



**Palm Beach County
Community Services Department**

**Behavioral Health
Financially Assisted Agencies
Request for Proposals
Planning Process Summary Report
February 2017**

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TABLE OF CONTENTS

<u>DOCUMENT NAME</u>	<u>PAGE #</u>
SUMMARY REPORT <ul style="list-style-type: none"> - Purpose - Background - Schedule - Data Summary - Public Forum & Community Survey Overview - Survey Responses - Recommendations for FY2017 Funding for Behavioral Health 	PAGES 3-12
APPENDIX A <ul style="list-style-type: none"> - PowerPoint Presentations <ul style="list-style-type: none"> a. Welcome (page 14) b. FAA RFP Process (Pages 15-17) c. A Report on Health & Human Services in Palm Beach County – Mental Health & Substance Abuse (Pages 19-31) d. Palm Beach County Substance Abuse Disorder Data (Pages 32-43) e. Palm Beach County Behavioral Health Comprehensive Needs Assessment and Plan (Pages 44-53) f. Survey Overview, Discussion & Conclusions (Pages 54-56) 	PAGES 13-56
APPENDIX B <ul style="list-style-type: none"> - Survey Instrument 	PAGES 57-62
APPENDIX C <ul style="list-style-type: none"> - Public Forum Participants 	PAGES 63-66

SUMMARY REPORT

Purpose

The purpose of this report is to provide a summary of the planning process for the Financially Assisted Agencies (FAA) Behavioral Health Request for Proposal (RFP).

The FAA RFP planning process involves the following activities:

- Convene Steering Committee to submit and review relevant data, plan public forum and community survey
- Convene Public Forum to identify service unmet needs, gaps, priorities through review of existing data, public forum and community survey input
- Provide status update and summary report to the Palm Beach County Citizens Advisory Committee (CAC) on Health and Human Services

Background

The *Health & Human Services Element* of Palm Beach County's Comprehensive Plan identifies the County's role in funding, providing and/or supporting the delivery of health and human services. It also defines the County's relationship with other funders and providers of services (such as Financially Assisted Agencies) for the purpose of maximizing the resources and benefits available to Palm Beach County residents.

In addition to the *Health & Human Services Element*, the County utilizes a document entitled "*The Report of Health & Human Services in Palm Beach County – Based on Key Community Indicators*" to provide a "point-in-time" snapshot through the use of sixteen (16) indicators that are associated with a specific Goal. The Goal for each indicator relates to current and future planning efforts, funding and disparities.

The Indicator Report is consistent with Goals, Objectives and Policies within the HHS Element, the Mission of the Citizens Advisory Committee on Health & Human Services (CAC/HHS) and assists in the prioritization of services, investment in measurable outcomes, coordination, and the planning of service delivery to effectively meet service demands.

Information within the HHS Element and Indicator Report, in conjunction with comments or issues expressed at Public Forums, aids in the preparation of Financially Assisted Agencies (FAA) Request for Proposal (RFPs) documents.

The Board of County Commissioners (BCC) created the CAC on Health and Human Services by resolution (R-2013-1563) to assist the BCC in the assessment of health and human service needs, planning, implementation and evaluation of a System of Care. One of the responsibilities of the

CAC is to provide input on the RFP process for the FAA funding. The CAC formed a Behavioral Health RFP Steering Committee made up of the following members:

Randy Scheid (Quantum Foundation)
Faith Manfra (Palm Beach County Division of Senior Services)
Wendy Tippett (Palm Beach County Division of Human Services)
Dr. Patrick Halperin (Citizens Advisory Committee Member)
Chief Deputy Michael Gauger (Citizens Advisory Committee Member)
Christine Koehn (Citizens Advisory Committee Member / Farris Foundation)
Michelle Gross (Children's Services Council)
Abigail Goodwin (Palm Healthcare Foundation)
Alexa Lee (Palm Beach County Substance Awareness Coalition)
Becky Walker (SouthEast Florida Behavioral Health Network)
Celine Ginsburg (Health Council of SouthEast Florida)
Shannon Hawkins (Quantum Foundation)
Jan Cairnes (Hanley Center Foundation)
Tony Spaniola (Palm Beach County Youth Services Department)
Kevin McCormick (Palm Beach County School District)

The Steering Committee provides input on the public forum logistics, format and presentations, as well as recommendations for funding priorities. The purpose of the public forum is to inform the RFP process through input from providers, consumers, caregivers and concerned residents of Palm Beach County on Behavioral Health service needs, gaps, barriers and funding priorities.

Schedule

The Behavioral Health Steering Committee met on November 1, 2016, December 2, 2016 and February 2, 2017. The meetings were publicly noticed and held at 810 Datura St., West Palm Beach, FL 33401.

A public forum was publicly noticed and convened on Thursday, January 19, 2017 from 1:00 p.m. to 4:00 p.m. for public discussion on Behavioral Health services in Palm Beach County. The Public Forum was held at Children's Services Council, centrally located in Boynton Beach.

Data Summary

Several data sets were submitted to and reviewed by the Steering Committee members, as listed below.

- Southeast Florida Behavioral Health Network's (SEFBHN) behavioral health needs assessment data
- Palm Beach County Health & Human Services Element
- Report of Health & Human Services in Palm Beach County – Based on Key Community Indicators

- Healthier Together Community Survey Reports
- 211 Mental Health Data
- AAA Mental Health Data
- Quantum Foundation Data on FQHC demographics and referrals to Mental Health Specialists
- Department of Children and Families Data on Adult Protective Services as it relates to Mental Health / Elders with Mental Health
- FIR / Sheriff's Department Data
- Palm Beach County Community Services Department Homeless Coalition and Human Services Data
- Children's Services Council Community Needs Assessment
- Children's Services Council Data on Pregnant Mothers and their lack of access to services, Data on Post-Partum Depression, Data from all CSC-funded programs related to Behavioral Health
- Palm Beach County Substance Awareness Coalition Drug Abuse Trends Report
- Youth Risk Behavior Survey (YRBS) and Florida Youth Substance Abuse Survey (FYSAS) Data
- Cause of Death Data from Palm Beach County Medical Examiner's Office
- National Alliance on Mental Illness (NAMI)
- SEFBHN- hospital discharge data
- Mental Health Association

Public Forum & Community Survey Overview

The Steering Committee recommended that Andrea Stephenson, Executive Director of the Health Council of Southeast Florida facilitate the public forum discussion. She is a tremendous resource in the community in guiding community driven processes such as the FAA RFP process.

Flyers advertising the forum were available in English, Spanish and Creole. Flyers were widely distributed throughout the non-profit community.

During the forum the main objectives of the public forum and community survey were reviewed, which include the following:

- To provide space for the community's voice to be heard in terms of highlighting the existing service needs, gaps and funding priorities.
- For data gathered to serve as one of several resources used to inform the RFP process.
- To ensure the funding priorities are relevant and will work to meet service needs in the community.

It was decided by the steering committee to include the following presentations during the forum to set the framework and context for the discussion: an overview of the FAA RFP process,

Southeast Florida Behavioral Health Network's (SEFBHN) preliminary behavioral health needs assessment data, Community Services Department's *Report of Health and Human Services based on Key Community Indicators 2010 – Substance Abuse and Mental Health*.

The PowerPoint presentations are located in the appendices.

The survey tool was developed in conjunction with the Steering Committee and Ronik & Radlauer, the consulting firm completing the Southeast Florida Behavioral Health Network's (SEFBHN) behavioral health needs assessment. The survey link was included on the forum flyers and was widely distributed throughout the non-profit community.

Identified Community Needs, Gaps, Barriers, and Priorities

Steering Committee

The following issues were raised during the Steering Committee meetings:

- Collaborative efforts with other community members.
- A need to define what Behavioral Health is so that data can be properly aligned.
- The holistic nature of addressing Behavioral Health.
- The lack of space at current facilities to serve residents of the community.
- An understanding that behavioral health must be addressed on several different levels to make a difference.
- The opioid crisis and the severe impact it is having on our County. Also noted was that FAA funding should not be “focused funding” used to combat the current Heroin crisis.
- How behavioral health is identified and addressed in the school settings and if there is a better way to measure behavioral health than just to assess referral distribution.
- The theme of integrating follow-ups and community help with treatment methods to ensure that underlying issues causing the main problem(s) are identified and addressed.
- The Century 21 Cures Funding that has passed the House and will possibly pass the Senate and allow billions of dollars to provide Opiate treatment and prevention.
- The need for more capable Behavioral Health workers in the field.
- How to increase the community's sensitivity to trauma and how to integrate ACE assessments and other ways to measure trauma into the upcoming RFP.
- Focus on early intervention programs and measures.

Public Forum

91 participants attended the public forum. A list of the attendees is included in the appendices.

Below are the responses.

The service needs (services needed and used) and gaps (services needed but can't get) identified during the discussion were:

Service Needs:

- Counseling
- Transportation
- Pharmacology (under/uninsured)
- Peer Support
- Post-discharge Services (including housing)
- Alternative Therapies
- Detox Services
- Community-based & In-home services
- Care Coordination
- Homeless Services
- Preventative Services for those in the Criminal Justice System
- Recovery for Adolescents
- Employment Services
- Benefits Counseling

Special Population noted included:

- Individuals in the Criminal Justice System
- Adolescents
- Individuals who are uninsured or underinsured
- Homeless population
- School-age children
- Prostituted individuals or victims of human trafficking

The service barriers identified during the discussion were:

- Eligibility requirements
- Lack of awareness
- Lack of cultural competency
- Lack of homeless services
- Lack of insurance

Lack of quality professionals

Patient Denial

Parents with fear of accessing services because they are scared of losing their children

Lack of a platform for family members/friends to contribute in an open forum on an ongoing basis

The service funding priorities identified during the discussion were:

Affordable, high quality, culturally sensitive mental health services including: counseling, community-supported services (transportation, housing, employment, peer to peer activities, connection to food systems), psychiatric services, outpatient services to people of all ages regardless of insurance (private or not), short/long term housing needs

Accessibility to publicly-funded detox beds

Early identification and intervention

Peer support and leveraging resources of individuals with lived experience

Navigation services and a centralized access point where all calls can be directed to in order to refer to services

Supported employment for those with mental health issues and dual diagnoses

Financial assistance for medication

Expanded after-care services (many supportive and additional services stop at two years' post-completion)

A more systematic approach within the community and a better system of care

Benchmarking

Engaging the users of services as part of the planning process

Better access or greater utilization of ARNPs (especially within their prescribing capabilities)

Recognizing the role for formal and informal leaders within the community and providing training to them

Trauma-informed care

Aggressive education & social awareness campaign (to assist the public in grasping what behavioral health looks like and to reduce stigma)

Prioritizing/supporting evidence-based programs that have proven outcomes particularly around substance abuse and mental health

Mental Health First Aid training and restorative practices for clergy, first responders, physicians, residents, etc.

More education about eating disorders amongst providers and the community at large

Community Survey

126 surveys were collected between December 20, 2016 - January 26, 2017.

The tables below display a summary of the responses.

The top 3 service needs (services needed and used) identified in the survey were:

Q1. NEEDS: In thinking about behavioral health services which are the most critical for Palm Beach County? Needs are defined as services that people NEED AND USE. CHOOSE UP TO 3 FOR EACH AGE GROUP BY SELECTING 'TOP 3' FROM DROP DOWN BOX.

Aggregate	Birth to 17 years	18-24 years	25-59 years	60+ years
Supported Housing (Transitional Housing, Housing First, Respite Housing) (n=191)	Case Management and Care Coordination (n=44)	Residential Treatment for Co-occurring Mental Illness and Substance Use (n=57)	Supported Housing (Transitional Housing, Housing First, Respite Housing) (n=61)	Supported Housing (Transitional Housing, Housing First, Respite Housing) (n=49)
Case Management and Care Coordination (n=171)	Outpatient Services (Individual and group therapy) (n=43)	Supported Housing (Transitional Housing, Housing First, Respite Housing) (n=57)	Residential Treatment for Co-occurring Mental Illness and Substance Use (n=53)	Case Management and Care Coordination (n=47)
Residential Treatment for Co-occurring Mental Illness and Substance Use (n=169)	Peer Support/Peer Mentoring (n=41)	Medical Detoxification for Substance Use (including Medication Assisted Treatment) (n=45)	Medical Detoxification for Substance Use (including Medication Assisted Treatment) (n=50)	Medication Management (outpatient) (n=44)
		Residential Treatment for Substance Use (n=45)		

The top 3 service gaps (services needed but can't get) identified in the survey were:

Q2. GAPS: In thinking about the current behavioral health resources and services provided in Palm Beach County which resources and services are lacking? Gaps are defined as services people NEED, BUT CAN'T GET. CHOOSE UP TO 3 FOR EACH AGE GROUP BY SELECTING 'TOP 3' FROM DROP DOWN BOX.

Aggregate	Birth to 17 years	18-24 years	25-59 years	60+ years
Supported Housing (Transitional Housing, Housing First, Respite Housing) (n=177)	Residential Treatment for Mental Illness (n=31)	Supported Housing (Transitional Housing, Housing First, Respite Housing) (n=53)	Supported Housing (Transitional Housing, Housing First, Respite Housing) (n=50)	Supported Housing (Transitional Housing, Housing First, Respite Housing) (n=44)
Residential Treatment for Co-occurring Mental Illness and Substance Use (n=150)	Case Management and Care Coordination (n=31)	Residential Treatment for Co-occurring Mental Illness and Substance Use (n=46)	Residential Treatment for Co-occurring Mental Illness and Substance Use (n=46)	Case Management and Care Coordination (n=33)
Residential Treatment for Mental Illness (n=146)	Supported Housing (Transitional Housing, Housing First, Respite Housing) (n=30)	Residential Treatment for Mental Illness (n=45)	Residential Treatment for Mental Illness (n=43)	Medication Management (outpatient) (n=33)

The top 3 service barriers identified in the survey were:

Q3. BARRIERS: Please identify the top three (3) barriers or challenges related to individuals being able to access behavioral health services.

Barrier	%	n
Lack of available services and resources	59%	73
Cost of services/treatment	57%	70
Insurance (lack of insurance, cost of insurance, inadequate insurance)	48%	59

The designation of respondents is as follows:

Q4. How do you identify yourself? (Select all that apply.)		
Designation	%	n
Administrative Provider (supervisor, manager, director, executive, etc.)	24%	40
Direct Service Provider (case manager, therapist, counselor, peer specialist, etc.)	22%	36
Family Member	14%	24
Other (please specify)	14%	24
Person Served/Client/Consumer/Person with Lived Experience	13%	21
Community Leader	10%	16
Service Funder	3%	5
	100%	166

* 121 respondents selected 166 options

Recommendations for FY 2018 Behavioral Health FAA Funding

Behavioral Health is one of six service categories funded through the Financially Assisted Agencies (FAA) program. In FY2017 there are 21 Behavioral Health programs funded. In FY2017 the total amount allocated to Behavioral Health is \$5,554,327.

The County's vision is of a seamless, accessible, recovery-oriented system of behavioral health care driven by consumers, providers, and other stakeholders, in which innovation and collaboration are the norm and diversified financial resources comfortably support an array of prevention and treatment practices leading to excellent outcomes for individuals served, providers, and the community. This will be accomplished by developing, supporting, and managing an integrated network of behavioral health services to promote the emotional and mental well-being and drug-free living of children and adults.

For FY 2018 it is recommended that programs and services in this category address outcomes and performance measures that work to increase program participant's strategies to reduce behavioral health challenges.

Preference will be given to services that demonstrate: strong community collaboration and service linkage particularly for affordable housing, benefits access, care coordination and support services. Proposals must demonstrate how assurances will be made to avoid duplication of existing services.

Recommendations for FY 2018 Behavioral Health FAA Funding

Family Behavioral Health Services

Care Coordination Services to include:

Proposals submitted in this service area should include Crisis Planning, Recovery Supports, Care Management Peer Support (mentors/drop-in centers), Psycho-Social Rehabilitation, Family Psycho-Education, Co-Occurring Capable Services, Prevention/Intervention (services intended to divert deeper-end services and to include targeted education for the client, family and community), advocacy and outreach.

Treatment Options to include:

Proposals submitted in this service area will address co-occurring, mental health, and substance abuse services to include Individual Therapy, Family Therapy, Group Therapy, Psychiatric Services, Residential Treatment, Outpatient Services, Medication Management.

Acute Care Services to include:

Proposals submitted in this service area should address issues that can include Mobile Crisis Team, Crisis Stabilization, 23.5 Hour Observation, Virtual Crisis Support, Medical Detox, Social Detox. Proposals will be evaluated as to how the provider

addresses the most appropriate placement in mental health, substance abuse and co-occurring conditions.

Adult Behavioral Health Services

Care Coordination Services to include:

Proposals submitted in this service area should include Crisis Planning, Recovery Supports, Care Management, Supported Housing, Supported Employment, Peer Support (mentors/drop-in centers), Psycho-Social Rehabilitation, Family Psycho-Education, Co-Occurring Capable Services, Prevention/Intervention (services intended to divert deeper-end services and to include targeted education for the client, family and community), advocacy and outreach.

Treatment Options to include:

Proposals submitted in this service area will address co-occurring, mental health, substance abuse services to include Individual Therapy, Family Therapy, Group Therapy, Psychiatric Services, Residential Treatment, Outpatient Services, Medication Management.

Acute Care Services to include:

Proposals submitted in this service area should address issues that can include Mobile Crisis Team, Crisis Stabilization, 23.5 Hour Observation, Virtual Crisis Support, Medical Detox, Social Detox. Proposals will be evaluated as to how the provider addresses the most appropriate placement in mental health, substance abuse and co-occurring conditions.

APPENDIX A

Public Forum Power Point Presentation

DRAFT

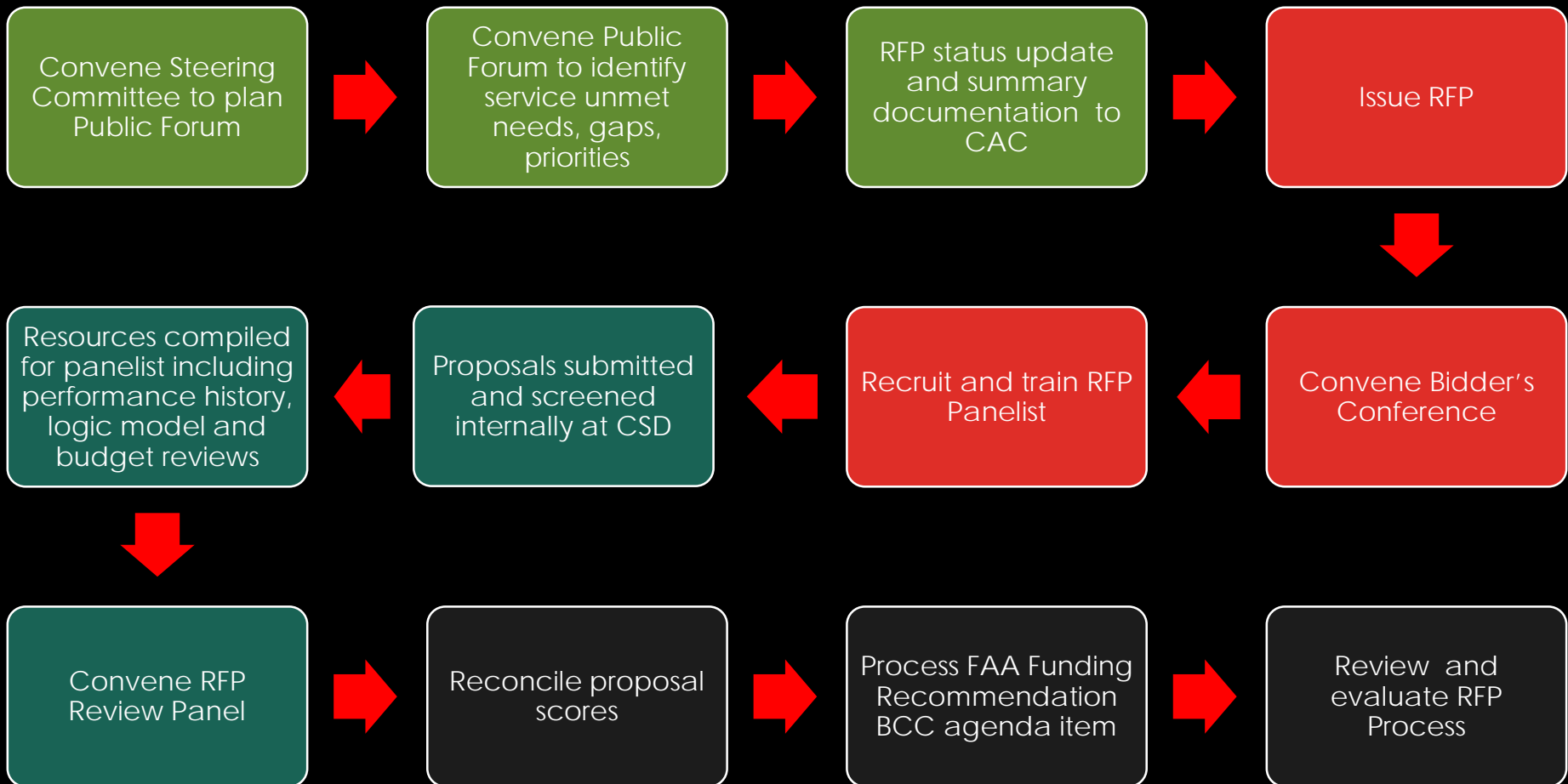


WELCOME!

Financially Assisted Agencies (FAA)
Public Forum
On
Behavioral Health
January 19th, 2018

Financially Assisted Agencies (FAA) Request for Proposal (RFP) Process

FAA RFP PROCESS



OBJECTIVE OF PUBLIC FORUM AND COMMUNITY SURVEY

- The main objective of the public forum and community survey is to provide space for the community's voice to be heard in terms of highlighting the existing service needs, gaps and funding priorities.
- This data will serve as one of several resources used to inform the RFP process.
- This effort better ensures the funding priorities are relevant and will work to meet service needs in the community.



Presentations



A Report on Health and Human Services in Palm Beach County

Mental Health and Substance Abuse



A REPORT OF HEALTH & HUMAN SERVICES IN PALM BEACH COUNTY- Based on Key Community Indicators 2010



Indicator Summary

Summary Page Synopsis

The Indicator Summary page is intended to provide the reader with a “quick” reference concerning the status of 16 Service Category topics based on an Overall Goal & Key Indicator contained within this document. Please use the Legend and Notes Section listed below for further analysis.

Click on the indicator signal to navigate to the desired page. Clicking on the footer on any page will return you to the Table of Contents.

Legend & Notes

Green is good. The Goal is being met and the Trend is upward.

Yellow is caution. It is used either if the Goal is being met but the Trend is downward or if the Goal is not being met but the Trend is upward.

Red is alarming. Red is used if the Goal is not being met and the Trend is downward.

Trend is defined as six (6) to eight (8) data points.

	(+) Trend	(-) Trend
> Goal	Green	Yellow
< Goal	Yellow	Red



Access to Care
Page 6



Child Care/
After School Care
Page 9



Domestic Abuse/Sheltering
Page 11



Health Care
Page 14



HIV/AIDS
Page 16



Homelessness
Page 19



Hunger/Food Security
Page 22



Maternal and
Child Health
Page 25



Mental Health
Page 29



Public Safety/
Violent Crime
Page 34



Public Transportation
Page 37



School Readiness
Page 40



Senior Services
Page 43



Special Needs/
Developmental Disabilities
Page 47



Substance Abuse
Page 51



Youth Violence/
Diversion Programs
Page 54

KEY INDICATOR

The Key Indicator for Mental Health is suicide rate

GOAL

Reduce the suicide rate from its current rate of 4.8 persons per 100,000 population



“Suicide is a lead indicator of the prevalence of mental health problems.”

— Source: <http://www.doh.state.fl.us/family/childhealth/childreport/hi/hi9/cuicide.html>

Current Status

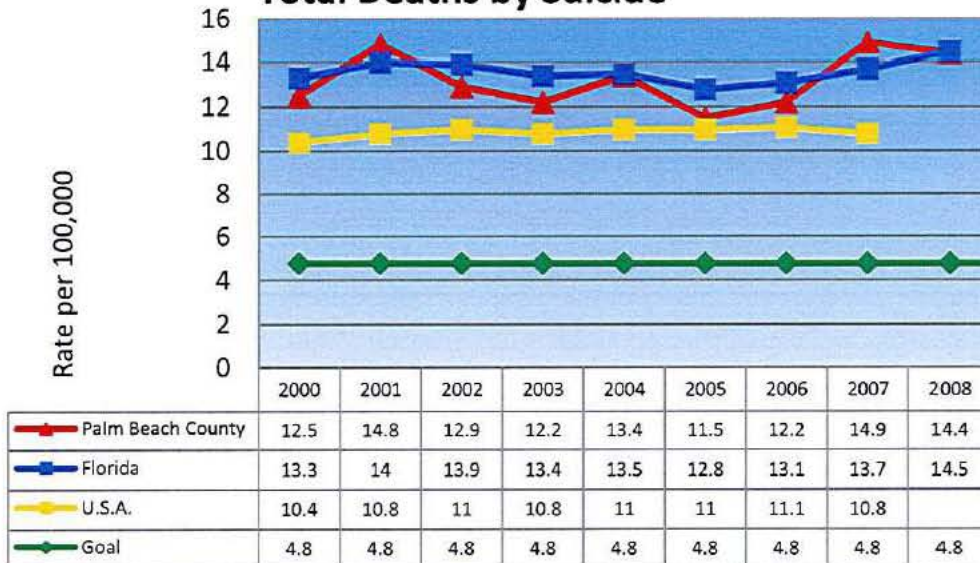
There are approximately three (3) suicidal deaths per week among residents in Palm Beach County. In 2009 there were 189 deaths, which is 15.75 deaths per 100,000 residents. The previous year there were 188. This is higher than the state average of 14.5 individuals per 100,000.

Of importance to consider when discussing mental health services is the distinction between mental illness and mental health. An individual may have mental health issues without being mentally ill. The inability to live life to the fullest because of stress resulting from illness, economic concerns, caring for ageing parents or ill children and relationship conflicts does not make a person mentally ill. Mental health and mental illness are often used interchangeably but really refer to two different states of wellness. Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people and the ability to adapt to change and to cope with adversity. Mental illness refers collectively to all diagnosable mental disorders. (Surgeon General)

In Palm Beach County, as is true nationally, more than one (1) in four (4) people (26%) have some form of mental illness, cutting across socio-economic boundaries. As Table #16 indicates, one (1) in four (4) adults in Palm Beach County suffers from a diagnosable mental disorder in a given year (more than 261,000 people). Nearly half of those suffer from two (2) or more disorders simultaneously.

Table #16

Total Deaths by Suicide



Current Status (Continued)

While serious mental illness strikes a smaller percent of people (6%), we still have close to 60,000 people in Palm Beach County with disorder such as schizophrenia, bipolar disorder, and major depressive disorder.

Current public funding (state and county) supports services for youth and adults with diagnosable mental health/illness issues. Persons accessing these services usually are required to pass a means test, and services are provided on a sliding scale. When a person has a diagnosable mental illness and lacks the ability to pay services, may be provided. Public funding is also used to provide mental health services for those in the correctional system.

On the other hand, quality of life issues are either covered by private insurance or self-pay. Public dollars allocated to these services are limited and while mental health services are supposed to be provided by private insurers in an equitable reimbursement with medical services, it will not be until 2014 that insurers will be prohibited from providing such coverage for previously existing conditions.

Mental health services are geographically dispersed throughout the county (central/north, central/south and western communities). Oakwood Center of the Palm Beaches and South County Mental Health Center have been the only two public Baker Act facilities in the county; however, St. Mary's Hospital and Columbia hospital have been added to the system.

Palm Beach County has the second largest number of returning veterans in the state. Through community and agency collaboration, services are being identified to support the needs of the veterans and their families, to address post traumatic stress disorder (PTSD) and other stress issues experienced.



Given the current economic situation, all service providers are experiencing an increase in requests for services to address multiple issues. A new program has been developed for residents who are experiencing economic crisis.

As with all services, there are more demands for service than the system can provide, especially to deal with mental health issues. Community awareness and support for the prevention of mental health issues and co-occurring disorders is a continuing focus for all components of the system of care.

The statistics for suicide indicate that:

- In 2008, Palm Beach County had a suicide rate of 14.4 individuals per 100,000 population.
- In 2008, the State of Florida had a suicide rate of 14.5 individuals per 100,000 population.
- Total yearly deaths from suicide in Palm Beach County increased from 12.5 in 2000 to 14.4 in 2008 (per 100,000 population). An increase of one tenth of a percent (.1) (per 100,000 populations).
- Total yearly deaths from suicide in the State of Florida increased from 13.3 in 2000 to 14.5 in 2008 (per 100,000 population). An increase of 1.2 (per 100,000 population).
- Total yearly deaths from suicide in the nation increased from 10.4 in 2000 to 10.5 in 2007 (per 100,000 population). An increase of one tenth of a percent (.1) (per 100,000 population).
- Palm Beach County has the second largest population of returning veterans in the State of Florida, and returning veterans have a suicide rate higher than the population at large.
- Based on 2008 suicide data, Palm Beach County is below the State of Florida suicide rate by one tenth of a percent (.1) (per 100,000 population)

Current and Future Planning Efforts

The public funders are collaborating to expand the expertise of the provider agencies to address the complex issues in the service delivery system. Providers are being trained in co-occurring disorders, trauma informed care, client-directed outcome informed practice and evidence based practice. In addition, the system of care is expanding services to address the unique needs of the homeless population and the returning veterans from Iraq and Afghanistan. The service providers, education and law enforcement are collaborating to develop a matrix of services that include prevention and intervention services for youth to reduce the impact of mental health issues on the adult population.

While not included in this category the needs of the aging population and those who serve as caretakers are an increasingly growing underserved population.

- The Circuit 15 Substance Abuse and Mental Health Program (SABMH) office supports planning and funding efforts for community providers and partners to address the needs of both youth and adults.
- The Circuit 15 SAMH office collaborates with the Department of Juvenile Justice and the Palm beach Sheriff's Office to provide services to both youth and adults involved with either system.
- The Criminal Justice Commission is spearheading an interagency planning group to develop strategies to increase the outcomes for youth and adults touched by the criminal justice system.
- Community providers conduct community awareness meetings and distribute information on signs, symptoms and resources to address mental health issues.
- Palm Beach County provides support to 211 to provide information and referral for all country residents.
- Strengthen the capacity of the community to plan strategically for the current and future needs of an integrated health and behavioral health system.
- Build toward a system that provides access to needed services as close to where they are needed as possible.

- De-stigmatize services for mental and behavioral health by integrating them into normalized settings such as primary care healthcare settings.
- Take advantage of increasingly evidence-based interventions such as peer mentoring and other supports that increase resilience and adherence to treatment interventions.
- Increase the number of people who are diverted from the criminal justice system into appropriate mental health treatment and support systems.



Current and Future Planning Efforts (continued)

Mental health is an integral part of the total health and well-being of Palm Beach County residents. The suicide rate is not an indicator of the effectiveness of mental health treatment, because thankfully, suicide occurs too infrequently in the population to be a meaningful measure of system success. All providers already have a goal of zero suicides in the populations they treat. Most people with mental illness are not suicidal.

Other more meaningful indicators of the effectiveness of mental health would include improved health and well-being as reported by people in treatment, reduced use of hospitals by people in treatment, and improved overall health status of people in the community. Our community should begin to collect data to measure these and other indicators of well-being.

The suicide rate is highlighted here because it can be tracked over time and can demonstrate whether people are receiving the kinds of care that will prevent the worst mental health crisis: an untimely death. Suicide can be averted with the right kinds of mental health services and care.

Suicide is most frequently a direct result of major depression, which is a treatable disease of the brain. Depression is just one of the many serious mental health disorders caused by organic brain diseases including schizophrenia, bipolar disorder, anxiety and many more. These diseases are sometimes genetic and sometimes situational. Some are chronic and need treatment and medication while other mental health disorders are situational and are related to something that has occurred in the environment. Some examples of situational mental health disorders are depression or anxiety related to the grief of losing a loved one, a divorce, a job or other catastrophic occurrence. Situational mental health problems can be very serious but with the proper care, they can be controlled.

Without the proper care, many with mental health disorders can end up in the hospital, in jail or worse. In order to avoid the high cost to our community for these institutions, our public funding goes to treatment and preventative services. With the appropriate supports in place, people with mental illness can lead productive and rewarding lives.



Table #17

	Percent	Number of people 18 and older
Mental Disorder	26.20%	261,000
2 or more disorders	45% of above	117,454
Serious Mental Illness	6%	59,773
Mood Disorder	9.50%	94,640
Bipolar	2.60%	25,902
Schizophrenia	1.10%	10,958

Source: NIMH and U.S. Census

Funding of Mental Health Services

The charts below indicate the level of funding by Palm Beach County and the District IX Substance Abuse and Mental Health Office of the State of Florida. Included in the category “Treatment” are services including: inpatient treatment, outpatient treatment, psychiatric and medical services and individual and group counseling for children, adolescents and adults.

The category “Baker Act/Crisis Stabilization” includes services for those in crisis (danger to self and others) and the immediate services required to address the crisis. The mobile crisis team staff sees a crisis individual in the home, school or community.

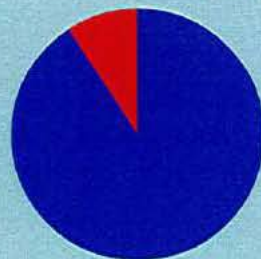
Major Disparities

- A review of the data reveals that Palm Beach County’s suicide rate is above the state and national average.
- More resources are committed to treatment of mental health and mental illness than to prevention for youth and adults.
- The issues of returning veterans need special levels of funding for both the them and their families, including children.
- Holistic planning and program implementation needs to be expanded to include all components of the system of care.



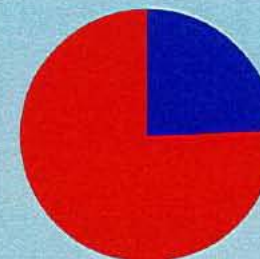
Chart IX

Treatment (Inpatient and Outpatient)



■ State
■ County

Baker Act/Crisis Stabilization



■ State
■ County

	State	County	Total
Treatment (Inpatient and Outpatient)	\$14,378,546	\$1,452,553	\$15,831,099
Baker Act/Crisis/Emergency Stabilization	\$4,379,670	\$1,770,036	\$6,149,707

KEY INDICATOR

The Key Indicator for Substance Abuse is the number of deaths and injuries reported by Law Enforcement Agencies

GOAL

To reduce deaths and injuries caused by alcohol- and drug-related motor vehicle crashes



Current Status

Substance abuse does not discriminate on age, gender, sex, race and ethnicity. It can easily be considered an equal opportunity “disease.” Those with the disease do not often fit the stereotype of the addict but rather can be working people in the community who are at varying stages of substance abuse dependency. Due to the social acceptance of alcohol and the part it plays in American life, many are in a state of denial of the effects physically, emotionally and socially of the drug. Risky behavior is characteristic of those under the influence of alcohol. Drinking and driving is one of the risky behaviors that has received much attention due to changing attitudes, increase law enforcement attention and the efforts of community groups.

Contributing issues to substance abuse include:

- Trauma and post-traumatic stress disorder
- Mental health/illness
- Domestic violence and a history of child and family abuse
- Poverty and homelessness

“Traffic death is a lead indicator of the prevalence of substance abuse problems.”

— Anonymous

The Facts

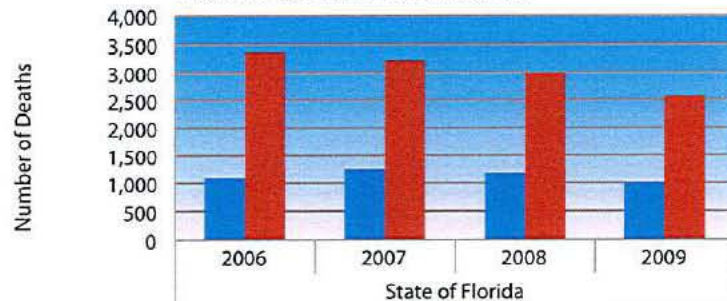
- Fatalities as a result of traffic crashes on Florida roadways decreased between 2008 and 2009 by 23.8%. This is the fourth consecutive year traffic fatalities have decreased from the previous year.
- Alcohol-related fatalities decreased between 2008 and 2009 by 21.5% in the State of Florida.
- Of drinking drivers in crashes, 21-year-old drivers had the highest involvement rate in all crashes (30.8) and in fatal crashes (1.57).
- Fatalities of teen drivers and passengers decreased statewide from 2008 and 2009 by 4% from 502 to 482 respectively.
- Based on 2009 traffic death data, Palm Beach County is below the State of Florida traffic death rate.
- The 2008 Florida Youth Substance Abuse Survey reports that with overall prevalence rates of 54.2% for lifetime use and 31.3% for past-30-day use, alcohol is the most commonly used drug among Palm beach County students.
- Disapproval of alcohol use seems to have weakened over time. The percentage of students reporting that it would be “wrong” or “very wrong” for someone their age to drink alcohol regularly decreased from 67.9% in 2000 to 63.9% in 2008.
- In Palm Beach County, 15% of surveyed students reported “binge” drinking, with corresponding rates of 6.6% among middle school students and 21% among high school students. This represents similar rates of both middle and high school binge drinking compared to the state as a whole (6.9% for middle school and 19.6% for high school).

Substance Abuse

Listed below are Palm Beach County traffic death statistics captured by law enforcement and reported in yearly increments on a standard long form. **Source:** "A Safer Florida: Highway Safety and Motor Vehicles." Traffic Crash Statistics 2009, www.flhsmv.gov

Table #29

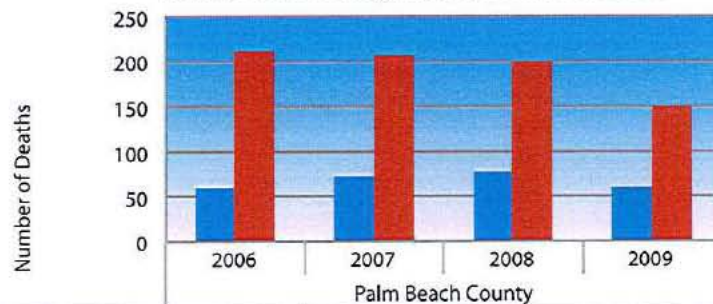
Florida: Traffic Death Statistics



	2006	2007	2008	2009
Alcohol-related fatalities	1099	1244	1169	1004
Fatalities	3365	3221	2983	2563

Table #30

Palm Beach County: Traffic Death Statistics



	2006	2007	2008	2009
Alcohol-related fatalities	62	73	79	62
Fatalities	212	206	198	151

Current and Future Planning Efforts

Substance abuse prevention and treatment is an issue for schools, the community and law enforcement. The Palm Beach County Substance Abuse Coalition and the Underage Drinking Task Force have developed a strategic plan to address the multiple dimensions of the issue among youth and the community.

A youth drug court has been developed to intervene and defer youth from the criminal justice system, the SAMH has funded 16 school-based substance abuse counselors, and treatment agency staff has been trained in co-occurring disorders.

Palm Beach County developed and implemented an adult drug court more than seven years ago. Since that time, drug courts have been established that address the specific needs of youth (Youth Drug Court) and families (Family Drug Court) as well as drug courts addressing the needs of those with co-occurring disorders and those in the child welfare system. The Palm Beach County Sheriff successful drug farm was closed in 2010 due to lack of funding.

Palm Beach County, Circuit 15 SAMH received an access to recovery grant in 2010. This grant will provide service to returning OEF and OIF vets (30%), criminal justice clients (30%), clients with co-occurring disorders (20%), prescription drug users (15%) and persons experiencing homelessness (5%).

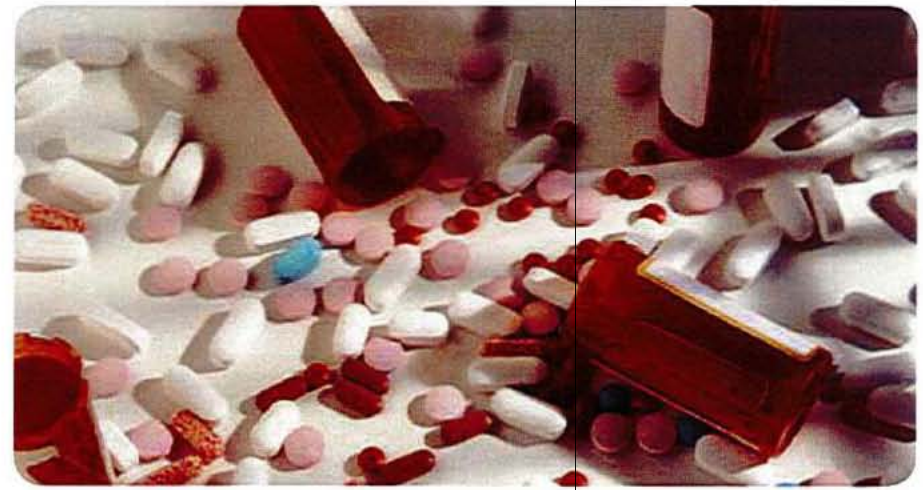
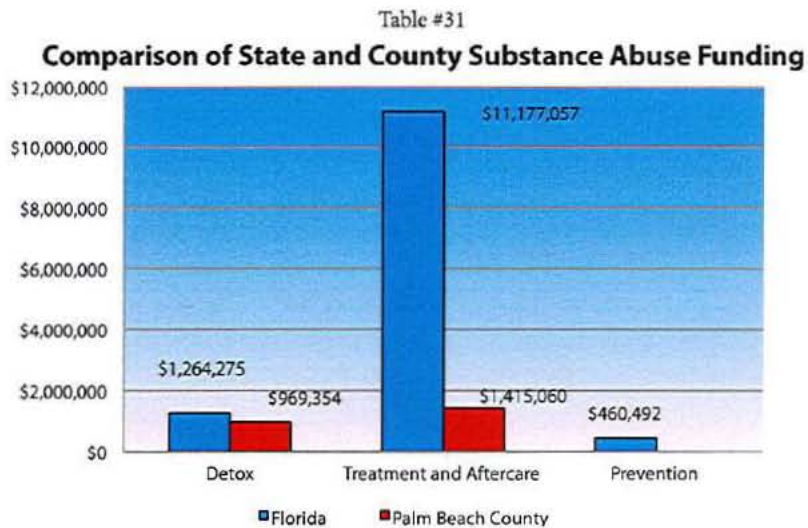
A new internet portal has been developed and will begin implementation during late 2010.

Several community groups, such as MADD and the Dori Slosburg Foundation, the Palm Beach County Substance Abuse Coalition, the Palm Beach County Schools conduct community awareness and education programs for youth and adults on the multiple issues related to substance abuse.

Funding For Substance Abuse Services

Substance abuse services in Palm Beach County are provided by the county, the State of Florida, private insurance, fund raising and self-pay with the major funding sources being the county and state.

The chart below indicates the funding from the county and state.



Major Disparities

It appears from the data that Palm Beach County has a lower incidence rate than the State of Florida for alcohol-related fatalities and injuries. The trend data for both entities shows a continuing trend toward decreasing incidences on both variables. Of concern is the lack of county data for fatalities and injuries for adolescents in light of the incidences of alcohol consumption and binge drinking among county adolescents (31.3% and 15.1% respectively) which is higher than the statewide average (29.8% and 14.8% respectively).

A review of funding for services indicates that the county does not allocate specific funds for substance abuse prevention for children or adults whereas the state allocates funds for both populations.

According to the Mental Health Substance Abuse Commission Report of the States, Florida only meets 19% of the need for treatment. By inference, since the state is the largest funder of substance abuse treatment in the county, the need in the county is also not being met.

Mental Health

Mental Health-A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community. (Source: World Health Organization; http://www.who.int/mental_health/en/)

A **psychological state of well-being**, characterized by continuing personal growth, a sense of purpose in life, self-acceptance, and positive relations with others. Some people define mental health as the absence of mental illness, but many psychologists consider this definition too narrow. (Source: Encarta; Dictionary; http://encarta.msn.com/encyclopedia_761573719/Mental_Health.html)

School Readiness

School Readiness-a child that is a socially, emotionally, cognitively and physically eager and ready to learn upon kindergarten entry.

Skills include:

- Interact with others positively
- Pay attention
- Remember lessons taught
- Follow a teacher's directions
- Finish tasks
- Practice independently what they have learned
- Learn to control their emotions
- Learn to be persistent even when learning seems tough

Environment Rating Scales – an internationally renowned program assessment tool that is researched based, valid and reliable. The Scales were authored by Thelma Harms and Debby Cryer. The Early Childhood Environment Rating Scale, Revised Edition (ECERS-R) provides an overall picture of the surroundings that have been created for the children and adults who share an early childhood setting. The ECERS consists of 43 items that assess the quality of the early

childhood environment including use of space, materials and experiences to enhance children's development, daily schedule, and supervision. This 43 item scale covers seven categories:

- Personal Care Routines
- Space and Furnishings
- Language-Reasoning
- Activities,
- Interactions
- Program Structure
- Parents and Staff

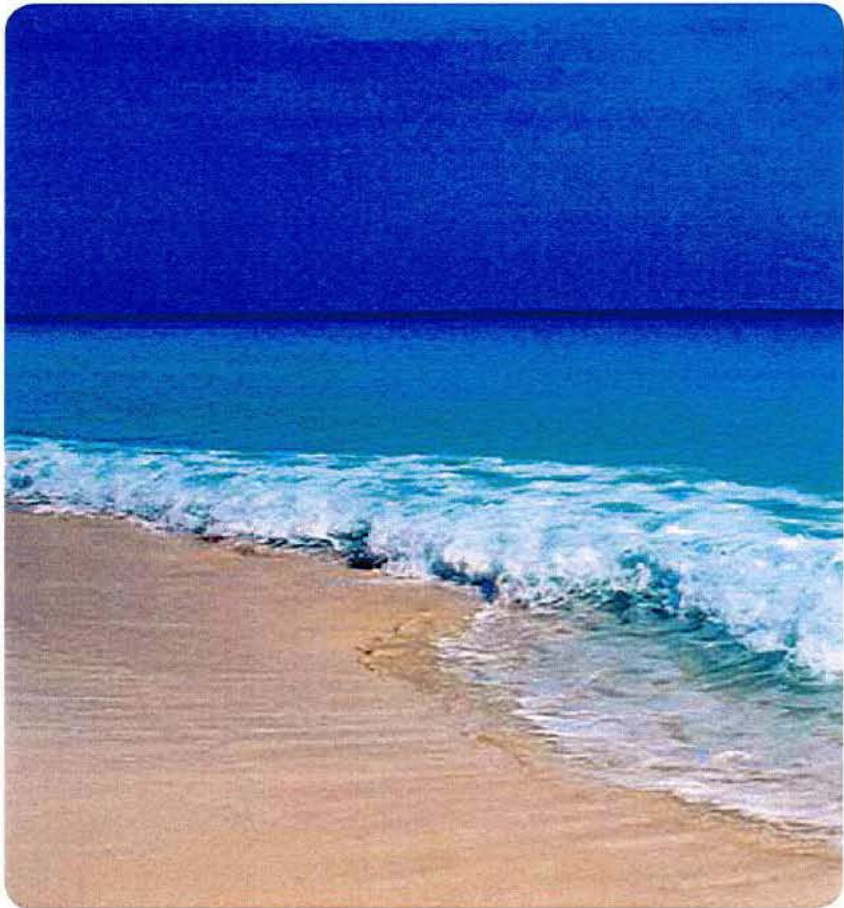
Each item is ranked from 1 to 7. A ranking of 1 describes inadequate conditions while a ranking of 7 describes excellent conditions.

Since the ECERS covers the basic aspects of all early childhood facilities, it can be used in a number of ways by child care facilities, Head Start programs, parent cooperative preschools, private preschool programs, playgroups, church-related preschools, and kindergarten programs. For instance, if used as a self-study/self-improvement guide, inadequate or minimal scores on the ECERS scale indicate areas for emphasis in training and learning. The ECERS can also be used as a pre- and post-test measure to assess the impact of training and continuing education.

School Readiness Providers – providers receiving subsidized funds to deliver the school readiness program. School readiness providers must offer programs that include:

- Research-based early learning activities and instruction
- Developmentally appropriate curriculum
- Literacy programs
- Character development programs
- Healthy and safe environments
- Appropriate staff-to-child ratios
- Personnel with required qualifications
- Family-friendly environment that support parent involvement opportunities

For Further Information



Electronic copies of this document can be accessed at:

<http://www.pbcgov.com/communityservices/pdf/Health-Human-Services-Report.pdf>

Palm Beach County Comprehensive Plan – Health and Human Services Element

http://www.pbcgov.com/pzb/planning/comprehensiveplan/health_05_2.pdf

Resolution No. R-2001-0913

http://www.pbcgov.com/communityservices/pdf/RESOLUTION_NO_R2001-0913.pdf

Community Characteristic Information

Additional information about Palm Beach County will be posted on the following website: <http://pbcgov.com/communityservices/citizenadvisory.htm>. This information will include Palm Beach County characteristics pertaining to topics such as: demographics, economic features, poverty, housing and income.

For further information contact

Palm Beach County
Department of Community Services
David Rafaidus, Project Manager
810 Datura Street
West Palm Beach, Florida 33401
(561) 355-4705 (office)
drafaidu@pbcgov.org (email)





Palm Beach County Substance Abuse Disorder Data

Palm Beach County

SUBSTANCE AWARENESS COALITION

Substance Use Disorder Data of Palm Beach County



Credit: Andrew Kolodny, M.D.
Chief Medical Officer, Phoenix House Foundation Inc.
Executive Director, Physicians for Responsible Opioid Prescribing

Credit: James Hall
Epidemiologist at Center for Applied Research on Substance Use and Health Disparities, Nova Southeastern University

www.pbcsac.org

Heroin: The Loss of a Generation



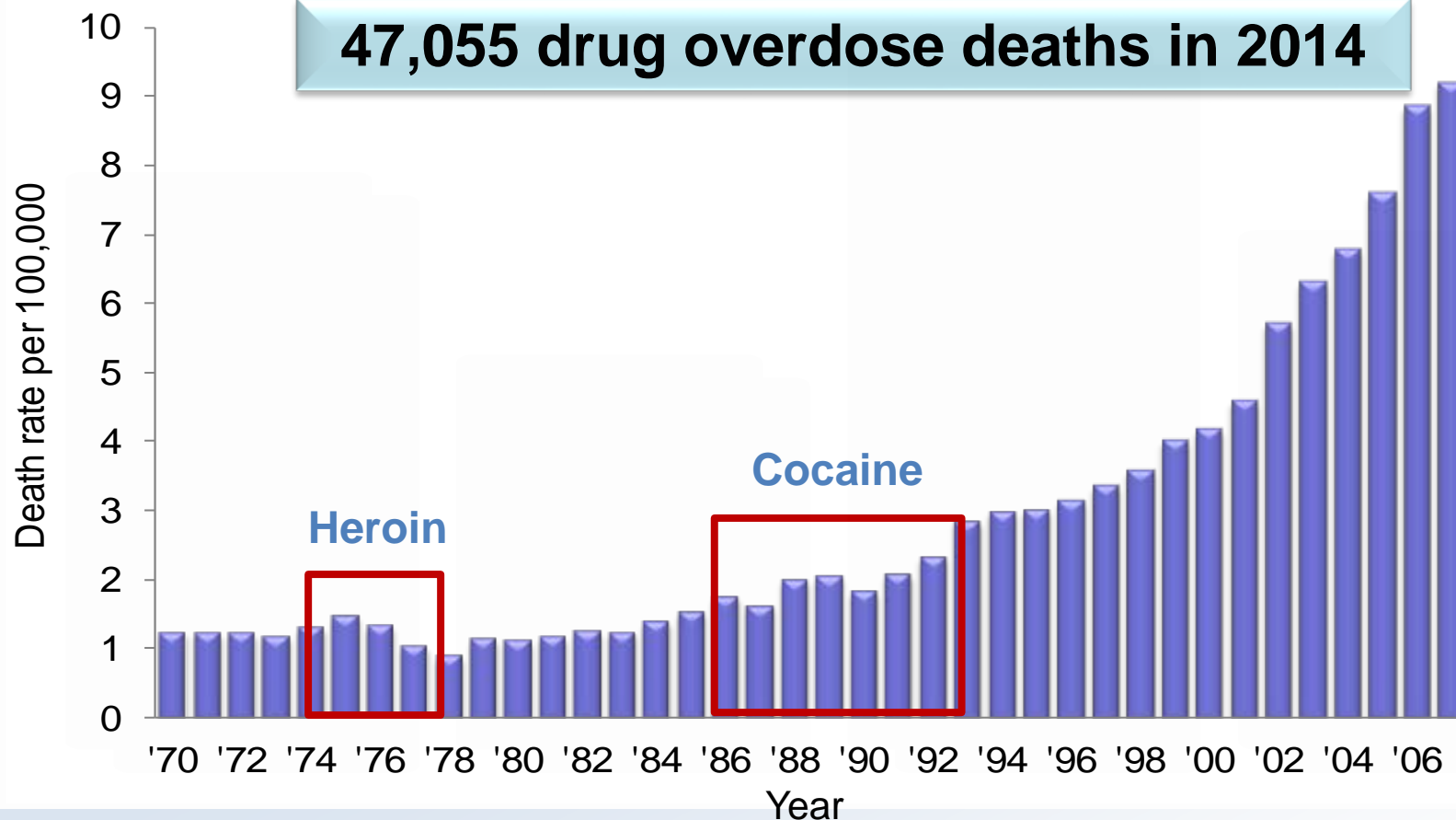
people died in 2

Beach County.

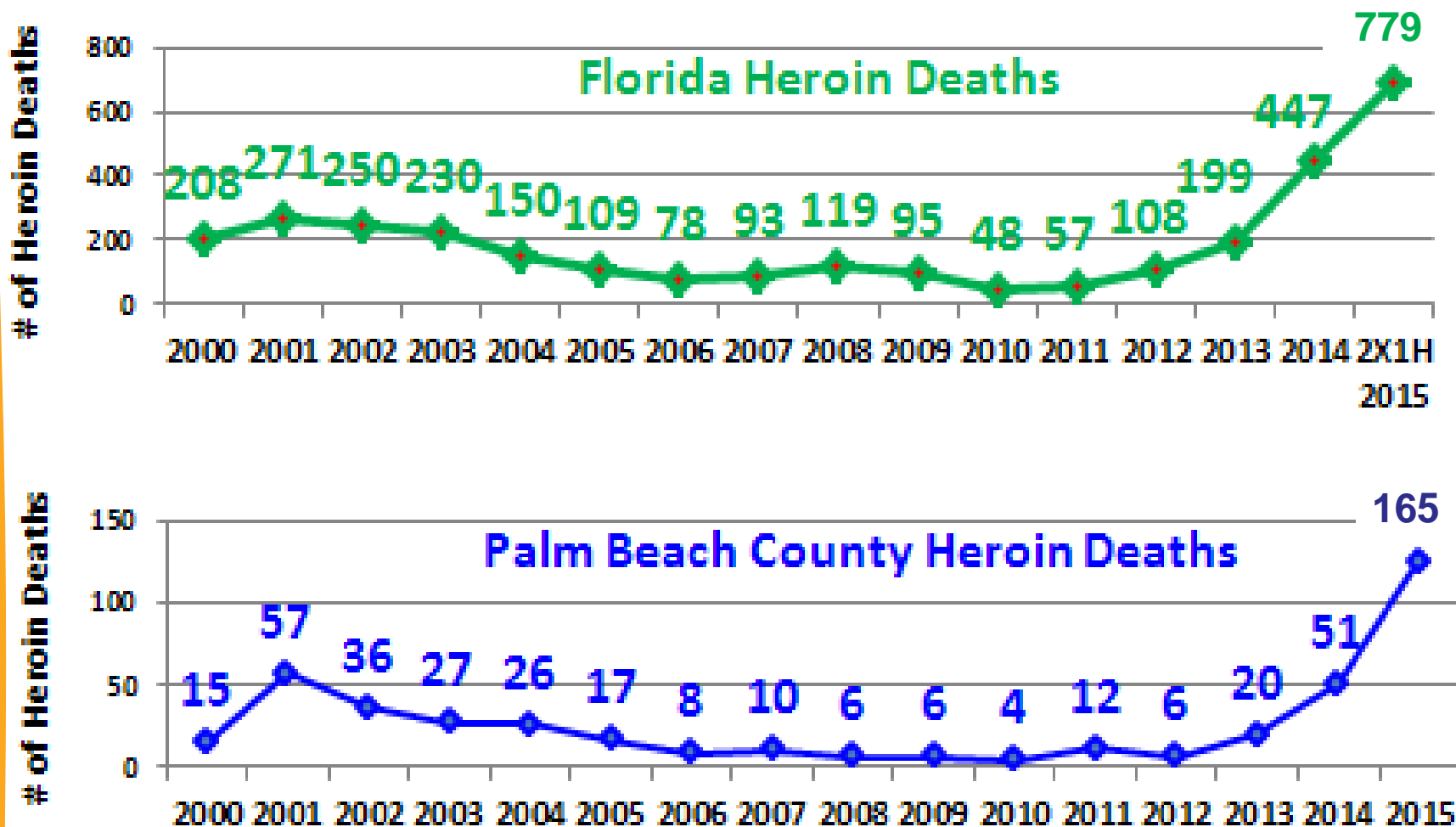
All of these people died in 2015 from a heroin-related overdose in Palm Beach County.

Unintentional Drug Overdose Deaths United States, 1970–2007

47,055 drug overdose deaths in 2014



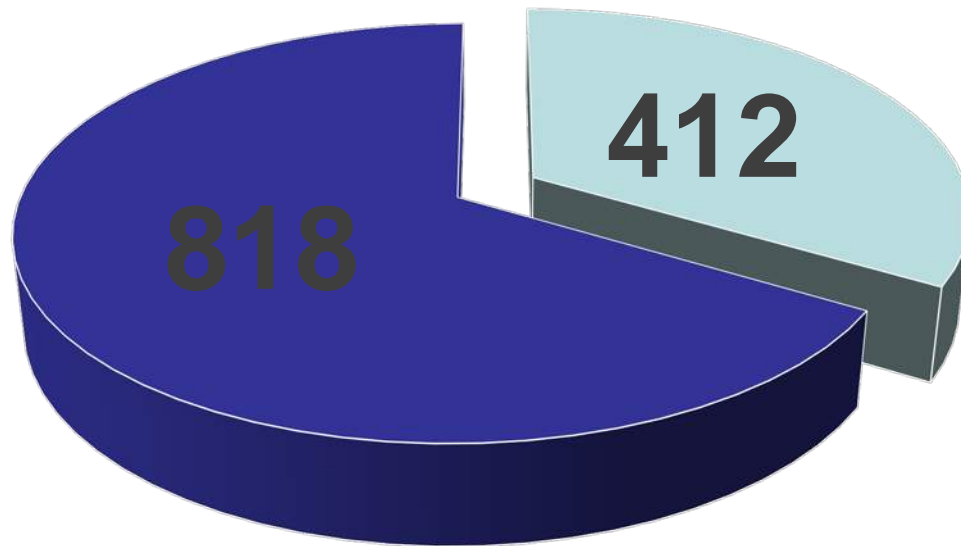
Number of Heroin Deaths in Florida & Palm Beach County: 2000 to 2015*



Estimated Number of **Fatal** and **Non-Fatal** Opiate Overdoses in Palm Beach County:

2015

Total = 1,230 Opiate Overdoses



- **Fatal Opiate OD's**
- **Non-Fatal Opiate OD's**



Palm Beach County
1,230 Opiate Overdoses
Including 412 Deaths
In 2015

Averaging

An Overdose Every Seven Hours or 103 per month

Including

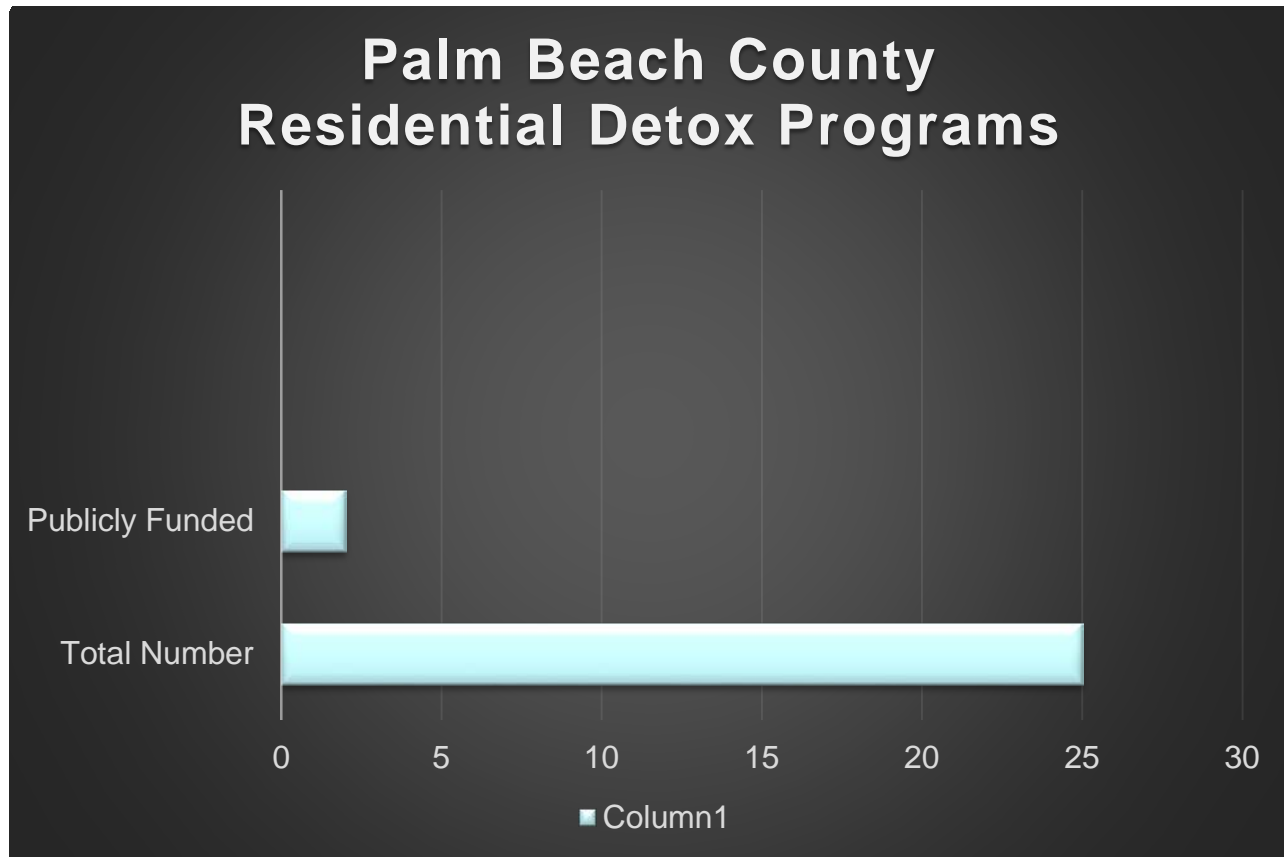
34 Opiate Deaths per month

Naloxone Admissions Reported by Palm Beach County Fire Rescue



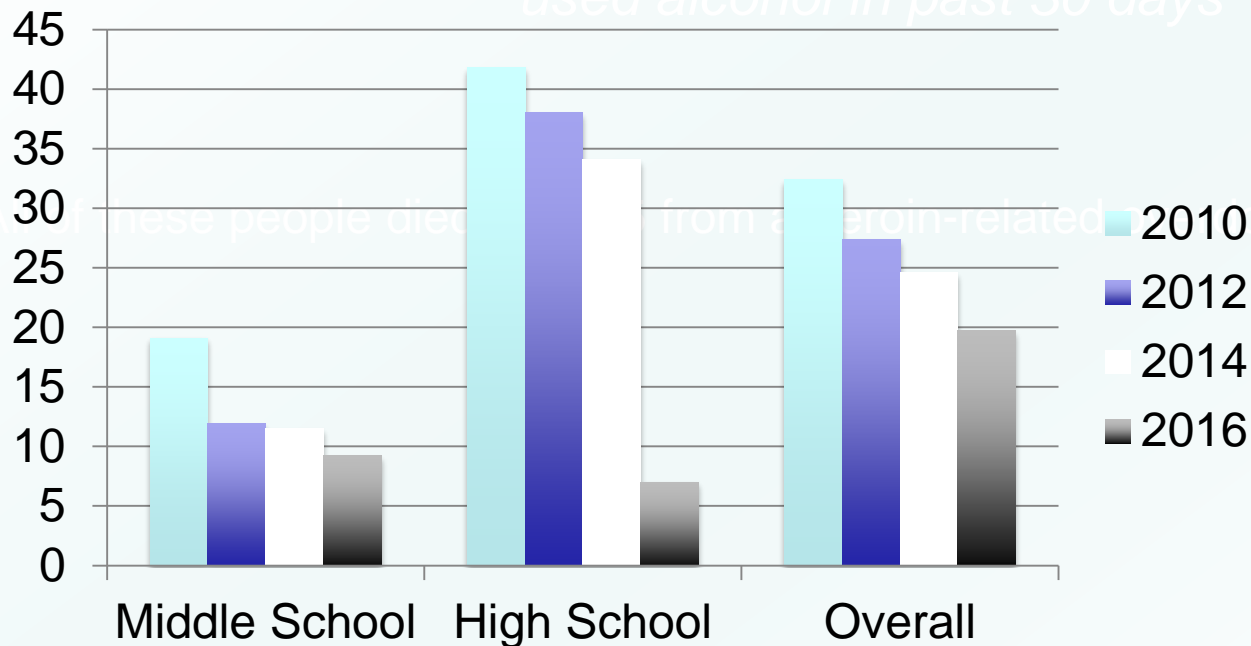
Source: Palm Beach County Heroin Task Force Report 2015

Publicly Funded Substance Abuse Services



Current 30 Day Alcohol Use By PBC Middle and High School Students

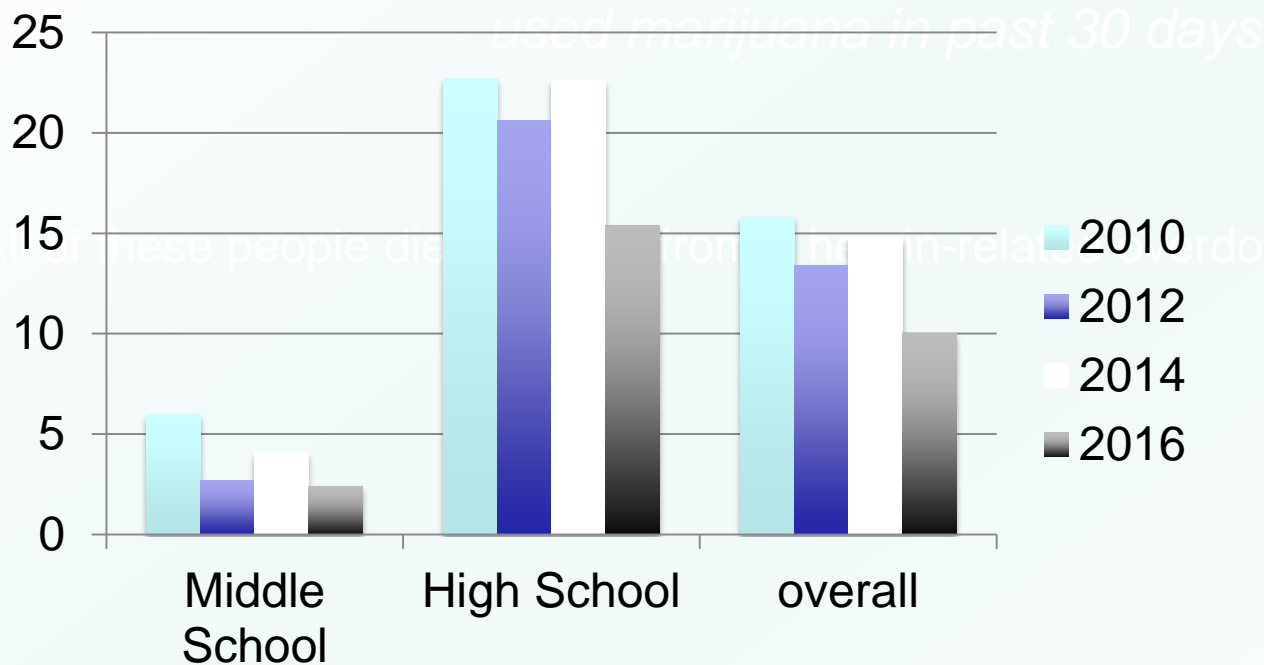
used alcohol in past 30 days



Alcohol use is declining, and fewer Palm Beach County youth are drinking today than at any point in the past ten years.

Source: Florida Youth Substance Abuse Survey, Feb 2016

Current 30 Day Marijuana Use by Middle and High School Teens



Marijuana use among Palm Beach County high school students decreased between 2014 and 2016.

Florida Youth Substance Abuse Survey, Feb 2016

Power and Energy =Solutions





Palm Beach County Behavioral Health Comprehensive Needs Assessment and Plan

Palm Beach County Behavioral Health Comprehensive Needs Assessment and Plan

- Purpose: to plan for a comprehensive, coordinated, integrated, system of care that is seamless and satisfying to its stakeholders.
- Goal: to align resources and reduce duplication of efforts and services



Palm Beach County Behavioral Health Comprehensive Needs Assessment and Plan

- What is our process?
 - Key Stakeholder Interviews
 - 51 so far, 11 scheduled
 - Focus Groups
 - 7 so far, 3 scheduled
 - Survey
 - Reviews of existing plans and reports
 - Review and analysis of data
- Data synthesis
- Resource Inventory and Map
- Funding Map/Vulnerable Populations
- Data Visualization and Prioritization: **February 10** at Hanley
- Development of Plan
- Launch of Plan
- Collaboration with Funders for Synergy



Palm Beach County Behavioral Health Comprehensive Needs Assessment and Plan

What do we know? Adult Mental Health

- The state of Florida ranks lowest in the country for prevalence of Adult Mental Illness (adults with any mental illness), with a rate of 16.03%
- Expected numbers of adults (over the age of 18) with any mental illness in Florida: 2,463,000
 - **Extrapolated to Palm Beach County: 174,000**
- Florida ranks 49th in access to mental health treatment for adults, with a rate of 62.3% adults not receiving mental health treatment
- For those adults who recognized they may have a mental health problem and faced a barrier to receiving treatment, Florida ranks 12th in the nation, with a rate of 19%.
- The rate of uninsured adults with mental illness in the state of Florida was 23.6%, ranked 45th in the nation
- Numbers of adults who received Adult Mental Health services by SEFBHN Provider Network in 2015-2016: **20,394**

Data Sources: SEFBHN and The State of Mental Health in America, 2017 (Mental Health America)



Palm Beach County Behavioral Health Comprehensive Needs Assessment and Plan

What do we know? Children's Mental Health

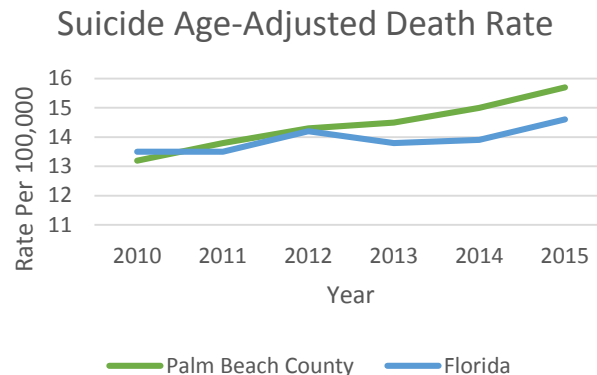
- The state of Florida ranks 21st in the country for prevalence of Youth (age 12-17) with at least one major depressive episode in the past year, with a rate of 10.50%
- Expected numbers of youth with at least one major depressive episode in the past year in Florida: 146,000
 - **Extrapolated to Palm Beach County: 18,900**
- Florida ranks 38th in access to mental health treatment for youth with major depressive episode, with a rate of 68.8% of youth not receiving mental health treatment
- The rate of youth with severe major depressive episode who received some consistent treatment in the state of Florida was 15.9%, ranking 45th in the nation
- The rate of Florida children with private insurance that did not cover mental or emotional problems was 9.5%, ranking 35th in the nation
- Numbers of youth who received Children's Mental Health services by SEFBHN Provider Network in 2015-2016: **6,250**

Data Sources: SEFBHN and The State of Mental Health in America, 2017 (Mental Health America)



Palm Beach County Behavioral Health Comprehensive Needs Assessment and Plan

- What do we know?
 - Suicide rates: Palm Beach County ranks in the 4th quartile (least favorable) compared to the rest of the counties in Florida for non-fatal unintentional injury hospitalizations for youth ages 5-18

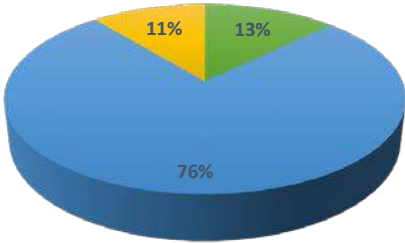


Data Sources: FloridaCharts



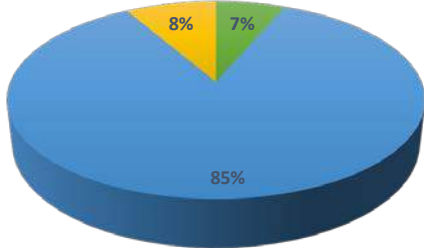
Palm Beach County Behavioral Health Comprehensive Needs Assessment and Plan

Inpatient Hospital Utilization by Mental Disorders Principal Diagnosis Grouping, Palm Beach County, 2015



0-17 years 18-64 years 65 and older

Emergency Department Utilization by Mental Disorders Principal Diagnosis Grouping, Palm Beach County, 2015



0-17 years 18-64 years 65 and older

Source: Agency for Health Care Administration (AHCA), 2015
Compiled by: Health Council of Southeast Florida, 2016
Data Note: Mental Disorders Principal Diagnosis Grouping includes ICD9 Code ranges 290-319.
When utilizing this data, it is important to know the following: There are coding differences between hospitals. Some hospitals code more completely and accurately than other hospitals. It is sometimes difficult to classify disease accurately. The codes contained in the patient record may not be specific enough to adequately characterize a patient's condition.

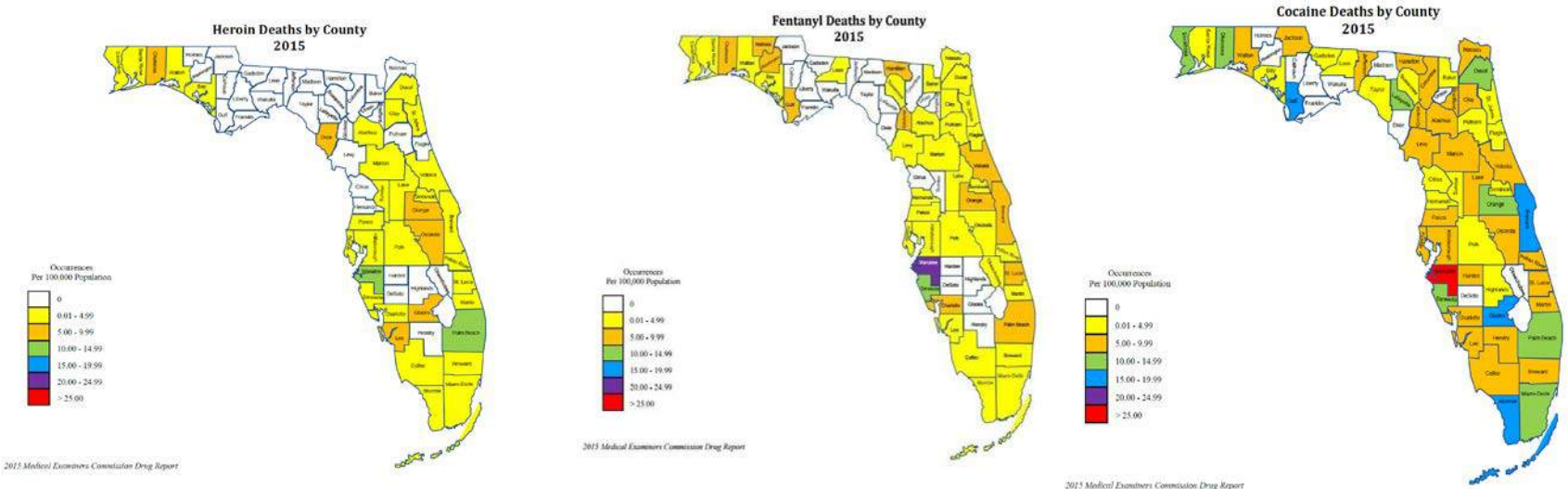


Palm Beach County Behavioral Health Comprehensive Needs Assessment and Plan

- According to the Florida Medical Examiner's Office, in 2015, Palm Beach County had:
 - a higher rate of deaths related to heroin than Broward, Miami-Dade, and Hillsborough Counties;
 - a higher rate of deaths related to fentanyl than Broward, Miami-Dade, and Hillsborough Counties; and
 - a higher rate of deaths related to cocaine than Broward or Hillsborough Counties



Palm Beach County Behavioral Health Comprehensive Needs Assessment and Plan



Palm Beach County Behavioral Health Comprehensive Needs Assessment and Plan

What do we know? Adult and Children's Substance Use Services

- Numbers of adults who received substance use treatment services by SEFBHN Network of Providers in 2015-2016: 8,204
- Numbers of youth who received substance use treatment services by SEFBHN Network of Providers in 2015-2016: 481



Survey Overview

<https://www.surveymonkey.com/r/FAABH>



Discussion



Conclusions

APPENDIX B

Survey Instrument

DRAFT

Palm Beach County is currently gathering information relative to the behavioral health needs of our residents in order to inform our Financially Assisted Agencies (FAA) Behavioral Health FY18 Request for Proposals (RFP) process. This process coincides with the needs assessment currently underway through Southeast Florida Behavioral Health Network (SEFBHN). The findings of this survey will be used to help guide the identification of priorities for the next 3-year funding cycle (October 2018-September 2021).

Your input and feedback are important and greatly valued. Please take a few moments to think about the service delivery system for behavioral health (mental health and substance use) in Palm Beach County and our needs, gaps, and barriers.

Thank you for your participation.

1. NEEDS: In thinking about behavioral health services which are the most critical for Palm Beach County?

Needs are defined as services that people NEED AND USE.

CHOOSE UP TO 3 FOR EACH AGE GROUP BY SELECTING 'TOP 3' FROM DROP DOWN BOX.

	Birth to 17 years	18 years - 24 years	25 years - 59 years	60+ years
Mobile Crisis Team	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Crisis Stabilization and Support	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical Detoxification for Substance Use (including Medication Assisted Treatment)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Treatment for Substance Use	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Treatment for Mental Illness	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Treatment for Co-occurring Mental Illness and Substance Use	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day Treatment Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Intensive Outpatient Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Outpatient Services (Individual and group therapy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medication Management (outpatient)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Case Management and Care Coordination	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Peer Support/Peer Mentoring	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Peer-run Services (drop-in centers)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supported Housing (Transitional Housing, Housing First, Respite Housing)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supported Employment Services (job coaching)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other (please specify)

2. GAPS: In thinking about the current behavioral health resources and services provided in Palm Beach County which resources and services are lacking?

Gaps are defined as services people NEED, BUT CAN'T GET.

CHOOSE UP TO 3 FOR EACH AGE GROUP BY SELECTING 'TOP 3' FROM DROP DOWN BOX.

	Birth to 17 years	18 years - 24 years	25 years - 59 years	60+ years
Mobile Crisis Team	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Crisis Stabilization and Support	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical Detoxification for Substance Use (including Medication Assisted Treatment)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Treatment for Substance Use	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Treatment for Mental Illness	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Treatment for Co-occurring Mental Illness and Substance Use	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day Treatment Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Intensive Outpatient Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Outpatient Services (Individual and group therapy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medication Management (outpatient)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Case Management and Care Coordination	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Peer Support/Peer Mentoring	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Peer-run Services (drop-in centers)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supported Housing (Transitional Housing, Housing First, Respite Housing)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supported Employment Services (job coaching)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other (please specify)

3. BARRIERS: Please identify the **top three (3)** barriers or challenges related to individuals being able to access behavioral health services:

- Lack of available services and resources
- Cost of services/treatment
- Fear or embarrassment (stigma)
- Long wait lists for services/treatment
- Cultural/family beliefs
- Insurance (lack of insurance, cost of insurance, inadequate insurance)
- Transportation (lack of transportation, inadequate transportation, inconvenient transportation)
- Location of services (not geographically convenient)
- Service hours (not convenient)
- Language barriers
- Lack of culturally and linguistically appropriate and sensitive services
- Lack of integrated services across providers
- Providers not adequately trained to provide services
- Turnover rates of provider staff
- Lack of adequate childcare to attend treatment or service appointments
- Lack of public awareness of services
- Other (please specify)

4. How do you identify yourself? (Select all that apply.)

- Person Served/Client/Consumer/Person with Lived Experience
- Family Member
- Service Funder
- Community Leader
- Direct Service Provider (case manager, therapist, counselor, peer specialist, etc.)
- Administrative Provider (supervisor, manager, director, executive, etc.)
- Other (please specify)

5. If you receive services or are in need of services, in what zip code do you live?

6. Comments:

APPENDIX C

Public Forum Participants

DRAFT

PUBLIC FORUM PARTICIPANTS

<i>Participant Name</i>	<i>Agency / Association</i>
Ancy Louis	Palm Beach County Community Services Department
Stessy Cocerez	Palm Beach County Community Services Department
David Rafaidus	Palm Beach County Community Services Department
Vivian Blackmon-Taylor	Palm Beach County Community Services Department
James Green	Palm Beach County Community Services Department
Taruna Malhotra	Palm Beach County Community Services Department
Amalia Hernandez	Palm Beach County Community Services Department
Randy Paul	Palm Beach County Community Services Department
Andrea Stephenson	Health Council of South East Florida
Taryn McEachrane	Health Council of South East Florida
Celine Ginsburg	Health Council of South East Florida
Patrice Schroeder	211 Palm Beach/Treasure Coast
Colin Bradley	ACHIEVE Behavioral Florida
Katie Petrassi	Aging & Disability Resource Center
David Tkac	Arc of Palm Beach County
Luis Mejia	ASPIRA
J.D. Page	Beach House Center Recovery
Lottie Cherilus	Big Brothers, Big Sisters
Seth Bernstein	Boca Raton's Promise - The Alliance for Youth
Jared Greene	Boystown
Nancy Osbourne	Boystown
Latoya Davenport	Boystown
Anna Irizarry Wood	C.L. Brumback Primary Care Clinic
Cynthia Moreno	Caregiving Youth Project
Lauren Samotto	Center for Child Counseling
Kristal Kenison	ChildNet
Larry Rein	ChildNet
Kerry DeBay	Children's Healing Institute
Jackquil Bell	Children's Medical Services - FL Dept. of Health
Patricia Forbes	Children's Medical Services - FL Dept. of Health
Michelle Gross	Children's Services Council
Justin Epstein	Comprehensive Wellness Centers
Lauren Cardillo	Comprehensive Wellness Centers
Alton Taylor	Drug Abuse Foundation
Stephanie Thompson	Drug Abuse Foundation
Jay Flicker	Drug Abuse Treatment Association
Andres Torrens	Families First of Palm Beach County
Peter Nathan	Family For Recovery Center
Phillip Causey	Family Recovery Solutions of Florida
Lisa Henderson	Family Recovery Solutions of Florida
Christine Koehn	Farris Foundation

PUBLIC FORUM PARTICIPANTS (Cont.)

<i>Participant Name</i>	<i>Agency / Association</i>
Vicki Katz	Faulk Center for Counseling
Ali Rubin	Faulk Center for Counseling
Holly Katz	Faulk Center for Counseling
Sarah McGillivray	Florida Atlantic University Community Health Center
Helen Romanac	Florida Atlantic University Community Health Center
Quinn Paton	FoundCare
Merrell Angstreich	FoundCare
Sharron Federick	FoundCare
Kristal Taylor	Genesis Community Health
Scottie Collins	Good Life Treatment
Lucinda Valantiejus	Gratitude House
Kathy Spencer	Gulfstream Goodwill Industries
Dani Brainard	Hanley Foundation
Ashleigh Lentz	Hanley Foundation
Martha Putnam	Hanley Foundation
Jeffrey Applebaum	Hope In Home
Julie Dolan	Housing Partnership
Matt Kwarchak	Jeff Industries
Claudia Roberts	Jeff Industries
Margaret Hudson	Jeff Industries
Eileen Ganong	Jerome Golden Center
Erin Shea	Mental Health Association of Palm Beach County
Andrea Berg	Meridian Treatment Solutions
Marsha Martino	National Alliance on Mental Illness - Palm Beach County
Teresa Johnson	Northwest Community Consortium Inc.
Elizabeth Smiley	Oasis Center at Vita Nova
Olga Sierra	Oasis Center at Vita Nova
Jane Cruz	Palm Beach County Health Care District
Lavidah Johnson	Palm Beach County Substance Awareness Coalition
Kaiulani Winter	Palm Beach County Substance Awareness Coalition
Tammy Fields	Palm Beach County Youth Services Department
Chief Deputy Michael Gauger	Palm Beach Sheriff's Office
Selena LaMotte	Palm Beach Sheriff's Office
Juhi Singh	Palm Beach Sheriff's Office
Abigail Goodwin	Palm Healthcare Foundation
Suzi Eby	Parent Child Center
Gerord McKently	Partnership for a Drug Free Community
Hunter Manrodt	PAX Campus
Gaynelle Gosselin	Public Member - Parent Advocate
Randy Scheid	Quantum Foundation
Cary Scope	Rales Jewish Family Services

PUBLIC FORUM PARTICIPANTS (Cont.)

<i>Participant Name</i>	<i>Agency / Association</i>
Liza Piekarsky	Retreat at Palm Beach
Robert Eaton	Seacrest
Alexia Anagnostakis	The Lord's Place
Heather Sandala	The Lord's Place
Penny Darling	The Lord's Place
Ray Morse	The Lord's Place
Julie Radlauer	The Ronik-Radlauer Group, Inc.

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