2025 Central Florida Cares
Behavioral Health Needs Assessment

CENTRAL FLORIDA Cares
behavioral health managing entity

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To Our Valuable Stakeholders,

Central Florida Cares (CFC) is pleased to announce the release of the 2025 Behavioral Health Needs Assessment (BHNA). This needs assessment was successfully conducted with input from persons served, community stakeholders, and data from multiple state and private sectors. The 2025 BHNA process for CFC' region included survey input from individuals served, community stakeholders, provider organizations, peer recovery community; persons-served focus groups; and interviews with provider organizations. The 2025 BHNA analyzes the service capacity, identifies gaps and opportunities in our region.

Central Florida Cares, Managing Entities, is a not-for-profit organization contracted by the Department of Children and Families to oversee state-funded mental health and substance abuse treatment services in Circuits 9 and 18 (Brevard, Orange, Osceola, and Seminole counties). As a managing entity, CFC is a behavioral health administrative and management organization with a primary focus to promote a comprehensive, seamless system of recovery and resiliency to those individuals in the community who are in need of these services.

This needs assessment will serve as the foundation for developing a strategic plan to address the behavioral health needs for our community. Participation in the development and execution of a data-driven process has the potential to enhance program effectiveness, leverage limited financial resources and strengthen the public health system. Collaboration among community partners can lead to improved health outcomes for our community.

After reviewing the needs assessment, should you have any questions or areas that you would like CFC to address, please let us know.

Sincerely,

Maria Bledsoe
Chief Executive Officer

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Executive Summary

Central Florida Cares, Inc. (CFC) is the managing entity for substance use and mental health services (behavioral health services) for Brevard, Orange, Osceola, and Seminole counties (service area), and is supported by Florida's Department of Children and Families. CFC is required to complete a triennial behavioral health needs assessment. The purpose of the needs assessment is to identify behavioral health needs of the service area and inform strategic decisions and plans to meet those identified needs.

This needs assessment included the collection and analysis of secondary data (demographic profile, health profile, substance use profile, CFC client profile) and primary data gathered from the community (focus groups and community surveys). This executive summary summarizes key findings from the assessment.

The service area population grew by 4.3 percent or 124,701 residents. Orange County added the most residents (43,670) while Osceola County's population increased by 8.6 percent. Orange County was more racially diverse, and Osceola County was the most ethnically diverse. Brevard County had the oldest population with 24.9 percent of residents 65 years or older. More than 90 percent of residents in the service area were high school graduates and at least 32 percent attained a bachelor's degree or higher. Unemployment in 2023 ranged from 2.8 percent to 3.3 percent across the four counties. The percentage of residents living < 200 percent of the Federal Poverty Level (FPL) decreased in the service area while those living at or above 400 percent of the FPL, increased. Suicide deaths increased in Brevard and Orange Counties, remained stable in Osceola County, and decreased in Seminole County.

Baker Act involuntary examinations decreased in all four counties from Fiscal Year 2021–2022 to Fiscal Year 2023–2024. Total domestic violence offenses decreased in Brevard, Orange and Osceola counties while remaining stable in Seminole County. The greatest decrease in child abuse rates was among Seminole County children, and the county also had the lowest rate of children experiencing sexual violence.

The percentage of students drinking alcohol in the past 30 days decreased in all four counties. Binge drinking among students decreased in Brevard and Orange County but increased in Osceola and Seminole counties. Students who smoked cigarettes in the past 30 days ranged from 0.7 percent to 1.4 percent in the service area. Vaping among students also decreased among students in the four-county area as well as marijuana use.

Opioid overdose deaths decreased in all four counties as did non-fatal ED visits for opioid overdose. Decreases in non-fatal hospitalizations for opioid overdose ranged from 1.5 percent in Brevard County to 39.7 percent in Osceola County. Neonatal abstinence syndrome rates decreased in all service area counties.

Individuals experiencing homelessness increased from 2022 to 2024. Veterans and students also experienced increases in homelessness. Among families, homelessness decreased in the past 3 years.

The consumer, provider, and stakeholder surveys revealed important insights into behavioral health services in the CFC service area. Consumers primarily self-referred for mental health and substance misuse treatment, driven by trauma, family issues, and substance dependence. Key barriers included cost, insurance, and transportation, with mental health services facing longer wait times. Providers emphasized funding and payment challenges, and the need to expand individual counseling and case management. Stakeholders acknowledged improved awareness and access but noted persistent affordability issues. Focus groups confirmed strong adoption of the No Wrong Door and Recovery Oriented System of Care models, though systemic funding and referral inconsistencies remain. Regional CORE team discussions highlighted innovative practices like the “Living Room” model and jail-based MAT, while identifying gaps in data systems and transitional supports. CF Cares and its partners are well-positioned to enhance recovery efforts through collaboration, infrastructure investment, and a continued focus on person-centered care.

Introduction

Since July 2012, Central Florida Cares, Inc. (CFC) has managed substance use and mental health services (also known as behavioral health services) for Brevard, Orange, Osceola, and Seminole counties, and is supported by Florida's Department of Children and Families. CFC funds a services network comprised of many organizations offering various levels of treatment options. These options include prevention, intervention, crisis support, residential treatment and outpatient services for adults, children, as well as families, to include opioid and medication assisted treatment. It is important to note that CFC is not a hospital and does not provide direct service to patients/clients/customers. CFC helps make it possible for CFC network organizations to provide direct services. Keeping in line with CFC' vision to achieve a comprehensive and seamless behavioral health care system and understanding the system is complex; CFC focuses on the Recovery Oriented System of Care (ROSC) philosophy that focuses on strength-based approaches that promote hope.

CFC is dedicated to serving people in need of mental health and/or substance use services by providing the best possible information, options, and resources available in the Central Florida community. Furthermore, it is CFC' primary objective to ensure that all individuals are given their "first step toward success" by putting the person served "first" in all aspects of operations.

Needs Assessment Definition and Purpose

A needs assessment is a process of assessing the physical, social, and environmental health of a population to identify key health needs and assets within a community. Epidemiological, quantitative, and qualitative research components define the data-driven process designed to improve health outcomes with the goal of ensuring that community resources are used efficiently and effectively. The assessment serves as the foundation for developing a strategic action plan to lead the community from where we are to where we want to be.

Methodology

Included in this report are the following components:

- A demographic profile was constructed for the four-county service community and for each individual county within the service area. The profile included a three-year population growth trend, racial and ethnic composition, age range, educational attainment, employment, and federal poverty level (FPL) status. Indicators were reported as population percentages and selected to compare them with the demographics collected for the CFC client population. Data was gathered from the U.S. Census Bureau American Community Survey (2021–2023), and the U.S Bureau of Labor Statistics (2021–2023).
- A general health assessment was provided to present the overall health of the community and the unique health challenges within each county served by CFCHS providers. Data was gathered from FLHealthCHARTS.com (2021–2023), Behavioral Risk Factor Surveillance System (2010–2022), Florida Department of

Law Enforcement (2021–2023), Florida Department of Children and Families (2021–2023), and Florida Department of Education (FLDOE).

- A Substance Use and Opioid Profile was developed for the four-county area to assess increases and decreases of selected substance use indicators for youth and adults. Data was gathered from the Florida Youth Substance Abuse Survey (2020-2024), and the Behavioral Risk Factor Surveillance System, Agency for Health Care Administration (AHCA), Florida Department of Health EMSTARS, The Baker Act Annual Report FY 2022–2023, and The Marchman Act Annual Report FY 2022–2023.
- A profile of homelessness in the four-county area is included to provide insights into the nature and extent of individuals experiencing homelessness. Data was gathered from Florida's Council of Homelessness Annual Report (June 2024).
- A demographic profile of CFC clients was developed for the entire service area, as well as for each individual county within the service area, including those who identified their residential status as homeless. CFC supplied anonymized client data, by program and county, which was subsequently analyzed by Health Council personnel.
- An analysis of CFC costs by cost center (FY 2023–2024) was constructed by program and county.
- An assessment of the No Wrong Door (NWD) model of care and the Recovery Oriented System of Care (ROSC) was accomplished through five virtual focus groups with CFC contracted providers. Providers shared information on their use of the NWD model and the use of the NWD model throughout the CFC. 17 elements of the Recovery Oriented System of Care (ROSC) as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) through an online survey portal. The results were scored and recommendations for improvement were provided. Additionally, providers supplied a list of the Evidenced-Based Practices (EBP) currently administered at their facilities. See the appendix for CFC list of evidence-based practices used by provider organizations in the service area.
- Resources for recovery support services were identified by county for populations suffering with Severe and Persistent Mental Illness (SPMI) and Serious Emotional Disturbance (SED).
- Three surveys were developed to identify the services that are needed but not available, barriers to accessing available services, and the level of awareness of community services. Survey responses were gathered through an online survey system and analyzed. The three surveys included:
    - **Community Partners/Stakeholders Survey** – Professionals in social services, law enforcement, education, healthcare, etc., who interact with CFC providers and clients.
    - **CFC Consumers Survey** – Individuals or caregivers who have used mental health/substance misuse services in the past 12 months who are residents of the four-county service area.
    - **Providers Survey** – mental health and/or substance misuse professionals serving in the four-county service area.

- A Coordinated Opioid Recovery (CORE) Systems Round Table discussion was facilitated on July 28, 2025 with 38 stakeholder partners from Seminole, Orange, Brevard, and Osceola counties, who convened to assess the effectiveness of the CORE Network. The goal was to identify strengths, gaps, and opportunities for improvement in behavioral health and substance misuse services.
- A summary analysis of regional community health improvement plans and community health assessments will be included to identify where behavioral health and substance misuse are identified as critical community issues.
- A Critical Core Services Matrix is included to indicate the location of core services throughout the CFC service area (see the appendix for the matrix).

Data Notes

Some data limitations were encountered during the assessment process. These limitations did not compromise the integrity of the assessment but should be revealed to the reader when generalizing the results to a larger population. Although, CFC 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. In total, these duplications accounted for less than one percent of all clients. Additionally, some clients served were from counties outside the CFC service area. These individuals accounted for less than five percent of the overall total.

Data for this report were not available beyond the sex descriptors of male and female.

All death rates in this report are Age-Adjusted Death Rates (AADR). Age-adjustment is a statistical process applied to rates of disease, death, injuries or other health outcomes which allows communities with different age structures to be compared.

Estimated numbers of adults who are seriously mentally ill and emotionally disturbed were provided via FLHealthCHARTS.com and based on a formula developed by the Department of Health and Human Services in their 1996 report on Mental Health.

Survey fatigue is a community problem which can prevent the gathering of information for future planning and policy making. Providers and stakeholders are surveyed throughout the year by funders, community partners, program management, public health agencies, schools, local government, and faith-based organizations, just to name a few. The focus of many surveys is redundant and the questions duplicative. Respondents are very weary of this process that requires valuable time with very little direct benefit. Every effort was made to streamline the survey design for this project while maintaining relevancy to the assessment requirements as directed by CFC.

Definitions

AFC – Awaiting Foster Care placement (this category was dropped from the Federal definition of homelessness on 12/15/2016).

AMH – Adult Mental Health

ACS – American Community Survey

ASA – Adult Substance Abuse

CCIS – Comprehensive Case Information 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.

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 used to refer to the system of programs addressing homelessness.

CSA – Child Substance Abuse

FQHC – Federally Qualified Health Center

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.

Motels – Living in hotels or motels.

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.”

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, 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 for Needy Families (TANF) funding for Florida used for Homelessness Prevention services.

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

Service Area Demographic Profile

Population Demographics

The service area includes the following counties: Brevard, Orange, Osceola and Seminole. According to the American Community Survey, the population in the four-county service area increased 4.3 percent from 2021 to 2023. The total population growth for the three-year period added 124,701 residents.

In the service area and the state, females accounted for 50.8 percent of the population when compared to their male counterparts at 49.2 percent.

In 2021-2023 the White population in the service area represented 50.4 percent of the population, compared to 55.5 percent for the entire state. The Black population accounted for 15.1 percent of the service area population and 14.9 percent of the population in Florida. American Indians and Native Hawaiians represented less than one percent of residents each. The percentage of Asian residents, at 4.5 percent, was higher in the service area when compared to the state at 3.0 percent. Individuals with a race of Other accounted for 10.9 percent, and 18.7 percent of residents belonged to two or more racial groups.

By ethnicity, the service area had a slightly higher percentage of Hispanic residents, at 31 percent, when compared to 27.4 percent in the whole state.

The service area population was younger than the state for persons ages <1-54 years. Residents 65 years of age or older accounted for 16.5 percent of the population compared to 21.8 percent of residents at least 65 years old in the state.

Education and Employment

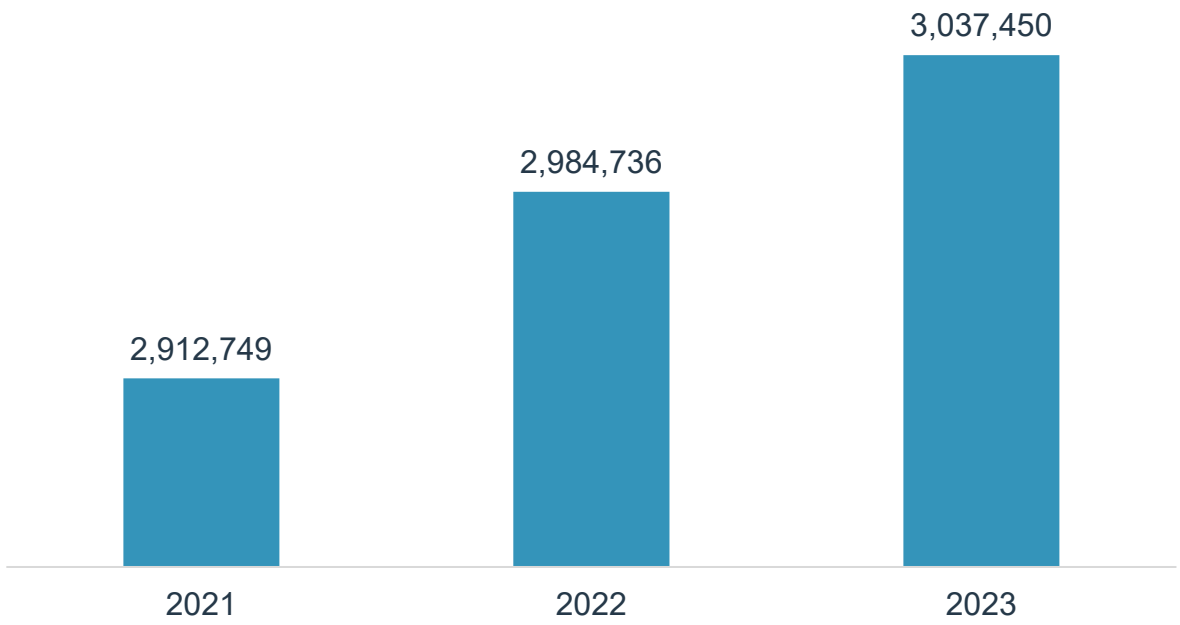
Data revealed that the service area and state populations were similar regarding educational attainment. The rate of individuals in the service area who attained a high school education or higher is 92.1 percent, compared to the state's rate of 90.1 percent. More than one-third of the service area population hold a bachelor's degree and 13.5 percent have a graduate or professional degree.

In the service area population, 62.3 percent of individuals participated in the labor force in 2023. This was higher than those employed in Florida as a whole at 57.2 percent. The unemployment rate for the service area decreased 25.6 percent from 2021–2023. In Florida, unemployment decreased 24.2 percent during the same time.

Poverty Status

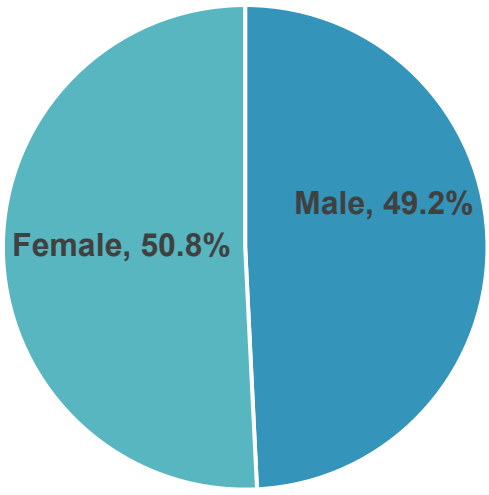
From 2021–2023, the percentage of residents living at <200 percent of the Federal Poverty Level (FPL) decreased in the service area, while those living at or above 400 percent of the FPL increased.

FIGURE 1: SERVICE AREA POPULATION ESTIMATES, 2021-2023



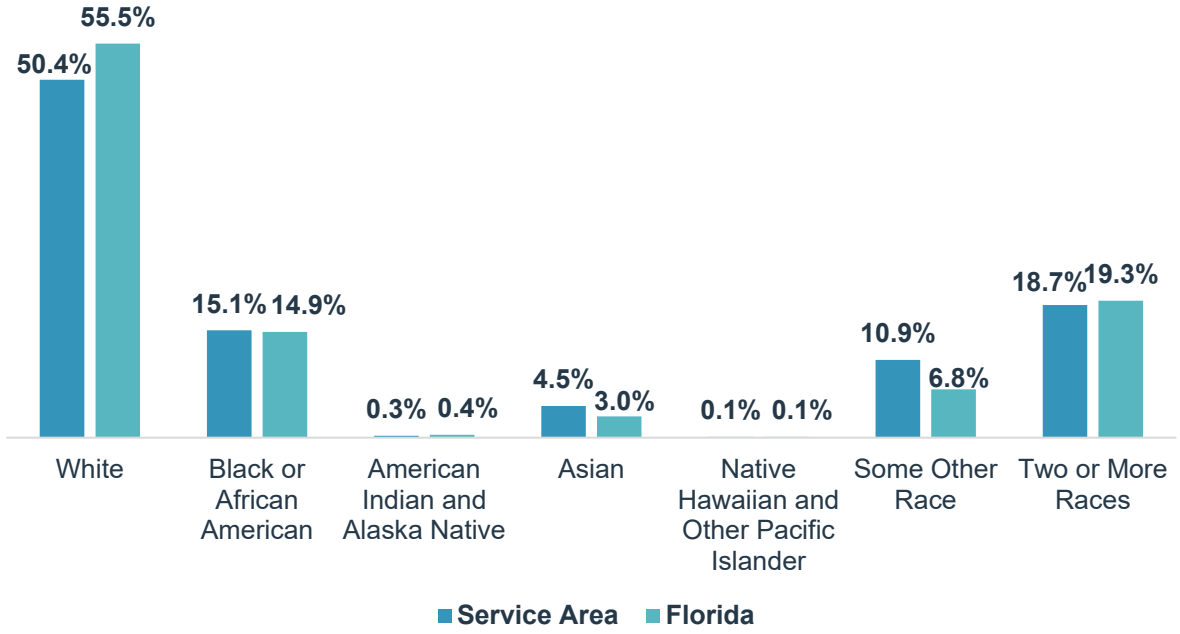
Source: ACS 1-year Estimates, Table DP05

FIGURE 2: SERVICE AREA POPULATION BY SEX, 2023



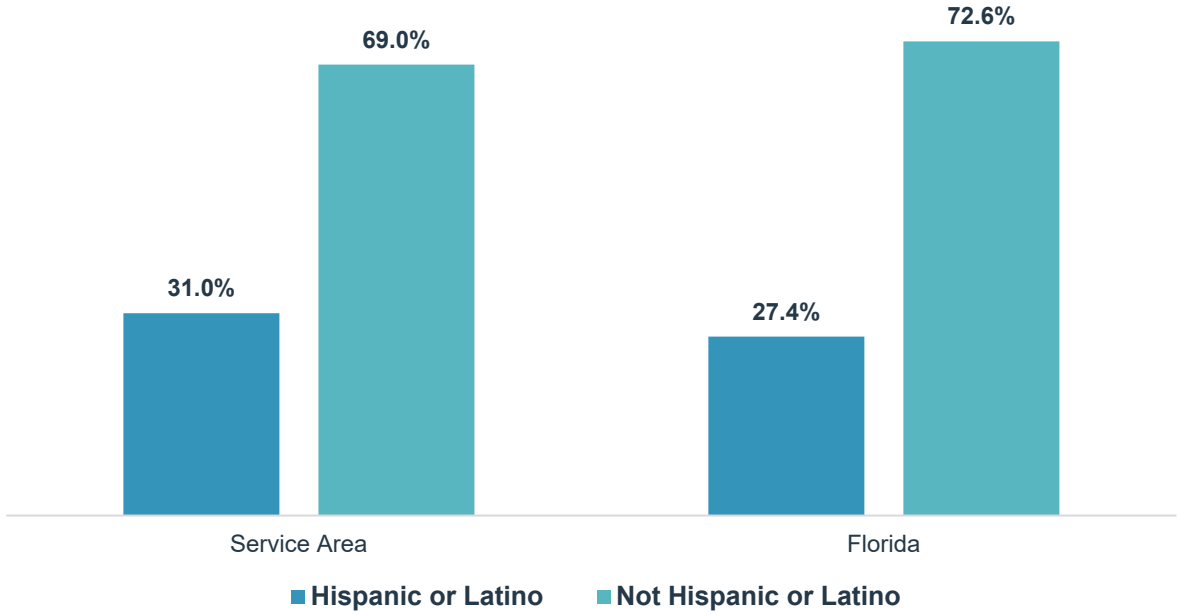
Source: ACS 1-year Estimates, Table DP05

FIGURE 3: SERVICE AREA POPULATION ESTIMATES BY RACE, 2023



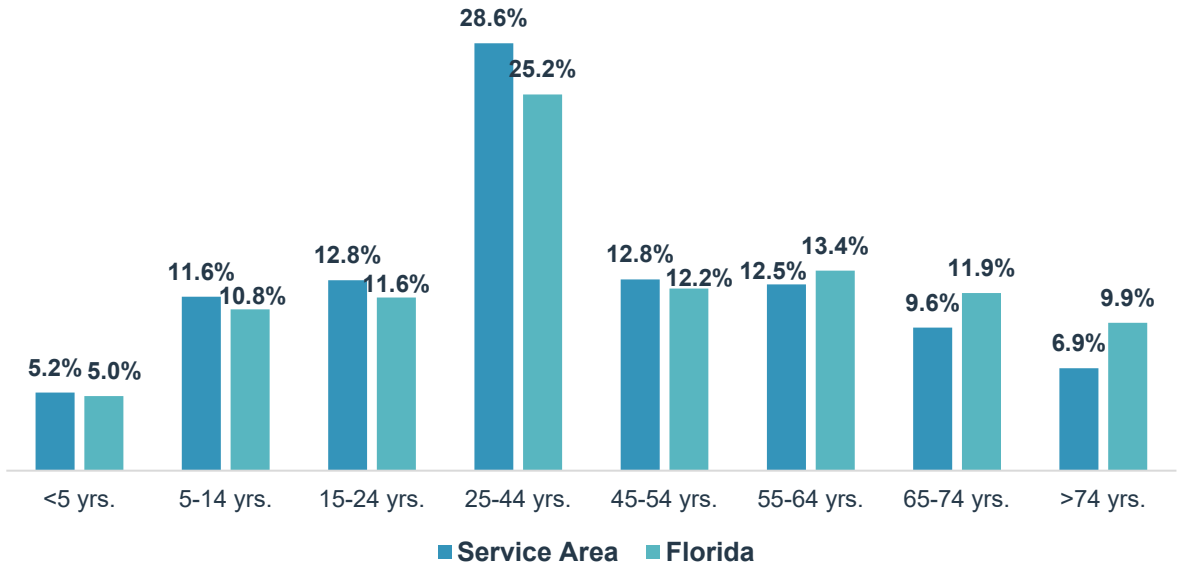
Source: ACS 1-year Estimates, Table DP05

FIGURE 4: SERVICE AREA POPULATION ESTIMATES BY ETHNICITY, 2023



Source: ACS 1-year Estimates, Table DP05

FIGURE 5: SERVICE AREA POPULATION ESTIMATES BY AGE RANGE, 2023



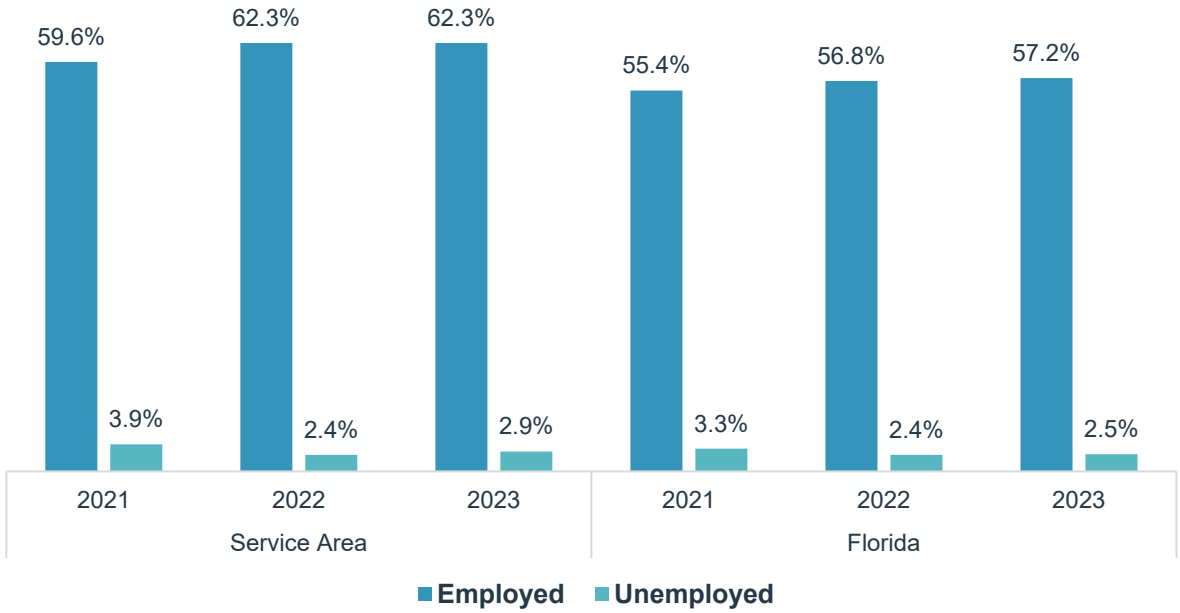
Source: ACS 1-year Estimates, Table DP05

FIGURE 6: SERVICE AREA POPULATION ESTIMATES BY EDUCATIONAL ATTAINMENT, 2021-2023

Educational Attainment	CFC Service Area			Florida		
	2021	2022	2023	2021	2022	2023
Less than 9th grade	3.7%	3.8%	3.1%	4.4%	4.2%	4.1%
9th to 12th grade, no diploma	4.5%	5.0%	4.8%	5.8%	5.9%	5.6%
High school graduate (includes equivalency)	25.4%	24.0%	24.2%	27.7%	27.1%	26.8%
Some college, no degree	19.1%	17.6%	18.5%	18.9%	18.4%	18.4%
Associate's degree	11.5%	11.4%	11.3%	10.0%	10.2%	10.1%
Bachelor's degree	22.8%	24.6%	24.6%	20.6%	21.4%	21.6%
Graduate or professional degree	13.1%	13.6%	13.5%	12.6%	12.9%	13.3%
High school graduate or higher	91.8%	91.2%	92.1%	89.8%	89.9%	90.2%
Bachelor's degree or higher	35.8%	38.2%	38.1%	33.2%	34.3%	34.9%

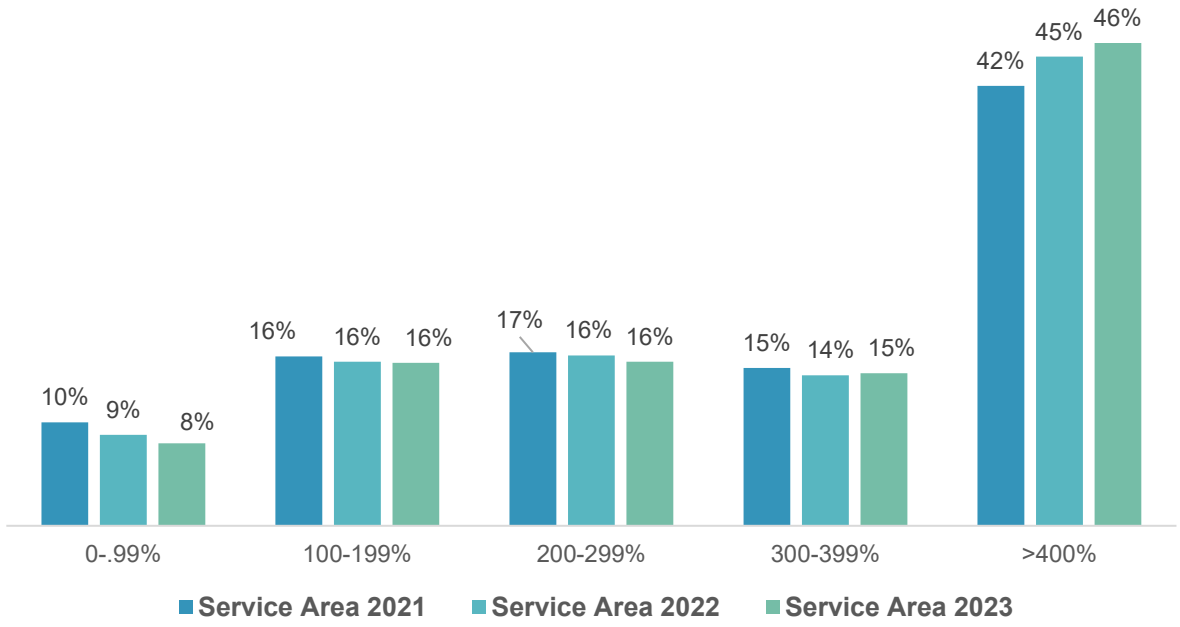
Source: ACS 1-year Estimates, Table S1501

FIGURE 7: SERVICE AREA POPULATION ESTIMATES BY EMPLOYMENT STATUS, 2021-2023



Source: ACS 1-year Estimates, Table DP03

FIGURE 8: SERVICE AREA POPULATION ESTIMATES BY POVERTY STATUS, 2021-2023



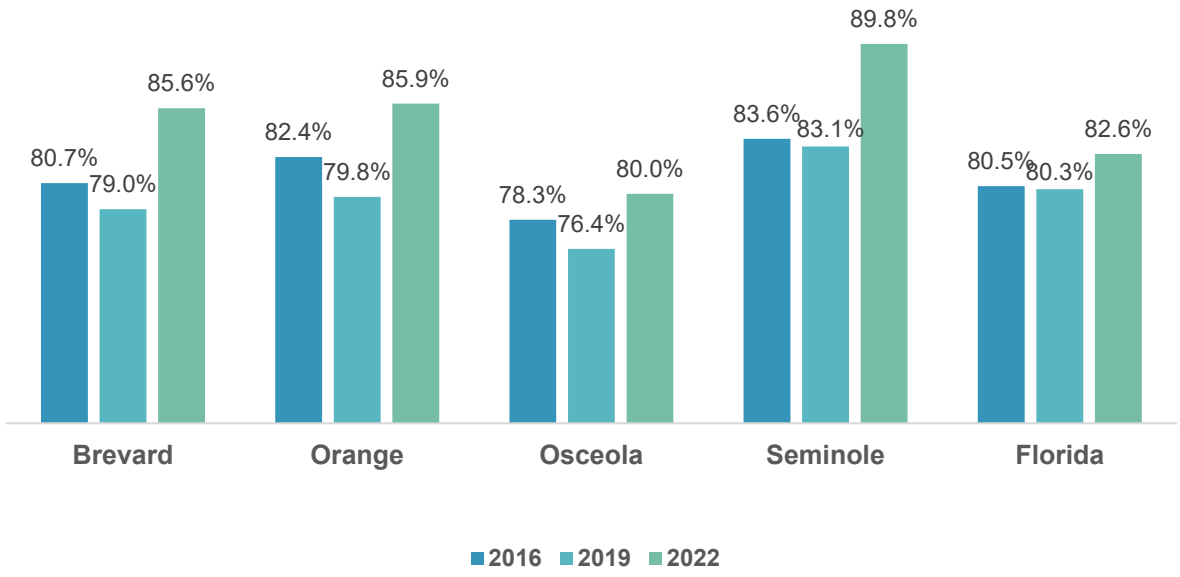
Source: ACS 1-year Estimates, Table B17026

Service Area Health Status Profile

Overall Health Status

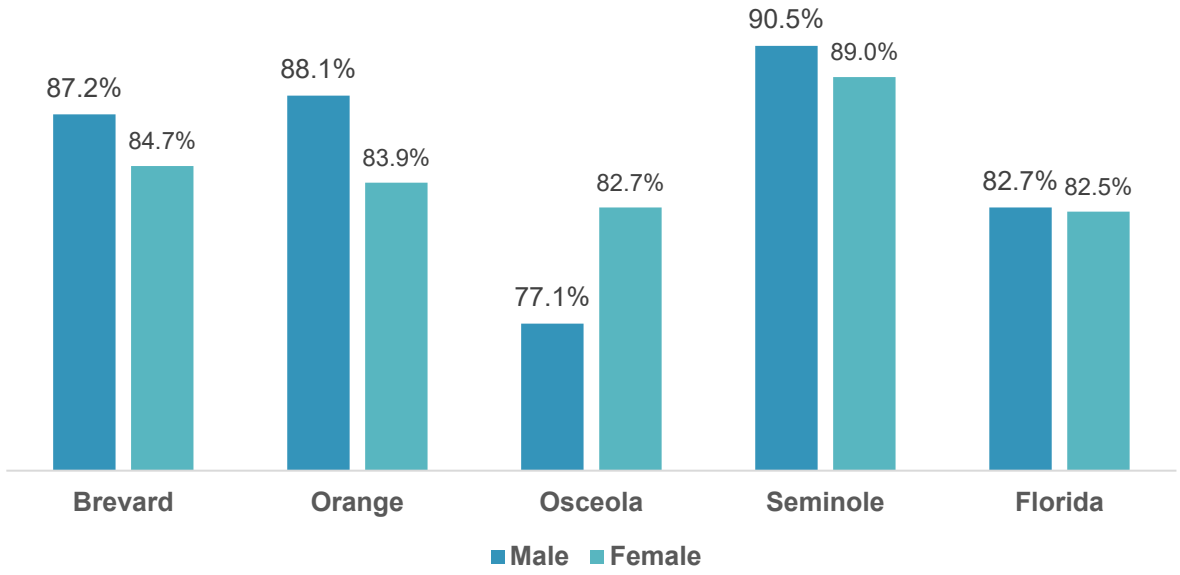
Behavioral Risk Factor Surveillance System (BRFSS) data (2022) estimates revealed an average of 85.3 percent of the adult population living in the service area said their overall health was good to excellent. The percentages of adults in the service area with good health ranged from 80 percent in Osceola to 89.8 percent in Seminole County. In Florida, 82.6 percent of adults reported good health in 2022. By sex, males with good health ranged from 77.1 percent in Osceola to 90.5 percent in Seminole while females ranged from 82.7 percent in Osceola to 89 percent in Seminole County.

FIGURE 9: ADULTS WHO SAID THEIR OVERALL HEALTH WAS GOOD TO EXCELLENT, 2016, 2019, 2022



Source: Florida Behavioral Risk Factor Surveillance System

FIGURE 10: ADULTS WHO SAID THEIR OVERALL HEALTH WAS GOOD TO EXCELLENT BY SEX, 2022

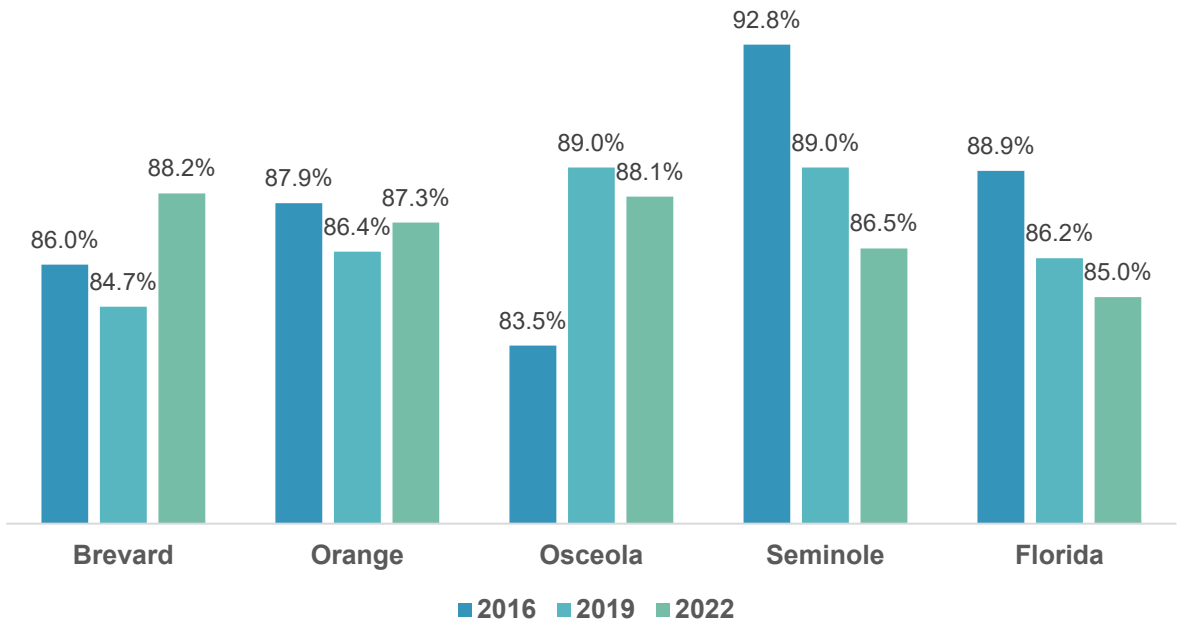


Source: Florida Behavioral Risk Factor Surveillance System

Adult Mental Health

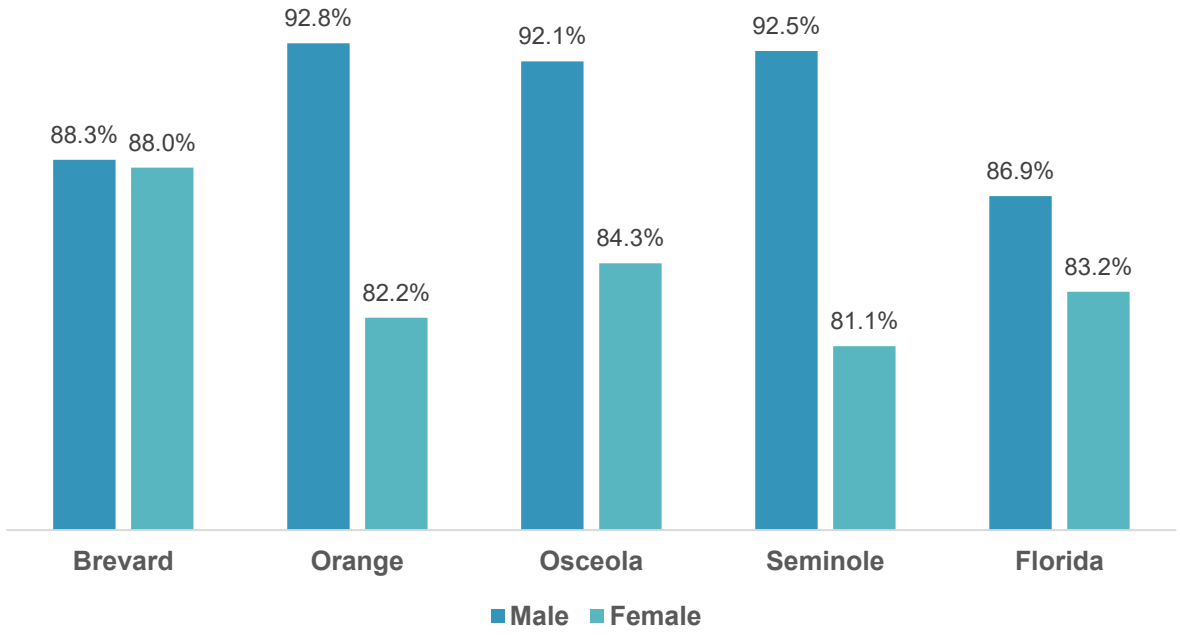
The percentages of adults with good mental health decreased in Seminole County and the state when comparing rates from 2016, 2019, and 2022. In Brevard County, 88.2 percent of adults reported good mental health. This was an increase from 86 percent in 2016. The rate among adults in Osceola County at 88.1 percent in 2022 was an increase from the 2016 rate at 83.5 percent but a small decrease from 89 percent in 2019. Rates among adults in Orange County were relatively stable, ranging from 87.9 percent in 2016 to 87.3 percent in 2022. Among genders, the percentages of males with good mental health were higher when compared to their female counterparts. These range from 88.3 percent in Brevard to 92.5 percent in Seminole. The 2022 percentages of female adults with good mental health ranged from 81.1 percent in Seminole to 88 percent in Brevard.

FIGURE 11: ADULTS WITH GOOD MENTAL HEALTH, 2016, 2019, 2022



Source: Florida Behavioral Risk Factor Surveillance System

FIGURE 12: ADULTS WITH GOOD MENTAL HEALTH BY SEX, 2022



Source: Florida Behavioral Risk Factor Surveillance System

Suicide

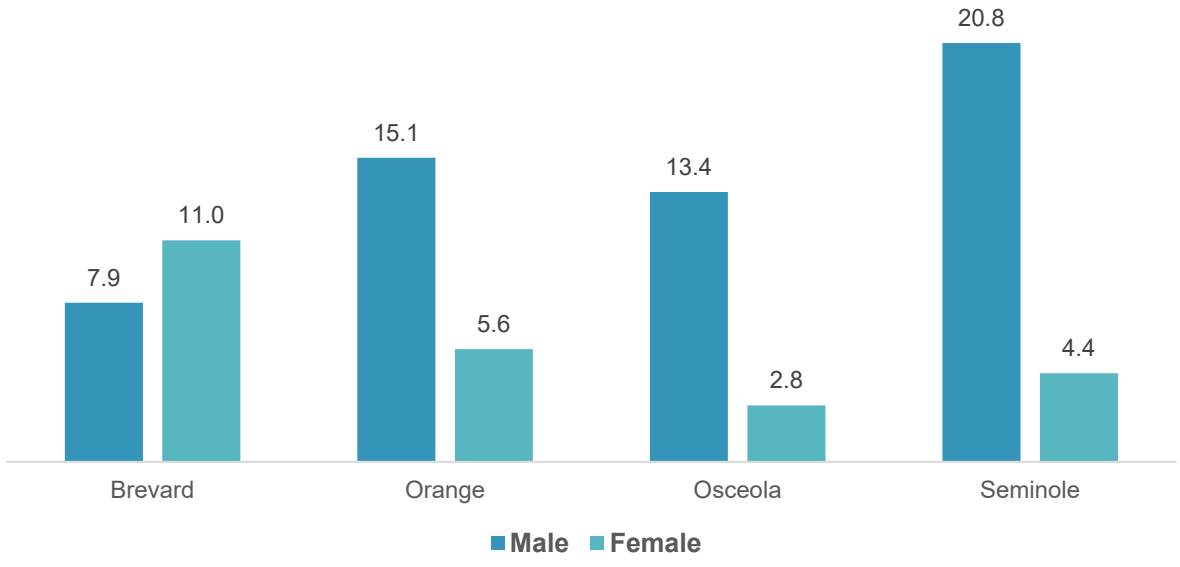
The 2023 death rate for suicide was highest in Brevard County at 20.7 per 100,000 population. This was much higher than the rates in other counties, which ranged from 8.0 per 100,000 in Osceola County to 12.3 per 100,000 in Seminole County. The rate for Florida was 14.1 suicides per 100,000 population. In Osceola and Seminole counties males were more than four times more likely to die by suicide than their female counterparts. Suicide rates among the White population were substantially higher than those among the Black and Hispanic populations in all counties in the service area and Florida.

FIGURE 13: AGE ADJUSTED SUICIDE COUNTS AND RATES BY COUNTY, 2021-2023

County	2021		2022		2023	
	Count	Rate	Count	Rate	Count	Rate
Brevard	135	19.4	115	17.0	148	20.7
Orange	141	9.3	154	10.1	160	10.0
Osceola	38	9.2	33	7.5	37	8.0
Seminole	78	15.0	68	13.2	65	12.3

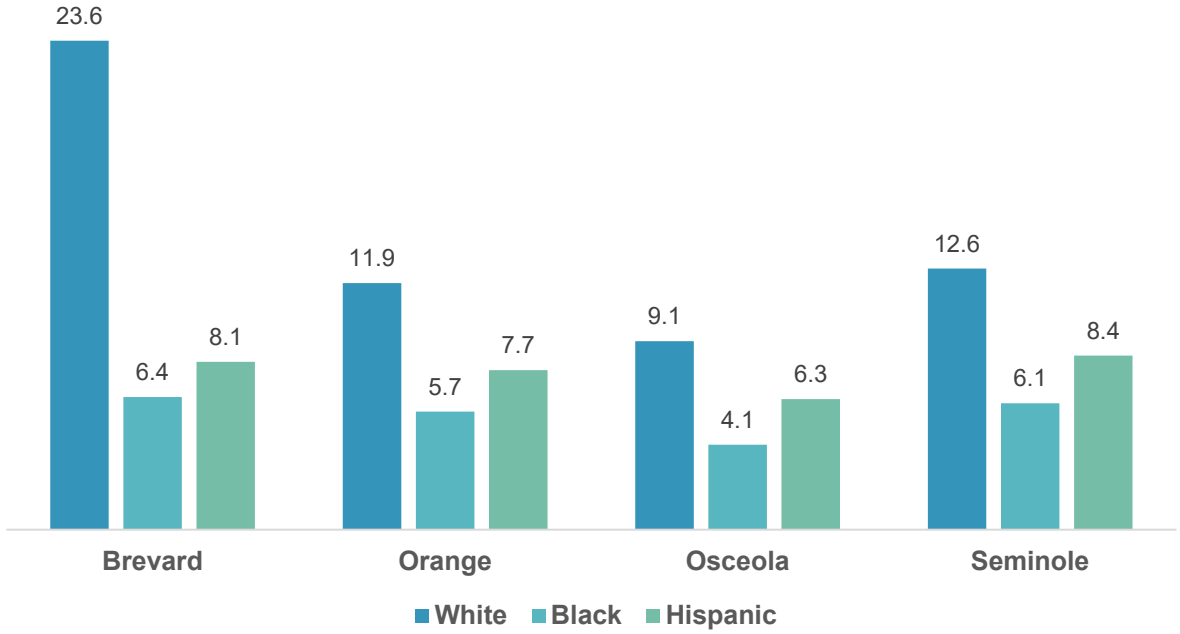
Source: Florida Department of Health, Bureau of Vital Statistics. Rate per 100,000 population

FIGURE 14: AGE ADJUSTED SUICIDE RATES BY COUNTY AND SEX, 2023



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

FIGURE 15: AGE ADJUSTED SUICIDE RATES BY COUNTY AND RACE, 2023



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

Baker Act and Marchman Act

Baker Act

Baker Act Involuntary Examinations is a count of examinations for emergency mental health services and temporary detention (per the Baker Act criteria established in Chapter 394, Florida Statutes). Some people may receive more than one examination in a fiscal year. Data for this report was collected from the Florida Department of Children and Families Baker Act Dashboard and The Baker Act Annual Report 2023–2024. The count of examinations from two data sources differs slightly but the data is still relevant. Data sources are noted below the charts and tables below.

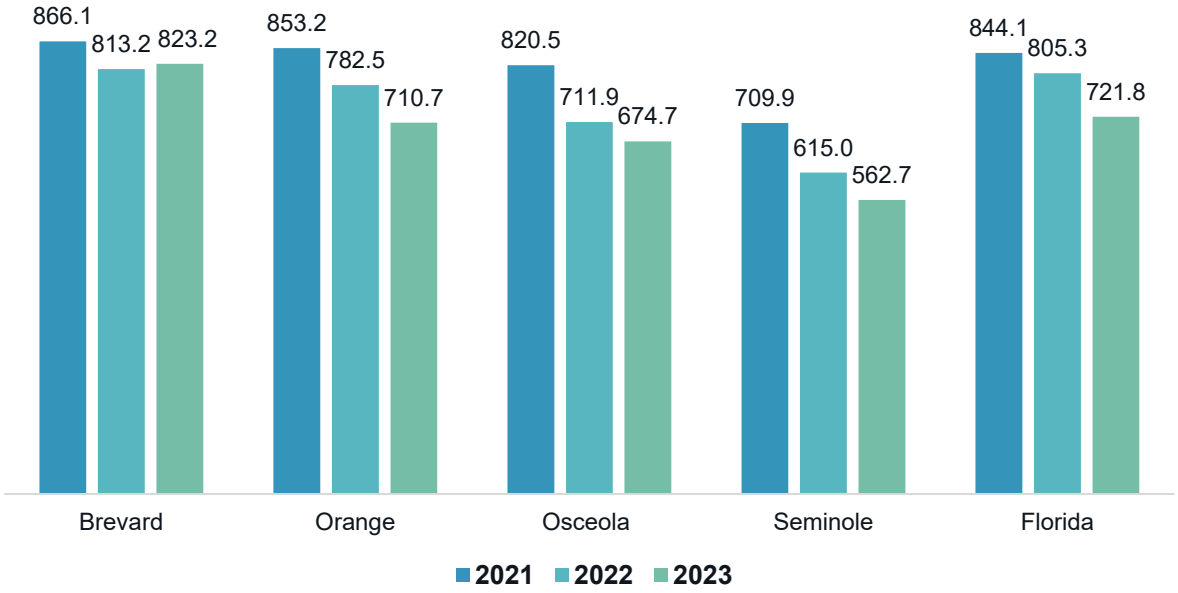
Mental health disorders, when serious and untreated, can cause morbidity, reduced quality of life, and additional strain to the local healthcare system.

Brevard County had the highest rate of Baker Act involuntary examinations in 2023 at 823.2 per 100,000 population. In Orange, Osceola, and Seminole counties, the rates decreased from 2021–2023, with the biggest decrease in Seminole County at 20.7 percent.

Baker Act involuntary examinations by race should be interpreted with caution as at least 20 percent of races were suppressed in each county of the service area. Brevard County had the highest percentage of Baker Act examinations among the White population, and Orange County had the highest percentage of involuntary exams among the Black Population.

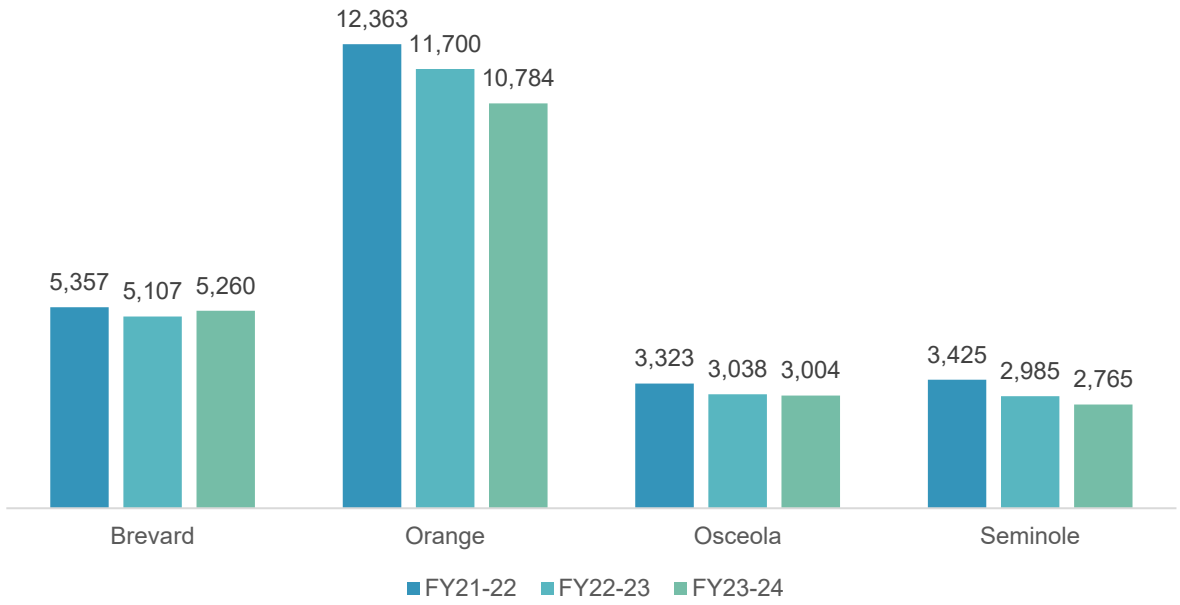
Baker Act involuntary examinations by sex should be interpreted with caution as at least 20 percent of sexes were suppressed in each county of the service area. Males accounted for higher percentages of Baker Act examinations compared to their female counterparts.

FIGURE 16: BAKER ACT INVOLUNTARY EXAMINATIONS RATE PER 100,000 POPULATION BY COUNTY, 2021–2023



Source: Florida Department of Children and Families

FIGURE 17: BAKER ACT INVOLUNTARY EXAMINATIONS COUNTS, FY 2021-2022 – FY 2023-2024



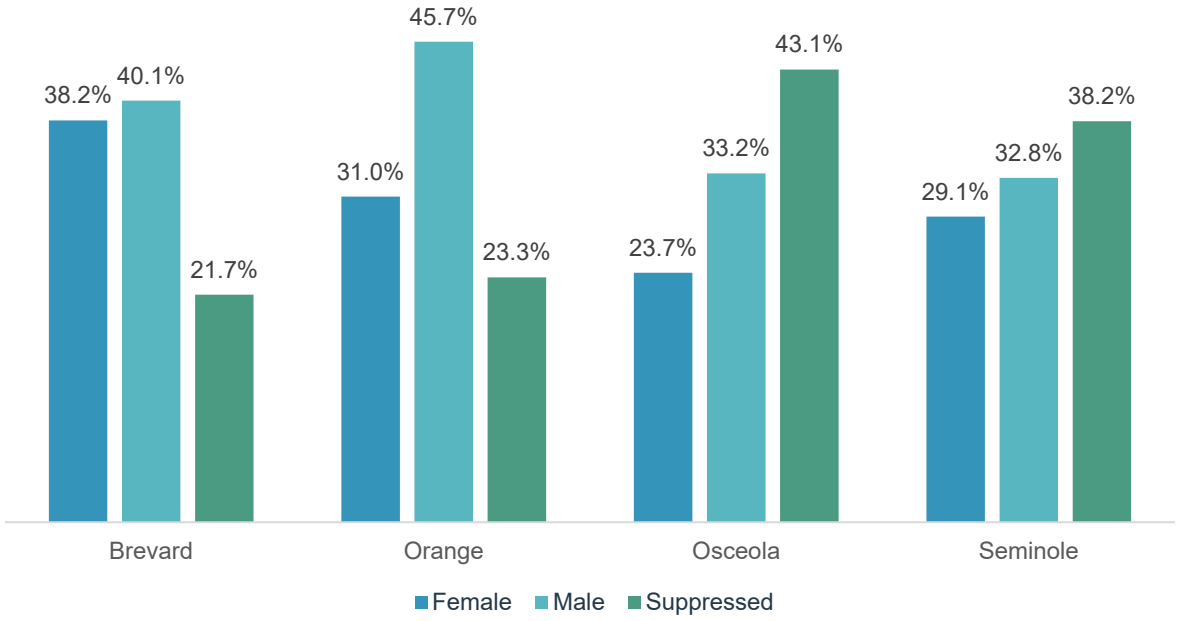
Source: Florida Department of Children and Families Baker Act Dashboard

FIGURE 18: BAKER ACT EXAMINATIONS BY RACE. FY 2023-2024

County	Asian	Black	Multi-Racial	Other	Suppressed	Unknown	Unreported	White
Brevard	0.0%	13.6%	0.0%	2.5%	21.7%	0.0%	0.0%	62.2%
Orange	0.6%	32.7%	0.7%	4.2%	23.5%	0.6%	0.7%	37.1%
Osceola	0.0%	11.9%	0.8%	4.8%	42.9%	0.9%	0.6%	38.2%
Seminole	0.0%	15.1%	1.0%	1.6%	38.2%	0.0%	0.0%	44.1%

Source: Florida Department of Children and Families Baker Act Dashboard

FIGURE 19: BAKER ACT EXAMINATIONS BY SEX, FY 2023-2024



Source: Florida Department of Children and Families Baker Act Dashboard

Brevard County

According to the Baker Act Annual Report (2023–2024), Brevard County is in the Department's Central Region and Florida Judicial Circuit 18. In FY 2023-2024, there were 5,206 involuntary examinations, of which 13.6% were among Blacks, 62.2 percent were among Whites, and 21.7 percent of race designations were suppressed. Females accounted for 38.2 percent of examinations, 40.1 percent were males, and 21.7 percent of sex designations were suppressed. Most Brevard County residents who received an involuntary examination were seen at Circles of Care (Harbor Pines) (36.8 percent), Circles of Care (Sheridan Oaks Hospital) (33.9 percent), Palm Point Behavioral Health (15.9 percent), and Central Florida Behavioral Hospital (5.1 percent).

The percentages of involuntary examinations by health profession initiator were as follows:

- Physicians (who are not Psychiatrists) – 64.68 percent
- Mental Health Counselors – 23.02 percent
- Psychiatrists – 4.11 percent
- Psychiatric Nurses – 2.45 percent
- Clinical Social Workers – 2.31 percent
- Physician Assistants – 2.27 percent
- Clinical Psychologists – 1.06 percent
- Marriage and Family Therapists – <1 percent

FIGURE 20: INVOLUNTARY EXAMINATIONS (BAKER ACT) FOR RESIDENTS OF BREVARD COUNTY, 2021-2024

Involuntary Examinations Brevard County		2021–2022	2022–2023	2023–2024
Percent of Total by Age	All Ages	**5,082**	**5,044**	**5,231**
	<18 yrs.	27.9%	23.5%	24.1%
	18–24 yrs.	9.9%	10.4%	11.2%
	25–64 yrs.	56.1%	59.5%	56.9%
	65+ yrs	5.8%	5.8%	6.6%
Percent of Total by Initiator Type	Law Enforcement	54.9%	55.2%	55.5%
	Health Professionals	42.6%	42.1%	41.4%
	Ex Parte	2.5%	2.7%	3.2%

Source: Baker Act Annual Report 2023–2024 – Department of Children and Families

Orange County

Orange County is in the Department's Central Region and Florida Judicial Circuit 9. In FY 2023-2024 there were 10,784 involuntary examinations among 1,513,466 residents of Orange County. Racially, 32.7 percent were among Blacks, 37.1 percent were among Whites, and 23.4 percent of race designations were suppressed. By sex, 31 percent were among females, 45.7 percent were among males and for the remainder the sex designation was suppressed. Most Orange County residents who received an involuntary examination were seen at Aspire Health Partners (30.6 percent), Central Florida Behavioral Hospital (19.9 percent), University Behavioral Center (15.5 percent), Advent Health System (15 percent), and Orlando Health South Seminole Hospital (7.1 percent).

The percentages of involuntary examinations by health profession initiator were as follows:

- Physicians (who are not Psychiatrists) – 61.9 percent
- Mental Health Counselors – 17.2 percent
- Psychiatrists – 10.1 percent
- Clinical Social Workers – 6.1 percent
- Psychiatric Nurses – 2.6 percent
- Physician Assistants – 1.1 percent
- Marriage and Family Therapists – <1 percent

FIGURE 21: INVOLUNTARY EXAMINATIONS (BAKER ACT) FOR RESIDENTS OF ORANGE COUNTY, 2021-2024

Involuntary Examinations Orange County		2021–2022	2022–2023	2023–2024
Percent of Total by Age	All Ages	**11,699**	**11,458**	**11,605**
	<18 yrs.	19.5%	16.3%	14.6%
	18–24 yrs.	13.3%	13.6%	14.6%
	25–64 yrs.	56.1%	65.0%	65.2%
	65+ yrs	4.4%	4.5%	6.6%
Percent of Total by Initiator Type	Law Enforcement	45.0%	47.5%	46.9%
	Health Professionals	53.3%	50.5%	51.0%
	Ex-Parte	1.7%	2.0%	2.1%

Source: Baker Act Annual Report 2023–2024 – Department of Children and Families

Osceola County

Osceola County is also in the Department's Central Region and Florida Judicial Circuit 9. In FY 2023-2024 there were 3,004 involuntary examinations among 444,475 residents of Osceola County. Black individuals accounted for 11.9 percent of involuntary examinations, 38.2 percent were among Whites, and for 42.9 percent their race was suppressed. Most Osceola County residents who received an involuntary examination were seen at Park Place Behavioral Health Care (33.6 percent), Central Florida Behavioral Hospital (16.6 percent), Advent Health System (14.1 percent), HCA Florida Osceola Hospital (Osceola Regional Medical Center) (9.9 percent), and University Behavioral Center (6.7 percent).

The percentages of involuntary examinations by health profession initiator were as follows:

- Physicians (who are not Psychiatrists) – 75.9 percent
- Psychiatrists – 6.7 percent
- Mental Health Counselors – 6.5 percent
- Clinical Social Workers – 5.9 percent
- Psychiatric Nurses – 3.6 percent
- Clinical Psychologists – <1 percent
- Physician Assistants – <1 percent
- Marriage and Family Therapists – <1 percent

FIGURE 22: INVOLUNTARY EXAMINATIONS (BAKER ACT) FOR RESIDENTS OF OSCEOLA COUNTY, 2021-2024

Involuntary Examinations Osceola County		2021–2022	2022–2023	2023–2024
Percent of Total by Age	All Ages	**3,111**	**2,944**	**2,931**
	<18 yrs.	22.7%	20.5%	19.1%
	18–24 yrs.	13.5%	14.3%	14.9%
	25–64 yrs.	58.9%	60.3%	59.6%
	65+ yrs	4.2%	4.3%	4.8%
Percent of Total by Initiator Type	Law Enforcement	45.7%	46.0%	43.8%
	Health Professionals	51.9%	52.1%	53.7%
	Ex Parte	2.4%	1.9%	2.5%

Source: Baker Act Annual Report 2023–2024 – Department of Children and Families

Seminole County

Seminole County is in the Department's Central region and Florida Judicial Circuit 18. In FY 2023-2024 there were 2,765 involuntary examinations among 491,029 residents of Seminole County. By race, 15.1 percent were among Blacks, 44.1 percent were among Whites, and 38.2 percent had their race suppressed. Females accounted for 29.1 percent of examinations, while males represented 32.8 percent and those with sex suppressed accounted for 38.2 percent. Most Seminole County residents who received an involuntary examination were seen at University Behavioral Center (23.5 percent), Orlando Health South Seminole Hospital (18.6 percent), Central Florida Behavioral Hospital (13.5 percent), Advent Health System (13.1 percent), Aspire Health Partners (Seminole Behavioral Healthcare) (9.1 percent), and Aspire Health Partners (7.4 percent).

The percentages of involuntary examinations by health profession initiator were as follows:

- Physicians (who are not Psychiatrists) – 61.4 percent
- Psychiatrists – 16.4 percent
- Mental Health Counselors – 9.3 percent
- Clinical Social Workers – 5 percent
- Physician Assistants – 3.8 percent
- Psychiatric Nurses – 3.3 percent
- Clinical Psychologists – <1 percent

FIGURE 23: INVOLUNTARY EXAMINATIONS (BAKER ACT) FOR RESIDENTS OF SEMINOLE COUNTY, 2021–2024

Involuntary Examinations Seminole County		2021–2022	2022–2023	2023–2024
Percent of Total by Age	All Ages	**3,132**	**2,902**	**2,706**
	<18 yrs.	27.3%	26.4%	22.5%
	18–24 yrs.	15.8%	15.5%	15.0%
	25–64 yrs.	51.5%	52.1%	54.7%
	65+ yrs	4.6%	5.2%	6.8%
Percent of Total by Initiator Type	Law Enforcement	61.0%	59.4%	58.6%
	Health Professionals	36.8%	38.5%	39.1%
	Ex Parte	2.2%	2.0%	2.3%

Source: Baker Act Annual Report 2023–2024 – Department of Children and Families

Marchman Act

The Marchman Act provides for voluntary admissions and involuntary assessment, stabilization, and treatment of adults and youth who are severely impaired due to substance abuse.

According to the Marchman Act Annual Report (2023–2024), the change in the Marchman Act requiring an annual report went into effect in July 2024, with the first report due December 2024. Creating this report annually requires the development of document/data submission infrastructure, including changes to statutes and rules that specify who submits what to whom and on what time schedule. There are three sources of data the Baker Act Reporting Center was able to compile for this first Marchman Act Report: a) The Office of State Court Administrators (OSCA) counts of case types from a report generated on the FLCourts website, b) counts of cases identified in the Comprehensive Case Information System (CCIS) as part of the Baker Act Reporting Center's CCIS pilot for petitions and orders for Baker Act involuntary inpatient placement and Baker Act involuntary outpatient services, and c) data from documents/data files for protective custody holds submitted to the Baker Act Reporting Center by some Florida Sheriffs' Offices.

No current data infrastructure exists for the Marchman Act involuntary services for annual reporting. Developing infrastructure for Marchman Act data is more complicated than it is for Baker Act data, which comes from only two entities: Baker Act receiving facilities and Clerks of Court. Developing a plan for comprehensive, statewide data for all elements of the five Marchman Act pathways will be a focus in FY 24–25. There are complexities in requiring the initiator of the Marchman Act involuntary services process to submit documents or data, because there are many types of people who may initiate. There are also complexities to requiring the entity that is the destination for the Marchman Act involuntary services to submit documents or data, because this includes

several types of entities (jails, detox programs, substance abuse treatment facilities, and hospitals).

FIGURE 24: MARCHMAN ACT CASE COUNTS FOR CCIS, JULY–SEPTEMBER 2022

Count of Cases	District VII	Brevard	Orange	Osceola	Seminole
All Mental Health Cases	1,648	486	960	171	31
Marchman Act Cases	164	87	35	42	0
Annualized Estimated of Marchman Cases	656	348	140	168	0
Florida Courts (OSCA) Substance Abuse Cases Filed	845	261	340	162	82

Source: Marchman Act Annual Report 2023–2024

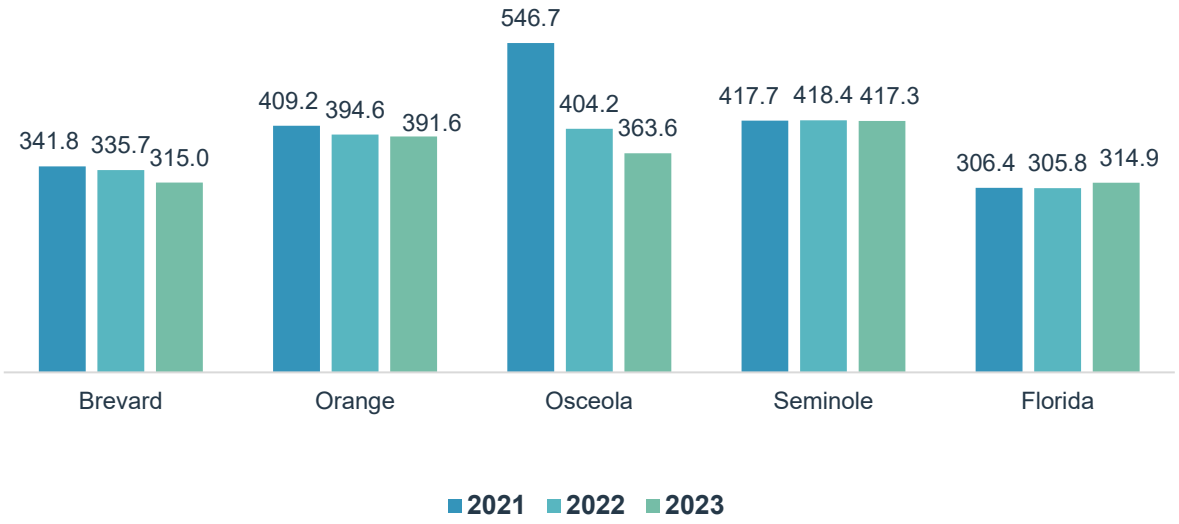
Violence and Abuse

Total domestic violence offenses decreased from 2021 to 2023 in Brevard, Orange, and Osceola counties, with the greatest decrease in Osceola County at 33.5 percent. In Seminole County, the rate of domestic violence remained stable. The highest rate in 2024 was in Seminole County, at 417.3 per 100,000 population. Subsequently, Orange County reported a rate of 391.6 per 100,000, followed by Osceola County at 363.6 per 100,000, and Brevard County at 315.0 per 100,000. The rate in Florida was 314.9 per 100,000 population and increased 2.8 percent in the past 3 years.

A reduction in child abuse rates was observed during 2021 to 2023. Seminole County had the largest rate reduction in children experiencing child abuse (ages 5–11 years) at 39.9 percent. Brevard County also had a substantial decrease at 34.4 percent. Decreases were smaller among Orange and Osceola counties at 15.9 percent and 20.3 percent, respectively.

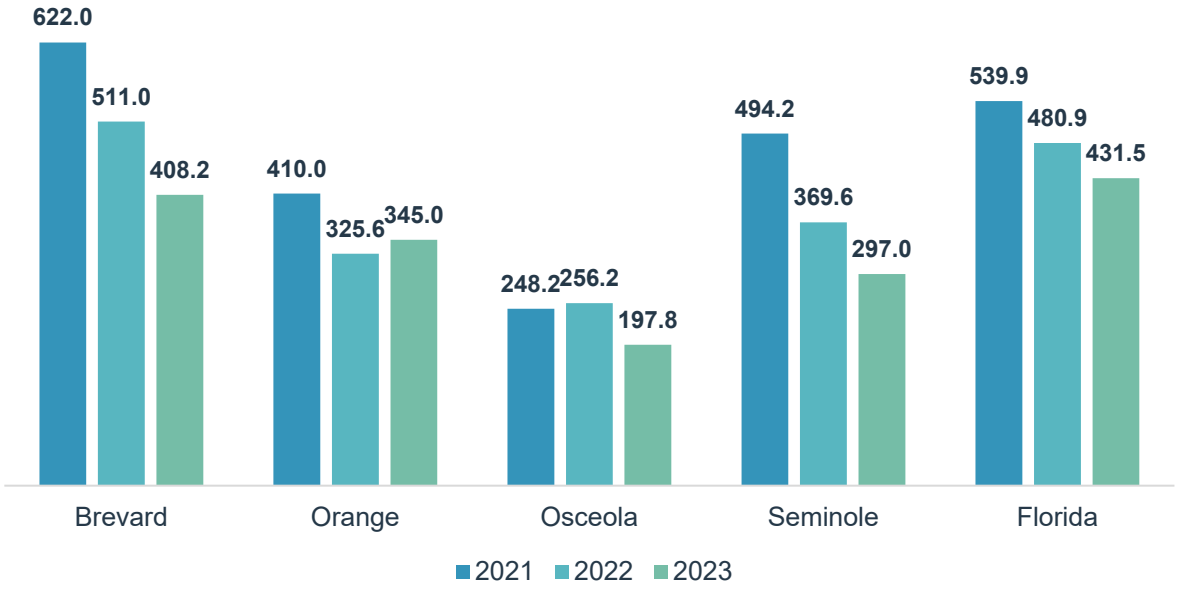
The rate of children experiencing sexual violence (ages 5–11 years) in the service area was highest in Orange County at 47.3 offences per 100,000 population, followed by children of Osceola County at 45.8 per 100,000 population. The rate for Brevard County, at 31.1 per 100,000 population, was lower than the Florida rate at 35.7 per 100,000 population. Seminole had the lowest rate of sexual violence among children at 15.3 per 100,000 population.

FIGURE 25: DOMESTIC VIOLENCE OFFENSES BY COUNTY, 2021-2023



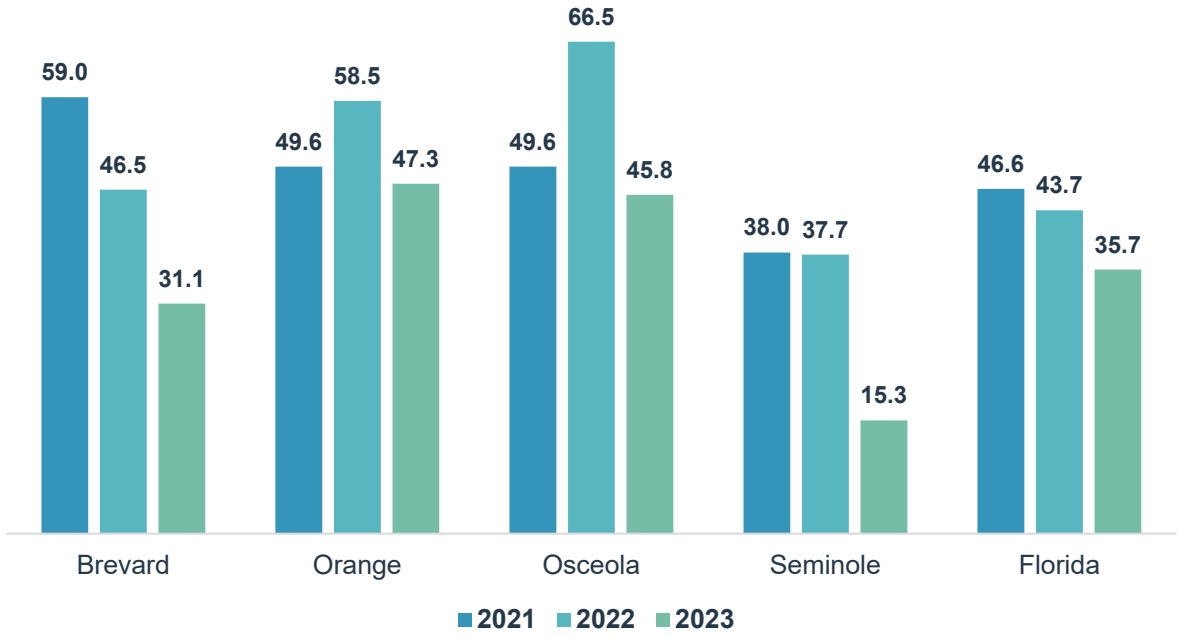
Source: Florida Department of Law Enforcement

FIGURE 26: CHILDREN EXPERIENCING CHILD ABUSE, AGES 5–11 YEARS, 2021-2023



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

FIGURE 27: CHILDREN EXPERIENCING SEXUAL VIOLENCE, AGES 5–11 YEARS, 2021-2023



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

Health Insurance Coverage

In 2023 according to ACS one-year estimates, percentages of the civilian population of all races who were insured differed slightly by county. At 90.4 percent in Seminole County, 90.1 percent in Brevard County, and 89.1 percent in Osceola, rates were higher than the state rate of 88.1 percent. Orange County, at 87.7 percent, was below the state rate. In Brevard, Orange, and Seminole Counties rates of insurance coverage were slightly higher for White residents (90.9, 89.9, 91.6 percent, respectively) compared to rates for Black residents (90.2, 86.1, 88.7 percent, respectively). Rates in Osceola were 89.5 percent for White residents and 89.7 percent for Black residents. By ethnicity, in all four counties percentages were slightly higher for non-Hispanics compared to rates for Hispanics.

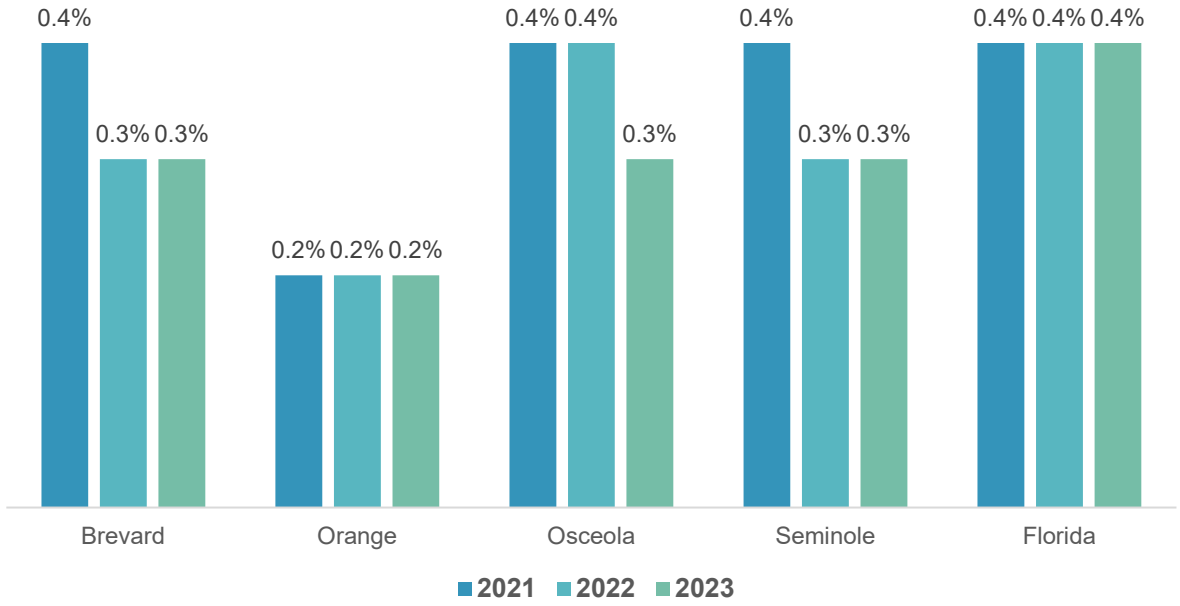
Disability

The Florida Department of Education (FLDOE) reported less than one percent of children in kindergarten through 12 grades had an emotional/behavioral disability. The county percentages have remained consistent over the past three years.

As may be expected, the percentage of those afflicted with a disability increased with age. In all counties, at least thirty percent of those ages 65 years and older had a disability (hearing, vision, cognitive, ambulatory, self-care or independent living). The percentages of disability by age range were very similar across all counties in the service area. Seminole County had the lowest percentage of adults 65–74 years of age

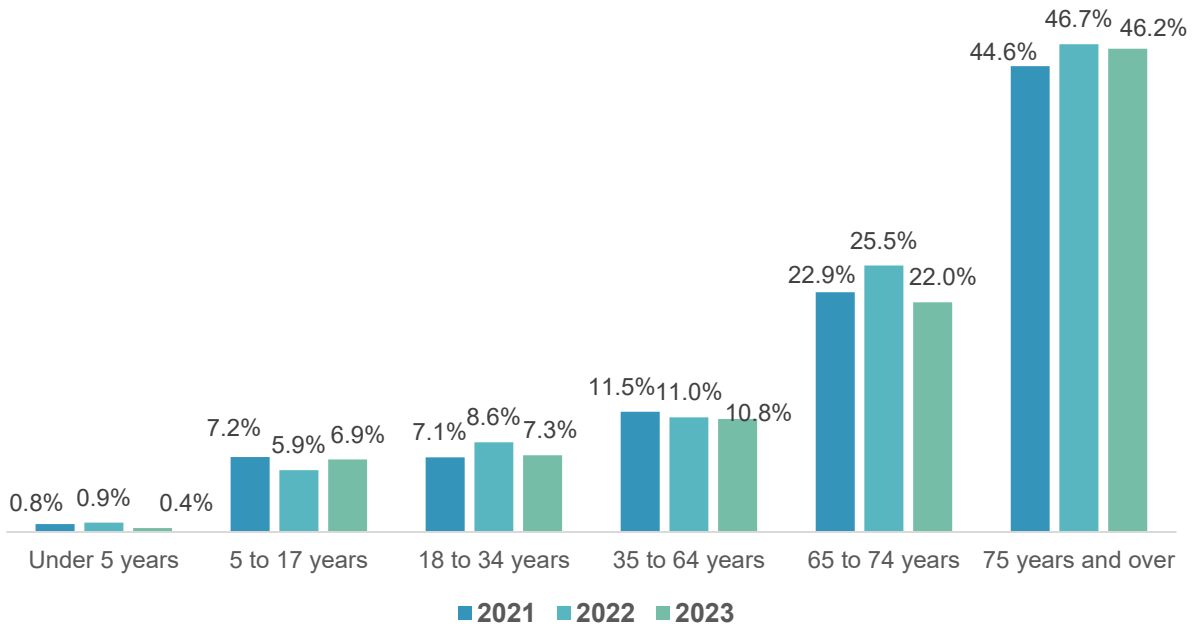
with a disability at 19.1 percent. Osceola County had the highest percentage of individuals with disabilities at 53.7 percent of those 75 years and older.

FIGURE 28: CHILDREN WITH EMOTIONAL/BEHAVIORAL DISABILITY, K–12 GRADES, 2021-2023



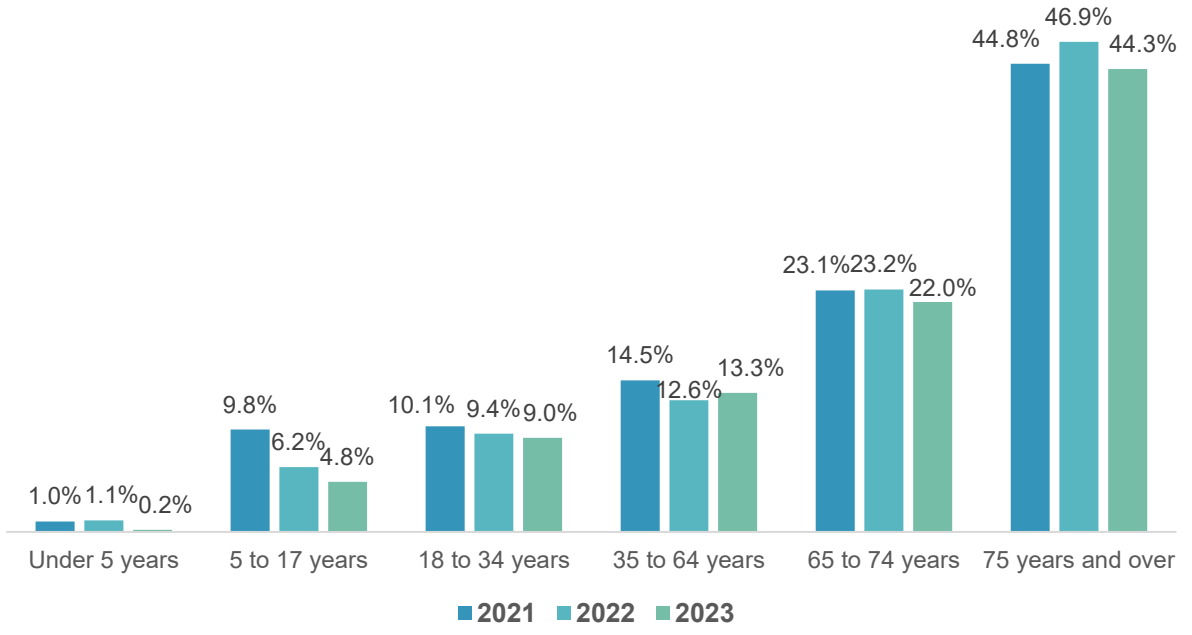
Source: Florida Department of Education

FIGURE 29: PERCENTAGES OF POPULATION WITH A DISABILITY BY AGE RANGE, SERVICE AREA, 2021-2023



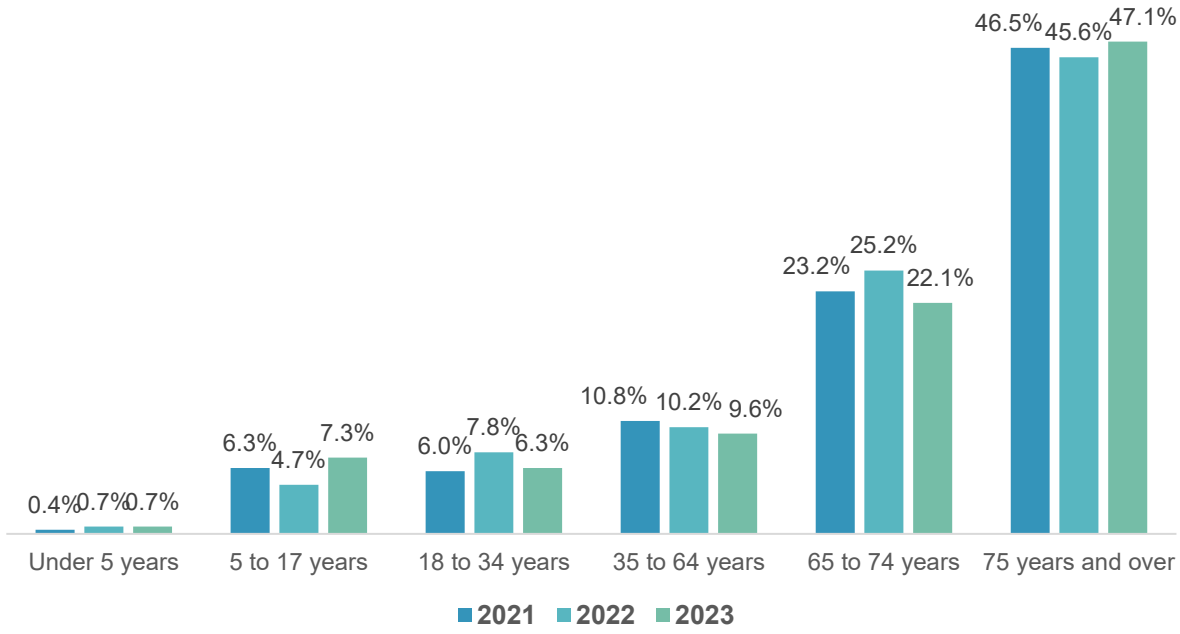
Source: American Community Survey, Table S1810

FIGURE 30: PERCENTAGES OF THE POPULATION WITH A DISABILITY BY AGE RANGE, BREVARD COUNTY, 2021-2023



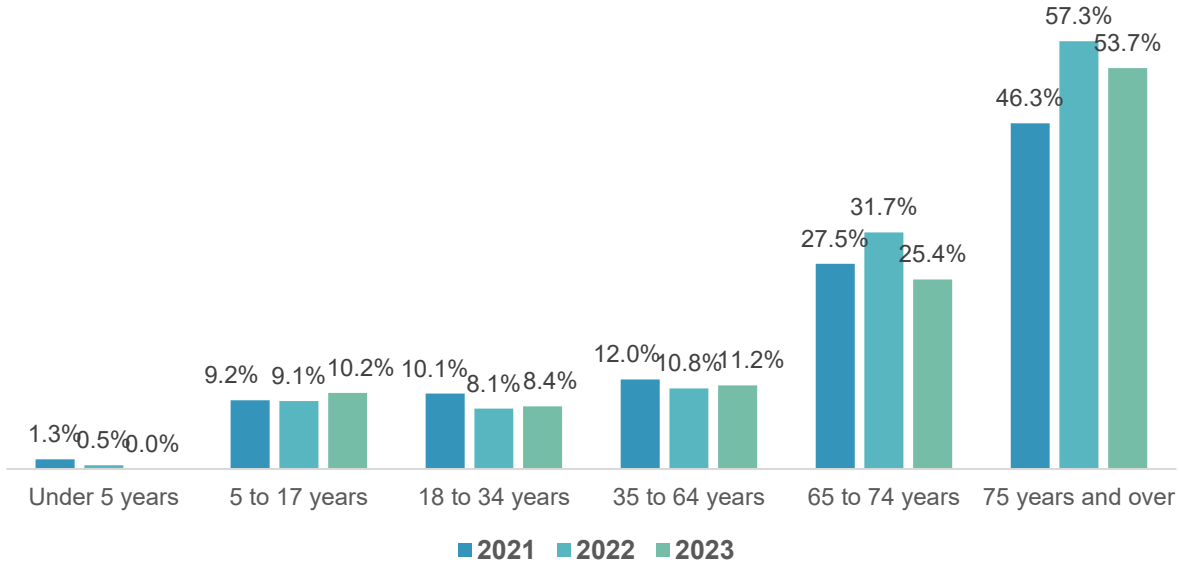
Source: American Community Survey, Table S1810

FIGURE 31: PERCENTAGES OF THE POPULATION WITH A DISABILITY BY AGE RANGE, ORANGE COUNTY, 2021-2023



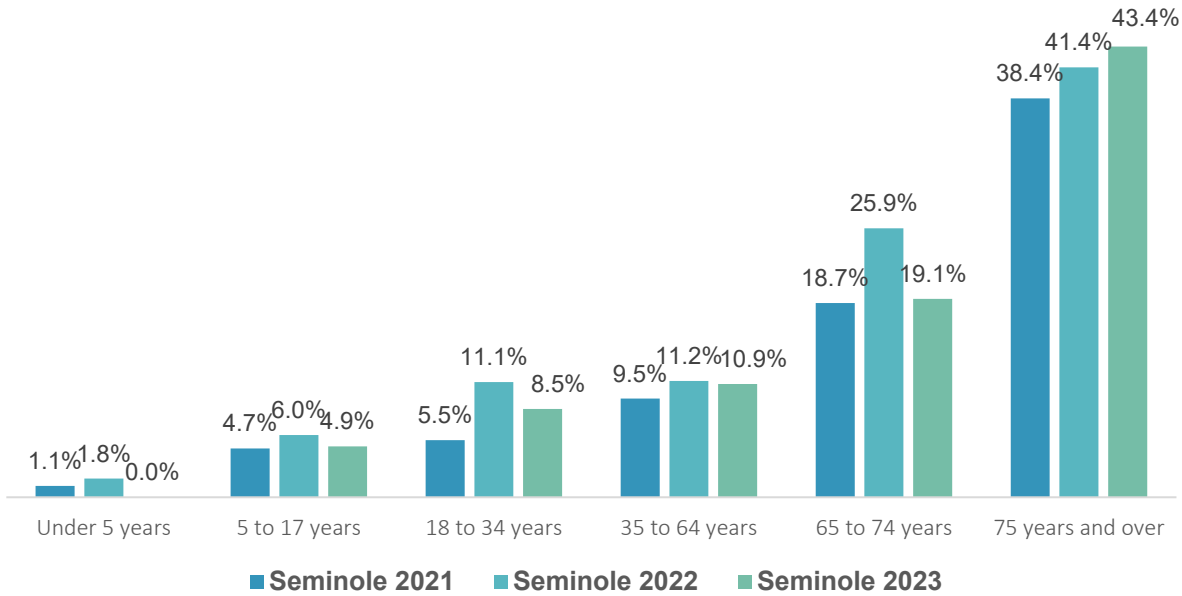
Source: American Community Survey, Table S1810

FIGURE 32: PERCENTAGES OF THE POPULATION WITH A DISABILITY BY AGE RANGE, OSCEOLA COUNTY, 2021-2023



Source: American Community Survey, Table S1810

FIGURE 33: PERCENTAGES OF THE POPULATION WITH A DISABILITY BY AGE RANGE, SEMINOLE COUNTY, 2021-2023

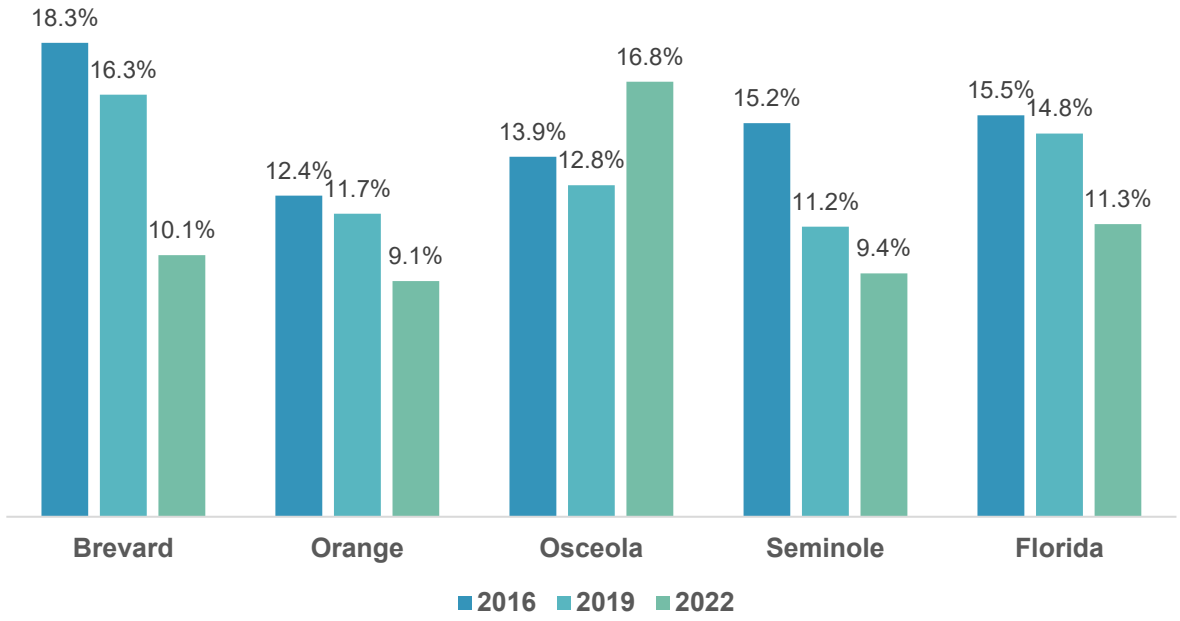


Source: American Community Survey, Table S1810

Adult Tobacco and Alcohol Use

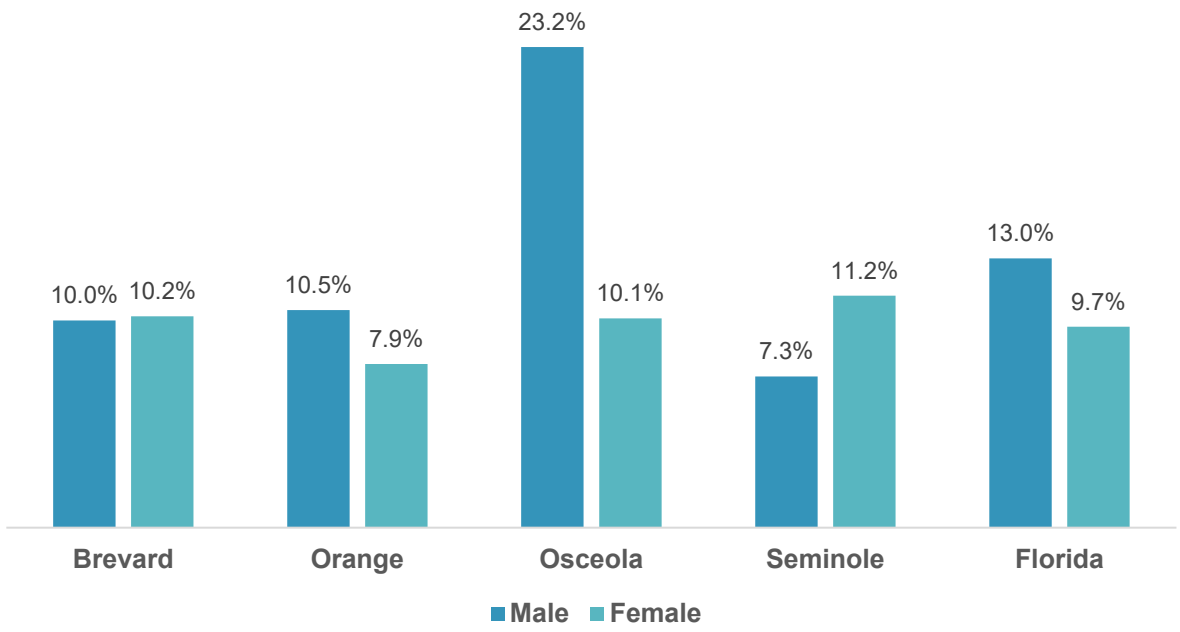
The percentages of adults who are current smokers decreased in Brevard, Orange, and Seminole counties, while increasing in Osceola County during the past 9 years. Rates in 2022 ranged from 9.4 percent in Seminole County to 16.8 percent in Osceola County. The state rate was 11.3 percent in 2022. By sex, the rates differed by county. In Brevard County percentages among males and females were similar at 10 percent and 10.2 percent, respectively. Males had higher rates than females in Orange County and the state, while females had a higher rate than males in Seminole County. In Osceola County, 23.2 percent of males were current smokers and 10.1 percent of females said they were current smokers.

FIGURE 34: ADULTS WHO ARE CURRENT SMOKERS, 2016, 2019, 2022



Source: Florida Behavioral Risk Factor Surveillance System

FIGURE 35: ADULTS WHO ARE CURRENT SMOKERS BY SEX, 2022



Source: Florida Behavioral Risk Factor Surveillance System

Middle and High School Alcohol, Tobacco, and Substance Use

The Florida Youth Substance Abuse Survey (FYSAS), one of four statewide, school-based surveys included in the Florida Youth Survey (FYS), tracks indicators assessing risk and protective factors for substance abuse, in addition to substance abuse prevalence. In Florida, FYSAS data is collected among public and charter high school and middle school students annually at the state level and in even-numbered years at the county level.

The percentages of students who have drunk alcohol in the past 30 days decreased in all counties from 2020 to 2024, according to the data from the FYSAS (2020–2024). Over the past 3 years, the percentage of students drinking alcohol decreased 45.7 percent in Brevard County, 50 percent in Orange County, 14.4 percent in Osceola County, and 33.7 percent in Seminole County. In Florida, drinking among students decreased 31.1 percent during the same time. Drinking was more prevalent among male students in Brevard County. In Orange, Osceola, and Seminole counties, females had higher percentages of drinking when compared to males.

Binge drinking among students decreased in Brevard and Orange counties, remained stable in Osceola County, and increased in Seminole County. In 2024, rates of binge drinking were higher among females when compared to males, and higher among high school students when compared to those in middle school.

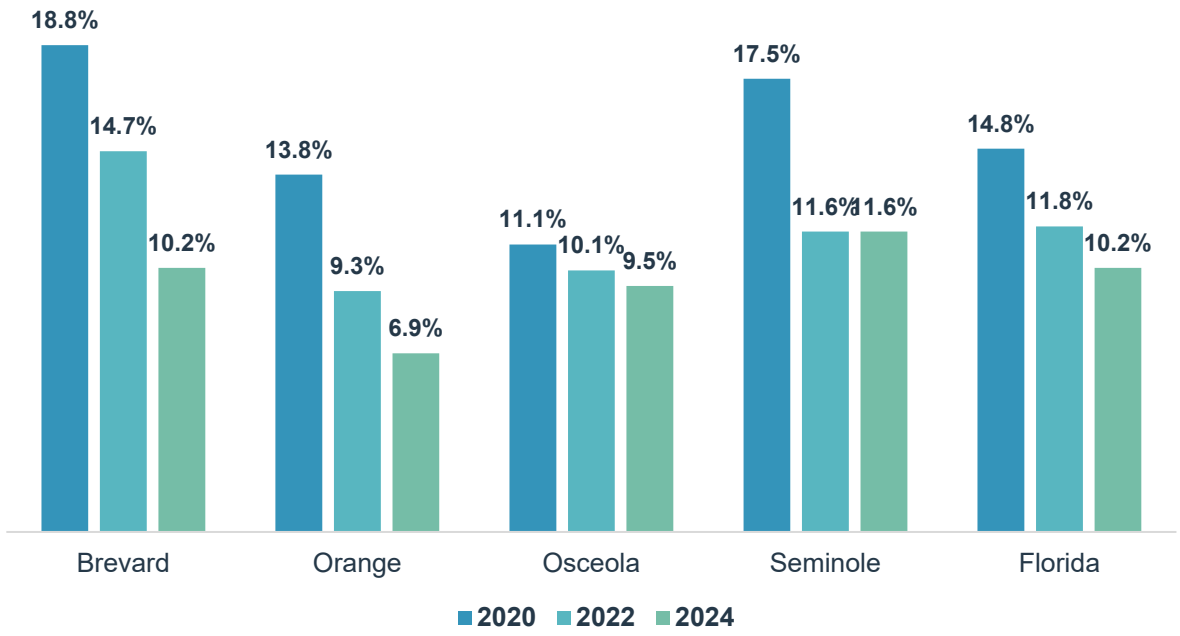
From 2020 to 2024, the percentages of students who smoked cigarettes decreased in all service area counties and in Florida. In 2024 rates ranged from 1.4 percent of

students in Brevard to <1 percent among students in Orange, Osceola, and Seminole counties.

From 2020 to 2024 vaping nicotine decreased among students in Brevard, Orange, and Seminole counties. The 2024 percentage in Osceola County was lower than the 2023 rate, but the same as the rate in 2021. Rates were higher among female students and those in high school.

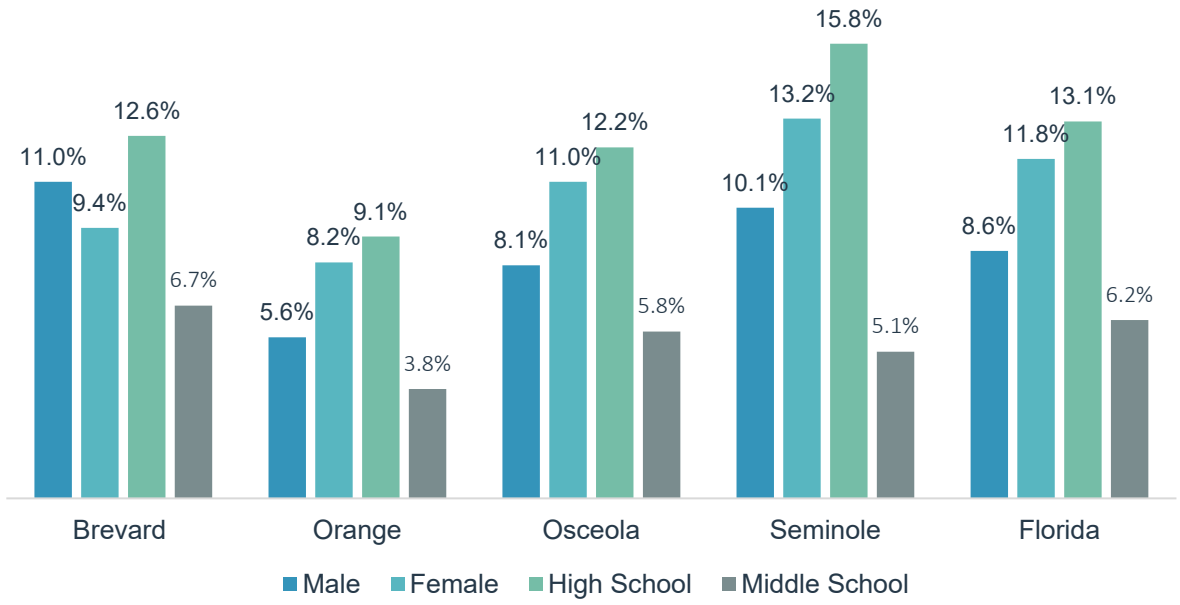
Marijuana or hashish use increased among Seminole County students from 10.1 percent in 2020 to 14.2 percent in 2024, representing a 40.6 percent increase. Decreases ranged from 43.5 percent in Orange County, 38.5 percent in Osceola County, and 15.7 percent in Brevard County. In all counties, rates were higher among females and high school students.

FIGURE 36: STUDENTS WHO HAVE DRUNK ALCOHOL IN THE PAST 30 DAYS BY COUNTY, 2020, 2022, 2024



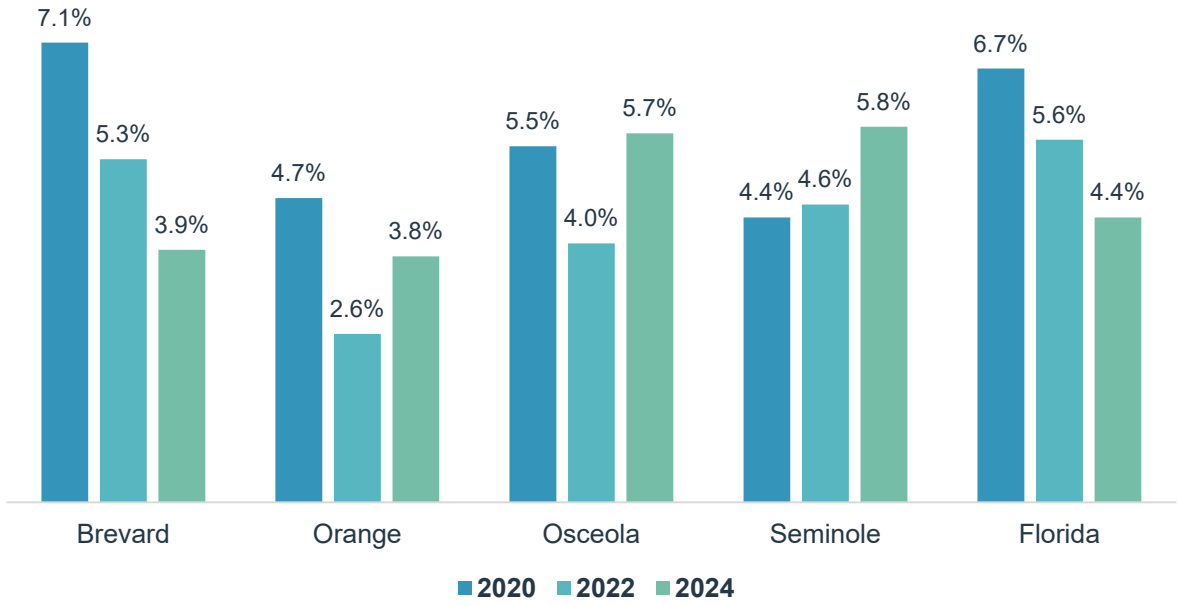
Source: Florida Youth Substance Abuse Survey (FYSAS)

FIGURE 37: STUDENTS WHO HAVE DRUNK ALCOHOL IN THE PAST 30 DAYS BY SEX AND SCHOOL LEVEL, 2024



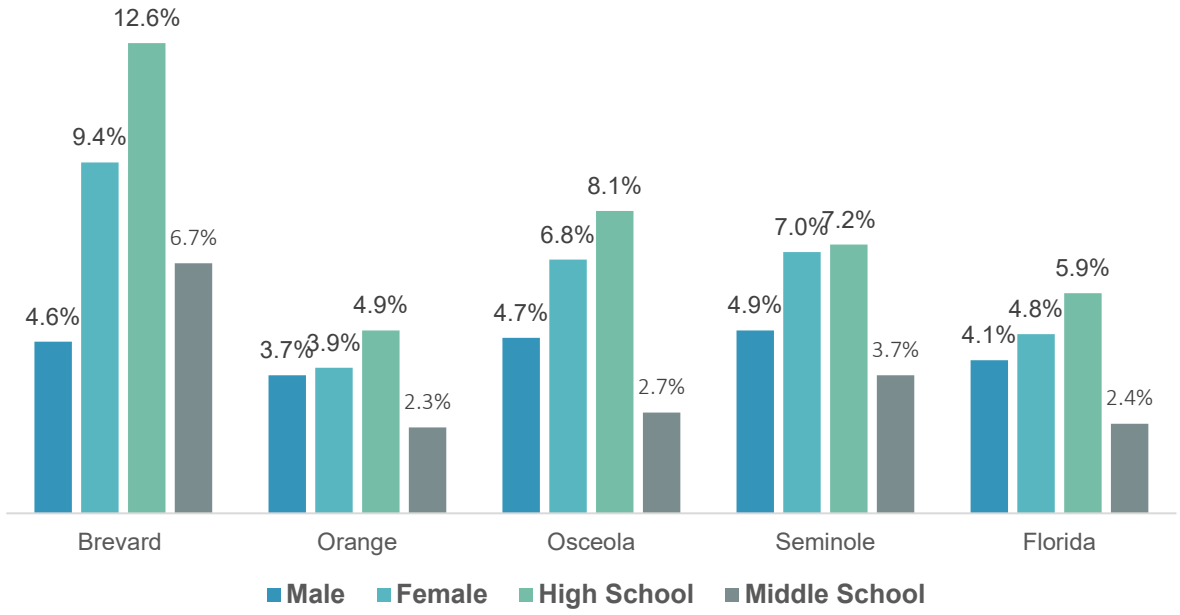
Source: Florida Youth Substance Abuse Survey (FYSAS)

FIGURE 38: STUDENTS WHO ENGAGED IN BINGE DRINKING IN THE PAST 30 DAYS BY COUNTY, 2020, 2022, 2024



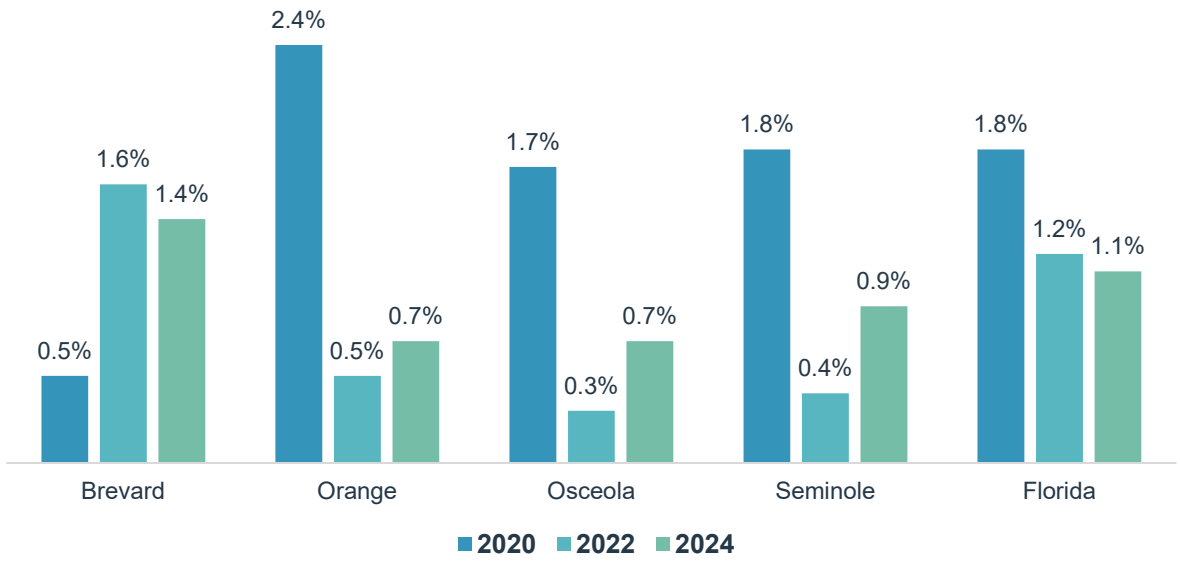
Source: Florida Youth Substance Abuse Survey (FYSAS)

FIGURE 39: STUDENTS WHO ENGAGED IN BINGE DRINKING IN THE PAST 30 DAYS BY SEX AND SCHOOL LEVEL, 2024



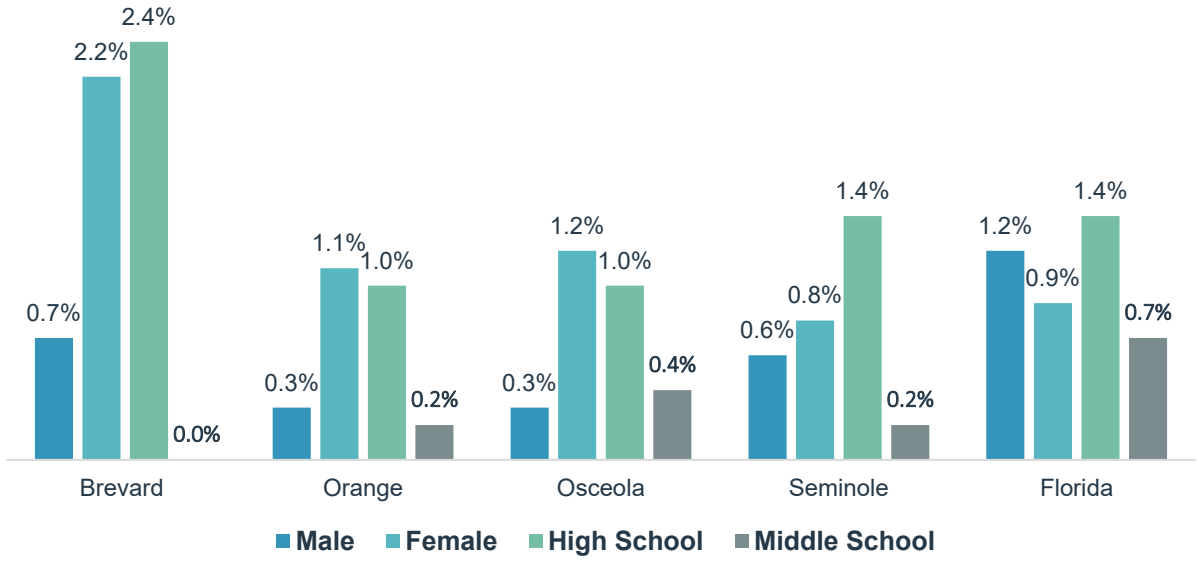
Source: Florida Youth Substance Abuse Survey (FYSAS)

FIGURE 40: STUDENTS WHO SMOKED CIGARETTES IN THE PAST 30 DAYS BY COUNTY, 2020, 2022, 2024



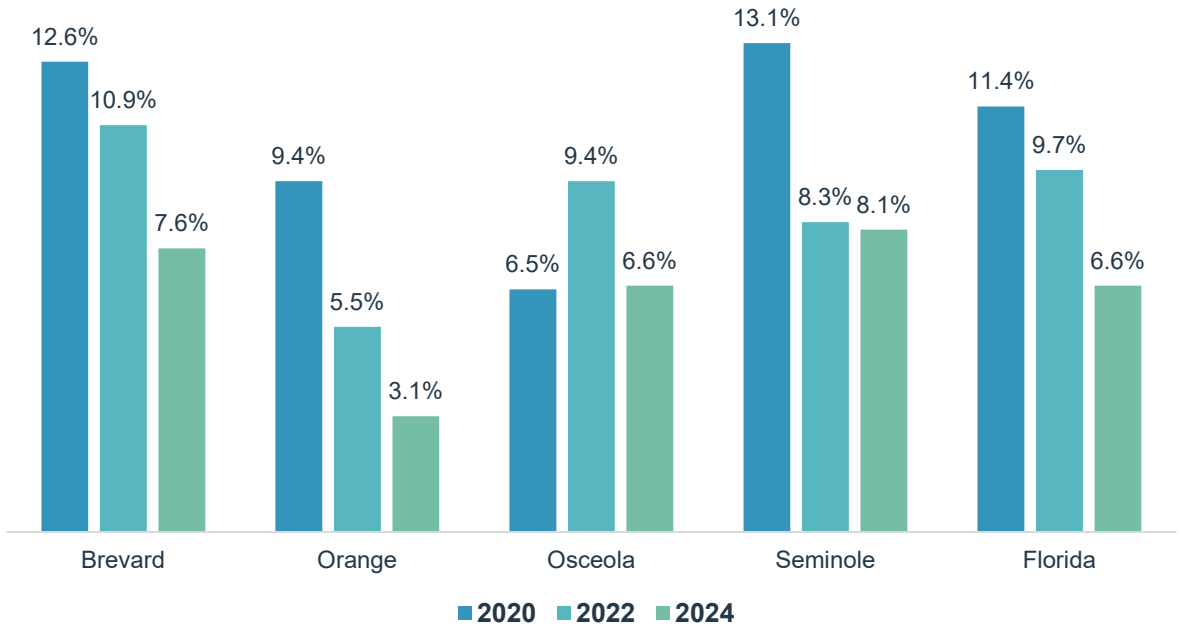
Source: Florida Youth Substance Abuse Survey (FYSAS)

FIGURE 41: STUDENTS WHO SMOKED CIGARETTES IN THE PAST 30 DAYS BY SEX AND SCHOOL LEVEL, 2024



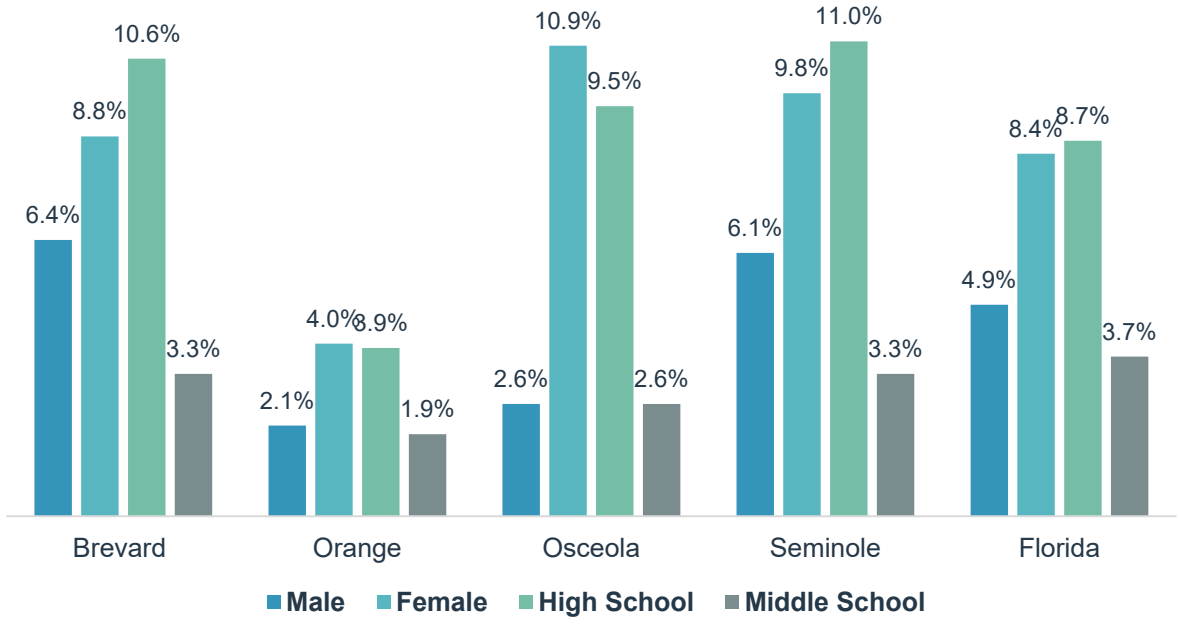
Source: Florida Youth Substance Abuse Survey (FYSAS)

FIGURE 42: STUDENTS WHO HAVE VAPED NICOTINE IN THE PAST 30 DAYS BY COUNTY, 2020, 2022, 2024



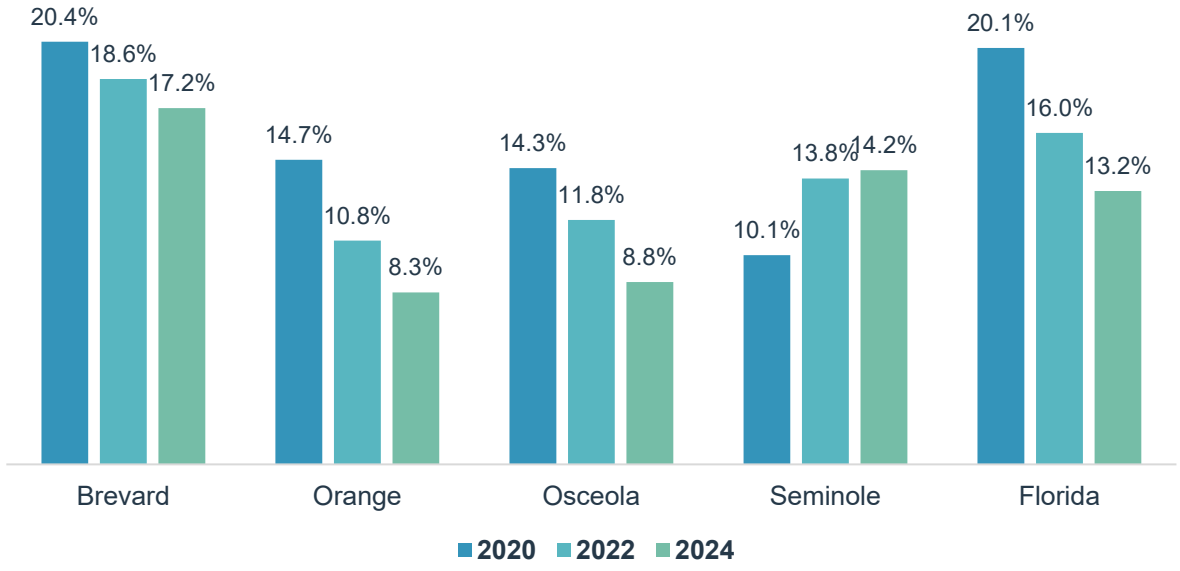
Source: Florida Youth Substance Abuse Survey (FYSAS)

FIGURE 43: STUDENTS WHO HAVE VAPED NICOTINE IN THE PAST 30 DAYS BY SEX AND SCHOOL LEVEL, 2024



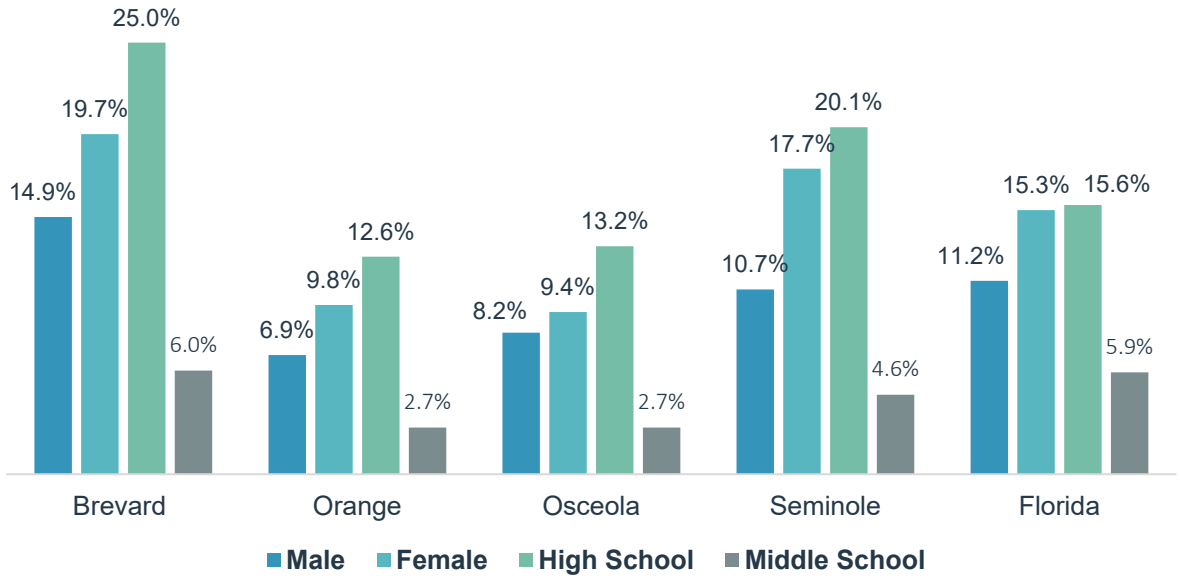
Source: Florida Youth Substance Abuse Survey (FYSAS)

FIGURE 44: STUDENTS WHO HAVE USED MARIJUANA OR HASHISH IN THE PAST 30 DAYS BY COUNTY, 2020, 2022, 2024



Source: Florida Youth Substance Abuse Survey (FYSAS)

FIGURE 45: STUDENTS WHO HAVE USED MARIJUANA OR HASHISH IN THE PAST 30 DAYS BY SEX AND SCHOOL LEVEL, 2024



Source: Florida Youth Substance Abuse Survey (FYSAS)

Health Professional Resources and Shortage Areas

The table depicts the rate of behavioral/mental health professionals licensed to serve the CFC service area community. This includes marriage and family therapists, clinical social workers, and mental health counselors. The rates in Orange and Seminole counties exceeded the state rate. Osceola County had the lowest rate of professionals to residents at 75.1 per 100,000 population. The rate of licensed psychologists was higher when compared to the state and other counties in the service area.

Shortage designations are used to improve access to primary, dental, and mental health providers. This attribute represents the Health Professional Shortage Area (HPSA) Score developed by the National Health Service Corps (NHSC) in determining priorities for assignment of clinicians. The scores range from 0 to 26 where the higher the score, the greater the priority. The HPSA score represents the number of full-time equivalent (FTE) practitioners needed in the Health Professional Shortage Area (HPSA) so that it will achieve the population to practitioner target ratio. The target ratio is determined by the type (discipline) of the HPSA. Professionals, such as psychologists or school psychologists, are not included in this measure.

FIGURE 46: COUNTS AND RATES OF BEHAVIORAL/MENTAL HEALTH PROFESSIONALS, FY 2023-2024

Behavioral/Mental Health Professionals, FY 2023-2024

Area	Count	Population	Rate	Florida Rate
CFC Service Area	**4,681**	**3,127,490**	**149.7**	**142.7**
Brevard County	913	652,925	139.8	142.7
Orange County	2,324	1,523,866	152.5	142.7
Osceola County	344	457,776	75.1	142.7
Seminole County	1,100	492,923	223.2	142.7

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management

FIGURE 47: COUNTS AND RATES OF LICENSED PSYCHOLOGISTS, FY 2023-2024

Licensed Psychologists, FY 2023-2024

Area	Count	Population	Rate	Florida Rate
CFC Service Area	**566**	**3,127,490**	**18.1**	**23.6**
Brevard County	148	652,925	22.7	23.6
Orange County	260	1,523,866	17.1	23.6
Osceola County	40	457,776	8.7	23.6
Seminole County	118	492,923	23.9	23.6

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management

FIGURE 48: BREVARD COUNTY HPSA, FY 2023-2024

Brevard County Mental Health Professional Shortage Areas

HPSA Name	The Brevard Health Alliance	LI- Brevard County	Space Coast Health Centers, Inc.
Designation Type	FQHC	Low Income HPSA	FQHC
HPSA FTE Short	--	10.897	--
HPSA Score	22	17	16

Source: Health Resources and Services Administration

FIGURE 49: ORANGE COUNTY HPSA, FY 2023-2024

Orange County Mental Health Professional Shortage Areas

HPSA Name	LI - Aspire Region 7 MHCA	Community Health Center	Central Florida Family Health Center	Health Care Center for the Homeless, Inc.	Central Florida Reception Area
Designation Type	Low Income Population HPSA	FQHC	FQHC	FQHC	Correctional Facility
HPSA FTE Short	41.72	--	--	--	0.33
HPSA Score	15	23	21	21	3

Source: Health Resources and Services Administration

FIGURE 50: OSCEOLA COUNTY HPSA, FY 2023-2024

Osceola County Mental Health Professional Shortage Areas

HPSA Name	LI - Aspire Region 7 MHCA	Primary Care Medical Center of Poinciana, Inc.	Health Care Center for the Homeless, Inc.
Designation Type	Low Income Population HPSA	FQHC	FQHC
HPSA FTE Short	41.72	--	--
HPSA Score	15	21	21

Source: Health Resources and Services Administration

FIGURE 51: SEMINOLE COUNTY HPSA, FY 2023-2024

Seminole County Mental Health Professional Shortage Areas

HPSA Name	LI - Aspire Region 7 MHCA	Central Florida Family Health Center
Designation Type	Low Income Population HPSA	FQHC
HPSA FTE Short	41.72	--
HPSA Score	15	21

Source: Health Resources and Services Administration

Opioid Profile

Drug and Opioid Deaths

The overall trend in drug and opioids deaths showed a decrease in all four counties when comparing 2021 rates to those in 2023. Brevard County had the highest age-adjusted death rates (AADR) for all drugs at 44.9 deaths per 100,000 population, and opioid deaths at 37.8 deaths per 100,000 population in 2023. This was followed by Osceola County at 36.9 deaths per 100,000 population for all drug deaths, and 31.3 deaths per 100,000 for opioid deaths. Seminole County had the lowest death rates for both all drug and opioid at 13.1 deaths and 12.6 deaths per 100,000 population, respectively.

Non-Fatal Overdose Emergency Department (ED) Visits

Data from the Agency for Health Care Administration (AHCA) was used to trend in Emergency Department (ED) visits for drug overdose counts during 2021–2023. The number of non-fatal opioids, heroin, and stimulant-involved overdoses, which resulted in an ED visit, decreased in all four counties over the past three years. The numbers of opioid-involved ED visits were significantly greater when compared to those of heroin or stimulant-involved visits. Orange County had the highest number of opioid-involved ED visits (870), followed by Brevard (808), Osceola (320), and then Seminole (224). The highest percentage decrease for opioid-involved ED visits was in Seminole County at 38.7 percent. The percentage decreases ranged from 19.9 percent in Brevard to 37.7 percent in Seminole County.

The number of ED visits for non-fatal stimulant overdoses decreased in all four counties with the greatest decrease in Seminole County from 48 ED visits in 2021 to 38 visits in 2023, a 20.9 percent decrease. Non-fatal stimulant-involved ED visits remained unchanged in Brevard County. Orange and Osceola visits decreased by 10.8 percent and 8.9 percent, respectively.

Decreases in ED visits for non-fatal heroin overdoses were significant in all counties. Visits in Brevard County decreased from 554 in 2021 to 291 visits in 2023 (47.5 percent). In Orange, Osceola, and Seminole counties ED decreased by over 70 percent, with the highest decrease in Osceola County at 78.5 percent.

Non-Fatal Overdose Hospitalizations

AHCA data for non-fatal overdose hospitalizations revealed that the number of opioid-involved hospitalizations from 2021 to 2023 decreased in Brevard and Seminole counties but increased in Orange and Osceola counties. The increase in hospitalizations was greatest in Osceola County at 39.7 percent, followed by Orange County at 16.7 percent.

Non-fatal hospitalizations for heroin-involved overdoses decreased in all four counties. Decreases in hospitalizations ranged from 44.9 percent in Brevard County to 65.7 percent in Seminole County.

Hospitalizations for stimulant-involved overdoses decreased in Brevard, Orange, and Seminole counties while increasing in Osceola County. Seminole County had the greatest decrease in hospitalizations at 26.7 percent. In Osceola County, stimulant-involved hospitalizations increased by 10.2 percent from 2021 to 2023.

Naloxone Administration Cases/Incidents

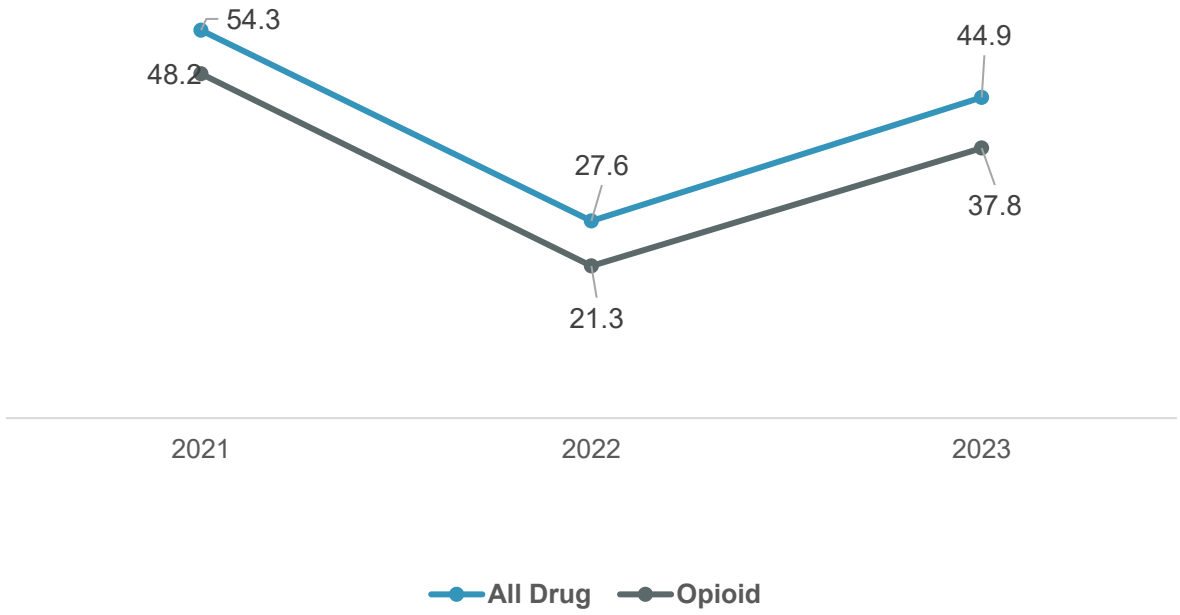
Data collected from EMS Tracking and Reporting System (EMSTARS) on the administration of Naloxone medication (commonly referred to as Narcan), by EMS or Prior to EMS, revealed trends in the number of cases/incidents in the four-county region.

In Brevard County, there was a slight increase in the number of EMS administered cases from 1,721 in 2021 to 1,941 in 2022 but decreased again in 2023 to 1,028 cases. This trend was observed with Narcan administrations Prior to EMS where cases increased in 2022 but decreased again in 2023. In Orange County, the number of Narcan cases decreased for both EMS and Prior to EMS administrations at 22.6 percent and 21.1 percent, respectively. Decreases in cases were reported for Osceola County at 6.8 percent for EMS administrations. Narcan administrations Prior to EMS remained stable during 2021–2023. Seminole County experienced the greatest decreases of Narcan administrations at 27.9 percent for those administered by EMS and 41.5 percent decrease in cases where Narcan was administered Prior to EMS.

Opioid Prescriptions and Prescribers

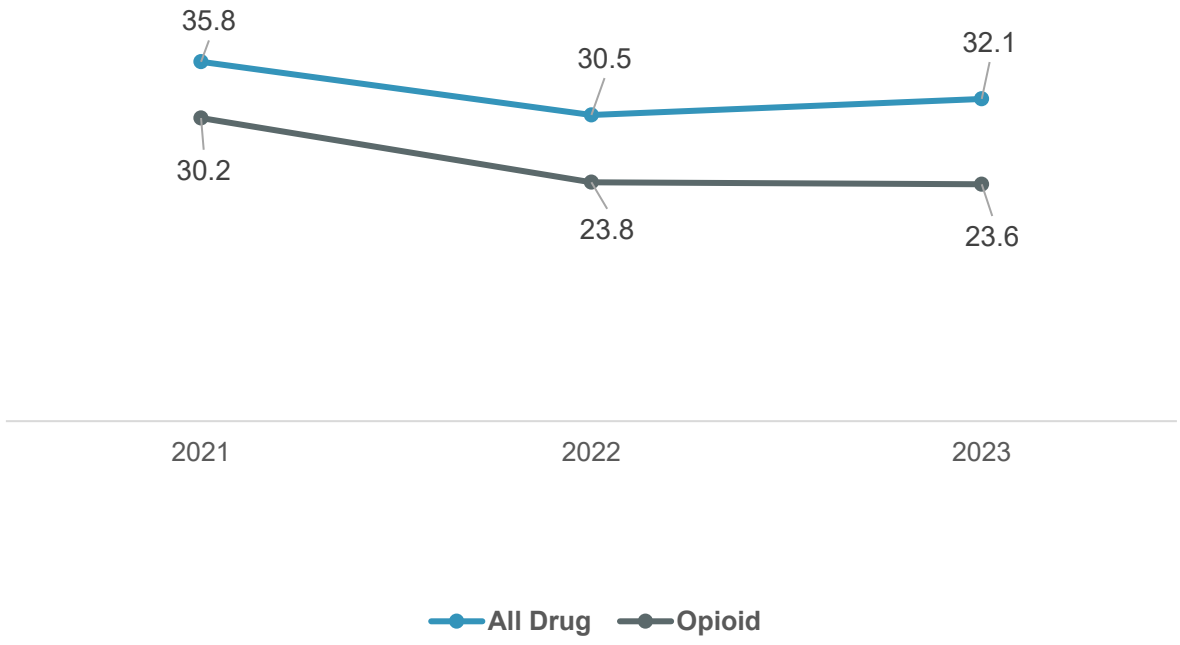
The Florida Department of Health Prescription Drug Management Program tracks opioid prescriptions by patients and prescribers. The number of opioid prescriptions dispensed by quarter for 2024 for all four service area counties is found below. The numbers of prescriptions, unique patients, and prescribers remained stable across all counties. Brevard County had the highest rate of prescriptions per patient, followed by Orange, Seminole and Osceola counties.

FIGURE 52: AGE-ADJUSTED DEATH RATES FOR ALL DRUGS AND OPIOIDS, BREVARD COUNTY, 2021-2023



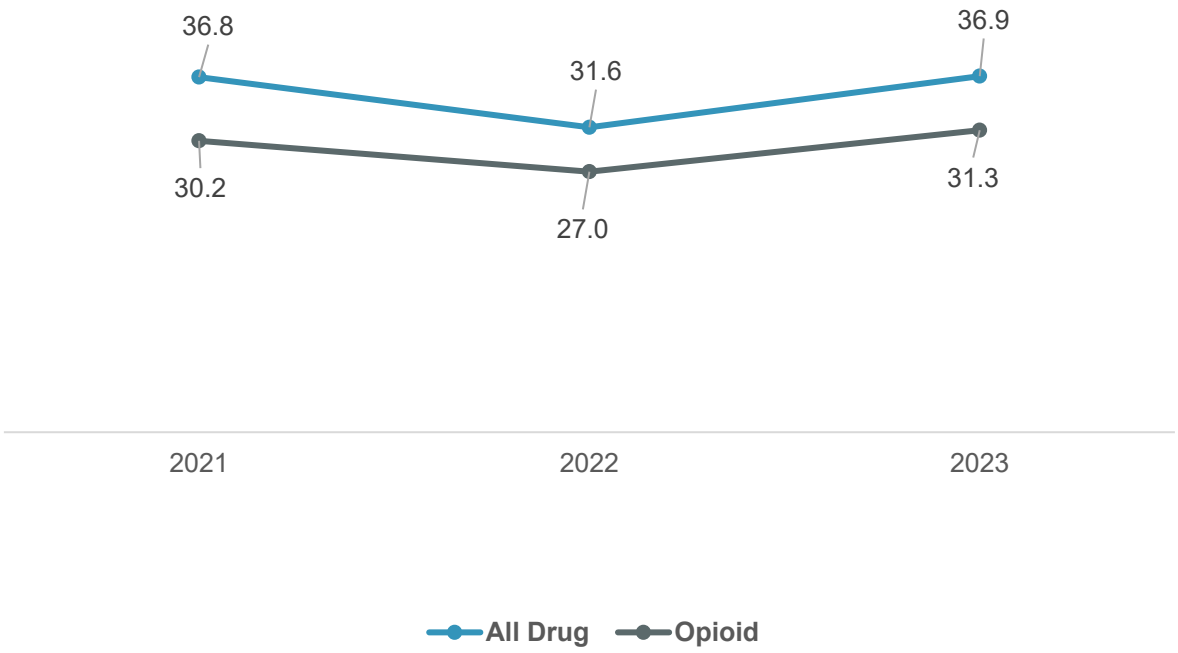
Source: Florida Department of Law Enforcement

FIGURE 53: AGE-ADJUSTED DEATHS RATES FOR ALL DRUGS AND OPIOIDS, ORANGE COUNTY, 2021-2023



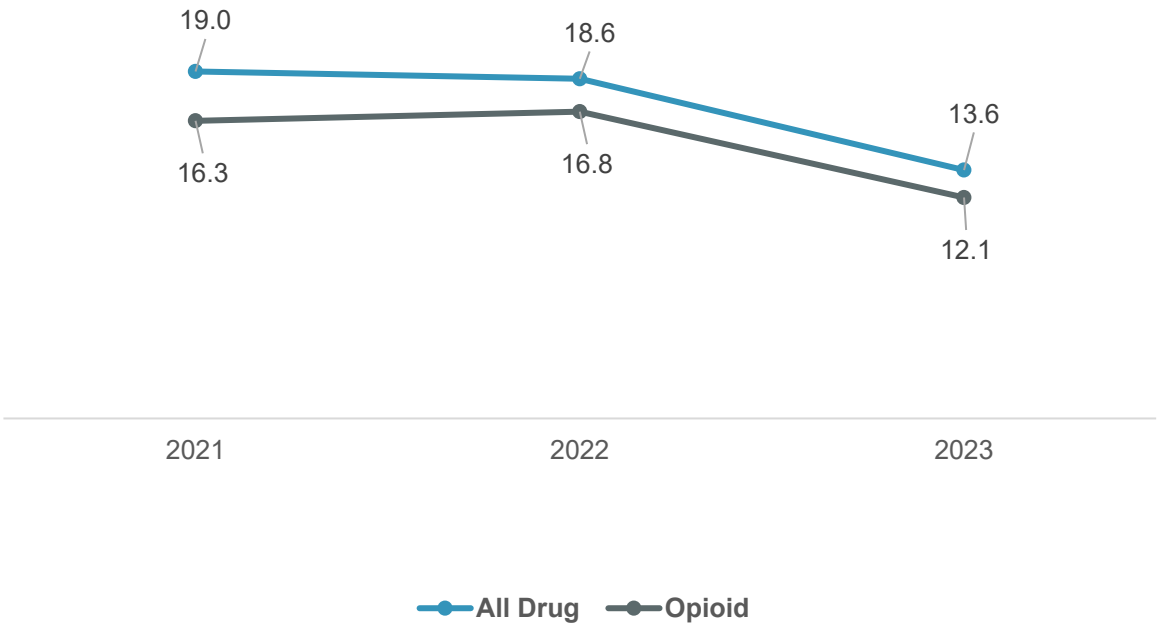
Source: Florida Department of Law Enforcement

FIGURE 54: AGE-ADJUSTED DEATH RATES FOR ALL DRUGS AND OPIOIDS, OSCEOLA COUNTY, 2021-2023



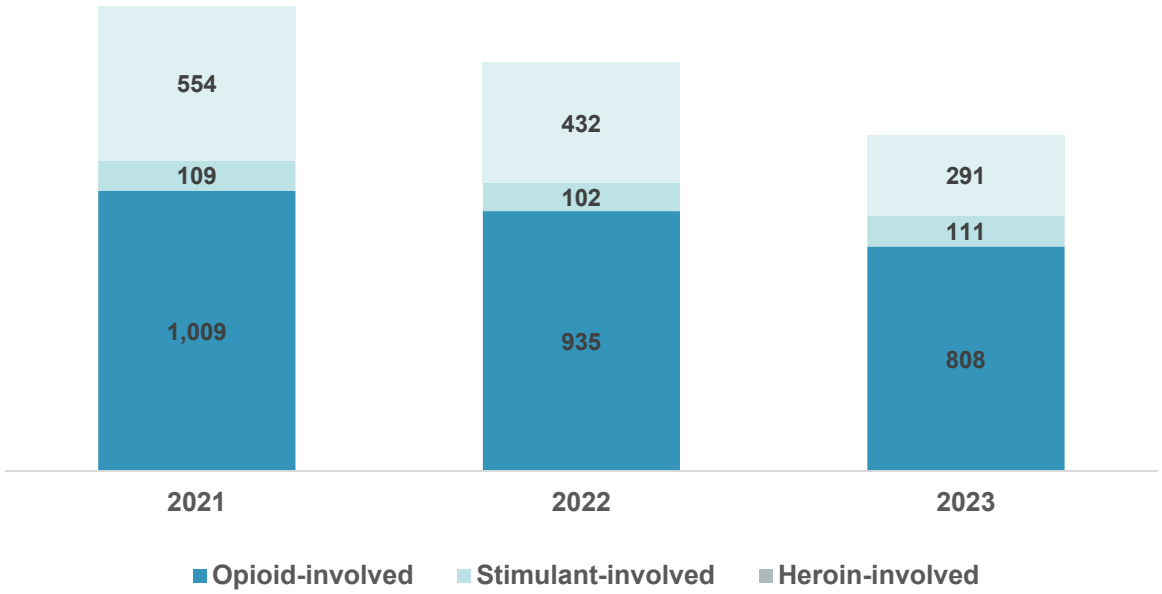
Source: Florida Department of Law Enforcement

FIGURE 55: AGE-ADJUSTED DEATH RATES FOR ALL DRUGS AND OPIOIDS, SEMINOLE COUNTY, 2021-2023



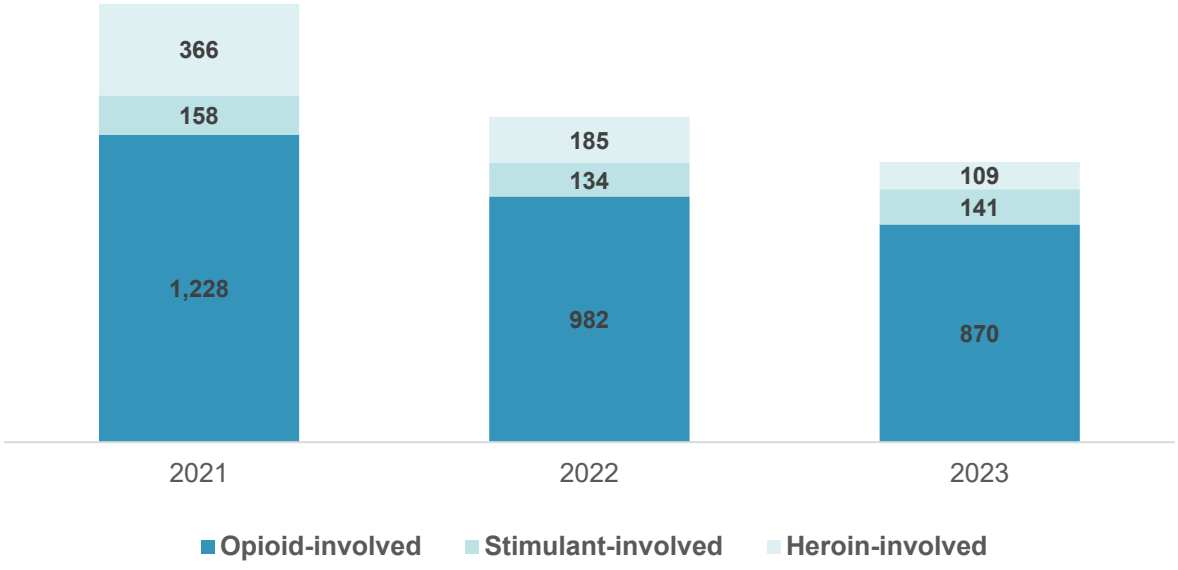
Source: Florida Department of Law Enforcement

FIGURE 56: NON-FATAL OVERDOSE ED VISIT, BREVARD COUNTY RESIDENTS, 2021-2023



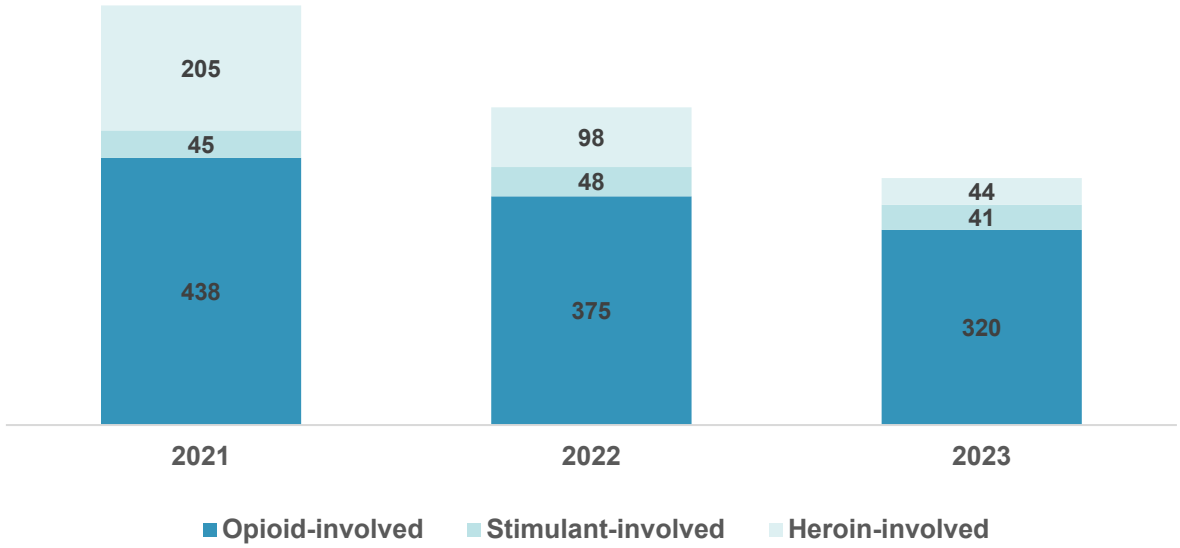
Source: Florida Agency for Health Care Administration

FIGURE 57: NON-FATAL OVERDOSE ED VISITS, ORANGE COUNTY RESIDENTS, 2021-2023



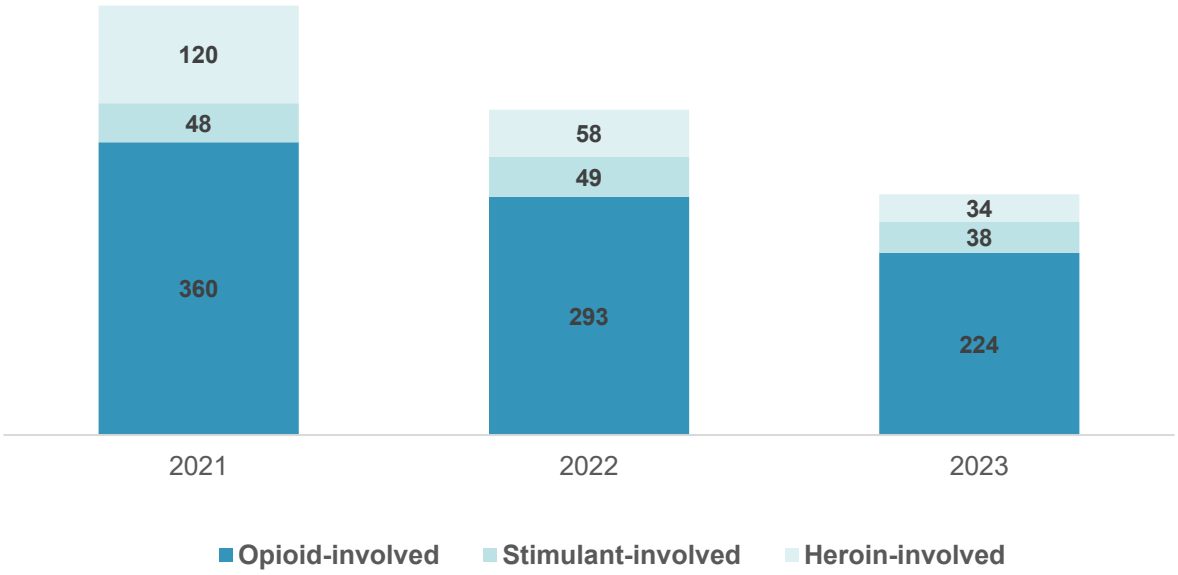
Source: Florida Agency for Health Care Administration

FIGURE 58: NON-FATAL OVERDOSE ED VISITS, OSCEOLA COUNTY RESIDENTS, 2021-2023



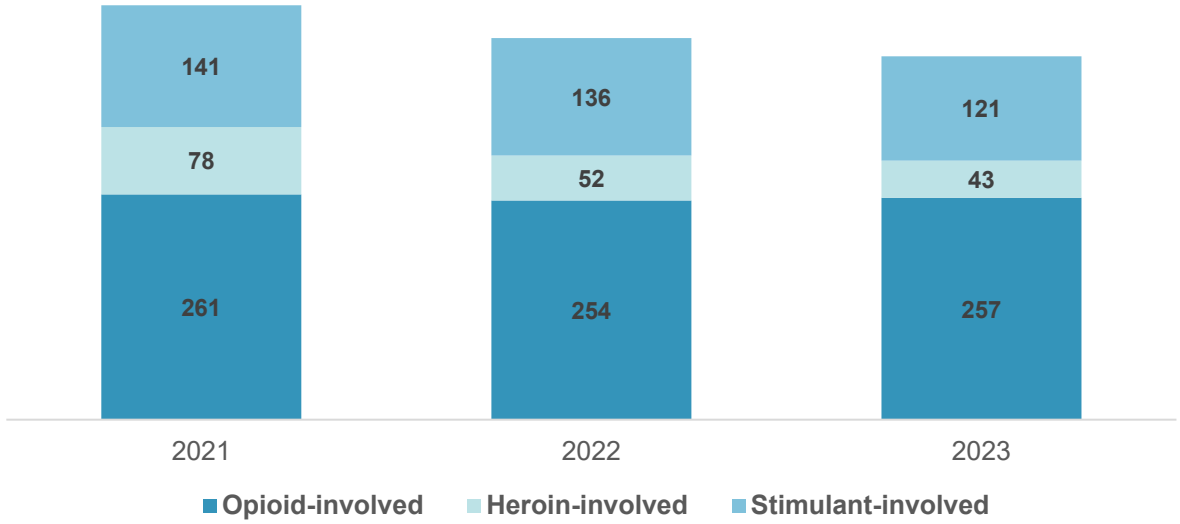
Source: Florida Agency for Health Care Administration

Figure 59: Non-Fatal Overdose ED Visits, Seminole County Residents, 2021-2023



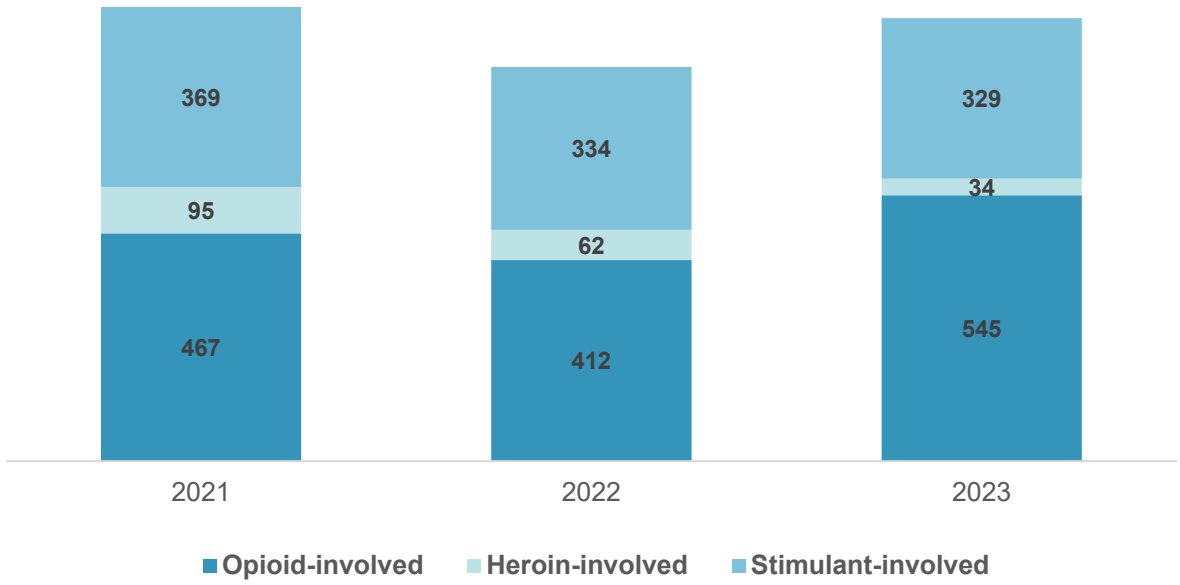
Source: Florida Agency for Health Care Administration

FIGURE 60: NON-FATAL OVERDOSE HOSPITALIZATIONS, BREVARD COUNTY RESIDENTS, 2021-2023



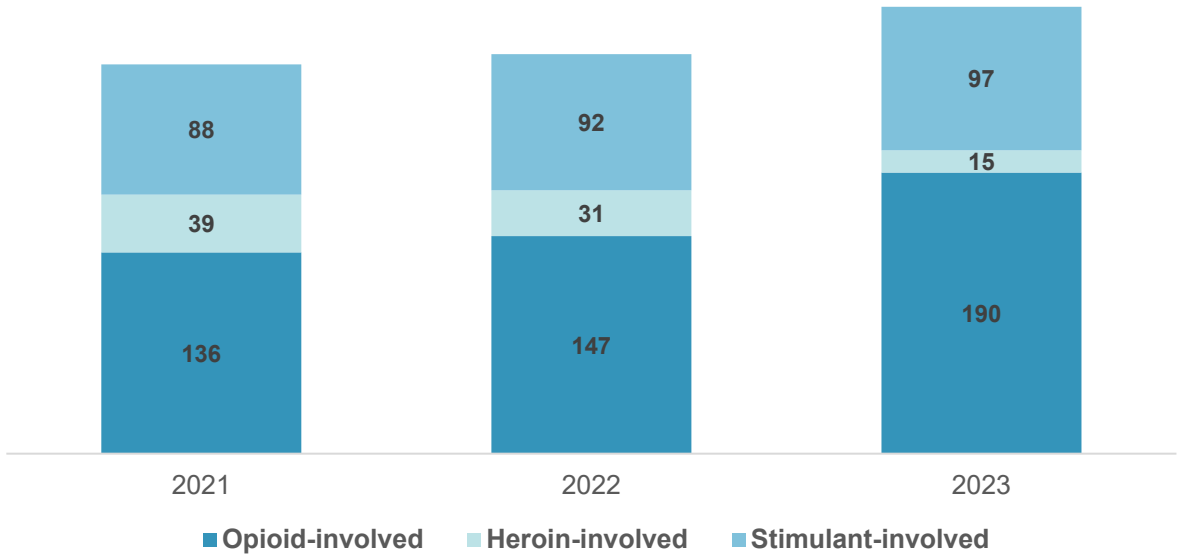
Source: Florida Agency for Health Care Administration

FIGURE 61: NON-FATAL OVERDOSE HOSPITALIZATIONS, ORANGE COUNTY RESIDENTS, 2021-2023



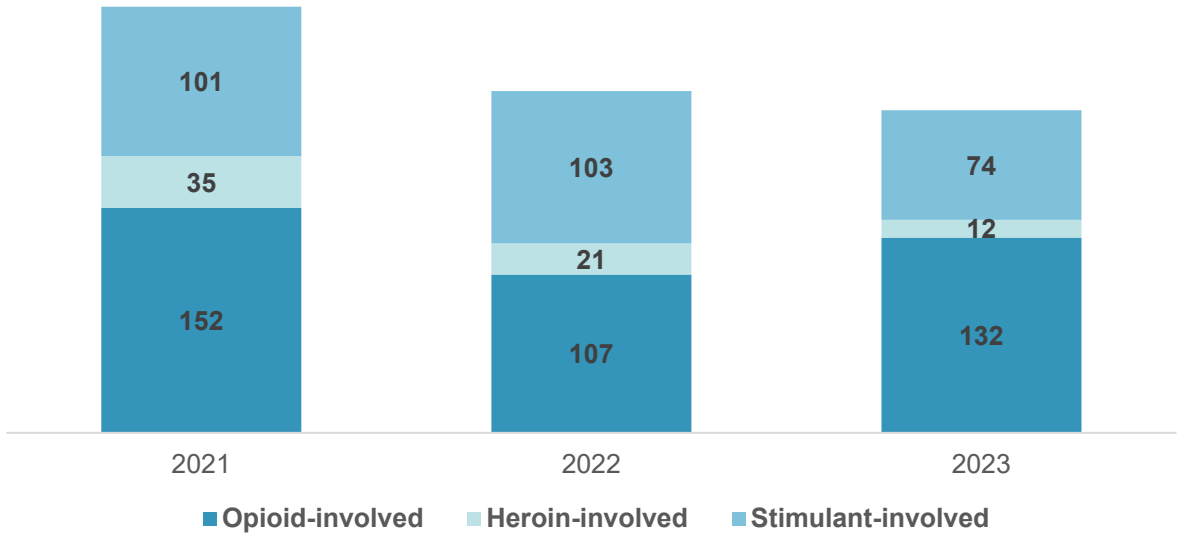
Source: Florida Agency for Health Care Administration

FIGURE 62: NON-FATAL OVERDOSE HOSPITALIZATIONS, OSCEOLA COUNTY RESIDENTS, 2021-2023



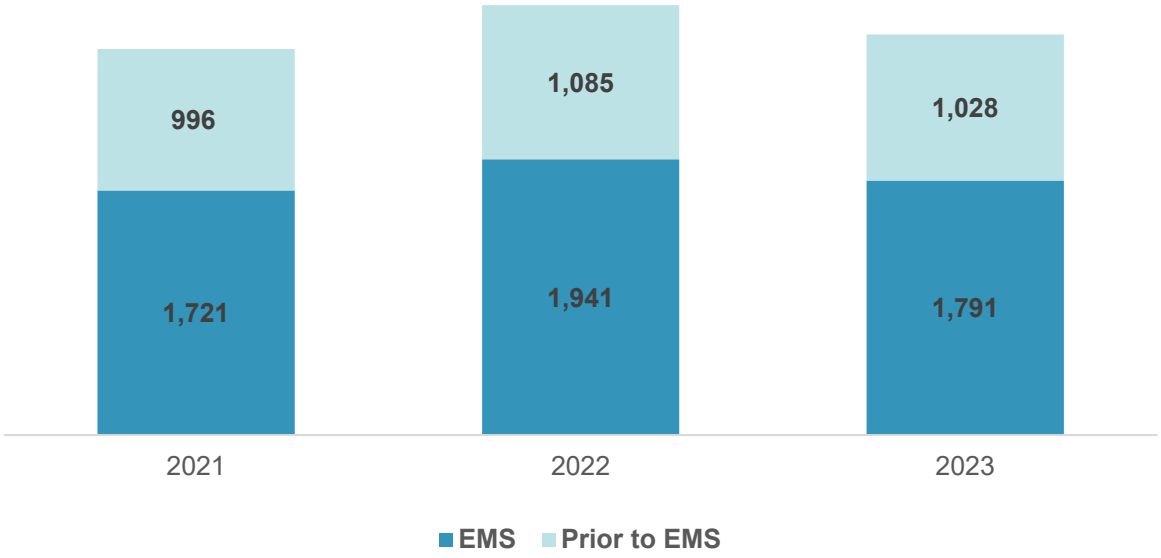
Source: Florida Agency for Health Care Administration

FIGURE 63: NON-FATAL OVERDOSE HOSPITALIZATIONS, SEMINOLE COUNTY RESIDENTS, 2021-2023



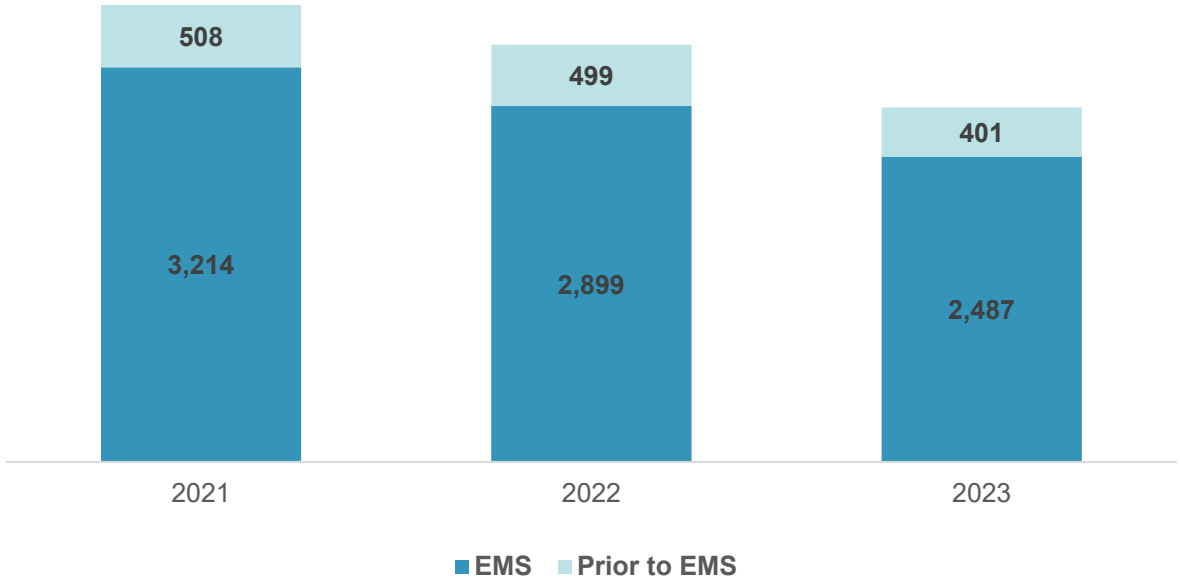
Source: Florida Agency for Health Care Administration

FIGURE 64: BREVARD COUNTY NALOXONE ADMINISTRATIONS, 2021-2023



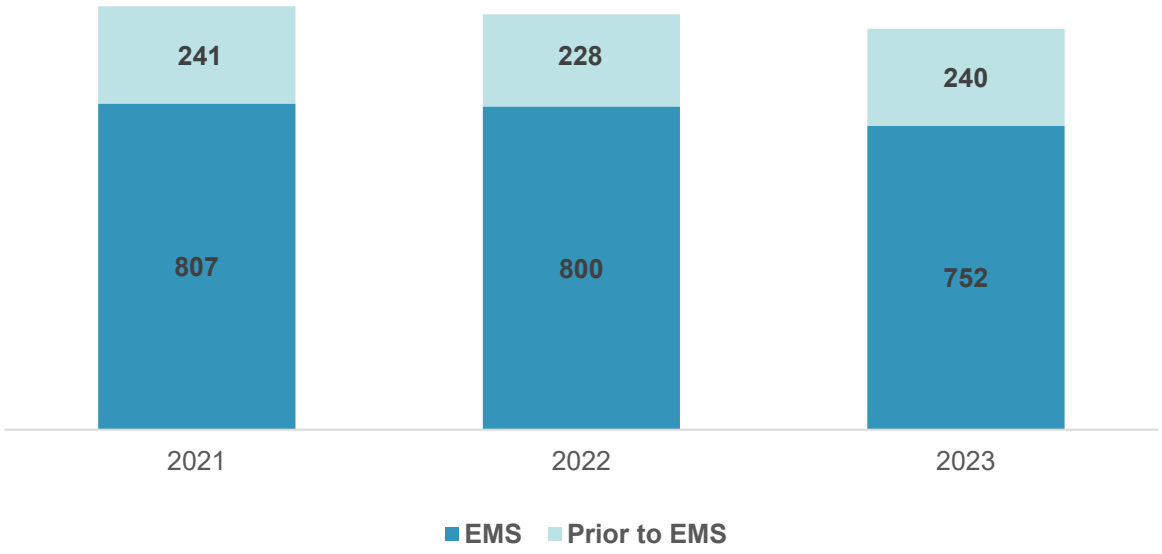
Source: Florida Department of Health, EMSTARS

Figure 65: Orange County Naloxone Administrations, 2021-2023



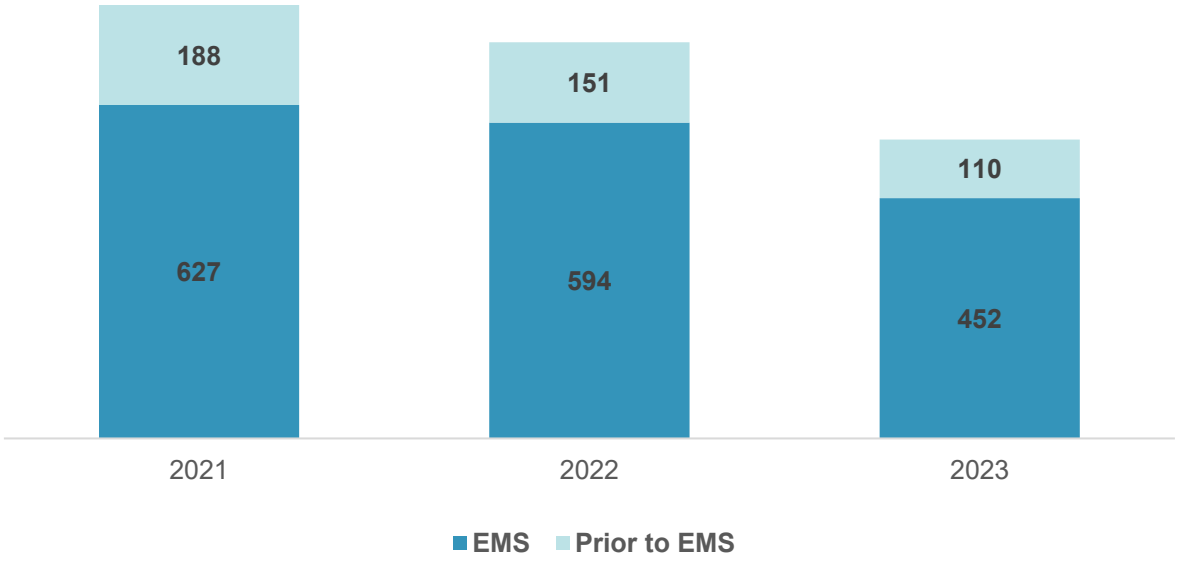
Source: Florida Department of Health, EMSTARS

FIGURE 66: OSCEOLA COUNTY NALOXONE ADMINISTRATIONS, 2021-2023



Source: Florida Department of Health, EMSTARS

FIGURE 67: SEMINOLE COUNTY NALOXONE ADMINISTRATIONS, 2021-2023



Source: Florida Department of Health, EMSTARS

FIGURE 68: NUMBER OF OPIOID PRESCRIPTIONS, UNIQUE PATIENTS, AND UNIQUE PRESCRIBERS, BREVARD COUNTY, 2024

Indicator – Brevard County	January–March (Provisional)	April–June (Provisional)	July–September (Provisional)	October–December (Provisional)
Number of Prescriptions Dispensed	106,718	106,124	104,099	103,930
Number of Unique Patients	46,100	45,949	45,083	45,109
Number of Unique Prescribers	3,755	3,656	3,687	3,808
Prescriptions Dispensed per Patient	2.3	2.3	2.3	2.3
Prescriptions Dispensed per Prescriber	28.4	29.0	28.2	27.3

Source: Florida Department of Health

FIGURE 69: NUMBER OF OPIOID PRESCRIPTIONS, UNIQUE PATIENTS, AND PRESCRIBERS, ORANGE COUNTY, 2024

Indicator – Orange County	January–March (Provisional)	April–June (Provisional)	July–September (Provisional)	October–December (Provisional)
Number of Prescriptions Dispensed	153,805	158,302	160,095	161,538
Number of Unique Patients	74,162	76,302	76,021	76,112
Number of Unique Prescribers	8,356	8,482	8,652	8,707
Prescriptions Dispensed per Patient	2.1	2.1	2.1	2.1
Prescriptions Dispensed per Prescriber	18.4	18.7	8.5	18.6

Source: Florida Department of Health

FIGURE 70: NUMBER OF OPIOID PRESCRIPTIONS, UNIQUE PATIENTS, AND PRESCRIBERS, OSCEOLA COUNTY, 2024

Indicator – Osceola County	January–March (Provisional)	April–June (Provisional)	July–September (Provisional)	October–December (Provisional)
Number of Prescriptions Dispensed	31,018	3,155	31,911	31,832
Number of Unique Patients	17,270	17,775	17,628	17,694
Number of Unique Prescribers	2,917	2,987	2,936	2,972
Prescriptions Dispensed per Patient	1.8	1.8	1.8	1.8
Prescriptions Dispensed per Prescriber	10.6	10.7	10.9	10.7

Source: Florida Department of Health

FIGURE 71: NUMBER OF OPIOID PRESCRIPTIONS, UNIQUE PATIENTS, AND PRESCRIBERS, SEMINOLE COUNTY (2024)

Indicator – Seminole County	January–March (Provisional)	April–June (Provisional)	July–September (Provisional)	October–December (Provisional)
Number of Prescriptions Dispensed	66,934	65,345	62,326	64,124
Number of Unique Patients	27,745	27,692	27,502	27,607
Number of Unique Prescribers	4,715	4,681	4,704	4,702
Prescriptions Dispensed per Patient	2.4	2.4	2.4	2.3
Prescriptions Dispensed per Prescriber	14.2	14.0	13.9	13.6

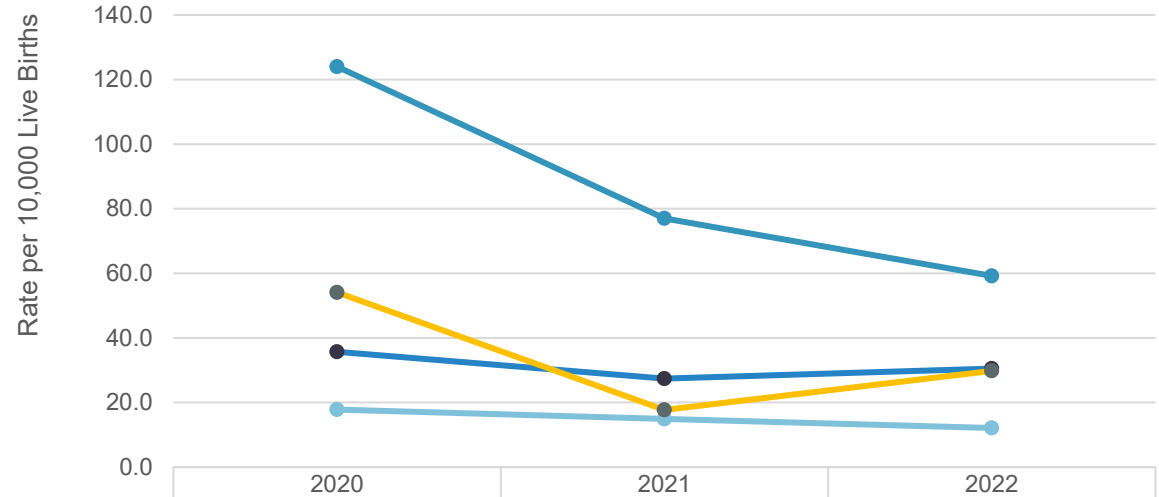
Source: Florida Department of Health

Neonatal Abstinence Syndrome

Neonatal Abstinence Syndrome (NAS) is defined as infants younger than 28 days old who experience withdrawal from opioid prescription or illicit drugs to which they were exposed during pregnancy. The number and rate of NAS continually decreased in all four service area counties over past 3 years. In Brevard County, the rate decreased by

more than 50 percent, followed by Seminole County at 45 percent and Osceola County at 32 percent. Orange County had the lowest decrease at 15 percent.

FIGURE 72: RATES OF NEONATAL ABSTINENCE SYNDROME, PER 10,000 LIVE BIRTHS, 2020-2021



	2020	2021	2022
Brevard	124.0	77.0	59.2
Orange	35.7	27.4	30.5
Osceola	17.8	14.9	12.1
Seminole	54.1	17.7	29.8

Source: Florida Department of Health, Birth Defects Registry

Service Area Homelessness Profile

The U.S. Department of Housing and Urban Development (HUD) requires that Continuums of Care (CoCs) conduct an annual Point in Time (PIT) Count of people experiencing homelessness. Orange, Osceola, and Seminole counties are part of the FL-5007 Continuums of Care Catchment Area. Brevard is a single-county catchment area: FL-513. A total of 3,954 individuals living in the four-county area experienced homelessness in 2024. The number of individuals who experienced homelessness increased 28.9 percent from 2022 to 2024.

Individuals who are in temporary shelters, including emergency shelters and transitional shelters, are considered “sheltered.” People who are living outdoors or in places not meant for human habitation are considered “unsheltered.” In 2024, sheltered individuals living in Brevard County represented 27.3 percent of homeless individuals while 72.7 percent were unsheltered. Of Individuals who experienced homelessness living in Orange, Osceola, and Seminole Counties, 58.3 percent were sheltered and 41.7 percent were unsheltered.

Chronic homelessness is defined as a household that has been continuously 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. The percentage of

individuals experiencing chronic homelessness in Brevard County increased 22.8 percent over the past three years (from 290 individuals in 2022 to 356 individuals in 2024). An 87.6 percent increase in individuals experiencing homelessness was seen in Orange, Osceola, and Seminole collectively, increasing from 403 individuals in 2022 to 756 individuals in 2024.

The number of veterans experiencing homelessness increased in the four-county area over the past three years. In Orange, Osceola, and Seminole counties the number of homeless veterans increased by 53 percent. In Brevard County, the percentage of veterans experiencing homelessness increased 9.5 percent.

The number of families experiencing homelessness decreased by 19.2 percent in Brevard County and 9.2 percent in the three-county area (Orange, Osceola, and Seminole counties) during the past three years.

There were significant increases among students experiencing homelessness in the four county school districts. Brevard County had the smallest increase at 44.3 percent. Orange County had the largest increase where the number of students experiencing homelessness doubled from 2020–2021 to 2022–2023.Seminole County experienced a 92.5 percent increase and Osceola County had a 51 percent increase in students experiencing homelessness. Most students were in shared housing arrangements and motels as seen in the chart below. Please note, the Department of Education identifies school districts by county name.

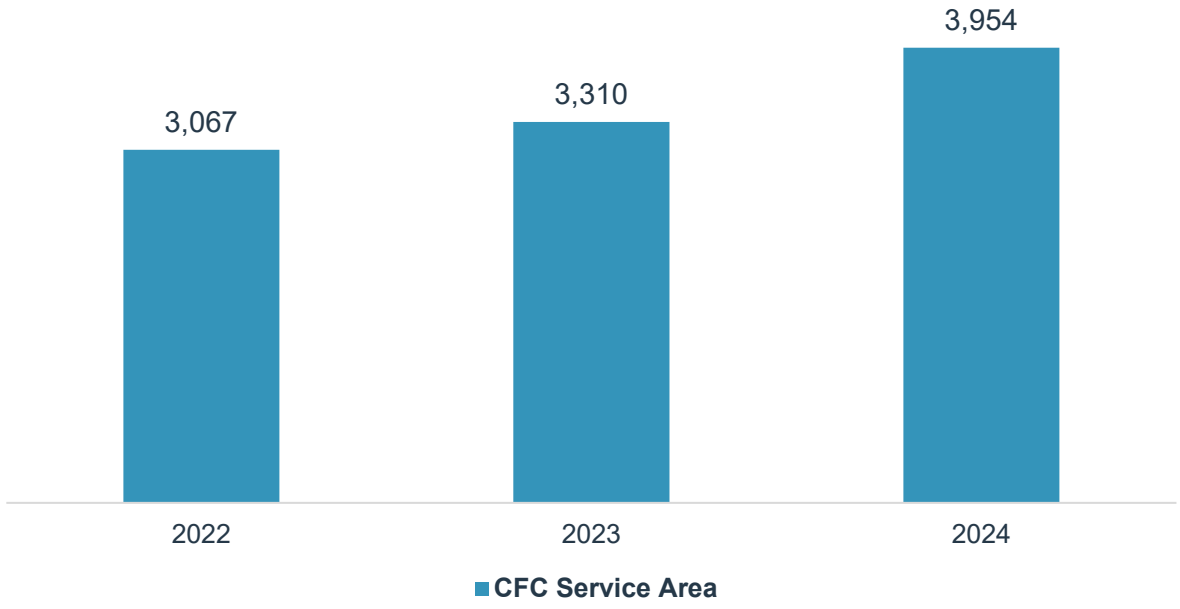
According to Florida’s Council on Homelessness Annual Report 2024, the state has made strides over the past several years in providing funding for affordable housing. Additionally, state and federal appropriations have enabled state agencies, CoCs, and local organizations to administer programs and services to address the pressing issues faced by those experiencing homelessness or at risk of becoming homeless. The Florida Legislature has recently increased its investment in this grant program from $3,181,500 in FY 2021–2022, to $20,016,822 in FY 2022–2023, and $30,016,822 in FY 2024–2025. As CoCs are nonprofit primarily grant-funded organizations, this operational support is vital to ensure CoCs can provide homelessness services to Florida’s homeless residents and local homelessness groups.

The Staffing Grant specifically provides staffing funds to ensure the transparent and open operation of the CoC, that an effective CoC plan exists, and ensures utilization of the Homeless Management Information System. Emergency Solutions Grant (ESG) funding from HUD has significantly bolstered the state's efforts to combat homelessness. The substantial increases in state-funded programs like the Challenge Grant and Staffing Grant, along with targeted federal funding through ESG-RUSH and ESG-CV, ensure comprehensive support for housing activities, outreach, and operational capabilities of Continuums of Care (CoCs). These funds are crucial for providing rental and utility assistance, rapid re-housing, and other supportive services to individuals experiencing or at risk of homelessness, particularly in the wake of natural disasters and the COVID-19 pandemic.

RUSH funding enables communities to provide outreach, emergency shelter, rapid re-housing, and standard ESG grant assistance to people experiencing, or at risk of experiencing, homelessness in a disaster-affected area. Another source of HUD funding to the State of Florida is the federal Emergency Solutions Grant Coronavirus-related (ESG-CV). This funding is used for homeless-related housing interventions, outreach, shelters, and other activities to prevent, prepare for, and respond to the coronavirus (i.e., COVID-19). A total of $5,934,974.12 was allocated to the State and awarded to the CoCs and their provider agencies in the state from July 1, 2023, through the funding expiration date of June 30, 2024.

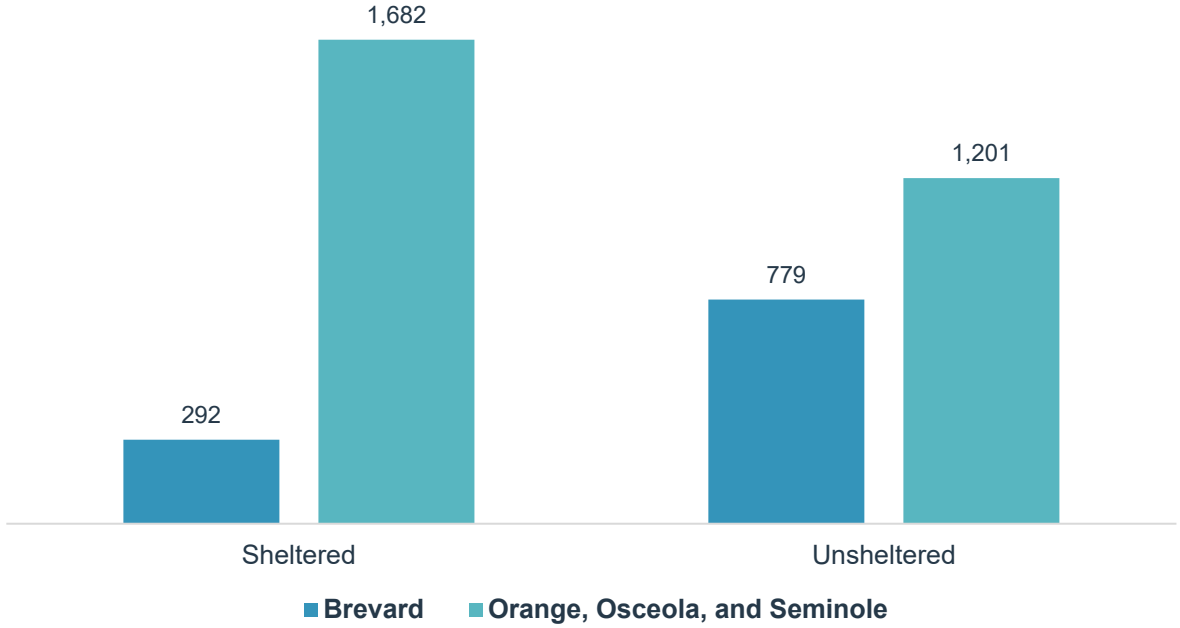
The Temporary Assistance for Needy Families (TANF) Homelessness Prevention Grant aims to prevent homelessness and maintain stable housing for eligible families through case management, emergency financial assistance (such as rent, mortgage, and utility payments), family monitoring for at least 12 months post-assistance, and comprehensive case file management to track eligibility and outcomes. This grant program ensures families at risk receive necessary support to avoid homelessness, including financial aid and ongoing monitoring to sustain housing stability. For the last several decades, a regular sum of $852,507 has been split off from the main DCF TANF award from the U.S. Department of Health and Human Services to distribute to the 27 Florida Continuums of Care.

FIGURE 73: NUMBER OF INDIVIDUALS EXPERIENCING HOMELESSNESS, CFC SERVICE AREA, 2022-2024



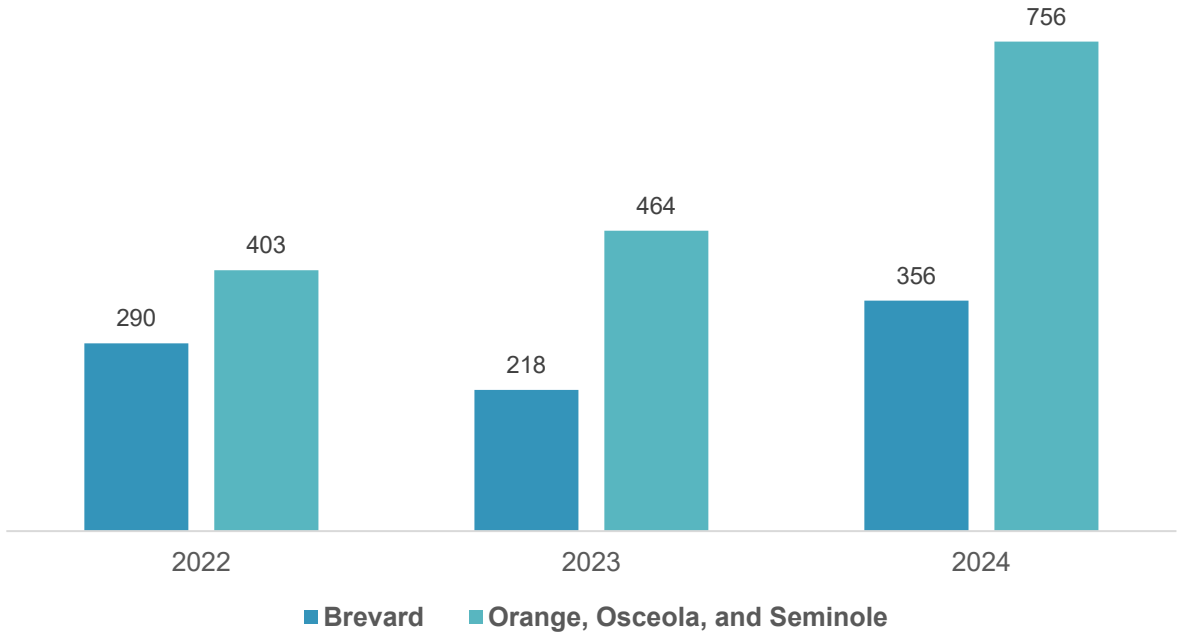
Source: Florida's Council on Homelessness Annual Report 2024

FIGURE 74: NUMBER OF SHELTERED AND UNSHELTERED INDIVIDUALS EXPERIENCING HOMELESSNESS, 2024



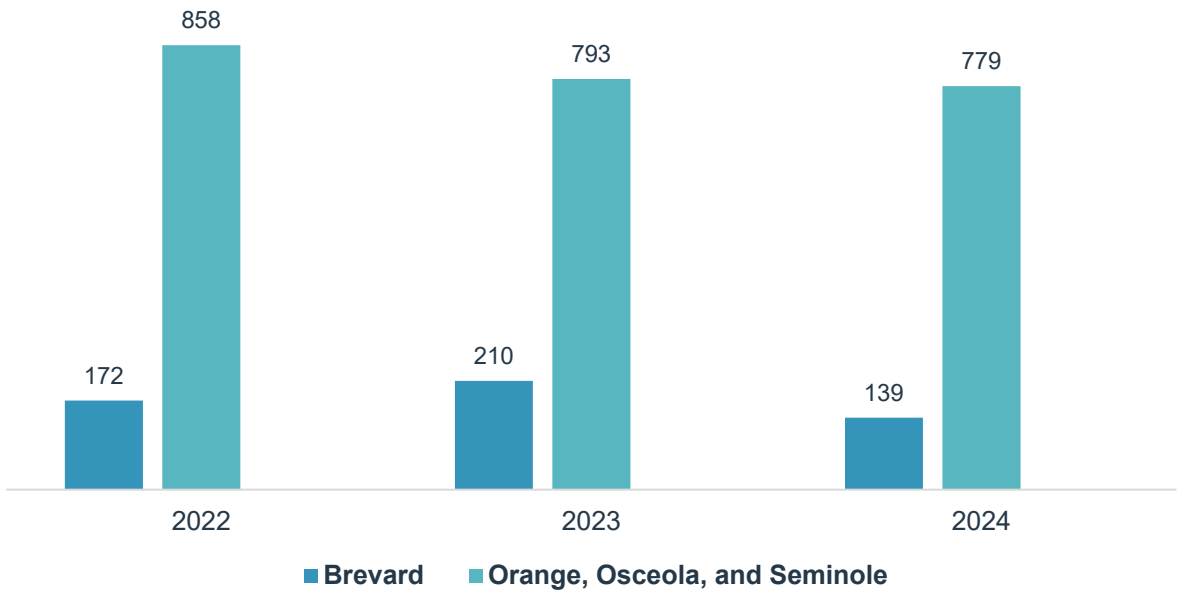
Source: Florida's Council on Homelessness Annual Report 2024

FIGURE 75: NUMBER OF INDIVIDUALS EXPERIENCING CHRONIC HOMELESSNESS, 2022-2024



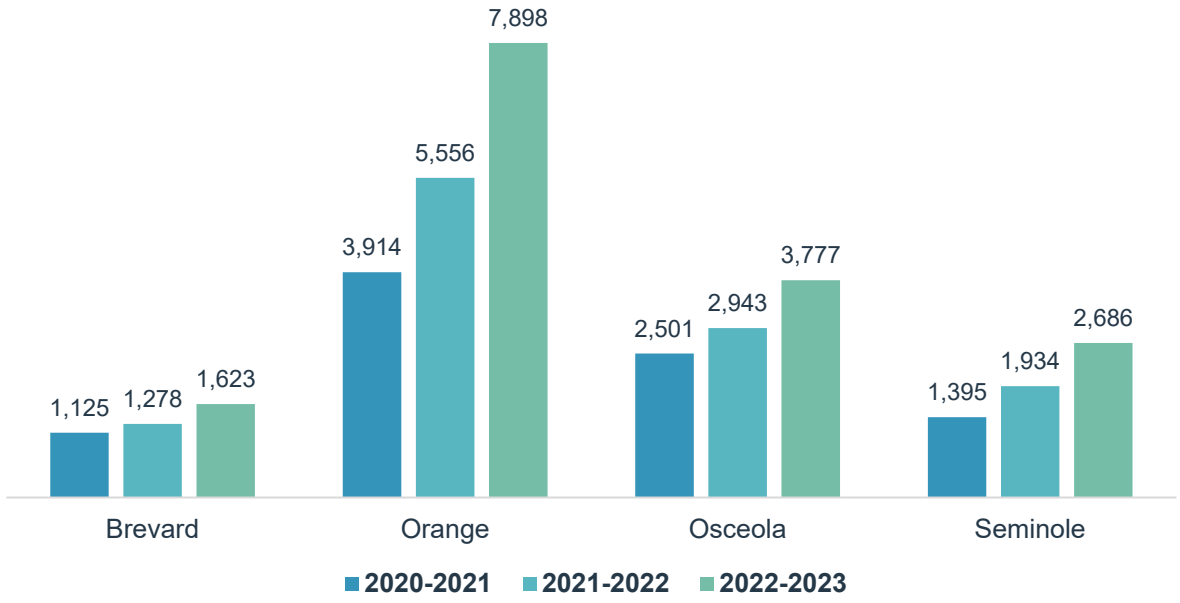
Source: Florida's Council on Homelessness Annual Report 2024

FIGURE 76: NUMBER OF FAMILIES EXPERIENCING HOMELESSNESS, 2022-2024



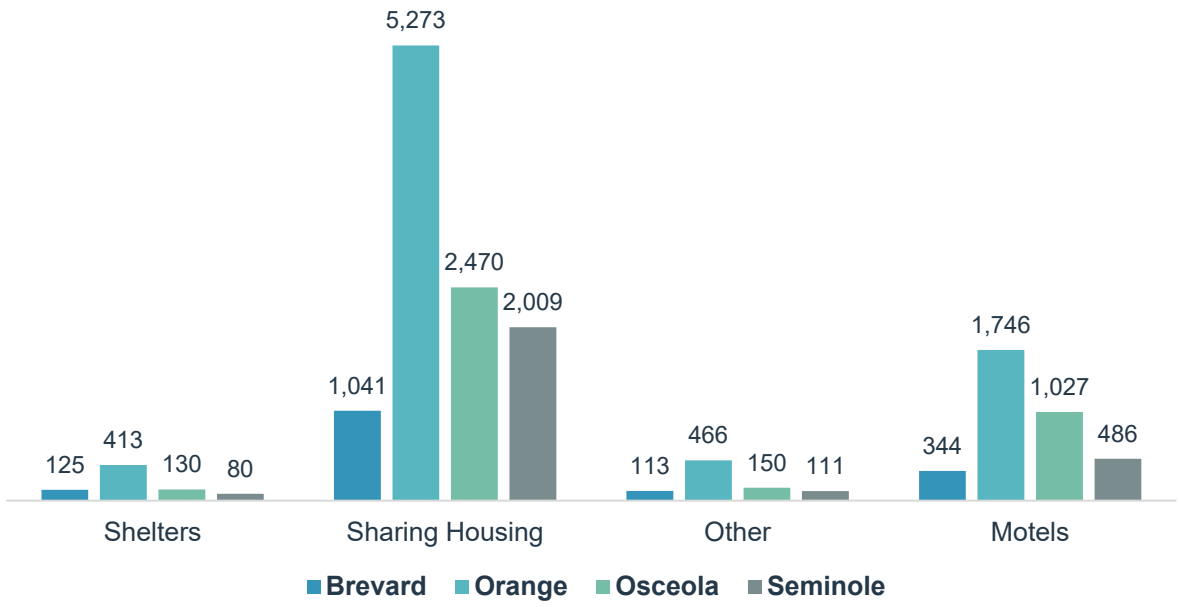
Source: Florida's Council on Homelessness Annual Report 2024

FIGURE 77: NUMBER OF STUDENTS EXPERIENCING HOMELESSNESS BY SCHOOL DISTRICT, SCHOOL YEARS 2020-2021 – 2022-2023



Source: Florida's Council on Homelessness Annual Report 2024

FIGURE 78: STUDENTS EXPERIENCING HOMELESSNESS BY LIVING SITUATION, 2022-2023



Source: Florida's Council on Homelessness Annual Report 2024

FIGURE 79: PROJECTED FUNDING FOR HOMELESSNESS BY COC, 2024

Funding Source	Brevard CoC
Challenge	$748,704.01
Staffing	$485,894.85
ESG	$283,148.77
ESG-RUSH	$-
TANF	$32,250.00

Funding Source	Orange, Osceola, and Seminole CoC
Challenge	$934,307.11
Staffing	$185,894.85
ESG	$220,349.23
ESG-RUSH	$157,720.53
TANF	$46,582.00

Source: Florida's Council on Homelessness Annual Report 2024

CFC Client Profile

Client Population

CFC served 29,392 individuals in FY 2023-2024. A small amount of duplication (<1.0 percent) exists in that some individuals moved from one county to another, were enrolled in more than one program, or changed residential status during the one-year period. Almost forty percent of individuals resided in Orange County (11,569), followed by Brevard County at 34.9 percent (10,267), Seminole County at 13.1 percent (3,864) and Osceola County at 7.4 percent (2,126).

Adults in CFC programs accounted for 87.1 percent of all individuals with 51.2 percent enrolled in the Adult Mental Health (AMH) program and 35.8% in the Adult Substance Abuse program (ASA). The remaining 12.9% of individuals were children/youth in the Child Mental Health (CMH) program at 4.5% and the Child Substance Abuse (CSA) program at 8.4%.

Sex

Male representation ranged from 47.9% in the CMH program to 62.8% in the ASA program. Females ranged from 37.2% of individuals in the ASA program to 52.1% of CMH individuals.

Race

CFC individuals were more racially diverse when compared to the service population. White individuals accounted for 56.8%, Black individuals accounted for 25.5%, multi-racial represented 8.1% of all enrolled individuals, and 8.2% expressed their race as Other. Child/Youth programs were more racially diverse when compared to adult programs with greater representation of Black, Multi-racial, and individuals of other races. Individuals who identified as multi-racial or Other races represented less than 9% of those in the AMH and ASA programs.

Ethnicity

The percentage of Hispanics in the CFC programs was slightly lower, at 20%, when compared to the service area at 31%. Ethnic composition of individuals in the AMH and ASA programs were the same at 18.3%. Hispanic individuals in the CMH and CSA programs accounted for 30.7% and 27.9% of those served, respectively.

Age Range

As expected, the age range distribution among CFC individuals was younger than the service area population. Adults ages 65 years and older accounted for 3.9 percent of individuals in all programs. This was much lower than the percentage of older adults in the service area at 16.4 percent. Individuals aged 25–44 years accounted for 47.7 percent of those in the AMH program and 58.3 percent in the ASA program. Among those enrolled in child/youth programs, 68.1 percent of individuals in the CMH program were 5–14 years of age and 67.6 percent of individuals in the CSA program were 15–17 years old.

Residential Status

Among individuals in the AMH and ASA programs, those served resided primarily independently alone or with relatives. Individuals experiencing homelessness accounted for 9.5 percent of those in the AMH program and 17.4 percent in the ASA program. Children/Youth lived dependently with relatives.

Educational Attainment

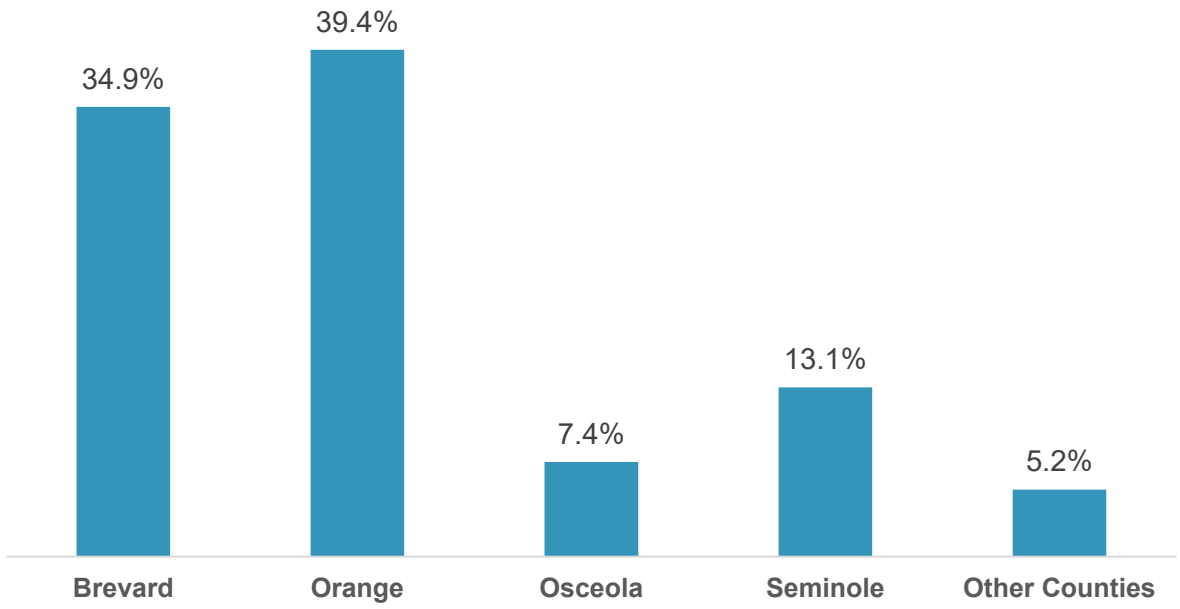
CFC individuals attained lower educational levels when compared to those in the service area population. Among CFC adults, high school or equivalency was the highest level of educational attainment for 42.9 percent of individuals enrolled in the AMH program and 42.4 percent of those in the ASA program. In the service area, high school or equivalency accounted for 24.2 percent of the adult population. Consequently, the

percentage of CFC adults who earned college degrees (14.1 percent) is well below the percentage for adults living in the service area (49.4 percent).

Employment Status

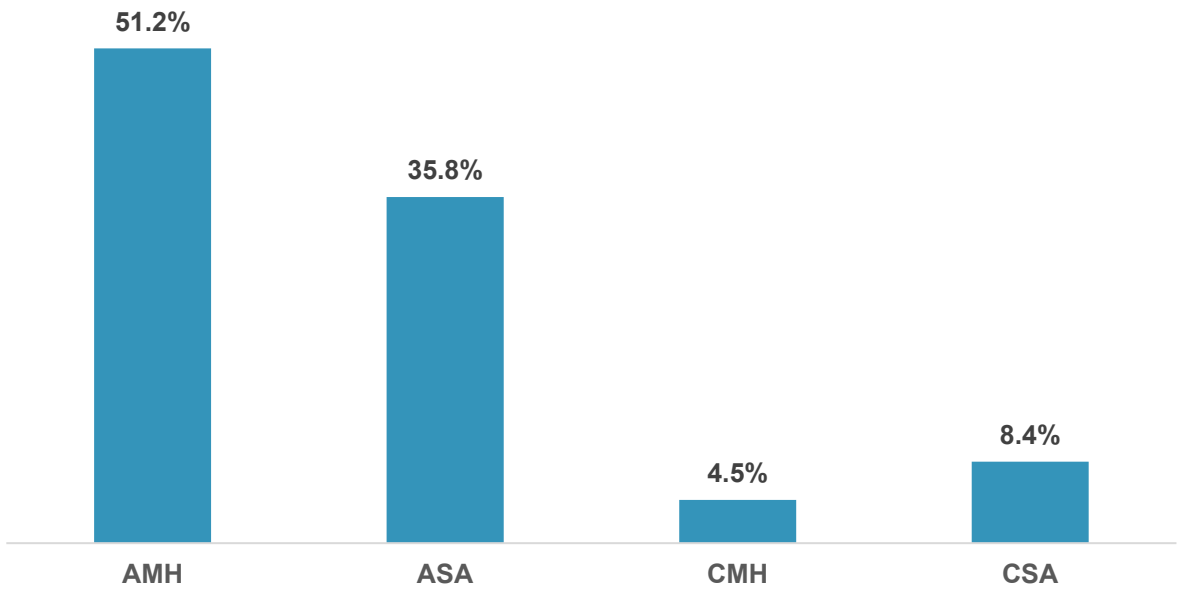
Unemployed status was much higher among individuals served, at 32.4 percent, when compared to those unemployed in the service area at 2.9 percent. Individuals served working full time accounted for 17.3 percent and students represented 14.6 percent.

FIGURE 80: PERCENTAGE OF CFC INDIVIDUALS BY COUNTY, FY 2023-2024



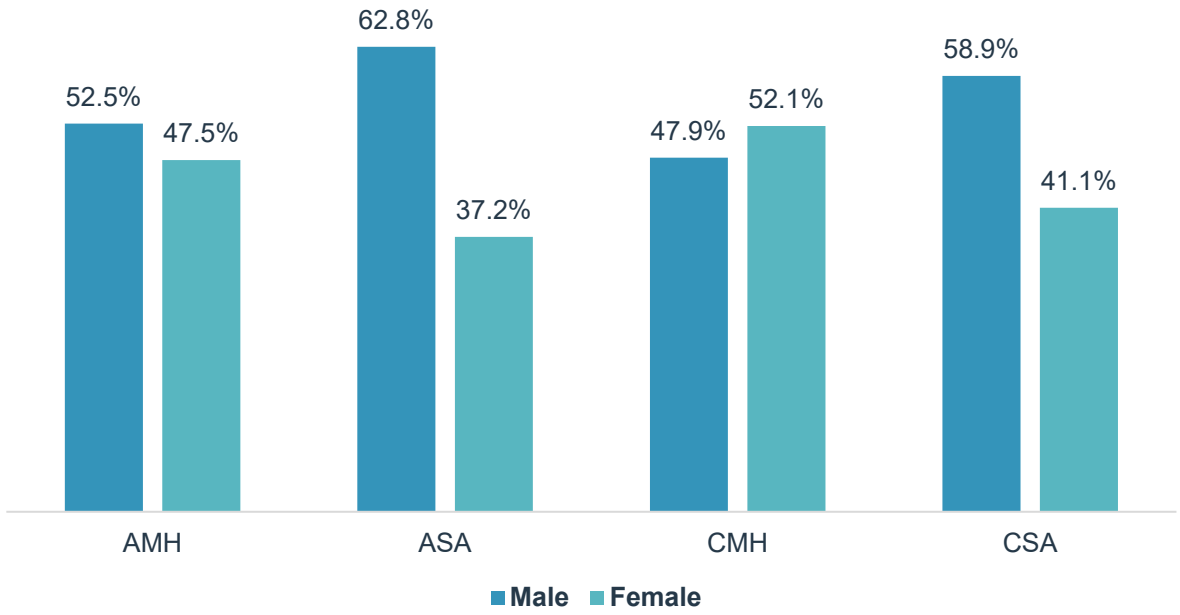
Source: CFC Data

FIGURE 81: CFC INDIVIDUALS BY PROGRAM, FY 2023-2024



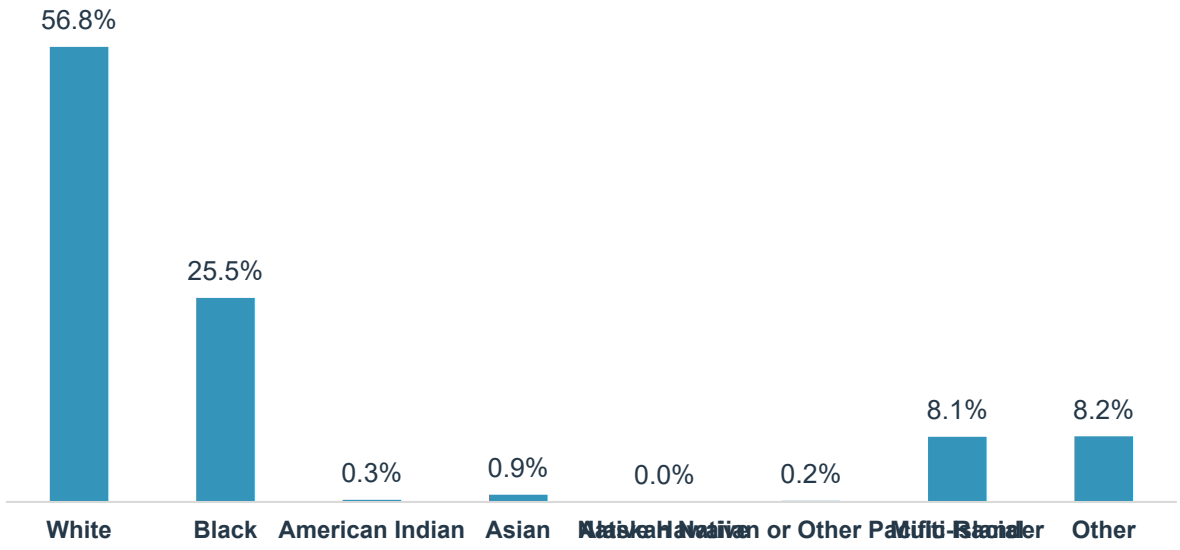
Source: CFC Data

FIGURE 82: CFC INDIVIDUALS BY PROGRAM AND SEX, FY 2023-2024



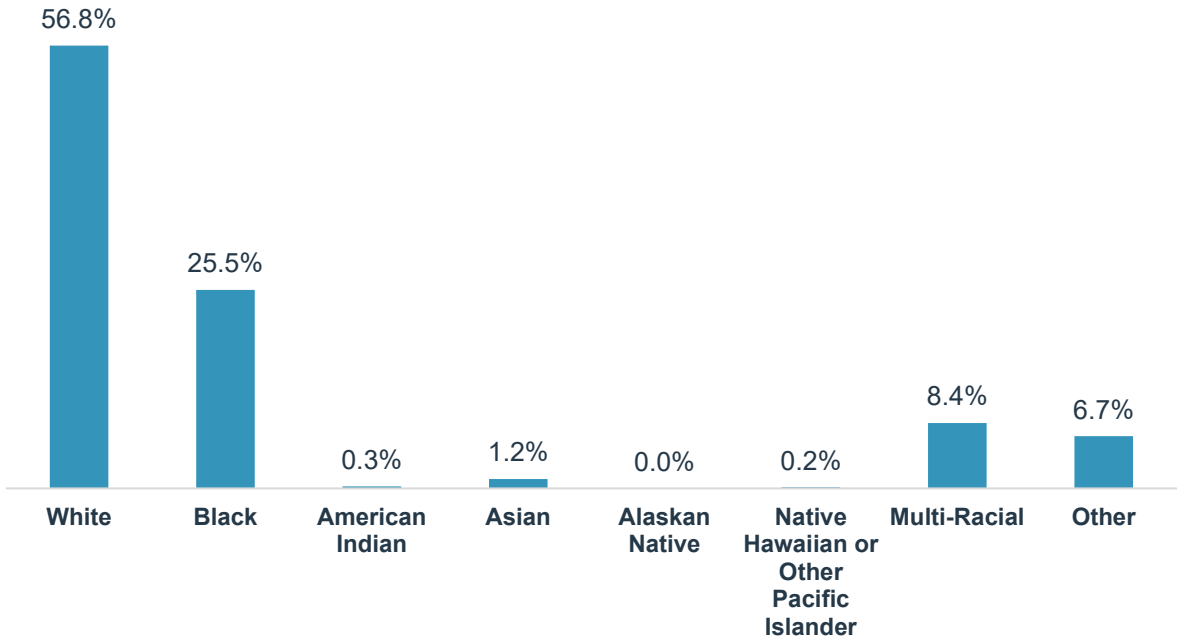
Source: CFC Data

FIGURE 83: CFC INDIVIDUALS BY RACE, FY 2023-2024



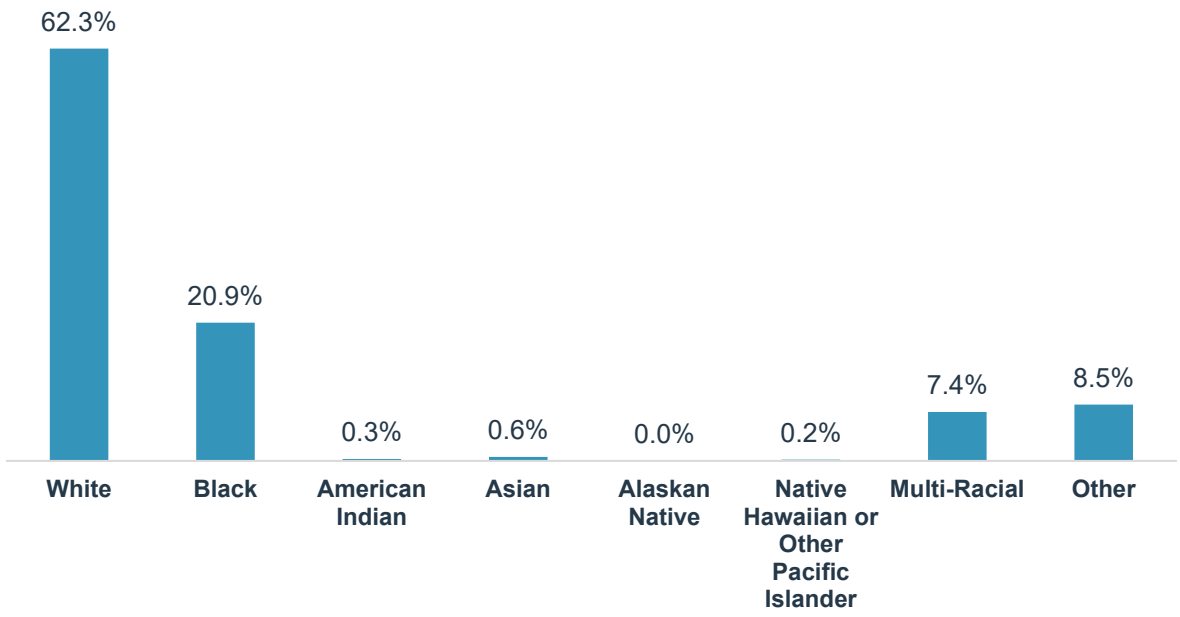
Source: CFC Data

FIGURE 84: INDIVIDUALS IN THE AMH PROGRAM BY RACE, FY 2023-2024



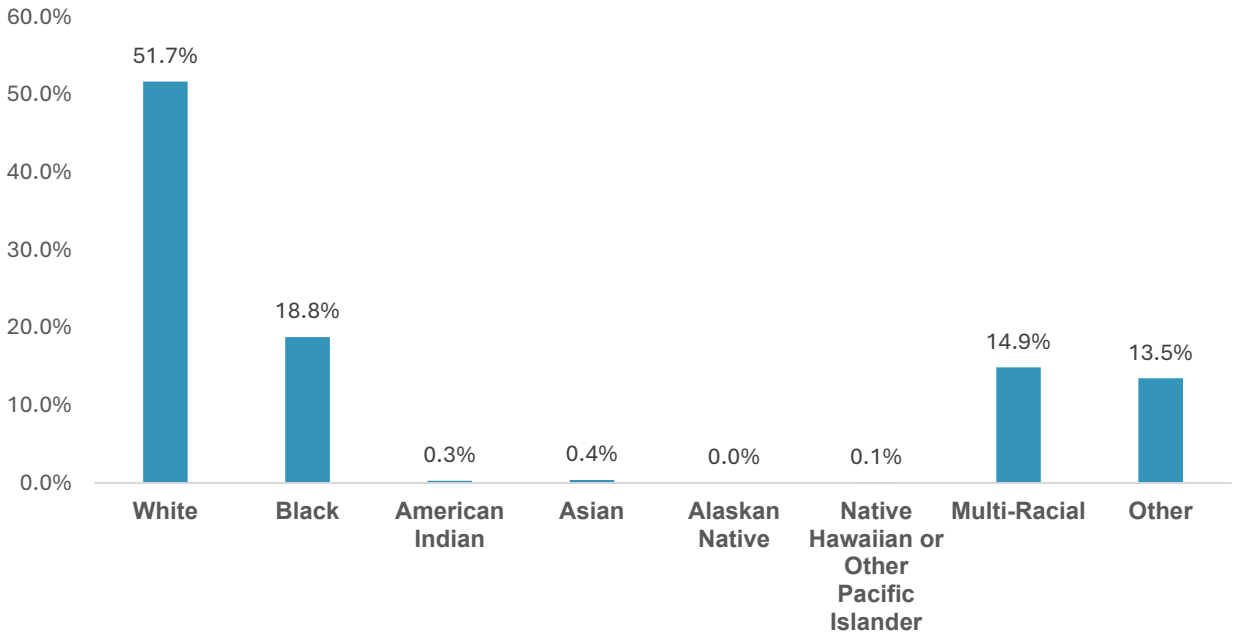
Source: CFC Data

FIGURE 85: INDIVIDUALS IN THE ASA PROGRAM BY RACE, FY 2023-2024



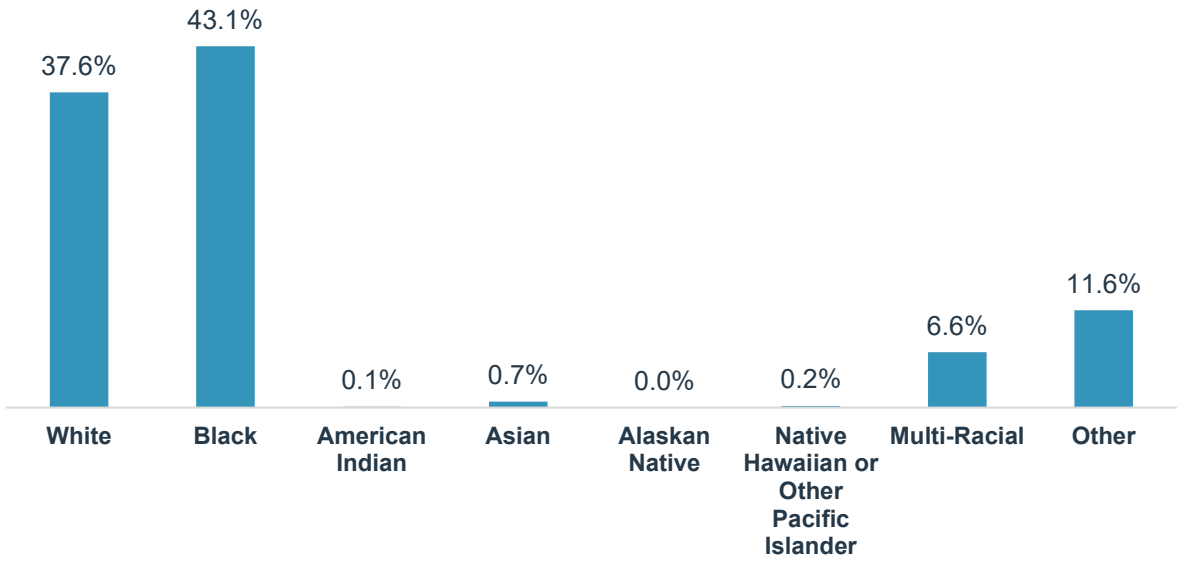
Source: CFC Data

FIGURE 86: INDIVIDUALS IN THE CMH PROGRAM BY RACE, FY 2023-2024



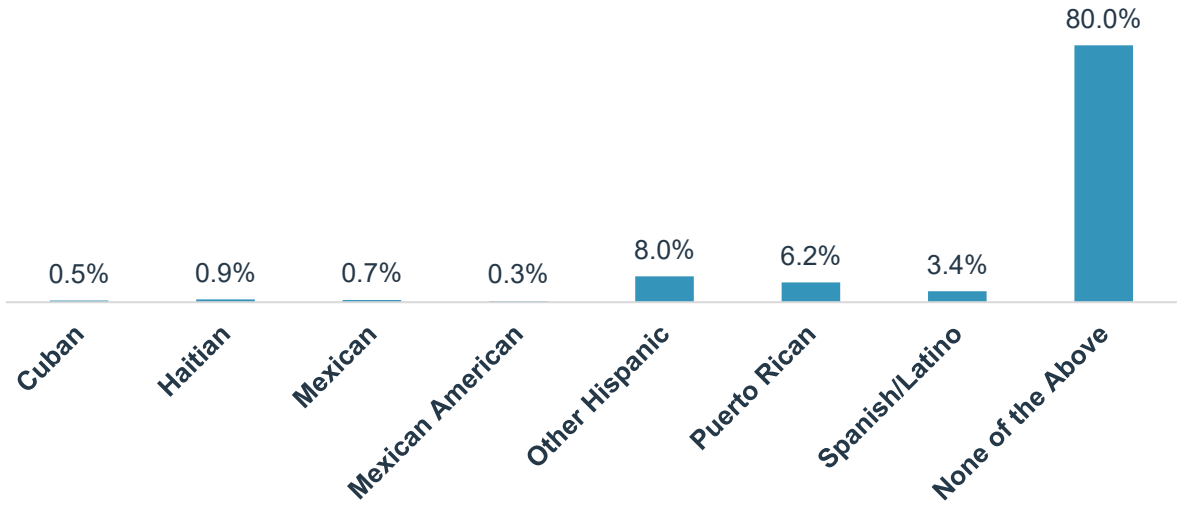
Source: CFC Data

FIGURE 87: INDIVIDUALS IN THE CSA PROGRAM BY RACE, FY 2023-2024



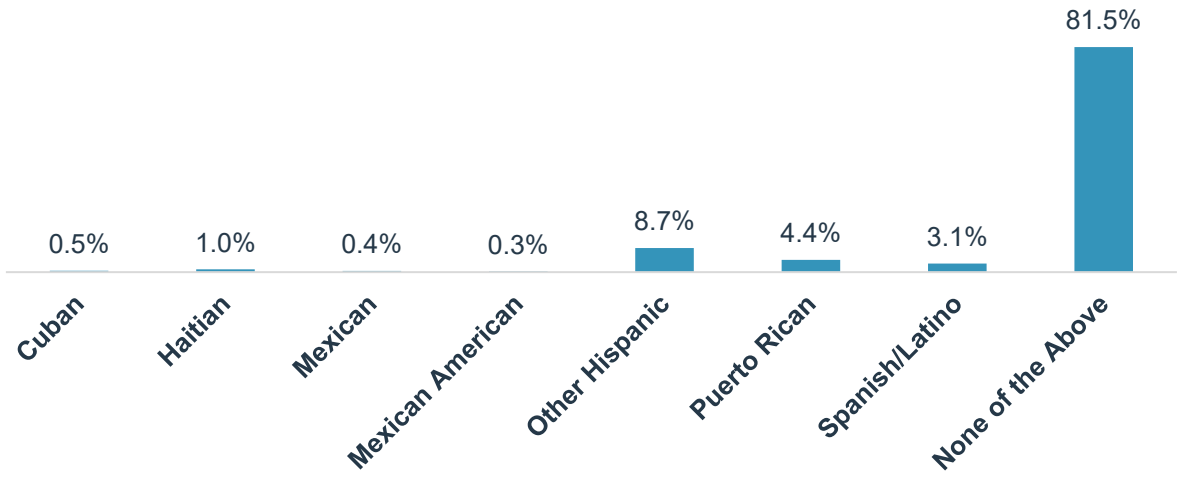
Source: CFC Data

FIGURE 88: CFC INDIVIDUALS BY ETHNICITY, FY 2023-2024



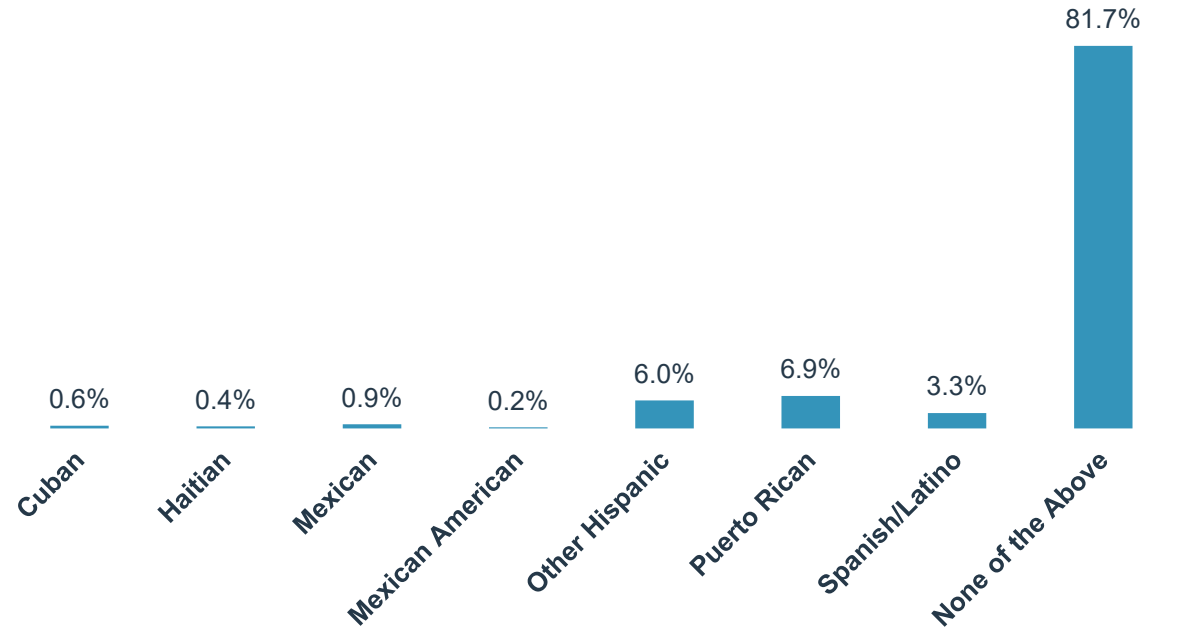
Source: CFC Data

FIGURE 89: INDIVIDUALS IN THE AMH PROGRAM BY ETHNICITY, FY 2023-2024



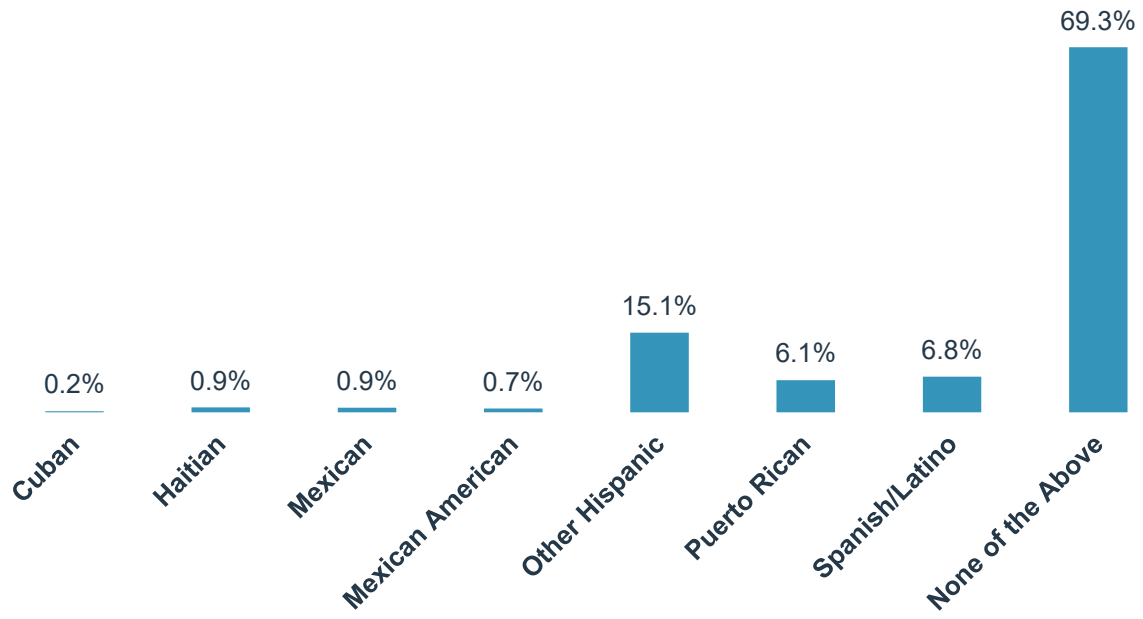
Source: CFC Data

FIGURE 90: INDIVIDUALS IN THE ASA PROGRAM BY ETHNICITY, FY 2023-2024



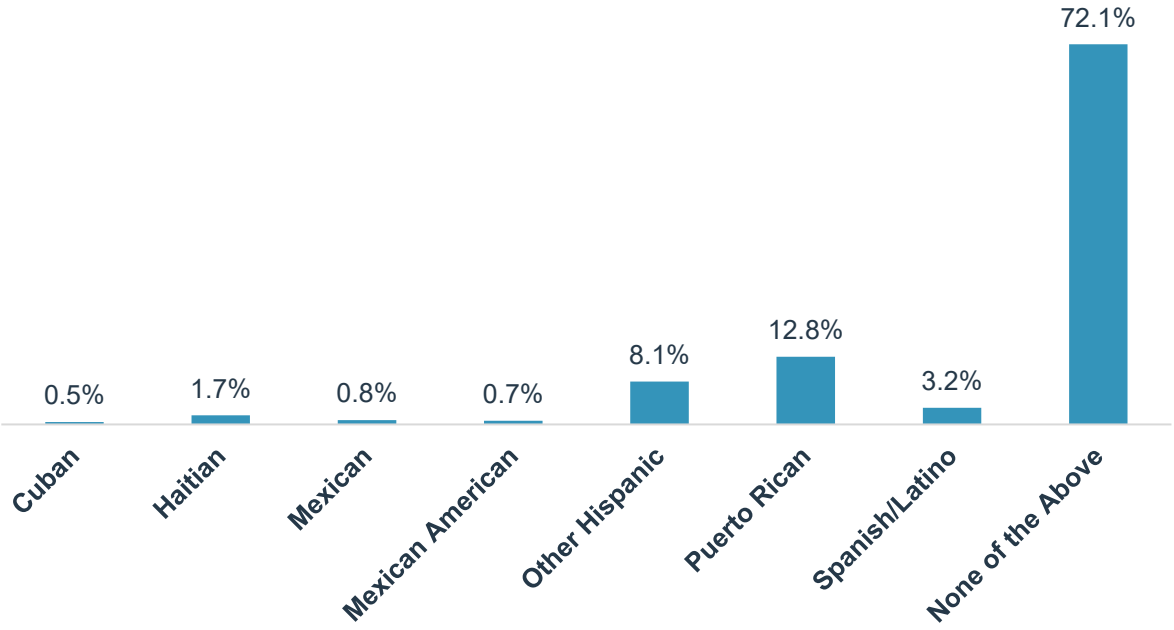
Source: CFC Data

FIGURE 91: INDIVIDUALS IN THE CMH PROGRAM BY ETHNICITY, FY 2023-2024



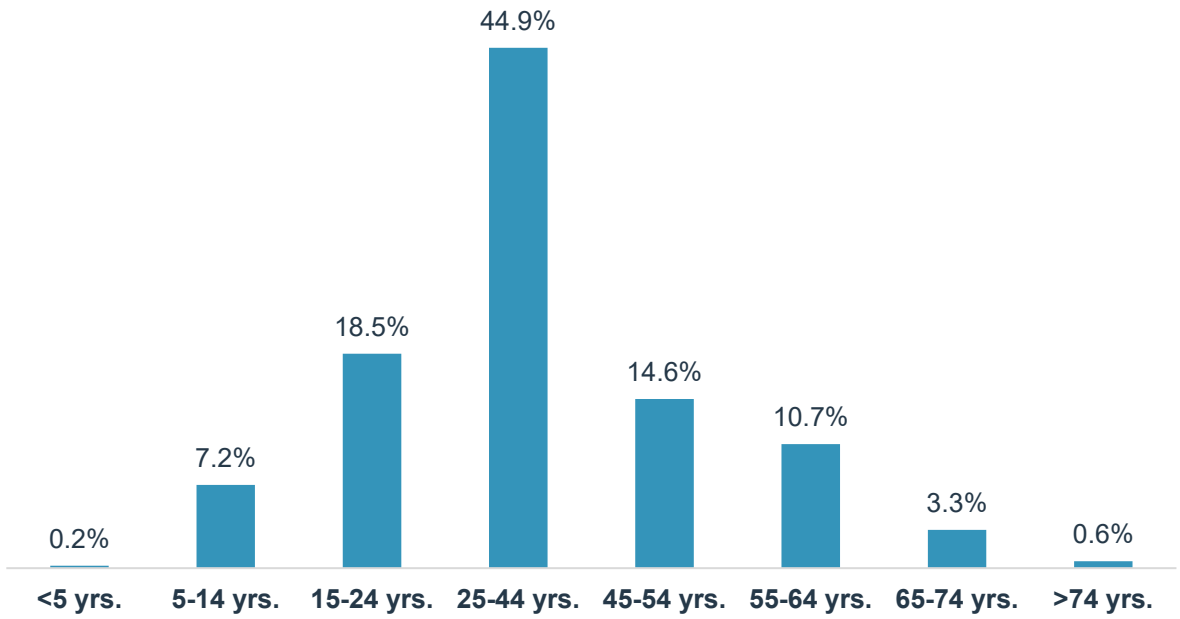
Source: CFC Data

FIGURE 92: INDIVIDUALS IN THE CSA PROGRAM BY ETHNICITY, FY 2023-2024



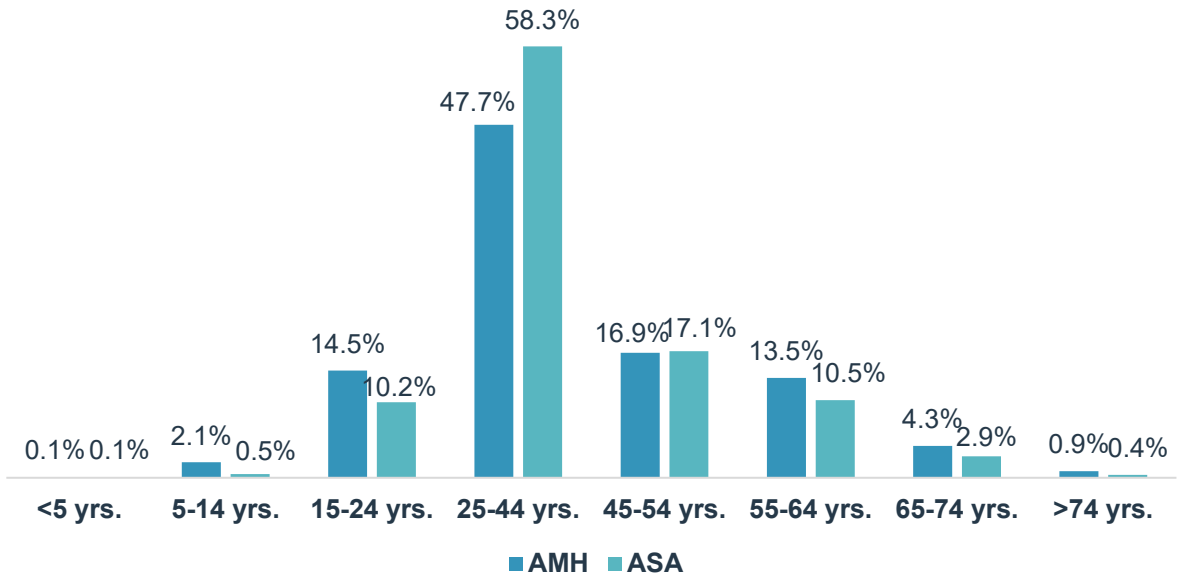
Source: CFC Data

FIGURE 93: CFC INDIVIDUALS BY AGE RANGE, FY 2023-2024



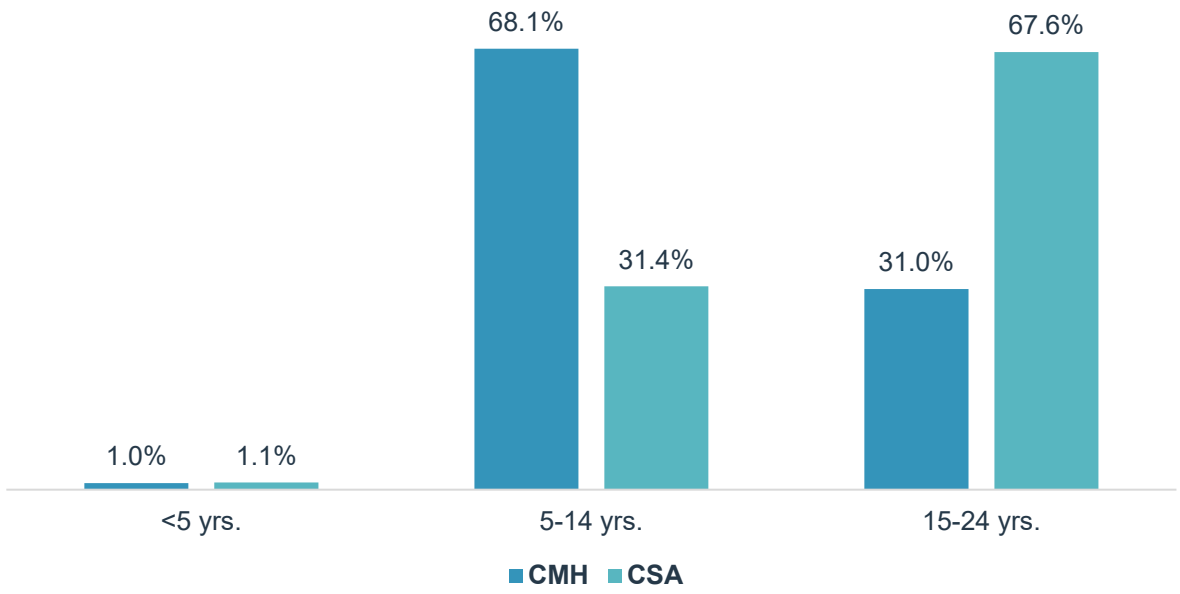
Source: CFC Data

FIGURE 94: INDIVIDUALS IN THE AMH AND ASA PROGRAMS BY AGE RANGE, FY 2023-2024



Source: CFC Data

FIGURE 95: INDIVIDUALS IN THE CMH AND CSA PROGRAMS BY AGE RANGE, FY 2023-2024



Source: CFC Data

FIGURE 96: CFC INDIVIDUALS BY RESIDENTIAL STATUS, FY 2023-2024

Residential Status	Percent
Adult Residential Treatment Facility	3.5%
Assisted Living Facility (ALF)	0.6%
Children Residential Treatment Facility	0.1%
Correctional Facility	1.2%
Crisis Residence	0.0%
Dependent Living – with Non-Relatives	2.4%
Dependent Living – with Relatives	22.1%
DJJ Facility	0.1%
Foster Care/Home	0.3%
Homeless	11.0%
Independent Living – Alone	16.4%
Independent Living – with Non-Relatives	8.1%
Independent Living – with Relatives	22.8%
Limited Mental Health Licensed ALF	0.1%
Not Available or Unknown	6.6%
Nursing Home	0.1%
Other Residential Status	1.2%
State Mental Health Treatment Facility	1.2%
Supported Housing	2.0%

Source: CFC Data

FIGURE 97: INDIVIDUALS IN THE AMH PROGRAM BY RESIDENTIAL STATUS, FY 2023-2024

AMH Residential Status	Percent
Adult Residential Treatment Facility	2.7%
Assisted Living Facility (ALF)	1.2%
Children Residential Treatment Facility	0.0%
Correctional Facility	1.7%
Crisis Residence	0.0%
Dependent Living – with Non-Relatives	1.8%
Dependent Living – with Relatives	13.3%
DJJ Facility	0.0%
Foster Care/Home	0.1%
Homeless	9.5%
Independent Living – Alone	19.5%
Independent Living – with Non-Relatives	8.8%
Independent Living – with Relatives	26.7%
Limited Mental Health Licensed ALF	0.2%
Not Available or Unknown	9.2%
Nursing Home	0.1%
Other Residential Status	1.0%
State Mental Health Treatment Facility	2.3%
Supported Housing	1.9%

Source: CFC Data

FIGURE 98: INDIVIDUALS IN THE ASA PROGRAM BY RESIDENTIAL STATUS, FY 2023-2024

ASA Residential Status	Percent
Adult Residential Treatment Facility	6.2%
Assisted Living Facility (ALF)	0.1%
Children Residential Treatment Facility	0.0%
Correctional Facility	0.9%
Crisis Residence	0.0%
Dependent Living – with Non-Relatives	3.6%
Dependent Living – with Relatives	11.3%
DJJ Facility	0.3%
Homeless	17.4%
Independent Living – Alone	17.5%
Independent Living – with Non-Relatives	9.8%
Independent Living – with Relatives	23.2%
Not Available or Unknown	4.8%
Nursing Home	0.0%
Other Residential Status	1.9%
State Mental Health Treatment Facility	0.1%
Supported Housing	2.8%

Source: CFC Data

FIGURE 99: INDIVIDUALS IN THE CMH PROGRAM BY RESIDENTIAL STATUS, FY 2023-2024

CMH Residential Status	Percent
Adult Residential Treatment Facility	0.2%
Children Residential Treatment Facility	2.2%
Crisis Residence	0.1%
Dependent Living – with Non-Relatives	1.0%
Dependent Living – with Relatives	87.5%
Foster Care/Home	1.1%
Homeless	0.2%
Independent Living – Alone	0.1%
Independent Living – with Non-Relatives	0.1%
Independent Living – with Relatives	3.8%
Not Available or Unknown	3.2%
Other Residential Status	0.2%
State Mental Health Treatment Facility	0.2%

Source: CFC Data

FIGURE 100: INDIVIDUALS IN THE CSA PROGRAM BY RESIDENTIAL STATUS, FY 2023-2024

CSA Residential Status	Percent
Children Residential Treatment Facility	0.2%
Crisis Residence	0.0%
Dependent Living – with Non-Relatives	1.6%
Dependent Living – with Relatives	89.7%
DJJ Facility	0.1%
Foster Care/Home	2.1%
Homeless	0.2%
Independent Living – Alone	0.2%
Independent Living – with Non-Relatives	0.2%
Independent Living – with Relatives	5.6%
Not Available or Unknown	0.1%
Other Residential Status	0.1%
Supported Housing	0.0%

Source: CFC Data

FIGURE 101: CFCHS INDIVIDUALS BY EDUCATIONAL ATTAINMENT, FY 2023-2024

Highest Grade Attained	Percent
No schooling	0.4%
Less than 9th grade	4.7%
9th to 12th grade, no diploma	25.1%
High school graduate (includes equivalency)	42.7%
Some college, no degree	10.9%
Associate's degree	6.2%
Bachelor's degree	6.2%
Graduate or professional degree	1.7%
Vocational school	2.1%

Source: CFC Data

FIGURE 102: INDIVIDUALS IN THE AMH PROGRAM BY EDUCATIONAL ATTAINMENT, FY 2023-2024

Highest Grade Attained	Percent
No schooling	0.5%
Less than 9th grade	5.1%
9th to 12th grade, no diploma	23.9%
High school graduate (includes equivalency)	42.9%
Some college, no degree	11.4%
Associate's degree	5.7%
Bachelor's degree	6.8%
Graduate or professional degree	1.9%
Vocational school	1.7%

Source: CFC Data

FIGURE 103: INDIVIDUALS IN THE ASA PROGRAM BY EDUCATIONAL ATTAINMENT, FY 2023-2024

Highest Grade Attained	Percent
No schooling	0.3%
Less than 9th grade	4.1%
9th to 12th grade, no diploma	26.7%
High school graduate (includes equivalency)	42.4%
Some college, no degree	10.3%
Associate's degree	6.8%
Bachelor's degree	5.4%
Graduate or professional degree	1.3%
Vocational school	2.7%

Source: CFC Data

FIGURE 104: CFCHS INDIVIDUALS BY EMPLOYMENT STATUS, FY 2023-2024

Employment Status	CFCHS
Active military, overseas	0.0%
Active military, USA	0.0%
Disabled	12.5%
Full Time	17.3%
Homemaker	1.0%
Incarcerated	1.6%
Leave of Absence	0.3%
Not authorized to work	0.5%
Part Time	6.6%
Retired	3.1%
Student	14.6%
Unemployed	32.4%
Unknown	9.9%
Unpaid Family Worker	0.2%

Source: CFC Data

CFC Clients Who Experienced Homelessness Profile

CFC Homeless Population

CFC individuals experiencing homelessness accounted for 3,558 people. Among programs, 42.8% were in the AMH program, 57 percent in the ASA program, and <1 percent in child/adolescent programs.

Sex

The percentage of males experiencing homelessness was double the percentage of females who were homeless.

Race

Among CFC AMH individuals experiencing homelessness, 52.6 percent were White, 34.7 percent were Black, 6.8 percent were multi-racial, and 5.1 percent expressed their race as Other. In the ASA program, 63.5 percent were White, 20.7 percent were Black, 6.7 percent were multi-racial, and 8 percent were of other races.

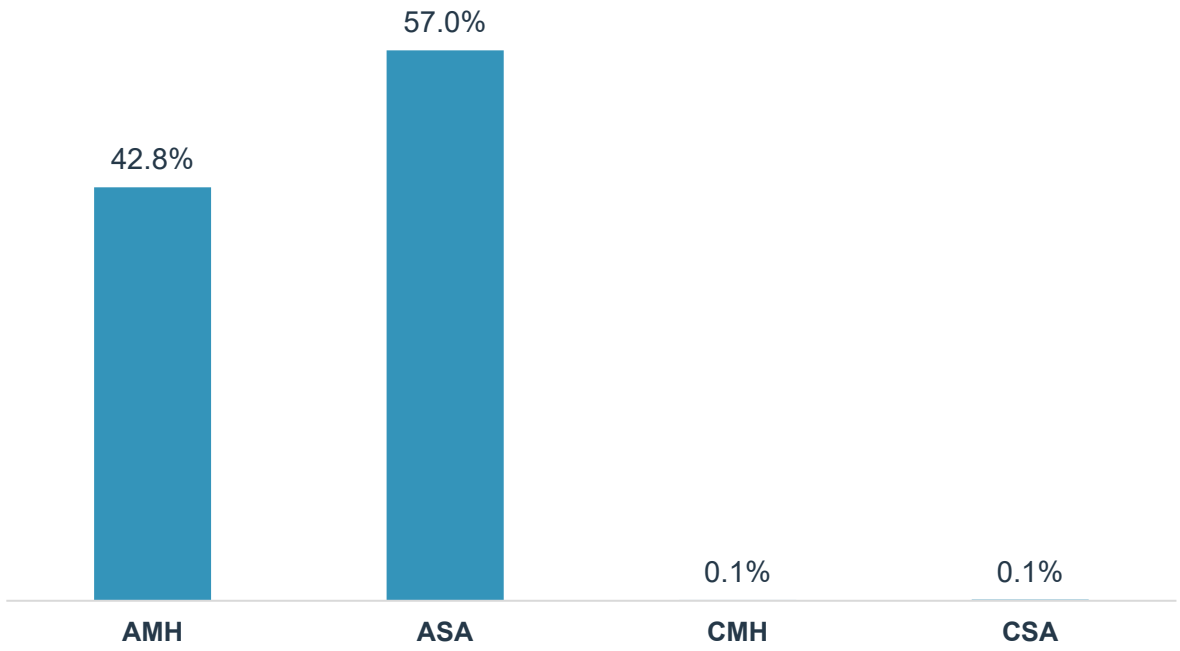
Ethnicity
Over 85 percent of CFC adults experiencing homelessness who were enrolled in the AMH and ASA programs were non-Hispanic. The remaining 15 percent identified their ethnicity as Other Hispanic, Puerto Rican, and Spanish/Latino.

Age Range
More than 50 percent of CFC individuals experiencing homelessness enrolled in the adult program were aged 25–44 years of age. Less than 3 percent were 65 years or older.

Educational Attainment
Nearly 37 percent of CFC adults in the AMH program experiencing homelessness did not graduate high school (reported no schooling, less than 9th grade, or 9th – 12th grade education without a diploma). High school or equivalence was the highest level of educational attainment by 40.8 percent of adult AMH CFC individuals. High school diploma or equivalency is the highest level of educational attainment for nearly 42 percent of CFC adults in the ASA program experiencing homelessness.

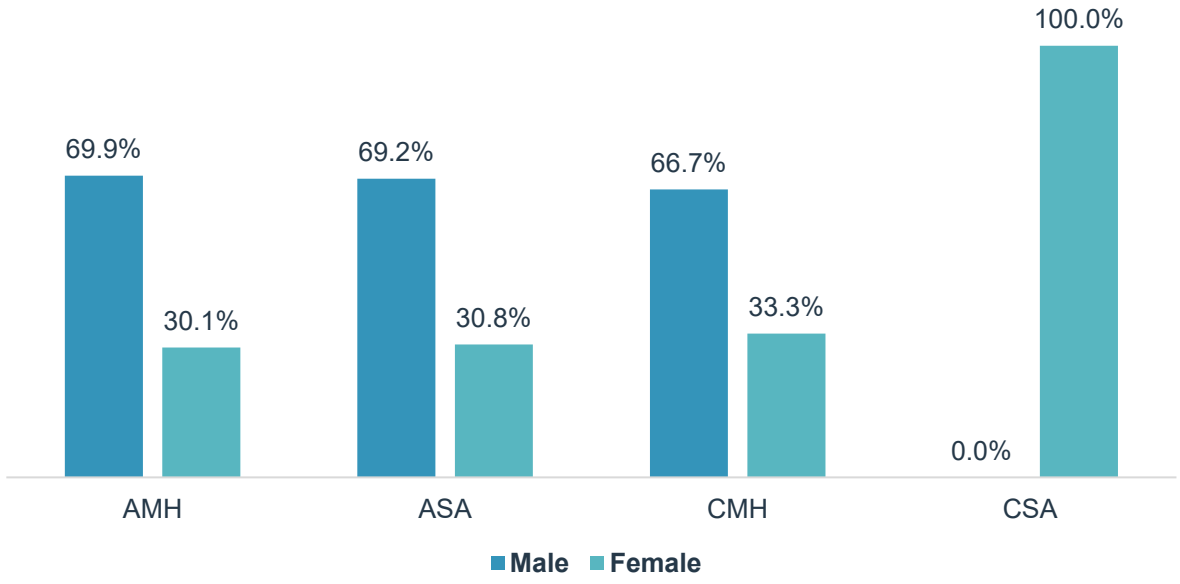
Employment Status
Over 75 percent of CFC individuals who experienced homelessness were unemployed.

FIGURE 105: CFC INDIVIDUALS EXPERIENCING HOMELESSNESS BY PROGRAM, FY 2023-2024



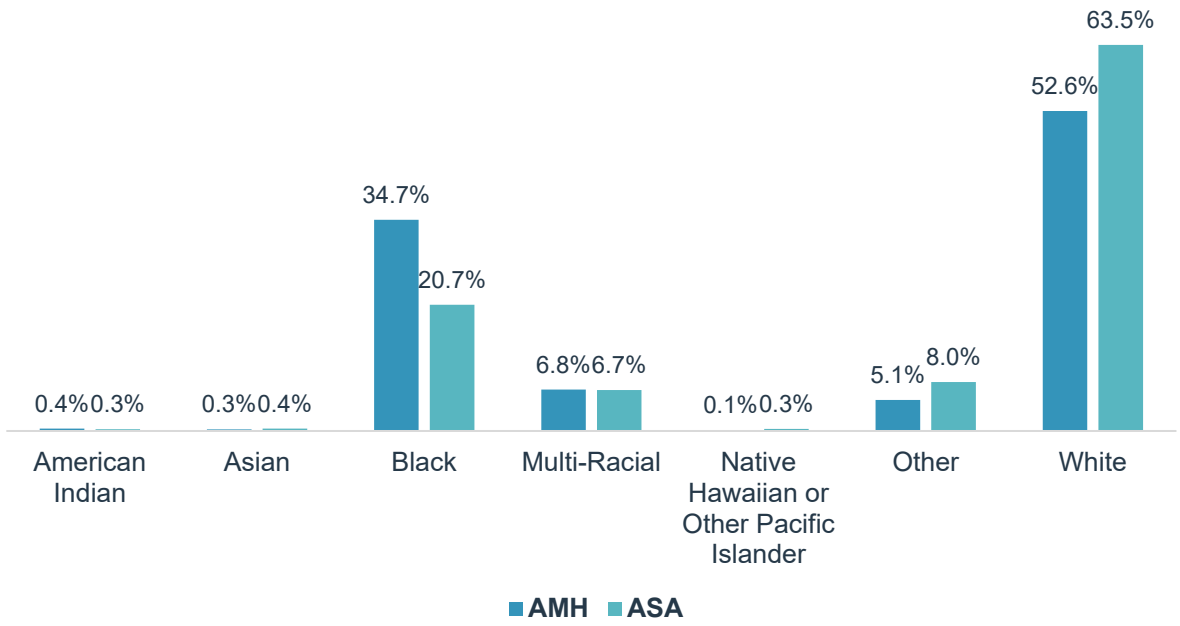
Source: CFC Data

FIGURE 106: CFC INDIVIDUALS EXPERIENCING HOMELESSNESS BY PROGRAM AND SEX, FY 2023-2024



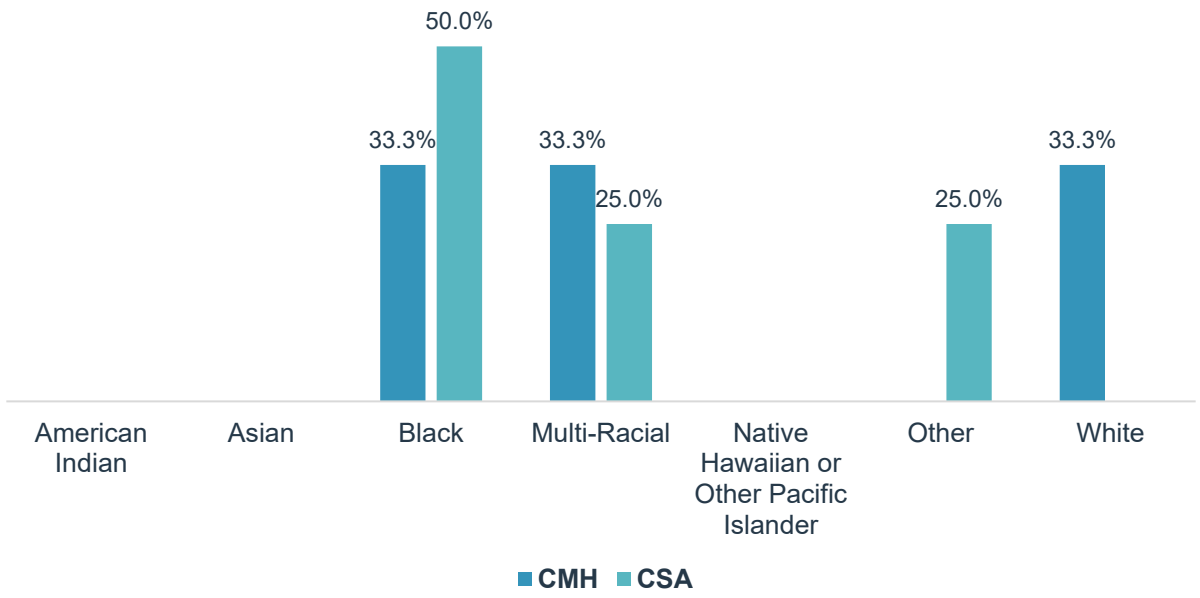
Source: CFC Data

FIGURE 107: CFC INDIVIDUALS EXPERIENCING HOMELESSNESS BY ADULT PROGRAMS AND RACE, FY 2023-2024



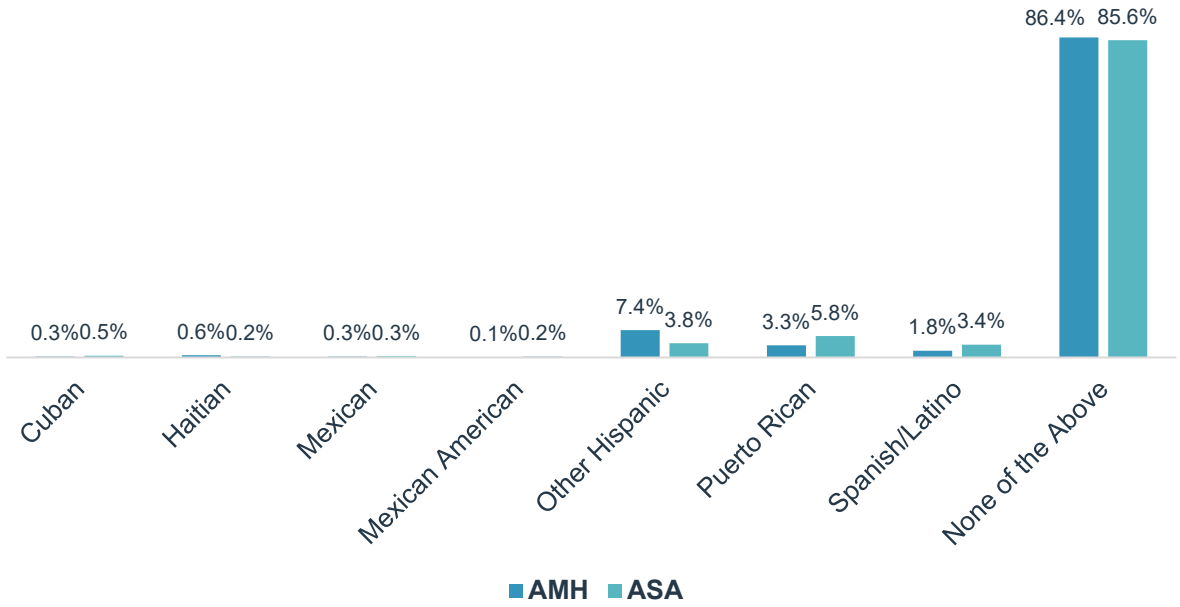
Source: CFC Data

FIGURE 108: CFC INDIVIDUALS EXPERIENCING HOMELESSNESS BY CHILD/ADOLESCENT PROGRAM AND RACE, FY 2023-2024



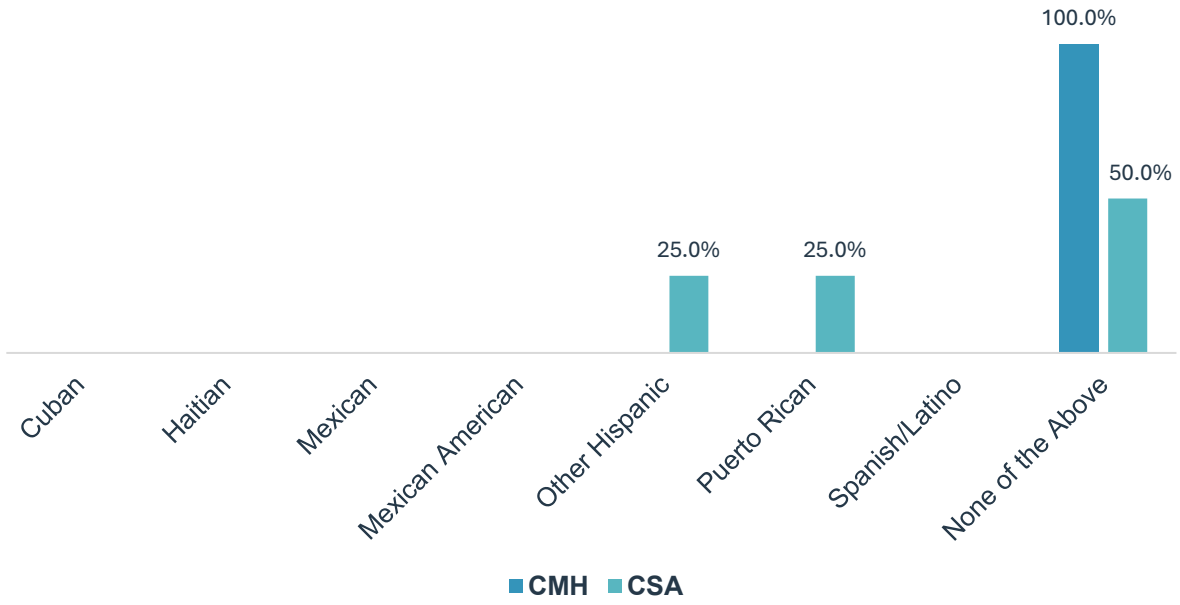
Source: CFC Data

FIGURE 109: CFC INDIVIDUALS EXPERIENCING HOMELESSNESS BY ADULT PROGRAM AND ETHNICITY, FY 2023-2024



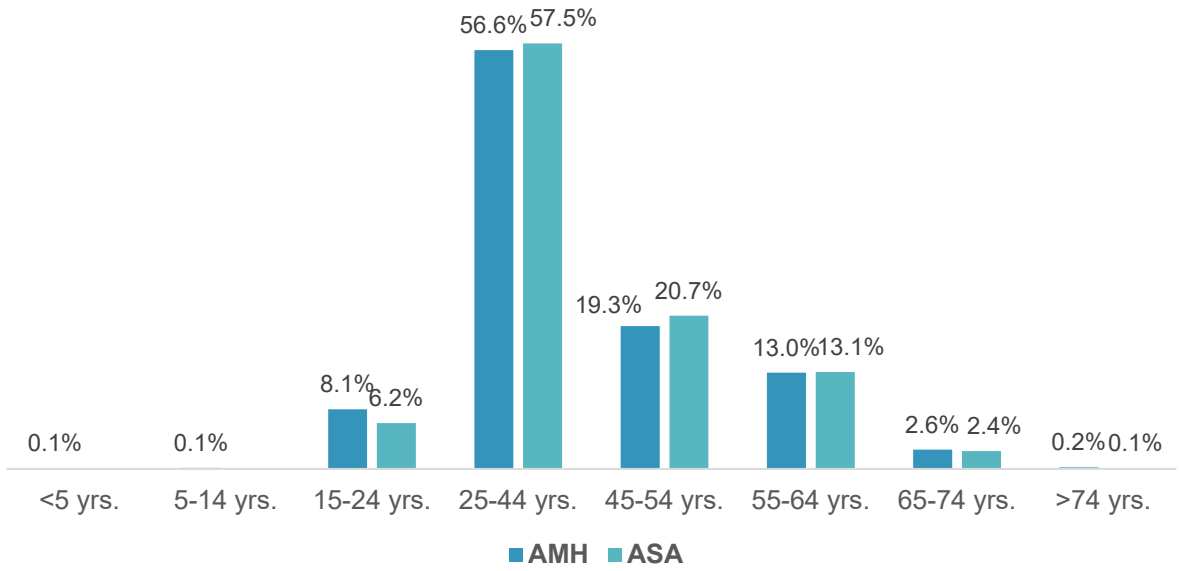
Source: CFC Data

FIGURE 110: CFC INDIVIDUALS EXPERIENCING HOMELESSNESS BY CHILD/ADOLESCENT PROGRAM AND ETHNICITY, FY 2023-2024



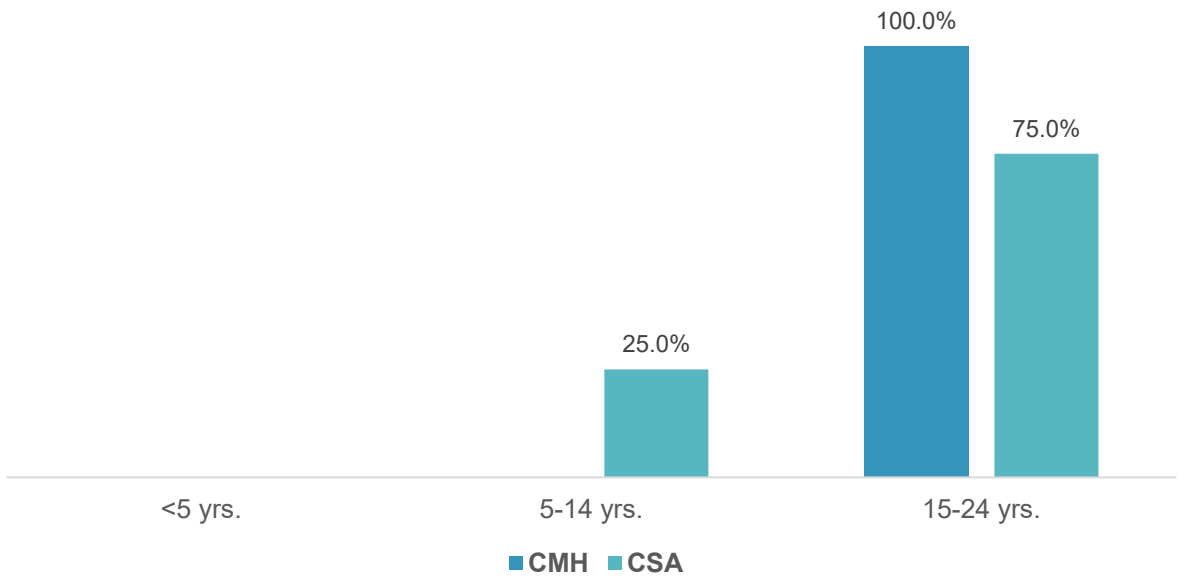
Source: CFC Data

FIGURE 111: CFC INDIVIDUALS EXPERIENCING HOMELESSNESS BY ADULT PROGRAM AND AGE RANGE, FY 2023-2024



Source: CFC Data

FIGURE 112: CFC INDIVIDUALS EXPERIENCING HOMELESSNESS BY CHILD/ADOLESCENT PROGRAMS AND AGE RANGE, FY 2023-2024



Source: CFC Data

FIGURE 113: CFC AMH INDIVIDUALS EXPERIENCING HOMELESSNESS BY EDUCATIONAL ATTAINMENT, FY 2023-2024

Educational Attainment	AMH Percent
No schooling	0.1%
Less than 9th grade	6.6%
9th to 12th grade, no diploma	29.7%
High school graduate (includes equivalency)	40.8%
Some college, no degree	10.2%
Associate's degree	4.3%
Bachelor's degree	4.2%
Graduate or professional degree	1.1%
Vocational school	2.7%

Source: CFCHS Data

FIGURE 114: CFC ASA INDIVIDUALS EXPERIENCING HOMELESSNESS BY EDUCATIONAL ATTAINMENT, FY 2023-2024

Educational Attainment	ASA Percent
No schooling	0.5%
Less than 9th grade	4.5%
9th to 12th grade, no diploma	29.8%
High school graduate (includes equivalency)	41.9%
Some college, no degree	11.6%
Associate's degree	4.2%
Bachelor's degree	3.8%
Graduate or professional degree	0.5%
Vocational school	0.1%

Source: CFCHS Data

FIGURE 115: CFC INDIVIDUALS EXPERIENCING HOMELESSNESS BY EMPLOYMENT STATUS, FY 2023-2024

Employment Status	Percent
Active military, overseas	0.0%
Active military, USA	0.0%
Disabled	7.7%
Full Time	3.6%
Homemaker	0.1%
Incarcerated	0.1%
Leave of Absence	0.0%
Not authorized to work	0.3%
Part Time	4.4%
Retired	1.4%
Student	0.3%
Unemployed	75.3%
Unknown	6.6%
Unpaid Family Worker	0.1%

Source: CFCHS Data

CFC Program Expenditures and Overproduction Costs

To identify direct service or support service needs, the overproduction costs were calculated as a percentage of the total expenditures for the program and county. Any service where the overproduction to expenditure was 1 percent or more was considered a potential need in the system of care. The tables below provide the total expenditures by program and the overproduction to expenditures by county and program.

FIGURE 116: CFC POTENTIAL NEED SERVICES, FY 2023-2024

County	Program	Covered Service/Project Descriptor	Expenditures	Overproduction	Total Program Expenditures	Overproduction to Total Expenditures
Brevard	AMH	Crisis Stabilization	$3,181,206.81	$181,840.57	$10,102,152.85	1.8%
Brevard	AMH	Inpatient	$1,011,610.26	$477,725.23	$10,102,152.85	4.7%
Brevard	AMH	Room & Board Level 2	1777123.46	$279,563.74	$10,102,152.85	2.8%
Brevard	AMH	Room & Board Level 3	$1,015,903.60	$204,479.30	$10,102,152.85	2.0%
Orange	AMH	Mental Health Club	$446,714.79	$276,747.68	$18,555,908.34	1.5%
Orange	AMH	Short-term Residential TX	$1,011,610.26	$477,725.23	$18,555,908.34	2.9%
Orange	ASA	Substance Abuse Detoxification	$1,777,123.46	$279,563.74	$18,056,179.77	2.3%
Osceola	ASA	Residential Level 2	$1,355,996.44	$122,995.63	$4,834,187.70	3.0%
Osceola	ASA	Intervention	$313,202.48	$83,208.92	$4,834,187.70	2.0%
Osceola	CSA	Residential Level 2	$1,195,153.72	$182,986.23	$1,508,609.93	4.4%
Seminole	ASA	Room & Board Level 2	$524,746.48	$136,596.56	$2,254,400.58	2.0%
Seminole	CSA	Intervention	$478,889.09	$74,978.44	$1,877,208.39	1.1%

Source: CFC Cost Data

Brevard County Demographic Profile

Population Demographics

Population in Brevard County increased 4.4 percent from 2021 to 2023. The total population growth for the 3-year period added 27,351 residents. Females accounted for 50.5 percent of the population and males comprised the remaining 49.5 percent.

Brevard County by racial composition was primarily White at 73 percent, which was higher than the four-county service area at 50.4 percent and higher than the state at 55.5 percent. The Black population represented 9.7 percent of the county residents which was lower when compared to the service are and Florida at 15.1 percent and 14.9 percent, respectively. Those individuals reporting their race as Other accounted for 3 percent of the county's population while 11.3 percent reported belonging to two or more races. American Indian and Native Hawaiian's represented less than one percent of residents in both population groups. The percentage of Asian residents, at 2.6 percent was lower than 4.5 percent of the service area's population and the state.

By ethnicity, Hispanic residents represented 12.5 percent of the population. This was lower than the Hispanic population in the service area and the state at 31 percent and 27.4 percent, respectively.

The population in Brevard was older when compared to the service area and the state with 24.9 percent of residents 65 years of age or older. Adults ages 25-44 years of age accounted for 23.4 percent, which was less than the service area at 28.8 percent and the state at 25.2 percent. Children 0-14 years represented 14.5 percent of the population in 2023.

Education and Employment

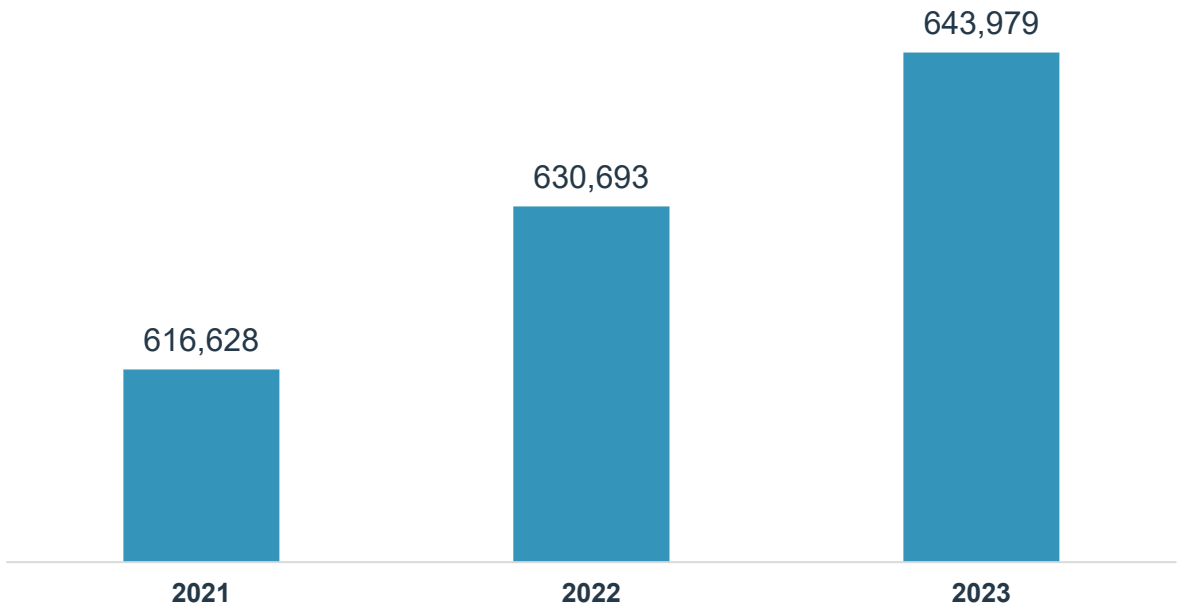
The percentage of individuals who attained a high school education or higher in Brevard County was 93.9 percent in 2023. This was higher than the service area at 92.1 percent and the state at 90.2 percent. Nearly one-third of the Brevard County adult population hold a bachelor's degree or higher.

In 2023, 2.9 percent of individuals who participated in the labor force were unemployed. The employed population accounted for 54.1 percent, which was lower than the service area at 62.3 percent, but the same percentage of individuals employed at the state level.

Poverty Status

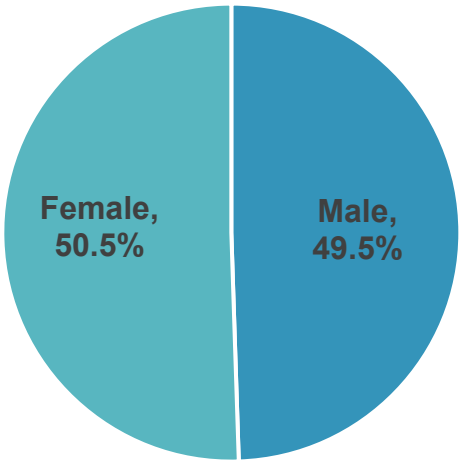
The percentages for individuals at all federal poverty levels below 400 percent decreased when comparing 2021 to 2023 and increased for individuals living at 400 percent or greater. This trend was observed at the service area and state level as well.

FIGURE 117: BREVARD COUNTY POPULATION ESTIMATES, 2021-2023



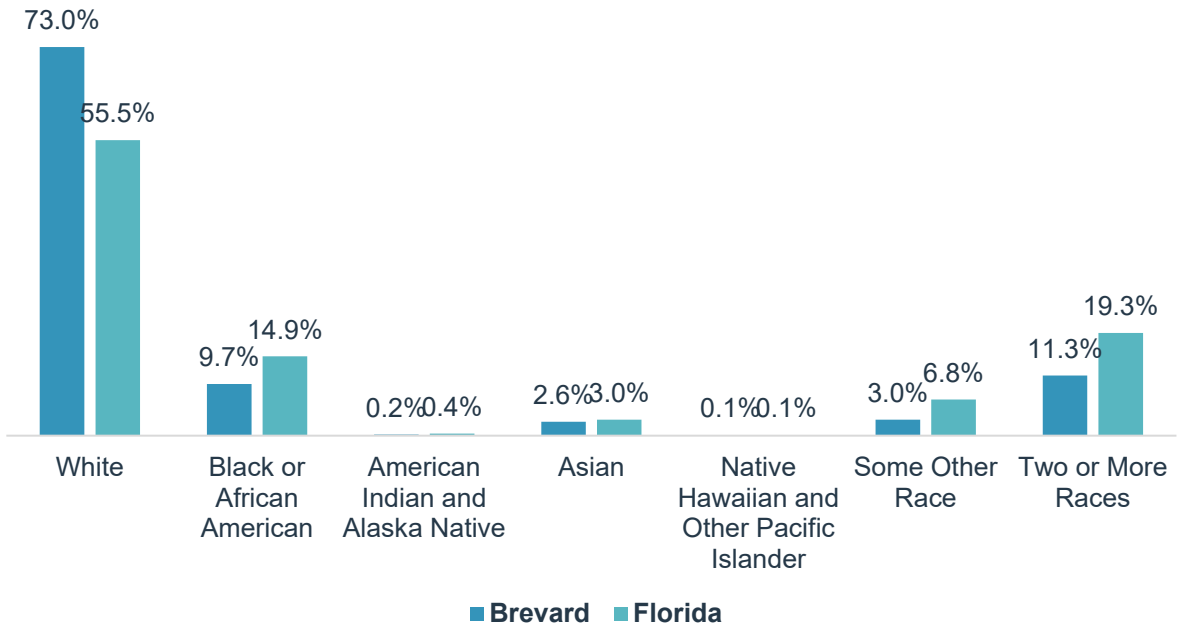
Source: ACS 1-year Estimates, Table DP05

FIGURE 118: BREVARD COUNTY POPULATION ESTIMATES BY SEX, 2023



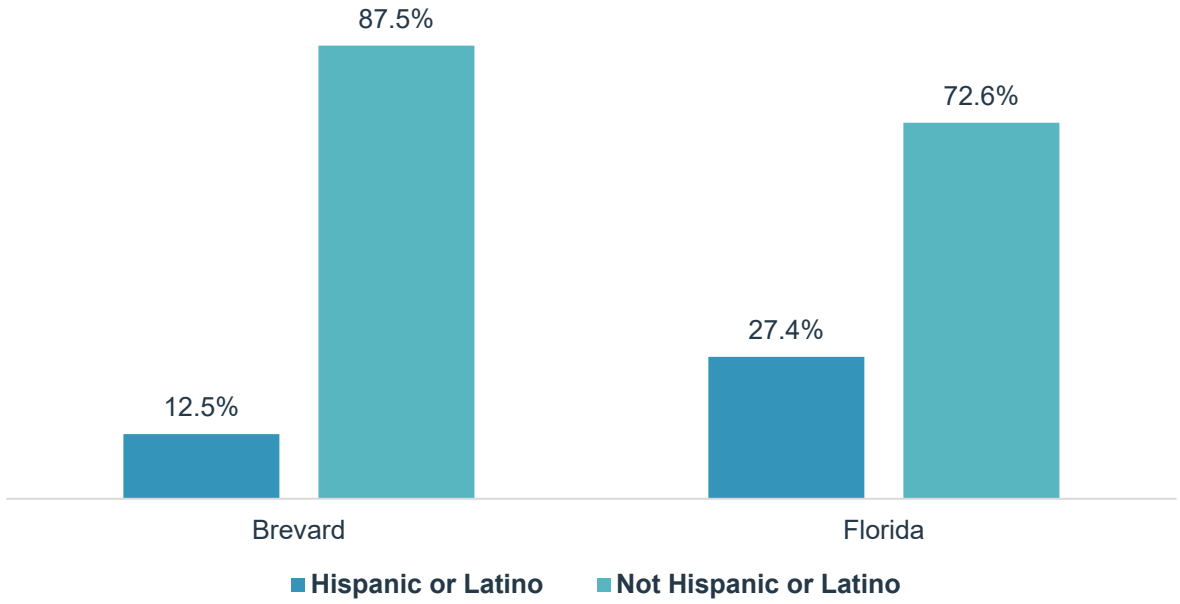
Source: ACS 1-year Estimates, Table DP05

FIGURE 119: BREVARD COUNTY POPULATION ESTIMATES BY RACE, 2023



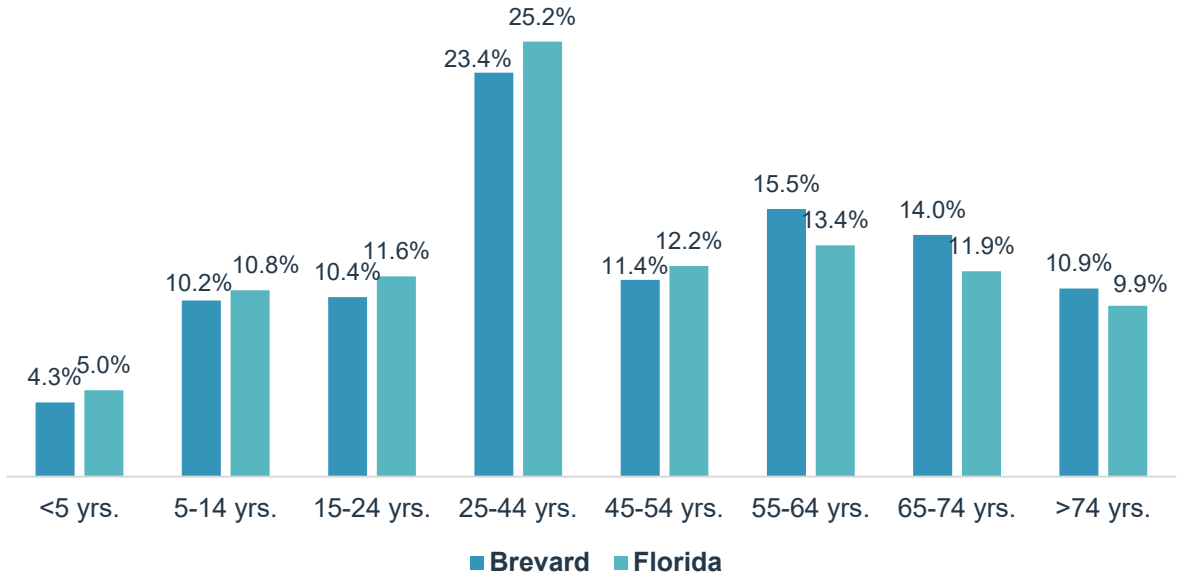
Source: ACS 1-year Estimates, Table DP05

FIGURE 120: BREVARD COUNTY POPULATION ESTIMATES BY ETHNICITY, 2023



Source: ACS 1-year Estimates, Table DP05

FIGURE 121: BREVARD COUNTY POPULATION ESTIMATES BY AGE RANGE, 2023



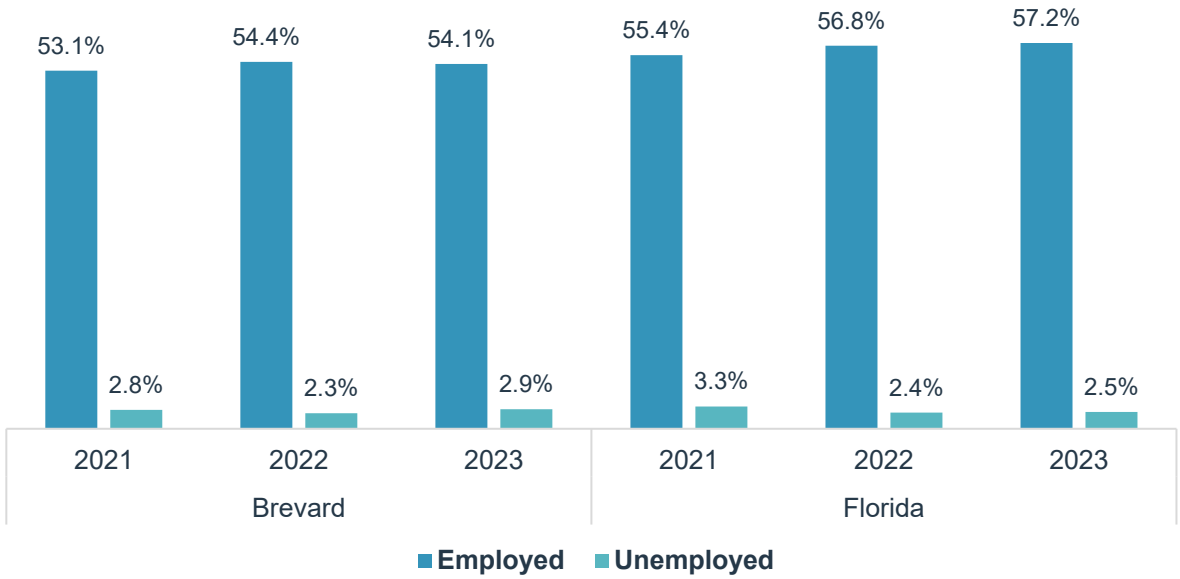
Source: ACS 1-year Estimates, Table DP05

FIGURE 122: BREVARD COUNTY POPULATION ESTIMATES BY EDUCATIONAL ATTAINMENT, 2021-2023

Educational Attainment	Brevard County			Florida		
	2021	2022	2023	2021	2022	2023
Less than 9th grade	2.3%	2.3%	2.2%	4.4%	4.2%	4.1%
9th to 12th grade, no diploma	4.2%	4.3%	3.9%	5.8%	5.9%	5.6%
High school graduate (includes equivalency)	27.2%	24.6%	27.6%	27.7%	27.1%	26.8%
Some college, no degree	21.3%	21.4%	21.4%	18.9%	18.4%	18.4%
Associate's degree	11.9%	11.3%	11.9%	10.0%	10.2%	10.1%
Bachelor's degree	19.7%	20.9%	20.3%	20.6%	21.4%	21.6%
Graduate or professional degree	13.4%	15.1%	12.8%	12.6%	12.9%	13.3%
High school graduate or higher	93.5%	93.4%	93.9%	89.8%	89.9%	90.2%
Bachelor's degree or higher	33.1%	36.1%	33.1%	33.2%	34.3%	34.9%

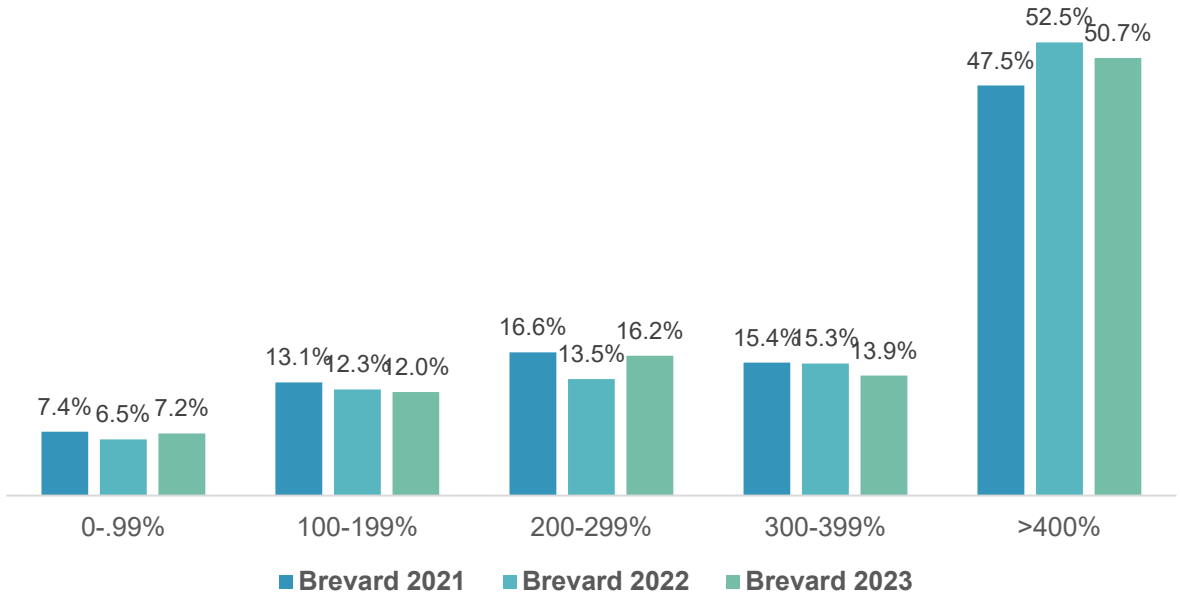
Source: ACS 1-year Estimates, Table S1501

FIGURE 123: BREVARD COUNTY POPULATION ESTIMATES BY EMPLOYMENT STATUS, 2023



Source: ACS 1-year Estimates, Table DP03

FIGURE 124: BREVARD COUNTY POPULATION ESTIMATED BY RATIO OF INCOME TO POVERTY, 2021-2023



Source: ACS 1-year Estimates, Table DP05

Brevard County CFC Client Profile

Client Population

There were 10,538 individuals served in Brevard County during FY 2023-2024. A small amount of duplication (<1.0 percent) exists in that some individuals moved from one county to another, were enrolled in more than one program or changed residential status during the one-year period.

In FY 2023-2024, 92.1% of all individuals enrolled in Brevard County programs were adults with 55.8 % enrolled in the AMH program and 36.3 percent in the ASA. The remaining 7.8 percent of individuals were children/youth in the CMH program at 5.2 percent and the CSA program at 2.6 percent.

Sex

Males represented 48.9 percent of individuals in the AMH program and 58.2 percent of those in the ASA program. In the child/adolescent programs, the distribution was similar with females and males at 48.1 percent and 51.9 percent, respectively. Females in the CSA program accounted for 35.6 percent of individuals while males represented 64.4 percent.

Race

When comparing served individuals to the county population, the percentages of White individuals were similar at 73.4 percent and 73 percent, respectively. The percentage of Black served individuals was higher at 17.3 percent when compared to the county population at 9.7 percent. The county population had a higher percentage of multi-racial individuals at 11.3 percent than those served at 4.2 percent. The racial distribution among individuals in the adult programs revealed Black individuals representing 15.3 percent of those in the AMH program and 18 percent of those in the ASA program. In the CSA program, Black individuals accounted for 50.7 percent of program participants.

Ethnicity

Non-Hispanics represented at least 90 percent of all individuals served. The percentage Hispanic individuals served was less than those living in the county, accounting for 10 percent of all served individuals. Other Hispanic individuals accounted for 4.2 percent of adults served and 6.2 percent of child/adolescent participants.

Age Range

Adults ages 25–44 years in the AMH and ASA programs accounted for 43 percent and 59.1 percent of individuals, respectively. The served population was much younger when compared to the county population as 23.4 percent of residents were 25–44 years of age. In child/adolescent programs, 68.6 percent of individuals in the CMH were 5–14 years of age while 65.7 percent of individuals in the CSA program were 15–24 years of age.

Residential Status

Among individuals in the AMH and ASA programs, those served resided primarily independently alone or with relatives. Individuals experiencing homelessness accounted

for 7.6 percent of those in the AMH program and 11.9 percent in the ASA program. Children/youth lived dependently with relatives.

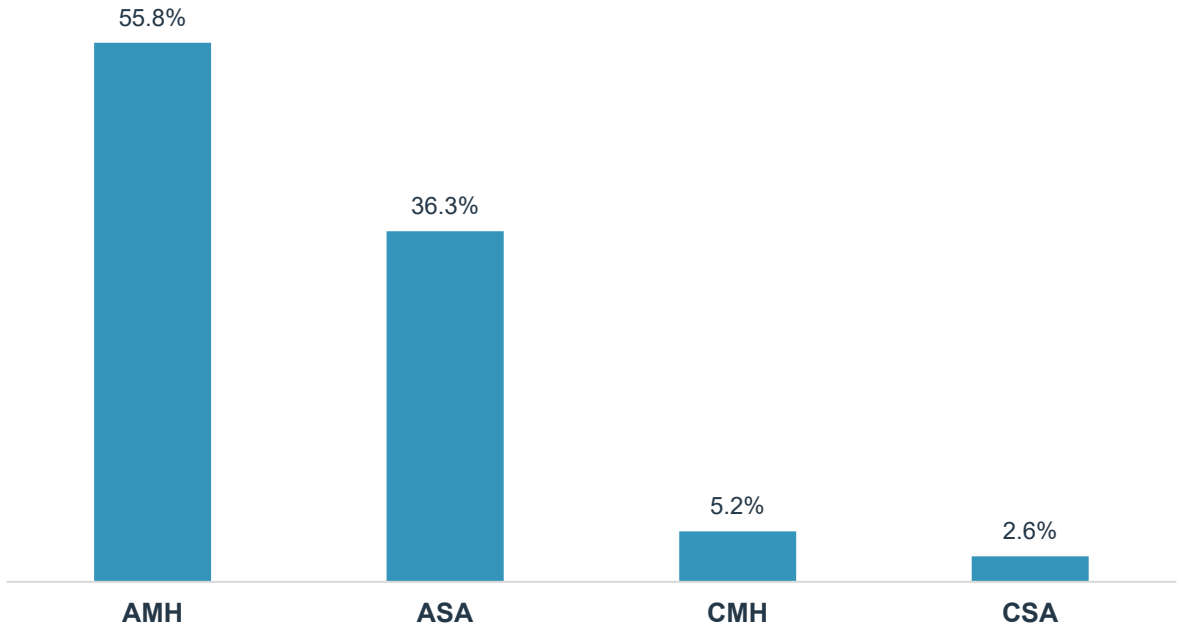
Educational Attainment

Served individuals in Brevard County attained lower educational levels when compared to those in the service area population. Among adults whose highest educational attainment was high school diploma or equivalence accounted for 50.2 percent of individuals enrolled in the AMH program and 47.3 percent of those in the ASA program. CFC individuals in Broward with at least a high school diploma or equivalence accounted for 72.1 percent of AMH program individuals and 72.2 percent of ASA program individuals. This is compared to over 90 percent of the service area's population with at least high school diploma or equivalent. Consequently, the percentages of adults in both programs who earned college degrees were well below those for residents living in the service area.

Employment Status

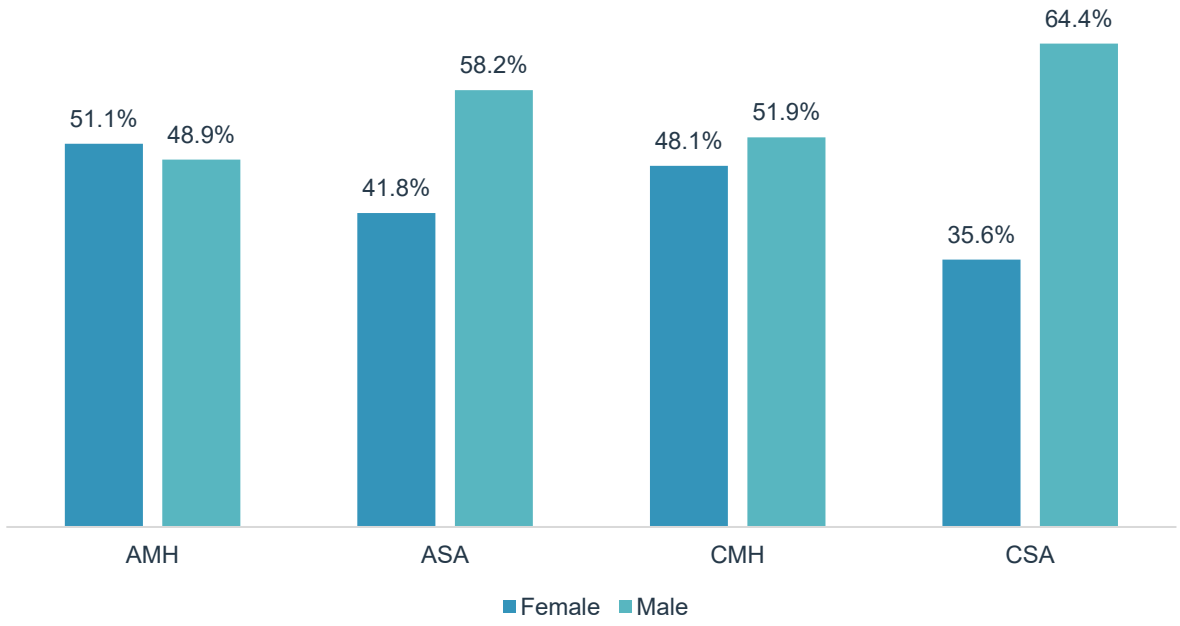
Unemployed individuals served accounted for 24.7 percent of program participants. Over 20 percent were employed full time, 15.8 percent were disabled, and 11.6 percent were students.

FIGURE 125: PERCENTAGE OF INDIVIDUALS SERVED BY PROGRAM, BREVARD COUNTY, FY 2023-2024



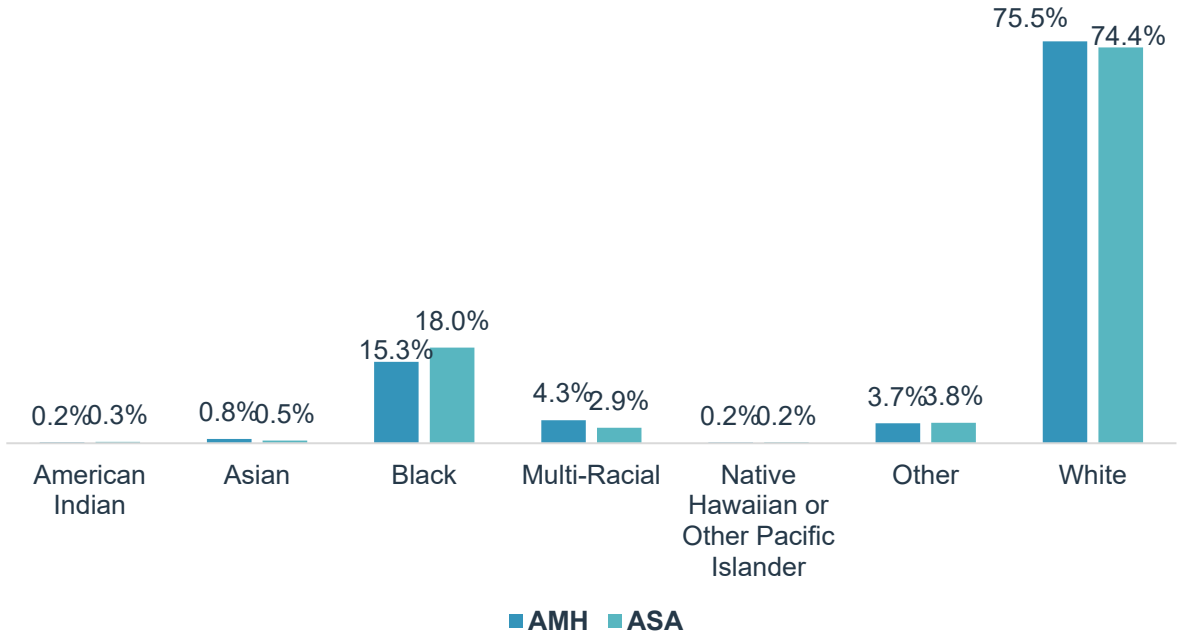
Source: CFC Data

FIGURE 126: PERCENTAGE OF INDIVIDUALS SERVED BY PROGRAM AND SEX, BREVARD COUNTY, FY 2023-2024



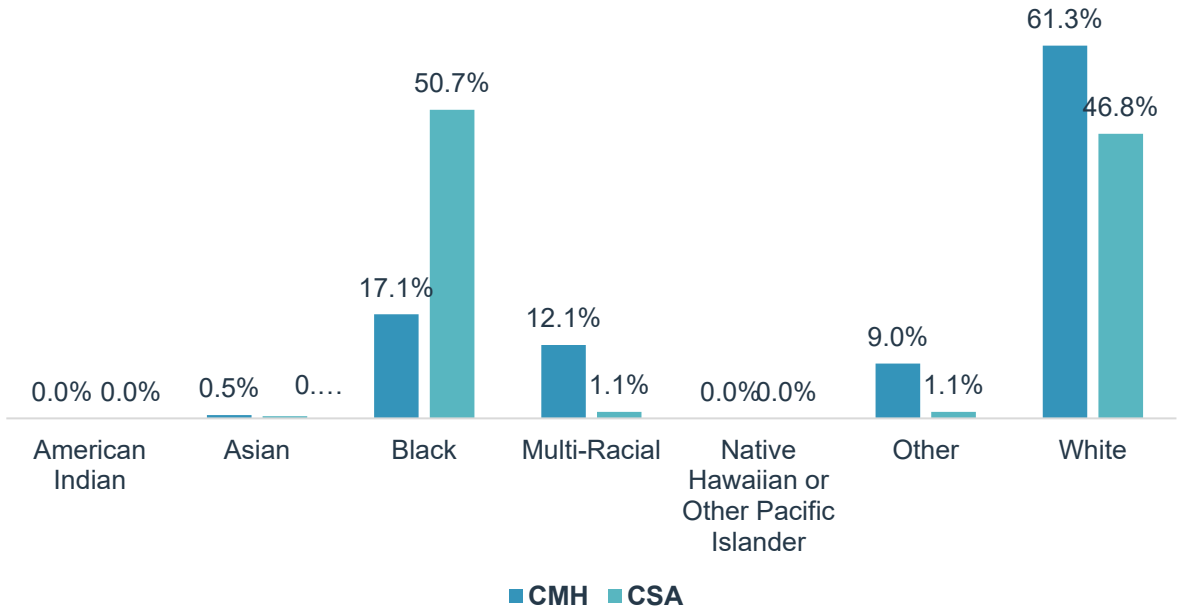
Source: CFC Data

FIGURE 127: AMH AND ASA INDIVIDUALS SERVED BY PROGRAM AND RACE, BREVARD COUNTY, FY 2023-2024



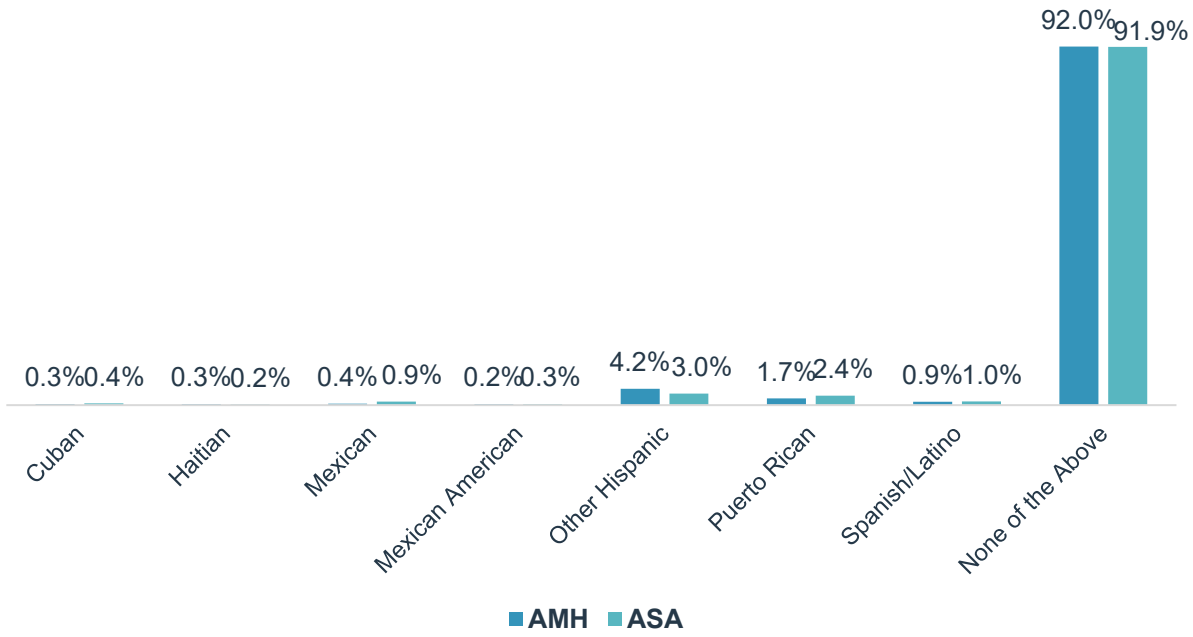
Source: CFC Data

FIGURE 128: CMH AND CSA INDIVIDUALS SERVED BY PROGRAM AND RACE, BREVARD COUNTY, FY 2023-2024



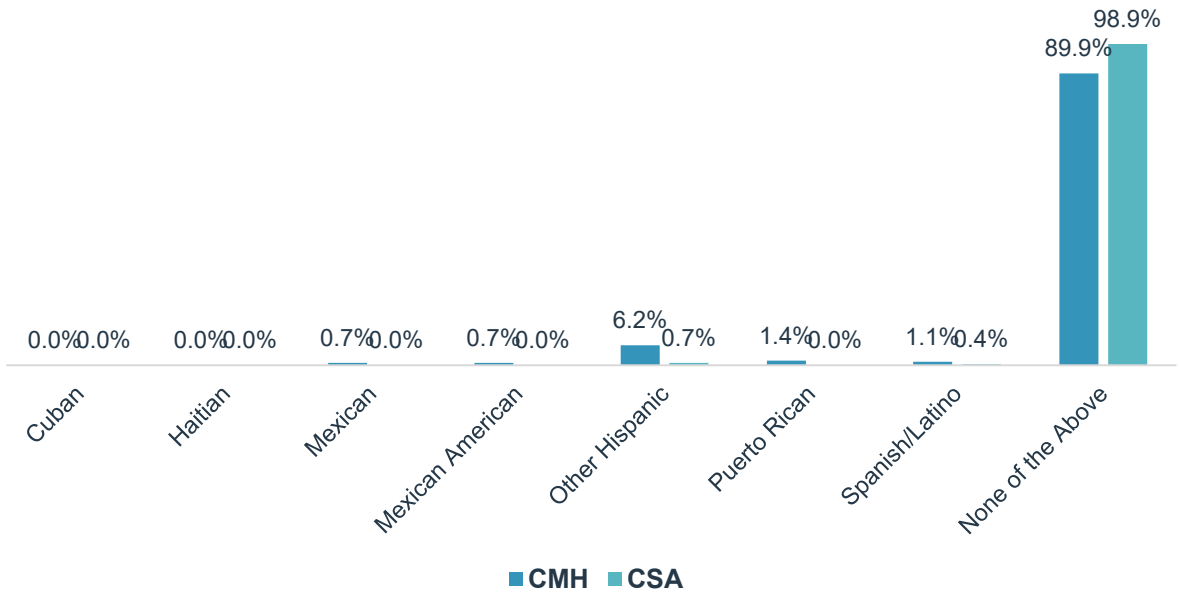
Source: CFC Data

FIGURE 129: AMH AND ASA INDIVIDUALS SERVED BY PROGRAM AND ETHNICITY, BREVARD COUNTY, 2023-2024



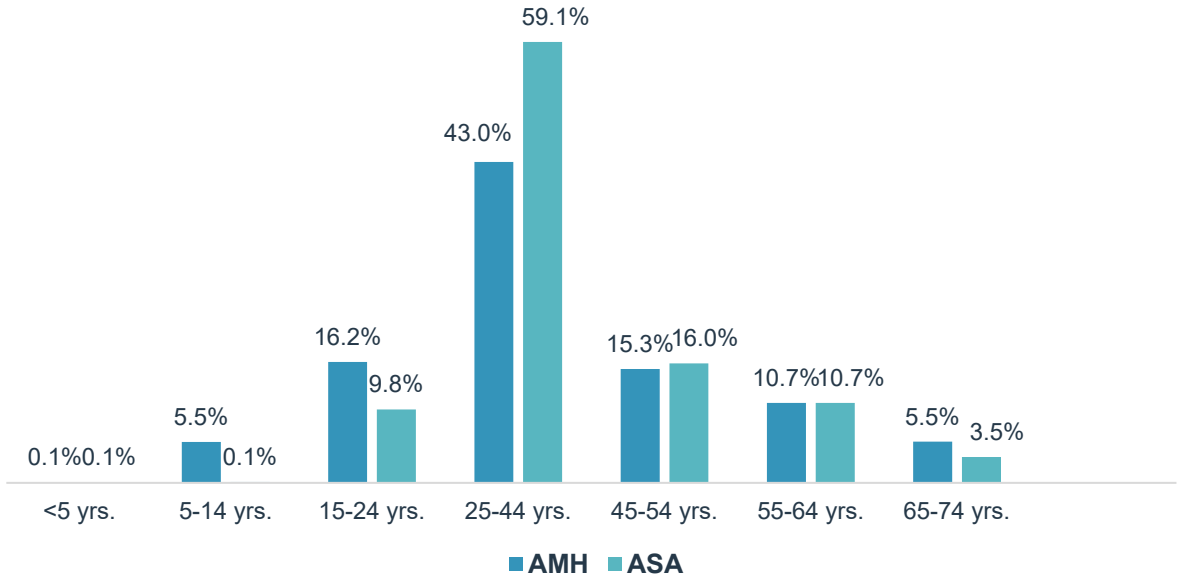
Source: CFC Data

FIGURE 130: CMH AND CSA INDIVIDUALS SERVED BY PROGRAM AND ETHNICITY, BREVARD COUNTY, FY 2023-2024



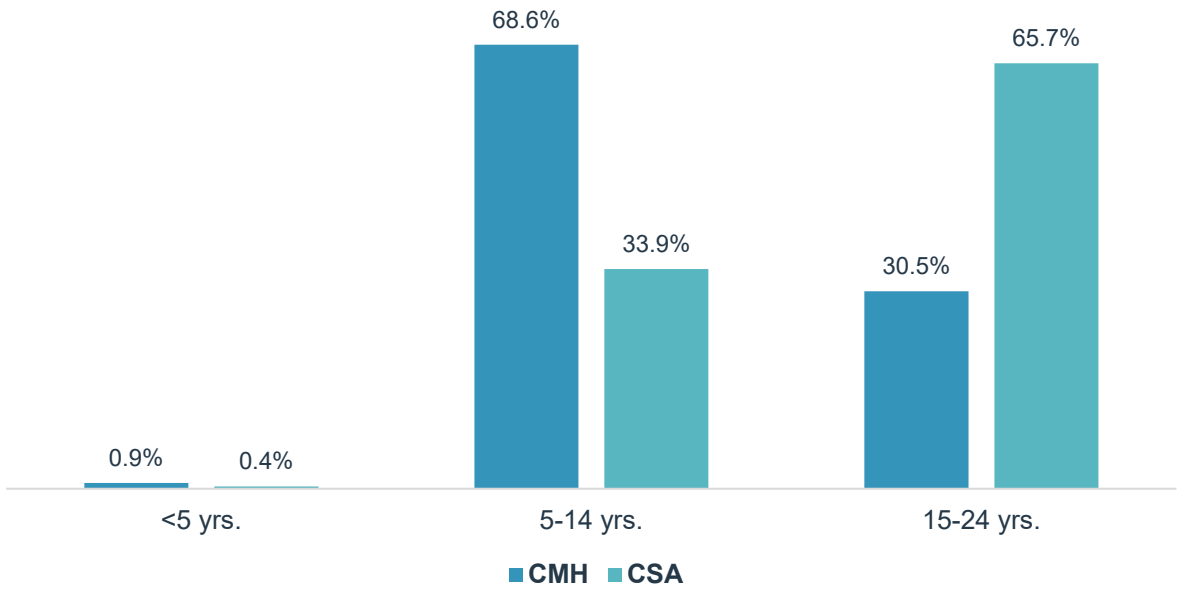
Source: CFC Data

FIGURE 131: AMH AND ASA INDIVIDUALS SERVED BY PROGRAM AND AGE RANGE, BREVARD COUNTY, FY 2023-2024



Source: CFC Data

FIGURE 132: CMH AND CSA INDIVIDUALS SERVED BY PROGRAM AND AGE RANGE, BREVARD COUNTY, FY 2023-2024



Source: CFC Data

FIGURE 133: AMH AND ASA INDIVIDUALS SERVED BY PROGRAM AND RESIDENTIAL STATUS, BREVARD COUNTY, FY 2023-2024

Residential Status	AMH	ASA
Adult Residential Treatment Facility	2.4%	2.4%
Assisted Living Facility (ALF)	0.9%	0.0%
Children Residential Treatment Facility	0.0%	0.0%
Correctional Facility	0.7%	0.3%
Crisis Residence	0.0%	0.0%
Dependent Living – with Non-Relatives	1.5%	4.6%
Dependent Living – with Relatives	15.8%	8.5%
DJJ Facility	0.1%	0.0%
Foster Care/Home	0.3%	0.0%
Homeless	7.6%	11.9%
Independent Living – Alone	15.0%	27.1%
Independent Living – with Non-Relatives	9.6%	11.3%
Independent Living – with Relatives	31.6%	26.4%
Not Available or Unknown	11.8%	4.8%
Nursing Home	0.1%	0.1%
Other Residential Status	0.3%	0.9%
State Mental Health Treatment Facility	1.5%	0.4%
Supported Housing	0.9%	1.2%

Source: CFC Data

FIGURE 134: CMH AND CSA INDIVIDUALS SERVED BY PROGRAM AND RESIDENTIAL STATUS, BREVARD COUNTY, FY 2023-2024

Residential Status	CMH	CSA
Adult Residential Treatment Facility	0.4%	0.0%
Children Residential Treatment Facility	2.2%	0.3%
Crisis Residence	0.0%	0.3%
Dependent Living – with Non-Relatives	0.9%	1.4%
Dependent Living – with Relatives	89.0%	88.9%
Foster Care/Home	1.6%	3.5%
Homeless	0.0%	0.3%
Independent Living – with Relatives	3.2%	5.2%
Not Available or Unknown	1.8%	0.0%
Other Residential Status	0.4%	0.0%
State Mental Health Treatment Facility	0.5%	0.0%

Source: CFC Data

FIGURE 135: PERCENTAGE OF INDIVIDUALS SERVED BY PROGRAM AND EDUCATIONAL ATTAINMENT, BREVARD COUNTY, FY 2023-2024

Highest Grade	AMH	ASA	CMH	CSA
No schooling	0.1%	0.2%	0.5%	0.4%
Less than 9th grade	9.3%	6.1%	41.2%	72.3%
9th to 12th grade, no diploma	15.9%	20.5%	30.1%	41.1%
High school graduate (includes equivalency)	50.2%	47.3%	2.9%	0.0%
Some college, no degree	6.2%	8.1%	0.0%	0.0%
Associate's degree	5.5%	8.0%	0.0%	0.0%
Bachelor's degree	6.6%	5.4%	0.0%	0.0%
Graduate or professional degree	2.0%	1.4%	0.0%	0.0%
Vocational School	1.6%	2.0%	0.0%	0.0%

Source: CFC Data

FIGURE 136: PERCENT OF INDIVIDUALS SERVED BY EMPLOYMENT STATUS, BREVARD COUNTY, FY 2023-2024

Employment Status	Brevard County
Active Military, Overseas	0.0%
Active Military, USA	0.1%
Disabled	15.8%
Full Time	23.1%
Homemaker	1.3%
Incarcerated	0.7%
Leave of Absence	0.4%
Not Authorized to Work	0.4%
Part Time	7.2%
Retired	6.0%
Student	11.6%
Unemployed	24.7%
Unknown	8.6%
Unpaid Family Worker	0.2%

Source: CFC Data

Brevard County Program Expenditures and Overproduction Costs

To identify direct service or support service needs, the overproduction costs were calculated as a percentage of the total expenditures for the program and county. Any service where the overproduction to expenditure was 1 percent or more was considered a potential need in the system of care. The tables below provide the total expenditures by program and the overproduction to expenditures by county and program.

FIGURE 137: BREVARD COUNTY POTENTIAL NEED SERVICES, FY 2023-2024

Program	Covered Service/Project Descriptor	Expenditures	Overproduction	Total Program Expenditures	Overproduction to Total Expenditures
AMH	Crisis Stabilization	$3,181,206.81	$181,840.57	$10,102,152.85	1.8%
AMH	Inpatient	$1,011,610.26	$477,725.23	$10,102,152.85	4.7%
AMH	Room & Board Level 2	$1,777,123.46	$279,563.74	$10,102,152.85	2.8%
AMH	Room & Board Level 3	$1,015,903.60	$204,479.30	$10,102,152.85	2.0%

Source: CFC Cost Data

Orange County Demographic Profile

Population Demographics

Population in Orange County increased 3.4 percent from 2021 to 2023. The total population growth for the three-year period added 48,670 residents.

Females accounted for 50.8 percent of the population and males comprised the remaining 49.2 percent.

Orange County's racial composition was White at 42 percent, Black at 19.4 percent, Some Other Race at 11.1 percent and Two or More Races at 21.8 percent. American Indian and Native Hawaiian's represented less than one percent of residents in both population groups. The percentage of Asian residents, at 5.3 percent, was higher than the service area's population and the states.

Ethnically, Hispanic residents represented 33.8 percent of the population. This was higher than the Hispanic population in the service area and the state at 31 percent and 27.4 percent, respectively.

The population in Orange County was younger when compared to the service area and the state with 13.5 percent of residents 65 years of age or older. Adults ages 25–44 years of age accounted for 30.3 percent, which was more than the service area at 28.8 percent and the state at 25.2 percent. Children 0–14 years represented 17.3 percent of the population in 2023.

Education and Employment

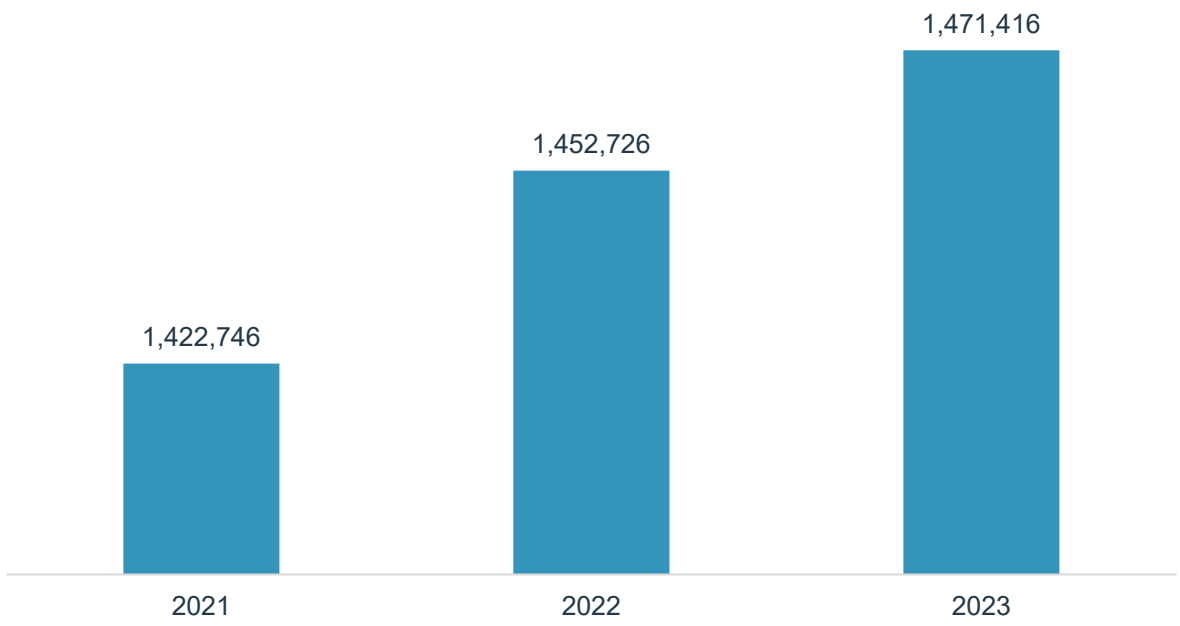
The percentage of individuals who attained a high school education or higher in Orange County was 91 percent in 2023. This was lower than the service area at 92.1 percent, but higher than the state at 90.2 percent. Forty percent of the population hold a bachelor's degree or higher.

In 2023, 2.8 percent of individuals who participated in the labor force were unemployed. The employed population accounted for 65.2 percent of the population, which was higher than for the service area at 62.3 percent and the state at 57.2 percent.

Poverty Status

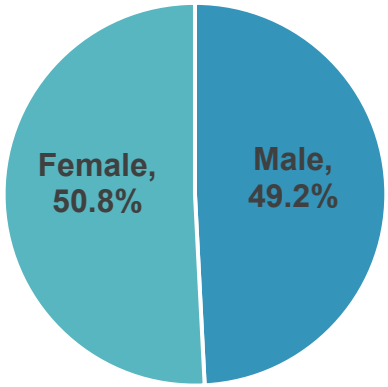
The percentages for individuals at all federal poverty levels below 300 percent decreased, remained the same for those living at 300–399 percent FPL. Percentages increased for individuals living above 400 percent FPL.

FIGURE 138: ORANGE COUNTY POPULATION ESTIMATES, 2021-2023



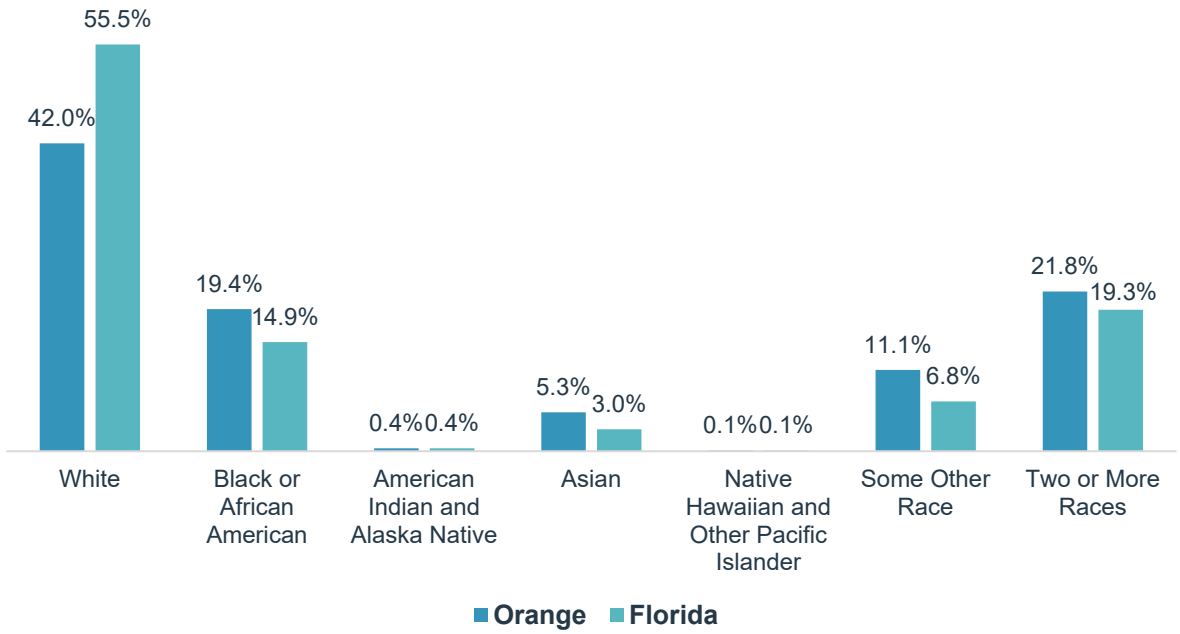
Source: ACS 1-Year Estimates, Table DP05

FIGURE 139: ORANGE COUNTY POPULATION ESTIMATES BY SEX, 2023



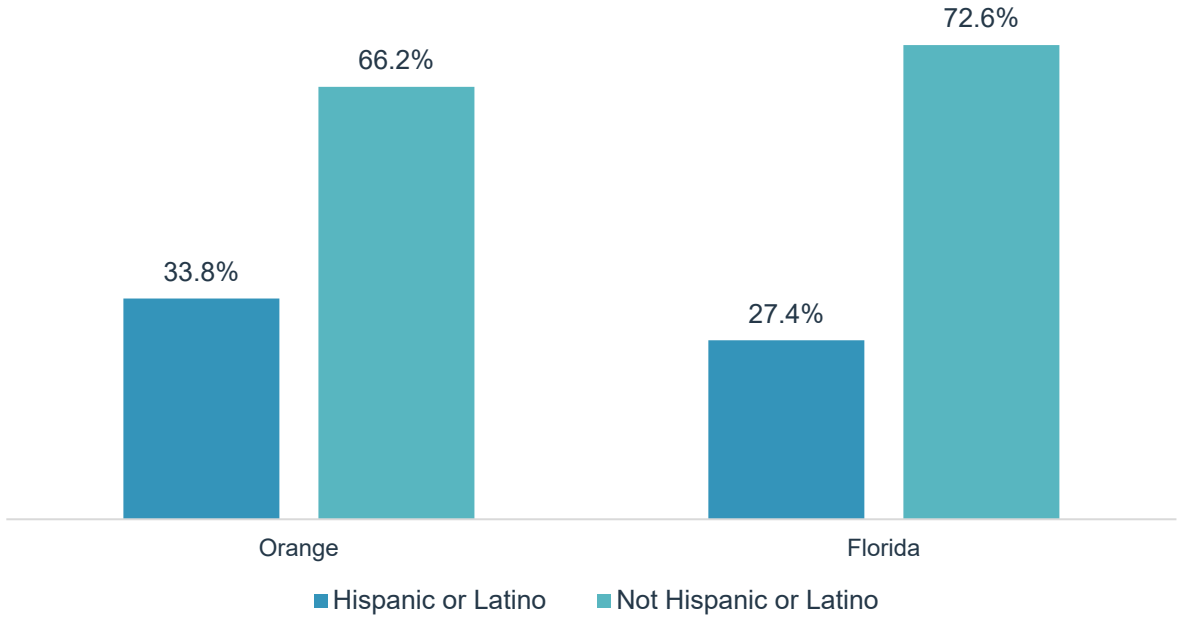
Source: ACS 1-Year Estimates, Table DP05

FIGURE 140: ORANGE COUNTY POPULATION ESTIMATES BY RACE, 2023



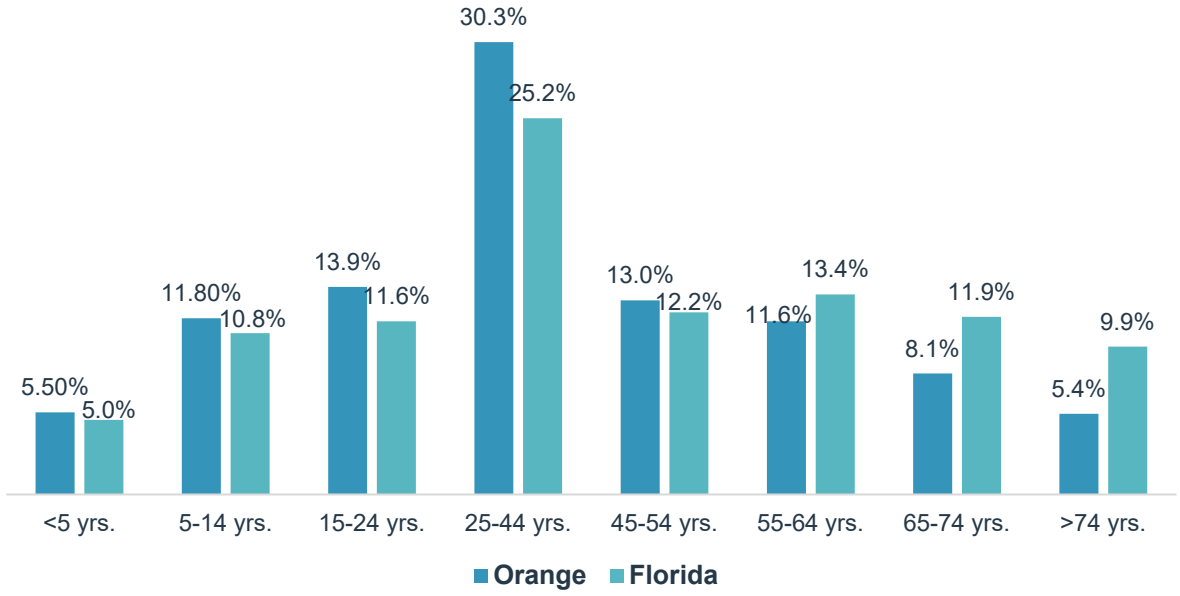
Source: ACS 1-Year Estimates, Table DP05

FIGURE 141: ORANGE COUNTY POPULATION ESTIMATES BY ETHNICITY, 2023



Source: ACS 1-Year Estimates, Table DP05

FIGURE 142: ORANGE COUNTY POPULATION ESTIMATES BY AGE RANGE, 2023



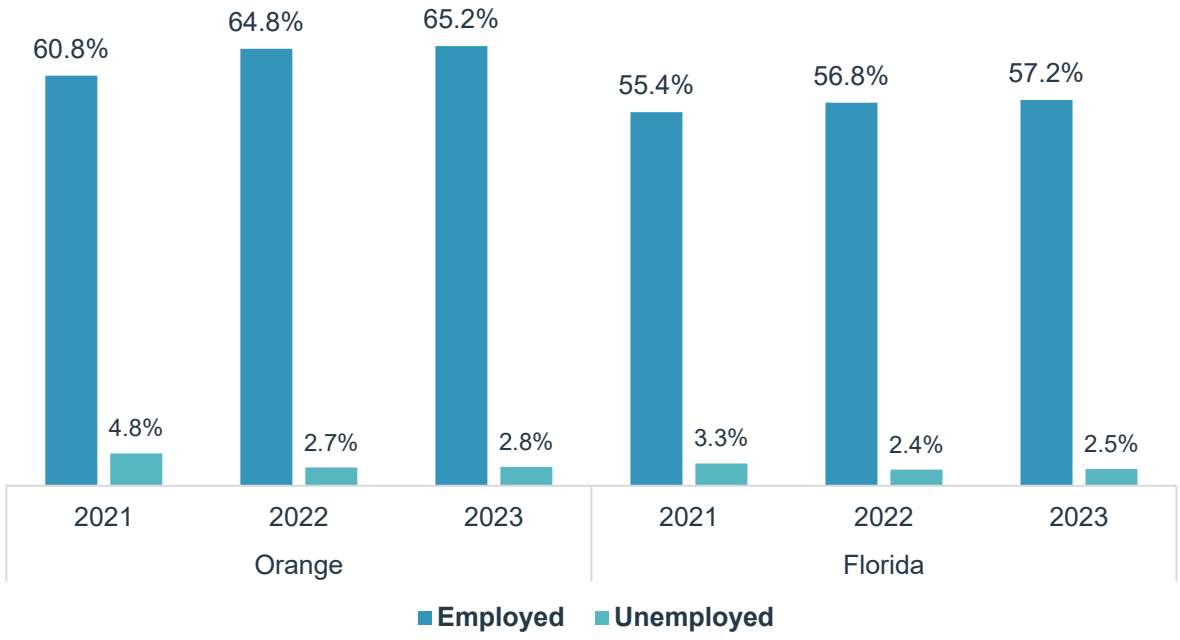
Source: ACS 1-Year Estimates, Table DP05

FIGURE 143: ORANGE COUNTY POPULATION ESTIMATES BY EDUCATIONAL ATTAINMENT, 2021-2023

Educational Attainment	Orange County			Florida		
	2021	2022	2023	2021	2022	2023
Less than 9th grade	4.5%	4.5%	3.7%	4.4%	4.2%	4.1%
9th to 12th grade, no diploma	4.7%	5.5%	5.3%	5.8%	5.9%	5.6%
High school graduate (includes equivalency)	24.4%	23.1%	23.0%	27.7%	27.1%	26.8%
Some college, no degree	18.4%	15.4%	16.3%	18.9%	18.4%	18.4%
Associate's degree	11.4%	10.5%	11.0%	10.0%	10.2%	10.1%
Bachelor's degree	23.5%	26.8%	26.0%	20.6%	21.4%	21.6%
Graduate or professional degree	13.3%	14.1%	14.7%	12.6%	12.9%	13.3%
High school graduate or higher	90.9%	90.0%	91.0%	89.8%	89.9%	90.2%
Bachelor's degree or higher	36.7%	41.0%	40.7%	33.2%	34.3%	34.9%

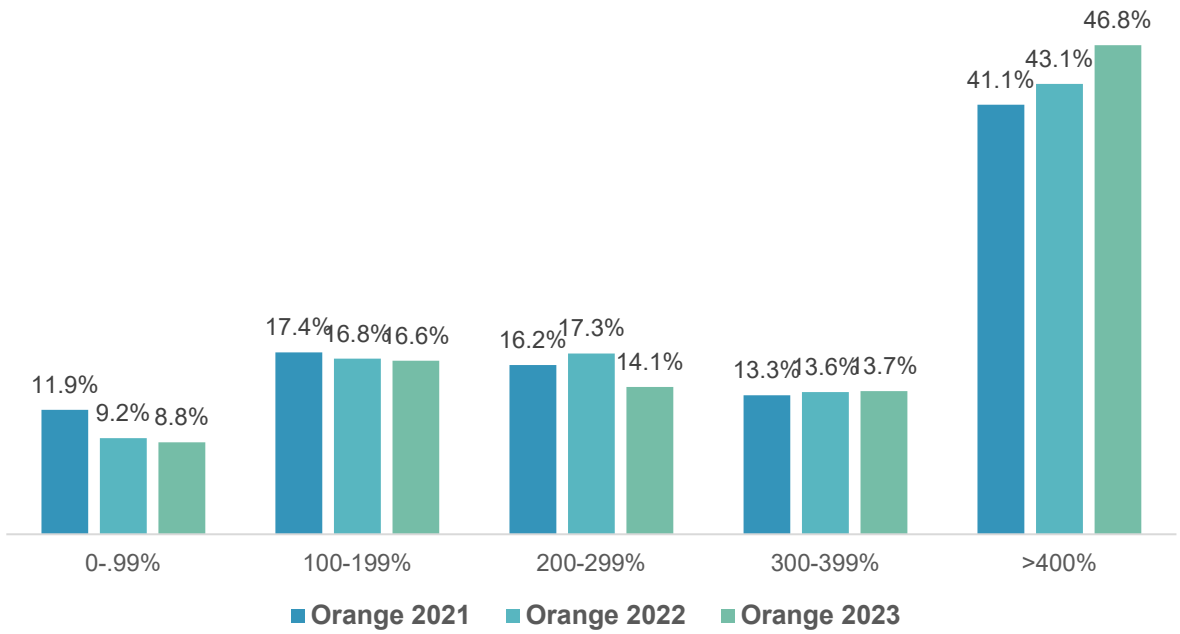
Source: ACS 1-Year Estimates, Table S1501

FIGURE 144: ORANGE COUNTY POPULATION ESTIMATES BY EMPLOYMENT STATUS, 2023



Source: ACS 1-Year Estimates, Table DP03

FIGURE 145: ORANGE COUNTY POPULATION ESTIMATES BY POVERTY STATUS, 2021-2023



Source: ACS 1-Year Estimates, Table B17026

Orange County CFCHS Client Profile

Client Population

There were 12,507 individuals served in Orange County during FY 2023-2024. A small amount of duplication (<1.0 percent) exists in that some individuals moved from one county to another, were enrolled in more than one program or changed residential status during the one-year period.

Adults in Orange County programs accounted for 88.5 percent of all individuals with 52.8 percent enrolled in the AMH program and 35.8 percent in the ASA. The remaining 11.5 percent of individuals were in the CMH program at 3.6 percent and the CSA program at 7.9 percent.

Sex

Males represented 57.7 percent of individuals in the AMH program and 66 percent of those in the ASA program. In the child/adolescent programs, females accounted for a higher percentage of individuals, at 55.1 percent of those in the CMH program, while males accounted for a larger percentage of individuals in the CSA program at 69.8 percent.

Race

When comparing served individuals to the county population, the percentages of White individuals were similar. The percentage of Black individuals served was higher at 35.2

percent when compared to the county population at 19.4 percent. The county population had a higher percentage of multi-racial individuals at 21.8 percent than those served at 10.2 percent. The racial distribution among individuals in the adult programs revealed Black individuals represented 38.63 percent of those in the AMH program and 25.3 percent of those in the ASA program. In the CSA program, Black individuals accounted for 56.6 percent of CSA program participants.

Ethnicity

Hispanic individuals served in the AMH program represented 12.3 percent of Other Hispanic, Puerto Rican at 4.5 percent, and Spanish/Latino at 3.6 percent. The percentage of Spanish/Latino individuals in the ASA program was similar those in the AMH program with Other Hispanics accounting for 7 percent and Puerto Rican at 7.9 percent. In the CMH program, 22.2 percent were Other Hispanic, 7.1 percent Puerto Rican, an 9.1 percent Spanish/Latino. Individuals in the CSA program were less ethnically diverse as 71.4 percent were non-Hispanic.

Age Range

Adults ages 25–44 years in the AMH and ASA programs accounted for 50.4 percent and 58.4 percent of individuals, respectively. The served population was much younger when compared to the county population, as 30.3 percent of residents were 25–44 years of age. In child/adolescent programs, 65.3 percent of individuals in the CMH were 5–14 years of age while 70.9 percent of individuals in the CSA program were 15–24 years of age.

Residential Status

Among individuals in the AMH and ASA programs, those served resided primarily independently, alone or with relatives. Individuals experiencing homelessness accounted for 12.8 percent of those in the AMH program and 22 percent in the ASA program. Children/youth lived dependently with relatives.

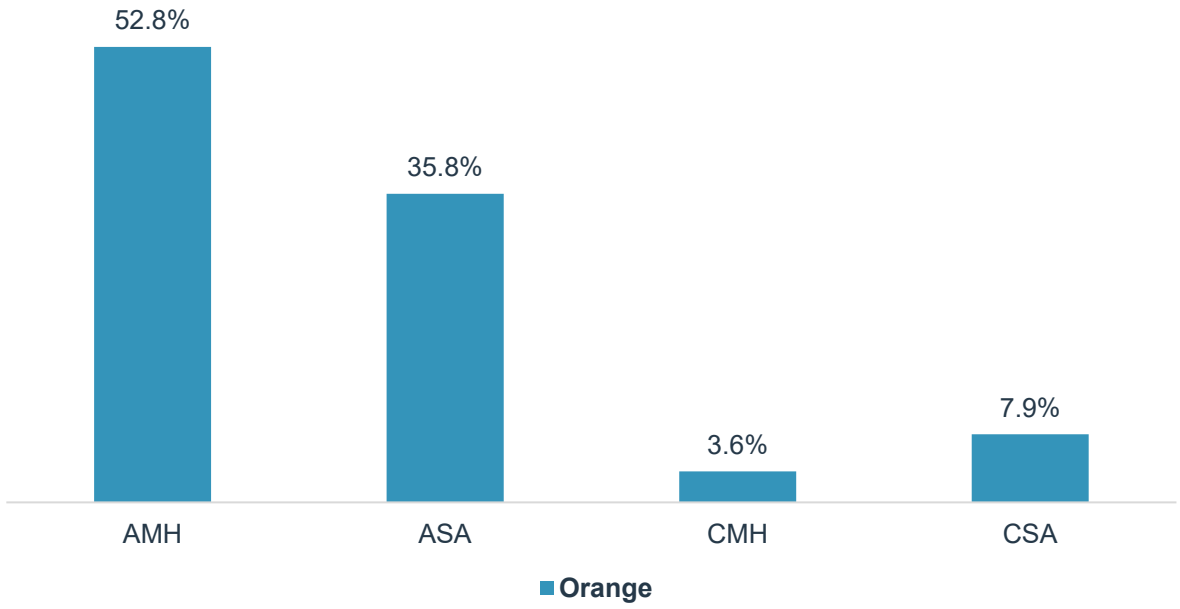
Educational Attainment

Orange County individuals served attained lower educational levels when compared to those in the service area population. Among served adults in the AMH program, only 57.9 percent were at least high school graduates as compared to 91 percent in Orange County. Sixty-two percent of adults served in the ASA program were at least high school graduates. The percentages of adults in both programs who earned college degrees were well below those for residents living in the service area.

Employment Status

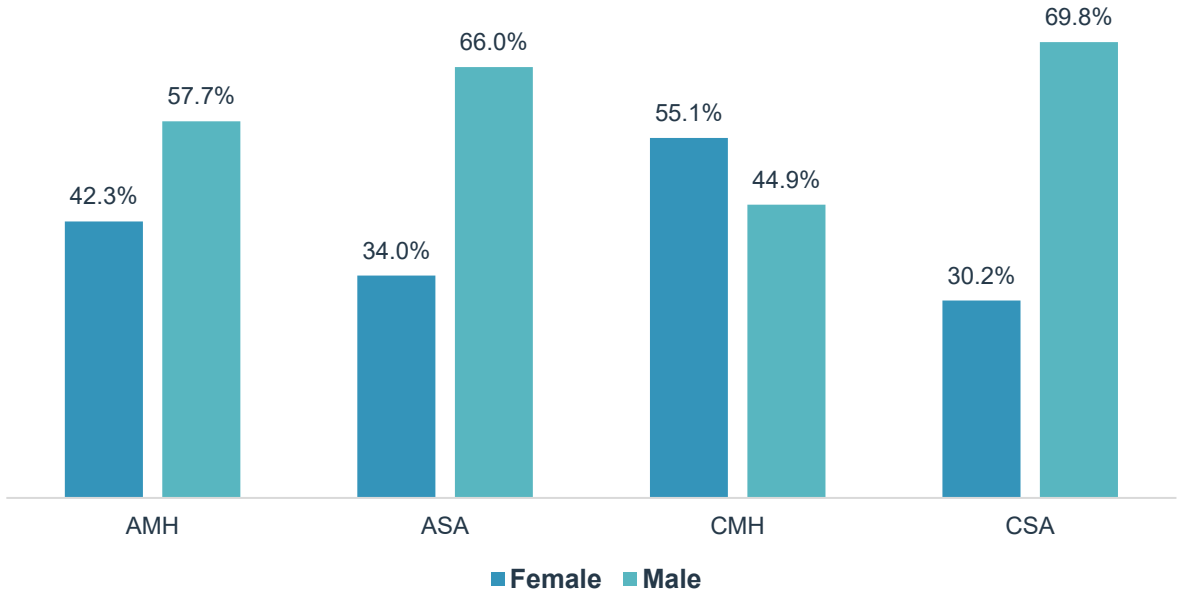
Individuals who were unemployed accounted for 39.1 percent of program participants. Those working full time represented 13.3 percent, disabled individuals accounted for 12.3 percent, and 11.4 percent were students.

FIGURE 146: PERCENTAGE OF INDIVIDUALS SERVED BY PROGRAM, ORANGE COUNTY, FY 2023-2024



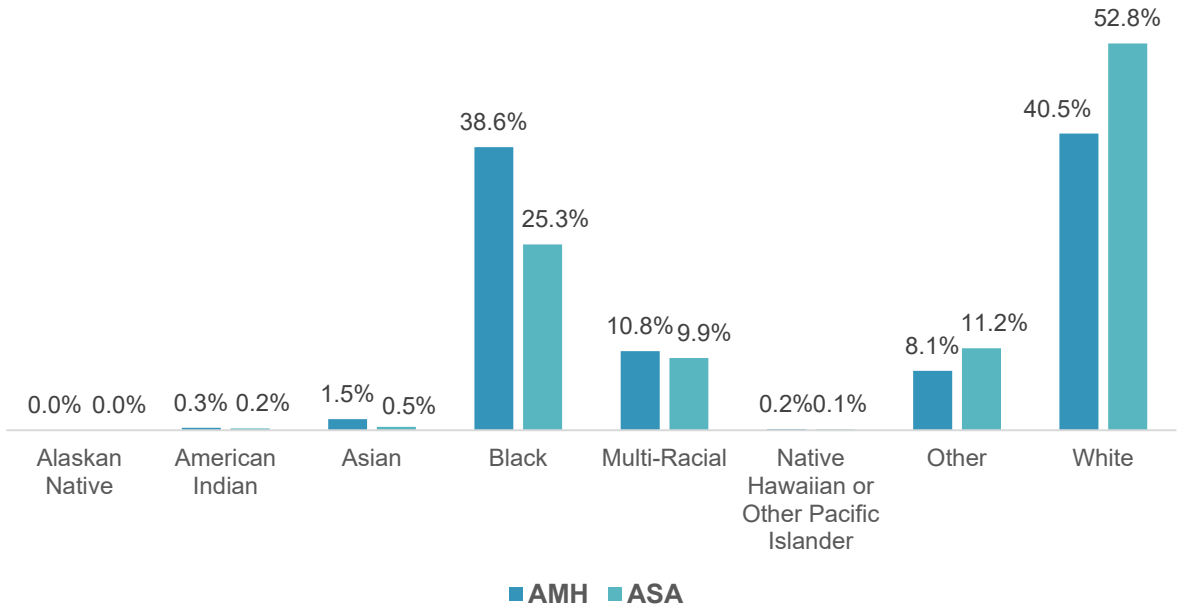
Source: CFC Data

FIGURE 147: PERCENTAGE OF INDIVIDUALS SERVED BY PROGRAM AND SEX, ORANGE COUNTY, FY 2023-2024



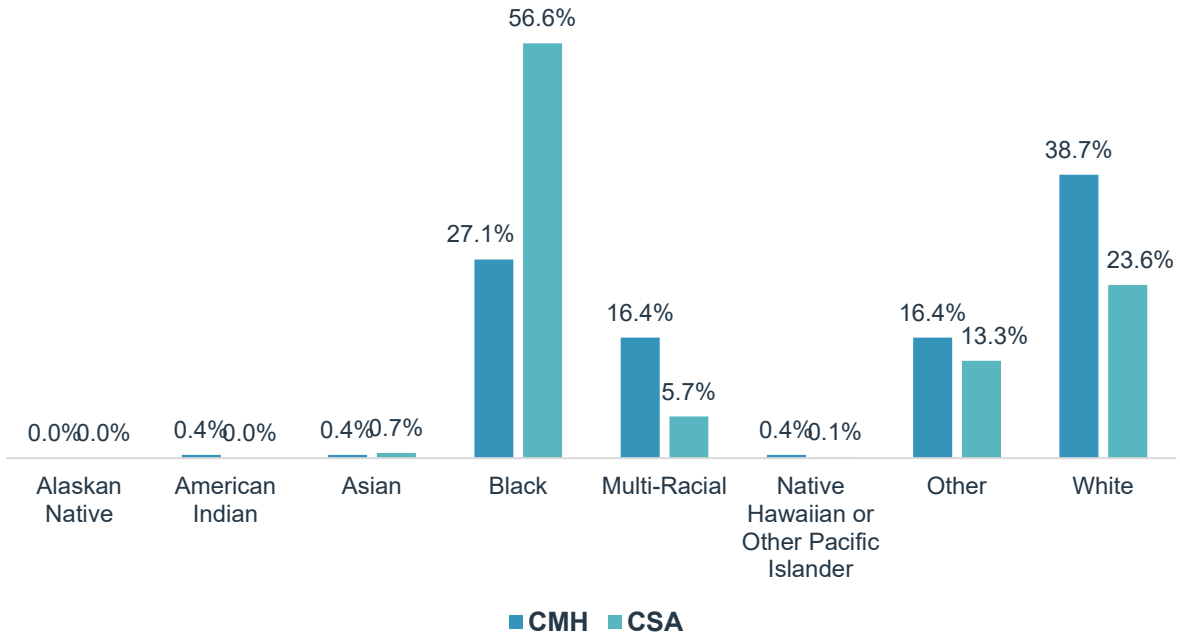
Source: CFC Data

FIGURE 148: AMH AND ASA INDIVIDUALS SERVED BY PROGRAM AND RACE, ORANGE COUNTY, FY 2023-2024



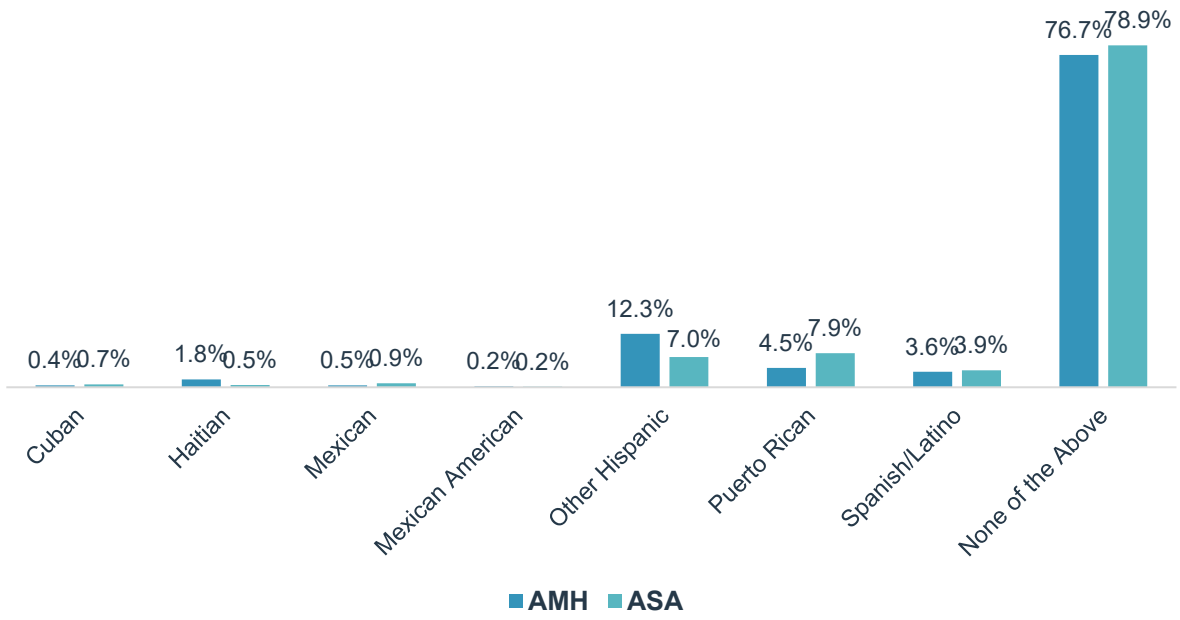
Source: CFC Data

FIGURE 149: CMH AND CSA INDIVIDUALS SERVED BY PROGRAM AND RACE, ORANGE COUNTY, 2023-2024



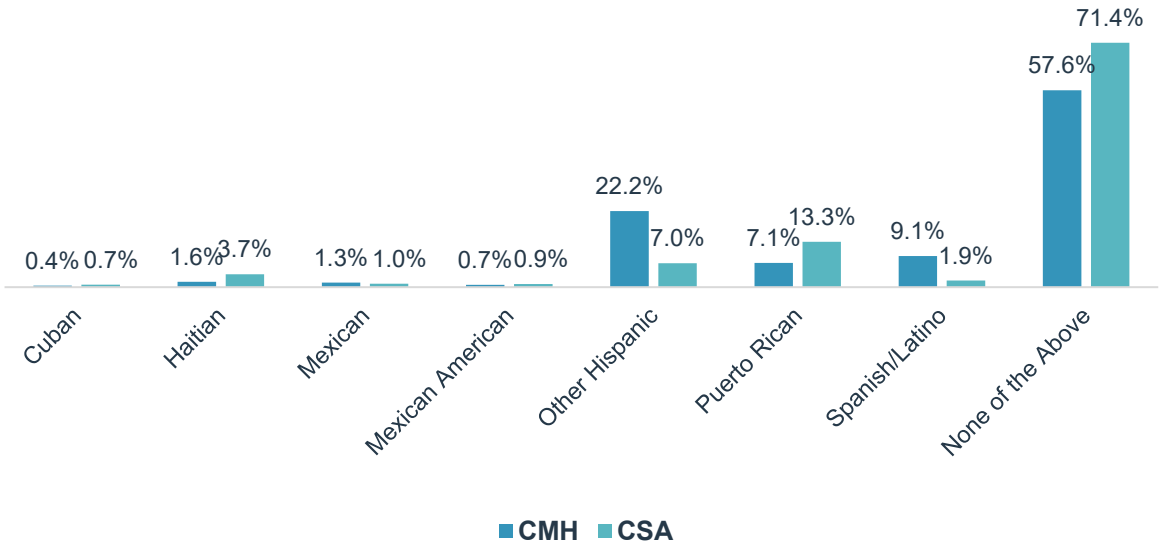
Source: CFC Data

FIGURE 150: AMH AND ASA INDIVIDUALS SERVED BY PROGRAM AND ETHNICITY, ORANGE COUNTY, FY 2023-2024



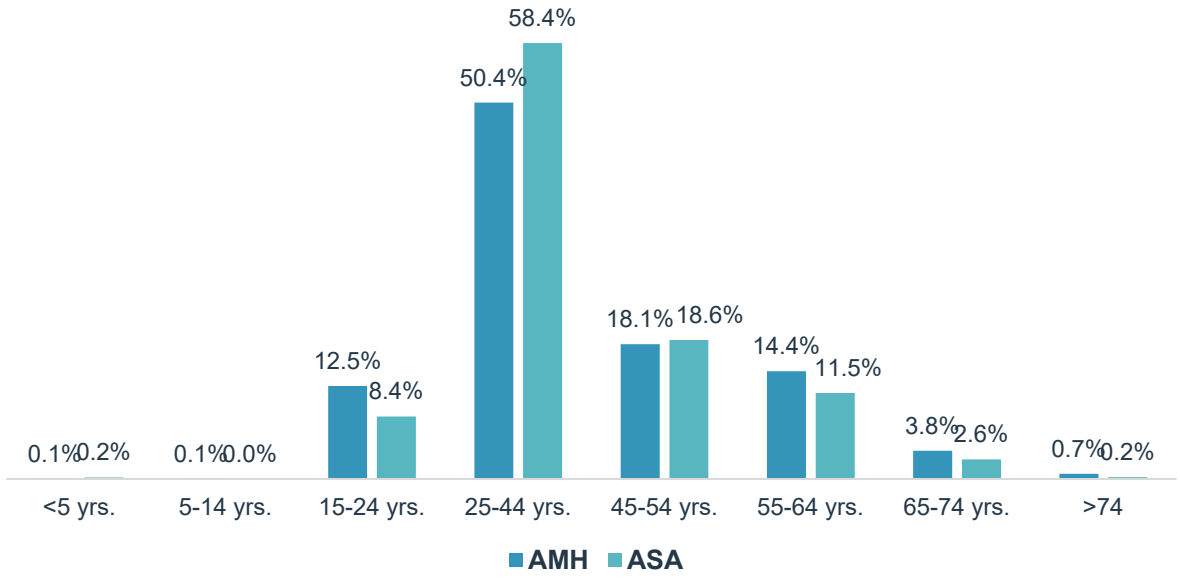
Source: CFC Data

FIGURE 151: CMH AND CSA INDIVIDUALS SERVED BY PROGRAM AND ETHNICITY, ORANGE COUNTY, FY 2023-2024



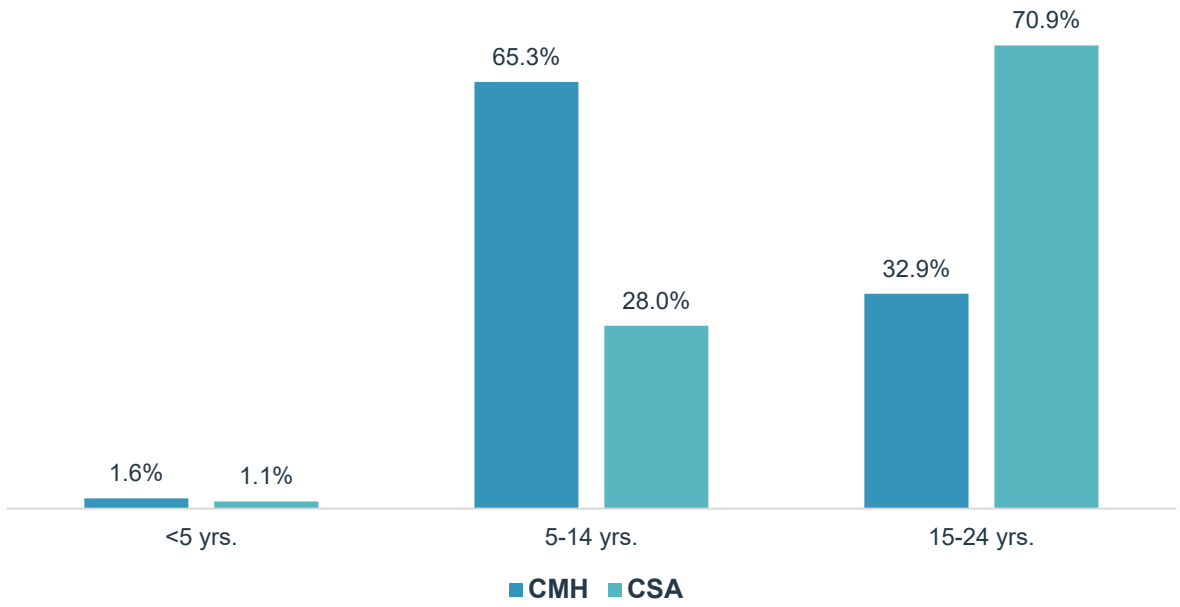
Source: CFC Data

FIGURE 152: AMH AND ASA INDIVIDUALS SERVED BY PROGRAM AND AGE RANGE, ORANGE COUNTY, FY 2023-2024



Source: CFC Data

FIGURE 153: CMH AND CSA INDIVIDUALS SERVED BY PROGRAM AND AGE RANGE, ORANGE COUNTY, FY 2023-2024



Source: CFC Data

FIGURE 154: AMH AND ASA INDIVIDUALS SERVED BY PROGRAM AND RESIDENTIAL STATUS, ORANGE COUNTY, FY 2023-2024

Residential Status	AMH	ASA
Adult Residential Treatment Facility	2.9%	8.7%
Assisted Living Facility (ALF)	1.4%	0.1%
Children Residential Treatment Facility	0.0%	0.0%
Correctional Facility	2.4%	1.5%
Crisis Residence	0.0%	0.0%
Dependent Living – with Non-Relatives	1.9%	3.0%
Dependent Living – with Relatives	10.9%	10.8%
DJJ Facility	0.0%	0.7%
Foster Care/Home	0.0%	0.0%
Homeless	12.8%	22.0%
Independent Living – Alone	24.1%	12.0%
Independent Living – with Non-Relatives	7.7%	8.9%
Independent Living – with Relatives	20.6%	19.7%
Limited Mental Health Licensed ALF	0.5%	0.0%
Not Available or Unknown	8.0%	4.6%
Nursing Home	0.1%	0.0%
Other Residential Status	1.5%	2.9%
State Mental Health Treatment Facility	2.2%	0.0%
Supported Housing	2.8%	4.9%

Source: CFC Data

FIGURE 155: CMH AND CSA INDIVIDUALS SERVED BY PROGRAM AND RESIDENTIAL STATUS, ORANGE COUNTY, FY 2023-2024

Residential Status	CMH	CSA
Children Residential Treatment Facility	1.1%	0.2%
Crisis Residence	0.2%	0.0%
Dependent Living – with Non-Relatives	0.9%	1.5%
Dependent Living – with Relatives	86.9%	87.0%
DJJ Facility	0.0%	0.2%
Foster Care/Home	0.7%	2.1%
Homeless	0.7%	0.1%
Independent Living – Alone	0.0%	0.2%
Independent Living – with Non-Relatives	0.0%	0.3%
Independent Living – with Relatives	3.6%	8.1%
Not Available or Unknown	5.8%	0.2%
Other Residential Status	0.2%	0.1%

Source: CFC Data

FIGURE 156: INDIVIDUALS SERVED BY PROGRAM AND EDUCATIONAL ATTAINMENT, ORANGE COUNTY, FY 2023-2024

Educational Attainment	AMH	ASA	CMH	CSA
No schooling	0.3%	0.4%	1.5%	0.9%
Less than 9th grade	4.3%	4.7%	48.0%	42.9%
9th to 12th grade, no diploma	26.6%	28.9%	27.9%	54.1%
High school graduate (includes equivalency)	32.3%	36.0%	1.1%	1.2%
Some college, no degree	13.1%	11.4%	0.0%	0.0%
Associate's degree	4.5%	5.7%	0.0%	0.0%
Bachelor's degree	5.4%	5.0%	0.0%	0.0%
Graduate or professional degree	1.3%	1.2%	0.0%	0.1%
Vocational school	1.3%	2.7%	0.0%	0.0%

Source: CFC Data

FIGURE 157: INDIVIDUALS SERVED BY EMPLOYMENT STATUS, ORANGE COUNTY, FY 2023-2024

Employment Status	Orange County
Active Military, Overseas	0.0%
Active Military, USA	0.0%
Disabled	12.3%
Full Time	13.3%
Homemaker	0.7%
Incarcerated	2.6%
Leave of Absence	0.2%
Not Authorized to Work	0.4%
Part Time	6.2%
Retired	1.6%
Student	11.4%
Unemployed	39.1%
Unknown	12.0%
Unpaid Family Worker	0.2%

Source: CFC Data

Orange County Program Expenditures and Overproduction Costs

To identify direct service or support service needs, the overproduction costs were calculated as a percentage of the total expenditures for the program and county. Any service where the overproduction to expenditure was 1 percent or more was considered a potential need in the system of care. The tables below provide the total expenditures by program and the overproduction to expenditures by county and program.

FIGURE 158: ORANGE COUNTY POTENTIAL NEED SERVICES, FY 2023-2024

Program	Covered Service/Project Descriptor	Expenditures	Overproduction	Total Program Expenditures	Overproduction to Total Expenditures
AMH	Mental Health Clubhouse	$446,714.79	$276,747.68	$18,555,908.34	1.5%
AMH	Short-term Residential TX	$1,011,610.26	$477,725.23	$18,555,908.34	2.9%
ASA	Substance Abuse Detoxification	$1,777,123.46	$279,563.74	$18,056,179.77	2.3%

Source: CFC Cost Data

Osceola County Demographic Profile

Population Demographics

Osceola County had the highest percentage of population growth at 8.6% from 2021–2023. The total population increase for the three-year period added 34,502 residents.

Females accounted for 50.5 percent of the population and males comprised the remaining 49.5 percent.

Osceola was the most racially diverse in the four-county service area. The White population was represented by 37.1 percent, Black at 12 percent, Some Other Race at 26.5 percent, Two or More Races at 20.5 percent, and Asian at 3.6 percent. American Indian and Native Hawaiians represented less than one percent of residents in both population groups.

Ethnically, Hispanic residents represented 56.1 percent of the population. This was higher than the Hispanic population in the service area and the state at 31 percent and 27.4 percent, respectively.

The population in Osceola County was younger when compared to the service area and the state with 13.4 percent of residents 65 years of age or older. Adults ages 25–44 years of age accounted for 29.4 percent, which was slightly more than the service area at 28.8 percent and the state at 25.2 percent. Children 0–14 years represented 19.3 percent of the county's population in 2023.

Education and Employment

The percentage of individuals who attained a high school education or higher in Osceola County was 91.4 percent in 2023. This was lower than the service area at 92.1 percent but higher than the state at 90.2 percent. Individuals who attained a bachelor's degree or higher accounted for 32 percent of the county's population.

In 2023, 3.3 percent of Osceola County residents who participated in the labor force were unemployed. The employed population accounted for 64.3 percent, which was higher than the service area at 62.3 percent and at the state at 57.2 percent.

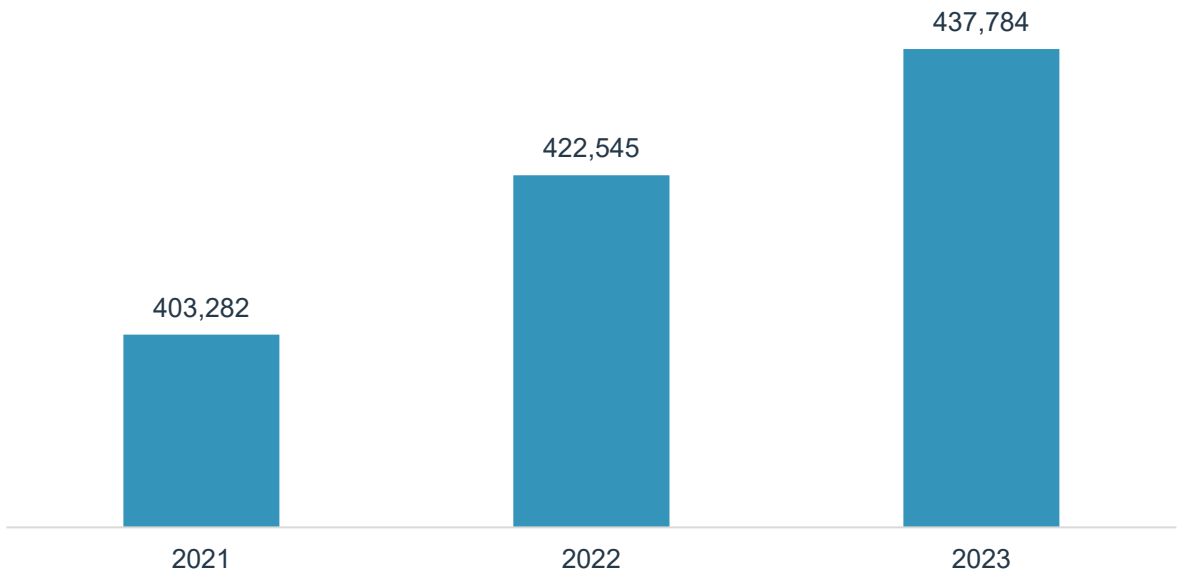
Poverty Status

The percentages of individuals decreased for federal poverty levels below 200 percent but increased for those living above 200 percent FPL.

Educational Attainment

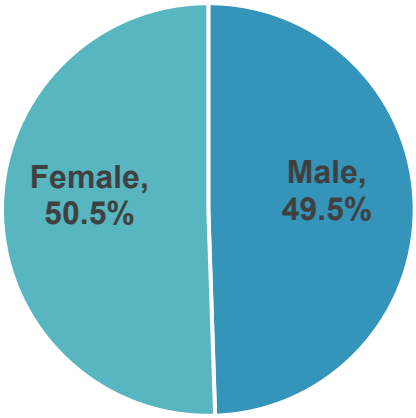
According to ACS estimates from 2023, 8.6 percent of Osceola County adults did not obtain a high school diploma or equivalent and high school diploma or equivalent is the highest level of educational attainment by 26.2 percent of Osceola adults. Slightly more than 91 percent of the Osceola adult population have at least a high school diploma or higher education and 32 percent have a Bachelor's degree or higher.

FIGURE 159: OSCEOLA COUNTY POPULATION ESTIMATES, 2021-2023



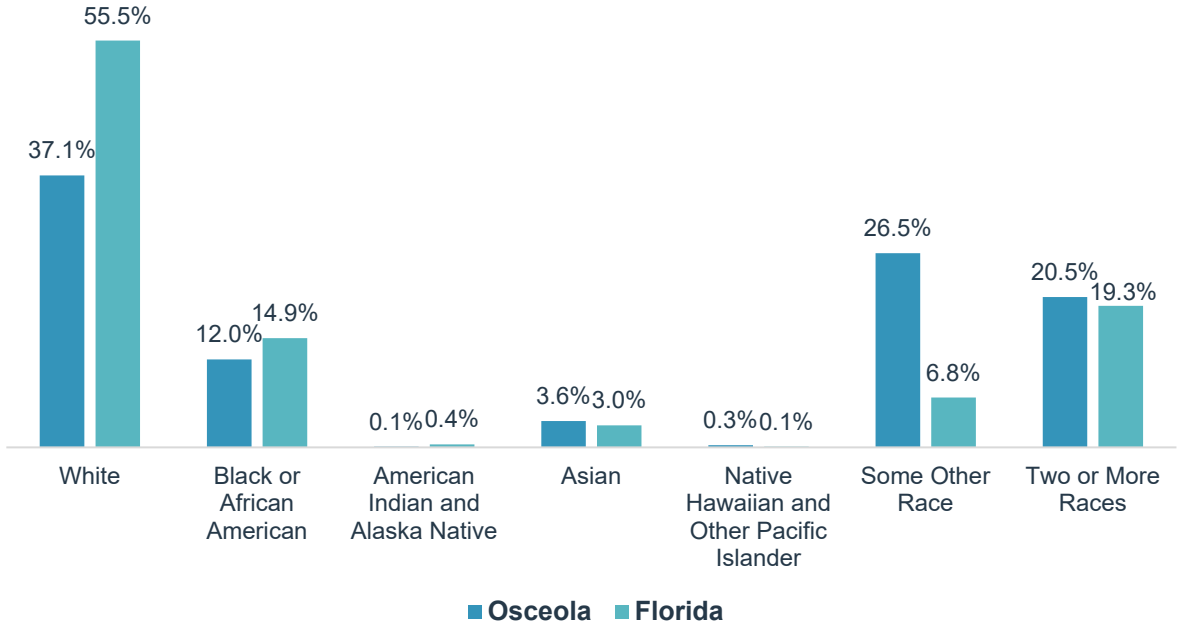
Source: ACS 1-Year Estimates, Table DP05

FIGURE 160: OSCEOLA COUNTY POPULATION ESTIMATES BY SEX, 2023



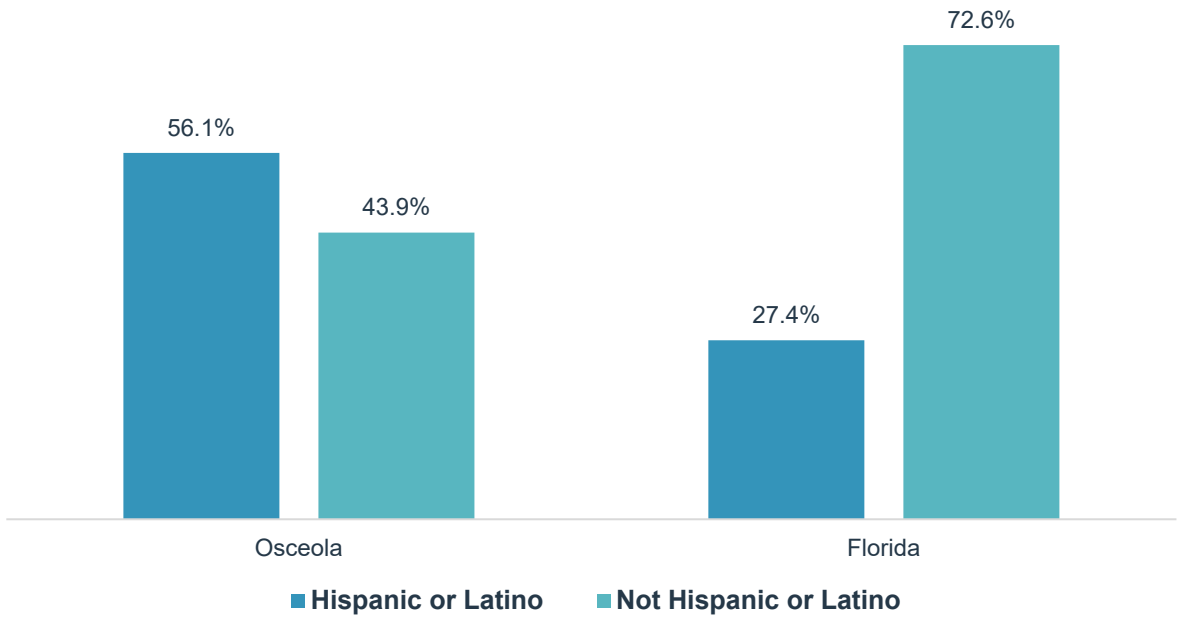
Source: ACS 1-Year Estimates, Table DP05

FIGURE 161: OSCEOLA COUNTY POPULATION ESTIMATES BY RACE, 2023



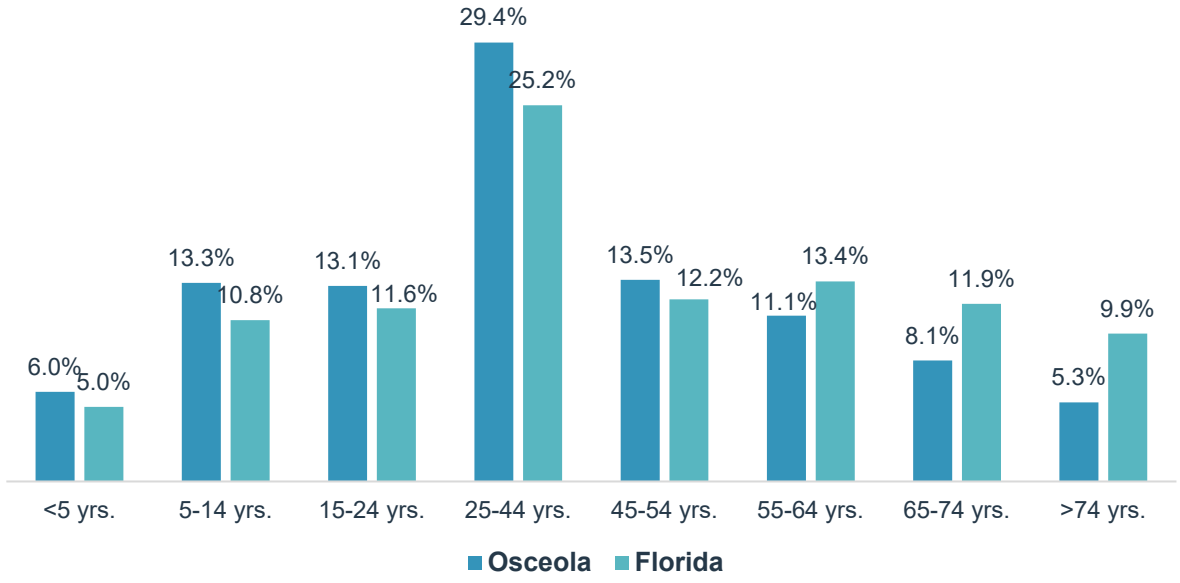
Source: ACS 1-Year Estimates, Table DP05

FIGURE 162: OSCEOLA COUNTY POPULATION ESTIMATES BY ETHNICITY, 2023



Source: ACS 1-Year Estimates, Table DP05

FIGURE 163: OSCEOLA COUNTY POPULATION ESTIMATES BY AGE RANGE, 2023



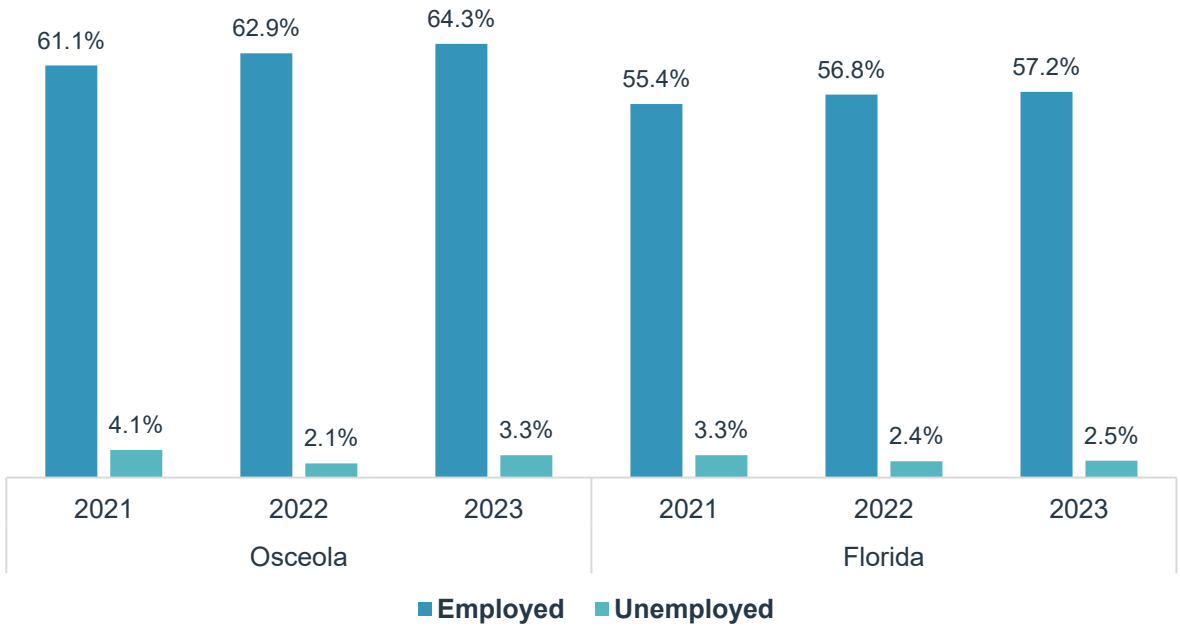
Source: ACS 1-Year Estimates, Table DP05

FIGURE 164: OSCEOLA COUNTY POPULATION ESTIMATES BY EDUCATIONAL ATTAINMENT, 2021-2023

Educational Attainment	Osceola County			Florida		
	2021	2022	2023	2021	2022	2023
Less than 9th grade	4.7%	4.6%	3.3%	4.4%	4.2%	4.1%
9th to 12th grade, no diploma	4.5%	6.0%	5.3%	5.8%	5.9%	5.6%
High school graduate (includes equivalency)	30.7%	28.7%	26.2%	27.7%	27.1%	26.8%
Some college, no degree	20.1%	18.9%	20.4%	18.9%	18.4%	18.4%
Associate's degree	12.1%	12.3%	12.8%	10.0%	10.2%	10.1%
Bachelor's degree	18.6%	20.9%	22.5%	20.6%	21.4%	21.6%
Graduate or professional degree	9.3%	8.6%	9.5%	12.6%	12.9%	13.3%
High school graduate or higher	90.8%	89.4%	91.4%	89.8%	89.9%	90.2%
Bachelor's degree or higher	27.9%	29.4%	32.0%	33.2%	34.3%	34.9%

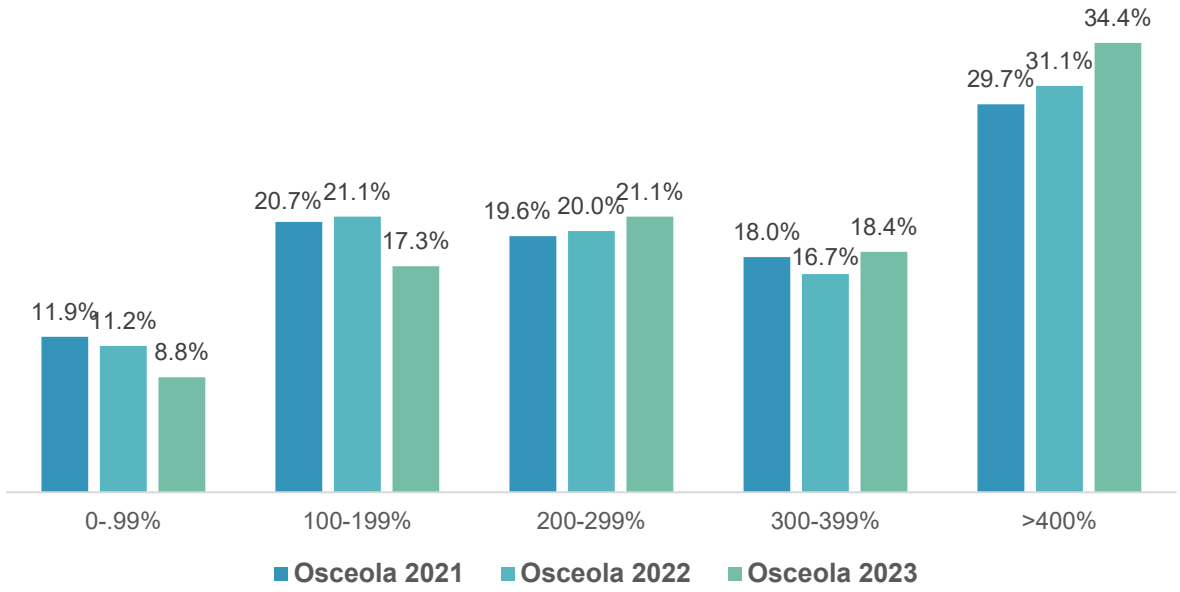
Source: ACS 1-Year Estimates, Table S1501

FIGURE 165: OSCEOLA COUNTY POPULATION ESTIMATES BY EMPLOYMENT STATUS 2023



Source: ACS 1-Year Estimates, Table DP03

FIGURE 166: OSCEOLA COUNTY POPULATION ESTIMATES OF POVERTY STATUS, 2021-2023



Source: ACS 1-Year Estimates, Table B17026

Osceola County CFC Client Profile

Client Population

There were 2,209 individuals served in Osceola County during FY 2023-2024. A small amount of duplication (<1.0 percent) exists in that some individuals moved from one county to another, were enrolled in more than one program, or changed residential status during the one-year period.

Adults in Osceola County accounted for 83 percent of all individuals, of which 40.6 percent were enrolled in the Adult Mental Health (AMH) program and 42.4 percent in the Adult Substance Abuse program (ASA). The remaining 16.9 percent of individuals were children/youth in the Child Mental Health (CMH) program at 9.2 percent and the Child Substance Abuse (CSA) program at 7.7 percent.

Sex

Males represented 59.5 percent of individuals in the AMH program and 69.3 percent of those in the ASA program. In the child/adolescent programs, females accounted for a higher percentage of individuals, at 56.9 percent, of those in the CMH program, while males accounted for 70.8 percent of individuals in the CSA program.

Race

Among individuals served, White participants accounted for 57 percent of those in the AMH program and 53.1 percent in the ASA program. Black individuals served in the

AMH and ASA programs accounted for 17.6 percent and 17.9 percent, respectively. These percentages were higher when compared to the racial distribution in the county. The percentages of individuals of multi-racial and other races were lower when compared to the county. In the CMH program, Black individuals accounted for 8.8 percent program participants but represented 29.8 percent of those in the CSA program. The racial diversity among participants in the child/adolescent programs was similar when comparing individuals served of multi-race and other races to county percentages.

Ethnicity

The ethnicity of individuals served was very similar to Osceola County's population. Among participants in the adult program, Hispanic individuals accounted for 46.9 percent of AMH participants and 46.6 percent of those in ASA. Higher percentages of Hispanics were represented in the child/adolescent in the CMH and CSA programs at 63.4 percent and 51.5 percent, respectively.

Age Range

Adults aged 25–44 years in the AMH and ASA programs accounted for 51.7 percent and 53.2 percent of individuals, respectively. The served population was much younger when compared to the county population, with less than 30 percent of residents 25–44 years of age. In child/adolescent programs, 76 percent of individuals in the CMH were 5–14 years of age while 71.9 percent of individuals in the CSA program were 15–24 years of age.

Residential Status

Among individuals in the AMH and ASA programs, those served resided primarily independently alone, dependently with relatives, or independently with relatives. Individuals experiencing homelessness accounted for 8.4 percent of those in the AMH program and 23.4 percent in the ASA program. Children/Youth lived dependently with relatives.

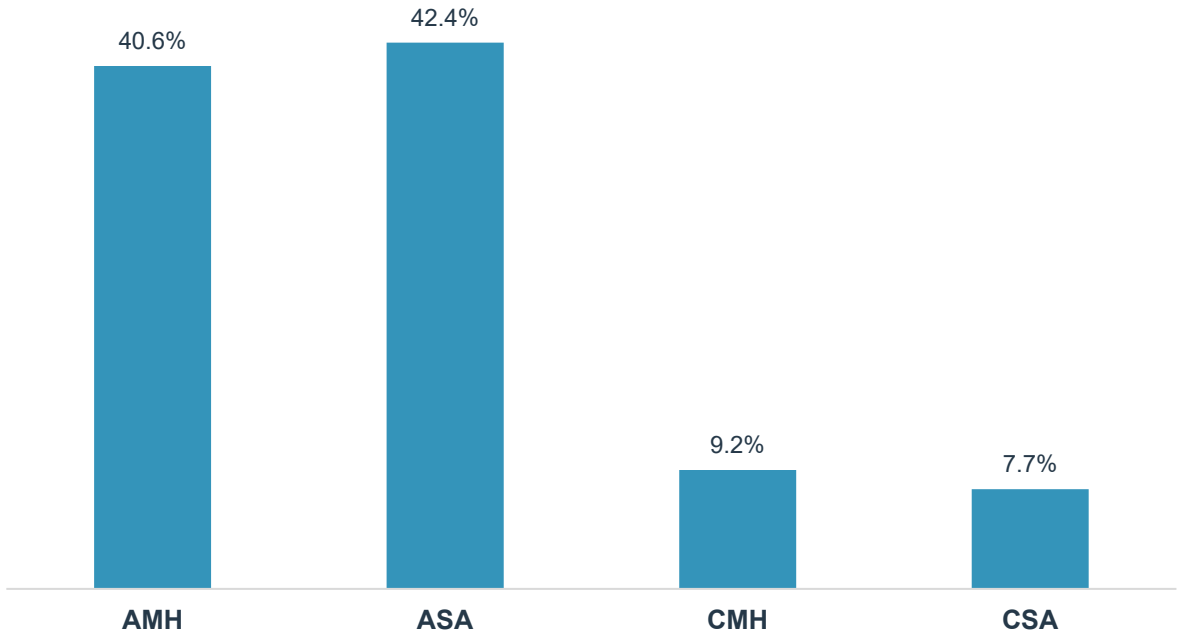
Educational Attainment

Individuals served attained lower educational levels when compared to those in the service area population. Among adults, high school diploma or equivalency accounted for the highest educational attainment for 32.5 percent of individuals enrolled in the AMH program and 39.1 percent of those in the ASA program. Only 49.3 percent of adult individuals enrolled in the AMH program have a high school diploma or higher education; only 55.3 percent of adult individuals enrolled in the ASA program have a high school diploma or higher. This compares to over 90 percent of the service area's population. Consequently, the percentages of adults in both programs who earned college degrees were well below those for residents living in the service area.

Employment Status

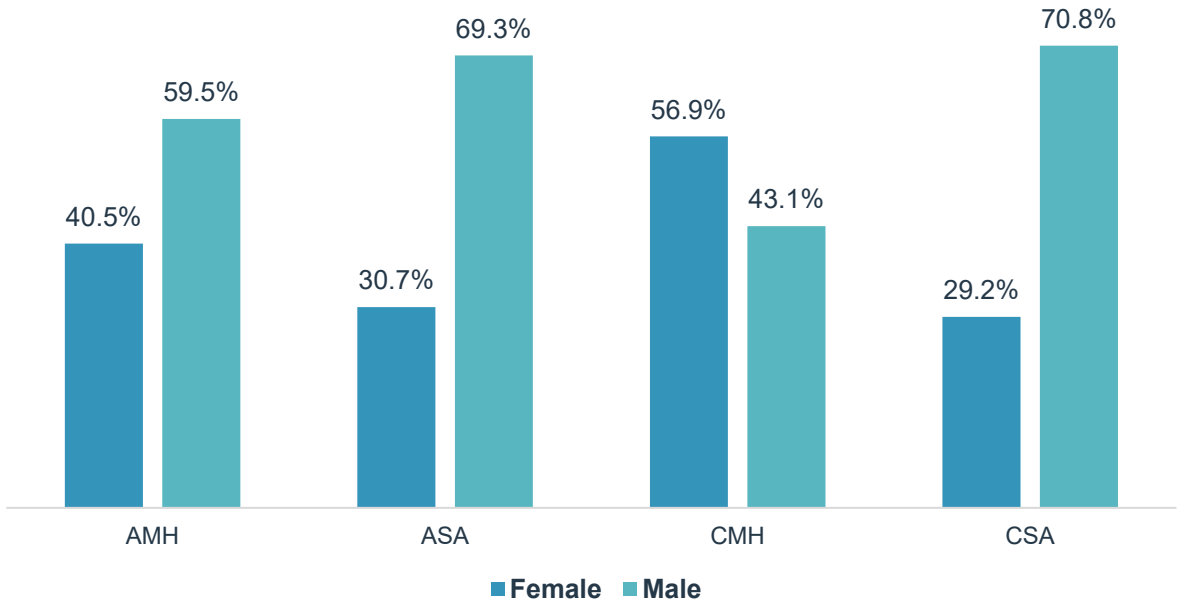
Individuals who were unemployed accounted for 36.7 percent of program participants. Those working full time represented 15.6 percent, disabled individuals accounted for 7.9 percent, and 21.7 percent were students.

FIGURE 167: PERCENTAGE OF INDIVIDUALS SERVED BY PROGRAM, OSCEOLA COUNTY, FY 2023-2024



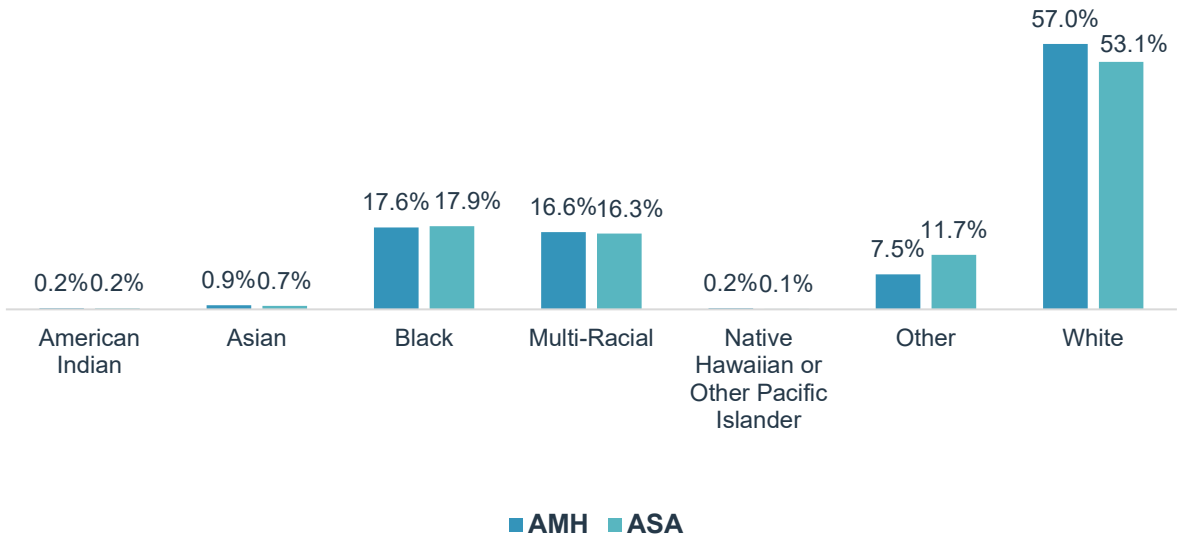
Source: CFC Data

FIGURE 168: PERCENTAGE OF INDIVIDUALS SERVED BY PROGRAM AND SEX, OSCEOLA COUNTY, FY 2023-2024



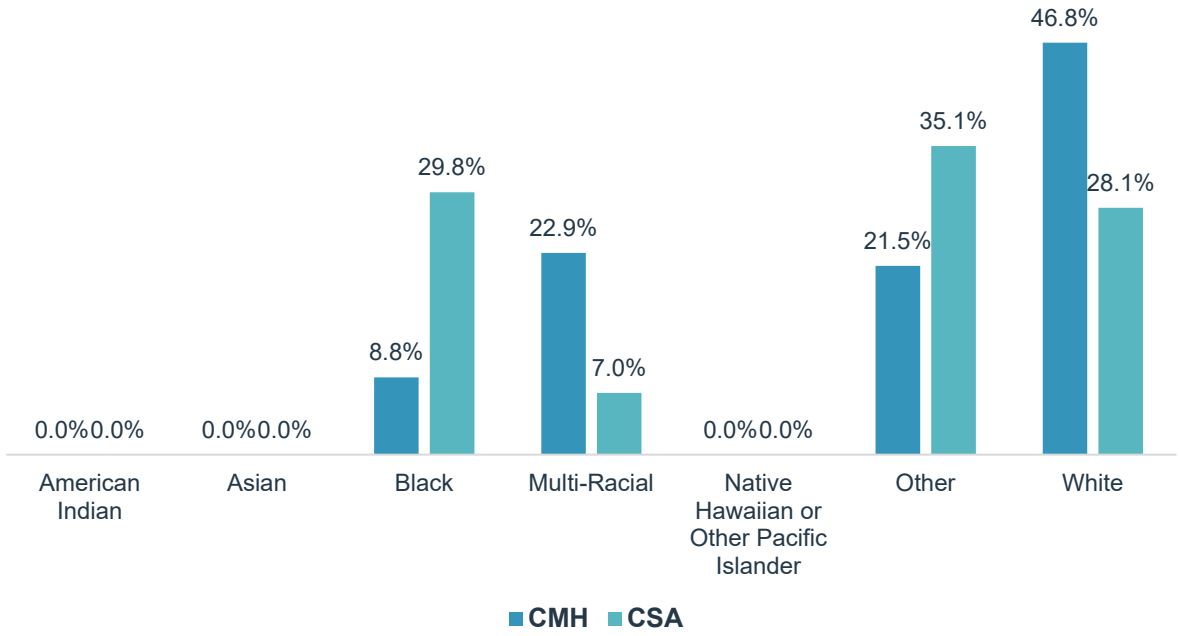
Source: CFC Data

FIGURE 169: AMH AND ASA INDIVIDUALS SERVED BY RACE, OSCEOLA COUNTY, FY 2023-2024



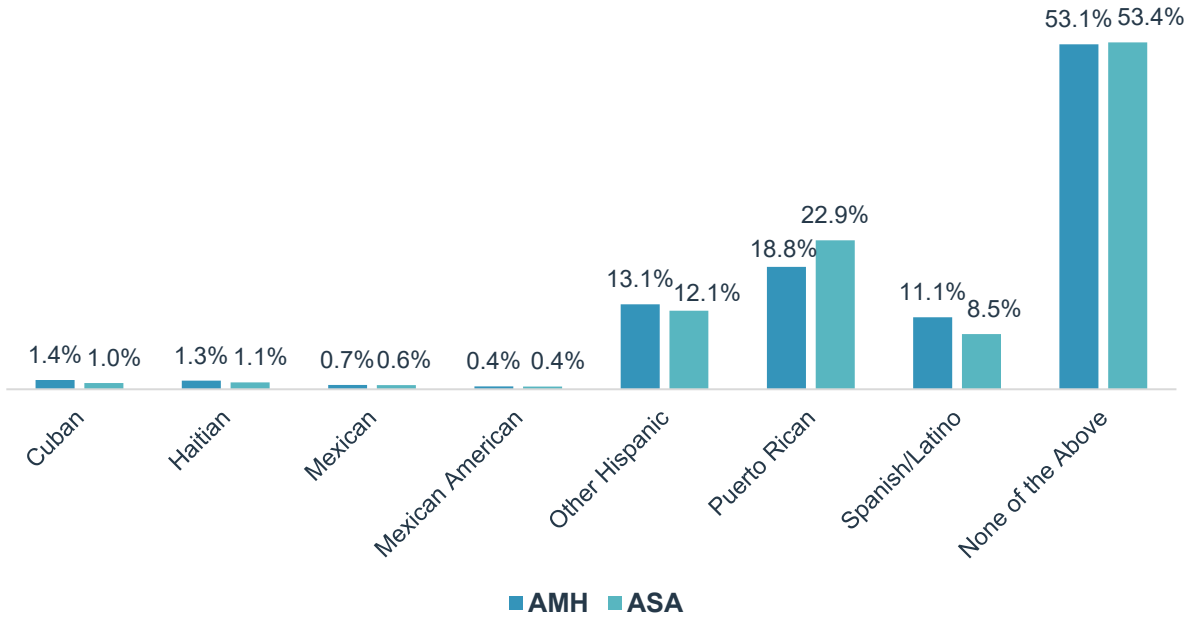
Source: CFC Data

FIGURE 170: CMH AND CSA INDIVIDUALS SERVED BY RACE, OSCEOLA COUNTY



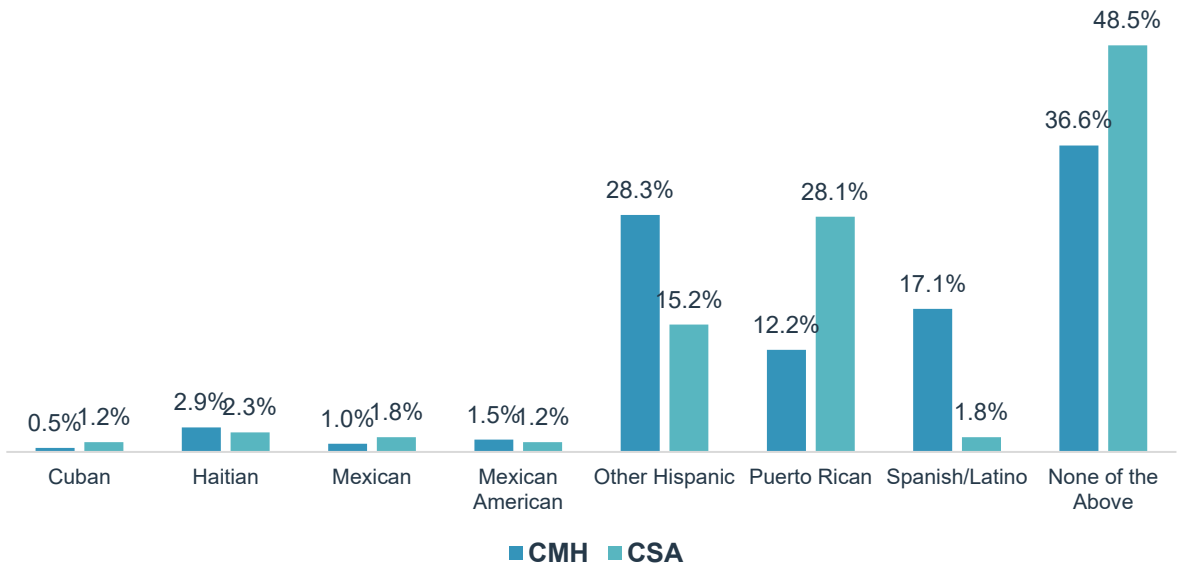
Source: CFC Data

FIGURE 171: AMH AND ASA INDIVIDUALS SERVED BY ETHNICITY, OSCEOLA COUNTY, FY 2023-2024



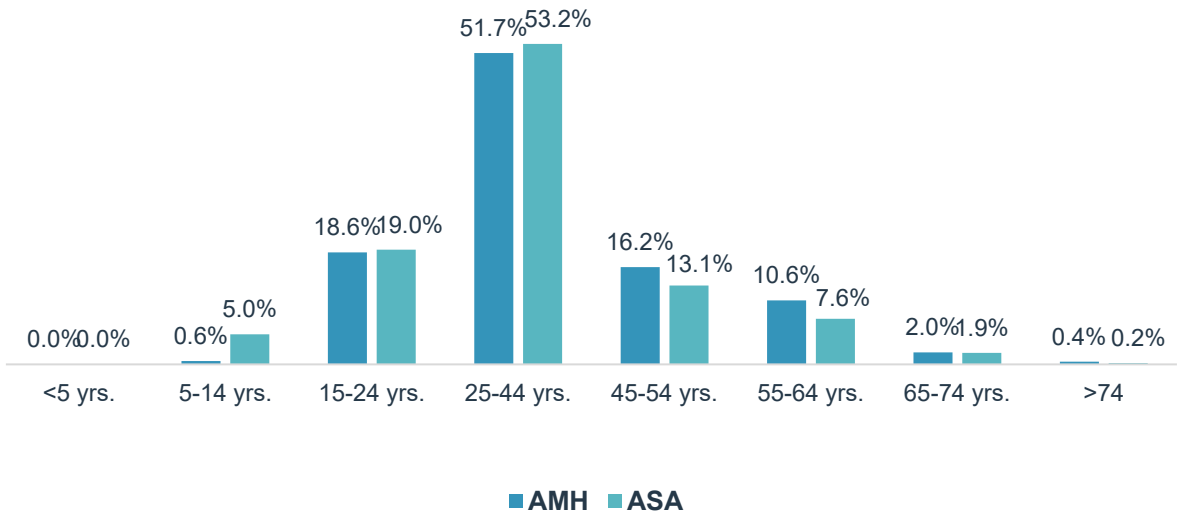
Source: CFC Data

FIGURE 172: CMH AND CSA INDIVIDUALS SERVED BY ETHNICITY, OSCEOLA COUNTY, FY 2023-2024



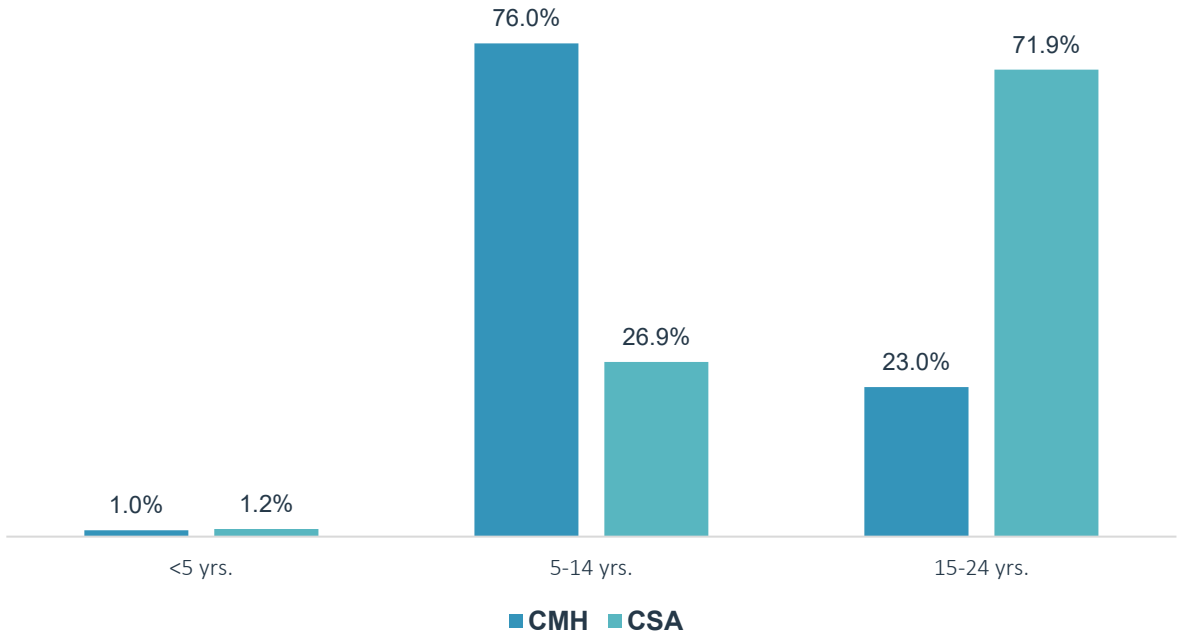
Source: CFC Data

FIGURE 173: AMH AND ASA INDIVIDUALS SERVED BY AGE RANGE, OSCEOLA COUNTY, FY 2023-2024



Source: CFC Data

FIGURE 174: CMH AND CSA INDIVIDUALS SERVED BY AGE RANGE, OSCEOLA COUNTY, 2023-2024



Source: CFC Data

FIGURE 175: AMH AND ASA INDIVIDUALS SERVED BY RESIDENTIAL STATUS, OSCEOLA COUNTY, FY 2023-2024

Residential Status	AMH	ASA
Adult Residential Treatment Facility	3.2%	3.7%
Assisted Living Facility (ALF)	2.6%	0.1%
Correctional Facility	3.4%	1.9%
Dependent Living – with Non-Relatives	1.8%	3.3%
Dependent Living – with Relatives	15.3%	25.0%
DJJ Facility	0.0%	0.1%
Foster Care/Home	0.0%	0.0%
Homeless	8.4%	23.4%
Independent Living – Alone	11.1%	9.7%
Independent Living – with Non-Relatives	6.9%	6.1%
Independent Living – with Relatives	32.3%	23.7%
Limited Mental Health Licensed ALF	0.6%	0.0%
Not Available or Unknown	7.9%	1.5%
Nursing Home	0.7%	0.0%
Other Residential Status	0.8%	0.7%
State Mental Health Treatment Facility	3.1%	0.0%
Supported Housing	2.0%	0.8%

Source: CFC Data

FIGURE 176: CMH AND CSA INDIVIDUALS SERVED BY RESIDENTIAL STATUS, OSCEOLA COUNTY, FY 2023-2024

Residential Status	CMH	CSA
Dependent Living – with Non-Relatives	2.0%	0.6%
Dependent Living – with Relatives	93.7%	90.2%
DJJ Facility	0.0%	0.6%
Foster Care/Home	0.5%	2.3%
Independent Living – Alone	0.0%	0.6%
Independent Living – with Relatives	2.0%	5.8%
Not Available or Unknown	2.0%	0.0%

Source: CFC Data

FIGURE 177: INDIVIDUALS SERVED BY PROGRAM AND EDUCATIONAL ATTAINMENT, OSCEOLA COUNTY, FY 2023-2024

Educational Attainment	AMH	ASA	CMH	CSA
No schooling	1.1%	0.3%	0.5%	1.7%
Less than 9th grade	3.3%	4.7%	53.7%	39.4%
9th to 12th grade, no diploma	31.6%	36.5%	26.8%	58.3%
High school graduate (includes equivalency)	32.5%	39.1%	0.5%	0.6%
Some college, no degree	5.9%	5.8%	0.0%	0.0%
Associate's degree	4.1%	3.7%	0.0%	0.0%
Bachelor's degree	4.0%	3.5%	0.0%	0.0%
Graduate or professional degree	1.7%	1.2%	0.0%	0.0%
Vocational school	1.1%	2.0%	0.0%	0.0%

Source: CFC Data

FIGURE 178: INDIVIDUALS SERVED BY EMPLOYMENT STATUS, OSCEOLA COUNTY, FY 2023-2024

Employment Status	Osceola County
Active Military, Overseas	0.0%
Disabled	7.9%
Full Time	15.6%
Homemaker	0.5%
Incarcerated	1.1%
Leave of Absence	0.3%
Not Authorized to Work	2.2%
Part Time	4.9%
Retired	1.0%
Student	21.7%
Unemployed	36.7%
Unknown	8.0%
Unpaid Family Worker	0.1%

Source: CFC Data

Osceola County Program Expenditures and Overproduction Costs

To identify direct service or support service needs, the overproduction costs were calculated as a percentage of the total expenditures for the program and county. Any service where the overproduction to expenditure was 1 percent or more was considered a potential need in the system of care. The tables below provide the total expenditures by program and the overproduction to expenditures by county and program.

FIGURE 179: OSCEOLA COUNTY POTENTIAL NEED SERVICES, FY 2023-2024

Program	Covered Service/Project Descriptor	Expenditures	Overproduction	Total Program Expenditures	Overproduction to Total Expenditures
ASA	Residential Level 2	$1,355,996.44	$122,995.63	$4,834,187.70	3.0%
ASA	Intervention	$313,202.48	$83,208.92	$4,834,187.70	2.0%
CSA	Residential Level 2	$1,195,153.72	$182,986.23	$1,508,609.93	4.4%

Source: CFC Cost Data

Seminole County Demographic Profile

Population Demographics

Seminole County's population growth at 3 percent from 2021–2023, added 14,178 residents. The county had the lowest population growth in the four-county area.

Females accounted for 51.3% of the population and males comprised the remaining 48.7 percent.

The racial distribution in Seminole County was very similar to the service area and the state. The White population was represented by 57.9 percent, Blacks at 12.2 percent, Some Other Race at 7.1 percent, Two or More Races at 17.3 percent, and Asian at 5.2 percent. American Indian and Native Hawaiians represented less than one percent of residents in both population groups.

Ethnically, Hispanic residents represented 24.3 percent of the population. This was lower than the Hispanic population in the service area and the state at 31 percent and 27.4 percent, respectively.

The age distribution in Seminole County was similar when compared to the service area and the state with 17 percent of residents 65 years of age or older. Adults ages 25–44 years of age accounted for 28.8 percent, which was the same as the service area at

28.6 percent and slightly lower than the state at 25.2 percent. Children 0–14 years represented 16.5 percent of the population in 2023.

Education and Employment

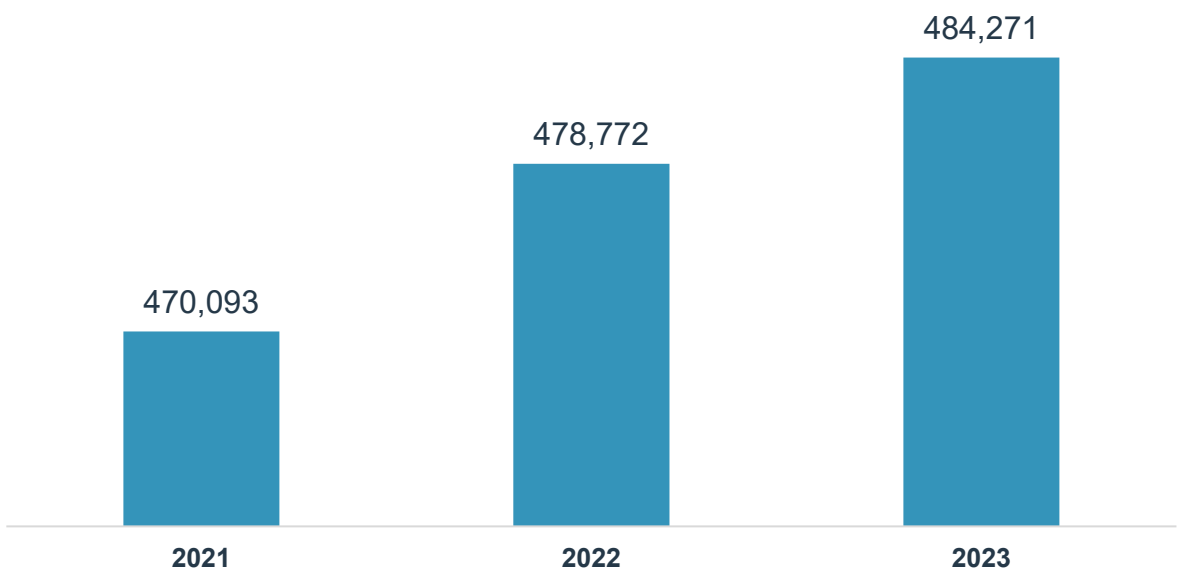
The percentage of individuals who attained a high school education or higher in Seminole County was 93.1 percent in 2023. This was higher than the service area and the state at 92.1 percent and 90.2 percent, respectively. Individuals who attained a bachelor's degree or higher accounted for 42.7 percent of the county's population.

In 2023, 2.8 percent of individuals who participated in the labor force were unemployed. The employed population accounted for 62.6 percent, which was similar to the service area at 62.3 percent and slightly higher than the state at 57.2 percent.

Poverty Status

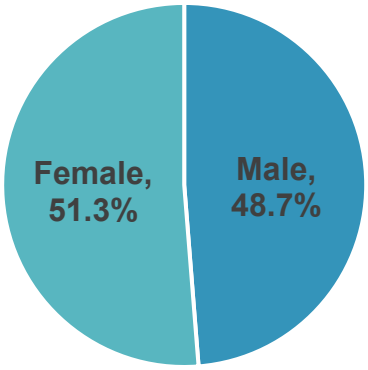
The percentages of families living at 100-199 percent FPL increased during 2021–2023. The percentage of families living at or above 400 percent FPL increased from 2021 to 2022 but decreased from 2022 to 2023.

FIGURE 180: SEMINOLE COUNTY POPULATION ESTIMATES, 2021-2023



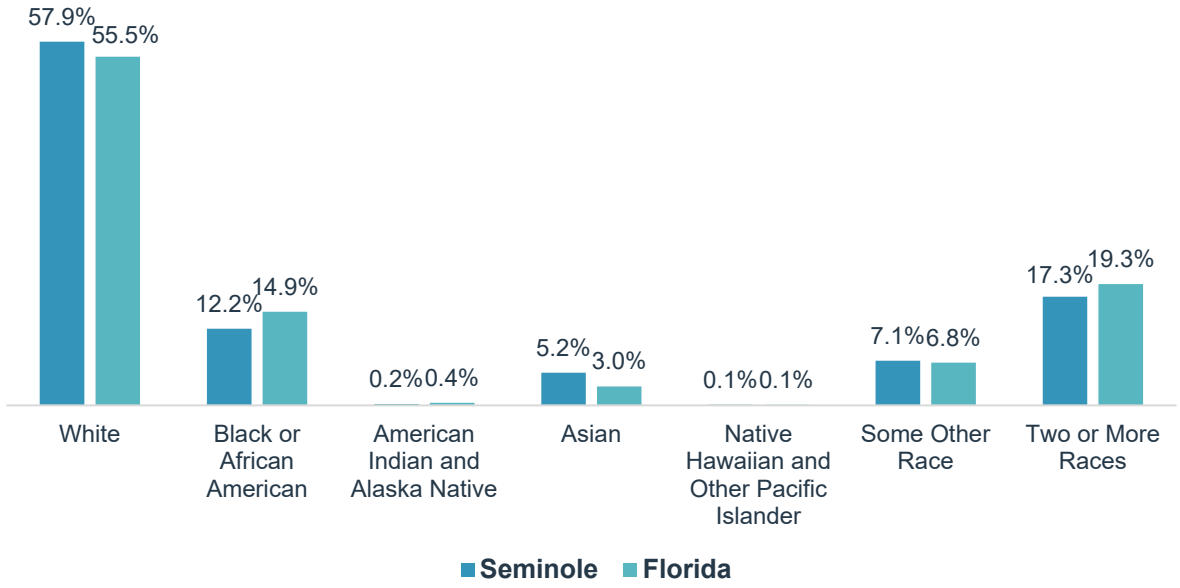
Source: ACS 1-Year Estimates, Table DP05

FIGURE 181: SEMINOLE COUNTY POPULATION ESTIMATES BY SEX, 2023



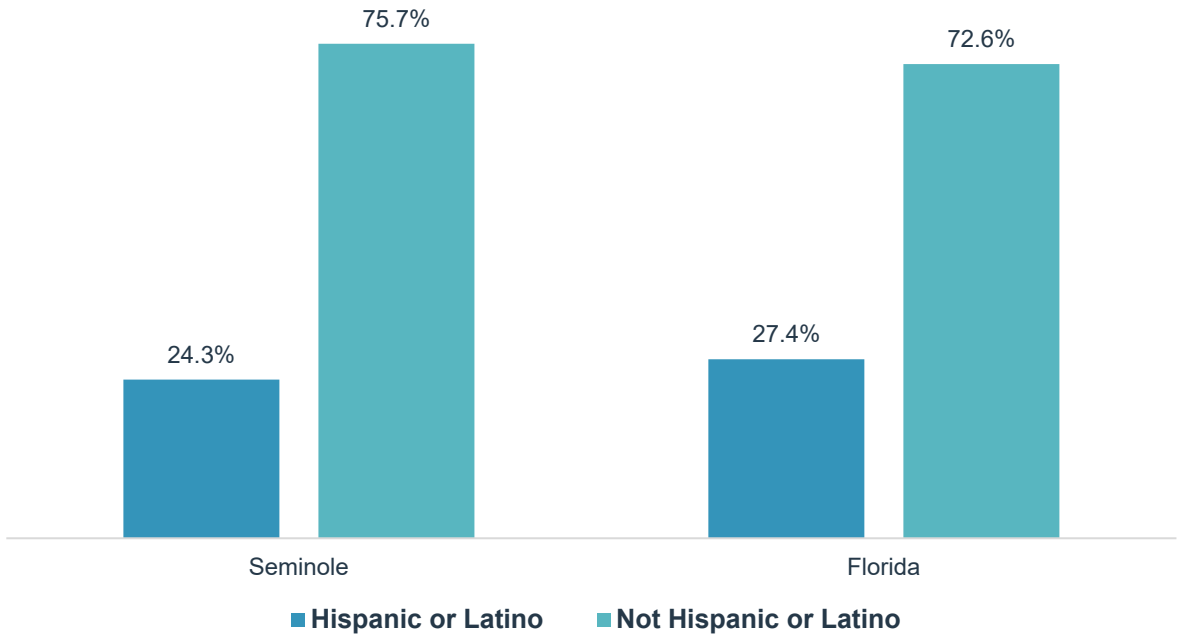
Source: ACS 1-Year Estimates, Table DP05

FIGURE 182: SEMINOLE COUNTY POPULATION ESTIMATES BY RACE, 2023



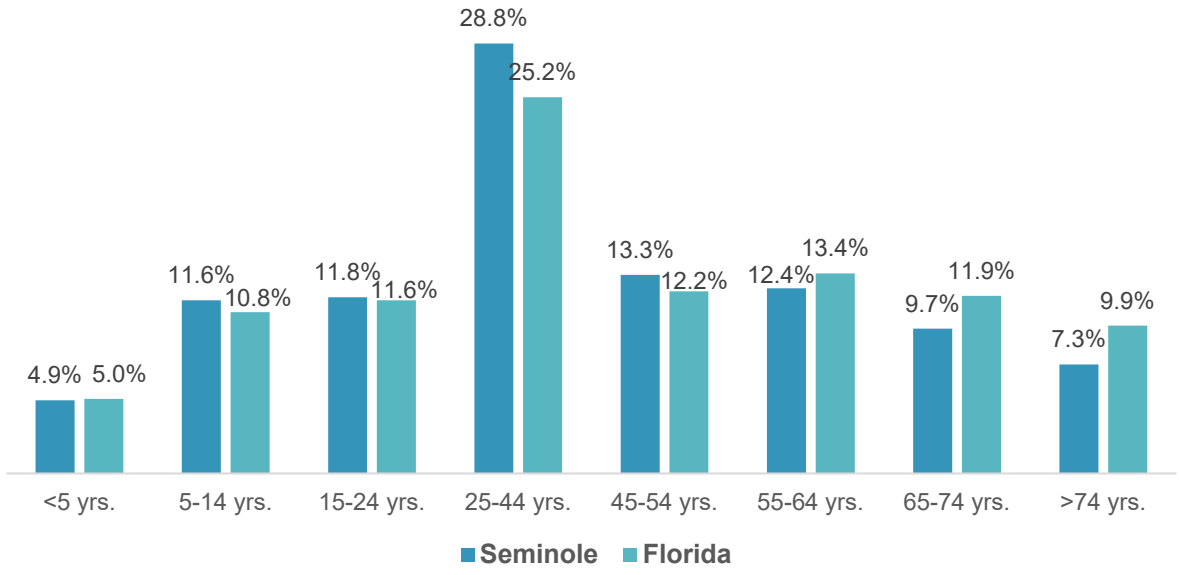
Source: ACS 1-Year Estimates, Table DP05

FIGURE 183: SEMINOLE COUNTY POPULATION ESTIMATES BY ETHNICITY, 2023



Source: ACS 1-Year Estimates, Table DP05

FIGURE 184: SEMINOLE COUNTY POPULATION ESTIMATES BY AGE RANGE, 2023



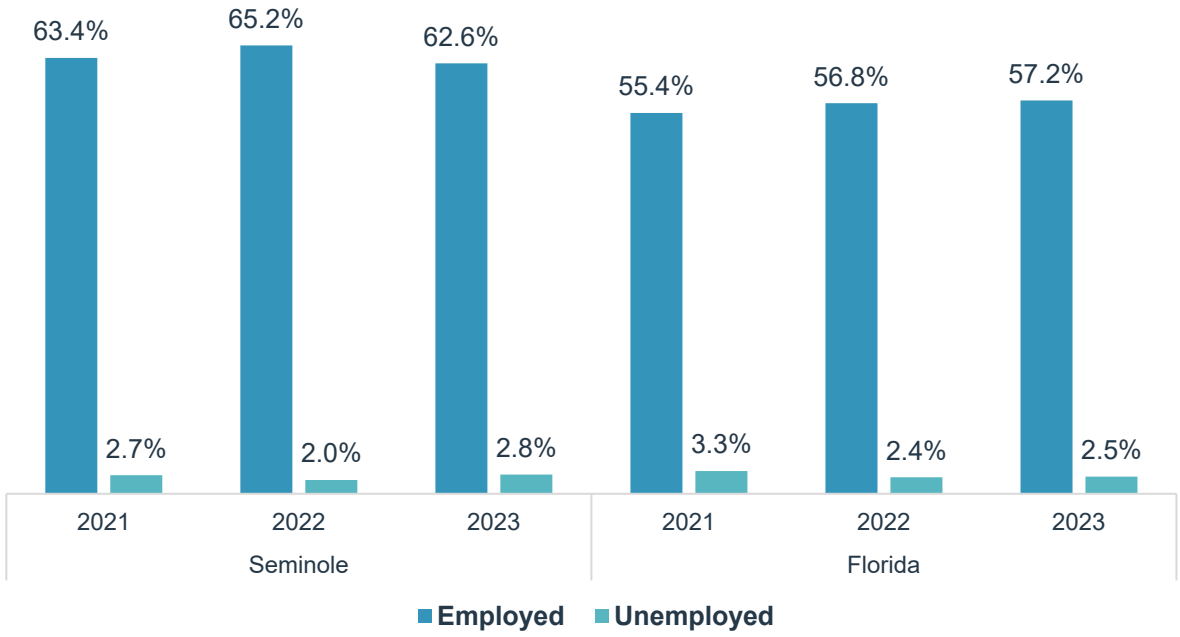
Source: ACS 1-Year Estimates, Table DP05

FIGURE 185: SEMINOLE COUNTY POPULATION ESTIMATES BY EDUCATIONAL ATTAINMENT, 2021-2023

Educational Attainment	Seminole County			Florida		
	2021	2022	2023	2021	2022	2023
Less than 9th grade	2.7%	3.0%	2.4%	4.4%	4.2%	4.1%
9th to 12th grade, no diploma	4.3%	3.7%	4.4%	5.8%	5.9%	5.6%
High school graduate (includes equivalency)	21.4%	21.9%	21.5%	27.7%	27.1%	26.8%
Some college, no degree	17.3%	17.7%	19.1%	18.9%	18.4%	18.4%
Associate's degree	10.9%	13.2%	9.8%	10.0%	10.2%	10.1%
Bachelor's degree	28.4%	26.0%	28.5%	20.6%	21.4%	21.6%
Graduate or professional degree	15.0%	14.4%	14.2%	12.6%	12.9%	13.3%
High school graduate or higher	93.0%	93.3%	93.1%	89.8%	89.9%	90.2%
Bachelor's degree or higher	43.4%	40.4%	42.7%	33.2%	34.3%	34.9%

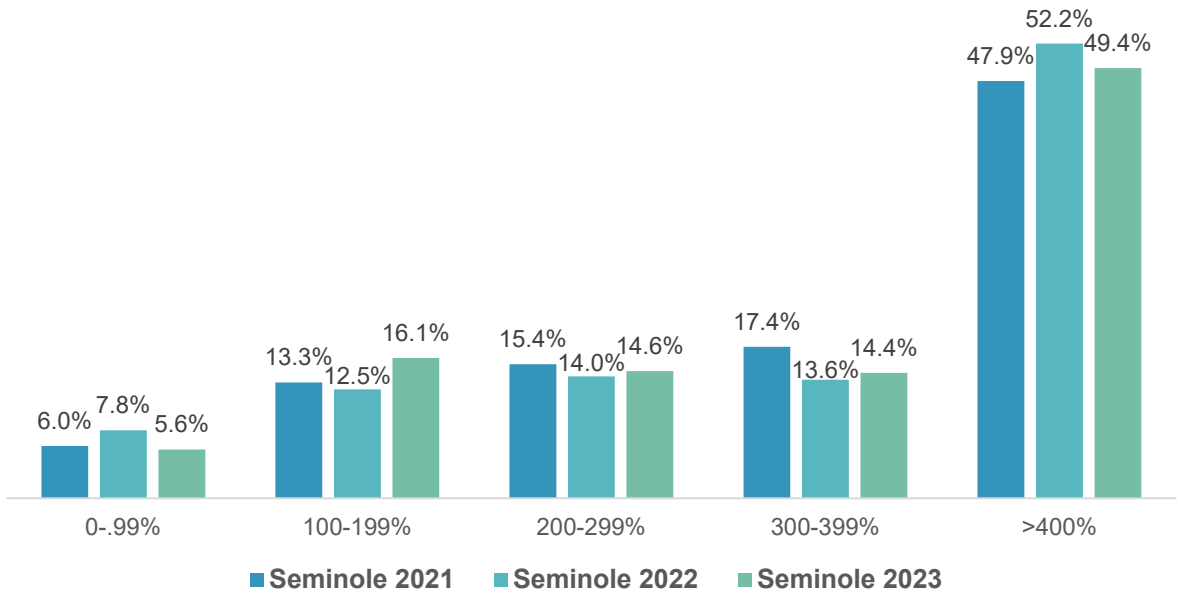
Source: ACS 1-Year Estimates, Table S1505

FIGURE 186: SEMINOLE COUNTY POPULATION ESTIMATES BY EMPLOYMENT STATUS, 2023



Source: ACS 1-Year Estimates, Table DP03

FIGURE 187: SEMINOLE COUNTY POPULATION ESTIMATES BY POVERTY STATUS, 2021-2023



Source: ACS 1-Year Estimates, Table B17026

Seminole County CFC Client Profile

Client Population

There were 4,109 individuals served in Seminole County during FY 2023-2024. A small amount of duplication (<1.0 percent) exists in that some individuals moved from one county to another, were enrolled in more than one program, or changed residential status during the one-year period.

Adults in Seminole County accounted for 72.3 percent of all individuals, of which 36.9 percent were enrolled in the AMH program and 35.4 percent in the ASA. The remaining 27.8 percent of individuals were children/youth in the CMH program at 2.8 percent and the CSA program at 25 percent.

Sex

The male to female ratio for the AMH program was similar with 48.9 percent males and 51.1 percent females. Males accounted for 63.3 percent of individuals in the ASA program. In the CMH programs, the sex distribution was similar to the AMH program. Females accounted for a higher percentage of individuals in the CSA program, at 55.2 percent, while males accounted for 44.8 percent.

Race

Among adult individuals served, White participants accounted for 54.9 percent of those in the AMH program and 64.4 percent in the ASA program. Black individuals served in

the AMH and ASA programs accounted for 25.1 percent and 19 percent, respectively. These percentages were higher when compared to the racial distribution in the county. The percentages of multi-race individuals were lower when compared to the county. In the CMH program, Black individuals accounted for 12.4 percent program participants but represented 33 percent of those in the CSA program. The racial diversity among participants in the child/adolescent programs was similar when comparing individuals served of multi-race and other races to county percentages.

Ethnicity

The ethnicity of individuals served was slightly less diverse when compared to the county. Among participants in the adult program, Hispanic individuals accounted for 19.4 percent of AMH participants and 18.3 percent of those in ASA. Higher percentages of Hispanics were represented in the child/adolescent in the CMH and CSA programs at 26.5 percent and 32.2 percent, respectively.

Age Range

Adults aged 25–44 years in the AMH and ASA programs accounted for 48.6 percent and 59.2 percent of individuals, respectively. The served population was much younger when compared to the county population with less than 30 percent of residents 25–44 years of age. In child/adolescent programs, 61.1 percent of individuals in the CMH were 5–14 years of age while 62.8 percent of individuals in the CSA program were 15–24 years of age.

Residential Status

Individuals in the AMH and ASA programs primarily reside independently, alone (20.7 percent) or with relatives (30.7 percent), or dependently with relatives (14.7 percent). Individuals experiencing homelessness accounted for 5.8 percent of those in the AMH program and 14.7 percent in the ASA program. Children/youth lived dependently with relatives.

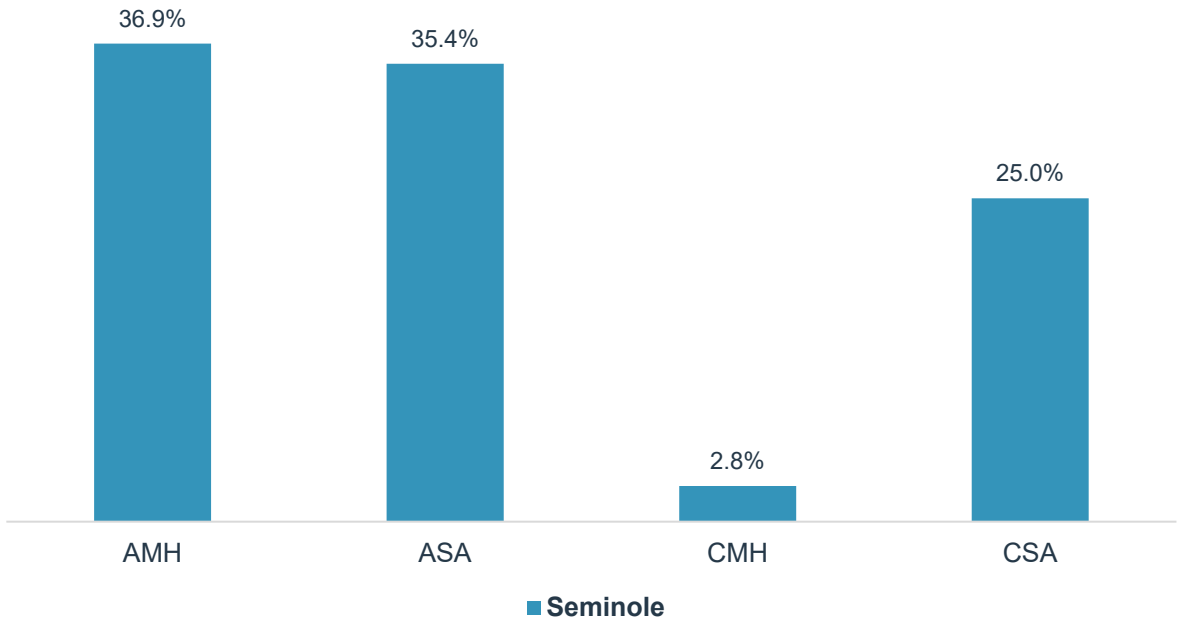
Educational Attainment

Individuals served attained lower educational levels when compared to those in the service area population. Among adults, high school diploma or equivalent accounted for the highest level of educational attainment for 33.6 percent of individuals enrolled in the AMH program and 37.1 percent of those in the ASA program. Nearly 72 percent of adults in the AMH program and 68.9 percent of adults in the ASA program had at least a high school diploma or higher. This is compared to over 90 percent of the service area's population. Consequently, the percentages of adults in both programs who earned college degrees were well below those for residents living in the service area.

Employment Status

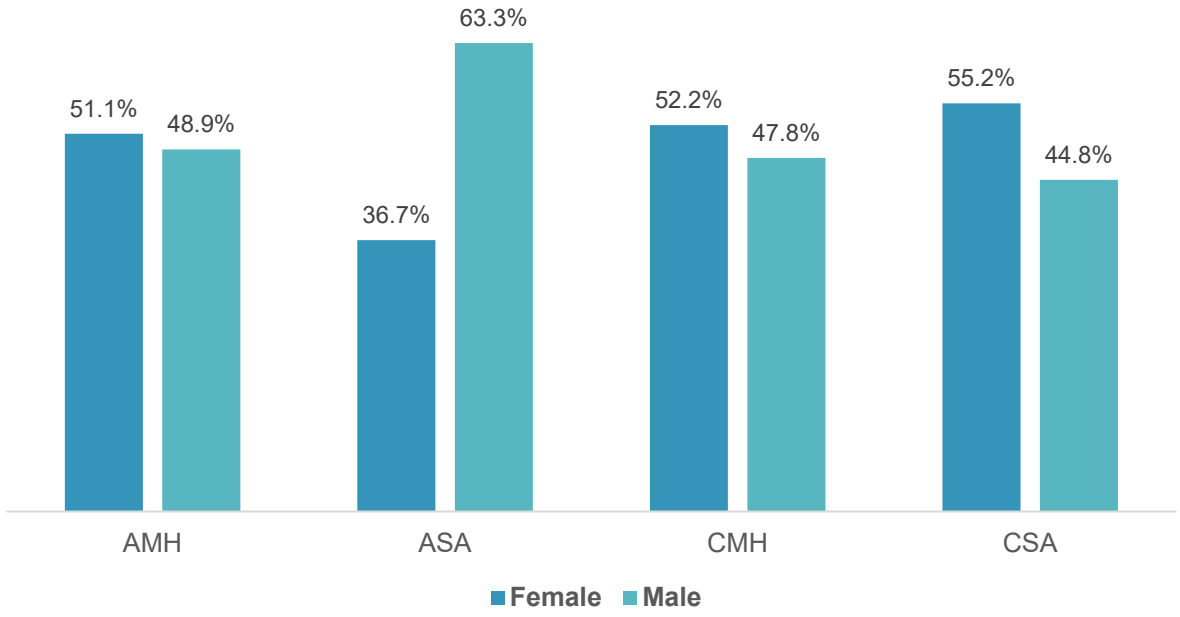
Individuals who were unemployed accounted for 29.7 percent of program participants. Those working full time represented 15.3 percent, disabled individuals accounted for 8.2 percent, and 28.7 percent were students.

FIGURE 188: PERCENT OF INDIVIDUALS SERVED BY PROGRAM, SEMINOLE COUNTY, FY 2023-2024



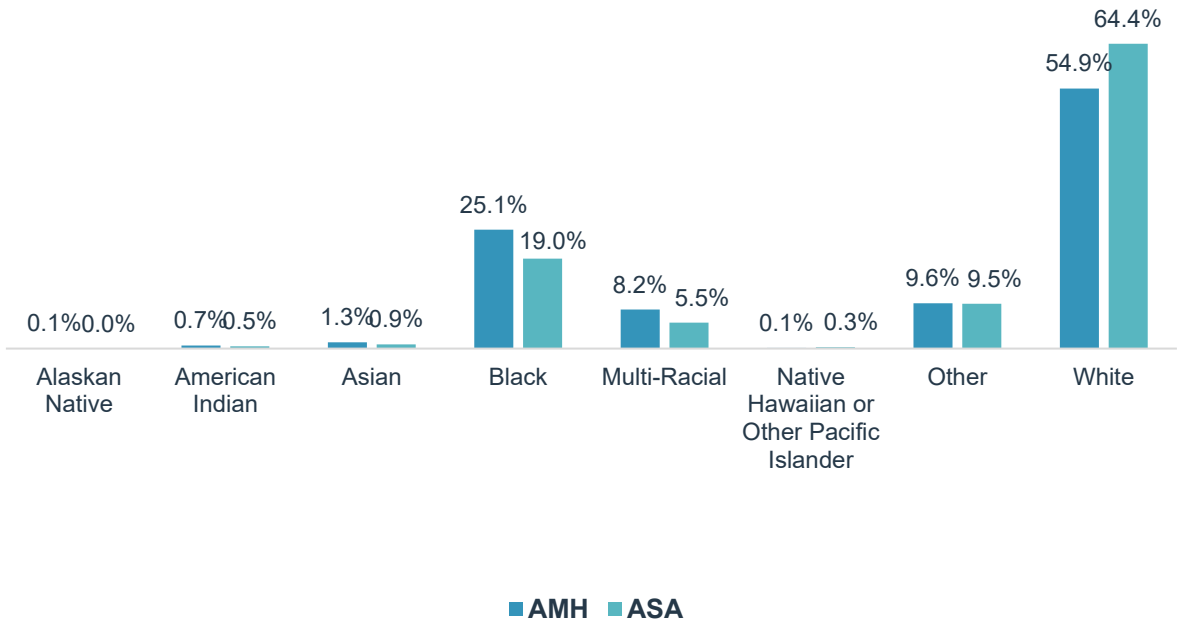
Source: CFC Data

FIGURE 189: PERCENT OF INDIVIDUALS SERVED BY PROGRAM AND SEX, SEMINOLE COUNTY, FY 2023-2024



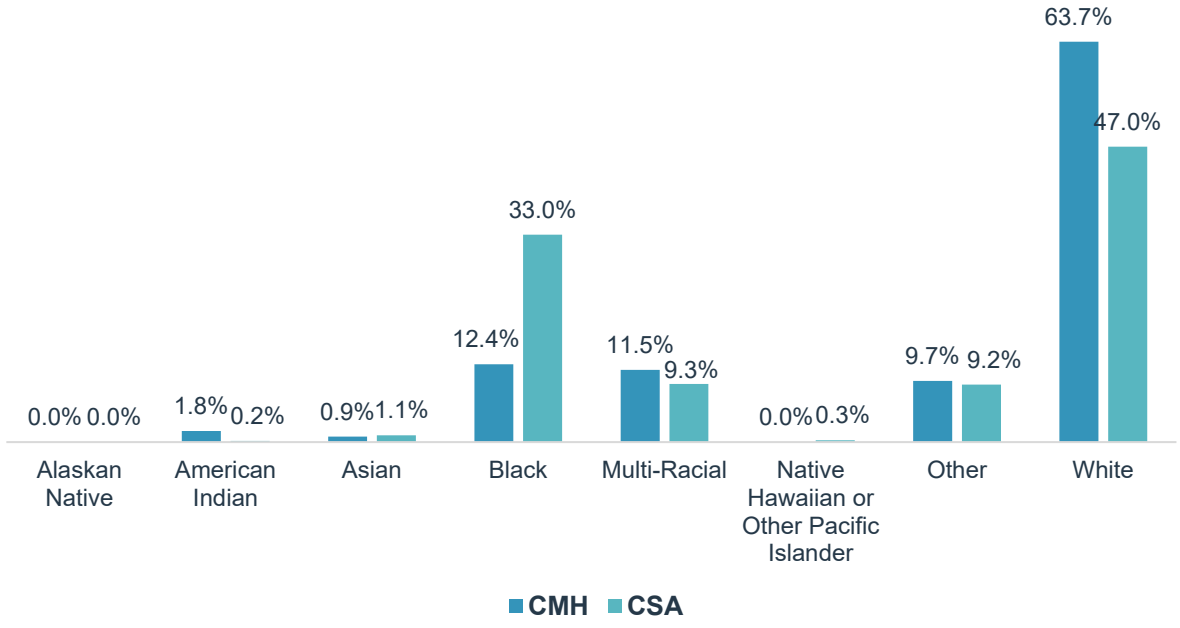
Source: CFC Data

FIGURE 190: AMH AND ASA INDIVIDUALS SERVED BY PROGRAM AND RACE, SEMINOLE COUNTY, FY 2023-2024



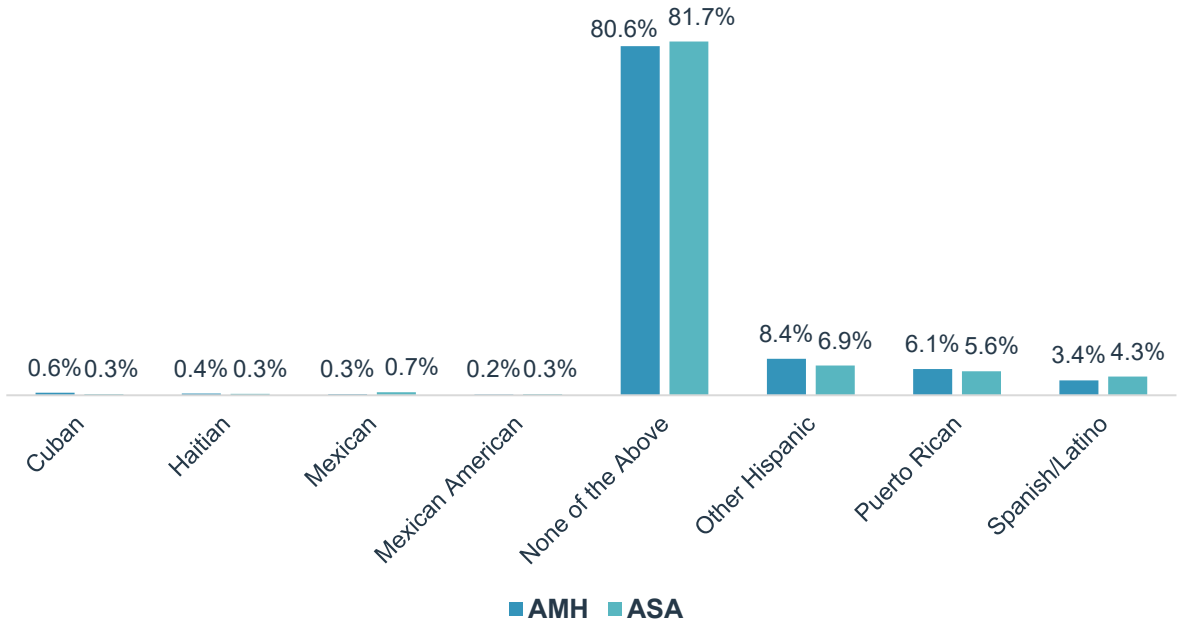
Source: CFC Data

FIGURE 191: CMH AND CSA INDIVIDUALS SERVED BY PROGRAM AND RACE, SEMINOLE COUNTY, FY 2023-2024



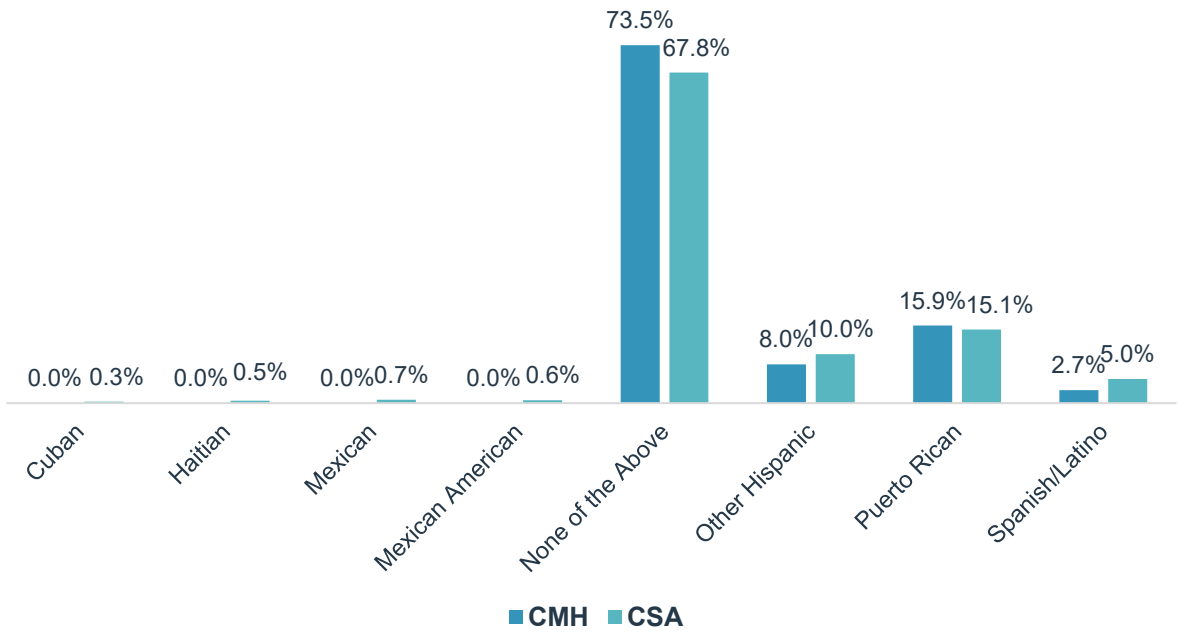
Source: CFC Data

FIGURE 192: AMH AND ASA INDIVIDUALS SERVED BY PROGRAM AND ETHNICITY, SEMINOLE COUNTY, FY 2023-2024



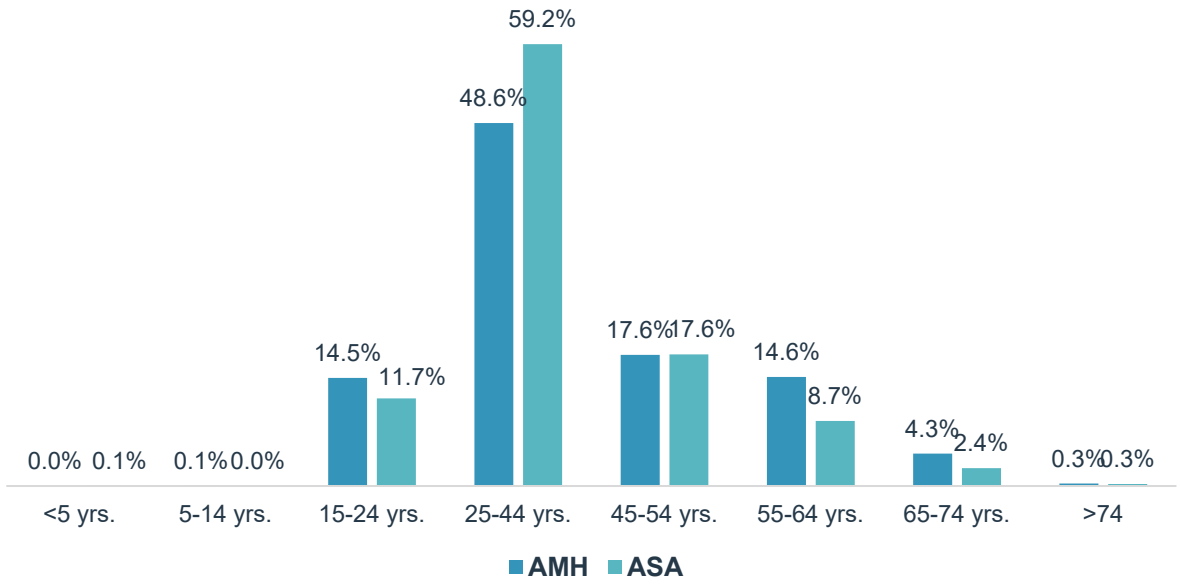
Source: CFC Data

FIGURE 193: CMH AND CSA INDIVIDUALS SERVED BY PROGRAM AND ETHNICITY, SEMINOLE COUNTY, FY 2023-2024



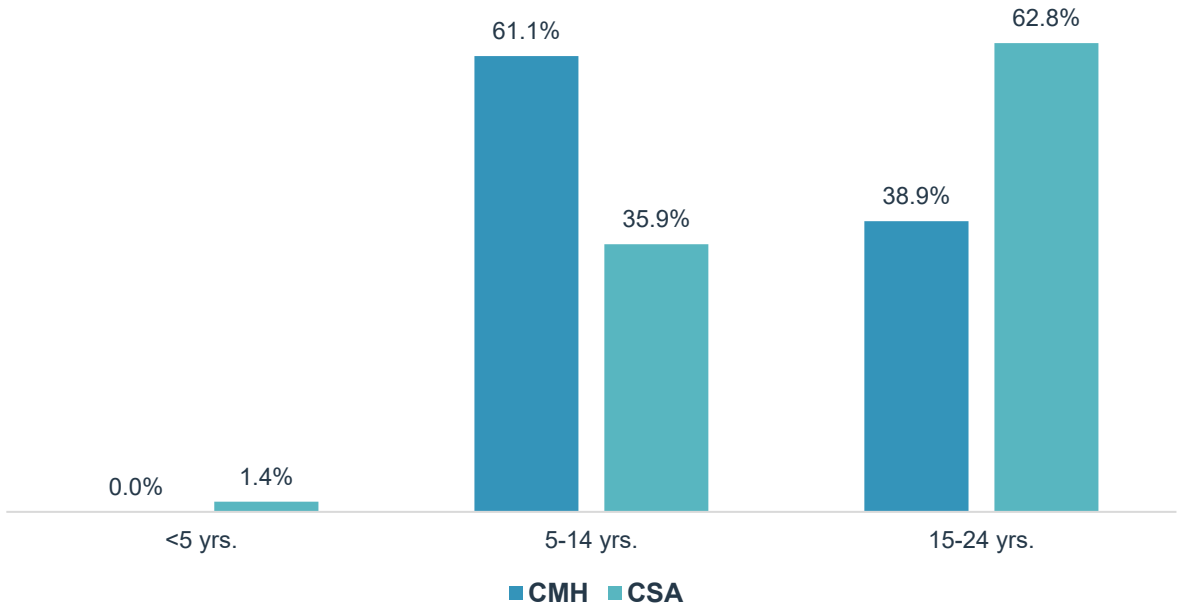
Source: CFC Data

FIGURE 194: AMH AND ASA INDIVIDUALS SERVED BY PROGRAM AND AGE RANGE, SEMINOLE COUNTY, FY 2023-2024



Source: CFC Data

FIGURE 195: CMH AND CSA INDIVIDUALS SERVED BY PROGRAM AND AGE RANGE, SEMINOLE COUNTY, FY 2023-2024



Source: CFC Data

FIGURE 196: AMH AND ASA INDIVIDUALS SERVED BY RESIDENTIAL STATUS, SEMINOLE COUNTY, FY 2023-2024

Residential Status	AMH	ASA
Adult Residential Treatment Facility	2.8 percent	10.3 percent
Assisted Living Facility (ALF)	0.8 percent	0.2%
Children Residential Treatment Facility	0.0%	0.0%
Correctional Facility	1.8%	0.3%
Dependent Living – with Non-Relatives	2.9%	3.0%
Dependent Living – with Relatives	14.7%	11.9%
Foster Care/Home	0.0%	0.0%
Homeless	5.8%	14.7%
Independent Living – Alone	20.7%	13.6%
Independent Living – with Non-Relatives	11.6%	10.0%
Independent Living – with Relatives	30.7%	24.6%
Not Available or Unknown	4.9%	6.4%
Nursing Home	0.1%	0.0%
Other Residential Status	1.2%	2.2%
State Mental Health Treatment Facility	0.6%	0.0%
Supported Housing	1.3%	2.6%

Source: CFC Data

FIGURE 197: CMH AND CSA INDIVIDUALS SERVED BY PROGRAM AND RESIDENTIAL STATUS, SEMINOLE COUNTY, FY 2023-2024

Residential Status	CMH	CSA
Adult Residential Treatment Facility	0.9%	0.0%
Children Residential Treatment Facility	1.8%	0.0%
Dependent Living – with Non-Relatives	0.9%	1.6%
Dependent Living – with Relatives	86.7%	93.6%
Foster Care/Home	0.0%	0.6%
Homeless	0.0%	0.2%
Independent Living – Alone	0.0%	0.1%
Independent Living – with Non-Relatives	0.0%	0.2%
Independent Living – with Relatives	8.8%	3.7%
Not Available or Unknown	0.9%	0.0%

Source: CFC Data

FIGURE 198: INDIVIDUALS SERVED BY EDUCATIONAL ATTAINMENT, SEMINOLE COUNTY, FY 2023-2024

Educational Attainment	AMH	ASA	CMH	CSA
No schooling	0.5%	0.1%	0.0%	0.0%
Less than 9th grade	3.7%	3.1%	52.2%	46.2%
9th to 12th grade, no diploma	18.8%	23.0%	44.2%	53.0%
High school graduate (includes equivalency)	33.6%	37.1%	0.0%	0.9%
Some college, no degree	16.8%	11.5%	0.9%	0.0%
Associate's degree	6.7%	6.1%	0.0%	0.0%
Bachelor's degree	8.3%	6.8%	0.0%	0.0%
Graduate or professional degree	6.5%	7.4%	1.8%	0.0%
Vocational school	0.0%	0.0%	0.0%	0.0%

Source: CFC Data

FIGURE 199: INDIVIDUALS SERVED BY PROGRAM AND EMPLOYMENT STATUS, SEMINOLE COUNTY, FY 2023-2024

Employment Status	Seminole County
Active Military, Overseas	0.1%
Active Military, USA	0.0%
Disabled	8.2%
Full Time	15.3%
Homemaker	0.9%
Incarcerated	0.6%
Leave of Absence	0.2%
Not Authorized to Work	0.3%
Part Time	6.5%
Retired	1.5%
Student	28.7%
Unemployed	29.7%
Unknown	7.6%
Unpaid Family Worker	0.4%

Source: CFCHS Data

Seminole County Program Expenditures and Overproduction Costs

To identify direct service or support service needs, the overproduction costs were calculated as a percentage of the total expenditures for the program and county. Any service where the overproduction to expenditure was 1 percent or more was considered a potential need in the system of care. The tables below provide the total expenditures by program and the overproduction to expenditures by county and program.

FIGURE 200: SEMINOLE COUNTY POTENTIAL NEED SERVICES, FY 2023–2024

Program	Covered Service/Project Descriptor	Expenditures	Overproduction	Total Program Expenditures	Overproduction to Total Expenditures
ASA	Room & Board Level 2	$524,746.48	$136,596.56	$2,254,400.58	2.0%
CSA	Intervention	$478,889.09	$74,978.44	$1,877,208.39	1.1%

Source: CFC Cost Data

Recovery Support Services

A component of this assessment included the identification of recovery support services by county. The list below was created from online research just as a community member in need of services would undertake. It is not intended to be a directory of all services available nor is it intended to promote one service over another. The community of providers and their availability for behavioral health services can be very fluid based on a myriad of social and economic factors. It was beyond the scope of this project to provide details regarding contact information, services provided, hours of operation or eligibility criteria for the providers listed below.

FIGURE 201: RECOVERY SUPPORT SERVICES BY COUNTY, 2025

CFCHS Providers

211 Brevard	House of Freedom
Ability Housing	Housing for Homeless
ADVENT Health - Hope & Healing Center	IMPOWER
Aspire Health Partners	Informed Families
BAYS Florida	LifeStream Behavioral Center
Family Partnership of Central Florida	LifeTime Counseling
Brevard Prevention Coalition	Lotus Behavioral
Carr Four	Mental Health Resource Center
Community Assisted & Supported Living (CASL)	Orlando Health/The Healing Tree
Central Florida Treatment Center	Park Place
Children's Home Society	Peer Support Space
Circles of Care	Recovery Connections of Central Florida
Clear Futures	Space Coast Health Center

Community Counseling Center	Space Coast Recovery
Devereux	S.T.E.P.S.
Eckerd Connects	Transition House
Gulf Coast Jewish Family Community Services	Heart of Florida United Way - 211
Healthy Start Coalition of Brevard County	University Behavioral Center
Hispanic Families	Wayne Densch Center

Summary Analysis of Regional Community Health Improvement Plan Priorities by County

A review of the most recent community health assessments (CHAs) and community health improvement plans (CHIPs) from Brevard, Orange, Osceola, and Seminole Counties show community concerns about mental and behavioral health issues and substance misuse problems. In all four counties in the CFC service area, CHAs elevated data on mental health and indicators of substance misuse. As a result, all four counties identified mental health and substance misuse-related priorities in their CHIPs. The table below provides further details.

FIGURE 202: COMMUNITY ISSUES RELATED TO MENTAL AND BEHAVIORAL HEALTH AND SUBSTANCE MISUSE, 2025

County	Community Health Assessment (CHA) Finding	Community Health Improvement Plan (CHIP) Priority	CHA/CHIP Year

Brevard	Findings from their community survey and PRC National Health Survey:
	
	26% self-reported their overall mental health as fair or poor
	
	30.4% of adults self-reported having a diagnosed depressive disorder
	
	44.8% of adults self-reported symptoms of chronic depression over two or more years
		Areas of opportunity identified:
		• Mental health problems
		  ○ depression and chronic depression
		  ○ stress
		• Access to services
		  ○ mental health care
		  ○ difficulty obtaining care
			2025

	33.2% of adults self-reported having a diagnosed anxiety disorder 24.1% of adults self-reported currently taking medication or receiving treatment from a health professional for some type of mental health condition or emotional problem 15.1% of adults self-reported they were unable to get the mental health services they needed in the past 12 months. Reasons included cost, lack of insurance, and service availability 27.2% of parents of children aged 5 to 17 years self-reported that their child needed mental health services in the past year		
Orange	Increase in suicide death rate (all ages) (2018-2020-2020-2022) Overdose death rates for all substances decreased (2019-2023) 1 in 5 (or 20%) of community survey respondents said in the past 12 months they needed mental health care and did not receive it. Reasons why included unable to find doctor who understands one's culture, identity, beliefs, language; doctors' office hours inconvenient; and unable to	Priorities identified: • Mental health problems including suicide • Illegal drug use • Abuse of prescription medication • Alcohol use, drinking too much Among the top 15 community needs: • Access to outpatient mental health services • Substance use treatment services	2025

	find doctor/counselor who takes my insurance		
Osceola	Decrease in suicide death rate for 12-18 year olds Increase in overdose death rates for cocaine, fentanyl and methamphetamine by 17% (2019-2023) 1 in 5 (or 20%) of community survey respondents said in the past 12 months they needed mental health care and did not receive it. Reasons why included doctors' office hours inconvenient, unable to find doctor who understands one's culture, identity, beliefs, language, and can't afford care and can't take time off from work (tied)	Priorities identified: • Illegal drug use • Abuse of prescription medication • Alcohol use and drinking too much • Mental health problems including suicide Among the 15 top community needs: • Substance use treatment services	2025
Seminole	Increase in suicide deaths by 14.0% (all ages;2018-2020-2020-2022) Overdose death rates for all substances decreased (2019-2023) 19% self-reported depression 16.8% self-reported engaging in binge drinking 16.1% self-reported their mental health was not good for 14 or more days in the last month 1 in 5 (20%) of community survey respondents reported needing mental health care in the past 12 months but did	Priorities identified: • Mental health problems including suicide • Illegal drug use • Abuse of prescription medication • Alcohol use and drinking too much Among the top 16 community needs identified: • Behavioral health provider shortage, especially prescribing professionals and providers who understand opioid misuse • Substance use treatment services	2025

	not receive it. Reasons why included doctors' office hours inconvenient, unable to pay for care, unable to find doctor who understands one's culture, identity, beliefs, language		

Sources: Rooted in Community 2025 Community Health Needs Assessment (Lake, Orange, Osceola, and Seminole Counties) and 2025 Community Health Needs Assessment, Brevard County

Critical Core Services Matrix

See Appendix A for the services matrix.

Consumer, Provider, Stakeholder, and Community Partner Input

Quantitative data from a vast array of secondary or administrative data sets can only describe part of a region's core needs and challenges. Including the perspectives of consumers, service providers, and community stakeholders and partners is essential to fully understanding lived experiences and community needs. The quantitative and qualitative data collected specifically for the 2025 Central Florida Cares Behavioral Health Needs Assessment results in a deeper understanding of issues, concerns, gaps in resources, strengths, assets, and perceptions about meeting needs through the lens of consumers, mental health and substance misuse treatment providers, community leaders, and agency/organization partners.

CFC assessment process ensured that consumers (i.e., their clients and potential clients), mental health and substance misuse treatment professionals and providers, and community leaders contributed their observations, experiences, opinions, and expertise to the overall assessment. The data collection process included five facilitated focus groups with CFC providers across the two circuits and four counties served, three electronic surveys to collect input from consumers, providers, and stakeholders and partners, and a roundtable discussion with Coordinated Opioid Recovery (CORE) Network partners from the region. The results from each of these primary data collection efforts are described in the sections that follow.

Provider Focus Groups

Overview

This report summarizes key themes and insights from five provider focus groups conducted in July 2025 as part of Central Florida Cares 2025 Needs Behavioral Health

Needs Assessment. The focus groups explored provider perspectives on two foundational models in behavioral health service delivery:

Methods

As part of the Central Florida Cares 2025 Needs Assessment, five virtual focus groups were conducted on July 8 and 9, 2025, to gather insights from behavioral health providers within the CFC network. Participants were recruited via an email invitation distributed to all network providers. Interested individuals were encouraged to register for one of the scheduled sessions.

Each focus group was held via Zoom and lasted no more than 90 minutes. A standardized focus group script, approved by CFC leadership, guided the discussions to ensure consistency across sessions. The conversations were facilitated by trained moderators and recorded using Zoom's built-in features. Automated transcriptions were generated to support the analysis.

Thematic analysis was employed to identify recurring patterns and insights across the transcripts. The analysis focused on provider experiences with two key behavioral health service delivery models:

- the No Wrong Door (NWD) model, and
- the Recovery Oriented System of Care (ROSC).

Themes were categorized into common practices, challenges, and opportunities for improvement.

Analysis

Part I: No Wrong Door (NWD) Model

Use of the NWD Model

Theme Summary: Providers consistently described a shared philosophy of universal access—ensuring that no individual is turned away, regardless of their needs or the entry point into the system. While few organizations formally label their approach as "No Wrong Door," the principles are deeply embedded in their culture and daily operations.

Representative Quotes:

> *"For us, the no wrong door means we literally try not to turn anyone away, regardless of the services that are needed."*

> *"It's not something we formally say we're doing, but it's just how we operate."*

> *"We make it a priority that all of our staff, even in admin roles, know the resources available internally and externally."*

Characteristics of the NWD Model

Theme Summary: Participants highlighted six key characteristics of the NWD model, aligning with the script's framework:

- Community Awareness & Referrals: Outreach teams, community partnerships, and monthly provider meetings were common.
- Person-Centered Counseling: Services are tailored to individual needs, including cultural and linguistic considerations.
- Access & Eligibility: Most organizations minimize eligibility barriers, focusing on need rather than strict criteria.
- Transition Support: Warm handoffs and follow-ups are used to ensure continuity of care.
- Stakeholder Involvement: Some organizations include individuals with lived experience on boards or in planning.
- Quality Assurance: Regular audits, client satisfaction surveys, and quality control calls are used to monitor service delivery.

Representative Quotes:

"We have an outreach team that goes into the community and educates providers on how to refer to us."

"Everything we do is person-centered. We include family, strengths, and wraparound services."

"We do quarterly audits, surveys, and follow-ups with clients and providers."

"We call clients to make sure our providers are delivering what's needed."

Frequency and Suitability

Theme Summary: The NWD model is used daily across organizations, especially for populations with complex needs. Providers emphasized the model's value for:

- Individuals experiencing homelessness
- Immigrants and those with language barriers
- Justice-involved individuals
- People with co-occurring disorders

Representative Quotes:

"We use it fairly frequently on a daily basis. Especially for people who don't know how to navigate the system."

"We serve a high population of people experiencing homelessness. We have to be flexible—sometimes they don't even know what day it is."

"It's especially helpful for justice-involved individuals who face more barriers."

Effectiveness of the NWD Model

Theme Summary: Providers overwhelmingly agreed that the NWD model is effective, citing anecdotal evidence, client feedback, and continuity of care as indicators.

However, they also noted that systemic barriers, especially related to funding and siloed services, limit the model's full potential.

Representative Quotes:

"We know it works because clients tell us they were referred by someone who said this was the right place."

"We've seen clients referred out come back years later when they're ready—there's continuity."

"The biggest barrier is funding. Sometimes all the doors are shut, even if they're not supposed to be."

"Our system is not person-centered from the top down. It's siloed and rigid."

System-Wide Adoption

Theme Summary: Most participants believe the NWD model is widely adopted across CF Cares providers, even if not explicitly named. However, inconsistencies in referral processes and agency-specific intake protocols can create friction.

Representative Quotes:

"We all function in a similar manner, even if we don't call it No Wrong Door."

"Some agencies have their own way of doing things. If you don't comply, they won't take your referral."

"It's used pretty well, but there are still challenges—especially with medication and psych evals."

Part II: Recovery Oriented System of Care (ROSC)

Use of the ROSC Model

Theme Summary: Providers described using ROSC principles in both structured and informal ways. While some organizations have formal recovery-oriented programs, others integrate the model's values—such as person-centered care, peer support, and community involvement—into their daily operations.

Representative Quotes:

"We use a biopsychosocial approach to treatment planning… looking at their physical, social, and emotional needs."

"Everything we do is person-centered. We include family, strengths, and wraparound services."

"We try to match clients with therapists who specialize in their needs—trauma, family therapy, etc."

Structural Integration of ROSC Elements

Theme Summary: Many organizations incorporate ROSC elements into their structure, including:

- Peer Support
- Community Partnerships
- Cultural Responsiveness
- Training and Development

Representative Quotes:

"We have a case management department, but therapists also need to know where to refer. We're constantly learning."

"We have lived experience on our board. That input is critical."

"We do a lot of community outreach—tabling at events, back-to-school drives, and more."

Outcomes and Effectiveness

Theme Summary: Providers generally agreed that ROSC improves outcomes by fostering engagement, reducing stigma, and supporting long-term recovery. However, they also noted that systemic and political barriers—such as funding restrictions and policy changes—limit the model's full implementation.

Representative Quotes:

"It works. We've seen people with no support systems build them through our programs."

"We've had clients reduce their substance use by 70 percent. That's a success."

"On paper, it looks great. But the system isn't always set up to support it."

System-Wide Adoption

Theme Summary: Participants felt that ROSC is widely embraced across CF Cares providers, even if not always labeled as such. The model's collaborative nature and emphasis on shared responsibility were seen as strengths. However, inconsistent funding, policy constraints, and staffing shortages were cited as ongoing challenges.

Representative Quotes:

"The system of care that CF Cares oversees is this. Collectively, we're doing it."

"We all do bits and parts of it. If one agency is missing something, another can fill the gap."

"We've had to remove DEI content from our website due to funding restrictions. That's a barrier to culturally responsive care."

Conclusion

Theme Summary: The No Wrong Door and Recovery Oriented System of Care models are deeply embedded in the values and practices of behavioral health providers in Central Florida. While implementation is strong, systemic funding constraints, inconsistent referral pathways, and policy limitations remain challenges. Providers expressed a strong commitment to both models and a desire for broader systemic support to expand their reach and impact.

Consumer, Provider, and Stakeholder and Community Partner Surveys

Surveys were developed to collect input from CFC consumers, providers, and stakeholders and community partners. Each survey was tailored for the audience. To be eligible for the client survey, respondents must have been 18 years of age or older, live in Florida, and used mental health and/or substance misuse services within the past 12 months, or be the primary caregiver of a child or adult who used either or both of those services. Provider eligibility included the same age requirements along with providing mental health and/or substance misuse treatment services in one or more of the four counties in the CFC service area. To participate in the stakeholder and community partners survey, respondents must have met the age requirement and work or provide services in the CFC service area in fields such as law enforcement, social services, education, health care, family welfare, or other types of community-based organizations serving individuals and families experiencing mental health and/or substance misuse issues. Responses from individuals who did not meet these criteria were not included in the data analysis. All three surveys included core questions and demographic items. The Qualtrics® web-based surveying platform was used to deliver the survey and collect responses. A web link and QR code made the survey accessible on any internet-enabled device, including smartphones. The consumer survey was available in English and Spanish. Prior to deployment, the electronic surveys were pre-tested for readability, functionality, and ease of use.

A convenience sampling approach (i.e., respondents self-select based on accessibility and willingness to participate) was utilized for collecting survey responses. The consumer survey went live on June 1, followed by the provider survey on June 6, and stakeholder/partner survey on June 13; all surveys were open through July 7, 2025. CFC staff and providers widely distributed and promoted the surveys using email blasts, social media posts, press releases, flyers, and other print and electronic promotional materials. At the time the consumer survey closed there were 142 complete eligible surveys. The vast majority of surveys were taken in English with only 11 completed in Spanish. Due to small numbers, the Spanish language survey results were analyzed together with the English language surveys. There were 75 complete, eligible provider surveys analyzed and 30 stakeholder and community partner surveys. The results from each are summarized below.

Consumer Survey

The survey collected input from two respondent types: individuals who had personally used mental health and/or substance misuse services, and persons who are the guardian or primary caregiver of an adult or child who has used mental health and/or substance misuse services. In both instances services had to have been received in

Florida in the past 12 months. Of the total responses, 125 were from individuals using services and 17 from guardians or caregivers. Where applicable, the results below report numbers and percentages for both respondent types (referred to as individual and individual in the care of another) and a total. There were 95 individuals who reported using mental health services and 58 who used substance misuse treatment services, with 37 who received both. For individuals in the care of another, there were 15 who received mental health care and three who received substance misuse treatment services, with one individual who received both.

Survey respondents replied to questions related to their mental health and/or substance misuse treatment care that covered services received, service location and travel, barriers to services, time between appointment request and service, importance of services, and service quality. Information was also collected about use of emergency room services for care, referral to care, and reason(s) treatment was sought. Response data for each of these is presented in the tables and figures that follow.

FIGURE 203: DEMOGRAPHICS OF CONSUMER SURVEY RESPONDENTS, 2025

Respondent Type (all received services in Florida in past 12 months)

Demographic Indicator	*Individual in the care of another n= 17		Individual n = 125		Total n = 142	
	Number	Percent	Number	Percent	Number	Percent
Age Group						
0 – 17 years	8	47.0	-	-	8	5.6
18 – 44 years	6	35.3	86	68.8	92	64.9
45 – 64 years	2	11.8	36	28.8	38	26.7
65 + years	1	5.9	3	2.4	4	2.8
Racial Identity						
American Indian or Alaska Native	0	0	0	0	0	0
Asian	0	0	2	1.6	2	1.4
Black or African American	2	11.8	18	14.4	20	14.1
Native Hawaiian or Other Pacific Islander	0	0	2	1.6	2	1.4
Two or more races	2	11.8	11	8.8	13	9.2
White or Caucasian	8	47.1	71	56.8	79	55.6
Prefer not to answer	1	5.9	14	11.2	15	10.6

Other (11 – Hispanic)	4	23.5	7	5.6	11	7.7
Hispanic Identity						
Hispanic or Latino/a/x	10	58.8	34	27.2	44	31.0
Not Hispanic or Latino/a/x	7	41.2	81	64.8	88	62.0
Prefer not to answer	0	0	10	8.0	10	7.0
Gender Identity						
Man	12	70.6	50	40.0	62	43.7
Woman	5	29.4	70	56.0	75	52.8
Prefer not to answer	0	0	4	3.2	4	2.8
Other	0	0	1	0.8	1	0.7
Payment Method for Mental Health and/or Substance Misuse Treatment Services (may select all that apply)						
Private insurance	2	11.8	15	12.0	17	12.0
Cash/Self-Pay	2	11.8	18	14.4	20	14.1
Medicaid	4	23.5	26	20.8	30	21.1
Medicare	3	17.6	10	8.0	13	9.2
No payment	4	23.5	52	41.6	56	39.4
Tricare/VA Benefit	0	0	0	0	0	0
Don't know	2	11.8	15	12.0	17	12.0
County of Residence						
Brevard	2	11.8	46	36.8	48	33.8
Orange	6	35.3	35	28.0	41	28.8
Osceola	7	41.2	12	9.6	19	13.4
Seminole	1	5.9	16	12.8	17	12.0
Other (1 each – Broward, Citrus, Flagler, Highlands, Leon, Pasco, Putnam, Sumter, Volusia, 2 – Polk, 6 – Lake)	1	5.9	16	12.8	17	12.0

Source: Central Florida Cares Consumer Survey, 2025
*Guardian or caregiver reported the demographics of the individual in their care

FIGURE 204: INITIATION OF USE OF MENTAL HEALTH SERVICES, CONSUMER SURVEY, 2025

In the past 12 months did you (or the person in your care) receive mental health services in Florida? AND Who referred you (or the person in your care) to treatment? AND I (or the person in your care) sought treatment due to the following reasons (select

all that apply) AND I (or the person in your care) have/has been in treatment for this length of time.

	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent
Received Mental Health Services in the Past 12 Months in Florida						
Yes	15	88.2	95	76.0	110	77.5
No	2	11.8	30	24.0	32	22.5
Individual/Entity that Referred the Individual to Mental Health Treatment (may select all that apply, n=15, n=95, n=110)						
Employer	2	13.3	0	0	2	1.8
Hospital	1	6.7	13	13.7	14	12.7
Primary care provider	3	20.0	7	7.4	10	9.1
Family member/friend	4	26.7	16	16.8	20	18.2
Community-based organization	2	13.3	11	11.6	13	11.8
Attorney	0	0	4	4.2	4	3.6
Court system	0	0	5	5.3	5	4.5
Police/parole officer	0	0	3	3.2	3	2.7
Self-referred	3	20.0	33	34.7	36	32.7
Don't know	1	6.7	0	0	1	0.9
Other (1 each – DCF, Medicaid, teacher, 7 – case manager)	3	20.0	7	7.4	10	9.1
Reasons the Individual Sought Treatment (may select all that apply, n=15, n=95, n=110)						
Loss of a job	1	6.7	7	7.4	8	7.3
Family matter	6	40.0	25	26.3	31	28.2
Baker/Marchman Act	5	33.3	7	7.4	12	10.9
Employer request	0	0	0	0	0	0
Failing school	2	13.3	2	2.1	4	3.6
Rape/sexual violence	1	6.7	6	6.3	7	6.4
Trauma	3	20.0	31	32.6	33	30.0
Arrest	2	13.3	9	9.5	11	10.0
Feeling physically ill and sought treatment	1	6.7	6	6.3	7	6.4
Feeling psychologically ill	6	40.0	20	21.0	26	23.6

and sought treatment						
Alcohol and/or other drug dependence	4	26.7	0	0	4	3.6
Alcohol and/or other drug withdrawal	2	13.3	14	14.7	16	14.5
Alcohol and/or other drug overdose	1	6.7	2	2.1	3	2.7
Directed by a judge or probation officer	2	13.3	1	1.1	3	2.7
Directed by child welfare organization	0	0	6	6.3	6	5.4
Don't know	0	0	4	4.2	4	3.6
Other (1 – housing, 4 – none)	0	0	5	5.2	5	4.5
Length of Time the Individual Has Been in Treatment (n=15, n=95, n=110)						
Less than 1 month	0	0	4	4.2	4	3.6
1 to 3 months	2	13.3	19	20.0	21	19.1
4 to 6 months	4	26.7	16	16.8	20	18.2
7 to 9 months	0	0	5	5.2	5	4.5
10 to 12 months	0	0	7	7.4	7	6.4
1 to 2 years	3	20.0	13	13.7	16	14.5
Longer than 2 years	6	40.0	28	29.5	34	30.9
I don't know	0	0	3	3.2	3	2.7

Source: Central Florida Cares Consumer Survey, 2025

FIGURE 205: BARRIERS TO MENTAL HEALTH SERVICES, CONSUMER SURVEY, 2025

In the past 12 months how much time passed between when you (or the person in your care) requested a mental health appointment and when the appointment actually took place? AND In the past 12 months did you (or the person in your care) experience barriers in getting the mental health services you (they) needed? AND What barriers did you (or the person in your care) experience when trying to get mental health services (select all that apply)?

Respondent Type (all received services in Florida in past 12 months)

Mental Health Service Indicator	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent
Time Between Appointment Request and When Appointment Took Place for Individuals Who Received Mental Health Services in the Past 12 Months (n=15, n=95, n=110)						
Within 2 days	0	0	17	17.9	17	15.5
3–7 days	10	66.7	29	30.5	39	35.5

8–14 days	4	26.7	25	26.3	29	26.4
15–31 days	1	6.7	10	10.5	11	10.0
More than 31 days	0	0	14	14.7	14	12.7
Experienced Barriers in Getting Mental Health Care in the Past 12 Months (n=15, n=95, n=110)						
Yes	5	33.3	24	25.3	29	26.4
No	10	66.7	71	74.7	81	73.6
Barriers Experienced When Trying to Get Mental Health Services, of Those Who Said They Experienced Barriers (select all that apply) (n=5, n=24)						
Cost	1	20.0	16	66.7	17	58.6
No insurance, insurance didn't cover	2	40.0	15	62.5	17	58.6
Transportation	2	40.0	9	37.5	11	37.9
Location of service	2	40.0	5	20.8	7	24.1
Childcare not available	0	0	1	4.2	1	3.4
Incarcerated	1	20.0	1	4.2	2	6.9
Could not find needed service	0	0	4	16.7	4	13.8
Could not get a referral	0	0	2	8.3	2	6.9
Service not available when I needed it	0	0	4	16.7	4	13.8
Stigma	1	20.0	3	12.5	4	13.8
Person in my care refused services	1	20.0	NA	NA	1	3.4
Work-related problem	1	20.0	2	8.3	3	10.3
Other (1 each – no provider for youth, in denial	1	20.0	1	4.2	2	6.9
Other, please specify (1 each – parenting education)	1	6.7	0	0	1	0.9

Source: Central Florida Cares Consumer Survey, 2025

FIGURE 206: ORGANIZATION OR AGENCY WHERE MOST MENTAL HEALTH SERVICES WERE RECEIVED AND RATING OF ORGANIZATION OR AGENCY, CONSUMER SURVEY, 2025

In the past 12 months, I (or the person in my care) received most of my (their) mental health care at (fill in the blank). AND Please rate (organization/agency selected) on the following statements.

Respondent Type (all received services in Florida in past 12 months)

Mental Health Service Indicator	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent
Received Most of Mental Health Care at This Location (n=15, n=95)						
211 Brevard	0	0	1	1.1	1	0.9
Ability Housing	0	0	1	1.1	1	0.9
AdventHealth Hope and Healing Center	1	6.7	2	2.1	3	2.7
Aspire Health Partners	1	6.7	12	12.6	13	11.8
BAYS Florida	0	0	1	1.1	1	0.9
Central Florida Treatment Center	0	0	2	2.1	2	1.8
Circles of Care	2	13.3	16	16.8	18	16.4
Community Counseling Center	0	0	1	1.1	1	0.9
Eckerd Connects	0	0	3	3.2	3	2.7
Hispanic Family Counseling	4	26.7	13	13.7	17	15.5
House of Freedom	1	6.7	2	2.1	3	2.7
IMPOWER	1	6.7	10	10.5	11	10.0
LifeStream Behavioral Center	0	0	5	5.3	5	4.5
LifeTime Counseling	0	0	1	1.1	1	0.9
Mental Health Resource Center	2	13.3	5	5.3	7	6.4
Park Place	1	6.7	3	3.2	4	3.6
Peer Support Space	0	0	1	1.1	1	0.9
Space Coast Health Center	0	0	2	2.1	2	1.8
STEPS	0	0	1	1.1	1	0.9
University Behavioral Center	1	6.7	0	0	1	0.9
Wayne Densch Center	0	0	1	1.1	1	0.9
Other (1 each - Orange County Jail, Anthony House, Haven of Sumter County, VA, Brevard Health Alliance, Recovery Village, Medicare, Lake Mary Counseling, 2 – Correctional facility, 4 – none specified)	1	6.7	14	14.7 (total)	15	13.6 (total)

Rating of Mental Health Service Provider Organization (organization selected in question above; on scale of 1 to 5 stars with 1 being least favorable and 5 most favorable, n=15, n=95)						
Appointment availability	5 = 9	60.0	69	72.6	78	70.9
	4 = 4	26.7	7	7.4	11	10.0
	3 = 1	6.7	10	10.5	11	10.0
	2 = 0	0	2	2.1	2	1.8
	1 = 1	6.7	7	7.4	8	7.3
Provider hours are convenient	5 = 10	66.7	75	79.0	85	77.3
	4 = 3	20.0	4	4.2	7	6.4
	3 = 1	6.7	9	9.5	10	9.1
	2 = 0	0	2	2.1	2	1.8
	1 = 1	6.7	4	4.2	5	4.5
Location of provider	5 = 8	53.3	75	78.9	83	75.4
	4 = 4	26.7	6	6.3	10	9.1
	3 = 1	6.7	7	7.4	8	7.3
	2 = 1	6.7	3	3.2	4	3.6
	1 = 1	6.7	4	4.2	5	4.5
Provider spends enough time with me (or person in my care)	5 = 11	73.3	75	78.9	86	78.2
	4 = 1	6.7	7	7.4	8	7.3
	3 = 1	6.7	5	5.3	6	5.4
	2 = 1	6.7	2	2.1	3	2.7
	1 = 1	6.7	6	6.3	7	6.4
Provider coordinates care with other providers	5 = 9	60.0	62	65.3	71	64.5
	4 = 3	20.0	7	7.4	10	9.1
	3 = 0	0	14	14.7	14	12.7
	2 = 1	6.7	5	5.3	6	5.4
	1 = 2	13.3	7	7.4	9	8.2
Patient needs are considered by provider	5 = 11	73.3	68	71.6	79	71.8
	4 = 2	13.3	12	12.6	14	12.7
	3 = 1	6.7	7	7.4	8	7.3
	2 = 0	0	1	1.1	1	0.9
	1 = 1	6.7	7	7.4	8	12.7
Overall, I rate the provider	5 = 11	73.3	74	77.9	85	77.3
	4 = 3	20.0	6	6.3	9	8.2
	3 = 0	0	8	8.4	8	12.7
	2 = 0	0	1	1.1	1	0.9
	1 = 1	6.7	6	6.3	7	6.4

Source: Central Florida Cares Consumer Survey, 2025

FIGURE 207: TRAVEL TO MENTAL HEALTH CARE APPOINTMENTS, CONSUMER SURVEY, 2025

I (or the person in my care) travels (fill in the blank) miles (one-way) from home to appointments (at the mental health provider organization/agency selected above). AND I (or the person in my care) travel(s) to appointments at (the mental health provider organization/agency selected above) using:

	Respondent Type (all received services in Florida in past 12 months)		
Mental Health Service Indicator	**Individual in the care of another**	**Individual**	**Total**

	Number	Percent	Number	Percent	Number	Percent
Travel in Miles (One-Way) From Home to Mental Health Service Location (location selected in question above, n=15, n=95)						
5 miles or less	5	33.3	39	41.0	44	40.0
6–15 miles	6	40.0	26	27.4	32	29.0
16–30 miles	2	13.3	14	14.7	16	14.5
31–50 miles	0	0	2	2.1	2	1.8
51–75 miles	0	0	0	0	0	0
76-100 miles	0	0	0	0	0	0
More than 100 miles	0	0	0	0	0	0
Don't know	2	13.3	14	14.7	16	14.5
Method of Travel to Mental Health Service Appointments (may select all that apply, n=15, n=95)						
Public transportation	2	13.3	9	9.5	11	10.0
Medicare/Medicaid bus	0	0	8	8.4	8	7.3
Personal vehicle	8	53.3	27	28.4	35	31.8
Family/friend drives	4	26.7	9	9.5	13	11.8
Cab/taxi service	0	0	0	0	0	0
Uber/Lyft/rideshare	4	26.7	10	10.5	14	12.7
Walk or ride bicycle	0	0	5	5.3	5	4.5
Other (12-Telehealth, 11-facility transports, 4-in home service, 2 each- in jail, inpatient, no response)	2	13.3	31	32.6	33	30.0

Source: Central Florida Cares Consumer Survey, 2025

FIGURE 208: MENTAL HEALTH SERVICES RECEIVED IN THE PAST 12 MONTHS AND MOST IMPORTANT MENTAL HEALTH SERVICES, CONSUMER SURVEY, 2025

In the past 12 months, I (or the person in my care) received the following services (at the mental health provider organization/agency selected above) (select all that apply). AND The most important mental health services for me (or the person in my care) are: (select up to three).

Respondent Type (all received services in Florida in past 12 months)

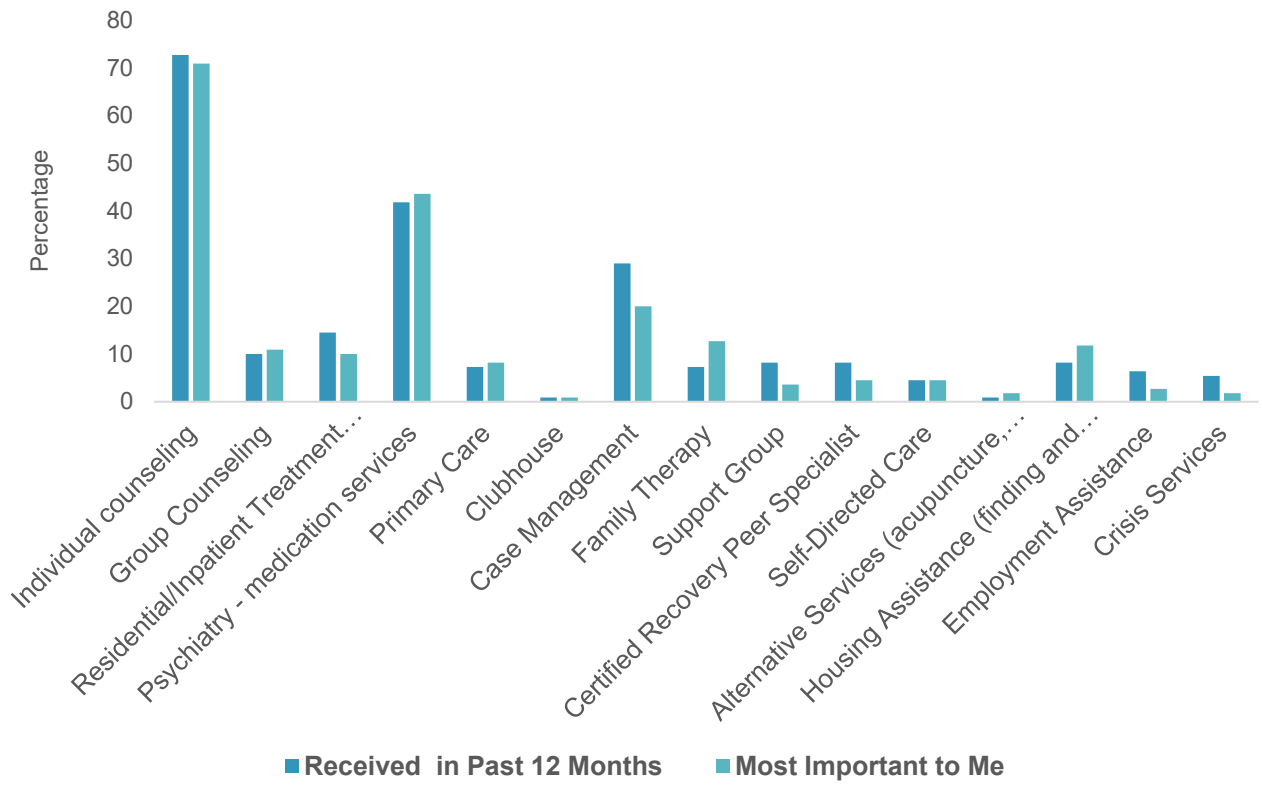
Mental Health Service Indicator	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent

Mental Health Services Received in the Past 12 Months (may select all that apply, n=15, n=95)						
Individual Counseling	12	80.0	68	71.6	80	72.7
Group Counseling	4	26.7	17	17.9	11	10.0
Residential/Inpatient Treatment (overnight)	3	20.0	13	13.7	16	14.5
Psychiatry – medication services	9	60.0	37	38.9	46	41.8
Primary Care	1	6.7	7	7.4	8	7.3
Clubhouse	0	0	1	1.1	1	0.9
Case Management	4	26.7	28	29.5	32	29.0
Family Therapy	2	13.3	6	6.3	8	7.3
Support Group	2	13.3	7	7.4	9	8.2
Certified Recovery Peer Specialist	1	6.7	8	8.4	9	8.2
Self-Directed Care	0	0	5	5.3	5	4.5
Alternative Services (acupuncture, meditation, massage, etc.)	0	0	1	1.1	1	0.9
Housing Assistance (finding and maintaining housing)	2	13.3	7	7.4	9	8.2
Employment Assistance	0	0	7	7.4	7	6.4
Crisis Services	2	13.3	4	4.2	6	5.4
Other, please specify (1 – parenting education, 3 - none)	1	6.7	3	3.2	4	3.6
Most Important Mental Health Services (for individual or individual in my care; select all that apply, n=15, n=95)						
Individual Counseling	10	66.7	68	71.6	78	70.9
Group Counseling	2	13.3	10	10.5	12	10.9
Residential/Inpatient Treatment (overnight)	2	13.3	9	9.5	11	10.0
Psychiatry – medication services	9	60.0	39	41.0	48	43.6
Primary Care	2	13.2	7	7.4	9	8.2
Clubhouse	0	0	1	1.1	1	0.9
Case Management	1	6.7	21	22.1	22	20.0
Family Therapy	3	20.0	11	11.6	14	12.7
Support Group	0	0	4	4.2	4	3.6

Certified Recovery Peer Specialist	1	6.7	4	4.2	5	4.5
Self-Directed Care	0	0	5	5.3	5	4.5
Alternative Services (acupuncture, meditation, massage, etc.)	0	0	2	2.1	2	1.8
Housing Assistance (finding and maintaining housing)	1	6.7	11	11.6	13	11.8
Employment Assistance	0	0	3	3.1	3	2.7
Crisis Services	0	0	2	2.1	2	1.8
None are important	0	0	1	1.1	1	0.9
Other, please specify (1 each – parenting education)	1	6.7	0	0	1	0.9

Source: Central Florida Cares Consumer Survey, 2025

FIGURE 209: MENTAL HEALTH SERVICES RECEIVED IN THE PAST 12 MONTHS AND SERVICES MOST IMPORTANT TO INDIVIDUAL OR INDIVIDUAL IN CARE OF ANOTHER, BY PERCENTAGE, CONSUMER SURVEY, 2025



Source: Central Florida Cares Consumer Survey, 2025

FIGURE 210: USE OF EMERGENCY ROOM SERVICES AND 2-1-1 SERVICES, CONSUMER SURVEY, 2025

In the past 12 months, have you (or the person in your care) been to Emergency Room for a mental health condition? for a substance misuse-related condition? AND Have you (or you on behalf of the person in your care) used 2-1-1 to help find resources? AND Was 2-1-1 helpful?

	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent
In Past 12 Months Been to an Emergency Room for Mental Health-related Condition (n=17, n=125, n=142)						
Yes	5	29.4	14	11.2	19	13.4
No	12	70.6	111	88.8	123	86.6
In Past 12 Months Been to an Emergency Room for Substance Misuse-related Condition (n=17, n=125)						
Yes	2	11.8	15	12.0	17	12.0
No	15	88.2	110	88.0	125	88.0
In Past 12 Months Used 2-1-1 to Find Resources (n=17, n=125)						
Yes	4	23.5	25	20.0	29	20.4
No	13	76.5	100	80.0	113	79.6
Find 2-1-1 Helpful (of those who used 2-1-1 in past 12 months; n=4, n=25)						
Yes	4	100.00	17	68.0	21	72.4
No	0	0	2	8.0	2	7.0

Sometimes	0	0	6	24.0	6	20.6

Source: Central Florida Cares Consumer Survey, 2025

FIGURE 211: INITIATION OF USE OF SUBSTANCE MISUSE TREATMENT SERVICES, CONSUMER SURVEY, 2025

In the past 12 months did you (or the person in your care) receive substance misuse treatment services in Florida? AND Who referred you (or the person in your care) to treatment? AND I (or the person in your care) sought treatment due to the following reasons (select all that apply) AND I (or the person in your care) have/has been in treatment for this length of time.

	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent
Received Substance Misuse Treatment Services in the Past 12 Months in Florida						
Yes	3	17.6	58	46.4	61	43.0
No	14	82.4	67	53.6	81	57.0
Individual/Entity that Referred the Individual to Substance Misuse Treatment (may select all that apply, n=3, n=58, n=61)						
Employer	2	66.7	0	0	2	3.3
Hospital	0	0	5	8.6	5	8.2
Primary care provider	0	0	3	5.2	3	4.9
Family member/friend	0	0	16	27.6	16	26.2
Community-based organization	0	0	4	6.9	4	6.6
Attorney	0	0	2	3.4	2	3.3
Court system	1	33.3	9	15.5	10	16.4
Police/parole officer	0	0	5	8.6	5	8.2
Self-referred	0	0	17	29.3	17	27.9
Don't know	0	0	0	0	0	0
Other (1 each – DCF, RCCF, detox, counselor)	0	0	4	6.9	4	6.6 (total)
Reasons the Individual Sought Treatment (may select all that apply, n=3, n=58, n=61)						
Loss of a job	1	33.3	3	5.2	4	6.6
Family matter	0	0	10	17.2	17	27.9
Baker/Marchman Act	0	0	4	6.9	4	6.6
Employer request	0	0	0	0	0	0

	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent
Failing school	0	0	1	1.7	1	1.6
Rape/sexual violence	1	33.3	2	3.4	3	4.9
Trauma	2	66.7	10	17.2	12	19.7
Arrest	3	100.0	10	17.2	13	21.3
Feeling physically ill and sought treatment	0	0	8	13.8	8	13.1
Feeling psychologically ill and sought treatment	0	0	6	10.3	6	9.8
Alcohol and/or other drug dependence	2	66.7	21	36.2	23	37.7
Alcohol and/or other drug withdrawal	3	100.0	16	27.6	19	31.1
Alcohol and/or other drug overdose	1	33.3	4	6.9	5	8.2
Directed by a judge or probation officer	1	33.3	0	0	1	1.6
Directed by child welfare organization	0	0	4	6.9	4	6.6
Don't know	0	0	0	0	0	0
Other (1 – housing, 4 – none)	0	0	5	8.6	5	8.2
Length of Time the Individual has been In Treatment (n=3, n=58, n=61)						
Less than 1 month	0	0	3	5.2	3	4.9
1 to 3 months	0	0	14	24.1	14	23.0
4 to 6 months	2	66.7	13	22.4	15	24.6
7 to 9 months	0	0	4	6.9	4	6.6
10 to 12 months	0	0	5	8.6	5	8.2
1 to 2 years	1	33.3	7	12.1	8	13.1
Longer than 2 years	0	0	10	17.2	10	16.4
I don't know	0	0	2	3.4	2	3.3

Source: Central Florida Cares Consumer Survey, 2025

FIGURE 212: BARRIERS TO SUBSTANCE MISUSE TREATMENT SERVICES, CONSUMER SURVEY, 2025

In the past 12 months how much time passed between when you (or the person in your care) requested a substance misuse treatment appointment and when the appointment

actually took place? AND In the past 12 months did you (or the person in your care) experience barriers in getting the substance misuse treatment services you (they) needed? AND What barriers did you (or the person in your care) experience when trying to get substance misuse treatment services (select all that apply)?

Respondent Type (all received services in Florida in past 12 months)

Substance Misuse Treatment Service Indicator	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent
Time Between Appointment Request and When Appointment Took Place for Individuals Who Received Substance Misuse Treatment Services in the Past 12 Months (n=3, n=58, n=61)						
Within 2 days	2	66.7	30	51.7	32	52.4
3–7 days	0	0	14	24.1	14	23.0
8–14 days	0	0	10	17.2	10	16.4
15–31 days	0	0	2	3.4	2	3.3
More than 31 days	1	33.3	2	3.4	3	4.9
Experienced Barriers in Getting Substance Misuse Treatment Services in the Past 12 Months (n=3, n=58, n=61)						
Yes	1	33.3	10	17.2	11	18.0
No	2	66.7	48	82.8	50	82.0
Barriers Experienced When Trying to Get Substance Misuse Treatment Services of Those Who Said They Experienced Barriers (select all that apply) (n=1, n=10)						
Cost	0	0	6	60.0	6	54.5
No insurance, insurance didn't cover	0	0	4	40.0	4	36.4
Transportation	1	100.0	2	20.0	3	27.3
Location of service	1	100.0	1	10.0	2	18.2
Childcare not available	0	0	0	0	0	0
Incarcerated	0	0	1	10.0	1	9.1
Could not find needed service	0	0	0	0	0	0
Could not get a referral	0	0	0	0	0	0
Service not available when I needed it	0	0	2	20.0	2	18.2
Stigma	0	0	0	0	0	0
Person in my care refused services	0	0	NA	NA	0	0
Work-related problem	1	100.00	1	10.0	2	18.2

Other (1 – no beds)	0	0	1	10.0	1	9.1

Source: Central Florida Cares Consumer Survey, 2025

FIGURE 213: ORGANIZATION OR AGENCY WHERE MOST SUBSTANCE MISUSE TREATMENT SERVICES WERE RECEIVED AND RATING OF SUBSTANCE MISUSE TREATMENT ORGANIZATION OR AGENCY, CONSUMER SURVEY, 2025

In the past 12 months, I (or the person in my care) received most of my (their) substance misuse treatment care at (fill in the blank). AND Please rate (organization/agency selected) on the following statements.

Respondent Type (all received services in Florida in past 12 months)

Substance Misuse Treatment Service Indicator	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent
Received Most Substance Misuse Treatment Services at This Location (n=3, n=58)						
AdventHealth Hope and Healing Center	1	33.3	1	1.7	2	3.3
Aspire Health Partners	0	0	4	6.9	4	6.6
Central Florida Treatment Center	0	0	10	17.2	10	16.4
Circles of Care	0	0	4	6.9	4	6.6
Clear Futures	0	0	12	20.7	12	19.7
Community Counseling Center	0	0	2	3.4	2	3.3
Eckerd Connects	0	0	1	1.7	1	1.6
Hispanic Family Counseling	0	0	2	3.4	2	3.3
House of Freedom	0	0	2	3.4	2	3.3
IMPOWER	0	0	1	1.7	1	1.6
LifeStream Behavioral Center	0	0	8	13.8	8	13.1
Mental Health Resource Center	0	0	1	1.7	1	1.6

Park Place	0	0	2	3.4	2	3.3
Space Coast Health Center	0	0	4	6.9	4	6.6
STEPS	0	0	1	1.7	1	1.6
Other (1 each – Recovery Village, Orlando Treatment Solutions, Orange County Jail, 2 - Anthony House)	2	66.7	3	5.2	5	8.2

Rating of Substance Misuse Treatment Provider Organization (organization selected in question above; on scale of 1 to 5 stars with 1 being least favorable and 5 most favorable, n=3, n=58)

Appointment availability	5 = 3	100.00	46	79.3	49	80.3
	4 = 0	0	6	10.0	6	9.8
	3 = 0	0	4	6.9	4	6.6
	2 = 0	0	1	1.7	1	1.6
	1 = 0	0	1	1.7	1	1.6
Provider hours are convenient	5 = 3	100.00	46	79.3	49	80.3
	4 = 0	0	5	8.6	5	8.2
	3 = 0	0	6	10.0	6	9.8
	2 = 0	0	1	1.7	1	1.6
	1 = 0	0	0	0	0	0
Location of provider	5 = 3	100.0	46	79.3	49	80.3
	4 = 0	0	5	8.6	5	8.2
	3 = 0	0	3	5.2	3	4.9
	2 = 0	0	4	6.9	4	6.6
	1 = 0	0	0	0	0	0
Provider spends enough time with me (or person in my care)	5 = 3	100.0	46	79.3	49	80.3
	4 = 0	0	5	8.6	5	8.2
	3 = 0	0	3	5.2	3	4.9
	2 = 0	0	4	6.9	4	6.6
	1 = 0	0	0	0	0	0
Provider coordinates care with other providers	5 = 3	100.00	44	75.7	47	77.0
	4 = 0	0	6	10.0	6	9.8
	3 = 0	0	5	8.6	5	8.2
	2 = 0	0	3	5.2	3	4.9
	1 = 0	0	0	0	0	0
Patient needs are considered by provider	5 = 3	100.0	47	81.0	50	82.0
	4 = 0	0	5	8.6	5	8.2
	3 = 0	0	4	6.9	4	6.6
	2 = 0	0	2	3.4	2	3.3
	1 = 0	0	0	0	0	0
I make decisions about my care (or person in my care makes own decisions about care)	5 = 3	100.0	48	82.8	51	83.6
	4 = 0	0	5	8.6	5	8.2
	3 = 0	0	3	5.2	3	4.9
	2 =0	0	2	3.4	2	3.3
	1 = 0	0	0	0	0	0
Overall, I rate the provider	5 = 3	100.0	45	77.6	48	78.7
	4 = 0	0	9	15.5	9	14.8
	3 = 0	0	3	5.2	3	4.9
	2 = 0	0	1	1.7	1	1.6

	1 = 0	0	0	0	0	0

Source: Central Florida Cares Consumer Survey, 2025

FIGURE 214: TRAVEL TO SUBSTANCE MISUSE TREATMENT SERVICES, CONSUMER SURVEY, 2025

I (or the person in my care) travel(s) (fill in the blank) miles (one-way) from home to appointments (at the substance misuse treatment organization/agency selected above). AND I (or the person in my care) travel(s) to appointments at (the substance misuse treatment organization/agency selected above) using:

Substance Misuse Treatment Service Indicator	Respondent Type (all received services in Florida in past 12 months)					
	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent
Travel in Miles (One-Way) From Home to Substance Misuse Treatment Service Location (location selected in question above, n=3, n=58)						
5 miles or less	2	66.7	22	37.9	24	39.3
6–15 miles	0	0	22	37.9	22	36.0
16–30 miles	0	0	12	20.7	12	19.7
31–50 miles	0	0	0	0	0	0
51–75 miles	0	0	0	0	0	0
76–100 miles	0	0	0	0	0	0
More than 100 miles	0	0	0	0	0	0
Don't know	1	33.3	2	3.4	3	4.9
Method of Travel to Substance Misuse Treatment Service Appointments (may select all that apply, n=3, n=58)						
Public transportation	0	0	6	10.3	6	9.8
Medicare/Medicaid bus	0	0	1	1.7	1	1.6
Personal vehicle	1	33.3	18	31.0	19	31.1
Family/friend drives	1	33.3	10	17.2	11	18.0

Cab/taxi service	0	0	0	0	0	0
Uber/Lyft/rideshare	1	33.3	17	29.3	18	29.5
Walk or ride bicycle	0	0	2	3.4	2	3.3
Other (6 – facility transportation, 1 each – inpatient, telehealth)	0	0	8	13.8	8	13.1 (total)

Source: Central Florida Cares Consumer Survey, 2025

FIGURE 215: SUBSTANCE MISUSE TREATMENT SERVICES RECEIVED IN PAST 12 MONTHS AND MOST IMPORTANT SUBSTANCE MISUSE TREATMENT SERVICES, CONSUMER SURVEY, 2025

In the past 12 months, I (or the person in my care) received the following services (at the substance misuse treatment provider organization/agency selected above) (select all that apply). AND The most important substance misuse treatment services for me (or the person in my care) are: (select up to three).

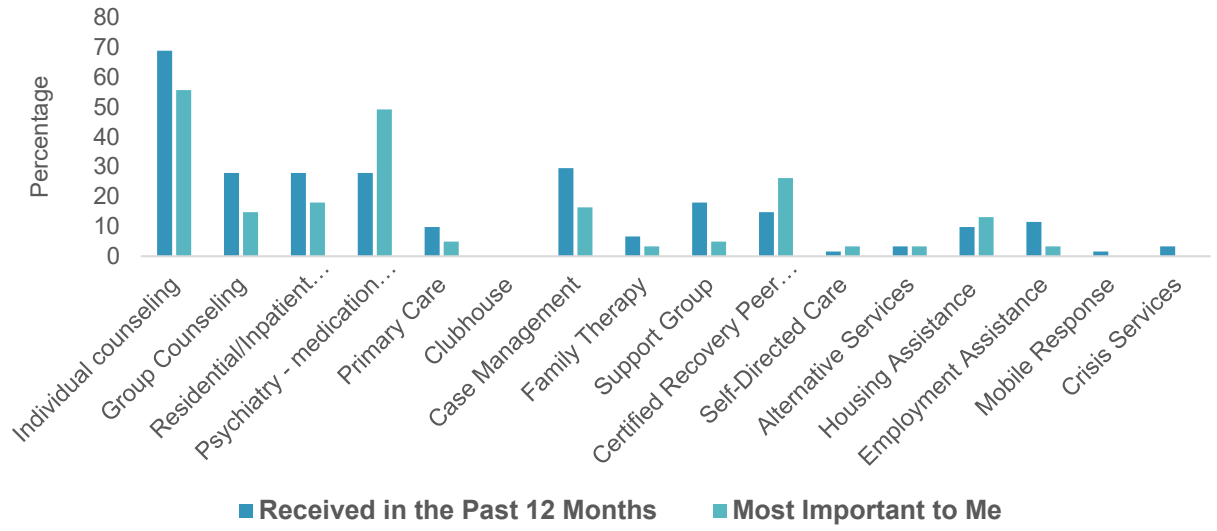
Respondent Type (all received services in Florida in past 12 months)

Substance Misuse Treatment Service Indicator	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent
Substance Misuse Treatment Services Received in the Past 12 Months (may select all that apply, n=3, n=58)						
Individual Counseling	2	66.7	40	69.0	42	68.9
Group Counseling	2	66.7	15	25.8	17	27.9
Residential/Inpatient Treatment (overnight)	2	66.7	15	25.8	17	27.9
Psychiatry – medication services	3	100.00	14	24.1	17	27.9
Primary Care	0	0	6	10.3	6	9.8
Clubhouse	0	0	0	0	0	0
Case Management	1	33.3	17	29.3	18	29.5
Family Therapy	1	33.3	3	5.2	4	6.6
Support Group	2	66.7	9	15.5	11	18.0
Certified Recovery Peer Specialist	1	33.3	8	13.8	9	14.8
Self-Directed Care	0	0	1	1.7	1	1.6

Alternative Services (acupuncture, meditation, massage, etc.)	0	0	2	3.4	2	3.3
Housing Assistance (finding and maintaining housing)	2	66.7	4	6.9	6	9.8
Employment Assistance	1	33.3	6	10.3	7	11.5
Mobile Response	0	0	1	1.7	1	1.6
Crisis Services	0	0	2	3.4	2	3.3
Other, please specify (9 – MAT)	0	0	9	15.5	9	14.8
Most Important Substance Misuse Treatment Services (for individual or individual in my care; select all that apply, n=3, n=58)						
Individual Counseling	1	33.3	33	58.9	34	55.7
Group Counseling	2	66.7	7	12.1	9	14.8
Residential/Inpatient Treatment (overnight)	2	66.7	9	15.5	11	18.0
Psychiatry – medication services	2	66.7	28	48.3	30	49.2
Primary Care	0	0	3	5.2	3	4.9
Clubhouse	0	0	0	0	0	0
Case Management	0	0	10	17.2	10	16.4
Family Therapy	0	0	2	3.4	2	3.3
Support Group	0	0	3	5.2	3	4.9
Certified Recovery Peer Specialist	1	33.3	15	25.9	16	26.2
Self-Directed Care	0	0	2	3.4	2	3.3
Alternative Services (acupuncture, meditation, massage, etc.)	0	0	2	3.4	2	3.3
Housing Assistance (finding and maintaining housing)	1	33.3	7	12.1	8	13.1
Employment Assistance	0	0	2	3.4	2	3.3
Mobile Services	0	0	0	0	0	0
Crisis Services	0	0	0	0	0	0
None are important	0	0	1	1.7	1	1.6
Other, please specify	0	0	0	0	0	0

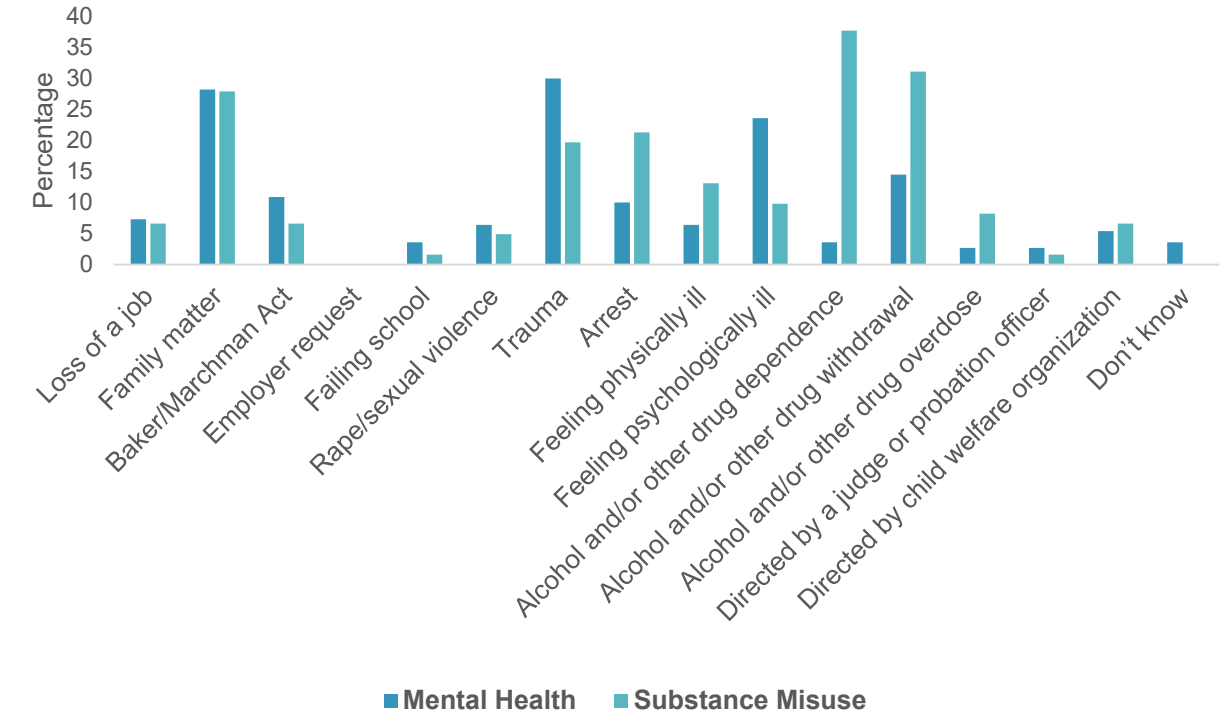
Source: Central Florida Cares Consumer Survey, 2025

FIGURE 216: SUBSTANCE MISUSE TREATMENT SERVICES RECEIVED IN THE PAST 12 MONTHS AND SERVICES MOST IMPORTANT TO INDIVIDUAL AND INDIVIDUAL IN THE CARE OF ANOTHER, BY PERCENTAGE, CONSUMER SURVEY, 2025



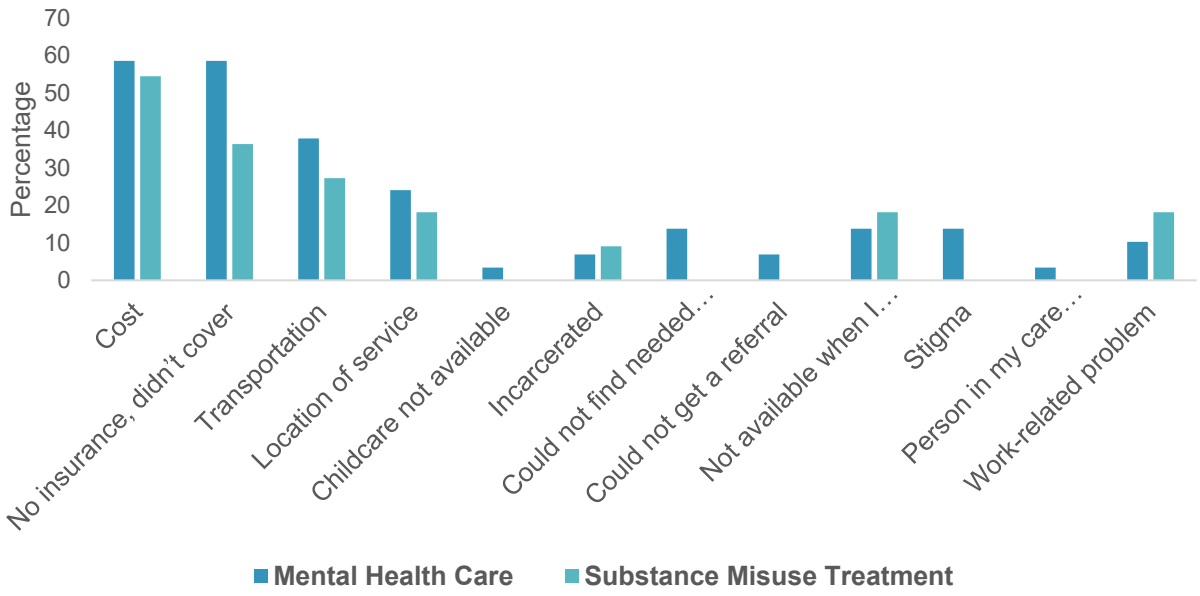
Source: Central Florida Cares Consumer Survey, 2025

FIGURE 217: REASONS TREATMENT SOUGHT, MENTAL HEALTH AND SUBSTANCE MISUSE TREATMENT, BY PERCENTAGE, CONSUMER SURVEY, 2025



Source: Central Florida Cares Consumer Survey, 2025

FIGURE 218: BARRIERS TO MENTAL HEALTH AND SUBSTANCE MISUSE TREATMENT SERVICES EXPERIENCED IN THE PAST 12 MONTHS, BY PERCENTAGE OF THOSE WHO REPORTED HAVING BARRIERS, CONSUMER SURVEY, 2025



Source: Central Florida Cares Consumer Survey, 2025

Highlights from Consumer Survey

Referral to services, most common entity or individual

- For those who received mental health services, self-referral (32.7 percent)
- For those who received substance misuse treatment services, self-referral (27.9 percent) followed closely by family/friends (26.2 percent)

Reasons treatment was sought, top reasons

- For mental health, trauma (30.0 percent), family matter (28.2 percent), and feeling psychologically ill (23.6 percent)
- For substance misuse treatment, alcohol and/or other drug dependence (37.7 percent), alcohol and/or other drug withdrawal (31.1 percent), and family matter (27.9 percent)

Length of time in treatment, highest percentage

- Longer than 2 years for mental health (30.9 percent)
- 4 to 6 months for substance misuse treatment (24.6 percent)

Barriers to service access

- Mental health
    - 3-7 days between appointment request and when appointment took place (35.5 percent)
    - 26.4 percent experienced barriers to access
        - Cost (58.6 percent) and no insurance or insurance issue (58.6 percent)
        - Transportation (37.9 percent)
- Substance misuse treatment
    - Within 2 days between appointment request and when appointment took place (52.4 percent)
    - 18.0 percent experienced barriers to access
        - Cost (54.5 percent)
        - No insurance or insurance coverage issue (36.4)
        - Transportation (27.3)

Travel and transportation to services

- Mental health services
    - Travel 5 miles or less (40.0 percent), 6–15 miles (29.0 percent)
    - Use personal vehicle (31.8 percent), Uber/Lyft/rideshare (12.7 percent)
- Substance misuse treatment
    - Travel 5 miles or less (39.3 percent), 6–15 miles (36.0 percent)
    - Use personal vehicle (31.1 percent), Uber/Lyft/rideshare (29.5 percent)

Service quality

- Rating of mental health service organization/agency
    - 5 stars for
        - Appointment availability (70.9 percent)
        - Convenient provider hours (77.3 percent)
        - Location of provider organization/agency (75.4 percent)
        - Provider spends enough time with client (75.4 percent)
        - Provider coordinates care (64.5 percent)
        - Patient needs are considered (71.8 percent)
        - Overall rating (77.3 percent)
- Rating of substance misuse treatment organization/agency
    - 5 stars for
        - Appointment availability (80.3 percent)
        - Convenient provider hours (80.3 percent)
        - Location of provider organization/agency (80.3 percent)
        - Provider spends enough time with client (80.3 percent)
        - Provider coordinates care (77.0 percent)
        - Patient needs are considered (82.0 percent)
        - Make my own decisions about care (83.6 percent)
        - Overall rating (78.7 percent)

Most important services to individuals who received services

- Mental health
    - Individual counseling (70.9 percent)
    - Medication services (43.6 percent)
- Substance misuse treatment
    - Individual counseling (55.7 percent)
    - Medication services (49.2 percent)

Provider Survey

The Central Florida Cares 2025 Behavioral Health Needs Assessment provider survey was developed to garner input from mental health and substance misuse treatment care professionals in the service area. To be eligible to take the survey, providers must have been 18 years of age or older along with engaged in the active provision of mental health and/or substance misuse treatment services in one or more of the four counties in CFC service area. At end of the six-week survey period there were 89 responses, of which 75 were complete and eligible for inclusion in the analysis. There were 14 providers who indicated they did not provide mental health nor substance misuse treatment services in the area; these were not included in the analysis. Of the 75 providers in the survey analysis, 26 indicated they provide mental health services exclusively, 16 provide substance misuse treatment services only, and 33 reported they provide both. The results below report numbers and percentages for the survey items by these three provider group categories as appropriate. Topics covered include the types of services provided, diagnoses treated most often, barriers faced by providers and clients, and services needing to be increased or expanded.

FIGURE 219: DEMOGRAPHICS OF PROVIDER SURVEY RESPONDENTS, 2025

Demographics	n=75	
	Number	Percent
Age Group		
Less than 30 years	1	1.3
30–39	7	9.3
40–49	32	42.7
50–59	20	26.7
60–64	8	10.7
65–69	2	2.6
70–79	0	0
80 years and older	1	1.3
Prefer not to answer	4	5.3
Gender Identity		
Man	14	18.7
Woman	56	74.7
Prefer not to answer	5	6.6
Other	0	0
Racial Identity		
American Indian/Alaskan Native	0	0
Asian	0	0
Black or African American	11	14.7

Pacific Islander or Native Hawaiian	0	0
Two or more races	5	6.6
White	50	66.7
Prefer not to answer	8	10.7
Other (1 – Hispanic)	1	1.3
Ethnicity		
Not Hispanic, Latino/a/x	57	76.0
Of Hispanic, Latino/a/x, or Spanish origin	12	16.0
Prefer not to answer	6	8.0
Years in Mental Health and/or Substance Misuse Treatment Practice		
Less than 5 years	10	13.3
5-9 years	12	16.0
10-14 years	13	17.3
15-19 years	14	18.7
20 or more years	23	30.7
Prefer not to answer	3	4.0
Services Provided in CF Cares Service Area		
Mental health services	26	34.7
Substance misuse treatment services	16	21.3
Both mental health and substance misuse treatment services	33	44.0
County or Counties Where You Provide Services (may select all that apply)		
Brevard	34	45.3
Orange	42	56.0
Osceola	47	62.7
Seminole	31	41.3
Organization(s) Where Employed (may select all that apply)		
2-1-1 Brevard	1	1.3
AdventHealth Hope and Healing Center	2	2.6
Aspire Health Partners	6	8.0
BAYS Florida	3	4.0
Carr Four	1	1.3
Central Florida Treatment Center	3	4.0
Children’s Home Society	2	2.6
Circles of Care	3	4.0
Clear Futures	1	1.3
Community Assisted and Supported Living (CASL)	1	1.3
Eckerd Connects	1	1.3
Family Partnership of Central Florida	1	1.3

Gulf Coast Jewish Family Community Services	3	4.0
Hispanic Family Counseling	3	4.0
House of Freedom	4	5.3
Housing for Homeless	2	2.6
IMPOWER	3	4.0
Lotus Behavioral	1	1.3
Mental Health Resource Center	1	1.3
Orlando Health/Healing Tree	1	1.3
Park Place	4	5.3
Recovery Connections of Central Florida	1	1.3
Space Coast Health Center	1	1.3
STEPS	2	2.6
Transition House	9	12.0
Other (1 each – Rase Project, Adapt Behavioral Services, 2 – Optimum Potential)	4	5.3 (total)

Source: Central Florida Cares Provider Survey, 2025

FIGURE 220: TYPES OF SERVICES PROVIDED BY PROVIDER ORGANIZATIONS IN THE PAST 12 MONTHS, PROVIDER SURVEY, 2025

Please identify all the services you/your organization provided in the past 12 months (select all that apply).

Services	Provide Mental Health only (n=26)		Provide Substance Misuse only (n=16)		Provide Both (n=33)		Total (n=75)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Adult mental health	24	92.3	1	6.3	31	94.0	56	74.7
Adult substance misuse treatment	4	15.4	14	87.5	30	90.9	48	64.0
Children's mental health	17	65.4	1	6.3	22	66.7	40	53.3
Children's substance misuse treatment	3	11.5	3	18.8	17	51.5	23	30.7

Source: Central Florida Cares Provider Survey, 2025

FIGURE 221: DIAGNOSES TREATED MOST OFTEN, PROVIDER SURVEY, 2025

What diagnoses do you treat most often? (Select all that apply.)

Diagnoses	Provide Mental Health only (n=26)		Provide Substance Misuse only (n=16)		Provide Both (n=33)		Total (n=75)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Disorders usually first diagnosed in infancy, childhood or adolescence	6	23.1	0	0	2	6.1	8	10.7
Attention Deficit and disruptive behavior disorders	12	41.4	0	0	7	21.2	19	25.3
Alcohol-related disorders	1	3.8	7	43.8	19	57.6	27	36.0
Amphetamine or amphetamine-like related disorders	0	0	3	18.8	3	9.1	6	8.0
Cannabis-related disorders	0	0	5	31.3	6	18.2	11	14.7
Cocaine-related disorders	0	0	5	31.3	5	15.2	10	13.3
Hallucinogen-related disorders	0	0	0	0	1	3.0	1	1.3
Nicotine-related disorders	0	0	1	6.3	0	0	1	1.3
Opioid-related disorders	0	0	12	46.2	10	30.3	22	29.3
Sedative, hypnotic, anxiolytic orders	0	0	1	6.3	0	0	1	1.3
Polysubstance-related disorders	0	0	5	31.3	9	27.3	14	18.7
Schizophrenia and psychotic disorders	8	30.8	2	12.5	6	18.2	16	21.3
Depressive disorders	20	77.0	2	12.5	21	63.6	43	57.3
Bipolar disorders	11	42.3	1	6.3	14	42.4	26	34.7
Anxiety disorders	21	80.8	3	18.8	19	57.6	43	57.3
Post-Traumatic Stress Disorder	20	77.0	2	12.5	15	45.5	37	49.3

Eating disorders	0	0	0	0	0	0	0	0
Sleep disorders	0	0	0	0	0	0	0	0
Adjustment disorders	9	34.6	1	6.3	4	12.1	5	6.7
Personality disorders	2	7.7	0	0	2	6.1	4	5.3
Problems related to abuse or neglect	10	38.5	2	12.5	4	12.1	16	21.3
Other (1 each – helpline, don't ask for diagnosis)	0	0	0	0	2	6.1	2	2.7 (total)

Source: Central Florida Cares Provider Survey, 2025

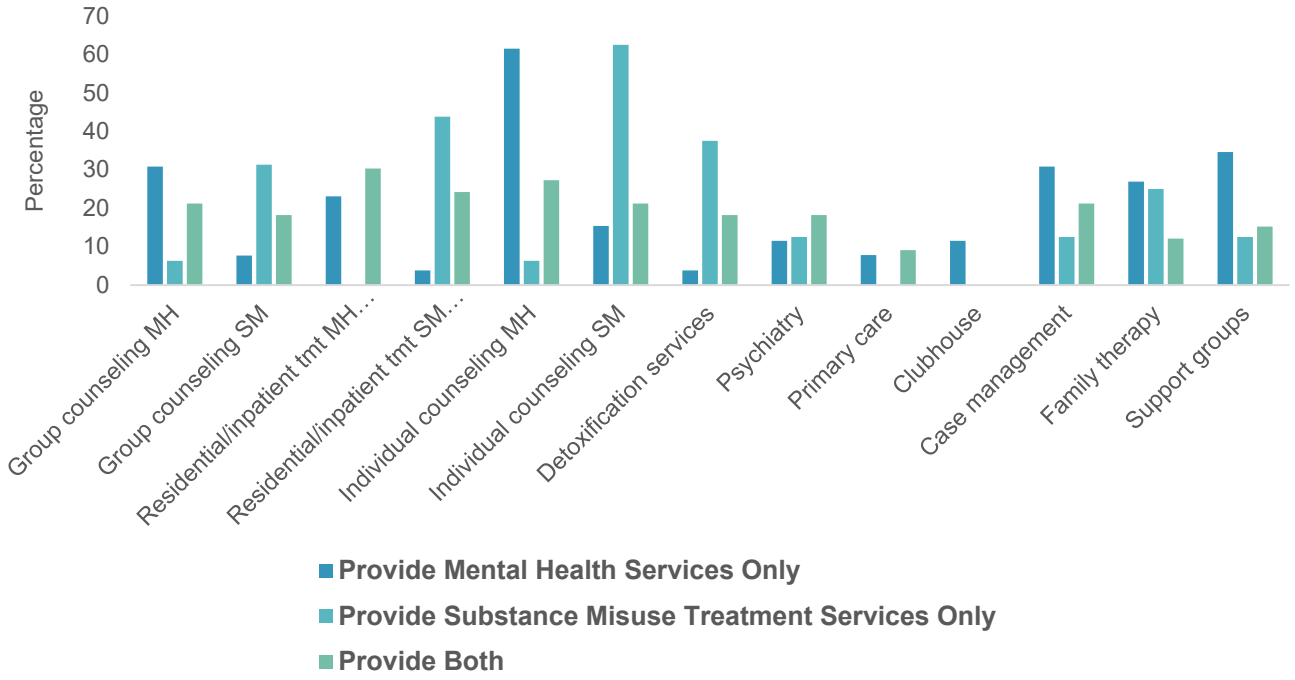
FIGURE 222: SERVICES THAT NEED TO BE INCREASED OR EXPANDED TO MEET COMMUNITY NEEDS, PROVIDER SURVEY, 2025

What services need to be increased or expanded to meet the needs of the community? (Choose up to three.)

Services	Provide Mental Health only (n=26)		Provide Substance Misuse only (n=16)		Provide Both (n=33)		Total (n=75)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Group counseling – mental health	8	30.8	1	6.3	7	21.2	16	21.3
Group counseling – substance misuse	2	7.7	5	31.3	6	18.2	13	17.3
Residential/ inpatient treatment – mental health – overnight	6	23.1	0	0	10	30.3	16	21.3
Residential/ inpatient treatment – substance misuse – overnight	1	3.8	7	43.8	8	24.2	16	21.3
Individual counseling – mental health	16	61.5	1	6.3	9	27.3	26	34.7
Individual counseling – substance misuse	4	15.4	10	62.5	7	21.2	21	28.0
Detoxification services	1	3.8	6	37.5	6	18.2	13	17.3
Psychiatry	3	11.5	2	12.5	6	18.2	11	14.7
Primary care	2	7.8	0	0	3	9.1	5	6.7
Clubhouse	3	11.5	0	0	0	0	3	4.0
Case management	8	30.8	2	12.5	7	21.2	17	22.7
Family therapy	7	26.9	4	25.0	4	12.1	15	20.0
Support groups	9	34.6	2	12.5	5	15.2	16	21.3
Other (3 each – housing, MAT, 1 each – funding, sex and physical abuse, low- or no-income services, ABA, unsure)	2	7.7	3	18.8	6	18.2	11	14.7 (total)

Source: Central Florida Cares Provider Survey, 2025

FIGURE 223: SERVICES THAT NEED TO BE INCREASED OR EXPANDED TO MEET COMMUNITY NEEDS, BY PROVIDER TYPE, PROVIDER SURVEY, 2025



Source: Central Florida Cares Provider Survey, 2025 Note: MH = mental health, SM = substance misuse

FIGURE 224: TOP BARRIERS FACED BY PROVIDERS IN MEETING CLIENTS' NEEDS, PROVIDER SURVEY, 2025

What are the top barriers you face when trying to meet the needs of your clients? (Select up to three.)

Barriers	n = 75	
	Number	Percent
Client's lack of housing	24	32.0
Client's arrest	3	4.0
Reimbursement rates	14	18.7
Policies	5	6.7
Staff attrition	11	14.7
Adequate staffing	16	21.3
Education level of providers	3	4.0
Workforce development	4	5.3
Client's lack of access to medications	9	12.0
Funding	41	54.7
Regulations	8	10.7
Staff burnout	17	22.7
Infrastructure	1	1.3
Client's lack of payment source	30	40.0
Other (1 each – inconsistent attendance, lack of parent buy-in, limited resources for clients)	3	4.0 (total)

Source: Central Florida Cares Provider Survey, 2025

FIGURE 225: TOP THREE BARRIERS PROVIDERS FACE WHEN TRYING TO MEET CLIENTS' NEEDS, PROVIDER SURVEY, 2025

What are the top three barriers providers (in general) face when trying to meet the needs of your clients? (Select up to three.)

Barriers	n=75	
	Number	Percent
Client's lack of access to medications	8	10.7
Staff attrition	10	13.3
Workforce development	7	9.3
Infrastructure	5	6.7
Client's arrest	5	6.7
Policies	8	10.7
Reimbursement rates	17	22.7
Regulations	10	13.3
Adequate staffing	13	17.3
Funding	47	62.7
Client's lack of housing	21	28.0
Education level of providers	1	1.3
Staff burnout	15	20.0
Client's lack of payment source	37	49.3
Other (3 – no shows, 1 each – transportation, non-compliance, pharmacies prescriptions outside 40 miles radius)	6	8.0 (total)

Source: Central Florida Cares Provider Survey, 2025

FIGURE 226: TOP THREE BARRIERS FACED BY CLIENTS WHEN TRYING TO ACCESS MENTAL HEALTH AND/OR SUBSTANCE MISUSE TREATMENT SERVICES, PROVIDER SURVEY, 2025

What are the top three barriers clients face when trying to access mental health and/or substance misuse treatment services? (Select up to three.)

Barriers	n = 75	
	Number	Percent
Work-related issues (e.g., no paid leave, denied leave time)	8	10.7
Physical accessibility	1	1.3
Stigma	10	13.3
Cost	32	42.7
Lack of referral from other providers	5	6.7
Transportation services	23	30.7
Incarceration	2	2.6
Location of services	12	16.0
Lack of awareness of service availability	17	22.7
Availability of services when needed	21	28.0
Discrimination	2	2.6
Insurance issues (e.g., no insurance coverage, high deductibles)	40	53.3
Refused services by provider	1	1.3
Childcare issues	2	2.6
Motivation or desire to receive services	32	42.7
Other	0	0

Source: Central Florida Cares Provider Survey, 2025

FIGURE 227: USE OF 2-1-1 FOR RESOURCE IDENTIFICATION, PROVIDER SURVEY, 2025

In the past 12 months, have you utilized 2-1-1 for resource identification? AND When you used 2-1-1 was it helpful?

Used 2-1-1	n=75	
	Number	Percent
Yes	35	46.7
No	40	53.3
Was 2-1-1 Helpful? (of those who used 2-1-1, n=35)		
Yes	23	65.7
No	2	5.7
Sometimes	10	28.6

Source: Central Florida Cares Provider Survey, 2025

Highlights from Provider Survey

Provider specialties (in the aggregate of those who provide mental health care only or substance misuse treatment only, or provide both)

- 74.7 percent provide adult mental health care
- 64.0 percent provide adult substance misuse treatment care
- 53.3 percent provide children's mental health care
- 30.7 percent provide children's substance misuse treatment care

Diagnoses treated most often (in aggregate)

- Depressive disorders and anxiety disorders both reported by 57.3 percent of providers
- Post-traumatic stress disorder reported by 49.3 percent of providers

Services that need to be increased or expanded, three top rated (in aggregate)

- Individual counseling – mental health (34.7 percent)
- Individual counseling – substance misuse treatment (28.0 percent)
- Case management – 22.7 percent

Barriers faced

- By provider (personally) when trying to meet clients' needs
    - Funding (54.7 percent)
    - Clients' lack of payment source (40.0 percent)
    - Clients' lack of housing (32.0 percent)
- By providers (in general) when trying to meet clients' needs
    - Funding (62.7 percent)
    - Clients' lack of payment source (49.3 percent)
    - Clients' lack of housing (28.0 percent)
- By clients when trying to access mental health and/or substance misuse treatment services
    - Insurance issues (53.3 percent)
    - Costs (42.7 percent)
    - Motivation or desire to receive services and treatment (42.7 percent)

Use of 2-1-1

- 46.7 percent used 2-1-1 to identify resources and 65.7 percent found 2-1-1 helpful

Stakeholder and Community Partner Survey

To enrich the 2025 Behavioral Health Needs Assessment, Central Florida Cares polled community partners and stakeholders about issues related to mental health and substance misuse treatment services in the area. To be eligible to participate in the survey, individuals must have been 18 years of age or older, work or provide services in the four-county area and bring expertise in a variety of disciplines (e.g., law enforcement, social services, health care, education). The electronic survey was

administered throughout the area and netted 30 completed surveys for analysis. Survey questions inquired about meeting needs, access barriers, and awareness of mental health and substance misuse treatment services and resources. The survey results are presented below.

FIGURE 228: DEMOGRAPHICS OF STAKEHOLDER AND COMMUNITY PARTNER SURVEY, 2025

Demographics	n=30	
	Number	Percent
Age Group		
18–24	0	0
25–34	2	6.7
35–44	7	23.3
45–54	12	40.0
55–64	8	26.7
65–74	0	0
75 and older	0	0
Prefer not to answer	1	3.3
Racial Identity		
American Indian/Alaskan Native	0	0
Asian	0	0
Black or African American	3	10.0
Pacific Islander or Native Hawaiian	0	0
Two or more races	1	3.3
White	16	53.3
Prefer not to answer	7	23.3
Other (3 – Hispanic)	3	10.0
Ethnicity		
Not Hispanic, Latino/a/x	18	60.0
Of Hispanic, Latino/a/x, or Spanish origin	10	33.3
Prefer not to answer	2	6.7
Years Worked in a Community-Based or Service Organization in Central Florida		
Less than 5 years	2	6.7
5–9 years	5	16.7
10–14 years	4	13.3
15–19 years	5	16.7
20 or more years	14	46.7
Prefer not to answer	0	0
County or Counties Where You Provide Services (may select all that apply)		
Brevard	9	30.0
Orange	14	46.7
Osceola	12	40.0
Seminole	3	10.0

Area of Expertise		
Law enforcement	0	0
Corrections	0	0
Criminal justice	0	0
Juvenile justice	0	0
Government	0	0
Adult, child, and family welfare	0	0
Social services	12	40.0
Health care	6	20.0
Education	1	3.3
Faith-based services	4	13.3
Business and economic development	0	0
Other (1 each – homeless services, housing, behavioral health, residential treatment, not specified, 2 – substance abuse treatment)	7	23.3 (total)

Source: Central Florida Cares Stakeholder and Community Partner Survey, 2025

FIGURE 229: EXTENT RESIDENTS' NEEDS BEING MET, MENTAL HEALTH AND SUBSTANCE MISUSE TREATMENT SERVICES, STAKEHOLDER AND COMMUNITY PARTNER SURVEY, 2025

To what extent are the mental health needs of residents being met? AND To what extent are the substance misuse treatment needs of residents being met?

Extent Residents' Needs Being Met	n=30	
	Number	Percent
Mental Health		
Fully met	11	36.7
Partially met	10	33.3
Slightly met	8	26.7
Not at all met	1	3.3
Don't know	0	0
Substance Misuse Treatment		
Fully met	12	40.0
Partially met	13	43.3
Slightly met	3	10.0
Not at all met	2	6.7
Don't know	0	0

Source: Central Florida Cares Stakeholder and Community Partner Survey, 2025

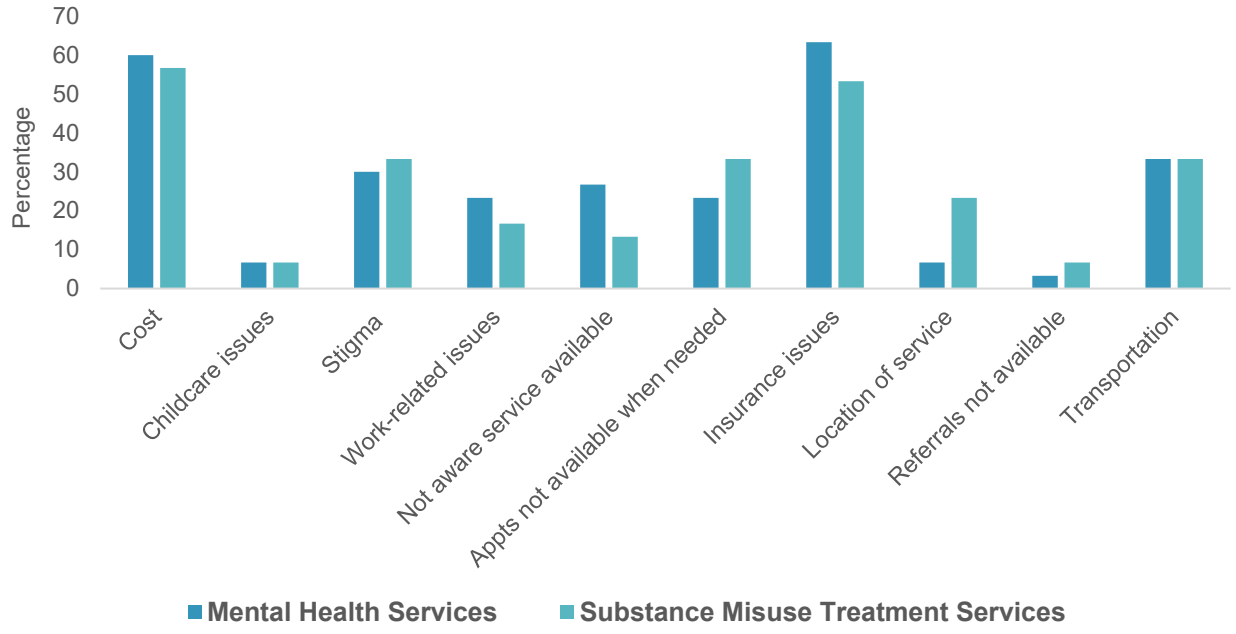
FIGURE 230: TOP THREE BARRIERS RESIDENTS FACE IN ACCESSING MENTAL HEALTH AND SUBSTANCE MISUSE TREATMENT SERVICES, STAKEHOLDER AND COMMUNITY PARTNER SURVEY, 2025

What are the top three barriers residents face in accessing mental health services? (Select up to three.) AND What are the top three barriers residents face in accessing substance misuse treatment services (Select up to three.)

Barriers to Service Access	n=30	
	Number	Percent
Mental Health Services		
Cost	18	60.0
Childcare issues	2	6.7
Stigma (e.g., fear, shame, worry about what others think)	9	30.0
Work-related issues (e.g., no paid leave time, denied time off)	7	23.3
Not aware service is available	8	26.7
Appointments not available when service is needed	7	23.3
Insurance issues (e.g., no insurance, high deductibles, high co-pays, finding provider that accepts insurance)	19	63.3
Location of service	2	6.7
Referrals not available	1	3.3
Transportation	10	33.3
Other (1 – staff verbal abuse)	1	6.7
Substance Misuse Treatment		
Cost	17	56.7
Childcare issues	1	6.7
Stigma (e.g., fear, shame, worry about what others think)	10	33.3
Work-related issues (e.g., no paid leave time, denied time off)	5	16.7
Not aware service is available	4	13.3
Appointments not available when service is needed	10	33.3
Insurance issues (e.g., no insurance, high deductibles, high co-pays, finding provider that accepts insurance)	16	53.3
Location of service	7	23.3
Referrals not available	2	6.7
Transportation	10	33.3
Other (1 – staff)	1	6.7

Source: Central Florida Cares Stakeholder and Community Partner Survey, 2025

FIGURE 231: TOP THREE BARRIERS RESIDENTS FACE IN ACCESSING MENTAL HEALTH AND SUBSTANCE MISUSE TREATMENT SERVICES, BY PERCENTAGE, STAKEHOLDER AND COMMUNITY PARTNER SURVEY, 2025



Source: Central Florida Cares Stakeholder and Community Partner Survey, 2025

FIGURE 232: EXTENT OF AWARENESS OF AVAILABLE MENTAL HEALTH AND SUBSTANCE MISUSE TREATMENT SERVICES, STAKEHOLDER AND COMMUNITY PARTNER SURVEY, 2025

To what extent are you aware of mental health services that are available in your area? AND To what extent are you aware of substance misuse treatment services that are available in your area?

Extent of Your Awareness of Available Services	n=30	
	Number	Percent
Mental Health		
Fully aware	13	43.3
Moderately aware	13	43.3
Somewhat aware	3	10.0
Not very aware	1	6.7
Not aware at all	0	0
Substance Misuse Treatment		
Fully aware	10	33.3
Moderately aware	15	50.0
Somewhat aware	4	13.3
Not very aware	1	6.7
Not aware at all	0	0

Source: Central Florida Cares Stakeholder and Community Partner Survey, 2025

FIGURE 233: MENTAL HEALTH SERVICE ACCESS IMPROVED, WORSENED, STAYED THE SAME IN THE PAST 12 MONTHS AND REASONS WHY, STAKEHOLDER AND COMMUNITY PARTNER SURVEY, 2025

Has access to mental health services improved, worsened or stayed the same in the past 12 months? AND To what do you attribute the improvement in access to mental health services (select all that apply)? AND Why do you think access to mental health services has worsened (select all that apply)?

Access Improved, Worsened, or Stayed the Same in Past 12 Months	n=30	
	Number	Percent
Mental Health Services		
Improved	9	30.0
Worsened	4	13.3
Stayed the same	15	50.0
Don't know	2	6.7
Reasons for Improvement (may select all that apply, n=9)		
Technology advances (such as telehealth)	2	22.2
Priority shift(s)	1	11.1
Collaboration among stakeholders and partners	2	22.2
Leadership	3	33.3
Federal focus	2	22.2
Policy change(s)	1	11.1
Political change(s)	1	11.1
Resource availability	4	44.4
State focus	2	22.2
Advances in mental health treatment practices	4	44.4
Funding changes (increases or reallocations)	4	44.4
Advances in mental health prevention practices	3	33.3
Community demand	4	44.4
Other (1 – more services available in the area)	1	11.1
Reasons for Worsening (may select all that apply, n=4)		
Technology advances (such as telehealth)	1	25.0
Priority shift(s)	2	50.0
Collaboration among stakeholders and partners	1	25.0
Leadership	3	75.0
Federal focus	2	50.0
Policy change(s)	1	25.0
Political change(s)	1	25.0
Resource availability	2	50.0
State focus	3	75.0
Community demand	1	25.0
Funding changes (increases or reallocations)	3	75.0
Other	0	0

Source: Central Florida Cares Stakeholder and Community Partner Survey, 2025

FIGURE 234: ACCESS TO SUBSTANCE MISUSE TREATMENT SERVICES IMPROVED, WORSENED, OR STAYED THE SAME IN THE PAST 12 MONTHS AND REASONS WHY, STAKEHOLDER AND COMMUNITY PARTNER SURVEY, 2025

Has access to substance misuse treatment services improved, worsened, or stayed the same in the past 12 months? AND Why do think access to substance misuse treatment services has improved (select all that apply)? AND Why do think access to substance misuse treatment services has worsened (select all that apply)?

Access Improved, Worsened, or Stayed the Same in Past 12 Months	n=30	
	Number	Percent
Substance Misuse Treatment Services		
Improved	8	26.7
Worsened	4	13.3
Stayed the same	16	53.3
Don't know	2	6.7
Reasons for Improvement (may select all that apply, n=8)		
Technology advances (such as telehealth)	2	25.0
Priority shift(s)	2	25.0
Collaboration among stakeholders and partners	3	37.5
Leadership	2	25.0
Federal focus	1	12.5
Policy change(s)	0	0
Political change(s)	0	0
Resource availability	5	62.5
State focus	1	12.5
Advances in substance misuse treatment practices	3	37.5
Funding changes (increases or reallocations)	3	37.5
Advances in substance misuse prevention practices	1	12.5
Community demand	1	12.5
Other	0	0
Reasons for Worsening (may select all that apply, n=4)		
Technology advances (such as telehealth)	1	25.0
Priority shift(s)	2	50.0
Collaboration among stakeholders and partners	1	25.0
Leadership	3	75.0
Federal focus	3	75.0
Policy change(s)	1	25.0
Political change(s)	2	50.0
Resource availability	3	75.0
State focus	3	75.0
Community demand	1	25.0
Funding changes (increases or reallocations)	2	50.0
Other	0	0

Source: Central Florida Cares Stakeholder and Community Partner Survey, 2025

Highlights from Stakeholder and Community Partner Survey

Rating of extent to which residents' needs are being met

- Mental health needs
  - Fully met (36.7 percent)
  - Partially met (33.3 percent)
- Substance misuse treatment needs
  - Fully met (40.0 percent)
  - Partially met (43.3 percent)

Rating of barriers residents face when accessing services (top three ranked)

- Mental health service barriers
  - Insurance issues (63.3 percent)
  - Cost (60.0 percent)
  - Transportation (33.3 percent)
- Substance misuse treatment service barriers
  - Cost (56.7 percent)
  - Insurance issues (53.3 percent)
  - Transportation (33.3 percent)

Rating of extent of survey respondent's (stakeholder or community partner) awareness of availability of mental health and substance misuse treatment services in the area

- Mental health services
  - Fully aware (43.3 percent)
  - Moderately aware (43.3 percent)
- Substance misuse treatment services
  - Fully aware (33.3 percent)
  - Moderately aware (50.0 percent)

Changes in access to mental health and substance misuse treatment services in past 12 months

- Mental health services
  - Improved (30.0 percent)
    - Resource availability (44.4 percent)
    - Advances in mental health treatment practices (44.4 percent)
    - Funding changes (44.4 percent)
    - Community demand (44.4 percent)
  - Worsened (13.3 percent)
    - Leadership (75.0 percent)
    - State focus (75.0 percent)
    - Funding changes (75.0 percent)

- Substance misuse treatment services
    - Improved (26.7 percent)
        - Resource availability (62.5 percent)
        - Advances in substance misuse treatment practices (37.5 percent)
        - Funding changes (37.5 percent)
        - Collaboration among stakeholders and partners (37.5 percent)
    - Worsened (13.3 percent)
        - Leadership (75.0 percent)
        - State focus (75.0 percent)
        - Federal focus (75.0 percent
        - Resource availability (75.0 percent)

Coordinated Opioid Recovery Network (CORE) Roundtable

Central Florida Cares CORE Network Systems Partners Roundtable
July 28, 2025

The Central Florida Cares (CFC) Coordinated Opioid Recovery (CORE) Network convened system partners from Seminole, Orange, Brevard, and Osceola counties for a facilitated discussion to assess and evaluate the effectiveness and integration of the network and its components on July 28, 2025. Participants were asked to identify system strengths, gaps, and opportunities for improvement. This roundtable discussion is part of a broader behavioral health needs assessment process to guide data-driven, evidence-based strategies for regional planning.

The 38 participants represented all four counties in the CFC service areas (i.e., Brevard, Orange, Osceola, and Seminole) and numerous county and local governmental agencies as well as local and regional behavioral health and substance misuse treatment provider organizations and agencies. The attendance list is available.

CORE Network Components: Current Status and Gaps

1. 24/7 Medication-Assisted Treatment (MAT) Access

- Not consistently available across counties.
- Seminole lacks 24/7 MAT but has community paramedics and strong peer organization partnerships.
- Brevard has 24/7 receiving capabilities; EMS integration is still being finalized.

2. Clinics Receiving First Responders' Referrals

- Operational in most counties, but capacity varies.
- Navigation services are offered post-ED and post-incarceration, especially in Orange and Osceola.

3. Fentanyl Testing

- Implementation status varies; not consistently discussed in all counties.

4. Use of Outcome Tools

- Brief Addiction Monitor (BAM) tool not uniformly applied.
- Recovery Capital Scale used by some partners.
- Call for mandatory, standardized use of outcome tools system-wide.

Effective Practices and System Strengths

- Interagency Collaboration: Particularly strong between EMS, hospitals, peer recovery organizations, and jails in Seminole, Orange, and Osceola.
- Jail-Based MAT Clinics: Aspire and partners have successfully implemented in-jail MAT, reducing stigma and improving transition outcomes.
- Living Room Recovery Spaces: Peer-staffed, voluntary recovery centers provide critical support for those in transition and post-incarcerated individuals.
- Data Mapping of Overdoses: Especially in Brevard used to pinpoint hotspots and direct resources effectively.

Challenges and System Strains

- Data Sharing and Privacy Barriers:
    - HIPAA and organizational policies impede timely information flow.
    - Lack of a central data system or registry inhibits care coordination.
- Limited Transitional Housing: A key barrier for individuals leaving jail or detox with nowhere to go.
- Inconsistent Buy-In from Clients: ED staff note patients are often not ready to begin treatment upon first contact.
- Inadequate Weekend MAT Services: Limited access outside regular hours slows continuity of care.
- Under-resourced jails: Need more staff and facilities to implement or expand in-jail MAT services

Improvement Opportunities and Recommendations

1. Expand Peer Support Integration
    - Deploy peers in the field with EMS, in homeless encampments, and jails.
    - Strengthen peer follow-up post-release and post-ED visit.
2. Enhance Data and IT Infrastructure
    - Create a centralized, interoperable data registry.
    - Ensure bi-directional data sharing between local providers and the state.
3. Broaden MAT Access
    - Invest in 24/7 MAT facilities across all counties.

    - Pilot mobile MAT with extended hours and wider geographic reach.
4. Invest in Housing and Reentry Services
    - Scale up transitional housing as a component of recovery stabilization.
5. Standardize Use of Outcome Tools
    - Mandate BAM or equivalent tools for all CORE providers.
6. Train First Responders in Engagement Tactics
    - Provide ongoing education on trauma-informed communication and medication options.
7. Broader Hospital Participation
    - Currently over-reliant on a few key hospitals

Models or Ideas from Other Areas

- Buprenorphine Use by EMS: Considered in Kentucky; issues are prolonged scene time and EMS capacity.
- Living Room Model: Expanded interest in replicating across counties.

Summary

The roundtable highlighted both impressive progress and key vulnerabilities within the CORE system. Strong community partnerships and innovative models like the “Living Room” approach and jail-based MAT set a foundation for further success. However, gaps in data systems, MAT access, and transitional support services underscore the need for coordinated investment. CFC and its partners are well-positioned to strengthen their recovery network through enhanced collaboration, infrastructure development, and sustained commitment to person-centered care.

Identified Needs and Gaps

The following list summarizes needs and gaps identified through the behavioral health needs assessment. These needs were informed by secondary and/or primary data and are listed in no particular order.

- The population of the service area is increasing, and demand for services are increasing but funding has not increased to account for changes in demand or population increases.
- Severe Lack of Affordable Housing:
    - Homelessness and increasing costs related to housing impacts clients and there are not many resources to address lack of affordable housing.
    - Transitional support resources and housing needs for substance misuse clients and their families.
- Baker Act rates are higher in Brevard than Florida indicating a need for earlier intervention and education.

- The most common barriers to both mental health and substance misuse care services as identified by consumers, providers and stakeholders are:
    - cost,
    - insurance issues, and
    - transportation.
- Providers identified funding, clients' lack of payment source, and clients' housing issues as the most common barriers to meeting client needs.
- The most important services for clients (as identified by consumers) and services that need to be expanded or increased (as identified by providers) are presented below by program.
    - Mental Health Services:
        - Individual counseling
        - Case management
        - Medication services
    - Substance Misuse Services:
        - Individual counseling
        - Case management
        - Medication services
- Funding limitations impact the ability to fully implement the No Wrong Door Model and Recovery Oriented System of Care Model.
- Varying referral processes among providers generates challenges to navigate and link clients to services in an efficient manner.
- Need increased access to medicated assisted treatment (MAT) and transitional support resources in the service area.
- Workforce shortages and non-competitive salaries across clinical and medical roles affect CFC, CFC's providers, and community partners.
- Political and legislative barriers impact ability to serve populations in need of services. Categorical funding restrictions do not allow behavioral health funds to be allocated to meet the specific needs of local communities because funds must be used in predefined service categories.
- Uncertainty of changes to immigration enforcement and the impact such enforcement may have on the ability of immigrants to access critical crisis services.