2025 Central Florida Cares
Behavioral Health Needs Assessment

APPENDIX

CENTRAL FLORIDA Cares
behavioral health managing entity

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FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
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Appendix A: Central Florida Cares Health System Core Service Matrix

Service County	Service
Brevard	Assessment
Brevard	BNET
Brevard	Care Coordination
Brevard	Case Management
Brevard	CAT Team
Brevard	Crisis Stabilization
Brevard	Crisis Support/Emergency
Brevard	Day Treatment
Brevard	Drop-In/Self-Help Centers
Brevard	FACT Team
Brevard	Forensic Multidisciplinary Team
Brevard	HIV Early Intervention Services
Brevard	Incidental Expenses
Brevard	In-Home and On-Site
Brevard	Inpatient
Brevard	Intervention (Individual)
Brevard	Medical Services
Brevard	Medication Assisted Treatment
Brevard	Mobile Response Team
Brevard	Outpatient
Brevard	Outpatient - Group
Brevard	Outreach
Brevard	Recovery Support
Brevard	Recovery Support - Group
Brevard	Residential Level I
Brevard	Residential Level II
Brevard	Residential Level III
Brevard	Residential Level IV
Brevard	Room and Board with Supervision Level II
Brevard	Room and Board with Supervision Level III
Brevard	Substance Abuse Inpatient Detoxification
Brevard	Supported Housing/Living
Brevard	Supportive Employment

Orange	Assessment
Orange	BNET
Orange	Care Coordination
Orange	Case Management
Orange	CAT Team
Orange	Crisis Stabilization
Orange	Crisis Support/Emergency
Orange	Day Treatment
Orange	Drop-In/Self-Help Centers
Orange	FACT Team
Orange	Family Well-Being Treatment Team
Orange	First Episode Team
Orange	FIT Team
Orange	HIV Early Intervention Services
Orange	Incidental Expenses
Orange	Information and Referral
Orange	In-Home and On-Site
Orange	Intensive Case Management
Orange	Intervention - Group
Orange	Intervention (Individual)
Orange	Medical Services
Orange	Medication Assisted Treatment
Orange	Mental Health Clubhouse Services
Orange	Mobile Response Team
Orange	Outpatient
Orange	Outpatient - Group
Orange	Outreach
Orange	Recovery Support
Orange	Residential Level II
Orange	Residential Level IV
Orange	Room and Board with Supervision Level III
Orange	Short-term Residential Treatment
Orange	Substance Abuse Inpatient Detoxification
Orange	Supported Housing/Living
Orange	Treatment Alternative for Safer Community
Orange	Wraparound
Osceola	Assessment
Osceola	BNET

Osceola	Case Management
Osceola	CAT Team
Osceola	Crisis Stabilization
Osceola	Crisis Support/Emergency
Osceola	FACT Team
Osceola	Family Well-Being Treatment Team
Osceola	HIV Early Intervention Services
Osceola	Incidental Expenses
Osceola	In-Home and On-Site
Osceola	Intervention (Individual)
Osceola	Medical Services
Osceola	Mobile Response Team
Osceola	Outpatient
Osceola	Outpatient - Group
Osceola	Outreach
Osceola	Recovery Support
Osceola	Recovery Support - Group
Osceola	Residential Level I
Osceola	Residential Level II
Osceola	Residential Level III
Osceola	Residential Level IV
Osceola	Room and Board with Supervision Level II
Osceola	Substance Abuse Inpatient Detoxification
Osceola	Supported Housing/Living
Seminole	Assessment
Seminole	BNET
Seminole	Care Coordination
Seminole	Case Management
Seminole	CAT Team
Seminole	Crisis Stabilization
Seminole	Crisis Support/Emergency
Seminole	FIT Team
Seminole	HIV Early Intervention Services
Seminole	Incidental Expenses
Seminole	In-Home and On-Site
Seminole	Intervention - Group
Seminole	Intervention (Individual)
Seminole	Medical Services
Seminole	Medication Assisted Treatment

Seminole	Mental Health Clubhouse Services
Seminole	Mobile Response Team
Seminole	Outpatient
Seminole	Outpatient - Group
Seminole	Outreach
Seminole	Recovery Support
Seminole	Recovery Support - Group
Seminole	Residential Level I
Seminole	Residential Level II
Seminole	Room and Board with Supervision Level II
Seminole	Substance Abuse Inpatient Detoxification
Seminole	

Appendix B: Central Florida Cares Health Systems Evidence-based Practices and Models Matrix

Evidence Based Practices/Models	2-1-1 Brevard	AdventHealth	Aspire Health Partners	BAYS	Brevard Prevention Coalition	Carrfour	Central Florida Substance Abuse Treatment Center (CFSATC)	Children's Home Society of Florida	Circles of Care	Devereux	Eckerd Connects	Family Partnerships of Central Florida	Heart of Florida United Way	Hispanic Families	House of Freedom	Housing for Homeless IMPOWER	Informed Families	LifeStream Behavioral Center	Lotus Behavioral Health	Mental Health Resource Center	Orlando Health/The Healing Tree	Park Place Behavioral Healthcare	Recovery Connections of Central Florida	Space Coast Health Centers	Space Coast Recovery	STEPS	The Transition House	University Behavioral Center
24/7 Dad																										X		
Acceptance and Commitment Therapy (ACT)			X						X							X		X		X								X
Across Ages														X														
Addiction & Trauma Recovery Integration Model (ATRIUM)																												X
Alcohol Literacy Challenge																	X											
Alternatives for Families Cognitive Behavioral Therapy																				X								X
Applied Suicide Intervention Skills Training Program (ASIST)	X											X	X															X
Assertive Community Treatment			X																X								
Behavior Therapy		X	X				X		X	X		X		X		X		X			X		X				X
Brief Cognitive Behavioral Therapy		X	X				X		X	X				X		X		X					X		X	X	X
Brief Strategic Family Therapy																		X					X				
CAMS			X																								
Child-Parent Psychotherapy								X	X			X		X							X		X				X
Circles of Security												X															
Cognitive Behavioral Therapy		X	X		X		X	X	X	X		X		X	X			X	X	X	X	X		X	X	X	X	X
Communities That Care																												
Coping Cat														X														
Dialectical Behavior Therapy (DBT)		X	X						X	X		X		X			X		X	X	X				X		X	X
Experiential Therapy			X														X								X			X
Eye Movement Desensitization Reprocessing (EMDR)			X						X					X				X	X	X	X	X			X		X	
Family Behavioral Therapy (FBT)			X																									
Functional Family Therapy				X								X						X										
Floor Time																												
Grief and Trauma Intervention for Children (GTI)														X			X											
Helping Women Recover and Beyond Trauma			X																									
Integrated Stage Based Treatment for Co-occurring Disorders																												X
Life Skills Training (LST)		X	X						X		X			X			X		X		X					X		
Living in Balance			X												X		X									X		
Matrix Model			X												X		X				X					X	X	
Mindfulness Based Cognitive Therapy		X	X				X		X			X		X			X		X				X				X	X
Moral Reconation Therapy			X							X											X					X		X
Motivation Enhancement Therapy (MET)			X				X							X				X		X								
Motivational Interviewing		X	X	X	X	X	X	X	X			X		X	X	X	X	X	X	X	X	X	X	X	X	X		X
Parent Child Interaction Therapy (PCIT)																					X							
Play Therapy			X							X		X		X			X		X				X		X			X
Problematic Sexual Behavior Cognitive Behavioral Therapy (PSB-CBT)																				X								
Project ALERT																	X											
Project Success																												
QPR Gatekeeper Training for Suicide Prevention	X									X				X						X		X						
Rational Emotive Behavioral Therapy (REBT)		X	X				X		X					X						X				X			X	X
Second Step														X														
Seeking Safety			X											X		X		X		X		X				X		
Situational Family Therapy														X														X
Social Skills Group Intervention (S.S. Grin)			X											X														X
Solution Focused Therapy		X	X					X	X					X		X				X		X			X		X	X
Solution Focused Trauma Recovery Therapy		X	X						X		X			X		X						X				X	X	X
Strengthening Families																X		X										
Structural Family Therapy			X											X		X									X			
Supportive-Expressive Therapy																												X
Systematic Training for Effective Parenting (STEP)														X														
Team Solutions and Solutions for Wellness																					X							
Thinking For A Change (T4C)			X																						X	X		
Too Good for Drugs			X							X						X												
Too Good for Violence																												
Trauma-Focused Cognitive Behavioral Therapy (TFCBT)		X	X					X		X	X			X		X		X		X		X			X			X
Triple P Parenting																												
Wellness Recovery Action Plan (WRAP)	X		X			X			X	X				X		X		X		X		X				X		

Appendix C: Provider Focus Group Script and Follow-Up Survey

CF Cares 2025 Needs Assessment

Provider Focus Group Script and Questions (July 2025)

Facilitators: Lindsey Redding, Chris Abarca

Hello and welcome. Thank you for joining our discussion group. Your perspectives as a provider on topics such as the No Wrong Door model and the Recovery-Oriented System of Care will help inform the identification of strengths and gaps in mental health and substance misuse treatment services in this area as part of the CF Cares 2025 Needs Assessment.

My name is _____ and I work with WellFlorida Council. WellFlorida is a nonprofit organization that provides services in 16 counties in north central Florida. We also work with the East Central Florida Health Council that serves Brevard, Orange, Osceola, and Seminole counties—the same area covered by CF Cares services.

Our discussion today will run about 90 minutes. We have a set of questions about the No Wrong Door Model and the Recovery-Oriented System of Care that we'll go through. If time remains we can talk about additional, pertinent topics. Before we start, we'll cover the Informed Consent statement

We have some discussion ground rules. The first rule is that everything you say will stay between us. We will not include your name in the written report. You may notice that we will be recording this video session. We will also be taking notes today to help make the written report of our talk. According to the informed consent that we will read to you, your identities will be kept confidential, and all recorded names will be pseudonyms. Once the recorded audio has been accurately transcribed, the recording will be destroyed. By signing in using the chat function, you have agreed to these rules.

As a second group rule, please do not repeat what we talk about today outside this video conference. It is important that we trust each other because we want you to feel comfortable talking.

The only other rule that I need you to follow is to speak only one person at a time. We don't want to miss anything anyone says, so it is important to not talk over one another or break into separate conversations.

Are there any questions about the focus group or what we are going to do today?

No Wrong Door Model

1. Please describe your use of the NWD model.
(*Formal description if needed to guide the conversation: Section 394.4573(1)(d), F.S., defines the "no-wrong-door" model as "a model for the delivery of acute care services to persons who have mental health or substance use disorders, or both, which optimizes access to care, regardless of the entry point to the behavioral health care system." HHS Administration for Community Living)*

2. Describe the characteristics of the NWD model demonstrated in the services provided by your organization
(Prompt: How do services reflect 1) community awareness, referrals, and outreach, 2) person-centered counseling, 3) streamlined access to public programs (eligibility determinations), 4) person-centered transition support, 5) involvement of consumers and stakeholders, and 6) quality assurance/improvement)

3. How frequently is the model used in your organization? How widely used is the NWD model in your organization? Are there groups or types of clients you serve for whom the model is particularly well suited?

4. In your opinion, is the NWD model effective? What makes it effective? How do you know? What can be done to improve its coordination and delivery?

5. How widely used is the NWD model by CF Cares providers across the system?

Recovery-Oriented System of Care
6. Please describe your use of the ROSC
(*Formal Description if needed to guide the conversation: A system that adopts recovery-oriented and peer-involved approaches offers a flexible and comprehensive menu of services that meet each individual's needs. The system offers services that are consumer- and family-driven. Family members, caregivers, friends, and other allies are incorporated in recovery planning and recovery support. Peer-to-peer recovery support services are made available.)*

7. How do you utilize the elements of ROSC? How is the ROSC reflected in your organization's structure?
(*Formal list of 17 elements of ROSC: person-centered, inclusive of family and other ally involvement, individualized and comprehensive services across the lifespan, systems anchored in the community, continuity of care, partnership-consultant relationships, strength-based, culturally responsive, responsiveness to personal belief systems, commitment to peer recovery support services, inclusion of the voices and experiences of recovering individuals and their families, integrated services, system-wide education and training, ongoing monitoring and outreach, outcomes driven, research based and adequately and flexibly financed.)*

8. How do you think the ROSC improves outcomes for individuals? Families? Communities?

9. How widely used is the ROSC by CF Cares providers?

CF Cares 2025 Needs Assessment

Provider Focus Group Follow-Up Survey

Q1 Hello CF Cares Provider, We appreciate your participation in a CF Cares 2025 Needs Assessment provider focus group. The insights you share will be considered in the needs assessment to determine this area's strengths and gaps in services for mental health and substance misuse treatment. As focus group discussions are time-limited, the purpose of this brief survey is to collect further input related to the HHS, Administration for Community Living's No Wrong Door (NWD) coordinated approach to simplify the process for individuals and their caregivers to access needed services. The survey has 7 questions and a few demographic items. It should take about 5 minutes to complete. It's important that we hear from you on these NWD-related topics. The demographic information you provide will be kept confidential. If possible, please complete the survey before your scheduled focus group. The survey will be open until July 16, 2025 (one week after the last group). Many thanks! The survey starts on the next page.

Q2 Please respond to the item below.

Q3 Please respond to the following items about referrals and community awareness.

	Yes (1)	No (2)	Don't Know (3)
Does your organization promote awareness of available options for needed services? (1)	○	○	○
Does your organization link clients to needed services? (2)	○	○	○
Does your organization have a marketing plan? (3)	○	○	○
For your use as a provider, does your organization have a compiled list of resources? (4)	○	○	○

Q4 Which of the following types of assistance and decision support does your organization provide to clients and their families, guardians, or caregivers? (Select all that apply.)

- ☐ One-on-one assistance to clients (1)
- ☐ One-on-one assistance to clients' families, guardians, or caregivers (2)
- ☐ Decision support to clients (3)
- ☐ Decision support to clients' families, guardians, or caregivers (4)
- ☐ ⊗My organization does not offer this type of assistance or decision support. (5)

Q5 Please complete the following statement with the options below. The eligibility determination process at my organization: (select all that apply).

- ☐ is done in a timely manner (1)
- ☐ is conducted in a linguistically appropriate manner to meet the client's needs (2)
- ☐ includes an assessment conducted once using a standard data collection tool (3)
- ☐ considers the individual's goals and preferences (4)
- ☐ is done efficiently (5)
- ☐ ⊗None of the above (6)

Q6 Please respond to the statements below about linkages among care delivery system partners.

	Yes (1)	No (2)	Don't Know (3)
My organization has formal linkages between and among partners in the care delivery system. (1)	○	○	○
Staff in my organization have the information and tools needed to refer clients to needed care and services. (2)	○	○	○

Q7 Please respond to the statements below about client and stakeholder input on accessing services.

	Yes (1)	No (2)	Don't Know (3)
In my organization there is a formal mechanism for clients to provide feedback or input on barriers they may have encountered in accessing our services. (1)	○	○	○
In my organization clients, stakeholders, and community partners are invited to provide input on entry point systems that assure equal access to services. (2)	○	○	○

Q8 Please complete the statement with the options below. (Select all that apply.) In my organization, clients are treated with respect regardless of their

- ☐ Type of disability (1)
- ☐ Age (2)
- ☐ Race or ethnicity (3)
- ☐ Income (4)
- ☒ None of these apply (5)

Q9 What strategies does your organization use to help ensure that services are of high quality? Select all that apply.

- ☐ Use of professional practice standards (1)
- ☐ Adherence to contractual requirements (2)
- ☐ Tracking and assessing client outcomes (3)
- ☐ Peer reviews (4)
- ☐ Observation (5)
- ☐ Record audits (6)
- ☐ Internal agency quality control measures (7)
- ☐ Client satisfaction input (e.g., via survey, interviews, focus groups) (8)
- ☐ Other, please specify (9) _____
- ☐ ⊗None of these apply. (10)

Q10 Please tell us a little about you by answering the next set of questions. In which counties do you provide services? (Select all that apply.)

- [ ] Brevard (1)
- [ ] Orange (2)
- [ ] Osceola (3)
- [ ] Seminole (4)

Q11 What services do you provide? (Select one.)

- ○ Mental health services (1)
- ○ Substance misuse services (2)
- ○ Both mental health and substance misuse services (3)

Q12 What is your age?

- Less than 30 years (1)
- 30-39 years (2)
- 40-49 years (3)
- 50-59 years (4)
- 60-64 years (5)
- 65-69 years (6)
- 70-79 years (7)
- 80 years or older (8)
- I prefer not to answer (9)

Q13 What is your gender?

- Man (1)
- Woman (2)
- Other (3)
- Prefer not to say (4)

Q14 What racial group do you most identify with?

- ○ American Indian or Native American (1)
- ○ Asian (2)
- ○ Black or African American (3)
- ○ Native Hawaiian or Other Pacific Islander (4)
- ○ Two or more races (5)
- ○ White or Caucasian (6)
- ○ Other, please specify (7) _____
- ○ I prefer not to say (8)

Q15 Do you identify as Hispanic or Latino/a/x?

- ○ Yes, I identify as Hispanic or Latino/a/x (1)
- ○ No, I do not identify as Hispanic or Latino/a/x (2)
- ○ I prefer not to say (3)

Q16 How long have you practiced in the mental health and/or substance misuse treatment profession?

- ○ Less than 5 years (1)
- ○ 5 to 9 years (2)
- ○ 10 to 14 years (3)
- ○ 15 to 19 years (4)
- ○ 20 or more years (5)
- ○ I prefer not to say (6)

Q17 Which focus group session will you or did you attend?

- ○ Tues, July 8 at 10 am (1)
- ○ Tues, July 8 at 1 pm (2)
- ○ Wed, July 9 at 9 am (3)
- ○ Wed, July 9 at 12 noon (4)
- ○ Wed, July 9 at 2:30 pm (5)

Q18 Please provide the name of your organization.

_____

_____

_____

Appendix D: Consumer Survey

CF Cares Consumer Survey

Introduction

Do you live in Florida? Have you experienced mental health (depression, anxiety, trauma, etc.) or substance misuse problems (alcohol, illegal drugs, inappropriate use of prescription medication, etc.) in the past 12 months? Are you the primary caregiver of a child or adult with a mental health or substance misuse problem? If so, please tell us about the services you need. Your answers will help Central Florida Cares Health System (CF Cares), the organization that manages community-based mental health and substance misuse treatment services in this area, decide how funding is used for those services. This survey is part of a larger needs assessment taking place in a 4-county area of Florida. The Health Council of East Central Florida (HCECF), a nonprofit health planning council, has been contracted by CF Cares to conduct an unbiased needs assessment to determine strengths and gaps in services for mental health and substance misuse treatment. Your responses are anonymous and we will not collect information that will identify you. Thank you for sharing your thoughts, experiences, and needs with us.

Eligibility - Age I am 18 years of age or older

- ○ True (1)
- ○ False (2)

Display this question:

If I am 18 years of age or older = True

Q3 I am responding to this survey as someone (choose one):

- ○ who has personally used mental health and/or substance misuse treatment services in Florida the past 12 months (1)
- ○ who is the guardian or primary caregiver for an adult or child who has received mental health and/or substance misuse treatment services in Florida the past 12 months (2)
- ○ None of the above (4)

Display this question:

If I am responding to this survey as someone (choose one): = who is the guardian or primary caregiver for an adult or child who has received mental health and/or substance misuse treatment services in Florida the past 12 months

Q26 In the past 12 months, did the person in your care receive **mental health** services in Florida?

- ○ Yes (1)
- ○ No (2)

Display this question:

If In the past 12 months, did the person in your care receive mental health services in Florida? = Yes

Q92 In the past 12 months, how much time passed between when the person in your care requested a **mental health** appointment and when the appointment actually took place?

- ○ Within 2 days (1)
- ○ 3 - 7 days (2)
- ○ 8 - 14 days (3)
- ○ 12 - 31 days (4)
- ○ More than 31 days (5)

Q85 In the past 12 months, did the person in your care experience barriers getting the **mental health** services they needed?

- ○ Yes (1)
- ○ No (2)

Display this question:

If In the past 12 months, did the person in your care experience barriers getting the mental health... = Yes

Q86 In the past 12 months, what barriers did the person in your care experience when trying to get **mental health** services? (select all that apply)

- ☐ Cost (1)
- ☐ No insurance or insurance did not cover service (2)
- ☐ Transportation (3)
- ☐ Location of Service (too far) (4)
- ☐ Childcare not available (5)
- ☐ Incarcerated (6)
- ☐ Could not find needed service (7)
- ☐ Could not get a referral (8)
- ☐ Service was not available when the person in my care needed it (9)
- ☐ Stigma (fear, shame, worried about what other people would think) (10)
- ☐ Person in my care refused services offered (14)

☐ Work-related problem (no time off, denied time off, no compensation if taking time off) (12)

☐ Other, please specify (13)
_____

Q27 In the past 12 months, the person in my care received most of their **mental health** care at _____ (select one)

○ 211 Brevard (1)

○ Ability Housing (2)

○ AdventHealth Hope and Healing Center (4)

○ Aspire Health Partners (5)

○ BAYS Florida (6)

○ Family Partnership of Central Florida (7)

○ Brevard Prevention Coalition (8)

○ Carr Four (9)

○ Community Assisted and Supported Living (CASL) (10)

○ Central Florida Treatment Center (11)

○ Children's Home Society (13)

○ Circles of Care (14)

○ Clear Futures (15)

- Community Counseling Center (16)
- Devereux (17)
- Eckerd Connects (18)
- Gulf Coast Jewish Family Community Services (19)
- Healthy Start Coalition of Brevard County (20)
- Hispanic Family Counseling (21)
- House of Freedom (22)
- Housing for Homeless (23)
- IMPOWER (24)
- Informed Families (25)
- Lifestream Behavioral Center (26)
- LifeTime Counseling (27)
- Lotus Behavioral (28)
- Mental Health Resource Center (29)
- Orlando Health/The Healing Tree (30)
- Park Place (31)
- Peer Support Space (32)
- Recovery Connections of Central Florida (33)
- Space Coast Health Center (34)

- ○ Space Coast Recovery (35)
- ○ STEPS (36)
- ○ Transition House (37)
- ○ Heart of Florida United Way - 211 (38)
- ○ University Behavioral Center (39)
- ○ Wayne Densch Center (12)
- ○ Other, please specify (3)

_____

Q28 The person in my care travels ____ miles (one-way) from home to ${Q27/ChoiceGroup/SelectedChoices}

- ○ 5 miles or less (1)
- ○ 6 - 15 miles (2)
- ○ 16 - 30 miles (3)
- ○ 31 - 50 miles (4)
- ○ 51 - 75 miles (5)
- ○ 76 - 100 miles (6)
- ○ More than 100 miles (7)
- ○ I don't know (8)

Q29 The person in my care travels to appointments at ${Q27/ChoiceGroup/SelectedChoices} using (select all that apply)

- [ ] Public Transportation (1)
- [ ] Medicare/Medicaid Bus (2)
- [ ] My Personal Vehicle (3)
- [ ] Family/Friend Drove (4)
- [ ] Cab/Taxi Service (5)
- [ ] Uber/Lyft/Other Rideshare App (6)
- [ ] Walk/Ride Bicycle (7)
- [ ] Other, please specify (8)

_____

Q30 In the past 12 months, the person in my care received the following services at ${Q27/ChoiceGroup/SelectedChoices} (select all that apply)

- [ ] Individual counseling (1)
- [ ] Group Counseling (2)
- [ ] Residential/Inpatient Treatment (overnight) (3)
- [ ] Psychiatry - medication services (4)
- [ ] Primary Care (5)
- [ ] Clubhouse (6)
- [ ] Case Management (7)
- [ ] Family Therapy (8)
- [ ] Support Group (9)
- [ ] Certified Recovery Peer Specialist (10)
- [ ] Self-Directed Care (11)
- [ ] Alternative Services (acupuncture, meditation, massage, etc.) (12)
- [ ] Housing Assistance (finding and maintaining housing) (13)
- [ ] Employment Assistance (14)
- [ ] Crisis Services (16)

☐ Mobile Response (17)

☐ Other, please specify (15)

_____

Q31 Please rate ${Q27/ChoiceGroup/SelectedChoices} on the following statements:

Appointment availability (1)	☆	☆	☆	☆	☆
Provider hours are convenient (2)	☆	☆	☆	☆	☆
Location of provider (3)	☆	☆	☆	☆	☆
Provider spends enough time with person in my care (7)	☆	☆	☆	☆	☆
The provider coordinates care with other providers (8)	☆	☆	☆	☆	☆
Patient needs are considered by the provider (9)	☆	☆	☆	☆	☆
Overall, I rate the provider: (11)	☆	☆	☆	☆	☆

Q32 The most important **mental health** services for the person in my care are (select up to three)

- ☐ Individual counseling (1)
- ☐ Group Counseling (2)
- ☐ Residential/Inpatient Treatment (overnight) (3)
- ☐ Psychiatry - medication services (4)
- ☐ Primary Care (5)
- ☐ Clubhouse (6)

- [ ] Case Management (7)
- [ ] Family Therapy (8)
- [ ] Support Group (9)
- [ ] Certified Recovery Peer Specialist (10)
- [ ] Self-Directed Care (11)
- [ ] Alternative Services (acupuncture, meditation, massage, etc.) (12)
- [ ] Housing Assistance (finding and maintaining housing) (13)
- [ ] Employment Assistance (14)
- [ ] Mobile Response (18)
- [ ] Crisis Services (17)
- [ ] ⊗ None are important (16)
- [ ] Other, please specify (15)

_____

Q72 In the past 12 months, did the person in your care receive **substance misuse** services in Florida?

- Yes (1)
- No (2)

Display this question:

If In the past 12 months, did the person in your care receive substance misuse services in Florida? = Yes

Q93 In the past 12 months, how much time passed between when the person in your care requested a **substance misuse** treatment appointment and when the appointment actually took place?

- Within 2 days (1)
- 3 - 7 days (2)
- 8 - 14 days (3)
- 15 - 31 days (4)
- More than 31 days (5)

Q64 In the past 12 months, did the person in your care experience barriers getting the **substance misuse** services they needed?

- Yes (1)
- No (2)

Display this question:

If In the past 12 months, did the person in your care experience barriers getting the substance misu... = Yes

Q65 In the past 12 months, what barriers did the person in your care experience when trying to get **substance misuse** services? (select all that apply)

- ☐ Cost (1)
- ☐ No insurance or insurance did not cover service (2)
- ☐ Transportation (3)
- ☐ Location of Service (too far) (4)
- ☐ Childcare not available (5)
- ☐ Incarcerated (6)
- ☐ Could not find needed service (7)
- ☐ Could not get a referral (8)
- ☐ Service was not available when person in my care needed it (9)
- ☐ Stigma (fear, shame, worried about what other people would think) (10)
- ☐ Person in my care refused services offered (11)
- ☐ Work-related problem (no time off, denied time off, no compensation if taking time off) (12)
- ☐ Other, please specify (13) _____

Q66 In the past 12 months, the person in my care received most of their **substance misuse** care at _____ (select one)

- 211 Brevard (1)
- Ability Housing (4)
- AdventHealth Hope and Healing Center (5)
- Aspire Health Partners (6)
- BAYS Florida (7)
- Family Partnership of Central Florida (8)
- Brevard Prevention Coalition (9)
- Carr Four (10)
- Community Assisted and Supported Living (CASL) (11)
- Central Florida Treatment Center (12)
- Children's Home Society (13)
- Circles of Care (14)
- Clear Futures (15)
- Community Counseling Center (16)
- Devereux (17)
- Eckerd Connects (18)
- Gulf Coast Jewish Family Community Services (19)

- Healthy Start Coalition of Brevard County (20)
- Hispanic Family Counseling (21)
- House of Freedom (22)
- Housing for Homeless (23)
- IMPOWER (24)
- Informed Families (25)
- LifeStream Behavioral Center (26)
- LifeTime Counseling (27)
- Lotus Behavioral (28)
- Mental Health Resource Center (29)
- Orlando Health/The Healing Tree (30)
- Park Place (31)
- Peer Support Space (32)
- Recovery Connections of Central Florida (33)
- Space Coast Health Center (34)
- Space Coast Recovery (35)
- STEPS (36)
- Transition House (37)
- Heart of Florida United Way - 211 (38)

- ○ University Behavioral Center (39)
- ○ Wayne Densch Center (40)
- ○ Other, please specify (3)

_____

Q67 The person in my care travels ____ miles (one-way) from home to ${Q66/ChoiceGroup/SelectedChoices}

- ○ 5 miles or less (1)
- ○ 6 - 15 miles (2)
- ○ 16 - 30 miles (3)
- ○ 31 - 50 miles (4)
- ○ 51 - 75 miles (5)
- ○ 76 - 100 miles (6)
- ○ More than 100 miles (7)
- ○ I don't know (8)

Q68 The person in my care travels to appointments at ${Q66/ChoiceGroup/SelectedChoices} using (select all that apply)

- ☐ Public Transportation (1)
- ☐ Medicare/Medicaid Bus (2)
- ☐ My Personal Vehicle (3)
- ☐ Family/Friend Drove (4)
- ☐ Cab/Taxi Service (5)
- ☐ Uber/Lyft/Other Rideshare App (6)
- ☐ Walk/Ride Bicycle (7)

☐ Other, please specify (8)

_____

Q69 In the past 12 months, the person in my care received the following services at ${Q66/ChoiceGroup/SelectedChoices} (select all that apply)

- [ ] Individual counseling (1)
- [ ] Group Counseling (2)
- [ ] Residential/Inpatient Treatment (overnight) (3)
- [ ] Psychiatry - medication services (4)
- [ ] Primary Care (5)
- [ ] Clubhouse (6)
- [ ] Case Management (7)
- [ ] Family Therapy (8)
- [ ] Support Group (9)
- [ ] Certified Recovery Peer Specialist (10)
- [ ] Self-Directed Care (11)
- [ ] Alternative Services (acupuncture, meditation, massage, etc.) (12)
- [ ] Housing Assistance (finding and maintaining housing) (13)
- [ ] Employment Assistance (14)
- [ ] Mobile Response (16)

☐ Crisis Services (17)

☐ Other, please specify (15)

_____

Q70 Please rate ${Q66/ChoiceGroup/SelectedChoices} on the following statements:

Appointment availability (1)	☆	☆	☆	☆	☆
Provider hours are convenient (2)	☆	☆	☆	☆	☆
Location of provider (3)	☆	☆	☆	☆	☆
Provider spends enough time with person in my care (7)	☆	☆	☆	☆	☆
The provider coordinates care with other providers (8)	☆	☆	☆	☆	☆
Patient needs are considered by the provider (9)	☆	☆	☆	☆	☆
Overall, I rate the provider: (11)	☆	☆	☆	☆	☆

Q71 The most important **substance misuse** services for the person in my care are (select up to three)

- [ ] Individual counseling (1)
- [ ] Group Counseling (2)
- [ ] Residential/Inpatient Treatment (overnight) (3)
- [ ] Psychiatry - medication services (4)
- [ ] Primary Care (5)
- [ ] Clubhouse (6)
- [ ] Case Management (7)
- [ ] Family Therapy (8)
- [ ] Support Group (9)
- [ ] Certified Recovery Peer Specialist (10)
- [ ] Self-Directed Care (11)
- [ ] Alternative Services (acupuncture, meditation, massage, etc.) (12)
- [ ] Housing Assistance (finding and maintaining housing) (13)
- [ ] Employment Assistance (14)
- [ ] Medication-Assisted Treatment (MAT) (17)

- [ ] Detox Services (18)
- [ ] Mobile Response (19)
- [ ] Crisis Services (20)
- [ ] ⊗None are important (16)
- [ ] Other, please specify (15) _____

Q89 In the past 12 months, has the person in your care been to an Emergency Room for a **mental health-related** condition?

- ○ Yes (1)
- ○ No (2)
- ○ I don't know (3)

Q90 In the past 12 months, has the person in your care been to an Emergency Room for a **substance misuse-related** condition?

- Yes (1)
- No (2)
- I don't know (3)

Q1 What county does the person in your care reside in?

- Brevard (2)
- Orange (3)
- Osceola (4)
- Seminole (5)
- Other, please specify (24)

_____

Q2 The age of the person in my care is

- 0 - 17 (4)
- 18 - 44 (1)
- 45 - 64 (2)
- 65+ (3)

Q3 The race of the person in my care is

- American Indian and/or Alaska Native (1)

- ○ Asian (2)
- ○ Black/African American (3)
- ○ Native Hawaiian and/or Other Pacific Islander (4)
- ○ Two or more races (5)
- ○ White/Caucasian (6)
- ○ I prefer not to answer (7)
- ○ Other, please specify (8)

_____

Q4 The person in my care is

- ○ Hispanic or Latino (1)
- ○ Not Hispanic or Latino (2)
- ○ I prefer not to answer (3)

Q5 The person in my care identifies as

- ○ Man (1)
- ○ Woman (2)
- ○ Other (3)
- ○ I prefer not to answer (5)

Q7 Who referred the person in your care to treatment (select all that apply)

- [ ] Employer (1)
- [ ] Hospital (2)
- [ ] Primary Care Provider (3)
- [ ] Family Member/Friend (4)
- [ ] Community Based Organization (including faith-based organization) (5)
- [ ] Attorney (6)
- [ ] Court System (7)
- [ ] Police/Parole Officer (8)
- [ ] Self-Referred (9)
- [ ] I don't know (11)
- [ ] Other, please specify (10)

_____

Q8 The person in my care sought treatment due to _____? (Select all that apply)

- [ ] Loss of a job (1)
- [ ] Family matter (2)
- [ ] Baker Act/Marchman Act (3)

- [ ] Employer request (4)
- [ ] Failing school (5)
- [ ] Rape/Sexual violence (6)
- [ ] Trauma (7)
- [ ] Arrest (8)
- [ ] Feeling physically ill and sought treatment (9)
- [ ] Feeling psychologically ill and sought treatment (10)
- [ ] Alcohol and/or other drug dependence (11)
- [ ] Alcohol and/or drug withdrawal (12)
- [ ] Alcohol and/or other drug overdose (13)
- [ ] Directed by a judge or probation officer (14)
- [ ] Directed by a child welfare organization (15)
- [ ] I don't know (16)
- [ ] Other, please specify (17) _____

Q9 The person in my care has been in treatment for

- ○ Less than 1 month (1)

- ○ 1 to 3 months (2)
- ○ 4 to 6 months (3)
- ○ 7 to 9 months (4)
- ○ 10 to 12 months (5)
- ○ 1 - 2 years (6)
- ○ Longer than 2 years (7)
- ○ I don't know (8)

Q10 The person in my care pays for their care with ___ (select all that apply)

- ☐ Private insurance (1)
- ☐ Cash/Self-Pay (2)
- ☐ Medicare (3)
- ☐ Medicaid (4)
- ☐ Tricare (5)
- ☐ No payment (7)
- ☐ I don't know (6)

Q100 In the past 12 months, have you used 2-1-1 to help find resources for the person in your care?

- ○ Yes (1)
- ○ No (2)

Display this question:

If In the past 12 months, have you used 2-1-1 to help find resources for the person in your care? = Yes

Q101 Was 2-1-1 helpful?

- ○ Yes (1)
- ○ No (2)
- ○ Sometimes (3)

Display this question:

If I am responding to this survey as someone (choose one): = who has personally used mental health and/or substance misuse treatment services in Florida the past 12 months

Q14 In the past 12 months, have you received **mental health** services in Florida?

- ○ Yes (1)
- ○ No (2)

Display this question:

If In the past 12 months, have you received mental health services in Florida? = Yes

Q94 In the past 12 months, how much time passed between when you requested a **mental health** appointment and when the appointment actually took place?

- ○ Within 2 days (1)
- ○ 3 - 7 days (2)
- ○ 8 - 14 days (3)
- ○ 15 - 31 days (4)
- ○ More than 31 days (5)

Q87 In the past 12 months, did you experience barriers getting the **mental health** services you needed?

- ○ Yes, I did experience barriers getting the mental health services I needed (1)
- ○ No, I did NOT experience barriers getting the mental health services I needed (2)

Display this question:

If In the past 12 months, did you experience barriers getting the mental health services you needed? = Yes, I did experience barriers getting the mental health services I needed

Q21 In the past 12 months, what were the barriers you experienced when trying to get **mental health** services? (select all that apply)

- ☐ Cost (1)
- ☐ No insurance or insurance did not cover service (2)
- ☐ Transportation (3)
- ☐ Location of Service (too far) (4)
- ☐ Childcare not available (5)
- ☐ Incarcerated (6)
- ☐ Could not find needed service (7)
- ☐ Could not get a referral (8)
- ☐ Service was not available when I needed it (9)
- ☐ Stigma (fear, shame, worried about what other people would think) (10)

☐ I refused services offered to me (11)

☐ Work-related problem (no time off, denied time off, no compensation if taking time off) (12)

☐ Other, please specify (13) _____

Q16 In the past 12 months, I received most of my **mental health** care at _____ (select one)

○ 211 Brevard (1)

○ Ability Housing (2)

○ AdventHealth Hope and Healing Center (3)

○ Aspire Health Partners (4)

○ BAYS Florida (5)

○ Family Partnership of Central Florida (6)

○ Brevard Prevention Coalition (7)

○ Carr Four (8)

○ Community Assisted and Supported Living (CASL) (9)

○ Central Florida Treatment Center (10)

○ Children's Home Society (11)

○ Circles of Care (12)

- ○ Clear Futures (13)
- ○ Community Counseling Center (14)
- ○ Devereux (15)
- ○ Eckerd Connects (16)
- ○ Gulf Coast Jewish Family Community Services (17)
- ○ Healthy Start Coalition of Brevard County (18)
- ○ Hispanic Family Counseling (19)
- ○ House of Freedom (20)
- ○ Housing for Homeless (21)
- ○ IMPOWER (22)
- ○ Informed Families (23)
- ○ LifeStream Behavioral Center (24)
- ○ LifeTime Counseling (25)
- ○ Lotus Behavioral (26)
- ○ Mental Health Resource Center (27)
- ○ Orlando Health/The Healing Tree (28)
- ○ Park Place (29)
- ○ Peer Support Space (30)
- ○ Recovery Connections of Central Florida (31)

- ○ Space Coast Health Center (32)
- ○ Space Coast Recovery (33)
- ○ STEPS (34)
- ○ Transition House (35)
- ○ Heart of Florida United Way - 211 (36)
- ○ University Behavioral Center (37)
- ○ Wayne Densch Center (38)
- ○ Other, please specify (39)

_____

Q23 I travel ____ miles (one-way) from my home to ${Q16/ChoiceGroup/SelectedChoices}

- ○ 5 miles or less (1)
- ○ 6 - 15 miles (2)
- ○ 16 - 30 miles (3)
- ○ 31 - 50 miles (4)
- ○ 51 - 75 miles (5)
- ○ 76 - 100 miles (6)
- ○ More than 100 miles (7)
- ○ I don't know (8)

Q24 How did you travel to appointments at ${Q16/ChoiceGroup/SelectedChoices} (select all that apply)

- [ ] Public Transportation (1)
- [ ] Medicare/Medicaid Bus (2)
- [ ] My Personal Vehicle (3)
- [ ] Family/Friend Drove Me (4)
- [ ] Cab/Taxi Service (5)
- [ ] Uber/Lyft/Other Rideshare App (6)
- [ ] Walk/Ride Bicycle (7)
- [ ] Other, please specify (8)

_____

Q18 In the past 12 months, I received the following services at ${Q16/ChoiceGroup/SelectedChoices}(select all that apply)

- [ ] Individual counseling (1)
- [ ] Group Counseling (2)
- [ ] Residential/Inpatient Treatment (overnight) (3)
- [ ] Psychiatry - medication services (4)
- [ ] Primary Care (5)

- [ ] Clubhouse (6)
- [ ] Case Management (7)
- [ ] Family Therapy (8)
- [ ] Support Group (9)
- [ ] Certified Recovery Peer Specialist (10)
- [ ] Self-Directed Care (11)
- [ ] Alternative Services (acupuncture, meditation, massage, etc.) (12)
- [ ] Housing Assistance (finding and maintaining housing) (13)
- [ ] Employment Assistance (14)
- [ ] Mobile Response (16)
- [ ] Crisis Services (17)
- [ ] Other, please specify (15)

_____

Q25 Please rate ${Q16/ChoiceGroup/SelectedChoices} on the following statements:

Appointment availability (1)	☆	☆	☆	☆	☆
Provider hours are convenient (2)	☆	☆	☆	☆	☆
Location of provider (3)	☆	☆	☆	☆	☆
My provider spends enough time with me (7)	☆	☆	☆	☆	☆
My provider coordinates my care with other healthcare providers (8)	☆	☆	☆	☆	☆
My needs are considered (9)	☆	☆	☆	☆	☆
Overall, I rate my provider: (11)	☆	☆	☆	☆	☆

Q19 The most important **mental health** services for me are (select up to three).

- [ ] Individual counseling (1)
- [ ] Group Counseling (2)
- [ ] Residential/Inpatient Treatment (overnight) (3)
- [ ] Psychiatry - medication services (4)
- [ ] Primary Care (5)
- [ ] Clubhouse (6)
- [ ] Case Management (7)
- [ ] Family Therapy (8)
- [ ] Support Group (9)
- [ ] Certified Recovery Peer Specialist (10)
- [ ] Self-Directed Care (11)
- [ ] Alternative Services (acupuncture, meditation, massage, etc.) (12)
- [ ] Housing Assistance (finding and maintaining housing) (13)
- [ ] Employment Assistance (14)
- [ ] Mobile Response (17)
- [ ] Crisis Services (18)

☐ ⊗ None are important to me (16)

☐ Other, please specify (15)
_____

Display this question:

If I am responding to this survey as someone (choose one): = who has personally used mental health and/or substance misuse treatment services in Florida the past 12 months

Q91 In the past 12 months, have you received **substance misuse** services in Florida?

○ Yes (1)

○ No (2)

Display this question:

If In the past 12 months, have you received substance misuse services in Florida? = Yes

Q95 In the past 12 months, how much time passed between when you requested a **substance misuse** treatment appointment and when the appointment actually took place?

- ○ Within 2 Days (1)
- ○ 3 - 7 days (6)
- ○ 8 - 14 days (2)
- ○ 15 - 31 days (3)
- ○ More than 31 days (4)

Q83 In the past 12 months, did you experience barriers getting the **substance misuse** services you needed?

- ○ Yes (1)
- ○ No (2)

Display this question:

If In the past 12 months, did you experience barriers getting the substance misuse services you need... = Yes

Q84 In the past 12 months, what barriers did you experience when trying to get **substance misuse** services? (select all that apply)

- ☐ Cost (1)
- ☐ No insurance or insurance did not cover service (2)
- ☐ Transportation (3)
- ☐ Location of Service (too far) (4)
- ☐ Childcare not available (5)
- ☐ Incarcerated (6)
- ☐ Could not find needed service (7)
- ☐ Could not get a referral (8)
- ☐ Service was not available when I needed it (9)
- ☐ Stigma (fear, shame, worried about what other people would think) (10)
- ☐ I refused services offered to me (11)

☐ Work-related problem (no time off, denied time off, no compensation if taking time off) (12)

☐ Other, please specify (13)
_____

Q53 In the past 12 months, I received **substance misuse** care at _____ (select one)

○ 211 Brevard (1)

○ Ability Housing (2)

○ AdventHealth Hope and Healing Center (3)

○ Aspire Health Partners (4)

○ BAYS Florida (5)

○ Family Partnership of Central Florida (6)

○ Brevard Prevention Coalition (7)

○ Carr Four (8)

○ Community Assisted and Supported Living (CASL) (9)

○ Central Florida Treatment Center (10)

○ Children's Home Society (11)

○ Circles of Care (12)

○ Clear Futures (13)

- Community Counseling Center (14)
- Devereux (15)
- Eckerd Connects (16)
- Gulf Coast Jewish Family Community Services (17)
- Healthy Start Coalition of Brevard County (18)
- Hispanic Family Counseling (19)
- House of Freedom (20)
- Housing for Homeless (21)
- IMPOWER (22)
- Informed Families (23)
- LIfeStream Behavioral Center (24)
- LifeTime Counseling (25)
- Lotus Behavioral (26)
- Mental Health Resource Center (27)
- Orlando Health/The Healing Tree (28)
- Park Place (29)
- Peer Support Space (30)
- Recovery Connections of Central Florida (31)
- Space Coast Health Center (32)

- ○ Space Coast Recovery (33)
- ○ STEPS (34)
- ○ Transition House (35)
- ○ Heart of Florida United Way - 211 (36)
- ○ University Behavioral Center (37)
- ○ Wayne Densch Center (38)
- ○ Other, please specify (39)

_____

Q54 I travel ____ miles (one-way) from my home to ${Q53/ChoiceGroup/SelectedChoices}

- ○ 5 miles or less (1)
- ○ 6 - 15 miles (2)
- ○ 16 - 30 miles (3)
- ○ 31 - 50 miles (4)
- ○ 51 - 75 miles (5)
- ○ 76 - 100 miles (6)
- ○ More than 100 miles (7)
- ○ I don't know (8)

Q55 How did you travel to appointments at ${Q53/ChoiceGroup/SelectedChoices} (select all that apply)

- [ ] Public Transportation (1)
- [ ] Medicare/Medicaid Bus (2)
- [ ] My Personal Vehicle (3)
- [ ] Family/Friend Drove Me (4)
- [ ] Cab/Taxi Service (5)
- [ ] Uber/Lyft/Other Rideshare App (6)
- [ ] Walk/Ride Bicycle (7)
- [ ] Other, please specify (8)

_____

Q56 In the past 12 months, I received the following services at ${Q53/ChoiceGroup/SelectedChoices} (select all that apply)

- [ ] Individual counseling (1)
- [ ] Group Counseling (2)
- [ ] Residential/Inpatient Treatment (overnight) (3)
- [ ] Psychiatry - medication services (4)
- [ ] Primary Care (5)
- [ ] Clubhouse (6)
- [ ] Case Management (7)
- [ ] Family Therapy (8)
- [ ] Support Group (9)
- [ ] Certified Recovery Peer Specialist (10)
- [ ] Self-Directed Care (11)
- [ ] Alternative Services (acupuncture, meditation, massage, etc.) (12)
- [ ] Housing Assistance (finding and maintaining housing) (13)
- [ ] Employment Assistance (14)
- [ ] Mobile Response (16)

☐ Crisis Services (17)

☐ Other, please specify (15)

_____

Q57 Please rate ${Q53/ChoiceGroup/SelectedChoices} on the following statements:

Appointment availability (1)	☆	☆	☆	☆	☆
Provider hours are convenient (2)	☆	☆	☆	☆	☆
Location of provider (3)	☆	☆	☆	☆	☆
My provider spends enough time with me (7)	☆	☆	☆	☆	☆
My provider coordinates my care with other healthcare providers (8)	☆	☆	☆	☆	☆
My needs are considered (9)	☆	☆	☆	☆	☆
Overall, I rate my provider: (11)	☆	☆	☆	☆	☆
I make decisions about my care (10)	☆	☆	☆	☆	☆

Q58 The most important services for me are (select up to three)

- [ ] Individual counseling (1)
- [ ] Group Counseling (2)
- [ ] Residential/Inpatient Treatment (overnight) (3)
- [ ] Psychiatry - medication services (4)
- [ ] Primary Care (5)
- [ ] Clubhouse (6)
- [ ] Case Management (7)
- [ ] Family Therapy (8)
- [ ] Support Group (9)
- [ ] Certified Recovery Peer Specialist (10)
- [ ] Self-Directed Care (11)
- [ ] Alternative Services (acupuncture, meditation, massage, etc.) (12)
- [ ] Housing Assistance (finding and maintaining housing) (13)
- [ ] Employment Assistance (14)
- [ ] Mobile Response (17)
- [ ] Crisis Services (18)

- [ ] Medication-Assisted Treatment (MAT) (19)
- [ ] Detox services (20)
- [ ] None are important to me (16)
- [ ] Other, please specify (15) _____

Q22 In the past 12 months, have you been to an Emergency Room for a **mental health-related** condition?

- ○ Yes (1)
- ○ No (2)

Q88 In the past 12 months, have you been to an Emergency Room for a **substance misuse-related** condition?

- ○ Yes (1)
- ○ No (2)

I am a resident of ____ County (select one)

- ○ Brevard (1)
- ○ Orange (2)
- ○ Osceola (24)
- ○ Seminole (3)
- ○ Other, please specify (4)

_____

Q5 My age is

- ○ 18 - 44 (1)
- ○ 45 - 64 (2)
- ○ 65+ (3)

Q6 I identify as _____ (select one)

- ○ American Indian and/or Alaska Native (1)
- ○ Asian (2)
- ○ Black/African American (3)
- ○ Native Hawaiian and/or Other Pacific Islander (4)
- ○ Two or more races (5)
- ○ White/Caucasian (6)
- ○ I prefer not to answer (7)
- ○ Other, please specify (8)

_____

Q7 I am ____ (please select one)

- ○ Hispanic or Latino (1)
- ○ Not Hispanic or Latino (2)
- ○ I prefer not to answer (3)

Q8 I identify as ____ (please select one)

- ○ Man (1)
- ○ Woman (2)
- ○ Other (3)
- ○ I prefer not to answer (5)

Q10 ____ referred me to treatment (select all that apply)

- [ ] Employer (1)
- [ ] Hospital (2)
- [ ] Primary Care Provider (3)
- [ ] Family Member/Friend (4)
- [ ] Community Based Organization (including faith-based organization) (5)
- [ ] Attorney (6)
- [ ] Court System (7)
- [ ] Police/Parole Officer (8)
- [ ] Self-Referred (9)
- [ ] Other, please specify (10) _____

Q11 I sought treatment due to _____? (Select all that apply)

- [ ] Loss of a job (1)
- [ ] Family matter (2)
- [ ] Baker Act/Marchman Act (3)
- [ ] Employer request (4)
- [ ] Failing school (5)
- [ ] Rape/Sexual violence (6)
- [ ] Trauma (7)
- [ ] Arrest (8)
- [ ] Felt physically ill and sought treatment (9)
- [ ] Felt psychologically ill and sought treatment (10)
- [ ] Alcohol and/or other drug dependent (11)
- [ ] Alcohol and/or drug withdrawal (12)
- [ ] Alcohol and/or other drug overdose (13)
- [ ] Directed by a judge or probation officer (14)
- [ ] Directed by a child welfare organization (15)
- [ ] I don't know (16)

☐ Other, please specify (17)
_____

Q12 I've been in treatment _____. (select one)

- ○ Less than 1 month (1)
- ○ 1 to 3 months (2)
- ○ 4 to 6 months (3)
- ○ 7 to 9 months (4)
- ○ 10 to 12 months (5)
- ○ 1 - 2 years (6)
- ○ Longer than 2 years (7)
- ○ I don't know (8)

Q13 I pay for mental health and/or substance misuse treatment services with _____. (select all that apply)

- [ ] Private insurance (1)
- [ ] Cash/Self-Pay (2)
- [ ] Medicare (3)
- [ ] Medicaid (4)
- [ ] Tricare (5)
- [ ] No payment (7)
- [ ] I don't know (6)

Q97 In the past 12 months, have you used 2-1-1 to help find resources?

- ○ Yes (1)
- ○ No (2)

Display this question:

If In the past 12 months, have you used 2-1-1 to help find resources? = Yes

Q98 Was 2-1-1 helpful?

- ○ Yes (1)
- ○ No (2)
- ○ Sometimes (3)

Appendix E: Provider Survey

Introduction

As a mental health and/or substance misuse treatment provider, this is your opportunity to tell us what services are needed. This anonymous survey should take 10 minutes or less to complete. Your answers will help the managing entity, Central Florida Cares Health System, decide how funding is used in your area for mental health and substance misuse treatment services. This survey is part of a larger needs assessment taking place in a four (4) county area. The Health Council of East Central Florida, a nonprofit health planning council, has been contracted by Central Florida Cares Health System to conduct an unbiased needs assessment to determine strengths and gaps in services for mental health and substance misuse treatment. Central Florida Cares Health System will not have access to your individual responses nor will they know who participated in this survey. Thank you for completing this survey.

Q2 Where do you provide services? (select all that apply)

- ☐ Brevard (1)
- ☐ Orange (3)
- ☐ Osceola (7)
- ☐ Seminole (8)
- ☐ None of the above (9)

☐ *Display this question:*

☐ *If Where do you provide services? (select all that apply) != None of the above*

Q3 What services do you provide? (select one)

- ○ Mental health services (1)
- ○ Substance misuse services (2)
- ○ Both mental health and substance misuse services (3)
- ○ I do not provide mental health or substance misuse services (4)

Q4 Please identify all the services you/your organization provided in the past 12 months. (select all that apply)

- ☐ Adult Mental Health (1)
- ☐ Adult Substance Misuse Treatment (2)
- ☐ Children's Mental Health (3)
- ☐ Children's Substance Misuse Treatment (4)

Q5 What diagnoses do you treat most often? (Please select up to five)

- ☐ Disorders usually first diagnosed in infancy, childhood or adolescence (1)
- ☐ Attention Deficit and Disruptive Behavior Disorders (2)
- ☐ Alcohol-related disorders (3)
- ☐ Amphetamine or Amphetamine-like related disorders (4)
- ☐ Cannabis-related disorders (5)
- ☐ Cocaine-related disorders (6)

- [ ] Hallucinogen-related disorders (7)
- [ ] Nicotine-related disorders (8)
- [ ] Opioid-related disorders (9)
- [ ] Sedative, Hypnotic, Anxiolytic disorders (10)
- [ ] Polysubstance-related disorders (11)
- [ ] Schizophrenia and psychotic disorders (12)
- [ ] Depressive disorders (13)
- [ ] Bipolar disorders (14)
- [ ] Anxiety disorders (15)
- [ ] Post-Traumatic Stress Disorder (16)
- [ ] Eating disorders (17)
- [ ] Sleep disorders (18)
- [ ] Adjustment disorders (19)
- [ ] Personality disorders (20)
- [ ] Problems related to abuse or neglect (21)
- [ ] Other, please specify (22)

_____

Q7 What services need to be increased or expanded to meet the needs of the community? (Please choose up to three.)

- [ ] Group Counseling - Mental Health (1)
- [ ] Group Counseling - Substance Misuse (2)
- [ ] Residential/Inpatient Treatment- Mental Health- overnight (3)
- [ ] Residential/Inpatient Treatment - Substance Misuse - overnight (13)
- [ ] Individual Counseling - Mental Health (4)
- [ ] Individual Counseling - Substance Misuse (5)
- [ ] Detoxification Services (14)
- [ ] Psychiatry (6)
- [ ] Primary Care (7)
- [ ] Clubhouse (8)
- [ ] Case Management (9)
- [ ] Family Therapy (10)
- [ ] Support Groups (11)
- [ ] Other, please specify (12)

_____

Q9 What are the top barriers **you** face when trying to meet the needs of your clients? (please select up to three)

- [ ] Funding (1)
- [ ] Policies (2)
- [ ] Regulations (3)
- [ ] Reimbursement rates (4)
- [ ] Infrastructure (5)
- [ ] Education level of providers (6)
- [ ] Workforce development (7)
- [ ] Adequate staffing (8)
- [ ] Staff attrition (9)
- [ ] Staff burnout (10)
- [ ] Client's lack of housing (11)
- [ ] Client's lack of payment source (12)
- [ ] Client's lack of access to medications (13)
- [ ] Client's arrest (14)
- [ ] Other, please specify (15) _____

Q8 What are the THREE top barriers **providers** face when trying to meet the needs of your clients? (please select three)

- [ ] Funding (1)
- [ ] Policies (2)
- [ ] Regulations (3)
- [ ] Reimbursement rates (4)
- [ ] Infrastructure (5)
- [ ] Education level of providers (6)
- [ ] Workforce development (7)
- [ ] Adequate staffing (8)
- [ ] Staff attrition (9)
- [ ] Staff burnout (10)
- [ ] Client's lack of housing (11)
- [ ] Client's lack of payment source (12)
- [ ] Client's lack of access to medications (13)
- [ ] Client's arrest (14)

☐ Other, please specify (15)
_____

Q10 What are the top THREE barriers **clients** face when trying to access mental health and/or substance misuse treatment services? (please select three)

☐ Cost (1)

☐ Insurance issues (no insurance coverage, high deductible) (2)

☐ Transportation services (3)

☐ Location of services (4)

☐ Lack of awareness of service availability (5)

☐ Availability of services when needed (6)

☐ Lack of referral from other providers (7)

☐ Stigma (8)

☐ Motivation or desire to receive services (9)

☐ Incarceration (10)

☐ Refused services by provider (11)

☐ Work-related issue (no paid leave time, denied leave time) (12)

☐ Childcare issues (13)

☐ Physical accessibility (15)

☐ Discrimination (16)

☐ Other, please specify (14)
_____

Q19 In the past 12 months, have you utilized 2-1-1 for resource identification?

○ Yes (1)

○ No (2)

☐ *Display this question:*

☐ *If In the past 12 months, have you utilized 2-1-1 for resource identification? = Yes*

Q20 When you used 2-1-1, was it helpful?

○ Yes (1)

○ No (2)

○ Sometimes (4)

Q17 Please tell us about you.
Q11 What is your age? (select one)

- ○ Less than 30 (1)
- ○ 30-39 (2)
- ○ 40-49 (3)
- ○ 50-59 (4)
- ○ 60-64 (5)
- ○ 65-69 (6)
- ○ 70-79 (7)
- ○ 80 years of age or older (8)
- ○ I prefer not to answer (9)

Q12 What is your gender? (select one)

- ○ Woman (1)
- ○ Man (2)
- ○ Other (3)
- ○ Prefer not to say (5)

Q13 What racial group do you most identify with? (select one)

- White/Caucasian (1)
- Black/African American (2)
- Asian (3)
- Native Hawaiian and/or Other Pacific Islander (4)
- Two or more races (5)
- I prefer not to answer (6)
- Other, please specify (7)

_____

Q14 Do you identify as Hispanic or Latino?

- Yes (1)
- No (2)
- I prefer not to answer (3)

Q15 How long have you practiced in the mental health and/or substance misuse treatment profession?

- Less than 5 years (1)
- 5-9 years (2)
- 10-14 years (3)
- 15-19 years (4)
- 20 or more years (5)

○ I prefer not to answer (6)

Q18 Please identify the organization(s) where you are employed. Select all that apply.

- ☐ 211 Brevard (1)
- ☐ Ability Housing (2)
- ☐ AdventHealth Hope and Healing Center (3)
- ☐ Aspire Health Partners (4)
- ☐ BAYS Florida (5)
- ☐ Family Partnership of Central Florida (6)
- ☐ Brevard Prevention Coalition (7)
- ☐ Carr Four (8)
- ☐ Community Assisted and Supported Living (CASL) (9)
- ☐ Central Florida Treatment Center (10)
- ☐ Children's Home Society (11)
- ☐ Circles of Care (12)
- ☐ Clear Futures (13)
- ☐ Community Counseling Center (14)

- [ ] Devereux (15)
- [ ] Eckerd Connects (16)
- [ ] Gulf Coast Jewish Family Community Services (17)
- [ ] Healthy Start Coalition of Brevard County (18)
- [ ] Hispanic Family Counseling (19)
- [ ] House of Freedom (20)
- [ ] Housing for Homeless (21)
- [ ] IMPOWER (22)
- [ ] Informed Families (23)
- [ ] LifeStream Behavioral Center (24)
- [ ] LIfeTime Counseling (25)
- [ ] Lotus Behavioral (26)
- [ ] Mental Health Resource Center (27)
- [ ] Orlando Health/The Healing Tree (28)
- [ ] Park Place (29)
- [ ] Peer Support Space (30)

- [ ] Recovery Connections of Central Florida (31)
- [ ] Space Coast Health Center (32)
- [ ] Space Coast Recovery (33)
- [ ] STEPS (34)
- [ ] Transition House (35)
- [ ] Heart of Florida United Way - 211 (36)
- [ ] University Behavioral Center (37)
- [ ] Wayne Densch Center (38)
- [ ] Other, please specify (39)

_____

Appendix F: Stakeholder and Community Partner Survey

Introduction

Do you work in Brevard, Osceola, Orange and/or Seminole Counties? Do you work in the following fields: social services, law enforcement, criminal justice, education, healthcare, family welfare, or another type of community-based organization? If so, please tell us about your experiences working with mental health and substance misuse treatment service providers. This anonymous survey should take 10 minutes or less to complete. Your answers will help the managing entity, Central Florida Cares Health Systems, decide how funding is used in your area for mental health and substance misuse treatment services. This survey is part of a larger needs assessment taking place in a four-county area. The Health Council of North East Florida, a nonprofit health planning council, has been contracted by Central Florida Cares Health Systems to conduct an unbiased needs assessment to determine strengths and gaps in services for mental health and substance misuse treatment. Thank you for completing this survey.

Q1 I provide services or work in the following counties: (select all that apply)

- ☐ Brevard (1)
- ☐ Orange (7)
- ☐ Osceola (8)
- ☐ Seminole (9)
- ☐ ⊗None of the above (6)

☐ *Display this question:*

☐ *If I provide services or work in the following counties: (select all that apply) != None of the above*

Q2 My area of expertise is in: (select one)

- ○ Law enforcement (1)
- ○ Corrections (2)
- ○ Criminal justice (3)
- ○ Juvenile justice (4)
- ○ Government (5)
- ○ Adult, child, and family welfare (6)
- ○ Social services (7)
- ○ Healthcare (8)
- ○ Education (9)
- ○ Faith-based services (10)
- ○ Business and economic development (11)
- ○ Other, please specify (12)

_____

Q3 To what extent are the **mental health** needs of residents being met?

- ○ Fully met (1)
- ○ Partially met (2)
- ○ Slightly met (3)
- ○ Not at all met (4)
- ○ I don't know (5)

Q7 To what extent are the **substance misuse treatment** needs of residents being met?

- ○ Fully met (1)
- ○ Partially met (2)
- ○ Slightly met (3)
- ○ Not at all met (4)
- ○ I don't know (5)

Q5 What are the top THREE barriers **residents** face in accessing **mental health** services (please select three).

- ☐ Appointments not available when service is needed (1)
- ☐ Childcare issues (2)
- ☐ Cost (3)
- ☐ Insurance issues (e.g., no insurance, high deductibles, high co-pays, finding provider that accepts insurance) (4)
- ☐ Location of service (5)
- ☐ Not aware service is available (6)
- ☐ Referrals not available (7)
- ☐ Stigma (e.g., fear, shame, worried about what others think) (8)
- ☐ Transportation (9)

☐ Work-related issues (e.g., no paid leave time, denied time off) (10)

☐ Other, please specify (11)
_____

Q9 What are the top THREE barriers **residents** face in accessing **substance misuse treatment** services (please select three).

☐ Appointments not available when service is needed (1)

☐ Childcare issues (2)

☐ Cost (3)

☐ Insurance issues (e.g., no insurance, high deductibles, high co-pays, finding provider that accepts insurance) (4)

☐ Location of service (5)

☐ Not aware service is available (6)

☐ Referrals not available (7)

☐ Stigma (e.g., fear, shame, worried about what others think) (8)

☐ Transportation (9)

☐ Work-related issues (e.g., no paid leave time, denied time off) (10)

☐ Other, please specify (11)
_____

Q6 To what extent are **you** aware of **mental health services** that are available in your area?

- ○ Fully aware (2)
- ○ Moderately aware (5)
- ○ Somewhat aware (6)
- ○ Not very aware (7)
- ○ Not aware at all (8)

Q30 To what extent are **you** aware of **substance misuse treatment services** that are available in your area?

- ○ Fully aware (2)
- ○ Moderately aware (5)
- ○ Somewhat aware (6)
- ○ Not very aware (7)
- ○ Not aware at all (8)

Q10 Has access to **mental health services** improved, worsened, or stayed the same in the past 12 months?

- ○ Improved (1)
- ○ Worsened (2)
- ○ Stayed the same (3)
- ○ I don't know (4)

☐ *Display this question:*

☐ *If Has access to mental health services improved, worsened, or stayed the same in the past 12 months? = Improved*

Q13 To what do you attribute the **improvement** in access to **mental health services**? (Select all that apply.)

- ☐ Advances in mental health treatment practices (1)
- ☐ Advances in mental health prevention practices (2)
- ☐ Collaboration among stakeholders and partners (3)
- ☐ Community demand (4)
- ☐ Federal focus (5)
- ☐ State focus (6)
- ☐ Funding changes (increases or reallocations) (7)
- ☐ Leadership (8)
- ☐ Policy change(s) (9)

- [ ] Political change(s) (10)
- [ ] Priority shift(s) (11)
- [ ] Resource availability (12)
- [ ] Technology advances (such as telehealth) (13)
- [ ] Other, please specify (14)

_____

Display this question:

If Has access to mental health services improved, worsened, or stayed the same in the past 12 months? = Worsened

Q14 Why do you think access to **mental health** services has **worsened**? (Select all that apply.)

- [ ] Collaboration among stakeholders and partners (1)
- [ ] Community demand (2)
- [ ] Federal focus (3)
- [ ] State focus (4)
- [ ] Funding changes (increases or reallocations) (5)
- [ ] Leadership (6)
- [ ] Policy change(s) (7)
- [ ] Political change(s) (8)

- [ ] Priority shift(s) (9)
- [ ] Resource availability (10)
- [ ] Technology advances (such as telehealth) (11)
- [ ] Other, please specify (12)

_____

Q12 Has access to **substance misuse treatment** services improved, worsened, or stayed the same in the past 12 months?

- ○ Improved (1)
- ○ Worsened (2)
- ○ Stayed the same (3)
- ○ I don't know (4)

Display this question:

If Has access to substance misuse treatment services improved, worsened, or stayed the same in the p... = Worsened

Q15 Why do you think access to **substance misuse** treatment services has **worsened**? (Select all that apply.)

- [ ] Collaboration among stakeholders and partners (1)
- [ ] Community demand (2)
- [ ] Federal focus (3)
- [ ] State focus (4)

- [ ] Funding changes (increases or reallocations) (5)
- [ ] Leadership (6)
- [ ] Policy change(s) (7)
- [ ] Political change(s) (8)
- [ ] Priority shift(s) (9)
- [ ] Resource availability (10)
- [ ] Technology advances (such as telehealth) (11)
- [ ] Other, please specify (12)

_____

Display this question:

If Has access to substance misuse treatment services improved, worsened, or stayed the same in the p... = Improved

Q11 To what do you attribute the **improvement** in access to **substance misuse treatment** services? (Select all that apply.)

- [ ] Advances in substance misuse treatment practices (1)
- [ ] Advances in substance misuse prevention practices (2)
- [ ] Collaboration among stakeholders and partners (3)
- [ ] Community demand (4)
- [ ] Federal focus (5)

- [ ] State focus (6)
- [ ] Funding changes (increases or reallocations) (7)
- [ ] Leadership (8)
- [ ] Policy change(s) (9)
- [ ] Political change(s) (10)
- [ ] Priority shift(s) (11)
- [ ] Resource availability (12)
- [ ] Technology advances (such as telehealth) (13)
- [ ] Other, please specify (14)

_____

Q21 Please tell us about you.
Q16 What is your age?

- ○ 18-24 (1)
- ○ 25-34 (2)
- ○ 35-44 (3)
- ○ 45-54 (4)
- ○ 55-64 (5)
- ○ 65-74 (6)

- ○ 75 and older (7)
- ○ I prefer not to answer (8)

Q17 What race do you identify with most?

- ○ White/Caucasian (1)
- ○ Black/African American (2)
- ○ Asian (3)
- ○ American Indian or Alaska Native (4)
- ○ Native Hawaiian or other Pacific Islander (5)
- ○ Two or more races (6)
- ○ I prefer not to answer (7)
- ○ Other, please specify (8)

_____

Q18 Do you identify as Hispanic or Latino?

- ○ Yes (1)
- ○ No (2)
- ○ I prefer not to answer (3)

Q6 How long have you worked in social services, law enforcement, criminal justice, education, healthcare, family welfare, or another type of community based organization in central Florida?

- ○ Less than 5 years (1)
- ○ 5-9 years (2)
- ○ 10-14 years (3)
- ○ 15-19 years (4)
- ○ 20 or more years (5)
- ○ I prefer not to answer (6)