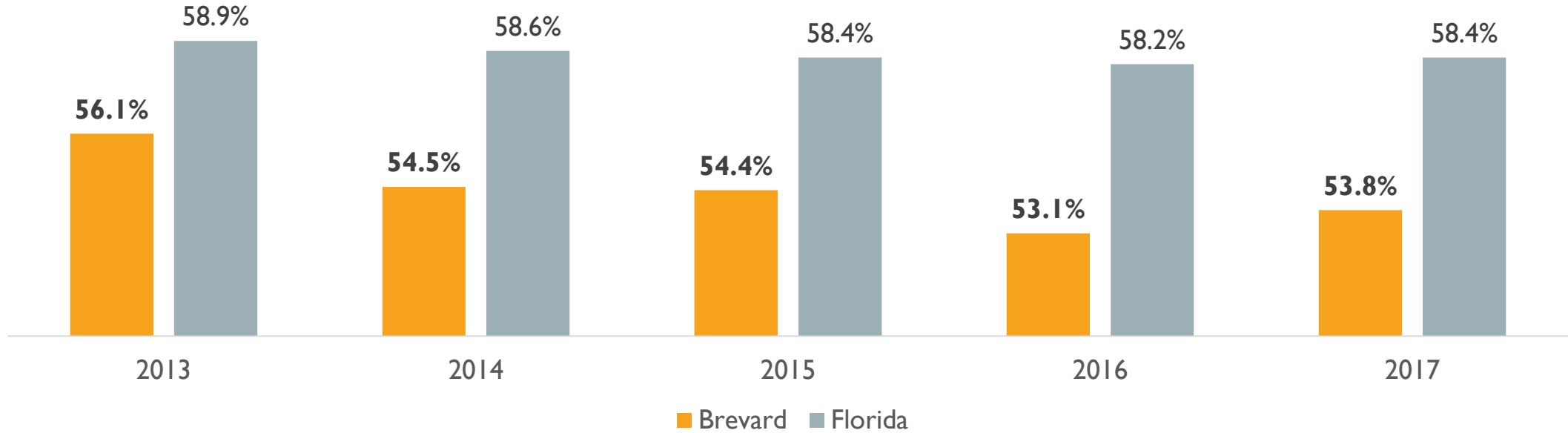
SOURCE: U.S. Census Bureau, American Community Survey (2013-2017)

AGE RANGE



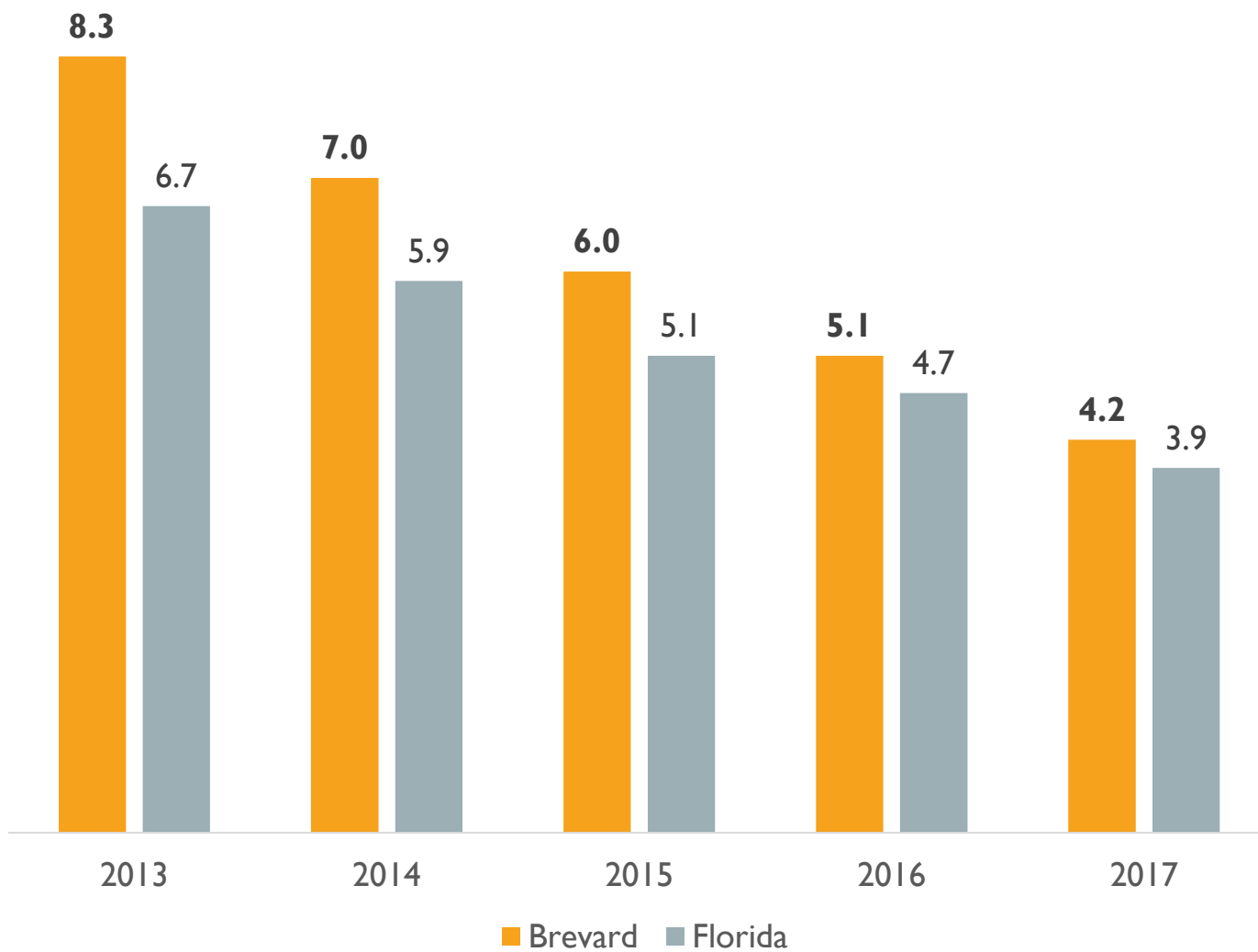
SOURCE: U.S. Census Bureau, American Community Survey (2013-2017)

## EDUCATIONAL ATTAINMENT



SOURCE: U.S. Bureau of Labor Statistics

## LABOR FORCE PARTICIPATION

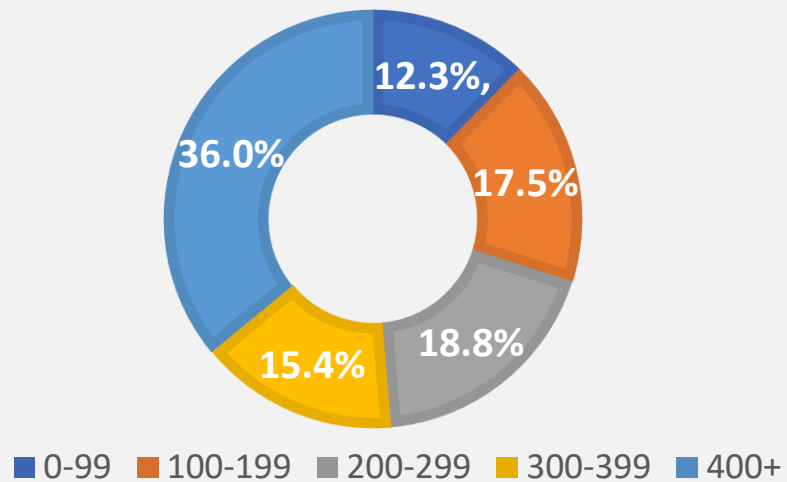


SOURCE: U.S. Bureau of Labor Statistics (Not seasonally adjusted)

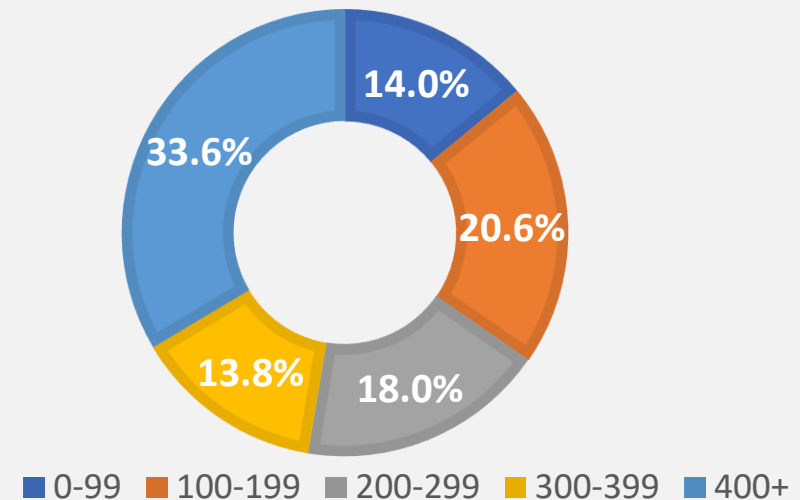
## UNEMPLOYMENT RATES

## RATIO OF INCOME TO POVERTY LEVEL

### BREVARD COUNTY



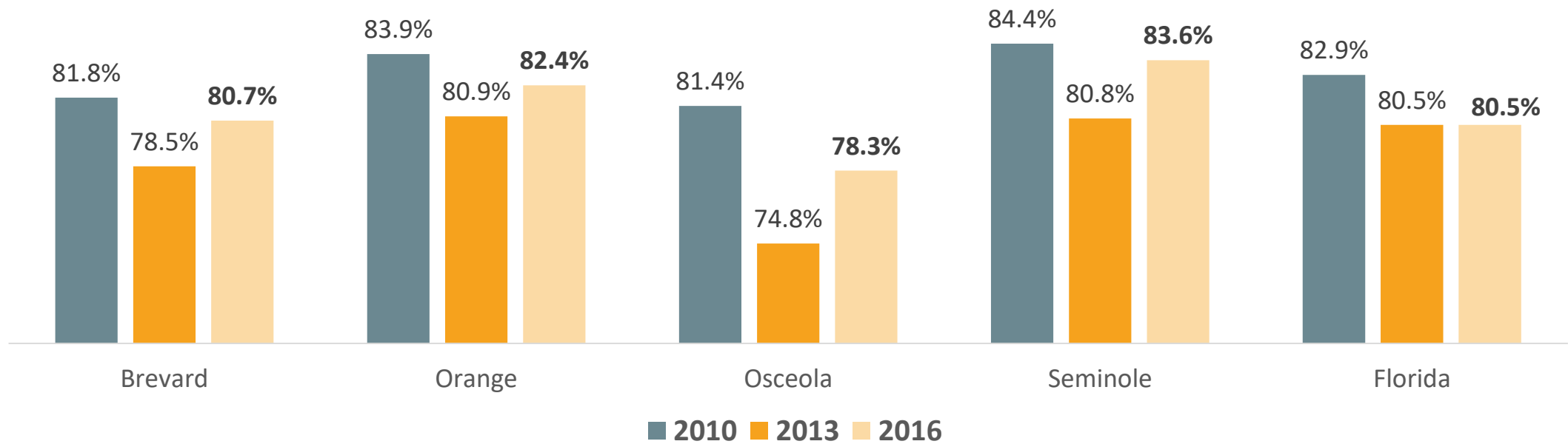
### FLORIDA



SOURCE: U.S. Census Bureau, American Community Survey (2017)

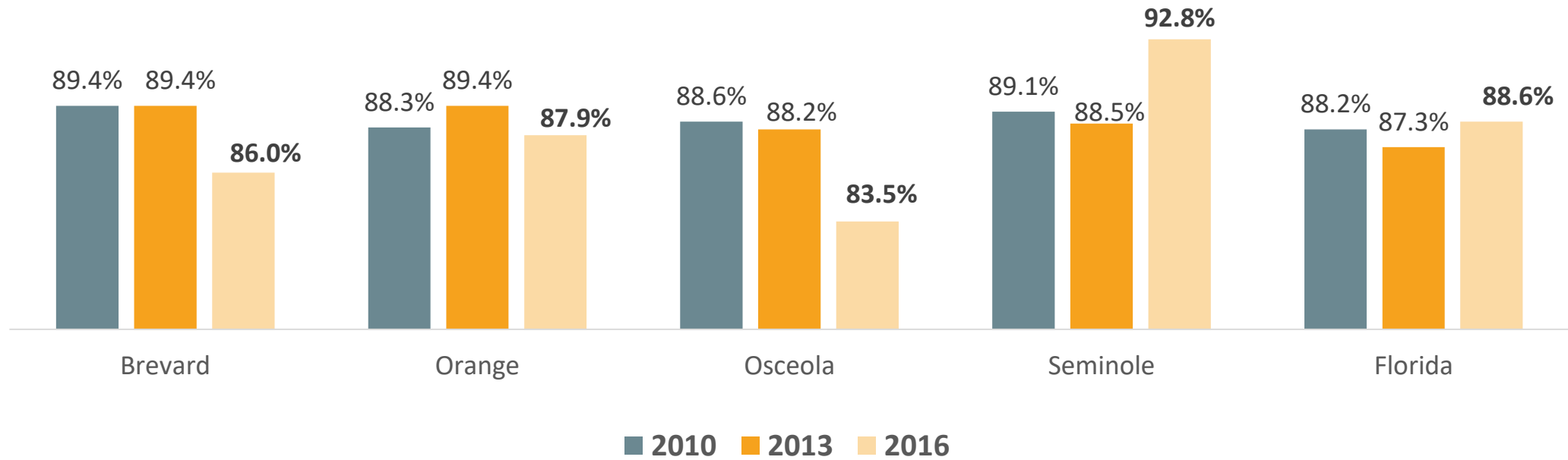
# **HEALTH STATUS**

FOR THE SERVICE AREA



SOURCE: Behavioral Risk Factor Surveillance System

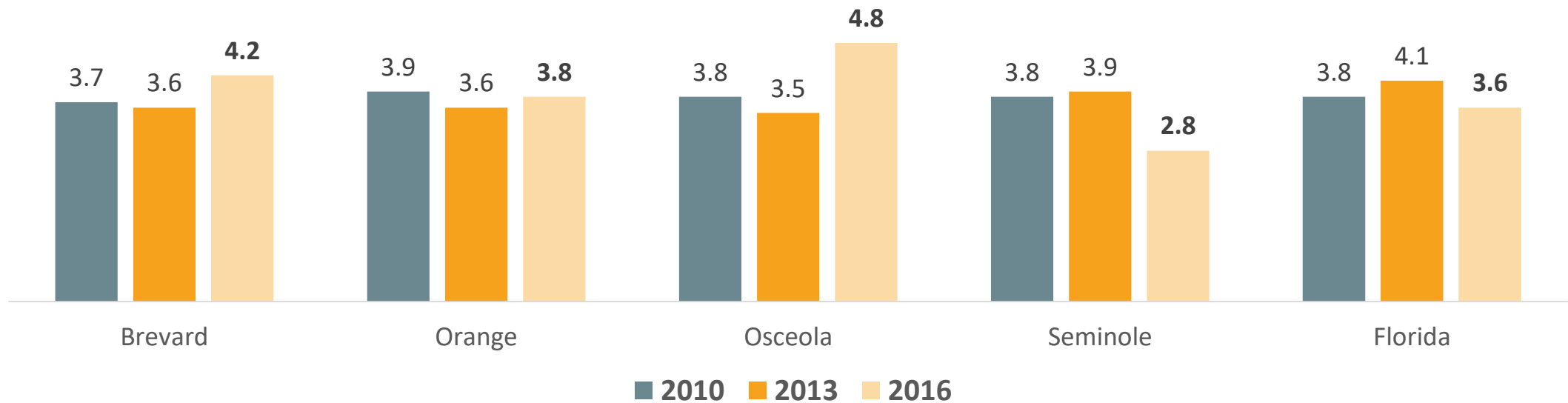
GOOD TO EXCELLENT HEALTH



SOURCE: Behavioral Risk Factor Surveillance System

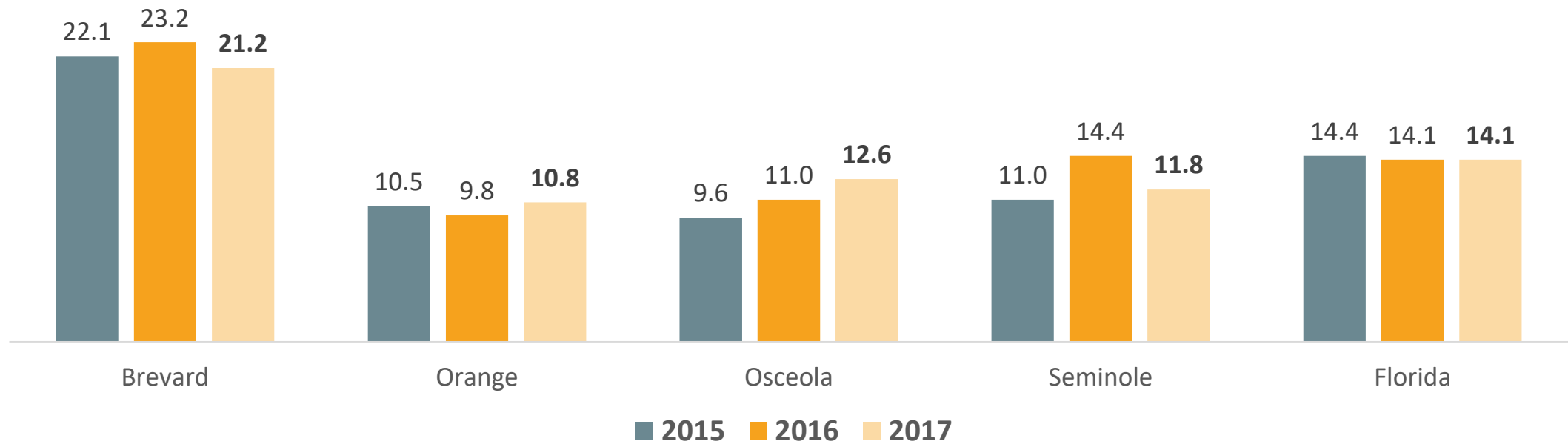
ADULTS WITH GOOD MENTAL HEALTH





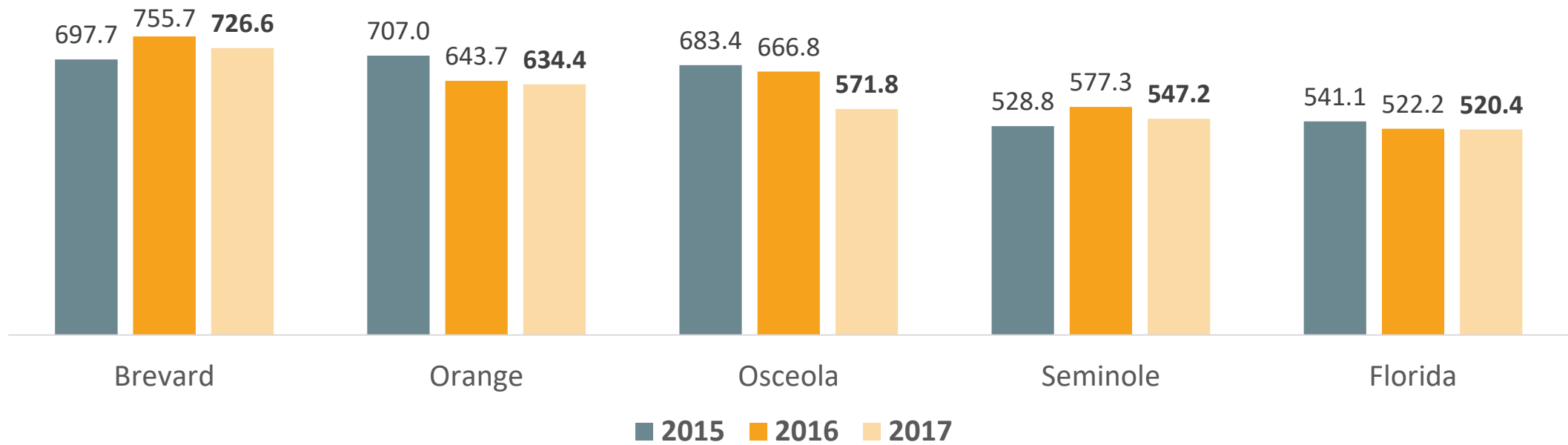
SOURCE: Behavioral Risk Factor Surveillance System (Unhealthy days in the past 30 days)

## AVERAGE NUMBER OF ADULT MENTAL HEALTH DAYS



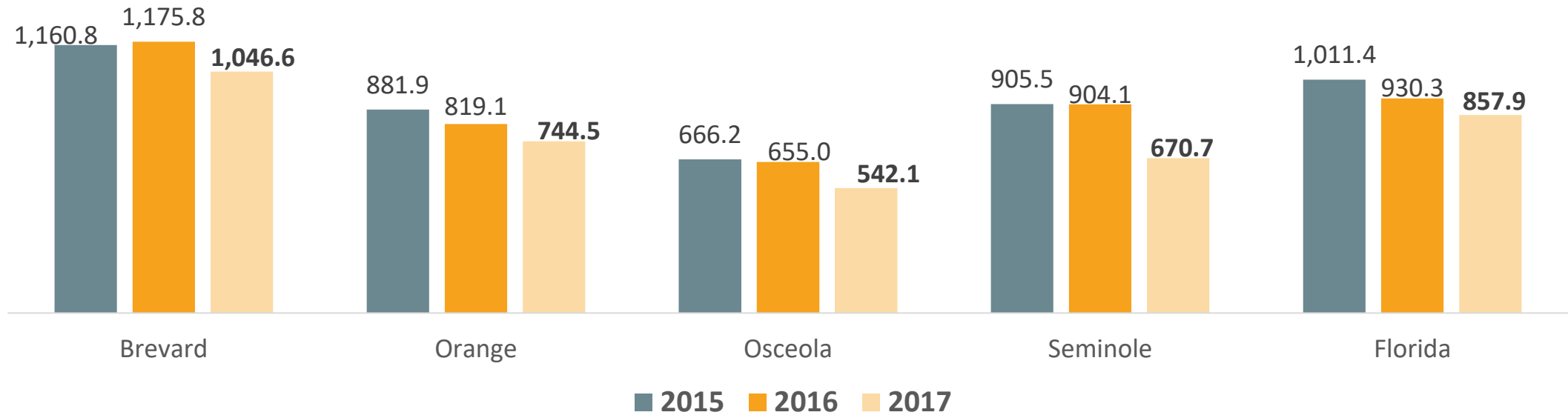
SOURCE: Florida Department of Health, Bureau of Vital Statistics (per 100,000 population)

## SUICIDE AGE-ADJUSTED DEATH RATE



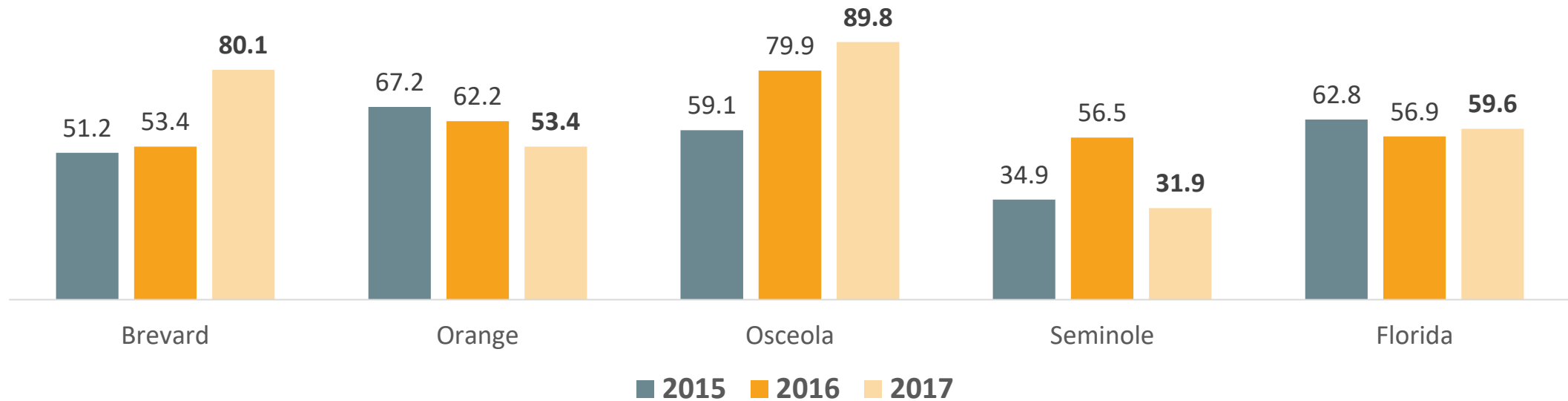
SOURCE: Florida Department of Law Enforcement (per 100,000 population)

## TOTAL DOMESTIC VIOLENCE OFFENCES



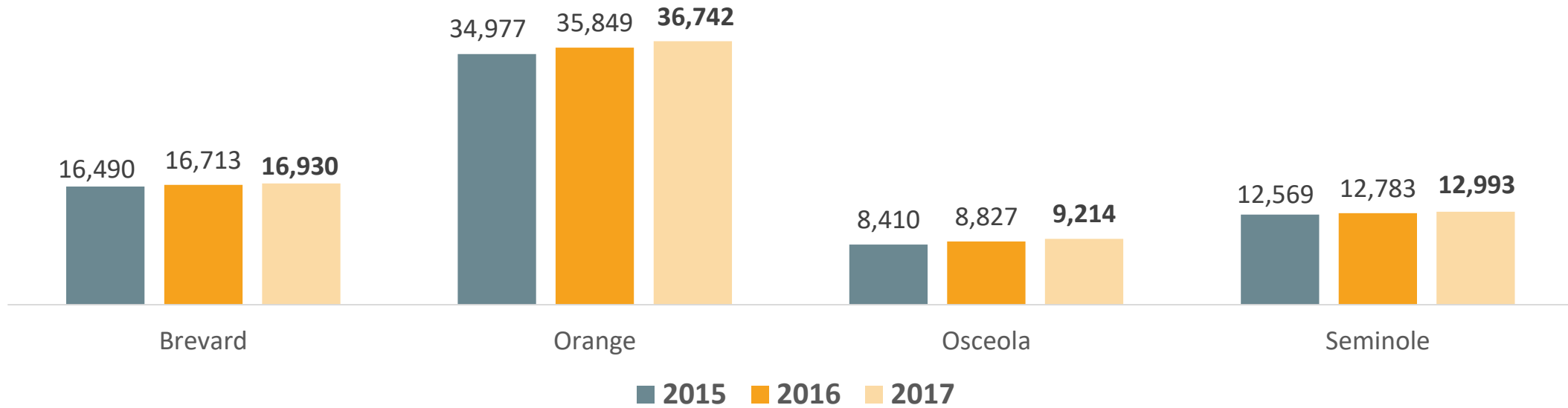
SOURCE: Florida Department of Children and Families, Florida Safe Families Network Data Mart (per 100,000 population)

## RATE OF CHILDREN EXPERIENCING CHILD ABUSE AGES 5-11 YEARS



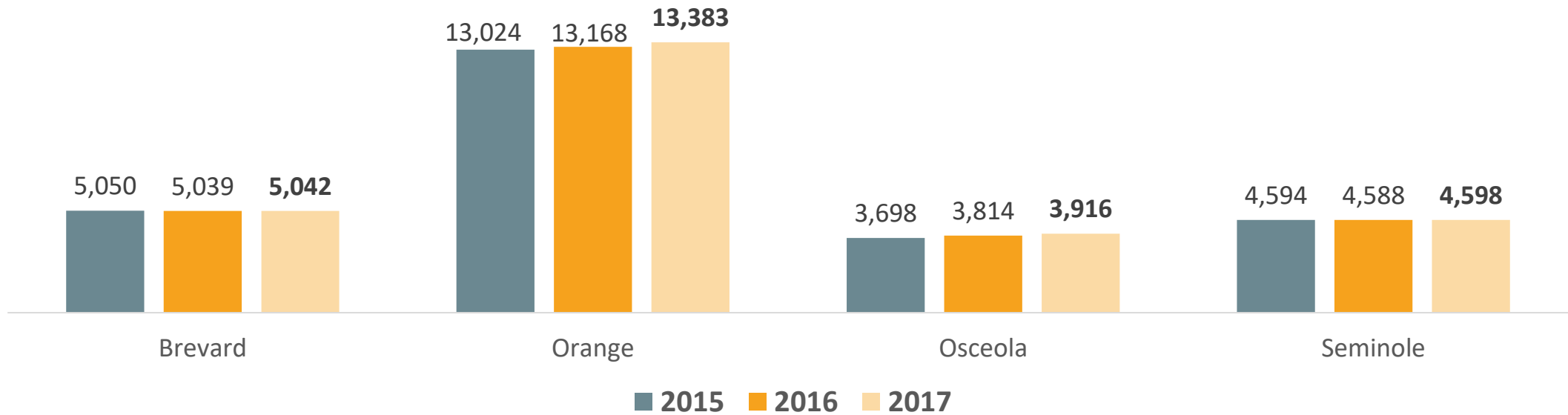
SOURCE: Florida Department of Children and Families, Florida Safe Families Network Data Mart (per 100,000 population)

## RATE OF CHILDREN EXPERIENCING SEXUAL VIOLENCE AGES 5-11 YEARS



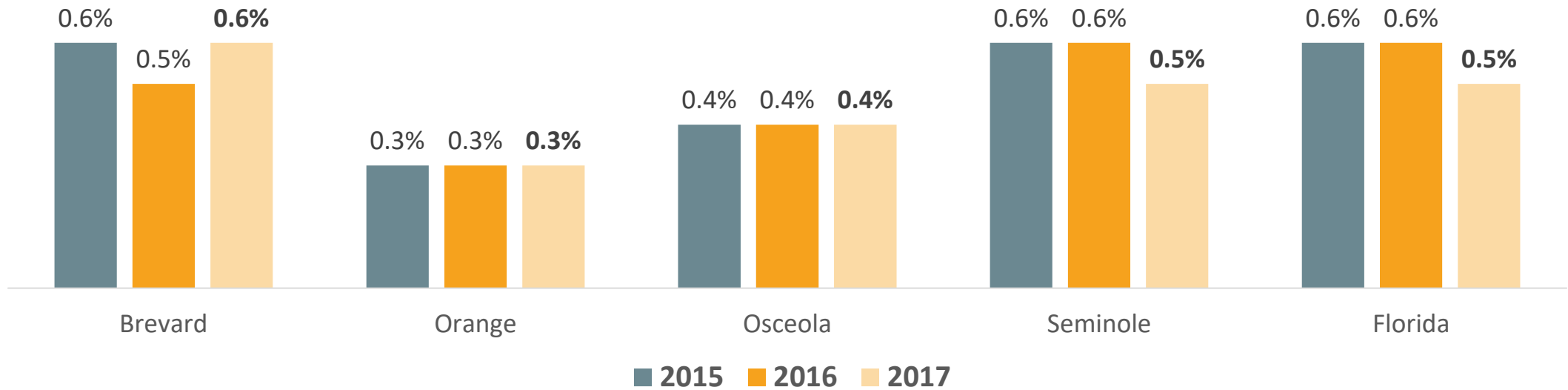
SOURCE: Estimates based on Department of Health and Human Services Mental Health report

## ESTIMATED NUMBER OF SERIOUSLY MENTALLY ILL ADULTS



SOURCE: Estimates based on Department of Health and Human Services report Mental Health

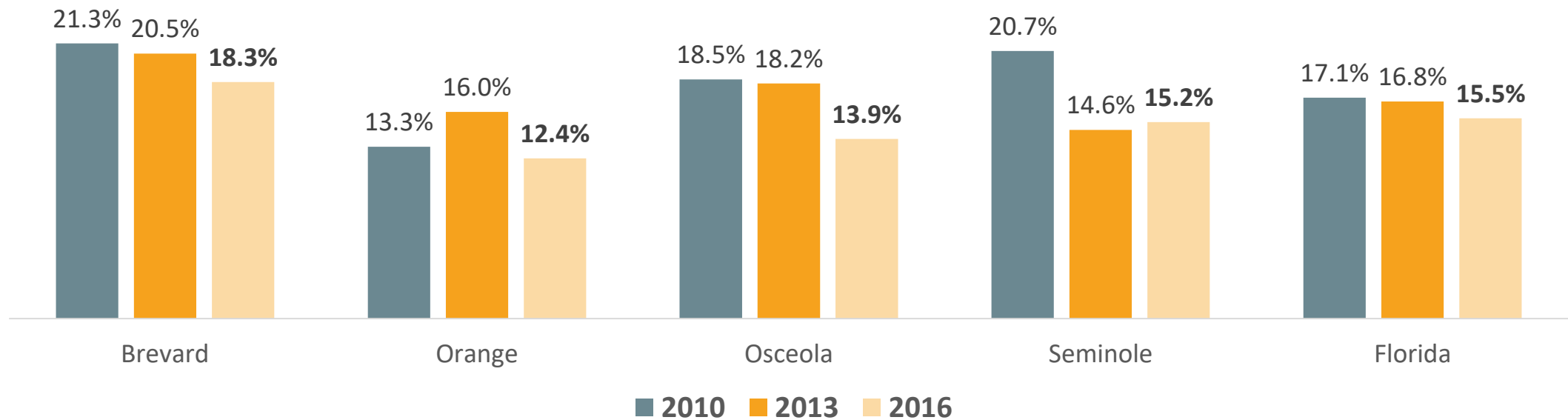
## ESTIMATED NUMBER OF EMOTIONALLY DISTURBED YOUTH AGES 9-17 YEARS



SOURCE: Florida Department of Education, Education Information and Accountability Services (EIAS)

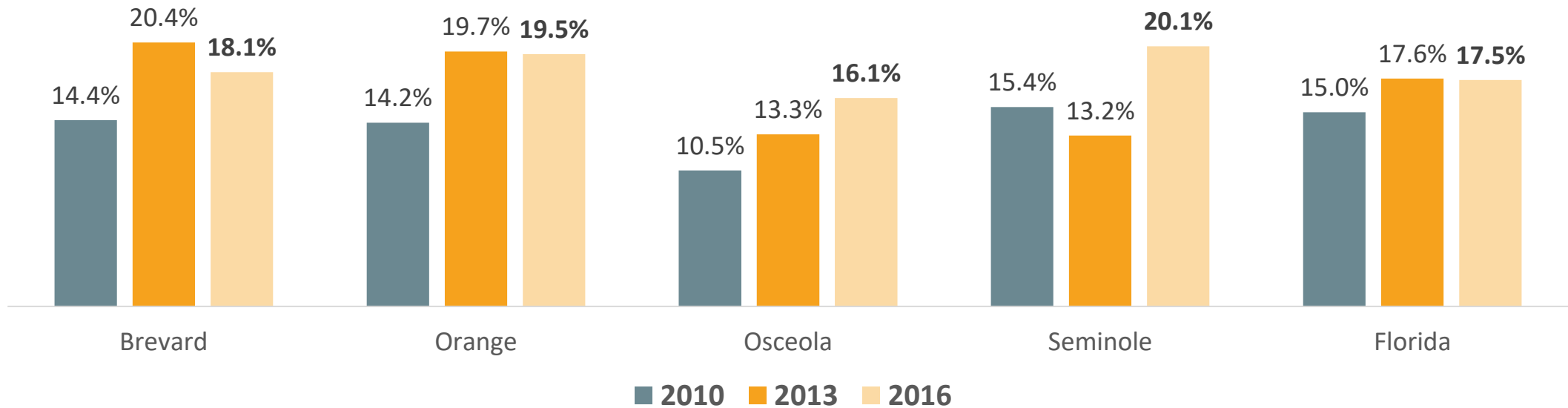
## CHILDREN WITH EMOTIONAL/BEHAVIORAL DISABILITY GRADES K-12





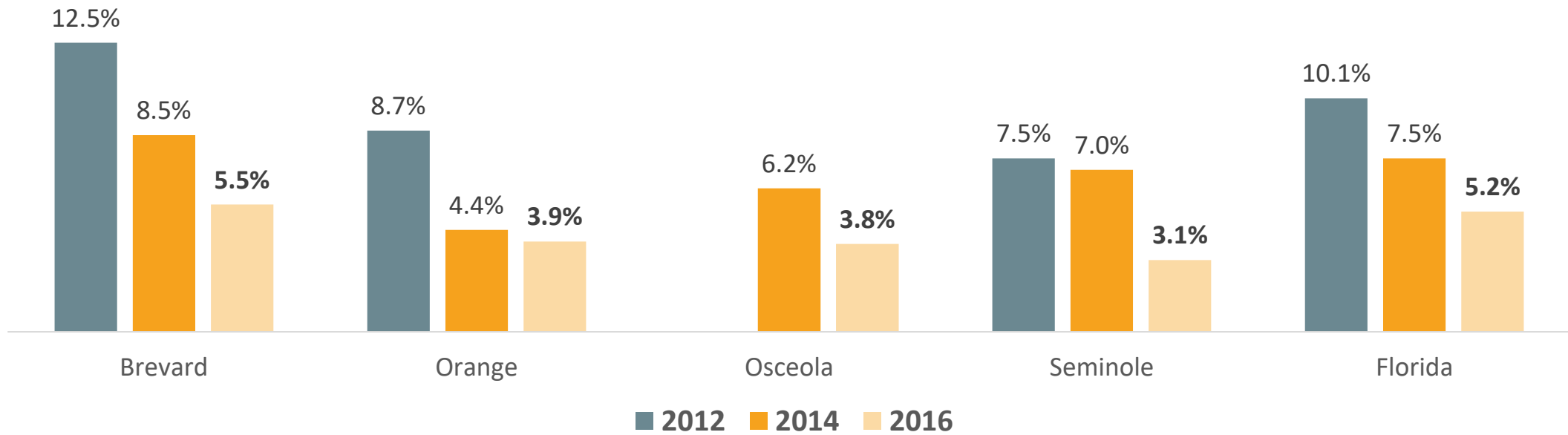
SOURCE: Behavioral Risk Factor Surveillance System

ADULTS WHO ARE CURRENT SMOKERS



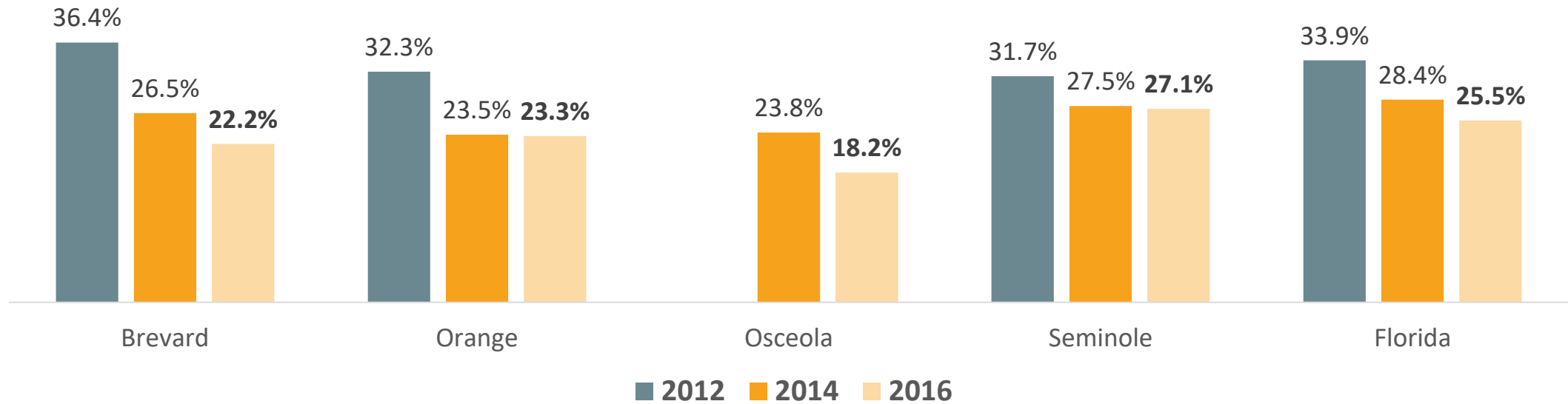
SOURCE: Behavioral Risk Factor Surveillance System

## ADULTS WHO ENGAGE IN HEAVY OR BINGE DRINKING



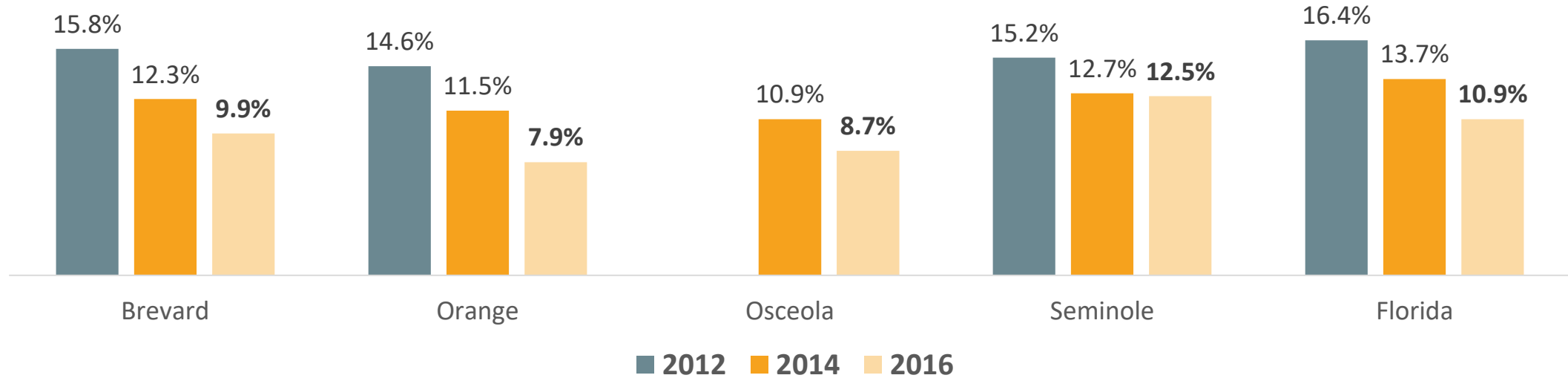
SOURCE: Florida Department of Children and Families, Florida Youth Tobacco Survey (Missing data indicate sample size is statistically unreliable)

## HIGH SCHOOL STUDENTS SMOKING CIGARETTES IN PAST 30 DAYS



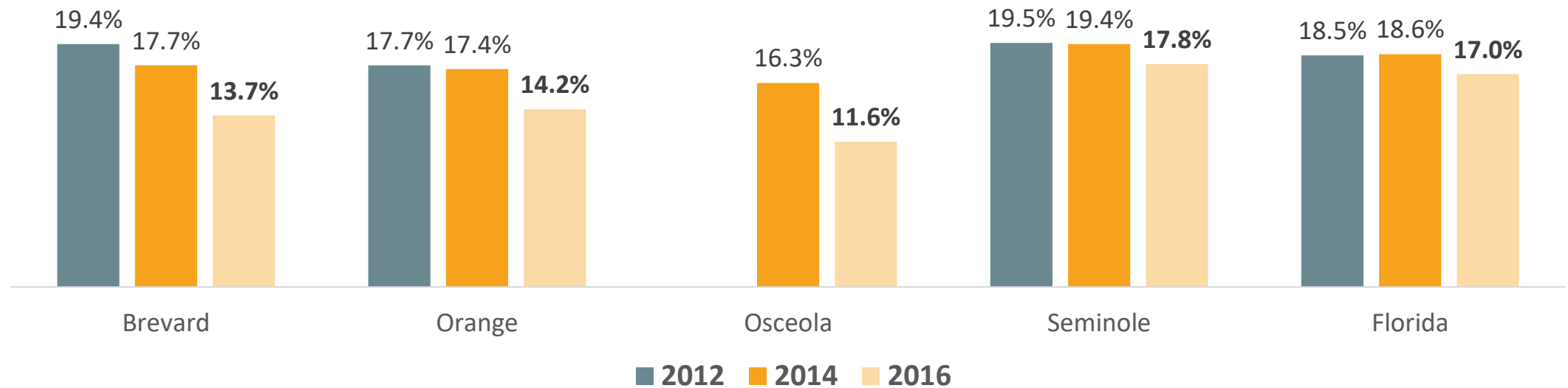
SOURCE: Florida Department of Children and Families, Florida Youth Substance Abuse Survey (Missing data indicate sample size is statistically unreliable)

**HIGH SCHOOL STUDENTS WHO HAVE  
USED ALCOHOL IN PAST 30 DAYS**



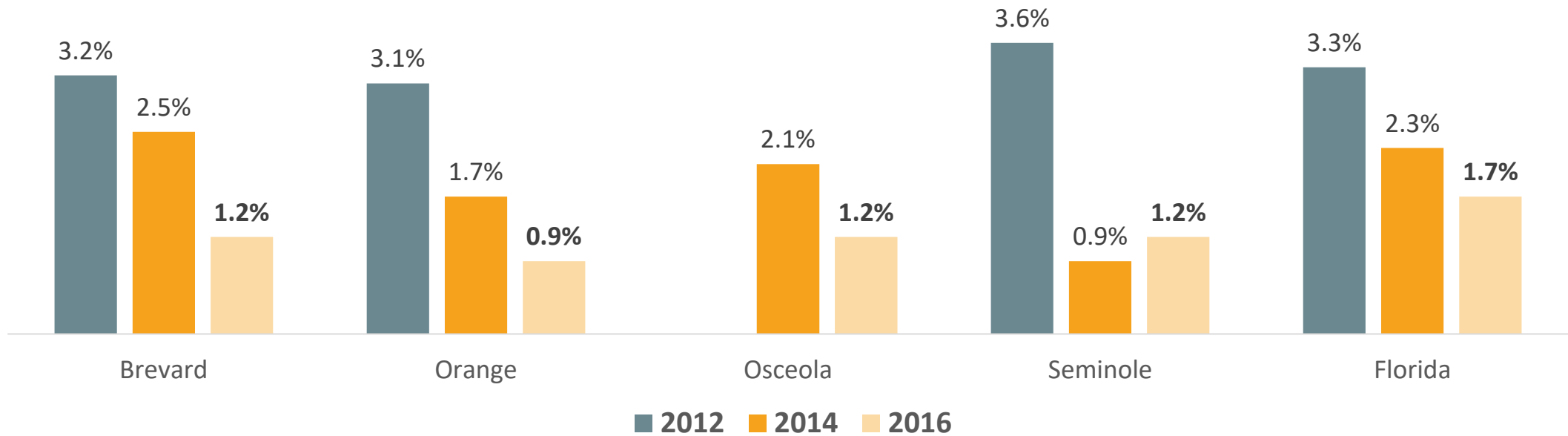
SOURCE: Florida Department of Children and Families, Florida Youth Substance Abuse Survey (Missing data indicate sample size is statistically unreliable)

## HIGH SCHOOL STUDENTS REPORTING BINGE DRINKING



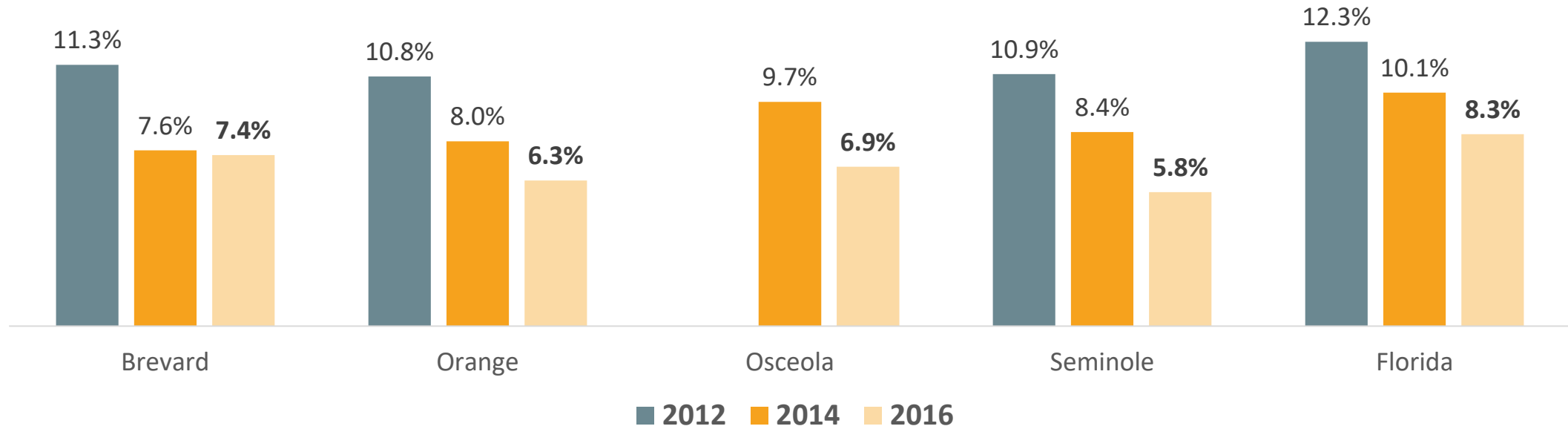
SOURCE: Florida Department of Children and Families, Florida Youth Substance Abuse Survey (Missing data indicate sample size is statistically unreliable)

# HIGH SCHOOL STUDENTS USING MARIJUANA IN PAST 30 DAYS



SOURCE: Florida Department of Children and Families, Florida Youth Tobacco Survey (Missing data indicate sample size is statistically unreliable)

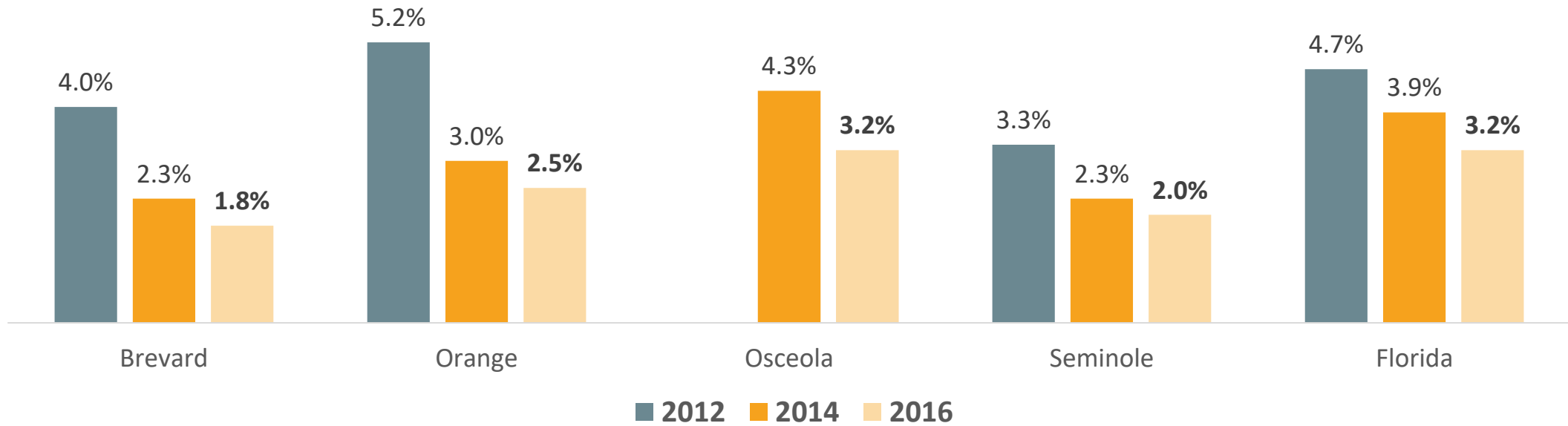
## MIDDLES SCHOOL STUDENTS SMOKING CIGARETTES IN PAST 30 DAYS



SOURCE: Florida Department of Children and Families, Florida Youth Substance Abuse Survey (Missing data indicate sample size is statistically unreliable)

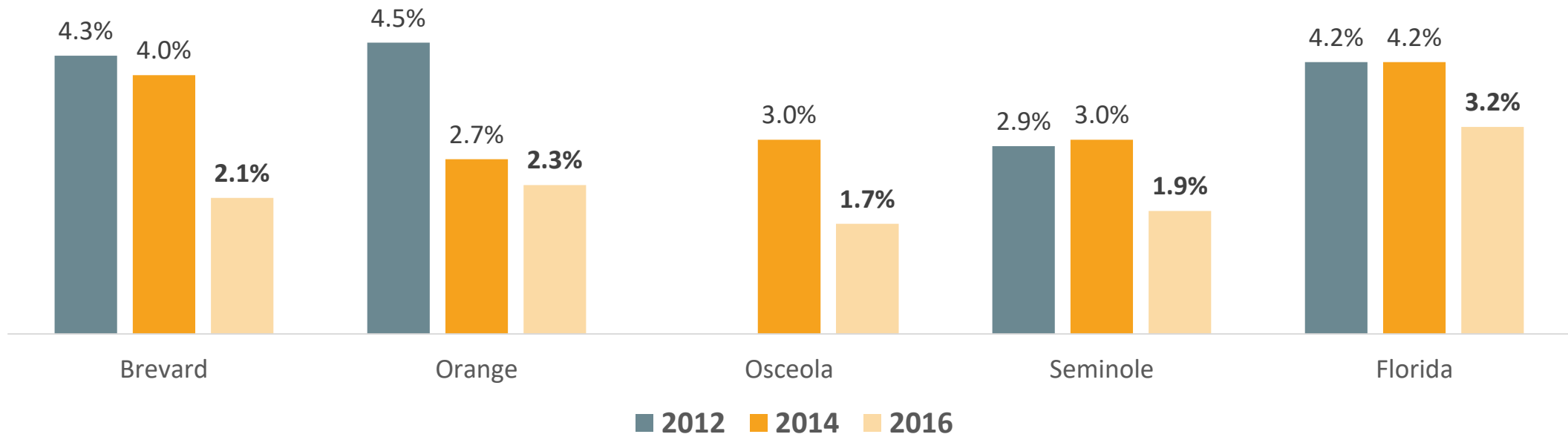
**MIDDLE SCHOOL STUDENTS WHO HAVE  
USED ALCOHOL IN PAST 30 DAYS**



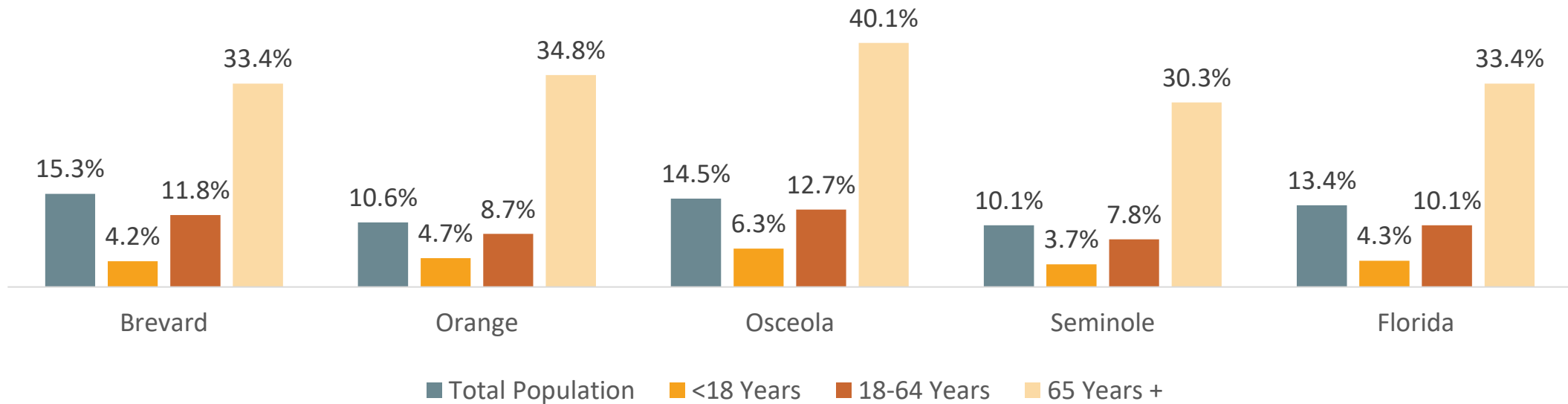


SOURCE: Florida Department of Children and Families, Florida Youth Substance Abuse Survey (Missing data indicate sample size is statistically unreliable)

## MIDDLE SCHOOL STUDENTS REPORTING BINGE DRINKING

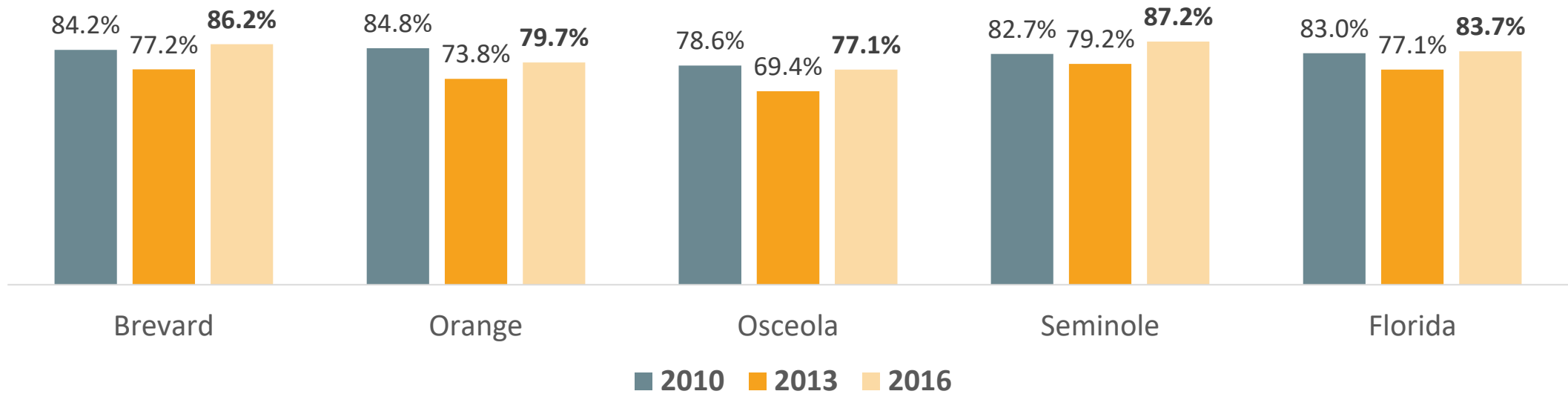


**MIDDLE SCHOOL STUDENTS USING  
MARIJUANA IN THE PAST 30 DAYS**



SOURCE: U.S Census Bureau, American Community Survey (2013-2017) Disability includes: Hearing, vision, cognitive, ambulatory, self-care, and independent living.

## CIVILIAN NONINSTITUTIONALIZED POPULATION WITH A DISABILITY

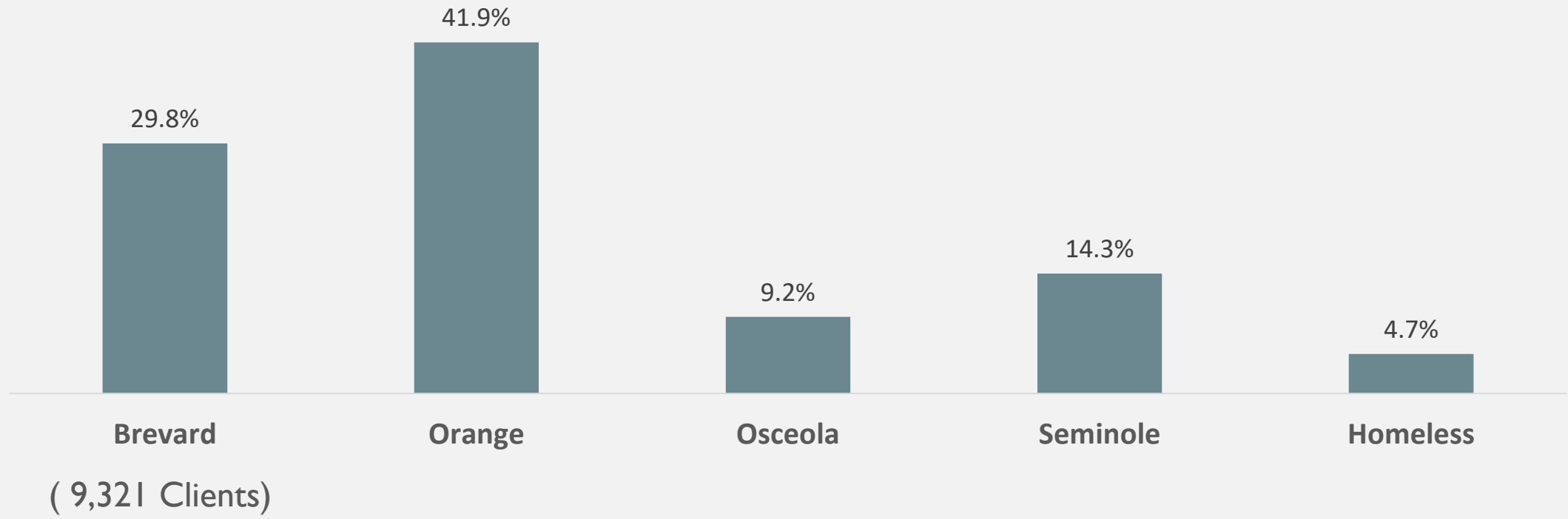


SOURCE: Behavioral Risk Factor Surveillance System

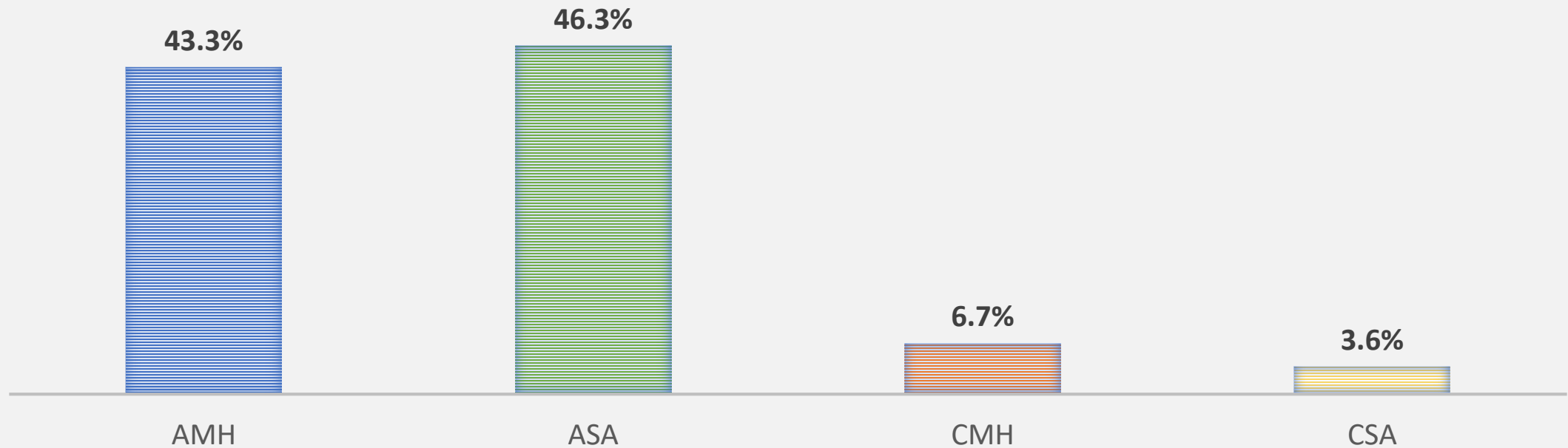
## ADULTS WITH ANY TYPE OF HEALTH INSURANCE COVERAGE

# CFCHS CLIENT PROFILE

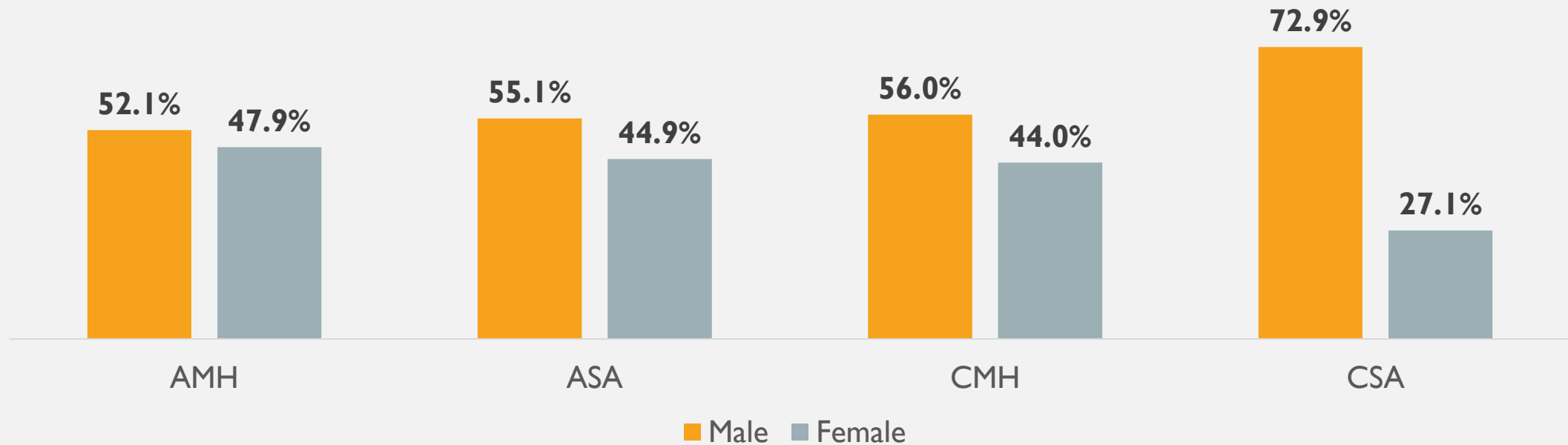
## CLIENTS BY COUNTY



## BREVARD COUNTY CLIENTS BY PROGRAM

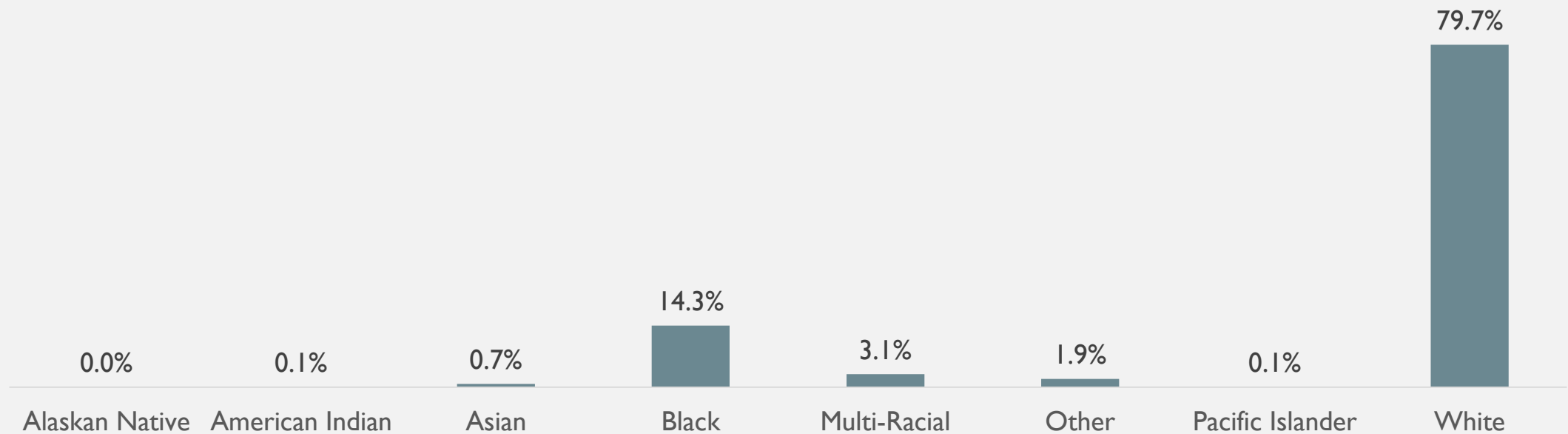


## BREVARD COUNTY CLIENTS BY PROGRAM AND GENDER

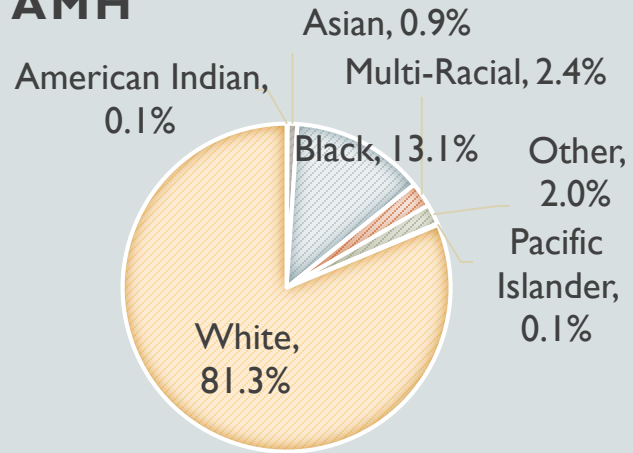




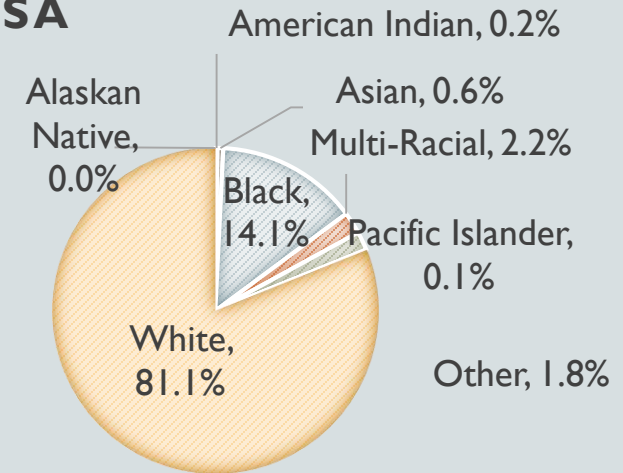
## BREVARD COUNTY CLIENTS BY RACE



### AMH

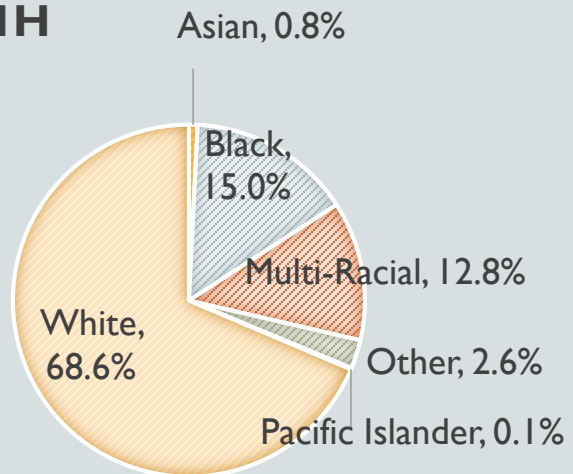


### ASA

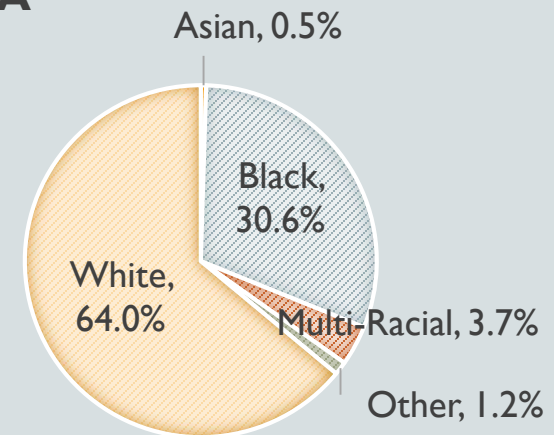


## PROGRAM AND RACE

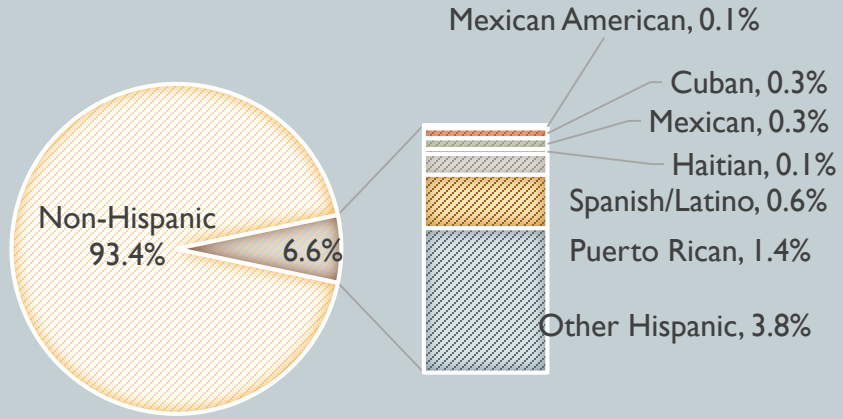
### CMH



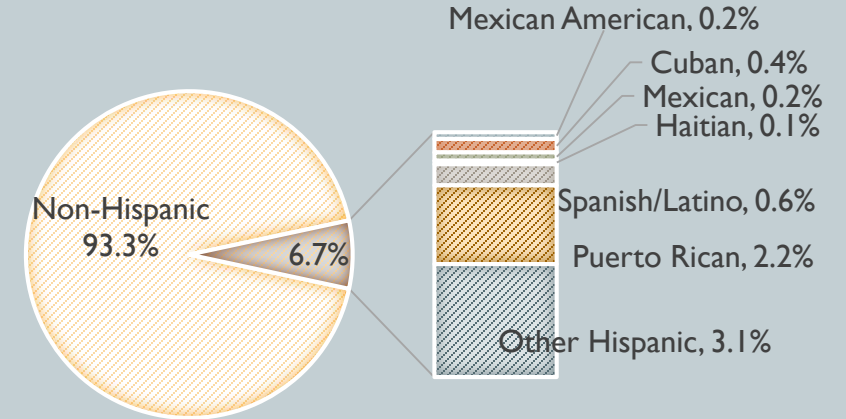
### CSA



**AMH**

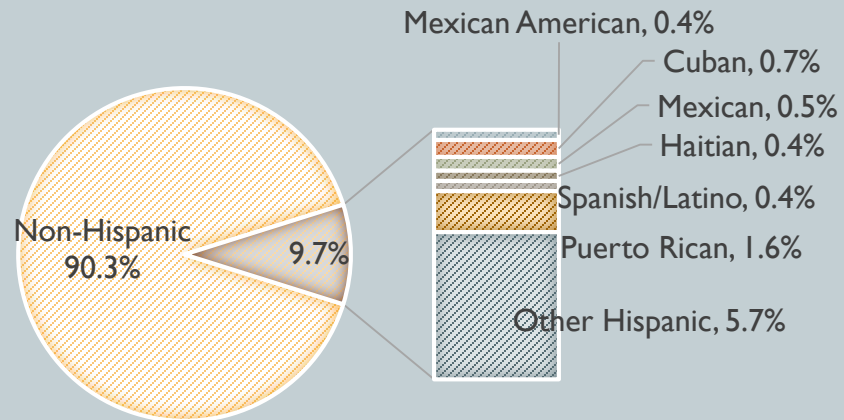


**ASA**

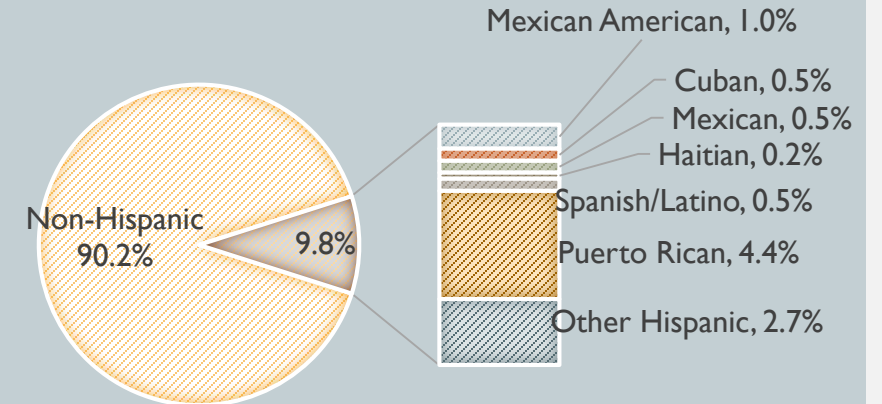


## PROGRAM AND ETHNICITY

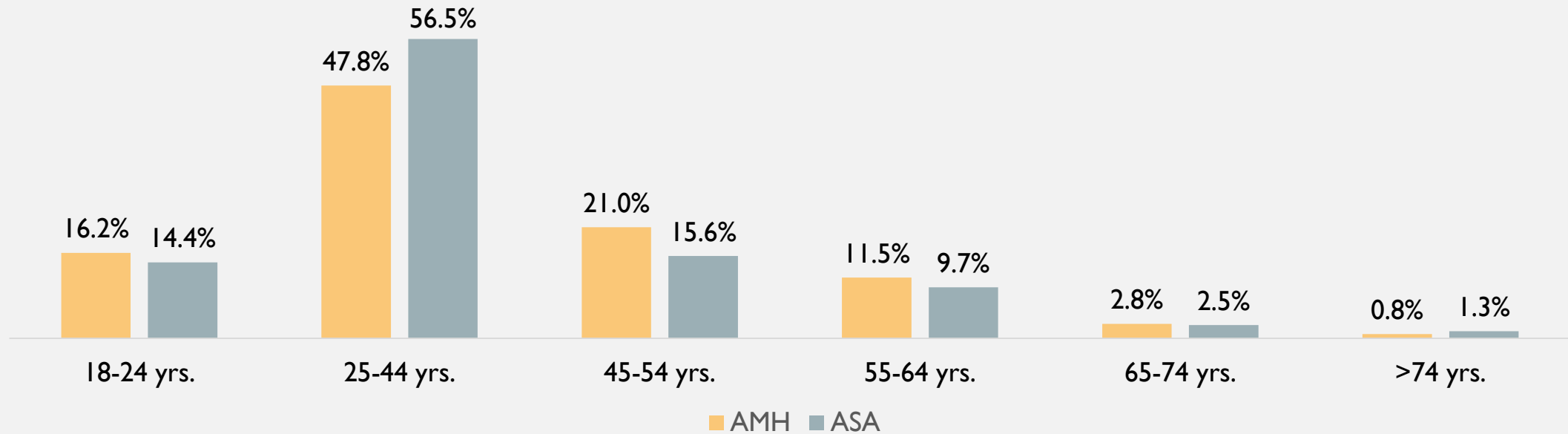
**CMH**



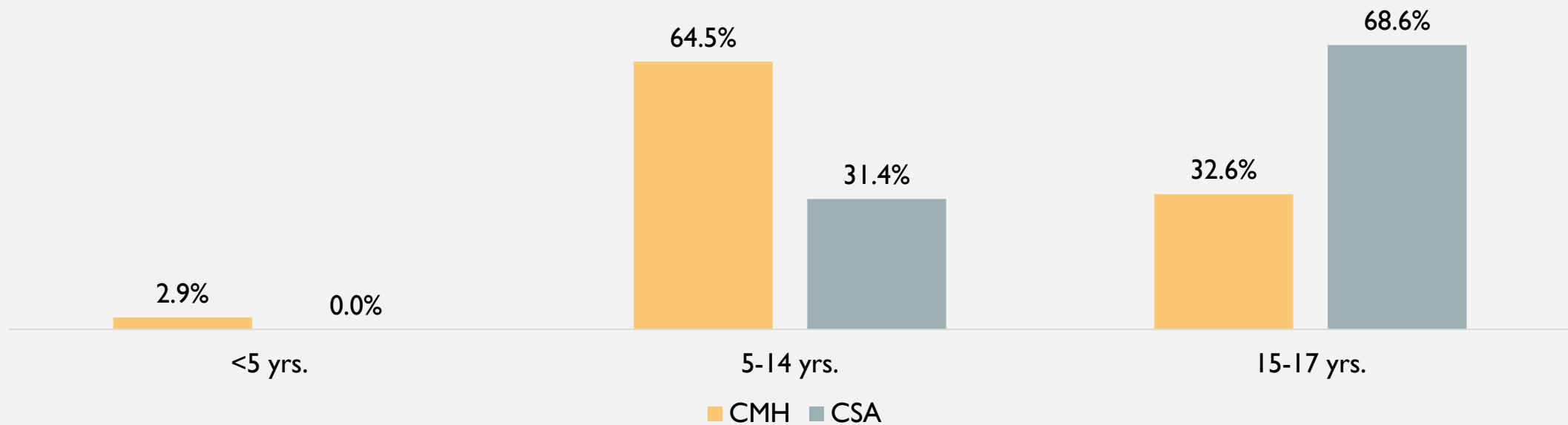
**CSA**



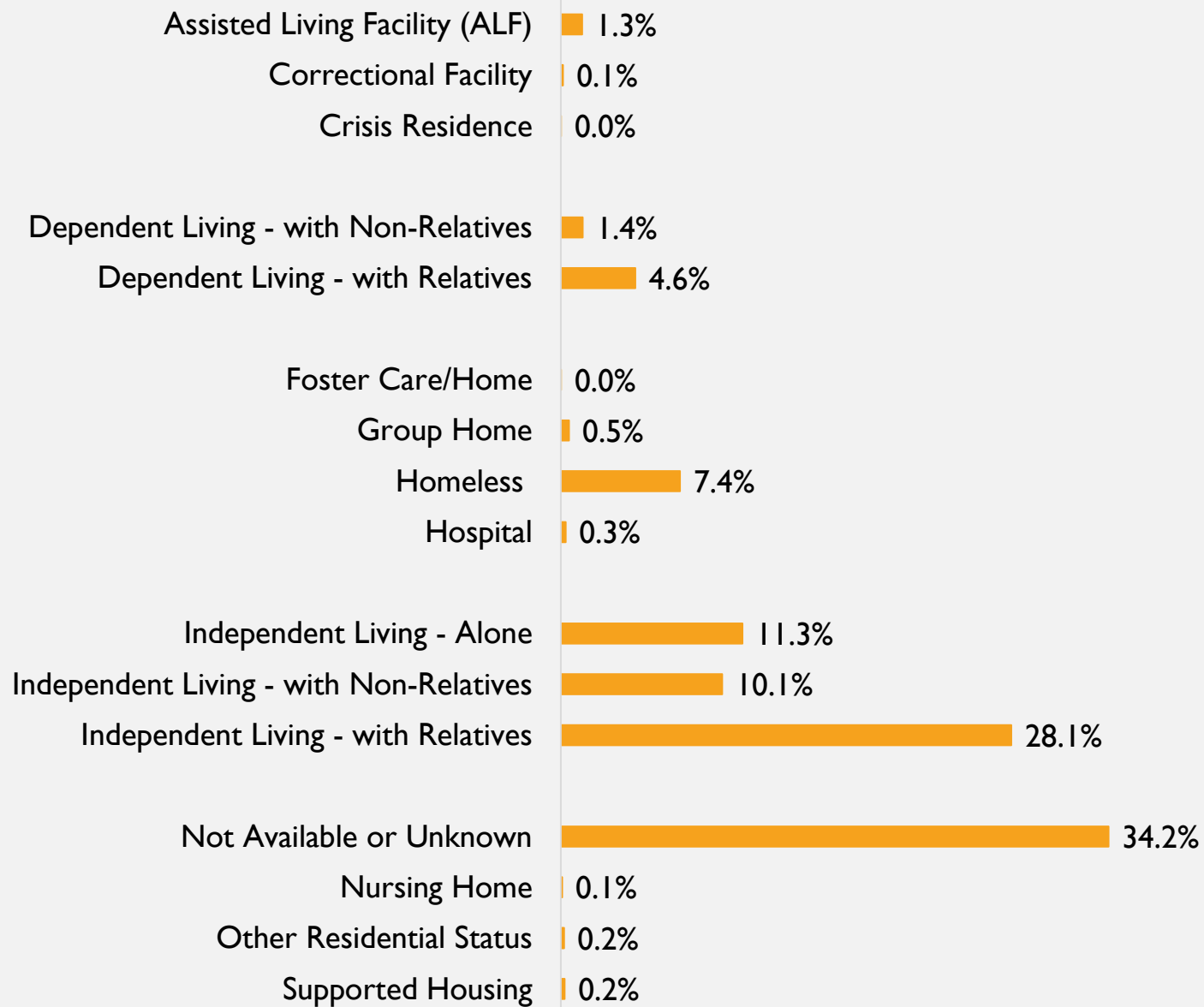
## BREVARD COUNTY ADULT CLIENTS BY PROGRAMS BY AGE RANGE



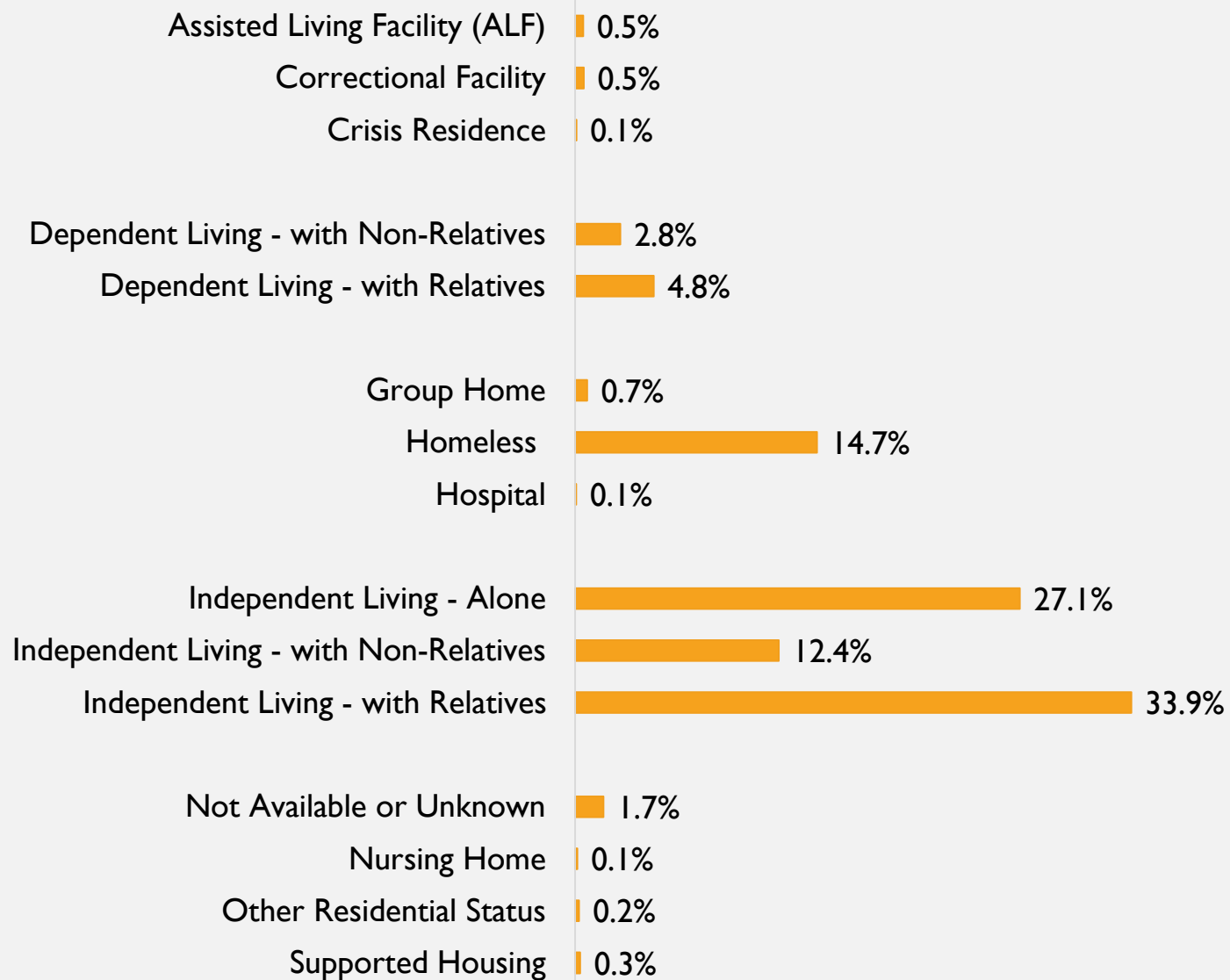
## BREVARD COUNTY CHILD/YOUTH CLIENTS BY PROGRAMS BY AGE RANGE



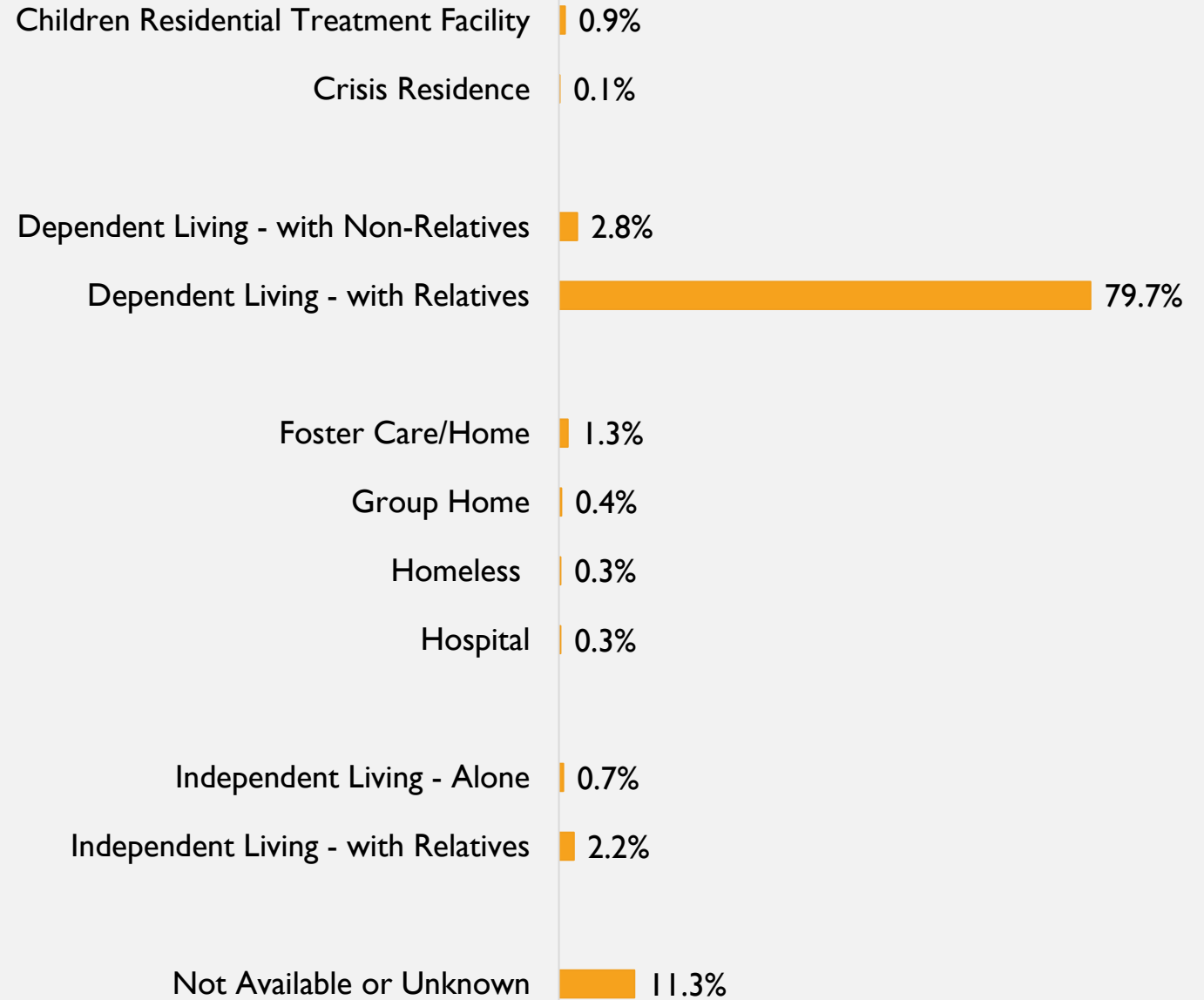
# BREVARD COUNTY AMH CLIENTS BY RESIDENTIAL STATUS



# BREVARD COUNTY ASA CLIENTS BY RESIDENTIAL STATUS

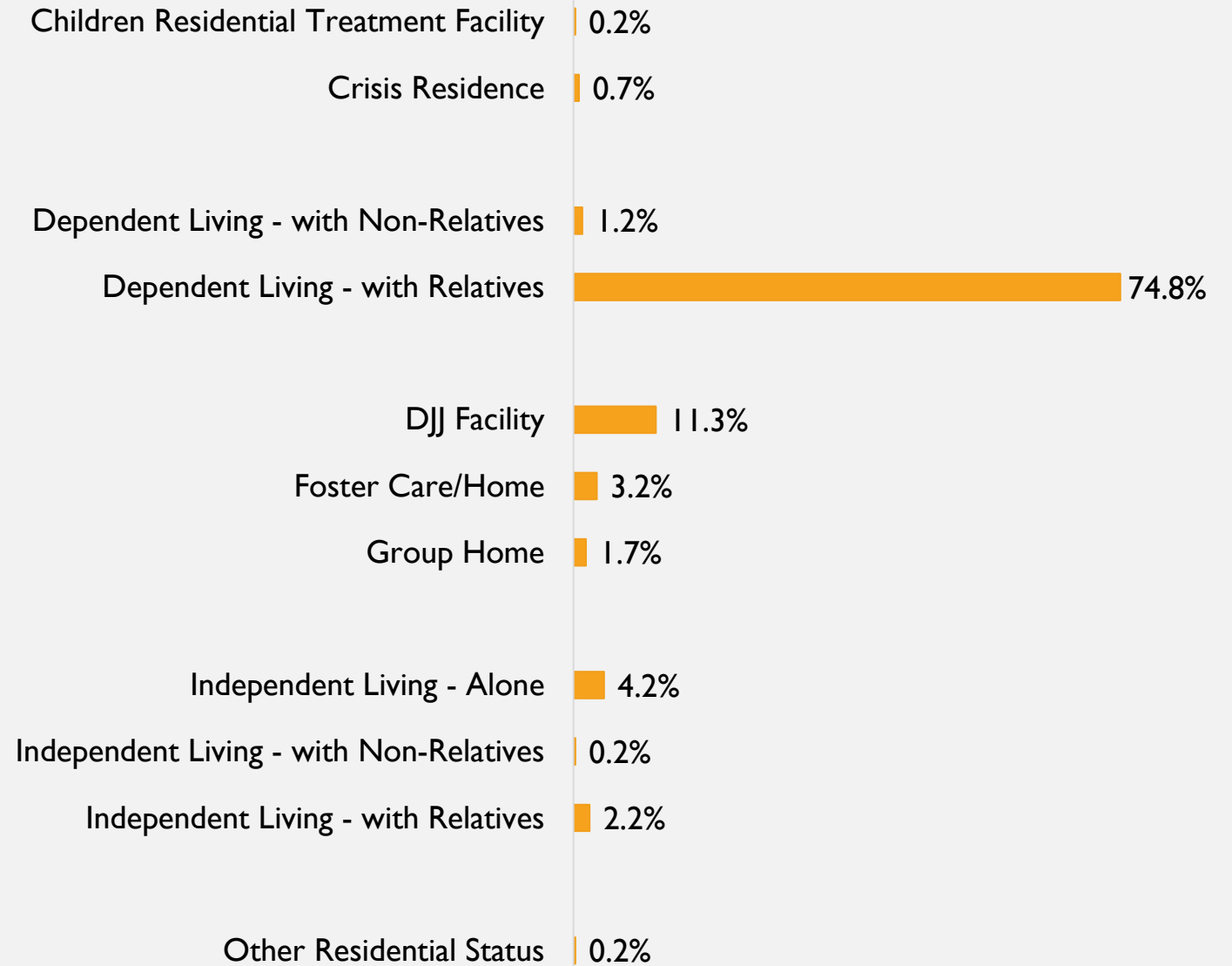


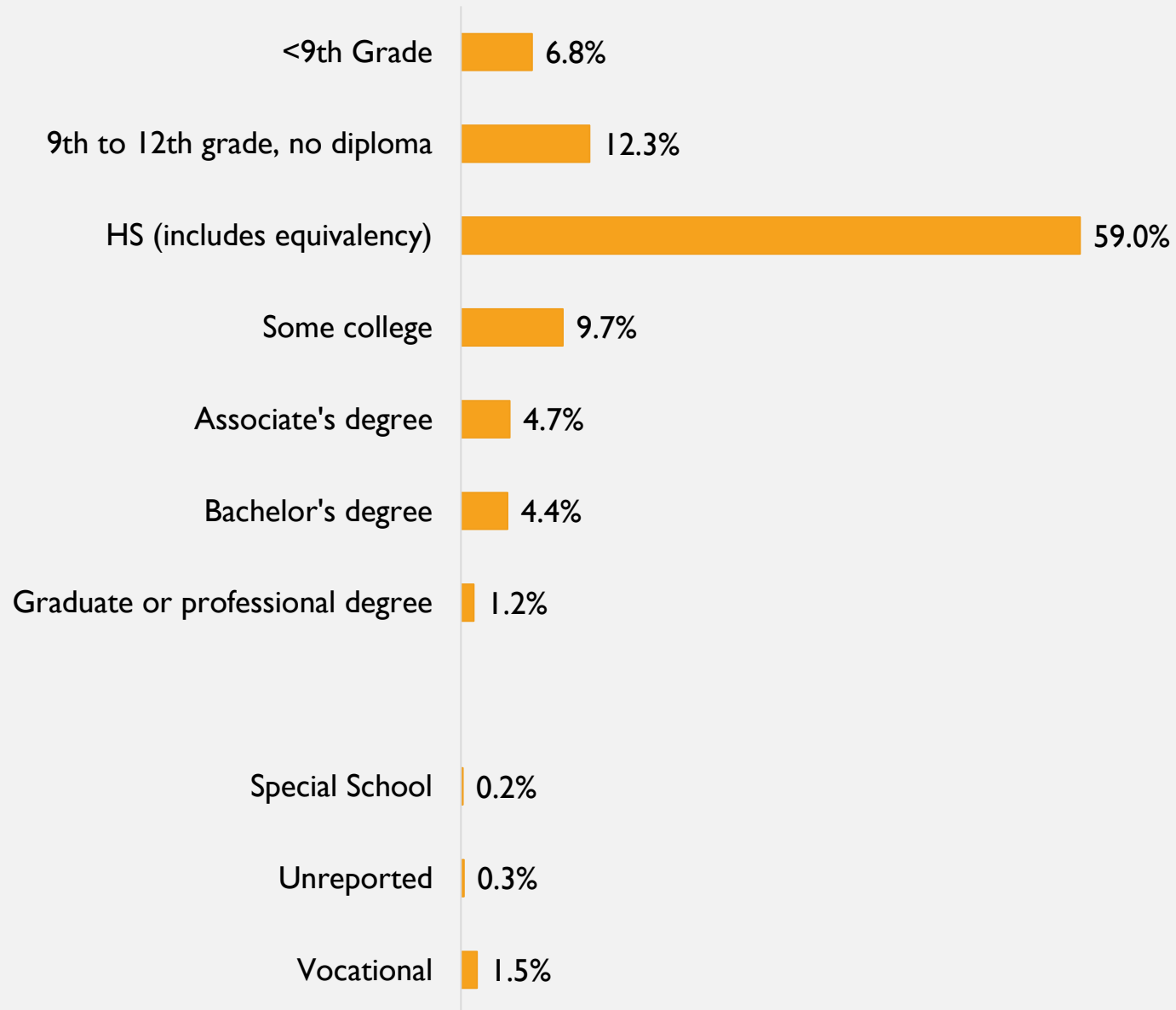
# BREVARD COUNTY CMH CLIENTS BY RESIDENTIAL STATUS



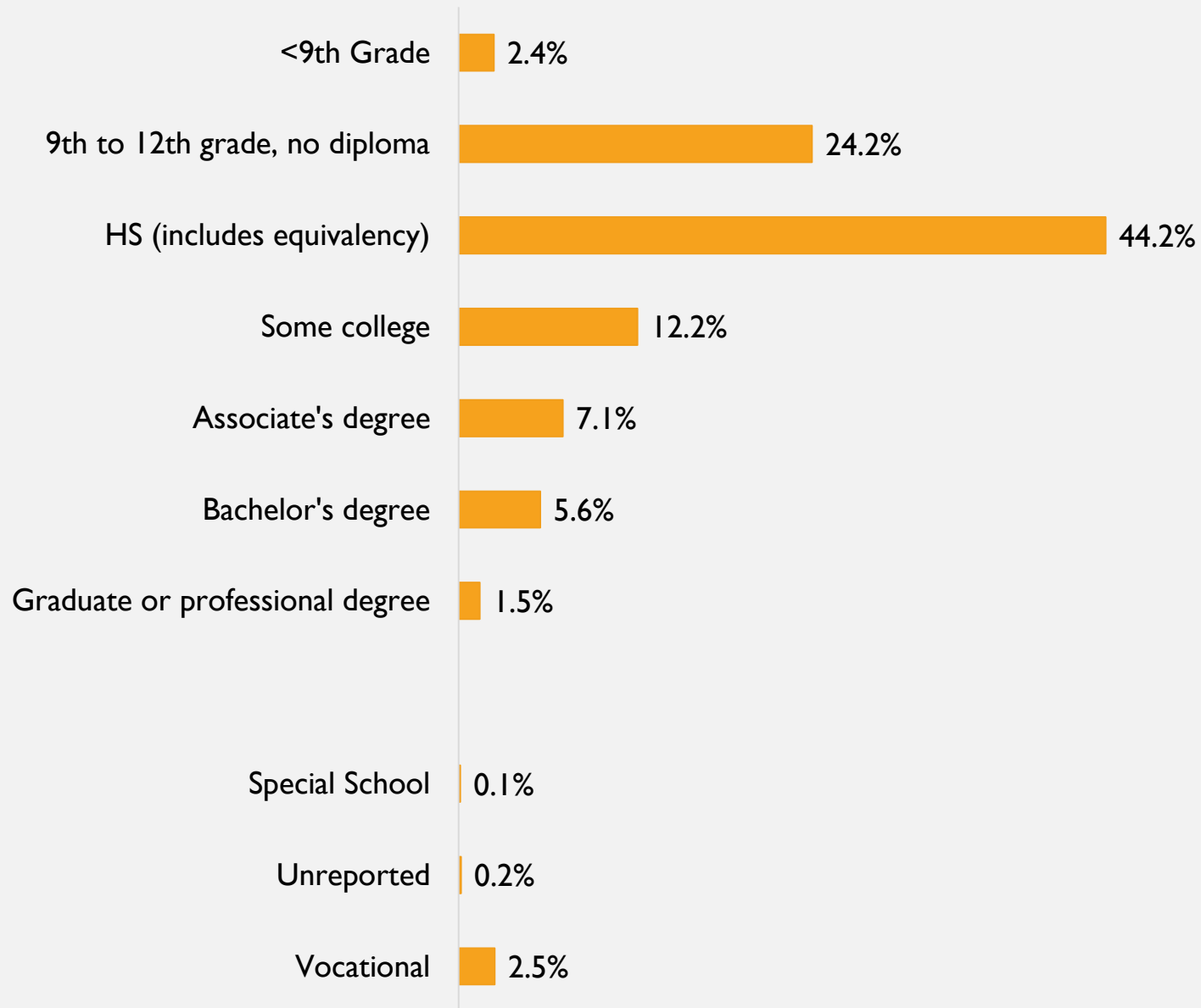


# BREVARD COUNTY CSA CLIENTS BY RESIDENTIAL STATUS



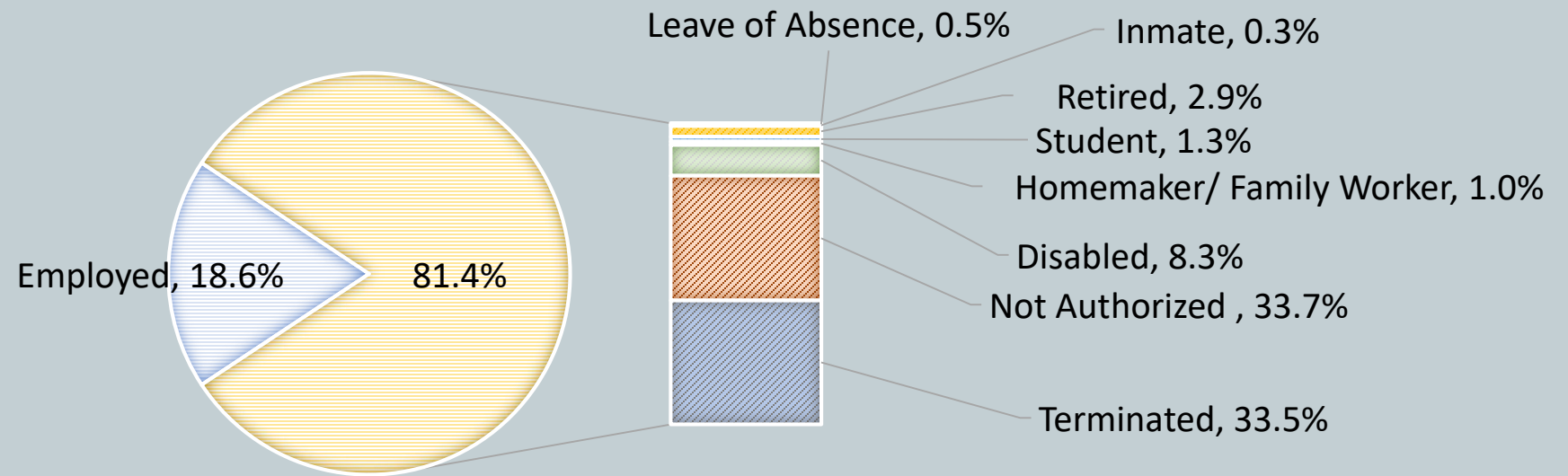


## BREVARD COUNTY AMH CLIENTS BY EDUCATIONAL ATTAINMENT

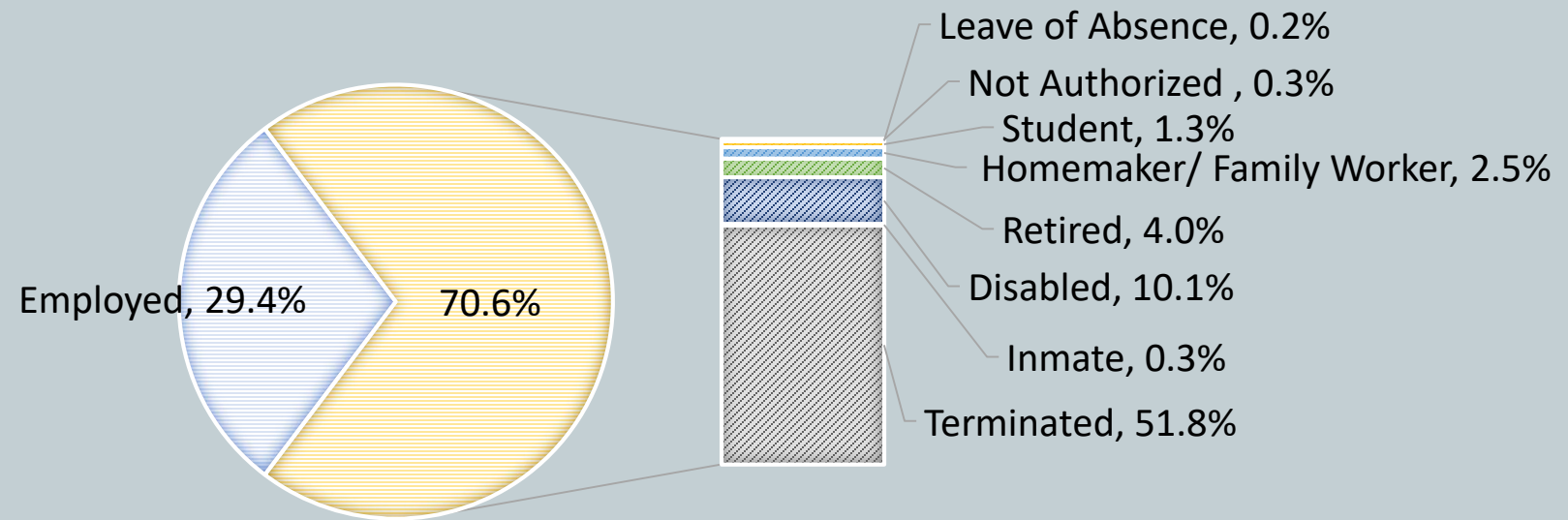


# BREVARD COUNTY ASA CLIENTS BY EDUCATIONAL ATTAINMENT

## BREVARD COUNTY AMH CLIENTS BY EMPLOYMENT STATUS



## BREVARD COUNTY ASA CLIENTS BY EMPLOYMENT STATUS

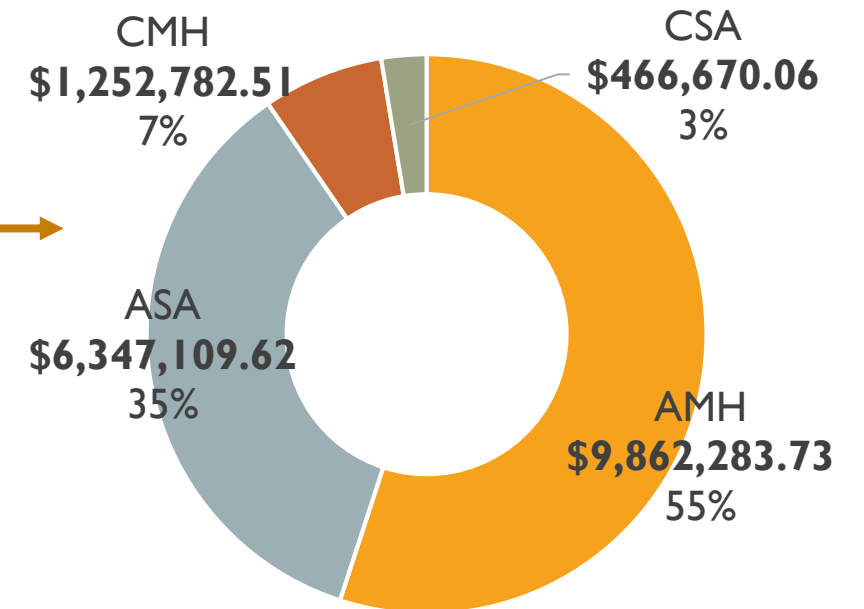
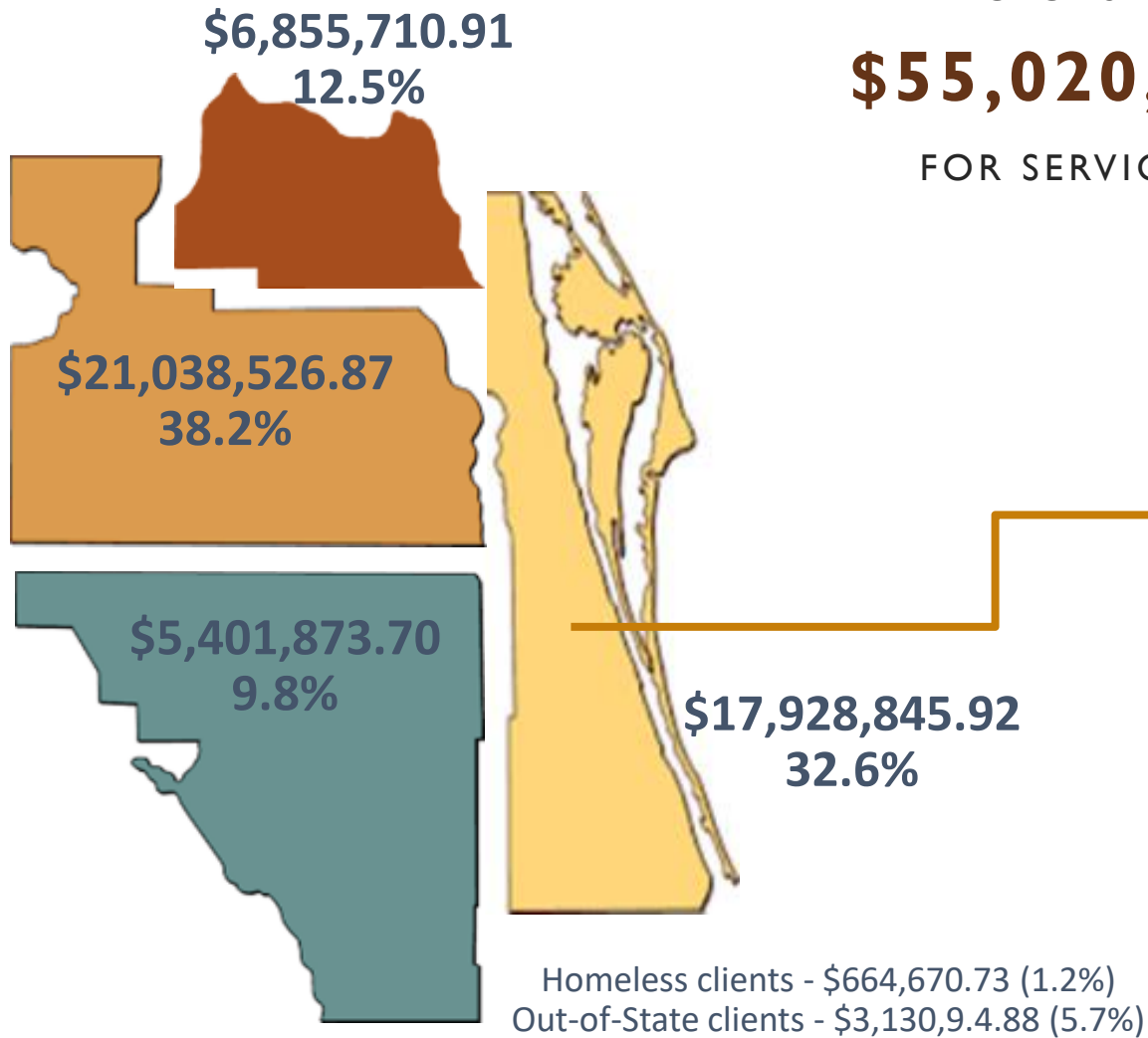


# CFCHS SERVICE COSTS

CFCHS FY1718

**\$55,020,533.01**

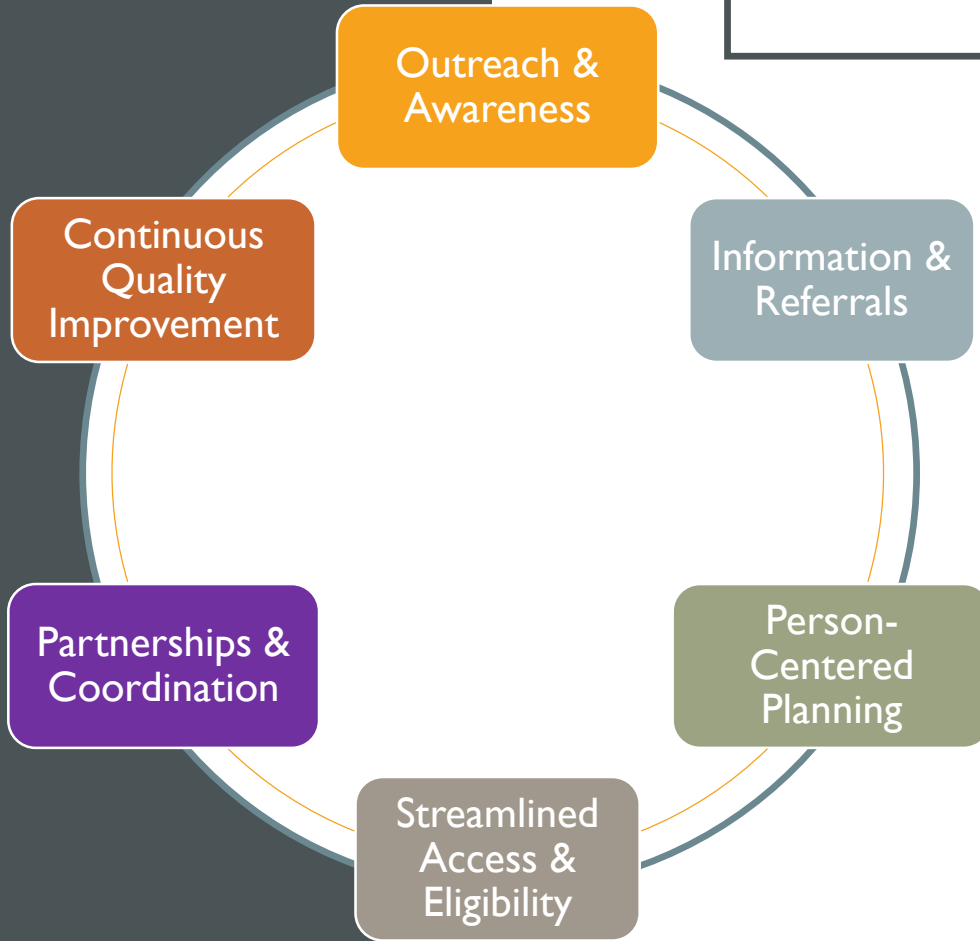
FOR SERVICE COSTS



**NO WRONG DOOR  
AND  
PEER SUPPORT SPECIALIST  
ASSESSMENT**



# KEY ELEMENTS



- Promote public awareness
- Develop referral linkages
- Focus on the individual
- Standard collection method
- Key partners and stakeholders, identify resources, ensure coordination
- Support program and policy development

## THE PROCESS



18-OPEN-ENDED-QUESTION  
ASSESSMENT INSTRUMENT



ONE-ON-ONE PROVIDER  
INTERVIEWS



RESPONSES WERE ANALYZED

# NO WRONG DOOR

## STRENGTHS

- Strived to make all doors the right doors or eliminated doors completely
- Used marketing and outreach to increase awareness
- Patient-Centered Care model was engrained into the culture of the organization
- Effective communication has been developed between partners which is integral to the coordination across the continuum
- Technology has been embraced to improve the referral systems, expand the use of electronic health records and alleviated some transportation issues

# NO WRONG DOOR

## WEAKNESSES

- Lack of transportation
- Funding for Peer Support Specialists (PSS)
  - Training
  - Certification
- Background check criteria for PSS
- Duplicative data collection
- Shortages of staff (ranged from counselors to psychiatrists)

# RECOVERY-ORIENTED SYSTEM OF CARE (ROSC) ASSESSMENT

# THE SURVEY INSTRUMENT



Self-Assessment  
Planning Tool  
(SAPT)



Goal was to define  
strengths and  
weaknesses in the  
current system of  
care



Completed online  
50 statements



Used four-point  
Likert scale  
Score of 3 to 4 was  
considered a  
strength

ASSESSMENT  
SCORES

---

Administration

3.2

---

Treatment

3.7

---

Community Integration

3.4

# ADMINISTRATION

## STRENGTHS

- Strategic planning includes diverse viewpoints from peers
- Use outcome indicators to track quality of life
- Use outcomes measurement to improve recovery-oriented services

## WEAKNESSES

- Process for peers to participate in developing recovery-oriented outcomes is limited
- ROSC surveys are not always part of the quality improvement process



# TREATMENT

## STRENGTHS

- Use language that is encouraging and hopeful
- Peers are encouraged to identify their own goals
- Drive the goal setting process based on their hopes and preferences
- Staff and peers collaborate to develop individual service plan

## WEAKNESSES

- No weaknesses were identified

# COMMUNITY INTEGRATION

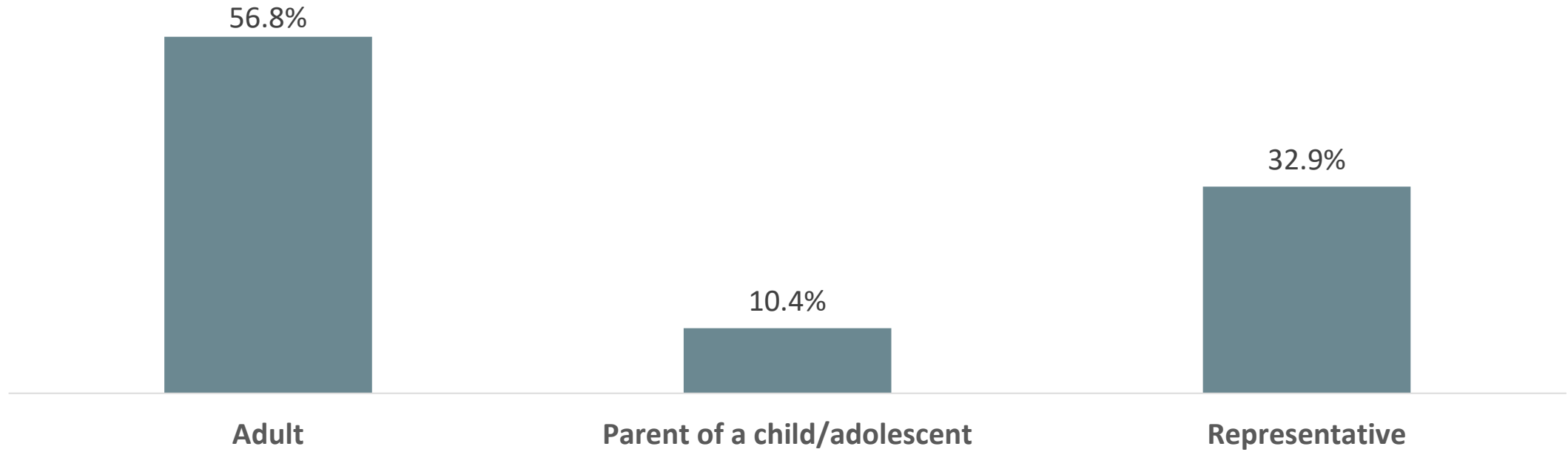
## STRENGTHS

- Staff account for a person's spiritual needs
- Staff return communications from peers/families at first opportunity
- Staff provide comprehensive information on resources, eligibility, and application process
- Staff assist peers in developing positive relationships with others

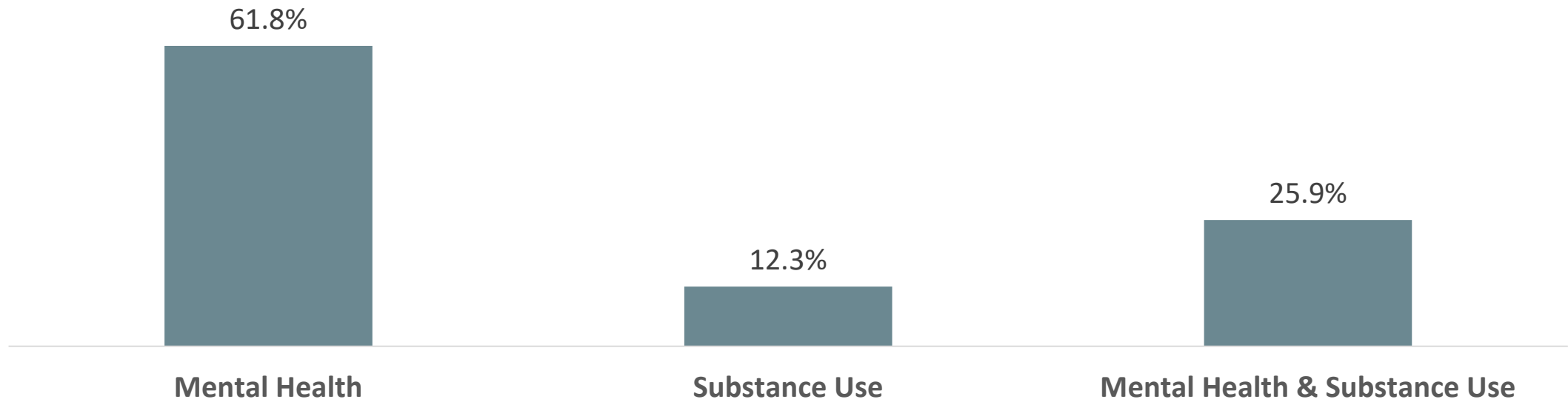
## WEAKNESSES

- Process for determining peers' satisfaction with their housing is limited

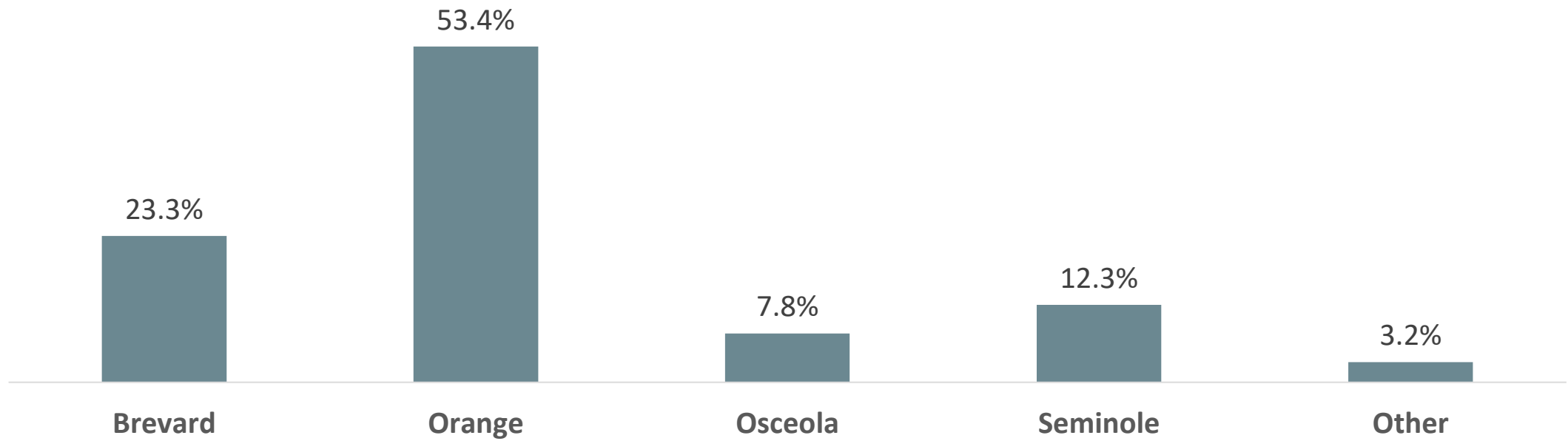
# CONSUMER SURVEY



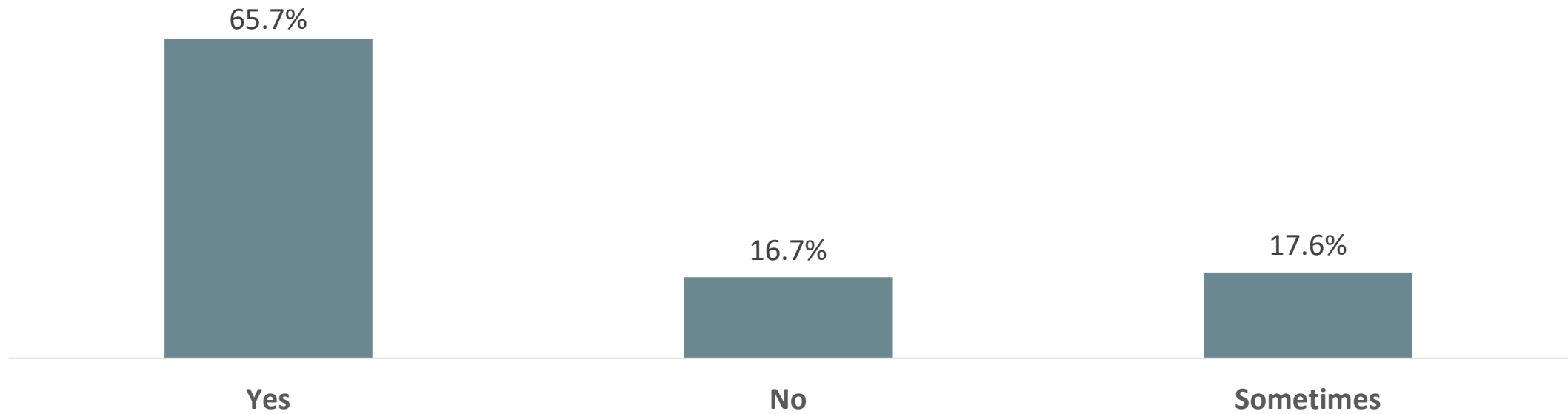
WHICH BEST DESCRIBES YOU?



**WHAT TYPE OF SERVICE DID YOU OR  
YOUR FAMILY MEMBER RECEIVE?**



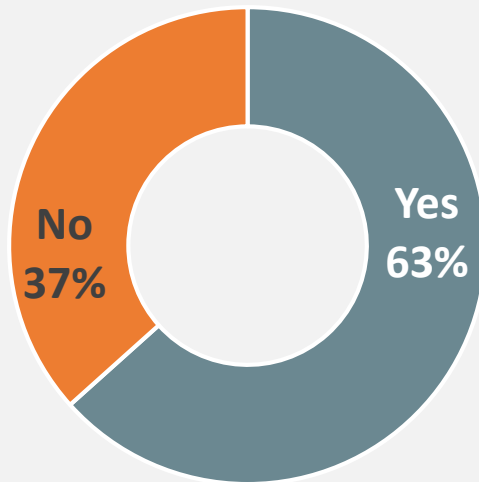
WHICH COUNTY DO YOU LIVE IN?



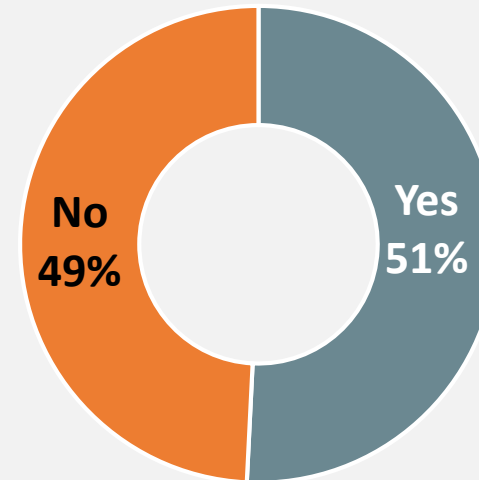
**DID YOU KNOW WHERE TO GO FOR  
SERVICES WHEN YOU NEEDED THEM?**

## ARE YOU AWARE OF 2-1-1 AND HAVE YOU EVER CALLED?

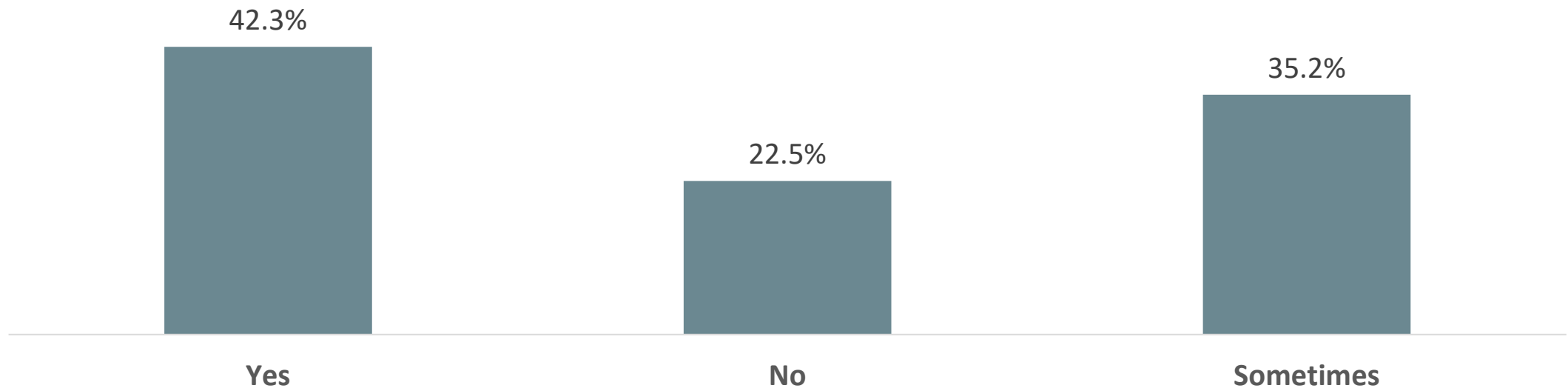
**AWARE**



**CALLED**







WHEN YOU CALLED 2-1-1, WAS IT  
HELPFUL?

HEALTH CARE SYSTEM STATEMENTS	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	SAMPLE SIZE
Services were well coordinated	7.5%	13.4%	44.6%	34.4%	186
The eligibility guidelines were easy to understand	4.8%	18.1%	43.1%	34.0%	188
The application process was easy for me	4.9%	16.8%	43.2%	35.1%	185
I felt the services and planning I received were patient-centered	7.9%	10.0%	45.8%	36.3%	190

## CONSUMER RESPONSES

## TOP FIVE SERVICES NEEDED BUT NOT RECEIVED

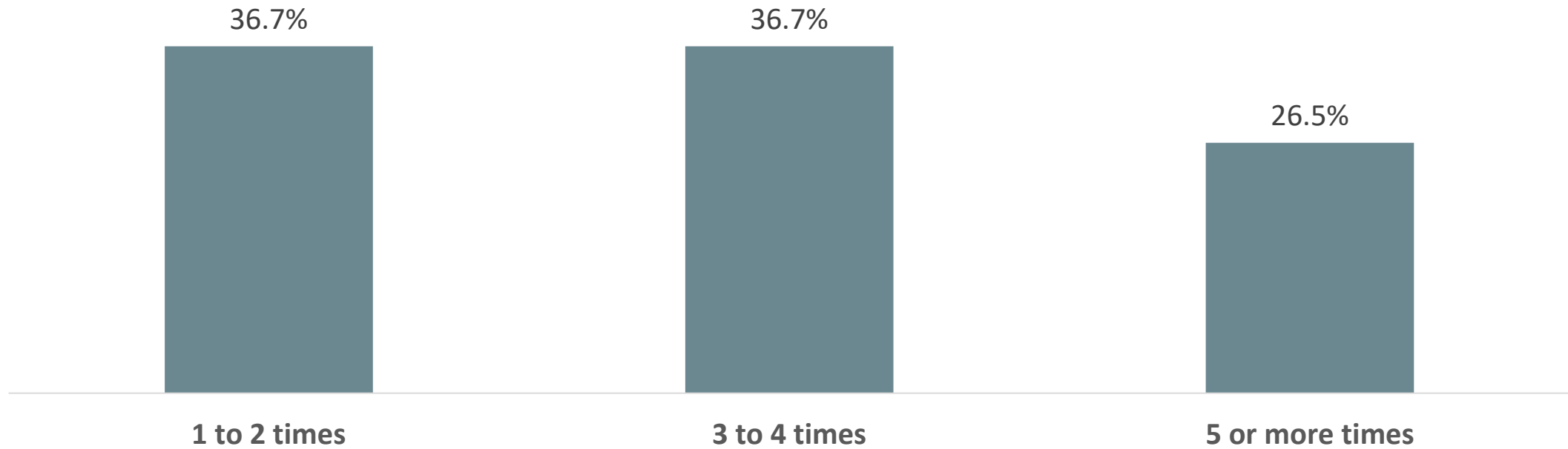
Housing Assistance

Crisis Stabilization/Support

Outpatient Services

Long-term Residential Treatment Program

Aftercare/Follow-up



**HOW MANY TIMES DURING THE PAST YEAR  
WERE YOU UNABLE TO GET THE SERVICES  
YOU NEEDED?**

## TOP FIVE BARRIERS TO GETTING THE CARE NEEDED

**#1**

Could not  
afford the  
services

**#2**

Long wait list  
for  
services

**#3**

None or very  
limited  
transportation

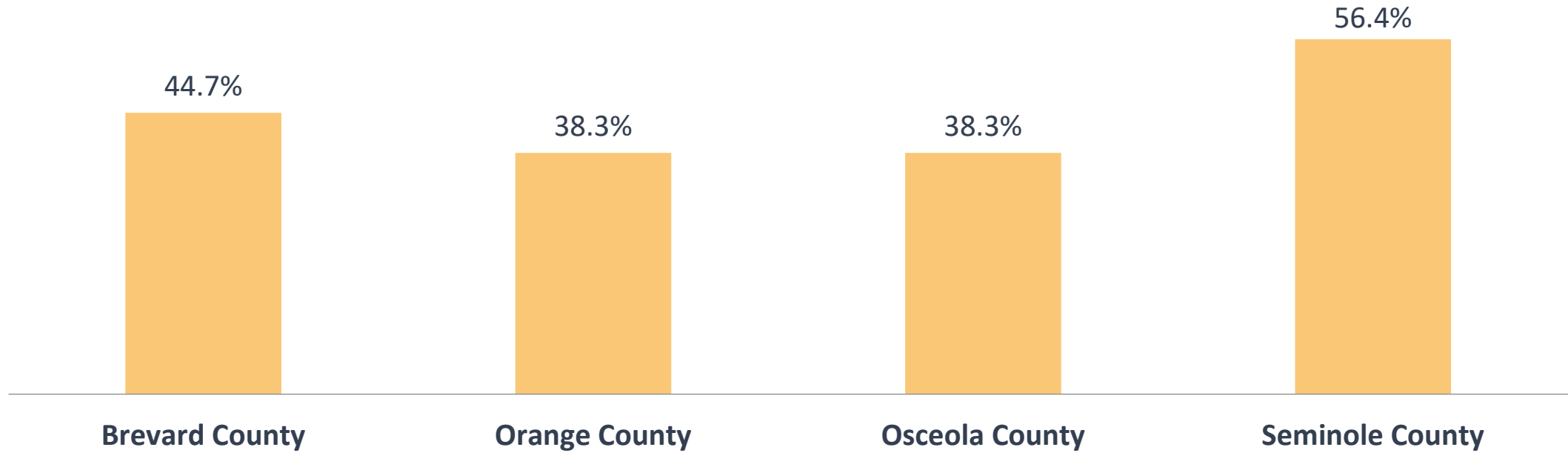
**#4**

Did not know  
where to go  
for services

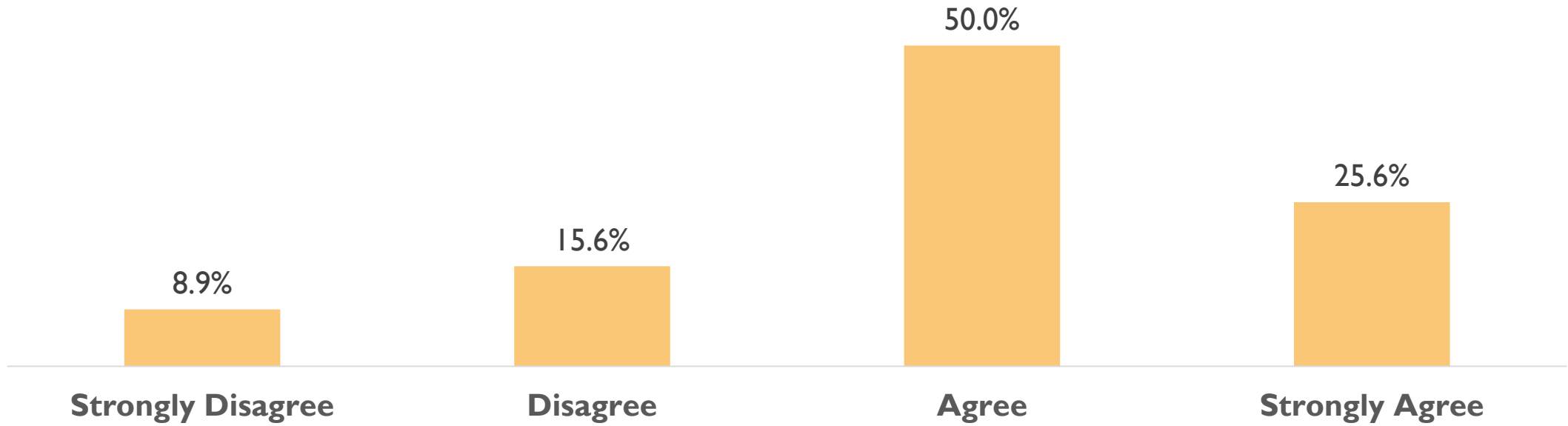
**#5**

Did not meet  
the eligibility  
criteria

# STAKEHOLDER SURVEY



## COUNTIES REPRESENTED BY STAKEHOLDERS

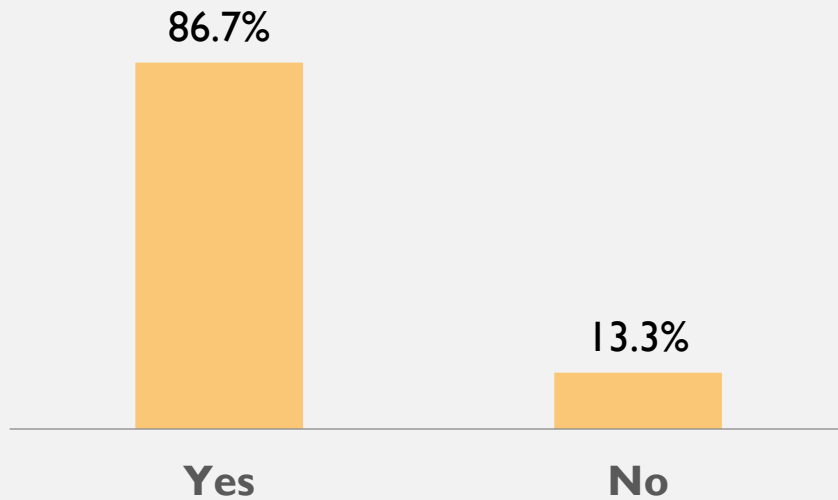


**YOU ARE AWARE OF THE BEHAVIORAL  
HEALTH SERVICES IN YOUR COUNTY**

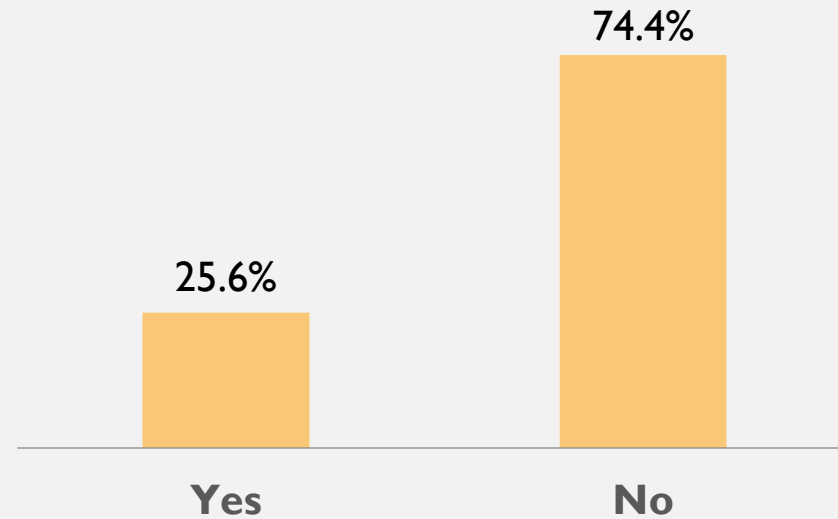


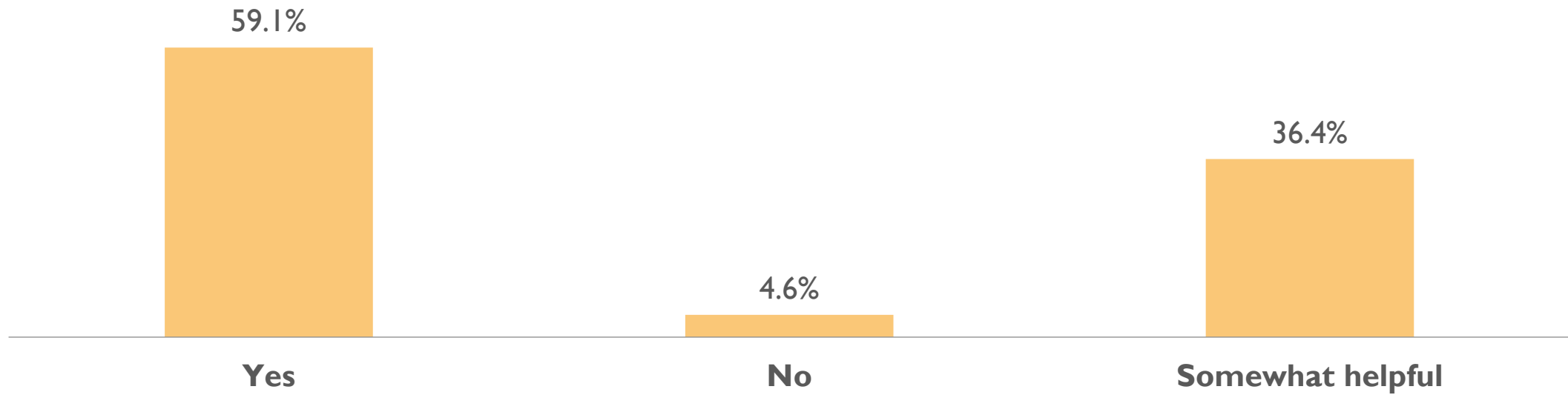
## 2-1-1 RESOURCE

ARE YOU AWARE OF 2-1-1?

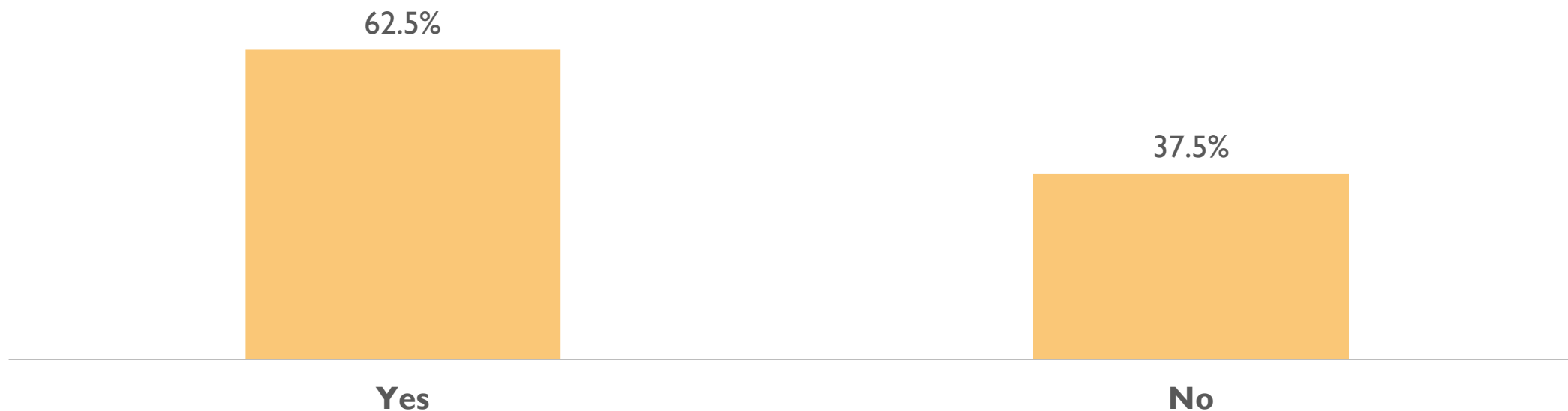


HAVE YOU ACCESSED 2-1-1 IN THE PAST 12 MONTHS?

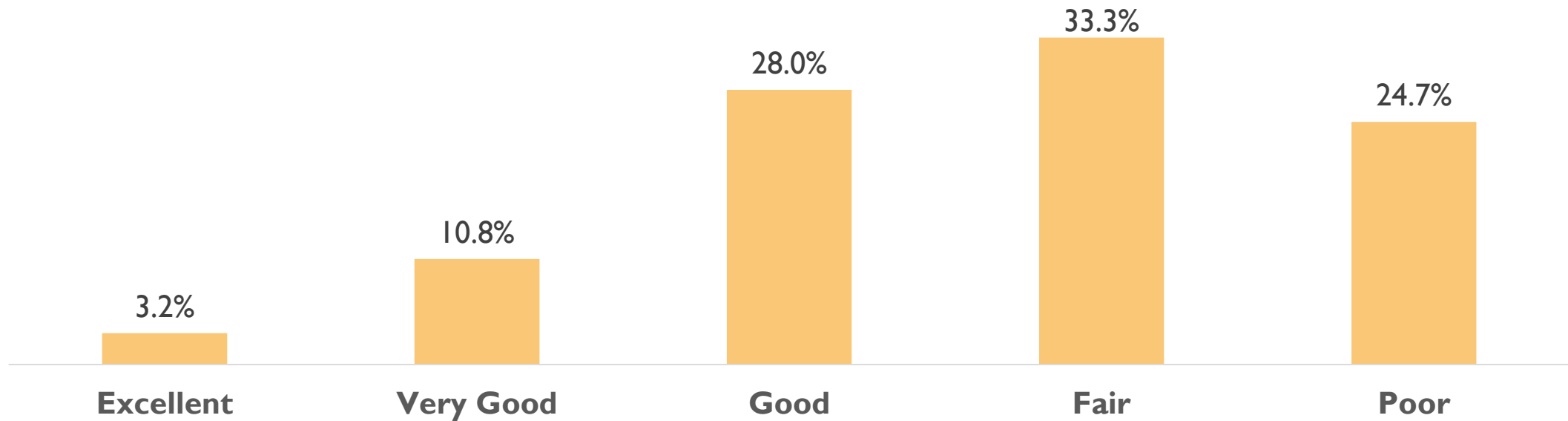




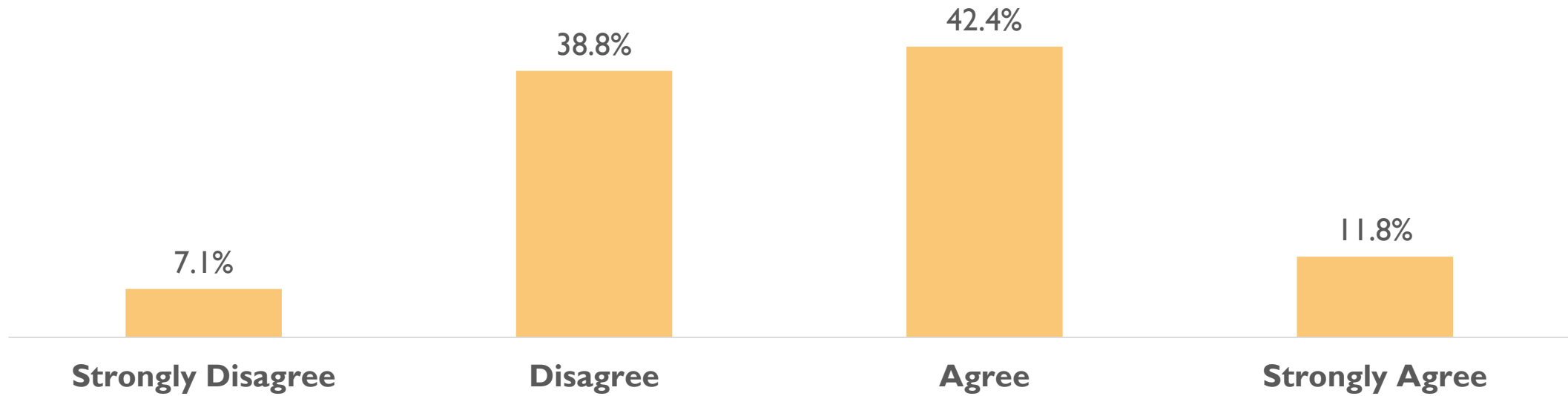
**WHEN YOU ACCESSED 2-1-1, WAS IT  
HELPFUL?**



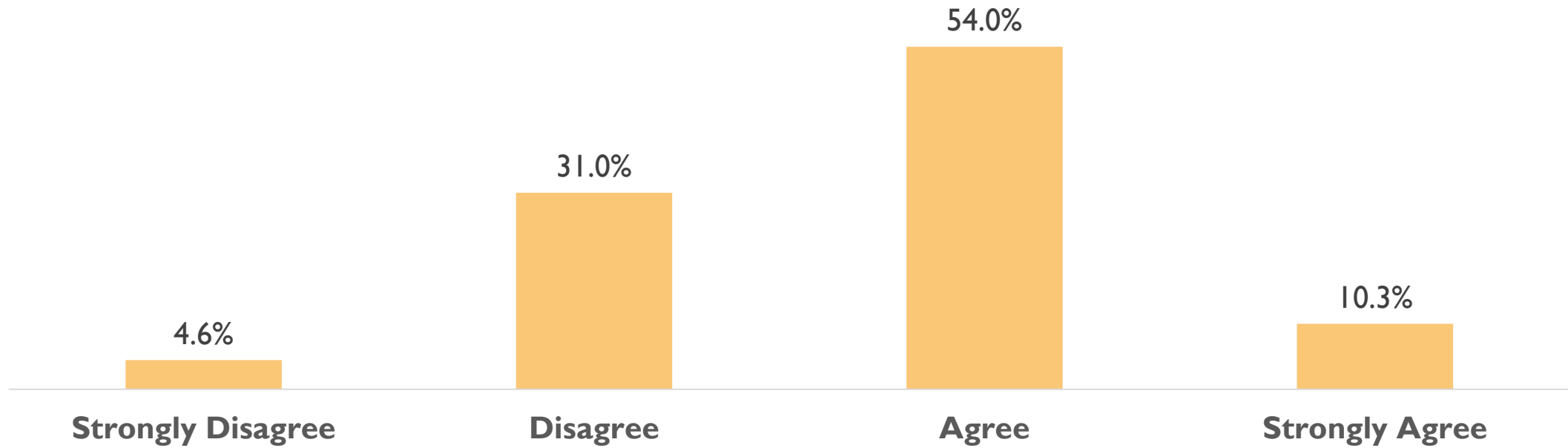
**IN THE PAST 12 MONTHS, HAVE YOU  
DIRECTED CONSUMERS TO 2-1-1 TO ACCESS  
BEHAVIORAL HEALTH SERVICES?**



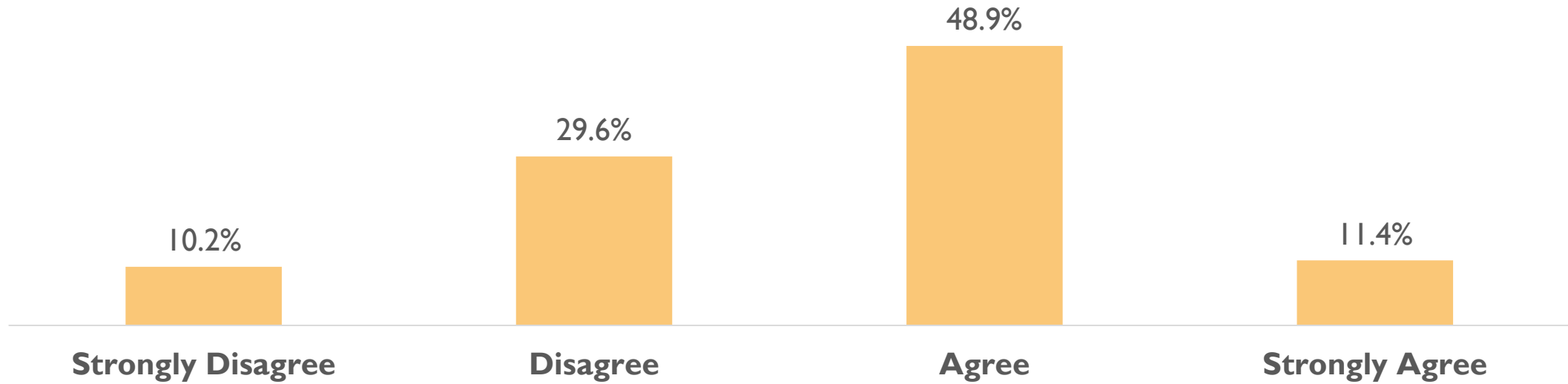
**HOW WOULD YOU RATE COMMUNITY  
AWARENESS OF BEHAVIORAL HEALTH CARE  
SERVICES IN YOUR COUNTY?**



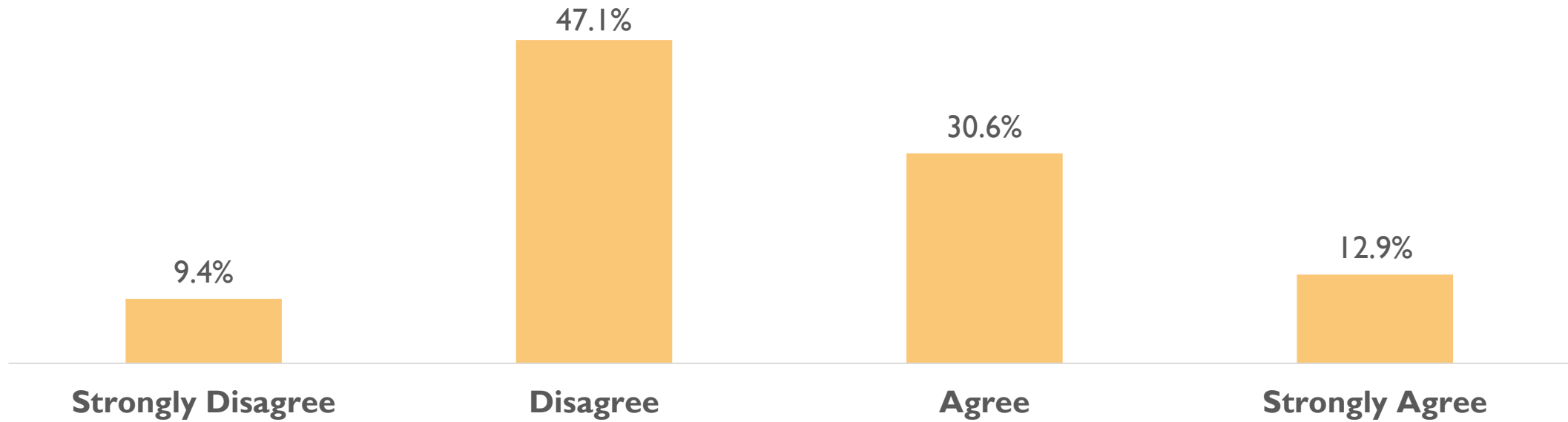
**LINKAGES TO NEEDED SERVICES ARE  
COORDINATED AND WELL ESTABLISHED  
ACROSS THE CONTINUUM OF CARE**



**CARE AND PLANNING SERVICES ARE  
PATIENT-CENTERED ACROSS THE  
CONTINUUM**

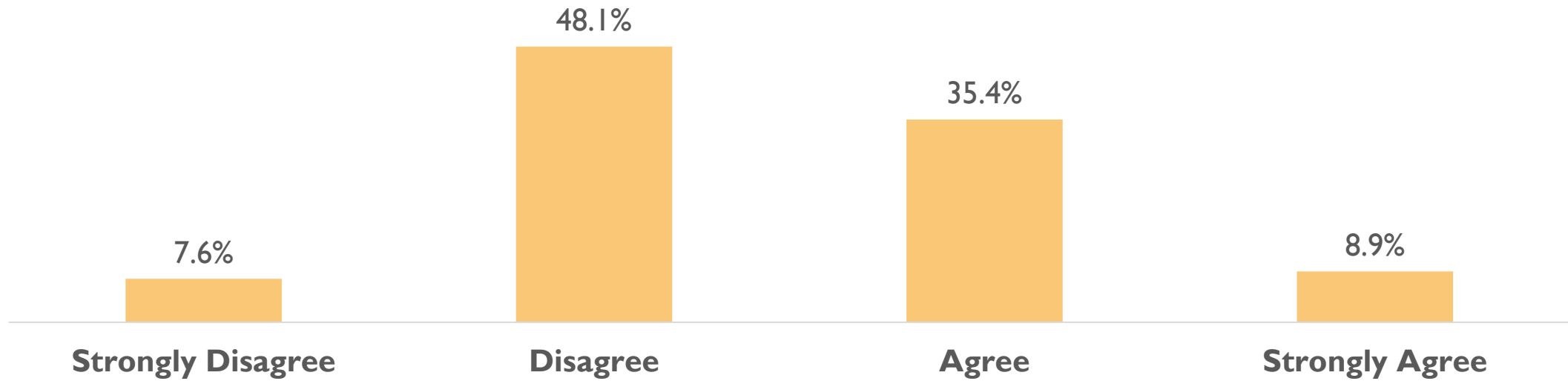


**IN GENERAL, BEHAVIORAL HEALTH CARE  
AND SUPPORT SYSTEMS ARE ACCESSIBLE IN  
YOUR COUNTY**

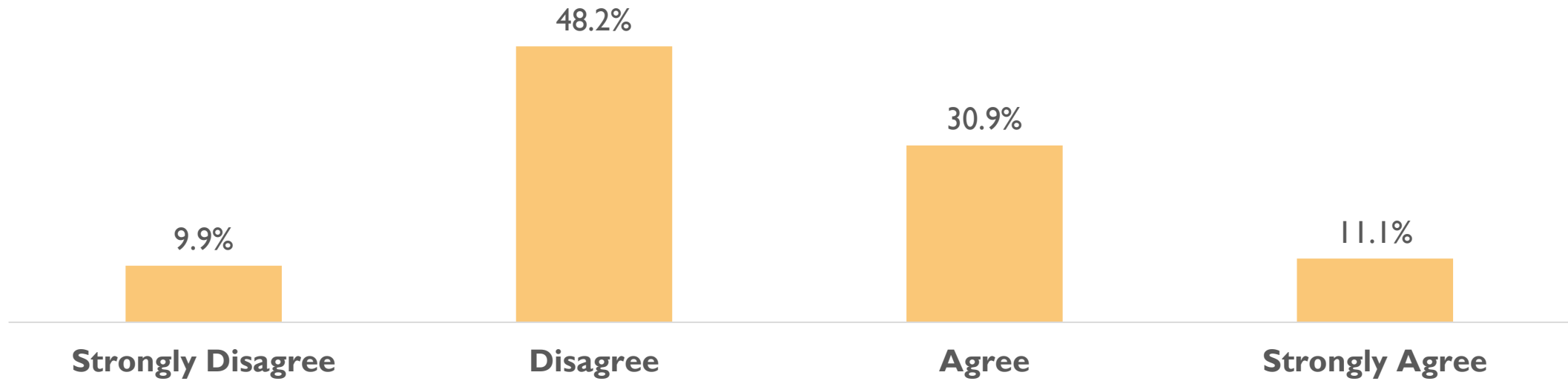


**ELIGIBILITY CRITERIA AND PROCESSES FOR  
MAKING APPLICATIONS ARE READILY  
AVAILABLE AND EASY TO ACCESS**





**INTAKE AND SCREENING INSTRUMENTS ARE  
STANDARDIZED ACROSS COMMUNITY AND  
STATE PARTNERS**



**PROGRAMS AND SERVICES ARE  
COORDINATED ACROSS THE CARE SYSTEM**

# TOP THREE BARRIERS

1

## LACK OF AWARENESS

- Where services are located
- No defined process to find services once they are needed

2

## TRANSPORTATION

3

## INSURED/UNINSURED STATUS

- High Deductibles
- Lack of funding to cover deductibles
- Lack of providers who accept Medicaid
- Insurance not accepted
- Even with insurance, cost of services are too high

## RESOURCES/SUPPORTS NEEDED THAT ARE NOT AVAILABLE

**#1**

Planning between organizations

- Inpatient to outpatient
- Assessment to referral
- Receiving Center to referral providers
- Integration of behavioral health services and medical care
- Lack of trained staff

**#2**

Additional beds of every type

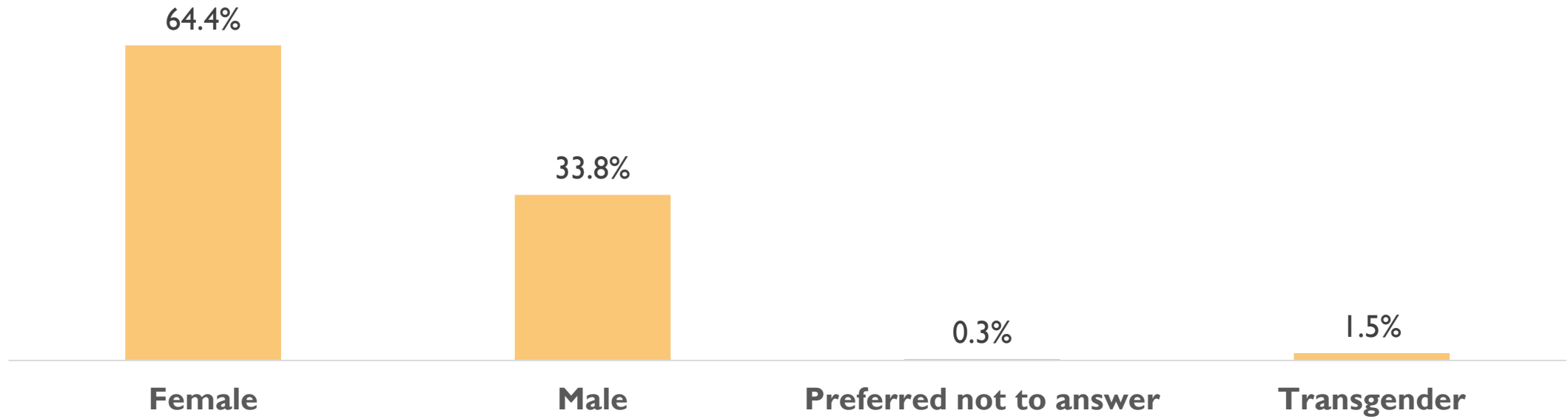
- Lack of beds in every county

**#3**

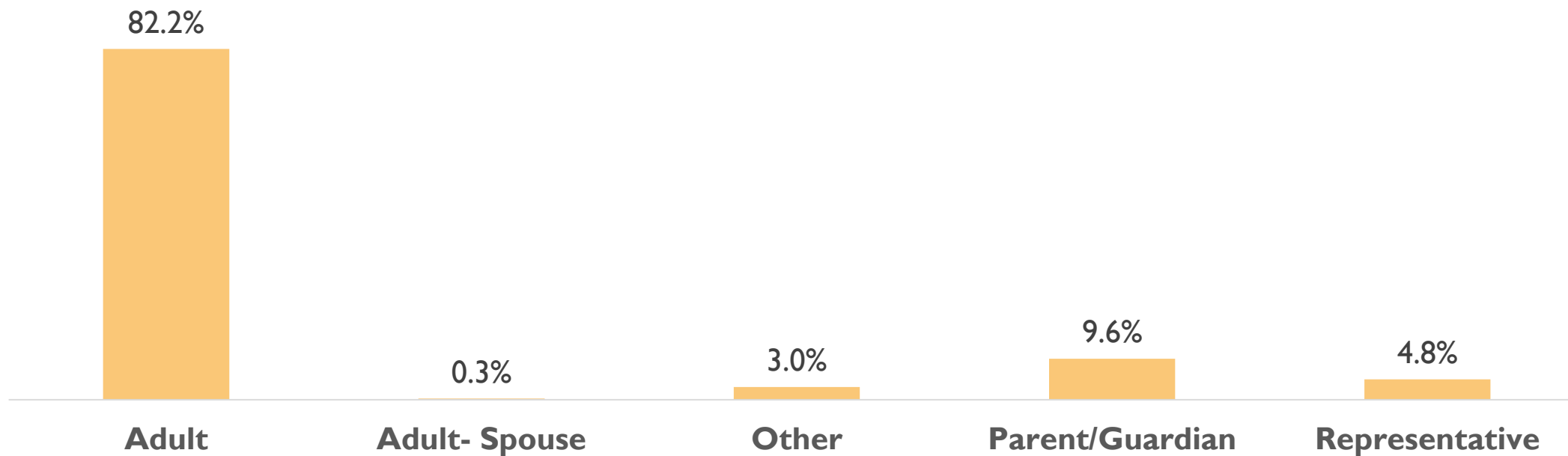
Additional psychiatrists/providers

- Lack of psychiatrists for adults, children and youth
- Lack of psychiatrists who accept Medicaid

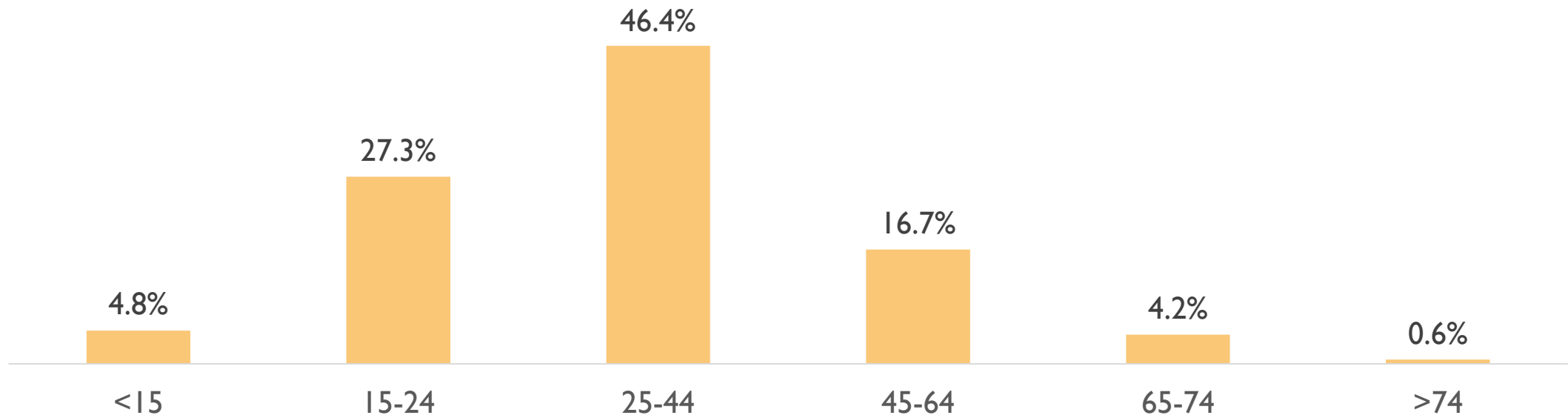
# POINT-IN-TIME PILOT STUDY



## CLIENTS BY GENDER



## CLIENTS BY RELATIONSHIP



## CLIENTS BY AGE RANGE



# CHALLENGE CATEGORIES



Services needed did not exist



Consumer could not afford to pay for the service



Consumer did not have insurance to cover the cost of the service



Consumer did not meet the eligibility requirements to receive the service



Lack of providers who offered the service in the required mile range



Provider did not have availability to accommodate the client (no appointments, no open beds, etc.)

## SERVICES NEEDED THAT DID NOT EXIST

Long-term  
residential, group  
homes, assisted  
living

Clinical Trials

Support for  
neurology bilateral  
nerve condition

Groups homes  
that offer support  
for narcissist  
abuse

Emotional  
Support Animal  
(ESA) evaluations

Grief counseling

Psychiatric  
services

Counseling  
services

SERVICES NEEDED THAT FELL UNDER  
EVERY CHALLENGE CATEGORY



**THANK YOU!**

For additional questions, please contact Therry Feroldi at:  
[tferoldi@hcecf.org](mailto:tferoldi@hcecf.org)