NEEDS ASSESSMENT

PALM BEACH COUNTY

2019

PRESENTED BY:

The Ronik Radlauer Group, Inc.

FUNDED BY:

Southeast Florida Behavioral Health Network

Palm Beach County COMMUNITY SERVICES
Helping People Build Better Communities

Palm Beach County Florida

Palm Health FOUNDATION
Leading Change for Better Health

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Executive Summary

Southeast Florida Behavioral Health Network, Palm Beach County's Community Services Department, and Palm Health Foundation commissioned the Ronik-Radlauer Group to conduct a follow-up Needs Assessment to the one previously developed in 2016. The Needs Assessment is composed of three phases. The current report reflects the results of the second phase of the process.

Phase One was designed to meet the Department of Children and Families requirement for a regional Needs Assessment for each Managing Entity region. The purpose of the first phase of the assessment was to identify the extent of the unmet need in the community and submit that data to the Department of Children and Families. The first phase included a review of the previous Needs Assessment and Opioid Response Plan, stakeholder interviews, focus groups and a provider survey.

The second phase builds on the information from the first phase. It involved the engagement of additional identified stakeholders through interviews, focus groups and community forums. Additionally, a comprehensive funding analysis was conducted to assist the community with utilizing the data to make informed decisions regarding future funding allocations. This mixed methods approach of data collection and analysis integrates quantitative and qualitative data. The results of this phase, contained in this report, include recommendations to Palm Beach County's Community Services Department in advance of their issuance of the Notice of Funding Opportunities (NOFO) for FY20-21.

The third phase of the Needs Assessment will focus on the development of a comprehensive strategic plan using the information from the first two phases and incorporating community and resident voice in the planning process. This phase is designed to examine organizational, systems, and community infrastructure to plan for the continued development and implementation of a comprehensive, coordinated, integrated behavioral health system of care.

A. Introduction and Overview

A needs assessment is a dynamic process involving multiple sectors of the community. The main purpose of this Behavioral Health Needs Assessment is to improve the health status of Palm Beach County residents and increase access and availability of behavioral health services. The process draws upon qualitative and quantitative population health data to identify unmet behavioral health needs and to improve the quality of life for vulnerable populations.

The setting for this behavioral health needs assessment is Palm Beach County, the second-largest county in the state covering 1,969.76 square miles of land. Palm Beach County was sectioned off from Dade County in 1909, thereby establishing itself as Florida's 47th county. At the time, only about 5,300 people lived in the new county comprised of portions of what are now Broward, Martin, and Okeechobee counties. Broward County was established in 1915, Okeechobee County in 1917 and Martin County in 1925.

The process of a behavioral health needs assessment enables a community-wide establishment of health priorities that are targeted and relevant. It also represents an opportunity for a system-wide coordination of efforts to avoid duplication and strengthen partnerships to capitalize on existing resources.

B. Methodology

The Ronik-Radlauer Group utilized a multi-method approach to collect, analyze and synthesize the data presented in this report.

- A review of secondary quantitative data sets was conducted to analyze the health status of the community through reliable external sources, including the Florida Department of Health and the US Bureau of the Census.
- Qualitative methods are often regarded as providing rich data about real-life people and situations to gain an understanding of their health needs. For this Needs Assessment, key stakeholder interviews, community forums and focus groups were relied upon to identify strengths and challenges as viewed by the community.
- A comprehensive review of reports and recommendations from local and national entities was completed.
- A series of committee meetings were attended and reviewed to gather recommendations from Local Initiatives, Task Forces and Committees and ascertain community effort and engagement related to behavioral health.

A summary analysis relative to the scope of each of these processes is reflected in the body of this report.

C. Quantitative Data Analysis

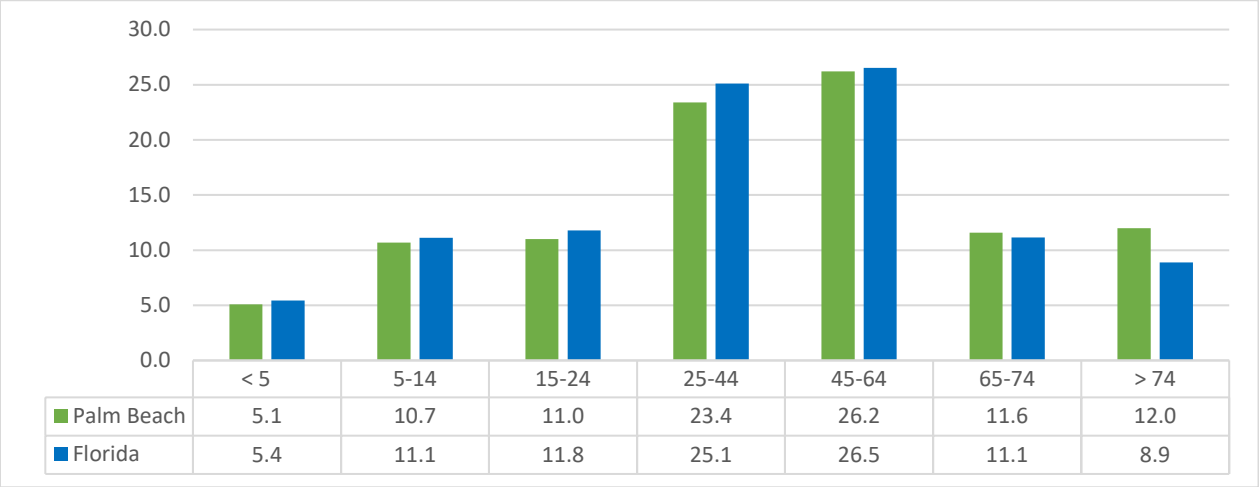
Demographics

The size and diversity of Palm Beach, in conjunction with a variety of other factors, result in a community with complex needs. Palm Beach is the third most populated county in the state of Florida with 1,485,941 residents in 2018, a 12.6% increase from 2010. 23.6% of the population is 65 and over, which is a larger proportion in comparison to the entire state. The population's racial and ethnic breakdown is as follows: 54.1% White, 19.7% Black or African-American and 22.9% Hispanic. 25% of the residents are foreign-born. The median household income is $59,943 and 12.2% of the population lives in poverty. The tables and figures below provide a detailed view of Palm Beach County's demographics.

Table 1. Population Estimates, Palm Beach – 2018	
Population estimates, 2018	1,485,941
Population estimates base, 2010	1,320,135
Population, percent change	12.6%

Source: American Community Survey, US Bureau of the Census, 2018.

Figure 1. Population by Age, Palm Beach, Florida – 2018



	< 5	5-14	15-24	25-44	45-64	65-74	> 74
Palm Beach	5.1	10.7	11.0	23.4	26.2	11.6	12.0
Florida	5.4	11.1	11.8	25.1	26.5	11.1	8.9

Source: American Community Survey, US Bureau of the Census, 2018.

Table 2. Race and Ethnicity, Palm Beach County – 2018	
White alone	74.8%
Black or African American alone	19.7%
American Indian and Alaska Native alone	0.6%
Asian alone	2.9%
Native Hawaiian and Other Pacific Islander alone	0.1%
Two or More Races	1.8%
Hispanic or Latino	22.9%
White alone, not Hispanic or Latino	54.1%

Source: American Community Survey, US Bureau of the Census, 2018.

Social Determinants of Health

Social determinants of health are conditions in which we are born, live, work and play that have a significant impact on our health and well-being. Understanding these factors in the context of behavioral health informs the needs of the community in terms of access to care and support (whether social, community or systemic). While Palm Beach residents seem to fare better than Florida residents overall, they are generally older and 59.6% participate in the labor force. Palm Beach shows a higher unemployment rate than Florida (6.5% versus 6.3%) and 10.3% of households receive Food Stamp/SNAP benefits. 13.6% of the civilian non-institutionalized population lacks health insurance, 9.0% of families are living below the federal poverty level ($25,750/year for family of four), and 13.0% speak English less than very well.

Income

Table 3. Income and Benefits (In 2018 Inflation-Adjusted Dollars)

	Palm Beach		Florida
Total households	548,216	548,216	7,621,760
Less than $25,000	107,416	19.6%	22.0%
$25,000 to $34,999	53,168	9.7%	10.7%
$35,000 to $49,999	71,182	13.0%	14.3%
$50,000 to $74,999	95,186	17.4%	18.4%
$75,000 to $99,999	63,252	11.5%	11.9%
$100,000 to $149,999	75,660	13.8%	12.5%
$150,000 to $199,999	34,529	6.3%	4.8%
$200,000 or more	47,823	8.7%	5.4%
Median household income (dollars)	59,943	-	-
Mean household income (dollars)	$94,302	-	-
With Social Security	219,657	40.1%	37.2%
Mean Social Security income (dollars)	21,433	-	-
With retirement income	99,945	18.2%	19.9%
Mean retirement income (dollars)	32,035	-	-
With Supplemental Security Income	20,751	3.8%	5.1%
Mean Supplemental Security Income (dollars)	10,424	-	-
With cash public assistance income	11,838	2.2%	2.1%
Mean cash public assistance income (dollars)	2,547	-	-
With Food Stamps/SNAP in the past 12 months	56,659	10.3%	14.2%

Source: American Community Survey, US Bureau of the Census, 2018.

Employment

Table 4. Employment Status – 2018

	Palm Beach		Florida
Population 16 years and over	1,199,454	1,199,454	16,932,309
In labor force	716,878	59.8%	58.7%
Employed	669,887	55.8%	54.7%
Unemployed	46,682	3.9%	3.7%
Not in labor force	482,576	40.2%	41.3%
Unemployment Rate	-	6.5%	6.3%

Source: American Community Survey, US Bureau of the Census, 2018.

Health Insurance Coverage

Table 5. Health Insurance Coverage – 2018			
	Palm Beach		**Florida**
Civilian noninstitutionalized population	**1,433,604**		**20,288,268**
With health insurance coverage	1,238,294	86.4%	86.5%
With private health insurance	906,743	63.2%	61.9%
With public coverage	527,707	36.8%	36.9%
No health insurance coverage	195,310	13.6%	13.5%
Civilian non-institutionalized population under 19 years	**296,911**		**4,391,005**
No health insurance coverage (under 19)	25,795	8.7%	7.6%
Civilian noninstitutionalized population 19 to 64 years	804,585	804,585	11,901,133
IN LABOR FORCE:	**642,859**		**9,080,041**
Employed:	**602,708**		**8,528,103**
With health insurance coverage	491,183	81.5%	82.3%
With private health insurance	462,061	76.7%	77.0%
With public coverage	39,631	6.6%	7.6%
No health insurance coverage	111,525	18.5%	17.7%
Unemployed:	**40,151**	**40,151**	**551,938**
With health insurance coverage	23,121	57.6%	58.3%
With private health insurance	16,299	40.6%	37.6%
With public coverage	7,608	18.9%	23.3%
No health insurance coverage	17,030	42.4%	41.7%
NOT IN LABOR FORCE:	161,726	161,726	2,821,092
With health insurance coverage	125,444	77.6%	78.2%
With private health insurance	87,705	54.2%	49.7%
With public coverage	46,901	29.0%	35.2%
No health insurance coverage	36,282	22.4%	21.8%

Source: American Community Survey, US Bureau of the Census, 2018.

Poverty

Table 6. Percentage of Families and People Whose Income in the Past 12 Months is Below the Poverty Level – 2018		
	Palm Beach	**Florida**
All families	**9.0%**	**10.6%**
With related children of the householder under 18 years	14.9%	17.3%
With related children of the householder under 5 years only	13.4%	16.1%
Married couple families	**5.1%**	**6.0%**
With related children of the householder under 18 years	7.1%	8.4%
With related children of the householder under 5 years only	6.0%	6.7%
Families with female householder, no husband present	**21.7%**	**25.8%**
With related children of the householder under 18 years	31.0%	35.5%
With related children of the householder under 5 years only	31.8%	38.1%
All people	**12.8%**	**14.8%**

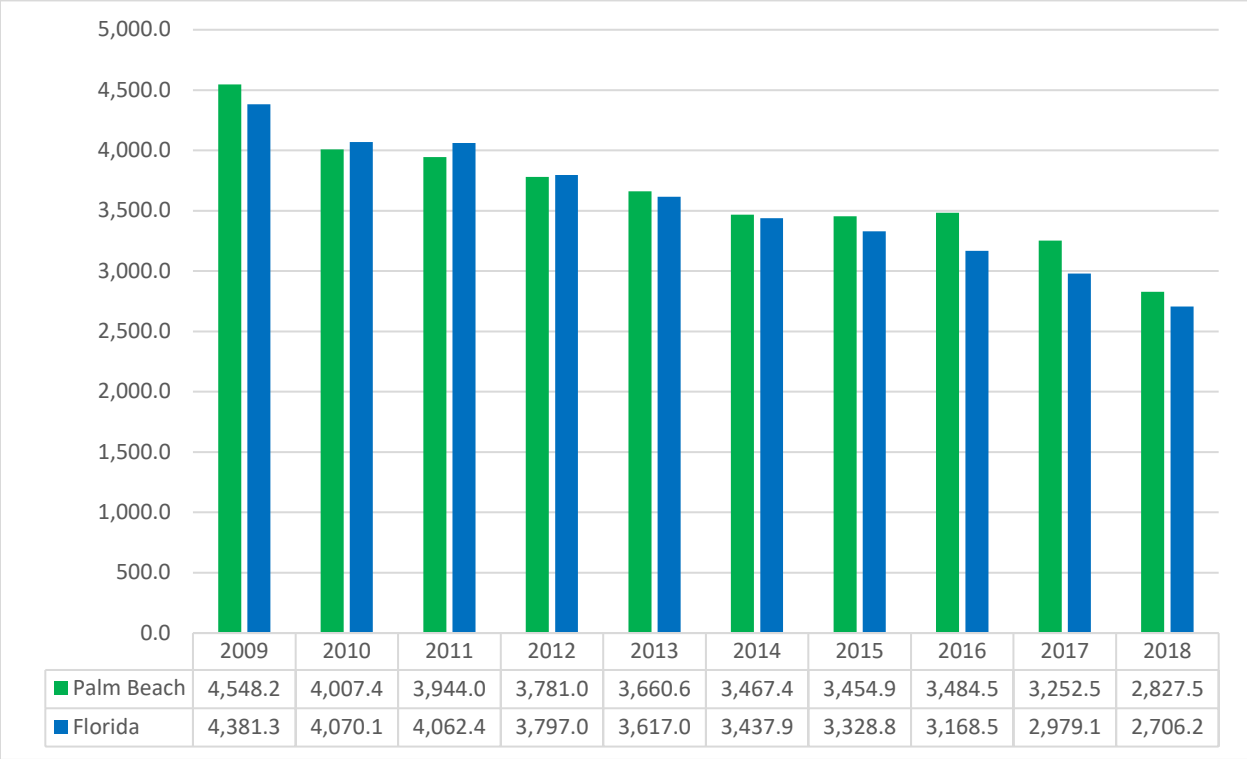
Table 6. Percentage of Families and People Whose Income in the Past 12 Months is Below the Poverty Level – 2018 (Continued)		
Under 18 years	**19.1%**	**21.3%**
Related children of the householder under 18 years	18.8%	21.0%
Related children of the householder under 5 years	21.7%	23.6%
Related children of the householder 5 to 17 years	17.7%	20.0%
18 years and over	**11.3%**	**13.1%**
18 to 64 years	12.2%	14.1%
65 years and over	9.1%	10.3%
People in families	10.4%	12.0%
Unrelated individuals 15 years and over	21.5%	25.8%

Source: American Community Survey, US Bureau of the Census, 2018.

Crime and Safety

Neighborhood and safety have strong correlation with the resiliency of a community. Living in high crime areas contribute to poor mental health, learned helplessness, avoidance of care and degradation of community structures. Palm Beach has shown a consistent decrease in the index crime rate; however, in comparison to the entire state, the county shows an overall higher crime index rate in the following: murder, rape, robbery, aggravated assault, burglary, larceny, and motor vehicle theft.

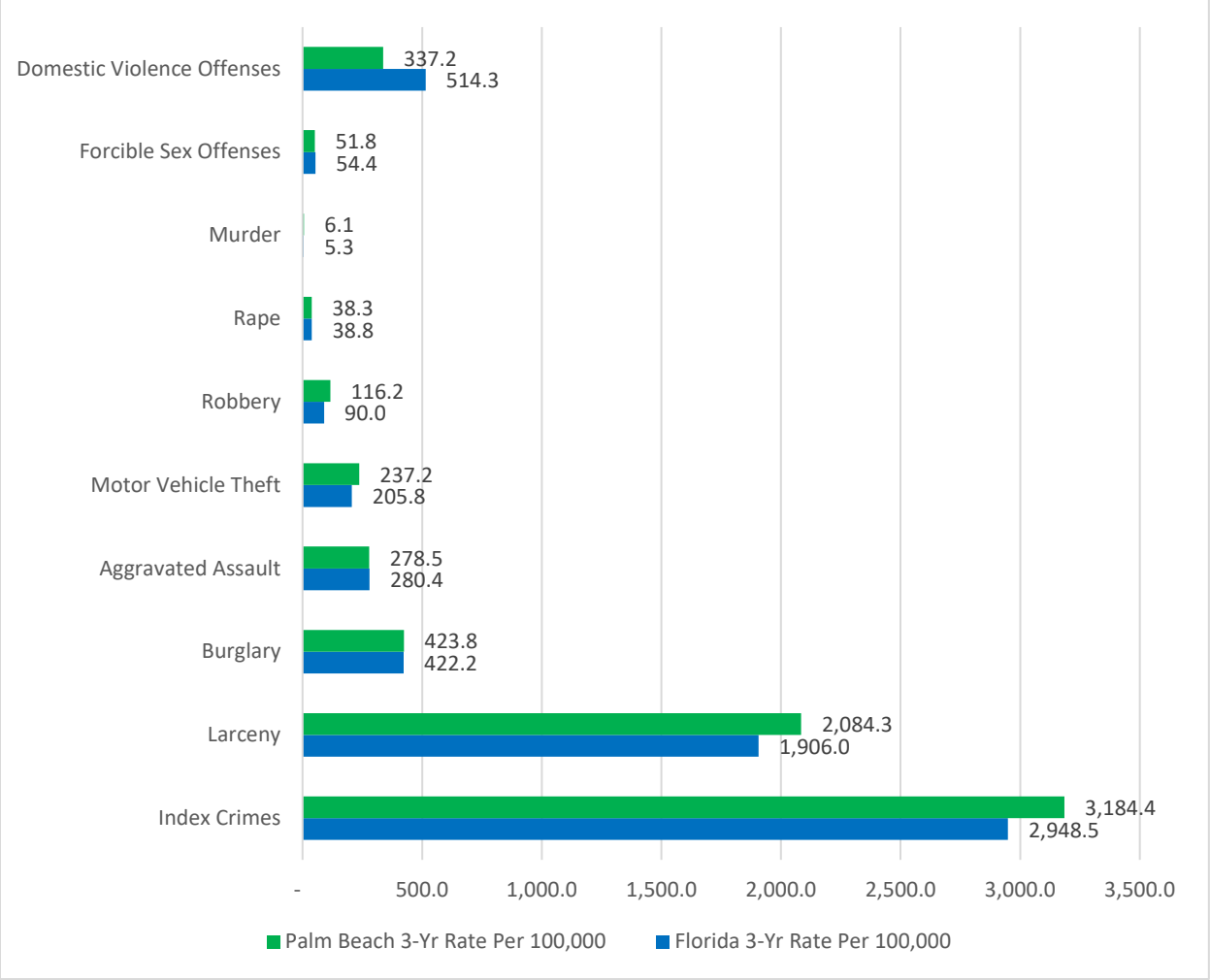
Figure 2. Index Crime Rate, Palm Beach County, Florida – 2009-2018



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Palm Beach	4,548.2	4,007.4	3,944.0	3,781.0	3,660.6	3,467.4	3,454.9	3,484.5	3,252.5	2,827.5
Florida	4,381.3	4,070.1	4,062.4	3,797.0	3,617.0	3,437.9	3,328.8	3,168.5	2,979.1	2,706.2

Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 3. Crime and Domestic Violence, Palm Beach County, Florida – 2016-2018

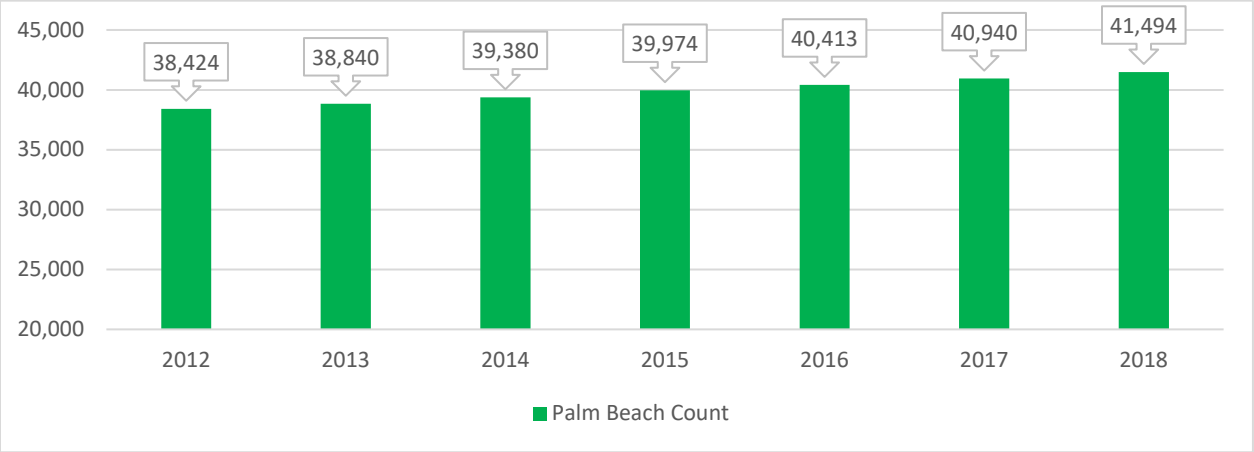


Source: Florida Health Charts, Florida Department of Health, 2016-2018

Mental Illness and Hospitalizations

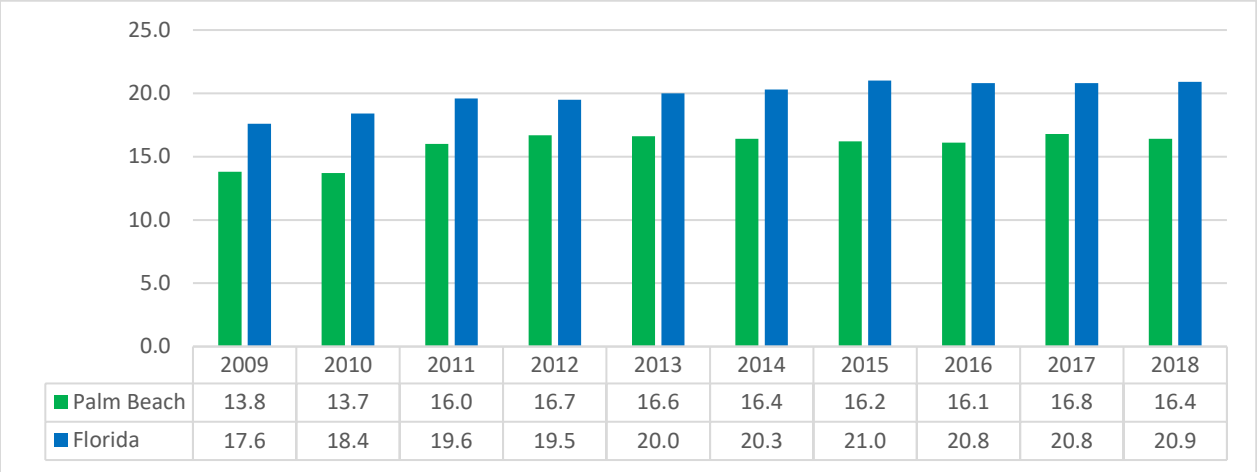
Understanding the scope of mental illness establishes a foundation for bringing services and funding to areas in need. Florida Health Charts definition: *Serious mental illness among people ages 18 and older is defined as having, at any time during the past year, a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, and other mental disorders that cause serious impairment.* Palm Beach County has shown an increase in the number of adults diagnosed with a serious mental illness by approximately 3,000 adults in the past seven years, while the availability of adult psychiatric beds has remained unchanged over the same time period, falling below the rate of the entire state. Meanwhile, the rate of hospitalizations for mental disorders and mood and depressive disorders have remained consistently higher in Palm Beach County over the past ten years. Although the rate for schizophrenia hospitalization has been lower in Palm Beach than the state, it has been on an increasing trend over the past five years.

Figure 4. Seriously Mentally Ill Adults, Palm Beach Count – 2012 -2018



Source: Florida Health Charts, Florida Department of Health, 2012-2018

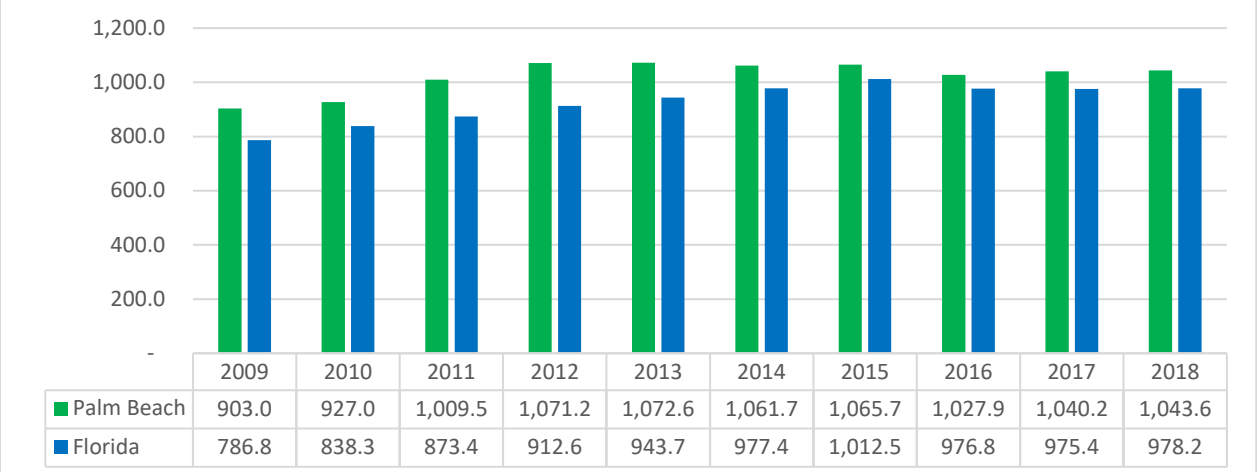
Figure 5. Adult Psychiatric Beds, Rate Per 100,000 Population – 2009-2018.



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Palm Beach	13.8	13.7	16.0	16.7	16.6	16.4	16.2	16.1	16.8	16.4
Florida	17.6	18.4	19.6	19.5	20.0	20.3	21.0	20.8	20.8	20.9

Source: Florida Health Charts, Florida Department of Health, 2009-2018

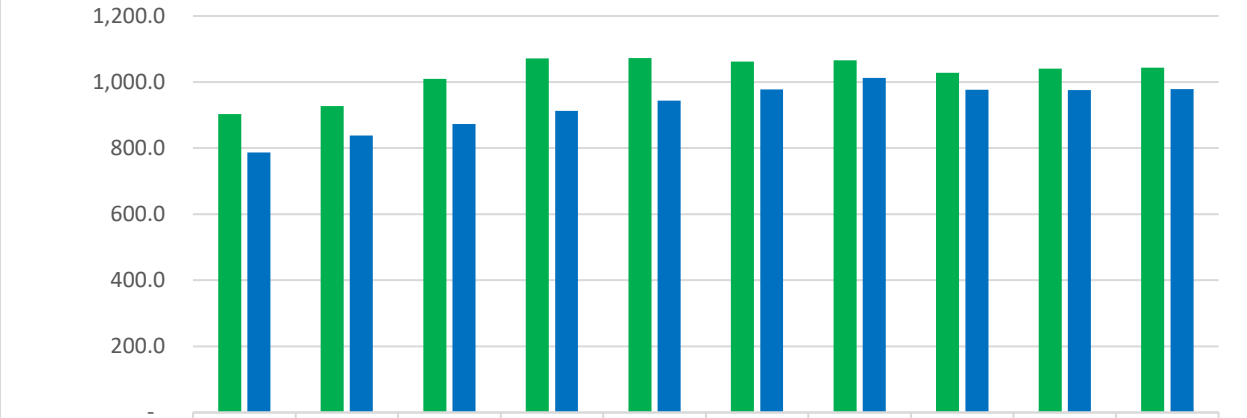
Figure 6. Age-adjusted Hospitalizations for Mental Disorders, Rate Per 100,000 Population – 2009-2018



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Palm Beach	903.0	927.0	1,009.5	1,071.2	1,072.6	1,061.7	1,065.7	1,027.9	1,040.2	1,043.6
Florida	786.8	838.3	873.4	912.6	943.7	977.4	1,012.5	976.8	975.4	978.2

Source: Florida Health Charts, Florida Department of Health, 2009-2018

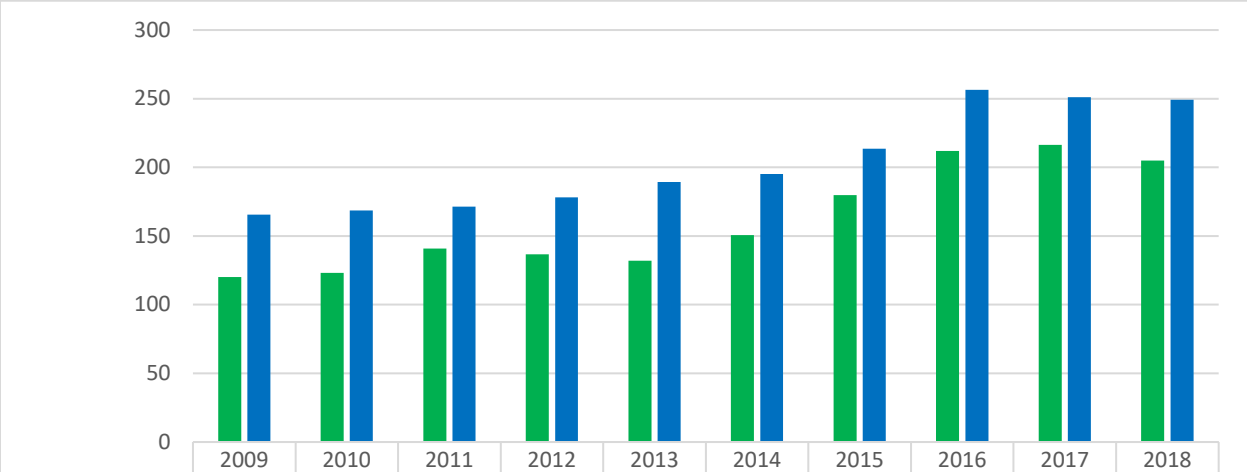
Figure 7. Age-adjusted Hospitalizations for Mood and Depressive Disorders, Rate Per 100,000 – 2009-2018



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Palm Beach	903.0	927.0	1,009.5	1,071.2	1,072.6	1,061.7	1,065.7	1,027.9	1,040.2	1,043.6
Florida	786.8	838.3	873.4	912.6	943.7	977.4	1,012.5	976.8	975.4	978.2

Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 8. Age-adjusted Hospitalizations for Schizophrenic Disorders, Rate Per 100,000 – 2009-2018



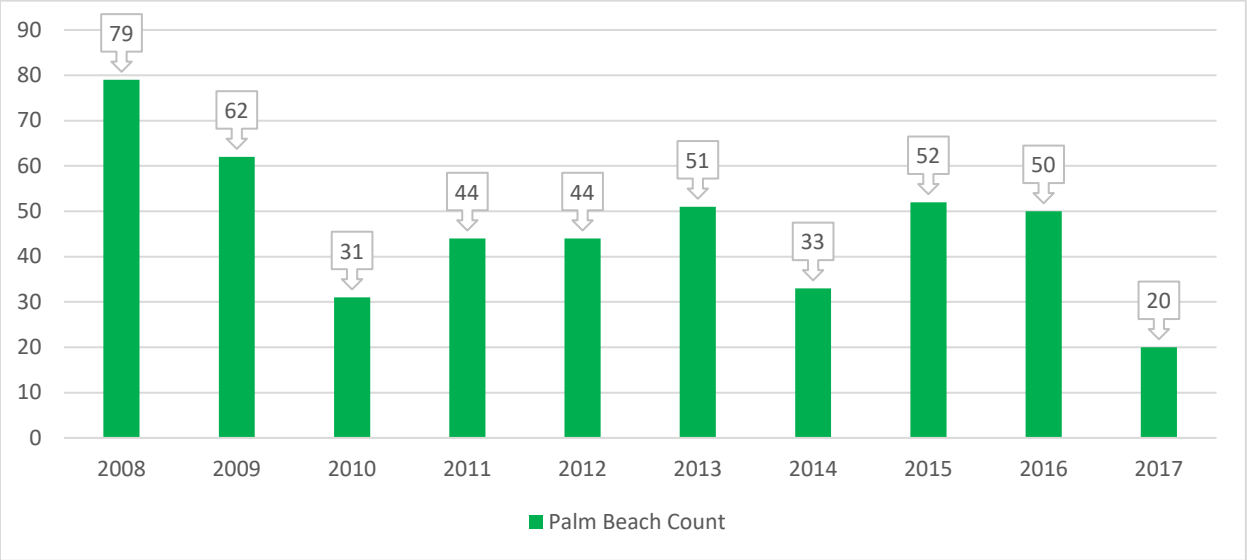
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Palm Beach	120.1	123.1	140.9	136.7	132.1	150.6	179.8	211.9	216.3	204.9
Florida	165.5	168.6	171.3	178.1	189.3	195.1	213.6	256.4	251.2	249.3

Source: Florida Health Charts, Florida Department of Health, 2009-2018

Alcohol-related Injuries and Mortality

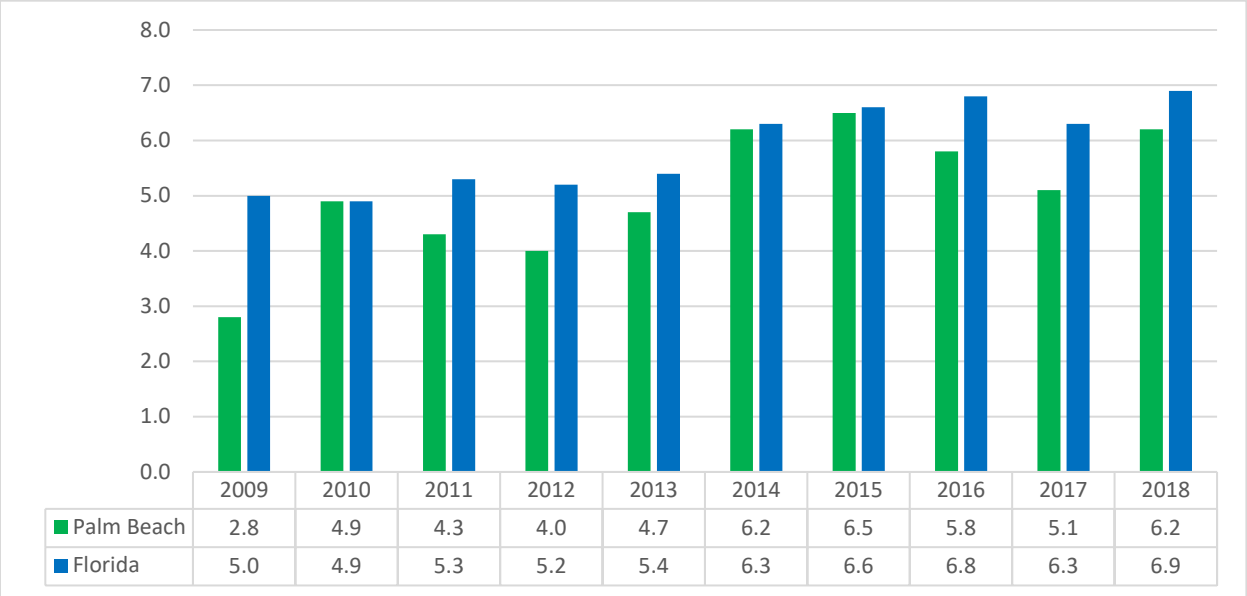
While the death rates for alcohol-suspected Motor Vehicle Traffic Crash have fluctuated through the years, the last reported count in 2017 decreased to one fourth of the count from ten years prior. The opposite is true for alcoholic liver disease age-adjusted death rates, which show that twice as many Palm Beach County residents are dying from alcoholic liver disease, compared to ten years ago.

Figure 9. Alcohol-suspected Motor Vehicle Traffic Crash Deaths, Count – 2008-2017



Source: Florida Health Charts, Florida Department of Health, 2008-2017

Figure 10. Alcoholic Liver Disease Age-Adjusted Death Rate, Rate Per 100,000 Population – 2009-2018



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Palm Beach	2.8	4.9	4.3	4.0	4.7	6.2	6.5	5.8	5.1	6.2
Florida	5.0	4.9	5.3	5.2	5.4	6.3	6.6	6.8	6.3	6.9

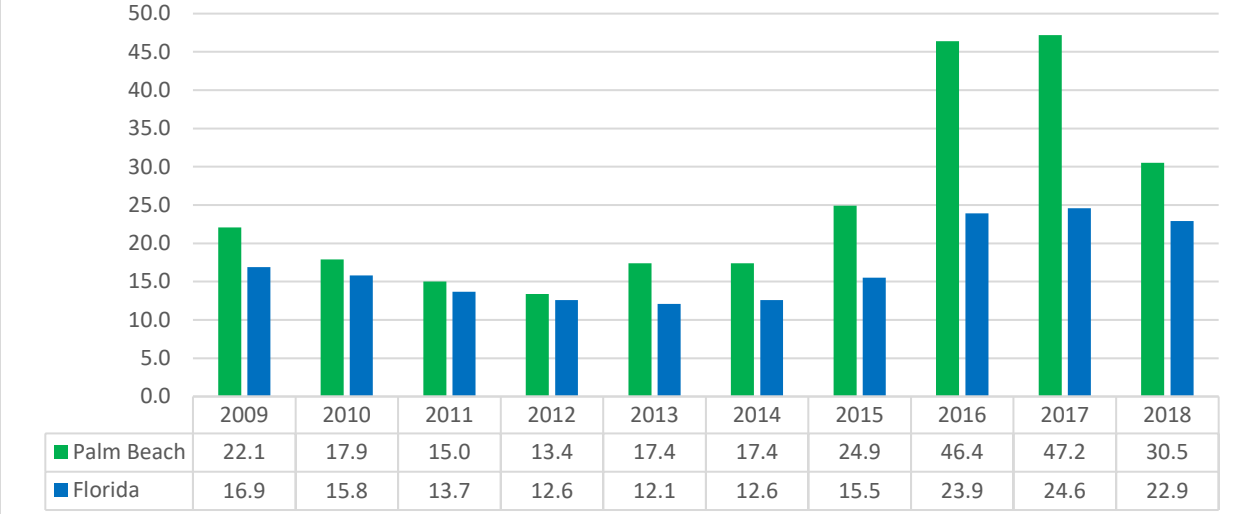
Source: Florida Health Charts, Florida Department of Health, 2009-2018

Drug-Poisoning Mortality

While considered preventable, poisoning is the leading cause of injury death in the nation and are mostly attributable to drugs overdose from either pharmaceutical or illicit drugs. Florida Health Charts definition: *Deaths resulting from unintentional or intentional overdose of a drug, being given the wrong drug, taking a drug in error, or taking a drug inadvertently*. From 2009 to 2017, the drug-poisoning death rates in Palm Beach County increased significantly for all age groups, reaching its peak in 2017 when it more than tripled compared to the 2012 rate, from

13.4 per 100,000 to 47.2 per 100,000. For that reason, additional data drill downs were conducted to assess which segment of the population is most at-risk. Such analysis revealed that drug-poisoning fatalities were significantly higher within the White population during the past ten years. The count peaked in 2016 and 2017 (543 and 550).

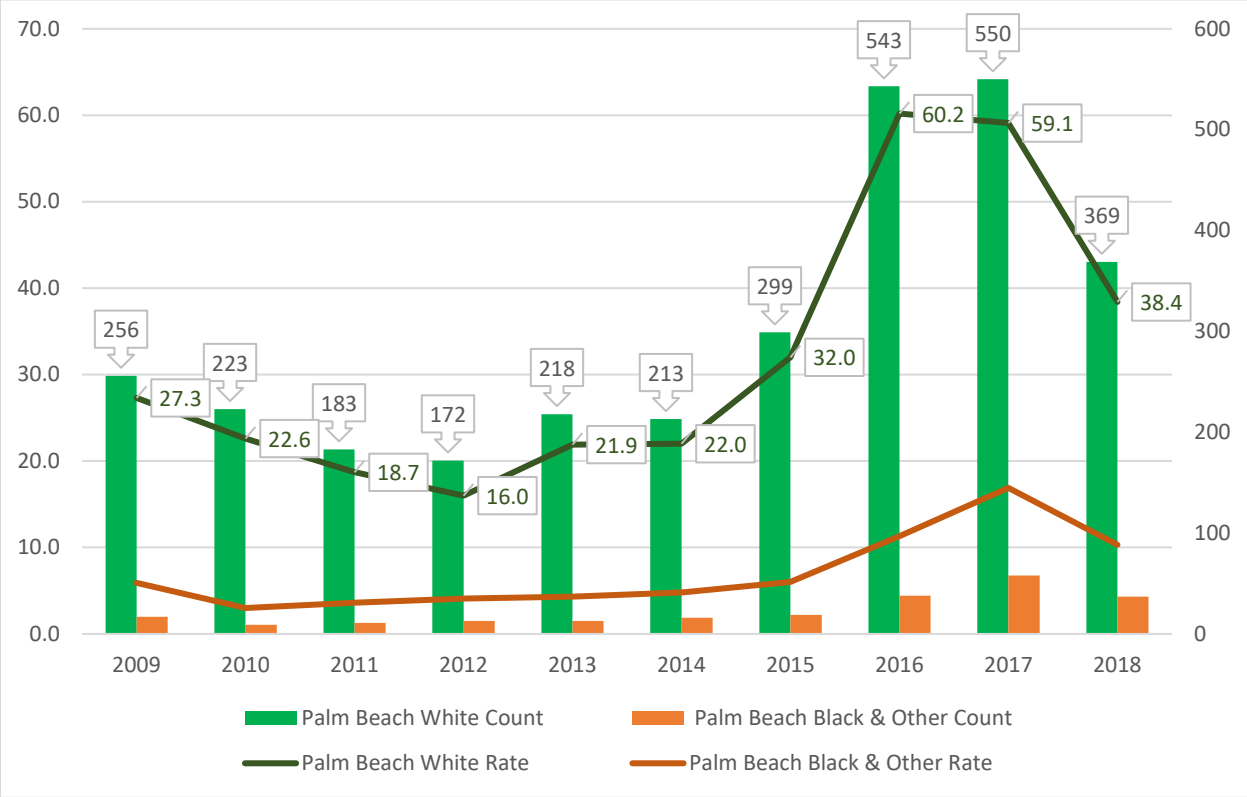
Figure 11. Age-adjusted Drug Poisoning Deaths, Rate Per 100,000 Population – 2009-2018



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Palm Beach	22.1	17.9	15.0	13.4	17.4	17.4	24.9	46.4	47.2	30.5
Florida	16.9	15.8	13.7	12.6	12.1	12.6	15.5	23.9	24.6	22.9

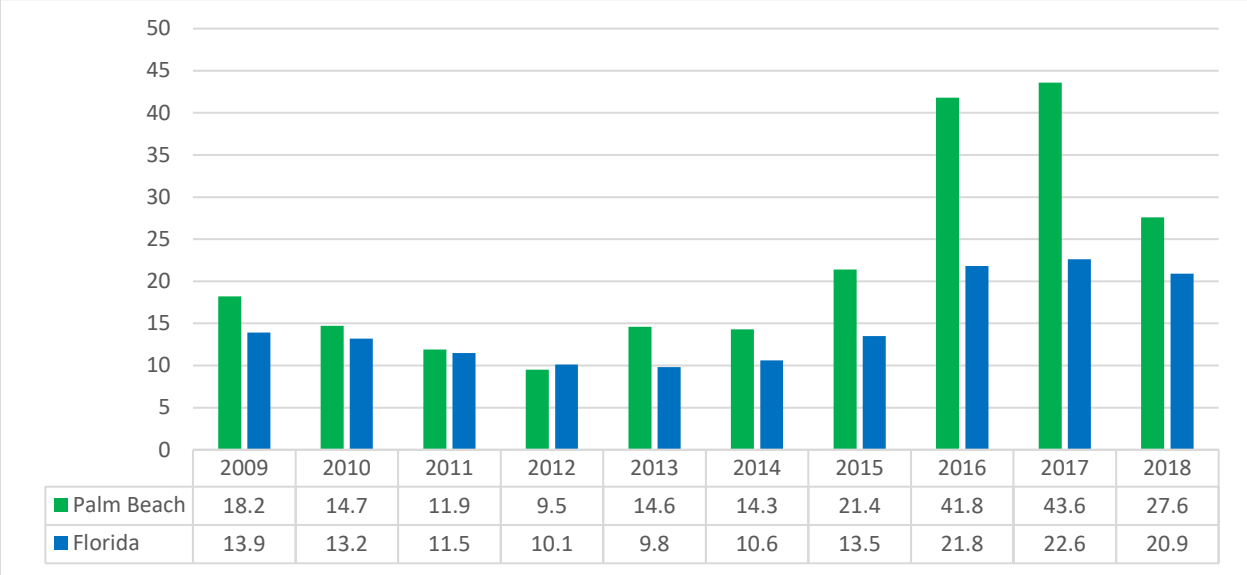
Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 12. Age-adjusted Drug Poisoning Deaths by Race, Rate Per 100,000 Population – 2009-2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018

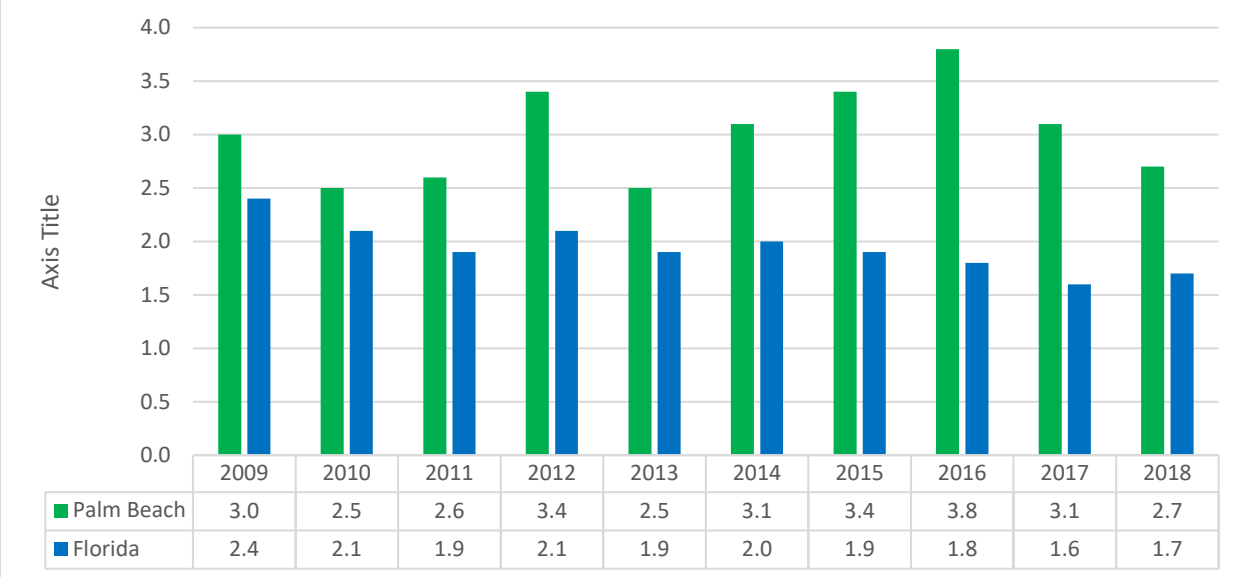
Figure 13. Age-adjusted Unintentional Injury Deaths by Drug Poisoning, Rate Per 100,000 Population – 2009-2018



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Palm Beach	18.2	14.7	11.9	9.5	14.6	14.3	21.4	41.8	43.6	27.6
Florida	13.9	13.2	11.5	10.1	9.8	10.6	13.5	21.8	22.6	20.9

Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 14. Age-adjusted Suicides by Drug Poisoning, Rate Per 100,000 Population – 2009-2018



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Palm Beach	3.0	2.5	2.6	3.4	2.5	3.1	3.4	3.8	3.1	2.7
Florida	2.4	2.1	1.9	2.1	1.9	2.0	1.9	1.8	1.6	1.7

Source: Florida Health Charts, Florida Department of Health, 2009-2018

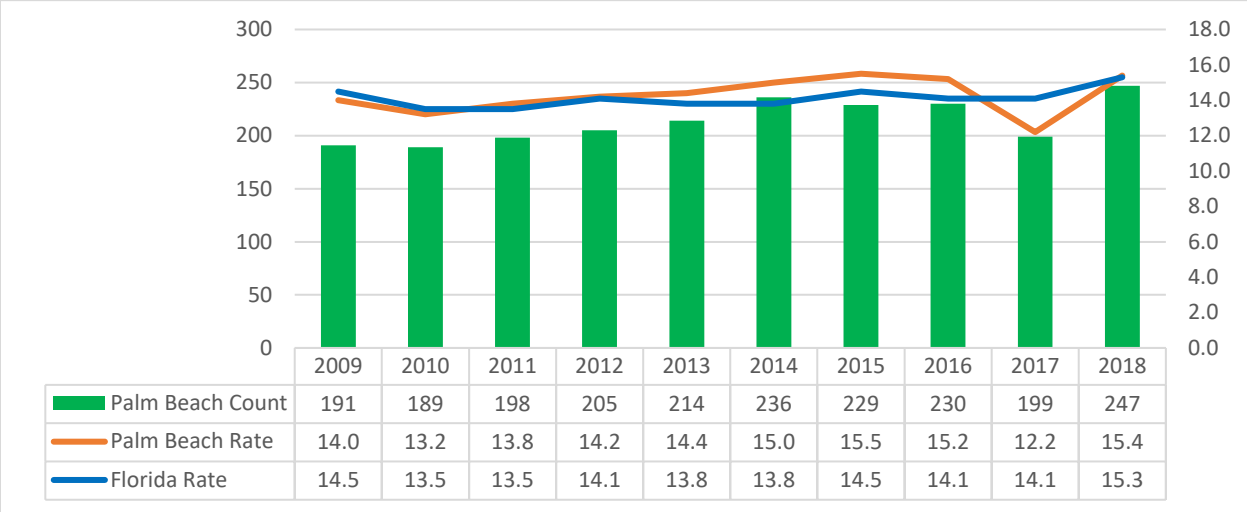
Suicide and Self-Inflicted Injury

One of the nation's leading causes of death, death by suicide or self-inflicted injury is described as *when people direct violence at themselves with the intent to end their lives*.

Individuals of all ages and backgrounds may be susceptible to suicide. Risk factors include depression and other mental health disorders, substance abuse, and family history of mental illness and substance use. Other risks include the presence of firearms in the home, violence and abuse, and spending time in prison. The Suicide Age-Adjusted Death Rate in Palm Beach

County has been higher than Florida since 2011, with the exception of the year 2017. The highest number of cases of suicide were recorded in 2018 (247) and the count for suicide by firearm increased to 114 in 2018.

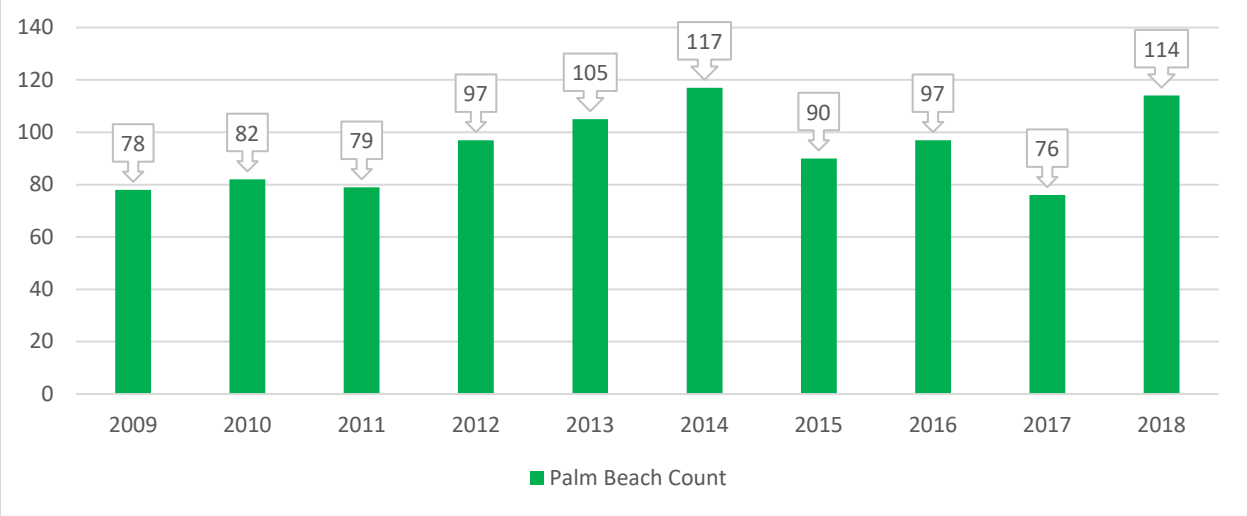
Figure 15. Suicide Age-Adjusted Death Rate per 100,000 Population – 2009-2018



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Palm Beach Count	191	189	198	205	214	236	229	230	199	247
Palm Beach Rate	14.0	13.2	13.8	14.2	14.4	15.0	15.5	15.2	12.2	15.4
Florida Rate	14.5	13.5	13.5	14.1	13.8	13.8	14.5	14.1	14.1	15.3

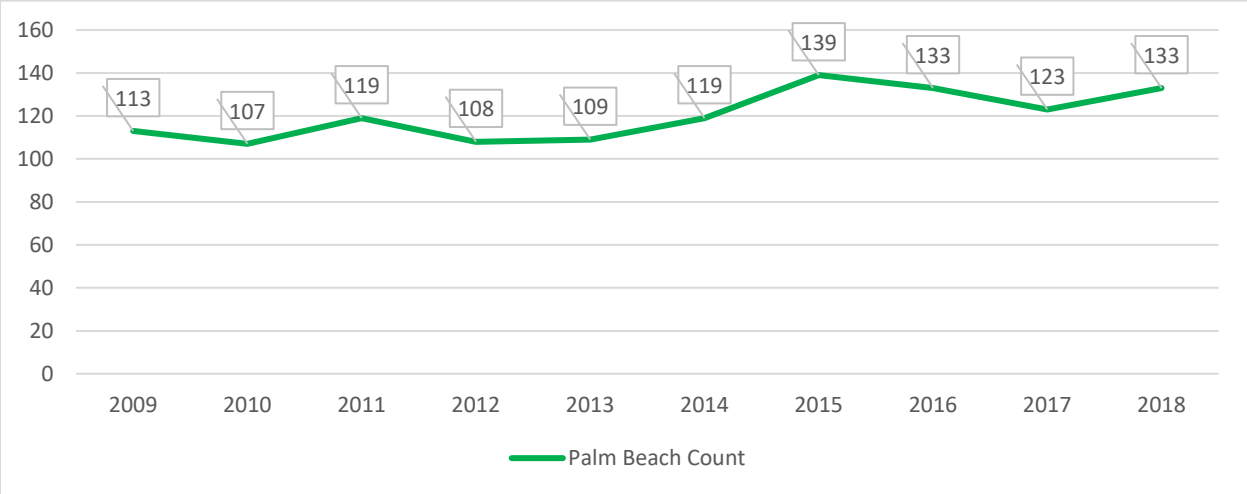
Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 16. Suicide by Firearms Discharge Count – 2009-2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 17. Suicide by Other and Unspecified Means, Count – 2009-2018

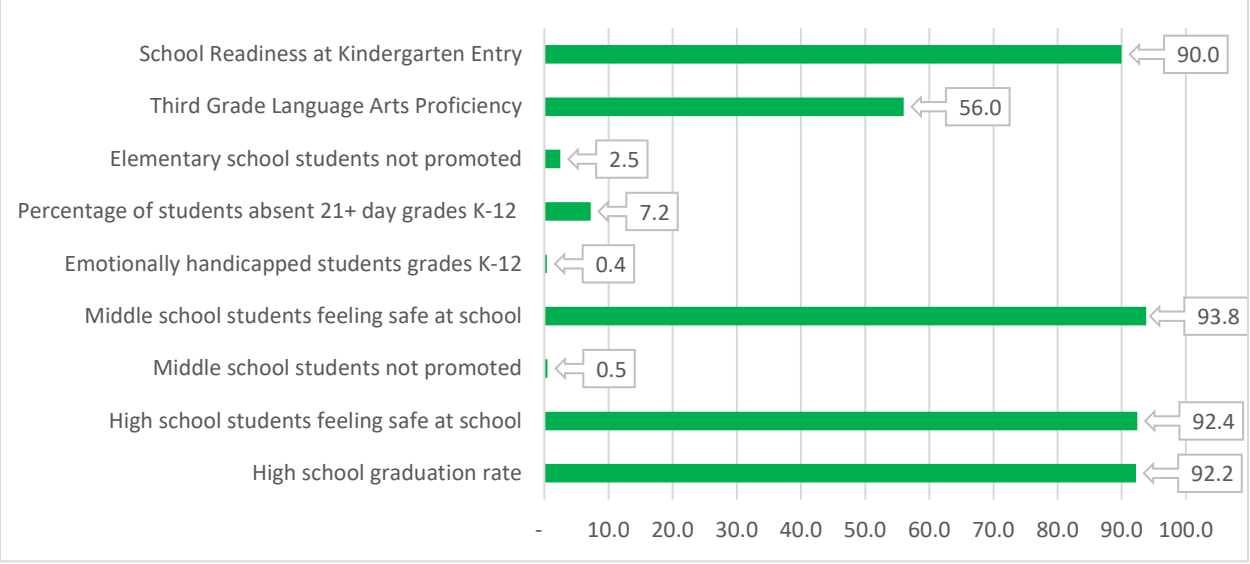


Source: Florida Health Charts, Florida Department of Health, 2009-2018

Youth Social-Emotional/Behavioral Health

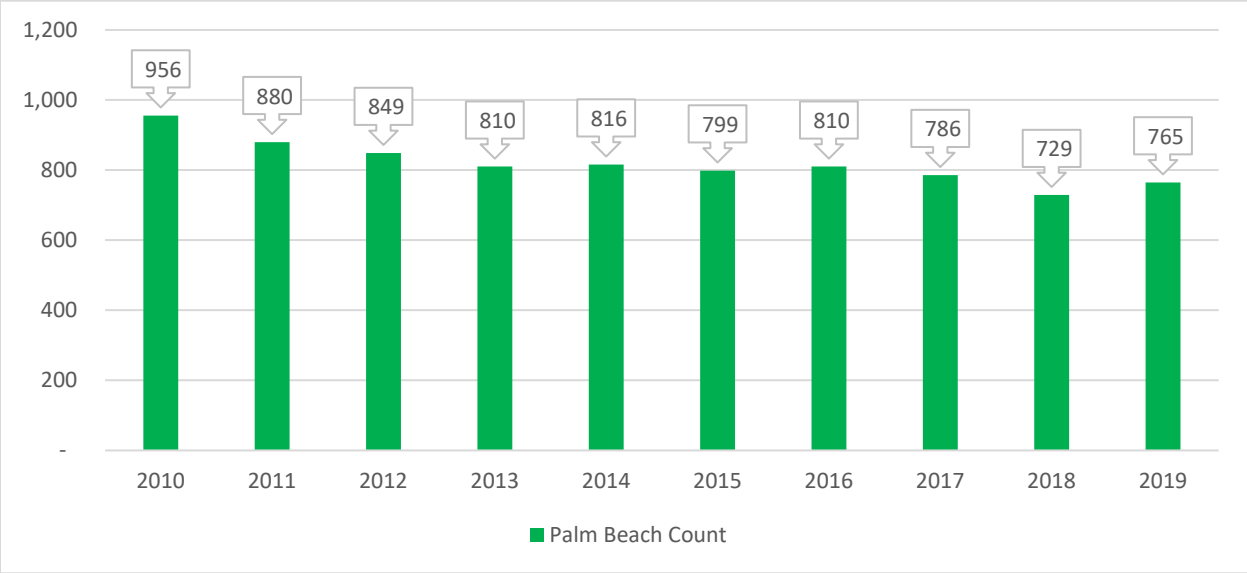
Children's ability to thrive depends on their access to safety, learning, exploration, healthy and supportive relationships, and the expression and control of emotions. These protective factors foster strong self-esteem and solid interpersonal skills, which are essential for the development of coping mechanisms. The opposite is also true, lack of support and safety combined with high stress in childhood (child abuse, poverty) represent risk factors that can impact brain development and contribute to low academic achievement, delinquency and poor physical and mental health. The following tables provide an overview of Palm Beach youth's social-emotional development measures for 2018: 90.0% school readiness at kindergarten entry, 92.2% high school graduation rate, and 56.0% third grade language arts. There was an overall decreasing trend in the number of children who have an emotional/behavioral disability. However, the count of non-fatal hospitalizations for self-inflicted injuries among children ages 12 to 18 doubled in the last ten years, from 33 in 2009 to 67 in 2018.

Figure 18. School-age and adolescent profile (Percentages), Palm Beach – 2018



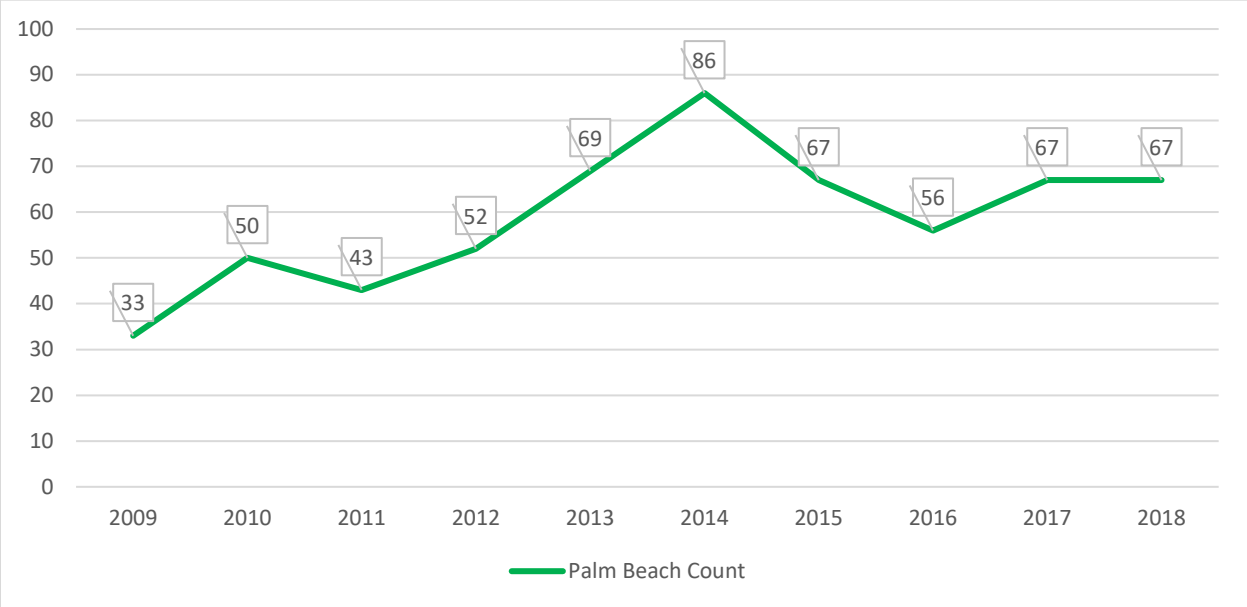
Source: Florida Health Charts, Florida Department of Health, 2018

Figure 19. Children in Schools Grades K-12 With Emotional/Behavioral Disability, Count – 2010-2019



Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 20. Non-fatal hospitalizations for self-inflicted injuries ages 12-18, Count – 2009-2018

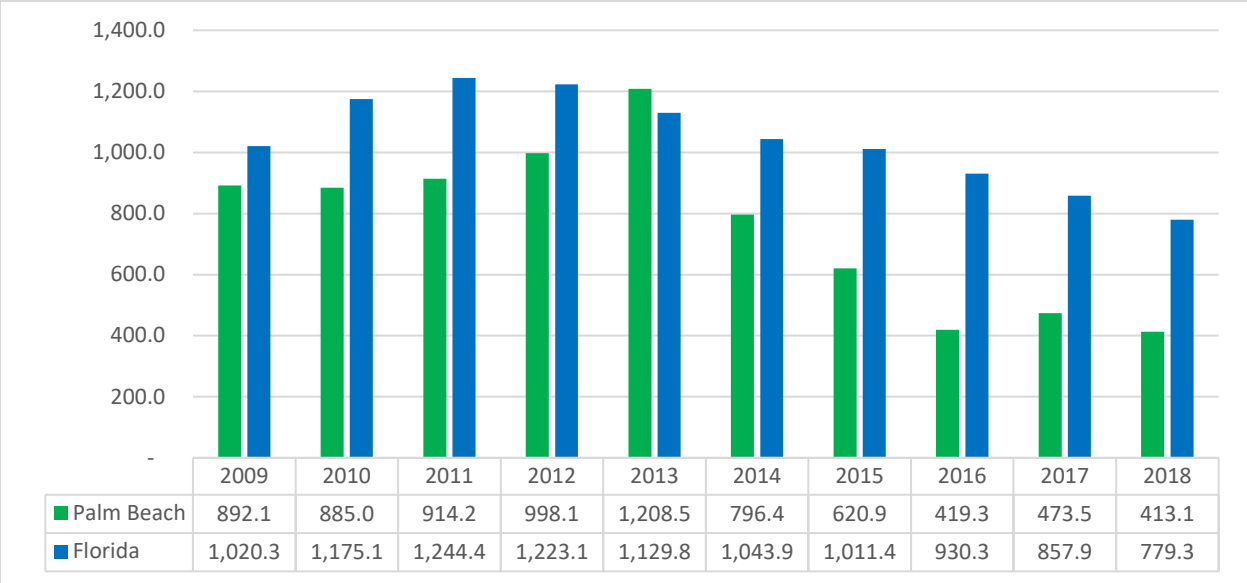


Source: Florida Health Charts, Florida Department of Health, 2009-2018

The U.S. Department of Health and Human Services explains that *"child abuse and neglect may affect an individual's physical and mental health in a number of direct and indirect ways. Negative effects on physical development can result from physical trauma (e.g., blows to the head or body or violent shaking) and from neglect (e.g., inadequate nutrition, lack of adequate motor stimulation, or withholding medical treatments). Maltreatment during infancy and early childhood has been shown to negatively affect early brain development and can have repercussions into adolescence and adulthood. The immediate emotional effects of abuse and neglect—isolation, fear, and an inability to trust can translate into lifelong consequences including*

low self-esteem, depression, and relationship difficulties." The rate of child abuse in Palm Beach significantly decreased over time, though it peaked above the state rate in 2013 (1,208.5). There was an average of 48.5 cases per year of child sexual violence for the past ten years. The highest cases of traumatic brain injuries were seen among youth ages 12 to 18, while more deaths occurred within the 19-21 age group.

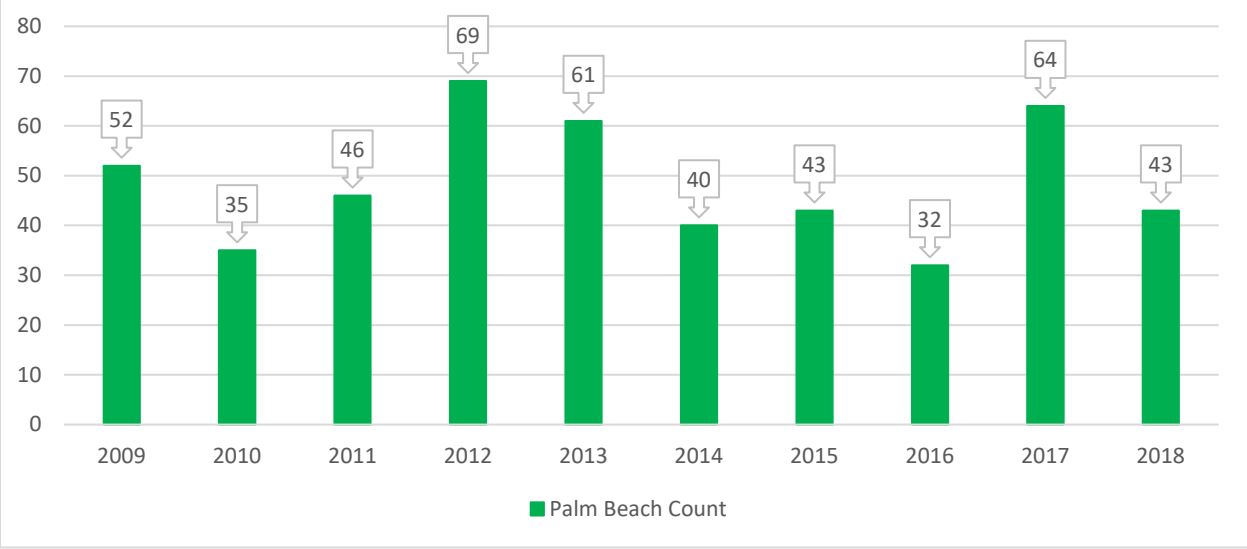
Figure 21. Children experiencing child abuse ages 5-11, Rate Per 100,000 Population 5-11 – 2009-2018



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Palm Beach	892.1	885.0	914.2	998.1	1,208.5	796.4	620.9	419.3	473.5	413.1
Florida	1,020.3	1,175.1	1,244.4	1,223.1	1,129.8	1,043.9	1,011.4	930.3	857.9	779.3

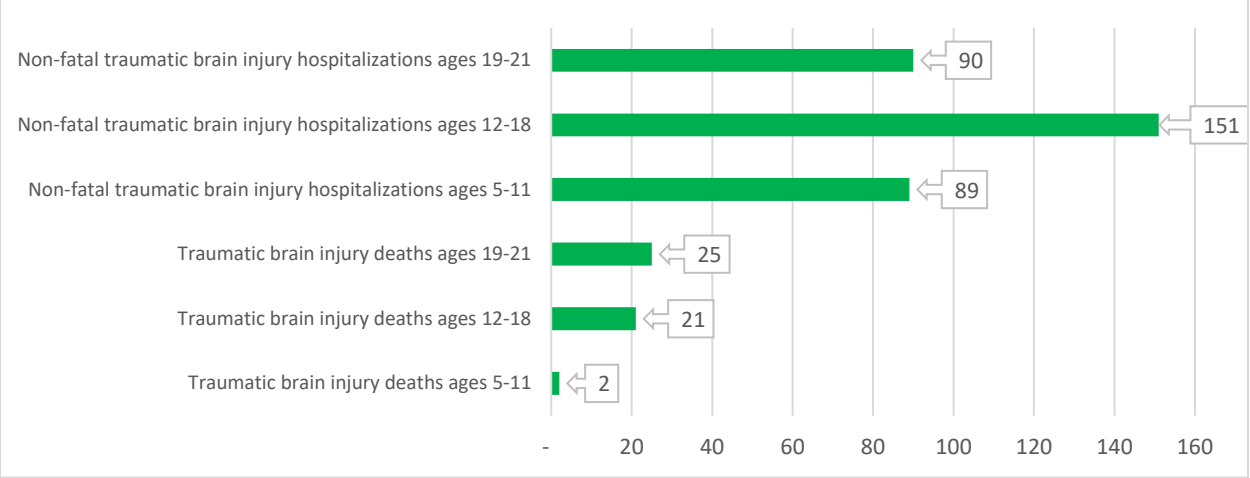
Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 22. Children experiencing sexual violence ages 5-11, Count – 2009-2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 23. Traumatic Brain Injury, Palm Beach County – 2016-2018



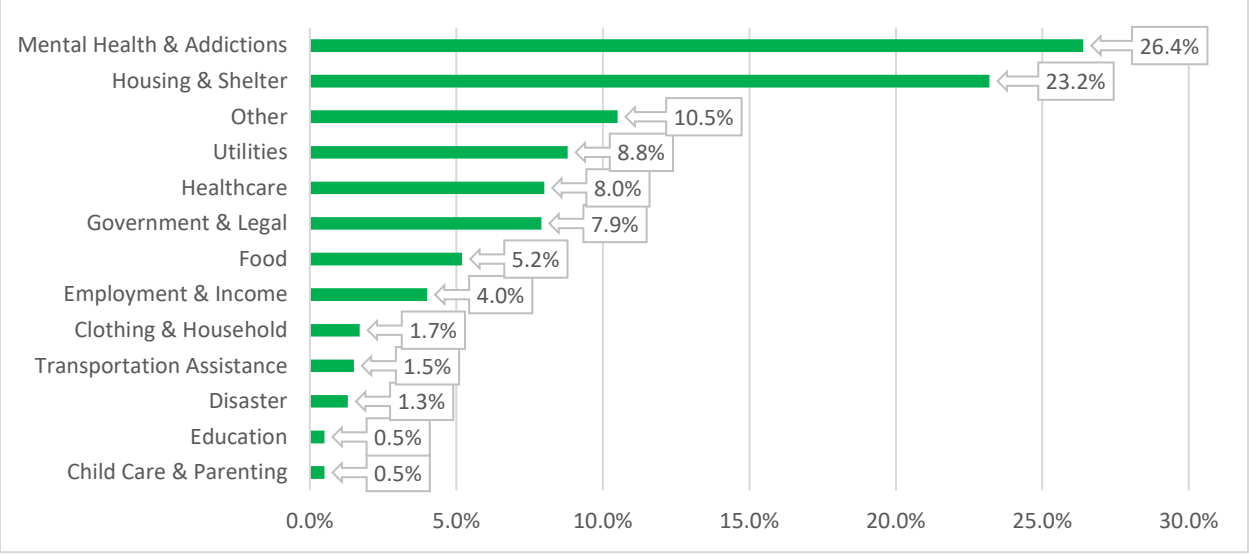
Source: Florida Health Charts, Florida Department of Health, 2009-2018

211 Palm Beach/Treasure Coast

211 Palm Beach/Treasure Coast is into its fifth decade of providing a team of specially trained staff to assist callers through its 211 HelpLine with crisis intervention, suicide prevention, information, assessment and referral to community services, 24 hours a day, 365 days a year.

Additionally, 211 Palm Beach/Treasure Coast collects and maintains information on community health and human services and makes this information available via its hotlines, helplines, printed directories, and on the web. Services are provided at no cost to anyone regardless of race, age, religion, national origin, sexual orientation, or disability. The figures below present data from helpline calls received in Palm Beach County regarding mental health services which accounted for 26.4% of all calls received this past year.

Figure 24. 211 Helpline Phone Calls Received by Category, Palm Beach – December, 2018 – December, 2019



Source: 211 Counts, 2018-2019

D. Qualitative Data Collection and Analysis

In addition to quantitative data collection, the needs assessment also included qualitative data collection in the form of stakeholder interviews, focus groups, a community forum and attendance at specified community meetings. The data was collected to include strengths and challenges. This information was analyzed to identify needs and identify common themes.

Key Stakeholder Interviews

To identify the behavioral health needs of Palm Beach County, twenty-five (25) key stakeholder interviews were conducted. The purpose of these interviews was to gather relevant information from subject matter experts. Interviewees were identified by the leadership of Palm Beach County Community Services Department and Southeast Florida Behavioral Health Network. Participants were informed that their responses would be confidential with aggregate responses compiled. Information from the interviews was analyzed to identify strengths, challenges, and common themes. The questions asked during the interviews are included in Appendix A. The following reflects the stakeholders interviewed and the organizations or constituency they represented.

Table 7. Stakeholder Participants	
INDIVIDUAL	ORGANIZATION OR CONSTITUENTS
Brittany Barnes	Mental Health America, Palm Beach County
Seth Bernstein	United Way
Liz Brumley	Lewis Center
Laura Contrera	Goodwill Industries
Darcy Davis	Healthcare District
Maggie DeCambre	Department of Children and Families
Tammy Fields	Palm Beach County Youth Services Department
Suzette Fleischman	Department of Children and Families
James Green	Palm Beach County Community Services Department
Kristina Henson	Criminal Justice Commission
Justin Kunzelman	Rebel Recovery
Jeff Lefton	Delray Medical Center and St. Mary's Hospital
Devon Lewis-Buchanan	Inspire Youth
Taruna Malhotra	Palm Beach County Community Services Department
Marsha Martino	NAMI
Lisa McMiller	Golden Parents
Commissioner Melissa McKinlay	Palm Beach County Commissioner
Jeremy Morse	Mental Health America, Palm Beach County
Mary Claire Mucenic	Palm Beach County Schools
Larry Rein	ChildNet
Greg Starling	Department of Juvenile Justice
Norma Wagner	Department of Children and Families
Lisa Williams-Taylor	Children's Services Council of Palm Beach County
Lauren Zuchman	BeWell Palm Beach County

The following provides an overview of the data collected during the stakeholder interviews, including strengths, challenges/barriers, and ideas about resources, services, and strategies that may support the behavioral health system of care.

Key Stakeholder Interviews Results

Table 8. Key Stakeholder Interview Results

STRENGTHS		CHALLENGES/BARRIERS	
Individual Voice	New Lewis Center	Housing	Trauma
Prevention services	Collaboration around Jerome closing	Jerome closing	MSD
Resident participation	Passionate helpers	Silos	Turnover
Infant services	Support groups	Transportation	No support systems
Wraparound	Energy around support	Need more psychiatrists	Need focus on SDH
Care coordination	FEI initiative	Access to services	Reimbursement rates
Medicaid funding	Training available in EBP	Prevention services	Peer support supervision
Statewide support $	Faith based support	Cultural diversity	Care coordination
Trauma informed	Telemedicine	Distrust in communities	Services for ASD
Focus on culture	BeWell	Employment for clients	Waiting list for hospital and FACT
School board investment	Foundation support in the community	Lose benefits when they work	Facilities closing and no beds added
Collaboration	Focus on equity	Fragmentation in services	Need transparency
Cross-funder initiatives	22,000 school people trained in MH	Social determinants of health	Need more therapists
MAT	Hired 145 people since summer in the schools	lack of knowledge-resources	Need more psychiatrists
Law enforcement involvement	New DOJ grant	children getting diagnosed	Capacity-school took staff
Peer services	Collective Impact approaches	Stigma	Child welfare racial equity
Birth-22 Initiative	Funding leadership	Homelessness	Providers need to collaborate
MHFA/YMHFA	Good model for SA families	Insurance/parity	Documentation
HUD initiative		Racial inequality	
VA facility		Language of Behavioral health	
Syringe exchange		Communities don't want to talk about mental health	
Recovery support		People cannot stay in hospital long enough	

Table 8. Stakeholder Interview Results (continued)		
OPPORTUNITIES		
Focus on changing generational cycles	Family Support and preservation	Primary health/BH integration
Peer support	Flexible funds	Respite
Resident voice	Holistic alternatives to treatment	Staff retention
Collaboration between systems	Housing	Telehealth
ACES- trauma informed	In-home services	Transportation
Social emotional learning	Mentoring	EBP like Wraparound, MI, WRAP
12-step programs	Mobile Crisis at hospitals	First Episode
Access to psychiatry	Supportive housing	DBT
Case Management	Housing First	Insurance companies at the table
Child Welfare/BH integration	Club houses	Look at other practices that work
CIT	Peer led initiatives	System run by businesses not non-profits
Community Engagement	Access to support within 30 minutes	Family voice
Cross-system training	Partnering with higher education	Community buy-in
Focus on racial equity	Harm reduction	Follow up care
Early Intervention	One system managing the SOC	Warm hand-off

Focus Groups and Community Forum

Opportunities to learn from individuals with lived experience, family members and other stakeholders were provided through focus groups and a community forum. Three focus groups reached a total of thirty-eight (38) participants and represented youth and young adults as well as adults with behavioral health challenges and community providers who work directly with this population. Participants included individuals from throughout Palm Beach County. A Community Forum hosted by NAMI included forty (40) participants who were also representative of people with lived experience, family members, and service providers. The questions asked during the focus groups and community forum are provided in Appendix B. Groups were conducted with the following constituents:

Table 9. Focus Group and Community Forum Type of Group	*# of Participants*
NAVIGATE Young Adult Focus Group	4
NAMI Peer Council Focus Group	25
Belle Glades SOC Focus Group	9
NAMI Community Forum	40
Total	78

Focus Group Results

Table 10. Focus Groups with 38 Participants

STRENGTHS	CHALLENGES	OPPORTUNITIES
• Community activities help people feel connected • Staff asked what I wanted to work on • Wraparound is strength-based • There are options for services • Services available in homes (accessibility) for children • Flexibility of times to meet the client needs • Collaboration between agencies (coordination) • Faith based support community supports • Helpful case managers • Therapy and treatment services • Don't feel alone; group opportunities • Letting families be in charge • Medication helps with recovery • Peer lead opportunities help people • Jeff Industries helps train for employment • Working together as a team	• Stigma of mental health conditions • Not enough case managers • Law enforcement needs to understand mental health needs • Housing • Physical healthcare is hard to access • Families do not want people knowing their private business • Transportation and bus passes • Need more community-based services • Long waitlist for psychiatrists • Turnover of case managers • Staff do not listen and just make referrals • Not enough choices for providers out west • Asking for help is hard • Professionals judge us on what happened in the past • Just one number to call and they should connect to services and support (triage) • Waitlist too long • Confusion about where to get service with Jerome closed	• More groups/classes • Get the word out about support groups and help professionals learn how to access them • Education about what is new in the field (from psychiatrists) • More peers with lived experience at access points to support transition • Teach about mental health in the schools • Mentoring and coaching • Creative outlets (art, music, gardening) • Use social media to communicate about community support activities • Federation of Families, NAMI, MHA, Rebel Recovery • Church and engage faith community • Early intervention so less trauma occurs • Having a team to help when things are difficult (NAVIGATE) • Healthier together mini grants • Pastors working together to spread the word about where to get mental health support • Advocacy- need to talk about behavioral health • Community seems to care more about it and there are more resources

Community Forum Results

Table 11. Community Forum with 40 participants

STRENGTHS	CHALLENGES	OPPORTUNITIES
◆ NAMI programs (peer support) is free ◆ CIT training is available; collaboration with law enforcement ◆ VA hospital is opening new service ◆ Collaboration with faith-based organizations; specifically with African American communities ◆ Mobile crisis team ◆ 170 new mental health professionals in the schools; teaching youth about MH ◆ Co-location of services in the schools ◆ Mental Health First Aid, Youth Mental Health First Aid, Cognito in schools ◆ More co-occurring services (addictions recognizing mental health) ◆ Collaboration with FAU ◆ Services for Autism ◆ Transition services from youth Baker Acts	◆ Lack of residential and housing; state hospital is full ◆ Taking guns away from people with mental health conditions ◆ Transportation ◆ Florida ranked 49 out of 50 in MH funding ◆ Need advocacy training ◆ Housing for chronic MH population ◆ Not enough psychiatrists; long waitlists; psychiatrists are not on panels due to reimbursement ◆ Jerome Golden closing left a gap in services for chronic MH clients ◆ Salaries are too low; burnout ◆ Need more pro bono providers for support groups and services ◆ Not enough peers with lived experience ◆ Social supports have fees attached (that families cannot afford) ◆ Need more faith-based involvement ◆ Need more trained staff	◆ More funding for specific initiatives ◆ Focus on culture to support clients ◆ Collaboration across service providers ◆ Train teachers on trauma; school investment in mental health ◆ More family involvement; in home services ◆ Normalizing mental wellness ◆ Faith-based connections ◆ Medication is a last resort ◆ AA/NA and other support groups ◆ Safe and supported housing; housing first ◆ Housing for seniors ◆ Supported employment- people need to be productive ◆ Getting people off of social security because they can support themselves through employment ◆ New Lewis center opening ◆ Using practices that work; trauma informed, peer specialist, wraparound, WRAP, Motivational Interviewing

Community Meeting Attendance

The following community meetings were attended. The purpose of meeting attendance was to gather data from what is occurring at the meeting on a consistent basis. Additionally, time was allotted in each meeting to discuss the needs assessment and gather information from participants relevant to the meeting topics. Below is a list of the meetings that were attended and the information that was discussed at the meeting related to the behavioral health needs of people living on Palm Beach County.

Table 12. List of Meetings Attended

MEETING	PURPOSE OF ATTENDANCE
Birth to 22 Funders' Collaborative	Identify funders and funding to be included in the community-wide funding analysis.
Opioid Response Task Force	Gather information regarding current substance use needs in the community as well as a status update on the Opioid initiative.
Behavioral Health Collaborative (Baker Act Task Force)	Gather information regarding the current Baker Act system and the collaboration between hospital providers and community mental health providers.
Adolescent Community Collaborative	Meeting designed to address the integration of youth involved in the child welfare system who also experience behavioral health conditions.
School Healthcare Access Committee	Report out on school related health issues and provider collaborative opportunity around school health.
Glades SOC Community Meeting	Understand the current System of Care process for services that are provided for youth in the Belle Glades Area specific to the community and the statewide SOC expansion grant.

Table 13. Identified Needs/Next Steps at Meeting

MEETING	SUMMARY
Birth to 22 Funders' Collaborative	The focus of the Birth-22 Funders meeting included an overview how the census can impact resources allocated to Palm beach County. Additionally, there was a focus on REI and the work that is being done through the Alliance and OAR. Further conversation regarding capacity building revealed that in a recent survey of 150 providers, 60% reported that they had less than 3 months of cash flow in the bank. The meeting also included an opportunity for the identification of funders to be included in the funding analysis. Many of these identified needs will be addressed further in phase 3 of the needs assessment.
Opioid Response Task Force	Identified needs from the Task Force included: ◆ Housing including vouchers, subsidized, low income housing tax credits, Housing First. ◆ Insurance challenges including parity, harm reduction, paying for subsidized housing. ◆ Use of Evidence based practices including MAT, CCISC, syringe exchange, care coordination, Wraparound, ROSC. ◆ Outcomes including the need to standardize, use ASAM, LOCUS, SBIRT, is anybody better off? ◆ Co-Occurring including need for services without Jerome, integration, only one provider of services.

Table 13. Identified Needs/Next Steps at Meeting

Behavioral Health Collaborative (Baker Act Task Force)	The Collaborative meeting primarily focused on the closing of Jerome Golden and the impact it is having on the clients and systems. AN update was provided by SEFBHN regarding where services are now available including psychiatric, pharmacy and transportation to those services. The need for more residential beds may be partially addressed through South County's Ted's Place. A conversation about messaging was help and the group brainstormed how to get the word out including: ◆ Information at bus stations. ◆ Billboards. ◆ Giving handouts to Palm Tran to share with riders ◆ Have the newspaper run stories with facts about access to services. ◆ Weekly update from SEFBHN. ◆ Providers are contacting clients and NAMI is working to create a peer support initiative to connect with Jerome clients during the transition for follow up with medication management. Delray medical is working collaboratively with South County to have mobile response come to the emergency room to prevent admissions. DAF is accepting co-occurring Jerome clients. Specific identified needs include: ◆ People being discharged from the hospital need access to medication within 7 days. South County has walk in on Thursday for that purpose. This service can be replicated in the north area of the county. Look to care coordination prior to discharge to support the process. ◆ Bus passes. ◆ Housing- people are staying in the hospital because there is nowhere to discharge them to.
Adolescent Community Collaborative	The meeting reviewed the development of a process to support substance using parents in maintaining their children in the home with support including mobile response. The school system reported that there are more children needing a higher level of care. Coordination is occurring between the school system and PBSO. New Justice Mental Health Collaborative Grant was discussed which includes an emphasis on safety/threats in the schools as well as school based mental health conversations.
School Healthcare Access Committee	This meeting provided a report out on the following items: ◆ Wellness promotion Task Force and their food insecurity initiative. ◆ YRBSS data is now available. ◆ Calls to 911 in the schools. ◆ Update on vaping in the schools and programming designed to prevent vaping.

Table 13. Identified Needs/Next Steps at Meeting	
Glades SOC Community Meeting	The meeting included updates on the following initiatives: ◆ Wraparound ◆ Open Table ◆ Garden projects ◆ Neighborworks conference ◆ Healthier Glades ◆ Challenges with Jerome closing Identified Needs include: ◆ Bus passes/ a transportation system that works for the community ◆ A way to triage calls; one number to call to get your needs met without being sent somewhere else to call. ◆ No waitlists ◆ Options of service providers

Common Themes Across Qualitative Study

The following common themes emerged during the coding of information gathered from the stakeholder interviews:

- System collaboration: There is a need for providers, funders, and other stakeholders to work together to address the behavioral health needs in Palm Beach County. This includes breaking down silos across sectors, populations, and communities. During the data collection process for the funding analysis, it was clear there is a need for funders of behavioral health services to speak a "common language" in terms of taxonomy of services funded, populations served, and categories. Additionally, the examination of outcomes is critical to an understanding of the effectiveness and efficacy of services provided and therefore it is necessary for funders of behavioral health services to collaborate through the potential development of shared data and shared outcomes.
- Co-occurring psychiatric, substance use, and other complex conditions: As individuals with behavioral health challenges often experience co-occurring physical conditions and psychiatric/substance use conditions, there is a need to understand the interaction of these challenges and evidence-based practices to address them. In addition to individuals experiencing co-occurring conditions, families may have multiple challenges that are complex and require specific strategies.
- Social Determinants of Health: The provision of behavioral health services is one component to address the needs of individuals and families experiencing mental health and substance use conditions. In addition to the physical and behavioral aspects of health, there is a critical need to focus on the social determinants of health. These include access to safe, stable, and affordable housing; education; employment; transportation; healthy foods and clean water; and safe neighborhoods.
- Evidence-based practices: There is a need to continue to learn about and evaluate opportunities to utilize evidence-based practices in the scope of services provided in the community. This includes continued collaboration with law enforcement, primary and secondary schools, the child welfare system, and others.

- Community engagement: There is a need to expand efforts to educate the community about behavioral health to increase awareness and decrease stigma. This includes working with early childhood centers, the maternal child health system, the business and faith-based community, community leaders, and government representatives.
- Peer support: Peer support is recognized as a strength and an opportunity to build capacity within the system of care to address the needs of individuals living with behavioral health challenges. There is a need to expand and enhance the availability of peer support across Palm Beach County.
- Equity: There is a need to address health disparities, particularly related to physical and behavioral health. This includes but is not limited to evaluation of access to types of services; service utilization; and outcomes associated with services. Services provided should be evaluated based not only on race and ethnicity; they should also be assessed for disparities in gender, gender identity, and sexual orientation. There is a need to provide training in the area of cultural competence and humility and to educate community members to decrease stigma associated with behavioral health.
- Capacity building: The system of care has seen challenges in recent years, including the closing of CARP, Gratitude House, and Jerome Golden Center for Behavioral Health. There is a need for capacity building due to a health professional shortage in Palm Beach County, as well as workforce development with an analysis of retention/turnover and salary structure, and organizational sustainability, as well as strategic planning and succession planning. This includes a focus on advocacy for increased funding at the local, state, and federal levels.

E. Review of Local and National Reports and Recommendations

In addition to the above qualitative data, the following reports were reviewed to contribute to the overall picture of the identification of needs in Palm Beach County.

Reports Reviewed included:

- Palm Beach County, Community Services Department, Financially Assisted Agencies (FAA) Annual Report, FY 2018
- Behavioral Health Services within the Early Childhood System of Care, Children's Services Council Palm Beach County, December 2019
- SEFBHN Quarterly Reports submitted to DCF (includes training, meetings, interventions, waitlists, peer activities, treatment for pregnant women, monitoring, CQI activities, reinvestment grants, LOCUS and CALOCUS utilization reports, etc.)
- Executive Order Status Update for Circuit 15
- Results of Facing the Crisis Meeting
- Palm Beach County Criminal Justice Commission FUSE Project
- Presentation by the Substance Use and Behavior Disorders Cross Departmental Team to the Palm Beach County Board of County Commissioners: Strategic Planning and Performance Management
- Presentation to the Palm Beach County Board of County Commissioners, April 16, 2019
- Palm Beach County Behavioral Health Coalition 2020 Coalition Report

- Overview of ReThink Health for the BeWellPBC initiative
- Summary, Findings, and Next Steps: Palm Beach County Behavioral Health Summit, September 28-29, 2019
- Task Force Report on Involuntary Examination of Minors, DCF, SAMH, November 15, 2017
- Letter of Intent: Foundation for Opioid Response Efforts (FORE)
- Palm Beach County Zip Code Report, Children's Services Council, September 2017
- Healthcare District General Indicators Report
- Mobile Response Team Data Reports (Jerome Golden Center and South County Mental Health Center)
- 2-1-1 Data
- 2017 Annual Report Suicide Prevention Coordinating Council, DCF
- South Florida Behavioral Health Network Enhancement Plan FY 19/20
- South Florida Behavioral Health Network Triennial Needs Assessment
- Rethink Health Design Lab Information

Several of the above-mentioned reports provided specific data that were utilized to develop system-wide recommendations. The following summaries are included to support the findings.

Governor's Executive Order 18-81

The following information is based on a report conducted by the Department of Children and Families' Office of Substance Abuse and Mental Health to address the Governor's Executive Order 18-81. A series of meetings were conducted to identify opportunities for improvement throughout the state of Florida. The Southeast Region recommendations for Circuit 15 include:

Opportunities for cost-sharing to improve efficiencies and integration of funding between DCF, DJJ and the Sheriff. The specific potential efficiencies included:

- Increase and expand a more culturally-competent Behavioral Health workforce to utilize grant opportunities to collaborate with Palm Beach Sheriffs' Office, Schools and the Palm Beach Schools Police Department, and other stakeholders.
- Utilize funders to collaborate and cost-share through funding opportunities such as the Children's Services Council matching funds for Palm Beach School District Services.
- Law Enforcement agencies to cooperate with school police.
- Expand concept of Bridges locations, which are funded by Palm Beach County Children's Services Council, and to use Local Review Team (LRT) meetings, a collaboration of providers consisting of the ME, DJJ, DOJ, DCF, as well as other community representatives, as a platform for No Wrong Door access to services with the goal of addressing individual issues relating to children.
- Utilize the LRT to increase collaboration opportunities for any cross-system youth (stressed importance of needs vs. services; working together to find community-based supports and including ME sooner than later).
- Continue to meet to discuss cross-system issues (cost-sharing / when cannot find placements for youth, lack of traction with CMH/TCM provider, etc.).

- Develop opportunities for Navigation through publicly and privately funded behavioral health services across systems and implement a process to navigate all systems that intersect with behavioral health.
- Increase Peer Workforce.
- Family support – Parents resources should be provided to families. Warm hand-offs must occur from one service to the next with follow up post warm hand off. Parents should know what educational materials/services, resources, services are available to them and their families.
- Need for enhancing No Wrong Door/Central Receiving System in Palm Beach County including level of care assessment with matched services.
- Need to stabilize a behavioral health workforce that is culturally competent and increase their salaries.
- Expand behavioral health training and education to include Fire Department, EMS in Mental Health First Aid training.

Southeast Florida Behavioral Health Network Triennial Needs Assessment Recommendations

The following information represents the priorities submitted to the Department of Children and Families Substance Abuse and Mental Health Program Office by the Southeast Florida Behavioral Health Network for Circuit 15 (Palm Beach County). These priorities were identified through Phase One activities conducted as part of the current needs assessment process.

As a result of the updated needs assessment, Southeast Florida Behavioral Health Network determined that the following continue to be enduring priorities within our community.

1. Funding for Forensic Services to support a multidisciplinary forensic team and funding for Transitional Support such as FACT teams from Most Restrictive to Least Restrictive Environments (State Hospital, jail, residential treatment, detox, CSU)
2. Housing: Supported Housing, Transitional Housing, Housing First, Respite Housing, Emergency Shelter
3. Access to Psychiatric Services (outpatient) including telehealth
4. Suicide Prevention
5. Integrated Primary/Behavioral Health Care

While the above priorities are relevant to both Circuit 15 and 19, the following are also specific to Circuit 15 and have been selected based upon feedback from the community and data analysis.

- Workforce development
- Integration of recovery support/peer specialists

Department of Health Community Health Improvement Plan

According to the Florida Department of Health in Palm Beach County, a strong behavioral public health system provides effective strategies and preventative measures to positively influence members of a community. Specific actions can be taken to increase the number of Palm Beach County residents who are helped. Residents directly benefit from expanding the number of peer support services. Additionally, mental health first aid trainings have been proven effective at decreasing stigmatization of mental and behavioral health illnesses, increasing referrals to mental health services, and benefiting both the attendees and the people they help. Educating a community about mental and behavioral health through marketing, social media and public service announcements offers additional approaches to decreasing the stigma associated with mental and behavioral illnesses.

According to the Florida Behavioral Health Association, Palm Beach County had 4,855 overdoses between January and October 2016 with over $41 million in public payer, opioid-related hospital charges. With such a high number of residents suffering with mental health illnesses, including substance use disorders, action is needed. In a determined effort to improve the health of residents of Palm Beach County, the Advisory Council has established Mental and Behavioral Health as a priority. The Community Health Improvement Plan (CHIP) 2017 identified goals such as increasing the number of people trained in Mental Health First Aid, development of a campaign to reduce behavioral health stigma and developing messaging pertaining to behavioral health and increasing the number of screenings offered in the community. Additionally, the CHIP identified the need to decrease the number of behavioral health emergency department visits as well as reduce alcohol and substance use in the county. The activities related to these goals include expanding training and funding peer mentors and community health workers. Additionally, they intend to create a support group to provide behavioral health resources. Lastly, the CHIP identified the need to increase capacity for case management and aftercare case management utilizing Recovery Oriented System of Care and Wraparound.

Status Update on Jerome Golden Center

In October 2019, Jerome Golden Center, one of the largest behavioral health providers in Palm Beach County, closed its doors. Throughout the course of the Needs Assessment, concerns about the needs of clients previously served through the Jerome Golden Center were expressed. Southeast Florida Behavioral Health Network has been taking the lead in the community to provide a smooth transition for clients, staff and other providers in the system of care. As of December 31, 2019, the following information was provided by Southeast Florida Behavioral Health Network.

- Residential: Jerome Golden Center provided Residential services for 48 clients and all 48 residents of the Phoenix II and Walden Arms facilities have identified homes for relocation.
- Pharmaceutical Supports: Between October 25, when the Golden Center's pharmacy closed, and November 30, over 250 psychotropic prescriptions (90-day supply) were filled for individuals without sufficient financial resources; 54 individuals who depend on help from the pharmaceutical companies for their long acting injectable medications

through the patient assistance program were successfully transferred to a new participating pharmacy.

- Structured Day Treatment Continuation: Jerome Golden Center closed their campus for daytime programming and the group services and daily programming for an average of 75 clients per day are being provided at the Multi-Lingual Psychotherapy Campus. Transportation, breakfast, and lunch continue to be a staple of the services provided. Twenty-five direct service staff from the Golden Center are employed in the provision of services.
- Psychiatric Medication Management Services: As of December 9, the number of Golden Center clients who depend on access to psychiatric services to receive their psychotropic medications who have been re-assessed, had a level of care determination, and enrolled in a new provider's electronic health record exceeds 1,200. This is a combination of Indigent (443), Medicaid (497), and Medicare (296).
- Communication Partnerships: 211, Mental Health America Palm Beach, National Alliance on Mental Illness (NAMI), and SEFBHN have created a Hotline for Jerome Golden individuals and their families. Notices posted at the Golden Center direct current and former clients to contact 211 for access to their medical records and where to turn for treatment services. A press release and a press conference further aided the distribution of this access point.
- Medicaid Managed Care Plans: SEFBHN has made collaborating with the Medicaid Managed Care Organizations (MCO) a priority. Challenges include pre-authorization and credentialing of practitioners and SEFBHN continues to provide the financial safety net during this transition/authorization process.

Southeast Florida Behavioral Health Network coordinated a system-wide effort to support the community during the transition. While the closure of Jerome Golden Center created stress on the system of care, it has also afforded an opportunity for some re-alignment of resources. The following are some of the system-wide enhancements that have occurred:

- Mobile Response Teams: Mobile Response Teams can be dispatched within an hour to emergency rooms to interview and assess the needs of the Baker Acted individual. If a suitable discharge plan that identifies immediate community supports can be described, an ER doctor will be more inclined to relinquish the Baker Act. This will reduce the stress on ERs, ER doctors, and individuals.
- Belle Glade Crisis Stabilization: South County Mental Health Center assumed operations of the 10-bed Crisis Stabilization Unit under the Golden Center's ACHA issued license on September 27. Currently, immediate connections to the collocated outpatient services provide continuity of care and access to an individual's medical history. Mobile response teams routinely conduct wellness check-ups on those recently released from the CSU, further enhancing the safety net and doubling the engagement of those hesitant to seek assistance due to stigma and fear of the unknown.
- Additional Crisis Stabilization Beds at South County Mental Health Center: An additional 15-bed ACHA licensed facility will be brought online by January 1. This unit will specifically target state hospital diversion and jail diversion opportunities by providing a longer length stabilization for those individuals who need

- Contracting for Crisis Stabilization Beds with St. Mary's: SEFBHN is currently negotiating to financially support the under-insured and uninsured inpatient admissions to St Mary's psychiatric unit.
- Club House: Mental Health America - Palm Beach is aggressively seeking a location with proper zoning and adequate space. Clubhouses are a powerful demonstration of the fact that people with mental illness can and do lead normal, productive lives and will further promote strong peer support.
- Residential Facilities: SEFBHN is working with the City of West Palm Beach and the Housing Developer to secure a 32-bed fully renovated housing complex for multi-generational use by various high need populations with anticipated occupancy of January 15, 2020. Reprogramming the funding from Phoenix II and Walden Arms for this facility leaves additional opportunities to increase the previous capacity from 48 beds to 64 beds.
- Co-occurring Residential Treatment – SEFBHN is redirecting Golden Center funds to support the enhancement of existing residential treatment beds to include more intensive residential treatment to account for those individuals requiring a much higher psychiatric component when treating their substance misuse disorders.
- Forensic Services: South County Mental Health Center received additional funding for the purposes of coordinating community-based services for clients with forensic involvement. The funding will also support collaboration between South County Mental Health Center, State Mental Health Treatment Facilities, and Judicial Circuit 15 stakeholders.

F. Financial Data Analysis

Scope

Financial data was collected from organizations that provide direct service and/or contract with other providers. To be noted is that, as fiscal years vary, organizations provided data for their most recent fiscal year. Data requests were made to and received from the following organizations:

- ChildNet
- Children's Services Council of Palm Beach County
- Department of Juvenile Justice
- Florida Department of Health in Palm Beach County
- Healthcare District of Palm Beach County
- Palm Beach County Community Services Department
- Palm Beach County School District
- Palm Beach County Youth Services Department
- Southeast Florida Behavioral Health Network

Organizations were asked to provide the following information:

- the total dollar amount funded by the organization for behavioral health services (for the last two fiscal years)
- the projects/organizations/services funded
- the numbers of individuals who received services as a result of funding (with demographics if available)
- the outcomes (expected and actual) associated with those services

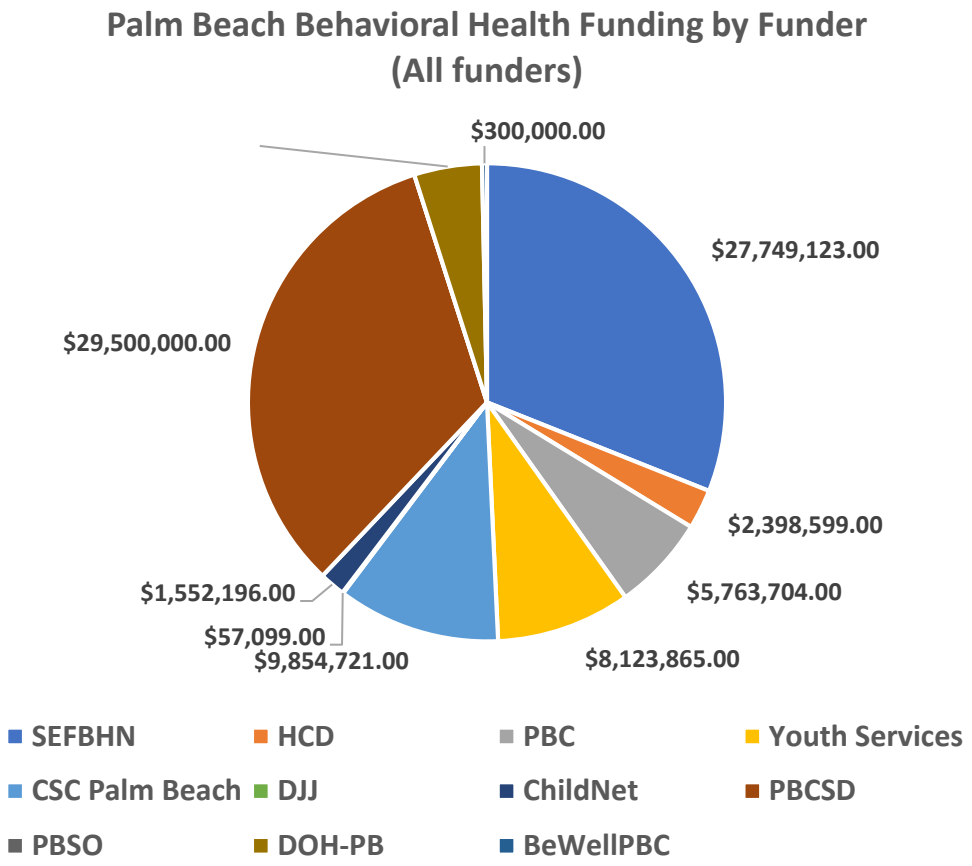
A financial data request was made of the Palm Beach County Sheriff's Office. While they did not provide specific data regarding their budget for behavioral health services due to the difficulty of assessing an accurate dollar amount as collaborative projects and the use of resources throughout PBSO made that task not feasible. They did, however, provide information about the services offered. The following represents that information.

The Palm Beach County Sheriff's Office recognizes the importance of behavioral health as inextricably linked to the community they serve and to the services they provide. This includes specialized training for staff, such as Crisis Intervention Training, Trauma Informed Investigations Training, Victim Practitioner Certification Training. They also provide specific services and programs within both the Corrections and Law Enforcement Operations which incorporate behavioral health. This includes the provision of psychiatric assessments, crisis intervention & stabilization, ongoing medication management, and counseling services in corrections facilities. They also provide detoxification and stabilization, counseling, and access to support groups for individuals with substance use conditions. The "Another Way" Program, located in the Western Detention Center (WDC) facility, provides a voluntary 90- day substance use disorder, psychoeducational program. Most recently, in partnership with Southeast Florida Behavioral Health Network, the Palm Beach County Sheriff's Office has been providing medication assistance programs for the opioid- addicted population. They also provide a comprehensive re-entry program which includes an assessment of behavioral health needs and related case planning and coordination with community partners.

In terms of the law enforcement operations, the Palm Beach County Sheriff's Office provides victim advocacy for victims of Domestic Violence, Human Trafficking, Violent Crimes (i.e. Homicide, Robbery, Burglary, etc.), and other crimes. They also provide crisis intervention, assessment, information & referral, and case management services for persons deemed at risk of harming themselves or persons in the community. The Behavioral Services Unit is staffed with both Licensed Mental Health Professionals and specially trained Law Enforcement Officers. Additionally, the Juvenile First Offender Program provides and/or coordinates counseling and intervention services for juveniles arrested for first time misdemeanors not related to traffic, domestic violence, or sex crimes.

Other organizations that provide funding in the area of behavioral health include the United Way of Palm Beach County, Quantum Foundation, and Palm Health Foundation. These organizations are not included in this analysis as they do not fund direct services.

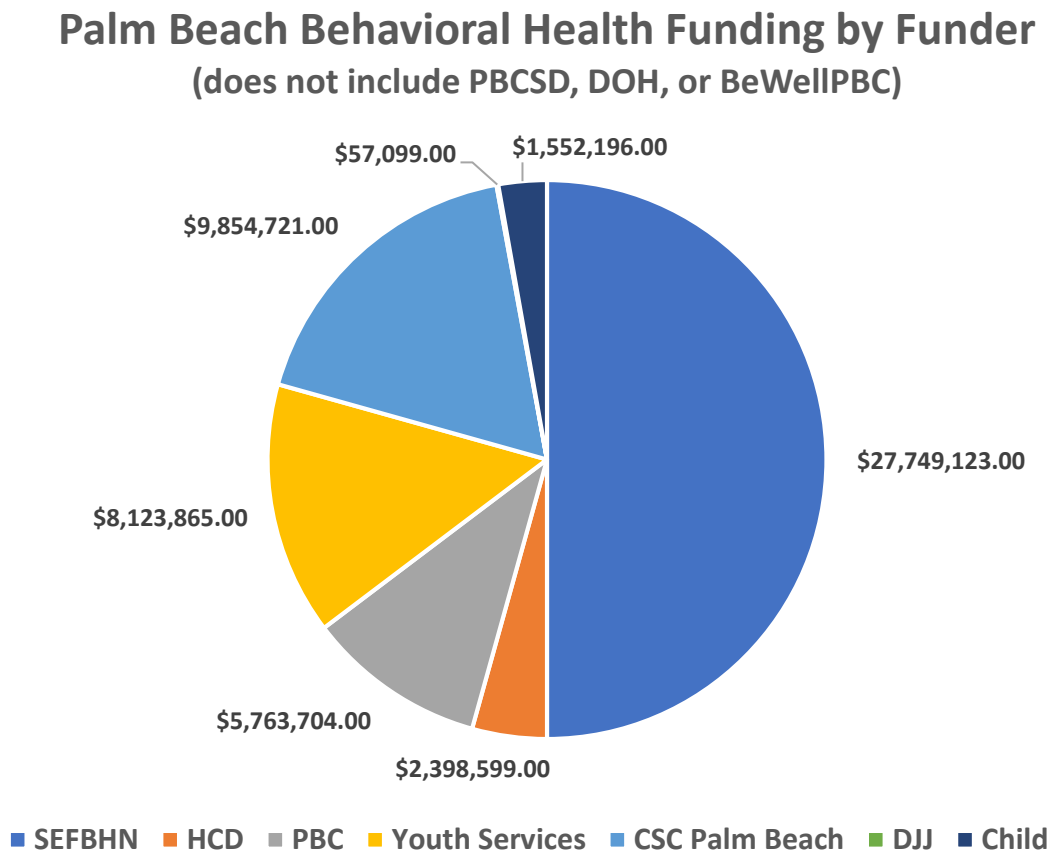
Figure 25. Palm Beach Behavioral Health Funding by Funder (all funders)



Note that funding for the Palm Beach County School District, the Florida Department of Health in Palm Beach County, and BeWellPBC are not included in the comparative analysis as they are newly funded projects. The Palm Beach County School District received $29.5 million in state funding due to the Marjory Stoneman Douglas High School tragedy and has been hiring professionals to address behavioral health needs in the schools. The Department of Health received $4.1 million in prevention funding from the Centers of Disease Control to provide surveillance, epidemiology, and prevention through education to address the opioid crisis. BeWellPBC received $300,000 for grassroots and community organizing for behavioral health education and awareness from various funding entities.

The following chart represents behavioral health funding without the Palm Beach County School District, the Florida Department of Health in Palm Beach County, and BeWellPBC.

Figure 26. Palm Beach Behavioral Health Funding by Funder (does not include PBCSD, DOH, BeWellPBC)



Data Analysis

Financial data collected was coded using the following variables:

- Population Served (Adult, Child/Youth, Families, All-includes unspecified populations)
- Category (Mental Health, Substance Abuse, Substance Abuse/Mental Health)
- Service (Prevention, Support Services, Community-Based Treatment and Services, Deep-End Treatment, Team-Based Services, and Incidentals. Services included in these areas:
    - Prevention (includes Assessment, Prevention, Prevention-Universal Direct, Prevention-Universal Indirect, Prevention-Indicated, Education and Training, Intervention, Information and Referral, Outreach)
    - Support Services (includes Crisis Support, Case Management, Care Coordination, Drop-In, Intensive Case Management, Mobile Crisis, Recovery Support, Support, Supported Housing, Supported Employment)
    - Community-Based Treatment and Services (includes Outpatient-Individual, Outpatient-Group, Medical, MAT, In-home/On-site, Day Treatment)
    - Deep-End Treatment (includes Crisis Stabilization, Detox, Inpatient, Residential, Residential-Levels 1, 2, and 4, Room and Board-Levels 2 and 3)
    - Team-Based Services (FIT, FACT, CAT)
    - Incidentals

- To the degree possible, numbers of persons served (potentially duplicated as individuals may have received multiple services) were recorded by funder
- Total dollar amount funded for each service/category/population

Overview of Results

The highest percentage of the total funding budget was allocated to the following:

- Prevention for Families at-risk of Co-occurring Conditions (14%).
- Deep-End services for Adults with Substance Use Conditions (14%).
- Deep-End services for Adults with Mental Health Conditions (9%).
- Support services for Children/Youth with Mental Health Conditions (7%).
- Community-Based services for Adults with Substance Use Conditions (6%).
- High Ridge Treatment Center for Families at-risk of Co-occurring Conditions (6%).
- Community-Based services for Adults with Mental Health conditions (5%).

Data was broken down further into the following areas:

- **Services:** The greatest funding allocation was for Deep-End services (32%), followed by Community-Based services (25%), Prevention (21%), Support services (15%), Team-Based services (5%), and Incidentals (2%).
- **Population:** The highest funding allocation was for Adults (49%), followed by Families (24%), Children/Youth (23%), and All (5%).
- **Category:** Mental Health services had the greatest funding allocation (44%), followed by Substance Abuse services (34%) and Co-occurring conditions (22%).
- **Population/Category:** Adult Substance Abuse services had the greatest funding allocation (22%), followed by Children/Youth at-risk of co-occurring conditions (21%), Adult Mental Health services (18%), and Children/Youth Mental Health services (9%).

Total Allocation

A total of $55,662,390 was allocated to behavioral health services in Palm Beach County by the aforementioned funding organizations. A total of 55,226 individuals (potentially duplicated) were served through this funding at a cost per person of $1,004.85.

Table 14. Total Funding Allocation for Behavioral Health, Palm Beach County

Population	Category	Service	# served	Total $	% of funding	Cost per person served
Child/Youth Adult Families All	MH SA SA/MH	Prevention Support Community-Based Treatment and Services Deep-End Services Team-Based Services Incidentals	55,226	$55,662,390	100%	$1,004.85

Allocation by Service

The greatest funding allocation was for Deep-End services (32%), followed by Community-Based services (25%), Prevention (21%), Support services (15%), Team-Based services (5%), and Incidentals (2%). Southeast Florida Behavioral Health Network and the Children's Services Council of Palm Beach County provide the greatest percentage of prevention funding (34% and 35%, respectively). Southeast Florida Behavioral Health Network and Palm Beach County's Youth Services Department provide the greatest percentage of support services funding (58% and 23%, respectively). Southeast Florida Behavioral Health Network and the Children's Services Council of Palm Beach County provide the greatest percentage of community-based funding (34% and 36%, respectively); and Southeast Florida Behavioral Health Network, Palm Beach County's Community Services Department, and Palm Beach County's Youth Services Department provide the greatest percentage of deep-end funding (60%, 22%, and 18%, respectively). Note that 100% of funding for team-based services and incidentals was provided by Southeast Florida Behavioral Health Network.

Table 15. Allocation by Service, Palm Beach County

Population	Category	Service	# served	Total $	% of funding	Cost per person served
All	All	Prevention	12,688	$11,846,035	21%	$933.64
All	All	Support	14,881	$8,057,322	15%	$556.41
All	All	Community-Based	19,711	$14,117,804	25%	$716.24
All	All	Deep-End	7,004	$17,760,496	32%	$2535.76
All	All	Team-Based	*	$2,567,643	5%	*
All	All	Incidental	1,342	$1,150,007	2%	$856.94

**numbers of persons served for team-based services not available*

Figure 27. Funding by Service, Palm Beach County

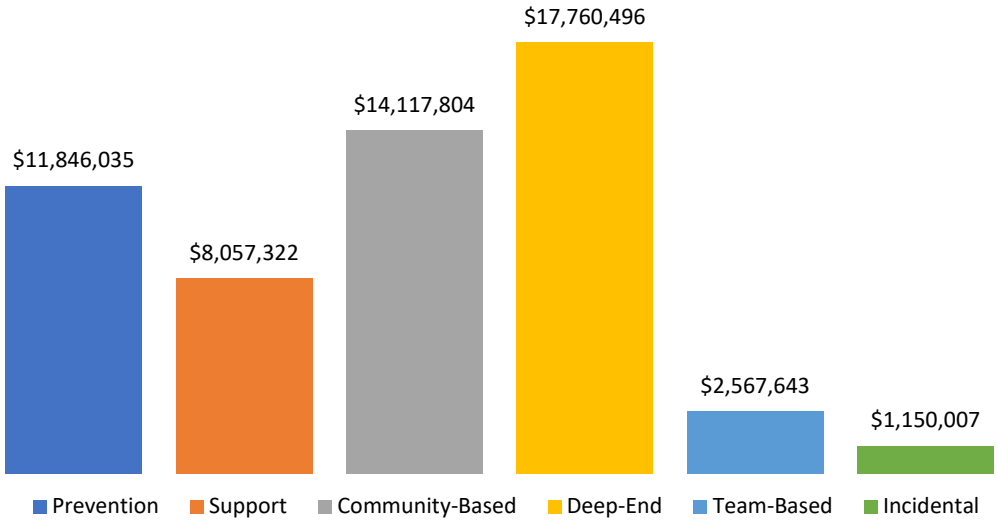


Figure 28. Funding by Service, Percentage of Total Funding

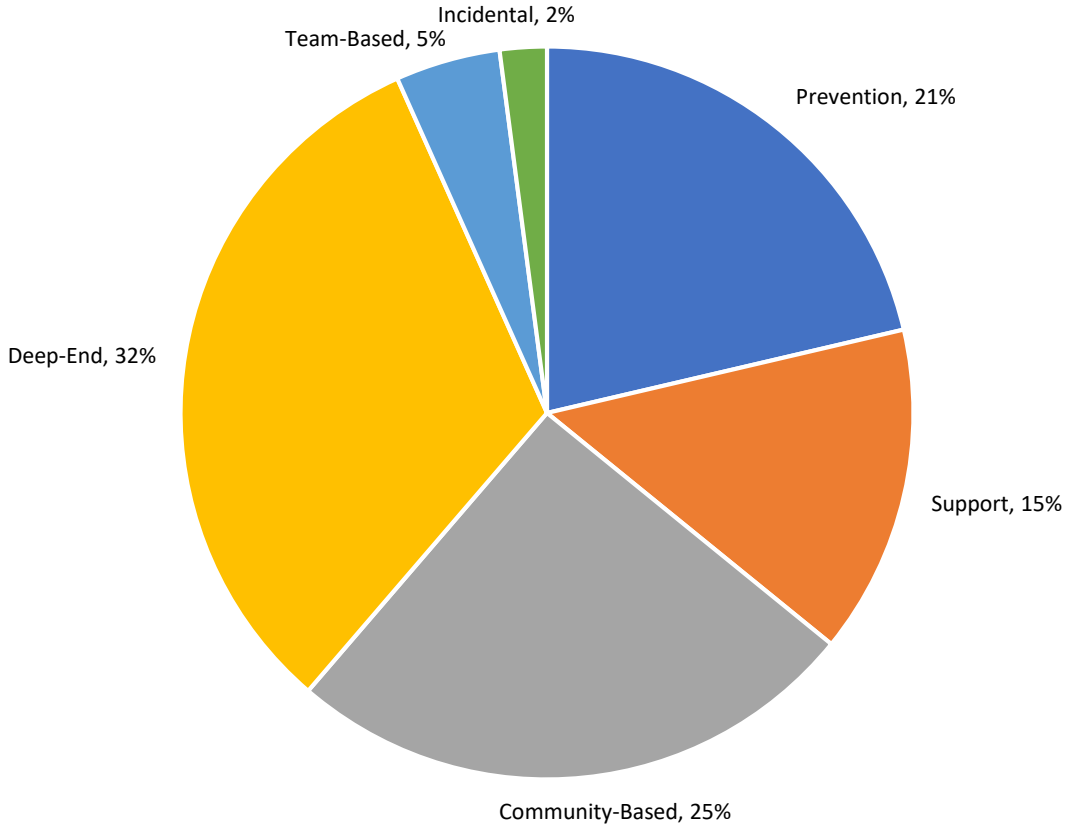


*Table **16**. Allocation by Service, Palm Beach County*

	SEFBHN	HCD	PBC	Youth Services	CSC	DJJ	ChildNet
Prevention	34%	0%	2%	15%	35%	0.20%	13%
Support Services	48%	1%	11%	23%	8%	0%	0%
Community-Based Services	34%	16%	6%	9%	36%	0.20%	0%
Deep-End Services	60%	1%	22%	18%	0%	0%	0%
Team-Based Services	100%	0%	0%	0%	0%	0%	0%
Incidentals	100%	0%	0%	0%	0%	0%	0%

Figure 29. Prevention Services, Percentage of Total Funding by Funder

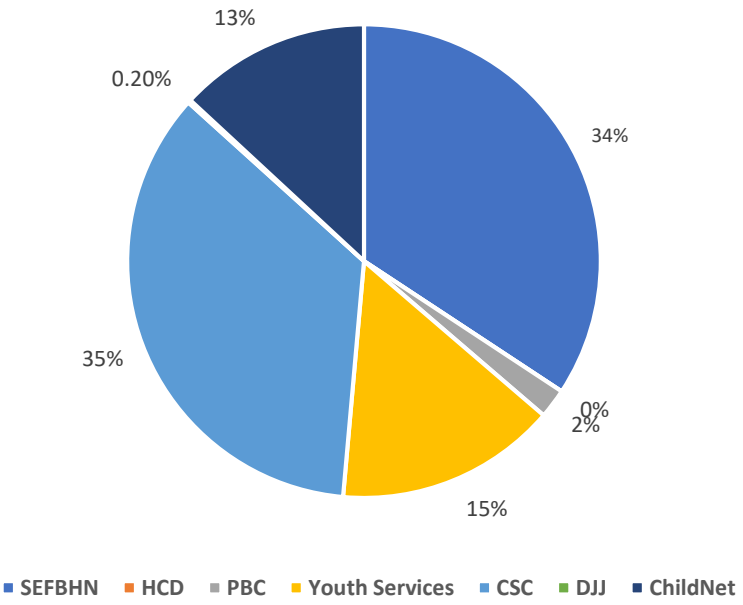


Figure 30. Support Services, Percentage of Total Funding by Funder

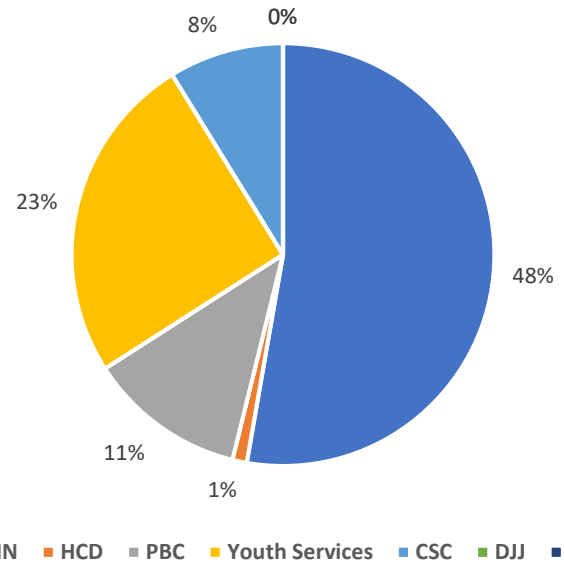


Figure 31. Community-Based Services, Percentage of Total Funding by Funder

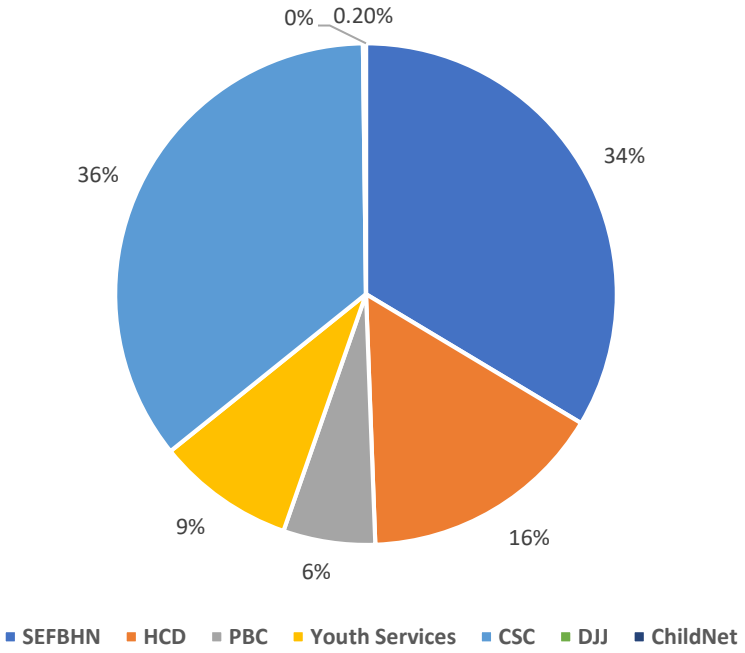
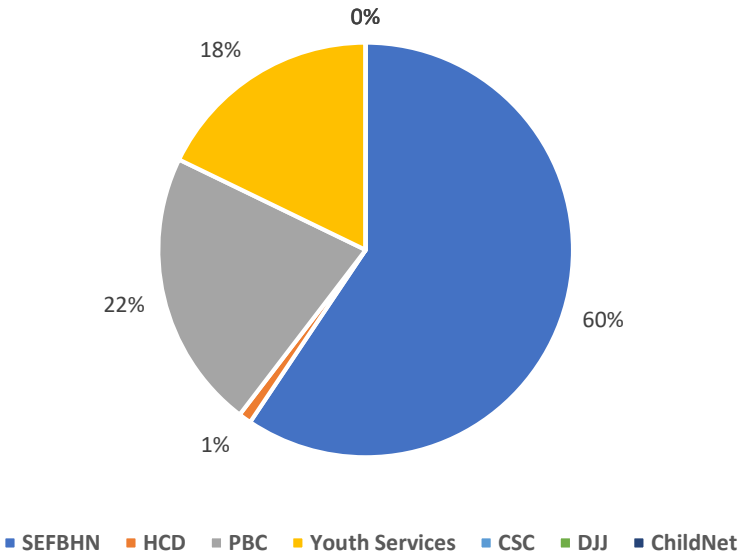


Figure 32. Deep-End Services, Percentage of Total Funding by Funder



Allocation by Population

The highest funding allocation was for Adults (49%), followed by Families (24%), Children/Youth (23%), and All (5%).

Table 16. Allocation by Population, Palm Beach County

Population	Category	Service	# served	Total $	% of funding	Cost per person served
Child/Youth	All	All	10,218	$12,592,904	23%	$1,232.23
Adult	All	All	29,930	$27,040,795	49%	$903.47
Families	All	All	5,535	$13,311,094	24%	$2,404.90
All	All	All	9,543	$2,556,464	5%	$267.89

Figure 30. Allocation by Population, Palm Beach County

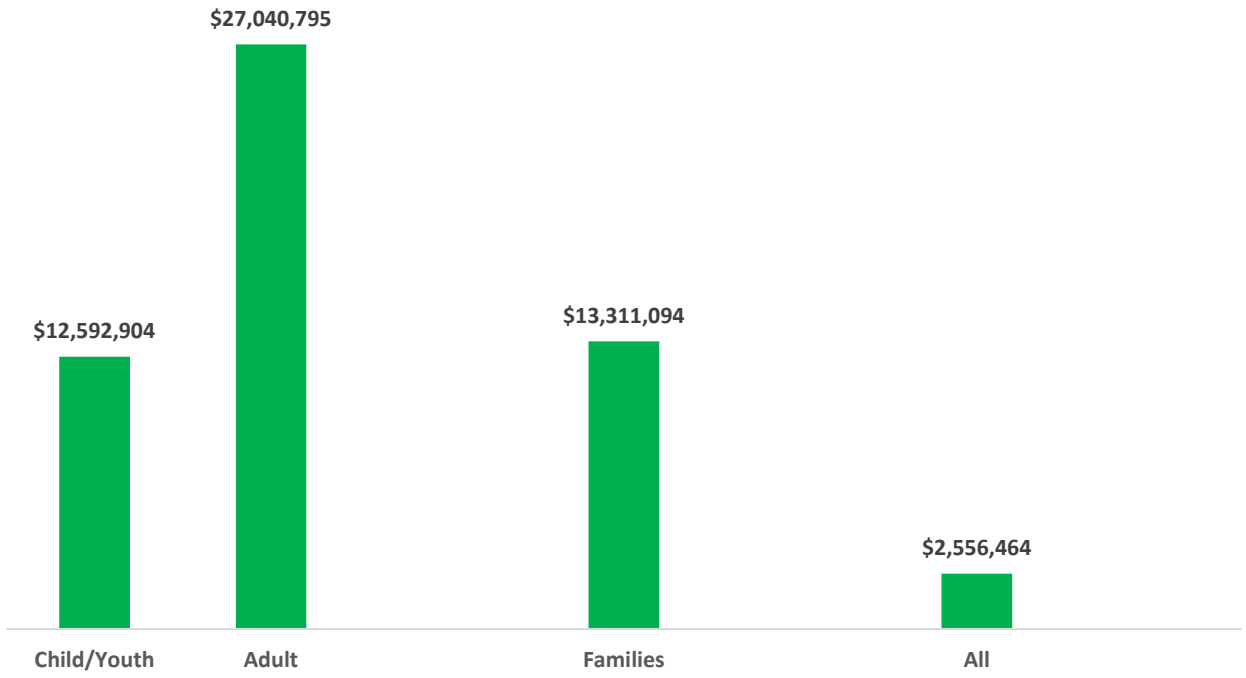
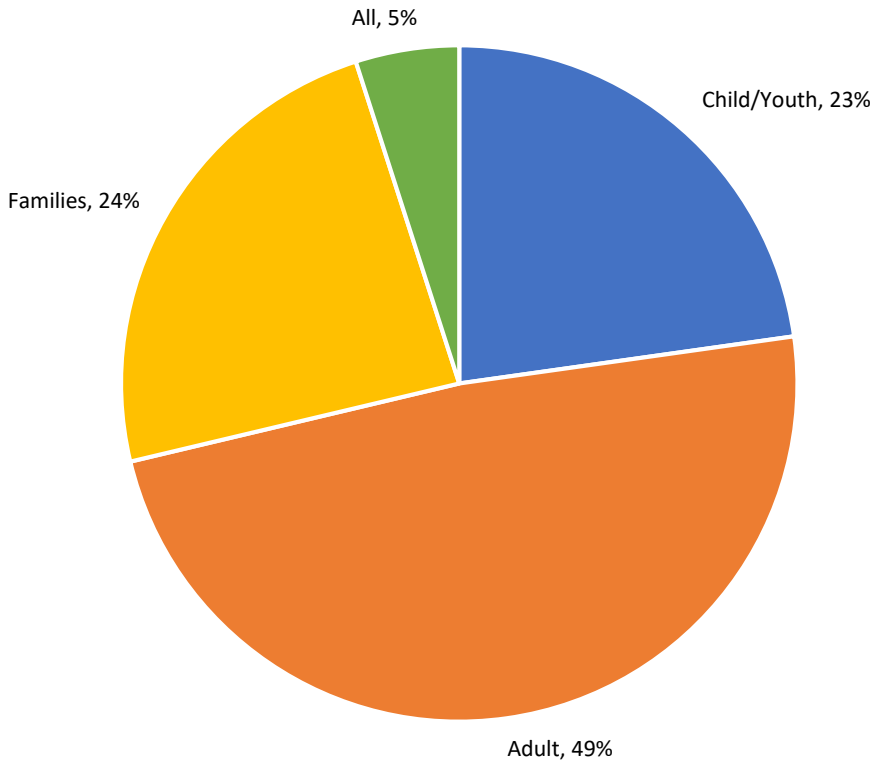


Figure 31. Funding by Population, Percentage of Total Funding



Allocation by Category

Mental Health services had the greatest funding allocation (50%), followed by Substance Abuse services (34%) and Co-occurring conditions (16%).

Table 16. Allocation by Category, Palm Beach

Population	Category	Service	# served	Total $	% of funding	Cost per person served
All	MH	All	28,208	$27,829,915.00	50%	$1,013.33
All	SA	All	21,495	$18,793,536.00	34%	$1,057.69
All	SA/MH	All	5,523	$9,038,939.00	16%	$874.32
Total			55,226	$55,662,390		$1,218.35

Figure 32. Allocation by Category, Palm Beach

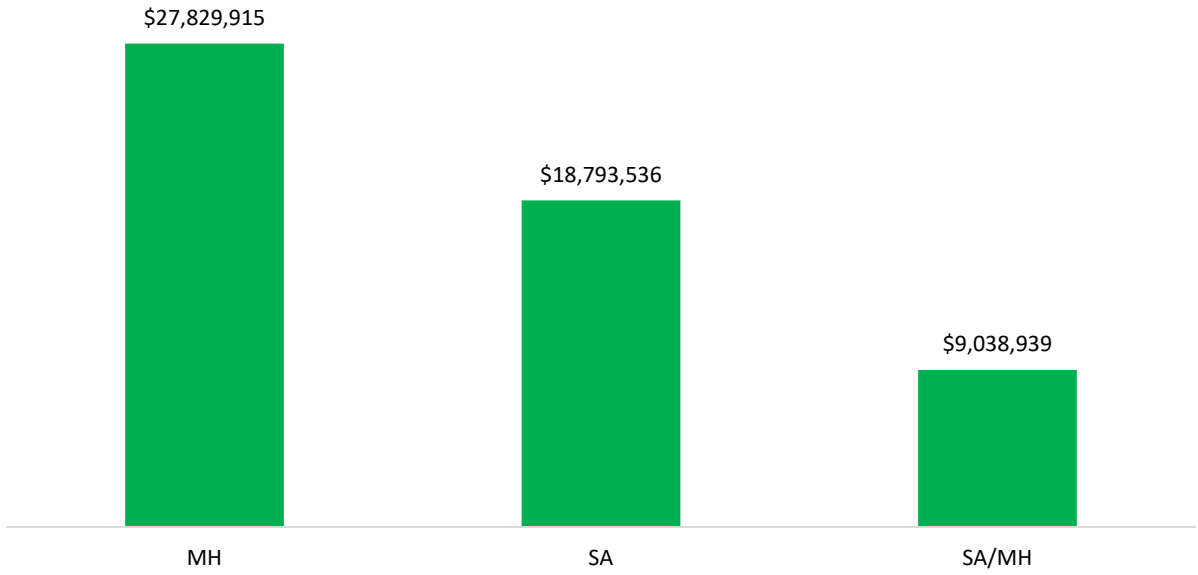
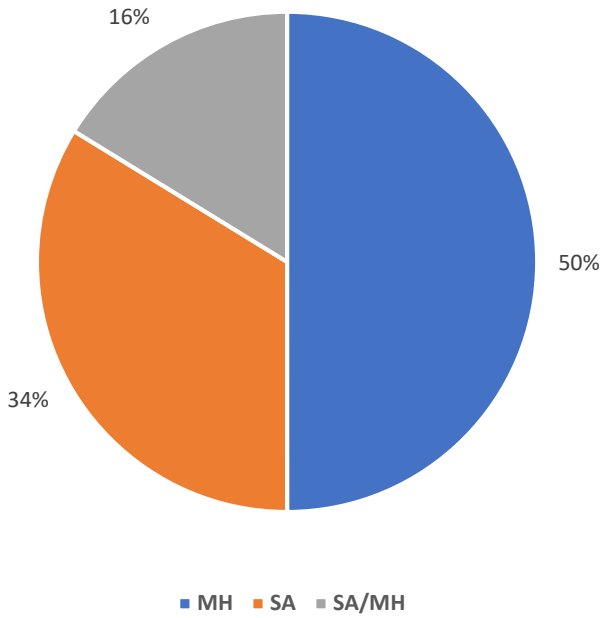


Figure 33. Allocation by Category, Percentage of Total Funding



Allocation by Population/Category

Adult Substance Abuse services had the greatest funding allocation (26%), followed by Adult Mental Health services (21%), and Children/Youth Mental Health services (11%) and Families Mental Health services (11%).

Table 17. Allocation by Population Category, Palm Beach

Population	Category	Service	# served	Total $	% of total funding	Cost per person served	% of total Category funding
Child/Youth	MH	All	5,257	$6,133,692	11%	$1,166.77	22%
Child/Youth	SA	All	2,898	$4,069,017	7%	$1,404.08	22%
Child/Youth	SA/MH	All	2,063	$2,425,868	4%	$1,175.89	4%
Adult	MH	All	10,824	$11,852,720	21%	$1,095.04	42%
Adult	SA	All	18,597	$14,681,042	26%	$89.43	78%
Adult	SA/MH	All	509	$589,016	1%	$1,157.20	7%
Families	MH	All	3,419	$5,880,162	11%	$719.85	21%
Families	SA	All	0	0	0%		-
Families	SA/MH	All	2,116	$4,563,887	8%	$2,156.85	50%
Families	MH	Highridge	132	$3,210,522	6%	$24,322.14	11%
All	MH	All	6,812	$1,096,296	2%	$160.94	4%
All	SA	All	0	0	0%	-	-
All	SA/MH	All	2,731	$1,460,168	3%	$534.66	16%

**Does not include High Ridge Treatment Center*

Table 18. Child/Youth Mental Health, Substance Abuse, Co-occurring							
Population	**Category**	**Service**	**# served**	**Total $**	**% of total funding**	**Cost per person served**	**% of total Population funding**
Child/Youth	MH	All	5,257	$6,133,692	11%	$1,166.77	49%
Child/Youth	SA	All	2,898	$4,069,017	7%	$1,404.08	32%
Child/Youth	SA/MH	All	2,063	$2,425,868	4%	$1,175.89	19%
			10,218	$12,628,577.00		$2,410.31	

Figure 34. Allocation for Children and Youth services

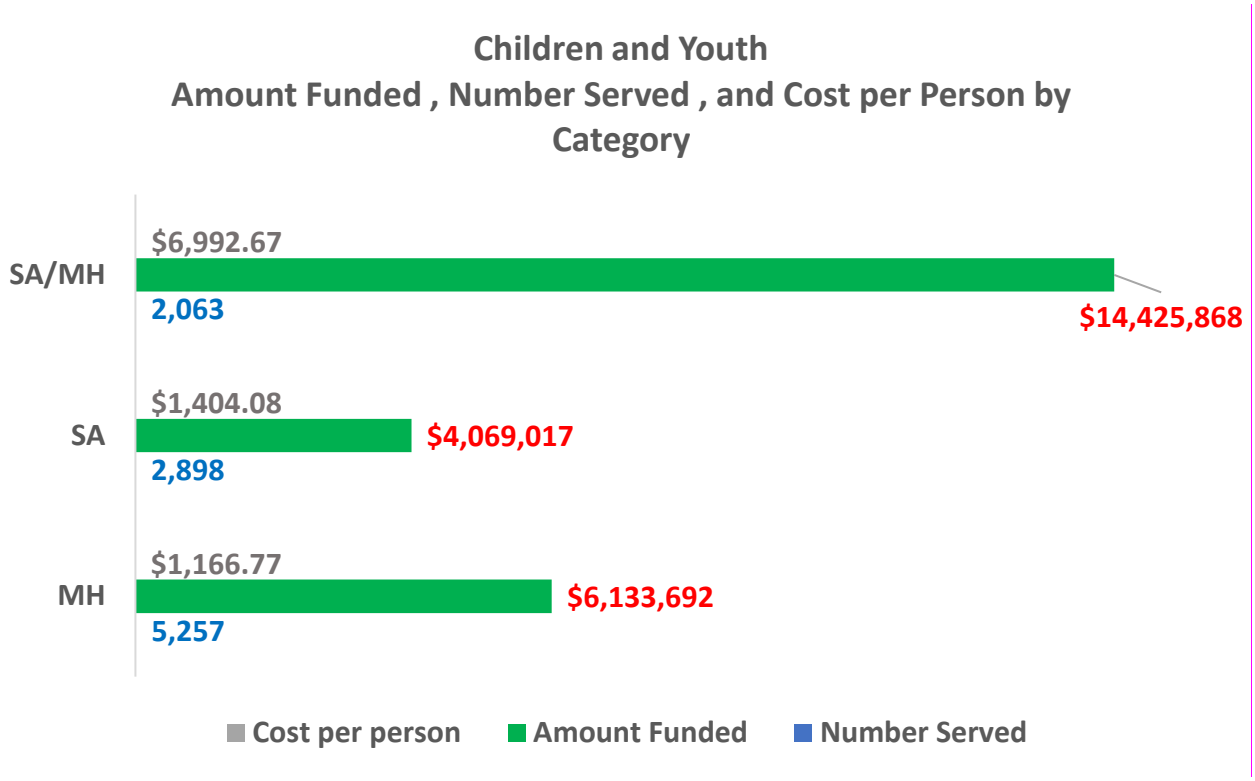


Table 19. Adult Mental Health, Substance Use, Co-occurring							
Population	**Category**	**Service**	**# served**	**Total $**	**% of total funding**	**Cost per person served**	**% of total Population funding**
Adult	MH	All	10,824	$11,852,720	18%	$1,095.04	44%
Adult	SA	All	18,597	$14,724,519	22%	$791.77	54%
Adult	SA/MH	All	509	$589,016	.08%	$1,157.20	2%
			29,930	$27,166,255.00		$907.66	

Figure 35. Allocation for Adult services

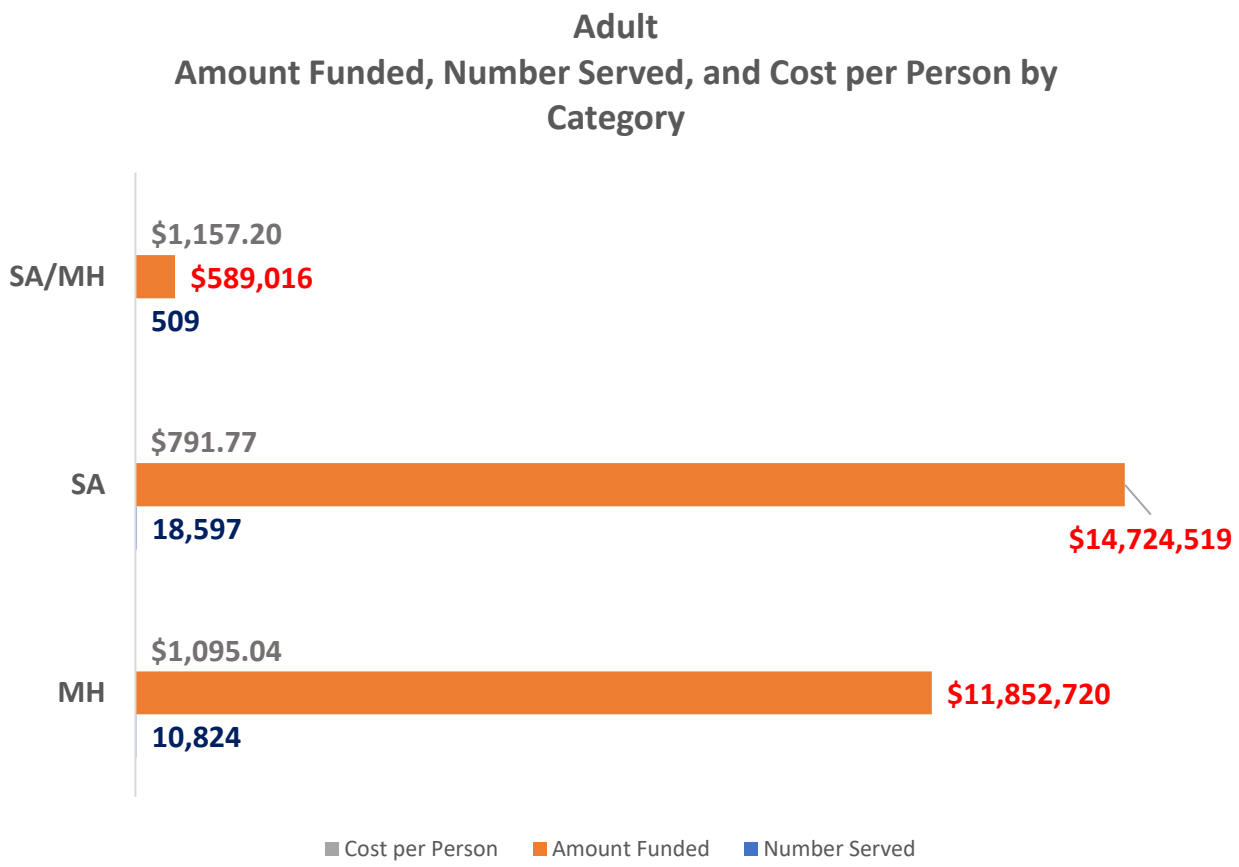


Table 20. Families Mental Health, Substance Use, Co-occurring							
Population	**Category**	**Service**	**# served**	**Total $**	**% of total funding**	**Cost per person served**	**% of total Population funding**
Families	MH	All	3,287	$5,536,635	8%	$1,684.42	42%
Families	SA	All	0	0	0%		-
Families*	SA/MH	All	2,248	$7,774,409	14%	$3,458.37	58%
Families**	SA/MH	All	2,116	$4,563,887	7%	$2,156.85	34%
Families	MH	High Ridge	132	$3,210,522	5%	$24,322.14	24%
Total (including High Ridge SA/MH)			5,535	$13,311,044	24%		

*includes High Ridge
**does not include High Ridge

Figure 36. Allocation for Families

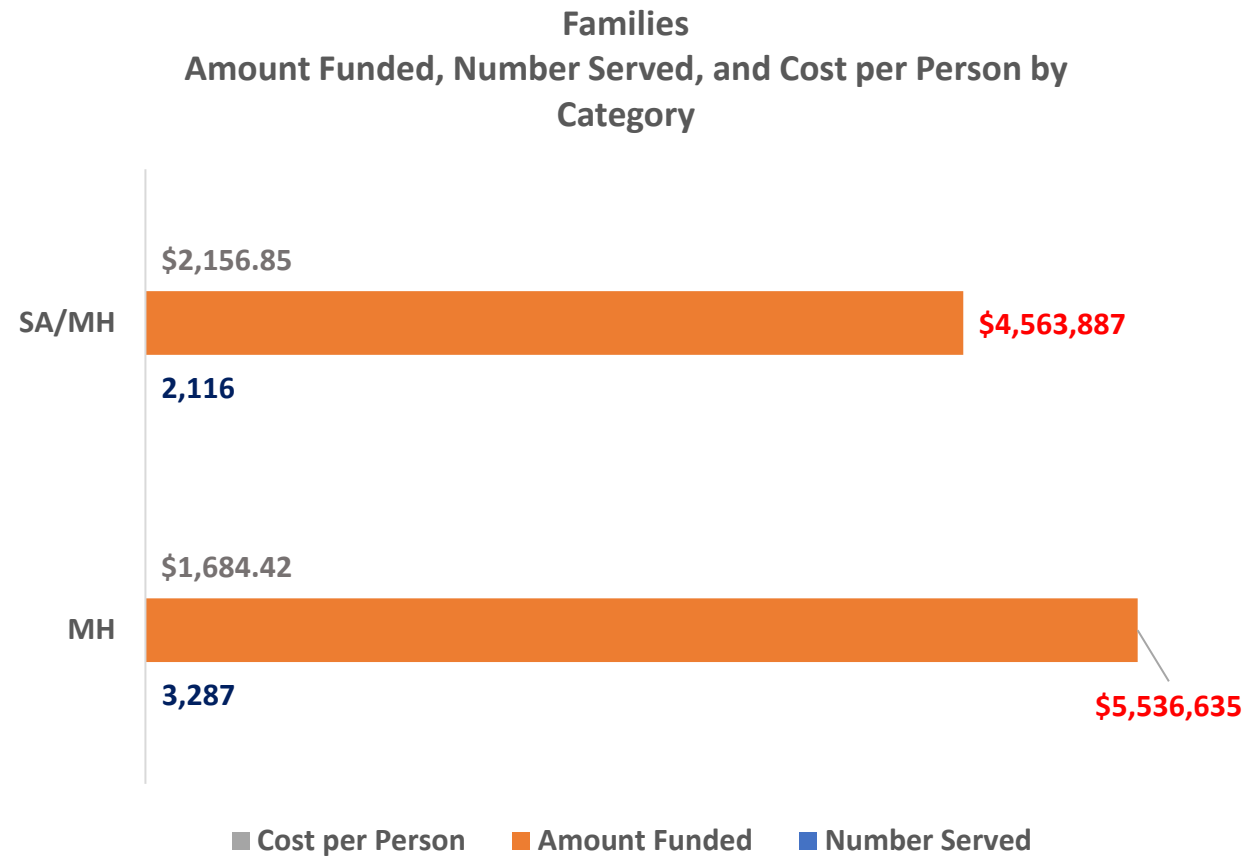
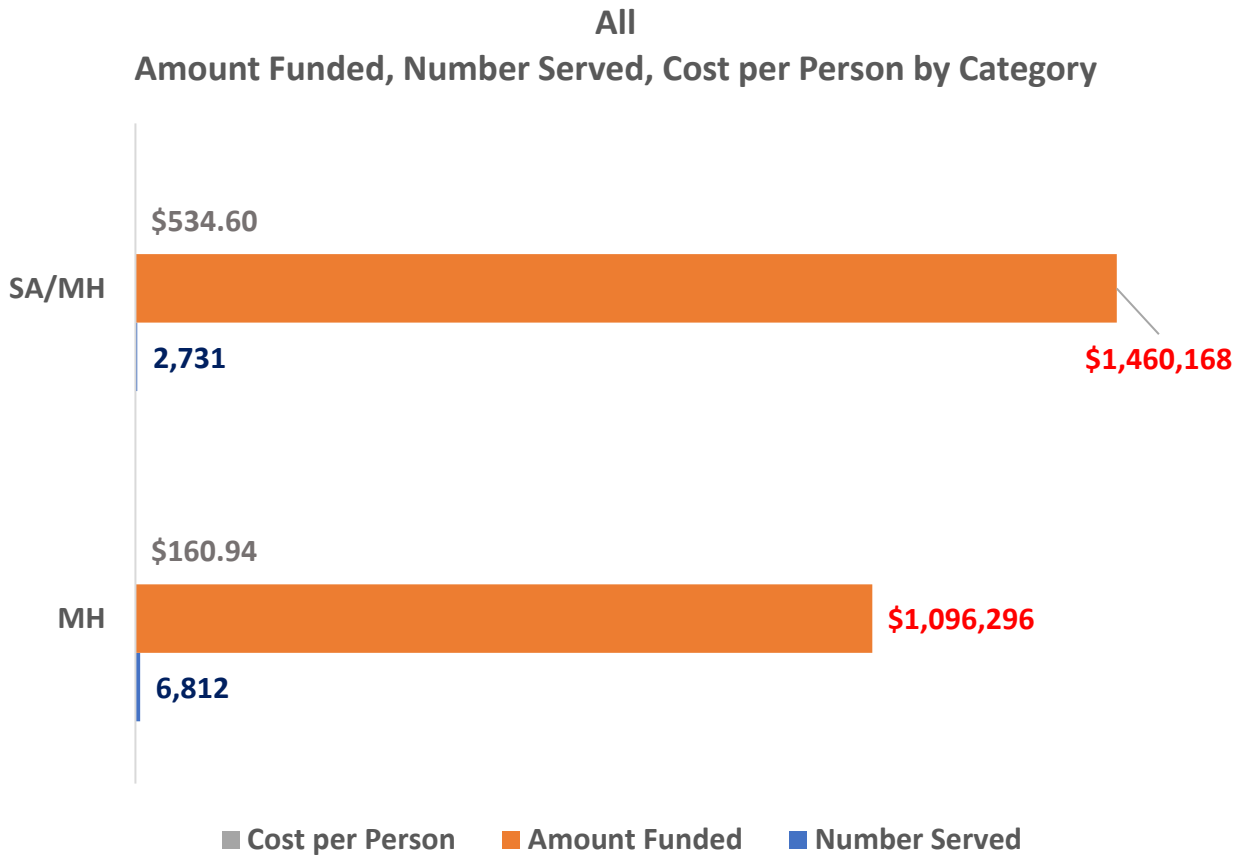


Table 21. Populations not specified, Mental Health, Substance Use, Co-occurring							
Population	**Category**	**Service**	**# served**	**Total $**	**% of total funding**	**Cost per person served**	**% of total Population funding**
All	MH	All	6,812	$1,096,296	2%	$160.94	43%
All	SA	All	0	0	0%	-	-
All	SA/MH	All	2,731	$1,460,168	2%	$534.60	57%
Total			9,543	$2,556,464.00	5%	$267.88	

Figure 37. Allocation for populations not specified



Allocation By Population/Service

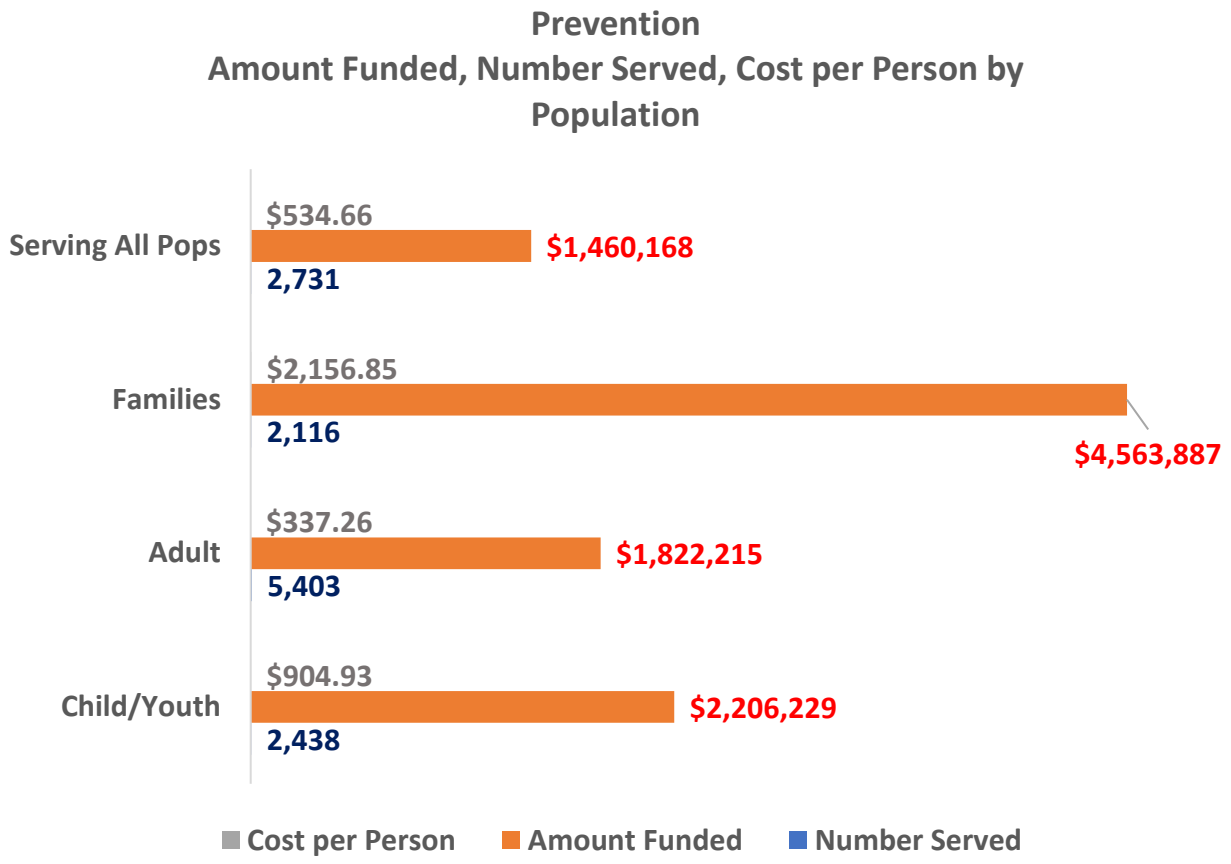
Prevention services

For prevention services, families had the greatest allocation of funding (45%), followed by children/youth (22%), adults (18%), and all (15%).

Table 22. Allocation for Prevention services

Population	Category	Service	# served	Total $	% of total funding	Cost per person served	% of total Service funding
Child/Youth	All	Prevention	2,438	$2,206,229	4%	$904.93	22%
Adult	All	Prevention	5,403	$1,822,215	3%	$337.26	18%
Families	All	Prevention	2,116	$4,563,887	8%	$2,156.85	45%
Serving All Pops	All	Prevention	2,731	$1,460,168	3%	$534.66	15%
Total			9,957	$10,052,499.00	15%	$862.94	

Figure 38. Allocation for Prevention services



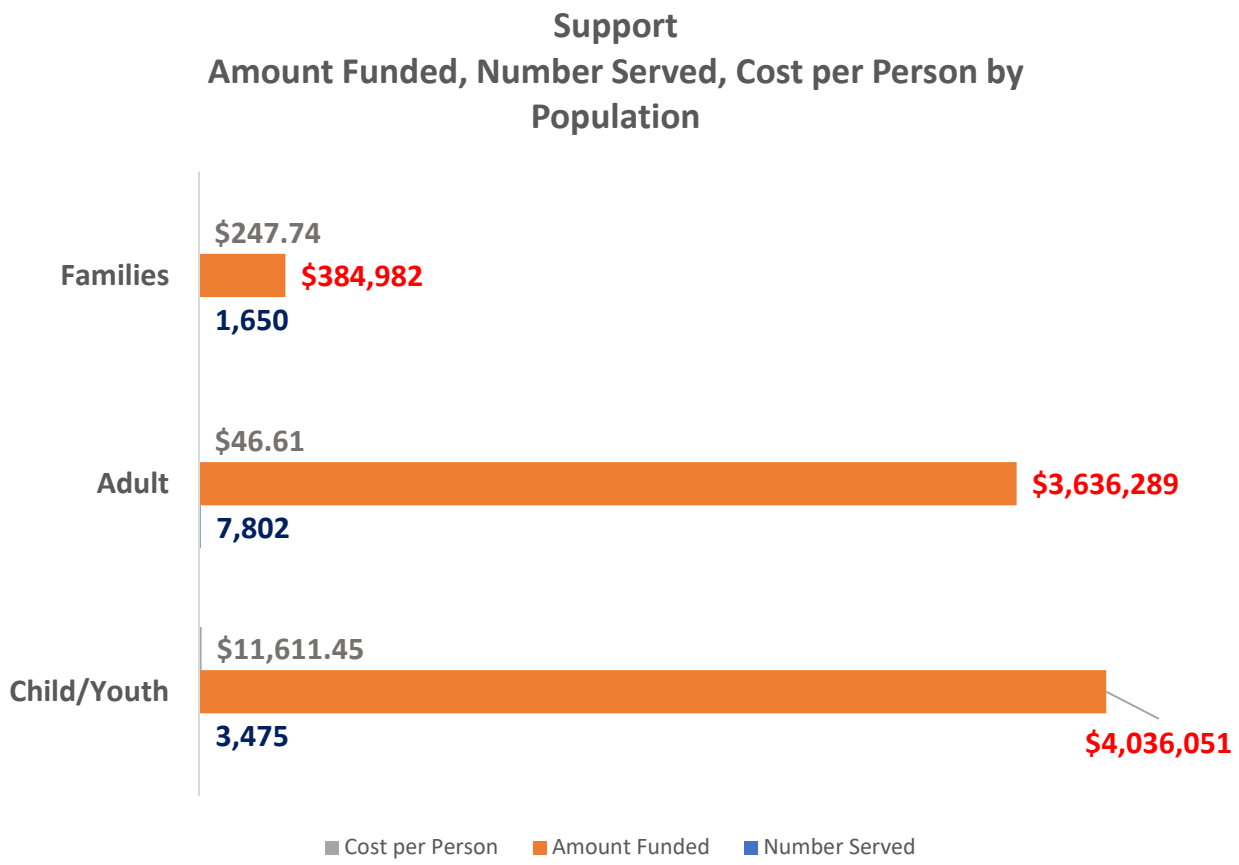
Support Services

In the area of support services, children/youth had the greatest funding allocations (50%), followed by adults (45%) and families (5%).

Table 23. Allocation for Support services

Population	Category	Service	# served	Total $	% of total funding	Cost per person served	% of total Service funding
Child/Youth	All	Support	3,475	$4,036,051	7%	$1,1611.45	50%
Adult	All	Support	7,802	$3,636,289	1%	$46.61	45%
Families	All	Support	1,650	$384,982	.06%	$247.74	5%
Serving All Pops	All	Support	1,554	-	-		
Total			14,481	$8,057,322.00	15%		

Figure 39. Allocation for Support services



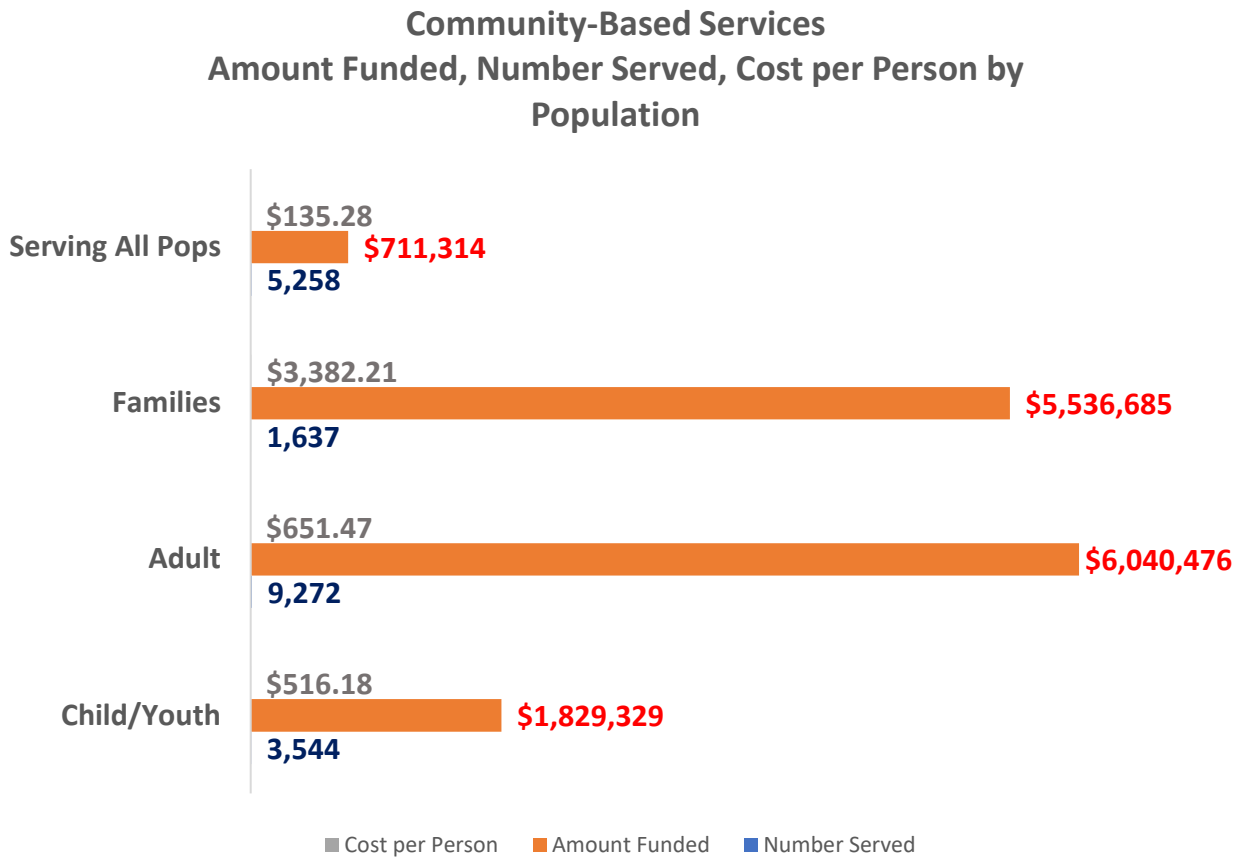
Community-Based Services

Adults had the greatest funding allocation in community-based services (43%), followed by families (39%), children/youth (13%), and all (5%).

Table 24. Allocation for Community-Based services

Population	Category	Service	# served	Total $	% of total funding	Cost per person served	% of total Service funding
Child/Youth	All	Community-Based	3,544	$1,829,329	3%	$516.18	13%
Adult	All	Community-Based	9,272	$6,040,476	11%	$651.47	43%
Families	All	Community-Based	1,637	$5,536,685	10%	$3,382.21	39%
Serving All Pops	All	Community-Based	5,258	$711,314	1%	$135.28	5%
Total			19,711	$14,117,804.00	25%	$716.24	

Figure 40. Allocation for Community-Based services



Deep-End Services

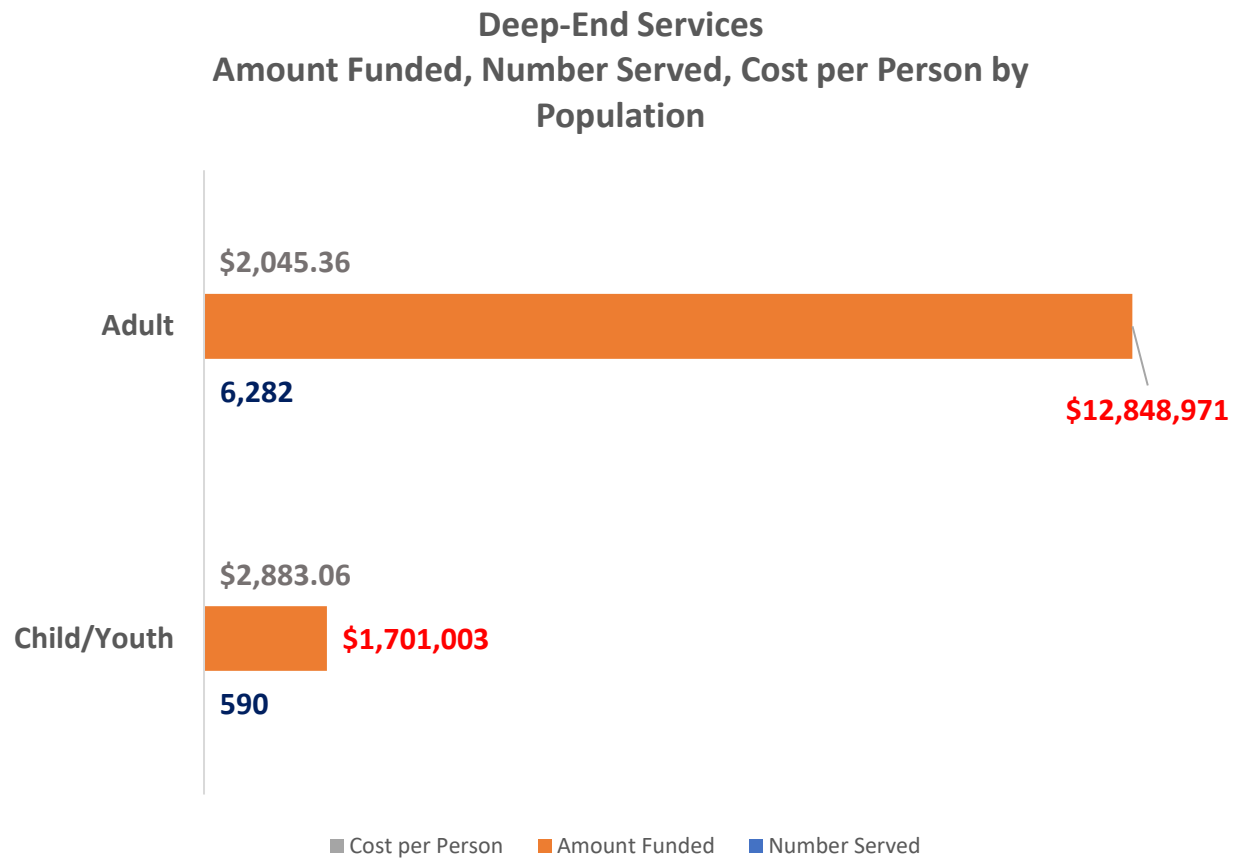
Adults had the greatest funding allocation for deep-end services (72%) followed by families-High Ridge Treatment Center (18%), and children/youth (10%).

Table 25. Allocation for Deep-End services

Population	Category	Service	# served	Total $	% of total funding	Cost per person served	% of total Service funding****
Child/Youth	All	Deep-End	590	$1,701,003	3%	$2,883.06	10%
Adult	All	Deep-End	6,282	$12,848,971	23%	$2,045,36	72%
Families*	All	Deep-End	132	$3,210,522	6%	$24,322.14	18%
Total with Families**	All	Deep-End	7,004	$17,760,496	32%	$2,535,76	
Total without Families***	All	Deep-End	6,872	$14,549,974	26%	$2,117,28	

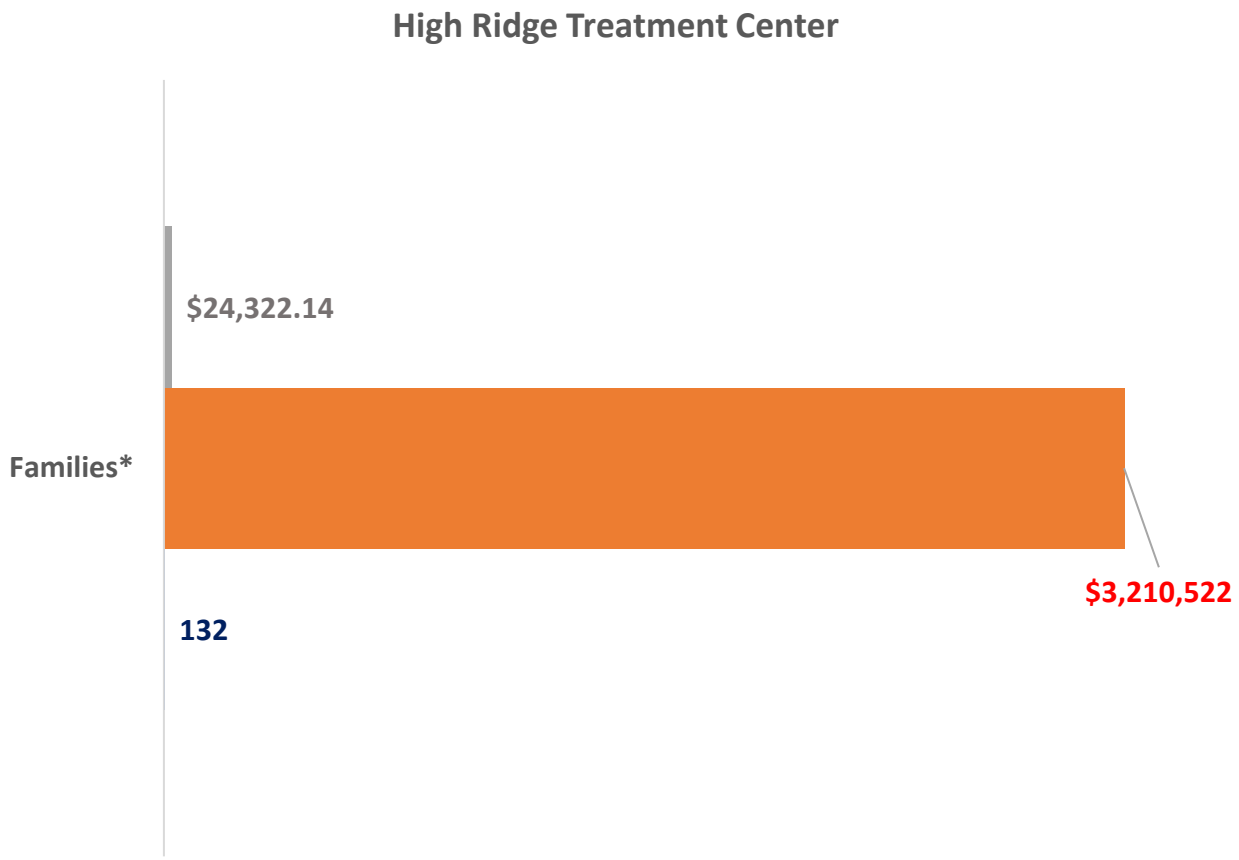
**Numbers reflect data for High Ridge only*
***Includes High Ridge*
****Does not include High Ridge*
*****Does not include High Ridge*

Figure 41. Allocation for Deep-End services



Note: this figure does not include High Ridge Treatment Center data

Figure 42. Allocation for High Ridge Treatment Center



Team-Based Services

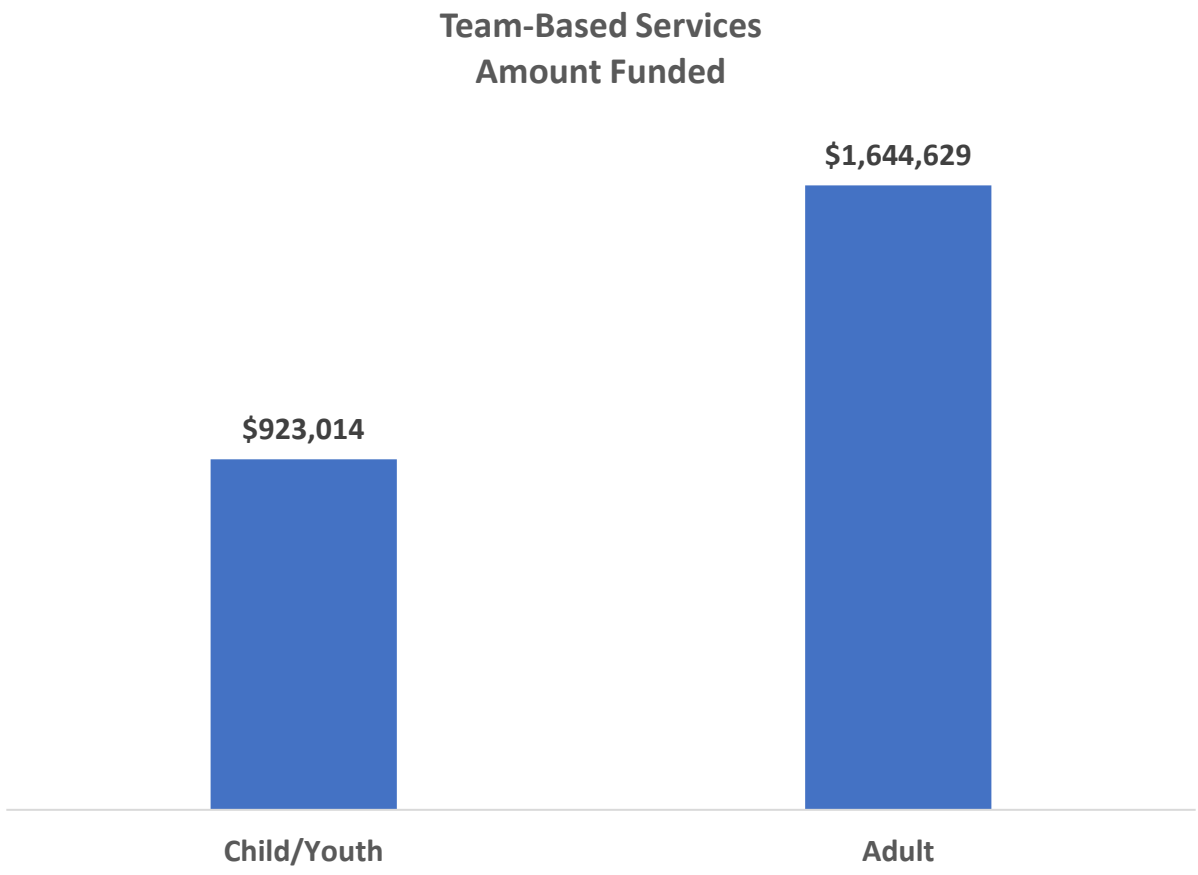
Adults received the greatest percentage of funding allocated to team-based services (64%) followed by children/youth (36%).

Table 26. Allocation for Team-Based services

Population	Category	Service	# served	Total $	% of total funding	Cost per person served	% of total Service funding
Child/Youth	All	Team-Based	Not Available	$923,014	2%	Not available	36%
Adult	All	Team-Based	Not available	$1,644,629	3%	Not available	64%
Families	All	Team-Based	N/A	N/A	N/A	N/A	
Total	All	Team-Based	N/A	$2,567,643	5%	N/A	

Note: Numbers served in Team-Based services was not available for analysis

Figure 43. Allocation for Team-Based services



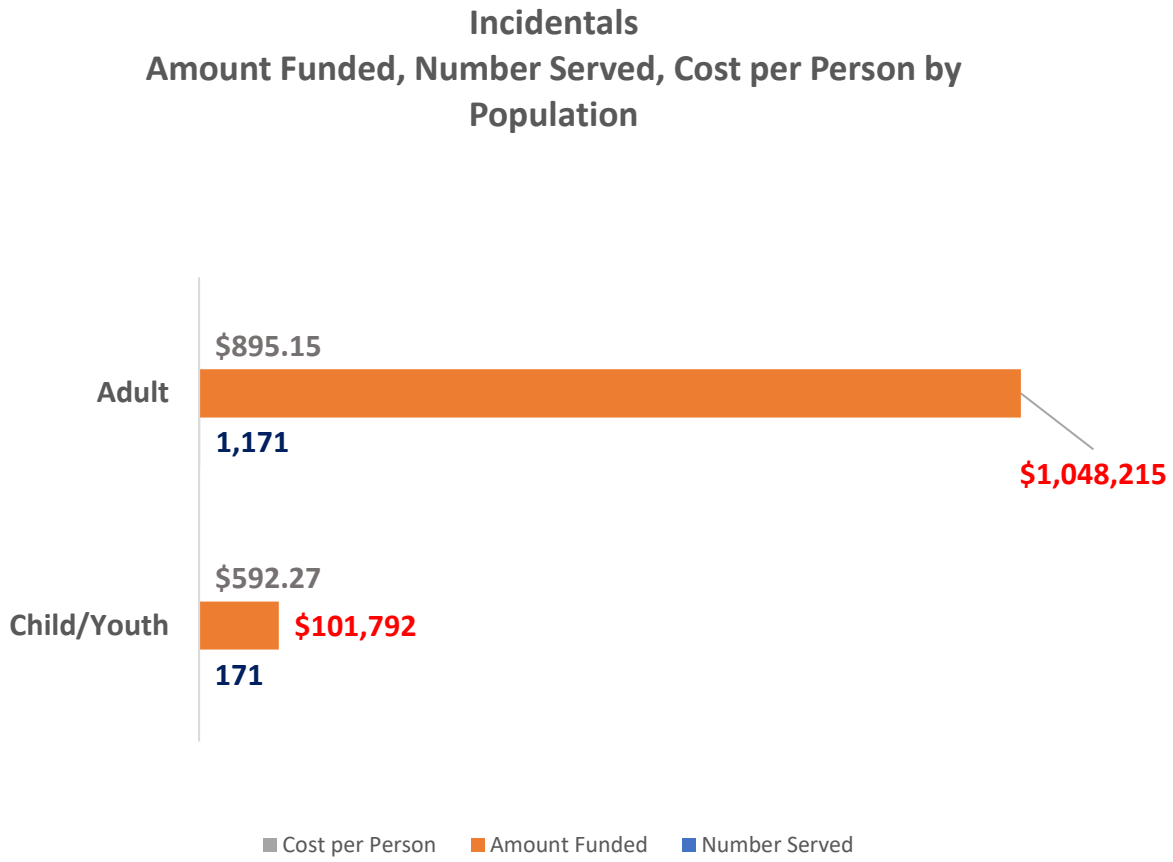
Incidentals

Adults received the greatest funding allocation for incidentals (91%) followed by children/youth (9%).

Table 27. Allocation for Incidentals

Population	Category	Service	# served	Total $	% of total funding	Cost per person served	% of total Service funding
Child/Youth	All	Incidentals	171	$101,792	.01%	$592.27	9%
Adult	All	Incidentals	1,171	$1,048,215	2%	$895.15	91%
Families	All	Incidentals	N/A	N/A	N/A	N/A	
Total	All	Incidentals	1,342	$1,150,007	2%	$856.94	

Figure 44. Allocation for Incidentals



Percentage of Total Budget by Service, Population, and Category

The following table shows the highest percentage of the total funding allocated:

- Prevention for Families at-risk of Co-occurring Conditions (14%)
- Deep-End services for Adults with Substance Use Conditions (14%)
- Deep-End services for Adults with Mental Health Conditions (9%)
- Support services for Children/Youth with Mental Health Conditions (7%)
- Community-Based services for Adults with Substance Use Conditions (6%)
- High Ridge Treatment Center for Families at-risk of Co-occurring Conditions (6%)
- Community-Based services for Adults with Mental Health conditions (5%)

Table 28. Allocation by Service, Population, and Category

Service	Population	Category	Percent of Total Budget
Prevention	Families	Co-occurring	14%
Deep-End	Adult	Substance Abuse	14%
Deep-End	Adult	Mental Health	9%
Support	Child/Youth	Mental Health	7%
Unclassified	Unclassified	Unclassified	7%
Community-Based	Adult	Substance Abuse	6%
High Ridge	Families	Co-occurring	6%
Community-Based	Adult	Mental Health	5%
Prevention	Child/Youth	Substance Abuse	4%
Prevention	Child/Youth	Co-occurring	4%
Support	Adult	Mental Health	4%
Prevention	Adult	Substance Abuse	3%
Prevention	All	Co-occurring	3%
Support	Adult	Substance Abuse	3%
Community-Based	Child/Youth	Substance Abuse	2%
Team-Based	Adult	Mental Health	2%
Community-Based	Child/Youth	Mental Health	1%
Community-Based	Families	Mental Health	1%
Community-Based	All	Mental Health	1%
Deep-End	Child/Youth	Mental Health	1%
Team-Based	Child/Youth	Mental Health	1%
Team-Based	Adult	Substance Abuse	1%
Incidentals	Adult	Mental Health	1%
Community-Based	Child/Youth	Co-occurring	0.08%
Prevention	Adult	Co-occurring	0.06%
Incidentals	Adult	Substance Abuse	0.05%
Support	Adult	Co-occurring	0.04%
Deep-End	Child/Youth	Substance Abuse	0.02%
Incidentals	Child/Youth	Mental Health	0.02%
Support	All	Mental Health	0.01%
Incidentals	Child/Youth	Substance Abuse	0.00%

Findings and Recommendations

- System collaboration: Specific recommendations in this area include the development of a common language including the use of system-wide taxonomies and the development of data sharing and common outcome measurements. System Collaboration occurs within SEFBHN network providers and should be expanded to other systems and behavioral health providers outside of the network.
- Co-occurring psychiatric, substance use, and other complex conditions: Specific recommendations include enhancement of no wrong door policies and practices and identification and development of a central receiving system for the community. This also includes the identification of evidence-based practices and workforce development strategies to strengthen and sustain the capacity of individuals providing behavioral health services.
- Social Determinants of Health: Specific recommendations include collaboration with foundations and local community and faith-based initiatives to provide critical support for individuals and families experiencing behavioral health conditions. This will be developed further during the next phase of the Needs Assessment.
- Evidence-based practices: Specific recommendations include expansion of peer support services and identification of warm hand-off opportunities for professionals and peers to support successful transitions. It also involves the continued utilization of system-wide evidence-based practices including the development of true Recovery-Oriented Systems of Care (ROSC) and a comprehensive implementation of Wraparound. It is recommended that the behavioral health system of care investigate opportunities to expand these current initiatives into additional populations, geographic locations, and service systems where indicated.
- Community engagement: Specific recommendations include expansion of mental health first aid, youth mental health first aid and implementation of school based mental health training. It is recommended that continued collaboration with the Department of Health-Palm Beach County occur to assist with their identified behavioral health goals on the Community Health Improvement Plan (CHIP) and the recently received Opioid Response funding for surveillance, epidemiology, and community education.
- Peer support: Specific recommendations include seeking opportunities to provide peer support in other systems beyond behavioral health and child welfare. Further, the expansion of peer support should include the development of organizational support to ensure the success of the peer support movement.
- Equity: Specific recommendations include continuing to expand REI training across the community and look for opportunities to provide special population training such as LGBTQ and transitional youth. Further assessment of the system of care regarding equity will be conducted in the next phase of the Needs Assessment.
- Capacity building: Specific recommendations include systemic support for non-profit organizations in terms of organizational development. Funders should look for creative ways to assist organizations in meeting their overhead funding needs. Collaboration with local universities to enhance the pool of new professionals entering the field should be further explored. Engagement of local community organizations to come to the table in order to comprehensively address the behavioral health needs of the community should be prioritized. This will be explored further in the next phase of the Needs Assessment.

- Prioritization of Funding for Services: Based on the results of the qualitative and quantitative analysis conducted during this phase of the Needs Assessment, it is recommended that Palm Beach County's Community Services Department focus its funding allocations on the following areas: Support Services (care coordination expanded to populations that are not considered "high utilizers", Wraparound case management for all populations, expansion and enhancement of peer support, expansion of drop-in centers and the development of a clubhouse, referral and linkage through a "no wrong door" approach. It is further recommended that prioritization for funding be allocated for individuals and families experiencing co-occurring psychiatric, substance use, and other complex conditions.

G. Appendix A: Stakeholder Interview Questions

Circuit 15

Thank you for taking time to talk to me about the behavioral health needs of individuals living in Palm Beach County.

1. What are some of the strengths/resources of Palm Beach County in terms of behavioral health?

2. What are some challenges/stressors faced by Palm Beach County in terms of behavioral health?

Let's talk about the future. It is the year 2030. Palm Beach County has become the model for replication for behavioral health in the country. The rate of psychiatric hospitalizations has reached an all-time low, the high school graduation rate has reached an all-time high, unemployment is low, median income is high, people have access to high-quality, cost-efficient, geographically convenient behavioral health services, and they report satisfaction with those services. People are living in safe, stable housing in neighborhoods that have low rates of crime. The rates of suicide and substance use have decreased dramatically and we have a well-trained, highly qualified, culturally and linguistically competent workforce with low turnover rates.

1. What did we do to get there? What are the resources, services, activities, skills we used to achieve this success? Who was instrumental in helping us achieve this success? Be as specific as possible.

2. What do you think are some of the challenges, barriers, or obstacles that may prevent us from achieving this vision?

3. What are the best approaches to engage the larger community? Who are some unlikely partners we may need to engage?

4. What have been the best accomplishments of the community in terms of behavioral health?

On a scale of 1-10, with 1 being the lowest and 10 being the highest, how would you rate (and why):

a. The Palm Beach behavioral health community in terms of collaboration?

b. The political and social climate of Palm Beach County as it relates to behavioral health?

c. The cross-section of members involved in behavioral health in Palm Beach County?

d. Decision-making and operational systems as it relates to behavioral health in Palm Beach County?

e. The engagement of all levels of participants (front-line staff, supervisors, persons served, funders, leaders)?

f. The openness of members of the community to try different approaches to accomplish their goals?

g. The understanding of a shared vision and purpose for the community as it relates to behavioral health?

h. The capacity of the system of care to meet the needs of persons with behavioral health challenges?

Thank you for your time. We may schedule some time at a later date to ask some follow-up questions if that is okay. We will be compiling these results in aggregate format in order to "make sense" of the information we have received. If we find a "quote" within the context of this interview, is it okay to quote you during our sense making session? We can either attribute or not attribute it directly (for example, "stakeholder interview"). Please let us know if you have additional information you would like to share or questions you may have either by emailing us or calling us directly. Again, thank you, your input has been invaluable.

H. Appendix B: Focus Groups/ Community Forum Questions

Circuit 15

Thank you for taking time to talk to us about the behavioral health needs of individuals living in Palm Beach County.

5. What are some of the strengths/resources of Palm Beach County in terms of behavioral health?

6. What are some challenges/stressors faced by Palm Beach County in terms of behavioral health?

Let's talk about the future. It is the year 2030. Palm Beach County has become the model for replication for behavioral health in the country. The rate of psychiatric hospitalizations has reached an all-time low, the high school graduation rate has reached an all-time high, unemployment is low, median income is high, people have access to high-quality, cost-efficient, geographically convenient behavioral health services, and they report satisfaction with those services. People are living in safe, stable housing in neighborhoods that have low rates of crime. The rates of suicide and substance use have decreased dramatically and we have a well-trained, highly qualified, culturally and linguistically competent workforce with low turnover rates.

3. What did we do to get there? What are the resources, services, activities, skills we used to achieve this success? Who was instrumental in helping us achieve this success? Be as specific as possible.

4. What do you think are some of the challenges, barriers, or obstacles that may prevent us from achieving this vision?

5. What are the best approaches to engage the larger community? Who are some unlikely partners we may need to engage?

6. What have been the best accomplishments of the community in terms of behavioral health?

Thank you for your time. We may schedule some time at a later date to ask some follow-up questions if that is okay. We will be compiling these results in aggregate format in order to "make sense" of the information we have received. If we find a "quote" within the context of this interview, is it okay to quote you during our sense making session? We can either attribute or not attribute it directly (for example, "community forum"). Please let us know if you have additional information you would like to share or questions you may have either by emailing us or calling us directly. Again, thank you, your input has been invaluable.