WellFlorida Council

Working Together for Healthy Communities

LUTHERAN SERVICES FLORIDA

NEEDS ASSESSMENT FY 2013

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WellFlorida would like to acknowledge Lutheran Services Florida staff, Lutheran Services Providers, focus group participants, survey participants and the following members of the Steering Committee for aiding in the development and completion of this project:

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Introduction to Needs Assessments

GENERAL

In general, needs assessments serve as the foundation for the development of programmatic and policy directives and for the allocation of resources to achieve strategic objectives. It is the responsibility of public health agencies to regularly and systematically collect, assembles, analyze and make information available on the health of the community; including statistics on health status, community health needs and epidemiologic studies of health problems. Generally speaking, the ultimate goal of a needs assessment is improving, promoting and protecting the health status of the public.

The purpose of the Lutheran Services Florida (Northeast and North Central Florida Counties) needs assessment is to identify the treatment needs of children and adults with an identified mental illness or substance abuse disorder in the 23-county region of Northeast and North Central Florida overseen by the Lutheran Services Florida, Managing Entity, which includes Circuits 3,4,5,7 and 8. (Treatment includes prevention, intervention, community based outpatient treatment and intensive/crisis inpatient services.) This needs assessment will help reaffirm current need priorities and discover new priorities, as well as uncover strengths, weaknesses and gaps in services. These priorities will be used to refine appropriate goals, objectives and activities of programs and agencies to better serve the treatment needs of children and adults with identified mental illness or substance abuse disorder in the 23-county region. Ultimately, the needs assessment will serve to improve the quality of mental health and substance abuse services provided in the service area.

METHODOLOGY

Generally, the health of a community is measured by the physical, mental, environmental and social well-being of its residents. Due to the complex determinants of health, the Mental Health and Substance Abuse Needs Assessment is driven by both quantitative and qualitative data collecting and analysis from both primary and secondary data sources. Key research questions included, but were not limited to:

- What are the current needs in the local mental health and substance abuse systems?
- What are the current strengths in the local mental health and substance abuse systems?
- What are the current gaps in the local mental health and substance abuse systems?
- What services are currently provided in the community?
- Can community members in need access provided services?
- What are the current barriers to accessing local mental health and substance abuse care/treatment?
- What are the barriers encountered by providers in supporting individuals experiencing mental health and/or substance use issues?

To meet the scope of services requested by Lutheran Services Florida, the needs assessment was completed in four months and included three phases.

- Phase I: Planning
- Phase II: Primary and Secondary Data Gathering and Analysis
- Phase III: Final Needs Assessment Report

Phase I focused on planning the needs assessment process, including recruiting a steering committee, developing primary data collection tools and facilitating a visioning session. The steering committee was identified through collaboration between WellFlorida Council and Lutheran Services Florida staff. Please see the Appendix for the steering committee membership roster. The steering committee was responsible for approving primary data gathering tools and procedures.

Phase II focused on primary and secondary data gathering and analysis. Data gathering was aimed to provide critical insights to needs, strengths, challenges and opportunities throughout the Northeast and North Central Regions. In order to better understand the community, primary data targeted each of the five circuits. Methodology for collecting primary data included: consumer/caregiver surveys, provider surveys, consumer/caregiver focus groups, CEO provider focus groups and one advocate focus group. Secondary data was gathered from the Office of Vital Statistics, the U.S. Census Bureau, the Florida Geographic Library, and a variety of health and county ranking sites from respected institutions across the United States and Florida. Historical data from the Department of Children and Families Substance Abuse and Mental Health Information System (SAMHIS) served as a review of the epidemiological data. Secondary data can be found in the Lutheran Services Florida ME Technical Appendix (Technical Appendix). The data within the Technical Appendix will be presented at the county-level, circuit level and regional level (wherever possible). This data will be a major community resource for decision makers, grant-writers and those studying the health system and health outcomes of the Lutheran Services Florida service region.

This report serves as Phase III. In order to make the data and analysis most meaningful to the reader, this report has been separated into multiple components:

- Executive Summary
- Community Input
    - Focus Groups
    - Surveys
- Document Appendix
    - Focus Group Materials
    - Consumer/Caregiver Survey Materials
    - Provider Survey Materials
- Lutheran Services Florida Managing Entity Technical Appendix

The Executive Summary provides a narrative summary of the data presented in the Technical Appendix which includes analysis of social determinants of health, community health status, and health system assessment. Social determinants of health include socioeconomic demographics, poverty rates, population demographics, uninsured population estimates, educational attainment levels and the like. The community health status assessment includes factors such as County Health Rankings, CDC's Behavioral Risk Factor Surveillance Survey and hospital utilization data. Health system assessment includes data on insurance

coverage (public and private), Medicaid eligibility, health care expenditures by payor source, hospital utilization data and physician supply rate and health professional shortage areas.

The Community Input component represents the core of the community's input or perspective into needs related to mental health and substance abuse in the community. In order to determine the community's perspectives on priority community health issues and quality of life issues related to healthcare, two research methods were used: focus groups and surveys. The Steering Committee worked with WellFlorida Council to determine focus group questions and survey questions. Detailed analysis of focus group responses and survey responses will be included in the Community Input component.

The Key Finding component serves as a summary of the key findings from each of the above components. Recommendations for addressing the identified needs will also be summarized in the Key Finding section.

Executive Summary

INTRODUCTION

The Executive Summary highlights key findings from the Lutheran Services Florida Technical Report. The assessment data was prepared by WellFlorida Council, Inc., using a diverse list of sources including the Office of Vital Statistics, the U.S. Census Bureau, the Florida Geographic Library, and a variety of health and county ranking sites from respected institutions across the United States and Florida.

A health needs assessment is the process of systematically gathering and analyzing data relevant to the health and well-being of a community. Such data can help to identify unmet needs and emerging needs. Data from this report can be used to explore and understand the mental health and substance abuse services needs of the Lutheran Services Florida Managing Entity Service Area, which includes Circuits 3, 4, 5, 7 and 8. This data can be instrumental in planning interventions, and applying for continuing and new program funding. The following summary is broken down into several components:

- Demographics and Socioeconomics
- Mortality and Morbidity
- Behavioral Health
- Health Care Access and Utilization
- Lutheran Services Florida Data
- Managing Entities Estimate Costs Data

Many of the data tables in the technical report contain standardized rates for the purpose of comparing circuits to the state of Florida as a whole. It is advisable to interpret these rates with caution when incidence rates are low (the number of new cases are small); thus small variations from year to year can result in substantial shifts in the standardized rates. The data presented in this summary include references to specific tables in the report so that users can see the numbers and the rates in context.

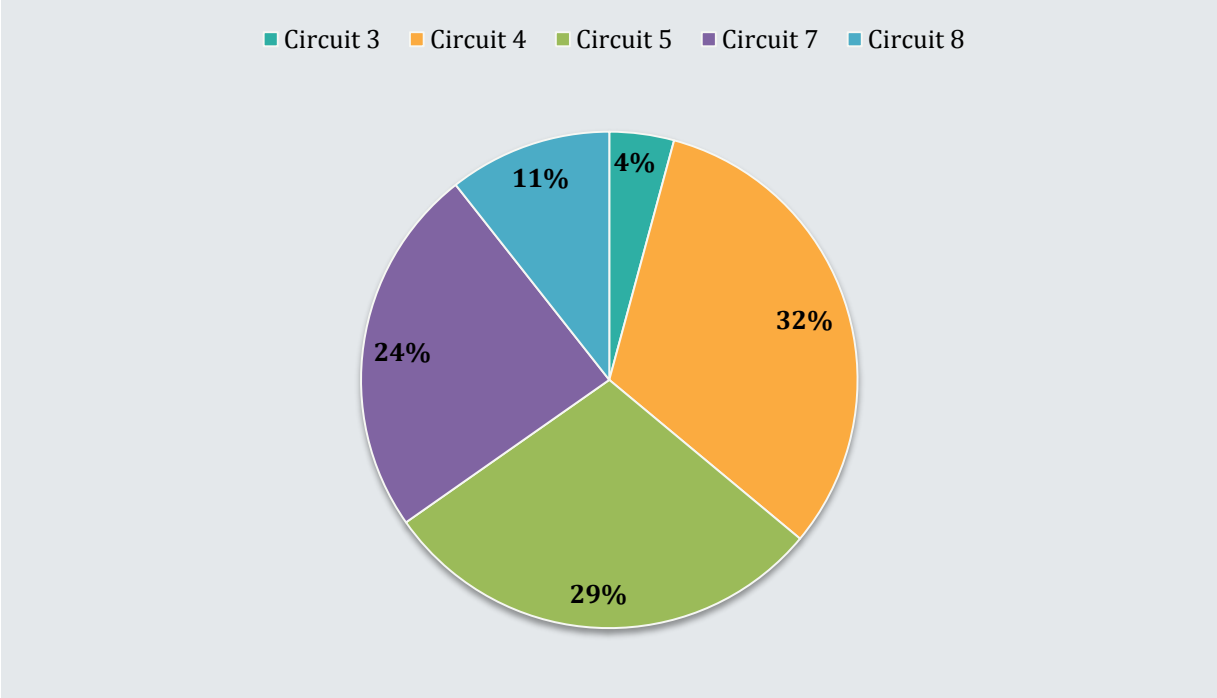
DEMOGRAPHICS AND SOCIOECONOMICS

As population dynamics change over time, so do the health and health care needs of communities. It is therefore important to periodically review key demographic and socioeconomic indicators to understand current health issues and anticipate future health needs. The Lutheran Services Florida Technical Report includes data on current population numbers and distribution by age, gender, and racial group at the circuit level. The Technical Appendix also provides estimates on future population growth in addition to statistics on education, income, and poverty status. It is important to note that these indicators can significantly affect populations through a variety of mechanisms including material deprivation, psychosocial stress, barriers to health care access, and heightened risk of acute and/or chronic illness. Noted below are some of the key findings from the Lutheran Services Florida service area demographic and socioeconomic profile.

POPULATION

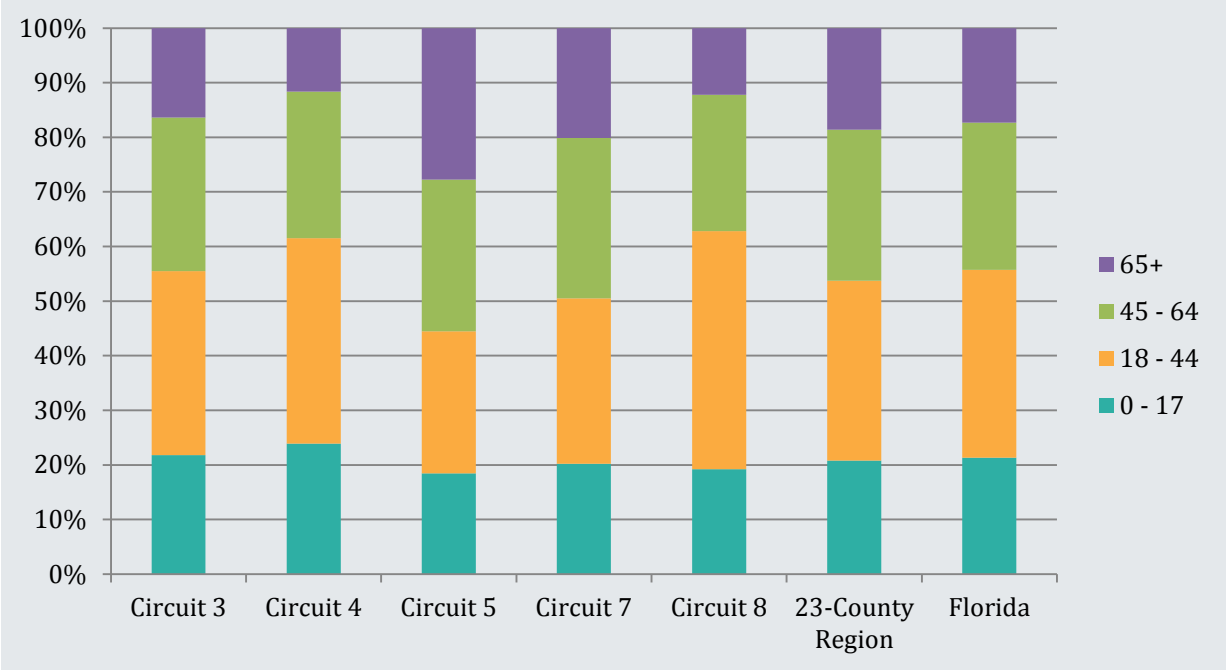
The service area has a total population of 3,544,337 (Technical Appendix: Table 1). The figure below provides a visual representation of circuit- level populations as part of the total service area population. As shown below, Circuit 4 has the largest population and Circuit 3 has the smallest population.

FIGURE 1: TOTAL POPULATION BY CIRCUIT, 2010



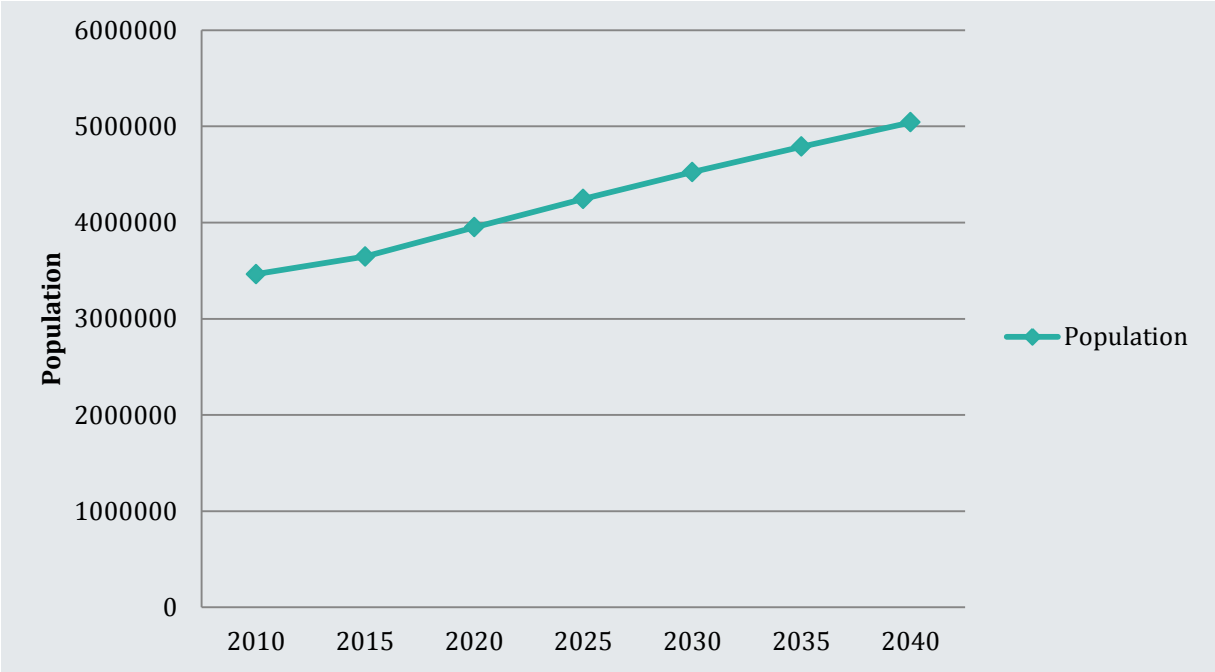
In the Lutheran Services Florida 23-county region, 20.8 percent of the population are ages 0 -17; 32.9 percent are ages 18 – 44; 27.6 percent are ages 45 – 64 and 18.6 percent are 65 and older (Technical Appendix: Table 18). The total population by age group in the service area closes mirrors that of the total Florida population; variance from the state percentages occur at the circuit level as demonstrated in the following figure.

FIGURE 2: TOTAL POPULATION BY AGE GROUPS BY CIRCUIT, 2010



There is a consistent, projected increase of the Lutheran Services Florida Managing Entity service area from the 2010 Census through year 2040 (Technical Appendix: Table 59). By 2040, the population is expected to increase by 45.2 percent (2010 population: 3,462,695; 2040 projected population: 5,042,417). The following figure illustrates projected population from the 2010 Census to 2040.

FIGURE 3: PROJECTED POPULATION BY YEAR



RACE, ETHNICITY AND GENDER

In the Lutheran Services Florida Managing Entity services area, population by race is similar to Florida's population by race (Technical Appendix: Table 7). See Table 1: Percent of Population by Race for more details regarding race at the circuit level.

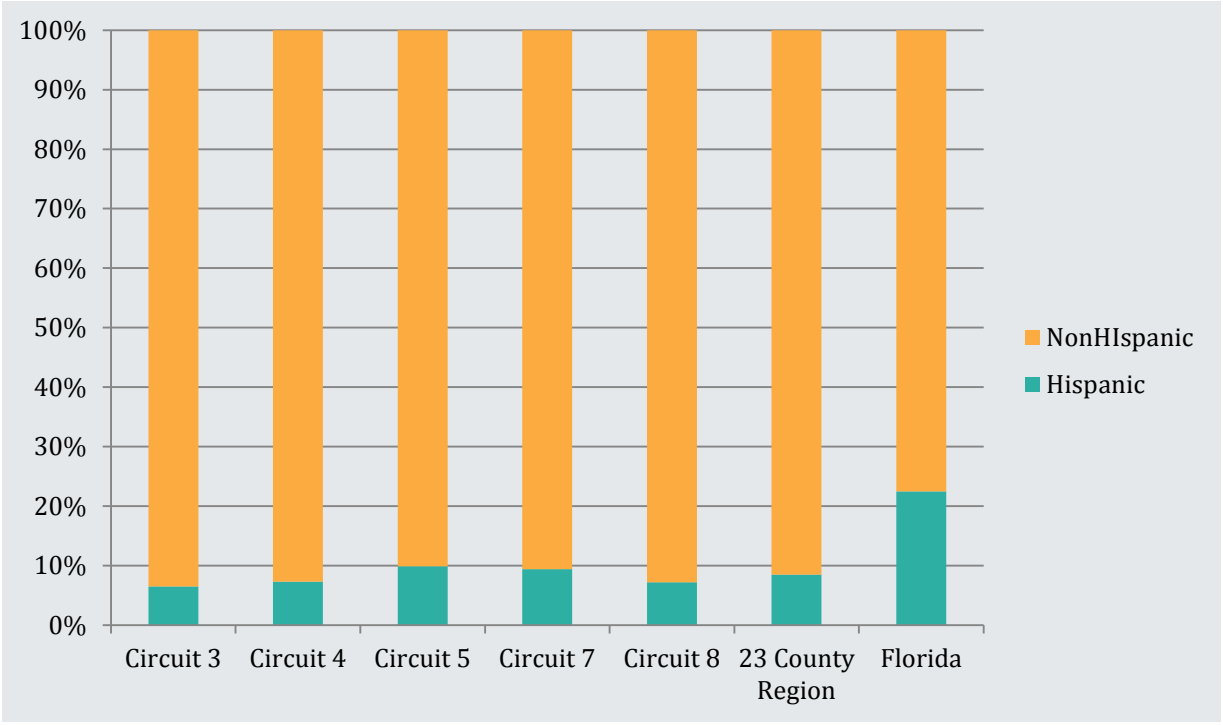
The Lutheran Services Florida Managing Entity service area population has a much lower percentage of Hispanic population as compared to Florida. In the 23-county service area, Hispanics account for 8.5 percent of the population; in Florida, Hispanics account for 22.5 percent of the population. Figure 4: Population by Ethnicity, 2010 provides additional details regarding ethnicity throughout the 23-county region.

In the 23-county service area males represent 49 percent of the population and females represent 51 percent of the population. There is little population by gender variance among circuits. For additional details refer to Table 9 in the Technical Appendix.

TABLE 1: PERCENT OF POPULATION BY RACE, 2010

Area	American Indian/Alaska Native	Asian Only	Black or AA Only	Native Hawaiian/Pacific Islander Only	Some Other Race	2 or More Races	White Only
Circuit 3	0.5	0.7	16.4	0.0	2.0	1.8	78.6
Circuit 4	0.4	3.7	24.7	0.1	2.0	2.8	66.3
Circuit 5	0.4	1.4	8.9	0.0	2.5	2.0	84.8
Circuit 7	0.3	1.6	10.0	0.1	2.4	2.0	83.6
Circuit 8	0.3	3.7	18.1	0.1	1.5	2.3	74.0
23-County Region	0.4	2.4	15.5	0.1	2.2	2.3	77.2
Florida	0.4	2.4	16.0	0.1	3.6	2.5	75.0

FIGURE 4: POPULATION BY ETHNICITY, 2010



ECONOMIC CHARACTERISTICS

The average family size of the Lutheran Services Florida Managing Entity service area ranges from 2.37 (Sumter County) to 3.21 (Baker County). The 23-county average family size is 2.90 which is lower than the average family size in Florida (3.01) (Technical Appendix: Table 28). The median household income in Florida is $47,661. Only a few counties in the Lutheran Services Florida Managing Entity service area are equal to or greater than the Florida median household income (Technical Appendix: Table 32). Those above include: Clay County, Duval County, Nassau County, Flagler County and St. Johns County. The median household income in Dixie County ($32,312) is 32 percent below the Florida median household income ($47,661). All counties in Circuit 4 have median household incomes greater than the Florida median household income. St. Johns County (Circuit 7) has the highest median household income in the Lutheran Services Florida Managing Entity service area ($62,663).

EDUCATIONAL ATTAINMENT

In the 23-county service area, 13.3 percent of the population 25 years and older do not have a high school diploma compared to 14.5 percent in Florida (Technical Appendix: Table 57). Bradford and Hamilton Counties have the highest percentage of populations without a high school diploma, 25.6 and 25.2 respectively. Alachua County has the lowest percentage of population without a high school diploma (9.7

percent). High school is the highest level of education completed by 55.7 percent of the adult (25 years and older) population in the 23-county service area. Nearly 31 percent of the adult population (25 years and older) in the service area have a college degree compared to 34.6 percent in Florida. Circuit 3 has the lowest percent of population with a college degree (19.0 percent) and Circuit 8 has the highest percent of population with a college degree (38.5 percent).

COUNTY HEALTH RANKINGS

The County Health Rankings are a key component of the Mobilizing Action Toward Community Health (MATCH) collaboration project between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Counties receive a rank relative to the health of other counties in the state. Counties having high ranks, e.g. 1 or 2, are considered to be the "healthiest". Health is viewed as a multi-factorial construct. Counties are ranked relative to the health of other counties in the same state on the following summary measures:

I. Health Outcomes--rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
II. Health Factors--rankings are based on weighted scores of four types of factors:
    a. Health behaviors (7 measures)
    b. Clinical care (6 measures)
    c. Social and economic (7 measures)
    d. Physical environment (5 measures)

The Rankings are available for 2013. *The Rankings* within the Lutheran Services Florida Managing Entity service area, are shown in the table below:

TABLE 2: LUTHERAN SERVICES FLORIDA MANAGING ENTITY SERVICE AREA COUNTY HEALTH RANKINGS, 2013

County	Health Outcomes	Health Factors	Health Outcomes Quartile	Circuit
Columbia	58	50	4	3
Dixie	59	64	4	3
Hamilton	64	67	4	3
Lafayette	40	37	3	3
Suwannee	54	55	4	3
Clay	7	16	1	4
Duval	47	31	3	4
Nassau	29	15	2	4
Citrus	50	34	3	5
Hernando	48	33	3	5
Lake	19	14	2	5
Marion	44	39	3	5
Sumter	24	13	2	5
Flagler	23	27	2	7
Putnam	66	66	4	7
St. Johns	1	1	1	7
Volusia	42	30	3	7
Alachua	18	4	2	8
Baker	62	47	4	8
Bradford	60	44	4	8
Gilchrist	43	42	3	8
Levy	57	54	4	8
Union	67	51	4	8

St. Johns County is ranked as the healthiest county in Florida based on Health Outcomes and Health Factors rankings, however, most of the counties within the Lutheran Services Florida Managing Entity service area fall in the third and fourth quartiles.

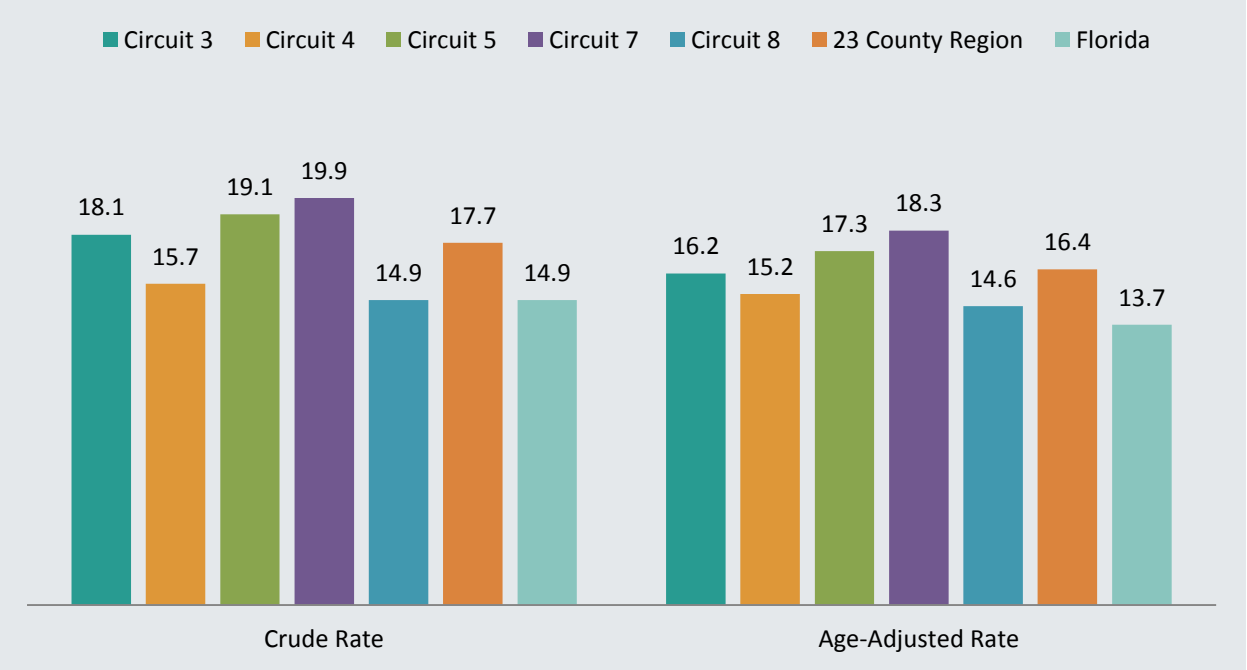
MORTALITY

The following section's data is reported in the form of crude and age-adjusted death rates. Crude rates are used to report the overall burden of disease in the total population irrespective of age, whereas age-adjusted rates are the most common utilized rates for public health data and are used to compare rates of health events affected by confounding factors in a population over time.

SUICIDE DEATH RATES

As demonstrated in the following table, suicide death rates in each of the counties are higher than the suicide death rates in Florida. Circuit 7 has the highest suicide rates in the service area. The age-adjusted suicide rate in Circuit 7 is 33.5 percent higher than the age-adjusted suicide rate in Florida (Technical Appendix, Table 76).

FIGURE 5: SUICIDE DEATH RATES BY AREA

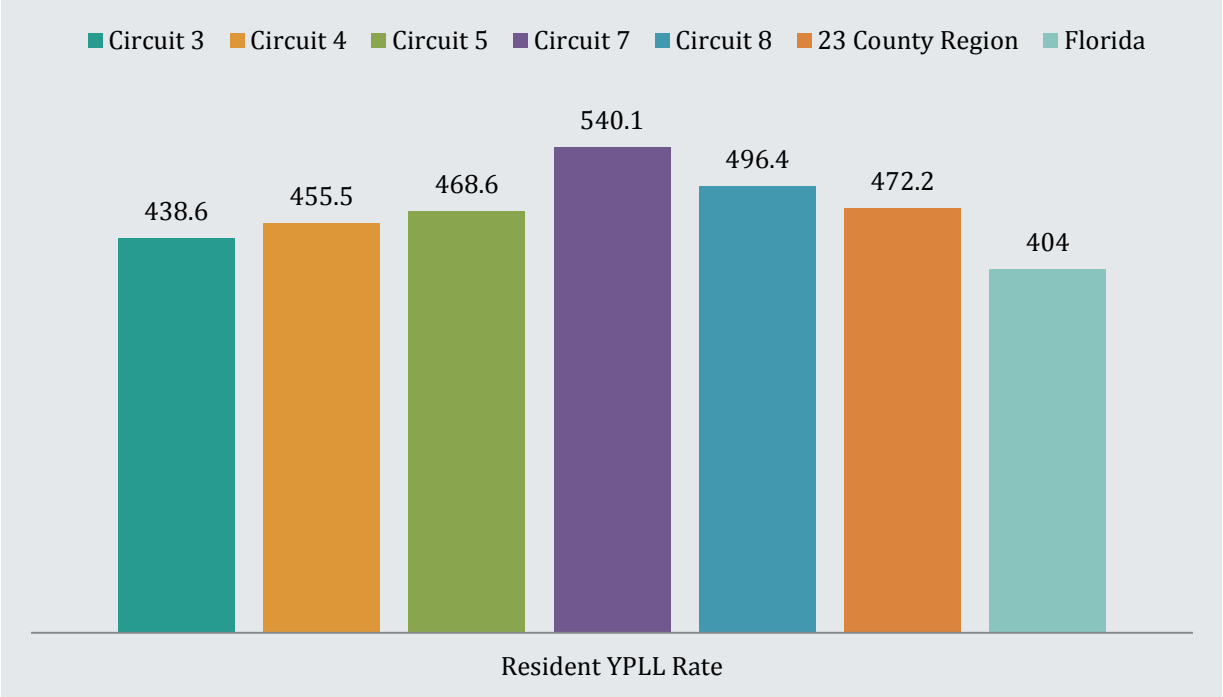


In the Managing Entity service area, age-adjusted suicide rates are highest in Whites (18.9 for Whites, 5.2 in Blacks) and in Males (25.5 in Males, 7.9 in Females). Florida age-adjusted suicide rates by race (15.8 in Whites, 4.7 in Blacks) and gender (21.9 in Males, 6.1 in Females) are similar to rates in the service area (Technical Appendix, Tables 77 & 78).

Years of potential life lost (YPLL) is an estimate of the average years a person would have lived if he/she did not die prematurely, in other words, it is a measure of premature mortality. The figure below provides a

visual representation of the years of potential life lost due to suicide in the Lutheran Services Florida Managing Entity service area (Technical Appendix, Table 84). Data from 2010 – 2012 demonstrate the rate of years of potential life lost due to suicide in each circuit in the service area is higher than the state rate. Circuit 7 fares worst compared to circuits in the Lutheran Services Florida Managing Entity service area. The rate of years of potential life lost in Circuit 7 is nearly 34 percent higher than Florida.

FIGURE 6: YEARS OF POTENTIAL LIFE LOST DUE TO SUICIDE, 2010 – 2012



BEHAVIORAL HEALTH

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

Florida Department of Health conducts the Behavioral Risk Factor Surveillance System (BRFSS) with financial and technical assistance from the Centers for Disease Control and Prevention (CDC). This state-based telephone surveillance system collects self-reported data on individual risk behaviors and preventive health practices related to the leading causes of morbidity and mortality in the United States. The most recent data available for the Lutheran Services Florida Managing Entity service area is from 2010 (Technical Appendix, Table 85).

Note: BRFSS Indicators are summarized only at the state and county level.

Below are some highlights from the BRFSS data by Circuit (See Tables 85, 86, 88, 92, 93 & 97, in the Technical Appendix for full details):

TABLE 3: CIRCUIT 3 BEHAVIORAL RISK FACTORS, 2010

Risk Factor (Florida Average Percent)	Columbia	Dixie	Hamilton	Lafayette	Suwannee
Percent of adults who engage in heavy or binge drinking (15.0)	15.6	10.9	19.3	12.3	14.4
Percent of adults with any type of health care insurance coverage (83.0)	77.6	71.8	67.4	71.5	78.7
Percent of adults who could not see a doctor at least once in the past year due to cost (17.3)	22.6	26.4	20.5	22.4	25.5
Percent of adults who are “very satisfied” or “satisfied” with their lives (93.1)	91.0	86.4	92.1	92.3	92.5
Percent of adults who always or usually receive the social and emotional support they need (79.5)	72.4	72.2	78.5	71.7	75.0
Percent of adults who had poor mental health on 14 or more of the past 30 days (11.8)	15.3	21.5	18.5	15.4	15.1
Percent of adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days (16.8)	18.3	31.9	19.5	19.6	20.6

*Underlined percentages are higher than the state of Florida average for the corresponding risk factor.

Counties in Circuit 3 fare worse than the state on most Behavioral Risk Factors. Although 92.1 percent of adults in Hamilton County are "very satisfied" or "satisfied" with their lives, Hamilton County has the highest percentage of binge drinkers in Circuit 3 (19.3 percent). Hamilton County residents are least likely to have insurance as compared to residents in other Circuit 3 counties, but Hamilton County residents were least likely to report they could not see a doctor due to cost compared to other Circuit 3 county residents.

TABLE 4: CIRCUIT 4 BEHAVIORAL RISK FACTORS, 2010

Risk Factor (Florida Average Percent)	Clay	Duval	Nassau
Percent of adults who engage in heavy or binge drinking (15.0)	17.6	17.6	14.6
Percent of adults with any type of health care insurance coverage (83.0)	83.7	88.1	81.0
Percent of adults who could not see a doctor at least once in the past year due to cost (17.3)	14.7	11.3	17.6
Percent of adults who are "very satisfied" or "satisfied" with their lives (93.1)	93.0	93.9	96.4
Percent of adults who always or usually receive the social and emotional support they need (79.5)	84.7	81.3	86.8
Percent of adults who had poor mental health on 14 or more of the past 30 days (11.8)	12.0	10.3	11.2
Percent of adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days (16.8)	21.7	19.2	16.4

*Underlined percentages are higher than the state of Florida average for the corresponding risk factor.

All Circuit 4 counties reported always or usually receiving the social and emotional support they need at a higher percentage than the state average percentage. Clay and Duval Counties fared 29.1 percent and 14.3 percent worse than the state average for the percent of adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days.

TABLE 5: CIRCUIT 5 BEHAVIORAL RISK FACTORS, 2010

Risk Factor (Florida Average Percent)	Citrus	Hernando	Lake	Marion	Sumter
Percent of adults who engage in heavy or binge drinking (15.0)	13.3	14.9	15.9	11.5	7.8
Percent of adults with any type of health care insurance coverage (83.0)	79.6	84.6	89.5	80.4	83.4
Percent of adults who could not see a doctor at least once in the past year due to cost (17.3)	19.4	18.1	13.1	25.2	12.1
Percent of adults who are "very satisfied" or "satisfied" with their lives (93.1)	93.5	88.0	96.5	92.8	96.0
Percent of adults who always or usually receive the social and emotional support they need (79.5)	78.1	77.3	82.5	77.5	80.0
Percent of adults who had poor mental health on 14 or more of the past 30 days (11.8)	14.2	15.5	8.7	14.8	13.1
Percent of adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days (16.8)	23.0	17.9	15.3	24.6	13.0

*Underlined percentages reflect the county fares worse than the state of Florida average for the corresponding risk factor.

Only one Circuit 5 county reported a higher than the state average percent of adults who engage in heavy or binge drinking (Lake County at 15.9 percent compared to 15.0 percent in Florida). Lake County has the highest percentage of insured residents and the highest percent of adults who are "very satisfied" or "satisfied" with their lives in Circuit 5. Overall, Lake County fares best and Marion County fares worst in comparison to other counties in Circuit 5.

TABLE 6: CIRCUIT 7 BEHAVIORAL RISK FACTORS, 2010

Risk Factor (Florida Average Percent)	Flagler	Putnam	St. Johns	Volusia
Percent of adults who engage in heavy or binge drinking (15.0)	12.7	9.7	21.5	14.1
Percent of adults with any type of health care insurance coverage (83.0)	83.6	78.4	92.8	82.1
Percent of adults who could not see a doctor at least once in the past year due to cost (17.3)	19.6	22.2	9.4	20.0
Percent of adults who are "very satisfied" or "satisfied" with their lives (93.1)	89.9	88.2	94.6	89.3
Percent of adults who always or usually receive the social and emotional support they need (79.5)	79.4	69.5	86.4	77.8
Percent of adults who had poor mental health on 14 or more of the past 30 days (11.8)	14.4	17.9	7.9	13.7
Percent of adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days (16.8)	20.4	27.2	28.6	18.0

*Underlined percentages are higher than the state of Florida average for the corresponding risk factor.

Circuit 7 includes the highest ranked Florida county (St. Johns) according to the Robert Wood Johnson County Health Profiles and the second to lowest ranked Florida county (Putnam). While St. Johns residents report heavy or binge drinking in 21.5 percent of residents, residents are insured (92.8 percent), are satisfied with their lives (94.6 percent), receive social and emotional support (86.4 percent), and report a low percentage of poor mental health days (7.9 percent). Residents reported a higher than Florida percentage of adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days.

TABLE 7: CIRCUIT 8 BEHAVIORAL RISK FACTORS, 2010

Risk Factor (Florida Average Percent)	Alachua	Baker	Bradford	Gilchrist	Levy	Union
Percent of adults who engage in heavy or binge drinking (15.0)	13.5	16.5	16.4	20.1	14.8	17.8
Percent of adults with any type of health care insurance coverage (83.0)	86.2	81.7	78.9	77.6	73.9	74.6
Percent of adults who could not see a doctor at least once in the past year due to cost (17.3)	11.7	23.8	17.2	17.5	22.7	20.2
Percent of adults who are "very satisfied" or "satisfied" with their lives (93.1)	93.8	95.8	93.6	95.7	92.9	91.1
Percent of adults who always or usually receive the social and emotional support they need (79.5)	83.2	77.4	84.5	75.4	86.4	73.9
Percent of adults who had poor mental health on 14 or more of the past 30 days (11.8)	9.9	13.1	10.8	19.1	13.5	14.6
Percent of adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days (16.8)	16.2	16.8	20.2	20.6	18.8	27.5

*Underlined percentages are higher than the state of Florida average for the corresponding risk factor.

In general, Circuit 8 residents report higher percentages of heavy or binge drinking; lower percentages of insurance coverage; lower access to physicians; and higher percentages of adults whose poor physical or mental health kept them from doing usual activities. Gilchrist County residents fare worse than the state average on all risk factors included in the table, with the exception of one (social and emotional support received). Union County residents fared worse than the state average on every risk factor included in the

table. Union County is also the lowest ranked county in the state according the Robert Wood Johnson County Health Profiles.

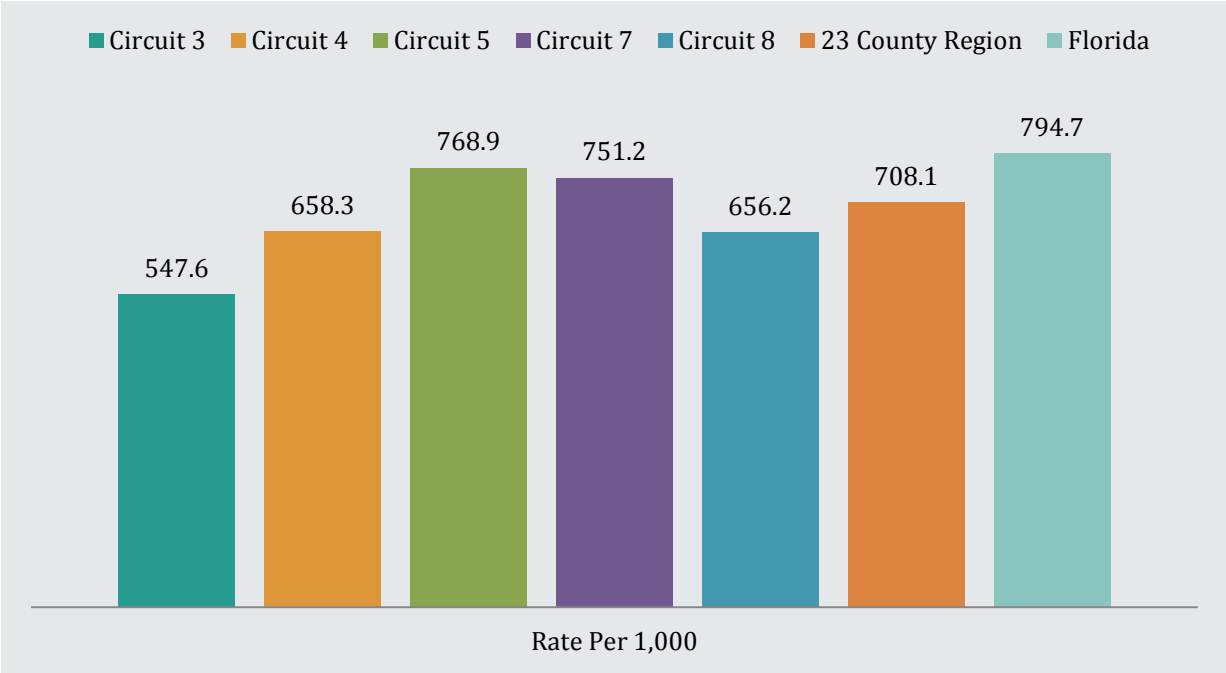
DOMESTIC VIOLENCE

The Florida rate per 100,000 for domestic violence offenses from the year 2012 is 566.4. The rate per 100,000 of domestic violence offenses in Circuits 4, 5, and 7 are higher than the Florida rate. The Lutheran Services Florida Managing Entity service area rate is 665.5, which is 17.5 percent higher than the Florida rate of domestic violence offenses in 2012. Putnam County reported the highest rate of domestic violence offenses in 2012 at a rate of 948.6 per 100,000 (Technical Appendix: Table 101). See Table 102 in the Technical Appendix for details regarding the total number of domestic violence offenses by type.

BAKER ACTS

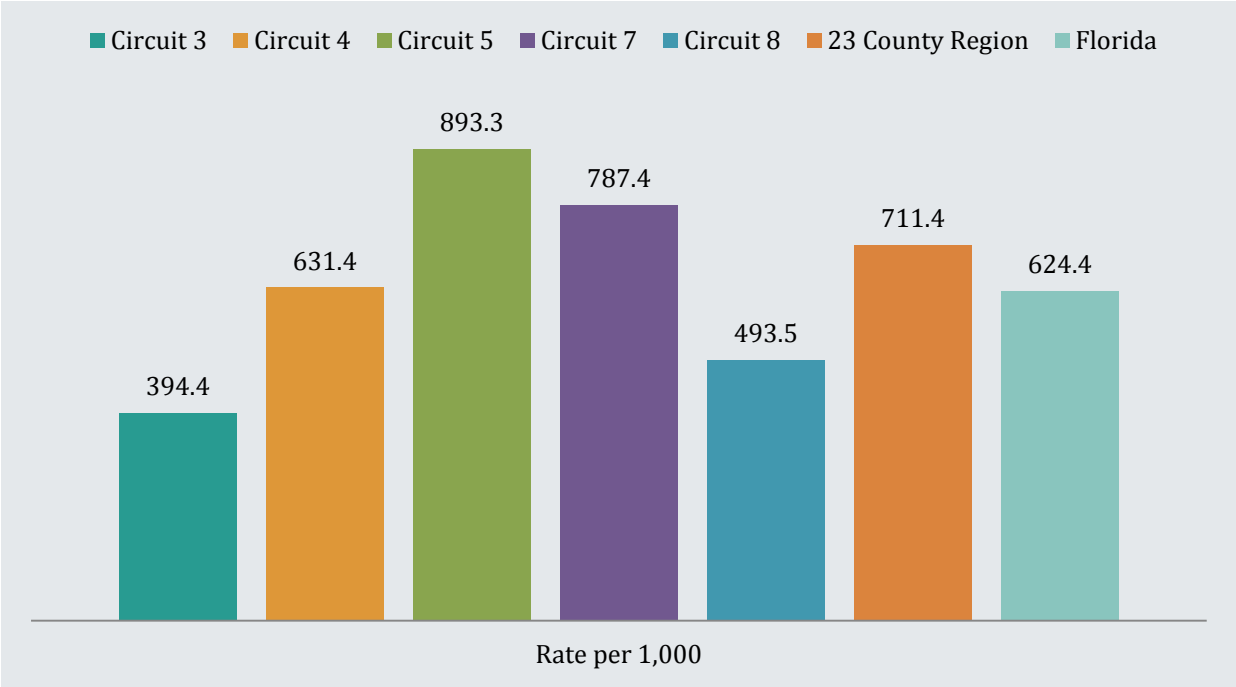
In Florida, the rate per 1,000 of Involuntary Exam Initiations (Baker Acts) in 2011 was 794.7(Technical Appendix: Table 103). Please see the table below for Lutheran Services Florida Managing Entity service area details.

FIGURE 7: RATE OF INVOLUNTARY EXAM INITATIONS BY CIRCUIT, 2011



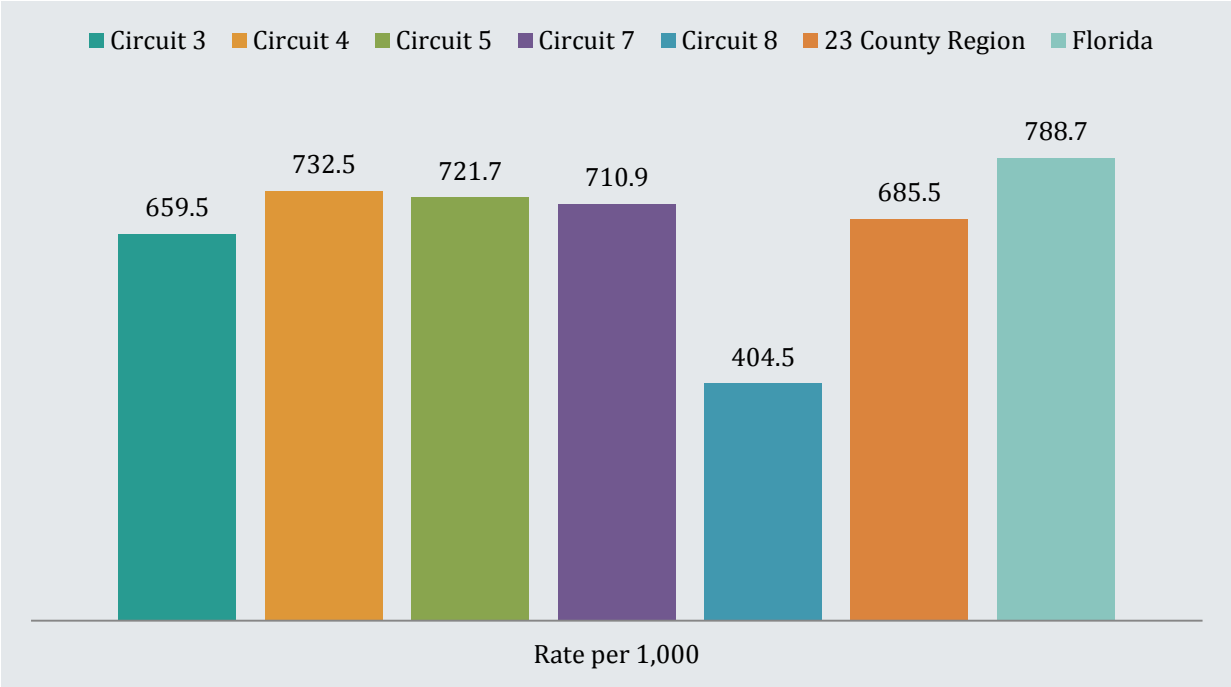
Rates for involuntary exam initiations at the circuit level for all Lutheran Services Florida Managing Entity circuits are lower than the state rate. Involuntary exam initiations are lowest in Circuit 3 and highest in Circuit 5.

FIGURE 8: RATE OF INVOLUNTARY EXAM INITIATIONS FOR CHILDREN YEARS 4 -17 BY CIRCUIT, 2009



The rate of involuntary exam initiations for children years 4 – 17 are highest in Circuit 5 and Circuit 7. Circuit 3 has the lowest rate of involuntary exam initiations for children.

FIGURE 9: RATE OF INVOLUNTARY EXAM INITIATIONS FOR ADULTS 18+ BY CIRCUIT, 2009



Rates for involuntary exam initiations for adults in the Lutheran Services Florida Managing Entity service area are lower than the Florida rate. Rates for involuntary exam initiatives in Circuits 4, 5 and 7 are very similar with Circuits 3 and 8 as outliers.

HEALTH CARE UTILIZATION AND ACCESS

Although health insurance and access to health care do not necessarily prevent illness, early intervention and long-term management resources can help to maintain quality of life and minimize premature death. It is therefore useful to consider insurance coverage and health care access in needs assessments. The Lutheran Services Florida Managing Entity Technical Appendix includes data on insurance coverage, Medicaid eligible, mental health and substance abuse hospitalizations and mental health and substance abuse emergency department visits. Key findings from these data seta are presented below.

UNINSURED

In 2011, an estimated 20.6 percent of the 23-county region was uninsured (Technical Appendix: Table 61). The percent of estimated uninsured by circuit is as follows: Circuit 3: 22.6 percent; Circuit 4: 18.8 percent; Circuit 5: 22.3 percent; Circuit 7: 20.8 percent and Circuit 8: 20.9 percent. In Florida, an estimated 24.8 percent of the population is uninsured. The estimated percent of uninsured for the under 19 years subpopulation is 10.4 percent in the 23-county region (Technical Appendix: Table 64), which is less than the Florida estimate of 12.5 percent. Circuit 3 has the highest estimated percent of uninsured for the under 19 years subpopulation (11.9 percent).

MEDICAID ELIGIBLES

In the 23-county region, 17.2 percent of the population is Medicaid Eligible (Technical Appendix: Table 115). The percent of the population who are Medicaid Eligible at the circuit level are as follows: Circuit 3: 22.4 percent; Circuit 4: 18.3 percent; Circuit 5: 16.8 percent; Circuit 7: 15.9 percent and Circuit 8: 16.2 percent.

MENTAL HEALTH AND SUBSTANCE ABUSE HOSPITALIZATIONS

In 2012, children in the 23-county region accounted for 22,524 patient days for mental health reasons, with an average length of stay of 10.4 days (Technical Appendix: Table 107). Adults accounted for a total of 147,992 patient days, with an average length of stay of 6.9 days. During the same year, children accounted for 109 patient days and an average of 0.3 average length of stay due to substance abuse reasons in the 23-county area. Adults accounted for 25,305 total patient days due to substance abuse reasons with an average length of stay of 5.2 days (Technical Appendix: Table 108).

Hospital Discharge Data Mental Health Reasons

It is important to examine where residents are receiving services. In 2012, residents in Circuits 3 and 7 had a high percentage of discharges occurring outside their circuit of residence (Technical Appendix: Table 109).

Children

The total number of children discharges for mental health reasons of Circuit 3 residents was 64 (Technical Appendix: Table 109). Of those 64 discharges, 62 children were discharged from a facility outside of Circuit 3 but within the 23-county region and two children were discharged from a facility out of the 23-county region. This indicates that children in Circuit 3 did not receive hospitalization for mental health reasons within their circuit of residence, indicating limited access to in Circuit 3. In total, 457 from Circuit 5 discharges occurred in 2012 for mental health reasons in the children subpopulation. Of the 457 discharges,

43 received services in a different Lutheran Services Florida circuit, and 42 received discharges from within their circuit of residence (Circuit 5) and 372 discharges occurred outside of the 23-county region, indicating more Circuit 5 children received discharges outside of the 23-county region than within.

Adults

The number of adult discharges for mental health reasons of Circuit 3 residents was 597 (Technical Appendix: Table 109). Of those 597, 545 discharges occurred outside Circuit 3 but within the 23-county region; 27 discharged occurred outside of the 23-county region and 25 occurred within Circuit 3. The number of adult discharges for mental health reasons of Circuit 7 residents was 4,002. Of those 4,002, 939 discharges occurred outside Circuit 7 but within the 23-county region; 2,602 discharges occurred within Circuit 7 and 461 occurred outside of the 23-county region.

Hospital Discharge Data Substance Abuse Reasons

In 2012, 4,883 adults were discharged for substance abuse reasons in the 23-county region (Technical Appendix: Table 110). Circuit 4 had the highest number of discharges, 1848 in the region. Fifteen percent of Circuit 5 adult residents were discharged from facilities outside of the 23-county region. Only 21.9 percent of Circuit 3 residents were discharges from facilities within their home circuit of Circuit 3.

LUTHERAN SERVICES FLORIDA MANAGING ENTITY UTILIZATION DATA

DEMOGRAPHICS OF CLIENTS SERVED BY LUTHERAN SERVICES FLORIDA

The following figures illustrate selected demographics of clients served by Lutheran Services Florida providers (Technical Appendix: Table 117).

FIGURE 10: GENDER OF CLIENTS

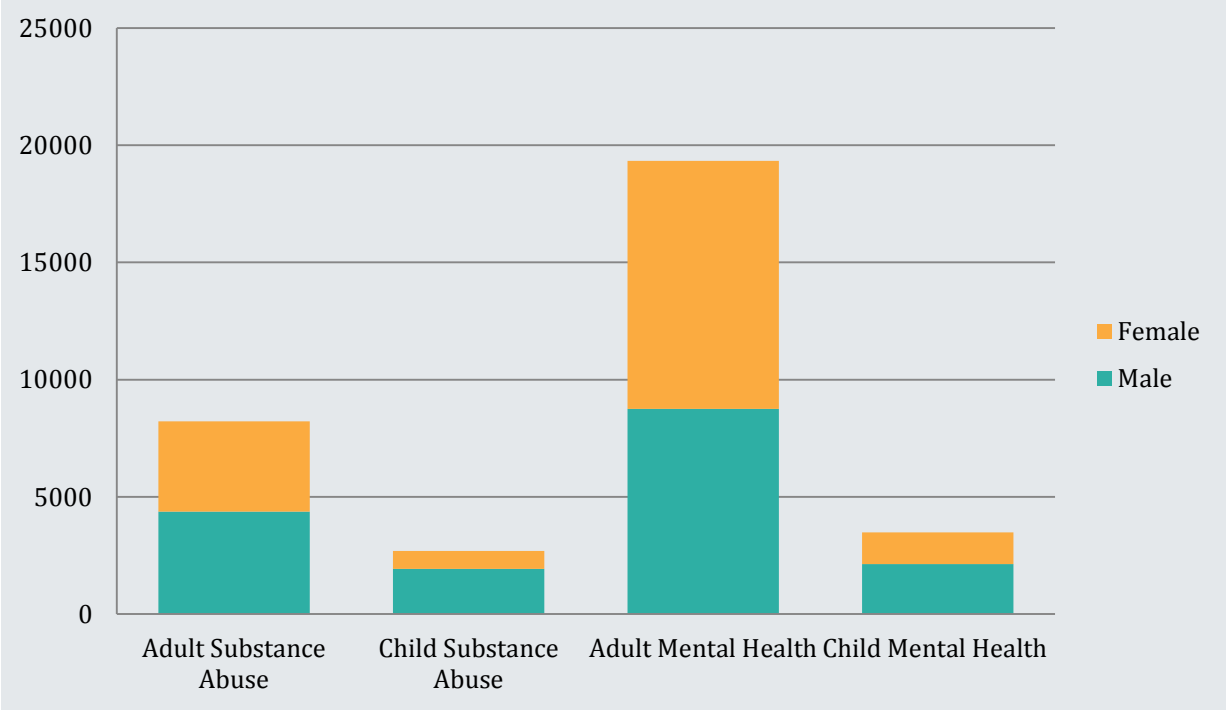
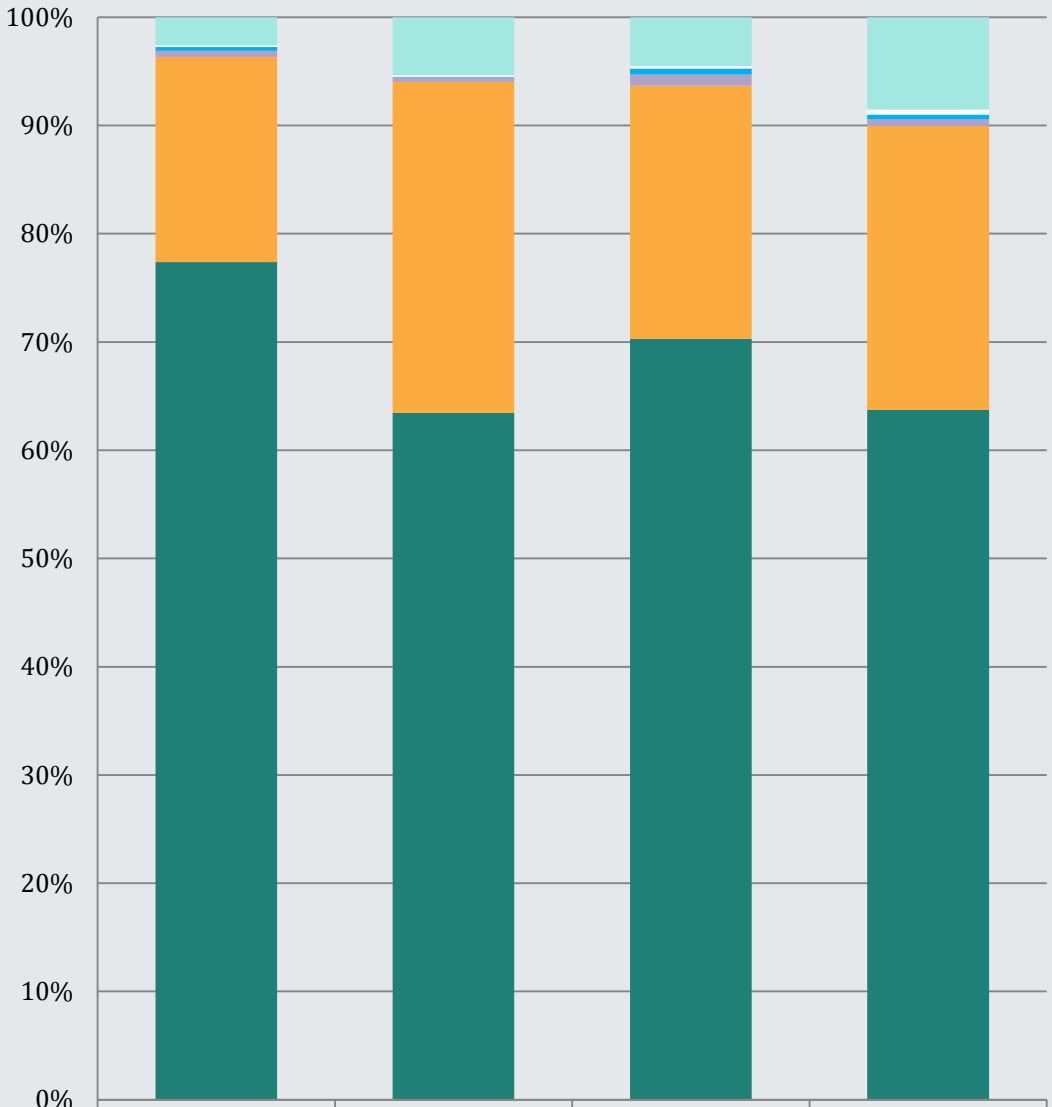


FIGURE 11: RACE OF CLIENTS



	Adult Substance Abuse	Child Substance Abuse	Adult Mental Health	Child Mental Health
Multi-Racial	212	144	871	298
Pacific Islander	14	4	46	16
Asian	31	2	108	16
Alaskan Native	46	11	204	21
Black	1559	823	4525	917
White	6371	1708	13605	2226

FIGURE 12: HIGHEST LEVEL OF EDUCATION COMPLETED BY ADULT SUBSTANCE ABUSE CLIENTS

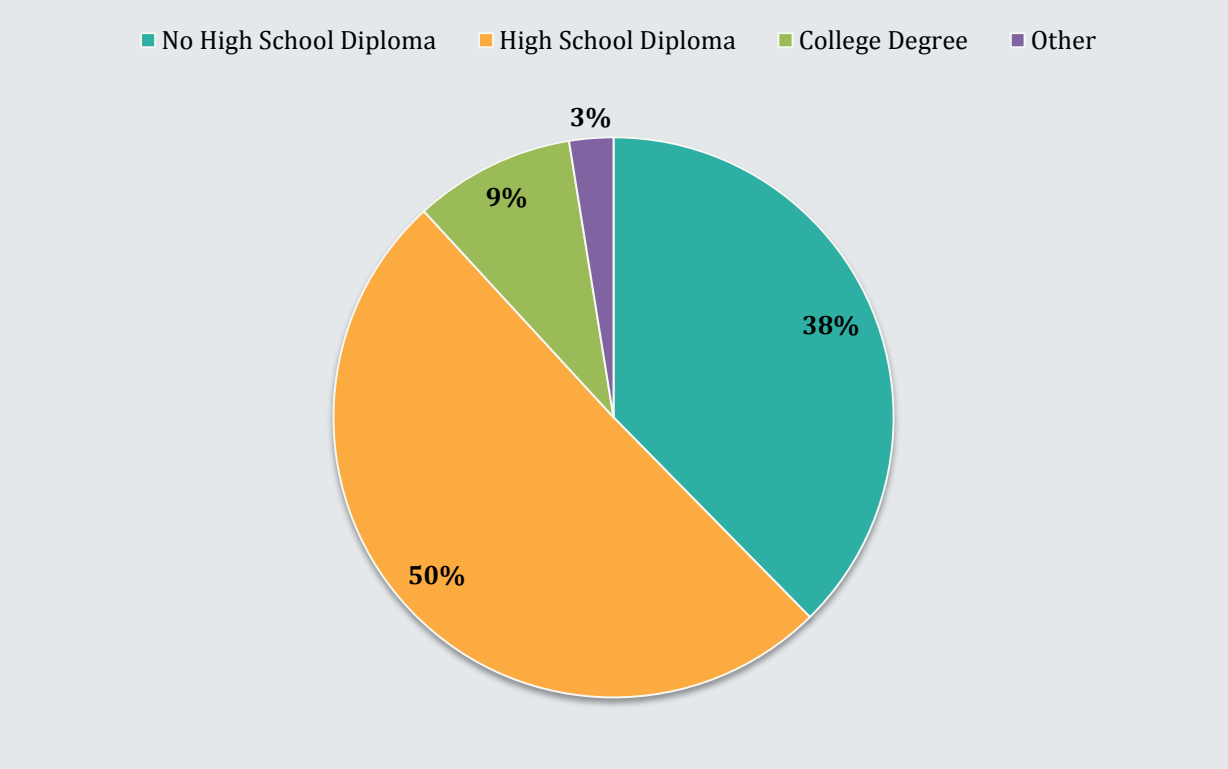
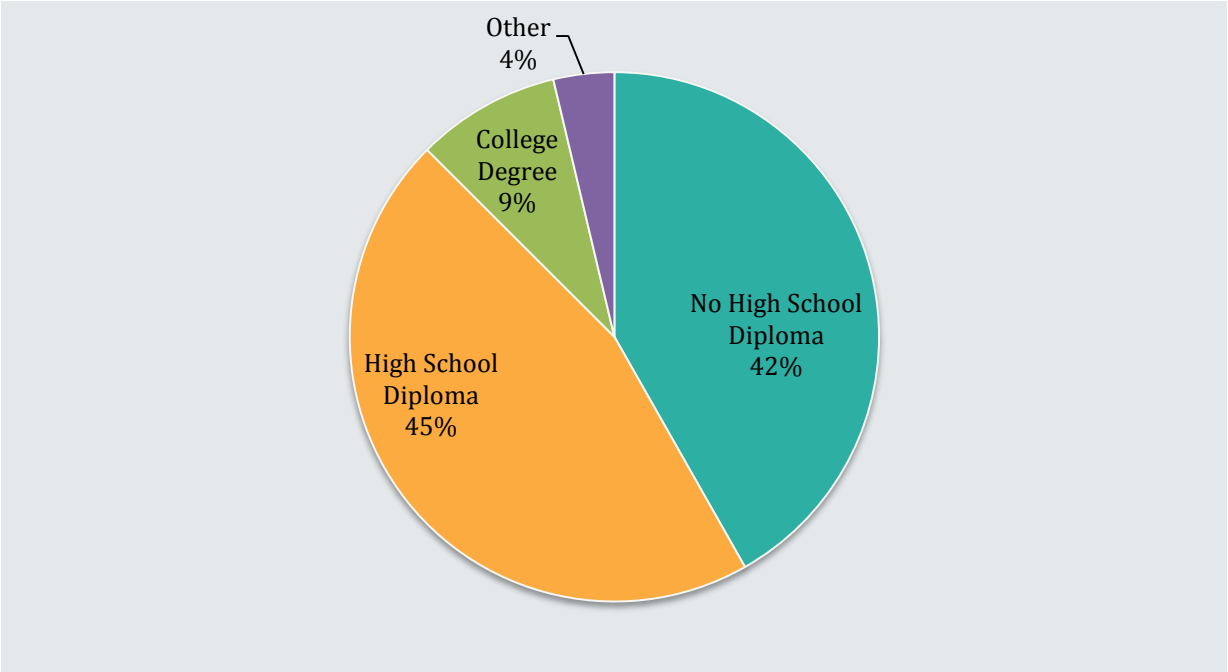


FIGURE 13: HIGHEST LEVEL OF EDUCATION COMPLETED BY ADULT MENTAL HEALTH CLIENTS



TOTOAL NUMBER OF CLIENTS AND TOTAL CONTRACTED AMOUNTS BY CIRCUIT

In total, 61,266 clients were served by Lutheran Services Florida providers during the funding year 2012 through 2013 (Technical Appendix: Table 137). Of the total clients served, 27,286 (44.5 percent) were served in Circuit 4; 7,135 (11.6 percent) in Circuits 3/8; 11,361 (18.5 percent) in Circuit 5 and 15,420 (25.1 percent) in Circuit 7. Table 1

Table 153 in the Technical Appendix represents the total contracted amount for all services for each Lutheran Services Florida circuit for the funding year 2013 through 2014. As seen in the table, $91,729,689 of Lutheran Services Florida funding has been contracted with service providers. Contracted funding amounts are as follows: Circuits 3/8: 13,985,566; Circuit 4: $31,775,841; Circuit 5: $22,371,567; Circuit 7: $23,596,713. If the total number of clients served per circuit during the funding year 2013 through 2014 mirrors the total number of clients served per circuit during the previous funding year (2012 through 2013) the following approximations can be made regarding the managing entity service region:

- Circuit 3/8 includes 14.7 percent of population; receives 15 percent of funding; and serves 10.8 percent of the total clients
- Circuit 4 includes 31.5 percent of the population; receives 34.6 percent of the funding and serves 40.4 percent of the total clients

- Circuit 5 includes 29.5 percent of the population; receives 24.3 percent of the funding and serves 17.7 percent of the total clients
- Circuit 7 includes 24.1 percent of the population; receives 25.7 percent of the funding and serves 24.6 percent of the clients

Please note: the above approximations do not account for number of services received or type of services received per client, only the total number of clients served in each circuit. These approximations were based on the county of service, not the county of residence.

When reviewing Table 153 in the Technical Appendix, it appears that the dollar per person (based on population) in Circuit 5 ($20.90) is low in comparison to the other circuits (Circuit 3/8: $26.2; Circuit 4: $27.8; Circuit 7: $26.92). When considered data from Technical Appendix Tables 136 and 137, it is clear that while 29.5 percent of the managing entity region's population resides in Circuit 5, but only 17.7 percent of those served in the region received services within Circuit 5. Circuit 5 is contracted to receive 24.3 percent of the budgeting contracted amount for the funding year 2013 through 2014. Client-level data is needed to examine why clients who reside in Circuit 5 receive services in a different circuit. Possible explanations for receiving services outside of resident county may be related to location of services, transportation available, service unavailable due to waiting lists, service not provided in area, etc. Contracted funding amounts, as a percentage of total funding for 2013 through 2014, appear to closely mirror percentage of population. For example, Circuit 3/8 receives approximately 15 percent of the contracted funding amount and nearly 15 percent (14.7 percent) of the managing entity region's population reside in Circuit 3/8.

Technical Appendix Tables 140 through 143 provides data regarding the total number of clients and total units according to cost center. Through examination of the total number of clients in each service county compared to the total number of units provided, it appears there is inequity amount Circuits based on the number of unit provided according by type of service as entered into SAMHIS. For example, consider adult mental health crisis support/emergency cost center. In 2012 through 2013, 489 clients were served crisis support in Alachua County for a total 82,293 units (if averaged – 168 units per client), however, in Lake County 705 clients were served for a total number of 46,395 units (if averaged – 65.8 units per client). While the data suggest that clients in Alachua County are receiving more units of service than clients in Lake County, it is possible this variance is due to user error or lack of common denominator for unit of service.

ESTIMATED COSTS BY CIRCUIT FOR LUTHERAN SERVICES FLORIDA MANAGING ENTITY

The total estimated costs by managing entity as seen in the following table were provided by the Department of Children and Families. The totals for each service cost center were utilized to calculate the overall totals for the year for each managing entity. According to the Department of Children and Families, the estimated cost field is a derived field within their data system based on the model rate for each service * units provided. Managing entities have flexibility to establish rates within their provider network above or below the model rate captured in the system. For example 1 unit of CSU = $291.24/day model rate may be lower or higher than the contracted rate between a managing entity and service provider.

The following table provides information regarding the total estimated costs by circuit for the Lutheran Services Florida Managing Entity service area.

TABLE 8: TOTAL ESTIMATED COSTS BY CIRCUIT

Circuit	FY 2010 – 2011 in Dollars	FY 2011 – 2012 in Dollars	FY 2012 – 2013 in Dollars
3	7,037,716	6,987,498	1,589,660
4	33,542,536	32,226,075	27,315,262
5	19,881,063	20,587,242	20,848,325
7	21,628,698	22,727,681	25,130,866
8	17,575,843	16,151,501	4,932,959
Lutheran Services Florida ME total	99,665,857	98,679,997	79,817,072

According to the data above, estimated costs have decreased from $99,665,857 in FY 2010 – 2011 to $79,817,072 in FY 2012 – 2013, which is a decrease of nearly a 20 percent. Total estimated costs decreased the most in Circuits 3 and 8. Circuit 3's estimated costs in FY 2010 – 2011 was $7,037,717 and $1,589,660 in FY 2012 – 2013. Circuit 8's estimated costs in FY 2010 – 2011 was $17,575,843 and $4,932,959 in FY 2012 – 2013. Funding amounts were not decreased by 20 percent; therefore it is likely that some of the decrease as seen in Table 8 is due to lack of reliability for reported data to SAMHIS by providers.

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Community Input

Listening to and gauging perspectives of the community are essential to any community-wide initiative. The impressions and thoughts of community residents can help pinpoint important issues, highlight possible solutions and feed into the identification of strategic issues. To gain a better understanding of these issues for the ME 23 county region, the needs assessment process employed two major approaches: focus groups and surveys. Community focus groups were held with three different target populations: consumers/caregivers, CEO providers and advocates. Two types of surveys were utilized: a consumer/caregiver survey and a provider survey. These approaches were selected in order to obtain the thoughts, opinions and concerns of those who experience the mental health/substance abuse health system and health outcomes first hand: the residents who seek care and experience outcomes and the CEOs of providers who provide care and witness outcomes. In the discussion below, focus groups are addressed first followed by the surveys. The section concludes with an overview of the key issues in common among both consumers/caregivers and providers/advocates.

This section includes the following key components:

- Focus Groups
  - Methodology Consumer/Family Member/Caregiver
  - Methodology CEO Provider/Advocate
  - Key Themes Identified by Focus Group Analysis
- Surveys
  - Methodology Consumer/Family Member/Caregiver
  - Methodology Provider Survey
  - Key Themes Identified by Survey Analysis

FOCUS GROUPS

Trained focus group facilitators conducted twelve focus groups. Two types of focus groups were held: Consumer/Family Member/Caregiver Focus Groups (nine focus groups) and CEO Provider/Advocate Focus Groups (three focus groups).

METHODOLOGY CONSUMER/FAMILY MEMBER/CAREGIVER FOCUS GROUPS

Consumer/Family Member/Caregiver focus groups were held at service provider locations, hospitals and residential centers. Focus groups were held in each of the five circuits to gain perspectives from consumers/family member/caregivers from the wide geographic service area. Please see the following table for dates, times, locations and the number of participants for each focus group.

TABLE 9: CONSUMER/FAMILY MEMBER/CAREGIVER FOCUS GROUPS

Circuit	Location	Date	Number of Participants
Circuit 3/8	Meridian	Nov 4, 2013	8
Circuit 3/8	Meridian	Nov 5, 2013	12
Circuit 4	River Region	Nov 6, 2013	9
Circuit 4	Starting Point Behavioral Center	Oct 31, 2013	10
Circuit 4	Peck Center	Nov 13, 2013	9
Circuit 5	The Centers	Oct 31, 2013	11
Circuit 5	Livestream Behavioral	Nov 6, 2013	18
Circuit 7	Flagler Hospital	Nov 6, 2013	15
Circuit 7	SMA	Nov 7, 2013	11
Total Participants	-	-	103

Focus groups were facilitated by trained focus group facilitators. All focus groups followed the focus group script which included a brief introduction, informed consent forms, and a series of questions asked sequentially (See Appendix for focus group materials). Focus group questions were designed to access strengths and gaps in mental health and substance abuse services provided by Lutheran Services Florida. All aspects of the focus group script were approved by the steering committee via several conference calls and editing sessions. Focus groups were located at service provider locations as determined by the steering committee, Lutheran Services Florida staff and the Health Councils. Participants were recruited through flyers, emails, and invitations from service providers (counselors, case managers, peers, etc.). A $20 gift card was offered as a participation incentive at the conclusion of each focus group. Participant recruitment began approximately two weeks prior to the first focus group meeting. Participant registration was undertaken through a designated telephone line at WellFlorida Council.

In total, nine consumer/care giver focus groups were facilitated in the 23-county service region. Focus groups averaged around 1.5 hours each and were audio recorded with the permission of all participants.

Audio tape recordings were transcribed verbatim and uploaded to the qualitative data analysis tool, MaxQDA. MaxQDA was then utilized to code the transcripts. Coding methodology included coding from general to more specific. Structural themes were coded according to topic (barrier to care, challenges related to mental health and substance abuse, etc.) and subthemes were coded for themes with distinct themes (Structural code: barriers to care; subthemes of barriers to care: transportation, waiting lists, lack of resources, etc.)

Demographic Survey

Focus group participants responded to a brief demographic survey prior to completing each focus group. Questions on the demographic survey included: age, race, ethnicity, gender, consumer or caregiver, and parent or guardian of a child receiving services. Nearly 80 percent of focus group participants received mental health and/or substance abuse counseling within the twelve months prior to the focus group. Just more than 22 percent of participants were parents or guardians of a child receiving mental health and/or substance abuse counseling. Members of Consumer Advisory Groups made up 17.2 percent of focus group participants.

Complete responses to these questions may be found in the Appendix; however, a brief summary is presented below.

FIGURE 14: AGE OF PARTICIPANTS

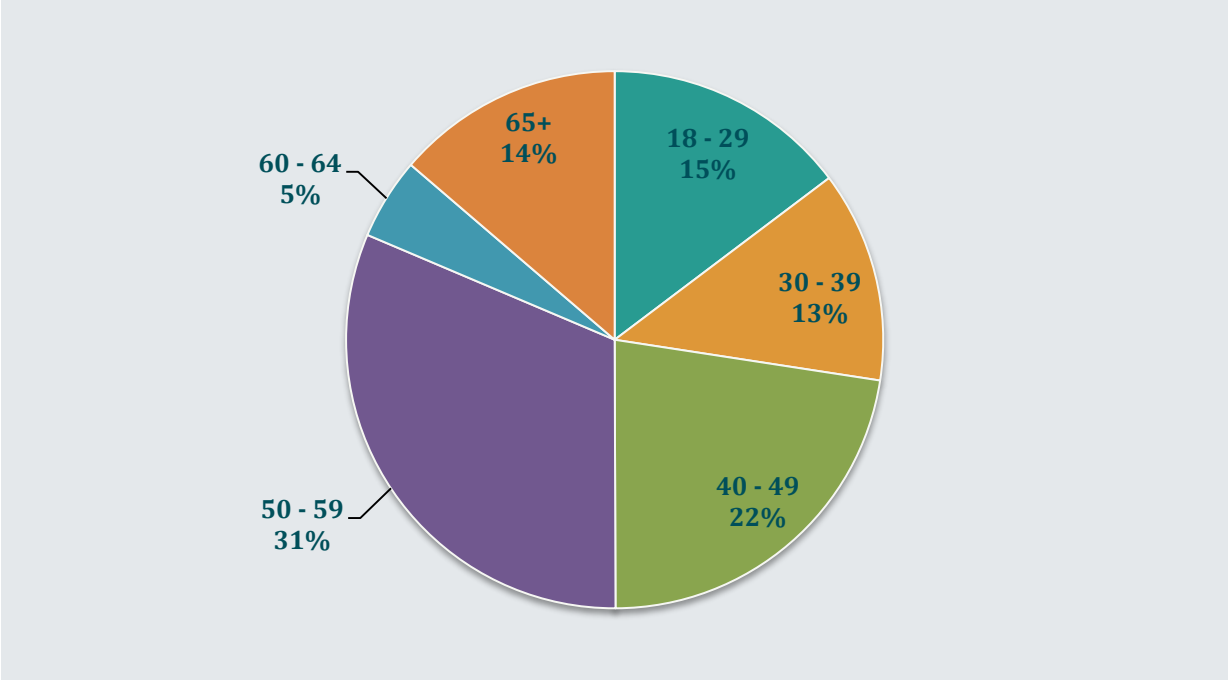


FIGURE 15: RACE OF PARTICIPANTS

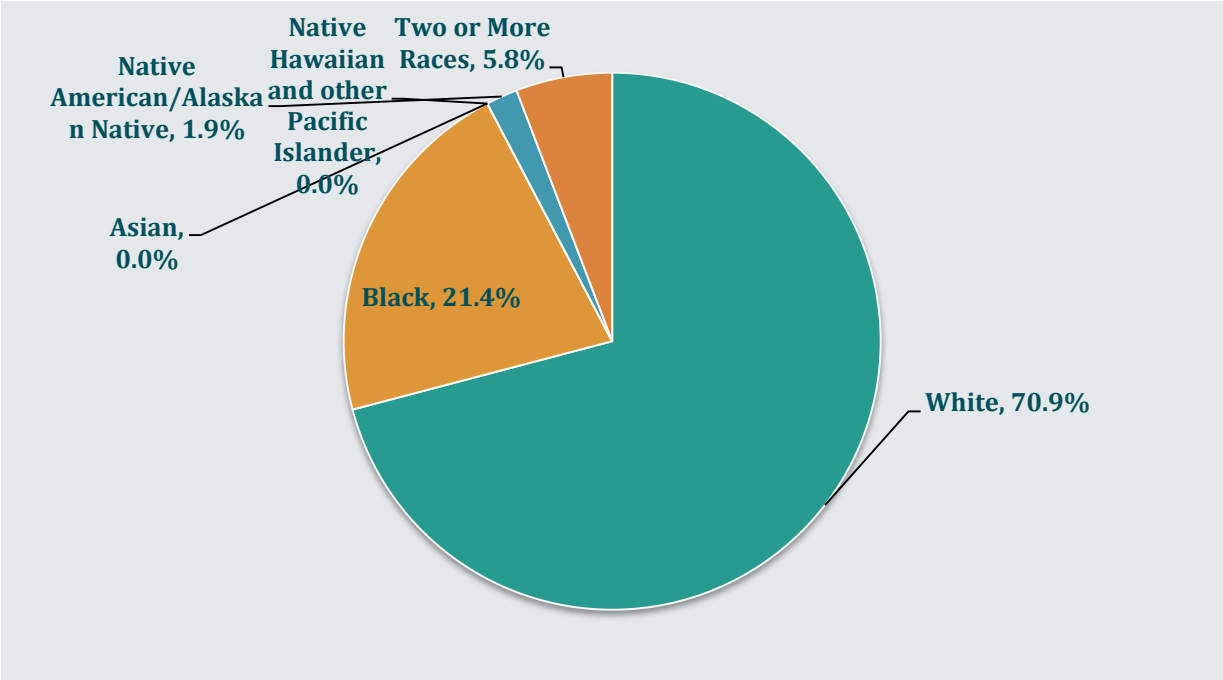


FIGURE 16: ETHNICITY OF PARTICIPANTS

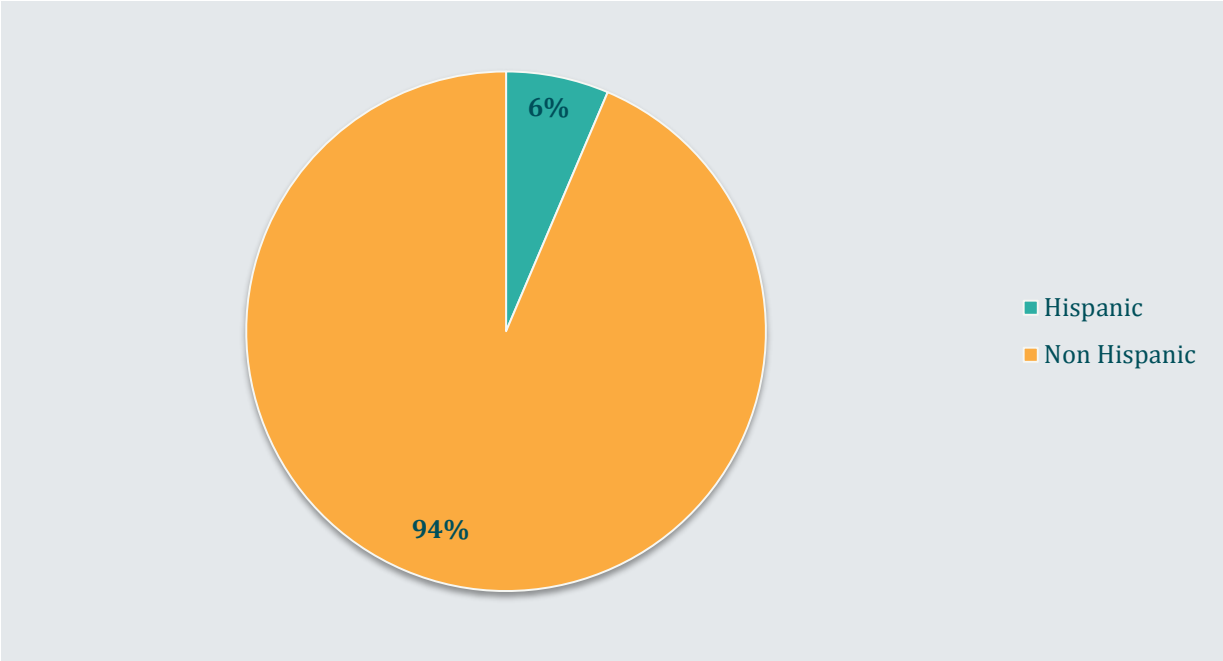
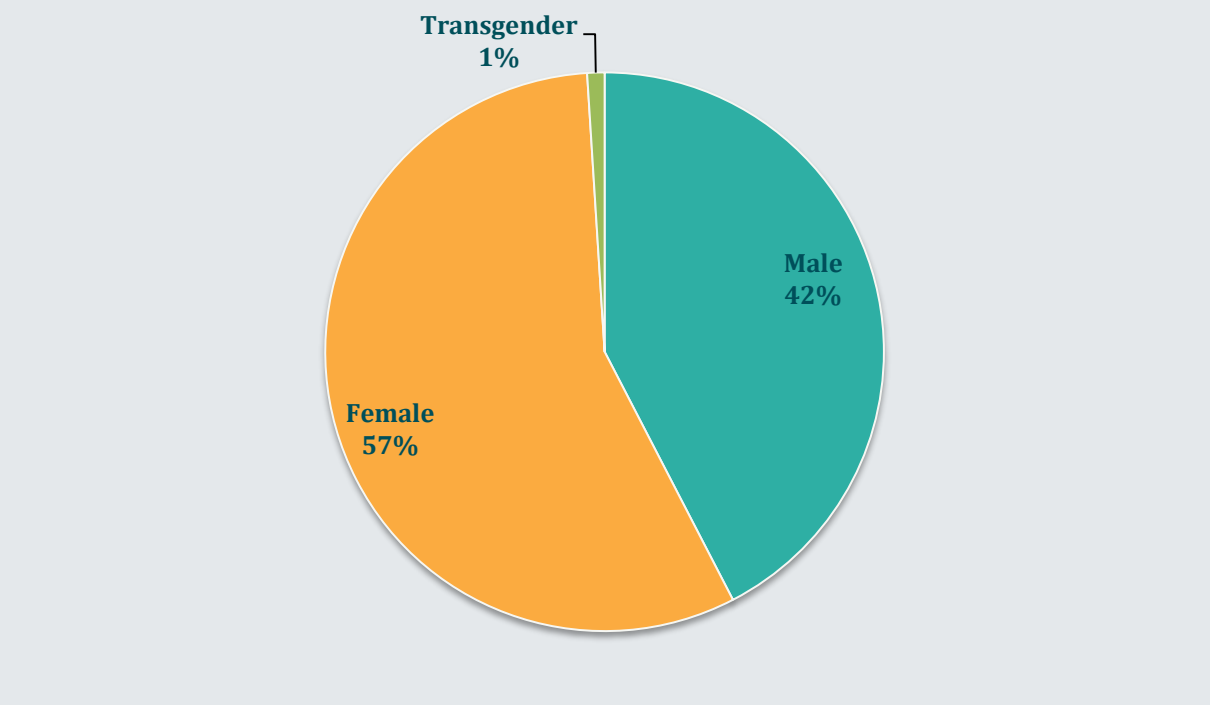


FIGURE 17: GENDER OF PARTICIPANTS



Focus Group Analysis Results: Consumer and Caregiver

It was determined, through thorough focus group analysis that the following eleven domains were present in the consumer/caregiver focus group, twelve subthemes were also identified and most were present in each of the nine consumer/caregiver focus groups. Numbers in parentheses refer to the number of coded text related to each theme or subtheme.

- Challenges Related to Mental Health and Substance Abuse (95)
  - Stigma (35)
  - Employment (26)
- Barriers to Care (403)
  - Waiting lists (52)
  - Reasons for delaying care (77)
  - Transportation (27)
  - Staff turnover (18)
  - Lack of resources (61)
  - Insurance (58)
- Family (68)
- Peers (13)
- Provider Qualities
  - Positive (69)
  - Negative (30)
- Satisfaction Level
  - Satisfied with services (60)
  - Dissatisfied with services (68)
- Prevention (30)
- Crisis (72)
- Substance Abuse (86)
- Criminal Justice System (60)
- Needed Services (215)

In total, 1323 portions of text were coded into one or more themes. A brief summary will be provided for each theme; please note quotes are verbatim and have been edited in cases of profanity and identifiable information (names).

Challenges Related to Mental Health and Substance Abuse: Challenges related to mental health and substance abuse included stigma, inability to find or retain employment, lack of services provided in the community, difficulties in maintaining relationships and isolation, inability to manage disease/addiction and fear of relapse. Many respondents spoke of mood swings, highs and lows, inability to be independent and lack of respect from society and family members. Some notable quotes are listed below:

"Yeah, it's just managing a day to day routine and our emotions and things like that."

"For me it's the embarrassment that I've caused my family."

"We are stigmatized by our community."

"It's important for people to find meaningful work in their lives. People define themselves by the work that they do and there's no work program that addresses the unique problems of this population."

"One of the problems is that my son does not feel integrated into the community. He doesn't feel like his life has any purpose or meaning. He has nothing to do. There are no activities for him."

Barriers to Care: Barriers to care identified by participants included the subthemes, reasons for delaying care, waiting lists, lack of transportation, staff turnover, lack of resources and insurance. Reasons for delaying care included fear, denial of the need to seek treatment, and inability to pay for services. Many participants expressed concerns regarding waiting lists and the inability to receive timely services. Waiting lists for counseling, detox, psychiatry were mentioned most often. Many participants cited waiting periods of weeks to months, especially when waiting for a bed in a detox facility.

"It took like four months, five months to get therapy."

"It's taking so long. And it's at this point when I desperately need it for my kids."

"Yeah, you can get an assessment rather rapidly, but then it's a matter of how long its' going to take you to get into treatment."

"It's a process. There's a lot of red tape to cut through."

Transportation: Transportation was a barrier for many participants. Participants without reliable personal transportation rely upon friends, family or public transportation to travel to and from appointments. Those utilizing the Medicaid transport must register three days in advance for transport which excludes use for emergency appointments/same-day appointments. Medicaid transport also has specific pick up times, so appointments must be scheduled accordingly which is difficult given waiting lists and appointment availability. Travel outside of one's county is also very difficult since most public transportation services are limited to within county travel.

"Folks can't get here. The bus doesn't run here."

"It has to be scheduled three days in advance" (Medicaid Bus)

"You have to drive an hour to get in to see a psychiatrist every time you want to come in."

Staff Turnover: Staff turnover refers to changes in staffing as seen and experienced by consumers and care givers. Turnover in providers is seen as a lack of continuity of care and often times, participants felt unable to connect with new providers without first building rapport.

Lack of Resources: Participants also identified lack of resources as a barrier. For example, according to participants needed services, such as detox, are not available in all counties. Due to the high volume of clients, waiting lists are in effect for requested services. So while participants may identify the need for services, due to a lack of services provided in their area or the high volume of clients and low number of providers, they are unable to access the services needed.

> *"One of the problems I've come across is some people, when they finally say that they want help, then that's when you need to get them into treatment. To get them in here in six weeks, eight weeks, twelve weeks."*

> *"Or adults are saying both, I can't get into treatment because the waiting list is too long. For youth who can't get into treatment for months and months and months, that equals that child now is probably going to end up in the juvenile justice system."*

> *"Like when you call for like an inpatient place for like detox or something they don't have enough beds at all to even get you in."*

> *"It took me eight months, I s*** you not, eight months just to get my first appointment with my talk therapy counselor."*

Insurance: Lack of insurance and insurance coverage limitations were also among the top barriers to accessing services. Many participants without insurance rely upon low-cost/self-pay services provided by Lutheran Services Florida; however, services are limited due to capacity of service providers. Participants with insurance discussed limitations in the number of services allowable and limits regarding the number of days allowable for inpatient treatment including detox and respite services.

> *"Families aren't able to access help for their kids either, because their insurance companies will not cover an inpatient treatment program for their kids."*

> *"So they need six months or so of treatment outside of the home sometimes in order to have the home stabilized, have the kids stabilized…But insurance will not… Almost 99% insurance will not pay for that."*

> *"A problem for me and my family has been trying to get the medication approved by the insurances. Sometimes the insurance companies don't want to approve the medication for this reason or that reason."*

> *"I went through the same thing coming through detox. Go through detox, you're there for five days and then most of the people, including myself, they want their sleep and they're trying to get… They ain't even thinking straight for five days. And then they have, you know, a $26,000 rehab program they offer you. Like, if I had $26,000 and my addiction, would I have came in here? Come on now, be for real. And there's very few people that have insurance and those people are blessed and some people come there for the right reasons. And once again, there's nowhere to go once you get done with that."*

Family: Focus group participants often spoke of family members and relationships with family members. Many participants expressed that misunderstanding and a lack of awareness regarding substance abuse and mental illness served as a barrier between the consumer and his/her family. Participants suggested offering education classes and more family therapy to bridge the gap between consumers and family members/loved ones. Focus group participants who participated as caregivers/family members of consumers suggested more education and navigation services to assist caregivers/family members in supporting and better understanding consumers.

> *"I would have to say in the beginning, it was having my family and loved ones understand the disease. With substance abuse, it's hard for people to understand it that don't have it, and just like my parents, for instance, neither of them have a substance abuse problem, so it was spoke to my mom in a way that she could understand it when it was explained that she's diabetic. And the person that told her this said it's just like being diabetic and she could understand that, that it was an illness and disease that took constant care and constant attention. And then her and my father were able to understand it."*

> *"The only I would change is that I would expand family education. If you have a loved one or family member that's in any of these treatment facilities, one of the biggest obstacles, I think, is that the family doesn't even understand the disease of addiction, the process of recovery. So more family education would help with prevention as well as treatment."*

Peers: The role of peers was discussed in several focus groups; however, peers were not a subject as predetermined in the focus group script. Participants expressed satisfaction from peer related programs such as Narcotics Anonymous, Alcoholics Anonymous, and clubhouse programs. According to participants, these programs offer support, direction and community. The peer specialist program/model was explored in detail in one Circuit 5 focus group. Peer specialists are not licensed counselors; they are, however, recovering from substance abuse/mental illness and have learned to manage their disease. Peer specialists assist consumers and family members/caregivers in accessing services, navigating the system and provide peer support. Participants expressed interest in the peer specialist program and commented on their preference for substance abuse counselors who have personal experience with addiction. Participants viewed peer specialists as a way to provide needed services, especially crisis services at a lower cost.

"The most qualified people are people who have actually experienced the addiction and then the next thing is people who lived with the addicts which is a different experience. I have lived through that and that's a completely different…I could not know what that was like unless I lived through living with someone. I couldn't know it. And I don't know what it's like to be an addict but I have a certain understanding of what it's like to live with an addict. And these people don't require a lot of money. They understand the problem. There's lots of people with a huge heart and complete understanding of the real problems itself that, I feel sure, are willing to offer their services for a small amount of money instead of hiring the college graduates and everything. And just having lots and lots of places where every three blocks there's a place for people to go drop in and there's someone there. This city is full of empty buildings."

"In that case, I do have experience of visiting a couple of clubhouses. So there is an international clubhouse model where there are members. Nobody is a client or a patient. They come in and they help themselves. There is one in Sanford, Seminole County. The one in Pinellas County is called the Vincent House. If we can set that up, I know we are shooting for stars, but we can do it. If we have a clubhouse model, they all can go and keep their dignity. I don't understand why it is such a difficult thing for people to understand that everybody needs their own dignity to be kept. They are not outcasts."

"That's a great point, something that I think would be really beneficial is what they call it peer-to-peer, when you're speaking to somebody it's somebody that also has a mental illness and they're doing well and they're maintaining."

Positive Provider Qualities: Participants were asked to describe a good provider-client relationship and to expand on positive and negative provider qualities. Good provider-client relationships were described to have good communication, respect, empathy, compassion and consistency. Clients want a provider who will listen to their needs and understand the perspective of the client. Good provider-client relationships are built on rapport, therefor, maintaining the same provider for a long period of time is of value to the client. Some focus group participants, especially those who consume substance abuse services, prefer providers with similar addiction-related struggles.

"Keeping the same one for a long period of time and being able to talk to that individual about anything and not hide anything from that person. And that person knows everything about you."

"Them taking the time to listen to you. Not having like oh, we have 15 minutes and before you can even get to the point your session's done. Like, take time to listen to you, give you advice, tell you what they think you should do."

> *"They have to be compassionate enough. Humble, maybe experience the same, kind of like we have, but better themselves to show us that it can be done. Maybe. That might help, yeah. That sounds like a good idea."*

Negative Provider Qualities: Negative provider qualities included clarity regarding waiting lists, frequent staff turnover and the inability to build rapport and trust due to frequently changing providers/counselors, communication within provider organizations, the qualifications of providers, and lack of provider/counselor experience. In one Circuit 5 focus group, reception staff was viewed as 'unwelcoming.'

> *"I think the communication here (River Region), a lot of times I know for me and a lot of people in this room, realize that the staff here in general, the left hand doesn't know what the right hand is doing a lot of times."*

> *"As this gentleman was saying over here, the lack of qualified health professionals to treat people at these particular places because they don't recognize people in specific areas with specific sets of skills. Poor skills sets is another issue. But because of the lack of professional qualifications, I think these are some of the things we also struggle with in our community."*

> *"I receive a lot of phone calls at work and again, this is not against The Centers, so anybody who's had great experiences, don't take it wrong. I receive a lot of phone calls that ask where they can go and when I say The Centers is your community mental health provider they say been there, done that, won't do it again. Would rather stay sick. I know that they're burdened, I know that they have financial stuff, they're doing what they can with what they've got, but their reception staff are very unwelcoming, very cold, very detached. This is what I'm hearing over and over again. It's easier, it's more palatable to do that waiting, to do that changing of the counselors, et cetera, if you can walk in and somebody go, 'how are you? Oh, you suck, I'm sorry, what's going on with you.' Versus take a seat."*

Satisfaction Level: Participants were asked "which services have you been satisfied with and which services have you been dissatisfied with?" Participant responses varied; however, in general participants were satisfied with individual therapy, the FACT Team, and clubhouses. Participants were dissatisfied with waiting time (time it takes to gain an appointment after calling to request one), staff turnover, complexity of navigating the mental health/substance abuse system and communication between providers/provider organizations, paper work, a lack of resources for aftercare, detox, therapy, housing, and job training.

Prevention: The theme prevention was often discussed in relation to needed services, the criminal justice system, and family needs. Participants viewed prevention services as tools to help families, children and law enforcement better understand mental illness and substance abuse and also a way to divert future substance abusers to a healthier path through the use of education, community clubhouses and school-based programs. Most focus groups regarded prevention as a way to prevent substance abuse, increase access to treatment/care and decrease stigma.

> *"For children, well, for the parents that had already went through substance abuse or mental abuse or any of that, for children they're more prone to do that same thing. And so if they know that their parents had went through it or if their parents see a doctor on a regular basis, the child should be… Grant you, that child's not into it, but should still be counseled."*

> *"And one of the things that I say in my trainings is that we have to make our kids, our babies, our first graders understand this brain thing, it's science. It's not a mystery. It's science. And once they understand that, that makes them feel safe and secure. It takes away that scary thing: Why do I do these crazy things?"*

> *"I don't know if this goes off track a little bit but I'm really a firm believer in prevention. A lot of mental illness and drug abuse, alcohol abuse can be prevented if we have all kinds of neighborhood, lots and lots and lots of little neighborhood community centers. And all you need is a qualified adult. You don't need anybody special – this is not really for problem people – but give the kids something to do and give the adults something to do to supervise and the kids someplace to go so that they don't get into the abuse. And mental illness, some things can be innate but others can be acquired, and they won't acquire them if they have some kind of a healthy place that they can go to with adult supervision to get out of their maybe dysfunctional homes".*

Crisis: Focus group participants were asked, "Who would you contact if you were in need of immediate crisis care?" Responses varied from 911, parent, friend, hospital, police, neighbor, and various service providers. Many participants responded with concerns that unless they were Baker Acted or court ordered they would not receive immediate care. They further explained that what a consumer considers a 'crisis' may not meet the provider standards of a 'crisis' and would therefore be turned away or put on a waiting list. Given this concern for not being immediately treated, many consumers felt the most immediate access for treatment is found in their local emergency room. Many participants said they were unsure where to go or who to contact during a crisis and no knowledge of a resource center or navigation services to help aside from 911. Those participants who feared imprisonment and law enforcement regarded contacting 911 as a non-option. Participants advocated for same-day appointments for those in crisis.

Substance Abuse: The theme of substance abuse was common, especially for participants at treatment and residential facilities. In most cases, substance abuse was viewed as a way to self-medicate and mask other struggles. Many clients used substances to mask depression and other illnesses. Substance abusers often spoke of their family members/caregivers, stigma, and the criminal justice system. Participants often expressed concerns regarding the availability of services provided after graduation from inpatient treatment, such as clubhouses and drop-in centers.

> *"And on the substance abuse side, we don't have any idea what we're going to do when we leave rehab. I mean we have two options for transitional housing, Unity Place, if you can get in and possibly Daytona, but it's men's only. And especially if you want to transition down to*

IOP, you can't do that in this facility if you're going to another county. That's kind of very frustrating, especially if you want to continue in your recovery."

"Preparation for… After care is what I'm trying to say. After care. After you've been diagnosed and treated, after care is very important. You have no place to live, you have no place to go, you're just stuck."

Criminal Justice System: The criminal justice system coding refers to law enforcement, incarceration, and fear of arrest. Many participants discussed the role the criminal justice system plays in relation to mental health and substance abuse. For some participants, contacting law enforcement was seen as a non-option due to fear of incarceration, for other participants, contacting law enforcement was seen as a full proof way to receive immediate treatment/services. Most participants agreed that law enforcement staff should be adequately trained in mental health and substance abuse crisis intervention in order to meet the needs of the community. Due to the overlap in services as provided by the mental health/substance abuse providers and the criminal justice system and its many components, participants stressed the need for interagency collaboration especially in regards to prevention and treatment. In several focus groups, participants saw mental health/substance abuse providers as being utilized as a way to relieve the criminal justice system rather than being utilized as a place for clients in the correct Stage of Change to receive treatment.

"If you in a crisis and you call and say hey, they say this is 911, where's the emergency you should be able to be directed to someone or someone should be able to come and pick you up right away without taking you to jail."

"My brother gets mental health in prison but when he gets out of prison he's basically on his own…When he goes to prison, and he's gone many times, it's a lot to do with his illness."

"They're using LifeStream's program to relieve the prison system, and we've got people who get court ordered into our program, which is very recovery based."

"But the substance abuse piece really touches every area. It's law enforcement, it puts the hospitals out, the jails out. If we can focus on treatment and intervention in substance abuse, I think it will relieve some of the other stuff. I think we're doing okay in mental health, in Marion County at least, I don't know about the other counties, as well as we can, but when it comes to the co-occurring piece, if we were to take substance abuse out of all that, I think we could do a lot better. But that's one piece that we've always been lacking in, and that's substance abuse. Domestic violence it covers, law enforcement, hospitals, jails, it just burdens the system."

Needed Services: Participants were asked to identify needed services. In most circuits, after care, prevention, and navigation services were listed as needed services. According to participants, after-care provides a way for those released from inpatient treatment to receive services as needed. Often times, participants responded that they needed drop-in centers, a 24 hour hotline or way to contact a peer or

provider when they are in crisis, a place to meet and build relationships with other community members who are also in recovery, and job training. Prevention services in schools, with law enforcement and in communities were often encouraged by participants. Such prevention services can help decrease stigma, increase awareness and understanding, increase linkage to services. Participants believed prevention programs will help relieve the criminal justice system and the mental health/substance abuse system. Several participants stressed the need for measurable outcomes in prevention programs and required goals. Navigation services refer to system of navigation specific to mental health and substance abuse needs. Many participants were unaware of who to contact when in a mental health or substance abuse related crisis, even though they or their family member consumed such services within the past 12 months. Many participants expressed a need for a navigation hotline or a way to be linked to services through 911.

> *"Let's just say if you're in like a program that they let you go home that somebody at least should call at least every four hours just to check in and be like hey, are you okay? Or do you need something, some kind of assistance? Something like that. (fill in the gaps)"*

> *"It's like they set you up for failure regardless of, oh well if we take this person over here are we setting him up for failure automatically? It's like they take you away from people you know that could talk to you, convince you it's good for you. They take you from that, form the stuff you know that makes you safe and set you up for automatic failure."*

> *"Preparation for… After care is what I'm trying to say. After care. After you've been diagnosed and treated, after care is very important. You have no place to live, you have no place to go, you're just stuck."*

> *"It's not that what you need doesn't exist, like even right now I didn't know what he was saying about that particular program. That these are things that you should be briefed on. Almost like first day orientation. Like okay, welcome to your first day at mental illness, here's where to go for this, like a breakdown of if you have this do this. And there's no… Like an orientation packet, welcome to mental illness. There's no such thing."*

> *"And on the substance abuse side, we don't have any idea what we're going to do when we leave rehab. I mean we have two options for transitional housing, Unity Place, if you can get in and possibly Daytona, but it's men's only. And especially if you want to transition down to IOP, you can't do that in this facility if you're going to another county. That's kind of very frustrating, especially if you want to continue in your recovery."*

Word Cloud of Consumer/Caregiver Focus Groups

The image below represents the most commonly used words during the consumer/caregiver focus groups. Words such as the, at, and, we, I, are, etc. were included in a stop-list. This stop-list prevents words from being included in the Word Cloud. The frequencies of words are demonstrated by the font size. "Need" and "services" are the largest words in the word cloud below, which indicates they were the most commonly used words by focus group participants.

METHODOLOGY CEO PROVIDER/ADVOCATE FOCUS GROUPS

Focus groups were held via conference call due to provider/advocate travel constraints. Two CEO Provider focus groups were facilitated and one advocate focus group was facilitated. Please see the table below for dates and number of participants for each focus group.

TABLE 10: CEO PROVIDER/ADVOCATE FOCUS GROUPS

CEO Provider or Advocate	Date	Number of Participants
CEO Provider	November 7	4
CEO Provider	November 15	6
Advocate	November 22	6

Focus groups were facilitated by trained focus group facilitators. All focus groups followed a focus group script which included a brief introduction, informed consent forms and a series of questions asked sequentially (See Appendix for script). Focus group questions were designed to access strengths and gaps in mental health and substance abuse services provided by Lutheran Services Florida. All aspects of the focus group script were approved by the steering committee via several conference calls and editing sessions. Participant recruitment began approximately two weeks prior to the first CEO Provider/Advocate focus group meeting. Participants were recruited via email from Lutheran Services Florida and WellFlorida Council. Participant registration was undertaken through email.

In total, two CEO Provider focus groups and one Advocate focus group were facilitated. Focus groups were approximately 1 to 1.5 hours in length and were facilitated via conference call due to travel and scheduling constraints of participants Focus groups were audio recorded with the permission of all participants. Audio tape recordings were transcribed verbatim and uploaded to the qualitative data analysis tool, MaxQDA. MaxQDA was then utilized to code the transcripts. The coding methodology used was from coding the general to more specific. Structural themes were coded according to topic (structural theme: barriers to care) and subthemes were coded for themes with distinct themes (subthemes of barriers to care: transportation, waiting lists, lack of resources, staff turnover, insurance and reasons for delaying care).

Focus Group Analysis Results: CEO Provider/Advocate Focus Groups

It was determined, through thorough focus group analysis that the eleven domains (next page) were present in the consumer/caregiver focus group. Twelve subthemes were also identified and most were present in each of the consumer/caregiver focus groups. Numbers in parentheses refer to the number of coded text related to each theme or subtheme in consumer/caregiver focus groups. Numbers in brackets refer to the number of coded text related to each theme or subtheme as found in the CEO Provider/Advocate focus groups. Where no parentheses or brackets are found, the theme was not discussed. The underlined themes and subthemes are specific only to CEO Provider /Advocate focus groups. The underlined themes will be discussed in the following pages. Please note underlined themes are specific only to CEO Provider/Advocate

focus groups. The CEO Provider/Advocate focus group scripts did not include questions directly related to the non-underlined themes, however, if such themes were discussed during the focus group, text related to the non-underlined themes were coded in MaxQDA. The CEO Provider/Advocate focus groups were designed to better understand the experiences of providers/advocates; therefore analysis will focus on the underlined themes and subthemes.

- Challenges Related to Mental Health and Substance Abuse (95)[0]
  - Stigma (35) [1]
  - Employment (26)[1]
- Barriers to Care (403)[13]
  - Waiting lists (52)[4]
  - Reasons for delaying care (77)[1]
  - Transportation (27)[4]
  - Staff turnover (18)[2]
  - Lack of resources (61)[11]
  - Insurance (58)[4]
- Family (68)[8]
- Peers (13)[1]
- Provider Qualities
  - Positive (69)
  - Negative (30)[1]
- Satisfaction Level
  - Satisfied with services (60)[4]
  - Dissatisfied with services (68)[9]
- Prevention (30)[4]
- Crisis (72)
- Substance Abuse (86)[0]
- Criminal Justice System (60)[9]
- Needed Services (215)[50]
- Provider Challenges[30]
- Regulatory Requirements[16]
- Billing[8]
- CEO Perception of Consumer Satisfaction[8]
  - Rural Care[3]
- Provider/Advocate Requests of Lutheran Services Florida[37]

In total, 237 portions of text were coded into one or more themes from the CEO Provider/Advocate focus groups. A brief summary will be provided for each underlined theme; please note quotes are verbatim and have been edited in cases of identifiable information (names).

Provider challenges: Provider Challenges refers to challenges providers face when trying to meet the needs of their clients and the community. The top three challenges were funding, regulations, and billing. All focus group participants viewed funding as their biggest challenge. Funding constraints also affect the workforce, more specifically the ability to hire and retain qualified and experienced staff, and to provide continuing education opportunities (conferences, trainings). Funding amounts determine the availability of services and while many providers offer no-cost or low-cost services, the organization can only provide a limited number of uncompensated services and maintain financial stability. Many participants explained that funding has been stagnant for many years, although the population of their service area has increased.

> *"One of the most important needs that we've been overwhelmed with, particularly recently here in Volusia and Flagler county, anyway, has been utilization of crisis beds. We've had demand for crisis services like we have never had before over the last 12 months, so that's an area of particular concern."*

> *"The challenge for me is lack of funding. I mean I get so little funding, I can't hire more than one staff, I'm a one-man show. So I don't even have enough to build a foundation to bill Medicaid or get alternative funding. That's the major deficit for my program."*

> *"With the cost of living's gone… Electric bills gone up, my cost of insuring employees has gone up, but the funding I'm getting to fund the program hasn't gone up."*

> *"I agree with that. I think the other challenge we see is just because of the lack of funding, we don't have money to really put towards like marketing efforts to really get our name out. I think we do a really great grassroots effort by our employees going to the different coalitions and meetings throughout the state to get Volunteers America Florida's name out, but as far as true community recognition, because we don't have that money to spend and we need that money for crucial other issues, nobody really knows who we are, unlike your Red Cross, your United Way. So then when we try to do fundraising efforts to bridge the gap, it's really hard because nobody really knows that we're a 117 year old organization that does all these wonderful things."*

> *"It's also being able to pay quality employees. I can bring a kid in for college who's here for a year or two and then they're going to go someplace else where they can make more money because no matter what, even if I had more money, there's only so much I can pay them and then you add the cost of health insurance benefits and all the other stuff that I have to have to keep an employee. I'm limited in the ability to send them to conferences and the little perks that I can't do because I don't have enough money necessarily to do it with the way I want to do it."*

Regulatory Requirements: Another common challenge faced by providers is the number of regulatory requirements from various sources (Medicaid, Medicare, State of Florida, Lutheran Services Florida, etc.). The documentation requirements for each source are different creating a very large workload for administration. Many participants encouraged some sort of overall regulation agency that would take the place of the current multiple regulating agencies.

> *"One thing I would say is due to the overwhelming regulations from multiple sources, Medicaid, state, [INAUDIBLE] et cetera, it's burdensome on the access process and getting a client into services. So, for example, someone could walk into a private practice and be able to be seen right away and not have to do the amount of paperwork that is required by us, and it makes it difficult for clients to be able to get in when they need to. There's definitely an overregulation."*

> *"It's not just the difference between us and a private practitioner, this is [NAME]. It's really between us and healthcare. The kind of documentation requirements for our services far and away exceed those faced by any medical practice in terms of the content, in terms of the type of wording that it has to have. They almost want to dictate grammar and syntax. So I think it's quantity. It's overregulation, and it is inconsistent with parity for healthcare, and I think the rate issue, the reimbursement issue, part of the problem there is the same one. We have rates that are significantly below those for traditional healthcare. And so that is a significant barrier to both recruiting and providing care."*

Billing: Billing poses a challenge for many providers. For the larger providers, billing is complex due to the various funding sources. Each funding source has a different system for billing and therefore different requirements. Smaller providers face the challenge of completing billing with limited staff and limited time to complete large quantities of paperwork.

> *"I would say on our end, because it's very complicated and our resources are so limited to be able to really train. I mean we really truly do the best we can, but it is hard for some people to grasp the minutia of what needs to be done to bill and so I don't think that we've utilized the billing effectively. Now we just brought on a Director of Medical Services who is an MD. We were really fortunate to do that, that we're hoping to change that in the future. But right now, our issue is we just haven't been able probably to adequately educate on the bill probably."*

> *"Our issue, this is [NAME], really is not so much with the billing mechanisms, we have that in place, who's first payer and all that, I think that the issue with the billing becomes we have so many different funding sources and everybody has a different way of doing things. And so it becomes very technical and tedious and you have to really be on top of your game in order to do it correctly. And the reality is all funding sources don't pay for all the money we do spend to provide the service. So we give away a few hundred thousand dollars in free services every*

year because nobody's paying for it. And so that becomes an issue and how it's playing out now with the reduction in federal grants and the government shutdown and managing entities and all the other things that have come about recently that in the past we sort of were not very diligent about making sure that the client paid their copay. We're on a sliding scale, but we only slide down to $5. And in the past we've kind of just let people get away with not paying because we're a service-oriented company who's always treated the down-and-out and indigent. And so we have to take more of a business model on and require that people aren't going to get services unless they pay their copay and treat it more like a business. Like when you go to the doctor, you don't get to see the doctor until you pay your copay. Which is hard for people who have worked at the agency a long time and believe that their career is and avocation and a ministry rather than a career and it kind of goes in the face of how they see things, so it's difficult, also, to get everybody on board for that. But the reality is we're not going to be able to keep our doors open if we don't start treating our agency more like a business."

"We have a different problem because I run a clubhouse, so we're not a medical model, and the issue I have with a lot of the billing is I'm doing the same paperwork both of you guys are with one person and no doctor, no clinician, no anything. And the stuff I just can't submit even though I know the answers because I worked in mental health services for 20, 30 years, whatever it is now, I can't submit it because I don't actually have paperwork to back it up. So the fact that the billing is straight… The billing requirement… The problem with the billing is it is the day that we have to submit to do the billing."

CEO Provider/Advocate Perception of Consumer Satisfaction: Participants felt consumers are satisfied with the services received, but dissatisfied by the time it takes to receive services. This directly relates to the common theme of wait time and waiting lists as identified in the consumer/caregiver focus groups. Several providers believe the amounts of paperwork consumers are required to fill out are viewed as burdensome and redundant to consumers. Perception of consumer satisfaction directly led to the next theme, rural care.

"I think they're satisfied with the services once they're able to obtain the services. I think sometimes they're dissatisfied with how long it may take to get the service or not being able to get what they need at one agency and having to go to several different agencies and fill out the same paperwork 10 different times. Being put on a waiting list because there's not enough funding to get them in when they need to be seen."

I think perhaps that the parents may not be really satisfied with the inability of getting help for their children when they need it".

Rural Care: Providers/Advocates agreed that rural services are limited creating a barrier for consumers living in rural areas. Services received outside of one's home town or county often require consumers to have or borrow reliable transportation because public transportation is not readily available.

Transportation was listed as a barrier in every consumer/caregiver focus group, even those in metropolitan areas. Consumers/Caregivers also discussed difficulties related to receiving services outside their city and county.

> *"I think it depends on where you're at. I mean in the city I think it's a little bit better than it is, because the more rural you get the worse it gets."*

> *"And there's gaps in the district in the ME. Some areas where there's a lot of… Where you can get… Gainesville, you can get a lot of services. You get outside of the cities and you get to the real rural areas and I'm sure that there's a lack of services. You have to drive an hour to get in to see a psychiatrist every time you want to come in. And you're unemployed and you're living on Social Security, it's expensive."*

CEO Provider/Advocate Requests of Lutheran Services Florida: In general, participants requests of Lutheran Services Florida as the Managing Entity included advocacy at the state level for additional funding, advocacy in resolving the workload as related to multiple regulatory organizations, evaluation of programs (with the expectations that successful programs will continue to be funded while unsuccessful programs will not) and general value added to the region through the managing entity's efforts.

> *"I think a more timely communication. I mean, to send something the night before to say it's due at noon the next day, that sometimes is a little bit hard. So I think more timely communication about what they need and giving providers the opportunity to get the information to them as accurately as possible."*

> *"But with regards to the multiple regulatory issues, and I know we've taken this to the state and we continue to argue this through Florida Council, but just the multiple audits that providers have to deal with and how duplicative those are. I mean just the week before last we had a main Magellan AHCA audit, we had an LSF audit, we had a First Coast Advantage audit all in one week. And we had, had a big audit the week before, we've got another one coming up, and it's the same type questions so that what we try to present is that if you're accredited under something like JCAHO or CARF, some of these things are already answered, and we need to have what's the value of my agency being accredited if none of that is taken to account with regards to the multiple audits that then each funding source, each Medicaid, each funder has me go through. And it does take… I mean it costs labor hours, it takes time away from what my staff really ought to be doing. So we need assistance with that."*

> *"Helping programs advocate to Tallahassee for more funding."*

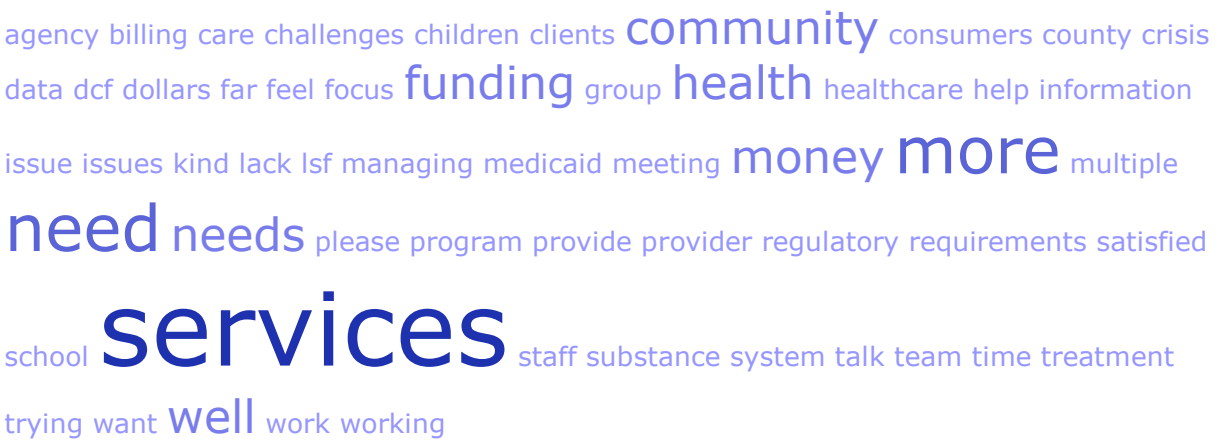
> *"It comes down to money. I mean, you know, besides looking at programs that aren't working and funneling that money to programs that are working."*

"And the state was better at identifying that some stuff was kind of fluffy that you didn't really need to have when Lutheran Services are like it's in the contract and you have to have that." "And the stuff that they're asking for that I'm like why do I… I never have the need… I never needed that before. DCF wasn't mandating that it was required, and sometimes I think they weren't mandating it because they realized it was kind of asinine."

"One of the things that has come up not so much with my members, but it's come up in the community meetings that I've been at is a lack of respite beds. Somebody, like a step down. Somebody that doesn't need a hospitalization, but needs a safe place to be for like two or three days. Those services have been cut because of Medicaid cuts or whatever, and whether it's children or adults, there are no respite… There's no respite beds in Gainesville."

Word Cloud of CEO Provider/Advocate Focus Groups

The image below represents the most commonly used words during the CEO Provider/Advocate focus groups. Words such as the, at, and, we, I, are, etc. were included in a stop-list. This stop-list prevents words from being included in the Word Cloud. The frequencies of words are demonstrated by the font size. "Services," "more, "funding," "health," "community" and "need" are the largest words in the word cloud below, which indicates they were the most commonly used words by focus group participants.



Themes at Circuit Level:

It is important to highlight key issues identified in each circuit as well as in the region as a whole. In order to better review and understand how themes and subthemes were distributed in each circuit, please review the following table: Table: Code Matrix. The Code Matrix illustrates the number of times each code was identified in each focus group document group. Focus groups were categorized into document groups according to circuit. For example, all focus groups held in Circuit 4 are categorized as "Circuit 4." In total, 1560 sections of text were coded into one or more themes and subthemes.

TABLE 11: CODE MATRIX

Theme	CEO Provider / Advocate	Circuit 3/8	Circuit 4	Circuit 5	Circuit 7	Total
Challenges related to Mental Illness and Substance Abuse	0	22	21	32	20	95
Stigma	1	1	13	10	11	36
Employment	1	13	0	0	6	20
Barriers to Care	13	5	14	17	28	77
Wait Time	4	17	16	14	5	56
Appropriate Wait Time	0	12	13	8	13	46
Reasons for delaying care	1	8	35	24	10	78
Transportation	4	5	4	13	5	31
Staff Turnover	2	5	0	9	4	20
Lack of Resources	11	13	2	25	21	72
Insurance	4	18	2	23	15	62
Family	8	6	10	27	25	76
Peers	1	4	0	6	3	14
Provider Qualities	0	0	0	0	0	0
Negative	0	13	6	6	5	30
Positive	1	12	32	9	16	70
Satisfaction Level	0	0	0	0	0	0
Dissatisfied	9	14	16	28	10	77
Satisfied	4	8	21	25	6	64
Prevention	4	4	0	19	7	34
Crisis	0	14	21	22	15	72

Substance Abuse	0	14	18	49	5	86
Criminal Justice System	9	13	13	16	18	69
Needed Services	50	27	56	41	91	265
Provider Challenges	30	0	0	0	0	30
Regulatory Requirements	16	0	0	0	0	16
Billing	8	0	0	0	0	8
CEO Provider/Advocate Perception of Satisfaction	16	0	0	0	0	16
Rural Care	3	0	0	0	0	3
CEO Provider/Advocate Requests of LSF	37	0	0	0	0	37
Total	237	248	313	423	339	1560

Please note underlined themes are specific only to CEO Provider/Advocate focus groups. The CEO Provider/Advocate focus group scripts did not include questions directly related to the non-underlined themes, however, if such themes were discussed during the focus group, text related to the non-underlined themes were coded in MaxQDA.

KEY THEMES IDENTIFIED BY CONSUMERS/CAREGIVERS AND CEO PROVIDERS/ADVOCATES

- Limited Funding leading to Barriers to Care:
  - Limited resources and waiting lists for services such as respite care, aftercare, inpatient beds, and availability of appointments for psychiatry and counseling
  - Transportation as a barrier for those without reliable transportation; transportation is more difficult for those without reliable vehicles in rural areas due to limited public transportation
  - Staff turnover decreases patient ability to bond and build rapport with providers and decreases effectiveness of treatment. Without competitive salaries, benefits and development opportunities, it is very difficult for providers to attract and retain highly skilled and experienced staff.
- Regulation and Billing
  - Providers expressed concerns regarding the multiple regulatory organizations and requirements for mental health and substances abuse services. Multiple regulatory requirements increase the administration burden by creating additional paperwork, site-visits and redundant activities.
  - Billing is extremely complex due to the various requirements and systems used by each funding source. Due to the many layers of billing and the funding associated, billing is a long process billing Providers face the challenge of completing complex billing with limited staff and limited time to complete large quantities of paperwork.
- Needed Services
  - Prevention and education efforts are needed to increase knowledge and awareness of mental illness and substance abuse. Such programs should target school systems and neighborhoods with measurable outcomes. Consumers/Caregivers hope increased education will decrease stigma and provide a more welcoming community for those with mental illness or substance abuse disorders.
  - Participants agreed that most services provided need to be offered more often and with shorter waiting list time periods. Respite care, aftercare, the FACT program and programs with peer components were highlighted often by consumers/caregivers and providers/advocates. One common theme between consumers/caregivers and providers/advocates was the lack of resources for those recently graduated from inpatient treatment including employment linkage, housing and ongoing outpatient treatment available as needed. Drop-in centers, day programs, and other aftercare programs were discussed as a means to provide services on an as needed basis through the help of peers and professional counselors.
  - Consumers/Caregivers and Providers/Advocates requested increased cooperation between the mental health/substance abuse community and the criminal justice system. Many participants viewed mental health/substance abuse facilities as being utilized to relieve the criminal justice system (prisons, jail) rather than being utilized by consumers who are ready to receive treatment. Consumers/Caregivers often discussed the role law enforcement plays in accessing services. For example, some consumers seek arrest in order to receive immediate access to treatment facilities. Those consumers attempting to self-admit to therapy are put on a waiting list, while those who are court ordered receive services rapidly.

SURVEYS

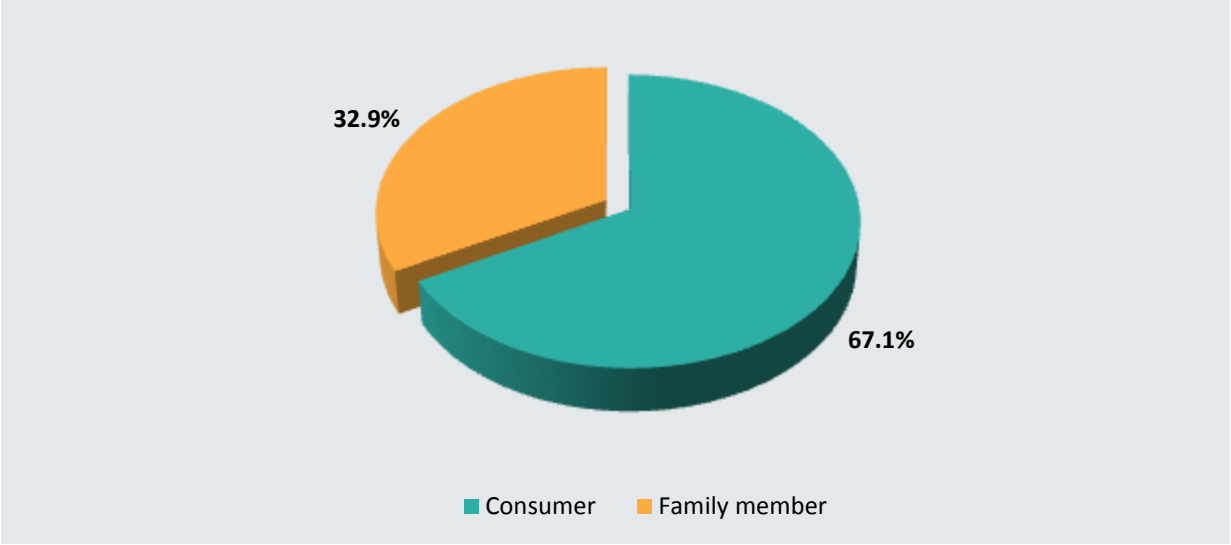
Two types of surveys were distributed, collected and analyzed: Consumer/Caregiver Surveys and Provider Surveys.

METHODOLOGY CONSUMER/CAREGIVER SURVEYS

Surveys were distributed to Lutheran Services Florida contracted providers via email, the U.S. Postal Service and hand delivers. Surveys were available to be completed online utilizing SurveyMonkey, however, each Lutheran Services Florida contracted provider received mailed copies of the survey with pre-paid postage return envelopes. Distribution of the survey began in mid-October and was closed on December 9. Survey questions were designed to access strengths and gaps in mental health and substance abuse services provided by Lutheran Services Florida. All aspects of the survey were approved by the steering committee via several conference calls and editing sessions.

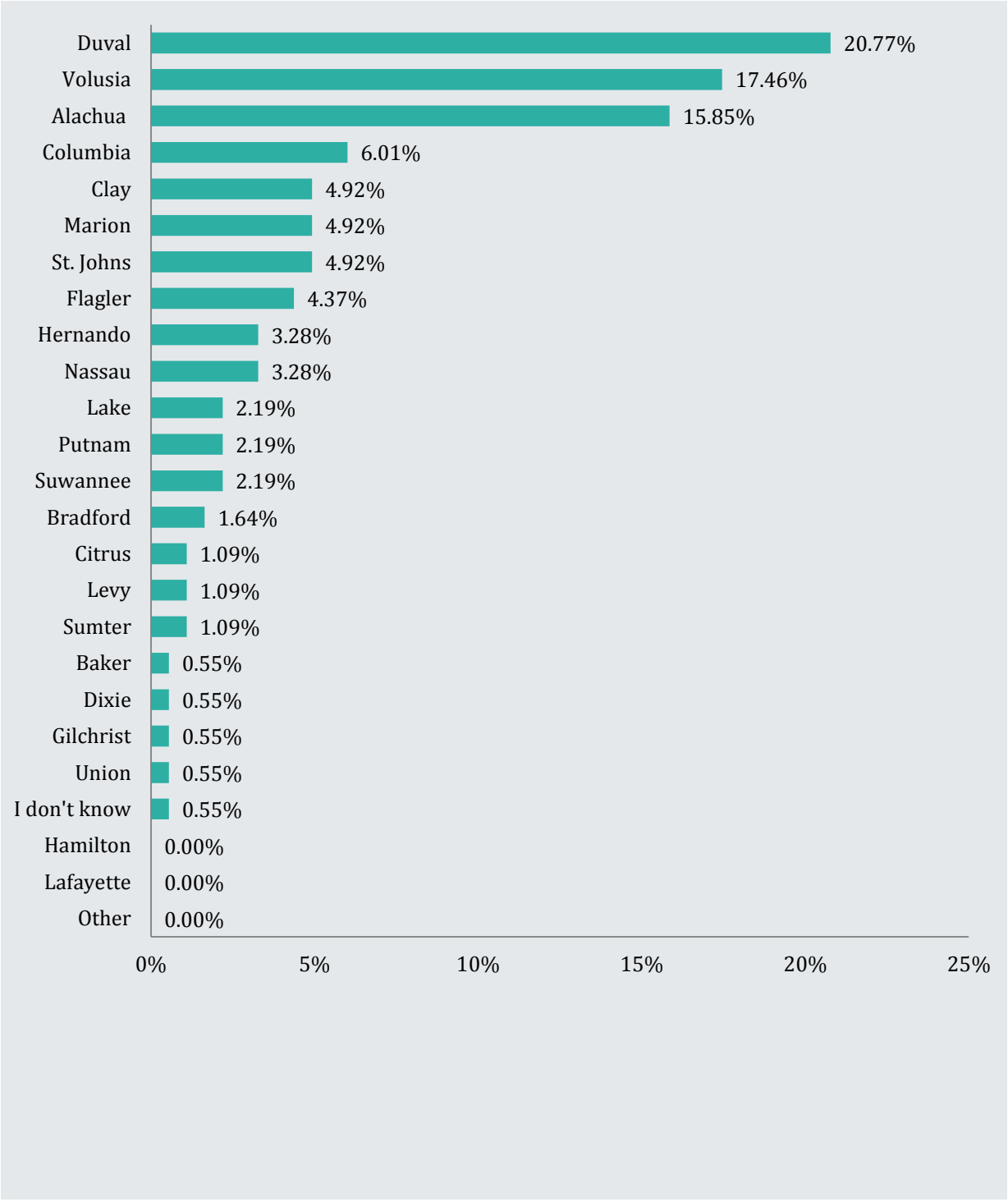
Summary Of Responses

FIGURE 18: SURVEY RESPONDENTS CONSUMER OR FAMILY MEMBER/CAREGIVER



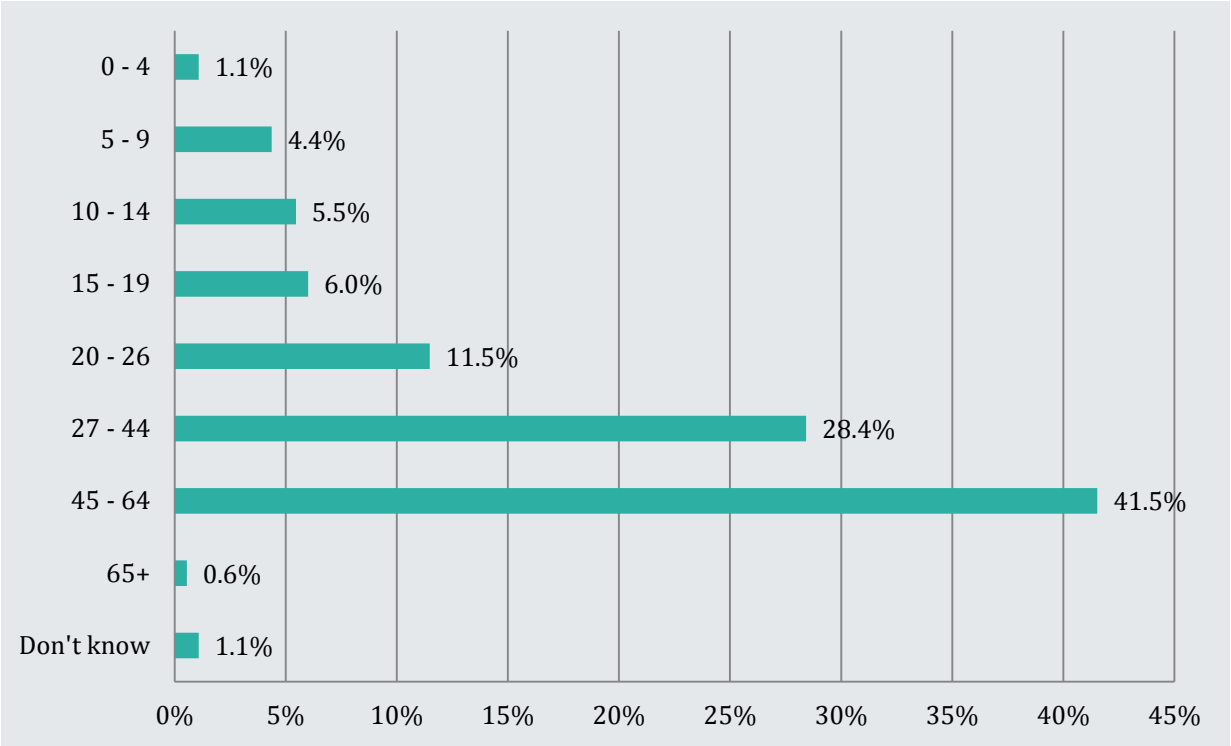
Approximately two-thirds of survey respondents answered on their own behalf and the other third answered regarding a family member's experience. In total, 216 consumers/family members/caregivers responded to the survey.

FIGURE 19: SURVEY RESPONDENTS BY COUNTY



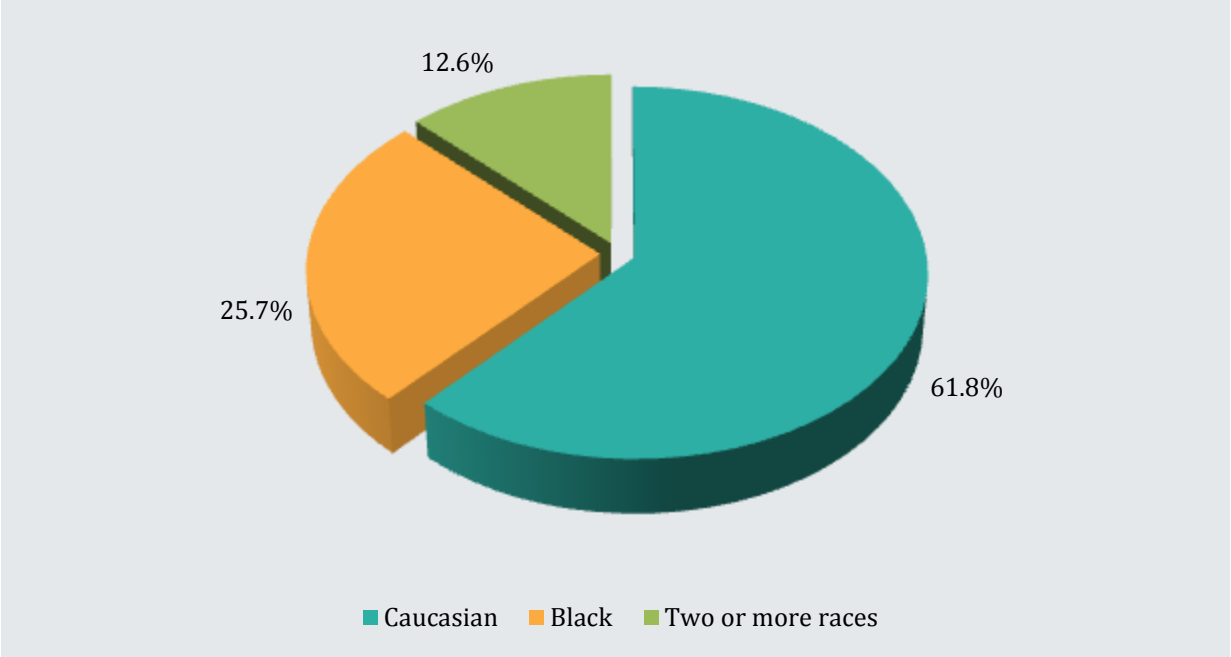
More than 20% of respondents reside in Duval County. Many respondents live in Volusia and Alachua as well. Numerous additional counties were represented but far less frequently. Survey participants represented 84 zip codes in Florida. The zip code with the highest frequency was 32608 (14) followed by 32208 (9) and 32724 (8).

FIGURE 20: CONSUMER AGE



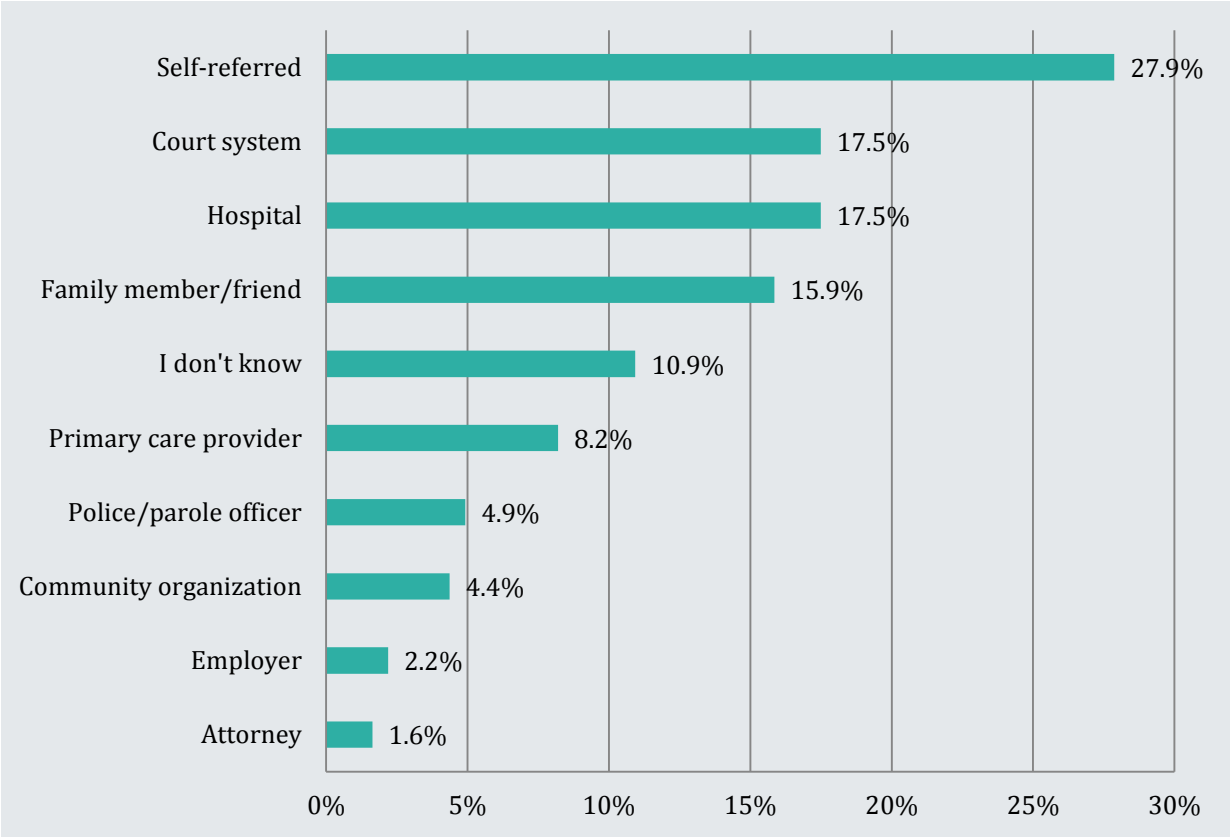
Over 40 percent of consumers are between the ages of 45 and 64. Additionally, nearly 17 percent of the consumers were under the age of 20.

FIGURE 21: CONSUMER RACE



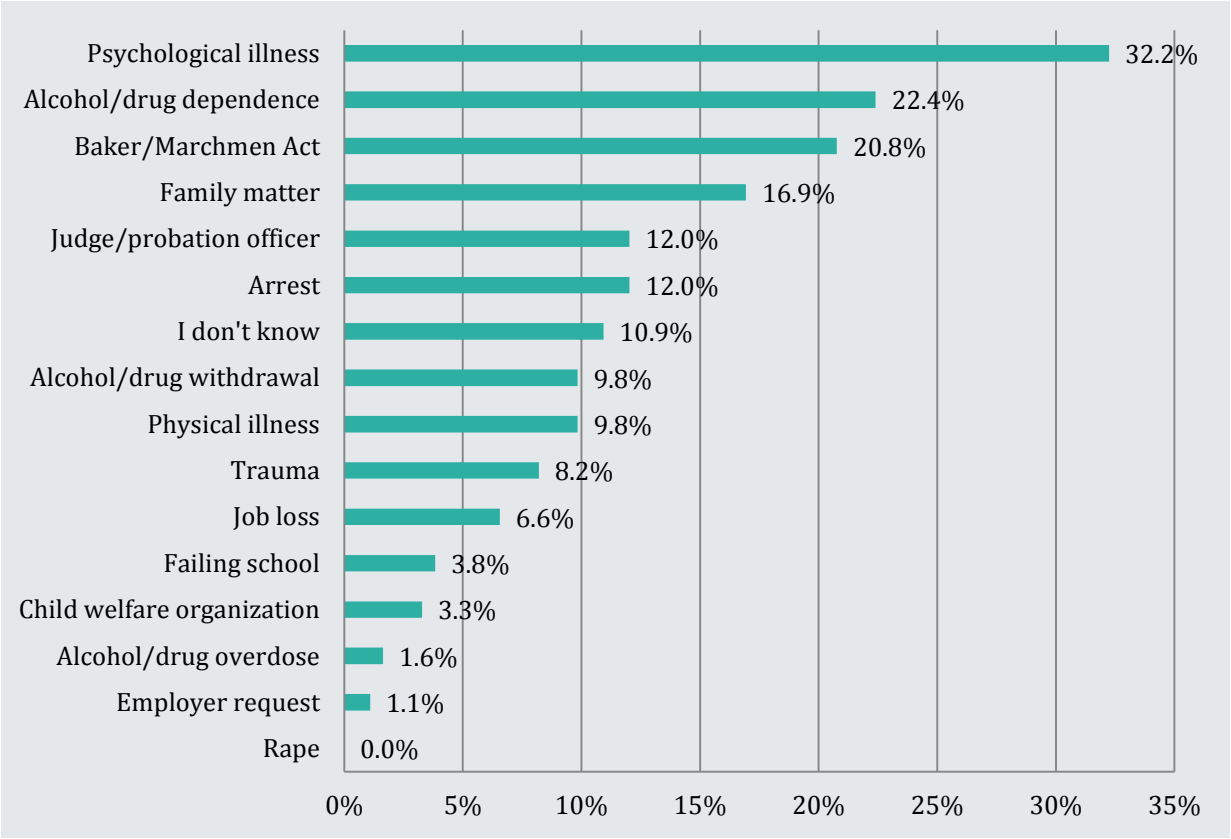
The majority of respondents identified as Caucasian, while a quarter identified as Black. Additionally, six percent of consumers identified as Hispanic.

FIGURE 22: REFERRAL SOURCE



Most respondents did not receive a referral for their services (27.9%). The most common referral sources were the court system and hospitals. Written in responses included school (2) and Department of Children and Families (2).

FIGURE 23: PRE-TREATMENT CIRCUMSTANCE



Most respondents cited feeling psychologically ill as the reason for seeking treatment. Alcohol and drug dependence, Baker/Marchman Act, and family issues also prompted many to seek treatment.

FIGURE 24: LENGTH OF TREATMENT

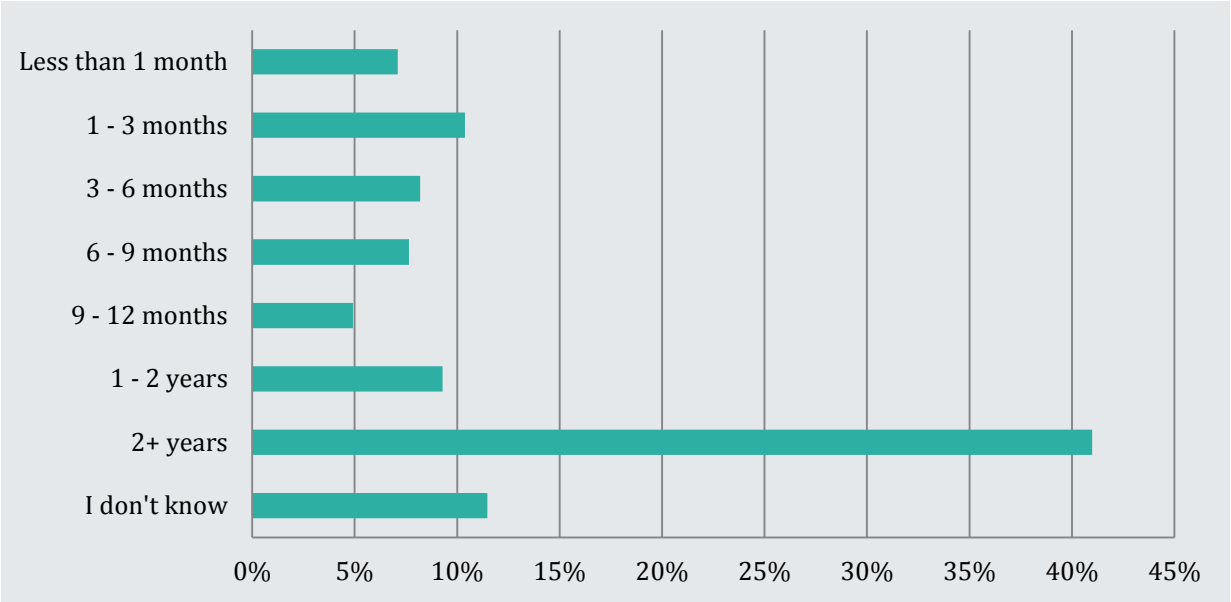
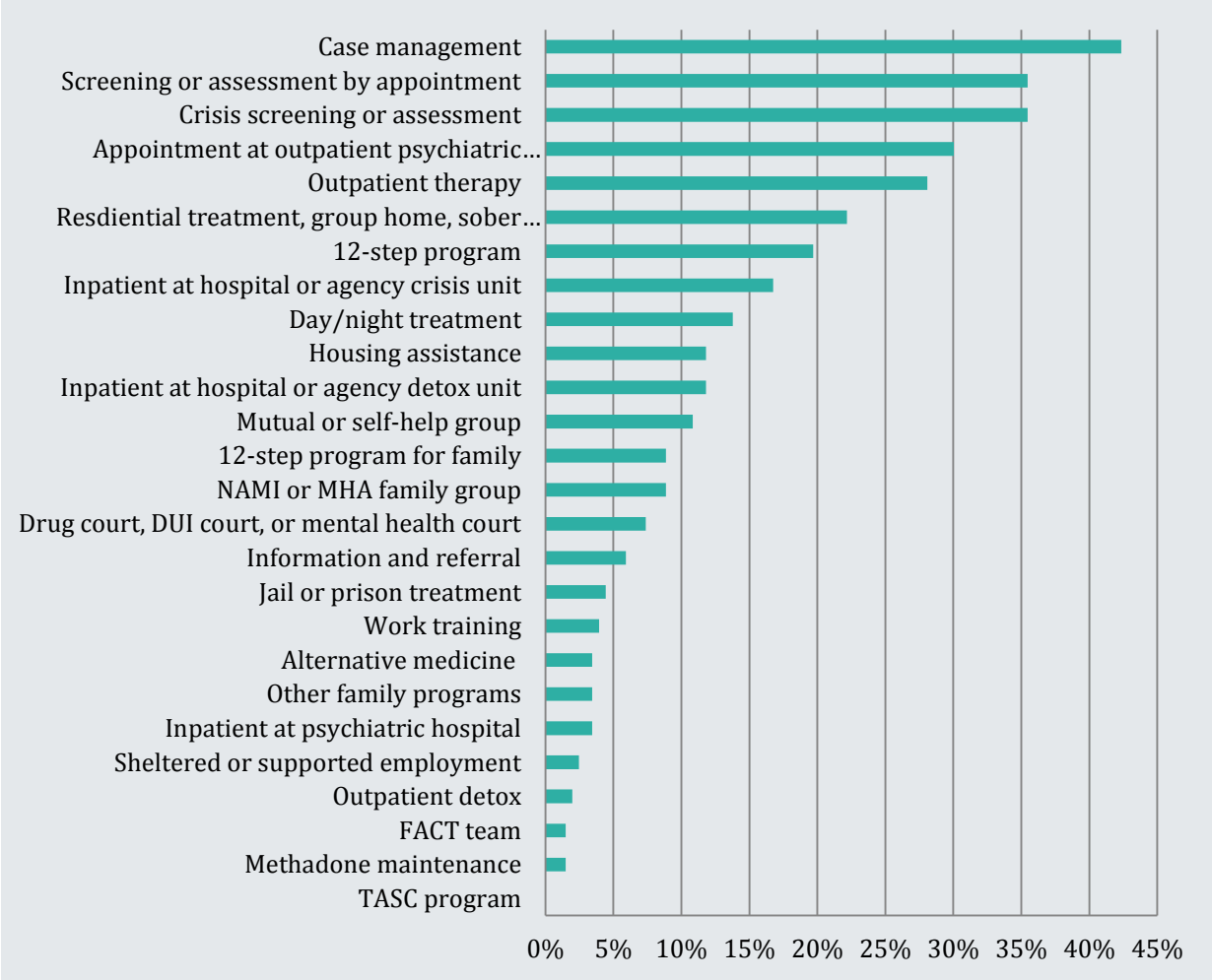
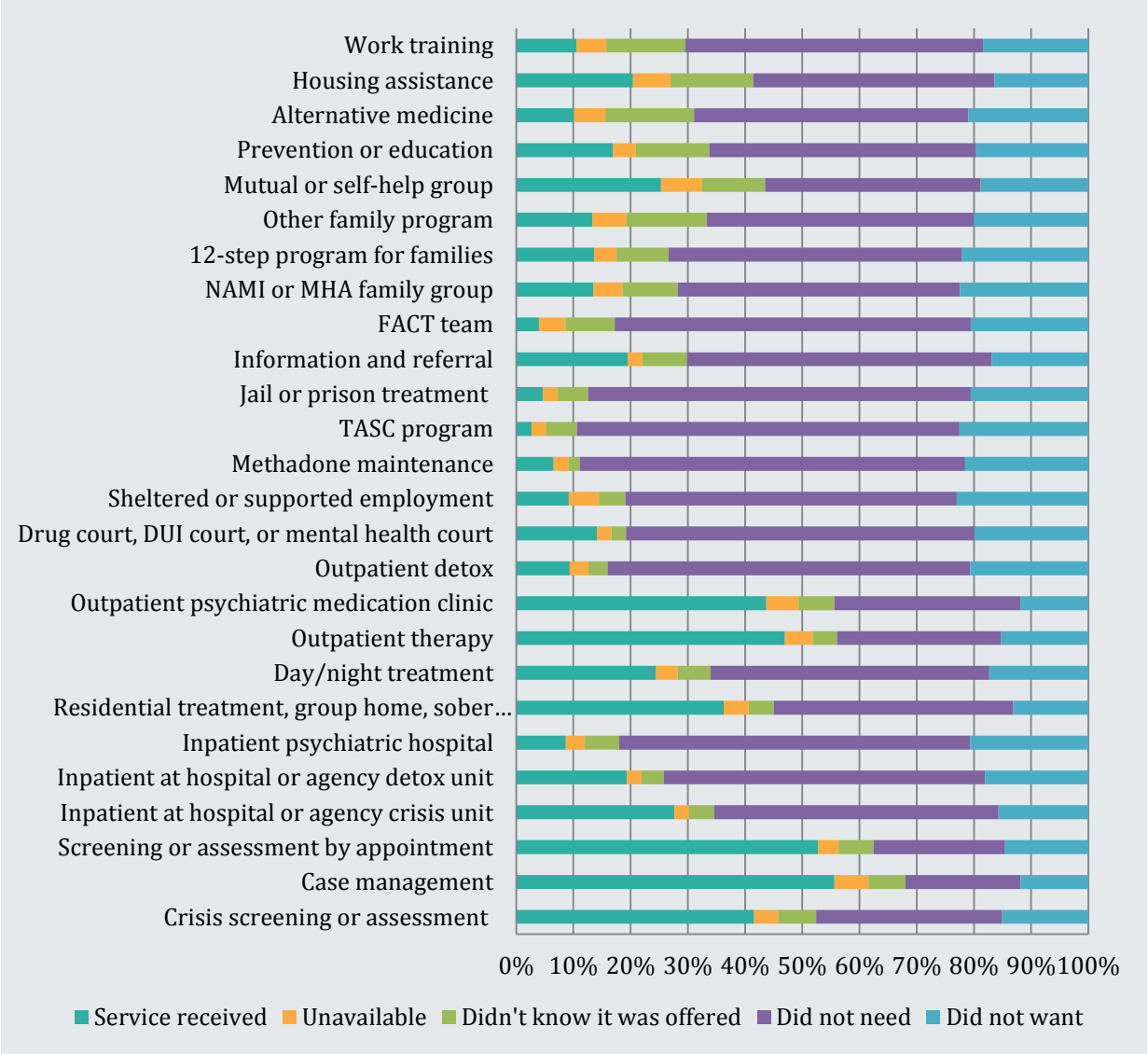


FIGURE 25: SERVICES RECEIVED



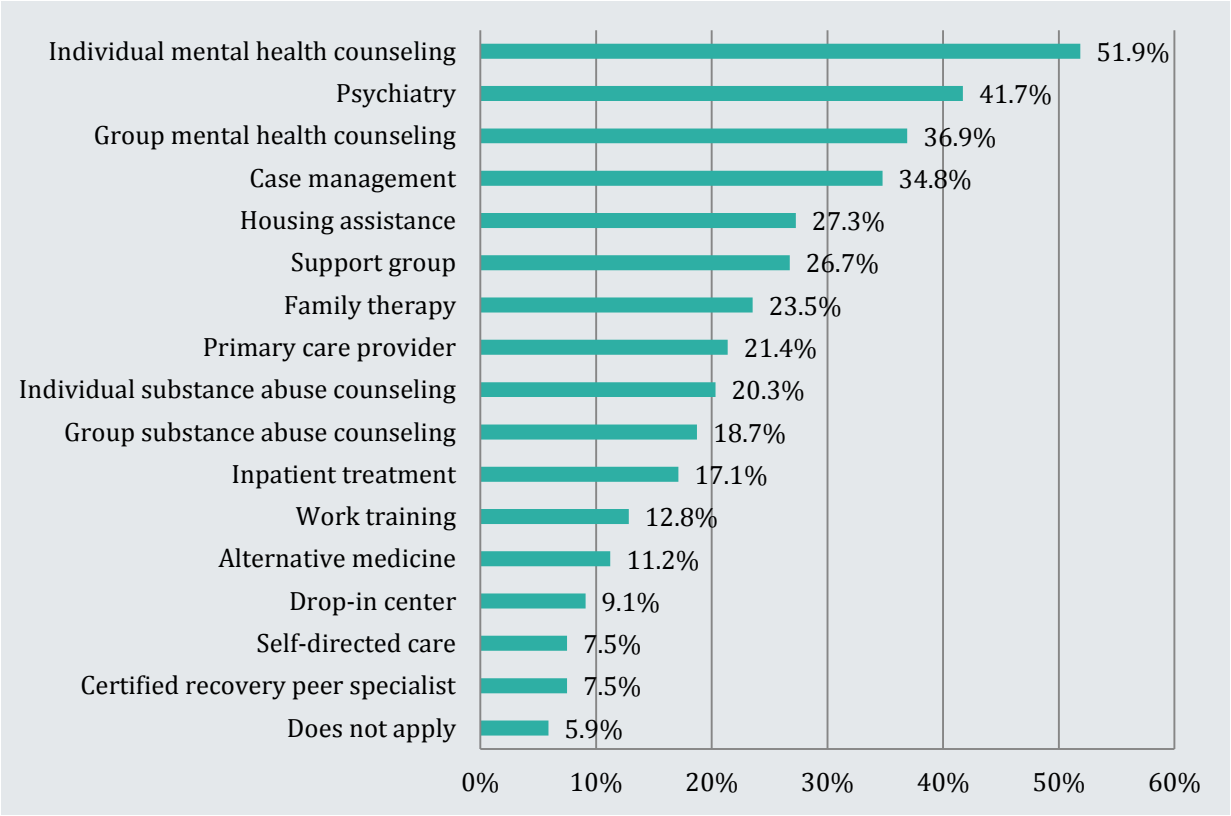
The most commonly received service was case management, followed by screening or assessment by appointment or in crisis. Very few respondents utilized FACT teams or methadone maintenance. Services received must correspond to services offered; therefore, if the FACT team is not offered in many counties, the percentage of consumers who have received FACT team services will be low.

FIGURE 26: REASON FOR USE OF SERVICES



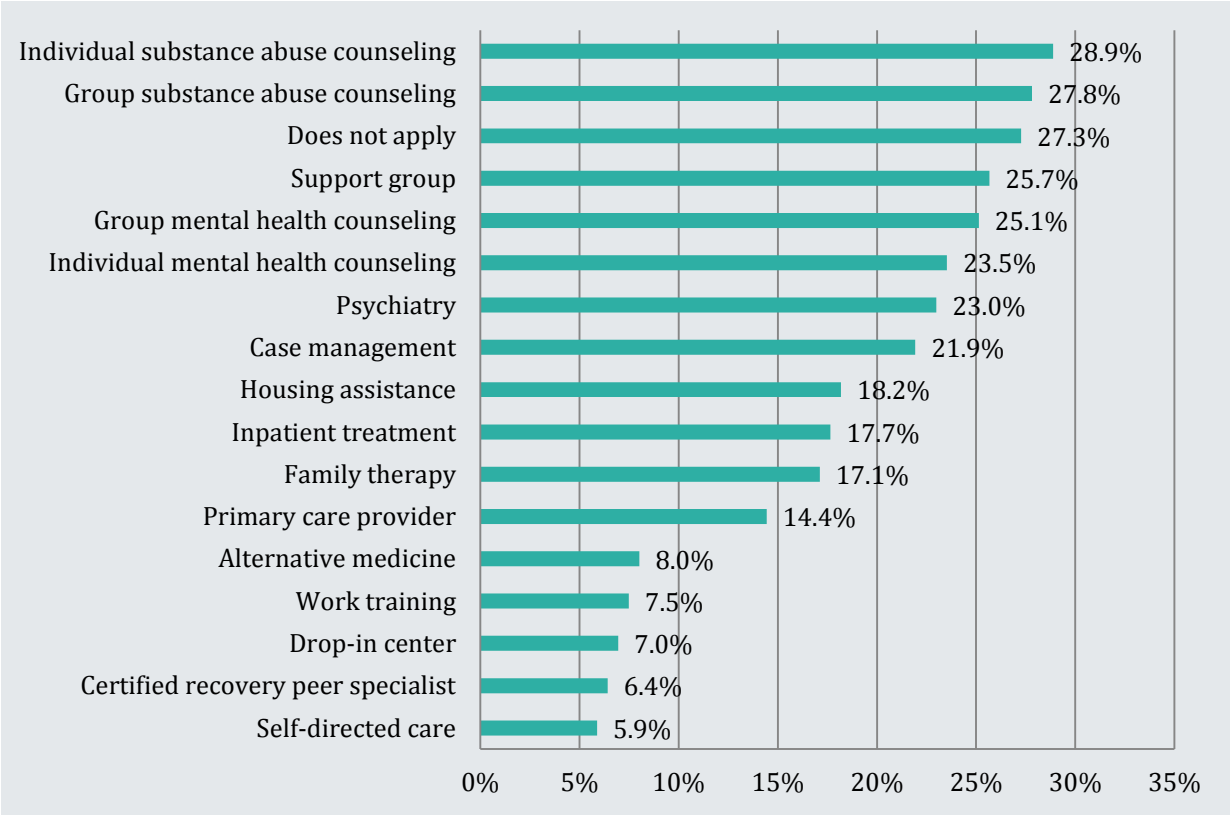
Consistent with the previous question, case management was the most utilized service. When it comes to not utilizing services, overwhelmingly respondents noted that they had no need for them, especially methadone maintenance, TASC programs and jail treatment. A lack of awareness played a role in the low utilization of alternative medicine, housing assistance and family programs.

FIGURE 27: MOST IMPORTANT MENTAL HEALTH SERVICE



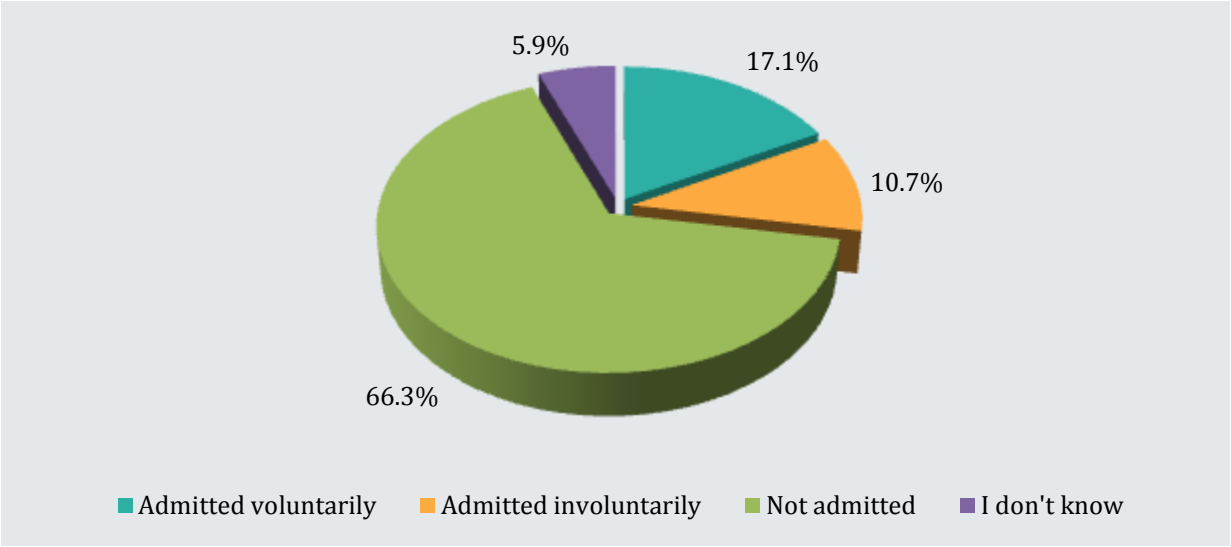
Individual services (counseling and psychiatry) are deemed the most important mental health services, followed by group counseling (36.9%), case management (34. 8%), and housing assistance (27.3%). Respondents did not appear to view substance abuse services as important mental health services.

FIGURE 28: MOST IMPORTANT SUBSTANCE ABUSE SERVICES



While individual counseling was deemed the most important substance abuse service, unlike the responses to the mental health services question, group services are very important. Additionally, this question did not apply to a good number of respondents (27.3%).

FIGURE 29: ER VISITS DUE TO MENTAL HEALTH



In the past 12 months, most consumers (66.3%) did not seek services at an emergency room/emergency department due to mental health issues. Of those who did seek services at an emergency room/emergency department, more were admitted voluntarily than involuntarily.

FIGURE 29: ER VISITS DUE TO SUBSTANCE ABUSE

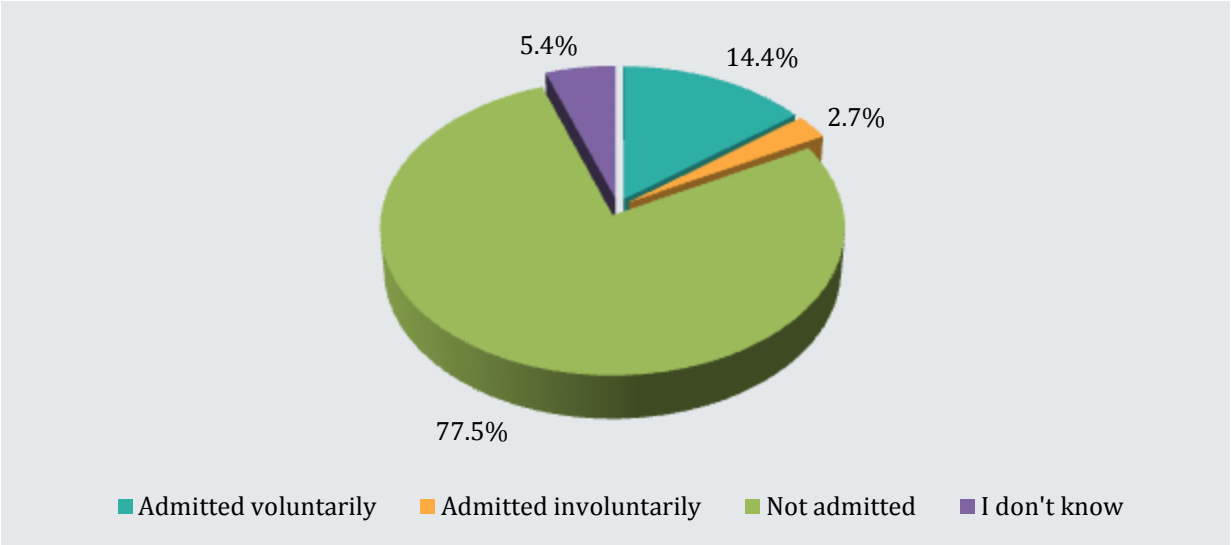
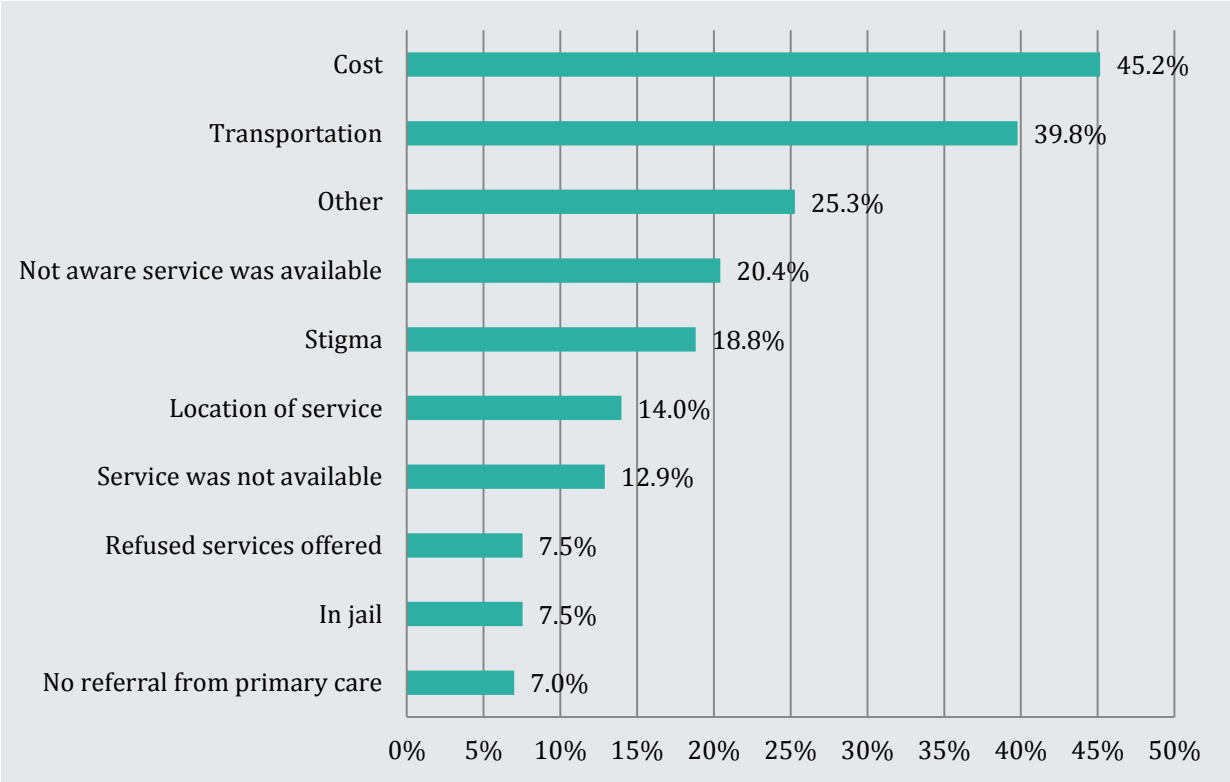
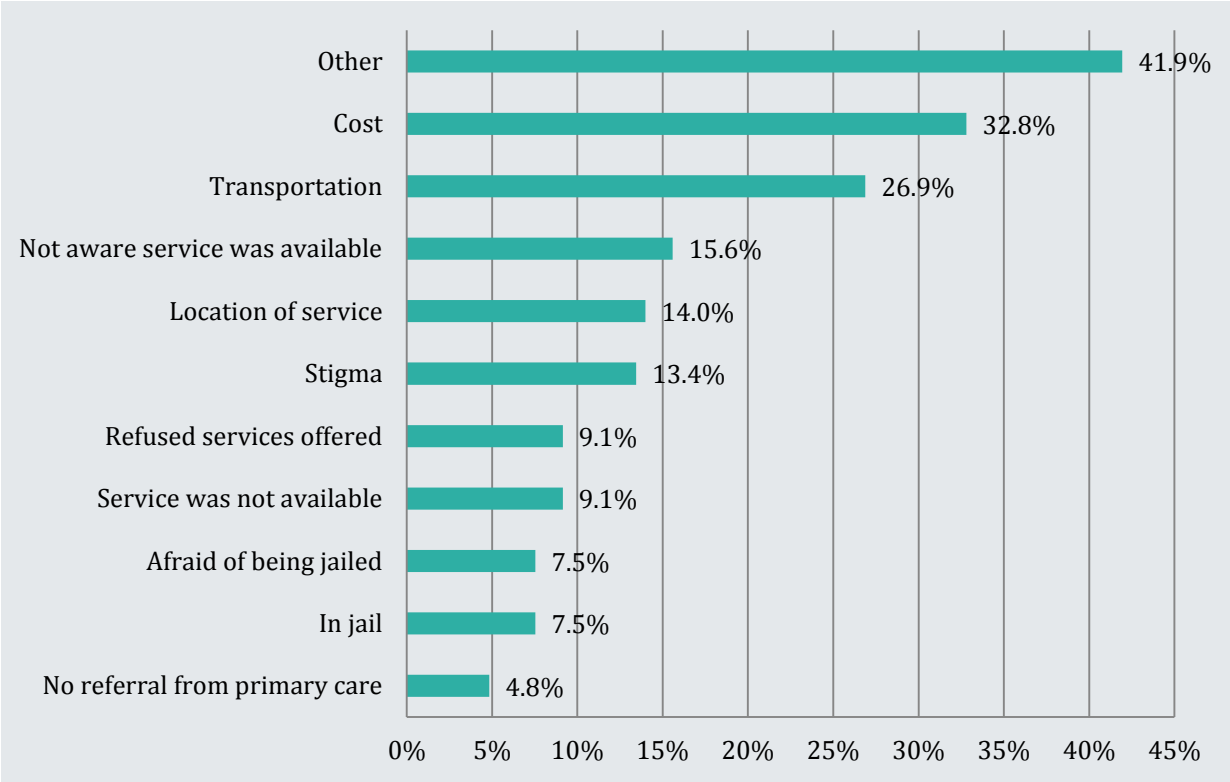


FIGURE 30: BARRIERS TO MENTAL HEALTH SERVICES



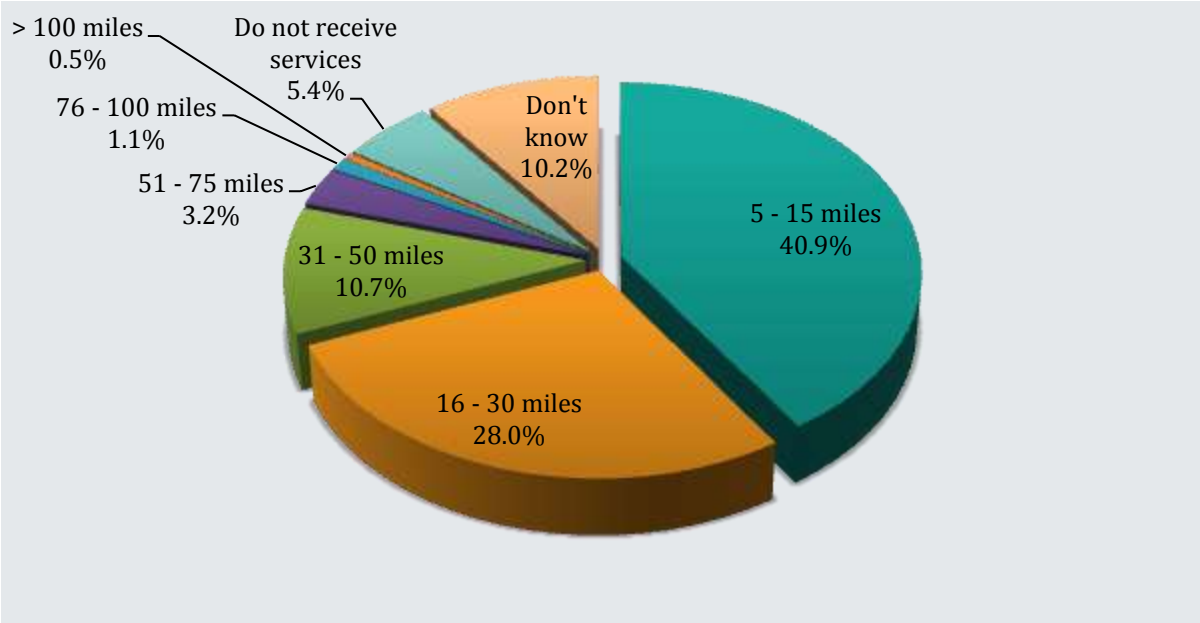
Respondents cited cost (45.2%) and transportation (39.8%) as the most common barriers to mental health services. Written-in responses included no barriers (23), insurance issues (3), and no need for services (2). Many respondents did not seek a service because they were unaware the service was available, indicating a need for increased marketing or a navigation service.

FIGURE 31: BARRIERS TO SUBSTANCE DEPENDENCE SERVICES



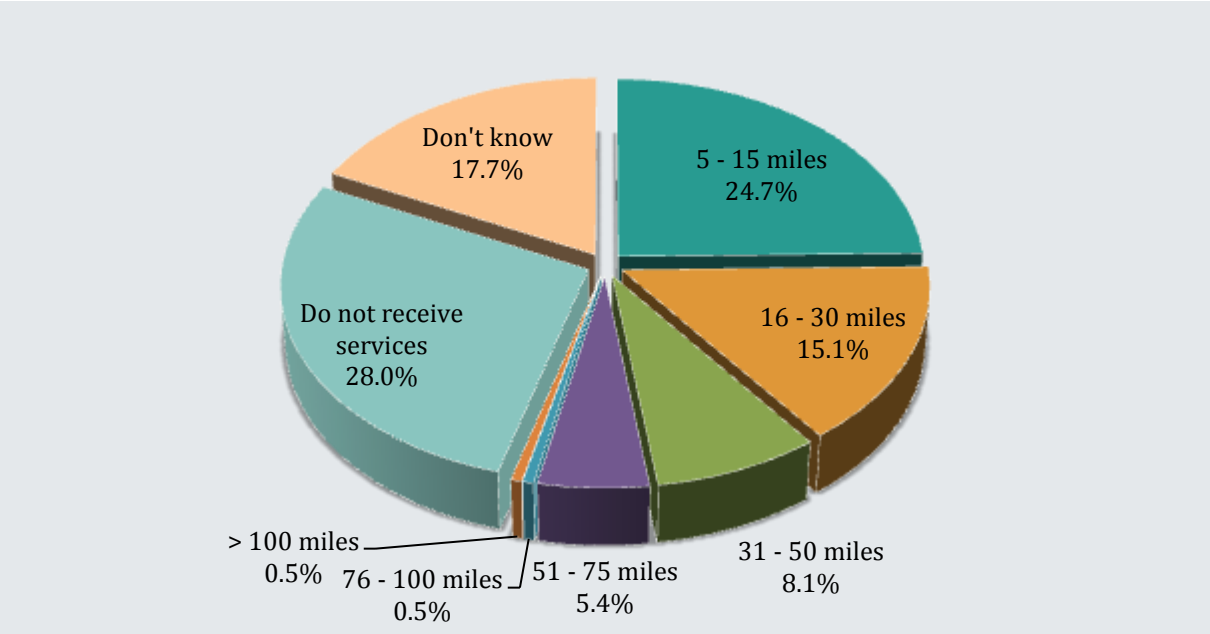
Barriers to substance dependence services are similar to barriers for mental health services. Cost and transportation are the top two barriers, followed by "not aware service was available." This lack of awareness indicates a need for increased awareness campaigns or navigation services. Written- in responses included no barrier (60), no need for services (10) and waiting lists (3).

FIGURE 32: ROUNDTRIP DISTANCE TO MENTAL HEALTH PROVIDER



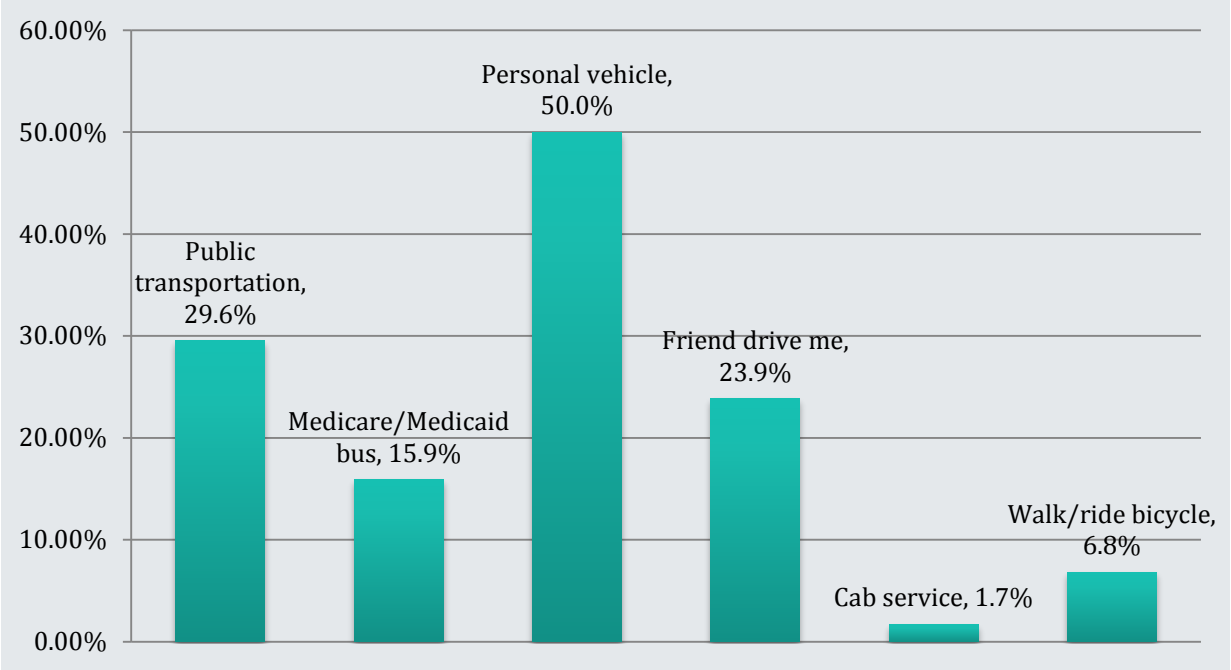
Most consumers travel 5 – 10 miles roundtrip to their mental health provider, nearly 21 percent travel 31 or more roundtrip miles.

FIGURE 33: ROUNDTRIP DISTANCE TO SUBSTANCE ABUSE SERVICES



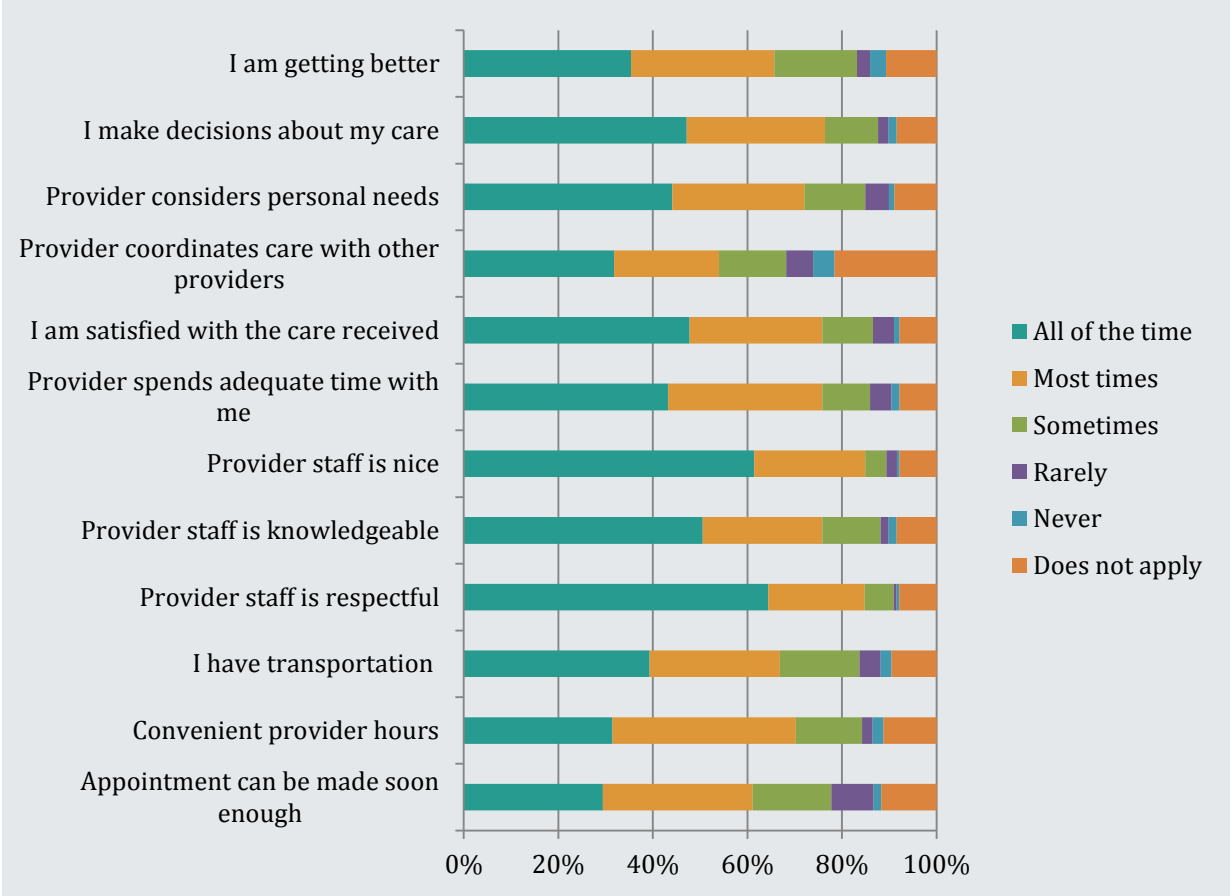
Transportation was identified as a barrier to mental health services by approximately 39 percent of respondents. According to respondents, public transportation is available to 58.6 percent of the respondents; however, public transportation is not available to 26.3 percent of the respondents (15.1 percent of respondents did not know if public transportation is available in their area).

FIGURE 34: TYPES OF PUBLIC TRANSPORTATION UTILIZED



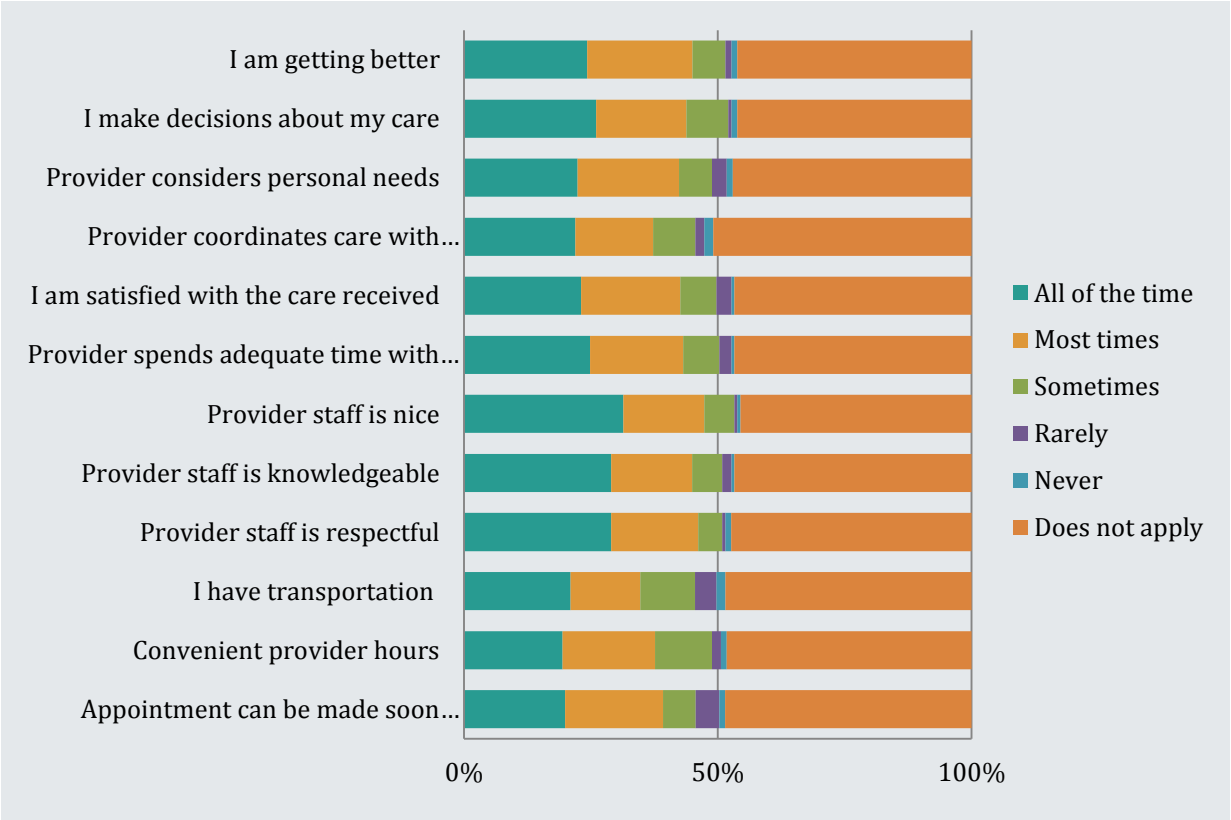
Almost 30 percent of consumers utilize public transportation (29.6%). Half of respondents utilize a personal vehicle to travel to treatment. Since percentages total more than 100%, many respondents utilize more than one mode of transportation.

FIGURE 35: SATISFACTION WITH MENTAL HEALTH PROVIDER



Overall, respondents are satisfied with their mental health provider. The least common characteristic of their mental health experience involved coordinated care.

FIGURE 36: SATISFACTION WITH SUBSTANCE ABUSE PROVIDER



Consumers appear satisfied with substance abuse providers, however, for many respondents, this question did not apply.

Consumer VS. Family Member/Caregiver Responses

Responses to several questions varied depending on whether the respondent was a consumer or a family member/caregiver of a consumer. Consumers and family member/caregivers perceived the importance of particular services differently. In regards to mental health services, family members appear to place more emphasis on individual-focused services (e.g. work training, alternative medicine, self-directed care, recovery peer specialist, drop-in centers and individual counseling). In reference to substance abuse services, consumers placed higher importance than family members on numerous services, including group mental health counseling, case management, support groups, family therapy and group substance abuse counseling. The only service that family members placed more importance on was work training.

FIGURE 37: MOST IMPORTANT MENTAL HEALTH SERVICES CONSUMER VS. FAMILY MEMBER/CAREGIVER

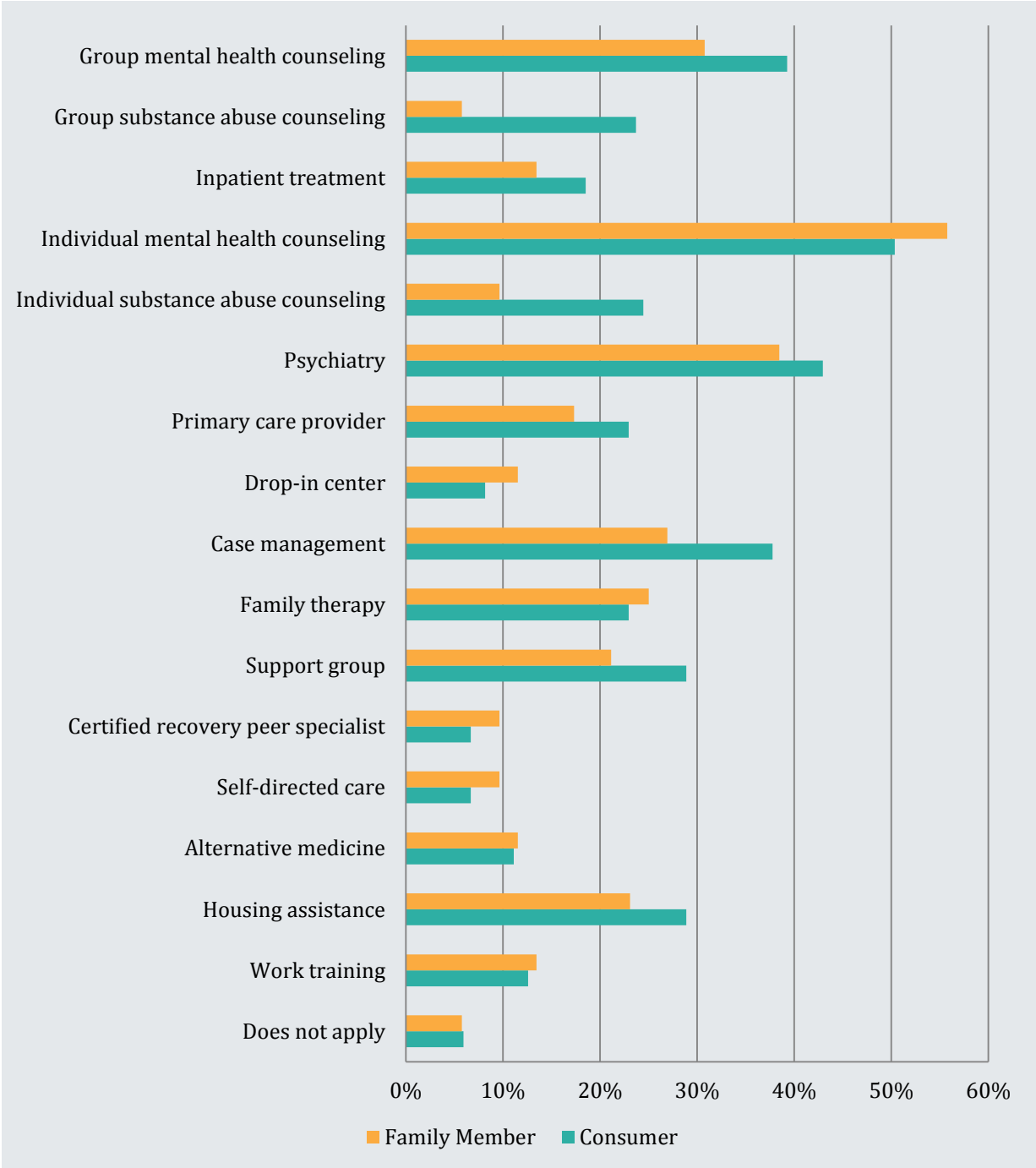
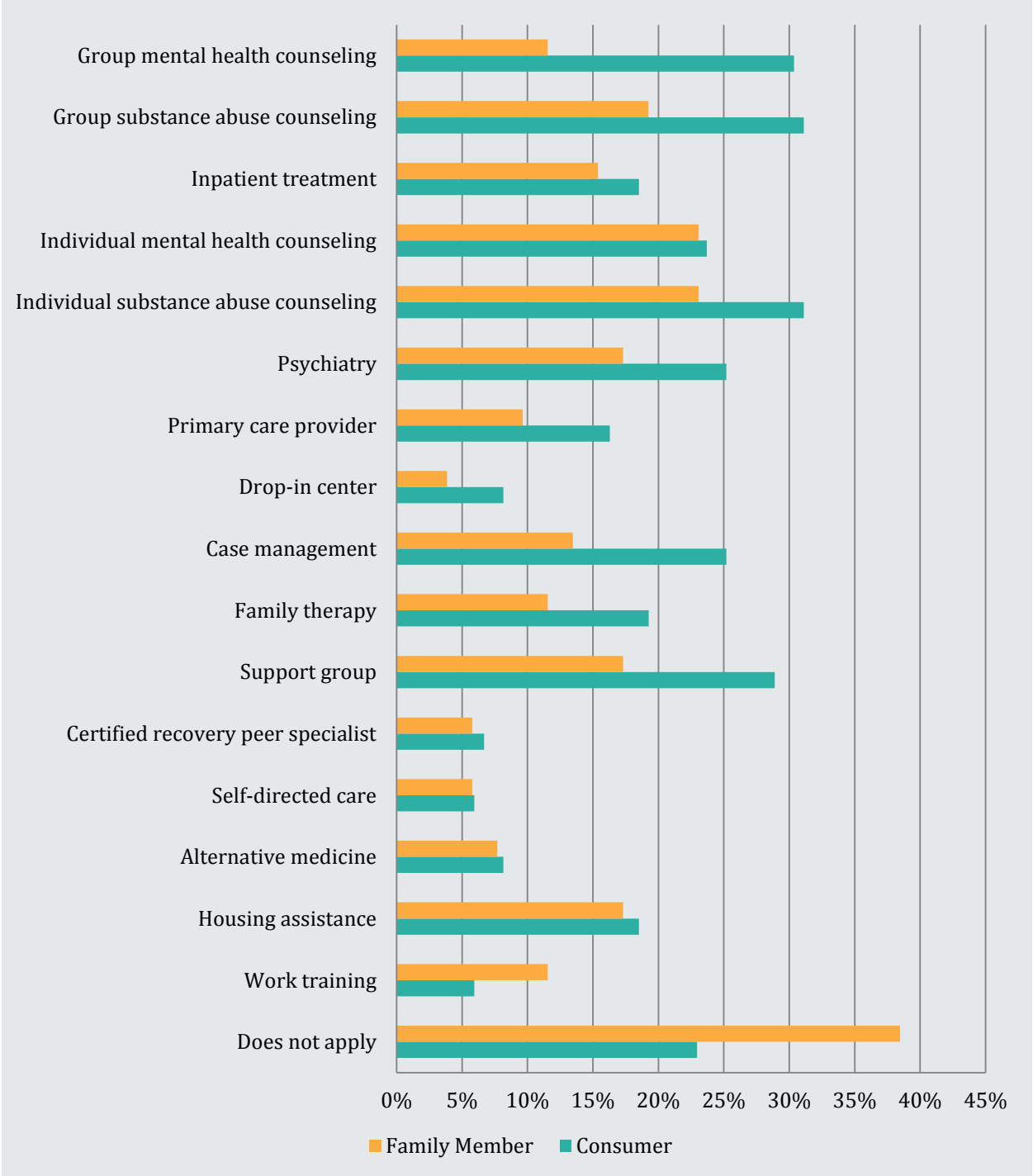


FIGURE 38: MOST IMPORTANT SUBSTANCE ABUSE SERVICE CONSUMER VS. FAMILY MEMBER/CAREGIVER

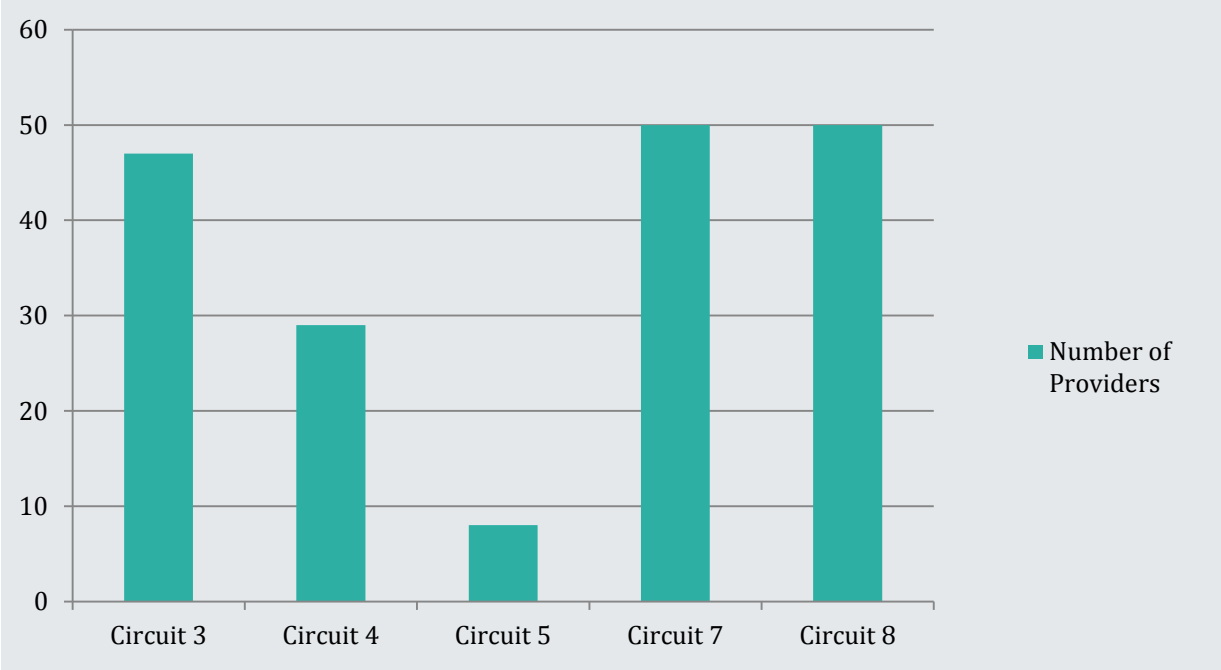


METHODOLOGY PROVIDER SURVEY

Surveys were distributed to Lutheran Services Florida contracted providers via email by Lutheran Services Florida. Surveys were available to be completed online utilizing SurveyMonkey. Distribution of the survey began in mid-October and was closed on December 2. Survey questions were designed to access strengths and gaps in mental health and substance abuse services provided by Lutheran Services Florida. All aspects of the survey were approved by the steering committee via several conference calls and editing sessions. In total, 157 providers responded to the survey.

Summary Of Responses

FIGURE 39: CIRCUIT WHERE PROVIDER OFFERS SERVICES



Providers selected all circuits in which they provide services, meaning a survey respondent could select multiple circuits. Circuit 5 providers were the least represented.

Most providers responded that they or the organization they work for provides Assessment, Case Management, Crisis Stabilization, Crisis Support/Emergency, Outpatient – Individual and Outpatient-Group services. Very few providers responded that they or their employer provides Respite Services, Sheltered Employment, Mental Health Clubhouse Services or Project Recovery.

TABLE 12: MOST COMMON SERVICES PROVIDED BY RESPONDENTS AND THEIR EMPLOYERS

Service Type	Percent of Respondents Who Provide Service
Assessment	86.7
Case Management	72.7
Outpatient – Individual	72.7
Crisis Support/Emergency	60.7
Crisis Stabilization	60.0
Outpatient – Group	60.0
Intervention Individual	59.3
Outreach	58.0
Information and Referral	54.7
Medical Services	53.3

TABLE 13: LEAST COMMON SERVICES PROVIDED BY RESPONDENTS AND THEIR EMPLOYERS

Service Type	Percent of Respondents Who Provide Service
Mental Health Clubhouse Services	2.0
Project Recovery	2.7
Respite Services	2.7
Sheltered Employment	3.3
Room And Board with Supervision III	4.7
Room and Board with Supervision II	7.3
Room and Board with Supervision I	6.0
Short Term Residential Treatment	8.0
FACT Teams	8.7
Drop-in/Self-help Centers	10.7
BHOS	10.7

TABLE 14: DIAGNOSES TREATED MOST OFTEN BY PROVIDERS

Disorder	Response Count
Disorders usually first diagnosed in infancy, childhood or adolescence	13
Attention Deficit and Disruptive Behavior Disorders	42
Alcohol Related Disorders	50
Amphetamine or Amphetamine-Like Related Disorders	17
Cannabis-Related Disorders	28
Cocaine-Related Disorders	23
Hallucinogen-Related Disorders	12
Nicotine-Related Disorders	7
Opioid-Related Disorders	39
Sedative, Hypnotic, Anxiolytic Disorders	14
Polysubstance Related Disorder	43
Schizophrenia and other Psychotic Disorders	60
Depressive Disorders	93
Bipolar Disorders	69
Anxiety Disorders	48
Post-Traumatic Stress Disorder	38
Eating Disorders	7
Sleep Disorders	7
Adjustment Disorders	28
Personality Disorders	23
Problems Related to Abuse or Neglect	25
Other	7

Providers were asked to identify which serves need to be increase to meet the needs of the community. In order to limit responses, providers were only allowed to select the three services with the highest unmet need. Answer options and responses at the circuit-level are presented in the following table.

TABLE 15: MOST NEEDED SERVICES BY CIRCUIT

Service Type	Circuit 3	Circuit 4	Circuit 5	Circuit 7	Circuit 8
Group counseling-mental health	9	6	1	11	16
Group counseling-substance abuse	6	3	0	13	9
Inpatient treatment (overnight)	4	3	1	17	8
Individual counseling-mental illnesses	15	8	5	25	13
Individual counseling-substance dependence	7	4	1	18	14
Psychiatry	16	11	2	21	18
Primary Care	10	5	3	10	8
Drop-in Center	10	3	2	15	10
Case Management	12	11	3	27	15
Family Therapy	11	8	1	14	12
Support Groups	22	6	1	11	16

TABLE 16: WHAT TOP 3 BARRIERS DO PROVIDERS FACE WHEN TRYING TO MEET THE NEEDS OF CONSUMERS?

Service Type	Circuit 3	Circuit 4	Circuit 5	Circuit 7	Circuit 8
Funding	33	21	7	45	33
Policies	5	3	0	7	2
Rate of Reimbursement	5	11	3	15	13
Infrastructure	5	0	0	2	3
Education Level of Providers	1	0	0	3	4
Workforce Development	3	2	0	3	4
Adequate Staffing	16	8	5	10	18
Consumer loss of housing	8	3	2	6	10
Consumer loss of funding	18	10	1	13	10
Consumer loss of access to medications	15	4	1	16	14
Staff attrition	2	1	0	2	7
Staff burnout	13	2	1	7	16
Consumer Arrest	0	0	0	2	1
Ensuring Access	5	3	1	8	6
Regulation	2	3	0	5	1

Funding is by far the most common issue in providing services, with over 80% of providers citing it as a barrier. Additional comments included a desire for services for youth, funding in order to integrate mental

health and substance abuse services, housing and employment assistance, and consumers that face transportation issues, especially in rural communities.

Circuit Comparisons

Circuit 3 is the only circuit that provides some degree of each of the services listed in the survey. Circuit 5 provides the most limited range of services. Written in responses for Circuit 4 included pet/animal therapy. In Circuit 7, providers suggested therapeutic group homes.

TABLE 17: MOST COMMON SERVICES BY CIRCUIT BY PERCENT RESPONSES

CIRCUIT 3	
Service	Percent Response
Assessment	84.8
Inpatient	69.6
Outreach; Outpatient – Individual; Crisis Stabilization	67.4
CIRCUIT 4	
Service	Percent Response
Assessment	92.0
Outpatient – Individual; Case Management	80.0
Prevention	72.0
Crisis Support/Emergency	68.0
CIRCUIT 5	
Service	Percent Response
Outpatient – Individual	62.5
Substance Abuse Recovery Support Group; Prevention; Medical Services; Crisis Stabilization; Case Management; Assessment	50.0
CIRCUIT 7	
Service	Percent Response
Assessment	87.8
Outpatient – Individual; Case Management	67.4
Crisis Stabilization	53.1
Outpatient – Group; Intervention – Individual	51.0
CIRCUIT 8	
Service	Percent Response
Assessment	83.7
Crisis Stabilization	73.5
Outreach; Outpatient – Individual; Case Management	71.4

Circuit 3 most commonly treated individuals with depression, bipolar disorders, psychotic disorders, anxiety disorders and post-traumatic stress disorder (PTSD). Circuit 4 also saw depression most commonly, but they also treated those with psychotic disorders, alcohol-related disorders, attention-deficit and disruptive behavior disorders, and bipolar disorders. In addition to attention deficit disorders, anxiety disorders, depression and bipolar disorders, all respondents in Circuit 5 reported treating individuals with

psychotic disorders. Polysubstance-related disorders were unique to Circuit 7 and opioid-related disorders were unique to Circuit 8.

Respondents from Circuit 3 suggested support groups (50%), psychiatry (36.36%), and individual mental health counseling (34.09%) as services that need to be increased. Circuit 4 respondents noted a need for increased case management and psychiatry (45.83%) as well as family therapy and individual mental health counseling (33.33%). Circuit 5 providers said they would like to see more individual mental health counseling (71.43%), primary care and case management (42.86%). In Circuit 7, providers need case management (57.45%), individual mental health counseling (53. 19%) and psychiatry (44.68%). Finally, respondents from Circuit 8 suggested psychiatry (38.3%), group mental health counseling (34.04%) and support groups (34.04%).

Appendix

The Appendix serves to provide supporting materials as referenced in the Lutheran Services Florida Needs Assessment Report.

Contents include:

- The Steering Committee Member List
- Focus Group Materials
  - Consumer/Family Member/Caregiver Informed Consent and Script
  - CEO Provider Informed Consent and Script
  - Advocate Informed Consent and Script
- Survey Materials
  - Consumer/Family Member/Caregiver Survey (paper format)
  - Provider Survey (paper format)

STEERING COMMITTEE MEMBER LIST

The following individuals served on the Steering Committee:

- Carl Falconer
- Shirley Holland
- Anne Sickinger
- Renea Tester
- John Cooper
- Chet Bell
- Maggie Labarta
- Melissa Witmeier
- Vicki Waytowich
- Debra Wise

The following individuals participated in at least one steering committee meeting, however, were not formal members of the committee:

- Theresa Rulien
- Carl Coalson
- Dale Benefiled

FOCUS GROUP MATERIALS

CONSUMER/FAMILY MEMBER/CAREGIVER FOCUS GROUP INFORMED CONSENT AND SCRIPT

STATEMENT OF INFORMED CONSENT

I, _____, agree to participate in this focus group being conducted by WellFlorida Council regarding Mental Health and Substance Abuse related services.

I understand that the purpose of this focus group is to understand strengths and gaps of Mental Health and Substance Abuse care in North Central Florida. We will discuss my general ideas and opinions about the providers of Mental Health and Substance Abuse related services including counselors, medical doctors, and any other services I may be aware of regarding the treatment of Mental Illnesses and Substance Dependence disorders. I understand that this focus group interview will last less than 2 hours and will be audio taped.

I understand that my participation in this focus group is entirely voluntary, and that if I wish to withdraw from the focus group or to leave, I may do so at any time, and that I do not need to give any reasons or explanations for doing so. If I do wish to withdraw from the focus group, I understand that this will have no effect on my relationship with the WellFlorida Council or any other organization or agency. I also understand that if I do withdraw from the study, the $20 incentive for my participation will be forfeited.

I understand that to prevent violations of my own or other's privacy, I have been asked not to talk about any of my own or other's private experiences that may be too personal to share in a group setting. I also understand that I have an obligation to respect the privacy of other members of the group. Therefore, I will not discuss any personal information that is shared during this focus group outside of this group.

I understand that all the information I give will be kept confidential, and that the names of all people in the focus group will be kept confidential. The recording of this focus group will only be heard by approved WellFlorida staff and will be destroyed upon completion of the final report. No providers, including Lutheran Services Florida or its contractors shall have access to the recording.

I understand that I may not receive any direct benefit from participating in this study, but that my participation may help others in the future.

The facilitators of the focus group have offered to answer any questions I may have about the study and what I am expected to do.

I have read and understand this information, and I agree to take part in the focus group.

_____ _____

Signature Date

SCRIPT

Hello and welcome to our focus group. A focus group is basically just a chance to talk with people who have something in common. So I'd like to thank you for joining our discussion group as we try to identify strengths and gaps in the mental health and substance abuse services.

My name is _____ and I work with WellFlorida Council. WellFlorida is a group out of Gainesville that is working with Lutheran Services Florida. I have several questions that I hope will stimulate discussion among you. I am not trying to change your mind or convince you of anything. I just want to hear your opinions. Everyone's opinion is very important so everyone will get a chance to speak. Each of you has different experiences that can mold our discussion. Feel free to express your opinion even if it is opposite from the person beside you. There are no right or wrong answers.

I will be taking notes today to help make the written report of our talk.

I want to tell you a few rules before we get started. The first rule is that everything you say will stay between us. I will not include your name in the written report. You may notice the voice recorder that is recording what we are saying. This is to make sure that what I write in the final report is what you have said, but the recording will be erased once the report is written. Furthermore, the recording will only be heard by approved WellFlorida staff assigned to this project. No providers or Lutheran Services Florida staff will hear the recording.

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

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

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

I have some questions, but they are only to help make sure we cover all of the ideas. I will use them to get us started and to keep our talk going, but you can talk about other things that you might think of along the way. Please feel free to share whatever you think is important for me to understand about mental health and substance abuse in your area/community.

Are there any other questions? Okay, let's get started. As a way of warming up, I would like to ask each of you what your favorite hobby is. What is your favorite hobby?

1. What are some of the challenges that you or your loved one faced in relation to mental illness and/or substance abuse.
2. What were some of the barriers to getting your/his/her mental health or substance abuse needs met?
3. What would make someone delay or not receive treatment for mental illness or substance abuse?
4. What do you consider a crisis? Who would you contact if you were in need of immediate crisis care?
5. What services have you been satisfied with? What services have you been dissatisfied with?
6. What would you change about your experience with services provided?

7. Which services do you think are most important for people living with mental illness or substance abuse?
8. What services do you feel are needed but are not provided?
9. What do you feel is an appropriate wait time for scheduling an appointment?
10. What do you feel defines a good provider client relationship (how well does your provider relate to you)?
11. If you could "wave a magic wand" and do anything, what prevention and care services/efforts would you like to see increased or expanded?
12. Do you have more than one payor source? Are you able to access services for as long as you need them OR does your payor source stop covering care after a pre-determined number of sessions/visits?

CEO PROVIDER FOCUS GROUP MATERIALS

STATEMENT OF INFORMED CONSENT

I, _____, agree to participate in this focus group being conducted by WellFlorida Council regarding Mental Health and Substance Abuse related services.

I understand that the purpose of this focus group is to understand strengths and gaps of Mental Health and Substance Abuse care in North Central Florida. We will discuss my general ideas and opinions about Lutheran Services Florida the providers of Mental Health and Substance Abuse related services including counselors, medical doctors, and any other services I may be aware of regarding the treatment of Mental Illnesses and Substance Dependence disorders. I understand that this focus group interview will last less than 2 hours and will be audio taped.

I understand that my participation in this focus group is entirely voluntary, and that if I wish to withdraw from the focus group or to leave, I may do so at any time, and that I do not need to give any reasons or explanations for doing so. If I do wish to withdraw from the focus group, I understand that this will have no effect on my relationship with the WellFlorida Council or any other organization or agency.

I understand that to prevent violations of my own or other's privacy, I have been asked not to talk about any of my own or other's private experiences that may be too personal to share in a group setting. I also understand that I have an obligation to respect the privacy of other members of the group. Therefore, I will not discuss any personal information that is shared during this focus group outside of this group.

I understand that all the information I give will be kept confidential, and that the names of all people in the focus group will be kept confidential. The recording of this focus group will only be heard by approved WellFlorida staff and will be destroyed upon completion of the final report. No providers, including Lutheran Services Florida, or its contractors shall have access to the recording.

I understand that I may not receive any direct benefit from participating in this study, but that my participation may help others in the future.

The facilitators of the focus group have offered to answer any questions I may have about the study and what I am expected to do.

I have heard and understand this information, and I agree to take part in the focus group.

**The Focus Group Facilitator read the informed consent at the start of each CEO Provider focus group conference call. Participants were asked to agree with the statement of informed consent. No one failed to agree with the statement of informed consent.

SCRIPT

Hello and welcome to our focus group. A focus group is basically just a chance to talk with people who have something in common. So I'd like to thank you for joining our discussion group as we try to identify strengths and gaps in the mental health and substance abuse services.

My name is _____ and I work with WellFlorida Council. WellFlorida is a group out of Gainesville that is working with Lutheran Services Florida. I have several questions that I hope will stimulate discussion among you. I am not trying to change your mind or convince you of anything. I just want to hear your opinions. Everyone's opinion is very important so everyone will get a chance to speak. Each of you has different experiences that can mold our discussion. Feel free to express your opinion even if it is opposite from the person beside you. There is no right or wrong answer.

I will be taking notes today to help make the written report of our talk.

I want to tell you a few rules before we get started. The first rule is that everything you say will stay between us. I will not include your name in the written report. There is a voice recorder that is recording what we are saying. This is to make sure that what I write in the final report is what you have said, but the recording will be erased once the report is written. Furthermore, the recording will only be heard by approved WellFlorida staff assigned to this project. No providers or Lutheran Services Florida staff will hear the recording.

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

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

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

I have some questions, but they are only to help make sure we cover all of the ideas. I will use them to get us started and to keep our talk going, but you can talk about other things that you might think of along the way. Please feel free to share whatever you think is important for me to understand about providing mental health and substance abuse services in your area/community.

Are there any other questions? Okay, let's get started.

1. As a provider, what challenges do you face trying to meet the needs of your clients and the community?
2. What services do you believe consumers are satisfied with? What services do you believe consumers are least satisfied with?
3. What services are needed in your area, but not provided?
4. What services are already provided in your area, but need to be increased?
5. What can LSF do to better assist providers in meeting the needs of clients and the community?
6. How do multiple regulatory requirements affect your agencies' operations? How could coordination of regulatory requirements be handled?

ADVOCATE FOCUS GROUP MATERIALS

STATEMENT OF INFORMED CONSENT

I, _____, agree to participate in this focus group being conducted by WellFlorida Council regarding Mental Health and Substance Abuse related services.

I understand that the purpose of this focus group is to understand strengths and gaps of Mental Health and Substance Abuse care in North Central Florida. We will discuss my general ideas and opinions about Lutheran Services Florida the providers of Mental Health and Substance Abuse related services including counselors, medical doctors, and any other services I may be aware of regarding the treatment of Mental Illnesses and Substance Dependence disorders. I understand that this focus group interview will last less than 2 hours and will be audio taped.

I understand that my participation in this focus group is entirely voluntary, and that if I wish to withdraw from the focus group or to leave, I may do so at any time, and that I do not need to give any reasons or explanations for doing so. If I do wish to withdraw from the focus group, I understand that this will have no effect on my relationship with the WellFlorida Council or any other organization or agency.

I understand that to prevent violations of my own or other's privacy, I have been asked not to talk about any of my own or other's private experiences that may be too personal to share in a group setting. I also understand that I have an obligation to respect the privacy of other members of the group. Therefore, I will not discuss any personal information that is shared during this focus group outside of this group.

I understand that all the information I give will be kept confidential, and that the names of all people in the focus group will be kept confidential. The recording of this focus group will only be heard by approved WellFlorida staff and will be destroyed upon completion of the final report. No providers, including Lutheran Services Florida, or its contractors shall have access to the recording.

I understand that I may not receive any direct benefit from participating in this study, but that my participation may help others in the future.

The facilitators of the focus group have offered to answer any questions I may have about the study and what I am expected to do.

I have heard and understand this information, and I agree to take part in the focus group.

**The Focus Group Facilitator read the informed consent at the start of the Advocate focus group conference call. Participants were asked to agree with the statement of informed consent. No one failed to agree with the statement of informed consent.

SCRIPT

Hello and welcome to our focus group. A focus group is basically just a chance to talk with people who have something in common. So I'd like to thank you for joining our discussion group as we try to identify strengths and gaps in the mental health and substance abuse services.

My name is _____ and I work with WellFlorida Council. WellFlorida is a group out of Gainesville that is working with Lutheran Services Florida. I have several questions that I hope will stimulate discussion among you. I am not trying to change your mind or convince you of anything. I just want to hear your opinions. Everyone's opinion is very important so everyone will get a chance to speak. Each of you has different experiences that can mold our discussion. Feel free to express your opinion even if it is opposite from the person beside you. There is no right or wrong answer.

I will be taking notes today to help make the written report of our talk.

I want to tell you a few rules before we get started. The first rule is that everything you say will stay between us. I will not include your name in the written report. There is a voice recorder that is recording what we are saying. This is to make sure that what I write in the final report is what you have said, but the recording will be erased once the report is written. Furthermore, the recording will only be heard by approved WellFlorida staff assigned to this project. No providers or Lutheran Services Florida staff will hear the recording.

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

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

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

I have some questions, but they are only to help make sure we cover all of the ideas. I will use them to get us started and to keep our talk going, but you can talk about other things that you might think of along the way. Please feel free to share whatever you think is important for me to understand about providing mental health and substance abuse services in your area/community.

Are there any other questions? Okay, let's get started.

7. As a provider, what challenges do you face trying to meet the needs of your clients and the community?
8. What services do you believe consumers are satisfied with? What services do you believe consumers are least satisfied with?
9. What services are needed in your area, but not provided?
10. What services are already provided in your area, but need to be increased?
11. What can LSF do to better assist providers in meeting the needs of clients and the community?
12. How do multiple regulatory requirements affect your agencies' operations? How could coordination of regulatory requirements be handled?

SURVEY MATERIALS

CONSUMER/FAMILY MEMBER/CAREGIVER SURVEY

Mental Health and Substance Abuse Consumer Survey

If you, a family member or someone you support has a mental illness or substance dependency, this is your opportunity to tell us what services are needed. Your answers will help the managing entity, Lutheran Services Florida Health Systems, decide how funding is used in your area for mental health and substance abuse services.

The survey is part of a larger needs assessment taking place in a 23 county area. WellFlorida Council Inc., a nonprofit health planning council, has been contracted by Lutheran Services Florida Health Systems to conduct an unbiased needs assessment to determine strengths and gaps in services for mental health and substance abuse.

This survey will be analyzed by WellFlorida Council and results will be included in the final needs assessment report. Mental health and substance abuse providers will not have access to your individual responses nor will they know which clients participated in the survey.

Some questions are personal, but we have to ask them to know how best to help you and/or your family member/someone you support. We ask that you be as honest as possible when answering all questions. All the answers will be combined so no one will be able to identify you. When you click on "done" at the end of the survey, you will have satisfactorily completed the survey.

We ask that you please tell your friends about this survey. We want to hear from many people who are living with mental illnesses and/or substance dependences or who care for someone who is living with mental illnesses and/or substance dependences.

If you take care of someone who cannot fill out the survey alone, please help him or her.

If you have completed this survey in the past 2 months, do not respond again.

If you are both a consumer and a family member/support a person receiving services, please respond to the survey twice: 1 time as a consumer and 1 time as a family member/supporter of a consumer.

WellFlorida thanks you for the time that you have taken to complete this survey.

***1. I am responding to this survey as: (choose one)**

*** If you are a consumer of mental health and/or substance abuse services AND a family member/support a person who is receiving services, please respond to this survey twice. Once as a consumer and once as a family member/someone supporting a consumer.**

- ◯ A. a consumer of mental health and/or substance abuse services
- ◯ B. a family member of/support someone receiving mental health and/or substance abuse services

Mental Health and Substance Abuse Consumer Survey

***2. Where did you/family member/someone you support regularly receive your/his/her mental health care in the past 12 months?**

- ◯ Baycare Behavioral Health
- ◯ Camelot Community Care
- ◯ CDS Family & Behavioral Health Services
- ◯ Child Guidance Center
- ◯ Clay Behavioral Health
- ◯ Community Rehabilitation Center
- ◯ Eckerd Youth Alternatives
- ◯ EPIC Community Services
- ◯ Flagler Hospital
- ◯ Florida United Methodist Childrens Home
- ◯ Gainesville Opportunity Center
- ◯ Gateway Community Services
- ◯ Gulf Coast Jewish Family Services
- ◯ Halifax Hospital Medical Center
- ◯ Hanley Center
- ◯ Haven Recovery Center
- ◯ Hippodrome State Theatre
- ◯ House Next Door
- ◯ Human Services Associates
- ◯ Lifestream Behavioral Center
- ◯ Quality Life Center of Jacksonville
- ◯ Mental Health Association of Volusia
- ◯ Mental Health Resource Center
- ◯ Meredian Behavioral Healthcare
- ◯ Nassau County Mental Health dba Starting Point
- ◯ Northwest Behavioral Health
- ◯ River Region Human Services
- ◯ SMA Behavioral Health Services
- ◯ St. Augustine Youth Services

- ◯ The Centers
- ◯ The ITM Group
- ◯ Urban Jacksonville
- ◯ Primary Care Provider
- ◯ Did not receive Mental Health care in past 12 months
- ◯ None of the above

If you selected, "None of the Above," please identify the provider where you/family member/person you support received services:

***3. Where did you/family member/person you support regularly receive your/his/her substance dependence care in the past 12 months?**

- ◯ Baycare Behavioral Health
- ◯ Camelot Community Care
- ◯ CDS Family & Behavioral Health Services
- ◯ Child Guidance Center
- ◯ Clay Behavioral Health
- ◯ Community Rehabilitation Center
- ◯ Eckerd Youth Alternatives
- ◯ EPIC Community Services
- ◯ Flagler Hospital
- ◯ Florida United Methodist Childrens Home
- ◯ Gainesville Opportunity Center
- ◯ Gateway Community Services
- ◯ Gulf Coast Jewish Family Services
- ◯ Halifax Hospital Medical Center
- ◯ Hanley Center
- ◯ Haven Recovery Center
- ◯ Hippodrome State Theatre
- ◯ House Next Door
- ◯ Human Services Associates
- ◯ Lifestream Behavioral Center
- ◯ Quality Life Center of Jacksonville
- ◯ Mental Health Association of Volusia
- ◯ Mental Health Resource Center
- ◯ Meredian Behavioral Healthcare
- ◯ Nassau County Mental Health dba Starting Point
- ◯ Northwest Behavioral Health
- ◯ River Region Human Services
- ◯ SMA Behavioral Health Services
- ◯ St. Augustine Youth Services

- ◯ The Centers
- ◯ The ITM Group
- ◯ Urban Jacksonville
- ◯ Primary Care Provider
- ◯ Did not receive Substance Abuse Care in past 12 months
- ◯ None of the above

If you selected, "None of the Above," please identify the provider where you/family member/person you support received services:

Mental Health and Substance Abuse Consumer Survey

***4. Please identify all of the services you or your family member/person you support received in the past 12 months:**

- [ ] Received a behavioral health Crisis Screening or Assessment
- [ ] Received Case Management or other Recovery Support Services
- [ ] Received a behavior health Screening or Assessment by Appointment
- [ ] Admitted as an Inpatient at a local hospital crisis unit or agency crisis unit
- [ ] Admitted as an Inpatient at a local hospital detoxification unit or agency detoxification unit
- [ ] Admitted as an inpatient is a state psychiatric hospital
- [ ] Lived in a Residential treatment program, group home, sober house or Adult Living Facility
- [ ] Attended Day/Night Treatment (4 hours or more per day, 20 hours or more per week)
- [ ] Attended Outpatient Therapy from a certified or licensed therapist including intervention and aftercare
- [ ] Had an appointment at an Outpatient Psychiatric Medication Clinic
- [ ] Received Outpatient Detoxification
- [ ] Participated in a Drug Court, DUI Court or Mental Health Court
- [ ] Participated in Sheltered or Supported Employment
- [ ] Participated in a Methadone Maintenance program
- [ ] Participated in a Treatment Accountability for Safer Communitiies (TASC) program
- [ ] Participated in an in Jail or in Prison treatment program
- [ ] Contacted telephone Information and Referral regarding behavioral health services
- [ ] Participated in a Florida Assertive Community Treatment (FACT) team
- [ ] Attended a National Alliance on Mental Illness (NAMI) or Mental Health America (MHA) Family Group
- [ ] Attended any type of 12 Step program for families
- [ ] Attended any other type of program for families
- [ ] Attended a 12 Step program
- [ ] Attended any other type of mutual or self help group for people recovering from behavioral illnesses
- [ ] Received Alternative Services: acupuncture, meditation, massage, etc.
- [ ] Received Housing Assistance
- [ ] Received Work Training

Other (please specify):

Mental Health and Substance Abuse Consumer Survey

***5. Please identify why you or your family member Did or Did Not use the services listed below by selecting one of the answer options.**

	I/My family member/person I support received this service	I/My family member/person I support needed and knew of this service, but it was unavailable at the time I needed it	I/My family member/person I support needed this service, but was unaware it was offered	I/My family member/person I support did not need this service	I/My family member/person I support did not want this service
Crisis Screening or Assessment	◯	◯	◯	◯	◯
Case Management/Recovery Support Services	◯	◯	◯	◯	◯
Screening/Assessment by Appointment	◯	◯	◯	◯	◯
Inpatient at a local hospital crisis unit or agency crisis unit	◯	◯	◯	◯	◯
Inpatient at a local hospital detoxification unit or agency detoxification unit	◯	◯	◯	◯	◯
Inpatient is a state psychiatric hospital	◯	◯	◯	◯	◯
Lived in a Residential treatment program, group mome, sober house or Adult Living Facility	◯	◯	◯	◯	◯
Day/Night Treatment (4 hours or more per day, 20 hours or more per week)	◯	◯	◯	◯	◯
Outpatient Therapy from a certified or licensed therapist including intervention and aftercare	◯	◯	◯	◯	◯
Outpatient Psychiatric Medication Clinic	◯	◯	◯	◯	◯
Outpatient Detoxification	◯	◯	◯	◯	◯
Drug Court, DUI Court or Mental Health Court	◯	◯	◯	◯	◯
Sheltered or Supported Employment	◯	◯	◯	◯	◯
Methadone Maintenance program	◯	◯	◯	◯	◯
Treatment Accountability for Safer Communitiies (TASC) program	◯	◯	◯	◯	◯
Jail or in Prison treatment	◯	◯	◯	◯	◯

program					
Telephone Information and Referral regarding behavioral health services	◯	◯	◯	◯	◯
Florida Assertive Community Treatment (FACT) team	◯	◯	◯	◯	◯
National Alliance on Mental Illness (NAMI) or Mental Health America (MHA) Fanily Group	◯	◯	◯	◯	◯
12 Step program for families	◯	◯	◯	◯	◯
Program for families	◯	◯	◯	◯	◯
Mutual or self help group for people recovering from behavioral illnesses	◯	◯	◯	◯	◯
Prevention or education program open to the public	◯	◯	◯	◯	◯
Alternative Services: acupuncture, meditation, massage, etc.	◯	◯	◯	◯	◯
Housing Assistance	◯	◯	◯	◯	◯
Work Training	◯	◯	◯	◯	◯

***6. Which services do you think are most important for you or your family member/person you support regarding mental health? (Please choose only 3)**

- [ ] 1. Group counseling-mental health
- [ ] 2. Group counseling-substance abuse
- [ ] 3. Inpatient treatment (overnight)
- [ ] 4. Individual counseling- mental health
- [ ] 5. Individual counseling- substance dependence
- [ ] 6. Psychiatry
- [ ] 7. Primary Care Provider
- [ ] 8. Drop-in Center
- [ ] 9. Case Management
- [ ] 10. Family Therapy
- [ ] 11. Support Group
- [ ] 12. Certified Recovery Peer Specialist
- [ ] 13. Self-Directed Care
- [ ] 14. Alternative Services: acupuncture, meditation, massage, etc.
- [ ] 15. Housing Assistance
- [ ] 16. Work Training
- [ ] 17. Does not apply (I do not/My family member does not need mental health related services)

Mental Health and Substance Abuse Consumer Survey

***7. Which services do you think are most important for you or your family member/person you support regarding substance dependence? (Please choose only 3)**

- [ ] 1. Group counseling-mental health
- [ ] 2. Group counseling-substance abuse
- [ ] 3. Inpatient treatment (overnight)
- [ ] 4. Individual counseling- mental health
- [ ] 5. Individual counseling- substance dependence
- [ ] 6. Psychiatry
- [ ] 7. Primary Care Provider
- [ ] 8. Drop-in Center
- [ ] 9. Case Management
- [ ] 10. Family Therapy
- [ ] 11. Support Group
- [ ] 12. Certified Recovery Peer Specialist
- [ ] 13. Self-Directed Care
- [ ] 14. Alternative Services: acupuncture, meditation, massage, etc.
- [ ] 15. Housing Assistance
- [ ] 16. Work Training
- [ ] 17. Does not apply (I do not/My family member does not need substance dependence related services.)

***8. Which services do you think are most important for you or your family member/person you support who is living with mental illnesses and substance dependence?**

- [ ] 1. Group counseling-mental health
- [ ] 2. Group counseling-substance abuse
- [ ] 3. Inpatient treatment (overnight)
- [ ] 4. Individual counseling- mental health
- [ ] 5. Individual counseling- substance dependence
- [ ] 6. Psychiatry
- [ ] 7. Primary Care Provider
- [ ] 8. Drop-in Center
- [ ] 9. Case Management
- [ ] 10. Family Therapy
- [ ] 11. Support Group
- [ ] 12. Certified Recovery Peer Specialist
- [ ] 13. Self-Directed Care
- [ ] 14. Alternative Services: acupuncture, meditation, massage, etc.
- [ ] 15. Housing Assistance
- [ ] 16. Work Training

***9. Have you or your family member/someone you support been to the hospital (Emergency Department) for a mental health related condition during the past 12 months?**

- ◯ 1. Yes, I/he/she was admitted voluntarily
- ◯ 2. Yes, I/he/she was admitted involuntarily under a Baker Act or Marchman Act
- ◯ 3. No
- ◯ 4. I don't know

Mental Health and Substance Abuse Consumer Survey

***10. Have you or your family member/someone you support been to the hospital (Emergency Department) for a substance abuse related condition during the past 12 months?**

- ◯ 1. Yes, I/he/she was admitted voluntarily
- ◯ 2. Yes, I/he/she was admitted involuntarily under a Baker Act or Marchman Act
- ◯ 3. No
- ◯ 4. I don't know

***11. What were some of the barriers of you/ family member/someone you support getting the mental health services you needed during the past 12 months? (Please select all that apply)**

- [ ] 1. Cost
- [ ] 2. Transportation
- [ ] 3. Location of service
- [ ] 4. In Jail
- [ ] 5. Not aware service was available
- [ ] 6. Service was not available
- [ ] 7. Primary care physician did not refer to any services
- [ ] 8. Stigma (fear, shame, worried what other people would think)
- [ ] 9. Refused services offered
- [ ] Other (please specify)

***12. What were some of the barriers of you/or family member/someone you support getting the substance dependence services you needed during the past 12 months? (Please select all that apply)**

- [ ] 1. Cost
- [ ] 2. Transportation
- [ ] 3. Location of service
- [ ] 4. In Jail
- [ ] 5. Service was not available
- [ ] 6. Not aware service was available
- [ ] 7. Primary care did not refer to services
- [ ] 8. Stigma (fear, shame, worried what people might think)
- [ ] 9. Refused service
- [ ] 10. Afraid of being jailed for possession instead of referred to treatment
- [ ] Other (please specify)

***13. What is the average roundtrip distance from your/family member's home to your/his/her mental health care provider?**

- ◯ A. 5 - 15 miles
- ◯ B.16 - 30 miles
- ◯ C. 31 - 50 miles
- ◯ D. 51 - 75 miles
- ◯ E. 76 - 100 miles
- ◯ F. More than 100 miles
- ◯ G. Do not receive mental health care services
- ◯ H. I don't know

***14. What is the average roundtrip distance from your/your family member's home to your/his/her substance abuse treatment provider?**

- ◯ A. 5 - 15 miles
- ◯ B.16 - 30 miles
- ◯ C. 31 - 50 miles
- ◯ D. 51 - 75 miles
- ◯ E. 76 - 100 miles
- ◯ F. More than 100 miles
- ◯ G. Do not receive substance abuse services
- ◯ H. I don't know

Other (please specify)

***15. Is public transportation available in your/his/her area?**

- ◯ 1. Yes
- ◯ 2. No
- ◯ 3. I don't know

Mental Health and Substance Abuse Consumer Survey

16. What form of transportation do you/your family member/person you support use to get to your/his/her mental health/substance abuse provider's location?

- [ ] 1. Public transportation
- [ ] 2. Medicare/Medicaid bus
- [ ] 3. Personal vehicle
- [ ] 4. Friend drives me
- [ ] 5. Cab service
- [ ] 6. Walk/Ride bicycle

Other (please specify)

17. Please answer the following questions in regards to you/your family member/the person you support's primary mental health provider. If you or your family member/person you support has/have not seen a mental health provider in the past 12 months, please select "Does not apply." Please note, your primary mental health provider may be your primary care physician.

	All of the time	Most times	Sometimes	Rarely	Never	Does not Apply
1. When I/He/She need an appointment, I/he/she can schedule one soon enough to meet my/his/her needs	◯	◯	◯	◯	◯	◯
2. The provider hours are convenient to me/him/her	◯	◯	◯	◯	◯	◯
3. I/He/She have/has transportation to the provider	◯	◯	◯	◯	◯	◯
4. The staff at the provider office respects my/his/her privacy	◯	◯	◯	◯	◯	◯
5. The staff at the provider office is available to help me/him/her when I/he/she have/has questions	◯	◯	◯	◯	◯	◯
6. The staff at the provider office is nice to me/her/him	◯	◯	◯	◯	◯	◯
7. The amount of time the provider spends with me/him/her is acceptable	◯	◯	◯	◯	◯	◯
8. I am/He/She is satisfied with the care received	◯	◯	◯	◯	◯	◯
9. My/His/Her provider coordinates my/his/her care with other healthcare providers	◯	◯	◯	◯	◯	◯
10. My/His/Her personal needs are considered by the provider	◯	◯	◯	◯	◯	◯
11. I/He/She make decisions about my/his/her care	◯	◯	◯	◯	◯	◯
12. I am/He/She is getting better	◯	◯	◯	◯	◯	◯

18. Please answer the following questions in regards to your primary substance abuse treatment provider. If you or your family member has/have not seen a substance abuse treatment provider in the past 12 months, please select "Does not apply."

	All of the time	Most times	Sometimes	Rarely	Never	Does not Apply
1. When I/He/She need an appointment, I/he/she can schedule one soon enough to meet my/his/her needs	◯	◯	◯	◯	◯	◯
2. The provider hours are convenient to me/him/her	◯	◯	◯	◯	◯	◯
3. I/He/She have/has transportation to the provider	◯	◯	◯	◯	◯	◯
4. The staff at the provider office respects my/his/her privacy	◯	◯	◯	◯	◯	◯
5. The staff at the provider office is available to help me/him/her when I/he/she have/has questions	◯	◯	◯	◯	◯	◯
6. The staff at the provider office is nice to me/her/him	◯	◯	◯	◯	◯	◯
7. The amount of time the provider spends with me/him/her is acceptable	◯	◯	◯	◯	◯	◯
8. I am/He/She is satisfied with the care received	◯	◯	◯	◯	◯	◯
9. My/His/Her provider coordinates my/his/her care with other healthcare providers	◯	◯	◯	◯	◯	◯
10. My/His/Her personal needs are considered by the provider	◯	◯	◯	◯	◯	◯
11. I/He/She make decisions about my/his/her care	◯	◯	◯	◯	◯	◯
12. I am/He is/She is getting better	◯	◯	◯	◯	◯	◯

Mental Health and Substance Abuse Consumer Survey

19. In what county do you/your family member/person you support live?

- ◯ Alachua County
- ◯ Baker County
- ◯ Bradford County
- ◯ Citrus County
- ◯ Clay County
- ◯ Columbia County
- ◯ Dixie County
- ◯ Duval County
- ◯ Flaglar County
- ◯ Gilchrist County
- ◯ Hamilton County
- ◯ Hernando County
- ◯ Lafayette County
- ◯ Lake County
- ◯ Levy County
- ◯ Marion County
- ◯ Nassau County
- ◯ Putnam County
- ◯ St. Johns County
- ◯ Sumter County
- ◯ Suwannee County
- ◯ Union County
- ◯ Volusia County
- ◯ I don't know
- ◯ Other (please specify)

20. What is your/your family member's/person you support zip code?

Mental Health and Substance Abuse Consumer Survey

*21. What is your/your family member/person you support age?

- ◯ 0 - 4
- ◯ 5 - 9
- ◯ 10 - 14
- ◯ 15 - 19
- ◯ 20 - 26
- ◯ 27 - 44
- ◯ 45 - 64
- ◯ 65+
- ◯ I don't know

*22. Race of you/your family member/person you support

- ◯ Caucasian
- ◯ Black
- ◯ 2 or More Races

Other (please specify)

*23. You/Your family member/Person you support is

- ◯ Hispanic
- ◯ Non-Hispanic
- ◯ I don't know

Mental Health and Substance Abuse Consumer Survey

***24. How were you/your family member/person you support referred to treatment?**

- [ ] Employer
- [ ] Hospital
- [ ] Primary Care Provider
- [ ] Family Member/Friend
- [ ] Community Based Organization (included faith-based organization)
- [ ] Attorney
- [ ] Court System
- [ ] Police/Parole Officer
- [ ] Self-Referred
- [ ] I don't know

Other (please specify)

*25. Under what circumstance did you/your family member/person you support seek treatment?

- [ ] Loss of a job
- [ ] Family matter
- [ ] Baker Acted/Marchment Act
- [ ] Employer Request
- [ ] Failing School
- [ ] Rape
- [ ] Trauma
- [ ] Arrest
- [ ] Felt physically ill and sought treatment
- [ ] Felt psychologically ill and sought treatment
- [ ] Alcohol and/or other drug dependent
- [ ] In alcohol and/or other drug withdrawal
- [ ] Alcohol and/or drug overdose
- [ ] Directed by a judge or probation officer
- [ ] Directed by a child welfare organization
- [ ] I don't know

Other (please specify)

*26. What is your/family member's/person you support's payor source?

- [ ] Private Insurance
- [ ] Self Pay/No Pay
- [ ] Medicare
- [ ] Medicaid
- [ ] I don't know

Mental Health and Substance Abuse Consumer Survey

***27. How long have you/your family member/person you support been in treatment?**

- ◯ Less than 1 month
- ◯ 1 to 3 months
- ◯ 3 to 6 months
- ◯ 6 to 9 months
- ◯ 9 to 12 months
- ◯ 1 - 2 years
- ◯ Longer than 2 years
- ◯ I don't know

28. Do you have any additional comments?

Thank you for completing this survey.

PROVIDER SURVEY

Mental Health and Substance Abuse Provider Survey

Mental Health and Substance Abuse Provider Survey

If you are a mental health or substance abuse provider, this is your opportunity to tell us what services are needed. Your answers will help the managing entity, Lutheran Services Florida Health Systems, decide how funding is used in your area for mental health and substance abuse services.

We ask that you be as honest as possible when answering all questions. All the answers will be combined so no one will be able to identify you. When you click on "done" at the end of the survey, you will have satisfactorily completed the survey.

We ask that you please tell other mental health and substance abuse providers about this survey. We want to hear from as many informed providers as possible.

If you have completed this survey in the past 2 months, do not respond again.

This survey is part of a larger needs assessment taking place in a 23 county area. WellFlorida Council Inc., a nonprofit health planning council, has been contracted by Lutheran Services Florida Health Systems to conduct an unbiased needs assessment to determine strengths and gaps in services for mental health and substance abuse.

This survey will be analyzed by WellFlorida Council and results will be included in the final needs assessment report. Lutheran Services Florida will not have access to your individual responses nor will they know which providers participated in the survey.

WellFlorida thanks you for the time that you have taken to complete this survey.

Mental Health and Substance Abuse Provider Survey

Mental Health and Substance Abuse Provider Survey

***1. I provide services in: (select all that apply)**

- [ ] Circuit 3
- [ ] Circuit 4
- [ ] Circuit 5
- [ ] Circuit 7
- [ ] Circuit 8

Mental Health and Substance Abuse Provider Survey

***2. Please identify all of the services you or your organization provided within the past 12 months:**

- [ ] Assessment
- [ ] Case Management
- [ ] Crisis Stabilization
- [ ] Crisis Support/Emergency
- [ ] Day Care
- [ ] Day-Night
- [ ] Drop-In/Self Help Centers
- [ ] In-Home and On-site
- [ ] Inpatient
- [ ] Intensive Case Management
- [ ] Intervention Individual
- [ ] Medical Services
- [ ] Methadone Maintenance
- [ ] Outpatient - Individual
- [ ] Outreach
- [ ] Prevention
- [ ] Prevention/Interv. Day
- [ ] Residential Level I
- [ ] Residential Level II
- [ ] Residential Level III
- [ ] Residential Level IV
- [ ] Respite Services
- [ ] Sheltered Employment
- [ ] Substance Abuse Detox
- [ ] Supported Employment
- [ ] Supported Housing/Living
- [ ] TASC
- [ ] Incidental Expenses
- [ ] Aftercare Individual

Mental Health and Substance Abuse Provider Survey

- [ ] Information and Referral
- [ ] Behavioral Health Overlay Svcs (BHOS)
- [ ] Outpatient Detox
- [ ] FACT Teams
- [ ] Outpatient - Group
- [ ] Room and Board with Supervision I
- [ ] Room and Board with Supervision II
- [ ] Room and Board with Supervision III
- [ ] Short Term Residential Treatment
- [ ] Mental Health Clubhouse Services
- [ ] Project Recovery
- [ ] Intervention Group
- [ ] Aftercare Group
- [ ] MH Comprehensive (CCST) Individual
- [ ] MH Comprehensive (CCST) Group
- [ ] SA Recovery Support Individual
- [ ] SA Recovery Support Group

Other (please specify)

Mental Health and Substance Abuse Provider Survey

*3. What diagnoses do you treat most often? (please choose only 3)

- [ ] Disorders usallly first diagnosed in infancey, childhood or adolescence
- [ ] Attention Deficit and Disruptive Behavior Disorders
- [ ] Alcohol Related Disorders
- [ ] Amphetamine or Amphetamine-Like Related Disorders
- [ ] Cannabis-Related Disorders
- [ ] Cocain-Related Disorders
- [ ] Hallucinogen-Related Disorders
- [ ] Nicotine-Related Disorders
- [ ] Opioid-Related Disorders
- [ ] Sedative, Hypnotic, Anxiolytic Disorders
- [ ] Polysubstance Related Disorder
- [ ] Schizophrenia and other Psychotic Disorders
- [ ] Depressive Disorders
- [ ] Bipolar Disorders
- [ ] Anxiety Disorders
- [ ] Post-Traumatic Stress Disorder
- [ ] Eating Disorders
- [ ] Sleep Disorders
- [ ] Adjustment Disorders
- [ ] Personality Disorders
- [ ] Problems Related to Abuse or Neglect

Other (please specify)

Mental Health and Substance Abuse Provider Survey

4. Which services need to be increased to meet the needs of the community? (Please only select three services with the highest unmet need)

- [ ] Group conseling-mental health
- [ ] Group counseling-substance abuse
- [ ] Inpatient treatment (overnight)
- [ ] Individual counseling-mental illnesses
- [ ] Individual counseling-substance dependence
- [ ] Psychiatry
- [ ] Primary Care
- [ ] Drop-in Center
- [ ] Case Management
- [ ] Family Therapy
- [ ] Support Groups

Mental Health and Substance Abuse Provider Survey

***5. What top 3 barriers do providers face when trying to meet the needs of consumers? (Select only three)**

- [ ] Funding
- [ ] Policies
- [ ] Rate of Reimbursment
- [ ] Infrastructure
- [ ] Education level of providers
- [ ] Workforce development
- [ ] Adequate staffing
- [ ] Consumer loss of housing
- [ ] Consumer loss of funding
- [ ] Consumer loss of access to medications
- [ ] Staff attrition
- [ ] Staff burnout
- [ ] Consumer arrest
- [ ] Ensuring Access
- [ ] Regulation

Mental Health and Substance Abuse Provider Survey

6. Do you have any additional comments?