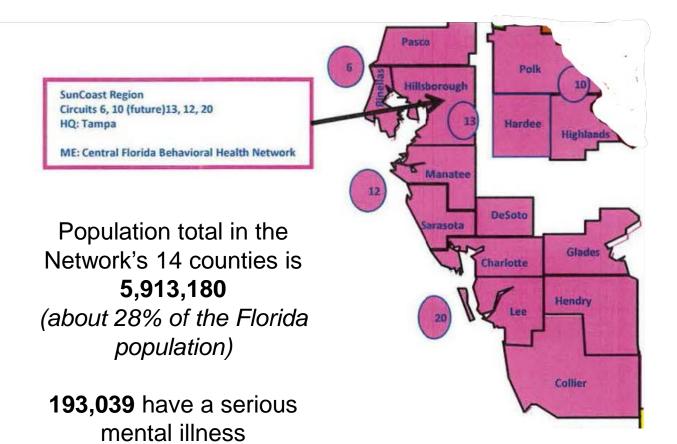
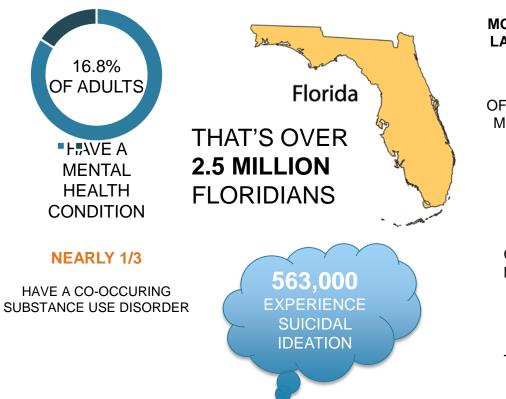
### Central Florida Behavioral Health Network, Inc. Your Managing Entity

### Behavioral Health Needs Assessment Presentation to CFBHN Board of Directors December 16, 2022 Presented by Linda McKinnon, President & CEO

### **Demographic Profile**



This is a 4.4% increase



MOST FLORIDIANS LACK ACCESS TO CARE 61.7% OF ADULTS WITH A MENTAL ILLNESS DID NOT

RECEIVE TREATMENT

### 10.1%

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



REPORT AN UNMET NEED



13.5% PREVALENCE OF YOUTH MARIJUANA USE

#### 106,000 YOUTH WITH MAJOR

DEPRESSIVE EPISODES DID NOT RECEIVE TREATMENT

### IN FLORIDA, THERE'S ONLY

### ONE MENTAL HEALTH PROFESSIONAL

PER 750 PEOPLE



# Florida Facts

### **Assessment Process**

>No Wrong Door Assessment - Provider Interviews

➤Cultural Health Disparity Survey

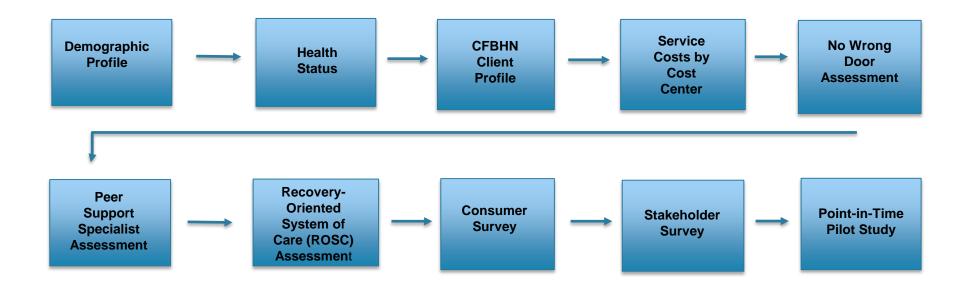
➢Individuals Served Survey

Stakeholder Survey

Recovery Community Peer Support Survey



### **Needs Assessment Components**





# **Demographic Profile** for the Service Area

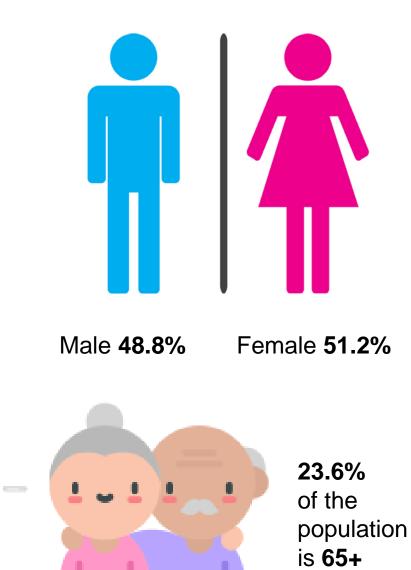


### **Population Demographics**

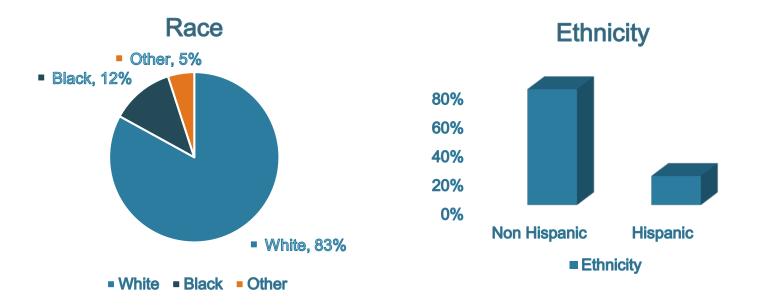


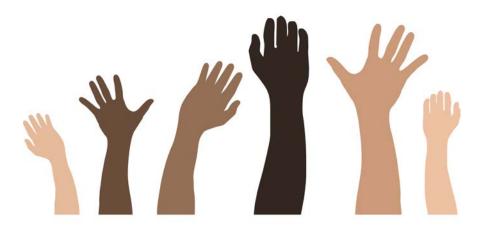
8.3% Growth in Five Years

454,151 new residents



### Race & Ethnicity Demographics





### Work & Economic Demographics





**9.2%** were at or below Federal Poverty Level (FPL)



# General Health Status for the Service Area



### **General Health Status**



84% adults report Good to Excellent





### Specific Focus – General Health Status



Domestic violence and child abuse decreased

Child sexual abuse rates remained the same



Suicide rates decreased

Male rate is triple female rate

Rates by whites is double that of blacks



Percentage of adult smokers and binge drinkers higher than state



14.3% were disabled

# CLIENT DEMOGRAPHIC PROFILE for the Service Area



## **Client Demographic Profile Summary**

#### **Client Population**

CFBHN served 95,157 clients in FY20-21 - 74% in Adult Mental Health - 26% in Adult Substance Abuse - 15% in Child Mental Health - 5% in Child Substance Abuse

#### Gender

55% in AMH and 65% in CSA were female - 55% in ASA were males - Males and females evenly represented in CMH at 50% each - Resident population in the service area is 51.2% female and 48.8% male.

#### Race

Majority of CFBHN clients are White (70% AMH/80% ASA) - Black clients (17% AMH/11% ASA) CMH and CSA with Blacks 19% CMH and 23% CSA - Multi-race represented 16% of CMH clients and 14% of CSA clients. Whites were 59% CMH and 58% CSA

#### Ethnicity

Hispanics were 20% of the CFBHN clients

#### Age Range

Programs served all age ranges in different percentages

#### **Residential Status**

Majority resided in one of three types of living conditions: independent with relatives, dependent living with relatives, or independent alone - 5.7% AMH and 11.6% ASA were homeless

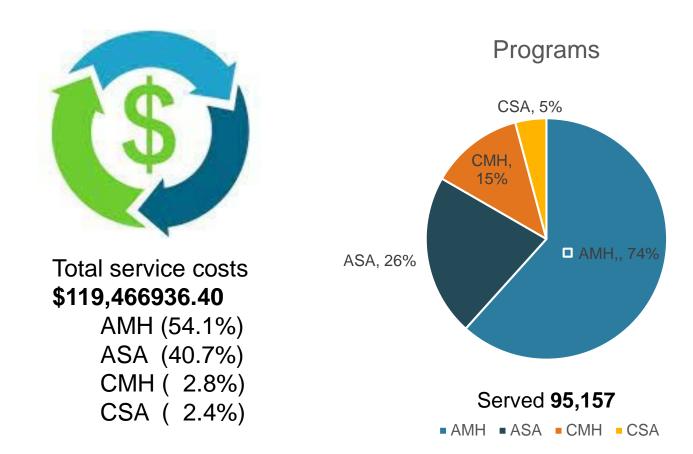
#### **Educational Attainment**

Educational attainment was lower for CFBHN program participants than the general population - 47.8% AMH and 38.0% ASA had high school diplomas

#### **Employment Status**

Higher level of unemployment among CFBHN clients - 35.7% AMH and 50.2% ASA were not employed.

### **CFBHN** Client Profile



### Homeless Population for the Service Area



### **Homeless Profile Summary**

#### **Demographics**

6,113 homeless clients served - 57.0% AMH and 42.6% ASA - males accounting for a higher percentage – homeless clients more racially diverse – Hispanic clients underrepresented when compared to general population totals

#### **Residential Status**

All homeless clients reported their residential status as homeless.

#### **Educational Attainment**

81.1% AMH and 77.9% ASA clients did not have more than a high school education.

#### **Employment Status**

Only 9.1% of homeless clients were employed (full time and part time) and over 70% had been terminated.



7,781 homeless individuals
1,894 people in families with children
24,536 students homeless
6,113 homeless clients served in AMH (3,484) and ASA (2,604)



Number of homeless veterans dropped over half in 4 years to **742** 

### **Expenditures** for the Service Area



### **Program Expenditures**

Cost Center Description	Expenditures
Adult Mental Health	\$61,150,431.46
Adult Substance Misuse	\$40,478,656.23
Child Mental Health	\$8,072,542.97
Child Substance Misuse	\$2,869,080.37
GRAND TOTAL	\$112,570,710.80

## Cultural Health Disparities Survey Summary for the Service Area



### **Cultural Health Disparities Summary**

Survey was deployed to better understand the role of health disparities in behavioral health outcomes.

#### **Categories reported:**

- > SEEKING CARE **76%** were comfortable seeking care
- > TRUST **84%** trusted they would be treated respectfully
- FEELINGS REGARDING BEHAVIRIOAL HEALTH ISSUES <u>about half</u> would like to keep the issue to themselves
- TREATMENT SETTING people accepted a wide variety of places for their care including telemedicine but most liked a faith based organization over a physician
- > LANGUAGE the majority found services in their own language
- PARTICIPANT DEMOGRAPHICS more women than men participated in the survey two to one

# Cultural Health Disparity Focus Group Summary for the Service Area



### Cultural Health Disparities Focus Group Summary

Focus groups were held with individuals that receive or have experiences with the behavioral health network across the region. Two focus groups were held virtually and one in-person.

Sample questions included:

- Senerally, how comfortable are you talking about behavioral health?
- >Who do you usually go to when you need support?
- Are you usually comfortable seeking and receiving behavioral health services?
- >How do you like to receive behavioral health care services?
- What are some barriers that make it more challenging to receive behavioral health services?
- Additional comments

No Wrong Door Survey and Focus Group Summary for the Service Area



## No Wrong Door Focus Group Summary

Provider interviews were held with various behavioral health providers across the region to gather additional feedback regarding the No Wrong Door process and entry into care.

Sample questions included:

- > No wrong door survey summary
- > What does the term "no wrong door access" mean to you?
- > Do you think the "no wrong door" access works well within your organization?
- > What are some things that you think work well?
- > What are some opportunities for improvement?
- In what specific ways can your agency improve on the referral and care coordination process for individuals served?
- Have you or your agency identified any barriers or obstacles to becoming a part of the no wrong door system?
- In your opinion, your organization promotes its services and resources very well. Can you give examples of this?
- How does your agency promote awareness of available options and possible linkages to needed services?
- What else could be done to increase the level of awareness of behavioral health services in the community?

### No Wrong Door Survey Results



Over **63%** felt No Wrong Door worked well in their organization

Over **93%** felt their organization had a role to play in No Wrong Door



Over **86%** felt linkage to crisis support and intervention was strong



### **Care Coordination**

Over **83%** felt their organization had a strong care coordination process that includes warm handoffs to services and seamless care coordination



### No Wrong Door Survey Results



Best QUALITY enaranteed

Over **90%** felt their agency hired employees who are culturally sensitive and culturally competent for the population served Over **98%** felt their organization provides personcentered care for all individuals served Over **93%** felt their organization ensured services were high quality and met the needs of individuals served

### Individuals Served Survey Summary for the Service Area



### Individuals Served Survey Summary

The Behavioral Health Needs Assessment Consumer/Client survey was available from January 7-February 14, 2022. It was distributed by Central Florida Behavioral Health Network and their community partners via email along with flyers the contained the survey information and a QR code. The survey was available in English, Spanish, and Haitian Creole.

Results included:



#### Get Connected. Get Help.™

**Most respondents** were aware of services in their communities including 211



Over **63%** were able to get the services they needed but over **52%** were unable to get housing services when they needed them

### Stakeholder Survey Summary for the Service Area



### Stakeholder Survey Summary

The Behavioral Health Needs Assessment Stakeholder Survey was available from January 7-February 14, 2022. It was distributed by Central Florida Behavioral Health Network and their community partners via email along with flyers that contained the survey information and a QR code. The survey was available in English, Spanish, and Haitian Creole.

SURVEY RESPONSES included:



Over **51%** were aware of Central Florida Behavioral Health Network (Managing Entity) resources

Over **50%** had accessed CFBHN resources in the past 6 months

Over **91%** said services were helpful

Over **40%** had directed individuals to access Central Florida Behavioral Health Network (Managing Entity) by calling or going online

**92%** were aware of the 2-1-1 Information and Referral Resource and found it help when accessed





Over **81%** rate high community awareness of mental health and substance use treatment services in their area



## A list of resources and services needed that are not available to improve patient-centered care and planning

#### **Needed Resources and Services**

Shortage of providers and staff More peer specialists Aid in transportation Affordable housing Bilingual providers Access to services in a timely manner Weekend access to behavioral health services Increased access for uninsured patients Care coordination

### A list of the top 3 patient-centered care resources that have improved quality of life for individuals

**Top Three** 

Behavioral Health Service Agencies Case Management Access to Services Peer Recovery Comunity/Support Specialist's Survey Summary for the Service Area



## Peer Recovery/Community Support Survey Summary

Peer Support Specialist (PSS) bridge gaps in services in the No Wrong Door care model to improve patient-centered care. Survey included the following:



Over **85%** had lived experience

#### 77.3% were certified

Almost 80% worked fulltime

Over **42%** had worked 1-3 years and over **48%** more than 3 years





Over **89%** of the persons surveyed said their organization adheres to recovery support best practices

Over **83%** were able to offer choices to those they served

Over **93%** worked in an organization that helped to reduce stigma by promoting recovery language that was patient-centered Over **65%** report partnerships that exist with peer support recovery programs, recovery community organizations, and other support groups

Over **56%** include persons in recovery management and board meetings





### Acknowledgments

This assessment could not be completed without the assistance and partnership of many throughout the community. The Central Florida Behavioral Health Network (CFBHN) would like to thank everyone who distributed surveys, participated in interviews, or focus groups, reviewed data and added information. CFBNH would like to acknowledge the following individuals and agencies for their participation in this process:

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# Thank You!

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