THRIVING MIND
SOUTH FLORIDA®

2022

# Florida Cultural Health Disparity & Behavioral Health Needs Assessment


## Regional Report

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THRIVING MIND
SOUTH FLORIDA®
A network of exceptional mental health and substance use treatment providers.
Contracting as South Florida Behavioral Health Network, Inc.

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May 30, 2022

To Our Community,

Thriving Mind South Florida is pleased to announce the release of the 2022 Behavioral Health and Cultural Disparity Needs Assessment (BHCD). This needs assessment was successfully conducted with broad input from individuals served, community stakeholders, peers, families, and network service providers (NSPs). It also included data from multiple state and local sources. The 2022 BHCD process used surveys, interviews and focus groups to gain insights from individuals served, community stakeholders, NSPs, and the peer recovery community. The process also sought to understand the potential role of cultural disparities on access to care and quality. The 2022 BHCD analyzed service capacity, identified gaps and opportunities, and will be used to inform our Strategic Plan and Priorities.

Thriving Mind South Florida (contracting as South Florida Behavioral Health Network, Inc.) is the nonprofit Managing Entity (ME) that funds and oversees a safety net of mental health and substance use disorder treatment and prevention services for uninsured and underinsured adults and children in Miami-Dade County (Circuit 11) and Monroe County (Circuit 16), supported by the Florida Department of Children and Families and other public and private sources. Thriving Mind provides administrative, quality improvement and care coordination support, as well as collection and analysis of systemwide data for a network of around 40 treatment and prevention healthcare provider organizations. Thriving Mind is a cost-effective, evidence-based payer that operates with administrative overhead of less than 3.5 percent, to maintain safety net services for a catchment area of approximately 3 million residents. Our mission is to ensure that families and individuals affected by mental health and substance use disorders in Miami-Dade and Monroe counties can readily access innovative, effective, and compassionate services that lead to health and recovery.

As part of Thriving Mind's contractual commitments to the Department, a triannual comprehensive behavioral health needs assessment is completed. This needs assessment serves as a blueprint to guide planning for services offered through a coordinated system of behavioral health care. To assist in the current needs assessment, Thriving Mind engaged Health Council of South Florida (HCSF) and Behavioral Science Research Institute (BSRI). As in past years, this needs assessment will serve as a foundation for modifications to our strategic plan that help us to best support behavioral health needs in our community. After reviewing the results of this needs assessment, if you have any questions or comments that you would like Thriving Mind to address, please let us know.

Sincerely,

John W. Newcomer, M.D.; President and CEO

*Thriving Mind South Florida is a managing entity contracted with the Department of Children and Families.*
*Thriving Mind receives additional support from other Federal, State, County, and private sources.*

# EXECUTIVE SUMMARY

In 2020, Florida was ranked #48 in per capita funding for mental health treatment. According to the 2020 National Survey on Drug Use and Health (NSDUH), serious mental illnesses (SMI) and substance use disorders (SUD) affected 5.6 percent and 15.4 percent of the U.S. adult population, respectively. In addition, both SMI and SUD are strongly associated with poverty. For those living below 200 percent of the Federal Poverty Level (FPL), the estimated prevalence is even higher, with at least 25 percent of that population having some form of SMI or SUD. South Florida, comprised of Miami-Dade and Monroe counties, has a known population of 2.8 million, with the total population including both documented and undocumented individuals estimated at more than 3 million. In 2020, over 1 million individuals across Miami-Dade and Monroe counties were below 200 percent of the FPL.

According to the NSDUH, in 2020 there was an estimated 262,190 individuals with SMI/SUD service needs in the Managing Entity (ME), Thriving Mind South Florida's, service area comprised of Miami-Dade and Monroe counties. In addition, according to a Department of Health and Human Services report, for youth ages 9-17 years, the estimated number of children considered to have serious emotional disturbances (SED) increased over 2 percent in Thriving Mind's service area from 2018 to 2020.

This statewide behavioral health needs assessment has been prepared using a compilation of primary and secondary data that identify mental health and substance use treatment needs in the community as well as assets to advance health care delivery that support health and well-being for residents.

## SERVICE AREA POPULATION

Population in the two-county service area increased an average of 1.3 percent each year from 2016 to 2020. The total population growth for the five-year period, added 152,275 residents.

In the service area and the state, women accounted for slightly more than 50 percent of the population when compared to their male counterparts. The racial composition in the service area and state was predominately White at 66.4 percent and 71.6 percent, respectively. The Black population accounted for 16.7 percent of the service area population and 15.9 percent of the population in Florida. American Indian and Native Hawaiians represented less than 1 percent of residents in both population groups. The percentage of Asian residents at 1.6 percent was lower in the service area when

compared to the state at 2.8 percent. In the service area 4.6 percent of the population indicated having some other race and 10.5 percent of residents indicated they belonged to more than one racial group. Ethnically, the service area had a much larger percentage of Hispanic residents, at 67 percent when compared to the state at 25.8 percent.

About 78 percent of residents reported “good” to “excellent” health, which is slightly less than the state average of 80.3 percent. Suicide rates in the service area decreased by 8 percent from 2017 to 2020. For men, the rate was more than quadruple the rate for women. The rate of total domestic violence offences decreased in the Thriving Mind service area and the state from 2017 to 2020.

## NO WRONG DOOR SURVEY

Twelve individuals were selected to complete the No Wrong Door Survey by Thriving Mind South Florida given their executive experience and diverse organizational service offerings. All respondents believed they had a role to play in the No Wrong Door access and most (83.3 percent) believed that warm-handoff referrals were occurring. Key highlights from survey responses included:

- All participants believe that the No Wrong Door access works well within the organization and that their organization has a role to play within the No Wrong Door access.
- Stakeholders believe services are high quality and coordinated across the systems of care
- Fifty percent of respondents believe that the No Wrong Door access works to improve outcomes, linkages, and referral care coordination.

## CULTURAL HEALTH DISPARITY SURVEY

A total of 190 respondents completed the individual/consumer served needs assessment survey with each question having between 163-190 responses. Below is a list of key takeaways from survey results:

- The behavioral health setting most often selected (65.4 percent) as being preferred was a private office with a doctor. The other settings chosen included telehealth (27.7 percent), hybrid of telehealth, in-person visits (25.5 percent), speaking with a nurse practitioner (23.9 percent), and speaking with a faith-based organization (16.5 percent).
- About 80 percent of residents confirmed they could access behavioral health services when they needed them.
- Common barriers cited included: concerns about cost (35.3 percent), not knowing where to go (20 percent), services were not covered by insurance (19.4 percent), and transportation challenges (19.4 percent).

## PEER RECOVERY SUPPORT SURVEY

A total of 61 respondents completed the peer recovery support survey with each question having between 58-61 responses. Most peer respondents were adults with mental health experience. Key points from the survey response were:

- The most common reasons for staying with an agency included flexibility with work schedule (43.3 percent) and commitment to recovery principles (40 percent).
- The reason least selected for individuals staying with an agency was competitive salary (15.0 percent).
- Approximately half of participants have been employed or volunteered with their agency for three or more years.

**CONSUMER SURVEY**

A total of 166 respondents completed the individual/consumer served needs assessment survey with each question having between 148-166 responses. Snapshot of results are outlined below:

- About 80 percent of survey respondents received behavioral health services.
- Most survey respondents received services in Miami (94.2 percent) compared to Monroe County (5.8 percent).
- Most participants (88.2 percent) agreed that services and planning they received were focused on their treatment needs (patient-centered).

**STAKEHOLDER SURVEY**

A total of 181 respondents completed the individual/consumer served needs assessment survey with each question having between 177-181 responses. Key highlights from the survey are outlined below:

- More than half of respondents were aware of Thriving Mind South Florida (68.9 percent); 35.2 percent accessed its resources in the past six months.
- Two-thirds (67 percent) of respondents found behavioral health services in their communities to be accessible, while one-third of respondents (33 percent) did not.
- Assessing the top five barriers to access to behavioral health services (more than one option could be selected), 58.1 percent of respondents indicated they had no or very limited transportation, 53.6 percent indicated there were long waiting lists, 49.2 percent indicated they did not know where to go to access services, 46.4 percent indicated they could not afford services, and 45.3 percent were concerned about the stigma of behavioral health and what others would think.

**FOCUS GROUPS**

Six (6) Focus Groups were conducted in both Miami-Dade and Monroe counties to assess the behavioral health needs in these communities and facilitate pathways for all residents to access behavioral health prevention, treatment, and recovery services. Overall, a total of 104 participants comprised of residents from the two counties, Thriving Mind sub-contracted mental health providers, and other behavioral health professionals attended the focus groups sessions. Participants were asked a series of questions which were developed following evidence-based practices and findings from surveys implemented that included the Cultural Health Disparity Survey.

The following items contain a few common themes that were consistent in both Miami-Dade and Monroe counties:

**SOLUTIONS TO OVERCOME BARRIERS TO CARE:**

- Expand health insurance coverage
- Increase communication between different service providers
- Culturally competent and LGBTQ-friendly staff
- Expand STS (Special Transportation Services) for behavioral health services
- Increase number of psychosocial rehabilitation centers across South Florida

**BEHAVIORAL HEALTH NEEDS:**

- Prevention and early intervention services
- Program/service proximity
- Affordable services
- Peer-driven support
- Culturally competent workforce
- Educational resources and provider engagement

**BARRIERS TO ACCESS:**

- Stigma and discrimination
- Lack of treatment options
- Long wait times
- Insurance coverage issues and affordability
- Program/service proximity

**VULNERABLE GROUPS:**

- Undocumented immigrants
- Homeless people
- Young adults
- Low-income individuals
- Minorities

**COVID-19 PANDEMIC EFFECT:**

- Increased flexibility due to telehealth
- Increased awareness of behavioral health and services
- Reduced capacity in behavioral health facilities
- Lack of in-person services

# THRIVING MIND SERVICE AREA DEMOGRAPHIC PROFILE

## Population Demographics

Population in the two-county service area increased an average of 1.3 percent each year from 2016 to 2020. The total population growth for the five-year period at 5.5 percent, added 152,275 residents.

In the service area and the state, females accounted for slightly more than 50 percent of the population when compared to their male counterparts.

The racial composition in the service area and state was predominately White at 66.4 percent and 71.6 percent, respectively. The Black population accounted for 16.7 percent of the service area population and 15.9 percent of the population in Florida. American Indian and Native Hawaiians represented less than 1 percent of residents in both population groups. The percentage of Asian residents, at 1.6 percent was lower in the service area when compared to the state at 2.8 percent. The service area was slightly more diverse when compared to the state with 4.6 percent of some other race and 10.5 percent of residents belonging to more than one racial group.

Ethnically, the service area had a higher percentage of Hispanic residents, at 67 percent, when compared to the state at 25.8 percent.

Residents, 65 years of age or older, accounted for 16.4 percent of the population while in the state of Florida, 20.5 percent of residents were at least 65 years old.

## Education and Employment

Data revealed the service area and state populations were very similar regarding education attainment. Slightly more residents in the state attained a high school diploma, (88.5 percent) when compared to the service area at 82.1 percent. Percentages of those with a college education were very similar for the service area and state. This held true for those who attained a graduate or professional degree at 11.4 percent for the service area and 11.3 percent for the state.

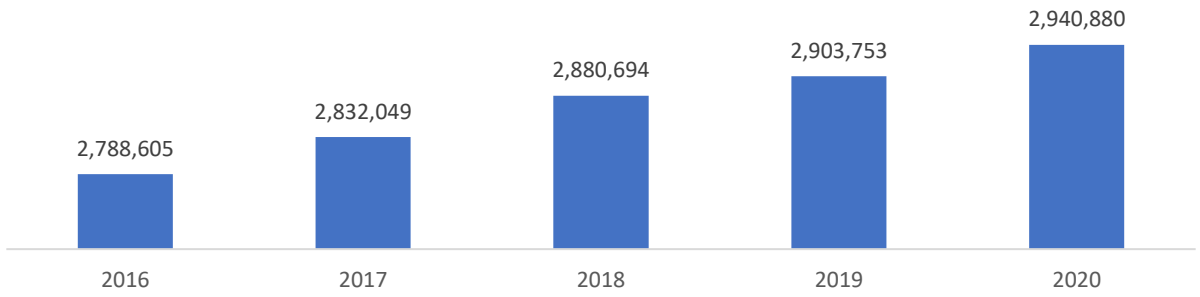
The five-year estimate for labor force participation, at 63.1 percent, was higher when compared to the state at 58.9 percent during 2016 to 2020. The five-year unemployment rate estimate for the service area, at 3.2 percent was below the state rate at 5.4 percent.

## Poverty Status

During 2016 to 2020, the ratio of income to poverty rates for those below 300 percent of the Federal Poverty Level (FPL) were higher for the service area than the state. The rates of those living <200 percent FPL, were 35 percent and 26.3 percent, respectively.

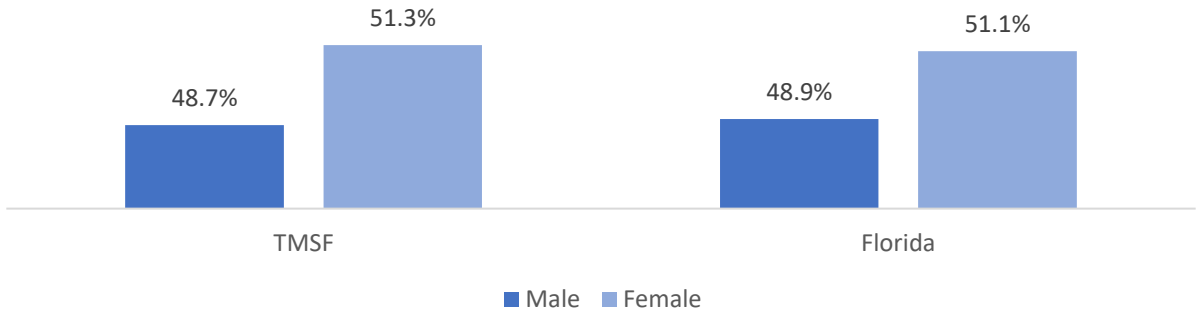
# DEMOGRAPHIC CHARTS

**Figure 1: Thriving Mind Service Area Population Estimates (2016-2020)**



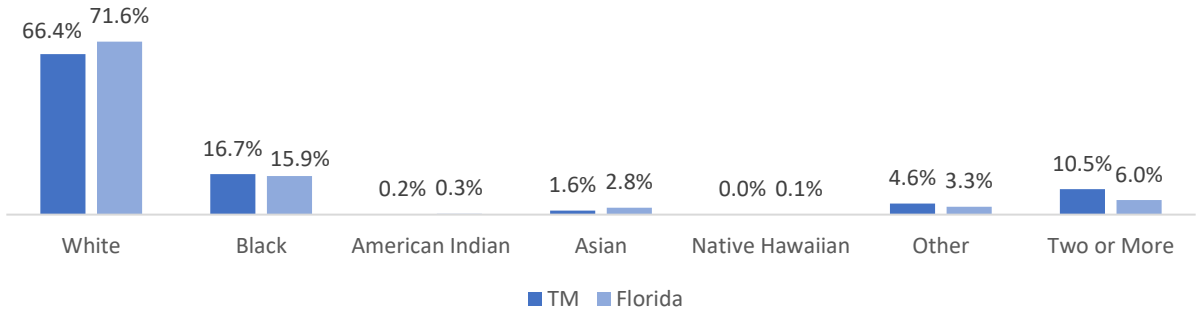

Source: Florida Legislature's Office of Economic and Demographic Research (EDR)

**Figure 2: Thriving Mind Service Area County Population by Gender (2016-2020)**



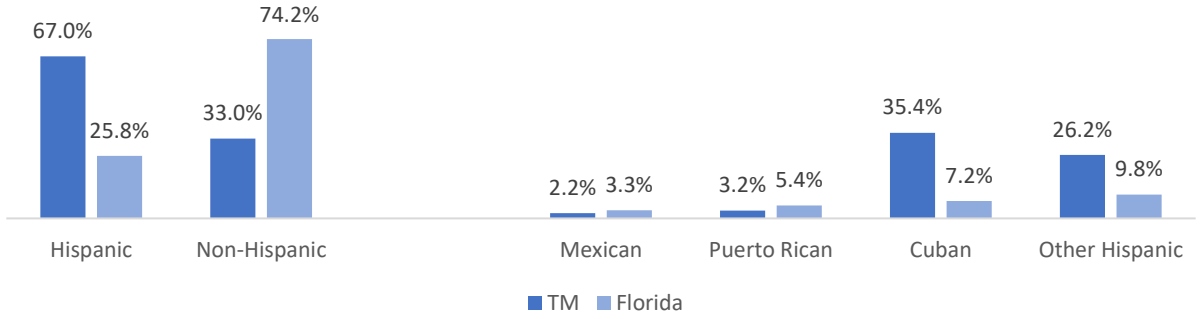

Source: U.S Census Bureau, American Community Survey, Table DP05

**Figure 3: Thriving Mind Service Area County Population by Race, 2016-2020 (Five -Year Estimate)**



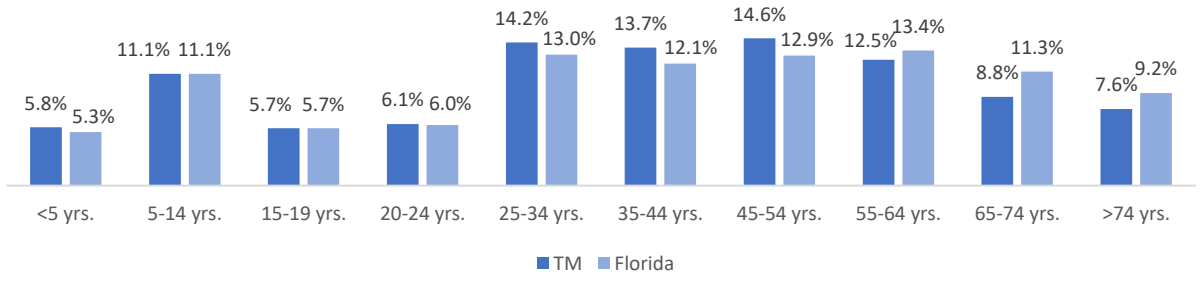

Source: U.S Census Bureau, American Community Survey, Table DP05

**Figure 4: Thriving Mind Service Area Population by Ethnicity, 2016-2020 (Five-Year Estimate)**



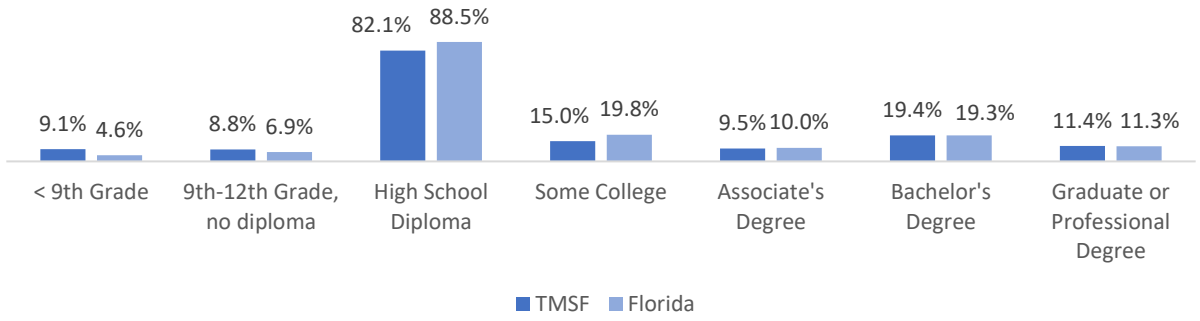

Source: U.S Census Bureau, American Community Survey, Table DP05

**Figure 5: Thriving Mind Service Area Population by Age Range, 2016-2020 (Five-Year Estimate)**




Source: U.S Census Bureau, American Community Survey, Table DP05

**Figure 6: Thriving Mind Service Area Population by Educational Attainment, 2016-2020 (Five-Year Estimate)**




Source: U.S Census Bureau, American Community Survey, Table S1501

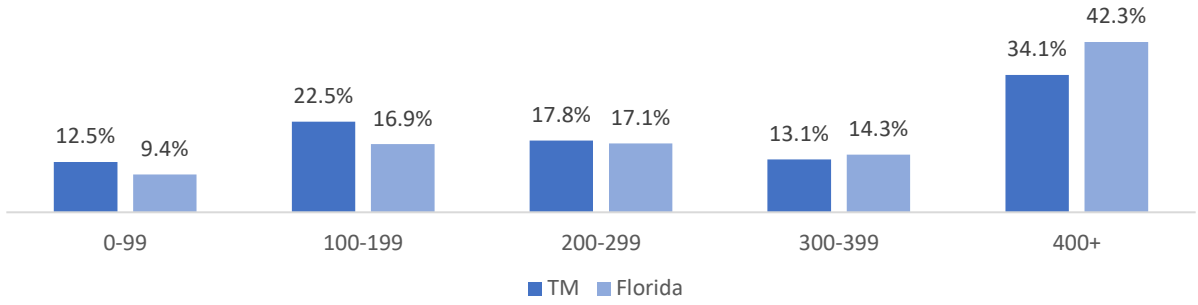
**Figure 7: Thriving Mind Service Area Population Participation in Labor Force, 2016-2020 (Five-Year Estimate)**


Source: U.S Census Bureau, American Community Survey, Table DP03

**Figure 8: Thriving Mind Service Area Population Unemployment Rates, 2016-2020 (Five-Year Estimate)**

Source: U.S Census Bureau, American Community Survey, Table DP03

**Figure 9: Thriving Mind Service Area Population Ratio of Income to Poverty Level of Families, 2016-2020 (Five-Year Estimate)**




Source: U.S Census Bureau, American Community Survey, Table B17026

# THRIVING MIND SERVICE AREA GENERAL HEALTH STATUS

### Overall, Health Status

The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. BRFSS data (2017 to 2019) estimates revealed 77.6 percent of adults, ages 18-64 years of age, living in the service area said their overall health was "good" to "excellent". For Florida, the rate was 80.3 percent. This knowledge is a powerful tool for targeting and building health promotion activities. It also provides a way to see change in population health behaviors before morbidity or disease is apparent.

### Mental Health

Over the past three years, an average of 87.3 percent of adults reported good mental health just above the rate for the state at 86.2 percent. The number of unhealthy mental days for the service area population, at 3.8 days in the past 30 days, was just below the rate among all adult residents (ages 18-64 years) in Florida at 4.4 days in the past 30 days.

## Suicide

The crude suicide death rate decreased from 14.8/100,000 in 2018 to 11.8/100,000 population in 2020. This represents a decrease of 3.0/100,000 suicide deaths. At the state level, the suicide crude death rate decreased 2.5 deaths per 100,000 population during the same time but was also higher when compared to the Thriving Mind service population. Among men, the suicide death rate for the ME service area and state were more than quadruple the rate among females. The suicide death rate among the White population was almost twice the rate for Black residents in the ME service area. The same held true at the state level where White to Black suicide deaths revealed a 3.2:1.0 ratio. It should be noted that the calculations required for the age-adjusted death rate for the ME service areas were beyond the scope of this project.

## Violence and Abuse

The rate of total domestic violence offences decreased in the ME service area and the state from 2017 to 2019. In the ME service area, the rate fell from 338.4/100,000 to 294.4/100,000 over the past three years. This was lower than the state rate of 496.5/100,000 in 2019.

The rate of children experiencing child abuse over the past three years (2017-2019) has continuously decreased in the ME Service area and state. Among children ages 5-11 years, the rate of child abuse fell from 366.6./100,000 in 2017 to 222.9/100,000 in 2019. This trend was observed in the state rates which decreased from 857.9/100,000 to 662.7/100,000 during the same time.

Child sexual abuse rates changed very little from 2017 to 2019 and increased from 2018 to 2019. In the ME service area, the 2019 sexual abuse rate for children 5-11 years was 35.5/100,000. This was lower than the state rate at 57.8/100,000.

## Serious Mental Illness, Substance Use Disorders and Serious Emotional Disturbances

The estimated number of seriously mentally ill (SMI) adults increased by almost 2 percent over the past two years. The rate of increase at the state level was 3.5 percent over the past three years. According to the 2020 National Survey on Drug Use and Health (NSDUH), the estimated number of SMI adults in the ME service area was 83,352 in Miami-Dade County and 1,490 in Monroe County for a total of 84,842 in 2020.

According to the 2020 NSDUH, the estimated number of adults with substance use disorders in the ME service area 174,233 in Miami-Dade County and 3,115 in Monroe County for a total of 177,348 in 2020.

Among youth, ages 9-17 years, the estimated number of those with serious emotional disturbances (SED) increased over 2 percent from 2018 to 2020. This was lower when compared to the state increase at 3 percent.

The Florida Department of Education (FLDOE) reported less than 0.5 percent of children in K-12 grades had an emotional/behavioral disability in the ME service area. In the state, students with an emotional/behavioral disability accounted for 0.5 percent. These rates have been steady over the past three years.

## Adult Tobacco and Alcohol Use

BRFSS results revealed the percentage of adults living in the ME service area who are current smokers, at 12.1 percent (2017 to 2019) was lower when compared to the state at 14.8 percent.

Binge drinking is defined as five consecutive drinks for men and four consecutive drinks for women. For 2017 to 2019, the percentage of binge drinkers in the ME service area was 18.3 percent. The percentage of binge drinkers in the state was slightly lower at 18.0 percent.

## High School Tobacco, Alcohol and Substance Use

The Florida Youth Substance Abuse Survey (FYSAS) is a collaborative effort between the Florida departments of Health, Education, Children and Families, Juvenile Justice, and the Governor's Office of Drug Control. It is based on the "Communities That Care" survey, assessing risk and protective factors for substance abuse, in addition to substance abuse prevalence. Data from the FYSAS indicated that the percentage of middle and high school students who reported never having smoked cigarettes increased from 88.6 percent in 2016 to 91.5 percent in 2020. Less than 7 percent of students smoked once or twice and less than 2 percent reported that they had smoked “once in a while.” For middle and high school students in the state, the percentage of those having never smoked also increased over the past four years.

When students were asked about smoking frequency, 98.2 percent of those living in the ME service area did not smoke at all, which is the same as the state rate.

Vaping questions were included in the 2020 FYSAS for the first time. In the ME service area, 9.6 percent of students reported vaping nicotine on at least one occasion in their lifetime compared to 7.7 percent at the state level and just under 5 percent of students had vaped on 40 or more occasions in the ME service area compared to 5.9 percent at the state level. The percentage of students vaping nicotine during the past 30 days were much lower in the service area than the state when compared to vaped in lifetime rates. More than 90 percent of students had not vaped nicotine in the past 30 days.

The percentage of students who did not consume alcoholic beverages on any occasions in their lifetime ranged from 59.7 percent in 2016 to 62.7 percent in 2020. For those who did on one-two occasions, the percentage increased 1 percent from 2016 to 2020. The percentage of students in 2020 consuming alcohol on more than two occasions was 7.4 percent, while 0.9 percent consumed alcohol on at least 40 occasions. The rates for the state were almost identical to those in the ME service area.

High school students were asked for the number of occasions in their lifetime when they had woken up after a night of drinking alcohol and were unable to remember the things they did or the places they went. The percentage of students reporting this event happening on at least one-two occasions in their lifetime was 9.7 percent in the ME service area and 7.4 percent in the state. When looking at previously reported data, this was an increase from the percentages reported in 2016 for the ME service area and the state. More than 85 percent of students in the service area and the state reported never having had this experience.

The percentages of students living in the ME service area not consuming alcohol during the past 30 days increased from 81.3 percent in 2016 to 82.9 percent in 2020. The increase at the state level was greater when comparing percentages from 2016 (81.7 percent) to 2020, at 85.2 percent. The percentages of students who reported consuming alcohol on one-two occasions during the past 30 days decreased in the ME service area and state from 2016-2020.

The overall percentage of those binge drinking, defined as consuming five or more alcoholic drinks in a row in the past three weeks, decreased 1 percent over the past four years. This was a combined decrease for students in the ME service area and state who reported this behavior on one to more than 10 occasions.

The percentages of students who have not used marijuana in their lifetimes increased over the past four years in the ME service area (83.1 percent-2020) and state (79.9 percent-2020). For those who did use marijuana on one to more than 40 occasions, the overall percentages decreased in the ME service area from 3.1 percent in 2016 to 2.8 percent in 2020. At the state level, the decrease was larger when comparing 2016, at 21.3 percent, to 2020, at 20.1 percent. The percentages of students not using marijuana in the past 30 days was higher when compared to those who reported not using it in their lifetime. The percentages of students in the ME service area and state who reported using marijuana in the past 30 days on one or more occasions, decreased slightly in the ME service area while increasing in the state. The percentages of students who reported vaping marijuana in their lifetimes on one or more occasions was lower in the ME service area at 13.9 percent when compared to the state at 15.6 percent. This was also true when comparing the two groups of students who had vaped marijuana in the past 30 days. In the ME service area, 6.6 percent of students had vaped marijuana in the past 30 days compared to 7.3 percent of students in the state.

**Disability**

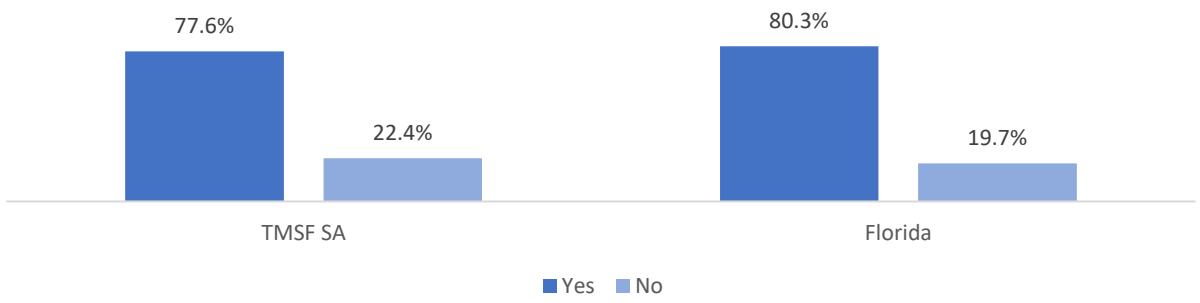
In the ME service area, 10.2 percent of the noninstitutionalized population is estimated to have a disability (includes hearing, vision, cognitive, ambulatory, self-care, and independent living). At the state level, 13.3 percent of residents had a disability. The percentages of those with a disability were much higher among older adults, ages 65 years and older, at 51.87 percent for the ME service area and 48.9 percent in the state.

**Health Insurance Coverage**

Most residents, ages 18-64 years, living in the ME service area and state reported having some type of health insurance coverage. The percentage of those with insurance in the state was slightly higher when compared to the ME service area at 84.2 percent and 83.0 percent, respectively.

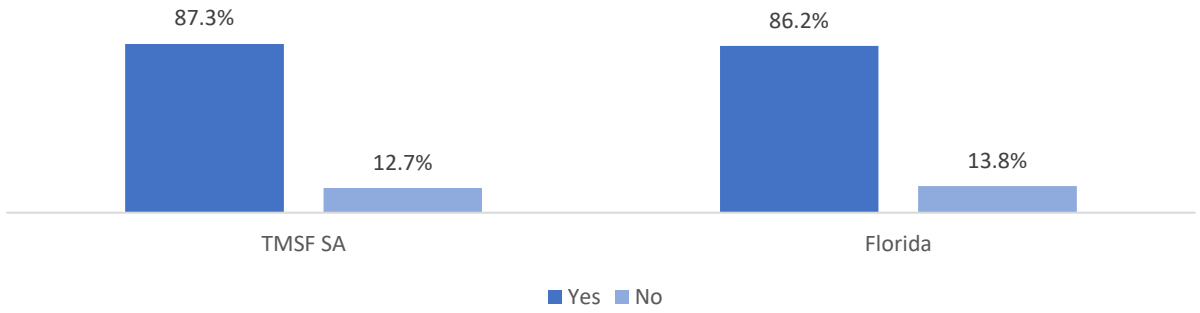
# GENERAL HEALTH STATUS CHARTS

**Figure 10: Thriving Mind Service Area Adults Who Said Their Overall Health Was "Good" to "Excellent"(2017-2019)**



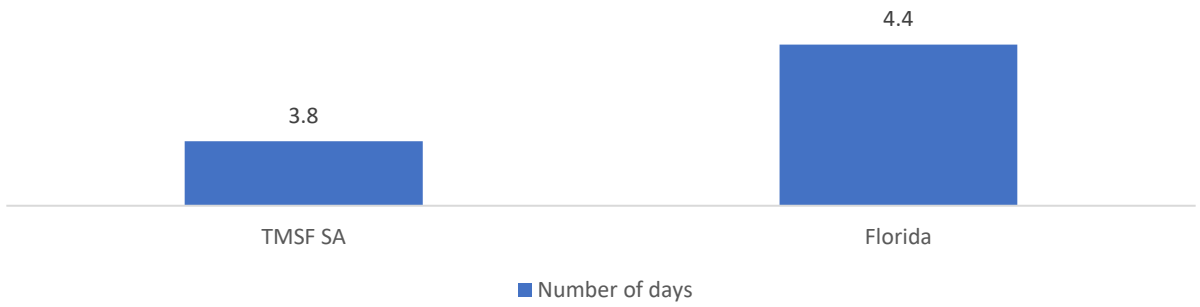

Source: Behavioral Risk Factor Surveillance System

**Figure 11: Thriving Mind Service Area Adults with Good Mental Health for the Past 30 Days (2017-2019)**



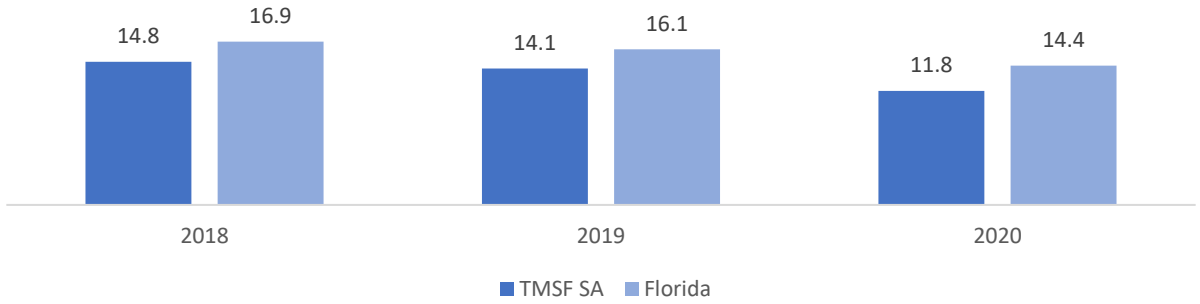

Source: Behavioral Risk Factor Surveillance System

**Figure 12: Thriving Mind Service Area Adults Average Number of Unhealthy Mental Days in the Past 30 Days (2017-2019)**



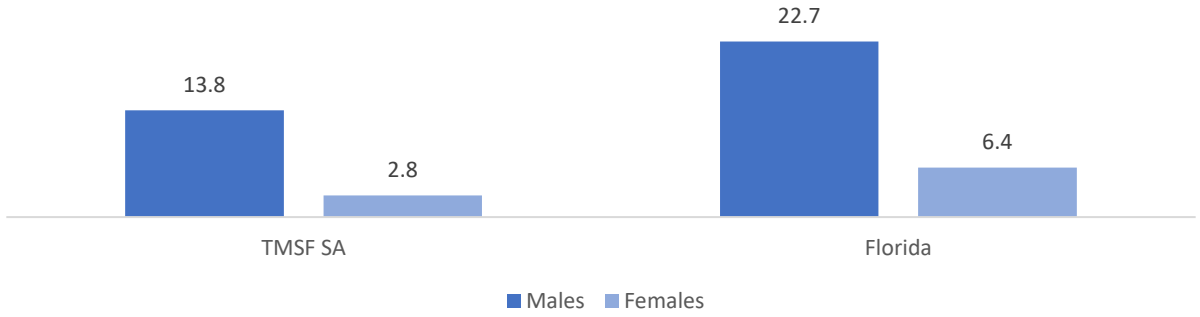

Source: Behavioral Risk Factor Surveillance System

**Figure 13: Thriving Mind Service Area Crude Suicide Death Rates (2018-2020)**



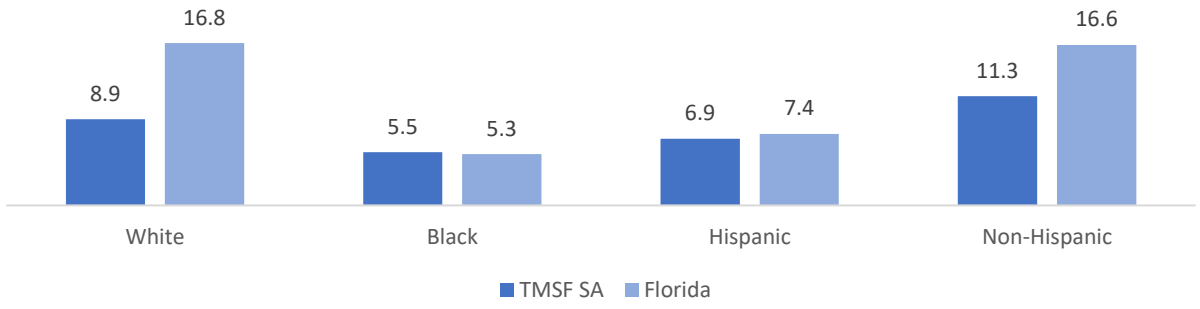

Source: Florida Department of Health, Bureau of Vital Statistics. Rate per 100,000

**Figure 14: Thriving Mind Service Area Crude Suicide Death Rates by Gender (2020)**



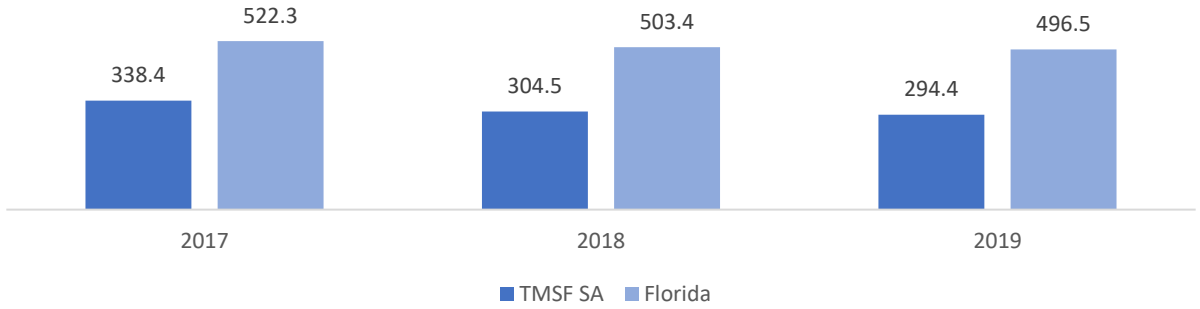

Source: Florida Department of Health, Bureau of Vital Statistics, Rate per 100,000

**Figure 15: Thriving Mind Service Area Crude Suicide Death Rates by Race and Ethnicity (2020)**



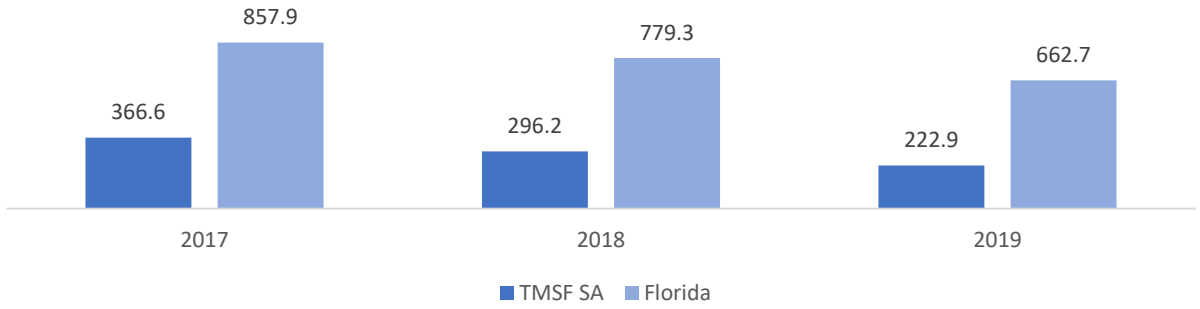

Source: Florida Department of Health, Bureau of Vital Statistics, Rate per 100,000

**Figure 16: Thriving Mind Service Area Total Domestic Violence Offenses (2017-2019)**



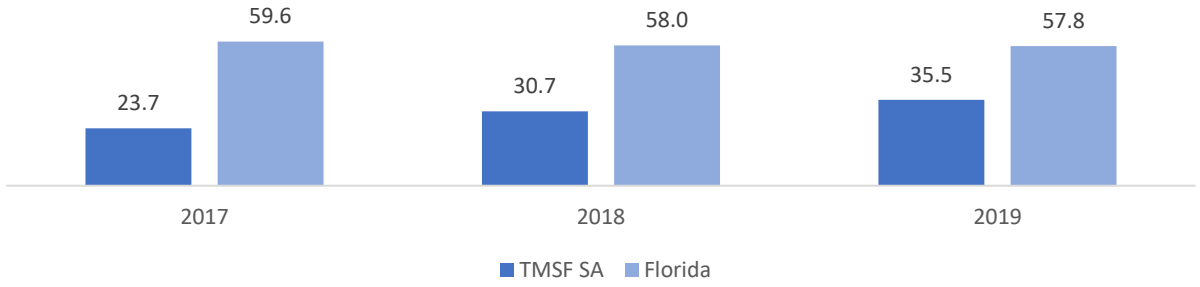

Source: Florida Department of Law Enforcement, Crime in Florida, Uniform Crime Report 2019, Rate per 100,000

**Figure 17: Thriving Mind Service Area Rate of Children Experiencing Child Abuse, Ages 5-11 Years (2017-2019)**



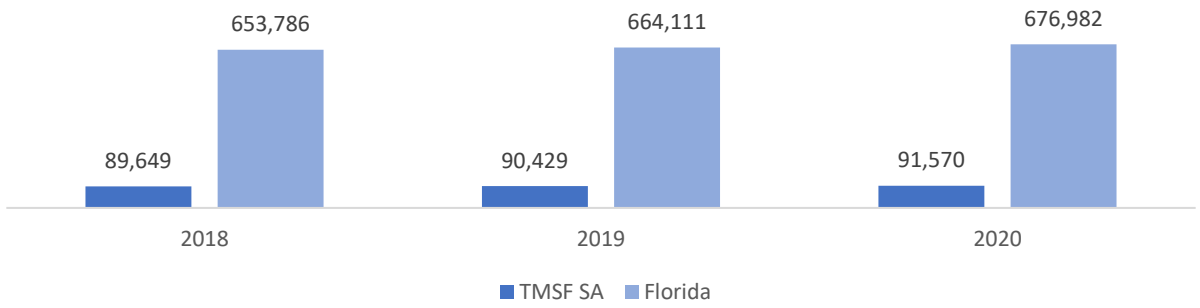

Source: Department of Children and Families, Florida Safe Families Network Data Mart, Rate per 100,000

**Figure 18: Thriving Mind Service Area Rate of Children Experiencing Sexual Violence, Ages 5-11 Years (2017-2019)**



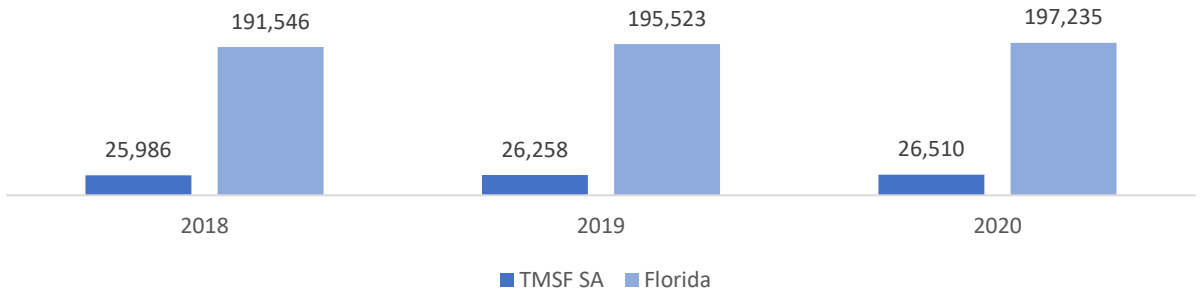

Source: Department of Children and Families, Florida Safe Families Network Data Mart, Rate per 100,000

**Figure 19: Thriving Mind Service Area Estimated Number of Seriously Mentally Ill Adults (2018-2020)**



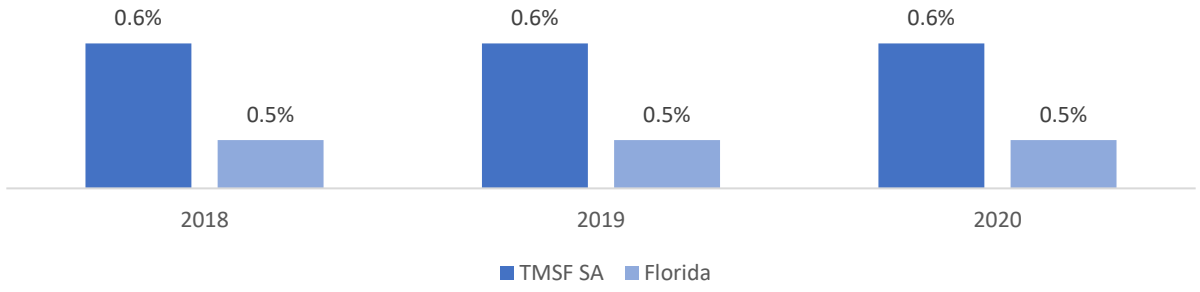

Source: Estimates based on Department of Health and Human Resource Report Mental Health U.S. 1995

**Figure 20: Thriving Mind Service Area Estimated Number of Emotionally Disturbed Youth, Ages 9-17 Years (2018-2020)**



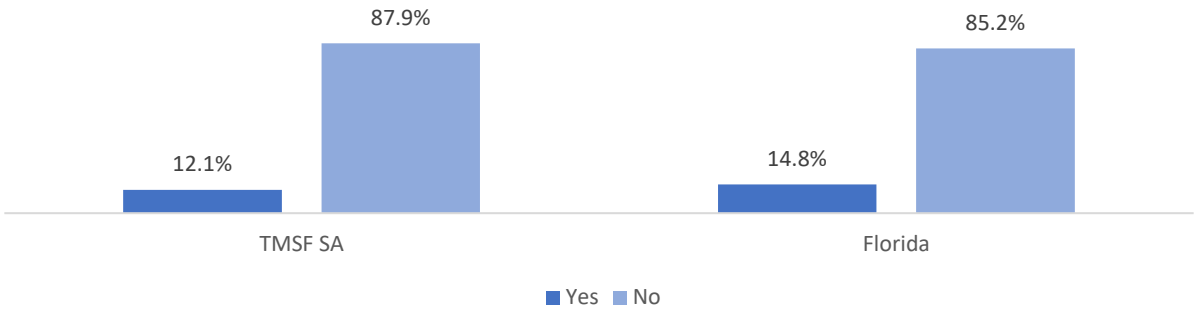

Source: Estimates based on Department of Health and Human Resource Report Mental Health U.S. 1995

**Figure 21: Thriving Mind Service Area Percentage of Children with Emotional/Behavioral Disability, Grades K-12 (2018-2020)**



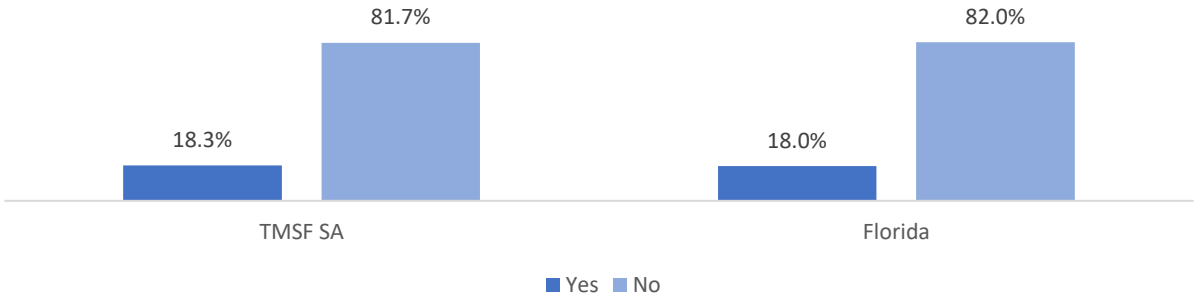

Source: Florida Department of Education, Education Information and Accountability Services (EIAS)

## Figure 22: Thriving Mind Service Area Percentage of Adults Who Are Current Smokers (2017-2019)



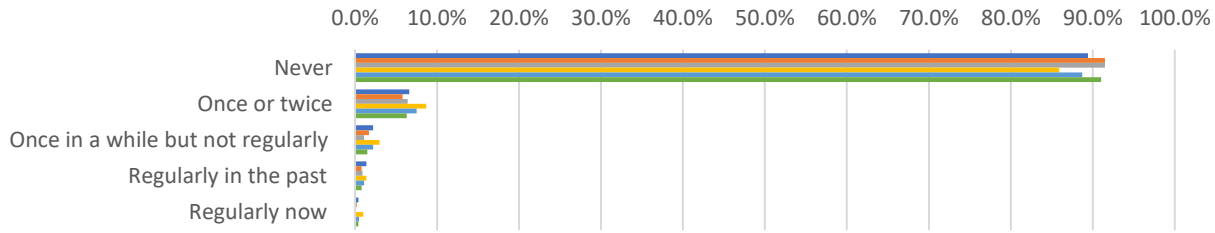

Source: Behavioral Risk Factor Surveillance System

## Figure 23: Thriving Mind Service Area Percentage of Adults Who Engage in Heavy or Binge Drinking (2017-2019)




Source: Behavioral Risk Factor Surveillance System

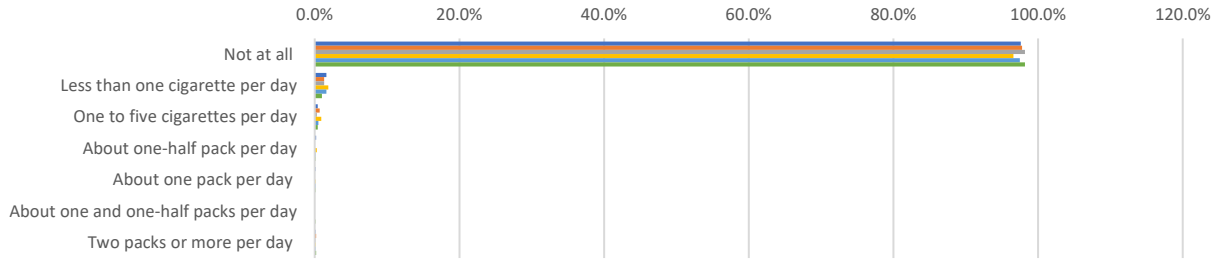
## Figure 24: Thriving Mind Service Area – Having Ever Smoked Cigarettes (Middle School and High School 2016-2020)




| | Regularly now | Regularly in the past | Once in a while but not regularly | Once or twice | Never |
|---|---|---|---|---|---|
| TMSF SA 2016 | 0.4% | 1.4% | 2.2% | 6.6% | 89.4% |
| TMSF SA 2018 | 0.2% | 0.8% | 1.7% | 5.8% | 91.5% |
| TMSF SA 2020 | 0.1% | 0.9% | 1.1% | 6.4% | 91.5% |
| Florida 2016 | 1.0% | 1.4% | 3.0% | 8.7% | 85.9% |
| Florida 2018 | 0.5% | 1.1% | 2.2% | 7.5% | 88.7% |
| Florida 2020 | 0.4% | 0.8% | 1.5% | 6.3% | 91.0% |

Source: Florida Youth Substance Abuse Survey

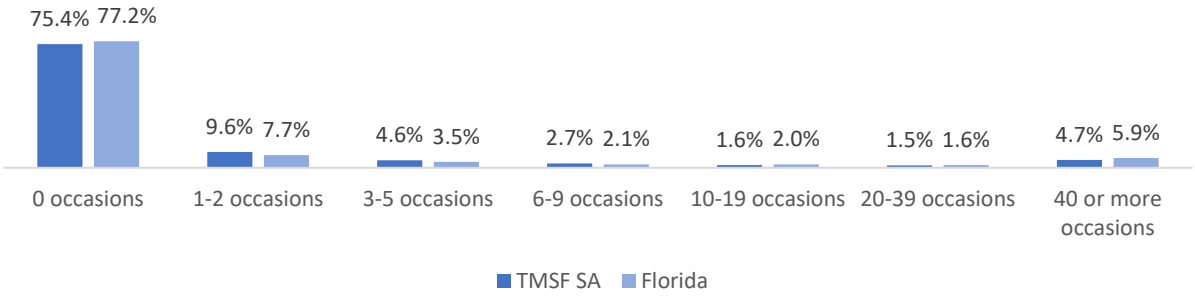
## Figure 25: Thriving Mind Service Area – How Frequently Have You Smoked Cigarettes in the Past 30 Days? (Middle School and High School 2016-2020)




| | Two packs or more per day | About one and one-half packs per day | About one pack per day | About one-half pack per day | One to five cigarettes per day | Less than one cigarette per day | Not at all |
|---|---|---|---|---|---|---|---|
| TMSF SA 2016 | 0.1% | 0.0% | 0.1% | 0.2% | 0.4% | 1.6% | 97.6% |
| TMSF SA 2018 | 0.2% | 0.0% | 0.0% | 0.0% | 0.7% | 1.3% | 97.8% |
| TMSF SA 2020 | 0.1% | 0.0% | 0.0% | 0.0% | 0.3% | 1.3% | 98.2% |
| Florida 2016 | 0.1% | 0.0% | 0.1% | 0.3% | 0.9% | 1.9% | 96.6% |
| Florida 2018 | 0.1% | 0.0% | 0.1% | 0.1% | 0.5% | 1.6% | 97.5% |
| Florida 2020 | 0.2% | 0.1% | 0.1% | 0.1% | 0.4% | 1.0% | 98.2% |

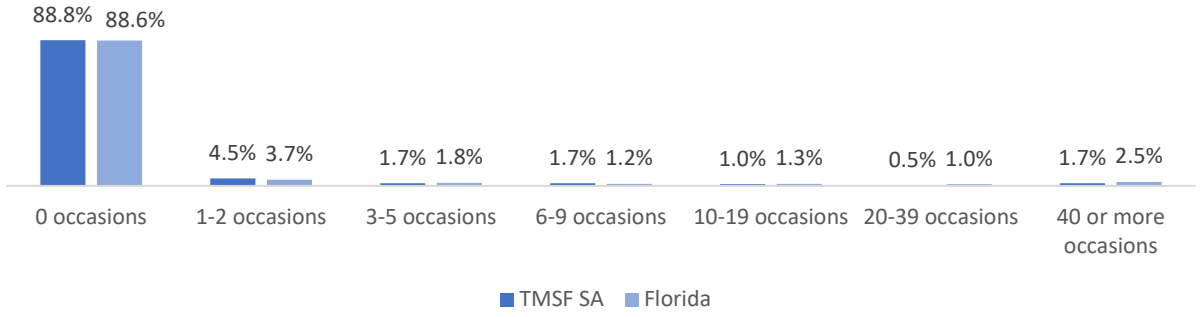
Source: Florida Youth Substance Abuse Survey

## Figure 26: Thriving Mind Service Area – On How Many Occasions Have You Vaped Nicotine in Your Lifetime? (Middle School and High School 2020)



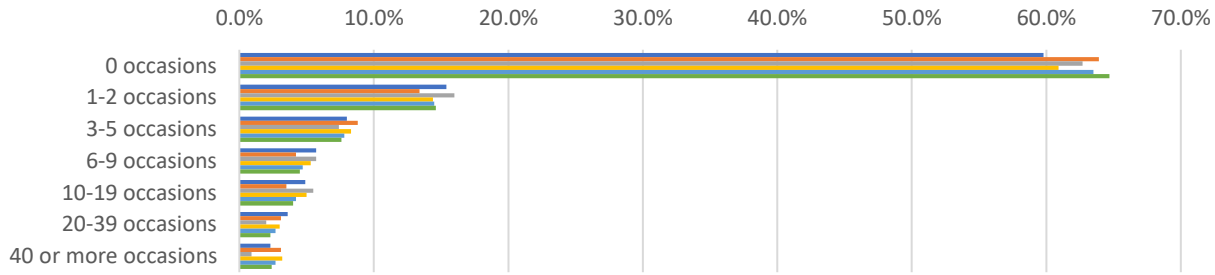

Source: Florida Youth Substance Abuse Survey (Includes e-cigarette, vape pens, JUUL)

**Figure 27: Thriving Mind Service Area – On How Many Occasions Have You Vaped Nicotine During the Past 30 Days? (Middle School and High School 2020)**




Source: Florida Youth Substance Abuse Survey (Includes e-cigarette, vape pens, JUUL)

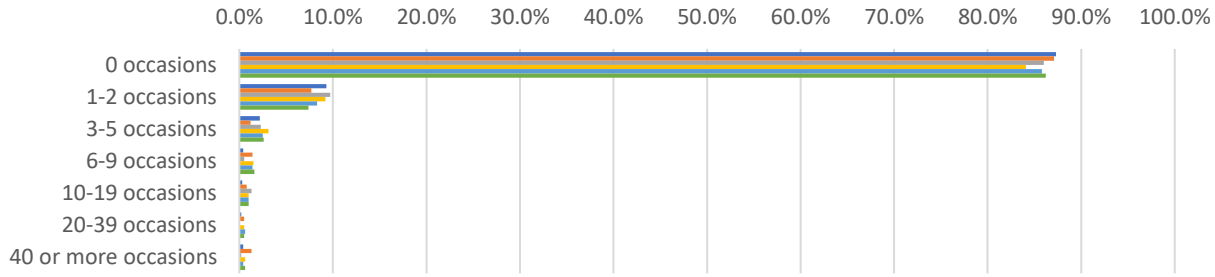
**Figure 28: Thriving Mind Service Area – On How Many Occasions Have You Had Alcoholic Beverages to Drink in Your Lifetime? (Middle School and High School 2016-2020)**




| | 40 or more occasions | 20-39 occasions | 10-19 occasions | 6-9 occasions | 3-5 occasions | 1-2 occasions | 0 occasions |
|---|---|---|---|---|---|---|---|
| TMSF SA 2016 | 2.3% | 3.6% | 4.9% | 5.7% | 8.0% | 15.4% | 59.8% |
| TMSF SA 2018 | 3.1% | 3.1% | 3.5% | 4.2% | 8.8% | 13.4% | 63.9% |
| TMSF SA 2020 | 0.9% | 2.0% | 5.5% | 5.7% | 7.4% | 16.0% | 62.7% |
| Florida 2016 | 3.2% | 3.0% | 5.0% | 5.3% | 8.3% | 14.4% | 60.9% |
| Florida 2018 | 2.7% | 2.7% | 4.2% | 4.7% | 7.8% | 14.5% | 63.5% |
| Florida 2020 | 2.4% | 2.3% | 4.0% | 4.5% | 7.6% | 14.6% | 64.7% |

Source: Florida Youth Substance Abuse Survey. Includes beer, wine, or hard liquor. More than a few sips.

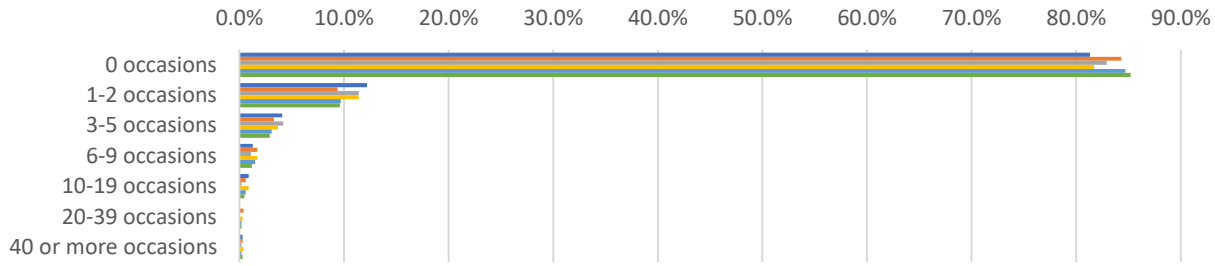
**Figure 29: Thriving Mind Service Area – On How Many Occasions in Your Lifetime Have You Woken Up After a Night of Drinking Alcoholic Beverages and Not Been Able to Remember Things You Did or the Places You Went? (High School Only 2016-2020)**




| | 40 or more occasions | 20-39 occasions | 10-19 occasions | 6-9 occasions | 3-5 occasions | 1-2 occasions | 0 occasions |
|---|---|---|---|---|---|---|---|
| TMSF SA 2016 | 0.4% | 0.2% | 0.3% | 0.4% | 2.2% | 9.3% | 87.3% |
| TMSF SA 2018 | 1.3% | 0.5% | 0.8% | 1.4% | 1.2% | 7.7% | 87.1% |
| TMSF SA 2020 | 0.2% | 0.0% | 1.3% | 0.5% | 2.3% | 9.7% | 86.0% |
| Florida 2016 | 0.6% | 0.5% | 1.0% | 1.5% | 3.1% | 9.2% | 84.1% |
| Florida 2018 | 0.4% | 0.6% | 1.0% | 1.4% | 2.5% | 8.3% | 85.8% |
| Florida 2020 | 0.6% | 0.5% | 1.0% | 1.6% | 2.6% | 7.4% | 86.2% |

Source: Florida Youth Substance Abuse Survey

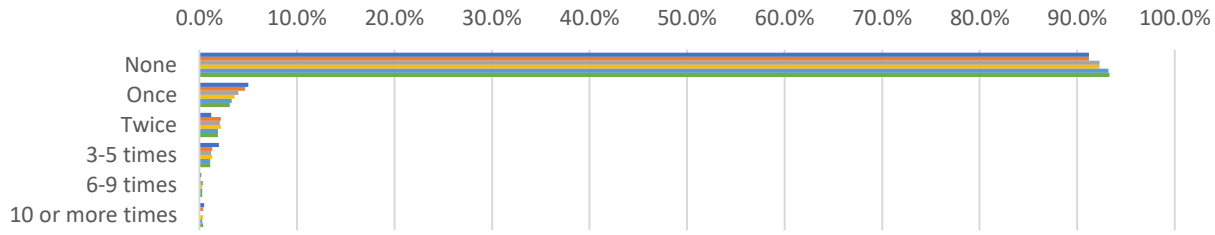
**Figure 30: Thriving Mind Service Area – On How Many Occasions Have You Had Beer, Wine, or Hard Liquor in the Past 30 Days? (Middle School and High School 2016-2020)**




| | 40 or more occasions | 20-39 occasions | 10-19 occasions | 6-9 occasions | 3-5 occasions | 1-2 occasions | 0 occasions |
|---|---|---|---|---|---|---|---|
| TMSF SA 2016 | 0.3% | 0.0% | 0.9% | 1.3% | 4.1% | 12.2% | 81.3% |
| TMSF SA 2018 | 0.3% | 0.4% | 0.6% | 1.7% | 3.3% | 9.4% | 84.3% |
| TMSF SA 2020 | 0.2% | 0.0% | 0.2% | 1.1% | 4.2% | 11.4% | 82.9% |
| Florida 2016 | 0.4% | 0.3% | 0.9% | 1.7% | 3.7% | 11.4% | 81.7% |
| Florida 2018 | 0.2% | 0.2% | 0.6% | 1.5% | 3.1% | 9.7% | 84.7% |
| Florida 2020 | 0.3% | 0.2% | 0.5% | 1.2% | 2.9% | 9.6% | 85.2% |

Source: Florida Youth Substance Abuse Survey

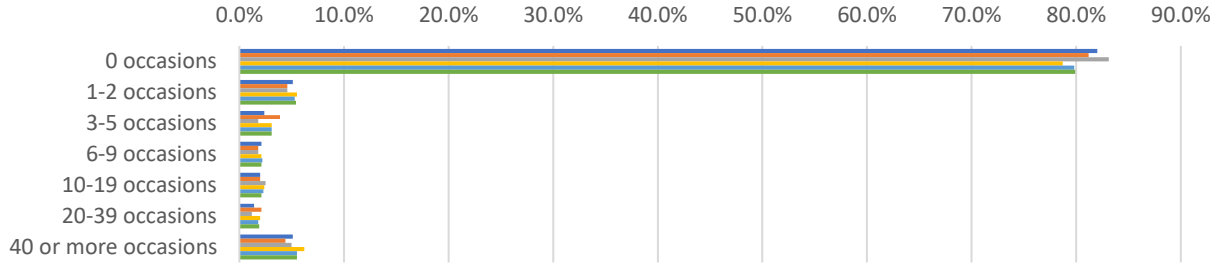
**Figure 31: Thriving Mind Service Area – Think Back Over the Past 2 Weeks...How Many Times Have You Had Five or More Alcoholic Drinks in a Row? (Middle School and High School 2016-2020)**




| | 10 or more times | 6-9 times | 3-5 times | Twice | Once | None |
|---|---|---|---|---|---|---|
| TMSF SA 2016 | 0.5% | 0.2% | 2.0% | 1.2% | 5.0% | 91.2% |
| TMSF SA 2018 | 0.4% | 0.1% | 1.3% | 2.2% | 4.7% | 91.2% |
| TMSF SA 2020 | 0.0% | 0.4% | 1.2% | 2.1% | 4.0% | 92.3% |
| Florida 2016 | 0.4% | 0.3% | 1.3% | 2.2% | 3.6% | 92.3% |
| Florida 2018 | 0.3% | 0.3% | 1.1% | 1.9% | 3.3% | 93.2% |
| Florida 2020 | 0.4% | 0.3% | 1.1% | 1.9% | 3.1% | 93.3% |

Source: Florida Youth Substance Abuse Survey

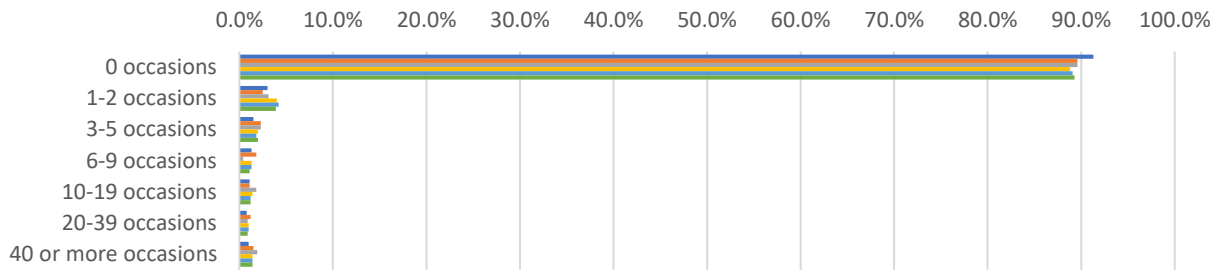
**Figure 32: Thriving Mind Service Area – On How Many Occasions Have You Used Marijuana or Hashish in Your Lifetime? (Middle School and High School 2016-2020)**




| | 40 or more occasions | 20-39 occasions | 10-19 occasions | 6-9 occasions | 3-5 occasions | 1-2 occasions | 0 occasions |
|---|---|---|---|---|---|---|---|
| TMSF SA 2016 | 5.1% | 1.4% | 2.0% | 2.1% | 2.4% | 5.1% | 82.0% |
| TMSF SA 2018 | 4.4% | 2.1% | 2.0% | 1.8% | 3.9% | 4.6% | 81.2% |
| TMSF SA 2020 | 5.0% | 1.2% | 2.5% | 1.8% | 1.8% | 4.6% | 83.1% |
| Florida 2016 | 6.2% | 2.0% | 2.4% | 2.1% | 3.1% | 5.5% | 78.7% |
| Florida 2018 | 5.5% | 1.8% | 2.3% | 2.2% | 3.1% | 5.3% | 79.8% |
| Florida 2020 | 5.5% | 1.9% | 2.1% | 2.1% | 3.1% | 5.4% | 79.9% |

Source: Florida Youth Substance Abuse Survey

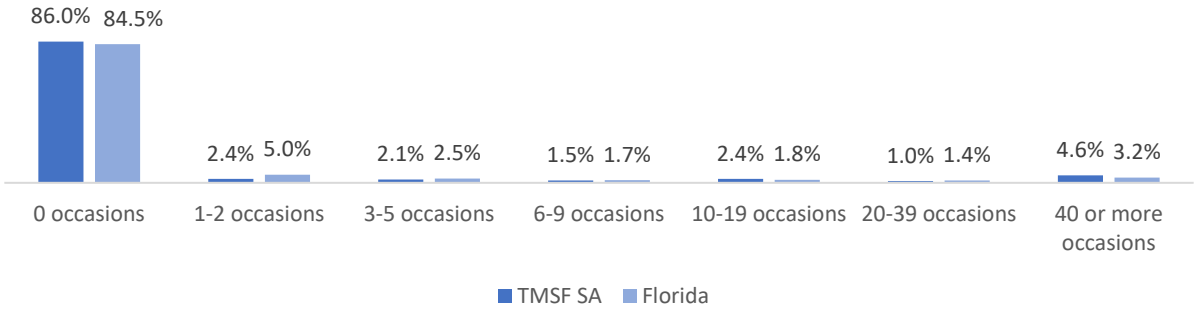
**Figure 33: Thriving Mind Service Area – On How Many Occasions Have You Used Marijuana or Hashish During the Past 30 Days? (Middle School and High School 2016-2020)**




| | 40 or more occasions | 20-39 occasions | 10-19 occasions | 6-9 occasions | 3-5 occasions | 1-2 occasions | 0 occasions |
|---|---|---|---|---|---|---|---|
| TMSF SA 2016 | 1.0% | 0.8% | 1.1% | 1.3% | 1.5% | 3.0% | 91.3% |
| TMSF SA 2018 | 1.5% | 1.2% | 1.1% | 1.8% | 2.3% | 2.5% | 89.6% |
| TMSF SA 2020 | 1.9% | 0.9% | 1.8% | 0.4% | 2.3% | 3.1% | 89.6% |
| Florida 2016 | 1.4% | 1.0% | 1.4% | 1.3% | 2.0% | 4.0% | 88.8% |
| Florida 2018 | 1.4% | 1.0% | 1.2% | 1.3% | 1.8% | 4.2% | 89.1% |
| Florida 2020 | 1.4% | 0.9% | 1.2% | 1.1% | 2.0% | 3.9% | 89.3% |

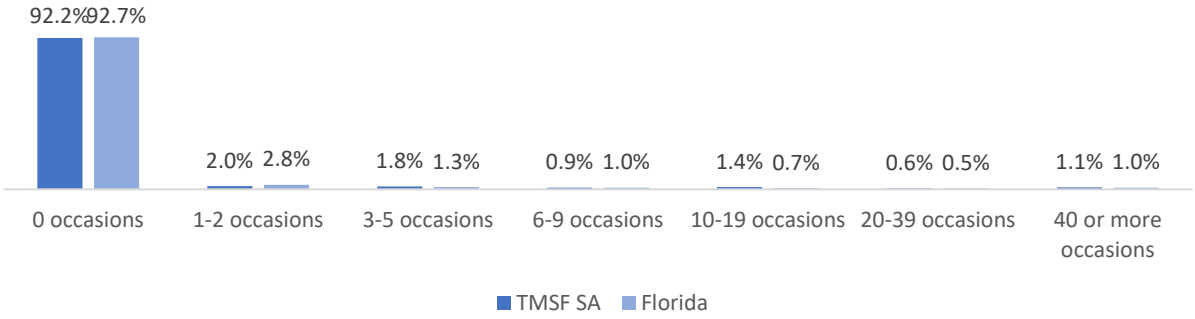
Source: Florida Youth Substance Abuse Survey

**Figure 34: Thriving Mind Service Area – On How Many Occasions Have You Vaped Marijuana in Your Lifetime? (Middle School and High School 2016-2020)**



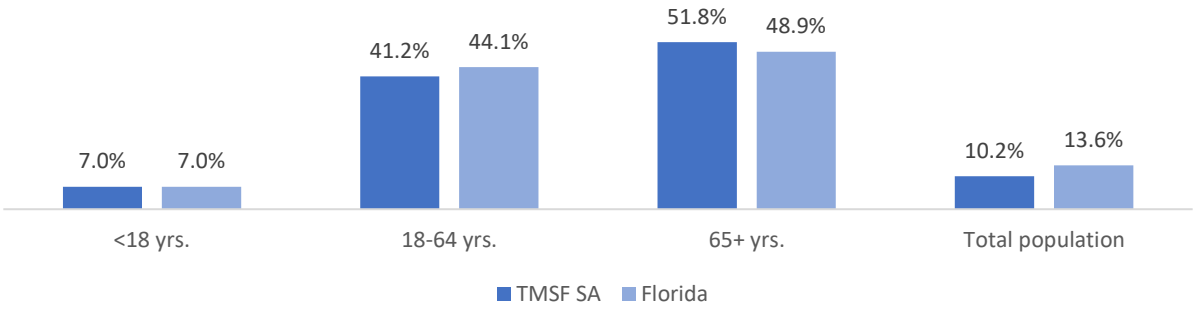

Source: Florida Youth Substance Abuse Survey (Includes e-cigarette, vape pens, JUUL)

**Figure 35: Thriving Mind Service Area – On How Many Occasions Have You Vaped Marijuana in the Past 30 Days? (Middle School and High School 2016-2020)**



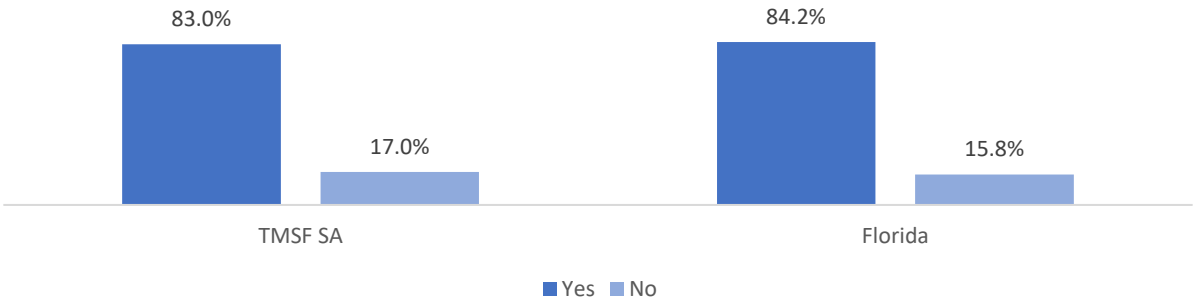

Source: Florida Youth Substance Abuse Survey (Includes e-cigarette, vape pens, JUUL)

**Figure 36: Thriving Mind Service Area Civilian Noninstitutionalized Population with a Disability (2016-2020)**




Source: U.S. Census Bureau, American Community Survey. Disability includes: Hearing, Vision, Cognitive, Ambulatory, Self-Care, and Independent Living

**Figure 37: Thriving Mind Service Area Percentage of Adults with Any Type of Health Care Insurance Coverage (2013-2019)**




Source: Behavioral Risk Factor Surveillance System

# THRIVING MIND SOUTH FLORIDA SERVICE AREA CLIENT DEMOGRAPHIC PROFILE

### Client Population

Thriving Mind-funded organizations served 26,849 clients in treatment services for Fiscal Year (FY) 2020-2021. Not counted in these treatment services, during FY 2020-2021, the Thriving Mind Prevention System served 1,173,480 individuals. Of these, 121,749 were individuals receiving direct services and 1,039,577 were served through community education, outreach, and media impressions. Over 40 percent of clients resided in Miami-Dade County (23,672 clients) and Monroe County at 12.1 percent (3,248 clients). Clients who reported living in another county accounted for 0.7 percent of all clients.

Adults in Thriving Mind programs accounted for 81.7 percent of all clients with 61.5 percent enrolled in the Adult Mental Health (AMH) program and 19.2 percent in the Adult Substance Abuse program (ASA). The remaining clients were in the Child Mental Health (CMH) program at 12.7 percent and the Child Substance Abuse (CSA) program at 6.5 percent.

### Gender

Males represented more than 50 percent of all clients in the AMH, ASA and CSA programs ranging from 67.6 percent in the CSA program to 49.3 percent in the AMH program. Males accounted for 47.7 percent of CMH clients. Females accounted for 50.7 percent of clients in AMH program but only 32.4 percent of those in the CSA program.

### Race

The majority of Thriving Mind clients were White (64.8 percent), which was lower than the percentage in the service area population at 66.4 percent. Conversely, Black Thriving Mind clients accounted for 24.5 percent of the client population, while representing only 16.7 percent of the population in the two-county service area. ASA clients more closely matched the racial distribution of the general population when compared to clients in other programs. The percentage of multi-racial clients in all programs was lower when compared to population in the ME service area.

### Ethnicity

The percentage of Hispanics in the Thriving Mind client population at 50.9 percent was less when compared to the percentage of the Hispanic population in the service area, at 67 percent. When comparing the ethnic distribution among programs, Other Hispanic clients accounted for 33.8 percent of those in the CMH program.

### Age Range

As expected, the age range distribution among Thriving Mind clients did not mimic that of the service area population. Adults, ages 25-44 years of age, accounted for 33.6 percent AMH clients, and 48.4 percent of ASA clients. In comparison, adults in this age range represented 27.9 percent of the population in the two-county service area. Conversely, adults ages 65 years and older, accounted for a far less percentage of clients (5.5 percent) when compared to those in the service area population at 16.4 percent. Children under age 5 years accounted for less than 2 percent of clients in the CMH and CSA programs. There was a higher percentage of older teens, ages 15-19 years of age, in the CSA program when compared to those in the CMH program.

### Residential Status

The percentage of clients living dependently (with relatives or non-relatives) was similar when comparing AMH and ASA clients. A lower percentage of AMH clients lived independently alone (15 percent) when compared to ASA clients at 21 percent. Youth living independently alone varied when comparing clients in the two programs. CMH clients were less than 1 percent of those living alone while only 1 percent of clients in the CSA program lived by themselves. It should be noted that the Department allows a value for not available/unknown for living arrangement, which our providers chose for most of this population.

### Educational Attainment

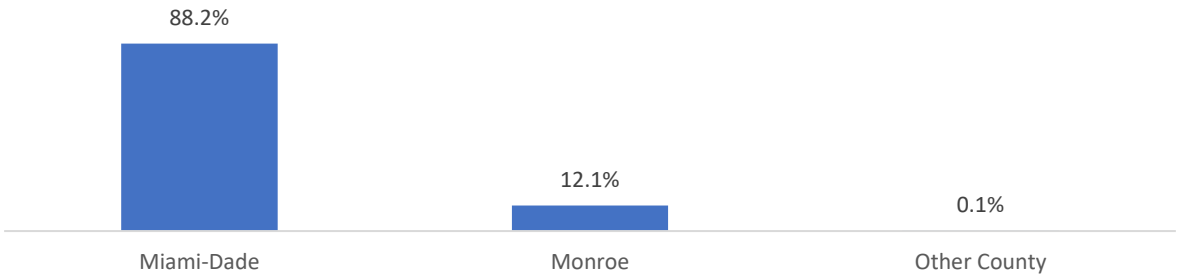
Thriving Mind clients attained lower educational levels when compared to those in the service area population. Among Thriving Mind adult clients, 42.3 percent of AMH clients and 33.2 percent of ASA clients did not attain more than a high school education. For all Thriving Mind adult clients, 31.1 percent did not attain more than a high school education. This rate was much lower compared to the rate for all residents living in the service area.

### Employment Status

Lower educational attainment was one of several factors that contributed to much higher levels of unemployment among adult Thriving Mind clients when compared to those in the service area. Unemployment ranged from 44.3 percent of ASA clients to 49.9 percent among AMH clients. The 5-year estimate for unemployment in the service area was 3.2 percent (2016-2020).

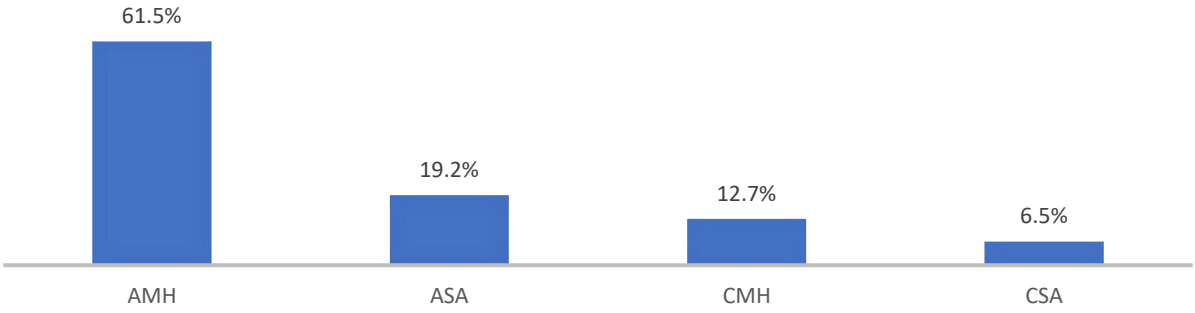
# CLIENT DEMOGRAPHIC CHARTS

## Figure 38: Thriving Mind Clients by County



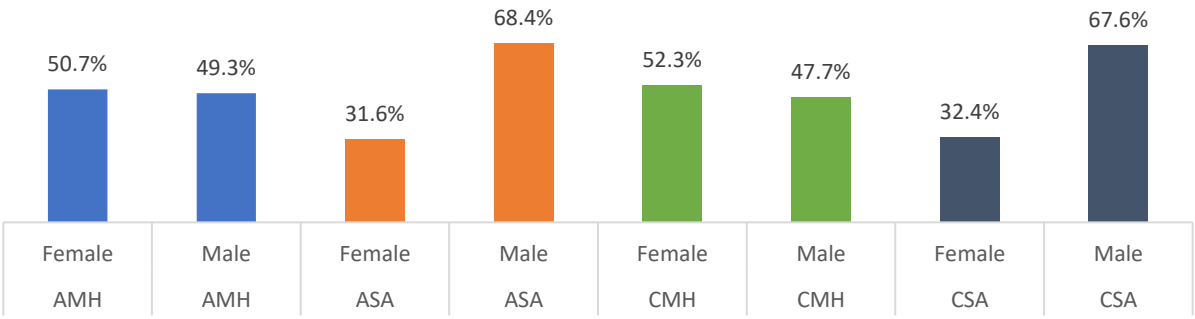

Source: Thriving Mind Client Data

## Figure 39: Thriving Mind Clients by Program



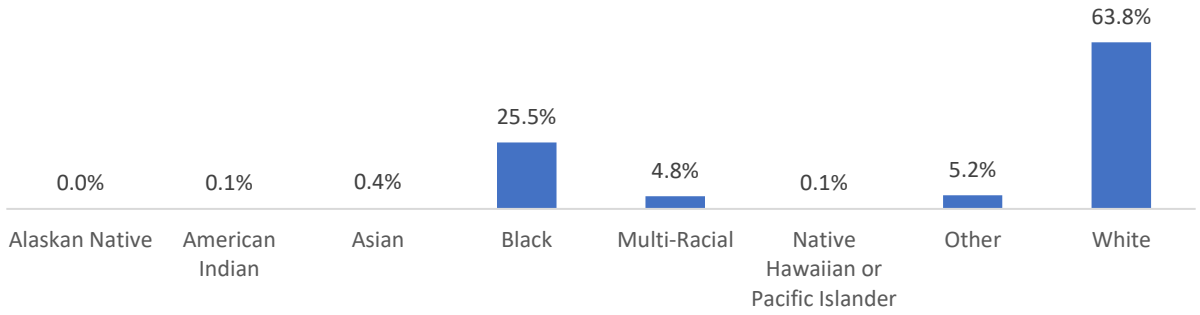

Source: Thriving Mind Client Data

## Figure 40: Thriving Mind Clients by Program and Gender



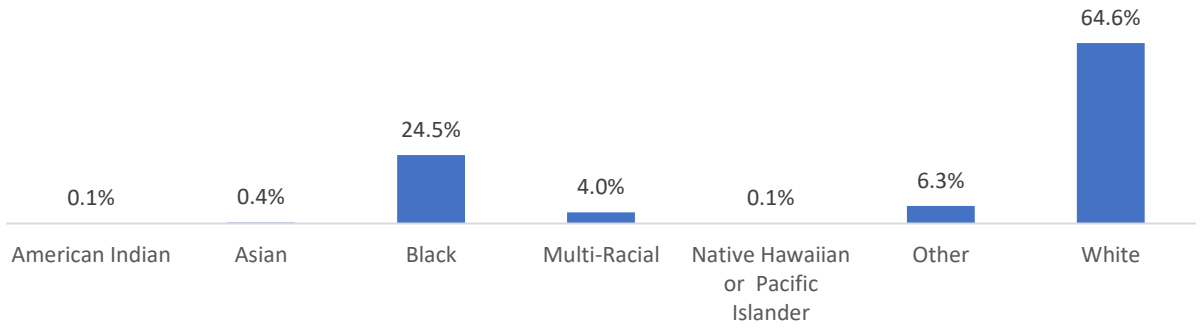

Source: Thriving Mind Client Data

## Figure 41: Thriving Mind Clients by Race



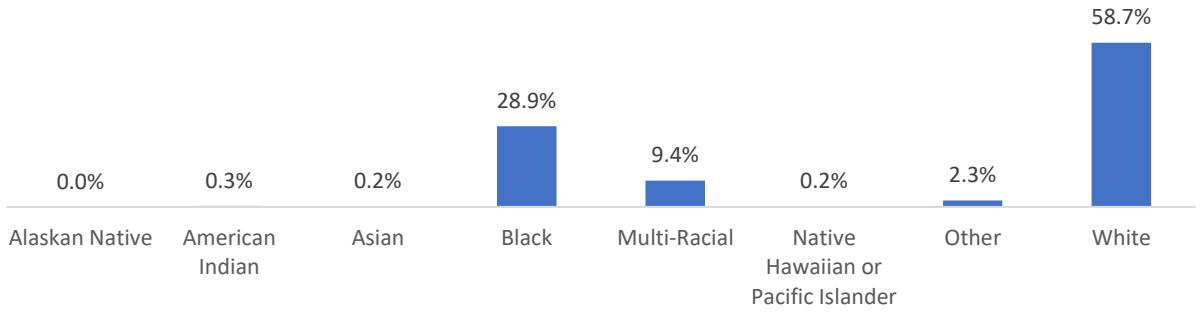

Source: Thriving Mind Client Data

## Figure 42: Thriving Mind Adult Mental Health Clients by Race



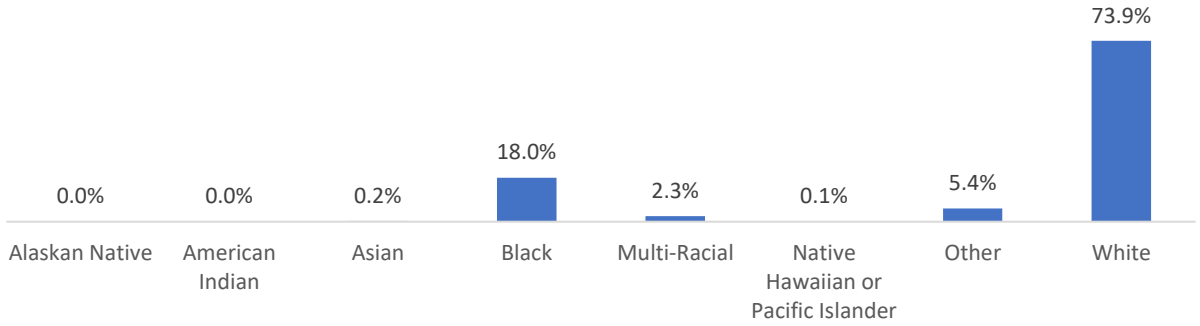

Source: Thriving Mind Client Data

## Figure 43: Thriving Mind Adult Substance Abuse Clients by Race



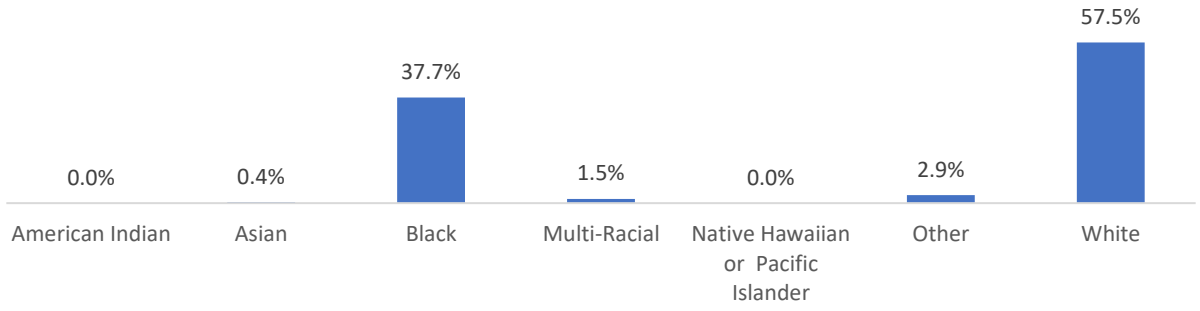

Source: Thriving Mind Client Data

## Figure 44: Thriving Mind Children's Mental Health Clients by Race



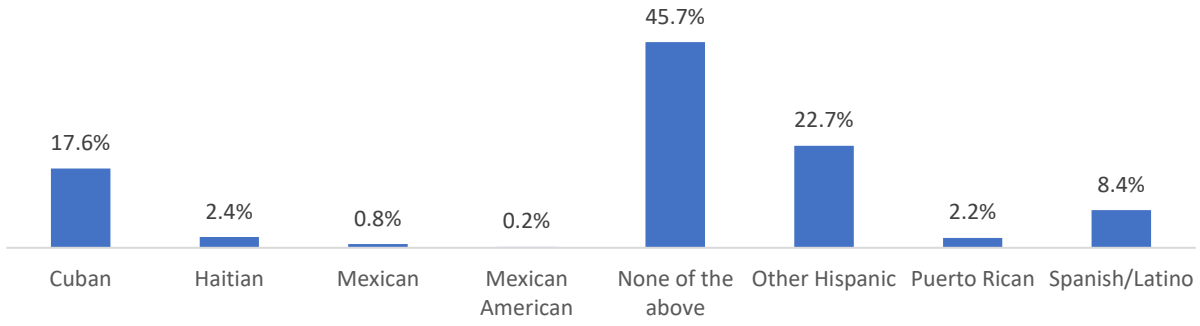

Source: Thriving Mind Client Data

## Figure 45: Thriving Mind Children's Substance Abuse Clients by Race



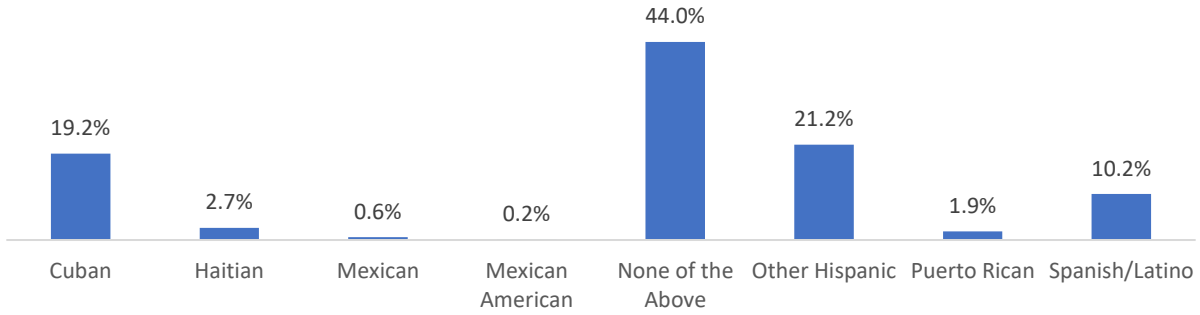

Source: Thriving Mind Client Data

## Figure 46: Thriving Mind Clients by Ethnicity



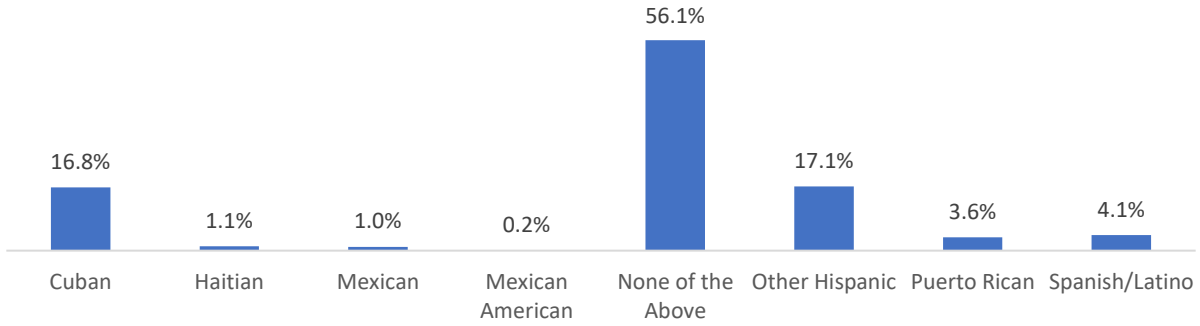

Source: Thriving Mind Client Data

## Figure 47: Thriving Mind Adult Mental Health Clients by Ethnicity



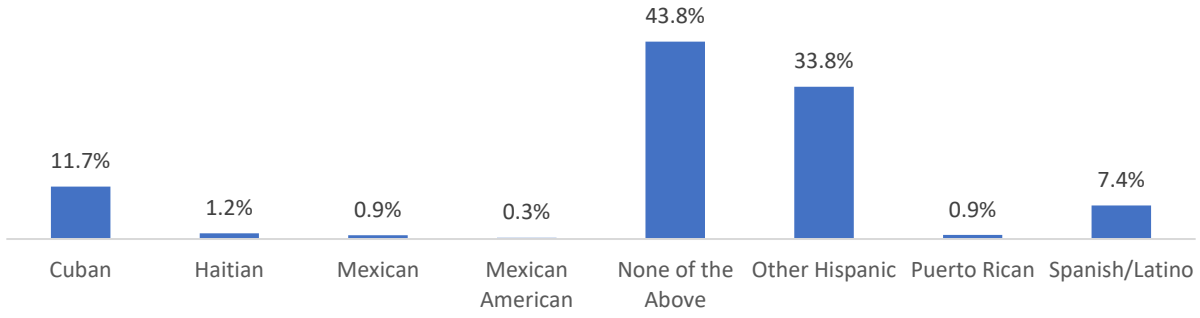

Source: Thriving Mind Client Data

## Figure 48: Thriving Mind Adult Substance Abuse Clients by Ethnicity



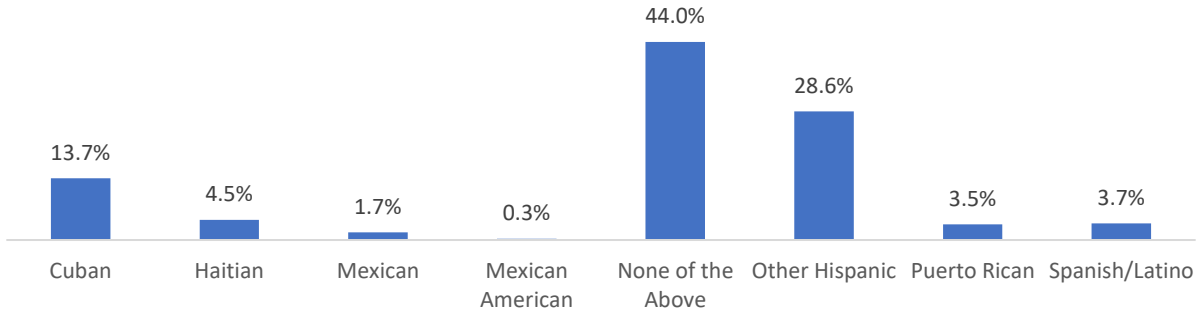

Source: Thriving Mind Client Data

## Figure 49: Thriving Mind Child Mental Health Clients by Ethnicity



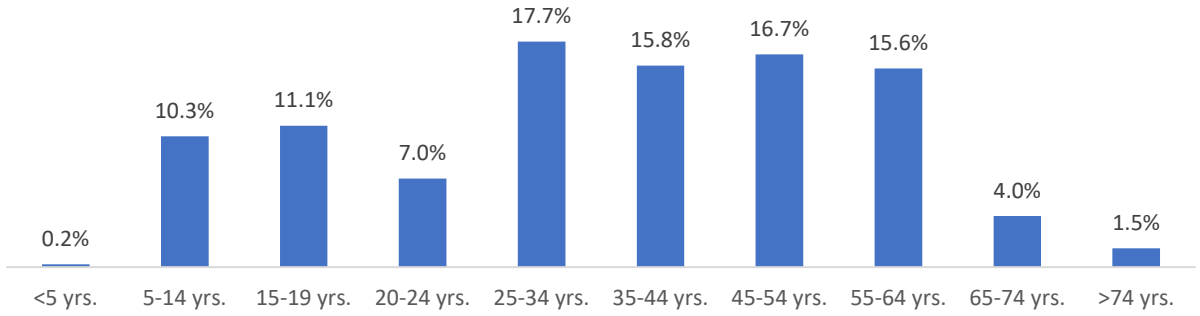

Source: Thriving Mind Client Data

**Figure 50: Thriving Mind Children's Substance Abuse Clients by Ethnicity**



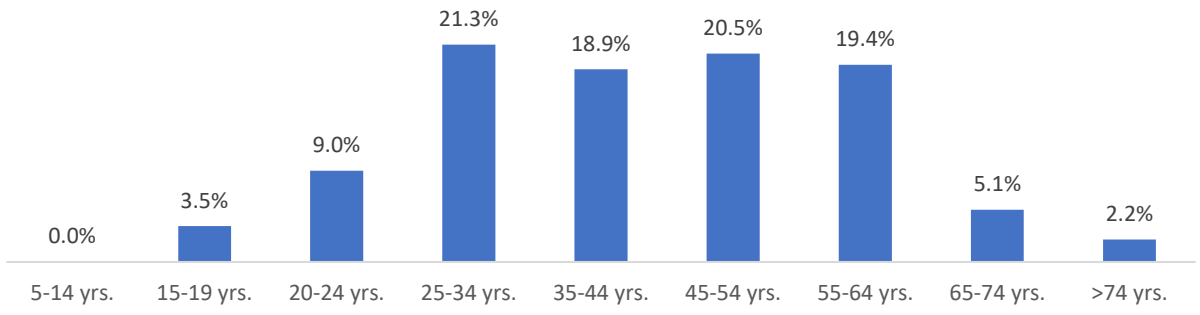

Source: Thriving Mind Client Data

**Figure 51: Thriving Mind Clients by Age Range**



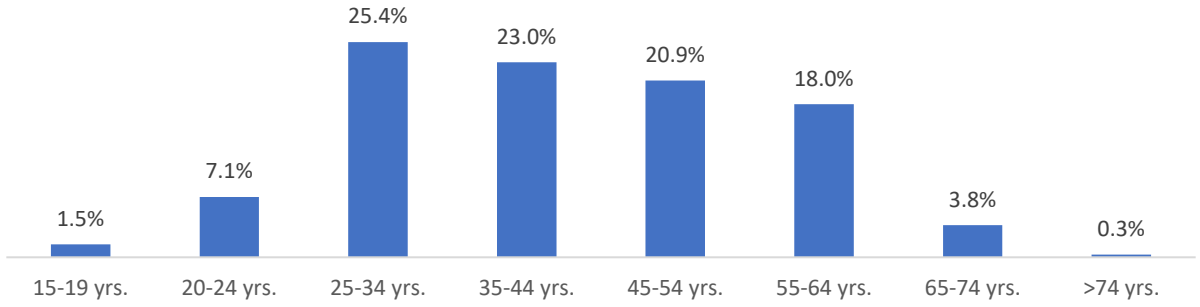

Source: Thriving Mind Client Data

**Figure 52: Thriving Mind Adult Mental Health Clients by Age Range**



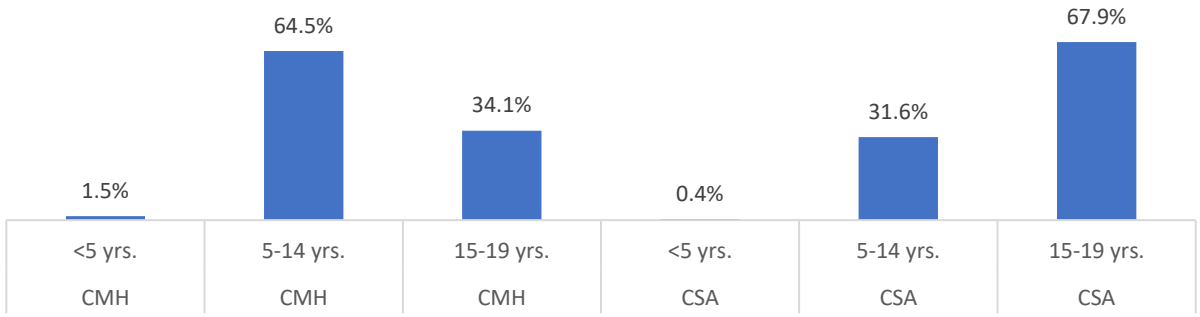

Source: Thriving Mind Client Data

**Figure 53: Thriving Mind Adult Substance Abuse Clients by Age Range**



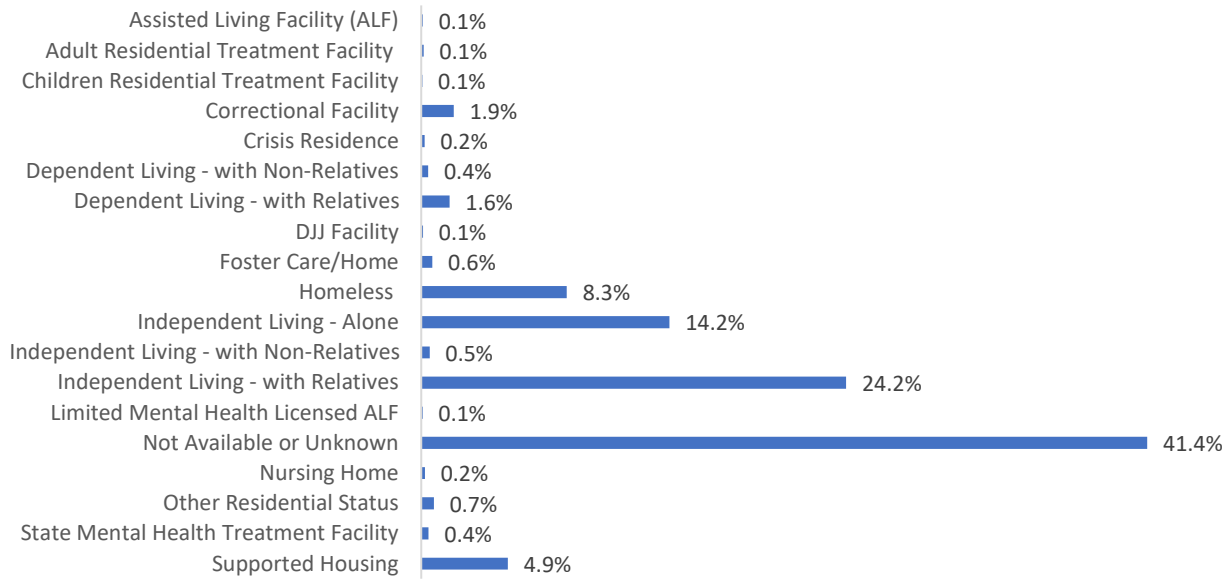

Source: Thriving Mind Client Data

**Figure 54: Thriving Mind Children's Mental Health and Children's Substance Abuse Clients by Age Range**



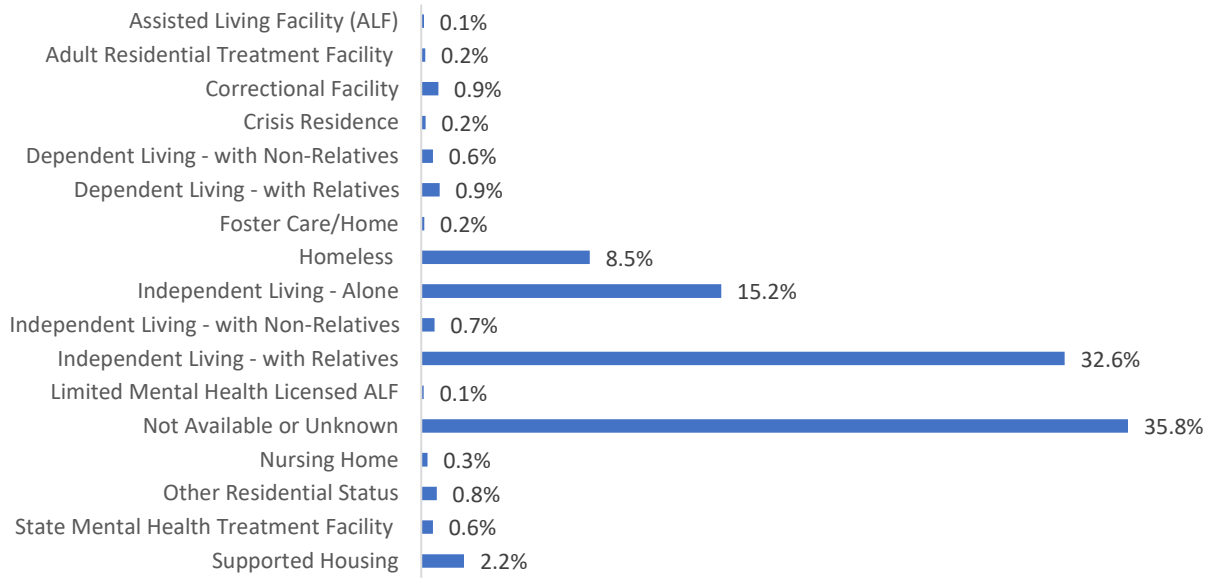

Source: Thriving Mind Client Data

## Figure 55: Thriving Mind Clients by Residential Status



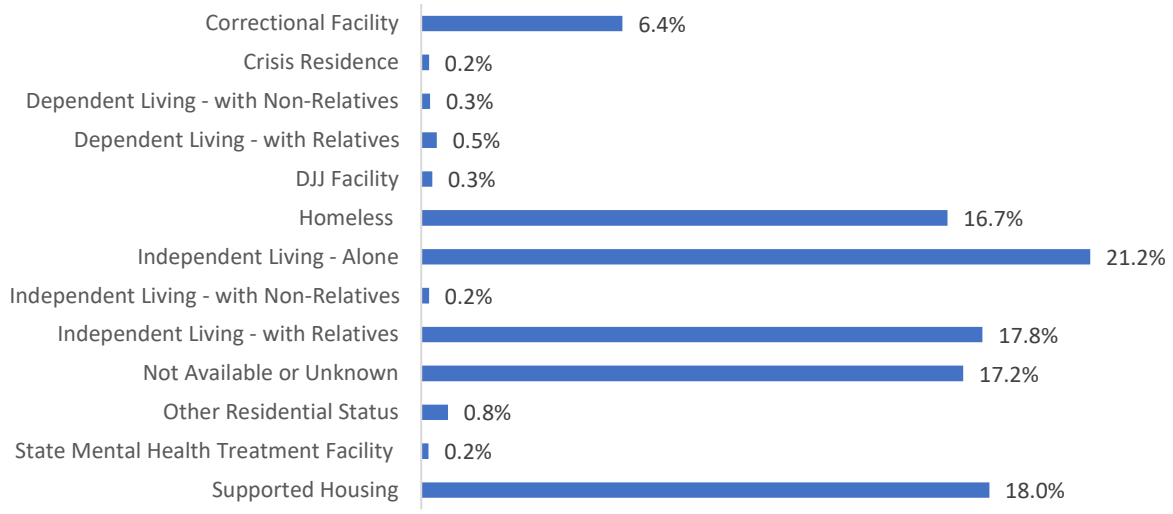

Source: Thriving Mind Client Data

## Figure 56: Thriving Mind Adult Mental Health Clients by Residential Status



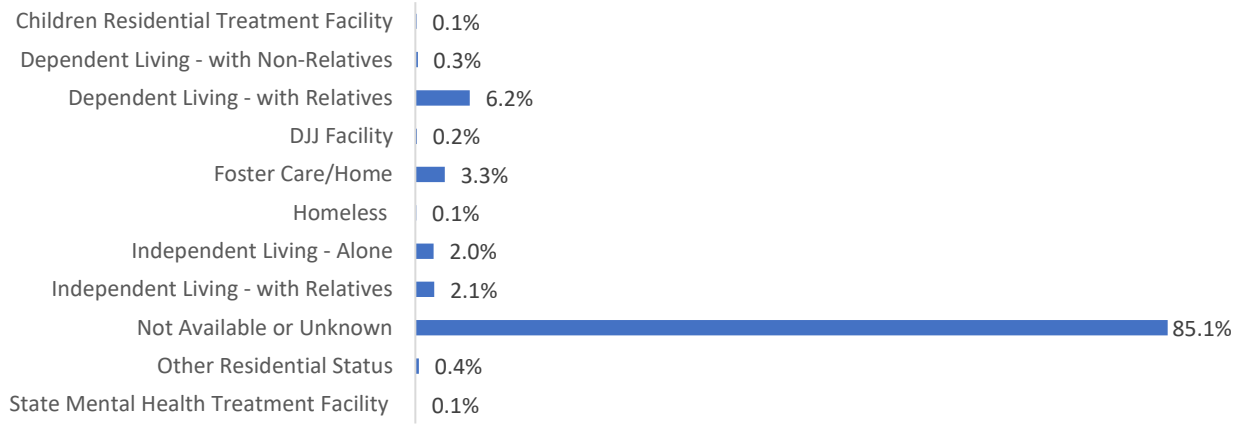

Source: Thriving Mind Client Data

## Figure 57: Thriving Mind Adult Substance Abuse Clients by Residential Status



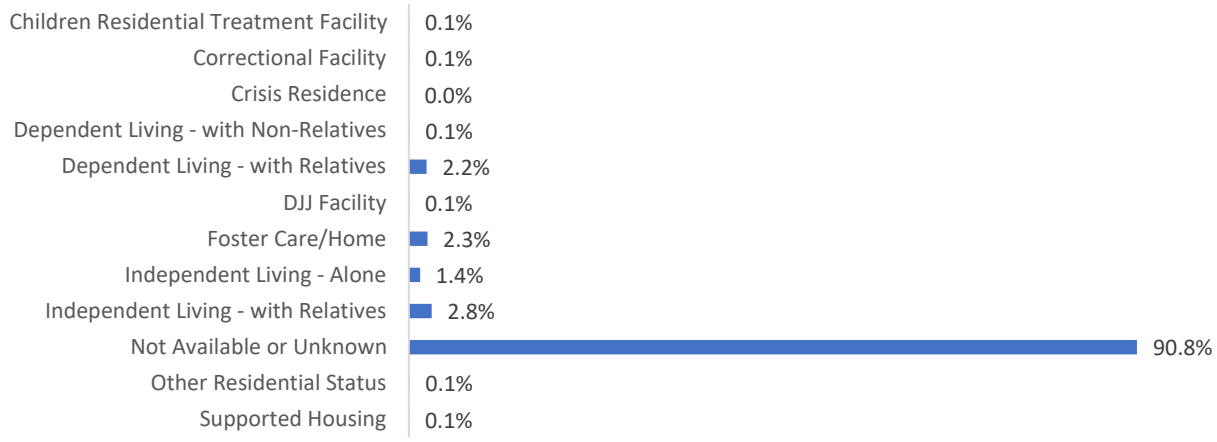

Source: Thriving Mind Client Data

## Figure 58: Thriving Mind Children's Mental Health Clients by Residential Status



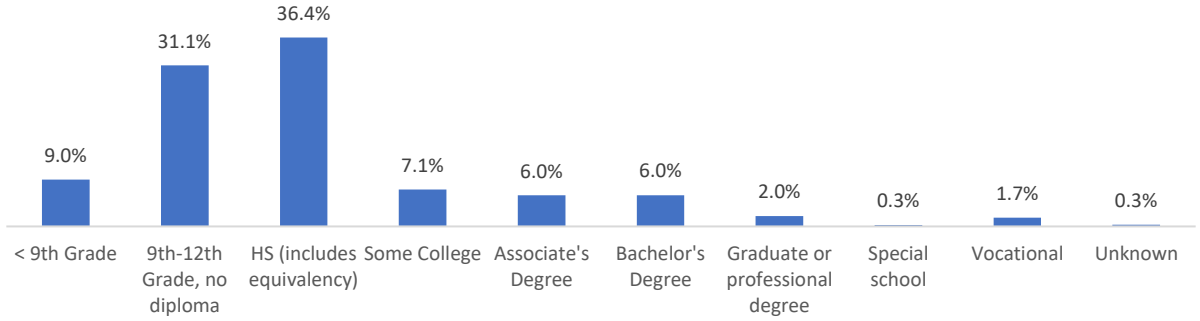

Source: Thriving Mind Client Data

## Figure 59: Thriving Mind Children's Substance Abuse Clients by Residential Status



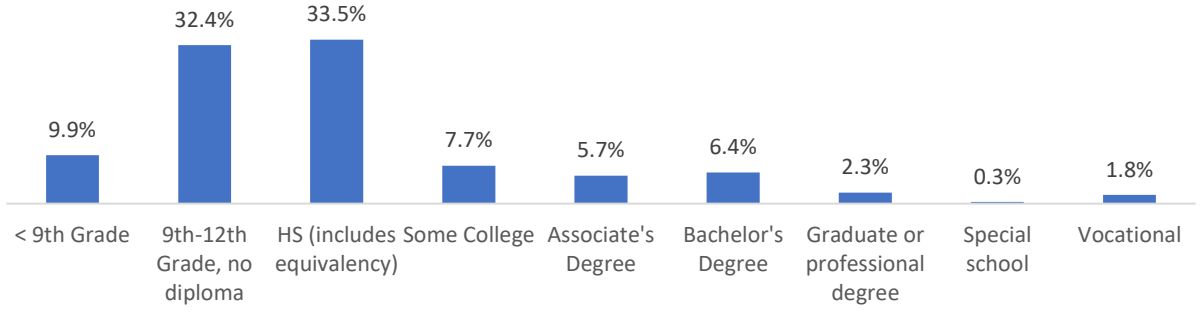

Source: Thriving Mind Client Data

## Figure 60: Thriving Mind Clients by Educational Attainment



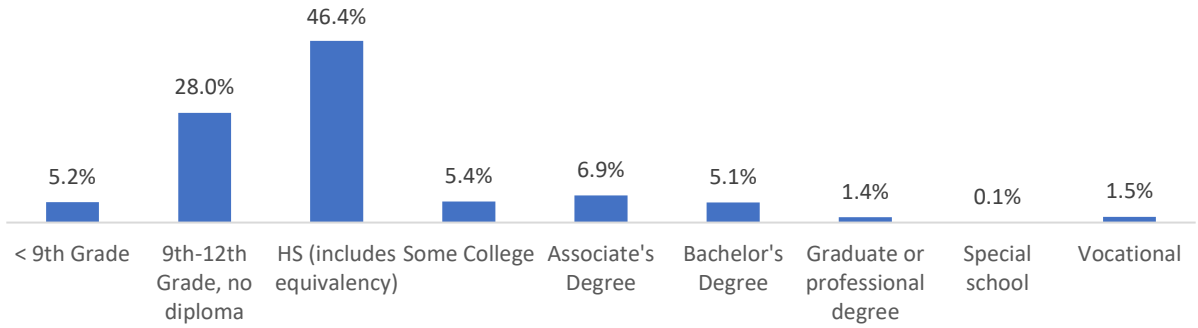

Source: Thriving Mind Client Data

## Figure 61: Thriving Mind Adult Mental Health Clients by Educational Attainment



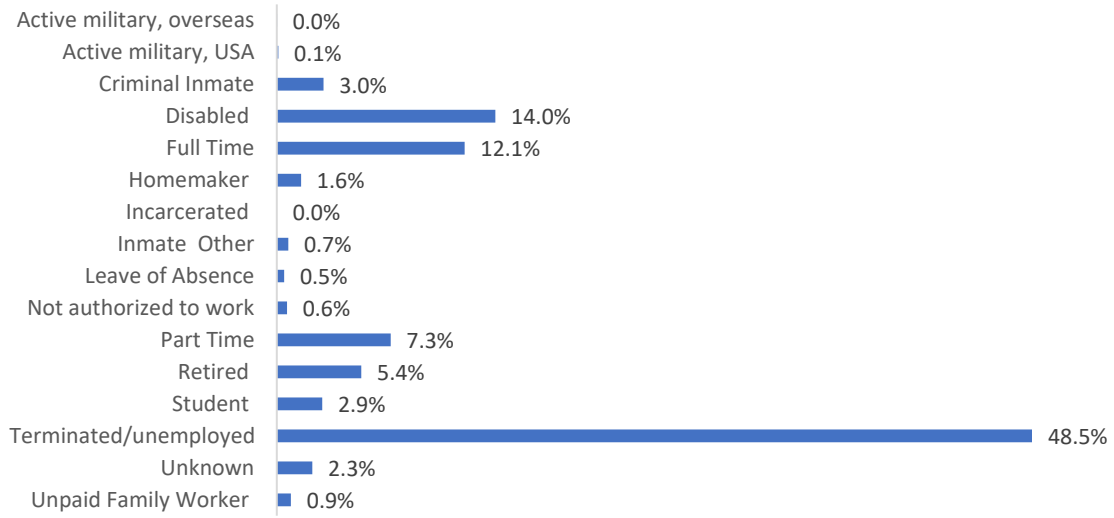
Source: Thriving Mind Client Data

## Figure 62: Thriving Mind Adult Substance Abuse Clients by Educational Attainment



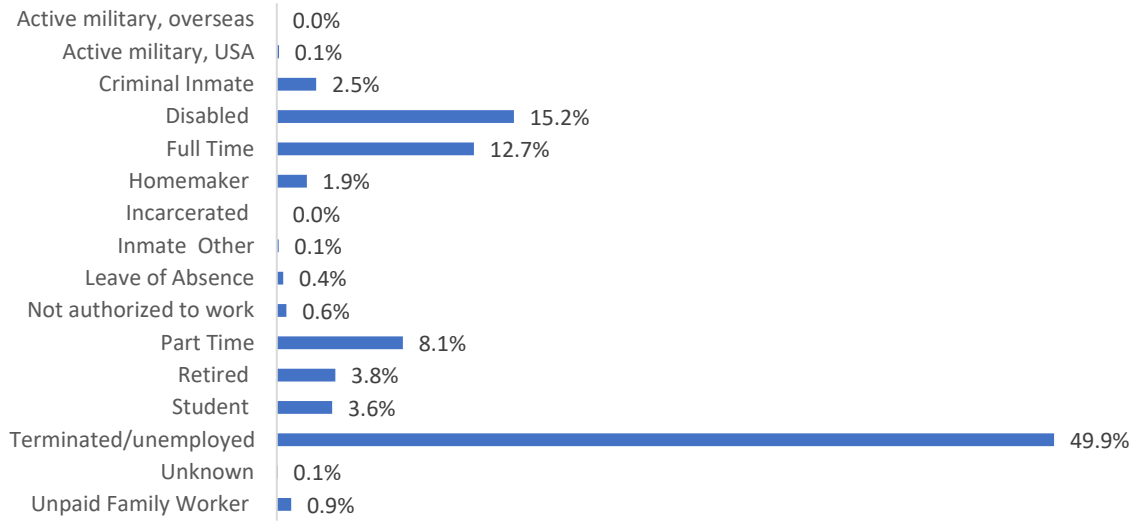

Source: Thriving Mind Client Data

## Figure 63: Thriving Mind Clients by Employment Status



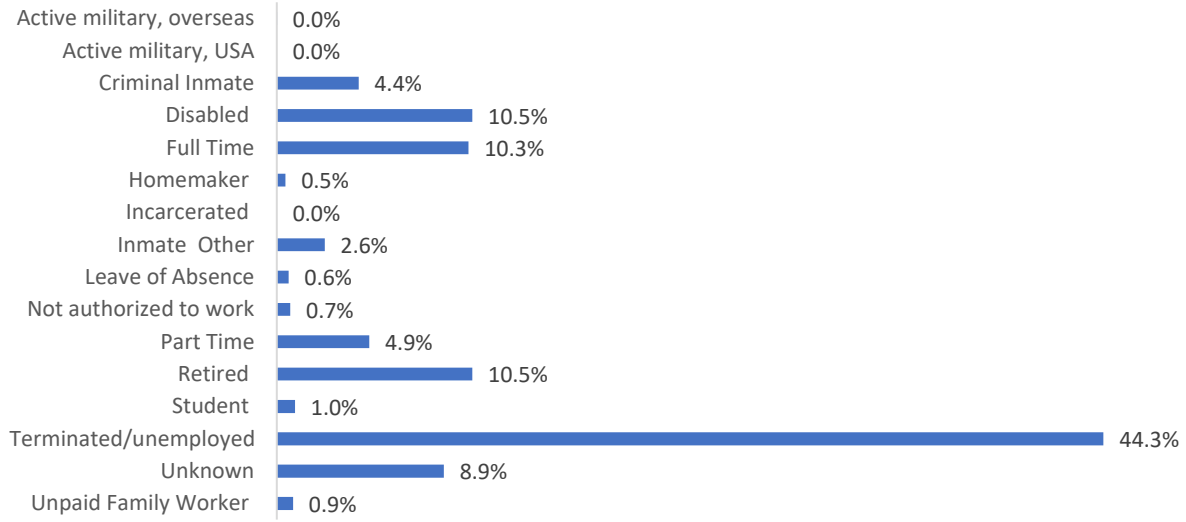

Source: Thriving Mind Client Data

## Figure 64: Thriving Mind Adult Mental Health Clients by Employment Status




Source: Thriving Mind Client Data

## Figure 65: Thriving Mind Adult Substance Abuse Clients by Employment Status




Source: Thriving Mind Client Data

# THRIVING MIND SERVICE AREA HOMELESS POPULATION

The 2021 Council on Homelessness Report states that the Point in Time Count (PIT) data provides a snapshot of homelessness. **Due to the pandemic, the 2021 PIT Count is not directly comparable to prior years' counts.** Typically, Continuums of Care (CoCs- A local geographic area designated by HUD and served by a local planning body, which is responsible for organizing and delivering housing and services to meet the needs of people who are homeless as they move to stable housing and maximum self-sufficiency) conduct a PIT Count of both sheltered and unsheltered households. This year, due to COVID-19-related safety concerns, only six of the 27 CoCs conducted such a count; 10 CoCs did not conduct an unsheltered count; and others conducted a modified form of the unsheltered count. All CoCs conducted a sheltered PIT count. For those that did not conduct an unsheltered count, the CoCs reported zero unsheltered persons, resulting in an undercount of total homelessness. According to the report:

> "Housing is a significant determinant of health, and insufficient housing is a major public health issue. The COVID-19 pandemic has exacerbated housing instability especially for low-income households. In effect, the pandemic has triggered high rates of unemployment, worsened pre-existing behavioral health disorders, and increased stress, anxiety, and depression for others. Increased rates of unemployment also contribute to increasing the prevalence of behavioral health disorders, resulting in more suffering and deaths. Prior to the pandemic, America's affordable housing crisis was already expected to get worse. The ELI housing crisis is evidenced by the fact that people with disabilities are forced to live in segregated and institutional facilities (e.g., nursing homes, state institutions, etc.) and experience homelessness. Many of these individuals need Permanent Supportive Housing."
>
> (Please access the actual report for resources at: 2021CouncilReport.pdf (myflfamilies.com)

In 2021, the Florida Council on Homelessness reported there were 3,466 homeless individuals in South Florida (Miami-Dade and Monroe counties) or District 11 and 16 respectively. Over 67 percent were sheltered and 25.7 percent unsheltered. Chronically homeless, defined as continually homeless for over a year, increased from 377 individuals in 2017 to 555 people in 2020 in District 11. Homelessness among veterans decreased during the same time from 254 in 2017 to 224 in 2020. Families experiencing homelessness decreased by 8 percent from 2017 to 2020. The number of homeless students, 6,490 in 2015-2016 increased 49.7 percent to 9,714 in the 2019-2020 school year. Of those students who were homeless in 2019-2020, over 70 percent were in a sharing housing arrangement and 5.4 percent were living in motels.

Due to the COVID-19 pandemic, this year saw an unprecedented infusion of federal funding to address homelessness and housing instability. With these funds appropriated by Congress, the State, local governments, CoCs, and partner agencies have invested in solutions to

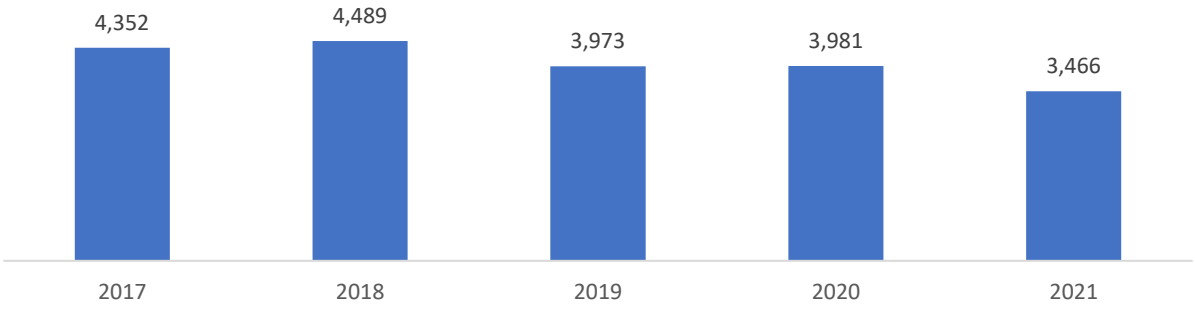
homelessness, including rent and utilities assistance, sheltering, outreach, supportive services and more. While these resources have increased Florida's capacity to prevent and end homelessness, the federal funds have strict restrictions on how the funds may be used; they are not interchangeable with the Challenge and Staffing grants provided to CoCs by the State of Florida. State funding remains critical to addressing homelessness in Florida, especially in rural areas and for the many programs that cannot be funded by federal resources due to their restrictions. State funding helps ensure a broad range of programs in Florida, as well as increase the capacity of the CoCs to administer the federal funding and other resources.

**Figure 66: CoC Funding from Federal and State Sources, District 11 (State Fiscal Year 2020-2021)**

| Source | District 11 |
|---|---|
| **Total Funding Award** | $48,258,807.70 |
| HUD CoC FFY20 | $35,870,160.00 |
| State Total | $12,388,647.70 |
| State Challenge | $267,500.00 |
| State HUD-ESG | $11,371,030.00 |
| State Staffing | $267,500.00 |
| Emergency Solutions Grant | $457,000.00 |
| State TANF-HP | $78,832.00 |

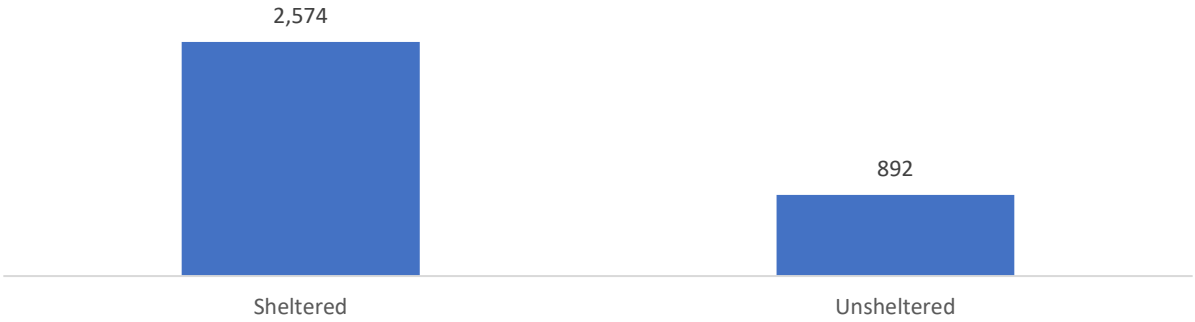
Source: 2021 Florida's Council on Homelessness Annual Report

**Figure 67: Total Homeless Population, District 11 (2017-2021)**



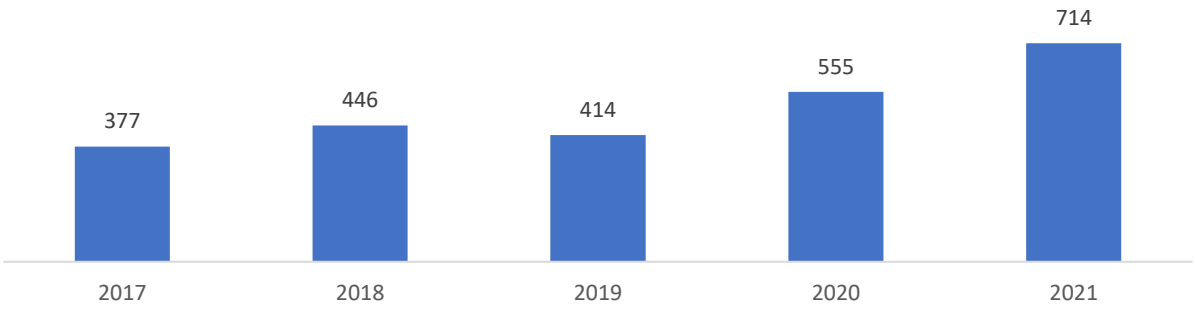

Source: 2021 Florida's Council on Homelessness Annual Report

**Figure 68: Total Homeless Population Sheltered and Unsheltered, District 11 (2021)**



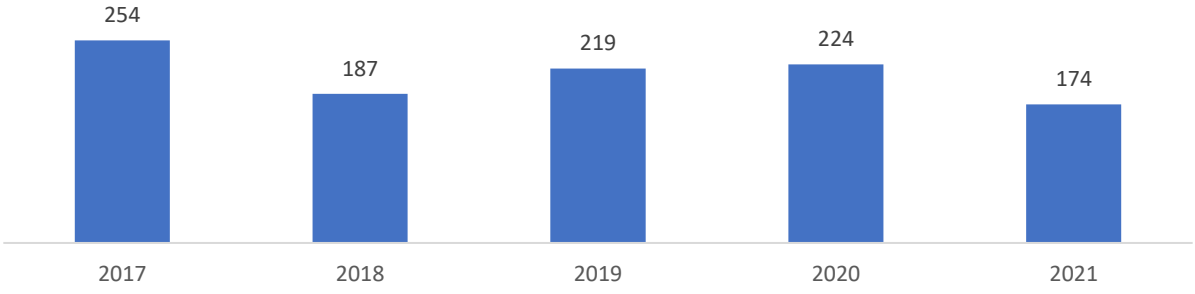

Source: 2021 Florida's Council on Homelessness Annual Report

**Figure 69: Chronic Homelessness, District 11 (2017-2021)**



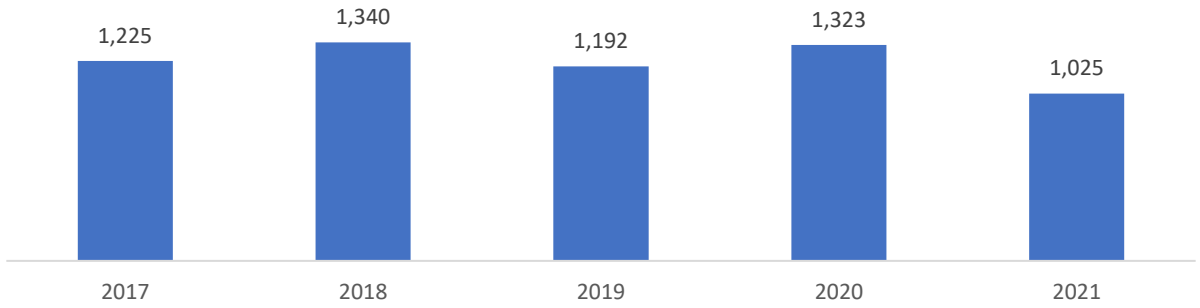

Source: 2021 Florida's Council on Homelessness Annual Report

**Figure 70: Homelessness Among Veterans, District 11 (2017-2021)**



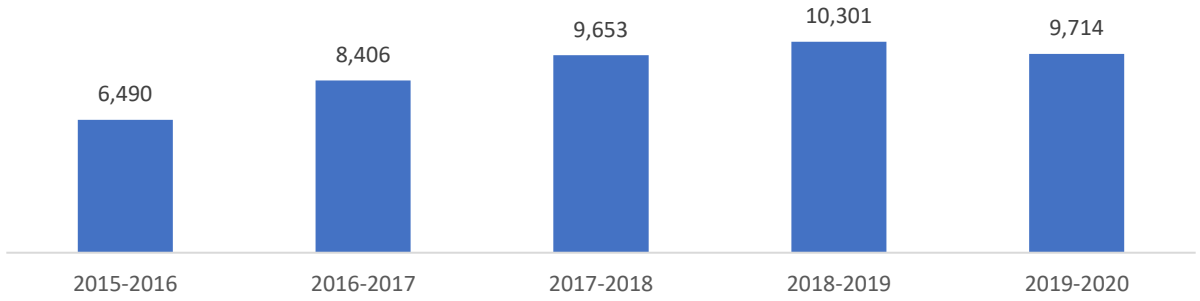

Source: 2021 Florida's Council on Homelessness Annual Report

**Figure 71: Family Homelessness – Total Persons in Families with Children, District 11 (2017-2021)**



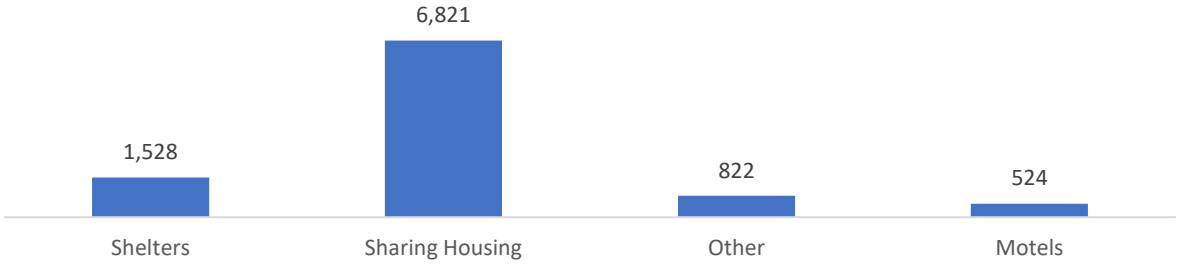

Source: 2021 Florida's Council on Homelessness Annual Report

**Figure 72: Florida Department of Education – Reported Homeless Students in Public Schools, District 16 and 20 (2015-2020)**




Source: 2021 Florida's Council on Homelessness Annual Report

**Figure 73: Reported Homeless Students in Public Schools by Living Situation, District 16 and 20 (2019-2020)**




Source: 2021 Florida's Council on Homelessness Annual Report

# THRIVING MIND HOMELESS CLIENT PROFILE

### Demographics

A total of 2,567 homeless clients were enrolled in adult and child programs in FY20-21. Of these, 39.2 percent were in the AMH program and 60.7 percent in the ASA program. It should be noted that there may be a small percentage of overlap with some clients enrolled in both programs. Homeless children accounted for less than 10 percent of homeless clients.

Men accounted for larger percentages of clients in the AMH and ASA programs at 56.2 percent and 24.4 percent, respectively. Among the child programs, females accounted for 14.5 percent of clients in the CMH program, but only 4.6 percent in the CSA program. It should be noted that the number of homeless clients in the CSA was small, and results should be interpreted with caution.

Homeless clients in the AMH and ASA programs were racially more diverse when compared to the general service population. White homeless clients accounted for 64.5 percent of those in the AMH program and Black homeless clients represented 24.5 percent of clients in the same program. In the general population, 66.4 percent of residents were White, and 16.7 percent were black. Multi-racial individuals also accounted for a lower percentage of clients in the AMH (4 percent) and ASA (9.4 percent) programs when compared to the service area population at 10.5 percent. The percentage of homeless Hispanic clients in the AMH program, at 11.4 percent, was lower when compared to the Hispanic clients in the ASA, at 14.2 percent. In the general population, 67 percent were Hispanic. Only 3.1 percent of homeless clients in the child programs were Hispanic.

Adults, ages 25-44 years, accounted for 45.8 percent of AMH clients and 50.9 percent of ASA clients. Older homeless clients, those over 65 years of age, represented a much smaller percentage of homeless clients (3.1 percent) when compared to those in the service area at 16.4 percent.

### Residential Status

Majority of Thriving Mind homeless clients reported their residential status as unknown, living independently with relatives with a shared cost, supported housing, or living alone. It should be noted that the Department allows a value for not available/unknown for living arrangement, which our providers chose for some of this population.

### Educational Attainment

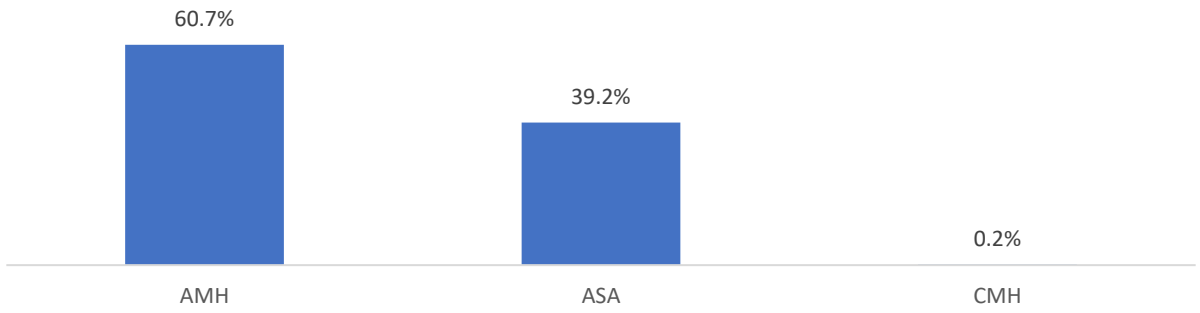
Among the homeless clients, 30 percent had not received a high school diploma, and 81.5 percent had not attained more than a high school education.

### Employment Status

Only 4.8 percent of homeless clients were employed (part time or full time) and 69.8 percent had been terminated or were unemployed.

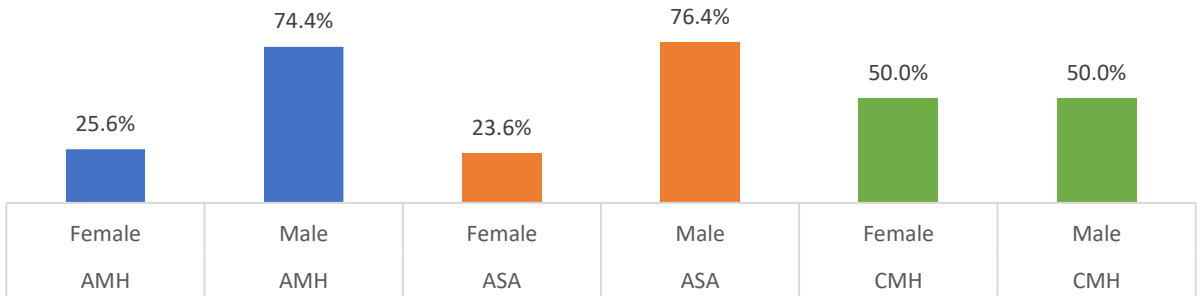
# THRIVING MIND SOUTH FLORIDA HOMELESS CLIENT CHARTS

**Figure 74: Thriving Mind Homeless Clients by Program**



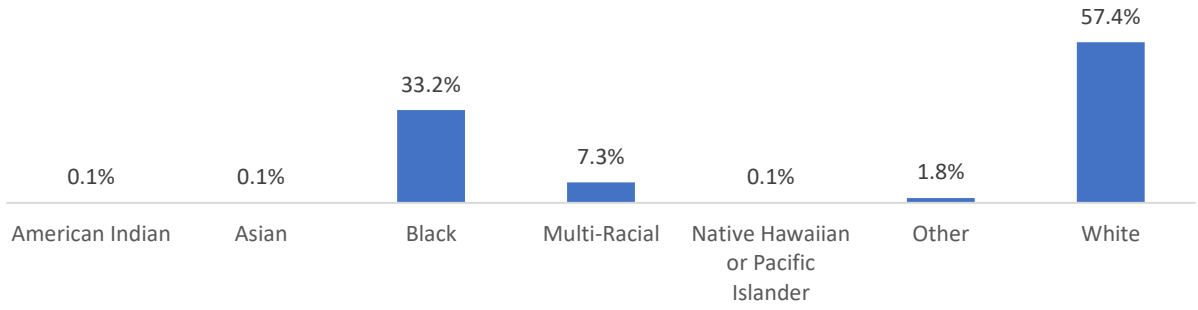

Source: Thriving Mind Client Data

**Figure 75: Thriving Mind Homeless Clients by Gender**



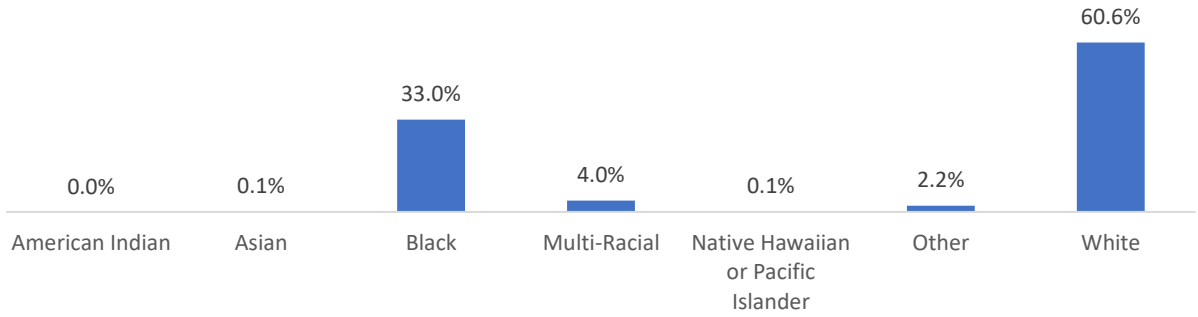

Source: Thriving Mind Client Data

## Figure 76: Thriving Mind Homeless Clients by Race



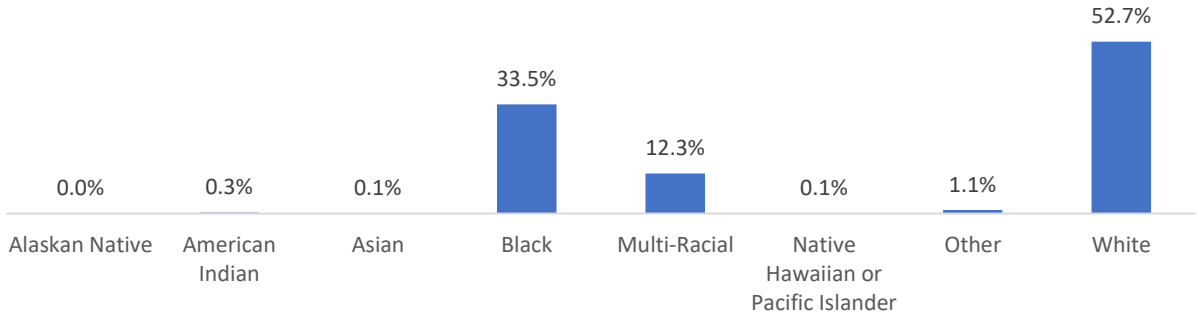

Source: Thriving Mind Client Data

## Figure 77: Thriving Mind Homeless AMH Clients by Race



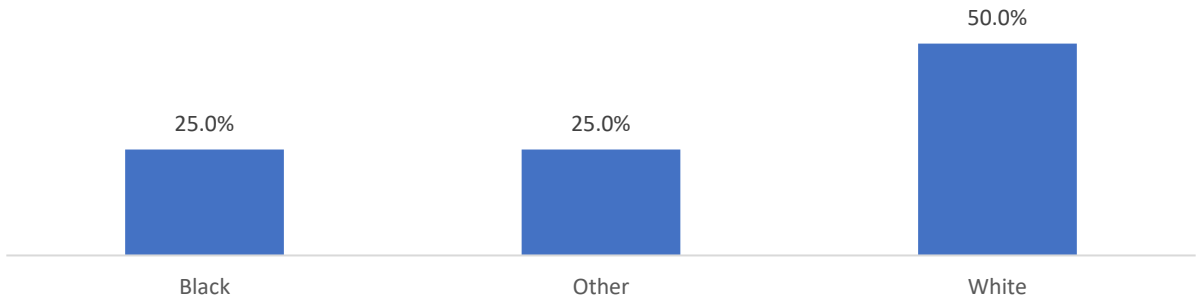

Source: Thriving Mind Client Data

## Figure 78: Thriving Mind Homeless ASA Client by Race




Source: Thriving Mind Client Data

**Figure 79: Thriving Mind Homeless CMH Clients by Race**



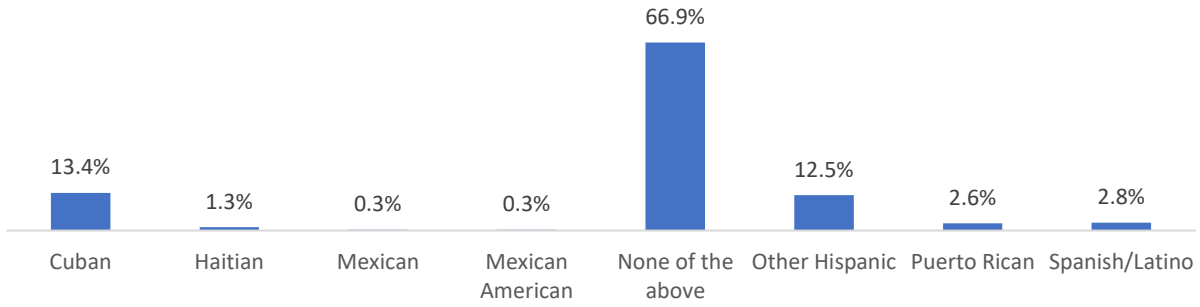

Source: Thriving Mind Client Data

**Figure 80: Thriving Mind Homeless CSA Clients by Race**

**There were no homeless clients in the CSA Program.**

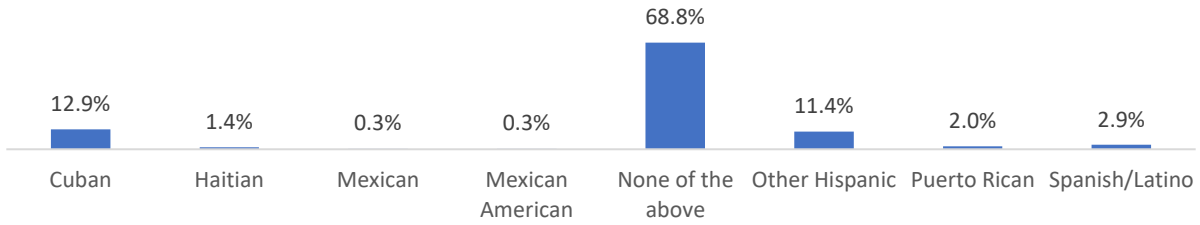
Source: Thriving Mind Client Data

**Figure 81: Thriving Mind Homeless Clients by Ethnicity**



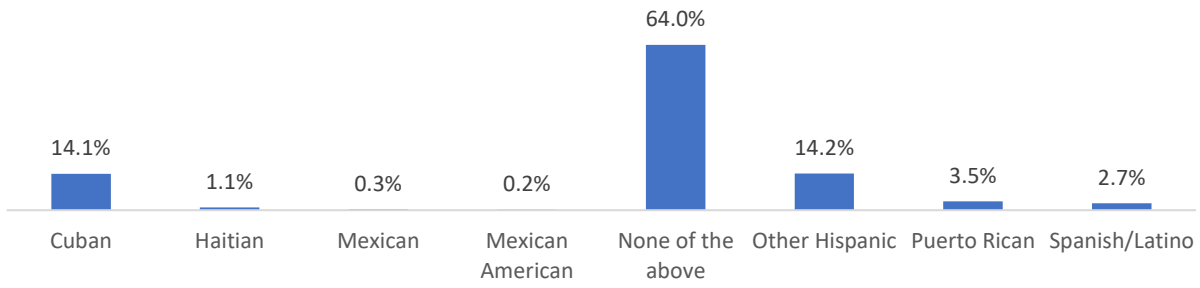

Source: Thriving Mind Client Data

**Figure 82: Thriving Mind Homeless AMH Clients by Ethnicity**



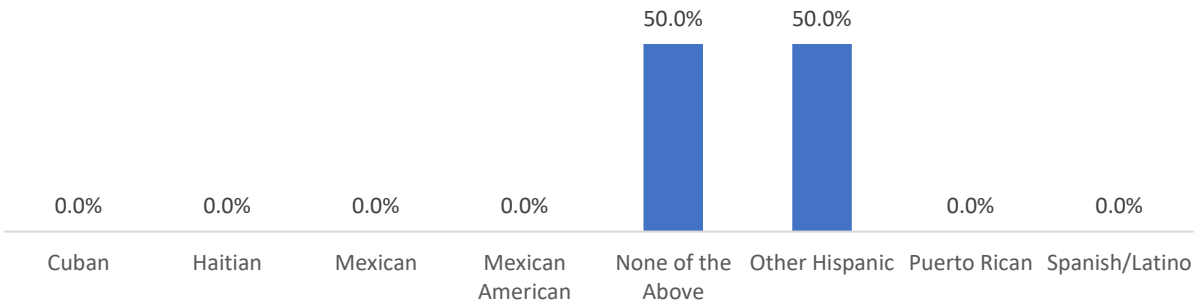

Source: Thriving Mind Client Data

**Figure 83: Thriving Mind Homeless ASA Clients by Ethnicity**




Source: Thriving Mind Client Data

**Figure 84: Thriving Mind Homeless CMH Clients by Ethnicity**



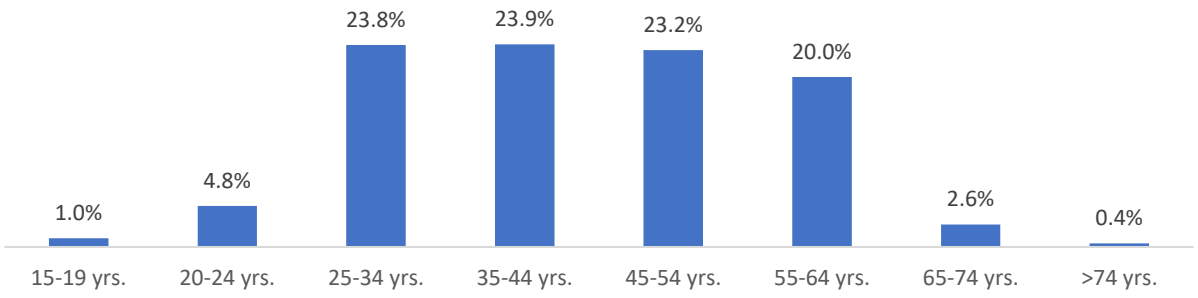

Source: Thriving Mind Client Data

**Figure 85: Thriving Mind Homeless CSA Clients by Ethnicity**

**There were no homeless clients in the CSA Program.**

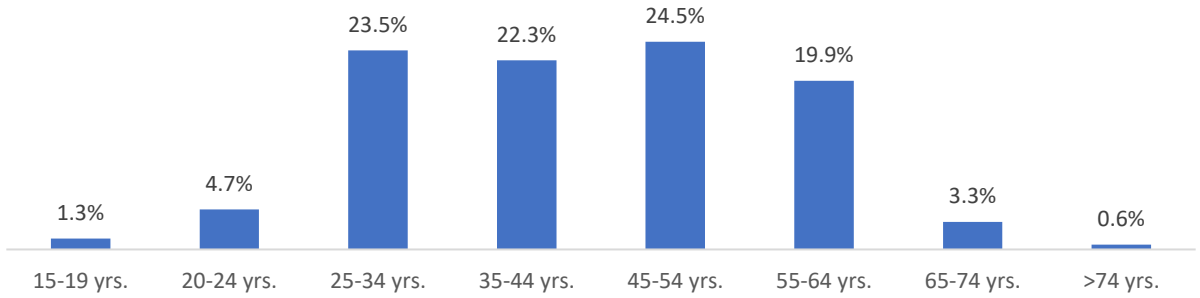
Source: Thriving Mind Client Data

**Figure 86: Thriving Mind Homeless Clients by Age Range**



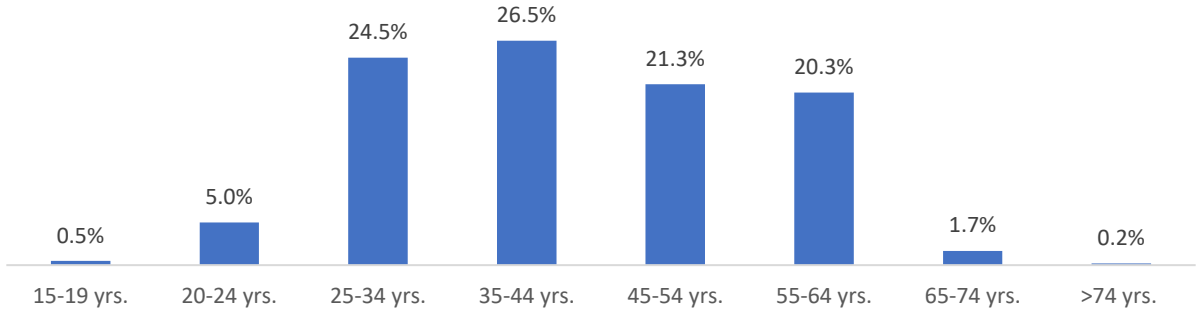

Source: Thriving Mind Client Data

## Figure 87: Thriving Mind Homeless AMH Clients by Age Range



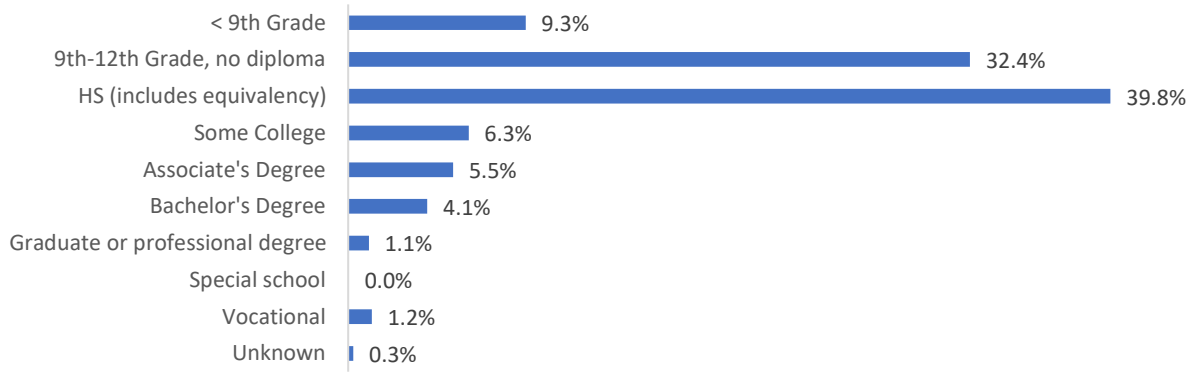

Source: Thriving Mind Client Data

## Figure 88: Thriving Mind Homeless ASA Clients by Age Range



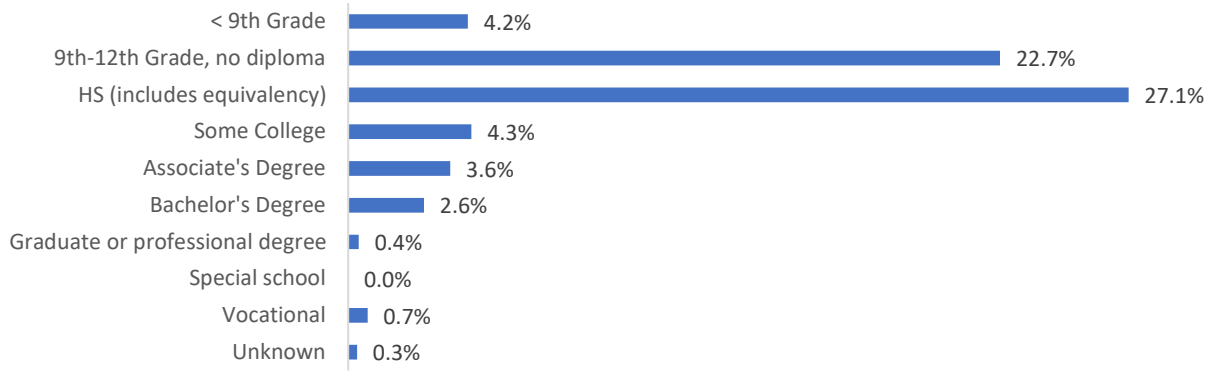

Source: Thriving Mind Client Data

## Figure 89: Thriving Mind Homeless Clients by Educational Attainment



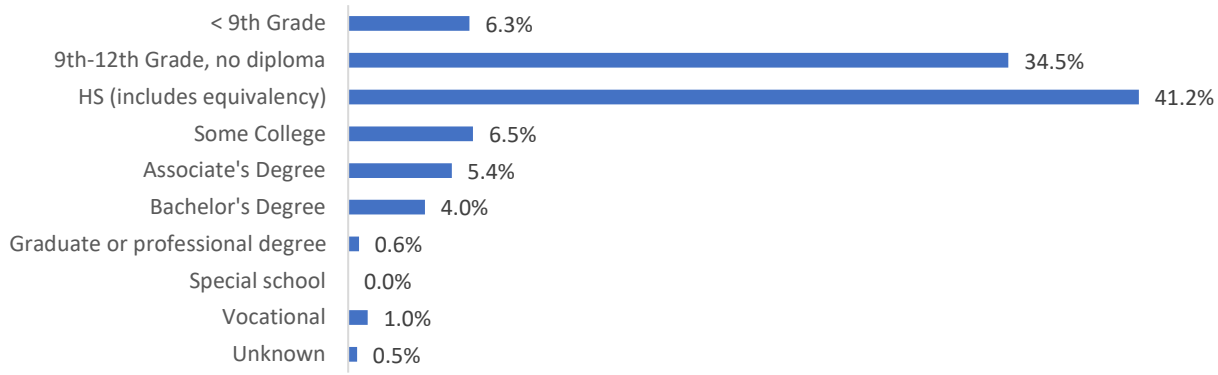

Source: Thriving Mind Client Data

## Figure 90: Thriving Mind Homeless AMH Clients by Educational Attainment



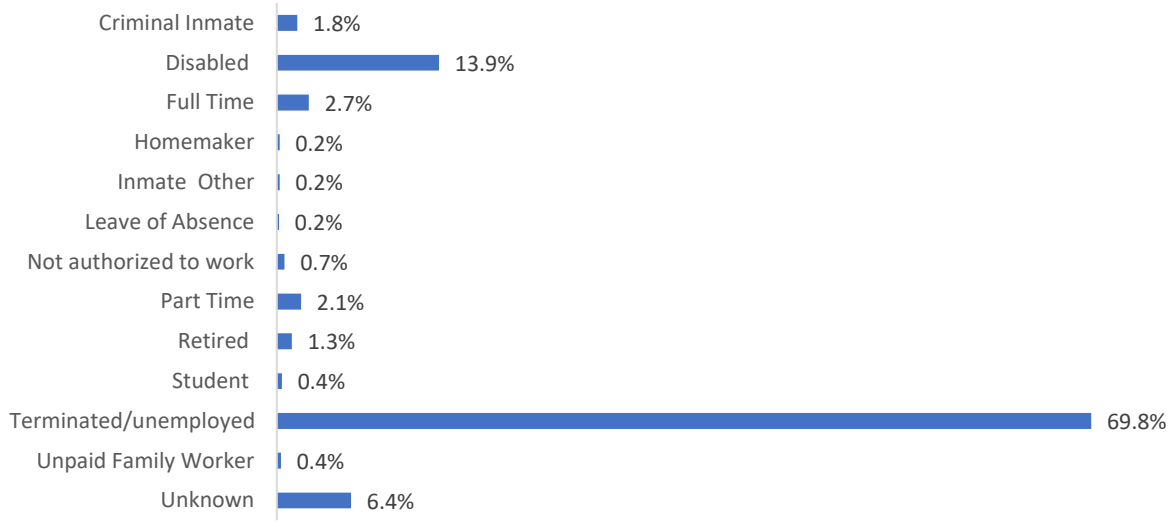

Source: Thriving Mind Client Data

## Figure 91: Thriving Mind Homeless ASA Clients by Educational Attainment




Source: Thriving Mind Client Data

**Figure 92: Thriving Mind Homeless Clients by Employment Status**




Source: Thriving Mind Client Data

# **COST CENTER DESCRIPTION, EXPENDITURES, AND OVER/UNDER PRODUCTION** (FISCAL YEAR 2020-2021)

**ADULT MENTAL HEALTH PROGRAM**

| Cost Center Description | Expenditures | Over/Under Production |
|---|---|---|
| Assessment | $352,076.00 | $83,233.00 |
| Case Management | $3,341,624.00 | $749,402.00 |
| Crisis Stabilization | $7,608,771.00 | $2,438,120.00 |
| Crisis Support/Emergency | $3,373,898.00 | $1,001,271.00 |
| Day Treatment | $259,572.00 | $0.00 |
| Drop-In/Self Help Centers | $613,522.00 | $109,135.00 |
| In-Home and Onsite | $177,241.00 | $127,708.00 |
| Intervention (Individual) | $567,294.00 | $34,199.00 |
| Medical Services | $2,303,860.00 | $726,595.00 |
| Medication-Assisted Tx | $198,210.00 | $0.00 |
| Outpatient - Individual | $1,939,963.00 | $273,749.00 |
| Outreach | $1,343,708.00 | $163,621.00 |
| Residential I | $36,764.00 | $0.00 |
| Residential II | $2,215,374.00 | $57,045.00 |
| Residential III | $62,406.00 | $0.00 |
| Residential IV | $690,508.00 | $14,961.00 |
| Inpatient Detoxification | $0.00 | $0.00 |
| Supported Employment | $83,210.00 | $6,180.00 |
| Supportive Housing/Living | $4,830.00 | $0.00 |
| Incidental Expenses | $2,102,807.00 | $35,500.00 |
| FACT Team | $1,526,814.00 | $1,392.00 |
| Outpatient (Group) | $9,211.00 | $0.00 |
| R and B with Sup. II | $1,457,882.00 | $113,154.00 |
| R and B with Sup. III | $2,142,362.00 | $361,541.00 |
| Short-term Residential | $2,844,870.00 | $159,846.00 |
| MH Clubhouse | $548,902.00 | $191,143.00 |
| CCST (Individual) | $621,438.00 | $395,401.00 |
| Recovery Support (Individual) | $25,657.00 | $4,311.00 |
| Prevention – Universal Indirect | $162,054.00 | $0.00 |
| **TOTAL** | **$36,614,828.00** | **$7,047,507.00** |

Source: Thriving Mind Program Data

**ADULT SUBSTANCE USE PROGRAM**

| Cost Center Description | Expenditures | Over/Under Production |
|---|---|---|
| Assessment | $116,437.00 | $11,588.00 |
| Case Management | $655,916.00 | $31,462.00 |
| Crisis Support/Emergency | $324,007.00 | $149,374.00 |
| Day Treatment | $962,003.00 | $423,117.00 |
| In-Home and Onsite | $2,155,508.00 | $4,410.00 |
| Intervention (Individual) | $821,398.00 | $11,840.00 |
| Medical Services | $270,978.00 | $10,726.00 |
| Medication-Assisted Tx | $486,361.00 | $0.00 |
| Outpatient - Individual | $647,631.00 | $131,498.00 |
| Outreach | $397,406.00 | $8,891.00 |
| Residential II | $12,445,439.00 | $322,852.00 |
| Residential IV | $273,977.00 | $0.00 |
| Inpatient Detoxification | $1,991,209.00 | $328,751.00 |
| Supported Employment | $167,482.00 | $0.00 |
| Aftercare (Individual) | $33,391.00 | $0.00 |
| Information and Referral | $69,586.00 | $382,650.00 |
| FACT Team | $0.00 | $0.00 |
| Outpatient (Group) | $152,230.00 | $0.00 |
| R and B with Sup. II | $165,620.00 | $0.00 |
| CCST (Individual) | $26,219.00 | $0.00 |
| Recovery Support (Individual) | $90,972.00 | $0.00 |
| **TOTAL** | **$22,253,770.00** | **$1,817,159.00** |

Source: Thriving Mind Program Data

**CHILD MENTAL HEALTH PROGRAM**

| Cost Center Description | Expenditures | Over/Under Production |
|---|---|---|
| Assessment | $94,594.00 | $17,922.00 |
| Case Management | $261,649.00 | $15,914.00 |
| Crisis Stabilization | $1,099,414.00 | $0.00 |
| Crisis Support/Emergency | $1,631,262.00 | $513,841.00 |
| In-Home and Onsite | $342,135.00 | $71,221.00 |
| Intervention (Individual) | $50,000.00 | $31,274.00 |
| Medical Services | $65,814.00 | $30,392.00 |
| Outpatient - Individual | $257,454.00 | $5,849.00 |
| Outreach | $49,390.00 | $26,414.00 |
| Residential I | $321,000.00 | $1,538.00 |
| Residential II | $141,472.00 | $0.00 |
| Incidental Expenses | $24,213.00 | $0.00 |
| Information and Referral | $7,994.00 | $0.00 |
| CCST (Individual) | $337,958.00 | $0.00 |
| **TOTAL** | **$4,684,349.00** | **$714,365.00** |

Source: Thriving Mind Program Data

**CHILD SUBSTANCE ABUSE PROGRAM**

| Cost Center Description | Expenditures | Over/Under Production |
|---|---|---|
| Assessment | $164,742.00 | $11,178.00 |
| Case Management | $11,611.00 | $0.00 |
| Crisis Support/Emergency | $88,000.00 | $33,502.00 |
| In-Home and Onsite | $1,821,641.00 | $18,890.00 |
| Intervention (Individual) | $206,420.00 | $44,458.00 |
| Outpatient - Individual | $11,327.00 | $0.00 |
| Outreach | $120,070.00 | $67,500.00 |
| Residential II | $292,569.00 | $0.00 |
| Inpatient Detoxification | $943,802.00 | $0.00 |
| TASC | $41,805.00 | $0.00 |
| Information and Referral | $238,852.00 | $872,237.00 |
| Outpatient (Group) | $6,706.00 | $0.00 |
| CCST (Individual) | $146,773.00 | $26,220.00 |
| Prevention – Indicated | $322,738.00 | $3,649.00 |
| Prevention – Selective | $2,205,860.00 | $24,716.00 |
| Prevention – Universal Direct | $801,092.00 | $38,482.00 |
| Prevention – Universal Indirect | $501,589.00 | $31,595.00 |
| **TOTAL** | **$7,925,597.00** | **$1,172,427.00** |

Source: Thriving Mind Program Data

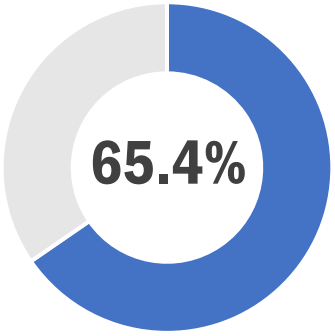
| **Thriving Mind All Cost Centers** | **Expenditures** | **Under/Over Production** |
|---|---|---|
| Grand Total | $71,478,544.00 | $10,751,458.00 |

# CULTURAL HEALTH DISPARITY SURVEY SUMMARY

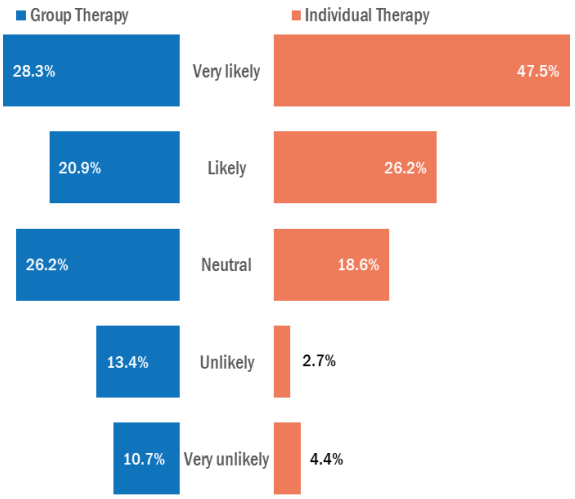
A total of 190 respondents completed the cultural health disparities needs assessment survey with each question having between 163-190 responses. Demographic questions, asked at the end of the survey can be found below.

| | | | |
|---|---|---|---|
| Gender | Male | 102 | 60.0% |
| | Female | 74 | 43.5% |
| | Prefer not to answer | 12 | 7.1% |
| | Gender fluid | 1 | 0.6% |
| | Transgender | 1 | 0.6% |
| Age (years) | 15-19 | 16 | 8.6% |
| | 20-24 | 10 | 5.4% |
| | 25-34 | 26 | 14.1% |
| | 35-44 | 30 | 16.2% |
| | 45-54 | 33 | 17.8% |
| | 55-64 | 41 | 22.2% |
| | 65-74 | 8 | 4.3% |
| | >74 | 2 | 1.1% |
| Ethnicity | Spanish/Latino | 68 | 38.4% |
| | Cuban | 35 | 19.8% |
| | Haitian | 14 | 7.9% |
| | Mexican | 4 | 2.3% |
| | Puerto Rican | 3 | 1.7% |
| Race | White | 79 | 43.2% |
| | Black | 74 | 40.4% |
| | Other | 18 | 9.8% |
| | American Indian | 3 | 1.6% |
| | Asian | 3 | 1.6% |
| Sexual orientation | Heterosexual/ Straight | 153 | 84.1% |
| | Prefer not to answer | 15 | 8.2% |
| | Bisexual | 13 | 7.1% |
| | Gay/ Lesbian | 7 | 3.8% |
| | Asexual | 1 | 0.5% |
| | Questioning | 1 | 0.5% |

**More than half of participants (65.4 percent) felt most comfortable discussing their behavioral health concerns in a private office with a doctor.**




Fewer participants are likely to go to group therapy compared to individual therapy.




Of respondents, 80.5 percent confirmed they could access behavioral health services when they needed them. For those who could not, common barriers cited included: concerns about cost (35.3 percent), not knowing where to go (20 percent), services were not covered by insurance (19.4 percent), and transportation challenges (19.4 percent). In open text, one individual commented that the length of time for an assessment is 4 hours, and they could not give that much time.

More than half (51.6 percent) of individuals felt that behavioral health issues were private and to be kept to themselves. A similar percentage (50.3 percent) believed it was a private issue to be kept within the family.

Individuals were most likely to prefer discussing behavioral health in a private office with a doctor, and more than one-fourth preferred telehealth (27.7 percent) or a hybrid in-person telehealth

combination (25.5 percent). More than three-fourths had services delivered in their primary language all the time. For those who did not answer affirmatively, 23.8 percent used a formal interpreter, 28.6 percent used family or friend to interpret, and 21.4 percent had an interpreter offered but did not use one. Fewer than 5 percent reported using an interpreter but being unsatisfied with the experience.

# CULTURAL HEALTH DISPARITY SURVEY CHARTS

**Figure 93: This is a private issue I keep to myself (describes feelings regarding behavioral health issues)**

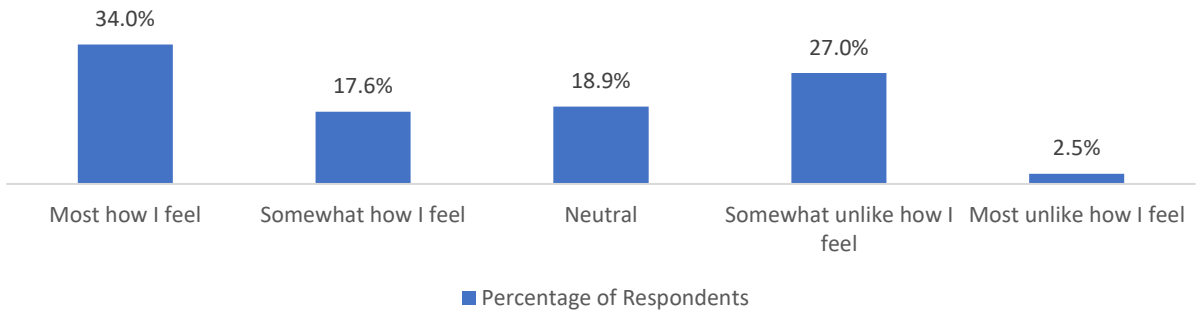



**Figure 94: This is a private issue that stays in the family (describes feelings regarding behavioral health issues)**

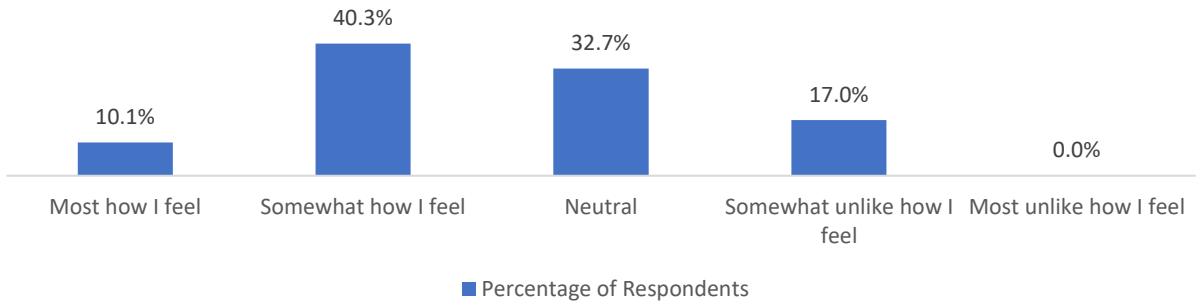


**Figure 95: I am comfortable sharing my challenges with others such as professionals, family members, friends, clergy, etc. (describes feelings regarding behavioral health issues)**

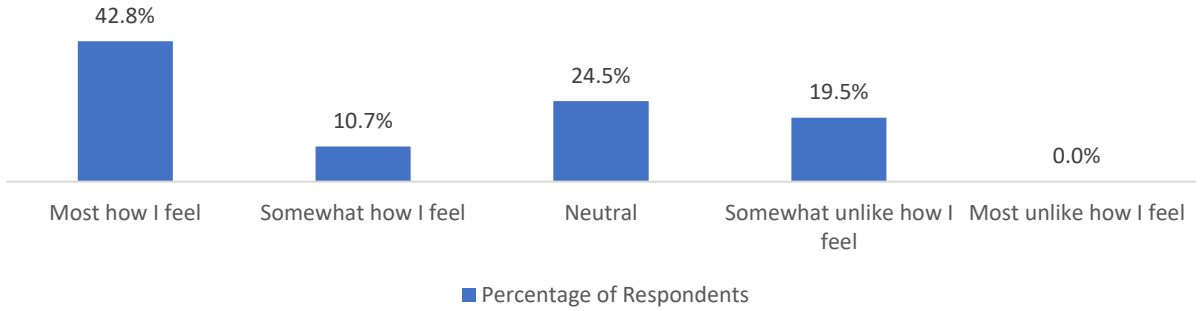



**Figure 96: I am more comfortable with people like me (describes feelings regarding behavioral health issues)**

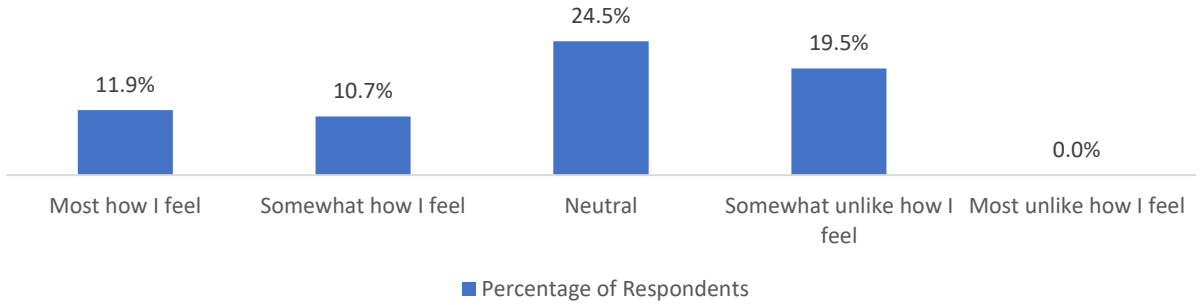



**Figure 97: In which setting(s) have you been most comfortable discussing your behavioral health concerns? (Check all that apply)**

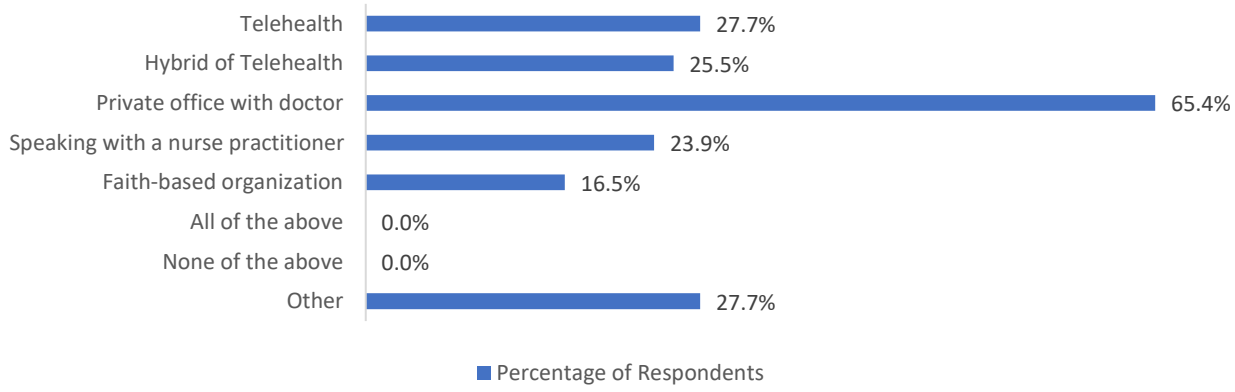


**Figure 98: If given a choice for receiving behavioral health care services, would you be more comfortable going to a faith-based organization OR prefer the traditional physician office?**


**Figure 99: Now thinking about treatment options, on a scale of 1 to 5, with 5 being 'very likely', how comfortable would you be in group therapy?**

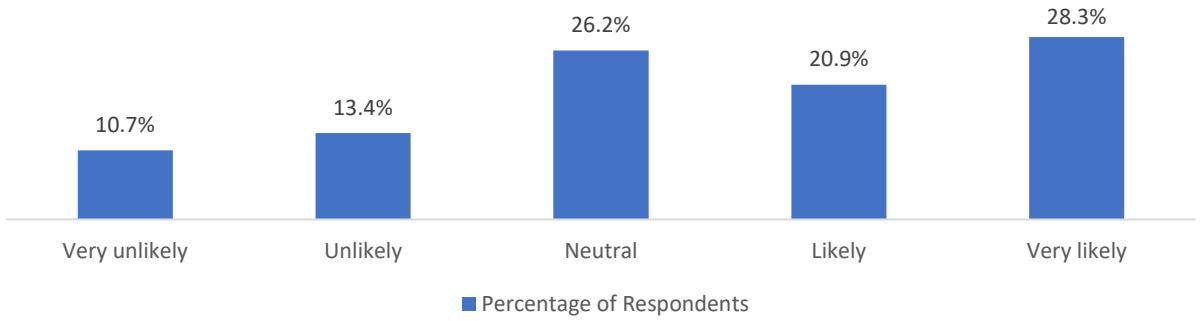



**Figure 100: On a scale of 1 to 5, with 5 being 'very likely', how comfortable would you be in individual therapy?**

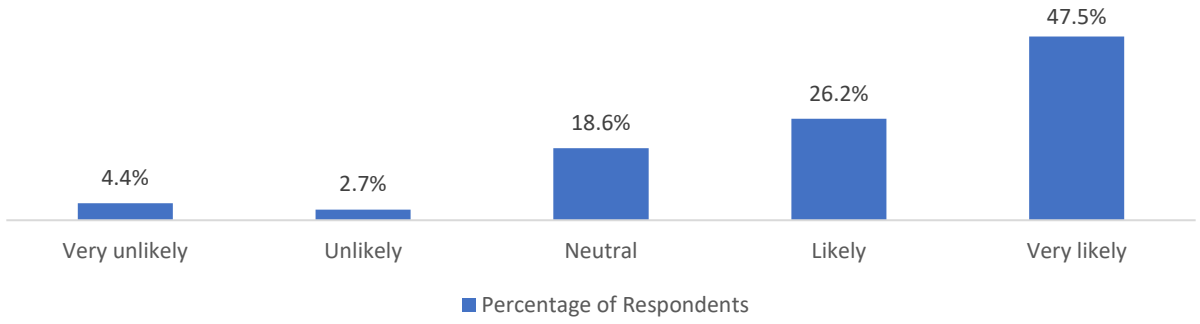


**Figure 101: When you have received behavioral health care services in the past, were they mostly available in your primary language?**

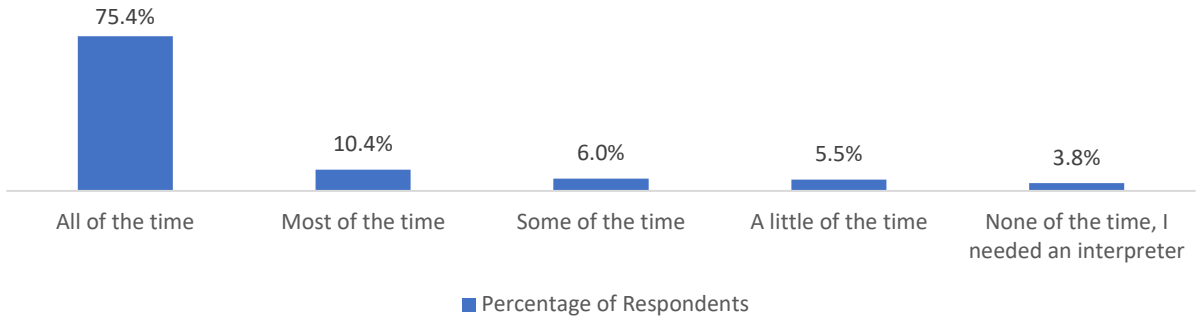



**Figure 102: Which best describes your gender?**

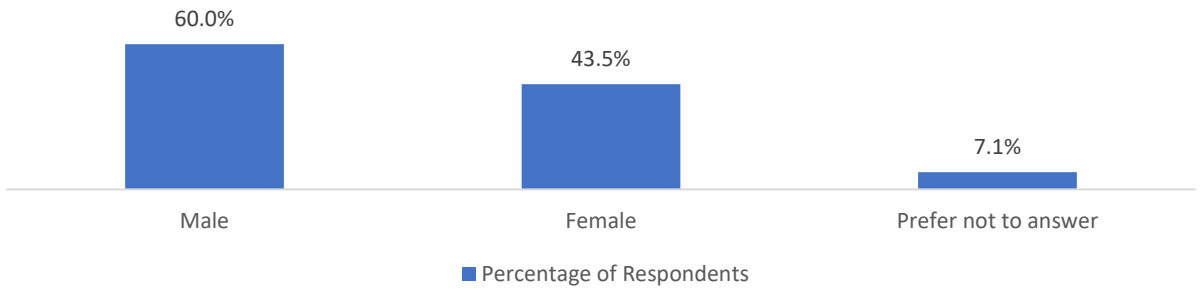



**Figure 103: Which best describes your gender identity?**

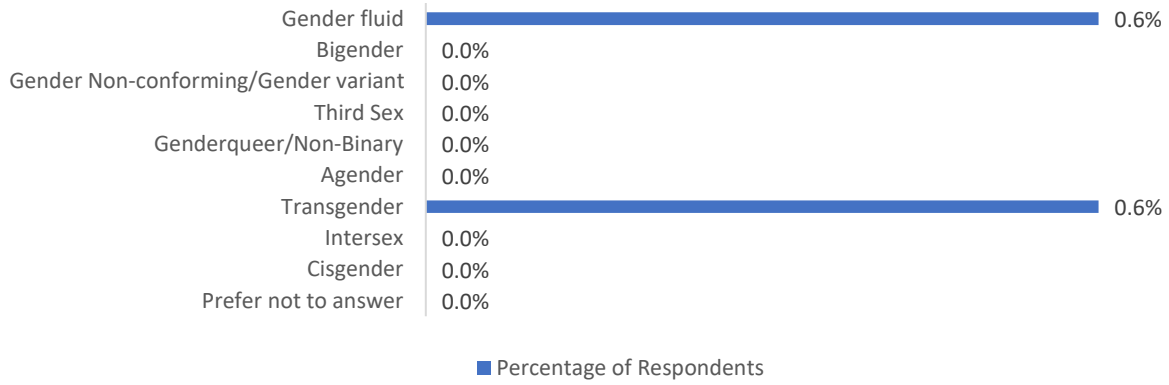


**Figure 104: Which best describes your current sexual orientation? (Check all that apply)**

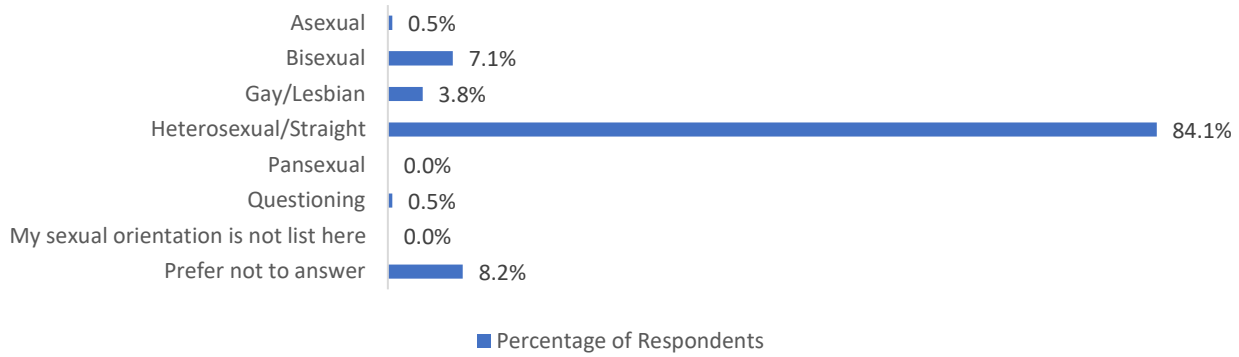



**Figure 105: Which best describes your race?**

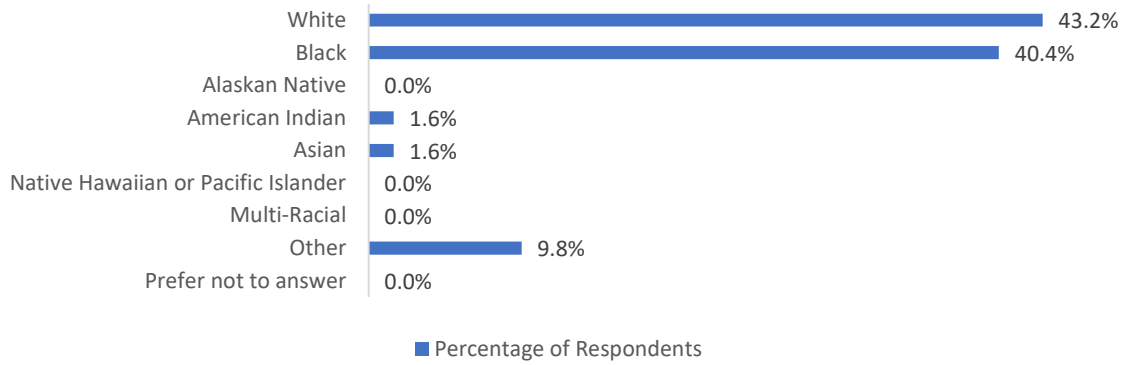



**Figure 106: Which best describes your ethnicity?**

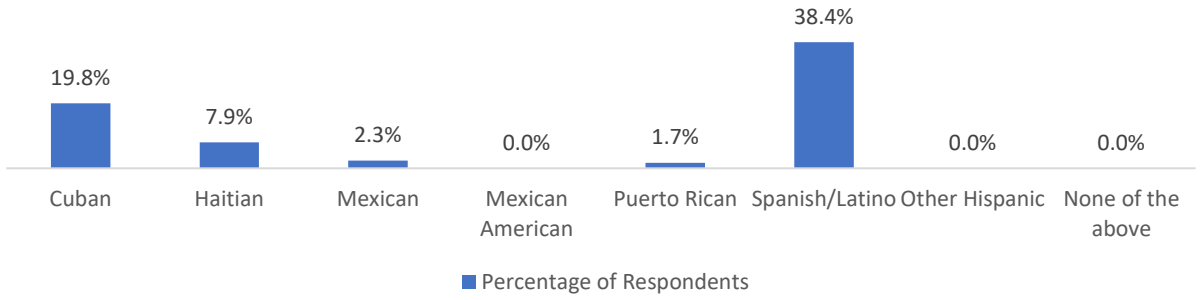
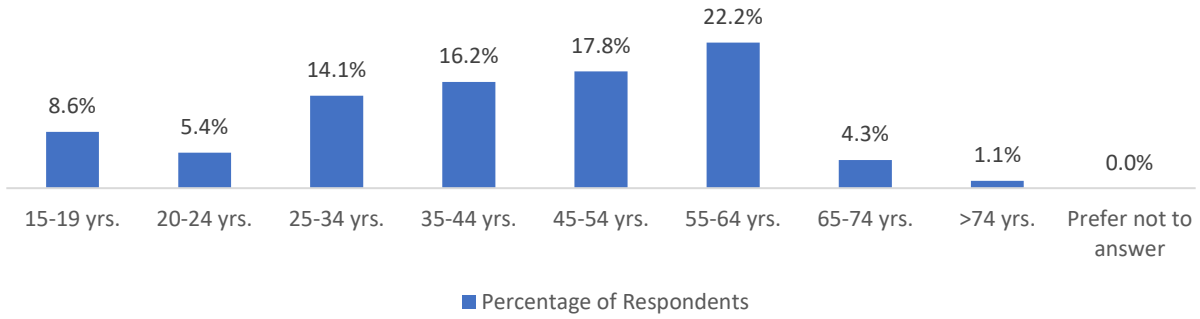


**Figure 107: Please select your age range from the list below.**




# CULTURAL HEALTH DISPARITY SURVEY BY RACE AND ETHNICITY

The Cultural Health Disparity survey was analyzed by race and ethnicity to further measure experience, awareness, and coordination of behavioral health services. This will help to facilitate focused strategic development and intervention implementation over the next three years aimed at improving the delivery of treatment services.

Respondents were asked to describe their feelings regarding their behavioral health issues. When asked if this was a private issue that they keep to themselves, (60.7 percent) of Black respondents expressed agreement with this sentiment with 32.1 percent indicating that this was most how they feel, and 28.6 percent indicating it was somewhat how they feel. Hispanic respondents felt similarly with 58 percent responding that this was most (42 percent) or somewhat (16.0 percent) how they feel about their behavioral health issues. White respondents were less likely (47.1 percent) to feel this was a private issue they kept to themselves with 33.8 percent indicating this was most how they felt and 13.2 percent indicating this was somewhat how they felt.

Regarding their behavioral health issues as a private matter that stays in the family, most respondents indicated this was somewhat how they feel or were neutral. A higher percentage of White respondents (47.1 percent) indicated this was somewhat how they feel when compared to Black respondents (35.7 percent) and Hispanic respondents (44 percent.) Respondents who were neutral ranged from approximately 32 percent among Black and Hispanic respondents to 33.8 percent for White respondents.

Most respondents were comfortable sharing their challenges with others. Among Black respondents, 46.4 percent indicated this was most how they feel while 5.4 percent indicated this was somewhat how they feel (5.4 percent). Thirty-six percent of Hispanic respondents indicated this was most how they feel, while 12 percent indicated this was somewhat how they feel. Among White respondents, 44.1 percent indicated this was most how they feel while 11.8 percent indicated this was somewhat how they feel.

Respondents were split when asked if they were more comfortable with people like me when it came to describing their feelings regarding their behavioral health issues. Among Black

respondents, 41.1 percent indicated this was either most (12.5 percent) or somewhat (28.6 percent) how they feel. More Hispanic respondents (44 percent) indicated that this was either somewhat unlike how they feel (40 percent) or most unlike how they feel (4 percent). For White respondents, 38.2 percent indicated they either mostly feel this way or somewhat feel this way, while 36.8 percent said this was either somewhat unlike (32.4 percent) or most unlike how they feel (4.4 percent).

Overall, respondents indicated the most comfortable setting for discussing their behavioral health issues was in a private office with a doctor. Nearly half (47.4 percent) of Black respondents, 40 percent of Hispanic respondents, and 36.1 percent of White respondents preferred this setting. Among Black respondents, telehealth (15.8 percent) was preferred over a hybrid of telehealth and in-person services at 14.7 percent. Receiving services from a faith-based organization, at 8.4 percent, was slightly less favored when compared to speaking with a nurse practitioner at 10.5 percent. Among Hispanic respondents, a hybrid of telehealth (16.2 percent) was preferred over telehealth at 15.2 percent. The same percentage of Hispanic respondents (13.3 percent) indicated their preference for speaking with a nurse practitioner or receiving services from a faith-based organization. Among White respondents, 18.1 percent equally indicated that speaking with a nurse practitioner or telehealth was their preferred choice, while a hybrid of telehealth was favored by 11.8 percent of White respondents. Regarding receiving services from a faith-based organization, 15.3 percent indicated this was a comfortable setting for them.

When asked to choose between faith-based or the traditional physician office, results were opposite of the preceding question. Most Black respondents (67.9 percent) still preferred the traditional physician office when compared to faith-based behavioral health care services at 32.1 percent. Among Hispanic and White respondents, more preferred faith-based services at 55.6 percent and 52.2 percent, respectively, compared to the traditional physician office.

The majority of Black (55.1 percent) and White (54.8 percent) respondents indicated they were likely or very likely to be comfortable in group therapy. Among Hispanic respondents, 44.6 percent indicated they were likely or very likely to be comfortable in a group therapy session. When asked about their comfort level regarding individual therapy, percentages were higher as 76.5 percent of Black respondents and 76.3 percent of Hispanic respondents indicated they were likely or very likely to be comfortable in this setting. Among White respondents, 88.7 percent indicated they were likely or very likely to be comfortable in individual therapy.

When asked if the behavioral health services they received in the past were mostly available in their primary language, 86.8 percent of Black respondents, 82.1 percent of Hispanic respondents, and 90.4 percent of White respondents received services in their primary language all or most of the time. Those needing an interpreter accounted for 3.6 percent of Hispanic respondents, 2.7 percent of White respondents, and 1.5 percent of Black respondents.

# CULTURAL HEALTH DISPARITY SURVEY BY RACE AND ETHNICITY CHARTS

**Figure 108: This is a private issue I keep to myself (describes feelings regarding behavioral health issues)**

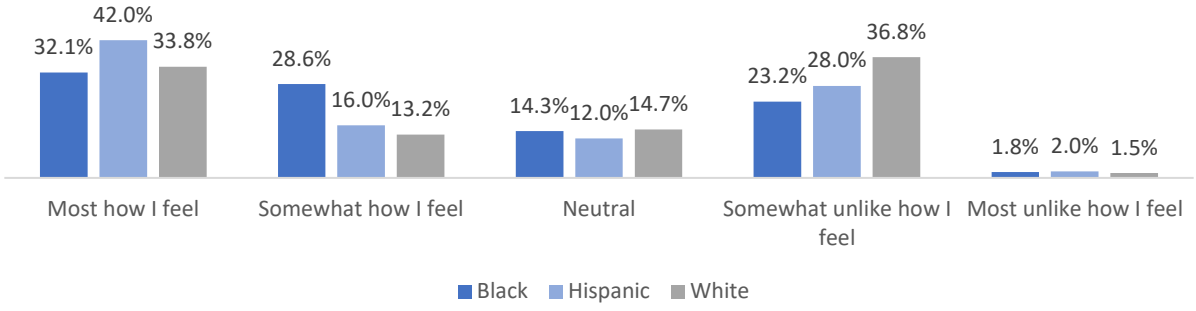



**Figure 109: This is a private issue that stays in the family (describes feelings regarding behavioral health issues)**

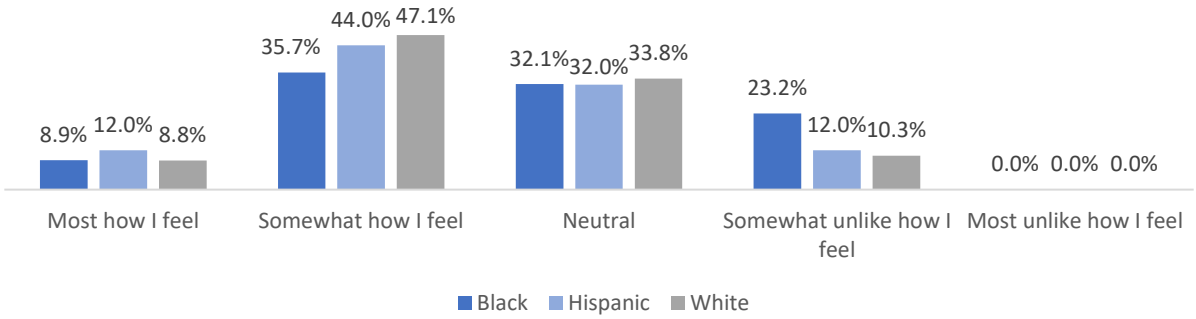



**Figure 110: I am comfortable sharing my challenges with others such as professionals, family members, friends, clergy, etc. (describes feelings regarding behavioral health issues)**

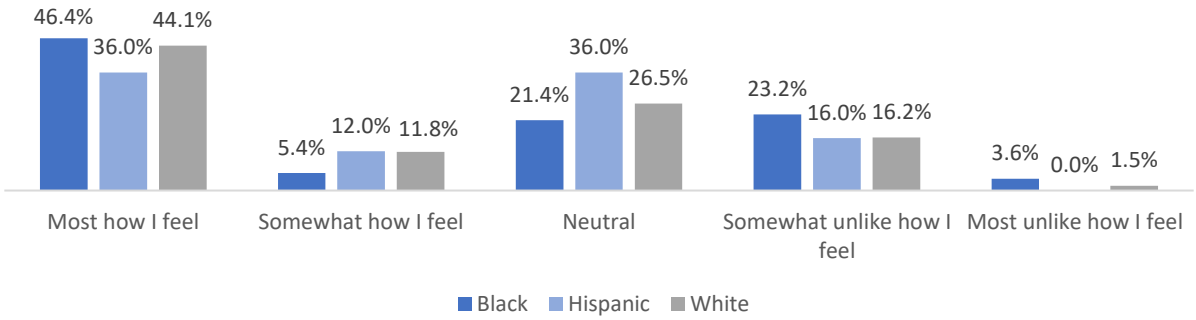


**Figure 111: I am comfortable with people like me (describes feelings regarding behavioral health issues)**

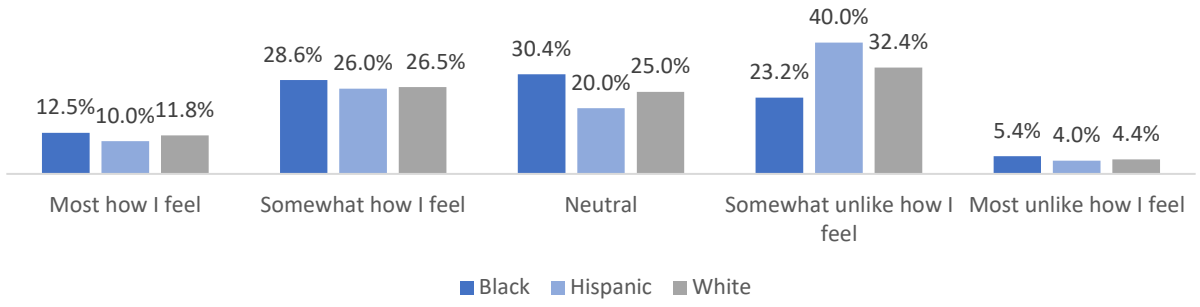



**Figure 112: In which setting(s) have you been most comfortable discussing your behavioral health concerns? (Check all that apply).**

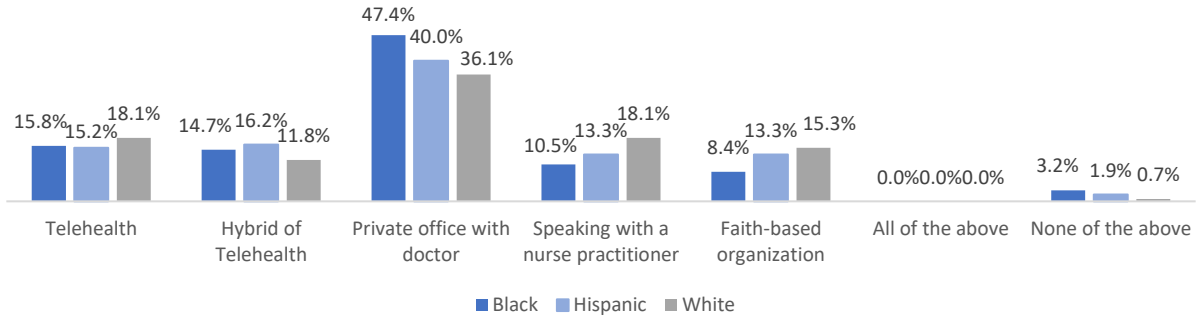



**Figure 113: If given a choice for receiving health care services, would you be more comfortable going to a faith-based organization OR prefer the traditional physician office?**

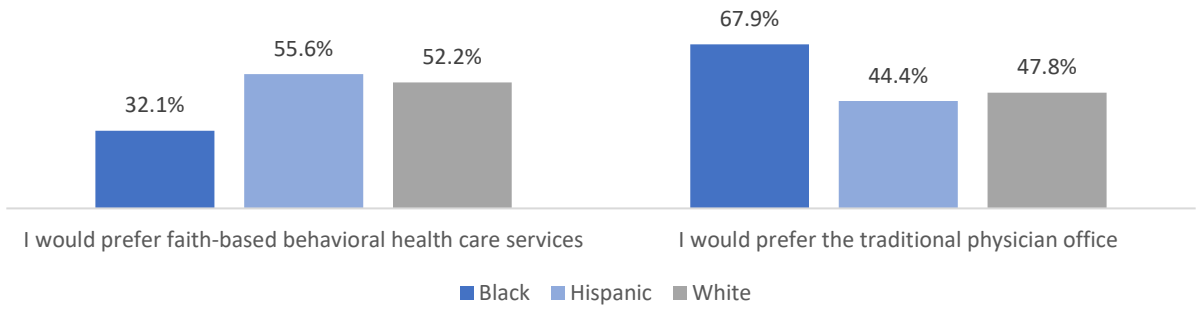


**Figure 114: Now thinking about treatment options, on a scale of 1 to 5, with 5 being very likely, how comfortable would you be in group therapy?**

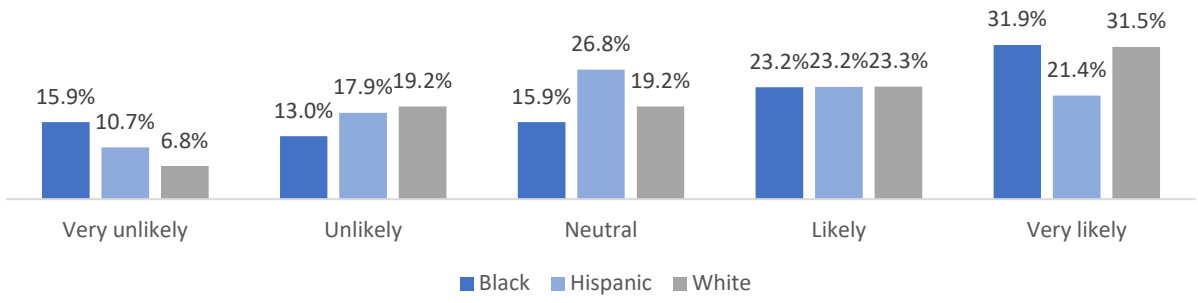



**Figure 115: On a scale of 1 to 5, with 5 being very likely, how comfortable would you be in individual therapy?**

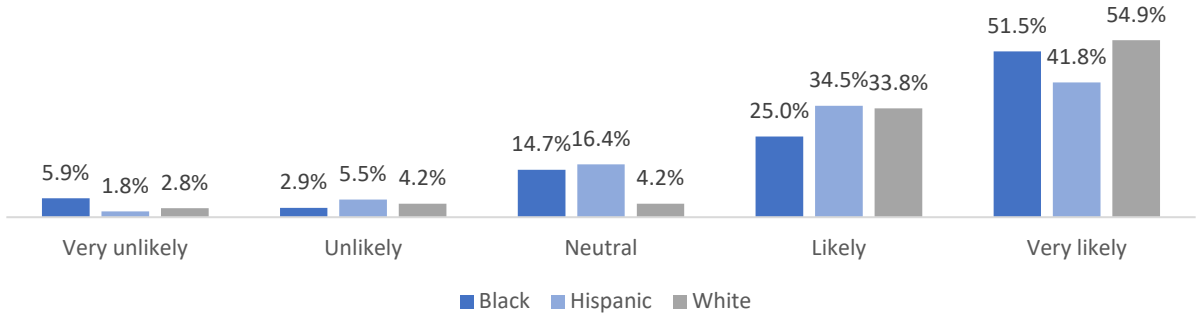
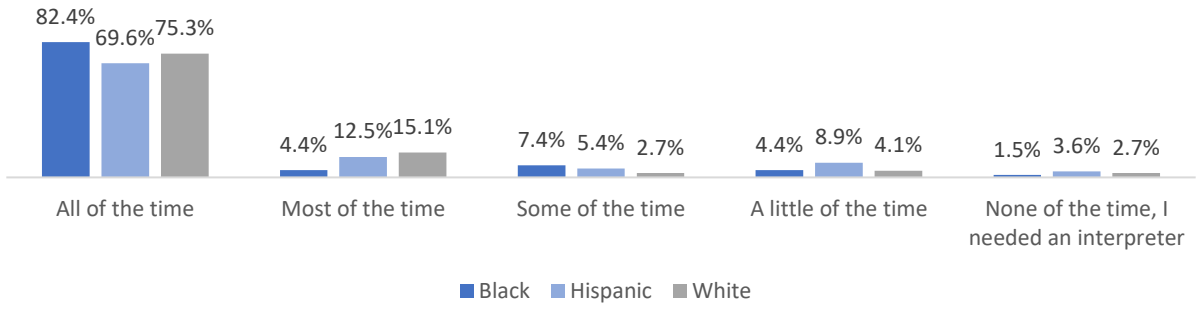



**Figure 116: When you have received behavioral health care services in the past, were they mostly available in your primary language?**



# CULTURAL HEALTH DISPARITY FOCUS GROUP SUMMARY

### Background

The Behavioral Health Needs Assessment Focus Group sessions were conducted as a follow-up to a series of surveys administered by Thriving Mind South Florida (Thriving Mind) and Behavioral Science Research Institute (BSRI). Thriving Mind partnered with the Health Council of South Florida, Inc., (HCSF) to facilitate focus group sessions and develop a brief analysis for inclusion in the statewide Behavioral Health Needs Assessment report.

### Focus Group Profile

In April 2022, the HCSF on behalf of Thriving Mind facilitated six community forums to gain insight from Miami-Dade and Monroe County residents on different issues associated with mental health and substance use/abuse. These focus group sessions were conducted at various locations, both in-person and virtually, in Miami-Dade and Monroe counties (see table below). A total of one hundred four (104) Miami-Dade and Monroe County participants attended the focus groups sessions. Even though the questions were designed for consumers, providers, caregivers, and residents at large were also invited to attend with participants comprising of Miami-Dade and Monroe County residents, Thriving Mind sub-contracted mental health providers, and other behavioral health professionals. The focus group sessions were heavily promoted through marketing strategies, such as flyers, social media, email blasts, word of mouth, and other community partner networks. All the conversations were recorded and transcribed to identify major themes across all six focus group sessions facilitated.

### Community Focus Group Sessions

| Date/Time | County | Format | Location |
|---|---|---|---|
| April 4th @ 10:00 am | Miami-Dade | Virtual | Online |
| April 4th @ 6:00 pm | Miami-Dade | Virtual | Online |
| April 5th @ 10:00 am | Monroe | In-person | Guidance Care Center |
| April 6th @ 10:00 am | Miami-Dade | In-person | Citrus Health Network |
| April 7th @ 6:00 pm | Miami-Dade | Virtual | Online |
| April 8th @ 11:00 am | Monroe | Virtual | Online |

## Overview

Thriving Mind recognizes behavioral health as a vital aspect to overall well-being and works closely with partners to ensure all community residents within its service areas have access to care which is incorporated within the scope of health promotion and public health prevention activities. Behavioral health is defined as the promotion of mental health, resilience, and well-being; the treatment of mental and substance use disorders; and the support of those who experience and/are in recovery from these conditions along with their families and communities. The term "behavioral health" will be inclusive of both mental and substance use when mentioned in this document.

## Findings

The following sections describe participants' perceptions of behavioral health or mental health and substance use, including their beliefs related to the drivers and the impacts of limited mental and behavioral health services. Findings related to barriers and solutions to accessing mental health and substance use care and treatment and recovery were described at the individual and community level. Recommendations are outlined regarding approaches that community organizations can implement to improve overall mental health and substance use care among Miami-Dade County and Monroe County, Florida residents. Throughout this document, content under each section heading incorporates a summation of participants key discussion themes regarding mental health and substance use from focus group participants. Direct quotes are italicized to communicate the community's perspective.

### General Perceptions of Behavioral Health

**Questions asked by moderator:**
When you hear the words "mental health," what comes to mind?
When you hear the words "substance use," what comes to mind?

#### Mental Health

Participants mentioned a variety of topics related to mental health including mental wellness, mental health services, emotional well-being, anxiety, and various mental health conditions. In addition, a few participants mentioned the importance of addressing the increased needs of society regarding mental health issues because it is a serious and complex issue that does not have an easy solution.

"*Emotional well-being Is not a constant, it can be treated but it is a lifelong issue, almost like diabetes and other chronic diseases"- Miami-Dade County participant.*

#### Substance Use

Participants mentioned a variety of topics related to substance use including addiction, drugs, coping mechanisms, medicine, mental and physical illness, and recovery. In addition, a few

participants expressed the importance of understanding the complexity behind substance use and the negative connotation that substance use has.

*" It is negative…people think about it as a user, drug addict and all the other clichés about substance use…we have been trying for many years to change the idea of this negative connotation…substance use has a genetic and environmental component to it…people think you can just say no…most people with substance use issues have to consider that there are mental health issues attached to it…they are often intertwined"- Miami-Dade County participant*

Additionally, some participants expressed that many individuals use substances in the absence of adequate coping mechanisms for the stressors in life. Individuals mentioned the exacerbation of substance use issues in the community by medical practitioners who prescribe addictive drugs too easily. Participants also mentioned the increased need to combat substance use issues in the community.

**Extent of Behavioral Health Concerns in Community**

**Questions asked by moderator:**
To what extent are mental health and mental illness concerns in your community? Why?
To what extent is substance use a concern in your community? Why?

**Mental Health**

Participants voiced the following concerns regarding mental health care and services:

- Lack of resources and provider engagement
- Difficulties accessing services
- Many services not covered by insurance
- Homelessness
- Stigma and discrimination
- High suicide rate

One participant shared that they were a student searching for healthy coping mechanisms, but they were not able to find the proper resources to address the mental health concerns they had. A participant from a Monroe County focus group noted that mental health was a very serious concern in her community and that there is a high suicide rate there.

*"High suicide rate…very serious… mental health is very important and serious in the community and people still wrestle with it" – Monroe County participant*

Participants from Miami-Dade County acknowledged that homelessness was a big issue and that there was a connection between homelessness and mental health issues. They noted that many homeless people will not acknowledge their illness which makes it difficult to engage with them to seek treatment. They added that more mental health professionals on the ground may help to serve these individuals.

When asked why mental health and mental illness was such a concern in the community, many participants from Monroe and Miami-Dade counties mentioned a lack of resources to combat mental health issues. They also mentioned the difficulty in accessing resources.

*"What resources there are, people aren't aware of how to access them. There is a lot of misunderstanding. The system is too broad and there are too many separate entities involved, so it is hard to find resources for Mental Health"- Miami-Dade County participant.*

**Substance Use**

Substance use is a problem that affects everyone regardless of their background, culture, or ethnicity. It is a prevalent issue in the southern region and was described as having a negative connotation in the community. There has been a significant increase in opioid use with a specific increase in opioid related deaths. Concerns about substance use include:

- High rates of substance use
- Lack of treatment options
- Long wait times
- Domestic violence
- Stigma and discrimination
- Lack of affordable housing
- High suicide rate

Substance use issues tend to be a very serious concern in Monroe County as reported by participants:

*"Bigger issue than it used to be. Schools are seeing it more often and are having to lock bathrooms to decrease prevalence in school groups. Rise in younger use" – Monroe County participant*

*"Serious issue with methamphetamines. Substance use is extremely prevalent in Monroe County. There was an OD in front of the girls' softball field last week"- Monroe County participant*

*"Substance abuse is high in Monroe County. For example, alcohol – in Monroe we have among the highest rates of binge drinking. Oftentimes we have the highest rates each year"- Monroe County participant*

Along with these key observations from participants in Monroe County, it was also mentioned that there was no substance use treatment center located in the county, only a detox clinic. It was expressed that this lack of treatment options is not helping the substance use issues in Monroe County.

In Miami-Dade County, participants noted that there are extensive waitlist times and not enough resources to combat the substance use crisis in the county.

One participant noted how the pandemic simply highlighted the issues related to substance use which already existed:

*"Pandemic showcased the issues we were already experiencing! Fear of seeking help, domestic violence, trauma, bullying in schools. It is a community pandemic – kids, peer pressure, wanting to be accepted, emulating basketball stars, people are afraid to be alone or don't know how to cope with isolation. Also, not having the education and awareness to know what's going on or how to access resources" – Miami-Dade County participant*

Others from Miami-Dade and Monroe Counties mentioned that it was important to get rid of the stigma attached to substance use because it does not help in promoting treatment options to those suffering from substance use issues.

## Most Important Behavioral Health Care Needs

**Questions asked by moderator:**
What do you think are the most important mental health issues and/or needs of the community?
What do you think are the reasons for these issues/needs?
What do you think are the most important substance use issues and/or needs of the community?
What do you think are the reasons for these issues/needs?

### Mental Health

The most important needs related to mental health services include:

- Peer driven support
- Prevention and early intervention services
- Specialized, responsive, and culturally competent workforce
- Community mobile services
- Educational resources
- Program/service proximity
- Affordable services
- Appointment availability during non-business hours

A Monroe County participant shared that affordable mental health services for young adults was a real need in the community. They added that once an individual graduates high school, resources become more difficult to access due to costs being too high, especially if they lack family support.

Multiple participants from Monroe County also shared that having long term after-care, certified treatment centers, and affordable housing are major needs in the community. Many participants emphasized the importance of having Mobile Response Units to aid in providing service to all Monroe County residents since the Florida Keys Island chain located in Monroe County geographically extends over 90 miles.

Some Monroe County participants shared:

*"Heron House which is good and accepts SSI and Food stamps in Marathon (Assisted Living Facility) accepts people with mental illness but a lot of these types of facilities don't...there is also a huge waiting list…" – Monroe County participant*

*"COVID has made mental health worse. High cost of living and housing issues in Monroe County leads to high suicide rate. Also, alcohol and opiate use has also been exacerbated by COVID and has left the county very vulnerable."- Monroe County participant*

A participant in Miami-Dade County mentioned that enough services were available but navigating the health care system to access those services was difficult:

*"Enough services are available but if you are not aware or know how to navigate the healthcare system, it is then difficult to access these services. If people are not in systems (schools, work) that promote these services, you won't know"- Miami-Dade County Participant*

A Miami-Dade County participant noted that it was very important to practice cultural sensitivity when dealing with others such as the Haitian population in Miami-Dade County because mental health is seen very differently in Haiti.

### Substance Use

The most important needs related to substance use services include:

- Suicide prevention
- Increase substance use treatment and recovery facilities
- Prevention and early intervention services
- Reduction of liquor licenses
- Educational resources
- Program/service proximity

In Monroe County, participants indicated that the community suffers from some of the highest suicide rates in the country due to numerous factors including alcohol and opiate use, natural disasters/hurricanes, and high housing costs.

*"High cost of living and housing issues in Monroe County leads to high suicide rate. Also, alcohol and opiate use also being exacerbated by COVID has made the County very vulnerable. This is in addition to Natural disasters/hurricanes which add stress"- Monroe County Participant*

Participants in Monroe County also expressed concerns about the amount of liquor licenses in the County with numbers being among the highest in the country. Additional concerns surrounded the potential legalization of Marijuana and the effects that may have on residents regarding both Mental Health and Substance Use.

Miami-Dade County participants mentioned that there was a large need for more beds and more capacity in Substance Use Treatment Facilities. A participant mentioned the wait time was usually six weeks because the wait list is very long.

Participants from both Miami-Dade and Monroe Counties mentioned a need for more substance use treatment and recovery facilities.

## Populations Most Vulnerable to Behavioral Health Issues

**Questions asked by moderator:**
Are there some groups of people in your community who face more mental health challenges than others?

Are there some groups of people in your community who face more substance use challenges than others?

**Mental Health**

Some of the groups mentioned that were most vulnerable to mental health issues were:

- Undocumented immigrants
- Homeless people
- Young adults
- Low-income individuals
- Minorities

In both Miami-Dade and Monroe counties, they identified undocumented immigrants as being a group of people in the community who face more mental health challenges than others due to lack of insurance and apprehension in seeking treatment for fear of being deported.

Young adults were also mentioned as a group that faces more mental health challenges than others. Primarily after finishing high school, many young adults were said to experience a vulnerable period where they are no longer covered by their family's health insurance policy. A participant also mentioned that this is also a period where the brain is still in development and all treatment options must be thoroughly considered because they had once received medication which caused further mental health issues during this critical time in their life.

Both counties mentioned homeless people and people struggling to pay housing costs as groups of people that suffer mental health issues at a higher rate than others due to the stress involved in securing shelter.

Monroe County residents mentioned that there are many individuals who work part time but are still homeless because they cannot afford rent. It was also mentioned that traditional housing providers and homeless shelters are full in Monroe County.

Individuals from cultural backgrounds where mental health is still not talked about, particularly Jamaicans and Haitians also were said to suffer from mental health issues at a higher rate due to the stigma attached to mental health and the lack of discussion on the topic in their household growing up.

**Substance Use**

Some of the groups mentioned that were most vulnerable to substance use issues were:

- Homeless people
- Young adults
- Low-income individuals
- Teenagers

Young adults were said to experience more substance use challenges than other groups due to the ease of accessibility to alcohol and drugs. Middle school students were also mentioned as a group that faces more substance use challenges than other groups due to them being at an age were addiction can really take hold.

## Perceived Fairness of Treatment for Behavioral Health Services

**Questions asked by moderator:**
Within the past 12 months, when seeking mental health services, do you feel that your experiences were worse than, the same as, or better than for people of other races?
Within the past 12 months, when seeking substance use services, do you feel that your experiences were worse than, the same as, or better than for people of other races?

In a Monroe County Focus group, a participant from Haiti indicated that they had experienced discrimination when seeking treatment due to being "black." It was also mentioned that a lack of cultural awareness and feeling of inclusion from the provider created a barrier when seeking treatment.

Many individuals from both Counties stated that there were disparities in treatment based on the income level of the patient rather than race. Contrarily, most individuals did not perceive any difference in treatment.

## Impact of COVID-19 on Behavioral Health Services

**Questions asked by moderator:**
How would you describe how mental health services have changed since the beginning of the COVID-19 pandemic? What do you think about these changes?
How would you describe how substance use services have changed since the beginning of the COVID-19 pandemic? What do you think about these changes?

Participants mentioned a number of aspects of behavioral health services changed during the COVID-19 pandemic:

- Increased flexibility due to Telehealth
- Increased awareness of behavioral health and services
- Decreased capacity in behavioral health facilities
- Lack of in-person services

Much of the feedback received from participants from both Miami-Dade and Monroe Counties indicated that although the COVID-19 pandemic has exacerbated the mental health issues in the community, telehealth has become a useful tool for providers to assist residents throughout the different Counties.

Some of the comments were:

*"…telehealth has been a plus and has allowed being able to access services from even in your living room" – Miami-Dade County participant*

*"Telehealth has allowed for more mental health sessions, than before" – Monroe County participant*

Individuals noted that the promotion of telehealth services for mental health has helped tear down the stigma regarding mental health.

Nevertheless, individuals acknowledged that many of the homeless and older residents in the community still lack internet access. In addition, a few individuals in Monroe County mentioned the necessity for in-person sessions for individuals who suffer from more serious mental health conditions. Service is sometimes available but not covered by most insurances.

Participants also noted that since COVID-19 rates have declined, some telehealth options are no longer available. Concerns were expressed over the transition back to pre-pandemic treatment options.

Many participants indicated they enjoyed the flexibility offered by telehealth but are concerned about how this will change post-pandemic. Participants have noticed more federal funding has been invested into addressing these issues, which goes a long way in opening the communication channels regarding substance use.

A participant in Miami-Dade County noted that the capacity of the treatment center he attended was limited to 50 percent capacity in addition to some services being restricted.

## Perceived Barriers to Behavioral Health Care

**Questions asked by moderator:**
Have you faced any barriers when trying to access mental health services?
Have you faced any barriers when trying to access substance use services?

### Mental Health

When participants were asked about barriers related to accessing mental health services, they mentioned:

- Far distance to services
- Limited information and access to resources
- Lack of Mobile Response Team units
- High out-of-pocket costs

In Monroe County, many participants indicated that the distance to get to services was a barrier as the Florida Keys in Monroe County stretch over 100 miles and service locations are sparse. Many participants also mentioned that the lack of Mobile Response Team units can cause long waits for emergency services which leads to having to call police officers to deal with mental health crises. A woman described her daughter being arrested when all she needed was treatment for a mental health issue. This woman also described a lack of communication by County officials regarding all available treatment options for mental health issues.

A few participants also mentioned that the out-of-pocket costs for doctors who do not accept Medicaid is a barrier.

### Substance Use

Common barriers to accessing substance use services included:

- Lack of insurance coverage
- Limited information and access to resources
- Lack of substance use treatment facilities
- Lack of communication between agencies and providers

Lack of insurance coverage, and residential treatment facilities were mentioned as some of the biggest barriers to substance use services among all focus groups.

A woman from Monroe County mentioned there was no methadone clinic in the Florida Keys, so she had to go to Miami-Dade County.

Many participants from both Miami-Dade and Monroe counties shared that the lack of communication between agencies and providers created a huge barrier when trying to access both substance use and mental health services.

## Solutions to Overcome Behavioral Health Service Barriers

**Questions asked by moderator:**
What are some possible solutions to overcome these barriers?

In producing solutions to overcome the barrier's participants face regarding Behavioral Health issues in Miami-Dade and Monroe County, participants proposed a number of ideas:

- Provider one-stop shops which house all behavioral health services and where patients can come to learn about how to access these services
- Mandatory mental health days similar to PTO (Paid Time Off)
- More funding for behavioral health services
- Increase programs that support obtaining affordable housing
- Increase programs aimed at de-stigmatizing behavioral health issues
- Increase communication and information shared between different Emergency Health Services to increase understanding of clients and promote healthy interactions
- Increase funding for public health organizations to increase salaries of workforce to aid in retention and reduce turnover which can stifle public health efforts
- Increase funding for public health initiatives in rural communities
- Promote safe spaces free of discrimination for the LGBTQ community
- Increase community sites where non-religious spiritual services are offered along with meditation, yoga, and more
- Promote behavioral health education in communities with greatest needs
- Rewrite Baker Act to be more flexible
- Expand STS (Special Transportation Services) for behavioral health services
- Increase number of Psychosocial rehabilitation centers across South Florida
- Increase communication and shared information between all healthcare facilities to aid in tailoring care to patient's individual needs
- Provide more opportunities for care for those with a criminal background
- Communication between Public Health organizations to lobby against gentrification and rising housing costs in South Florida

A participant mentioned:

*"The rent jumped from 1000 to 1600 on Christmas eve because an investor bought a building where many working-class families lived. Miami Workers Union is working on trying to create a bill which mandates landlords to inform tenants of rent increase at least 4 months ahead "- Miami-Dade Focus Group Participant*

**Community Engagement for Positive Behavioral Health Outcomes**

**Questions asked by moderator:**
How can these entity's support mental health for those who live in the community? (a) schools (b) churches (c) hospitals and/or clinics (d) law enforcement (e) citizens

**Schools**

- Have classes on behavioral health to teach children about mental health and substance use issues while providing healthy coping mechanisms that can be used to effectively relieve stress
- Provide a space for parents, teachers, and students to gather and discuss behavioral health issues in the community
- Promote campaigns which de-stigmatize behavioral health issues
- Colleges can promote sobriety and offer "Sober Tailgating" for sporting events, as FIU (Florida International University) currently does
- Conduct open houses which educate and provide resources for behavioral health
- Address any bullying that may be going on and provide direct help to students who suffer from bullying

**Churches**

- Providing ministry leaders with training and references so they can guide the congregation to seek behavioral health services when needed
- Provide spaces for community to gather and discuss mental health and substance use issues

**Hospitals and Clinics**

- Provide easy access to behavioral health and substance use services
- Provide resources and information regarding insurance coverage and access to care
- Increase communication and shared information between health care facilities to expedite and improve patient care
- Administer training for staff regarding cultural competence

**Law Enforcement**

- Provide all officers with CIT (Crisis Intervention Team) training and ensure police officers are competent to deal with behavioral health crises
- Have jail diversion programs to avoid placing those with mental health and substance use issues into the Criminal Justice system
- Partner with other agencies to promote continued education for law enforcement officers on behavioral health issues

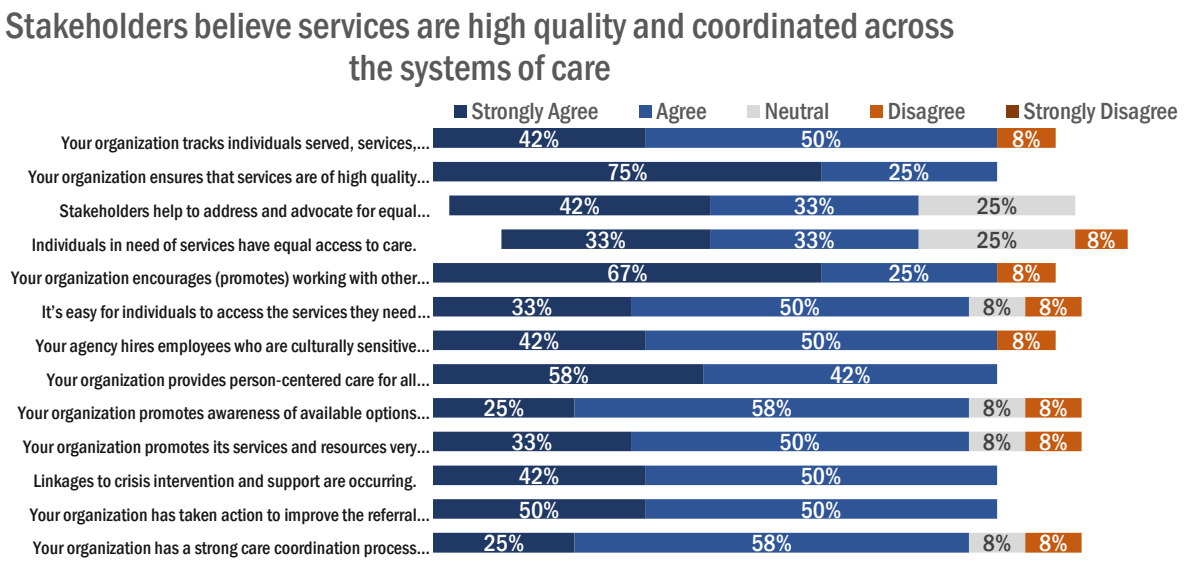
**Citizens**

- Communicate with providers and/or legislators to inform them of areas which have no behavioral health service centers
- Practice and promote positive communication regarding behavioral health issues to end the stigma surrounding mental health and substance use
- Contact providers and legislators regarding affordable housing options for those in substance use treatment programs because many of the housing options are in neighborhoods with high amounts of drug use and distribution
- Seek resources to educate oneself on techniques to improve mental health and prevent substance use issues
- Encourage others to seek help for mental health or substance use issues

## NO WRONG DOOR SURVEY SUMMARY

Twelve individuals were selected to complete the No Wrong Door (NWD) Survey by Thriving Mind South Florida given their executive experience and diverse organizational service offerings. All respondents believed they had a role to play in the NWD access, that it worked well at their organizations and most (83.3 percent) believed that warm handoff referrals were occurring.

Results (per below) indicate high levels of confidence in NWD service provision across the systems of care.




# NO WRONG DOOR SURVEY CHARTS

**Figure 117: I work in *a/an*...**

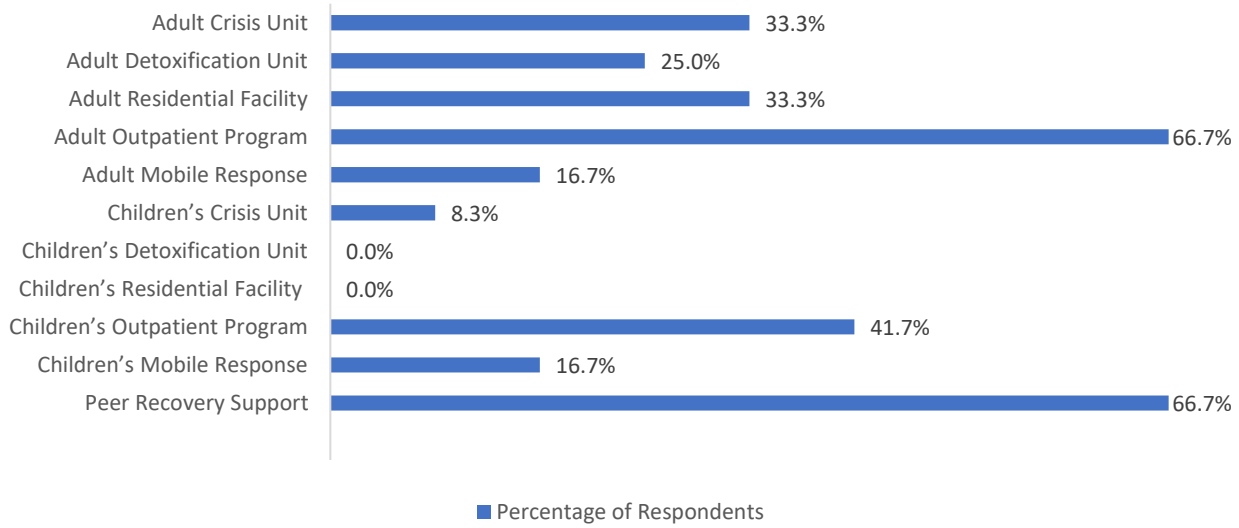


**Figure 118: Do you think the "No Wrong Door" access works well within your organization?**

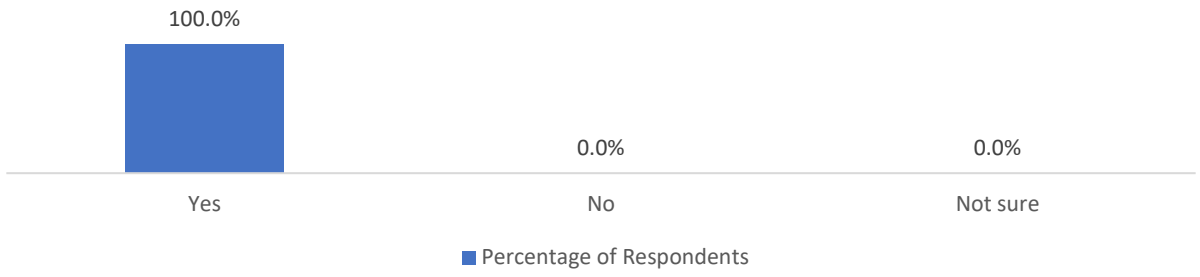



**Figure 119: From your perspective your organization has a role to play in the "No Wrong Door" access.**

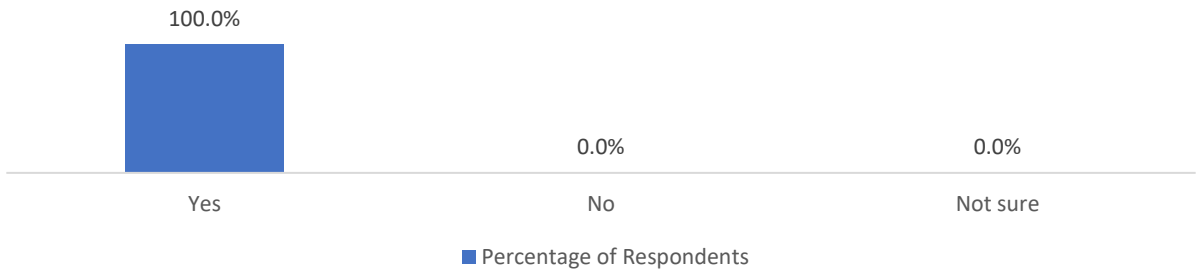



**Figure 120: In your opinion, your organization has a strong care coordination process that includes warm handoffs to services and seamless care coordination.**

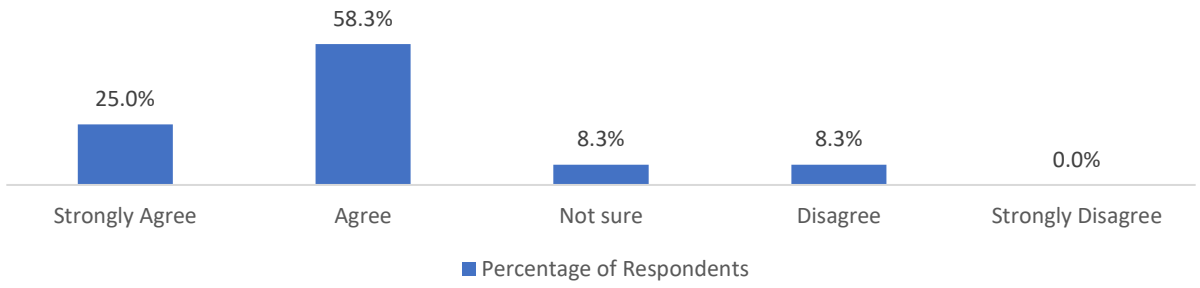


**Figure 121: In your opinion, your organization has taken action to improve the referral and care coordination process for individuals served.**

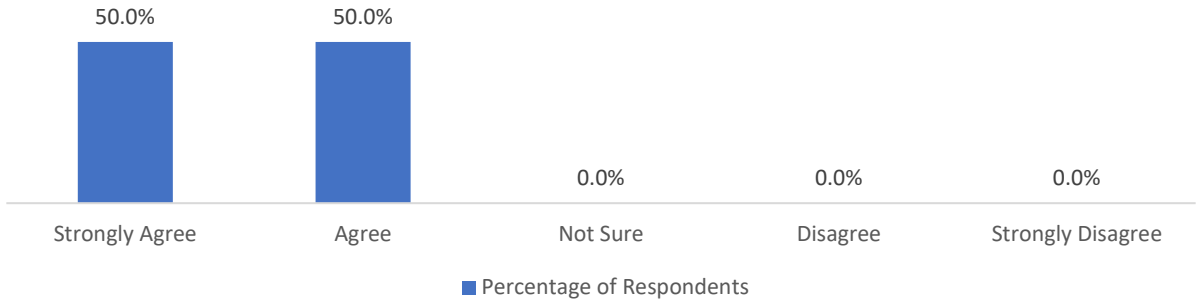



**Figure 122: In your opinion, linkages to crisis intervention and support (like the Mobile Response Team, medication management, CRF, CIT Officer, BA, CSU, etc.) are occurring.**

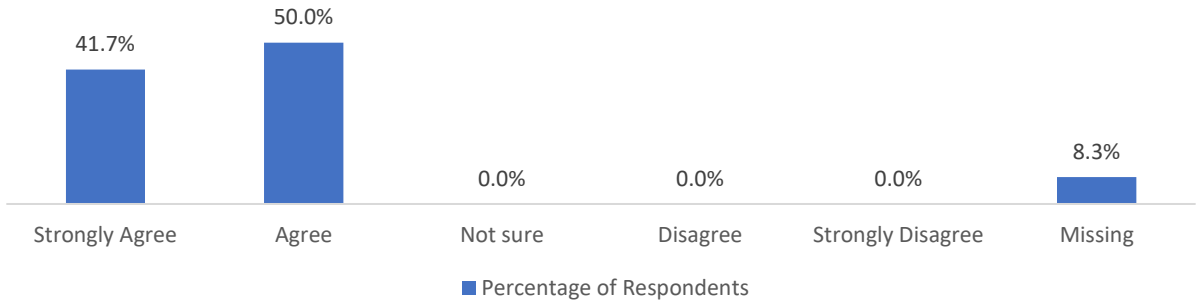



**Figure 123: In your opinion, your organization promotes its services and resources very well.**

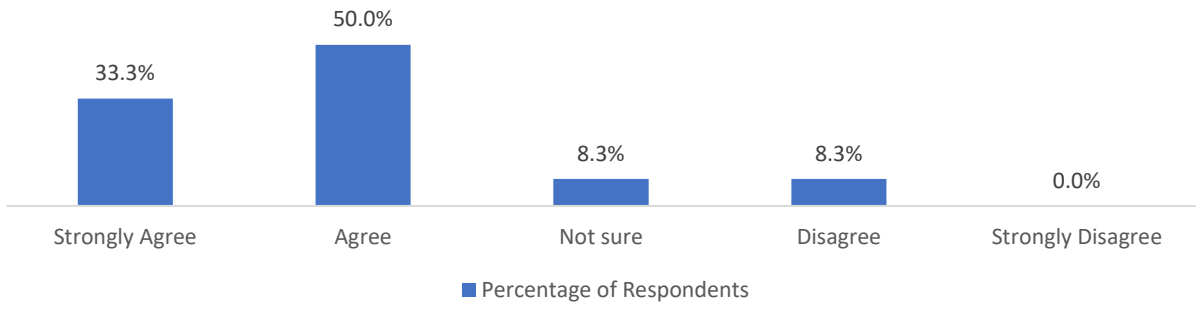


**Figure 124: In your opinion, your organization promotes awareness of available options and linkages to need services.**

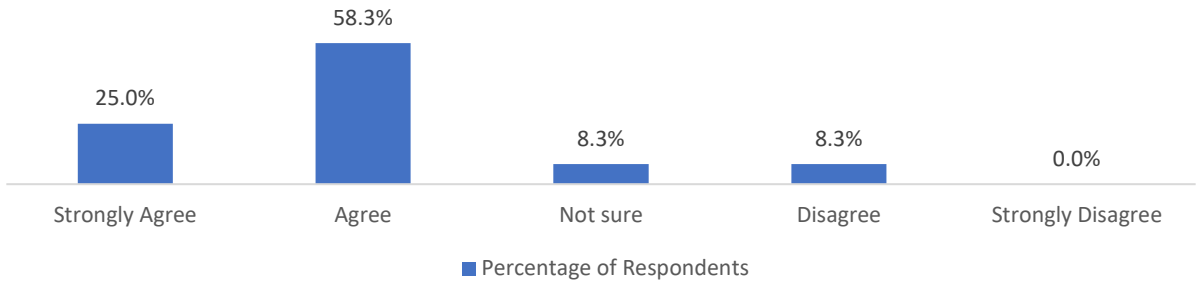



**Figure 125: In your opinion, your organization provides person-centered care for all individuals served.**

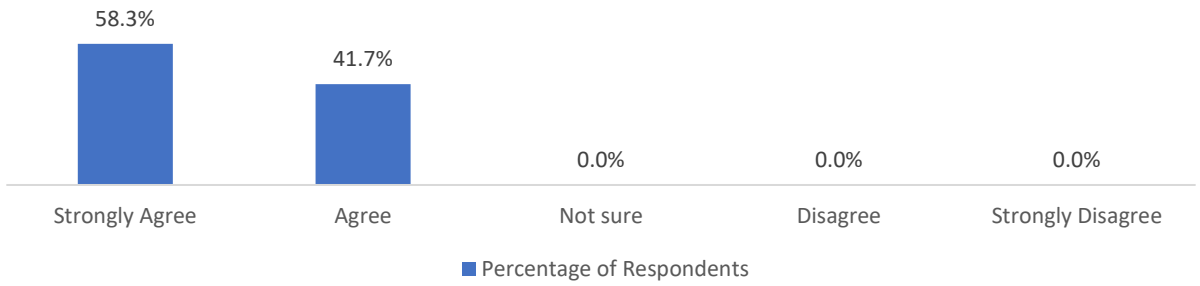



**Figure 126: In your opinion, your agency hires employees who are culturally sensitive and culturally competent for the population served.**

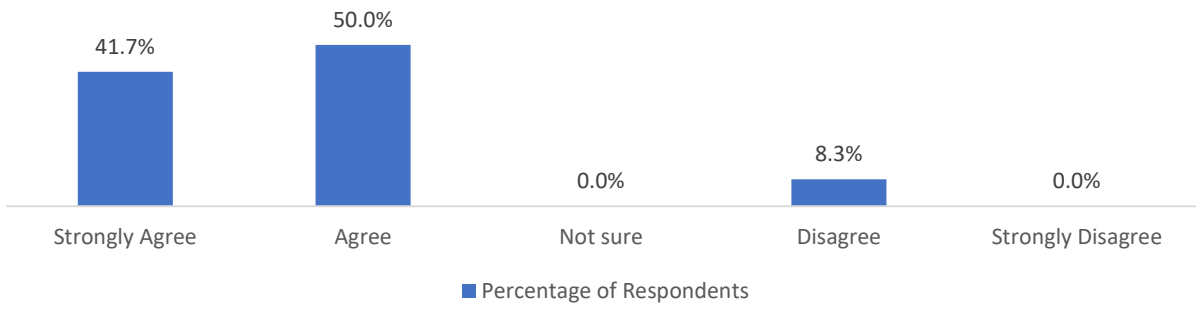


**Figure 127: In your opinion, it's easy for individuals to access the services they need quickly and efficiently.**

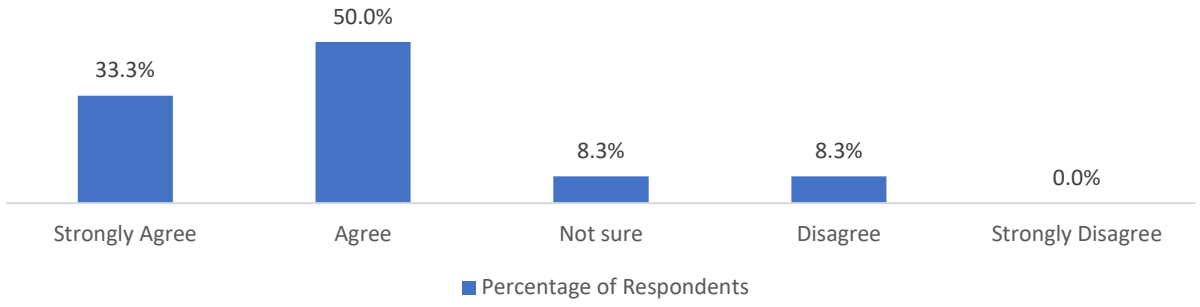



**Figure 128: Do you think a standard intake and screening process for state agencies and community partners would help individuals get into services more quickly?**

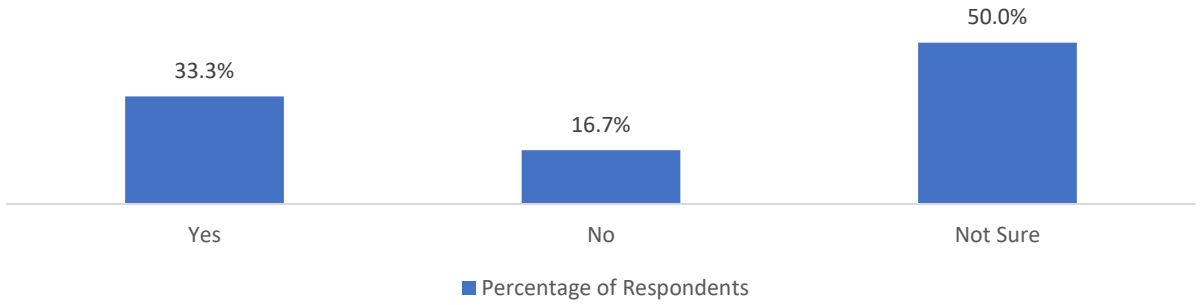



**Figure 129: In your opinion, your organization encourages (promotes) working with other community partners to ensure care coordination.**

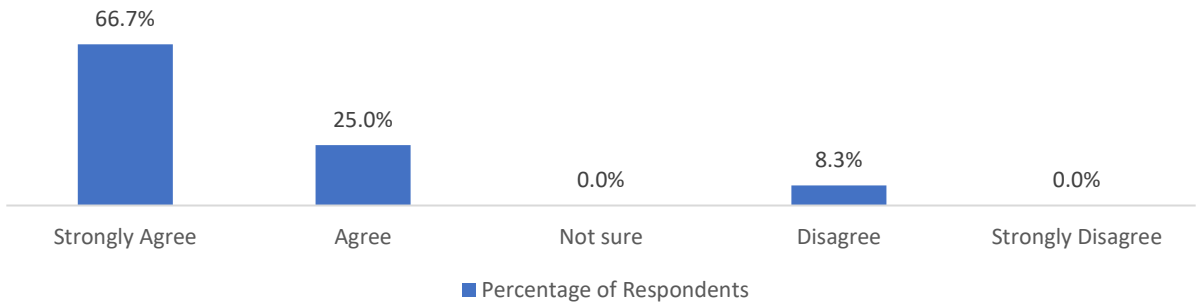


**Figure 130: In your opinion, individuals in need of services have equal access to care.**

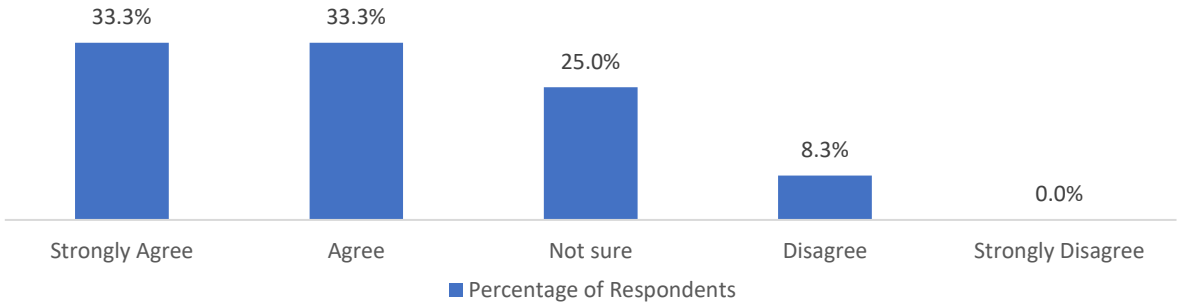



**Figure 131: In your opinion, stakeholders help to address and advocate for equal access to care in system entry points.**

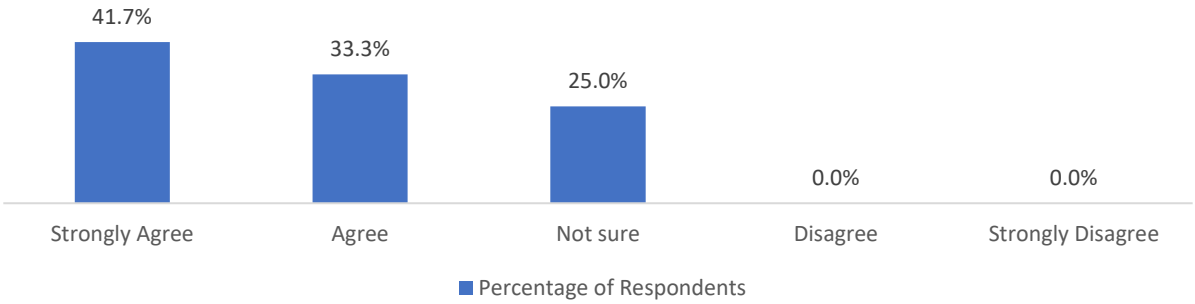



**Figure 132: In your opinion, your organization ensures that services are of high quality and meet the needs of individuals served.**

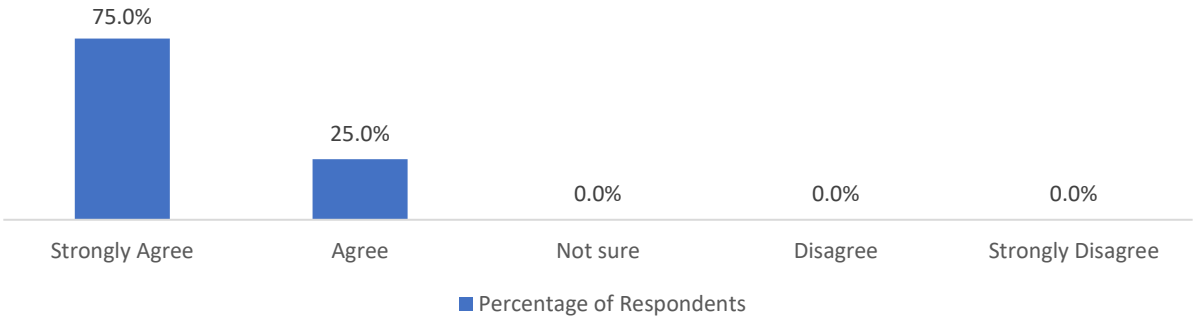
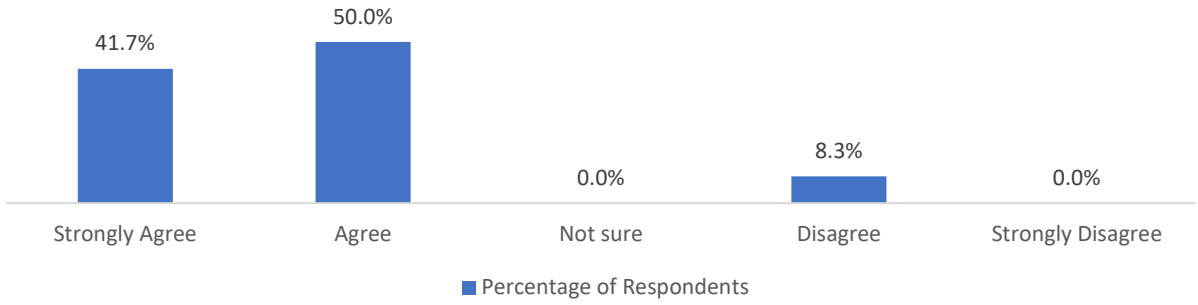


**Figure 133: In your opinion, your organization tracks individuals served, services, performance, and cost to continually evaluate and improve outcomes.**






## No Wrong Door Needs Assessment Interviews Summary

During February and March 2022, two researchers / evaluators from Behavioral Science Research Institute (BSRI) conducted hour-long semi-structured interviews with C-level executives from 12 behavioral health providers in South Florida. Those C-level executives, and their associated organizations, were selected based on their participation in surveys for the No Wrong Door Needs Assessment as directed by Thriving Mind South Florida. The interviews were recorded and transcribed. BSRI then used thematic coding techniques to discover patterns in the data and search for 'saturation' - topics, feelings, descriptions, or explanations that indicate overarching sentiments across different experiences (in this case, organizational experiences with No Wrong Door in South Florida).

The most common areas of saturation are described below.

### THE "NO WRONG DOOR" (NWD) ECOSYSTEM IN SOUTH FLORIDA

Interviewees used the following key terms and phrases to define NWD:

“Regardless of where a client ends up, we are trying to serve them and make sure they're getting the services they need.” | “The access points to bring someone into care are really unlimited.” | “No Wrong Door is the ability to access service from any level of care.” | “We determine whether they [the patients] are a fit for a service that we provide, or if it's a service that we're not able to provide in-house, then we refer that case to an outside agency.”

Despite some similarities in their responses to what defines NWD, the organizations perceived role in NWD differed depending on their size. Larger organizations were often imagined as “one-stop-shops” while smaller organizations offered more targeted care and often focused on one type of service.

| Larger Organizations | Smaller Organizations |
|---|---|
| “My organization is a very large organization with a lot of breadth to what we do, and so there's a lot of ways people can come to us and be referred to us and get into services, as well as receive a lot of different services.” | “We work with primarily substance use disorders, but some people need to go to detox first, some people need to go to treatment first.[So,] we try to connect them with that and stay connected throughout the whole way.” |
| ‘We’re creating an integrated model - we’re a one-stop-shop - we were primarily behavioral health and now we’re adding primary care, and we’re going to also look at other specialties in the future.’ (Paraphrased from multiple sentences in same interview section) | “We are primarily a service provider to individuals with chronic and persistent mental illness. But, we could have somebody that comes here seeking treatment for marital discord… we’d sit down and help them by making some calls and finding out what appropriate agencies could be available to serve them.” |
| “So we are a pretty broad agency. We do behavioral health, we do primary care… We're trying to make sure that we're receiving and connecting all the services… So no matter how they start trying to access our agency or our care, we facilitate that.” | “We are a peer-run organization. Let's say someone homeless walks in here and they have a need, we’re going to do a warm handoff for that person to the right place, or the closest access point to get the help that they need. We're not here to hold on to someone.” |

The interviewees observed many inequities and inequalities in terms of healthcare access. As one respondent broadly stated:

“You know what? I think that there is elitism within the community. I think that those who have more will get better, quicker access. Imagine if Halle Berry was laying out there on the road and I'm laying out there too, who do you think the ambulance is going to pick up? It shouldn't be that way, but [it is that way.]”

Thematic analysis helped identify three, more finite areas of inequity and inequality that people face when trying to access healthcare in general, and which may contribute to why they 'end up' at the wrong services in the first place. The first two pertain to common misunderstandings or inexperience with the system:

| Confusion with the system | Not knowing the right people |
|---|---|
| "I think a normal person walking in that has no idea about healthcare, I do believe it's difficult wherever you go. I'm in healthcare, so I have a little bit of knowledge on what to do… and I'm sometimes confused." | "If somebody doesn't know, they're just calling a number off the street, it's a lot more difficult for them to seek services. A lot of times it is if you know the right person that can call the right person to get you in." |

The third has to do with meeting admission criteria, and the challenges with overlapping services or difficult cases in general.

| 'Difficult Cases' | |
|---|---|
| "I feel like providers sometimes don't wanna take on the difficult cases. For example, all substance abuse providers have to do co-occurring, but it's either mental health with a little substance abuse, or substance abuse with a little mental health. There's levels of SUD [but] I don't think there's a place for that severe SUD with SMI." | "Sex offender. That's another one. A registered sex offender is not gonna be able to get housing in this community, no matter what they do. A person who has a history of difficult behavior is gonna be bounced around before they have direct access depending on what level of services that it is." |

To help navigate these inequities and inequalities and help ensure a NWD ecosystem across South Florida, many organizations acknowledged certain **opportunities** and some common **strategies**.

## FOUNDATION FOR NWD IN SOUTH FLORIDA

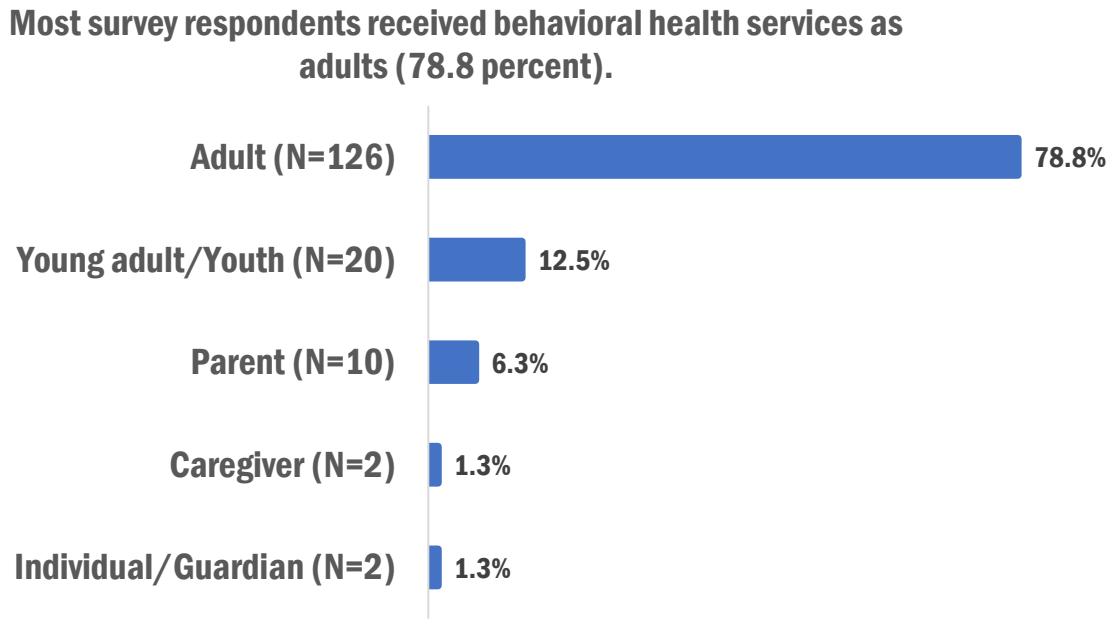
Decades-long experiences in this industry have helped many organizations develop strong community partnerships.

| Decades-Long Experience | Strong Community Partnerships |
|---|---|
| "We have long-standing relationships with resources in the community since we've been in business for 43 years, we are very well aware of the service provider network that might be most appropriate." | "We've been in the community for almost 50 years. We have the entire continuum of care… We also do a lot of community-based services, so we've got all of our counselors and therapists co-located at the schools, we've got a program for substance abuse treatment in the jail, and then we're working closely |

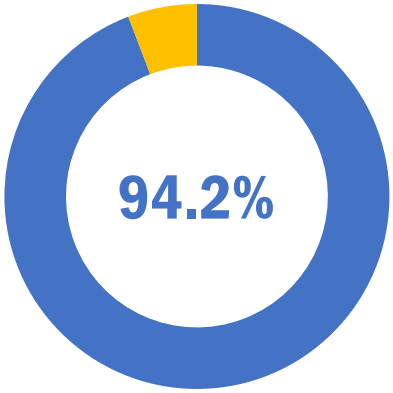
| | |
|---|---|
| | with the Department of Children and Families with their child welfare services." |
| *Interestingly, only one interviewee discussed negative experiences with community partnerships, suggesting that an already existing vibrant and supportive framework may lay the foundation for future improvement. | |

# INDIVIDUALS SERVED SURVEY SUMMARY

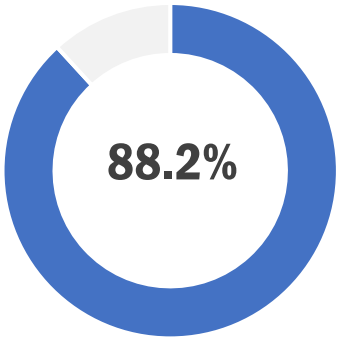
A total of 166 respondents completed the individual/consumer served needs assessment survey with each question having between 148-166 responses. Just over half (55.9 percent) of responses came from individuals identifying as female, although males, gender fluid, bigender, gender queer, and transgender individuals were also represented. Nearly two-thirds (62.3 percent) identified as Hispanic, 58.6 percent identified as White, and 29.9 percent identified as Black. Adult mental health services were most common among respondents (83.1 percent).



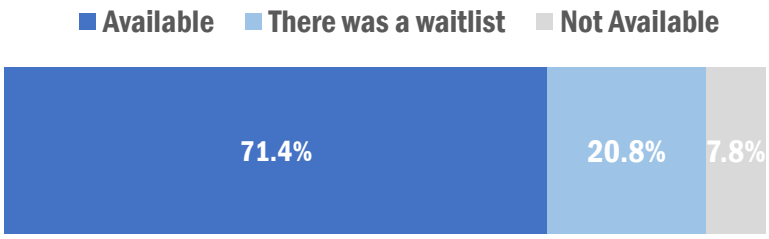
**Most participants received services in Miami (94.2 percent) compared to Monroe County (5.8 percent)**



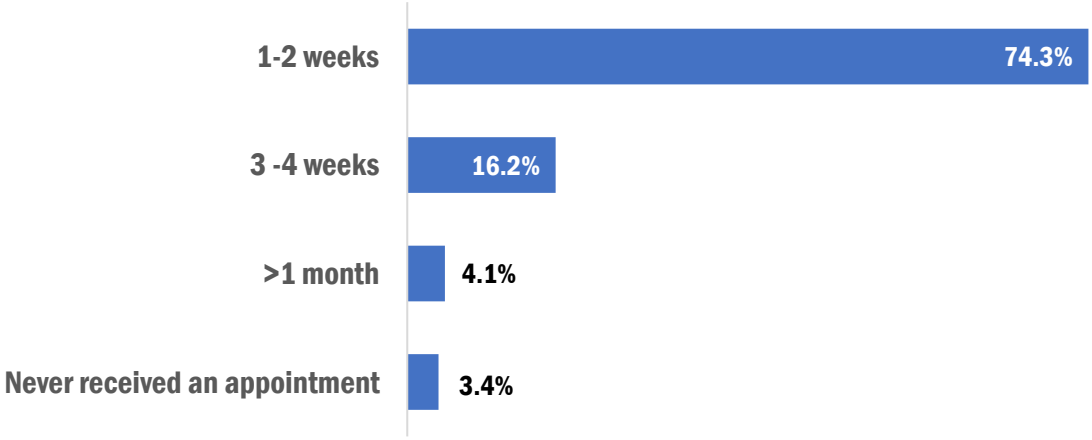

**Most participants (88.2 percent) agreed that services and planning they received were focused on their treatment needs (patient-centered).**



**Most participants cited that services were available when needed.**

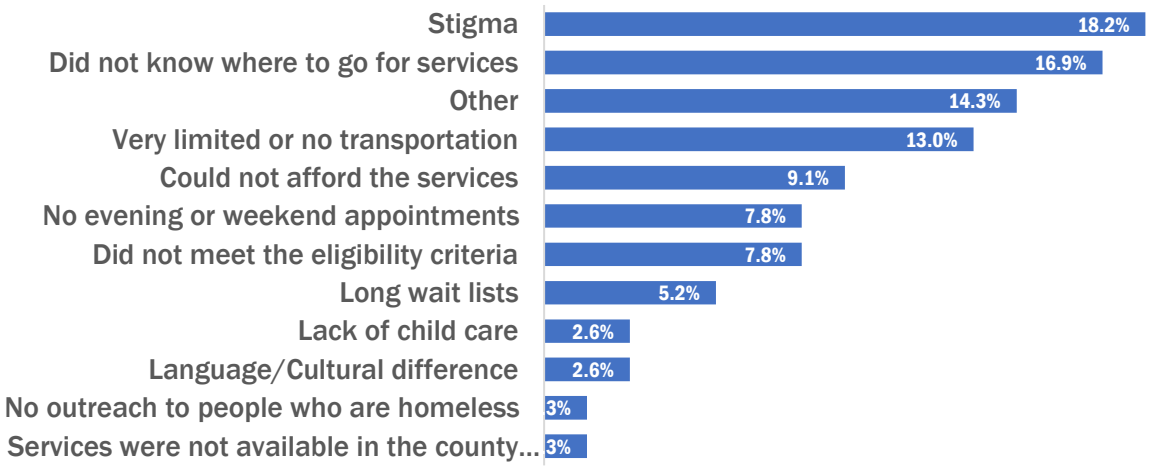



**Most participants (74.3 percent) waited 1-2 weeks from the time they requested an appointment for services to the time they received the services.**




Two-thirds of respondents (66.9 percent) reported travel time of 30 minutes or less to receive services, with an additional 13.6 percent citing they were only engaged in virtual services. One in five (19.9 percent) relied on public transportation, 39.7 percent drove themselves, and 22.1 percent had a family member or friend drive them. Fewer than half (46.5 percent) were aware of the 211 resource.

**Of participants who faced obstacles in getting the care they needed (N=77) most cited stigma or not knowing where to go for services.**




# INDIVIDUALS SERVED SURVEY CHARTS

**Figure 134: Which best describes you?**

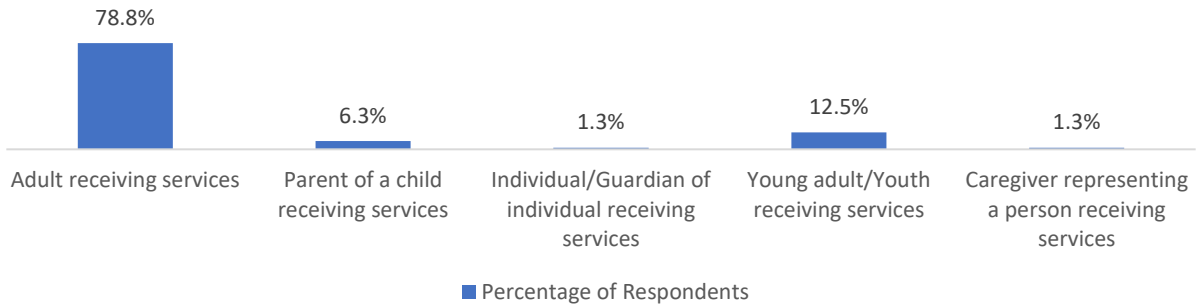


**Figure 135: What type of service did you or the person you are representing receive?**

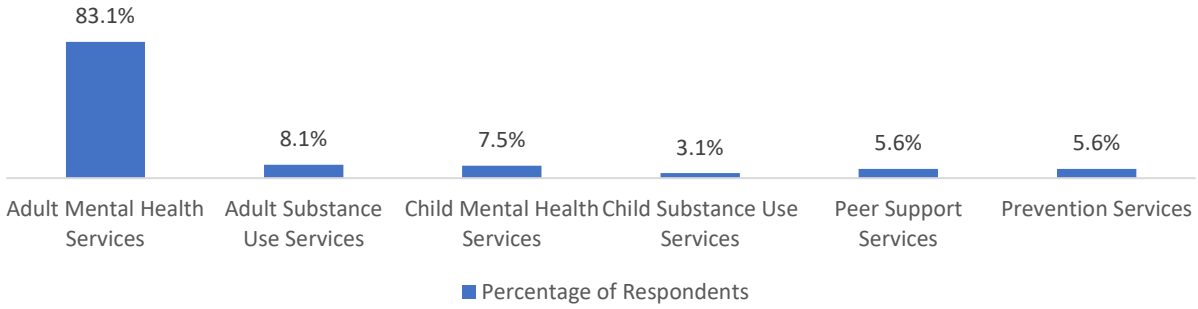



**Figure 136: Which county do you live in?**


**Figure 137: Did you know where to go for mental health and substance use treatment services when you needed them?**

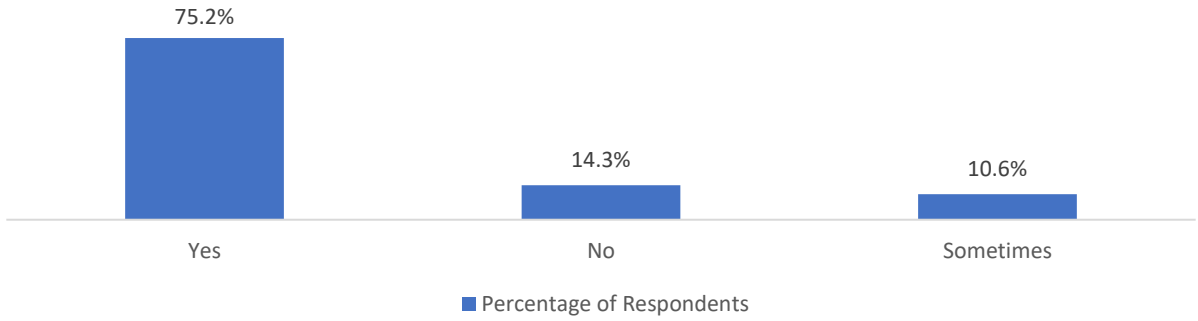


**Figure 138: How did you learn about mental health and substance use treatment services when you needed them?**

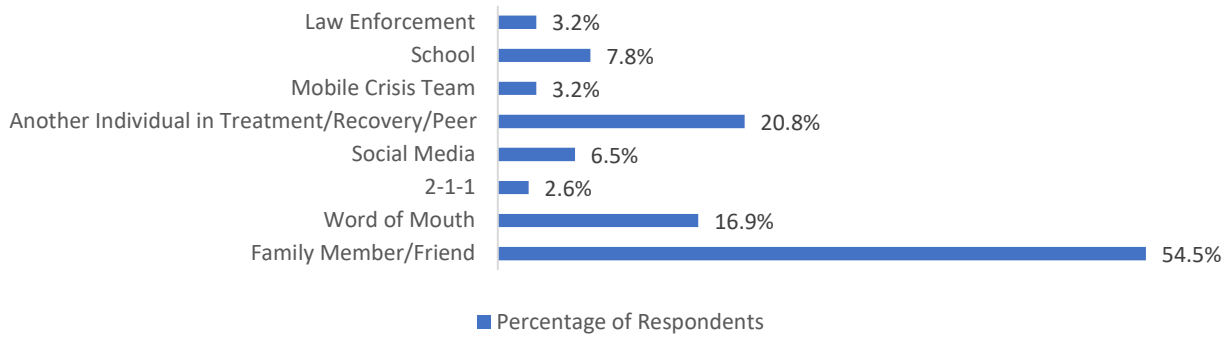



**Figure 139: Are you aware of the 211 Information and Referral Resource in your community?**


**Figure 140: Have you ever called 211 Information and Referral Resource for assistance?**

**Figure 141: When you called the 211 Information and Referral Resource, were they helpful in getting you the services needed?**

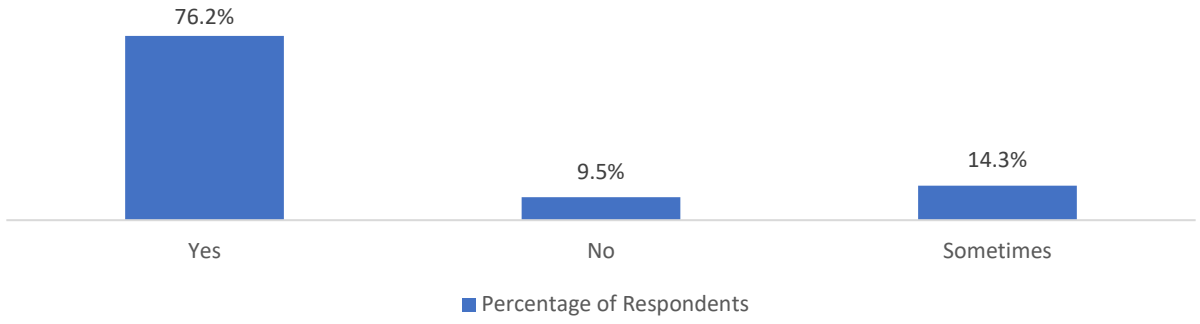



**Figure 142: Were you able to get all the services you needed when you needed them?**

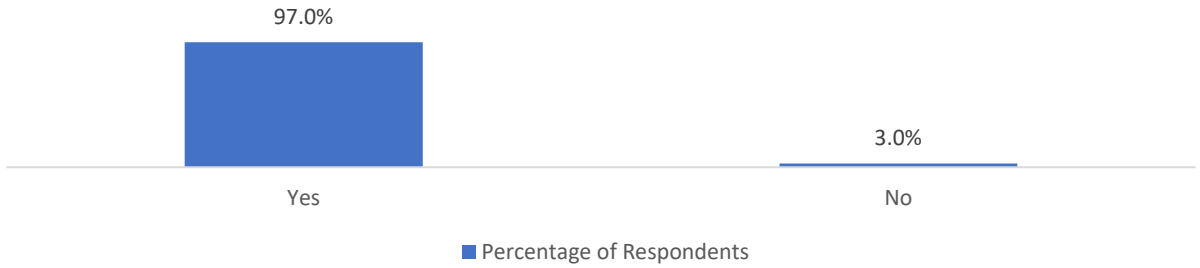


**Figure 143: If no, please choose from the list below, the services you needed but were not able to get.**

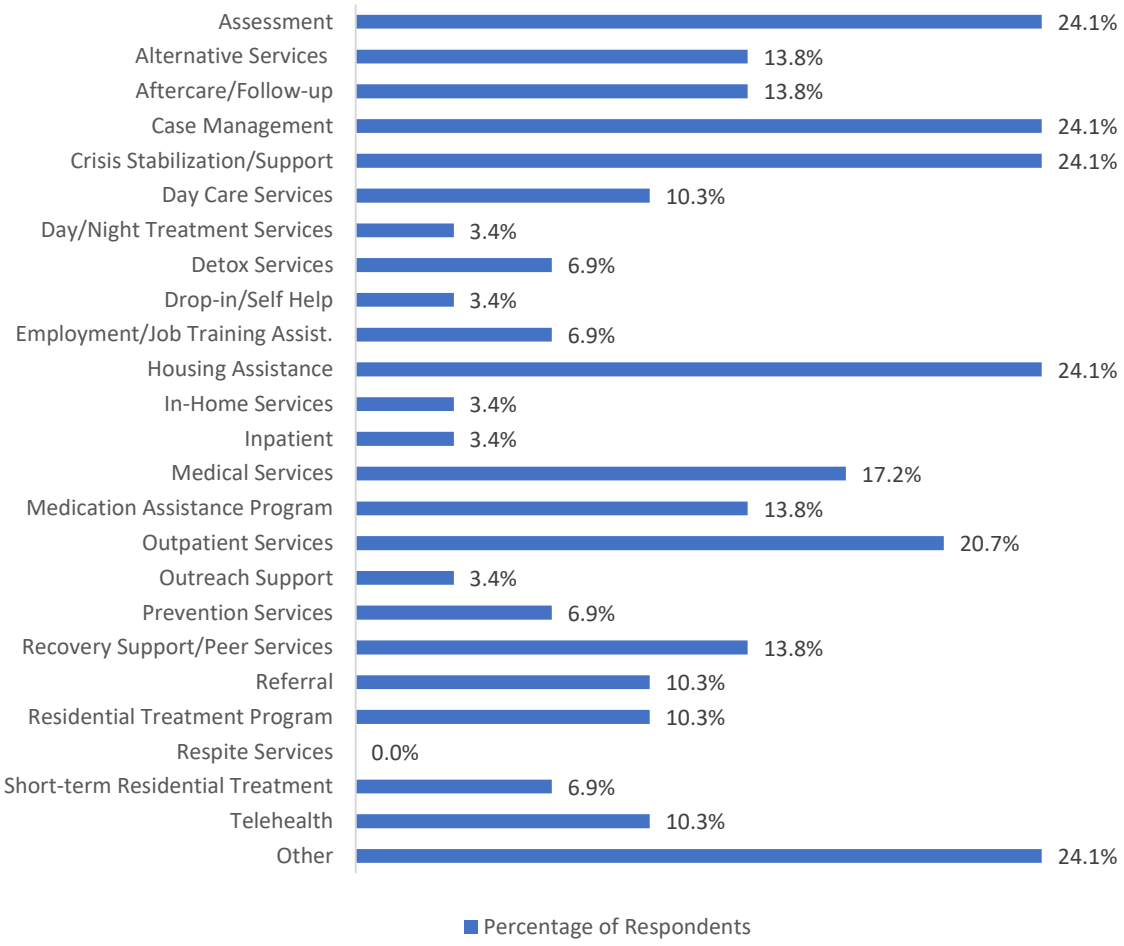



**Figure 144: How many times during the <u>last 12 months</u> were you not able to get the services you needed?**

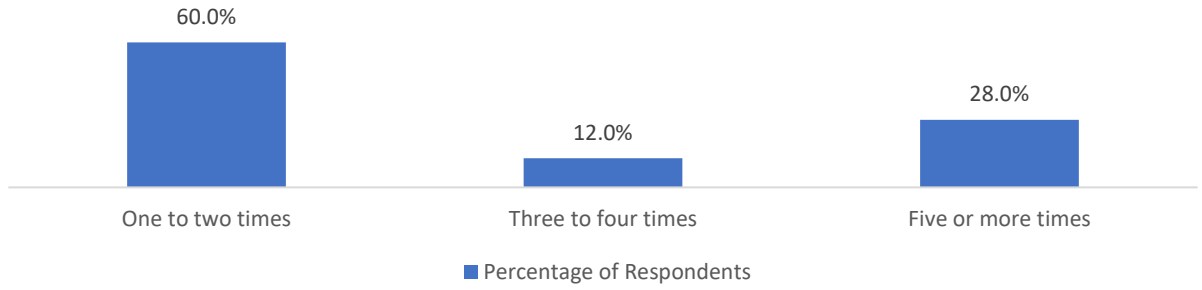


**Figure 145: The services I needed were:**

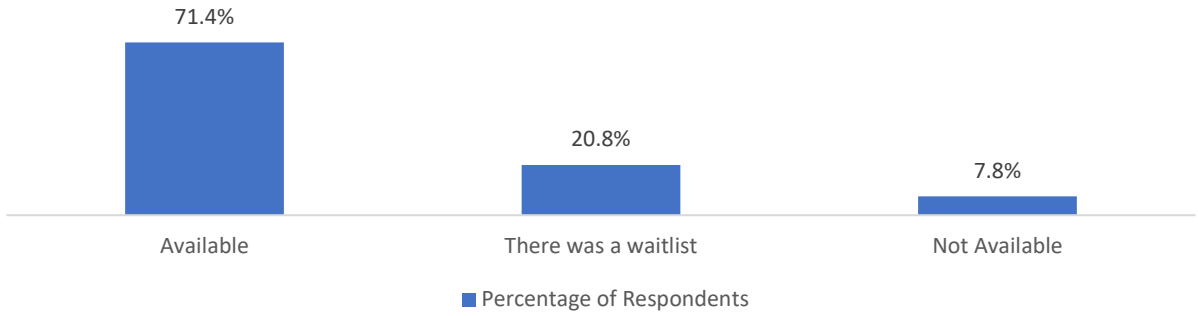



**Figure 146: The services and planning I received were focused on my treatment needs (patient centered).**

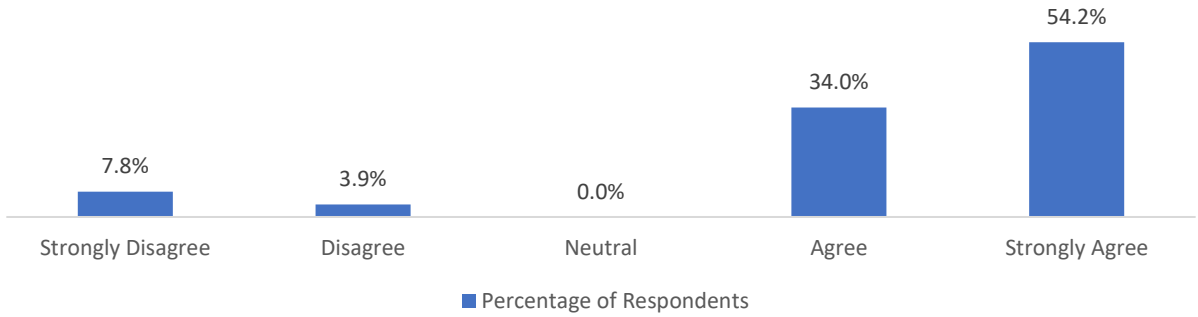
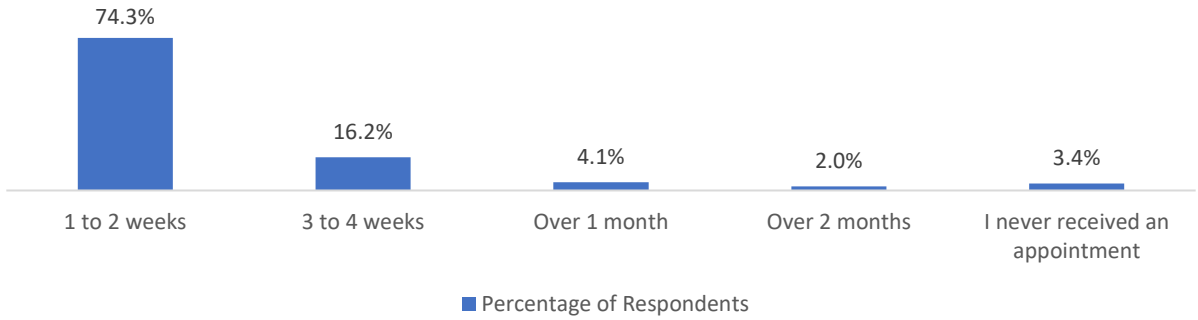
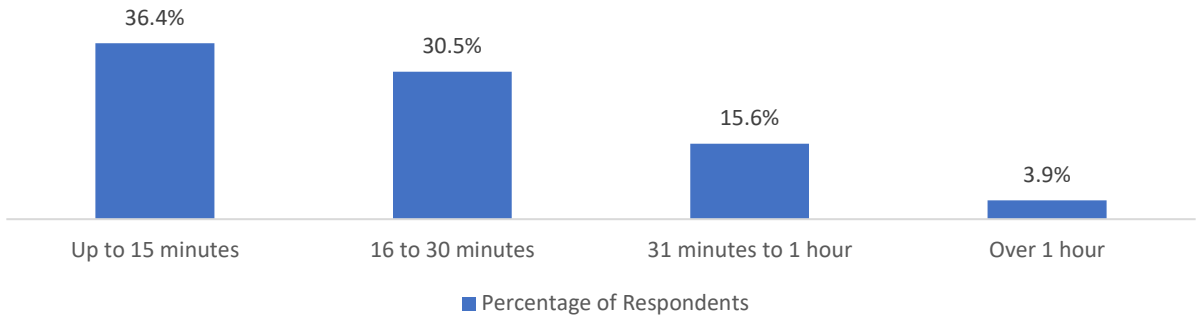


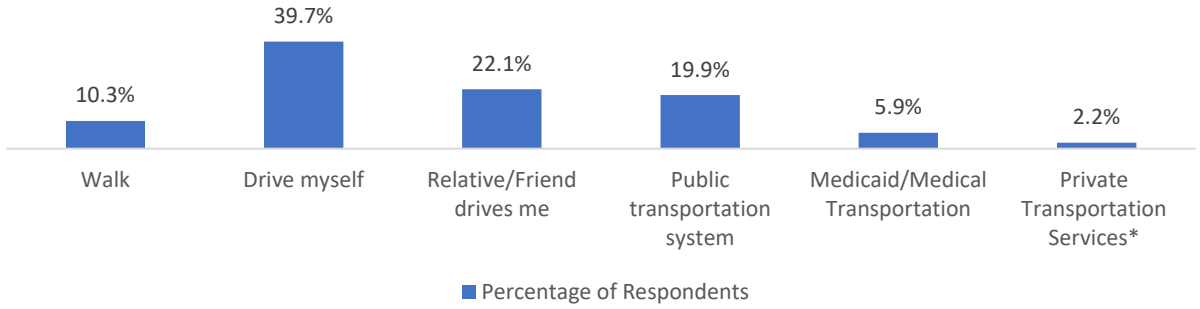

**Figure 147: How long did it take from the time you requested an appointment for services to the time you received the services?**



## Figure 148: How long did it take to travel to the service?

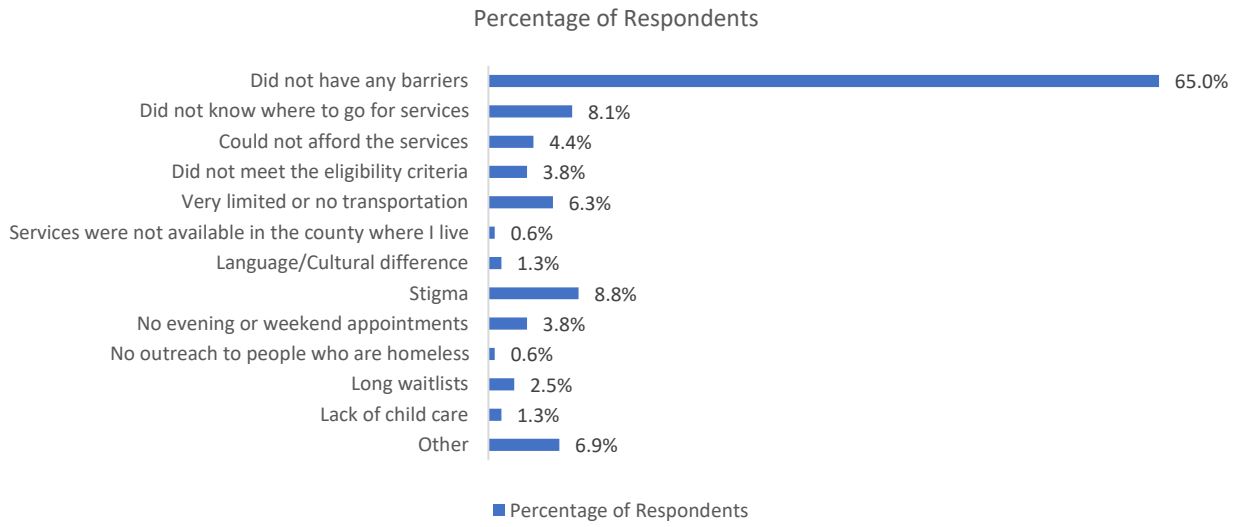



## Figure 149: How do you travel to get services?




***Note-Private transportation includes Taxi, Uber, Lyft, TOPS, etc.**

## Figure 150: What were the obstacles you experienced getting the care you needed?



# STAKEHOLDER SURVEY SUMMARY

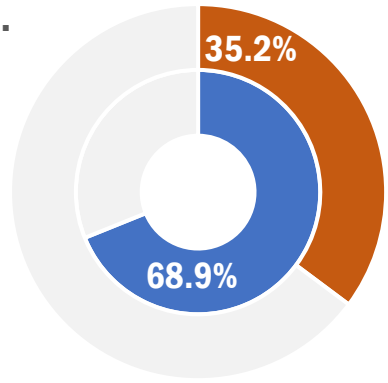
A total of 181 respondents completed the stakeholder served needs assessment survey with each question having between 177-181 responses. More than two-thirds (68 percent) of respondents worked in the substance use or mental health fields but fewer than half (42.8 percent) reported working for an organization funded by the managing entity.

Of the 35.2 percent who accessed Thriving Mind South Florida resources in the past 6 months, three-fourths (74.4 percent) found the resources helpful, and 57.7 percent directed someone else to their resources. Reasons for using Thriving Mind resources included: trainings and events, the consumer and family manual, identifying referral options for providers in the network, assisting parents of children in need of services, and for assisting petitioners in Marchman court.

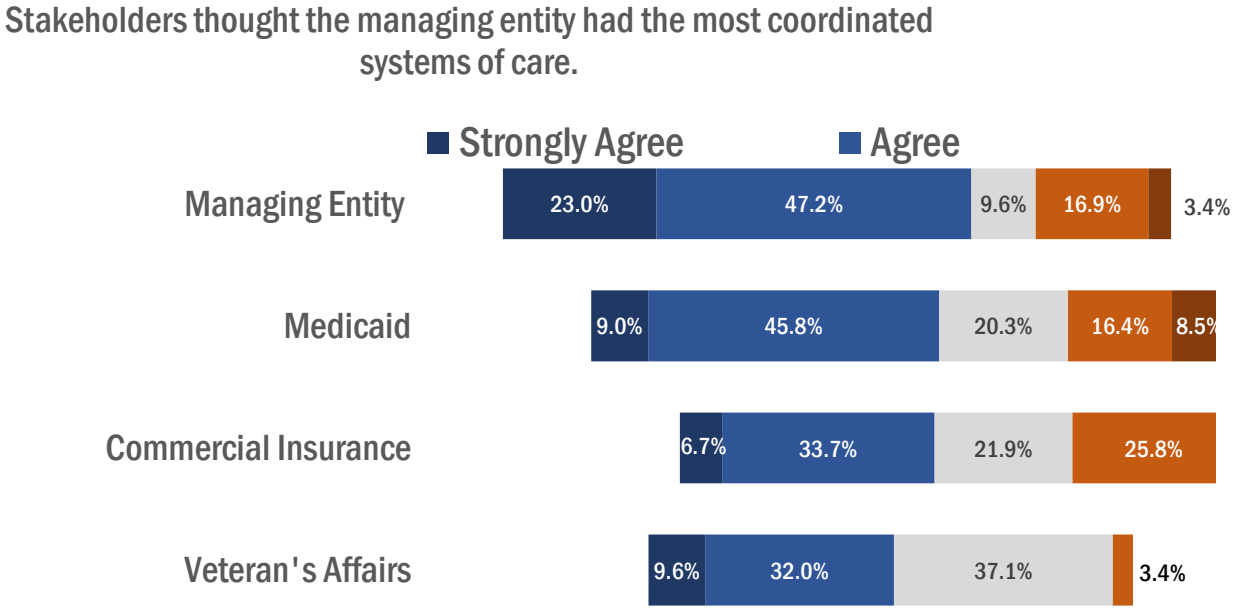
More stakeholders were aware of the 211 resource when compared to Thriving Mind resources (71.7 percent), however, fewer accessed 211 (23.2 percent).

**There was a greater number of patients served in Miami-Dade compared to Monroe County.**


**More than half of partipcant were aware of Thriving Mind South Florida, however just 35.2 percent accessed it in the past six months.**



In terms of rating community awareness of behavioral health services respondents agreed that service providers had the greatest awareness, followed by persons needing services. Only 12.5 percent of general population rated community awareness as excellent. Despite these perceptions of lower awareness, 69.3 percent of respondents believed linkages within the system of care were well coordinated, and 67 percent believed services were accessible to those in need.



# STAKEHOLDER SURVEY CHARTS

**Figure 151: Percentage of respondents by organization service sector.**

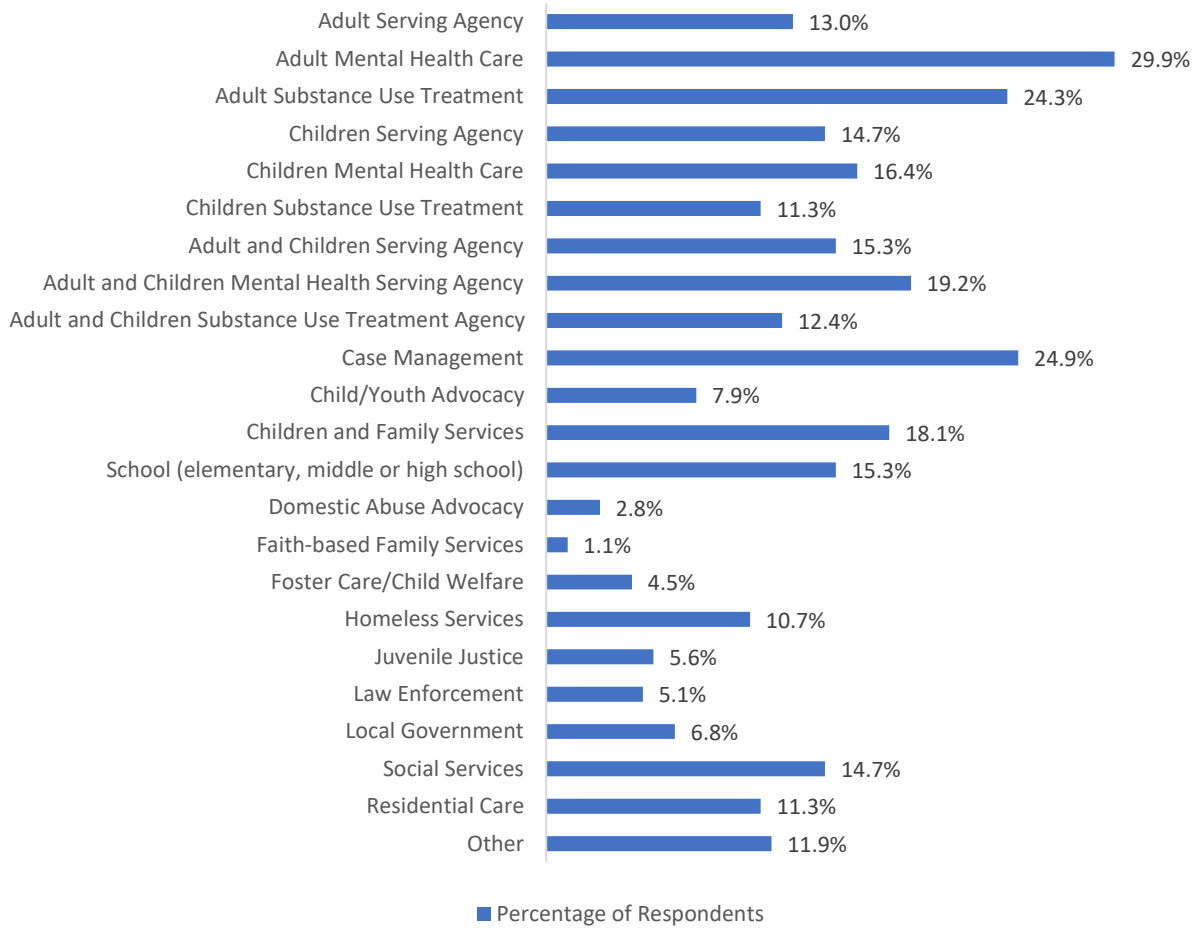



**Figure 152: Percentage of stakeholder respondents by county.**

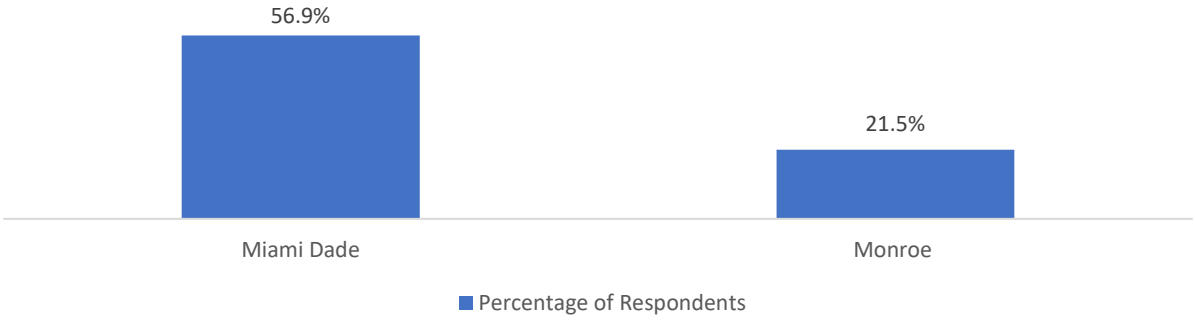


**Figure 153: You are aware of the availability of mental health and substance use services in your area.**

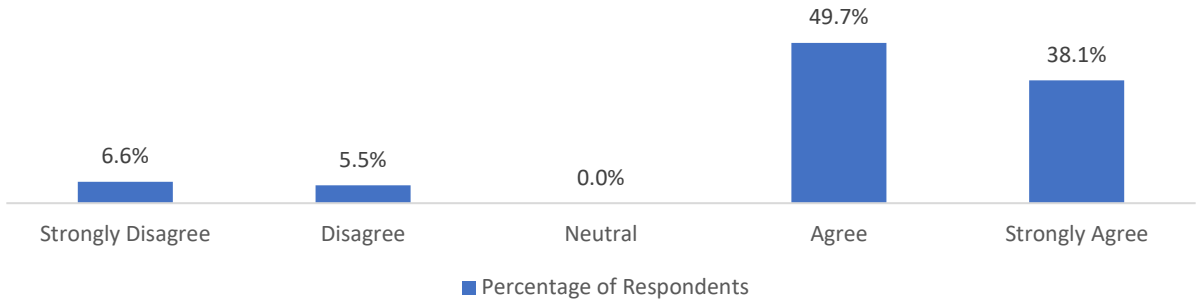



**Figure 154: Are you aware of Thriving Mind South Florida (Managing Entity) resources?**


**Figure 155: Have you accessed Thriving Mind South Florida (Managing Entity) resources in the past six months?**

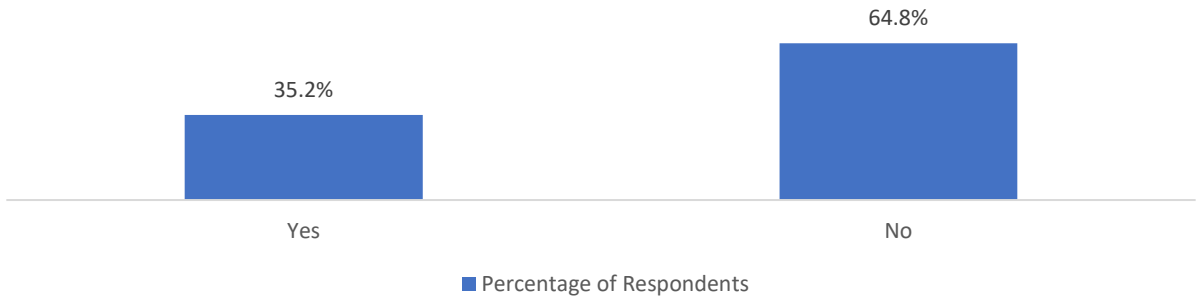


**Figure 156: When you accessed Thriving Mind South Florida (Managing Entity) resources, was it helpful?**

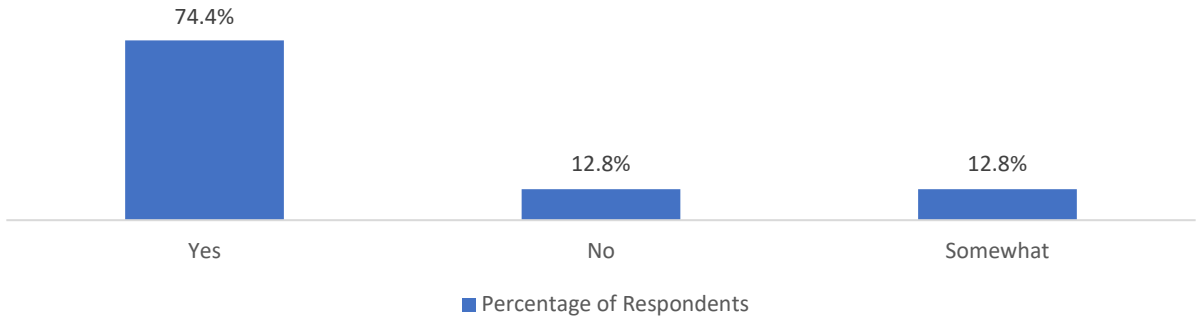



**Figure 157: Have you ever directed individual to access Thriving Mind South Florida (Managing Entity) by calling or online?**

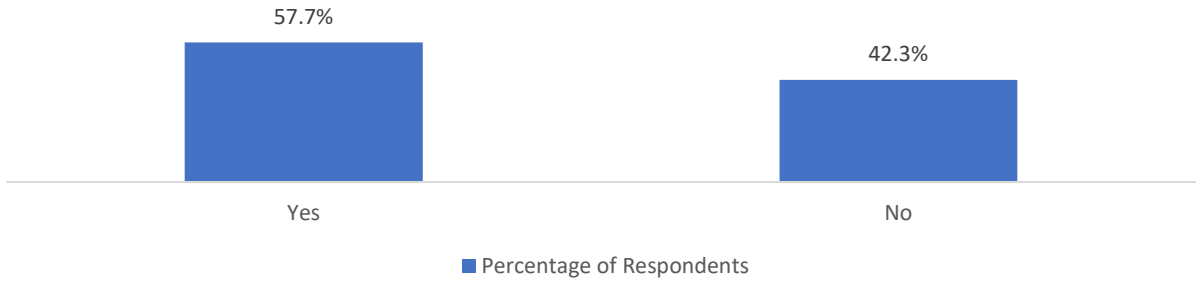



**Figure 158: Are you aware of the 211 Information and Referral Resource?**

**Figure 159: Have you accessed the 211 Information and Referral Resource in the past six months?**

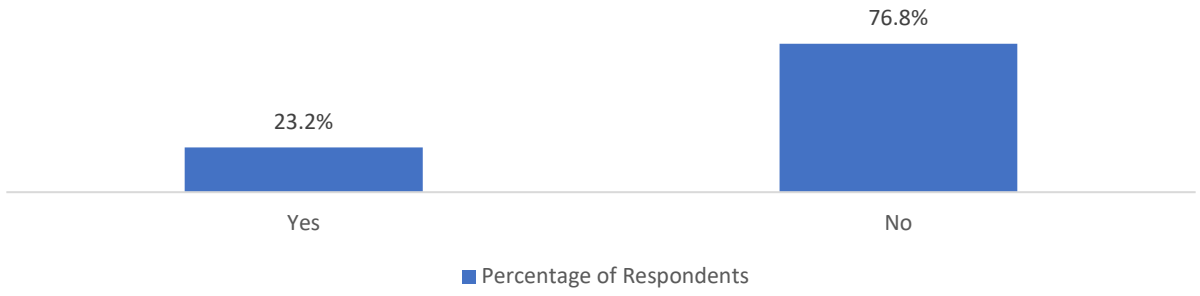



**Figure 160: When you accessed the 211 Information and Referral Resource, was it helpful?**

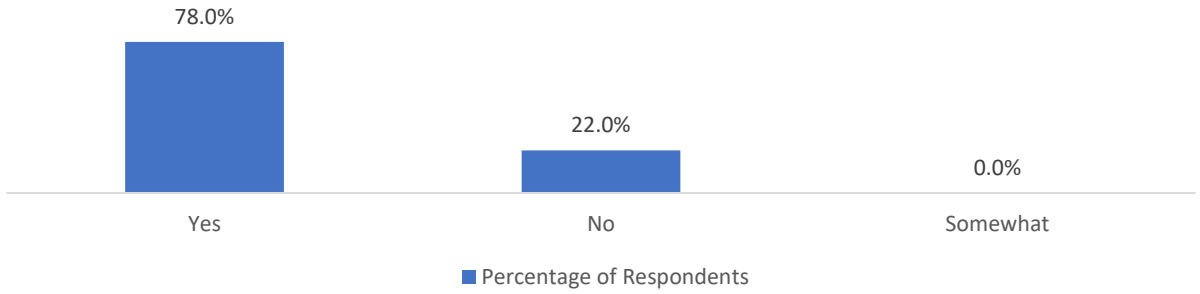



**Figure 161: Have you ever directed individuals to access the 211 Information and Referral Resource by calling or online?**

**Figure 162: Select the crisis response model in your area. Select all that apply.**

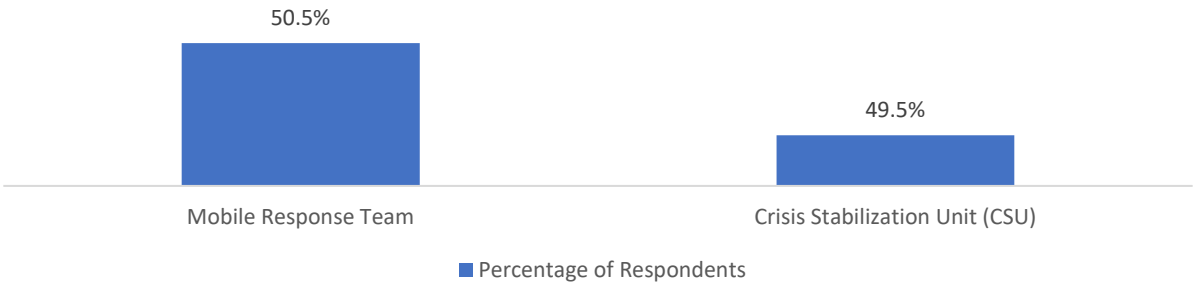



**Figure 163: How would you rate community awareness of mental health and substance use treatment services in your area?**

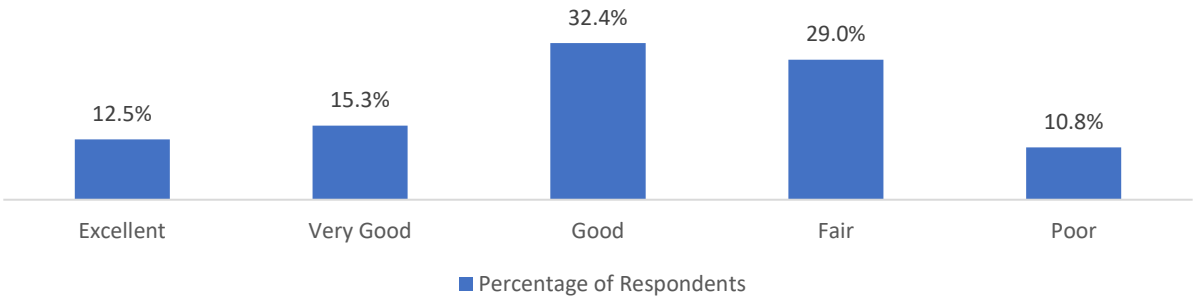



**Figure 164: Linkages to needed services are coordinated and well established across the system.**

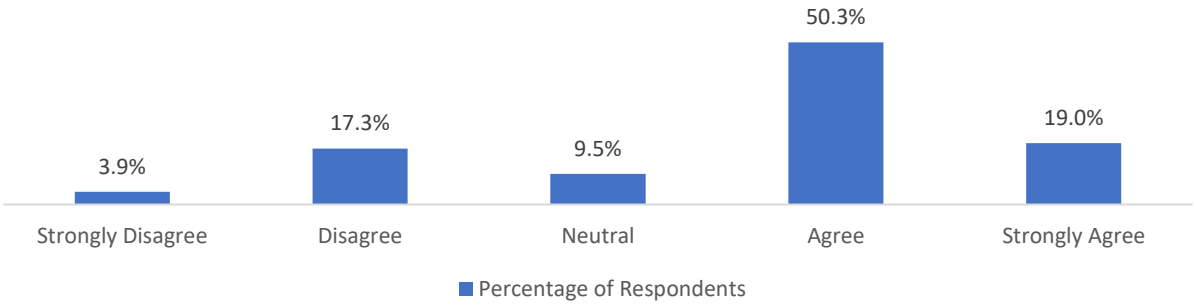


**Figure 165: In general, behavioral health care and peer services are accessible in your area.**

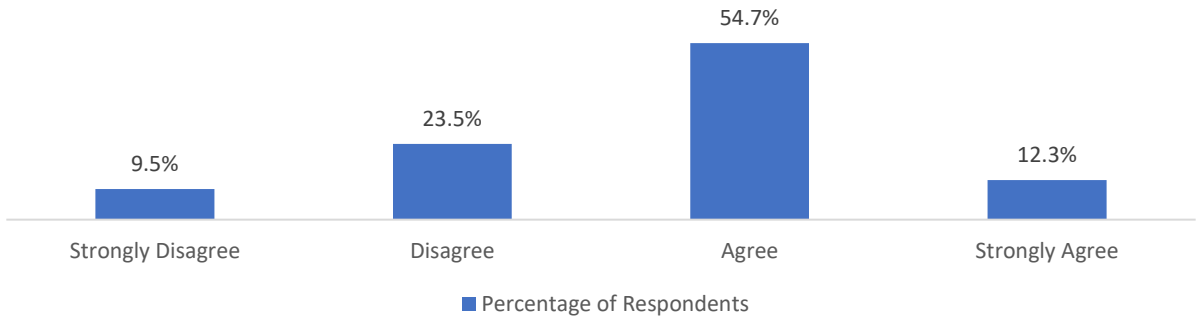



**Figure 166: The process for referrals is easily accessible.**

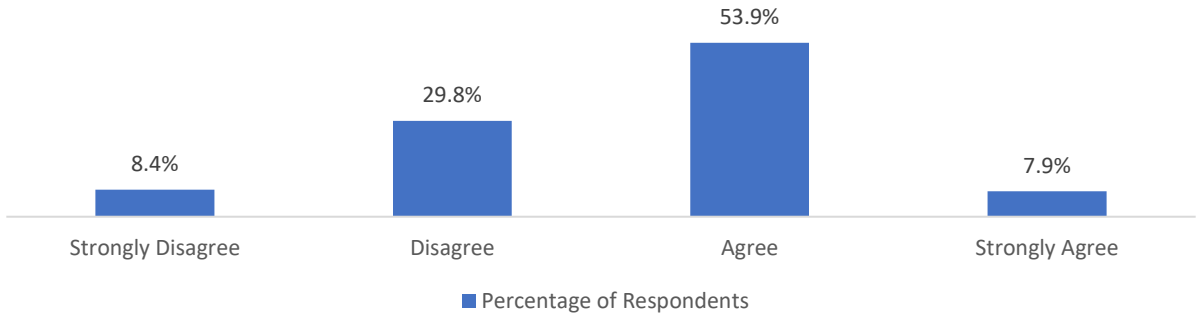



**Figure 167: Programs and services are coordinated across the system of care.**

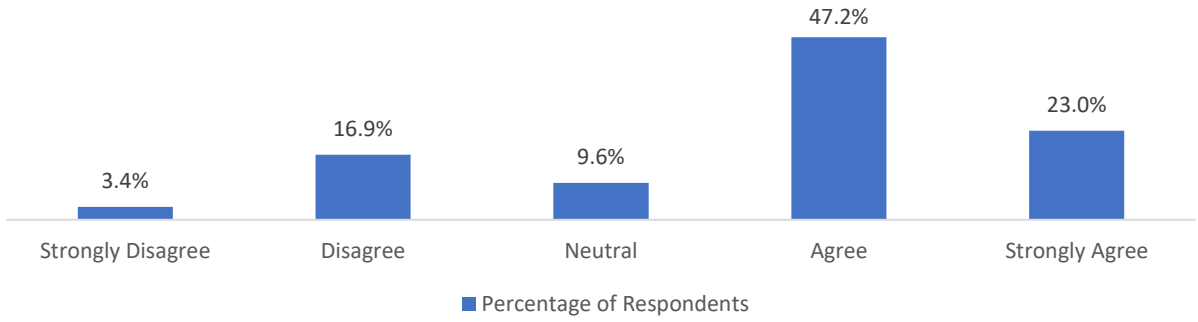


**Figure 168: List the barriers for consumers accessing services in your community. (Check all that apply)**

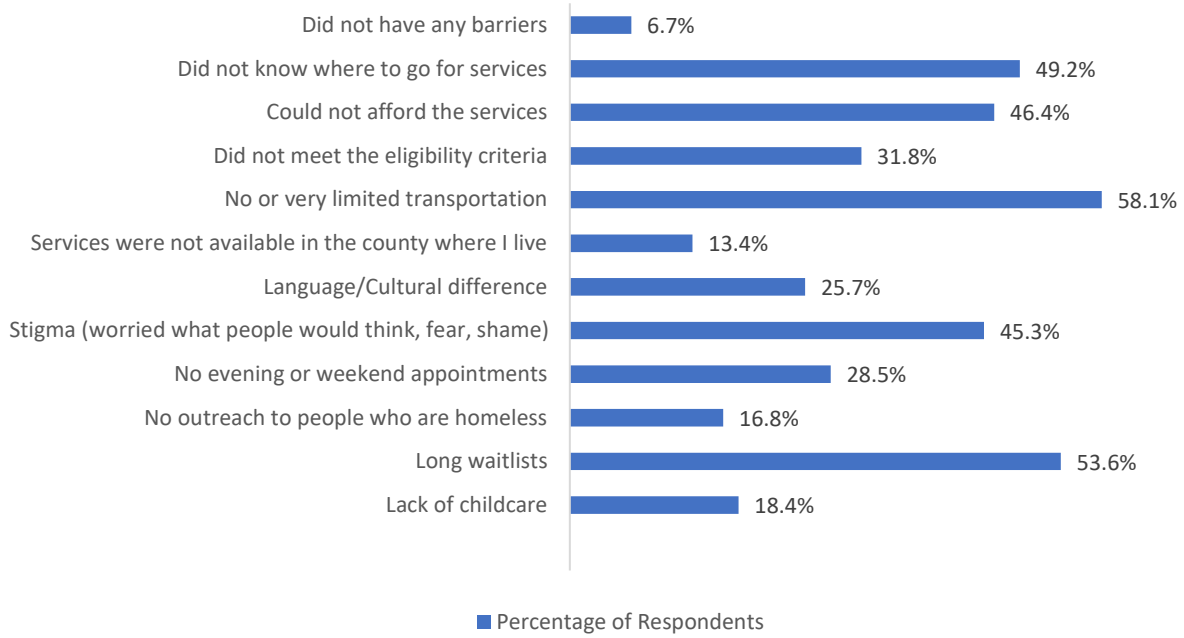



**Figure 169: List the resources and services needed that are not available to improve patient-centered care and planning.**

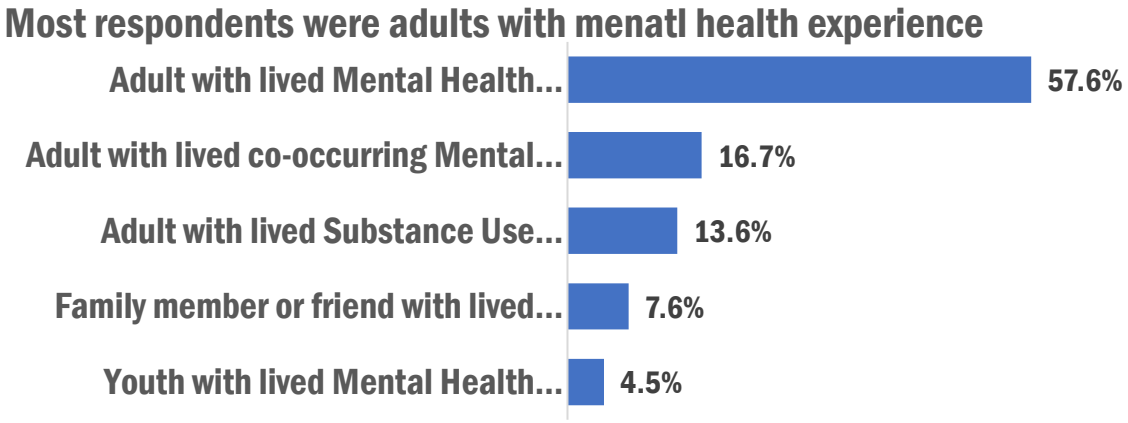
| NEEDED RESOURCES |
| --- |
| Lack of adequate housing |
| Need additional staff/doctors/other health care professionals |
| User-friendly health provider directory |

**Figure 170: List the top three patient-centered care resources that have improved quality of life for individuals.**

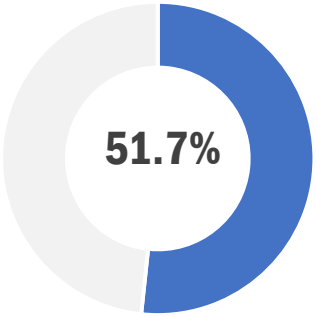
| TOP THREE PATIENT-CENTERED RESOURCES |
|---|
| Supportive Housing |
| Mental Health Services |
| Peer Services |

# PEER RECOVERY COMMUNITY/SUPPORT SPECIALIST'S SURVEY SUMMARY

A total of 61 respondents completed the peer recovery support survey with each question having between 58-61 responses. Responses came from 16 organizations with an additional 6 individuals not entering the organization they work with; 90 percent of respondents worked in Miami-Dade. Respondents were two-thirds female (64.4 percent) with 50.8 percent identifying as white and 35.6 percent identifying as black. Nearly half (44.8 percent) identified as Hispanic.

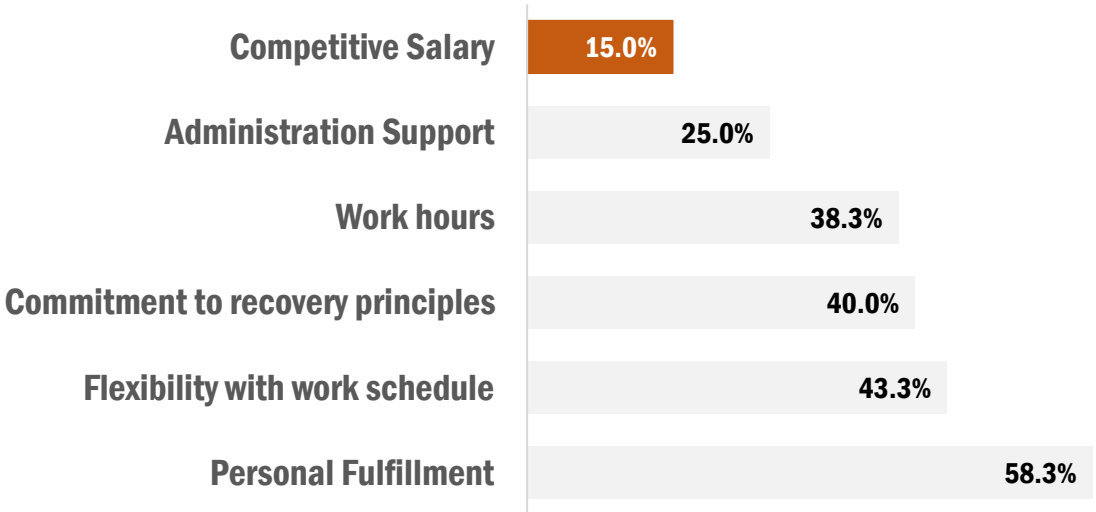


**Approximately half of paritcipants have been employed or volunteered with the agency for three or more years.**



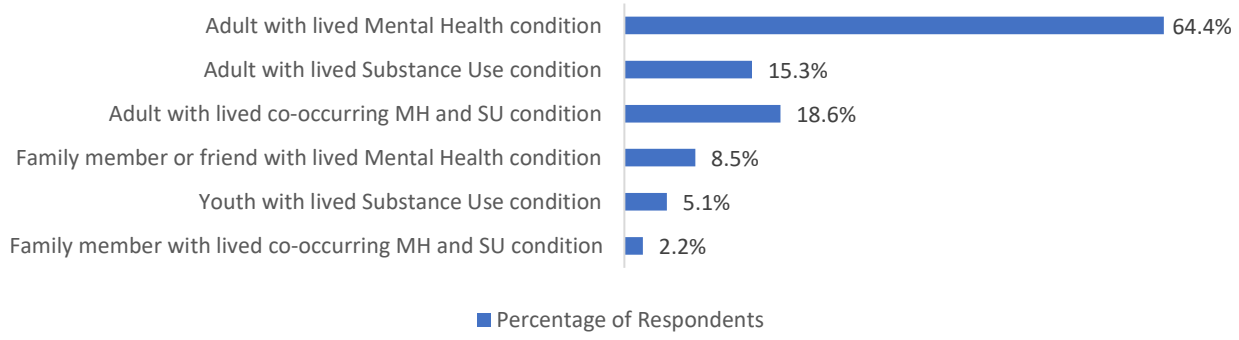

More than half of respondents (55.9 percent) reported being non-certified peer specialists; 22 percent were currently certified, and an additional 19 percent had applied for certification. Unfortunately, peers discussed salary as being a barrier in the hiring process and was the least endorsed reason for staying with an organization. The most common reasons for staying included flexibility with work schedule (43.3 percent) and commitment to recovery principles (40.0 percent). Finally, respondents believed strongly that person-centered principles and peer input was valued at their organization across policies and services.

**The reason least selected for individuals staying with the company included competetive salary (15.0 percent).**




# PEER RECOVERY COMMUNITY/SUPPORT SPECIALIST'S SURVEY CHARTS

**Figure 171: Which best describes your experience?**




Note: Mental Health (MH) and Substance Use (SU)

**Figure 172: Which county do you live in?**


**Figure 173: What type of service are you employed or volunteer with? (Check all that apply)**

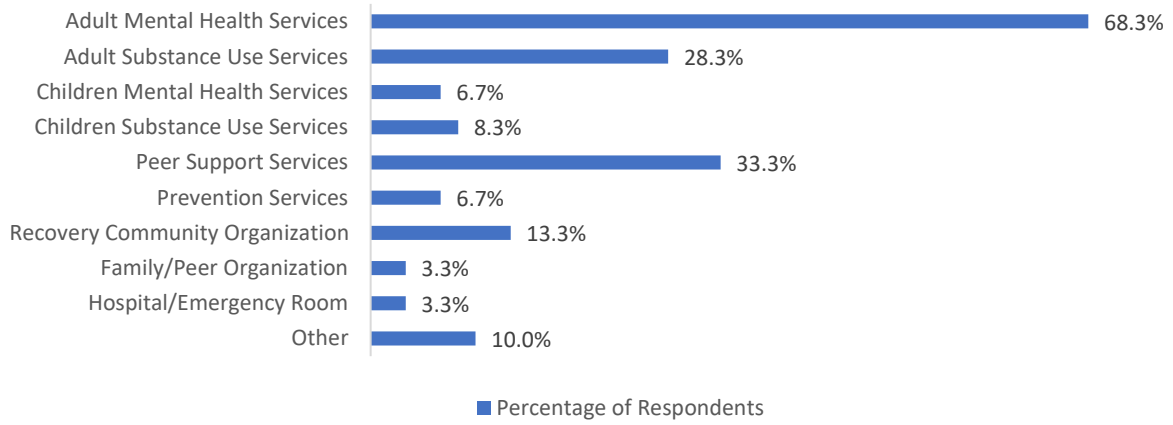



**Figure 174: How long have you been employed/volunteered with the agency?**

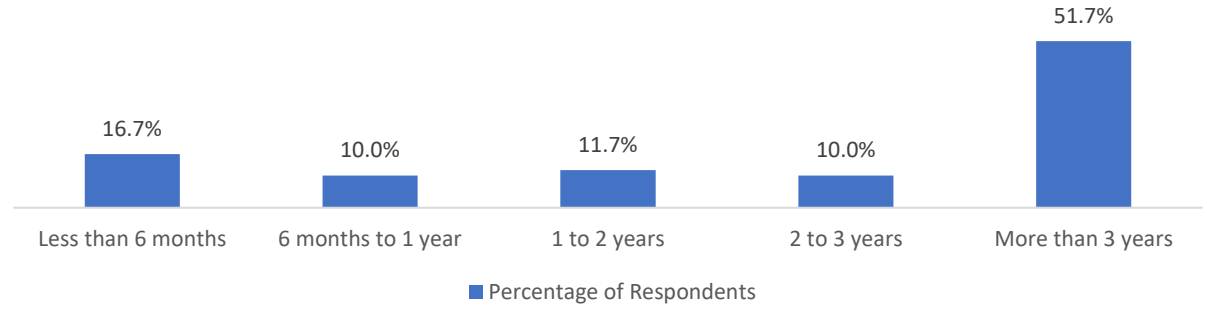


**Figure 175: My work schedule averages...**

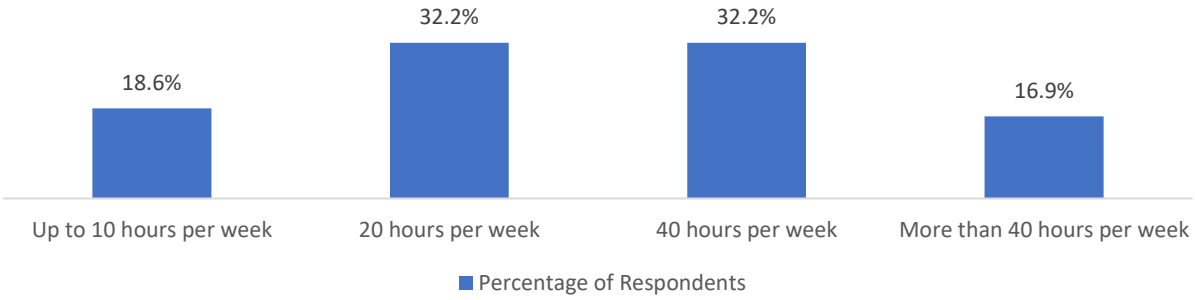



**Figure 176: Does the agency where you are employed, or volunteer, utilize recovery peer support services within the services they provide in the community?**

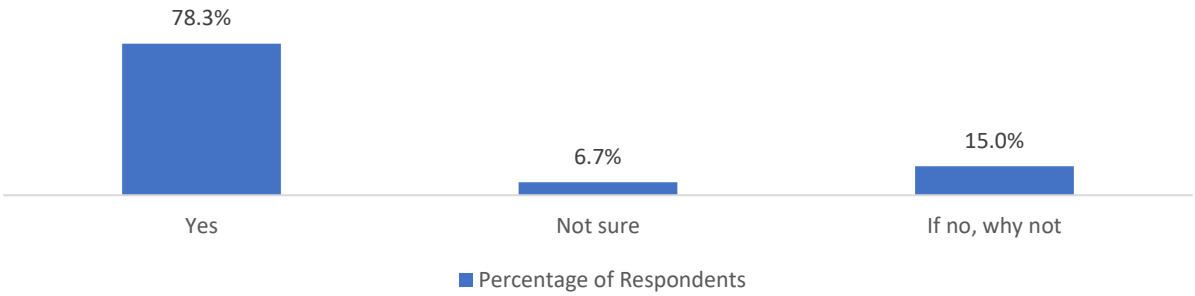



**Figure 177: Does the agency where you are employed, or volunteer, adhere to recovery support best practices?**

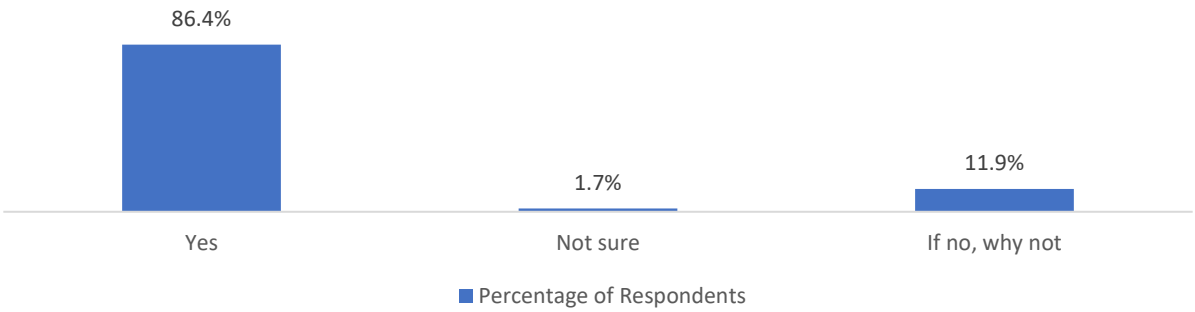


**Figure 178: Please indicate the qualifications that best describe your status. (Check all that apply)**

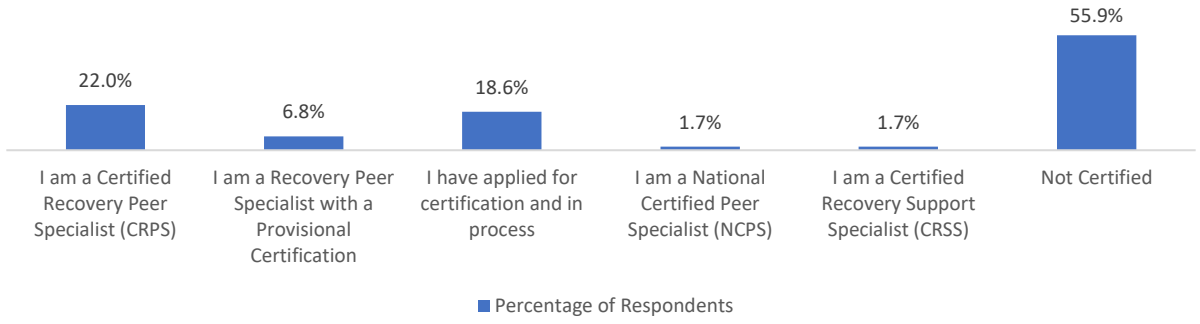



**Figure 179: Please indicate the facility/program setting(s) that best describes where you deliver peer recovery support services. (Check all that apply)**

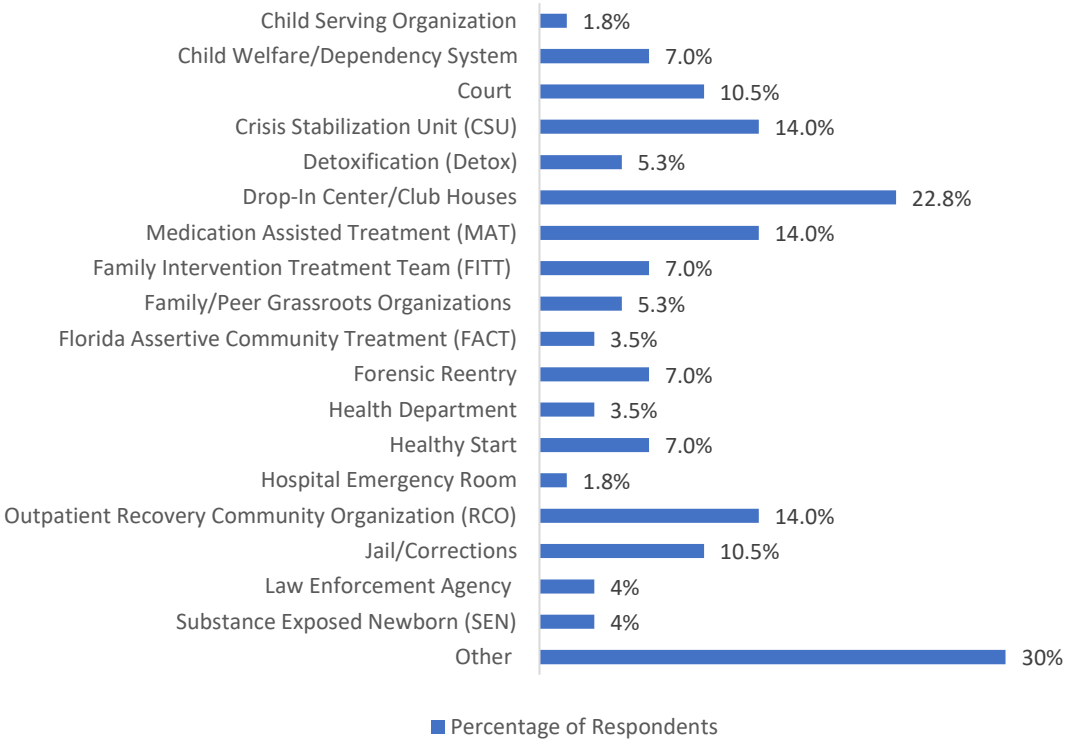


**Figure 180: What are the reasons/factors for staying with the company? (Check all that apply)**

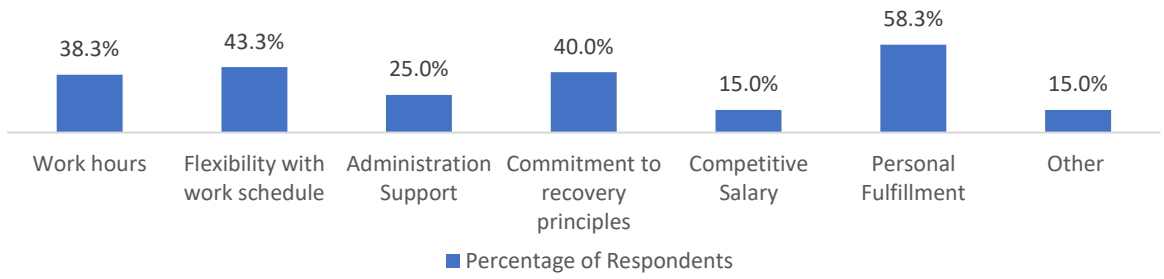



**Figure 181: What barriers/challenges have you experienced in the hiring process? (Check all that apply)**

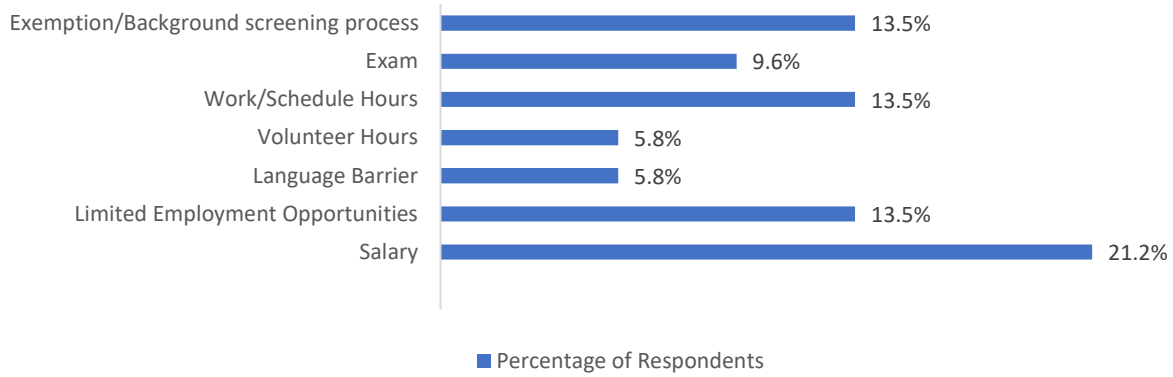
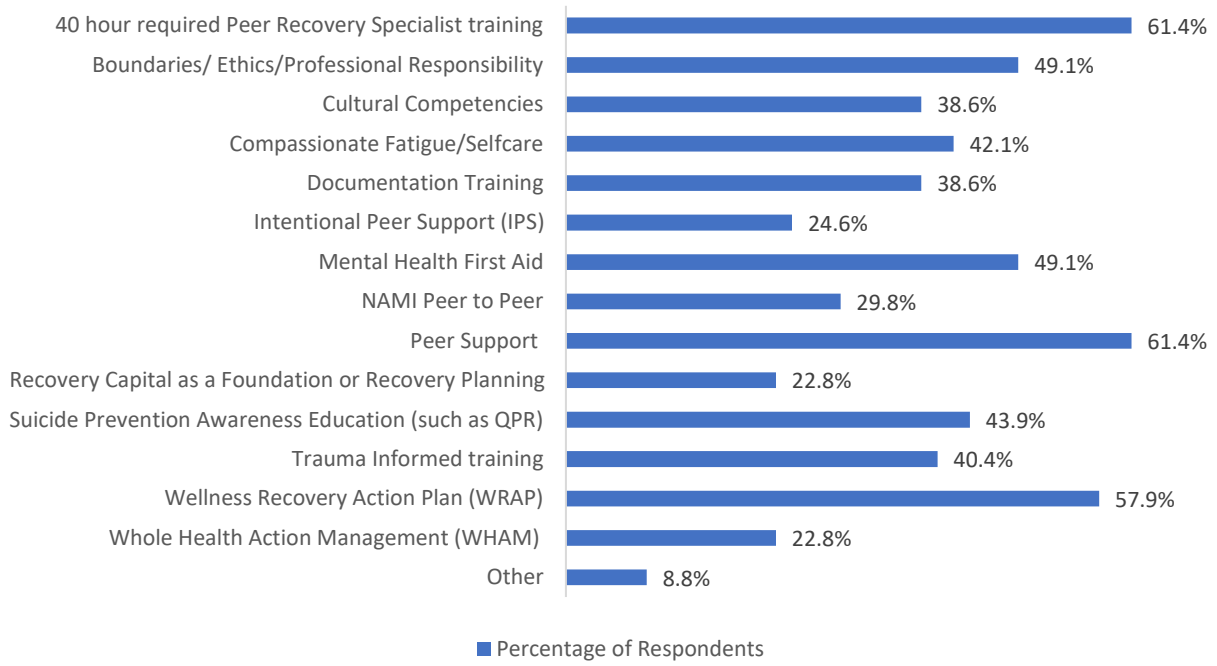


**Figure 182: What training would you recommend for peers to have to help them provide peer support services? (Check all that apply)**




Note: 40-hour required Peer Recovery Specialist training/Helping Others Heal

**Figure 183: Are there partnerships that exist with peer support recovery programs, recovery community organizations, and other support groups?**

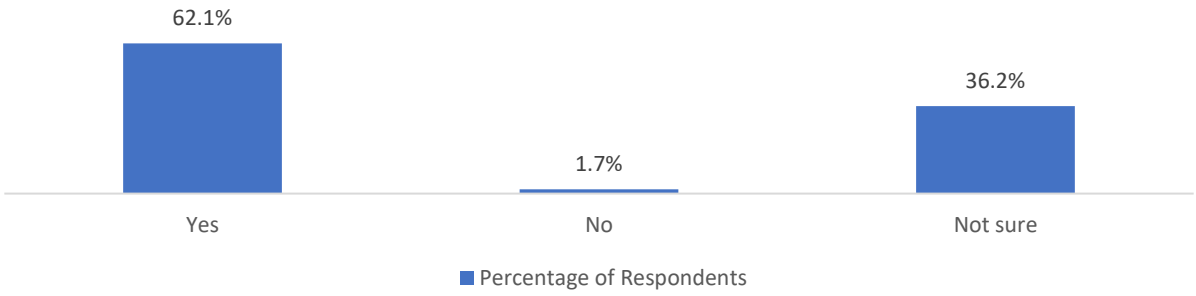


**Figure 184: Are you aware of partnerships with other organizations that provide other resources such as: (Check all that apply)**

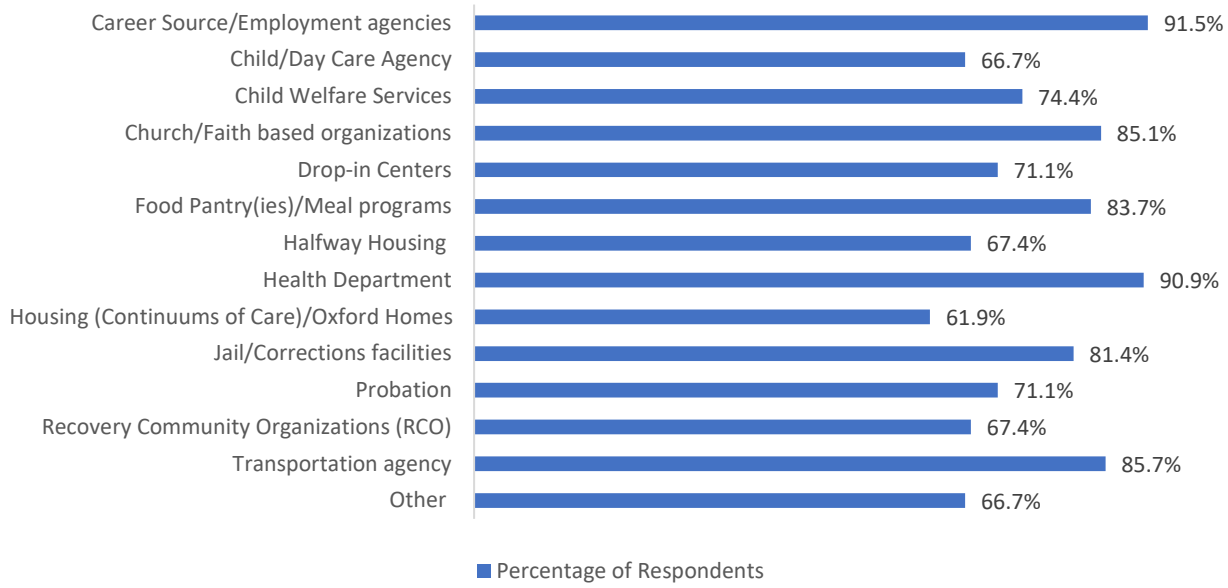



**Figure 185: Do you have the ability to offer choices to the individuals where you serve at the agency you are employed/volunteer?**

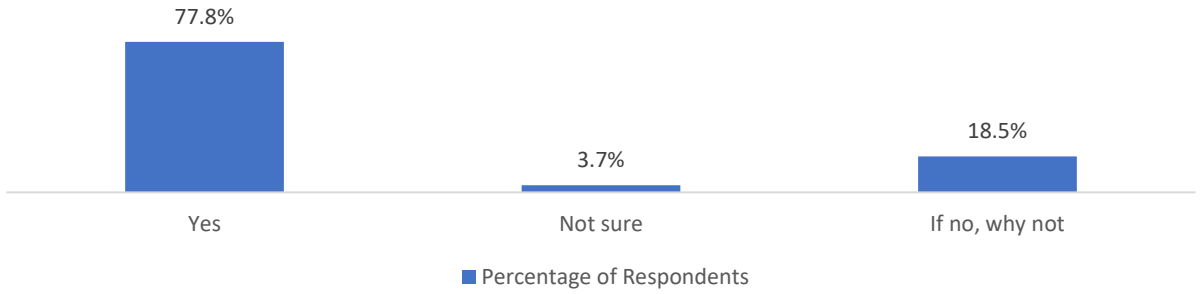



**Figure 186: Does the organization where you are employed/volunteer with help to reduce stigma by promoting recovery language that is patient centered?**

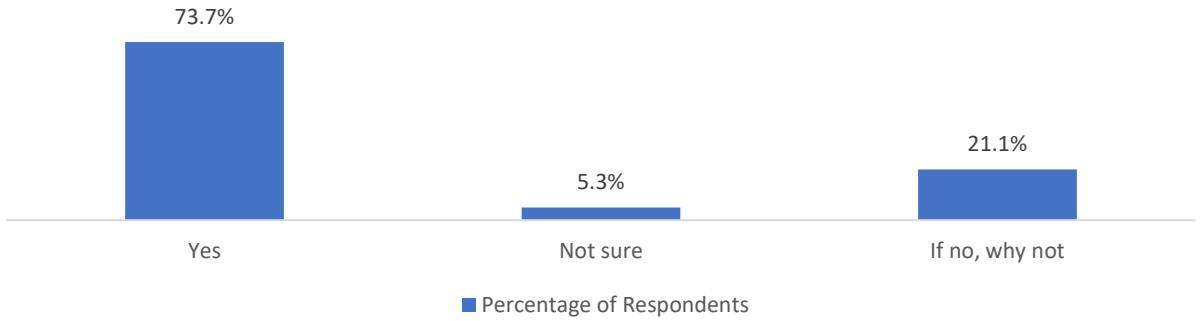


**Figure 187: Does the agency where you are employed/volunteer include peers in developing and promoting effective program development, evaluation, and improvement?**

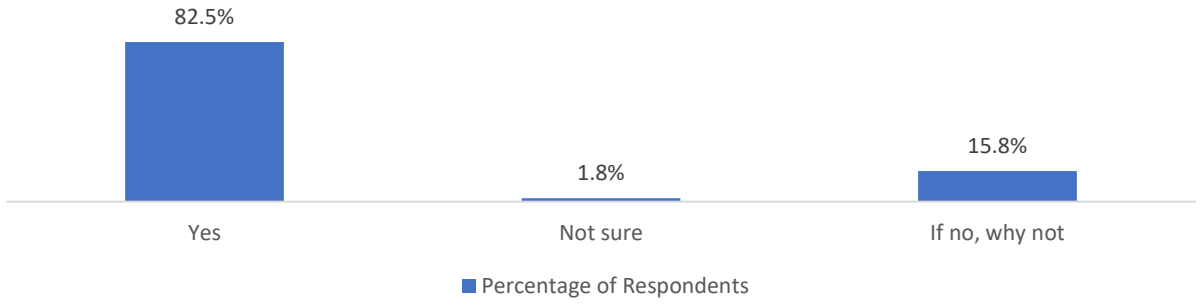
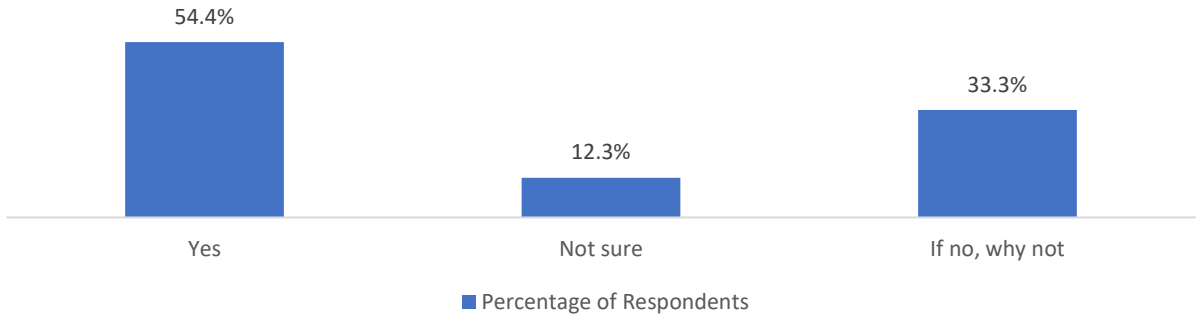



**Figure 188: Does the agency where you are employed/volunteer with include persons in recovery management and board meetings?**



# RECOVERY ORIENTED SYSTEM OF CARE RESOURCES

**Thriving Mind South Florida**
**RECOVERY ORIENTED SYSTEM OF CARE RESOURCES**

| | |
|---|---|
| Adaptive Fitness Center | Jackson Memorial Hospital |
| Advocate Program – South Dade Office | Jackson South Community Hospital |
| Agape Network | Jessie Trice Community Health Center |
| All Wellness Community Center Inc | Jewish Community Services of South Florida |
| Alliance for Psychological Services | Kedem Counseling Center Inc |
| Ascend Behavioral Health Services | Key Bridge Inc |
| Banyan Health Systems | Kinder in the Keys Treatment |
| Behavioral Aid Solutions Inc. | Kristi House Inc. |
| Better Way of Miami Inc. | Lower Keys Medical Center |
| Borinquen Behavioral Health Center | Meraki Wellness and Healing |
| Brave Health | Miami Dade Community Services Inc |
| Camillus House | Miami Dade Rehab Services Bureau |
| Care Resource Comm Health Centers | Miami VA Healthcare System |
| Catholic Charities of Miami | Millennium Clinic of Dade Inc. |
| Chase Center | Mobile Crisis Team in South Florida |
| Citrus Health Center | Morning Star Centers Inc. |
| Chrysalis Health | Mount Sinai Medical Center |
| Community Health of South Florida Inc. | National Suicide Prevention Lifeline |

| | |
|---|---|
| Compass Health Systems | New Hope CORPS |
| Comprehensive Psychiatric Center | New Horizons Community MH Center |
| Coral CMHC | Nicklaus Children's Hospital |
| Center for Family and Child Enrichment | Paramount Counseling Services Inc. |
| Dade Family Counseling CMHC Inc | PsychSolutions Inc |
| Douglas Gardens CMHC | Regis House |
| Edgar Pena LMHC CAP and Associates | Retreat Behavioral Health Service Center |
| Equilibrium Centro Terapeutico | Safe Future LLC |
| Face to Face Mental Health Servs LLC | Safe Landing |
| Fellowship House | Safe Landing Recovery |
| Global Institutes on Addictions (GIA) | Serenity Behavioral Health Services |
| Golden Glades Treatment Center | South Miami Recovery Inc. |
| Golden Palms Residential Treatment Facility | Southern Winds Hospital |
| Guidance Care Center Inc. | Summer House |
| Harbor Village, Inc. | Tamiami Wellness Club |
| Here's Help Inc. | Thriving Mind Consumer Hotline |
| Homestead Behavioral Clinic | TLC Recovery Center of South FL LLC |
| Improving Lives Community Mental | Total Rehab Services |
| Institute for Child and Family Health | Veterans Affairs Miami Medical Center |
| Integrity Behavioral Health LLC | West Miami CMHC Inc. |
| Jackson Community Mental Health Center | |

Source: SAMHSA

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# PROVIDER EVIDENCE-BASED PRACTICES

**Advocate Program**

- Assessment using a validated tool (Ohio Risk Assessment System)
- Cognitive-Behavioral Interventions for Substance Abuse

**Agape Network**

- Eye Movement Desensitization and Reprocessing (EMDR)
- Wellness Recovery Action Plan (WRAP)
- Seeking Safety
- Trauma-Focused Cognitive Behavior Therapy
- Motivational Interviewing

**Banyan Community Health Center**

- Solution-Focused Brief Therapy (SFBT)
- Wellness Recovery Action Plan (WRAP)
- Seeking Safety
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Motivational Interviewing
- Mental Health First Aid (MHFA)
- Promoting Awareness of Motivational Incentives (PAMI)
- Cognitive Behavioral Therapy (CBT)
- Moral Reconation Therapy (MRT)
- Motivational Enhancement Therapy (MET)
- Adolescent Community Reinforcement Approach (A-CRA)
- Teen Intervene
- "Theater Group Peer Education Project"
- Multidimensional Family Therapy (MDFT)
- Integrative Harm Reduction Psychotherapy (IHRP)
- Cognitive Processing Therapy (CPT)

**Better way of Miami**

- *Eye Movement Desensitization and Reprocessing (*EMDR)
- Wellness Recovery Action Plan (WRAP)
- Seeking Safety
- Criminal Conduct and Substance Abuse Treatment – Strategies for Self-Improvement and Change (DOC Clients)
- Mental Health First Aid
- Motivational Enhancement Therapy
- Schema Therapy

**Camillus House**

- Solution Focused
- Cognitive Behavioral Therapy (CBT)
- Trauma Informed Care (Seeking Safety)
- Harm Reduction - Psychotherapy
- Motivational Interviewing (MI)

**Carrfour**

- Permanent Supportive Housing
- Trauma Informed Care – Behavioral Health Services
- Enhancing Motivational Change for Substance Abuse Treatment
- Individual Placement and Support (Supported Employment)
- Wellness Recovery Action Plan (WRAP)

**Catholic Charities of the ADOM**

- Living in Balance
- 12 Step Facilitation for Outpatient
- Seeking Safety
- SSI/SSDI Outreach, Access, and Recovery (SOAR)

**Center for Family and Child Enrichment**

- Nurturing Parenting
- Wellness and Recovery Plan (WRAP)
- Seeking Safety
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Motivational Interviewing
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- National Anger Management Association-Certified Anger Management
- National Anger Management Association-Certified Domestic Violence
- Culturally Informed and Family Based Treatment for Adolescents (CIFFTA)
- Too Good for Drugs and Violence (TGDV)
- Wise Owl Bullying Prevention Groups

**Community Health of South Florida**

- Trauma Informed Care (TIC)
- Wellness Recovery Action Plan (WRAP)
- Transition to Independence Model (TIP)
- Critical Time Intervention (CTI)
- Motivational Interviewing (MI)
- LifeSkills Training (Elementary, Middle, High, and Parenting)

**Citrus Health Network**

- Wraparound

- Wellness Recovery Action Plan (WRAP)
- Relationship-based care
- Florida Assertive Community Treatment (FACT)
- Seeking Safety Trauma focused CBT (TF-CBT)
- Motivational Interviewing
- An Apple a Day Curriculum
- Parent-Child Interaction Therapy (PCIT)
- Child Parent Psychotherapy (CPP)
- Solution Focused Brief Therapy (SFBT)
- Youth Mental Health First Aid (YMHFA)
- Critical Time Intervention (Care Coordination) Cognitive Adaptation Training
- LifeSkills Training
- Triple P Parenting Workshops
- Wise Owl Bullying Prevention Groups
- Know the Law Community Education Strategy
- Talk. They Hear You Media Campaign – Environmental Strategy

**Concept Health Systems**

- Motivational Enhancement Therapy (MET)
- Motivational Interviewing (MI)
- Seeking Safety
- Cognitive Behavior Therapy (CBT)
- Adolescent Community Reinforcement Approach (A-CRA)
- Teen Intervene
- Theater Group - Peer Education Project
- Wellness Recovery Action Plan (WRAP)
- Trauma Incident Resolution
- PhotoVoice

**Douglas Gardens CMHC**

- Supported Employment/Individual Placement and Support
- Wellness Recovery Action Plan (WRAP)
- SSI/SSDI Outreach, Access, and Recovery (SOAR)
- Supported Housing
- Motivational Interviewing (MI)
- Trauma Informed Care
- Strength-Based Targeted Case Management

**Elijah Network Family and Community Alliance**

- Drop the Keys campaign – Community Education Environmental Strategies
- Rx Drug Drop Box campaign
- Photovoice
- Talk. They Hear You Media Campaign – Environmental Strategy
- Deterra – Drug Deactivation Packet Training and informational campaign

**Psychosocial Rehabilitation Center, d/b/a Fellowship House**

- Florida Assertive Community Treatment (FACT)
- Peer Services
- Wellness Recovery Action Plan (WRAP)
- Seeking Safety

**Fresh Start of Miami Dade**

- Wellness Recovery Action Plan (WRAP)
- Motivational Interviewing (MI)
- Peer Support

**Gang Alternative**

- LifeSkills Training (LST)
- Triple P Parenting Workshops
- PhotoVoice

**Guidance/Care Center**

- Seeking Safety (SS)
- Relapse Prevention (RP)
- Trauma Focused- CBT (TF-CBT)
- Moral Reconation Therapy (MRT)
- Community Reinforcement Approach and Assertive Community Care (CRA)
- Teen Intervene
- An Apple A Day (AAD)
- Project Success
- Strategies for Self-Change (SSC)
- Motivational Interviewing (MI)
- Wraparound
- Catch My Breath (Middle and High School)
- Virtual Online Courses: AlcoholEdu, Prescription Drug Safety, Nicotine 101, Marijuana Wise and Alcohol Wise

**Here's Help**

- Motivational Interviewing (MI)
- Cognitive Behavioral Therapy (CBT)
- Wellness Recovery Action Plan (WRAP)
- Token Economy

**Hialeah Community Coalition**

- Responsible Vendor Training (RVT) Education and Environmental Campaign
- Compliance Checks – retail vendors:
- Know the Law Community Education Strategy
- Talk. They Hear You Media Campaign – Environmental Strategy

- "No Sales to Minors" Compliance Checks – We ID
- Vendor Prevention Product Placement Infographic Education and Community Awareness
- PhotoVoice
- DEA: Campus Drug Prevention and Underage Drinking Prevention for College Students

**Institute for Child and Family Health**

- Motivational Interviewing (MI)
- Cognitive Behavioral Therapy (CBT)
- Family Psycho-Education
- Life skills Training (LST)
- Community Capacity Building
- Community Activities, Fairs, Drives and Workshops
- Virtual Prevention website/videos

**Informed Families, The Florida Family Partnership**

- Red Ribbon Certified Schools (Mentored and Nurture Schools)
- Alcohol Literacy Challenge - Train the Trainer
- Parent Peer Group Parent Leader Training
- Four Campaigns Training – Community Education

**Public Health Trust of Miami Dade County, Florida d/b/a Jackson Health System**

- Cognitive Behavioral Therapy (CBT)
- Motivational Interviewing (MI)
- Wellness Recovery Action Plan (WRAP)
- Strength-Based Model
- Trauma Informed Care
- High Fidelity Wraparound
- Solution Focused Approach
- Transition to Independence Process (TIP)
- Recovery Oriented System of Care (ROSC)

**Jewish Community Services**

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Behavior Therapy (BT)
- Cognitive behavioral therapy (CBT)
- Motivational Interviewing (MI)
- Play Therapy (PT)
- Applied Suicide Intervention Skills ***Training*** (***ASIST***)
- Question, Persuade, Refer (QPR)
- Psychological First Aid
- Rogerian Counseling

**Jessie Trice CHC**

- Psycho education
- Cognitive Behavioral Therapy (CBT)
- Motivational Interviewing (MI)
- Seeking Safety
- Acceptance Commitment Therapy
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)

**Key Clubhouse**

- Clubhouse Model

**Key West HMA**

Cognitive Behavioral Therapy (CBT)

- Trauma Informed Care (TIC)
- Solution-Focused Brief Therapy (SFBT)
- Dialectical Behavioral Therapy (DBT)
- Motivational Interviewing (MI)

**Sundari Foundation d/b/a Loutus House**

- Seeking Safety
- Say it Straight
- Triple P-Positive Parenting Program (PPP)
- Cognitive Based Therapy (CBT)
- Early Assessment and Intervention for Families Experiencing Homelessness (currently under peer review for publication in the Journal of Consulting Psychology)
- Addressing Mental Health and Trauma-Related Needs of Sheltered Children and Families with Trauma Focused Cognitive Behavioral Therapy (submitted for peer review to the Journal of Administration and Policy in Mental Health and Mental Health Services Research)

**Monroe County Coalition**

- Know the Lawv- Community Education Strategy
- Be Above Bullying
- Social Norming No One's house is a Safe Place for Teen Drinking
- Social Norming: Driving under the influence drugs/medications "I Steer Clear"
- Safe Serving Practices – Community Education Environmental Strategies
- I Steer Clear
- Responsible Vendor Training
- No One's House
- Business Signage No Sales Under 21 – Community Education
- ID Checking Guides Education strategy
- My Student Body

**Miami-Dade County through its Community Action Human Service Department**

- Living In Balance
- Seeking Safety

**Miami-Dade County through its Juvenile Services Department**

- Screening/ Assessment

**Miami Recovery Project**

- Peer Support Services
- Wellness Recovery Action Plans (WRAP)
- Whole Health Action Management (WHAM)

**NAMI Miami-Dade**

- Family-to-Family Education Program
- Ending the Silence
- Peer-to-Peer Education Program
- Question Persuade Refer (QPR) Suicide Education Program

**New Hope CORPS**

- Critical Time Intervention

**New Horizons CMHC**

- Cognitive Behavioral Therapy
- Trauma-Focused Cognitive Behavioral Therapy
- Motivational Interviewing
- Family-Team Conference (FTC)
- Nurturing Parenting
- Solution-Focused Brief Therapy

**Passageway Residence of Dade County**

- Wellness Recovery Action Plan (WRAP)
- Illness Management and Recovery
- Strengths Model Case Management
- Motivational Interviewing
- Dialectical Behavior Therapy (DBT)
- Moral Reconation Therapy

**The Village South**

- Seeking Safety (SS)
- Motivational Interviewing (MI)
- Community Reinforcement Approach (CRA)
- Trauma Focus (CBT)

- Relapse Prevention Training (RPT)
- Nurturing Parenting (NP)
- LifeSkills Training Curriculum
- Teen Intervene