2019

Behavioral Health Needs Assessment

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I. Waitlist Information

A See Attached Excel file tab labeled, "Special Populations on Waitlist," and the "Broward" tab for service availability in Broward County

A1. Substance Abuse Treatment Services:

The attached Excel file presents waitlist data for BBHC network in Broward County. Within the adult population seeking substance abuse treatment services, the only treatment modality that experiences a waitlist is for residential treatment services. During FY18/19, 32 adults who were not identified as being a member of a special population waited for a treatment bed for an average of 27 days with an average of 6 days between assessment and first service. Among adults identified as a member of a special population, 28 adults who were homeless experienced a wait of 16 days, on average, with an average of 6 days between assessment and first service. Among adults who inject drugs, 19 experienced an average of 15 days waitlist with an average of 8 days between assessment and first service. Four women with dependent children experienced an average of 7 days on a residential treatment waitlist with an average of 5 days between first assessment and first service. One adult involved in the child welfare system waited for 30 days for a residential bed with nearly 5 days between assessment and first service, and one pregnant woman waited one day for a residential substance abuse treatment bed and experienced 8 days between assessment and first service.

With respect to non-residential substance abuse treatment services, it is important to note the number of days between assessment and first service with the goal of reducing this number and increasing access to services in a timely manner. The longest wait for outpatient services is within the children's substance abuse treatment outpatient modality. Children who are not identified as being a member of a special population experience, on average, 41 days between assessment and first service. Within children identified as a special population, children involved in the juvenile justice system experience, on average, 86 days between assessment and first service. This is followed by children involved in the child welfare system, who, on average, experience 50 days between assessment and first service. Adults needing outpatient services, experience, on average, between 5 and 13 days between assessment and first service.

While there are no or minimal delays in individuals accessing acute care services for substance abuse treatment, there are delays for individuals needing peer support services. Children not identified as a member of a special population experience an average of 33 days between assessment and first service, while their adult counterparts experience a 8 day wait for peer support services. Among individuals identified as a member of a special population, children involved with the juvenile justice system wait, on average 17 days between assessment and first service, and adults who inject drugs wait for 9 days, while women with dependent children, pregnant women who inject drugs, and pregnant women wait for 7 days between assessment and first service.

A2. Mental Health Treatment Services:

During FY18/19, 85 adults were placed on a waitlist for residential mental health treatment. Among adults not identified as a member of a special population, 21 were placed on a waitlist for a residential mental health treatment bed and waited 25 days for a bed to become available and experienced, on average 18 days between assessment and first service. There were 9 adults identified as being involved in the criminal justice system placed on a waitlist for an average of 48 days with a 24 day wait between assessment and first service. Five adults identified as being homeless were placed on a residential treatment waitlist for an average of 29 days with 25 days between assessment and first service. There were no children placed on a waitlist for residential treatment for mental health treatment.

There were no individuals placed on a waitlist for outpatient mental health treatment services in FY 18/19. However, among adults involved in the criminal justice system, there was, on average a 17 day wait between assessment and first service. Among children involved in the juvenile justice system, 25 days, on average elapsed between assessment and first service. Adults not identified as a member of a special population experienced 10 days, on average, between assessment and first service, while children not identified as a special population experienced, on average 21 days between assessment and first service.

With respect to mental health crisis services, the only wait between assessment and first service is for children involved in the juvenile justice system, who wait, on average 36 days for crisis services, and for children not identified as being a member of a special population, who wait, on average 7 days between assessment and first service.

Individuals trying to access mental health treatment peer support services experience delays between assessment and first service. Children involved in the juvenile justice system experience, on average 44 days between assessment and first service, while children not identified as a member of a special population experience a wait of 36 days between assessment and first service. Among adults accessing peer support services, those involved in the criminal justice experience, on average 21 days between assessment and first service, while adults not identified as being a member of a special population experience, on average 14 days between assessment and first service. Adults who are experiencing homelessness wait for a little more than one day between assessment and first peer support service.

B Plan for How Existing resources will be Redirected to Reduce the Number of Individuals on Waitlists for Services for Substance Use Disorders and the Number of Days on the Waitlist.

BBHC will be adding 2 slots for a 23-hour crisis support assessment triaging service to BBHC Detox provider BARC to increase engagement and transitioning to MAT treatment for individuals with Opioid SUD.

BBHC has an agreement with the Jail Medical/Behavioral Health care provider to expedite access and transition to community services for those inmates being released to the community in need of SUD treatment.

BBHC has repurpose funds to increase vouchers for affordable housing. Many clients that are in residential are stuck because there isn't a housing step down for them to move to so that they can continue their recovery with wraparound in-home services. Facilitating discharges from intense levels of care will open up beds for new clients coming into residential services.

BBHC funds felony and misdemeanor drug courts. BBHC provider network is in full collaboration to facilitate transition consumers into the provider network.

C Plan for How Existing resources will be Redirected to Reduce the Number of Individuals on Waitlists for Services for Mental Health Disorders and the Number of Days on the Waitlist.

BBHC is currently redirecting funds to reduce the number of days in waiting list. With this purpose, BBHC has met with various Managed Medical Assistance (MMA) plans to assist them in allowing the billing of Peer specialist services that will help in freeing up BBHC funding and will help individual navigate and engage in treatment. Interim services provided by a peer specialist can help prepare a client to engage and be ready for treatment participation. BBHC has re-purposed funds to facilitate access to treatment via combining the CRC and the walk-in center at Henderson Behavioral Health to provide 24/7 access to assessment and linkage to community services with peer support. BBHC also created a respite service where consumers can participate while they are waiting for the appropriate level of care receiving peer support and outpatient services.

BBHC has repurpose funds to increase vouchers for affordable housing. Many clients that are in residential are stuck because there isn't a housing step down for them to move to so that they can continue their recovery with wraparound in-home services. Facilitating discharges from intense levels of care will open up beds for new clients coming into residential services.

BBHC re-purposed funds to fund a much needed SRT in Broward County this service is now operational at Citrus.

Post arrest diversion programs for individuals involved in the criminal justice system has been revamped in collaboration with State Attorney and Public Defender and BBHC to expedite the process of identification of individuals arrested with behavioral health needs, assessment and referral to community treatment services.

BBHC has an agreement with the Jail Medical/Behavioral Health care provider to expedite access and transition to community services.

Mental Health felony and misdemeanor courts are in full collaboration with BBHC provider network to transition consumers into the provider network.

II. Community Feedback

A1. Individuals Served and Their Family Members

During FY 18/19, BBHC solicited feedback from individuals served and family members through several methodologies. Utilizing the network's Consumer Advisory Council and through solicitation to consumers and their family members to complete an online survey assessing the types of services they have received, awareness of behavioral health services in Broward County, and service needs they experienced that were not met by the current system of care. The survey was sent to the consumer-run agency, South Florida Wellness Network, and the Mental Health Association of Southeast Florida, club houses and drop-in centers. Forty consumers, parents of child/adolescent consumers and representatives for consumers completed the survey. Of those completing the survey, 42% were parents of children/adolescents receiving services, 32% were individuals representing a consumer, and 26% were adult consumers. Responses indicate that 69% of participants had received mental health services in the past twelve months, 8% had received substance use treatment services, and 22% had received both mental health and substance use services in the past twelve months.

Overall, 46% of respondents indicate that they know where to go for services when they need them, with another 41% indicating that they sometimes know where to go for services. Nearly 13% (12.82%) reported not knowing where to go for services. Despite the fact that the majority of individuals know where to go for services, 74.36% of respondents indicate that they were not able to get all the services they needed when they needed them. The services and percentages of consumers who were not able to receive specific services include:

• Alternative Services (e.g., acupuncture, art therapy, meditation, etc.) = 36.84%	• Case Management = 23.68%	• Housing Assistance = 23.68%
• Outpatient Services = 18.42%	• Aftercare/Follow-Up = 15.79%	• Crisis/Stabilization = 15.79%
• Long-term Residential Treatment Program = 15.79%	• Assessment = 13.16%	• Detox Services = 13.16%
• In-Home Services = 13.16%	• Peer Support = 13.16%	• Short-term Residential Treatment = 13.16%

• Respite Services = 10.53%	• Medical Services = 7.89%	• Employment/Job Training = 5.26%

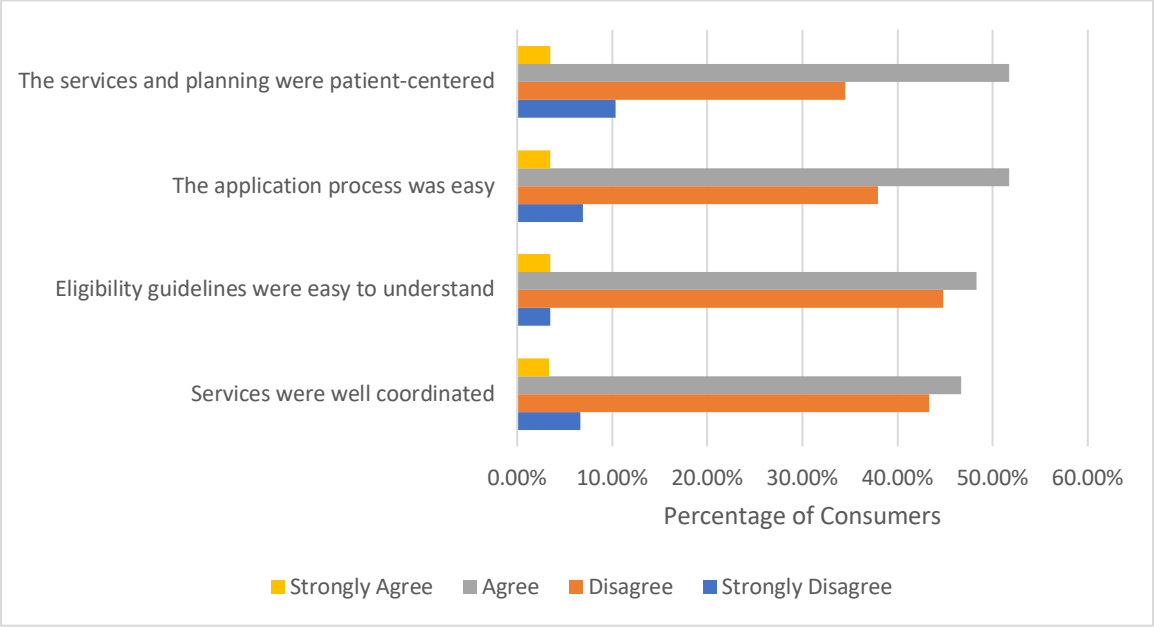
Fifty percent (50%) of respondents reported not being able to get the services they needed in the last year one or two times, 36% were not able to receive the services they needed three to four times, and 14% of respondents reported not being able to get the services they needed five or more times in the last year.

Consumers were also asked to identify the barriers they encountered when attempting to get the services they needed in the last year. Nearly 8% of respondents (7.69%) reported not experiencing any barriers in receiving needed services, with the remaining 92% reporting experiencing a barrier. The table below identifies the barriers and percentage of consumers reporting that they experienced the barrier:

• Long wait lists	46%
• Could not afford the services	36%
• No evening or weekend appointments	36%
• Did not meet the eligibility criteria	31%
• No or very limited transportation	26%
• Did not know where to go for services	23%
• Stigma (Worried what other people would think, fear, shame)	15%
• Services were not available in Broward County	8%
• Language Barriers/Cultural Differences	5%
• Lack of childcare	3%

Nearly 93% of consumers reported being aware of the 2-1-1 resource in Broward County, and of those who report being aware, 75% of respondents indicated calling 2-1-1 for assistance. However, 70% of respondents reported that the 2-1-1 resources was only sometimes helpful, with 11% of respondents indicating it was helpful, and 19% of respondents reporting that the 2-1-1 resource was not helpful.

Consumers and their representatives were also asked to evaluate their perceptions regarding the services they have received during the past year. Responses are displayed in the following chart and indicate that, overall, consumers primarily agree that services received are delivered in a patient-centered manner and that the application process was easy. However, consumers and their caregivers report that often, eligibility guidelines were difficult to understand, and that service coordination was lacking.



A 2018/2019 Special Needs and Behavioral System of Care Assessment in Broward County was completed by the Children's Services Council in which 1,469 surveys were collected from caregivers of children and youth you live and receive services in Broward County. Of these respondents, 646 (44%) report having a child with a diagnosis of Emotional and Behavioral Disabilities. Approximately 20% of the sample (n=293) had a diagnosis of anxiety or depression. Survey responses among respondents identifying with a behavioral health disorder identified that 32% of caregivers reported receiving treatment for their child from a mental health professional; 59% reported not needing behavioral health services for their child. Roughly 28% of caregivers reported that their child received services for a diagnosis of ADHD, with 23% reporting that their child also received medication for ADHD. Similarly, 21% of caregivers reported that their child received services for a diagnosis of anxiety and/or depression, with 23% reporting that their child also received medication for anxiety and or depression. Nonetheless, more than half (58%) of caregivers agreed that it was difficult or very difficult to receive mental health care and about 9% stated their child needed access to a mental health professional but did not receive it. Forty-three percent (43%) of caregivers indicated that their child received services outside of the school day.

When asked about various barriers to accessing services for their child with special needs, the most common reasons reported by caregivers for not receiving services were related to cost (37%) and eligibility (30%). Additionally, caregivers reported access issues related to lack of service availability in their area (22%), availability of appointments (21%), transportation or childcare issues (12%), and providers refusing to continue services due to severity of challenging behavior (8%). Focus groups conducted with caregivers indicated that the primary challenges described by parents were difficulties related to financial burdens related to care, service eligibility, and insurance coverage. Parents reported concerns about the Medicaid system, including lack of eligibility for Medicaid, insufficient number of service providers taking on new Medicaid patients, and long waiting lists for Medicaid and associated waivers.

The data from all of the avenues utilized to solicit consumer and family-member feedback indicate that an overarching issue for the network is the need for increased care coordination from both the BBHC managing entity and care coordination carried out by the provider network.

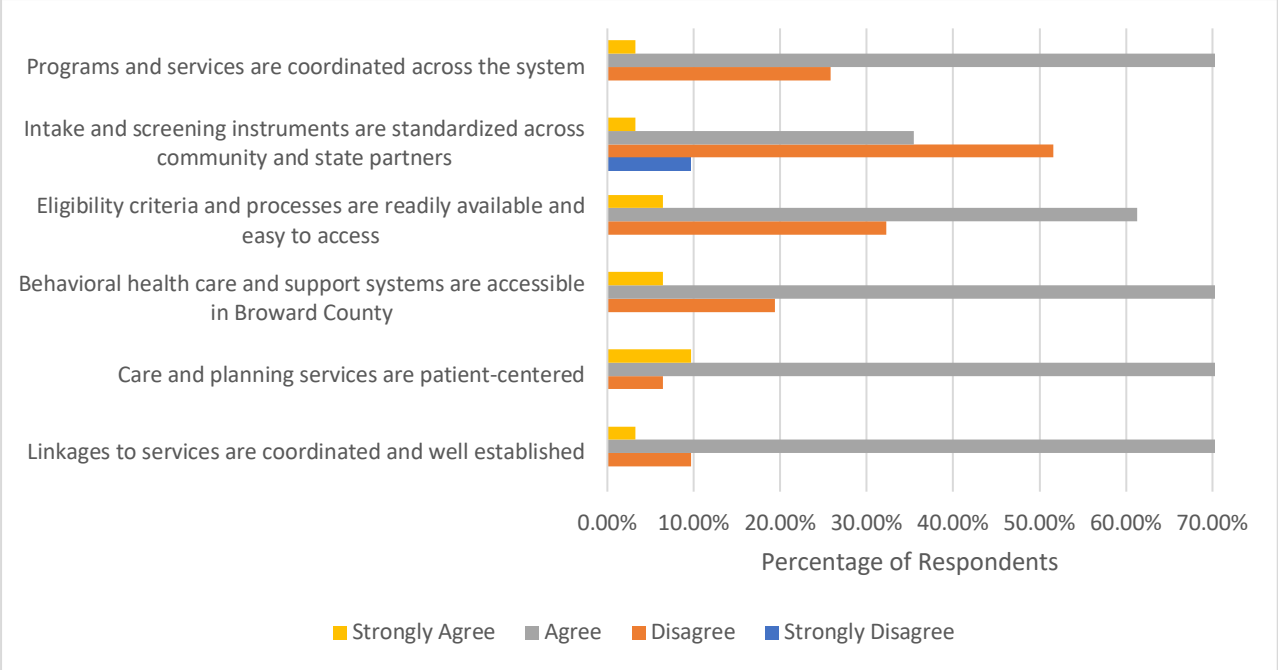
A2. BBHC Provider Network

BBHC solicited feedback from its network of providers regarding the services provided by the BBHC network via BBHC's Provider Advisory Council, BBHC's Quarterly Provider Network Meeting, DCF's Forensic System Meeting, Backer Act and Marchman Act meetings. Provider organizations were also asked to complete an online survey to assess their knowledge of the availability of services within the community, their awareness and use of the 2-1-1 resource, and to identify barriers consumers have encountered when accessing services. Thirty-two (32) network organizations responded to the survey.

Respondents indicate that 90% of providers feel they are aware of the availability of behavioral health services in Broward County, with 10% of providers indicating that they are not aware of the services that are available. Nearly 98% of provider respondents indicate being aware of the 2-1-1 resource, with 70% of respondents reporting they have accessed the resource in the past 12 months. Of those who have accessed the service, 64% found 2-1-1 helpful, with 29% reporting that the service was somewhat helpful. Ninety percent (90%) of respondents reported directing consumers to access the 2-1-1 resource in the past year.

Providers were asked to rate community awareness of available behavioral health care services in Broward County. Responses indicate that while no stakeholders believe that community awareness is "excellent", 19% rate awareness to be very good, 48% rate awareness to be good, 29% of stakeholders rate community awareness of available behavioral health services to be fair, and 3% of stakeholders report awareness of services to be poor.

Providers were also asked to rate their level of agreement to statements related to the services delivered in Broward County. Responses are displayed on the following chart (n=32):



Network providers were asked to identify the top barriers for consumers accessing services in Broward County. Respondents identified consumers not being aware of services and how to access services as the number one barrier. This was followed by transportation barriers, eligibility/insurance plan barriers, and long waitlists/lack of capacity. Providers were also asked to identify the resources/supports that are needed to improve behavioral health care and planning in Broward County that are not currently available. ***Respondents identified transportation as being the***

number one resource that is needed to improve behavioral health care and planning. The other most frequently identified resources and supports included housing, increased capacity to reduce long waitlist times, particularly with respect to detoxification and crisis services, providing services in the evenings and on the weekends, and increased reimbursement rates to match expenses in providing services. Once again, the data indicates that an increase in care coordination at the managing entity (BBHC) level in addition to increasing care coordination at the provider level would impact the barriers identified.

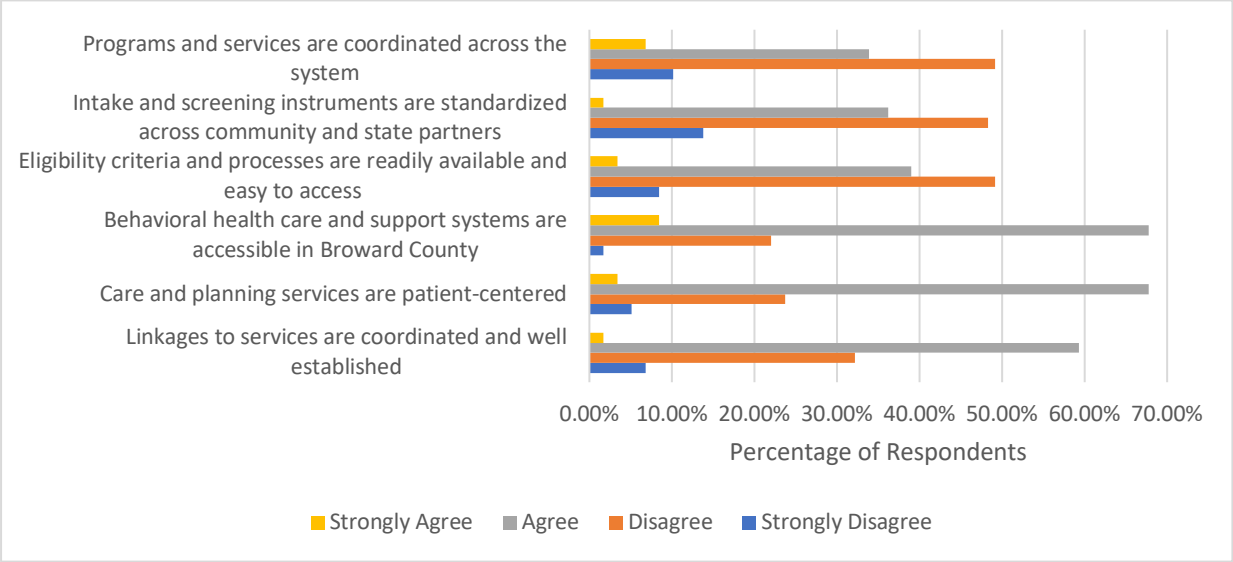
A3. Other Community Stakeholders

BBHC solicited feedback from the network's System of Care Committee, and through meetings with the Judiciary, State Attorney and Public Defenders offices. Additionally, BBHC solicited feedback from organizations who are deemed to be stakeholders in the services provided by the BBHC network. Organizations were asked to complete an online survey to assess their knowledge of the availability of services within the community, their awareness and use of the 2-1-1 resource, and to identify barriers consumers have encountered when accessing services. Seventy-three (73) organizations responded to the survey. Responses were reported by the following systems that interact with BBHC and the behavioral health system of care: Children and Family Services, School Personnel, Social Service Agencies, Case Management Agencies, Local Government Personnel, Mental and Behavioral Health Care Agencies, Child/Youth Advocacy organizations, Domestic Abuse Advocacy, Homeless Services, Residential Care, Juvenile Justice, and Law Enforcement.

Respondents indicate that 90% of stakeholders feel they are aware of the availability of behavioral health services in Broward County, with 10% of stakeholders indicating that they are not aware of the services that are available. However, all respondents indicate being aware of the 2-1-1 resource, with 41% of respondents reporting they have accessed the resource in the past 12 months. Of those who have accessed the service, 82% found 2-1-1 helpful, with 14% reporting that the service was somewhat helpful. Seventy-five percent (75%) of respondents reported directing consumers to access the 2-1-1 resource in the past year.

Stakeholders were asked to rate community awareness of available behavioral health care services in Broward County. Responses indicate that while no stakeholders believe that community awareness is "excellent", 17.24% rate awareness to be very good, 27.59% rate awareness to be good, 37.93% of stakeholders rate community awareness of available behavioral health services to be fair, and 17.24% of stakeholders report awareness of services to be poor.

Stakeholders were also asked to rate their level of agreement to statements related to the services delivered in Broward County. Responses are displayed on the following chart (n=73):



Stakeholders were asked to identify the top barriers for consumers accessing services in Broward County. Respondents identified consumers not being aware of services and how to access services as the number one barrier. This was followed by transportation barriers, eligibility/insurance plan barriers, and long waitlists/lack of capacity. Stakeholders were also asked to identify the resources/supports that are needed to improve behavioral health care and planning in Broward County that are not currently available. ***Respondents identified housing as being the number one resource that is needed to improve behavioral health care and planning***. The other most frequently identified resources and supports included transportation, having a coordinated marketing campaign to increase awareness of available services, increased capacity to reduce long waitlist times including providing alternative services for engagement, prompt insurance payments, and providing services in the evenings and on the weekends.

B. Plan for the Redirection of Existing Resources to Address Unmet Needs

B1. Individuals Served and their Family Members:

BBHC believes in ***developing peer specialist and Family peer services*** in our community to support individuals and families with services and other supports. BBHC has pursued several grants to develop a system approached to support families with peers and training for these.

BBHC utilizes specialized ***Care Coordination Teams*** at the provider level, comprised of two Care Coordination Managers, two Peer Support Specialists, and one Housing/Benefits Coordinator. This will be an expansion of the Care Coordination initiative to include a team of specialists. Individuals will receive time-limited, intensive case management and peer support services to overcome complex barriers through navigation and linkage throughout multiple systems of care. Family/Peer Navigators will be funded to facilitate access to services.

BBHC participates in the Coordinating Council of Broward that focuses on advocating with affordable housing for all Broward County individuals. BBHC has limited ***flexible funds*** to assist clients that do not meet the homeless definition criteria to assist consumer in accessing housing. BBHC has a ***supported employment*** and ***SOAR*** initiative to assist individuals sustain their housing. BBHC has a seat at the Broward Continuum of Care Board ensuring that housing resources are available as appropriate for consumers with behavioral health disabilities that meet homeless criteria. BBHC collaborates with NAMI and other community groups that are interested in developing affordable housing for special needs population.

The Needs Assessment data has identified a need to continue funding for the ***Housing and Care Coordination oversight*** at BBHC for the implementation functions at the provider network level. Based on feedback gathered from the Needs Assessment, recent focus groups and community stakeholders' meetings; housing (permanent and supportive housing, emergency beds and transitional living) was cited as the top priority. Housing is an essential part of the recovery process for individuals with mental health and substance use disorders. Furthermore, the Governor Executive Order meetings have identified a need for Navigators to assist families access services from the public and private sector. BBHC serves individuals who are transitioning out of State Mental Health Treatment Facilities, emergency crisis, structured treatment care settings, or jail. Due to their length of time in this treatment settings they do not qualify for HUD homeless-specific funding. Often, they lack resources because they are not engaged with community supports that can assist in navigating systems to secure and maintain housing. Subsequently, through an established initiative, BBHC has identified that a Care Coordination-Housing Initiative is imperative to the success of a Recovery Oriented System of Care. It will ensure continuity of care for individuals from inpatient treatment, and crisis treatment settings to discharge. This continuity of care will prevent homelessness, recidivism to emergency rooms, crisis and detox settings, jail, and the State Hospital by providing an evidenced-based approach to coordinating care for individuals who are reintegrating into the community. Dedicating funding for this Care Coordination-Housing Initiative will address the two largest priorities that are lacking in our community; providing permanent housing in conjunction with Care Coordination services and community supports.

BBHC will fund specialized ***Care Coordination teams at the provider level***. These teams will be comprised of two Case Managers, two Peer Support Specialists, and one Housing/Benefits Coordinator. Currently the provider-based Care Coordination teams are composed of individual Case Managers who have the responsibility of providing a full-service array to the most vulnerable, complex persons served within the BBHC network. By expanding the Care Coordination initiative to include a team of specialists, individuals will receive time-limited, and intensive targeted services to overcome complex barriers through navigation and linkage throughout multiple systems of care. Offering individuals, a full-service team allows for one coordinated, comprehensive service plan and continuity of care rather than scattering services throughout multiple systems that have different standards of care and funding restrictions. With this approach, the team and individual will work in partnership to address complex needs and achieve the person's identified goals.

- Case Managers will offer service coordination by assessing the person's needs, linking them to appropriate services of their choice, addressing behavioral health wellness, and ensuring that all linkage to eligible services is made strategically with follow through, and develop the individual's natural supports. This results in warm hand-offs beneficial to the individual and seamless transitions to their continued supportive environment.

- Housing/Benefits Coordinator is responsible for identifying the most appropriate housing placement according to program-specific eligibility criteria. They will focus on finding housing options (apartments, landlords) for these individuals in need of stable and independent living. Additionally, they will assist individuals applying for SSI/SSDI using the SOAR model when appropriate and implementing a work incentive strategy that supports SSI/SSDI recipients with job placement in the community while maintaining their health insurance and other benefits.

- Peer Support Specialists will assist the individuals during their transition from a care setting to community integration by encouraging engagement with providers and enhancing their recovery by supporting the person in achieving their goals.

- Family/Peer Navigators will work with families in accessing the public and private system of care in Broward County.

BBHC's Care Coordinator Managers and Housing Coordinator will facilitate the Care Coordination-Housing Initiative on a systems level, ensuring the teams have direct access to available resources. They will provide strategic linkage to targeted services, eliminate system barriers, offer training opportunities, weekly treatment planning sessions, and will facilitate the implementation of system-wide Care Coordination practice and strategy.

Once stabilized with the help of the Care Coordination-Housing Team, the individual will transition to less intensive services, in-home, or community-based services that may offer clinical treatment, future wellness/treatment planning, medication monitoring, assistance maintaining housing, supported employment, and therapeutic services, as needed. Initiating a team philosophy for individuals transitioning from intensive care settings to independent living will prove successful because the Care Coordination-Housing Teams will offer a holistic, "one-stop shop" approach. This is attained by working in coordination to best support the person in their recovery through targeted, person centered services intended to provide long-term stabilization, achieve goals and address individualized needs.

A measurable result of the Care Coordination-Housing Initiative will be a decrease in the use of costly mental health and substance use disorder crisis services. This is measured through the data BBHC collects from providers for its funded services. Transitioning our focus from crisis management to community support is cost efficient and an opportunity to improve the wellness of our Broward residents.

The primary outcome anticipated for this initiative is to increase discharges from inpatient care settings such as residential treatment facilities, State Hospitals, crisis stabilization units, and detoxification treatment to a Care Coordination team that offers permanent housing paired with supportive services with a sustained recovery focus.

B2. BBHC Behavioral Health Network Providers:

BBHC is actively pursuing options to facilitate ***transportation*** for individuals and families. As part of this effort, BBHC is working with Broward County, who recently passed a penny tax to support transportation for special needs population. However, many individuals also need peer specialist services to assist them in navigating Broward to access services.

Needs Assessment data indicates the need for increased care coordination among providers and the managing entity that includes the use of ***multi-disciplinary treatment teams***. The benefit of the multi-disciplinary teams is to provide immediate, intensive, and solution-focused individual and family therapy that takes place in the home environment. Specific services to be provided because of this requested funding will increase immediate access to substance use and mental health services, crisis stabilization, detoxification services, relapse prevention, skill development, parenting, education, transportation assistance, and peer support. The increase of specific multidisciplinary teams (i.e., Community Action Teams (CAT), Family-Intensive Treatment (FIT), and Florida Assertive Community Treatment (FACT) will also assist with expenses such as housing security deposits, and expenses related to obtaining employment which will lead individuals to address their complex needs and achieve their identified goals on a long-term basis. The anticipated outcomes associated with these teams are:

- **CAT**: The expected beneficial results for an additional CAT team include providing family centered and culturally competent services. These services will focus on the strengths and needs of each child and his/her family; with a goal of supporting and sustaining the child in his/her family system and in the community.

- **FIT**: The expected benefits of an additional FIT team can be achieved through rapid identification of parental behavioral health disorders, immediate access to Evidence Based Practices, and multi-disciplinary teams. This will result in better outcomes for children and their families. Certified Recovery Peer Specialists will assist the individual in the recovery process as they link them to community resources, provide social networking opportunities and support the individual in daily living activities. Support and funds for these services will decrease individuals re-entering the criminal justice system, detoxification units, foster care and acute crisis stabilization units.

- **FACT**: The expected benefits of an additional FACT team is to provide services to individuals being discharged from receiving facilities at risk of going to the State Hospital and to serve clients that are being discharged from the State Hospital. This will result in a reduction of admission and re-admission to the State Hospital.

B3. Other Community Stakeholders:

BBHC participates in many community stakeholders' forums to support and contribute with various systems such as CFLA, Coordinating Council of Broward, the Funders Forum, Broward Homeless Continuum of Care Advisory Board, Children Services Board, committees of the Children Services Council, etc.

BBHC is aware of the lack of ***housing availability*** for individuals and families. BBHC has limited flexible funds to assist clients that do not meet the homeless definition criteria to assist consumer in accessing housing. Therefore**,** BBHC actively participates in the Coordinating Council of Broward that focuses on advocating with affordable housing for all Broward County individuals; and has a seat at the Broward Continuum of Care Board. These efforts are directed at ensuring that housing resources are available as appropriate for consumers with behavioral health disabilities that meet homeless criteria.

Broward County has been experiencing ***elevated levels of suicide*** during the past two years. Broward Behavioral Health Coalition (BBHC) identified this as an issue through a review of the Broward County Medical Examiner's Data on death by suicide. BBHC's Continuous Quality Improvement committee began a system wide address regarding the issue of suicide screening throughout treatment, not only upon admission as is currently suggested by best practice models. BBHC intends to use the Zero Suicide framework as a guide for implementation. The problem and unmet need is the lack of alignment for a system-wide approach to suicide prevention, treatment and postvention. There are many suicide prevention initiatives and sources of data to track to all levels of suicidality, but none that are working collectively to make the greatest impact county wide. There is a lack of knowledge, training and service capacity across the system. Services are being provided without the guidance or support of an Evidence Based Practice (EBP) in the provision of services in the areas of prevention, intervention and postvention/treatment.

The goals will be:

- Development of the County-wide Suicide Prevention Action Plan
- Identification and selection of a comprehensive EBP within the Zero Suicide Framework
- Provide system wide capacity building
- Implementation of services
- Continuous quality improvement to ensure fidelity to the EBP selected

The Zero Suicide Framework fills the gaps that individuals at risk for suicide often fall through by applying evidence-based tools that are specific to the needs of Broward County. Continuous process improvement drives this framework

to ensure organizations deliver quality care, routinely examine outcomes, and remain committed to fidelity of the program model.

As the BBHC Network providers adopt a Zero Suicide Framework approach, the expectation is for outcomes for those individuals at risk of suicide, suicide survivors, and all impacted by suicide in general, will improve. Process measures such as screening rates, follow up contacts and referrals to services will increase. Additionally, outcomes such as the number of suicide attempts and actual number of deaths by suicide will be reduced.

Broward is the county with the highest number of commitments to State Mental Health Treatment Facilities in the state. The community's justice partners are committed to diverting eligible individuals from forensic facilities, but there needs to be a locked and secure facility available. The Broward Forensic Alternative Center (FAC) will be a safe and cost-efficient community-based residential treatment alternative to serve individuals charged with third degree or non-violent second-degree felony charges, who do not pose significant safety risks, and who otherwise would be admitted to state treatment facilities. Individuals will be treated in a locked inpatient setting where they will receive crisis stabilization, short-term residential treatment, competency restoration training, and living skills for community reintegration. When ready to step-down to a less restrictive placement in the community, participants are provided assistance with re-entry and ongoing service engagement. The Forensic Alternative Commitment Center will be licensed as a Short-term Residential Treatment and will provide an alternative to hospitalization at the state mental health facilities. This will serve as a diversion strategy by providing the following services, in addition to specific needs of the person served:

- Psychiatric Treatment
- Rehabilitation Intervention
- Transition Services
- Community Care and Reintegration Services
- Competency Restoration Training
- Employment program

III. Training and Technical Assistance Needs

BBHC conducted an online survey with its 32 network providers to identify training and technical assistance needs to support evidence-based practices related to substance abuse treatment services, substance abuse prevention services and mental health services.

A. Training or technical assistance needs for <u>substance abuse treatment services</u>:

Twenty-eight network providers identified training and technical assistance needs related to substance abuse treatment services. ***The most frequently requested topics for training and assistance were identified to be training in trauma informed care and practices including EMDR, and Trauma Incident Reduction, and ASAM Criteria/ASAM Continuum including DSM-5 criteria.***

B. Training or technical assistance needs for <u>substance abuse prevention services</u>:

Twenty-two network providers identified training and technical assistance needs related to substance abuse prevention services. ***The most frequently requested topics for training and assistance were identified to be training on evidence-based prevention models, how to talk to youth about drugs, and the dangers and side-effects of synthetic street drugs.***

C. Training or technical assistance needs for <u>mental health services:</u>

Nineteen network providers identified training and technical assistance needs related to mental health services. The most frequently identified training topics were: ***trauma treatment including EMDR, and trauma informed care, Cognitive-Behavioral Therapy, evidence-based practices for adults with mental illness, and measuring fidelity within evidence-based practices.***

IV. System of Care

A. Rank Order of Top Five Identified Unmet Needs (1=highest need and 5=lowest need).

All survey respondents (i.e., consumers, providers, and community stakeholders) were asked to identify unmet needs. Across all respondents, the top five needs include:

1. Transportation
2. Housing
3. Increasing Community Awareness of Services
4. Reduction in waitlists
5. Providing services in Evenings and Weekends

B. Assessment of the No Wrong Door Model:

BBHC conducted online surveys with 32 network providers designed to identify six aspects of the No Wrong Door Model (community awareness, person-centered counseling, person-centered transition support, consumer/stakeholder involvement, and QA/CQI). The ***<u>No Wrong Door</u>*** framework is an approach that supports streamlined access to services and supports for substance use and mental health recovery. It is defined as:

> *A model of integrated and coordinated service delivery based on the premise that every door in the service system should be the right door. It represents a philosophy whereby service providers (including agencies and schools) are committed to actively engaging clients to ensure they receive appropriate and adequate support for their needs regardless of their initial entry point. (nowrongdoor.com)*

KEY ELEMENTS OF THE NO WRONG DOOR FRAMEWORK

Source: Adapted from Administration for Community Living Centers for Medicare & Medicaid Services\

Outreach and Awareness

- Must proactively engage in education to promote public awareness of the resources that are available in the system.

Information and Referral

- Develop formal linkages with key referral sources to ensure the staff in these entities know about the functions of the NWR system.
- Staff have current information and tools to identify and refer clients to and within the system.

Person – Centered Planning

- A process that is directed by the individual. It may also include a representative whom the person has chosen freely or is authorized to make health decisions for the person.
- Focuses on the individuals' strengths, abilities, preferences, personal goals, needs and desired outcomes. Streamlined Access and Eligibility
- Individuals are assessed once using a common or standard data collection method.
- Eligibility determination is streamlined and as timely as possible.
- The process considers the individuals' goals and preferences.

Partnership and Coordination

- Ensure key partners and stakeholders have meaningful input into the ongoing and implementation of the NWD system.
- Develop communications strategy and processes that facilitate on-going communications among the various agencies and organizations in the system.
- Identify existing resources currently being used to support access functions across multiple state administered programs.
- Determine how these resources can best be coordinated and integrated to align the operation and performance with the NWD system.

Continuous Quality Improvement

- Feedback is continually collected and used to improve the performance of the systems functions and procedures.
- Collection, analysis, and reporting information across the system to inform decision-making about the NWD system.
- Data analysis should support on-going program management, planning, budgeting, and continuous quality improvement to support program and policy development.

To gage how the BBHC system of care functions as a NWD model of care, ***32 network providers*** completed online surveys to gather first -hand knowledge and insight on their perceptions of how well this model of care has been implemented across Broward County. The survey instrument assessed various agency actions that support the six key elements of the NWD. The providers responses are summarized below.

HOW WOULD YOU DEFINE A NO WRONG DOOR SYSTEM?

All providers were in general agreement on the use of the NWD model and how it is currently defined. A warm hand-off, a welcoming environment and engagement at every contact point were viewed as an integral component to the NWD model as it increases the success of the overall policy of connecting clients to needed services. Providers believe that procedures to redirect clients to the appropriate door when they needed services was important regardless of the initial entry point.

Outreach and Awareness

IS THIS A TRUSTED PLACE WHERE ALL PEOPLE CAN ACCESS INFORMATION?

One hundred percent of providers operate trusted facilities where information can be accessed by all people.

WHAT KINDS OF OUTREACH IS YOUR AGENCY ENGAGED IN TO PROMOTE AWARENESS OF AVAILABLE OPTIONS AND LINKAGES TO NEEDED SERVICES? ARE SPECIFIC POPULATIONS TARGETED?

Providers engaged in many forms of outreach to promote services, enhance the flow of referrals, disseminate options for care and recovery, and build linkages to needed services. Across the board, providers attended community meetings and promotional events to connect with other providers, supportive stakeholders, and potential clients. These events served as major educational platforms for all community partners, especially those providing support services. They actively participated with cabinets, coalitions, task forces and sat on boards of other organizations which served as a way of staying informed and connected to community partners in the behavioral health environment. Providers indicated that the printed Connections guidebook and its online version were useful in identifying options and linkages for consumers needing services that the provider did not offer. Most providers partnered in some way with their local 2-1-1 information and support resource. This served to broaden provider reach and strengthen connectivity to the community.

Providers had long standing service relationships with many community organizations that played a role in the delivery of their care services such as the Department of Children and Families (DCF), law enforcement, Department of Corrections, Department of Juvenile Justice, Veterans Services offices, ALFs, hospitals, the Children's Trust, and schools/school boards. Additionally, 84% of providers reported targeted outreach to specific populations as required to fulfill their mission and meet the needs of the clients they served, including forensic populations, mothers and children, foster care youth, the LGBTQ community, adults 55 years of age and older, homeless youth and adults, and cultural, racial and ethnic minorities. Providers looked to every opportunity to work with any partner who could improve the flow of clients through the system.

WHAT KINDS OF ACTIVITIES, IF ANY, ARE USED TO ASSESS THE EFFECTIVENESS OF OUTREACH AND MARKETING ACTIVITIES?

There was a broad range of activities that providers used to access the effectiveness of their outreach and marketing efforts. Smaller grassroots organizations who relied on walk-ins employed modest methods such as monitoring the number of clients per day, week, and month. Larger organizations developed more sophisticated and comprehensive data systems that tracked and trended resource allocation versus expenditures, origins of client referrals, assessed current and future access and capacity, and collected detailed client metrics for financial and operational planning. Most providers monitor website and social media activity, and conduct client and stakeholder surveys. Close working relationships with their partners helped ensure seamless referrals to ensure clients received the services they needed when they needed them.

FROM YOUR PERSPECTIVE, DOES THIS OUTREACH RESULT IN AWARENESS? WHY OR WHY NOT?

Providers identified that there has been an increased level of communication between partners and with consumers to increase awareness of the behavioral health services available in Broward County. Community engagement had replaced word of mouth which helped increase awareness. Targeting specific populations and the use of mobile crisis units had proven very effective.

WHAT ARE THE KEY REFERRAL SOURCES TO YOUR AGENCY?

Key referral sources named by providers are:

Aging and Disability Resource Center of Broward County
Archways
Assisted Living Facilities
Banyan Health Center
Broward 2-1-1
Broward Addiction Recovery Center
Broward Drug Court Team
Broward Behavioral Health Coalition
Broward County Public Schools
Broward Health
Broward County Jail
Broward Regional Health Planning Council
Broward Sheriff's Office (BSO)
BSO Pretrial Services
ChildNet
Connections Guidebook
Department of Children and Families
Department of Corrections
Department of Health
Department of Juvenile Justice
Dependency Drug Court
District School Systems
Employee Assistance Programs
Family Engagement Program
Family Resource Center
Florida Medical Center
Henderson Crisis and CRS/FACT Team
Henderson Behavioral Health
Healthcare Providers
Healthy Start Coalition
Homeless Services Network
Homeless Hotline
House of Hope
Insurance Plans
Juvenile Drug Court
Kids in Distress
Law Enforcement
Mental Health Association Peer Support
Mental Health Court
Memorial Hospital
OCP2
Partner Organizations
Physicians who can prescribe Suboxone
Pride Center
Probation and Parole Services
Receiving Facilities/Hospitals
Religious Institutions
Ryan White Part A
Salvation Army
Skilled Nursing Facilities
South Florida Behavioral Health Network
State Attorney's Office
Social Security Administration
Social Service Providers
SunServe
Veterans Court
Victim Advocates
Warmline

Information and Referral

WHAT HAS BEEN ACCOMPLISHED OVER THE PAST TWO YEARS TO IMPROVE THE SYSTEM OF REFERRALS FOR SERVICES?

Broward 2-1-1 has received additional funding in order to reduce call wait times and numerous providers identified that they have transitioned to include an in-house intake department and streamlined the referral processes and improved communication and coordination with key referral sources and stakeholders. The community implemented a "Power of Peers" program to address the limitations of case managers with large caseloads in order to assist individuals who have been discharged from the State Hospital with support and linkages. Increased community engagement fostered stronger partnership and stakeholder relationships. The use of electronic health record, increased staff, and expanded hours of operation enabled providers to be more creative, effective and adaptable in responding to the needs of their clients.

Person-Centered Care (PCC)

IN YOUR ESTIMATION, IS YOUR AGENCY PROVIDING PERSON-CENTERED CARE? IF YES: WHAT WORKS WELL (OR IS MISSING)? IF NO: WHAT PREVENTED YOU OR HAS BEEN A BARRIER TO IMPLEMENTATION?

All providers delivered patient-centered care as it is ingrained into the organizational culture and a requirement of their accreditation and governing bodies. Person-centered care was more effective when it was individually focused on clients' strengths and abilities, clients were a team player in their care, participated in goal setting, and family members were directly involved in the treatment plan. Breaking down individual goals into smaller, more manageable milestones that could be incorporated in the daily life, yielded better outcomes. The use of Evidence-Based Practices (EBPs) ensured the application of the most modern treatment available. Numerous providers identified the implementation of Peer Specialist Services within their programs as being a critical way to provide person-centered care. Additionally, providing Recovery Oriented System of Care services facilitates providing person-centered care.

Some barriers still existed. The services that are currently offered may not be the optimal solution for a client. In a system with resources, the provider on occasion has only the second or third best option available because the optimal option has a very long wait list or at times there isn't a live voice on the phone when someone calls. The establishment of unrealistic goals from the onset, especially if the client was low functioning was viewed as less than ideal. Funding never keeps pace with the level of need for care. This resulted in limited options for transportation and housing or other supportive services which marginalized the effectiveness of PCC. The lack of psychiatrists and peer specialists, prevalence of insurance denials, and stigma regarding behavioral health issues all played a role in reducing the overall effectiveness of patient-centered care.

HOW WELL DOES YOUR ORGANIZATION IMPLEMENT PERSON-CENTERED PLANNING ACROSS THE CONTINUUM? HOW WELL DO YOU IMPLEMENT A FOLLOW-UP COMPONENT TO THE PROCESS?

All providers were committed to doing whatever it took to get clients the care they needed. Most programs were designed to assist the client in maintaining their physical health which included engagement of providers across the continuum of care.

The structure and type of the various programs dictated the level of follow-up required. To ensure successful follow-up some providers took on the responsibility of transportation or accompanied the client to their first appointment. Some providers were dedicated to outreach and educational to prevent a crisis or minimize the effects of an emergency. Providing a client with the knowledge of where and when to seek services or how to establish a support

system were stabilizing forces for the client, thus reducing the severity of consequences should they have an unintended set back.

WHAT RESOURCES/SUPPORTS WOULD BE NECESSARY TO IMPROVE THE RESULTS OR IMPLEMENT IF YOU ARE NOT CURRENTLY DOING PERSON-CENTERED PLANNING?

Transportation was cited by providers as the number one barrier to person- centered care, especially for indigent clients. Providers also reported spending a great deal of time entering duplicate data in multiple systems for various funding sources to satisfy all data requirements. Administration time is costly in terms of time and dollars. Streamlining the data collection processes would free up resources that would be effectively allocated for services.

Staffing needs were three-fold. There is a shortage of staff (ranged from counselors to psychiatrists) available for hire, and providers need additional funding to hire them once they find them. Retaining staff is the next challenge. Providers do not have the funding to match salaries offered by insurance companies who easily lure them away with increased compensation.

Overall, funding has not keep paced with reimbursement sources and/or the general cost of doing business. This ranged from rent increases to continuous investment in software to stay relevant and connected.

Streamlined Access and Eligibility

WHAT WORKS AND WHAT DOESN'T WHEN CONSUMERS ARE SEEKING SERVICES? WHAT ARE THE MAJOR BARRIERS FOR CONSUMERS IN ACCESSING SERVICES?

Single points of entry with knowledgeable, welcoming staff that spend time with the client screening their needs and ensuring they are guided to the appropriate service or agency to assist with their needs was a common identified asset to providing consumers with access to services.

Lack of health insurance or underinsured clients, transportation, and housing were the major barriers for clients accessing services. Insurance providers, whether public or private, have complicated rules, at times impossible criteria to be met, and too many hoops and check boxes that placed burdensome constraints on already complicated situations.

The system itself is in a state of constant fluctuation and can be the barrier. Staffing is extremely fluid moving from agency to agency, often untrained to adequately fill the new position and providers report not having funding available to train and retrain staff. Level funding has not kept pace with client growth nor the overall increase in the severity of those needing behavioral healthcare. Housing options are in short supply amid heavy demand.

WHAT WOULD BE NECESSARY TO UTILIZE INTAKE AND SCREENING INSTRUMENTS ACROSS STATE AGENCIES AND THROUGH COMMUNITY PARTNERS?

This was viewed as one of the greatest frustrations of all providers. It was stated as an impossibility as every accreditation body, funder, program, monitoring tool, management system and electronic health record had unique requirements and utilized different platforms and systems that did not communicate. Funding budgets did not allow for the inordinate amount of time required to enter the same data in multiple formats for the same clients. The only solution offered was to have a single funding source with a single accreditation set of regulatory requirements and standards.

Partnerships and Coordination Efforts

WHICH PARTNERS DO YOU WORK WITH MOST? WHAT WORKS WITH THESE PARTNERSHIPS?

List of Partners: 2-1-1, Memorial Hospital, Broward Behavioral Health Coalition, Children's Services Council, Henderson Behavioral Health, Broward Addiction Recovery Center, United Way, ChildNet, Broward Sheriff's Office, Archways, Public Defender's Office, Aging and disability Resource Center of Broward County, Broward Partnership for the Homeless, South Florida Wellness Network, Kids in Distress, Broward County Public Schools Personnel, Department of Juvenile Justice, Insurance Plans, Assisted Living Facilities, State Attorney's Office, Crisis Stabilization Units, Broward County Jail, Dependency Drug Court, SunServe, Child Welfare System, House of Hope, Care Resource, Residential Program Providers, Adult Drug Court, Juvenile Drug Court, Homeless Taskforce, Mental Health Court, Healthy Start Coalition, Broward Regional Planning Council, Mental Health Association of SE Florida, Broward General, Receiving Facilities and Hospitals, VA, Primary and Behavioral Health Providers

Having organizations with flexible dollars made it easier to serve clients effectively. Communication and establishing good working relationships with partners were essential for eliminating silos and finding solutions.

HOW WELL ARE PROGRAMS AND SERVICES COORDINATED ACROSS THE SYSTEM?

Providers had differing opinions on the level of coordination across the system. Overall, some elements were coordinated but services across the continuum were not well coordinated.

What works well:

- Internal referrals were well coordinated.
- Programs and services are coordinated.
- Strong working relationships were the crux of the system.

What does not work well:

- Referrals not making appointments due to lack of follow-up procedures.
- High staff turnover results in new staff not being properly trained or educated which leads to a breakdown of coordination.
- The necessity to repeat assessments and evaluations, thereby duplicating efforts.
- It is very difficult to get the funding for the proper level of care or if changes need to be made to the current level of care.
- HIPAA and Florida Statutes governing confidentiality can interfere with opportunities to share information across providers.

WHAT COULD IMPROVE COMMUNICATION?

- Warm handoffs work well when navigating the clients across the continuum. This should be done by all community providers and partners.
- Knowledge transfer is lacking. All new staff need to be thoroughly trained and educated to avoid clients falling through the cracks, which is costly on many levels.
- Bring partners together, have the tough conversations to learn the rules and roles of those you work with.
- Having a universal consent form across the network of providers.

- Providers should be encouraged to use the 2-1-1 information line, and organizations should be diligent with updating their information on programming on 2-1-1.
- Universal access to client information to allow sharing of information.
- System of Care Meetings divided by population of focus such as Children system of Care versus Adult System of Care.
- A database that is linked to the other systems.

Continuous Quality Improvement

WHAT ROLE DO CONSUMERS AND STAKEHOLDERS PLAY IN DESIGNING AND REFINING ENTRY POINT SYSTEMS TO ENSURE EQUAL ACCESS FOR PERSONS REGARDLESS OF AGE OR INCOME?

For most providers, consumers or family members participated as board members or served on leadership or advisory councils. Client input helped define the need so providers can adjust their services accordingly. Their insight is invaluable in defining what is working, what doesn't work and what needs to work. Client and stakeholder surveys are used extensively throughout the system. Providers used these to guide development and implementation of services and engage new partners.

HOW DOES YOUR AGENCY ENSURE THAT SERVICES ARE OF HIGH QUALITY AND MEET THE NEEDS OF THE CONSUMER?

Providers are bound to the standards established by their accreditation agencies in addition to the requirements they must meet when working with the DOC, DCF, etc. They tracked outcomes, conducted quality and peer reviews, collected client and employment statistics, performed file reviews, showed up unannounced for site visits, established grievance processes, implemented quality management plans, assessed internal quality controls, directed risk management and high- risk studies, administered client satisfaction surveys, and used data analytics to ensure high quality is attained in meeting the needs of the client at all levels.

HOW DO YOU TRACK CONSUMERS, SERVICES, PERFORMANCE AND COST TO CONTINUALLY EVALUATE AND IMPROVE OUTCOMES?

Providers tracked clients through internal data collection systems and/or electronic health records. Detailed financial and operational data was also collected, analyzed and reported out on at least a quarterly basis to ensure outcomes were met in the most efficient and effective ways. Continuous performance improvement identified outliers and trends to meet emerging service demands.

C. Broward County's Recovery-Oriented and Peer-Oriented Approaches:

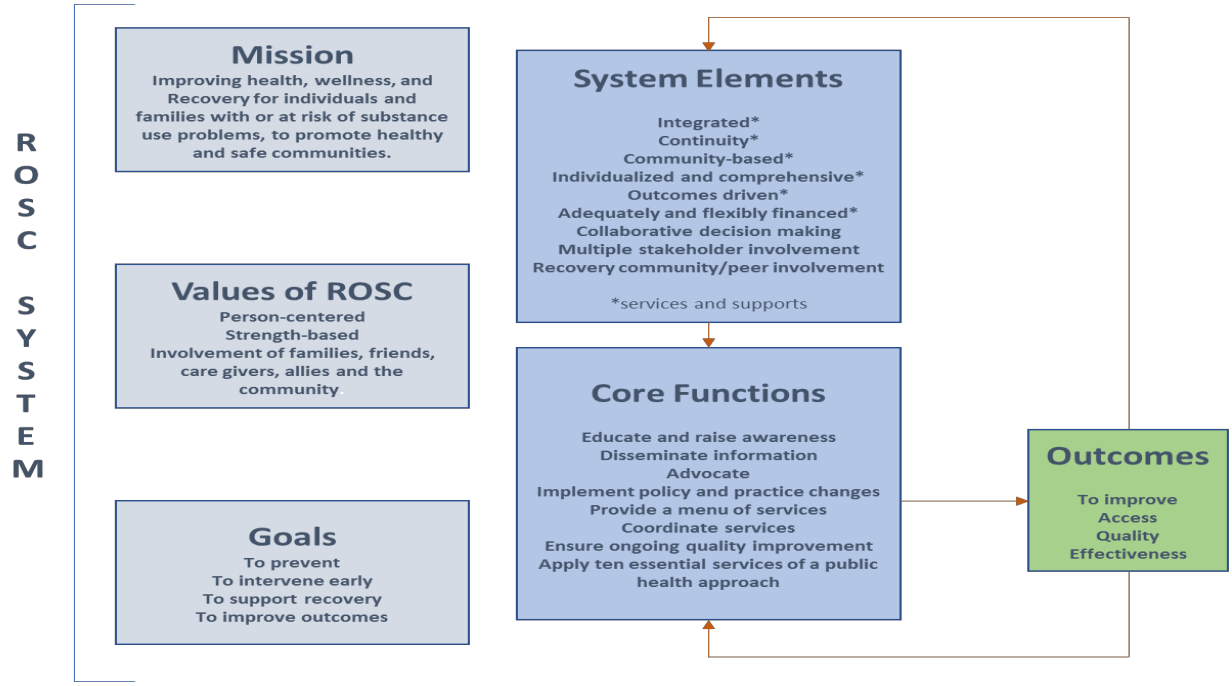
The Recovery Oriented System of Care (ROSC) framework has been supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) to assist with the transformation of behavioral health service systems to a recovery orientation throughout the United States (SAMHSA, 2010).

> "The adoption of recovery by behavioral health systems in recent years has signaled a dramatic shift in the expectation for positive outcomes for individuals who experience mental and/or substance use conditions. Today, when individuals with mental and/or substance use disorders seek help, they are met with the knowledge and belief that anyone can recover and/or manage their conditions successfully. The value of recovery and recovery-oriented behavioral health systems is widely accepted by states, communities, health care providers, peers, families, researchers, and advocates including the U.S. Surgeon General, the Institute of medicine, and others." (SAMHSA, 2010).

In a ROSC, organizations are guided by a set of values, goals, elements, core functions, and outcomes to achieve the ROSC's mission. To promote the health of individuals, families and communities, a public health approach is adopted. Substance use disorders are influenced by various social determinants of health (social and physical environment, income, education, and life skills). Only by understanding these determinants and applying strategies to influence them can the disease be impacted. A public health approach focuses on prevention of substance use problems in the general population, and addresses symptoms when they first emerge, rather than when they become acute or chronic. A public health approach also uses data to monitor health problems to evaluate the effectiveness of services. Increasingly, technology is being used in a ROSC to improve access to services, assist with information sharing, increase quality and efficiency through use of electronic health records, and support recovery through social networks. Proficiency with technology will become more critical as health care reform is implemented and integration with a primary care focus. A multi-disciplinary workforce is also viewed as critical to delivering quality care in a ROSC. (SAMHSA ROSC Resource Guide, September 2010).

The diagram pictured below illustrates a ROSC framework that includes the mission, values, goals, system elements, core functions and outcomes of the system. The principals of a ROSC and health care are closely aligned. A major component of a ROSC is implementing the provisions of health care reform to provide high-quality substance use services. To achieve reform, integration of substance use services will need to occur within the primary care settings. Primary care providers will likely require additional education and training on how to screen and intervene with at-risk populations, and on how to refer individuals with more severe conditions to specialty settings. Additionally, specialty providers may be required to establish new partnerships, enhance technology, establish quality improvement systems, expand capacity, recruit and train staff, and work with health insurance plans.

The purpose of BBHC's administration of the Self-Assessment/Planning Tool for Implementing Recovery-Oriented



Services (SAPT) is to help behavioral health systems and programs move from more traditional and limiting views of what is possible for persons with behavioral health disorders to practices that reflect a recovery vision. The SAPT survey includes 50 items organized under the domains of Administration (12 items), Treatment (21 items), and Community Integration (17 items). The instrument uses a four-point rating scale to rate the degree of agreement or

disagreement with each item. The SAPT survey items describe key recovery-oriented service activities for each of the 3 domains to help agency staff determine, on a four-point scale, the degree to which agency performance is reflected by each statement. An average organizational score of 1 or 2 is an area of weakness needing improvement, and an average organizational score of 3 or 4 is an area of strength. Provider scores on the SAPT are presented in the following table:

Provider	Overall Score
1. Archways, Inc.	3.7
2. Banyan Health Systems	3.5
3. Broward Elderly and Veterans Service Division	3.1
4. Broward Addiction Recovery Center	3.0
5. Broward Health	3.3
6. Broward House, Inc.	3.6
7. Broward Housing Solutions	3.8
8. Broward Partnership for the Homeless, Inc.	1.3
9. Broward Sheriff's Office	3.6
10. Camelot Community Care	2.2
11. Care Resource	3.6
12. Chrysalis Health, Inc.	1.7
13. Citrus Health Network, Inc.	3.6
14. Covenant House of Florida, Inc.	3.7
15. Foot Print to Success Clubhouse, Inc.	3.7
16. Kids in Distress, Inc.	2.4
17. Memorial Healthcare Systems	3.8
18. Mental Health Association of Broward County, Inc.	3.8
19. NAMI of Broward County, Inc.	2.4
20. Our Children Our Future, Inc.	3.0
21. Silver Impact	2.4
22. Smith mental Health Associates, Inc.	3.6
23. South Florida Wellness Network Inc.	3.8
24. SunServe	3.2
25. Taskforce for Ending Homelessness, Inc.	2.4

The overall average for the BBHC provider network is 3.2 with 72% of network providers scoring as "strong" in the ROSC framework. This overall score describes the BBHC Provider Network as a strength in understanding and implementing the principles of ROSC. The network goal after reviewing the SAPT results is to help translate the vision of recovery into effective policies and practice and to support continuous quality improvement (CQI) processes at provider agencies. BBHC's CQI committee is tasked with providing oversight to the implementation of ROSC by providing training, technical assistance and guidance in implementing next steps.

The Broward County behavioral health system of care focuses on the development of a recovery-oriented system of care that is ***peer-driven***. According to Mental Health American,

> *"Peer support is the "process of giving and receiving encouragement and assistance to achieve long-term recovery." Peer supporters "offer emotional support, share knowledge, teach skills, provide practical assistance, and connect people with resources, opportunities, communities of support, and other people". In behavioral health, peers offer their unique lived experience with mental health conditions to provide support focused on advocacy, education, mentoring, and motivation.*

Peer providers can play many roles in support for people living with psychiatric disorders and/or in addiction recovery. They are capable of facilitating education and support groups and working as a bridge linking people to services as they transition from hospitals or jails into the community. Peers also work one-on-one as role models, mentors, coaches and advocates.

Peers go by many names and can work in many different settings. Many peers have additional training and certification that demonstrate their skills and knowledge. Combined with their lived experience and ability to engage and connect with consumers, peer supporters are a dynamic and growing group that continue to transform lives and systems."

Experience in implementing PSS services throughout the community has closed many of the gaps in services to support engagement and community integration for consumers. Through various initiatives such as the Power of Peers program, the One Community Partnership 2 grant, and the Family-CPR child welfare grant, BBHC has been able to hire peer specialists to work with adults, youth and families for ongoing supports. Additionally, BBHC supports Youth M.O.V.E. and Federation of Families chapters who engage youth and families with lived experience to develop leadership and advocacy across the system of care. BBHC also sponsors training for initial and continuing education for peer specialists, their supervisors, and case managers on WRAP, WHAM, Mental Health First Aid and other evidence-based practices.

The ability of peers to work as a bridge to services for behavioral health clients, makes an integral partner in the success of patient-centered care in the no wrong door model of care. Providers were surveyed on their utilization of peer support specialists (PSS). In the BBHC network, 50% of providers reported utilizing PSS. There are 152 employed PSS, of which 40 (26%) were certified and 112 (74%) were non-certified. Nearly 78% of PSS work a full time 40-hour work week.

The BBHC provider network employs PSS throughout the system of care as evidenced by the following programs and services in which PSS are working:

• Detoxification programs	• Mental Health & Substance Abuse Treatment Case Management	• Supportive Engagement
• FACT Teams	• FITT Teams	• FEP Teams
• Early Onset Psychosis/First Episode Program	• Families dealing with children with serious emotional disorders	• Forensic Programs
• Homeless Outreach and Prevention Services	• Medication Assisted Treatment Program – Support groups, individual support, emergency services in the hospital	• Juvenile Drug Court
• Care Coordination Teams	• Social Activities	• Support Groups
• Educational Groups	• Health and Fitness Fairs	• Visual and Performing Arts Classes
• Outpatient Programs	• Day Treatment Programs	• CAT Program
• Drop-In Center Outreach and Activities	• Residential Programs	• In-Home Services

• Housing Programs	• Crisis Support	• HIV Services
• Wellness Recovery Action Planning	• SOAR	• PEARLS

BBHC Providers report that one of the most significant strengths gained by using peers is the trusting bond that is formed between the consumer and the PSS. Using their own experience, peers know how to advocate for and support their clients and possess a wealth of information to assist clients in navigating the system of care. Peers are reported to play a crucial role in engaging consumers into services and retaining consumers throughout treatment and serve to act as role models for consumers early in recovery.

Despite the many strengths PSS bring to the continuum of care, providers identified a number of barriers to recruiting and employing PSS. The certification and training costs associated with PSS are high and limited funding options are available to offset these expenses. The same criteria a peer needs to possess for hire are the same criteria that exclude them from being employed, such as past drug use, mental health issues or a previous criminal conviction. Passing a background check is exceedingly difficult for peers and creates a recruitment stigma. Consequently, there are a limited number of PSS available to employ. Additionally, funding also limits the ability of providers to pay for the PSS position.

The unique characteristic of peers also creates challenges when working within a provider agency. Providers reported the need for specialized peer supervision that recognizes the unique circumstances of peers is integral to the success of any peer program. Peers are more prone to stress and can be more deeply impacted by negative outcomes with clients. Additionally, peers may be receiving disability subsides which limit the number of hours they are able to work and subsequently diminish their employment opportunities.

Funding for training and certification was the number one source of assistance needed by providers to implement their use of PSS. Training in peer supervision was also identified by providers as a need that would assist implementation of PSS and in the retention of PSS. Specific training topics that providers identified that would be useful in implementing PSS included Cultural Competence, Establishing Boundaries and Ethics, Motivational Interviewing, Suicide Prevention, and Trauma Informed Care.

Providers were asked to identify recommendations they have to improve the implementation of PSS in Broward County. The background check that all potential PSS must pass is very demanding and does not make allowances for the kind of experiences peers bring to the job. As a result, the pool of applicants is very small. Providers identified that a revision of the background check limitations, specifically regarding criminal offenses, was needed to expand the hiring pool of these support specialists. Providers recommended having an expedited process or waiver for the DCF background screening for peers that may have ineligible items in their criminal record. Providers also identified the need for training for supervision of PSS and additional funding for PSS as critical for increased implementation of PSS throughout the system of care.

D. The BBHC contracted providers who employ peer specialists that provide recovery support services are:

Archways	Banyan Community Health Center	Broward Addiction Recovery Center
Broward County Elderly and Veterans Services Division	Broward House	Broward Partnership for the Homeless
Broward Regional Health Planning Council	Care Resource Community Health Centers	Citrus Health Network

Henderson Behavioral Health	House of Hope	Mental Health America of Southeast Florida
Our Children Our Future	Smith Community Mental Health	South Florida Wellness Network
The Village South/Westcare	Memorial Health Systems	Silver Impact

E. Use of Evidence-Based Practices:

BBHC conducts an annual EBP Survey to assess implementation of any new models being implemented in Broward County. In addition to names of EBPs, the survey asked about who in the agency is trained, how they measure fidelity, and what community-defined evidence practices our county has developed to address local disparities. The survey was completed by ***31 organizations*** that included contracted providers and some of their subcontractors in June 2019. The ***101 evidence-based practices*** delivered by BBHC providers include:

EBP	Providers Implementing the EBP	EBP	Providers Implementing the EBP
Active Parenting	• Smith Community Mental Health	***Mindfulness Based Stress Reduction (MBSR)***	• Care Resource
eCPR: Emotional Connecting Powering, and Revitalizing	• South Florida Wellness Network	***Moral Reconation Therapy (MRT)***	• Banyan Health Systems
24/7 Dad	• Mental Health Assoc.	***Zero Suicide Initiative***	• Memorial
ACT-Assertive Community Treatment	• Banyan Health Systems • Henderson Behavioral Health	***Non-Abusive Psychological and Physical Intervention (NAPPI)***	• Broward Addiction Recovery Center • Chrysalis Health • Kids In Distress • Smith Community Mental Health
Addiction Severity Index (ASI)	• BSO-Drug Court Division	***NAVIGATE***	• Citrus Health Network • Henderson Behavioral Health
Adolescent Community Reinforcement Approach	• The Village South	***Nurse-Family Partnership (NFP) Program***	• Broward Regional
AF-CBT	• Smith Community Mental Health	***Nurturing Parenting Program***	• Broward Addiction Recovery Center • Mental Health Assoc. • The Village South
Assertive Continuing Care	• The Village South	***PATHS Curriculum***	• Kids In Distress
Brief Intervention Therapy	• Broward Partnership for the Homeless	***Parent-Child Interaction Therapy (PCIT)***	• Citrus Health Network
Peer Zone	• Mental Health Assoc.	***PEARLS***	• Broward County Elderly & Veterans Affairs
Brief Strategic Family Therapy (BSFT)	• Memorial • Our Children, Our Future • Smith Community Mental Health	***Helping Others Heal/Peer Support Services***	• Banyan Health Systems • Broward County Elderly & Veterans

			Affairs • South Florida Wellness Network • Smith Community Mental Health
Cognitive Behavioral Therapy (CBT)	• Banyan Health Systems • Broward Addiction Recovery Center • Broward Addiction Recovery Center • Broward Health • Broward House • Broward Partnership for the Homeless • Camelot Community Care • Care Resource • Chrysalis Health • Gulf Coast Jewish Family & Community Services • Henderson Behavioral Health • House of Hope • Kids In Distress • Memorial • Smith Community Mental Health • SunServe	***Permanent and Supportive Housing (PSH)***	• Broward Housing Solutions • Henderson Behavioral Health
Continuous Integrated System of Care (CCISC)	• Banyan Health Systems • Memorial • Mental Health Assoc. • Smith Community Mental Health	***Permanent and Supportive Housing (PSH)***	• Broward Housing Solutions • Henderson Behavioral Health
CLEAR	• Broward House • Care Resource	***Photo Voice***	• SunServe
Collaborative Documentation	• Smith Community Mental Health	***Post Arrest Diversion Program***	• Broward Regional
Columbia Suicide Severity Rating Scale	• Broward Health • Memorial	***PROMISE***	• Broward House
Community Reinforcement Approach	• The Village South	***Promoting Awareness of Motivational Incentives (PAMI)***	• Banyan Health Systems
Community-Based Psychiatry	• Broward Partnership for Homeless	***Quit Smoking Now (AHEC)***	• Memorial
FACT	• Citrus Health Network • Henderson Behavioral Health	***Rational Emotive Behavior Therapy (REBT)***	• BSO-Drug Court Division • House of Hope • Smith Community Mental Health
Motivational Enhancement Therapy (MET)	• Broward Addiction Recovery Center • House of Hope	***Relapse Prevention Training***	• The Village South

Community Inclusion	• South Florida Wellness Network	***Relationship-based Care***	• Citrus Health Network
Competency Restoration	• Broward Regional	***Risk and Need Triage (RANT)***	• BSO-Drug Court Division
Co-Parenting and Divorce	• Mental Health Assoc.	***Risk Reduction***	• Kids In Distress
Child Parent Psychotherapy (CPP)	• Citrus Health Network	***Roadmap Tool Kit***	• Broward Addiction Recovery Center
Critical Time Intervention (CTI)	• Archways • Banyan Health Systems • Broward Regional	***Screening, Brief Intervention and Referral to Treatment (SBIRT)***	• Banyan Health Systems • Broward Regional • Broward Health • Kids In Distress • Memorial • South Florida Wellness Network
Culturally and Linguistically Appropriate Services (CLAS) Plan	• Covenant House • Banyan Health Systems • Broward Addiction Recovery Center • Broward Addiction Recovery Center • Broward Health • Broward House • Broward Partnership for the Homeless • Camelot Community Care • Care Resource • Chrysalis Health • Gulf Coast Jewish Family & Community Services • Henderson Behavioral Health • House of Hope • Kids In Distress • Memorial • Smith Community Mental Health • SunServe	***Seeking Safety***	• Archways • Banyan Health Systems • Broward Addiction Recovery Center • Broward Regional • Chrysalis Health • Citrus Health Network • Covenant House • Henderson Behavioral Health • House of Hope • Memorial • SunServe • The Village South
Dialectical Behavior Therapy (DBT)	• Broward House • Broward Partnership for the Homeless • Care Resource • Memorial	***Strengthening Families Program (SFP)***	• Kids In Distress
Emotional Freedom Technique Tapping	• Smith Community Mental Health	***Situation, Background, Assessment and Recommendations (SBAR)***	• Banyan Health Systems • Memorial
Expressive Therapy	• Broward Partnership for the Homeless	***Smart Recovery***	• South Florida Wellness Network

Eye Movement Desensitization and Reprocessing (EMDR)	• Care Resource	***SSI/SSDI, Outreach, Access and Recovery (SOAR)***	• Archways • Broward County Elderly & Veterans Affairs • Broward Regional • Broward Partnership for the Homeless • Chrysalis Health • Henderson Behavioral Health • House of Hope
Family Psychoeducation	• Broward Addiction Recovery Center	***Solution Focused Brief Therapy***	• Banyan Health Systems • Broward Addiction Recovery Center • Broward Health • Camelot Community Care • Citrus Health Network • Gulf Coast Jewish Family & Community Services • Henderson Behavioral Health • House of Hope • Kids In Distress • Memorial
Family Road Map	• South Florida Wellness Network	***Solution-Focused Therapy***	• Broward House • Broward Partnership for the Homeless • Care Resource
Family to Family Support Group	• NAMI	***SPARK (Physical Education)***	• Kids In Distress
Functional Family Therapy (FFT)	• Camelot Community Care • The Village South	***Services Prioritization Decision Assistance Tool (SPDAT)***	• Archways • Broward Addiction Recovery Center • Broward Regional • Henderson Behavioral Health • House of Hope • Memorial
Getting There Curriculum For People Moving into Employment	• Broward Addiction Recovery Center	***Systemic Training for Effective Parenting (STEP)***	• Kids In Distress • Mental Health Assoc.
Global Appraisal of Individualized Needs (GAIN)	• BSO-JAT	***Suicide Safety Plans***	• Broward Health

Mindfulness Based Relapse Prevention	• Memorial	***Team Up for Families (TUFF)***	• South Florida Wellness Network
Harm Reduction	• Broward Addiction Recovery Center • Henderson Behavioral Health • Memorial • South Florida Wellness Network	***Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)***	• Banyan Health Systems • Chrysalis Health • Citrus Health Network • Henderson Behavioral Health • Kids In Distress • Memorial • Our Children, Our Future • Smith Community Mental Health • The Village South
Healthy Families	• Broward Regional • Kids In Distress	***The Creative Curriculum***	• Kids In Distress
Homebuilders	• Henderson Behavioral Health • Kids In Distress	***Theraplay***	• SunServe
Housing First Model	• Henderson Behavioral Health	***Together Facing the Challenge***	• Camelot Community Care
Housing Opportunities for Persons with AIDS (HOPWA)	• Broward Regional	***Transition to Independence (TIP)***	• Banyan Health Systems • Camelot Community Care • Covenant House • Gulf Coast Jewish Family & Community Services • Henderson Behavioral Health • Memorial • South Florida Wellness Network • Smith Community Mental Health • SunServe
Human Trafficking Screening Tool	• BSO-JAT	***Trauma Incident Reduction/resolution (TIR)***	• Chrysalis Health • Henderson House of Hope • Memorial • Smith CMH
Illness (Wellness) Management and Recovery (IMR)	• Smith Community Mental Health	***Whole Health Action Management (WHAM)***	• Broward Addiction Recovery Center • Henderson Behavioral Health • Memorial • Mental Health

			Assoc. • South Florida Wellness Network
Individual Placement and Support (IPS) – Supported Employment	• Archways • Broward Partnership for the Homeless • Foot Print to Success Clubhouse	***Trauma Informed Care***	• Archways • Banyan Health Systems • Broward Addiction Recovery Center • Broward Regional • Broward Health • Broward Partnership for the Homeless • BSO-JAT • Chrysalis Health • Gulf Coast Jewish Family & Community Services • Henderson Behavioral Health • House of Hope • Kids In Distress • Memorial • Smith Community Mental Health
Infant Mental Health/CPP	• Kids In Distress	***Wellness Recovery Action Plan (WRAP)***	• Banyan Health Systems • BARC • Broward Elderly & Veterans Affairs • Broward Regional • Chrysalis Health • Citrus Health Network • Gulf Coast • Henderson • House of Hope • Memorial • Mental Health Assoc. • Our Children, Our Future • SFWN • Silver Impact • Smith CMH
Integrated Treatment for Co-	• Broward Health • Henderson Behavioral Health	***Wraparound***	• Citrus Health Network • Henderson Behavioral

occurring Disorders	• House of Hope • Memorial		Health • Banyan
Interactive Journaling	• Banyan Health Systems • SunServe	***Medication Assisted Treatment (MAT)***	• Broward Addiction Recovery Center • Memorial • Banyan • Care Resource • The Village/Westcare
Life Skills Training (LST)	• Citrus Health Network • Archways	***Supportive Services for Veteran Families***	• Broward Regional
Motivational Interviewing (MI)	• Banyan Health Systems • Broward Addiction Recovery Center • Broward Regional • Broward Health • Broward House • Broward Partnership for the Homeless • Care Resource • Chrysalis Health • Citrus Health Network • Gulf Coast Jewish Family & Community Services • Henderson Behavioral Health • House of Hope • Kids In Distress • Memorial • Smith Community Mental Health • SunServe • Taskforce For Ending Homelessness • The Village South	***Matrix Model*** ***Mental Health First Aid***	• Broward Addiction Recovery Center • Archways • Banyan Health Systems • Broward Regional • Gulf Coast Jewish Family & Community Services • Henderson Behavioral Health • Memorial • South Florida Wellness Network • Smith Community Mental Health

F. Consumer Travel to Services:

BBHC is responsible for one county that is accessible via transportation within a 30-mile radius north/south and east/west. The only services for which clients may need to find outside the county is Residential Substance Abuse Treatment for youth, found South in Miami-Dade County and consumers needing a Forensic Alternative Center must also leave the county.

G. Unmet Needs Identified through Coordination of Care Activities:

Survey responses from the three respondent groups identified housing as a need for all populations. The need is for permanent, supported housing, transitional housing, and emergency housing. For those consumers who do not meet the SPDAT score criteria for a designation of "homeless", the options are limited. There needs to be an increased availability of subsidized housing that is not linked to a voucher, mandatory case management or SMI diagnosis.

Improved processes for following-up with clients referred for services was also identified as an unmet need. The service system is perceived to be fragmented, providers may not be aware of services available, and therefore, consumers have difficulty in accessing the services they need and lack coordination of care from their primary provider.

A third unmet need within coordination of care activities is the difficulty providers report navigating each system's process. They report not knowing the criteria each provider requires for different programs, making accessing services very difficult to coordinate. Similarly, providers indicate that there is no systematic way to communicate with other systems and providers. This is particularly relevant to the adult system.

A fourth unmet need was identified to be the lack of universal access to client information among providers and system stakeholders that would facilitate the timely sharing of information.

The network response to these identified needs have been addressed throughout this report. Since the FY 2016 Needs Assessment report, BBHC, the provider network, community stakeholders, and consumers and family members have improved the system of care to address high utilizers in need of intensive engagement and supports and created innovative approaches and collaboration with police departments, emergency response, teams, and hospital emergency departments. As a response to the data presented in the FY 18/19 year, the network is proposing to meet the unmet needs resulting from a lack of care coordination by implementing a plan for Zero Suicide, implementing housing and care coordination teams and the use of Family/Peer Navigators, increased Care Coordination Oversight at the managing entity (BBHC) level, the implementation of additional multi-disciplinary treatment teams, including Community Action Teams, Family-Intensive Treatment Teams, and a Florida Assertive Community Treatment Team, and the addition of a Forensic Alternative Center within Broward County.

Appendix 1: Purpose & Methodology for the Assessment

Broward Behavioral Health Coalition, Inc. (BBHC) is a not-for-profit corporation incorporated in the state of Florida. BBHC is the managing entity for a network of publicly funded, licensed substance abuse and mental health providers who collectively operate a range of behavioral health services to form an integrated system of care. BBHC's network of providers offer prevention, intervention, treatment and supportive services to clients residing throughout Broward County. BBHC is one of seven Managing Entities (MEs) in Florida which serve as regional systems of care. This structure enables the ME to tailor funding to meet the specific behavioral health needs in various regions throughout Florida.

As a managing entity, BBHC receives funding from the State of Florida Department of Children and Families (DCF) and procures subcontracts with substance abuse and mental health providers, who, in turn, deliver services to eligible clients. BBHC is responsible to DCF for monitoring and oversight of the Providers' activities. In addition, BBHC utilizes other funding sources, promising practices, and/or pilot programs to support their providers in identifying and addressing the behavioral health needs in the community.

BBHC is governed by a board comprised of consumers, stakeholders and community- based providers. The vision of the coalition is to achieve a comprehensive and seamless behavioral health system that promotes recovery and resiliency.

Definition and Purpose

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

Methodology

The 2019 Behavioral Health Needs Assessment was prepared in accordance with the requirements of the SB12 (2016). Included in this report are the following components:

A demographic profile was constructed for the Broward County service community. The profile included a 5-year population growth trend, most recent year racial and ethnic composition, age range, educational attainment, employment, and poverty. Indicators were reported as population percentages and selected compare with the demographics collected for the BBHC client population. Data was gathered from the U.S. Census Bureau American Community Survey (2013- 2018), and the U.S Bureau of Labor Statistics (2013-2017).

A general health assessment was provided to present the overall health of the community and the unique health challenges within Broward county served by BBHC providers. Data was gathered from FLHealthCHARTS.com (2013-2016), Behavioral Risk Factor Surveillance System (2010-2016) Florida Department of Law Enforcement (2015-2017), Florida Department of

Children and Families (2015- 2017), Florida Youth Substance Abuse Survey (2015-2017), Florida Youth Tobacco Survey (2015-2017), and Florida Department of Education (FLDOE), Educational Information and Accountability Services (EIAS).

A BBHC client demographic profile was constructed for the county. Client data were for FY 18/19.

An analysis of BBHC costs by cost center (FY 18/19) were provided by program.

An assessment of the 'No Wrong Door' (NWD) model of care was accomplished through a survey completed by each BBHC contracted provider. Providers shared information on referral and community awareness, person- centered counseling, eligibility for public programs, person-centered transition support, partnership and stakeholder involvement, and quality assurance and continuous improvement. Providers were measured on their use of the 17 elements of the Recovery-Oriented System of Care (ROSC) as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) through an online survey portal. The results were scored and recommendations for improvement were provided. Additionally, providers supplied a list of the Evidenced-Based Practices (EBP) currently administered at their facilities.

Resources for recovery support services were identified for populations suffering with Severe and Persistent Mental Illness (SPMI) and Serious Emotional Disturbance (SED).

Three surveys were developed to identify the services that are needed but not available, barriers to accessing available services, and the level of awareness of community services. Surveys were completed by network providers, community stakeholders and BBHC consumers (Client, parent, or client representative). Survey responses were gathered through an online portal and analyzed to identify the top five needs for BBHC clients.

A study to assess the needs of wait-listed consumers was conducted to gather the required information.

Data Notes

It should be noted that some data limitations were encountered during the assessment process. We do not feel these limitations compromised the integrity of the assessment but should be revealed to the reader when generalizing the results to a larger population. Although BBHC client data was unduplicated, a small number of clients received services from more than one program, stated having more than one gender, age, or residential status. In total, these duplications accounted for less than one percent of all clients.

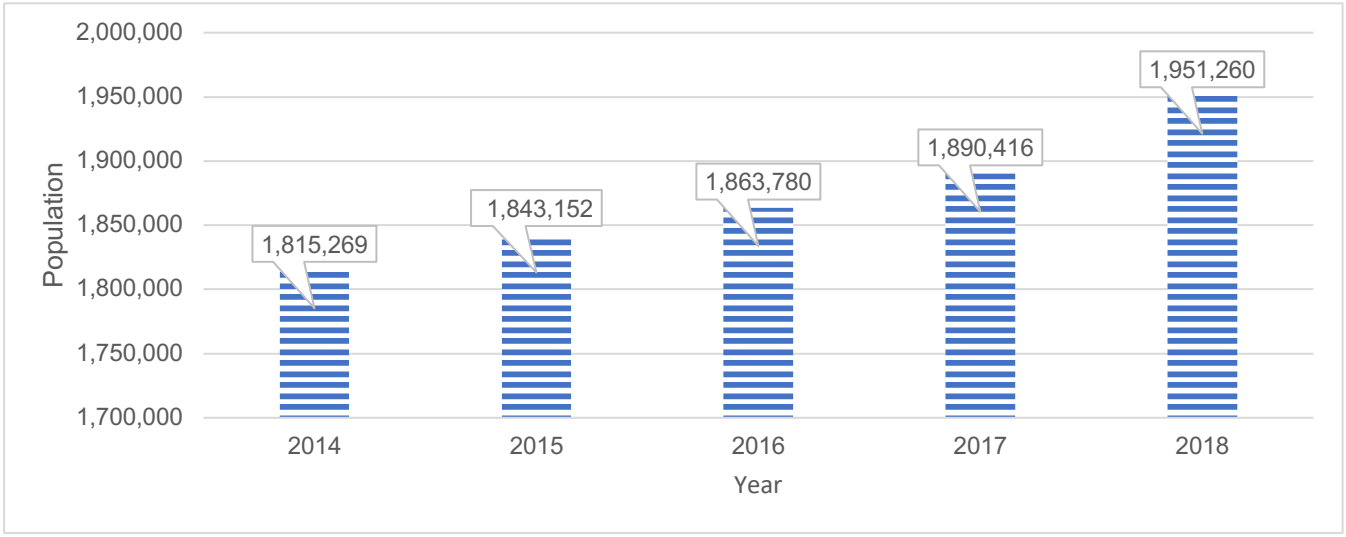
Data for this report were not available beyond the gender descriptors of male and female. Additionally, secondary data availability for race and ethnicity were limited to 'White' 'Black' and 'Hispanic'. Primary BBHC client data did included Hispanic origin and analyses were provided where applicable. Estimated numbers of adults who are seriously mentally ill and emotionally disturbed were provided via FLHealthCHARTS.com and based on a formula developed by the Department of Health and Human Services in their 1996 report on Mental Health.

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

Appendix 2: Broward County and BBHC Network Demographic Profiles

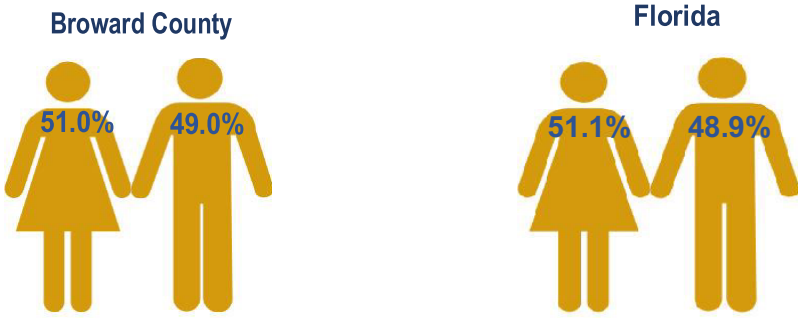
Population in Broward County increased an average of one percent each year from 2014 to 2018. The total population growth for the five-year period added 135,991 residents with females accounting for slightly more than fifty percent of the population when compared to their male counterparts.

Broward County Population Estimates (2014-2018)



SOURCE: U.S. Census Bureau, American Community Survey

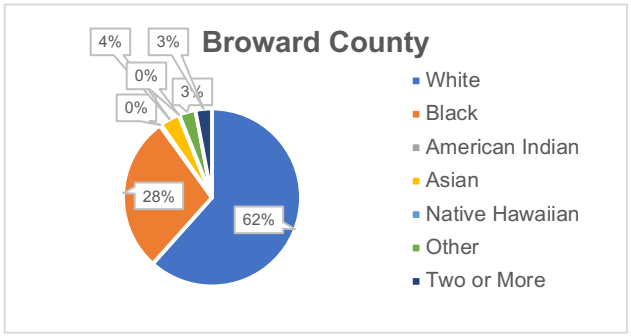
Population by Gender (2014-2018)

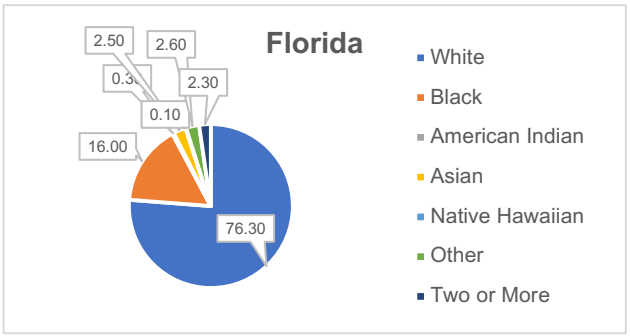


SOURCE: U.S. Census Bureau, American Community Survey

The racial composition Broward County and state was predominately White at 62% and 76.3%, respectively. The Black population accounted for 28% of Broward County's population and 16% of the population in Florida. American Indian and Native Hawaiian's represented less than 1% of residents in both population groups. The percentage of Asian residents, at 4% was higher in Broward County when compared to the state at 2%. Broward County was slightly more diverse when compared to the state with 3% having a race of Other and 3% of residents belonging to more than one racial group.

Population by Race (2014-2018)

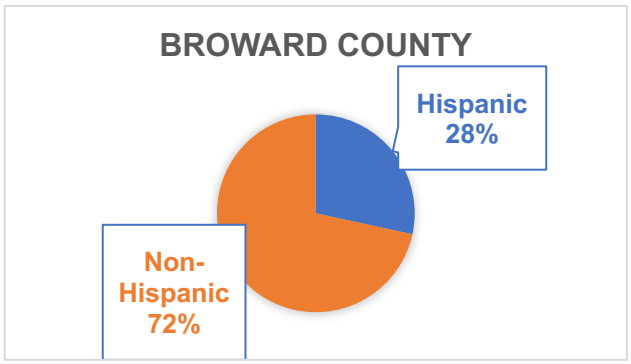


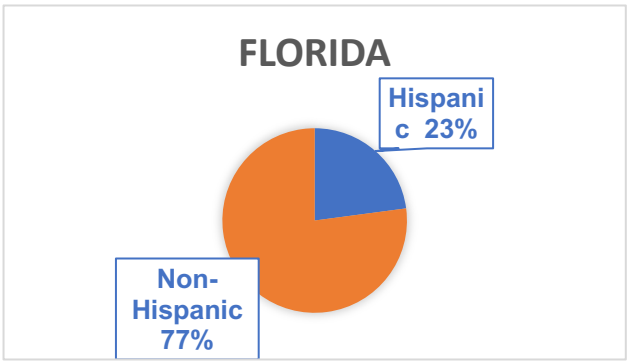


SOURCE: U.S. Census Bureau, American Community Survey

Ethnically, Broward County had a slightly higher percentage of Hispanic residents, at 2%, when compared to the state at 2%.

Population by Ethnicity (2014-2018)

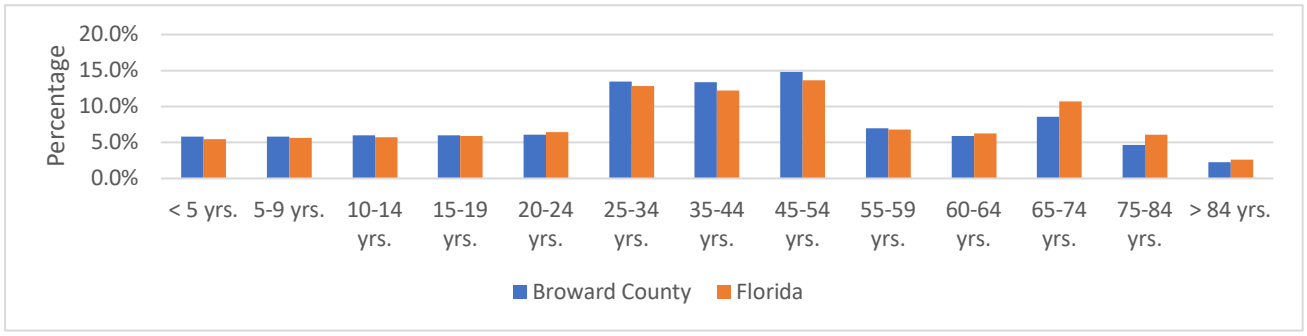




SOURCE: U.S. Census Bureau, American Community Survey

Broward County's population was younger when compared to the age distribution at the state level. Residents, 65 years of age or older, accounted for 16% of Broward County's population while in the state of Florida, 17.8% of residents were at least 65 years old.

Population by Age Range (2014-2018)

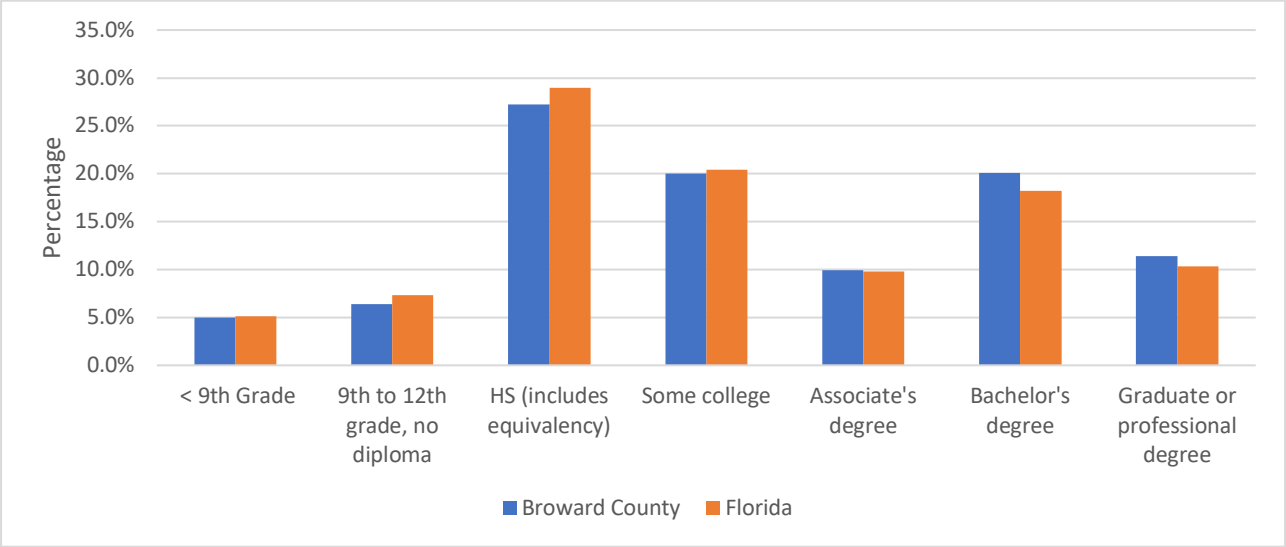


SOURCE: U.S. Census Bureau, American Community Survey

Education and Employment

Data revealed that Broward County and state populations were very similar regarding education attainment. While slightly more residents in the state completed their education at the high school level (29%), residents in Broward County had higher percentages of individuals who attended or graduated from college. Graduate or professional degrees were held by slightly more than 10% of the population.

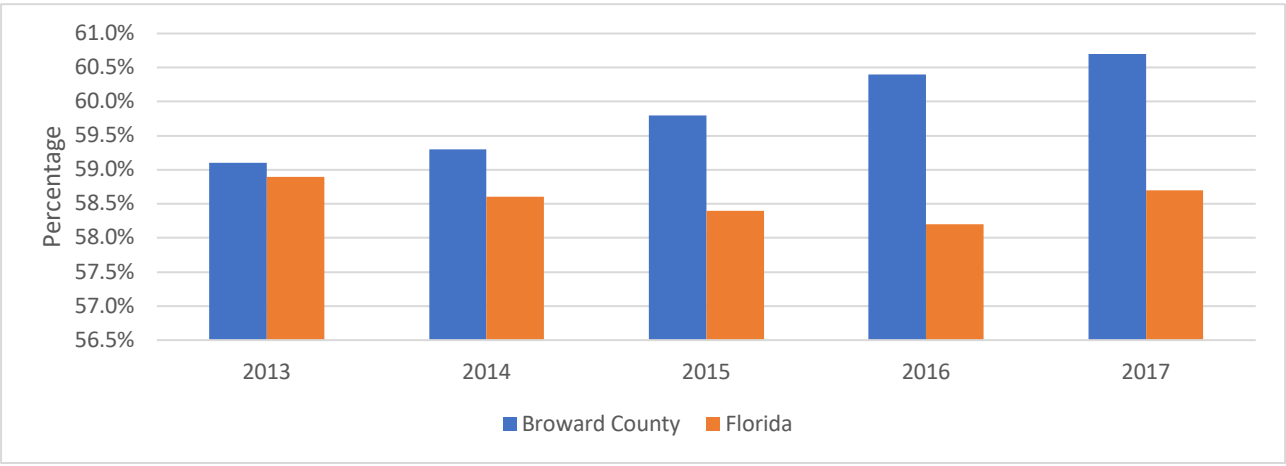
Population by Educational Attainment (2014-2018)



SOURCE: U.S. Census Bureau, American Community Survey

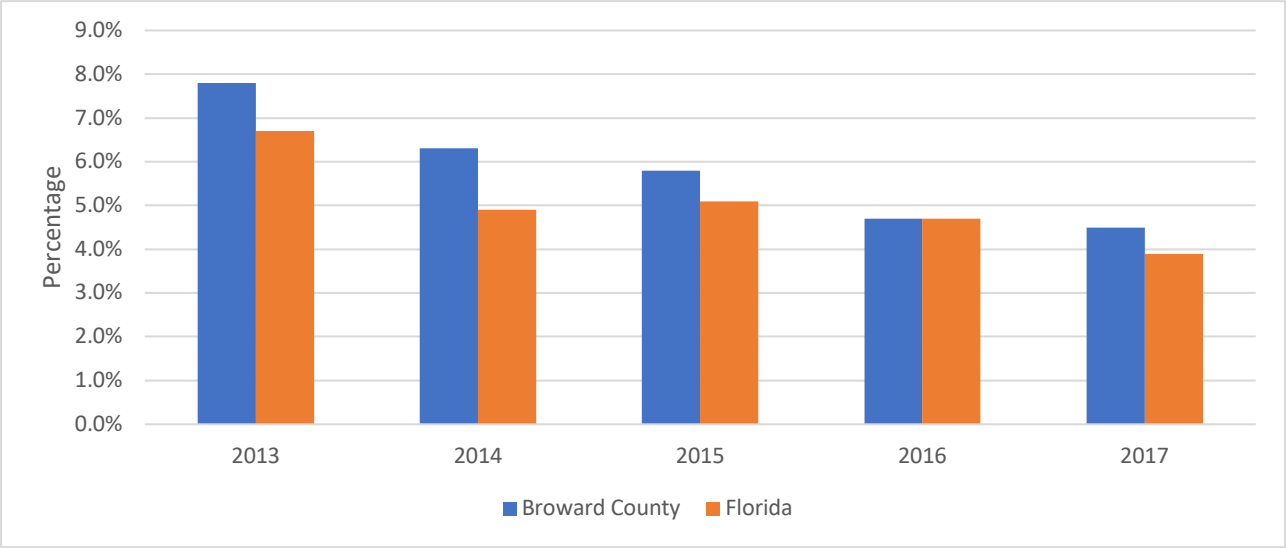
On average, 60% of Broward County's population participated in the labor force over the past five years. This was slightly higher when compared to those employed in Florida at 58.%. Unemployment in Broward remains higher than the state. The unemployment rate for Broward County decreased from 7.9% in 2013 to 4.9% in 2017. In Florida, unemployment decreased from 6.9% in 2013 to 3.9% in 2017.

Participation in the Labor Force (2013-2017)



SOURCE: U.S. Bureau of Labor Statistics

Unemployment Rates (2013-2017)

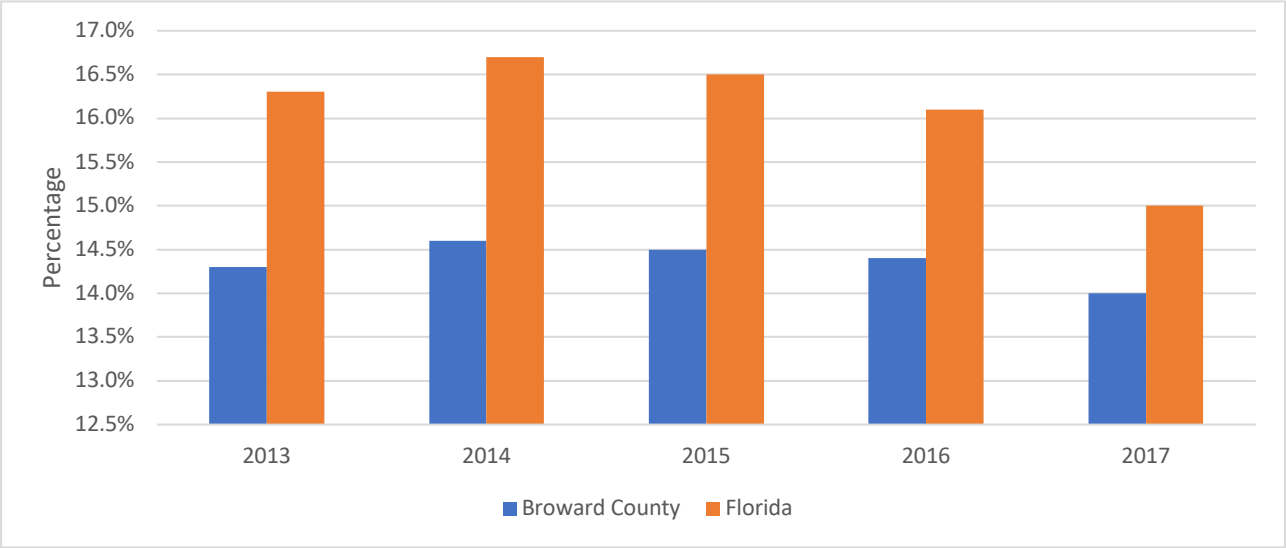


SOURCE: U.S. Bureau of Labor Statistics (Not seasonally adjusted)

Poverty Status

During 2013 to 2017, the percent of residents in poverty decreased slightly in Broward County but the rate decreased much more significantly throughout the state.

Poverty Rate (2013-2017)



SOURCE: U.S. Census Bureau, American Community Survey

Appendix 3: Broward County Health Status Profile

Overall Health Status

BRFSS data (2016) estimates revealed an average of 85.7% of the adult population living in Broward County said their overall health was "good" to "excellent". Higher percentages of men reported good overall health when compared to women. Hispanic residents had the highest percentages of those with good to excellent overall health at 87.5%. Black non-Hispanic adults had the lowest percentage of adults with good overall health, at 79.2%.

Mental Health

Over 88% of adults in Broward County said they had good mental health. More males reported having good mental health than females. The highest percentages of adults with good mental health were among the White population. Good mental health ranged from a low of 87%for Hispanics to a high of 89.9% for White residents.

Among adults in Broward County, the number of unhealthy mental health days was reported to be 4.6 days in the past 30 days. White women had the highest average number of unhealthy mental health days in 2016 at 5.9. Adults in the Hispanic population had a lower average number of unhealthy days when compared to their White and Black counterparts.

Suicide

The 2018 Age-Adjusted Death Rate (ADDR) for suicide in Broward County was 12.5 per 100,000 population. The rate for Florida was 15.3 suicides per 100,000 population. Males were more than three times more likely to die of suicide than their female counterparts. Suicide rates among the White population were substantially higher than those among the Black and Hispanic populations in Broward County and Florida. These rates should be interpreted with caution as the actual numbers can be small. An additional single death could cause a large increase in rate.

Violence and Abuse

Total domestic violence offenses decreased slightly from 2013 to 2017 in Broward County and the state. The rate in 2018 was 283.5 per 100,000 population. The rate in Florida was 500.6 per 100,000 population.

Significant decreases occurred in the rates of child abuse during the past three years in Broward County. Children experiencing child abuse (ages 5-11 years) during the 2015-2017 time period. The rate decreased from 1,179.9 per 100,000 population to 979.9 per 100,000 population. In Florida, the rate decreased from 1011.4 in 2015 to 857.9 in 2017. Children experiencing sexual violence (ages 5-11 years) was 25.9 offenses per 100,000 population, lower than the Florida rate at 59.6 per 100,000 population.

Mental Illness

The estimated number of seriously mentally ill (SMI) adults increased in Broward County during 2016 to 2018. In 2016, there were an estimated 52,601 estimated SMI adults in Broward County. In 2018, this number increased to 54,002 adults a 3% increase in the last 3 years. Estimates revealed the number of emotionally disturbed youth (ages 9-17 years) in Broward County has also increased remained almost constant over the past three years and includes an average of 18,455 youth. The Florida Department of Education (FLDOE) reported that 3% of children in kindergarten through 12 grades had an emotional/behavioral disability in Broward County.

Adult Tobacco and Alcohol Use

The percentage of adults who are current smokers decreased in Broward County as well as the state during the past six years. Nearly 12% of adults are current smokers in Broward, lower than the Florida percentage of 15.5%. Men

are more likely to be smokers, with 23% of non-Hispanic Black men reporting the highest prevalence for current tobacco use.

Binge drinking is defined as five consecutive drinks for men and four consecutive drinks for women. This form of alcohol consumption increased in Broward County and the state during 2010 to 2016. The percentage of adults in Broward County who engaged in heavy or binge drinking accounted for 18.8% of the adult population. Men were more likely to binge drink than women and White adults were more likely to drink heavily when compared to adults of another race/ethnicity.

High School Tobacco, Alcohol and Substance Use

During the past four years, the percentage of high school students who reported smoking cigarettes in the past 30 days decreased substantially in Broward and the state. The rate of smoking among students was in Broward County in 2018 was 2.0%, a decrease from 4.0% in 2014.

Rates of students who have used alcohol in the past 30 days also decreased according to the data from the Florida Youth Substance Abuse Survey (2014 to 2018). The percentage of students drinking decreased from 23.6% in 2014 to 18.6% in 2018. In Florida, 25.5% of high schoolers reported having used alcohol in the past 30 days.

Binge drinking among high school students has steadily declined in Broward and the state. Broward County data indicates that 8.1% of high school students binge drink.

Marijuana use among those in high school has also decreased in the past four years. In 2014, 16% of high school students reported using marijuana, as compared to 14.7% of students in 2018. It is noted that 14.7% of students also report using vaporizers/e-cigarettes.

Middle School Tobacco, Alcohol and Substance Use

Percentages of middle school students who had smoked or drank alcohol in the past 30 days were much lower when compared to those attending high school. Cigarette smoking in 2014 accounted for 1% of middle school students in Broward County The rate among Florida middle school students was 1.7%.

Alcohol consumption declined among the middle school population in Broward County and the state from 2014 to 2018. The percentages of those having used alcohol was 5.7% in 2018, down from 9.8% in 2014. The rate for Florida was 8%.

Binge drinking also decreased over the past four years. In Broward County, 2.6% of middle school students reported this behavior in 2018 which was lower than the percentage in 2014 at 3.5%. Similar patterns were observed in Florida.

Marijuana use among middle schoolers in 2018, was 2.8% in Broward County, a decrease from the 4.1% reported in 2014. More middle school students use vaporizers/e-cigarettes (6.4%) than marijuana in Broward County.

Disability

The percentage of the population with a disability was 10.7% in Broward County. As expected, the percentage of those afflicted with a disability increased with age. At least 30% of those ages 65 years and older had a disability (hearing, vision, cognitive, ambulatory, self-care or independent living).

Health Insurance Coverage

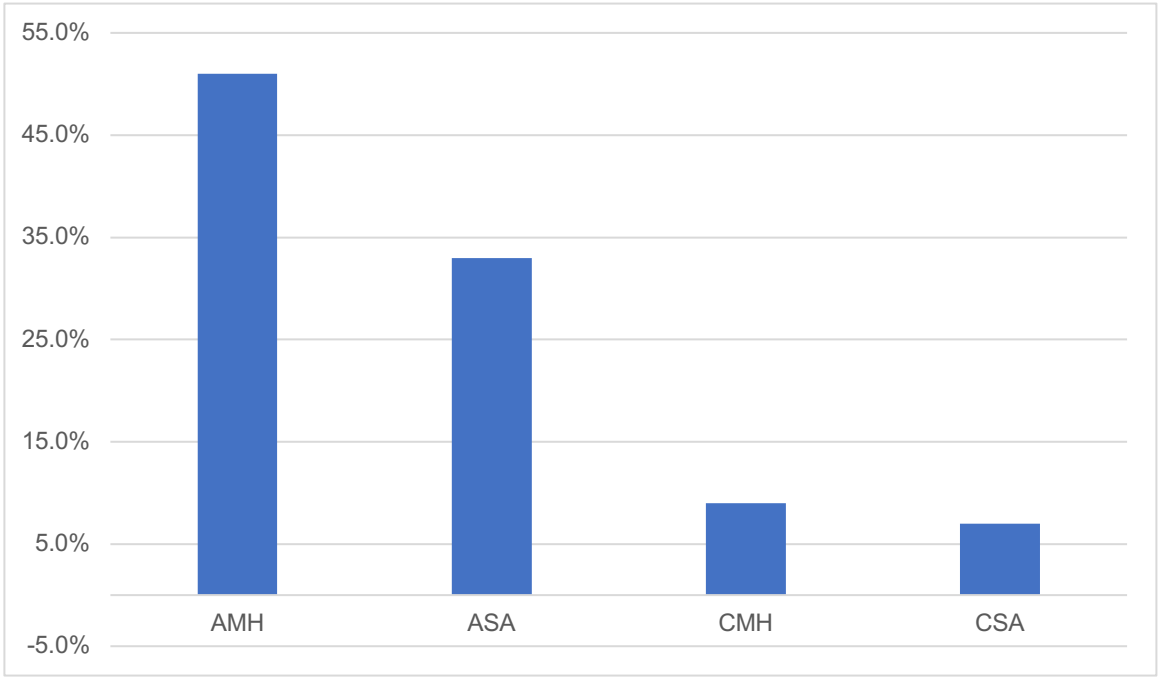
Insured rates indicate that 85.6% of adults in Broward County were covered by some type of insurance product. By gender, higher percentages of women were insured when compared to men. White adults were more likely to have health insurance when compared to those of another race and/or ethnicity in both Broward County and Florida.

Appendix 4: BBHC Clients - Demographic Profile FY 2018/2019

Client Population

BBHC funded organizations that served 27,837 clients in FY2018/19. Adults in BBHC programs accounted for 84% of all clients with 61% of adults enrolled in the Adult Mental Health (AMH) program and 39% of adults in the Adult Substance Abuse program (ASA). The remaining 16% of all clients were children/youth in the Child Mental Health (CMH) program with 56% of all children served and the Child Substance Abuse (CSA) program at 44% of all children served.

BBHC Clients by Program

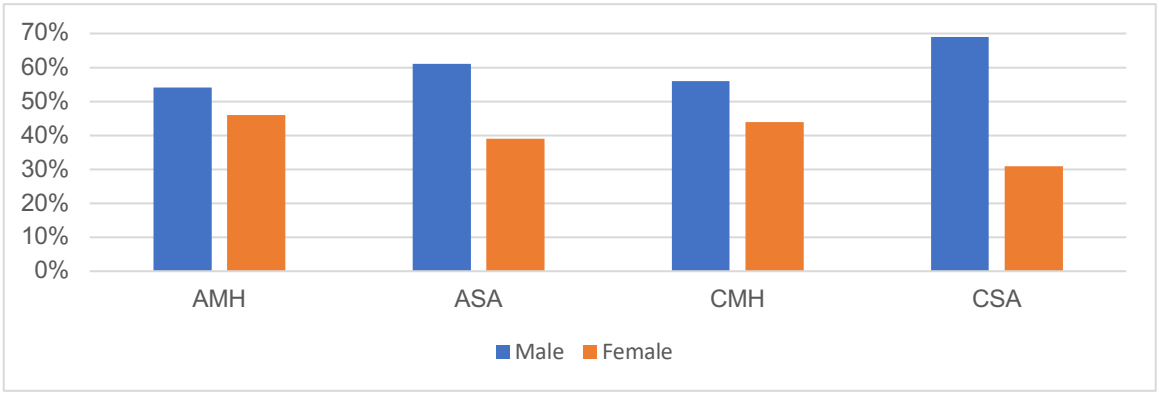


AMH (Adult Mental Health), ASA (Adult Substance Abuse), CMH (Child Mental Health and CSA (Child Substance Abuse)

Gender

Males represented more than 50% of all clients in all programs ranging from 69% in the CSA program to 54% in the AMH program. Females accounted 46% of clients in AMH program and 31% of those in the CSA program.

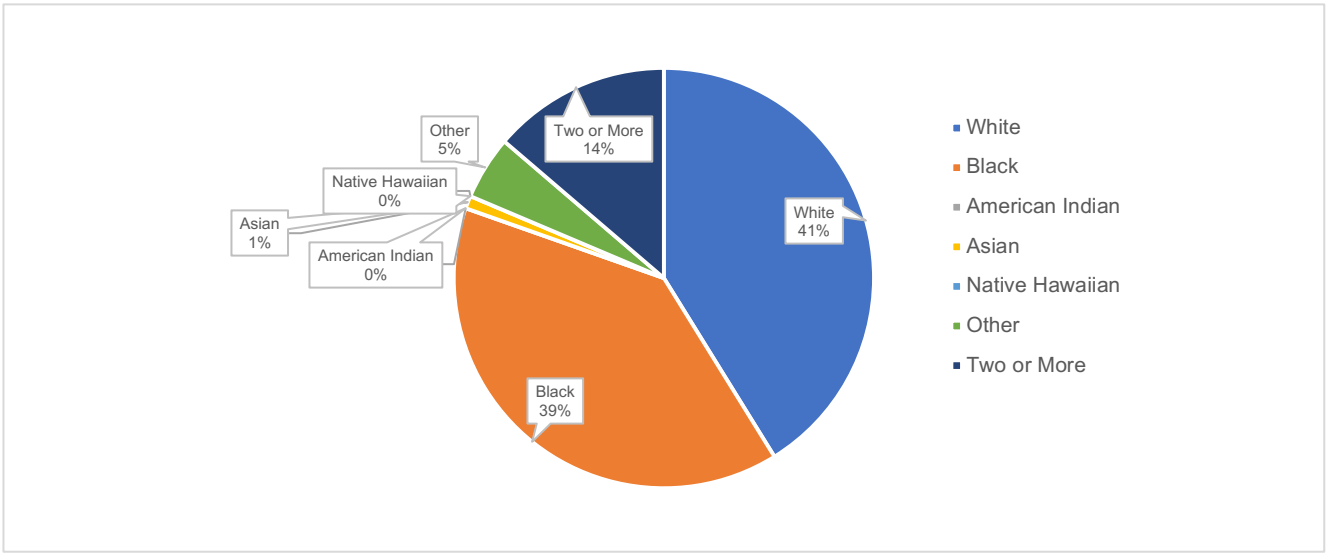
BBHC Clients by Program and Gender



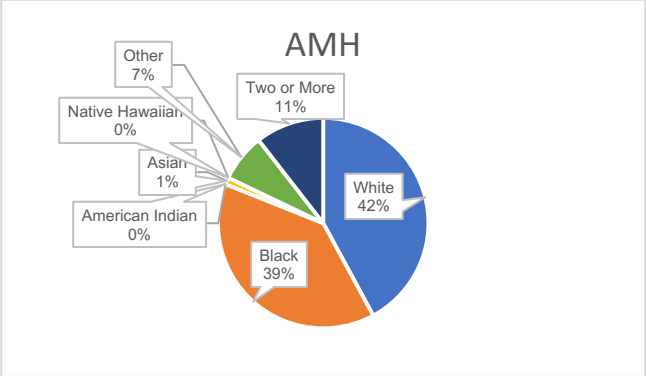
Race

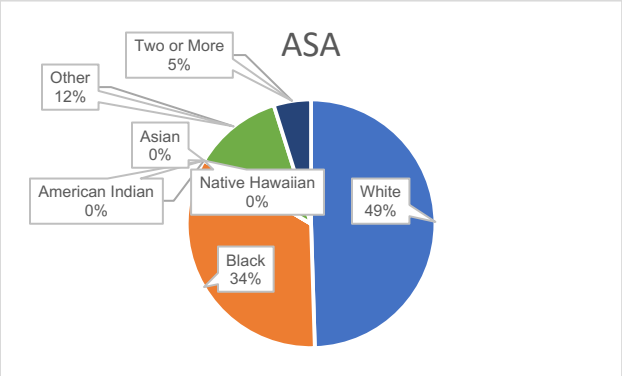
The majority of BBHC clients were White (42%) which was much lower than the percentage in Broward County at 62%. Conversely, Black BBHC clients accounted for 39% of the client population while representing only 28% of clients in Broward County. This same pattern was evident in all programs when analyzing clients by race. It is noted that 61% percent of clients in the CSA program reported their race as Black. This was more than double the percentage of Blacks in the service area population, indicating an area of need for that population group.

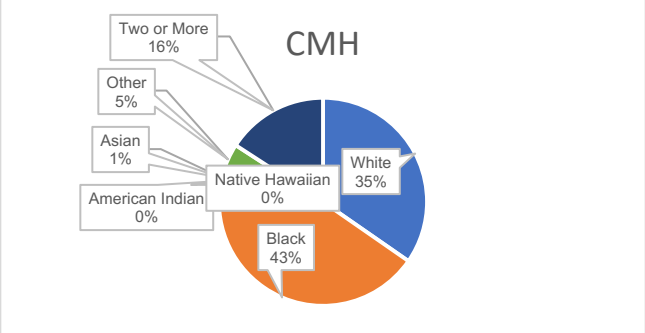
BBHC Clients by Race

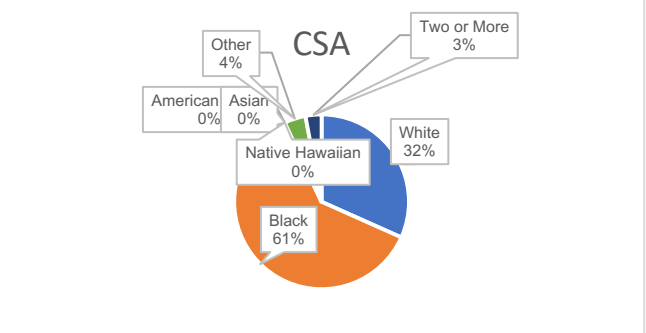


BBHC Clients by Program and Race





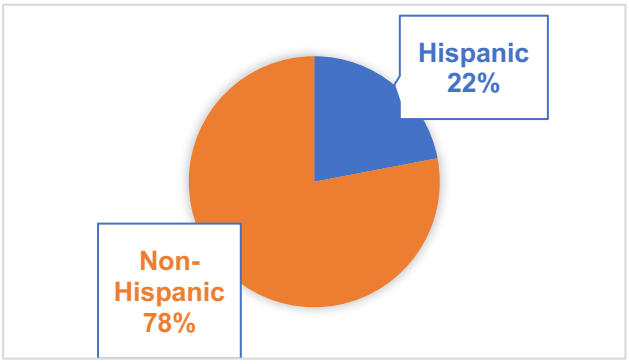




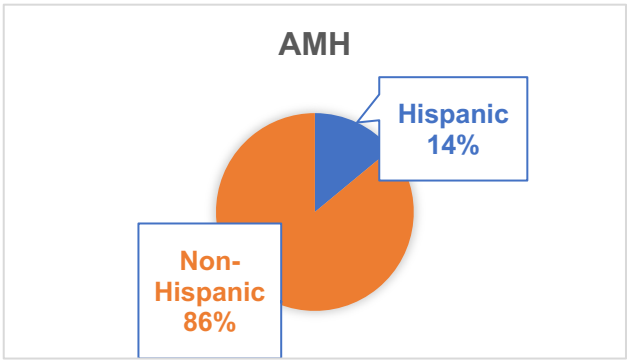
Ethnicity

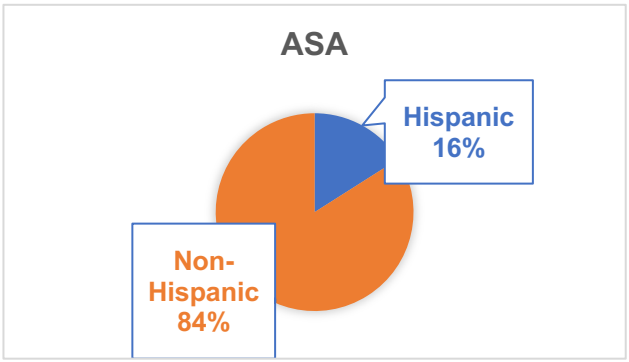
The percentage of Hispanics in the BBHC client population was lower than the ethnic distribution of residents in Broward County. Ethnic composition of clients in the AMH, ASA and CSA programs and the service area community were similar. However, clients in the CMH program were the most ethnically diverse of all clients served as Hispanics accounted for 26% of clients while representing 28% percent of residents living in Broward County.

BBHC Clients by Ethnicity

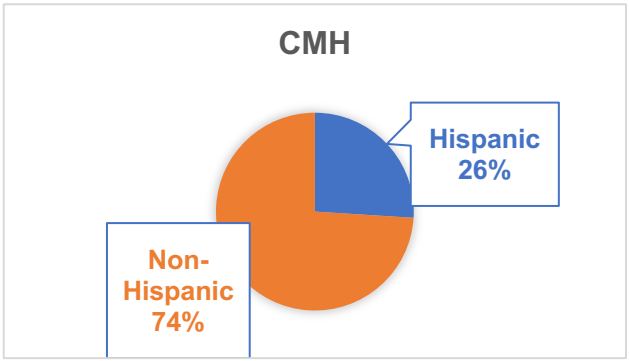


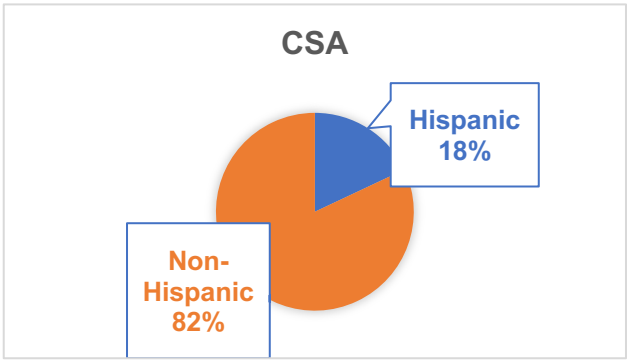
BBHC Adult Clients by Program and Ethnicity





BBHC Child Clients by Program and Ethnicity

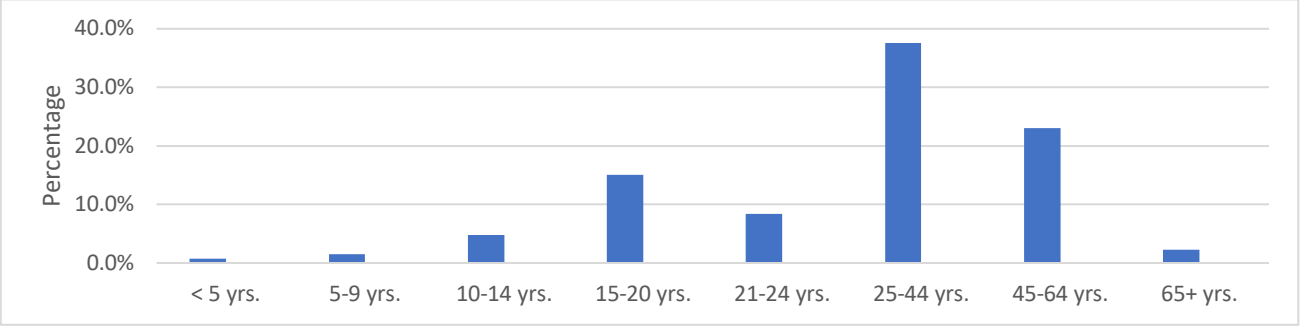




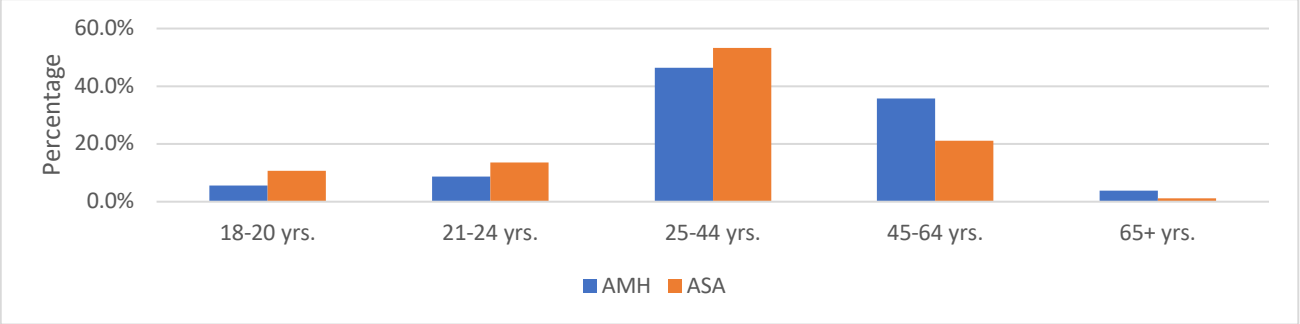
Age Range

As expected, the age range distribution among BBHC clients did not mimic that of the service area population. Adults, ages 25-44 years of age, accounted for 47% of those in the AMH and 53% in the ASA programs while representing only 27% of the population in Broward County. Teen and young adult clients, ages 15-20 years of age, represented 62% of clients while accounting for only 6% of those living in the service area population. Among those enrolled in child/youth programs, 55% of clients in the CMH program were 5-14 years of age and 84% percent of clients in the CSA program were 15-20 years old.

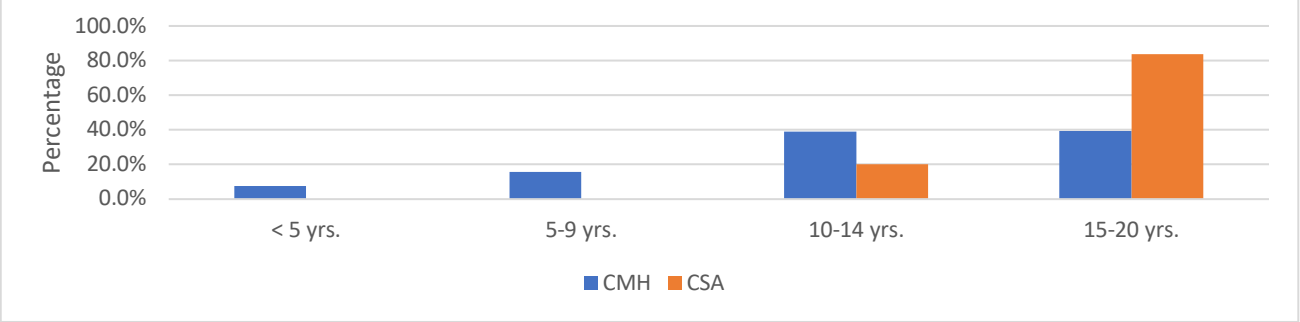
BBHC Clients by Age Range



BBHC Adult Clients by Program and Age Range



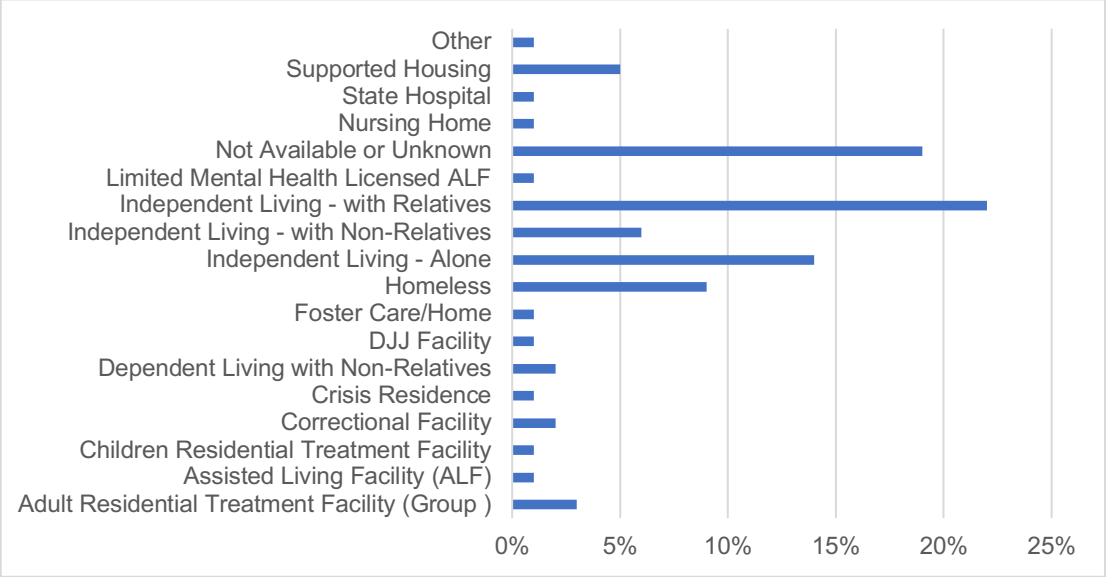
BBHC Child Clients by Program and Age Range



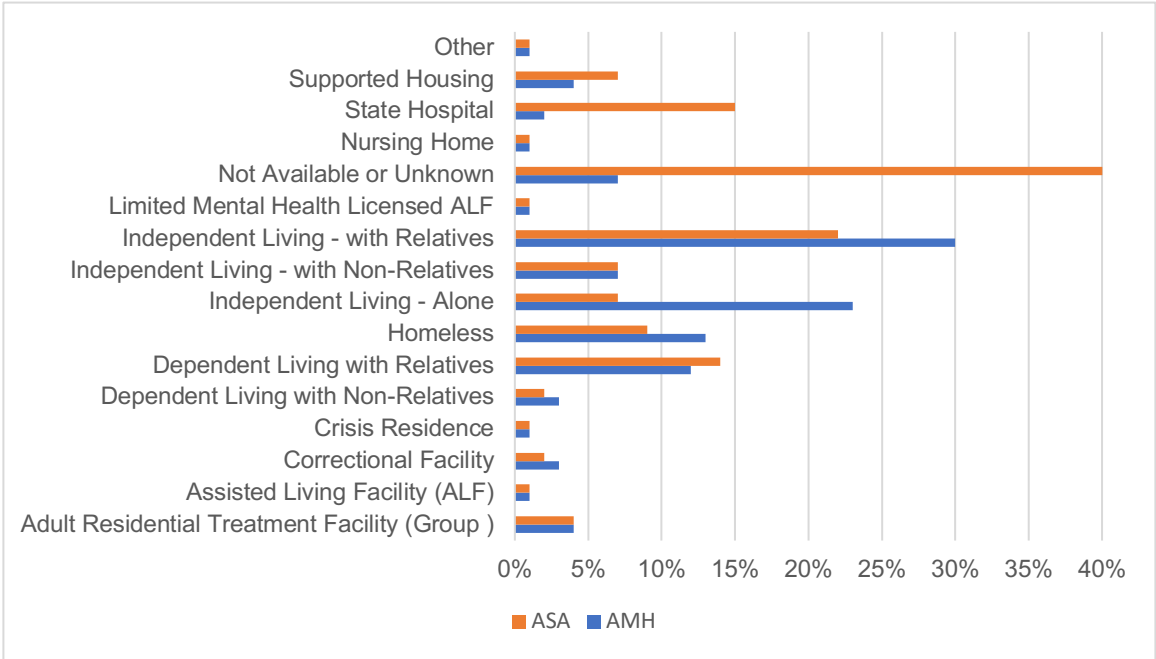
Residential Status

The majority of BBHC adults resided in one of two types of independent living conditions: with relatives (22%); or alone (14%). Among AMH clients, 13% reported their status as homeless, as did 9% of those in the ASA program. Children/Youth lived dependently with relatives.

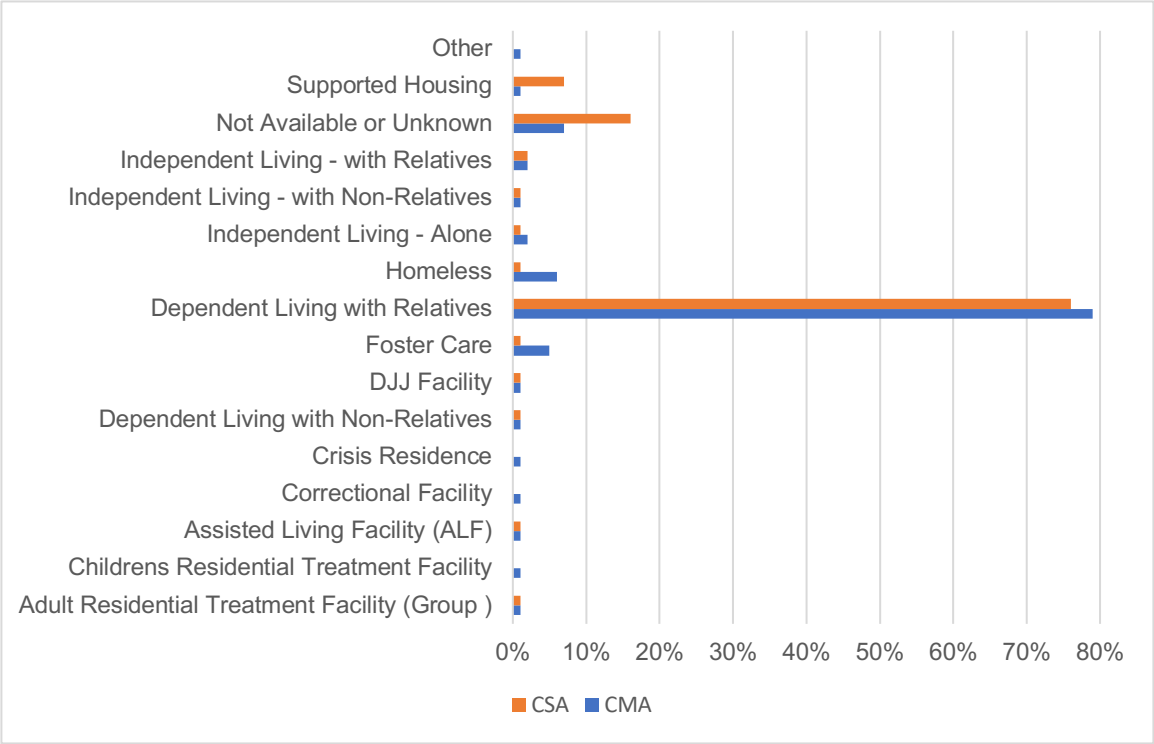
BBHC Clients by Residential Status



BBHC Adult Clients by Program and Residential Status



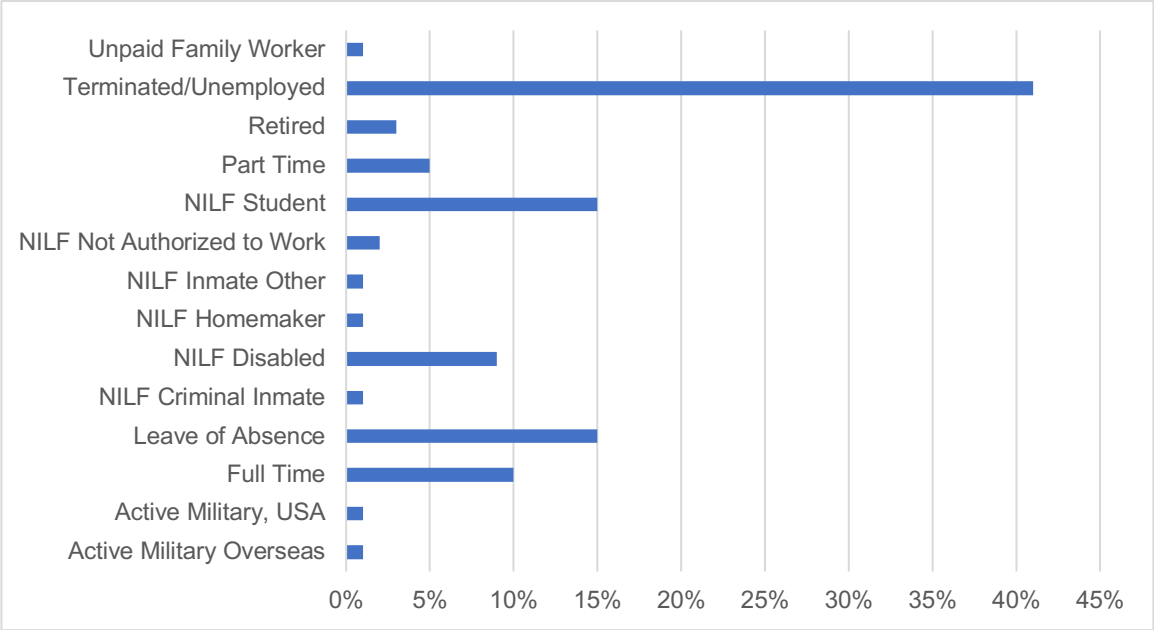
BBHC Children Clients by Program and Residential Status



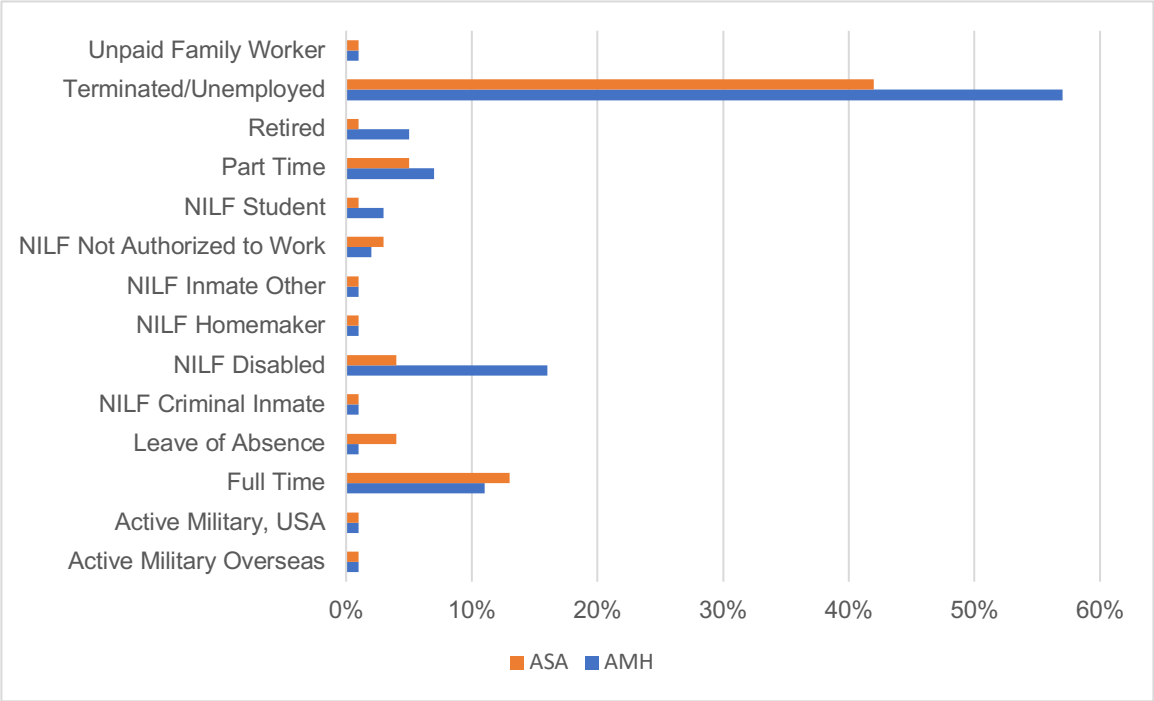
Employment Status

In Broward County, less than 5% of adults are unemployed. However, there is much higher levels of unemployment among BBHC clients (42%) when compared to those in Broward. Nearly 60% of AMH clients and 42% of ASA clients were not employed.

BBHC Clients by Employment Status



BBHC Adult Clients by Program and Employment Status



2019 Broward Behavioral Health Coalition Consumer Survey

Thank you for agreeing to take part in this important survey to share your experiences with the behavioral health resources in Broward County.

Gaining your perceptions will help us improve the behavioral health care system across the continuum. The survey should take about 10 minutes to complete. Be assured that no personal identification information is being gathered. All respondents are completely anonymous.

1. Which best describes you:

- Adult consumer
- Parent of a child/adolescent
- Representing a consumer

2. What type of service have you or your family member received in the past 12 months?

- Mental Health Services
- Substance Use Services
- Both Mental Health and Substance Use Services

3. Did you know where to go for services when you needed them?

- Yes
- No
- Sometimes

4. Were you able to get all the services you needed when you needed them?

- Yes
- No

5. Please choose from the list below, the services you needed but were not able to get.

- Assessment
- Alternative Services (e.g., acupuncture, art therapy, meditation, etc.)
- Aftercare/Follow-up
- Case Management
- Crisis/Stabilization
- Day Care Services
- Day/Night treatment Services
- Detox Services
- Drop-in/Self Help
- Employment/Job Training Assistance
- Housing Assistance
- In-home Services
- Inpatient
- Medical Services (Primary or Secondary care)

- Medication Assistance Program
- Outpatient Services
- Outreach Support
- Peer Support
- Recovery Support
- Referral
- Long-term Residential Treatment Program
- Respite Services
- Short-term Residential Treatment
- Other (please specify)

6. How many times during the past 12 months were you NOT able to get the services you needed?

- One to two times
- Three to four times
- Five or more times

7. What were the barriers to getting the care you needed? (Check all the apply.)

- Did not have any barriers
- Did not know where to go for services
- Could not afford the services
- Did not meet the eligibility criteria
- No or very limited transportation
- Services were not available in the county where I live
- Language/Cultural differences
- Stigma (Worried what other people would think, fear, shame)
- No evening or weekend appointments
- No outreach to people who are homeless
- Long wait lists
- Lack of child care
- Other (please specify)

8. Are you aware of 2-1-1 resource in Broward County?

- Yes
- No

9. Have you ever called 2-1-1 for assistance?

- Yes
- No

10. When you called 2-1-1, was it helpful in directing you to get what you needed?

- Yes
- No
- Sometimes

11. Please select your response to the following statements:

- The services I needed were well coordinated. (Strongly Disagree, Disagree, Agree, Strongly Agree)
- The eligibility guidelines were easy to understand. (Strongly Disagree, Disagree, Agree, Strongly Agree)
- The application process was easy for me. (Strongly Disagree, Disagree, Agree, Strongly Agree)
- I felt the services and planning I received were patient-centered. (Strongly Disagree, Disagree, Agree, Strongly Agree)

Thank you! The fact that you are reading this message indicates that you have completed our survey.

We are very appreciative of the time you have taken to assist in our assessment and commit to utilizing the information gained to implement worthwhile improvements. We will share these results with you through the 2019 Broward Behavioral Health Coalition Behavioral Health Needs Assessment available in October 2019.

Thank you. We are extremely grateful for your contribution, valuable time, honest information, and thoughtful responses.

2019 Broward Behavioral Health Coalition Behavioral Health Provider Survey

Thank you for agreeing to take part in this important survey measuring consumer awareness and coordination of behavioral health care resources in your county. Gaining your perceptions will help us improve the behavioral health care system across the continuum. The survey should take about 60 minutes to complete. Be assured that no personal identification information is being gathered. All respondents are completely anonymous.

For the purposes of this survey, behavioral health care includes services for those in need of mental health and/or substance use treatment.

Name of Your Organization: _____

1. Please select the category which best describes your organization.

- Case Management
- Child/Youth Advocacy
- Children and Family Services
- County School (Elementary, Middle or High School)
- Domestic Abuse Advocacy
- Faith-based Family Services
- Homeless Services
- Juvenile Justice
- Law Enforcement
- Local Government
- Mental and Behavioral Health Care
- Social Services
- Residential Care
- Other (please specify)

2. Please respond to the statement: You are aware of the availability of behavioral health services in Broward County. (Strongly Disagree, Disagree, Agree, Strongly Agree)

3. Are you aware of the 2-1-1 resource?

- Yes
- No

4. Have you accessed the 2-1-1 resource in the past 12 months?

- Yes
- No

5. When you accessed 2-1-1, was it helpful?

- Yes
- No

- Somewhat helpful

6. In the past 12 months, have you directed consumers to access the 2-1-1 resource for behavioral health care services?

- Yes
- No

7. How would you rate community awareness of available behavioral health care services in Broward County? (Poor, Fair, Good, Very Good, Excellent)

8. Please rate your level of agreement to the following statements.

- Linkages to needed services are coordinated and well established across the continuum. (Strongly Disagree, Disagree, Agree, Strongly Agree)
- Care and planning services are patient-centered across the continuum. (Strongly Disagree, Disagree, Agree, Strongly Agree)
- In general, behavioral health care and support systems are accessible in Broward County. (Strongly Disagree, Disagree, Agree, Strongly Agree)
- Eligibility criteria and processes for making applications are readily available and easy to access. (Strongly Disagree, Disagree, Agree, Strongly Agree)
- Intake and screening instruments are standardized across community and state partners. (Strongly Disagree, Disagree, Agree, Strongly Agree)
- Programs and services are coordinated across the system. (Strongly Disagree, Disagree, Agree, Strongly Agree)

9. List the five top barriers for consumers accessing services in your county.

- Number One:
- Number Two:
- Number Three:
- Number Four:
- Number Five:

10. What resources/supports are needed that are NOT available to improve behavioral health care and planning? (List the top three)

- Number One:
- Number Two:
- Number Three:
- Number Four:
- Number Five:

Assessment of the No Wrong Door Framework

The No Wrong Door Framework is an approach that supports streamlined access to services and supports for substance use and mental health recovery. It is defined as *"A model of integrated and coordinated service delivery based on the premise that every door in the service system should be the*

right door. It represents a philosophy whereby service providers (including agencies and schools) are committed to actively engaging clients to ensure they receive appropriate and adequate support for their needs regardless of their initial entry point. (nowrongdoor.com)

Using the definition above, please respond to the following questions related to the No Wrong Door framework in Broward County.

11. What do you consider to be the key components of the No Wrong Door model?

12. Is your agency a trusted place where all people can access information?

- Yes
- No

13. What kinds of outreach is your agency engaged in to promote awareness of available options and linkages to needed services?

14. Do your outreach activities target specific populations?

- Yes
- No

15. If your organization does outreach to target specific populations, what populations are you targeting?

16. What kinds of activities, if any, are used to assess the effectiveness of outreach and marketing activities?

17. From your perspective, does this outreach result in awareness? Why or Why Not?

18. What are the key referral sources to your agency?

- Referral source 1
- Referral source 2
- Referral source 3
- Referral source 4
- Referral source 5
- Referral source 6
- Referral source 7
- Referral source 8
- Referral source 9
- Referral source 10

19. What has been accomplished over the past three years to improve the system of referrals for services?

20. In your estimation, is your agency providing person-centered care?

- Yes
- No

21. If you answered “yes” to the question above, what works well (or is missing) in your provision of person-centered care?

22. If you answered “no” to question 20, what prevented you or has been a barrier to implementation of person-centered care?

23. How well does your organization implement person-centered planning across the continuum?

24. How well do you implement a follow-up component to the person-centered planning process?

25. What resources/supports would be necessary to improve the results or implement a process if you are not currently doing person-centered planning?

26. What works and what doesn’t work when consumers are seeking services?

27. What are the major barriers for consumers in accessing services?

28. What would be necessary to utilize intake and screening instruments across state agencies and through community partners?

29. Which partners do you work with most?

- Partner 1
- Partner 2
- Partner 3
- Partner 4
- Partner 5
- Partner 6
- Partner 7
- Partner 8
- Partner 9
- Partner 10

30. What works with the partnerships you identified?

31. What works well in how programs and services are coordinated across the system?

32. What doesn’t work well in how programs and services are coordinated across the system?

33. What could improve communication in how programs and services are coordinated across the system?

34. What role do consumers and stakeholders play in designing and refining entry point systems to ensure equal access for persons regardless of age or income?

35. How does your agency ensure that services are of high quality and meet the needs of the consumer?

36. How do you track consumers, services, performance and cost to continually evaluate and improve outcomes?

Assessment of Peer Services

37. How many peer support specialists to you currently employ?

38. How many peer support specialists are employed full-time?

39. Of the peer support specialists you employ, how many are certified?

40. What types of programs do peer support specialists support?

41. What strengths does your agency experience by providing peer support specialists?

42. What are the barriers to recruiting/employing peer support specialists?

43. What training needs does your agency have that may assist in your implementation of peer support specialist services?

44. What recommendations do you have to improve the implementation of peer support specialist services?

Assessment of Training and Technical Assistance Needs

45. What training topics would you be interested in receiving to support Substance Abuse Treatment Services Evidence-Based Practices?

- One
- Two
- Three
- Four
- Five
- Six
- Seven
- Eight
- Nine
- Ten

46. What type of technical assistance would be beneficial to your agency in relation to Substance Abuse Treatment Services Evidence-Based Practices?

- One
- Two
- Three
- Four

- Five
- Six
- Seven
- Eight
- Nine
- Ten

47. What training topics would you be interested in receiving to support Substance Abuse Prevention Services Evidence-Based Practices?

- One
- Two
- Three
- Four
- Five
- Six
- Seven
- Eight
- Nine
- Ten

48. What type of technical assistance would be beneficial to your agency in relation to Substance Abuse Prevention Services Evidence-Based Practices?

- One
- Two
- Three
- Four
- Five
- Six
- Seven
- Eight
- Nine
- Ten

49. What training topics would you be interested in receiving to support Mental Health Services Evidence-Based Practices?

- One
- Two
- Three
- Four
- Five
- Six
- Seven
- Eight

- Nine
- Ten

50. What type of technical assistance would be beneficial to your agency in relation to Mental Health Services Evidence-Based Practices?

- One
- Two
- Three
- Four
- Five
- Six
- Seven
- Eight
- Nine
- Ten

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Thank you. We are extremely grateful for your contribution, valuable time, honest information, and thoughtful responses.

2019 Broward Behavioral Health Coalition Behavioral Health Stakeholder Survey

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For the purposes of this survey, behavioral health care includes services for those in need of mental health and/or substance use treatment.

1. Please select the category which best describes your organization.

- Case Management
- Child/Youth Advocacy
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- Domestic Abuse Advocacy
- Faith-based Family Services
- Homeless Services
- Juvenile Justice
- Law Enforcement
- Local Government
- Mental and Behavioral Health Care
- Social Services
- Residential Care
- Other (please specify)

2. Please respond to the statement: You are aware of the availability of behavioral health services in Broward County. (Strongly Disagree, Disagree, Agree, Strongly Agree)

3. Are you aware of the 2-1-1 resource?

- Yes
- No

4. Have you accessed the 2-1-1 resource in the past 12 months?

- Yes
- No

5. When you accessed 2-1-1, was it helpful?

- Yes
- No
- Somewhat helpful

6. In the past 12 months, have you directed consumers to access the 2-1-1 resource for behavioral health care services?

- Yes
- No

7. How would you rate community awareness of available behavioral health care services in Broward County? (Poor, Fair, Good, Very Good, Excellent)

8. Please rate your level of agreement to the following statements.

- Linkages to needed services are coordinated and well established across the continuum. (Strongly Disagree, Disagree, Agree, Strongly Agree)
- Care and planning services are patient-centered across the continuum. (Strongly Disagree, Disagree, Agree, Strongly Agree)
- In general, behavioral health care and support systems are accessible in Broward County. (Strongly Disagree, Disagree, Agree, Strongly Agree)
- Eligibility criteria and processes for making applications are readily available and easy to access. (Strongly Disagree, Disagree, Agree, Strongly Agree)
- Intake and screening instruments are standardized across community and state partners. (Strongly Disagree, Disagree, Agree, Strongly Agree)
- Programs and services are coordinated across the system. (Strongly Disagree, Disagree, Agree, Strongly Agree)

9. List the three top barriers for consumers accessing services in your county.

- Number One:
- Number Two:
- Number Three:

10. What resources/supports are needed that are NOT available to improve behavioral health care and planning? (List the top three)

- Number One:
- Number Two:
- Number Three:

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