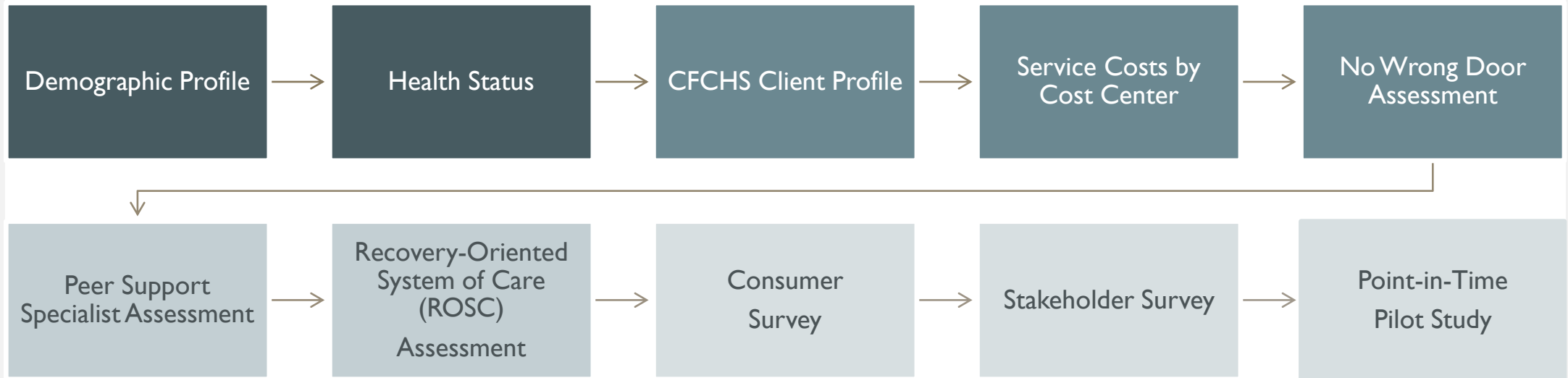
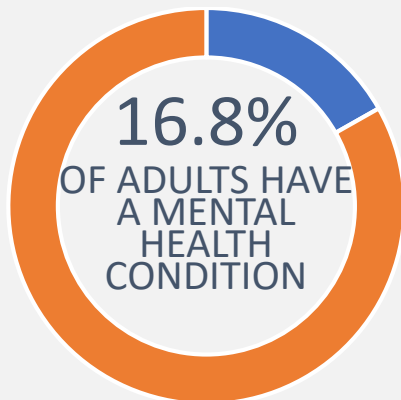


2019
CENTRAL FLORIDA CARES
HEALTH SYSTEM

Behavioral Health Needs Assessment
Seminole 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%

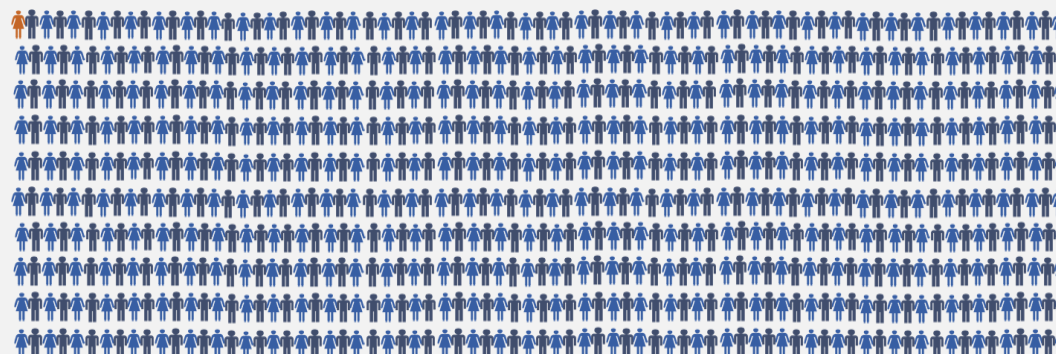
OF YOUTH HAD
NO ACCESS
TO MENTAL
HEALTH
SERVICES
THROUGH
THEIR PRIVATE
INSURANCE



13.5%
PREVALENCE
OF YOUTH
MARIJUANA
USE

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

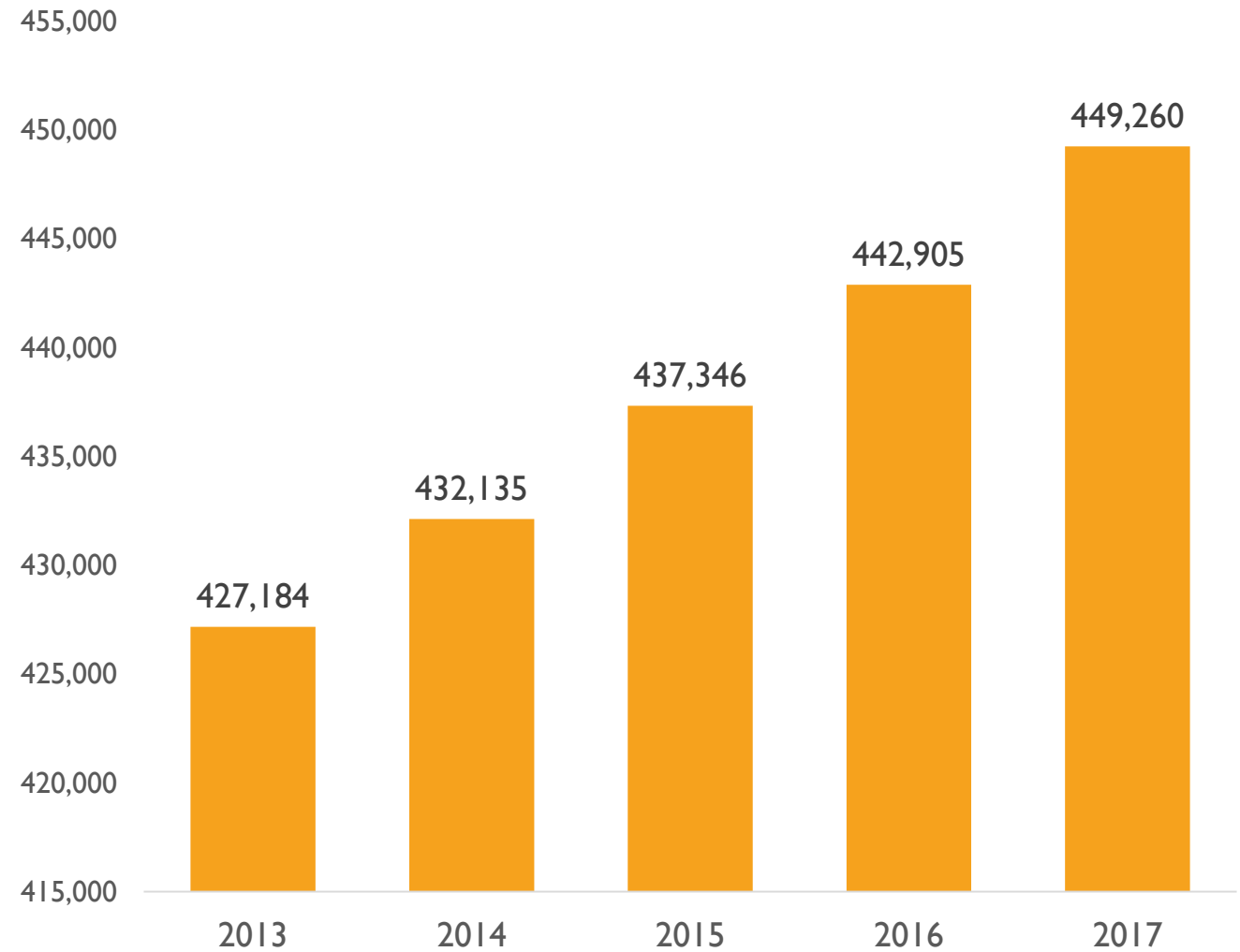
IN FLORIDA,
THERE'S ONLY
**ONE MENTAL HEALTH
PROFESSIONAL**
PER 750
PEOPLE



DEMOGRAPHIC PROFILE

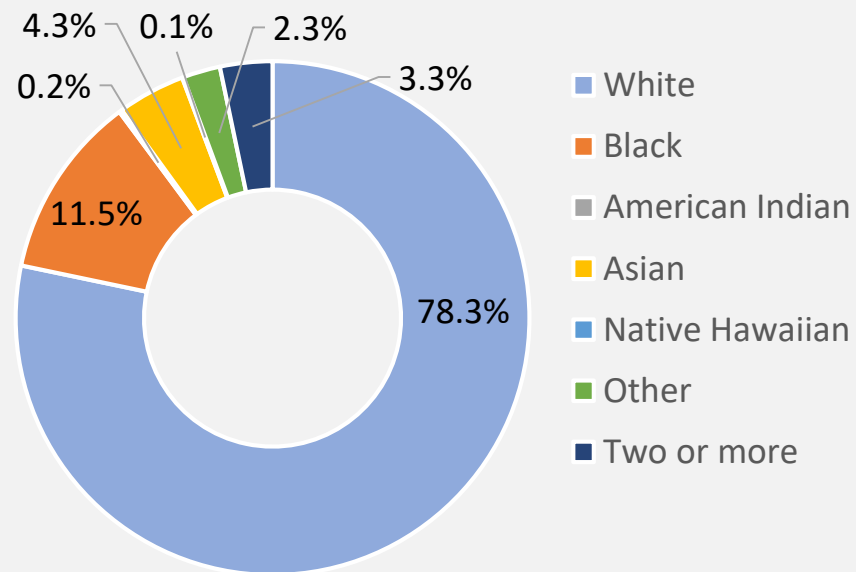
FOR THE SERVICE AREA

POPULATION ESTIMATES

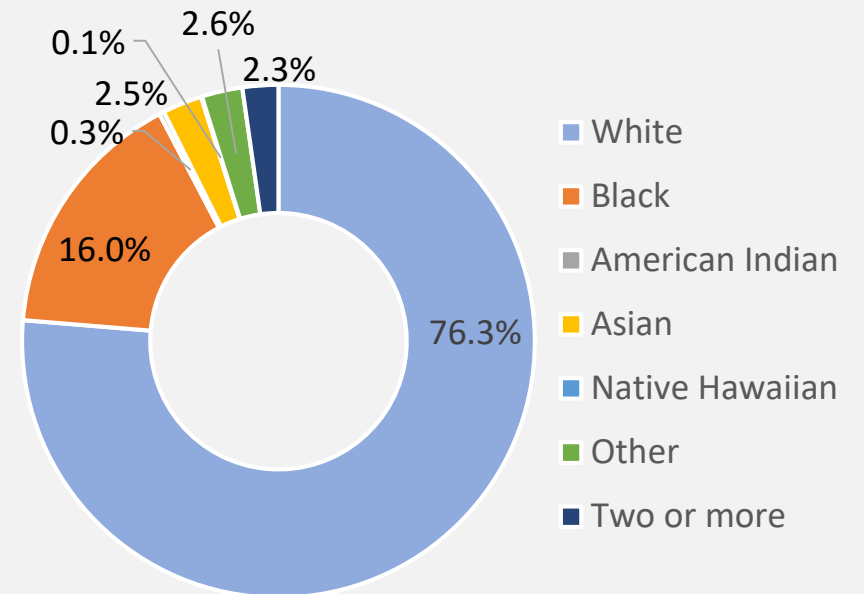


RACE

SEMINOLE COUNTY



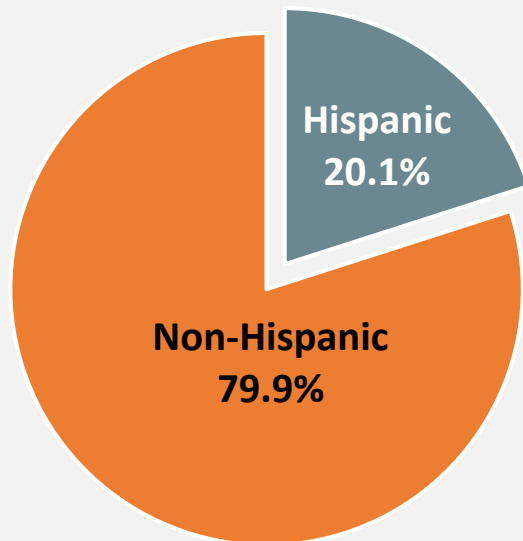
FLORIDA



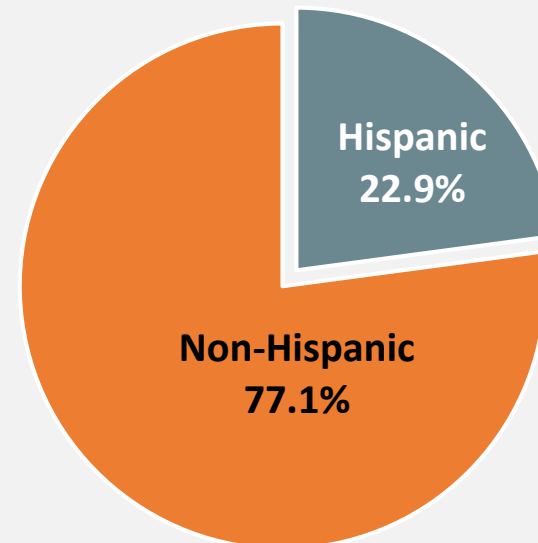
SOURCE: U.S. Census Bureau, American Community Survey (2013-2017)

ETHNICITY

SEMINOLE COUNTY



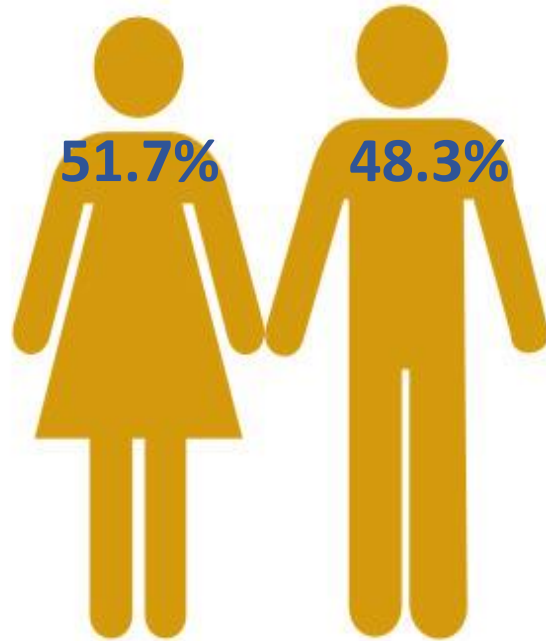
FLORIDA



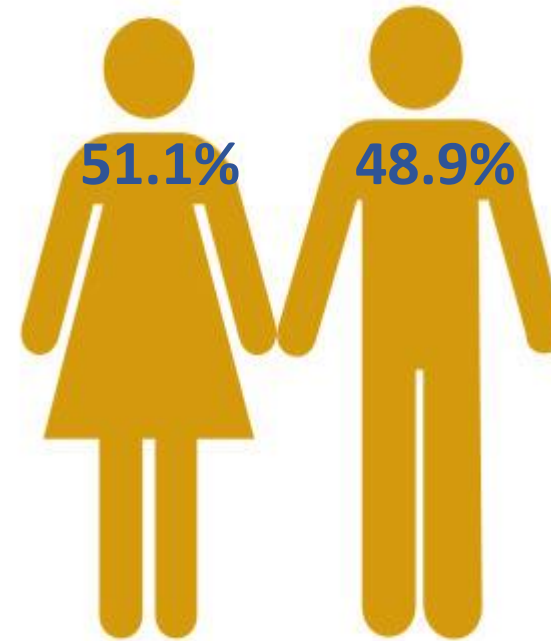
SOURCE: U.S. Census Bureau, American Community Survey (2013-2017)

GENDER

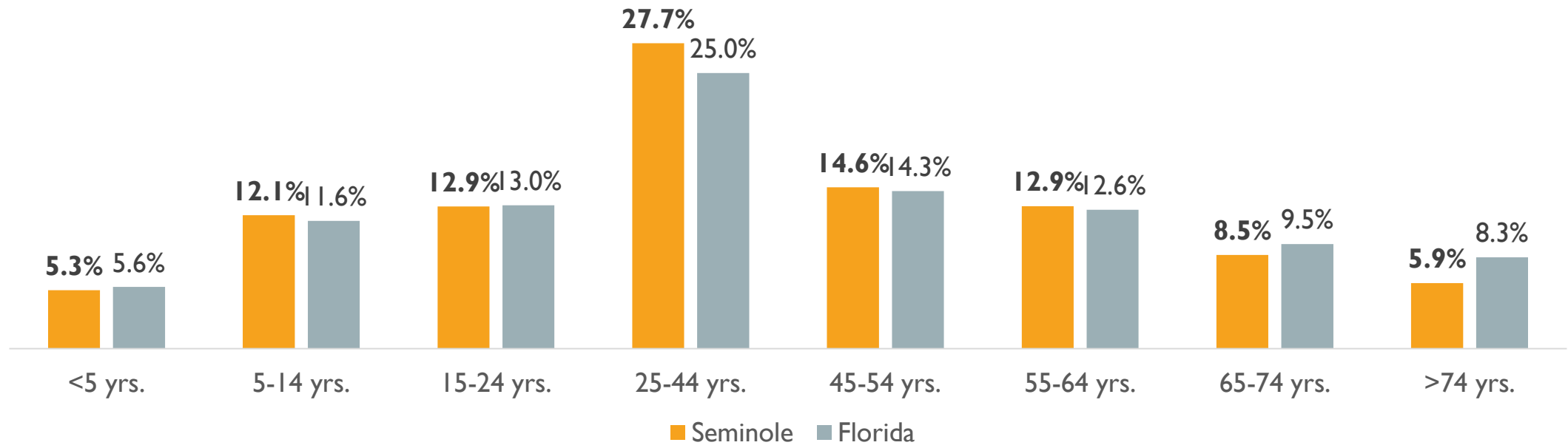
SEMINOLE COUNTY



FLORIDA

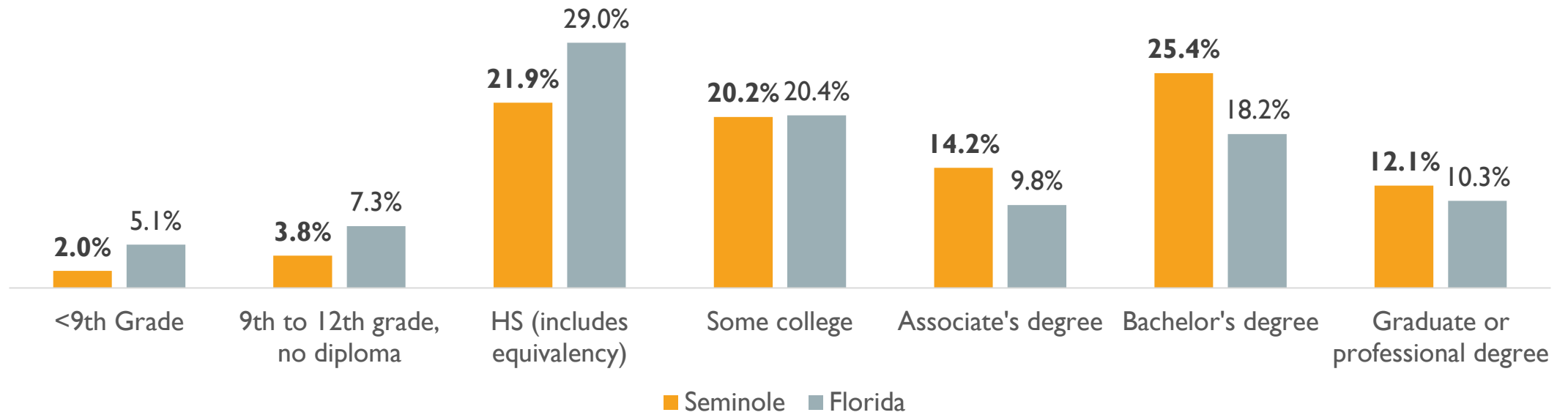


SOURCE: U.S. Census Bureau, American Community Survey (2013-2017)



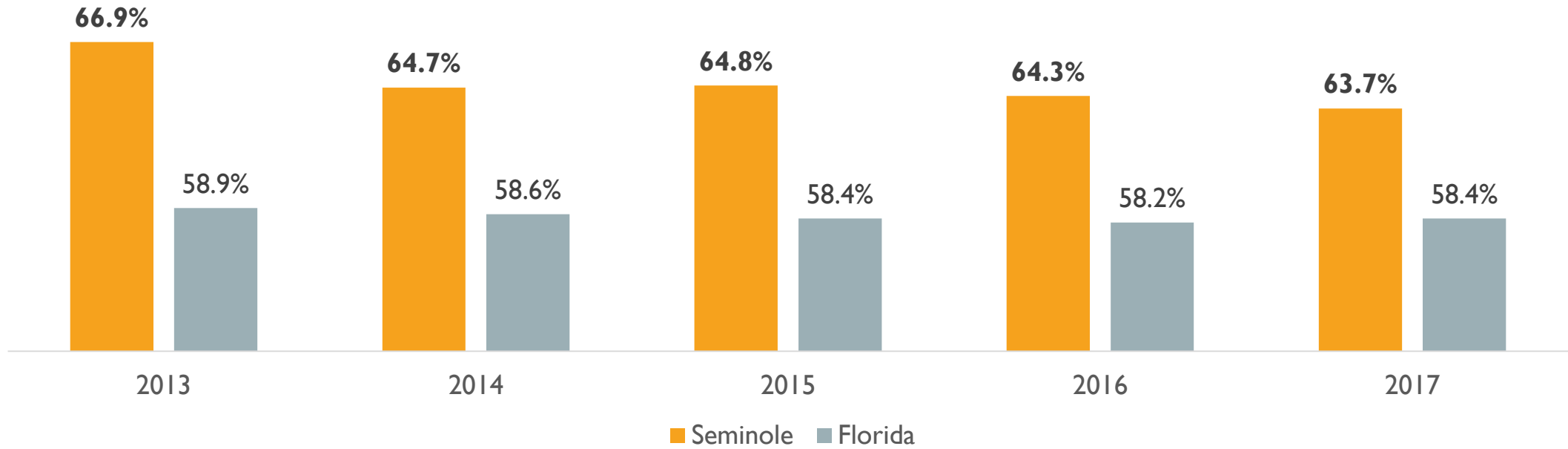
SOURCE: U.S. Census Bureau, American Community Survey (2013-2017)

AGE RANGE



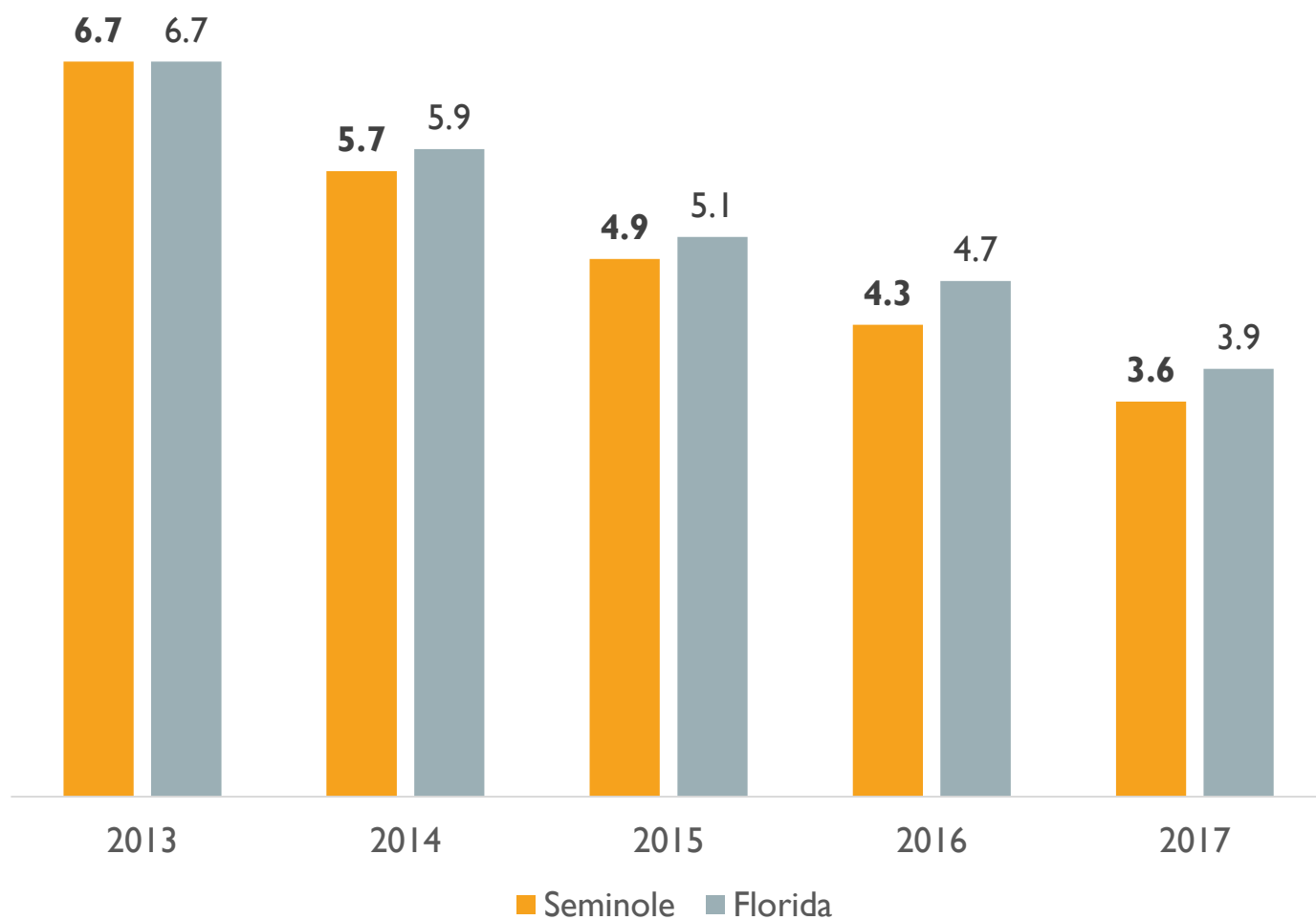
SOURCE: U.S. Census Bureau, American Community Survey (2013-2017)

EDUCATIONAL ATTAINMENT



SOURCE: U.S. Bureau of Labor Statistics

LABOR FORCE PARTICIPATION

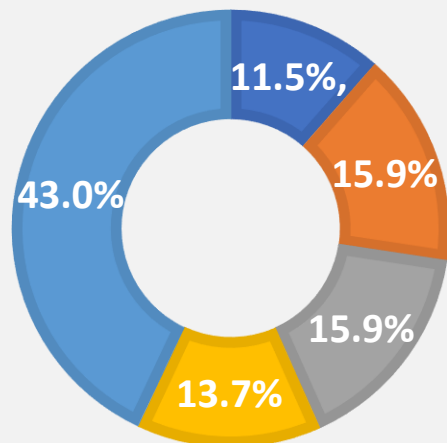


UNEMPLOYMENT RATES

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

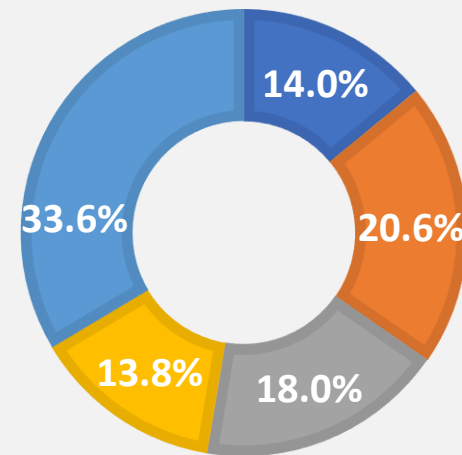
RATIO OF INCOME TO POVERTY LEVEL

SEMINOLE COUNTY



■ 0-99 ■ 100-199 ■ 200-299 ■ 300-399 ■ 400+

FLORIDA

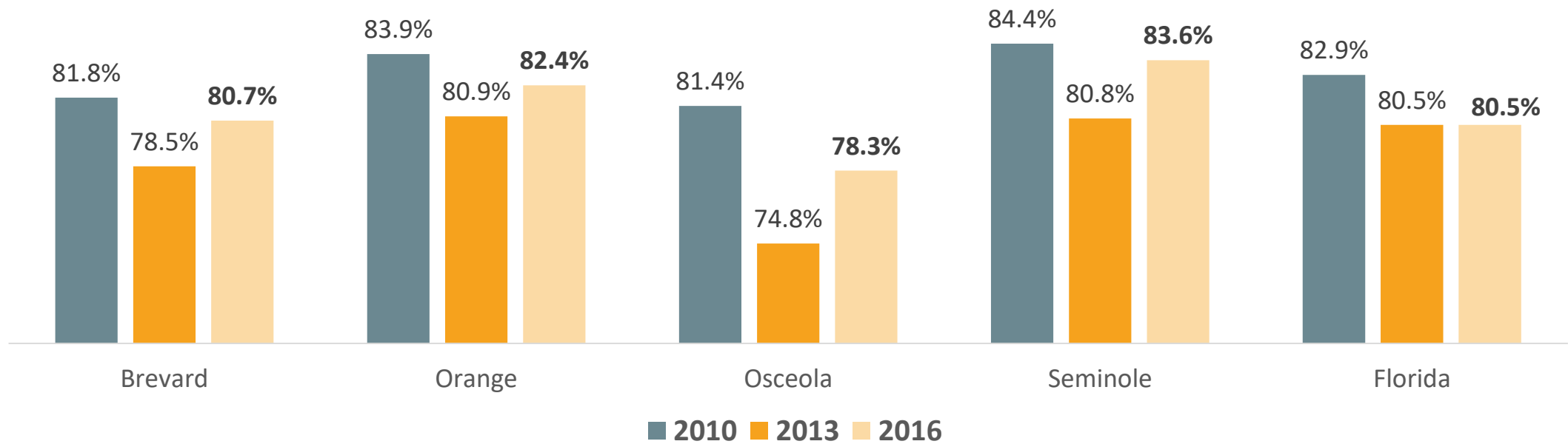


■ 0-99 ■ 100-199 ■ 200-299 ■ 300-399 ■ 400+

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

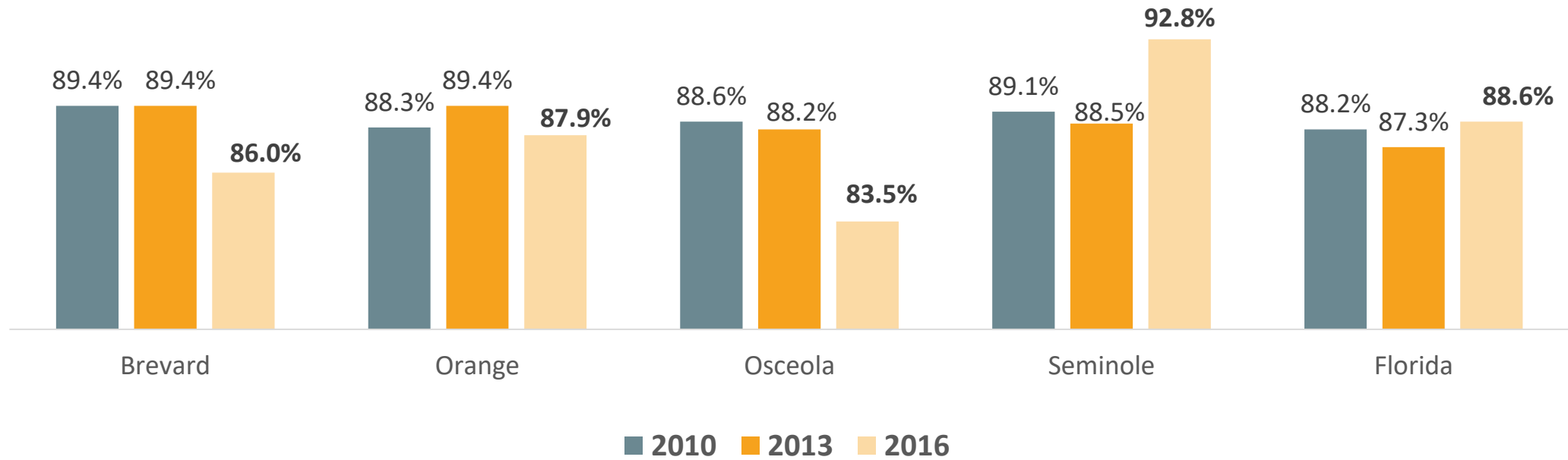
HEALTH STATUS

FOR THE SERVICE AREA



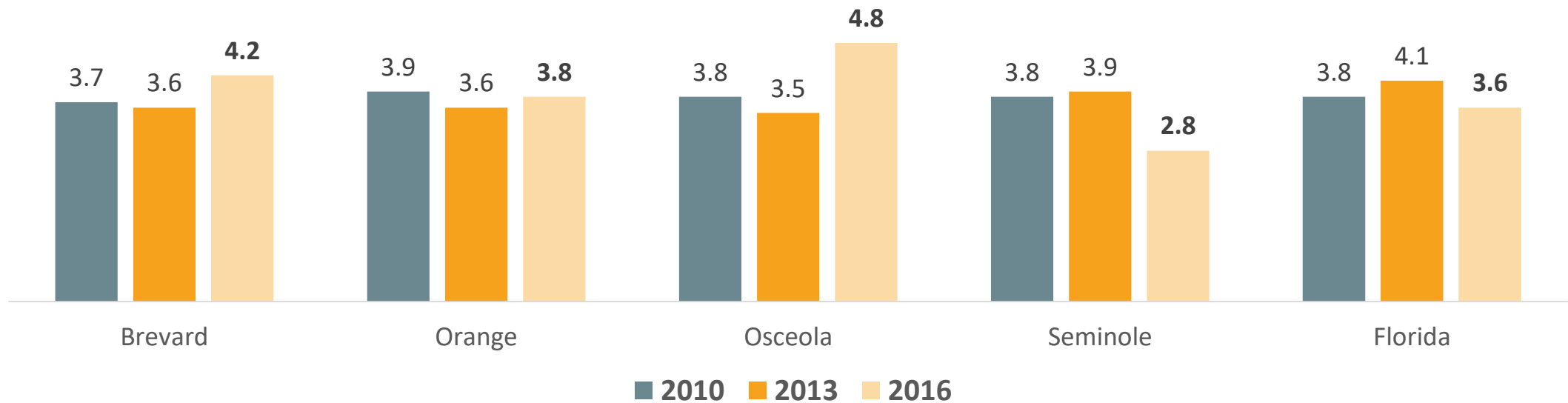
SOURCE: Behavioral Risk Factor Surveillance System

GOOD TO EXCELLENT HEALTH



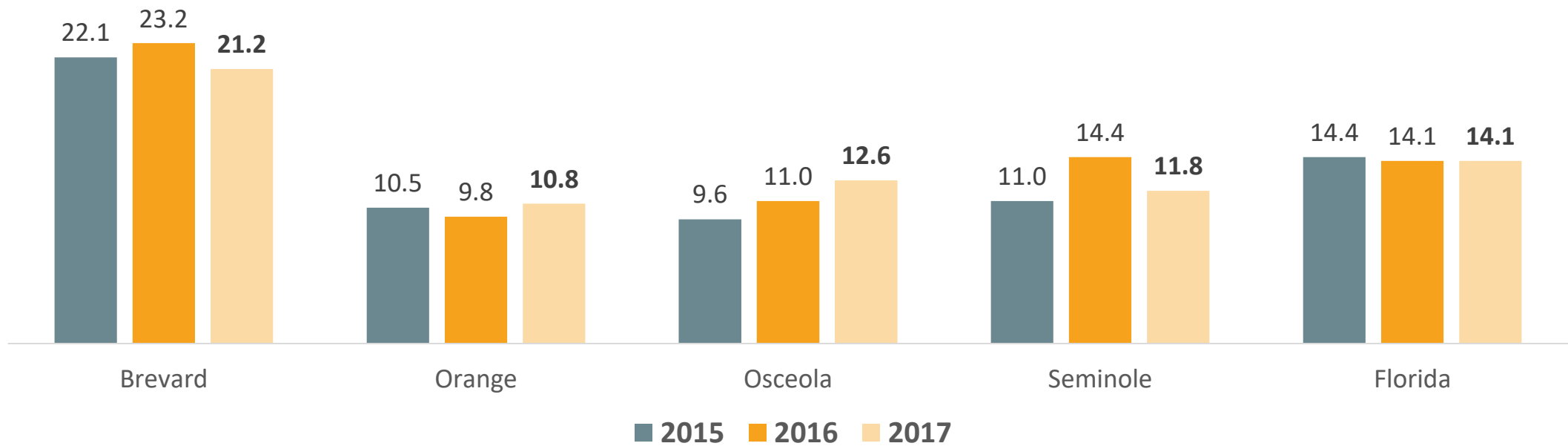
SOURCE: Behavioral Risk Factor Surveillance System

ADULTS WITH GOOD MENTAL HEALTH



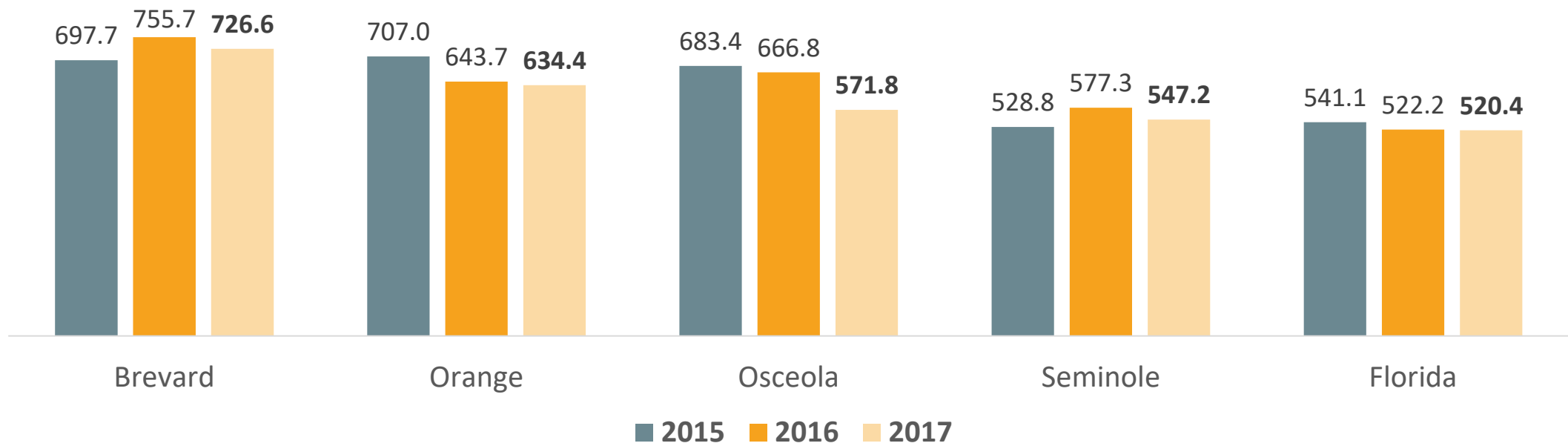
SOURCE: Behavioral Risk Factor Surveillance System (Unhealthy days in the past 30 days)

AVERAGE NUMBER OF ADULT MENTAL HEALTH DAYS



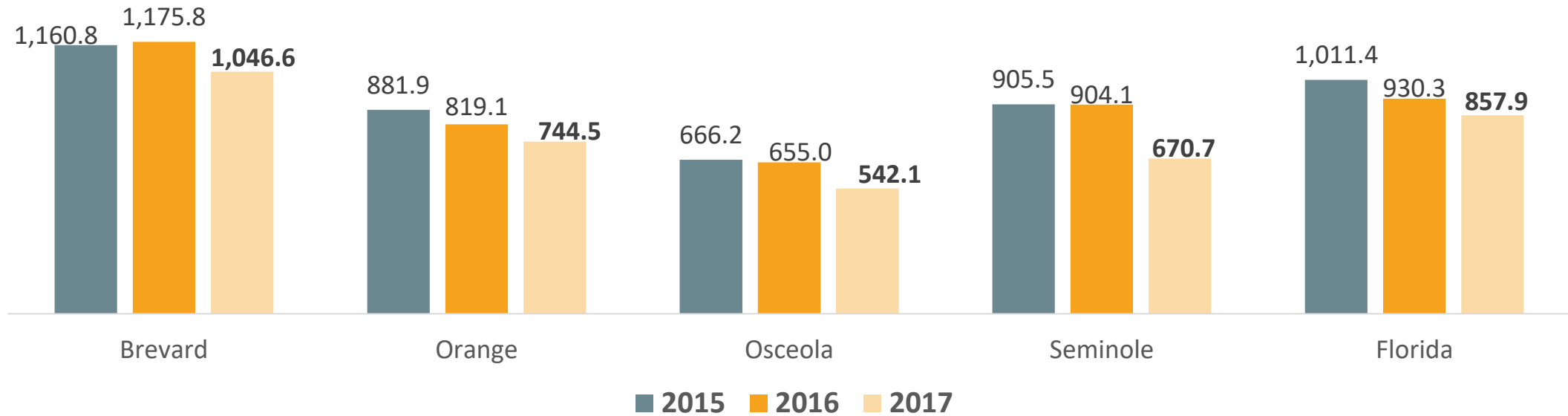
SOURCE: Florida Department of Health, Bureau of Vital Statistics (per 100,000 population)

SUICIDE AGE-ADJUSTED DEATH RATE



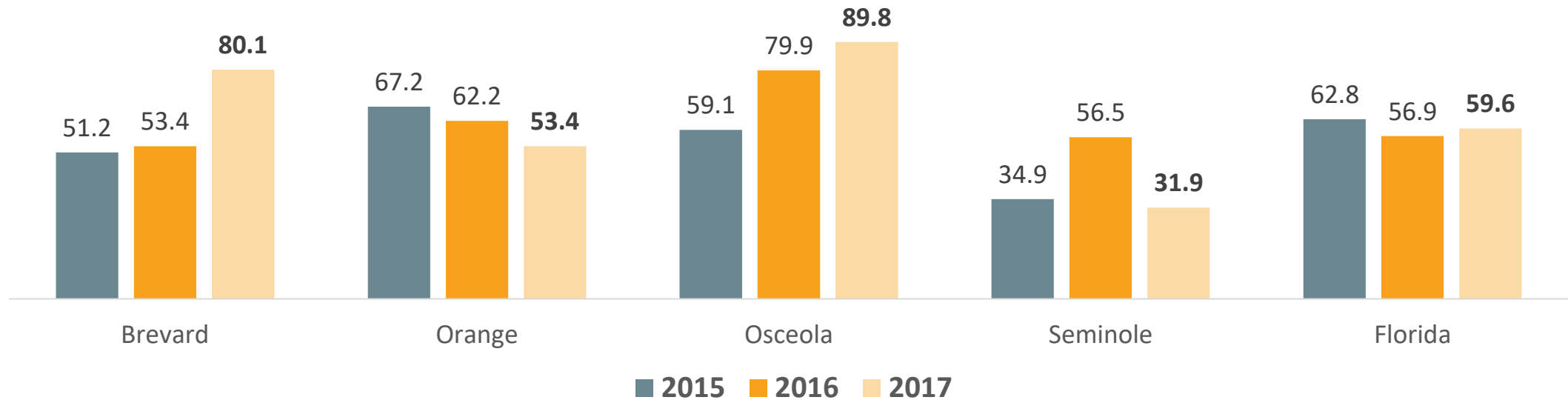
SOURCE: Florida Department of Law Enforcement (per 100,000 population)

TOTAL DOMESTIC VIOLENCE OFFENCES



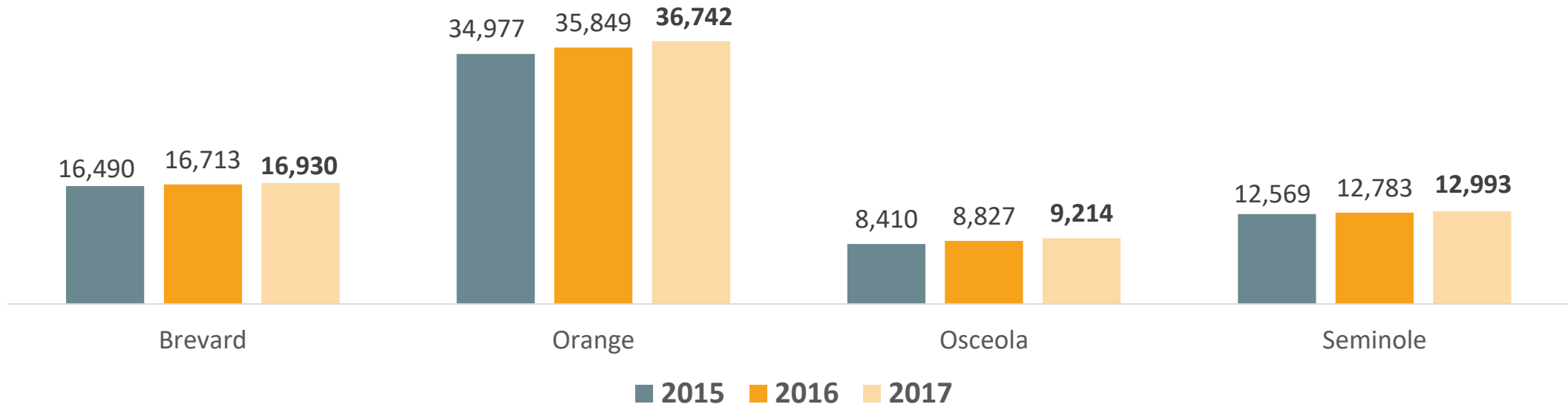
SOURCE: Florida Department of Children and Families, Florida Safe Families Network Data Mart (per 100,000 population)

RATE OF CHILDREN EXPERIENCING CHILD ABUSE AGES 5-11 YEARS



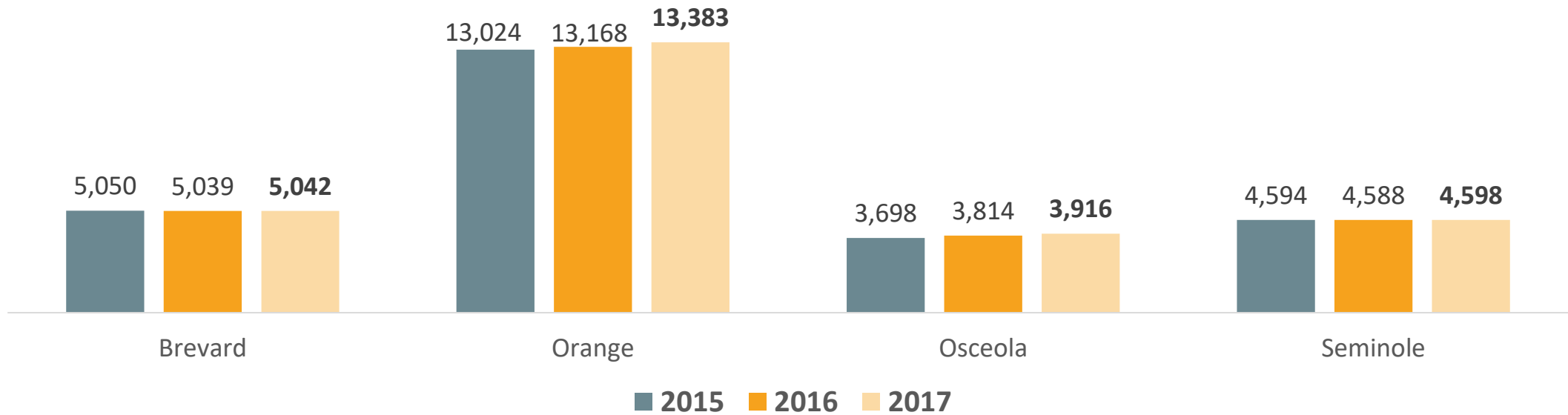
SOURCE: Florida Department of Children and Families, Florida Safe Families Network Data Mart (per 100,000 population)

RATE OF CHILDREN EXPERIENCING SEXUAL VIOLENCE AGES 5-11 YEARS



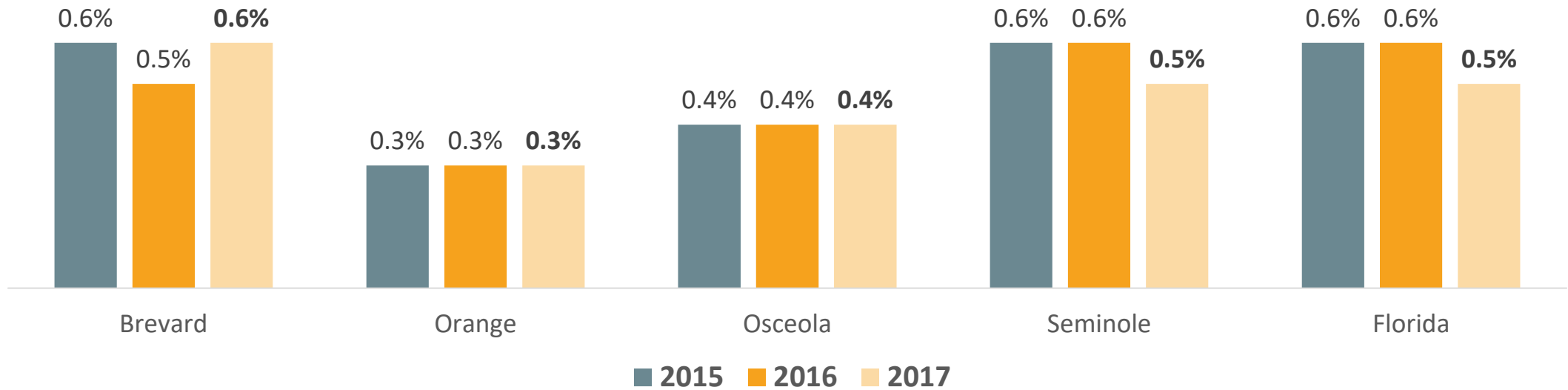
SOURCE: Estimates based on Department of Health and Human Services Mental Health report

ESTIMATED NUMBER OF SERIOUSLY MENTALLY ILL ADULTS



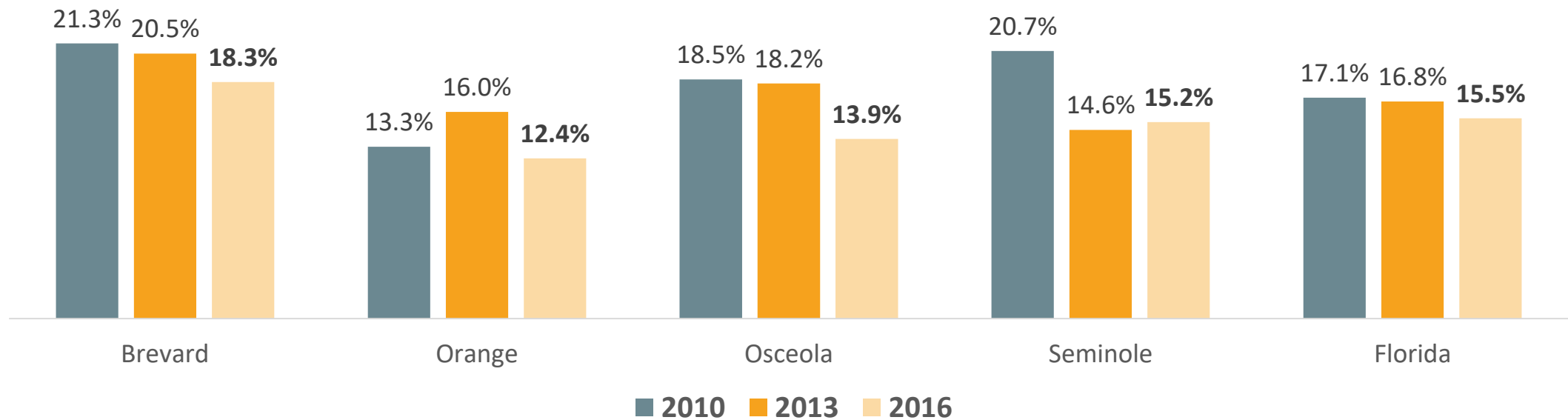
SOURCE: Estimates based on Department of Health and Human Services report Mental Health

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



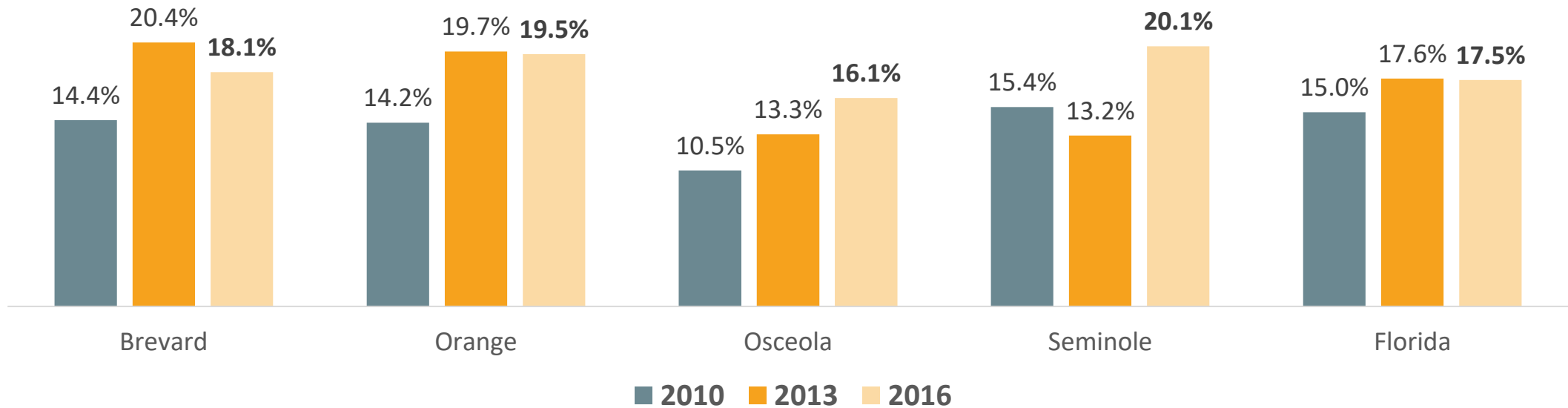
SOURCE: Florida Department of Education, Education Information and Accountability Services (EIAS)

CHILDREN WITH EMOTIONAL/BEHAVIORAL DISABILITY GRADES K-12



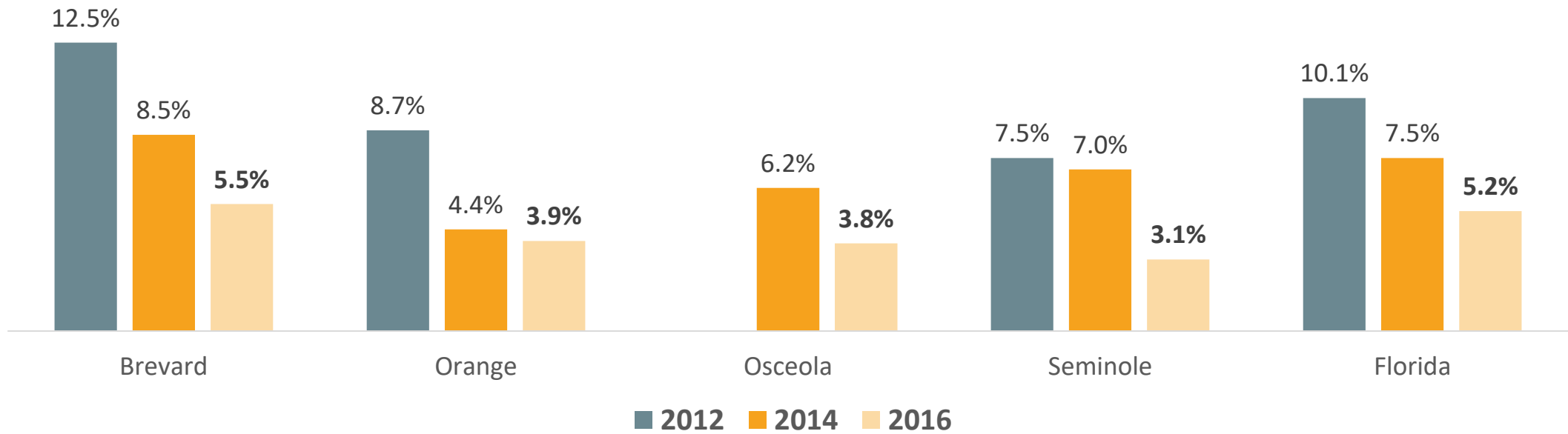
SOURCE: Behavioral Risk Factor Surveillance System

ADULTS WHO ARE CURRENT SMOKERS



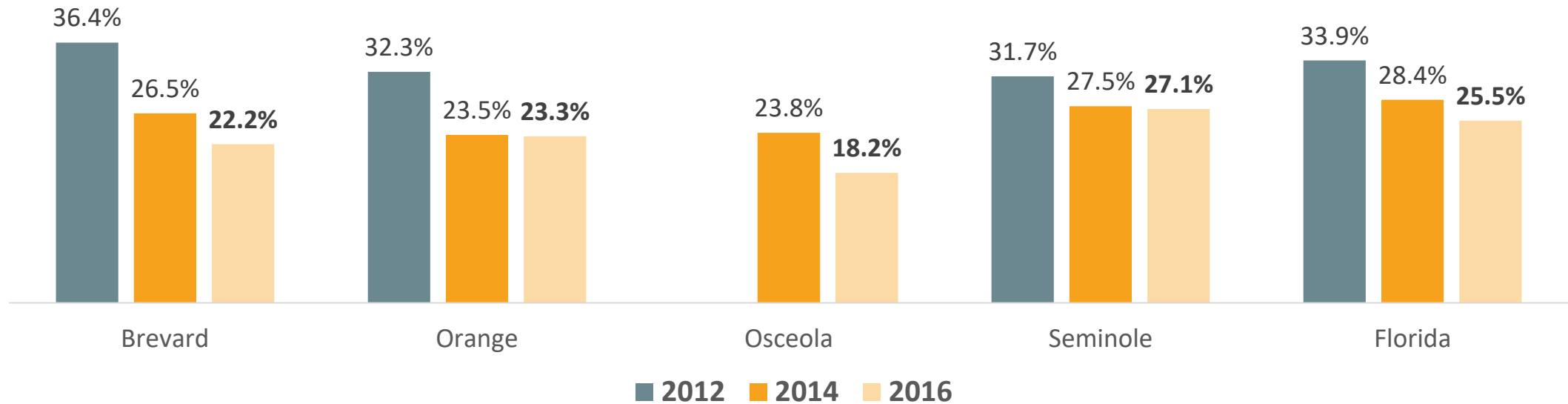
SOURCE: Behavioral Risk Factor Surveillance System

ADULTS WHO ENGAGE IN HEAVY OR BINGE DRINKING



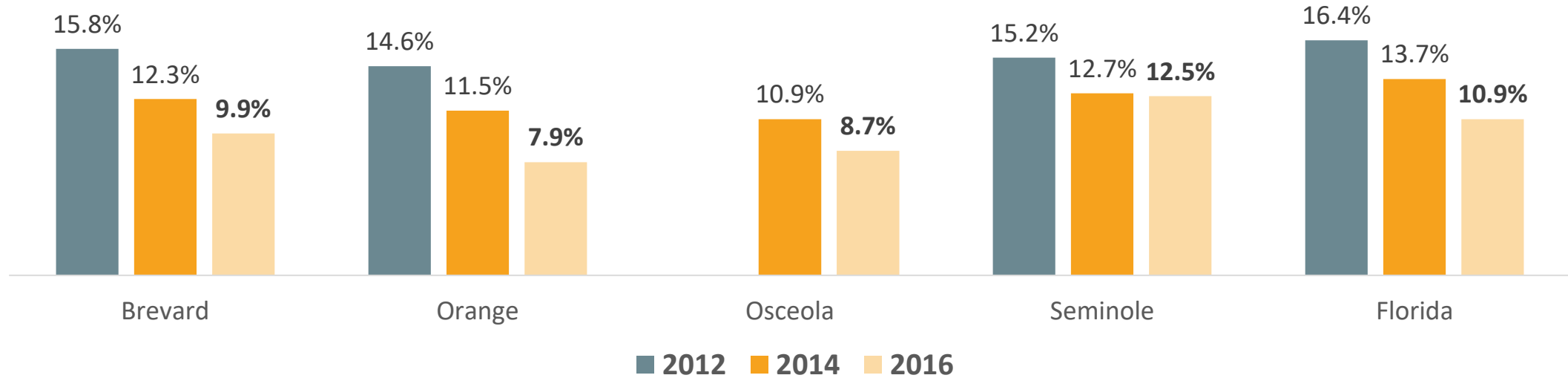
SOURCE: Florida Department of Children and Families, Florida Youth Tobacco Survey (Missing data indicate sample size is statistically unreliable)

HIGH SCHOOL STUDENTS SMOKING CIGARETTES IN PAST 30 DAYS



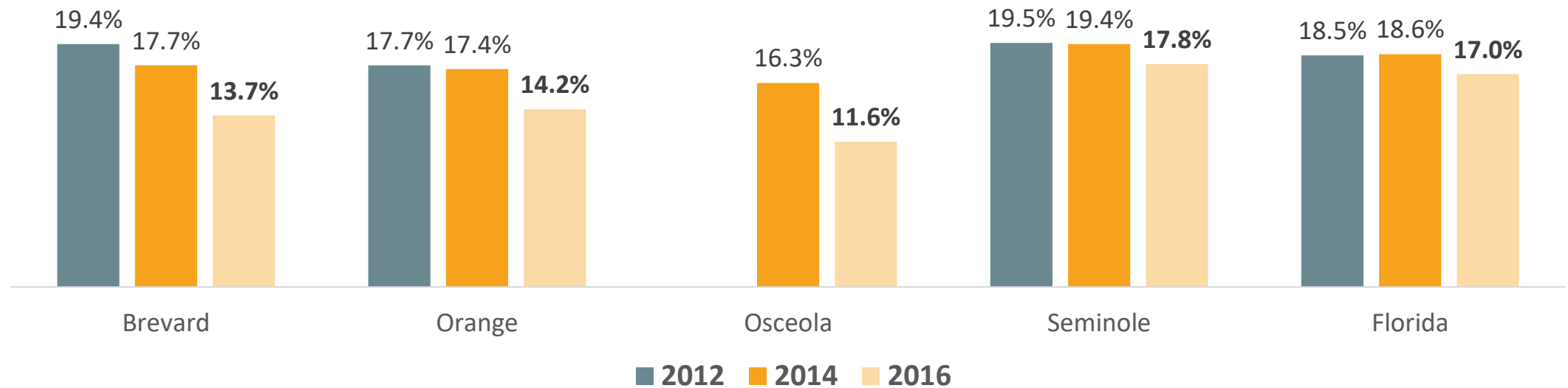
SOURCE: Florida Department of Children and Families, Florida Youth Substance Abuse Survey (Missing data indicate sample size is statistically unreliable)

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



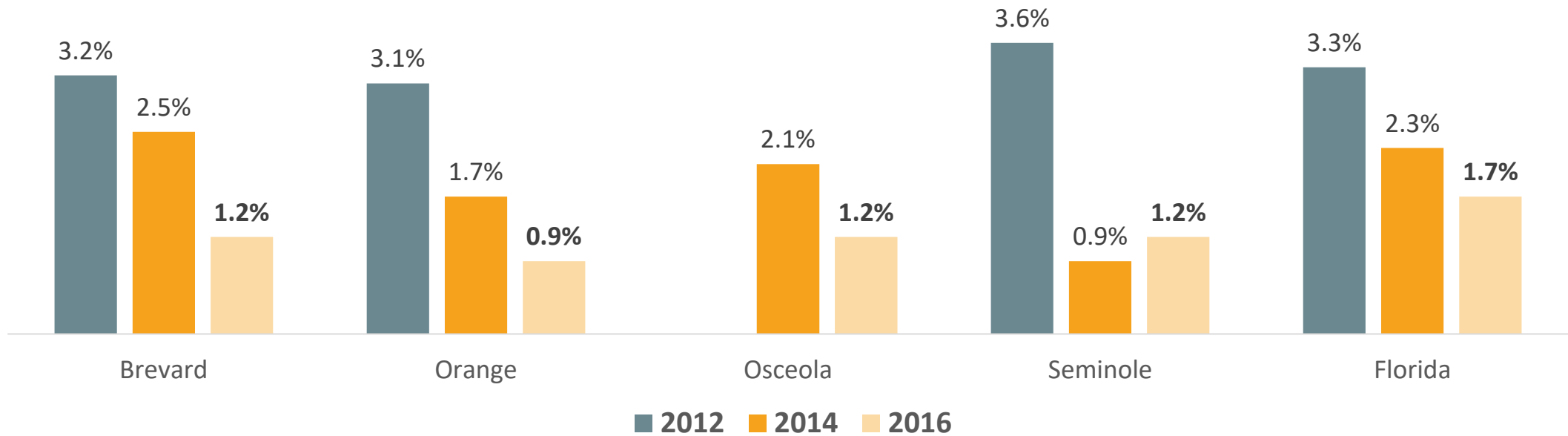
SOURCE: Florida Department of Children and Families, Florida Youth Substance Abuse Survey (Missing data indicate sample size is statistically unreliable)

HIGH SCHOOL STUDENTS REPORTING BINGE DRINKING



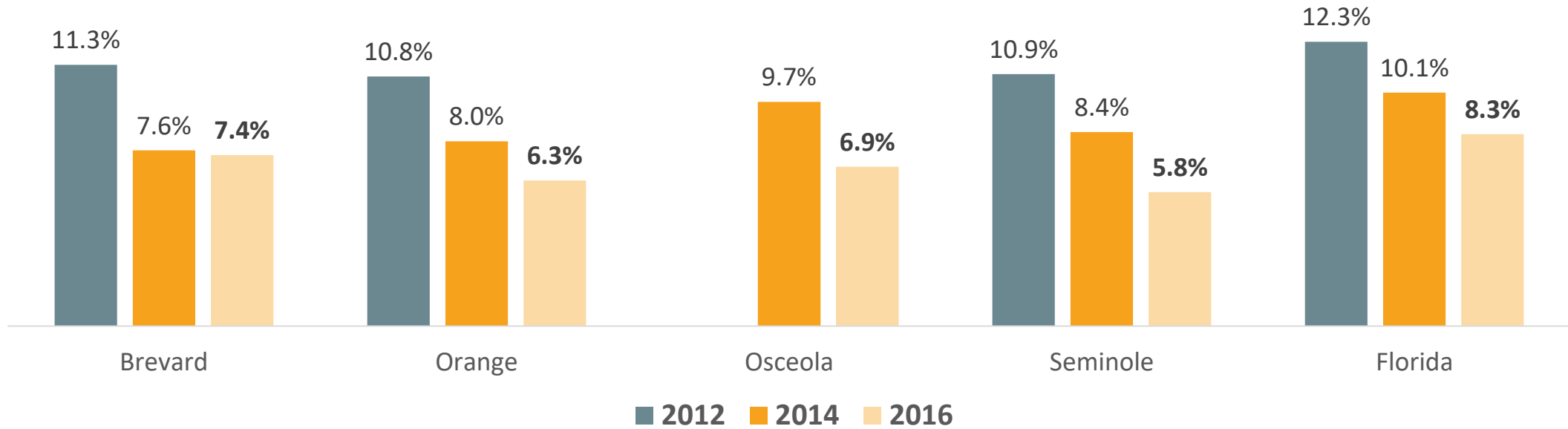
SOURCE: Florida Department of Children and Families, Florida Youth Substance Abuse Survey (Missing data indicate sample size is statistically unreliable)

HIGH SCHOOL STUDENTS USING MARIJUANA IN PAST 30 DAYS



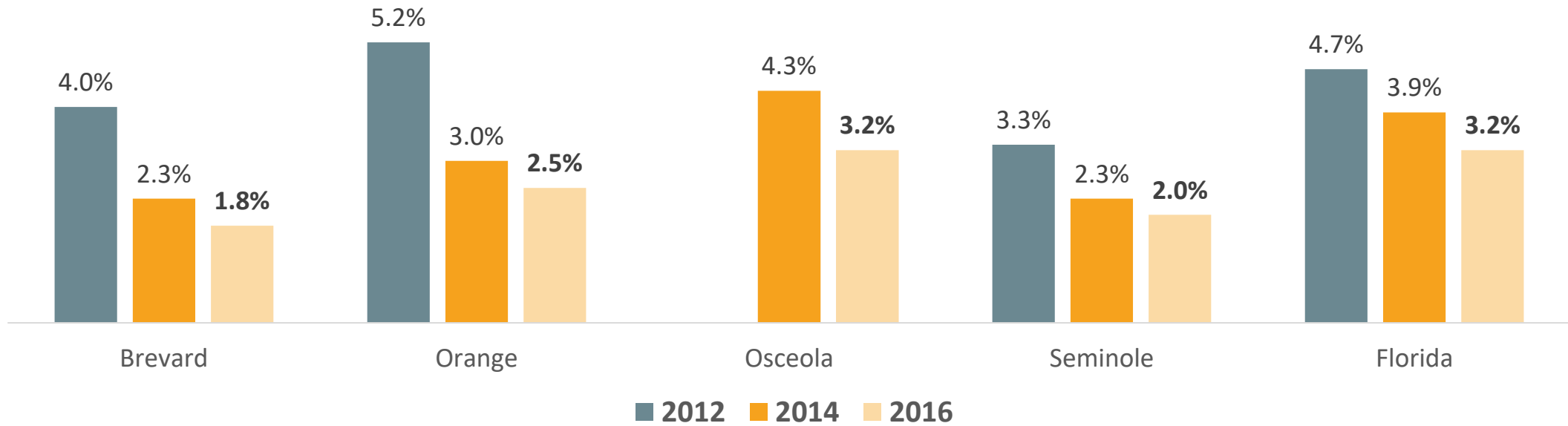
SOURCE: Florida Department of Children and Families, Florida Youth Tobacco Survey (Missing data indicate sample size is statistically unreliable)

MIDDLES SCHOOL STUDENTS SMOKING CIGARETTES IN PAST 30 DAYS



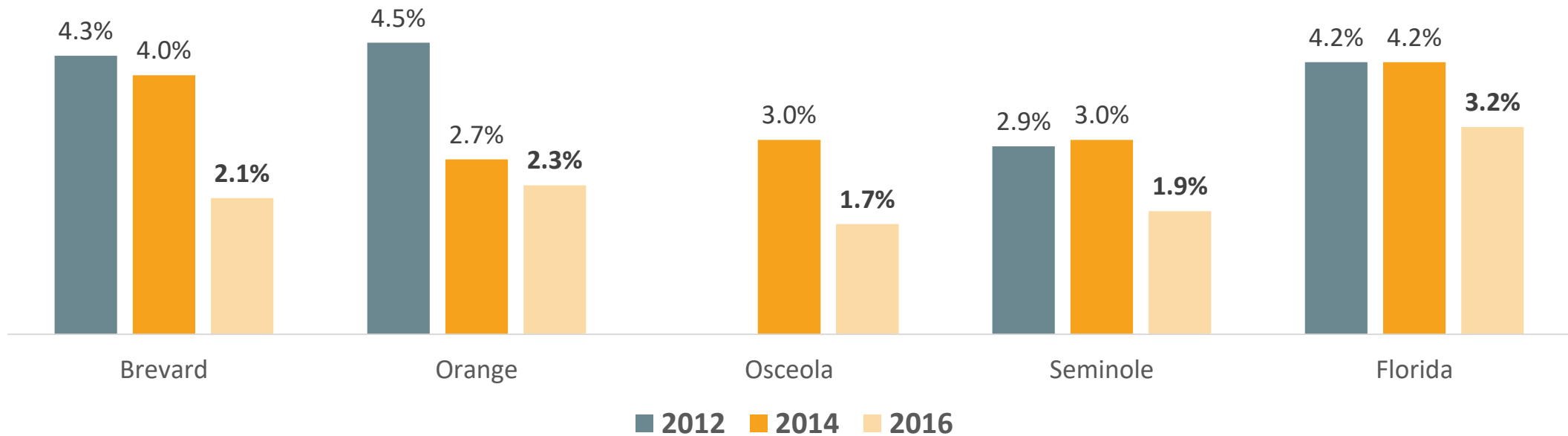
SOURCE: Florida Department of Children and Families, Florida Youth Substance Abuse Survey (Missing data indicate sample size is statistically unreliable)

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

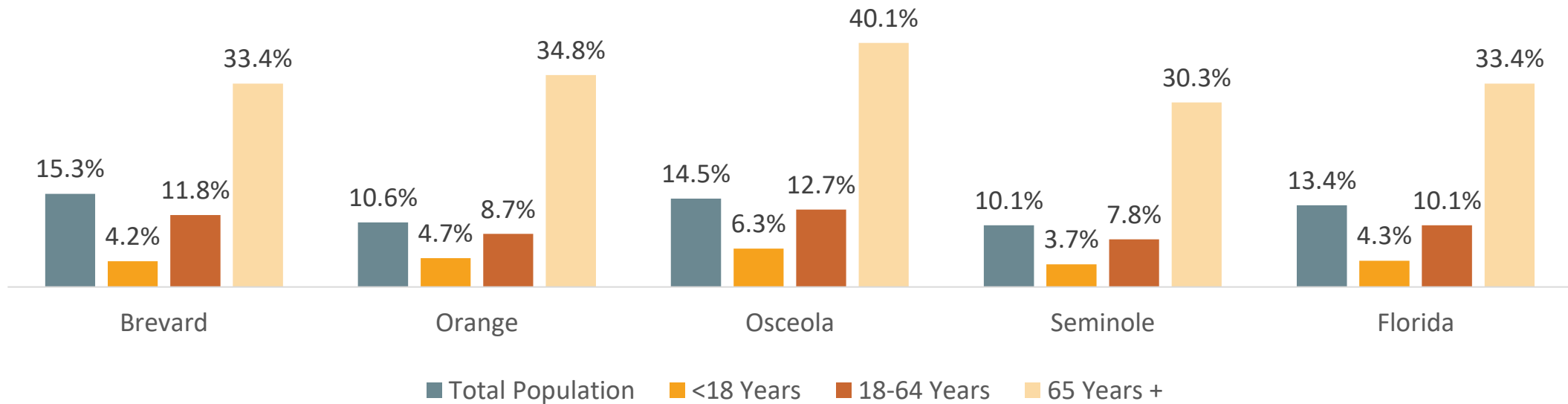


SOURCE: Florida Department of Children and Families, Florida Youth Substance Abuse Survey (Missing data indicate sample size is statistically unreliable)

MIDDLE SCHOOL STUDENTS REPORTING BINGE DRINKING

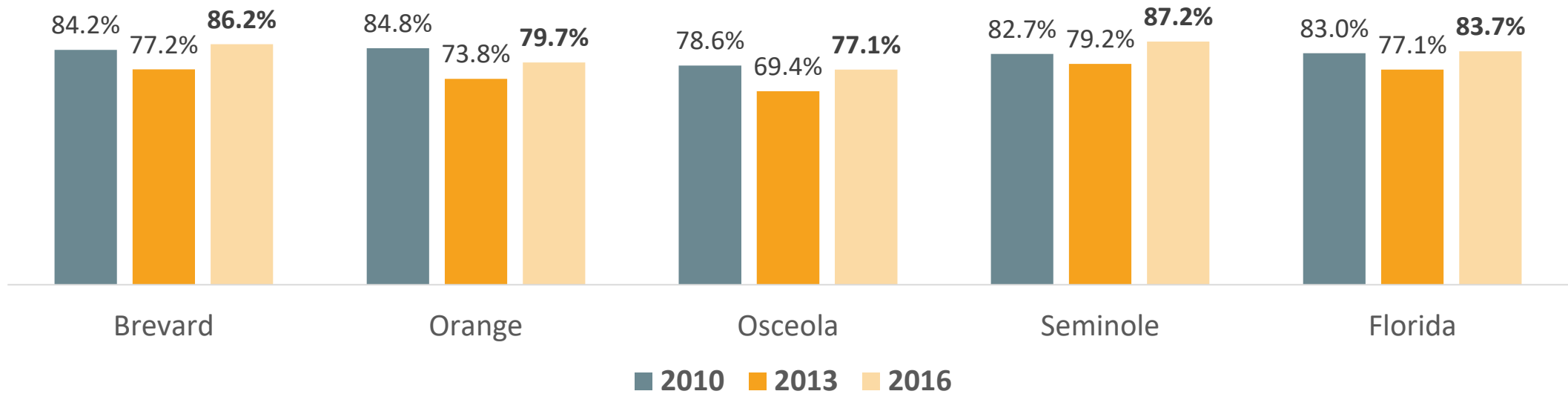


**MIDDLE SCHOOL STUDENTS USING
MARIJUANA IN THE PAST 30 DAYS**



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

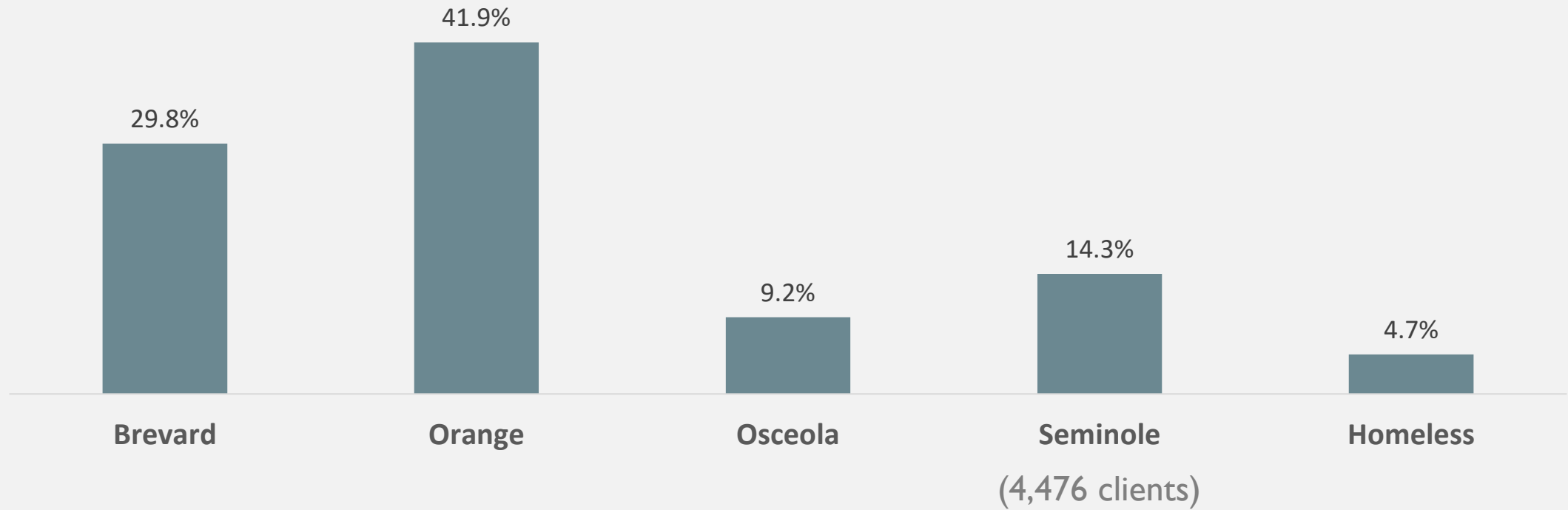


SOURCE: Behavioral Risk Factor Surveillance System

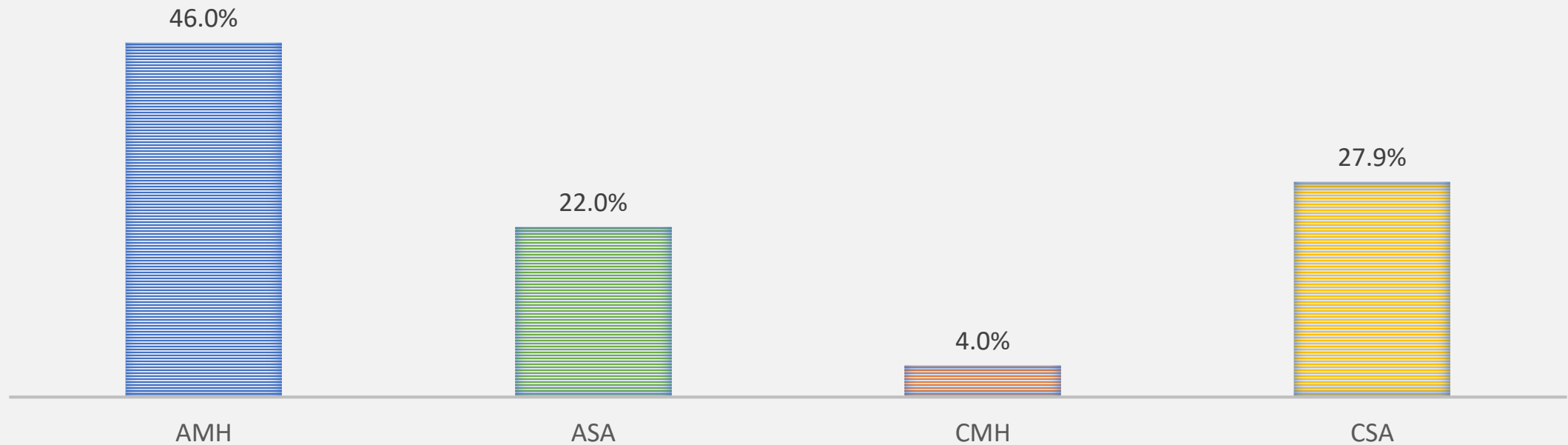
ADULTS WITH ANY TYPE OF HEALTH INSURANCE COVERAGE

CFCHS CLIENT PROFILE

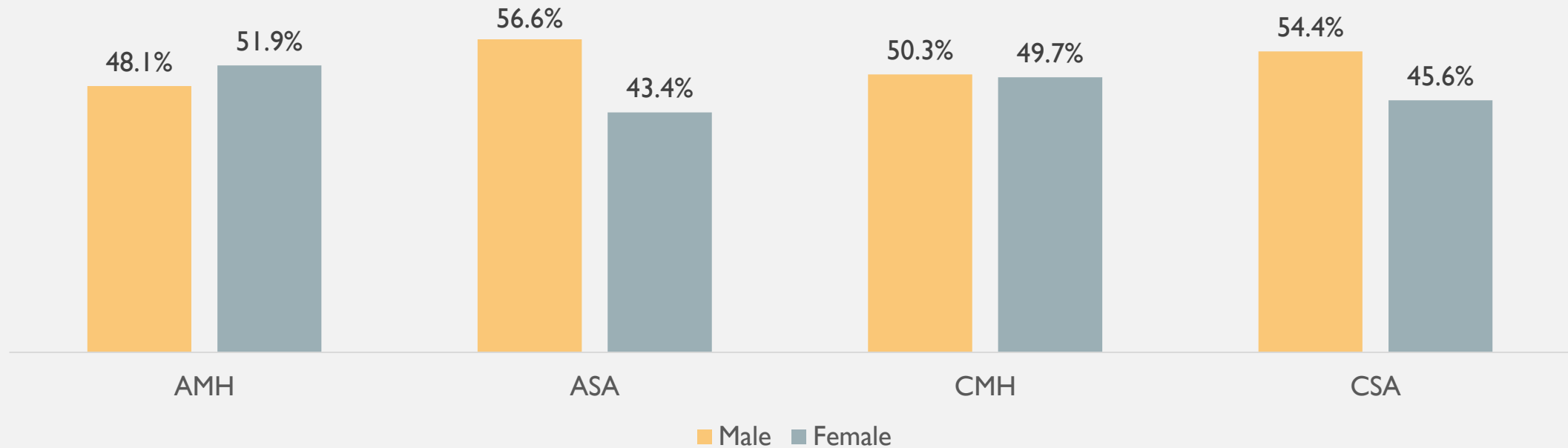
CLIENTS BY COUNTY



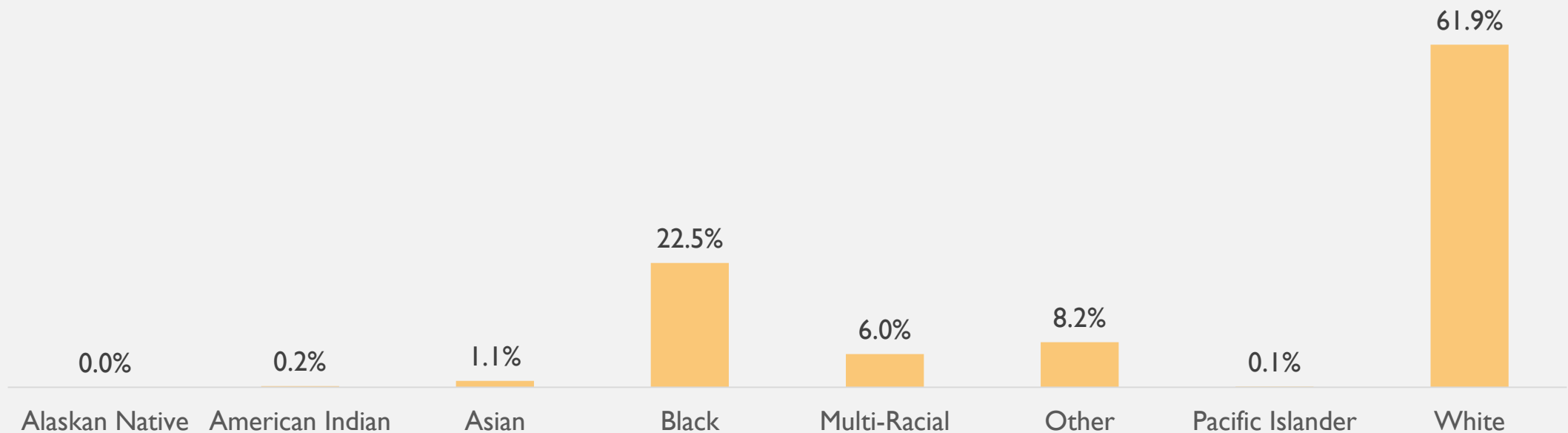
SEMINOLE COUNTY CLIENTS BY PROGRAM

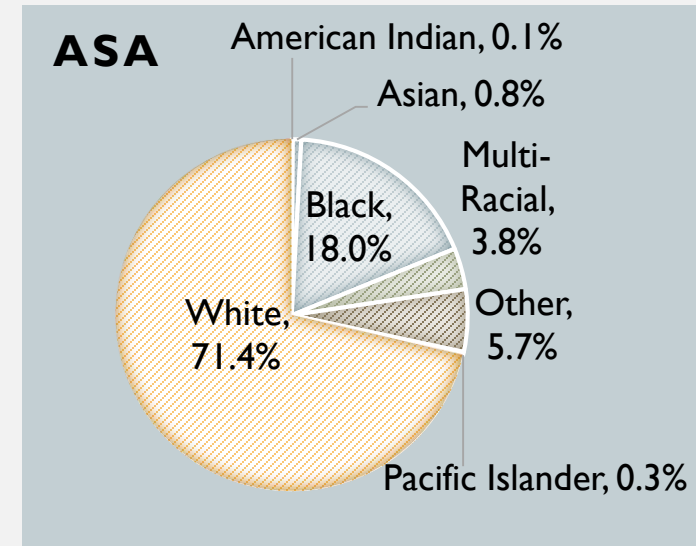
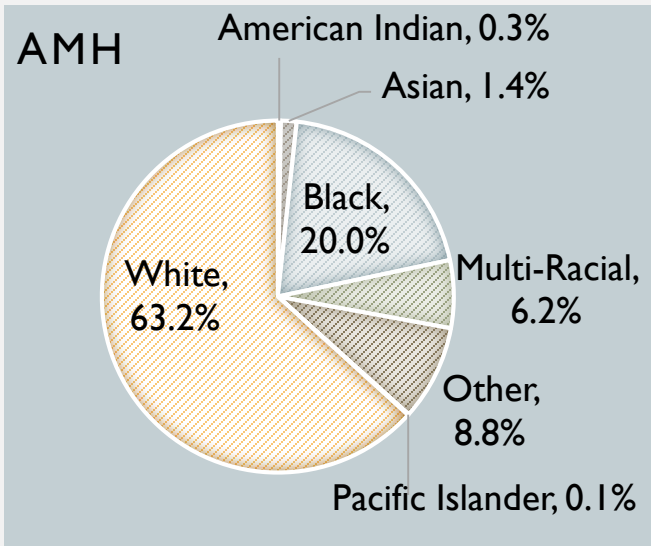


SEMINOLE COUNTY CLIENTS BY PROGRAM AND GENDER

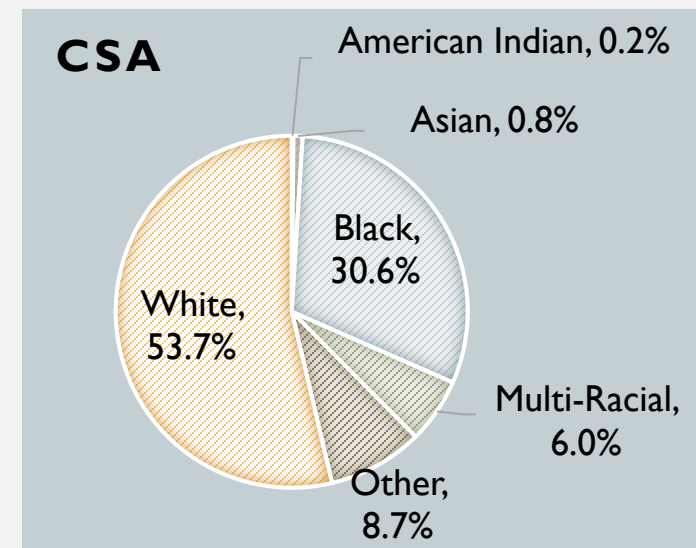
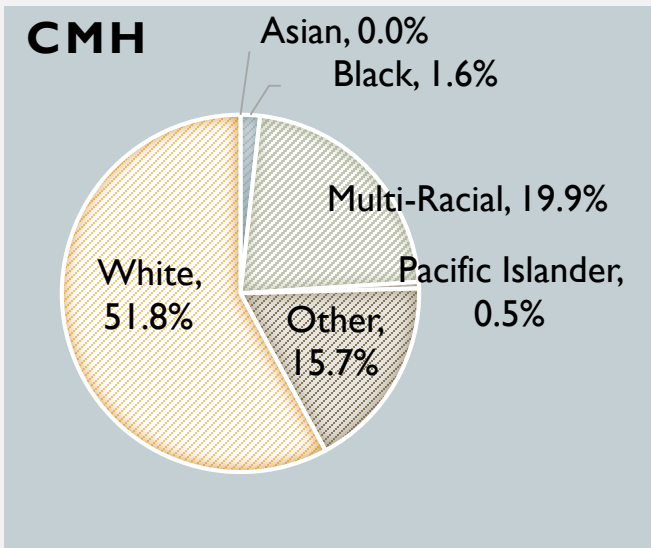


SEMINOLE COUNTY CLIENTS BY RACE

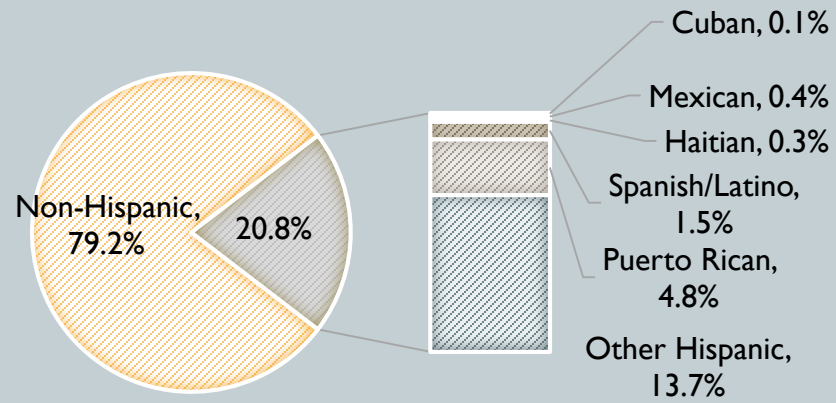




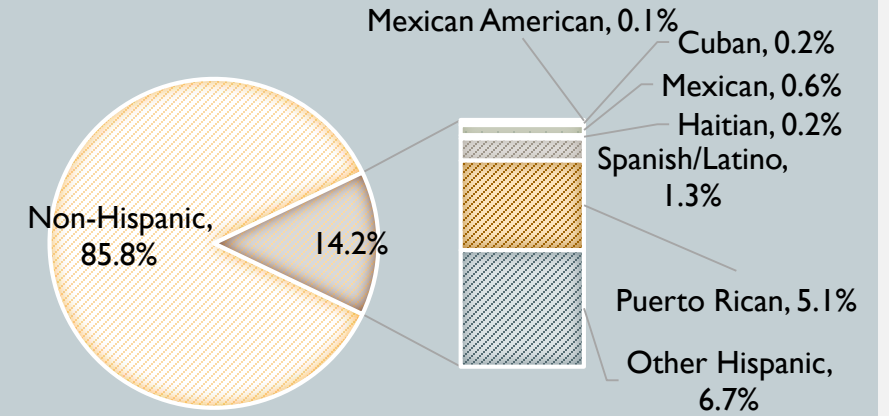
PROGRAM AND RACE



AMH

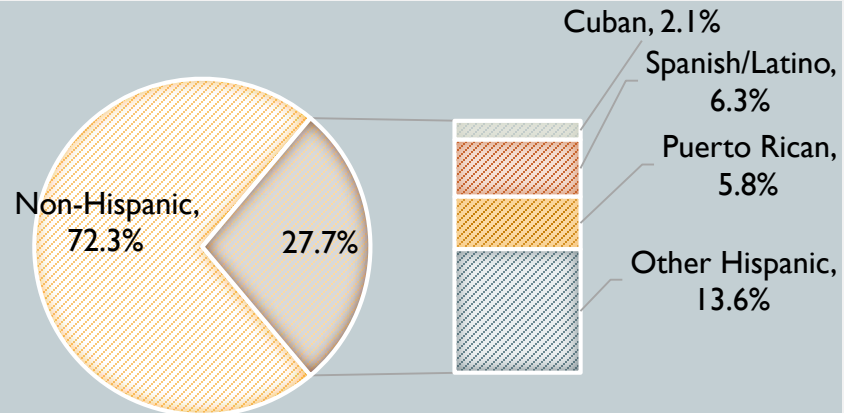


ASA

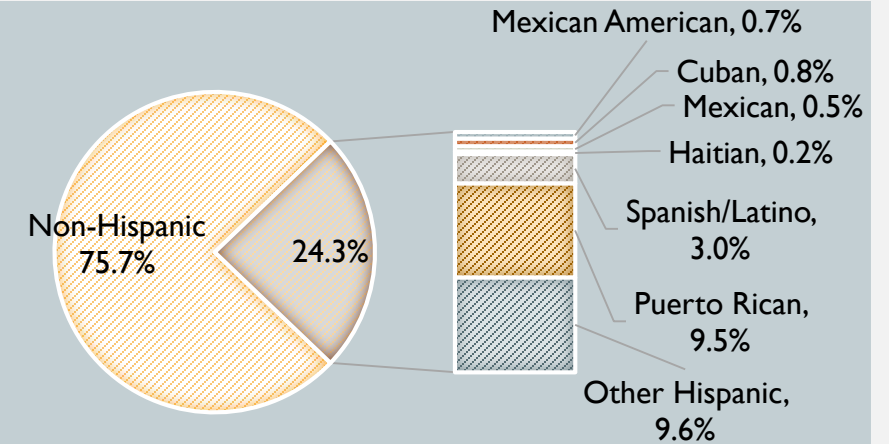


PROGRAM AND ETHNICITY

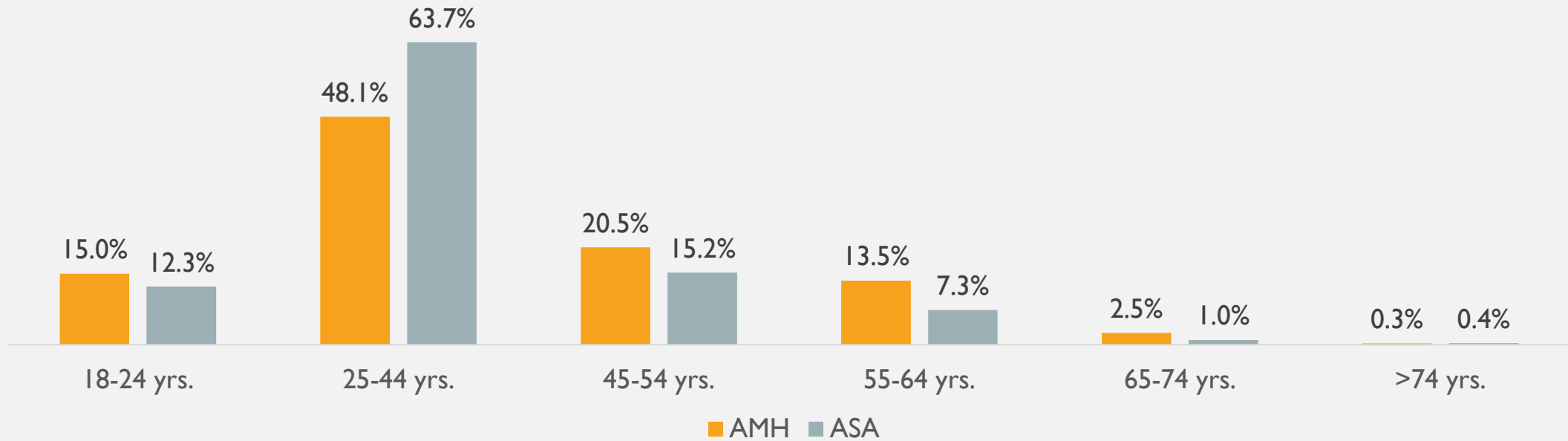
CMH



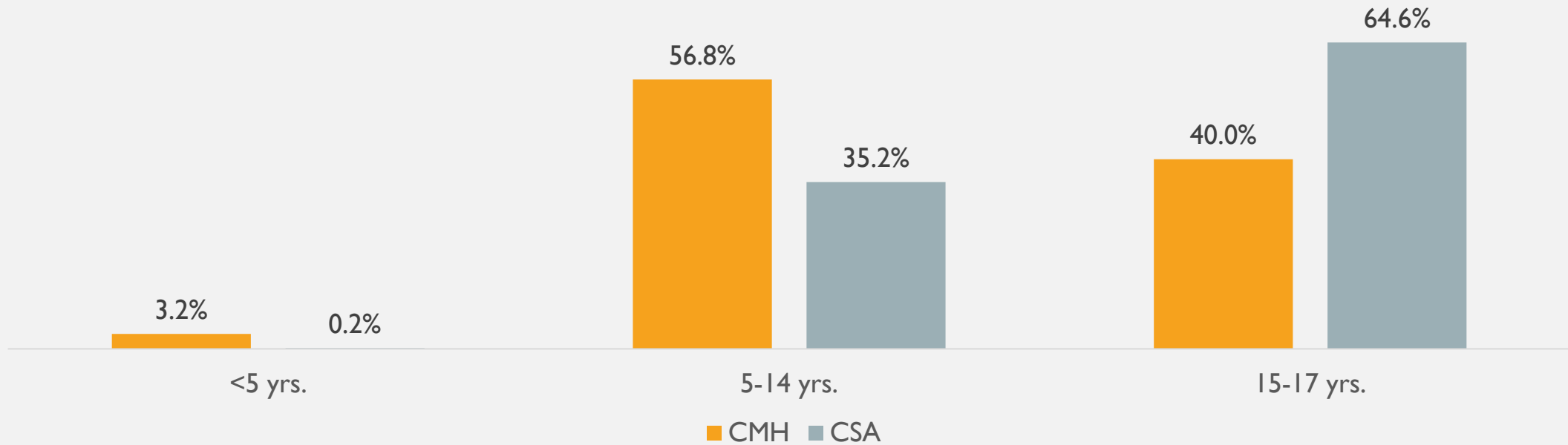
CSA



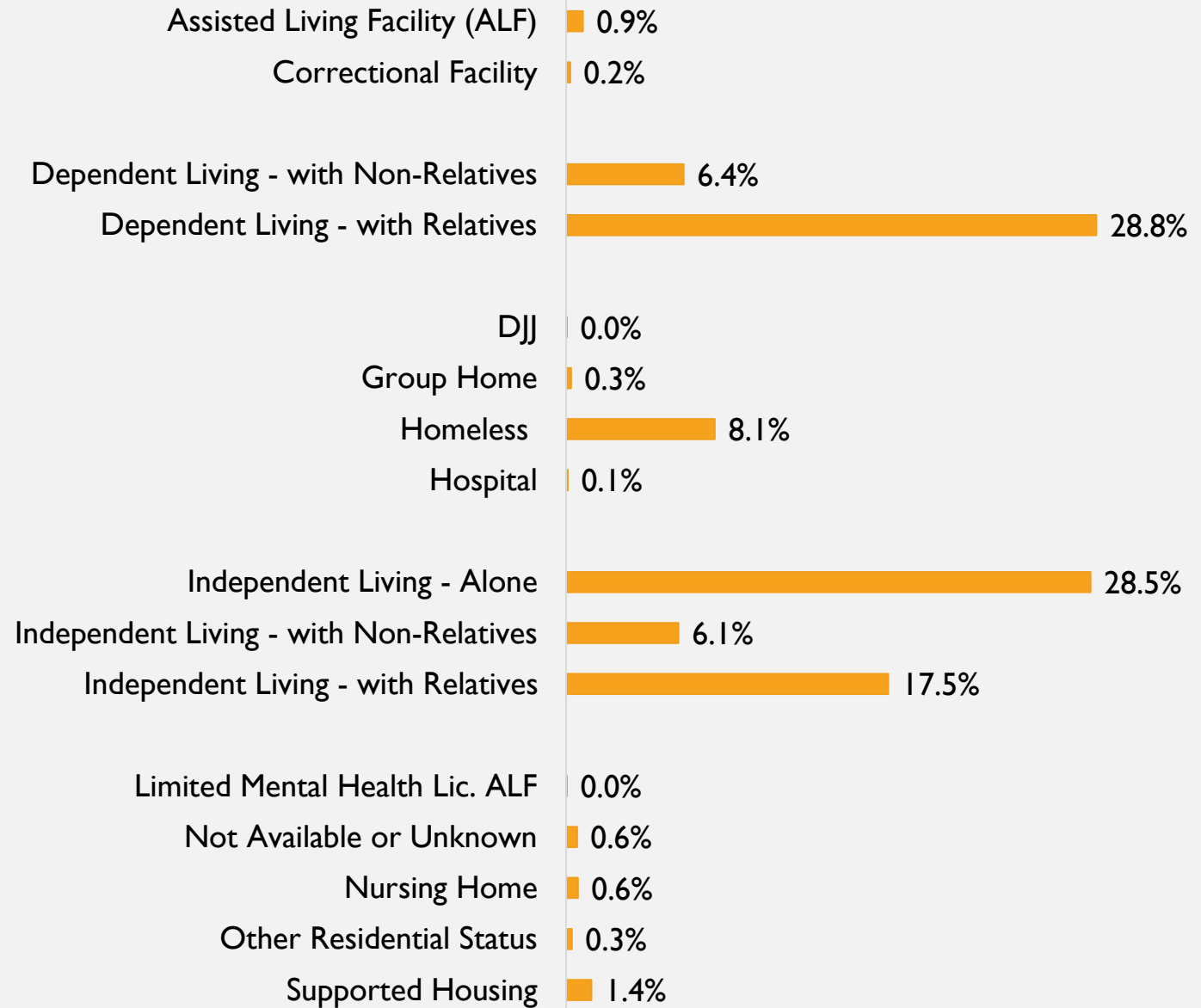
SEMINOLE COUNTY ADULT CLIENTS BY PROGRAMS BY AGE RANGE



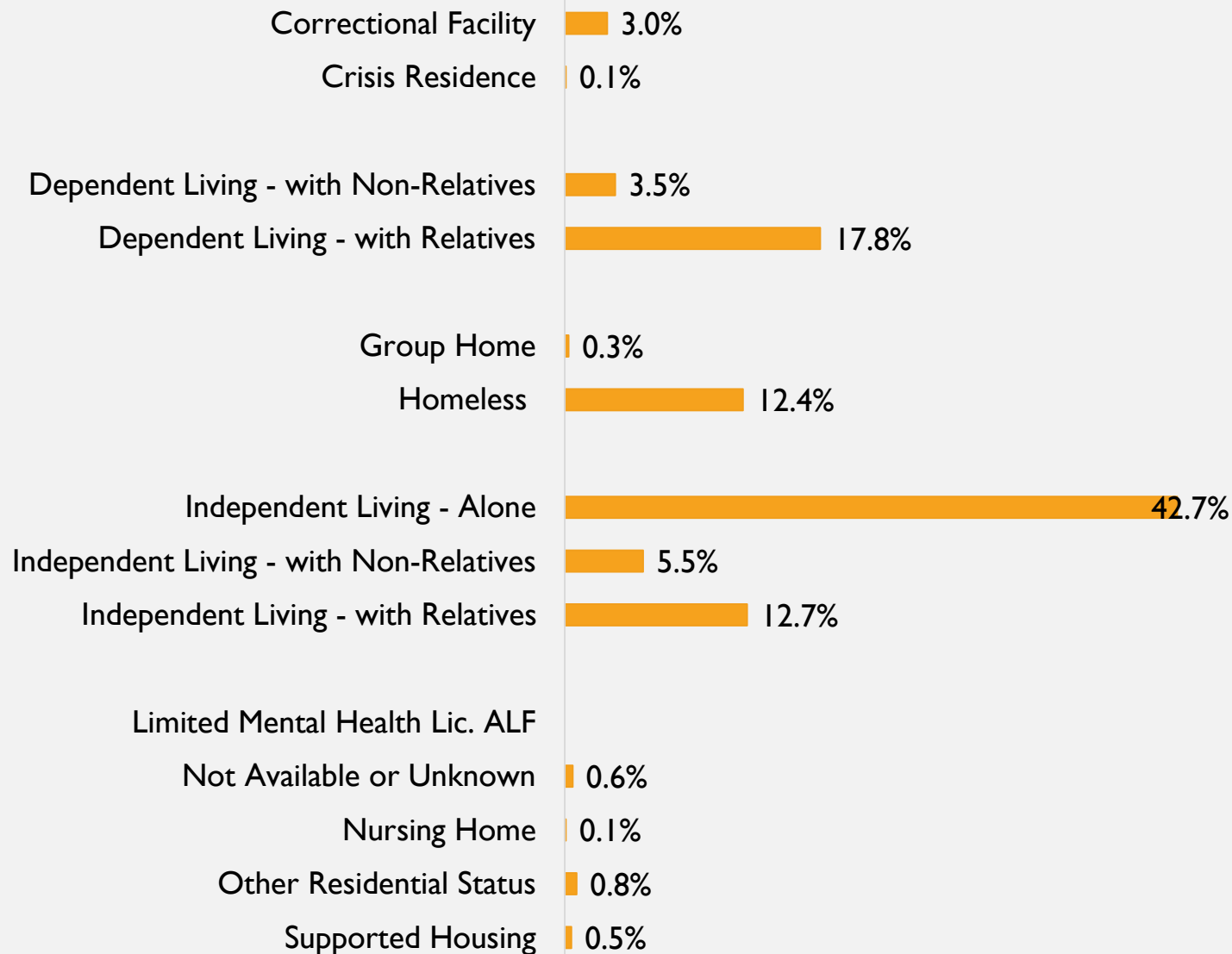
SEMINOLE COUNTY CHILD/YOUTH CLIENTS BY PROGRAMS BY AGE RANGE



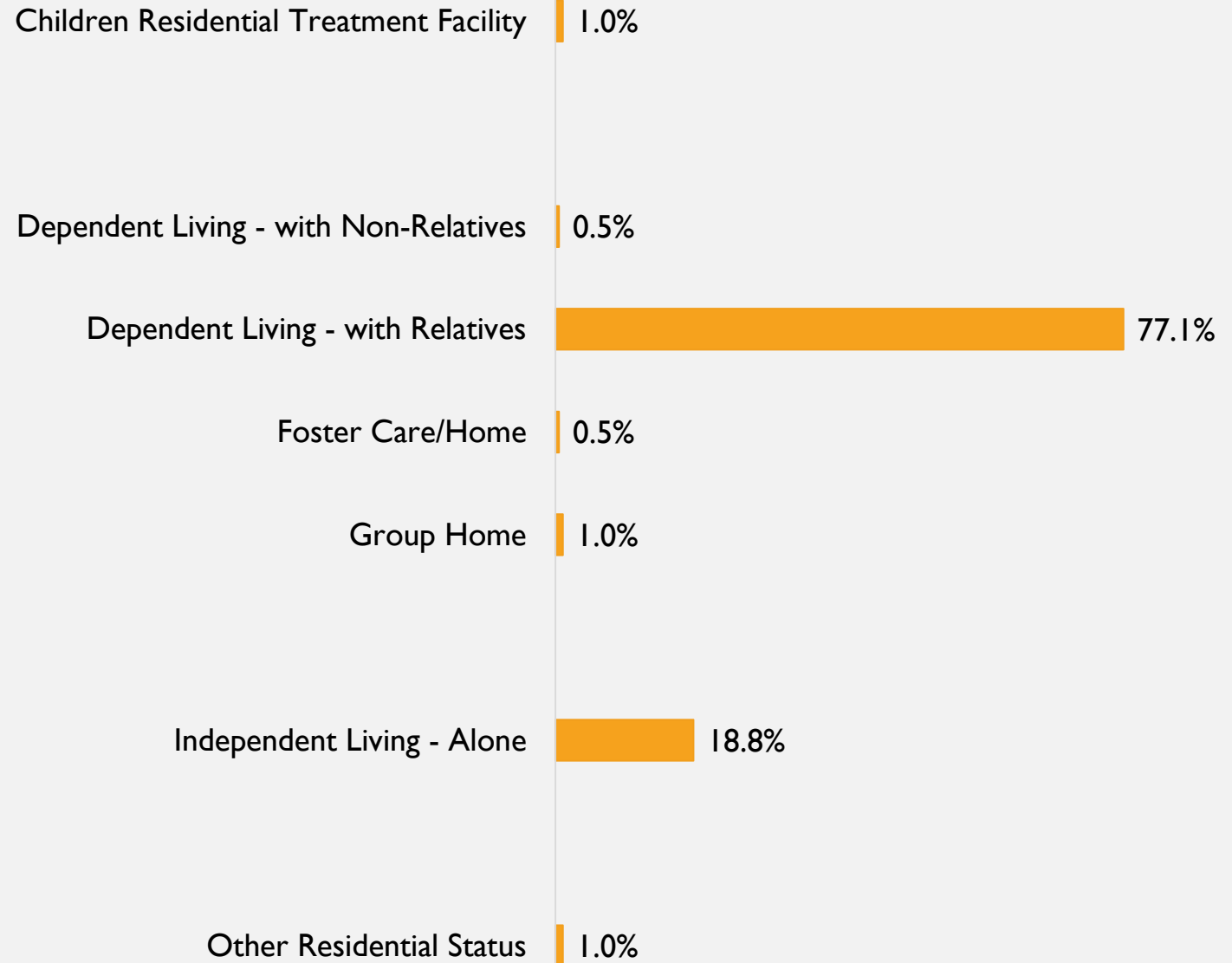
SEMINOLE COUNTY AMH CLIENTS BY RESIDENTIAL STATUS



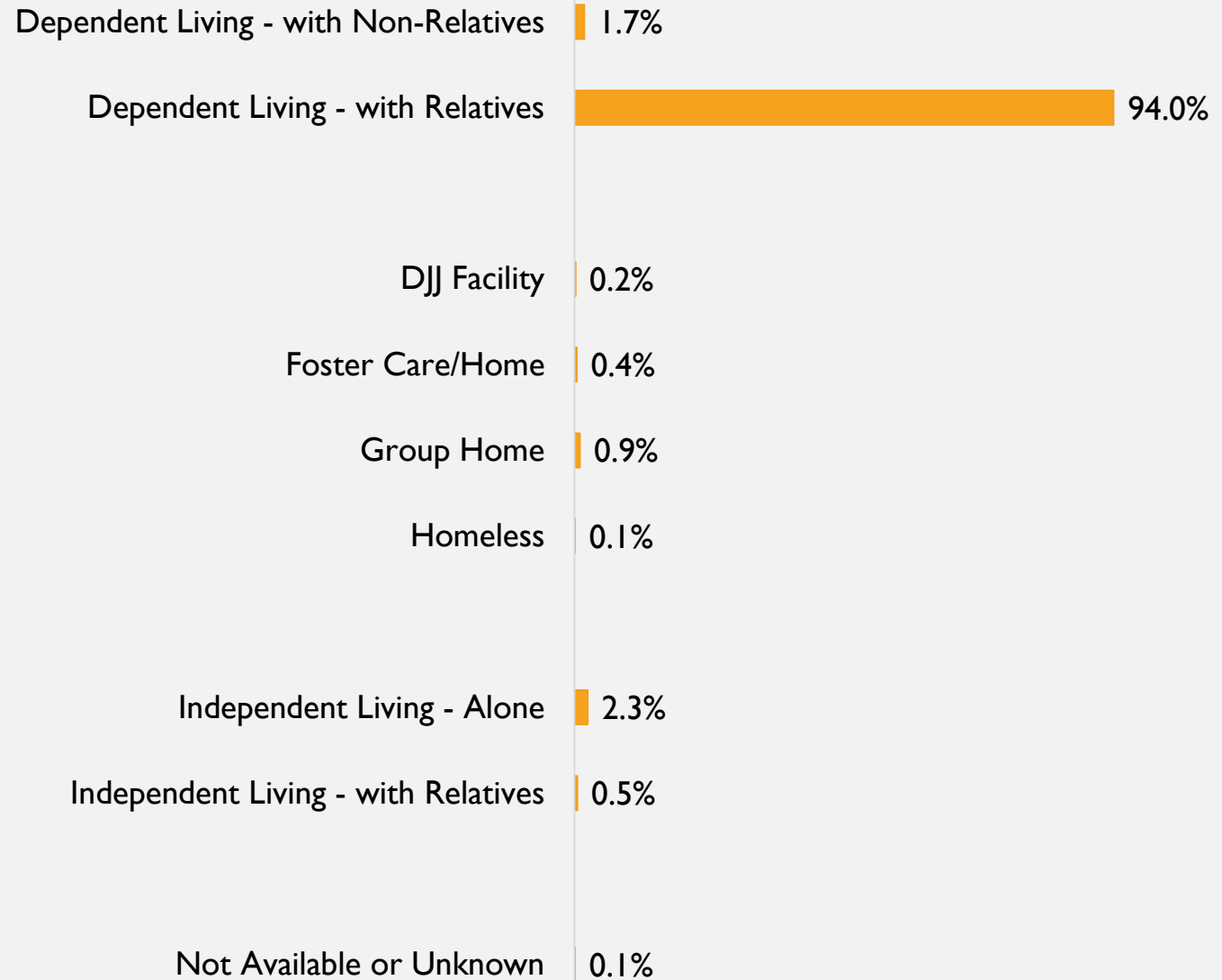
SEMINOLE COUNTY ASA CLIENTS BY RESIDENTIAL STATUS

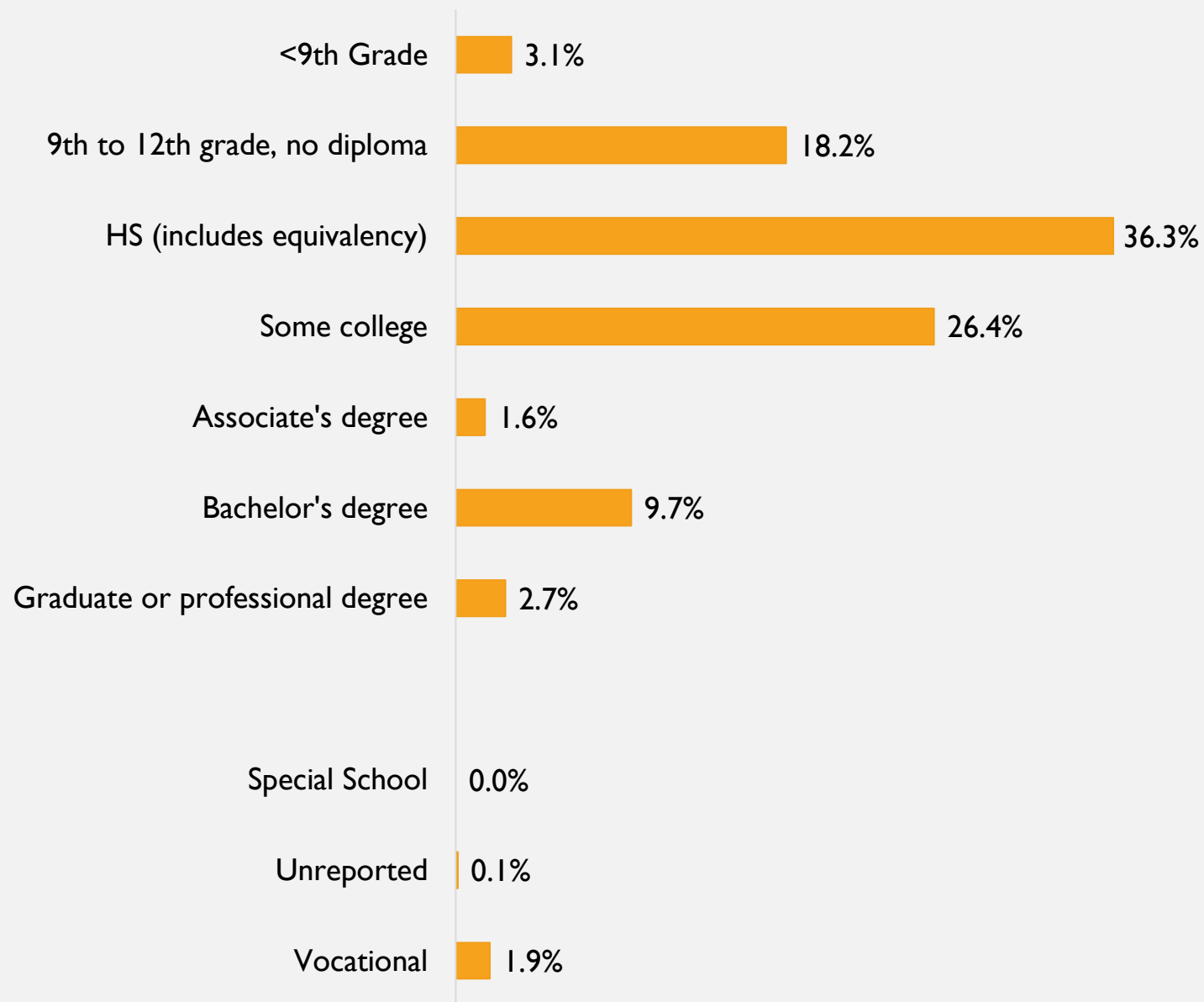


SEMINOLE COUNTY CMH CLIENTS BY RESIDENTIAL STATUS

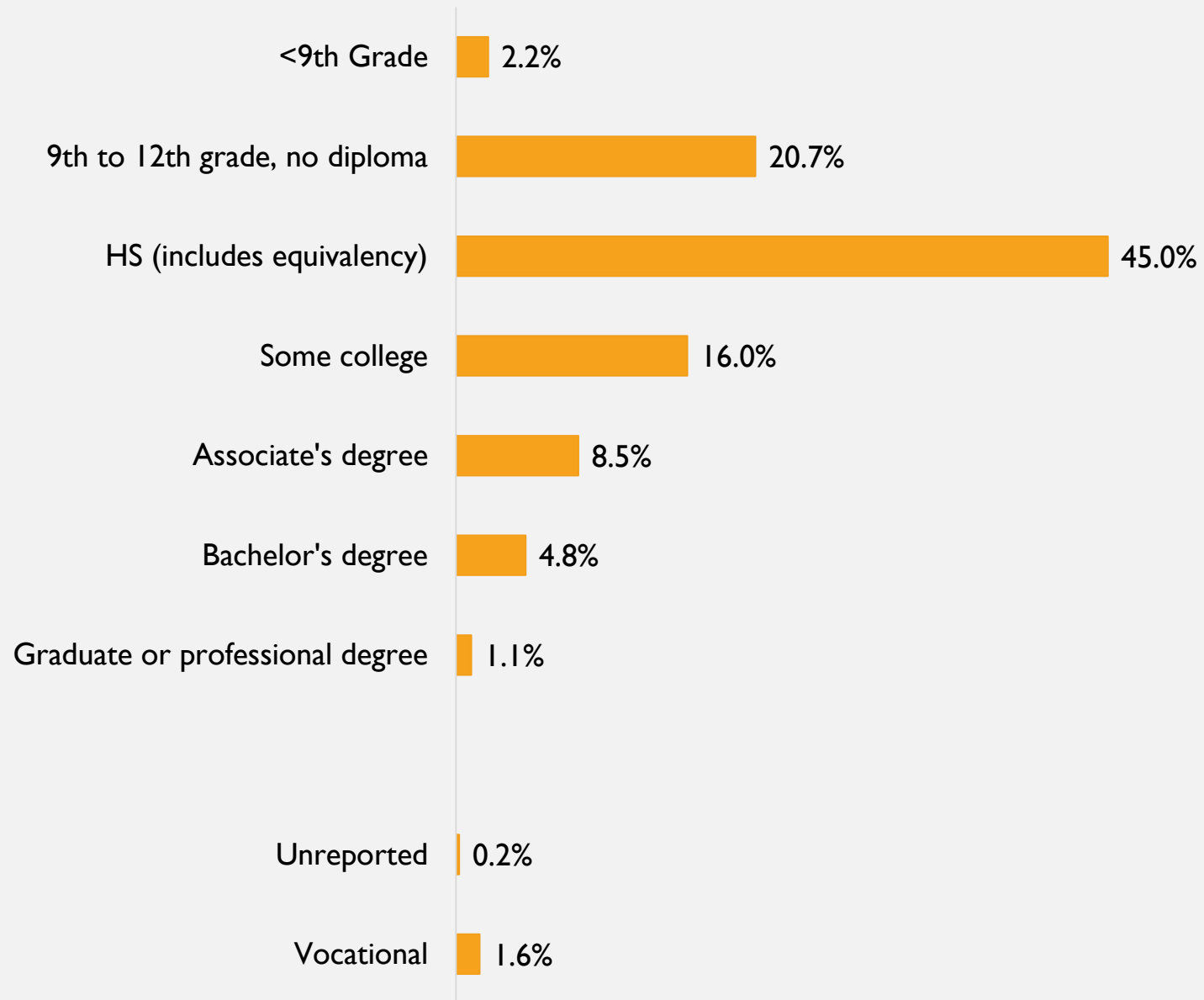


SEMINOLE COUNTY CSA CLIENTS BY RESIDENTIAL STATUS



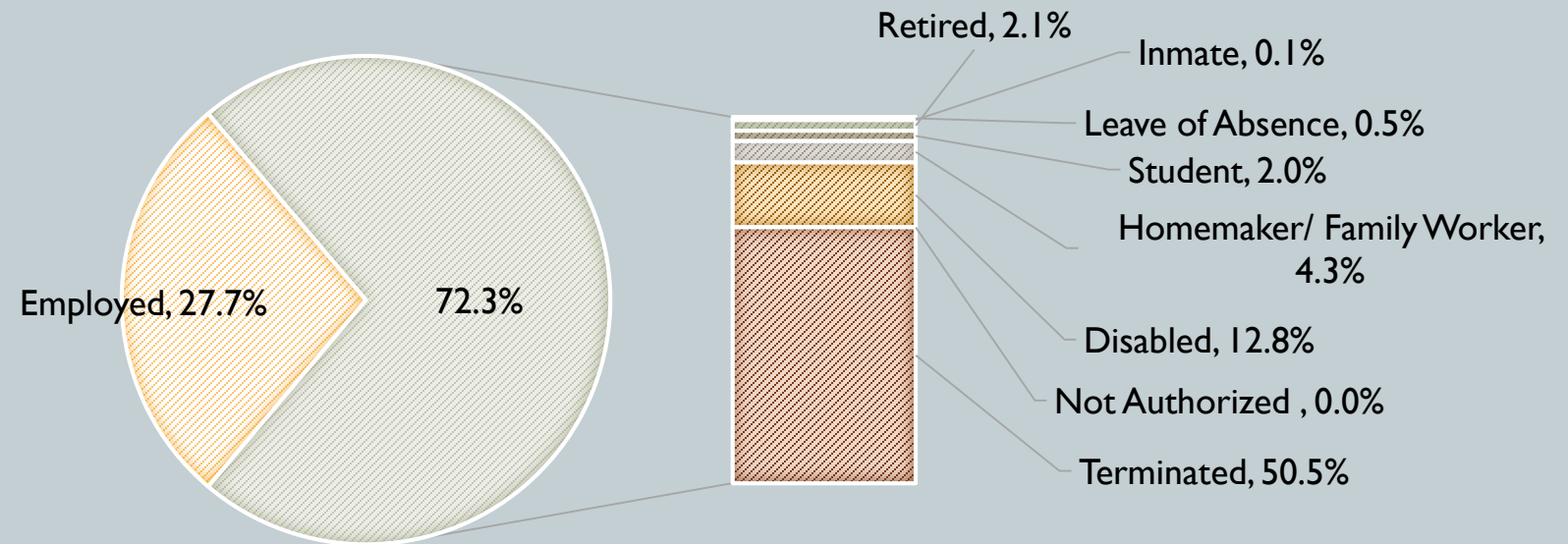


SEMINOLE COUNTY AMH CLIENTS BY EDUCATIONAL ATTAINMENT

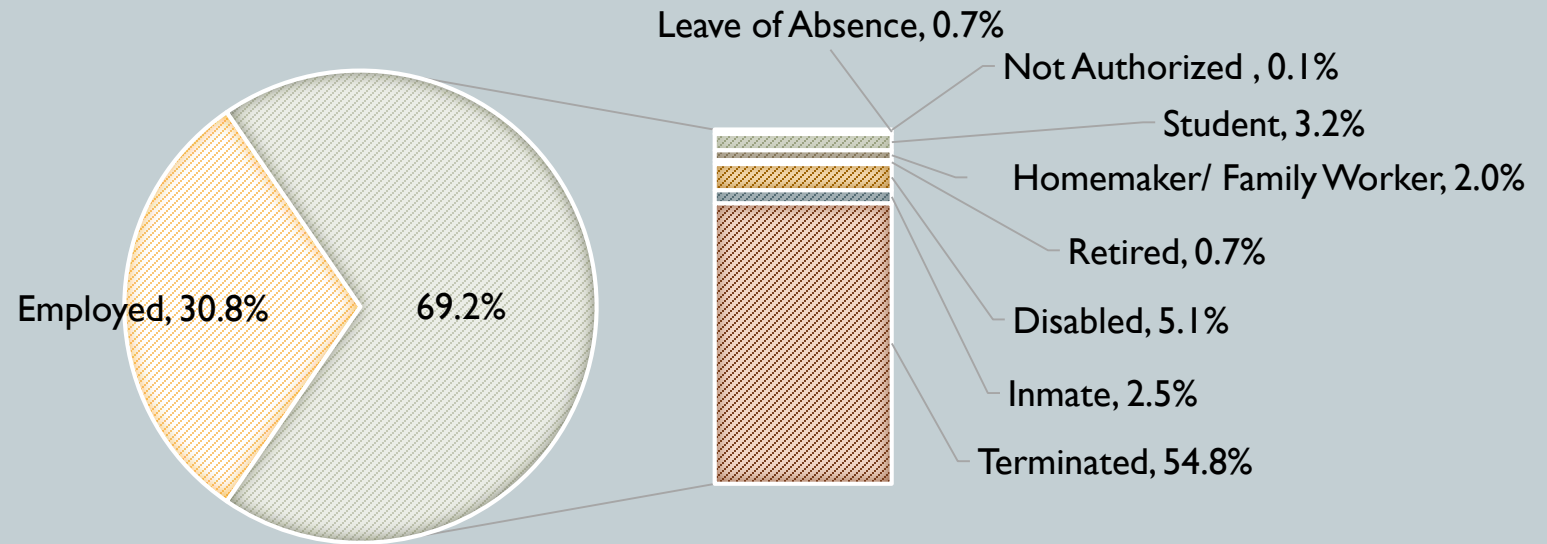


SEMINOLE COUNTY ASA CLIENTS BY EDUCATIONAL ATTAINMENT

SEMINOLE COUNTY AMH CLIENTS BY EMPLOYMENT STATUS



SEMINOLE COUNTY ASA CLIENTS BY EMPLOYMENT STATUS

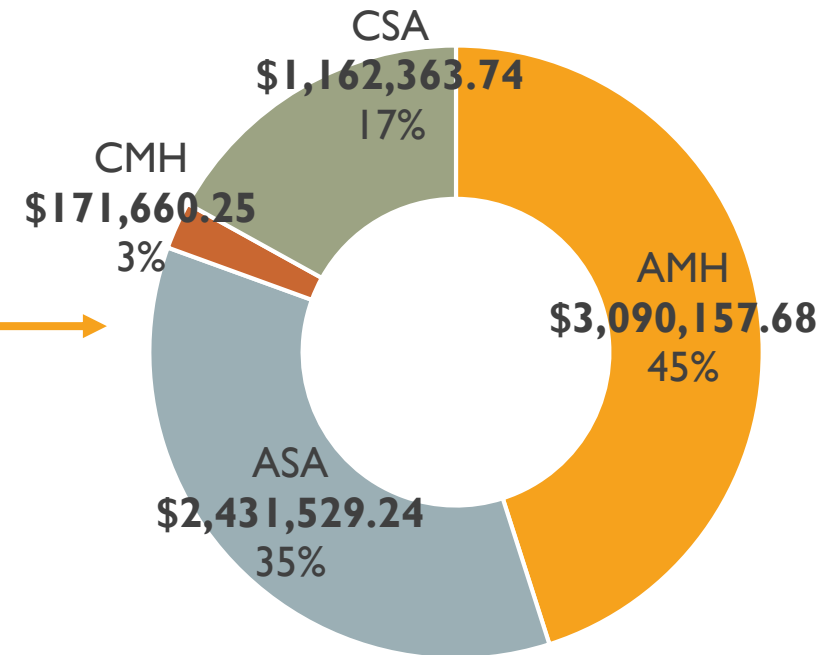
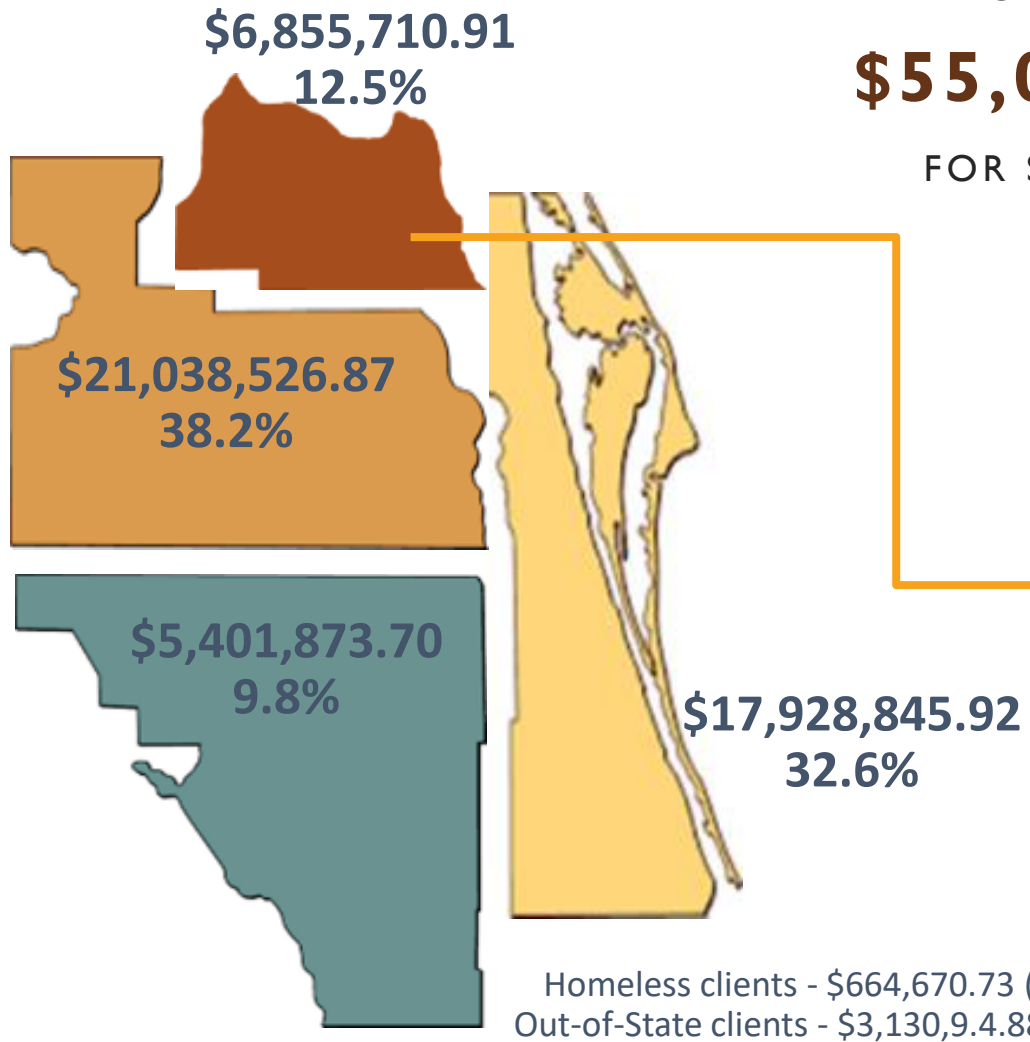


CFCHS SERVICE COSTS

CFCHS FY1718

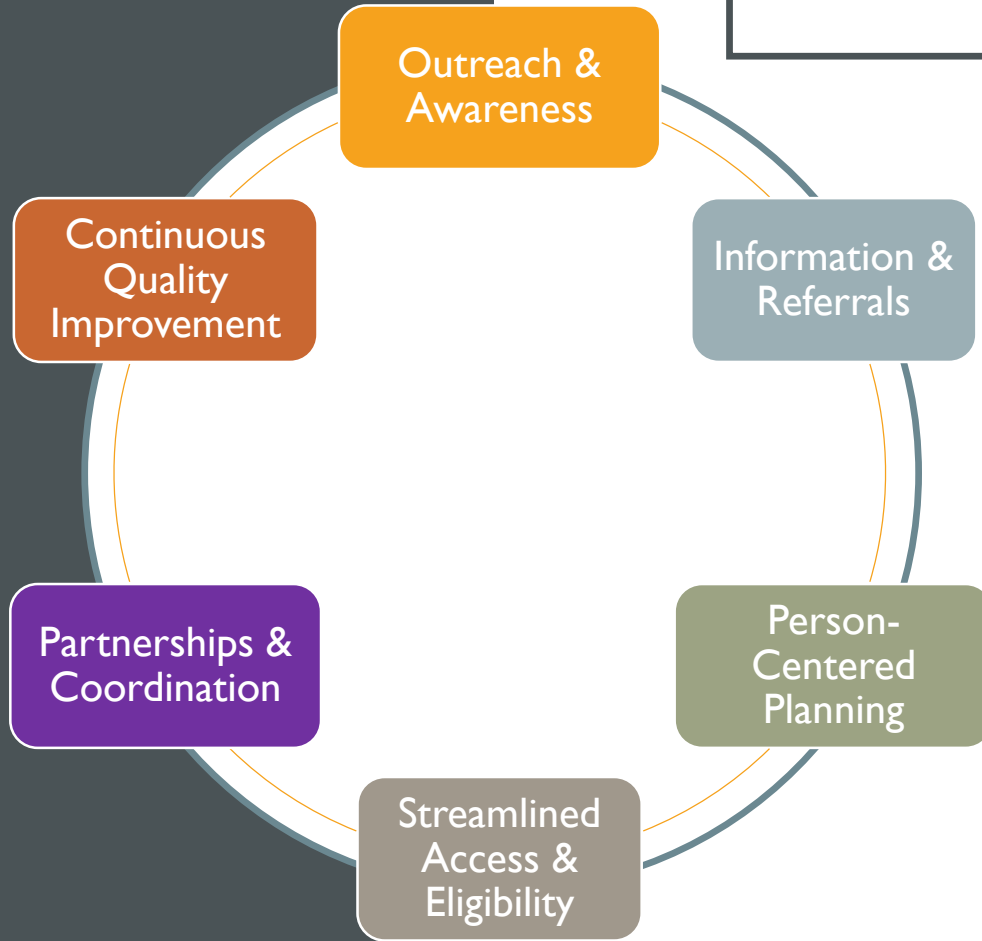
\$55,020,533.01

FOR SERVICE COSTS



NO WRONG DOOR 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

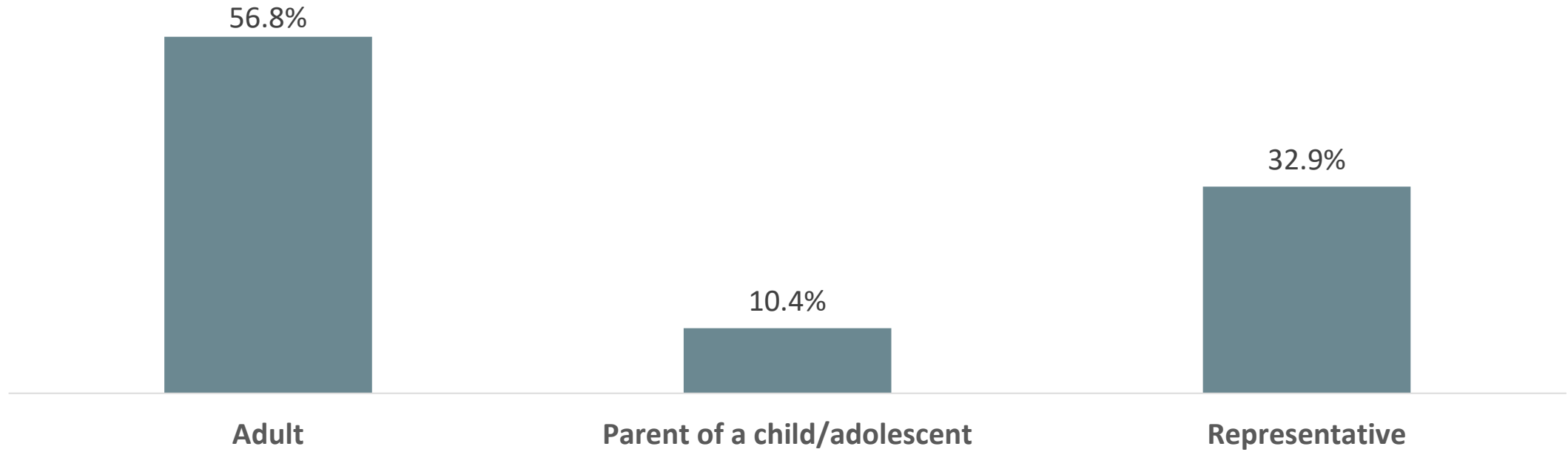
STRENGTHS

- 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

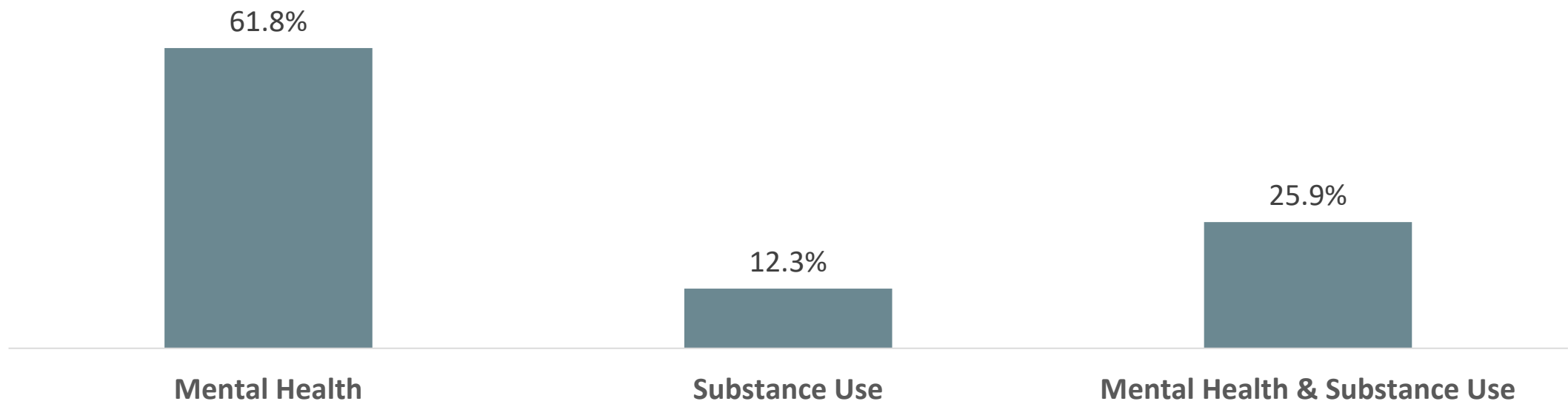
WEAKNESSES

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

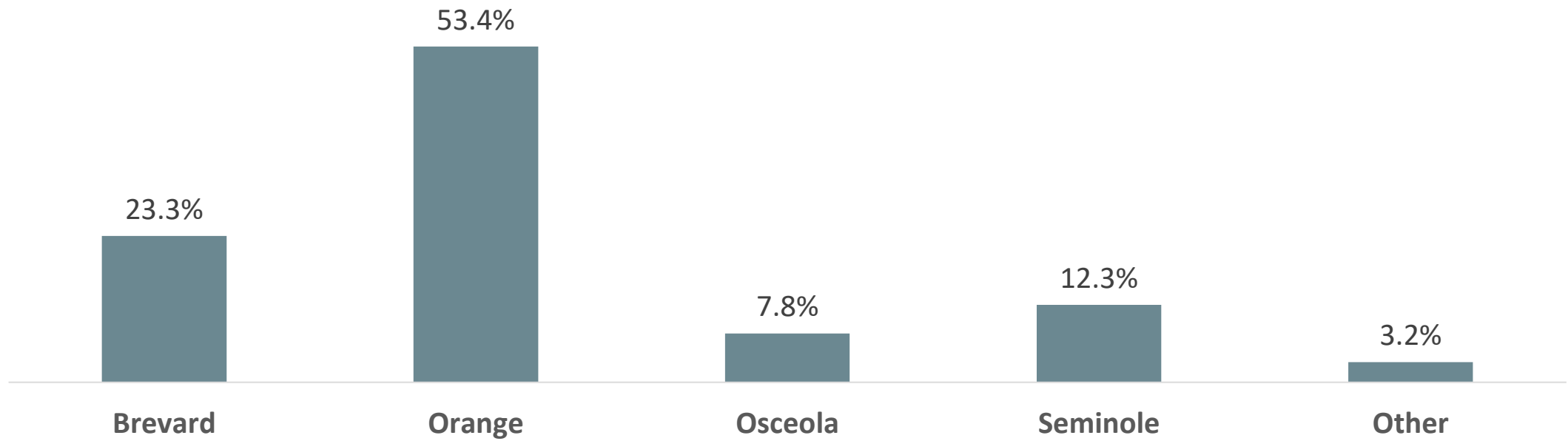
CONSUMER SURVEY



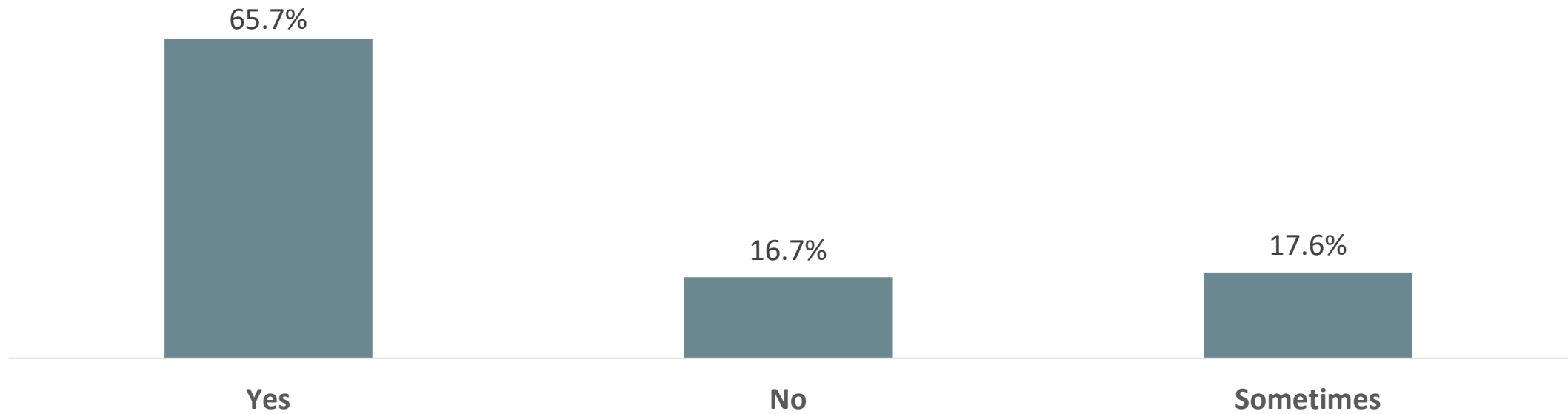
WHICH BEST DESCRIBES YOU?



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



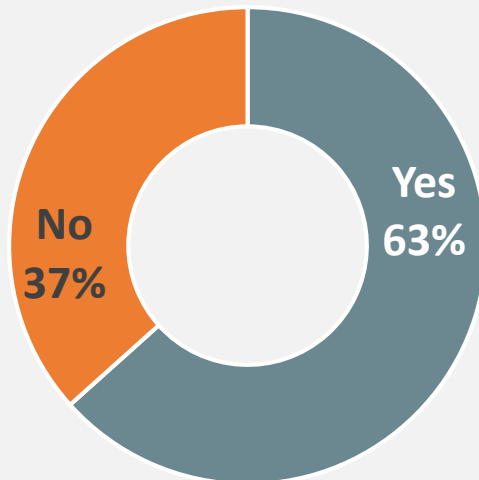
WHICH COUNTY DO YOU LIVE IN?



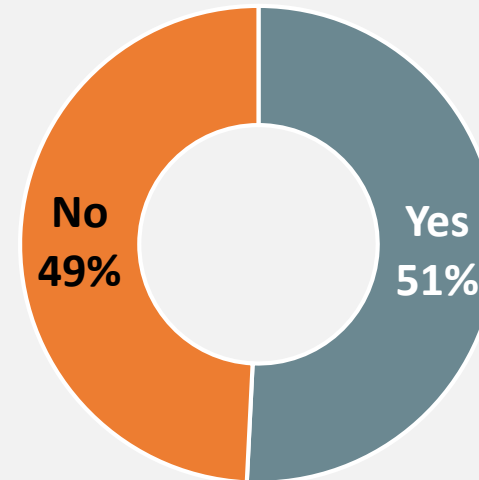
**DID YOU KNOW WHERE TO GO FOR
SERVICES WHEN YOU NEEDED THEM?**

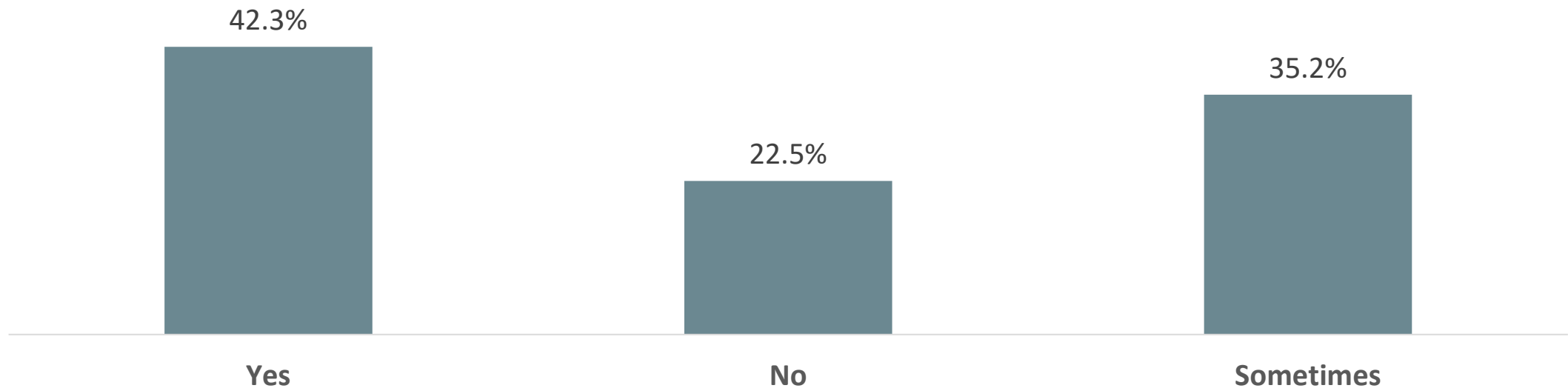
ARE YOU AWARE OF 2-1-1 AND HAVE YOU EVER CALLED?

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

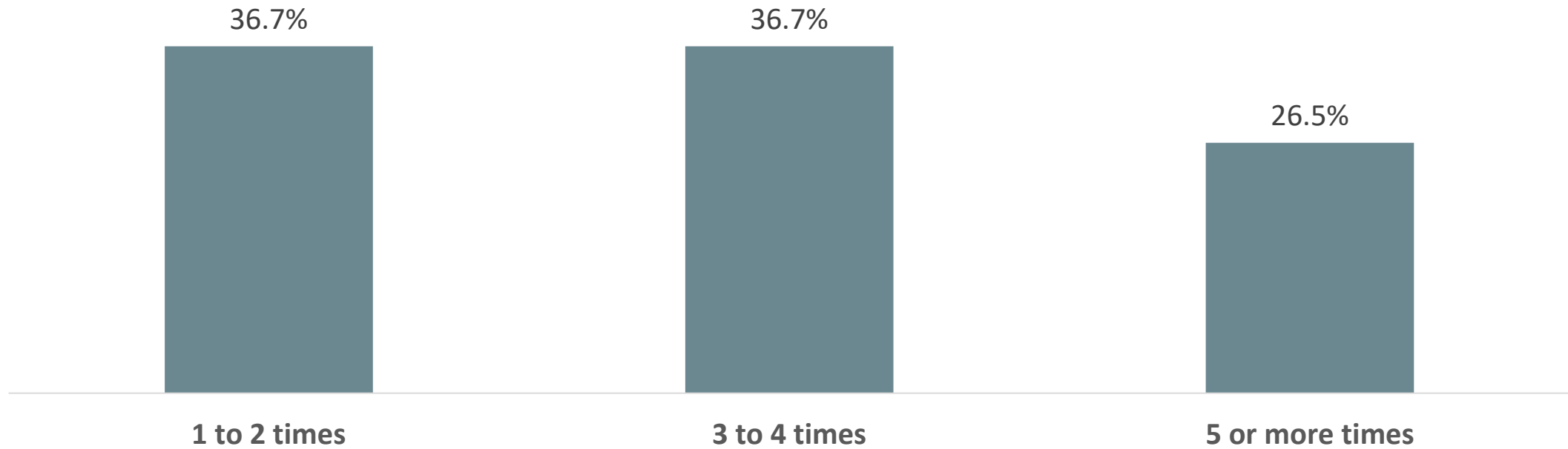
Housing Assistance

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

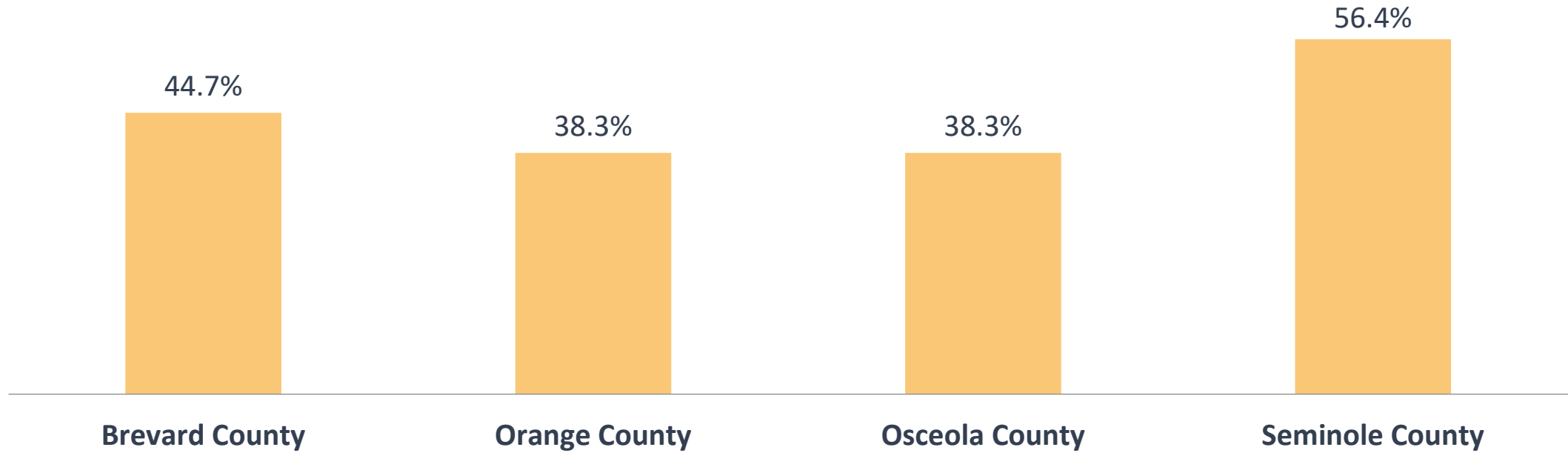
#4

Did not know where to go for services

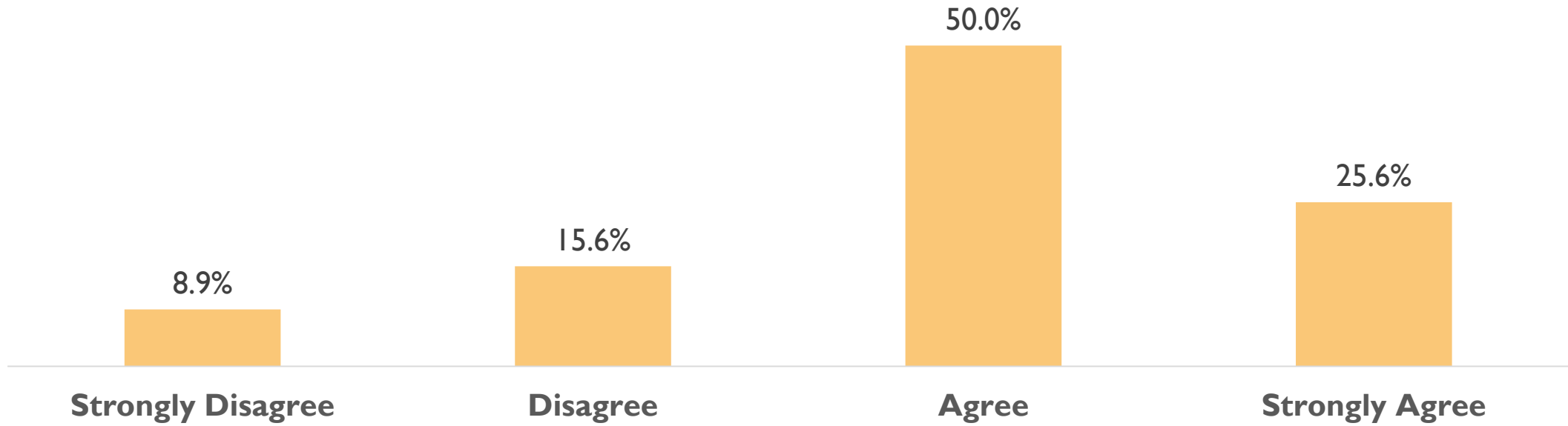
#5

Did not meet the eligibility criteria

STAKEHOLDER SURVEY



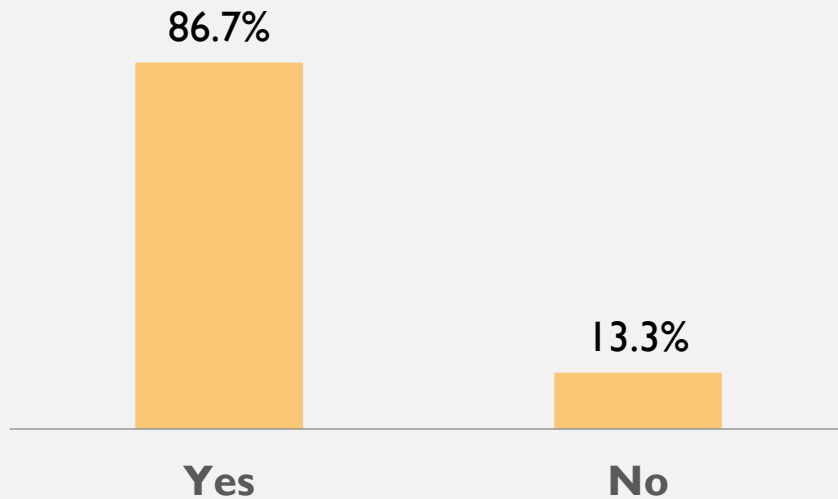
COUNTIES REPRESENTED BY STAKEHOLDERS



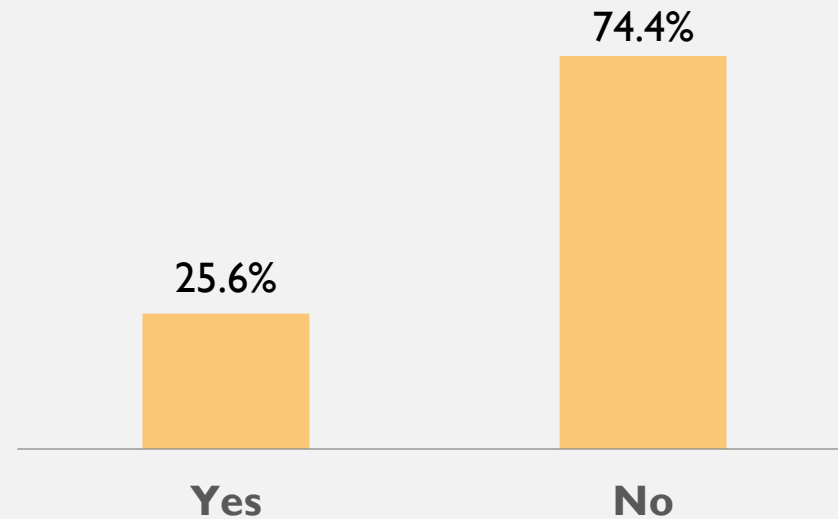
**YOU ARE AWARE OF THE BEHAVIORAL
HEALTH SERVICES IN YOUR COUNTY**

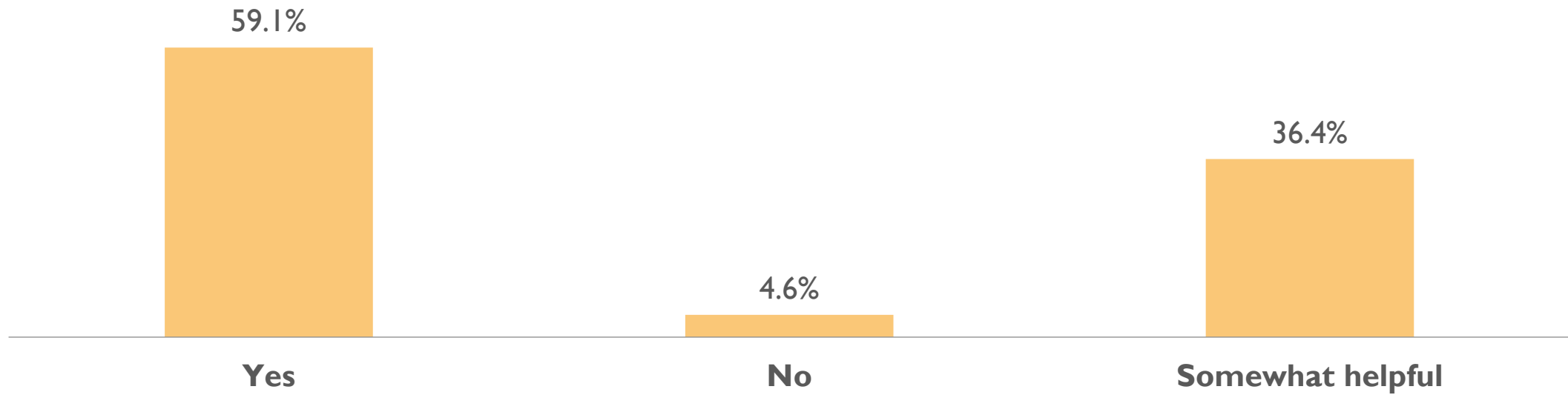
2-1-1 RESOURCE

ARE YOU AWARE OF 2-1-1?

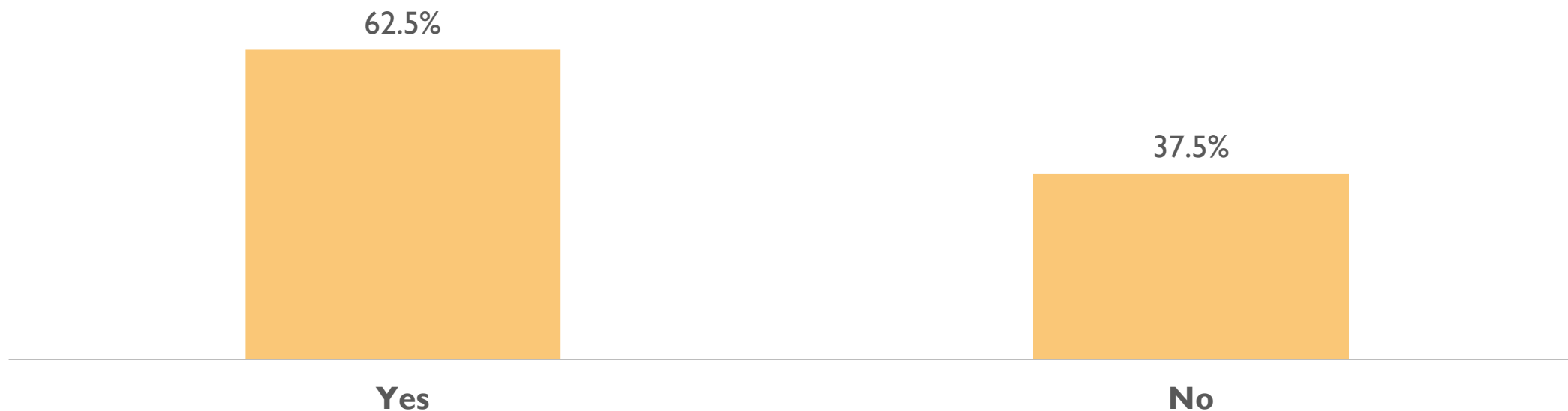


HAVE YOU ACCESSED 2-1-1 IN THE PAST 12 MONTHS?

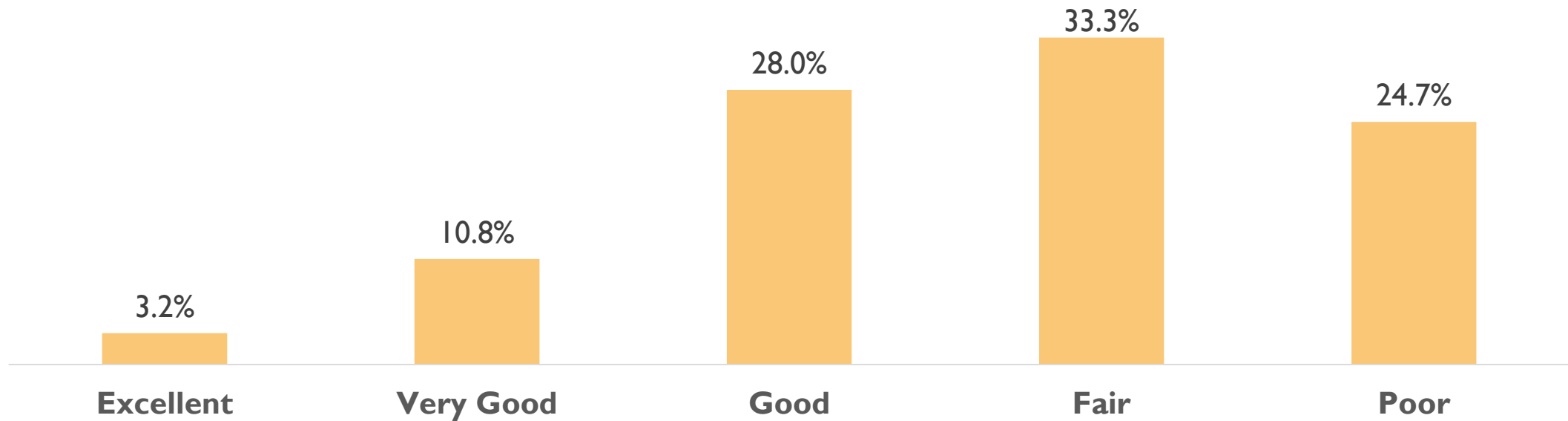




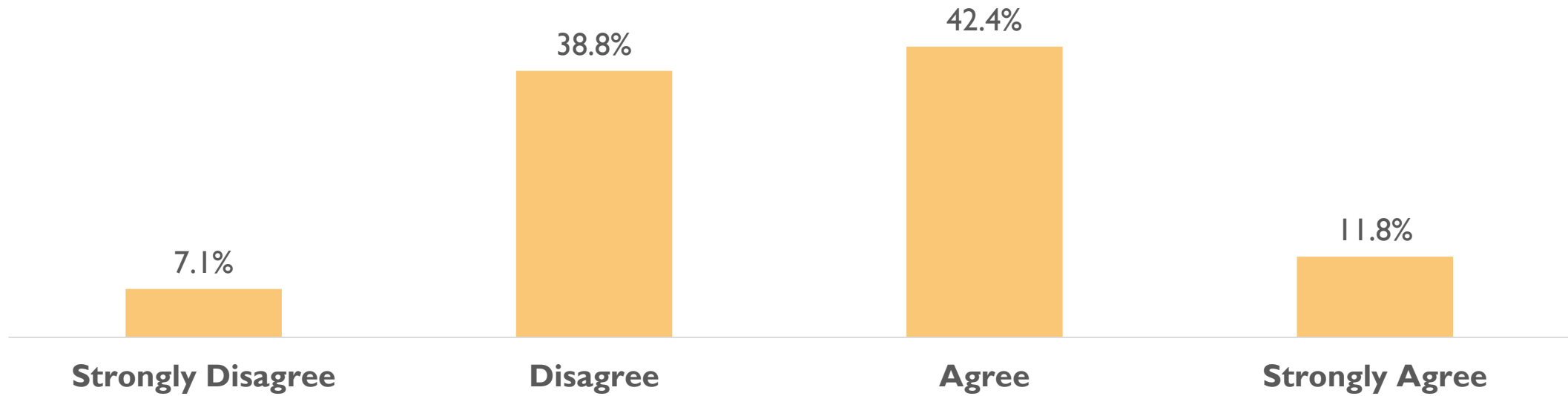
**WHEN YOU ACCESSED 2-1-1, WAS IT
HELPFUL?**



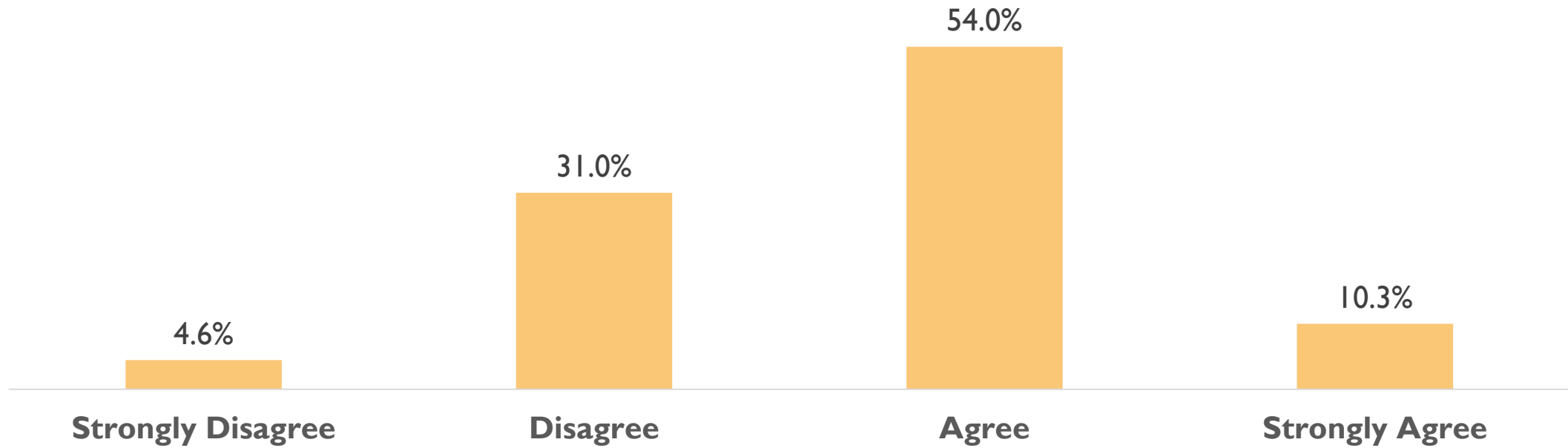
**IN THE PAST 12 MONTHS, HAVE YOU
DIRECTED CONSUMERS TO 2-1-1 TO ACCESS
BEHAVIORAL HEALTH SERVICES?**



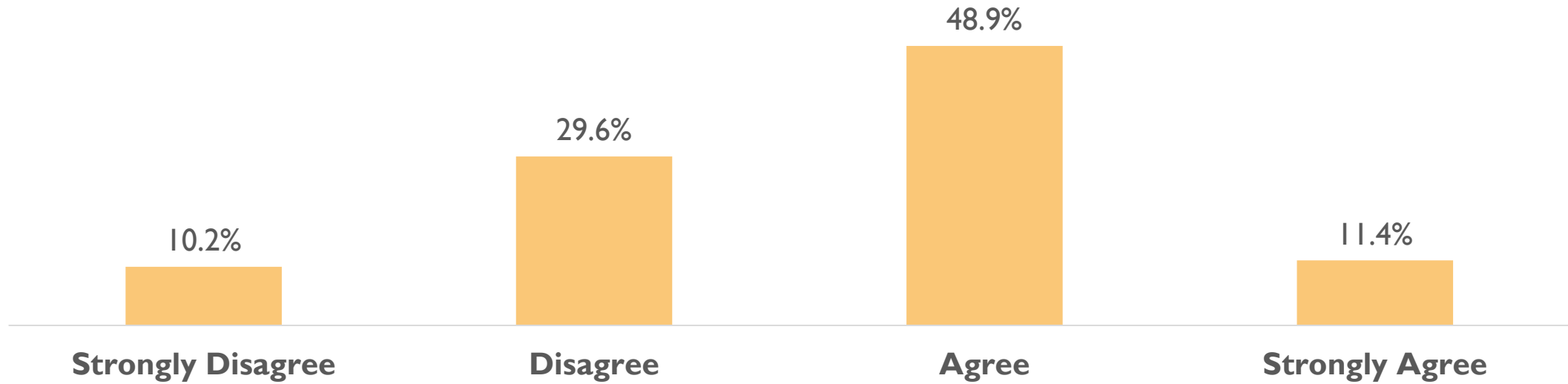
HOW WOULD YOU RATE COMMUNITY
AWARENESS OF BEHAVIORAL HEALTH CARE
SERVICES IN YOUR COUNTY?



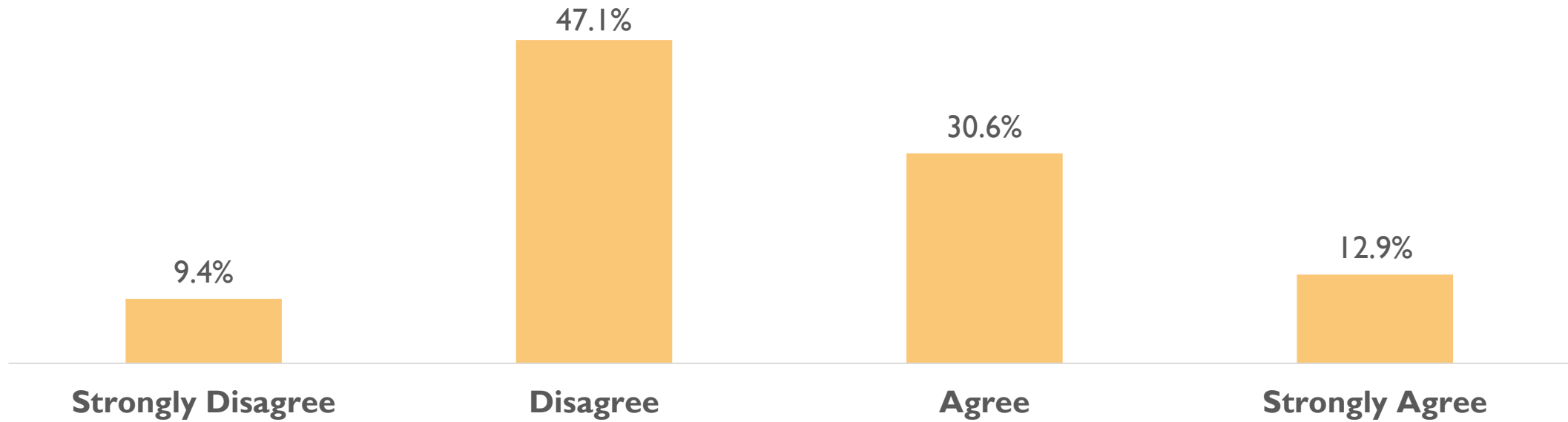
**LINKAGES TO NEEDED SERVICES ARE
COORDINATED AND WELL ESTABLISHED
ACROSS THE CONTINUUM OF CARE**



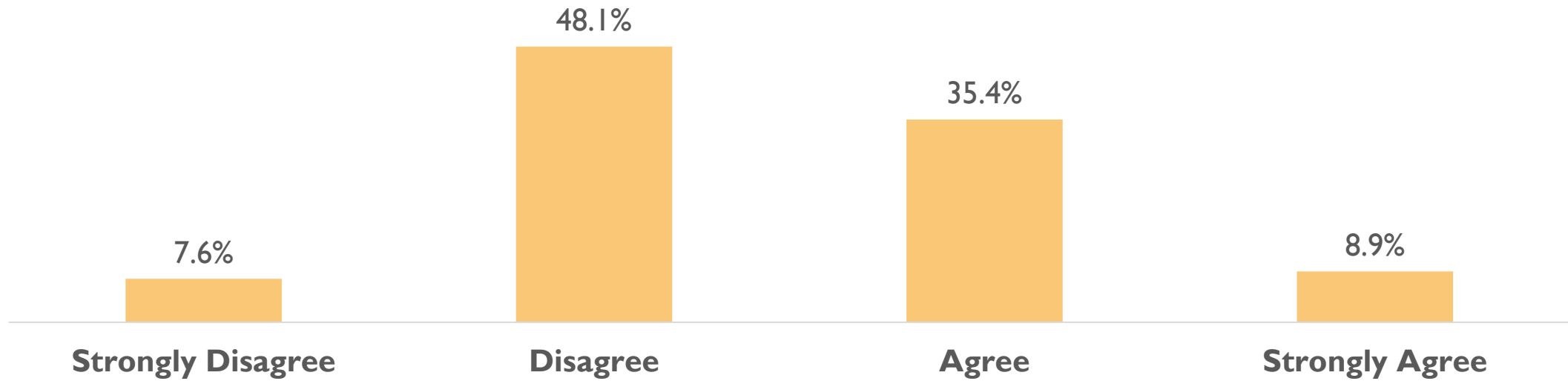
**CARE AND PLANNING SERVICES ARE
PATIENT-CENTERED ACROSS THE
CONTINUUM**



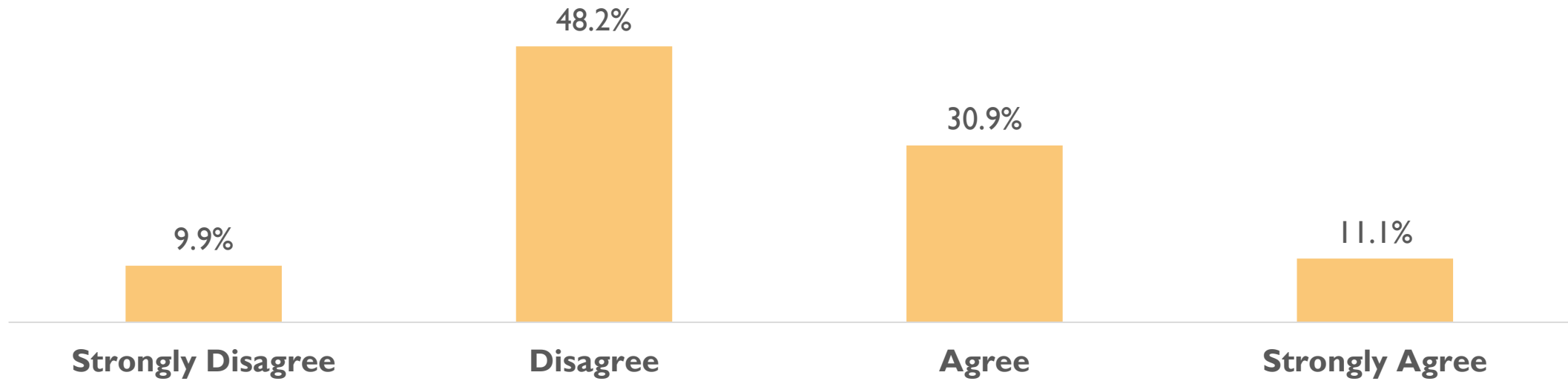
**IN GENERAL, BEHAVIORAL HEALTH CARE
AND SUPPORT SYSTEMS ARE ACCESSIBLE IN
YOUR COUNTY**



**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

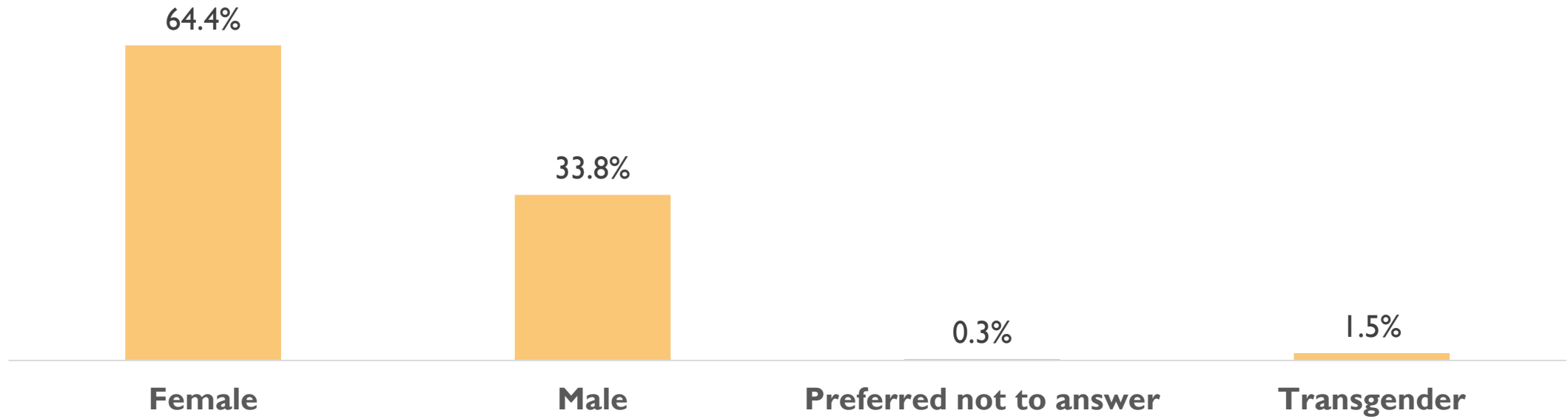
- Lack of beds in every county

#3

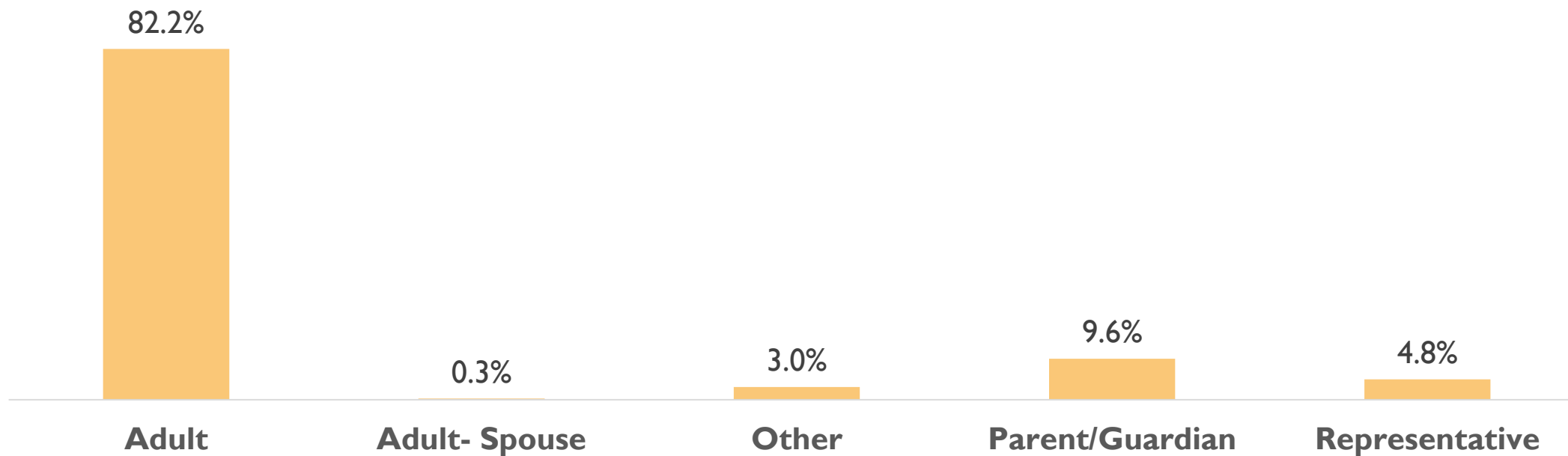
Additional psychiatrists/providers

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

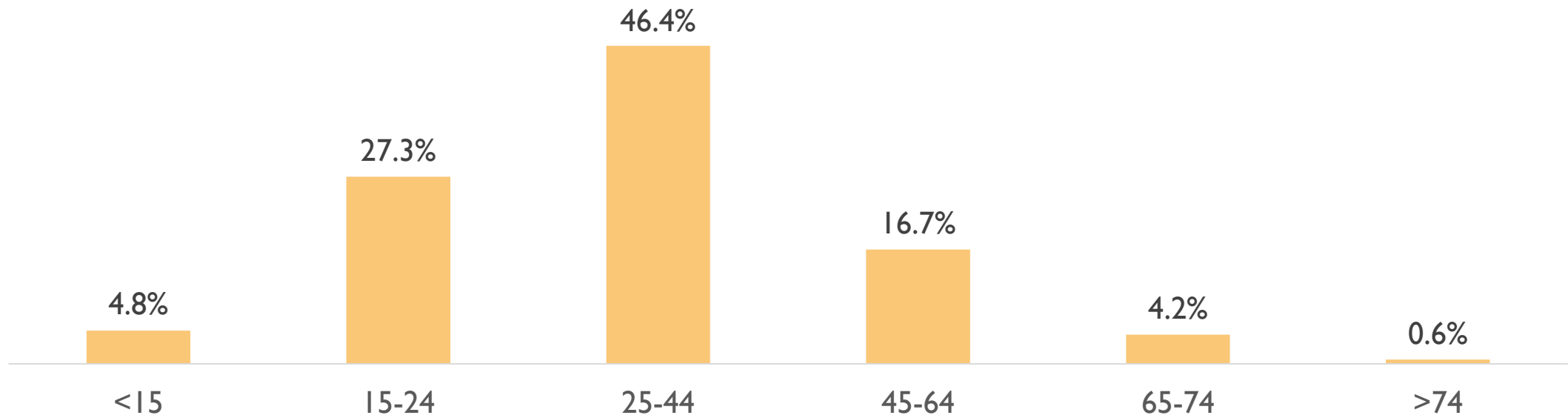
POINT-IN-TIME PILOT STUDY



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