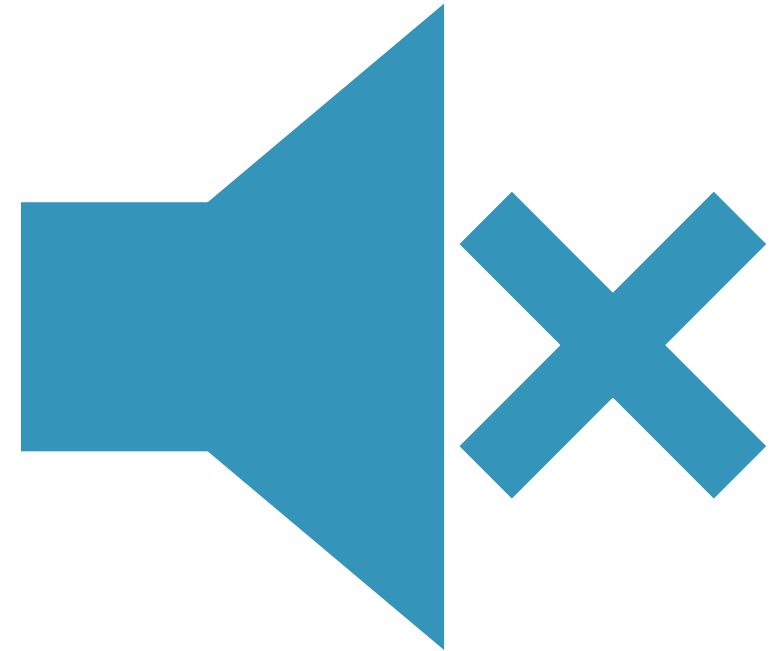
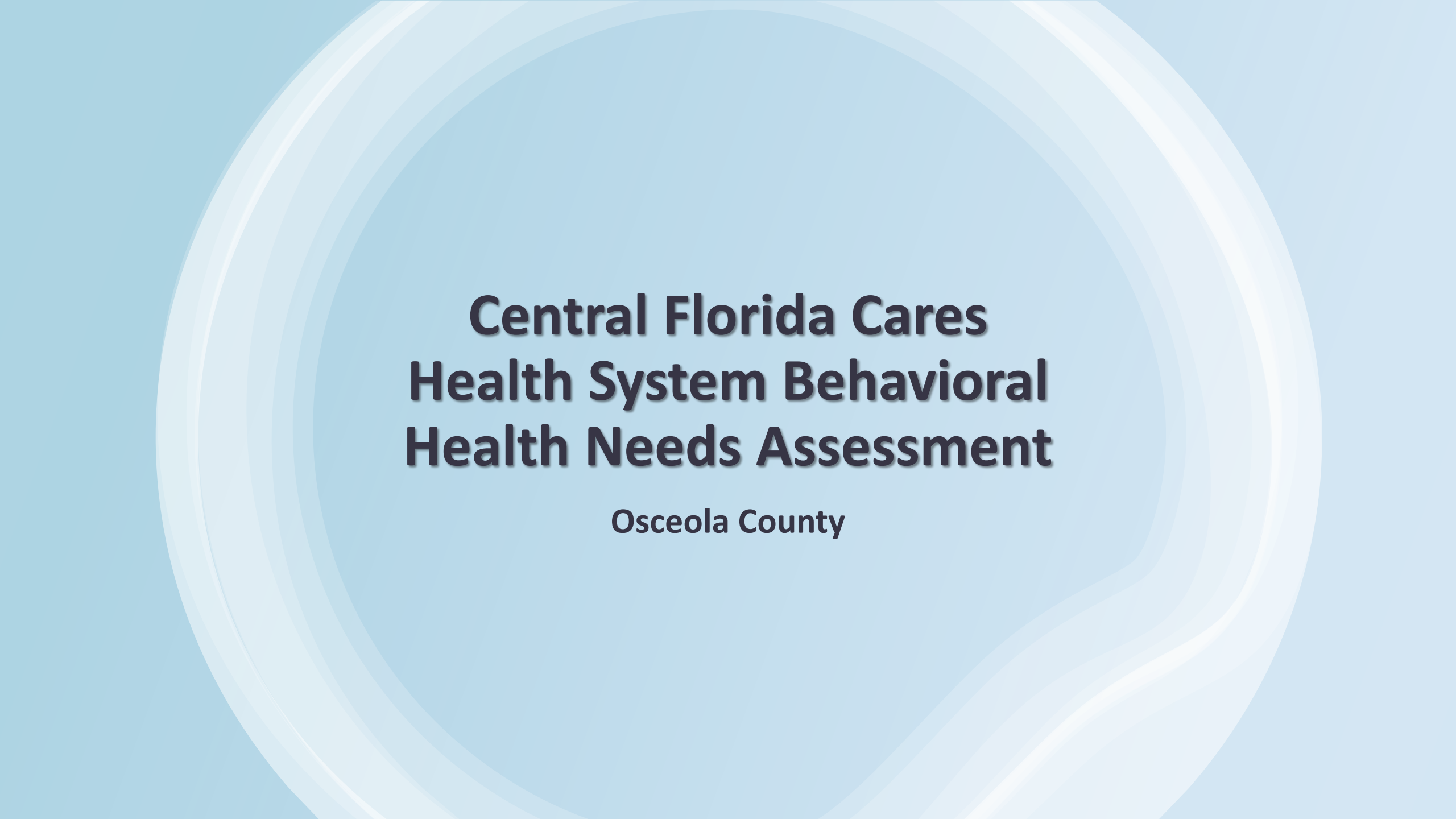


Hello and Welcome to the Central Florida Cares Health System Behavioral needs Assessment – Osceola County Meeting

- This meeting is being recorded
- Please mute your microphones
- The presentation will start promptly at 11:05 a.m.
- Please hold all questions until the end of the presentation
- Please include your name, organization, and email in the chat





Central Florida Cares Health System Behavioral Health Needs Assessment

Osceola County

A blue pen with a silver tip is positioned diagonally across the left side of the slide. The background of the left half of the slide is a light blue bar chart with several bars of varying heights. The right half of the slide is white and contains the agenda text.

Agenda

- I. Needs Assessment Components and Timeline
- II. Secondary Data Highlights
- III. Primary Data Highlights
 - I. Consumer Survey Highlights
 - II. Provider Survey
 - III. Stakeholder and Community Partner Survey
 - IV. CORE Network Roundtable
 - V. Focus Groups
- IV. Identified Needs and Gaps

Needs Assessment Components



SECONDARY DATA –
Demographics, General
Health Assessment,
Opioid Assessment,
CFCHS Individuals
Served



PROVIDER SURVEY –
responses from mental
health and/or substance
misuse service providers
in the service area



STAKEHOLDER SURVEY –
responses from
community partners and
stakeholder who provide
services in the service
area



CORE NETWORK
ROUNDTABLE –
discussion with the
Coordinated Opioid
Recovery Network



FOCUS GROUPS – 5
virtual groups facilitated
with network providers to
discuss the No Wrong
Door Model and the
Recovery Oriented
System of Care



CONSUMER SURVEY –
responses from residents
who have used mental
health and/or substance
misuse services in the
past 12 months who live
in the service area.

COMPONENT	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
General Planning and Discussion of Process	X							
Secondary Data Collection and Analysis	X	X	X	X	X			
Development of Primary Data Tools		X	X	X	X			
Surveys Collection and Analysis					X	X	X	
Focus Group Facilitation and Analysis						X		
CORE Roundtable Discussion and Analysis						X	X	
Final Report Development			X	X	X	X	X	X
Presentation of Findings and Strategic Priorities Identification							X	X

Timeline

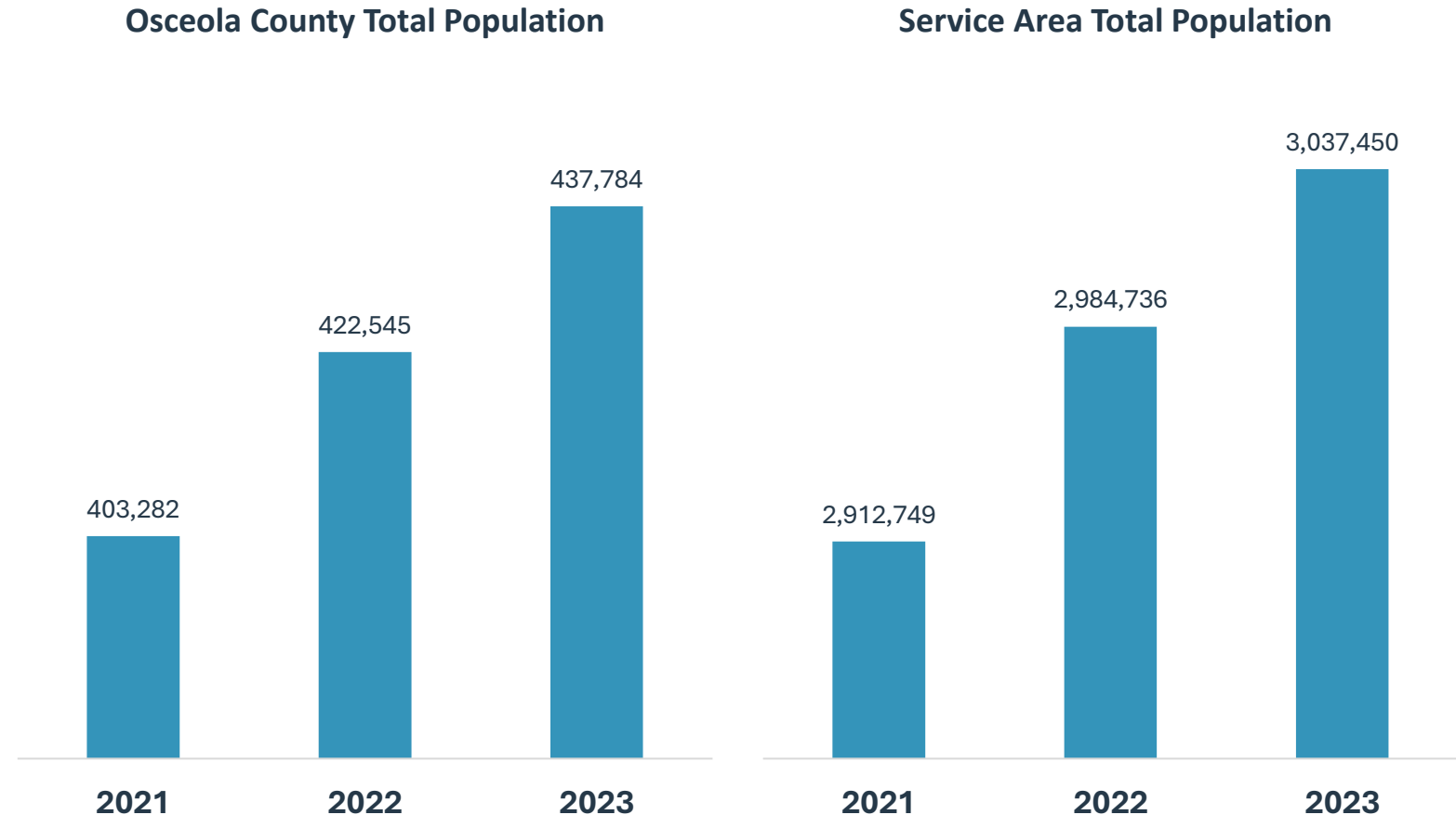


Secondary Data

Demographics

Population Estimates

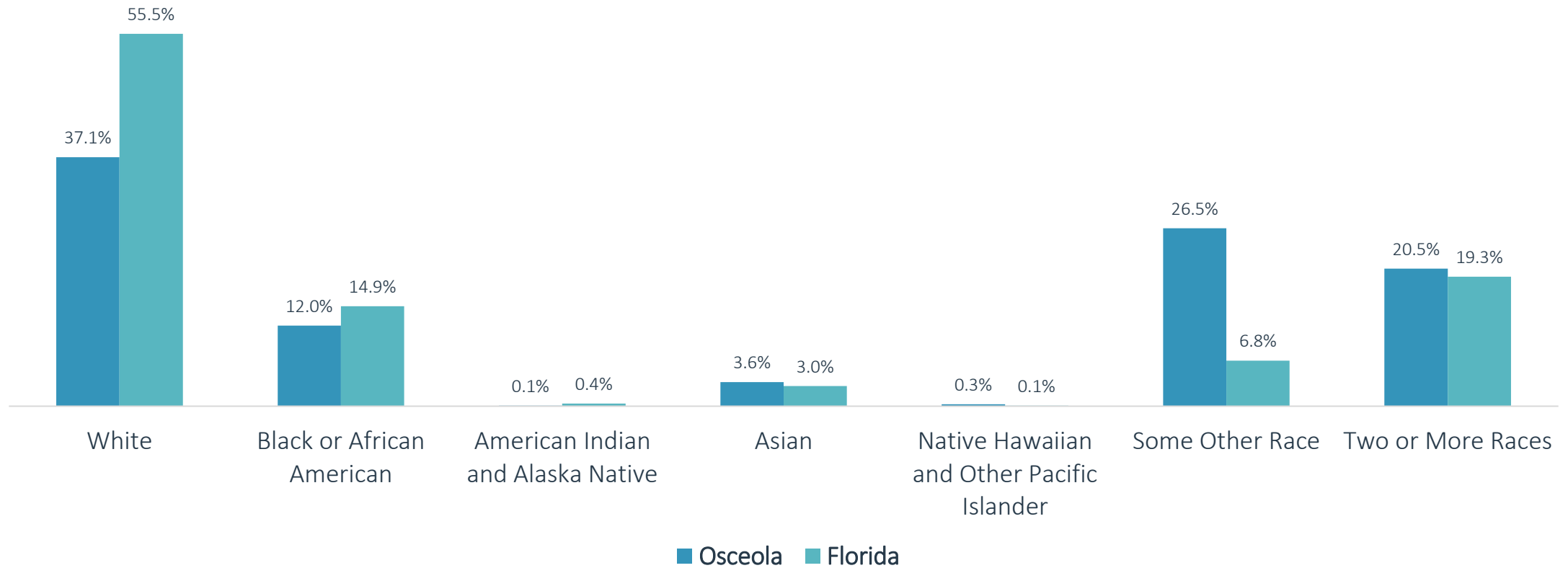
- The Osceola County population increased 8.6% from 2021 to 2023.
- Higher rate of increase than the service area (4.28%)
- Osceola County accounts for about 14% of the population of the service area.



Source: American Community Survey 1-year Estimates, Table DP05

Population by Race

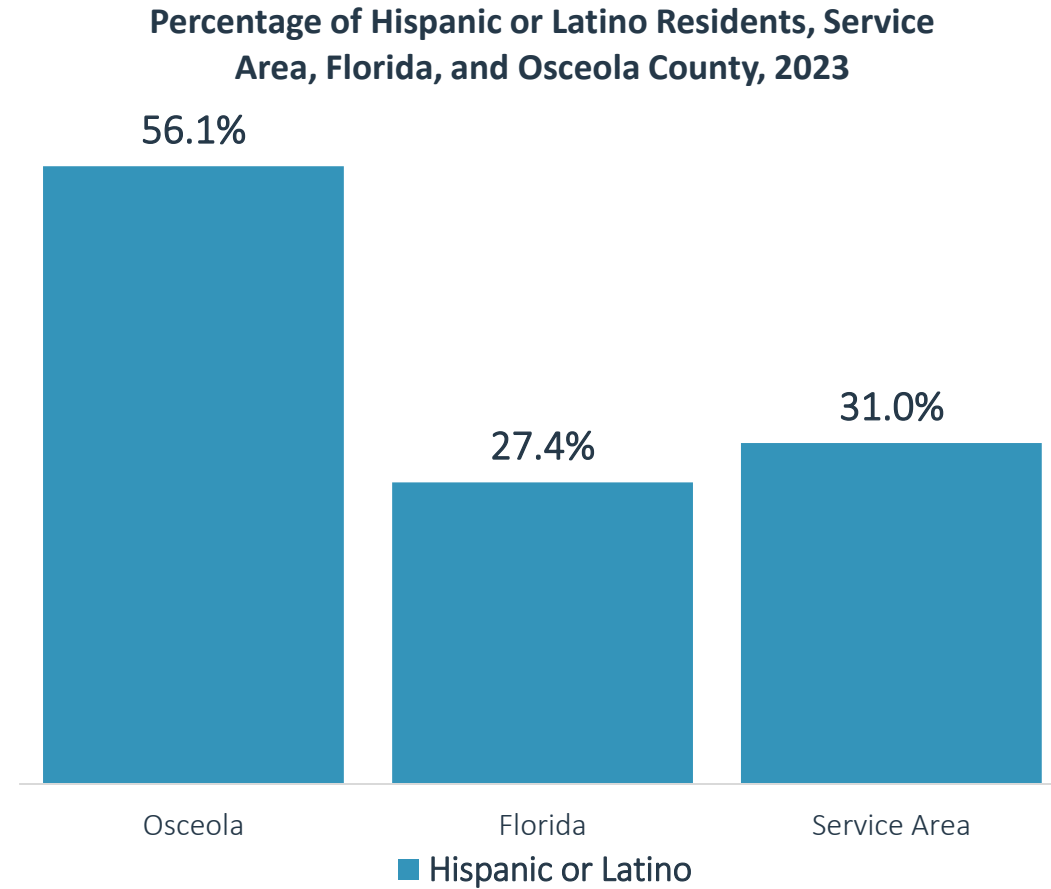
Population by Race for Florida, and Osceola County, 2023



Source: American Community Survey 1-year Estimates, Table DP05

Population by Ethnicity

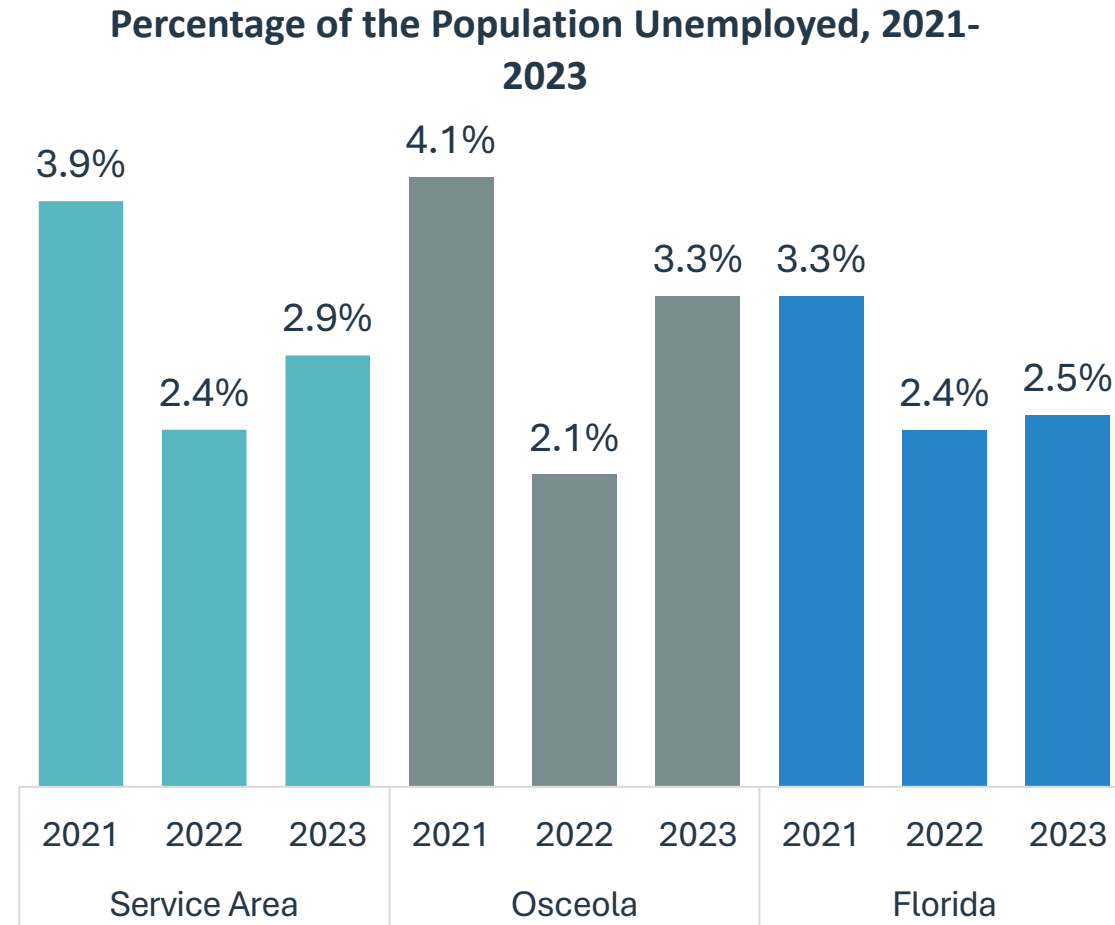
- In 2023, the percentage of Hispanic or Latino residents in Osceola County was higher than for the service area, and the state of Florida.



Source: American Community Survey 1-year Estimates, Table DP05

Employment Status

- In 2023, the unemployment rate in Osceola County was 3.3%.
 - Higher than for Florida (2.9%)
 - Higher than for the service area (2.9%)
- Decline in 2022 but increased in 2023.

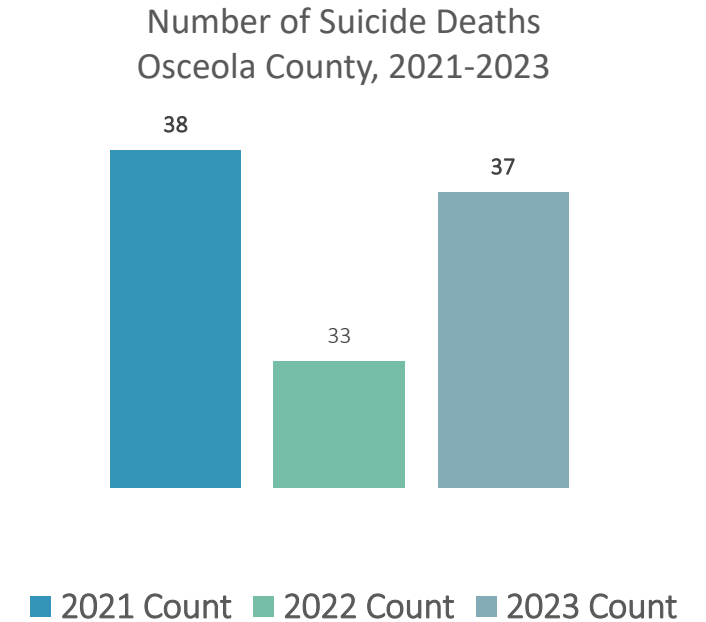
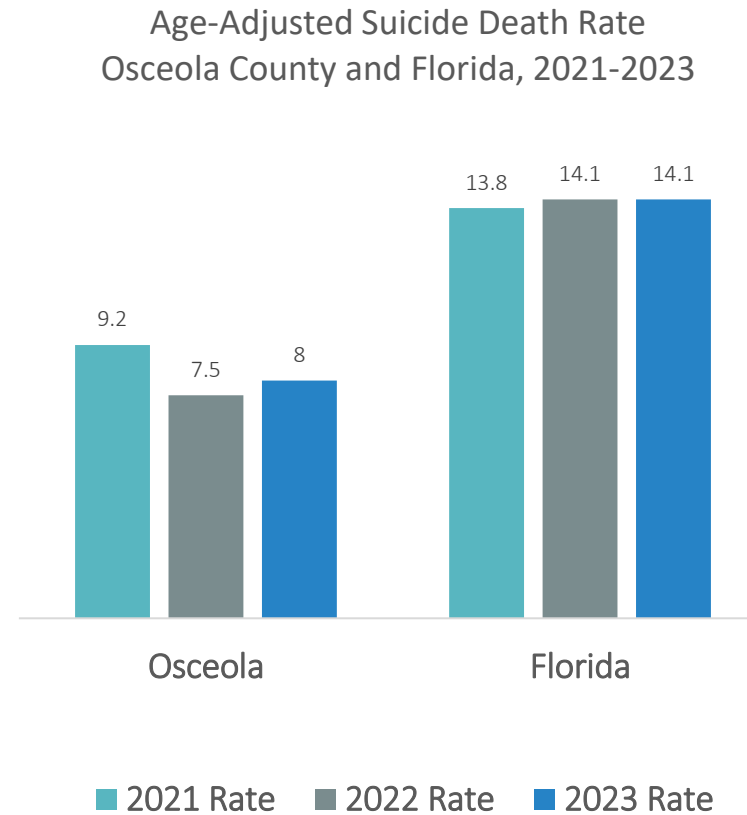


Source: American Community Survey 1-year Estimates, Table DP03

Mortality

Age-Adjusted Death Rate for Suicide

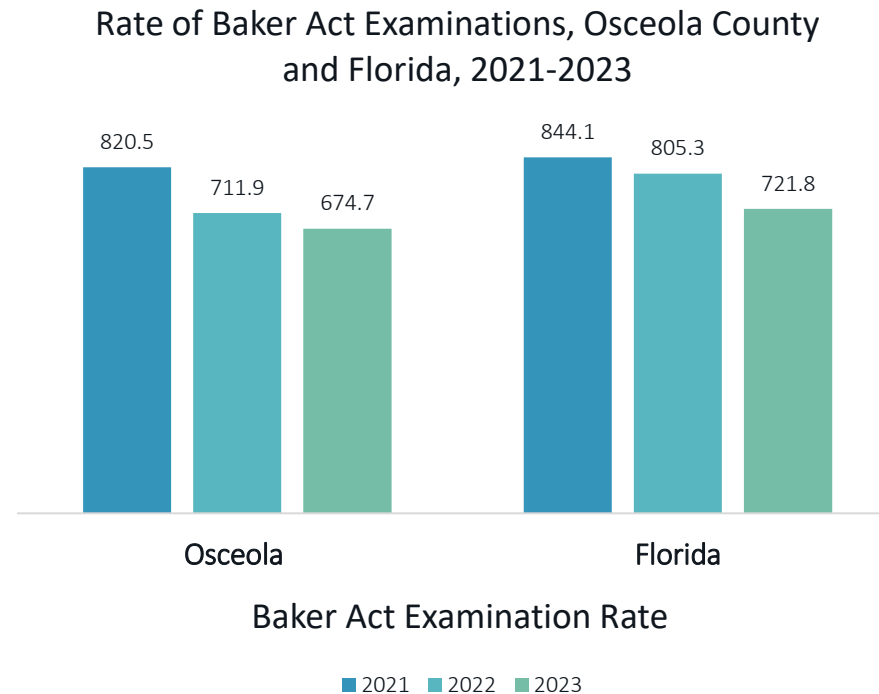
- Age-adjusted rate of death is a statistical tool used to compare death rates between different groups or across different years when those groups have different age structures.
- Compare apples to apples.
- It tells you which population has a truly higher risk of death other than death due to old age.
- Rate is measured per 100,000 population.
- Osceola County's rate remained lower than the state for all three years.



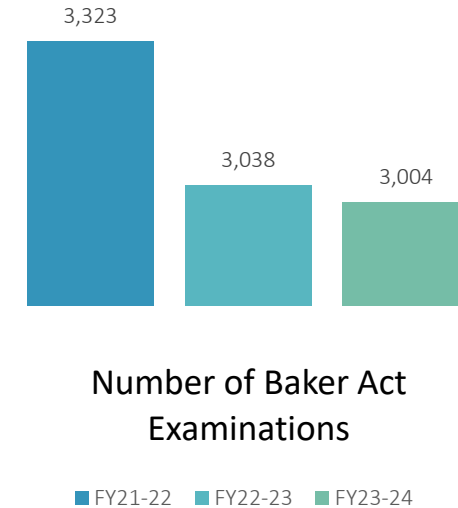
Baker Act and Marchman Act

Baker Act Examination

- Count of examinations for emergency mental health services and temporary detention per the Baker Act Criteria, Chapter 394, FS.
- All rates are per 100,000 population
- Osceola County rate lower than the state for 2023, and the number has notably decreased.



Number of Baker Act Examinations, Osceola, FY21-22 – FY23-24.



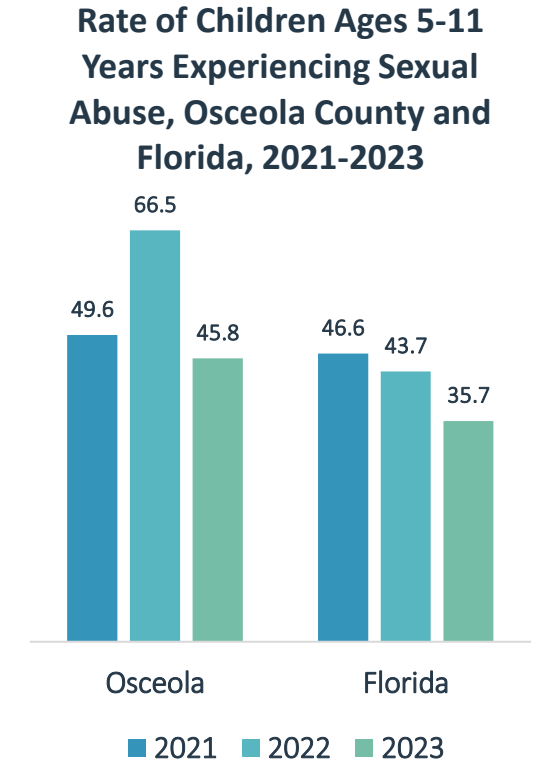
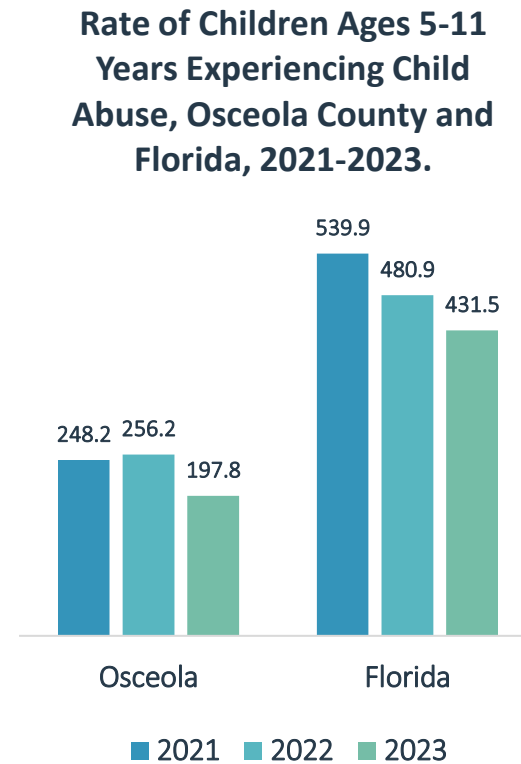
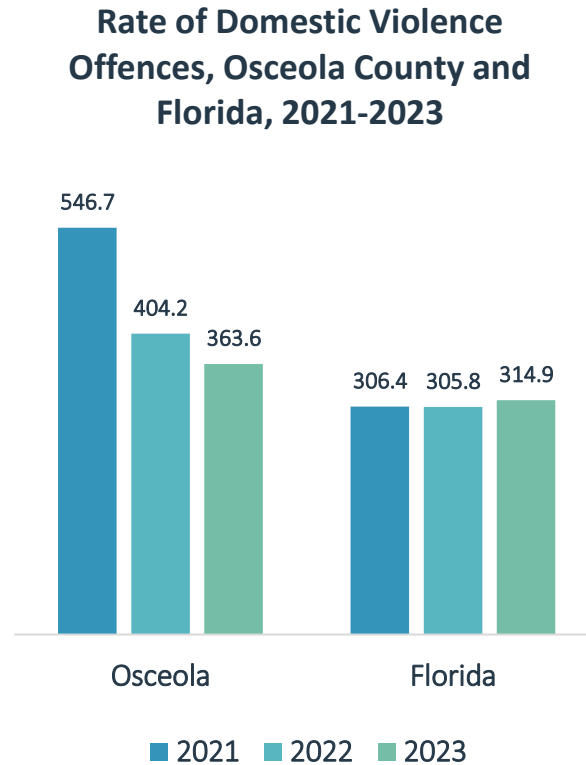
Marchman Case Counts (July-September 2022)

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					

Domestic Violence and Abuse

Domestic Violence Offenses and Child Abuse

- Rate of children experiencing child abuse was notably lower in Osceola than Florida.
- Rates of domestic violence decreasing, but still slightly higher than Florida.

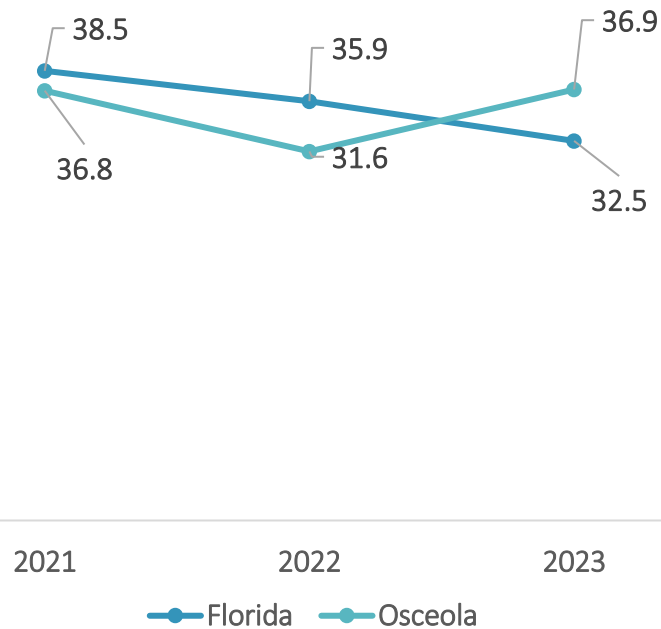


Opioid Profile

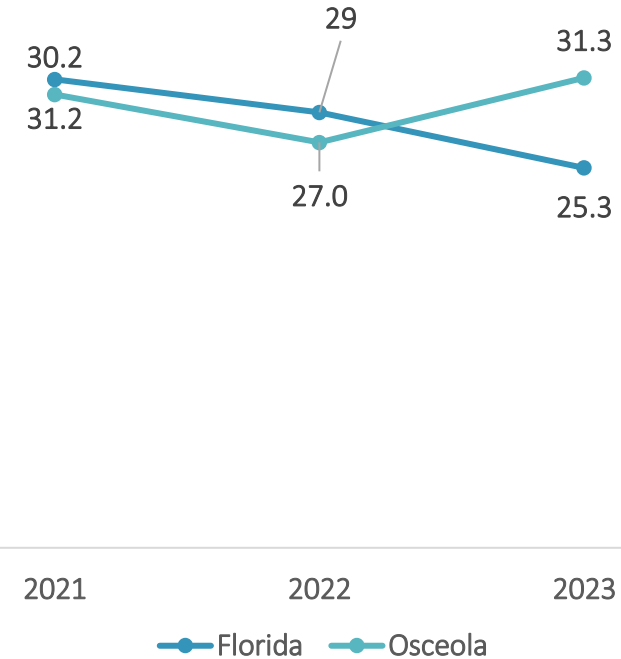
Age-Adjusted Death Rates for All Drugs and Opioids

- Florida has shown a decrease across all years.
- 2023, Osceola County was higher than the state rate for both measures.

Age-Adjusted Death Rate for All Drugs, Osceola County and Florida, 2021-2023



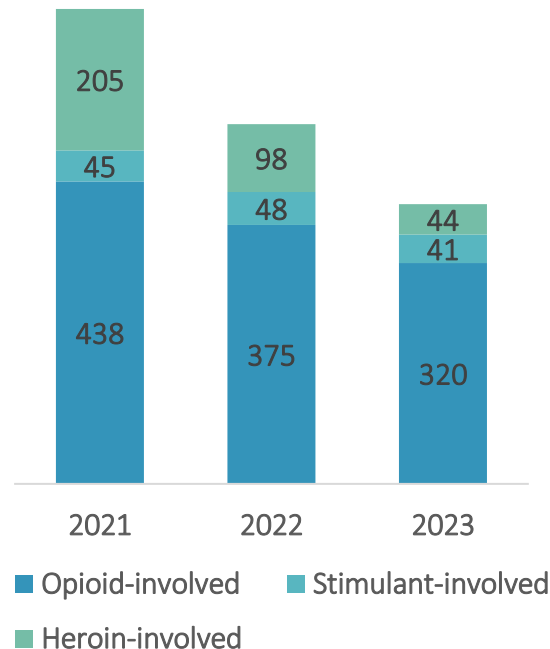
Age-Adjusted Death Rate for Opioids, Osceola County and Florida, 2021-2023



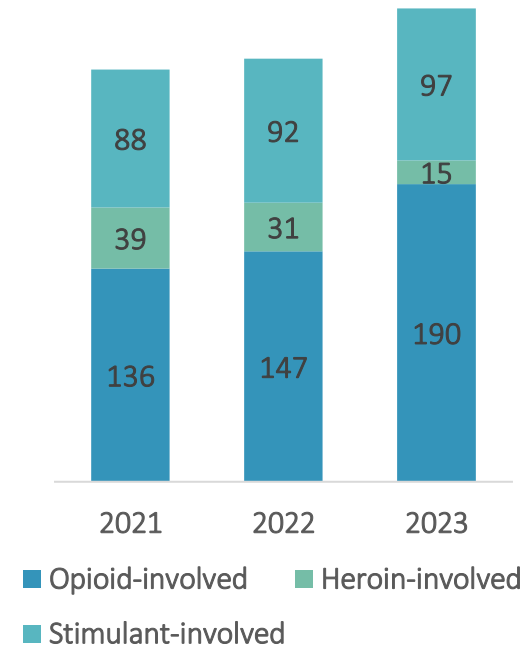
Non-Fatal Overdose ED Visits and Hospitalizations

- Opioid Overdose refers to poisoning by opium, heroin, other opioids, methadone, synthetic narcotics, unspecified narcotics, or other narcotics.
- Stimulant Overdose refers to poisoning by cocaine, unspecified psychostimulants, caffeine, amphetamines, methylphenidate, ecstasy, other psychostimulants.
- Heroin Overdoses refer ONLY to poisoning by heroin.

Number of Non-Fatal Overdose ED Visits by Substance, Osceola County, 2021-2023

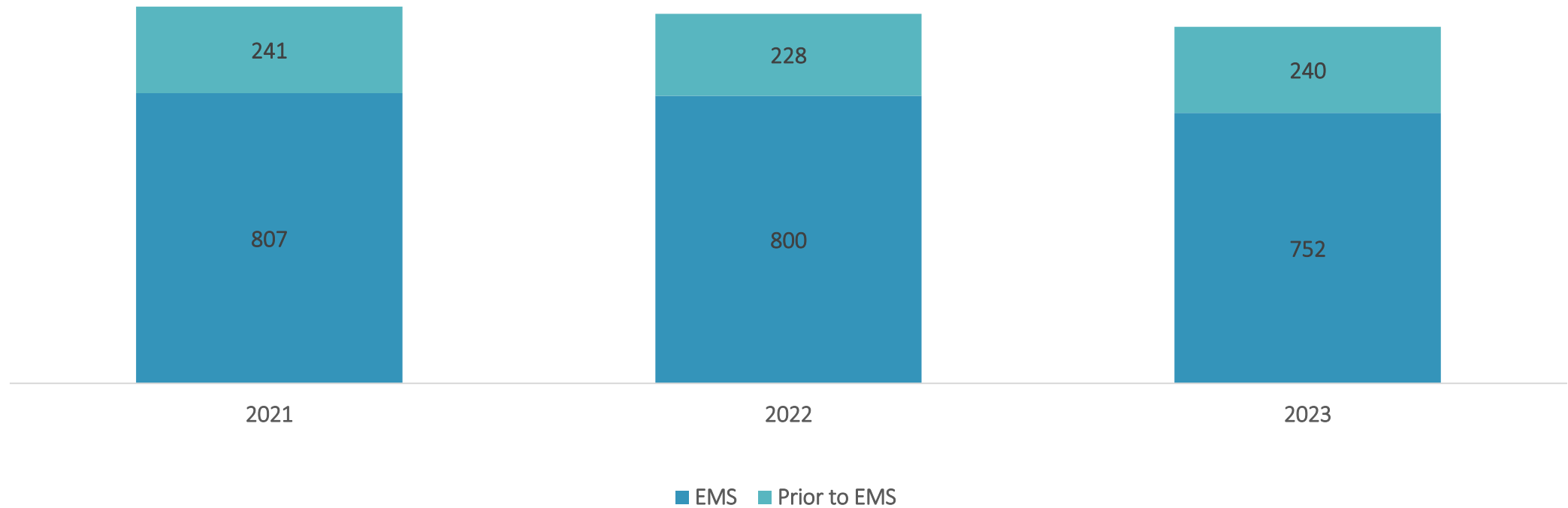


Number of Non-Fatal Overdose Hospitalizations by Substance, Osceola County, 2021-2023



Naloxone Administration

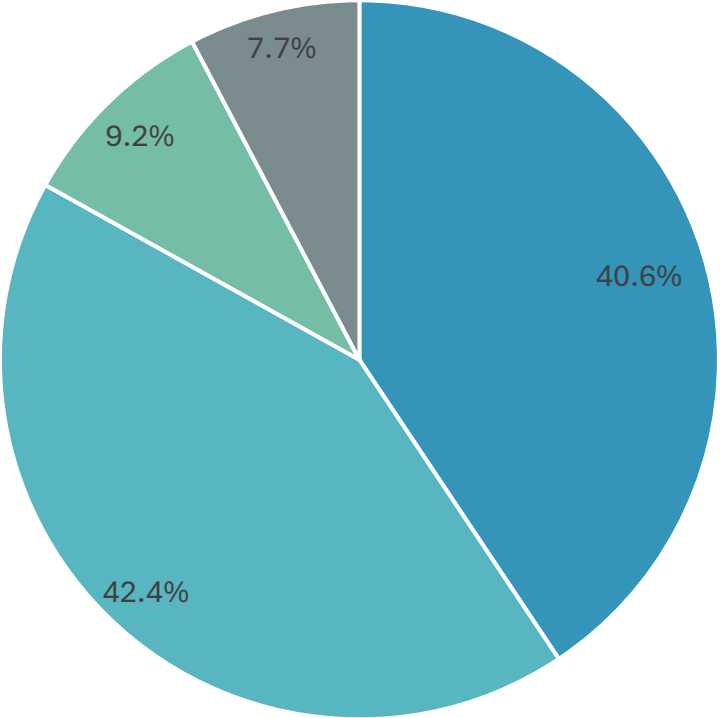
Naloxone Administration, Osceola County, 2021-2023



CFCHS Services

Percentage of Individuals Served by Program, FY 2023-2024

Percentage of Individuals Served by Program, Osceola County, FY 2023-2024



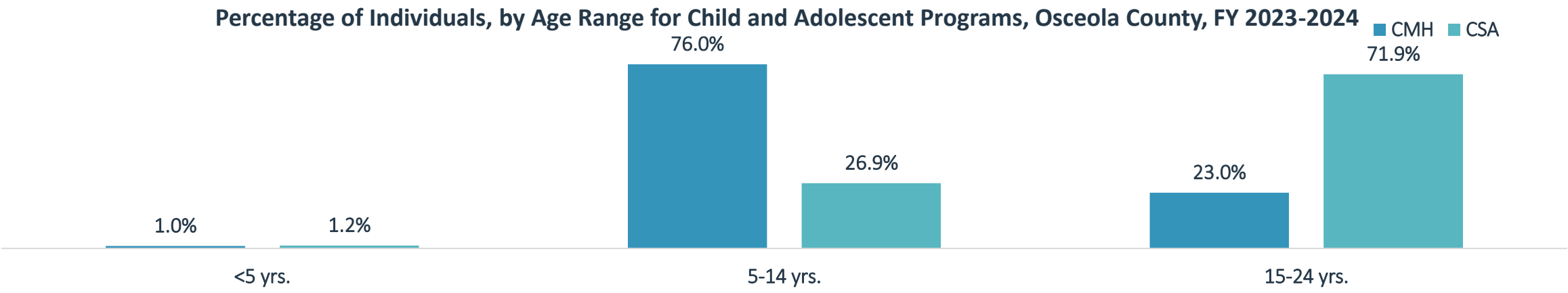
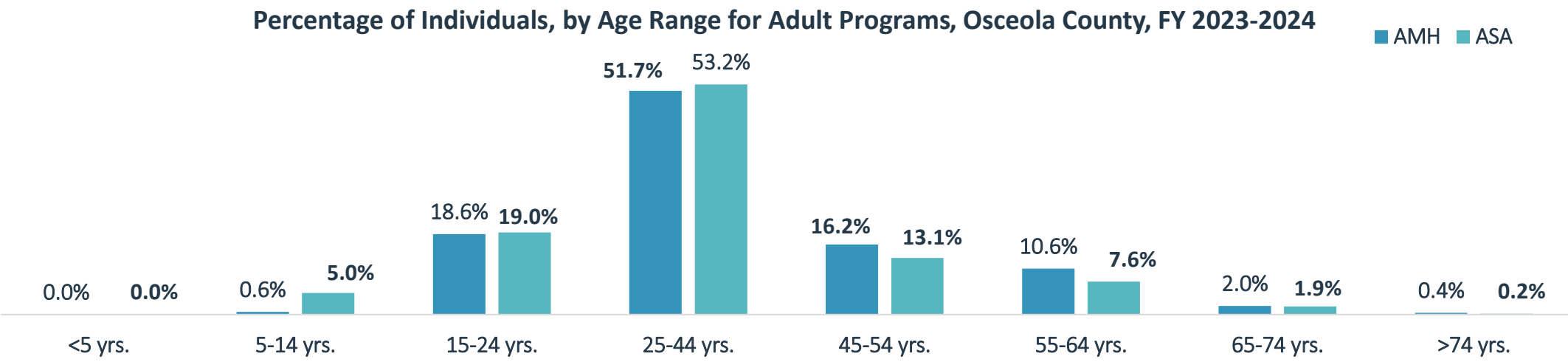
- Central Florida Cares served 29,392 clients
 - (<1% duplication).

■ Adult Mental Health ■ Adult Substance Abuse
■ Child Mental Health ■ Child Substance Abuse

Percentage of Individuals Served by Program, By Gender, Osceola County, FY 2023-2024



CFCHS Individuals Served by Age Range for Adult and Child/Adolescent Programs, FY 2023-2024



CFCHS Potential Need Services

County	Program	Covered Service/Project Descriptor	Expenditures	Overproduction	Total Program Expenditures	Overproduction to Total Expenditures
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%



Primary Data

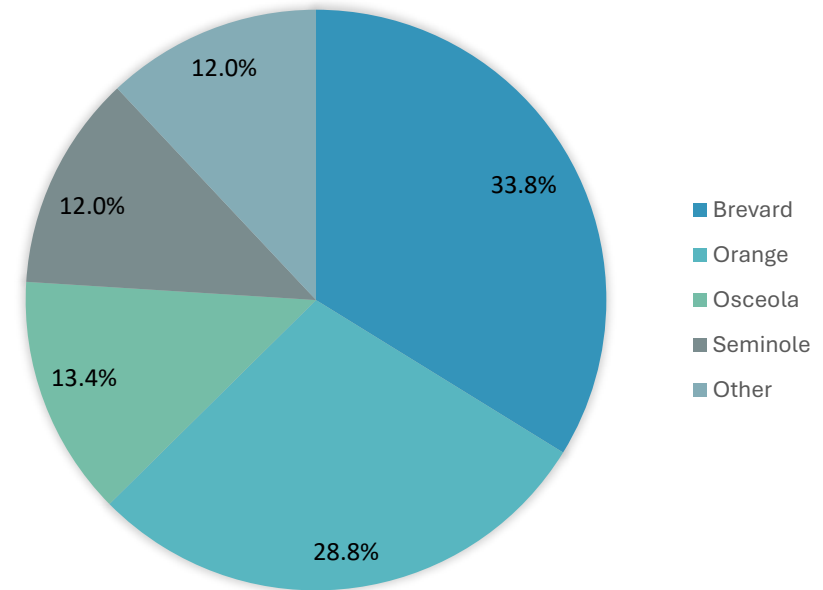
Consumer Survey Highlights

CF Cares 2025 Consumer Survey

Survey Respondents

- 142 responses (125 individuals using services, 17 caregiver/guardians of individuals using services)
- Age 18-44 years (64.9%), 45-64 years (26.7%)
- 55.6% White, 14.1% Black, 31% Hispanic
- 52.8% Women, 43.7% Men
- From Brevard 33.8%, Orange 28.8%, Osceola 13.4%, Seminole 12%
- 95 individuals used MH services, 58 individuals used SM services, 37 individuals used both

County of Residence



CF Cares Consumer Survey – Mental Health

Most common reasons for seeking MH treatment

- Trauma (30%), family matter (28.2%), felt psychologically ill (23.6%)
- Self-referred (32.7%), referred by family member (18.2%), hospital (12.7%)

Most common services used

- Individual counseling (72.7%), medication services (41.8%), case management 29%)

Access

- Time between appt request and appt
 - 3-7 days (35.5%), w/in 2 days (15.5%), 8-14 days (26.4%)
- Travel (in miles, one way)
 - 5 miles or less (40%), 6-15 miles (29%), 16-30 miles (14.5%)
- Used ER for MH-related condition in past 12 months (13.4%)
- Experienced barriers when getting MH services (26.4%), common barriers
 - Cost, no insurance/insurance issue (58.6% each), transportation (37.9%)

Quality Rating – from 1 to 5 stars (with 5 as the highest)

- 5 stars – Appt availability, convenient hours, location, spending time with client
- 4 stars – Provider coordination with other providers, patient needs considered

CF Cares Consumer Survey – Substance Misuse Treatment

Most common reasons for seeking MH treatment

- Alcohol/drug dependence (37.7%), alcohol/drug withdrawal (31.1%), family matter (27.9%)
- Self-referred (27.9%), referred by family member (26.2%), court referral 16.4%)

Most common services used

- Individual counseling (68.9%), case management (29.5%), group counseling, residential treatment, and medication services (27.9% each)

Access

- Time between appt request and appt
 - W/in 2 days (52.4%), 3-7 days (23%), 8-14 days (16.4%)
- Travel (in miles, one way)
 - 5 miles or less (39.3%), 6-15 miles (36%), 16-30 miles (19.7%)
- Used ER for SM-related condition in past 12 months (12%)
- Experienced barriers when getting SM services (18%), common barriers
 - Cost (54.5%), no insurance/insurance issue (36.4%), transportation (27.3%)

Quality Rating – from 1 to 5 stars (with 5 as the highest)

- Quality Rating – from 1 to 5 stars (with 5 as the highest)
 - 5 stars – Appt availability, convenient hours, location, spending time with client, provider coordination with other providers, patient needs considered, make my own decision about care

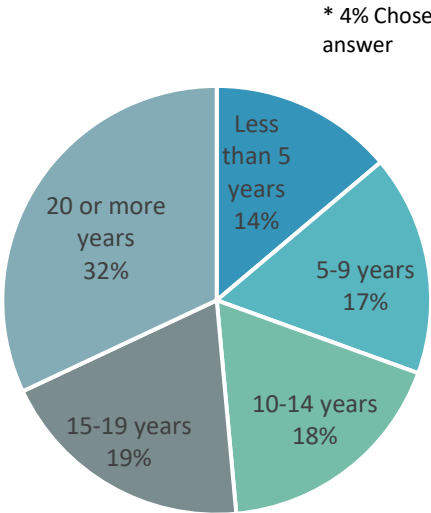
Provider Survey

CF Cares 2025 Provider Survey

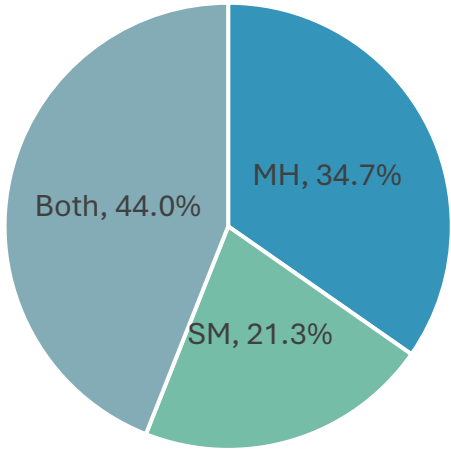
Survey Respondents

- 75 responses
- 40-49 years (42.7%)
- 50-59 years (26.7%)

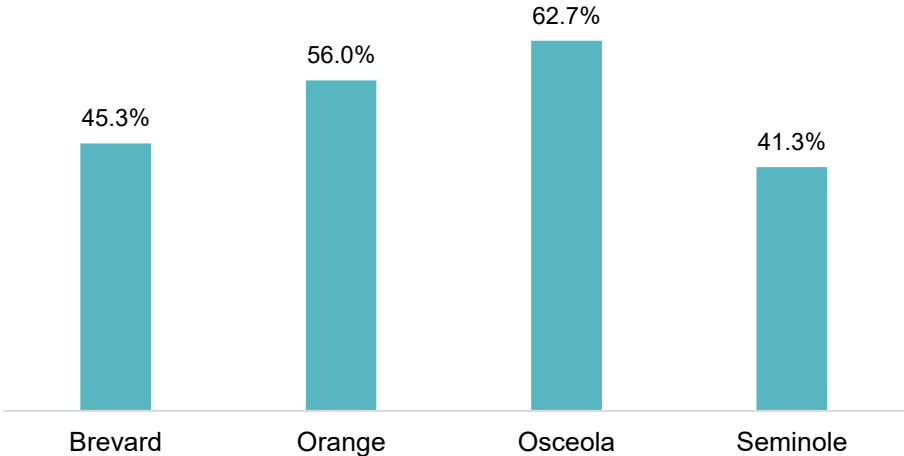
Years in MH and/or SM Treatment Practice



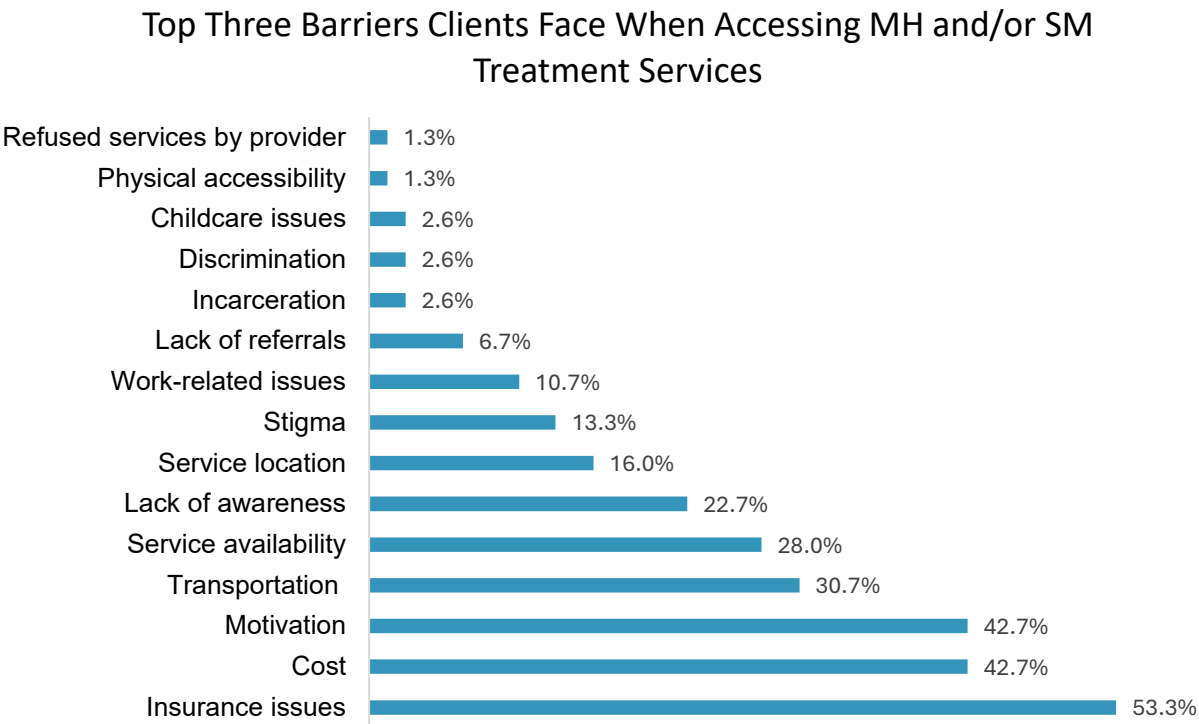
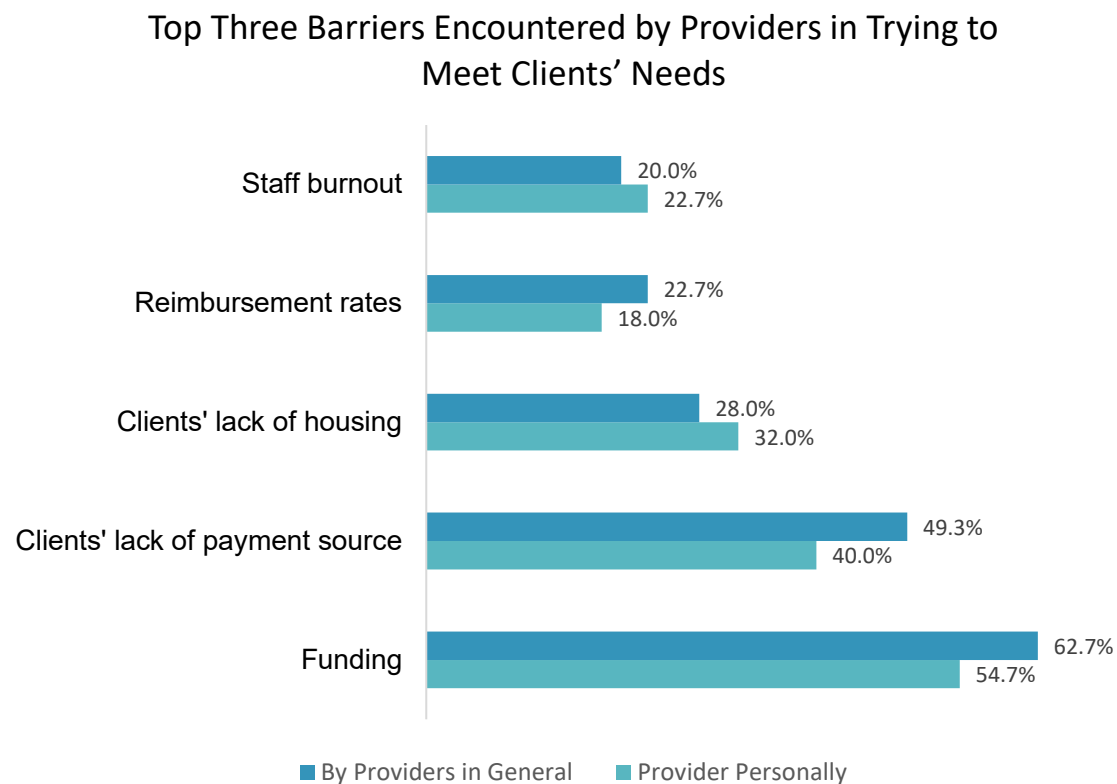
Services Provided in CF Cares Service Area



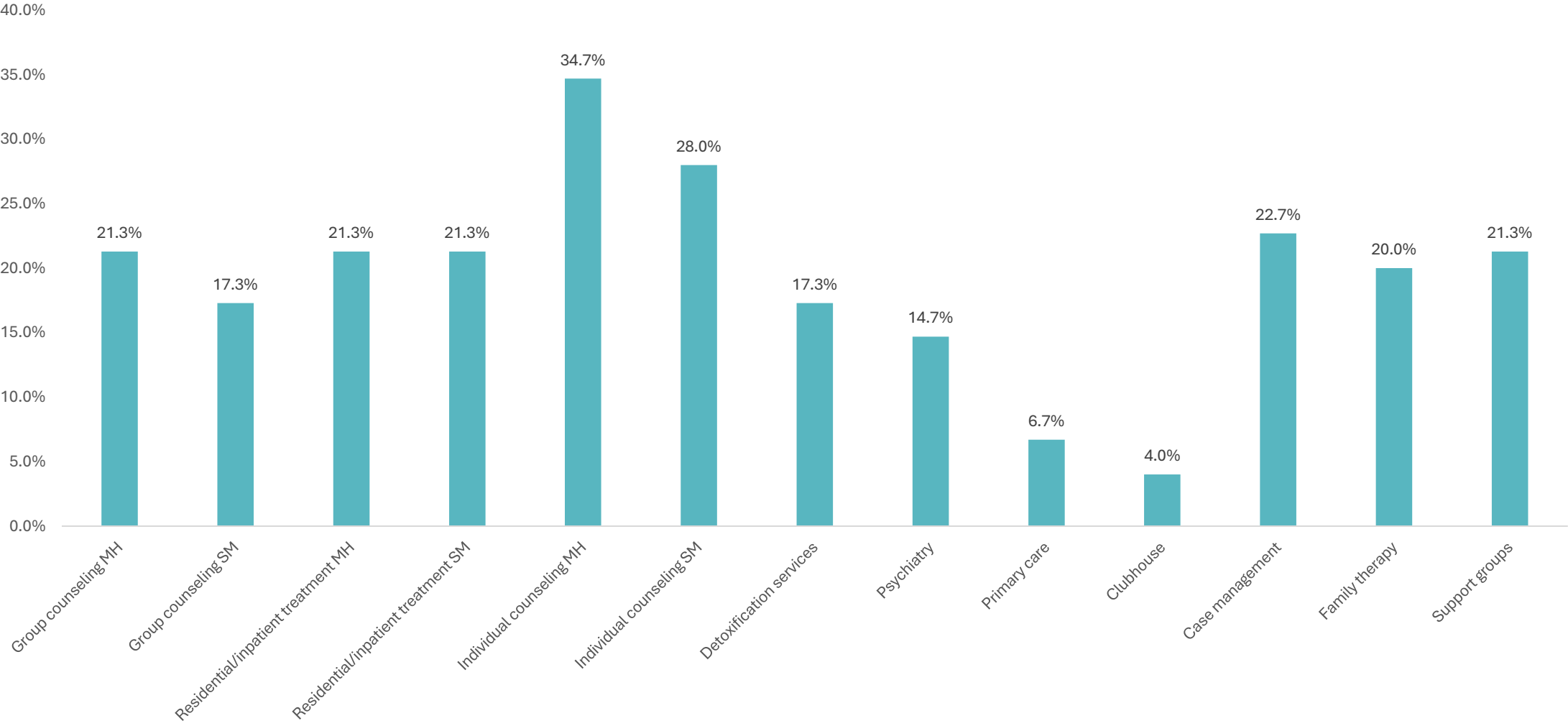
Counties Where Services Provided



CF Cares Provider Survey

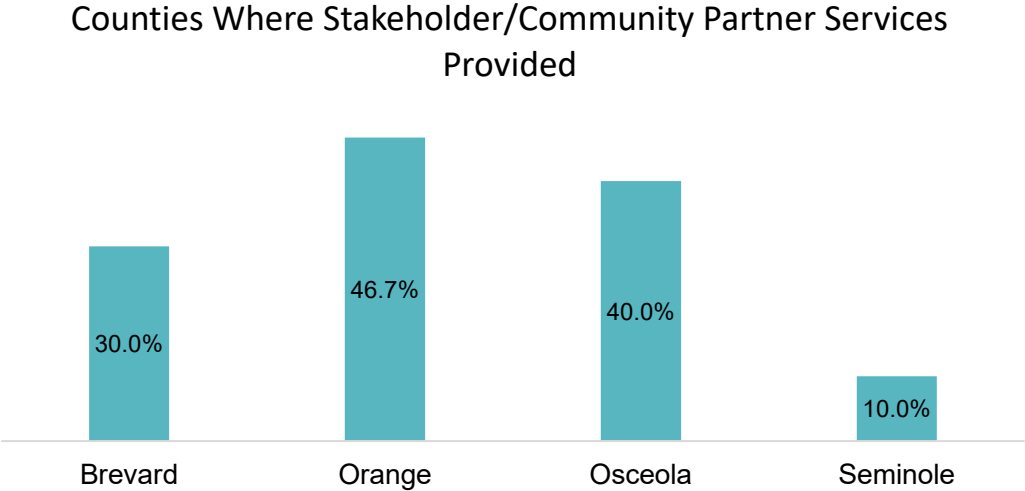
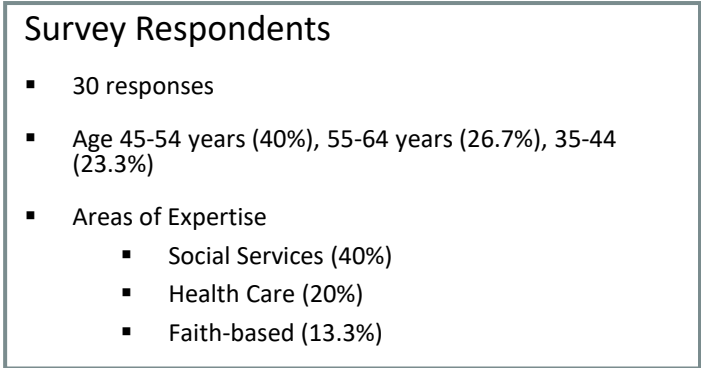


Services that Need to be Increased or Expanded to Meet Community Needs, Rated by Providers in Aggregate

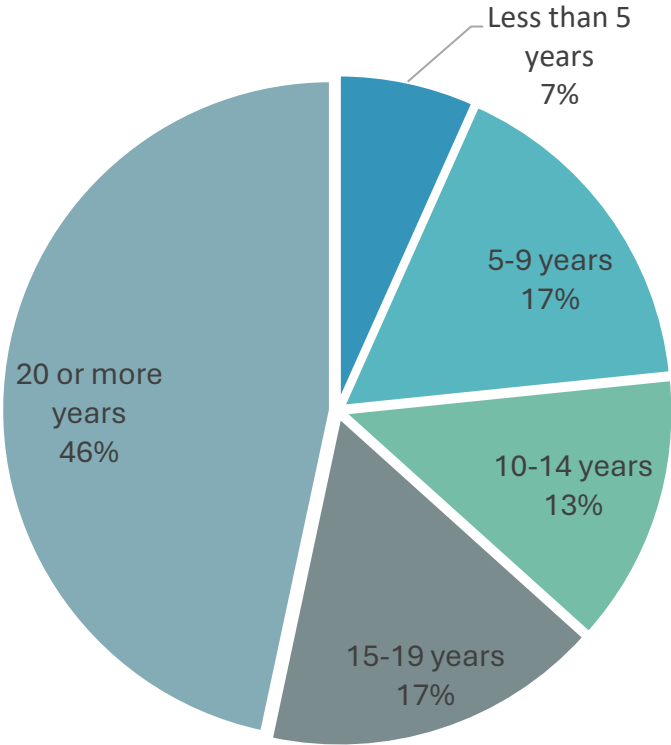


Stakeholder and Community Partner Survey

CF Cares 2025 Stakeholder and Community Partner Survey

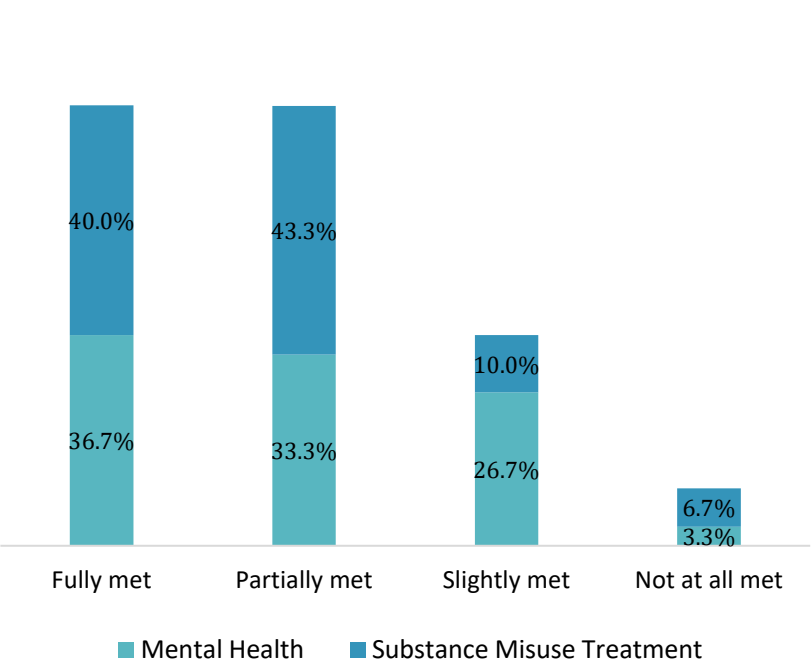


Years Worked in A Community-Based or Service Organization in the Service Area

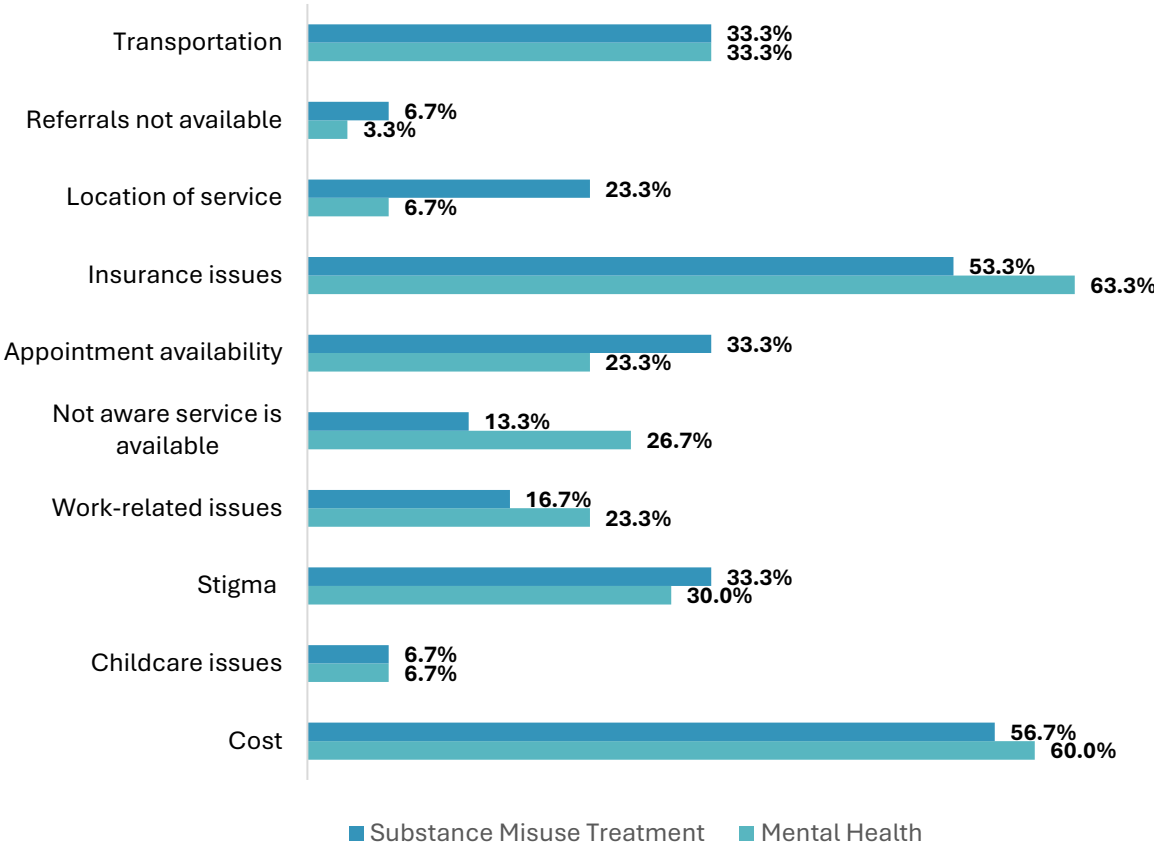


CF Cares Stakeholder and Community Partner Survey

Extent Residents' Needs Being Met, Rated by Stakeholders and Partners



Top Three Barriers Residents Face in Accessing Mental Health and Substance Misuse Treatment Services, Rated by Stakeholders and Partners



CORE Network Roundtable

CF Cares 2025 Behavioral Health Needs Assessment – CORE Network Roundtable

- Coordinated Opioid Recovery Network Roundtable (CORE) held July 28
- 38 participants representing all counties in CF Cares Service Area
- **CORE Network Successes**
 - Strong collaboration and effective referral relationships
 - Use of promising models
 - Jail- and hospital-based MAT clinics
 - Living room recovery spaces
 - Data mapping

CF Cares 2025 Behavioral Health Needs Assessment – CORE Network Roundtable

Challenges

- Limited 24/7 MAT access points and mobile units
- Data sharing barriers due to HIPAA concerns and lack of interoperability
- Difficulty engaging individuals in treatment at the point of EMS contact
- Need for more hospital participation and transitional housing options
- Staffing and resource limitations in jails and community programs

Opportunities for Improvement

- Expand MAT access through additional hospitals and mobile units
- Enhance data integration and sharing across systems
- Increase peer support presence in EMS and community outreach
- Develop centralized referral and tracking systems
- Invest in transitional housing and post-incarceration support

Focus Groups

Provider Focus Groups - Methods

Five virtual focus groups facilitated with providers

90 minutes in length

Approved script with two major topics:

- No Wrong Door Model
- Recovery Oriented System of Care

9 scripted questions

No Wrong Door Model

Used throughout the network at a high adoption level; embedded in all aspects of operations

Funding limitations impact the ability to fully implement

NWDM works well with most clients and is especially helpful for those clients who:

- Need multiple services
- Don't know where to start
- Are experiencing homelessness/housing insecure
- Justice involved
- Have co-occurring disorders
- Immigrants with language barriers

Differences in referral processes and agency-specific intake among providers can create challenges

Recovery Oriented System of Care (ROSC)

Used widely, organizations with formal recovery-oriented programs more familiar with ROSC than those without formal recovery-oriented programs. Values, such as person-centered care, peer support, and community involvement/engagement are integrated among all providers.

ROSC improves outcomes by fostering engagement, reducing stigma and supporting long-term recovery.

Systemic barriers such as funding restrictions and policy changes limit the model's full implementation.

Identified Needs and Gaps

Identified Needs and Gaps

Service area population is increasing and demand for services are increasing.

Funding has not increased to account for changes in demand or population.

Severe Lack of Affordable Housing

- Homelessness and increasing costs related to housing impact clients and there are few resources to address housing-related needs
- Transitional support resources and housing needs for substance misuse clients and their families

Most common barriers to 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 housing issues as the most common barriers to meeting client needs.

Identified Needs and Gaps Continued

Most Important Services for Clients (as identified by consumers) and services that need to be expanded or increased (as identified by providers) by program are:

- Mental Health Services: Individual Counseling, Case Management, Medication Services
- Substance Misuse Services: Individual Counseling, Case Management, Medication Services

Funding limitations impact 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 efficiently.

Need increased access to medicated assisted treatment and transitional support resources in the service area.

Workforce shortages and non-competitive salaries across clinical and medical roles affect Central Florida Cares, providers, and community partners.

Identified Needs and Gaps Continued

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.



Questions?