



2022

# Behavioral Health Needs Assessment



## County Reports

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# Introduction

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## History

The Florida Legislature created a Managing Entity (ME) pilot program in 2008 to improve accountability within the state's substance abuse and mental health funding and its overall behavioral health system of care. The pilot produced positive outcomes by supporting the community's needs. As a result of this success, the model was implemented on a statewide basis in 2013, creating seven MEs across Florida. The MEs continue to achieve successful management of the system of care by increasing service capacity, ensuring access to quality care, and being good stewards of state funding.

The Florida Association of Managing Entities (FAME), is a statewide organization representing Florida's seven behavioral health MEs that guide, administer, and make accountable the federal, state, and local funding that supports the network of more than 300 behavioral health providers. The mission of FAME is to advance the recovery of individuals and their families so individuals can live healthy lives to their fullest potential.

In 1982 the Florida Legislature under Florida Statute Section 408.033, established local health councils (LHCs) as a network of non-profit agencies that conduct regional health planning and implementation activities. LHCs develop district health plans containing data, analysis, and recommendations that relate to healthcare status and needs in the community. The recommendations are designed to improve access to health care, reduce disparities in health status, assist state and local governments in the development of sound and rational health care policies, and advocate on behalf of the underserved. LHCs also study the impact of various initiatives on the healthcare system, aid the public and private sectors, and create and disseminate materials designed to increase their communities understanding of healthcare issues.

The ME serving Brevard, Orange, Osceola, and Seminole counties, known as Central Florida Cares Health System (CFCHS), and the Health Council of East Central Florida, Inc., (HCECF) have worked together for the past 9 years preparing the CFCHS tri-annual behavioral health needs assessments (BHNA). This 2022 BHNA County Reports serves as supplemental assessment to the 2022 Cultural Health Disparity and Behavioral Health Needs Assessment State Report.

## Assessment Document

The 2022 BHNA County Reports contain the data components as bulleted below:

- Demographic Profile
- General Health Assessment
- Individuals Served Profile
- Homelessness Population Profile
- Homeless Individuals Served Profile
- Cost Center Descriptions, Expenditures, and Under/Over Production
- Individuals Served Survey by County

- Florida Opioid Profile
- County Opioid Profile

## Methodology

Using the components of the 2019 CFCHS needs assessment as a foundation for the statewide behavioral health assessment project, each component was thoroughly reviewed to ensure the most relevant data was collected, analyzed, and reported accurately.

- **A demographic profile** was constructed for each county in the service area. The profile included a 5-year population growth trend, most recent year racial and ethnic composition, age range, educational attainment, employment, and Federal Poverty Level (FPL) status. Indicators were reported as population percentages and compared to the state, when available. Indicators were chosen based on the available data points for individuals served by the ME Network Service Providers (NPS). This facilitated direct comparisons between the general population and those served by the ME. Data was gathered from the U.S. Census Bureau American Community Survey (ACS) for 2016-2020, 5-Year Estimates.
- **A general health assessment** was provided to present the overall health status at the state level and for the counties in the service areas. Behavioral Risk Factor Surveillance System (BRFSS) data, child abuse rates, serious mental illness disability rates, and suicide deaths were gathered from FLHealthCHARTS.gov. Domestic violence offenses by county were provided by the Florida Department of Law Enforcement Uniform Crime Report 2020. County rates for indicators from the Florida Youth Substance Abuse Survey (FYSAS) were provided by staff at the Florida Department of Health Division of Community Health Promotion, Public Health Research Unit.
- **An ME Individuals Served demographic profile** was constructed for each county in the ME service area. The ME provided de-identified data by demographic component and program for analysis. Individuals served data were for FY20-21.
- **A homeless population profile** was constructed using state and local data available through the Department of Children and Families (2021). Data were tabulated for each ME county.
- **A homeless ME Individuals Served profile** was constructed for the state and for each ME county in the service area. The ME provided de-identified homeless data by demographic component and program for analysis. Individuals served data was for FY20-21.
- **Cost Center Descriptions, Expenditures, and Over/underproduction** were provided for each ME county by program. Data were for FY 20-21.
- **The Individuals Served Survey** was distributed to all ME contracted providers to distribute to the individuals served. The survey was in the field for 5 weeks and made available through an electronic link and QR code that could be emailed, texted, printed, or posted to social media. The survey was translated into three languages: English, Spanish, and Creole. Responses were analyzed by county for this report.

- **Florida and County Opioid Profiles** were created using data indicators gathered from the Florida Medical Examiners Annual Reports available through the Florida Department of Law Enforcement, Agency for Health Care Administration (AHCA), the Florida Department of Health, Prescription Drug Monitoring Program, and Florida Health Substance Use Dashboard.

## Data Notes

- Some data limitations were encountered during the assessment process. We do not feel these limitations compromised the integrity of the assessment but should be revealed to the reader when generalizing the results to a larger population. Although ME client data was unduplicated, a small number of clients received services from more than one program, reported living in more than one county, stated having more than one gender, age, or residential status.
- Data for this report were not available beyond the gender descriptors of male and female. Additionally, secondary data availability for race and ethnicity were limited to 'White' 'Black' and 'Hispanic.' Primary ME data did include Hispanic origin and analyses were provided where applicable.
- Estimated numbers of adults who are seriously mentally ill and emotionally disturbed were provided via FLHealthCHARTS.com. These data are based on a formula developed by the Department of Health and Human Services in their 1996 report on Mental Health.
- Not all FYSAS indicators were available for 2016, 2018, and 2020. The following indicators were added to the survey in 2020: "Vaped nicotine in lifetime," "Vaped nicotine in the past 30 days," "Vaped marijuana in lifetime," and "Vaped marijuana in the past 30 days."
- Data from the 2021 Council on Homelessness Annual report states that the 2021 Point in Time (PIT) Count numbers are not comparable to the previous years' counts. Typically, Continuums of Care (CoCs) conduct a PIT Count of both sheltered and unsheltered households. This year, due to COVID-19 related safety concerns, only six of the 27 CoCs conducted such a count; 10 CoCs did not conduct an unsheltered count; and others conducted a modified form of the unsheltered count. All CoCs conducted a sheltered PIT count. For those that did not conduct an unsheltered count, the CoCs reported zero unsheltered persons, resulting in an undercount of homelessness.



## Executive Summary

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In 2020, an estimated 88,991 adults with serious mental illness were living in District 7. This was an increase of 4.8% when compared to the number in 2018. The estimated increase in the number of emotionally disturbed youth was similar at 4.2%, during the same time. The percentage of children in grades K-12, with emotional/behavioral disability remained stable from 2018 to 2020, ranging from 2.0% in Orange County, to 0.4% in Brevard, Osceola, and Seminole Counties. The percentage of adults who are current smokers continued to decrease as did the percentage of adults who binge drank. Rates of middle and high school students having never smoked increased during 2016 to 2020. Lifetime alcohol use on zero occasions has remained stable. Over the past 3 years, the percentage of students using marijuana on zero occasions was stable in Brevard and Osceola counties, while increasing slightly in Orange and Seminole counties. Deaths from opioid overdoses, along with deaths where fentanyl was present, continue to increase in all four counties and the state. Data revealed increasing Naloxone administration by EMS or prior to EMS over the past 6 years. Opioid prescriptions dispensed continued to decrease as did the number of prescriptions dispensed per provider. Rates of neonatal abstinence syndrome decreased during 2015 to 2020 in Brevard, Orange, and Osceola counties, while increasing in Seminole County.

### SERVICE AREA POPULATION

The population in the service area increased 10% over the past 5 years growing from 2,635,247 to 2,899,334 residents in 2020. The greatest growth occurred in Osceola County where the population increased 18.9% during 2016 to 2020. Racially, the service area is White, with the highest percentage of White residents in Brevard County, at 81.3%, and the lowest in Orange County at 59.9%. In the state 71.6% of Floridians were White. Orange and Osceola counties were the most racially diverse as 21% of residents in Orange County were Black and 10.6% of residents in Osceola County were of some other race. As a comparison, the Black population in the state accounted for 15.9%, and those of some other race accounted for 3.3%. The Asian population was highest in Orange and Seminole counties at 5.3% and 4.7%, respectively. Ethnicity varied among the counties where the Hispanic population ranged from 10.6% in Brevard County to 54.7% in Osceola County. The Hispanic population accounted for 25.8% of Floridians.

The population in Brevard County was slightly older than the state as 23.7% of residents were 65 years of age or older when compared to 20.5% in the state. Residents in Orange, Osceola, and Seminole counties were slightly younger as those ages 5-14 years of age ranged from 11.9% in Seminole County, to 13.8% in Osceola County, while only accounting for 10.3% of the population in Brevard County. Adults ages 25-34 years ranged from 14.4% in Osceola County to 16.9% in Orange County. The percentages were slightly higher when compared to Brevard County at 11.4%.

The percentages of residents who earned a high school diploma ranged from 86.1% in Osceola County to 94.7% in Seminole County. In Florida, 88.5% of residents had earned a diploma. As Brevard County has a higher percentage of residents 65 years and older, the overall labor participation rate was lower when compared to counties with younger populations. In 2019, participation in the labor force ranged from 59.3% (2019) in Brevard County, to 68.2% in Orange County. Comparing rates from 2015 to 2019 revealed an increase in labor force participation in all four counties in the service area. The 2019 unemployment rate



in Seminole County was lower, at 3.9%, when compared to the other counties in the service area where rates ranged from 5.6% in Brevard, to 4% in Orange and Osceola counties. Unemployment rates decreased in all four counties during 2015 to 2019. The percentage of individuals living below 200% of the Federal Poverty Level (FPL), for the past 5 years (2016 to 2020), was lower in Seminole County, at 18%, when compared to 19.2% in Brevard County, 24.3% in Orange County, and 29.3% in Osceola County.

The percentages of residents reporting good to excellent health increased in Brevard, Osceola, and Seminole counties, while slightly decreasing in Orange County (2013 to 2019). In 2019, Floridians in good to excellent health ranged from 76.4% in Osceola County to 83.1% in Seminole County. The state percentage was 80.3%. When comparing data from 2013 to 2019, the percentages of adults with good mental health decreased slightly in Brevard and Orange counties, increased in Osceola County, and remained the same in Seminole County. On average, 87.2% of adults in the service area reported good mental health in 2019. Suicide death rates decreased in all four counties during 2018 to 2020. The age-adjusted suicide death rate in Brevard County, at 16.6/100,000, was higher when compared to Orange County at 8.9/100,000, Osceola County at 9.2/100,000, and Seminole County at 11.4/100,000. In 2020, rates of domestic violence decreased among residents in Brevard, Orange, and Seminole counties while increasing in Osceola County. This rate was highest in Brevard County, at 594.7/100,000 and lowest in Seminole County at 537.6/100,000. The county rates were higher when compared to the state rate at 493.2/100,000. Rates of children experiencing child abuse decreased in all four counties during 2018 to 2020, with the highest rate among Brevard County children at 630.4/100,000, and the lowest rate in Osceola County at 345.1/100,000. In Brevard County, the rates of children experiencing sexual violence decreased from 59.5 in 2019, to 53.5/100,000 in 2020, but the 2020 rate was higher than the rate in 2018 at 40.8/100,000. These rates have continuously decreased in Orange, Osceola, and Seminole counties.

Smoking and binge drinking decreased among adults in all four counties during 2016 to 2019. The percentages of youth having never smoked tobacco increased in all four counties during 2016 to 2020. Percentages for lifetime alcohol use on zero occasions decreased among Brevard County youth, while percentages were stable in Orange, Osceola, and Seminole counties. Comparing percentages from 2016 to 2020 on lifetime marijuana use on zero occasions, revealed stable rates among Brevard and Osceola youth, and increasing rates for those living in Orange and Seminole counties. Youth in the service area were more likely to have vaped nicotine on one or more occasions, at 20.3%, when compared to those who vaped marijuana at 13.9%.

Adults with any type of health insurance in 2019 ranged from 81.3% in Osceola County to 84.9% in Seminole County. Rates of those insured increased among adults living all four counties in the service area during 2013 to 2019.

## **CFCHS INDIVIDUALS SERVED**

CFCHS-funded organizations served 27,681 individuals in FY20-21. Orange County accounted for 40.6% (11,957) of all individuals served, 35.2% (10,369) were in Brevard County, 10% (2,935) in Osceola County, and 14.3% (4,204) in Seminole County. Clients who reported their county as homeless accounted 4,119 clients.

Most (81.9%) individuals served were enrolled in the Adult Mental Health (AMH) program or the Adult Substance Abuse (ASA) program. Percentages of enrollment in the AMH program ranged from 35.6% in Brevard County to 46% in Osceola County. Individuals served who were enrolled in the ASA program ranged from 26.8% in Seminole County to 55.9% in Brevard County. The remaining individuals (18.9%) were enrolled in Child Mental Health (CMH) and Child Substance Abuse (CSA) programs. The highest percentage of children enrolled in the CMH program was in Osceola County at 10.8%, while the lowest was in Seminole County at 5.1%. The percentages of individuals enrolled in the CSA program ranged from 3.3% in Brevard County to 25.9% in Seminole County.

The demographic composition of individuals served in the four counties was more diverse when compared to their overall county demographics. In Brevard County, White individuals accounted for 79.3% of those served, while representing 81.3% of the county population. Black individuals accounted for 14.9% of those served, while representing 9.9% of the county population. In Orange County, White and Black individuals represented 49.5% and 30.3% of those served, respectively. In Orange County, the White and Black populations represented 59.9% and 21% of residents, respectively. The percentage of White individuals served in Osceola County, at 52.8%, was lower when compared to the White population in the county at 66.4%. Black individuals served accounted for 14.6%, while representing 10.9% of county residents. In Seminole County, White individuals served represented 60.6%, while accounting for 71.6% of the county population. The percentage of Black individuals served, at 22.7%, was greater when compared to the county at 12%.

Ethnically, the percentages of individuals served in Brevard, Orange, and Seminole counties were slightly less when compared to the percentages of Hispanics in the county population. In Osceola County, the percentages of Hispanics among individuals served and the county population were similar.

Most individuals served were living independently (alone, with relatives, or non-relatives) or dependently with relatives. Educational attainment and employment rates were lower among individuals served when compared to the county percentages.

## **INDIVIDUALS SERVED SURVEY RESULTS BY COUNTY**

Most respondents were adults receiving mental health services or a parent of a child receiving mental health services. Although most (over 60%) individuals served knew where to go for services, those who did not ranged from 19.4% in Osceola County to 38% in Orange County. Learning where to go for services was mostly through a family member or friend, or by word of mouth. Other ways individuals served learned where to go for services included Baker Act/Overdose, Foster Care, Healthy Start, physician, and insurance companies.

Regarding awareness of the 2-1-1 Information and Referral Resource, the percentage of individuals served in Brevard were most aware, at 70.6%, while only 42.7% were aware in Osceola County. The percentages of individuals served calling 2-1-1 ranged from 36.8% in Osceola County to 41.7% in Seminole County. Of those who called 2-1-1, 45% of individuals served in Brevard and Seminole counties revealed the resource was helpful, while 53.8% in Orange County, and 62.5% in Osceola County found it useful. Overall, most (ranged from 68% to 88.8%) individuals served, did receive the services they needed when they needed them.

Housing Assistance was the most needed service that individuals were not able to obtain in Brevard, Orange, and Osceola counties. In Seminole County, Aftercare/follow-up services were needed most. Individuals served who encountered a waitlist accounted for 16.1% in Brevard County, 13.1% in Orange County, 17.3% in Osceola County, and 21.3% in Seminole County. Over 62% of individuals served revealed that the services they received were focused on their treatment needs.

On average, 56.1% of individuals served by the NSPs received an appointment within 1 to 2 weeks. Less than 20% waited 3 to 4 weeks to be seen by a provider. The percentages of those who never received an appointment, ranged from 8.2% in Osceola County, to 13.8% in Brevard County. Over 40% of individuals served in all four counties traveled up to 15 minutes to receive services. In Osceola County, 13.3% of individuals served traveled over 1 hour to receive services, while only 4.9% in Orange County had to travel for that length of time. The percentages of those driving themselves to get to services, ranged from 39.4% in Brevard County, to 52.4% in Seminole County. Those relying on a relative or friend for transportation, ranged from 14.3% in Seminole County, to 22.2% in Brevard County.

Not knowing where to go and long waitlists were cited as the top two obstacles for individuals served.

## OPIOID PROFILE

The Age-Adjusted Death Rates (AADR) for opioid drug overdoses increased in all counties and Florida during 2017 to 2020. In Orange County there was a 43.6% increase in opioid death overdoses in the past 4 years. In Osceola County, deaths increased 33.2% during 2017 to 2020, but increased 68.8% during 2019 to 2020. The increase in opioid overdose deaths in Seminole County was slightly less at 30.1% (2017 to 2020), while deaths decreased from 12.4/100,000 in 2019, to 11.7/100,000 in 2020. Brevard County experienced the lowest increase in opioid overdose deaths at 25.4%. Florida experienced a 36.5% increase in opioid overdose deaths during 2017 to 2020.

AHCA data for non-fatal overdose hospitalizations revealed that the number of opioid-involved hospitalizations decreased for all four counties during 2017 to 2020. The largest decrease was in Seminole County at 16%. Of the remaining counties, there was a 7.5% decrease in Orange County, 7.3% in Brevard County, and 7.1% in Osceola County. In Florida, non-fatal overdoses hospitalizations increased 15.8% during the same time.

Data collected from Emergency Medical System Tracking and Reporting System (EMSTARS) on the administration of Naloxone medication, by EMS or prior to EMS, revealed significant increases in the number of cases/incidents in the four-county region during the past 5 years. Increases of administration by EMS, ranged from 35% in Orange County, to 341.3% in Brevard County. Larger increases were revealed on administration prior to EMS, which ranged from 100% in Orange County, to over 1815.4% in Brevard County where the number of administrations increased from 52 in 2017, to 996 in 2021. Increases in Naloxone administration in Florida for EMS, and Prior to EMS, were 28.3% and 208.1%, respectively.

The Florida Department of Health Prescription Drug Management Program tracks opioid prescriptions by patient and prescriber. The number of opioid dispensed prescriptions decreased in Brevard, Orange, and Osceola counties during 2015 to 2020. The largest decrease was in Orange County where the number of dispensed opioid prescriptions declined 11.1% over the past 6 years. Prescriptions decreased 8.6% in Brevard County, and 7.5% in Osceola County. In Seminole County, the number of dispensed opioid

prescriptions increased from 341,415 in 2015 to 372,343 in 2020 (9.1%). In Florida, opioid prescriptions decreased 52.4% during 2015 to 2021. In all four counties, the number of prescriptions dispensed per provider decreased, as well as the number of unique prescribers. The number of prescriptions per patient experienced a least 50% decrease from 2015 to 2016 in Brevard, Orange, and Osceola counties. The decrease in Seminole County was slightly less at 45.5%. Data from 2018 to 2020, revealed a steady increase in the number of prescriptions dispensed per patient in Brevard, Orange, and Osceola counties, while steadily decreasing in Seminole County. At the state level, prescriptions dispensed per patient increased from 4.8 in 2018, to 5.3 in 2020, but decreased to 5.0 in 2021.

The number and rate of Neonatal Abstinence Syndrome (NAS), defined as infants less than 28 days old who were exposed to opioid prescription or illicit drugs during pregnancy, continually decreased in Brevard, Orange, and Osceola counties, while increasing in Seminole County over the past 3 years. In Florida, the numbers and rates have continually decreased during 2015 to 2020.

Data on fentanyl deaths was gathered from the Florida Department of Law Enforcement Florida Medical Examiners Annual Reports. The medical examiner districts do not align exactly with each county in the service area. Medical Examiner District 9 includes Orange and Osceola counties. The medical examiner district that includes Volusia County, District 7, also includes Seminole County. For this reason, these data should be interpreted with caution. The increase of deaths where fentanyl was the cause, ranged from 416.4% in Orange and Osceola counties to 838.5 in Brevard County, and 1,935.7% in District 7 which includes Seminole County. The increase in deaths where fentanyl was present was much less, ranging from an increase of 33.3% in Seminole County, to 55.3% in Orange and Osceola counties, to 150% in Brevard County. At the state level, deaths where fentanyl was the cause increased 652.1% (2015 to 2020), while deaths where fentanyl was present increased 144.7% during the same time.

## **MOVING FROM WHERE WE ARE TO WHERE WE WANT TO BE**

This assessment serves as the foundation for strategically addressing the key behavioral health care needs as defined by the data and individuals served. Enhanced planning efforts will be needed to address the identified areas of concern while continually building upon the many successes within in the current system of care. Developing measurable objectives with realistic action plans has the potential to achieve a comprehensive and seamless behavioral health system promoting recovery and resiliency.

## Definitions

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**Agender** – defined as not having a gender. Some agender people describe it as having a “lack of gender,” while others describe themselves as being gender neutral.

**AMH** – Adult Mental Health

**ASA** – Adult Substance Abuse

**Asexual** – Often called “ace” for short, asexual refers to a complete or partial lack of sexual attraction or lack of interest in sexual activity with others. Asexuality exists on a spectrum, and asexual people may experience no, little, or conditional sexual attraction.

**BBHC** – Broward Behavioral Health Coalition

**Bigender** – A person who has two gender identities or a combination of two gender identities.

**Bisexual** – A person emotionally, romantically or sexually attracted to more than one sex, gender or gender identity though not necessarily simultaneously, in the same way or to the same degree. Sometimes used interchangeably with pansexual.

**CFBHN** – Central Florida Behavioral Health Network

**CFCHS** – Central Florida Cares Health System

**Chronically Homeless** – In general, a household that has been continually homeless for over a year, or one that has had at least four episodes of homelessness in the past three years, where the combined lengths of homelessness of those episodes is at least one year, and in which the individual has a disabling condition.

**Cisgender** – A term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth.

**CL** – Clients

**CMH** – Child Mental Health

**Continuum of Care (CoC)** – A local geographic area designated by HUD and served by a local planning body, which is responsible for organizing and delivering housing and services to meet the needs of people who are homeless as they move to stable housing and maximum self-sufficiency. The terms “CoC Governing Body” or “CoC Board” have the same meanings. In some contexts, the term “continuum of care” is also sometimes used to refer to the system of programs addressing homelessness.

**CSA** – Child Substance Abuse

**Drug Overdose Annual Age-Adjusted Death Rate** – Drugs identified as the cause of death by Florida Medical Examiners by county where death occurred. Data source: Florida Department of Law Enforcement. For more information regarding drugs included in this definition, please see the FDLE Drugs in Deceased Persons Reports on the Resources tab.

**Gay/Lesbian** – A woman who is sexually attracted to other women.

**Gender Fluid** – A person who does not identify with a single fixed gender or has a fluid or unfixed gender identity.

**Gender non-conforming/Gender variant** – A broad term referring to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category. While many also identify as transgender, not all gender non-conforming people do.

**Genderqueer/Non-Binary** – Genderqueer people typically reject notions of static categories of gender and embrace a fluidity of gender identity and often, though not always, sexual orientation. People who identify as "genderqueer" may see themselves as being both male and female, neither male nor female or as falling completely outside this categories/An adjective describing a person who does not identify exclusively as a man or a woman. Non-binary people may identify as being both a man and a woman, somewhere in between, or as falling completely outside these categories. While many also identify as transgender, not all non-binary people do. Non-binary can also be used as an umbrella term encompassing identities such as agender, bigender, genderqueer or gender-fluid.

**Heroin-Involved Non-fatal Overdose Emergency Department Visit** – Non-fatal emergency department (ED) visits with either of the following: 1) ICD-9-CM codes listed in the primary diagnosis, secondary diagnosis, or external cause fields: 965.01, E850.0. 2) ICD-10-CM codes listed in the primary or secondary diagnoses fields: T40.1X with a 6th character indicating unintentional, intentional self-harm, assault, or undetermined intent and a 7th character indicating that this is an initial encounter. Counts less than 5 are suppressed. Non-fatal hospitalizations and ED visit indicators are not mutually exclusive as more than one type of drug may be listed. Effective October 1, 2015, the ICD 9th Revision Clinical Modification (ICD-9-CM) transitioned to ICD 10th Revision Clinical Modification (ICD-10-CM). ED record data before October 2015 use ICD-9-CM; starting in October 2015, ED data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding. County level results are based on county of residence. Data source: Agency for Health Care Administration (AHCA).

**Heroin-Involved Non-fatal Overdose Hospitalizations** – Non-fatal hospitalizations with either of the following: 1) ICD-9-CM diagnosis codes listed in the primary diagnosis, secondary diagnosis, or external cause fields: 965.01, E850.0. 2) ICD-10-CM diagnosis codes listed in the primary or secondary diagnoses fields: T40.1X with a 6th character indicating unintentional, intentional self-harm, assault, or undetermined intent and a 7th character indicating that this is an initial encounter. Counts less than 5 are suppressed. Non-fatal hospitalizations and ED visits indicators are not mutually exclusive as more than one type of drug may be listed. Effective October 1, 2015, the ICD 9th Revision Clinical Modification (ICD-9-CM) transitioned to ICD 10th Revision Clinical Modification (ICD-10-CM). Hospital record data before October 2015 use ICD-9-CM; starting in October 2015, hospital data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding. Veteran Affairs (VA) and other federal hospitals, rehabilitation centers, residential treatment facilities, and psychiatric hospitals are excluded. County level results are based on county of residence. Data source: Agency for Health Care Administration (AHCA).

**Heterosexual/Straight** – Sexual desire or behavior directed toward a person or persons of the opposite sex.

**Homemaker** – Manages household for family members

**HUD-CoC** – Department of Housing and Urban Development Continuum of Care funding granted to local homeless on a competitive basis to coordinate programs, provide housing interventions, and collect and manage data related to homelessness.

**Intersex** – Intersex people are born with a variety of differences in their sex traits and reproductive anatomy. There is a wide variety of difference among intersex variations, including differences in genitalia, chromosomes, gonads, internal sex organs, hormone production, hormone response, and/or secondary sex traits.

**LSFHS** – LSF Health Systems

**ME** – Managing Entity

**Motels** – Living in hotels or motels

**Naloxone Administration** – Naloxone medication administered by Emergency Medical Services (EMS), prior to EMS arrival, or administration noted as not applicable or not recorded. Cases/incidents represented are not mutually exclusive. A case could both be administered naloxone by EMS and prior to EMS and would be represented in both categories. Data does not reflect the dosage, only whether or not naloxone was administered by a unique party (EMS or prior to EMS). Data source: Florida Department of Health, EMSTARS

**Neonatal Abstinence Syndrome** – Infants less than 28 days old who were exposed to opioid prescription or illicit drugs during the mother’s pregnancy. Neonatal Abstinence Syndrome (NAS) Case Counts are reported two years after birth due to certification requirements, data linkage processes for deduplication of records and alignment with the NAS Case Definition. Data Source: Florida Department of Health, Birth Defects Registry

**Neonatal Abstinence Syndrome Annual Rate** – Neonatal Abstinence Syndrome cases per 10,000 live births. Data Source: Florida Department of Health, Birth Defects Registry

**Non-fatal Overdose Emergency Department Visits** – Non-fatal emergency department visits (ED) with either of the following: 1) ICD-9-CM codes listed in the primary diagnosis, secondary diagnosis, or external cause fields: 960-979, E850-E858, E905.0-E950.5, E962.0, E980.0-E980.5. 2) ICD-10-CM codes listed in the primary or secondary diagnoses fields: T36-T50 that have a 6th character indicating unintentional, intentional self-harm, assault, or undetermined intent (except for T36.9, T37.9, T39.9, T41.4, T42.7, T43.9, T45.9, T47.9, and T49.9 where 5th character indicating unintentional, intentional self-harm, assault, and undetermined intent) and a 7th character indicating an initial encounter. Counts less than 5 are suppressed. Non-fatal hospitalizations and ED visit indicators are not mutually exclusive as more than one type of drug may be listed. Effective October 1, 2015, the ICD 9th Revision Clinical Modification (ICD-9-CM) transitioned to ICD 10th Revision Clinical Modification (ICD-10-CM). ED record data before October 2015 use ICD-9-CM; starting in October 2015, ED data use ICD-10-CM.

0-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding. Data source: Florida Agency for Health Care Administration (AHCA). For more information regarding drugs included in this definition, please see the CSTE Guidance Document on the Resources tab.



**Non-fatal Overdose Hospitalizations** – 1) ICD-9-CM codes listed in the primary diagnosis, secondary diagnosis, or external cause fields: 960-979, E850-E858, E905.0-E950.5, E962.0, E980.0-E980.5. 2) ICD-10-CM codes listed in the primary or secondary diagnoses fields: T36-T50 that have a 6th character indicating unintentional, intentional self-harm, assault, or undetermined intent (except for T36.9, T37.9, T39.9, T41.4, T42.7, T43.9, T45.9, T47.9, and T49.9 where 5th character indicating unintentional, intentional self-harm, assault, and undetermined intent) and a 7th character indicating an initial encounter. Counts less than 5 are suppressed. Non-fatal hospitalizations and ED visits indicators are not mutually exclusive as more than one type of drug may be listed. Effective October 1, 2015, the ICD 9th Revision Clinical Modification (ICD-9-CM) transitioned to ICD 10th Revision Clinical Modification (ICD-10-CM). Hospital record data before October 2015 use ICD-9-CM; starting in October 2015, hospital data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding. Veteran Affairs (VA) and other federal hospitals, rehabilitation centers, residential treatment facilities, and psychiatric hospitals are excluded. County level results are based on county of residence. Data source: Agency for Health Care Administration (AHCA). For more information regarding drugs included in this definition, please see the CSTE Guidance Document on the Resources tab.

**Number of Prescriptions Dispensed** – Opioid prescriptions dispensed in Florida by dispenser’s county. Data source: Florida Department of Health, Prescription Drug Monitoring Program.

**Number of Unique Patients** - Patients with opioid prescriptions that were dispensed in Florida regardless of the prescriber’s location by dispenser’s county. For the year-to-date sums, the calculations reflect the total of unique cases (unique patients, unique prescribers, etc.). The numbers from one quarter to the next may reflect overlapping cases, which are not counted in the sum total. Data source: Florida Department of Health, Prescription Drug Monitoring Program.

**Number of Unique Prescribers** – Prescribers with opioid prescriptions dispensed in Florida regardless of practice location by dispenser’s county. For the year-to-date sums, the calculations reflect the total of unique cases (unique patients, unique prescribers, etc.). The numbers from one quarter to the next may reflect overlapping cases, which are not counted in the sum total. Data source: Florida Department of Health, Prescription Drug Monitoring Program.

**NWFHN** – Northwest Florida Health Network

**Opioid-Involved Non-fatal Overdose Emergency Department Visits** – Non-fatal emergency department (ED) visits with either of the following: 1) ICD-9-CM codes listed in the primary diagnosis, secondary diagnosis, or external cause fields: 965.00, 965.01, 965.02, 965.09, E850.0, E850.1 or E850.2. 2) ICD-10-CM codes listed in the primary or secondary diagnoses fields: T40.0X, T40.1X, T40.2X, T40.3X, T40.4X, T40.60 or T40.69 with a 6th character indicating unintentional, intentional self-harm, assault, or undetermined intent and a 7th character indicating that this is an initial encounter. Data is supplied by the Florida Agency for Health Care Administration (AHCA). Counts less than 5 are suppressed. Non-fatal hospitalizations and ED visit indicators are not mutually exclusive as more than one type of drug may be listed. Effective October 1, 2015, the ICD 9th Revision Clinical Modification (ICD-9-CM) transitioned to ICD 10th Revision Clinical Modification (ICD-10-CM). ED record data before October 2015 use ICD-9-CM; starting in October 2015, ED data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding. Data source: Agency for Health Care Administration (AHCA).



**Opioid-involved Non-fatal Overdose Hospitalizations** – Non-fatal hospitalizations with either of the following: 1) ICD-9-CM codes listed in the primary diagnosis, secondary diagnosis, or external cause fields: 965.00, 965.01, 965.02 or 965.09, E850.0, E850.1 or E850.2. 2) ICD-10-CM codes listed in the primary or secondary diagnoses fields: T40.0X, T40.1X, T40.2X, T40.3X, T40.4X, T40.60 or T40.69 with a 6th character indicating unintentional, intentional self-harm, assault, or undetermined intent and a 7th character indicating that this is an initial encounter. Counts less than 5 are suppressed. Non-fatal hospitalizations and ED visits indicators are not mutually exclusive as more than one type of drug may be listed. Effective October 1, 2015, the ICD 9th Revision Clinical Modification (ICD-9-CM) transitioned to ICD 10th Revision Clinical Modification (ICD-10-CM). Hospital record data before October 2015 use ICD-9-CM; starting in October 2015, hospital data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding. Veteran Affairs (VA) and other federal hospitals, rehabilitation centers, residential treatment facilities, and psychiatric hospitals are excluded. County level results are based on county of residence. Data source: Agency for Health Care Administration (AHCA).

**Pansexual** – Describes someone who has the potential for emotional, romantic, or sexual attraction to people of any gender though not necessarily simultaneously, in the same way or to the same degree. Sometimes used interchangeably with bisexual.

**Prescriptions Dispensed per Patient** – Prescriptions dispensed from prescribers per number of unique patients. The annual rate is calculated as the total number of SII-SIV opioid prescriptions dispensed divided by the number of FL patients aged 18 and over who received at least one SII-SIV opioid prescription in the given year. Data source: Florida Department of Health, Prescription Drug Monitoring Program.

**Prescriptions Dispensed per Prescriber** – Prescriptions dispensed per number of unique prescribers. The annual rate is calculated as the total number of SII-SIV opioid prescriptions dispensed divided by the number of prescribers who wrote at least one SII-SIV opioid prescription to FL patients aged 18 and over in the given year. Data source: Florida Department of Health, Prescription Drug Monitoring Program.

**Questioning** – A term used to describe people who are in the process of exploring their sexual orientation or gender identity.

**SA** – Service Area, refers to the geographical area served by the MEs.

**Sheltered** – Living in emergency or transitional shelters

**Sharing** – Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason, “doubled-up.”

**SEFBHN** – Southeast Florida Behavioral Health Network

**State Challenge** – Funding appropriated by the State of Florida legislature, and allocated from the Local and State Government Housing Trust Fund, to provide a variety of homelessness-related services and housing

**State HUD-ESG** – Federal Emergency Solutions Grant (ESG) funding allocated to the State of Florida by the Department of Housing and Urban Development, to be used for homeless related housing interventions, outreach, shelters, and more

**State Staffing** – Funding appropriated by the State of Florida legislature to build capacity in local homeless Continuums of Care (CoCs)

**State TANF-HP** – Federal Temporary Assistance to Needy Families (TANF) funding that is allocated to the State of Florida, which is utilized for Homelessness Prevention (HP) services.

**Stimulant-involved Non-fatal Overdose Emergency Department Visits** – Non-fatal emergency department (ED) visits with either of the following: 1) ICD-9-CM codes listed in the primary diagnosis, secondary diagnosis, or external cause fields: 969.70, 969.71, 969.72, 969.73, 969.79, 970.0, 970.81, 970.89, 970.9, E854.2, E854.3, E855.2 2) ICD-10-CM codes listed in the primary or secondary diagnoses fields: T40.5X, T43.60, T43.61, T43.62, T43.63, T43.64, T43.69 with a 6th character indicating unintentional, intentional self-harm, assault, or undetermined intent and a 7th character indicating that this is an initial encounter. Counts less than 5 are suppressed. Non-fatal hospitalizations and ED visits indicators are not mutually exclusive as more than one type of drug may be listed. Effective October 1, 2015, the ICD 9th Revision Clinical Modification (ICD-9-CM) transitioned to ICD 10th Revision Clinical Modification (ICD-10-CM). ED record data before October 2015 use ICD-9-CM; starting in October 2015, ED data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding. County level results are based on county of residence. Data source: Agency for Health Care Administration (AHCA).

**Stimulant-involved Non-fatal Overdose Hospitalizations** – Non-fatal hospitalizations with either of the following: 1) ICD-9-CM codes listed in the primary diagnosis, secondary diagnosis, or external cause fields: 969.70, 969.71, 969.72, 969.73, 969.79, 970.0, 970.81, 970.89, 970.9, E854.2, E854.3, E855.2 2) ICD-10-CM codes listed in the primary or secondary diagnoses fields: T40.5X, T43.60, T43.61, T43.62, T43.63, T43.64, T43.69 with a 6th character indicating unintentional, intentional self-harm, assault, or undetermined intent and a 7th character indicating that this is an initial encounter. Counts less than 5 are suppressed. Non-fatal hospitalizations and ED visits indicators are not mutually exclusive as more than one type of drug may be listed. Effective October 1, 2015, the ICD 9th Revision Clinical Modification (ICD-9-CM) transitioned to ICD 10th Revision Clinical Modification (ICD-10-CM). Hospital record data before October 2015 use ICD-9-CM; starting in October 2015, hospital data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding. Veteran Affairs (VA) and other federal hospitals, rehabilitation centers, residential treatment facilities, and psychiatric hospitals are excluded. County level results are based on county of residence. Data source: Agency for Health Care Administration (AHCA).

**Third Sex** – a category of people who do not identify as male or female but as b=neither, both or a combination of male and female genders.

**TMSF** – Thriving Minds South Florida

**Transgender** – An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.

**Unpaid Family Worker** – A family member who works at least 15 hours or more a week without pay in a family operated enterprise.

**Unsheltered** – Living in cars, parks, campgrounds, public spaces, abandoned buildings, substandard housing, bus, or train stations

## BREVARD COUNTY, FLORIDA

# Brevard County Demographic Profile

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## Population Demographics

The population in Brevard County increased an average of 1.4% each year from 2016 to 2020. The total population growth for the 5-year period, at 5.9%, added 33,658 residents.

Brevard County females accounted for 51.1% of the population while males represented the remaining 48.9% residents. The male to female ratio has remained stable over the past 5 years.

The racial composition in the county and state was White at 81.3% and 71.6%, respectively. The Black population accounted for 9.9% of the county population and 15.9% of the population in Florida. American Indian and Native Hawaiians represented less than 1% of residents in the county and state. The percentage of Asian residents, at 2.4%, was similar when compared to the state at 2.8%. Brevard County was slightly less diverse when compared to the state. Residents of some other race accounted for 1.8% of Brevard County population, and 3.3% of the state population. Among those of two or more races, the rate in Brevard County, at 4.6%, was lower than the state rate of 6%.

Brevard County residents were non-Hispanic, at 89.4%. Only 10.6% of the population were of Hispanic ethnicity. This was much lower when compared to the state population where 25.8% were Hispanic.

Brevard County population was slightly older when compared to the state. Residents, 65 years of age or older, accounted for 23.7% of the population in the county, while 20.5% of state residents were in this age range.

## Education and Employment

Data revealed that educational attainment in Brevard County and the state were similar. Slightly more residents in the county attained a high school diploma (92.2%) when compared to the state at 88.5%. The percentage of residents in the county and state who attained a bachelor's degree was 19.3%. Those who attained a graduate or professional degree accounted for 11.6% of Brevard County residents, and 11.3% of the state population.

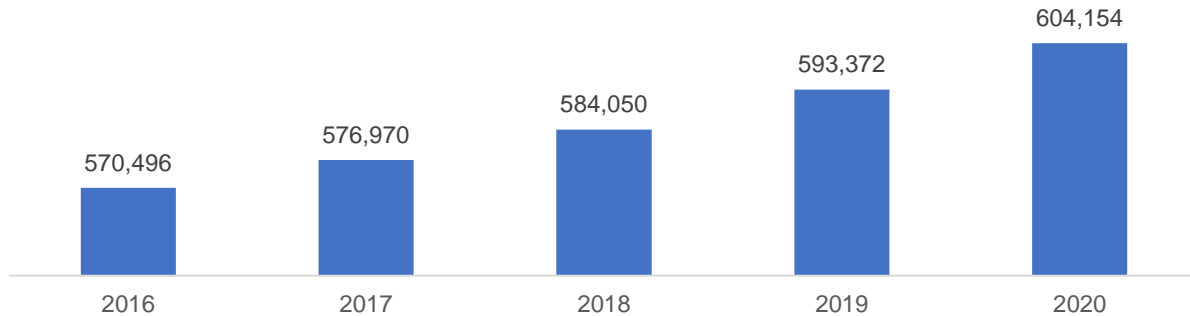
On average, 54.1% of the service area population participated in the labor force over the past 5 years. This was slightly lower when compared to those employed in Florida at 58.6%. The 5-year average unemployment rate for the service area, at 5.3%, was below the state rate at 6.0%.

## Poverty Status

During 2016 to 2020, the ratio of income to poverty rates for those living <300% of the Federal Poverty Level (FPL), were lower in Brevard County, at 35.4%, when compared to the state at 43.4%. The percentage of Brevard County residents living at or above 300% FPL were higher, at 61.6%, when compared to the state at 56.6%.

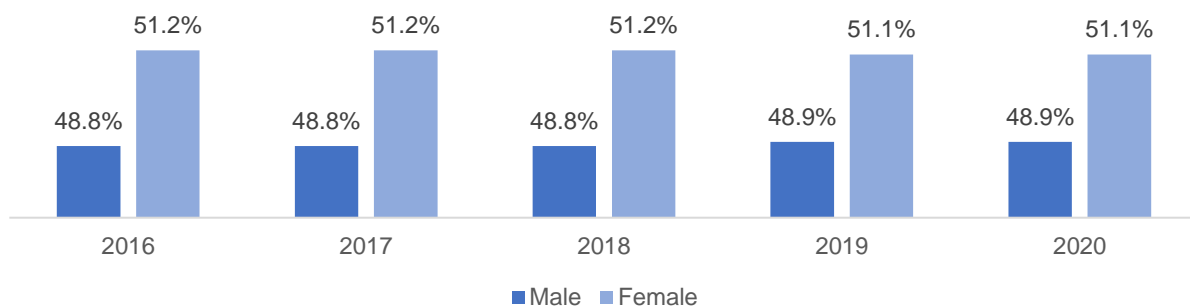
## Brevard County Demographic Charts

Figure 1: Brevard County Population Estimates (2016-2020)



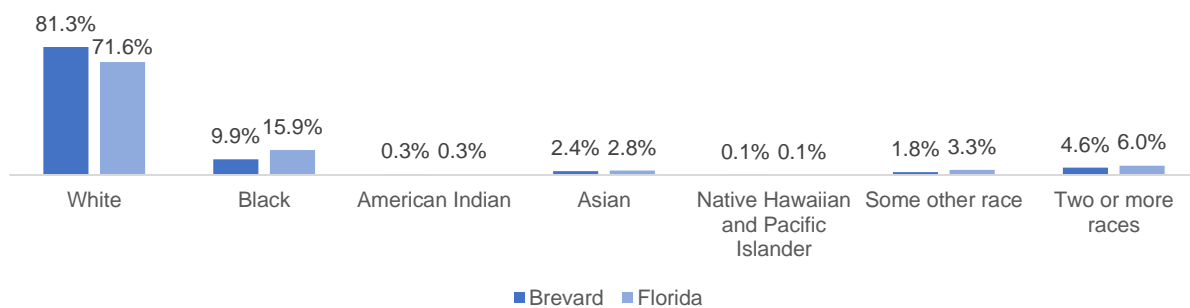
Source: Florida Legislature's Office of Economic and Demographic Research (EDR)

Figure 2: Brevard County Population by Gender (2016-2020)



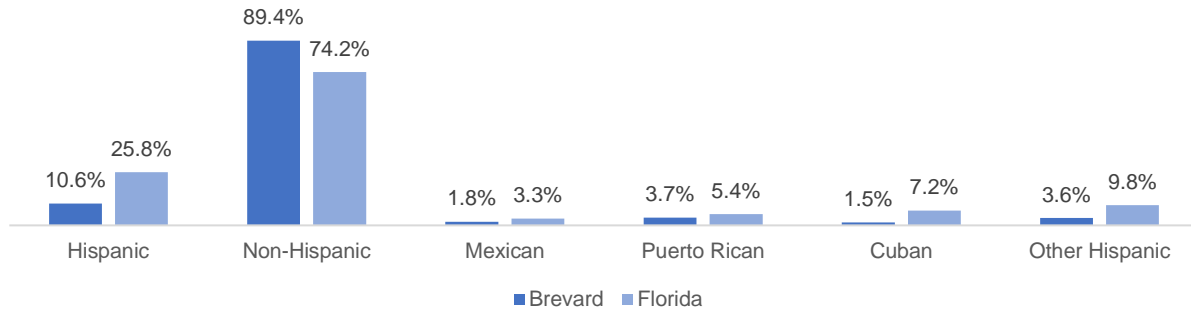
Source: Florida Legislature's Office of Economic and Demographic Research (EDR)

Figure 3: Brevard County Population by Race, 2016-2020 (5-Year Estimate)



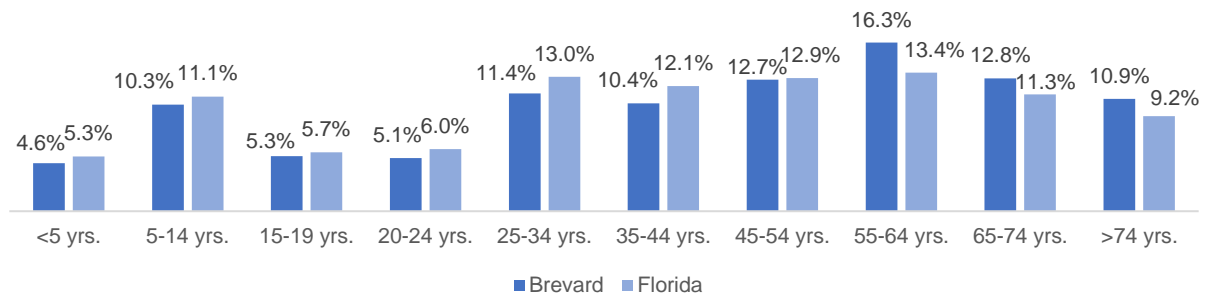
Source: U.S Census Bureau, American Community Survey, Table DP05

Figure 4: Brevard County Population by Ethnicity, 2016-2020 (5-Year Estimate)



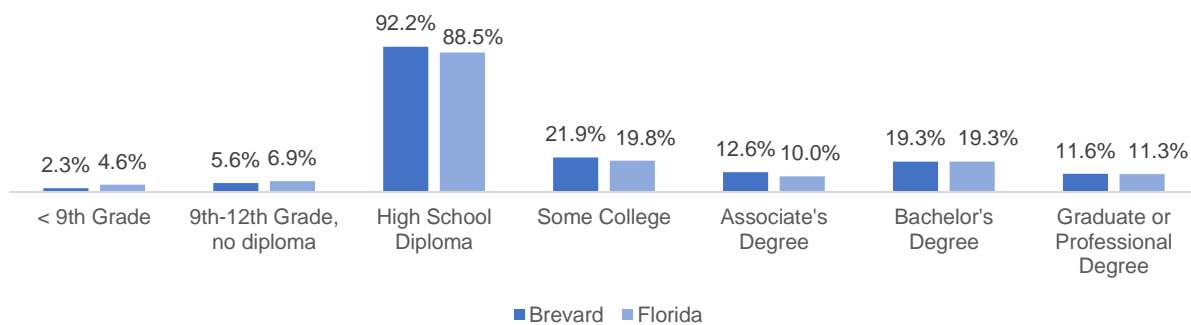
Source: U.S Census Bureau, American Community Survey, Table DP05

Figure 5: Brevard County Population by Age Range, 2016-2020 (5-Year Estimate)



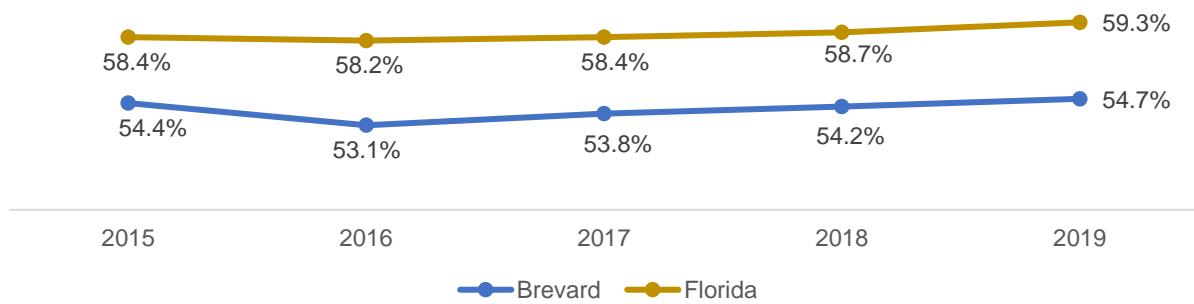
Source: U.S Census Bureau, American Community Survey, Table DP05

Figure 6: Brevard County Population by Educational Attainment, 2016-2020 (5-Year Estimate)



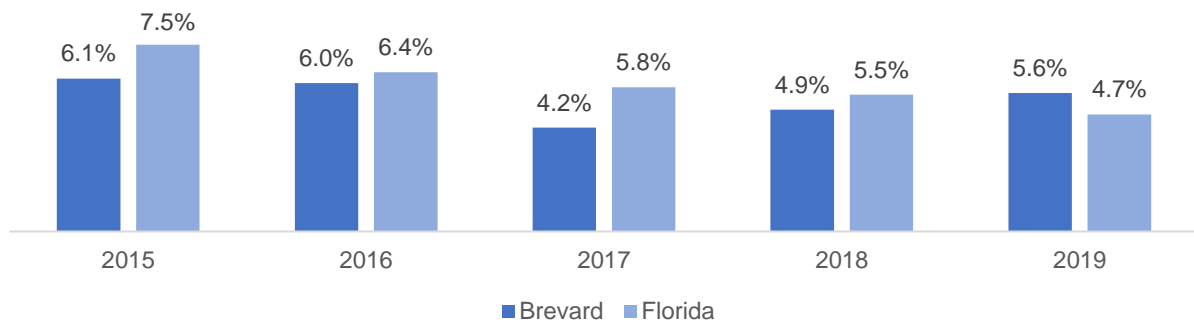
Source: U.S Census Bureau, American Community Survey, Table S1501

Figure 7: Brevard County Population Participation in Labor Force (2015-2019)



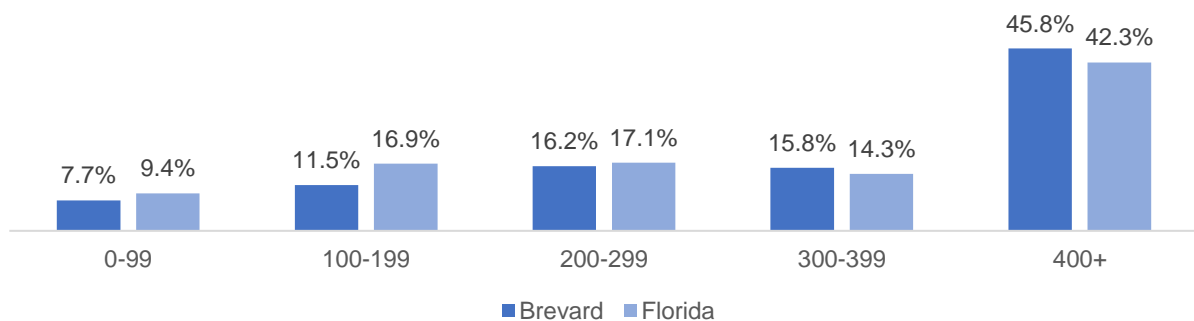
Source: U.S Census Bureau, American Community Survey, Table DP03. Single year data at the county level was not available for 2020.

Figure 8: Brevard County Population Unemployment Rates (2015-2019)



Source: U.S Census Bureau, American Community Survey, Table DP03. Single year data at the county level was not available for 2020.

Figure 9: Brevard County Population Ratio of Income to Poverty Level of Families, 2016-2020 (5-Year Estimate)



Source: U.S Census Bureau, American Community Survey, Table B17026



# Brevard County General Health Status

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## Overall, Health Status

The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone survey that collects state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. BRFSS data estimates revealed 79% of Brevard County adults, ages 18-64 years of age, said their overall health was "good" to "excellent" (2019). For Florida, the rate was 80.3%. This knowledge is a powerful tool for targeting and building health promotion activities. It also provides a way to see change in population health behaviors before morbidity or disease is apparent.

## Mental Health

The percentage of adults in Brevard County reporting good mental health over the past 3 years, at 84.7%, was slightly below the percentage for the state at 86.2% (2019). The number of unhealthy mental days for the county population, at 4.8 days in the past 30 days (2019), increased from 4.2 days in 2016. This was higher than the state at 3.6 unhealthy mental days in the past month (2019).

## Suicide

The Brevard County age-adjusted death rate (AADR) for suicide decreased from 19.7/100,000 in 2018 to 16.1/100,000 population in 2020. This represents a decrease of 3.6/100,000 suicide deaths. At the state level, the suicide death rate decreased 2.5/100,000 population during the same time. The suicide death rates for males in Brevard County (26.6/100,000) and the state (20.7/100,000) were more than triple the rates among females at 7.6/100,000 and 6/100,000, respectively. In 2020, the county suicide death rate among the White population (18.7/100,000) was almost three times the rate for Black residents at 7.6/100,000. The same held true at the state level where White to Black suicide deaths revealed a 2.9:1.0 ratio. Among ethnicities, the non-Hispanic 2020 AADR for suicide, at 17.2/100,000, was more than twice the rate among Hispanics at 7.8/100,000. At the state level, suicide deaths among non-Hispanics were also twice the rate of those among the Hispanic population.

## Violence and Abuse

According to the Department of Law Enforcement Uniform Crime Report 2020, the rate of total domestic violence offenses decreased in Brevard County and the state during 2018 to 2020. The county rate fell from 681.7/100,000 to 594.7/100,000 over the past 3 years. This was still higher than the state rate of 493.2/100,000 in 2020.

The rate of children experiencing child abuse over the past 3 years (2018 to 2020) continually decreased in the Brevard County and the state. Among children ages 5-11 years, the rate of child abuse fell from

959.8/100,000 in 2018 to 630.4/100,000 in 2020. State rates also decreased from 779.3/100,000 to 583.9/100,000 during the same time (Department of Children and Families, Florida Safe Network Data Mart).

The rate of children experiencing sexual violence decreased in Brevard County from 59.5/100,000 in 2019 to 53.5/100,000 in 2020. Although the rate decreased in 2020, it was still higher than the rate in 2018, at 40.8/100,000. At the state level, the rate decreased from 58/100,00 in 2018 to 42.5/100,000 in 2020. (Department of Children and Families, Florida Safe Network Data Mart).

## Mental Illness

The estimated number of seriously mentally ill (SMI) adults in Brevard County increased 3.8% over the past 3 years. The was lower than the increase in District 7 at 4.8%. The estimated number of SMI adults in the county was 19,281 or 21.7% of all seriously mentally ill adults in the four-county service area (2020).

Among Brevard County youth, ages 9-17 years, the estimated number of those emotionally disturbed increased 2.6% during 2018 to 2020. This was lower when compared to the increase in District 7 at 4.2%. Brevard County accounted for 5,237 or 18.3% of the estimated number of emotionally disturbed youth in District 7.

According to the Florida Department of Education (FLDOE), Brevard County children in grades K-12, who had an emotional/behavioral disability, decreased from 0.5% to 0.4% during 2018 to 2020. In the state, students with an emotional/behavioral disability accounted for 0.5%. These rates have been steady over the past 3 years.

## Adult Tobacco and Alcohol Use

Brevard County adults who are current smokers decreased from 20.5% in 2013 to 16.3% in 2019. The percentage of current smokers in the state was lower at 14.8% in 2019.

The Centers for Disease Control and Prevention (CDC) define binge drinking as 5 consecutive drinks for men and 4 consecutive drinks for women. In 2019, the percentage of binge drinkers in Brevard County was 17.5%. The percentage of binge drinkers in the state was slightly higher at 18%. Overall, binge drinking decreased in the county and increased slightly in the state during 2013 to 2019.

## High School Tobacco, Alcohol and Substance Use

The Florida Youth Substance Abuse Survey (FYSAS) is a collaborative effort between the Florida Departments of Health, Education, Children and Families, Juvenile Justice, and the Governor's Office of Drug Control. It is based on the "Communities That Care" survey, assessing risk and protective factors for substance abuse, in addition to substance abuse prevalence. FYSAS data indicated that the percentage of middle and high school students in Brevard County, who reported never having smoked cigarettes, increased from 85.9% in 2016 to 90.6% in 2020. Students having smoked once or twice accounted for 7.3%,

and 1.1% reported that they had smoked once in a while but not regularly. For middle and high school students in the state, the percentage of those having never smoked also increased over the past 4 years.

Regarding smoking frequency in the past 30 days, 99.5% of Brevard County students did not smoke at all. The state rate was 98.2%.

The percentage of Brevard County students who did not consume alcoholic beverages on any occasions in their lifetime ranged from 60% in 2016 to 57.7% in 2020. For those who did on 1-2 occasions, the percentage decreased from 17.3% in 2016 to 16.3% in 2020. Students consuming alcohol on 3-5 occasions accounted for 9.2% in 2020. This was a slight increase from 8.1% in 2016. Those consuming alcohol on 20 to 40 or more occasions increased over the past 3 years.

The percentages of students in the county not consuming alcohol during the past 30 days, decreased from 83.8% in 2016 to 81.2% in 2020. The percentages of students who reported consuming alcohol on 1-2 occasions during the past 30 days, increased from 10.8% to 13.4% over the past 4 years. Those consuming alcohol in the past 30 days on 20 to 40 or more occasions was less than 1%.

Brevard County high school students were asked for the number of occasions in their lifetime when they had woken up after a night of drinking alcohol and were unable to remember the things they did or the places they went. The percentage of students reporting this event happening on 1-2 occasions in their lifetime, decreased from 9.8% in 2018 to 7.3% in 2020. For those having this experience on 6-9 occasions, the percentage doubled from 0.6% in 2016 to 1.2% in 2020. The percentages of students unable to remember after a night of drinking on 20 or more occasions was below 1%.

FYSAS defines binge drinking as consuming five or more alcoholic drinks in a row in the past 2 weeks. The percentage of those who reported they had not done this, decreased slightly from 93.4% in 2016 to 92.9% in 2020. Among students who binge drank once, the percentage increased from 3.1% in 2016 to 4.3% in 2020. Those who participated in binge drinking three or more times accounted for less than 1%.

The percentages of Brevard County students who had not used marijuana in their lifetimes, at 79.6% in 2020, decreased from 82.7% in 2018. Students using marijuana on 1-2 occasions, decreased from 6% in 2016 to 4.6% in 2020. This was an increase from the 2018 percentage of 3.7%. Students using marijuana on 10 or more occasions steadily increased from 9.3% in 2016, to 10% in 2018, to 11.2% in 2020. The percentages of students not using marijuana in the past 30 days, at 89.4% in 2020, was higher when compared to those who reported not using it in their lifetime at 79.6%. The percentage of students in the county using marijuana on 1-2 occasions in the past 30 days, increased from 2.8% in 2016 to 3.5% in 2020. The same trend was observed for those using marijuana on 6 to 19 occasions, but percentages over the past 4 years decreased among students using marijuana on 20 or more occasions.

The 2020 FYSAS included questions regarding vaping behaviors. The percentage of students in District 7 who vaped nicotine on one or more occasions in their lifetime, at 20.3%, was higher when compared to those who had ever smoked in their lifetime at 11.4%. This indicated that students were more likely to vape nicotine than smoke cigarettes. The percentage of students vaping marijuana on one or more occasions, at 13.9%, was lower when compared to those who used marijuana on one or more occasions in their lifetime, at 16.5%. It could not be determined if vaping were a method of using marijuana when asked about lifetime use.

## Disability

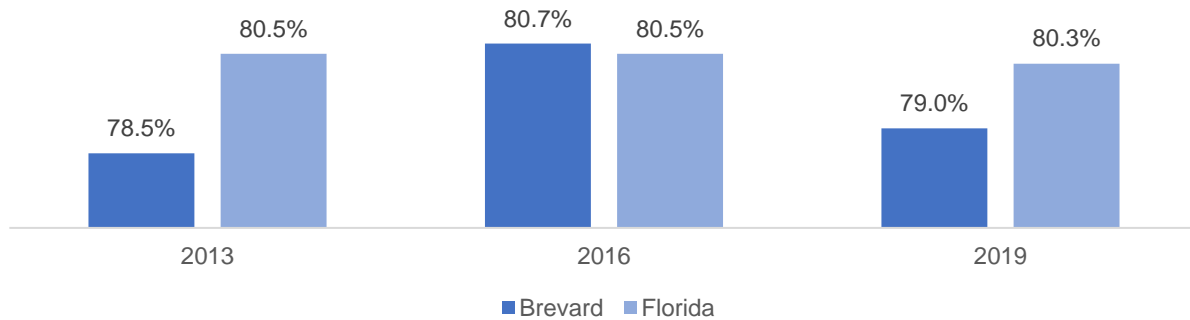
In Brevard County, 16.2% of the noninstitutionalized population was estimated to have a disability (includes hearing, vision, cognitive, ambulatory, self-care, and independent living). At the state level, 13.6% of residents had a disability. Among county residents with a disability, 49% were ages 65 years and older. This was similar to the state percentage for this age group at 48.9%.

## Health Insurance Coverage

Most residents, ages 18-64 years, living in Brevard County and the state reported having some type of health insurance coverage. In 2019, percentages of those with insurance in the county and state were 84.7% and 84.2%, respectively. Among insured by genders, female adults 18-64 years of age, accounted for 85.9%, while their male counterparts accounted for 83.4%. In Brevard County, Black adults had the highest percentage of insured at 87.8%, when compared to White adults at 86.5%, and Hispanic adults at 77.9%.

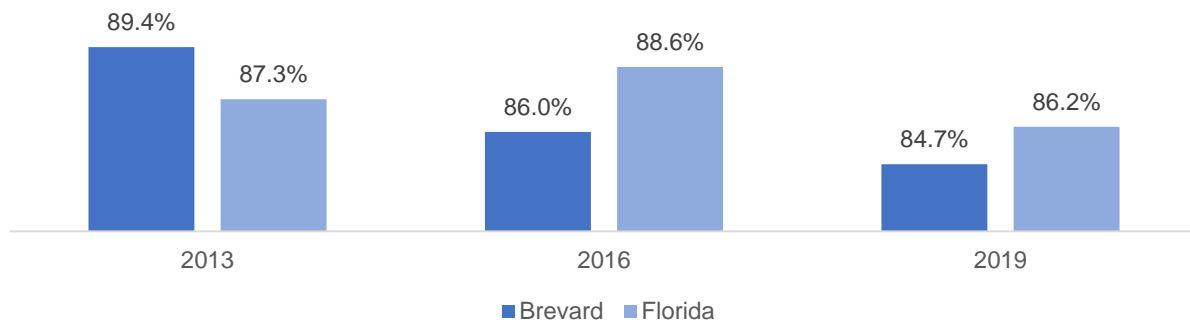
## Brevard County General Health Status Charts

Figure 10: Brevard County Adults Who Said Their Overall Health Was "Good" to "Excellent" (2017-2019)



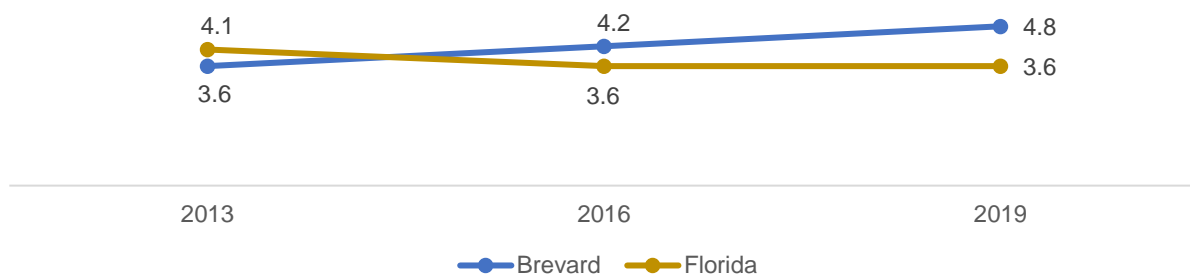
Source: Behavioral Risk Factor Surveillance System

Figure 11: Brevard County Adults with Good Mental Health for the Past 30 Days (2017-2019)



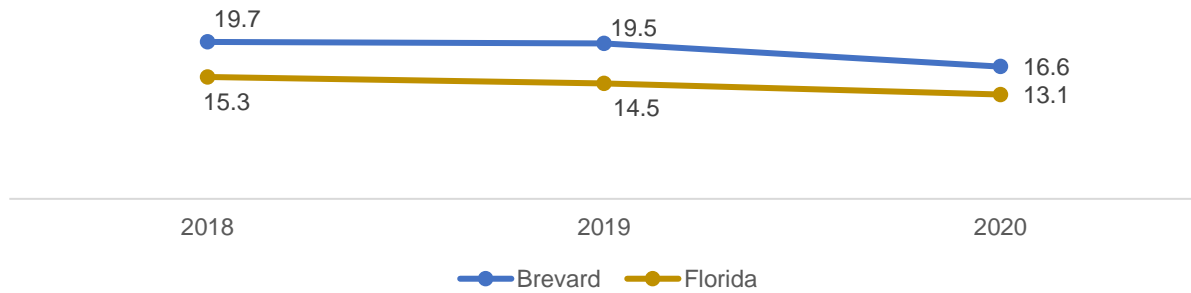
Source: Behavioral Risk Factor Surveillance System

Figure 12: Brevard County Adults Average Number of Unhealthy Mental Days in the Past 30 Days (2017-2019)



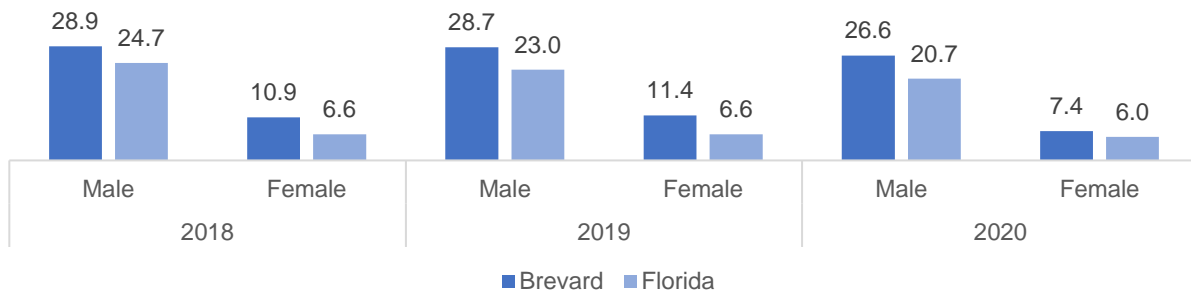
Source: Behavioral Risk Factor Surveillance System

Figure 13: Brevard County Age-Adjusted Suicide Rates (2018-2020)



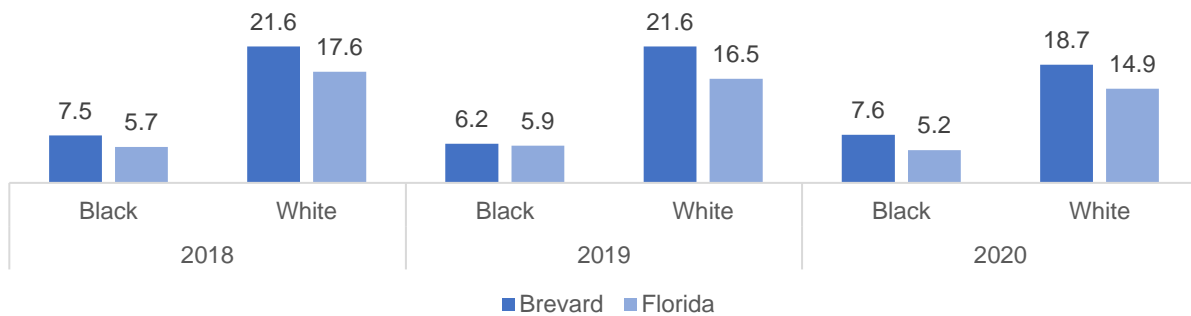
Source: Florida Department of Health, Bureau of Vital Statistics

Figure 14: Brevard County Age-Adjusted Suicide Rates by Gender (2018-2020)



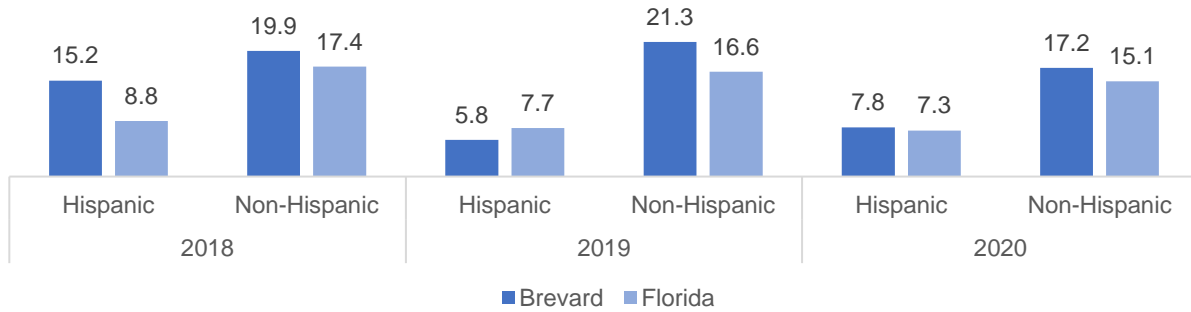
Source: Florida Department of Health, Bureau of Vital Statistics, Rate per 100,000

Figure 15: Brevard County Age-Adjusted Suicide Rates by Race (2018-2020)



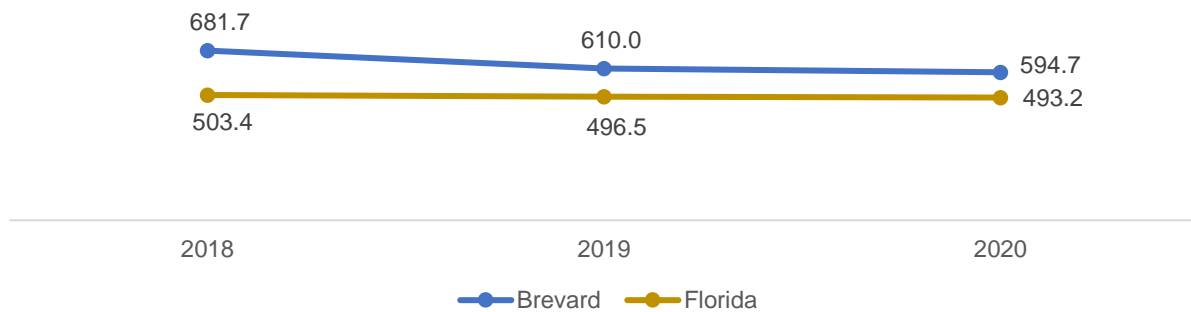
Source: Florida Department of Health, Bureau of Vital Statistics, Rate per 100,000

Figure 16: Brevard County Age-Adjusted Suicide Rates by Ethnicity (2018-2020)



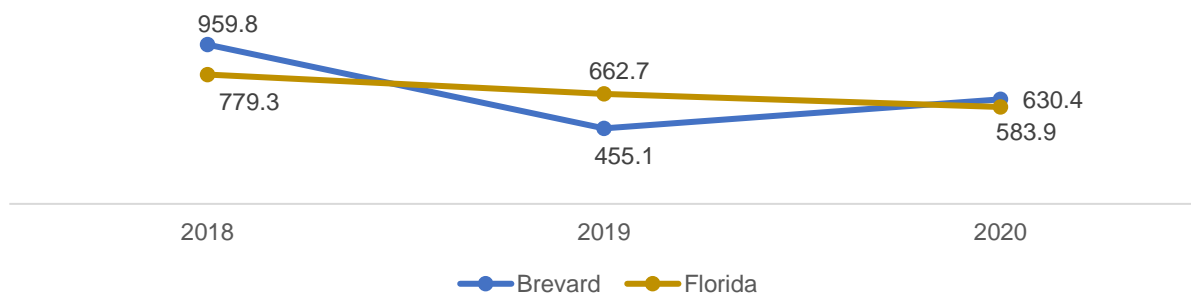
Source: Florida Department of Health, Bureau of Vital Statistics, Rate per 100,000

Figure 17: Brevard County Total Domestic Violence Offenses (2018-2020)



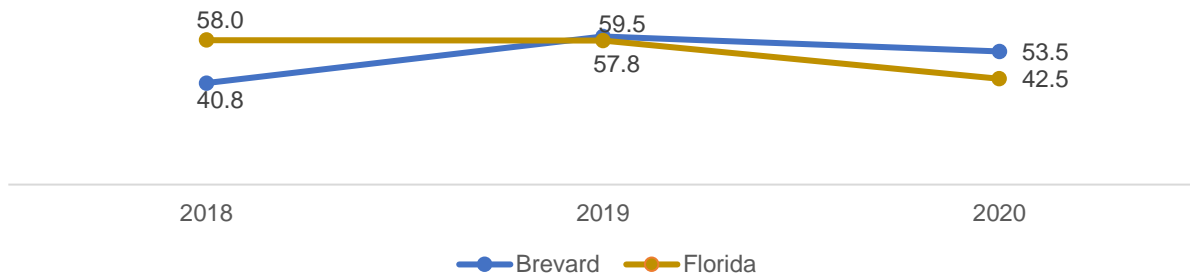
Source: Florida Department of Law Enforcement, Crime in Florida, Uniform Crime Report 2020, Rate per 100,000

Figure 18: Brevard County Rate of Children Experiencing Child Abuse, Ages 5-11 Years (2018-2020)



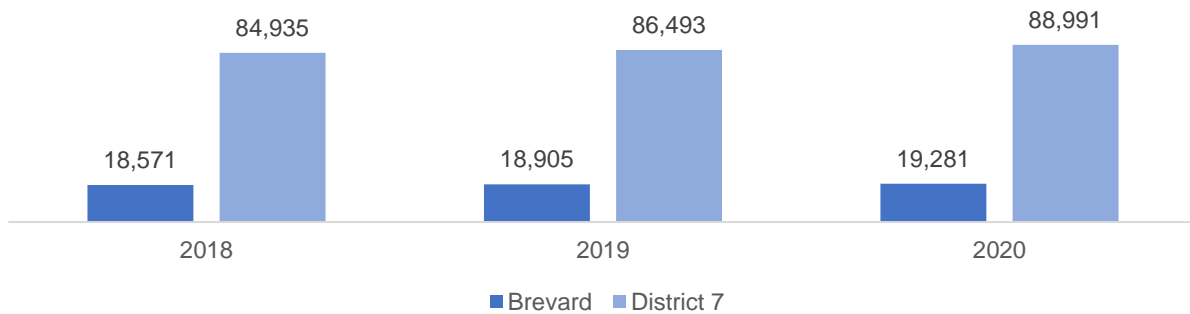
Source: Department of Children and Families, Florida Safe Families Network Data Mart, Rate per 100,000

Figure 19: Brevard County Rate of Children Experiencing Sexual Violence, Ages 5-11 Years (2018-2020)



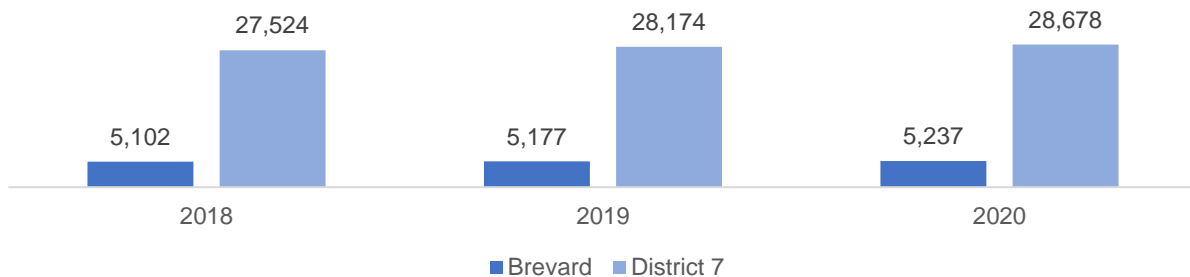
Source: Department of Children and Families, Florida Safe Families Network Data Mart, Rate per 100,000

Figure 20: Brevard County Estimated Number of Seriously Mentally Ill Adults (2018-2020)



Source: Estimates based on Department of Health and Human Resource Report Mental Health U.S. 1995

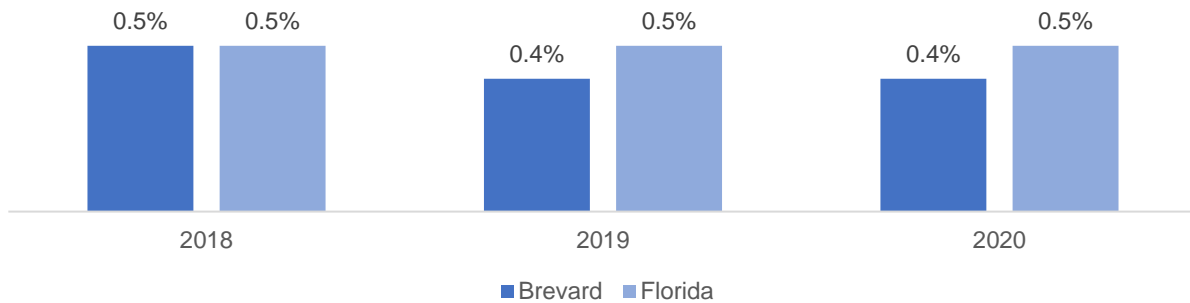
Figure 21: Brevard County Estimated Number of Emotionally Disturbed Youth, Ages 9-17 Years (2018-2020)



Source: Estimates based on Department of Health and Human Resource Report Mental Health U.S. 1995

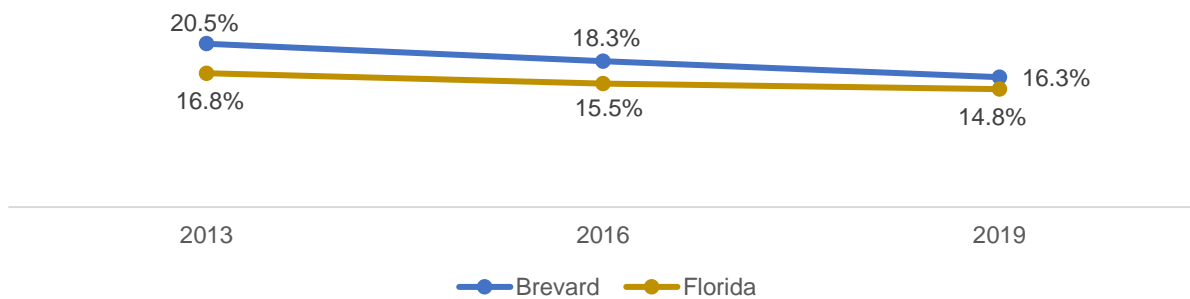


Figure 22: Brevard County Percentage of Children with Emotional/Behavioral Disability, Grades K-12 (2018-2020)



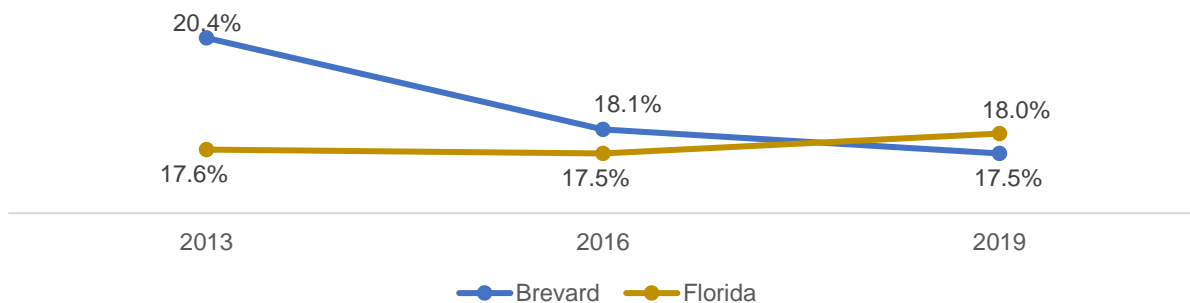
Source: Florida Department of Education, Education Information and Accountability Services (EIAS)

Figure 23: Brevard County Percentage of Adults Who Are Current Smokers (2013-2019)



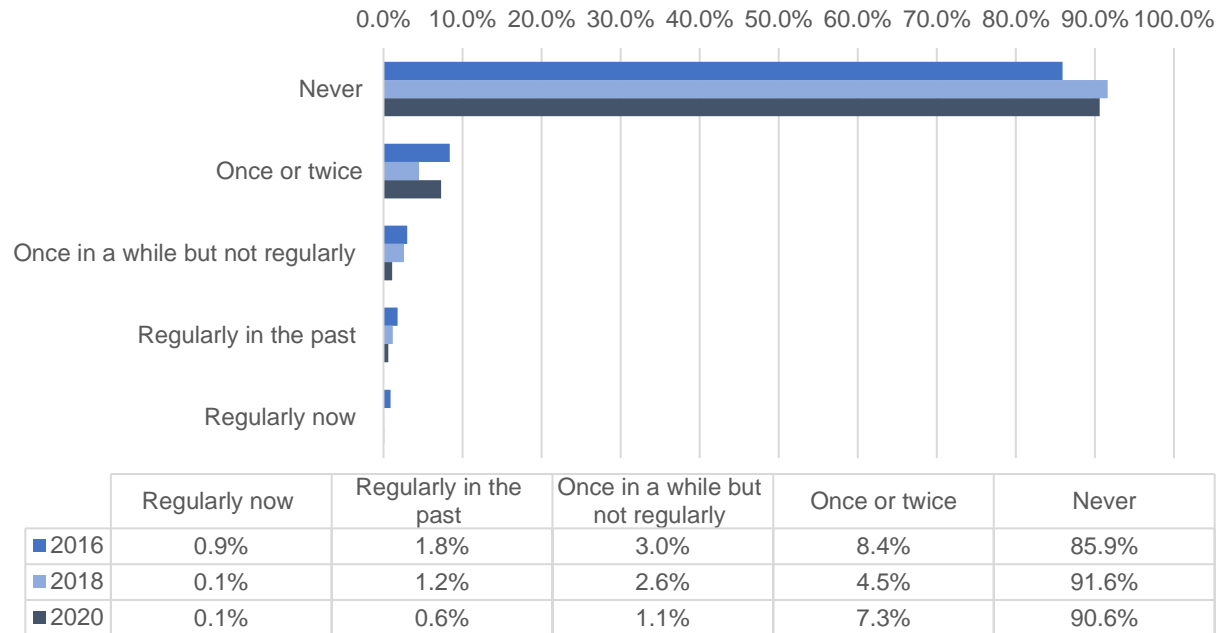
Source: Behavioral Risk Factor Surveillance System

Figure 24: Brevard County Percentage of Adults Who Engage in Heavy or Binge Drinking (2013-2019)



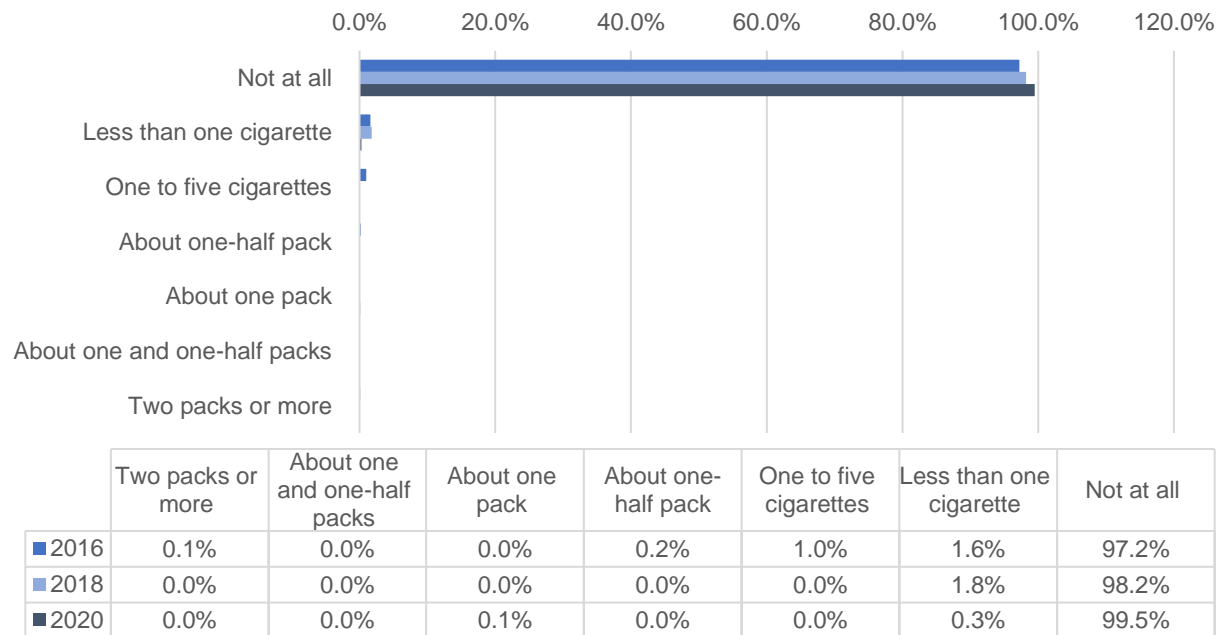
Source: Behavioral Risk Factor Surveillance System

Figure 25: Brevard County Having Ever Smoked Cigarettes (MS&HS 2016-2020)



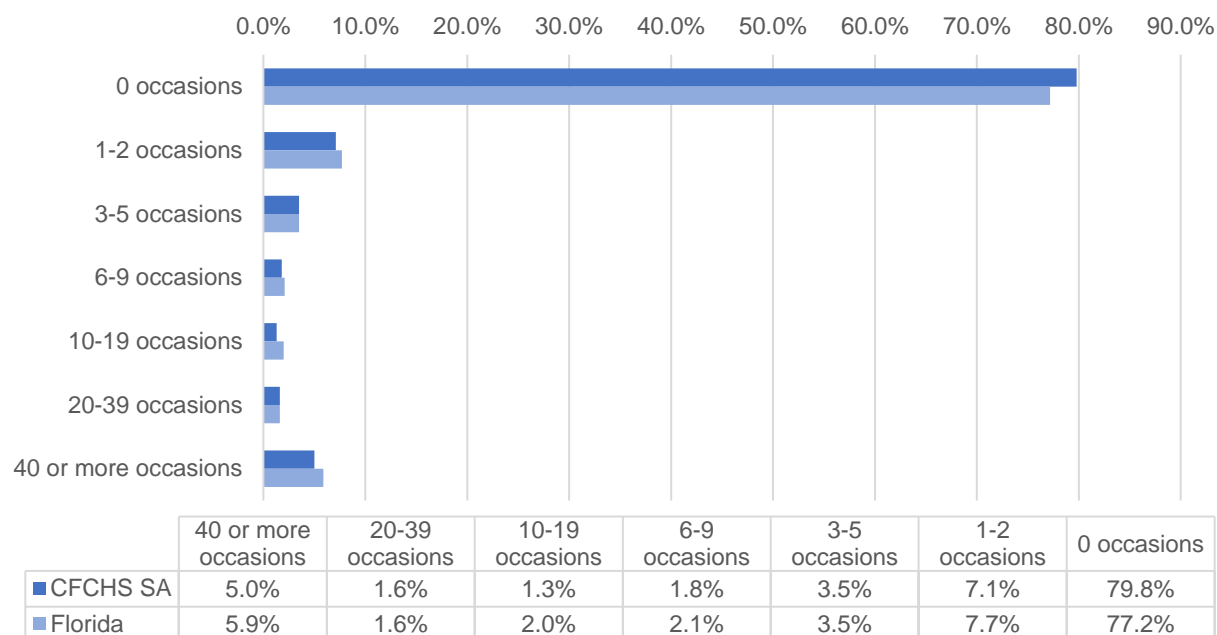
Source: Florida Youth Substance Abuse Survey

Figure 26: Brevard County – How Frequently Have You Smoked Cigarettes in the Past 30 Days? (MS&HS 2016-2020)



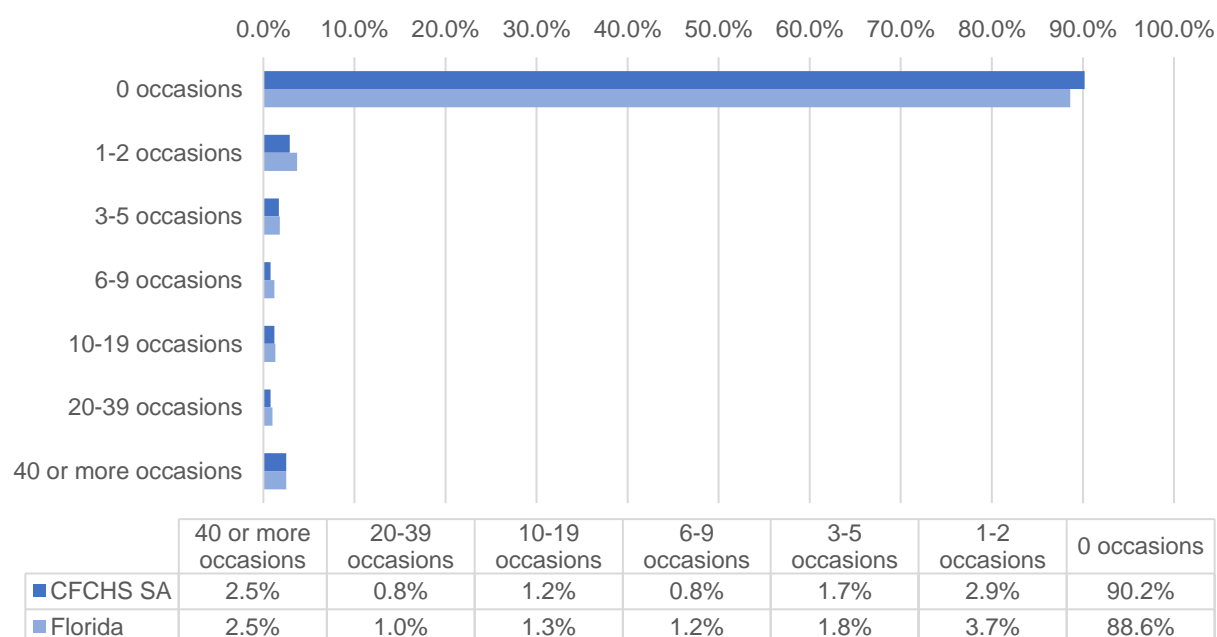
Source: Florida Youth Substance Abuse Survey

**Figure 27: CFCHS Service Area – On How Many Occasions Have You Vaped Nicotine in your Lifetime? (MS&HS 2020)**



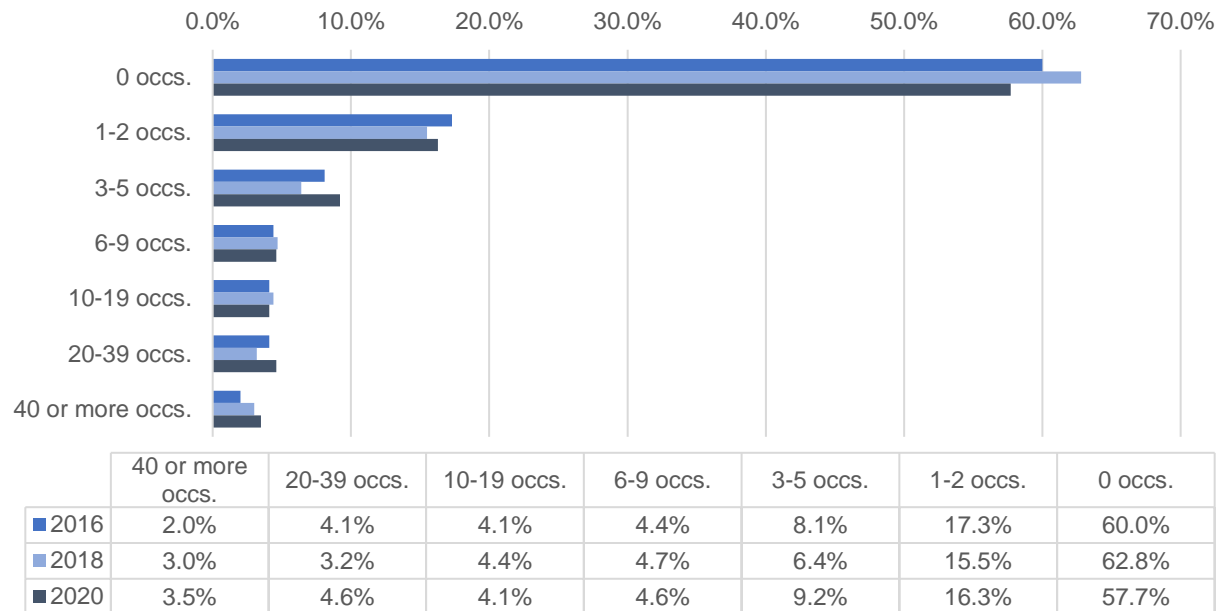
Source: Florida Youth Substance Abuse Survey

**Figure 28: CFCHS SA – On How Many Occasions Have You Vaped Nicotine During the Past 30 Days? (MS&HS 2020)**



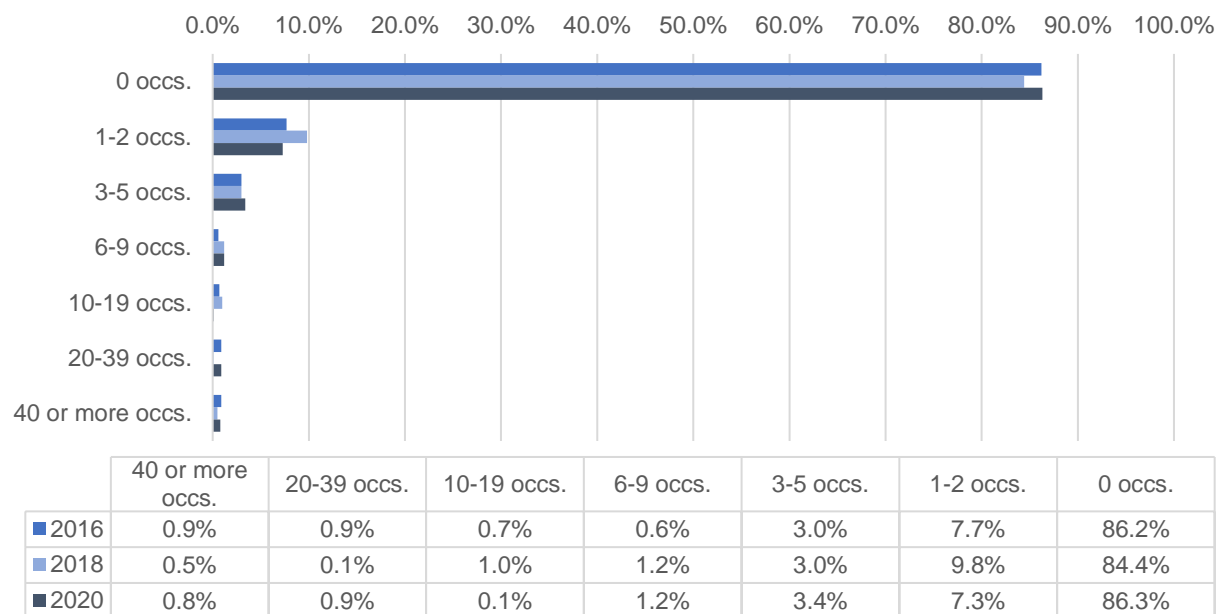
Source: Florida Youth Substance Abuse Survey

Figure 29: Brevard County – On How Many Occasions Have You Had Alcoholic Beverages to Drink in Your Lifetime? (MS&HS 2016-2020)



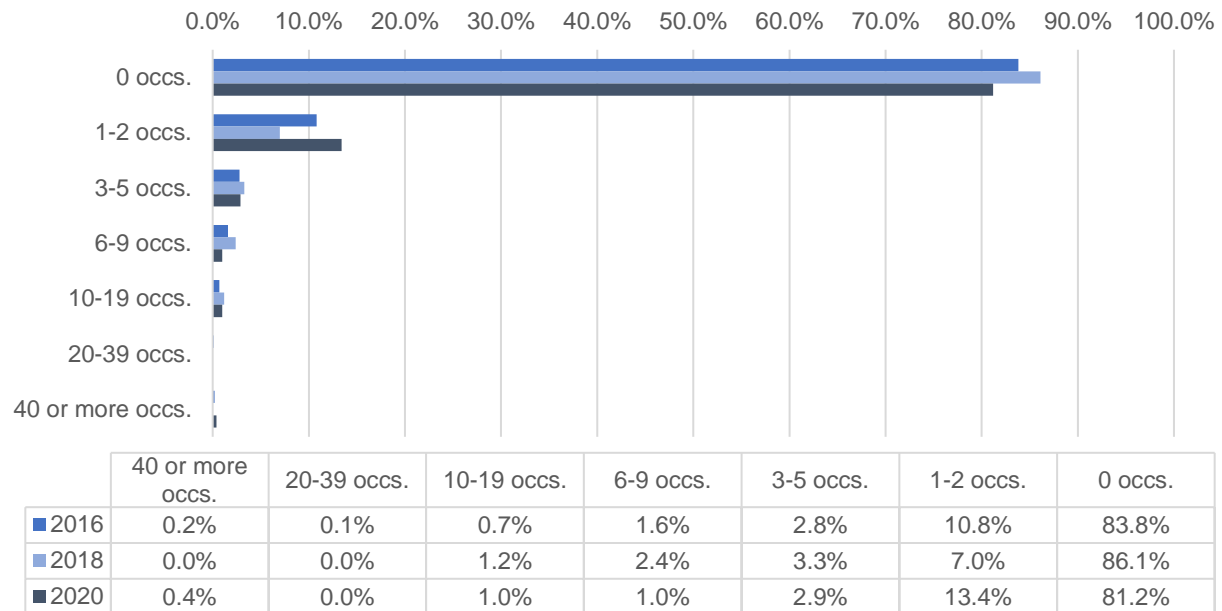
Source: Florida Youth Substance Abuse Survey

Figure 30: Brevard County – On How Many Occasions in Your Lifetime Have You Woken Up After a Night of Drinking Alcoholic Beverages and Not Been Able to Remember Things You Did or the Places You Went? (HS Only 2016-2020)



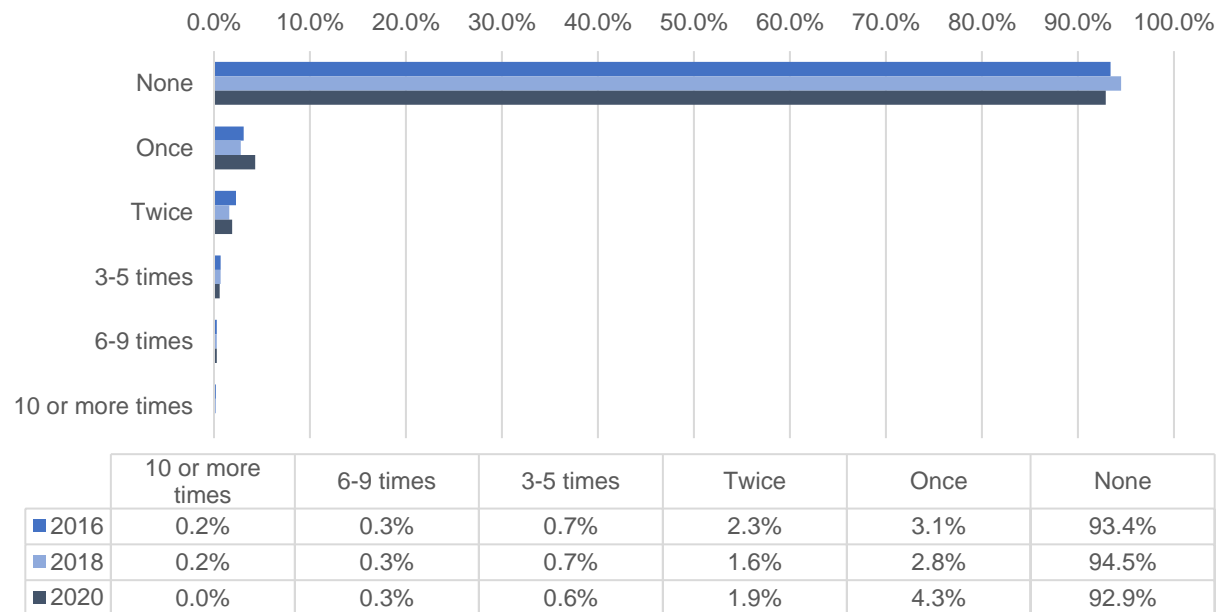
Source: Florida Youth Substance Abuse Survey

Figure 31: Brevard County – On How Many Occasions Have You Had Beer, Wine, or Hard Liquor in the Past 30 Days? (MS&HS 2016-2020)



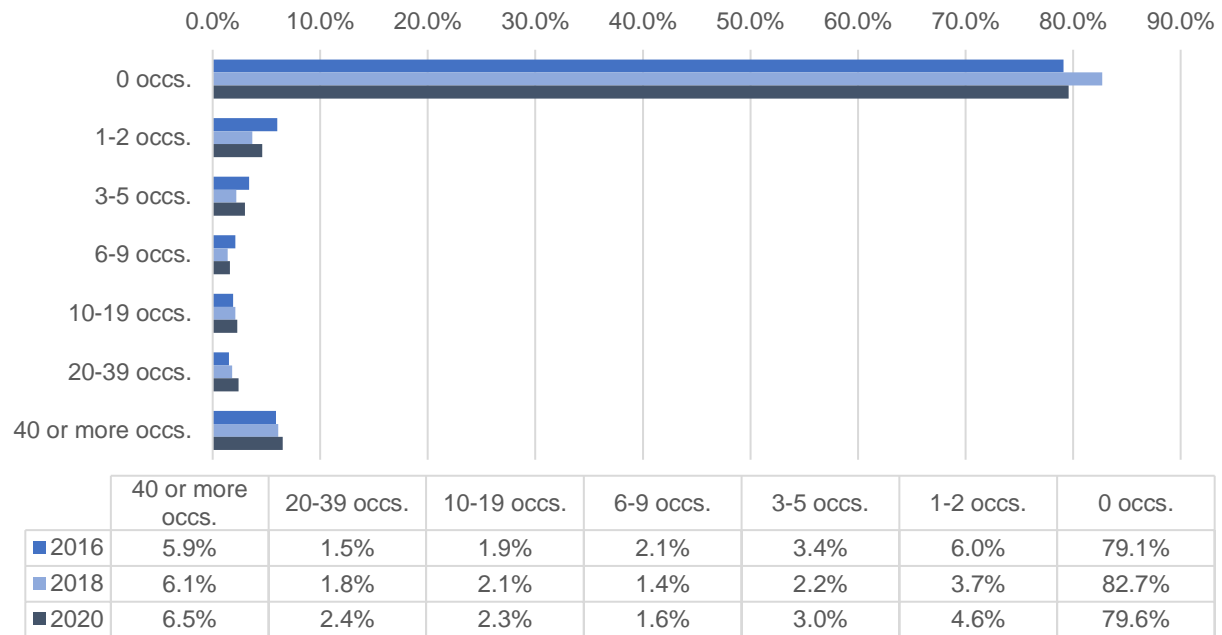
Source: Florida Youth Substance Abuse Survey

Figure 32: Brevard County – Think Back Over the Past Two Weeks...How Many Times Have You Had Five or More Alcoholic Drinks in a Row? (MS&HS 2016-2020)



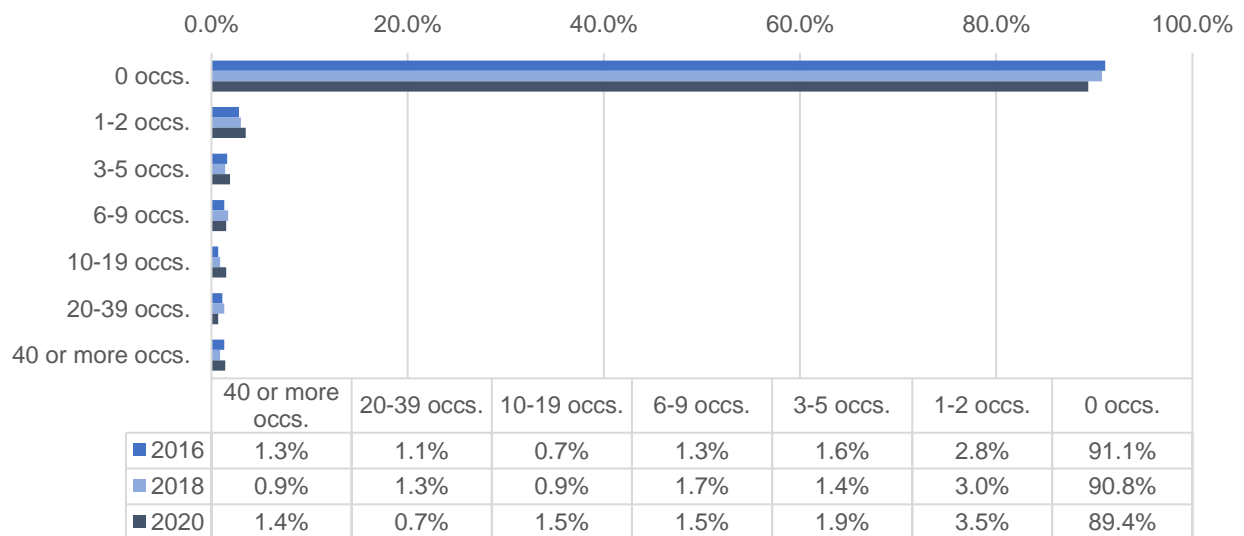
Source: Florida Youth Substance Abuse Survey

Figure 33: Brevard County – On How Many Occasions Have You Used Marijuana or Hashish in Your Lifetime? (MS&HS 2016-2020)



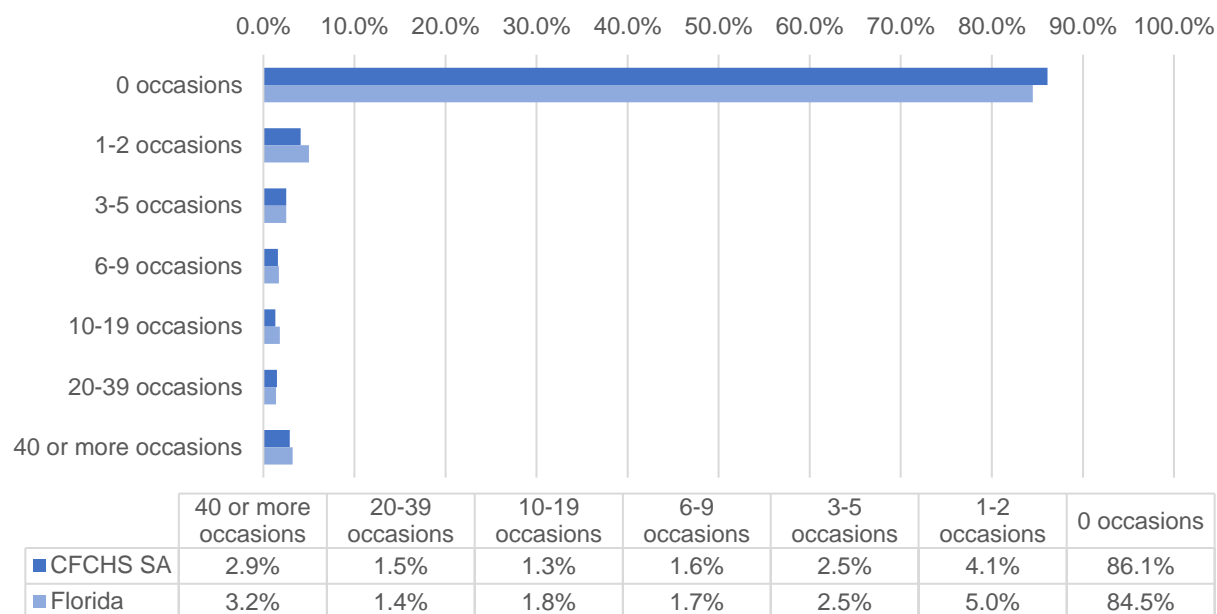
Source: Florida Youth Substance Abuse Survey

Figure 34: Brevard County – On How Many Occasions Have You Used Marijuana or Hashish During the Past 30 Days? (MS&HS 2016-2020)



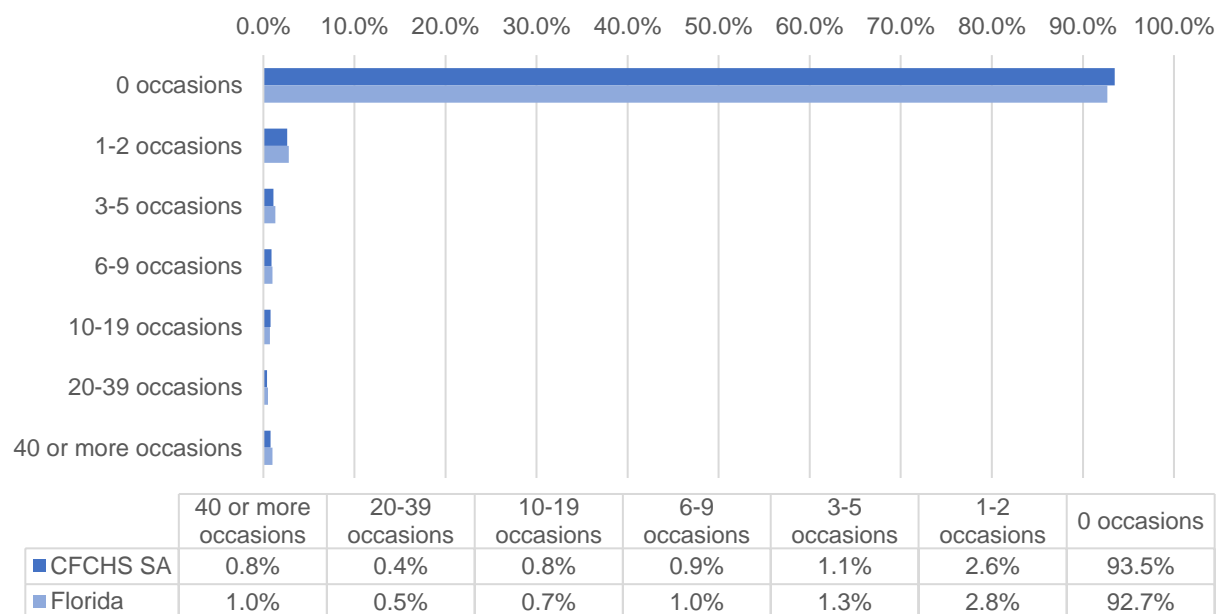
Source: Florida Youth Substance Abuse Survey

**Figure 35: CFCHS SA – On How Many Occasions Have You Vaped Marijuana in Your Lifetime? (MS&HS 2020)**



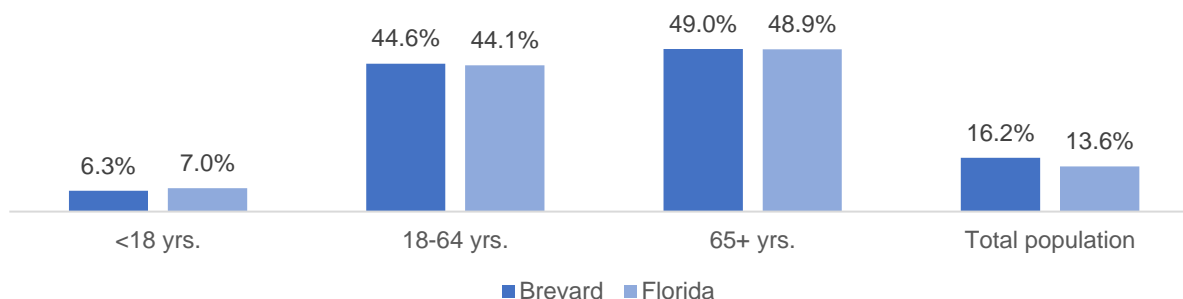
Source: Florida Youth Substance Abuse Survey

**Figure 36: CFCHS SA – On How Many Occasions Have You Vaped Marijuana in the Past 30 Days? (MS&HS 2020)**



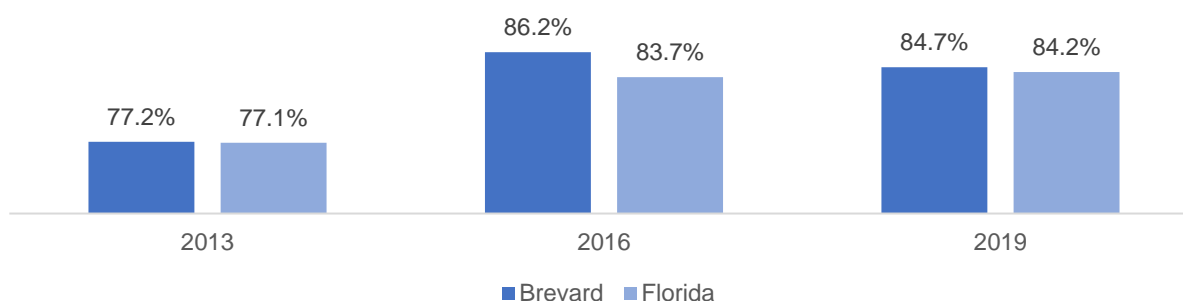
Source: Florida Youth Substance Abuse Survey

Figure 37: Brevard County Civilian Noninstitutionalized Population with a Disability, 2016-2020 (5-Year Estimate)



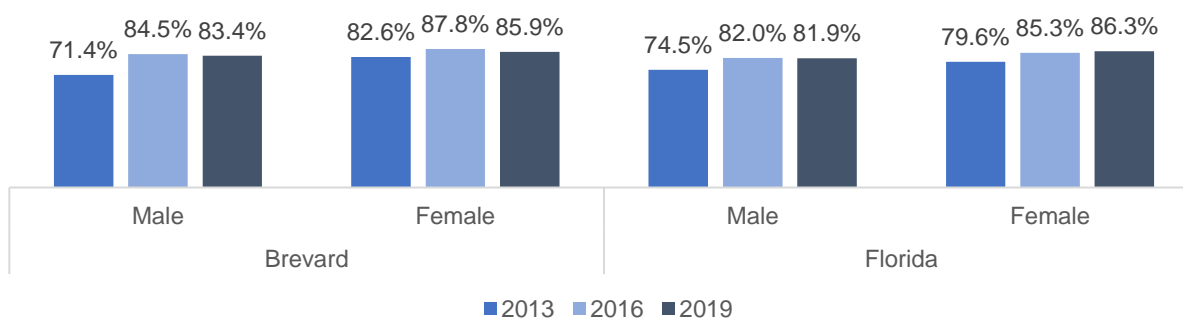
Source: U.S. Census Bureau, American Community Survey. Disability includes Hearing, Vision, Cognitive, Ambulatory, Self-Care, and Independent Living

Figure 38: Brevard County Percentage of Adults with Any Type of Health Care Insurance Coverage (2013-2019)



Source: Behavioral Risk Factor Surveillance System

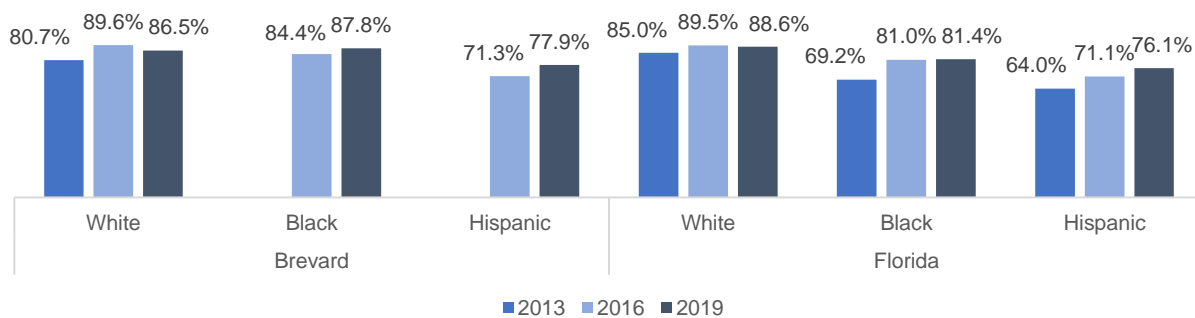
Figure 39: Brevard County Percentage of Adults with Any Type of Health Care Insurance Coverage by Gender (2013-2019)



Source: Behavioral Risk Factor Surveillance System



Figure 40: Brevard County Percentage of Adults with Any Type of Health Care Insurance Coverage by Race and Ethnicity (2013-2019)



Source: Behavioral Risk Factor Surveillance System

# Brevard County ME Individuals Served Profile

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## Individuals Served Population

CFCHS-funded organizations served 27,681 individuals in FY20-21. This number included a small amount of duplication (<1%) in that some individuals served moved from one county to another, were enrolled in more than one program, or changed residential status during the 1-year period. Over 40% of individuals served resided in Orange County (11,195 individuals), followed by Brevard County at 29.4% (8,132 individuals), Seminole County at 14.2% (3,937 individuals), and Osceola County at 9.9% (2,746 individuals). Individuals who reported living in another county accounted for 6% of all individuals.

Brevard County adult programs accounted for 91.5% of all individuals, with 35.6% enrolled in the Adult Mental Health (AMH) program, and 55.9% in the Adult Substance Abuse program (ASA). The remaining individuals (8.5%) were in the Child Mental Health (CMH) program, at 5.2%, and the Child Substance Abuse (CSA) program at 3.3%.

## Gender

Males represented more than 50% of all individuals in the AMH, ASA, and CSA programs, ranging from 75.8% in the CSA program, to 55.9% in the AMH program. Males accounted for 48.4% of CMH individuals. Females accounted for 44.1% of individuals in AMH program, 43.9% of individuals in the ASA program, 51.6% of those in the CMH programs, and 24.2% of those in the CSA program.

## Race

Most individuals served in Brevard County were White, at 79.3%, slightly less than the percentage in the county population at 81.3%. Black individuals served accounted for 14.9% of program individuals while representing 9.9% of county residents. The racial distribution of individuals served in the AMH, and ASA programs closely matched the county population. Individuals in the CMH and CSA programs were more racially diverse as 15% of individuals in the CMH program, and 41.4% of individuals served in the CSA Program, were Black. Multi-racial individuals served accounted for 11.7% while representing 4.6% of the county population.

## Ethnicity

Hispanics accounted for 6.6% of individuals served and 10.6% of county residents. The percentage of Hispanic individuals served was highest in the CMH program at 10.1%.

## Age Range

A comparison of the percentages of individuals served by age ranges revealed those enrolled in mental health and substance use programs were younger when compared to the age range distribution in the county population. Adults, ages 25-44 years of age, accounted for 50.9% of AMH and 57.4% of ASA individuals served. In comparison, adults in this age range represented 21.8% of the Brevard County

population. Conversely, adults aged 65 years and older accounted for a smaller percentage of individuals served (3.4%) when compared to those in the service area population at 23.7%. Children under 5 years accounted for less than 1% of individuals in the CMH and CSA programs. There was a higher percentage of older teens, ages 15-19 years, in the CSA program (67%) when compared to those in the CMH program at 28.6%.

## Residential Status

The percentages of individuals served living dependently (with relatives or non-relatives) for those in the AMH and ASA programs were 11.4% and 6.2%, respectively. A higher percentage of AMH individuals served, lived independently (with relatives or non-relatives) at 33.4%, when compared to ASA individuals served, at 14.4%. Living independently alone were similar among individuals served in the AMH and ASA programs, at 13.1% and 15.1%, respectively.

Individuals served who lived dependently with relatives accounted for 85.5% of those in the CSA program. This was higher than the percentage in the CMH program where 61.7% lived dependently with relatives. CMH and CSA individuals served accounted for 3% of those living independently alone. It should be noted that residential status is not always required to be collected. This can result in high percentages of individuals served with unavailable or unknown residential status.

## Educational Attainment

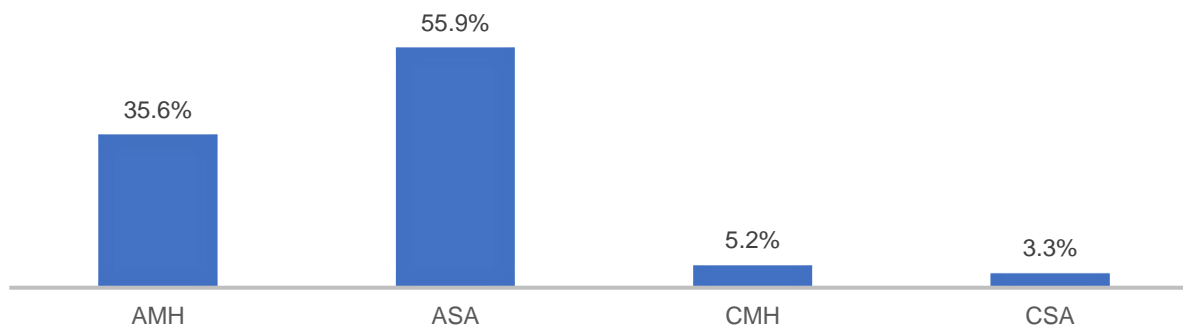
Brevard County individuals served attained lower educational levels when compared to those in the service area population. Among adults, 61.3% of AMH and 74.4% of ASA attained a high school education. In the service area population, 92.2% of residents earned at least a high school diploma. Consequently, the percentages of Brevard County adults served who attained some college education, or earned a college degree, were well below those for residents living in the county.

## Employment Status

Lower educational attainment was one factor that contributed to much higher levels of unemployment among Brevard County individuals served when compared to those in the service area. Unemployment ranged from 33% of AMH to 16% among ASA individuals served. The 5-year estimate for unemployment in the service area was 5.6% (2019). Not authorized to work, accounted for 34.2% of AMH and 59.8% of ASA individuals served.

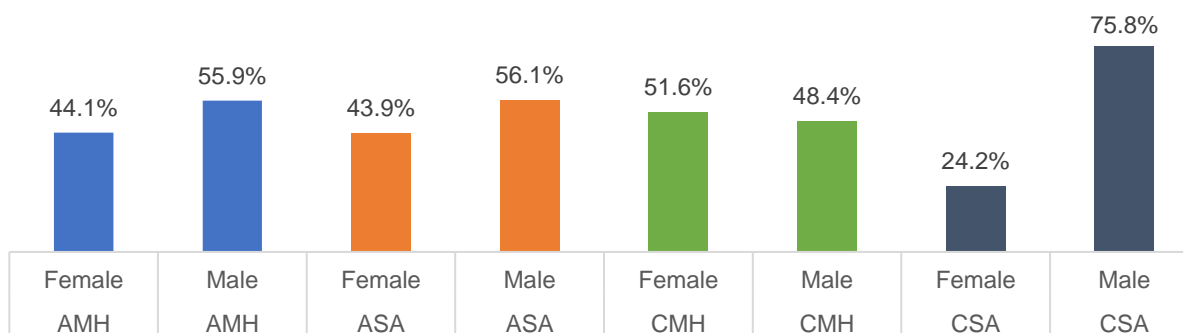
## Brevard County ME Individuals Served Charts

Figure 41: Brevard County Individuals Served by Program



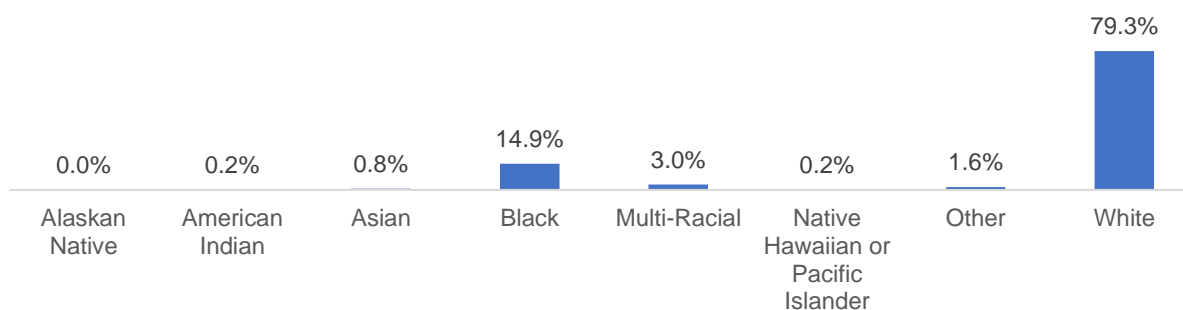
Source: CFCHS Individuals Served Data

Figure 42: Brevard County Individuals Served by Program and Gender



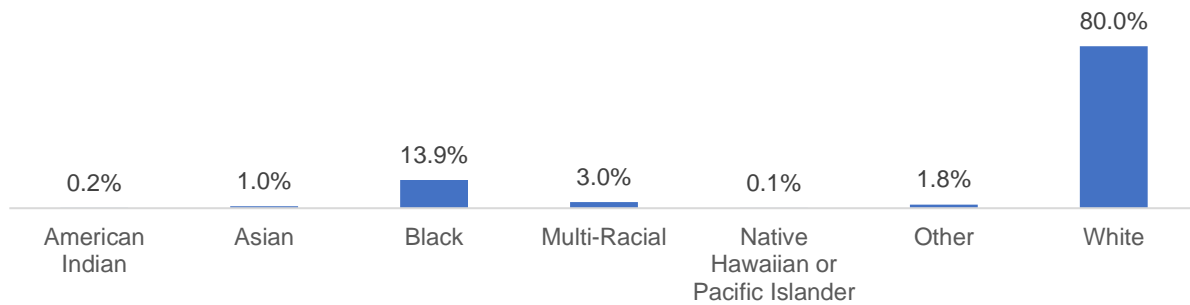
Source: CFCHS Individuals Served Data

Figure 43: Brevard County Individuals Served by Race



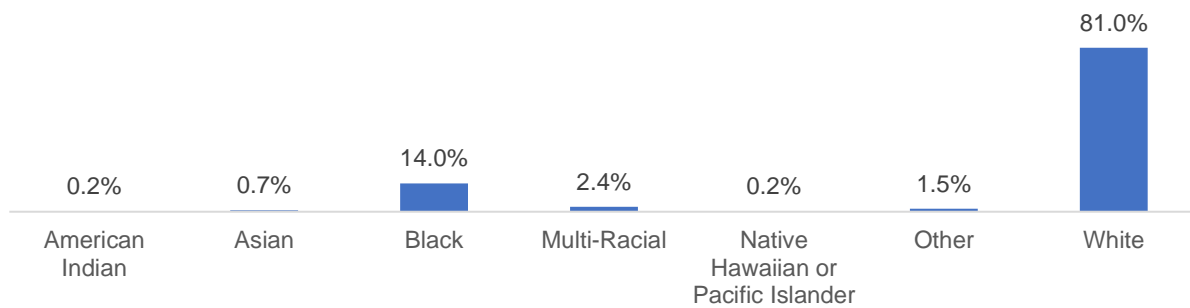
Source: CFCHS Individuals Served Data

Figure 44: Brevard County AMH Individuals Served by Race



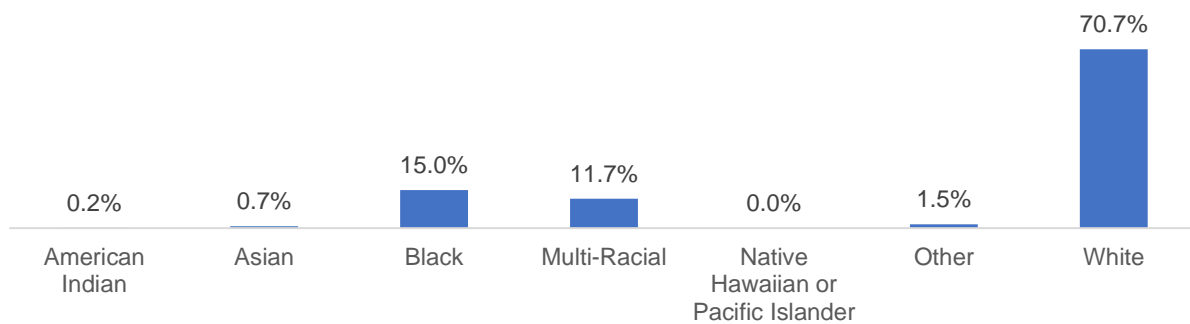
Source: CFCHS Individuals Served Data

Figure 45: Brevard County ASA Individuals Served by Race



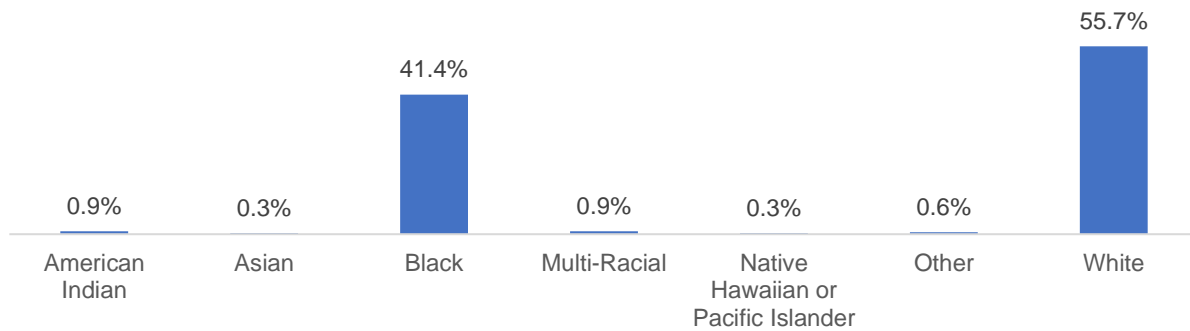
Source: CFCHS Individuals Served Data

Figure 46: Brevard County CMH Individuals Served by Race



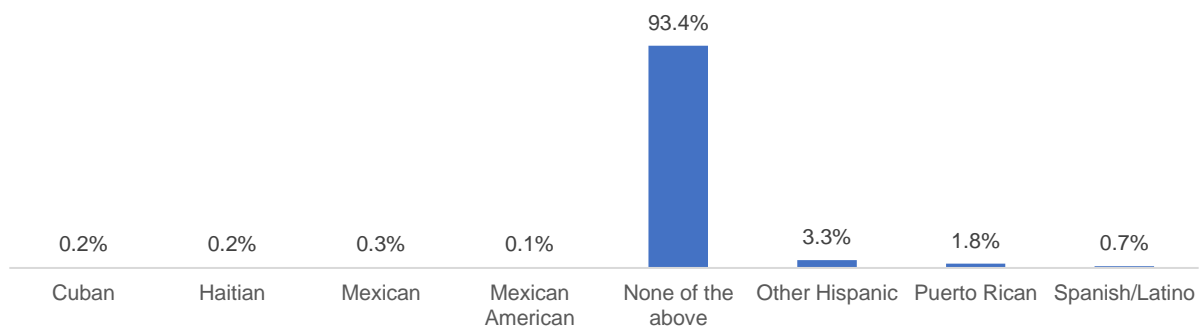
Source: CFCHS Individuals Served Data

Figure 47: Brevard County CSA Individuals Served by Race



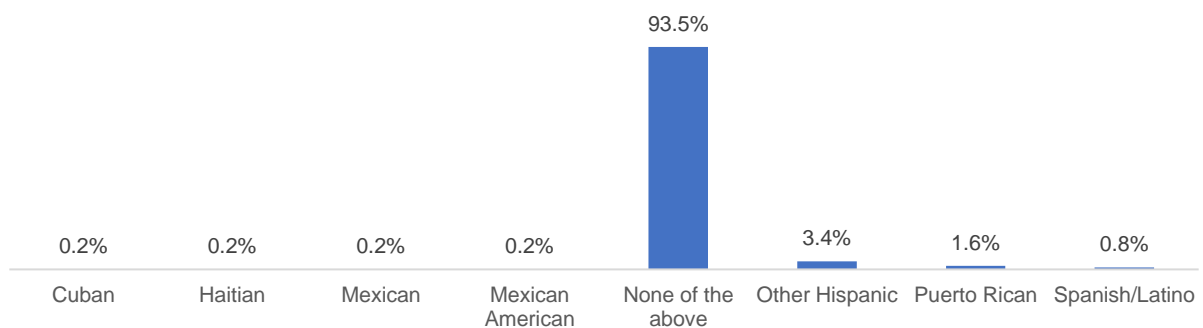
Source: CFCHS Individuals Served Data

Figure 48: Brevard County Individuals Served by Ethnicity



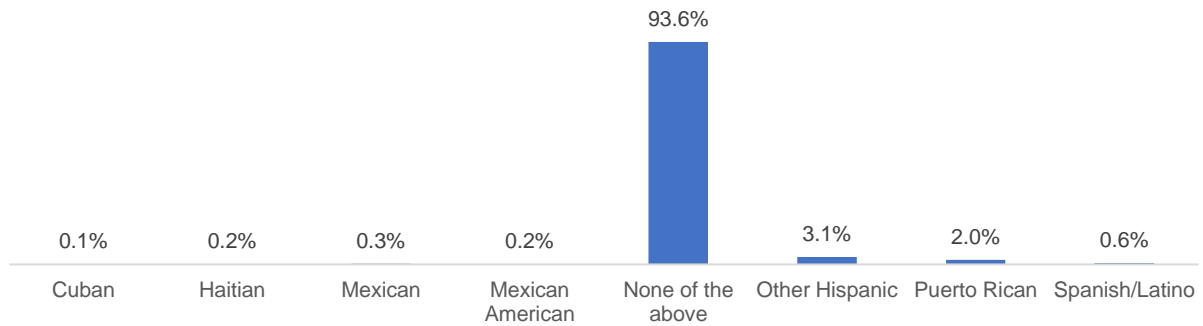
Source: CFCHS Individuals Served Data

Figure 49: Brevard County AMH Individuals Served by Ethnicity



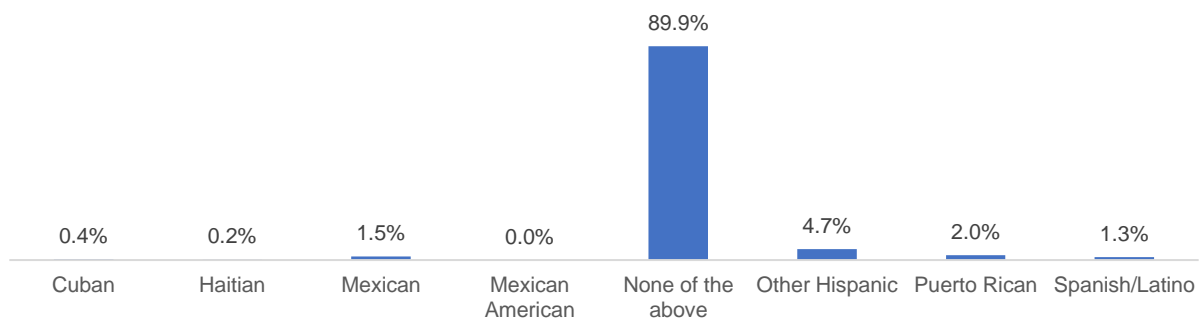
Source: CFCHS Individuals Served Data

Figure 50: Brevard County ASA Individuals Served by Ethnicity



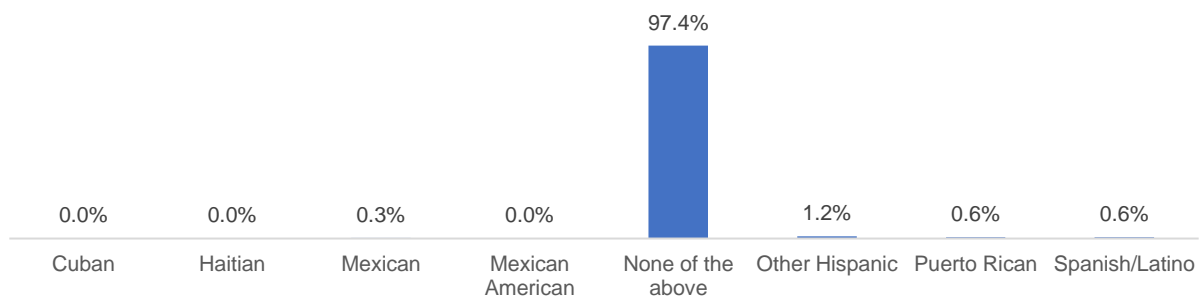
Source: CFCHS Individuals Served Data

Figure 51: Brevard County CMH Individuals Served by Ethnicity



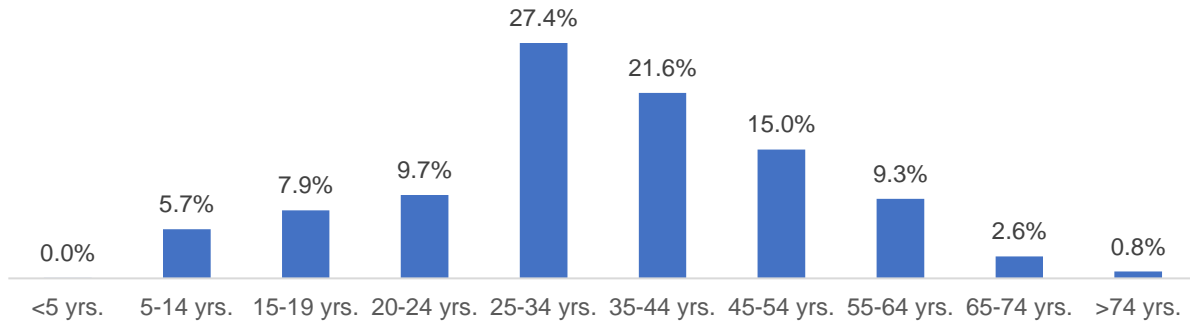
Source: CFCHS Individuals Served Data

Figure 52: Brevard County CSA Individuals Served by Ethnicity



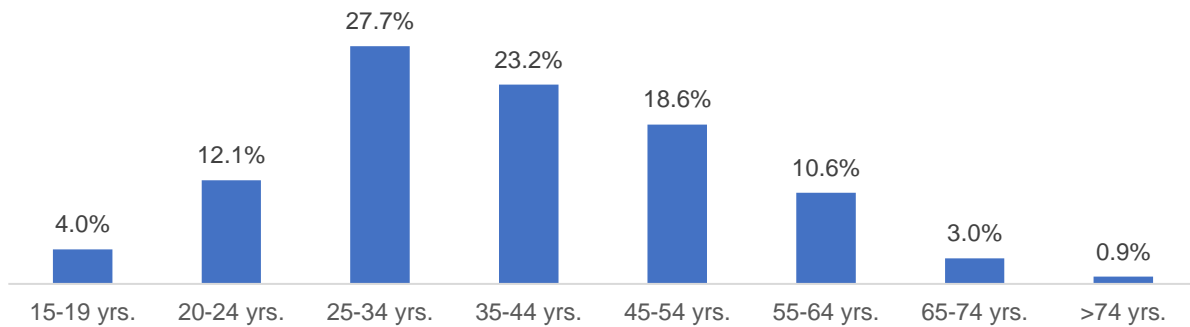
Source: CFCHS Individuals Served Data

Figure 53: Brevard County Individuals Served by Age Range



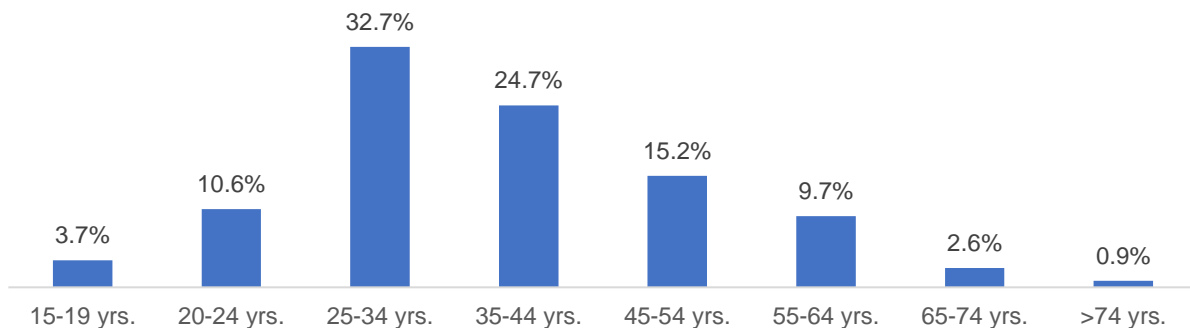
Source: CFCHS Individuals Served Data

Figure 54: Brevard County AMH Individuals Served by Age Range



Source: CFCHS Individuals Served Data

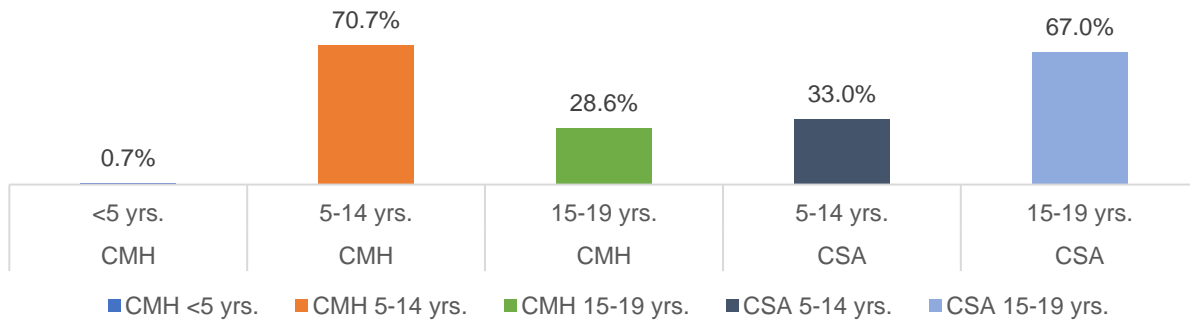
Figure 55: Brevard County ASA Individuals Served by Age Range



Source: CFCHS Individuals Served Data

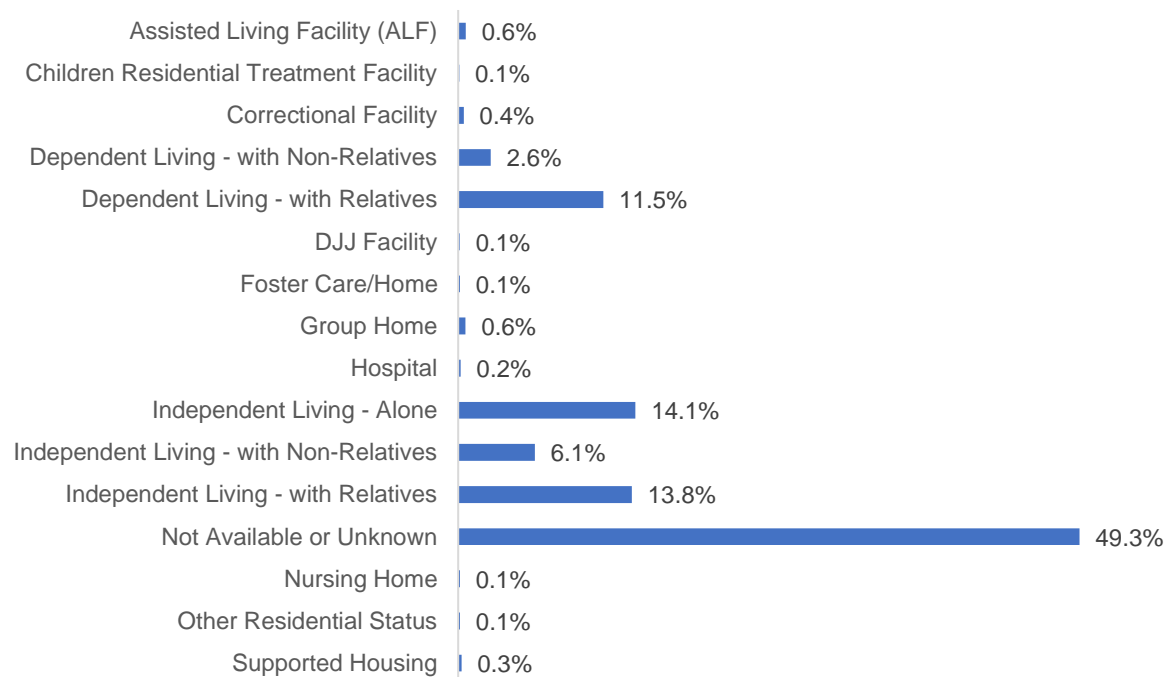


Figure 56: Brevard County CMH and CSA Individuals Served by Age Range



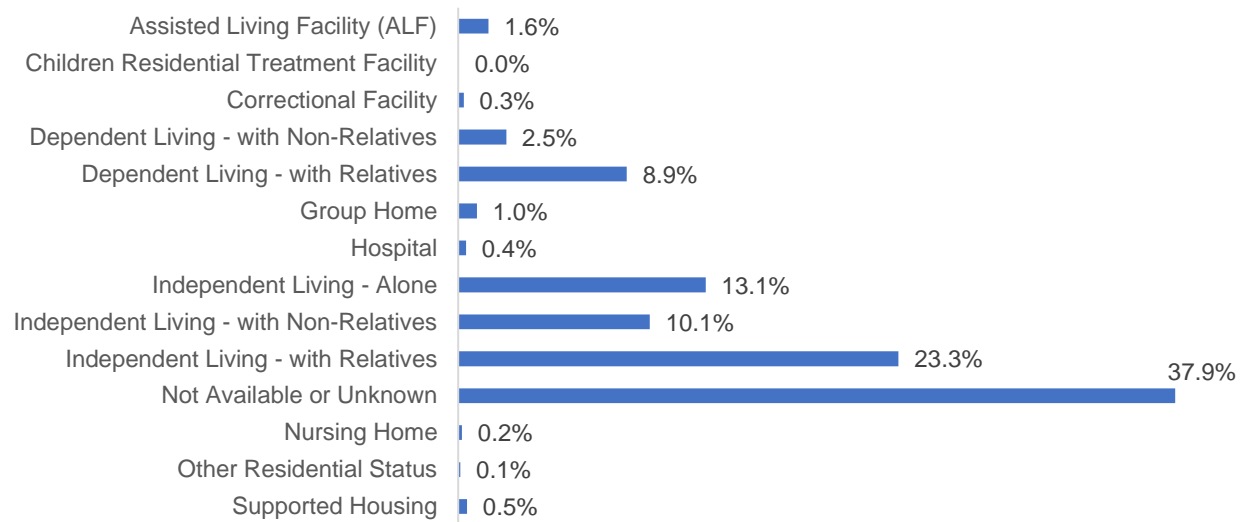
Source: CFCHS Individuals Served Data

Figure 57: Brevard County Individuals Served by Residential Status



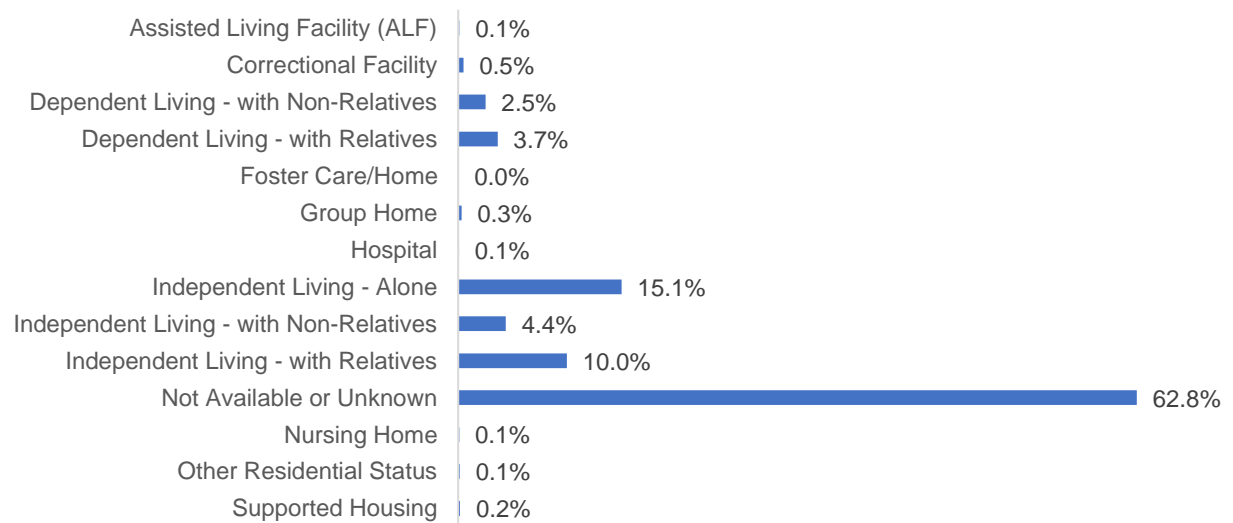
Source: CFCHS Individuals Served Data

Figure 58: Brevard County AMH Individuals Served by Residential Status



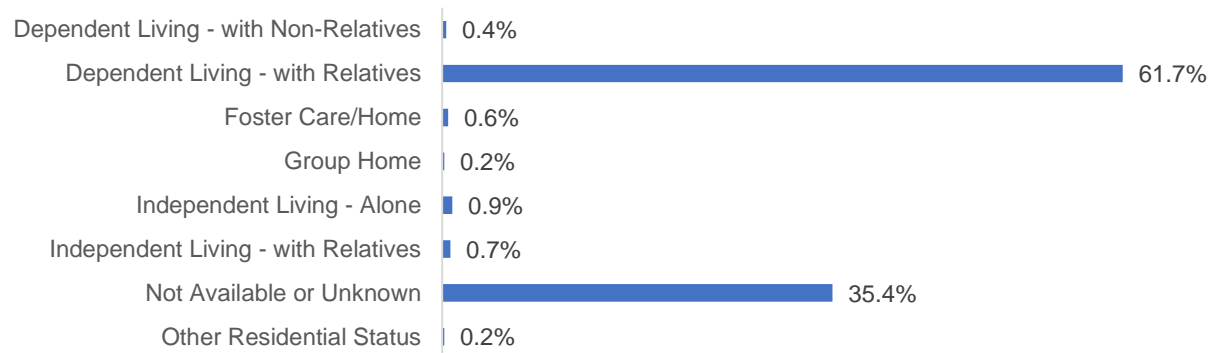
Source: CFCHS Individuals Served Data

Figure 59: Brevard County ASA Individuals Served by Residential Status



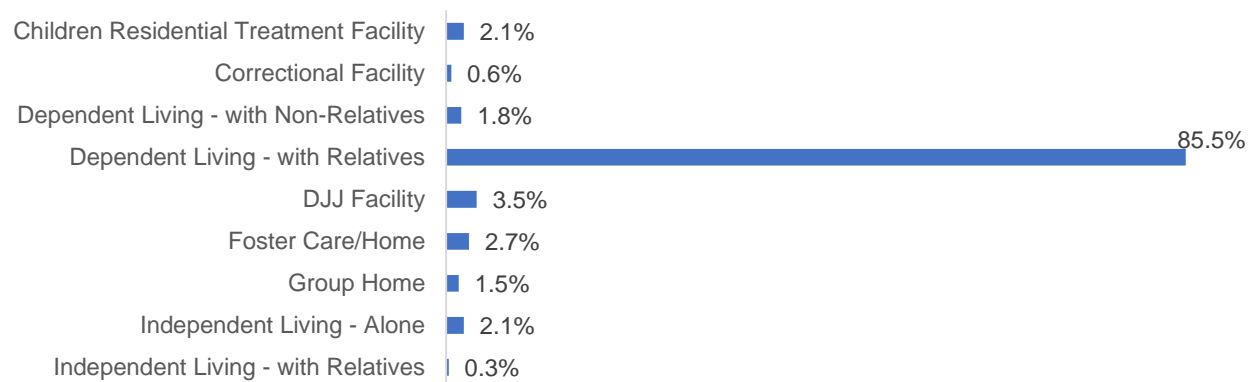
Source: CFCHS Individuals Served Data

Figure 60: Brevard County CMH Individuals Served by Residential Status



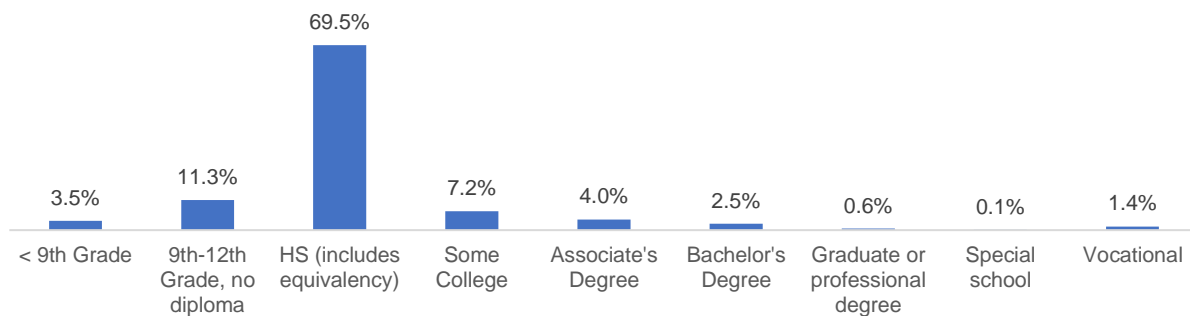
Source: CFCHS Individuals Served Data

Figure 61: Brevard County CSA Individuals Served by Residential Status



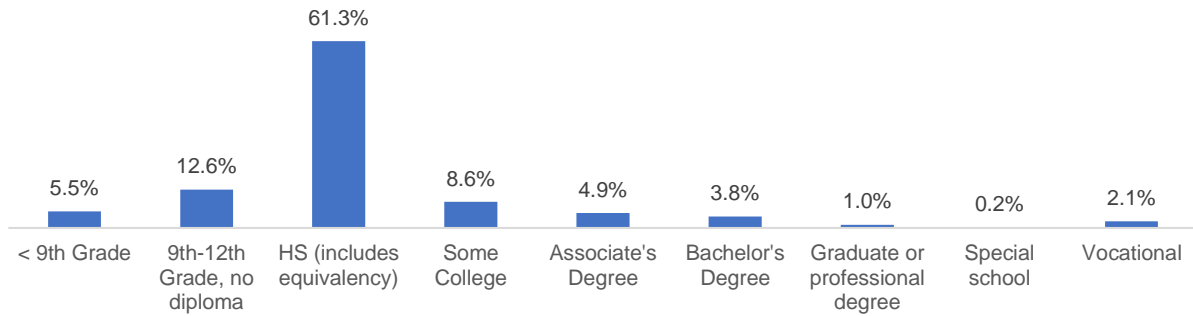
Source: CFCHS Individuals Served Data

Figure 62: Brevard County Individuals Served by Educational Attainment



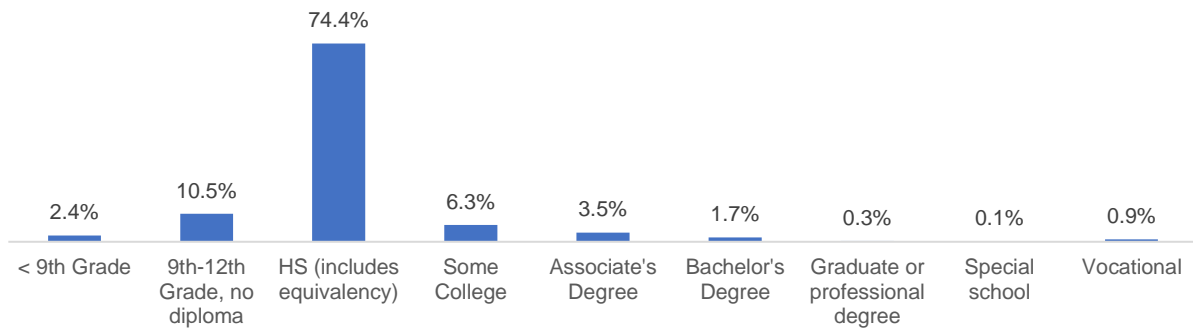
Source: CFCHS Individuals Served Data

Figure 63: Brevard County AMH Individuals Served by Educational Attainment



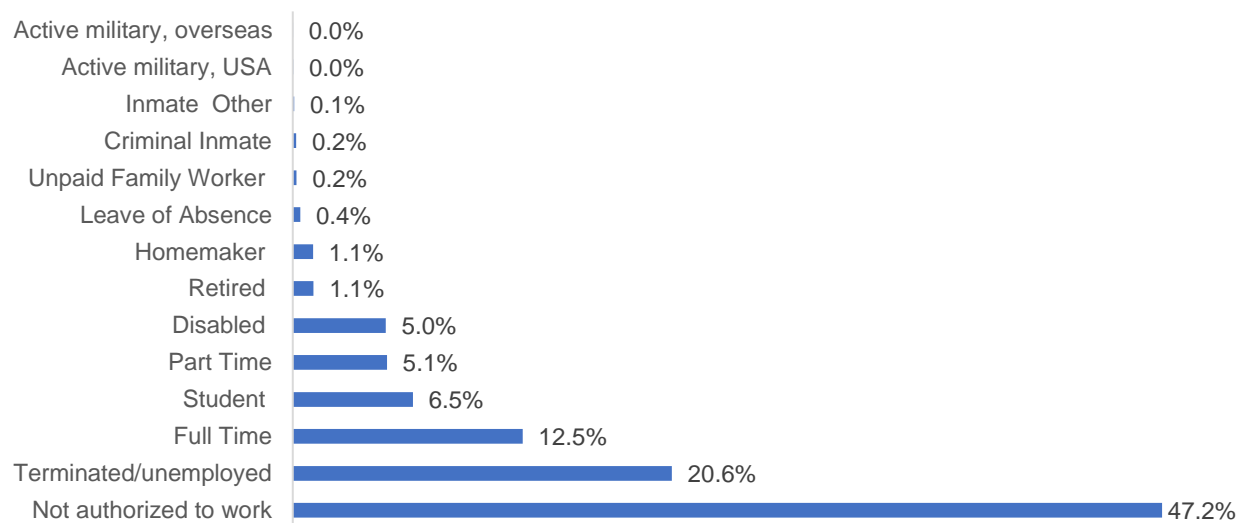
Source: CFCHS Individuals Served Data

Figure 64: Brevard County ASA Individuals Served by Educational Attainment



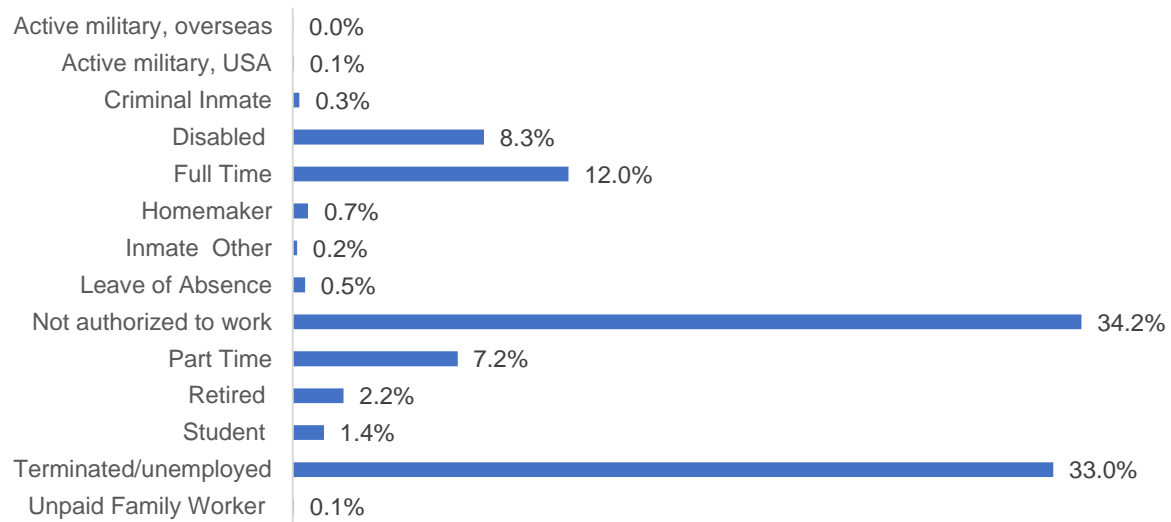
Source: CFCHS Individuals Served Data

Figure 65: Brevard County Individuals Served by Employment Status



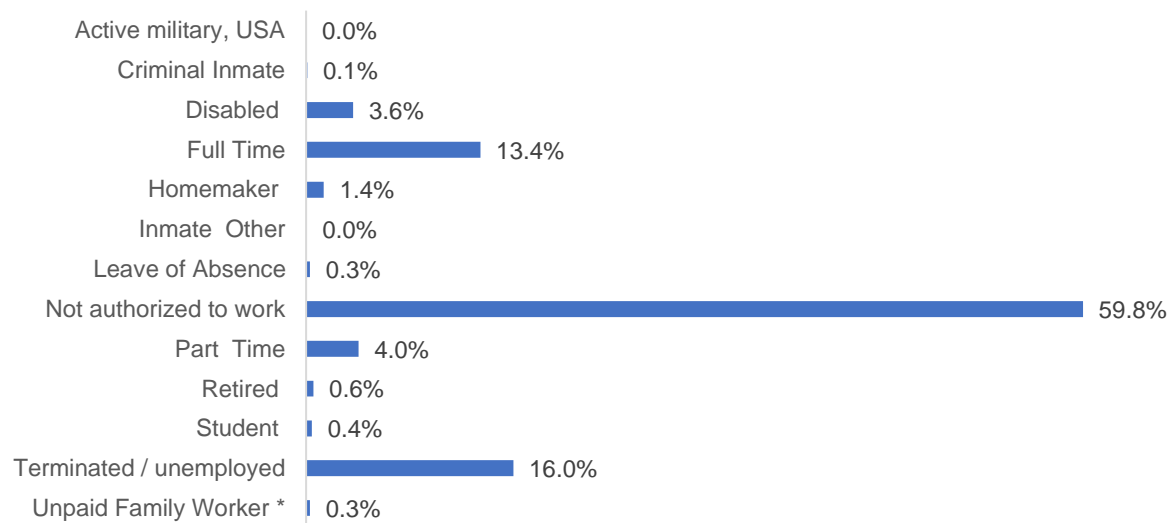
Source: CFCHS Individuals Served Data

Figure 66: Brevard County AMH Individuals Served by Employment Status



Source: CFCHS Individuals Served Data

Figure 67: Brevard County ASA Individuals Served by Employment Status



Source: CFCHS Individuals Served Data

## Brevard County Homeless Population Profile

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The 2021 Council on Homelessness Report states that the Point in Time Count (PIT) data provides a snapshot of homelessness. **Due to the pandemic, the 2021 PIT Count is not directly comparable to prior years' counts.** Typically, Continuums of Care (CoCs - A local geographic area designated by HUD and served by a local planning body, which is responsible for organizing and delivering housing and services to meet the needs of people who are homeless as they move to stable housing and maximum self-sufficiency) conduct a PIT Count of both sheltered and unsheltered households. This year, due to COVID-19 related safety concerns, only six of the 27 CoCs conducted such a count; 10 CoCs did not conduct an unsheltered count; and others conducted a modified form of the unsheltered count. All CoCs conducted a sheltered PIT count. For those that did not conduct an unsheltered count, the CoCs reported zero unsheltered persons, resulting in an undercount of total homelessness. According to the report:

“Housing is a significant determinant of health, and insufficient housing is a major public health issue. The COVID-19 pandemic has exacerbated housing instability, especially for low-income households. In effect, the pandemic has triggered high rates of unemployment, worsened pre-existing behavioral health disorders, and increased stress, anxiety, and depression for others. Increased rates of unemployment also contribute to increasing the prevalence of behavioral health disorders, resulting in more suffering and deaths. Prior to the pandemic, America’s affordable housing crisis was already expected to get worse. The ELI housing crisis is evidenced by the fact that people with disabilities are forced to live in segregated and institutional facilities (e.g., nursing homes, state institutions, etc.) and experience homelessness. Many of these individuals need Permanent Supportive Housing.”

(Please access the actual report for resources at: [2021CouncilReport.pdf](#) ([myflfamilies.com](#)))

In 2021, the Florida Council on Homelessness reported there were 432 homeless individuals in Brevard County (CoC# FL-513). Brevard County conducted a modified unsheltered PIT Count which accounted for the zero unsheltered persons count. Chronically homeless, defined as continually homeless for over 1 year, increased from 153 individuals in 2017 to 245 people in 2020. There were 15 individuals chronically homeless in 2021. Homelessness among veterans decreased from 187 in 2017 to 119 in 2020 (36.4%). Homeless veterans accounted for 189 individuals in 2021. Families experiencing homelessness decreased 17.6%, from 262 in 2017 to 222 in 2020. There were 160 homeless families in Brevard County in 2021. The number of homeless students reported by the Florida Department of Education (FDOE), at 1,973 for the 2015-2016 academic year, decreased 18.1% to 1,616 in 2019-2020. Of those students who were homeless, 76.1% were in a sharing housing arrangement, and 12% were living in motels.

Due to the COVID-19 pandemic, this year saw an unprecedented infusion of federal funding to address homelessness and housing instability. With these funds appropriated by Congress, the State, local governments, CoCs, and partner agencies invested in solutions to homelessness, including rent and utilities assistance, sheltering, outreach, supportive services, and more. While these resources have increased Florida’s capacity to prevent and end homelessness, the federal funds have strict restrictions on how the funds may be used; they are not interchangeable with the Challenge and Staffing grants provided to CoCs

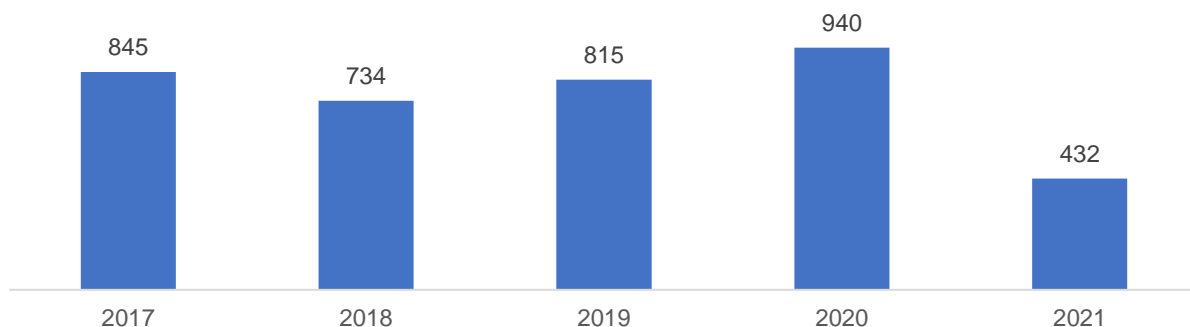
by the State of Florida. State funding remains critical to addressing homelessness in Florida, especially in rural areas and for the programs that cannot be funded by federal resources due to their restrictions. State funding helps ensure a broad range of programs in Florida, as well as increase the capacity of the CoCs to administer the federal funding and other resources.

**Figure 68: CoC# FL- 513 Funding from Federal and State Sources (SFY20-21) – Brevard County**

| <b>Funding Source (SFY20-21)</b>  | <b>Funding Amount</b> |
|-----------------------------------|-----------------------|
| State Challenge                   | \$119,000.00          |
| Emergency Solutions Grant (State) | \$257,000.00          |
| State TANF-HP                     | \$32,250.00           |
| State Staffing                    | \$107,142.85          |
| ESG-CV (State)                    | \$4,868,438.00        |
| <b>State Total</b>                | <b>\$5,383,830.85</b> |
| HUD CoC (FFY20)                   | \$727,743.00          |
| <b>Total Funding Award</b>        | <b>\$6,111,576.85</b> |

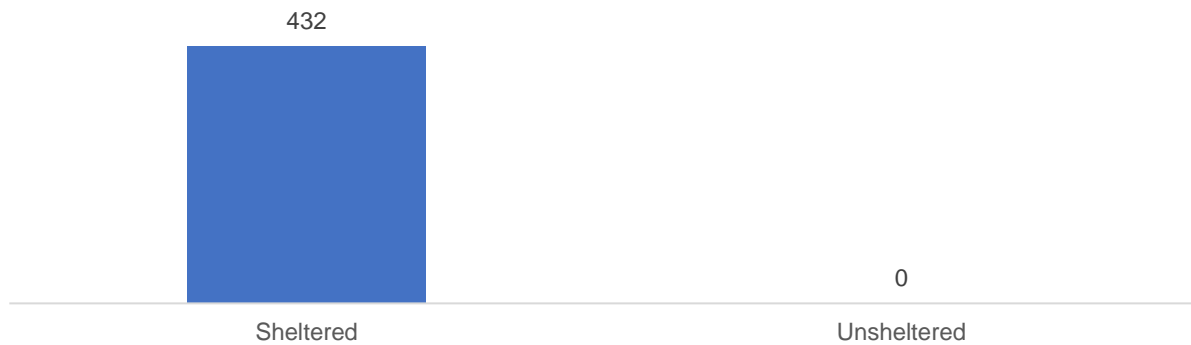
Source: 2021 Florida's Council on Homelessness Annual Report

**Figure 69: Brevard County CoC Total Homeless (2017-2021)**



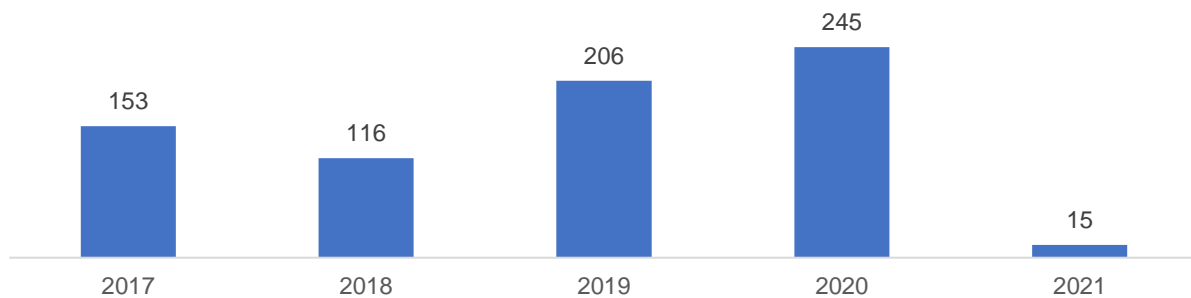
Source: 2021 Florida's Council on Homelessness Annual Report

Figure 70: Brevard County CoC Total Homeless Sheltered and Unsheltered (2021)



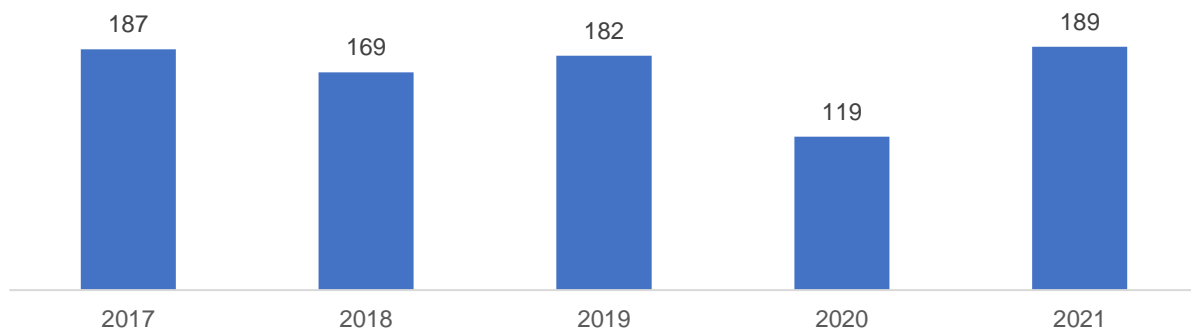
Source: 2021 Florida's Council on Homelessness Annual Report. Brevard County conducted a modified PIT Count in 2021.

Figure 71: Brevard County CoC Chronic Homelessness (2017-2021)



Source: 2021 Florida's Council on Homelessness Annual Report

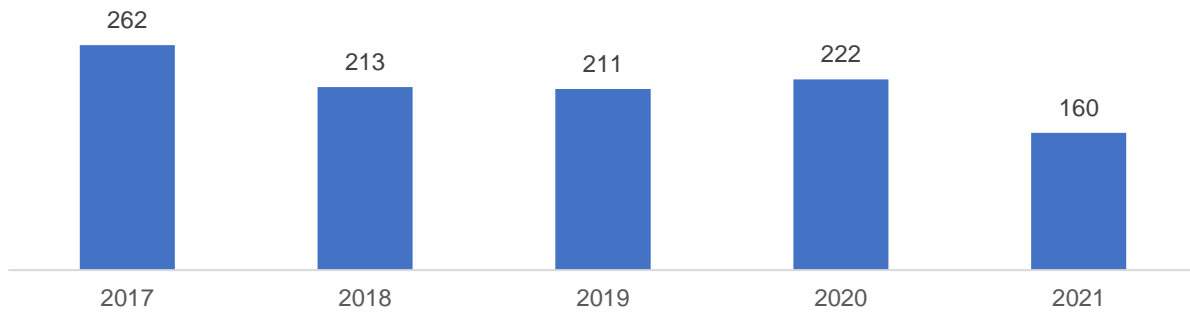
Figure 72: Brevard County CoC Homelessness Among Veterans (2017-2021)



Source: 2021 Florida's Council on Homelessness Annual Report

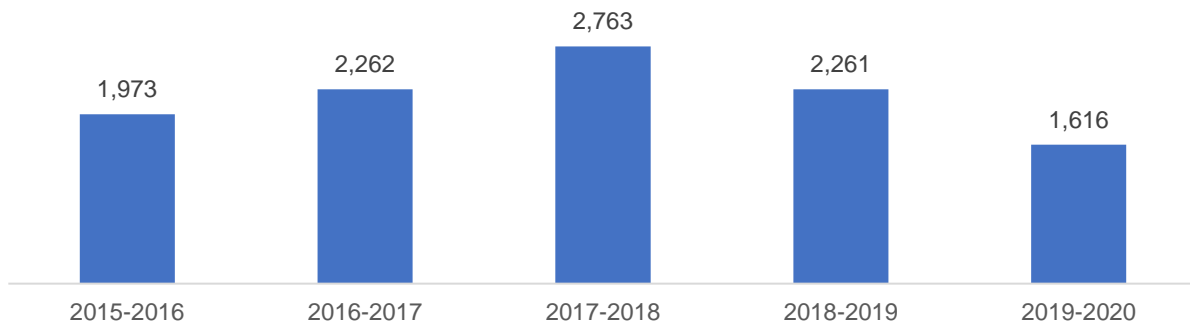


Figure 73: Brevard County CoC Family Homelessness: Total Persons in Families with Children (2017-2021)



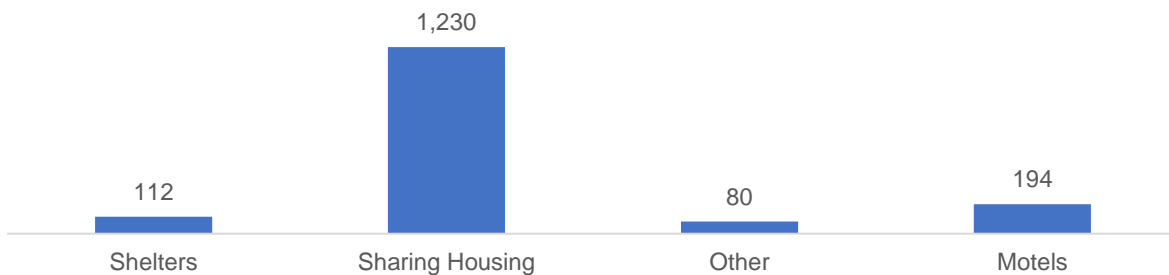
Source: 2021 Florida's Council on Homelessness Annual Report

Figure 74: FDOE - Brevard County Homeless Students in Public School, District 05 (2015-2020)



Source: 2021 Florida's Council on Homelessness Annual Report

Figure 75: FDOE – Brevard County Homeless Students in Public Schools by Living Situation, District 05 (2019-2020)



Source: 2021 Florida's Council on Homelessness Annual Report

# Brevard County ME Homeless Individuals Served Profile

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## Homeless Individuals Served Demographics

A total of 4,974 CFCHS homeless individuals served were enrolled in adult and child programs in FY20-21. This number does contain some duplication caused by changes in residential status over the past 12-months, moving from one county to another in the service area, and/or co-occurring conditions. When analyzing data at the county level, some of the duplication is removed, resulting in a slightly lower number of homeless individuals served. After removing individuals served with a status of Other County, there were 4,119 individuals served by CFCHS in Brevard, Orange, Osceola, and Seminole counties. In Brevard County, 45.9% were in the AMH program and 53.9% in the ASA program. Homeless children in the CSA program accounted for less than 1% of homeless individuals served.

## Gender

Males accounted for larger percentages of individuals served in the AMH program, at 77%, while females accounted for 52.2% of individuals served in the ASA program, and 100% of those in the CSA program. It should be noted that the number of homeless individuals in the CSA was small, and results should be interpreted with caution.

## Race

Homeless individuals served in the AMH, and ASA programs were racially more diverse when compared to the Brevard County population. Black homeless individuals served represented 13.7% of those in the AMH program, and 23.8% in the ASA program, while accounting for 9.9% of the county population.

## Ethnicity

The percentage of homeless Hispanic individuals served, at 4.9%, was less than the percentage of Hispanic residents in Brevard County at 10.6%.

## Age Range

Adults, ages 25-44 years, accounted for 52.9% of AMH and 59.4% of ASA individuals served. This was much higher when compared to residents of the same age in the county at 21.8%. Older homeless individuals, those over 65 years of age, represented a much smaller percentage of homeless individuals (<1%) when compared to those in the service area at 23.7%.

## Residential Status

All homeless individuals served reported their residential status as homeless.

## Educational Attainment

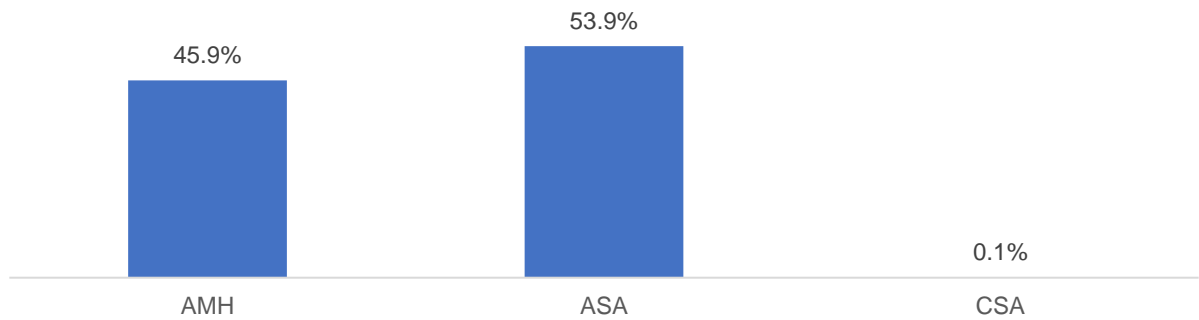
Among the homeless individuals served, 28% of those in the AMH program and 21.5% in the ASA program, did not earn a high school diploma. Homeless individuals served who attained a high school diploma accounted for 48.1% of those in the AMH program and 55.3% in the ASA program. In Brevard County, 7.9% of residents did not earn a diploma, and 92.2% had graduated high school.

## Employment Status

Only 21% of homeless individuals were employed (part or full time) and 63.7% had been terminated or were unemployed.

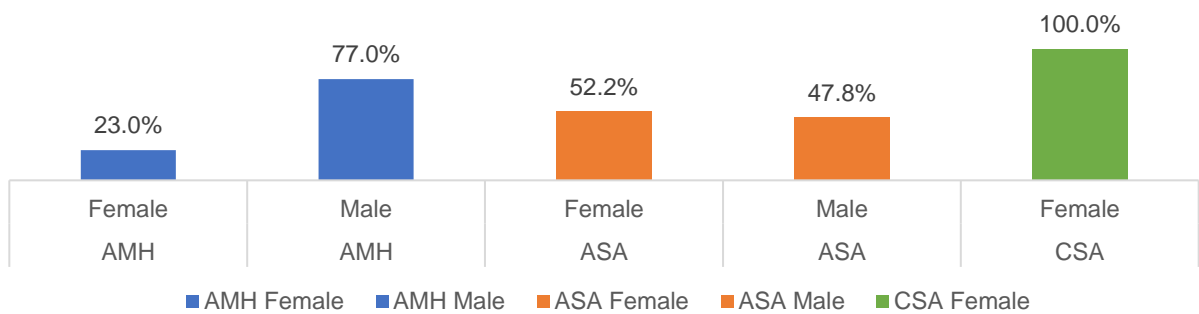
# Brevard County ME Homeless Individuals Served Charts

Figure 76: Brevard County ME Homeless Individuals Served by Program



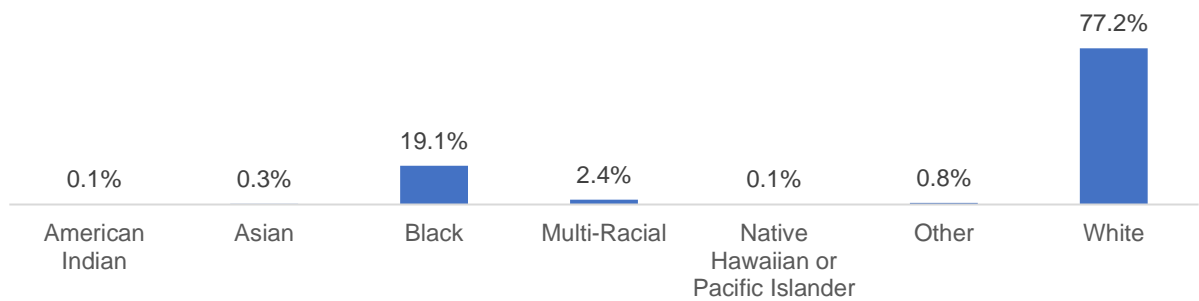
Source: CFCHS Individuals Served Data

Figure 77: Brevard County ME Homeless Individuals Served by Program and Gender



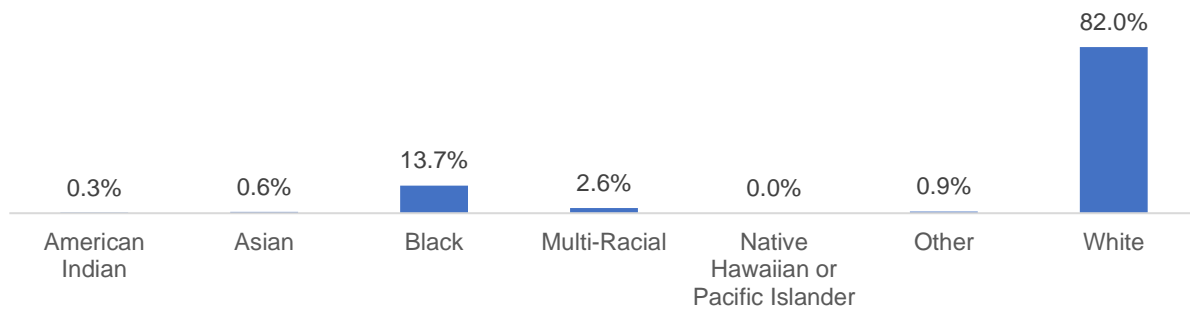
Source: CFCHS Individuals Served Data

Figure 78: Brevard County ME Homeless Individuals by Race



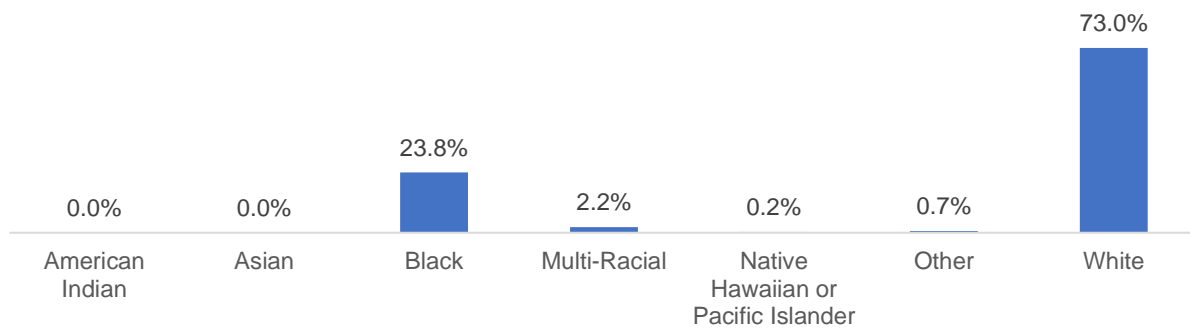
Source: CFCHS Individuals Served Data

Figure 79: Brevard County ME AMH Homeless Individuals Served by Program and Race



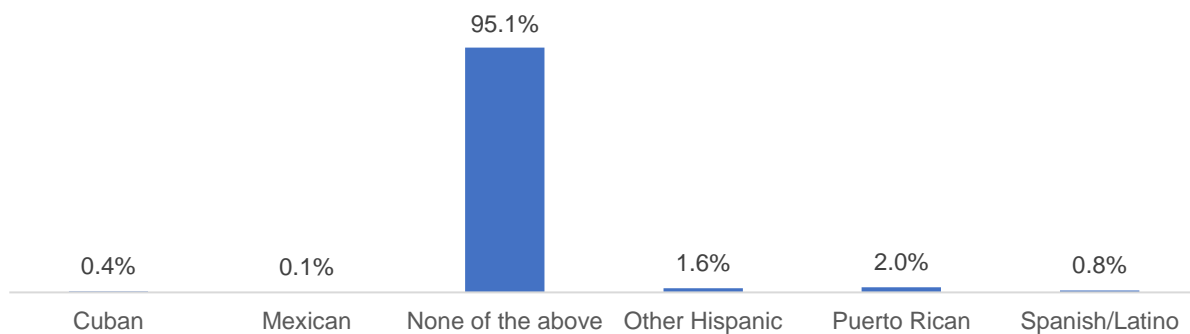
Source: CFCHS Individuals Served Data

Figure 80: Brevard County ME ASA Homeless Individuals Served by Race



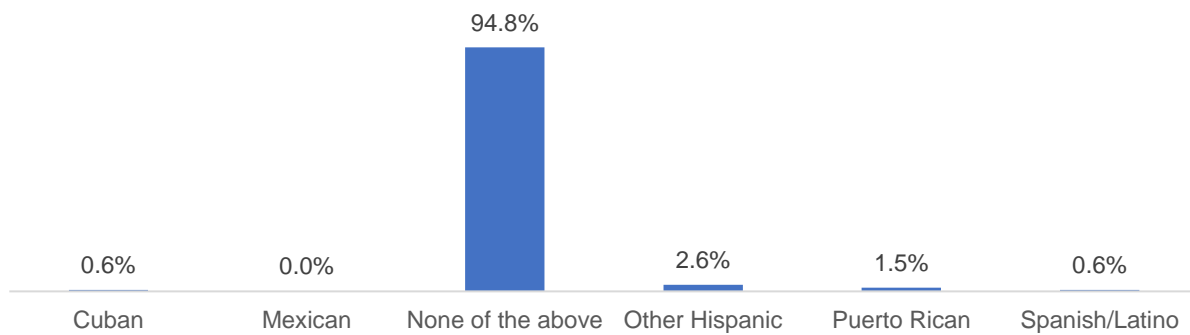
Source: CFCHS Individuals Served Data

Figure 81: Brevard County ME Homeless Individuals by Ethnicity



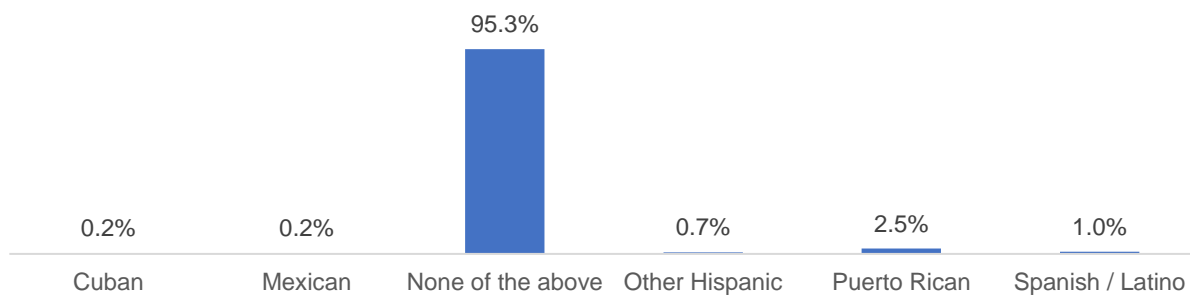
Source: CFCHS Individuals Served Data

Figure 82: Brevard County ME AMH Homeless Individuals Served by Ethnicity



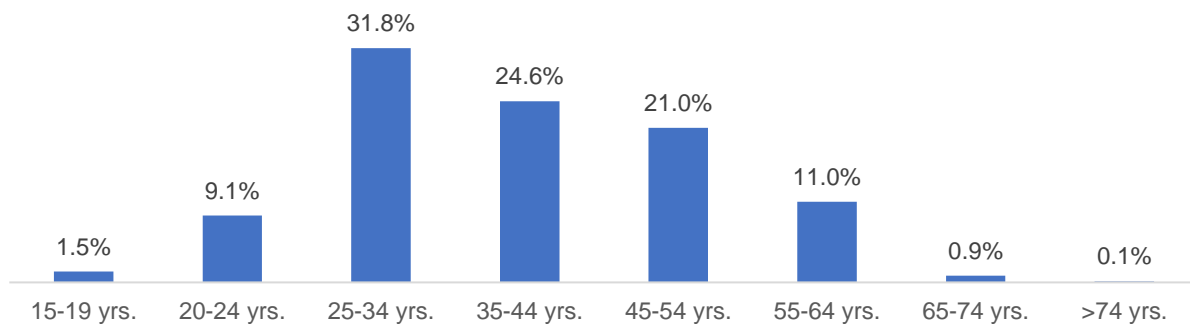
Source: CFCHS Individuals Served Data

Figure 83: Brevard County ME ASA Homeless Individuals Served by Ethnicity



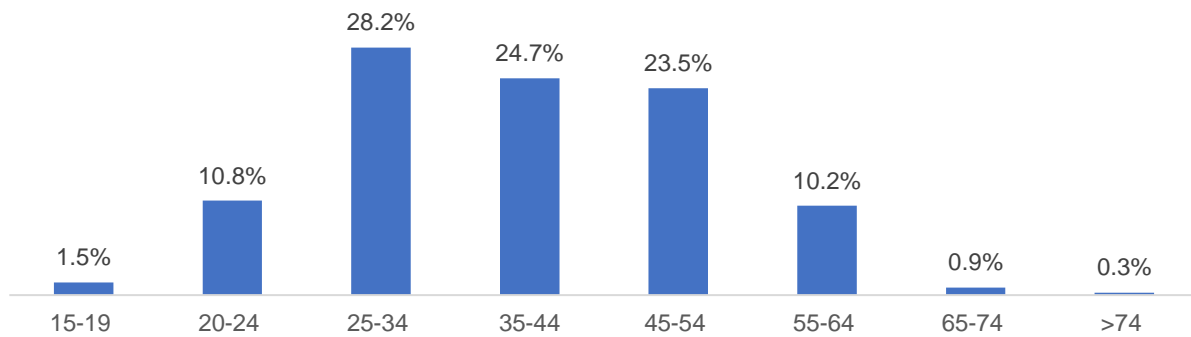
Source: CFCHS Individuals Served Data

Figure 84: Brevard County ME Homeless Individuals by Age Range



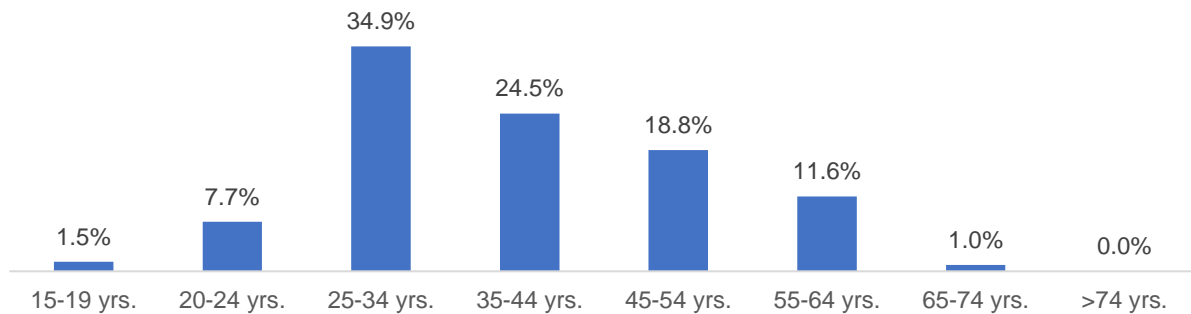
Source: CFCHS Individuals Served Data

Figure 85: Brevard County ME AMH Homeless Individuals Served by Age Range



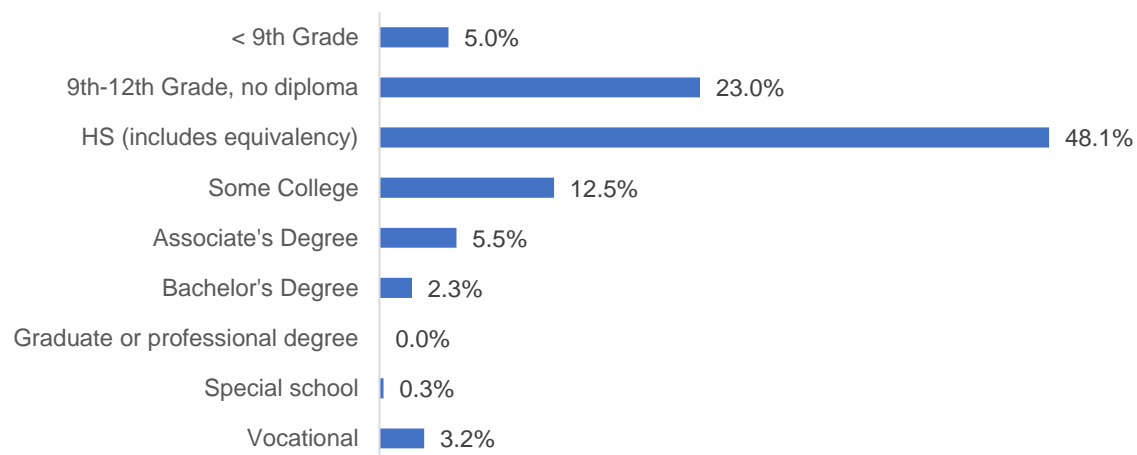
Source: CFCHS Individuals Served Data

Figure 86: Brevard County ME ASA Homeless Individuals Served by Age Range



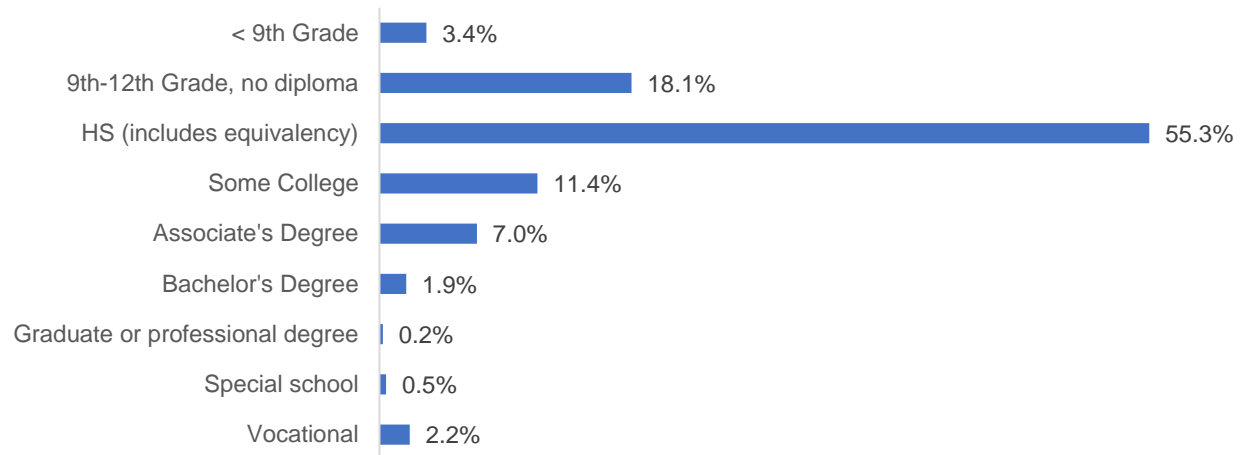
Source: CFCHS Individuals Served Data

Figure 87: Brevard County ME AMH Homeless Individuals Served by Educational Attainment



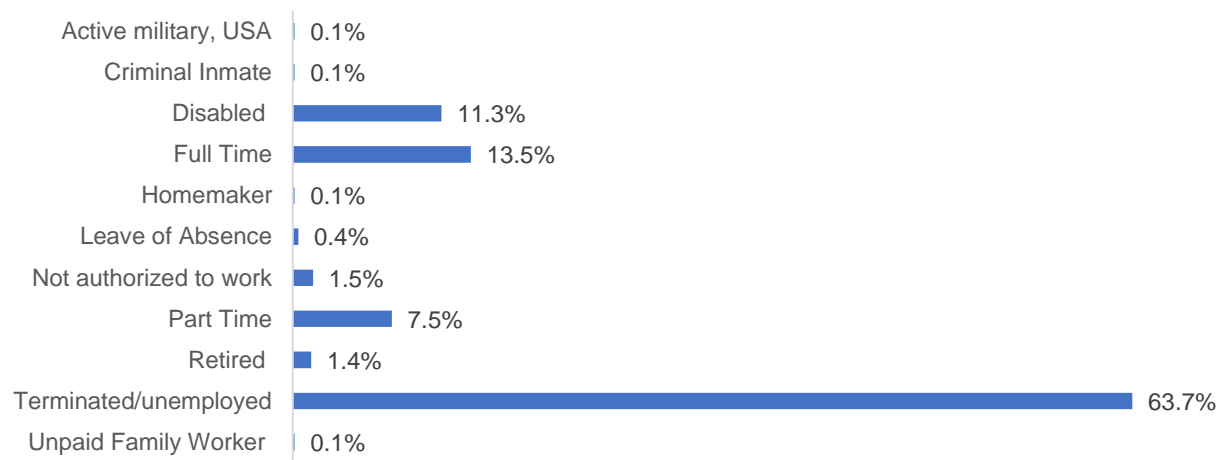
Source: CFCHS Individuals Served Data

Figure 88: Brevard County ME ASA Homeless Individuals Served by Educational Attainment



Source: CFCHS Individuals Served Data

Figure 89: Brevard County ME Homeless Individuals Served by Employment Status



Source: CFCHS Individuals Served Data



## Brevard County ME Cost Center Description, Expenditures & Over/Under Production

Figure 90: Brevard County Cost Center Description, Expenditures, and Over/Under Production – Adult Mental Health Program

| ADULT MENTAL HEALTH PROGRAM   |                       |                       |
|-------------------------------|-----------------------|-----------------------|
| Cost Center Description       | Expenditures          | Over/Under Production |
| Assessment                    | \$6,255.26            | \$68.55               |
| Case Management               | \$567,751.95          | \$142.16              |
| Crisis Stabilization          | \$2,779,552.00        | \$344,876.00          |
| Crisis Support/Emergency      | \$774,932.02          | \$115,809.52          |
| Information and Referral      | \$173,418.22          | \$54,588.20           |
| In-Home and On-Site Services  | \$163.27              | \$5.95                |
| Inpatient                     | \$294,509.00          | \$1,924,330.00        |
| Intensive Case Management     | \$0.00                | \$0.00                |
| Intervention                  | \$20,681.28           | \$632.26              |
| Medical Services              | \$415,883.85          | \$13,821.72           |
| Mental Health Clubhouse       | \$0.00                | \$0.00                |
| Outpatient – Group            | \$0.00                | \$0.00                |
| Outpatient – Individual       | \$65,032.17           | \$547.37              |
| Outreach                      | \$70,674.82           | \$0.03                |
| Recovery Support – Group      | \$0.00                | \$0.00                |
| Recovery Support – Individual | \$0.00                | \$0.00                |
| Residential Level 2           | \$145,274.72          | \$0.00                |
| Residential Level 4           | \$77,775.00           | \$0.00                |
| Room & Board Level 2          | \$1,255,650.00        | \$0.00                |
| Room & Board Level 3          | \$1,079,670.00        | \$5,742.00            |
| Short-term Residential TX     | \$0.00                | \$0.00                |
| Supported Housing/Living      | \$0.00                | \$0.00                |
| <b>TOTAL</b>                  | <b>\$7,727,223.56</b> | <b>\$2,460,563.76</b> |

Source: CFCHS Program Data

Figure 91: Brevard County Cost Center Description, Expenditures, and Over/Under Production  
– Adult Substance Abuse Program

**ADULT SUBSTANCE ABUSE PROGRAM**

| Cost Center Description        | Expenditures          | Over/Under Production |
|--------------------------------|-----------------------|-----------------------|
| Assessment                     | \$81,132.23           | \$427.62              |
| Case Management                | \$493,178.75          | -\$0.29               |
| Crisis Support/Emergency       | \$495,984.69          | \$0.15                |
| Day Treatment (Day/Night)      | \$140,490.46          | \$22.77               |
| In-Home and On-Site Services   | \$0.00                | \$0.00                |
| Intervention                   | \$211,124.81          | -\$1,239.83           |
| Intervention – Group           | \$0.00                | \$0.00                |
| Medical Services               | \$333,498.40          | \$0.39                |
| Methadone Maintenance          | \$35,584.84           | \$0.00                |
| Outpatient – Group             | \$136,156.84          | \$2,857.65            |
| Outpatient – Individual        | \$471,829.82          | -\$14,664.30          |
| Outreach                       | \$404,175.31          | -\$0.11               |
| Recovery Support – Group       | \$23,093.20           | -\$0.03               |
| Recovery Support – Individual  | \$127,351.75          | \$0.21                |
| Residential Level 1            | \$583,770.00          | \$0.00                |
| Residential Level 2            | \$876,374.03          | \$35,164.61           |
| Residential Level 3            | \$571,304.72          | \$0.02                |
| Residential Level 4            | \$6,100.00            | \$0.00                |
| Room & Board Level 2           | \$0.00                | \$0.00                |
| Substance Abuse Detoxification | \$1,280,559.02        | -\$43,136.02          |
| Supported Housing/Living       | \$42,838.78           | -\$0.28               |
| TASC                           | \$0.00                | \$0.00                |
| <b>TOTAL</b>                   | <b>\$6,314,547.65</b> | <b>-\$20,567.45</b>   |

Source: CFCHS Program Data

Figure 92: Brevard County Cost Center Description, Expenditures, and Over/Under Production  
– Child Mental Health Program

**CHILD MENTAL HEALTH PROGRAM**

| Cost Center Description      | Expenditures        | Over/Under Production |
|------------------------------|---------------------|-----------------------|
| Assessment                   | \$7,039.98          | \$79.20               |
| Case Management              | \$134,862.73        | \$0.00                |
| Crisis Stabilization         | \$235,780.00        | -\$58,708.00          |
| Crisis Support/Emergency     | \$100,992.75        | \$132,423.88          |
| Information and Referral     | \$42,035.00         | \$14,997.91           |
| In-Home and On-Site Services | \$114,881.82        | \$4,918.77            |
| Intervention                 | \$211,831.38        | \$7,874.89            |
| Medical Services             | \$508.95            | \$15.21               |
| Outpatient – Group           | \$0.00              | \$0.00                |
| Outpatient – Individual      | \$14,534.17         | \$402.28              |
| Outreach                     | \$76,653.33         | -\$0.08               |
| Residential Level 1          | \$0.00              | \$0.00                |
| Respite Services             | \$0.00              | \$0.00                |
| Room & Board Level 2         | \$37,521.87         | \$38,751.21           |
| <b>TOTAL</b>                 | <b>\$976,641.99</b> | <b>\$140,755.26</b>   |

Source: CFCHS Program Data

Figure 93: Brevard County Cost Center Description, Expenditures, and Over/Under Production  
– Child Substance Abuse Program

**CHILD SUBSTANCE ABUSE PROGRAM**

| Cost Center Description        | Expenditures        | Over/Under Production |
|--------------------------------|---------------------|-----------------------|
| Assessment                     | \$0.00              | \$0.00                |
| Crisis Support/Emergency       | \$0.00              | \$0.00                |
| Intervention                   | \$0.00              | \$0.00                |
| Intervention – Group           | \$0.00              | \$0.00                |
| Medical Services               | \$0.00              | \$0.00                |
| Outpatient – Individual        | \$313.25            | -\$0.01               |
| Residential Level 2            | \$891.44            | \$2.10                |
| Substance Abuse Detoxification | \$204,613.00        | -\$204,107.00         |
| TASC                           | \$0.00              | \$0.00                |
| <b>TOTAL</b>                   | <b>\$205,817.70</b> | <b>-\$204,104.91</b>  |

Source: CFCHS Program Data

Figure 94: Brevard County Cost Center Description, Expenditures, and Over/Under Production  
– All Programs

**BREVARD COUNTY – All Programs**

| Cost Center Description        | Expenditures           | Over/Under Production |
|--------------------------------|------------------------|-----------------------|
| Assessment                     | \$94,427.48            | \$575.36              |
| Case Management                | \$1,195,793.43         | \$141.87              |
| Crisis Stabilization           | \$3,015,332.00         | \$286,168.00          |
| Crisis Support/Emergency       | \$1,371,909.45         | \$248,233.54          |
| Day Treatment (Day/Night)      | \$140,490.46           | \$22.77               |
| Information and Referral       | \$215,453.22           | \$69,586.11           |
| In-Home and On-Site Services   | \$115,045.09           | \$4,924.72            |
| Inpatient                      | \$294,509.00           | \$1,924,330.00        |
| Intensive Case Management      | \$0.00                 | \$0.00                |
| Intervention                   | \$443,637.47           | \$7,267.31            |
| Intervention – Group           | \$0.00                 | \$0.00                |
| Medical Services               | \$749,891.21           | \$13,837.32           |
| Mental Health Clubhouse        | \$0.00                 | \$0.00                |
| Methadone Maintenance          | \$35,584.84            | \$0.00                |
| Outpatient – Group             | \$136,156.84           | \$2,857.65            |
| Outpatient – Individual        | \$551,709.42           | -\$13,714.66          |
| Outreach                       | \$551,503.46           | -\$0.16               |
| Recovery Support – Group       | \$23,093.20            | -\$0.03               |
| Recovery Support – Individual  | \$127,351.75           | \$0.21                |
| Residential Level 1            | \$583,770.00           | \$0.00                |
| Residential Level 2            | \$1,022,540.19         | \$35,166.71           |
| Residential Level 3            | \$571,304.72           | \$0.02                |
| Residential Level 4            | \$83,875.00            | \$0.00                |
| Respite Services               | \$0.00                 | \$0.00                |
| Room & Board Level 2           | \$1,293,171.87         | \$38,751.21           |
| Room & Board Level 3           | \$1,079,670.00         | \$5,742.00            |
| Short-term Residential TX      | \$0.00                 | \$0.00                |
| Substance Abuse Detoxification | \$1,485,172.02         | -\$247,243.02         |
| Supported Housing/Living       | \$42,838.78            | -\$0.28               |
| <b>GRAND TOTAL</b>             | <b>\$15,224,230.90</b> | <b>\$2,376,646.67</b> |

Source: CFCHS Program Data

## ORANGE COUNTY, FLORIDA

# Orange County Demographic Profile

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## Population Demographics

The population in Orange County increased an average of 2.6% each year during 2016 to 2020. The total population growth for the 5-year period, at 10.8%, added 138,928 residents.

Orange County females accounted for 50.8% of the population, while males represented the remaining 48.2% of residents. The male to female ratio of 1:1 has remained stable over the past 5 years.

The racial composition in the county was more diverse when compared to the state as the White population accounted for 59.9% of residents in the county and 71.6% of residents in the state. The Black population accounted for 21% of the county population and 15.9% of all Floridians. American Indian and Native Hawaiians represented less than 1% of residents in both population groups for the county and state. The percentage of Asian residents in Orange County, at 5.3%, was higher when compared to the state at 2.8%. County residents of Some Other Race accounted for 6.1%, while representing 3.3% of the state population. Among those of two or more races, the percentage in Orange County at 7.5%, was higher than the state percentage of 6%.

Most Orange County residents were non-Hispanic at 67.9%. The percentage of Hispanics, at 32.1%, was higher in the county when compared to the state at 25.8%.

Orange County population was younger when compared to the state. Residents, 65 years of age or older, accounted for 11.9% of the population in the county, while 20.5% of state residents were in this age range.

## Education and Employment

Data revealed that educational attainment in Orange County and the state were similar. The percentage of residents in the county and the state who attained a high school diploma were 88.7% and 88.5%, respectively. The percentage of residents in the county who had some college education, at 17.9%, was lower when compared to those in the state at 19.8%. However, the percentages of county residents who attained an undergraduate degree, at 34.4%, were higher when compared to the state at 29.3%. Those who earned a graduate or professional degree accounted for 12.4% of Orange County residents, and 11.3% of the state population.

On average, 67.2% of the service area population participated in the labor force over the past 5 years. This was higher when compared to those employed in Florida at 58.6%. The 5-year average unemployment rate for the service area, at 5.1%, was below the state rate at 6.0%.

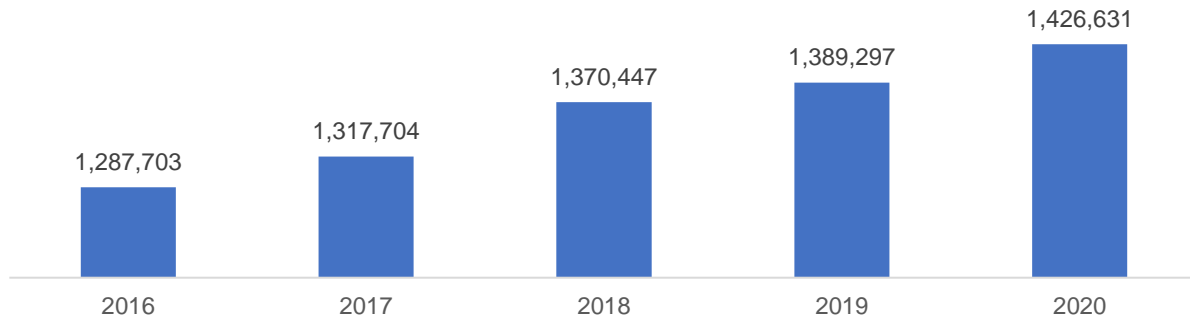
## Poverty Status

During 2016 to 2020, the ratio of income to poverty rates for residents in Orange County and the state were similar. The percentage of Orange County residents living <200% of the Federal Poverty Level (FPL),

at 24.3%, was slightly lower than those in the state at 26.3%. The percentage of Orange County residents and Floridians living at or above 300% FPL were similar at 54.4% and 56.6%, respectively.

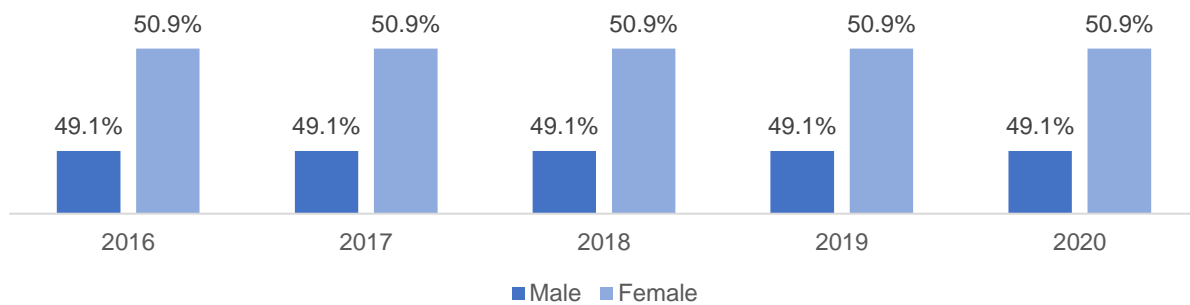
## Orange County Demographic Charts

Figure 95: Orange County Population Estimates (2016-2020)



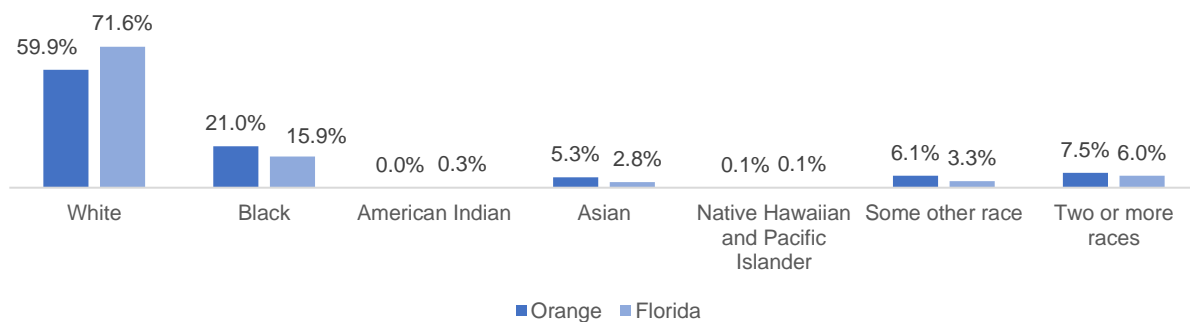
Source: Florida Legislature's Office of Economic and Demographic Research (EDR)

Figure 96: Orange County Population by Gender (2016-2020)



Source: Florida Legislature's Office of Economic and Demographic Research (EDR)

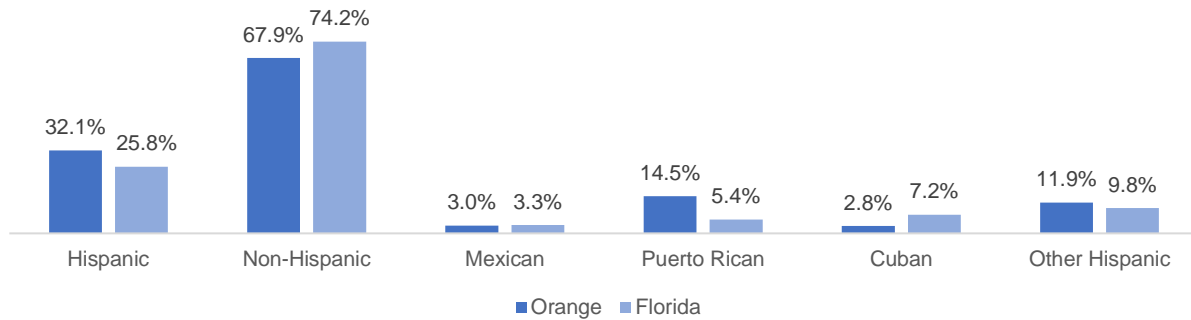
Figure 97: Orange County Population by Race, 2016-2020 (5-Year Estimate)



Source: U.S Census Bureau, American Community Survey, Table DP05

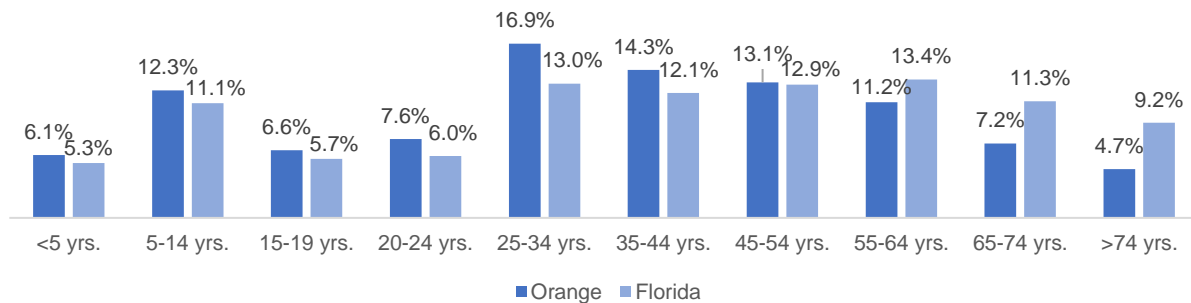


Figure 98: Orange County Population by Ethnicity, 2016-2020 (5-Year Estimate)



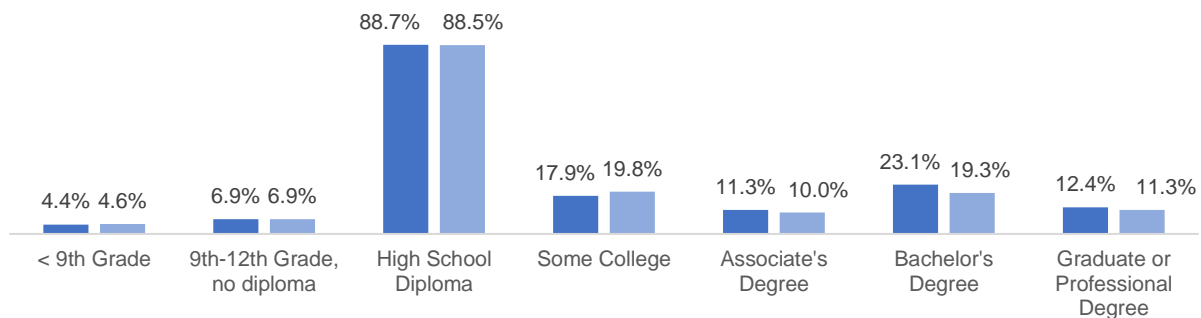
Source: U.S Census Bureau, American Community Survey, Table DP05

Figure 99: Orange County Population by Age Range, 2016-2020 (5-Year Estimate)



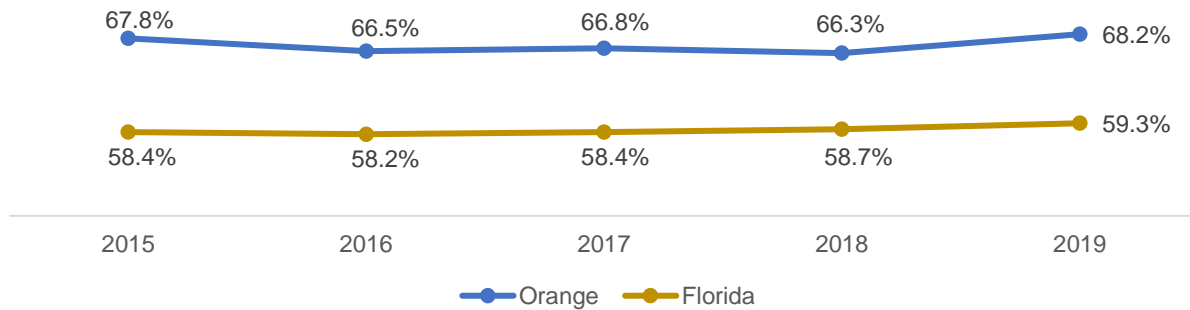
Source: U.S Census Bureau, American Community Survey, Table DP05

Figure 100: Orange County Population by Educational Attainment, 2016-2020 (5-Year Estimate)



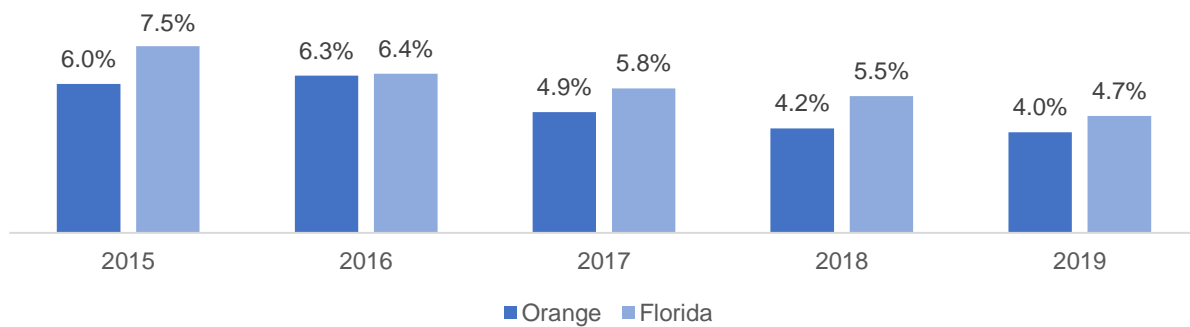
Source: U.S Census Bureau, American Community Survey, Table S1501

Figure 101: Orange County Population Participation in the Labor Force (2015-2019)



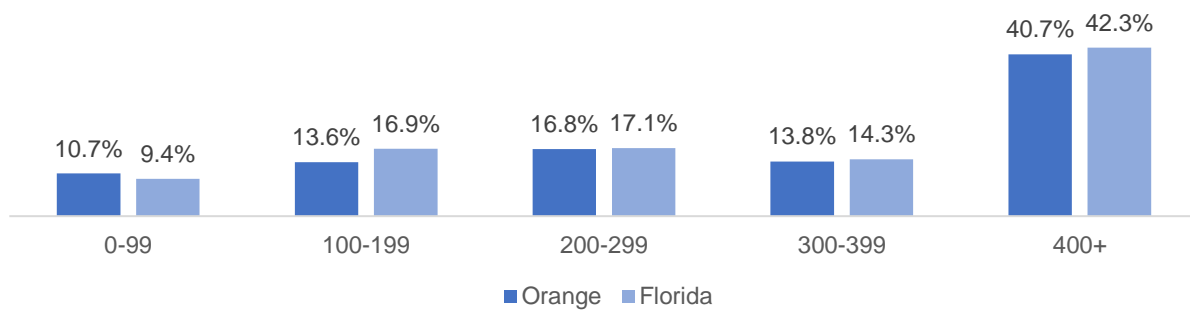
Source: U.S Census Bureau, American Community Survey, Table DP03. Single year county level data was not available for 2020.

Figure 102: Orange County Population Unemployment Rates (2015-2019)



Source: U.S Census Bureau, American Community Survey, Table DP03. Single year county level data was not available for 2020.

Figure 103: Orange County Ratio of Income to Poverty Level, 2016-2020 (5-Year Estimate)



Source: U.S Census Bureau, American Community Survey, Table B17026

# Orange County General Health Status

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## Overall, Health Status

The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone survey that collects state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. BRFSS data estimates revealed 79.8% of Orange County adults, ages 18-64 years of age, said their overall health was "good" to "excellent" (2019). For Florida, the rate was 80.3%. This knowledge is a powerful tool for targeting and building health promotion activities. It also provides a way to see change in population health behaviors before morbidity or disease is apparent.

## Mental Health

The percentage of adults in Orange County reporting good mental health over the past 3 years, at 86.4%, was similar to the percentage for the state at 86.2% (2019). The number of unhealthy mental days for the county population, at 4.2 days in the past 30 days (2019), increased from 3.8 days in 2016. This was higher than the state percentage for 2019 at 3.6 unhealthy mental days in the past month.

## Suicide

The Orange County age-adjusted death rate (AADR) for suicide decreased from 10.4/100,000 in 2018 to 8.9/100,000 population in 2020. This represents a decrease of 1.5/100,000 suicide deaths. At the state level, the suicide death rate decreased 2.5/100,000 during the same time. The suicide death rates for males in Orange County, at 14.4/100,000, and the state at 20.7/100,000, were more than triple the rates among females at 3.9/100,00 and 6/100,000, respectively. In 2020, the county suicide death rate among the White population at 10.2/100,000, was twice the rate for Black residents at 5.3/100,000. The same held true at the state level where White to Black suicide deaths revealed a 2.9:1.0 ratio. Among ethnicities, the non-Hispanic 2020 AADR for suicide, at 9.7/100,000, was higher than the rate among Hispanics at 6.9/100,000. At the state level, suicide deaths among non-Hispanics were twice the rate of those among the Hispanic population.

## Violence and Abuse

According to the Department of Law Enforcement Uniform Crime Report 2020, the rate of total domestic violence offenses decreased in Orange County and the state during 2018 to 2020. The county rate fell from 634.9/100,000 to 558.2/100,000 over the past 3 years. This was still higher than the state rate of 493.2/100,000 in 2020.

The rate of children experiencing child abuse over the past 3 years (2018 to 2020) continually decreased in the Orange County and the state. Among children ages 5-11 years, the rate of child abuse fell from

652.4/100,000 in 2018 to 413.3/100,000 in 2020. State rates also decreased from 779.3/100,000 to 583.9/100,000 during the same time (Department of Children and Families, Florida Safe Network Data Mart).

The rate of children experiencing sexual violence decreased in Orange County from 49.9/100,000 in 2019 to 45.8/100,000 in 2020. At the state level, the rate decreased from 58/100,000 in 2018 to 42.5/100,000 in 2020. (Department of Children and Families, Florida Safe Network Data Mart).

## Mental Illness

The estimated number of seriously mentally ill (SMI) adults in Orange County increased 4.6% over the past 3 years. The was lower than the increase in District 7 at 4.8%. The estimated number of SMI adults in the county was 43,385 or 48.8% of all seriously mentally ill adults in the service area (2020).

Among youth, ages 9-17 years, the estimated number of those emotionally disturbed increased 4.2% during 2018 to 2020. This was the same increase in District 7. Orange County accounted for 14,276 or 49.8% of estimated emotionally disturbed youth in District 7.

According to the Florida Department of Education (FLDOE), Orange County children in grades K-12, who had an emotional/behavioral disability, remained stable at 0.2% during 2018 to 2020. In the state, students with an emotional/behavioral disability accounted for 0.5%. These rates have been steady over the past 3 years.

## Adult Tobacco and Alcohol Use

The percentage of Orange County adults who are current smokers, decreased from 16% in 2013 to 11.4% in 2019. The percentage of current smokers in the state was higher at 14.8% in 2019.

Binge drinking is defined as 5 consecutive drinks for men and 4 consecutive drinks for women. In 2019, the percentage of binge drinkers in Orange County was 18.2%. The percentage of binge drinkers in the state was slightly lower at 18%. Overall, binge drinking decreased in the county and increased slightly in the state during 2013 to 2019.

## High School Tobacco, Alcohol and Substance Use

The Florida Youth Substance Abuse Survey (FYSAS) is a collaborative effort between the Florida departments of Health, Education, Children and Families, Juvenile Justice, and the Governor's Office of Drug Control. It is based on the "Communities That Care" survey, assessing risk and protective factors for substance abuse, in addition to substance abuse prevalence. FYSAS data indicated that the percentage of middle and high school students in Orange County, who reported never having smoked cigarettes, increased from 89.2% in 2016 to 93% in 2020. Students having smoked once or twice accounted for 4.1%, and 1.7% reported that they had smoked once in a while but not regularly. For middle and high school students in the state, the percentage of those having never smoked also increased over the past 4 years.

Regarding smoking frequency in the past 30 days, 97.6% of Orange County students did not smoke at all. The state rate was 98.2%.

The percentage of Orange County students who did not consume alcoholic beverages on any occasions in their lifetime, ranged from 64.4% in 2016 to 66.6% in 2020. For those who did on 1-2 occasions, the percentage increased from 13.2% in 2016 to 15.3% in 2020. Students consuming alcohol on 3-5 occasions accounted for 7.3% in 2020. This was a decreased from 7.7% in 2016. Those consuming alcohol on 6 or more occasions decreased over the past 4 years.

The percentages of students in the county not consuming alcohol during the past 30 days, increased from 83.9% in 2016 to 86.2% in 2020. The percentages of students who reported consuming alcohol on 1-2 occasions during the past 30 days, decreased from 10.3% to 8.8% over the past 4 years.

The FYSAS asked high school students for the number of occasions in their lifetime when they had woken up after a night of drinking alcohol and were unable to remember the things they did or the places they went. The percentage of Orange County students reporting this event happening on 1-2 occasions in their lifetime, decreased from 9% in 2016 to 7.8% in 2020. For those having this experience on 6-9 occasions, the percentage increased from 0.7% in 2018 to 1.4% in 2020. The percentages of students unable to remember after a night of drinking on 20 or more occasions was below 1%.

FYSAS defines binge drinking as consuming five or more alcoholic drinks in a row in the past 2 weeks. The percentage of those who reported they did not binge drink, increased slightly from 94.4% in 2016 to 95.3% in 2020. Among students who binge drank once, the percentage decreased from 3.3% in 2016 to 2.1% in 2020. Those who participated in binge drinking three or more times accounted for less than 1%.

The percentages of Orange County students who had not used marijuana in their lifetimes, increased from 80.3% in 2016 to 85.3% in 2020. Students using marijuana on 1-2 occasions, decreased from 5% in 2016 to 3% in 2020. Students using marijuana on 3-5 occasions, increased from 2.2% in 2016 to 3.5% in 2020. The percentages of student using marijuana on 6 or more occasions decreased over the past 4 year. Students not using marijuana in the past 30 days, at 90.7% in 2020, was higher when compared to those who reported not using it in their lifetime (85.3%). The percentages of students in the county using marijuana on 1-2 occasions in the past 30 days, increased from 3% in 2016 to 3.8% in 2020. This was still lower than the rate in 2018 at 4%.

The 2020 FYSAS added questions regarding vaping behaviors. The percentage of students in District 7 who vaped nicotine on one or more occasions in their lifetime, at 20.2%, was higher when compared to those who had ever smoked in their lifetime at 7.4%. This indicated that students were more likely to vape nicotine than smoke cigarettes. The percentage of students vaping marijuana on one or more occasions, at 13.9%, was lower when compared to those who used marijuana on one or more occasions in their lifetime at 16.5%. It could not be determined if vaping were a method of using marijuana when asked about lifetime use. Percentages at the state level were similar to the district for lifetime and past 30-day use of vaping nicotine.

## Disability

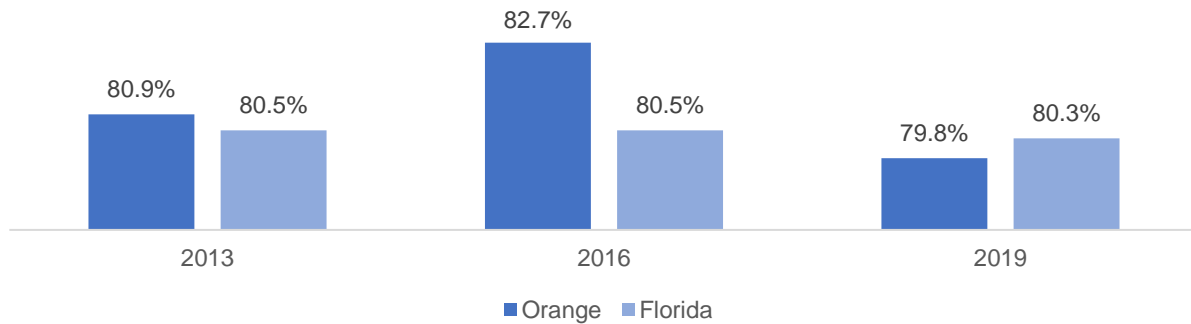
In Orange County, 11.2% of the noninstitutionalized population was estimated to have a disability (includes hearing, vision, cognitive, ambulatory, self-care, and independent living). At the state level, 13.6% of residents had a disability. Among county residents with a disability, 34.6% were ages 65 years and older. This was much lower when compared to the state percentage for this age group at 48.9%.

## Health Insurance Coverage

Most residents, ages 18-64 years, living in Orange County and the state reported having some type of health insurance coverage. In 2019, percentages of those with insurance in the county and state were 80.8% and 84.2%, respectively. Among genders, insured females accounted for 82.3%, while males accounted for 79.2% of those 18-64 years of age. In Orange County, White adults had the highest percentage of insured at 87.9%, when compared to Black adults at 79%, and Hispanic adults at 72.6%. The 2019, the percentages of insured White and Black Orange County residents were lower when compared to percentages in 2016. Among the Hispanic population in Orange County, percentages of insured increased during 2013 to 2019.

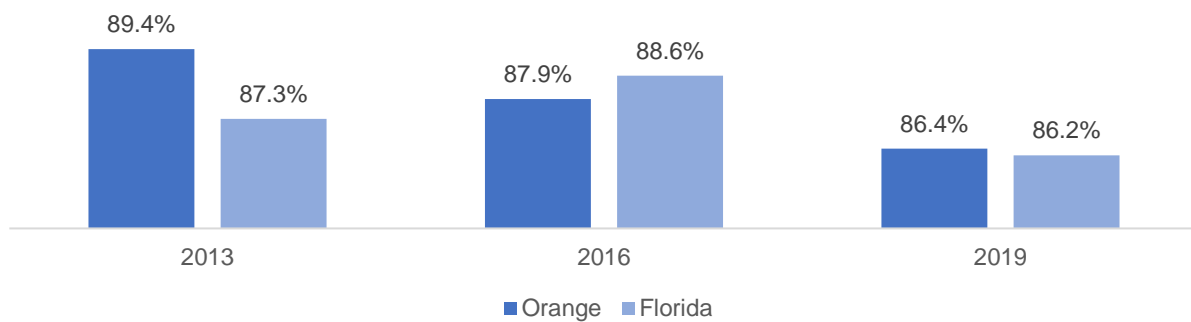
## Orange County General Health Status Charts

Figure 104: Orange County Adults Who Said Their Overall Health was “Good” to “Excellent” (2017-2019)



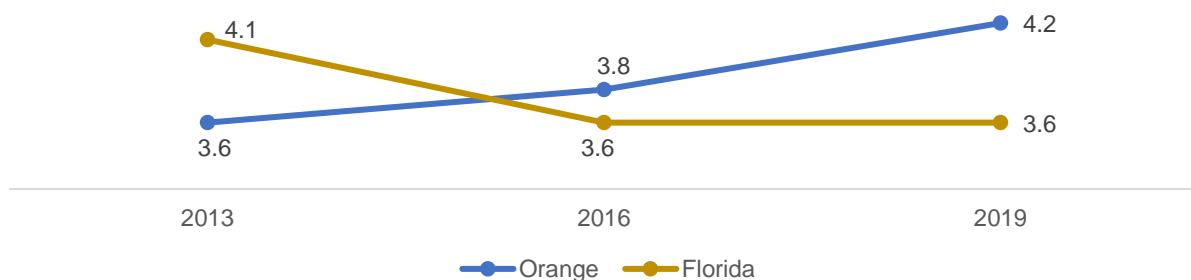
Source: Behavioral Risk Factor Surveillance System

Figure 105: Orange County Adults with Good Mental Health for the Past 30 Days (2017-2019)



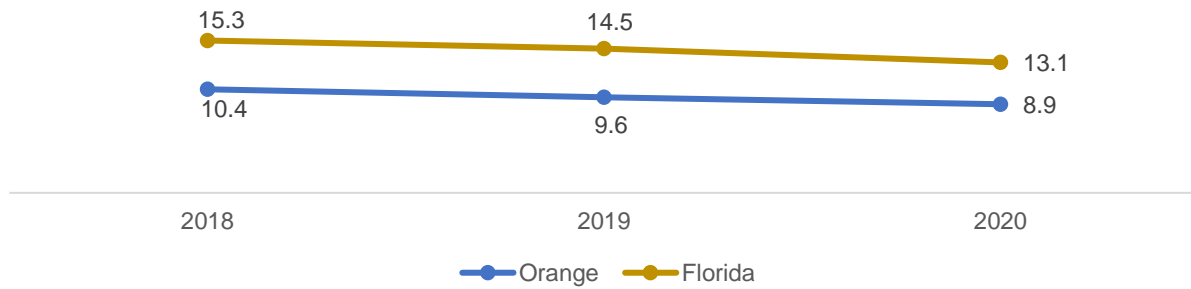
Source: Behavioral Risk Factor Surveillance System

Figure 106: Orange County Adults Average Number of Unhealthy Mental Days in the Past 30 Days (2017-2019)



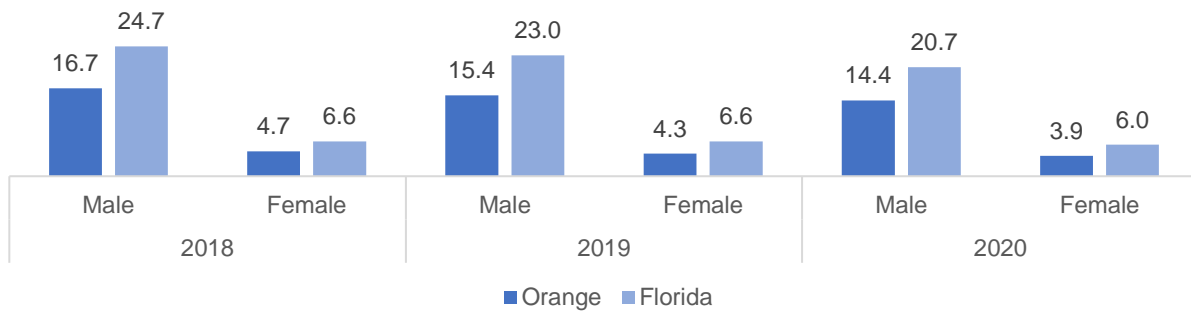
Source: Behavioral Risk Factor Surveillance System

Figure 107: Orange County Age-Adjusted Suicide Death Rate (2018-2020)



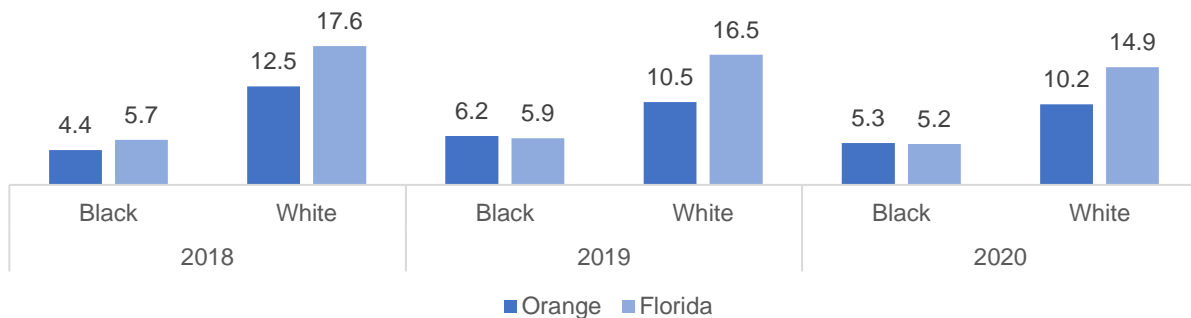
Source: Florida Department of Health, Bureau of Vital Statistics, Rate per 100,000

Figure 108: Orange County Age-Adjusted Suicide Death Rates by Gender (2018-2020)



Source: Florida Department of Health, Bureau of Vital Statistics, Rate per 100,000

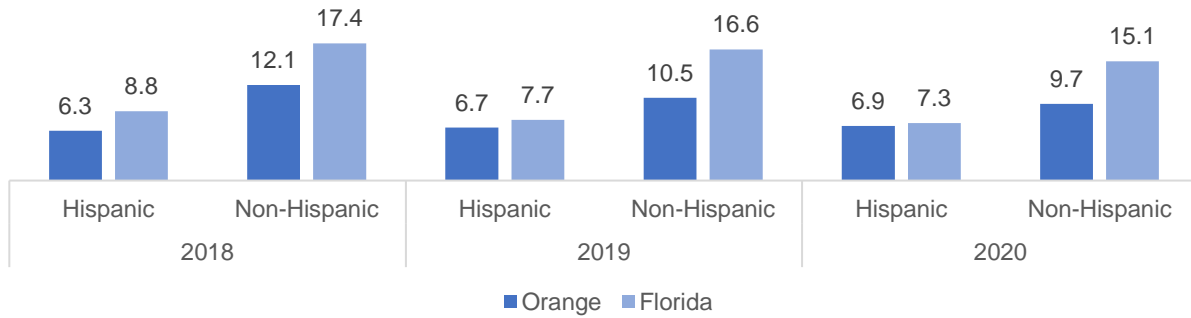
Figure 109: Orange County Age-Adjusted Suicide Death Rates by Race (2018-2020)



Source: Florida Department of Health, Bureau of Vital Statistics, Rate per 100,000

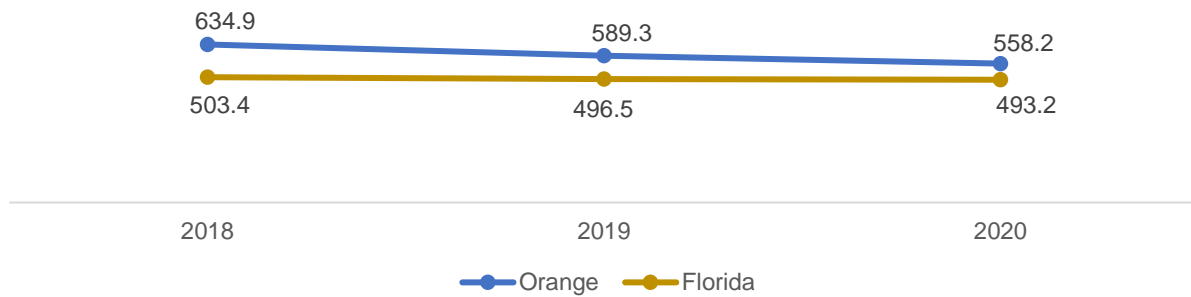


Figure 110: Orange County Age-Adjusted Suicide Death Rates by Ethnicity (2018-2020)



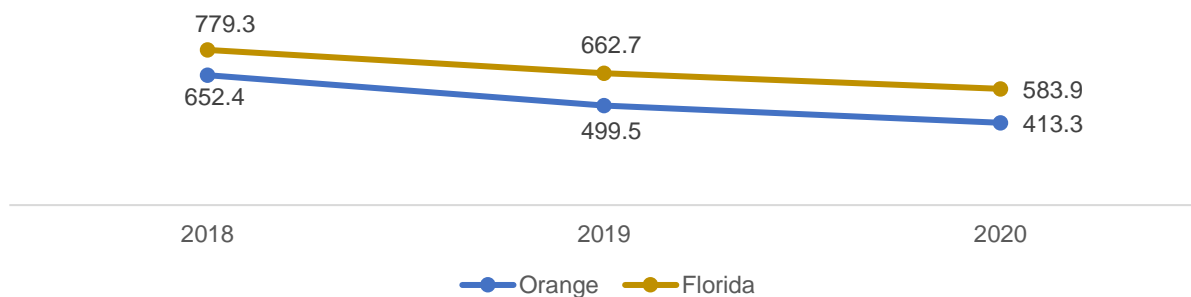
Source: Florida Department of Health, Bureau of Vital Statistics, Rate per 100,000

Figure 111: Orange County Total Domestic Violence Offenses (2018-2020)



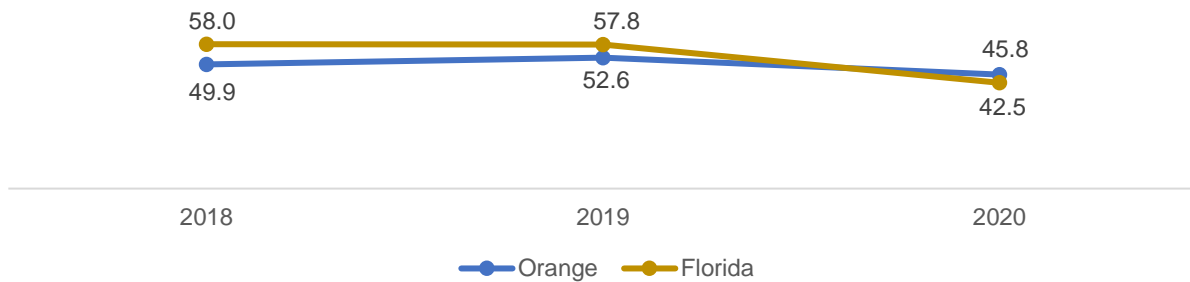
Source: Florida Department of Law Enforcement, Crime in Florida, Uniform Crime Report 2020, Rate per 100,000

Figure 112: Orange County Rate of Children Experiencing Child Abuse, Ages 5-11 Years (2018-2020)



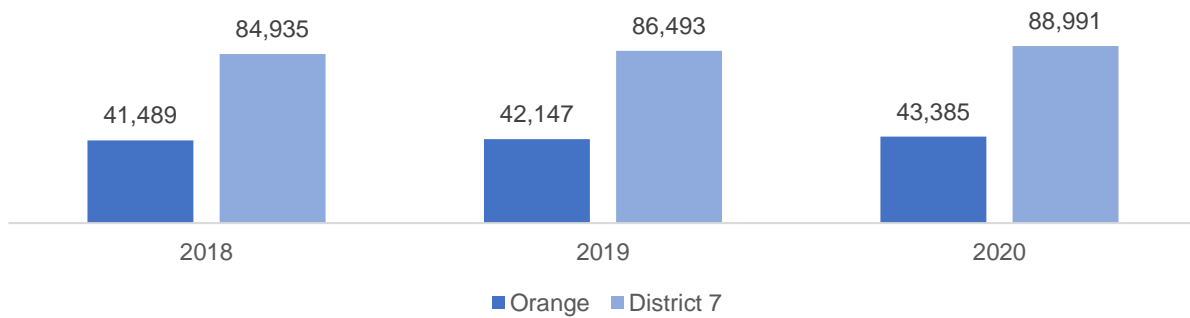
Source: Department of Children and Families, Florida Safe Families Network Data Mart, Rate per 100,000

Figure 113: Orange County Rate of Children Experiencing Sexual Violence, Ages 5-11 Year (2018-2020)



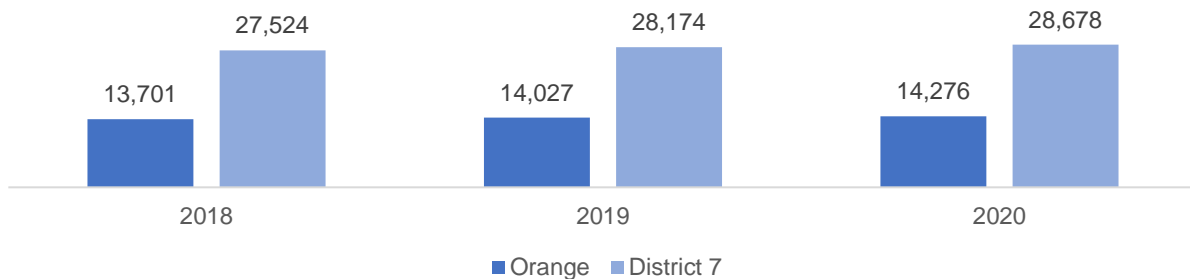
Source: Department of Children and Families, Florida Safe Families Network Data Mart, Rate per 100,000

Figure 114: Orange County Estimated Number of Seriously Mentally Ill Adults (2018-2020)



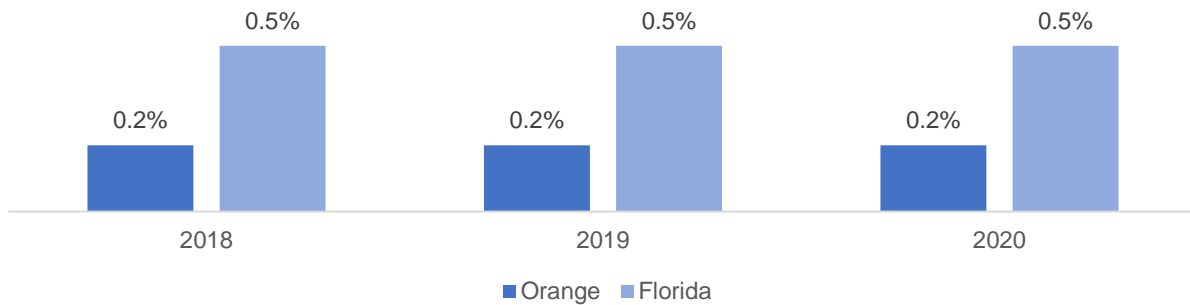
Source: Estimates based on Department of Health and Human Resource Report Mental Health U.S. 1995

Figure 115: Orange County Estimated Number of Emotionally Disturbed Youth, Ages 9-17 Years (2018-2020)



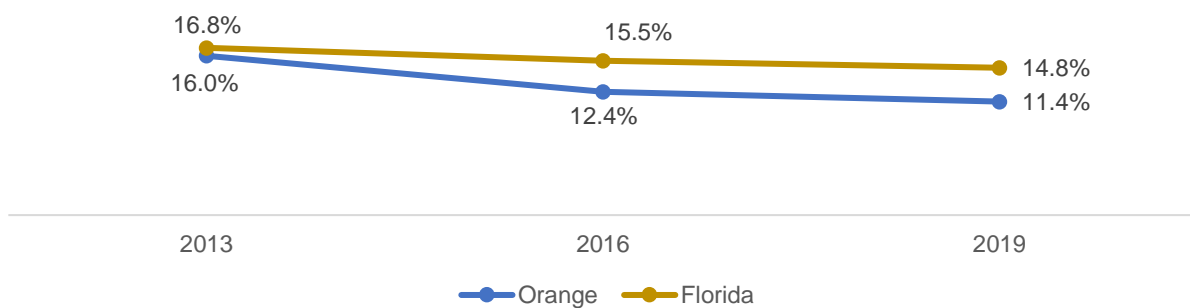
Source: Estimates based on Department of Health and Human Resource Report Mental Health U.S. 1995

Figure 116: Orange County Percentage of Children with Emotional/Behavioral Disability Grades K-12 (2018-2020)



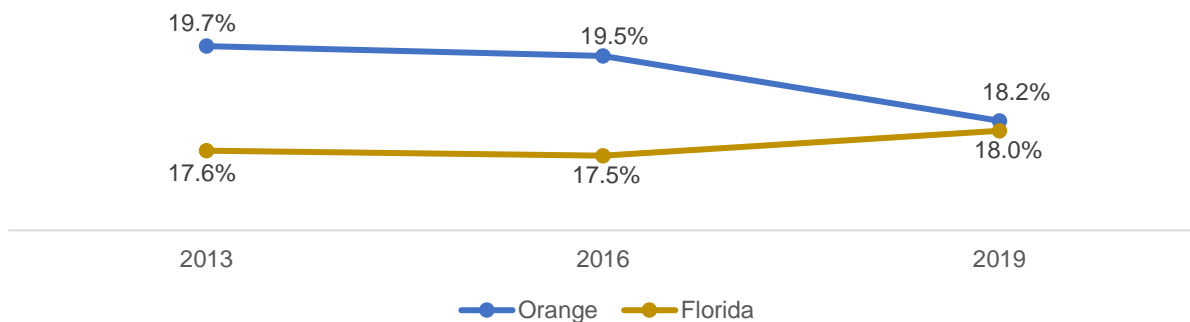
Source: Florida Department of Education, Education Information and Accountability Services (EIAS)

Figure 117: Orange County Percentage of Adults Who Are Current Smokers (2013-2019)



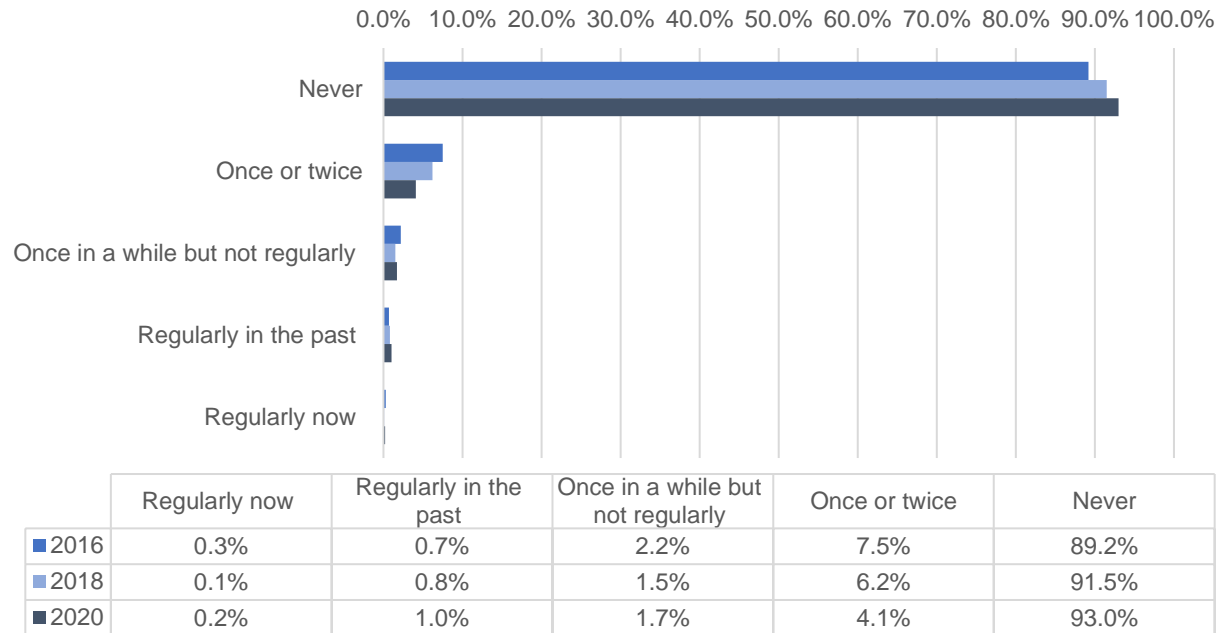
Source: Behavioral Risk Factor Surveillance System

Figure 118: Orange County Percentage of Adults Who Engage in Heavy or Binge Drinking (2013-2019)



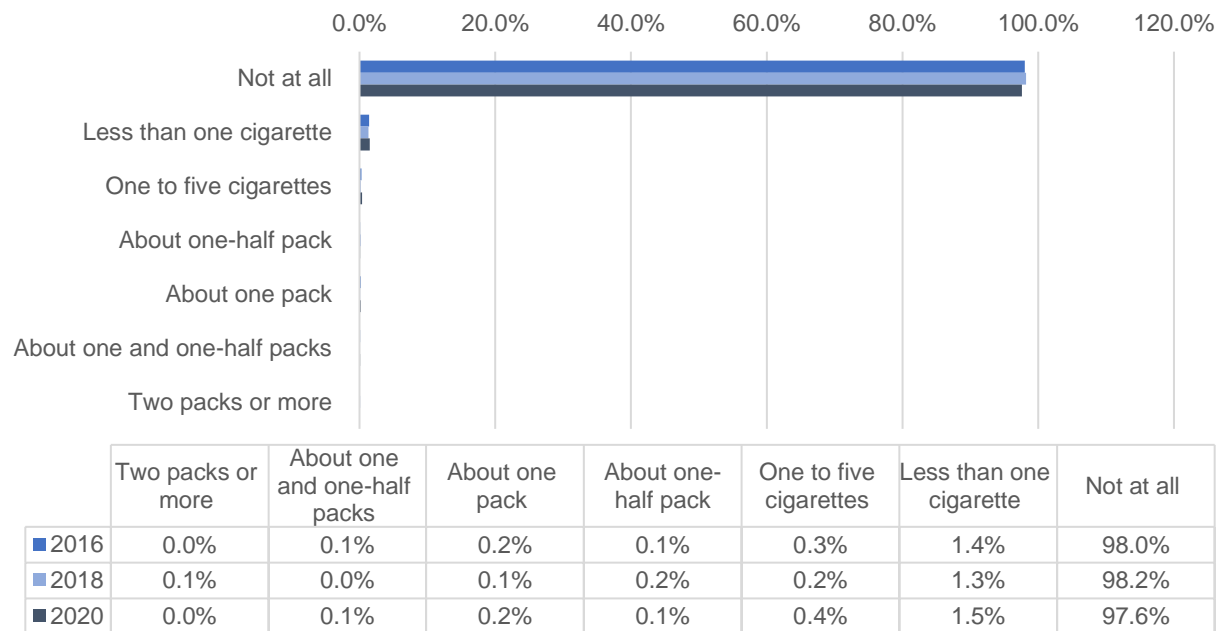
Source: Behavioral Risk Factor Surveillance System

Figure 119: Orange County – Have You Ever Smoked Cigarettes (MS&HS 2016-2020)



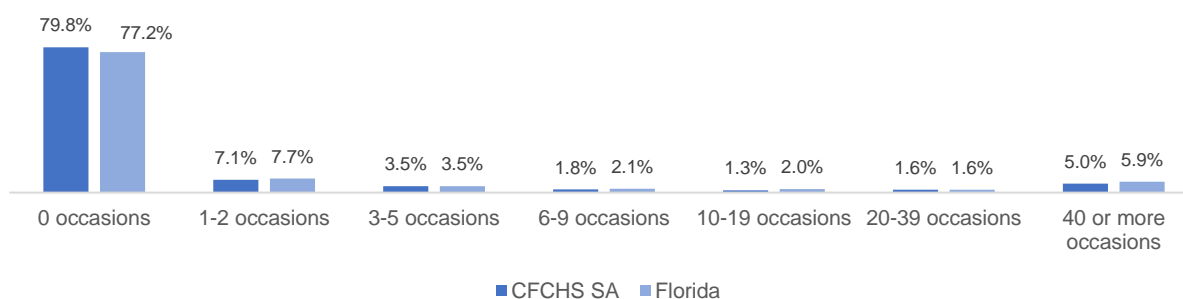
Source: Florida Youth Substance Abuse Survey

Figure 120: Orange County – How Frequently Have You Smoked Cigarettes in the Past 30 Days (MS&HS 2016-2020)



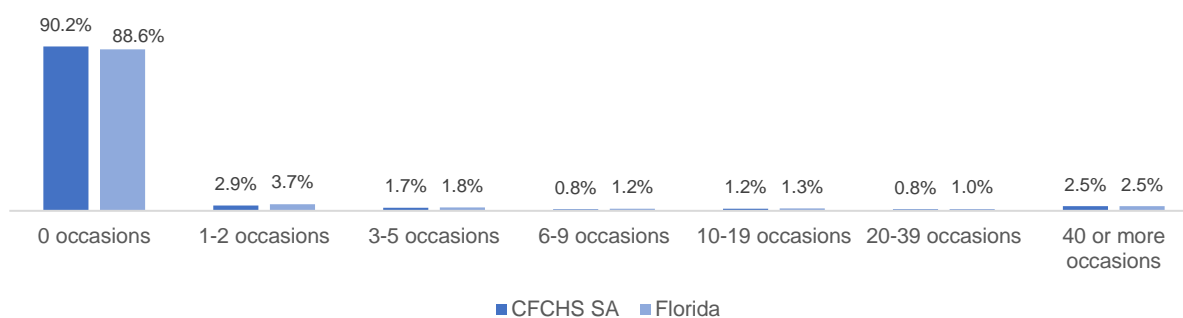
Source: Florida Youth Substance Abuse Survey

**Figure 121: CFCHS SA – On How Many Occasions Have You Vaped Nicotine on Your Lifetime? (MS&HS 2020)**



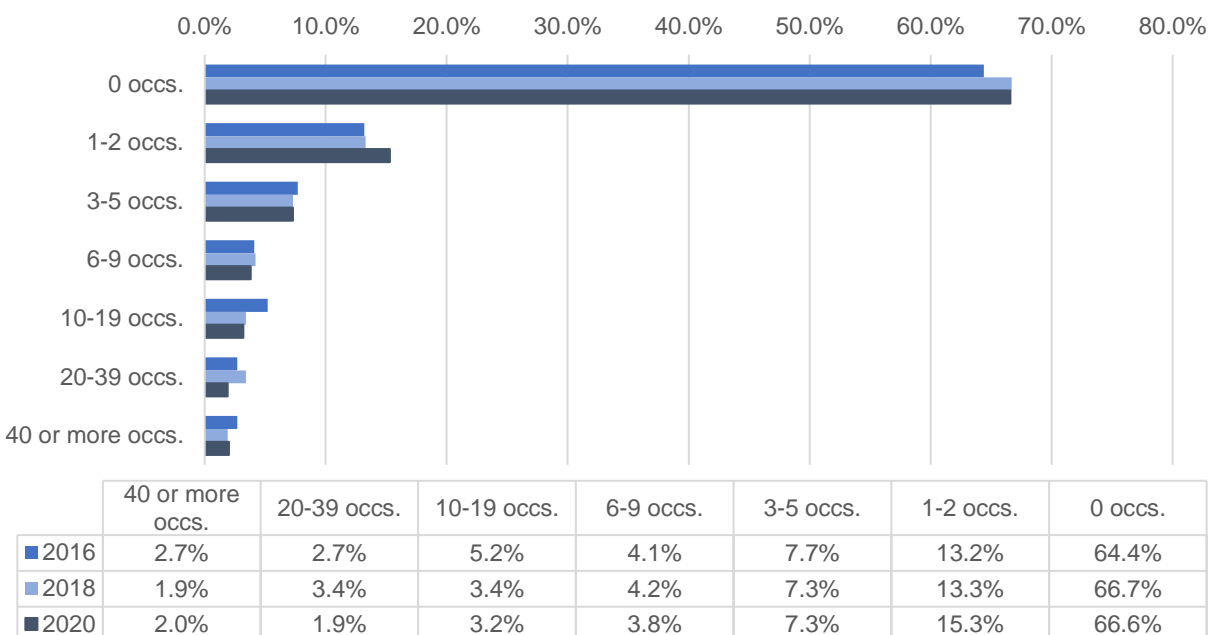
Source: Florida Youth Substance Abuse Survey

**Figure 122: CFCHS SA – On How Many Occasions Have You Vaped Nicotine During the Past 30 Days? (MS&HS 2020)**



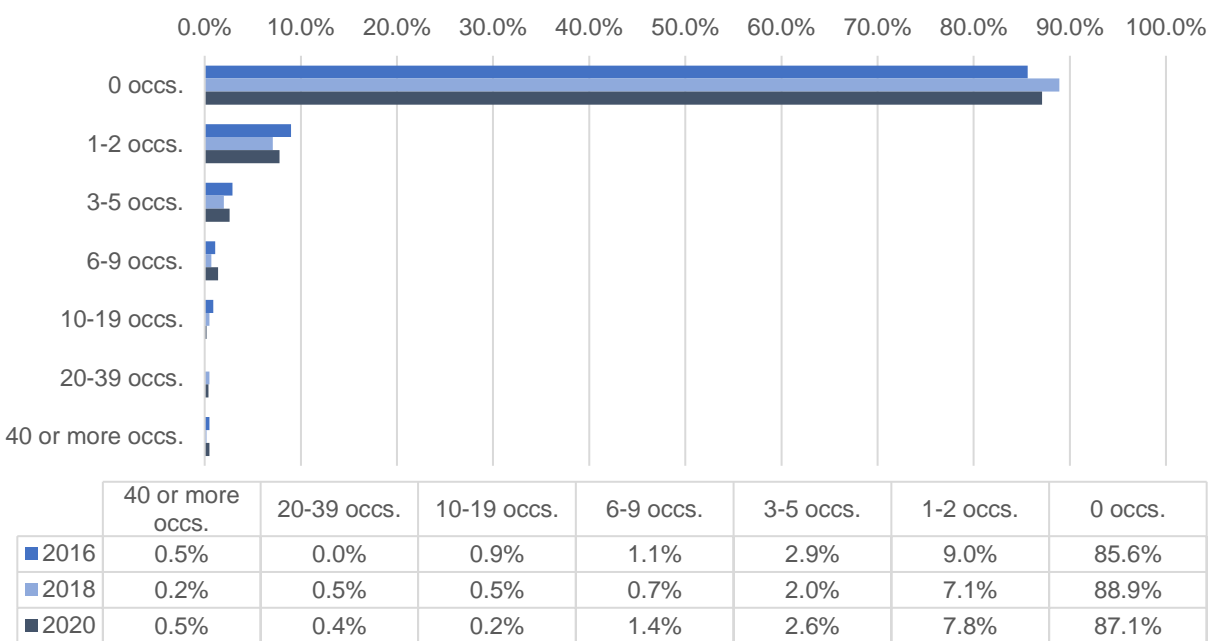
Source: Florida Youth Substance Abuse Survey

Figure 123: Orange County – On How Many Occasions Have You Had Alcoholic Beverages to Drink in Your Lifetime? (MS&HS 2016-2020)



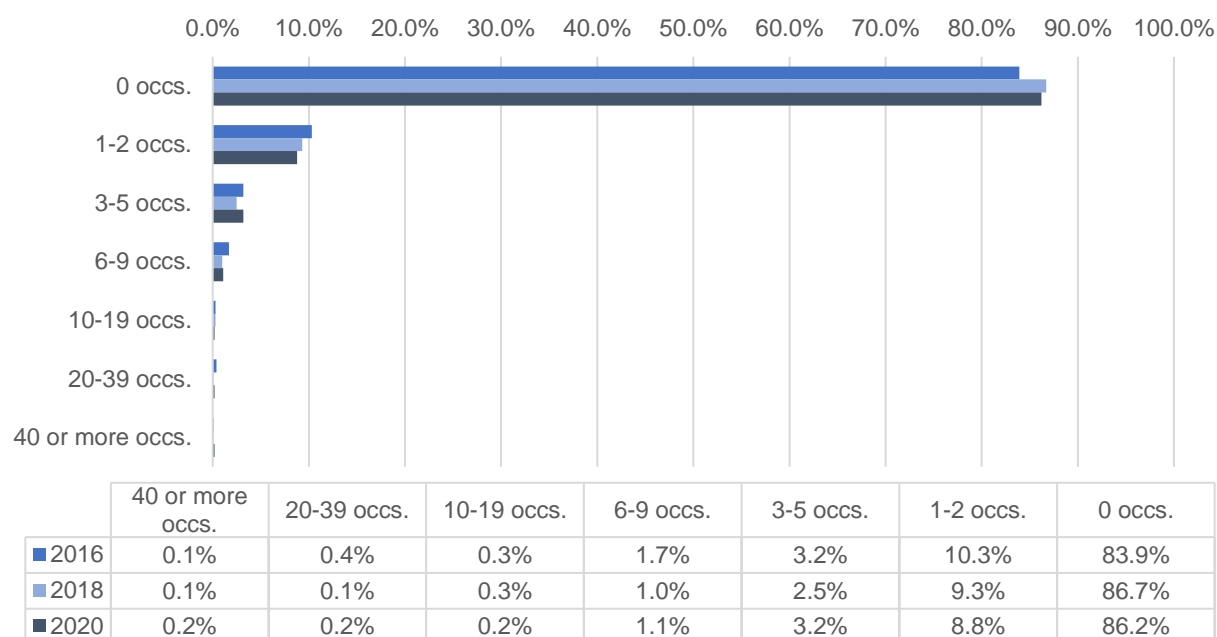
Source: Florida Youth Substance Abuse Survey

Figure 124: Orange County – On How Many Occasions in Your Lifetime Have You Woken Up After A Night of Drinking Alcoholic Beverages and Not Been Able to Remember the Things You Did or the Places You Went? (HS Only 2016-2020)



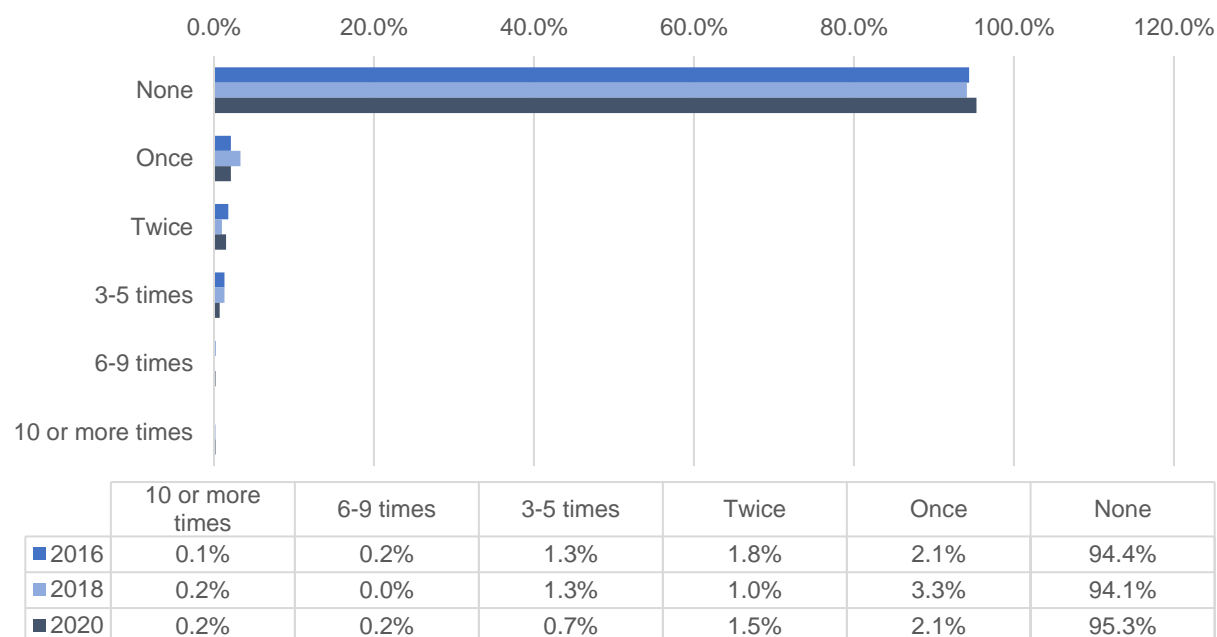
Source: Florida Youth Substance Abuse Survey

Figure 125: Orange County – On How Many Occasions Have You Had Beer, Wine or Hard Liquor in the Past 30 Days? (MS&HS 2016-2020)



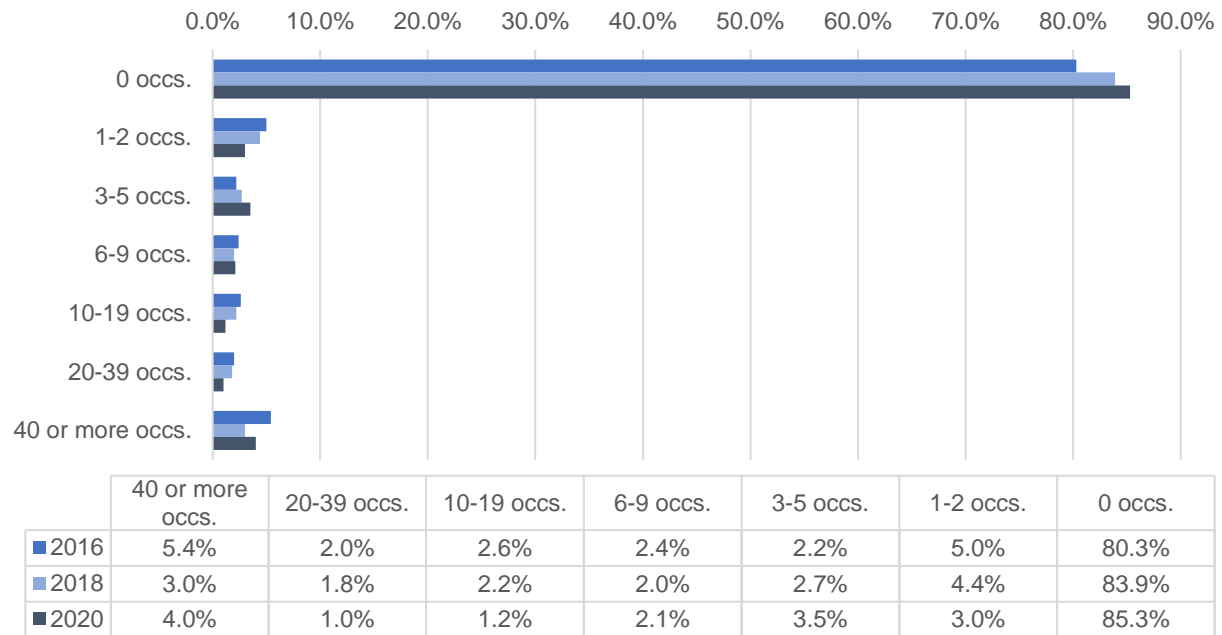
Source: Florida Youth Substance Abuse Survey

Figure 126: Orange County – Think Back Over the Past Two Weeks...How Many Times Have You Had Five or More Alcoholic Drinks in a Row? (MS&HS 2016-2020)



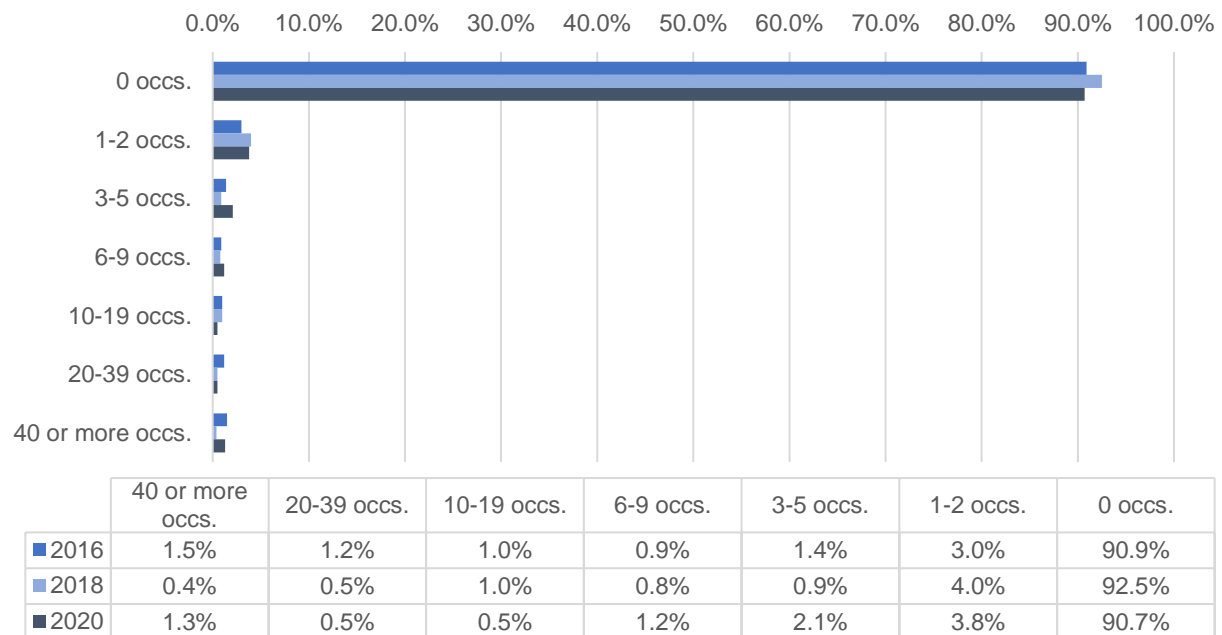
Source: Florida Youth Substance Abuse Survey

Figure 127: Orange County – On How Many Occasions Have You Used Marijuana in Your Lifetime? (MS&HS 2016-2020)



Source: Florida Youth Substance Abuse Survey

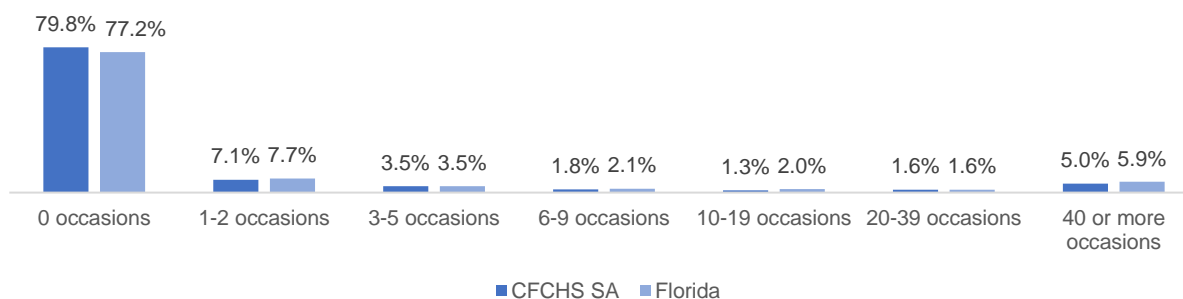
Figure 128: Orange County – On How Many Occasions Have You Used Marijuana or Hashish During the Past 30 Days? (MS&HS 2016-2020)



Source: Florida Youth Substance Abuse Survey

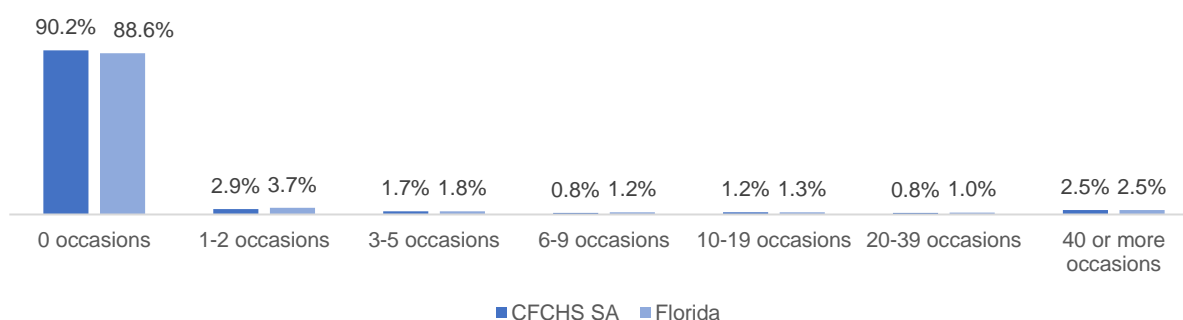


**Figure 129: CFCHS SA – On How Many Occasions Have You Vaped Marijuana in Your Lifetime? (MS&HS 2016-2020)**



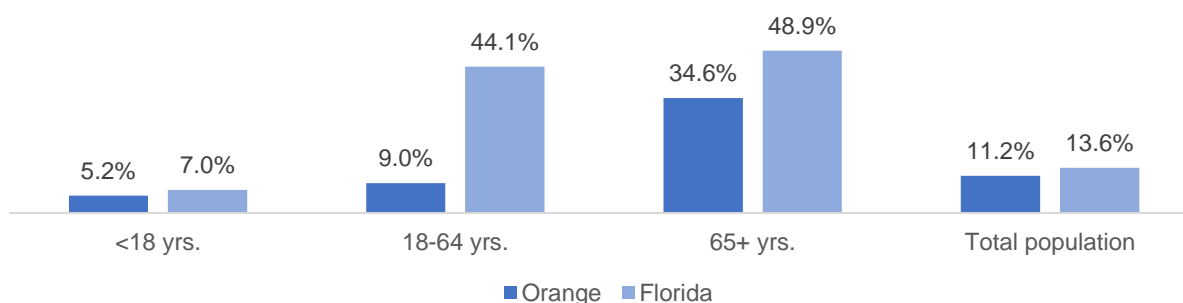
Source: Florida Youth Substance Abuse Survey

**Figure 130: CFCHS SA – On How Many Occasions Have You Vaped Marijuana in Your Lifetime? (MS&HS 2016-2020)**



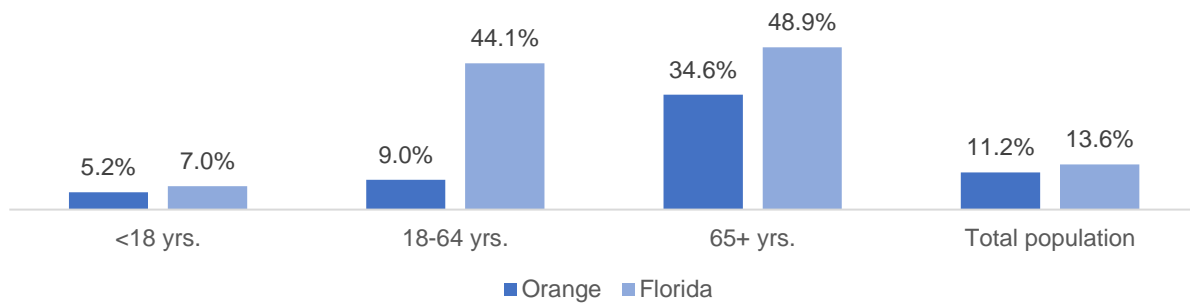
Source: Florida Youth Substance Abuse Survey

**Figure 131: Orange County Civilian Noninstitutionalized Population with a Disability (2013-2019)**



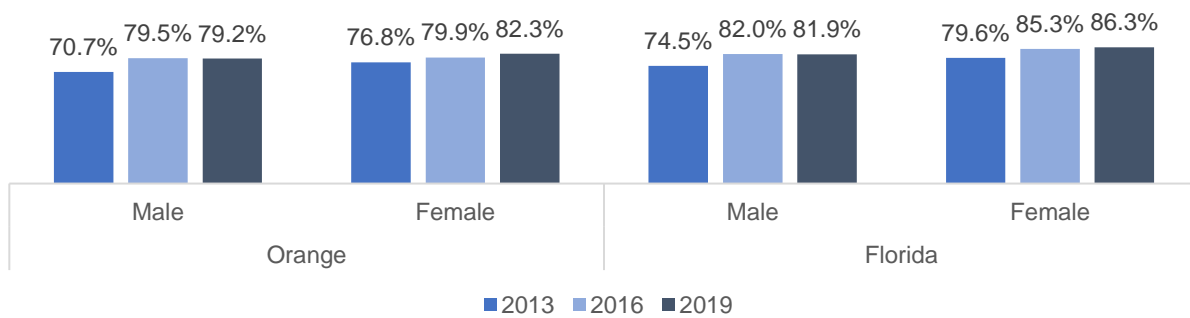
Source: U.S. Census Bureau, American Community Survey. Disability includes Hearing, Vision, Cognitive, Ambulatory, Self-Care, and Independent Living

Figure 132: Orange County Percentage of Adults with Any Type of Health Care Insurance Coverage (2013-2019)



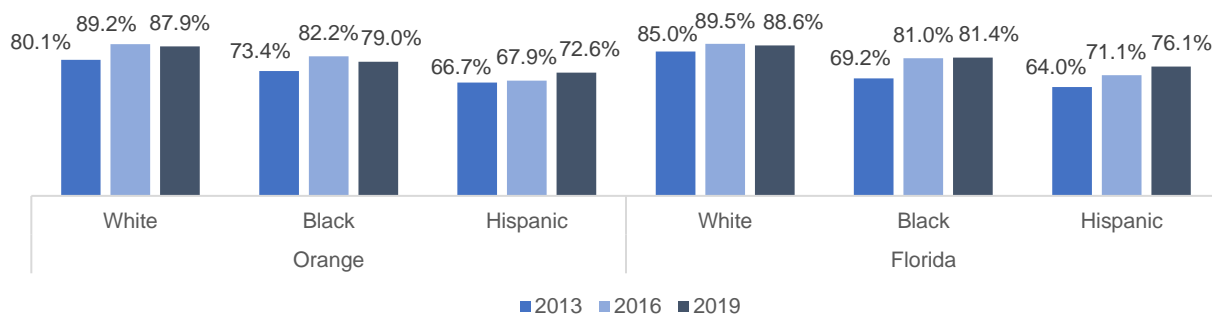
Source: Behavioral Risk Factor Surveillance System

Figure 133: Orange County Percentage of Adults with Any Type of Health Care Insurance Coverage by Gender (2013-2019)



Source: Behavioral Risk Factor Surveillance System

Figure 134: Orange County Percentage of Adults with Any Type of Health Care Insurance Coverage by Race and Ethnicity (2013-2019)



Source: Behavioral Risk Factor Surveillance System

# Orange County ME Individuals Served Profile

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## Individuals Served Population

CFCHS-funded organizations served 27,681 individuals in FY20-21. This number included a small amount of duplication (<1%) in that some individuals served moved from one county to another, were enrolled in more than one program, or changed residential status during the 1-year time frame. Over 40% of individuals served resided in Orange County (11,195 individuals), followed by Brevard County at 29.4% (8,132 individuals), Seminole County at 14.2% (3,937 individuals), and Osceola County at 9.9% (2,746 individuals). Individuals who reported living in another county accounted for 6% of all individuals.

Orange County adult programs accounted for 77.7% of all individuals, with 44% enrolled in the Adult Mental Health (AMH) program and 33.7% in the Adult Substance Abuse program (ASA). The remaining individuals (22.2%) were in the Child Mental Health (CMH) program, at 8.2%, and the Child Substance Abuse (CSA) program at 14%.

## Gender

Males represented more than 50% of all individuals in the AMH, ASA, and CSA programs, ranging from 65.5% in the CSA program, to 55.6% in the AMH program. Males accounted for 47.4% of CMH individuals. Females accounted for 44.4% of individuals in AMH program, 39.3% of individuals in the ASA program, 52.6% of those in the CMH programs, and 34.5% of those in the CSA program.

## Race

Less than half of the individuals served in Orange County were White, at 48.8%, which was less than the percentage in the county population at 59.9%. Black individuals served accounted for 30.9% of program individuals, while representing 21% of county residents. The racial distribution of individuals served in the ASA programs closely matched the county population. Individuals in the CSA program were more racially diverse as 44.8% of individuals in the CMH program were Black. Multi-racial individuals served, ranged from 6.6% in the CSA program, to 11.3% of the CMH program. In the county, multi-racial residents accounted for 7.6% of the population.

## Ethnicity

The ethnic composition of individuals served were less diverse when compared to the county population. Hispanics accounted for 22.8% of individuals served while representing 32.1% of county residents. The percentage of Hispanic individuals served in the CMH program closely matched the percentage in the county population at 33.8% and 32.1%, respectively.

## Age Range

A comparison of the percentages of individuals served by age ranges, revealed those enrolled in mental health and substance use programs were younger when compared to the age range distribution in the county population. Adults, ages 25-44 years of age, accounted for 53.8% of AMH and 63% of ASA individuals served. In comparison, adults in this age range represented 31.2% of the Orange County population. Conversely, adults aged 65 years and older accounted for a smaller percentage of individuals served (1.1%), when compared to those in the service area population at 11.9%. Children under 5 years accounted for 1.2% of individuals in the CMH and CSA programs. There was a higher percentage of older teens, ages 15-19 years, in the CSA program (69.2%), when compared to those in the CMH program at 27.2%.

## Residential Status

ASA individuals served were more likely to live dependently (with relatives or non-relatives) at 23.8% when compared to AMH individuals served at 13.2%. The percentages of individuals served living independently (with relatives or non-relatives) were higher among ASA individuals served, at 28.9%, when compared to AMH individuals served at 13.9%. The percentage of AMH individuals served who lived independently alone, at 59.1%, was higher when compared to ASA individuals served at 37%. Youth Individuals served who lived dependently with relatives accounted for 92.6% of those in the CSA program. This was higher than the percentage in the CMH program where 73.4% lived dependently with relatives. Youth living independently alone also varied when comparing the two programs. CMH individuals served accounted for 22.9% of those living alone while only 1.9% of individuals in the CSA program lived by themselves.

## Educational Attainment

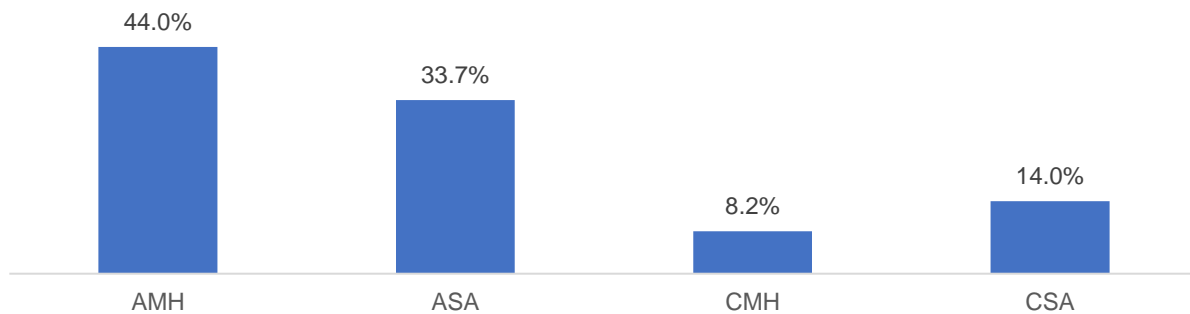
Orange County individuals served attained lower educational levels when compared to those in the service area population. Among adults, 41.9% of AMH and 46.2% of ASA, attained a high school education. In the service area population, 88.7% of residents earned at least a high school diploma. Consequently, the percentages of Orange County adults served who attained some college education, or earned a college degree, were well below those for residents living in the county.

## Employment Status

Lower educational attainment was one factor that contributed to much higher levels of unemployment among Orange County adults served when compared to those in the service area. Unemployment ranged from 65% of AMH to 63.3% among ASA individuals served. The estimate for unemployment in the service area was 4.0% (2019). Not authorized to work accounted for less than 1% of adult individuals served.

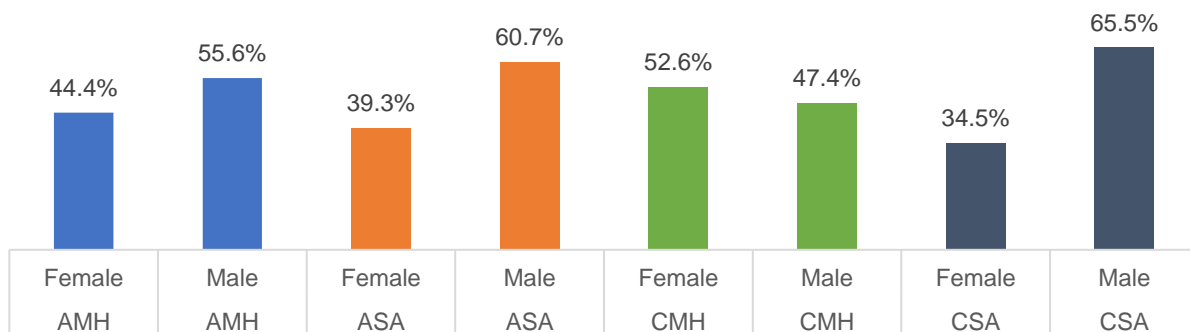
## Orange County ME Individuals Served Charts

Figure 135: Orange County Individuals Served by Program



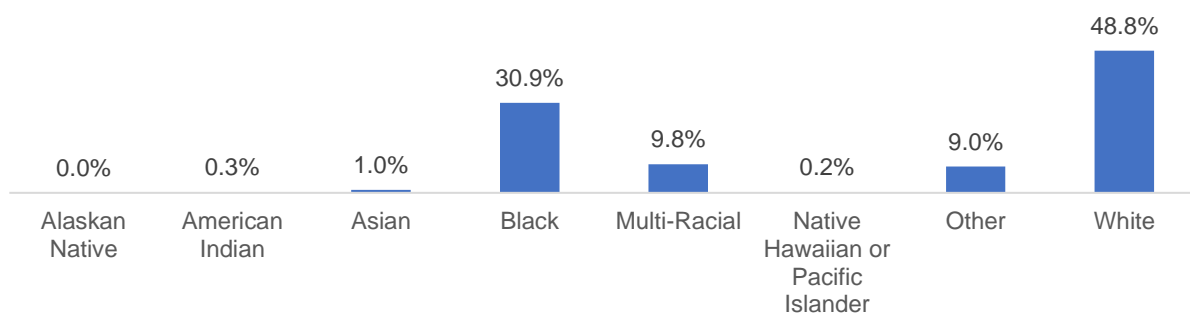
Source: CFCHS Individuals Served Data

Figure 136: Orange County Individuals Served by Program and Gender



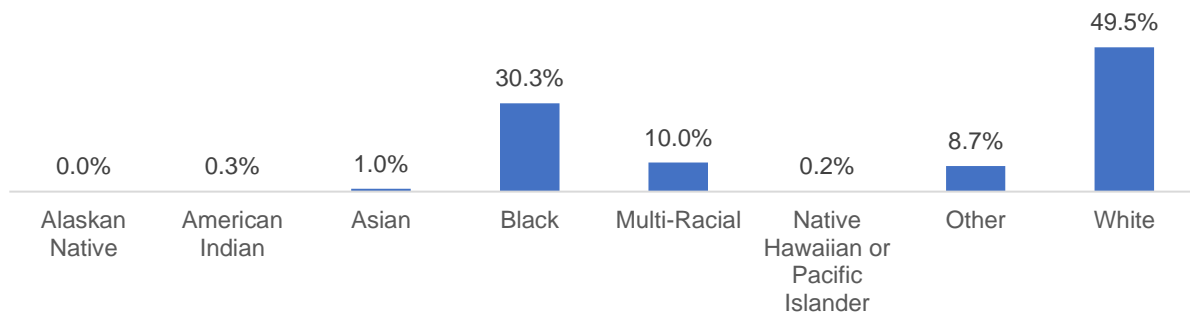
Source: CFCHS Individuals Served Data

Figure 137: Orange County Individuals Served by Race



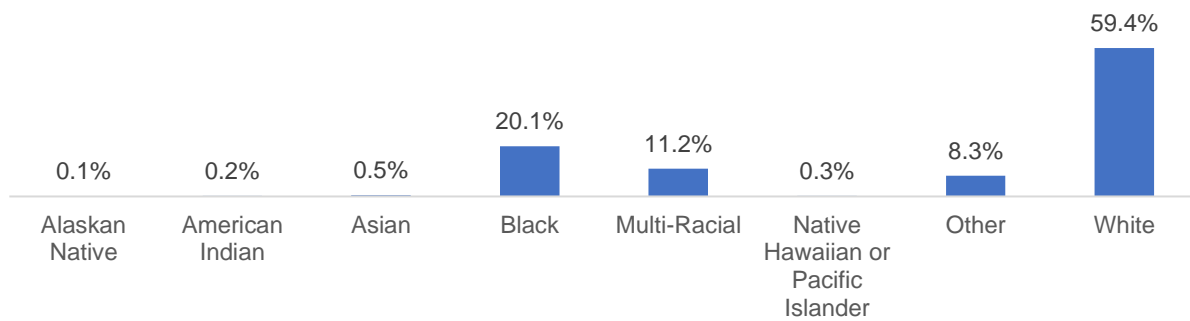
Source: CFCHS Individuals Served Data

Figure 138: Orange County AMH Individuals Served by Race



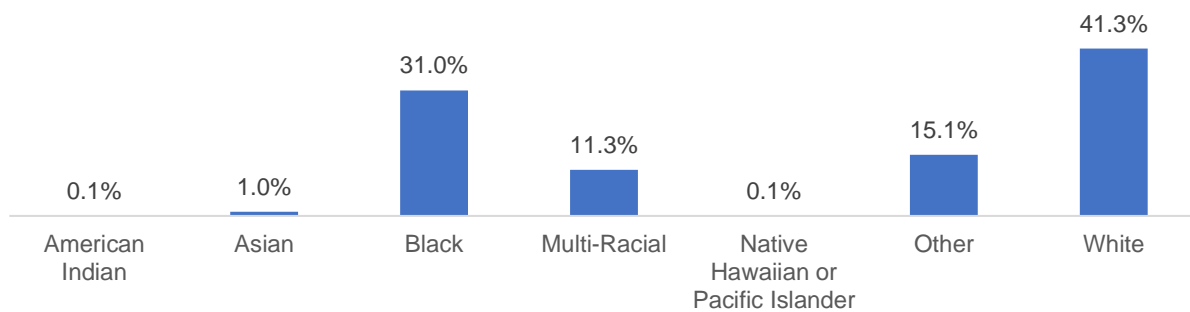
Source: CFCHS Individuals Served Data

Figure 139: Orange County ASA Individuals Served by Race



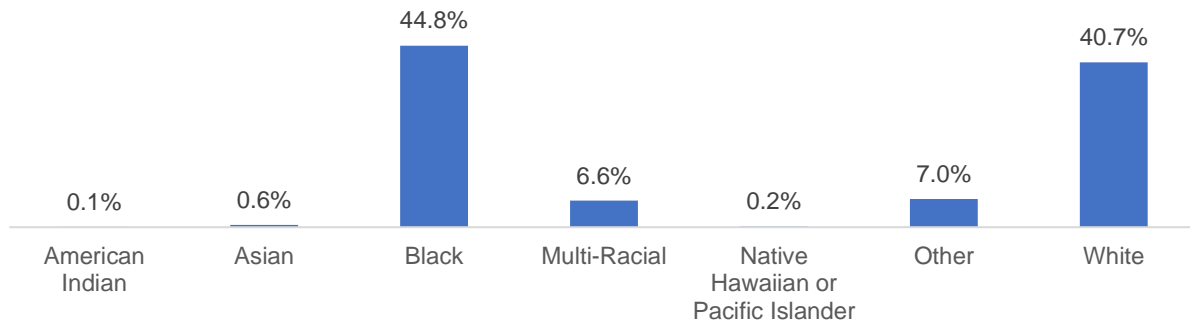
Source: CFCHS Individuals Served Data

Figure 140: Orange County CMH Individuals Served by Race



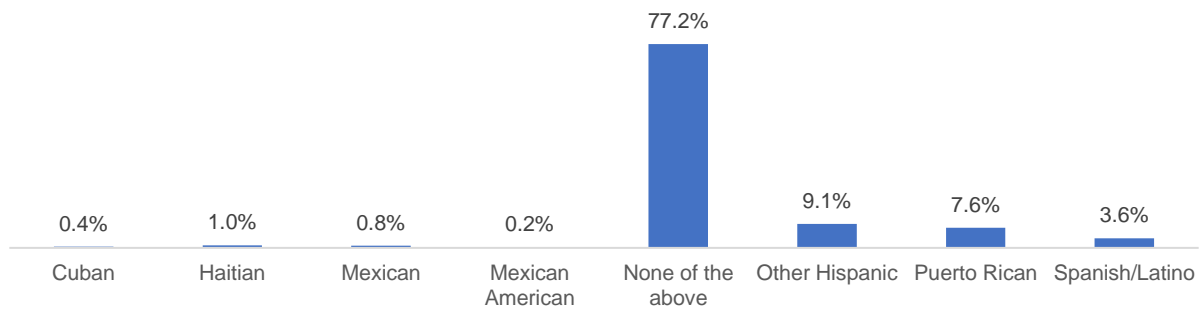
Source: CFCHS Individuals Served Data

Figure 141: Orange County CSA Individuals Served by Race



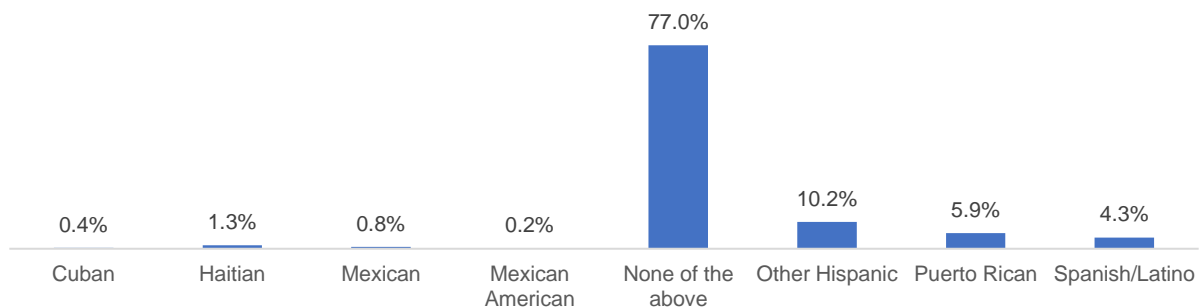
Source: CFCHS Individuals Served Data

Figure 142: Orange County Individuals Served by Ethnicity



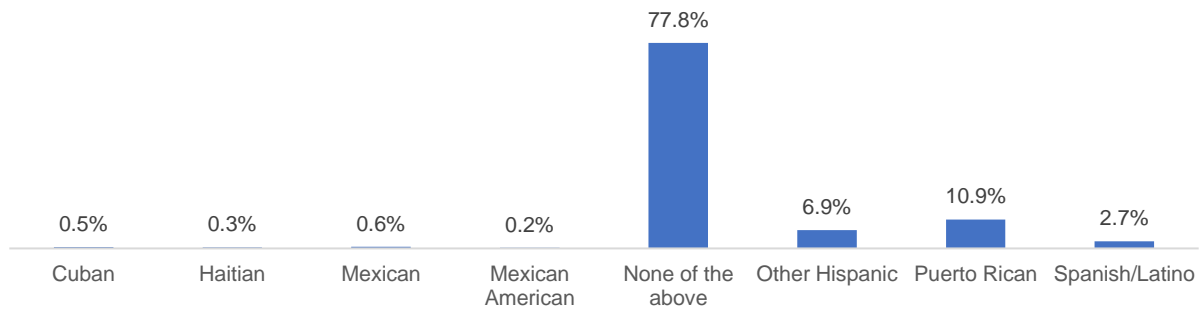
Source: CFCHS Individuals Served Data

Figure 143: Orange County AMH Individuals Served by Ethnicity



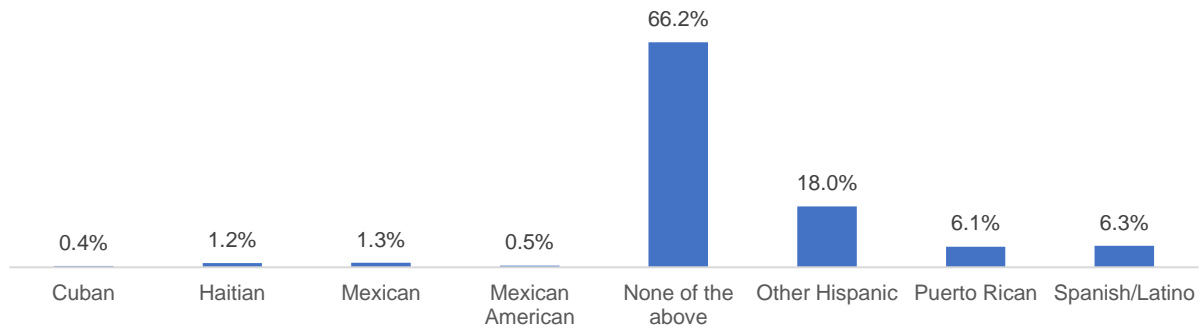
Source: CFCHS Individuals Served Data

Figure 144: Orange County ASA Individuals Served by Ethnicity



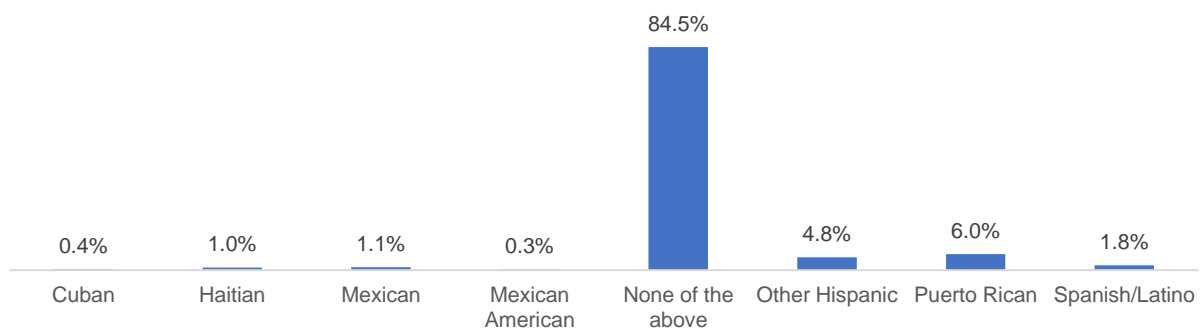
Source: CFCHS Individuals Served Data

Figure 145: Orange County CMH Individuals Served by Ethnicity



Source: CFCHS Individuals Served Data

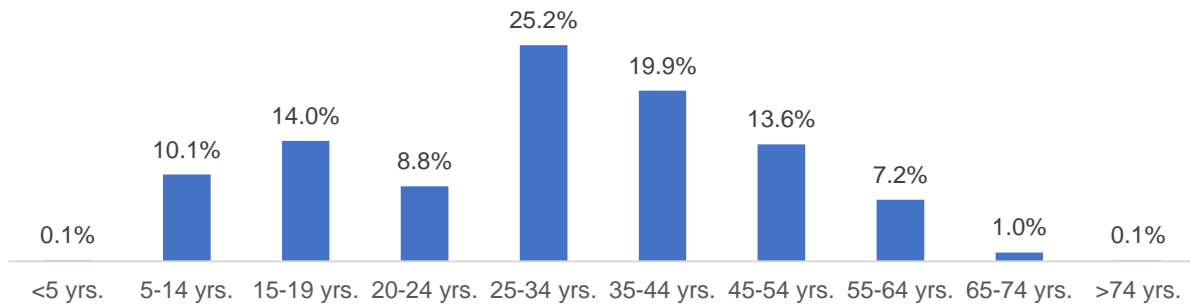
Figure 146: Orange County CSA Individuals Served by Ethnicity



Source: CFCHS Individuals Served Data

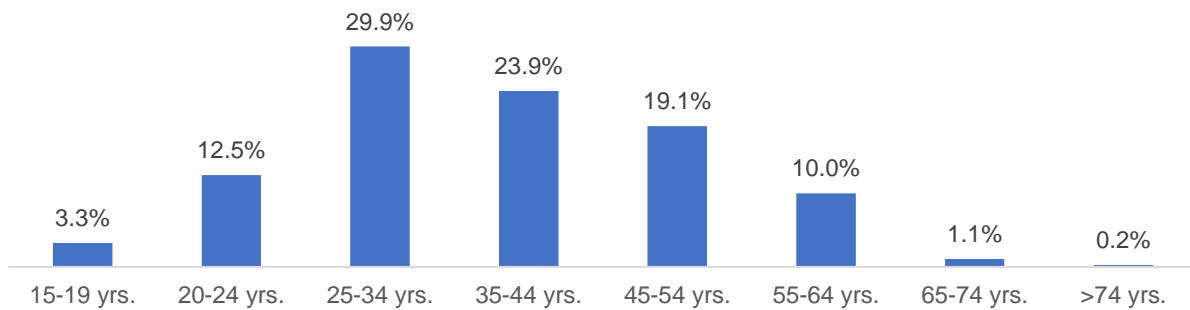


Figure 147: Orange County Individuals Served by Age Range



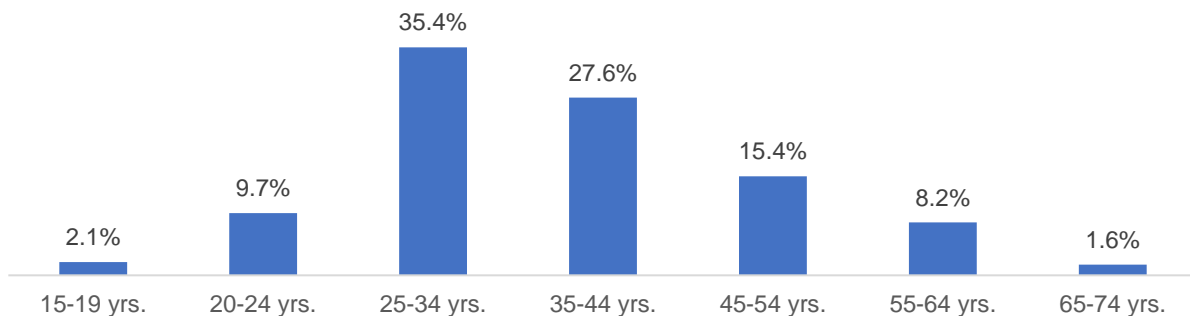
Source: CFCHS Individuals Served Data

Figure 148: Orange County AMH Individuals Served by Age Range



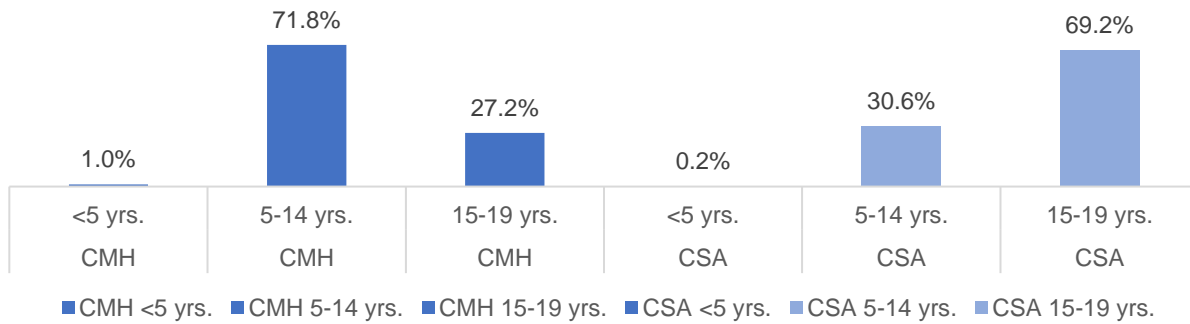
Source: CFCHS Individuals Served Data

Figure 149: Orange County ASA Individuals Served by Age Range



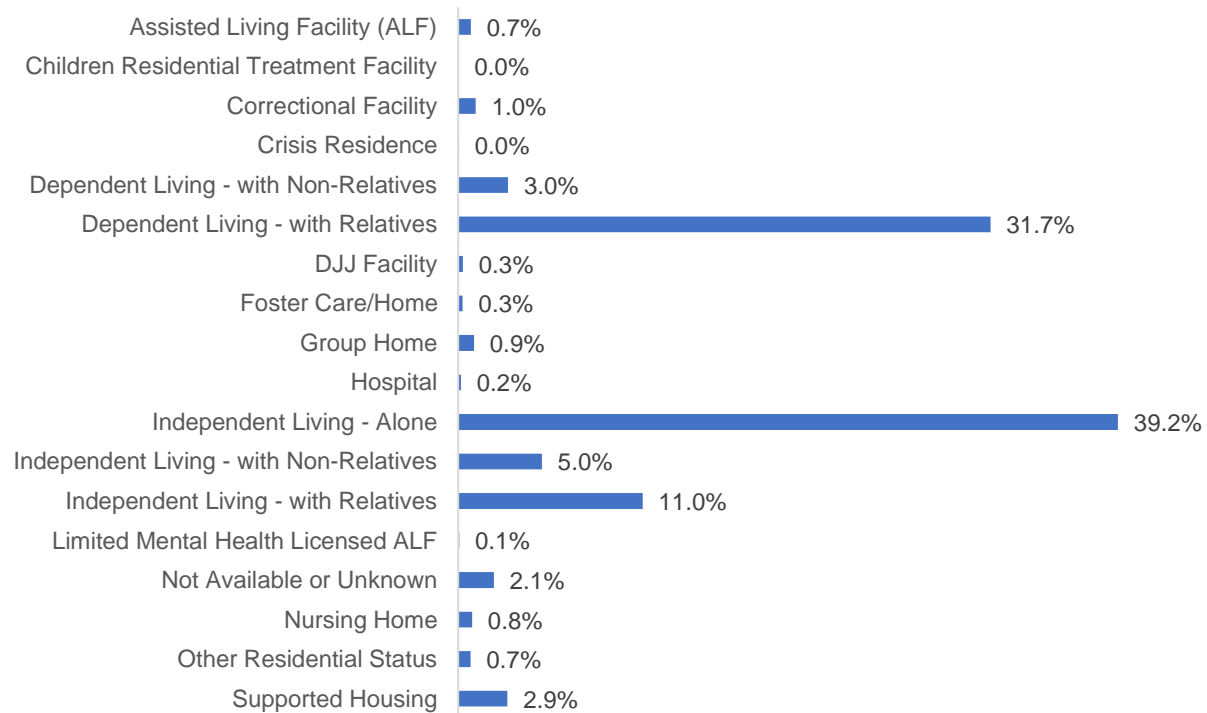
Source: CFCHS Individuals Served Data

Figure 150: Orange County CMH and CSA Individuals Served by Age Range



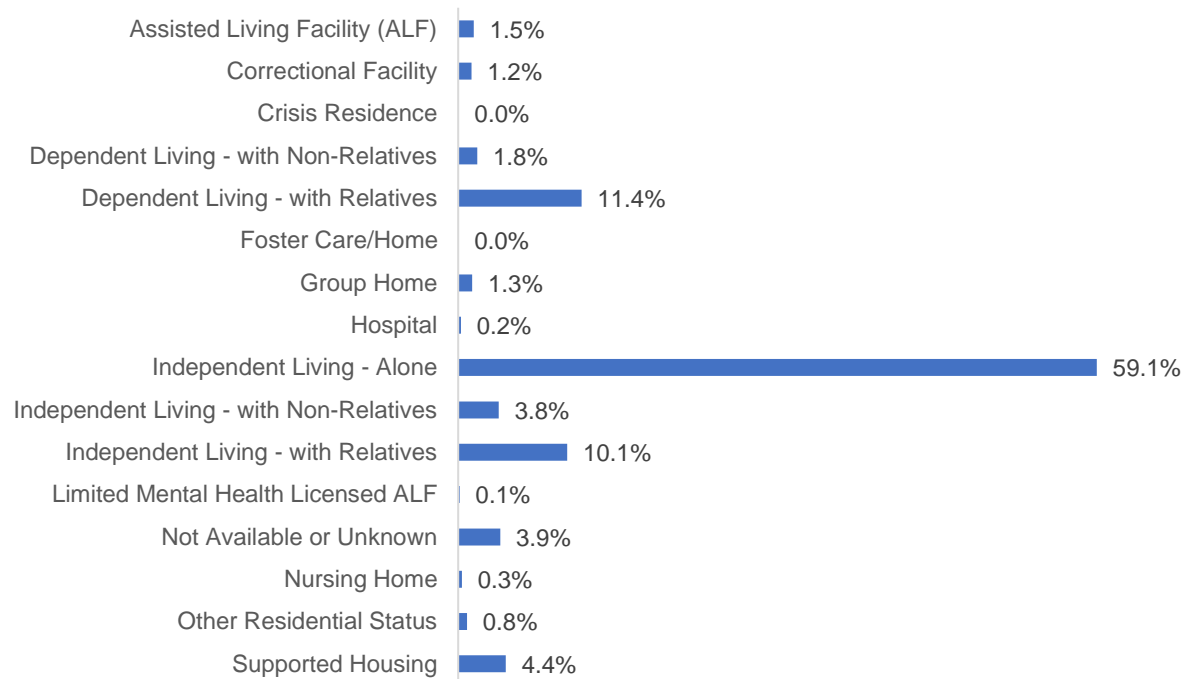
Source: CFCHS Individuals Served Data

Figure 151: Orange County Individuals Served by Residential Status



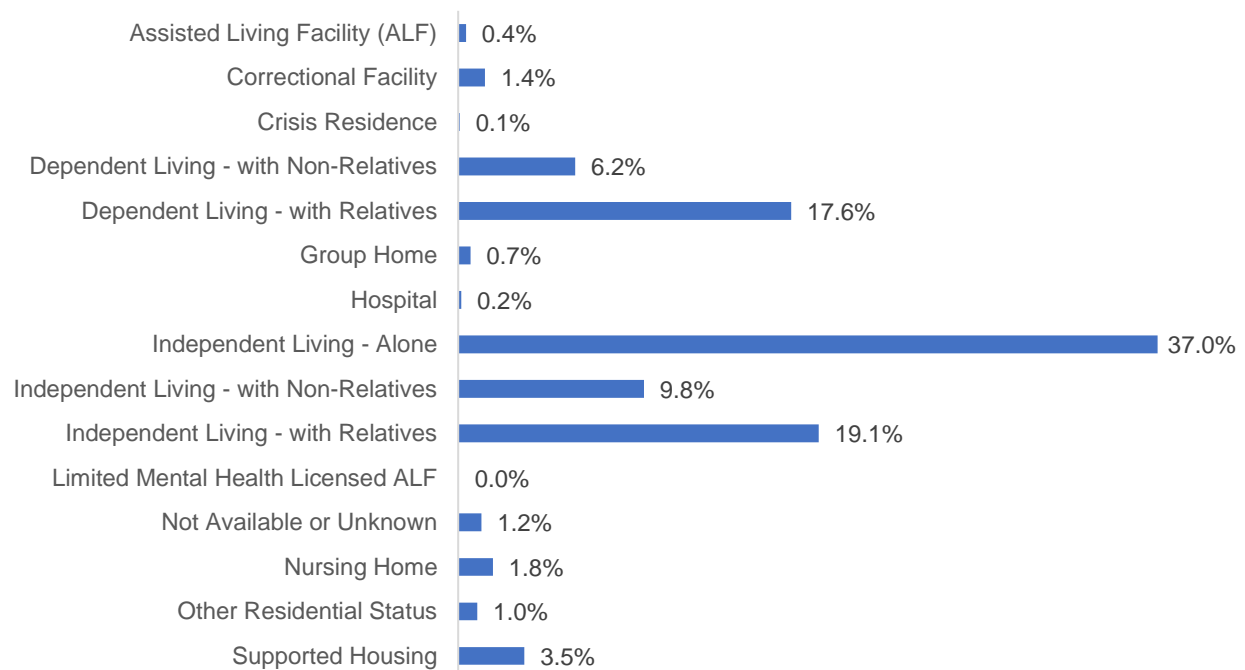
Source: CFCHS Individuals Served Data

Figure 152: Orange County AMH Individuals Served by Residential Status



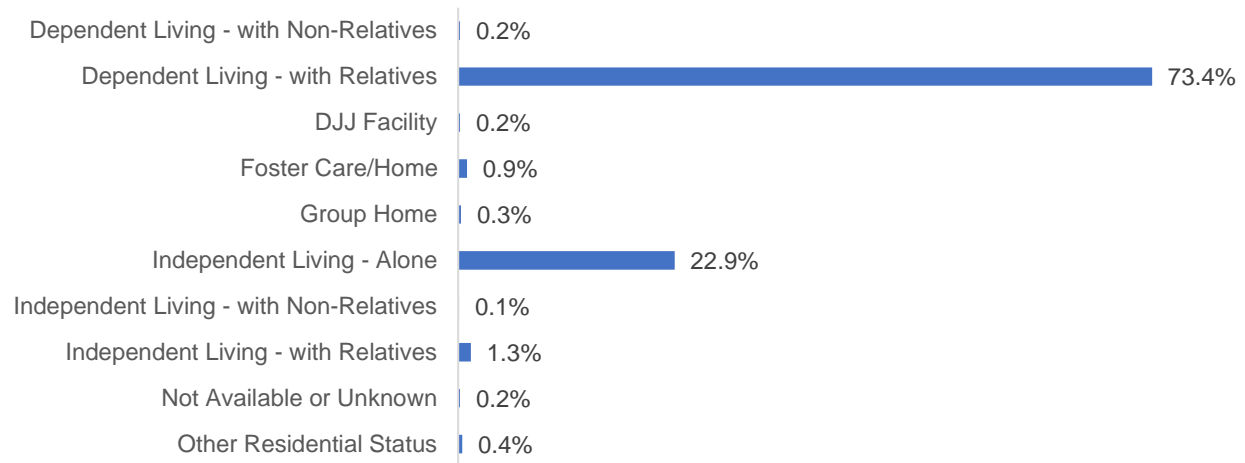
Source: CFCHS Individuals Served Data

Figure 153: Orange County ASA Individuals Served by Residential Status



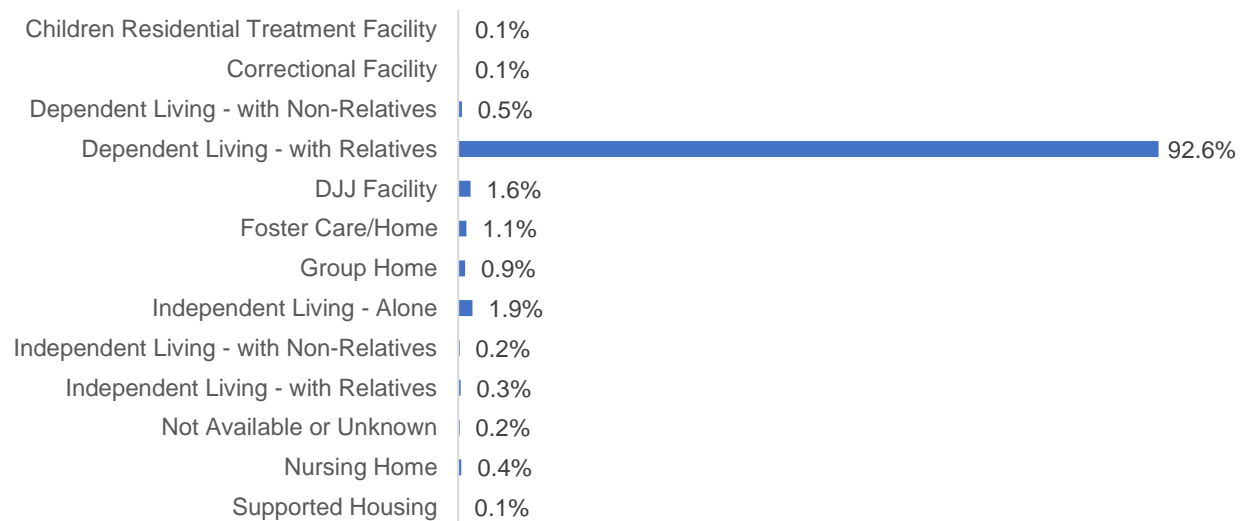
Source: CFCHS Individuals Served Data

Figure 154: Orange County CMH Individuals Served by Residential Status



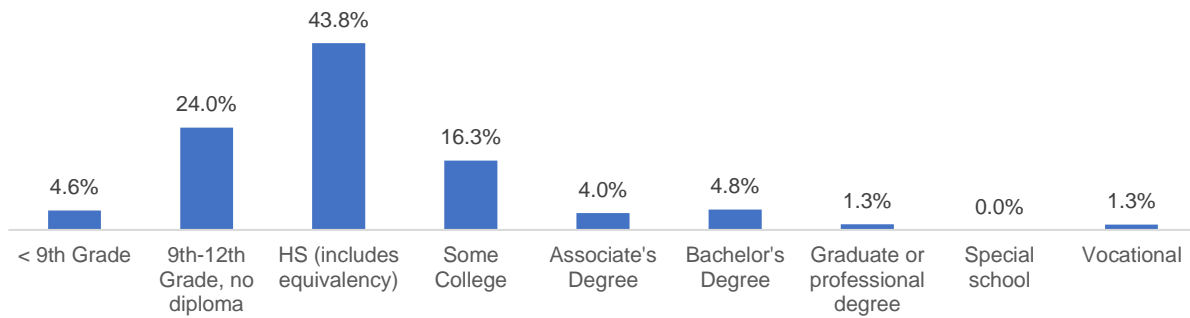
Source: CFCHS Individuals Served Data

Figure 155: Orange County CSA Individuals Served by Residential Status



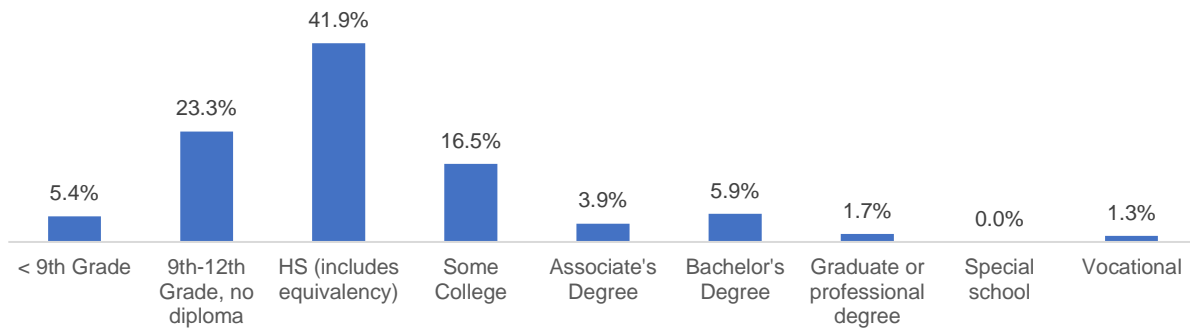
Source: CFCHS Individuals Served Data

Figure 156: Orange County Individuals Served by Educational Attainment



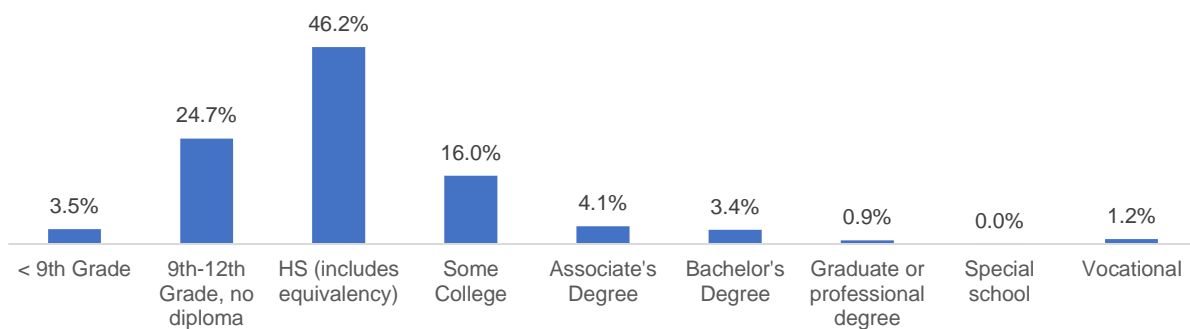
Source: CFCHS Individuals Served Data

Figure 157: Orange County AMH Individuals Served by Educational Attainment



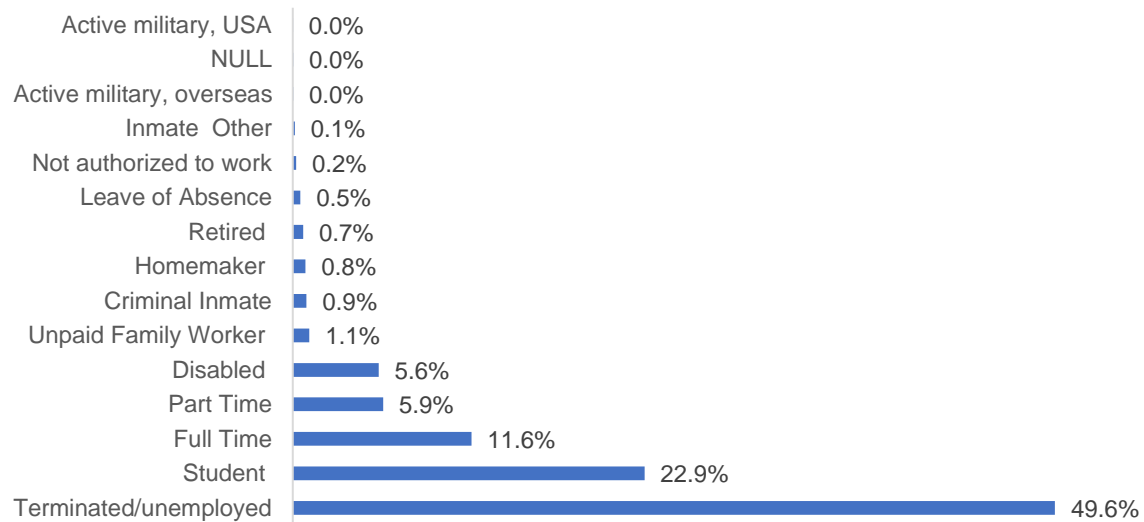
Source: CFCHS Individuals Served Data

Figure 158: Orange County ASA Individuals Served by Educational Attainment



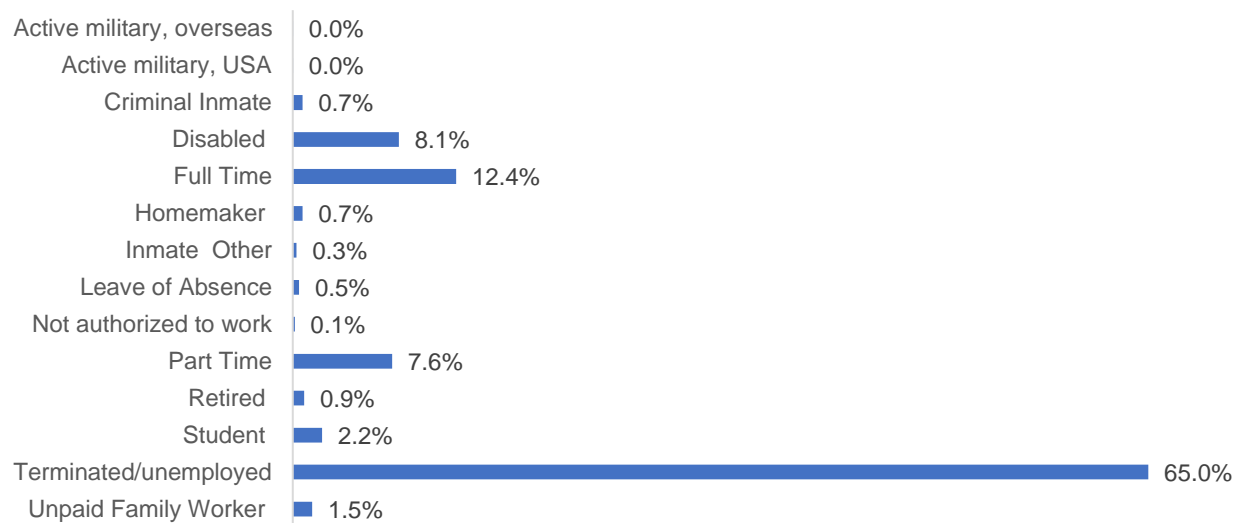
Source: CFCHS Individuals Served Data

Figure 159: Orange County Individuals Served by Employment Status



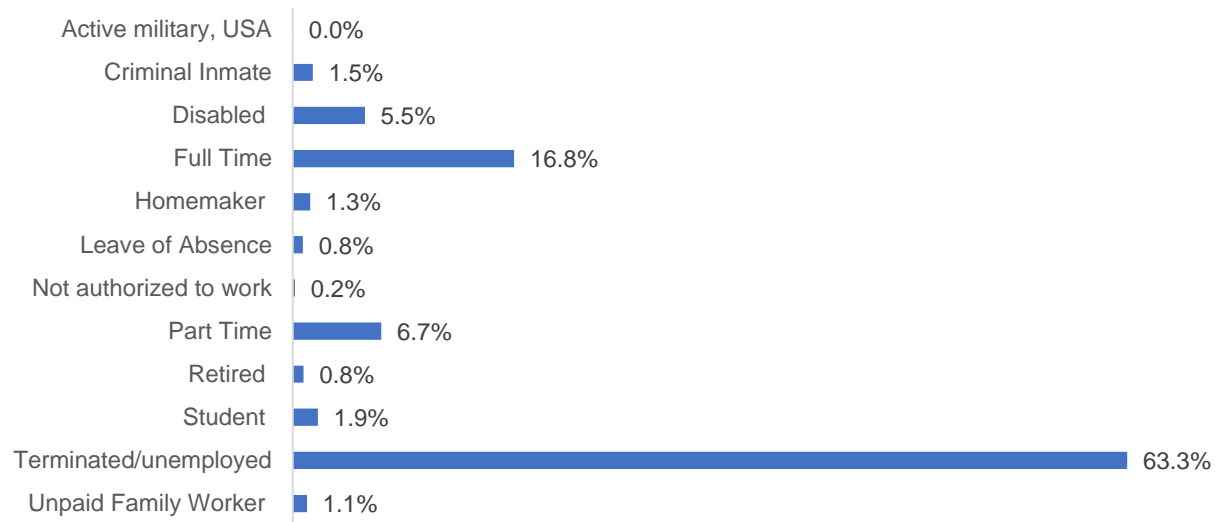
Source: CFCHS Individuals Served Data

Figure 160: Orange County AMH Individuals Served by Employment Status



Source: CFCHS Individuals Served Data

Figure 161: Orange County ASA Individuals Served by Employment Status



Source: CFCHS Individuals Served Data

## Orange County Homeless Population Profile

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The 2021 Council on Homelessness Report states that the Point in Time Count (PIT) data provides a snapshot of homelessness. **Due to the pandemic, the 2021 PIT Count is not directly comparable to prior years' counts.** Typically, Continuums of Care (CoCs - A local geographic area designated by HUD and served by a local planning body, which is responsible for organizing and delivering housing and services to meet the needs of people who are homeless as they move to stable housing and maximum self-sufficiency) conduct a PIT Count of both sheltered and unsheltered households. This year, due to COVID-19 related safety concerns, only six of the 27 CoCs conducted such a count; 10 CoCs did not conduct an unsheltered count; and others conducted a modified form of the unsheltered count. All CoCs conducted a sheltered PIT count. For those that did not conduct an unsheltered count, the CoCs reported zero unsheltered persons, resulting in an undercount of total homelessness. According to the report:

“Housing is a significant determinant of health, and insufficient housing is a major public health issue. The COVID-19 pandemic has exacerbated housing instability, especially for low-income households. In effect, the pandemic has triggered high rates of unemployment, worsened pre-existing behavioral health disorders, and increased stress, anxiety, and depression for others. Increased rates of unemployment also contribute to increasing the prevalence of behavioral health disorders, resulting in more suffering and deaths. Prior to the pandemic, America’s affordable housing crisis was already expected to get worse. The ELI housing crisis is evidenced by the fact that people with disabilities are forced to live in segregated and institutional facilities (e.g., nursing homes, state institutions, etc.) and experience homelessness. Many of these individuals need Permanent Supportive Housing.”

(Please access the actual report for resources at: [2021CouncilReport.pdf](#) ([myflfamilies.com](#)))

In 2021, the Florida Council on Homelessness reported there were 1,544 homeless individuals in Orange, Osceola, and Seminole counties (CoC# FL-507). An unsheltered PIT count was not conducted in the three-county region which resulted in zero unsheltered persons. Chronically homeless, defined as continually homeless for over 1 year, increased 168.7%, from 182 individuals in 2017 to 489 people in 2020. There were 177 individuals chronically homeless in 2021. Homelessness among veterans decreased 12.8% from 218 in 2017 to 190 in 2020. Homeless veterans accounted for 195 individuals in 2021. Families experiencing homelessness also decreased (10%) from 262 in 2017 to 222 in 2020. There were 659 homeless families in the three-county region in 2021. The number of Orange County homeless students, reported by the Florida Department of Education (FDOE), at 6,853 for the 2015-2016 academic year, decreased 30% to 4,800 during 2019-2020. Of those students who were homeless, 63% were in a sharing housing arrangement, and 27.9% were living in motels.

Due to the COVID-19 pandemic, this year saw an unprecedented infusion of federal funding to address homelessness and housing instability. With these funds appropriated by Congress, the State, local governments, CoCs, and partner agencies invested in solutions to homelessness, including rent and utilities assistance, sheltering, outreach, supportive services, and more. While these resources have increased Florida’s capacity to prevent and end homelessness, the federal funds have strict restrictions on how the



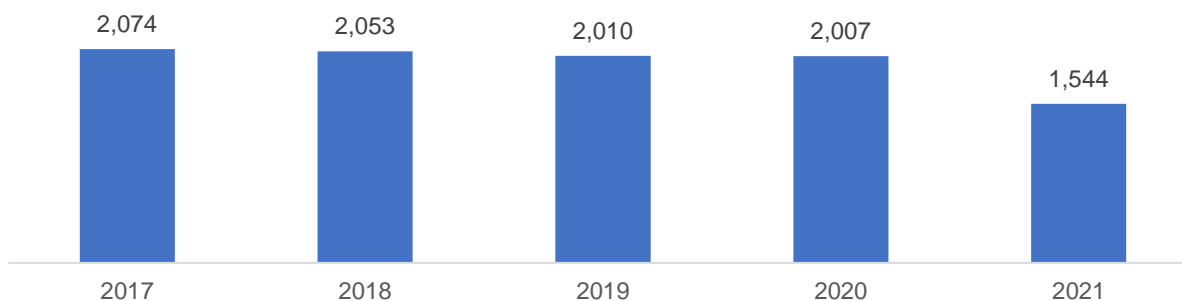
funds may be used; they are not interchangeable with the Challenge and Staffing grants provided to CoCs by the State of Florida. State funding remains critical to addressing homelessness in Florida, especially in rural areas and for the many programs that cannot be funded by federal resources due to their restrictions. State funding helps ensure a broad range of programs in Florida, as well as increase the capacity of the CoCs to administer the federal funding and other resources.

**Figure 162: CoC# FL-507 Funding from Federal and State Sources (SFY20-21) – Orange, Osceola, and Seminole Counties**

| <b>Funding Source SFY20-21</b>    | <b>Funding Amount</b>  |
|-----------------------------------|------------------------|
| State Challenge                   | \$148,500.00           |
| Emergency Solutions Grant (State) | \$200,000.00           |
| State TANF-HP                     | \$46,582.00            |
| State Staffing                    | \$107,142.85           |
| ESG-CV (State)                    | \$5,946,937.02         |
| <b>State Total</b>                | <b>\$6,449,161.87</b>  |
| HUD CoC (FFY20)                   | \$9,530,007.00         |
| <b>Total Funding Award</b>        | <b>\$15,979,168.87</b> |

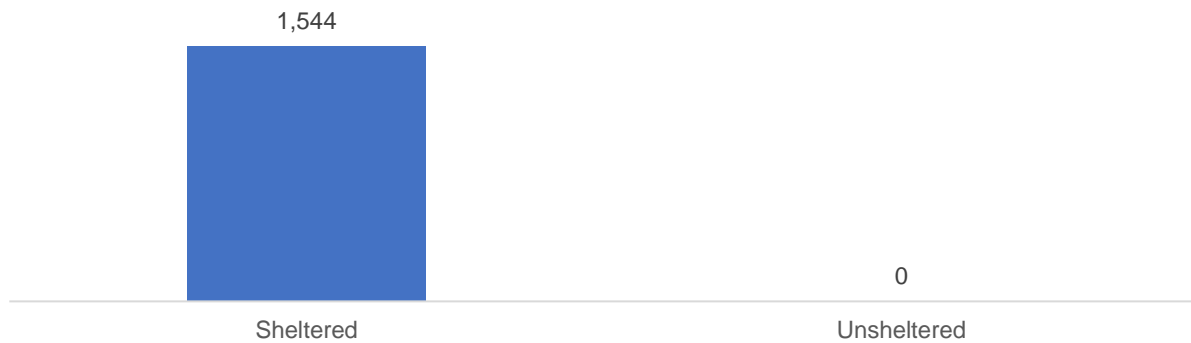
Source: 2021 Florida's Council on Homelessness Annual Report

**Figure 163: Central Florida CoC Total Homeless (2017-2021)**



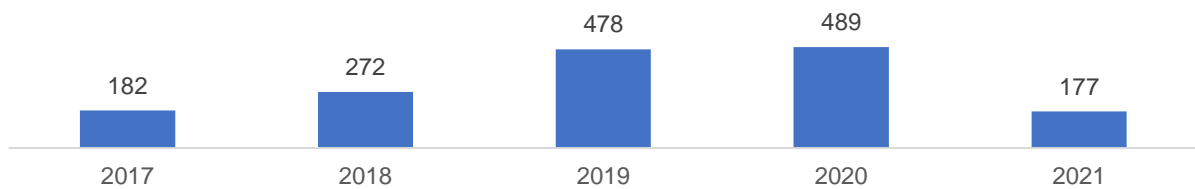
Source: 2021 Florida's Council on Homelessness Annual Report. Includes Orange, Osceola, and Seminole counties.

Figure 164: Central Florida CoC Total Homeless Sheltered and Unsheltered (2021)



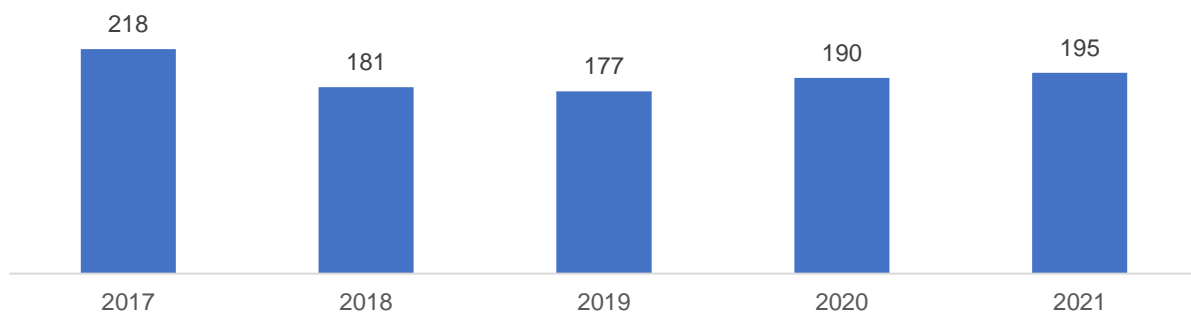
Source: 2021 Florida's Council on Homelessness Annual Report. Includes Orange, Osceola, and Seminole counties.

Figure 165: Central Florida CoC Chronic Homelessness (2017-2021)



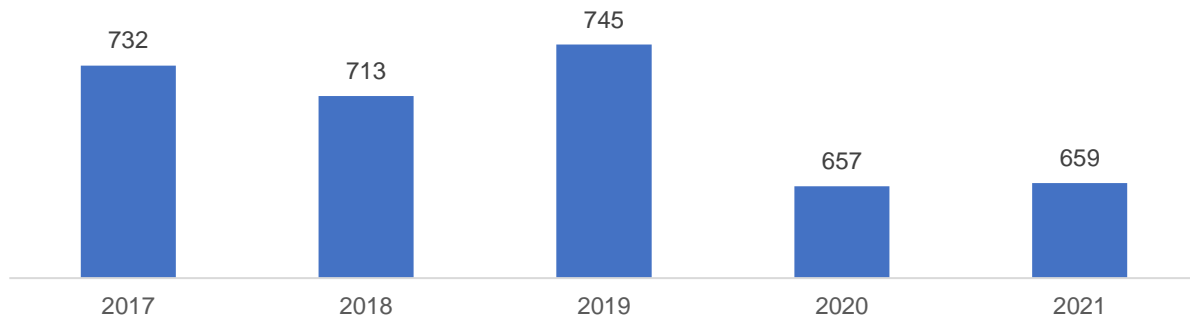
Source: 2021 Florida's Council on Homelessness Annual Report. Includes Orange, Osceola, and Seminole counties.

Figure 166: Central Florida CoC Homelessness Among Veterans (2017-2021)



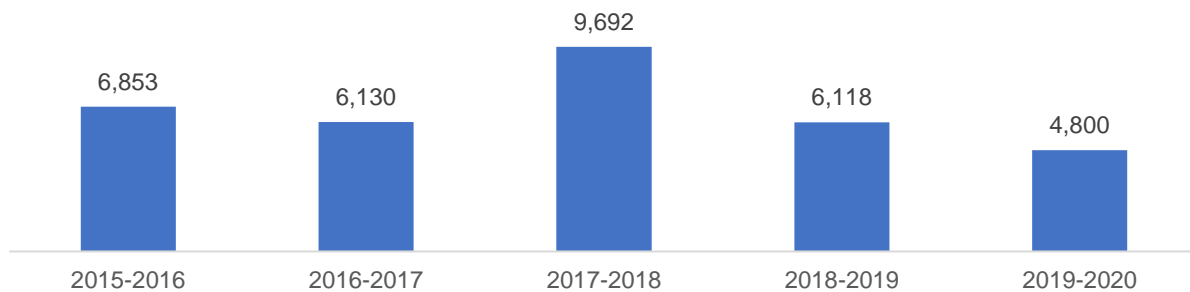
Source: 2021 Florida's Council on Homelessness Annual Report. Includes Orange, Osceola, and Seminole counties.

Figure 167: Central Florida CoC Family Homelessness: Total Persons in Families with Children (2017-2021)



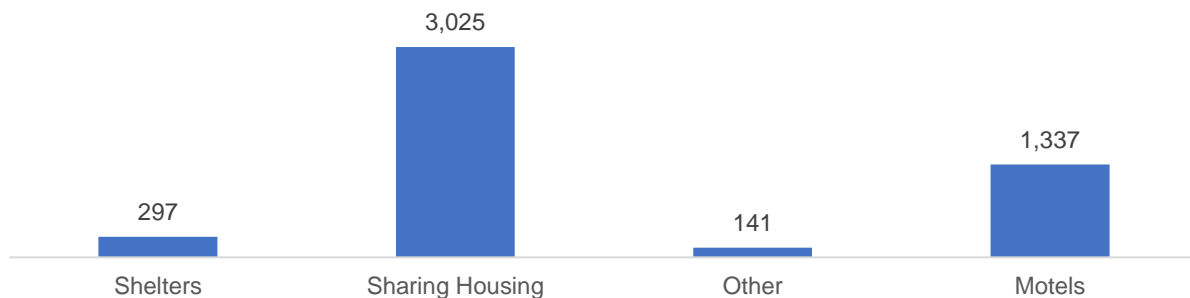
Source: 2021 Florida's Council on Homelessness Annual Report. Includes Orange, Osceola, and Seminole counties.

Figure 168: FDOE – Orange County Homeless Students in Public School, District 48 (2015-2020)



Source: 2021 Florida's Council on Homelessness Annual Report. District 48 is Orange County, Florida.

Figure 169: FDOE – Orange County Homeless Students in Public Schools by Living Situation, District 48 (2019-2020)



Source: 2021 Florida's Council on Homelessness Annual Report.

# Orange County ME Homeless Individuals Served Profile

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## Homeless Individuals Served Demographics

A total of 4,974 CFCHS homeless individuals served were enrolled in adult and child programs in FY20-21. This number does contain some duplication caused by changes in residential status over the past 12-months, moving from one county to another in the service area, and/or co-occurring conditions. When analyzing data at the county level, some of the duplication is removed, resulting in a slightly lower number of homeless individuals served. After removing individuals served with a status of Other County, there were 4,119 individuals served by CFCHS in Brevard (749), Orange (2,228), Osceola (754), and Seminole (388) counties.

In Orange County, 40.6% of homeless individuals served were in the AMH program and 58.7% in the ASA program. Homeless children in the CMH and CSA program accounted for less than 1% of homeless individuals served.

## Gender

Males accounted for larger percentages of homeless individuals served, at 73.7% in the AMH program, 69.2% in the ASA program, and 76.9% in the CSA program. Females accounted for 100% of homeless individuals served in the CMH program. It should be noted that the number of homeless individuals in the CSA was small, and results should be interpreted with caution.

## Race

Homeless individuals served in the AMH and CMH programs were racially more diverse when compared to the Orange County population. Black homeless individuals served in the AMH program accounted for 38.7% and 50% of CMH homeless individuals served. In Orange County, 21% of residents were Black. The percentages of multi-racial homeless individuals served in the ASA (14.8%), CMH (25%), and CSA (15.4%) programs were also higher when compared to the county population at 7.5%. The numbers of homeless individuals in child programs were small and results should be interpreted with caution.

## Ethnicity

Homeless individuals served were less ethnically diverse when compared to the Orange County population. Among AMH homeless individuals served, 13.6% were Hispanic, along with 22.1% of ASA homeless individuals served. Hispanic residents in Orange County represented 32.1% of the population.

## Age Range

Adults, ages 25-44 years, accounted for 57% of AMH and 64.2% of ASA homeless individuals served. These percentages were much higher when compared to residents of the same age in the county, at 31.2%. Older homeless individuals, those over 65 years of age, represented a much smaller percentage of homeless individuals (~1%) when compared to those in the service area at 11.9%.

## Residential Status

All homeless individuals served reported their residential status as homeless.

## Educational Attainment

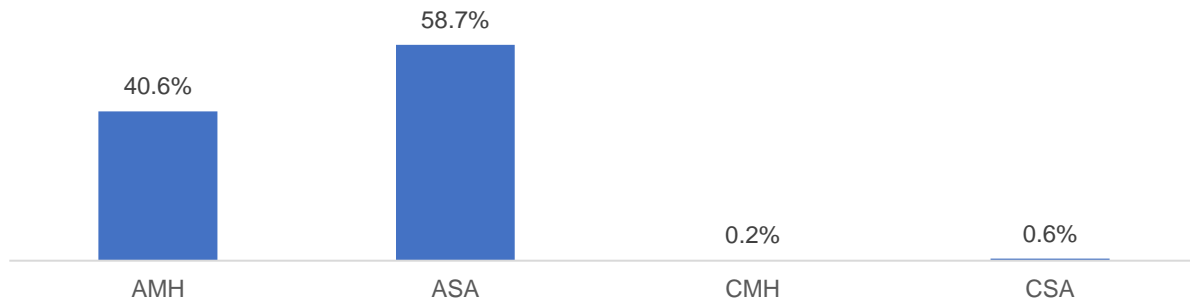
Among the homeless individuals served, 32.9% of those in the AMH program and 29.7% in the ASA program did not earn a high school diploma. Homeless individuals served who attained a high school diploma accounted for 45.6% of those in the AMH program and 47.3% in the ASA program. In Orange County, 11.3% of residents did not earn a diploma, and 88.7% had graduated high school.

## Employment Status

Only 5.4% of homeless individuals were employed (part or full time), and 82.6% had been terminated or were unemployed.

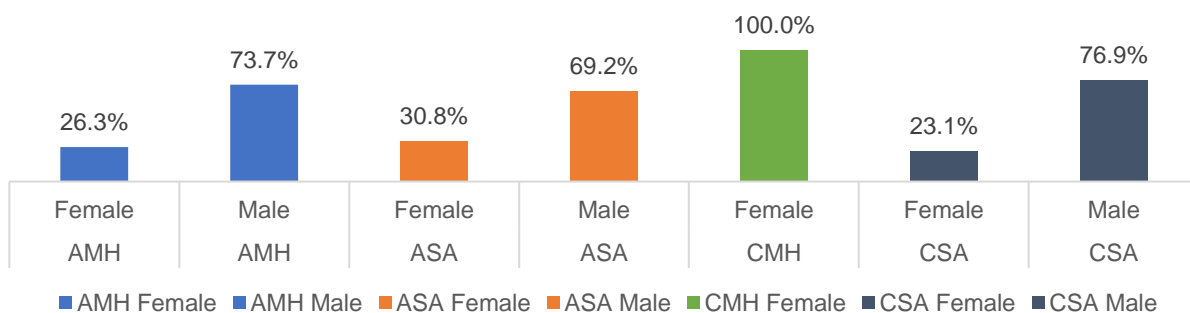
## Orange County ME Homeless Individuals Served Charts

Figure 170: Orange County ME Homeless Individuals Served by Program



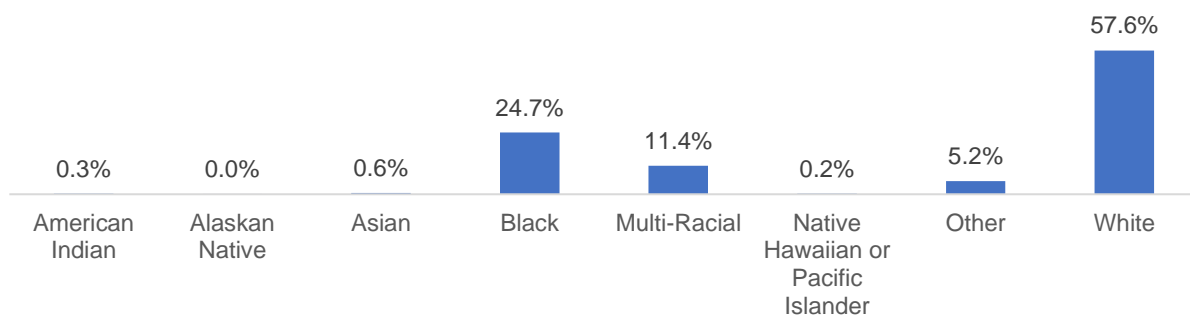
Source: CFCHS Individuals Served Data

Figure 171: Orange County ME Homeless Individuals Served by Program and Gender



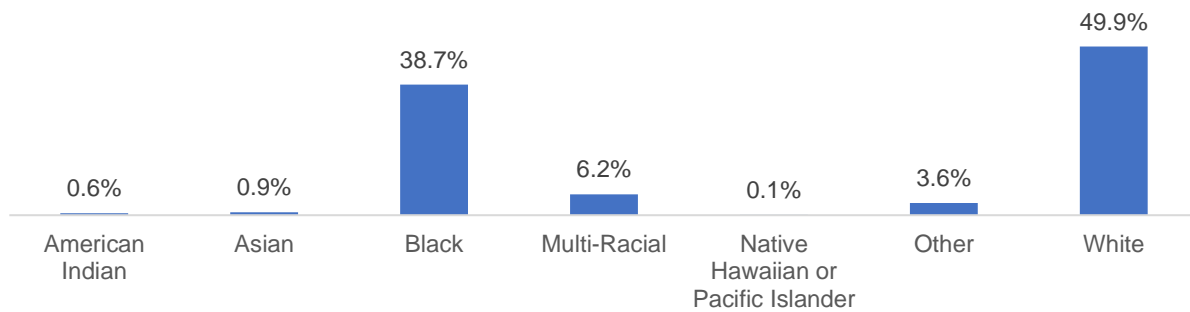
Source: CFCHS Individuals Served Data

Figure 172: Orange County ME Homeless Individuals Served by Race



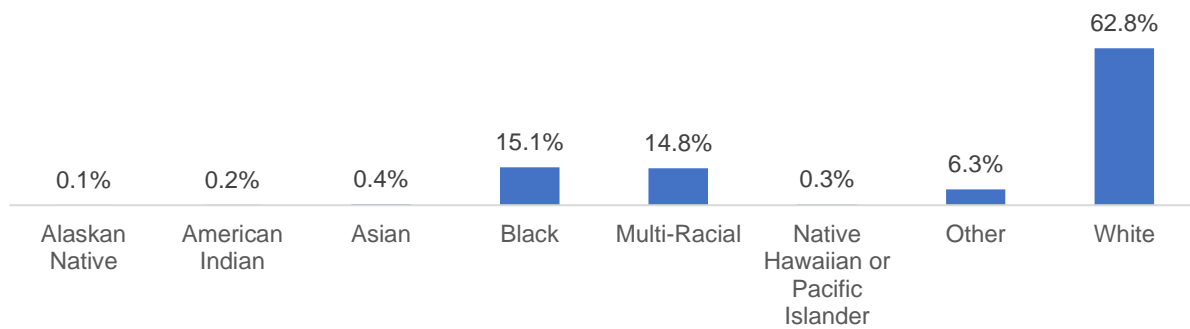
Source: CFCHS Individuals Served Data

Figure 173: Orange County ME AMH Homeless Individuals Served by Race



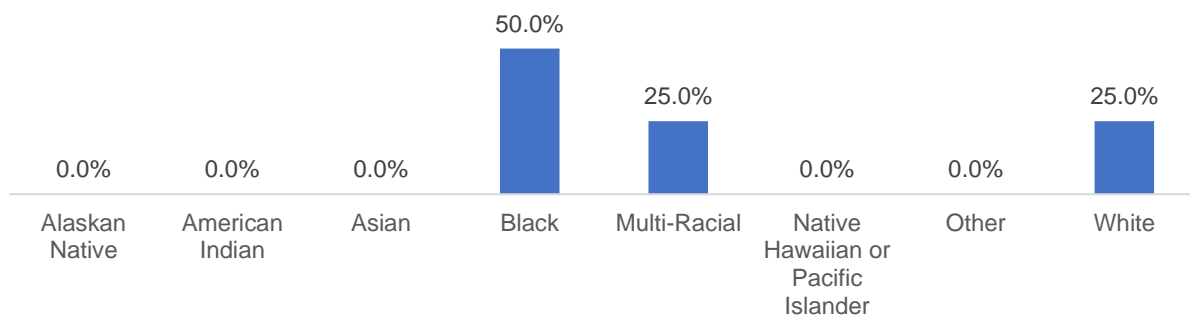
Source: CFCHS Individuals Served Data

Figure 174: Orange County ME ASA Homeless Individuals Served by Race



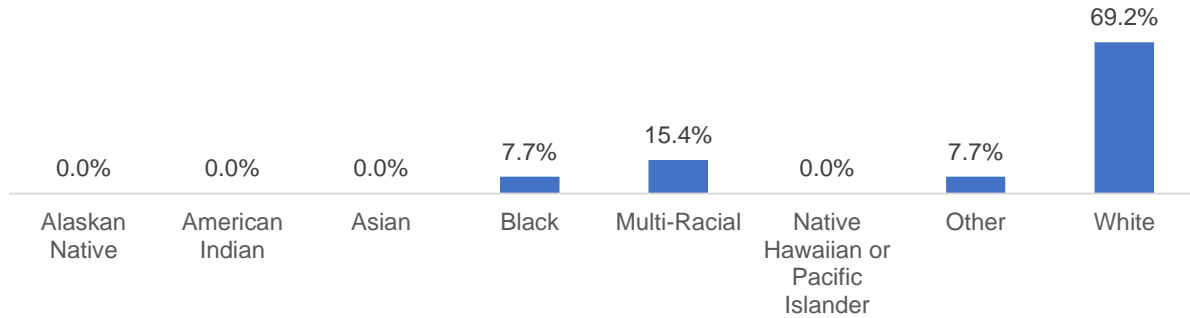
Source: CFCHS Individuals Served Data

Figure 175: Orange County ME CMH Homeless Individuals Served by Race



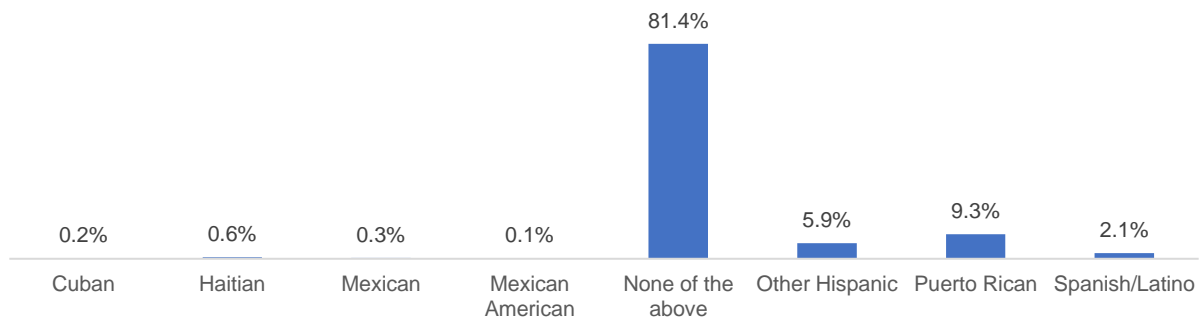
Source: CFCHS Individuals Served Data

Figure 176: Orange County ME CSA Individuals Served by Race



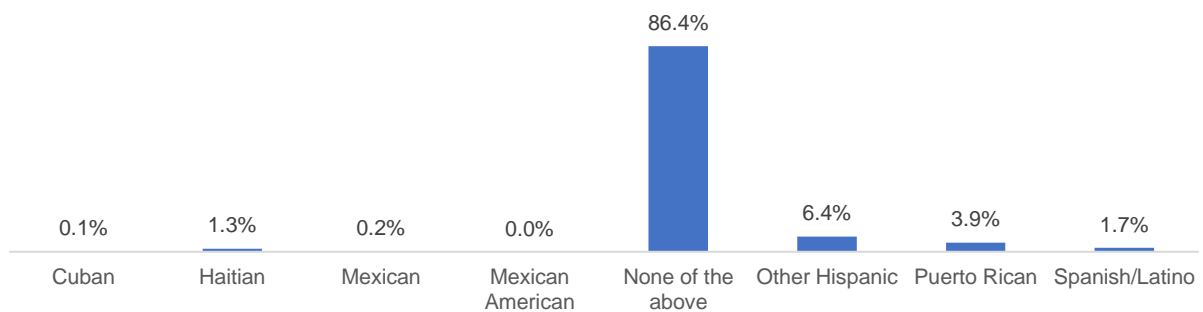
Source: CFCHS Individuals Served Data

Figure 177: Orange County ME Homeless Individuals Served by Ethnicity



Source: CFCHS Individuals Served Data

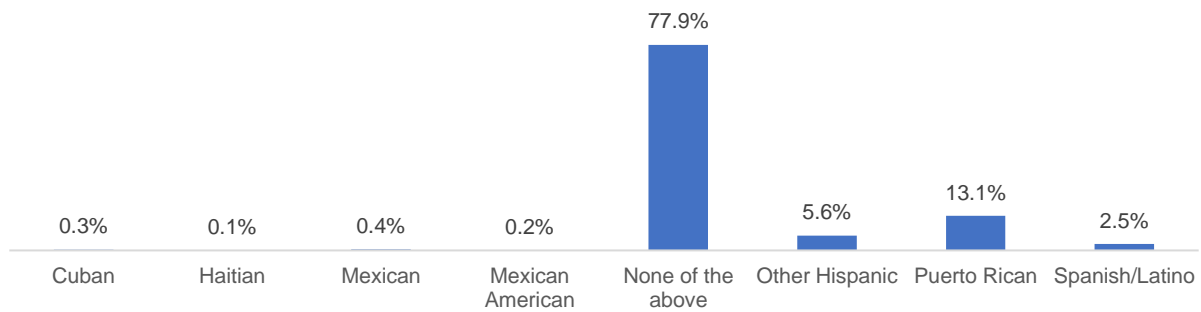
Figure 178: Orange County ME AMH Homeless Individuals Served by Ethnicity



Source: CFCHS Individuals Served Data

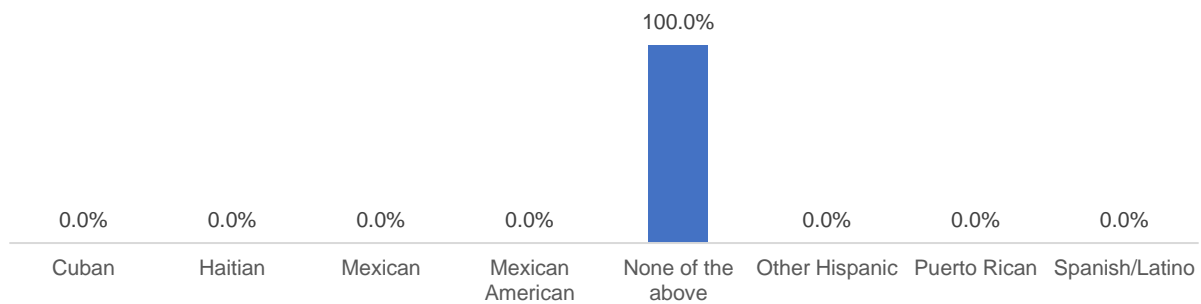


Figure 179: Orange County ME ASA Homeless Individuals Served by Ethnicity



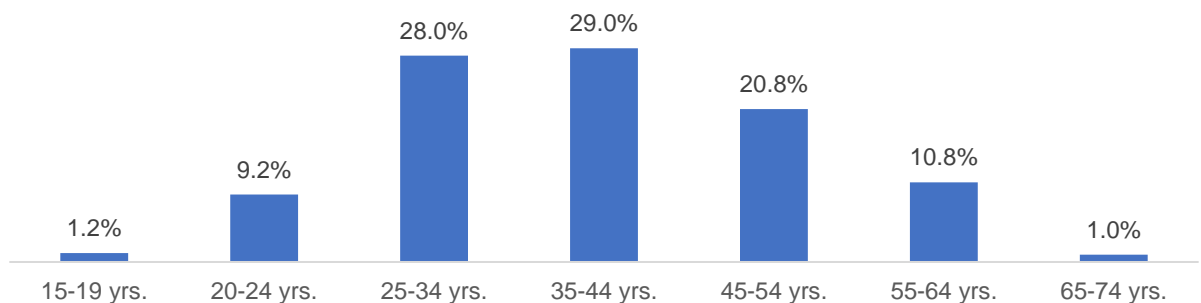
Source: CFCHS Individuals Served Data

Figure 180: Orange County ME CSA Homeless Individuals Served by Ethnicity



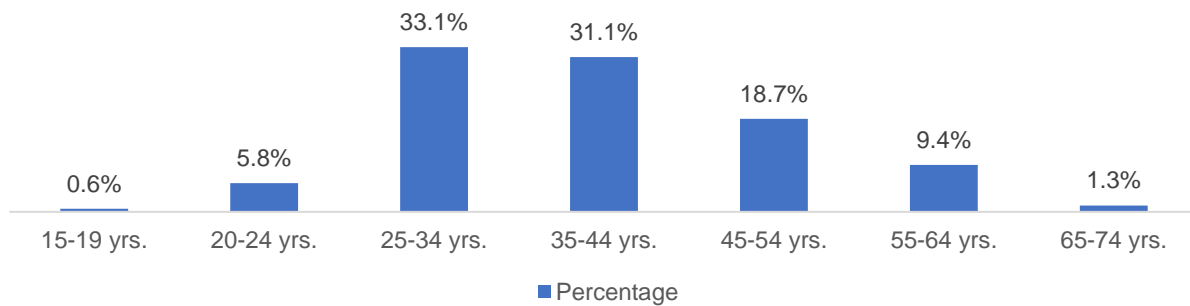
Source: CFCHS Individuals Served Data

Figure 181: Orange County ME AMH Homeless Individuals Served by Age Range



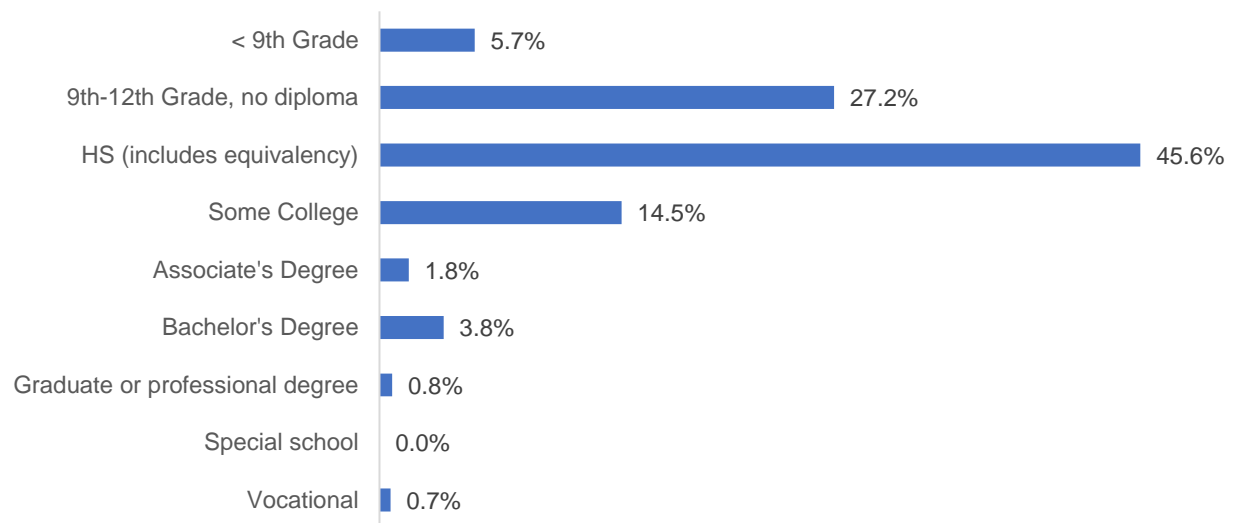
Source: CFCHS Individuals Served Data

Figure 182: Orange County ME ASA Homeless Individuals Served by Age Range



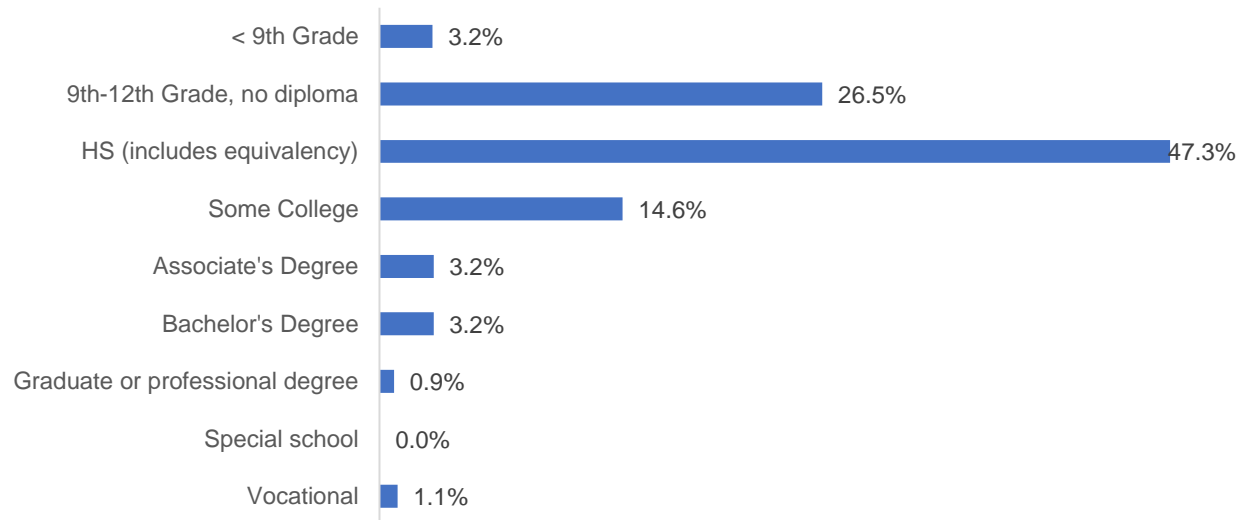
Source: CFCHS Individuals Served Data

Figure 183: Orange County ME AMH Homeless Individuals Served by Educational Attainment



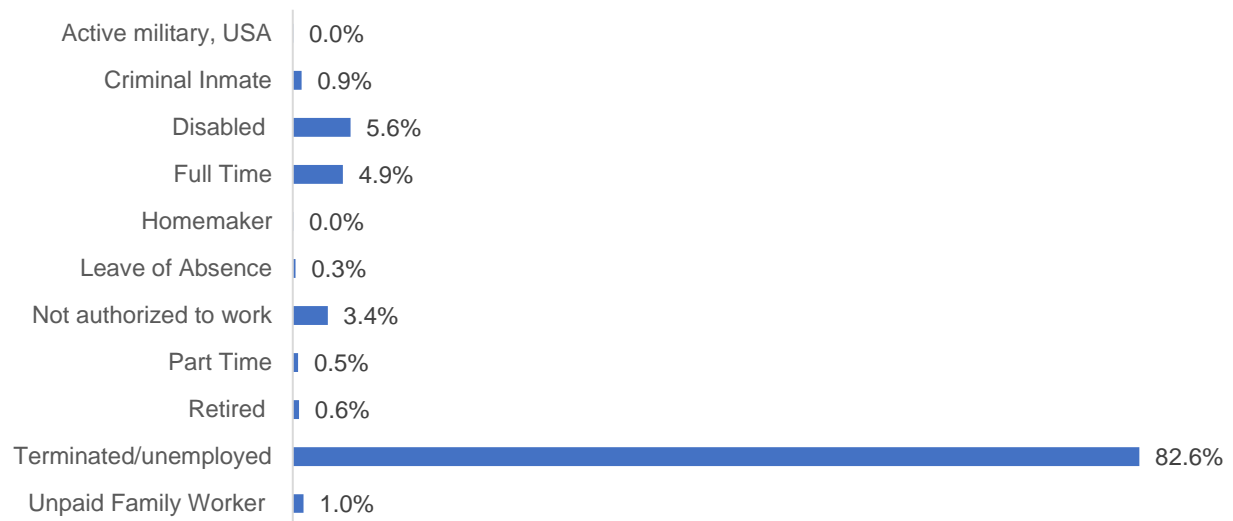
Source: CFCHS Individuals Served Data

Figure 184: Orange County ME ASA Homeless Individuals Served by Educational Attainment



Source: CFCHS Individuals Served Data

Figure 185: Orange County ME Homeless Individuals Served by Employment Status



Source: CFCHS Individuals Served Data

## Orange County ME Cost Center Description, Expenditures & Over/Under Production

Figure 186: Orange County AMH Program Cost Center Description, Expenditures, and Over/Under Production – Adult Mental Health Program

### ADULT MENTAL HEALTH PROGRAM

| Cost Center Description       | Expenditures           | Over/Under Production |
|-------------------------------|------------------------|-----------------------|
| Assessment                    | \$25,564.80            | \$68.28               |
| Case Management               | \$989,231.85           | \$19,605.71           |
| Crisis Stabilization          | \$2,947,626.44         | \$1,014,405.11        |
| Crisis Support/Emergency      | \$2,178,953.77         | \$38,493.88           |
| Information and Referral      | \$125,854.97           | \$60,698.00           |
| In-Home and On-Site Services  | \$125,284.11           | \$1,378.24            |
| Inpatient                     | \$0.00                 | \$0.00                |
| Intensive Case Management     | \$158,735.64           | -\$0.03               |
| Intervention                  | \$8,069.56             | \$0.24                |
| Medical Services              | \$762,887.44           | \$18,991.06           |
| Mental Health Clubhouse       | \$480,394.47           | \$142,095.88          |
| Outpatient – Group            | \$3,664.60             | \$2.06                |
| Outpatient – Individual       | \$315,808.88           | \$1,226.67            |
| Outreach                      | \$300,039.89           | \$22,241.05           |
| Recovery Support – Group      | \$3,666.04             | \$0.01                |
| Recovery Support – Individual | \$1,970.74             | \$0.06                |
| Residential Level 2           | \$80,423.13            | \$0.00                |
| Residential Level 4           | \$99,065.28            | \$0.00                |
| Room & Board Level 2          | \$0.00                 | \$0.00                |
| Room & Board Level 3          | \$714,582.18           | \$106,036.40          |
| Short-term Residential TX     | \$2,830,725.28         | -\$137,565.52         |
| Supported Housing/Living      | \$386,094.15           | -\$0.06               |
| <b>TOTAL</b>                  | <b>\$12,538,643.23</b> | <b>\$1,287,677.02</b> |

Source: CFCHS Program Data

Figure 187: Orange County ASA Program Cost Center Description, Expenditures, and Over/Under Production – Adults Substance Abuse Program

**ADULT SUBSTANCE ABUSE PROGRAM**

| Cost Center Description        | Expenditures           | Over/Under Production |
|--------------------------------|------------------------|-----------------------|
| Assessment                     | \$19,864.94            | -\$0.10               |
| Case Management                | \$201,889.08           | \$168,959.41          |
| Crisis Support/Emergency       | \$597,559.47           | -\$0.07               |
| Day Treatment (Day/Night)      | \$31,533.76            | \$5.11                |
| In-Home and On-Site Services   | \$6,988.26             | \$3,391.98            |
| Intervention                   | \$760,871.17           | \$2,724.73            |
| Intervention – Group           | \$0.00                 | \$0.00                |
| Medical Services               | \$801,162.48           | \$3,997.37            |
| Methadone Maintenance          | \$1,376,083.28         | \$16,488.89           |
| Outpatient – Group             | \$63,792.82            | \$1,057.39            |
| Outpatient – Individual        | \$606,552.00           | \$30,948.45           |
| Outreach                       | \$34,844.40            | \$36,521.84           |
| Recovery Support – Group       | \$6,362.48             | \$2.03                |
| Recovery Support – Individual  | \$224,054.64           | \$96,127.20           |
| Residential Level 1            | \$0.00                 | \$0.00                |
| Residential Level 2            | \$4,634,901.08         | \$133,562.90          |
| Residential Level 3            | \$0.00                 | \$0.00                |
| Residential Level 4            | \$518.07               | \$0.00                |
| Room & Board Level 2           | \$0.00                 | \$0.00                |
| Substance Abuse Detoxification | \$3,524,677.26         | \$18,571.81           |
| Supported Housing/Living       | \$0.00                 | \$0.00                |
| TASC                           | \$337,442.65           | -\$0.07               |
| <b>TOTAL</b>                   | <b>\$13,229,097.86</b> | <b>\$512,358.88</b>   |

Source: CFCHS Program Data

Figure 188: Orange County CMH Program Cost Center Description, Expenditures, and Over/Under Production – Child Mental Health Program

| CHILD MENTAL HEALTH PROGRAM  |                       |                       |
|------------------------------|-----------------------|-----------------------|
| Cost Center Description      | Expenditures          | Over/Under Production |
| Assessment                   | \$15,589.05           | \$133.42              |
| Case Management              | \$499,394.07          | \$1,056.59            |
| Crisis Stabilization         | \$33,985.15           | \$228,976.91          |
| Crisis Support/Emergency     | \$447,499.81          | \$411,627.14          |
| Information and Referral     | \$38,920.00           | \$7,718.24            |
| In-Home and On-Site Services | \$92,954.79           | \$3,979.94            |
| Intervention                 | \$2,191.69            | \$81.48               |
| Medical Services             | \$14,600.22           | \$3,138.63            |
| Outpatient – Group           | \$1,878.75            | \$0.00                |
| Outpatient – Individual      | \$100,656.62          | \$10,009.91           |
| Outreach                     | \$85,267.45           | -\$0.09               |
| Residential Level 1          | \$0.00                | \$0.00                |
| Respite Services             | \$17,578.56           | \$885.00              |
| Room & Board Level 2         | \$0.00                | \$0.00                |
| <b>TOTAL</b>                 | <b>\$1,350,516.15</b> | <b>\$667,607.18</b>   |

Source: CFCHS Program Data

Figure 189: Orange County CSA Cost Center Description, Expenditures, and Over/Under Production – Child Substance Abuse Program

| CHILD SUBSTANCE ABUSE PROGRAM  |                       |                       |
|--------------------------------|-----------------------|-----------------------|
| Cost Center Description        | Expenditures          | Over/Under Production |
| Assessment                     | \$0.00                | \$0.00                |
| Crisis Support/Emergency       | \$195,281.36          | \$0.15                |
| Intervention                   | \$667,789.62          | \$4,216.37            |
| Intervention – Group           | \$7,132.64            | -\$0.06               |
| Medical Services               | \$296.67              | \$0.00                |
| Outpatient – Individual        | \$1,623.98            | -\$0.05               |
| Residential Level 2            | \$0.00                | \$0.00                |
| Substance Abuse Detoxification | \$93,712.50           | -\$85,692.79          |
| TASC                           | \$986,412.04          | -\$0.02               |
| <b>TOTAL</b>                   | <b>\$1,952,248.81</b> | <b>-\$81,476.40</b>   |

Source: CFCHS Program Data

Figure 190: Orange County Cost Center Description, Expenditures, and Over/Under Production  
– All Programs

**ORANGE COUNTY – All Programs**

| Cost Center Description        | Expenditures           | Over/Under Production |
|--------------------------------|------------------------|-----------------------|
| Assessment                     | \$61,018.79            | \$201.60              |
| Case Management                | \$1,690,515.00         | \$189,621.70          |
| Crisis Stabilization           | \$2,981,611.59         | \$1,243,382.02        |
| Crisis Support/Emergency       | \$3,419,294.41         | \$450,121.09          |
| Day Treatment (Day/Night)      | \$31,533.76            | \$5.11                |
| Information and Referral       | \$164,774.97           | \$68,416.24           |
| In-Home and On-Site Services   | \$225,227.16           | \$8,750.17            |
| Inpatient                      | \$0.00                 | \$0.00                |
| Intensive Case Management      | \$158,735.64           | -\$0.03               |
| Intervention                   | \$1,438,922.05         | \$7,022.82            |
| Intervention – Group           | \$7,132.64             | -\$0.06               |
| Medical Services               | \$1,578,946.81         | \$26,127.06           |
| Mental Health Clubhouse        | \$480,394.47           | \$142,095.88          |
| Methadone Maintenance          | \$1,376,083.28         | \$16,488.89           |
| Outpatient – Group             | \$69,336.18            | \$1,059.45            |
| Outpatient – Individual        | \$1,024,641.48         | \$42,184.97           |
| Outreach                       | \$420,151.74           | \$58,762.81           |
| Recovery Support – Group       | \$10,028.52            | \$2.04                |
| Recovery Support – Individual  | \$226,025.38           | \$96,127.27           |
| Residential Level 1            | \$0.00                 | \$0.00                |
| Residential Level 2            | \$4,715,324.21         | \$133,562.90          |
| Residential Level 3            | \$0.00                 | \$0.00                |
| Residential Level 4            | \$99,583.35            | \$0.00                |
| Respite Services               | \$17,578.56            | \$885.00              |
| Room & Board Level 2           | \$0.00                 | \$0.00                |
| Room & Board Level 3           | \$714,582.18           | \$106,036.40          |
| Short-term Residential TX      | \$2,830,725.28         | -\$137,565.52         |
| Substance Abuse Detoxification | \$3,618,389.76         | -\$67,120.98          |
| Supported Housing/Living       | \$386,094.15           | -\$0.06               |
| TASC                           | \$1,323,854.69         | -\$0.09               |
| <b>TOTAL</b>                   | <b>\$29,070,506.05</b> | <b>\$2,386,166.68</b> |

Source: CFCHS Program Data

## OSCEOLA COUNTY, FLORIDA



# Osceola County Demographic Profile

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## Population Demographics

The population in Osceola County increased an average of 4.4% each year during 2016 to 2020. The total population growth for the 5-year period, at 18.9%, added 61,790 residents.

Osceola County females accounted for 50.6% of the population while males represented the remaining 49.3% residents. The male to female ratio, at 1:1, has remained stable over the past 5 years.

The racial composition in the county was more diverse when compared to the state, as the White population accounted for 66.4% of residents in the county and 71.6% of residents in the state. The Black population accounted for 10.9% of the county population and represented 15.9% of Floridians. American Indian and Native Hawaiians represented less than 1% of residents in both population groups for the county and state. The percentage of Asian residents in Osceola County and the state accounted for 2.8% of the population. County residents of Some Other Race, accounted for 10.6%, while representing 3.3% of the state population. Among those of two or more races, the percentage in Osceola County, at 8.9%, was higher than the state percentage of 6%.

Most Osceola County residents were Hispanic at 54.7%. The percentage of non-Hispanics, at 45.3%, was much lower when compared to the state at 74.2%.

Osceola County population was younger when compared to the state. Residents, 65 years of age or older, accounted for 13.1% of the population in the county, while 20.5% of state residents were in this age range.

## Education and Employment

Data revealed that educational attainment in Osceola County and the state were similar. The percentage of residents in the county and the state, who attained a high school diploma, were 86.1% and 88.5%, respectively. The percentage of residents in the county who had some college education, at 22.4%, was higher when compared to those in the state at 19.8%. Osceola county residents who attained an undergraduate degree, at 27%, was slightly lower when compared to the state at 29.3%. Those who attained a graduate or professional degree, accounted for 7.3% of Osceola County residents, and 11.3% of the state population.

On average, 63.1% of the service area population participated in the labor force over the past 5 years. This was higher when compared to those employed in Florida at 58.6%. The 5-year average unemployment rate for the service area, at 5.6%, was just below the state rate at 6.0%.

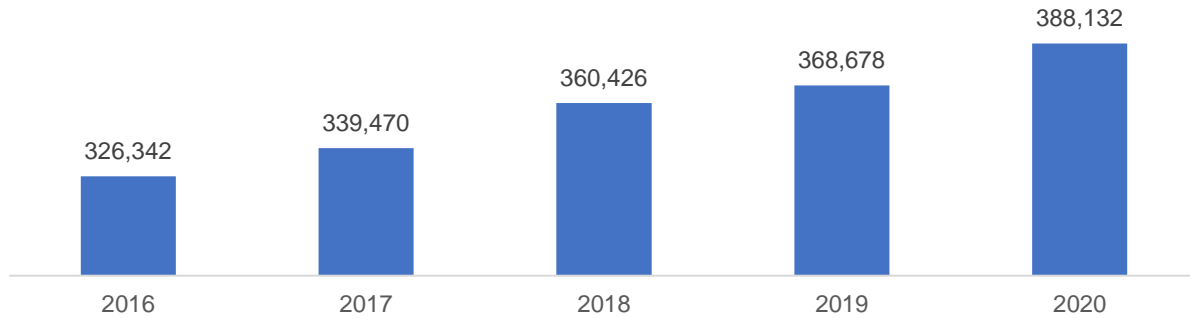
## Poverty Status

During 2016 to 2020, the ratio of income to poverty rates for those living <200% of the Federal Poverty Level (FPL), were higher among Osceola County residents, at 29.4%, when compared to the state at 26.3%.

The percentage of Osceola County residents living <300% of the Federal Poverty Level (FPL), at 20.4%, was also higher than the state percentage at 17.1%. The percentage of Floridians living at or above >300% FPL were higher, at 56.6%, when compared to the county at 45.6%.

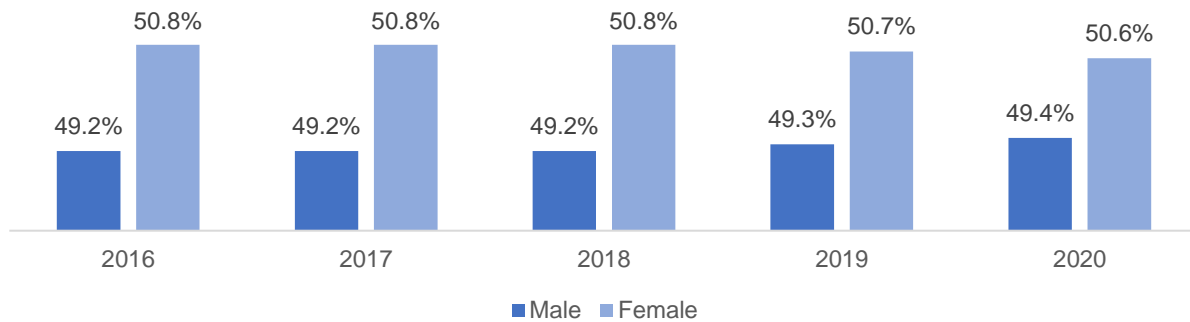
## Osceola County Demographic Charts

Figure 191: Osceola County Population Estimates (2016-2020)



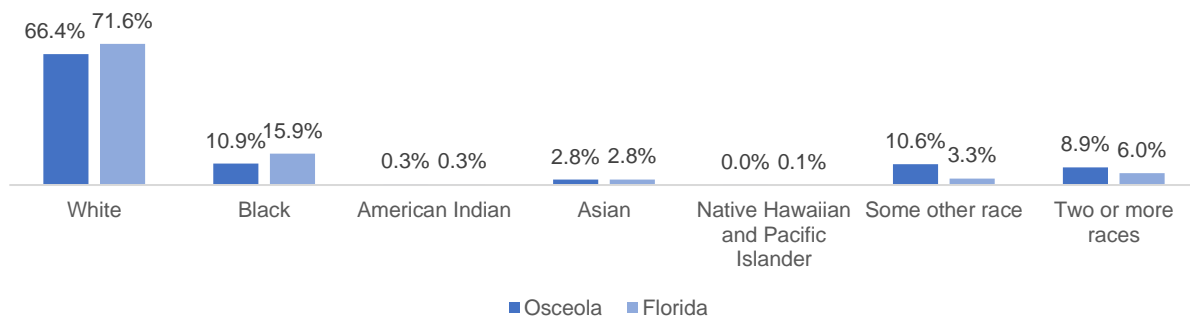
Source: Florida Legislature's Office of Economic and Demographic Research (EDR)

Figure 192: Osceola County Population by Gender (2016-2020)



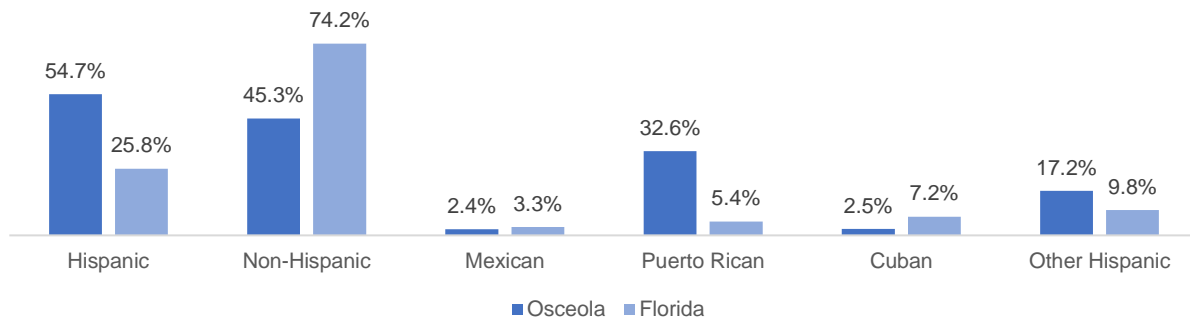
Source: Florida Legislature's Office of Economic and Demographic Research (EDR)

Figure 193: Osceola County Population by Race, 2016-2020 (5-Year Estimate)



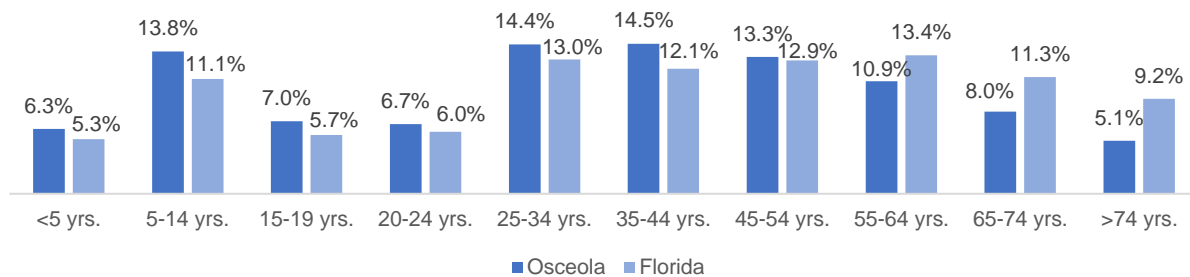
Source: U.S. Census Bureau, American Community Survey, Table DP05

Figure 194: Osceola County Population by Ethnicity, 2016-2020 (5-Year Estimate)



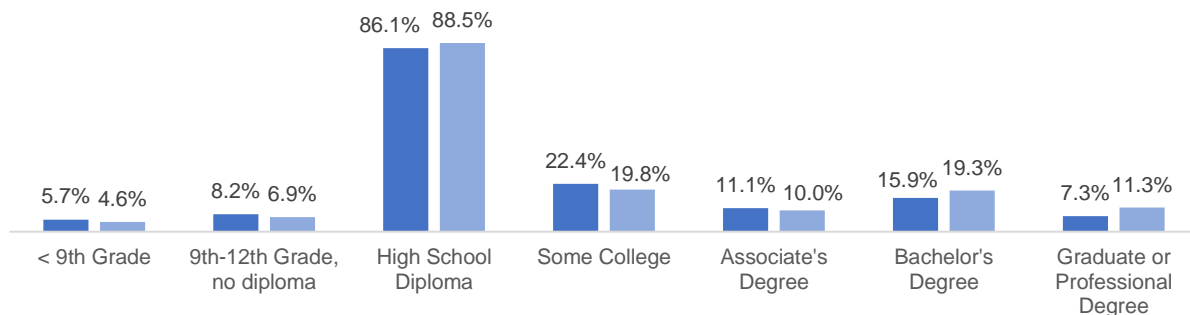
Source: U.S. Census Bureau, American Community Survey, Table DP05

Figure 195: Osceola County Population by Age Range, 2016-2020 (5-Year Estimates)



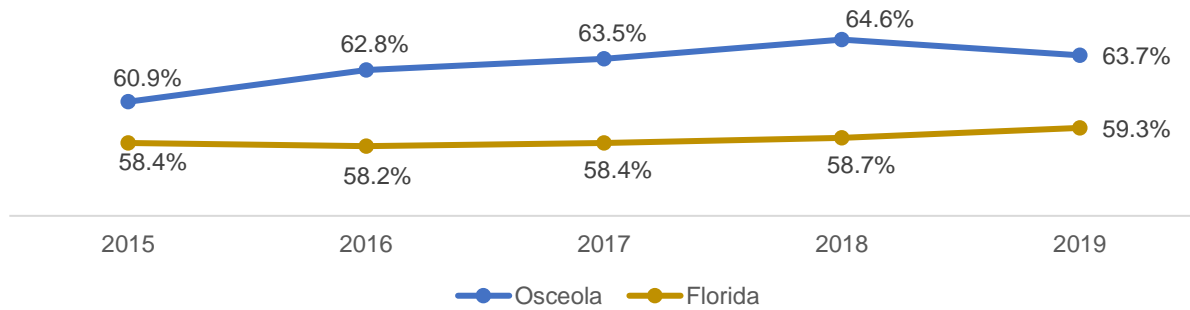
Source: U.S. Census Bureau, American Community Survey, Table DP05

Figure 196: Osceola County Population by Educational Attainment, 2016-2020 (5-Year Estimates)



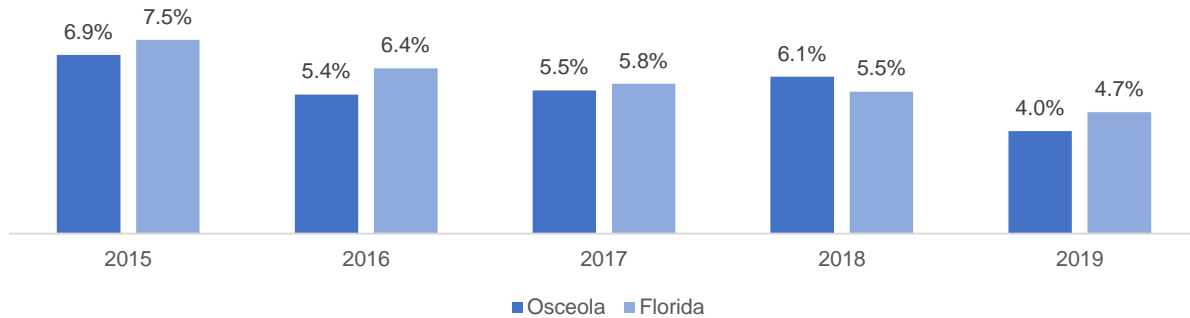
Source: U.S. Census Bureau, American Community Survey, Table S1501

Figure 197: Osceola County Population Participation in the Labor Force (2015-2019)



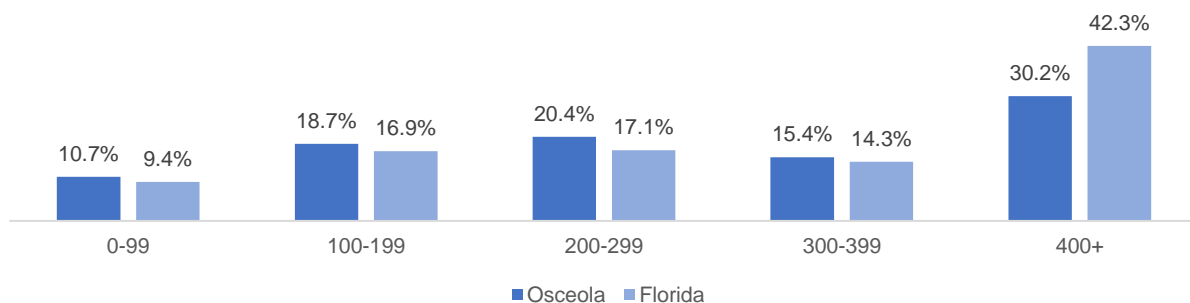
Source: U.S. Census Bureau, American Community Survey, Table DP03. Single year county level data not available for 2020.

Figure 198: Osceola County Population Unemployment Rates (2015-2019)



Source: U.S. Census Bureau, American Community Survey, Table DP03. Single year county level data not available for 2020.

Figure 199: Osceola County Ratio of Income to Poverty Level, 2016-2020 (5-Year Estimate)



Source: U.S. Census Bureau, American Community Survey, Table B17026

# Osceola County General Health Status

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## Overall, Health Status

The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone survey that collects state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. BRFSS data estimates revealed 76.4% of Osceola County adults, ages 18-64 years of age, said their overall health was "good" to "excellent" (2019). For Florida, the rate was 80.3%. This knowledge is a powerful tool for targeting and building health promotion activities. It also provides a way to see change in population health behaviors before morbidity or disease is apparent.

## Mental Health

The percentage of adults in Osceola County reporting good mental health over the past 3 years, at 89%, was higher than the percentage for the state at 86.2% (2019). The number of unhealthy mental days for the county and state populations was 3.6 days. For the county, this was a decreased from the number of unhealthy mental days in 2016 at 4.8 days

## Suicide

The Osceola County age-adjusted death rate (AADR) for suicide decreased from 11.5/100,000 in 2018 to 9.2/100,000 population in 2020. This represents a decrease of 2.3/100,000 suicide deaths. At the state level, the suicide death rate decreased 2.5/100,000 population during the same time. The suicide death rates for males in Osceola County (14.7/100,000), and the state (20.7/100,000), were more than triple the rates among females at 4/100,000 and 6/100,000, respectively. In 2020, the county suicide death rate among the White population at 15.4/100,000, was more than twice the rate for Black residents at 5.8/100,000. The same held true at the state level where White to Black suicide deaths revealed a 2.9:1.0 ratio. Among ethnicities, the non-Hispanic 2020 AADR for suicide, at 15.9/100,000, was much higher than the rate among Hispanics at 3.6/100,000. At the state level, suicide deaths among non-Hispanics were twice the rate of those among the Hispanic population.

## Violence and Abuse

According to the Department of Law Enforcement Uniform Crime Report 2020, the rate of total domestic violence offenses increased in Osceola County while decreasing in the state during 2018 to 2020. The county rate rose from 528.5/100,000 to 585.7/100,000 over the past 3 years. This was higher than the state rate of 493.2/100,000 in 2020.

The rate of children experiencing child abuse over the past 3 years (2018 to 2020) decreased in the Osceola County and the state. Among children ages 5-11 years, the rate of child abuse fell from 489/100,000 in

2018 to 345.1/100,000 in 2020. State rates also decreased from 779.3/100,000 to 583.9/100,000 during the same time (Department of Children and Families, Florida Safe Network Data Mart).

The rate of children experiencing sexual violence decreased in Osceola County from 101.1/100,000 in 2018, to 99.4/100,000 in 2019, to 46.2/100,000 in 2020. At the state level, the rate decreased from 58/100,000 in 2018 to 42.5/100,000 in 2020. (Department of Children and Families, Florida Safe Network Data Mart).

## Mental Illness

The estimated number of seriously mentally ill (SMI) adults in Osceola County increased 4.6% over the past 3 years. This was lower than the increase in District 7 at 4.8%. The estimated number of SMI adults in the county was 11,481 or 12.9% of all seriously mentally ill adults in the service area (2020).

Among youth, ages 9-17 years, the estimated number of those emotionally disturbed increased 8.9% during 2018 to 2020 in Osceola County. This was higher than the increase in District 7 at 4.2%. Osceola County accounted for 4,419 or 15.4% of estimated emotionally disturbed youth in District 7.

According to the Florida Department of Education (FLDOE), Osceola County children in grades K-12, who had an emotional/behavioral disability, remained stable at 0.4% during 2018 to 2020. In the state, students with an emotional/behavioral disability accounted for 0.5%. These rates have been steady over the past 3 years.

## Adult Tobacco and Alcohol Use

Osceola County adults who are current smokers decreased from 18.2% in 2013 to 12.8% in 2019. The percentage of current smokers in the state was higher at 14.8% in 2019.

Binge drinking is defined as 5 consecutive drinks for men and 4 consecutive drinks for women. In 2019, the percentage of binge drinkers in Osceola County was 10.7%. The percentage of binge drinkers in the state was much higher at 18%. Overall, binge drinking decreased in the county and increased slightly in the state during 2013 to 2019.

## High School Tobacco, Alcohol and Substance Use

The Florida Youth Substance Abuse Survey (FYSAS) is a collaborative effort between the Florida departments of Health, Education, Children and Families, Juvenile Justice, and the Governor's Office of Drug Control. It is based on the "Communities That Care" survey, assessing risk and protective factors for substance abuse, in addition to substance abuse prevalence. FYSAS data indicated that the percentage of middle and high school students in Osceola County, who reported never having smoked cigarettes, increased from 89.4% in 2016 to 93.4% in 2020. Students having smoked once or twice accounted for 4.5%, and 1.3% reported that they had smoked once in a while but not regularly. For middle and high school students in the state, the percentage of those having never smoked also increased over the past 4 years.

Regarding smoking frequency in the past 30 days, 98.3% of Osceola County students did not smoke at all. The state rate was 98.2%.

The percentage of Osceola County students, who did not consume alcoholic beverages on any occasions in their lifetime, ranged from 64.8% in 2016 to 65.9% in 2020. For those who did on 1-2 occasions, the percentage decreased from 15.5% in 2018 to 14.4% in 2020. Students consuming alcohol on 3-5 occasions accounted for 8.3% in 2020. This was an increase from 6.6% in 2018. Those consuming alcohol on 10-19 occasions, increased from 3.1% in 2016 to 4.1% in 2020.

The percentages of students in the county not consuming alcohol during the past 30 days, increased from 86.4% in 2016 to 88.9% in 2020. The percentages of students who reported consuming alcohol on 1-2 occasions during the past 30 days, decreased from 8.6% to 7.3% over the past 4 years.

The FYSAS asked high school students for the number of occasions in their lifetime when they had woken up after a night of drinking alcohol and were unable to remember the things they did or the places they went. The percentage of Osceola County students reporting this event happening on 1-2 occasions in their lifetime, decreased from 6.9% in 2016 to 6.5% in 2020. For those having this experience on 3-5 occasions, the percentage increased from 2.3% in 2018 to 2.8% in 2020. The percentages of students unable to remember after a night of drinking on 20 or more occasions was below 1%.

FYSAS defines binge drinking as consuming five or more alcoholic drinks in a row in the past 2 weeks. The percentage of those who reported they had not done this, increased slightly from 93.6% in 2016 to 94.5% in 2020. Among students who binge drank once, the percentage decreased from 3.2% in 2016 to 2.5% in 2020. Those who participated in binge drinking three or more times accounted for less than 1%.

The percentages of Osceola County students who had not used marijuana in their lifetimes, stayed the same during 2016 to 2020, at 85.7%. Students using marijuana on 1-2 occasions, decreased from 5.6% in 2016 to 3.9% in 2020. Students using marijuana on 3-5 occasions, increased from 1.1% in 2016 to 2.3% in 2020. The percentages of student using marijuana on 40 or more occasions, decreased from 3.9% in 2018 to 3.4% in 2020. Students not using marijuana in the past 30 days, at 92% in 2020, was higher when compared to those who reported not using it in their lifetime (85.7%). The percentages of students in the county using marijuana on 1-2 occasions in the past 30 days, increased from 2.6% in 2018 to 3.3% in 2020. This was still lower than the rate in 2016 at 3.5%.

Questions regarding vaping behaviors were added to the 2020 FYSAS. The percentage of students in District 7 who vaped nicotine on one or more occasions in their lifetime, at 20.2%, was higher when compared to those who had ever smoked in their lifetime at 7.4%. This indicated that students were more likely to vape nicotine than smoke cigarettes. The percentage of students vaping marijuana on one or more occasions, at 13.9%, was lower when compared to those who used marijuana on one or more occasions in their lifetime at 16.5%. It could not be determined if vaping were a method of using marijuana when asked about lifetime use. Percentages at the state level were similar to the district for lifetime and past 30-day use of vaping nicotine.



## Disability

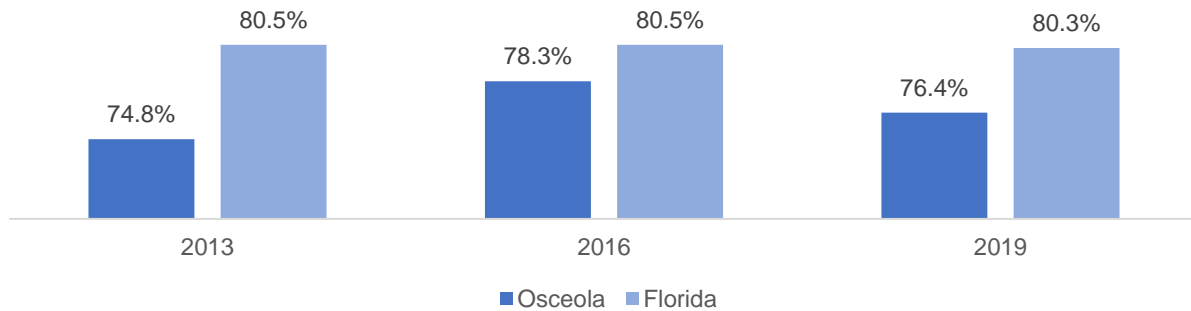
In Osceola County, 14.6% of the noninstitutionalized population was estimated to have a disability (includes hearing, vision, cognitive, ambulatory, self-care, and independent living). At the state level, 13.6% of residents had a disability. Among county residents with a disability, 35.1% were ages 65 years and older. This was much lower when compared to the state percentage for this age group at 48.9%.

## Health Insurance Coverage

Most residents, ages 18-64 years, living in Osceola County and the state reported having some type of health insurance coverage. In 2019, percentages of those with insurance in the county and state were 81.3% and 84.2%, respectively. Among genders, insured females accounted for 82.2% while males accounted for 80.5% of those 18-64 years of age. In Osceola County, White adults had the highest percentage of insured at 89.6%, when compared to Black adults at 81.2%, and Hispanic adults at 76%. Percentages of insured among the Black population increased from 57.5 in 2013 to 81.2% in 2020. Among the Hispanic population, percentages of insured increased from 60.5% in 2013 to 76% in 2019.

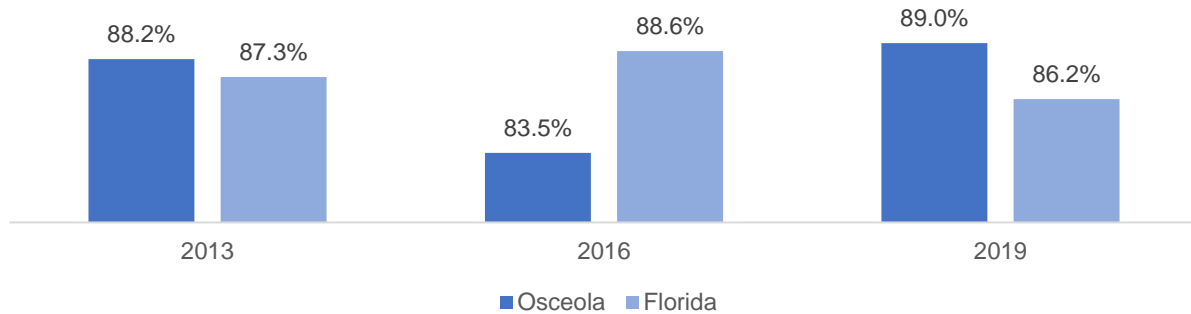
## Osceola County General Health Status Charts

Figure 200: Osceola County Adults Who Said Their Overall Health Was “Good” to “Excellent” (2017-2019)



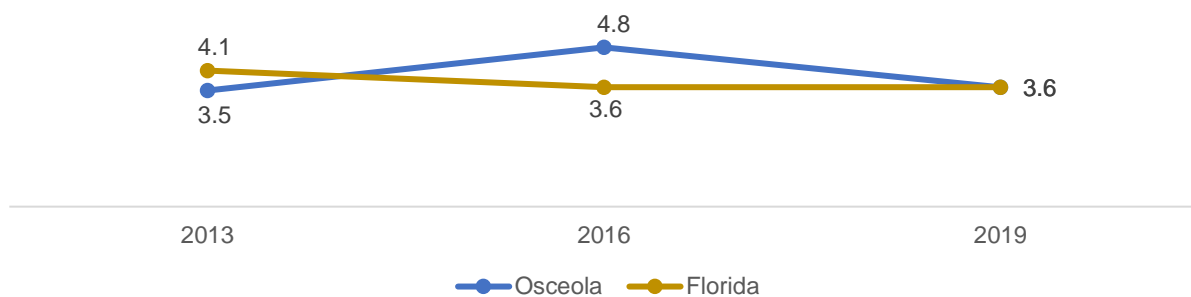
Source: Behavioral Risk Factor Surveillance System

Figure 201: Osceola County Adults with Good Mental Health for the Past 30 Days (2017-2019)



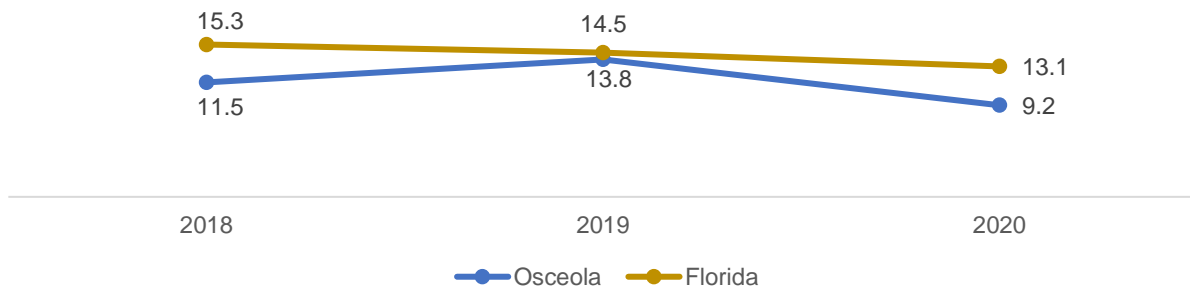
Source: Behavioral Risk Factor Surveillance System

Figure 202: Osceola County Adults Average Number of Unhealthy Mental Days in the Past 30 Days (2017-2019)



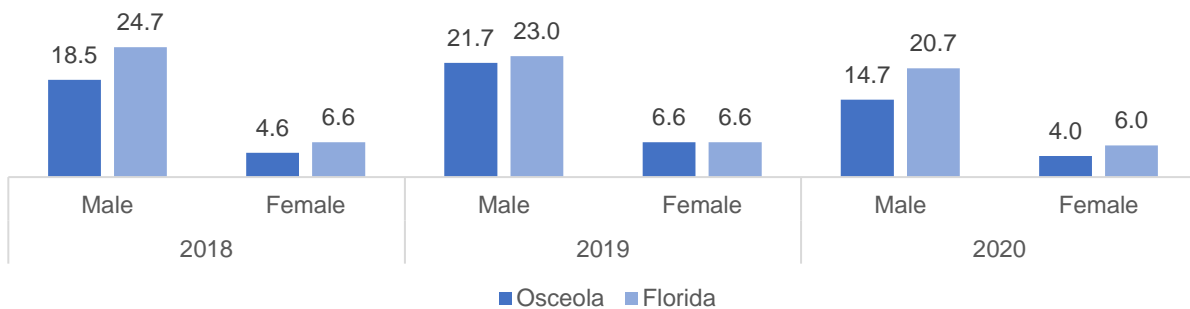
Source: Behavioral Risk Factor Surveillance System

Figure 203: Osceola County Age-Adjusted Suicide Rates (2018-2020)



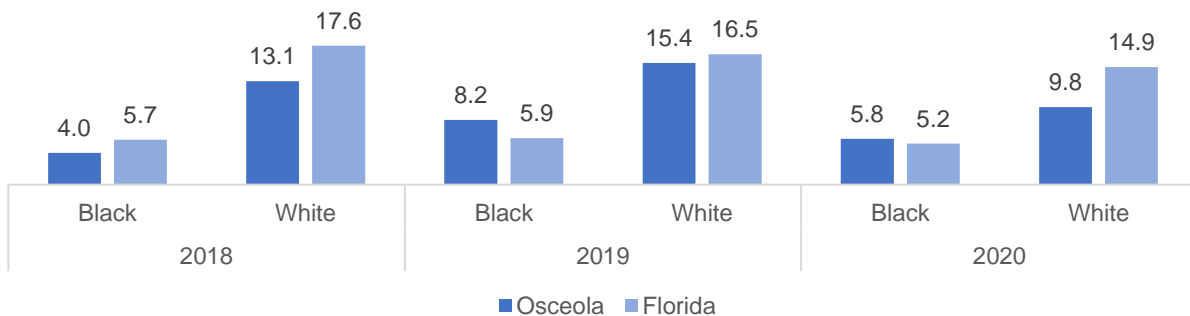
Source: Florida Department of Health, Bureau of Vital Statistics, Per 100,000

Figure 204: Osceola County Age-Adjusted Suicide Rates by Gender (2018-2020)



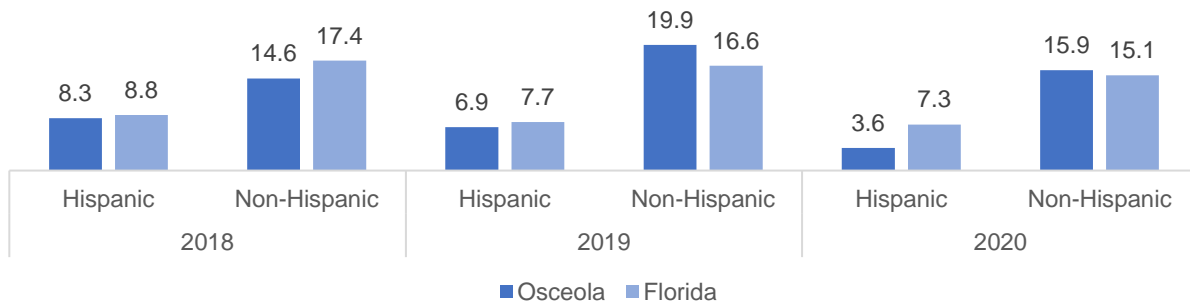
Source: Florida Department of Health, Bureau of Vital Statistics, Per 100,000

Figure 205: Osceola County Age-Adjusted Suicide Rates by Race (2018-2020)



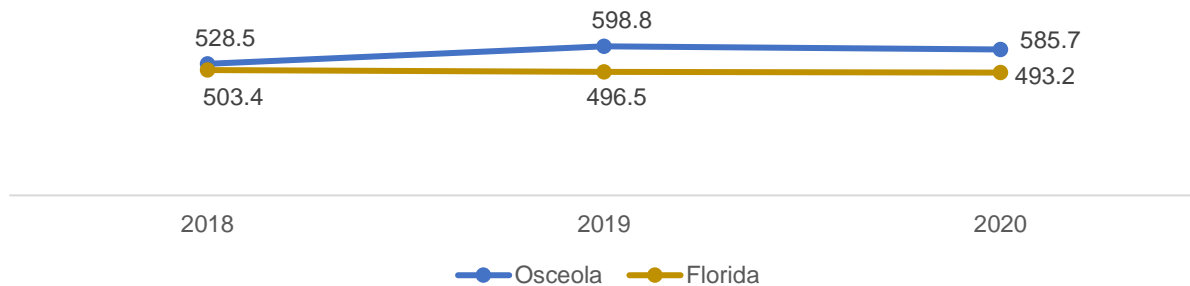
Source: Florida Department of Health, Bureau of Vital Statistics, Per 100,000

Figure 206: Osceola County Age-Adjusted Suicide Rates by Ethnicity (2018-2020)



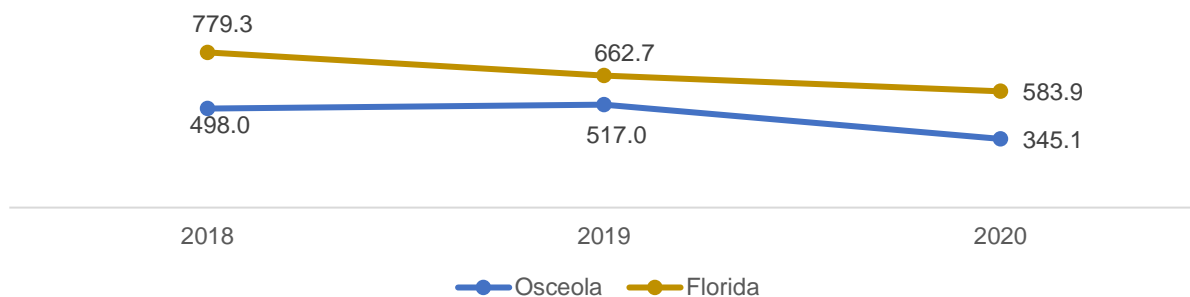
Source: Florida Department of Health, Bureau of Vital Statistics, Per 100,000

Figure 207: Osceola County Total Domestic Violence Offenses (2018-2020)



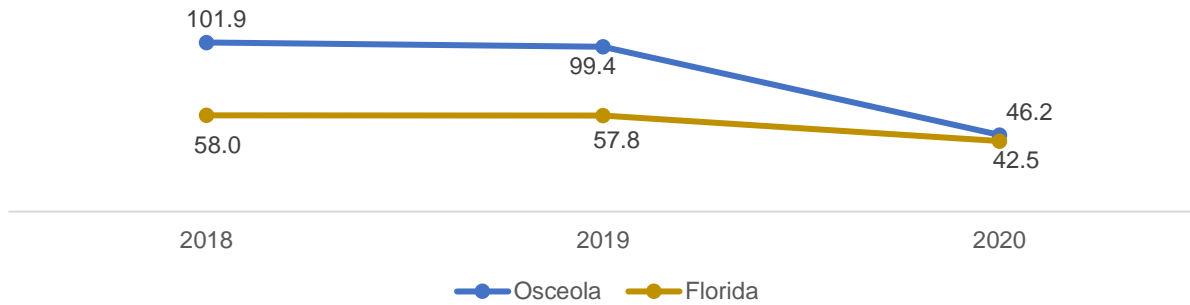
Source: Florida Department of Law Enforcement, Crime in Florida, Florida Uniform Crime Report, 2020

Figure 208: Osceola County Rate of Children Experiencing Child Abuse, Ages 5-11 Years (2018-2020)



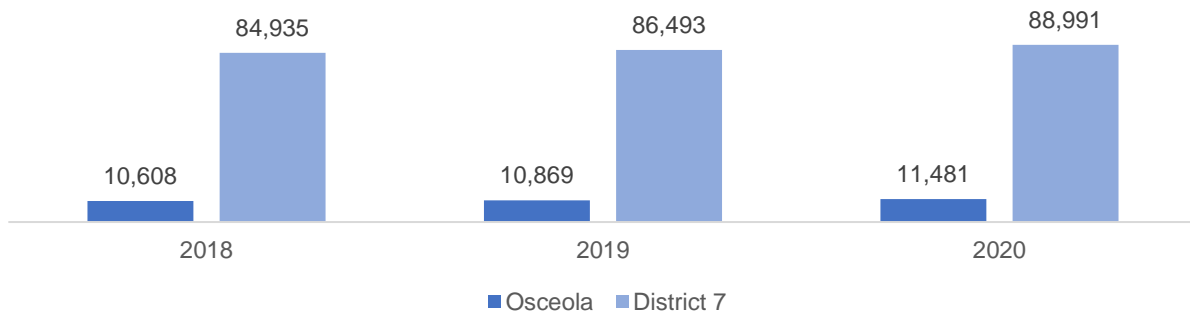
Source: Florida Department of Children and Families, Florida Safe Families Network Data Mart, per 100,000

Figure 209: Osceola County Rates of Children Experiencing Sexual Violence, Ages 5-11 Years (2018-2020)



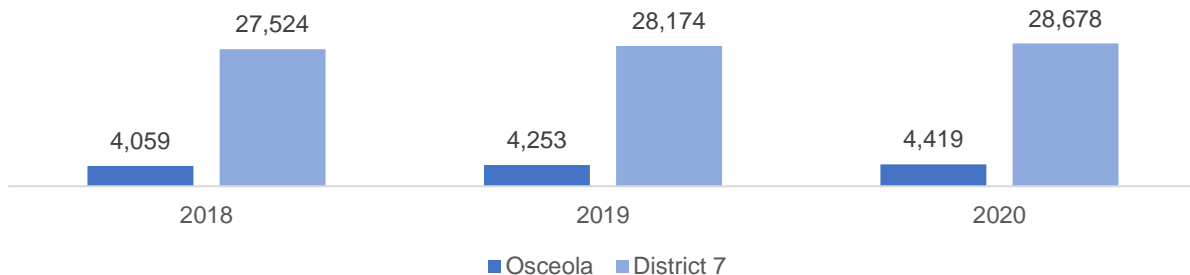
Source: Florida Department of Children and Families, Florida Safe Families Network Data Mart, per 100,000

Figure 210: Osceola County Estimated Number of Seriously Mentally Ill Adults (2018-2020)



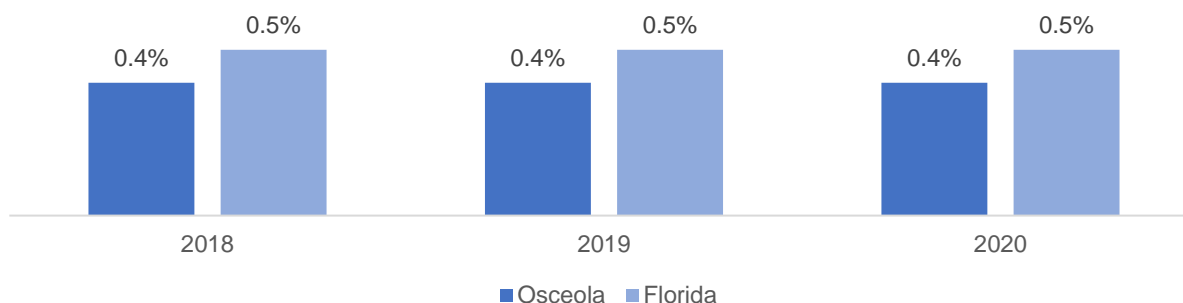
Source: Estimates based on the Department of Health and Human Services Report Mental Health U.S. 1999

Figure 211: Osceola County Estimated Number of Emotionally Disturbed Youth, Ages 9-17 Years (2018-2020)



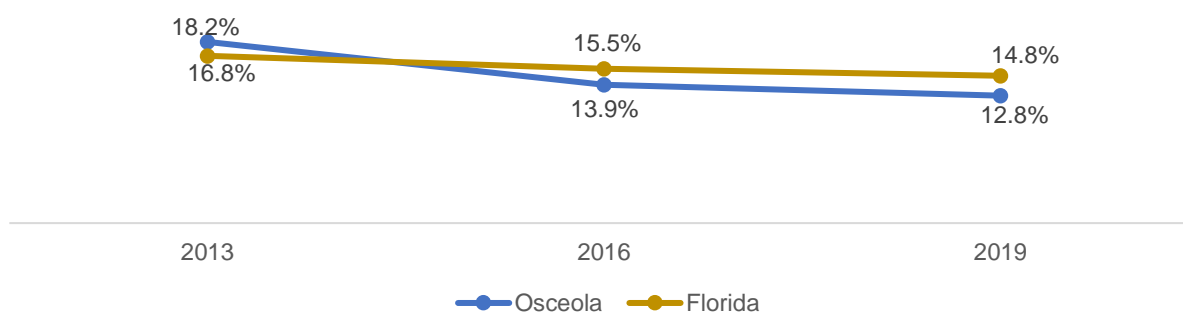
Source: Estimates based on the Department of Health and Human Services Report Mental Health U.S. 1999

Figure 212: Osceola County Percentage of Children with Emotional/Behavioral Disability Grades K-12 (2018-2020)



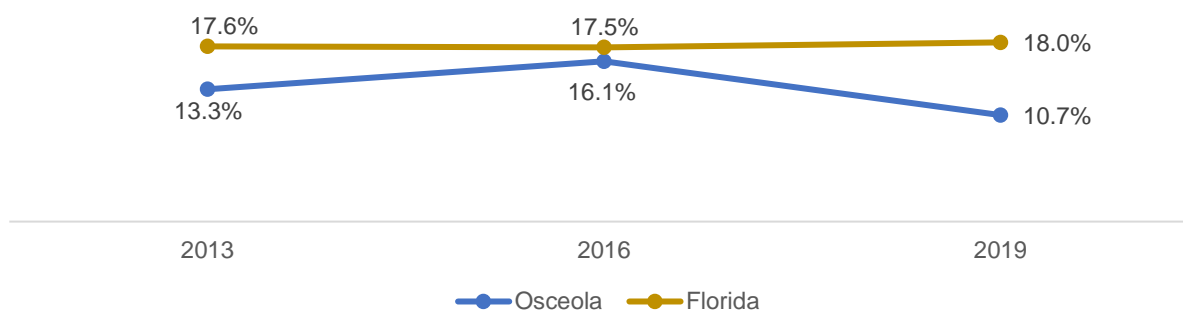
Source: Florida Department of Education, Education Information and Accountability Services (EIAS)

Figure 213: Osceola County Adults Who Are Current Smokers (2013-2019)



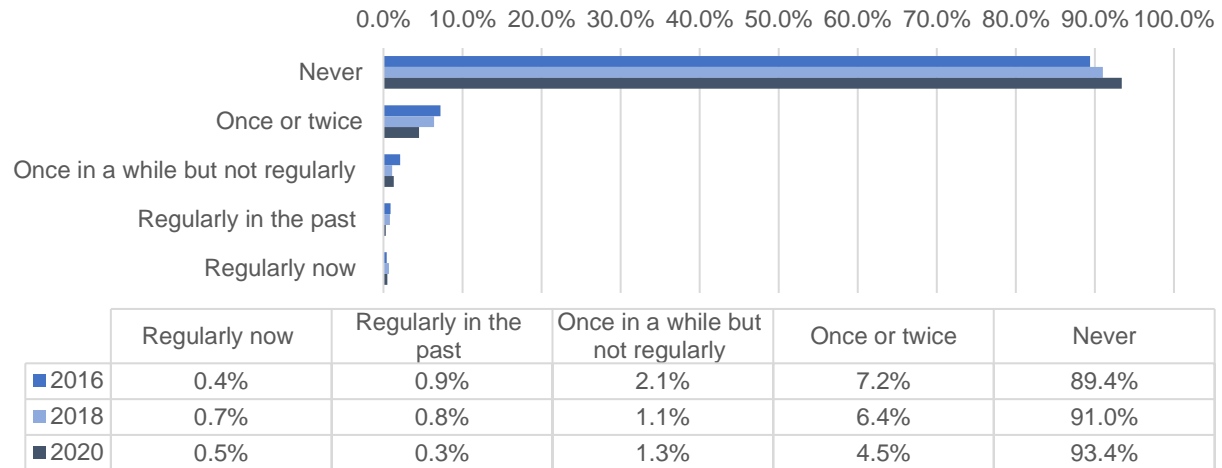
Source: Behavioral Risk Factor Surveillance System

Figure 214: Osceola County Adults Who Engage in Heavy or Binge Drinking (2013-2019)



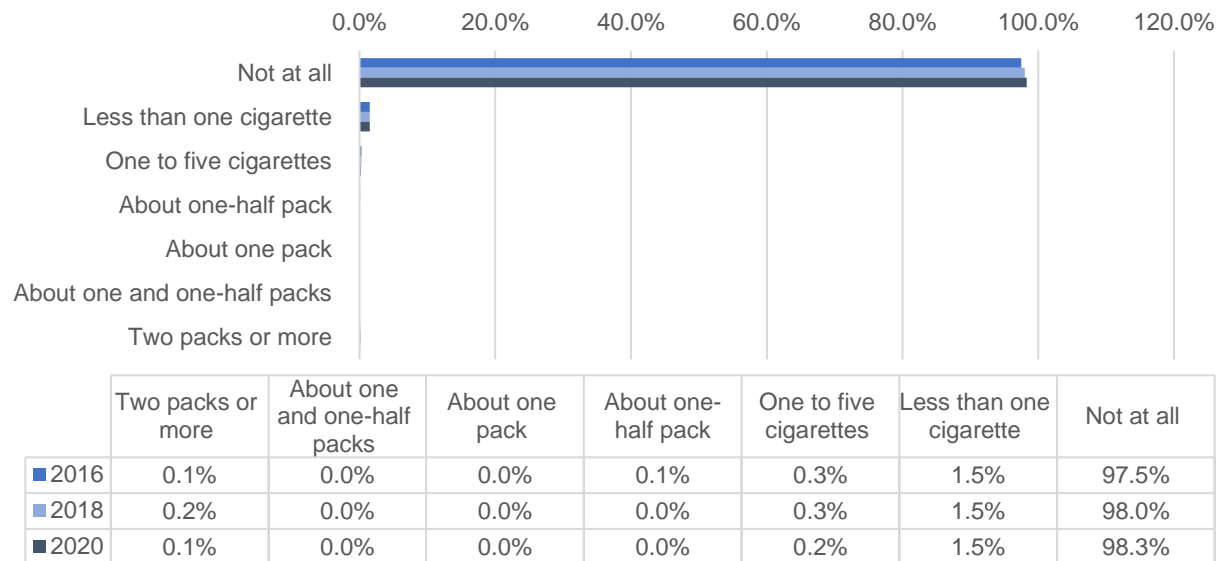
Source: Behavioral Risk Factor Surveillance System

Figure 215: Osceola County – Have You Ever Smoked Cigarettes? (MS&HS 2016-2020)



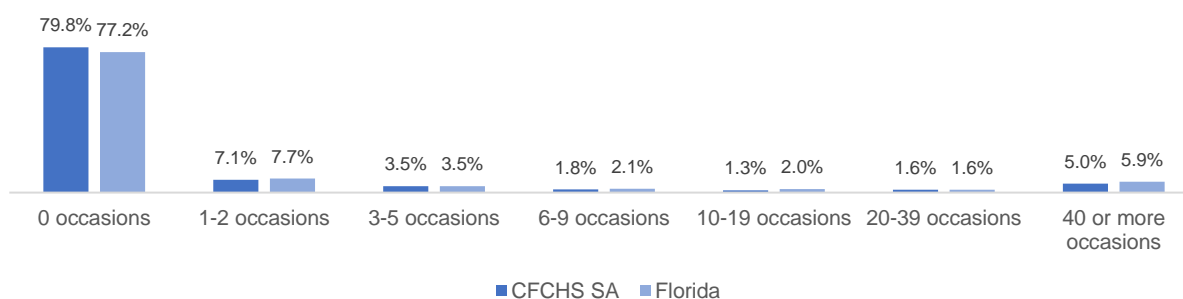
Source: Florida Youth Substance Abuse Survey

Figure 216: Osceola County – How Frequently Have You Smoked Cigarettes in the Past 30 Days? (MS&HS 2016-2020)



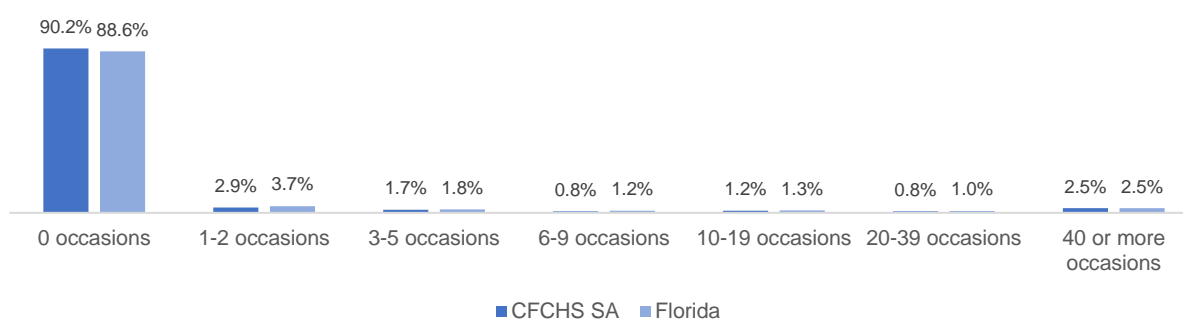
Source: Florida Youth Substance Abuse Survey

**Figure 217: CFCHS SA – On How Many Occasions Have You Vaped Nicotine in Your Lifetime? (MS&HS 2020)**



Source: Florida Youth Substance Abuse Survey

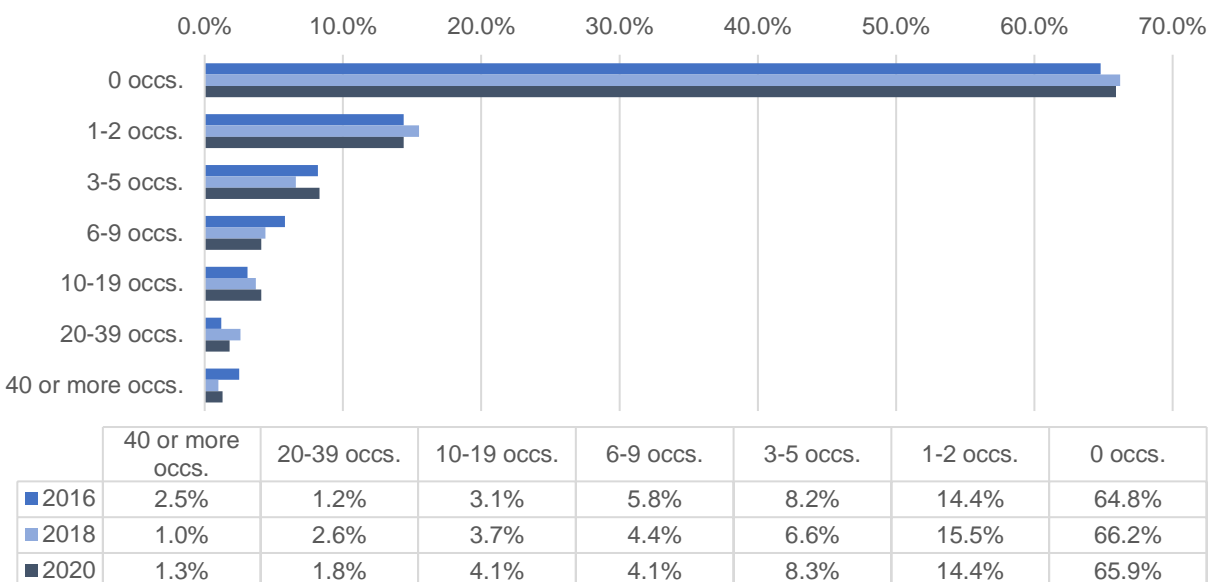
**Figure 218: CFCHS SA – On How Many Occasions Have You Vaped Nicotine in the Past 30 Days? (MS&HS 2020)**



Source: Florida Youth Substance Abuse Survey

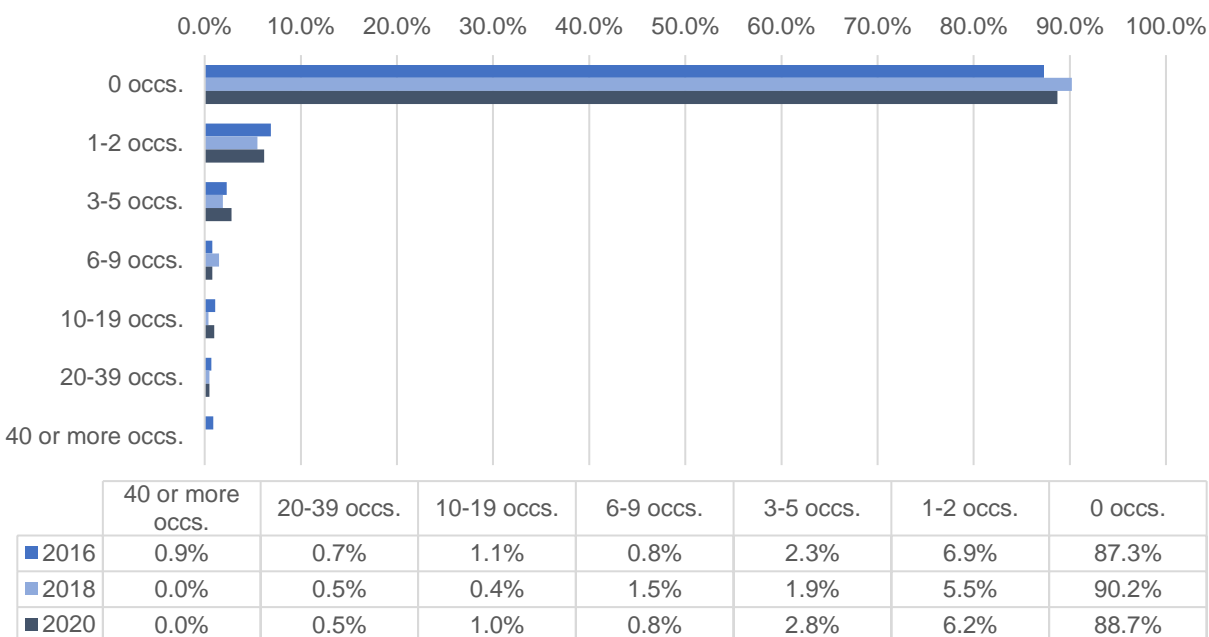


Figure 219: Osceola County – On How Many Occasions Have You Had Alcoholic Beverages to Drink in Your Lifetime? (MS&HS 2016-2020)



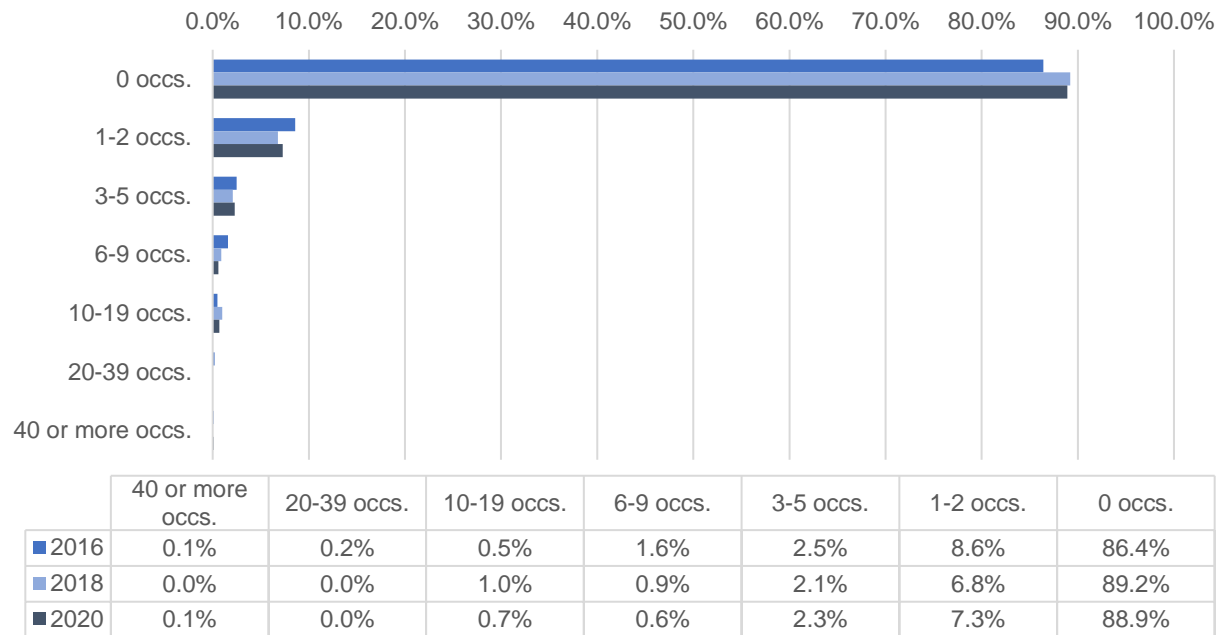
Source: Florida Youth Substance Abuse Survey

Figure 220: Osceola County – On How Many Occasions in Your Lifetime Have You Woken Up After a Night of Drinking Alcoholic Beverages and Not Been Able to Remember the Things You Did or the Places You Went? (HS Only 2016-2020)



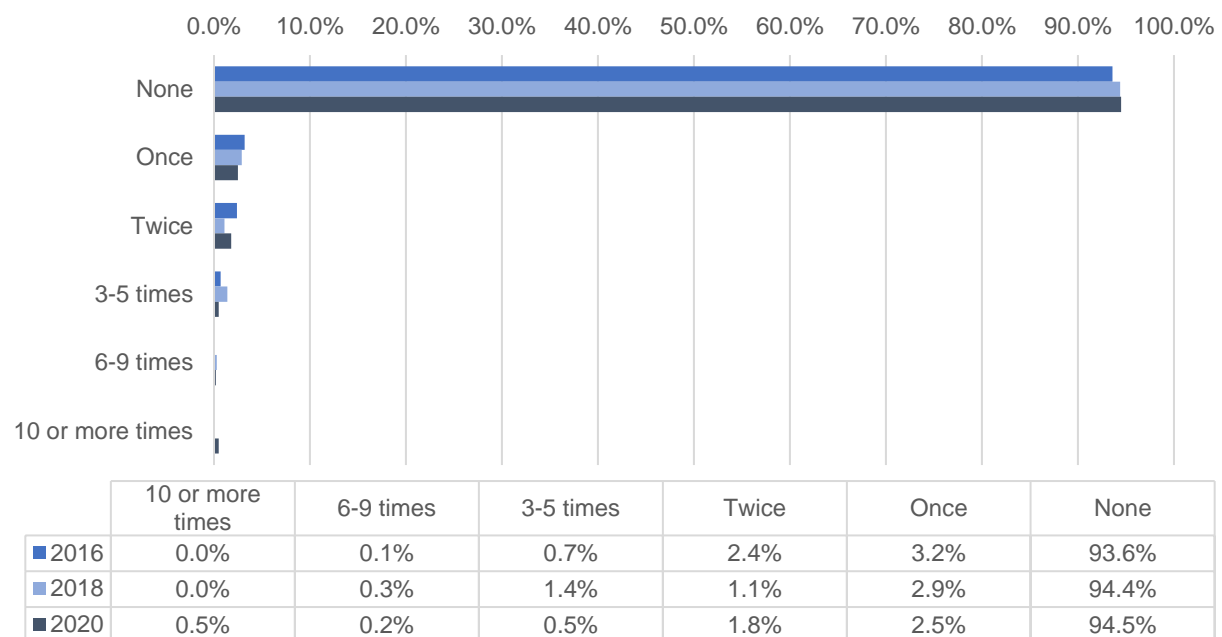
Source: Florida Youth Substance Abuse Survey

Figure 221: Osceola County – On How Many Occasions Have You Had Beer, Wine, or Hard Liquor in the Past 30 Days? (MS&HS 2016-2020)



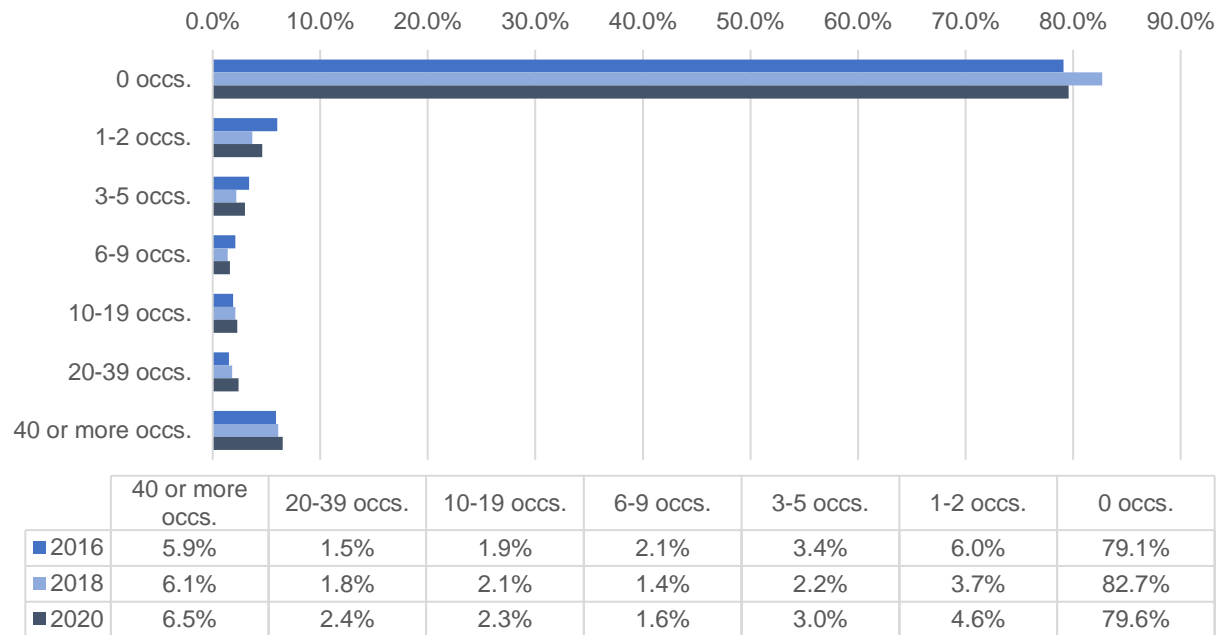
Source: Florida Youth Substance Abuse Survey

Figure 222: Osceola County – Think Back Over the Past Two Weeks...How Many Times Have You Had Five or More Alcoholic Drinks in a Row? (MS&HS 2016-2020)



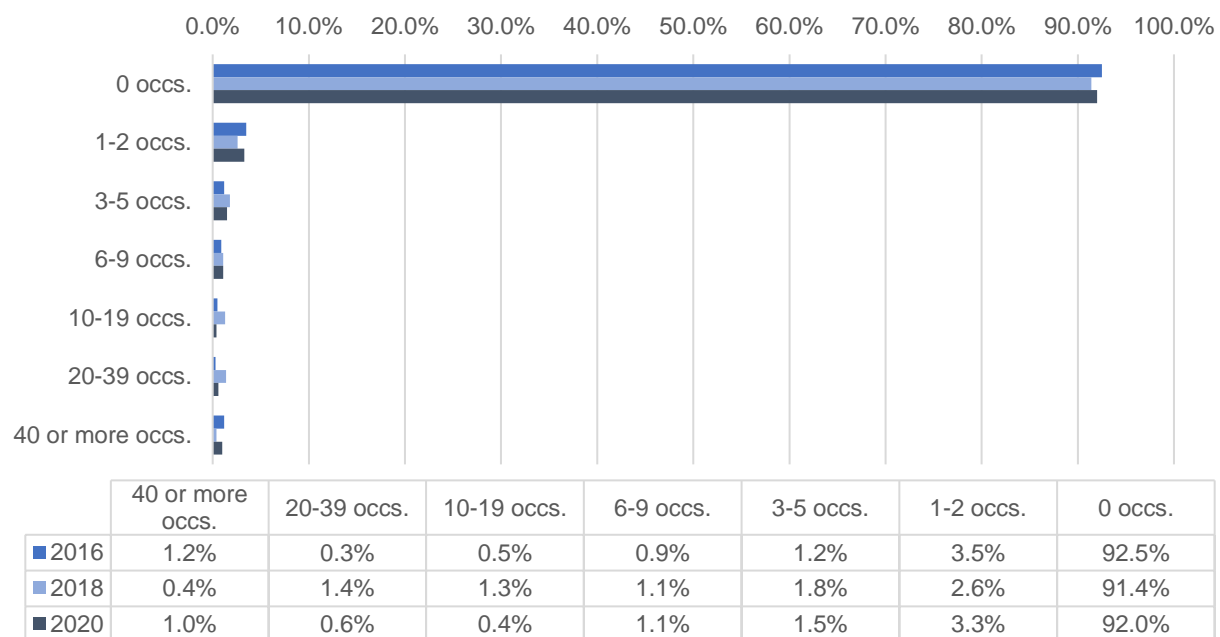
Source: Florida Youth Substance Abuse Survey

Figure 223: Osceola County – On How Many Occasions Have You Used Marijuana or Hashish in Your Lifetime? (MS&HS 2016-2020)



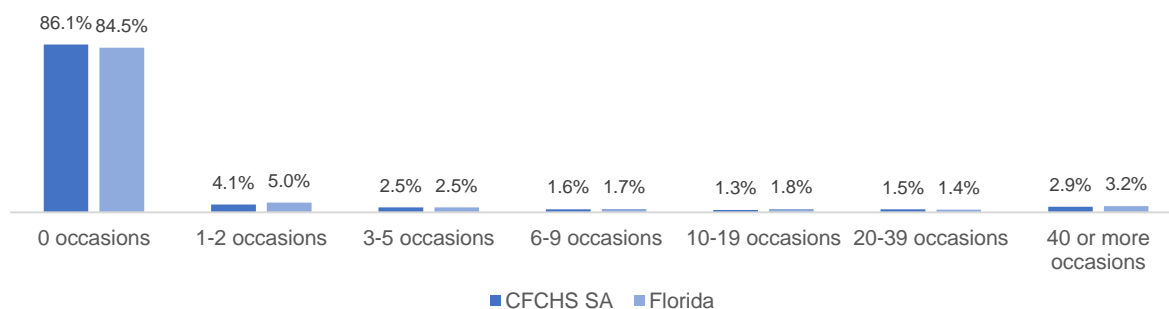
Source: Florida Youth Substance Abuse Survey

Figure 224: Osceola County – On How Many Occasions Have You Used Marijuana or Hashish During the Past 30 Days? (MS&HS 2016-2020)



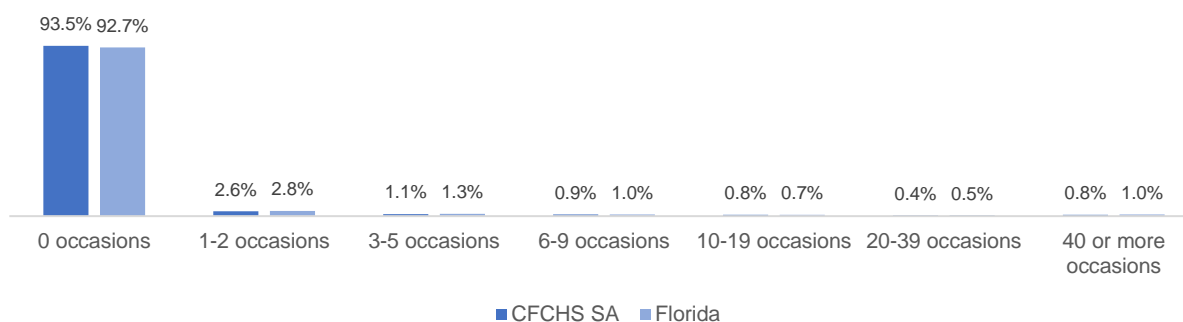
Source: Florida Youth Substance Abuse Survey

**Figure 225: CFCHS SA – On How Many Occasions Have You Vaped Marijuana in Your Lifetime? (MS&HS 2020)**



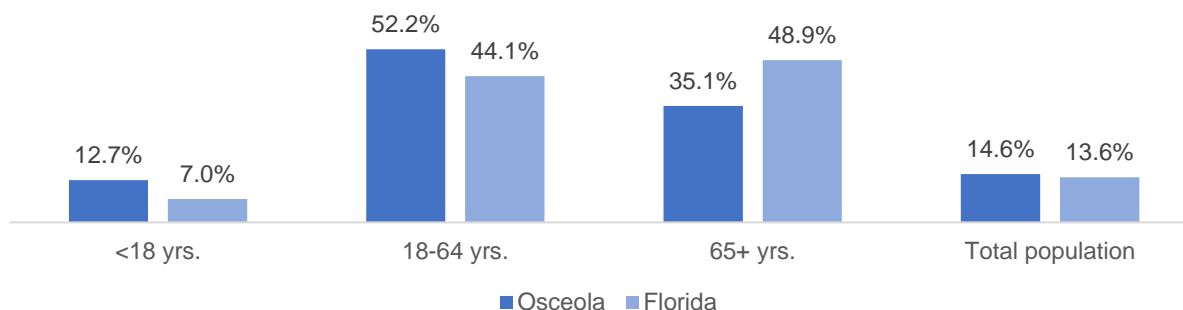
Source: Florida Youth Substance Abuse Survey

**Figure 226: CFCHS SA – On How Many Occasions Have You Vaped Marijuana in the Past 30 Days? (MS&HS 2020)**



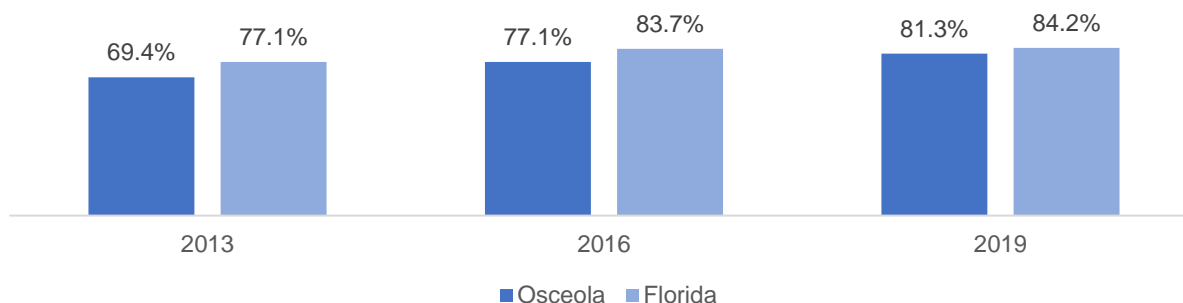
Source: Florida Youth Substance Abuse Survey

**Figure 227: Osceola County Civilian Noninstitutionalized Population with a Disability (2016-2020)**



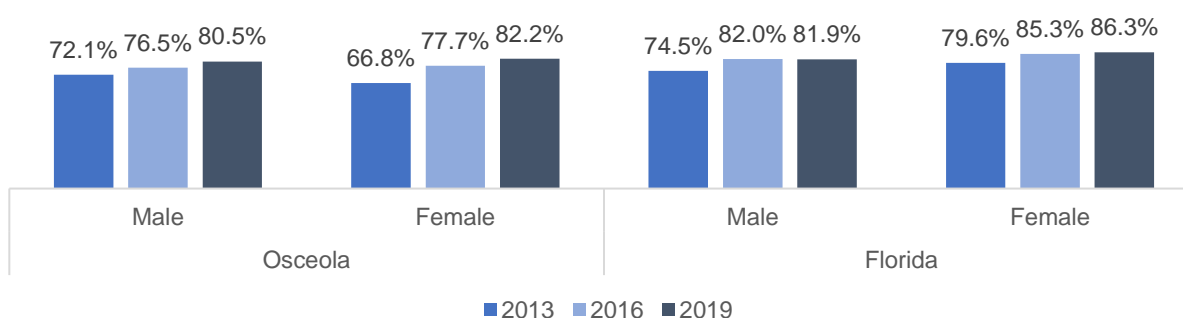
Source: U.S. Census Bureau, American Community Survey. Disability includes hearing, vision, cognitive, ambulatory, self-care, and independent living.

Figure 228: Osceola County Adults with Any Type of Health Care Insurance Coverage (2017-2019)



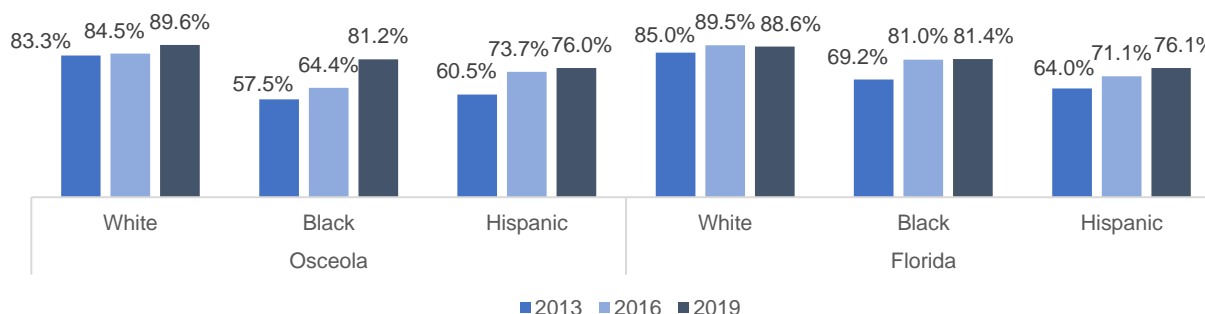
Source: Behavioral Risk Factor Surveillance System

Figure 229: Osceola County Adults with Any Type of Health Care Insurance Coverage by Gender (2017-2019)



Source: Behavioral Risk Factor Surveillance System

Figure 230: Osceola County Adults with Any Type of Health Care Insurance Coverage by Race and Ethnicity (2017-2019)



Source: Behavioral Risk Factor Surveillance System

# Osceola County ME Individuals Served Profile

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## Individuals Served Population

CFCHS-funded organizations served 27,681 individuals in FY20-21. This number included a small amount of duplication (<1%) in that some individuals served moved from one county to another, were enrolled in more than one program, or changed residential status during the 1-year time frame. Over 40% of individuals served resided in Brevard County (11,195 individuals), followed by Orange County at 29.4% (8,132 individuals), Seminole County at 14.2% (3,937 individuals), and Osceola County at 9.9% (2,746 individuals). Individuals who reported living in another county accounted for 6% of all individuals.

Osceola County adult programs accounted for 82.9% of all individuals, with 46% enrolled in the Adult Mental Health (AMH) program, and 36.9% in the Adult Substance Abuse program (ASA). The remaining individuals (17.1%) were in the Child Mental Health (CMH) program, at 10.8%, and the Child Substance Abuse (CSA) program at 6.3%.

## Gender

Males represented more than 50% of all individuals in the AMH, ASA, and CSA programs, ranging from 67.1% in the CSA program to 55.2% in the AMH program. Males accounted for 45.1% of CMH individuals. Females accounted for 44.8% of individuals in AMH program, 32.9% of individuals in the ASA program, 54.9% of those in the CMH programs, and 37.3% of those in the CSA program.

## Race

More than half of the individuals served in Osceola County were White, at 52.8%, which was less than the percentage in the county population at 66.4%. Black individuals served accounted for 14.6% of program individuals and 10.9% of county residents. The racial distribution of individuals served in all programs was more diverse when compared to the county population. Individuals in the CSA program were most diverse as Black individuals served accounted for 25.9% and those of some other race represented 41.6%. In the county, some other race accounted for 10.6% of the population. Multi-racial individuals served ranged from 22.3% in the AMH program to 4.3% of the CSA program. Multi-racial residents accounted for 8.9% of the county population.

## Ethnicity

The ethnic composition of individuals served were slightly less diverse when compared to the county population. Hispanics accounted for 44.7% of individuals served and 54.7% of county residents. The percentage of Hispanic individuals served in the CMH program closely matched the percentage in the county population at 55% and 54.7%, respectively.

## Age Range

A comparison of the percentages of individuals served by age ranges revealed those enrolled in mental health and substance use programs were younger when compared to the age range distribution in the county population. Adults, ages 25-44 years of age, accounted for 52.8% of AMH and 65.8% of ASA individuals served. In comparison, adults in this age range represented 28.9% of the Osceola County population. Conversely, adults aged 65 years and older accounted for a smaller percentage of individuals served (<1%), when compared to those in the service area population at 13.1%. Children under 5 years accounted for 0.9% of individuals in the CMH and CSA programs. There was a higher percentage of older teens, ages 15-19 years, in the CSA program (61.5%), when compared to those in the CMH program at 25.9%.

## Residential Status

The percentages of individuals served living dependently (with relatives or non-relatives) revealed a similar percentage of AMH and ASA individuals served at 30.3% and 38.3%, respectively. Individuals served living independently with relatives or non-relatives, was also similar at 32.2% for those in the AMH program, and 39.2% for those in the ASA program. AMH and ASA individuals served who lived independently alone accounted for 25.5% and 26.6%, respectively. Individuals served who lived dependently with relatives accounted for 95.2% of those in the CMH program and 94% of those in the CSA program. Youth living independently alone accounted for 4.1% if individuals served in both programs.

## Educational Attainment

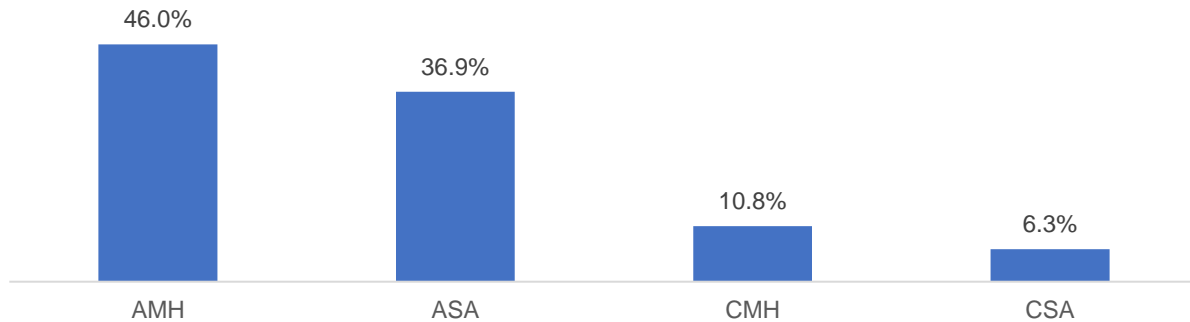
Osceola County individuals served attained lower educational levels when compared to those in the service area population. Among adults, 40.3% of AMH and 29.1% of ASA, completed 9th-12th grade with no diploma. This was much higher than residents in Osceola County at 8.2%. In the service area population, 86.1% of residents earned at least a high school diploma. Consequently, the percentages of Osceola County adults served who earned some college education, or attained a college degree, were well below those for residents living in the county.

## Employment Status

Lower educational attainment was one factor that contributed to much higher levels of unemployment among Osceola County adults served when compared to those in the service area. Unemployment ranged from 58.4% of AMH to 67.9% among ASA individuals served. The estimate for unemployment in the service area was 4.0% (2019). Not authorized to work accounted for less than 1% of adult individuals served.

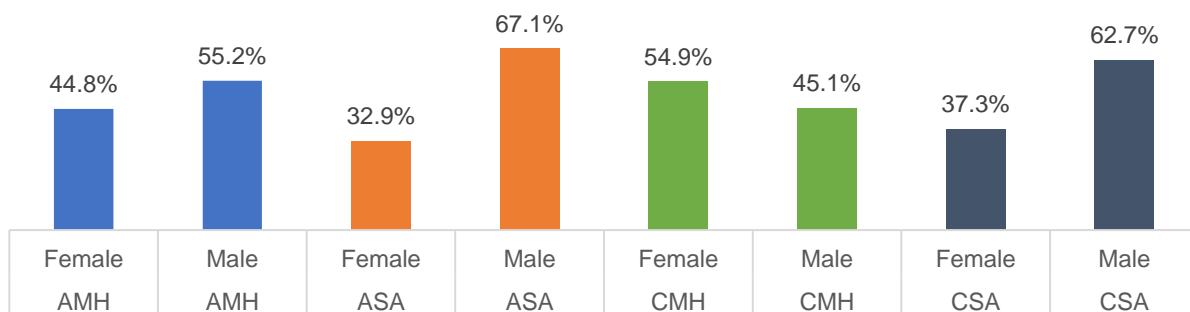
## Osceola County ME Individuals Served Charts

Figure 231: Osceola County Individuals Served by Program



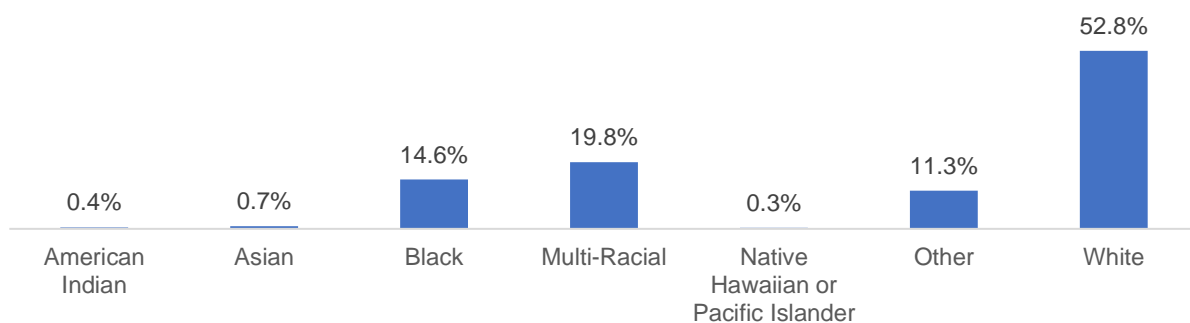
Source: CFCHS Individuals Served Data

Figure 232: Osceola County Individuals Served by Program and Gender



Source: CFCHS Individuals Served Data

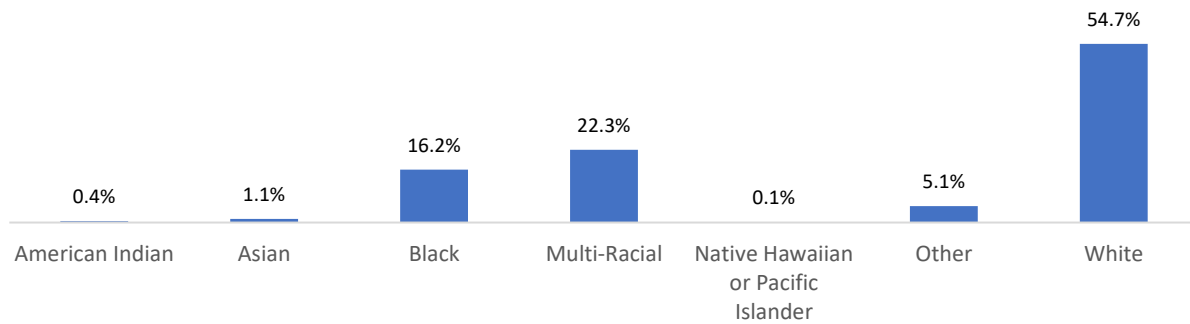
Figure 233: Osceola County Individuals Served by Race



Source: CFCHS Individuals Served Data

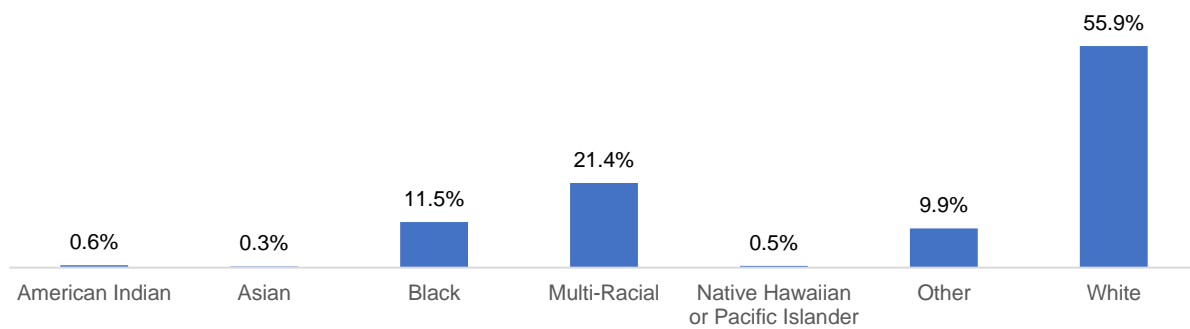


Figure 234: Osceola County AMH Individuals Served by Race



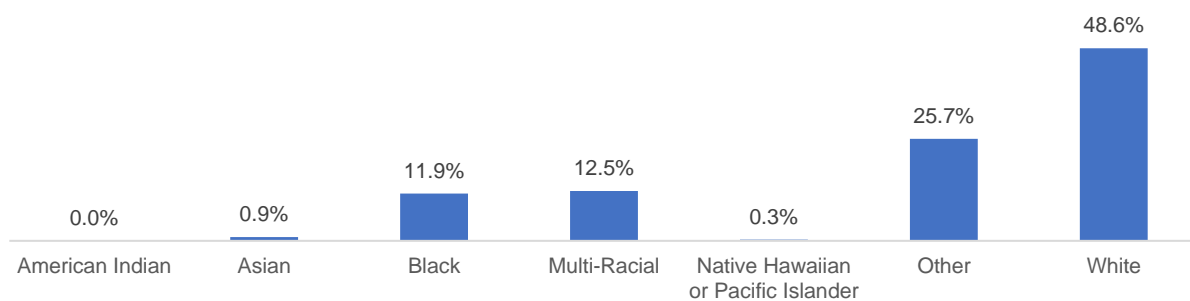
Source: CFCHS Individuals Served Data

Figure 235: Osceola County ASA Individuals Served by Race



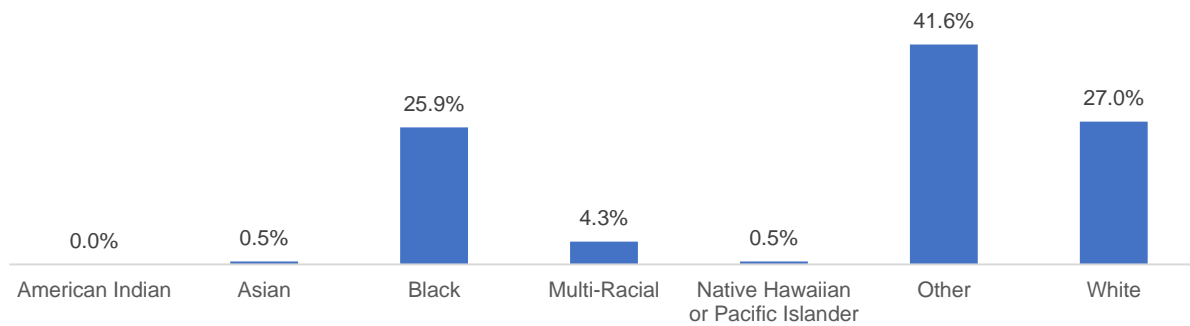
Source: CFCHS Individuals Served Data

Figure 236: Osceola County CMH Individuals Served by Race



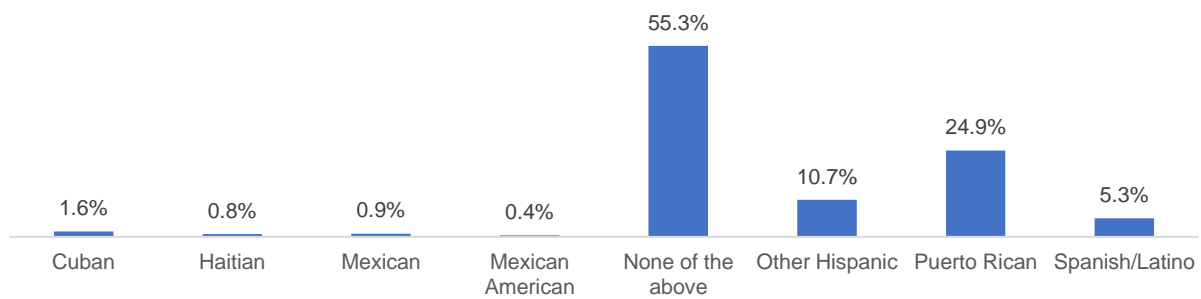
Source: CFCHS Individuals Served Data

Figure 237: Osceola County CSA Individuals Served by Race



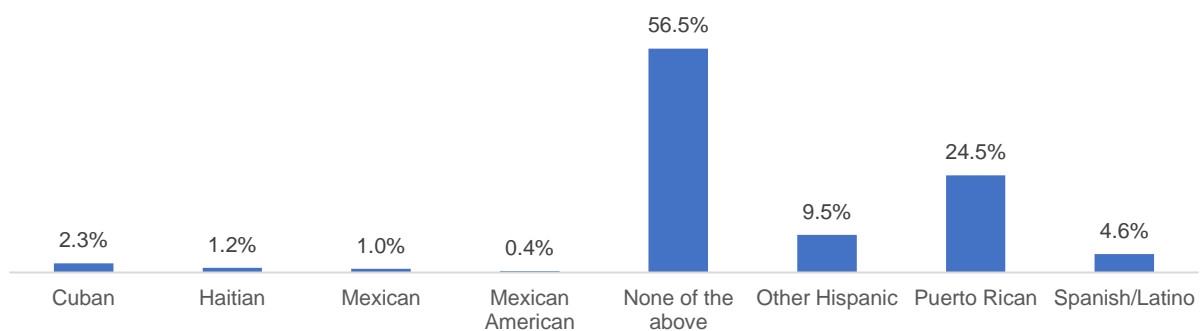
Source: CFCHS Individuals Served Data

Figure 238: Osceola County Individuals Served by Ethnicity



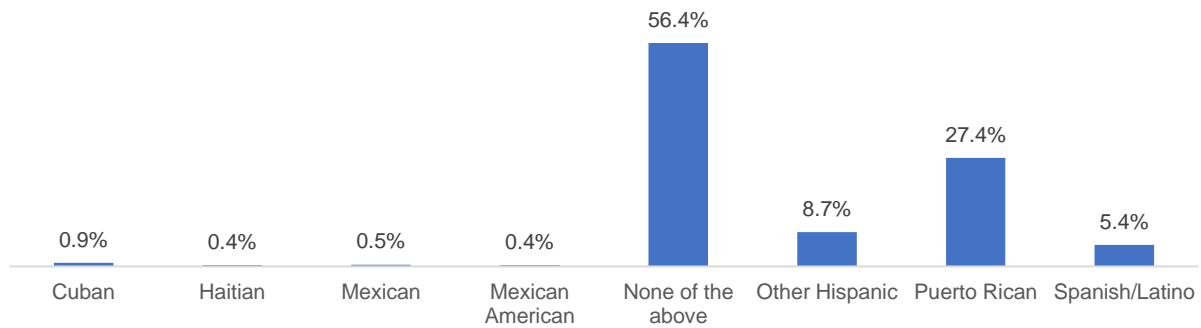
Source: CFCHS Individuals Served Data

Figure 239: Osceola County AMH individuals Served by Ethnicity



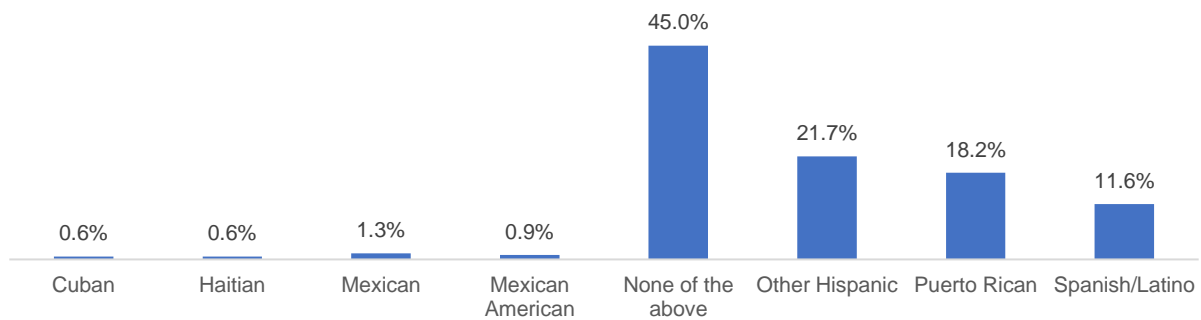
Source: CFCHS Individuals Served Data

Figure 240: Osceola County ASA Individuals Served by Ethnicity



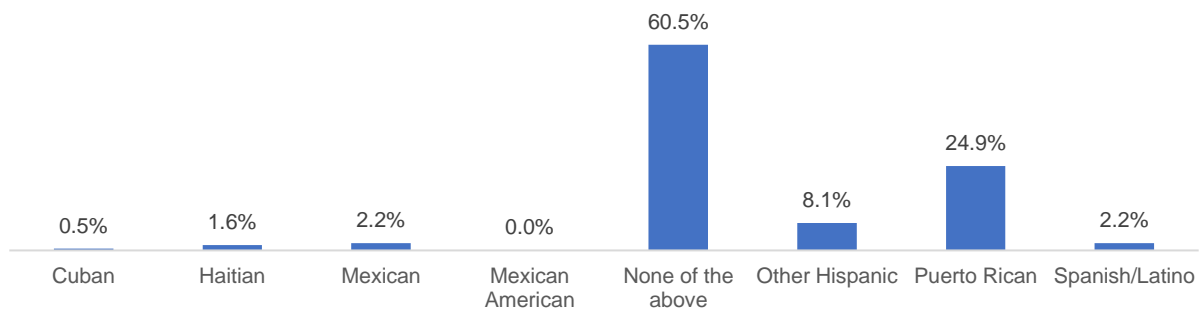
Source: CFCHS Individuals Served Data

Figure 241: Osceola County CMH Individuals Served by Ethnicity



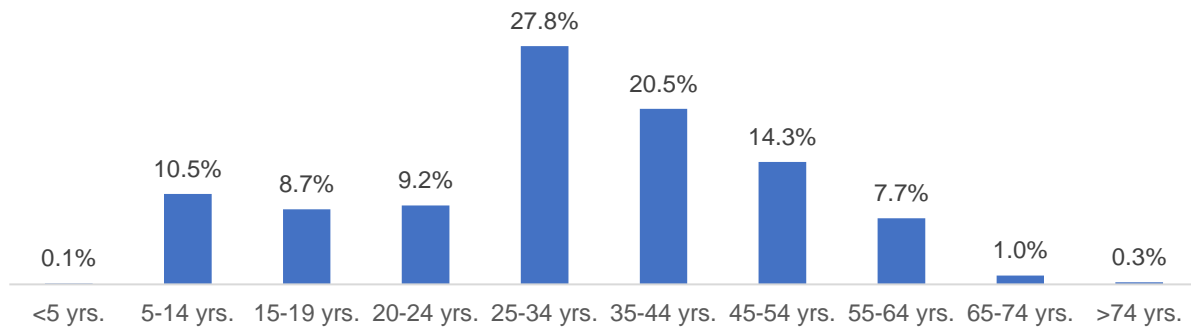
Source: CFCHS Individuals Served Data

Figure 242: Osceola County CSA Individuals Served by Ethnicity



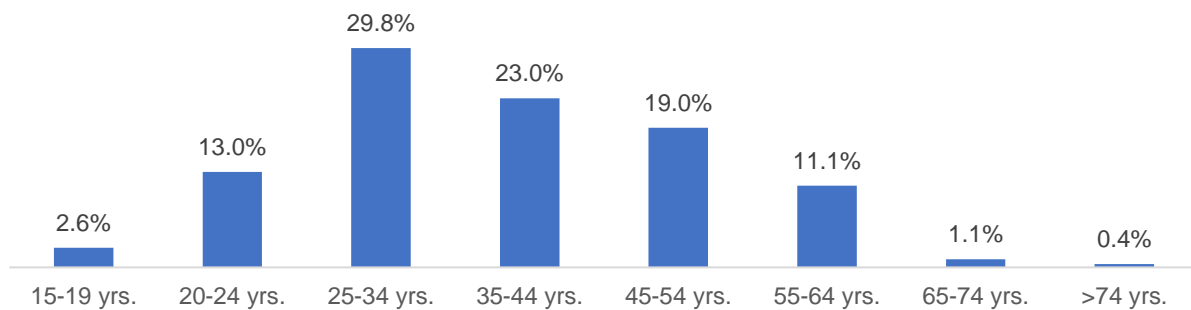
Source: CFCHS Individuals Served Data

Figure 243: Osceola County Individuals Served by Age Range



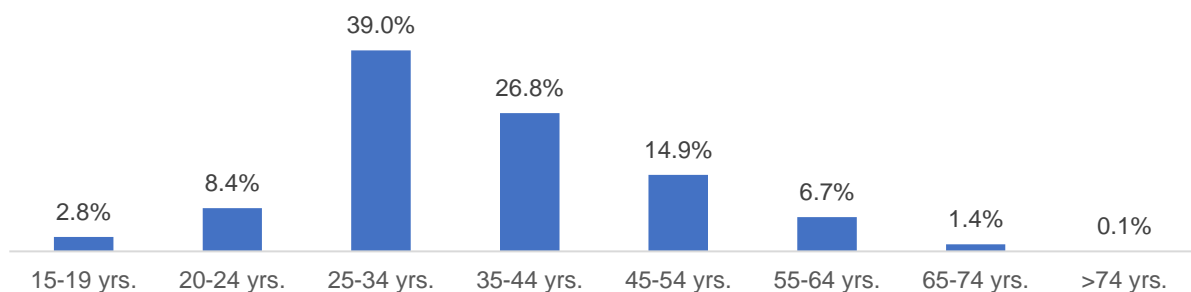
Source: CFCHS Individuals Served Data

Figure 244: Osceola County AMH Individuals Served by Age Range



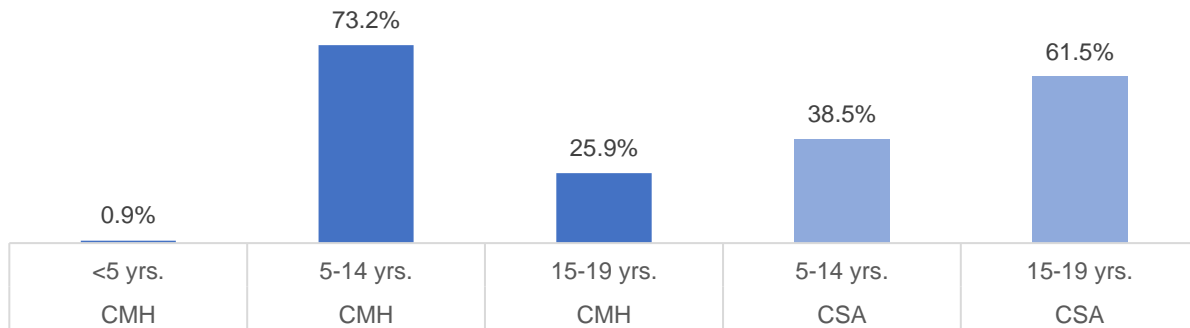
Source: CFCHS Individuals Served Data

Figure 245: Osceola County ASA Individuals Served by Age Range



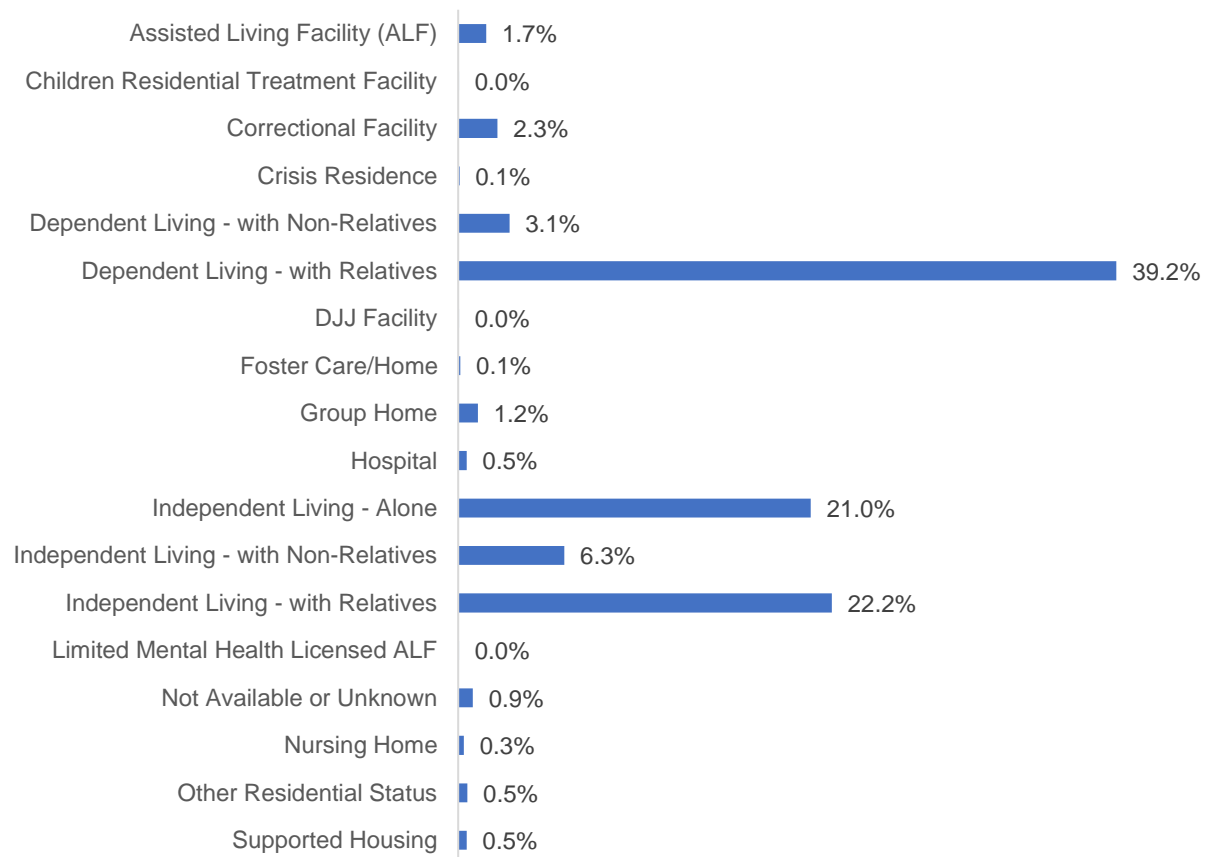
Source: CFCHS Individuals Served Data

Figure 246: Osceola County CMH and CSA Individuals Served by Age Range



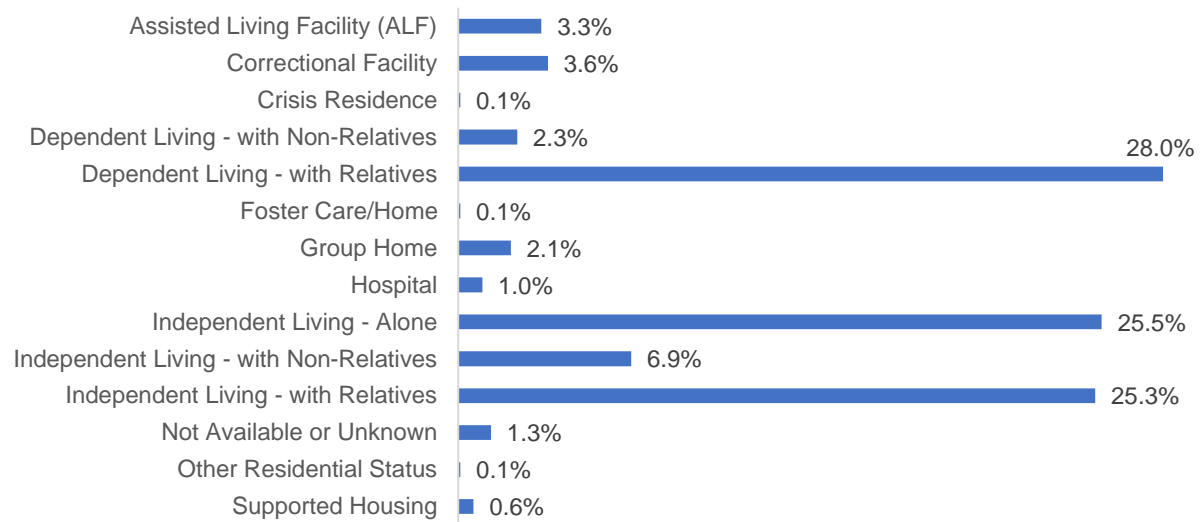
Source: CFCHS Individuals Served Data

Figure 247: Osceola County Individuals Served by Residential Status



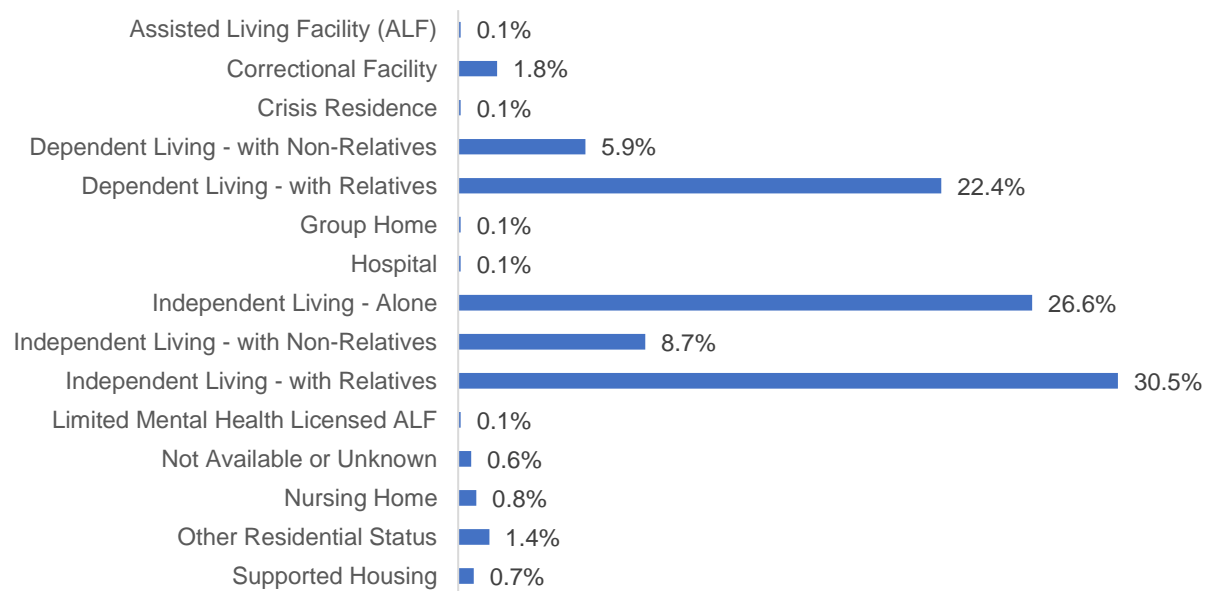
Source: CFCHS Individuals Served Data

Figure 248: Osceola County AMH Individuals Served by Residential Status



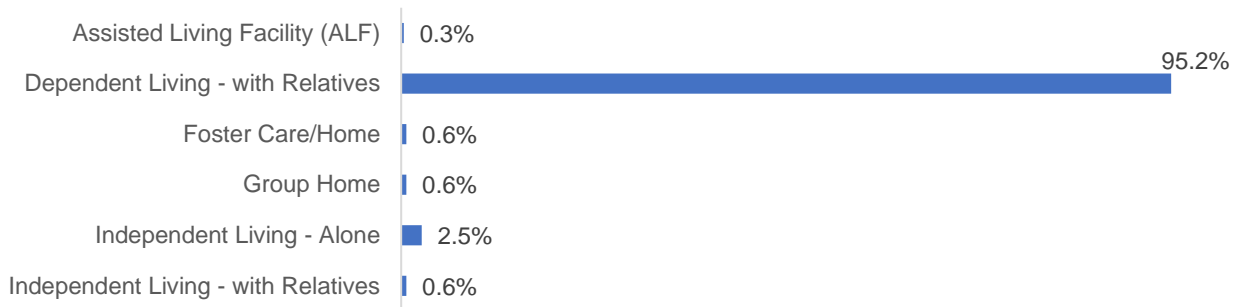
Source: CFCHS Individuals Served Data

Figure 249: Osceola County ASA Individuals Served by Residential Status



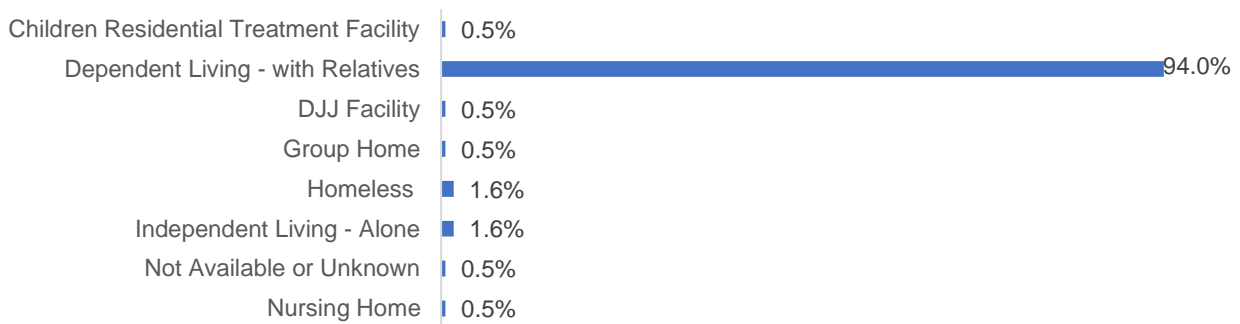
Source: CFCHS Individuals Served Data

Figure 250: Osceola County CMH Individuals Served by Residential Status



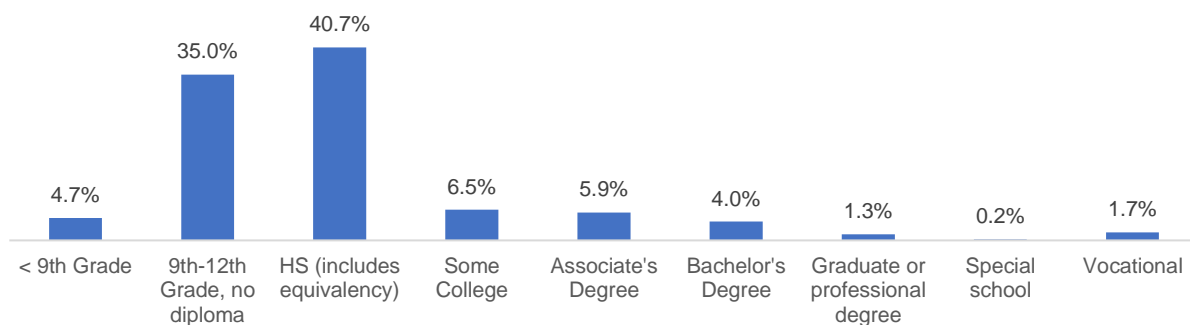
Source: CFCHS Individuals Served Data

Figure 251: Osceola County CSA Individuals Served by Residential Status



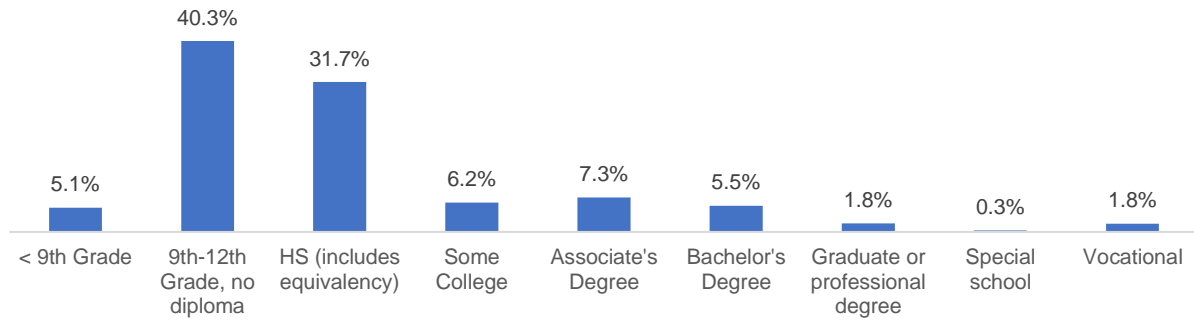
Source: CFCHS Individuals Served Data

Figure 252: Osceola County Individuals Served by Educational Attainment



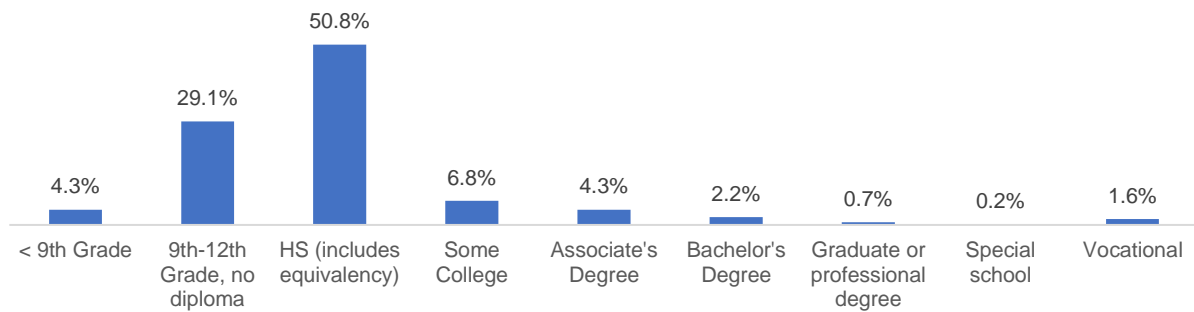
Source: CFCHS Individuals Served Data

Figure 253: Osceola County AMH Individuals Served by Educational Attainment



Source: CFCHS Individuals Served Data

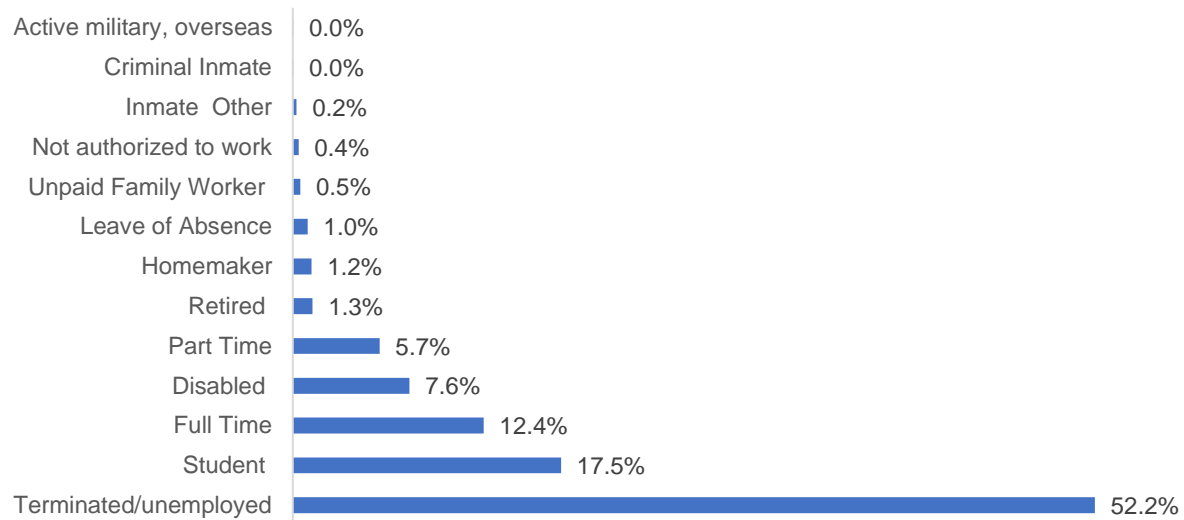
Figure 254: Osceola County ASA Individuals Served by Educational Attainment



Source: CFCHS Individuals Served Data

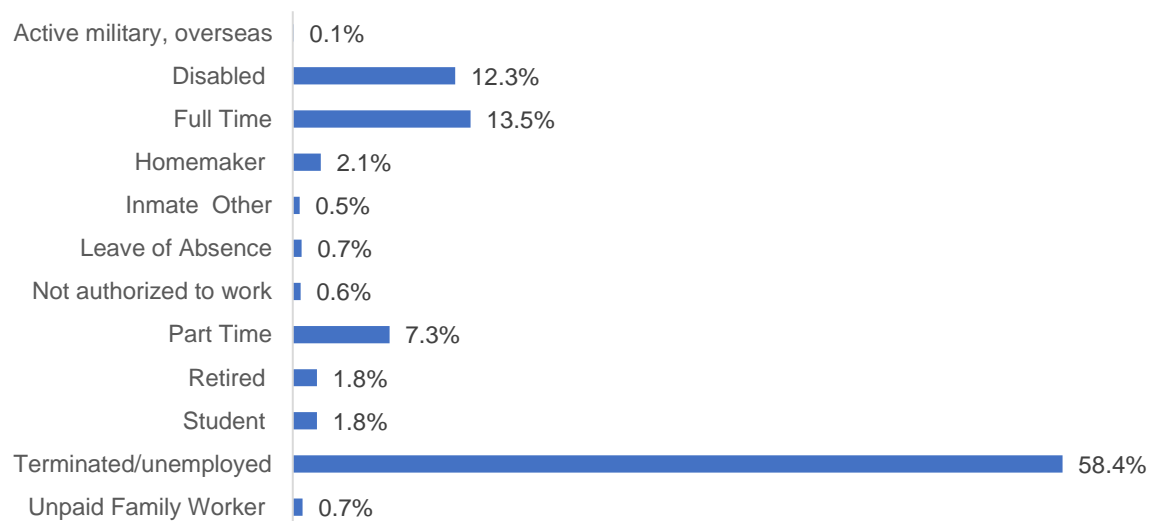


Figure 255: Osceola County Individuals Served by Employment Status



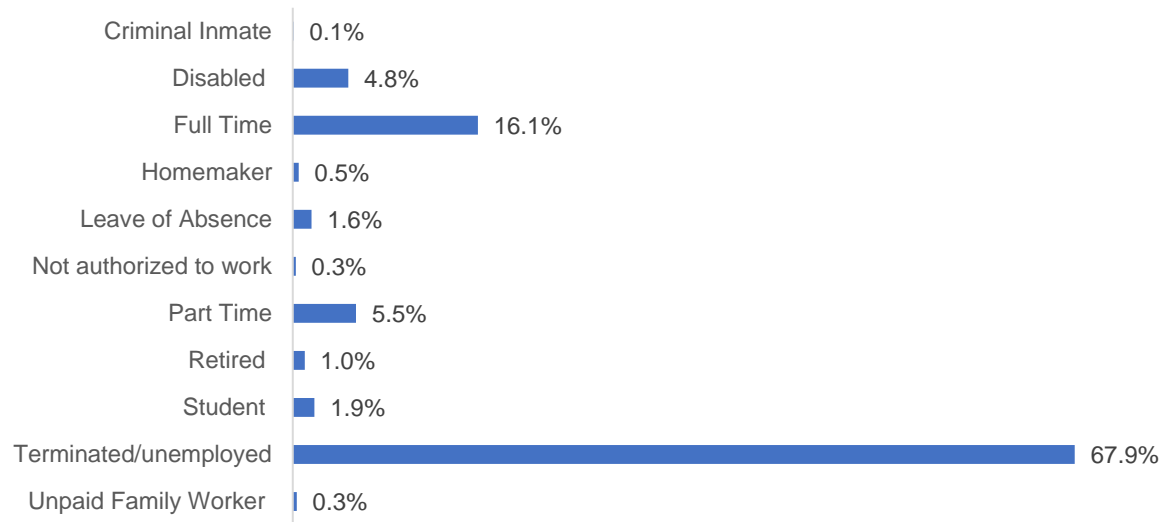
Source: CFCHS Individuals Served Data

Figure 256: Osceola County AMH Individuals Served by Employment Status



Source: CFCHS Individuals Served Data

Figure 257: Osceola County ASA Individuals Served by Employment Status



Source: CFCHS Individuals Served Data

## Osceola County Homeless Population Profile

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The 2021 Council on Homelessness Report states that the Point in Time Count (PIT) data provides a snapshot of homelessness. **Due to the pandemic, the 2021 PIT Count is not directly comparable to prior years' counts.** Typically, Continuums of Care (CoCs - A local geographic area designated by HUD and served by a local planning body, which is responsible for organizing and delivering housing and services to meet the needs of people who are homeless as they move to stable housing and maximum self-sufficiency) conduct a PIT Count of both sheltered and unsheltered households. This year, due to COVID-19 related safety concerns, only six of the 27 CoCs conducted such a count; 10 CoCs did not conduct an unsheltered count; and others conducted a modified form of the unsheltered count. All CoCs conducted a sheltered PIT count. For those that did not conduct an unsheltered count, the CoCs reported zero unsheltered persons, resulting in an undercount of total homelessness. According to the report:

“Housing is a significant determinant of health, and insufficient housing is a major public health issue. The COVID-19 pandemic has exacerbated housing instability, especially for low-income households. In effect, the pandemic has triggered high rates of unemployment, worsened pre-existing behavioral health disorders, and increased stress, anxiety, and depression for others. Increased rates of unemployment also contribute to increasing the prevalence of behavioral health disorders, resulting in more suffering and deaths. Prior to the pandemic, America’s affordable housing crisis was already expected to get worse. The ELI housing crisis is evidenced by the fact that people with disabilities are forced to live in segregated and institutional facilities (e.g., nursing homes, state institutions, etc.) and experience homelessness. Many of these individuals need Permanent Supportive Housing.”

(Please access the actual report for resources at: [2021CouncilReport.pdf](#) ([myflfamilies.com](#)))

In 2021, the Florida Council on Homelessness reported there were 1,544 homeless individuals in Orange, Osceola, and Seminole counties (CoC# FL-507). An unsheltered PIT count was not conducted in the three-county region which resulted in zero unsheltered persons. Chronically homeless, defined as continually homeless for over 1 year, increased 168.7%, from 182 individuals in 2017 to 489 people in 2020. There were 177 individuals chronically homeless in 2021. Homelessness among veterans decreased 12.8%, from 218 in 2017 to 190 in 2020. Homeless veterans accounted for 195 individuals in 2021. Families experiencing homelessness also decreased (10%) from 262 in 2017 to 222 in 2020. There were 659 homeless families in the three-county region in 2021. The number of Osceola County homeless students, reported by the Florida Department of Education (FDOE), at 3,562 for the 2015-2016 academic year, decreased 26.3% to 2,625 in 2019-2020. Of those students who were homeless, 62.6% were in a sharing housing arrangement, and 30.2% were living in motels.

Due to the COVID-19 pandemic, this year saw an unprecedented infusion of federal funding to address homelessness and housing instability. With these funds appropriated by Congress, the State, local governments, CoCs, and partner agencies have invested in solutions to homelessness, including rent and utilities assistance, sheltering, outreach, supportive services and more. While these resources have increased Florida’s capacity to prevent and end homelessness, the federal funds have strict restrictions on

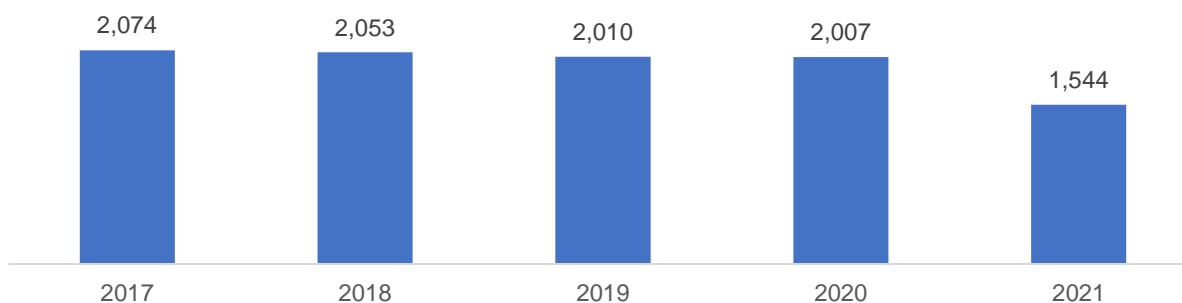
how the funds may be used; they are not interchangeable with the Challenge and Staffing grants provided to CoCs by the State of Florida. State funding remains critical to addressing homelessness in Florida, especially in rural areas and for the many programs that cannot be funded by federal resources due to their restrictions. State funding helps ensure a broad range of programs in Florida, as well as increase the capacity of the CoCs to administer the federal funding and other resources.

**Figure 258: CoC# FL-507 Funding from Federal and State Sources (SFY20-21) – Orange, Osceola, and Seminole Counties**

| Funding Source SFY20-21           | Funding Amount         |
|-----------------------------------|------------------------|
| State Challenge                   | \$148,500.00           |
| Emergency Solutions Grant (State) | \$200,000.00           |
| State TANF-HP                     | \$46,582.00            |
| State Staffing                    | \$107,142.85           |
| ESG-CV (State)                    | \$5,946,937.02         |
| <b>State Total</b>                | <b>\$6,449,161.87</b>  |
| HUD CoC (FFY20)                   | \$9,530,007.00         |
| <b>Total Funding Award</b>        | <b>\$15,979,168.87</b> |

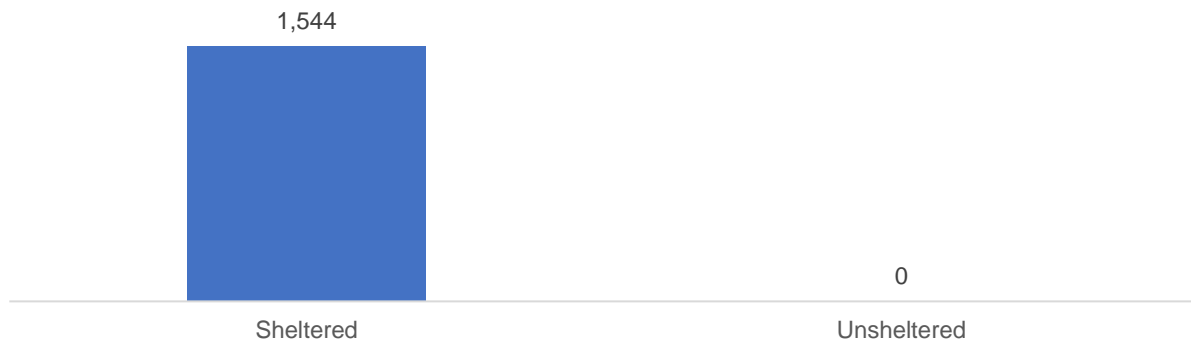
Source: 2021 Florida's Council on Homelessness Annual Report. Central Florida CoC# FL-507 includes Orange, Osceola, and Seminole counties.

**Figure 259: Central Florida CoC Total Homeless Population (2017-2021)**



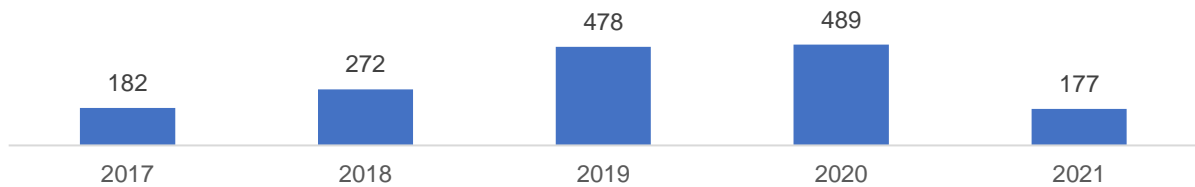
Source: 2021 Florida's Council on Homelessness Annual Report. Central Florida CoC# FL-507 includes Orange, Osceola, and Seminole counties.

Figure 260: Central Florida CoC Total Homeless Sheltered and Unsheltered (2021)



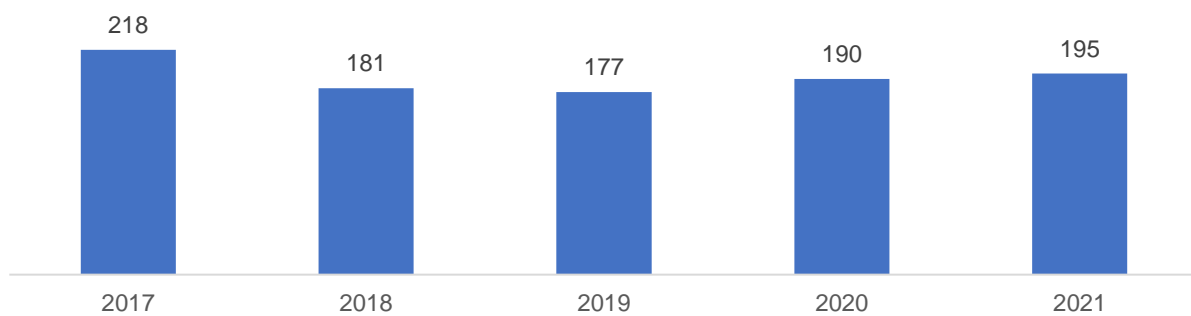
Source: 2021 Florida's Council on Homelessness Annual Report. Central Florida CoC# FL-507 includes Orange, Osceola, and Seminole counties.

Figure 261: Central Florida CoC Chronic Homelessness (2017-2021)



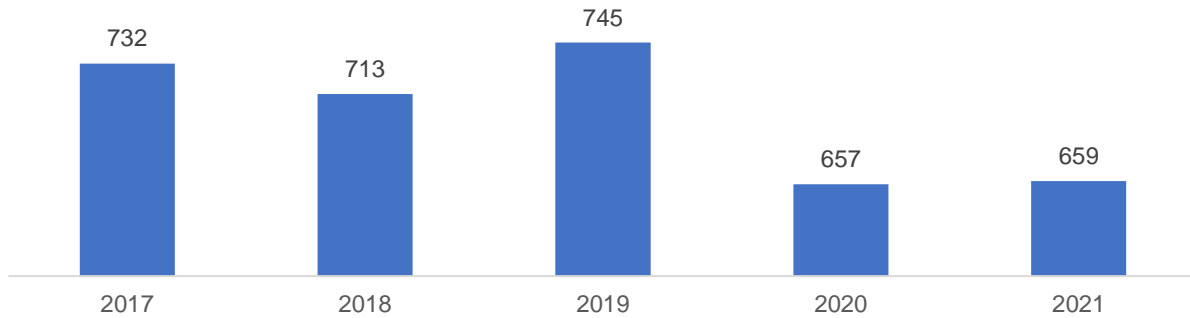
Source: 2021 Florida's Council on Homelessness Annual Report. Central Florida CoC# FL-507 includes Orange, Osceola, and Seminole counties.

Figure 262: Central Florida CoC Homelessness Among Veterans (2017-2021)



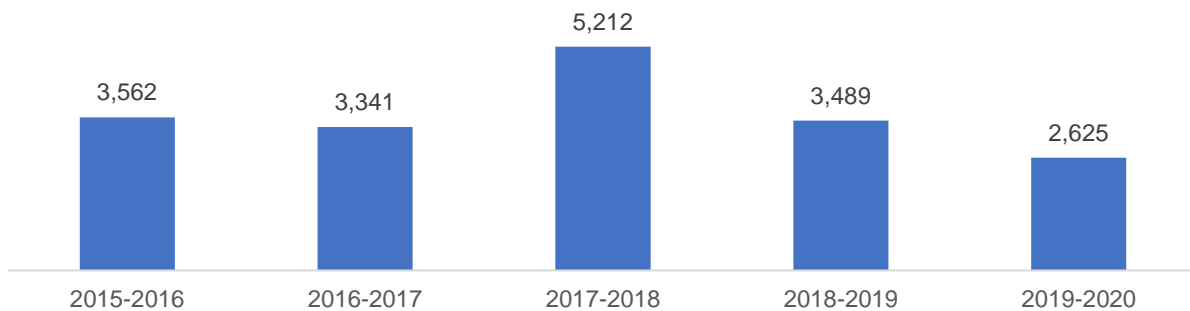
Source: 2021 Florida's Council on Homelessness Annual Report. Central Florida CoC# FL-507 includes Orange, Osceola, and Seminole counties.

Figure 263: Central Florida CoC Family Homelessness: Total Persons in Families with Children (2017-2021)



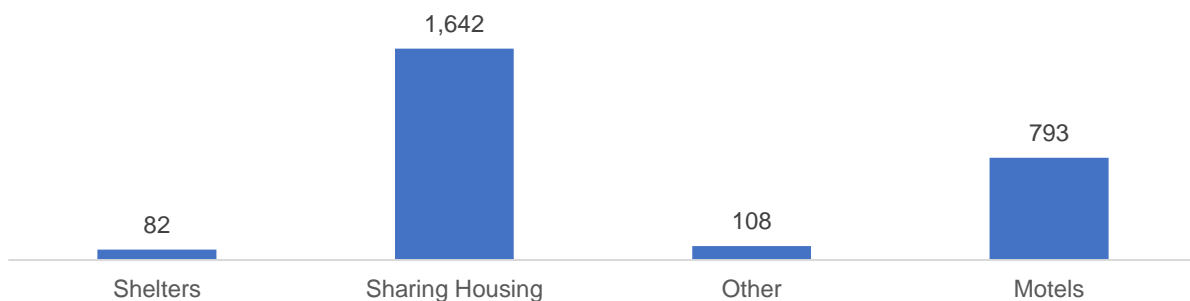
Source: 2021 Florida's Council on Homelessness Annual Report. Central Florida CoC# FL-507 includes Orange, Osceola, and Seminole counties.

Figure 264: FDOE – Osceola County Homeless Students in Public School, District 49 (2015-2020)



Source: 2021 Florida's Council on Homelessness Annual Report

Figure 265: FDOE – Osceola County Homeless Students in Public Schools by Living Situation, District 49 (2019-2020)



Source: 2021 Florida's Council on Homelessness Annual Report

# Osceola County ME Homeless Individuals Served Profile

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## Homeless Individuals Served Demographics

A total of 4,974 CFCHS homeless individuals served were enrolled in adult and child programs in FY20-21. This number does contain some duplication caused by changes in residential status over the past 12-months, moving from one county to another in the service area, and/or co-occurring conditions. When analyzing data at the county level, some of the duplication is removed, resulting in a slightly lower number of homeless individuals served. After removing individuals served with a status of Other County, there were 4,119 individuals served by CFCHS in Brevard (749), Orange (2,228), Osceola (754), and Seminole (388) counties. In Osceola County, 29.4% were in the AMH program, and 70.2% in the ASA program. Homeless children in the CMH and CSA program accounted for less than 1% of homeless individuals served.

## Gender

Males accounted for larger percentages of individuals served, at 61.3% in the AMH program, 72.8% in the ASA program, and 66.7% in the CSA program. It should be noted that the number of homeless individuals in the CSA was small, and results should be interpreted with caution.

## Race

Homeless individuals served in all three programs were racially more diverse when compared to the Osceola County population. Black homeless individuals served in the AMH program accounted for 24.1% and 33.3% of CSA homeless individuals served. Among individuals served in the ASA program, 26.6% were multi-racial. In Osceola County, 10.9% of residents were Black and 8.9% belonged to two or more races. The numbers of homeless individuals in the CSA program were small, and results should be interpreted with caution.

## Ethnicity

Homeless individuals served were less ethnically diverse when compared to Osceola County population. Among AMH homeless individuals served, 34.8% were Hispanic, along with 47.1% of ASA homeless individuals served. Hispanic residents in Osceola County represented 54.7% of the population.

## Age Range

Adults, ages 25-44 years, accounted for 61.2% of AMH and 66.4% of ASA individuals served. This was much higher when compared to residents of the same age in the county, at 28.9%. Older homeless individuals, those over 65 years of age, represented a much smaller percentage of homeless individuals (~1%) when compared to those in the service area at 13.1%.

## Residential Status

All homeless individuals served reported their residential status as homeless.

## Educational Attainment

Among the homeless individuals served, 58.5% of those in the AMH program and 37.3% in the ASA program did not earn a high school diploma. Homeless individuals served who attained a high school diploma accounted for 29.5% of those in the AMH program and 49.7% in the ASA program. In Osceola County, 13.9% of residents did not earn a diploma and 86.1% had graduated high school.

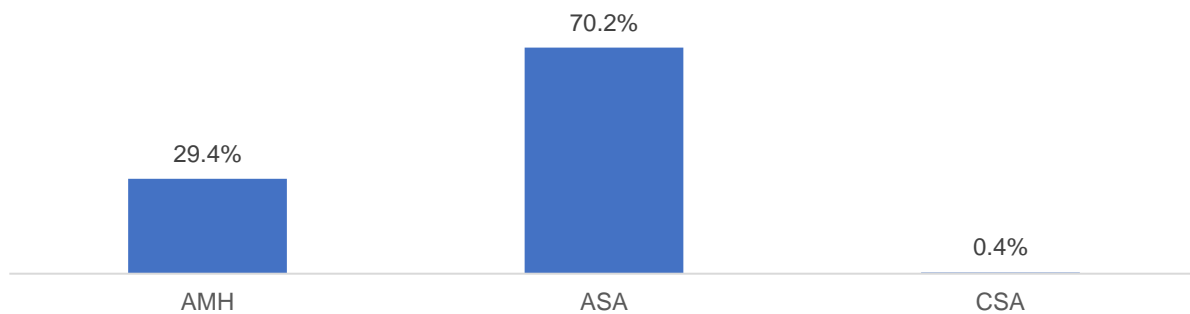
## Employment Status

Only 9.6% of homeless individuals were employed (part or full time), and 82.6% had been terminated or were unemployed.



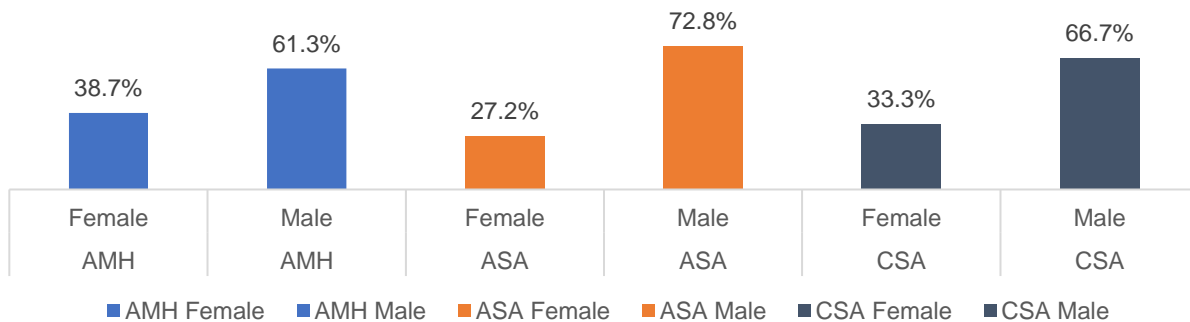
## Osceola County ME Homeless Individuals Served Charts

Figure 266: Osceola County ME Homeless Individuals Served by Program



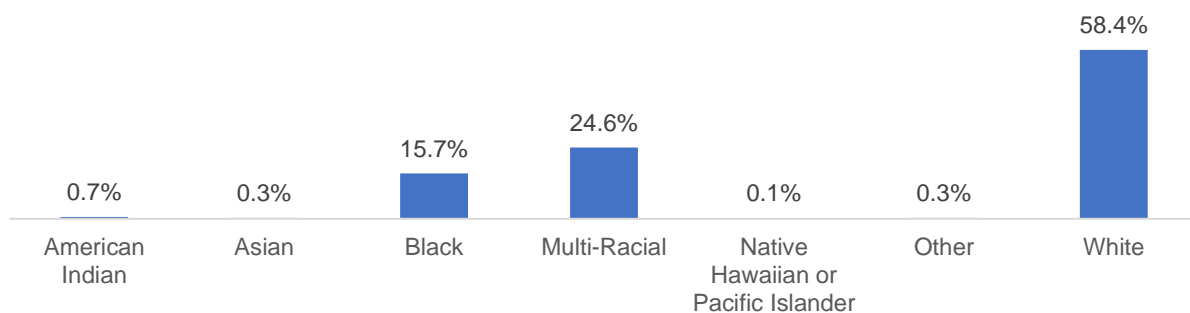
Source: CFCHS Individuals Served Data

Figure 267: Osceola County ME Homeless Individuals Served by Program and Gender



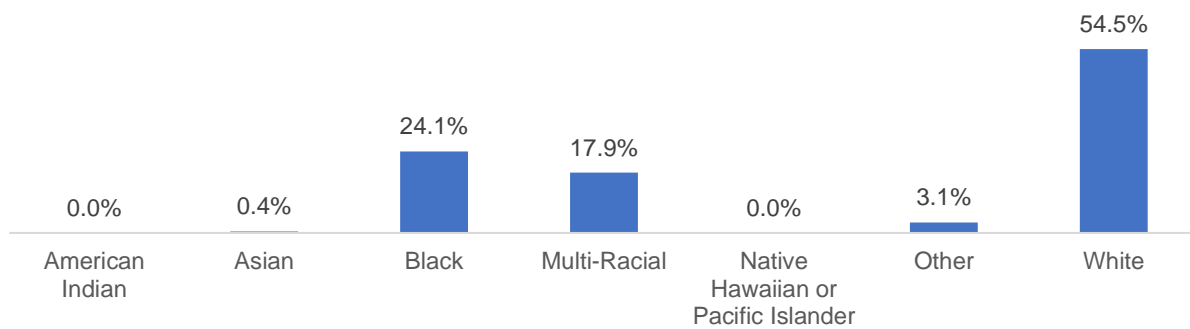
Source: CFCHS Individuals Served Data

Figure 268: Osceola County ME Homeless Individuals Served by Race



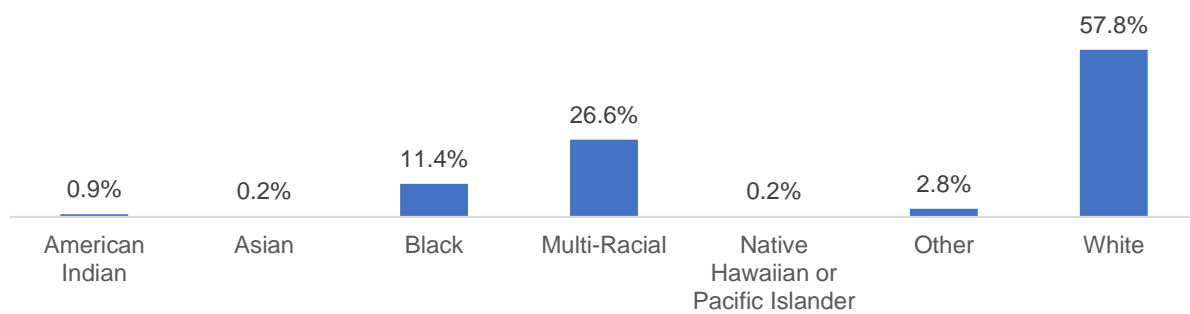
Source: CFCHS Individuals Served Data

Figure 269: Osceola County ME AMH Homeless Individuals Served by Race



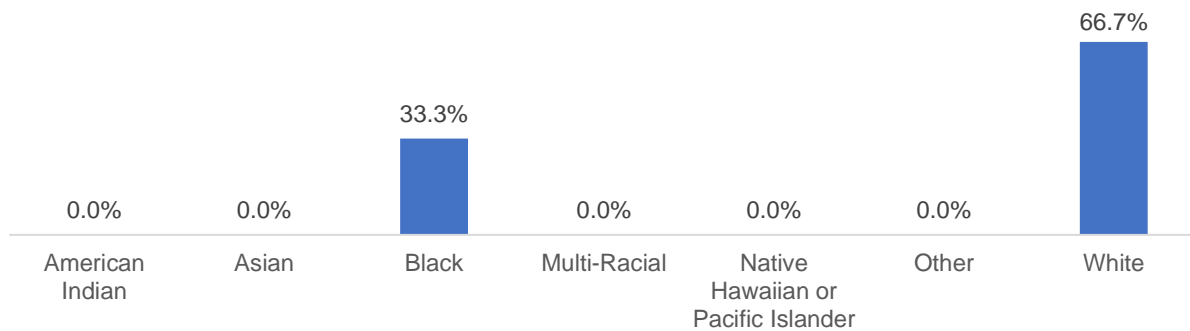
Source: CFCHS Individuals Served Data

Figure 270: Osceola County ME ASA Homeless Individuals Served by Race



Source: CFCHS Individuals Served Data

Figure 271: Osceola County ME CSA Homeless Individuals Served by Race



Source: CFCHS Individuals Served Data

Figure 272: Osceola County ME Homeless Individuals Served by Ethnicity

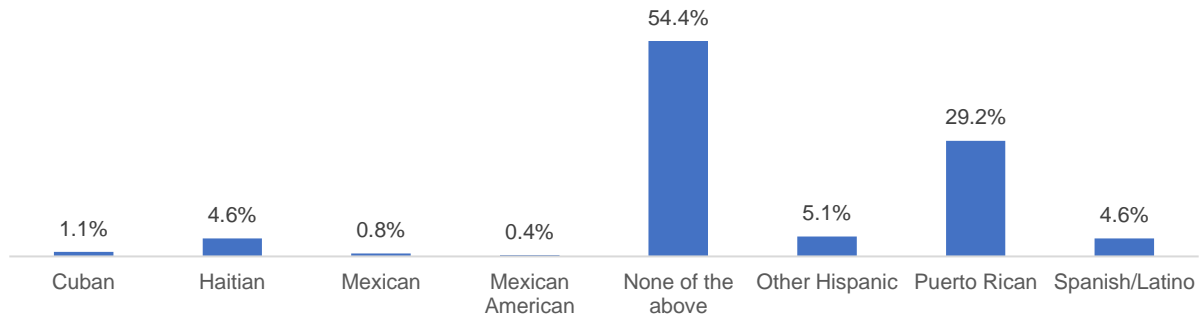
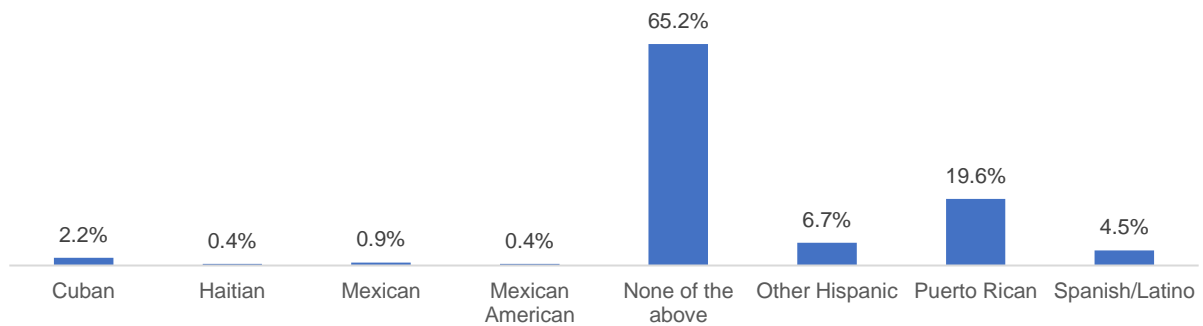
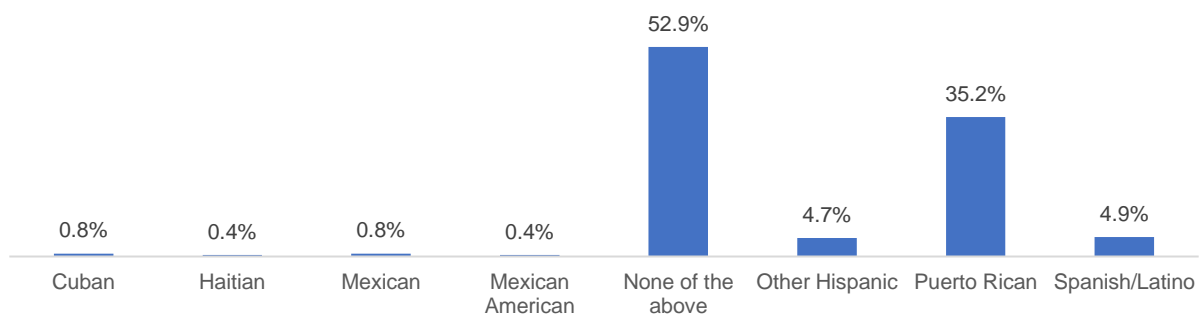


Figure 273: Osceola County ME AMH Homeless Individuals Served by Ethnicity



Source: CFCHS Individuals Served Data

Figure 274: Osceola County ME ASA Homeless Individuals Served by Ethnicity



Source: CFCHS Individuals Served Data

Figure 275: Osceola County ME Homeless Individuals Served by Age Range

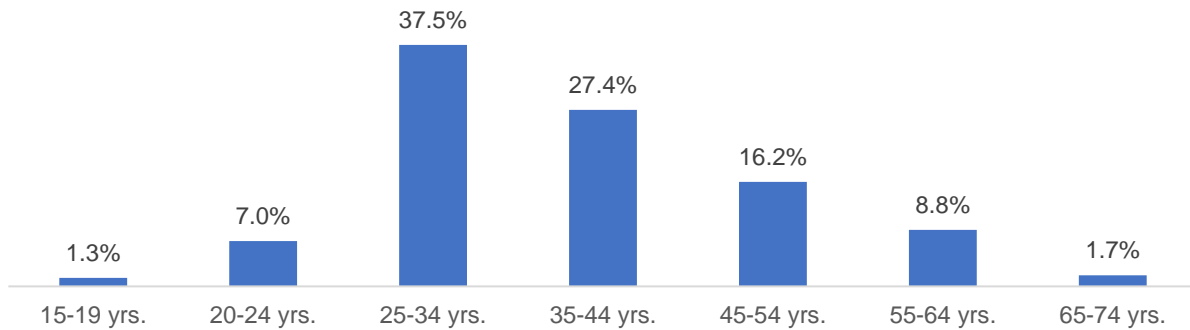
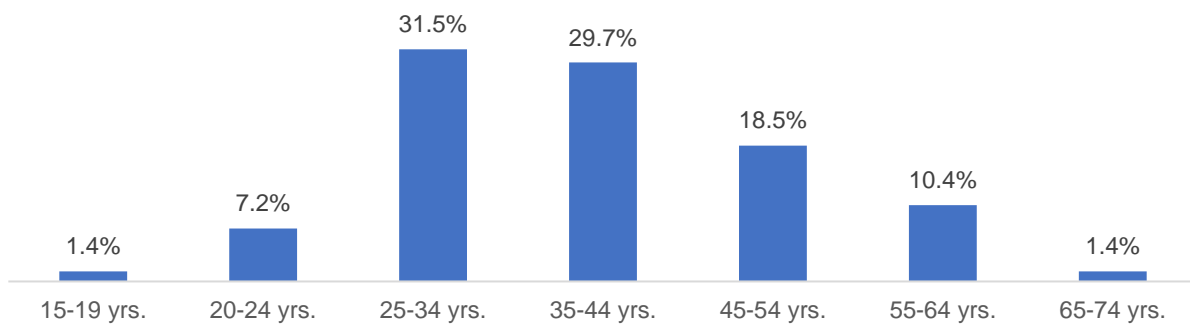
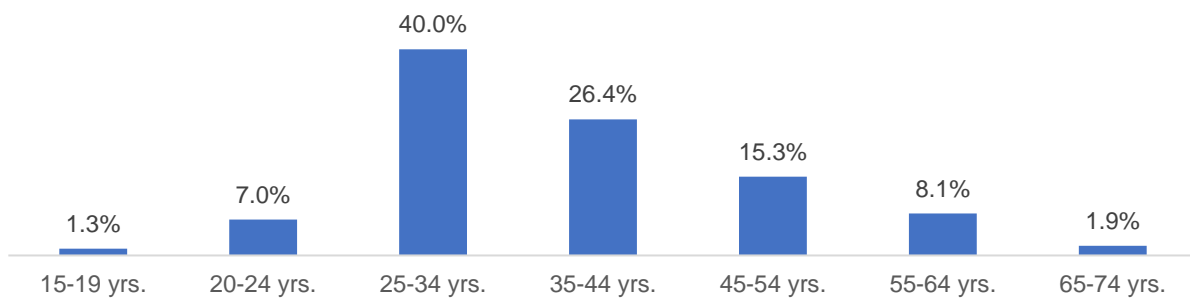


Figure 276: Osceola County ME AMH Homeless Individuals Served by Age Range



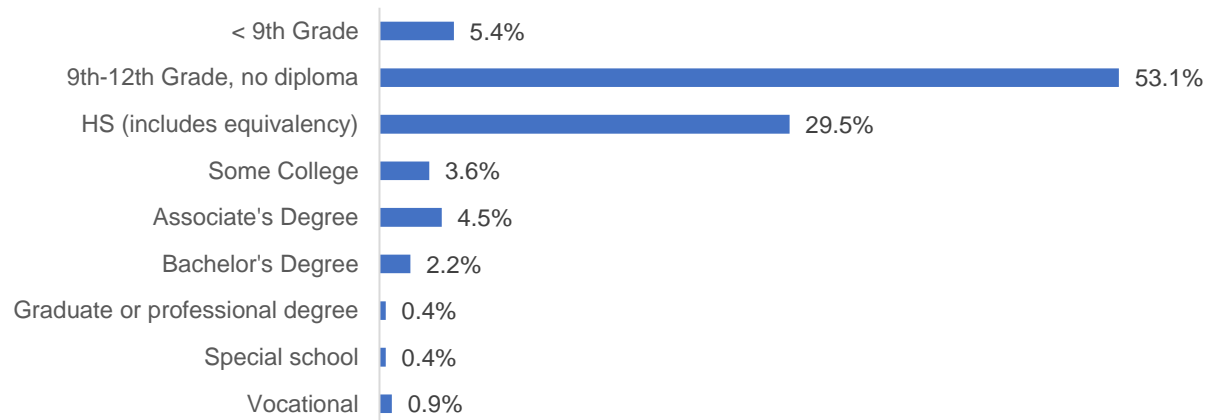
Source: CFCHS Individuals Served Data

Figure 277: Osceola County ME ASA Homeless Individuals Served by Age Range



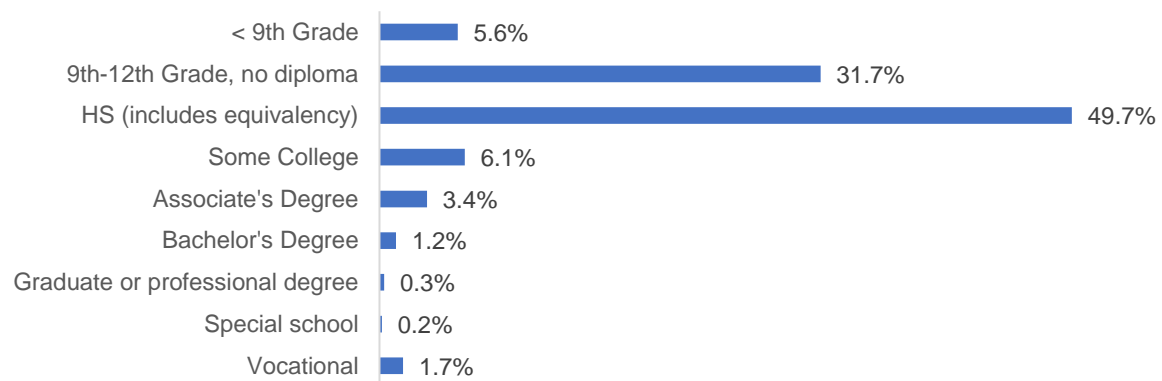
Source: CFCHS Individuals Served Data

Figure 278: Osceola County ME AMH Homeless Individuals Served by Educational Attainment



Source: CFCHS Individuals Served Data

Figure 279: Osceola County ME ASA Homeless Individuals Served by Educational Attainment



Source: CFCHS Individuals Served Data

Figure 280: Osceola County ME Homeless Individuals Served by Employment Status



Source: CFCHS Individuals Served Data

## Osceola County ME Cost Center Description, Expenditures, and Over/Under Production

Figure 281: Osceola County AMH Program Cost Center Description, Expenditures, and Over/Under Production – Adults Mental Health Program

### ADULT MENTAL HEALTH PROGRAM

| Cost Center Description       | Expenditures          | Over/Under Production |
|-------------------------------|-----------------------|-----------------------|
| Assessment                    | \$31,666.78           | \$25,677.79           |
| Case Management               | \$243,007.75          | \$5,992.91            |
| Crisis Stabilization          | \$1,393,780.00        | -\$467,360.53         |
| Crisis Support/Emergency      | \$1,114,489.02        | -\$182,985.23         |
| Information and Referral      | \$0.00                | \$0.00                |
| In-Home and On-Site Services  | \$18,465.55           | \$340.67              |
| Inpatient                     | \$0.00                | \$0.00                |
| Intensive Case Management     | \$0.00                | \$0.00                |
| Intervention                  | \$0.00                | \$0.00                |
| Medical Services              | \$113,115.73          | \$48,083.36           |
| Mental Health Clubhouse       | \$0.00                | \$0.00                |
| Outpatient – Group            | \$912.06              | \$2.88                |
| Outpatient – Individual       | \$346,425.84          | \$228,485.48          |
| Outreach                      | \$30,837.64           | \$3,936.59            |
| Recovery Support – Group      | \$16,898.68           | \$0.04                |
| Recovery Support – Individual | \$2,941.65            | \$0.10                |
| Residential Level 2           | \$0.00                | \$0.00                |
| Residential Level 4           | \$0.00                | \$0.00                |
| Room & Board Level 2          | \$600,543.27          | \$54,975.00           |
| Room & Board Level 3          | \$0.00                | \$0.00                |
| Short-term Residential TX     | \$0.00                | \$0.00                |
| Supported Housing/Living      | \$0.00                | \$0.00                |
| <b>TOTAL</b>                  | <b>\$3,913,083.96</b> | <b>-\$282,850.96</b>  |

Source: CFCHS Client Data

Figure 282: Osceola County ASA Program Cost Center Description, Expenditure, and Over/Under Production – Adults Substance Abuse Program

**ADULT SUBSTANCE ABUSE PROGRAM**

| Cost Center Description        | Expenditures          | Over/Under Production |
|--------------------------------|-----------------------|-----------------------|
| Assessment                     | \$9,178.49            | -\$0.08               |
| Case Management                | \$8,393.28            | \$0.22                |
| Crisis Support/Emergency       | \$73,412.28           | \$0.01                |
| Day Treatment (Day/Night)      | \$0.00                | \$0.00                |
| In-Home and On-Site Services   | \$3,627.59            | \$1,760.77            |
| Intervention                   | \$70,938.74           | \$1,771.88            |
| Intervention – Group           | \$0.00                | \$0.00                |
| Medical Services               | \$11,419.07           | \$1.39                |
| Methadone Maintenance          | \$228,366.88          | \$0.00                |
| Outpatient – Group             | \$26,068.78           | \$1,908.32            |
| Outpatient – Individual        | \$177,451.08          | \$3,388.69            |
| Outreach                       | \$97,228.47           | \$0.04                |
| Recovery Support – Group       | \$5,663.36            | -\$0.04               |
| Recovery Support – Individual  | \$107,570.86          | \$0.09                |
| Residential Level 1            | \$1,044,703.98        | \$63,244.41           |
| Residential Level 2            | \$574,565.59          | \$2,822.01            |
| Residential Level 3            | \$95,656.75           | \$1,684.50            |
| Residential Level 4            | \$240,554.71          | \$6,850.01            |
| Room & Board Level 2           | \$0.00                | \$0.00                |
| Substance Abuse Detoxification | \$535,440.00          | \$78,025.75           |
| Supported Housing/Living       | \$0.00                | \$0.00                |
| TASC                           | \$0.00                | \$0.00                |
| <b>TOTAL</b>                   | <b>\$3,310,239.90</b> | <b>\$161,457.98</b>   |

Source: CFCHS Program Data

Figure 283: Osceola County CMH Program Cost Center Description, Expenditures, and Over/Under Production – Child Mental Health Program

**CHILD MENTAL HEALTH PROGRAM**

| Cost Center Description      | Expenditures        | Over/Under Production |
|------------------------------|---------------------|-----------------------|
| Assessment                   | \$2,739.81          | \$26.09               |
| Case Management              | \$0.00              | \$0.00                |
| Crisis Stabilization         | \$121,198.00        | -\$66,077.70          |
| Crisis Support/Emergency     | \$122,808.00        | \$13,523.44           |
| Information and Referral     | \$0.00              | \$0.00                |
| In-Home and On-Site Services | \$12,413.82         | \$531.51              |
| Intervention                 | \$1,249.01          | \$46.43               |
| Medical Services             | \$699.81            | \$20.91               |
| Outpatient – Group           | \$0.00              | \$0.00                |
| Outpatient – Individual      | \$9,514.25          | \$1,016.69            |
| Outreach                     | \$106.56            | \$0.00                |
| Residential Level 1          | \$0.00              | \$0.00                |
| Respite Services             | \$0.00              | \$0.00                |
| Room & Board Level 2         | \$0.00              | \$0.00                |
| <b>TOTAL</b>                 | <b>\$270,729.26</b> | <b>-\$50,912.64</b>   |

Source: CFCHS Program Data

Figure 284: Osceola County CSA Program Cost Center Description, Expenditures, and Over/Under Production – Child Substance Abuse Program

**CHILD SUBSTANCE ABUSE PROGRAM**

| Cost Center Description        | Expenditures        | Over/Under Production |
|--------------------------------|---------------------|-----------------------|
| Assessment                     | \$0.00              | \$0.00                |
| Crisis Support/Emergency       | \$0.00              | \$0.00                |
| Intervention                   | \$0.00              | \$0.00                |
| Intervention – Group           | \$0.00              | \$0.00                |
| Medical Services               | \$0.00              | \$0.00                |
| Outpatient – Individual        | \$10,370.37         | -\$0.35               |
| Residential Level 2            | \$580,231.10        | \$1,367.91            |
| Substance Abuse Detoxification | \$0.00              | \$0.00                |
| TASC                           | \$0.00              | \$0.00                |
| <b>TOTAL</b>                   | <b>\$590,601.47</b> | <b>\$1,367.56</b>     |

Source: CFCHS Program Data



Figure 285: Osceola County Cost Center Description, Expenditures, and Over/Under production  
– All Programs

**OSCEOLA COUNTY – All Programs**

| Cost Center Description        | Expenditures          | Over/Under Production |
|--------------------------------|-----------------------|-----------------------|
| Assessment                     | \$43,585.08           | \$25,703.79           |
| Case Management                | \$251,401.03          | \$5,993.13            |
| Crisis Stabilization           | \$1,514,978.00        | -\$533,438.24         |
| Crisis Support/Emergency       | \$1,310,709.30        | -\$169,461.78         |
| Day Treatment (Day/Night)      | \$0.00                | \$0.00                |
| Information and Referral       | \$0.00                | \$0.00                |
| In-Home and On-Site Services   | \$34,506.96           | \$2,632.95            |
| Inpatient                      | \$0.00                | \$0.00                |
| Intensive Case Management      | \$0.00                | \$0.00                |
| Intervention                   | \$72,187.75           | \$1,818.31            |
| Intervention – Group           | \$0.00                | \$0.00                |
| Medical Services               | \$125,234.61          | \$48,105.66           |
| Mental Health Clubhouse        | \$0.00                | \$0.00                |
| Methadone Maintenance          | \$228,366.88          | \$0.00                |
| Outpatient – Group             | \$26,980.83           | \$1,911.19            |
| Outpatient – Individual        | \$543,761.54          | \$232,890.51          |
| Outreach                       | \$128,172.67          | \$3,936.63            |
| Recovery Support – Group       | \$22,562.04           | \$0.00                |
| Recovery Support – Individual  | \$110,512.50          | \$0.19                |
| Residential Level 1            | \$1,044,703.98        | \$63,244.41           |
| Residential Level 2            | \$1,154,796.69        | \$4,189.92            |
| Residential Level 3            | \$95,656.75           | \$1,684.50            |
| Residential Level 4            | \$240,554.71          | \$6,850.01            |
| Respite Services               | \$0.00                | \$0.00                |
| Room & Board Level 2           | \$600,543.27          | \$54,975.00           |
| Room & Board Level 3           | \$0.00                | \$0.00                |
| Short-term Residential TX      | \$0.00                | \$0.00                |
| Substance Abuse Detoxification | \$535,440.00          | \$78,025.75           |
| Supported Housing/Living       | \$0.00                | \$0.00                |
| TASC                           | \$0.00                | \$0.00                |
| <b>GRAND TOTAL</b>             | <b>\$8,084,654.58</b> | <b>-\$170,938.06</b>  |

Source: CFCHS Program Data

## SEMINOLE COUNTY, FLORIDA

# Seminole County Demographic Profile

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## Population Demographics

The population in Seminole County increased an average of 1.6% each year during 2016 to 2020. The total population growth for the 5-year period, at 6.6%, added 29,711 residents.

Seminole County females accounted for 51.6% of the population while males represented the remaining 48.4% residents. The male to female ratio, at 1:1, has remained stable over the past 5 years.

The racial composition in the county was less diverse when compared to the state, as the White population accounted for 72.7% of residents in the county, and 71.6% of residents in the state. The Black population accounted for 12% of the county population and 15.9% of Floridians. American Indian and Native Hawaiians represented less than 1% of residents in both population groups for the county and state. The percentage of Asian residents in Seminole County was higher, at 4.7%, when compared to the state at 2.8% of the population. County residents of Some Other Race, accounted for 4.6%, while representing 3.3% of the state population. Among those of two or more races, the percentage in Seminole County, at 5.7%, was lower than the state percentage of 6%.

Most Seminole County residents were non-Hispanic, at 78.1%. The percentage of Hispanics, at 21.9%, was lower when compared to the state at 25.8%.

Seminole County population was younger when compared to the state. Residents, 65 years of age or older, accounted for 15.5% of the population in the county, while 20.5% of state residents were in this same age range.

## Education and Employment

Data revealed that educational attainment in Seminole County was higher when compared to the state. The percentage of residents in the county and the state who attained a high school diploma were 94.4% and 88.5%, respectively. The percentages of residents in the county and state who had some college education were similar at 20% and 19.8%, respectively. Seminole county residents who attained an undergraduate degree, at 40%, was much higher when compared to the state at 29.3%. Those who attained a graduate or professional degree accounted for 14% of Seminole County residents and 11.3% of the state population.

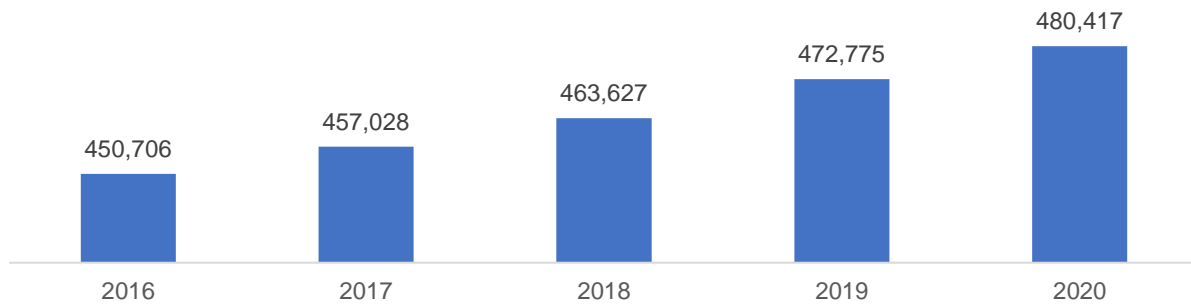
On average, 65.2% of the service area population participated in the labor force over the past 5 years. This was higher when compared to those employed in Florida at 58.6%. The 5-year average unemployment rate for the service area, at 5%, was just below the state rate at 6.0%.

## Poverty Status

During 2016 to 2020, the ratio of income to poverty rates for those living <200% of the Federal Poverty Level (FPL) were lower among Seminole County residents, at 18%, when compared to the state at 26.3%. The percentage of Seminole County residents living <300% of the Federal Poverty Level (FPL), at 14.4%, was also lower than the state percentage at 17.1%. The percentage of Seminole County residents living at or above 300% FPL were higher, at 65.1%, when compared to the county at 56.6%.

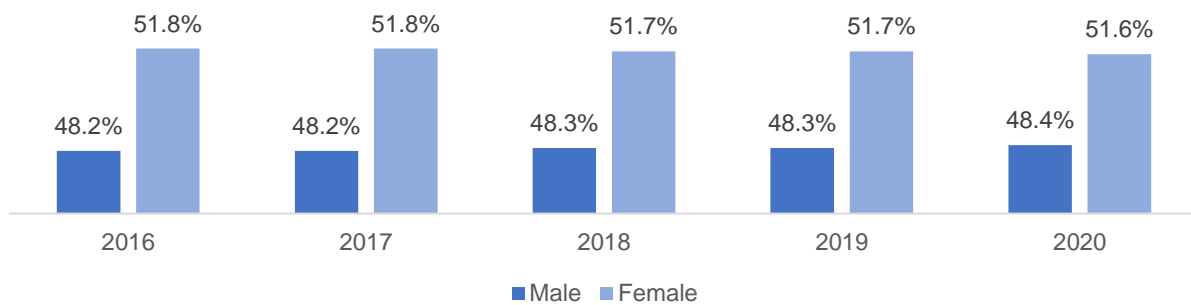
## Seminole County Demographic Charts

Figure 286: Seminole County Population Estimates (2016-2020)



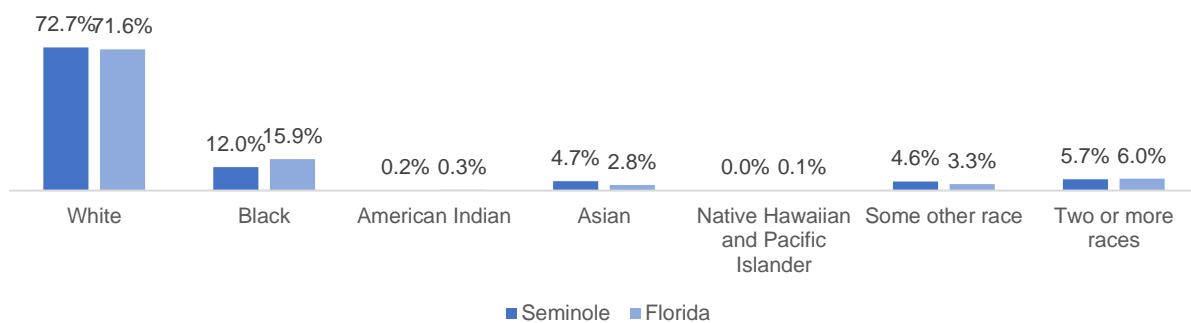
Source: Florida Legislature's Office of Economic and Demographic Research (EDR)

Figure 287: Seminole County Population by Gender (2016-2020)



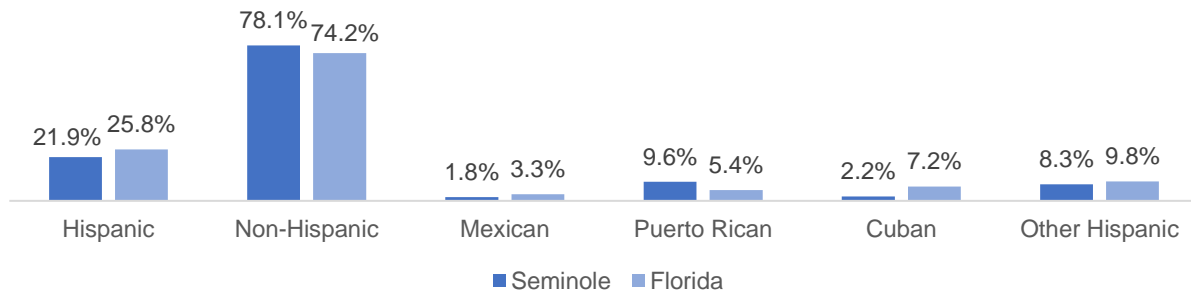
Source: Florida Legislature's Office of Economic and Demographic Research (EDR)

Figure 288: Seminole County Population by Race, 2016-2020 (5-Year Estimates)



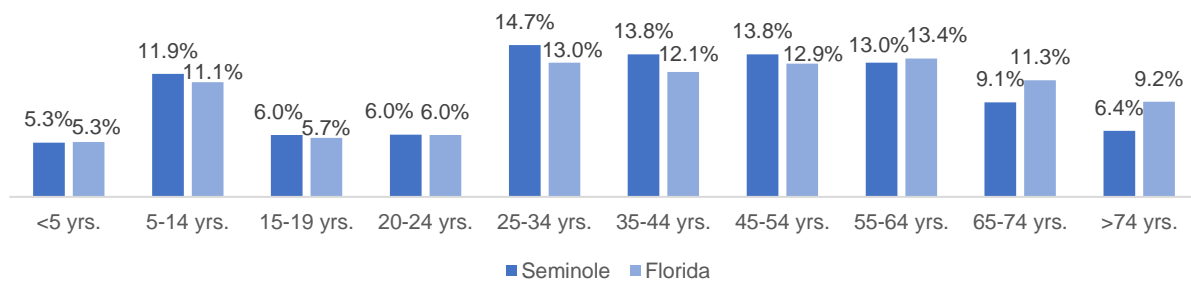
Source: U.S Census Bureau American Community Survey, Table DP05

Figure 289: Seminole County Population by Ethnicity, 2016-2020 (5-Year Estimates)



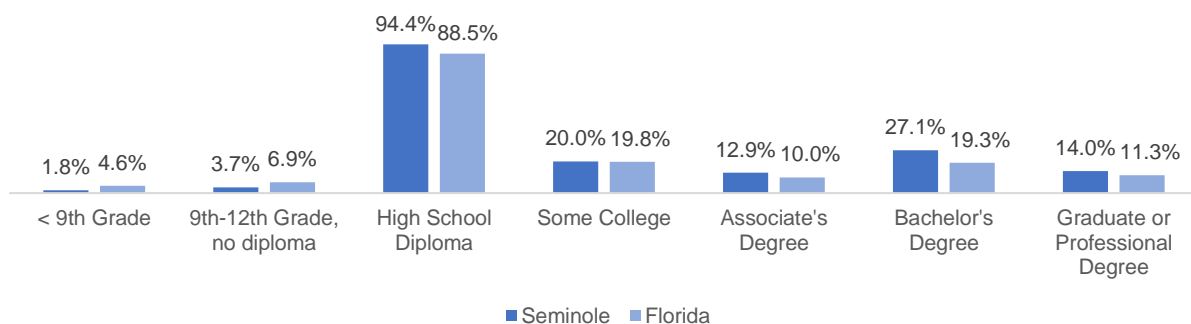
Source: U.S Census Bureau American Community Survey, Table DP05

Figure 290: Seminole County Population by Age Range, 2016-2020 (5-Year Estimates)



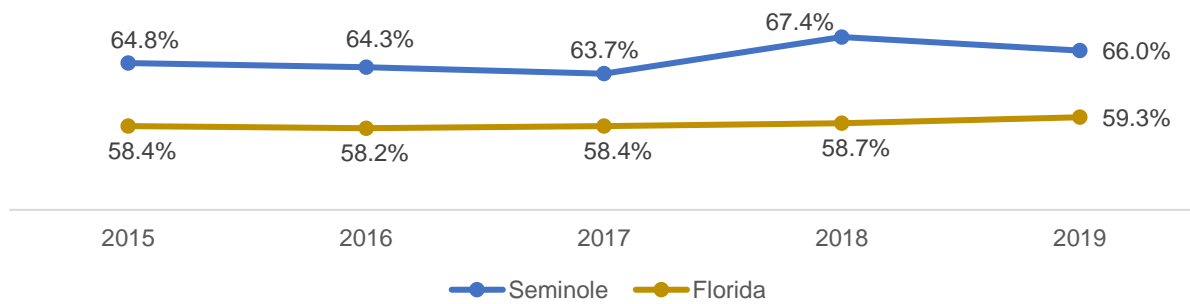
Source: U.S Census Bureau American Community Survey, Table DP05

Figure 291: Seminole County Population by Educational Attainment, 2016-2020 (5-Year Estimates)



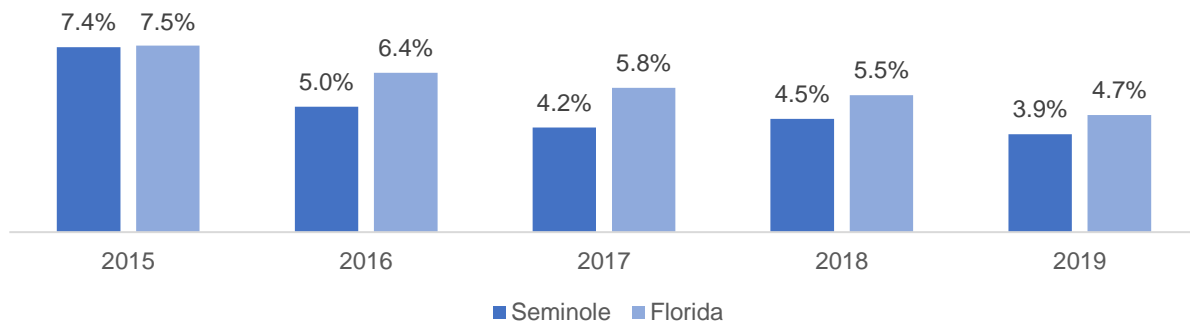
Source: U.S Census Bureau American Community Survey, Table S1501

Figure 292: Seminole County Population Participation in the Labor Force (2015-2019)



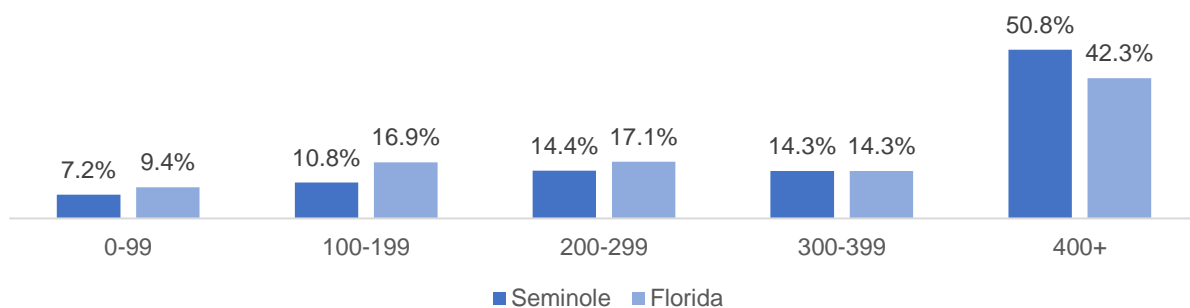
Source: U.S Census Bureau American Community Survey, Table DP03. Single year county level data not available for 2020.

Figure 293: Seminole County Population Unemployment Rates (2015-2019)



Source: U.S Census Bureau American Community Survey, Table DP03. Single year county level data not available for 2020.

Figure 294: Seminole County Ratio of Income to Poverty, 2016-2020 (5-Year Estimate)



Source: U.S Census Bureau American Community Survey, Table B17026

# Seminole County General Health Status

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## Overall, Health Status

The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone survey that collects state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. BRFSS data estimates revealed 83.1% of Seminole County adults, ages 18-64 years of age, said their overall health was "good" to "excellent" (2019). For Florida, the rate was 80.3%. This knowledge is a powerful tool for targeting and building health promotion activities. It also provides a way to see change in population health behaviors before morbidity or disease is apparent.

## Mental Health

The percentage of adults in Seminole County reporting good mental health over the past 3 years, at 88.5%, was slightly higher than the percentage for the state at 86.2% (2019). The number of unhealthy mental days for the county and state populations was 3.9 and 3.6 days, respectively. For the county, this was an increase from the number of unhealthy mental days in 2016, at 2.8 days.

## Suicide

The Seminole County age-adjusted death rate (AADR) for suicide decreased from 12.9/100,000 in 2018 to 11.4/100,000 in 2020. This represents a decrease of 1.5/100,000 suicide deaths. At the state level, the suicide death rate decreased 2.5/100,000 population during the same time. The suicide death rates for males in Seminole County (19.5/100,000) and the state (20.7/100,000) were more than triple the rates among females at 4.4/100,000 and 6/100,000, respectively. In 2020, the county suicide death rate among the White population (11.9/100,000) was much higher than the rate for Black residents at 1.2/100,000. The same held true at the state level where White to Black suicide deaths revealed a 2.9:1.0 ratio. Among ethnicities, the non-Hispanic 2020 AADR for suicide, at 13/100,000, was much higher than the rate among Hispanics at 4.5/100,000. At the state level, suicide deaths among non-Hispanics were twice the rate of those among the Hispanic population.

## Violence and Abuse

According to the Department of Law Enforcement Uniform Crime Report 2020, the rate of total domestic violence offenses decreased in Seminole County and in the state during 2018 to 2020. The county rate fell from 563.5/100,000 to 537.6/100,000 over the past 3 years. This was higher than the state rate of 493.2/100,000 in 2020.

The rate of children experiencing child abuse over the past 3 years (2018 to 2020) decreased in Seminole County and the state. Among children ages 5-11 years, the rate of child abuse fell from 646.6/100,000 in



2018 to 374.1/100,000 in 2020. State rates also decreased from 779.3/100,000 to 583.9/100,000 during the same time (Department of Children and Families, Florida Safe Network Data Mart).

The rate of children experiencing sexual violence decreased in Seminole County from 39.3/100,000 in 2018 to 20.4/100,000 in 2020. At the state level, the rate decreased from 58/100,000 in 2018 to 42.5/100,000 in 2020. (Department of Children and Families, Florida Safe Network Data Mart).

## Mental Illness

The estimated number of seriously mentally ill (SMI) adults in Seminole County increased 4% over the past 3 years. The was lower than the increase in District 7, at 4.8%. The estimated number of SMI adults in the county was 14,844 or 16.7% of all seriously mentally ill adults in District 7 (2020).

Among youth, ages 9-17 years, the estimated number of those emotionally disturbed increased 1.8% during 2018 to 2020 in Seminole County. This was lower than the increase in District 7 at 4.2%. Seminole County accounted for 4,746 or 16.5% of estimated emotionally disturbed youth in District 7.

According to the Florida Department of Education (FLDOE), Seminole County children in grades K-12, who had an emotional/behavioral disability, remained stable at 0.4% during 2019 to 2020. In the state, students with an emotional/behavioral disability accounted for 0.5%. These rates have been steady over the past 3 years.

## Adult Tobacco and Alcohol Use

Seminole County adults who are current smokers decreased from 14.6% in 2013 to 11.2% in 2019. The percentage of current smokers in the state was higher at 14.8% in 2019.

Binge drinking is defined as 5 consecutive drinks for men and 4 consecutive drinks for women. In 2019, the percentage of binge drinkers in Seminole County was 17.4%. This was an increase from the percentages in 2013 at 13.2%, but lower than the percentage in 2016 at 20.1%. The percentage of binge drinkers in the state was slightly higher at 18% (2019).

## High School Tobacco, Alcohol and Substance Use

The Florida Youth Substance Abuse Survey (FYSAS) is a collaborative effort between the Florida departments of Health, Education, Children and Families, Juvenile Justice, and the Governor's Office of Drug Control. It is based on the "Communities That Care" survey, assessing risk and protective factors for substance abuse, in addition to substance abuse prevalence. FYSAS data indicated that the percentage of middle and high school students in Seminole County, who reported never having smoked cigarettes, increased from 88.8% in 2016 to 92.7% in 2020. Students having smoked once or twice accounted for 4.1%, and 2.4% reported that they had smoked once in a while but not regularly. For middle and high school students in the state, the percentage of those having never smoked also increased over the past 4 years.

Regarding smoking frequency in the past 30 days, 97.3% of Seminole County students did not smoke at all. This was a slight decrease from 2018 when 98.1% of students did not smoke at all. The state rate for students not smoking at all in the past 30 days was 98.2%.

The percentage of Seminole County students who did not consume alcoholic beverages on any occasions in their lifetime increased from 61.1% in 2016 to 64% in 2020. For those who did on 1-2 occasions, the percentage increased from 13.4% in 2016 to 14.6% in 2020. Students consuming alcohol on 3-5 occasions accounted for 6% in 2020. This was a decrease from 8.3% in 2016. Those consuming alcohol on 20 to 40 or more occasions increased in 2020 (6.3%) from percentages in 2018 (4.7%) but were below the percentages in 2016 (6.8%).

The percentages of students in the county not consuming alcohol during the past 30 days increased from 81.3% in 2016 to 85.8% in 2020. The percentages of students who reported consuming alcohol on 1-2 occasions during the past 30 days decreased from 11.9% to 8.7% over the past 4 years.

The FYSAS asked high school students for the number of occasions in their lifetime when they had woken up after a night of drinking alcohol and were unable to remember the things they did or the places they went. The percentage of Seminole County students reporting this event happening on 1-2 occasions in their lifetime decreased from 11.1% in 2016 to 8.2% in 2020. For those having this experience on 6-9 occasions, the percentage increased from 2% in 2018 to 2.9% in 2020. Similarly, the percentage of students who had this experience on 10-19 occasions increased from 0.8% in 2016 to 2% in 2020. The percentage of students unable to remember after a night of drinking on 20 or more occasions, was 1%.

FYSAS defines binge drinking as consuming five or more alcoholic drinks in a row in the past 2 weeks. The percentage of those who reported they had not done this, increased slightly from 91.6% in 2016 to 93% in 2020. Among students who binge drank once, the percentage decreased from 5% in 2016 to 2.5% in 2020. Those who participated in binge drinking twice, increased from 1.6% in 2016 to 2.6% in 2020.

The percentages of Seminole County students who had not used marijuana in their lifetimes, increased from 78.4% in 2016 to 80.2% in 2020. Students using marijuana on 1-2 occasions, decreased slightly from 5.1% in 2016 to 4.8% in 2020. The percentage of student using marijuana on 40 or more occasions, continually increased from 5.4% in 2016 to 5.7% in 2020. Students not using marijuana in the past 30 days, at 88.7% in 2020, was higher when compared to those who reported not using it in their lifetime (80.2%). The percentages of students in the county using marijuana on 3-5 occasions in the past 30 days, increased from 1.8% in 2016 to 2.4% in 2020. Percentages increased during 2016 to 2018 for those using marijuana in the past 30 days on 6-9 occasions, and on 20 or more occasions.

Questions regarding vaping behaviors were added to the 2020 FYSAS. The percentage of students in District 7 who vaped nicotine on one or more occasions in their lifetime, at 20.2%, was higher when compared to those who had ever smoked in their lifetime at 7.4%. This indicated that students were more likely to vape nicotine than smoke cigarettes. The percentage of students vaping marijuana on one or more occasions, at 13.9%, was lower when compared to those who used marijuana on one or more occasions in their lifetime at 16.5%. It could not be determined if vaping were a method of using marijuana when asked about lifetime use. Percentages at the state level were similar to District 7 for lifetime and past 30-day use of vaping nicotine and marijuana.

## Disability

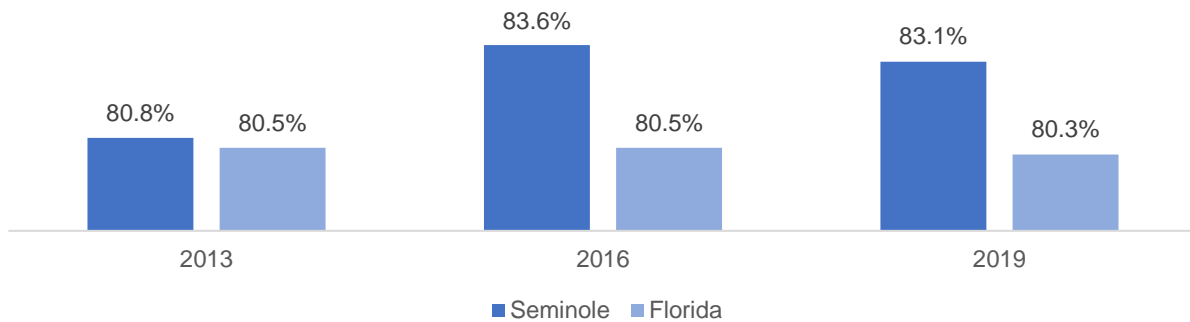
In Seminole County, 10.8% of the noninstitutionalized population was estimated to have a disability (includes hearing, vision, cognitive, ambulatory, self-care, and independent living). At the state level, 13.6% of residents had a disability. Among county residents with a disability, 44.4% were ages 65 years and older. This was lower when compared to the state percentage for this age group at 48.9%.

## Health Insurance Coverage

Most residents, ages 18-64 years, living in Seminole County and the state, reported having some type of health insurance coverage. In 2019, percentages of those with insurance in the county and state were 84.9% and 84.2%, respectively. Among genders, insured females accounted for 86.4%, while males accounted for 83.3% of those 18-64 years of age. In Seminole County, White adults had the highest percentage of insured at 89.1%. Insured Black adults accounted for 74.4%, and Hispanic adults at 79.7%. Percentages of insured among the Black population decreased from 79.1 in 2013 to 74.4% in 2019. Among the Hispanic population, percentages of insured increased from 45% in 2013 to 79.7% in 2019.

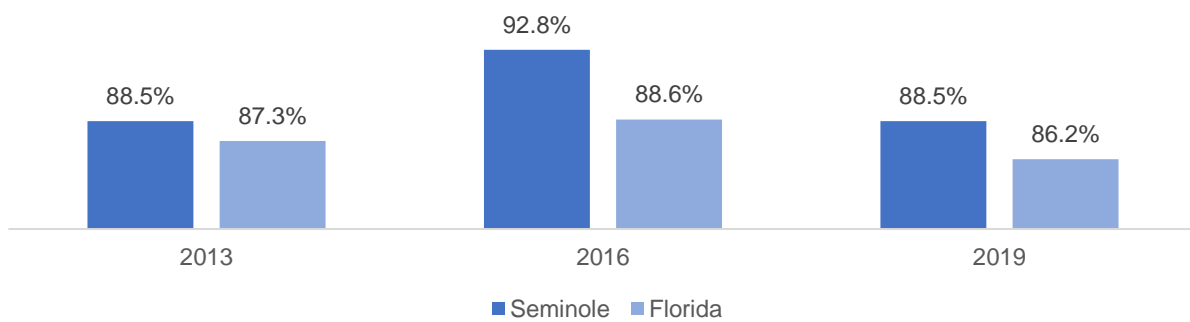
## Seminole County General Health Status Charts

Figure 295: Seminole County Adults Who Said Their Overall Health was “Good” to “Excellent” (2017-2019)



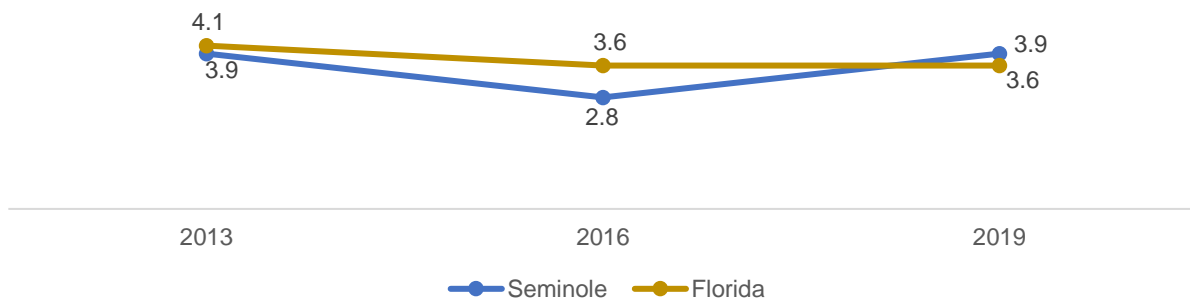
Source: Behavioral Risk Factor Surveillance System

Figure 296: Seminole County Adults with Good Mental Health for the Past 30 days (2017-2019)



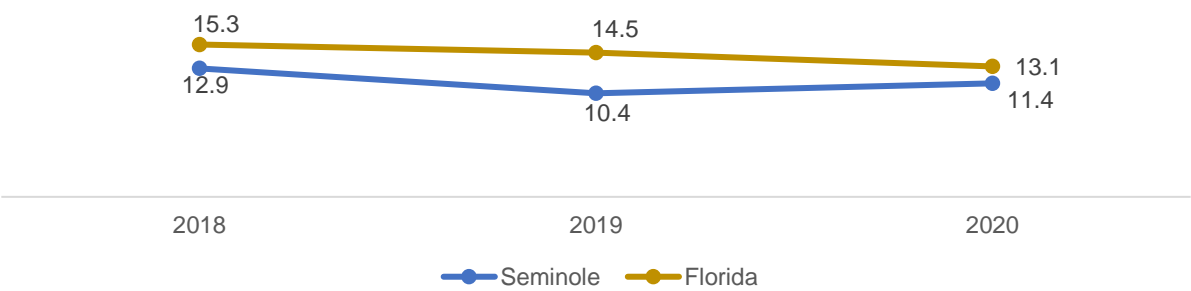
Source: Behavioral Risk Factor Surveillance System

Figure 297: Seminole County Adults Average Number of Unhealthy Mental Days in the Past 30 Days (2017-2019)



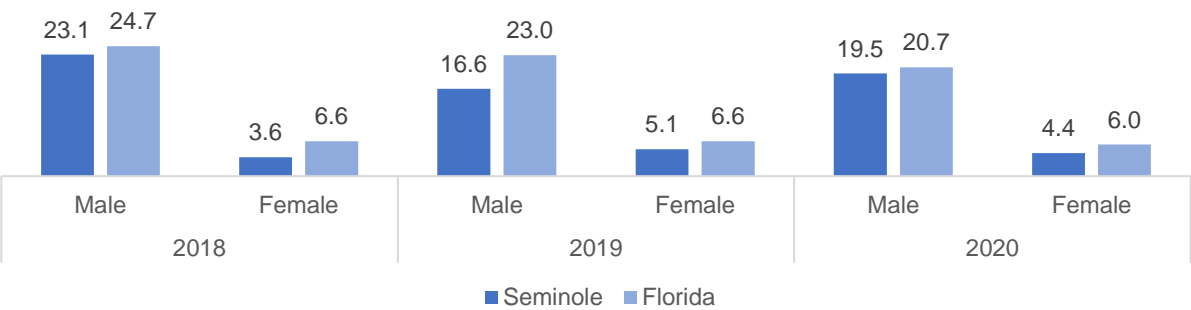
Source: Behavioral Risk Factor Surveillance System

Figure 298: Seminole County Age-Adjusted Suicide Rates (2018-2020)



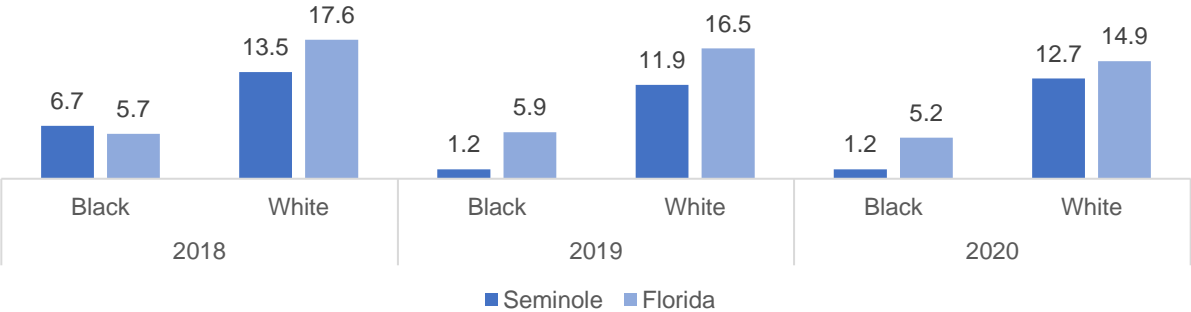
Source: Florida Department of Health, Bureau of Vital Statistics, per 100,000

Figure 299: Seminole County Age-Adjusted Suicide Rates by Gender (2018-2020)



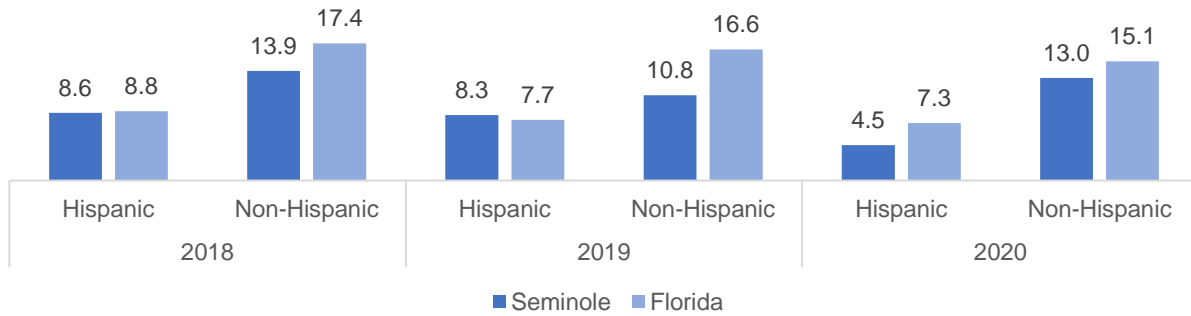
Source: Florida Department of Health, Bureau of Vital Statistics, per 100,000

Figure 300: Seminole County Age-Adjusted Suicide Rates by Race (2018-2020)



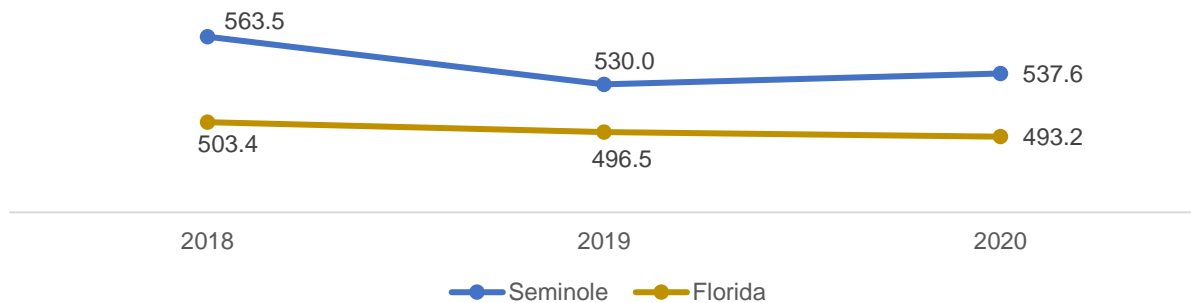
Source: Florida Department of Health, Bureau of Vital Statistics, per 100,000

Figure 301: Seminole County Age-Adjusted Suicide Rates by Ethnicity (2018-2020)



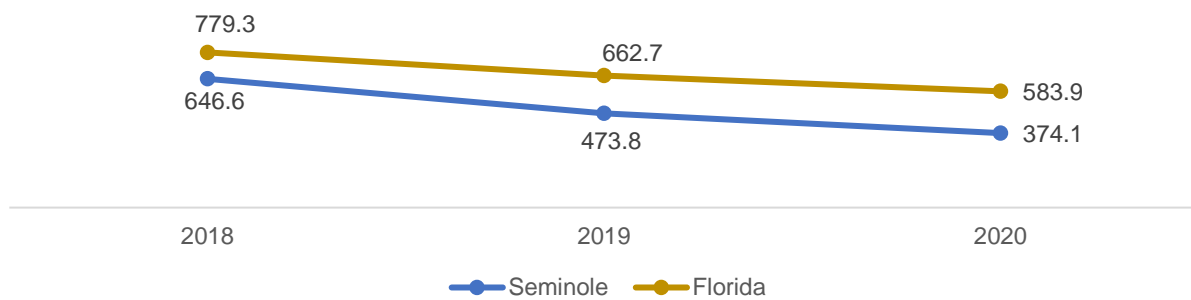
Source: Florida Department of Health, Bureau of Vital Statistics, per 100,000

Figure 302: Seminole County Total Domestic Violence Offenses (2018-2020)



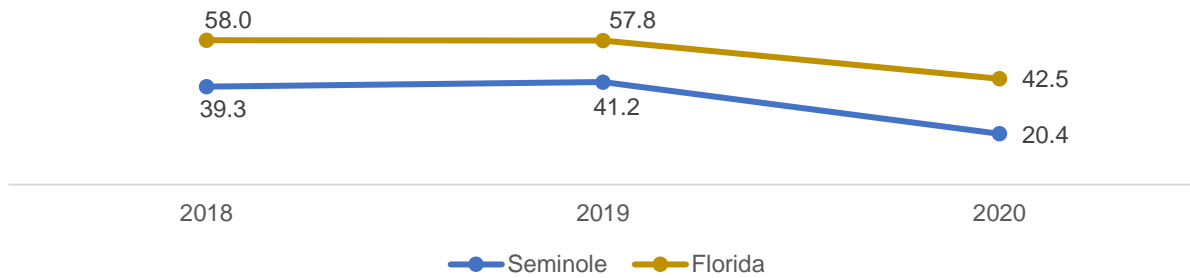
Source: Florida Department of Law Enforcement, Crime in Florida, Florida Uniform Crime Report, 2020

Figure 303: Seminole County Rate of Children Experiencing Child Abuse Ages 5-11 Years (2018-2020)



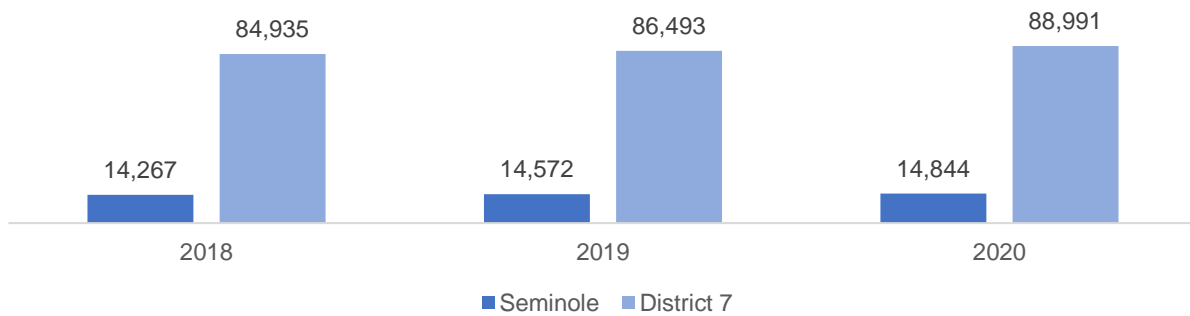
Source: Department of Children and Families, Florida Safe Families Network Data Mart

Figure 304: Seminole County Rate of Children Experiencing Sexual Violence ages 5-11 Years (2018-2020)



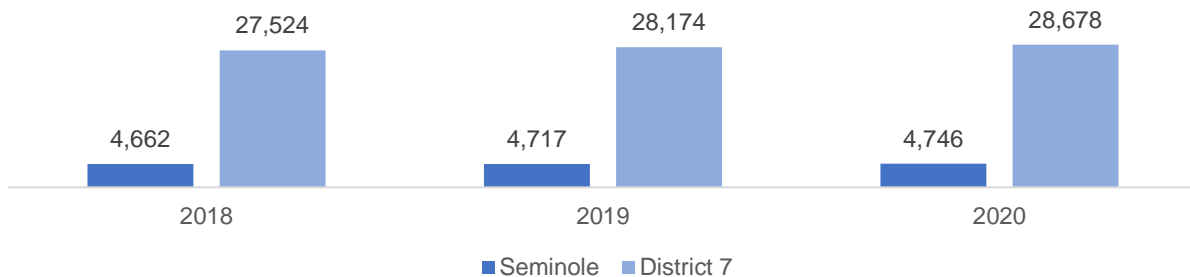
Source: Department of Children and Families, Florida Safe Families Network Data Mart

Figure 305: Seminole County Estimated Number of Seriously Mentally Ill Adults (2018-2020)



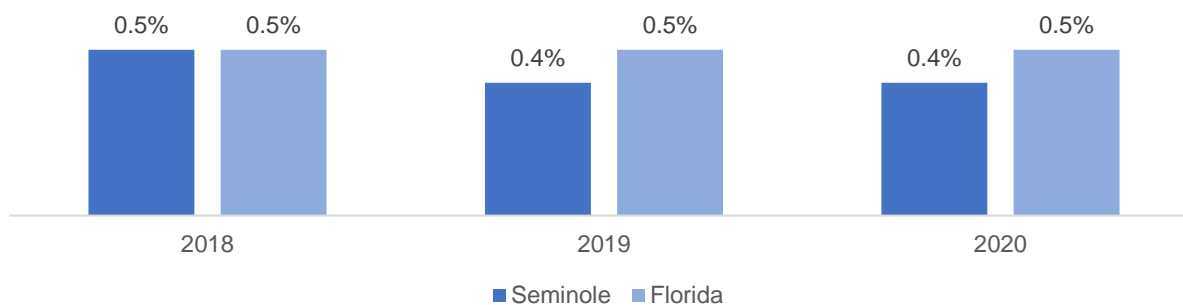
Source: Estimates based on Department of Health and Human Services report Mental Health, United States 1999

Figure 306: Seminole County Estimated Number of Emotionally Disturbed Youth Ages 9-17 Years (2018-2020)



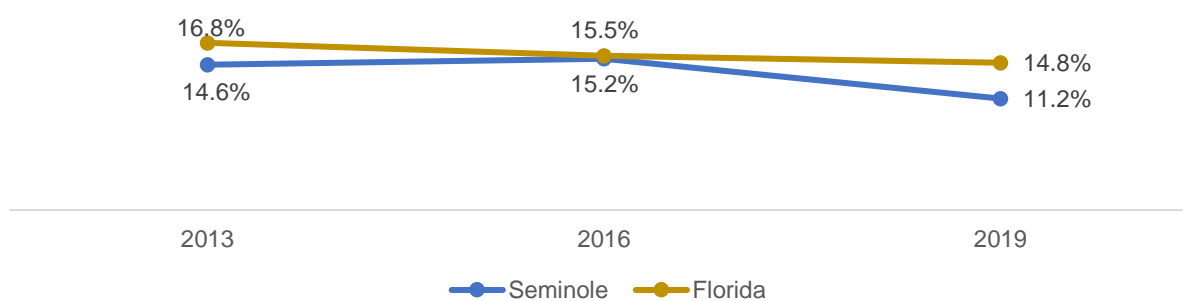
Source: Estimates based on Department of Health and Human Services report Mental Health, United States 1999

Figure 307: Seminole County Percentage of Children with Emotional/Behavioral Disability Grades K-12 (2018-2020)



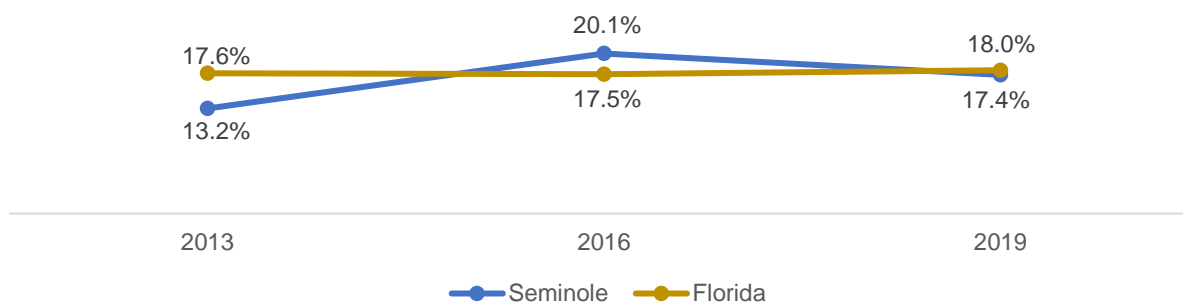
Source: Florida Department of Education, Education Information and Accountability Services (EIAS)

Figure 308: Seminole County Adults Who Are Current Smokers (2013-2019)



Source: Behavioral Risk Factor Surveillance System

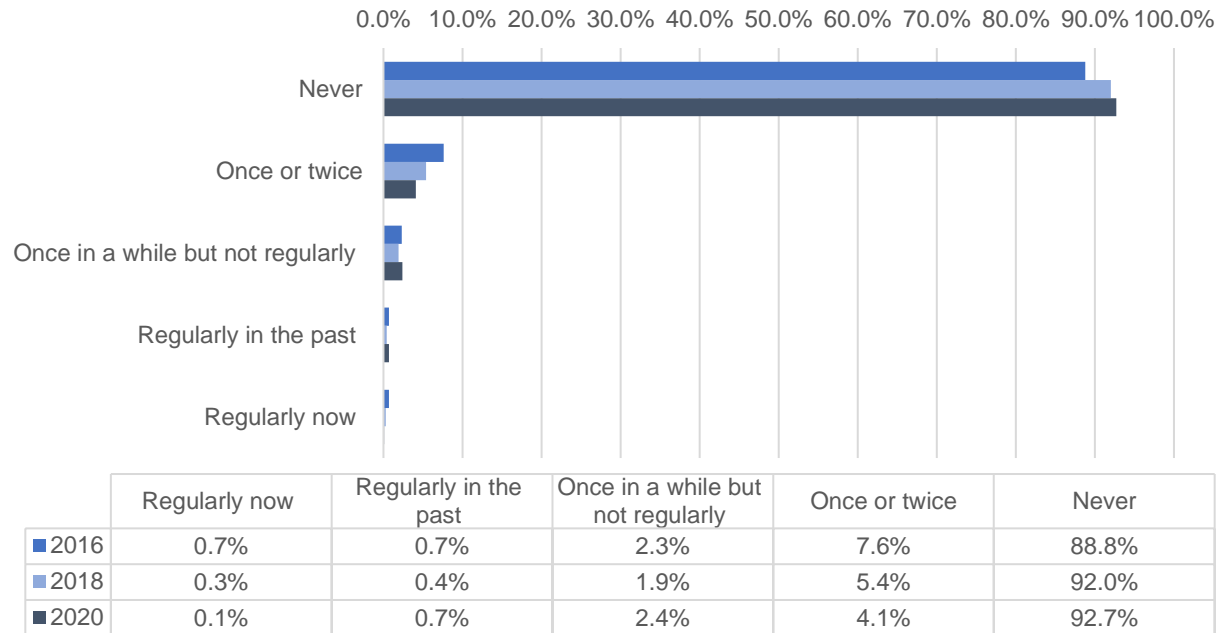
Figure 309: Seminole County Adults Who Engage in Heavy or Binge Drinking (2013-2019)



Source: Behavioral Risk Factor Surveillance System

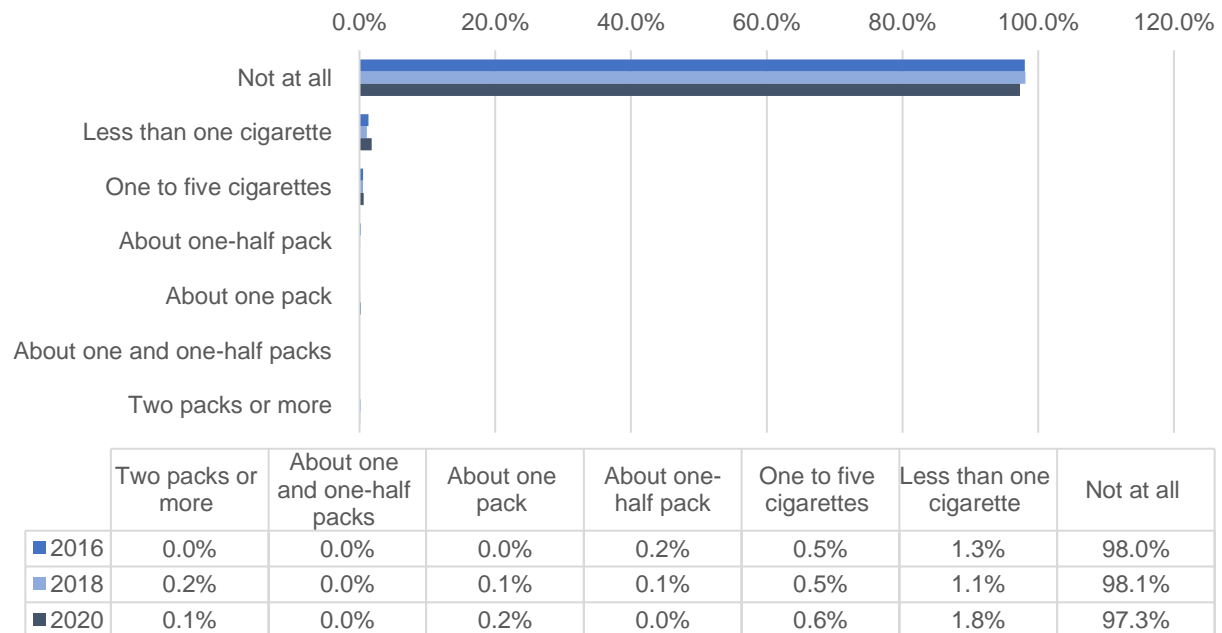


Figure 310: Seminole County Adults Having Ever Smoked Cigarettes (MS&HS 2016-2020)



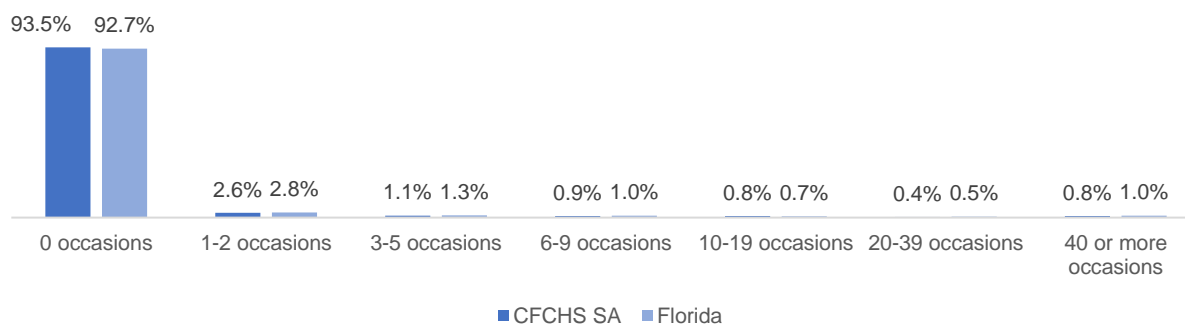
Source: Florida Youth Substance Abuse Survey

Figure 311: Seminole County – How Frequently Have You Smoked Cigarettes in the Past 30 Days? (MS&HS 2016-2020)



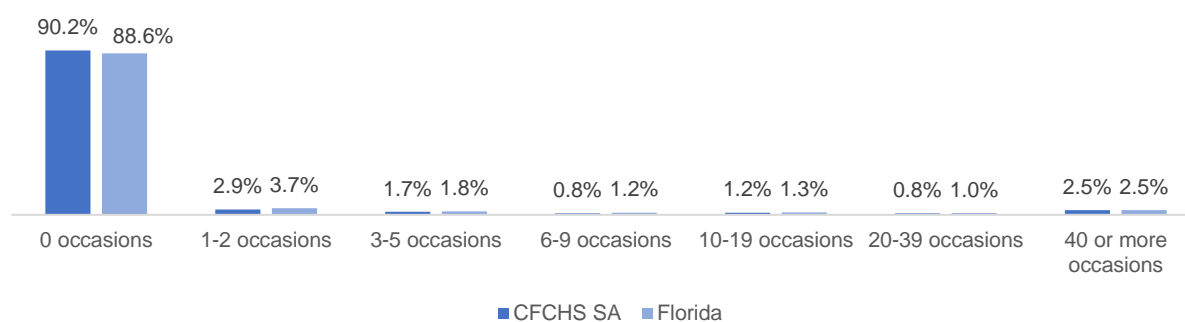
Source: Florida Youth Substance Abuse Survey

**Figure 312: CFCHS SA – On How Many Occasions Have You Vaped Nicotine in your Lifetime?**  
(MS&HS 2020)



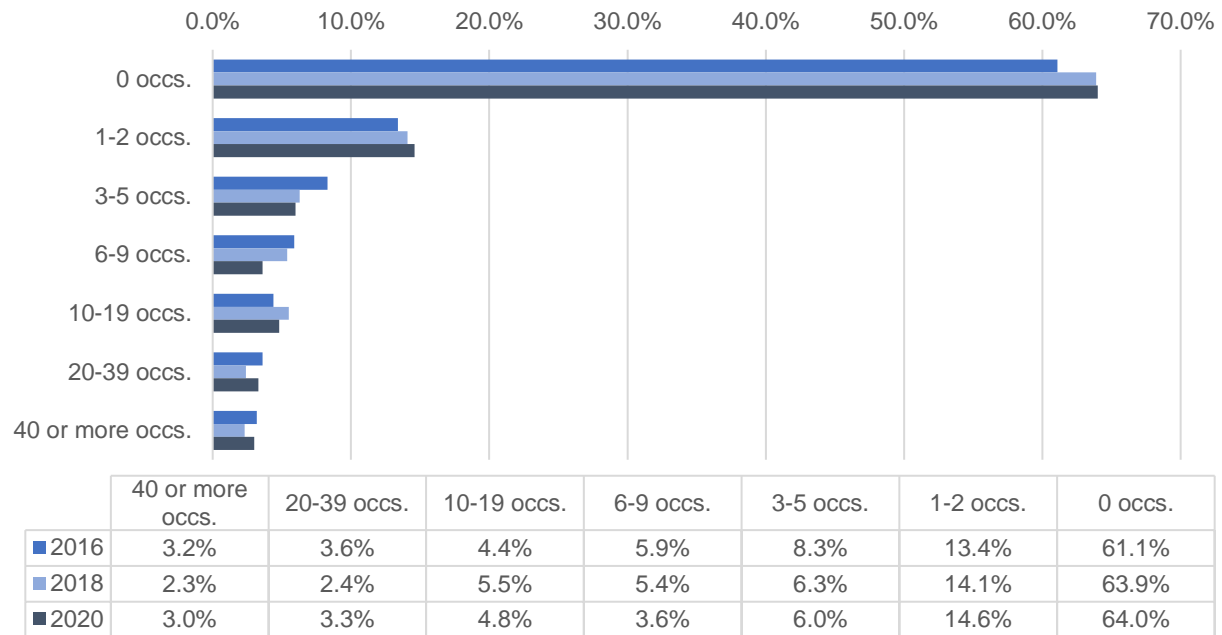
Source: Florida Youth Substance Abuse Survey

**Figure 313: CFCHS SA – On How Many Occasions Have You Vaped Nicotine in the Past 30 Days?**  
(MS&HS 2020)



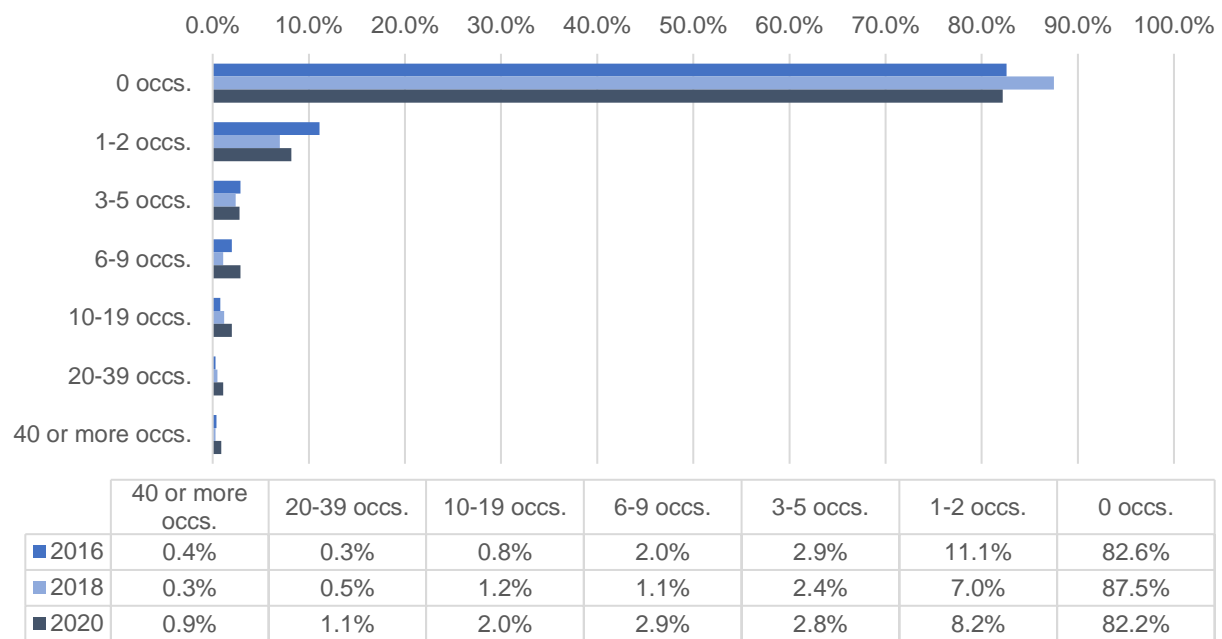
Source: Florida Youth Substance Abuse Survey

Figure 314: Seminole County – On How Many Occasions Have You Had Alcoholic Beverages to drink in Your Lifetime? (2016-2020)



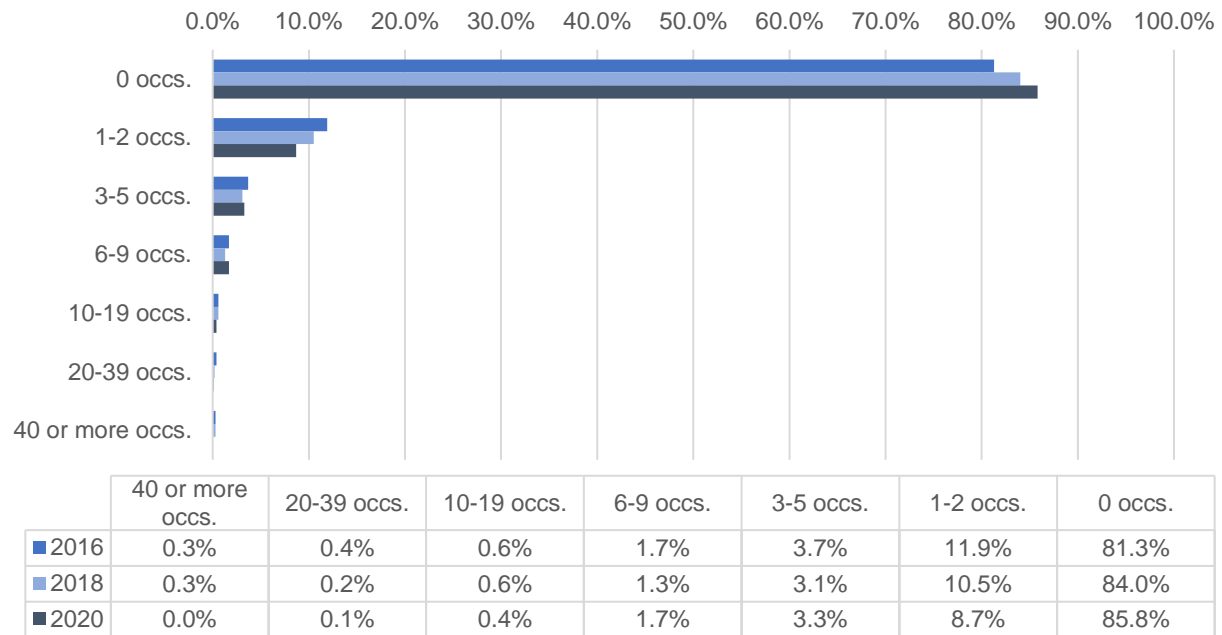
Source: Florida Youth Substance Abuse Survey

Figure 315: Seminole County – On How Many Occasions in Your Lifetime Have You Woken Up After a Night of Drinking Alcoholic Beverages and Not Been Able to Remember the Things You Did or the Places You Went? (MS&HS 2016-2020)



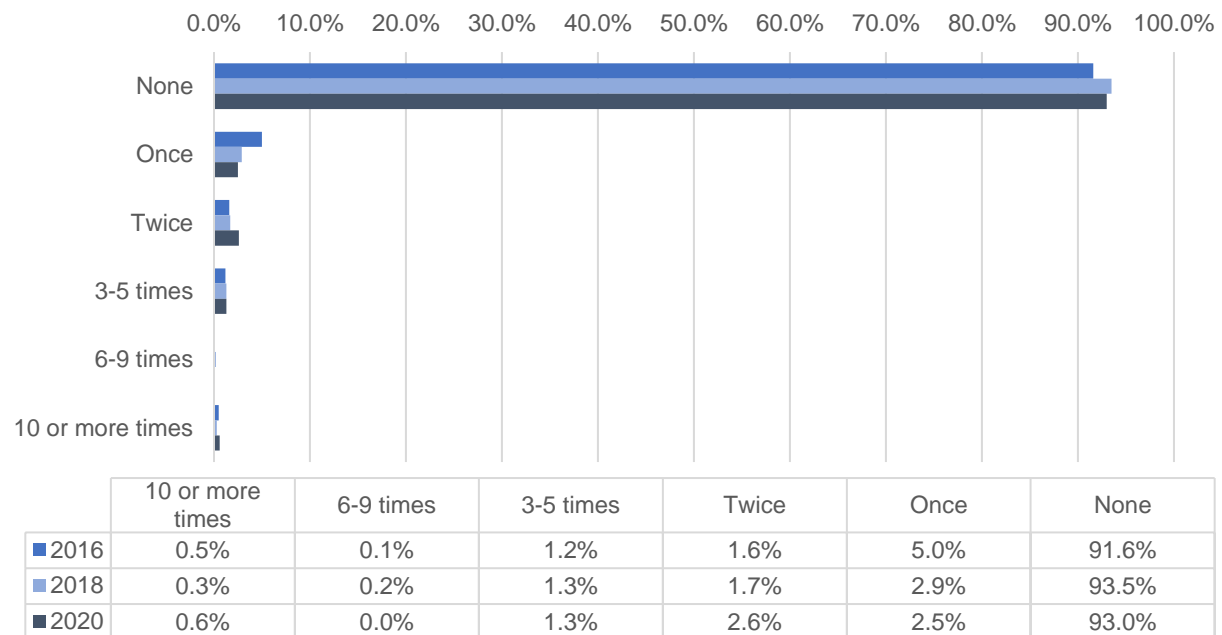
Source: Florida Youth Substance Abuse Survey

Figure 316: Seminole County – On How Many Occasions Have You Had Beer, Wine, Or Hard Liquor in the Past 30 Days? (MS&HS 2016-2020)



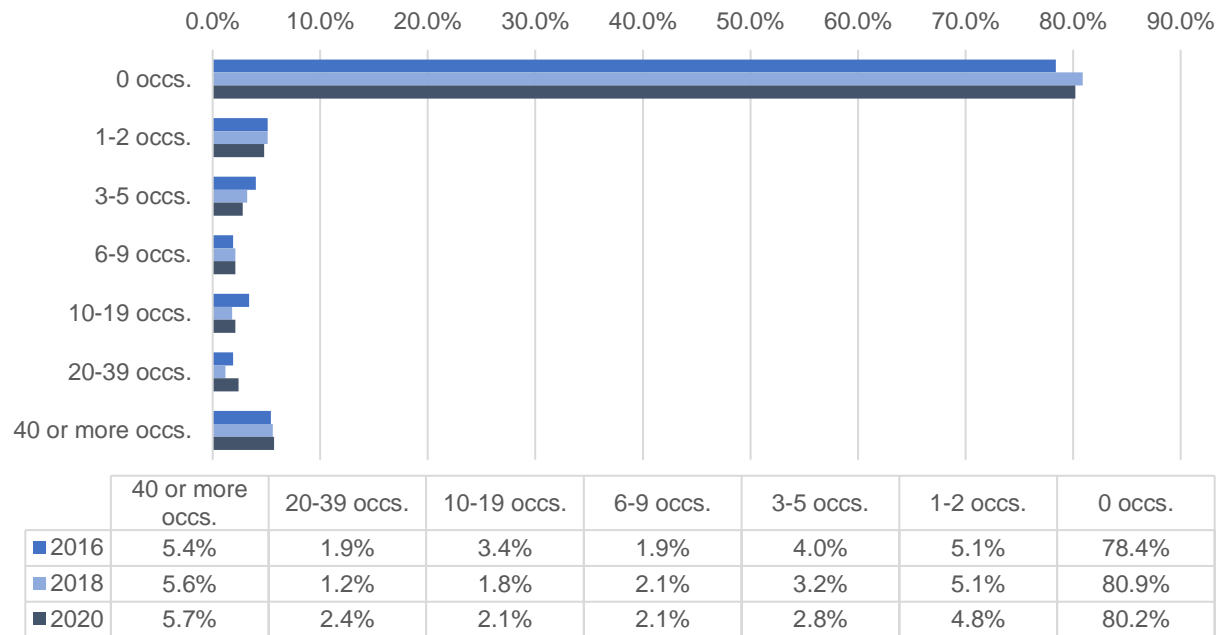
Source: Florida Youth Substance Abuse Survey

Figure 317: Seminole County – Think Back Over the Past Two Weeks...How Many Times Have You Had Five or More Alcoholic Drinks in a Row? (MS&HS 2016-2020)



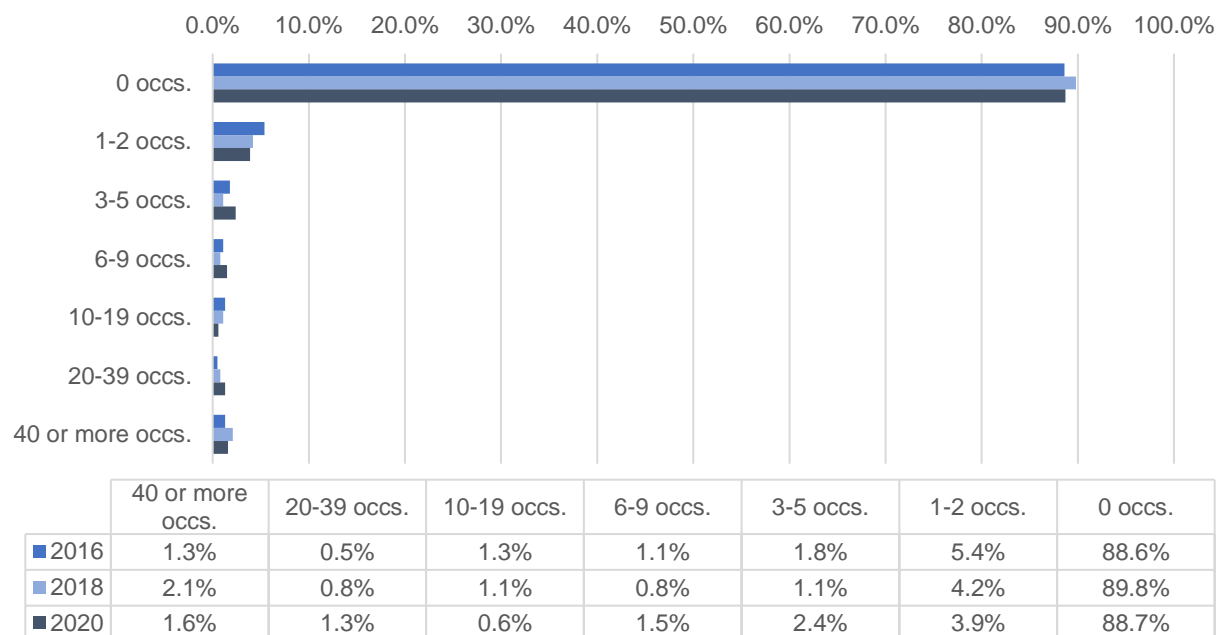
Source: Florida Youth Substance Abuse Survey

Figure 318: Seminole County – On How Many Occasions Have You Used Marijuana or Hashish in Your Lifetime? (MS&HS 2016-2020)



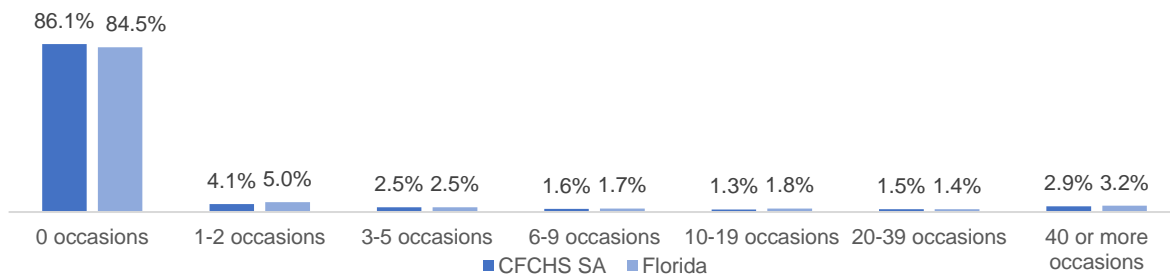
Source: Florida Youth Substance Abuse Survey

Figure 319: Seminole County – On How Many Occasions Have You Used Marijuana or Hashish During the Past 30 Days? (MS&HS 2016-2020)



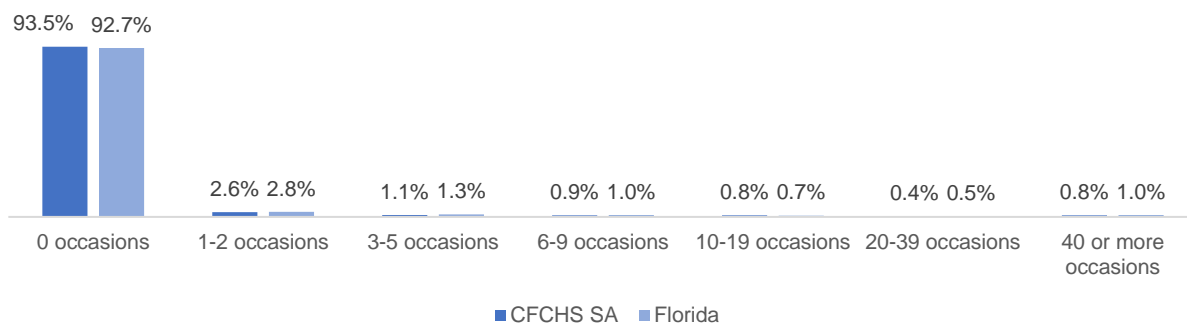
Source: Florida Youth Substance Abuse Survey

**Figure 320: CFCHS SA – On How Many Occasions Have You Vaped Marijuana in Your Lifetime? (MS&HS 2020)**



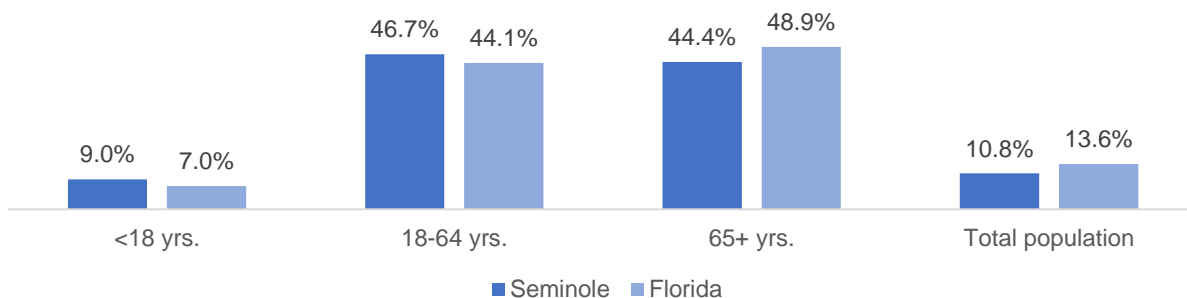
Source: Florida Youth Substance Abuse Survey

**Figure 321: CFCHS SA – On How Many Occasions Have You Vaped Marijuana in the Past 30 Days? (MS&HS 2020)**



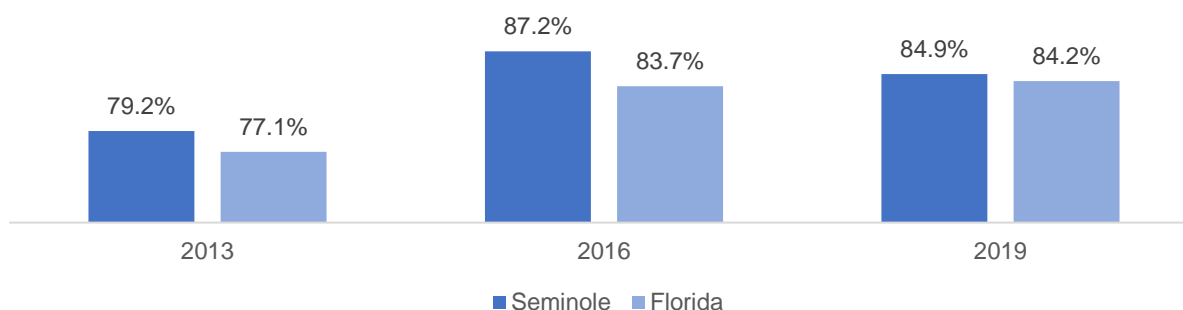
Source: Florida Youth Substance Abuse Survey

**Figure 322: Seminole County Civilian Noninstitutionalized Population With a disability (2016-2020)**



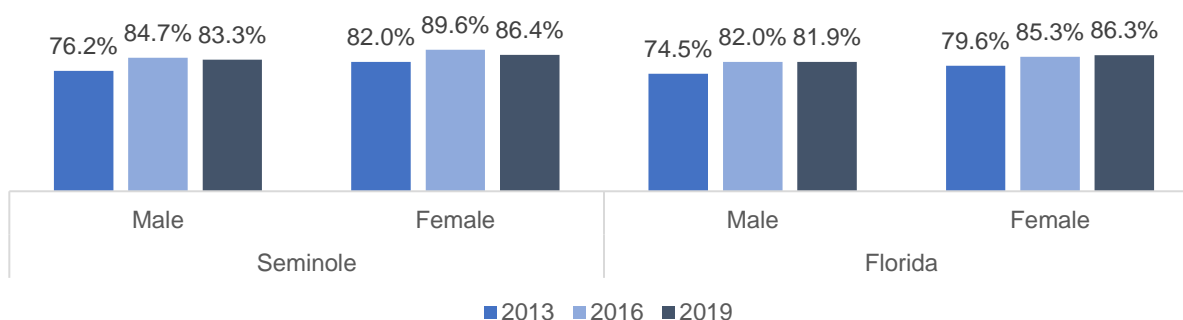
Source: U.S Census Bureau American Community Survey, Disability includes Hearing, vision, cognitive, ambulatory, self-care, and independent living.

Figure 323: Seminole County Adults with Any Type of Health Care Insurance Coverage (2013-2019)



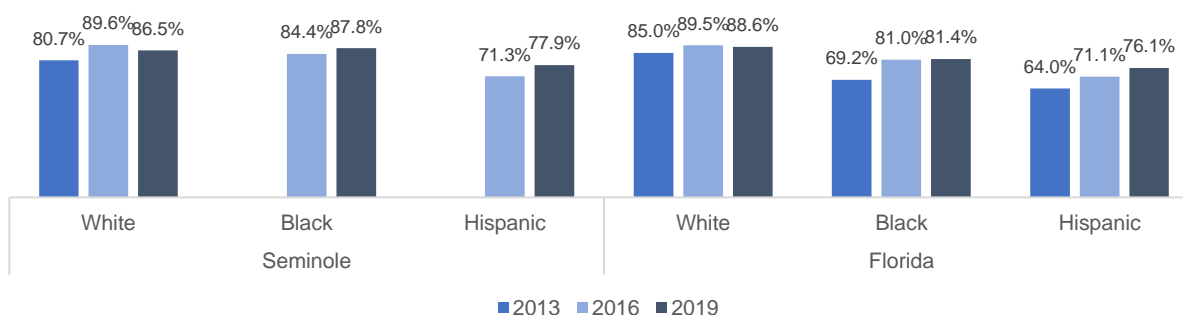
Source: Behavioral Risk Factor Surveillance System

Figure 324: Seminole County Adults with Any Type of Health Care Insurance Coverage by Gender (2013-2019)



Source: Behavioral Risk Factor Surveillance System

Figure 325: Seminole County Adults with Any Type of Health Care Insurance Coverage by Race and Ethnicity (2013-2019)



Source: Behavioral Risk Factor Surveillance System

# Seminole County ME Individuals Served Profile

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## Individuals Served Population

CFCHS-funded organizations served 27,681 individuals in FY20-21. This number included a small amount of duplication (<1%) in that some individuals served moved from one county to another, were enrolled in more than one program, or changed residential status during the 1-year time frame. Over 40% of individuals served resided in Brevard County (11,195 individuals), followed by Orange County at 29.4% (8,132 individuals), Seminole County at 14.2% (3,937 individuals), and Osceola County at 9.9% (2,746 individuals). Individuals who reported living in another county accounted for 6% of all individuals.

Seminole County adult programs accounted for 69% of all individuals served, with 42.2% enrolled in the Adult Mental Health (AMH) program, and 26.8% in the Adult Substance Abuse program (ASA). The remaining individuals (31%) were in the Child Mental Health (CMH) program, at 5.1%, and the Child Substance Abuse (CSA) program at 25.9%.

## Gender

Males represented more than 50% of all individuals in the ASA and CMH programs, at 58.8% and 54%, respectively. Females accounted for more than half of individuals served in the AMH and CSA programs at 52.1%.

## Race

Most individuals served in Seminole County were White, at 60.6%, which was less than the percentage in the county population at 72.7%. Black individuals served accounted for 22.7% of program individuals and 12% of county residents. The racial distribution of individuals served in all programs was more diverse when compared to the county population. Individuals in the CSA program were most diverse as Black individuals served accounted for 22.3% and multi-racial individuals served represented 11.2%. In the county, multi-racial residents accounted for 5.7% of the population.

## Ethnicity

The ethnic composition of individuals served was similar when compared to the county population. Hispanics accounted for 18.8% of individuals served and 21.9% of county residents. The percentage of Hispanic individuals served was highest in the CSA program at 23.5%.



## Age Range

A comparison of the percentages of individuals served by age ranges revealed those enrolled in mental health and substance use programs were younger when compared to the age range distribution in the county population. Adults, ages 25-44 years of age, accounted for 51.8% of AMH and 61.8% of ASA individuals served. In comparison, adults in this age range represented 28.5% of the Seminole County population. Conversely, adults aged 65 years and older accounted for a smaller percentage of individuals served (<1%), when compared to those in the county population at 15.5%. Children under 5 years accounted for 1.4% of individuals in the CMH and CSA programs. There was a higher percentage of older teens, ages 15-19 years, in the CSA program (64.1%), when compared to those in the CMH program at 34.6%.

## Residential Status

The percentages of individuals served living dependently (with relatives or non-relatives) were similar in the AMH and ASA programs at 25.6% and 25.2%, respectively. Percentages were also similar for those living independently with relatives or non-relatives at 25.3% for those in the AMH program, and 20.8% of those in the ASA program. The percentages of AMH individuals served who lived independently alone, at 43.3%, was higher when compared to individuals in the ASA program at 38.8%. Individuals served who lived dependently with relatives accounted for 80.9% of those in the CMH program, and 94.8% of those in the CSA program. Youth living independently alone accounted for 12.4% of CMH individuals served, but only 2.2% of individuals in the CSA programs.

## Educational Attainment

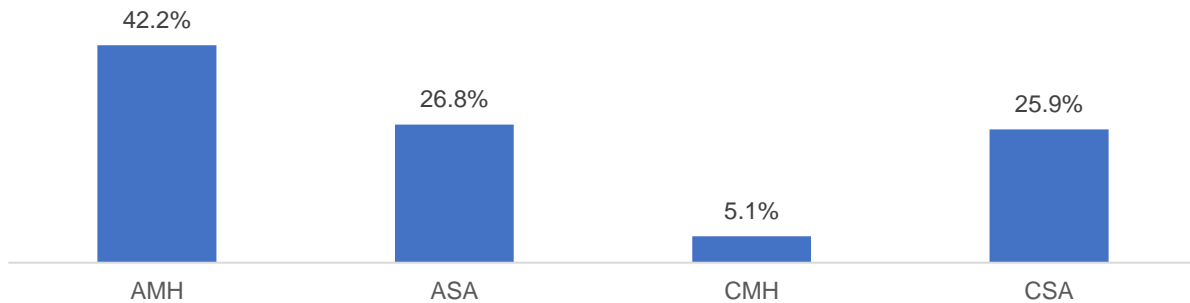
Seminole County individuals served attained lower educational levels when compared to those in the service area population. Among adults, 38.8% of AMH and 49.2% of ASA, attained a high school diploma. This was much lower than residents in Seminole County at 94.4% who graduated high school. Consequently, the percentages of Seminole County adults served who attained some college education, or earned a college degree, were well below those for residents living in the county.

## Employment Status

Lower educational attainment was one factor that contributed to much higher levels of unemployment among Seminole County adults served when compared to those in the service area. Unemployment ranged from 34.2% of AMH to 50% among ASA individuals served. The estimate for unemployment in the service area was 3.9% (2019). Not authorized to work accounted for less than 1% of adult individuals served.

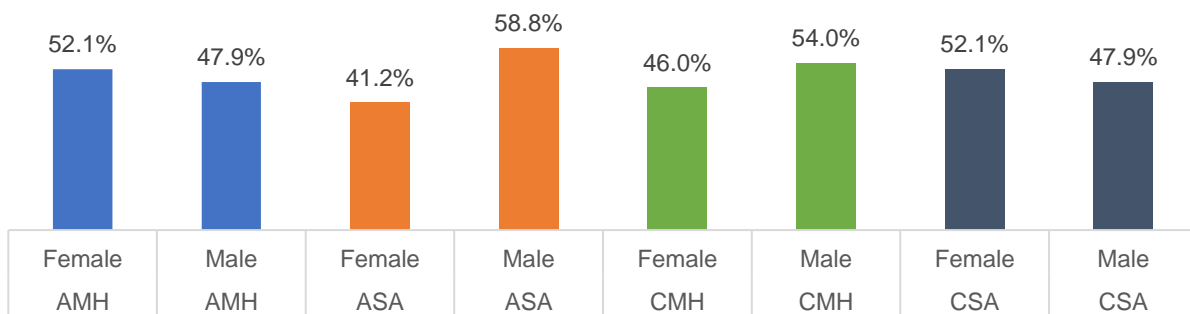
## Seminole County ME Individuals Served Charts

Figure 326: Seminole County Individuals Served by Program



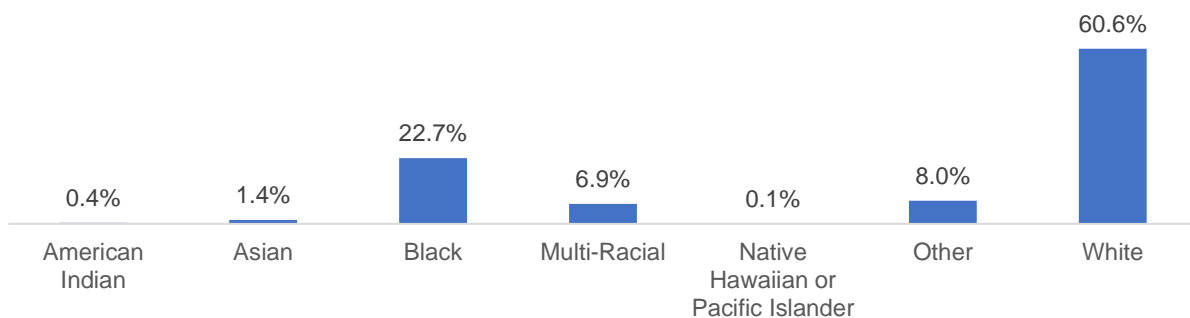
Source: CFCHS Individuals Served Data

Figure 327: Seminole County Individuals Served by Program and Gender



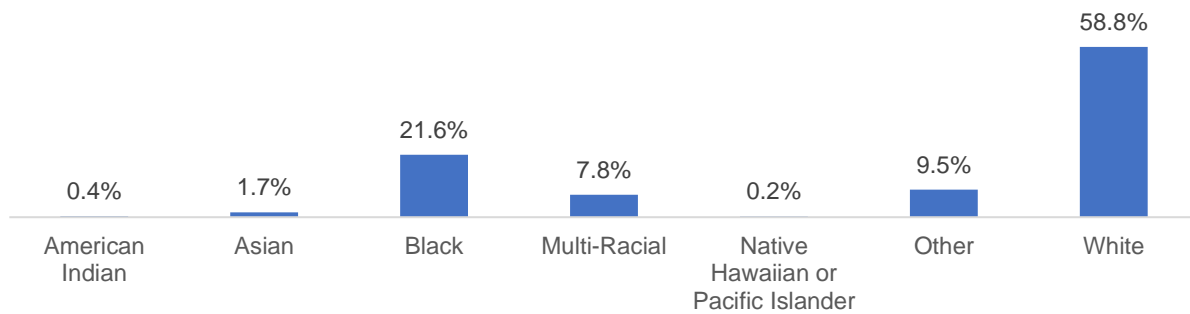
Source: CFCHS Individuals Served Data

Figure 328: Seminole County Individuals Served by Race



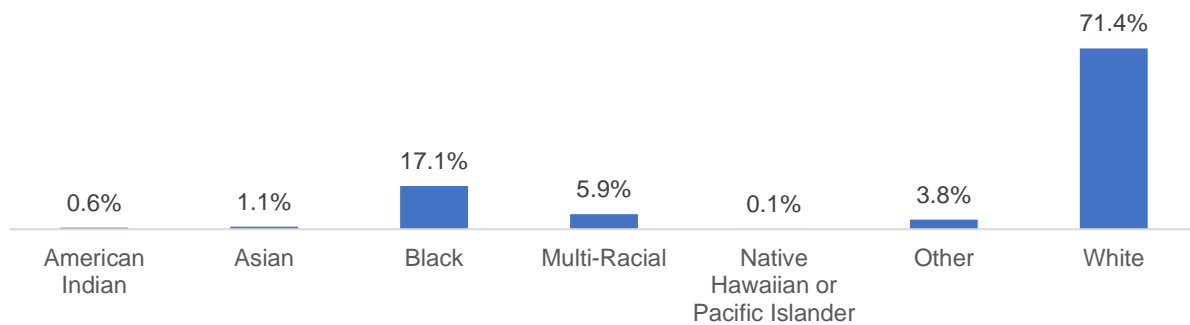
Source: CFCHS Individuals Served Data

Figure 329: Seminole County AMH Individuals Served by Race



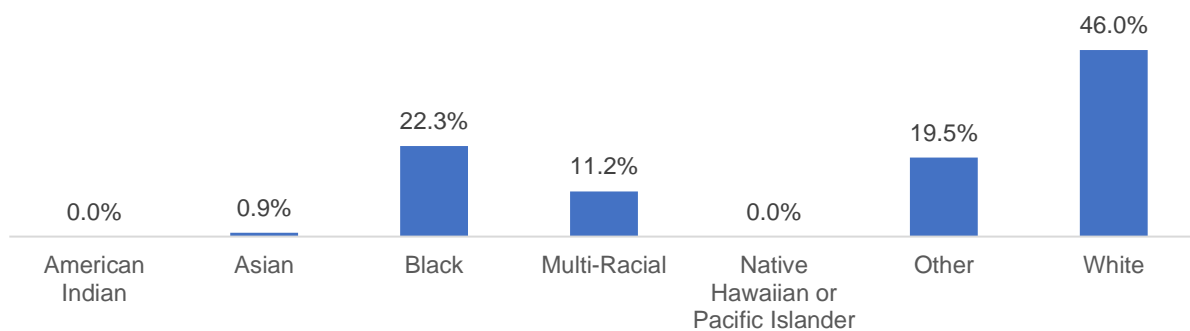
Source: CFCHS Individuals Served Data

Figure 330: Seminole County ASA Individuals Served by Race



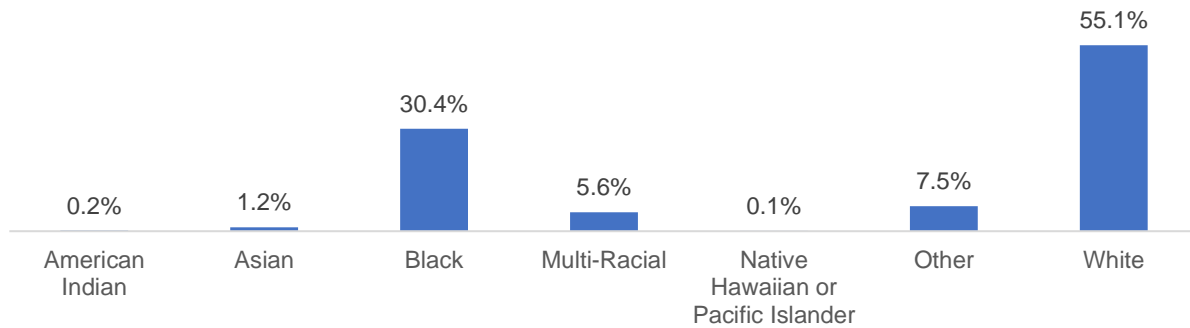
Source: CFCHS Individuals Served Data

Figure 331: Seminole County CMH Individuals Served by Race



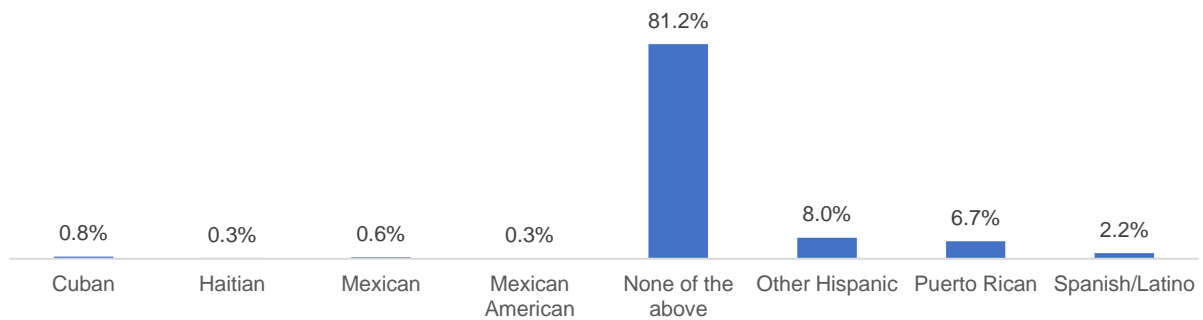
Source: CFCHS Individuals Served Data

Figure 332: Seminole County CSA Individuals Served by Race



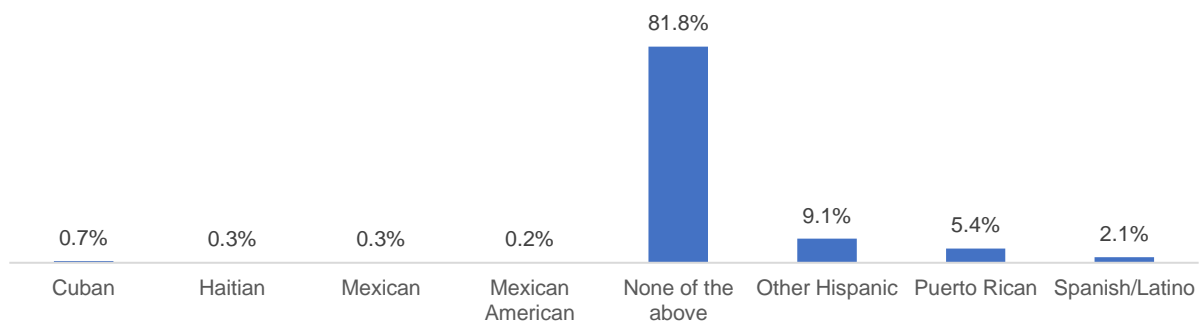
Source: CFCHS Individuals Served Data

Figure 333: Seminole County Individuals Served by Ethnicity



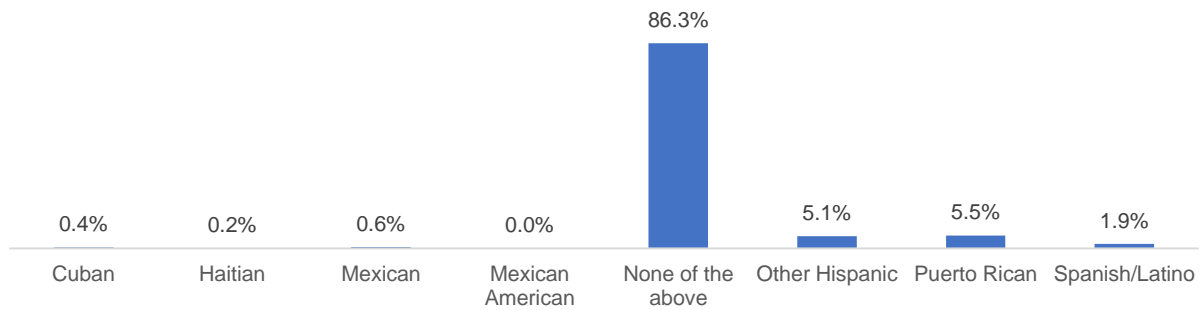
Source: CFCHS Individuals Served Data

Figure 334: Seminole County AMH Individuals Served by Ethnicity



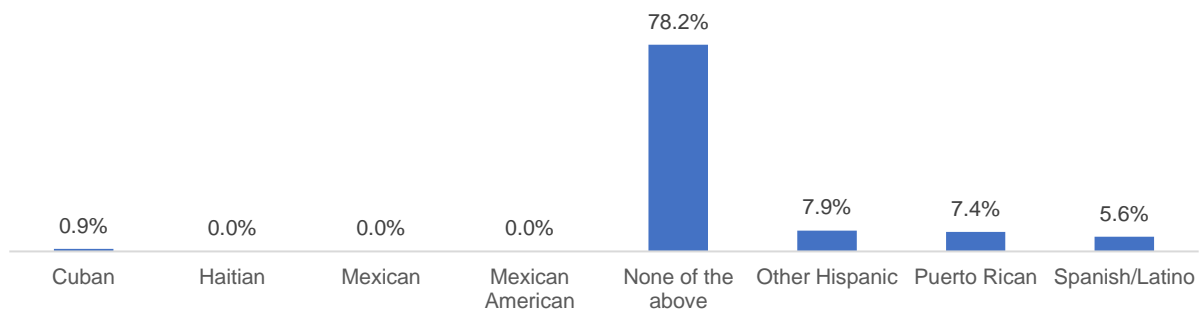
Source: CFCHS Individuals Served Data

Figure 335: Seminole County ASA Individuals Served by Ethnicity



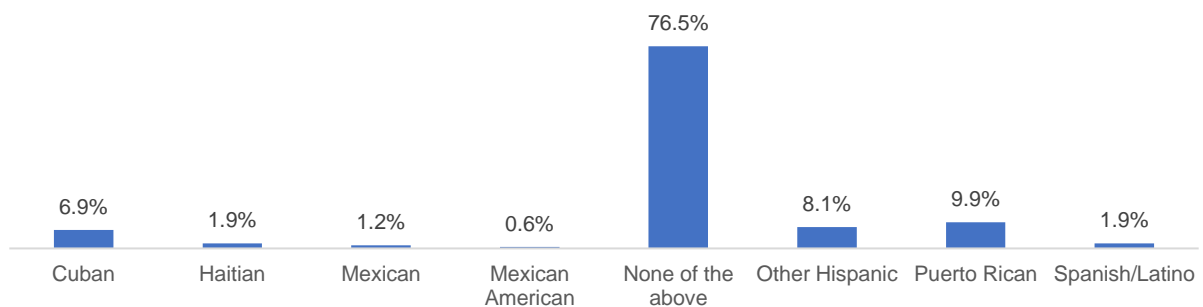
Source: CFCHS Individuals Served Data

Figure 336: Seminole County CMH Individuals Served by Ethnicity



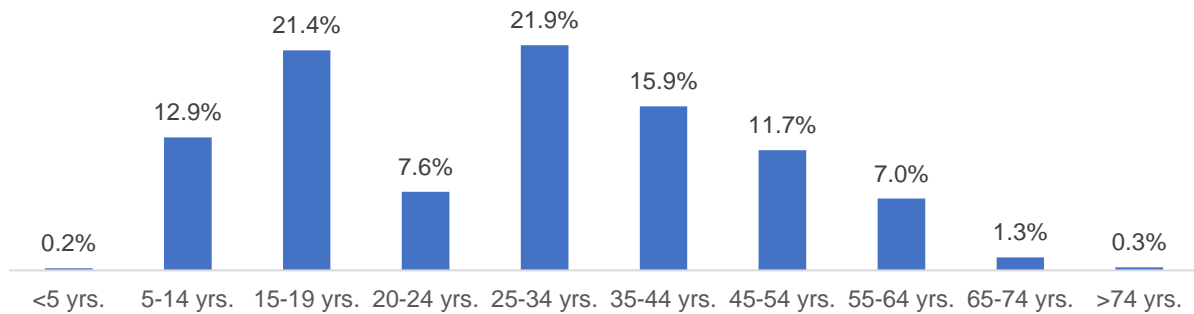
Source: CFCHS Individuals Served Data

Figure 337: Seminole County CSA Individuals Served by Ethnicity



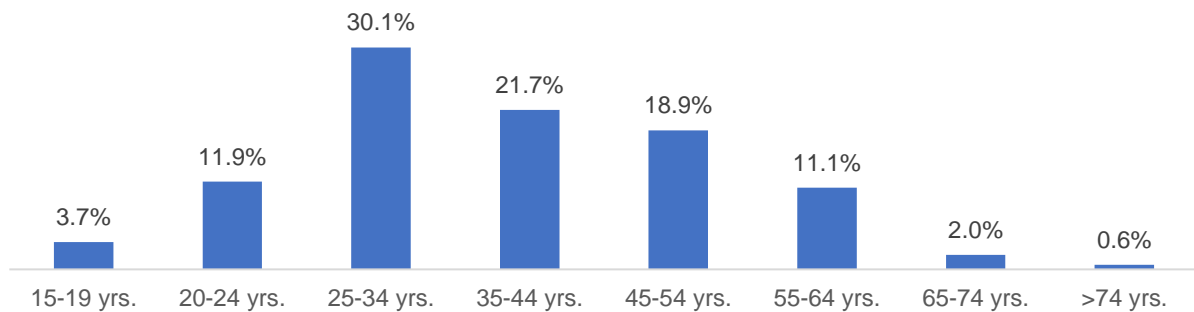
Source: CFCHS Individuals Served Data

Figure 338: Seminole County Individuals Served by Age Range



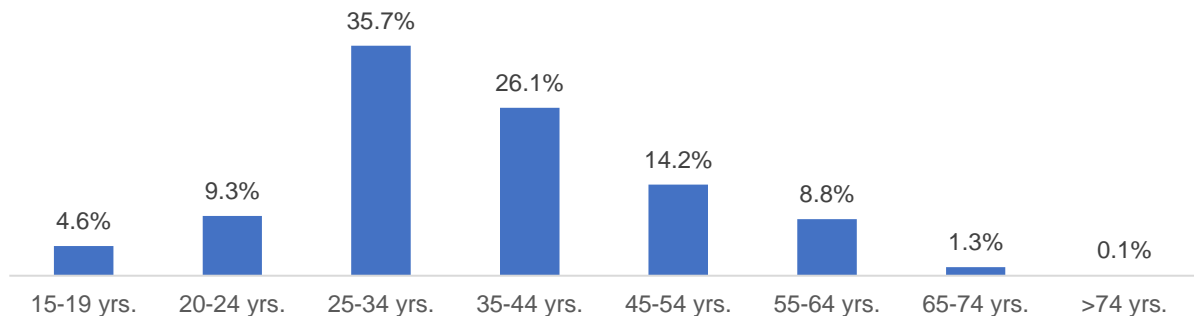
Source: CFCHS Individuals Served Data

Figure 339: Seminole County AMH Individuals Served by Age Range



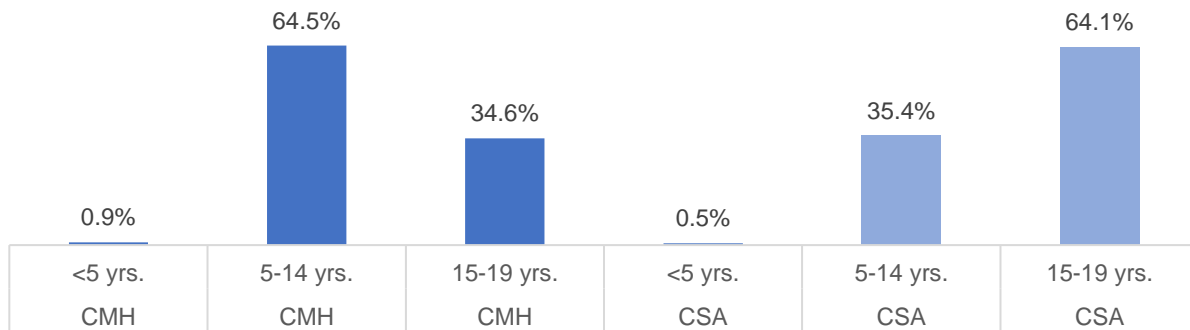
Source: CFCHS Individuals Served Data

Figure 340: Seminole County ASA Individuals Served by Age Range



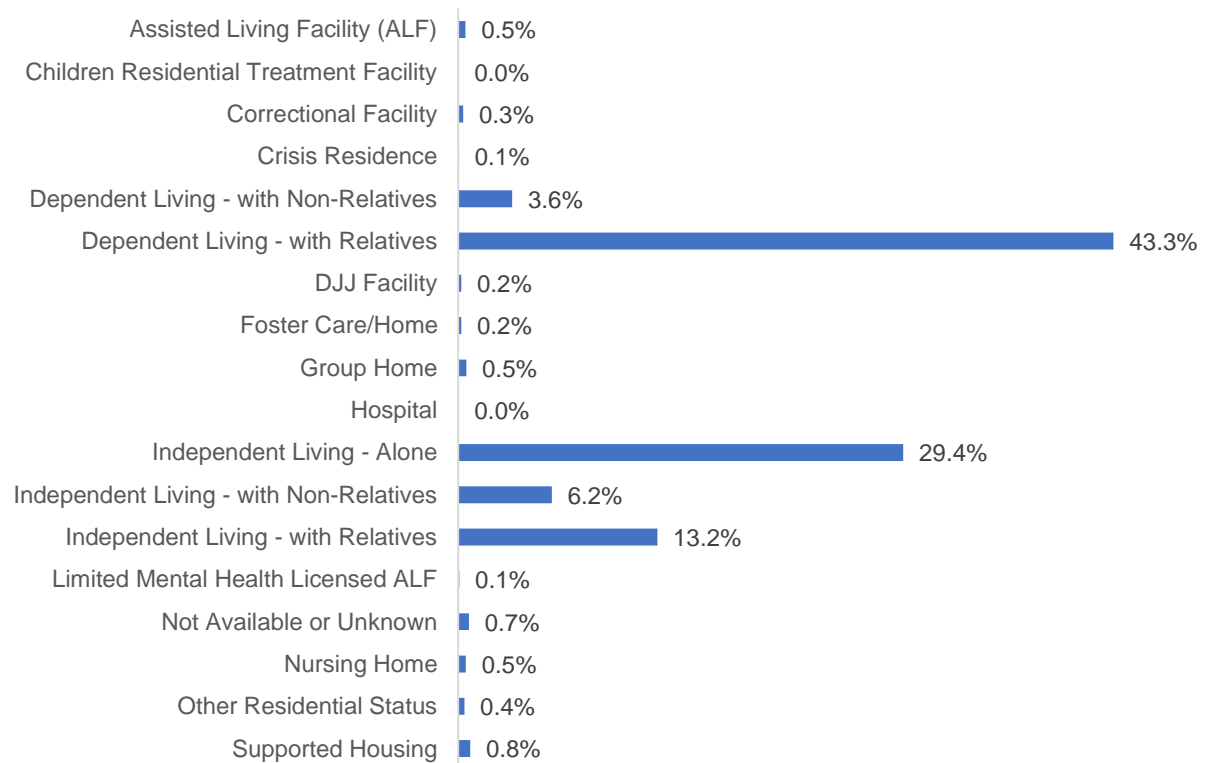
Source: CFCHS Individuals Served Data

Figure 341: Seminole County CMH and CSA Individuals Served by Age Range



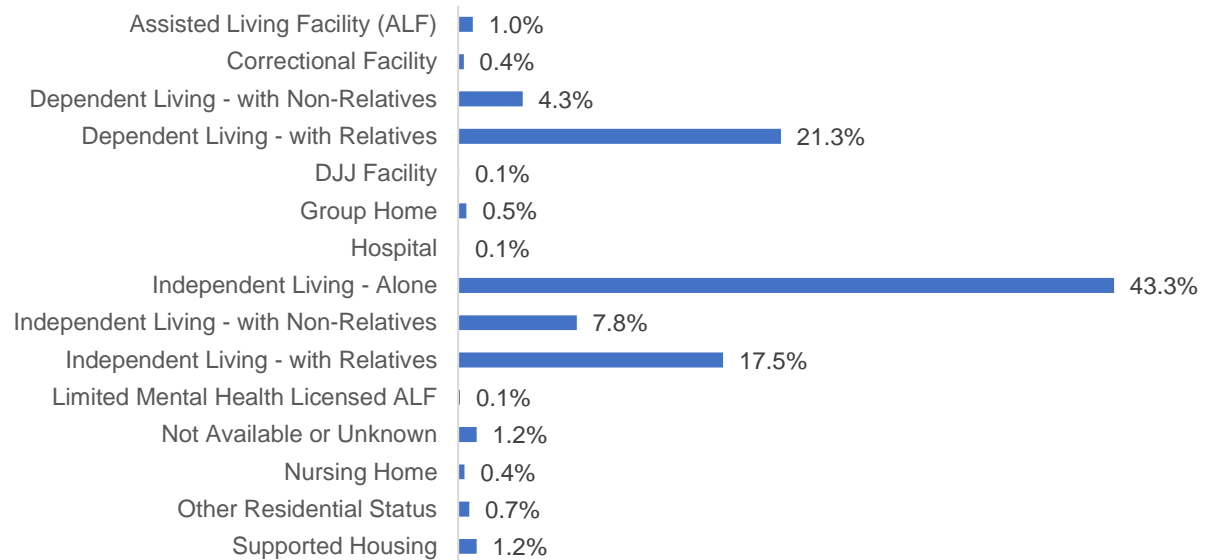
Source: CFCHS Individuals Served Data

Figure 342: Seminole County Individuals Served by Residential Status



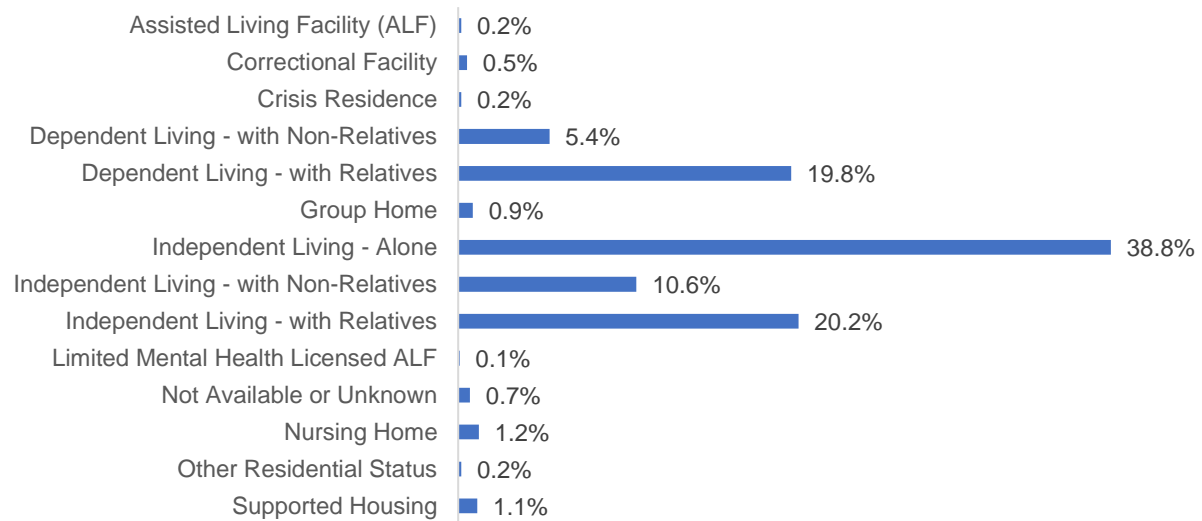
Source: CFCHS Individuals Served Data

Figure 343: Seminole County AMH Individuals Served by Residential Status



Source: CFCHS Individuals Served Data

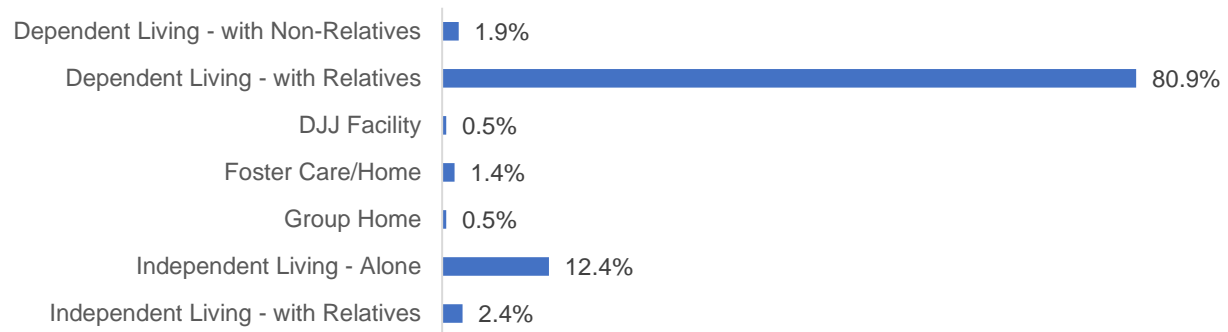
Figure 344: Seminole County ASA Individuals Served by Residential Status



Source: CFCHS Individuals Served Data

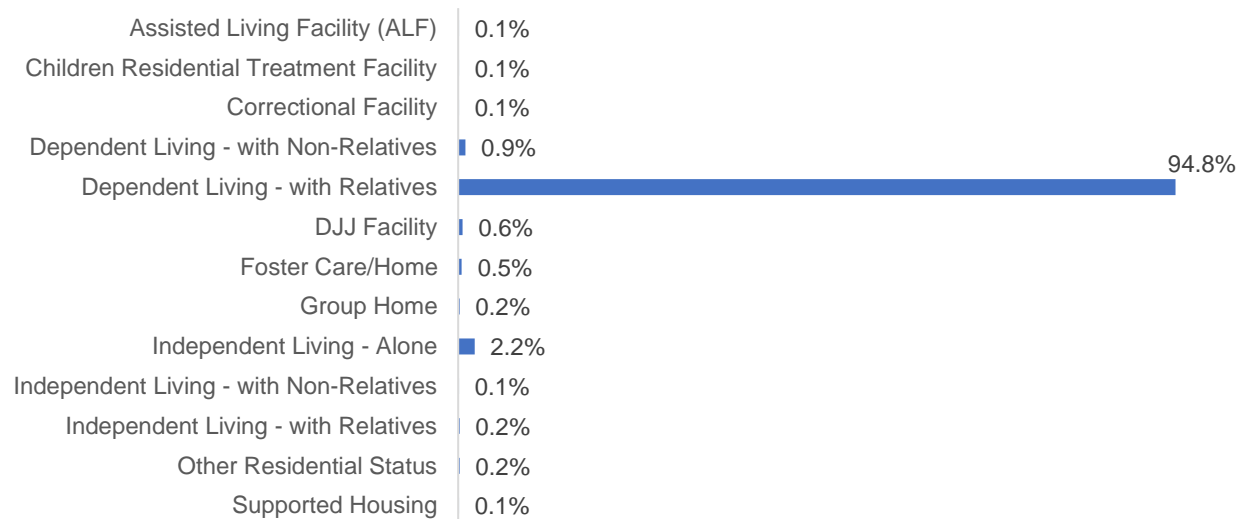


Figure 345: Seminole County CMH Individuals Served by Residential Status



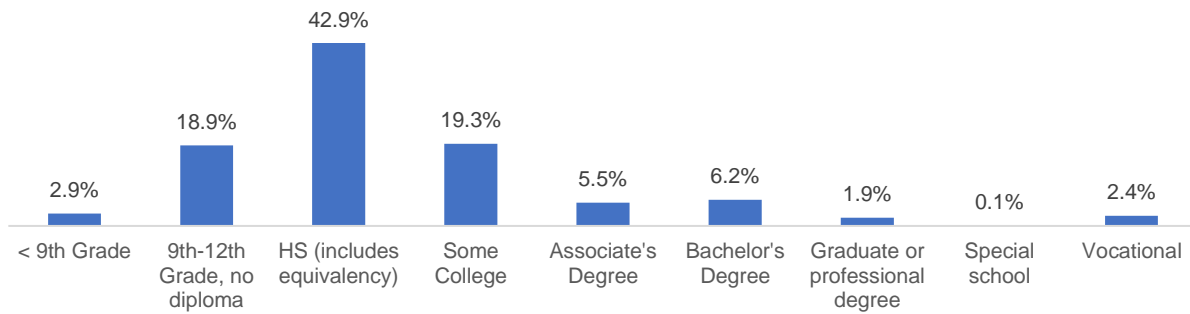
Source: CFCHS Individuals Served Data

Figure 346: Seminole County CSA Individuals Served by Residential Status



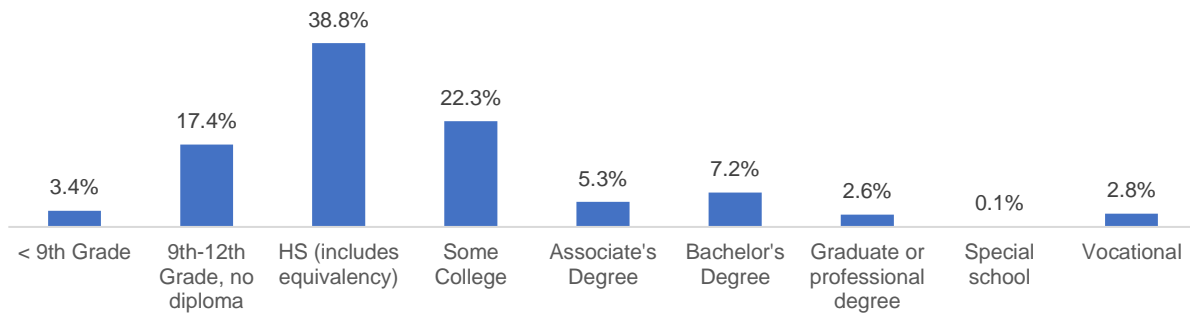
Source: CFCHS Individuals Served Data

Figure 347: Seminole County Individuals Served by Educational Attainment



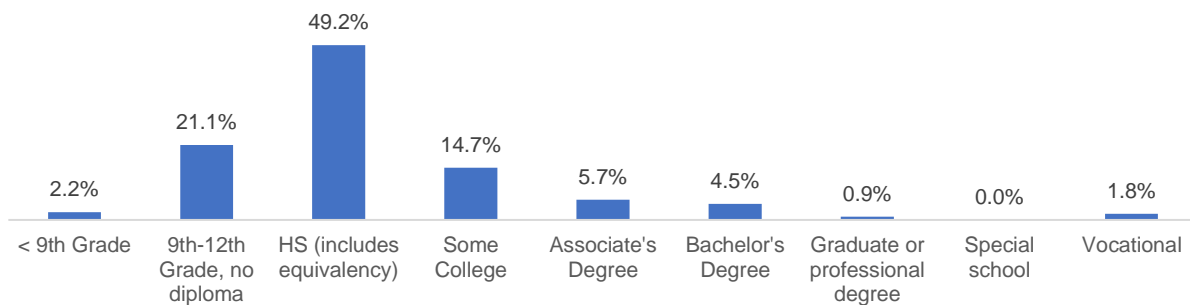
Source: CFCHS Individuals Served Data

Figure 348: Seminole County AMH Individuals Served by Educational Attainment



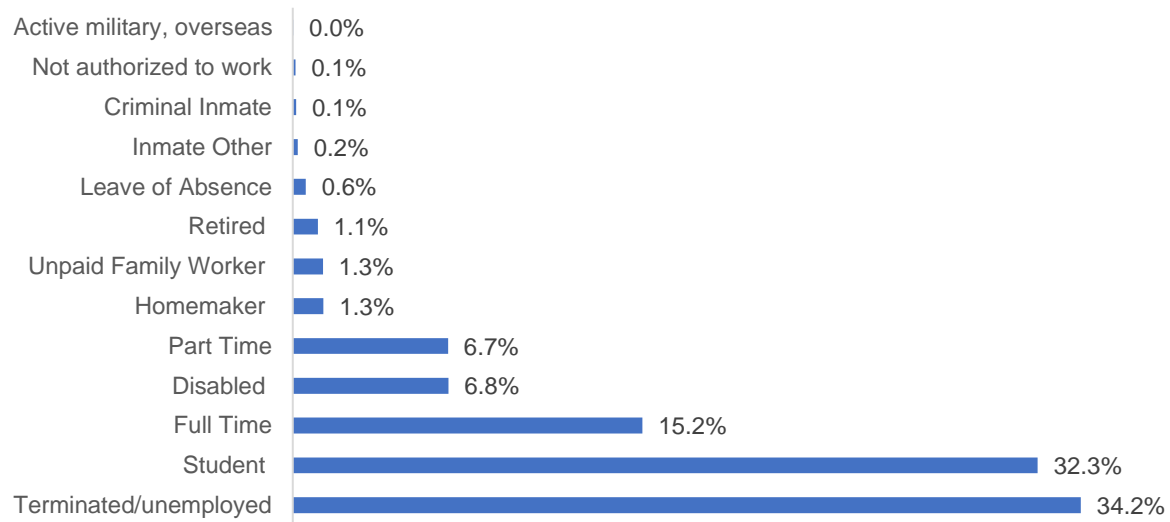
Source: CFCHS Individuals Served Data

Figure 349: Seminole County ASA Individuals Served by Educational Attainment



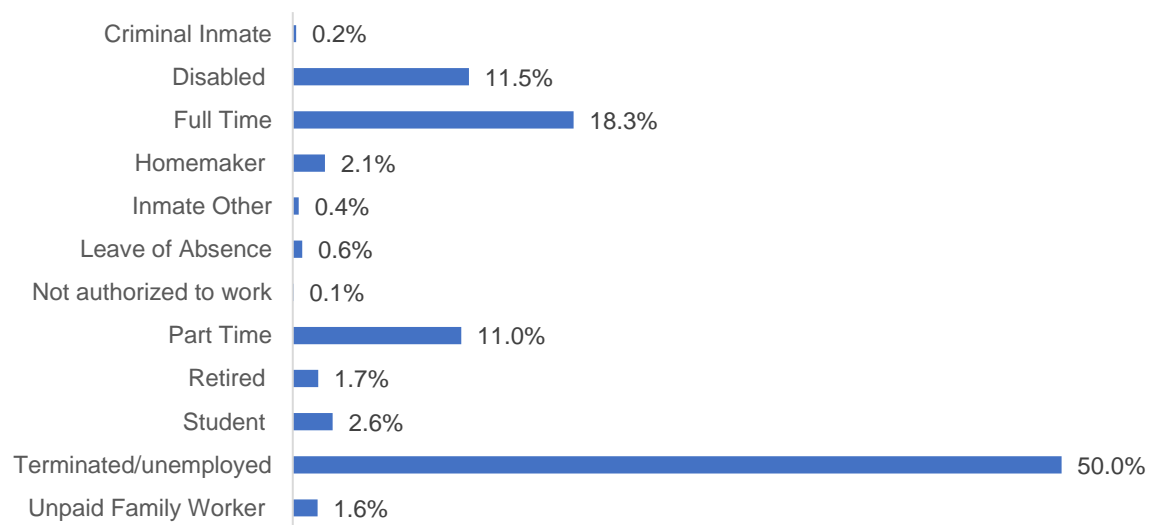
Source: CFCHS Individuals Served Data

Figure 350: Seminole County Individuals Served by Employment Status



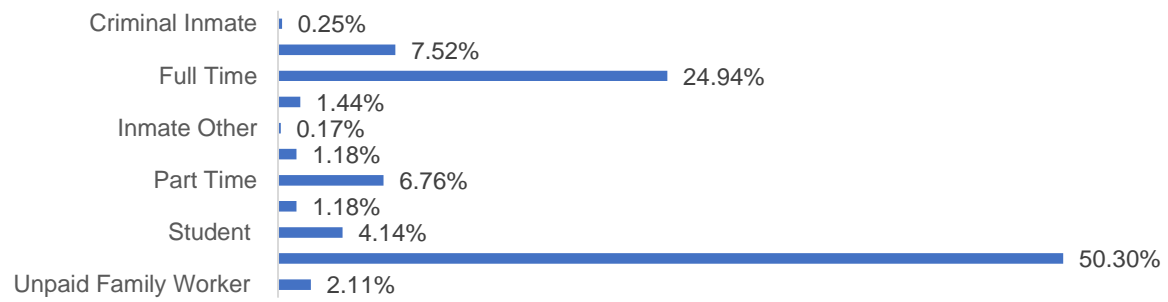
Source: CFCHS Individuals Served Data

Figure 351: Seminole County AMH Individuals Served by Employment Status



Source: CFCHS Individuals Served Data

Figure 352: Seminole County ASA Individuals Served by Employment Status



Source: CFCHS Individuals Served Data

## Seminole County Homeless Population Profile

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The 2021 Council on Homelessness Report states that the Point in Time Count (PIT) data provides a snapshot of homelessness. **Due to the pandemic, the 2021 PIT Count is not directly comparable to prior years' counts.** Typically, Continuums of Care (CoCs - A local geographic area designated by HUD and served by a local planning body, which is responsible for organizing and delivering housing and services to meet the needs of people who are homeless as they move to stable housing and maximum self-sufficiency) conduct a PIT Count of both sheltered and unsheltered households. This year, due to COVID-19 related safety concerns, only six of the 27 CoCs conducted such a count; 10 CoCs did not conduct an unsheltered count; and others conducted a modified form of the unsheltered count. All CoCs conducted a sheltered PIT count. For those that did not conduct an unsheltered count, the CoCs reported zero unsheltered persons, resulting in an undercount of total homelessness. According to the report:

“Housing is a significant determinant of health, and insufficient housing is a major public health issue. The COVID-19 pandemic has exacerbated housing instability, especially for low-income households. In effect, the pandemic has triggered high rates of unemployment, worsened pre-existing behavioral health disorders, and increased stress, anxiety, and depression for others. Increased rates of unemployment also contribute to increasing the prevalence of behavioral health disorders, resulting in more suffering and deaths. Prior to the pandemic, America’s affordable housing crisis was already expected to get worse. The ELI housing crisis is evidenced by the fact that people with disabilities are forced to live in segregated and institutional facilities (e.g., nursing homes, state institutions, etc.) and experience homelessness. Many of these individuals need Permanent Supportive Housing.”

(Please access the actual report for resources at: [2021CouncilReport.pdf](#) ([myflfamilies.com](#)))

In 2021, the Florida Council on Homelessness reported there were 1,544 homeless individuals in Orange, Osceola, and Seminole counties (CoC# FL-507). An unsheltered PIT count was not conducted in the three-county region which resulted in zero unsheltered persons. Chronically homeless, defined as continually homeless for over 1 year, increased 168.7%, from 182 individuals in 2017 to 489 people in 2020. There were 177 individuals chronically homeless in 2021. Homelessness among veterans decreased 12.8%, from 218 in 2017 to 190 in 2020. Homeless veterans accounted for 195 individuals in 2021. Families experiencing homelessness also decreased (10%) from 262 in 2017 to 222 in 2020. There were 659 homeless families in the three-county region in 2021. The number of Seminole County homeless students, reported by the Florida Department of Education (FDOE), at 1,898 for the 2015-2016 academic year, decreased 15.8% to 1,599 in 2019-2020. Of those students who were homeless, 76.1% were in a sharing housing arrangement, and 17.3% were living in motels.

Due to the COVID-19 pandemic, 2021 saw an unprecedented infusion of federal funding to address homelessness and housing instability. With these funds appropriated by Congress, the State, local governments, CoCs, and partner agencies have invested in solutions to homelessness, including rent and utilities assistance, sheltering, outreach, supportive services and more. While these resources have

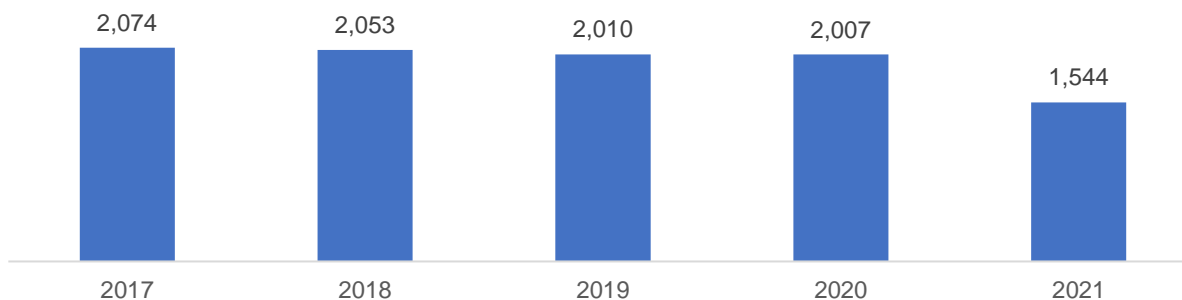
increased Florida’s capacity to prevent and end homelessness, the federal funds have strict restrictions on how the funds may be used; they are not interchangeable with the Challenge and Staffing grants provided to CoCs by the State of Florida. State funding remains critical to addressing homelessness in Florida, especially in rural areas and for the many programs that cannot be funded by federal resources due to their restrictions. State funding helps ensure a broad range of programs in Florida, as well as increase the capacity of the CoCs to administer the federal funding and other resources.

**Figure 353: CoC# FL-507 Funding from Federal and State Sources (SFY20-21) – Orange, Osceola, and Seminole Counties**

| Funding Source SFY20-21           | Funding Amount         |
|-----------------------------------|------------------------|
| State Challenge                   | \$148,500.00           |
| Emergency Solutions Grant (State) | \$200,000.00           |
| State TANF-HP                     | \$46,582.00            |
| State Staffing                    | \$107,142.85           |
| ESG-CV (State)                    | \$5,946,937.02         |
| <b>State Total</b>                | <b>\$6,449,161.87</b>  |
| HUD CoC (FFY20)                   | \$9,530,007.00         |
| <b>Total Funding Award</b>        | <b>\$15,979,168.87</b> |

Source: 2021 Florida’s Council on Homelessness Annual Report

**Figure 354: Central Florida CoC Total Homeless Population (2017-2021)**



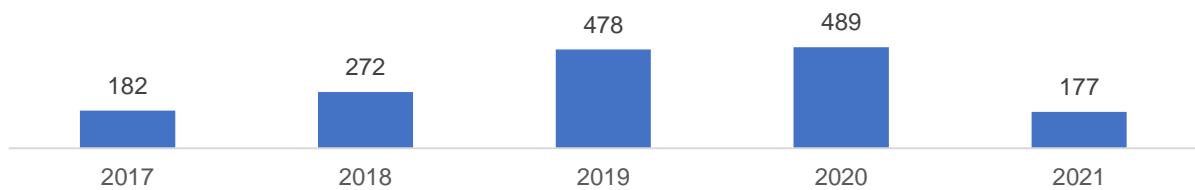
Source: 2021 Florida’s Council on Homelessness Annual Report. Includes Orange, Osceola, and Seminole Counties.

Figure 355: Central Florida CoC Homeless Sheltered and Unsheltered (2021)



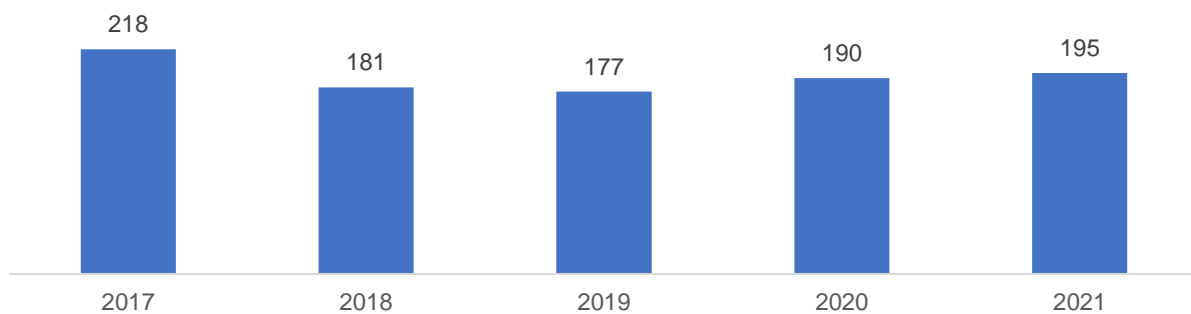
Source: 2021 Florida's Council on Homelessness Annual Report. Includes Orange, Osceola, and Seminole Counties.

Figure 356: Central Florida CoC Chronic Homelessness (2017-2021)



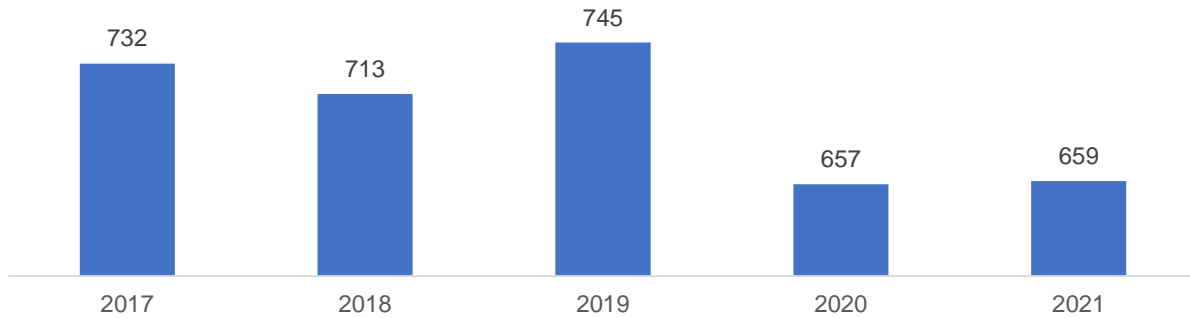
Source: 2021 Florida's Council on Homelessness Annual Report. Includes Orange, Osceola, and Seminole Counties.

Figure 357: Central Florida CoC Homelessness Among Veterans (2017-2021)



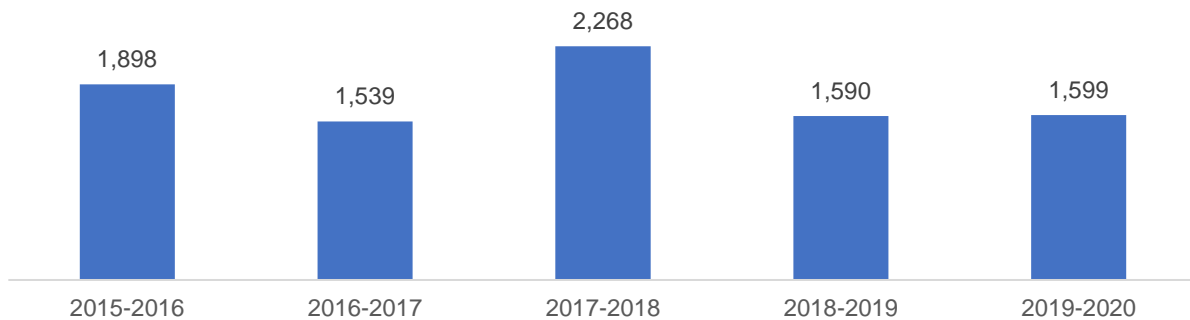
Source: 2021 Florida's Council on Homelessness Annual Report. Includes Orange, Osceola, and Seminole Counties.

Figure 358: Central Florida CoC Family Homelessness: Total Persons in Families with Children (2017-2021)



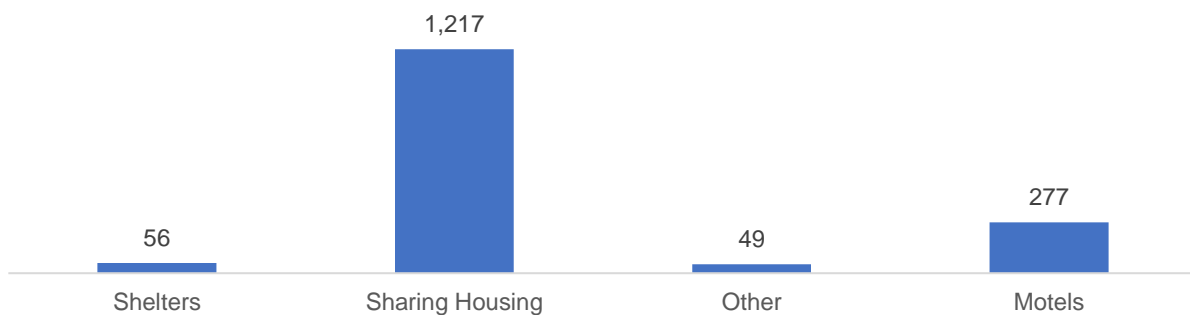
Source: 2021 Florida's Council on Homelessness Annual Report. Includes Orange, Osceola, and Seminole Counties.

Figure 359: FDOE – Seminole County Homeless Students in Public School District 59 (2015-2020)



Source: 2021 Florida's Council on Homelessness Annual Report

Figure 360: FDOE – Seminole County Homeless Students in Public School by Living Situation, District 59 (2019-2020)



Source: 2021 Florida's Council on Homelessness Annual Report



# Seminole County ME Homeless Individuals Served Profile

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## Homeless Individuals Served Demographics

A total of 4,974 CFCHS homeless individuals served were enrolled in adult and child programs in FY20-21. This number does contain some duplication caused by changes in residential status over the past 12-months, moving from one county to another in the service area, and/or co-occurring conditions. When analyzing data at the county level, some of the duplication is removed, resulting in a slightly lower number of homeless individuals served. After removing individuals served with a status of Other County, there were 4,119 individuals served by CFCHS in Brevard (749), Orange (2,228), Osceola (754), and Seminole (388) counties. In Seminole County, 41.8% were in the AMH program, and 56.4% in the ASA program. Homeless children in the CMH and CSA program accounted for 1.8% of homeless individuals served.

## Gender

Males accounted for larger percentages of individuals served, at 64.8% in the AMH program, 58% in the ASA program, and 57.1% in the CSA program. It should be noted that the number of homeless individuals in the CSA was small, and results should be interpreted with caution.

## Race

Homeless individuals served in the AMH, and ASA programs were racially more diverse when compared to the Seminole County population. Black homeless individuals served in the AMH program accounted for 32.1%, and multi-racial individuals served in the ASA program represented 12.8%. In Seminole County, 12% of residents were Black and 5.7% belonged to two or more races. Homeless individuals in the CSA program were White, at 85.7%, which was greater than the percentage of White residents in the county at 72.7%.

## Ethnicity

Homeless individuals served were less ethnically diverse when compared to the Seminole County population. Among AMH homeless individuals served, 11.1% were Hispanic, along with 16.8% of ASA homeless individuals served. Hispanic residents in Seminole County represented 21.9% of the population.

## Age Range

Adults, ages 25-44 years, accounted for 53.1% of AMH and 66.9% of ASA individuals served. This was much higher when compared to residents of the same age in the county, at 28.5%. Older homeless individuals, those over 65 years of age, represented a much smaller percentage of homeless individuals (~2%) when compared to those in the county at 15.5%.

## Residential Status

All homeless individuals served reported their residential status as homeless.

## Educational Attainment

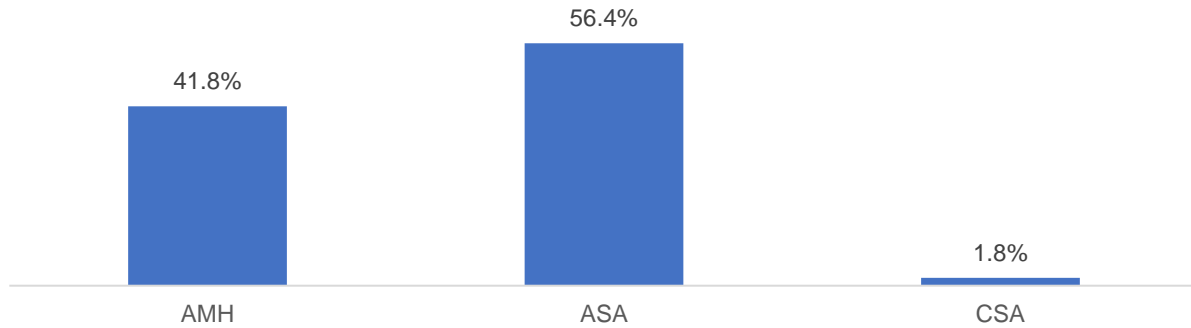
Among the homeless individuals served, 38.9% of those in the AMH program, and 48.9% in the ASA program earned a high school diploma. In Seminole County, 94.4% of residents had graduated from high school.

## Employment Status

Only 12.3% of homeless individuals were employed (part or full time), and 76.7% had been terminated or were unemployed.

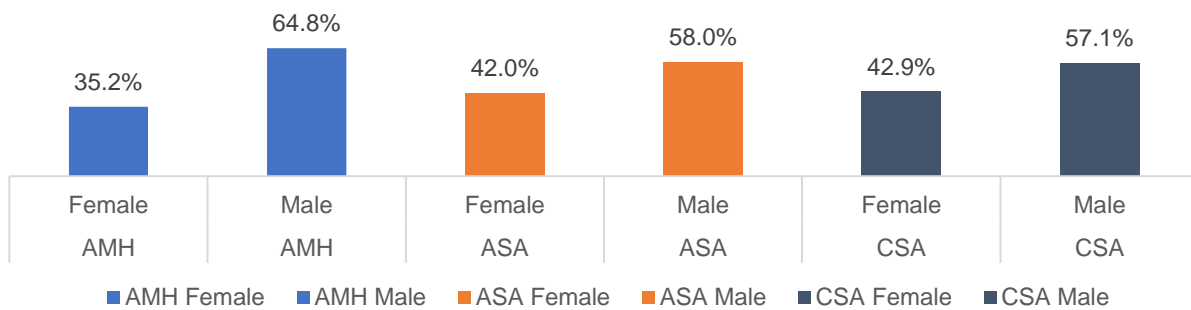
## Seminole County ME Homeless Individuals Served Charts

Figure 361: Seminole County ME Homeless Individuals Served by Program



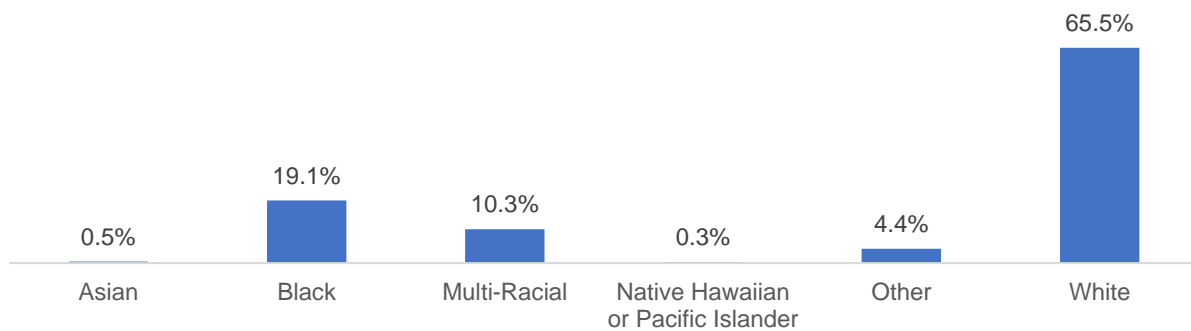
Source: CFCHS Individuals Served Data

Figure 362: Seminole County ME Homeless Individuals Served by Program and Gender



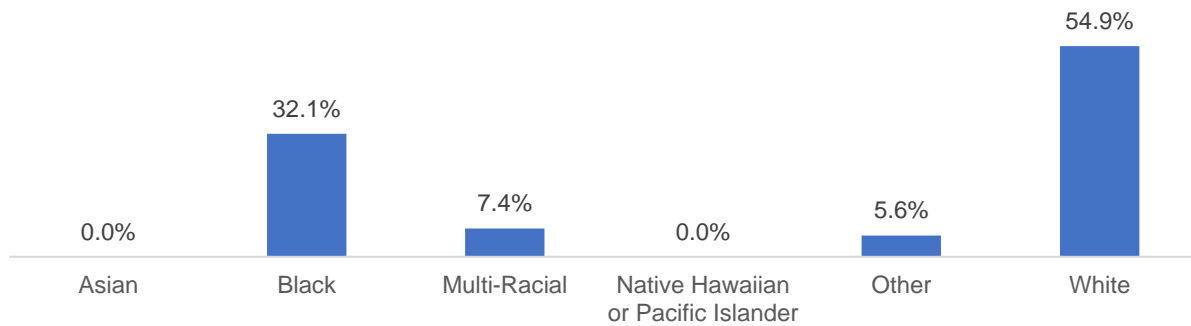
Source: CFCHS Individuals Served Data

Figure 363: Seminole County ME Individuals Served by Race



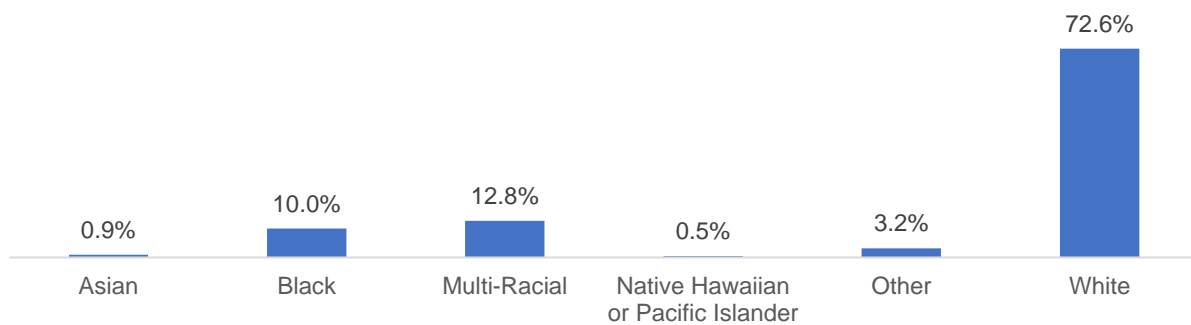
Source: CFCHS Individuals Served Data

Figure 364: Seminole County ME AMH Homeless Individuals Served by Race



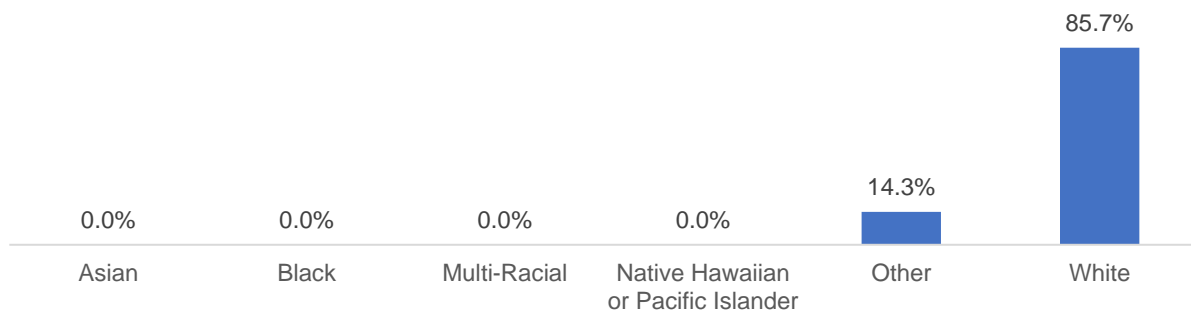
Source: CFCHS Individuals Served Data

Figure 365: Seminole County ME ASA Homeless Individuals Served by Race



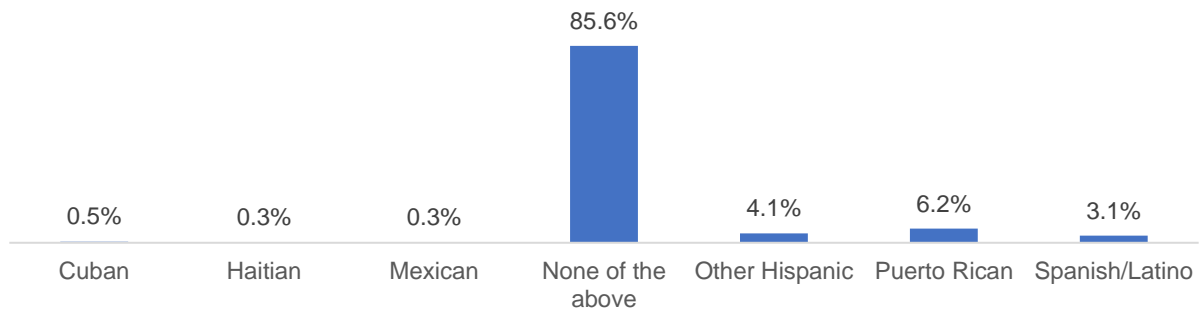
Source: CFCHS Individuals Served Data

Figure 366: Seminole County ME CSA Homeless Individuals Served by Race



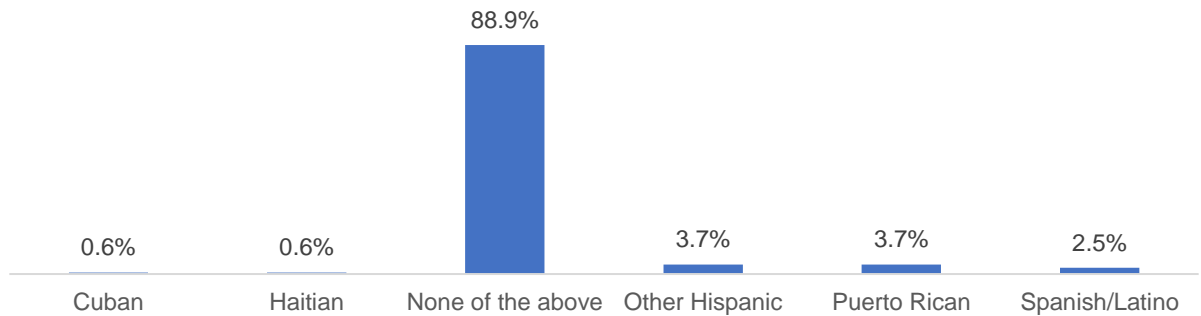
Source: CFCHS Individuals Served Data

Figure 367: Seminole County ME Homeless Individuals Served by Ethnicity



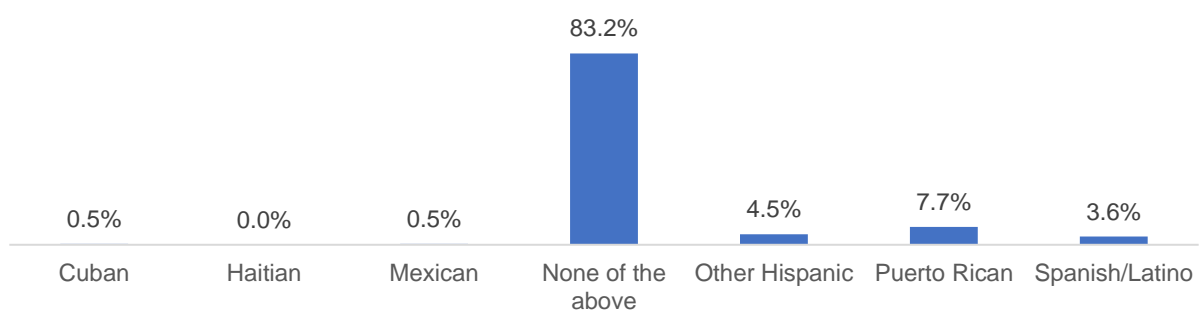
Source: CFCHS Individuals Served Data

Figure 368: Seminole County ME AMH Homeless Individuals Served by Ethnicity



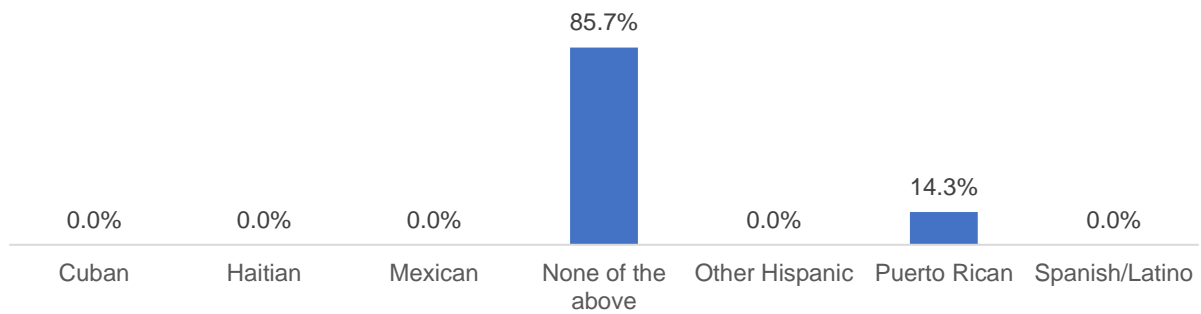
Source: CFCHS Individuals Served Data

Figure 369: Seminole County ME ASA Homeless Individuals Served by Ethnicity



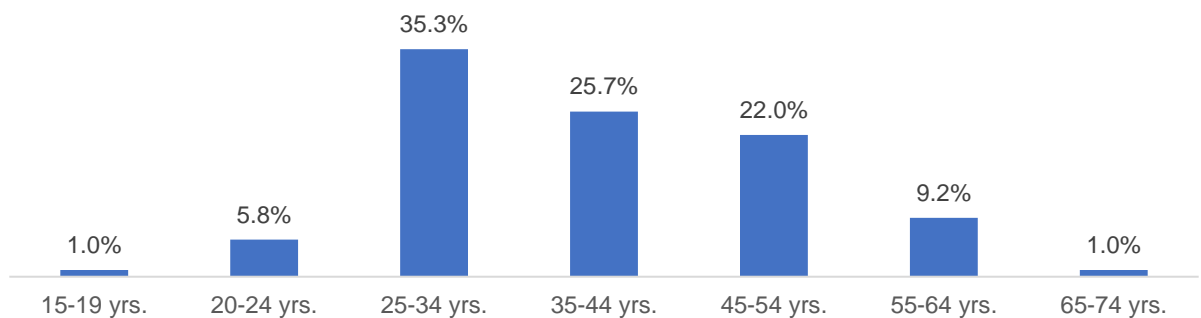
Source: CFCHS Individuals Served Data

Figure 370: Seminole County ME CSA Homeless Individuals Served by Ethnicity



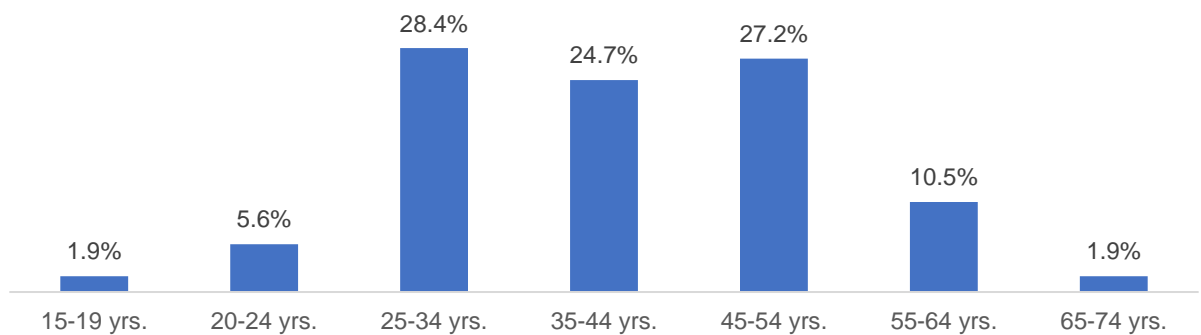
Source: CFCHS Individuals Served Data

Figure 371: Seminole County ME Homeless Individuals Served by Age Range



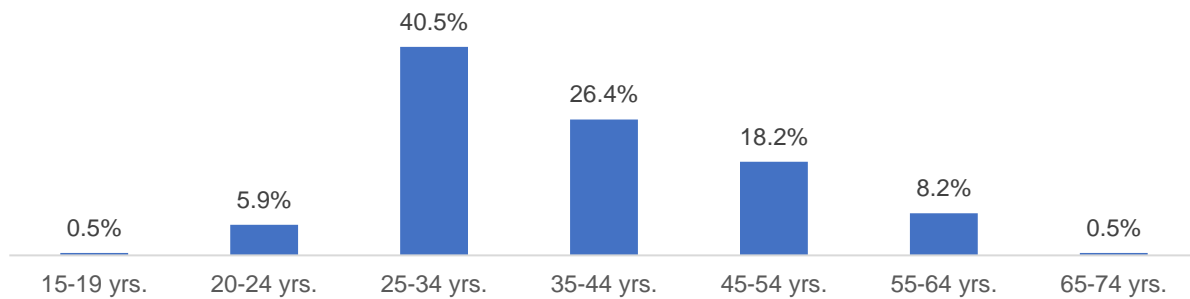
Source: CFCHS Individuals Served Data

Figure 372: Seminole County ME AMH Homeless Individuals Served by Age Range



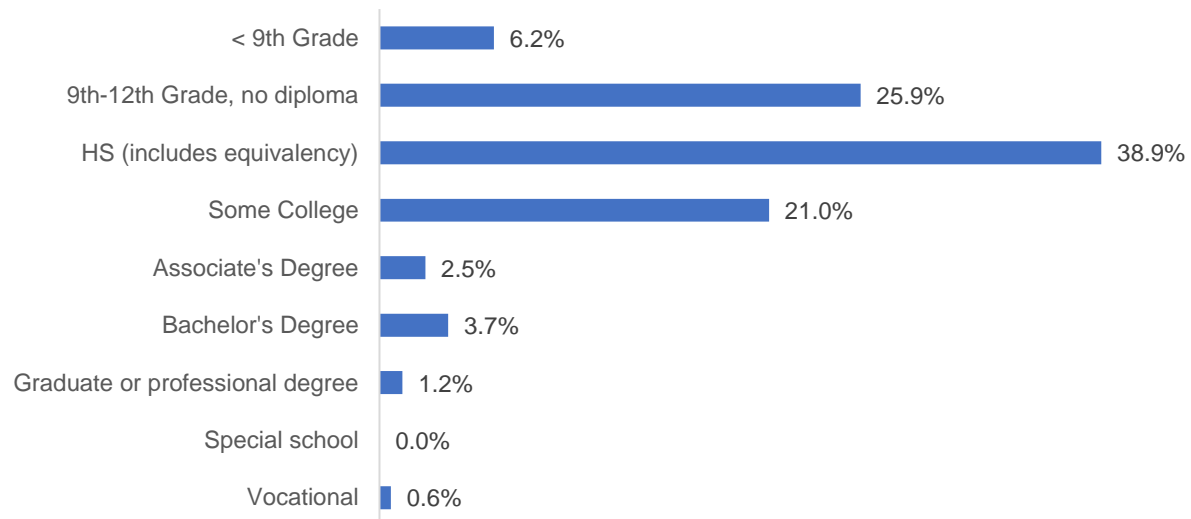
Source: CFCHS Individuals Served Data

Figure 373: Seminole County ME ASA Homeless Individuals Served by Age Range



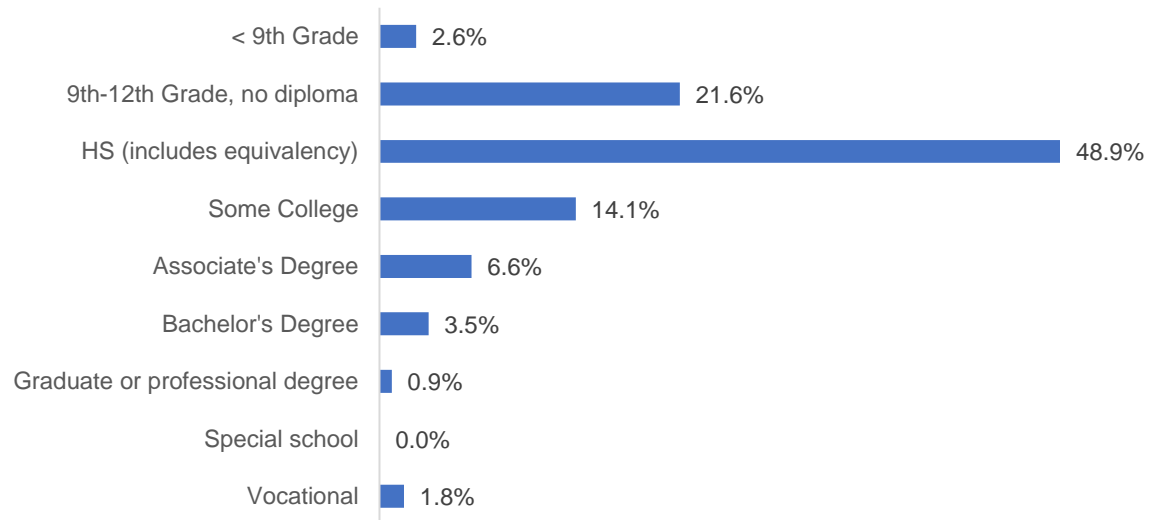
Source: CFCHS Individuals Served Data

Figure 374: Seminole County ME AMH Homeless Individuals Served by Educational Attainment



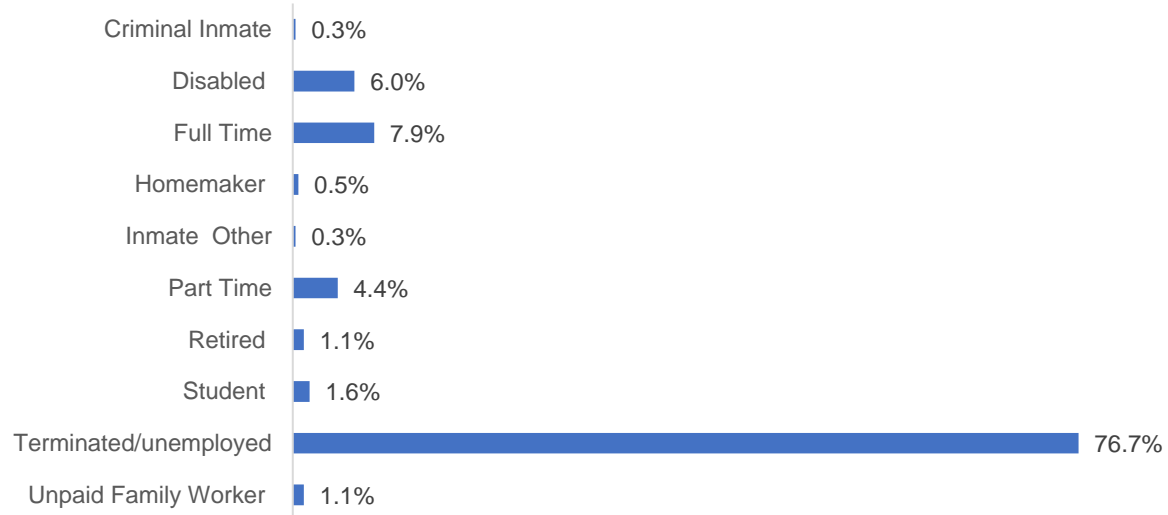
Source: CFCHS Individuals Served Data

Figure 375: Seminole County ME ASA Homeless Individuals Served by Educational Attainment



Source: CFCHS Individuals Served Data

Figure 376: Seminole County ME Homeless Individuals Served by Employment Status



Source: CFCHS Individuals Served Data



## Seminole County ME Cost Center Description, Expenditures and Over/Under Production

Figure 377: Seminole County Cost Center Description, Expenditures, and Over/Under Production – Adult Mental Health Program

### ADULT MENTAL HEALTH PROGRAM

| Cost Center Description       | Expenditures          | Over/Under Production |
|-------------------------------|-----------------------|-----------------------|
| Assessment                    | \$53,589.44           | \$43,656.42           |
| Case Management               | \$237,260.63          | -\$16,177.80          |
| Crisis Stabilization          | \$1,269,953.31        | \$881,434.48          |
| Crisis Support/Emergency      | \$941,603.98          | \$20,669.32           |
| Information and Referral      | \$0.00                | \$0.00                |
| In-Home and On-Site Services  | \$46,104.74           | \$57.28               |
| Inpatient                     | \$0.00                | \$0.00                |
| Intensive Case Management     | \$0.00                | \$0.00                |
| Intervention                  | \$0.00                | \$0.00                |
| Medical Services              | \$609,391.57          | \$177,222.30          |
| Mental Health Clubhouse       | \$252,376.91          | \$65,790.49           |
| Outpatient - Group            | \$176,047.82          | \$555.13              |
| Outpatient - Individual       | \$141,442.66          | \$614.33              |
| Outreach                      | \$469.46              | \$0.00                |
| Recovery Support - Group      | \$35.12               | \$0.00                |
| Recovery Support - Individual | \$0.00                | \$0.00                |
| Residential Level 2           | \$319,883.90          | \$3,783.83            |
| Residential Level 4           | \$0.00                | \$0.00                |
| Room & Board Level 2          | \$387,165.20          | \$7,717.01            |
| Room & Board Level 3          | \$0.00                | \$0.00                |
| Short-term Residential TX     | \$0.00                | \$0.00                |
| Supported Housing/Living      | \$0.00                | \$0.00                |
| <b>TOTAL</b>                  | <b>\$4,435,324.75</b> | <b>\$1,185,322.79</b> |

Source: CFCHS Program Data

Figure 378: Seminole County Cost Center Description, Expenditures, and Over/Under Production – Adult Substance Abuse Program

**ADULT SUBSTANCE ABUSE PROGRAM**

| Cost Center Description        | Expenditures          | Over/Under Production |
|--------------------------------|-----------------------|-----------------------|
| Assessment                     | \$6,241.36            | \$0.00                |
| Case Management                | \$0.00                | \$0.00                |
| Crisis Support/Emergency       | \$264,842.32          | \$0.04                |
| Day Treatment (Day/Night)      | \$0.00                | \$0.00                |
| In-Home and On-Site Services   | \$0.00                | \$0.00                |
| Intervention                   | \$34,384.38           | -\$2,725.22           |
| Intervention - Group           | \$11,731.41           | \$0.01                |
| Medical Services               | \$0.00                | \$0.00                |
| Methadone Maintenance          | \$0.00                | \$0.00                |
| Outpatient - Group             | \$26,630.70           | \$980.31              |
| Outpatient - Individual        | \$30,471.95           | \$331.29              |
| Outreach                       | \$66,658.74           | \$0.00                |
| Recovery Support - Group       | \$0.00                | \$0.00                |
| Recovery Support - Individual  | \$12,992.33           | \$0.01                |
| Residential Level 1            | \$0.00                | \$0.00                |
| Residential Level 2            | \$1,758,717.49        | \$145,822.88          |
| Residential Level 3            | \$42,822.45           | \$39.00               |
| Residential Level 4            | \$0.00                | \$0.00                |
| Room & Board Level 2           | \$146,161.48          | \$0.00                |
| Substance Abuse Detoxification | \$27,070.74           | \$129.17              |
| Supported Housing/Living       | \$0.00                | \$0.00                |
| TASC                           | \$0.00                | \$0.00                |
| <b>TOTAL</b>                   | <b>\$2,428,725.36</b> | <b>\$144,577.49</b>   |

Source: CFCHS Program Data

Figure 379: Seminole County Cost Center Description, Expenditures, and Over/Under Production – Child Mental Health Program

| CHILD SUBSTANCE ABUSE PROGRAM |                    |                       |
|-------------------------------|--------------------|-----------------------|
| Cost Center Description       | Expenditures       | Over/Under Production |
| Assessment                    | \$138.63           | \$1.09                |
| Case Management               | \$0.00             | \$0.00                |
| Crisis Stabilization          | \$0.00             | \$0.00                |
| Crisis Support/Emergency      | \$1,406.36         | \$0.00                |
| Information and Referral      | \$0.00             | \$0.00                |
| In-Home and On-Site Services  | \$243.20           | \$10.41               |
| Intervention                  | \$0.00             | \$0.00                |
| Medical Services              | \$3,215.02         | \$51.96               |
| Outpatient - Group            | \$0.00             | \$0.00                |
| Outpatient - Individual       | \$15,961.89        | \$2,447.11            |
| Outreach                      | \$2,062.81         | \$0.00                |
| Residential Level 1           | \$0.00             | \$0.00                |
| Respite Services              | \$0.00             | \$0.00                |
| Room & Board Level 2          | \$0.00             | \$0.00                |
| <b>TOTAL</b>                  | <b>\$23,027.92</b> | <b>\$2,510.57</b>     |

Source: CFCHS Program Data

Figure 380: Seminole County Cost Center Description, Expenditures, and Over/Under Production – Child Substance Abuse Program

| CHILD SUBSTANCE ABUSE PROGRAM  |                     |                       |
|--------------------------------|---------------------|-----------------------|
| Cost Center Description        | Expenditures        | Over/Under Production |
| Assessment                     | \$74.02             | \$0.00                |
| Crisis Support/Emergency       | \$0.00              | \$0.00                |
| Intervention                   | \$12,355.07         | \$0.00                |
| Intervention - Group           | \$125.79            | \$0.00                |
| Medical Services               | \$2,053.74          | \$0.00                |
| Outpatient - Individual        | \$0.00              | \$0.00                |
| Residential Level 2            | \$297,945.20        | \$1,257.00            |
| Substance Abuse Detoxification | \$0.00              | \$0.00                |
| TASC                           | \$0.00              | \$0.00                |
| <b>TOTAL</b>                   | <b>\$312,553.82</b> | <b>\$1,257.00</b>     |

Source: CFCHS Program Data

Figure 381: Seminole County Cost Center Description, Expenditures, and Over/Under Production – All Programs

| SEMINOLE COUNTY – All Programs |                       |                       |
|--------------------------------|-----------------------|-----------------------|
| Cost Center Description        | Expenditures          | Over/Under Production |
| Assessment                     | \$60,043.45           | \$43,657.51           |
| Case Management                | \$237,260.63          | -\$16,177.80          |
| Crisis Stabilization           | \$1,269,953.31        | \$881,434.48          |
| Crisis Support/Emergency       | \$1,207,852.66        | \$20,669.36           |
| Day Treatment (Day/Night)      | \$0.00                | \$0.00                |
| Information and Referral       | \$0.00                | \$0.00                |
| In-Home and On-Site Services   | \$46,347.95           | \$67.69               |
| Inpatient                      | \$0.00                | \$0.00                |
| Intensive Case Management      | \$0.00                | \$0.00                |
| Intervention                   | \$46,739.45           | -\$2,725.22           |
| Intervention - Group           | \$11,857.20           | \$0.01                |
| Medical Services               | \$614,660.34          | \$177,274.26          |
| Mental Health Clubhouse        | \$252,376.91          | \$65,790.49           |
| Methadone Maintenance          | \$0.00                | \$0.00                |
| Outpatient - Group             | \$202,678.52          | \$1,535.44            |
| Outpatient - Individual        | \$187,876.50          | \$3,392.74            |
| Outreach                       | \$69,191.01           | \$0.00                |
| Recovery Support - Group       | \$35.12               | \$0.00                |
| Recovery Support - Individual  | \$12,992.33           | \$0.01                |
| Residential Level 1            | \$0.00                | \$0.00                |
| Residential Level 2            | \$2,376,546.59        | \$150,863.71          |
| Residential Level 3            | \$42,822.45           | \$39.00               |
| Residential Level 4            | \$0.00                | \$0.00                |
| Respite Services               | \$0.00                | \$0.00                |
| Room & Board Level 2           | \$533,326.68          | \$7,717.01            |
| Room & Board Level 3           | \$0.00                | \$0.00                |
| Short-term Residential TX      | \$0.00                | \$0.00                |
| Substance Abuse Detoxification | \$27,070.74           | \$129.17              |
| Supported Housing/Living       | \$0.00                | \$0.00                |
| TASC                           | \$0.00                | \$0.00                |
| <b>TOTAL</b>                   | <b>\$7,199,631.84</b> | <b>\$1,333,667.85</b> |

Source: CFCHS Program Data

## Individuals Served Survey by County – Summary

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The Individuals Served Survey was released during the first week of January 2020 and was in the field for 5 weeks. This survey was made available through an electronic link and QR code that could be emailed, texted, printed, or posted to social media. The survey instrument was translated into three languages: English, Spanish, and Creole. The goal of the survey was to measure experiences, awareness, and coordination of behavioral health care services.

Most individuals served were adults receiving services or a parent of a child receiving services. The percentages of respondents who were adults receiving services ranged from 40.2% in Brevard County to 55.8% in Osceola County. Percentages of parent respondents ranged from 44% in Seminole County to 48.3% in Brevard County.

Most respondents received mental health services for themselves or for their child. Among adult respondents in the four counties, 43% were from Orange County, 41.1% from Osceola County, 35.9% from Seminole County, and 31.9% from Brevard County. Among parent respondents, 48.9% resided in Brevard County, 41.3% in Seminole County, 36.6% in Orange County and 25% were from Osceola County.

Orange County has the highest percentage of responses from individuals served at 32.1%, followed by 25.6% in Osceola, 22.7% in Brevard County, and 19.6% in Seminole County.

Most respondents knew where to go to get the services they needed. In Osceola County, 80.6% of respondents knew where to go, with the remaining 13.3% not knowing where to go, and 6.1% sometimes knowing where to go. In Orange County, 62% knew where to go for services while 19.8% did not, and 18.2% did sometimes. Three-quarters of Brevard County individuals served knew where to go for services, while 14.9% did not, and 9.2% did on some occasions. Although 62.7% of individuals served in Seminole County knew where to go to get services, 22.7% did not. This was the highest percentage of those not knowing where to go in the four-county service area. An additional 14.7% knew where to go sometimes.

When asked how they learned about where to go for services, most individuals served found out from family members/friends or by word of mouth. Learning from family/friends ranged from 35.2% in Osceola County to 17.7% in Brevard County. Individuals served who found out through word of mouth was highest in Brevard County at 18.6% and lowest in Seminole County at 9.6%. Respondents were offered the option of other in which they were able to write in a response. The other category included, Baker Act/overdose, foster care, Healthy Start, online research, physician, insurance company, hospital, social worker or case worker, and specific organizations.

Awareness of the 2-1-1 Information and Referral Resource was measured by the survey instrument. More than 50% of individuals served were aware of the 2-1-1 resource. In Brevard County, 70.6% of individuals served knew of 2-1-1 along with 66.7% of those in Seminole County.

In Orange and Osceola County, awareness of the 2-1-1 resource was 56.7%, and 57.3%, respectively. The percentages of those individuals served who were aware and did contact 2-1-1, ranged from 36.8% in Osceola County to 41.7% in Seminole County. The majority of those who called the 2-1-1 resource in Orange (53.8%), and Osceola (62.5%) counties, found it helpful. In Brevard and Seminole counties, only 45% of individuals found it helpful. In Seminole County, 50% of individuals served found it helpful sometimes.

The percentages of individuals served who were able to get needed services when they needed them, ranged from 68% in Seminole County to 88.8% in Osceola County. Seminole County individuals served had the highest percentage of those not getting the services they needed when they needed them at 32%.

Housing assistance was the number one service that individuals served needed but were not able to get. Crisis stabilization, residential treatment programs, outreach support and after care/follow up were the top five needs in the service area.

- Brevard – Housing Assistance (11.1%), Crisis stabilization (9.3%), and Residential Treatment Program (9.3%)
- Orange County – Housing Assistance (15.9%), Crisis Stabilization (9.5%), and Assessment (7.9%), and Outreach Support (7.9%)
- Osceola County – Housing Assistance (8.8%) and Alternative Services (8.8%), Inpatient (7%), Outpatient (7%), and Residential Treatment Program (7%)
- Seminole County – Aftercare/follow-up (11.2%), Crisis Stabilization (10.3%), and Housing Assistance (6.9%)

When individuals served were asked for the number of times during the past 12 months, when they were not able to get the services they needed, those needing services on one to two times ranged from 4.1% in Osceola County to 6.7% in Seminole County. The percentages were similar for those unable to get services on three to four times during the past year. For those unable to get services on five or more times, the percentages for Brevard, Orange, and Seminole counties were higher when compared to Osceola County. These ranged from 9.2% in Brevard to 16% in Seminole County. In Osceola County, only 4.1% of individuals served were unable to get services on five or more times. Those who received services ranged from 70.7% in Seminole County to 89.8% in Osceola County.

The percentages of individuals served reporting a waitlist to receive services ranged from 13.1% in Orange County to 21.3% in Seminole County. An average of 13.2% of individuals served in the four-county service area revealed that the services they needed were not available.

Most individuals served agreed or strongly agreed that the services they received were focused on their treatment needs with percentages ranging from 62.7% in Seminole County to 71.3% in Osceola County. The highest percentages of individuals served who strongly disagreed that

services were focused on their treatment needs were among those in Osceola and Seminole counties at 16%.

On average, 50% of individuals served received an appointment in 1 to 2 weeks. Those waiting 3 to 4 weeks ranged from 14.3% in Osceola County to 23% in Brevard County. In Seminole County, individuals served who waited over 2 months for an appointment accounted for 12%. In Brevard County, 13.8% of individuals served never received an appointment.

Drive times for individuals served varied by county as 60% of those in Seminole County revealed up to a 15-minute travel time, while only 43.9% of those in Osceola County had the same drive time. The percentage of those traveling 16 to 30 minutes to services was highest in Osceola County at 27.6% and lowest in Seminole County at 12%. More individuals served in Osceola County, at 13.3%, reporting driving more than an hour to get services when compared to other counties in the service area where percentages ranged from 4.7% in Orange County to 9.3% in Seminole County. Most individuals served drove themselves or had a family member or friend drive them to get services. These modes of transportation accounted for 58.1% of those in Orange County to 66.7% of those living in Seminole County. In Brevard and Osceola counties, 61% of those drove themselves or were driven by family or friend to get services. Medicaid or Medicare transportation was used by only 2% of individuals served in Brevard County, but 8.7% of those in Osceola County. Only 2.4% of individuals served in Seminole County used the public bus system, while 8.1% used this transportation in Orange County.

Although more than one-third of individuals served did not have any barriers to getting the care they needed, other obstacles were encountered. One of the most prevalent barriers in all four counties was long waitlists, not knowing where to go, and affordability. In some counties, the services were not available in the county where the individual lived.

## Individuals Served Survey Charts

Figure 382: Which best describes you?

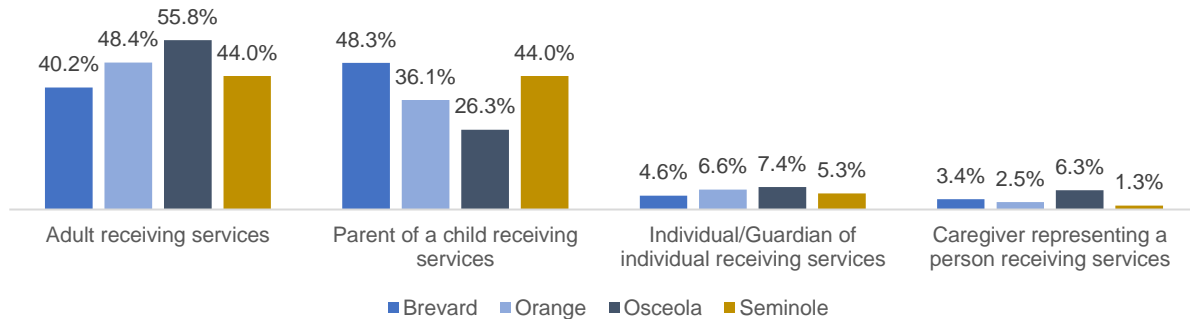


Figure 383: What type of service did you or the person you are representing receive?

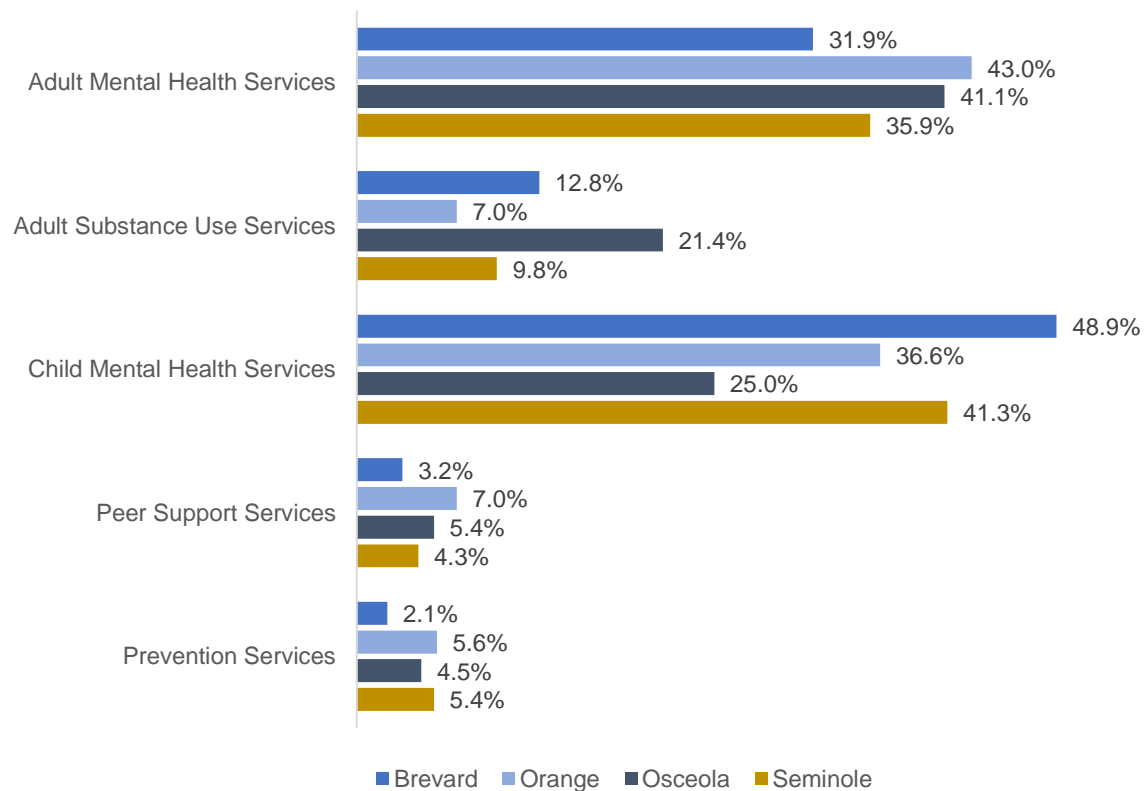




Figure 384: Which county do you live in?

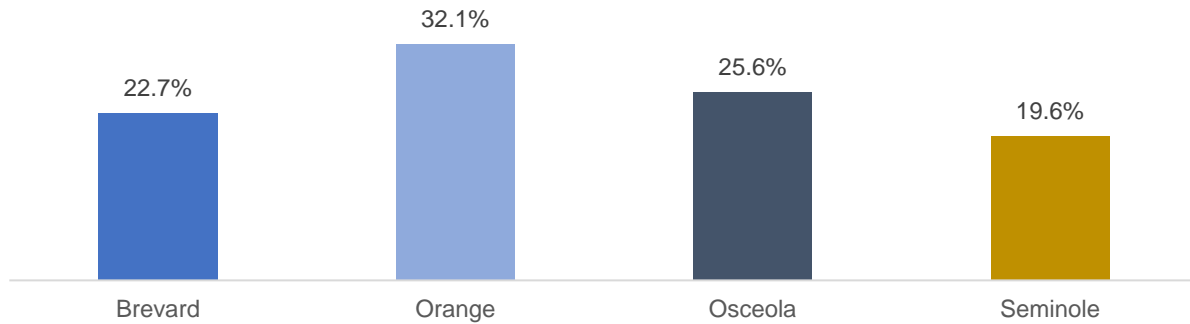


Figure 385: Did you know where to go for mental health and substance use treatment services when you needed them?

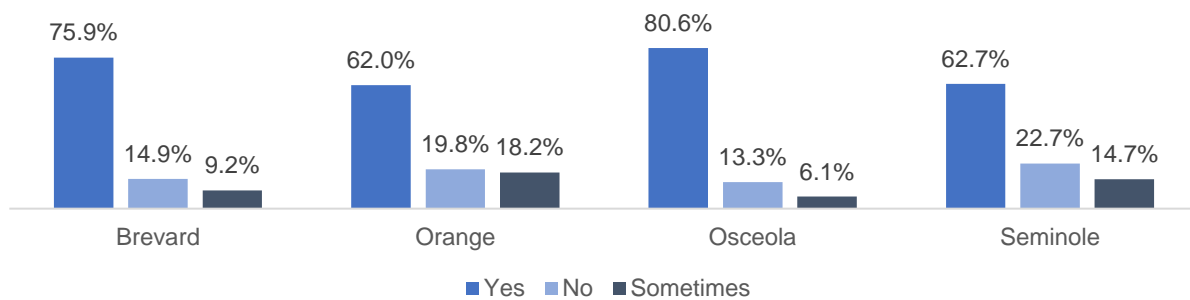


Figure 386: Brevard County – How did you learn about mental health and substance use treatment services when you needed them?

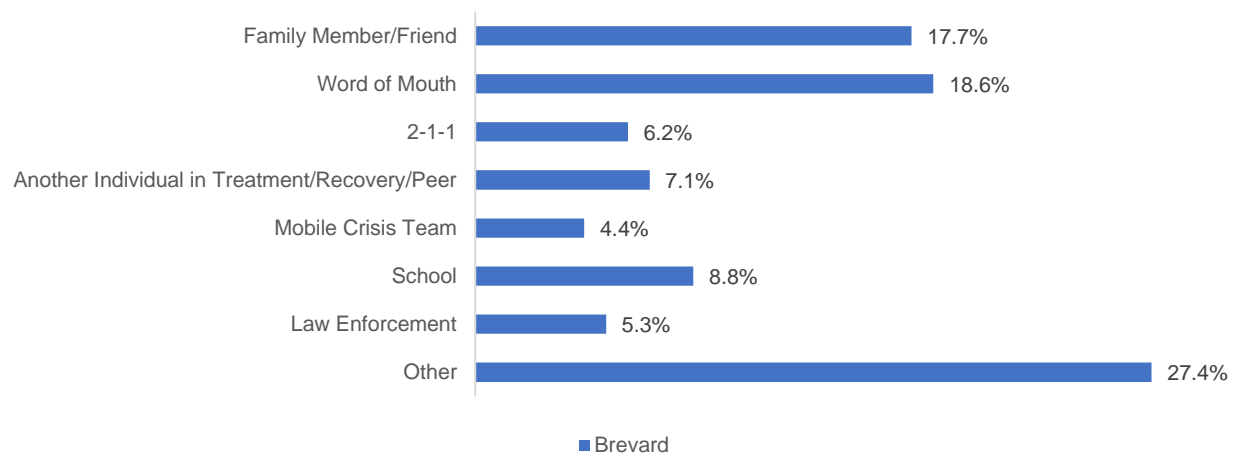


Figure 387: Orange County – How did you learn about mental health and substance use treatment services when you needed them?

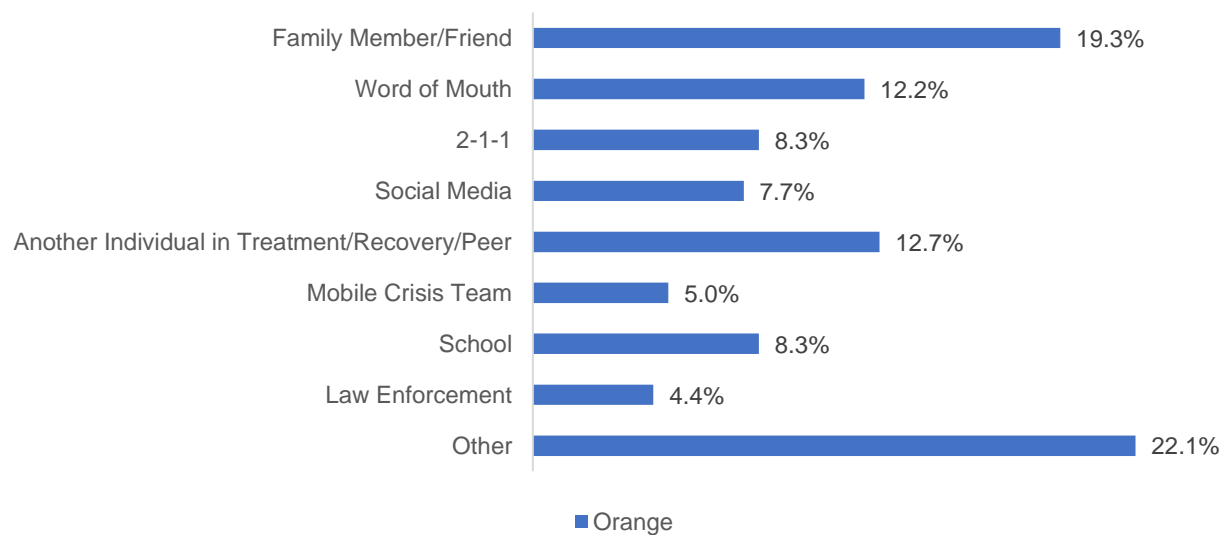


Figure 388: Osceola County – How did you learn about mental health and substance use treatment services when you needed them?

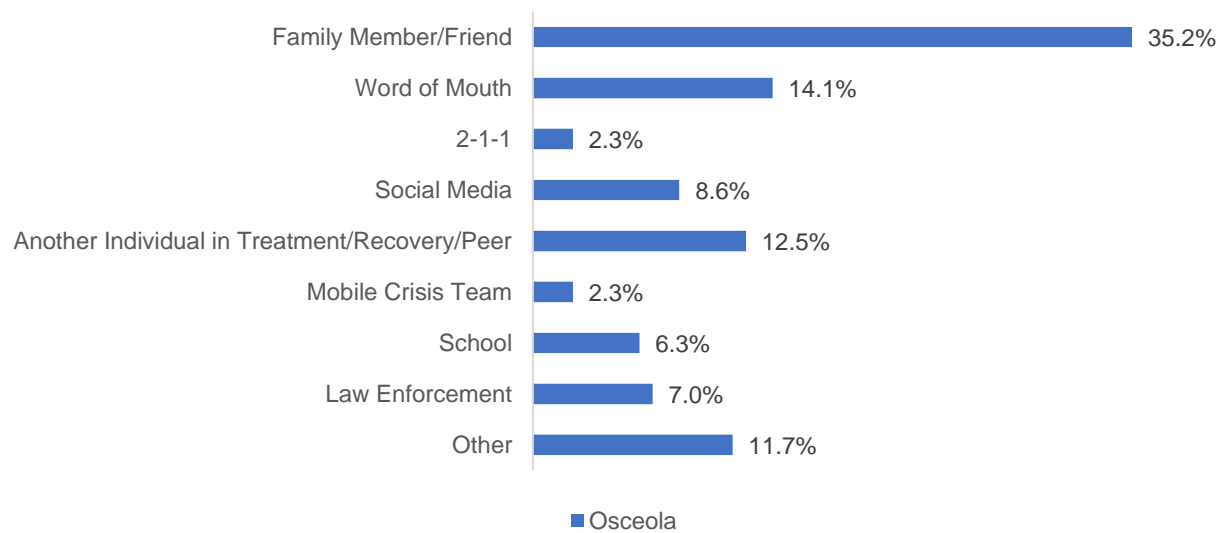


Figure 389: Seminole County – How did you learn about mental health and substance use treatment services when you needed them?

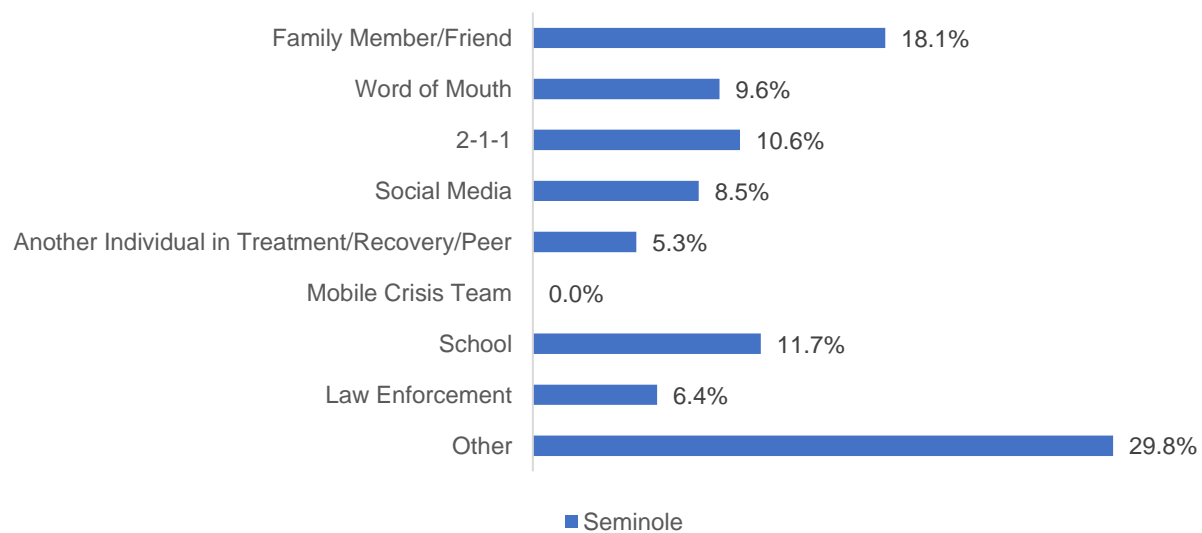


Figure 390: Are you aware of the 2-1-1 Information and Referral Resource in your community?

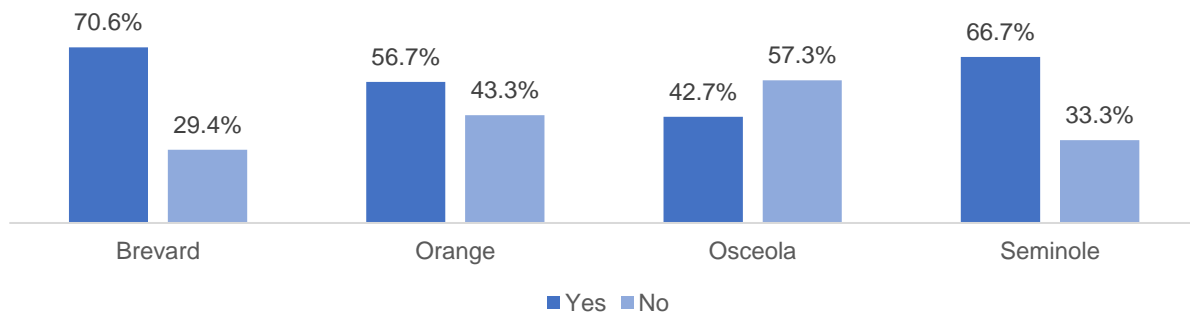


Figure 391: Have you ever called the 2-1-1 Information and Referral Resource for assistance?

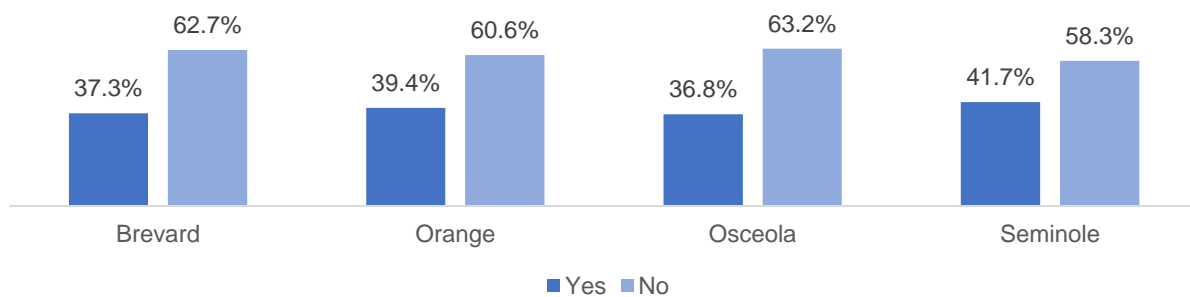


Figure 392: When you call the 2-1-1 Information and Referral Resource, were they helpful in getting you the services you needed?

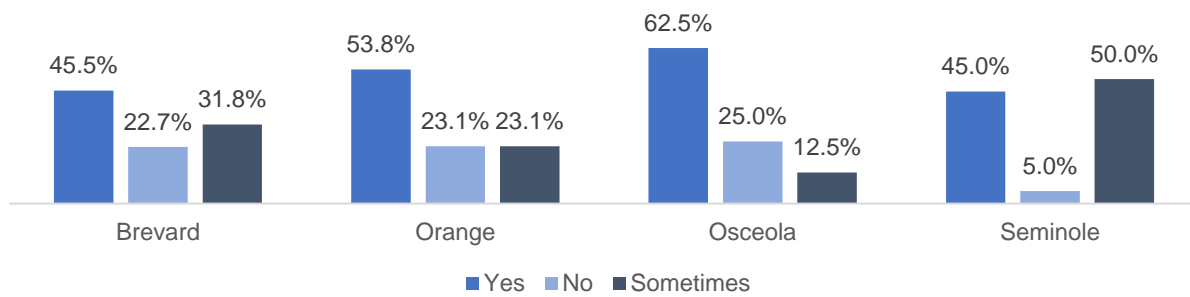


Figure 393: Were you able to get all the services you needed when you needed them?

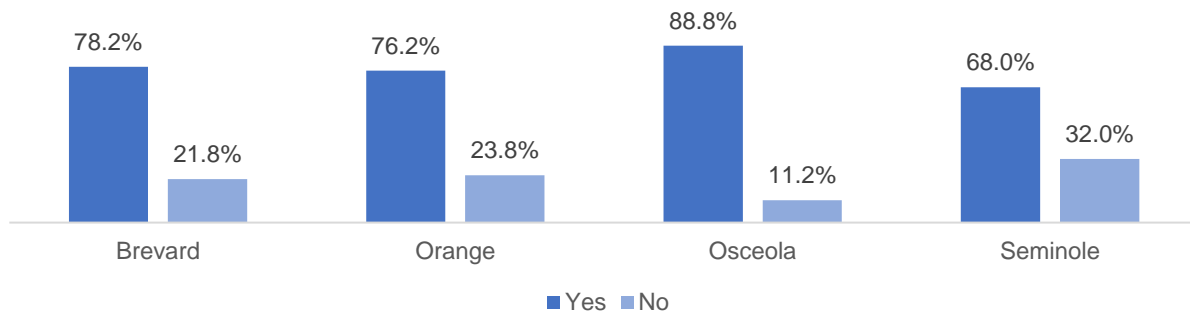


Figure 394: Brevard County – If not, please choose from the list below the services you needed but were not able to get.

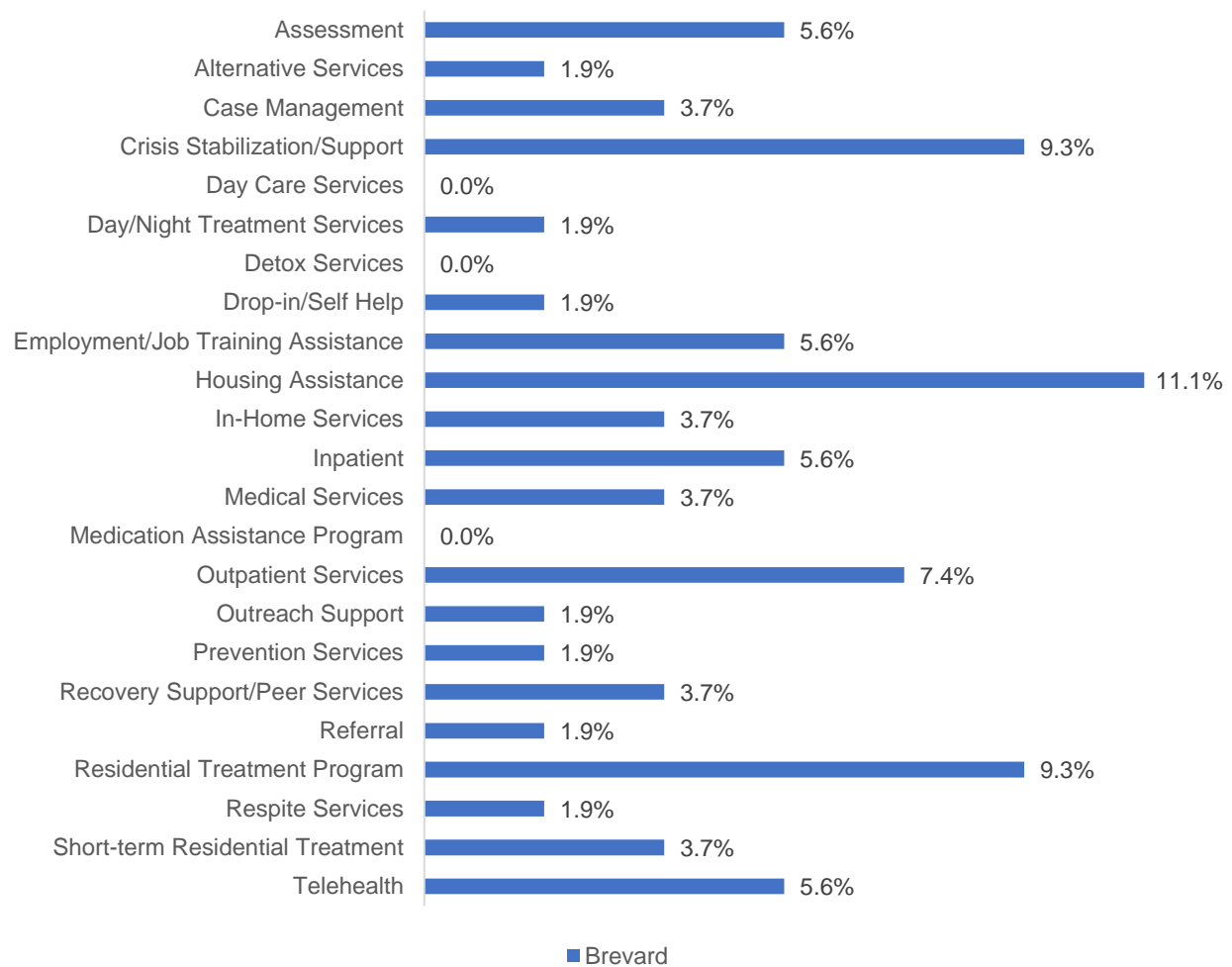


Figure 395: Orange County – If not, please choose from the list below the services you needed but were not able to get.

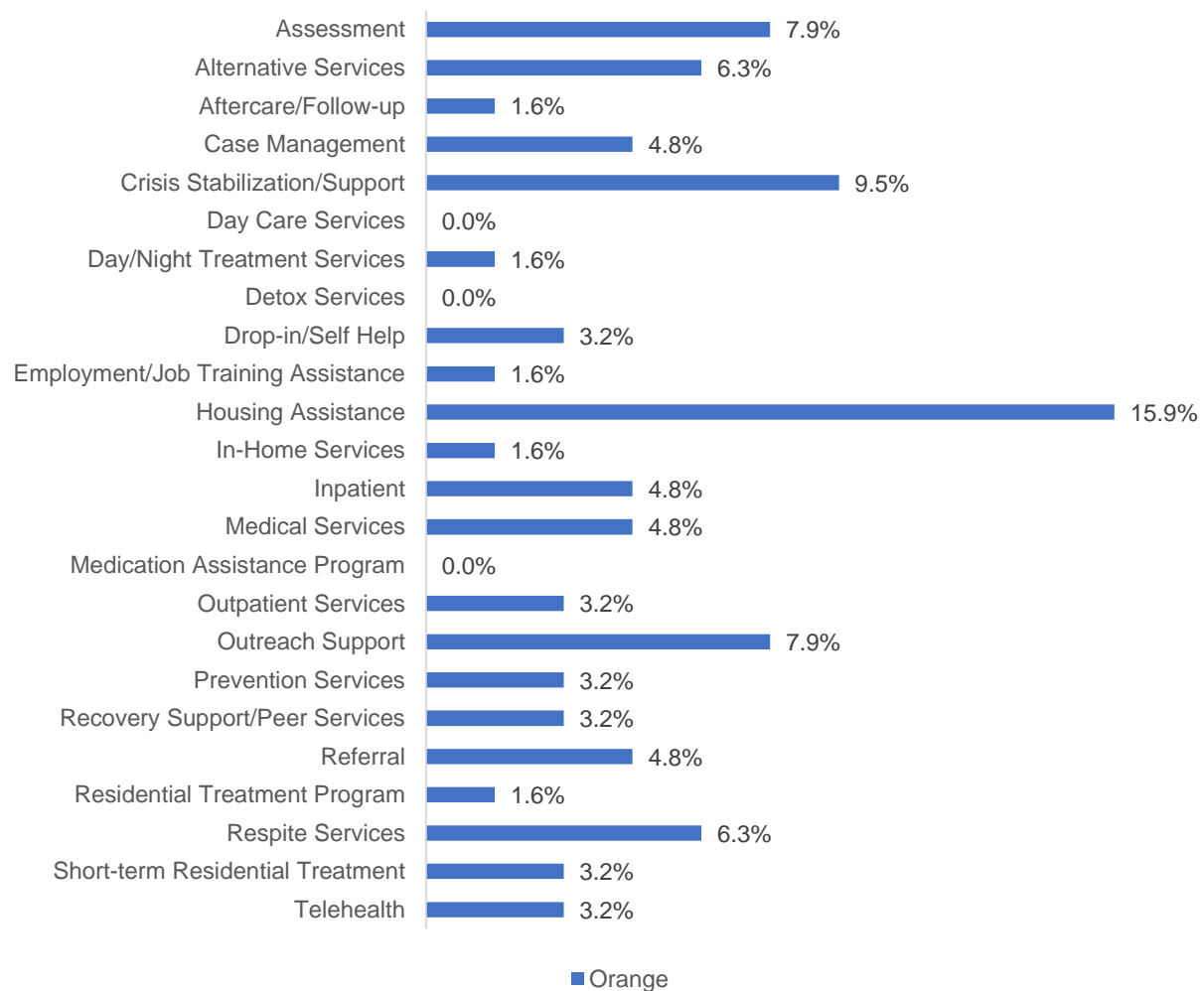


Figure 396: Osceola County – If not, please choose from the list below the services you needed but were not able to get.

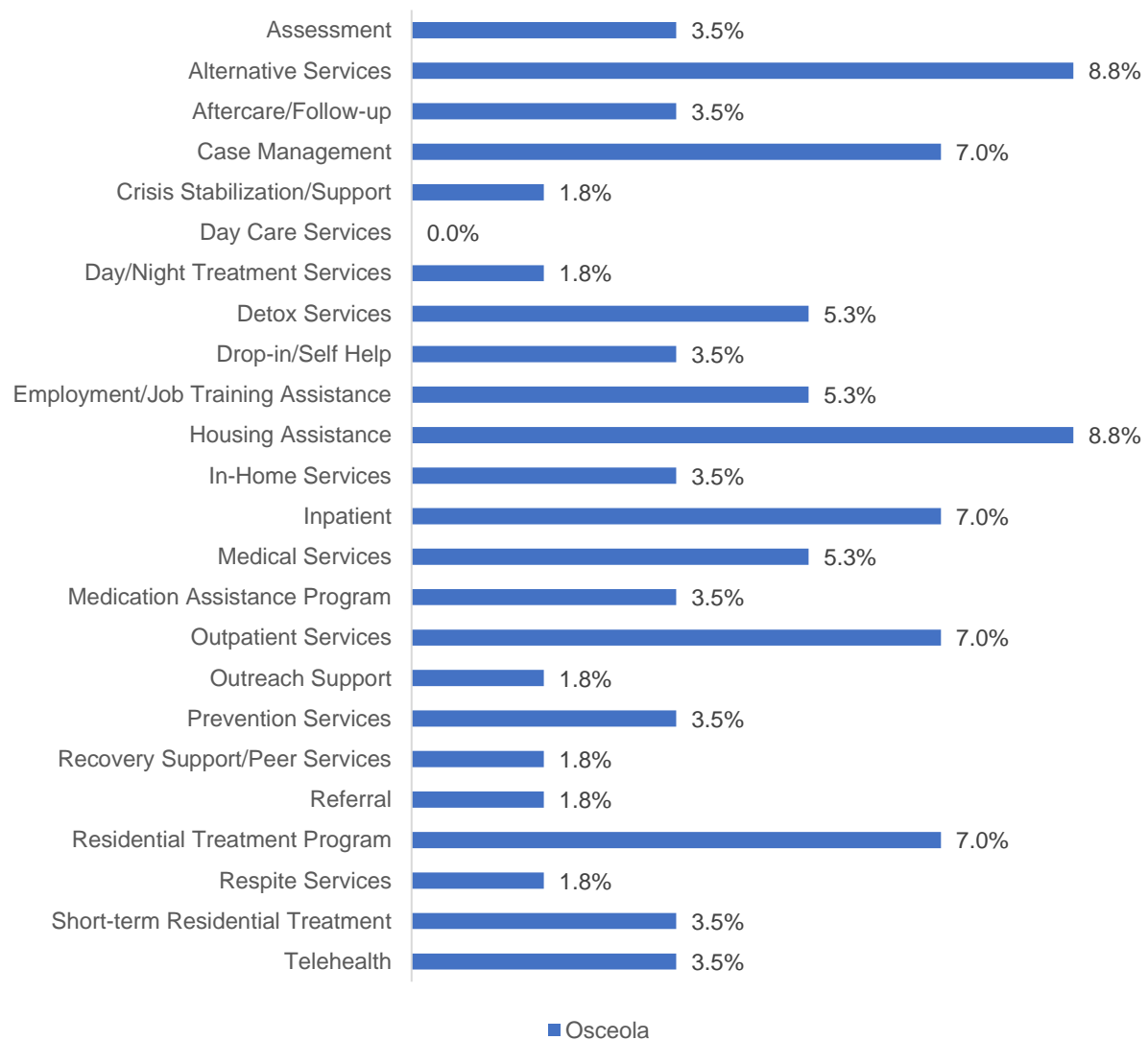


Figure 397: Seminole County – If not, please choose from the list below the services you needed but were not able to get.

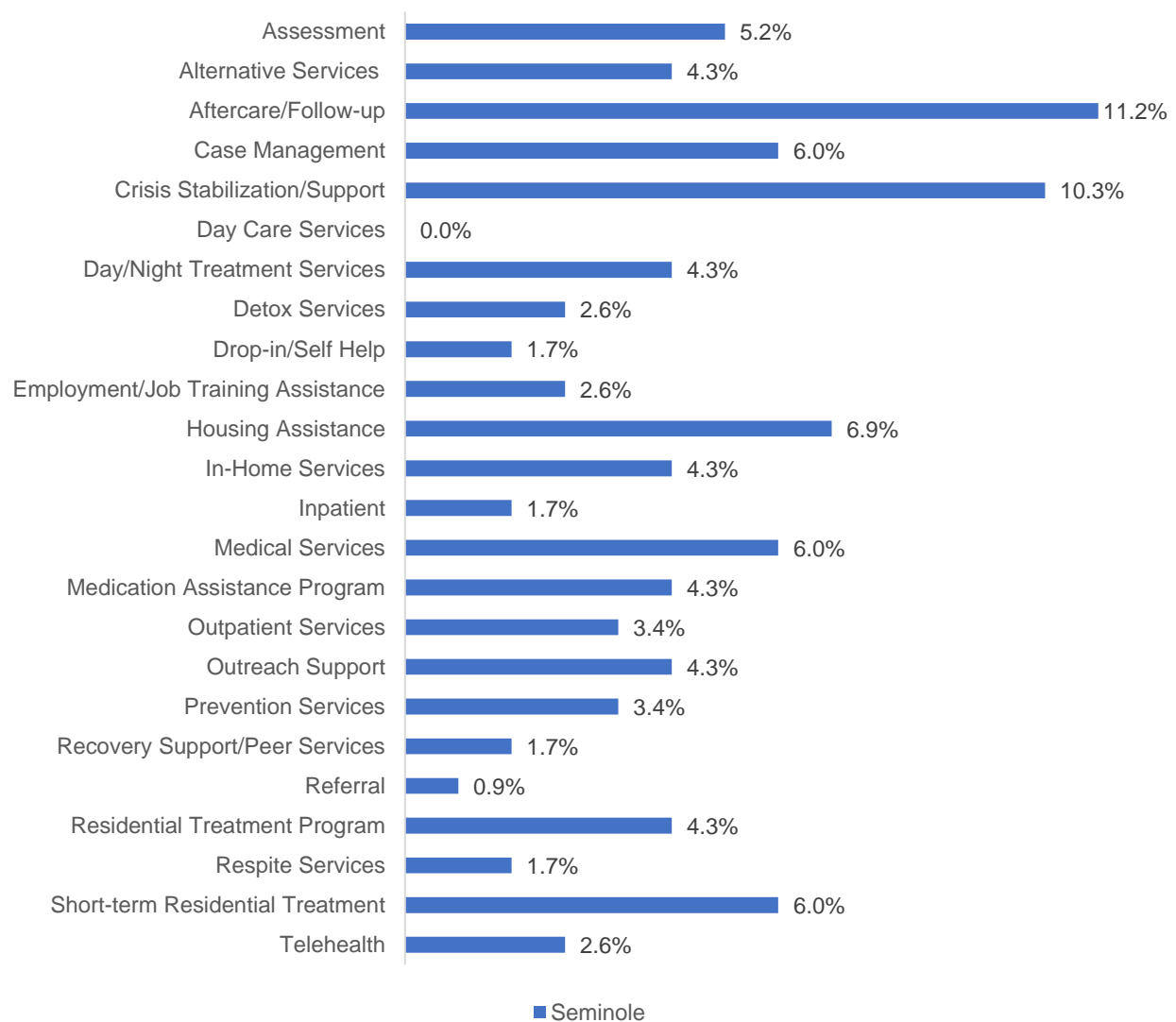


Figure 398: How many times during the last 12 months were you not able to get the services you needed?

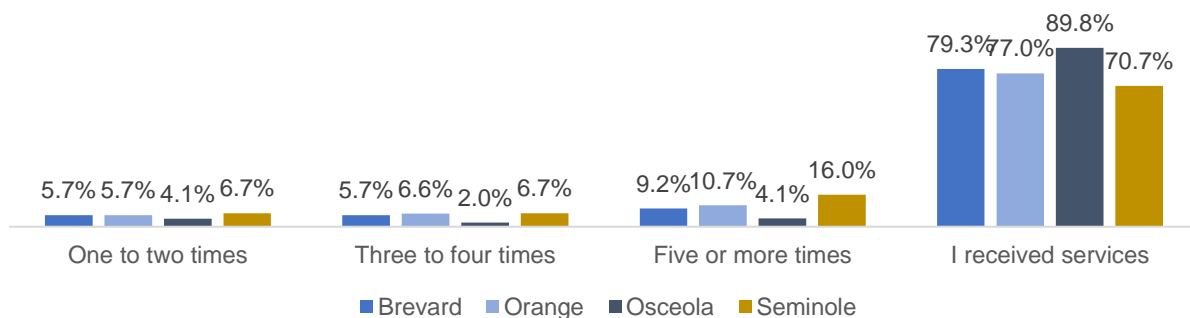




Figure 399: The services I needed were:

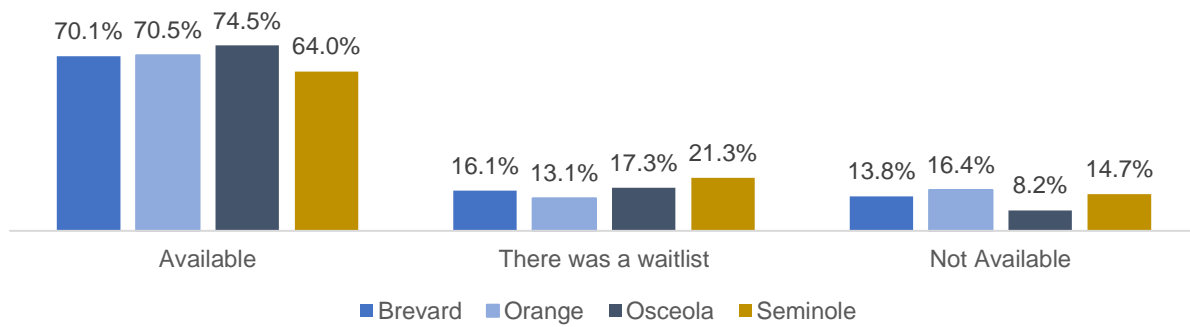


Figure 400: The services and planning I received were focused on my treatment needs (patient centered).

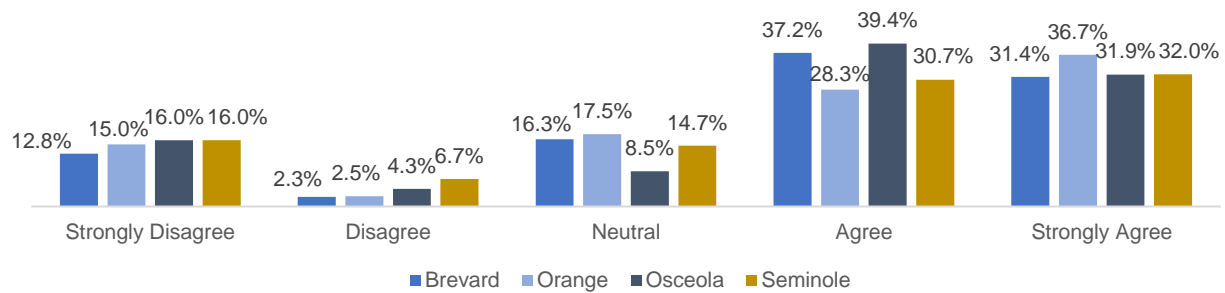


Figure 401: How long did it take from the time you requested an appointment for services to the time you received the services?

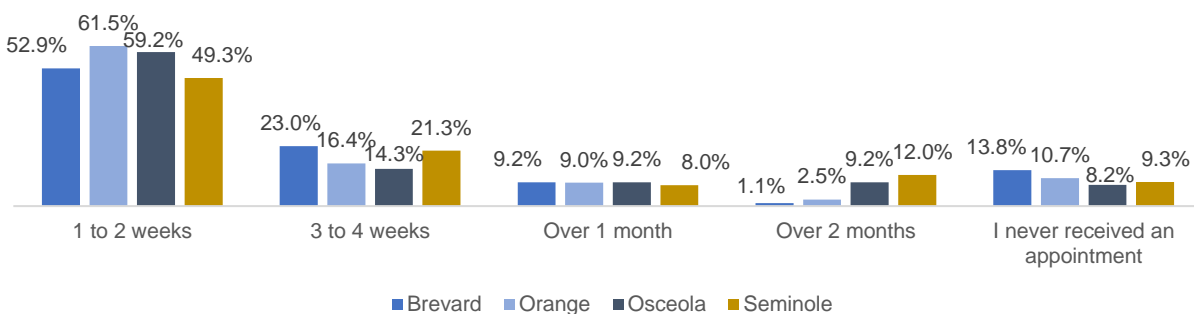


Figure 402: How long did it take to travel to the service?

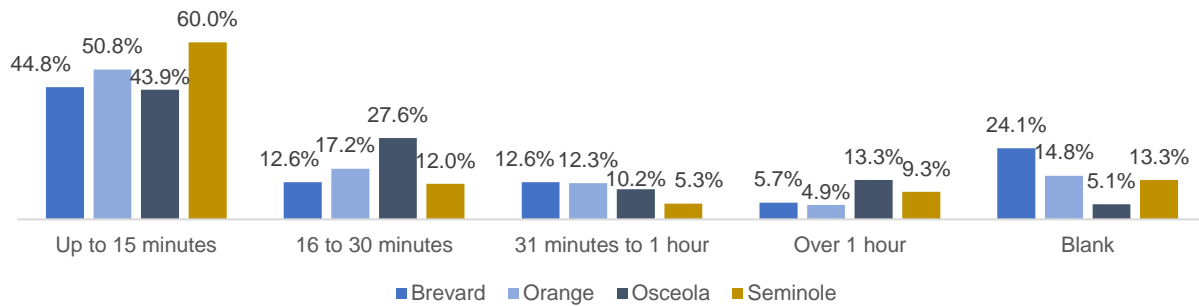


Figure 403: How do you travel to get services?

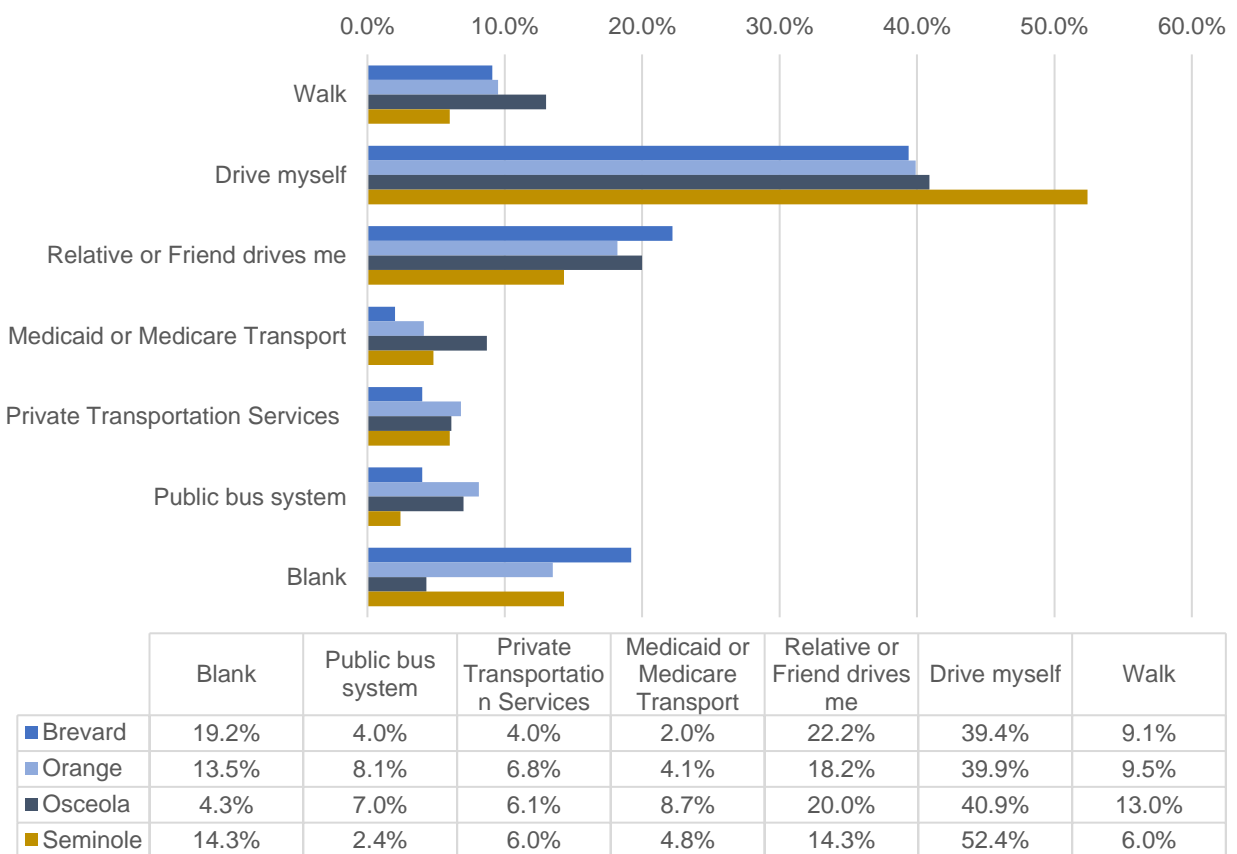


Figure 404: Brevard County – What were the obstacles you experienced getting the care you needed?

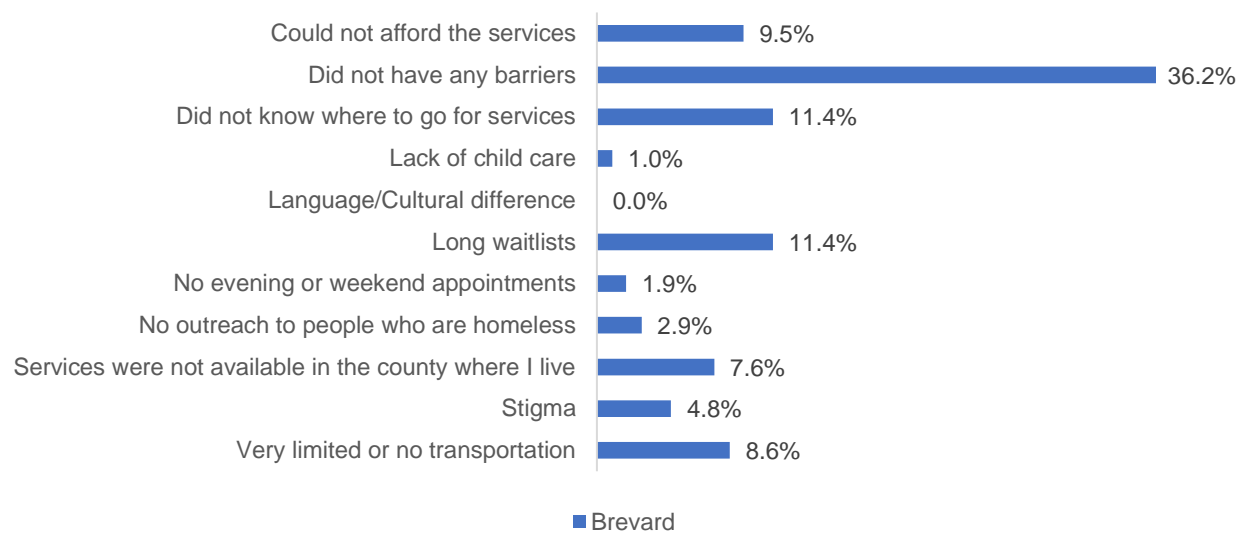


Figure 405: Orange County – What were the obstacles you experienced getting the care you needed?

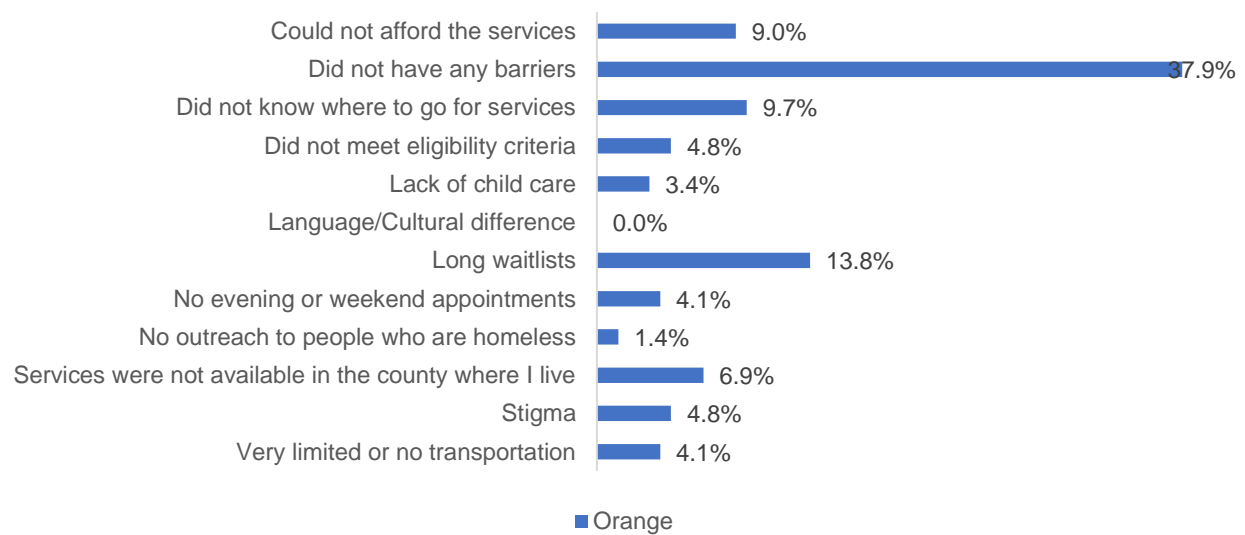


Figure 406: Osceola County – What were the obstacles you experienced getting the care you needed?

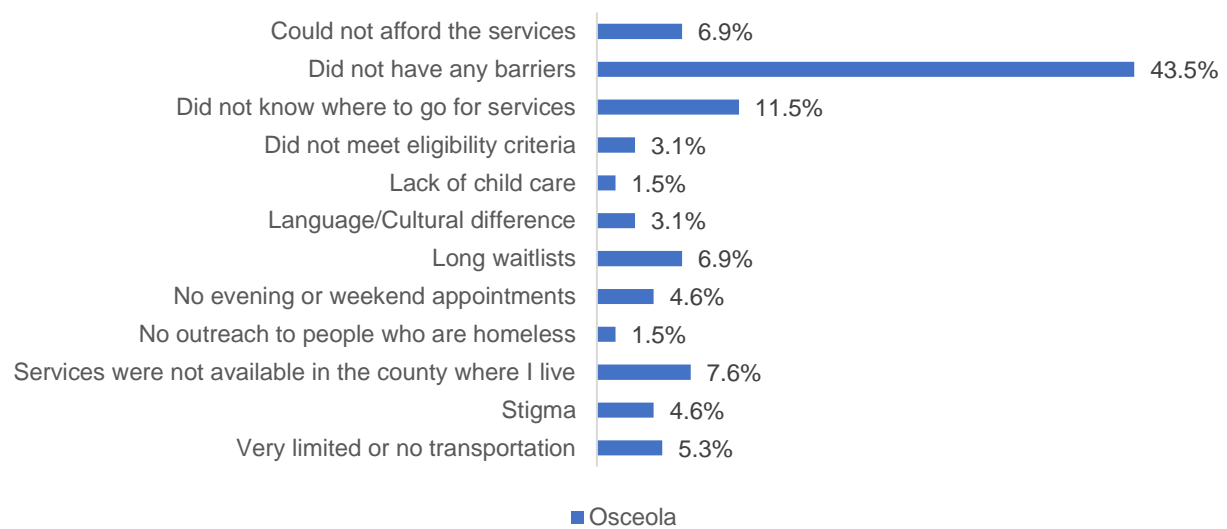
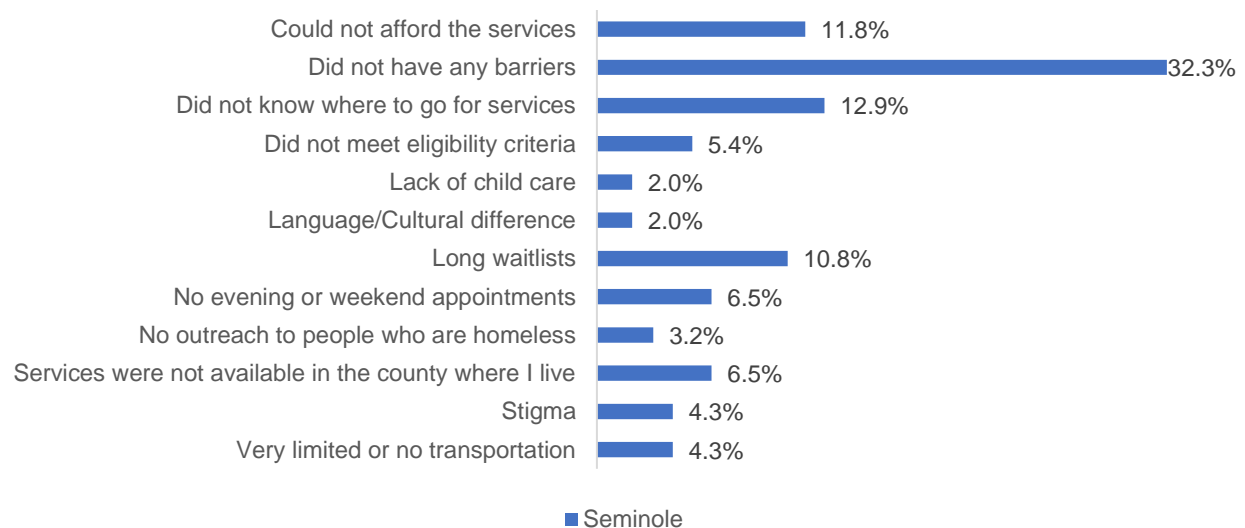


Figure 407: Seminole County – What were the obstacles you experienced getting the care you needed?



# Florida Opioid Profile

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## Florida Drug and Opioid Deaths

Deaths for drugs and opioids have increased over the past 4 years in Florida. The Age-Adjusted Death Rate (AADR) for drugs increased from 27.2/100,000 in 2017 to 36.0/100,000 in 2020. This represented an increase of 32.4%. The increase in AADR for opioids was greater at 36.5% during the same time.

## Florida Non-fatal Overdose Emergency Department (ED) Visits

ED visits for opioid-involved and stimulant-involved overdose visits, increased 15.8% and 15.4%, respectively, during 2017 to 2020. Heroin-involved overdose ED visits decreased 19.5% during the same time.

## Florida Non-fatal Overdose Hospitalization (ED) Visits

Overdose hospitalization visits for opioid-involved and stimulant-involved overdose visits decreased 10.2% and 7.8%, respectively, during 2017 to 2020. Heroin-involved overdose ED visits increased 10% during the same time.

## Florida Naloxone Administrations

Naloxone EMS administrations increased 28.3% over the past 5 years. For administrations prior to EMS, the increase was 208.1%, indicating that strategies for wide-spread distribution of Naloxone are aiding community members for real time administration.

## Florida Opioid Prescriptions and Prescribers

The Florida Department of Health Prescription Drug Management Program tracks opioid prescriptions by patient and prescriber. The number of opioid dispensed prescriptions decreased 52.4% from 32,159,150 in 2015 to 15,300,313 in 2020.

The rate of opioid prescriptions dispensed per patient decreased significantly from 7.8 in 2015 to 3.9 in 2016. The rate increased from 3.9 in 2017 to 5.0 in 2021. The rate in 2021 had decreased from the rate in 2020, at 5.3.

A similar trend was observed when analyzing data on prescriptions dispensed per prescriber, and the number of unique prescribers. There were large decreases in both indicators from 2015 to 2016. Data from 2016 to 2020 was more stable with only slight year-to-year increases or decreases. It is interesting to note

that the rate of opioid prescriptions dispensed per prescriber decreased 7.8% while prescriptions dispensed per patient increased 28.2% in the state during 2016 to 2020.

## Neonatal Abstinence Syndrome

The number and rate of Neonatal Abstinence Syndrome (NAS), defined as infants less than 28 days old who were exposed to opioid prescription or illicit drugs during pregnancy, continually decreased over the past 3 years. The number of infants with NAS decreased 25.8% during 2015 to 2020.

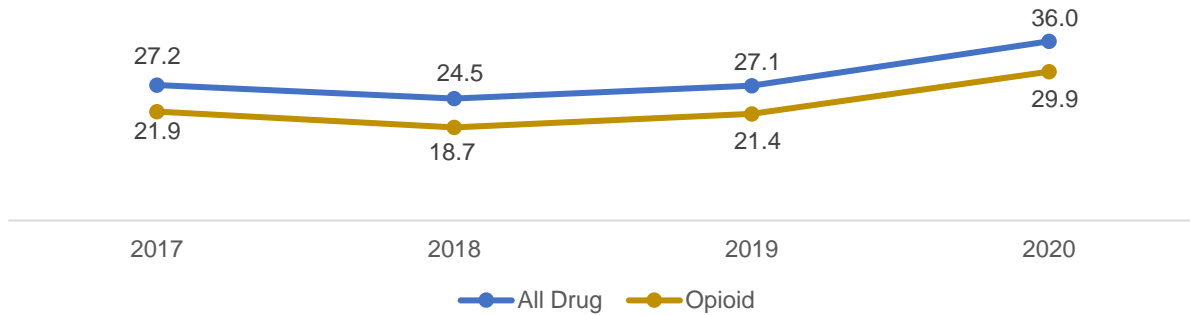
## Fentanyl Deaths

The Florida Department of Law Enforcement Medical Examiners Commission produces an annual report of investigated deaths with toxicology results. Florida's medical examiners make the distinction between the drugs determined to be the cause of death and those drugs that were present in the body at the time of death. A drug is indicated as the cause of death only when, after examining all evidence (the autopsy and toxicology results), the medical examiner determines the drug played a causal role in the death. It is not uncommon for a decedent to have multiple drugs listed as a cause of death. However, a drug may not have played a causal role in the death even when the medical examiner determines the drug is present or identifiable in the decedent. Therefore, a decedent often is found to have multiple drugs listed as present; these are drug occurrences and are not equivalent to deaths.

Data from the Florida medical examiner's reports revealed that deaths where fentanyl was the cause increased 652.1%, from 705 deaths in 2015 to 5,302 deaths in 2020. The percentage of deaths where fentanyl was present increased 144.7% during the same time. The number of deaths where fentanyl was present increased from 206 to 504 deaths during the past 6 years.

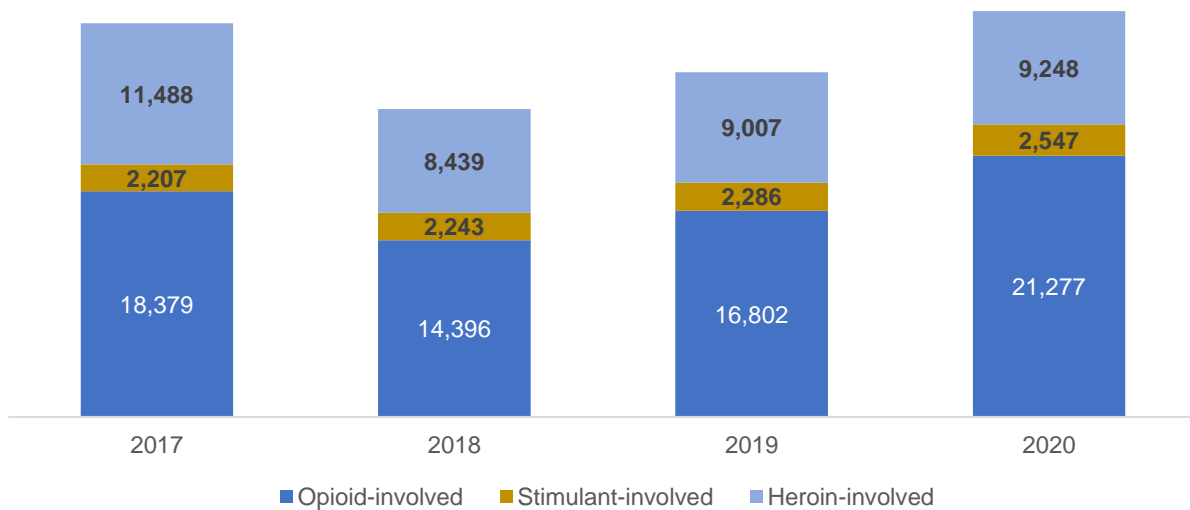
## Florida Opioid Profile Charts

Figure 408: Drug Overdose Deaths, Florida (2017-2020)



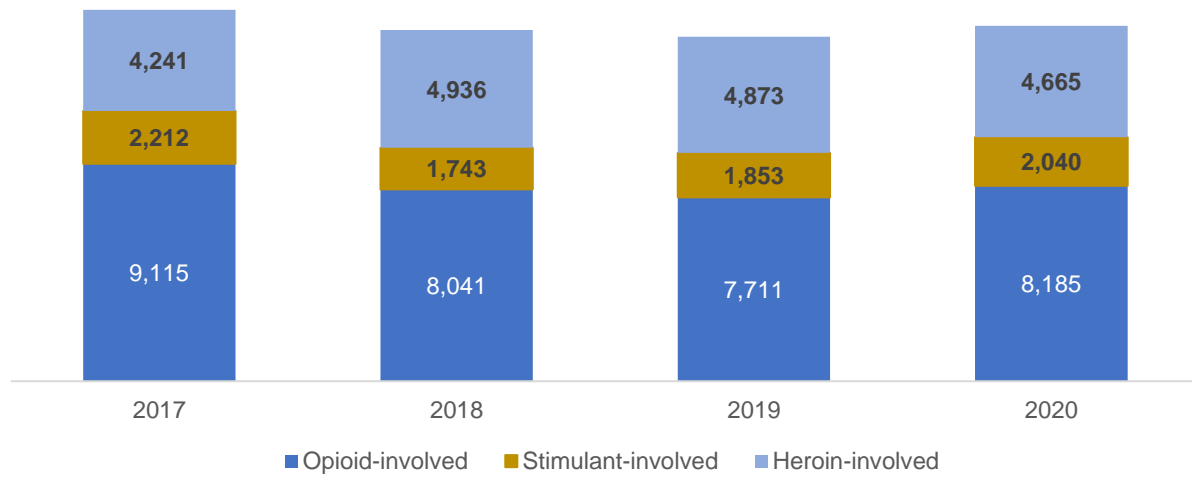
Source: Florida Department of Law Enforcement. AADR per 100,000 population

Figure 409: Non-fatal Overdose Emergency Department Visits, Florida (2017-2020)



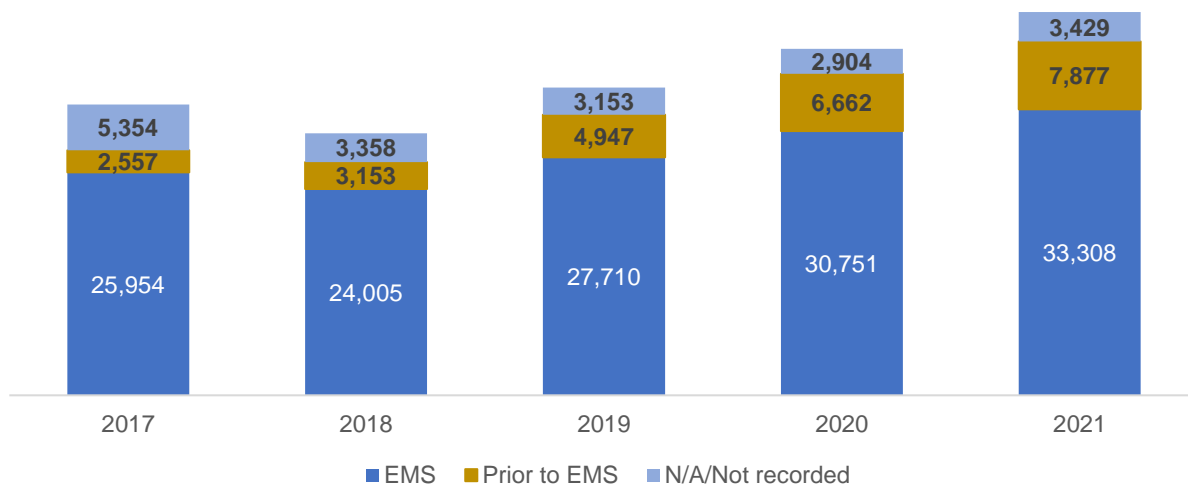
Source: Agency for Health Care Administration (AHCA)

Figure 410: Non-fatal Overdose Hospitalizations, Florida (2017-2020)



Source: Agency for Health Care Administration (AHCA)

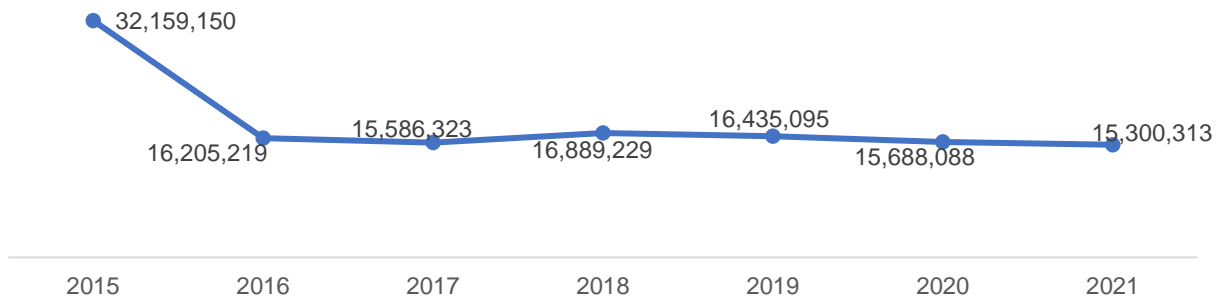
Figure 411: Naloxone Administrations, Florida (2017-2021)



Source: Florida Department of Health, EMS Tracking and Reporting System (EMSTARS)

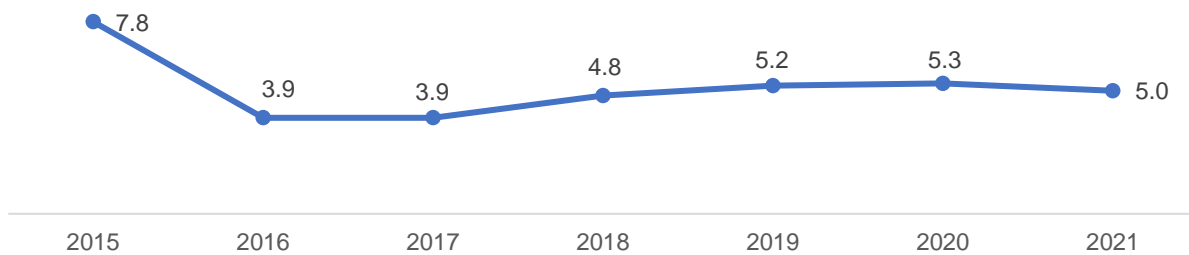


Figure 412: Opioid Prescriptions Dispensed, Florida (2015-2021)



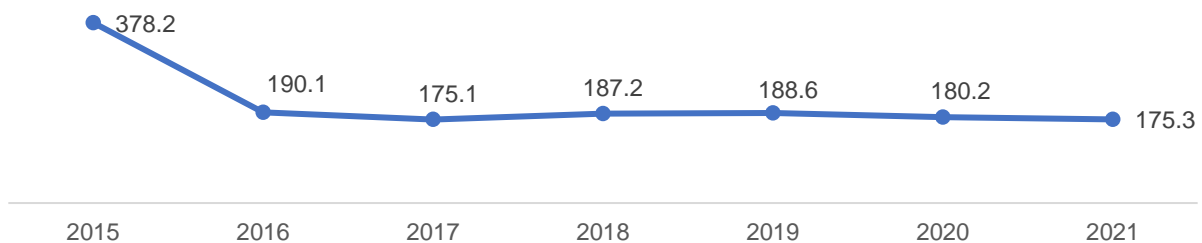
Source: Florida Department of Health, Prescription Drug Monitoring Program

Figure 413: Opioid Prescriptions Dispensed per Patient, Florida (2015-2021)



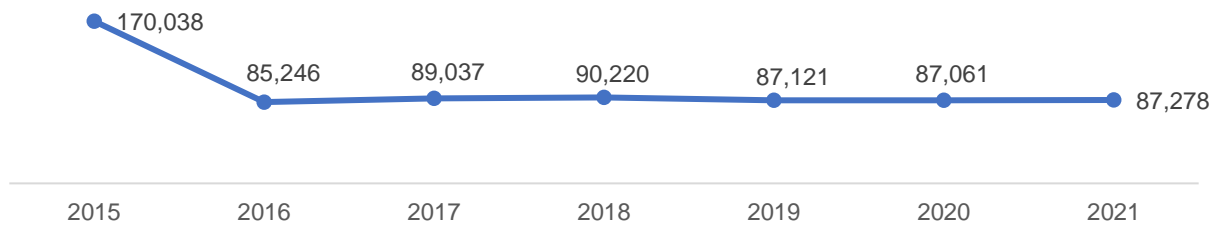
Source: Florida Department of Health, Prescription Drug Monitoring Program

Figure 414: Opioid Prescriptions Dispensed per Prescriber, Florida (2015-2021)



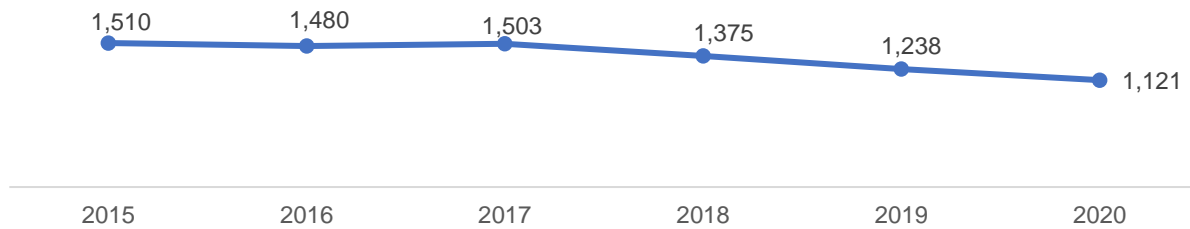
Source: Florida Department of Health, Prescription Drug Monitoring Program

Figure 415: Number of Unique Prescribers, Florida (2015-2020)



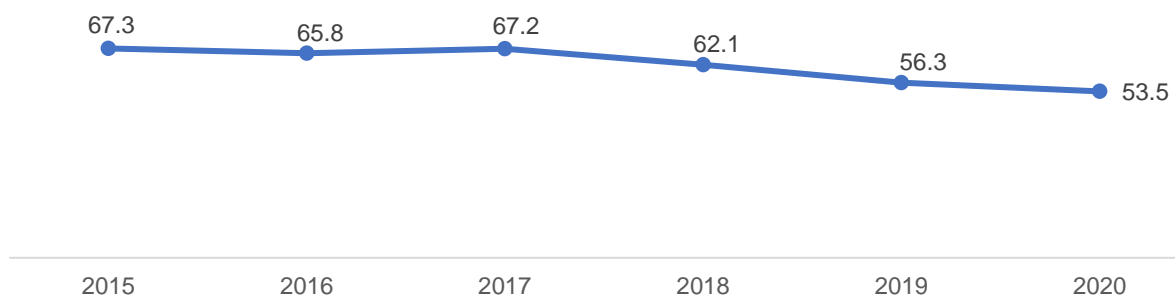
Source: Florida Department of Health, Prescription Drug Monitoring Program

Figure 416: Neonatal Abstinence Syndrome Counts, Florida (2015-2020)



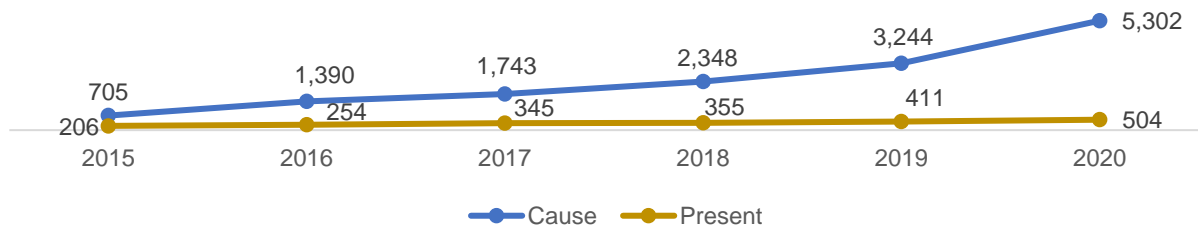
Source: Florida Department of Health, Birth Defects Registry. Rate per 10,000 Live Births.

Figure 417: Neonatal Abstinence Syndrome Rate, Florida (2015-2020)



Source: Florida Department of Health, Birth Defects Registry. Rate per 10,000 Live Births.

Figure 418: Fentanyl Deaths, Florida (2015-2020)



Source: Florida Medical Examiners Annual Reports, 2015 to 2020

# County Opioid Profile

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## Drug and Opioid Deaths

Drug overdose deaths have increased over the past 4 years in Brevard, Orange, and Osceola counties. Deaths from opioids followed the same trend for these three counties. Brevard County had the highest age-Adjusted Death Rates (AADR) for opioid deaths at 53.4/100,000 in 2020. This was followed by Osceola County at 26.5/100,000, and Orange County at 24.7/100,000 opioid deaths. From 2017 to 2020, opioid deaths increased 43.6% in Orange County, 33.2% in Osceola County, and 25.4% in Brevard County. AADR for all drugs and opioids steadily decreased in Seminole County during 2017 to 2020. Over the past 4 years, opioid deaths decreased 30.1% and deaths from all drugs decreased 21.2%.

## Non-fatal Overdose Emergency Department (ED) Visits

Data from the Agency for Health Care Administration (AHCA) was used to trend in ED visits for drug overdose counts during 2017 to 2020. The number of non-fatal opioid overdoses, which resulted in an ED visit, increased in Brevard County by 96.8% over the past 4 years. In Osceola County, the increase was 82.9% during the same time. Increases were lower in Orange and Seminole counties, at 20% and 35.2%, respectively.

The number of ED visits for non-fatal stimulant overdoses increased 63.6% in Brevard County (2017 to 2020). This was greater when compared to Orange County at 11.2%, Osceola County at 29.4%, and Seminole County at 17.1%.

ED visits for non-fatal heroin overdoses in Brevard County increased 109% from 2017 to 2020, while decreasing 14.1% in Orange County. In Osceola County, the increase for heroin ED visits increased 49.1%, and in Seminole County the increase was 6%.

## Non-fatal Overdose Hospitalizations

AHCA data for non-fatal overdose hospitalizations revealed that the number of opioid-involved hospitalizations decreased for all four counties during 2017 to 2020. The largest decrease was in Seminole County at 16%. Of the remaining counties, there was a 7.5% decreased in Orange County, 7.3% in Brevard County, and 7.1% in Osceola County.

Non-fatal hospitalizations for heroin-involved overdoses also decreased in Seminole County, down 26.9%, during 2017 to 2020. Hospitalizations remained stable in Orange County while increasing by 34.1% in Osceola County, and 18.4% in Brevard County during the same time.

Hospitalizations for stimulant-involved overdoses increased in all four counties, with the highest increase in Orange County at 56%, and the lowest increase in Osceola County at 18.2%. The increases in the

percentages of non-fatal stimulant-involved hospitalizations, for Brevard and Seminole counties, were similar at 42.2%, and 40%, respectively.

## Naloxone Administration Cases/Incidents

Data collected from EMS Tracking and Reporting System (EMSTARS) on the administration of Naloxone medication by EMS or prior to EMS, revealed significant increases in the number of cases/incidents in the four-county region during the past 5 years. In Brevard County, there was a sharp increase in the number of EMS administered cases which rose from 390 in 2017 to 1,218 in 2018. This represented an increase of 212.3%. The increase in cases/incidents from 2018 (1,218) to 2021 (1,721) was 41.3%. Increases in the administration of Naloxone prior to EMS was more significant as the number in 2017, at 52 cases, increased to 996 cases/incidents in 2021 (1815.4%). Data from 2018 to 2021, revealed an increase of 163.5%.

In Orange County, the increases were more moderate when compared to the other counties in the service area. EMS administered Naloxone medication cases/incidents increased 35% during 2017 to 2021 and cases of administration prior to EMS increased 100%. EMS administered cases in Osceola County nearly doubled from 2018 to 2019 and nearly doubled again from 2020 to 2021. Among cases of administration prior to EMS, the percentage of increase was 608.8% (34 cases in 2017 to 241 cases in 2021). Among cases in Seminole County, EMS administered Naloxone medication rose from 389 cases in 2017 to 627 cases in 2021 (61.2%). Administration prior to EMS increased 408.1% over the past 5 years.

## Opioid Prescriptions and Prescribers

The Florida Department of Health Prescription Drug Management Program tracks opioid prescriptions by patient and prescriber. The number of opioid dispensed prescriptions decreased in Brevard, Orange, and Osceola counties during 2015 to 2020. The largest decrease was in Orange County when the number of dispensed opioid prescriptions declined 11.1% over the past 6 years. Prescriptions decreased 8.6% in Brevard County, and 7.5% in Osceola County. In Seminole County, the number of dispensed opioid prescriptions increased from 341,415 in 2015 to 372,343 in 2020 (9.1%).

The rates of opioid prescriptions dispensed per patient decreased significantly in all four counties during 2015 to 2016, ranging from a decrease of 45.5% in Seminole County, to 51.6% in Orange County. The rates from 2016 to 2020, revealed continual increases in opioid dispensed prescriptions per patient. This same trend was observed when analyzing data on prescriptions dispensed per prescriber, and the number of unique prescribers. There were large decreases in both indicators among all four counties from 2015 to 2016. Data from 2016 to 2020 was more stable with only slight year-to-year increases. It is interesting to note that the rate of opioid prescriptions dispensed per prescriber decreased an average of 1.1% while prescriptions dispensed per patient increased 32.8% in the service area (2016-2020).

## Neonatal Abstinence Syndrome

The number and rate of Neonatal Abstinence Syndrome (NAS), defined as infants less than 28 days old who were exposed to opioid prescription or illicit drugs during pregnancy, continually decreased in Brevard, Orange, and Osceola counties while increasing in Seminole County over the past 3 years.

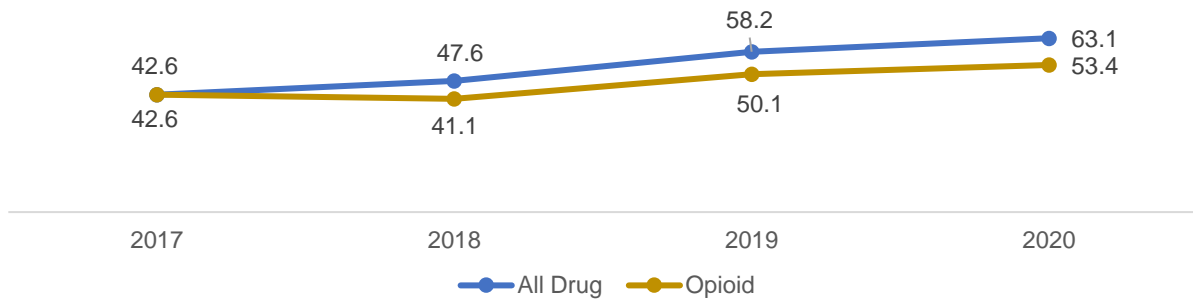
## Fentanyl Deaths

The Florida Department of Law Enforcement Medical Examiners Commission produces an annual report of investigated deaths with toxicology results. Florida's medical examiners make the distinction between the drugs determined to be the cause of death and those drugs that were present in the body at the time of death. A drug is indicated as the cause of death only when, after examining all evidence (the autopsy and toxicology results), the medical examiner determines the drug played a causal role in the death. It is not uncommon for a decedent to have multiple drugs listed as a cause of death. However, a drug may not have played a causal role in the death even when the medical examiner determines the drug is present or identifiable in the decedent. Therefore, a decedent often is found to have multiple drugs listed as present; these are drug occurrences and are not equivalent to deaths.

Data on fentanyl deaths was gathered from the Florida Department of Law Enforcement Florida Medical Examiners Annual Reports. The medical examiner districts do not align exactly with each county in the four-county service area. Medical Examiner District 9 includes Orange and Osceola counties. The medical examiner district that includes Volusia County, District 7, also includes Seminole County. For this reason, these data should be interpreted with caution. In Brevard County (District 18), deaths where fentanyl was the cause, increased from 26 deaths in 2015 to 244 deaths in 2020. This represented an increase of 838.5% over the past 6 years. Deaths where fentanyl was present, increased 150% during the same time. The number of fentanyl-present deaths in Orange and Osceola counties (District 9), at 67 deaths in 2015, increased to 346 deaths in 2020. Fentanyl-caused deaths in Orange and Osceola counties increased 416.4%, while deaths where fentanyl was present increased 55.3%. In Seminole County (included in District 7), deaths where fentanyl was the cause, rose from 14 in 2015 to 285 in 2020. This represented an increase of 1,935.7%. Deaths where fentanyl was present, increased 33.3% during the same time.

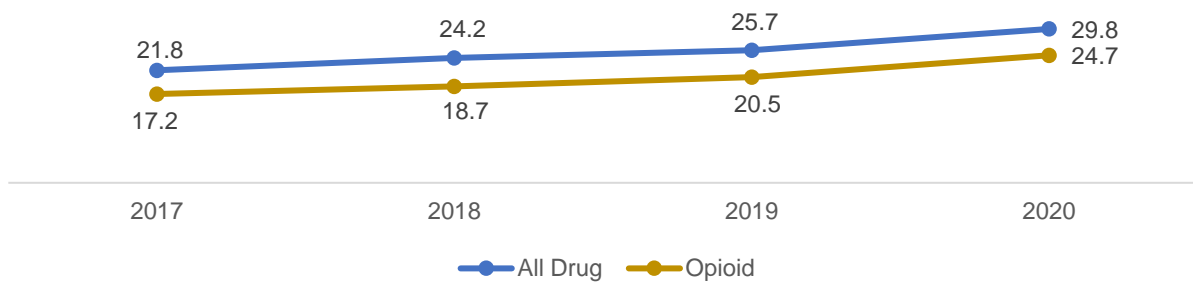
## County Opioid Profile Charts

Figure 419: Drug Overdose Deaths, Brevard County (2017-2020)



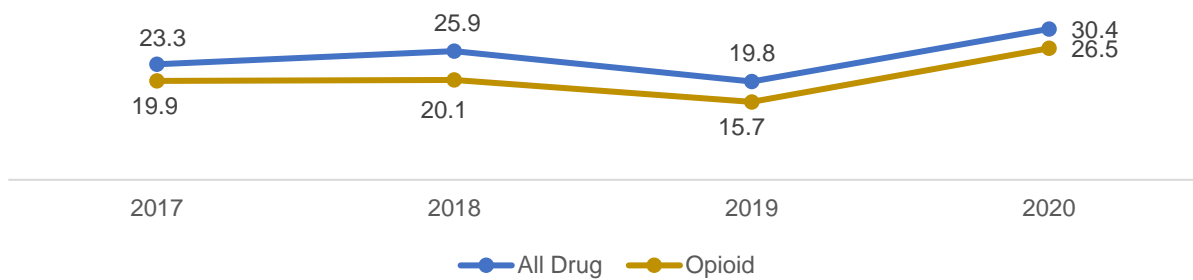
Source: Florida Department of Law Enforcement. AADR per 100,000 population

Figure 420: Drug Overdose Deaths, Orange County (2017-2020)



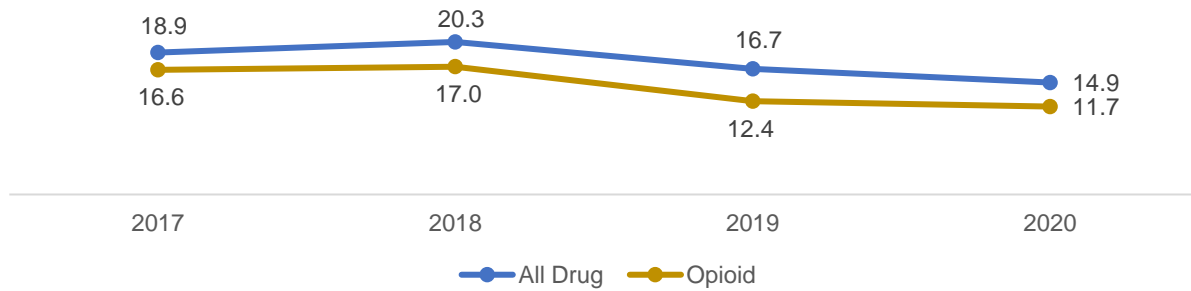
Source: Florida Department of Law Enforcement. AADR per 100,000 population

Figure 421: Drug Overdose Deaths, Osceola County (2017-2020)



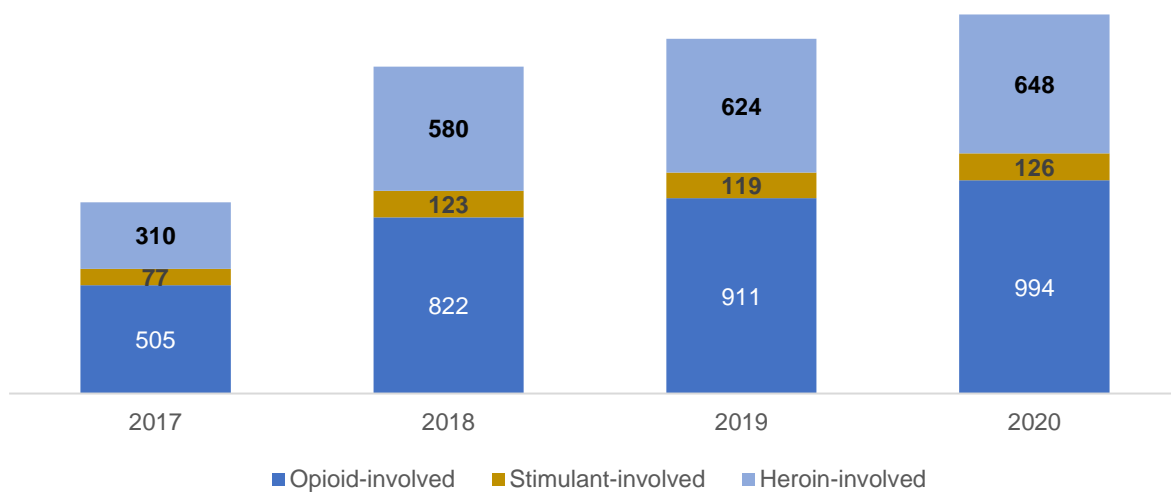
Source: Florida Department of Law Enforcement. AADR per 100,000 population

Figure 422: Drug Overdose Deaths, Seminole County (2017-2020)



Source: Florida Department of Law Enforcement. AADR per 100,000 population

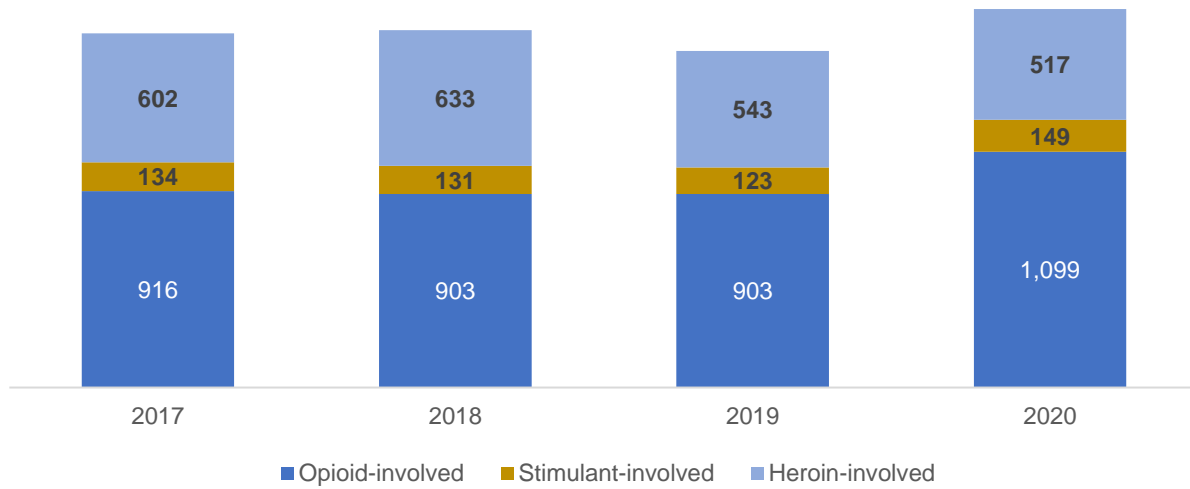
Figure 423: Non-fatal Overdose Emergency Department Visits, Brevard County (2017-2020)



Source: Agency for Health Care Administration (AHCA)

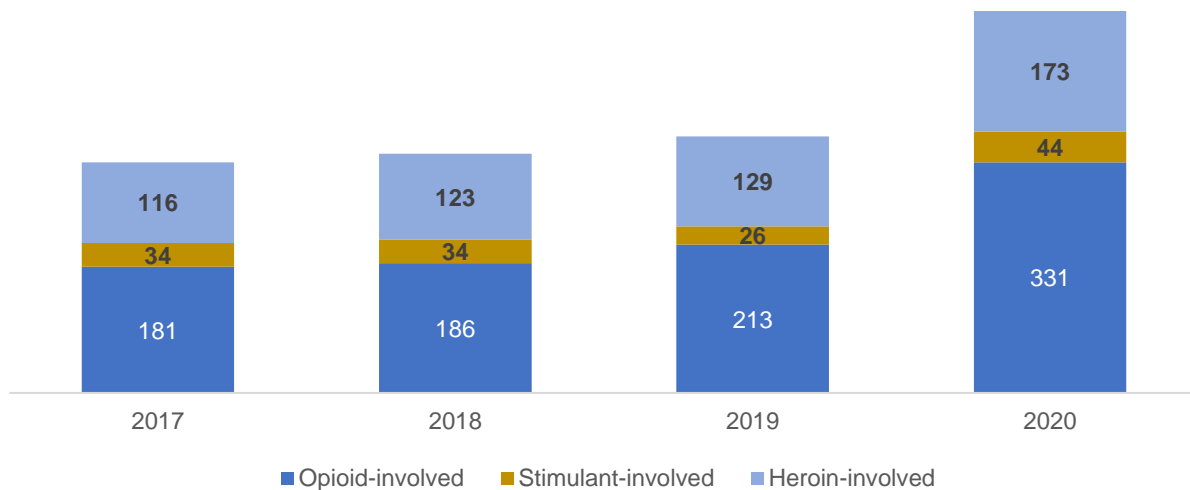


Figure 424: Non-fatal Overdose Emergency Department Visits, Orange County (2017-2020)



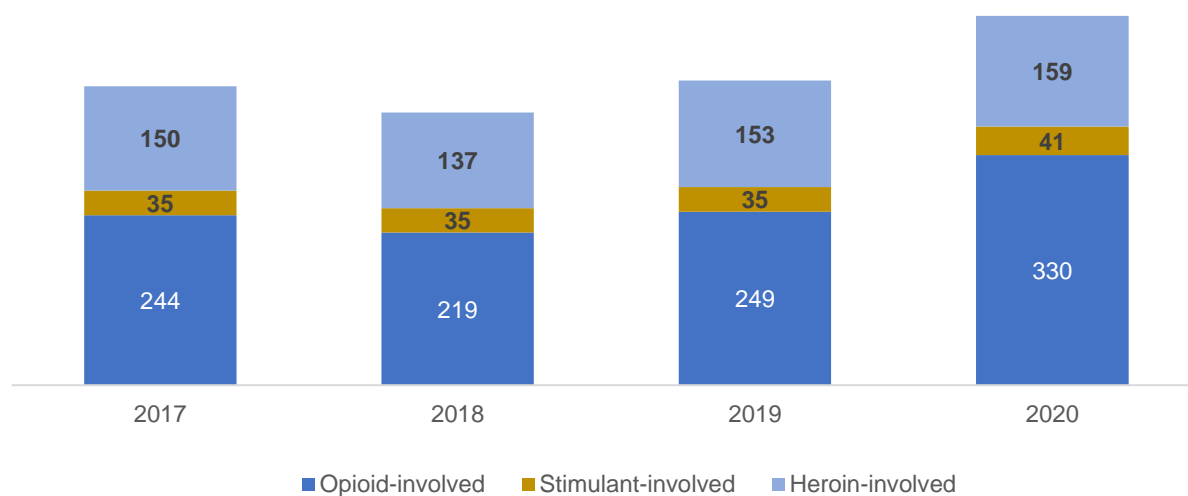
Source: Agency for Health Care Administration (AHCA)

Figure 425: Non-fatal Overdose Emergency Department Visits, Osceola County (2017-2020)



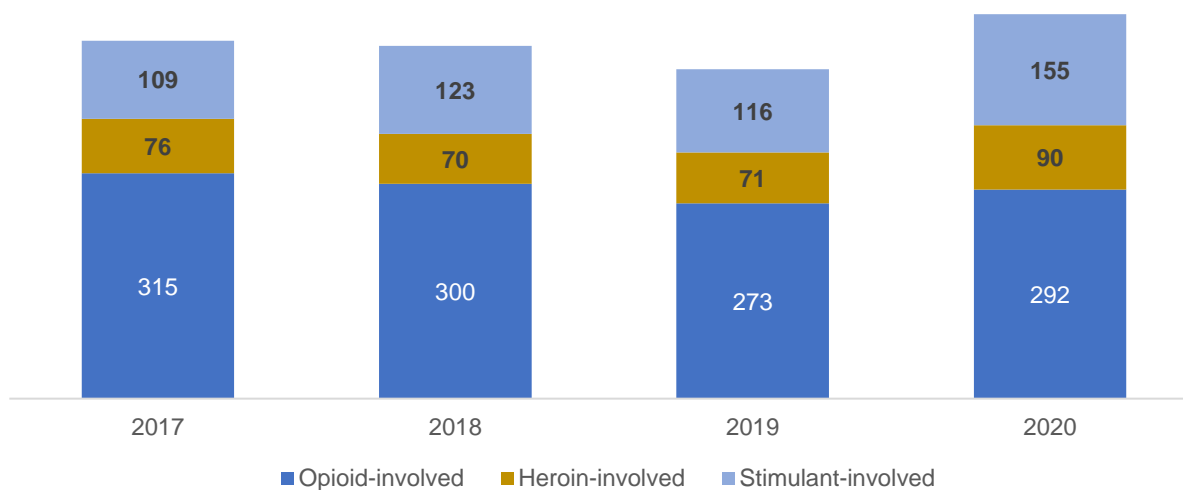
Source: Agency for Health Care Administration (AHCA)

Figure 426: Non-fatal Overdose Emergency Department Visits, Seminole County (2017-2020)



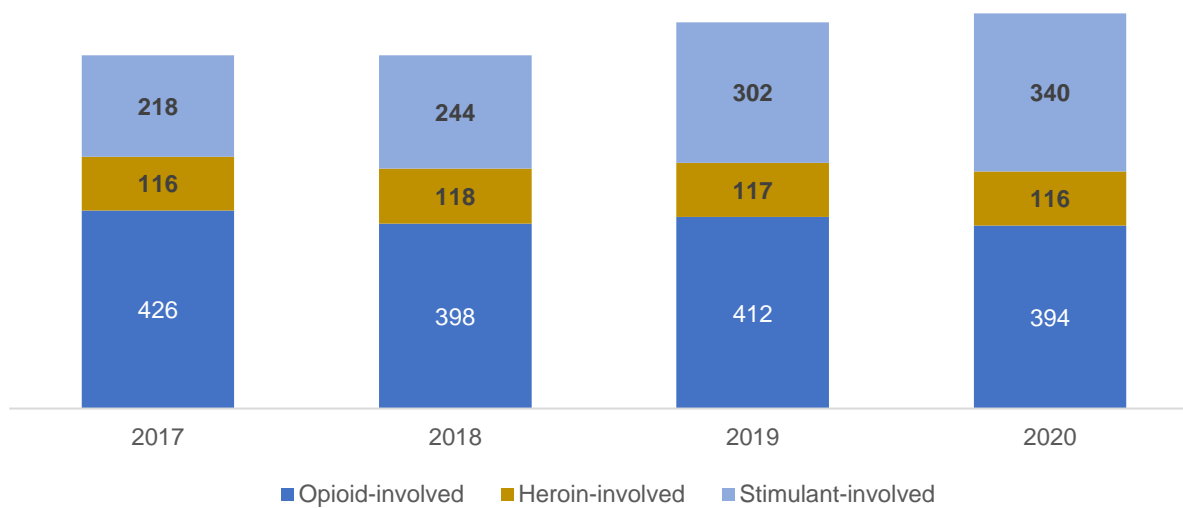
Source: Agency for Health Care Administration (AHCA)

Figure 427: Non-fatal Overdose Hospitalizations, Brevard County (2017-2020)



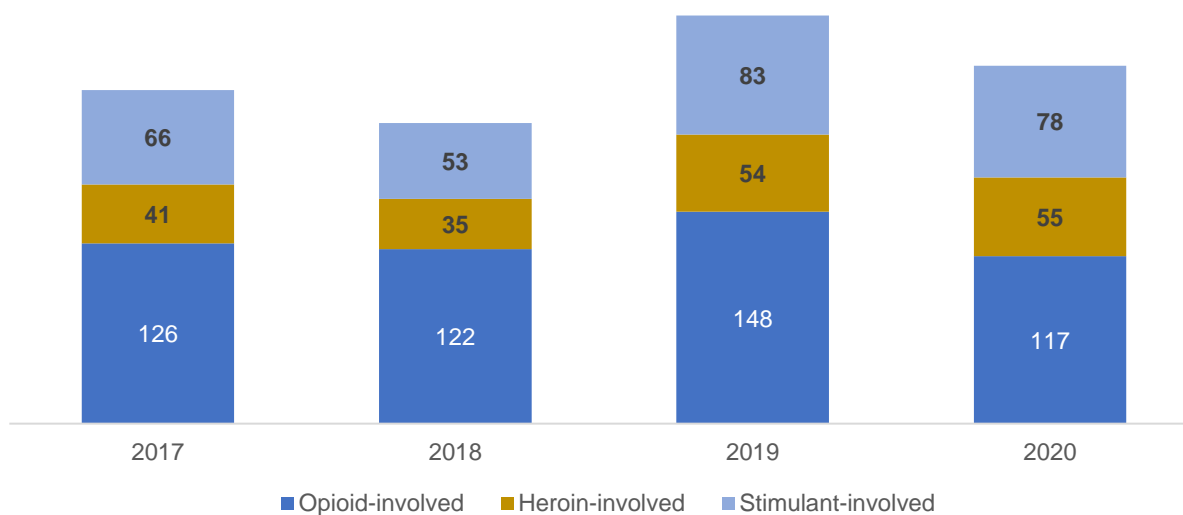
Source: Agency for Health Care Administration (AHCA)

Figure 428: Non-fatal Overdose Hospitalizations, Orange County (2017-2020)



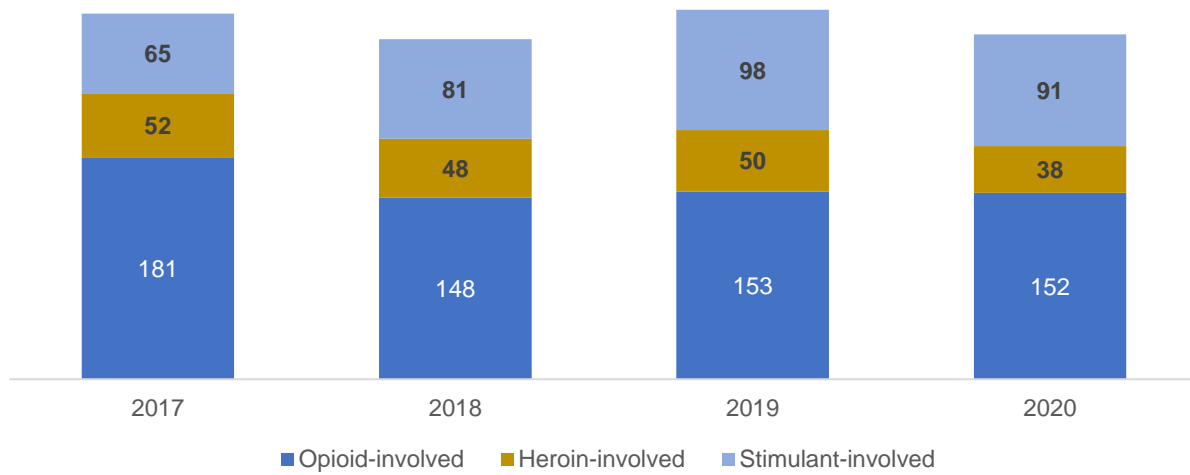
Source: Agency for Health Care Administration (AHCA)

Figure 429: Non-fatal Overdose Hospitalizations, Osceola County (2017-2020)



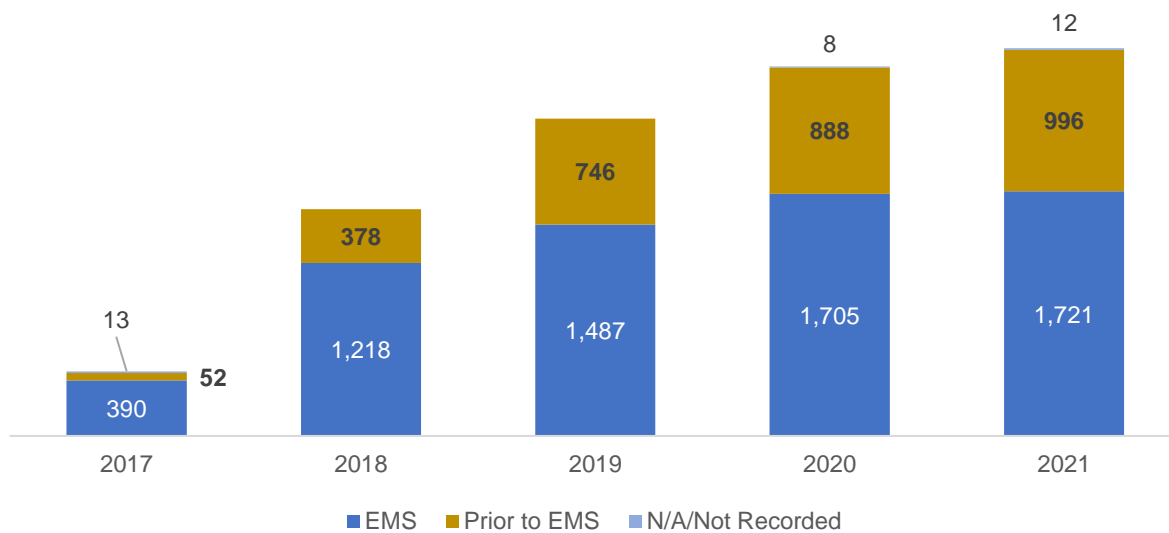
Source: Agency for Health Care Administration (AHCA)

Figure 430: Non-fatal Overdose Hospitalizations, Seminole County (2017-2020)



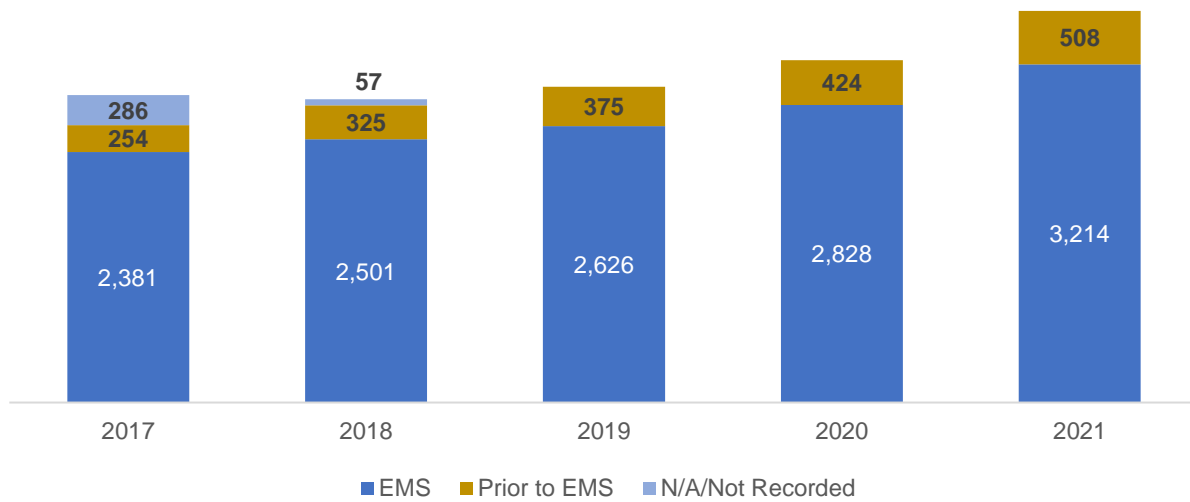
Source: Agency for Health Care Administration (AHCA)

Figure 431: Naloxone Administrations, Brevard County (2017-2021)



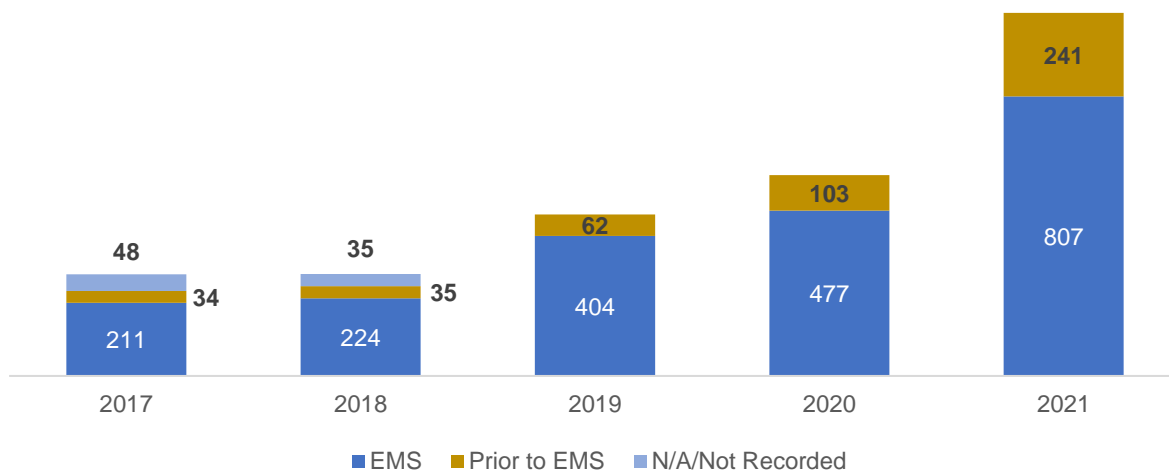
Source: Florida Department of Health, EMS Tracking and Reporting System (EMSTARS)

Figure 432: Naloxone Administrations, Orange County (2017-2021)



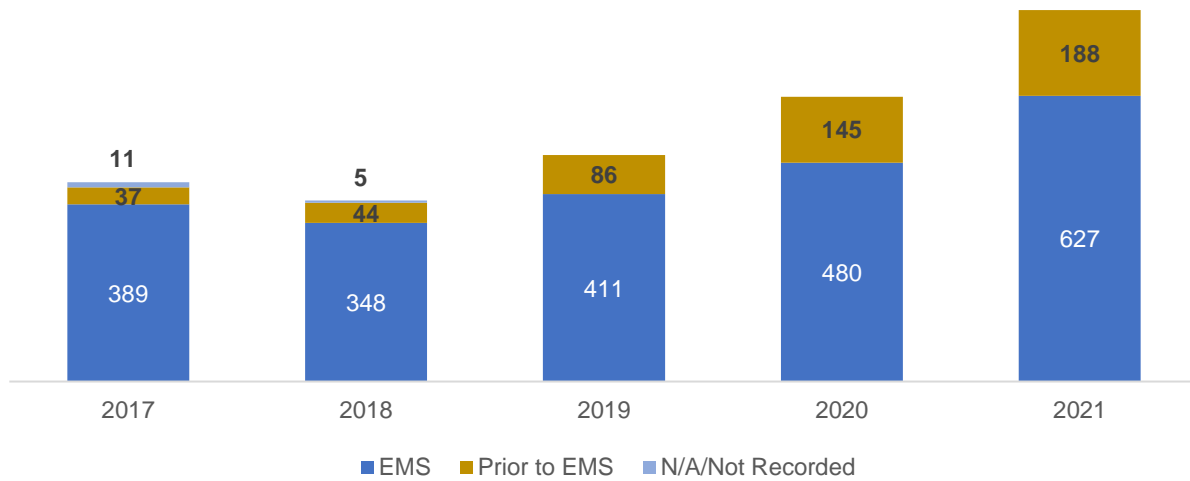
Source: Florida Department of Health, EMS Tracking and Reporting System (EMSTARS)

Figure 433: Naloxone Administrations, Osceola County (2017-2021)



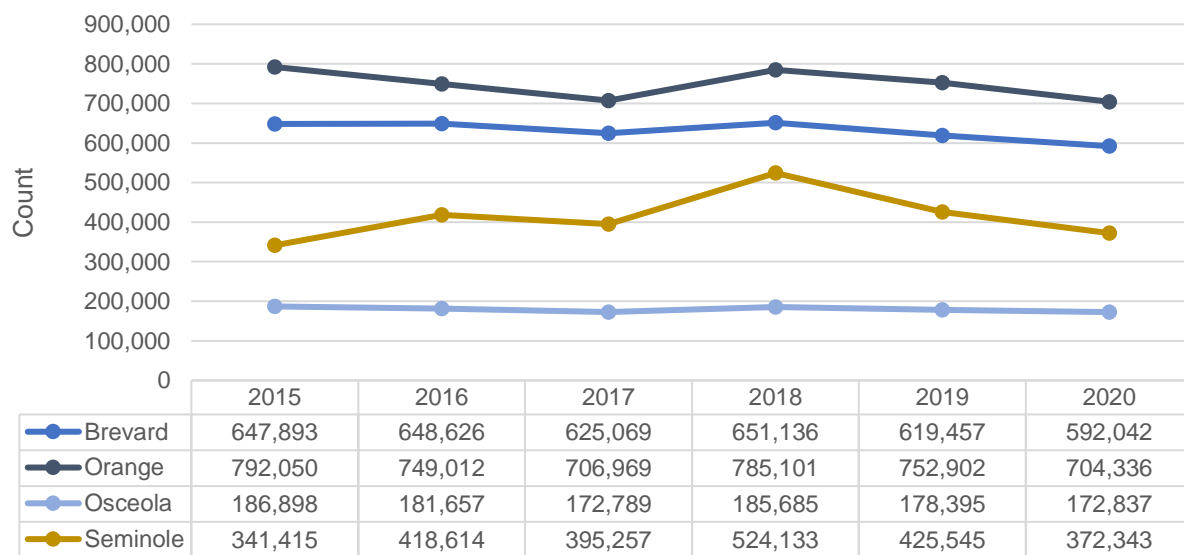
Source: Florida Department of Health, EMS Tracking and Reporting System (EMSTARS)

Figure 434: Naloxone Administrations, Seminole County (2017-2021)



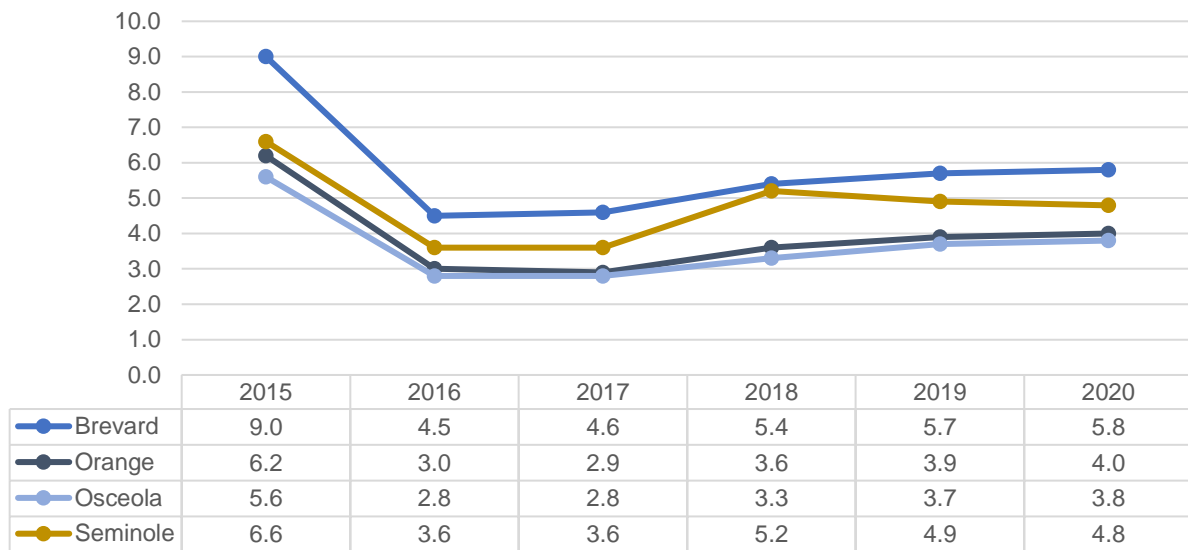
Source: Florida Department of Health, EMS Tracking and Reporting System (EMSTARS)

Figure 435: Opioid Prescriptions Dispensed by County, (2015-2020)



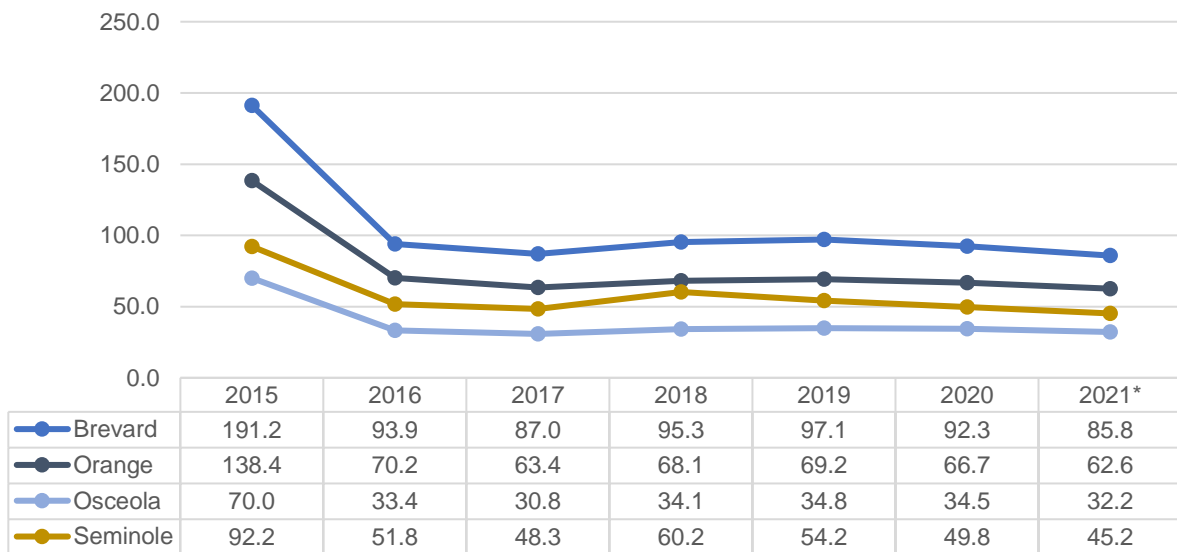
Source: Florida Department of Health, Prescription Drug Monitoring Program

Figure 436: Opioid Prescriptions Dispensed per Patient (2015-2020)



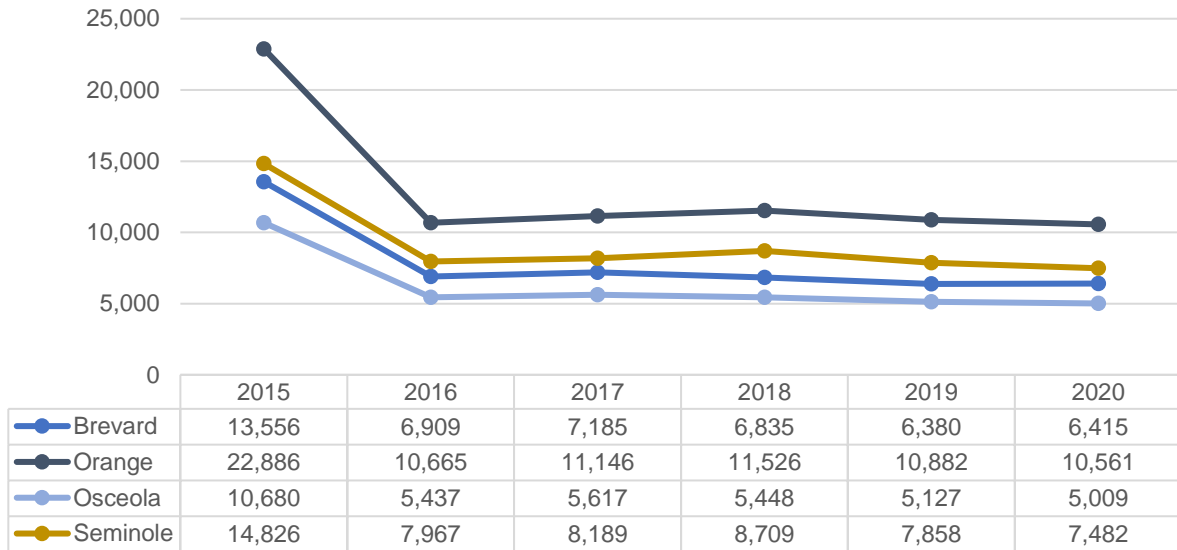
Source: Florida Department of Health, Prescription Drug Monitoring Program. Prescriptions dispensed per prescriber per number of unique patients.

Figure 437: Opioid Prescriptions Dispensed per Prescriber (2015-2021\*)



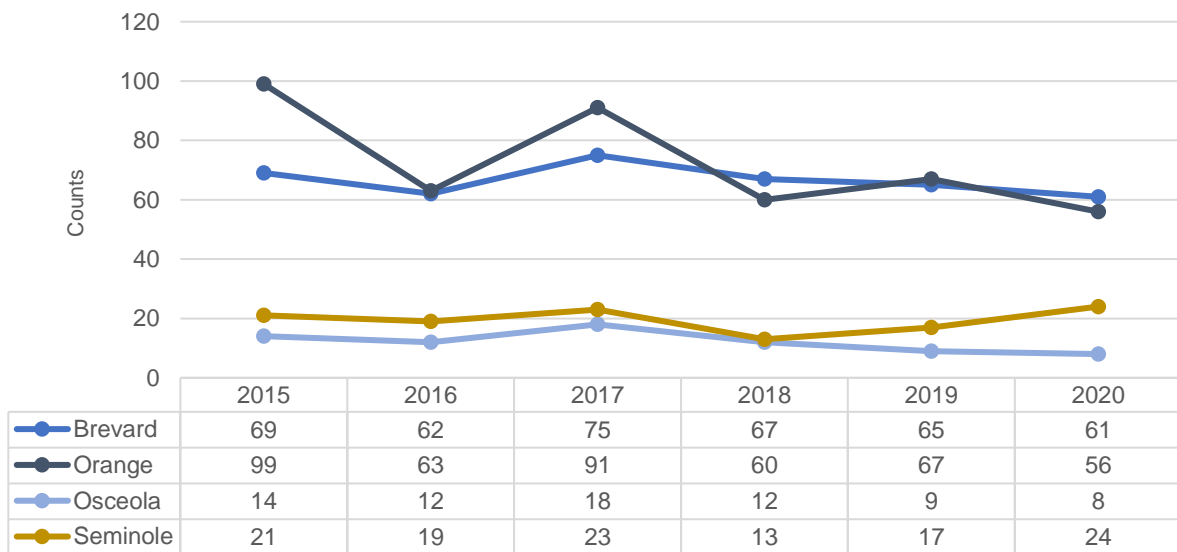
Source: Florida Department of Health, Prescription Drug Monitoring Program. Prescriptions dispensed per number of unique prescribers. \*2021 data is provisional.

Figure 438: Number of Unique Prescribers by County, (2015-2020)



Source: Florida Department of Health, Prescription Drug Monitoring Program. Prescriptions dispensed per number of unique prescribers. \*2021 data is provisional.

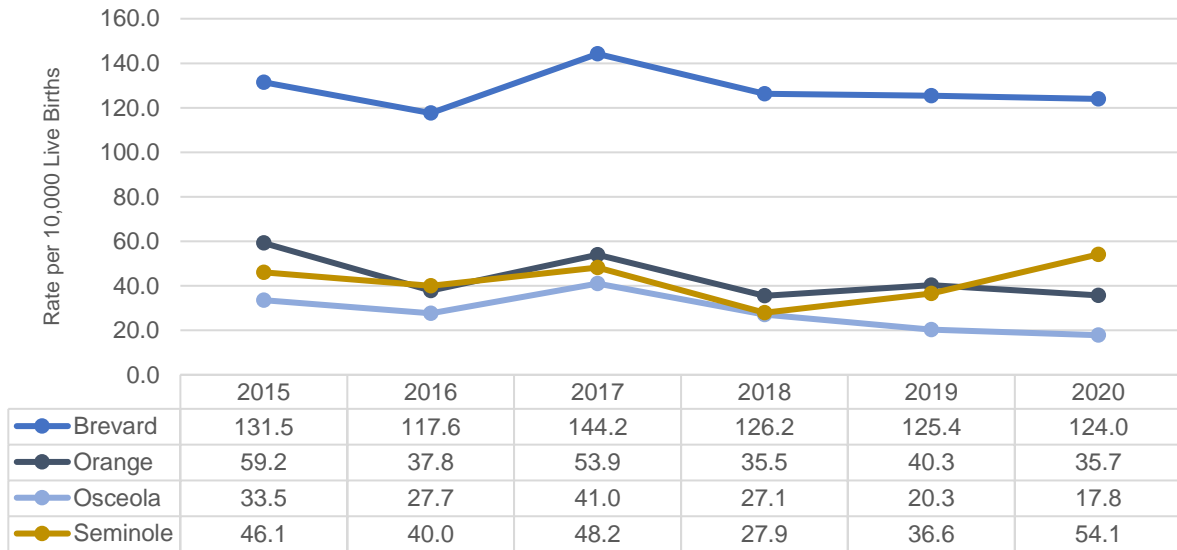
Figure 439: Neonatal Abstinence Syndrome - Counts (2015-2020)



Source: Florida Department of Health, Birth Defects Registry

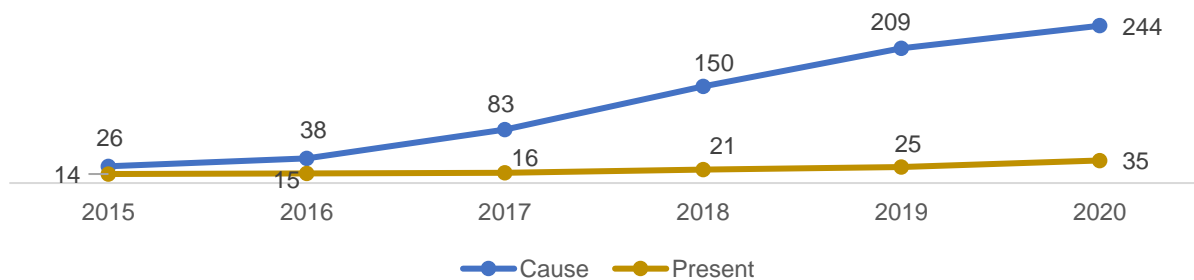


Figure 440: Neonatal Abstinence Syndrome - Rate (2015-2020)



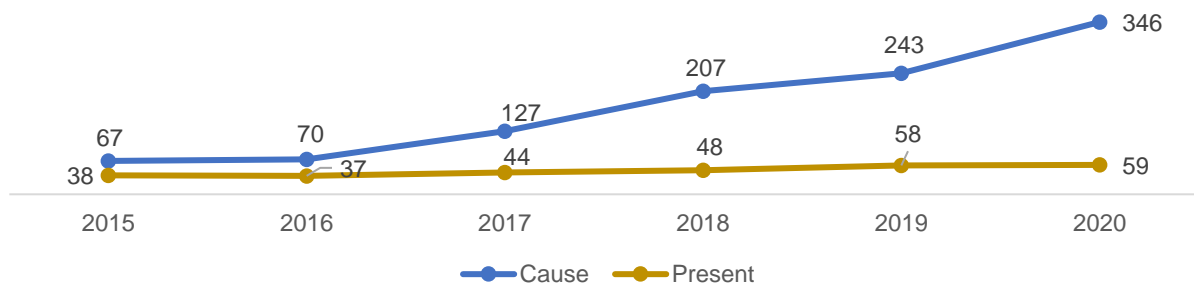
Source: Florida Department of Health, Birth Defects Registry

Figure 441: Brevard County (District 18) Fentanyl Deaths (2015-2020)



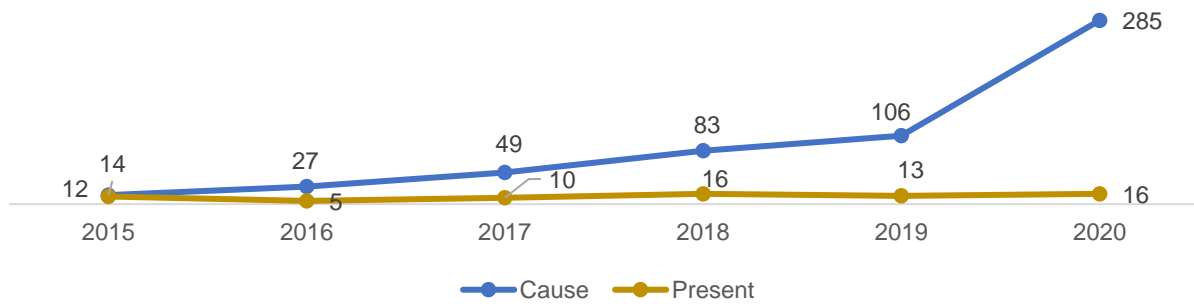
Source: Florida Medical Examiners Annual Reports, 2015 to 2020

Figure 442: Orange and Osceola Counties (District 9) Fentanyl Deaths (2015-2020)



Source: Florida Medical Examiners Annual Reports, 2015 to 2020

Figure 443: Seminole County (Included in District 7) Fentanyl Deaths (2015-2020)



Source: Florida Medical Examiners Annual Reports, 2015 to 2020

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