POLK VISION LEAD

LEARN ENGAGE ALIGN DEVELOP

Behavioral Health Strategic Plan Development & Sequential Intercept Mapping

Published: June 2021

Consultant:

crescendo

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The study was coordinated by Polk Vision and members of its Behavioral Health Team.

Behavioral Health Strategic Plan Development & Sequential Intercept Mapping

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I. Forward

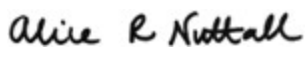
Overall health is defined by both physical and mental well-being. Behavioral health is the promotion of mental health, physical health, and resilience. Individuals who are mentally well are productive and live fruitful lives while making valued contributions to their community.

Prior to the COVID pandemic, the widely accepted data from the CDC was that 1 in 5 Americans, both adults and children, have a serious debilitating mental illness that requires treatment. Data from 2019 shows that in Polk County, the ratio of the population to mental health providers is 1,400:1. More recent statistics indicate that an increased number of Americans have a serious mental health or substance abuse concern that requires treatment, but it's likely that the true impact of the pandemic won't be known for years to come. The lack of sufficient providers to meet the growing need in Polk County has great impact on our community's health, quality of life, economy, growth, and development.

Quality mental health care is vital for a healthy community. It should be readily available, collaborative, and meet the needs of the individual and family. There is no question that there needs to be a coordinated way by which a community can identify, assess, support, engage, treat, and care for its members who suffer from mental illness. There are also strategies to support and foster mental health and resilience in a community through connection and education.

As co-chairs for the Behavioral Health LEAD Team, together with Polk Vision leadership, we outlined strategies to identify a collaborative community project that would use systemic data collection and analysis to map out our current system of care. This would include all key community stakeholders and major behavioral health providers, identifying key gaps and opportunities in our system and then prioritizing these concerns in a strategic plan. On the following pages you will see the fruition of these efforts. This work and report will be a catalyst to make true and lasting impact in both prevention and treatment of mental health and substance abuse concerns in Polk County. The biggest strength of this project is the tremendous participation we had from a large assortment of key informants who represented a variety of sectors across Polk County.

It is our honor and privilege to have been involved with convening such impactful and meaningful work with such a diverse and dedicated group of community leaders, engaged citizens, and those whose life is impacted by mental illness. By taking on this timely and brave mission, Polk County is a leader in regional collaboration. We now can't wait to see this venture inspire the transformational action necessary for lasting impact.



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II. Executive Summary

A. Goal

The ultimate goal of the project is to improve the quality of life of Polk County residents by addressing the behavioral health needs in the community. As background, several recent analyses of health in Polk County – including the Polk County Community Health Assessment (2020) – identified behavioral health (i.e., mental health and substance use) as the leading health-related priority. The Polk Vision project pivoted off of this established foundation and conducted an in-depth analysis of behavioral health needs and worked with a diversity of community members to establish a focused set of strategies. All needs identified in the assessment are important – individual lives are impacted, families are raised up or challenged, organizations drive with a heartfelt mission to address local needs. The strategies distilled in this assessment were developed by project leaders to: (1) address the greatest unmet needs – those impacting the most people; and/or (2) those who are most acute or urgent.

Photo source: Community Commons. Note that all photos used in this report are sourced from Community Commons or public domain sources. Additional, specific attribution is available.

B. Methodology

All project activities were designed to embrace highly diverse community members – key providers and stakeholders, consumers of behavioral health services, vulnerable individuals and families, public safety, public health, disadvantaged communities, and many others. The goal of the project methodology is to seamlessly address each of three research stages in the scope of work. The stages include:

> *"We need a systematic approach that guides the assessment, gets us in front of issues we're facing now, and puts us in a good place to deal with issues that may arise due to the pandemic."*
> *Project Leader, July 2020*

Stage 1: Resource Mapping and Process Flow
Goal: To create a statistical and map-based profile of Polk County. Deliverables included an inventory of existing behavioral health service sites and a profile of each.

Stage 2: Gap Analysis and Needs Assessment
Goal: To generate a comprehensive analysis of the Polk County behavioral health environment and generate an in-depth Needs Assessment and Gap Analysis.

Stage 3: Implementing Strategies that Strengthen Communities
Goal: To create strategies to positively impact community behavioral health.

Specific methods used to collect information, establish a prioritized list of needs, and develop strategies include the following:

- Review of extant documents and analyses
- Data analytics of demographic, service use, lifestyle trend, social determinants of health, transportation, health status, and validated national / statewide trend data.
- Resource mapping
- Stakeholder interviews
- Group discussions
- Community survey
- Jail survey
- Access Audit
- Analysis of social media and digital trends
- Modified Delphi technique to prioritize needs
- Community forums ("Mind Matters" sessions)
- Weekly meetings between Crescendo Consulting Group and Polk Vision project leaders over a ten-month time frame
- Creation and review of interim analyses (i.e., the Stage 1 and Stage 2 draft reports)
- Onsite strategic planning sessions

"The work plan was ambitious! The biggest challenge is to engage a truly diverse set of community members." Stage 1 Interview Participant

Source: Wembley Matters. Available at https://2.bp.blogspot.com/-RWOqZiRzET8/V6DLsU_Zsil/AAAAAAAAO0Y/mkrmnJBzTVAefGT6GMEwzYTrrXRrlWSygCLcB/s1600/multicultural.jpg

The research activities deployed to execute the project were exacting and, at times, challenging. However, the many intrinsic strengths found in Polk County provided a basis for a high degree of involvement and highly successful research tasks. It is important to note that Polk County is fortunate to have excellent resources:

- A strong, highly capable provider base
- Highly engaged public health leaders
- A community that has repeatedly demonstrated its willingness to work diligently to "act" and "make things happen" -- not simply give an opinion or insights.
- Highly engaged public safety departments, school system, philanthropic organizations, arts communities, faith-based institutions, and other general community organizations.

C. Results

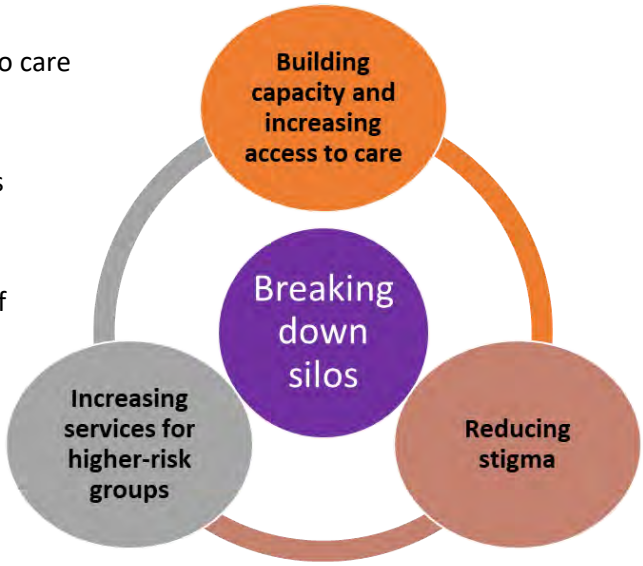
1. Needs

The research approach described above yielded a deduplicated list of 41 unmet behavioral health needs in the Polk County area. Again, all 41 (and more) are important. However, the charge to Polk Vision and by extension its partners was to prioritize the needs list and identify a core set of strategies to address them. The top eight prioritized needs are listed below, and the full list is included in the appendices.

1. Improved community awareness of available services
2. Better collaboration among agencies
3. Increased capacity of care coordinators, navigators, and case workers to support the needs of higher-risk patients
4. Additional services to provide transitional care services for people being released from jail
5. School-based behavioral health education
6. A centralized, fully updated, database of community providers and access information (accessible either online or by phone)
7. More mobile crisis response teams
8. A central organization or entity that can work to reduce silos and contribute to more efficient, integrated behavioral health care

Working toward the objective of developing a core set of strategies, the project team categorized the 41 needs into four themes or, Strategic Objectives:

1. Building capacity and increasing access to care
2. Reducing stigma
3. Increasing services for higher-risk groups
4. Breaking down silos



Notice that information sharing and the ability of direct care providers, public safety, community organizations, schools, and others to efficiently and appropriately serve the community – ***"Breaking down silos"*** – are required steps to address the other three themes or Strategic Objectives.

2. Strategies

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Foundational research results (i.e., Stage 1), the list of prioritized needs, Themes / Strategic Objectives, initial ideas about strategies, and other matters were shared with local providers, consumers of behavioral health services, public safety officials, public health leaders, general community members, and others. Based on their insight, five core strategies were developed. The strategies listed below are designed to: (1) address the most urgent behavioral health needs, (2) implement strategies to break the cycle of high acuity service use and change the trajectory of people at-risk of entering the behavioral health care system, (3) enhance long-term capacity issues and improve utilization of existing behavioral health resources, and (4) establish a sustainable, ongoing body that can manage integrated services throughout Polk County and, in doing so, improve the efficiency of services while achieving the ultimate project goal: To improve the quality of life of Polk County residents by addressing the behavioral health needs in the community.

The five core strategies identified in the research and conveyed by project leaders are listed below.

1. Expand crisis services, mobile health care, and centralized care coordination (including awareness and early intervention) for youth and adults.
2. Create a Polk County behavioral health coalition (or assign the oversight to an existing entity) to coordinate diverse activities designed to address area behavioral health initiatives emerging from this and similarly focused projects.
3. Expand the capacity of behavioral health services in Polk County.
4. Expand criminal justice system services to reduce jail system recidivism and address the needs of highly acute inmates.
5. Engage diverse community groups in immediate and ongoing activities to improve community health and wellness and to support efforts to enact behavioral health initiatives.

Source: This Photo by Unknown Author is licensed under CC BY-SA-NC

Each of the five strategies – as well as the goals, methodology, Stage 1 Research highlights, Stage 2 Research highlights, and the needs identification and prioritization processes – are described in detail in the following pages.

All the needs identified in the assessment are important, and many are being addressed to some extent by existing community partners. That said, given the idea that the current public health environment has illuminated the need for behavioral health services while inspiring providers, community groups, healthcare consumers, and others to collaboratively address core issues, the timing of the Polk Vision strategies is crucial yet ahead of many initiatives seen statewide or in other counties. The following sections explore the work summarized in the Executive Summary in greater depth.

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Behavioral Health Strategic Plan Development & Sequential Intercept Mapping

Stage 1: Resource Mapping & Process Flow

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Introduction

Purpose and Goals of the Project

The ultimate goal of the project is to improve the quality of life of Polk County residents by addressing the behavioral health needs in the community. To accomplish this goal, several components need to be simultaneously achieved.

- Develop a comprehensive behavioral health strategic plan and behavioral health system access and process mapping.
- Identify system / resources that are valued and working well; help determine how they may work together more efficiently.
- Identify and prioritize system gaps and community needs.
- Engage a broad set of stakeholders; build consensus around results and actions.
- Use resources more efficiently – focusing on a finite set of objectives, establishing a timeline for results, "work with the willing" to achieve results.

Community Engagement and Partners

Polk Vision includes a community-driven leadership team that provides project oversight, feedback regarding perceptions of area health needs, data evaluation, and other guidance throughout the process. These individuals have a breadth of community health visions, knowledge, and power to impact the well-being of the service area. The Leadership Group includes the following members:

- Kim Long, Polk Vision
- Holly Vida, Central Florida Health Care
- Alice Nuttall, Lakeland Regional Health
- Joy Johnson, Polk County Board of County Commissioners
- Andrea Clontz, Polk County Board of County Commissioners
- Joy Jackson, MD, Florida Department of Health – Polk County
- Cathy Hatch, Polk County Board of County Commissioners
- Vicky Santamaria, AdventHealth
- Stephanie Arguello, AdventHealth
- Lisa Bell, BayCare
- Christy Olsen, Polk County Public Schools
- Julianne Ortman, Polk County Sheriff's Office
- Kirsten Sheehan, Polk Vision

In addition to the above, many others representing various organizations attend the weekly calls as well.

Description of the Three Stages

All work plan activities for this comprehensive strategic plan development and sequential intercept mapping project were developed and continue to be refined to address Polk Vision's preferences and needs. The approach includes involvement from a diverse set of key stakeholders throughout the length of the project.

The goal of the project methodology is to seamlessly address each of three research stages in the scope of work. The stages include:

Stage 1: Resource Mapping and Process Flow

Goal: To create a statistical and map-based profile of Polk County.

Deliverables will include an inventory of existing behavioral health service sites and a profile of each. The mapping component provides the ability of users to click on specific sites and gain detailed information regarding services offered, access, and other key information. It will also display customized demographic and service use data, where available. Tables, charts and a summary report will describe Polk County in terms of demographics, health status (including behavioral health and substance misuse), poverty (and other issues correlated with behavioral health needs), and other valuable statistics. The summary report will also contain a complete list of data citations to inform future initiatives. Stage 1 activities also included community and stakeholder engagement initiatives that have helped segue into Stage 2.

Stage 2: Gap Analysis and Needs Assessment

Goal: To generate a comprehensive analysis of the Polk County behavioral health environment and generate an in-depth Sequential Intercept Mapping (SIM) model.

The SIM will help improve community behavioral health by better aligning services, more clearly mapping existing services (and ways to access them), identifying service gaps and creating strategies to address them, and enhancing a collaborative approach to long-term improvement. Stage 2 will include a large number of qualitative research activities (e.g., additional stakeholder interviews, focus group discussions, casual intercepts), quantitative work (e.g., surveys, data analytics, and others), and community engagement activities. In addition to conventional activities, Crescendo will engage hard-to-reach

audiences such as the community of people experiencing homelessness, people in the criminal justice system, people currently facing behavioral health and/or substance misuse issues, the LGBTQ community, and others. Based on the research, Crescendo will generate deliverables such as the following:

- Sequential Map and narrative reports that do the following:
    - Identify and describe the network of Polk County service providers
    - Provide details regarding patient flows and barriers to care (as well as "highlights" and aspects that work well)
    - Describe higher-risk community groups and subpopulations
    - Outline access / system entry points, access processes and impediments, current resources designed to overcome impediments, and other sequence of care milestones.
- A research report that illuminates capacity service gaps (e.g., "more child psychiatrists needed") and operational service gaps (e.g., "more care navigation" or a "no wrong door" resource for first-time health system users).
- A comprehensive report summarizing all research and related SIM project research (e.g., interactive tools; survey analyses; a clear set of consensus-building, prioritized needs; appendices; and, other project materials).
- A detailed, consumer-friendly set of interactive maps.
- A Strategic Initiatives list that highlights core actions and indicates the objective (or goal) of each action, designates who will carry out the action, timelines, measures of success, and reporting processes.

Stage 3: Implementing Strategies that Strengthen Communities

Goal: To create and implement strategies to positively impact community behavioral health.

The mechanism includes engaging key stakeholders, connecting with higher-need community groups, addressing higher-need service gaps, and building or enhancing partnerships, and streamlining access to services. Project tasks will include working with Polk Vision's select stakeholders to establish ongoing initiatives that engage community members, service providers, and others throughout Polk County – urban, suburban, and rural areas.

Stage 1 Goals, Tasks, and Methodology

The purpose of Stage 1 work (as noted above) was to create a statistical and map-based profile of Polk County. Specifically, the stage was designed to provide a basis for the more in-depth analysis of system-level strenghts / resources, needs, and service gaps. Focusing on data collection and the enumeration and profile of service providers, the following deliverables have been created.

- Data Collection Summary of Environmental Measures
- "Chart Pack" of tables and charts that illustrate the results of the Data Collection analyses.
- A database showing the results of the literature / resource review and examples of best practices in other locations.
- Sets of interactive maps that show different type of community services and drill-downs that present detailed information about each site such as specific services offered, hours of operation, address, and other access information.
- Summary report of Stage 1 research, and implications for Stages 2 and 3.

To complete the deliverables, Stage 1 methodology included the following research activities:

- Collection and analysis of demographic, general health, behavioral health, and substance use disorder data.
- Collection and analysis of service use data from inpartient, outpatient, residential, and other facilities.
- Mapping of of key incidence rates and other behavioral health-related data.
- A select number of telephone interviews to provide initial insight regarding Polk County resources and key behavioral health and substance use issues.

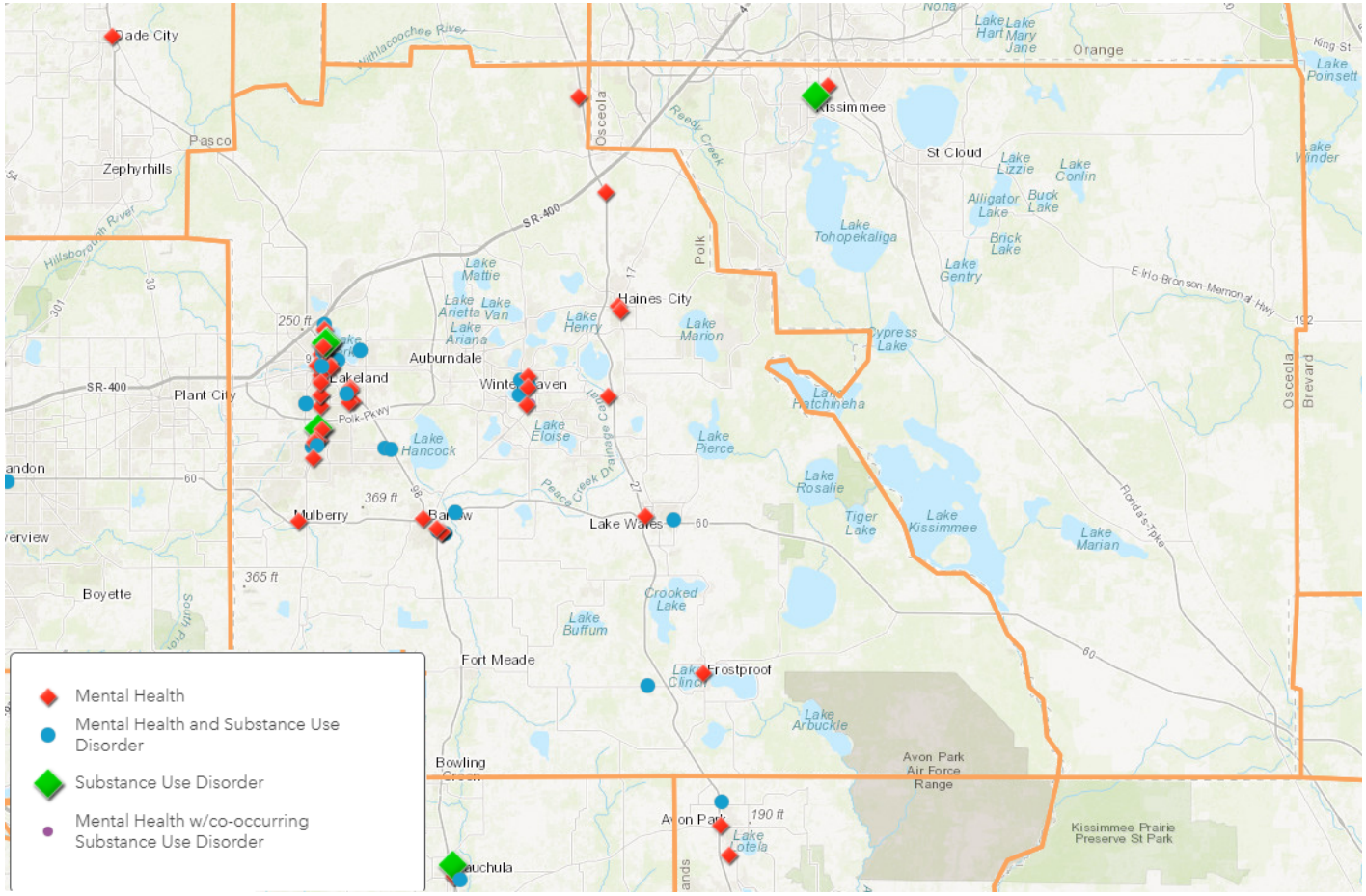
Note that maps, data tables, qualitative insight, best practices, and other insight gained in Stage 1 will be updated throughout the project as new information is gathered and analyzed.

The following section provides a set of four interactive maps that show the behavioral health service site locations in and near Polk County. The appendices contain detailed, extensive tabular information about each site. Click here [Database of Service Providers] to view the first page of the appendices containing the site list tables.

Resource Inventory and Mapping: Interactive Maps

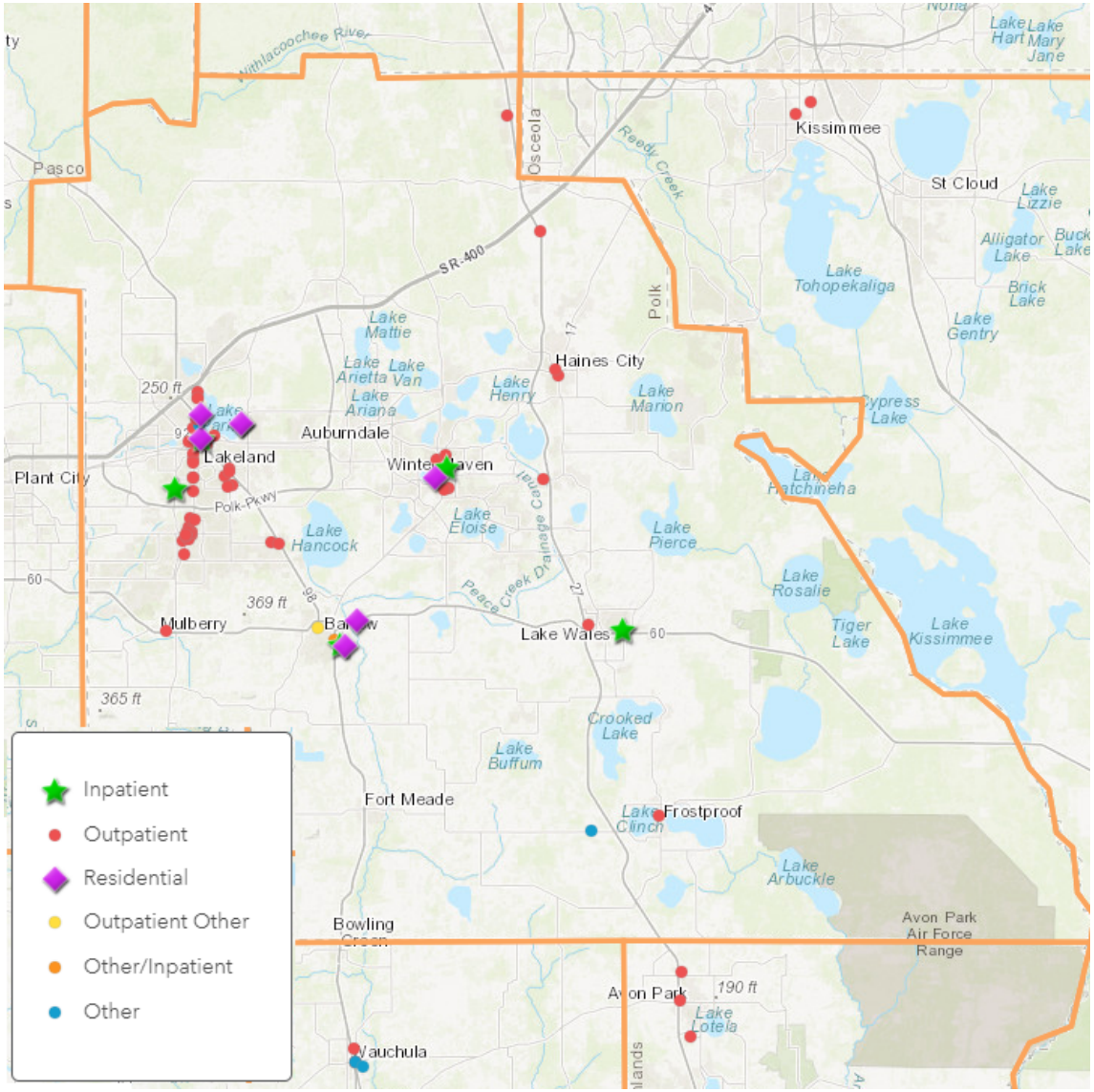
The following set of four maps shows the Polk County based behavioral health (including substance use disorder) care facilities. The maps present information by Type of Service, Setting, Population Served, and the Availability of Telehealth Services. Each map also includes a hyperlink at the bottom which allows readers to access the online, interactive map and view contact information and other data about each site.

Type of Service Provided (Behavioral Health, excluding Substance Use Disorder; Substance Use Disorder; and Others)



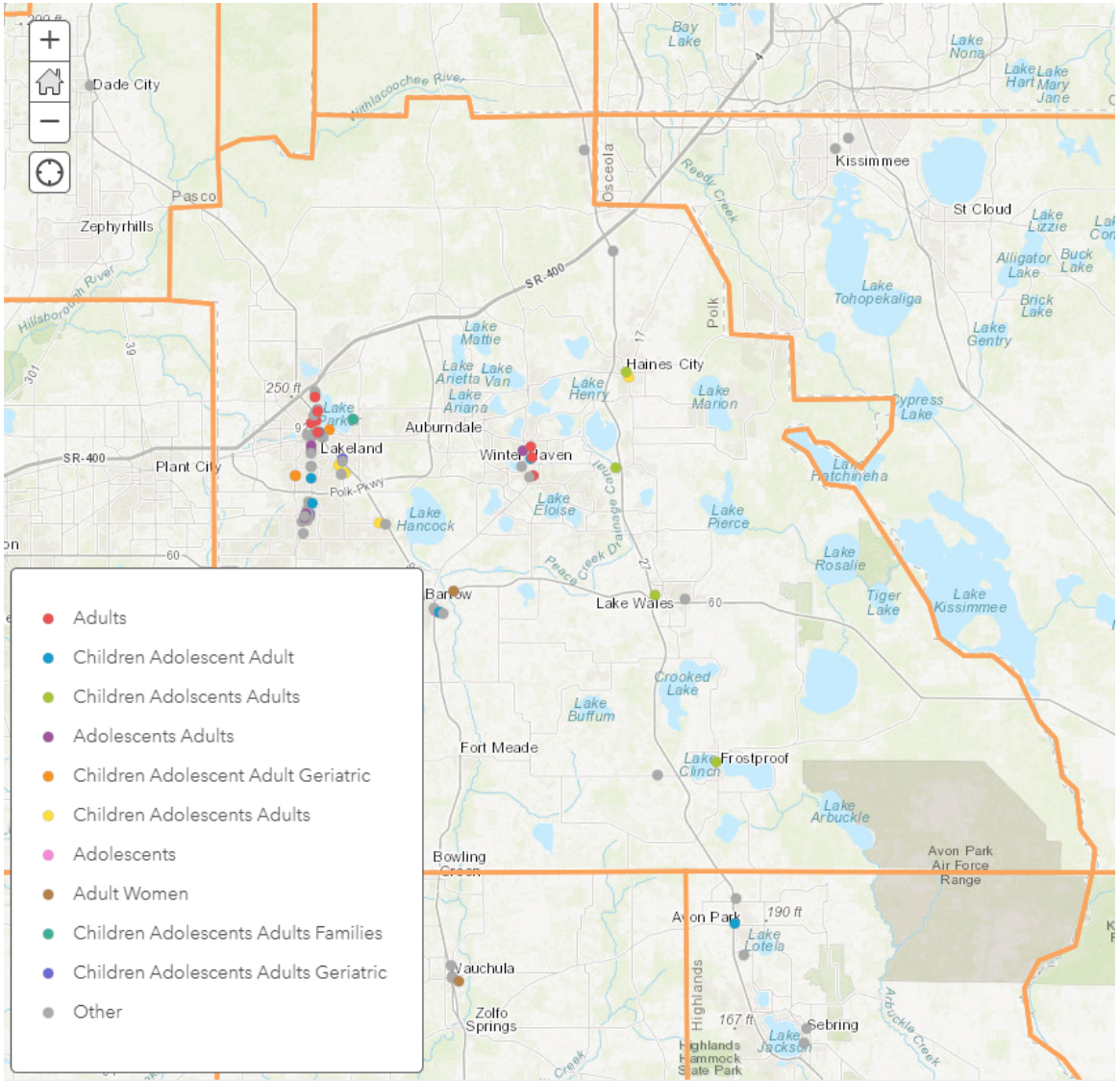
For interactive map, see: https://arcg.is/1SfqnH1

Setting (Inpatient, Outpatient, Residential, or Others)



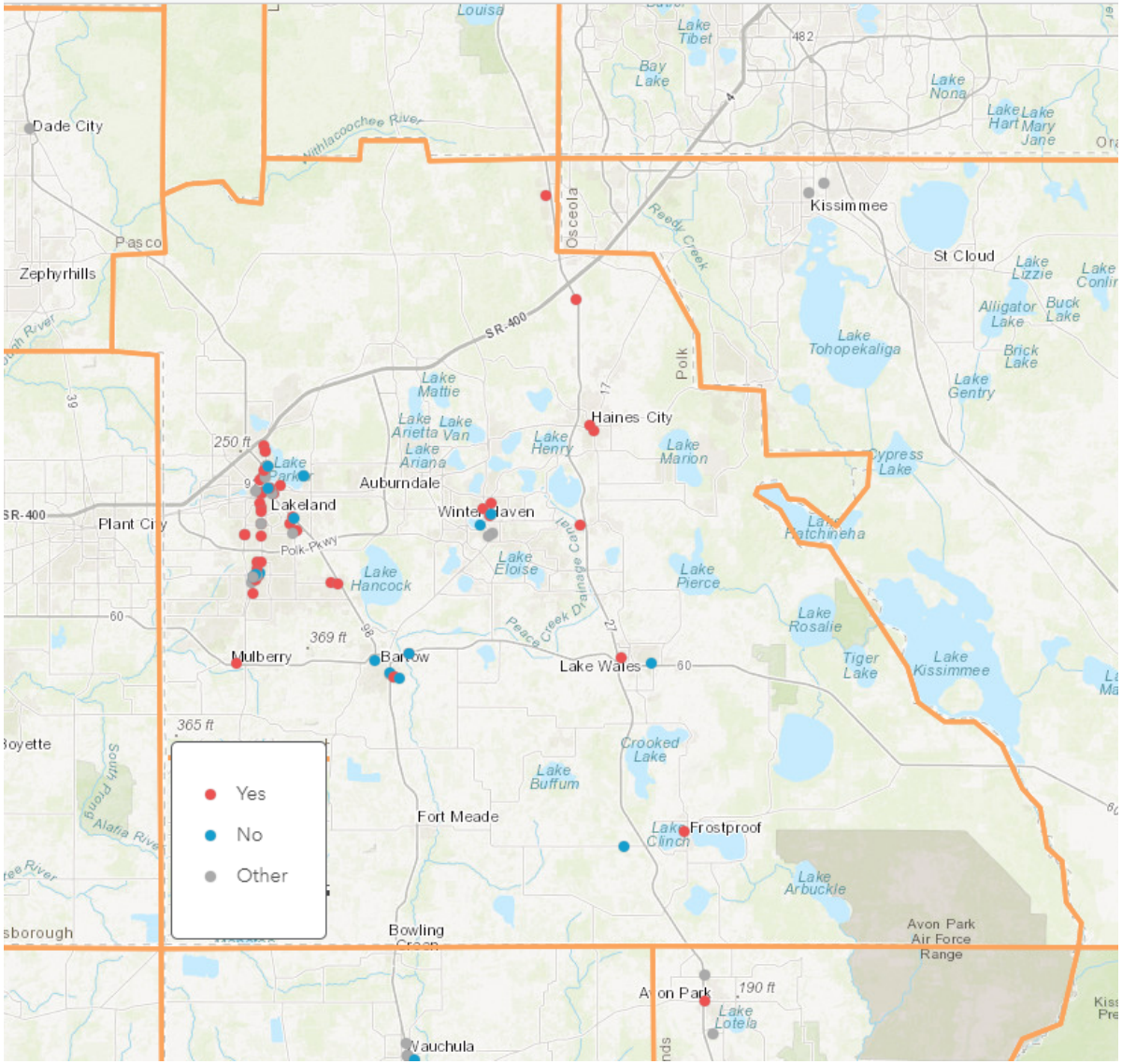
For interactive map, see: https://arcg.is/045X9

Population Served



For interactive map, see: https://arcg.is/iPHy4

Availability of Telehealth Services



For interactive map, see: https://arcg.is/j5bO1

Summary of the Stakeholder Interviews and Service Site Calls

Composition

The purpose of the "Stage 1 Stakeholder Interviews" portion of the approach was to identify high-level issues for behavioral health care, identify and qualify service site locations, and to help inform Stage 2 and Stage 3 strategic planning activities. During Stage 1, approximately 23 stakeholder interviews were conducted with individuals including, but not limited to, the following:

- Direct service providers
- Funding authority representatives
- Non-profiit agency leaders
- Project leaders
- Public Health officials
- Public safety officials and other members of the criminal justice system
- Public school system officials

In addition, over 70 service providers in Polk County were contacted to gather additional information about their services.

Key Themes

As noted above, the primary objective of the stakeholder interviews was to learn their insights regarding currently available resources, services that are working well, service gaps, and ways to better meet community needs. The stakeholders were very forthcoming in their ability and willingness to participate, and their insights will greatly inform Project Stage 2 and Stage 3 work. Some of their observations are noted below.

- **Insights about capacity and access to care include the following.**
    - Most stakeholders agree that demand for behavioral health including substance use disorder services outweigh the supply of providers.
    - The perceived concentration of providers around the Greater Lakeland area (and subsequently fewer providers elsewhere in the County) creates a barrier to care for those living outside of Lakeland. The large area of Polk County contributes to the difficulty of receiving care.
    - A significant amount of red tape makes it difficult for people who need care to receive it in a timely manner.
    - Interviewees stated that a lack of awareness of available financial support results in some individuals not seeking needed (and available) care.
    - There is not good awareness of the first steps required to seek care. Awareness of a "central telephone number" or "no wrong door" policy appears to lacking.

"It's hard to know where to start to get help."

- **Inter-system connectivity is seen as a major opportunity for improving response to, and care for, individuals struggling with behavioral health issues.**
    - The criminal justice system plays a major role in addressing behavioral health and substance use issues. There is a strong [almost urgent] sentiment among several stakeholdes that communication and information sharing among the current Public Health and Public Safety systems needs to be a high priority activity.
    - Many feel it would be beneficial to relocate 2-1-1 services back to Polk County.
- **Treatment demand is increasing and some providers use telehealth and other service line changes to meet the increasing demand, yet some barriers to care may also be increasing.**

- The COVID-19 pandemic has increased anxiety and depression, and the true impact of the pandemic is not yet known. Some expect suicide rates nationally and locally to increase as much as 25% over the next few years.
- Since many people have chosen to forego outpatient, partial hospitalization, or other care over the past six months, the acuity level of those seeking inpatient care has increased dramatically.
- Telehealth, while not perfect for every situation, has helped to improve the access to services, but many providers indicated they will discontinue use of telehealth once the pandemic ends.

  "We previously had to allot a lot of time for travel between homes, but they [care providers] could increase case load due to telehealth. We worked through the wait list - people could get service in a week which is amazing."

- Behavioral health and substance abuse issues are not mutually exclusive - many individuals suffer from both, and as such need to be treated for both simultaneously. The comorbidity of substance use disorders with other behavioral health conditions is very high; stakeholders said that efforts to address the issues must be coordinated and inclusive.

  "I spoke with about 35 people seeking some type of care for a substance use disorder problem this week. I'd say that nearly all had some additional form of behavioral health issue."

- Stigma is perceived as greatly restricting people's willingness to seek care for behavioral health issues (especially substance use disorder and schizophrenia-related issues). Stakeholders suggest that stigma is prominent in the general population, as well as some additional challenges due to cultural, religious, and income-related issues.

- **The stakeholders interviewed truly care about the health of Polk County residents, and they indicate they want to affect positive change. There is a strong desire and belief that – as one stakeholder said,**

  "Because of what we have all experienced since March [i.e., COVID-19 impact], we now more than ever believe that we all need to work together to save lives and truly improve the health and wellness of our community – ONE communty!"

- **Many stakeholders interviewed feel that schools are an excellent location to provide information and resources, as communications here can reach generations of families, catch problems early, as well as to help potentially avoid future ACEs.**

- Social media is a driver, and kids tend to frequently post on social media channels about drinking and drugs, which seem more accepted now. The increasing legalization of marijuana is a concern, as is the culture in schools of idolizing certain personalities.
- The COVID-19 pandemic has challenged communications with students, so more issues are likely to be discovered when students return to school.

"Threat assessments at schools have increased. It's more likely for kids to threaten themselves, not others. The real problem is suicides."

In addition to providing the stakeholder names to potentially interview, the project leaders provided a database of over 100 service sites to include for mapping purposes. Each of the 100+ sites was independently reviewed. Those located in Polk County were contacted; most were able to provide contact information, hours of operation, descritions of their service settings and focus area, the populations that they serve, and their websites. The information provided was used to generate the interactive maps contained in this Stage 1 Report.

Aggregately, the qualitative insights above (as well as the data, service site database, and other information) will be used to help direct more detailed Stage 2 activities and create the system gap analysis, the needs assessment, and strategies required to address needs and gaps.

The following section, "Data Collection Summary of Environmental Measures," presents an extensive amount of data that helps define Polk County's behavioral health environment and construct a foundation from which to pursue Stage 2 strategic planning activities.

Data Collection Summary of Environmental Measures

Demographic and Core Measures Change Rates, Polk County, 2010-2020

The environment surrounding behavioral health and substance abuse issues includes demographic, as well as medical health factors. The follow few pages present high-level data on these environmental issues.

The population of Polk County and its incorporated municipalities has grown since 2010. Polk County grew from 590,116 residents to 668,671 from 2010 to 2020. The other key population factor that rose across the board among Polk County municipalities was the percentage of the population with a bachelor's degree or higher, which rose 11%. There was greater variance within its incorporated communities around key factors like poverty, median age, and median home values, detailed below.

Change Rates, Polk County, 2010-2020

	Polk County	Auburndale	Bartow	Davenport	Eagle Lake	Fort Meade	Frostproof	Haines City	Lake Alfred	Lakeland	Lake Wales	Mulberry	Polk City	Winter Haven
Population (2010)	590,116	13,391	17,230	2,805	1,637	5,709	3,074	19,765	4,921	96,623	13,884	3,782	1,761	33,127
Population (2020)	668,671	15,343	19,063	4,140	2,517	6,013	3,176	23,400	5,565	105,958	15,735	4,047	2,203	39,615
Change	13.3%↑	14.6%↑	14.5%↑	47.5%↑	53.7%↑	5.3%↑	3.3%↑	18.3%↑	13.1%↑	9.7%↑	13.3%↑	7.0%↑	25.1%↑	19.6%↑
Median Age (2010)	39.4	35.7	35.7	42.2	33.6	40.4	43.5	31.6	35.9	39.7	42.1	45.5	38.9	41.6
Median Age (2020)	40.3	38.4	37.4	34.3	40.6	39.8	50.2	33.7	37.5	41.1	38.7	45.9	48.2	42.0
Change	2.2%↑	7.5%↑	4.7%↑	18.7%↓	20.8%↑	1.4%↓	15.4%↑	6.6%↑	4.4%↑	3.5%↑	8.1%↓	0.8%↑	23.9%↑	0.9%↑
Percent Living in Poverty (2010)	11.5%	11.3%	11.1%	16.6%	6.7%	15.6%	11.9%	21.0%	10.1%	11.1%	18.9%	16.6%	20.0%	16.0%
Percent Living in Poverty (2020)	12.5%	11.7%	11.6%	10.8%	5.3%	11.6%	11.9%	22.3%	16.6%	12.5%	17.1%	8.8%	13.5%	13.4%
Change	8.7%↑	12.4%↑	4.5%↑	34.9%↓	20.8%↓	25.6%↓	0.0%	6.1%↑	65.3%↑	12.6%↑	9.5%↓	46.9%↓	32.5%↓	16.5%↓

Bachelor's Degree or Higher (2010)	18.0%	14.7%	21.2%	20.6%	8.7%	7.1%	7.3%	7.4%	13.7%	22.8%	15.3%	13.7%	7.4%	18.7%
Bachelor's Degree or Higher (2020)	20.0%	20.6%	21.6%	20.7%	10.1%	13.3%	13.7%	13.5%	17.9%	26.3%	18.6%	11.1%	15.7%	19.0%
Change	11.1%↑	40.1%↑	1.8%↑	0.5%↑	16.1%↑	87.3%↑	87.6%↑	82.4%↑	30.7%↑	15.4%↑	21.5%↑	18.9%↓	112.1%↑	1.6%↑
Median Income (2010)	$43,946	$43,831	$47,361	$39,283	$42,983	$40,469	$42,202	$32,639	$38,807	$40,988	$36,354	$37,118	$39,196	$37,502
Median Income (2020)	$48,500	$52,234	$46,850	$50,586	$50,625	$43,233	$42,171	$40,241	$43,750	$44,313	$43,044	$43,929	$51,250	$44,397
Change	10.3%↑	19.2%↑	1.1%↓	28.7%↑	17.7%↑	6.8%↑	0.1%↓	23.3%↑	12.7%↑	8.1%↑	18.4%↑	18.3%↑	30.8%↑	18.4%↑
Median Home Value (2010)	$166,900	$163,700	$153,900	$157,000	$138,200	$114,000	$159,600	$149,600	$153,400	$163,700	$172,600	$87,600	$125,900	$165,300
Median Home Value (2020)	$159,100	$181,400	$141,600	$170,200	$118,700	$115,800	$104,800	$154,200	$133,900	$160,100	$158,900	$112,700	$98,200	$162,700
Change	4.7%↓	10.8%↑	7.9%↓	8.4%↑	14.1%↓	1.5%↑	34.3%↓	3.1%↑	12.7%↓	2.2%↓	7.9%↓	25.6%↑	22.0%↓	1.5%↓

SOURCE: American Community Survey, 2010 and 2018 5 Year Estimates

- Median Home Value is the measure with the most varied change rates. The Polk County average saw home values fall by an average of 4.7% from 2010-2020. However, Auburndale, Davenport and Mulberry saw home values rise. Frostproof experienced a 34% drop in median home value.
- A higher percentage of Polk County residents live in poverty now than in 2010. Lake Alfred (65.3%) saw a large rise in poverty from 2010-2020. However, Davenport, Eagle Lake and Fort Meade experienced reduced rates of poverty over the same time span.
- Median age is slightly up in Polk County (2.2%).

Physical Health Overview

Measure	Polk County	Florida
Poor or Fair Health	21%	17%
Poor Physical Health Days	4.3	3.7
Poor Mental Health Days	4.8	4.0
Primary Care Physicians	2,040:1	1,380:1
Mental Health Providers	1,140:1	620:1
Preventable Hospital Stays[1]	7,012	5,086

SOURCE: Behavioral Risk Factor Surveillance System (BRFSS), https://www.cdc.gov/brfss/index.html , American Medical Association Physician Mater File, https://data.hrsa.gov/data/download

- Polk County experiences worse rates of physical and behavioral health baseline measures compared with the Florida average.
- There is one mental health provider for every 1,140 Polk County residents. The Florida average is much less (i.e., preferable) than Polk County at one provider per 620 residents.
- Polk County averages more preventable hospital stays (7,012) than the Florida average.

Leading Causes of Death

Heart disease is the leading cause of death nationally, and the trend holds for Florida and the Polk service areas.

Measure	Polk County	Florida
All Causes	1071.3	980.4
Heart Disease	235.6	223.9
Cancer	211.1	215.7
Stroke	86.2	63.2
Chronic Lower Respiratory Disease	76.1	58.9
Alzheimer's Disease	21.3	32.0
Unintentional Injury	59.4	60.2
Diabetes	34.7	29.6

[1] Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. SOURCE: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities

Hypertension	12.3	13.2
Nephritis, Nephrotic Syndrome and Nephrosis	19.7	14.9
Influenzas and Pneumonia	21.1	14.7
Parkinson's Disease	8.4	12.8
Suicide	18.7	16.9

- Polk County averages more deaths per 100,000 population (1071.3) than the Florida average (980.4) and higher rates in many categories.
- The areas where Polk averages lower rates than the Florida average include Alzheimer's Disease, Unintentional Injury, Hypertension, and Parkinson's Disease. Many of those rates are higher at the state average due to the high population of elderly citizens in South Florida.
- Suicide rates are higher in Polk County (18.7) than the state average (16.9).

Behavioral Health Measures and Associated Factors

Key Issues in Behavioral Health (Data Highlights)

The behavioral health climate in Polk County is characterized by substance use and behavioral health incidence rates similar to the Florida average. However, averages can often mask high-need pockets or communities within a county. Stage 2 research will provide further, in-depth analysis of these core issues. The following tables provide a high-level snapshot of the substance use and behavioral health incidence landscape in Polk County. Some of the key issues to particularly note include, but are not limited to, the following:

- Behavioral health capacity (e.g., inpatient beds) is well below the Florida average, as well as U.S. goals.
- There is a high concentration of providers in the Lakeland area, yet low numbers of providers in other parts of the County – even when adjusting for population concentration areas.
- While many general incidence rates for behavioral health (excluding substance use disorder) and for substance misuse, as noted above, are similar to state and U.S. averages, some trends such as suicide attempts and completed suicides underscore the need for additional focus.
- Approximately one in seven (about 15%) of Polk County residents indicate that they struggle with depression and/or are otherwise at risk for behavioral health challenges. Given the current (and growing) population, the percentage translates to approximately 100,000 people.
- Youth represent one of the particularly high-risk groups – especially females and youth (all genders) of a mixed-race heritage.
- The relatively high level of people with high Adverse Childhood Experiences (ACEs) scores (i.e., four or more ACEs as children) suggest ongoing opportunities to help support people who are working to address childhood trauma or abuse.

Many other data-supported observations are reflected in the following data tables. In the data section, review of the bold-face comments on most pages will cumulatively support the "story" suggested by the data. Stage 2 activities will provide greater detail to the issues suggested by the data and mapping in this Stage 1 report. Note also that secondary data and service use data will be added to the report throughout the project in order to compile the most up-to-date analysis and strategic plan strategies possible.

High-level Incidence of Behavioral Health Issues (Including Substance Use Disorder)

Although most Polk County adult residents (88.7%) indicate that they have good mental health, a substantive number of people (11.3%) regularly struggle with mental health issues, have been told that they have a depressive disorder (15.0%), or are seriously mentally ill (nearly 19,000 Polk County adults). In addition, substance use in Polk County (noted as Circuit 10) is similar to, but slightly below that of the State of Florida and U.S. rates.

Behavioral Health Profile – Excluding Substance Use

Measure	Metric	Year	Polk County	Florida Average
Adults with good mental health	Percent of Adults	2016	88.7%	88.6%
Adults who had poor mental health on 14 or more of the past 30 days	Percent of Adults	2016	11.3%	11.4%
Adults who have ever been told that they have a depressive disorder	Percent of Adults	2016	15.0%	14.2%
Seriously mentally ill adults	Count	2018	18,913	600,569
Seriously mentally ill adults	Per 100,000	2018	3,425	3,561

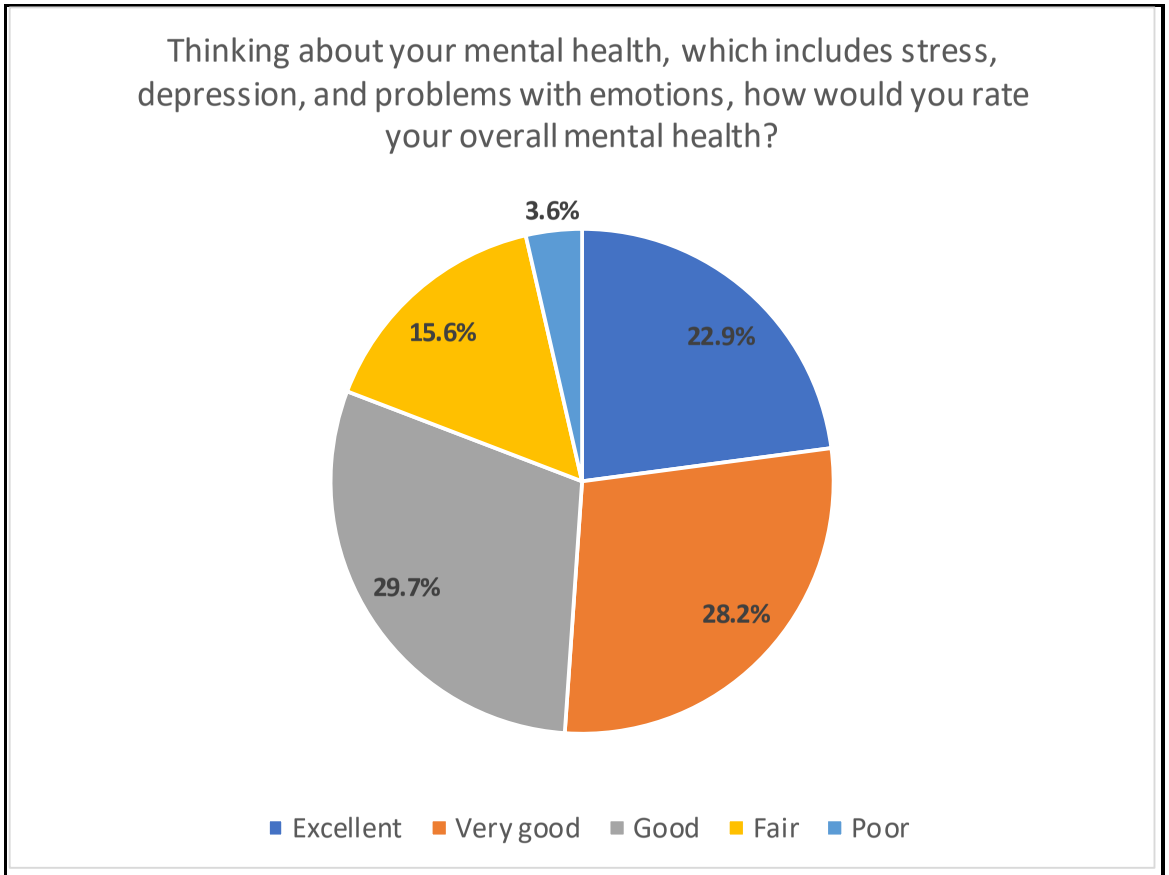
Source: BRFSS, 2016. Available as shown in the Polk County 2019 Community Needs Assessment; Data USA. Available at https://datausa.io/profile/geo/polk-county-fl

Behavioral Health – Substance Use Profile

***Substance Use Disorder in the Past Year,* by Age Group and Substate Region: Percentages, Annual Averages Based on 2016, 2017, and 2018 National Survey on Drug Use and Health (NSDUHs)**						
State	**Substate Region**	**Total Population Age 12 and Older**	**12-17 Estimate**	**18-25 Estimate**	**26 or Older Estimate**	**18 or Older Estimate**
Total United States	Total United States	7.4%	4.0%	15.0%	6.5%	7.7%
Florida	Florida	6.6%	4.2%	14.0%	5.8%	6.8%
Florida	***Circuit 10 (Polk, Hardee, and Highlands Counties)***	***6.2%***	***4.0%***	***13.8%***	***5.4%***	***6.4%***
Florida	Circuit 17 (Broward County)	6.1%	3.5%	13.3%	5.4%	6.3%
Florida	Circuit 9 (Orlando / Orange County)	6.2%	3.7%	12.1%	5.5%	6.4%
Florida	Circuit 13 (Hillsborough)	7.2%	4.1%	13.7%	6.6%	7.5%

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016, 2017, and 2018.; SAMHSA, 2019 (2016-2018 data range). Available at https://www.samhsa.gov/data/report/2016-2018-nsduh-substate-region-estimates-age-group;
SAMHSA, 2016-2018 National Survey on Drug Use and Health
Substate Region Definitions. Available at https://www.samhsa.gov/data/sites/default/files/reports/rpt29374/NSDUHsubstateRegionDefs2018/NSDUHsubstateRegionDefs2018.pdf

Supporting the indicators mentioned above, nearly one in five (19.2%) of Polk County adults indicates that their overall mental health is poor or only fair. Overall, it appears that about one-fifth of the general population struggles with behavioral health issues.

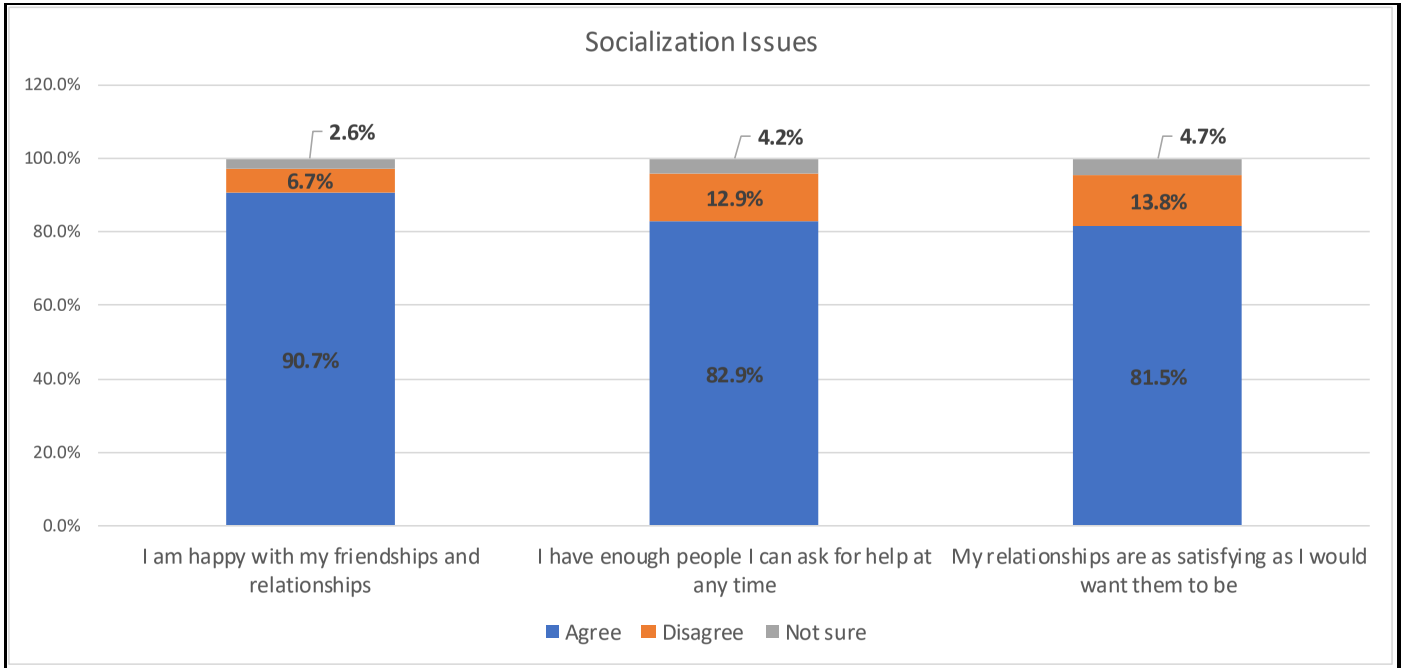


Excellent	22.9%
Very good	28.2%
Good	29.7%
Fair	15.6%
Poor	3.6%

Source: 2019 Polk County Community Health Survey, as shown in the Polk County Community Health Assessment. Available at http://polk.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/

Social Issues Related to Behavioral Health

Even though the large majority of Polk County adults say that they are socially content (e.g., they are happy with their friendships and relationships (90.7%); they have enough people they can ask for help at any time (82.9%), etc., a notable percentage of residents (9.3% to 18.5%) do not agree with those indicator statements.

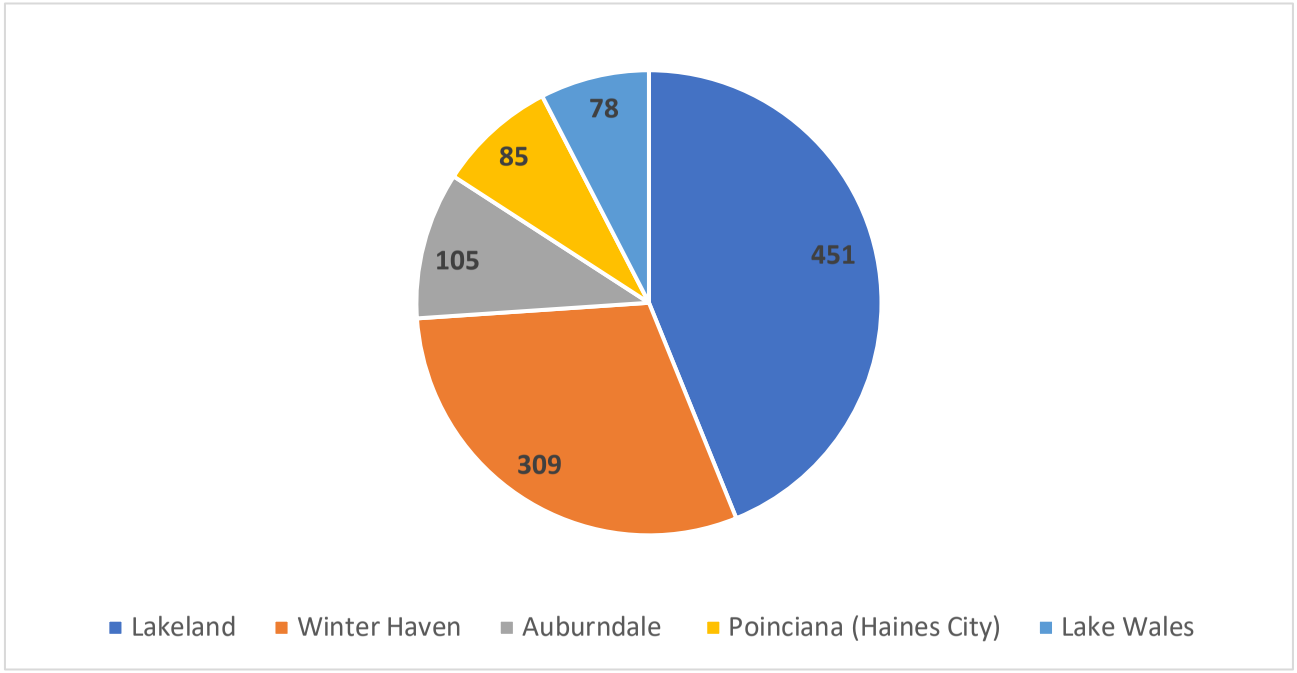


Measure	Agree	Disagree	Not sure
I am happy with my friendships and relationships	90.7%	6.7%	2.6%
I have enough people I can ask for help at any time	82.9%	12.9%	4.2%
My relationships are as satisfying as I would want them to be	81.5%	13.8%	4.7%

Source: BRFSS, 2016. Available as shown in the Polk County 2019 Community Needs Assessment; Data USA. Available at https://datausa.io/profile/geo/polk-county-fl

Locations of Emergency Medical Services (EMS) Calls for Psychiatric, Abnormal Behavior, or Suicide-related Situations

The following chart displays the five most common locations for psychiatric/abnormal behavior/suicide calls fielded by EMS – Lakeland, Winter Haven, Auburndale, Haines City, and Lake Wales – roughly corresponding to population ranking, as well.

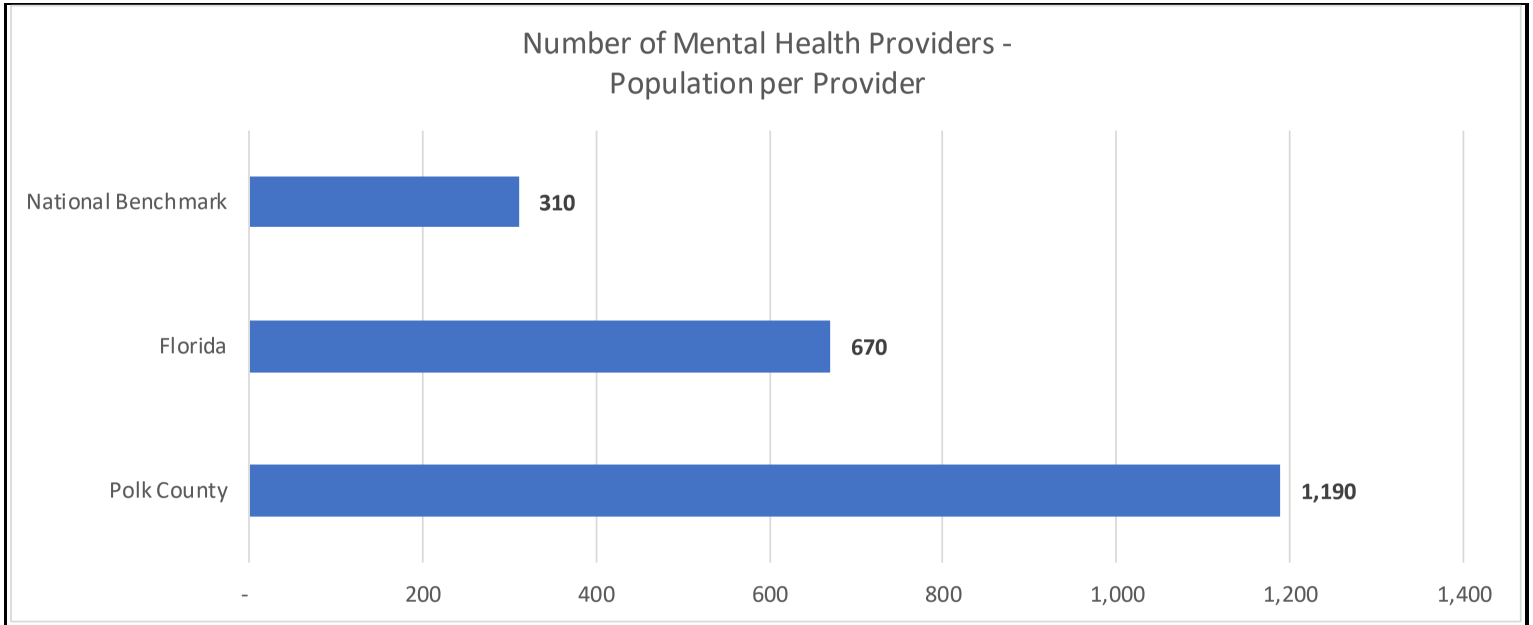


SOURCE: 2016 CAD Data

Access to Care

Access to Care - Capacity

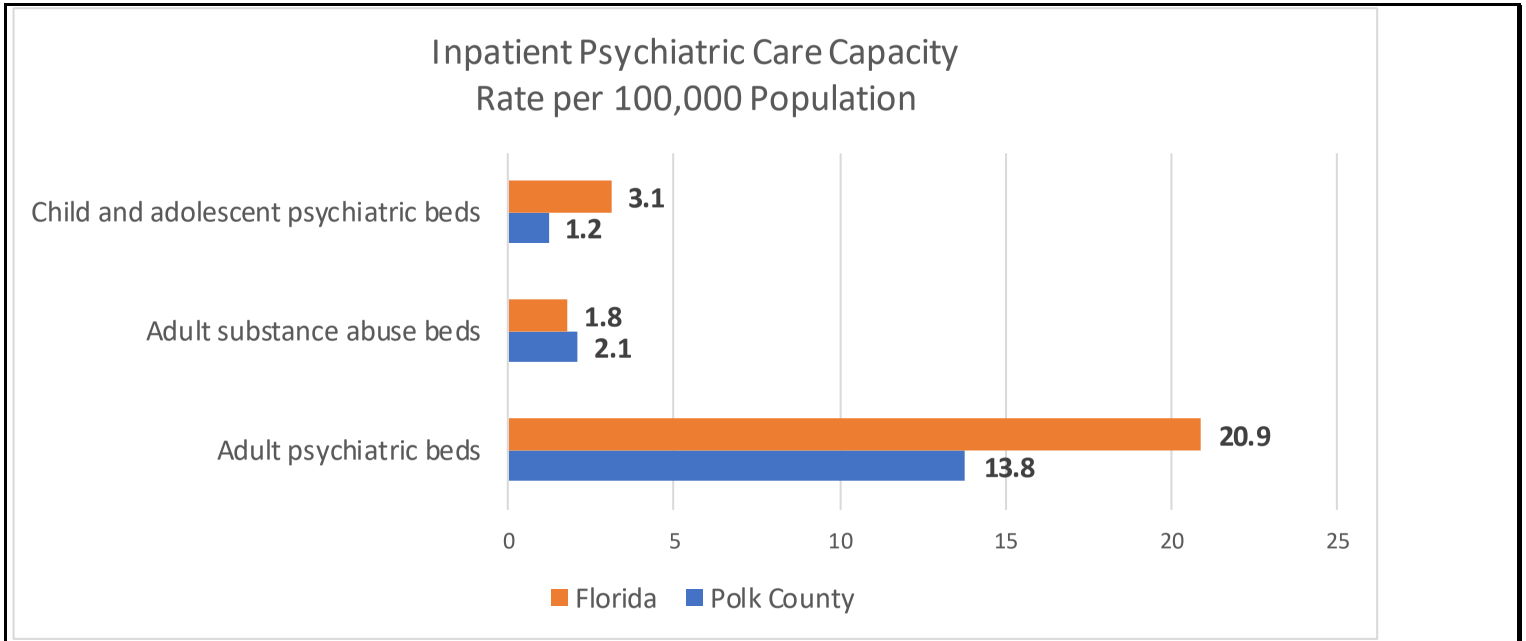
Access to care – as measured by the number of residents per provider – in Polk County is much more challenging than in Florida on average. Also, for the national benchmark, there are three and one-half times as many providers per capita than Polk County. As shown in the provider maps elsewhere in the Stage 1 report, providers tend to be highly and disproportionately concentrated around Lakeland, though there are some inpatient and outpatient service providers elsewhere in the County.



Measure	Polk County	Florida	National Benchmark
Population per Provider	1,190	670	310

Source: FDOH Bureau of Vital Statistics, as shown in the Polk County Community Health Assessment. Available at http://polk.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/Polk_CHA2020.pdf

Inpatient adult psychiatric system capacity is well below (about 30% less than) the Florida average. The issue appears to be particularly acute among child and adolescent bed capacity. Facilities that provide psychiatric care are highly rated for overall care[2], yet their capacity presents access to care challenges.



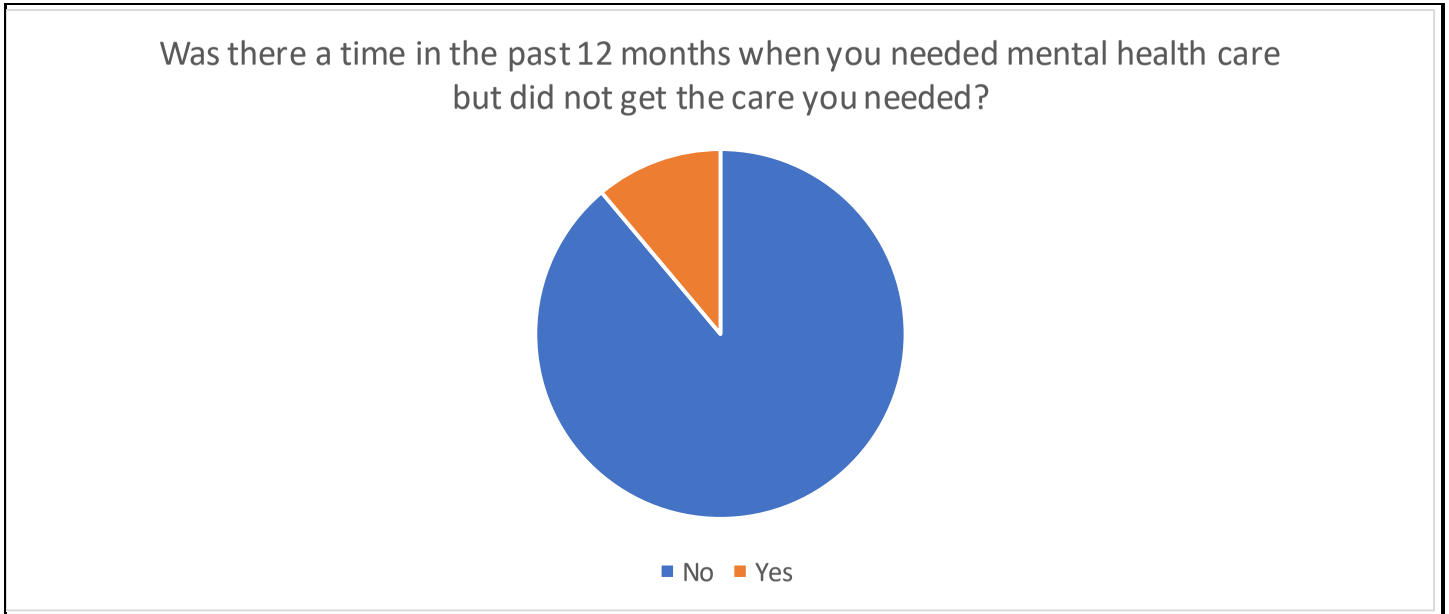
Indicator	Polk County	Florida
Adult psychiatric beds	13.8	20.9
Adult substance abuse beds	2.1	1.8
Child and adolescent psychiatric beds	1.2	3.1

Source: AHCA, 2016-2018 as shown in the Polk County Community Health Assessment. Available at http://polk.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/Polk_CHA2020.pdf

[2] Leapfrog. Available at https://ratings.leapfroggroup.org/

Ability to Receive Needed Care

Most people (88.9% of adults) did not need to go without any required mental health care; however, one in nine (11.1%) needed care but did not get it.[3] In most cases, it is likely that they did not get care because they believed that there was a low need or that they no longer needed help.



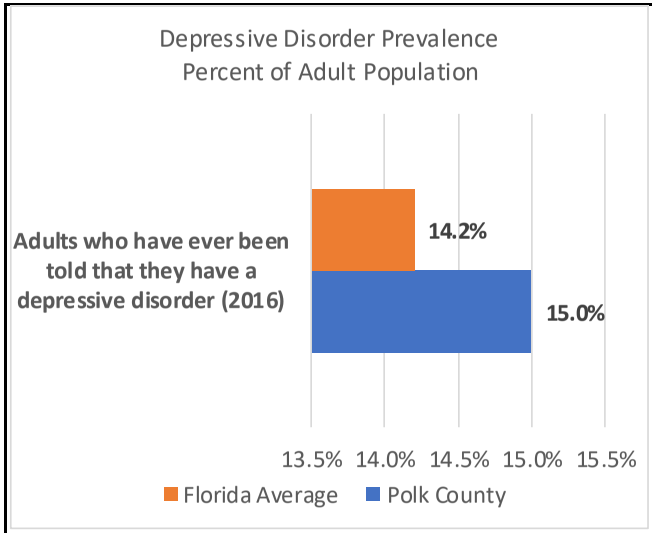
Measure	No	Yes
Was there a time in the past 12 months when you needed mental health care but did not get the care you needed?	88.9%	11.1%

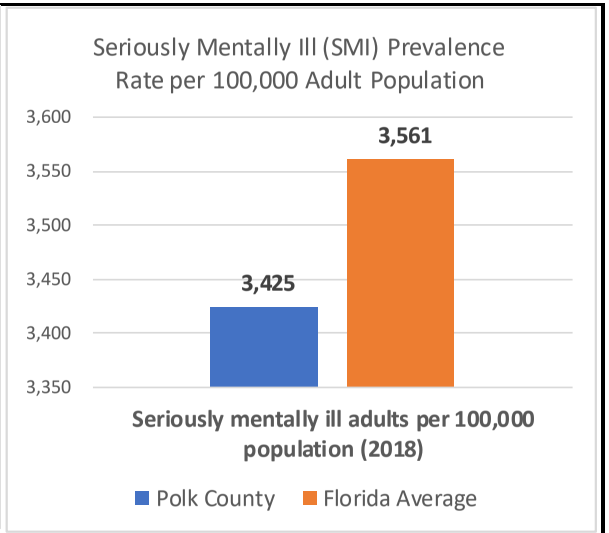
Source: Polk County Community Survey, as shown in the Polk County Community Health Assessment. Available at http://polk.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/Polk_CHA2020.pdf

[3] Research by the National Institute of Health showed that among people requiring mental health care who choose not to receive care, "Desire to handle the problem on one's own" was the most common reason for not seeking treatment (72.6%). Other reasons for not seeking treatment varied with illness severity. "Low perceived need" (e.g., "I no longer needed help") was a more common reason for not seeking treatment among individuals with mild (57.0%) than moderate (39.3%) or severe (25.9%) disorders, whereas "Structural" barriers (e.g., lack of financial means, available treatments, personnel, or transportation or the presence of other inconveniences) and "Attitudinal/evaluative" barriers (e.g., the presence of stigma, low perceived efficacy of treatments) were more common among respondents with more severe conditions. Source: NIH. Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3128692/

Incidence Rates and Focus Areas

Incidence of depressive disorders and SMI are similar in Polk County to the Florida state average.





Measure	Adults who have ever been told that they have a depressive disorder (2016)	Seriously mentally ill adults per 100,000 population (2018)
Polk County	15.0%	3,425
Florida Average	14.2%	3,561

Source: BRFSS, 2016. Available as shown in the Polk County 2019 Community Needs Assessment; Data USA. Available at https://datausa.io/profile/geo/polk-county-fl

Behavioral Health Incidence Rates

As noted elsewhere in the Stage 1 report, mental health disorder prevalence in Polk County is similar to state averages. As shown below, incidence for specific diagnoses follows a similar trend.

Measure	Polk County	Florida
Mental Disorders	1,120.3	1,026.6
Mood and Depressive Disorders	562.4	499.4
Schizophrenia	214.8	252.3

SOURCE: Florida Agency for Health Care Administration (AHCA) http://www.flhealthcharts.com/charts/OtherIndicators/NonVitalIndDataViewer.aspx?cid=9877

- Polk County averages higher rates of hospitalization for mental disorders and mood and depressive disorders than the Florida average.
- Schizophrenia rates are higher among the Florida average (252.3) than those of Polk County (214.8).

Behavioral health issues are as common, or more common, in Polk County as elsewhere in the state. About one in seven (15%) Polk County residents have been told that they have a depressive disorder. A detailed breakdown of populations who suffer from depression is presented below.

Population with Depression	Polk County	Florida
All	15.0%	14.2%
Men	11.2%	10.4%
Women	18.1%	17.8%
White	17.0%	16.6%
Black or African American	10.9%	9.8%
Hispanic or Latino	11.0%	12.1%
18-44	11.1%	13.3%
45-64	22.2%	17.3%

65+	10.8%	11.8%
Less than HS Degree	16.6%	19.3%
HS Degree/GED	15.7%	14.7%
Greater than HS Degree	13.8%	12.9%
<$25,000	18.9%	20.6%
$25,000-$49,999	10.6%	14.9%
$50,000+	13.0%	9.9%
Married	11.4%	12.0%
Not Married	19.8%	17.0%

SOURCE: Florida Behavioral Risk Factor Surveillance System (BRFSS), http://www.floridahealth.gov/statistics-and-data/survey-data/behavioral-risk-factor-surveillance-system/_documents/2016%20Reports/Polk.pdf

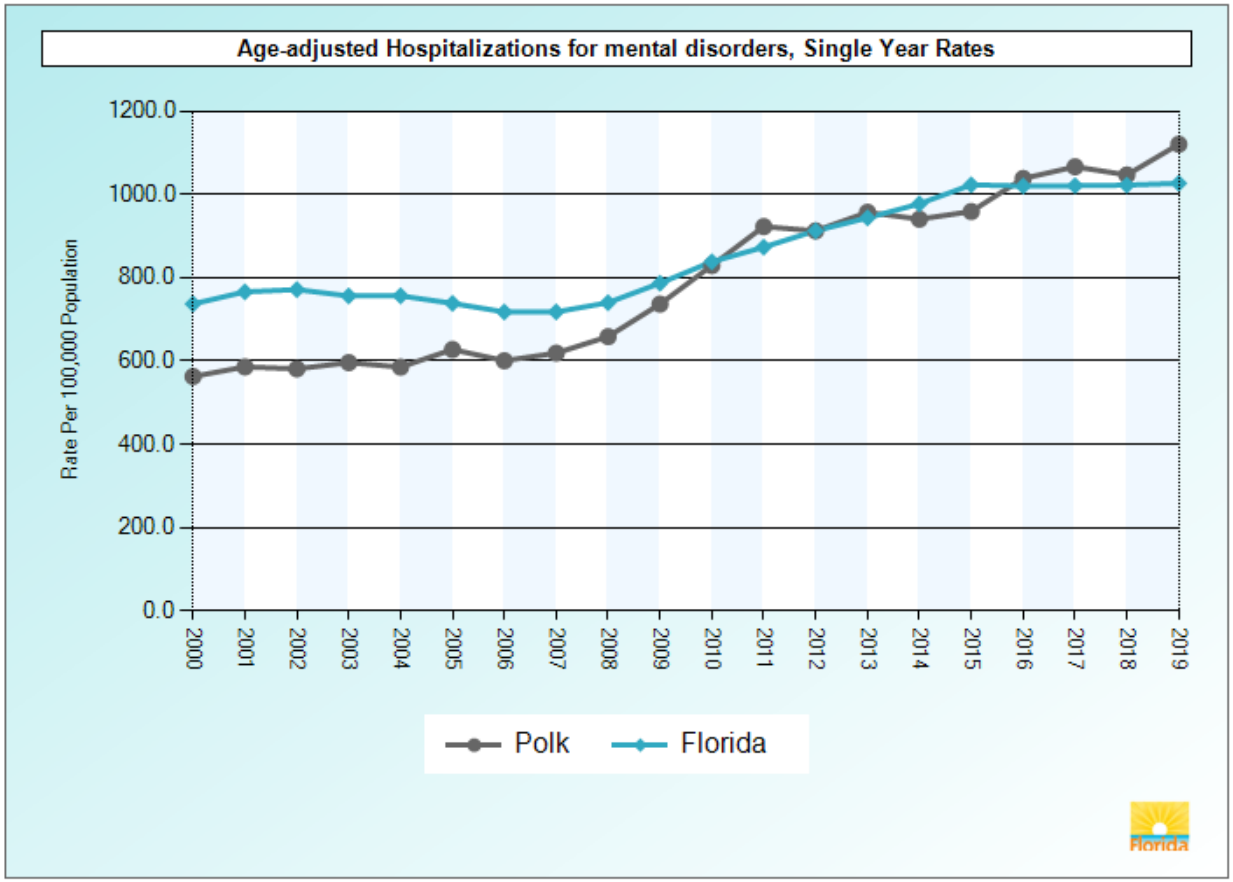
- Women are more likely to report being told that they have a depressive disorder (18.1%) than men (11.2%) in Polk County.
- People aged 45-64 are most likely to experience depression in Polk County.
- People in the lowest income bracket (<$25,000) are most likely to experience depression.
- Whites are about 70% more likely to report having a depressive disorder than African Americans or people self-identifying as Hispanic or Latino.

When considering behavioral health observations and strategies, it is important to consider cultural sensitivity issues and to also realize that depression and mental health (generally) are often defined differently in culturally diverse communities, and they may also yield different responses to behavioral health needs.[4]

[4] National Institute of Health, Gopalkrishnan, Narayan, Frontiers in Public Health, "Cultural Diversity and Mental Health: Considerations for Policy and Practice." Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6018386/
"There is an extensive body of research literature that emphasizes the fact that health and illness are perceived differently across cultures. Cultural meanings of health and illness have 'real consequences in terms of whether people are motivated to seek treatment, how they cope with their symptoms, how supportive their families and communities are, where they seek help (mental health specialist, primary care provider, clergy, and/or traditional healer), the pathways they take to get services, and how well they fare in treatment'"

Hospitalization Data

Single-year, age-adjusted hospitalization rates jumped about 50% between 2009 and 2013 (exceeding the Florida average), but they have continued a slower trend upward since then while the state (average) has been stable.

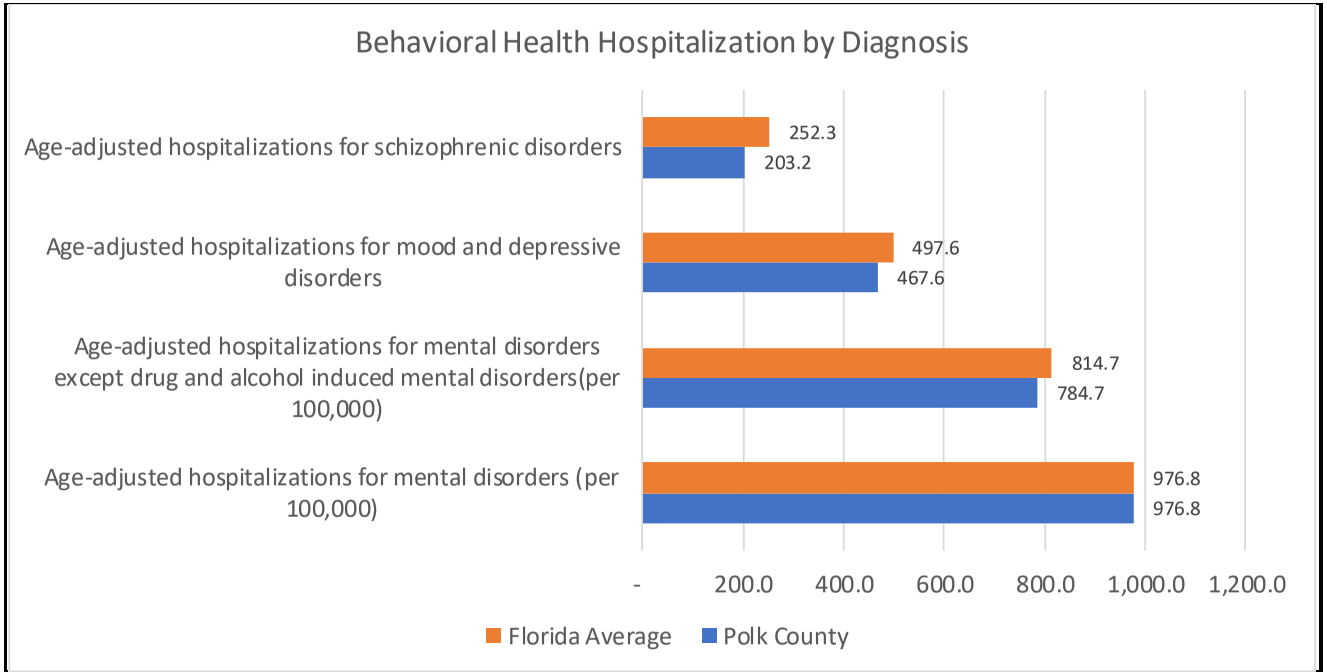


FLHealthCharts.com is provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management.

Data Source: Florida Agency for Health Care Administration (AHCA)

Source: Available at http://www.flhealthcharts.com/charts/OtherIndicators/NonVitalIndDataViewer.aspx?cid=9877

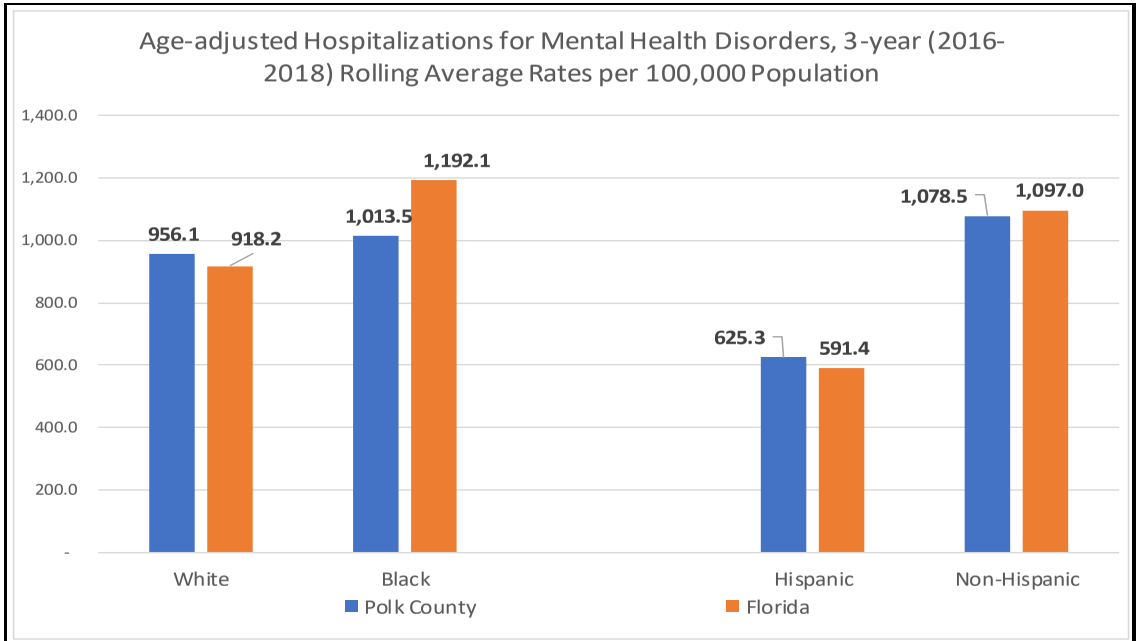
However, age-adjusted hospitalizations for schizophrenic disorders and mood and depressive disorders in Polk County slightly lag the Florida average. Several factors may contribute to reduced hospitalization rates, yet there is correlation between hospitalization data and inpatient capacity and per capita provider data.



Measure	Polk County	Florida Average
Age-adjusted hospitalizations for mental disorders (per 100,000)	976.8	976.8
Age-adjusted hospitalizations for mental disorders except drug and alcoho	784.7	814.7
Age-adjusted hospitalizations for mood and depressive disorders	467.6	497.6
Age-adjusted hospitalizations for schizophrenic disorders	203.2	252.3

Source: AHCA, 2016-2018, as shown in the Polk County Community Health Assessment. Available at http://polk.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/Polk_CHA2020.pdf

Hospitalization rates by race / ethnicity vary more between Hispanics and Non-Hispanics than between Whites and Blacks. Non-Hispanics were hospitalized for mental health issues approximately 70% more frequently than Non-Hispanics in Polk County.[5] There is only about a five percent different between hospitalization rates for Whites (956.1 per 100,000) and Blacks (1,013.5 per 100,000).

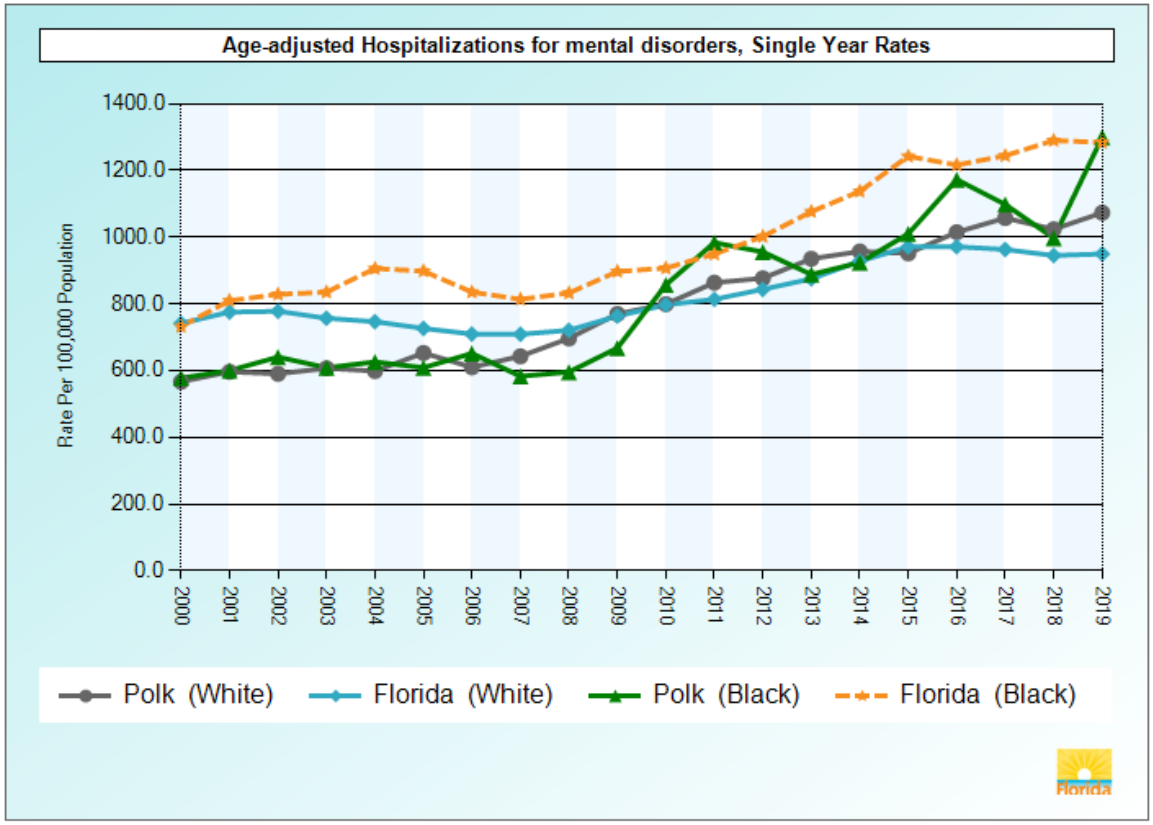


	Polk County	Florida
White	956.1	918.2
Black	1,013.5	1,192.1
Hispanic	625.3	591.4
Non-Hispanic	1,078.5	1,097.0

Source: AHCA, 2016-2018 as shown in the Polk County Community Health Assessment. Available at http://polk.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/Polk_CHA2020.pdf

[5] Note that several recent research articles (e.g., Frontiers in Public Health. Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5834514/) indicate that mental health stigma in Hispanic and other ethnic communities may contribute to reduced rates of care.

Similar to the change in overall hospitalization rates, mental health hospitalization rates by race (i.e., Blacks and Whites) also increased substantially between 2009 and 2013 – Black / African American populations show the greatest increase, more than doubling between 2008 and 2019.

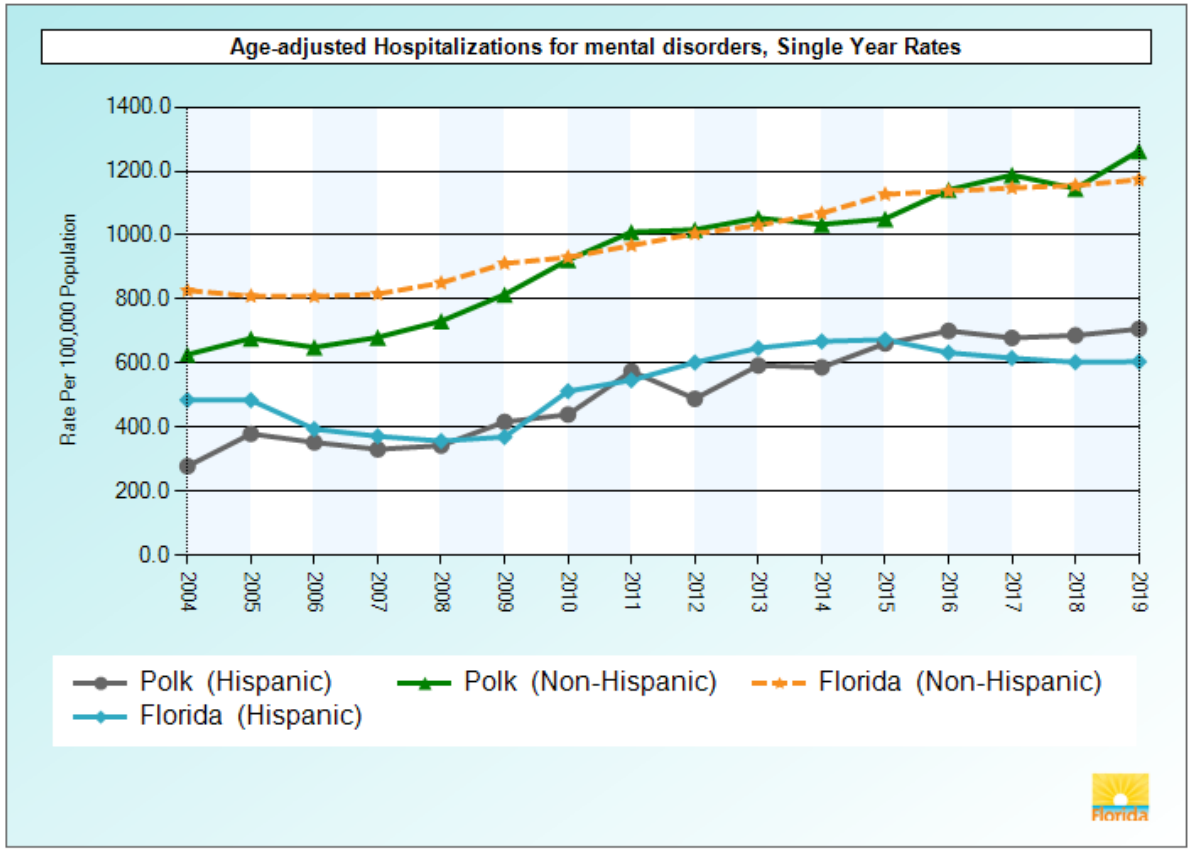


FLHealthCharts.com is provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management.

Data Source: Florida Agency for Health Care Administration (AHCA)

Source: AHCA, 2016-2018 as shown in the Polk County Community Health Assessment. Available at http://polk.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/Polk_CHA2020.pdf

However, hospitalization rates among Hispanics appears to have increased somewhat more gradually with Polk County rates, as well as Florida average rates being below the Non-Hispanic rates.



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Data Source: Florida Agency for Health Care Administration (AHCA)

Source: AHCA, 2016-2018 as shown in the Polk County Community Health Assessment. Available at http://polk.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/Polk_CHA2020.pdf

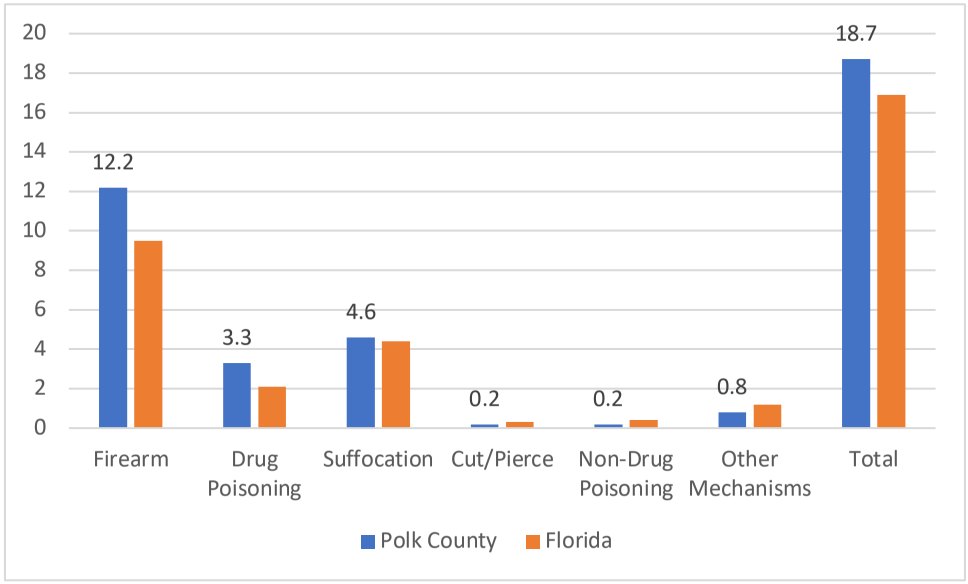
Completed Suicide

Suicidal ideation, planning, attempts, and completed suicides remain a notable, growing challenge for Polk County.

General Population and Sub-community Insight

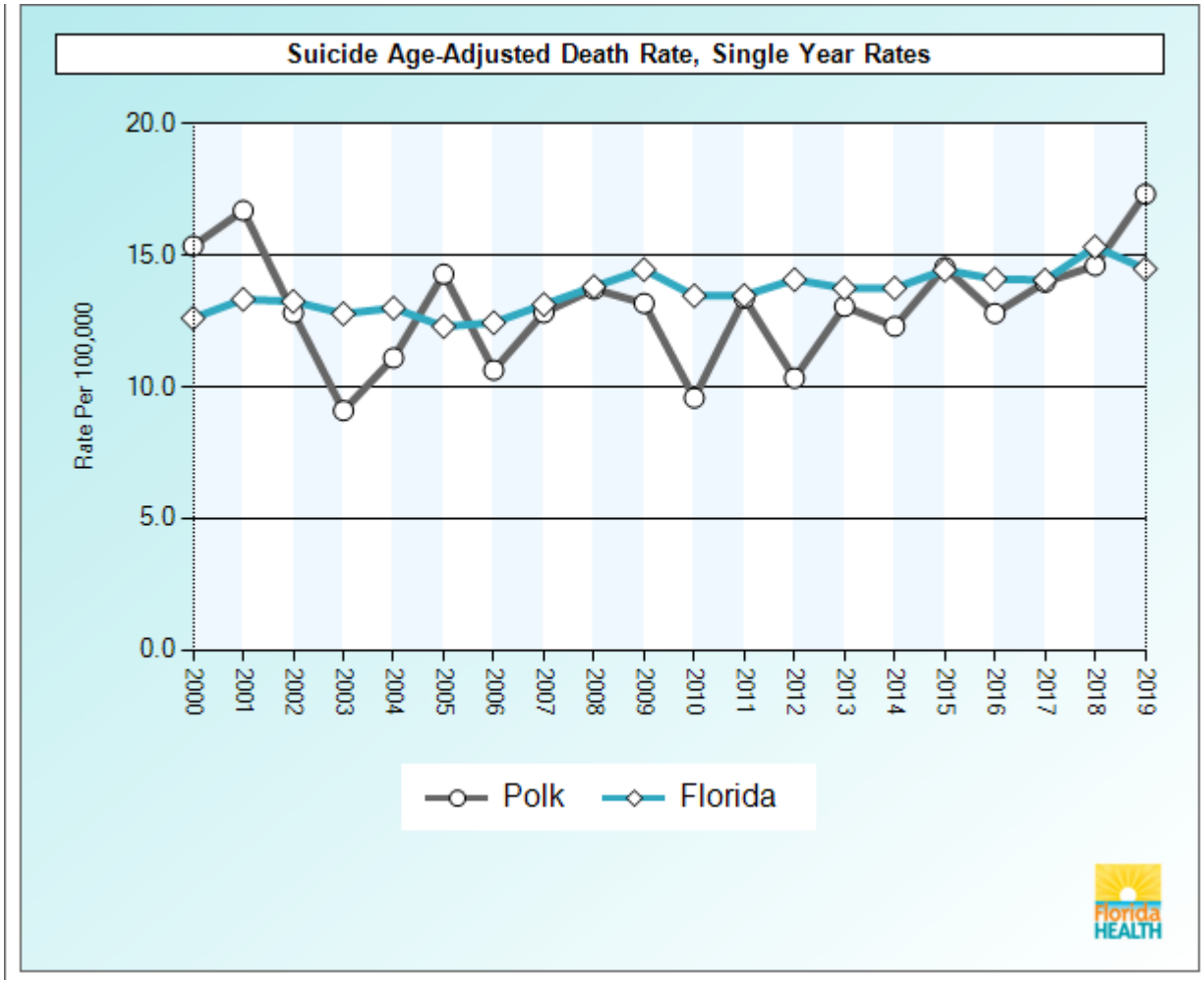
The rate of completed suicide in Polk County is 18.7 per 100,000 population, higher than the Florida rate of 16.9. The most common cause of suicide death in Polk County is firearm (12.2); drug poisoning and suffocation are other common forms of completed suicides.

Suicide Rates by Indicator, 2019



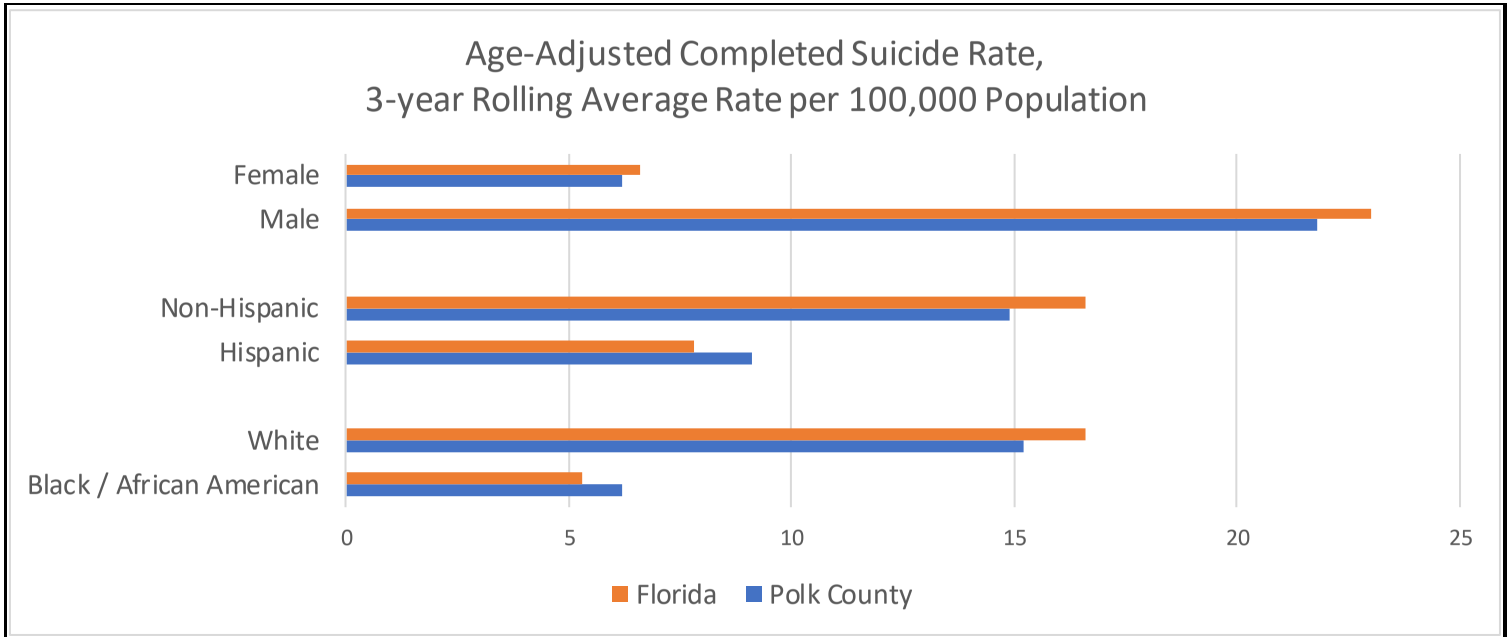
SOURCE: Florida Department of Health, Bureau of Vital Statistics

The rate of completed suicide has gradually increased in Polk County since the 2010-2012 period while the Florida average has been roughly flat.



Source: Florida Charts. Available at http://www.flhealthcharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0116

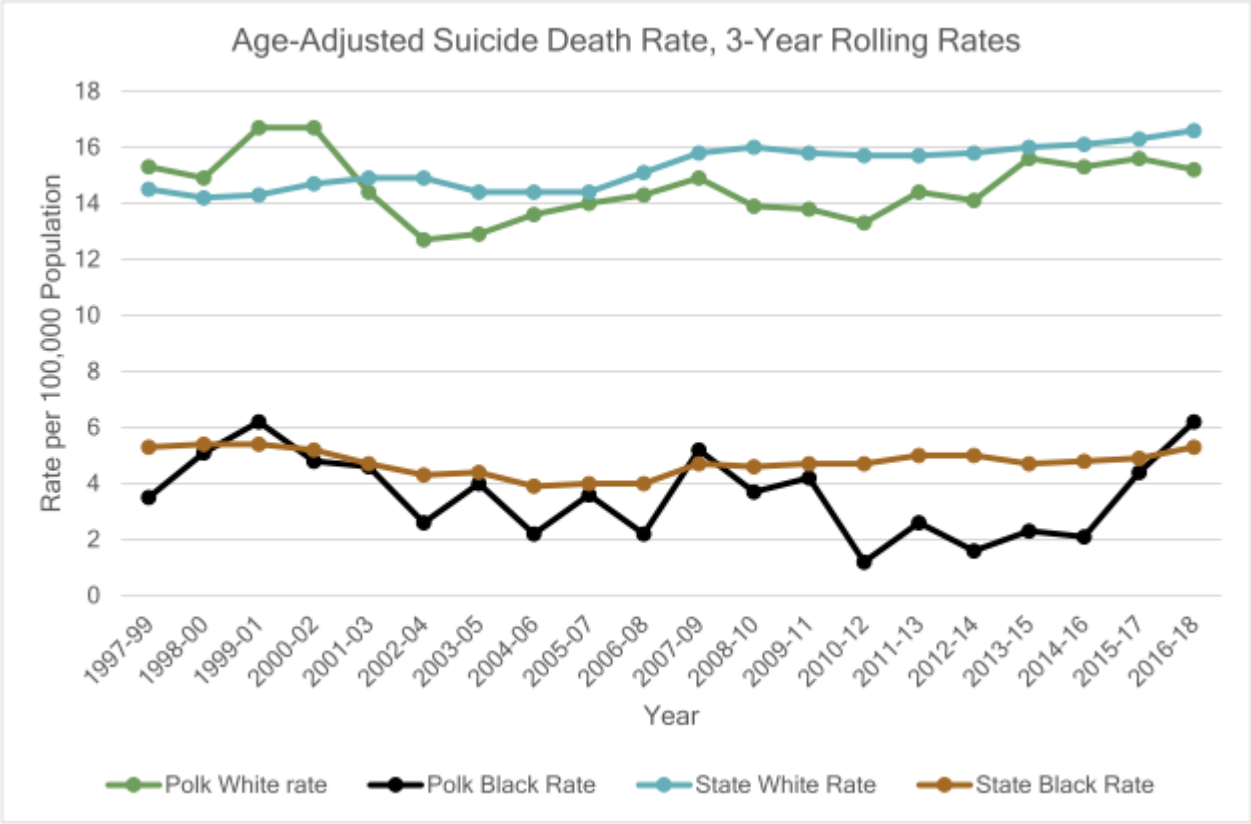
When examining three-year rolling averages, completed suicides have been more common among White, Non-Hispanic males than others. Males in Polk County are nearly four-times more likely to complete a suicide than females. Non-Hispanics are more than twice as likely than Hispanics; and, Whites are 2.5-times more likely to complete a suicide.



Community Group	Polk County	Florida
Black / African American	6.2	5.3
White	15.2	16.6
Hispanic	9.1	7.8
Non-Hispanic	14.9	16.6
Male	21.8	23
Female	6.2	6.6

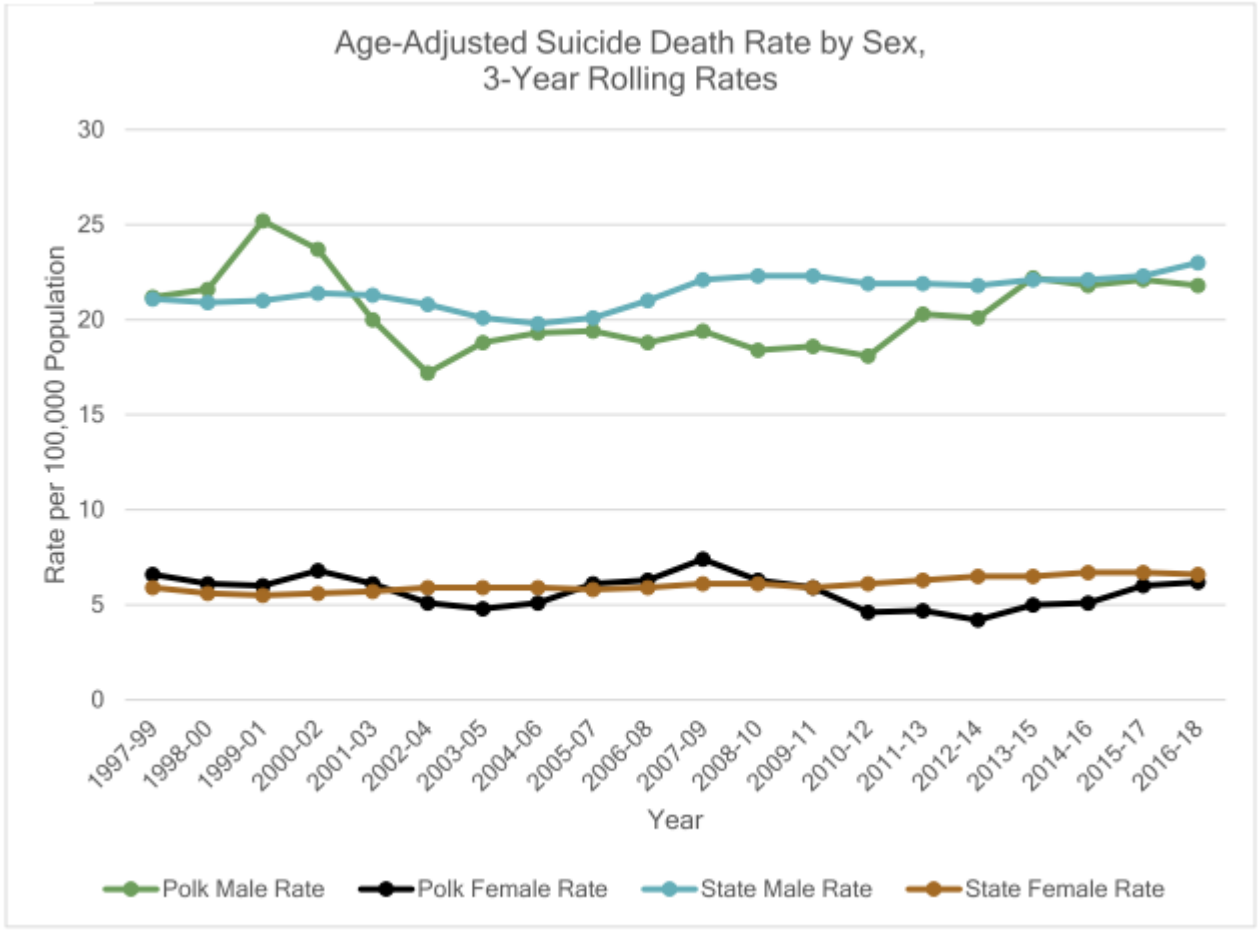
Source: FDOH Bureau of Vital Statistics, as shown in the Polk County Community Health Assessment. Available at http://polk.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/Polk_CHA2020.pdf

Historically, Whites have been much more likely to complete a suicide than Blacks; however, there was a sharp increase in completed Black suicides 2014/2016 to 2016/2018.



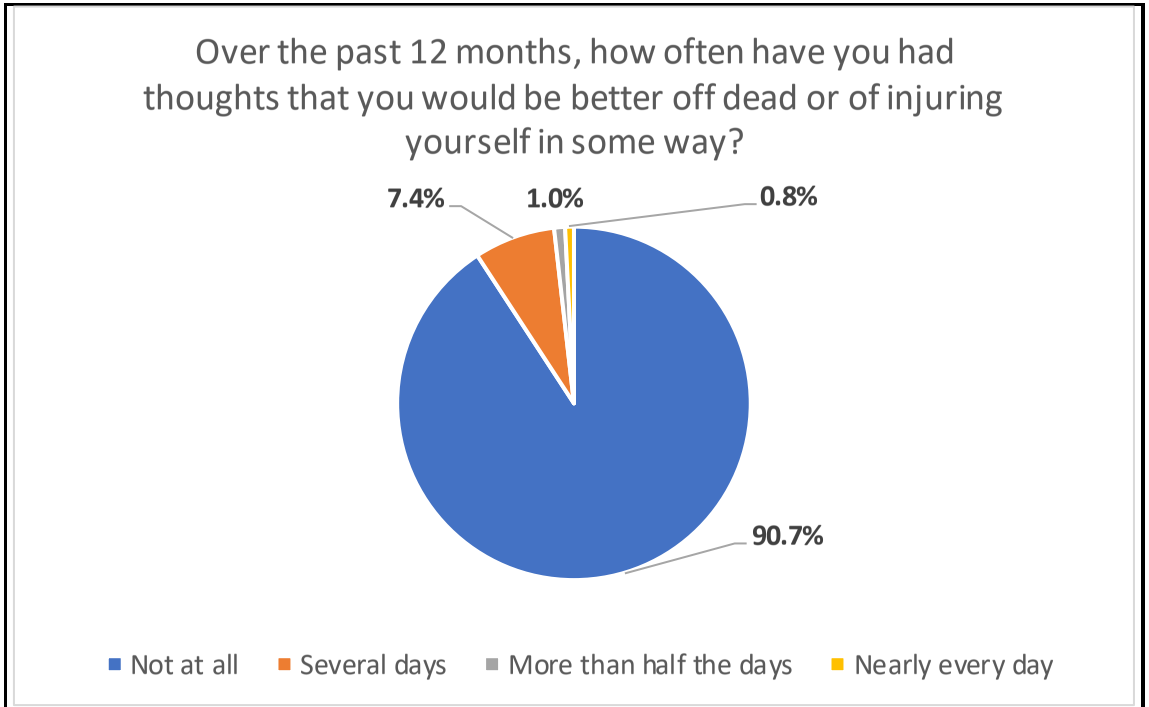
Source: FDOH Bureau of Vital Statistics, as shown in the Polk County Community Health Assessment. Available at http://polk.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/Polk_CHA2020.pdf

Similarly, females have historically been much less likely complete a suicide than males.



Source: FDOH Bureau of Vital Statistics, as shown in the Polk County Community Health Assessment. Available at http://polk.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/Polk_CHA2020.pdf

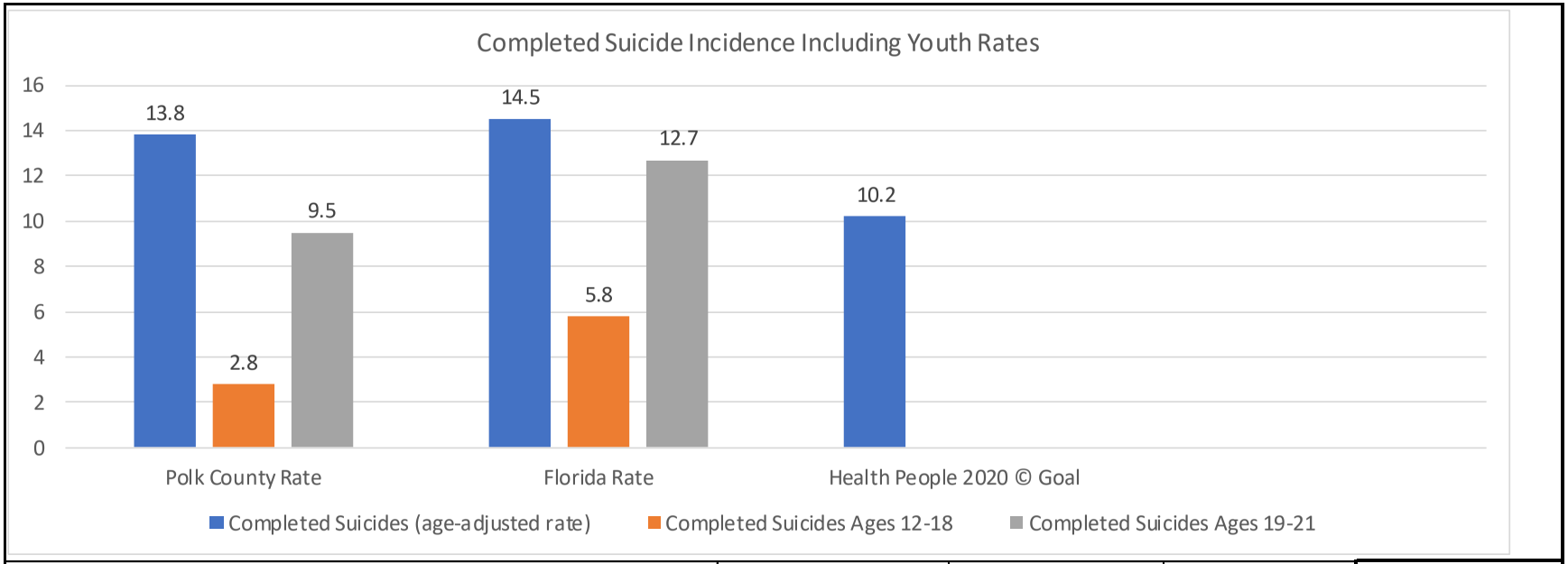
As was also reflected in general behavioral health data noted elsewhere in the Stage 1 report, nine of ten people indicate that they have not had self-harm thoughts. However, nearly 10% of adults say that they have had self-harm thoughts.



Not at all	90.7%
Several days	7.4%
More than half the days	1.0%
Nearly every day	0.8%

Source: Polk County Community Survey, as shown in the Polk County Community Health Assessment. Available at http://polk.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/Polk_CHA2020.pdf

The following table shows three-year averages 2016/2018; note that the more current data points shown above reflect increasing rates of completed suicides. However, when considering the following rates, completed suicides in Polk County are slightly better than the Florida average. The County as well as the State rates are notably higher than the federal Healthy People 2020© goal. Given the current data (shown above) there is a wider gap to achieve Healthy People 2020© goals.

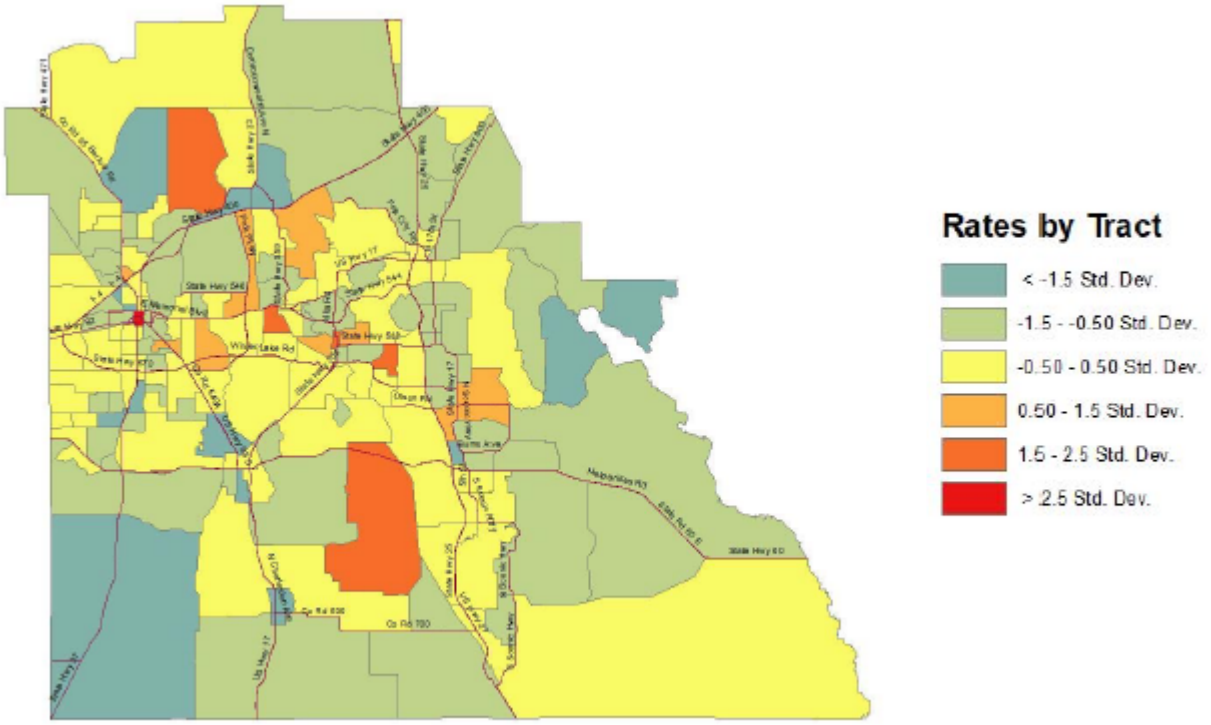


Measure	Polk County Count	Polk County Rate	Florida Rate	Health People 2020 © Goal
Completed Suicides (age-adjusted rate)	289	**13.8**	**14.5**	**10.2**
Completed Suicides Ages 12-18	5	2.8	5.8	
Completed Suicides Ages 19-21	7	9.5	12.7	

Source: FDOH Bureau of Vital Statistics; FDOH Division of Public Health Statistics & Performance Management, as shown in the Polk County Community Health Assessment. Available at http://polk.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/Polk_CHA2020.pdf

Consistent with the observation that behavioral health and substance abuse services are underutilized in Polk County outside of Lakeland, the map below shows particularly high suicide rates north, southeast, and south of Lakeland.

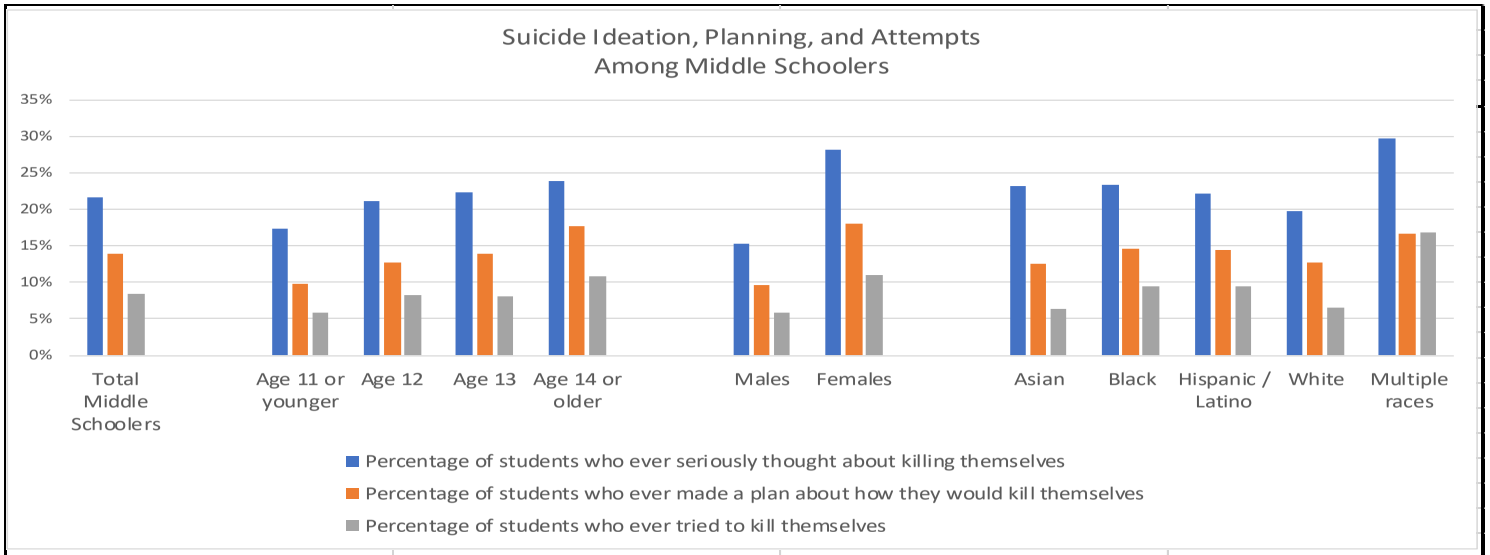
The following map is colored to indicate the number of standard deviations below or above the rate of suicide in the County by census tract. Tracts colored in orange or red have high rates of suicide. Green or blue tracts have relatively low rates of suicide.



SOURCE: Florida Health Charts.

Youth, Suicide, and Related Behavioral Health Conditions

Suicide completion and related behavioral health conditions are commonly noted among Middle Schoolers (ages 11 to 14), as more than one in five (21.6%) have had serious thoughts about self-harm and nearly one in 11 (8.4%) indicate that they have made at least one suicide attempt. The issue is especially acute among females, students 14 years or older, and among those of mixed racial or ethnic identities.



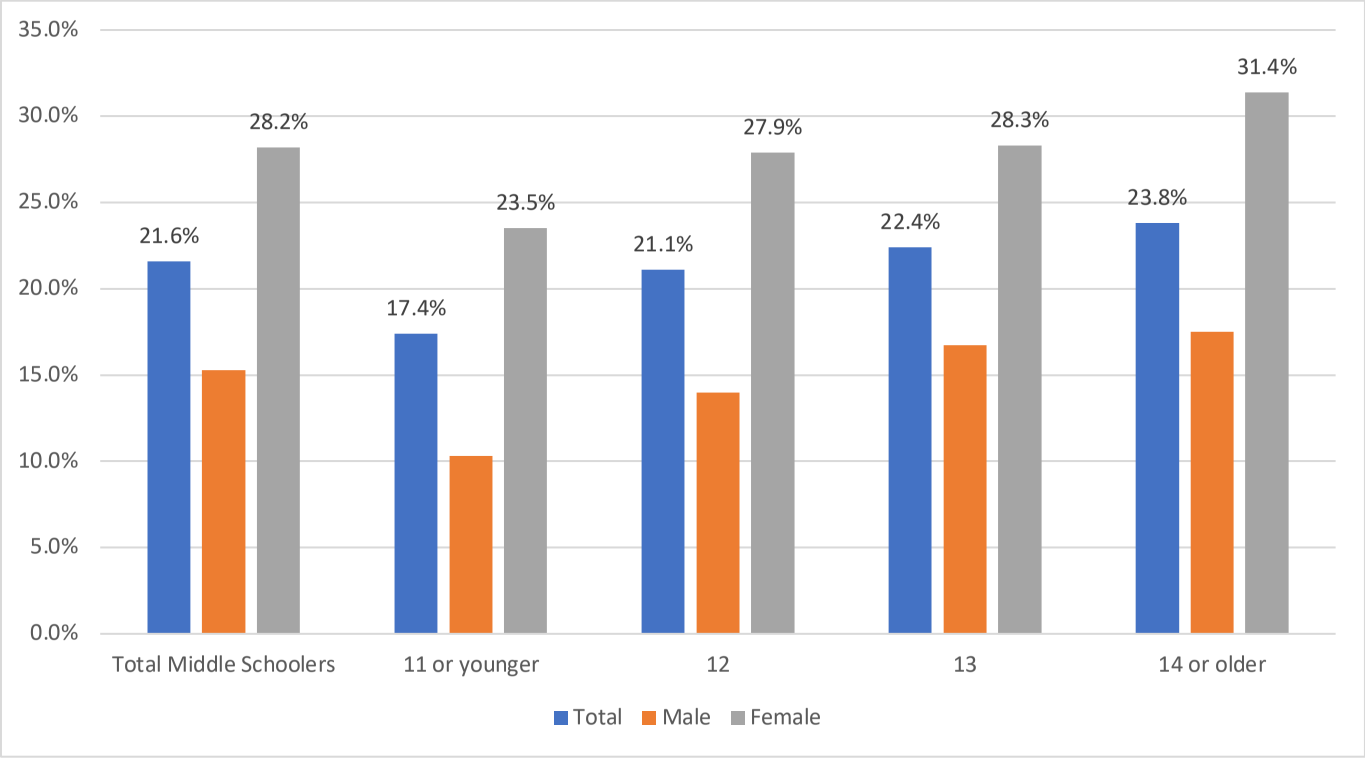
Student Category	Percentage of students who ever seriously thought about killing themselves	Percentage of students who ever made a plan about how they would kill themselves	Percentage of students who ever tried to kill themselves
Total Middle Schoolers	21.6%	13.9%	8.4%
Age 11 or younger	17.4%	9.8%	5.8%
Age 12	21.1%	12.8%	8.2%
Age 13	22.4%	14.0%	8.1%
Age 14 or older	**23.8%**	**17.7%**	**10.9%**
Males	15.3%	9.7%	5.8%
Females	**28.2%**	**18.1%**	**11.0%**
Asian	23.2%	12.6%	6.4%
Black	23.3%	14.6%	9.4%
Hispanic / Latino	22.1%	14.5%	9.4%
White	19.7%	12.8%	6.6%
Multiple races	**29.7%**	**16.7%**	**16.8%**

Source: 2019 Youth Risk Behavior Survey. Available at http://www.floridahealth.gov/statistics-and-data/survey-data/2019MiddleSchoolSummaryTables.pdf

Youth (Middle Schoolers) Detailed Self-Harm Information

One in six males and nearly one in three females has seriously thought about killing themselves. The percentages increase as children age through Middle School.

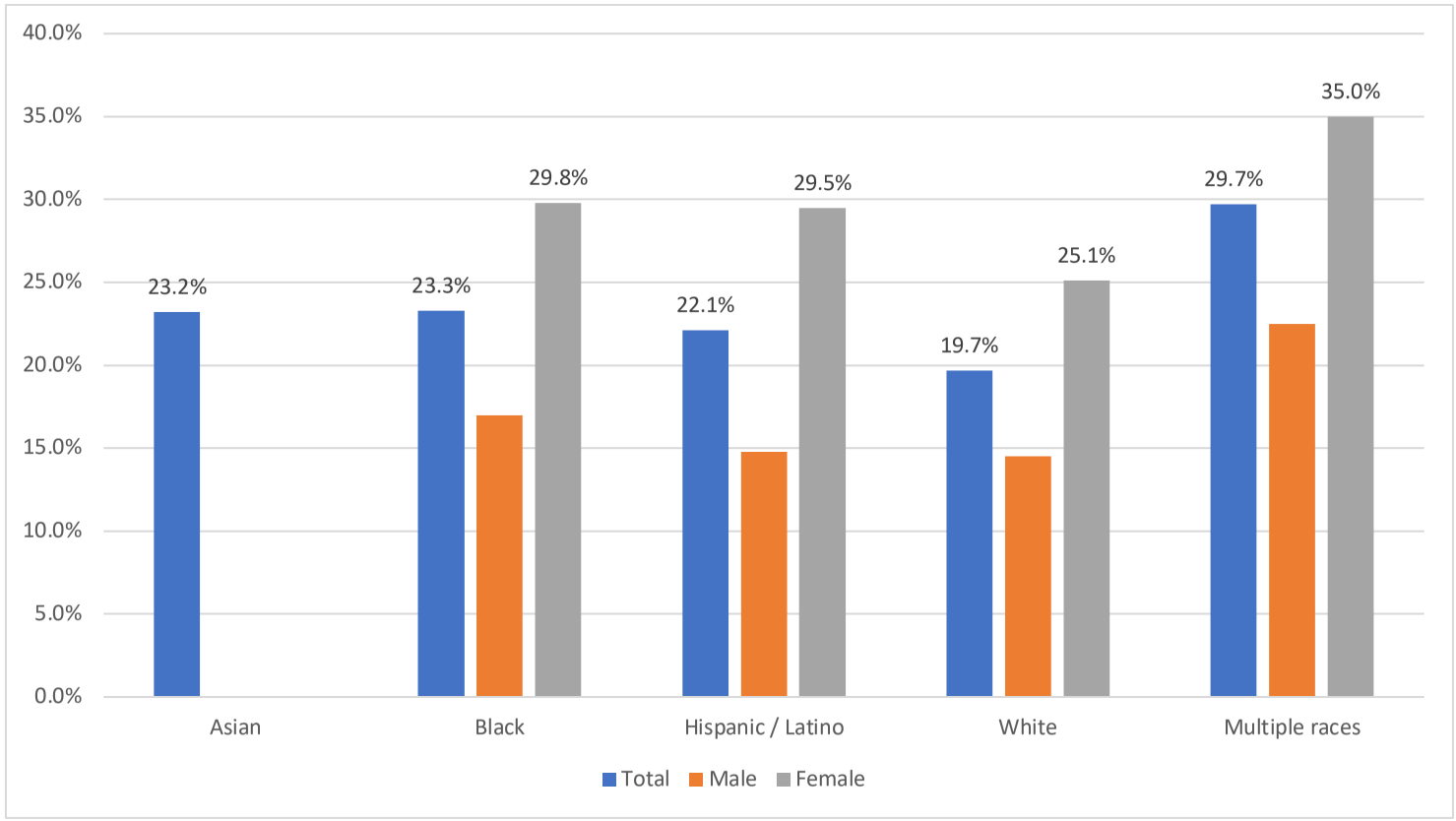
Percentage of Students Who Ever Seriously Thought About Killing Themselves, by Age



SOURCE: http://www.floridahealth.gov/statistics-and-data/survey-data/2019MiddleSchoolSummaryTables.pdf

Middle School students of a mixed race are substantially more at risk of suicidal ideation (as well as attempting suicide) than others.

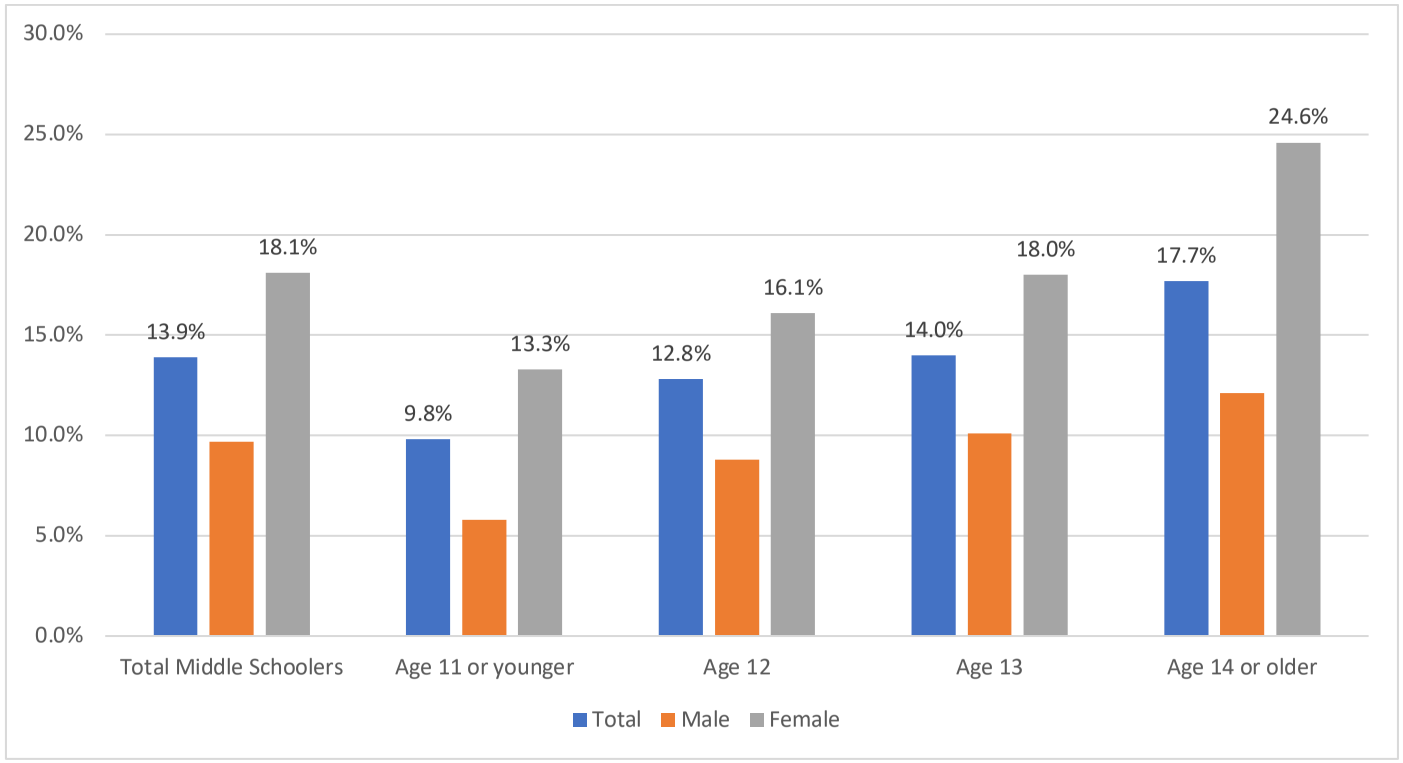
Percentage of Students Who Ever Seriously Thought About Killing Themselves, by Ethnicity



SOURCE: http://www.floridahealth.gov/statistics-and-data/survey-data/2019MiddleSchoolSummaryTables.pdf

Similarly, Middle School-age females are much more likely to PLAN a suicide than males.

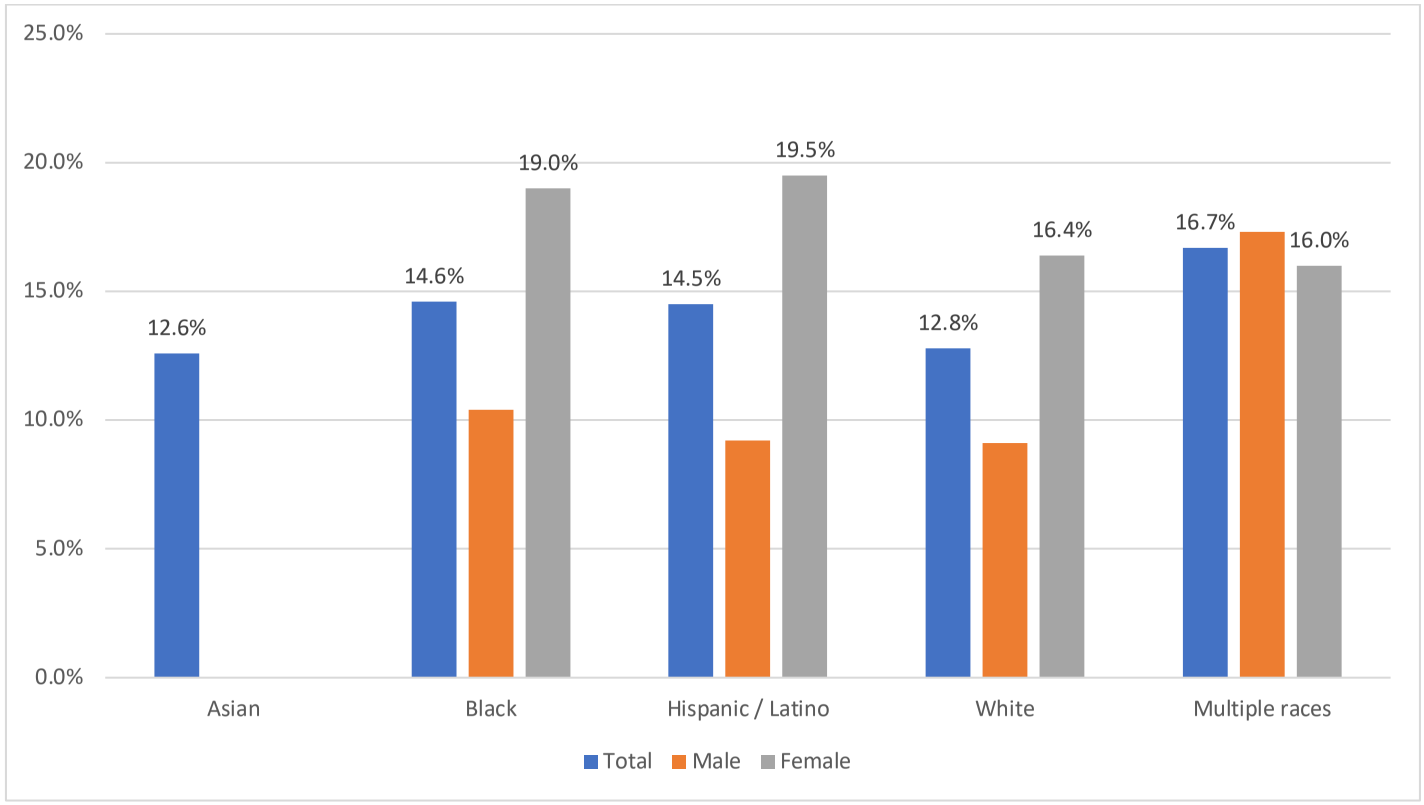
Percentage of Students who Ever Made a Plan About How They Would Kill Themselves, by Age



SOURCE: http://www.floridahealth.gov/statistics-and-data/survey-data/2019MiddleSchoolSummaryTables.pdf

Mixed race Middle School males are more likely to formulate a suicide plan than females. Among other races / ethnicities, females are far more likely to formulate a suicide plan.

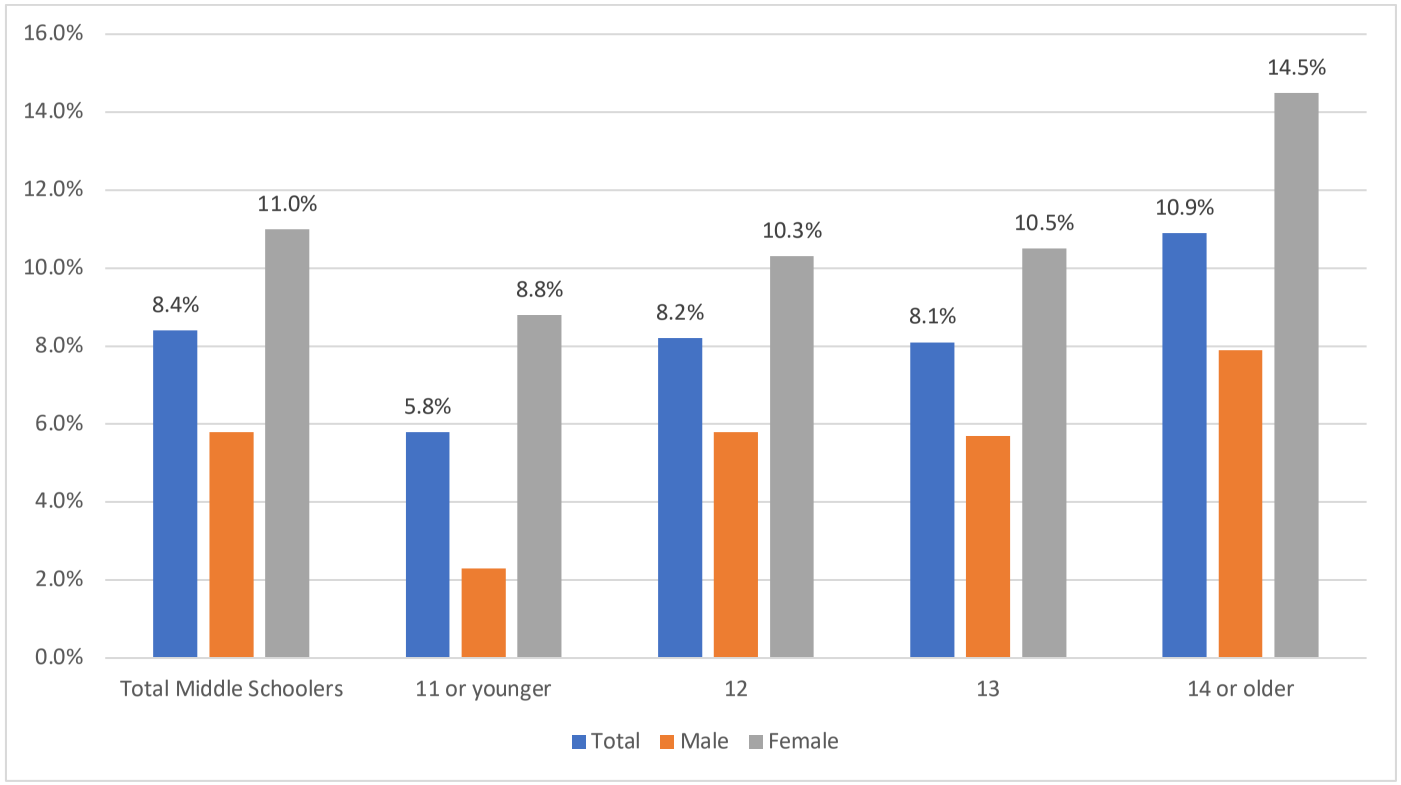
Percentage of Students who Ever Made a Plan About How They Would Kill Themselves, by Ethnicity



SOURCE: http://www.floridahealth.gov/statistics-and-data/survey-data/2019MiddleSchoolSummaryTables.pdf

Mixed race males and females – especially those age 14 and older – are more likely to have tried at least once to complete a suicide.

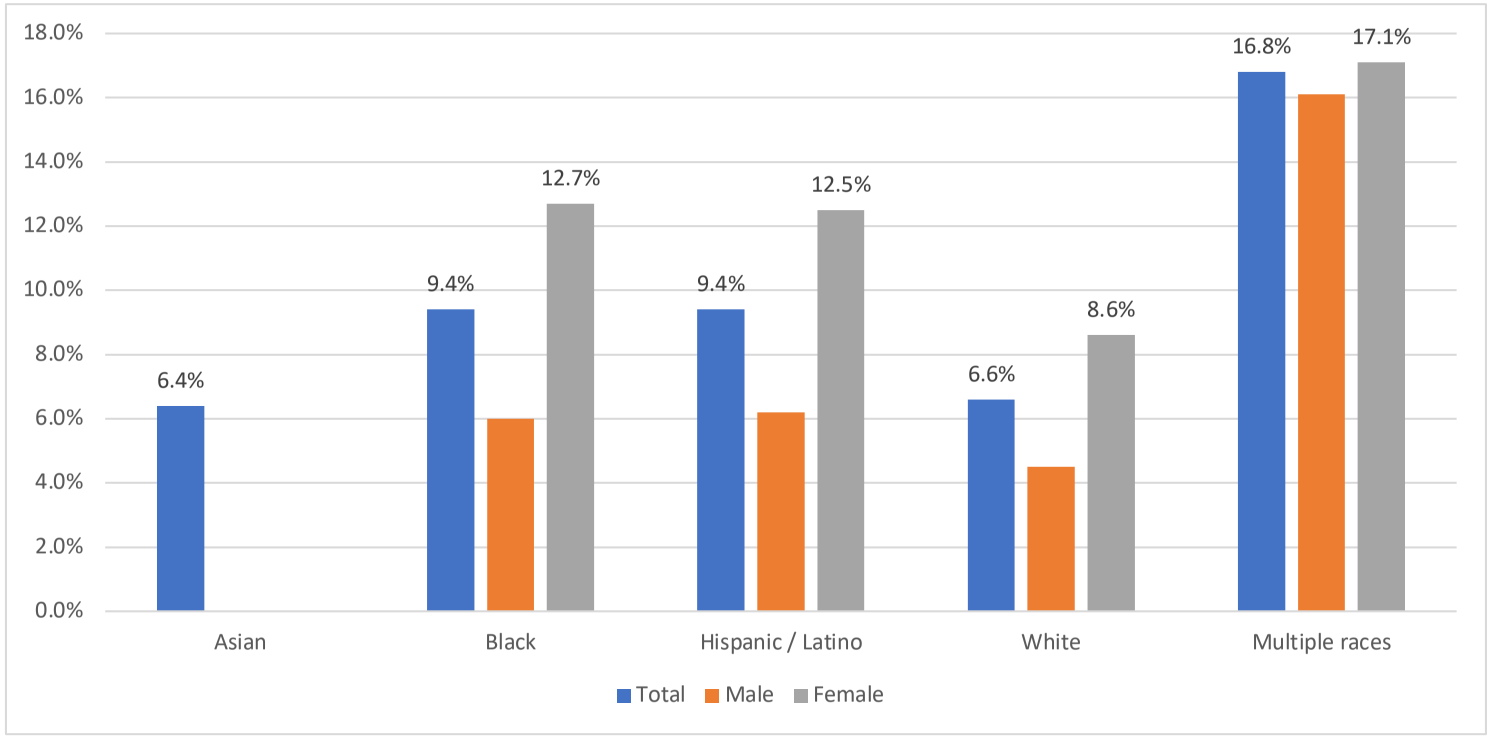
Percentage of Students who Ever Tried to Kill Themselves, by Age



SOURCE: http://www.floridahealth.gov/statistics-and-data/survey-data/2019MiddleSchoolSummaryTables.pdf

White males and females are less likely to say that they have attempted suicide than other ethnicities. However, even relatively low numbers such as 6.8% (i.e., the percent of White Middle Schoolers who say that they have attempted suicide) suggest that of the roughly 25,000 Middle School students in Polk County, nearly 2,000 may have attempted suicide at least one time.

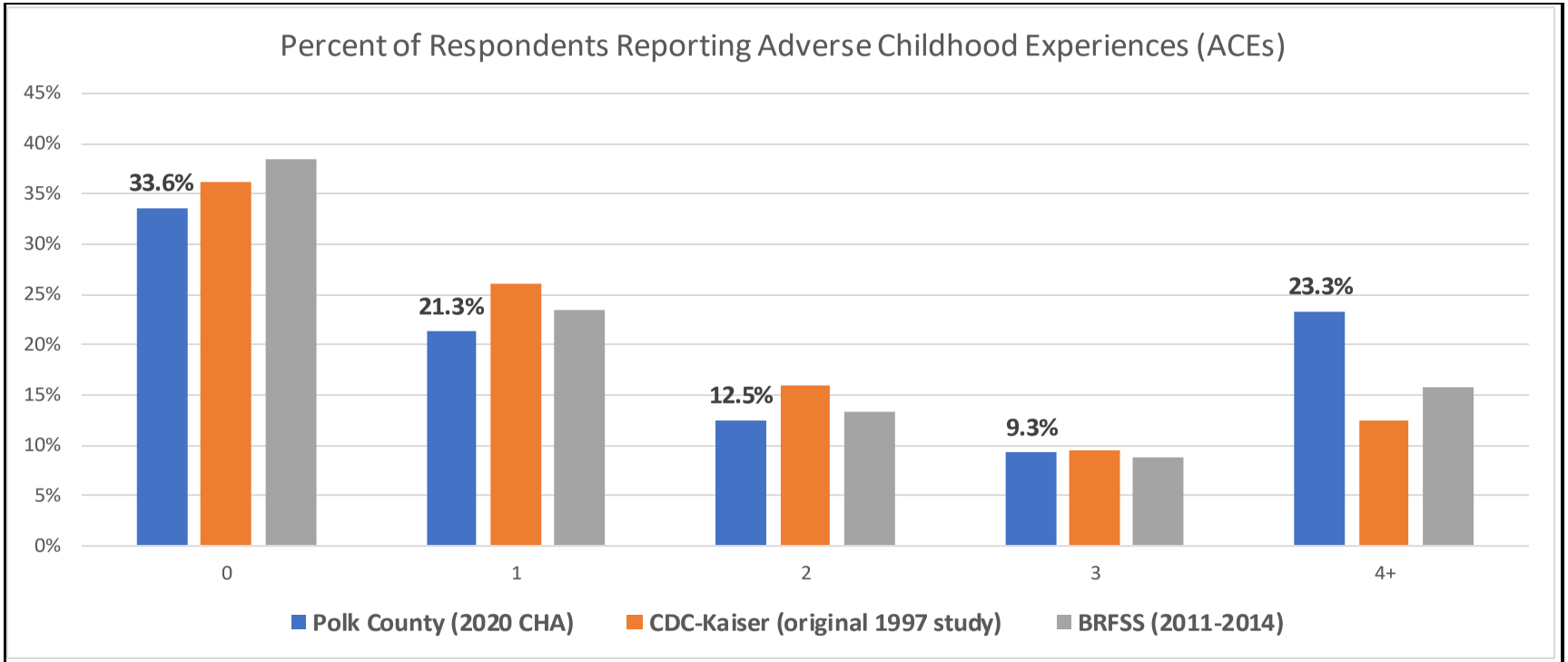
Percentage of Students who Ever Tried to Kill Themselves, by Ethnicity



SOURCE: http://www.floridahealth.gov/statistics-and-data/survey-data/2019MiddleSchoolSummaryTables.pdf

Adverse Childhood Experiences (ACEs)

Nearly one in four Polk County Community Survey respondents say that they experienced four or more ACEs as a child – putting a large percentage of County residents at risk for physical health, behavioral health, substance misuse, and other challenges.

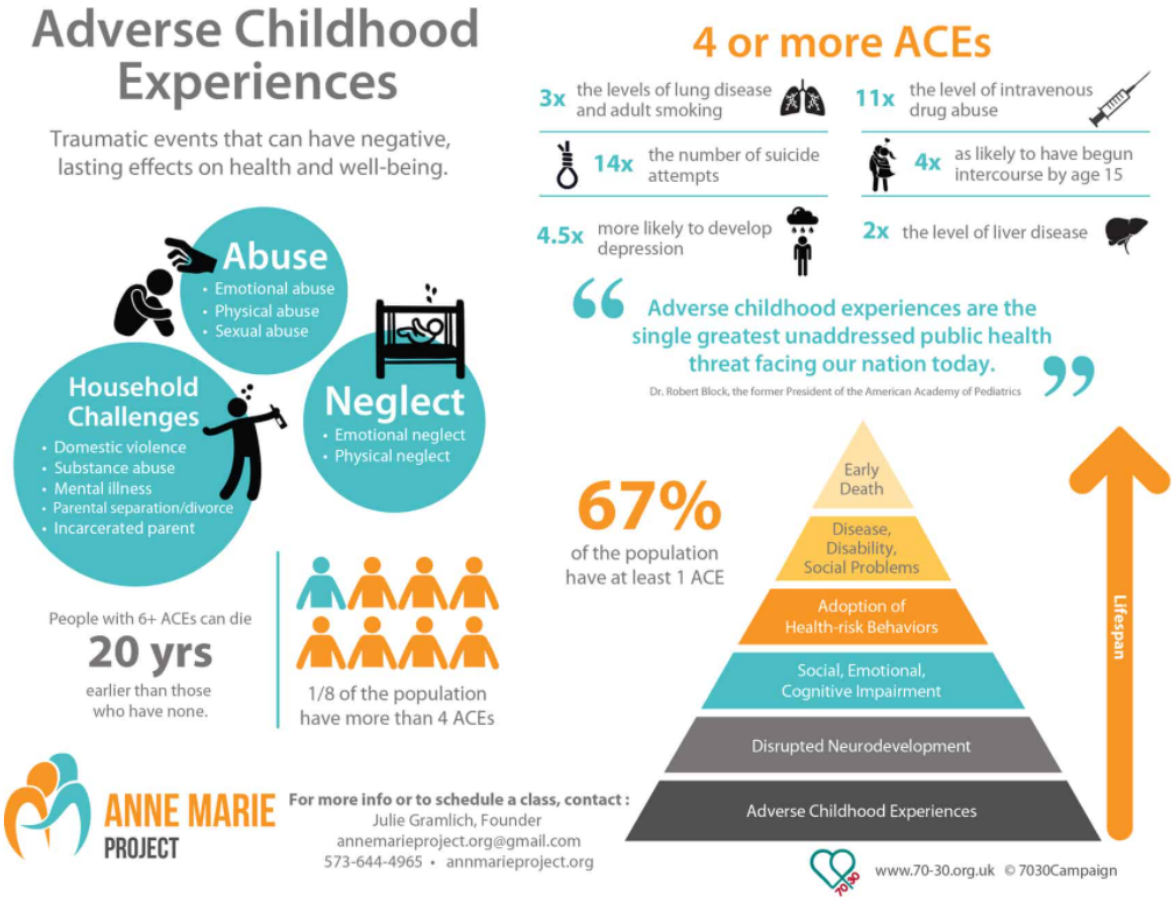


ACEs	Polk County (2020 CHA)	CDC-Kaiser (original 1997 study)	BRFSS (2011-2014)
0	***33.6%***	36.1%	38.5%
1	***21.3%***	26.0%	23.5%
2	***12.5%***	15.9%	13.4%
3	***9.3%***	9.5%	8.8%
4+	23.3%	12.5%	15.8%

Source: Polk County Community Survey, as shown in the Polk County Community Health Assessment. Available at http://polk.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/Polk_CHA2020.pdf

National research has shown that reducing the impact of ACEs during childhood may dramatically improve outcomes in adulthood.

- Depressive disorder (44% reduction)
- Chronic Obstructive Pulmonary Disease (27% reduction)
- Asthma (24% reduction)
- Kidney Disease (16% reduction)
- Stroke (15% reduction)
- Coronary Heart Disease (13% reduction)
- Cancer (6% reduction)
- Diabetes (6% reduction)
- Overweight/Obesity (2% reduction)
- Heavy drinking (24% reduction)
- People with six or more ACEs have a 20 year shorter life expectancy.[6]



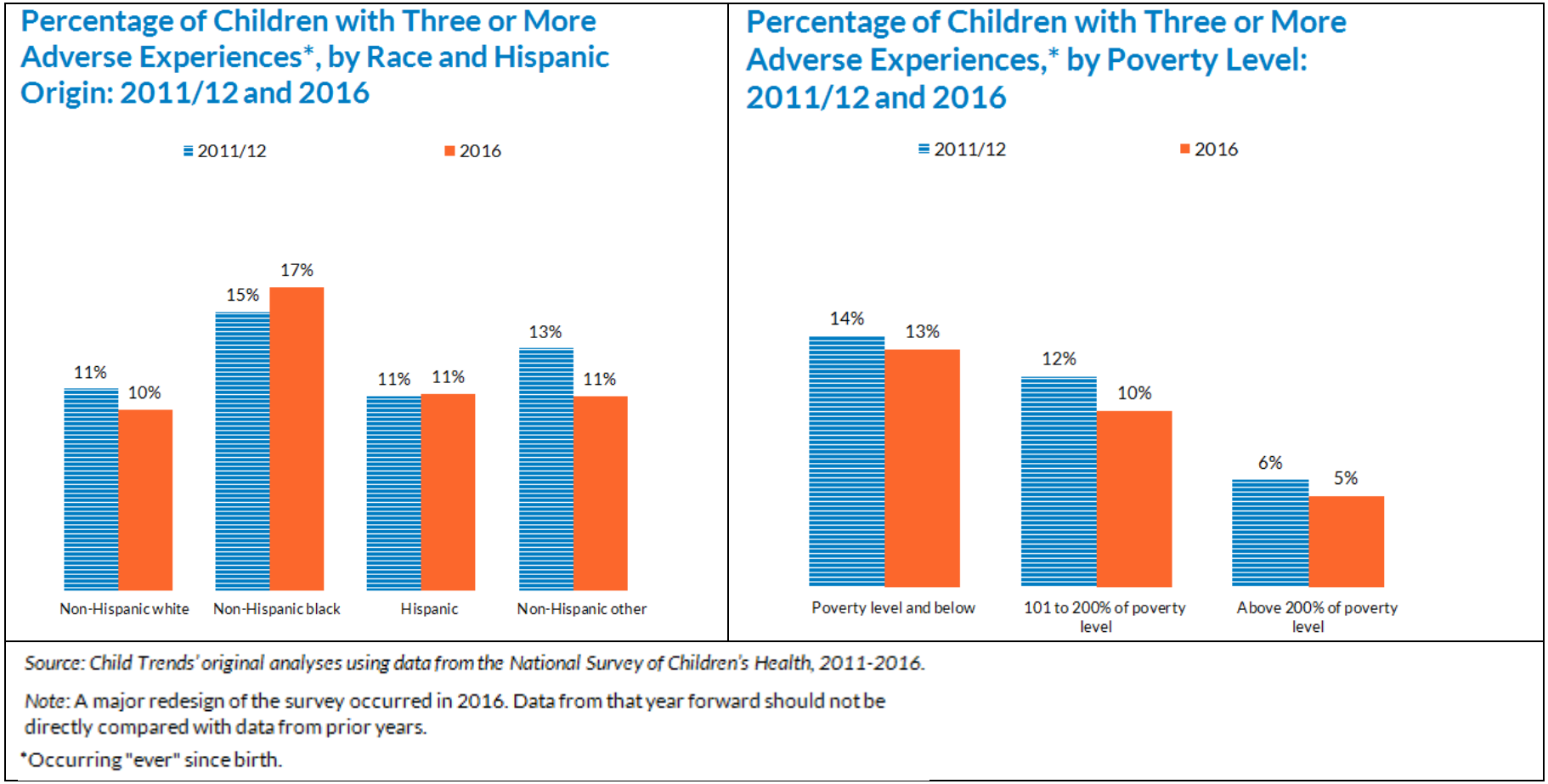
Preventing ACEs could reduce a large number of health conditions:

Health Event Avoided	U.S.	Polk County
Depression Cases Avoided - Potential	21,000,000	46,375
Heart Disease Cases Avoided - Potential	1,900,000	4,196
Obesity Cases Avoided - Potential	2,500,000	5,521

Source: US CDC, 2019. Available at https://www.cdc.gov/vitalsigns/aces/index.html

[6] Anne Marie Project. Available at https://annemarieproject.org/adverse-child-experience/

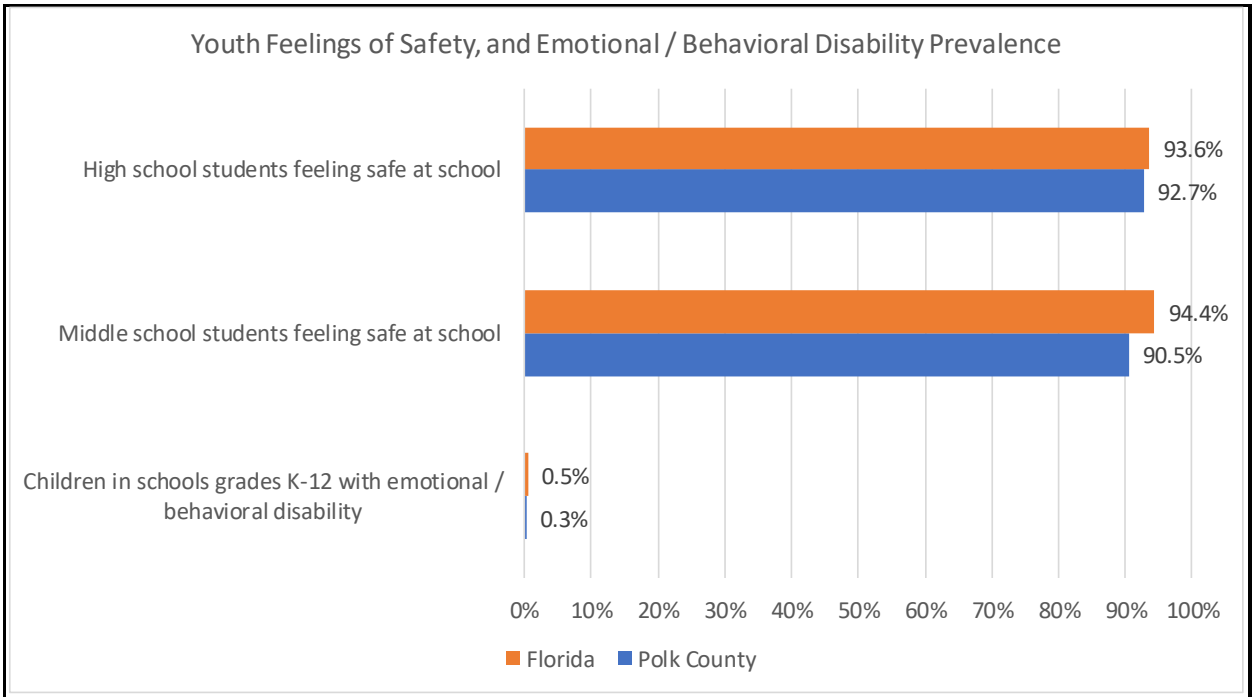
Higher ACEs scores are more likely to be present with children from Non-Hispanic Black households in large part due to the lower median income and higher poverty levels among Black / African American community members. Regardless of race / ethnicity, higher household income levels correlate with lower ACEs scores. The following chart shows national-level indicators.



Source: Child Trends. Available at https://www.childtrends.org/indicators/adverse-experiences#:~:text=In%202016%2C%2042%20percent%20of,age%20six%20(Appendix%201).

Other Youth-related Issues and Incidence

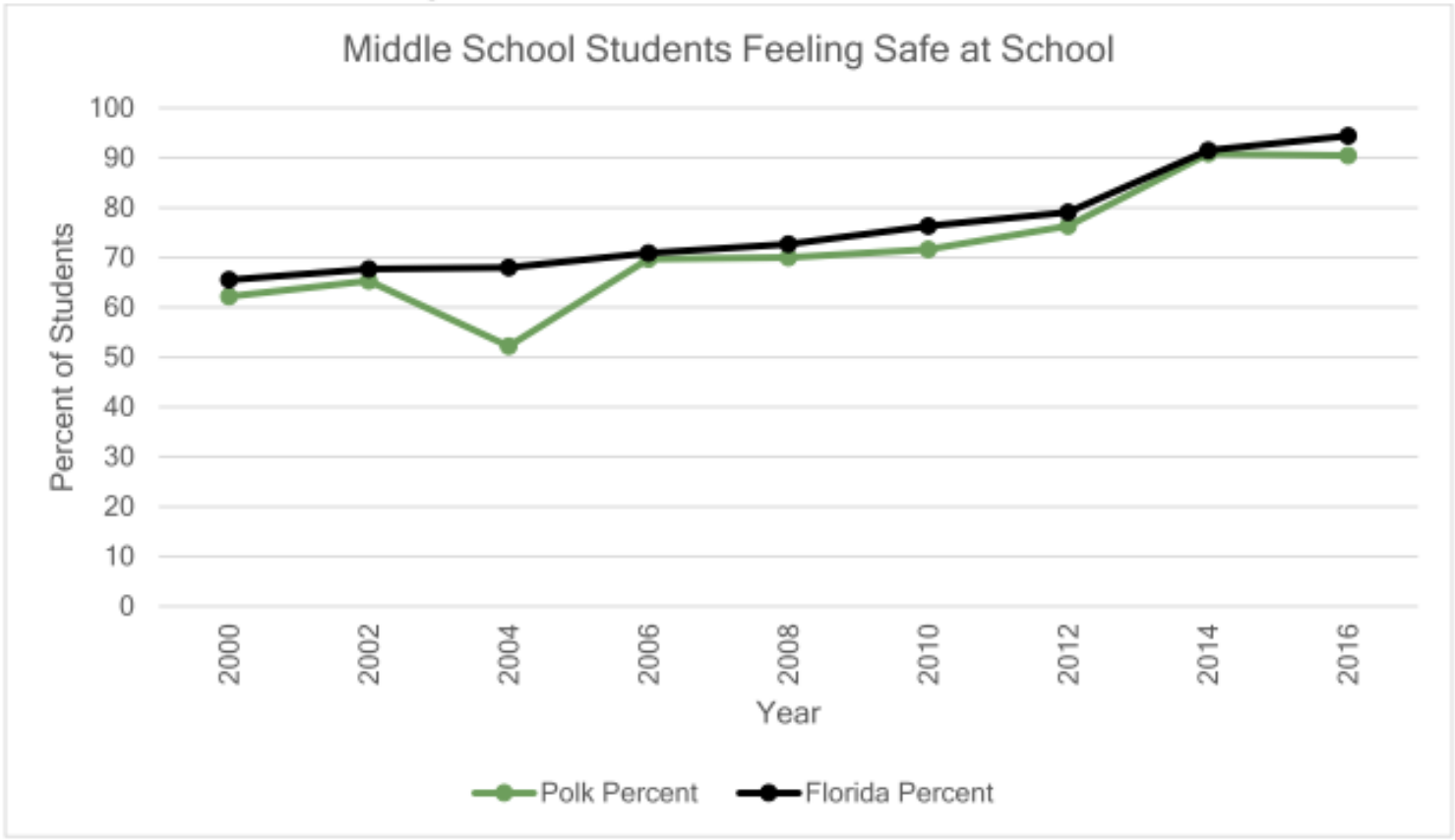
Perceived school safety is a component of stronger behavioral health. Per the graphs below which show data collected up to 2016, Polk County schools appear to provide a safe-feeling environment for Middle School and High School students, as over 90% say that they feel safe at school. But on February 14, 2018, a school shooting at Marjory Stoneman Douglas High School in Parkland, Florida, greatly changed perceptions about school safety. This incident proved to be a catalyst for a wide variety of changes in the school system, law enforcement and otherwise.



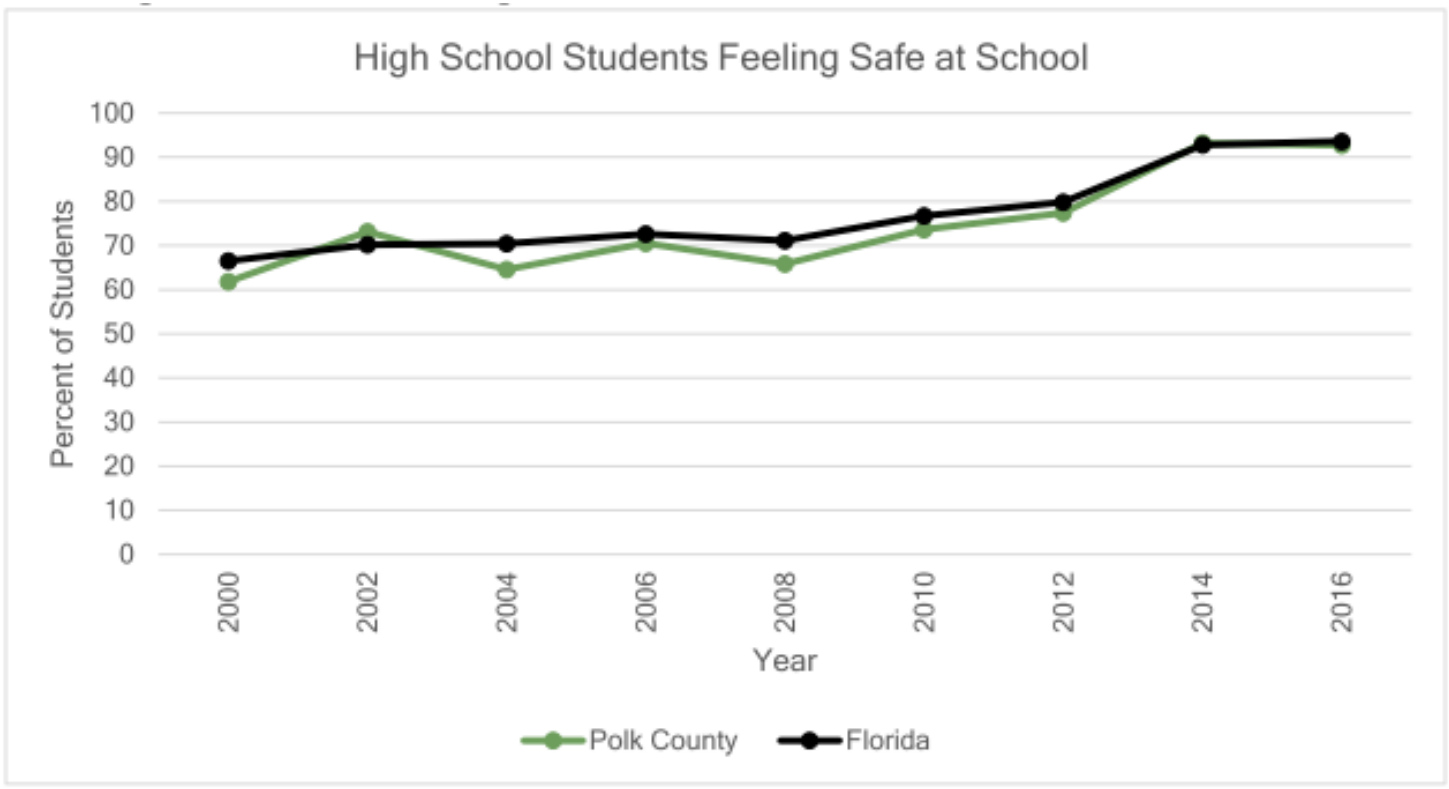
Indicator	Polk County	Florida
Children in schools grades K-12 with emotional / behavioral disability	0.3%	0.5%
Middle school students feeling safe at school	90.5%	94.4%
High school students feeling safe at school	92.7%	93.6%

Source: AHCA; FDOH EIAS; Florida Youth Tobacco Survey; US Department of Health and Human Services, as shown in the Polk County Community Health Assessment. Available at http://polk.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/Polk_CHA2020.pdf

Until 2016, the trend of feeling safe at school had steadily improved since 2000 among Middle School and High School students in Polk County and in the state (average).

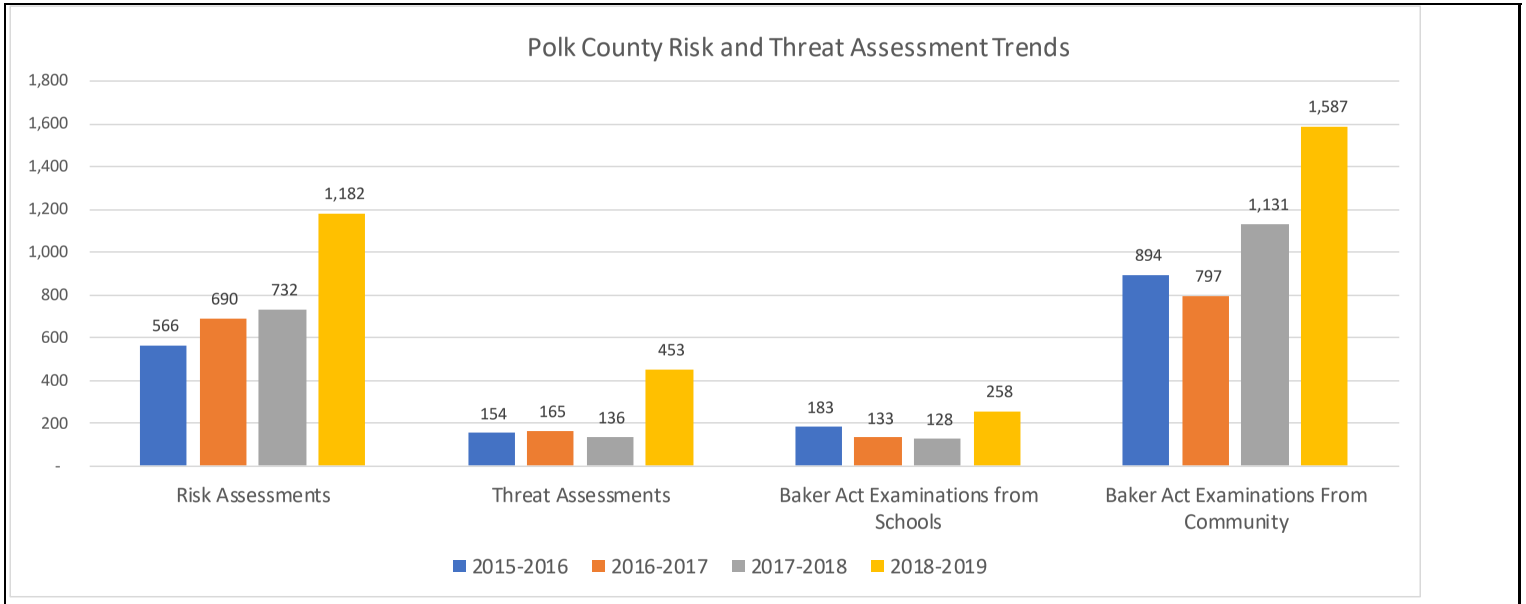


Source: FYTS, as shown in the Polk County Community Health Assessment. Available at http://polk.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/Polk_CHA2020.pdf



Source: FYTS, as shown in the Polk County Community Health Assessment. Available at http://polk.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/Polk_CHA2020.pdf

However, schools have been more aggressively involved with "Risk Assessments," "Threat Assessments," and Baker Act Examinations over the past three or four academic years, likely due, at least in part, as a reaction to the Stoneman Douglas shooting. Baker Act examinations from the school increased over 100% from academic year 2017/2018 to 2018/2019. Baker Act examinations in Polk County from the community also increased dramatically.



School Year	Risk Assessments	Threat Assessments	Baker Act Examinations from Schools	Baker Act Examinations From Community
2015-2016	566	154	183	894
2016-2017	690	165	133	797
2017-2018	**732**	**136**	**128**	**1,131**
2018-2019	**1,182**	**453**	**258**	**1,587**

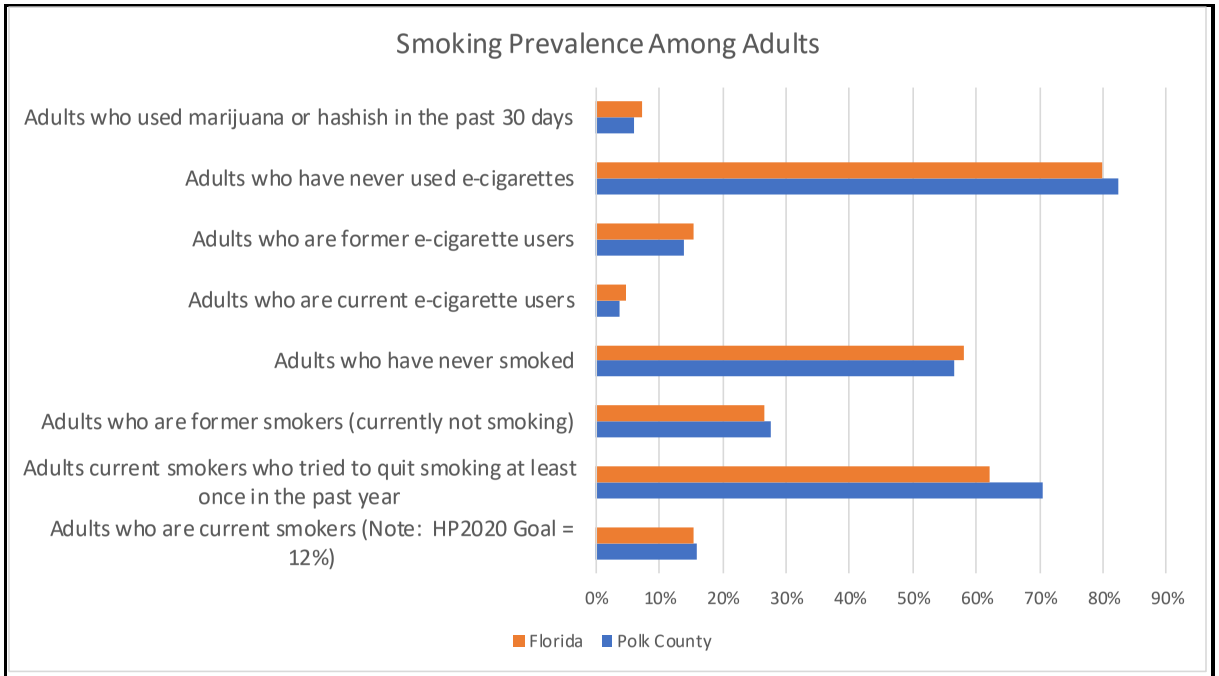
NOTE: "Risk Assessments" are conducted when a student makes a self-harm threat; "Threat Assessments" are conducted when a student threatens harm to others.

Source: Polk County Schools, as shown in the Polk County Community Health Assessment. Available at http://polk.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/Polk_CHA2020.pdf

Substance Misuse

Smoking

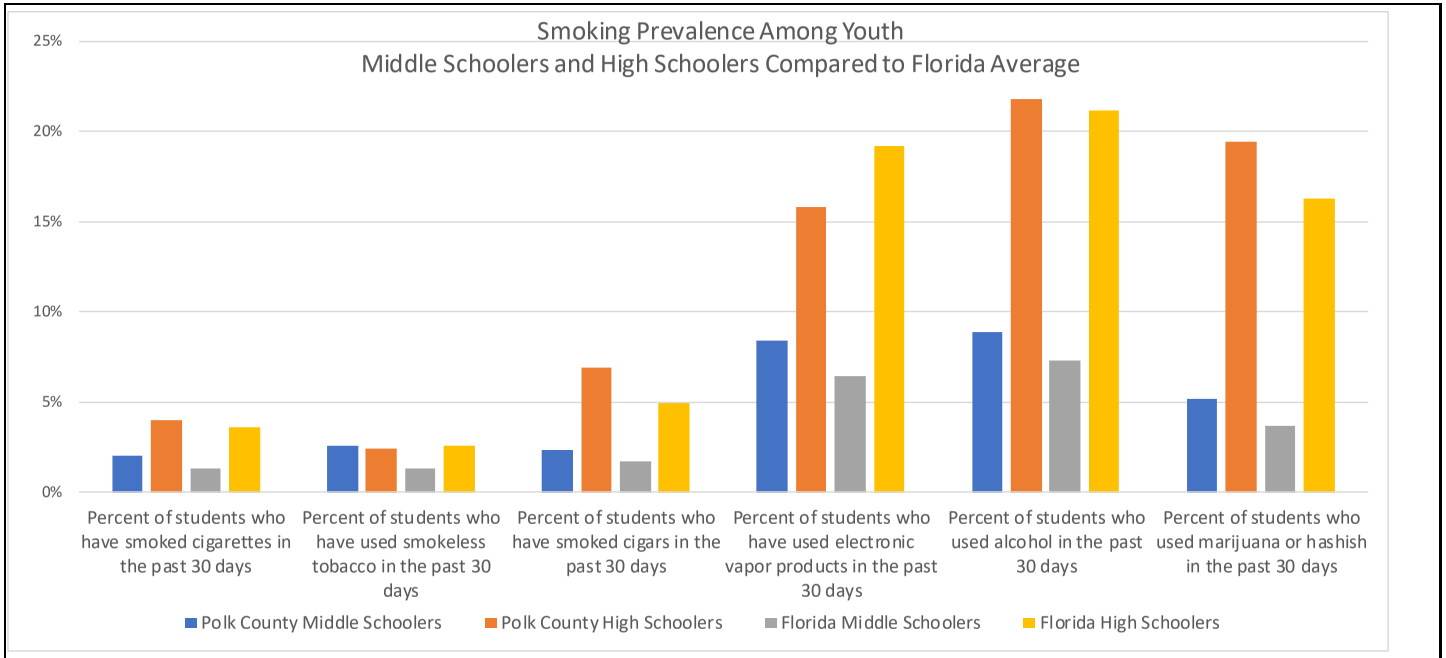
Smoking rates in Polk County are similar to the Florida state average across all categories below. However, smoking rates (16% in Polk County) are still higher than the Healthy People 2020© goal of 12%.



Indicator	Polk County	Florida
Adults who are current smokers (Note: HP2020 Goal = 12%)	16.0%	15.5%
Adults current smokers who tried to quit smoking at least once in the past	70.4%	62.1%
Adults who are former smokers (currently not smoking)	27.6%	26.5%
Adults who have never smoked	56.5%	58.0%
Adults who are current e-cigarette users	3.7%	4.7%
Adults who are former e-cigarette users	14.0%	15.5%
Adults who have never used e-cigarettes	82.3%	79.8%
Adults who used marijuana or hashish in the past 30 days	6.1%	7.4%

Source: Polk County Community Survey, as shown in the Polk County Community Health Assessment. Available at http://polk.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/Polk_CHA2020.pdf

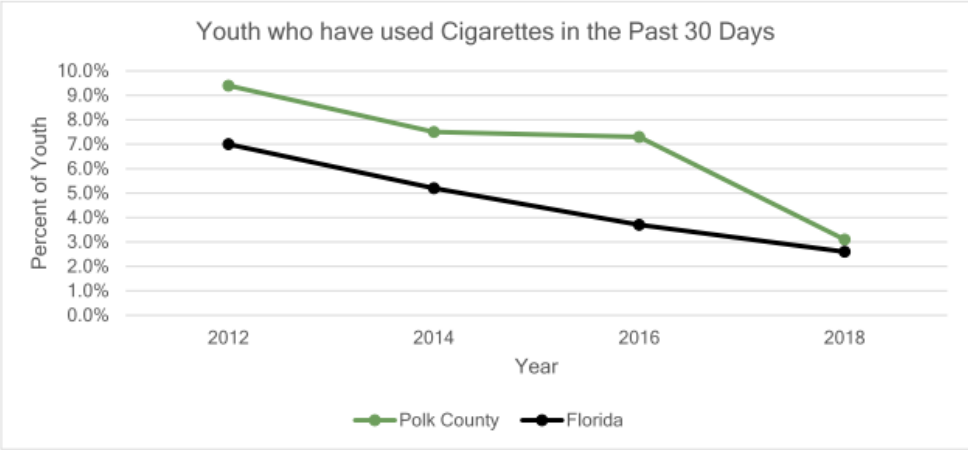
Tobacco and marijuana use among Polk County is slightly higher than the Florida average.

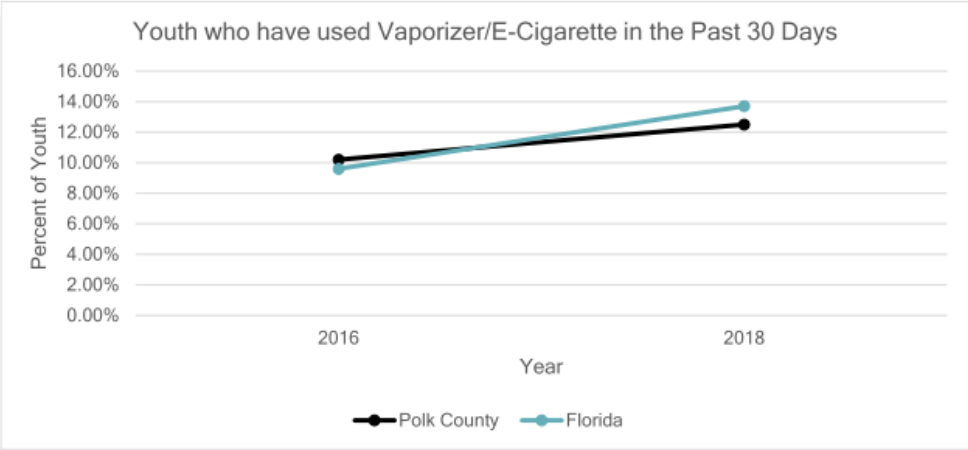


Indicator	Polk County Middle Schoolers	Polk County High Schoolers	Florida Middle Schoolers	Florida High Schoolers
Percent of students who have smoked cigarettes in the past 30 days	2.0%	4.0%	1.3%	3.6%
Percent of students who have used smokeless tobacco in the past 30 days	2.6%	2.4%	1.3%	2.6%
Percent of students who have smoked cigars in the past 30 days	2.3%	6.9%	1.7%	4.9%
Percent of students who have used electronic vapor products in the past 30 days	8.4%	15.8%	6.4%	19.2%
Percent of students who used alcohol in the past 30 days	8.9%	21.8%	7.3%	21.2%
Percent of students who used marijuana or hashish in the past 30 days	5.2%	19.4%	3.7%	16.3%

Source: Florida Youth Tobacco Survey, as shown in the Polk County Community Health Assessment. Available at http://polk.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/Polk_CHA2020.pdf

Even though Polk County (and state of Florida) 30-day cigarette use has declined since 2012, vaping / e-cigarette use has increased.

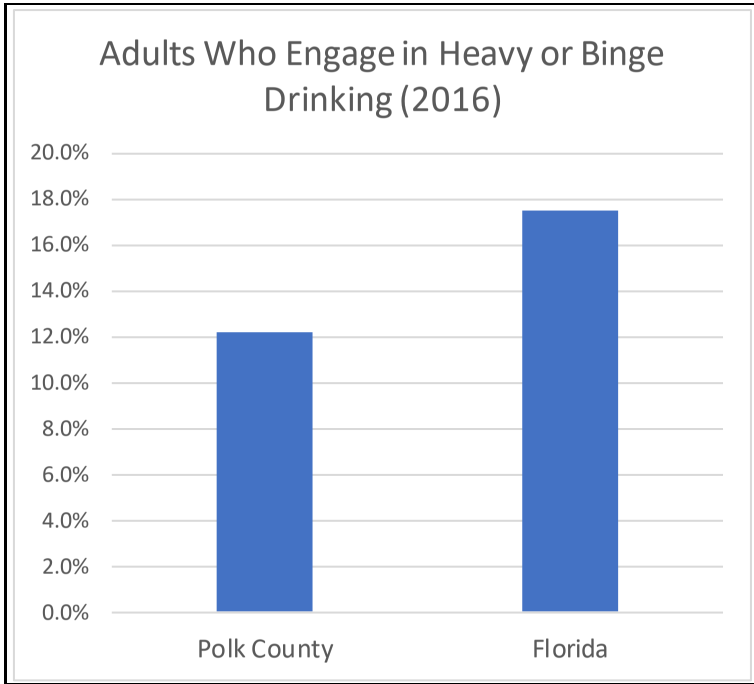


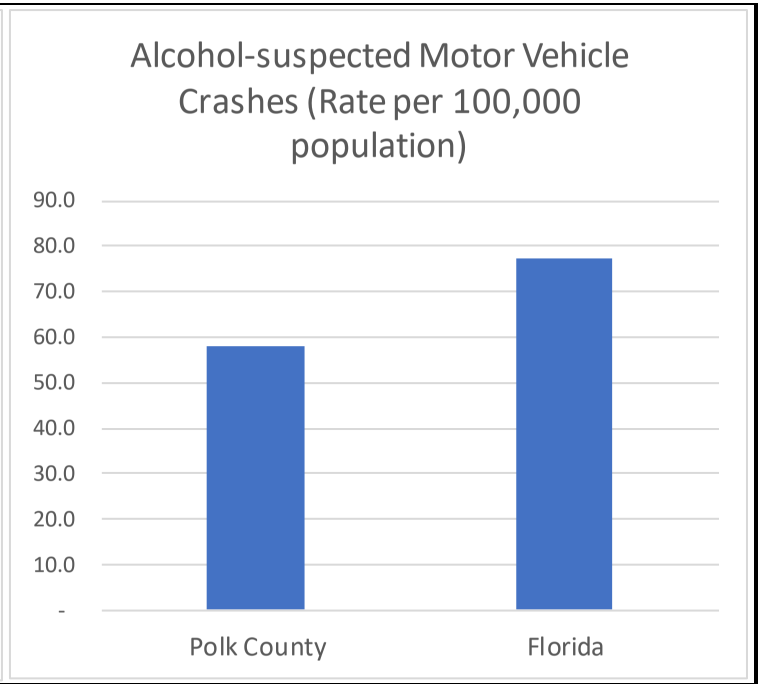


Source: Florida Youth Tobacco Survey, as shown in the Polk County Community Health Assessment. Available at http://polk.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/Polk_CHA2020.pdf

Alcohol Use

Among adults, alcohol use (i.e., "heavy or binge drinking") and alcohol-suspected vehicle crashes was notably less than the Florida average.



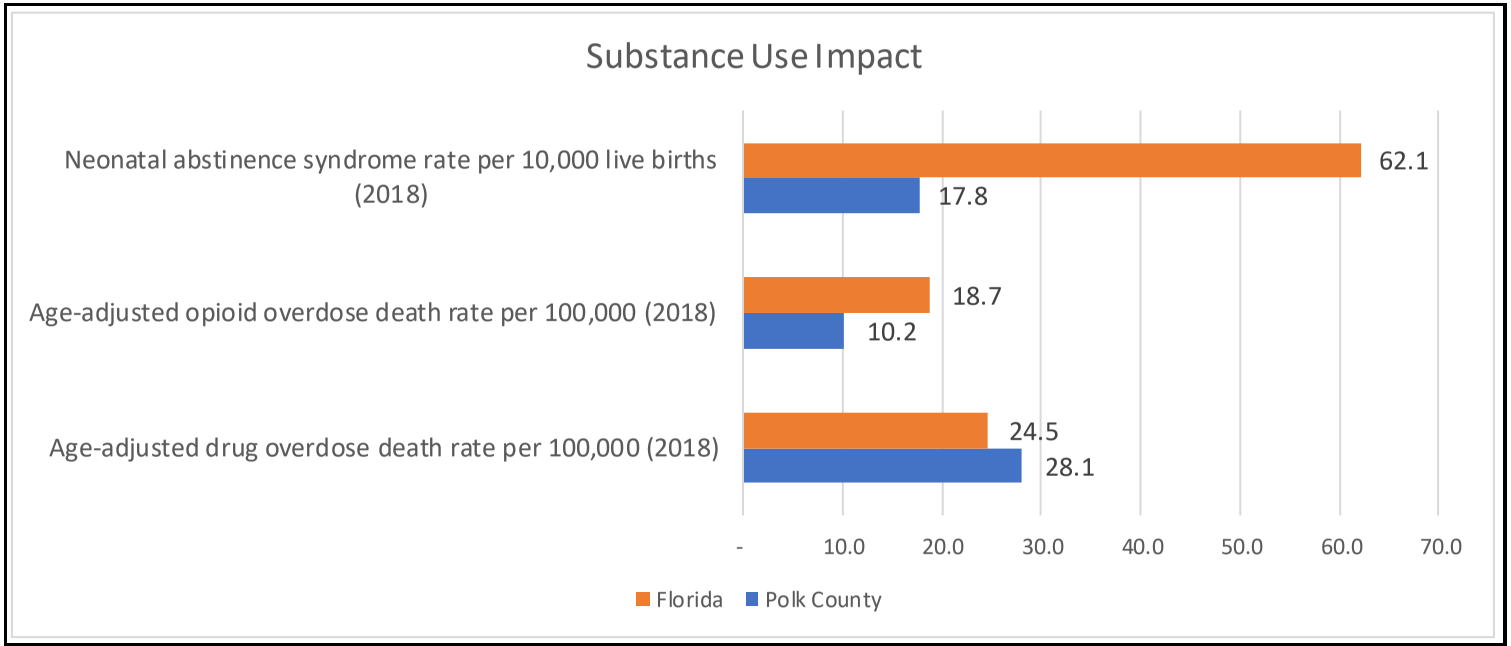


Measure	Polk County	Florida
Adults Who Engage in Heavy or Binge Drinking (2016)	12.2%	17.5%
Alcohol-suspected Motor Vehicle Crashes (Rate per 100,000 population)	57.9	77.4

Source: Florida Department of Highway Safety and Motor Vehicles, as shown in the Polk County Community Health Assessment. Available at http://polk.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/Polk_CHA2020.pdf

Other Substance Use

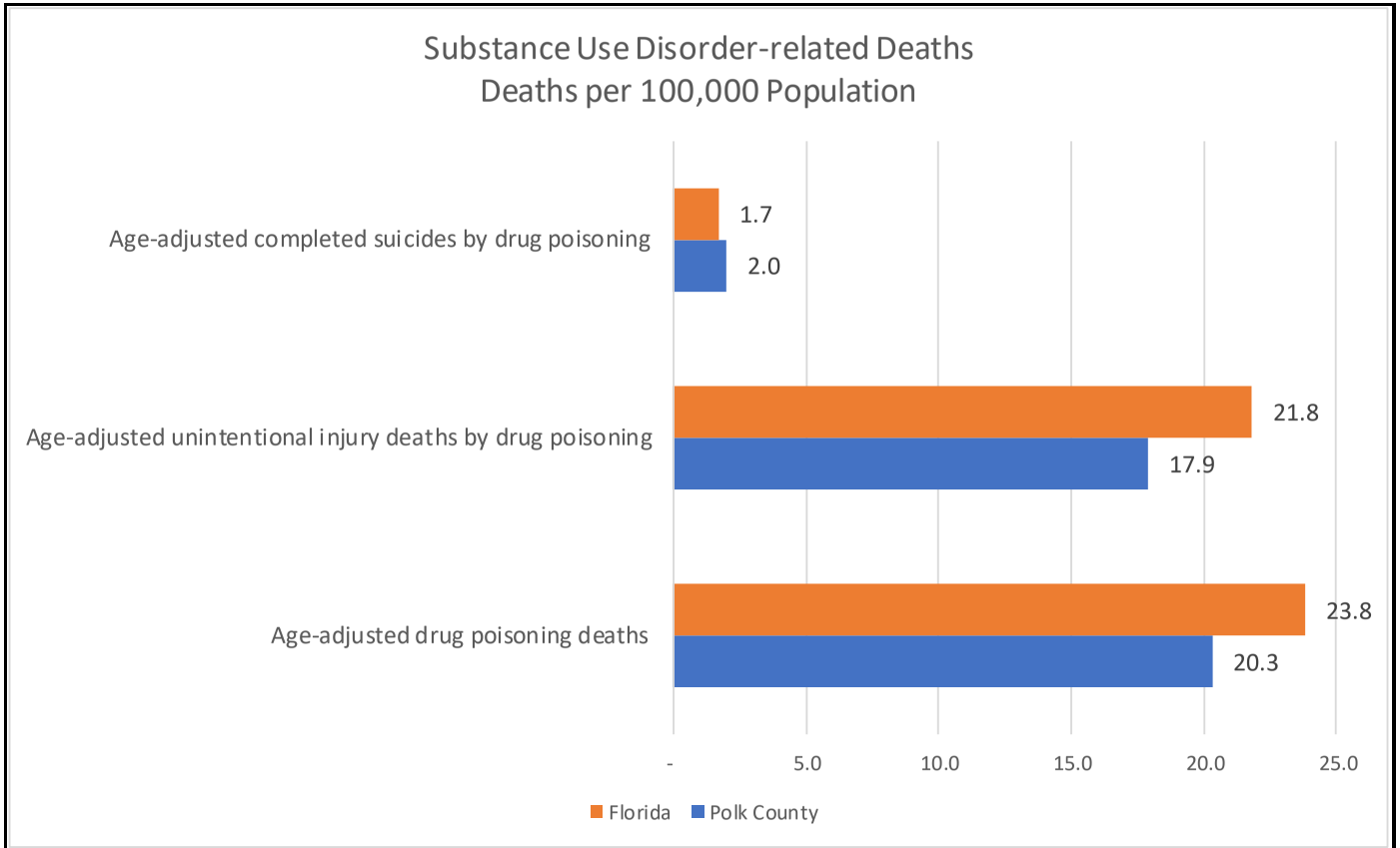
Overall drug-related mortality rates in Polk County were higher than the Florida average, yet opioid-related rates were lower. This suggests that deaths due to substances such as methamphetamines may be higher than the Florida average.



Measure	Polk County	Florida
Age-adjusted drug overdose death rate per 100,000 (2018)	28.1	24.5
Age-adjusted opioid overdose death rate per 100,000 (2018)	10.2	18.7
Neonatal abstinence syndrome rate per 10,000 live births (2018)	17.8	62.1

Source: FDLE; Florida's Integrated Report Exchange System (FIRES), as shown in the Polk County Community Health Assessment. Available at http://polk.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/Polk_CHA2020.pdf

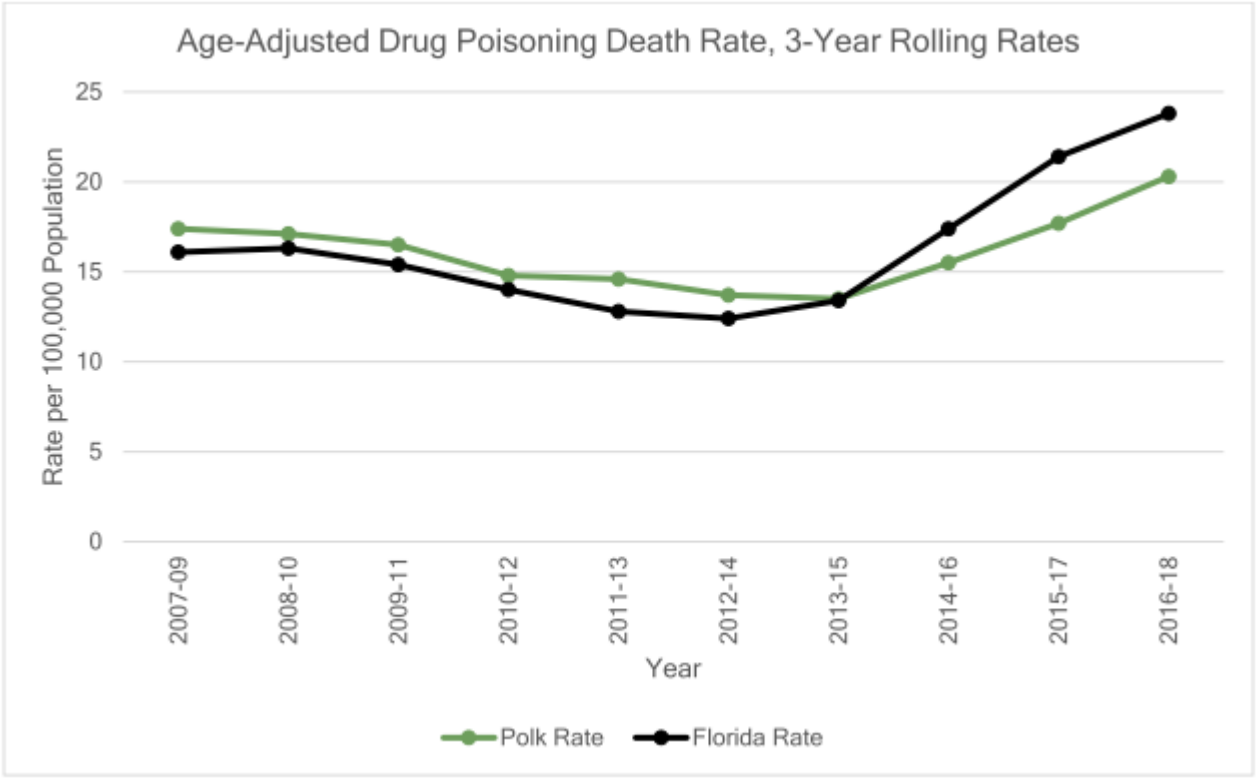
As noted above, Substance Use Disorder deaths per 100,000 are lower in Polk County than the Florida average. However, other data recognizes that behavioral health (including substance use disorder) remains a prominent community challenge.



Rates per 100,000 Population	Polk County	Florida
Age-adjusted drug poisoning deaths	20.3	23.8
Age-adjusted unintentional injury deaths by drug poisoning	17.9	21.8
Age-adjusted completed suicides by drug poisoning	2.0	1.7

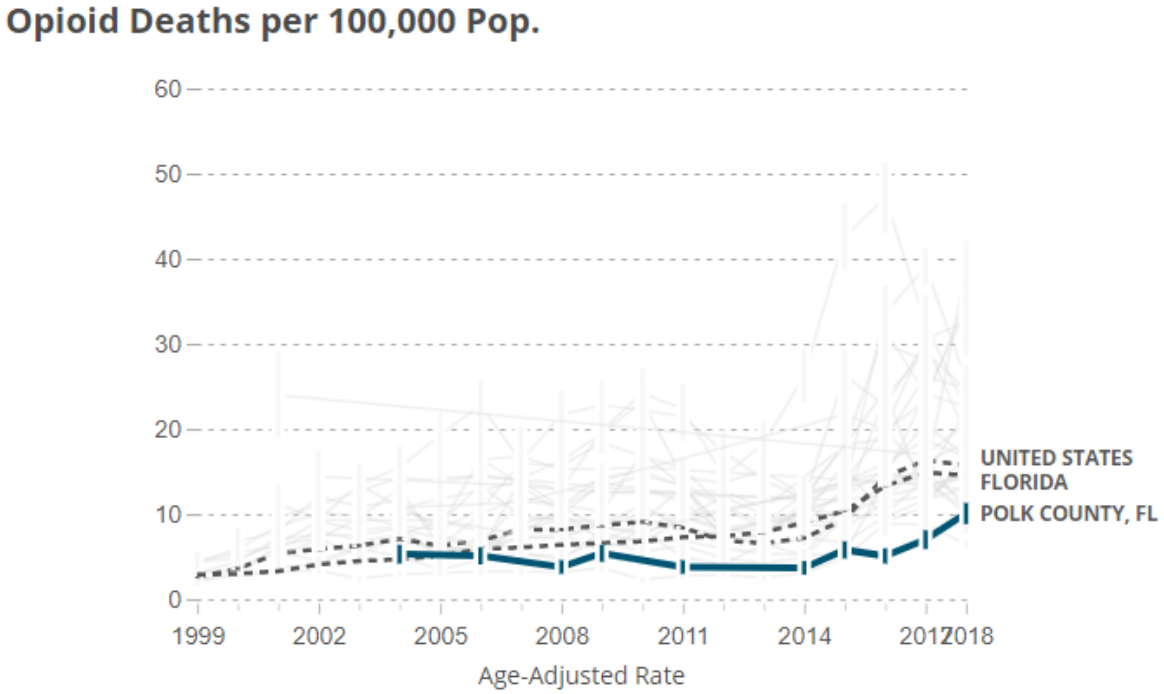
Source: FDOH Bureau of Vital Statistics, as shown in the Polk County Community Health Assessment. Available at http://polk.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/Polk_CHA2020.pdf

As noted above, even though the Polk County drug-related mortality rates are below the Florida average, both have increased substantially (over 50%) since 2012/2014.



Source: FDOH Bureau of Vital Statistics, as shown in the Polk County Community Health Assessment. Available at http://polk.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/Polk_CHA2020.pdf

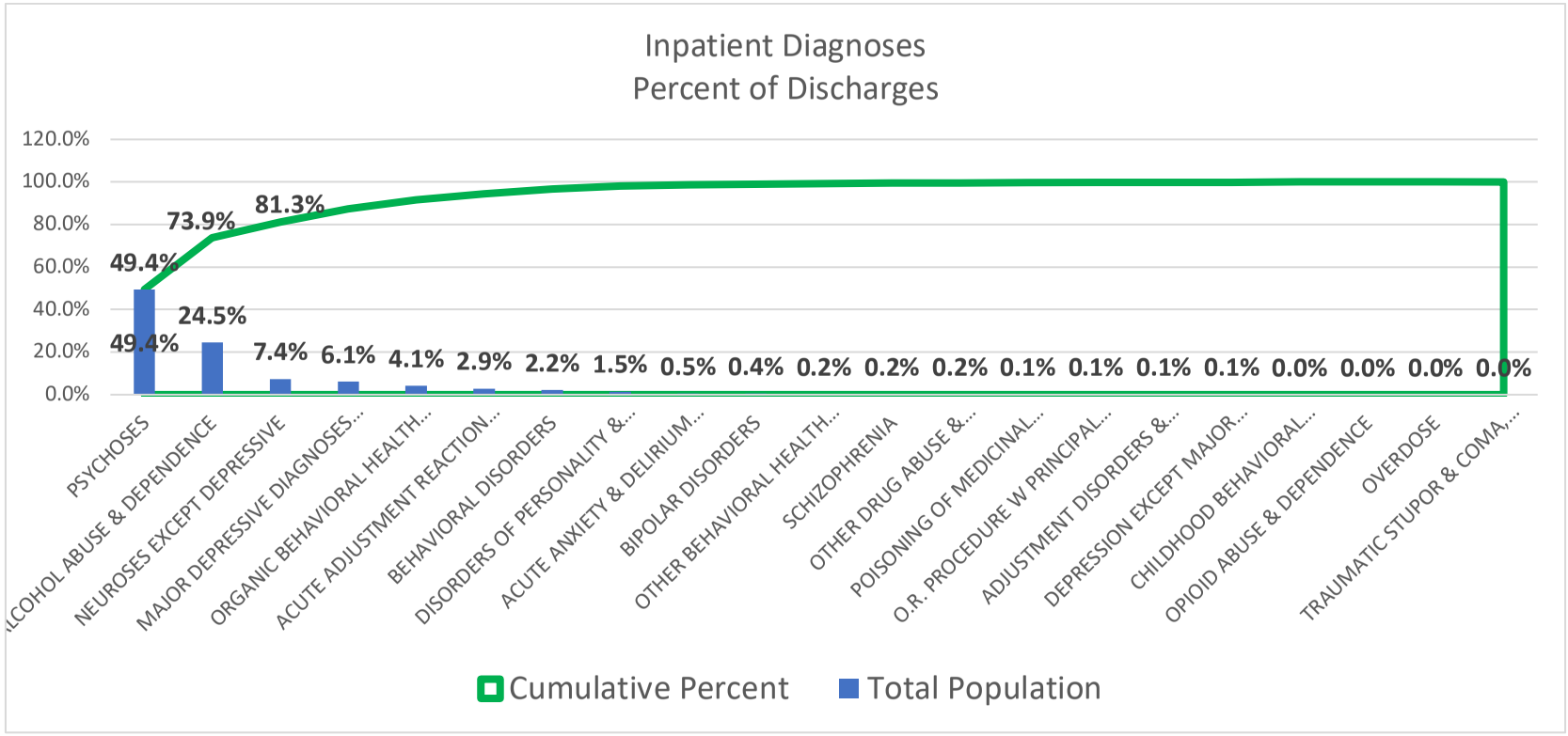
The rate of opioid deaths in Polk County is slightly below the US trend; however, like much of the US, increased dramatically since 2014 and continues at a much higher rate.



Source: https://www.livestories.com/statistics/florida/polk-county-opioids-deaths-mortality

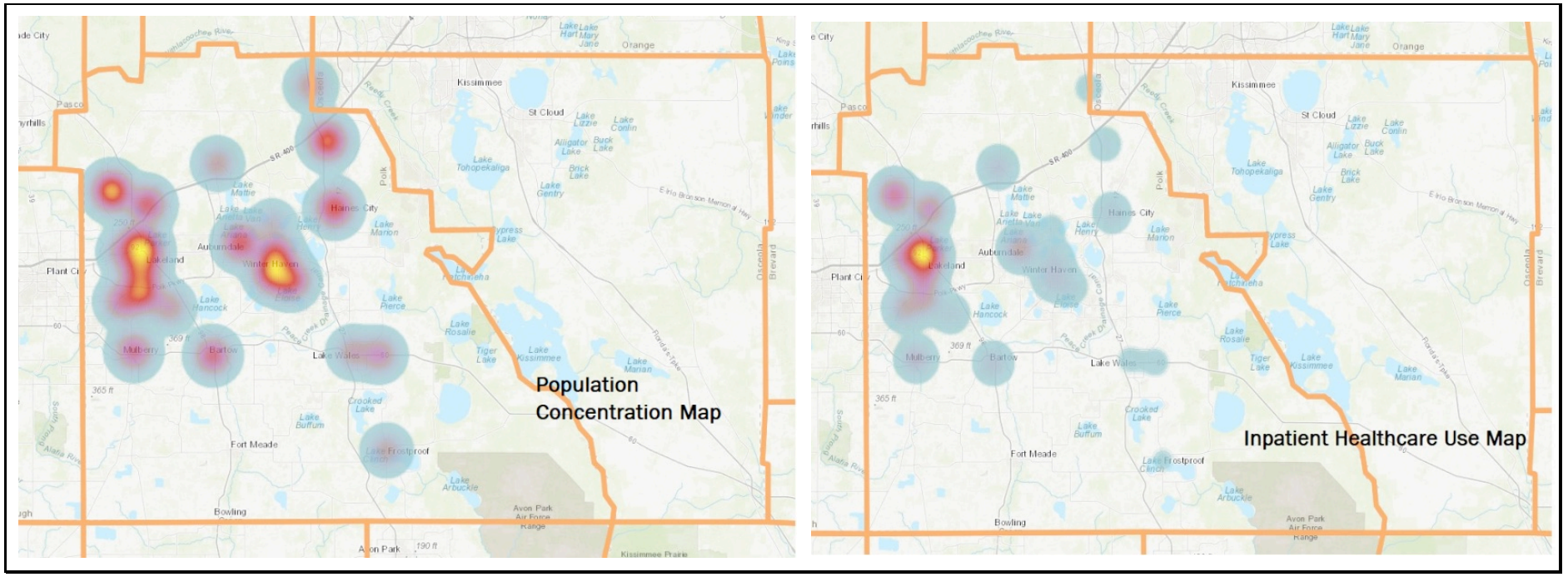
Service Use Data Profile

Half (49.4%) of all in-patient behavioral health admissions include Psychoses as the primary diagnosis. Psychoses, Alcohol Abuse, and Neuroses comprise over 80% (81.3%) of all inpatient diagnoses. Note: These numbers will change as additional service use data is accumulated and analyzed during Stage 2 of the project.



Distance Traveled to Behavioral Health Care Site

The following maps illustrate that distance from one's home to an inpatient facility is a barrier to care. The map on the left is a "heat map" of population within Polk County. The map on the right shows where behavioral health inpatients reside. If access to hospital services was equal throughout the county, then the maps would be very similar.



To access the interactive map, click the following link: https://arcg.is/Py5Te

- The Inpatient Healthcare Use Map (right) has few highlighted areas outside of Lakeland—indicating that only small percentages of patients seek services from more than a few (approximately ten) miles from the Lakeland-based hospital.
- A large majority of inpatient services are provided to people living within a 15 minute drive of Lakeland.

Residents receiving service from hospitals (i.e., primarily inpatient service providers) are most likely to travel only short distances to receive care.

Inpatient Measure	Any	Detox	Emergency	Inpatient	Outpatient
Average distance traveled	8.6	8.2	8.9	8.9	6.2
Maximum Polk County distance traveled	19.2	19.2	19.2	19.2	19.2
Percent of encounters traveling over 10.7 miles	20.1%	17.1%	22.2%	22.5%	0.0%

NOTE: The average distance (all US) for patients receiving inpatient care is 10.7 Miles. **Note: These numbers will change as additional service use data is accumulated and analyzed during Stage 2 of the project.**

- Most patients travel less than nine miles (i.e., the Greater Lakeland area) to receive services.
- People receiving outpatient services from hospitals (i.e., inpatient service providers) tend to be less willing to travel long distances to receive care.

People receiving outpatient services tend to be more willing to travel longer distances get services.

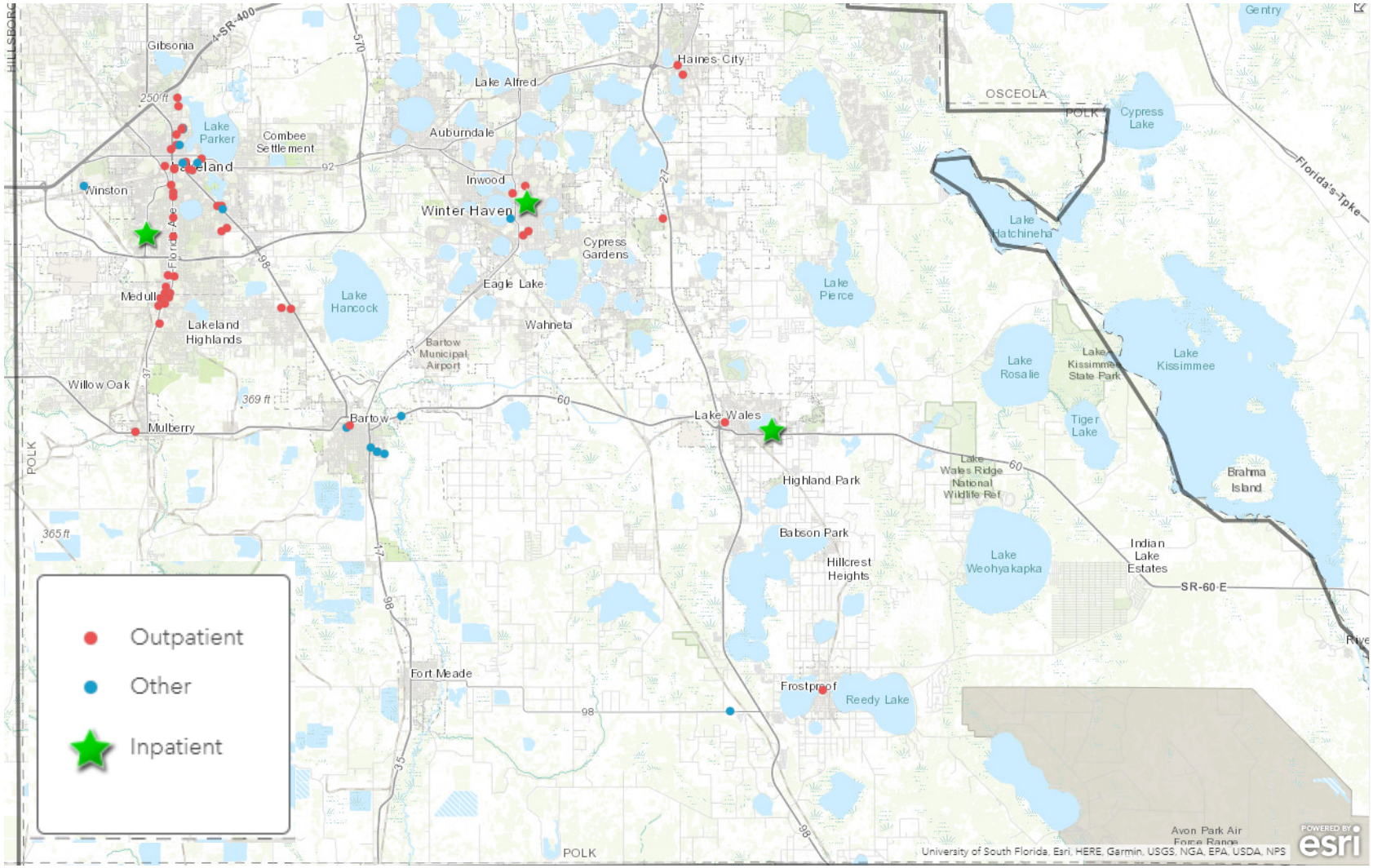
	Any	Detox	Outpatient
Average distance traveled	15.4	16.6	14.4
Maximum distance traveled	78.2	78.2	78.2
Percent of encounters traveling over 10.7 miles	65.6%	77.7%	61.5%

NOTE: The average distance (all US) for patients receiving inpatient care is 10.7 Miles. **Note: These numbers will change as additional service use data is accumulated and analyzed during Stage 2 of the project.**

- People travel approximately 15 miles (average) for outpatient service appointments.
- More than 60% travel more than 10.7 miles for care (more than three-fourths of detox program patients travel more than 10.7 miles).
- The vast majority of outpatient service providers are located in Lakeland and Winter Haven.

The map below shows the locations of outpatient, inpatient, and other behavioral health or substance abuse services.

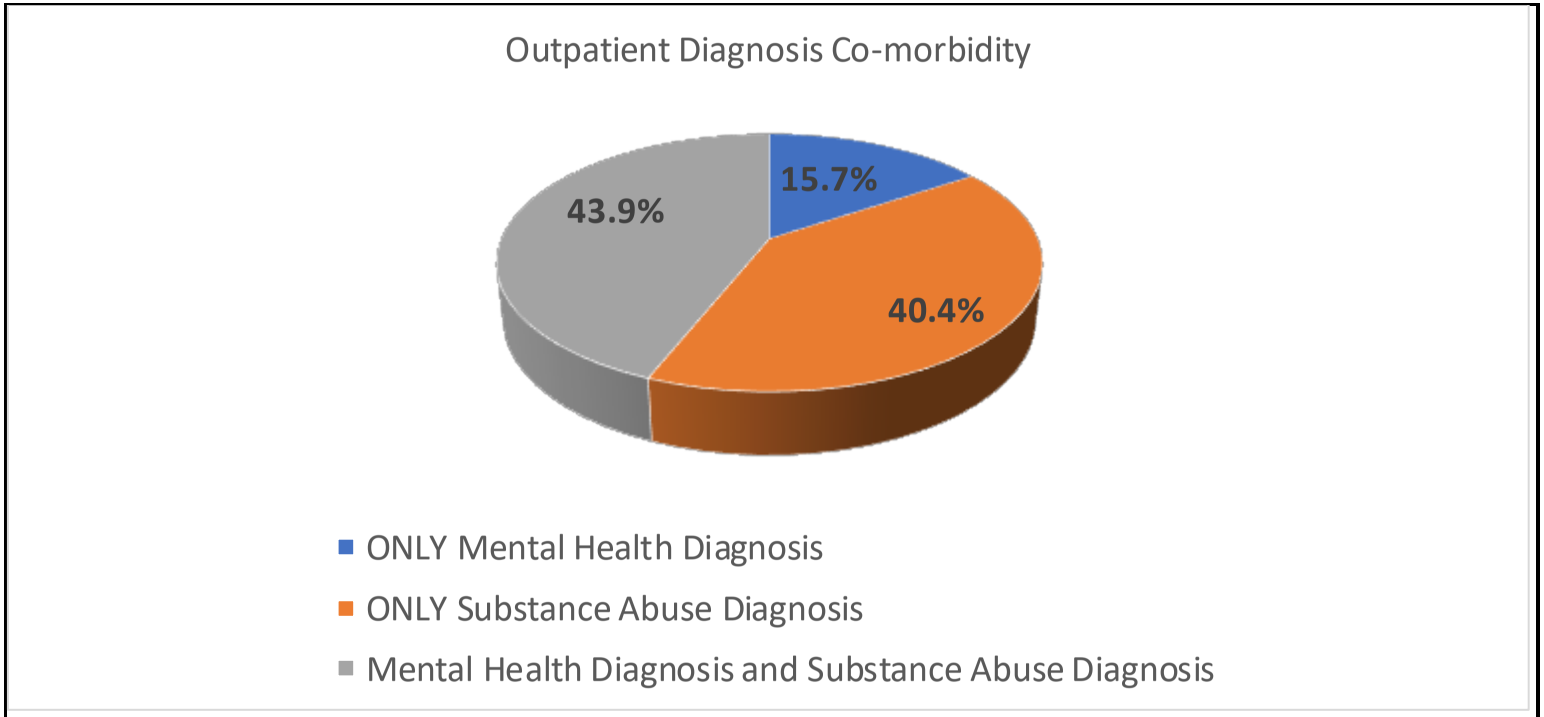
There are over 100 behavioral health and substance abuse service sites in Polk County; however, they are concentrated in the Lakeland area and (to a lesser extent) Winter Haven. See the Service Provider Locations (interactive) map below



Click on this link to review the map online and drill down, as needed to see hours of operation, type of services provided, location, contact information and more: https://arcg.is/1L80Gu

Co-morbidity

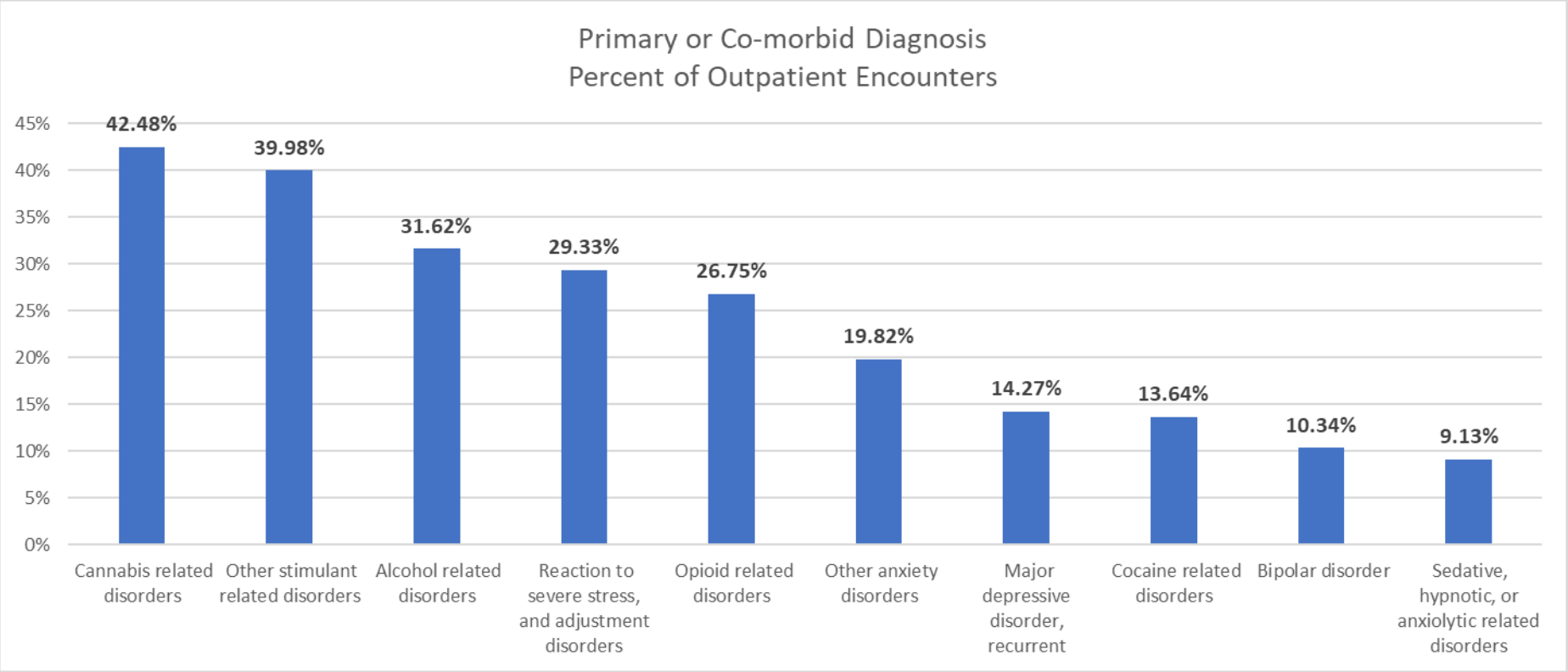
Among outpatient service providers, many indicate tremendous co-morbidity between behavioral health and substance abuse.



ONLY Mental Health Diagnosis	15.7%
ONLY Substance Abuse Diagnosis	40.4%
Mental Health Diagnosis and Substance Abuse Diagnosis	43.9%

- Nearly half (43.9%) of outpatient service users had both behavioral health and substance abuse diagnoses.
- Only about one in six (15.7%) patients were treated for only mental health issues.
- Six of seven (84.3%) patients were being treated for some form of substance use issue; approximately 60% for a mental health issue.

Among those receiving help to address substance abuse issues, cannabis, stimulants, and alcohol were the most common substances used.



- More than one in four (26.75%) of patient encounters included patients with diagnoses (primary or co-occurring) of Opioid Related Disorders.
- The most common behavioral health diagnoses (primary or co-occurring) were “reaction to stress, and adjustment disorders” and “anxiety disorders” – both of which are expected to continue to increase due to COVID-19-related stressors.

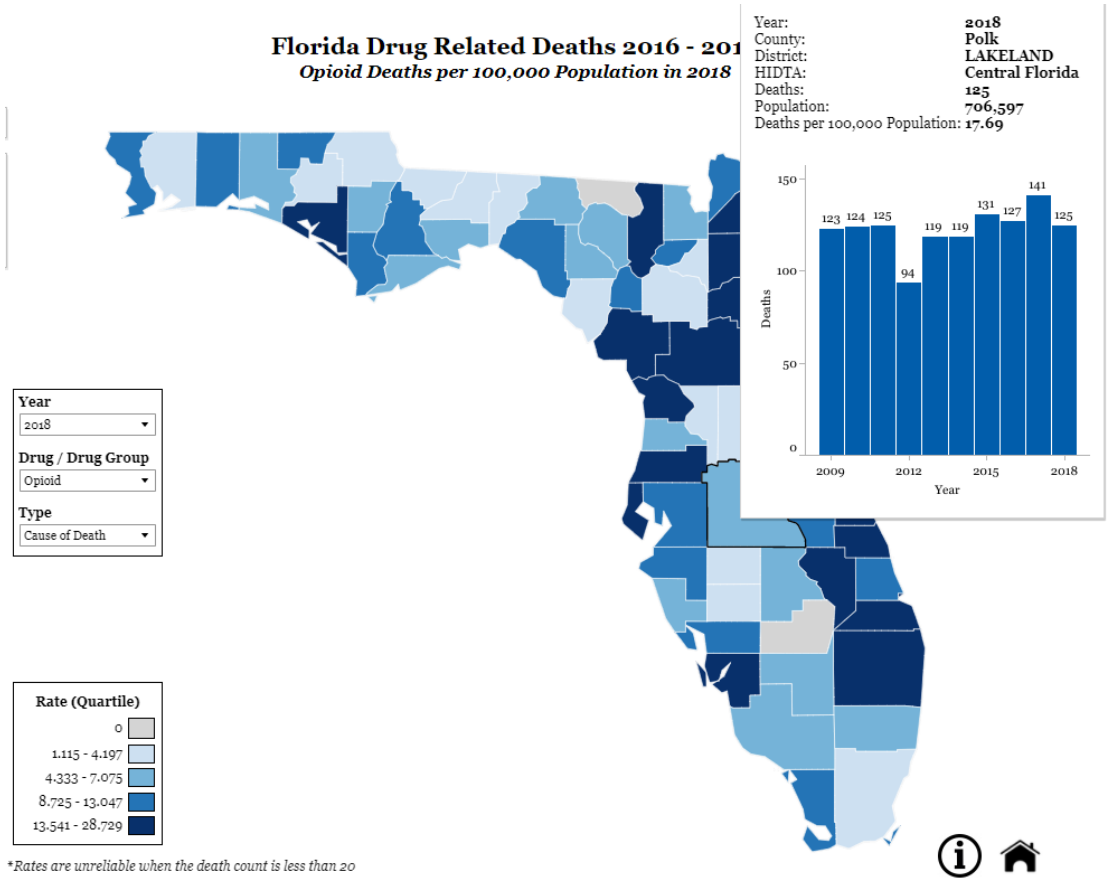
Appendix

Opioid-related Mortality Rates

Year	Any Opioid	Synthetic opioid analgesics, excluding methadone (e.g., fentanyl, tramadol)	Commonly Prescribed Opioids (Natural & Semi-Synthetic Opioids and Methadone)	Heroin
2000	3.0	0.3	1.3	0.7
2001	3.3	0.3	1.7	0.6
2002	4.1	0.4	2.3	0.7
2003	4.5	0.5	2.6	0.7
2004	4.7	0.6	2.9	0.6
2005	5.1	0.6	3.2	0.7
2006	5.9	0.9	3.9	0.7
2007	6.1	0.7	4.2	0.8
2008	6.4	0.8	4.3	1.0
2009	6.6	1.0	4.4	1.1
2010	6.8	1.0	4.7	1.0
2011	7.3	0.8	4.9	1.4
2012	7.4	0.8	4.5	1.9
2013	7.9	1.0	4.4	2.7
2014	9.0	1.8	4.6	3.4
2015	10.4	3.1	4.7	4.1
2016	13.3	6.2	5.2	4.9
2017	14.9	9.0	5.2	4.9

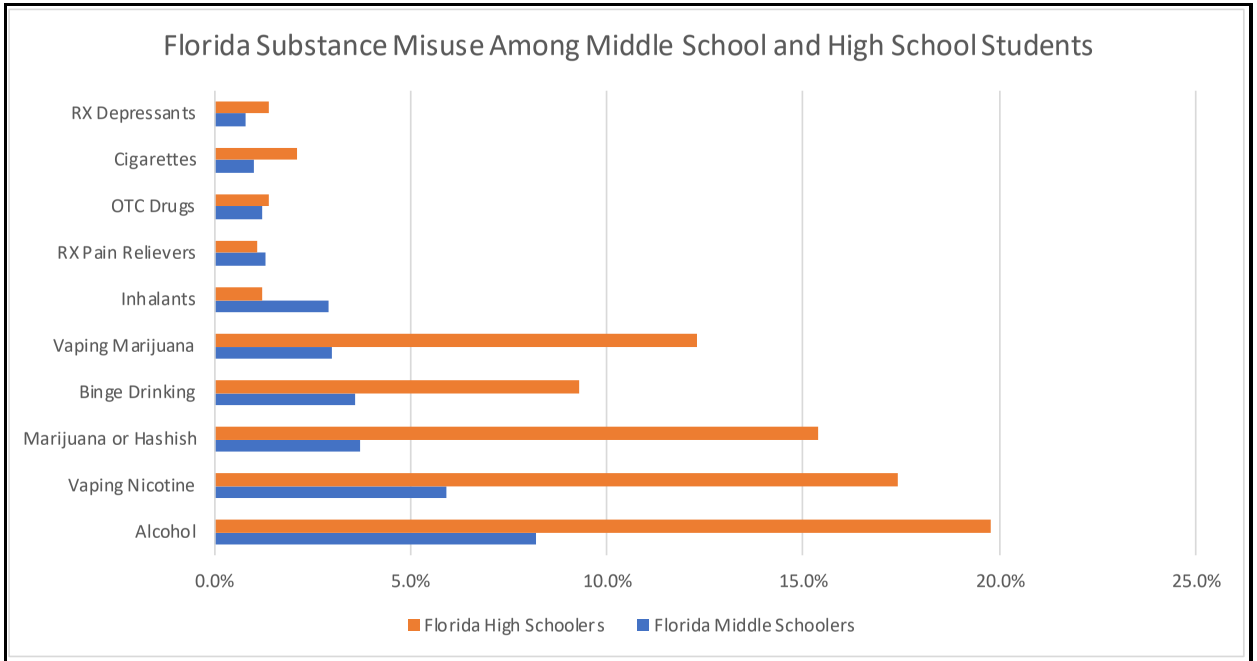
NOTE: Deaths are classified using the International Classification of Diseases, Tenth Revision (ICD-10). Drug overdose deaths are identified using underlying cause of death codes X40-X44, X60-X64, X85, and Y10-Y14. The following multiple cause of death codes were used to identify specific drug types: T40.2 for natural and semi-synthetic opioid analgesics, T40.3 for methadone, T40.4 for synthetic opioid analgesics excluding methadone, T40.1 for heroin, and T40.0, T40.1, T40.2, T40.3, T40.4 or T40.6 for any opioid, and T40.2, T40.3 for prescription opioids. Approximately one-fifth of drug poisoning deaths lack information on the specific drugs involved. Some of these deaths may involve opioid analgesics or heroin. Age-adjusted death rates were calculated using the direct method and the 2000 standard population.

SOURCE: CDC/NCHS, National Vital Statistics System, Mortality.



Source: US Centers for Disease Control and Prevention (CDC). Available at https://www.cdc.gov/drugoverdose/foa/state-opioid-mm.html; https://public.tableau.com/views/FloridaDrug-RelatedOutcomesSurveillanceandTrackingSystem/FMECCountyAnnual?%3Aembed=y&%3A%20display_count=no&%3AshowVizHome=no

Youth Substance Use



Past 30-Day Substance Use	Florida Middle Schoolers	Florida High Schoolers
Alcohol	8.2%	19.8%
Vaping Nicotine	5.9%	17.4%
Marijuana or Hashish	3.7%	15.4%
Binge Drinking	3.6%	9.3%
Vaping Marijuana	3.0%	12.3%
Inhalants	2.9%	1.2%
RX Pain Relievers	1.3%	1.1%
OTC Drugs	1.2%	1.4%
Cigarettes	1.0%	2.1%
RX Depressants	0.8%	1.4%

Source: 2019 FLORIDA YOUTH SUBSTANCE ABUSE SURVEY, as presented by ICF | Rothenbach Research and Consulting. Available at https://www.myflfamilies.com/service-programs/samh/prevention/fysas/2019/docs/FYSAS%202019%20(Final).pdf

Database of Service Providers

Service Site Database: Contact Information

Polk County Database of Behavioral Health (including Substance Use Disorder) Service Sites					
Database Reference Number	**Organization**	**Address**	**City**	**State**	**Phone Number**
1	ABC Mental Health & Relationship Counseling	202 Lake Miriam Dr	Lakeland	FL	863-397-3240
2	Advent Health Lake Wales	410 South 11th Street	Lake Wales	FL	863-676-1433
3	Agency for Community Treatment Services (ACTS)	4612 North 56th Street	Tampa	FL	813-246-4899
4	Agency for Community Treatment Services (ACTS) - Juvenile Addictions Receiving Facility (JARF)	8620 N. Dixon Ave.	Tampa	FL	813-933-4446
5	Agency for Community Treatment Services (ACTS) - Juvenile Assessment Center (JAC)	1090 Highway 17S	Bartow	FL	863-519-3655
6	Agency for Community Treatment Services (ACTS) - Youth Residential Program	11309 Tom Folsom Rd.	Thonotosassa	FL	863-428-1520
7	Aspire Health Partners	2540 Michigan Avenue	Kissimmee	FL	407-875-3700 x4221
8	Atala Counseling - Katherine Ordonia, LMHC	1867 N Crystal Lake Drive	Lakeland	FL	863-450-3626
9	BayCare Behavioral Health	15311 Cortez Boulevard	Brooksville	FL	352-540-9335
10	BayCare Behavioral Health - Doris Cook Smith Counseling Center	14527 7th Street	Dade City	FL	352-521-1474

Polk County Database of Behavioral Health (including Substance Use Disorder) Service Sites					
Database Reference Number	**Organization**	**Address**	**City**	**State**	**Phone Number**
11	BayCare Behavioral Health - Winter Haven Hospital Center for Behavioral Health	1201 1st Street South	Winter Haven	FL	863-297-1702
12	BayCare, Winter Haven Hospital Center for Psychiatry	200 Avenue F NE	Winter Haven	FL	863-293-1121
13	Borum and Associates	4745 Old Road 37	Lakeland	FL	863-608-9392
14	Cassidy Psychiatry - Curtis William Cassidy, MD	832 Florida Avenue South	Lakeland	FL	863-686-0800
15	Central Florida Health Care - Dundee Annex	1023 Dundee Rd.	Dundee	FL	863-234-8534
16	Central Florida Health Care - Frostproof Primary Care (Tri-County BH providers)	109 W. Wall St.	Frostproof	FL	863-635-4891
17	Central Florida Health Care - Haines City Primary Care (Tri-County BH providers)	705 Ingram Ave.	Haines City	FL	863-438-6900
18	Central Florida Health Care - Lake Wales Primary Care (Tri-County BH providers)	305 W Central Ave.	Lake Wales	FL	863-855-9718
19	Central Florida Health Care - Lakeland Primary Care (Tri-County BH providers)	1129 N. Missouri Ave	Lakeland	FL	863-413-8600 863-712-2532
20	Central Florida Health Care - Mulberry Primary Care (Tri-County BH providers)	106 NW 9th Ave.	Mulberry	FL	863-425-6200
21	Central Florida Health Care - Winter Haven Primary Care (Tri-County BH providers)	1514 First Street North	Winter Haven	FL	863-292-4280 863-712-1382
22	Children's Home Society of Florida - Greater Lakeland	1010 East Rose Street	Lakeland	FL	863-413-3126
23	DACCO Behavioral Health Inc. - Brandon	1463 Oakfield Drive	Brandon	FL	813-413-1065

Polk County Database of Behavioral Health (including Substance Use Disorder) Service Sites					
Database Reference Number	**Organization**	**Address**	**City**	**State**	**Phone Number**
24	DACCO Behavioral Health Inc. - Lakeland Outpatient Behavioral Health Services	348 W. Highland Drive	Lakeland	FL	863-608-7778
25	DACCO Behavioral Health Inc. - Tampa	4422 East Columbus Drive	Tampa	FL	813-984-1818 x0
26	Dainery M Fuentes, PhD	5116 S Lakeland Dr	Lakeland	Fl	863-660-0218
27	Dorothy L Hopkins	5130 S Florida Ave, Suite 408	Lakeland	FL	863-648-0313
28	DyNaMic MINDset				
29	Enduring Peace Counseling LLC - Beverly Rousseau	5110 S Florida Ave	Lakeland	FL	863-738-8538
30	FACT Team - Winter Haven	200 Avenue K, S.E., Suite 3	Winter Haven	FL	863-508-2030
31	Families First of Florida	3020 Florida Ave S	Lakeland	FL	813-290-8560
32	Family Psychological Services of Lakeland - Elizabeth Dumville, LMHC-S, Psy.D.	107 Morningside Dr	Lakeland	FL	863-606-6001
33	Florida Behavioral Health of Lakeland	930 Alicia Rd	Lakeland	FL	863-680-1950
34	Florida Department of Health - Lakeland Clinic (Peace River providers)	3241 Lakeland Hills Blvd.	Lakeland	FL	863-940-5205
35	Florida Department of Health - Sebring Outpatient Therapy	7205 South George Boulevard	Sebring	FL	863-248-3311
36	Health & Psychiatry - Dinar Sajan, MD	541 Florida Avenue South	Lakeland	FL	863-450-3067

Polk County Database of Behavioral Health (including Substance Use Disorder) Service Sites					
Database Reference Number	**Organization**	**Address**	**City**	**State**	**Phone Number**
37	Hope Counseling Center - Lakeland	4404 Florida Ave S	Lakeland	FL	863-797-4370
38	Hope Counseling Center - Winter Haven	60 Avenue E, NW	Winter Haven	FL	863-292-8292
39	House of Wellness - Counseling with Sandy	930 W. Main St.	Avon Park	FL	863-453-4161
40	James A Haley Veterans Hospital	10770 North 46Th Street	Tampa	FL	813-631-7100
41	James A Haley Veterans Hospital	10770 North 46Th Street	Tampa	FL	813-631-7100
42	Lakeland Centres	3506 Lakeland Hills Blvd	Lakeland	FL	863-687-9900
43	Lakeland Counseling LLC - Donald F Willets LMHC	4951 Southfork Dr	Lakeland	FL	863-614-0034
44	Lakeland Psychiatry - Dr. Mark Helm (mdhelmmd@verizon.net)	107 Morningside Dr	Lakeland	FL	863-683-2600
45	Lakeland Regional Health - Inpatient	3030 Harden Blvd	Lakeland	FL	863-687-1222
46	Lakeland Regional Health - Outpatient	1324 Lakeland Hills Blvd	Lakeland	FL	863-687-1222
47	Lakeland Regional Health - Outpatient	3030 Harden Blvd	Lakeland	FL	863-687-1222
48	Lakeland Volunteers in Medicine	600 West Peachtree Street	Lakeland	FL	863-688-5846
49	LifeCare of Lakeland	625 School House Rd	Lakeland	FL	863-937-9659

Polk County Database of Behavioral Health (including Substance Use Disorder) Service Sites					
Database Reference Number	**Organization**	**Address**	**City**	**State**	**Phone Number**
50	Melissa A. Brown-McQueen, LCSW	2033 E Edgewood Drive, Suite 4	Lakeland	FL	863-797-6183
51	Men's' Residential & Homeless Shelter				
52	Mid-Florida Psychiatry Center - Vidyasagar Vangala, MD	2504 Sand Mine Rd	Davenport	FL	863-419-7645
53	NeuroSpa - William Upshaw, MD	5147 S Lakeland Dr	Lakeland	FL	813-605-1122
54	New Directions Counseling Center	5121 S Lakeland Dr	Lakeland	FL	863-606-5922
55	New Directions Counseling Center LLC	1953 E. Edgewood Drive	Lakeland	FL	863-606-5922
56	New Light Psychiatric Services	5302 Florida Avenue South	Lakeland	FL	863-602-7001
57	Norma Jo Therapy - Norma Vaillette, LMHC	215 E. Oak St.	Lakeland	FL	863-284-0817
58	Operation PAR Inc	6150 150Th Avenue North	Clearwater	FL	727-538-7243 x255
59	Orlando Behavioral Healthcare	6735 Conroy Road	Orlando	FL	407-647-1781 x2163
60	Osceola Mental Health Inc	206 Park Place Boulevard	Kissimmee	FL	407-846-0023 x1004
61	Peace River Center	1255 Golfview Ave	Bartow	FL	863-248-3311
62	Peace River Center	1255 Golfview Ave	Bartow	FL	863-248-3311

Polk County Database of Behavioral Health (including Substance Use Disorder) Service Sites					
Database Reference Number	**Organization**	**Address**	**City**	**State**	**Phone Number**
63	Peace River Center	1255 Golfview Ave	Bartow	FL	863-248-3311
64	Peace River Center	3241 Lakeland Hills Blvd.	Lakeland	FL	863-248-3311
65	Peace River Center	715 North Lake Ave	Lakeland	FL	863-248-3311
66	Peace River Center	715 North Lake Ave	Lakeland	FL	863-248-3311
67	Peace River Center	715 North Lake Ave	Lakeland	FL	863-248-3311
68	Peace River Center - Avon Park	950 CR 17A W	Avon Park	FL	863-248-3311
69	Peace River Center - Behavioral Health Home	1835 Gilmore Avenue	Lakeland	FL	863-248-3311
70	Peace River Center - Children Services Center	1835 Gilmore Avenue	Lakeland	FL	863-500-3780
71	Peace River Center - Club SUCCESS	600 El Paseo	Lakeland	FL	863-519-0874
72	Peace River Center - Domestic Violence Services	244 North Broadway Avenue	Bartow	FL	863-534-4350
73	Peace River Center - Florida Assertive Community Treatment Plan (FACT)	1835 Gilmore Avenue	Lakeland	FL	863-248-3300
74	Peace River Center - Gateway	621 North Lake Ave	Lakeland	FL	863-248-3311
75	Peace River Center - Lake Placid Outpatient Therapy	106 North Main Avenue	Lake Placid	FL	863-382-7302

Polk County Database of Behavioral Health (including Substance Use Disorder) Service Sites					
Database Reference Number	**Organization**	**Address**	**City**	**State**	**Phone Number**
76	Peace River Center - Lakeland	1835 Gilmore Avenue	Lakeland	FL	863-248-3311
77	Peace River Center - Sebring Domestic Violence Shelter	Confidential		FL	863-386-1167
78	Peace River Center - Sebring Victim Services Outreach Office	1570 Lakeview Drive	Sebring	FL	863-604-4774
79	Peace River Center - Stepping Stone - Group Home I	722 East Myrtle Street	Lakeland	FL	863-248-3311
80	Peace River Center - Substance Use Treatment Services	1835 Gilmore Avenue	Lakeland	FL	863-248-3311
81	Peace River Center - Success House - Group Home II	728 East Bella Vista Street	Lakeland	FL	863-248-3311
82	Peace River Center - Victim Services	1860 South Crystal Lake Drive	Lakeland	FL	863-413-2708
83	Peace River Center - Wauchula	213 E. Orange St	Wauchula	FL	863-773-3228
84	Peace River Center - Wauchula Outpatient Therapy & Psychiatry	213 East Orange Street	Wauchula	FL	863-773-3228
85	Peace River Center - Wauchula Victim Services	213 East Orange Street	Wauchula	FL	863-386-1167
86	Peace River Center Sub. Abuse Services	1825 N. Gilmore Ave	Lakeland	FL	863-248-3311
87	Pieces To Peace Counseling, LLC	918 E Oleander St	Lakeland	FL	863-651-7969
88	Professional Counseling Associates Center, LLC	360 S 10th St	Haines City	FL	321-442-6665

Polk County Database of Behavioral Health (including Substance Use Disorder) Service Sites					
Database Reference Number	**Organization**	**Address**	**City**	**State**	**Phone Number**
89	Psychological and Neurobehavioral Services	615 Mid-Florida Dr	Lakeland	FL	863-701-9202
90	Psychological Associates of Central Florida (PACFlorida)	5424 Strictland Ave.	Lakeland	FL	863-644-8470
91	QualiCare Psychiatry - Fady Ashamalla, MD	42725 Highway 27	Davenport	FL	407-808-3808
92	Relationship Builders - Susan Truett, LMHC & Andy Quinn, LMHC	215 East Bay Street, Suite 5	Lakeland	FL	863-660-6556
93	Tri County Human Services Inc. - Bartow (Detox)	2725 State Road 60 East	Bartow	FL	863-533-4139
94	Tri County Human Services Inc. - Highlands County Outpatient Clinic	100 West College Drive	Avon Park	FL	863-452-0106
95	Tri County Human Services Inc. - Wauchula Outpatient	115 KD Revell Road	Wauchula	FL	863-773-2226
96	Tri-County Human Services - School-based Prevention	501 Lemon Avenue	Sebring	FL	863-382-2228
97	Tri-County Human Services Inc. - Agape House for Women - Halfway House	759/755 Carroll Avenue SW	Winter Haven	FL	863-299-7003
98	Tri-County Human Services Inc. - Jail Alternative to Substance Abuse (JASA) for Men	1103 Highway 98 West	Frostproof	FL	863-635-1009
99	Tri-County Human Services Inc. - Jail Alternative to Substance Abuse (JASA) for Women	900 Summitt Street E	Bartow	FL	863-534-0014
100	Tri-County Human Services Inc. - Lakeland Outpatient Clinic	5421 U.S. Highway 98 South	Highland City	FL	863-701-7373
101	Tri-County Human Services Inc. - Meadowbrook Psychiatric & Counseling Center	1801 Meadowbrook Avenue	Lakeland	FL	863-709-8543

Polk County Database of Behavioral Health (including Substance Use Disorder) Service Sites					
Database Reference Number	**Organization**	**Address**	**City**	**State**	**Phone Number**
102	Tri-County Human Services Inc. - New Beginning Transitional Treatment Center for Men	1255 Gunn Highway	Bartow	FL	863-519-8486
103	Tri-County Human Services Inc. - New Beginning Transitional Treatment Center for Women	1377 E Lake Parker Dr.	Lakeland	FL	863-937-8238
104	Tri-County Human Services Inc. - RASUW Center for Women	2725 State Road 60 East	Bartow	FL	863-533-5860
105	Tri-County Human Services Inc. - Transitional Living Units	1377 E Lake Parker Dr.	Lakeland	FL	863-937-8238
106	Tri-County Human Services Inc. - Winter Haven Outpatient Clinic	650 Avenue K NW	Winter Haven	FL	863-294-7900
107	Watson Clinic - Michael L. Kieffer, PhD	1600 Lakeland Hills Blvd.	Lakeland	FL	863-668-3465
108	Yantra Psychiatric Services	1014 Florida Avenue South	Lakeland	FL	863-450-3067
109	Youth and Family Alternatives (YFA) - Youth Crisis Center/G.W. Harris, Jr. Runaway and Youth Crisis Shelter	1060 US Highway 17 South	Bartow	FL	863-595-0220

Service Site Database: Type of Care, Setting, Population Served, and Telehealth Availability

Polk County Database of Behavioral Health (including Substance Use Disorder) Service Sites					
Database Reference Number	**Organization**	**Type**	**Setting (Inpatient, Outpatient, Residential, Other)**	**Populations Served**	**Telehealth Available**
1	ABC Mental Health & Relationship Counseling	Mental Health	Outpatient	Children Adolescents	No
2	Advent Health Lake Wales	Mental Health and Substance Abuse	Inpatient	Geriatric	No
3	Agency for Community Treatment Services (ACTS)	Mental Health	Outpatient	Adolescents Adult	
4	Agency for Community Treatment Services (ACTS) - Juvenile Addictions Receiving Facility (JARF)	Mental Health and Substance Abuse	Inpatient	Adolescents	
5	Agency for Community Treatment Services (ACTS) - Juvenile Assessment Center (JAC)	Mental Health and Substance Abuse	Other	Adolescents	
6	Agency for Community Treatment Services (ACTS) - Youth Residential Program	Substance Abuse	Inpatient	Adolescents	
7	Aspire Health Partners	Mental Health	Outpatient		
8	Atala Counseling - Katherine Ordonia, LMHC	Mental Health	Outpatient	Children Adolescents	Yes
9	BayCare Behavioral Health	Mental Health	Outpatient		
10	BayCare Behavioral Health - Doris Cook Smith Counseling Center	Mental Health	Outpatient		
11	BayCare Behavioral Health - Winter Haven Hospital Center for Behavioral Health	Mental Health	Outpatient	Children Adolescents	

Polk County Database of Behavioral Health (including Substance Use Disorder) Service Sites					
Database Reference Number	**Organization**	**Type**	**Setting (Inpatient, Outpatient, Residential, Other)**	**Populations Served**	**Telehealth Available**
12	BayCare, Winter Haven Hospital Center for Psychiatry	Mental Health and address Substance	Inpatient	Adults	No
13	Borum and Associates	Mental Health	Outpatient	Adolescents Adults	Yes
14	Cassidy Psychiatry - Curtis William Cassidy, MD	Mental Health	Outpatient	Children Adolescents	Yes
15	Central Florida Health Care - Dundee Annex	Mental Health	Outpatient	Children Adolescents	Yes
16	Central Florida Health Care - Frostproof Primary Care (Tri-County BH providers)	Mental Health	Outpatient	Children Adolescents	Yes
17	Central Florida Health Care - Haines City Primary Care (Tri-County BH providers)	Mental Health	Outpatient	Children Adolescents	Yes
18	Central Florida Health Care - Lake Wales Primary Care (Tri-County BH providers)	Mental Health	Outpatient	Children Adolescents	Yes
19	Central Florida Health Care - Lakeland Primary Care (Tri-County BH providers)	Mental Health	Outpatient	Adults	Yes
20	Central Florida Health Care - Mulberry Primary Care (Tri-County BH providers)	Mental Health	Outpatient	Children Adolescents	Yes
21	Central Florida Health Care - Winter Haven Primary Care (Tri-County BH providers)	Mental Health	Outpatient	Adults	Yes
22	Children's Home Society of Florida - Greater Lakeland	Mental Health	Outpatient	Children Adults	Yes
23	DACCO Behavioral Health Inc. - Brandon	Mental Health and Substance Abuse	Outpatient		
24	DACCO Behavioral Health Inc. - Lakeland Outpatient Behavioral Health Services	Substance Abuse	Outpatient	Adolescents Adults	Yes

Polk County Database of Behavioral Health (including Substance Use Disorder) Service Sites					
Database Reference Number	**Organization**	**Type**	**Setting (Inpatient, Outpatient, Residential, Other)**	**Populations Served**	**Telehealth Available**
25	DACCO Behavioral Health Inc. - Tampa	Mental Health and Substance Abuse	Outpatient	Adolescents Adults	No
26	Dainery M Fuentes, PhD	Mental Health	Outpatient		
27	Dorothy L Hopkins	Mental Health and Substance Abuse	Outpatient	age 10+	Yes
28	DyNaMic MINDset				
29	Enduring Peace Counseling LLC - Beverly Rousseau	Mental Health	Outpatient		
30	FACT Team - Winter Haven	Mental Health w/co-occurring Substance	Outpatient	Adults	
31	Families First of Florida	Mental Health	Outpatient	Children Adolescent	Yes
32	Family Psychological Services of Lakeland - Elizabeth Dumville, LMHC-S, Psy.D.	Mental Health	Outpatient	Toddlers Children	Yes
33	Florida Behavioral Health of Lakeland	Mental Health and Substance Abuse	Outpatient	Children Adolescent	Yes
34	Florida Department of Health - Lakeland Clinic (Peace River providers)	Mental Health and Substance Abuse	Outpatient	Adults	
35	Florida Department of Health - Sebring Outpatient Therapy	Mental Health	Outpatient		
36	Health & Psychiatry - Dinar Sajan, MD	Mental Health	Outpatient	Adolescents Adults	Yes
37	Hope Counseling Center - Lakeland	Mental Health	Outpatient	Children Adolescent	Yes

Polk County Database of Behavioral Health (including Substance Use Disorder) Service Sites					
Database Reference Number	**Organization**	**Type**	**Setting (Inpatient, Outpatient, Residential, Other)**	**Populations Served**	**Telehealth Available**
38	Hope Counseling Center - Winter Haven	Mental Health	Outpatient	Children Adolescent	Yes
39	House of Wellness - Counseling with Sandy	Mental Health	Outpatient	Children Adolescent	Yes
40	James A Haley Veterans Hospital	Mental Health and Substance Abuse	Outpatient		
41	James A Haley Veterans Hospital	Mental Health and Substance Abuse	Inpatient		
42	Lakeland Centres	Mental Health and Substance Abuse	Outpatient	Adults Geriatric	Yes
43	Lakeland Counseling LLC - Donald F Willets LMHC	Mental Health	Outpatient	Adolescents Adults	No
44	Lakeland Psychiatry - Dr. Mark Helm (mdhelmmd@verizon.net)	Mental Health	Outpatient	Child Adolescent	
45	Lakeland Regional Health - Inpatient	Mental Health and Substance Abuse	Inpatient	Children Adolescent	Yes
46	Lakeland Regional Health - Outpatient	Mental Health and Substance Abuse	Outpatient	Children Adolescent	Yes
47	Lakeland Regional Health - Outpatient	Mental Health and Substance Abuse	Outpatient	Children Adolescent	Yes
48	Lakeland Volunteers in Medicine	Mental Health	Outpatient		
49	LifeCare of Lakeland	Mental Health and Substance Abuse	Outpatient		
50	Melissa A. Brown-McQueen, LCSW	Mental Health	Outpatient	Children Adolescents	Yes

Polk County Database of Behavioral Health (including Substance Use Disorder) Service Sites					
Database Reference Number	**Organization**	**Type**	**Setting (Inpatient, Outpatient, Residential, Other)**	**Populations Served**	**Telehealth Available**
51	Men's' Residential & Homeless Shelter		Residential		
52	Mid-Florida Psychiatry Center - Vidyasagar Vangala, MD	Mental Health	Outpatient	Adults Geriatric	Yes
53	NeuroSpa - William Upshaw, MD	Mental Health	Outpatient	Adolescents Adults	No
54	New Directions Counseling Center	Mental Health	Outpatient		
55	New Directions Counseling Center LLC	Mental Health	Outpatient		
56	New Light Psychiatric Services	Mental Health and Substance Abuse	Outpatient		Yes
57	Norma Jo Therapy - Norma Vaillette, LMHC	Mental Health and Substance Abuse	Outpatient	Children Adolescents	Yes
58	Operation PAR Inc	Substance Abuse	Outpatient		
59	Orlando Behavioral Healthcare	Substance Abuse	Outpatient		
60	Osceola Mental Health Inc	Substance Abuse	Outpatient		
61	Peace River Center	Mental Health	Inpatient	Children Adolescent	Yes
62	Peace River Center	Mental Health	Outpatient	Children Adolescent	Yes
63	Peace River Center	Mental Health	Other	Children Adolescent	Yes

Polk County Database of Behavioral Health (including Substance Use Disorder) Service Sites					
Database Reference Number	**Organization**	**Type**	**Setting (Inpatient, Outpatient, Residential, Other)**	**Populations Served**	**Telehealth Available**
64	Peace River Center	Mental Health	Outpatient	Adults	Yes
65	Peace River Center	Mental Health	Inpatient	Children Adolescent	Yes
66	Peace River Center	Mental Health	Outpatient	Children Adolescent	Yes
67	Peace River Center	Mental Health	Other	Children Adolescent	Yes
68	Peace River Center - Avon Park	Mental Health and Substance Abuse	Outpatient		
69	Peace River Center - Behavioral Health Home	Mental Health	Outpatient		
70	Peace River Center - Children Services Center	Mental Health	Outpatient		
71	Peace River Center - Club SUCCESS	Mental Health	Other	Adults	
72	Peace River Center - Domestic Violence Services	Mental Health	Outpatient Other	Children Adolescents	No
73	Peace River Center - Florida Assertive Community Treatment Plan (FACT)	Mental Health	Other		
74	Peace River Center - Gateway	Mental Health	Outpatient	Adults	No
75	Peace River Center - Lake Placid Outpatient Therapy	Mental Health	Outpatient		
76	Peace River Center - Lakeland	Mental Health and Substance Abuse	Outpatient	Children Adolescents	Yes

Polk County Database of Behavioral Health (including Substance Use Disorder) Service Sites					
Database Reference Number	**Organization**	**Type**	**Setting (Inpatient, Outpatient, Residential, Other)**	**Populations Served**	**Telehealth Available**
77	Peace River Center - Sebring Domestic Violence Shelter	Mental Health	Residential		
78	Peace River Center - Sebring Victim Services Outreach Office	Mental Health	Other		
79	Peace River Center - Stepping Stone - Group Home I	Mental Health	Residential	Adults	No
80	Peace River Center - Substance Use Treatment Services	Substance Abuse	Outpatient		
81	Peace River Center - Success House - Group Home II	Mental Health	Residential	Adults	No
82	Peace River Center - Victim Services	Mental Health	Outpatient	Children Adolescents	No
83	Peace River Center - Wauchula	Mental Health	Outpatient		
84	Peace River Center - Wauchula Outpatient Therapy & Psychiatry	Mental Health	Outpatient		
85	Peace River Center - Wauchula Victim Services	Mental Health	Other		
86	Peace River Center Sub. Abuse Services	Substance Abuse	Outpatient		
87	Pieces To Peace Counseling, LLC	Mental Health	Outpatient		
88	Professional Counseling Associates Center, LLC	Mental Health	Outpatient	Children Adolescents	Yes
89	Psychological and Neurobehavioral Services	Mental Health	Outpatient	Children (& Toddlers)	Yes

Polk County Database of Behavioral Health (including Substance Use Disorder) Service Sites					
Database Reference Number	**Organization**	**Type**	**Setting (Inpatient, Outpatient, Residential, Other)**	**Populations Served**	**Telehealth Available**
90	Psychological Associates of Central Florida (PACFlorida)	Mental Health and Substance Abuse	Outpatient	Children Adolescents	Yes
91	QualiCare Psychiatry - Fady Ashamalla, MD	Mental Health	Outpatient	Adult Geriatric	Yes
92	Relationship Builders - Susan Truett, LMHC & Andy Quinn, LMHC	Mental Health and Substance Abuse	Outpatient	Adults	Yes
93	Tri County Human Services Inc. - Bartow (Detox)	Mental Health and Substance Abuse	Outpatient		Yes
94	Tri County Human Services Inc. - Highlands County Outpatient Clinic	Mental Health	Outpatient		
95	Tri County Human Services Inc. - Wauchula Outpatient	Substance Abuse	Outpatient		
96	Tri-County Human Services - School-based Prevention	Mental Health	Outpatient		
97	Tri-County Human Services Inc. - Agape House for Women - Halfway House	Mental Health and Substance Abuse	Residential	Adult	No
98	Tri-County Human Services Inc. - Jail Alternative to Substance Abuse (JASA) for Men	Mental Health and Substance Abuse	Other	Adult Men	No
99	Tri-County Human Services Inc. - Jail Alternative to Substance Abuse (JASA) for Women	Mental Health and Substance Abuse	Other	Adult Women	No
100	Tri-County Human Services Inc. - Lakeland Outpatient Clinic	Mental Health and Substance Abuse	Outpatient	Adolescent Adult	Yes
101	Tri-County Human Services Inc. - Meadowbrook Psychiatric & Counseling Center	Mental Health and Substance Abuse	Outpatient	Children Adolescents	Yes
102	Tri-County Human Services Inc. - New Beginning Transitional Treatment Center for Men	Mental Health and Substance Abuse	Residential	Adult Men	No

Polk County Database of Behavioral Health (including Substance Use Disorder) Service Sites					
Database Reference Number	**Organization**	**Type**	**Setting (Inpatient, Outpatient, Residential, Other)**	**Populations Served**	**Telehealth Available**
103	Tri-County Human Services Inc. - New Beginning Transitional Treatment Center for Women	Mental Health and Substance Abuse	Residential	Adult Women	No
104	Tri-County Human Services Inc. - RASUW Center for Women	Mental Health and Substance Abuse	Residential	Adult Women	No
105	Tri-County Human Services Inc. - Transitional Living Units	Mental Health and Substance Abuse	Residential	Children Adolescents	No
106	Tri-County Human Services Inc. - Winter Haven Outpatient Clinic	Mental Health and Substance Abuse	Outpatient	Adolescents Adults	Yes
107	Watson Clinic - Michael L. Kieffer, PhD	Mental Health	Outpatient	Children Adolescents	Yes
108	Yantra Psychiatric Services	Mental Health	Outpatient	Children Adolescents	Yes
109	Youth and Family Alternatives (YFA) - Youth Crisis Center/G.W. Harris, Jr. Runaway and Youth Crisis Shelter	Mental Health	Other/Inpatient	Youth ages 10 to 17	No

Service Site Database: Mobile Response, Hours of Operation, Website

Polk County Database of Behavioral Health (including Substance Use Disorder) Service Sites				
Database Reference Number	**Organization**	**Mobile Response**	**Hours of Operation**	**Website**
1	ABC Mental Health & Relationship Counseling	No	M-F, 8am-6pm Sat & Sun, 9am-	www.abcmentalhealthcounseling.com
2	Advent Health Lake Wales	No	24/7	www.adventhealth.com/hospital/adventhealth-lake-wales
3	Agency for Community Treatment Services (ACTS)			www.actsfl.org
4	Agency for Community Treatment Services (ACTS) - Juvenile Addictions		24/7	https://www.actsfl.org/crisis-care.html
5	Agency for Community Treatment Services (ACTS) - Juvenile Assessment	See notes		www.actsfl.org/youth-services.html
6	Agency for Community Treatment Services (ACTS) - Youth Residential			https://www.actsfl.org/youth-services.html#:~:text=JUVENILE%20ASSESSMENT%20CEN
7	Aspire Health Partners			
8	Atala Counseling - Katherine Ordonia, LMHC	No	M-F, 7am-6pm	www.atalacounseling.com
9	BayCare Behavioral Health			
10	BayCare Behavioral Health - Doris Cook Smith Counseling Center			
11	BayCare Behavioral Health - Winter Haven Hospital Center for Behavioral	No	M-Th, 8am-5pm F, 8am-4pm	
12	BayCare, Winter Haven Hospital Center for Psychiatry	No	24/7/365	https://baycare.org/locations/w/winter-haven-hospital-center-for-psychiatry

Polk County Database of Behavioral Health (including Substance Use Disorder) Service Sites				
Database Reference Number	**Organization**	**Mobile Response**	**Hours of Operation**	**Website**
13	Borum and Associates	No	Tues-Thurs, 8am-6pm	www.lakelandcounselors.com
14	Cassidy Psychiatry - Curtis William Cassidy, MD	No	M-Th, 8am – 6pm	www.cassidypsychiatry.com
15	Central Florida Health Care - Dundee Annex	No	M-F 8am-5pm	
16	Central Florida Health Care - Frostproof Primary Care (Tri-County	No	M-F 8am-4pm	
17	Central Florida Health Care - Haines City Primary Care (Tri-County BH	No	M-F 8am-4pm	
18	Central Florida Health Care - Lake Wales Primary Care (Tri-County BH	No	M-F 8am-4pm	www.cfhconline.org/lake-wales
19	Central Florida Health Care - Lakeland Primary Care (Tri-County BH	No	M-F 8am-4pm	www.cfhconline.org/lakeland
20	Central Florida Health Care - Mulberry Primary Care (Tri-County	No	M-F 8am-4pm	www.cfhconline.org/mulberry
21	Central Florida Health Care - Winter Haven Primary Care (Tri-County BH	No	M-F 8am-4pm	www.cfhconline.org/winter-haven
22	Children's Home Society of Florida - Greater Lakeland	No	M-F, 9am-5pm, evening &	
23	DACCO Behavioral Health Inc. - Brandon			
24	DACCO Behavioral Health Inc. - Lakeland Outpatient Behavioral	No	5:30am-2pm Clinic	www.dacco.org
25	DACCO Behavioral Health Inc. - Tampa	No	M-F 9am-3pm	

Polk County Database of Behavioral Health (including Substance Use Disorder) Service Sites				
Database Reference Number	**Organization**	**Mobile Response**	**Hours of Operation**	**Website**
26	Dainery M Fuentes, PhD			
27	Dorothy L Hopkins	No	M-F, 9am-7pm Sat, 9am-5pm	
28	DyNaMic MINDset			
29	Enduring Peace Counseling LLC - Beverly Rousseau			
30	FACT Team - Winter Haven		Monday through Friday: 8:00 a.m.	www.mhrcflorida.com/florida-assertive-community-treatment--fact--programs.html
31	Families First of Florida	No		
32	Family Psychological Services of Lakeland - Elizabeth Dumville, LMHC-	No	M-Th, 8am-6pm F, By	https://fpslakeland.com
33	Florida Behavioral Health of Lakeland	No	M-F, 8am-5pm Sat, 9am-11am	www.behavioralhealthflorida.com/location/lakeland
34	Florida Department of Health - Lakeland Clinic (Peace River	No	General Business Hours: M-F, 8am-	http://polk.floridahealth.gov/locations/lakeland-clinic.html
35	Florida Department of Health - Sebring Outpatient Therapy			
36	Health & Psychiatry - Dinar Sajan, MD	No	M-F, 8:30am-4:30	www.healthandpsychiatry.com
37	Hope Counseling Center - Lakeland	No	M-F, 8am-5pm Front Office	https://hopecounselingeap.com
38	Hope Counseling Center - Winter Haven	No	M-Th, 10-5 Front Office	https://hopecounselingeap.com

Polk County Database of Behavioral Health (including Substance Use Disorder) Service Sites				
Database Reference Number	**Organization**	**Mobile Response**	**Hours of Operation**	**Website**
39	House of Wellness - Counseling with Sandy			www.counselingwithsandy.com
40	James A Haley Veterans Hospital		Monday - Friday 8:00am - 4:30pm	www.tampa.va.gov
41	James A Haley Veterans Hospital		Monday - Friday 8:00am - 4:30pm	www.tampa.va.gov
42	Lakeland Centres	No	M-F 6am-2pm	www.lakelandmethadoneclinic.com
43	Lakeland Counseling LLC - Donald F Willets LMHC	No	M/F 8am-12pm, T-W-Th 8am-	https://lakelandcounseling.com
44	Lakeland Psychiatry - Dr. Mark Helm (mdhelmmd@verizon.net)			
45	Lakeland Regional Health - Inpatient	No	24/7	https://mylrh.org/medicalcentercare
46	Lakeland Regional Health - Outpatient	No	M-Th, 8am-6pm F, 8am-4:30pm	https://mylrh.org/bhprovidersandservices
47	Lakeland Regional Health - Outpatient	No	M-Th, 8am-6pm F, 8am-4:30pm	https://mylrh.org/bhprovidersandservices
48	Lakeland Volunteers in Medicine		Mon: 8:30am – 12pm	
49	LifeCare of Lakeland			
50	Melissa A. Brown-McQueen, LCSW	no		Melissabrownlcsw.com
51	Men's' Residential & Homeless Shelter			

Polk County Database of Behavioral Health (including Substance Use Disorder) Service Sites				
Database Reference Number	**Organization**	**Mobile Response**	**Hours of Operation**	**Website**
52	Mid-Florida Psychiatry Center - Vidyasagar Vangala, MD		M-F 9am-3pm	https:/www.mid-floridapsychiatrycenter.com
53	NeuroSpa - William Upshaw, MD	No	M-F 7am-7pm	https://neurospatms.com/lakeland
54	New Directions Counseling Center		Office 9:00am-5:00pm	www.ndcclakeland.com
55	New Directions Counseling Center LLC			
56	New Light Psychiatric Services			www.newlightpsych.com
57	Norma Jo Therapy - Norma Vaillette, LMHC	No, but does	M, W, Th - 10:30am-4:45pm	www.normajotherapy.com
58	Operation PAR Inc			
59	Orlando Behavioral Healthcare			
60	Osceola Mental Health Inc			
61	Peace River Center	Yes	Crisis Campus: 24/7/365	www.peacerivercenter.org/locations
62	Peace River Center	Yes	Crisis Campus: 24/7/365	www.peacerivercenter.org/locations
63	Peace River Center	Yes	Crisis Campus: 24/7/365	www.peacerivercenter.org/locations
64	Peace River Center	Yes	M-F, 8am-5pm	

Polk County Database of Behavioral Health (including Substance Use Disorder) Service Sites				
Database Reference Number	**Organization**	**Mobile Response**	**Hours of Operation**	**Website**
65	Peace River Center	Yes	Crisis Campus: 24/7/365	www.peacerivercenter.org/locations/#lakeland
66	Peace River Center	Yes	Crisis Campus: 24/7/365	www.peacerivercenter.org/locations/#lakeland
67	Peace River Center	Yes	Crisis Campus: 24/7/365	www.peacerivercenter.org/locations/#lakeland
68	Peace River Center - Avon Park		Monday - Thursday 8:00	
69	Peace River Center - Behavioral Health Home			www.peacerivercenter.org/locations
70	Peace River Center - Children Services Center			www.peacerivercenter.org/locations
71	Peace River Center - Club SUCCESS	No	M- F, 8am-4pm	http://clubsuccess.club/
72	Peace River Center - Domestic Violence Services	No	24/7/365	www.peacerivercenter.org/locations
73	Peace River Center - Florida Assertive Community Treatment Plan (FACT)		N/A	www.peacerivercenter.org/locations
74	Peace River Center - Gateway	No	M-F, 8am- 5pm	www.peacerivercenter.org/locations
75	Peace River Center - Lake Placid Outpatient Therapy			
76	Peace River Center - Lakeland	Yes	M-Th, 7am-5:30pm	www.peacerivercenter.org/locations
77	Peace River Center - Sebring Domestic Violence Shelter			

Polk County Database of Behavioral Health (including Substance Use Disorder) Service Sites				
Database Reference Number	**Organization**	**Mobile Response**	**Hours of Operation**	**Website**
78	Peace River Center - Sebring Victim Services Outreach Office			
79	Peace River Center - Stepping Stone - Group Home I	No	24/7/365	
80	Peace River Center - Substance Use Treatment Services			
81	Peace River Center - Success House - Group Home II	No	24/7/365	
82	Peace River Center - Victim Services	No	M-F, 8am-5pm	
83	Peace River Center - Wauchula			
84	Peace River Center - Wauchula Outpatient Therapy & Psychiatry			
85	Peace River Center - Wauchula Victim Services			
86	Peace River Center Sub. Abuse Services			
87	Pieces To Peace Counseling, LLC		Mon: 5:00 pm – 8:00 pm	https://piecestopeacecounseling.com
88	Professional Counseling Associates Center, LLC	No	M-F, 9am-6pm	https://proconctr.com
89	Psychological and Neurobehavioral Services	No	M-Th 8:30-4pm, Friday 8:30-3pm	https://neuropsychologyfl.com
90	Psychological Associates of Central Florida (PACFlorida)	No	Office Monday - Friday, 8AM to	www.pacflorida.com

Polk County Database of Behavioral Health (including Substance Use Disorder) Service Sites				
Database Reference Number	**Organization**	**Mobile Response**	**Hours of Operation**	**Website**
91	QualiCare Psychiatry - Fady Ashamalla, MD	No	M-Th 8:30-4:30pm, Friday	https://qcpsychiatry.com
92	Relationship Builders - Susan Truett, LMHC & Andy Quinn, LMHC	No	M-F, 8am-7:30pm	https://relationshipbuilders-lakeland.com
93	Tri County Human Services Inc. - Bartow (Detox)	No		
94	Tri County Human Services Inc. - Highlands County Outpatient Clinic			
95	Tri County Human Services Inc. - Wauchula Outpatient			
96	Tri-County Human Services - School-based Prevention			
97	Tri-County Human Services Inc. - Agape House for Women - Halfway	No	M-F, 9am-5pm	https://tchsonline.org/residential-services/#six
98	Tri-County Human Services Inc. - Jail Alternative to Substance Abuse	No		
99	Tri-County Human Services Inc. - Jail Alternative to Substance Abuse	No		
100	Tri-County Human Services Inc. - Lakeland Outpatient Clinic	No	M-F 8am-5pm	https://tchsonline.org/outpatient-services/#one
101	Tri-County Human Services Inc. - Meadowbrook Psychiatric &	No	M-F, 8am-5pm	https://meadowbrookcentre.org
102	Tri-County Human Services Inc. - New Beginning Transitional Treatment	No	Office M-F, 8am-5pm	https://tchsonline.org/residential-services/#four
103	Tri-County Human Services Inc. - New Beginning Transitional Treatment	No	24/7	

Polk County Database of Behavioral Health (including Substance Use Disorder) Service Sites				
Database Reference Number	**Organization**	**Mobile Response**	**Hours of Operation**	**Website**
104	Tri-County Human Services Inc. - RASUW Center for Women	No	Office M-F 8am-5pm	https://tchsonline.org/residential-services/#three
105	Tri-County Human Services Inc. - Transitional Living Units	No	24/7	https://tchsonline.org/residential-services/#seven
106	Tri-County Human Services Inc. - Winter Haven Outpatient Clinic	No	M-F, 8am-5pm	https://tchsonline.org/outpatient-services/#one
107	Watson Clinic - Michael L. Kieffer, PhD	Yes	M-F, 8am-5pm	www.watsonclinic.com/specialties/psychology-.html
108	Yantra Psychiatric Services	No	M-F, 9am-6pm	www.yantracares.com
109	Youth and Family Alternatives (YFA) - Youth Crisis Center/G.W. Harris, Jr. Runaway and Youth Crisis Shelter	Not now	24/7/365	www.yfainc.org/youth-crisis-shelters

POLK VISION LEAD

LEARN ENGAGE ALIGN DEVELOP

Behavioral Health Strategic Plan Development & Sequential Intercept Mapping

Stage 2: Gap Analysis and Needs Assessment

Published: December 2020

Consultant:

crescendo

Contents

Introduction

Project Goal

The ultimate goal of the project is to improve the quality of life of Polk County residents by addressing the behavioral health needs in the community. To accomplish this goal, several components need to be simultaneously achieved.

- Develop a comprehensive behavioral health strategic plan, and behavioral health system access and process mapping.
- Identify systems and resources that are valued and working well; help determine how they may work together more efficiently.
- Identify and prioritize system gaps and community needs.
- Engage a broad set of stakeholders; build consensus around results and actions.
- Use resources more efficiently – focus on a finite set of objectives, establish a timeline for results, and "work with the willing" to achieve results.

Engagement of Diverse Community Sectors

A core focus of the project – especially Stage 2 – was to engage a highly inclusive and diverse set of community stakeholders in order to guide project activities and to inform project results. The Leadership Group was (and remains) highly involved on a weekly basis to provide guidance, project insight, linkage to existing materials, problem-solving ideas, and other support. The community groups engaged in the Stage 2 activities were highly diverse and spanned the County in terms of location, demographics, health and lifestyle issues, social determinants, and many other categories. Generally, Stage 2 activities connected with higher-risk community groups, service providers, and an expanse of other Polk County residents and community members.

Polk Vision leadership and the highly diverse set of community stakeholders were engaged throughout each project stage. Stage 2 involvement provided a solid basis to achieve Stage 2 goals and – based on the Stage 1 research foundation – prepare for Stage 3 activities to identify pathways designed to positively impact community behavioral health. For an overview of each of the three stages, refer to the section "Review of the Three Project Stages" below.

Project leaders and categories of "Stage 2 Research" community group members include the following:

Project Leadership Group Members	Community Groups included in Stage 2 Research	
• Kim Long, Polk Vision • Holly Vida, Central Florida Health Care • Alice Nuttall, Lakeland Regional Health • Joy Johnson, Polk County Board of County Commissioners • Andrea Clontz, Polk County Board of County Commissioners • Joy Jackson, MD, Florida Department of Health – Polk County • Cathy Hatch, Polk County Board of County Commissioners • Vicky Santamaria, AdventHealth • Stephanie Arguello, AdventHealth • Sarah Hawkins, AdventHealth • Lisa Bell, BayCare • Christy Olsen, Polk County Public Schools • Gwinnell Jarvis, Polk County Sheriff's Office • Luis Rivas, Central Florida Behavioral Health Network • Kirsten Sheehan, Polk Vision	• Criminal justice system • Educators • Business leaders • Community members who have direct experience in the behavioral health system • People experiencing homelessness • Victims of intimate partner violence • Disadvantaged youth • Seniors facing social isolation • Seniors with low income • Behavioral healthcare providers • Medical care providers • Community service agency leaders	• Public health officials • Public safety • Elected officials • High school students • Young adults • Foster children • Parents in recovery from substance use disorder or other behavioral health issues • LGBTQ community members • LGBTQ family and support network members • Peace River Center's Sheriff Outreach program • Continuing education experts and people knowledgeable about Adverse Childhood Experiences (ACEs)

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Review of the Three Project Stages

All work plan activities for this project were developed to address Polk Vision's preferences and needs. Importantly, though, some research activities were slightly modified based on new information learned throughout the process. For example, substantially more stakeholder interviews were conducted than originally planned due to the tremendous insight and depth of knowledge shared by early project participants. As such, the project has successfully engaged a diverse set of key stakeholders.

The goal of the project methodology is to seamlessly address each of three research stages in the scope of work. The stages include:

Stage 1: Resource Mapping and Process Flow **Goal**: To create a statistical and map-based profile of Polk County. Deliverables included an inventory of existing behavioral health service sites and a profile of each. **Stage 2: Gap Analysis and Needs Assessment** **Goal**: To generate a comprehensive analysis of the Polk County behavioral health environment and generate an in-depth Needs Assessment and Gap Analysis. **Stage 3: Implementing Strategies that Strengthen Communities** **Goal**: To create strategies to positively impact community behavioral health.	

Objective of the Stage 2 Gap Analysis and Needs Assessment

As noted in the table above, the goal of Stage 2 research was to generate a comprehensive analysis of the Polk County behavioral health environment and generate an in-depth Needs Assessment and Gap Analysis. Stage 2 engaged a great breadth of stakeholders and identified a broad-based list of community needs. Activities were designed to help improve community behavioral health by engaging a broad-based set of community members and identifying helpful resources, access to care challenges, service gaps, and highly granular or unique needs based on various factors (e.g., demographics, location, lifestyle). The research conducted in Stage 2 had the additional benefit of building collaboration with individuals and community groups interested in future initiatives designed to improve behavioral health throughout the County.

Stage 2 Approach

The Stage 2 project approach is constructed on a foundation of solid, validated data and insight from a broad spectrum of providers and community members. Research activities provided in-depth analysis of system-level strengths, resources, needs, and service gaps (as well as identification of particularly high-risk communities). Results are intended to provide the basis for Stage 3 activities and – ultimately – ongoing collaboration among community members to improve behavioral health and the quality of life for Polk County residents.

The Stage 2 report includes results from a large number of qualitative research activities (e.g., stakeholder interviews, focus group discussions, casual intercepts), quantitative work (e.g., surveys, data analytics), and community engagement activities. Crescendo was able to engage hard-to-reach audiences (as noted above). The Stage 2 research activities are listed below and then results follow.

- Stage 1 Report Highlights – e.g., a summary of the network of Polk County service providers, a data-based description of higher-risk community groups and subpopulations, and links to helpful interactive maps (beginning on Page 5).
- Results of Qualitative and Quantitative Research Strategies (beginning on Page 9). In-depth analysis of qualitative research results from stakeholder interviews, focus group discussions, review of extant materials, and other research activities.
    - Conducting approximately 60 in-depth one-on-on interviews with stakeholders and community members to gain deep understanding of behavioral health issues and operations.
    - Convening 14 group discussions to expand understanding of system strengths and opportunities for improvement; learn from the interactions among group discussion participants.
    - Conducting an in-depth, quantitative analysis of a multi-lingual community survey. The survey was designed and administered to show community-based perceptions of the magnitude of need for specific services. This includes stratification of the results based on demographic factors, location (e.g., urban, suburban, and rural areas; or, distance from Lakeland), and other factors.
    - Conducting "access audit" calls to gain practical insight regarding access to care and other community-facing operational issues.
    - Review of the Digital and Social Media analysis of urgent or emergent issues.
- Summary of Needs From Stage 1 and Stage 2 Research (beginning on Page 52). Analysis of the Stage 1 results and the Stage 2 research led to the emergence of a breadth of needs and service gaps that were segmented into four core "themes" or "strategic objectives." Each of the four includes several more granular components (Action Areas) that show high-need opportunities, the community affected, support for the results, and illustrative quotations from community members.

The four higher-level themes include the following:

  - Increasing access to care
  - Reducing stigma
  - Increasing services for higher-risk groups
  - Breaking down silos

- Summary of system intervention and access points such as patient flows and barriers to care, access / system entry points, patient flow illustrations, and others (beginning on Page 57).
- Direction for Needs Prioritization and Stage 3 activities (beginning on Page 59).
- Appendices, citations, and other project materials.

The following section presents key findings from the research sections noted above. Note that the Stage 3 report will provide more granular details regarding implementation strategies that will help strengthen the community.

Stage 1 Report Highlights

Stage 1 Resource Inventory and Mapping of Existing Services

The Stage 1 Report provided a set of four maps that show the Polk County based behavioral health (including substance use disorder) care facilities. The maps present information by Type of Service, Setting, Population Served, and the Availability of Telehealth Services. Each map also includes a hyperlink which allows readers to access the online, interactive map and view contact information and other data about each site. The four maps are included in the Appendix of this report and are listed and hyperlinked below.

- Type of Service Provided
  For interactive map, see: https://arcg.is/1SfqnH1
- Setting (Inpatient, Outpatient, Residential, or Others)
  For interactive map, see: https://arcg.is/045X9
- Population Served
  For interactive map, see: https://arcg.is/iPHy4
- Availability of Telehealth Services
  For interactive map, see: https://arcg.is/j5bO1

Stage 1 Report Key Themes and Issues in Behavioral Health (Stakeholders)

As noted above, the primary objective of Stage 1 stakeholder interviews was to learn about currently available resources, services that are working well, and to gain initial insight regarding service gaps, and ways to better meet community needs. The stakeholders were very forthcoming in their ability and willingness to participate, and their insights helped to inform Stage 2. Some of their observations are noted below.

Capacity and Access to Care Remain Major Challenges

- Most stakeholders agree that demand for behavioral health, including substance use disorder services, outweigh the supply of providers.
- The perceived concentration of providers around the Greater Lakeland area (and subsequently fewer providers elsewhere in the County) creates a barrier to care for those living outside of Lakeland. The large geographic area of Polk County contributes to the difficulty of receiving care.
- A significant amount of red tape makes it challenging for people who need care to receive it in a timely manner.
- Interviewees stated that a lack of awareness of available financial support results in some individuals not seeking needed (and available) care.
- There is not good awareness of the first steps required to seek care. Awareness of a "central telephone number" or "no wrong door" policy appears to lacking.

"It's hard to know where to start to get help."

Inter-system Connectivity is Seen as a Major Opportunity

Stakeholders express a strong willingness to "break down silos" yet do not share a unified strategy to do so. For example, several Stage 1 interviewees indicate they want to affect positive change – especially since March 2020. There is a strong desire and belief that, as one stakeholder said,

> ***"Because of what we have all experienced since March [i.e., COVID-19 impact], we now more than ever believe that we all need to work together to save lives and truly improve the health and wellness of our community – ONE community!"***

- Stage 1 interviewees note that improving response to, and care for, individuals struggling with behavioral health issues requires collaboration across service sites and supporting agencies (including public safety and healthcare). Many state that "now more than ever," there is an opportunity to modify regulations, protocols and other system-level issues to improve the ability to share helpful information and optimize service efficiencies.
- For example, the criminal justice system plays a major role in addressing behavioral health and substance use issues. There is a strong [almost urgent] sentiment among several stakeholders that communication and information sharing among the current public health and public safety systems needs to be a high priority activity.
- Many feel it would be beneficial to relocate 2-1-1 services back to Polk County.

Treatment Demand is Increasing – Driving Telehealth and Other Service Line Changes

Providers are responding to increased behavioral health demand in an environment of more restrictive access to care (e.g., limited in-person hours, masking requirements, and others) by making service line changes; however, several barriers to care remain or may even be increasing.

- The COVID-19 pandemic has increased anxiety and depression, and the true impact of the pandemic is not yet known. Some expect suicide rates nationally and locally to increase as much as 32% over the next two years.
- Since many people have chosen to forego outpatient, partial hospitalization, or other care over the past nine months, the acuity level of those seeking inpatient care has increased dramatically.
- Telehealth, while not perfect for every situation, has helped to improve the access to services, but many providers indicated they will discontinue use of telehealth once the pandemic ends.

> ***"We previously had to allot a lot of time for travel between homes, but they [care providers] could increase case load due to telehealth. We worked through the wait list - people could get service in a week which is amazing."***

- Behavioral health and substance abuse issues are not mutually exclusive - many individuals suffer from both, and as such need to be treated for both simultaneously. The comorbidity of substance use disorders with other behavioral health conditions is very high; stakeholders said that efforts to address the issues must be coordinated and inclusive.

> ***"I spoke with about 35 people seeking some type of care for a substance use disorder problem this week. I'd say that nearly all had some additional form of behavioral health issue."***

- Stigma is perceived as greatly restricting people's willingness to seek care for behavioral health issues (especially substance use disorder and schizophrenia-related issues). Stakeholders suggest that stigma is prominent in the general population, as well as some additional challenges due to cultural, religious, and income-related issues.

Many Stage 1 Stakeholders Feel that it is Important to Capitalize on School Resources

Stakeholders indicate that schools (i.e., school-age children) are high need areas, and they have the ability to provide information and resources that can uniquely reach generations of families, catch problems early, and help potentially avoid future ACEs.

- Social media is a driver, and kids tend to frequently post on social media channels about drinking and drugs, which seem more accepted now. The increasing legalization of marijuana is a concern, as is the culture in schools of idolizing certain personalities.
- The COVID-19 pandemic has challenged communications with students, so more issues are likely to be discovered when students return to school.

Stage 1 Behavioral Health Data Highlights

The behavioral health climate in Polk County is characterized by substance use and behavioral health incidence rates similar to the Florida average. However, averages can often mask high-need pockets or communities within a county. Stage 2 research will provide further, in-depth analysis of these core issues. The following tables provide a high-level snapshot of the substance use and behavioral health incidence landscape in Polk County. Some of the key issues to particularly note include, but are not limited to, the following:

- Behavioral health capacity (e.g., inpatient beds) is well below the Florida average, as well as U.S. goals.
- There is a high concentration of providers in the Lakeland area, yet low numbers of providers in other parts of the County – even when adjusting for population concentration areas.
- While many general incidence rates for behavioral health (excluding substance use disorder) and for substance misuse, as noted above, are similar to state and U.S. averages, some trends such as suicide attempts and completed suicides underscore the need for additional focus.
- Approximately one in seven (about 15%) of Polk County residents indicate that they struggle with depression and/or are otherwise at risk for behavioral health challenges. Given the current (and growing) population, the percentage translates to approximately 100,000 people.
- Youth represent one of the particularly high-risk groups – especially females and youth (all genders) of a mixed-race heritage.
- The relatively high level of people with high Adverse Childhood Experiences (ACEs) scores (i.e., four or more ACEs as children) suggest ongoing opportunities to help support people who are working to address childhood trauma or abuse.

Many other data-supported observations are reflected in the following data tables. In the data section, review of the bold-face comments on most pages will cumulatively support the "story" suggested by the data. Stage 2 activities will provide greater detail to the issues suggested by the data and mapping in this Stage 1 report. Note also that secondary data and service use data will be added to the report throughout the project in order to compile the most up-to-date analysis and strategic plan strategies possible

Results of Stage 2 Qualitative and Quantitative Research Strategies

Qualitative Stakeholder Interviews and Focus Group Discussions

During Stage 2, qualitative stakeholder interviews and focus group discussions were held with a variety of representatives across the community. The almost 60 one-on-one interviews provided the opportunity to have in-depth discussions about behavioral health and substance misuse service-related issues with local community stakeholders. In many instances, interviewees provided granular insight regarding behavioral health services and access needs.

Composition

Initially, Polk Vision leadership shared the names of individuals whose experience and opinions should be heard for this research study. These conversations led to subsequent conversations with others who had relevant stories to share. Inclusive outreach targeted communities that historically tend to be frequent users of both behavioral health and substance misuse services, including individuals experiencing homelessness, the recovery community, domestic violence victims, and many others. Also included were groups that traditionally do not proactively reach out for services, including first responders, the business community, and public school personnel.

Over 190 individuals across Polk County were invited to participate in the Stage 2 interviews and almost 60 subsequently confirmed and were interviewed across the following segments:

- Polk Vision Behavioral Health Team
- Health care service providers
- Judicial system representatives
- Law enforcement representatives
- Social service and community organization leaders
- Faith-based leaders
- Childcare workers
- LGBTQ community members
- School social workers
- Elected officials

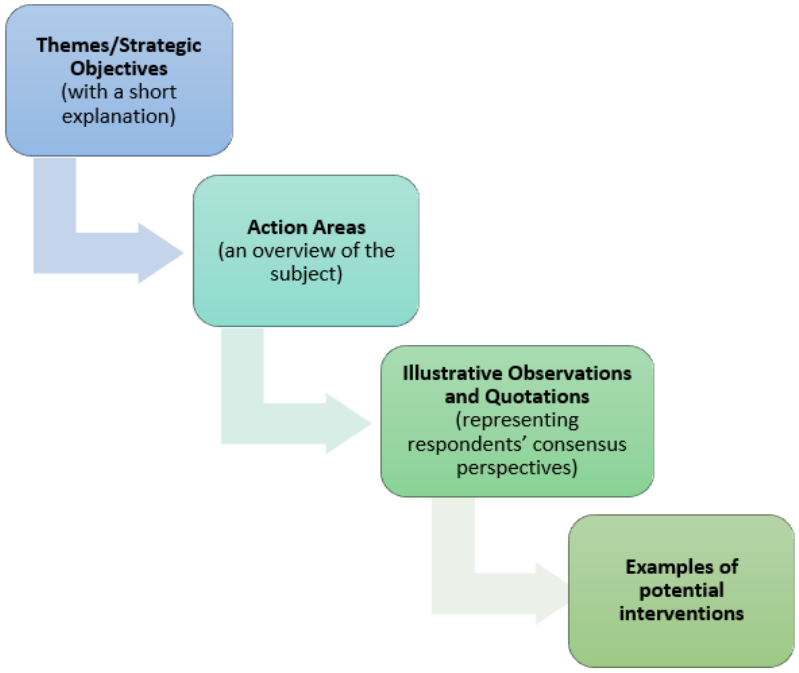
Virtual focus groups were also promoted and convened to provide further insight into the behavioral health and substance misuse-related needs of Polk County. Participants provided their perceptions about area services in addition to broader community needs. Fourteen focus group discussions were completed with approximately 130 total participants. The discussions included the following groups:

- People experiencing homelessness
- At-risk children
- At-risk young adults
- At-risk adults with children
- Workers who care for at-risk families
- Polk Vision Quality of Life members
- Recovery community
- School social workers
- Chamber and employer representatives
- Open forum public groups (four) which encompassed a broad range of community and healthcare leaders

Qualitative Discussions Needs Summary

Structure of the Following Section

Each of Themes/Strategic Objectives are identified below with a short explanation. Action Areas include an overview of the subject, de-identified interview observations in quotations which are representative of respondents' consensus perspectives[1] and examples of potential interventions. **Note that examples of potential interventions are only select suggestions based on Staged 2 research and do not encompass a full set of possible initiatives; they are only examples offered by research participants designed to help inspire further review and discussion in Stage 3 activities.**



The qualitative individual interviews combined with the group discussions resulted in a consensus of several top areas of need that can be described as **Themes/Strategic Objectives**. The Themes/Strategic Objectives and more granular Action Areas identified by qualitative research include:

- Building capacity and increasing access to care
    - Capacity and availability
    - Awareness of services and community education
    - Transportation and other logistics
    - Motivation and process of care
    - Improve system efficiency
    - Insurance and financial concerns

[1] Both interviews and focus groups occurred in the midst of the COVID-19 pandemic. Nearly every person compared and contrasted their experiences both before and during the pandemic; not surprisingly, what they experienced prior to March 2020 had no semblance to the then-current situation. Most if not all indicated a feeling of uncertainty of life and available healthcare services once the pandemic ended, although they all answered the questions as best as they could in the moment.

- Reducing stigma
    - Activities to address self-stigma, community stigma, and institutional stigma such as the following.
        - Enhanced public awareness and education
        - Suicide prevention activities, enhancing behavioral health wellness, and early intervention
- Increasing services for higher-risk groups
    - People experiencing homelessness
    - At-risk youth
    - First responders
    - Individuals of lower socioeconomic status
    - Senior citizens
    - Migrants
    - People of color
    - People who identify as LGBTQ
    - Incarcerated individuals
- Breaking down silos
    - Increasing focus on public safety and jail-related issues, including community transitions
    - Collaboration and communications

The potential interventions will be detailed in the Stage 3 Report.

Theme/Strategic Objective 1: Increasing Access to Care

National Strategy for Quality Improvement in Health Care (National Quality Strategy, or NQS)[2] sees access as the first step in obtaining high-quality care: To receive quality care, people must first be able to gain entry into the health care system.

The NQS uses the framework of the National Healthcare Quality and Disparities Report (QDR) to track Achieving Healthy People/Healthy Communities. **Measures of access to care** tracked in the QDR include having health insurance, having a usual source of care, encountering difficulties when seeking care, and receiving care as soon as wanted. Historically, Americans have experienced variable access to care based on race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, gender identity, and residential location.

For community members, the word "access" also refers to multiple aspects of receiving care. For the purposes of this report, access has been broken down into several "action areas":

- Capacity and availability
- Awareness of services and community education
- Transportation and other logistics
- Motivation and process of care
- Improve system efficiency
- Insurance and financial concerns

Throughout the conversations both in one-on-one interviews and focus groups, all of the above facets of access are areas of concern, and each are broken down below.

Action Area: Capacity and Availability

The research suggests that more providers at all levels of care are needed, including outpatient behavioral health counselors, psychiatrists, psychologists, case managers, social workers, therapists, and others.

Capacity issues[3] are particularly acute in parts of Polk County away from Lakeland. One particular subspecialty specifically mentioned included child and adolescent psychiatrists, psychologists, and therapists, which dovetails with the reported importance of addressing behavioral health issues as early as possible to reduce the incidences of behavioral health and substance misuse in adulthood.

To a person, participants indicated that the lack of behavioral health providers (e.g., counselors, case managers, peer specialists, and others) is widespread throughout the county. The lack of providers has a domino effect such that inadequate numbers of providers leads to long wait times for initial visits, long

2 See: https://www.ahrq.gov/research/findings/nhqrdr/nhqdr16/overview.html

[3] Note: Available system "capacity" include the number of providers (e.g., doctors, counselors, and other direct care providers) but more specifically, those currently in practice and accepting patients. Capacity is also refined by the availability of convenient hours of operation and available appointment times. Not that both issues are also addressed as part of this study with an Access Audit. The results are included later in the report.

wait times for follow-up visits and medication management services, and a more highly acute patient population – often requiring more services.

In addition, respondents also frequently indicated that the distribution of available providers heavily favors the larger cities in the county, including Lakeland and Winter Haven, and to a lesser extent Bartow. Residents of the outlying rural areas – such as in the northeast along the "Ridge" and the southern area – have a more difficult time accessing geographically convenient providers.

The following are representative of respondents' consensus observations.

- "Case managers need fewer people to care for, and more understanding of the time it takes to develop [relationships]."
- "First appointment for most people is a month away – this is a challenge."
- "There's a lack of capacity, especially for children. There is a pronounced lack of services for kids and a long wait time, sometimes 6-8 weeks."
- "Treatment centers are very costly even for middle to upper class income [levels]."
- "People can wait 3-6 months for a follow-up appointment after a Baker Act."
- "Not enough substance abuse programs or rehab. A lot of faith-based programs, but whole spectrum of treatment isn't necessarily offered."
- "When it comes to regular counseling, it's once a month. People need it once a week."

Examples of Potential Interventions for Stage 3

- Decentralize counseling services across Polk County, rather than focusing services in Lakeland. Outlying, more rural areas feel a need for more mental health and substance use disorder counselors, outreach services to high-risk seniors (e.g., for social isolation, suicide prevention, and medication management), psychiatrists (especially child psychiatrists), Medication Assisted Treatment (MAT) programs, Recovery Resource Centers including residential care with embedded counseling support, and Peer Support Specialists (also noted below).
- Increase the number of certified community health workers by partnering with training sites such as Peace River, Tri-County Human Services, Southeastern University, and others.
- Expand Crisis Intervention Training (CIT) to a wider range of first responders and care providers.
- Greatly expand mobile crisis care service capacity, including first responder support, domestic violence and threat response, school-based interventions, and others. Expand other mobile care service capacity counseling services, suicide prevention, social isolation, screening, school-based services, and others.

Action Area: Awareness of Services and Community Education

In many communities, awareness of services and the "first number to call" present significant challenges.

Nationally, as many as 60% of people who need behavioral health services do not receive care.[4] Among those not receiving care, a lack of awareness of where to get services is among the most common barriers.[5]

Awareness of services and community education help community members know that a particular health-related issue may require treatment or additional insight from a third-party. This would include knowledge of where to get treatment or additional insight from a third-party, if needed. Many research participants stated that individuals who need help throughout the community don't know where to start, including those who may work in healthcare. Individuals frequently stated that Polk County needs one central location that can provide up-to-date resources for a variety of needs, specifically behavioral health and substance use services.

In order to make a centralized system useful to the broad community, interviewees and others stressed the need to communicate in a location and using a media commonly used by community members who may be in need. Commonly suggested channels include public libraries, public transit hubs, churches, shelters, hospital Emergency Departments, and primary care offices, social service provider agencies, and others.

Others feel that schools can be a hub of trusted information and care for youth. By creating awareness of mental wellness and providing programming to decrease stigma, students benefit, but they can also bring the knowledge back to their families, encourage early intervention, and reduce the prevalence of the cyclical nature of the by-products of the diseases.

- "Sometimes you're so close to the problem, you don't know where to begin and become paralyzed. Awareness and navigation are issues, even for people with means and knowledge. Most people don't know where to start."
- "We need to engage the entire community, community leaders, faith leaders, etc."
- "A regular liaison between healthcare provider and community groups – it can't be one and done, rather it has to be constant."
- "2-1-1 isn't as good as it used to be because people don't update it. It moved to Orlando."

Examples of Potential Interventions for Stage 3

- Identify and fund an organization that can interact with a broad spectrum of Polk County providers and populate a database of resources and associated key information needed by users – community members, providers, funders, and others.
- Expand Trauma Informed Care training to first responders and others co-located at intervention points (i.e., places at which new behavioral health patients may first seek information or care).
- Adopt a Public Resource Platform such as Enhanced 211, Polk FORWARD©, or FindHelp.org

[4] Rowan, K., McAlpine, D. D., & Blewett, L. A. (2013). Access and cost barriers to mental health care, by insurance status, 1999-2010. *Health affairs (Project Hope)*, *32*(10), 1723–1730. https://doi.org/10.1377/hlthaff.2013.0133
[5] Sussman, David. Available at http://davidsusman.com/2015/06/11/8-reasons-why-people-dont-get-mental-health-treatment/

Action Area: Transportation and Other Logistics

Measuring over 2,000 square miles, much of which is rural, the expanse of the Polk County area can make it difficult for residents – especially those without personal vehicles – to conveniently travel to obtain the care they need.

Logistics frequently refer to a patient's ability to attain required services, including transportation, financial capability, home support, continuity of care, and other issues. Many respondents indicated that they needed travel unreasonably long distances to receive care or found it very difficult to schedule doctor's appointments around bus schedules. It was reported that use of limited public transportation (especially in more rural parts of the county) this could mean that someone can spend almost an entire day traveling to, attending, and traveling from an appointment, with much of the time being spent waiting for the bus or other transportation. This is also the case with individuals required to access the judicial system.

Both availability and affordability of housing were addressed, and many cited the need for more places for certain populations, such as people experiencing homelessness who also suffer from substance misuse, and victims of domestic violence.

A large percentage of those interviewed indicated that financial barriers are commonplace.

- "Transportation is a huge issue. We don't have a good bus system."
- "Sometimes people have to choose between a halfway house and employment."
- "In Fort Mead or Frostproof or Lake Wales or other rural communities, families don't have gas money to get to providers."
- "A few more urban spots that have transportation, but Frostproof, Avon Park, Eloise have to rely on Medicaid transportation but it's not always convenient. Someone may have an 11 am appointment but they get picked up at 8am, so it's all day."
- "Transportation used to be an issue, then they funded behavioral health centers with transportation money so they're Ubering people now."

Examples of Potential Interventions for Stage 3

- Expand public transportation capacity – especially in non-Lakeland portions of the County.
- Expand use of ride sharing resources such as Uber and Lyft.

Action Area: Motivation and Process of Care

Use of care coordination has the ability to provide motivation and support for people receiving behavioral health care – improving quality of care outcomes while simultaneously reducing the overall system cost of care and enhancing patient satisfaction.[6]

The process of care can include care navigators, community health workers, care coordinators, social workers, and others who are sometimes helpful – especially with higher-risk patients – when trying to manage care for community members in need of services.

Typically, those suffering from dual diagnosis – both behavioral health and substance misuse – require urgent or ongoing care. The research showed that community members value case managers, care coordinators, peer recovery support specialists, navigators, and similar roles, and they indicate that there is a greater need for this capability. These providers support enhanced continuity of care which (according to a recently released study of Opioid Use Disorder patients in Florida) can help address major service gaps among those who are identified as having behavioral health issues yet do not receive needed assistance. See the appendices for the "Cascade of Care" example.

For many who suffer from behavioral health or substance misuse, the act of asking for help is a monumental challenge to overcome. Individuals shared that motivation – whether it's the desire not to return to jail, to see one's children again, or otherwise – has to come from within. And when they do reach out for help and learn that there's a 4-6 week wait to see a provider; the motivation dies and it's easier to return to their old habits.

- "More peer supports, and more peer support programs, are needed. They're undervalued and under paid and there are too few positions. It takes a lot of work to become one. Hard to navigate certification process."
- "Create opportunities for wholistic case management to reduce acuity, and start early."
- "Applicant pools are limited, due to depth of experience or interest. Polk sits between two larger areas in the state and people don't want to leave Tampa or Orlando. People take advantage of tuition waiver then leave."

Examples of Potential Interventions for Stage 3

- Expand proactive outreach services to high-risk seniors who are likely to suffer from social isolation and reduced support or motivation to seek care for behavioral health and chronic condition care.
- Provide opportunities and reduce barriers for individuals who have personal experience with behavioral health or substance misuse services to return to school and earn gainful employment.

[6] Institute for Healthcare Improvement. Available at https://www.milbank.org/wp-content/files/documents/featured-articles/pdf/Milbank_Quarterly_Vol-93_No-_2_Pursuing_the_Triple_Aim_The_First_7_Years.pdf

Action Area: Improve System Efficiency

Respondents indicate that there is an opportunity to improve system efficiency by having an integrated, longer-term approach to service provision.

Research participants discussed system-level issues in two categories: (1) crisis or short-term needs; and (2) longer-term or chronic needs. Crisis or short-term needs benefit from immediate access to critical patient and situational information and care. Participants indicate that siloed operations among health systems, public safety, and other entities (though instituted to secure patient privacy – which all agree is important) can reduce ability of providers and first responders to have access to timely, helpful information.

Longer-term or chronic needs require coordination between and among service providers. Participants say that a centralized organization or other type of entity that could better coordinate system level activities would be helpful. For example, they say that in many cases, grants temporarily assist certain populations, but when the grant money runs out, programs end, and the patients are left without services. Additional coordination of care between organizations would help alleviate some of these issues. Others shared that excessive administrative burdens, duplicative / redundant paperwork, and other specific grant requirements are time-absorbing and consume limit resources that could otherwise be used to enhance patient care. Additional comments are included in the "Breaking Down Silos" theme narrative below.

- "We need a centralized grant management system that shortcuts a lot of the administrative work required of us [i.e., grant recipients]. Believe me, I would much rather spend an additional 20% of the grant money on direct care than on admin!"
- "The region needs a recovery community center – one centralized location, one phone number that can provide peer support, a robust longer-term care network, and a clearing house for services. Having 'trusted resources' takes a long time, as it requires a longer timeline for patients – especially mental health and SUD patients – to build trust. A more efficient system can be built by linking services."
- "Getting the initial intake is a big challenge. If you need to be seen by a psychiatrist, you'll need to be patient – and not in crisis! Many times, the doctor is overbooked, so it takes time."
- "PCPs are not fully educated on behavioral health issues and DO NOT have access to Care Coordination services."
- "Managing entity structure seems very finance-driven, rather than outcomes-driven because of working with managed care."
- "Many different organizations share the same patients; all have different processes, and the systems don't talk with each other. There are a lot of demands on patients, made even worse when they're in the criminal justice system. It seems that many organizations don't see the situation from the patient's perspective. Many others do, but they are limited in their ability to tear down silos. Also, in many places, there is a

culture of protectionism due to variety of limited financing (County health plans, grants, Medicaid). I understand that some aspects of the system-level, finance-related thing is unavoidable, but I think that something as simple as a grants management or coordination system would help."

- "Look at the County health plan and make sure it aligns with the goals of the population. Are they financing the right care to get to the desired outcomes?"
- "Some patients can't get the drugs they're on when they're in the jail, so they take other medication. Consistency of all the best practices models is hard to maintain."

Examples of Potential Interventions for Stage 3

- Adopt a Grant Management system that can (1) help coordinate access to care, (2) manage grant applications and track performance, (3) alert potential grantees of prospective funding streams.
- Streamline mental health admissions paperwork; currently, it is more highly protected (as is sexual health).
- Co-locate counseling services in hospital emergency departments.
- Co-locate care coordination services throughout Polk County, either telephonically or in-person.
- Build behavioral health system efficiency by strengthening awareness among medical and behavioral health providers regarding system resources and referral network.

Action Area: Insurance and Financial Concerns

Finances and/or the perceived cost of care is the most commonly identified reason why people with behavioral health needs do not seek services.[7]

The cost of services or lack of insurance were frequently cited as inhibiting access to care. Many interviewees commented that the number of individuals and families in lower socioeconomic classes either don't have insurance or the financial means to receive behavioral health care or services to address substance misuse. Regardless of income bracket, many research participants indicated that behavioral health care can be very expensive – especially if the care requires time away from work (i.e., a loss of income).[8] They indicate that financial impact and care alternatives can be overwhelming when entering the behavioral healthcare system. Clear sources of insurance and other support would positively impact the financial literacy aspect of care.

- "Funders are very specific in who they give money to and for what, and in these cases they succeed. When you don't meet criteria for a specialize program and you're thrown in with the general population, treatment fails."
- "So many decisions are driven on Medicaid and funders that you get lost in the money and don't see the people."
- "Private practitioners and agencies don't speak the same language – funding is different, billing and coding are different. Private practices can't afford to treat patients with Medicare and Medicaid because they need someone with different billing expertise; software is different, and it takes more time. Billing practices drive what practitioners do."
- "Getting care without insurance is impossible or else it's $700-800/month."
- "Talk about cost with awareness – impression is that behavioral health care isn't affordable."

Examples of Potential Interventions for Stage 3

- Expand Community Health Worker certification and training. Certification requires a high level of knowledge about local care and support resources, including financial resources.
- Develop a single source of financial literacy and supporting information for people considering behavioral health care. A printable and/or online resource available at all intervention points, combined with case management (where needed) may be able to help address initial finance-related concerns.
- Expand cost-reduced or free crisis services.
- Indirectly, economic development and job training activities will tend to improve behavioral health financial concerns by improving community-based financial security – correlated with lower demand for behavioral health care.

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[7] Sussman, David. Available at http://davidsusman.com/2015/06/11/8-reasons-why-people-dont-get-mental-health-treatment/

[8] Note: "One study found that individuals with depression and anxiety were three times more likely to be in debt. Other studies have even found a link between debt and suicide." Available at https://www.inc.com/amy-morin/7-reasons-mental-health-issues-financial-issues-tend-to-go-hand-in-hand-and-it-has-nothing-to-do-with-cost-of-treatment.html

Theme / Strategic Objective 2: Reducing Stigma

Stigma reduces people's willingness to get care and can suboptimize the impact of care. People with behavioral health challenges and facing the prospect of care often feel fear, anger, prejudice, and even exclusion based on perceptions or stigma.

There are three broad categories of stigma. First, "self-stigma" includes the individual's preconceived notions about "mental health patients" or self-image issues. A second type of stigma involves "community stigma," or attitudes and actions of people who interact or respond to the individual needing care – care givers, family members, employers, teachers, public safety leaders, and others. Third, "institutional stigma" is more systemic, involving policies of government and private organizations that intentionally or unintentionally limit opportunities for people with mental illness.[9] This can include health insurers.

Stigma in any form, as well as the response of providers, teachers, family members or others serving as the first point of contact for individuals with needs, can encourage or discourage the access to care and its ability to help people seeking care.

Some of the impacts of stigma include the following:[10]

- Reduced social support and treatment seeking.
- Reduced investment in behavioral health care services and lower funding for treatment facilities.
- Lower health insurance reimbursement rates.
- Negative image of mental illness and the associated impact on employment, housing issues, social opportunities, and other important components of a healthy lifestyle.
- Higher incidence of suicide and more acute behavioral health problems.
- Greater system cost of care.
- Reduced performance in school (children) and at work (adults) due to untreated needs.

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[9] According to the American Psychiatric Association (APA), researchers identify different types of stigma:
- Public stigma involves the negative or discriminatory attitudes that others have about mental illness.
- Self-stigma refers to the negative attitudes, including internalized shame, that people with mental illness have about their own condition.
- Institutional stigma, is more systemic, involving policies of government and private organizations that intentionally or unintentionally limit opportunities for people with mental illness. Examples include lower funding for mental illness research or fewer mental health services relative to other health care. Available at https://www.psychiatry.org/patients-families/stigma-and-discrimination

[10] da Silva, Antônio Geraldo and Baldaçara, Leonardo and Cavalcante, Daniel A. and Fasanella, Nicoli Abrão and Palha, Antônio Pacheco}, "The Impact of Mental Illness Stigma on Psychiatric Emergencies," Frontiers in Psychiatry, Vol. 11, 2020. Available at https://www.frontiersin.org/article/10.3389/fpsyt.2020.00573

There is broad recognition that stigma-related challenges exist in Polk County. Regarding Stage 2 research, the subject of stigma came up in nearly all interviews and focus group discussions, and many indicated that county-wide efforts to reduce stigma would be a key to improving the overall health of the community. While reducing stigma is quite a broad category, for the purposes of this report, we narrowed it down to two action areas that to some degree, encompass the three types of stigma noted above:

- Enhanced public awareness
- Suicide prevention activities, enhancing behavioral health wellness, and early intervention

To truly make long-term, impactful change, all aspects of stigma must be identified, and a strategic plan created that encompasses each of the types of stigma. This issue will be more fully addressed in the Stage 3 Report.

Action Area: Enhanced Public Awareness

Replacing public images of behavioral health (including SUD) stereotypes (e.g., the myth that the mentally ill are dangerous) with educational measures that provide true information helps slowly change public perceptions and stigma.

Educational strategies include public service announcements, books, brochures, films, videos, websites, podcasts, virtual reality, and other audiovisual resources.[11]

This Action Area ties into the need for additional awareness and community education discussed earlier, but whereas that referred to the need to educate individuals where to receive services, this focuses more on providing more accurate information to community members (including patients) about behavioral health impact and access to care. Specifically, as one respondent said, "Give people permission to ask for help, and let them know what is and isn't a 'normal' feeling; let people in need know that they are not alone or 'weak' if they'd like some help."

Some respondents indicated that individuals will not admit to having a problem because they fear of losing their child, or their job. Respondents indicated that system-level stigma negatively impacts willingness to receive care. In some reported cases, these concerns are said to be warranted.

Many used the word "trust" when discussing strategies to reduce stigma, as people trust others who look like them, talk like them, come from similar backgrounds or have shared experiences.

- "Bring a voice and face of recovery to community to break down stigma."
- "Stigma is still out there. It's a black community thing, people have pride in general."
- "Some families for economic reasons have embraced it - families can get money if kids have a diagnosis. Others try to hide it, and this doesn't help in long term."

Examples of Potential Interventions for Stage 3

- Work with providers and other community leaders to develop a set of Public Service Announcements (PSAs) to create storytelling and testimonials to help break stigma and build the concept of trusted resources.

[11] Ibid.

- Engage individuals from a variety of cultural backgrounds, countries of origin or nationalities, sexual preferences or gender affiliations, socioeconomic classes, professions, and others to share their stories of hardship and how they overcame their challenges.
- Create more AA, ALATEEN, and NA meetings and support groups.
- Work with churches and other cultural leaders to break culturally based stigma.
- See Downtown Streets Team note elsewhere in this report.

Action Area: Suicide Prevention Activities, Enhancing Behavioral Health Wellness, and Early Intervention

The majority of the respondents indicated that early intervention and teaching behavioral health wellness are key to preventing or reducing the severity of future behavioral health and substance misuse, including but not limited to suicide and anxiety.

This applies to both children and adults who have suffered a tragedy at some point in their lives, including those who have experienced one or more ACEs, or Adverse Childhood Experiences. The Centers for Disease Control and Prevention (CDC) states that "ACEs have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity."[12] The CDC continues to define ACEs as potentially traumatic events that occur in childhood (0-17 years), including:

- Experiencing violence, abuse, or neglect
- Witnessing violence in the home or community
- Having a family member attempt or die by suicide
- Substance misuse
- Mental health problems
- Instability due to parental separation or household members being in jail or prison

ACEs are also linked to chronic health problems, mental illness, and substance misuse in adulthood, and can negatively impact education and job opportunities. In fact, about 61% of adults in one national survey had experienced at least one type of ACE, and nearly 1 in 6 reported that they had experienced four or more types of ACEs.[13]

The National Association of Mental Illness (NAMI) shared that 90% of those who commit suicide had an underlying mental health condition,[14] highlighting the importance of addressing and treating the root causes of mental illness as early as possible. And as a reminder, in the Stage 1 Report research was shared that indicated suicide was one of the leading causes of death in the area and that rates are higher in Polk County (18.7) than the state average (16.9).

[12] https://www.cdc.gov/violenceprevention/aces/index.html

[13] https://www.cdc.gov/violenceprevention/aces/fastfact.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Ffastfact.html

[14] https://www.nami.org/getattachment/Extranet/NAMI-State-Organization-and-NAMI-Affiliate-Leaders/Awareness/AKA/Mental-Health-Fact-Sheets/AKA-NAMI-Young-suicide.pdf

Experts interviewed shared that while research shows the importance of identifying and addressing ACEs in members of the community, the ACEs paradigm is still not as widely utilized as it should be by providers, which is an educational opportunity for mental health professionals, school social workers, and others.

- "Inequality Florida - working with this advocacy organization to learn best how to support LGBTQ students because they're more at risk for suicide, anxiety, etc."
- "In every school, a mandatory social and emotional skills curriculum (K-12) should be done, same as requirements to teach other subjects. Many curriculums currently exist, but the tendency is to focus on academics in schools - interpersonal skills are responsibility of parents."
- "Have supports for early childhood, for mental health starting as early as possible. If we had trained professionals so many problems could be alleviated. Community wide educational program to teach parents and others about how these issues develop. How to hold parents and community members accountable that today's actions affect tomorrow."

Examples of Potential Interventions for Stage 3

- Increase awareness of the National Suicide Prevention Lifeline 800-273-8255, or "chat" feature (https://suicidepreventionlifeline.org/chat/)
- Expand Mental Health First Aid training - schools, public safety, and other first responders.
- Expand training and certification of Peer Specialists.
- Review materials related to Zero Suicides and adopt helpful strategies.[15]
- Expand Crisis Intervention Training (CIT) to a wider range of first responders and care providers.
- Improve awareness of, and access to, crisis lines and other current programs; expand awareness of "No Wrong Door" initiatives.
- Develop strategies to identify and refer suicidal adolescents and young adults for mental health care, and collect data to evaluate the results. Also, develop strategies to address suicide risk factors – interventions promoting self-esteem and teaching stress management (e.g., general suicide education and peer support programs); develop support networks for high-risk adolescents and young adults (peer support programs); and provide crisis counseling (crisis centers, hotlines, and interventions to minimize contagion in the context of suicide clusters).[16] Other specific suggestions include the following:
    - Ensure that suicide prevention programs are linked as closely as possible with professional mental health resources in the community.
    - Provide prevention strategies that honor cultural issues and access to care challenges.
- Expand awareness of ACEs to providers and educate the community about the importance of addressing these issues.

[15] Note: Zero Suicide Institute, "The foundational belief of Zero Suicide is that suicide deaths for individuals under the care of health and behavioral health systems are preventable. For systems dedicated to improving patient safety, Zero Suicide presents an aspirational challenge and practical framework for system-wide transformation toward safer suicide care." Information available at https://zerosuicide.edc.org/

[16] U.S. Centers for Disease Control and Prevention. Available at https://www.cdc.gov/mmwr/preview/mmwrhtml/00031525.htm

Theme / Strategic Objective 3: Increasing Services for Higher-risk Groups

Several community sub-groups are at a higher risk of behavioral health issues due to life stressors and/or access to care issues. While no one in any community is immune to behavioral health or substance misuse challenges, certain populations tend to be more susceptible or have a harder time accessing care.

According to the American Psychiatric Association, "Racial/ethnic, gender, and sexual minorities often suffer from poor mental health outcomes due to multiple factors including inaccessibility of high quality mental health care services, cultural stigma surrounding mental health care, discrimination, and overall lack of awareness about mental health."[17]

Based on the research conducted for this project, we identified the following community groups deemed at higher risk:

- People experiencing homelessness
- At-risk youth
- First responders
- Individuals of lower socioeconomic status
- Senior citizens
- Migrants
- People of color
- People who identify as LGBTQ
- Incarcerated individuals

Note that vulnerable populations cut across all of the communities listed above.[18]

A deep dive on some of the more vulnerable populations in Polk County is included below. One item to note is that a group specifically addressing individuals with co-occurring disorders is not included, primarily due to the prevalence of co-occurring disorders. Nearly all participants indicated that this is the norm, rather than the exception, so this lens or assumption should be used to address all efforts moving forward.

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[17] American Psychiatric Association. Available at https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts

[18] Vulnerable populations include the economically disadvantaged, racial and ethnic minorities, the uninsured, low-income children, the elderly, the homeless, the HIV/AIDS community (HIV), and people with chronic health conditions. It may also include rural residents, who often encounter barriers to accessing healthcare services. Groups at higher-risk for attempted suicide (e.g., males over age 45, Native Americans, youth, trauma survivors, veterans, LGBTQ (especially individuals identifying as transgender), people in financial or relationship crisis). Source: AJMC. Available at https://www.ajmc.com/view/nov06-2390ps348-s352

Action Area: People Experiencing Homelessness

Nationally, nearly half (45%) of people experiencing homelessness suffer from a mental health challenge; approximately 25% exhibit symptoms of a Serious Mental Illness (SMI),[19] compared to only six percent among the general population.[20] Given the size of the homeless population in Polk County, this is a significant subpopulation needing focused support.[21]

Among the myriad challenges of people experiencing homelessness, addressing and maintaining adequate healthcare – including behavioral health needs – is only one of many experienced on a daily basis.

- "Patient's families aren't trained and don't know how to take care of their loved ones, so the patient gets kicked out of the house and they end up homeless."
- "Getting people a home, into therapy is next to impossible. It's hard to track someone who is homeless. Make it easier to complete the paperwork - bring it to them using iPads, etc. in the field."
- "People feel indifferent to homeless, project superiority and that makes a patient's situation that much worse. They get runaround and feel like no one really cares. Some caregivers and police seem to accelerate the crisis situation and intimidate rather than decelerate and understand."
- "Harder for homeless to have paperwork. Harder to find documents, and the intake visit is harder for the homeless. People don't have domicile paperwork that you can only have from the social services department."
- "More recovery houses for mental health and substance abuse with people who can help them get medications, and teach people how to become more independent."
- "More shelters or places for people to get off the street, even during the day, and also at night."
- "Many homeless have a history of sexual abuse or assault, and substance use disorder. Such a high percentage of the men who came into the office were sexually abused by fathers, uncles, or while in jail. Healthcare needs to deal with the trauma and urgency of the situation, and not put them in a place where people don't understand homelessness – it's not one size fits all."

[19] National Institute of Mental Health, Serious mental illness (SMI) is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.

[20] Mental Illness Policy group. Available at https://mentalillnesspolicy.org/consequences/homeless-mentally-ill.html; National Homeless Coalition. Available at https://www.nationalhomeless.org/factsheets/Mental_Illness.pdf

[21] Homeless Coalition of Polk County. Note: The most recent Point-In-Time survey of individuals and families experiencing homelessness shows 563 people (including children) homeless in Polk County. Available at http://www.polkhomeless.org/images/data/PIT/FL-503%20HDX%20PIT%202020%20-%20TOTAL.pdf

Examples of Potential Interventions for Stage 3

- Engage in and build toward Zero Functionally Homeless goals[22].
- Review stigma fighting and service opportunities such as Downtown Streets (https://streetsteam.org/index).
- Increase case management capacity for the homeless since many do not want to see a counselor.
- Homeless shelter allowance (e.g., room options) for transgender individuals.
- Expand shelters for homeless youth.

Action Area: At-Risk Youth

Polk County's youngest residents not only tend to be among the most vulnerable, but they also tend to be the group that respondents offered the most amount of hope and opportunity to affect change for future generations.

This includes children who live in traditional homes, as well as those with special needs including autism, foster children, and others. Investing in caring for children now should provide incalculable benefits for both individuals and the community in the years to come, and should at some point alleviate the burden on the healthcare system.

- "School grades ("test and punish") has caused a lot of mental health problems, because they don't have time to focus on social development due to teaching to the test."
- "Autism spectrum kids when their behavior kids starts escalating, families start struggling and kids get Baker Acted not due to mental health but rather autism spectrum. Agency for Persons with Disabilities wait list for kids is 6,700 kids long and 20,000 adults. If these families can't get services there, then the kids start cycling in Baker Acts. sometimes kids need 20-30 mental admissions but they're not getting the right treatment."
- "Any child removed from a home should not have to ask for a referral for therapy; it should be automatic, but there are waiting lists. Telehealth isn't as good as face to face, especially for younger kids."
- "If an adoptive kid has issues, it's on the adoptive parents. Like with a child with fetal alcohol syndrome. The child has a biological predisposition for certain issues, yet the adoptive parents can't be proactive."
- "Start early; in order to have 'normal' adults then we need to start with children."
- "If we spent as much time and money on mental health, social/emotional aspects as we did putting up gates, active shooter drills, panic buttons in each classroom, then we wouldn't have

[22] Note: "The Built for Zero is a movement to end homelessness across your entire community, leaving no one behind. Teams focus on chronic and veteran homelessness to learn what it takes to get to zero. Then, they scale their success to find homes for everyone." Information available at https://community.solutions/functional-zero/

this reactionary response. Prevention is key, not paperwork. Need teachers, guidance counselors, social workers working as a team."

- "Youth recovery services are needed."
- "School psychologists are too busy doing the testing – need two, one for testing and one for guiding portion. Emotional and social and behavioral issues are key. If kids don't feel safe, they won't learn."

Examples of Potential Interventions for Stage 3

- Establish mentoring and access to care programs to provide case workers / mentors for disadvantaged youth (e.g., "JUMP" programs, https://ojjdp.ojp.gov; or others).
- Expand telehealth counseling services for youth e.g., TeenCounseling.com, Synergyetherapy.com, telehealth services offered through Lakeland Regional Hospital, BayCare, and others.
- Expand school-based support to help kids with developmental disabilities.
- Update Baker Act procedures and protocols to address youth-specific situations (in coordination with Public Safety, schools, and others.
- Review policies that limit services for children with autism.
- Add mental health career paths to the school curricula.
- Expand UthMpact and StandUP Polk Coalitions (www.uthmpact.org/about-us).

Action Area: First Responders

While traditionally not a population that comes to mind to require special services, the needs of first responders have gained additional attention during the COVID-19 pandemic, exacerbated by the social "Defund the Police" movement occurring across the country.

Putting one's life at risk has always been "part of the job," yet the mental health needs of those serving as police, firefighters, EMS, and others needs additional care from those that they serve. [23]

- "Tons of obstacles to overcome – fear of retribution, fear of being diagnosed with PTSD and getting fired, confidentiality."
- "They don't seek treatment early, so when they do it's overwhelming."
- "Education is #1 to breaking the stigmas."
- "Military vets are told twice not to speak up – once in the military and then again in their first responder role. They're not told directly, but it's part of the culture."
- "It's hard for females in a male-dominated workforce."

Examples of Potential Interventions for Stage 3

[23] Note: Some school social workers are strongly discouraged from seeking behavioral health care since there is a perceived risk that they may lose their license or that their job may be endangered.

- Work with county and individual city police departments, fire departments, and other first responder groups to create or expand trauma and other support groups. Create the equivalent of Peer Support Specialists for first responders.
- Expand or replicate the LRH "VIP" program at other facilities, in which first responders, hospital staff and others in high profile groups in need of care can receive discreet access to E.D. and behavioral health services to maintain confidentiality.
- Increase the number of first responders across all agencies participating in UCF's REACT Training (https://ucfrestores.com/training/peer-support/react-training-program).

Action Area: Individuals of Lower Socioeconomic Status

People with lower incomes who may find themselves unemployed or underemployed may have a lack of financial means to provide healthcare or insurance to themselves or their families, tend to face tremendous risk. In addition, national reports have shown that many people suffer from poverty due to a health crisis.[24]

JAMA Psychiatry published a report sharing the results of a longitudinal study examining the relationship between income, mental disorders, and suicide attempts. The results show that the presence of certain mental disorders was associated with lower levels of income. The study showed that participants with household income of less than $20,000 per year were at increased risk of incident mood disorders in comparison with those with income of $70,000 or more per year. The study concluded that "Low levels of household income are associated with several lifetime mental disorders and suicide attempts, and a reduction in household income is associated with increased risk of mental disorders."[25]

The COVID-19 pandemic has resulted in a large number of people experiencing reduced income, as well as increased mental health and substance misuse needs. KFF conducted a study entitled, "The Implications of COVID-19 for Mental Health and Substance Use," and they reported that, "Research shows that job loss is associated with increased depression, anxiety, distress, and low self-esteem and may lead to higher rates of substance use disorder and suicide. Recent polling data shows that more than half of the people who lost income or employment reported negative mental health impacts from worry or stress over coronavirus …."[26]

- "For people without insurance, there aren't enough options and people get lost in system."
- "Easier way to get affordable medication."
- "Everyone should have health insurance."

Examples of Potential Interventions for Stage 3

- Streamline processes to make it easier for people to qualify for free or reduced cost healthcare and medications.
- Improve promotion of free or reduced-cost healthcare.

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[24] https://link.springer.com/article/10.1007/s11606-019-05002-w
[25] JAMA Psychiatry. https://jamanetwork.com/journals/jamapsychiatry/fullarticle/211213
[26] KFF. https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/#:~:text=Recent%20polling%20data%20shows%20that,compared%20to%20higher%20income%20people.

Action Area: Senior Citizens

Some of our communities' most at risk include senior citizens, who more than many others tend to experience difficult life circumstances on a regular basis including isolation, increased acuity of health needs, loss of friends and family due to advancing age or illness, and others; and due to these circumstances, they face unique hardships and barriers to accessing care.

The CDC published information indicating that approximately 20% of people age 55 years or older experience some type of mental health concern, and the most common include anxiety, severe cognitive impairment, and mood disorders including depression or bipolar disorder.[27]

COVID-19 has increased the isolation of everyone, but for seniors the affects tend to be exacerbated for many reasons including increased risk due to COVID, being unfamiliar with technology (i.e., Zoom) that may provide valuable human connections, and cognitive impairment. And some retired members of the community who continue to be productive citizens have been unable to volunteer their time due to higher risk of COVID, decreasing the quality of their lives and those who they serve.

- "Polk has a significant senior population, with the pandemic depression is worse for this group. Memory care units aren't affordable, and families have to make difficult decisions. There are empty beds at local memory care units because they're very expensive. Family has to band together or put the patient in skilled nursing facility if they can afford it."
- "Senior isolation – seniors feel that these years especially during COVID have been stolen from them."
- "For the elderly population, isolation, dementia care, and medication management are some of the biggest challenges facing our community."
- "Homeless with dementia are most at risk. Jail isn't built to take care of the elderly and it's not where they belong; it makes things worse. Once you're mobile, you can't be in an area where you're mentally compromised. They're expected to take care of themselves, but they can't."

Examples of Potential Interventions for Stage 3

- Develop outreach programs to provide companionship and support to senior citizens, such as Project VITAL sponsored by the Alzheimer's Association and Florida's Department of Elder Affairs, which provides tablets to nursing homes and senior care facilities.
- Create and/or distribute communications specifically addressing this group's needs and concerns.
- Improve care coordination for elderly with dementia or other cognitive impairment.

[27] CDC. https://www.cdc.gov/aging/pdf/mental_health.pdf

Action Area: Migrants

Migrants, those who work in the farming or agricultural industry, or others with unknown immigration status face unique hardships and barriers to accessing care.

Migrant workers often have precarious employment conditions and are more likely to be exposed to workplace hazards and other challenges that may heighten stress levels and increase the need for behavioral health support. Not only may they have the cultural issues due to stigma that affect many communities and the lack of understanding how processes operate in this country, they also may face language barriers and the risk of deportation for themselves, their family, or their friends. As a result, they can be among the hardest to reach either proactively or reactively, yet many indicated that the indigent healthcare funds have helped a large number of people. Therefore, awareness of services, culturally appropriate access to care, and the challenges associated with stigma are among the barriers to care for migrants.

- "Migrant issues include confidentiality and language needs, and not knowing the system. The first door is unknown!"
- "Cultural barriers are a big deal for migrant workers, immigrants including the Creole population. All are super reluctant to engage in ANY behavioral services."
- "Patients don't trust the government. They're very worried about immigration."
- "Migrant population in fear because many parents aren't legal and don't want to report anything to anyone that might keep an able-bodied student from working in fields. Language barriers – kids whose parents don't speak English have to skip school to take parent to doctor."

Examples of Potential Interventions for Stage 3

- Expand indigent healthcare funds.
- Research the possibility of training leaders in Peer Support Program.
- Incorporate cultural sensitivity training for Care Coordinators, Community Health Workers, and others having the ability to motivate migrants to get needed care.
- Increase communications targeted at this community.

Action Area: People of Color

Even though Blacks / African Americans and Hispanics are more likely to be in income groups that may be heavier users of behavioral health services, they, in actuality, receive less mental health care, suggesting that cultural or other factors present barriers and reduce access to care.[28]

Lower income levels are highly correlated with the need for behavioral health services in the general population. In Polk County, ethnic minority groups have notably lower median household income levels than whites. However, according to some interviewed, cultural barriers – culturally-based stigma, language issues, and others – in Black / African American and Hispanic communities discourage seeking care for behavioral health issues.

Respondents suggest a number of contributing factors and associated impacts. Noting the general capacity challenges facing the county, some respondents stated that there is a particularly large gap of providers (e.g., counselors) who are people of color and/or possess the language skills needed to effectively care for people who are members of a racial minority group. In addition, people of color living in more rural sections of Polk County face compounded challenges related to transportation and being able to access care. Some research respondent underscored the importance of addressing the needs of lower incomes households (in general) and racial and ethnic minority communities (specifically) since there may be opportunities to break cycles of generational poverty.

- "In many brown and black communities, mental health counseling is viewed as bad."
- "Stigma and pride are more so with black community due to the historical aspect, since many still are affected by the impact of 'Jim Crow' and segregation. In my view, minimal work has been done on how to deal with this issue and pursue real healing. How do you get to heal if you're constantly traumatized, especially if men or women are in abusive relationships?

  There is also a lack of trust of government agencies; many community members feel that they've been traumatized and at times ignored – this is very real to them. The Tuskegee experiment is only 49 years old, and so many other things have happened since then and other traumas. You can't ignore the mental health cost – you may have a breakdown, or it [the impact of system racism and the related behavioral health impact] might hit your child?"
- "People that we serve often get a ride here. Many of my clients [people of color and otherwise] travel 20 to 30 miles, and they don't have a car! Once they get here, we do our best to build a trusted relationship with them. If there are cultural issues, we always try to connect each client with someone [a counselor] who has a similar experience – culturally, racially, and otherwise. It works pretty well!"

[28] Using 2015 outpatient mental health services was most common for adults reporting two or more races (8.8%), white adults (7.8%), and American Indian or Alaska Native adults (7.7%), followed by black (4.7%), Hispanic (3.8%), and Asian (2.5%) adults. Source: National Institute of Mental Health (NIH). Available at https://www.nimh.nih.gov/news/science-news/2015/a-new-look-at-racial-ethnic-differences-in-mental-health-service-use-among-adults.shtml#:~:text=Using%20outpatient%20mental%20health%20services,and%20Asian%20(2.5%25)%20adults.

Examples of Potential Interventions for Stage 3

- Find trusted leaders in Black and Brown communities to improve communications and trust.
- Encourage students to further education and find employment in behavioral health fields.
- Recruit providers who can culturally connect with people of color clients.
- Develop culturally-sensitive stigma reduction strategies (noted elsewhere in this report).
- Create and/or expand mentorship programs and Peer Support Programs.

Action Area: People Who Identify as LGBTQ

One group that tends to be marginalized in communities across the United States, the LGBTQ population, was particularly interesting due to the fact that many participants tended not to have much information about them.

About 4.5% of adults in the US identify as LGB[29], and this group faces an environment that puts them at risk for mental health problems[30].

- "People aren't as open about this and they don't push. Danger for transgender people, shelters assign people on gender assigned at birth, but no trans woman is going to stay at men's shelter, for example. LGBTQ youth kicked out of homes and don't have anywhere to go but they can't shelter them because of their age, and parents need to give permission for the youth shelters."
- "LGBTQ population is tough. Pride Polk County helps younger population especially with higher rates of suicide. Polk is rural and faith-based, so many kids don't feel comfortable coming out."
- "Gay Straight Alliances are helpful at the high school level, and this may be a good model to use for mental health."

Examples of Potential Interventions for Stage 3

- Expand Gay Straight Alliances at local schools (https://gsanetwork.org/what-is-a-gsa).
- Promote employers who hire based on sexual orientation or LGBTQ status.
- Build social activities into home room at schools to help build a more accepting culture.

[29] https://news.gallup.com/poll/259571/americans-greatly-overestimate-gay-population.aspx
[30] https://www.psychiatry.org/psychiatrists/cultural-competency/education/stress-and-trauma/lgbtq

Action Area: Incarcerated Individuals

Jail inmates are more than five times more likely to experience mental health problems than the general public.[31]

Many incarcerated individuals struggle with behavioral health or substance misuse, and frequently both. Some law enforcement personnel indicate that they can readily identify which inmates are in need of behavioral health services.

Additionally, many law enforcement personnel are also intimately connected and knowledgeable about the communities they serve and are often aware of individuals needing – but not getting – behavioral health care. One person reported that, when needed, they arrest these individuals specifically so they can receive help for their illness, as they may fall into one or more of the high-risk groups covered above who have a hard time accessing care.

While here we briefly cover the needs of individuals currently facing incarceration, the topic is covered in more detail below.

- "Many prisoners were abused, and you need to treat the root problem."
- "Barriers to success of people when they get out of jail include accountability, transportation, and cost. They need enough resources to touch them while they're in and when they get out."
- "Adverse Childhood Experiences (ACEs)[32] are played out in real life in front of me every day."

Examples of Potential Interventions for Stage 3

- Expand counseling services for incarcerated populations through telehealth options and/or additional contracts with local providers.
- Establish stronger MAT programs.
- Expand the Helping Hands program.
- Strengthen community partnerships to help people upon release.
- Ensure consistency of medications during incarceration, if applicable.
- Mandate drug and mental health counseling when individuals are incarcerated.

[31] Bureau of Justice Statistics. Available at https://www.bjs.gov/index.cfm?ty=pbdetail&iid=5946
[32] Adverse Childhood Experiences research. Available at https://www.cdc.gov/violenceprevention/aces/index.html

Theme / Strategic Objective 4: Breaking Down Silos

All other research "themes" and related behavioral health (including SUD) needs and service gaps can be positively impacted by effectively breaking down communication and operational silos.

Throughout the qualitative research, the air of collegiality permeated conversations, yet many participants feel that silos still exist – negatively impacting the quality of care and the efficiency with which care is provided. Respondents suggest that competing financial interests and laws that hamper the ability to share patients' protected healthcare information are among the contributing factors.

Another point of conversation within the theme of Breaking Down Silos is the belief that the criminal justice system plays an important role in both addressing and treating behavioral health and substance misuse. In fact, some stated that the criminal justice system may be one of the largest suppliers of mental health services in Polk County. Some interviewed feel that this is a consequence of a fractured healthcare system, and opine that by breaking down silos, improving communications among providers, and improving communications between providers and the various public safety entities, the number of people in jail or prison experiencing behavioral health and substance misuse would decrease. They suggest that breaking down silos would help ensure that people who need help can find the right type of care, rather than being criminalized, generating extreme societal benefit.

There is evidence that initiatives are already growing to address this issue in Polk County. One example is behavioral health providers holding office hours at primary care facilities (i.e., co-location of providers). Another example is mental health counselors being available to 9-1-1 personnel both telephonically and for in-person mobile crisis care, as previously noted. Both illustrate creative problem-solving initiatives among community organizations. To quote one participant, "Polk County seems ahead of the curve for working together and problem solving." Several research participants also strongly suggested that expansion of mobile crisis care services across community-wide organizations could further help break down silos.

Silos impact the continuity of care, as noted. A recent Florida-based study of opioid use disorder (OUD) patients shows that 72% of people identified with OUD never receive medication to address the issues; people who do not continue with a six month medication treatment regimen are five time more likely to die from OUD-related events.[33] Research participants indicate that breakdown silos and having additional supports in place will greatly improve outcomes. See "Cascade of Care" appendix.

For this report, we narrowed the action areas for this theme to:

- Increasing focus on public safety and jail-related issues, including community transitions
- Collaboration and communications

Both are covered in detail below.

[33] Johnson, K., Hills, H., Ma, J., Brown, C. H., & McGovern, M. (2020). Treatment for opioid use disorder in the Florida Medicaid population: Using a cascade of care model to evaluate quality. The American Journal of Drug and Alcohol Abuse, [Epub ahead of print]. doi: 10.1080/00952990.2020.1824236

Action Area: Increasing Focus on Public Safety and Jail-related Issues, Including Community Transitions

As previously noted, jails and prisons care for a large share of Polk County residents experiencing behavioral health and substance misuse.

Challenging the ability of inmates to receive care, is that their time incarcerated is relatively short – too short to fully receive all of the needed care. Respondents also indicate that the recidivism in the jail population results in – at best – disrupted continuity of care between jail-based providers and community-based providers. This approach does not effectively meet the needs of the individual or the community as a whole. So, while the following provides some data points for consideration and suggestions collected from the research, true change needs to occur at the system level.

- "The county has a great problem-solving court. Engaging with re-entry people is needed. Going through problem solving court program is 18 months, but when they graduate, they need more help."
- "ROI is to invest with kids, but this isn't the discussion that occurs. All organizations look at their issues only."
- "Identify people who have reached out for help in many ways before the Sheriff's Office or police arrive at the scene."
- "We want to avoid the school shooting that happened at Marjory Stoneman Douglas."
- "We have the school silo, mental health silo, etc. The silos are killing us."

Examples of Potential Interventions for Stage 3

- Strengthen links between pre-release coordinators and community-based behavioral health (including substance use disorder) service providers.
- Pre-release, schedule initial community-based appointments to be conducted within 72 hours of release.
- Enhance pre-release planning activities by working with the incarcerated person, his or her family and support network to create a success plan.
- Expand job placement and housing support for inmates to be released.
- Create a concerted advocacy effort to change legislation.

Action Area: Collaboration and Communications

Perhaps one of the greatest opportunities for Polk County is to truly improve collaboration among providers.

Collaboration in this context, as related by qualitative research participants, involves the following topic areas:

- ***Client or Patient Information.*** Sharing of information about behavioral health clients / patients in a way that maximizes the efficiency of care, reduces client / patients burden and improves access to care, leads to better quality care and outcomes, and, of course, protects client / patient privacy.
- ***Multiple Provider Information.*** Coordinating services to provide enhanced continuity of care for clients or patients receiving services from multiple providers.
- ***System-level Coordination.*** Participants note that services are not always equitably administered across Polk County – some areas get few if any services while others receive a higher relative concentration of services. System-level coordination is suggested as a way to better attract and allocate scarce resources while improving access to care.

Collaboration in one or more of the topic areas above was identified by nearly all qualitative research participants. The goal of increasing the efficiency by which clients / patients receive care is often considered an immense challenge. However, some research participants articulately noted that a select number of core changes that involve a few of the larger providers could make a significant impact. Their associated point was, as one person said, "We can't boil the ocean, but with a little effort, we can make a positive change to how we work together and – more importantly – our patients' health."

Multiple conversations included suggestions about improving collaboration and communications. A few of the select topics included as coordinating client / patient protocols among continuity of care professionals, systems and technology connectivity, and more.

- "Improve communications between hospital, doctor and other facilities. And – don't forget about the [Public] Health Departments!"
- "Communication among agencies is vital – hard with HIPAA and other laws and restrictions. Several platforms are available to share info, but one universal system would be helpful, even if only for referrals to send patients for larger agencies. No time to manage all of the various platforms."
- "It comes down to data sharing and knowing who has a mental health or substance abuse history. Cops don't want to shoot."
- "Organizations need the same EHR to improve communications and break down silos."
- "Play devil's advocate and look at why things are the way they are, why things/processes should be changed, ask the hard questions and don't assume the way things have been done are the right way."

Examples of Potential Interventions for Stage 3

- Create one central resource for behavioral health and substance misuse services, and ensure it is kept up to date. Improve communications among agencies, including a possible listserv.
- Incentivize collaboration among community-based organizations (CBOs), health systems, and – importantly – Public Health agencies.
- Consider integrated strategies addressing social determinants of health for individuals with behavioral health needs.
- Fund partnerships focused on reducing stigma and educating community members on Mental Health First Aid, offering family support and counseling, and building crisis stabilization resources.
- Support development of "learning collaboratives" for therapists and providers, or a way to bring private practitioners together for learning, networking, etc.
- Consider a pilot project such as the following:
    - Get informed consent from people who have been Baker Acted and stabilized, so that the public safety agencies have their name and pre-defined information shared if/when they get in trouble again. Only limited people would have access to this information, and define parameters, such as in life or death situations.
- Review the processes of transitions of care and improve hand-offs between agencies.

Community Survey Analysis

Methodology and Survey Instrument Development

The survey results supplement other primary research activities and provide an empirical perspective on key project issues. Specifically, the confidential survey helped to further inform community members' perspectives and opinions about behavioral health needs, currently available resources, services that should be added or modified, and ways to help people get the care they need.

The survey was disseminated using online and paper questionnaires, and it was offered in three languages (Spanish, Creole, and English). The questionnaire included closed-ended, need-specific evaluation questions; open-ended questions; and demographic questions. Research suggests that individuals sharing many of the demographic characteristics of the target population may provide socially desirable responses, and thus compromise the validity of the items. Special care was exercised to minimize the amount of this non-sampling error by careful assessment of design effects (e.g., question order, question wording, response alternatives).

Invitations to participate were provided to the community through e-mails from area agencies and the Polk Vision project partners. Affiliated and non-affiliated community partners disseminated the survey through a wide variety of channels, including websites, social media, and emails.

Outreach was conducted throughout Polk County. A total of approximately 300 individuals completed the survey. The survey was open for approximately five weeks to maximize community involvement and analysis of results.

Survey Respondent Demographics

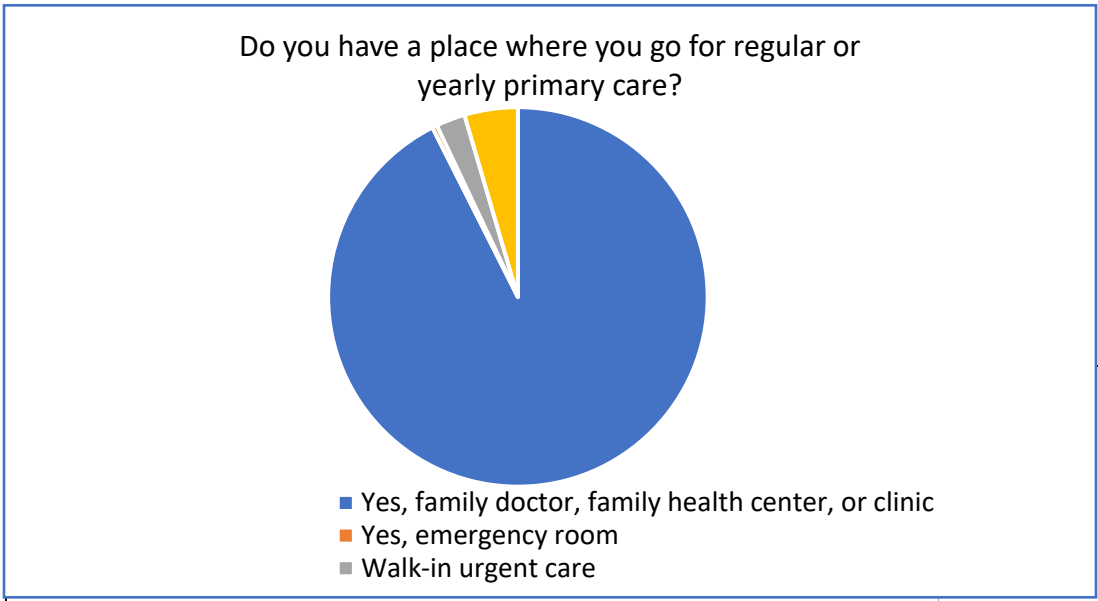
Of the approximately 300 individuals who completed the survey, survey respondents were most likely to identify as:

- Female (84.3%)
- Middle age (45 to 64 years old) – (57.6%)
- White / Caucasian (72.2%) or African American / Black (10.1%)
- With at least one college degree (84.1%); and
- Nearly one fifth of survey respondents make less than $50,000 a year (18.3%)

For a full demographic breakdown of the survey respondents, please see the Appendix.

Please note that as of the drafting of the Stage 2 Report, the community survey is still in the field; the purpose is to provide as many opportunities as possible for community members to share their insights. **When the survey is closed (January 2021), tables, charts, and (where needed) summary observations will be updated.**

Most survey respondents have a family doctor, health center, or clinic where they receive primary care. The link with the Primary Care Physician (PCP) is important because approximately one third of primary care patients receive some form of behavioral health care (e.g., medication management, assessment and screening, and others) from the PCP.[34] In total approximately 19% of adults experience mental illness – approximately half of whom do not receive any treatment. For those who do, many (approximately half) receive care for common psychiatric disorders from their PCP.



Do you have a place where you go for regular or yearly primary care?		Percent
	Yes, family doctor, family health center, or clinic	92.6%
	Yes, emergency room	0.4%
	Walk-in urgent care	2.5%
	No	4.5%
	Total	100.0%

[34] Abed Faghri, N. M., Boisvert, C. M., & Faghri, S. (2010). Understanding the expanding role of primary care physicians (PCPs) to primary psychiatric care physicians (PPCPs): enhancing the assessment and treatment of psychiatric conditions. *Mental health in family medicine*, *7*(1), 17–25.

There is broad agreement that capacity – adequate numbers of providers – is lacking in Polk County for a variety of behavioral health conditions including substance use disorder. Respondents were asked to evaluate prevention, inpatient, outpatient, transitional services, and other social assistance. For nearly all, 90% or more of respondents indicated that there is a need for more providers.

How would you describe the number of doctors, therapists, or places to get help?		
Providers	**Just the right number of places to get help and doctors or therapists**	**More places to get help and doctors and therapists needed**
Prevention and education services	8.6%	90.6%
Aftercare services and care after leaving the hospital, recovery center, or other place to get help	10.5%	88.7%
Outpatient help for general mental health	4.7%	95.3%
Outpatient help for drug or alcohol use	6.1%	93.9%
Inpatient mental health services (other than drug or alcohol)	12.1%	87.9%
Inpatient help for people who need help with stopping drugs or alcohol use	5.4%	93.8%
Social and related community help	7.7%	91.6%
Transitional services for kids and teenagers such as intensive outpatient and transitional housing	1.4%	97.1%
Integrated care for people who need help for both mental health and drug or alcohol use	2.9%	95.6%

Substance Use Disorder (SUD), particularly use of methamphetamines and opioids (including fentanyl), as well as mental health services for people in jail, are seen as being among the highest-need / capacity gap areas. Approximately 60% to 70% of community members also indicate that a breadth of mental services and developmental issues vex the area.

How much more help is needed to fix the below mental health or drug or alcohol problems facing your community, friends, or family? Percent Saying "Some" or "A Lot More"

Issue	Some More	A Lot More	Total
Use of methamphetamine	22.1%	72.1%	94.1%
Use of opiates or prescription pain relievers	22.5%	71.0%	93.5%
Mental health needs for people in jail	17.5%	70.8%	88.3%
Trauma related conditions	25.3%	65.8%	91.1%
School-related mental health concerns	25.8%	62.9%	88.7%
Bipolar Disorders	27.0%	62.8%	89.9%
Integrated care, or including all doctors and others who keep people healthy	23.3%	62.7%	86.0%
Autism spectrum needs	25.7%	61.4%	87.1%
Problems that last a long time and have an effect on daily life, like Down Syndrome or learning differences, or when you have trouble understanding what is said to you, what you read, or paying attention in school	25.2%	61.2%	86.3%
Anxiety Disorders	29.3%	61.0%	90.2%
Depression	28.7%	60.4%	89.0%
Senior care, including Alzheimer's Disease and dementia	26.1%	58.7%	84.8%
Use of alcohol	31.6%	58.1%	89.7%
Schizophrenia	32.8%	56.9%	89.8%
Other general mood disorders	35.1%	53.4%	88.5%
Eating concerns, such as anorexia or bulimia	33.8%	51.1%	85.0%
Use of marijuana	31.0%	47.6%	78.6%
Attention Deficit / Hyperactivity Disorder (ADHD)	33.6%	43.2%	76.7%

- For obvious reasons, issues related to the COVID-19 pandemic have been dominating public awareness. However, as supported by survey results and noted in the qualitative research, use of opioids and methamphetamines (which were among leading pre-COVID health concerns) did not diminish. Therefore, even though not as commonly noted in public health coverage, the SUD issues remain.
- Even though issues such as use of marijuana, eating disorders, and ADHD are lower on the ranked list of issues above, more than three in four respondents indicate that more help is needed to address the issues.

People experiencing homelessness and others facing long-term money problems (overlapping groups) are considered to be the most at-risk segments of the community. Single people (men or women), pregnant women, and people new to the area are perceived as being as lower risk, relatively speaking.

Different groups in a community need different services. Which community groups need additional assistance?

Community Group	More help needed
People who are homelessness	90%
People facing longer term money problems	86%
Veterans	84%
Children	84%
People with temporary money problems	83%
Families	82%
People in jail	80%
People whose first language may not be English	77%
Gay, lesbian, bi-sexual, transgender people	73%
Single women	71%
Pregnant women, or those who recently had a baby	71%
Single men	65%
People new to the area	58%

- Most respondents (90%) say that people experiencing homelessness require more assistance than they currently receive.
- Veterans groups and children are noted as requiring more help than they currently receive by approximately five of six respondents.

Survey respondents agree that there is a significant barrier to care to entering the behavioral healthcare system. Leading up to and making that "first call" (i.e., finding a provider and knowing whom to call) is considered to be the most challenging aspect of initial care. Once a provider is contacted, activities around having the initial appointment – wait times for appointments, the intake process, and actually making an appointment – can be challenging, but less so that earlier required steps.

For someone needing first time help for mental health or drug or alcohol needs, how easy are the following to do?

Activity	Hard	Very hard	Total
Finding a doctor or therapist	57%	30%	86%
Knowing where or who to call first	56%	30%	85%
Receiving integrated care (drug or alcohol addiction services, mental health, physical or medical care)	51%	32%	84%
Receiving care coordination services (for example, scheduling care among different doctors or therapists)	51%	29%	80%
Waiting for a first appointment	45%	33%	78%
Waiting to see a doctor or therapist for follow-up appointments	49%	18%	67%
Going through the intake process	49%	17%	66%
Making an appointment	46%	15%	60%

- About six of seven respondents (about 86%) indicate that finding a provider and knowing whom to call is a "hard" or "very hard" task for people first entering the behavioral health system.
- Relatively more easily accomplished tasks such as making an appointment are considered hard to very hard by 60% or respondents. Research comments suggest for people struggling with behavioral health issues, these less-challenging tasks can still be very difficult.
- Overall, the survey notes that about half of respondents (47%) indicate that there is no easily accessible resource available to people seeking behavioral health and SUD services for the first time.

Issues accompanying homelessness or related issues dominate list of ranked community issues. Housing, social services, and healthcare for people experiencing homelessness are seen as requiring much more focus.

Which of the following community and health-related issues do you feel need more focus or could get better?

Issue	Somewhat More Focus Needed	Much More Focus Needed
Affordable housing	13%	82%
Social services (other than healthcare) for homeless people	21%	76%
Healthcare services for homeless people	21%	75%
Access to preferred housing -- location, size of home, access to help, meets my mobility needs, etc.	27%	68%
Affordable healthcare services for people or families with low income	28%	67%
Services to help people learn about, and enroll in, programs that help people pay for healthcare	31%	65%
Transportation services for people needing to go to doctor's appointments or the hospital	37%	58%
Primary healthcare services (such as a family doctor or other provider of regular care)	43%	50%

- More than three of four respondents indicate that "much more" support is needed to address housing issues and issues faced by people experiencing homelessness.
- There are also perceived needs for additional access to care issues such as transportation (especially outside of the Lakeland metro area), financial literacy, and other issues.

Counseling for children struggling with mental health issues is seen as a major community health need. The results are consistent with those from other survey questions that asked about "school-based mental health concerns" or "… community groups need[ing] additional assistance?"

Which of the following community and health-related problems do you feel need more focus or help?		
Issue	**Somewhat More Focus Needed**	**Much More Focus Needed**
Counseling services for mental health issues such as depression, anxiety, and others for teens / children	17%	80%
Case workers or "navigators" for people who have mental health or drug or alcohol problems; people who can help patients understand the system, make appointments, etc.	21%	77%
Drug and alcohol treatment and rehabilitation services	26%	72%
Emergency mental health services	27%	69%
Counseling services for mental health issues like depression, anxiety, and others for adults	31%	66%
Drug and alcohol education, prevention, and services that help people early	34%	62%
Programs to help people stop smoking	45%	33%

- Case workers or navigators are seen as a much needed resource to help people manage many of the behavioral health system challenges noted above.
- Counseling for more common mental health issues such as depression and anxiety in children is a highly rated need.

The COVID-19 pandemic has had a significant impact on the perceived need for behavioral health services in Polk County. Most survey respondents (91% or more) agree that COVID-19 has had a significant impact on residents' behavioral health and the need for SUD care.

Because of the COVID-19 pandemic, is there more, less, or about the same amount of need for mental health and drug or alcohol help for people?	
Issue	**More help needed due to COVID-19 pandemic**
Mental health help	94%
Drug or alcohol help	91%

- The COVID-19 pandemic highlights current and emerging barriers to behavioral health and SUD care.[35] The pandemic and the associated economic impact create new access to care issues for new patients, as well as acerbate challenges for people already receiving care. The recent (August 2020) Kaiser Family Foundation (KFF) survey showed that more than half (53%) of adults indicate that their mental health has been negatively impacted due to worry and stress due to COVID-19 – much higher than in March when only 32% indicated so. Some of the specific impacts include difficulty sleeping (36% of adults) or eating (32%), increases in alcohol consumption or substance use (12%), and worsening chronic medical conditions (12%), due to worry and stress.
- Other behavioral health issues noted as the pandemic ends 2020 include social isolation (especially among older people and the disabled)[36], stress and anxiety from actual or potential job loss, related issues of intimate partner violence and child abuse / neglect, suicide, and poor mental health due to burnout among front-line workers. Those with behavioral health issues and/or SUD pre-pandemic, and those newly affected, will likely require mental health and substance use services.

[35] Kaiser Family Foundation; "The Implications of COVID-19 for Mental Health and Substance Use," Nirmita Panchal, Rabah Kamal, Kendal Orgera Follow @ KendalOrgera on Twitter, Cynthia Cox Follow @cynthiaccox on Twitter, Rachel Garfield Follow @RachelLGarfield on Twitter, Liz Hamel Follow @lizhamel on Twitter, Cailey Muñana, and Priya Chidambaram. Available at https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/

[36] Ibid. "A broad body of research links social isolation and loneliness to poor mental health, and data from late March shows that significantly higher shares of people who were sheltering in place (47%) reported negative mental health effects resulting from worry or stress related to coronavirus than among those not sheltering-in-place (37%). In particular, isolation and loneliness during the pandemic may present specific mental health risks for households with adolescents and for older adults. The share of older adults (ages 65 and up) reporting negative mental health impacts has increased since March. Polling data shows that women with children under the age of 18 are more likely to report major negative mental health impacts than their male counterparts."

Behavioral Health Access to Care Audit Analysis

Objective and Description

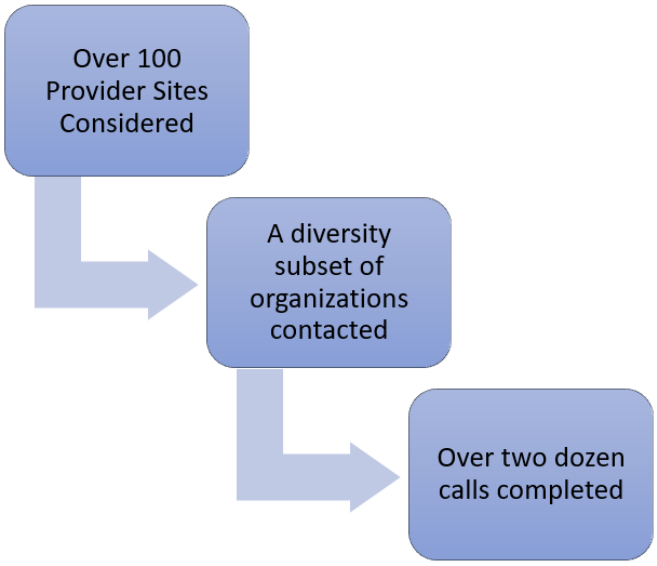
As noted, the NQS sees access as the first step in obtaining high-quality care: To receive quality care, first Americans must first gain entry into the health care system. The purpose of the access audit calls was to evaluate community access to care, provider responsiveness, and other customer service measures. The Polk Vision Access Audit involved making test phone calls to behavioral health service sites with the intent of identifying the following:

- Ability of the site to accept new patients.
- Expected wait time to have an initial appointment.
- Experience of the facility to refer the caller elsewhere when the desired services are not provided.
- How staff asks questions to define prospective client needs and other information prior to making an appointment (e.g., insurance coverage, appropriate levels of service, other access to care issues).
- Other customer service characteristics.

The Profile here summarizes calls made to select behavioral health and substance abuse service providers in order to better understand the degree to which services are readily available and to identify barriers that may challenge the system's ability to provide easy access for people in need. The following research summary highlights key results.

Access Audit Methodology

The audit involved making mock calls to service sites with the intent of identifying the ability of the site to accept new patients, the expected wait time to have an initial appointment, and other customer service and access characteristics. The results provide insight to access gaps, improvement strategies, and service variations based on insurance status.



The research included multiple calls to 20 behavioral health service sites in Polk County. The sites included were randomly selected from a list of County service providers – with the exception that organizations often mentioned during the stakeholder interview research phase were explicitly incorporated.

Most service sites were "shopped" (i.e., called on the telephone) by Crescendo "shoppers" seeking to schedule an appointment and to learn about other factors that potentially impact consumer access to services.[37] Calls were made at different times

[37] Crescendo's "shoppers" contacted service sites from the point of view of having a relative new to the area and seeking information regarding access to care.

throughout the day; most sites received multiple calls. The list of information gleaned during the calls includes those listed below.

- Basic customer service measures (e.g., number of rings before staff answered the phone, level of friendliness and helpfulness to the caller, level of professionalism in how staff assists the caller, and others; and variations in these measures based on the caller's insurance status).
- Wait time for an appointment and initial access
- Insurance status impact on access to care

The results help identify service access gaps, improvement strategies, and service variations based on insurance status. The appendices contain a descriptive profile of organizations included in the Access Audit.

Access Audit Results

The access audit calls revealed several key barriers that may limit an individual's ability to access behavioral health and substance use care when needed in the community. The purpose of the audit is to identify general access to care issues in the Polk County area – not to profile any particular site. The broad issues noted are used to help guide, validate, or improve service site-level practices that impact individual's ability to receive care.

The average wait time for an initial screening appointment is less than one week, yet counseling appointments are typically approximately two weeks at most sites. Appointments for medication management may require a wait time of more than three weeks.

Additionally, about half of phone calls were sent directly to voice mail. In those circumstances, patients must rely on the provider to a) return their call in a timely manner and b) call when the patient has the ability to answer the phone and freely hold a conversation about his or her health issues – which, for many, can be challenging. However, when engaged, live attendants were very empathetic and caring. In several cases, organizations were staffed by individuals who had previously received care for issues being addressed by their organization; those individuals were particularly effective in engaging the caller Other key summary points include the following:

- Walk-ins were noted as being available by one organization to identify patients in crisis, and as a way to schedule follow up visits after intake.
- In cases where a conversation was conducted, new patients were typically asked to come in and pick up initial material (or due to the pandemic, receive them via email or download information from a website), then be seen at a later date.
- The initial wait time for services is one week or sooner for an initial screening but about two weeks for a counseling appointment after the screening. However, patients in crisis can often be seen within one week.
- The wait time for psychiatry services is two to four weeks – longer in some cases. Medication management needs are particularly acute for pediatric services.
- In conversation, people freely referred callers to other providers, even if outside their own organizations. However, in many cases, organizations were unable to identify a publicly available source, database, online search tool, or directory of area service providers.

- A large selection of insurances seemed to be widely accepted.
- None of the calls connected asked about the current status of patient or if he or she was in crisis. Doing so may help callers and organizations make more timely decisions about the most appropriate care and required services.
- When speaking with live attendants, callers were usually quickly engaged by empathetic, caring individuals at the service organizations. Organizations providing residential or other longer-term care were particularly engaging; often being staffed by Peer Specialists or other who previously had experiences receiving care from the facility at which they now work.
- If a prospective patient did not have insurance, there was not a clear response, but it was implied that the provider and/or facility would help patients with reimbursement paperwork.
- Approximately half of the 25 calls were answered by an individual; the remaining calls were sent to voicemail messages or other form of automated attendant.

Access Audit Summary

The goal of access audit calls is to gain a better understanding of the pathways and processes available to community members seeking assistance.

Polk County service providers included in the Access Audit were typically highly empathic and provided clear information about the initial process of care. However, since many calls went to voicemail or an automated attendant, it implies that the initial outreach to learn about available services faces some process-based challenges.

A common refrain from key stakeholders and focus group participants (noted elsewhere in this report) centered on the importance of facilitating easy access to care – especially for those entering the healthcare system for the first time or seeking initial care for an urgent situation. In the interviews and focus groups, it was reported that the first "experience of care" when seek help for behavioral health issues (including substance use disorders) is critically important. Many suggested that patients were more likely give up efforts to receive services if the first call or outreach does not provide an immediate next step.

In summary, the Access Audit shows that initial contact with a live person is very important and, in many cases, delayed due to the use of automated attendants or similar features. However, once connected with live respondents, callers receive helpful information. Access to counseling and medication management services is often not readily available while initial screenings are usually handled quickly.

Digital and Social Media Analysis

The Digital and Social Media Analysis provides an opportunity to identify urgent or emerging issues in the behavioral health landscape. As background, over four billion people across the globe use the internet with approximately 3.2 billion using social media in 2018.[38] The internet and social media have become powerful channels to share information at home and around the world. Google continues to be the top search engine with 70% of all search market share.

With an abundance of information at an individual's fingertips, one in three Americans have searched online to figure out a medical or behavioral health condition.[39] Of those who seek information online, 46% of the individuals sought attention from their medical provider. Reviewing online search interest can help identify the most common, emerging, and surging healthcare-related issues in the local community.

Approach:

Crescendo deployed data analysis and reporting techniques based on digital communications resources using Google Analytics and Trend Analysis to review key search terms related to behavioral health and substance use in the Polk County region from January 1, 2018 to December 20, 2020. Due to how Google collects and analyzes trend data, it provides information and search pattern insight for users with select geographic regions. In this data analysis, the Tampa-St. Petersburg geographic region was used as it was inclusive of Polk County. However, it is important to note that due to the geography, the data may be skewed because of the highly populated cities of Tampa and St. Petersburg. The Orlando market was also reviewed since Polk County lies between the two metro areas. The following analysis includes data from only the Tampa and St. Petersburg area since there was little relative variation between Orlando and Tampa and St. Petersburg on most scales.

Goal:

To better understand community members' interest in behavioral health and substance use disorder topics by identifying the most common, emerging, and/or surging mental health and substance use disorder issues included in publicly available online discussions.

[38] We Are Social. *Digital in 2018: World's Internet User Pass the 4 Billion Mark*. https://wearesocial.com/blog/2018/01/global-digital-report-2018

[39] Pew Research Center. Health Online 2013. http://www.pewinternet.org/2013/01/15/health-online-2013/

About Google Trends

Google Trends is a search trends feature from Google that shows how frequently a given search term is entered into Google's search engine relative to the site's total search volume over a given time period.

Google uses a relative score to measure the index of search activity. The maximum value, or peak popularity, is 100. For example, if maximum number of searches for the term "Mental health" occurred in mid-February 2020, the value for that week is 100. If the following week had half as many searches, the charted value would be 50. In neither case is the actual number of searches revealed by Google. However, the tool can be used to identify peaks, trends, and spikes in interest in various behavioral health topics. A score of 0 means there was not enough data for the term.

The following charts depict the search interest for mental health issues in the Polk County region (i.e., the Tampa and St. Petersburg search area) from January 2018 to present. Though not available for charting, Google Trends provides ranks by city (including Lakeland) for some select terms.

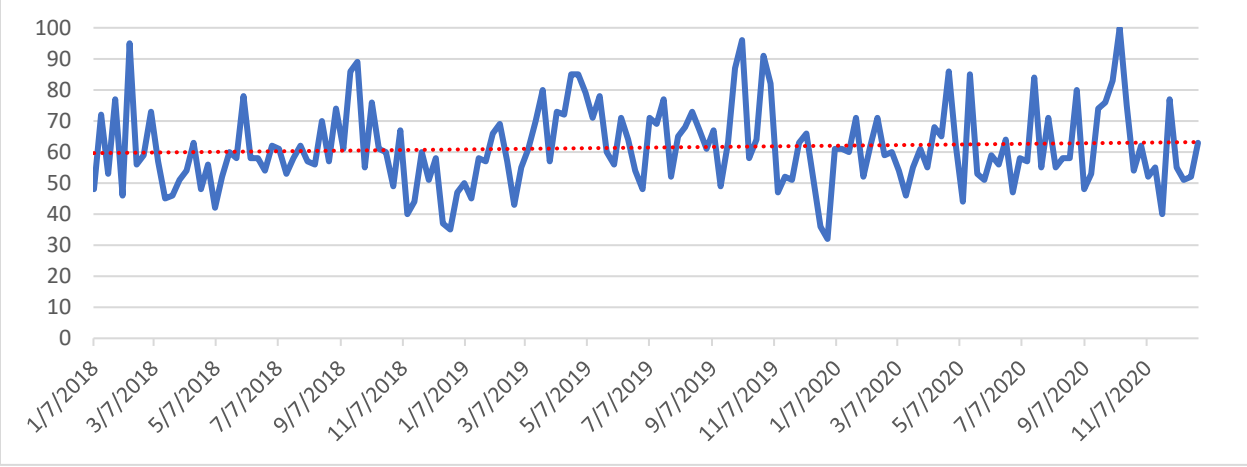
In summary, the Digital and Social Media Analysis identified three core issues.

- Interest in mental health issues is elevated since the pandemic but not extraordinarily so.
- "Sadness" and "depression" are subtle but growing parts of community interest. Lakeland is a leading city in the region for people experiencing or interested in the topic of sadness. This supports the general increase in the need for behavioral health services noted elsewhere in this report.
- Although mental health-related issues are common search terms among area residents, more are interested in general health (e.g., COVID-related, chronic disease, and other broader health and wellness) terms.

Mental Health Search Interest Overview

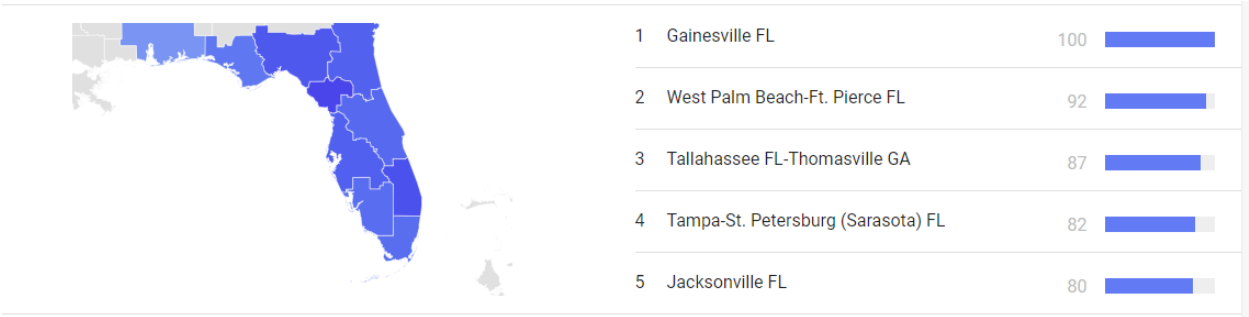
As the pandemic began and lockdowns were initiated in March 2020, there was an increase in mental health issues. The biggest spike of interest occurred in October 2020. Since then, interest in mental health has remained similar to pre-COVID levels.

Google Search Interest Over Time for Mental Health



- **When comparing search interest for "health" and "mental health," interest in mental health is substantially less than interest in more general health categories.** As expected, interest in broader, COVID-related health terms peaked in March and April 2020, as lockdowns took place and other health topics gained general focus.
- **Lakeland residents have a greater than average interest in behavioral health issues.** Google Trends ranks cities by their interest in search terms. For the search term "health," Lakeland ranked 38 out of 50 in the geographic region while it ranked 14th for "mental health" indicating that more people in Lakeland and Polk County are searching Google for mental health issues.

Google Search Interest Over Time for "Mental Health" by Geographic Region



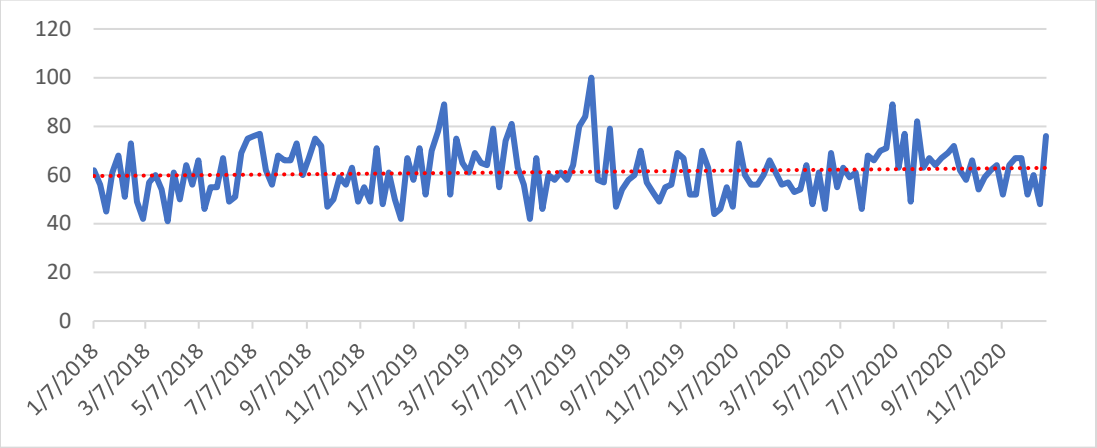
- **Throughout the state (including the Polk County area), access to care and issues related to awareness of services are leading topics.** Top search terms for that state include "Florida mental health," "mental health services," "what is mental health," "mental health near me," and "mental health counselor." The top rising search terms – i.e., the ones being sought out at a rapid, increasing rate – include "mental health facility near me" and similar terms.
- **Mental health search interest is highest in the Gainesville region followed by West Palm Beach.** The Tampa-St. Petersburg area is ranked 4 out of the 10 metro areas defined by Google. When looking at Florida by cities, Gainesville is ranked number one.

Mental Health Disorders Google Search Interest

Greater public anxiety is reflected in the June / July time frame. Approximately 35% of U.S. adults have reported they have gone online to learn about medical condition they or someone else might have.[40] While search interest for mental health has remained fairly stable, search interest for some mental health disorders (e.g., depression) in the area has increased since 2018. Search interest for lifestyle behaviors, such as marijuana use and child abuse, has decreased.

[40] Pew Research Center. Health Online 2013. http://www.pewinternet.org/2013/01/15/health-online-2013/

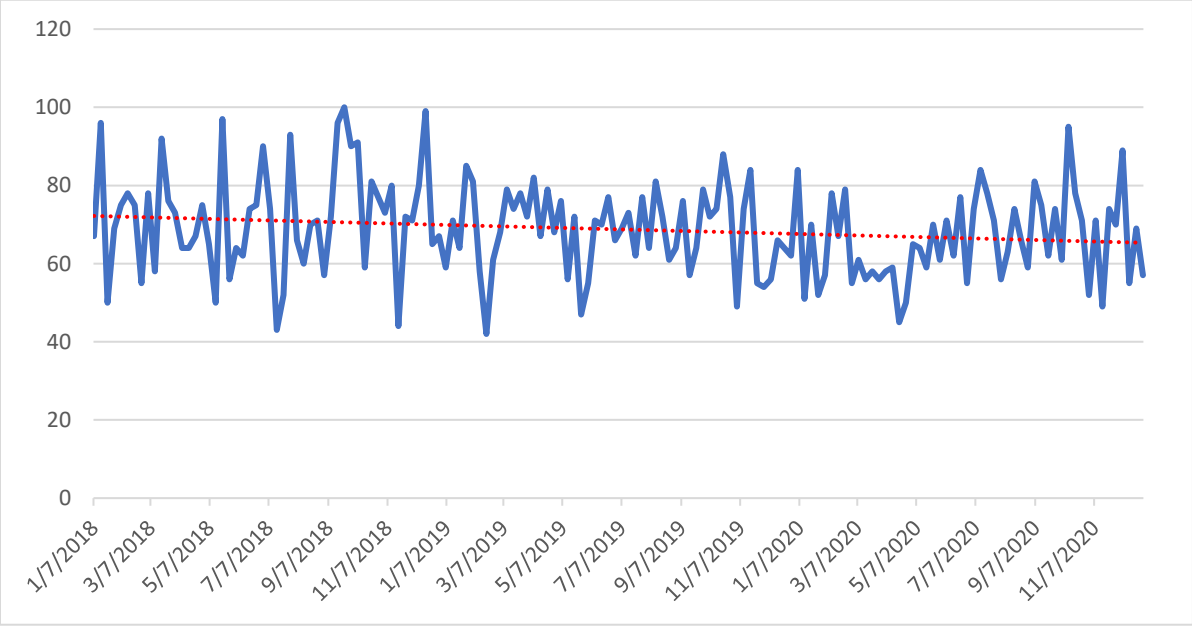
Google Search Terms Related to Anxiety, 2018-2020



- From January 2018 through December 2020, searches for anxiety (emotional disorders) increased about 2% since 2018.
- Top search terms include anxiety, depression, anxiety symptoms, and anxiety medication. Terms showing the most rapid increase among area residents focus on medicines or nutrients to help ease the effects of anxiety, e.g., “ketamines for anxiety,” “CBD oil for anxiety,” and others.

Google Search Terms Related to Depression, 2018-2020

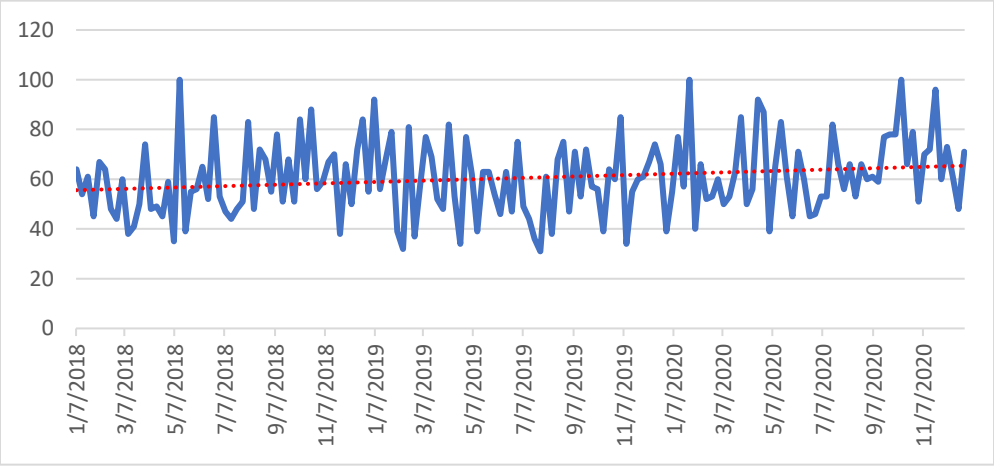
There is a general increase in depression and depression-related topics since early March 2020.



- From January 2018 through December 2020, search interest for major depressive disorder has decreased about 11%.
- Of the 21 cities in the geographic region that Google collects information from, Winter Haven is ranked number four and Lakeland is ranked 12. Gainesville is ranked number one.

- **Interestingly, one of the top search terms is "coronavirus depression" and "how to help someone depressed," which likely indicates that people are recognizing that someone needs help during the pandemic.** Other top search terms include "depression," "depressed," "anxiety," "depression and anxiety," and "what is depression."
- "Sadness" also shows a general increase since early March 2020. See below.

Google Search Interest for "Sadness," 2018-2020

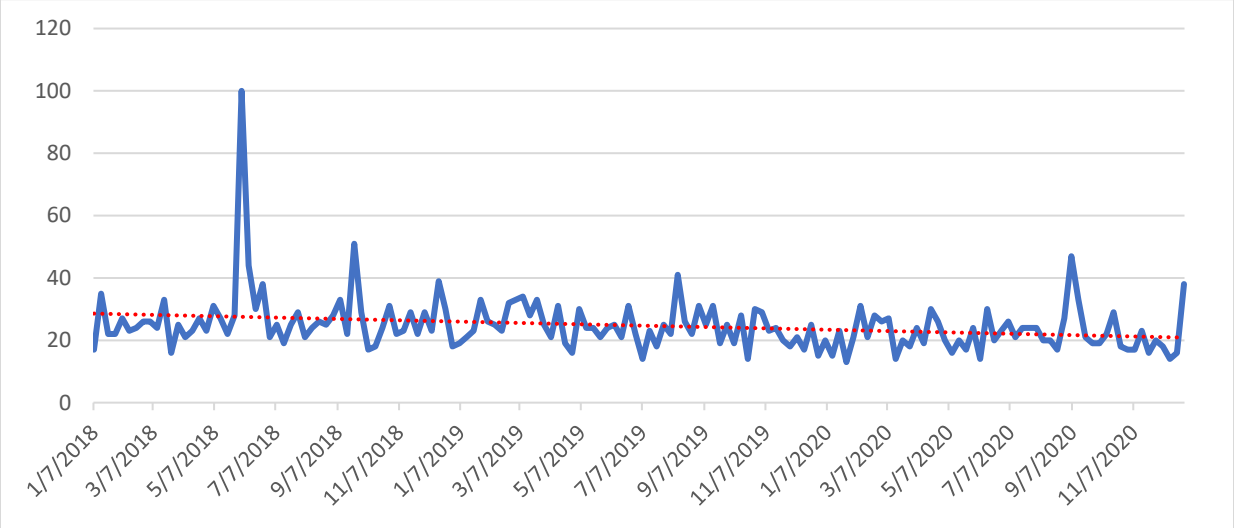


- From January 2018 through December 2020, searches for sadness increased approximately 14% since 2018.
- Sadness is a symptom of depression but is also an emotional feeling. During the COVID-19 pandemic, more people may be feeling sad and are looking for ways to express their feelings.
- **Lakeland ranked number one of the seven cities identified by Google in this geographic region for the search term sadness.**

Suicide

Suicide is the third leading cause of death for American adults. Since 1999, the suicide rate in most states, including Florida, has increased approximately 30%.[41] As awareness for suicide increases in the general public, more people are searching for information on suicide prevention and the suicide hotline.

Google Search Interest for "Suicide," 2018-2020



- Google search interest for "suicide" decreased approximately 33% from 2018 to 2020. Top search terms include suicide, murder suicide, suicide hotline, and suicide prevention.
- There is a spike around June 2018 in search interest for "suicide" due to the high profile suicides of Anthony Bourdain and Kate Spade.

Summary

The digital analysis of Google search interest trends in the Polk County area reveals some positive correlations between mental health disorder Google searches and diagnoses. The correlation between Google search interest for anxiety, depression, and suicide and mental health issues in Polk County may indicate two things: 1) awareness has increased and more individuals are searching for symptoms and prevention information, and 2) mental health stigma may be preventing individuals from seeking treatment and information from their medical providers and are thus turning to the internet for information. For example, top search terms for suicide include "suicide hotline" and "suicide prevention" indicating individuals are interested in learning more information on how to prevent suicide.

[41] Stone, D. M., Simon, T. R., Fowler, K. A., Kegler, S. R., Yuan, K., Holland, K. M., Ivey-Stephenson, A. Z, & Crosby, A. E. (2018). Vital Signs: Trends in suicide rates — United States, 1999-2016 and circumstances contributing to suicide — 27 states, 2015. Morbidity and Mortality Weekly Report, 67(22), 617-624. Retrieved from https://www.cdc.gov/mmwr/volumes/67/wr/pdfs/mm6722a1-H.pdf. Accessed December 2018

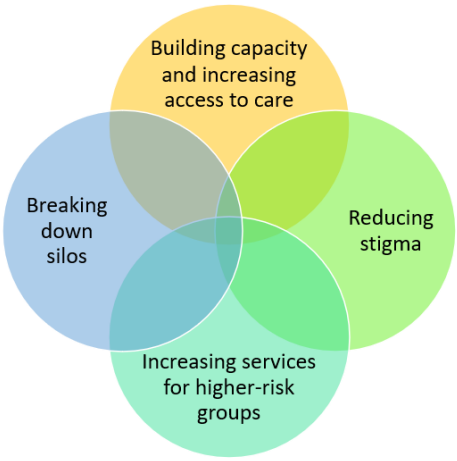
Summary of Needs From Stage 1 and Stage 2 Research

Stage 1 and Stage 2 project activities established a solid foundation of data and validated research. Additional qualitative and quantitative research engaged a broad spectrum of Polk County community members including those with personal experience receiving or providing care, as well as other representatives of at-risk groups. "Harder to reach" community groups taking part in the research include (but are not limited to) disadvantaged youth, lower income parents recovering from SUD and/or other behavioral health issues, LGBTQ community members, migrant workers, Hispanic community members and others whose primary language is not English, people experiencing homelessness, individuals living with seen or unseen disabilities, and others.

Research also included in-depth conversations with public health leaders, public safety leaders, direct care providers, first responders, Community Based Organization (CBO) affiliates, school officials, business representatives, many general community members, and others.

Based on the broad-based research, four, non-discreet, system-level needs were identified:

- Building capacity and increasing access to care
- Reducing stigma
- Increasing services for higher-risk groups
- Breaking down silos



More importantly, the research identified several specific community groups in which needs are particularly acute. Operations and future activities that positively impact the system-level needs noted above will help meet the needs of all community members. However, when identifying priorities for future strategies, it will be helpful to focus on activities that do one or more of the following:

- Increase support and care for the greatest number of community members in need
- Increase support and care for people with the most urgent needs
- Positively impact longer-term, cyclical (or "generational") behavioral health needs

Stage 3 of the project will further explore needs prioritization, develop strategies to address the needs, and create helpful tools or other mechanisms to measure progress.

The Stage 2 Qualitative Research Summary (above) provides a wealth of suggested activities that may be helpful in addressing Polk County behavioral health needs. This section provides more granular insight regarding specific opportunities and higher-need segments within each of the four system-level need categories. The following table provides a synopsis of the Stage 2 and Stage 1 research – showing system-level needs (that impact all community members) and lists of more detailed community segments who may be either at greater risk or may be a particular focus of strategies designed to address the system-level need. Again, note that all Polk County residents would benefit from actions that lead to system-level improvement (the first, or left-most, column on the next page), yet communities with elevated needs (i.e., those noted in the second column) are at particularly higher-risk, based on Stage 1 and Stage 2 research.

Stage 1 and Stage 2 Needs Summary Table

Stage 1 and Stage 2 Needs Summary Table	
System-level Needs	**Communities of Elevated Need or Requiring Particular Focus to Address Needs**
Building capacity and increasing access to care[42]	
	Communities of Elevated Need
	People in crisis and at-risk for self-harm – especially those in need or mobile crisis services
	Lower income households and/or educational attainment
	Migrant communities and others where English is not the primary language spoken in the home
	People living with a chronic medical and/or behavioral health condition
	People living with seen or unseen disabilities
	Rural households and other communities outside higher-capacity cities or towns
	Incarcerated individuals
	Residents who may benefit from telehealth-based care

[42] Includes service gaps such as Capacity and availability, Awareness of services and community education, Transportation and other logistics, Motivation and process of care, Improve system efficiency, and Insurance and financial concerns.

Stage 1 and Stage 2 Needs Summary Table	
System-level Needs	**Communities of Elevated Need or Requiring Particular Focus to Address Needs**
Reducing Stigma[43]	
	Communities of Elevated Need
	Self-stigma and community stigma • People needing behavioral health care or information, especially those with SUD, schizophrenia, and psychoses • Youth • First responders • Direct care providers (including school counselors and others at intervention points)
	Groups Requiring Particular Focus to Help Address Needs
	Institutional stigma • Legislators and other elected officials • Public health officials • Education leaders • Business owners and other employers

[43] Including, but not limited to, enhanced public awareness and education, as well as suicide prevention, wellness, and early intervention activities.

Stage 1 and Stage 2 Needs Summary Table	
System-level Needs	**Communities of Elevated Need or Requiring Particular Focus to Address Needs**
Increasing services for higher-risk groups	
	Communities of Elevated Need
	People experiencing homelessness
	At-risk youth • Females • Youth (all genders) of a mixed-race heritage • Others, as noted
	First responders
	Individuals of lowers socioeconomic status
	Senior citizens
	Migrants
	People of color
	People who identify as LGBTQ
	Incarcerated individuals

Stage 1 and Stage 2 Needs Summary Table	
System-level Needs	**Communities of Elevated Need or Requiring Particular Focus to Address Needs**
Breaking down silos	
	Groups Requiring Particular Focus to Help Address Needs
	Public safety and individuals managing jail-related issues
	The breadth of community organizations involved in the behavioral health continuum of care, i.e., those who would benefit from enhanced collaboration and communications • Providers including public health and other Community Based Organizations (CBOs) • Public safety • Policy makers and people working in forensic intervention / access points • Schools • Employers and employer groups • Others

Intervention Sites and the Process of Care

System Framework

The following section describes behavioral health (including SUD) intervention points. The process of care described is intended to reflect the primary, system-level access points and processes faced by those seeking behavioral health care. Although there may be some unique instances not fitting into the model below, it shows the processes faced by the majority of people in need of behavioral health care in Polk County. Specifically, the purpose of the following section is three-fold:

- Illustrate the complexities of receiving care in Polk County
- Enumerate several key points at which people seek care for behavioral health issues and/or are identified as needing care
- Underscore the importance of collaborative work to break down silos and advance care to those in need.

The process of care is complicated, especially for behavioral health and substance misuse services. Multiple contact points or intervention sites in the community can exist for any individual seeking to get help. In addition, the process of care differs depending on the patient's insurance (or lack thereof) and the funder of the specific program or facility providing the care. To further exacerbate challenges, the pathway to receive care is not linear – one patient may touch multiple contact points or intervention points throughout his or her lifetime.

In yet another unique structure, the public safety or criminal justice system has distinct channels and processes (since a large percentage of people in the Polk County jail or prison system have or have had behavioral health or substance misuse concerns at some point in their lives).

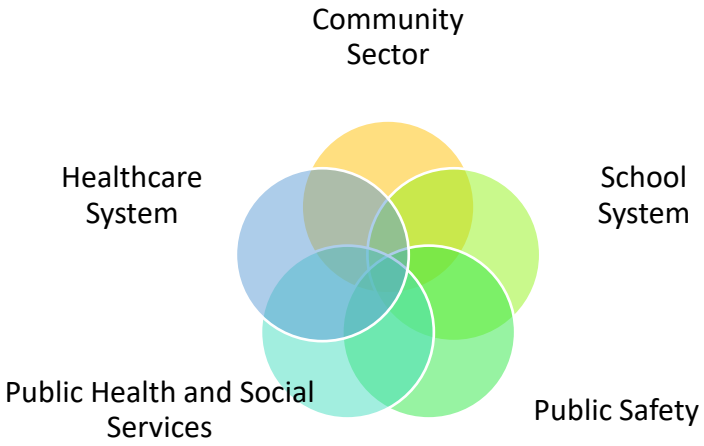
Patients face challenges when trying to get the right care at the right time in the right place. Access to care challenges remain – even after an initial experience in the behavioral health care system. Ongoing, or chronic, conditions pose ongoing challenges, as provider requirements changes, patient needs evolve, and process of care issues realign.

Stage 2 research was used to help illuminate the issues and serve as a basis to construct a simple to follow illustration of patient intervention points and channels to care sites. Specifically, it defined process of care components based on feedback from providers, general community members (including users of the behavioral health system), and other key stakeholders. The process of care components covered discussed in this section include the following:

- Environment Sectors: The broad categories or places within society with which people identify or where they live, work or play on a regular basis.
- Intervention Sites or Contact Points: People or places within the sectors that can identify or help inform someone who needs help with behavioral health or substance misuse issues.
- Care Sites: Facilities where people can receive behavioral health or substance misuse services.

The Five Environment Sectors

To start to think about improving this process (which will be covered in more detail in the Stage 3 Report), it's important to first review five initial environment sectors in which people live, work or play on a regular basis – ones at which they may also be identified as being in need of behavioral health care:



Each of these five environment sectors is comprised of several, more granular groups (i.e., "Intervention sites," or "contact points") in which someone may first turn for support for a behavioral health issue (or be identified as needing care). For example, within the School System sector, students (for instance) may seek help from teachers, coaches, guidance counselors, administrators, parents, or others.

Whether through a teacher, parent, coach, guidance counselor, or other (or intervention points in other sectors), care is provided by a similar set of care sites such as the following:

- Outpatient counselors or clinic
- Primary care physician
- Hospital emergency department
- Hospital inpatient care
- Hospital IOP or PHP care
- Baker Act referral sites
- Marchman Act referral sites
- Community support group or agency
- Residential or transitional care
- Others

An exception to the model is the Public Safety sector. Behavioral health care in the sector uses many of the same provider types, yet the channels to receive care differ.

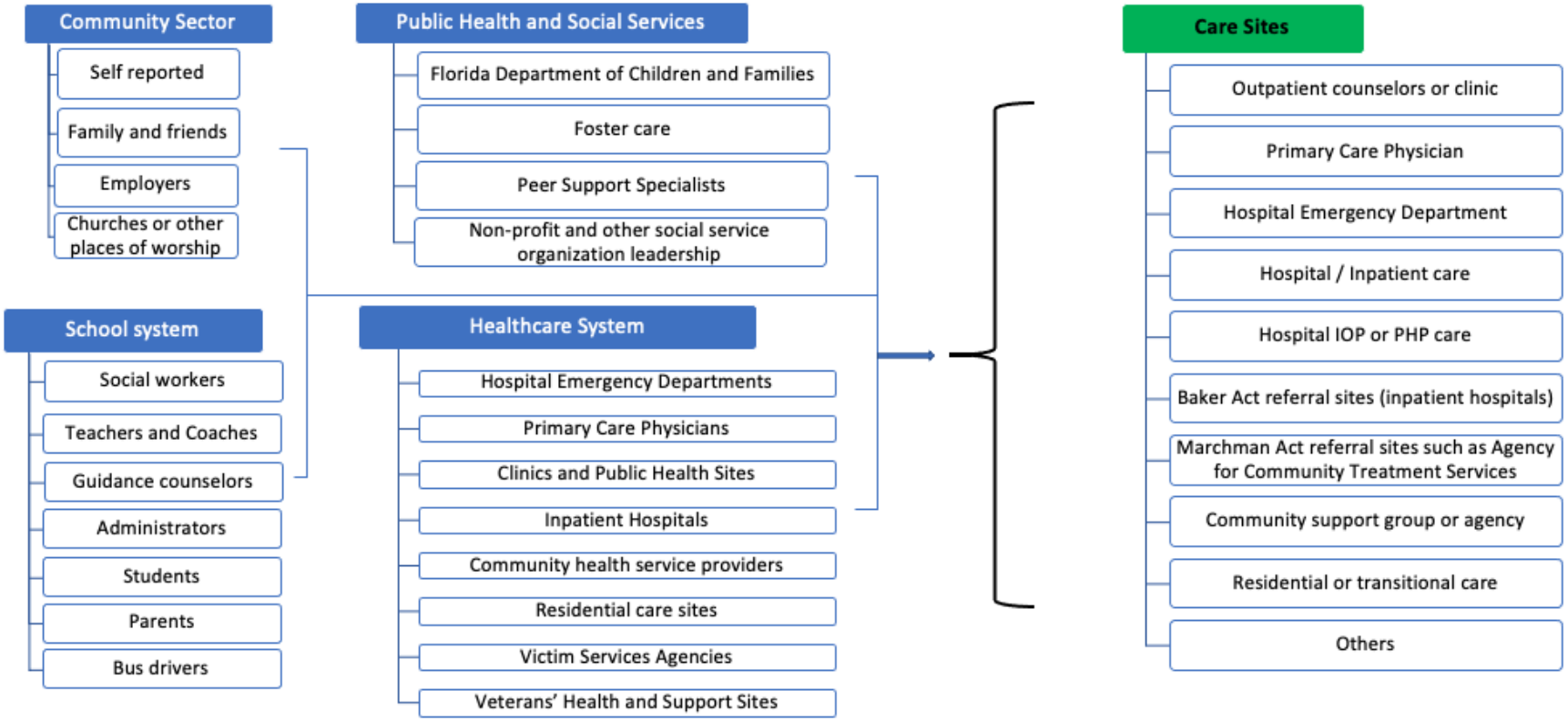
The appendices contain a more in-depth description of the environment sectors.

The graphics on the following two pages illustrate the environment sectors, intervention sites or contact points, and care sites.

System Illustrations

Four Similar Environment Sectors

In the illustration below, four environment sectors (i.e., Community Sector, School system, Public Health and Social Services, and Healthcare System) are shown with their respective lists of intervention sites, as identified in the Stage 1 and Stage 2 research. While each of the four sectors are distinct, yet they are presented together to illustrate that they typically channel patients to the same set of care sites. Note that Healthcare System intervention sites are shown in the Environment Sector, as well as among the Care Sites. The intent is to show that behavioral health and/or substance misuse patients are often identified through conventional healthcare channels (most commonly by Primary Care Physicians) and then receive care through the same entity or another provider on the list of Care Sites.

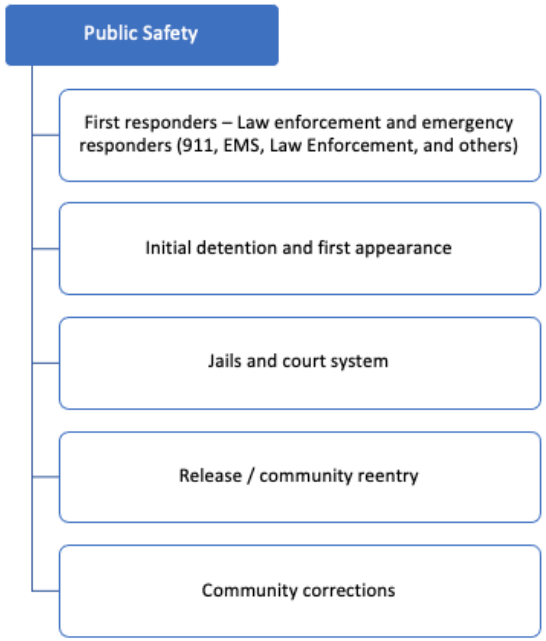


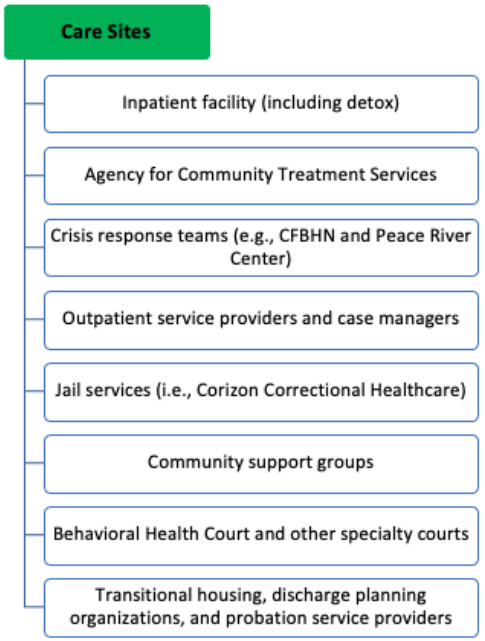
Public Safety Sector

Patients / inmates who receive behavioral health care within the criminal justice system – including jails, prisons, judicial proceedings, and courts, among others – face different experiences than others. The intervention sites differ, yet several of the ultimate sources of care are similar. However, the channels by which they receive care (and some of the care sites) are unique. If someone is identified as needing support within the public safety sector, it is likely that they will receive care at one of the below care sites:

- Inpatient facility, including detox
- Transitional housing, discharge planning organizations, and probation service providers
- Jail or prison health services
- Crisis response team onsite
- Outpatient service provider
- Community support group

The illustration to the right is based off of highly insightful research conducted in the Sequential Intercept Mapping project (and subsequent report) conducted by the University of South Florida.[44]





[44] The Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center Department of Mental Health Law and Policy Louis de la Parte Florida Mental Health Institute College of Behavioral & Community Sciences University of South Florida Available at https://www.usf.edu/cbcs/mhlp/tac/documents/mapping/sim-reports/polk-adult-2017.pdf

Intervention and Process of Care Trajectory

While the above is a simplified version of the behavioral healthcare system, it serves to illustrate the various touchpoints where an individual can be identified as having a behavioral health or substance misuse issue, or where they may receive care. The framework presented suggests support for the core themes and strategic objectives noted earlier in the Stage 2 report and provides a trajectory for the Stage 3 activities.

Throughout the research, some of the barriers to receiving care that participants frequently mentioned include the complicated intake process and the amount of paperwork (and the challenges of some of that paperwork for certain segments of the population, including those experiencing homelessness). This is therefore an opportunity for improvement. By mapping the multiple sectors, intervention sites or contact points, and care sites, Polk Vision can start to, for example, develop strategies to positively impact root causes of system of care gaps and behavioral health care needs. This will be further covered in the Stage 3 activities, subsequent report and ongoing project activities.

The following section provides additional guidance for Stage 3 activities.

Guidance for Stage 3 Implementation Strategies that Strengthen Communities, Capitalize on Strengths, and Address Prioritized Needs

The goal of Stage 3 is to create and implement strategies to positively impact community behavioral health. Stage 3 activities are based on the results of Stage 1 and Stage 2 research. Specifically, in Stage 3, Crescendo and Polk vision key stakeholders will work together to (1) prioritize the community needs, (2) identify strategies and partners required to address a select set of higher-priority needs and service gaps, and (3) establish mechanisms by which activities can be managed and progress measured (and strategies tweaked, if necessary).

The Stage 3 activities includes engaging key stakeholders, connecting with higher-need community groups, developing activities to address higher-need service gaps, and building or enhancing partnerships. Project tasks will include working with Polk Vision and other select stakeholders to establish ongoing initiatives that engage community members, service providers, and others throughout the County – urban, suburban, and rural areas.

Specific research activities include the following:

- **Needs Prioritization process.** During the Needs Prioritization Process, project leaders and stakeholders will quantitatively and qualitatively evaluate the breadth of needs identified in the Stage 1 and 2 research. Results will be categorized into three groups – "Highest priority, High priority, and Other Needs," "Red, Yellow, Green," or some other taxonomy, as determined to be most helpful to the community.
- **Secondary research** and review of Crescendo's in-house database of best-practices referencing effective programs that address prioritized needs identified in the Stage 2 Report.
- **Telephone or in-person interviews** with select leaders across the U.S. managing effective community programs.
- **Implementation Planning Matrix exercise**.
- **Community Dashboard**: Develop key measures, metrics, definitions, data sources, and periodicity that reflect progress on Strategic Action Plan goals.
- **"Learning Community"** of community service providers and others who will meet on a regular basis, report progress on assigned goals, collaboratively work on a focused set of activities.
- **Three community-wide "Visioning Groups"** in different parts of Polk County to build engaged community members (and service providers), if possible, based on COVID-19 and Public Health restrictions.

Stage 3 work will be designed to identify key activities needed to do the following:

- Build capacity and increase access to care
- Reduce stigma
- Increase services for higher-risk groups
- Break down silos

Appendices

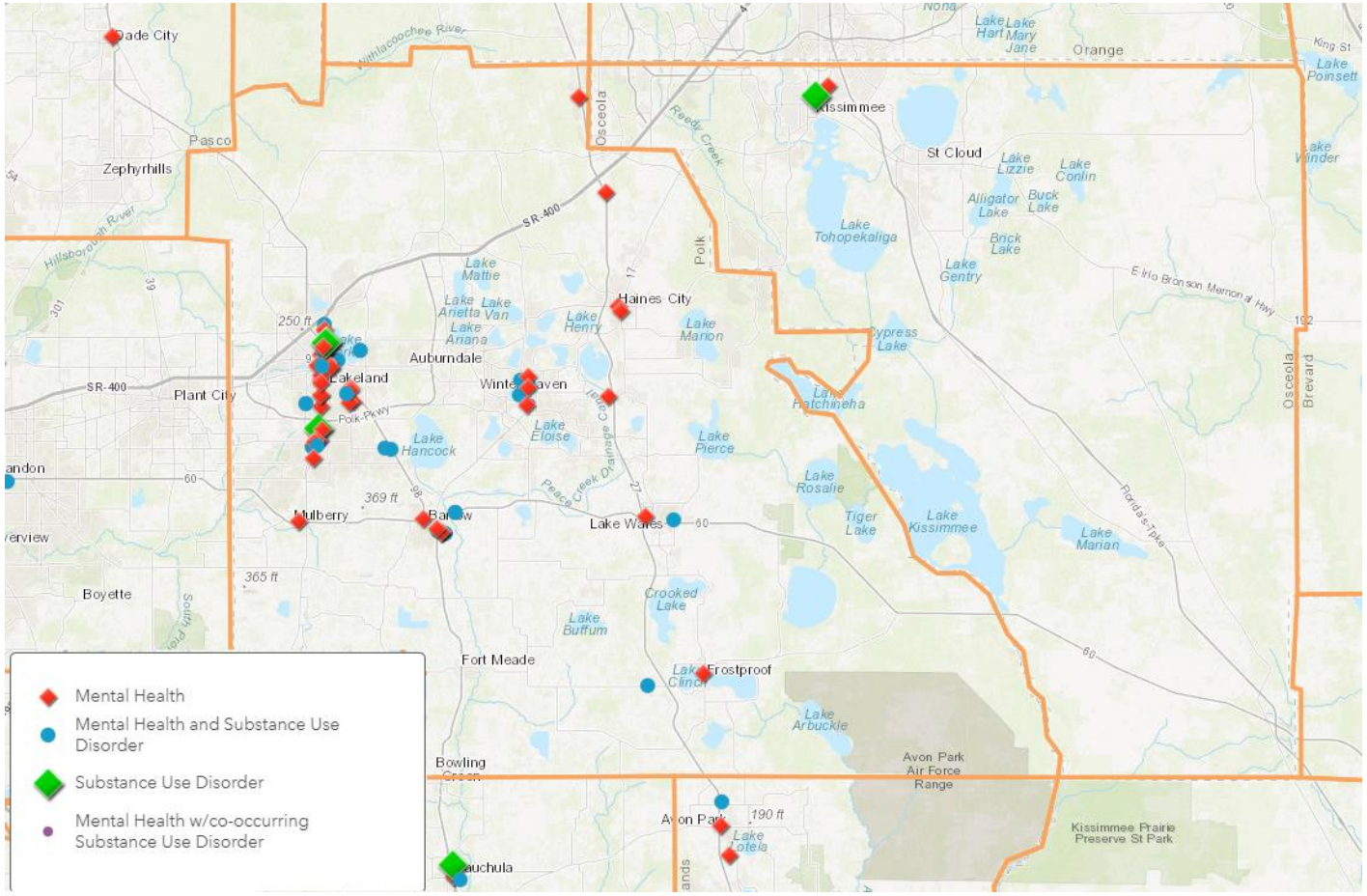
The appendices include the following items:

- Appendix A: Stage 1 Report Interactive Maps and Resource Inventory and Mapping
- Appendix B: Access Audit Composition
- Appendix C: Community Survey Respondent Profile
- Appendix D: Description of Environment Sectors
- Appendix E: Continuity of Care, “Cascade” Example

Appendix A: Stage 1 Report Interactive Maps and Resource Inventory and Mapping

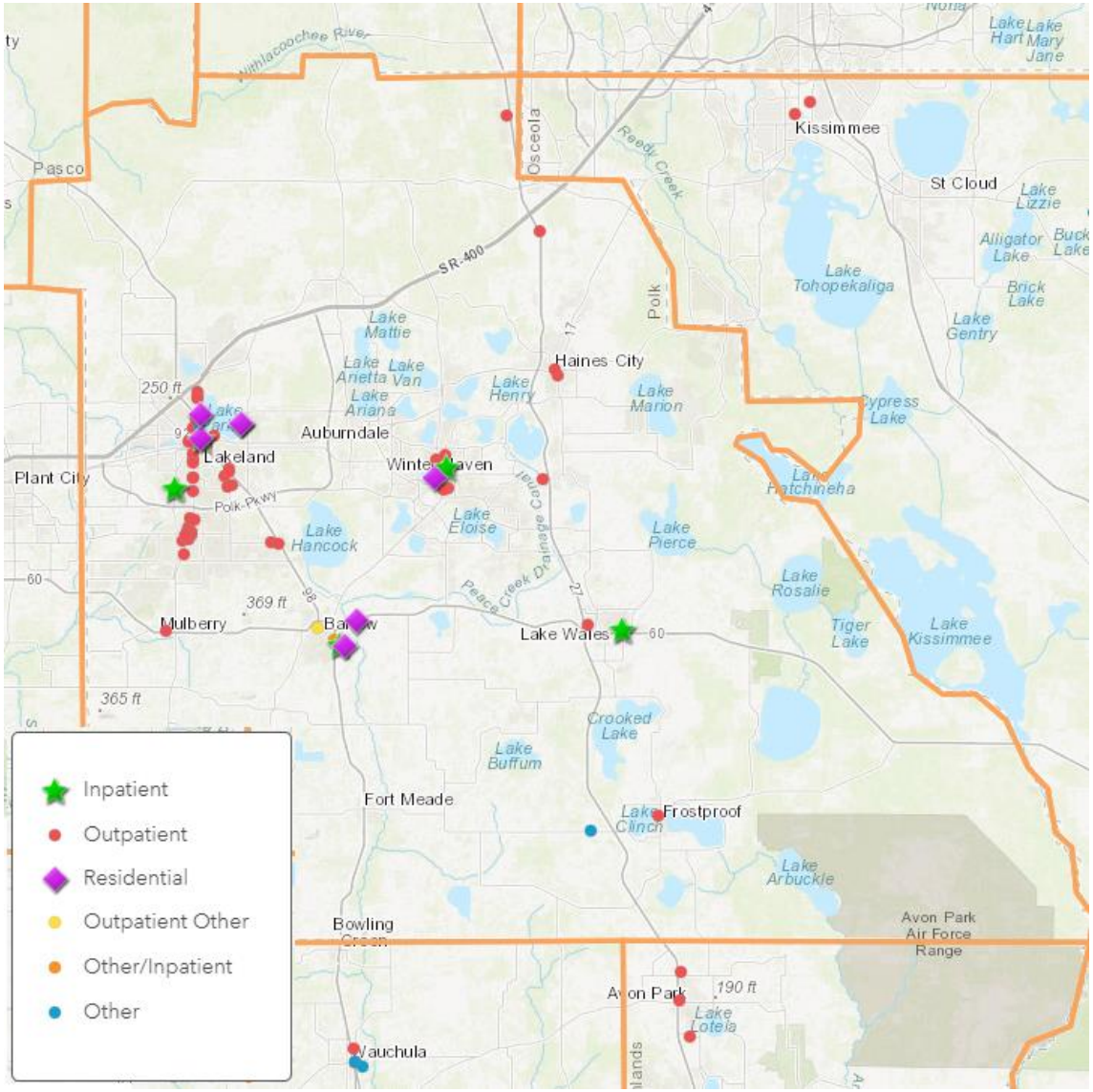
The following set of four maps shows the Polk County based behavioral health (including substance use disorder) care facilities. The maps present information by Type of Service, Setting, Population Served, and the Availability of Telehealth Services. Each map also includes a hyperlink at the bottom which allows readers to access the online, interactive map and view contact information and other data about each site.

Type of Service Provided (Behavioral Health, excluding Substance Use Disorder; Substance Use Disorder; and Others)



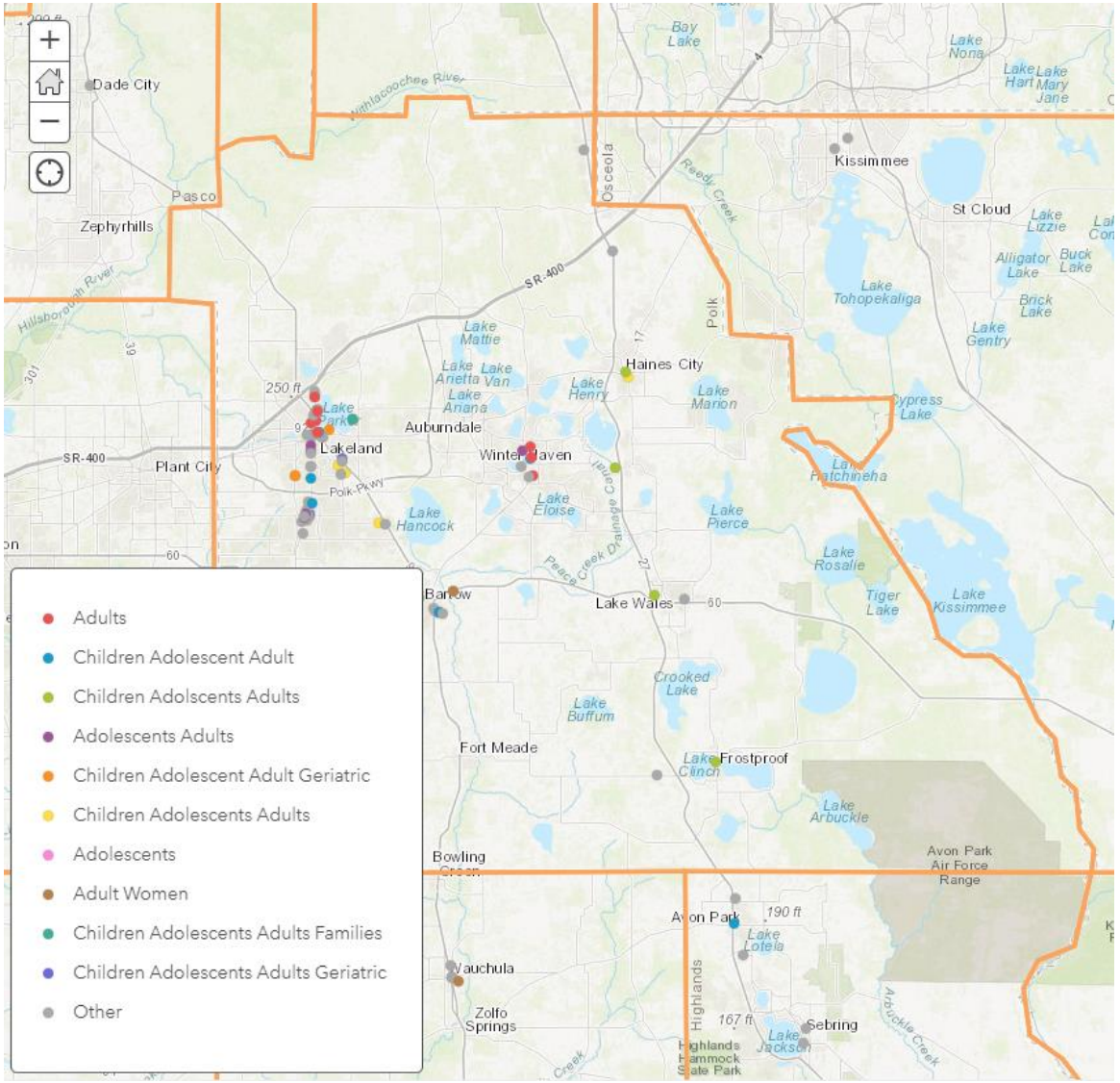
For interactive map, see: https://arcg.is/1SfqnH1

Setting (Inpatient, Outpatient, Residential, or Others)



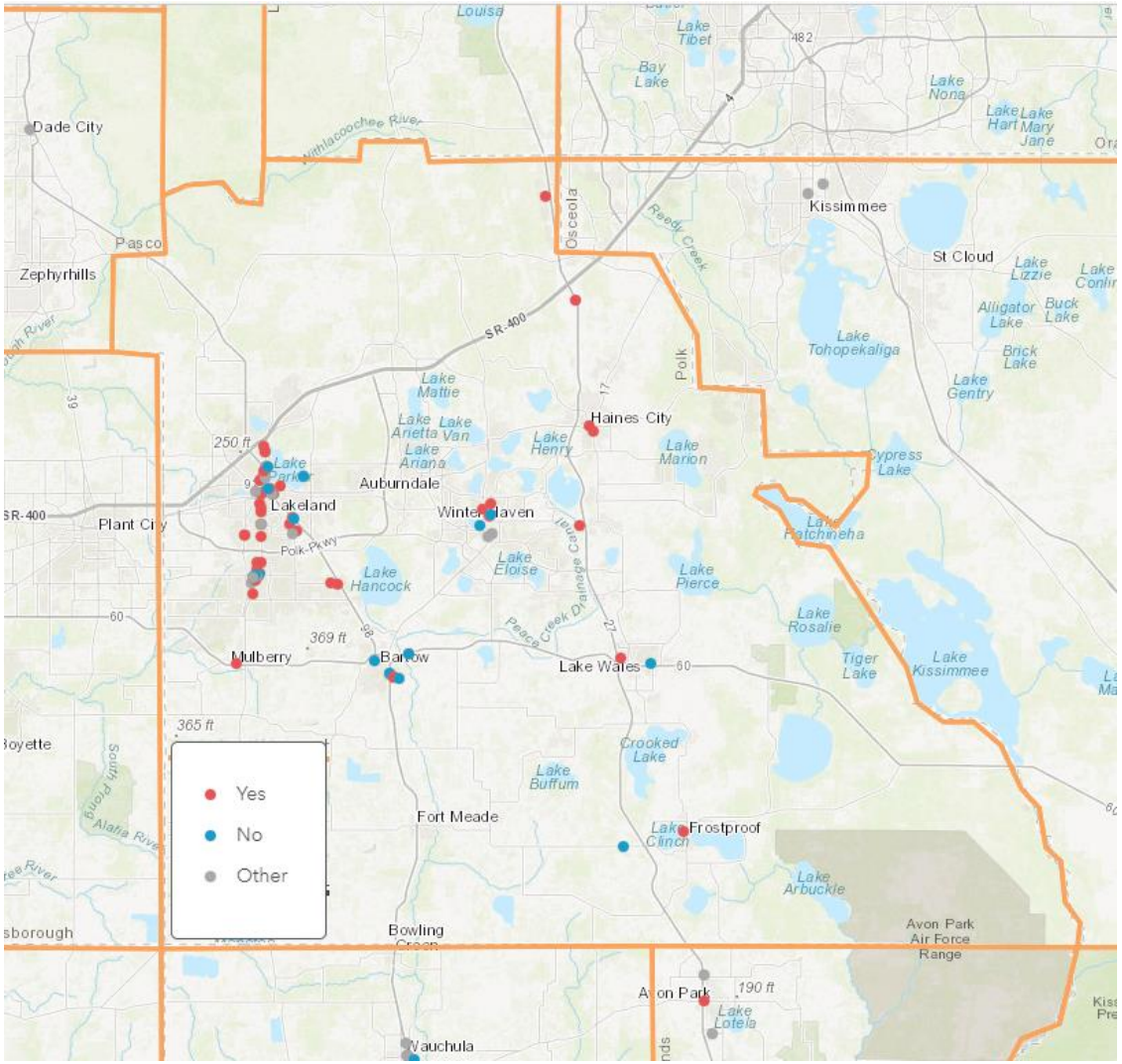
For interactive map, see: https://arcg.is/045X9

Population Served



For interactive map, see: https://arcg.is/iPHy4

Availability of Telehealth Services



For interactive map, see: https://arcg.is/j5bO1

Appendix B: Access Audit Composition

Access Audit calls were made to the following groups of service sites, by description:

Access Audit Call Distribution - Targets by Various Descriptors

Geography	***Count***
Lakeland	7
Winter Haven	2
Other	11
Focus	
Mental Health	11
Substance Abuse	5
Mental Health and Substance Abuse	4
Setting	
Inpatient	4
Outpatient	14
Residential	1
Other/Inpatient	1
Patient Type	
Adolescents	12
Children	10
Adults	17
Geriatric	6

Appendix C: Community Survey Respondent Profile

What is your race?	
Race or Ethnicity	**Percent of Respondents**
Black	10.1%
Asian	1.9%
Caucasian	72.2%
Hispanic	8.9%
Mixed Race	.6%
I don't want to share	7.6%
Other	.6%

Race or Ethnicity	**Percent of Respondents**
Male	15.7%
Female	84.3%
25 to 34	16.3%
35 to 44	18.3%
45 to 54	28.8%
55 to 64	28.8%
65 to 74	3.9%
75 or older	3.9%
Graduated high school	2.6%
Some college or vocational training	5.3%
Completed a 2-year college degree or a vocational training program	7.9%
Graduated college (4-year Bachelor Degree)	17.2%
Completed Graduate or Professional school (Masters, PhD, etc.)	66.9%
Less than $25,000	2.9%
$25,001 to $50,000	15.4%
$50,001 to $75,000	21.3%
$75,001 to $100,000	25.0%
More than $100,000	35.3%

Appendix D: Description of Environment Sectors

Community Sector

The Community Sector includes intervention points that anyone would generally come into contact with on a day-to-day basis. This includes family, friends, an employer, churches or other places of worship. This can also include individuals who realize that they need help and self-report to one of the care sites.

People in the community sector may not be behavioral health professionals, but they may be able to identify when someone they know or love simply isn't right. This provides a tremendous opportunity for general education about mental health issues and stigma reduction strategies.

School System

Schools – whether public or private – provide an excellent opportunity for many adults to identify and support students who may require special attention. Teachers, coaches, guidance counselors, administrators, other students, parents of classmates – even bus drivers – potentially spend more time with students than the families.

In addition, members of the school community may have more training than members of the community sector, and they tend to view the student through a more objective lens than the student's family, who may be unable or unwilling to identify a potential problem.

Public Health and Social Services

Many at-risk individuals experience circumstances which find them requiring public health support and social services, including foster care, other services through the Florida Department of Children and Families, peer support specialists, and other representatives of non-profit or social service organizations.

Individuals representing this sector tend to have some formal training relative to behavioral health, and possibly quite a bit of education depending on their role in the organization.

Healthcare System

The healthcare system is broad and includes hospital emergency departments; primary care physicians including pediatricians; clinics, public health sites, and community health service providers; inpatient hospitals; residential facilities; victim services agencies; veteran health sites; and others

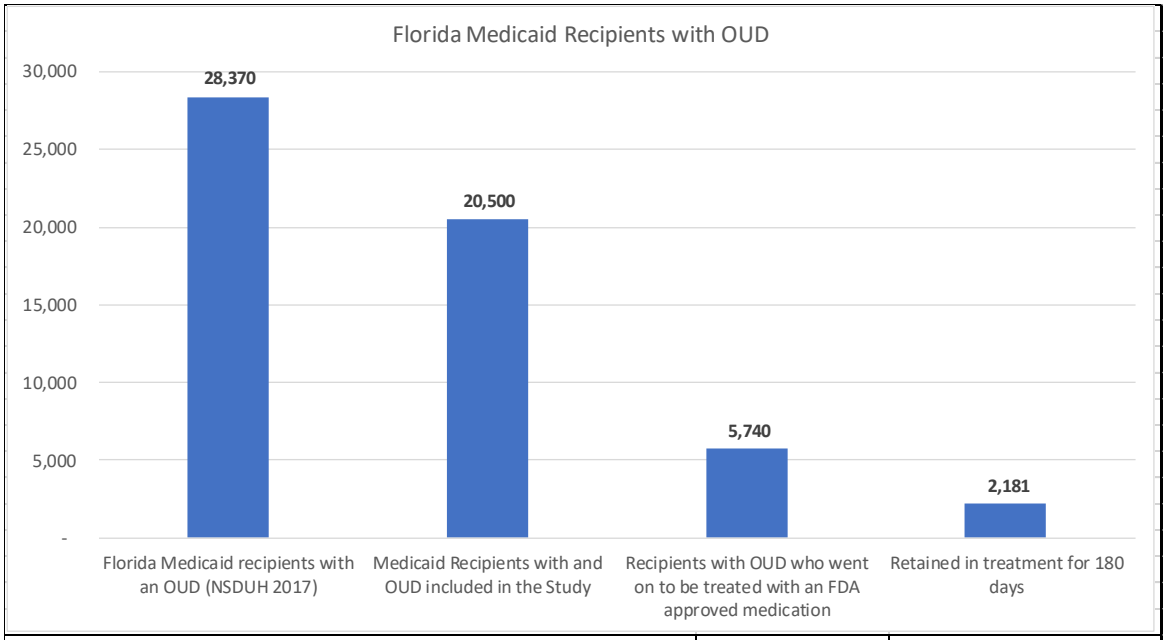
People who engage with the healthcare system – including but not limited to those who receive regular primary care or other checkups, attend support groups, require emergent care – have the highest probability of coming into contact with someone who can help them and/or identify opportunities to provide behavioral health care services. Professionals who work within the healthcare system have advanced training to more accurately identify an individual who may require a behavioral health intervention or support.[45] They are also likely to be knowledgeable about channels to which they can refer patients in need.

[45] Note: "Research indicates that in recent years the delivery of mental health services has changed significantly Increasing numbers of patients, especially depressed patients, are receiving psychiatric treatment from primary care physicians (PCPs), rather than from mental health specialists. In general, PCPs are more likely to provide psychiatric care rather than refer their patients to mental health specialists. Research has also shown that over a

Appendix E: Continuity of Care, "Cascade of Care" Example

A "cascade of care" is a structure often used to identify gaps continuity of care gaps. A recent Florida study published by the Recovery Research Institute of the Opioid Use Disorder (OUD) "cascade of care" shows that the people identified with an OUD often do not receive care. The biggest challenge identified in the research was that continuity of care and "hand-offs" failed to successfully link 72% of people identified with OUD to a provider of an FDA approved medication. Note, too, that the study found that individuals who stayed in treatment for 180 days were five time less likely to die from a OUD-related cause. The study also found that people over age 50 were significantly less likely to receive medication to address OUD issues. [46]

The research concludes saying that "all those that qualify should be offered medication to treat their OUD and have a system that permits at least a 180-day course of medication." Embedded in the research is the observation that the process of care, continuity of care, is a critical piece to effective outcomes.[47]



Cascade of Care Stage	Number of Individuals	Percent Loss from Previous Stage
Florida Medicaid recipients with an OUD (NSDUH 2017)	28,370	NA
Medicaid Recipients with and OUD included in the Study	20,500	28%
Recipients with OUD who went on to be treated with an FDA approved medication	5,740	72%
Retained in treatment for 180 days	2,181	62%

ten-year period from 1987 to 1997, the percentage of patients who received psychiatric medication from PCPs increased from 37.3% to 74.5%.[6] These trends demonstrate that the role of the primary care physician has expanded such that PCPs are also becoming the primary psychiatric care physician (PPCP) for a considerable number of their patients."
Abed Faghri, N. M., Boisvert, C. M., & Faghri, S. (2010). Understanding the expanding role of primary care physicians (PCPs) to primary psychiatric care physicians (PPCPs): enhancing the assessment and treatment of psychiatric conditions. *Mental health in family medicine*, *7*(1), 17–25. Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2925161/

[46] Johnson, K., Hills, H., Ma, J., Brown, C. H., & McGovern, M. (2020). Treatment for opioid use disorder in the Florida Medicaid population: Using a cascade of care model to evaluate quality. The American Journal of Drug and Alcohol Abuse, [Epub ahead of print]. doi: 10.1080/00952990.2020.1824236

[47] Ibid.

POLK VISION LEAD

LEARN ENGAGE ALIGN DEVELOP

Behavioral Health Strategic Plan Development & Sequential Intercept Mapping

Stage 3: Strategic Planning & Summary of Findings

Published: June 2021

Consultant

crescendo cg

Contents

III. Project Goal

The ultimate goal of the project is to improve the quality of life of Polk County residents by addressing the behavioral health needs in the community. To accomplish this goal, several components need to be simultaneously achieved.

- Develop a comprehensive behavioral health strategic plan, and behavioral health system access and process mapping.
- Identify systems and resources that are valued and working well; help determine how they may work together more efficiently.
- Identify and prioritize system gaps and community needs.
- Engage a broad set of stakeholders; build consensus around results and actions.
- Use resources more efficiently – focus on a finite set of objectives, establish a timeline for results, and "work with the willing" to achieve results.

A. Engagement of Diverse Community Sectors

A core focus of the project – especially Stage 2 and continued in Stage 3 – was to engage a highly inclusive and diverse set of community stakeholders to guide project activities and to inform project results. The Leadership Group has remained highly involved on a weekly basis or as needed to provide guidance, project insight, linkage to existing materials, problem-solving ideas, and other support. The individuals engaged in the Stage 3 activities continued to be highly diverse and to a large extent involved in the project and processes from the beginning. Generally, Stage 3 activities included reviewing both regional and national best practices, prioritizing community needs, and determining strategies to positively impact behavioral health for Polk County residents and community members.

The foundational research completed in Stage 1 and Stage 2, as well as achievement of pre-determined goals, provided a solid basis for the Stage 3 activities that identified pathways designed to positively impact community behavioral health. For an overview of each of the three stages, refer to the section "Review of the Three Project Stages" on the following pages.

"Polk County is an amazing, gifted place. Mental health and substance use issues hold us back, though. We want this project to be a road map to give us a destination, as well as a pathway to get there. Using my map analogy, we can't 'go everywhere' – do everything. Yet, let's find the right places to focus and work together to get there."
Polk Vision Project Leader

The project leadership group supported researchers in making connections with a broad spectrum of diverse community members.

Project Leadership Group Members	Community Groups included in Stage 3 Research
Alice Nuttall, Co-chair, Lakeland Regional Health	Behavioral healthcare providers
Holly Vida, Co-chair, Central Florida Health Care	Business leaders
Stephanie Arguello, AdventHealth	Chamber of Commerce representatives
Sarah Hawkins, AdventHealth	Community service agency leaders
Vicky Santamaria, AdventHealth	Consumers of behavioral health services
Lisa Bell, Baycare	Continuing education experts and people knowledgeable about Adverse Childhood Experiences (ACEs)
Colleen Mangan, Baycare	Criminal Justice System
Sam Picard, Baycare	Disadvantaged youth
Jeff Ware, Baycare	Educators – K12 and postsecondary
Luis Rivas, Central Florida Behavioral Health Network	Elected officials
Arlene Bishop Arrindell, Corizon Health	Foster children
Joy Jackson, MD, Florida Department of Health-Polk County	High school students
Jenna Levine, Florida Department of Health-Polk County	LGBTQ community members
Christy Olson, Polk County Public Schools	LGBTQ family and support network members
Chf. Mike Allen, Polk County Sheriff's Office	Medical care providers
Capt. Larry Davis, Polk County Sheriff's Office	Members of faith-based organizations
Maj. Ian Floyd, Polk County Sheriff's Office	Parents in recovery from substance use disorders or other behavioral health issues
Capt. William Galloway, Polk County Sheriff's Office	Peace River Center's Sheriff Outreach program
Gwinnell Jarvis, Polk County Sheriff's Office	People experiencing homelessness
Maj. Kim Marcum, Polk County Sheriff's Office	People in danger of becoming homeless
Lt. Ivan Navarro, Polk County Sheriff's Office	People living with seen or unseen disabilities
Bill Gardam, Peace River Center	Public health officials
Bob Rihn, Tri-County Human Services	Public library directors
Christy Apisa, United Way of Central Florida	Public safety officers
Andrea Clontz, Polk County Board of County Commissioners	Representatives from art organizations
Cathy Hatch, Polk County Board of County Commissioners	Seniors facing isolation
Joy Johnson, Polk County Board of County Commissioners	Seniors with low income
Kim Long, Polk Vision	Small business owners
Kirsten Sheehan, Polk Vision	Victims of intimate partner violence
	Young adults

B. Review of the Three Project Stages

All work plan activities for this project were developed to address Polk Vision's preferences and needs. Importantly, though, some research activities were slightly modified based on new information learned throughout the process. For example, substantially more stakeholder interviews were conducted in Stage 2 than originally planned due to the tremendous enthusiasm, insights, and depth of knowledge shared by early project participants. As such, the project has successfully engaged a diverse set of key stakeholders.

"Take the time you need, and do it right. But … don't take TOO much time – we've got some work to do!"
Project Leader, July 2020

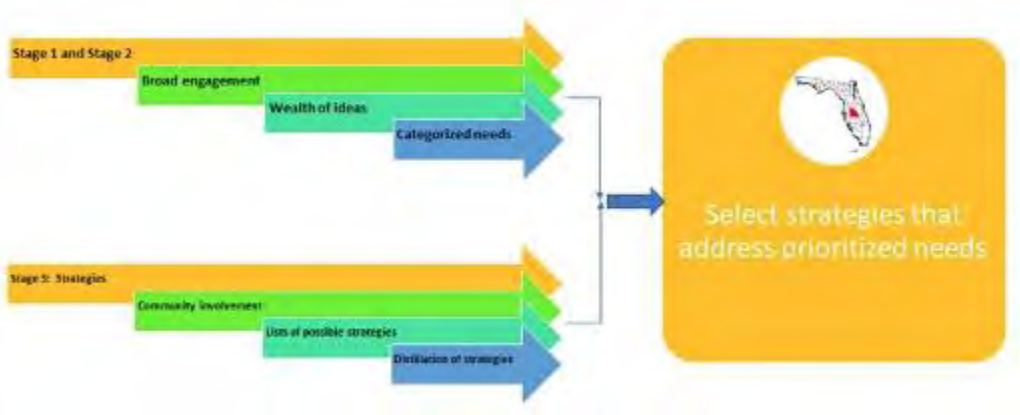
The goal of the project methodology is to seamlessly address each of three research stages in the scope of work. The stages included:

Stage 1: Resource Mapping and Process Flow
Goal: To create a statistical and map-based profile of Polk County. Deliverables included an inventory of existing behavioral health service sites and a profile of each.

Stage 2: Gap Analysis and Needs Assessment
Goal: To generate a comprehensive analysis of the Polk County behavioral health environment and generate an in-depth Needs Assessment and Gap Analysis.

Stage 3: Implementing Strategies that Strengthen Communities
Goal: To create strategies to positively impact community behavioral health.

The logic flow of the project and the three stages noted above are illustrated in the graphic below.



IV. Brief Summary of Stage 1 and 2 Reports

V. Stage 1 Report Highlights

A. Stage 1 Resource Inventory and Mapping of Existing Services

The Stage 1 Report provided a set of four maps that show the Polk County based behavioral health (including substance use disorder) care facilities. The maps present information by Type of Service, Setting, Population Served, and the Availability of Telehealth Services. Each map also includes a hyperlink which allows readers to access the online, interactive map and view contact information and other data about each site. The four maps are included in the Appendix of this report and are listed and hyperlinked below. It's recommended that the maps be managed and updated by an agreed upon entity, such as the noted coalition or other organization that manages other community-wide resources.

- Type of Service Provided
  For interactive map, see: https://arcg.is/1SfqnH1
- Setting (Inpatient, Outpatient, Residential, or Others)
  For interactive map, see: https://arcg.is/045X9
- Population Served
  For interactive map, see: https://arcg.is/iPHy4
- Availability of Telehealth Services
  For interactive map, see: https://arcg.is/j5bO1

B. Stage 1 Report Key Themes and Issues in Behavioral Health (Stakeholders)

The primary objective of Stage 1 stakeholder interviews was to learn about currently available resources, services that are working well, and to gain initial insight regarding service gaps, and ways to better meet community needs. The stakeholders were very forthcoming in their ability and willingness to participate, and their insights helped to inform Stage 2. Some of their observations are noted below.

1. Capacity and Access to Care Remain Major Challenges

- Most stakeholders agree that demand for behavioral health, including substance use disorder services, outweighs the supply of and accessibility to providers.
- The concentration of providers around the Greater Lakeland area (and subsequently fewer providers elsewhere in the county) creates a barrier to care for those living outside of Lakeland. The large geographic area of Polk County contributes to the difficulty of receiving care.
- A significant amount of red tape makes it challenging for people who need care to receive it in a timely manner.
- Interviewees stated that a lack of awareness of available financial support results in some individuals not seeking needed (and available) care.
- It's not easy for individuals to find where to take the first steps required to seek care. Need increased awareness of a "central telephone number" or "no wrong door" policy.

"It's hard to know where to start to get help."

2. Inter-system Connectivity is Seen as a Major Opportunity

Stakeholders express a strong willingness to "break down silos" yet do not share a unified strategy to do so. For example, several Stage 1 interviewees indicate they want to affect positive change – especially since March 2020. There is a strong desire and belief that, as one stakeholder said,

> ***"Because of what we have all experienced since March [i.e., COVID-19 impact], we now more than ever believe that we all need to work together to save lives and truly improve the health and wellness of our community – ONE community!"***

- Stage 1 interviewees note that improving response to, and caring for, individuals struggling with behavioral health issues requires collaboration across service sites and supporting agencies, including public safety and healthcare. Many state that "now more than ever," there is an opportunity to modify regulations, protocols and other system-level issues to improve the ability to share helpful information and optimize service efficiencies.

- For example, the criminal justice system plays a major role in addressing behavioral health and substance use issues. There is a strong [almost urgent] sentiment among several stakeholders that communication and information sharing among the current public health and public safety systemsneeds to be a high priority activity.

- Many feel it would be beneficial to relocate 2-1-1 services back to Polk County.

3. Treatment Demand is Increasing – Driving Telehealth and Other Service Line Changes

Providers are responding to increased behavioral health demand in an environment of more restrictive access to care (e.g., limited in-person hours, masking requirements, and others) by making service line changes; however, several barriers to care remain or may even be increasing.

- The COVID-19 pandemic has increased anxiety and depression, and the true impact of the pandemic is not yet known. Some expect suicide rates nationally and locally to increase as much as 32% over the next two years.

- Since many people have chosen to forego outpatient, partial hospitalization, or other care over the past nine months, the acuity level of those seeking inpatient care has increased dramatically.

- Telehealth, while not perfect for every situation, has helped to improve the access to services, but many providers indicated they will discontinue use of telehealth once the pandemic ends.

> ***"We previously had to allot a lot of time for travel between homes, but they [care providers] could increase case load due to telehealth. We worked through the wait list - people couldget service in a week which is amazing."***

- Behavioral health and substance abuse issues are not mutually exclusive - many individuals suffer from both, and as such need to be treated for both simultaneously. The comorbidity of substance use disorders with other behavioral health conditions is very high; stakeholders said that efforts to address the issues must be coordinated and inclusive.

> ***"I spoke with about 35 people seeking some type of care for a substance use disorder problem this week. I'd say that nearly all had some additional form of behavioral health issue."***

- Stigma is perceived as greatly restricting people's willingness to seek care for behavioral health issues (especially substance use disorder and schizophrenia-related issues). Stakeholders suggest that stigma is prominent in the general population, as well as some additional challenges due to cultural, religious,and income-related issues.

4. Many Stage 1 Stakeholders Feel that it is Important to Capitalize on School Resources to Provide Crisis Care, Education / Preventive Support, and Early Intervention Services

Stakeholders indicate that schools (i.e., school-age children) are high need areas, and they have the ability to provide information and resources that can uniquely reach generations of families, catch problems early, andhelp potentially avoid future ACEs.

- Social media is a driver, and kids tend to frequently post on social media channels about drinking and drugs, which seem more accepted now. The increasing legalization of marijuana is a concern, as is the culture in schools of idolizing certain personalities.
- The COVID-19 pandemic has challenged communications with students, so more issues are likely to be discovered when students return to school.

C. Stage 1 Behavioral Health Data Highlights

The Stage 1 data review dovetailed well with the qualitative work referenced above. The behavioral health climate in Polk County is characterized by substance use and behavioral health incidence rates similar to the Florida average. However, averages can often mask high-need pockets or communities within a county. Stage 2 research provided further, in-depth analysis of these core issues. Some of the key issues to particularly note include, but are not limited to:

- Behavioral health capacity (e.g., inpatient beds) is well below the Florida average, as well as U.S. goals.
- There is a high concentration of providers in the Lakeland area, yet low numbers of providers in other parts of the county – even when adjusting for population concentration areas.
- While many general incidence rates for behavioral health (excluding substance use disorder) and for substance misuse, as noted above, are similar to state and U.S. averages, some trends such as suicide attempts and completed suicides underscore the need for additional focus.

- Approximately one in seven (about 15%) of Polk County residents indicate that they struggle with depression and/or are otherwise at risk for behavioral health challenges. Given the current (and growing) population, the percentage translates to approximately 100,000 people.
- Youth represent one of the particularly high-risk groups – especially females and youth (all genders) of a mixed-race heritage.
- The relatively high level of people with high Adverse Childhood Experiences (ACEs) scores (i.e., four or more ACEs as children) suggest ongoing opportunities to help support people who are working to address childhood trauma or abuse.

Stage 2 activities provided greater detail to the issues suggested by the data and mapping in the Stage 1 report.

VI. Stage 2 Report Highlights

A. Stage 2 Qualitative Stakeholder Interviews and Focus Group Discussions

During Stage 2, qualitative stakeholder interviews and focus group discussions were held with a variety of representatives across the community. The almost 60 one-on-one interviews provided the opportunity to have in-depth discussions about behavioral health and substance misuse service-related issues with local communitystakeholders. In many instances, interviewees provided granular insight regarding behavioral health services and access needs.

Over 190 individuals across Polk County were invited to participate in the Stage 2 interviews and almost 60 subsequently confirmed and were interviewed across the following segments:

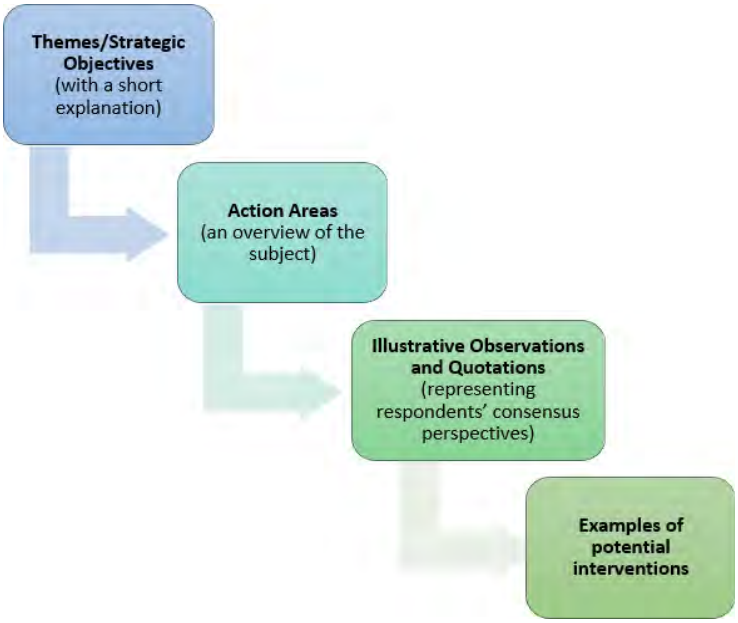
- Polk Vision Behavioral Health Team
- Health care service providers
- Judicial system representatives
- Law enforcement representatives
- Social service and community organization leaders
- Faith-based leaders
- Childcare workers
- LGBTQ community members
- School social workers
- Elected officials

Virtual focus groups were also promoted and convened to provide further insight into the behavioral health and substance misuse-related needs of Polk County. Participants provided their perceptions about area services in addition to broader community needs. Fourteen focus group discussions were completed with approximately 130 total participants. The discussions included the following groups:

- People experiencing homelessness
- At-risk children
- At-risk young adults
- At-risk adults with children
- Workers who care for at-risk families
- Polk Vision Quality of Life members
- Recovery community
- School social workers
- Chamber and employer representatives
- Open forum public groups (four) which encompassed a broad range of community and healthcare leaders

B. Stage 2 Qualitative Discussions Needs Summary

The qualitative individual interviews combined with group discussions resulted in a consensus of several top areas of need that can be described as **Themes/Strategic Objectives**. Each Theme/Strategic Objective further detailed Action Areas, Illustrative Observations and Quotations, and Examples of Potential Interventions in the Stage 2 Report. The Themes/Strategic Objectives and more granular Action Areas identified by qualitative research included:



- Building capacity and increasing access to care
  - Capacity and availability
  - Awareness of services and community education
  - Transportation and other logistics

    Motivation and process of care
  - Improve system efficiency

    Insurance and financial concerns
- Reducing stigma
  - Activities to address self-stigma, community stigma, and institutional stigma.
    - Enhanced public awareness and education
    - Suicide prevention activities, enhancing behavioral health wellness, and early intervention
- Increasing services for higher-risk groups
  - People experiencing homelessness

    At-risk youth
  - First responders

    Individuals of lower socioeconomic status
  - Senior citizens

    Migrants
  - People of color

    People who identify as LGBTQ
  - Incarcerated individuals

    Veterans
- Breaking down silos
  - Increasing focus on public safety and jail-related issues, including community transitions
  - Collaboration and communications

"Some communities are hard to hear from. Yet, sometimes, these are exactly to people we need to connect with."
Community Service Provider

More information and detail about the Action Areas can be found in the Appendix.

C. Stage 2 Community Survey Analysis

Stage 2 research also included a quantitative online survey of approximately 300 individuals across the service area. The survey results supplement other primary research activities and provide an empirical perspective on key project issues. Specifically, the confidential survey helped to further inform community members' perspectives and opinions about behavioral health needs, currently available resources, services that should be added or modified, and ways to help people get the care they need.

The survey was disseminated using online and paper questionnaires, and it was offered in three languages (Spanish, Creole, and English). The questionnaire included closed-ended, need-specific evaluation questions; open-ended questions; and demographic questions. Research suggests that individuals sharing many of the demographic characteristics of the target population may provide socially desirable responses, and thus compromise the validity of the items. Special care was exercised to minimize the amount of this non-sampling error by careful assessment of design effects (e.g., question order, question wording, response alternatives).

Invitations to participate were provided to the community through e-mails from area agencies and the Polk Vision project partners. Affiliated and non-affiliated community partners disseminated the survey througha wide variety of channels, including websites, social media, and

Outreach was conducted throughout Polk County, and the survey was open for approximately five weeks to maximize community involvement and analysis of results.

Full results of the survey can be found in the Stage 2 Report in the appendices.

D. Stage 2 Behavioral Health Access to Care Audit Analysis

Stage 2 included an Access Audit to evaluate community access to care, provider responsiveness, and other customer service measures. The purpose of the audit is to identify general access to care issues in the Polk County area – not to profile any particular site. Test phone calls to behavioral health service sites were made with the intent of identifying the following:

- Ability of the site to accept new patients.
- Expected wait time to have an initial appointment.
- Experience of the facility to refer the caller elsewhere when the desired services are not provided.
- How staff asks questions to define prospective client needs and other information prior to making an appointment (e.g., insurance coverage, appropriate levels of service, other access to care issues).
- Other customer service characteristics.

The access audit calls revealed several key barriers that may limit an individual's ability to access behavioral health and substance use care when needed in the community. The broad issues noted are used to help guide, validate, or improve service site-level practices that impact individual's ability to receive care.

The average wait time for an initial screening appointment is less than one week, yet counseling appointments are typically approximately two weeks at most sites. Appointments for medication management may require a wait time of more than three weeks.

Additionally, about 50% of phone calls were sent directly to voice mail. In those circumstances, patients must rely on the provider to: a) return their call in a timely manner, and b) call when the patient can answer the phone and freely hold a conversation about his or her health issues – which, for many, can be challenging. However, when engaged, live attendants were very empathetic and caring. In several cases, organizations were staffed by individuals who had previously received care for issues being addressed by their organization; those individuals were particularly effective in engaging the caller.

The goal of access audit calls is to gain a better understanding of the pathways and processes available to community members seeking assistance.

Polk County service providers included in the Access Audit were typically highly empathic and provided clear information about the initial process of care. However, since many calls went to voicemail or an automated attendant, it implies that the initial outreach to learn about available services faces some process-based challenges.

A common refrain from key stakeholders and focus group participants (noted elsewhere in this report) centered on the importance of facilitating easy access to care – especially for those entering the healthcare system for the first time or seeking initial care for an urgent situation. In the interviews and focus groups, it was reported that when someone seeks help for behavioral health issues (including substance use disorders), the first "experience of care" is critically important. Many suggested that patients were more likely give up efforts to receive services if the first call or outreach did not provide an immediate next step.

In summary, the Access Audit shows that initial contact with a live person is very important and, in many cases, delayed due to the use of automated attendants or similar features. However, once connected with live respondents, callers receive helpful information. Access to counseling and medication management services is often not readily available while initial screenings are usually handled quickly.

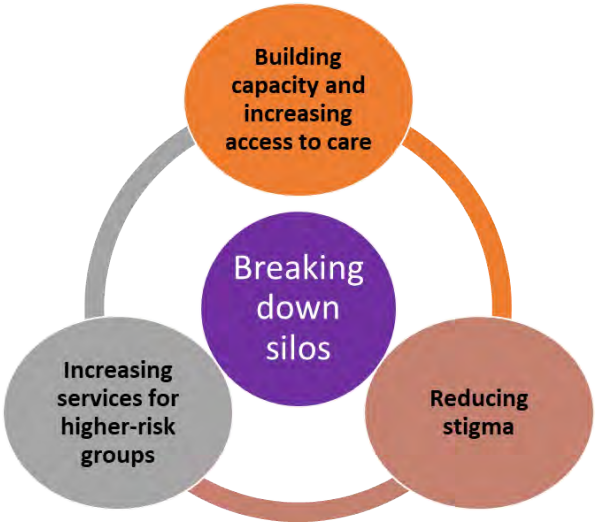
VII. Summary of Needs from Stage 1 and Stage 2 Research

Stage 1 and Stage 2 project activities established a solid foundation of data and validated research. Additional qualitative and quantitative research engaged a broad spectrum of Polk County community members including those with personal experience receiving or providing care, as well as other representatives of at-risk groups. "Harder to reach" community groups taking part in the research include (but are not limited to) disadvantaged youth, lower income parents recovering from SUD and/or other behavioral health issues, LGBTQ community members, migrant workers, Hispanic community members and others whose primary language is not English, people experiencing homelessness, individuals living with seen or unseen disabilities, and others.

Research also included in-depth conversations with public health leaders, public safety leaders, direct care providers, first responders, Community Based Organization (CBO) affiliates, school officials, business representatives, many general community members, and others.

Based on the broad-based research, four, non-discreet, system-level themes or "Strategic Objectives" were identified:

- Building capacity and increasing access to care
- Reducing stigma
- Increasing services forhigher-risk groups
- Breaking down silos



More importantly, the research identified several specific communitygroups in which needs are particularly acute. Operations and future activities that positively impact the system-level needs noted above will help meet the needs of all community members. However, when identifying priorities for future strategies, it will be helpful to focus on activities that do one or more of the following:

- Increase support and care for the greatest number of community members in need
- Increase support and care for people with the most urgent needs
- Positively impact longer-term, cyclical (or "generational") behavioral health needs

Stage 3 of the project further explores needs prioritization, develop strategies to address the needs, and create helpful tools or other mechanisms to measure progress.

VIII. Stage 3 Approach

Research conducted in both Stage 1 and Stage 2 revealed specific community needs that need to be addressednot only for the good of the individuals affected, but also for the community. As noted, the needs fell into the following four Strategic Objective areas:

- Building capacity and increasing access to care
- Reducing stigma
- Increasing services for higher-risk groups
- Breaking down silos

The goal of Stage 3 is to drill down into the four Strategic Objectives, identify primary actions to be targeted, and create a core set of strategies which may be used to accomplish the greatest impact. The co-occurring purpose of the strategies will be to establish a unifying trajectory for Polk Vision and community partners to enact which will address high-priority community behavioral health needs.

A. Needs Prioritization Process

The Needs Assessment enabled Crescendo to build consensus around the research results to prioritize the large quantity of needs identified in the Stage 2 report. The Leadership Team participated in a three-step prioritization process that enabled them to collectively build consensus around results.

"The big issue is that ALL needs are important! Our pathway, our road ahead, doesn't have us doing everything – though I wish we could. These 'needs' represent our neighbors, our families, and ourselves. The distilling of ideas will help make us stronger."
Behavioral health care provider

- Round 1: The Leadership Team completed an electronic survey to rate the importance of each of the 41 unmet needs on a seven-point scale and – mostimportantly – provide a short comment their rationale for the rating. Crescendo tallied the surveys to maintain participant anonymity.
- Round 2: Participants received a survey that included the same list of unmet community needs as in Round 1. However, the second survey showed both the average scores and comments made by participants in Round 1. Based on their own perspectives and the insights of their peers, the Leadership Team re-rated the needs list and submitted their responses.
- Round 3: Crescendo tallied the results from Round 2 and presented them for discussion with the Leadership Team at a virtual group meeting. They had the opportunity to ascertain whether or not they agreed with how the needs were prioritized, further clarify the existing needs, share other as of yet unidentified needs, and suggest strategies to help address the needs.

Even with this extensive exercise, further clarification of the prioritized needs was necessary to determine what may be the most feasible or valuable points to start. More information on that is detailed in the Strategic Planning Exercises section.

B. Strategic Planning Exercises

1. Implementation Planning Matrix Exercise

To continue engaging area leaders as well as to further prioritize the needs for this complex undertaking, an Implementation Planning Matrix was developed and reviewed with Leadership in a virtual meeting. In this exercise, participants reviewed each of the identified implementation strategies while considering the following factors:

- **Collaboration Opportunity**, or to what degree can multiple organizations work together to address this problem?
    - High
      Medium
    - Low
- **Locus of Control**, or to what degree would an individual organization be able to control efforts to address the issue?
    - High: one organization could manage all or most tasks
      Medium: one organization could lead efforts, but would require collaboration
    - Low: very difficult for any single organization to lead change
- **Timeline**, or how long would it take to begin to address the need and positively impact people's lives?
    - Period of Completion:
        - Less than 1 year
        - 1 to 3 years
        - More than 3 years
- **Priority**, or does this need to be addressed immediately, or can it take a backseat to more immediate needs?
    - High (red)
      Medium (yellow)
    - Low (green)

Upon completing this exercise, participants could easily visualize and sort each implementation strategy based upon the above factors, as well as the ranks from the surveys and the Need/Theme. The results can be found in the Appendix.

C. Secondary research

Crescendo reviewed an extensive amount of secondary research (along with Crescendo's in-house database of best practices) to help identify national or regionally effective programs that address prioritized needs identified in the Polk Vision Needs Assessment. The assumption was that programs effective in other geographies may not necessarily yield the same level of success in Polk County, however, some characteristics may be useful as Polk Vision and its partners move ahead to address similar behavioral health issues.

Stage 3 activities are summarized, and the five core strategies are described in the following section. The five strategies dovetail to address urgent needs in the community, long-term issues, and needs represented by particularly high-risk communities.

IX. Stage 3 Results: Strategic Planning Outcomes and Initiatives

As noted above, data analysis and insight from a highly diverse set of community members – local providers, consumers of behavioral health services, public safety officials, public health leaders, general community members, and others – led to the development of a set of five core strategies. Intellectually and from personal perspectives, the drafting of five strategies was difficult. The challenge was that all the needs identified in the assessment are important. The issues impact real people, family members, neighbors, friends, people important to us, those who are alone, people in crisis, and others. Throughout the project, the Polk Vision leadership group maintained a singular focus on the ultimate goal of improving the quality of life of Polk County residents by addressing the behavioral health needs in the community.

The strategies listed below are designed to do the following:

1. Address the most urgent behavioral health needs.
2. Implement strategies to break the cycle of high acuity service use and change the trajectory of people at-risk of entering the behavioral health care system.
3. Enhance long-term capacity issues and improve utilization of existing behavioral health resources.
4. Establish a sustainable, ongoing body that can manage integrated services throughout the county and, in doing so, improve the efficiency of service while achieving the ultimate project goal: To improve the quality of life of Polk County residents by addressing the behavioral health needs in the community.

The five core strategies identified in the research and conveyed by project leaders are listed below.

1. ***Expand crisis services, mobile health care, and centralized care coordination (including awareness and early intervention) for youth and adults.***
2. ***Create a Polk County behavioral health coalition (or assign the oversight to an existing entity) to coordinate diverse activities designed to address Polk County behavioral health initiatives emerging from this, and similarly focused, projects.***
3. ***Expand the capacity of behavioral health services in Polk County.***
4. ***Expand criminal justice system services to reduce jail system recidivism and address the needs of highly acute inmates.***
5. ***Engage diverse community groups in immediate and ongoing activities to improve community health and wellness and to support efforts to enact behavioral health initiatives.***

The following section provides additional details – a short background, support, and details – for each, along with comments regarding the Strategic Objective(s) addressed by the strategy. Note also that the appendices include additional comments, research insights, descriptions of programs successfully deployed elsewhere in the U.S. and other information.

X. Core Strategies

1. **Expand crisis services, mobile health care, and centralized care coordination (includingawareness and early intervention) for youth and adults.**

Strategic Objectives Addressed: Breaking down silos, Increasing services for higher-risk groups

Background and Support. There are 152,859 children under 18 years in Polk County[1] – all of them have been impacted by pandemic-related issues, and 24.7% of children under 18 live below poverty level[2]. The U.S. CDC states that 7.4% of children have a diagnosed behavioral health problem. Additionally, a March 18, 2019, article in the Journal of the American Medical Association (JAMA) says that about 17% of children show symptoms of a behavioral health issue – half of whom never seek care.

In Polk County, programs exist to follow-up on children who have been involuntarily assigned behavioral health services (i.e., those who required a Baker Act). However, compartmentalized information flows within the school system and among the school system and healthcare providers, public safety, and others severely limits valuable and potentially lifesaving communication, and reduces the ability of families to receive necessary support for their children. For example, professionals working for programs designed to follow-up with children requiring a Baker Act generally do not interact with providers who help care for the children on an on-going or acute basis. In addition, schools are only made aware of high-need children (e.g., those who required a Baker Act) if the act precipitating the intervention occurred on school campus.

- **Implement a Rapid Cycle Improvement project to provide mobile care and crisis services to youth and adults, create a public awareness campaign, and establish a sustainable, ongoing mechanism to respond to future behavioral health crises.** Due to the COVID-19 pandemic, crisis services throughout the Polk County service area are strained, and they are expected to worsen – especially among youth and higher-risk adult populations. A goal of the project is to reduce the number of people (youth and adults) experiencing behavioral health crises and, for those who do, enhance access to care and reduce long-term impact, and support family members of people in crisis. A co-occurring goal is to reduce the numberof Baker Act interviews. Note that the appendices contain a Rapid Cycle Improvement Project
- **Improve intermediate and longer-term access to care by establishing MOUs and exploring general consent among behavioral health service providers, public safety officials, school system representatives, and select others to share Baker Act information regarding high-need individuals.** Given that, for example, public safety agencies routinely adhere to privacy regulations around terrorist threats, emergency management issues, and others; healthcare providers are required to adhere to HIPAA regulations; and schools maintain confidentiality for the children in their care, many regulations and norms exist to ensure the proper use of confidential information among all involved.
- **Expand legislative advocacy engagement to support information sharing efforts and improve integrated care efficiencies**. Educate elected officials about the reality of individuals affected by behavioral health challenges and the related impact on families and other aspects of community life. Clearly communicate the value of sharing a limited and monitored set of select measures regarding high-risk individuals (e.g., those requiring Baker Acts). The enhanced ability to share information across agencies would also improve public safety and support more successful early intervention initiatives.

[1] American Community Survey, ACS Demographic and Housing Estimates, 2019: ACS 5-Year Estimates Data Profiles. https://data.census.gov/cedsci/table?q=population&g=0100000US_0400000US12_0500000US12105&tid=ACSDP5Y2019.DP05&hidePreview=false

[2] American Community Survey, Poverty Status in the Past 12 Months, 2019: ACS 5-Year Estimates Subject Tables. https://data.census.gov/cedsci/table?q=poverty%20children&g=0500000US12105&tid=ACSST5Y2019.S1701

2. **Create a Polk County behavioral health coalition (or assign the oversight to an existing entity) to coordinate diverse activities designed to address Polk County behavioral health initiatives emerging from this, and similarly focused, projects.**

Strategic Objectives Addressed: Breaking down silos, Increasing services for higher-risk groups

Background and Support. Polk Vision and its leadership want all organizations and individuals in the behavioral health service pipeline to grow and succeed while addressing high-priority needs. Communities' needs can be better met, organizations can operate more effectively and efficiently, and the quality of life of Polk County residents can be better enhanced by working together as opposed to trying to accomplish these things individually. "We truly are stronger together," in the words of a local stakeholder.

Consistent with this viewpoint, an implicit goal of the Polk Vision project is to create sustainable change. Given the complexity of initiatives emerging from this work and the magnitude of the effort needed to capitalize on opportunities (i.e., capacity constraints), an independent, representative entity is required to administer the work.

For any organization or institution to be sustainable, four aspects are required:

i. Mission: a fundamental goal or objective
ii. Structure: a formal design and governance providing operational consistency
iii. Leadership: an individual or small, independent group (e.g., Board of Directors) with the authority to make decisions and direct activities
iv. Succession plan: a formal structure or plan to transition leadership and sustain operations when key individuals leave the organization.

- **Linking with the Rapid Cycle Improvement project described above, adopt a two-phase strategy to institute the Polk County behavioral health coalition or other entity**. During Phase 1, assign Polk Vision the leadership role with the objective to do the following:
    - Execute crisis services project activities described in the Rapid Cycle Improvement project precis (see appendices).
    - Recruit a coalition of key stakeholders.[3]

      Develop the governance and a sustainable revenue model for the coalition or other entity.
    - Launch initial initiatives (noted above) to address urgent behavioral health needs.

      Conduct shared community education regarding effective collaboration to care for high-need individuals. This may include development of a shared resource of available services – similar to a "bed board" used in some communities to quick identify available inpatient beds across anetwork of unaffiliated hospitals.
    - Educate and partner with community members and providers by aligning messaging and by establishing a shared branding convention.
    - Work with coalition partners to establish the framework of the ongoing (Phase 2) entity that will provide the required mission, structure, leadership, and succession plan. Options may include establishing a 501(c)(3) organization, contracting with an independent third party who could guide coalition activities, or others.

[3] Note that the successful (yet now reorganized and renamed) Maine Health Management Coalition may be used as a helpful reference. Crescendo Consulting Group will be available to help inform review of the model, as needed.

3. **Expand the capacity of behavioral health services in Polk County.**

Strategic Objectives Addressed: Building capacity and increasing access to care; Increasing services for higher-risk groups

Background and Support. A lack of behavioral health capacity (e.g., psychologists, counselors, psychiatrists, peer support specialists, social workers, psych techs, care coordinators, psychiatric nurse practitioners, transitions of care specialists) is a long-standing, recognized need in Polk County. While a 2018 report stated that Florida has a high number of psychiatrists (i.e., 1,517), the ratio is low: Florida has 6.4% of the U.S. population but only 5.0% of U.S. licensed psychiatrists.[4] In addition and especially with the need for additional professionals, it's vital to ensure current resources are being utilized efficiently, including improvements on navigating the system.

Strategies to expand capacity need to be collaboratively supported by inpatient facilities, major outpatient service providers, the criminal justice system, and others. This may be a core activity for the Polk County behavioral health coalition. This is a critical need that requires a long-term strategy. Specific actions are noted below:

- **Improve the utilization of existing resources.** Although there is a shortage of aggregate supply of providers, some resources are underutilized. For example, some organizations during the research reported unused capacity. Licensure restrictions also pose a barrier to care.
- **Incentivize providers to move the area and provide services to high-need communities.** Work with the area economic development entities; major inpatient, outpatient, and other service providers; the Polk County Board of County Commissioners (COC); and others to create financial incentives for providers to: (1) move to the area, (2) provide services to high-need populations, and (3) commit to serving the community for an agreed upon time frame (possibly five years).
- **Institutionalize local / regional growth programs**. Related to the previous point, work with Polk County legislators to provide property tax relief to providers moving to the area and serving the community as described above. Other incentives to consider may include one-time cash payments (e.g., such as the model used in Tulsa, Oklahoma, and other locales), student loan reimbursement, spousal employment commitments, immediate in-state tuition status for family members of new providers, enhanced work benefits (e.g., paid time off, insurances), and others.
- **Work collaboratively with major providers to grow the labor supply pool.** Establish a Provider Pipeline Partnership (or, possibly, a committee within the Polk County behavioral health coalition) to further communications, planning, and implementation of projects designed to build the aggregate supply of providers.
- **Partner with local colleges to expand the social worker training program.**

[4] Merritt Hawkins, "The Silent Shortage: A White Paper Examining Supply, Demand and Recruitment Trends in Psychiatry," 2018. https://www.merritthawkins.com/uploadedFiles/MerrittHawkins/Content/News_and_Insights/Thought_Leadership/mhawhitepaperpsychiatry2018.pdf

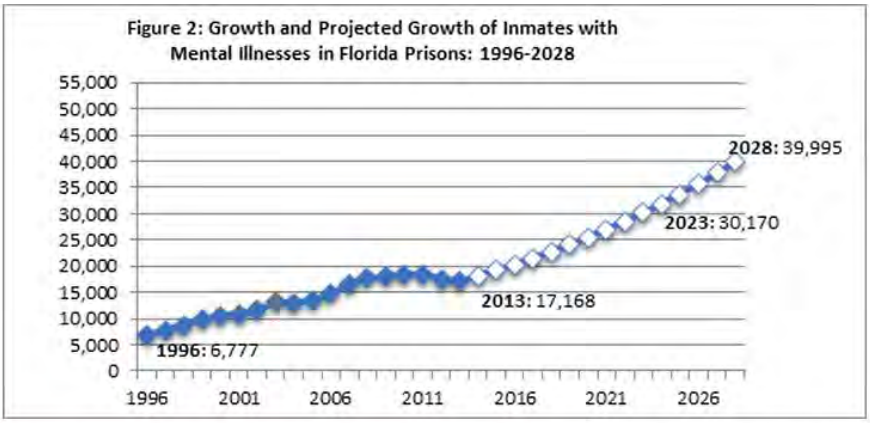
- **Work with local workforce development to expand care coordination and navigation opportunities**. For reference, the Palm Beach County Medical Society (PBCMS) Services and others provide highly impactful care coordination training.
- **Expand the pool of peer specialists.**
  Engage an organization such as the nationally recognized Connecticut Community for Addiction Recovery trainers to provide coaching modules to enable trainees to meet Certified Peer Recovery Specialist credentialing requirements.
- **Partner with local nursing programs and local providers.**
  Develop more opportunities to train, develop and mature psychiatric NPs to be fully function psychiatric providers in both inpatient and outpatient settings.

"Don't think for a second that our 'strategies' are a finish line. They are a starting point. We MUST keep up our group's momentum to work together and enact changes that achieve our objective to improve the quality of life for our neighbors and ourselves."
Project Leader

4. **Expand criminal justice system services to reduce jail system recidivism and address the needs of highly acute inmates.**

Strategic Objectives Addressed: Breaking down silos; Reducing stigma; Building capacity and increasing access to care; Increasing services for higher-risk groups

Background and Support. Jail inmates are a highly acute population and upon incarceration are compelled into a highly stressful environment where behavioral health issues may emerge. In addition, according to a report published by the Florida Health Justice Project, "the number of inmates statewide with mental illness has grown continually over nearly 25 years.[5]" As we know, county lines are easily crossed, so reviewing statewide information is relevant, and the below figure from the same Florida Health Justice Project report illustrates the projected growth of inmates with mental illness in Florida.



Source: University of Miami Department of Psychiatry and Behavioral Sciences, and Eleventh Judicial Circuit Court of Florida, Poster: "Outcomes of the Miami-Dade County Forensic Alternative Center: A Diversion Program for Mentally Ill Offenders".

Closer to home, in the Polk County jail, inmates identified as requiring behavioral health care are housed in one of two cell blocks – one in which inmates agree to medication management and are otherwise able to share a cell with two other people. The other cell block is exclusively used to house inmates not willing to comply with medication management requirements or are acute enough to require a one-person cell. In either case, inmates requiring behavioral health care – not to mention general population inmates who would benefit from care – receive no (or minimal) counseling services. Recidivism rates are high among inmates released from jail. According to a report by the Florida Department of Corrections, about one-third (33.9%) of male prisoners who require ongoing mental health treatment at the time of release return to prison within three years.[6] Locally, the Helping Hands program does an excellent job following up with and supporting inmates who fall under certain criteria. However, the Helping Hands program is not available to all inmates, including individuals who were arrested for committing a violent felony – often some of the people in the greatest need of behavioral health care. There is also a gap in the transition of care from the jail to the community, as inmates identified in jail as needing behavioral health care, often "fall through the cracks" (i.e., do not receive ongoing behavioral health – including substance use disorder – care upon release). This notably contributes to the likelihood of a return to unhealthy behaviors and, possibly, incarceration. Similarly, families and the inmates' social network do not receive adequate training or support to encourage healthy lifestyles and accountability.

[5] Florida Health Justice Project, "Mental Illness and Criminal Justice in Florida: The Case for Medicaid Expansion," June 2020. https://www.floridahealthjustice.org/mental-illness-and-criminal-justice-in-florida.html

[6] Florida Department of Corrections, "Florida Prison Recidivism Report: Releases from 2010 to 2017,' June 2019. http://www.dc.state.fl.us/pub/recidivism/RecidivismReport2019.pdf

Another important note is that behaviors by people requiring care can occasionally endanger family members, general community members, law enforcement officials, and others. Conversely, efforts to support and care for this high-need population, as well as their families, have cascading, positive effects on all parties. Specific actions identified in the research include, but are not limited to, the following:

- **Hire two additional fulltime equivalent (FTE) staff (or contract with local providers) to work with Polk County Jail inmates.** One's focus would be on providing regular counseling sessions for high-need inmates. The other would coordinate transitions of inmates back into the community upon release by setting up outpatient services prior to release, securing transportation to/from appointments, providing education and support to families, identifying high-risk home environments (to which inmates would be returning) that would benefit from additional supportive services, and other tasks. Either FTE may also be available to help respond to crisis events and provide onsite support, as needed.Note that instead of hiring two FTEs, the jail could contract with local outpatient service providers or, for the purpose of counseling, review telehealth options. Note that this approach would also serve theneeds of inmates not qualifying for the Helping Hands program.
- **Expand the Helping Hands program.** The program which co-locates counselors at Polk County Sheriff's Office (PCSO) substations has been very successful, yet is understaffed – the demand for services exceeds capacity. In lieu of additional FTEs (per the previous point) or as additional FTEs are hired, Helping Hands staff could support transitions of care activities, provide community-based education and training, and/or provide counseling services to incarcerated individuals. Note that for some of these actions, a certified mental health professional may not be required. Some services can be managed by Certified Community Health Workers (CHWs) who have had motivational interviewing training and similar experience (see the Palm Beach County Medical Society Services training program for reference).[7]
- Though not solely a public safety initiative, **expand training and certification of peer specialists** to provide opportunities to and reduce barriers for individuals who have personal experience with behavioral health or substance misuse services. Doing so also provides a unique style of care to patients either in a community or jail setting. Specifically, engage an organization such as the nationally recognized Connecticut Community for Addiction Recovery trainers to provide coaching modules to enable trainees to meet Certified Peer Recovery Specialist credentialing requirements.
- **Create an enhanced jail-to-community transition process**. Create MOUs among criminal justice system leaders and local providers allowing inmates known to have behavioral health and/or substanceuse disorders leaving incarceration to be actively engaged with community resource providers (faith- based organizations, peer support, and outpatient treatment programs) prior to release.
- **Review Specialty Court operations against national best practices.** Contact Judge Peggy Davis (retired National Drug Court expert) or similar national experts and review the current Polk County Drug Court

[7] Note: Some community members suggested that it would be helpful to explore the option of having law enforcement officers being considered "behavioral health providers" when they are, indeed, interacting with people exhibiting behavioral health issues. Doing so may more easily allow officers to be aware of the diverse needs of community members requiring Public Safety intervention.

5. **Engage diverse community groups in immediate and ongoing activities to improve community health and wellness and to support efforts to enact behavioral health initiatives.**

Strategic Objectives Addressed: Breaking down silos; Reducing stigma; Increasing services for higher-risk groups

Background and Support. Community engagement among representatives from the faith-based community, disability groups, employers / workforce development agencies, volunteer organizations, African American sororities and fraternities, and others is an often underutilized yet highly impactful channel to support community wellness, provide health literacy, support people in need (e.g., behavioral health, chronic disease, healthy community members, and others). There is an ever-growing body of knowledge stating that collaborative work between healthcare providers and community groups has a tremendous impact on mental health, interpersonal relationships, and social determinants of health. Specifically, these connections improve wellness and healthy living, health literacy, early identification of the need for care, the quality of care given by providers, and transitions of care back into the community after care. There are benefits on the individual, family/interpersonal, and program/institutional social-ecological levels.[8]

Engaging a breadth of community groups provides a sense of purpose for those involved in reaching out to people in need while uniquely linking those in need to healthy, supportive resources. Specific tasks include:

- **Create and launch a Community Action Plan to continually engage diverse and impactful community segments, better inform opinions about behavioral health and people with unique challenges** (i.e., improve health literacy and fight stigmatization), and create opportunities for volunteerism or similarcommunity-level connections.
    i. **<u>Immediately</u> create the community-based groups based on Polk Vision project participation.** Maintain the current Leadership Group and expand it to include additional, more highly diverse community representatives.
    ii. **Initiate the First Ride program** – a successful model used to help immediately released inmates find housing, locate community supports, and otherwise healthfully transition back to the community after incarceration.
    iii. **Review and implement continuity of care models** that can engage diverse community groups (e.g., providers of non-healthcare wrap around services), link with the criminal justice system (including specialty courts), and engage local providers to break the cycle of unhealthy behaviors among adults and youth. One example is the Higher Ground organization in Springfield, Missouri.[9]
- **Invite representatives from the arts, faith-based institutions, recreation, hospitality, library science, neighborhood associations, social services organizations, and others to participate in planning activities designed to strengthen communities and address local behavioral health needs.** The purpose of the strategy is to capitalize on the current momentum generated by the Polk Vision project. There is an opportunity to coordinate efforts with community groups that would value the opportunity to help others, as well as the existence to clear benefits to behavioral healthcare service consumers.

[8] Castillo EG, Ijadi-Maghsoodi R, Shadravan S, et al. Community Interventions to Promote Mental Health and Social Equity. *Curr Psychiatry Rep*. 2019;21(5):35. Published 2019 Mar 29. doi:10.1007/s11920-019-1017-0
[9] Higher Ground. Website: https://highergrround417.org/

XI. Immediate Next Steps

Community engagement throughout the project – even though working through a global pandemic – has been outstanding. Given the momentum of the project and the opportunities to collaborate on mutually beneficial projects (in addition to some additional funding), it is crucial that work continue. Suggested next steps include:

- Implement the Rapid Cycle Improvement project as described earlier in this report and detailed by the precis in the appendices to provide crisis care services to youth and adults, create a centralized care coordination entity and process, develop a public awareness campaign, and create an entity to support immediate and long-term improvements.

- Continue regularly recurring meetings of the Polk Vision project leadership group; purposefully expand the group to include faith-based organizations, representatives from the arts community, volunteer organizations, African American sororities and fraternities, public libraries, and others.
- Establish the central behavioral health coalition (as also described in the Rapid Cycle Improvement project precis).
- Engage with local providers who may be able to provide parttime (or fulltime) support for increased counseling services at jails and/or to provide community transition services.
- Expand the Helping Hands program; explore First Ride initiatives.

> *"Never lose sight of the ultimate goal to improve the quality of life of Polk County residents by addressing the behavioral health needs in the community. Polk County has tremendous resources and is, in some ways, ahead of other regions of the state."*
> *Project leader*

- Create a dashboard to monitor progress. In an effort to break down silos and have everyone striving towards similar community goals in addition to their organizational goals, a visible, publicly reported dashboard consisting of wide-ranging behavioral health and substance misuse metrics that affect the entire community helps. An initial list reviewed by the project leadership group included several measures which can be found in the Appendix, and county-wide measures to consider for inclusion are:

    - Number of Baker Acts by law enforcement

      Number of Baker Acts by the school system

    - Number of suicides

      Jail-related measures

    - Number of Marchman Acts

      Number of crisis calls

    - Age-adjusted hospitalization rate for mental health disorders among children

Source: This Photo by Unknown Author is licensed under CC BY-NC-ND

The final list of measures will be determined during the initial phase of the strategy implementation period. However, for consideration, the group will review the dashboard measures from All4HealthFL[10], those added by public safety and other project leaders.

> *"We can't do everything for everyone. I wish we could, but I know we can't. However, we have what it takes in Polk County to choose a few key initiatives, do them with fidelity – no, do them until the issue is resolved – and change people's lives. NOW is the time; WE are the ones who can make the change!"*
>
> *Behavioral Healthcare Consumer*

[10] For reference: www.all4healthfl.org/indicators/index/dashboard?alias=mentalhealthpractice

XII. Appendices and Citations

Appendix A: Needs Prioritization Matrix

Appendix B: Stage 2 Strategic Objectives Details

Appendix C: NAMI 9 Ways to Fight Mental Health Stigma

Appendix D: Polk County Behavioral Health & Substance Misuse Dashboard

Appendix E: Rapid Cycle Improvement Project Precis

Appendix F: Compendium of Additional Insights and Ideas

Appendix G: Stage 1 Report

Appendix H: Stage 2 Report

A. Appendix A: Needs Prioritization Matrix

Implementation Strategy	Rank from Surveys	Need/Theme	Collaboration Opportunity High, Medium, Low	Locus of Control e.g., "To what degree would an individual organization be able to control efforts to address the issue?" High (one organization could manage all or most tasks); Medium (one organization could lead efforts, but would require collaboration) Low (very difficult for any one organization to lead change)	Timeline e.g., "How long would it take to begin to address the need and positively impact people's lives?" Period of Completion: Less than 1 year, 1 to 3 years, More than 3 years	Priority High (Red) / Medium (Yellow) / Low (Green)
Additional counselors, therapists, etc. for outpatient care (funding, recruiting/retention, too few providers, external forces, etc.)	1	Building capacity	High	Low	1 to 3 years	High
Improved community awareness of available services	2	Building capacity	High	Low	Less than 1 year	Medium
Better collaboration among agencies; increase collaborative program goals & enhance the ability to safely, confidentially share patient info.	2	Breaking down silos	High	Medium	1 to 3 years	High
Increased capacity of care coordinators, navigators, and case workers to support the needs of higher-risk patients (agency and system level)	4	Building capacity	Medium	Medium	1 to 3 years	Medium
Additional services to provide transitional care services for people being released from jail	5	Increasing services	High	Medium	1 to 3 years	High
School-based behavioral health education	5	Increasing services	High	Medium	Less than 1 year	High
A centralized, fully updated, database of community providers and access information	5	Breaking down silos	High	Medium	1 to 3 years	Low
More mobile crisis response teams	5	Building capacity	High	Medium	Less than 1 year	High
A central organization or entity that can work to reduce silos and contribute to more efficient, integrated behavioral health care.	5	Breaking down silos	High	Medium	Less than 1 year	High
Increased screening, prevention, and early intervention services in community settings (e.g., churches, businesses, schools)	10	Breaking down silos	High	Low	Less than 1 year	High
Institutional support for first responders needing care for behavioral health issues	10	Reducing stigma	Medium	Medium	Less than 1 year	Medium
Suicide prevention programs in school systems	10	Increasing services	Medium	High	Less than 1 year	High
Community outreach to seniors experiencing isolation and at-risk of depression	10	Increasing services	Medium	Medium	Less than 1 year	Medium
Additional residential and housing options	14	Building capacity	Medium	Low	1 to 3 years	Medium
More screening of adults and children for behavioral health risk (e.g., Adverse Childhood Experiences (ACEs) screeners, and others)	14	Increasing services	High	Low	1 to 3 years	Medium
Programs to engage adults and families experiencing homelessness	16	Increasing services	Medium	Medium	1 to 3 years	High
Affordable, reliable, and convenient transportation services	16	Building capacity	Medium	Medium	1 to 3 years	Medium

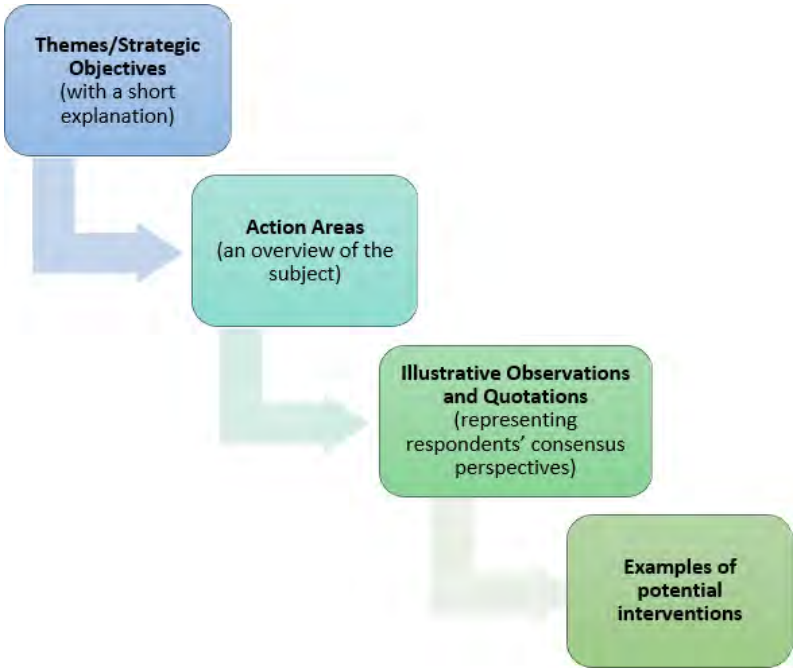
Implementation Strategy	Rank from Surveys	Need/Theme	Collaboration Opportunity High, Medium, Low	Locus of Control e.g., "To what degree would an individual organization be able to control efforts to address the issue?" High (one organization could manage all or most tasks); Medium (one organization could lead efforts, but would require collaboration) Low (very difficult for any one organization to lead change)	Timeline e.g., "How long would it take to begin to address the need and positively impact people's lives?" Period of Completion: Less than 1 year, 1 to 3 years, More than 3 years	Priority High (Red) / Medium (Yellow) / Low (Green)
More training of physicians, first responders, other "intervention points" regarding Mental Health First Aid and perceptions of those needing care	18	Reducing stigma	Medium	Low	Less than 1 year	High
Improved crisis response resources for people at-rick of attempted suicide	18	Increasing services	Low	Low	Less than 1 year	High
care	18	Breaking down silos	Medium	Low	1 to 3 years	Medium
Expanded mobile response equipment and funding	21	Building capacity	Medium	Low	1 to 3 years	High
An integrated care system to help support patient needs throughout and integrated (i.e., multiple providers) system of care	21	Breaking down silos	High	Low	More than 3 years	High
Multiagency campaigns to address public stigma and self-stigma	21	Reducing stigma	High	Medium	Less than 1 year	High
Improved access to care coordination / embedded links to them in primary care settings and Emergency Departments	24	Building capacity	High	Low	1 to 3 years	Medium
Additional Mental Health First Aid training and certification among first responders and school staff	24	Increasing services	Medium	Low	1 to 3 years	High
Programs to engage youth experiencing homelessness	26	Increasing services	Medium	Medium	1 to 3 years	Medium
More peer support networks	26	Increasing services	Low	Medium	1 to 3 years	High
Public education regarding behavioral health and the image / strengths of people seeking support or care	28	Reducing stigma	Medium	Medium	1 to 3 years	Medium
Anti-stigma information and support programs specifically designed for people at-risk of self-harm	28	Reducing stigma	Medium	Medium	1 to 3 years	Medium
Neighborhood-level community engagement health and wellness programs – especially among people of color	28	Increasing services	High	Low	More than 3 years	Low
More efficient intake process (e.g., streamline paperwork, easier process to get an initial appointment)	31	Breaking down silos	High	Low	1 to 3 years	High
Increased number of support groups for families of jail inmates	31	Increasing services	Medium	High	1 to 3 years	Low
Specific outreach from providers to the LGBTQ community (including provider training, as needed)	31	Increasing services	Medium	Medium	More than 3 years	Low
Increased capacity of detox services care	34	Building capacity	Medium	Low	More than 3 years	High
Expanded community education/awareness of suicide prevention and early intervention resources	35	Increasing services	Medium	Low	Less than 1 year	High
Increased care options for people with co-occurring disorders (e.g., medical / physical health and behavioral health)	35	Increasing services	Medium	Low	More than 3 years	High
More programs to train former patients (i.e., service users) to become peer support specialists, Community Health Workers, or similar licensure	37	Increasing services	Medium	Low	1 to 3 years	Medium
Outpatient counseling capacity in general community settings (e.g., churches, businesses, schools)	38	Building capacity	High	Low	1 to 3 years	Medium
Additional Substance Use Disorder services for people in jail	38	Increasing services	Medium	High	1 to 3 years	Medium
Evidence-based programs to review and address institutional stigma (e.g., insurance coverage, job or volunteer applications)	38	Reducing stigma	Medium	Low	More than 3 years	Low
Insurance coverage for behavioral health and substance use disorders	41	Building capacity	Medium	Low	More than 3 years	Medium

B. Appendix B: Stage 2 Strategic Objectives Details

Qualitative Discussions Needs Summary

Structure of the Following Section

Each of Themes/Strategic Objectives are identified below with a short explanation. Action Areas include an overview of the subject, de-identified interview observations in quotations which are representative of respondents' consensus perspectives[11] and examples of potential interventions. **Note that examples of potential interventions are only select suggestions based on Stage 2 research and do not encompass a full set of possible initiatives; they are only examples offered by research participants designed to help inspire further review and discussion in Stage 3 activities.**



The qualitative individual interviews combined with the group discussions resulted in a consensus of several top areas of need that can be described as **Themes/Strategic Objectives**. The Themes/Strategic Objectives and more granular Action Areas identified by qualitative research include:

- Building capacity and increasing access to care
    - Capacity and availability

      Awareness of services and community education
    - Transportation and other logistics

      Motivation and process of care
    - Improve system efficiency

      Insurance and financial concerns

[11] Both interviews and focus groups occurred in the midst of the COVID-19 pandemic. Nearly every person compared and contrasted their experiences both before and during the pandemic; not surprisingly, what they experienced prior to March 2020 had no semblance to the then-current situation. Most if not all indicated a feeling of uncertainty of life and available healthcare services once the pandemic ended, although they all answered the questions as best as they could in the moment.

- Reducing stigma
    - Activities to address self-stigma, community stigma, and institutional stigma such as the following.
        - Enhanced public awareness and education
        - Suicide prevention activities, enhancing behavioral health wellness, and early intervention
- Increasing services for higher-risk groups
    - People experiencing homelessness

      At-risk youth
    - First responders

      Individuals of lower socioeconomic status
    - Senior citizens

      Migrants
    - People of color

      People who identify as LGBTQ
    - Incarcerated individuals

      New moms, pregnant women, neonatals born with addictions
- Breaking down silos
    - Increasing focus on public safety and jail-related issues, including community transitions
    - Collaboration and communications

1. Theme / Strategic Objective 1: Increasing Access to Care

National Strategy for Quality Improvement in Health Care (National Quality Strategy, or NQS)[12] sees access as the first step in obtaining high-quality care: To receive quality care, people must first be able to gain entry into the health care system.

The NQS uses the framework of the National Healthcare Quality and Disparities Report (QDR) to track Achieving Healthy People/Healthy Communities. **Measures of access to care** tracked in the QDR include having health insurance, having a usual source of care, encountering difficulties when seeking care, and receiving care as soon as wanted. Historically, Americans have experienced variable access to care based on race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, gender identity, and residential location.

For community members, the word "access" also refers to multiple aspects of receiving care. For the purposes of this report, access has been broken down into several "action areas":

- Capacity, availability, and care coordination services
- Awareness of services and community education
- Transportation and other logistics
- Motivation and process of care
- Improve system efficiency
- Insurance and financial concerns

Throughout the conversations both in one-on-one interviews and focus groups, all of the above facets of access are areas of concern, and each are broken down below.

a) Action Area: Capacity and Availability

The research suggests that more providers at all levels of care are needed, including outpatient behavioral health counselors, psychiatrists, psychologists, case managers, social workers, therapists, and others.

Capacity issues[13] are particularly acute in parts of Polk County away from Lakeland. One particular subspecialty specifically mentioned included child and adolescent psychiatrists, psychologists, and therapists, which dovetails with the reported importance of addressing behavioral health issues as early as possible to reduce theincidences of behavioral health and substance misuse in adulthood.

To a person, participants indicated that the lack of behavioral health providers (e.g., counselors, case managers, peer specialists, and others) is widespread throughout the county. The lack of providers has a domino effect such that inadequate numbers of providers leads to long wait times for initial visits, long wait times for follow-up visits and medication management services, and a more highly acute patient population – often requiring more services.

In addition, respondents also frequently indicated that the distribution of available providers heavily favors the larger cities in the county, including Lakeland and Winter Haven, and to a lesser extent Bartow. Residents of the outlying rural areas – such as in the northeast along the "Ridge" and the southern area – have a more difficult time accessing geographically convenient providers.

[12] See: https://www.ahrq.gov/research/findings/nhqrdr/nhqdr16/overview.html

[13] Note: Available system "capacity" include the number of providers (e.g., doctors, counselors, and other direct care providers) but more specifically, those currently in practice and accepting patients. Capacity is also refined by the availability of convenient hours of operation and available appointment times. Not that both issues are also addressed as part of this study with an Access Audit. The results are included later in the report.

The following are representative of respondents' consensus observations.

- "Case managers need fewer people to care for, and more understanding of the time it takes to develop [relationships]."
- "First appointment for most people is a month away – this is a challenge."
- "There's a lack of capacity, especially for children. There is a pronounced lack of services for kids and a long wait time, sometimes6-8 weeks."
- "Treatment centers are very costly even for middle to upper class income [levels]."
- "People can wait 3-6 months for a follow-up appointment after a Baker Act."
- "Not enough substance abuse programs or rehab. A lot of faith-based programs, but whole spectrum of treatment isn't necessarily offered."
- "When it comes to regular counseling, it's once a month. People need it once a week."

Examples of Potential Interventions for Stage 3

- Decentralize counseling services across Polk County, rather than focusing services in Lakeland. Outlying, more rural areas feel a need for more mental health and substance use disorder counselors, outreach services to high-risk seniors (e.g., for social isolation, suicide prevention, and medication management), psychiatrists (especially child psychiatrists), Medication Assisted Treatment (MAT) programs, Recovery Resource Centers including residential care with embedded counseling support, and Peer Support Specialists (also noted below).
- Increase the number of certified community health workers by partnering with training sites such as Peace River, Tri-County Human Services, Southeastern University, and others.
- Expand Crisis Intervention Training (CIT) to a wider range of first responders and care providers.
- Improve centralized care coordination efforts across the county.
- Greatly expand mobile crisis care service capacity, including first responder support, domestic violence and threat response, school-based interventions, and others. Expand other mobile care service capacity counseling services, suicide prevention, social isolation, screening, school-based services, and others.

Crisis Intervention Training Benefits

- Provides first responders withenhanced skill sets tools to safely and effectively managehigh-risk situations.
- Diversion instead of arrest of people exhibiting behavioral health issues.
- Greater insight among first responders toward people exhibiting behavioral healthhigh-risk behaviors.
- Decreases first responder andcommunity member injuries while responding to behavioral health crisis calls.
- Increased likelihood that people with behavioral health issues will receive services that help address urgent challenges and/or redirect thelong-term trajectory of the individual's behavioral health.

b) Action Area: Awareness of Services and Community Education

In many communities, awareness of services and the "first number to call" present significant challenges.

Nationally, as many as 60% of people who need behavioral health services do not receive care.[14] Among those not receiving care, a lack of awareness of where to get services is among the most common barriers.[15]

Awareness of services and community education help community members know that a particular health-related issue may require treatment or additional insight from a third-party. This would include knowledge of where to get treatment or additional insight from a third-party, if needed. Many research participants stated that individuals who need help throughout the community don't know where to start, including those who may work in healthcare. Individuals frequently stated that Polk County needs one central location that can provide up-to-date resources for a variety of needs, specifically behavioral health and substance use services.

In order to make a centralized system useful to the broad community, interviewees and others stressed the need to communicate in a location and using a media commonly used by community members who may be in need. Commonly suggested channels include public libraries, public transit hubs, churches, shelters, hospital Emergency Departments, and primary care offices, social service provider agencies, and others.

Others feel that schools can be a hub of trusted information and care for youth. By creating awareness of mental wellness and providing programming to decrease stigma, students benefit, but they can also bring the knowledge back to their families, encourage early intervention, and reduce the prevalence of the cyclical nature of the by-products of the diseases.

- "Sometimes you're so close to the problem, you don't know where to begin and become paralyzed. Awareness and navigation are issues, even for people with means and knowledge. Most people don't know where to start."
- "We need to engage the entire community, community leaders, faith leaders, etc."
- "A regular liaison between healthcare provider and community groups – it can't be one and done, rather it has to be constant."
- "2-1-1 isn't as good as it used to be because people don't update it. It moved to Orlando."

Examples of Potential Interventions for Stage 3

- Identify and fund an organization that can interact with a broad spectrum of Polk County providers and populate a database of resources and associated key information needed by users – community members, providers, funders, and others.
- Expand Trauma Informed Care training to first responders and others co-located at intervention points (i.e., places at which new behavioral health patients may first seek information or care).
- Adopt a Public Resource Platform such as Enhanced 211, Polk FORWARD©, or FindHelp.org

[14] Rowan, K., McAlpine, D. D., & Blewett, L. A. (2013). Access and cost barriers to mental health care, by insurance status, 1999-2010. *Health affairs (Project Hope)*, *32*(10), 1723–1730. https://doi.org/10.1377/hlthaff.2013.0133

[15] Sussman, David. Available at http://davidsusman.com/2015/06/11/8-reasons-why-people-dont-get-mental-health-treatment/

c) Action Area: Transportation and Other Logistics

Measuring over 2,000 square miles, much of which is rural, the expanse of the Polk County area can make it difficult for residents – especially those without personal vehicles – to conveniently travel to obtain the care they need.

Logistics frequently refer to a patient's ability to attain required services, including transportation, financial capability, home support, continuity of care, and other issues. Many respondents indicated that they needed travel unreasonably long distances to receive care or found it very difficult to schedule doctor's appointments around bus schedules. It was reported that use of limited public transportation (especially in more rural parts of the county) this could mean that someone can spend almost an entire day traveling to, attending, and traveling from an appointment, with much of the time being spent waiting for the bus or other transportation. This is also the case with individuals required to access the judicial system.

Both availability and affordability of housing were addressed, and many cited the need for more places for certain populations, such as people experiencing homelessness who also suffer from substance misuse, and victims of domestic violence.

A large percentage of those interviewed indicated that financial barriers are commonplace.

- "Transportation is a huge issue. We don't have a good bus system."
- "Sometimes people have to choose between a halfway house and employment."
- "In Fort Meade or Frostproof or Lake Wales or other rural communities, families don't have gas money to get to providers."
- "A few more urban spots that have transportation, but Frostproof, Avon Park, Eloise have to rely on Medicaid transportation but it's not always convenient. Someone may have an 11 am appointment but they get picked up at 8am, so it's all day."
- "Transportation used to be an issue, then they funded behavioral health centers with transportation money so they're Ubering people now."

Examples of Potential Interventions for Stage 3

- Expand public transportation capacity – especially in non-Lakeland portions of the County.
- Expand use of ride sharing resources such as Uber and Lyft.

d) Action Area: Motivation and Process of Care

Use of care coordination has the ability to provide motivation and support for people receiving behavioral health care – improving quality of care outcomes while simultaneously reducing the overall system cost of care and enhancing patient satisfaction.[16]

The process of care can include care navigators, community health workers, care coordinators, social workers,and others who are sometimes helpful – especially with higher-risk patients – when trying to manage care for community members in need of services.

Typically, those suffering from dual diagnosis – both behavioral health and substance misuse – require urgent or ongoing care. The research showed that community members value case managers, care coordinators, peer recovery support specialists, navigators, and similar roles, and they indicate that there is a greater need for this capability. These providers support enhanced continuity of care which (according to a recently released study of Opioid Use Disorder patients in Florida) can help address major service gaps among those who are identified as having behavioral health issues yet do not receive needed assistance. See the appendices for the "Cascade of Care" example.

For many who suffer from behavioral health or substance misuse, the act of asking for help is a monumental challenge to overcome. Individuals shared that motivation – whether it's the desire not to return to jail, to see one's children again, or otherwise – has to come from within. And when they do reach out for help and learn that there's a 4-6 week wait to see a provider; the motivation dies and it's easier to return to their old habits.

- "More peer supports, and more peer support programs, are needed. They're undervalued and under paid and there are too few positions. It takes a lot of work to become one. Hard to navigate certification process."
- "Create opportunities for wholistic case management to reduce acuity, and start early."
- "Applicant pools are limited, due to depth of experience or interest. Polk sits between two larger areas in the state and people don't want to leave Tampa or Orlando. People take advantage of tuition waiver then leave."

Examples of Potential Interventions for Stage 3

- Expand proactive outreach services to high-risk seniors who are likely to suffer from social isolation and reduced support or motivation to seek care for behavioral health and chronic condition care.
- Provide opportunities and reduce barriers for individuals who have personal experience with behavioral health or substance misuse services to return to school and earn gainful employment.

[16] Institute for Healthcare Improvement. Available at https://www.milbank.org/wp-content/files/documents/featured-articles/pdf/Milbank_Quarterly_Vol-93_No-_2_Pursuing_the_Triple_Aim_The_First_7_Years.pdf

e) Action Area: Improve System Efficiency

Respondents indicate that there is an opportunity to improve system efficiency by having an integrated, longer-term approach to service provision.

Research participants discussed system-level issues in two categories: (1) crisis or short-term needs; and (2) longer-term or chronic needs. Crisis or short-term needs benefit from immediate access to critical patient and situational information and care. Participants indicate that siloed operations among health systems, public safety, and other entities (though instituted to secure patient privacy – which all agree is important) can reduce ability of providers and first responders to have access to timely, helpful information.

Longer-term or chronic needs require coordination between and among service providers. Participants say that a centralized organization or other type of entity that could better coordinate system level activities would be helpful. For example, they say that in many cases, grants temporarily assist certain populations, but when the grant money runs out, programs end, and the patients are left without services. Additional coordination of care between organizations would help alleviate some of these issues. Others shared that excessive administrative burdens, duplicative / redundant paperwork, and other specific grant requirements are time-absorbing and consume limit resources that could otherwise be used to enhance patient care. Additional comments are included in the "Breaking Down Silos" theme narrative below.

- "We need a centralized grant management system that shortcuts a lot of the administrative work required of us [i.e., grant recipients]. Believe me, I would much rather spend an additional 20% of the grant money on direct care than on admin!"
- "The region needs a recovery community center – one centralized location, one phone number that can provide peer support, a robust longer-term care network, and a clearing house for services. Having 'trusted resources' takes a long time, as it requires a longer timeline for patients – especially mental health and SUD patients – to build trust. A more efficient system can be built by linking services."
- "Getting the initial intake is a big challenge. If you need to be seen by a psychiatrist, you'll need to be patient – and not in crisis! Many times, the doctor is overbooked, so it takes time."
- "PCPs [primary care physicians] are not fully educated on behavioral health issues and DO NOT have access to Care Coordination services."
- "Managing entity structure seems very finance-driven, rather than outcomes-driven because of working with managed care."
- "Many different organizations share the same patients; all have different processes, and the systems don't talk with each other. There are a lot of demands on patients, made even worse when they're in the criminal justice system. It seems that many organizations don't see the situation from the patient's perspective. Many others do, but they are limited in their ability to tear down silos. Also, in many places, there is a culture of protectionism due to variety of limited financing (County health plans, grants, Medicaid). I understand that some aspects of the system-level, finance-related thing are unavoidable, but I think that something as simple as a grants management or coordination system would help."

- “Look at the County health plan and make sure it aligns with the goals of the population. Are they financing the right care to get to the desired outcomes?”
- “Some patients can't get the drugs they’re on when they're in the jail, so they take other medication. Consistency of all the best practices models is hard to maintain.”

Examples of Potential Interventions for Stage 3

- Adopt a Grant Management system that can (1) help coordinate access to care, (2) manage grant applications and track performance, (3) alert potential grantees of prospective funding streams.
- Streamline mental health admissions paperwork; currently, it is more highly protected (as is sexual health).
- Co-locate counseling services in hospital emergency departments.
- Co-locate care coordination services throughout Polk County, either telephonically or in-person.
- Build behavioral health system efficiency by strengthening awareness among medical and behavioral health providers regarding system resources and referral network.

f) Action Area: Insurance and Financial Concerns

Finances and/or the perceived cost of care is the most commonly identified reason why people with behavioral health needs do not seek services.[17]

The cost of services or lack of insurance were frequently cited as inhibiting access to care. Many interviewees commented that the number of individuals and families in lower socioeconomic classes either don't have insurance or the financial means to receive behavioral health care or services to address substance misuse. Regardless of income bracket, many research participants indicated that behavioral health care can be very expensive – especially if the care requires time away from work (i.e., a loss of income).[18] They indicate that financial impact and care alternatives can be overwhelming when entering the behavioral healthcare system. Clear sources of insurance and other support would positively impact the financial literacy aspect of care.

- "Funders are very specific in who they give money to and for what, and in these cases they succeed. When you don't meet criteria for a specialize program and you're thrown in with the general population, treatment fails."
- "So many decisions are driven on Medicaid and funders that you get lost in the money and don't see the people."
- "Private practitioners and agencies don't speak the same language – funding is different, billing and coding are different. Private practices can't afford to treat patients with Medicare and Medicaid because they need someone with different billing expertise; software is different, and it takes more time. Billing practices drive what practitioners do."
- "Getting care without insurance is impossible or else it's $700-800/month."
- "Talk about cost with awareness – impression is that behavioral health care isn't affordable."

Examples of Potential Interventions for Stage 3

- Expand Community Health Worker certification and training. Certification requires a high level of knowledge about local care and support resources, including financial resources.
- Develop a single source of financial literacy and supporting information for people considering behavioral health care. A printable and/or online resource available at all intervention points, combined with case management (where needed) may be able to help address initial finance-related concerns.
- Expand cost-reduced or free crisis services.
- Indirectly, economic development and job training activities will tend to improve behavioral health financial concerns by improving community-based financial security – correlated with lower demand for behavioral health care.

[17] Sussman, David. Available at http://davidsusman.com/2015/06/11/8-reasons-why-people-dont-get-mental-health-treatment/

[18] Note: "One study found that individuals with depression and anxiety were three times more likely to be in debt. Other studies have even found a link between debt and suicide." Available at https://www.inc.com/amy-morin/7-reasons-mental-health-issues-financial-issues-tend-to-go-hand-in-hand-and-it-has-nothing-to-do-with-cost-of-treatment.html

2. Theme / Strategic Objective 2: Reducing Stigma

Stigma reduces people's willingness to get care and can suboptimize the impact of care. People with behavioral health challenges and facing the prospect of care often feel fear, anger, prejudice, and even exclusion based on perceptions or stigma.

There are three broad categories of stigma. First, "self-stigma" includes the individual's preconceived notions about "mental health patients" or self-image issues. A second type of stigma involves "community stigma," or attitudes and actions of people who interact or respond to the individual needing care – care givers, family members, employers, teachers, public safety leaders, and others. Third, "institutional stigma" is more systemic, involving policies of government and private organizations that intentionally or unintentionally limit opportunities for people with mental illness.[19] This can include health insurers.

Stigma in any form, as well as the response of providers, teachers, family members or others serving as the firstpoint of contact for individuals with needs, can encourage or discourage the access to care and its ability to help people seeking care.

Some of the impacts of stigma include the following:[20]

- Reduced social support and treatment seeking.
- Reduced investment in behavioral health care services and lower funding for treatment facilities.
- Lower health insurance reimbursement rates.
- Negative image of mental illness and the associated impact on employment, housing issues, social opportunities, and other important components of a healthy lifestyle.
- Higher incidence of suicide and more acute behavioral health problems.
- Greater system cost of care.
- Reduced performance in school (children) and at work (adults) due to untreated needs.

[19] According to the American Psychiatric Association (APA), researchers identify different types of stigma:
- Public stigma involves the negative or discriminatory attitudes that others have about mental illness.
- Self-stigma refers to the negative attitudes, including internalized shame, that people with mental illness have about their own condition.
- Institutional stigma, is more systemic, involving policies of government and private organizations that intentionally or unintentionally limit opportunities for people with mental illness. Examples include lower funding for mental illness research or fewer mental health services relative to other health care.
Available at https://www.psychiatry.org/patients-families/stigma-and-discrimination

[20] da Silva, Antônio Geraldo and Baldaçara, Leonardo and Cavalcante, Daniel A. and Fasanella, Nicoli Abrão and Palha, Antônio Pacheco}, "The Impact of Mental Illness Stigma on Psychiatric Emergencies," Frontiers in Psychiatry, Vol. 11, 2020. Available at https://www.frontiersin.org/article/10.3389/fpsyt.2020.00573

There is broad recognition that stigma-related challenges exist in Polk County. Regarding Stage 2 research, the subject of stigma came up in nearly all interviews and focus group discussions, and many indicated that county-wide efforts to reduce stigma would be a key to improving the overall health of the community. While reducing stigma is quite a broad category, for the purposes of this report, we narrowed it down to two action areas that to some degree, encompass the three types of stigma noted above:

- Enhanced public awareness
- Suicide prevention activities, enhancing behavioral health wellness, and early intervention

To truly make long-term, impactful change, all aspects of stigma must be identified, and a strategic plan created that encompasses each of the types of stigma. This issue will be more fully addressed in the Stage 3 Report.

a) Action Area: Enhanced Public Awareness

Replacing public images of behavioral health (including SUD) stereotypes (e.g., the myth that the mentally ill are dangerous) with educational measures that provide true information helps slowly change public perceptions and stigma.

Educational strategies include public service announcements, books, brochures, films, videos, websites, podcasts, virtual reality, and other audiovisual resources.[21]

This Action Area ties into the need for additional awareness and community education discussed earlier, but whereas that referred to the need to educate individuals where to receive services, this focuses more on providing more accurate information to community members (including patients) about behavioral health impact and access to care. Specifically, as one respondent said, “Give people permission to ask for help, and let them know what is and isn’t a ‘normal’ feeling; let people in need know that they are not alone or ‘weak’ if they’d like some help.”

Some respondents indicated that individuals will not admit to having a problem because they fear of losing their child, or their job. Respondents indicated that system-level stigma negatively impacts willingness to receive care. In some reported cases, these concerns are said to be warranted.

Many used the word “trust” when discussing strategies to reduce stigma, as people trust others who look like them, talk like them, come from similar backgrounds or have shared experiences.

- “Bring a voice and face of recovery to community to break down stigma.”
- “Stigma is still out there. It's a black community thing, people have pride in general.”
- “Some families for economic reasons have embraced it - families can get money if kids have a diagnosis. Others try to hide it, and this doesn't help in long term.”

Examples of Potential Interventions for Stage 3

- Work with providers and other community leaders to develop a set of Public Service Announcements(PSAs) to create storytelling and testimonials to help break stigma and build the concept of trusted resources.
- Engage individuals from a variety of cultural backgrounds, countries of origin or nationalities, sexual preferences or gender affiliations, socioeconomic classes, professions, and others to share their storiesof hardship and how they overcame their challenges.

[21] Ibid.

- Create more AA, ALATEEN, and NA meetings and support groups.
- Work with churches and other cultural leaders to break culturally based stigma.
- See Downtown Streets Team note elsewhere in this report.

b) Action Area: Suicide Prevention Activities, Enhancing Behavioral Health Wellness, and Early Intervention

The majority of the respondents indicated that early intervention and teaching behavioral health wellnessare key to preventing or reducing the severity of future behavioral health and substance misuse, includingbut not limited to suicide and anxiety.

This applies to both children and adults who have suffered a tragedy at some point in their lives, including those who have experienced one or more ACEs, or Adverse Childhood Experiences. The Centers for Disease Control and Prevention (CDC) states that "ACEs have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity."[22] The CDC continues to define ACEs as potentially traumatic events that occur in childhood (0-17 years), including:

- Experiencing violence, abuse, or neglect
- Witnessing violence in the home or community
- Having a family member attempt or die by suicide
- Substance misuse
- Mental health problems
- Instability due to parental separation or household members being in jail or prison

ACEs are also linked to chronic health problems, mental illness, and substance misuse in adulthood, and can negatively impact education and job opportunities. In fact, about 61% of adults in one national survey had experienced at least one type of ACE, and nearly 1 in 6 reported that they had experienced four or more types of ACEs.[23]

The National Association of Mental Illness (NAMI) shared that 90% of those who commit suicide had an underlying mental health condition,[24] highlighting the importance of addressing and treating the root causes of mental illness as early as possible. And as a reminder, in the Stage 1 Report research was shared that indicated suicide was one of the leading causes of death in the area and that rates are higher in Polk County (18.7) than the state average (16.9).

Experts interviewed shared that while research shows the importance of identifying and addressing ACEs in members of the community, the ACEs paradigm is still not as widely utilized as it should be by providers, which is an educational opportunity for mental health professionals, school social workers, and others.

- "Inequality Florida - working with this advocacy organization to learn best how to support LGBTQ students because they're more at risk for suicide, anxiety, etc."

[22] https://www.cdc.gov/violenceprevention/aces/index.html

[23] https://www.cdc.gov/violenceprevention/aces/fastfact.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Ffastfact.html

[24] https://www.nami.org/getattachment/Extranet/NAMI-State-Organization-and-NAMI-Affiliate-Leaders/Awareness/AKA/Mental-Health-Fact-Sheets/AKA-NAMI-Young-suicide.pdf

- "In every school, a mandatory social and emotional skills curriculum (K-12) should be done, same as requirements to teach other subjects. Many curriculums currently exist, but the tendency is to focus onacademics in schools - interpersonal skills are responsibility of parents."
- "Have supports for early childhood, for mental health starting as early as possible. If we had trained professionals so many problems could be alleviated. Community wide educational program to teach parents and others about how these issues develop. How to hold parents and community members accountable that today's actions affect tomorrow."

Examples of Potential Interventions for Stage 3

- Increase awareness of the National Suicide Prevention Lifeline 800-273-8255, or "chat" feature (https://suicidepreventionlifeline.org/chat/)
- Expand Mental Health First Aid training - schools, public safety, and other first responders.
- Expand training and certification of Peer Specialists.
- Review materials related to Zero Suicides and adopt helpful strategies.[25]
- Expand Crisis Intervention Training (CIT) to a wider range of first responders and care providers.
- Improve awareness of, and access to, centralized care coordination, crisis lines and other current programs; expand awareness of "No Wrong Door" initiatives to provide immediate solutions rather than simply referrals.
- Develop strategies to identify and secure suicidal adolescents and young adults for mental health care, and collect data to evaluate the results. Also, develop strategies to address suicide risk factors – interventions promoting self-esteem and teaching stress management (e.g., general suicide education and peer support programs); develop support networks for high-risk adolescents and young adults (peer support programs); and provide crisis counseling (crisis centers, hotlines, and interventions to minimize contagion in the context of suicide clusters).[26] Other specific suggestions include the following:
    - Ensure that suicide prevention programs are linked as closely as possible with professionalmental health resources in the community.
    - Provide prevention strategies that honor cultural issues and access to care challenges.
- Expand awareness of ACEs to providers and educate the community about the importance of addressing these issues.

3. Theme / Strategic Objective 3: Increasing Services for Higher-risk Groups

Several community sub-groups are at a higher risk of behavioral health issues due to life stressors and/or access to care issues. While no one in any community is immune to behavioral health or substance misuse challenges, certain populations tend to be more susceptible or have a harder time accessing care.

According to the American Psychiatric Association, "Racial/ethnic, gender, and sexual minorities often suffer from poor mental health outcomes due to multiple factors including inaccessibility of high quality mental

[25] Note: Zero Suicide Institute, "The foundational belief of Zero Suicide is that suicide deaths for individuals under the care of health and behavioral health systems are preventable. For systems dedicated to improving patient safety, Zero Suicide presents an aspirational challenge and practical framework for system-wide transformation toward safer suicide care." Information available at https://zerosuicide.edc.org/

[26] U.S. Centers for Disease Control and Prevention. Available at https://www.cdc.gov/mmwr/preview/mmwrhtml/00031525.htm

health care services, cultural stigma surrounding mental health care, discrimination, and overall lack of awareness about mental health."[27]

Based on the research conducted for this project, we identified the following community groups deemed at higher risk:

- People experiencing homelessness
- At-risk youth
- First responders
- Individuals of lower socioeconomic status
- Senior citizens
- Migrants
- People of color
- People who identify as LGBTQ
- Incarcerated individuals

Note that vulnerable populations cut across all of the communities listed above.[28]

A deep dive on some of the more vulnerable populations in Polk County is included below. One item to note is that a group specifically addressing individuals with co-occurring disorders – people with both behavioral health and substance misuse needs – is not included. Why? Since nearly all participants indicated that having both behavioral health and substance misuse issues is the norm, rather than the exception. This lens or assumption should be used to address all efforts moving forward.

a) Action Area: People Experiencing Homelessness

Nationally, nearly half (45%) of people experiencing homelessness suffer from a mental health challenge; approximately 25% exhibit symptoms of a Serious Mental Illness (SMI),[29] compared to only six percent among the general population.[30] Given the size of the homeless population in Polk County, this is a significant subpopulation needing focused support.[31]

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[27] American Psychiatric Association. Available at https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts

[28] Vulnerable populations include the economically disadvantaged, racial and ethnic minorities, the uninsured, low-income children, the elderly, the homeless, the HIV/AIDS community (HIV), and people with chronic health conditions. It may also include rural residents, who often encounter barriers to accessing healthcare services. Groups at higher-risk for attempted suicide (e.g., males over age 45, Native Americans, youth, trauma survivors, veterans, LGBTQ (especially individuals identifying as transgender), people in financial or relationship crisis).
Source: AJMC. Available at https://www.ajmc.com/view/nov06-2390ps348-s352

[29] National Institute of Mental Health, Serious mental illness (SMI) is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.

[30] Mental Illness Policy group. Available at https://mentalillnesspolicy.org/consequences/homeless-mentally-ill.html; National Homeless Coalition. Available at https://www.nationalhomeless.org/factsheets/Mental_Illness.pdf

[31] Homeless Coalition of Polk County. Note: The most recent Point-In-Time survey of individuals and families experiencing homelessness shows 563 people (including children) homeless in Polk County. Available at http://www.polkhomeless.org/images/data/PIT/FL-503%20HDX%20PIT%202020%20-%20TOTAL.pdf

Among the myriad challenges of people experiencing homelessness, addressing and maintaining adequate healthcare – including behavioral health needs – is only one of many experienced on a daily basis.

- “Patient’s families aren't trained and don't know how to take care of their loved ones, so the patient gets kicked out of the house and they end up homeless.”
- “Getting people a home, into therapy is next to impossible. It’s hard to track someone who is homeless. Make it easier to complete the paperwork - bring it to them using iPads, etc. in the field.”
- “People feel indifferent to homeless, project superiority and that makes a patient's situation that much worse. They get runaround and feel like no one really cares. Some caregivers and police seem to accelerate the crisis situation and intimidate rather than decelerate and understand.”
- “Harder for homeless to have paperwork. Harder to find documents, and the intake visit is harder for the homeless. People don’t have domicile paperwork that you can only have from the social services department.”
- “More recovery houses for mental health and substance abuse with people who can help them get medications, and teach people how to become more independent.”
- “More shelters or places for people to get off the street, even during the day, and also at night.”
- “Many homeless have a history of sexual abuse or assault, and substance use disorder. Such a high percentage of the men who came into the office were sexually abused by fathers, uncles, or while in jail. Healthcare needs to deal with the trauma and urgency of the situation, and not put them in a place where people don’t understand homelessness – it’s not one size fits all.”

Examples of Potential Interventions for Stage 3

- Engage in and build toward Zero Functionally Homeless goals[32].
- Review stigma fighting and service opportunities such as Downtown Streets (https://streetsteam.org/index).
- Increase case management capacity for the homeless since many do not want to see a counselor.
- Homeless shelter allowance (e.g., room options) for transgender individuals.
- Expand shelters for homeless youth.

b) Action Area: At-Risk Youth

Polk County's youngest residents not only tend to be among the most vulnerable, but they also tend to be the group that respondents offered the most amount of hope and opportunity to affect change for future generations.

This includes children who live in traditional homes, as well as those with special needs including autism, foster children, and others. Investing in caring for children now should provide incalculable benefits for both individuals and the community in the years to come, and should at some point alleviate the burden on the healthcare system.

- "School grades ("test and punish") has caused a lot of mental health problems, because they don't have time to focus on social development due to teaching to the test."
- "Autism spectrum kids when their behavior starts escalating, families start struggling and kids get Baker Acted not due to mental health but rather autism spectrum. Agency for Persons with Disabilities wait list for kids is 6,700 kids long and 20,000 adults. If these families can't get services there, then the kids start cycling in Baker Acts. Sometimes kids need 20-30 mental admissions but they're not getting the right treatment."
- "Any child removed from a home should not have to ask for a referral for therapy; it should be automatic, but there are waiting lists. Telehealth isn't as good as face to face, especially for younger kids."
- "If an adoptive kid has issues, it's on the adoptive parents. Like with a child with fetal alcohol syndrome. The child has a biological predisposition for certain issues, yet the adoptive parents can't be proactive."
- "Start early; in order to have 'normal' adults then we need to start with children."
- "If we spent as much time and money on mental health, social/emotional aspects as we did putting up gates, active shooter drills, panic buttons in each classroom, then we wouldn't have this reactionary response. Prevention is key, not paperwork. Need teachers, guidance counselors, social workers working as a team."
- "Youth recovery services are needed."

[32] Note: "The Built for Zero is a movement to end homelessness across your entire community, leaving no one behind. Teams focus on chronic and veteran homelessness to learn what it takes to get to zero. Then, they scale their success to find homes for everyone." Information available at https://community.solutions/functional-zero/

- "School psychologists are too busy doing the testing – need two, one for testing and one for guiding portion. Emotional and social and behavioral issues are key. If kids don't feel safe, they won't learn."

Examples of Potential Interventions for Stage 3

- Establish mentoring and access to care programs to provide case workers / mentors for disadvantaged youth (e.g., "JUMP" programs, https://ojjdp.ojp.gov; or others).
- Expand telehealth counseling services for youth e.g., TeenCounseling.com, Synergyetherapy.com, telehealth services offered through Lakeland Regional Hospital, BayCare, and others.
- Expand school-based support to help kids with developmental disabilities.
- Update Baker Act procedures and protocols to address youth-specific situations (in coordination with Public Safety, schools, and others.
- Review policies that limit services for children with autism.
- Add mental health career paths to the school curricula.
- Expand UthMpact and StandUP Polk Coalitions (www.uthmpact.org/about-us).

c) Action Area: First Responders

While traditionally not a population that comes to mind to require special services, the needs of first responders have gained additional attention during the COVID-19 pandemic, exacerbated by the social "Defund the Police" movement occurring across the country.

Putting one's life at risk has always been "part of the job," yet the mental health needs of those serving as police, firefighters, EMS, and others needs additional care from those that they serve. [33]

- "Tons of obstacles to overcome – fear of retribution, fear of being diagnosed with PTSD and getting fired, confidentiality."
- "They don't seek treatment early, so when they do it's overwhelming."
- "Education is #1 to breaking the stigmas."
- "Military vets are told twice not to speak up – once in the military and then again in their first responder role. They're not told directly, but it's part of the culture."
- "It's hard for females in a male-dominated workforce."

Examples of Potential Interventions for Stage 3

- Work with county and individual city police departments, fire departments, and other first responder groups to create or expand trauma and other support groups. Create the equivalent of Peer Support Specialists for first responders.
- Expand or replicate the LRH "VIP" program at other facilities, in which first responders, hospital staff and others in high profile groups in need of care can receive discreet access to E.D. and behavioral health services to maintain confidentiality.
- Increase the number of first responders across all agencies participating in UCF's REACT Training (https://ucfrestores.com/training/peer-support/react-training-program).

[33] Note: Some school social workers are strongly discouraged from seeking behavioral health care since there is a perceived risk that they may lose their license or that their job may be endangered.

d) Action Area: Individuals of Lower Socioeconomic Status

People with lower incomes who may find themselves unemployed or underemployed may have a lack of financial means to provide healthcare or insurance to themselves or their families, tend to face tremendous risk. In addition, national reports have shown that many people suffer from poverty due to a health crisis.[34]

JAMA Psychiatry published a report sharing the results of a longitudinal study examining the relationship between income, mental disorders, and suicide attempts. The results show that the presence of certain mental disorders was associated with lower levels of income. The study showed that participants with household income of less than $20,000 per year were at increased risk of incident mood disorders in comparison with those with income of $70,000 or more per year. The study concluded that "Low levels of household income are associated with several lifetime mental disorders and suicide attempts, and a reduction in household income isassociated with increased risk of mental disorders."[35]

The COVID-19 pandemic has resulted in a large number of people experiencing reduced income, as well as increased mental health and substance misuse needs. KFF conducted a study entitled, "The Implications of COVID-19 for Mental Health and Substance Use," and they reported that, "Research shows that job loss is associated with increased depression, anxiety, distress, and low self-esteem and may lead to higher rates of substance use disorder and suicide. Recent polling data shows that more than half of the people who lost income or employment reported negative mental health impacts from worry or stress over coronavirus …."[36]

- "For people without insurance, there aren't enough options and people get lost in system."
- "Easier way to get affordable medication."
- "Everyone should have health insurance."

Examples of Potential Interventions for Stage 3

- Streamline processes to make it easier for people to qualify for free or reduced cost healthcare and medications.
- Improve promotion of free or reduced-cost healthcare.

[34] https://link.springer.com/article/10.1007/s11606-019-05002-w
[35] JAMA Psychiatry. https://jamanetwork.com/journals/jamapsychiatry/fullarticle/211213
[36] KFF. https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/#:~:text=Recent%20polling%20data%20shows%20that,compared%20to%20higher%20income%20people.

e) Action Area: Senior Citizens

Some of our communities' most at risk include senior citizens, who more than many others tend to experience difficult life circumstances on a regular basis including isolation, increased acuity of health needs, loss of friends and family due to advancing age or illness, and others; and due to these circumstances, they face unique hardships and barriers to accessing care. The CDC published information indicating that approximately 20% of people age 55 years or older experience some type of mental health concern, and the most common include anxiety, severe cognitive impairment, and mood disorders including depression or bipolar disorder.37

COVID-19 has increased the isolation of everyone, but for seniors the affects tend to be exacerbated for many reasons including increased risk due to COVID, being unfamiliar with technology (i.e., Zoom) that may provide valuable human connections, and cognitive impairment. And some retired members of the community who continue to be productive citizens have been unable to volunteer their time due to higher risk of COVID, decreasing the quality of their lives and those who they serve.

- "Polk has a significant senior population, with the pandemic depression is worse for this group. Memory care units aren't affordable, and families have to make difficult decisions. There are empty beds at local memory care units because they're very expensive. Family has to band together or put the patient in skilled nursing facility if they can afford it."
- "Senior isolation – seniors feel that these years especially during COVID have been stolen from them."
- "For the elderly population, isolation, dementia care, and medication management are some of the biggest challenges facing our community."
- "Homeless with dementia are most at risk. Jail isn't built to take care of the elderly and it's not where they belong; it makes things worse. Once you're mobile, you can't be in an area where you're mentally compromised. They're expected to take care of themselves, but they can't."

Examples of Potential Interventions for Stage 3

- Develop outreach programs to provide companionship and support to senior citizens, such as Project VITAL sponsored by the Alzheimer's Association and Florida's Department of Elder Affairs, which provides tablets to nursing homes and senior care facilities.
- Create and/or distribute communications specifically addressing this group's needs and concerns.
- Improve care coordination for elderly with dementia or other cognitive impairment.

[37] CDC. https://www.cdc.gov/aging/pdf/mental_health.pdf

f) Action Area: Migrants

Migrants, those who work in the farming or agricultural industry, or others with unknown immigration status face unique hardships and barriers to accessing care.

Migrant workers often have precarious employment conditions and are more likely to be exposed to workplace hazards and other challenges that may heighten stress levels and increase the need for behavioral health support. Not only may they have the cultural issues due to stigma that affect many communities and the lack of understanding how processes operate in this country, they also may face language barriers and the risk of deportation for themselves, their family, or their friends. As a result, they can be among the hardest to reach either proactively or reactively, yet many indicated that the indigent healthcare funds have helped a large number of people. Therefore, awareness of services, culturally appropriate access to care, and the challenges associated with stigma are among the barriers to care for migrants.

- "Migrant issues include confidentiality and language needs, and not knowing the system. The first door is unknown!"
- "Cultural barriers are a big deal for migrant workers, immigrants including the Creole population. All are super reluctant to engage in ANY behavioral services."
- "Patients don't trust the government. They're very worried about immigration."
- "Migrant population in fear because many parents aren't legal and don't want to report anything to anyone that might keep an able-bodied student from working in fields. Language barriers – kids whose parents don't speak English have to skip school to take parent to doctor."

Examples of Potential Interventions for Stage 3

- Expand indigent healthcare funds.
- Research the possibility of training leaders in Peer Support Program.
- Incorporate cultural sensitivity training for Care Coordinators, Community Health Workers, and others having the ability to motivate migrants to get needed care.
- Increase communications targeted at this community.

g) Action Area: People of Color

Even though Blacks / African Americans and Hispanics are more likely to be in income groups that may be heavier users of behavioral health services, they, in actuality, receive less mental health care, suggesting that cultural or other factors present barriers and reduce access to care.[38]

Lower income levels are highly correlated with the need for behavioral health services in the general population. In Polk County, ethnic minority groups have notably lower median household income levels than whites. However, according to some interviewed, cultural barriers – culturally-based stigma, language issues, and others – in Black / African American and Hispanic communities discourage seeking care for behavioral health issues.

Respondents suggest a number of contributing factors and associated impacts. Noting the general capacity challenges facing the county, some respondents stated that there is a particularly large gap of providers (e.g., counselors) who are people of color and/or possess the language skills needed to effectively care for people who are members of a racial minority group. In addition, people of color living in more rural sections of Polk County face compounded challenges related to transportation and being able to access care. Some research respondent underscored the importance of addressing the needs of lower incomes households (in general) and racial and ethnic minority communities (specifically) since there may be opportunities to break cycles of generational poverty.

- "In many brown and black communities, mental health counseling is viewed as bad."
- "Stigma and pride are more so with black community due to the historical aspect, since many still are affected by the impact of 'Jim Crow' and segregation. In my view, minimal work has been done on how to deal with this issue and pursue real healing. How do you get to heal if you're constantly traumatized, especially if men or women are in abusive relationships?

  There is also a lack of trust of government agencies; many community members feel that they've been traumatized and at times ignored – this is very real to them. The Tuskegee experiment is only 49 years old, and so many other things have happened since then and other traumas. You can't ignore the mental health cost – you may have a breakdown, or it [the impact of system racism and the related behavioral health impact] might hit your child?"
- "People that we serve often get a ride here. Many of my clients [people of color and otherwise] travel 20 to 30 miles, and they don't have a car! Once they get here, we do our best to build a trusted relationship with them. If there are cultural issues, we always try to connect each client with someone [a counselor] who has a similar experience – culturally, racially, and otherwise. It works pretty well!"

Examples of Potential Interventions for Stage 3

- Find trusted leaders in Black and Brown communities to improve communications and trust.
- Encourage students to further education and find employment in behavioral health fields.

[38] Using 2015 outpatient mental health services was most common for adults reporting two or more races (8.8%), white adults (7.8%), and American Indian or Alaska Native adults (7.7%), followed by black (4.7%), Hispanic (3.8%), and Asian (2.5%) adults. Source: National Institute of Mental Health (NIH). Available at https://www.nimh.nih.gov/news/science-news/2015/a-new-look-at-racial-ethnic-differences-in-mental-health-service-use-among-adults.shtml#:~:text=Using%20outpatient%20mental%20health%20services,and%20Asian%20(2.5%25)%20adults.

- Recruit providers who can culturally connect with people of color clients.
- Develop culturally-sensitive stigma reduction strategies (noted elsewhere in this report).
- Create and/or expand mentorship programs and Peer Support Programs.

h) Action Area: People Who Identify as LGBTQ

One group that tends to be marginalized in communities across the United States, the LGBTQ population, was particularly interesting due to the fact that many participants tended not to have much information about them.

About 4.5% of adults in the US identify as LGB[39], and this group faces an environment that puts them at risk for mental health problems[40].

- "People aren't as open about this and they don't push. Danger for transgender people, shelters assign people on gender assigned at birth, but no trans woman is going to stay at men's shelter, for example. LGBTQ youth kicked out of homes and don't have anywhere to go but they can't shelter them becauseof their age, and parents need to give permission for the youth shelters."
- "LGBTQ population is tough. Pride Polk County helps younger population especially with higher rates of suicide. Polk is rural and faith-based, so many kids don't feel comfortable coming out."
- "Gay Straight Alliances are helpful at the high school level, and this may be a good model to use for mental health."

Examples of Potential Interventions for Stage 3

- Expand Gay Straight Alliances at local schools (https://gsanetwork.org/what-is-a-gsa).
- Increase awareness of employers who hire based on sexual orientation or LGBTQ status.
- Build social activities into home room at schools to help build a more accepting culture.

[39] https://news.gallup.com/poll/259571/americans-greatly-overestimate-gay-population.aspx

[40] https://www.psychiatry.org/psychiatrists/cultural-competency/education/stress-and-trauma/lgbtq

i) Action Area: Incarcerated Individuals

Jail inmates are more than five times more likely to experience mental health problems than the general public.[41]

Many incarcerated individuals struggle with behavioral health or substance misuse, and frequently both. Some law enforcement personnel indicate that they can readily identify which inmates are in need of behavioral health services.

Additionally, many law enforcement personnel are also intimately connected and knowledgeable about the communities they serve and are often aware of individuals needing – but not getting – behavioral health care. One person reported that, when needed, they arrest these individuals specifically so they can receive help for their illness, as they may fall into one or more of the high-risk groups covered above who have a hard time accessing care.

While here we briefly cover the needs of individuals currently facing incarceration, the topic is covered in more detail below.

- "Many prisoners were abused, and you need to treat the root problem."
- "Barriers to success of people when they get out of jail include accountability, transportation, and cost. They need enough resources to touch them while they're in and when they get out."
- "Adverse Childhood Experiences (ACEs)[42] are played out in real life in front of me every day."

Examples of Potential Interventions for Stage 3

- Expand counseling services for incarcerated populations through telehealth options and/or additional contracts with local providers.
- Establish stronger MAT programs.
- Expand the Helping Hands program.
- Strengthen community partnerships to help people upon release.
- Ensure consistency of medications during incarceration, if applicable.
- Mandate drug and mental health counseling when individuals are incarcerated.

[41] Bureau of Justice Statistics. Available at https://www.bjs.gov/index.cfm?ty=pbdetail&iid=5946
[42] Adverse Childhood Experiences research. Available at https://www.cdc.gov/violenceprevention/aces/index.html

4. Theme / Strategic Objective 4: Breaking Down Silos

All other research "themes" and related behavioral health (including SUD) needs and service gaps can be positively impacted by effectively breaking down communication and operational silos.

Throughout the qualitative research, the air of collegiality permeated conversations, yet many participants feel that silos still exist – negatively impacting the quality of care and the efficiency with which care is provided.Respondents suggest that competing financial interests and laws that hamper the ability to share patients' protected healthcare information are among the contributing factors.

Another point of conversation within the theme of Breaking Down Silos is the belief that the criminal justice system plays an important role in both addressing and treating behavioral health and substance misuse. In fact, some stated that the criminal justice system may be one of the largest suppliers of mental health services in Polk County. Some interviewed feel that this is a consequence of a fractured healthcare system, and opine that by breaking down silos, improving communications among providers, and improving communications between providers and the various public safety entities, the number of people in jail or prison experiencing behavioral health and substance misuse would decrease. They suggest that breaking down silos would help ensure that people who need help can find the right type of care, rather than being criminalized, generating extreme societal benefit.

There is evidence that initiatives are already growing to address this issue in Polk County. One example is behavioral health providers holding office hours at primary care facilities (i.e., co-location of providers). Another example is mental health counselors being available to 9-1-1 personnel both telephonically and for in-person mobile crisis care, as previously noted. Both illustrate creative problem-solving initiatives among community organizations. To quote one participant, "Polk County seems ahead of the curve for working together and problem solving." Several research participants also strongly suggested that expansion of mobile crisis care services across community-wide organizations could further help break down silos.

Silos impact the continuity of care, as noted. A recent Florida-based study of opioid use disorder (OUD) patients shows that 72% of people identified with OUD never receive medication to address the issues; peoplewho do not continue with a six month medication treatment regimen are five time more likely to die from OUD-related events.[43] Research participants indicate that breakdown silos and having additional supports in place will greatly improve outcomes. See "Cascade of Care" appendix.

For this report, we narrowed the action areas for this theme to:

- Increasing focus on public safety and jail-related issues, including community transitions
- Collaboration and communications

Both are covered in detail below.

[43] Johnson, K., Hills, H., Ma, J., Brown, C. H., & McGovern, M. (2020). Treatment for opioid use disorder in the Florida Medicaid population: Using a cascade of care model to evaluate quality. The American Journal of Drug and Alcohol Abuse, [Epub ahead of print]. doi: 10.1080/00952990.2020.1824236

a) Action Area: Increasing Focus on Public Safety and Jail-related Issues, Including Community Transitions

As previously noted, jails and prisons care for a large share of Polk County residents experiencing behavioral health and substance misuse.

Challenging the ability of inmates to receive care, is that their time incarcerated is relatively short – too short to fully receive all of the needed care. Respondents also indicate that the recidivism in the jail population results in – at best – disrupted continuity of care between jail-based providers and community-based providers. This approach does not effectively meet the needs of the individual or the community as a whole. So, while the following provides some data points for consideration and suggestions collected from the research, true change needs to occur at the system level.

- "The county has a great problem-solving court. Engaging with re-entry people is needed. Going through problem solving court program is 18 months, but when they graduate, they need more help."
- "ROI is to invest with kids, but this isn't the discussion that occurs. All organizations look at their issues only."
- "Identify people who have reached out for help in many ways before the Sheriff's Office or police arrive at the scene."
- "We want to avoid the school shooting that happened at Marjory Stoneman Douglas."
- "We have the school silo, mental health silo, etc. The silos are killing us."

Examples of Potential Interventions for Stage 3

- Strengthen links between pre-release coordinators and community-based behavioral health (including substance use disorder) service providers.
- Pre-release, schedule initial community-based appointments to be conducted within 72 hours of release.
- Enhance pre-release planning activities by working with the incarcerated person, his or her family and support network to create a success plan.
- Expand job placement and housing support for inmates to be released.
- Create a concerted advocacy effort to change legislation.

b) Action Area: Collaboration and Communications

Perhaps one of the greatest opportunities for Polk County is to truly improve collaboration among providers.

Collaboration in this context, as related by qualitative research participants, involves the following topic areas:

- ***Client or Patient Information.*** Sharing of information about behavioral health clients / patients in a way that maximizes the efficiency of care, reduces client / patients burden and improves access to care, leads to better quality care and outcomes, and, of course, protects client / patient privacy.
- ***Multiple Provider Information.*** Coordinating services to provide enhanced continuity of care for clients or patients receiving services from multiple providers.
- ***System-level Coordination.*** Participants note that services are not always equitably administered across Polk County – some areas get few if any services while others receive a higher relative concentration of services. System-level coordination is suggested as a way to better attract and allocate scarce resources while improving access to care.

Collaboration in one or more of the topic areas above was identified by nearly all qualitative research participants. The goal of increasing the efficiency by which clients / patients receive care is often considered an immense challenge. However, some research participants articulately noted that a select number of core changes that involve a few of the larger providers could make a significant impact. Their associated point was, as one person said, "We can't boil the ocean, but with a little effort, we can make a positive change to how we work together and – more importantly – our patients' health."

Multiple conversations included suggestions about improving collaboration and communications. A few of the select topics included as coordinating client / patient protocols among continuity of care professionals, systems and technology connectivity, and more.

- "Improve communications between hospital, doctor and other facilities. And – don't forget about the [Public] Health Departments!"
- "Communication among agencies is vital – hard with HIPAA and other laws and restrictions. Several platforms are available to share info, but one universal system would be helpful, even if only for referrals to send patients for larger agencies. No time to manage all of the various platforms."
- "It comes down to data sharing and knowing who has a mental health or substance abuse history. Cops don't want to shoot."
- "Organizations need the same EHR to improve communications and break down silos."
- "Play devil's advocate and look at why things are the way they are, why things/processes should be changed, ask the hard questions and don't assume the way things have been done are the right way."

Examples of Potential Interventions for Stage 3

- Create one central resource for behavioral health and substance misuse services, and ensure it is kept up to date. Improve communications among agencies, including a possible listserv.
- Incentivize collaboration among community-based organizations (CBOs), health systems, and – importantly – Public Health agencies.
- Consider integrated strategies addressing social determinants of health for individuals with behavioral health needs.

- Fund partnerships focused on reducing stigma and educating community members on Mental Health First Aid, offering family support and counseling, and building crisis stabilization resources.
- Support development of “learning collaboratives” for therapists and providers, or a way to bring private practitioners together for learning, networking, etc.
- Consider a pilot project such as the following:
    - Get informed consent from people who have been Baker Acted and stabilized, so that the public safety agencies have their name and pre-defined information shared if/when they get in trouble again. Only limited people would have access to this information, and define parameters, such as in life-or-death situations.
- Review the processes of transitions of care and improve hand-offs between agencies.

C. Appendix C: NAMI 9 Ways to Fight Mental Health Stigma

Most people who live with mental illness have, at some point, been blamed for their condition. They've been called names. Their symptoms have been referred to as "a phase" or something they can control "if they only tried." They have been illegally discriminated against, with no justice. This is the unwieldy power that stigma holds.[44]

Stigma causes people to feel ashamed for something that is out of their control. Worst of all, stigma prevents people from seeking the help they need. For a group of people who already carry such a heavy burden, stigma is an unacceptable addition to their pain. And while stigma has reduced in recent years, the pace of progress has not been quick enough.

All of us in the mental health community need to raise our voices against stigma. Every day, in every possible way, we need to stand up to stigma. If you're not sure how, here are nine ways our Facebook community responded to the question: "How do you fight stigma?"

Talk Openly About Mental Health

"I fight stigma by talking about what it is like to have bipolar disorder and PTSD on Facebook. Even if this helps just one person, it is worth it for me." – Mental health services consumer

Educate Yourself And Others

"I take every opportunity to educate people and share my personal story and struggles with mental illness. It doesn't matter where I am, if I over-hear a conversation or a rude remark being made about mental illness, or anything regarding a similar subject, I always try to use that as a learning opportunity and gently intervene and kindly express how this makes me feel, and how we need to stop this because it only adds to the stigma." – Mental health services consumer

Be Conscious Of Language

"I fight stigma by reminding people that their language matters. It is so easy to refrain from using mental health conditions as adjectives and in my experience, most people are willing to replace their usage of it with something else if I explain why their language is problematic." – Mental health services consumer

Encourage Equality Between Physical And Mental Illness

"I find that when people understand the true facts of what a mental illness is, being a disease, they think twice about making comments. I also remind them that they wouldn't make fun of someone with diabetes, heart disease or cancer." – Mental health services consumer

Show Compassion For Those With Mental Illness

"I offer free hugs to people living outdoors, and sit right there and talk with them about their lives. I do this in public, and model compassion for others. Since so many of our homeless population are also struggling with mental illness, the simple act of showing affection can make their day but also remind passersby of something so easily forgotten: the humanity of those who are suffering." – Mental health services consumer

[44] National Association for Mental Illness (NAMI). Available at https://www.nami.org/blogs/nami-blog/october-2017/9-ways-to-fight-mental-health-stigma

Choose Empowerment Over Shame

"I fight stigma by choosing to live an empowered life. To me, that means owning my life and my story and refusing to allow others to dictate how I view myself or how I feel about myself." – Mental health services consumer

Be Honest About Treatment

"I fight stigma by saying that I see a therapist and a psychiatrist. Why can people say they have an appointment with their primary care doctor without fear of being judged, but this lack of fear does not apply when it comes to mental health professionals?" – Mental health services consumer

Let The Media Know When They're Being Stigmatizing

"If I watch a program on TV that has any negative comments, story lines or characters with a mental illness, I write to the broadcasting company and to the program itself. If Facebook has any stories where people make ignorant comments about mental health, then I write back and fill them in on my son's journey with schizoaffective disorder." – Mental health services consumer

Don't Harbor Self-Stigma

"I fight stigma by not having stigma for myself—not hiding from this world in shame, but being a productive member of society. I volunteer at church, have friends, and I'm a peer mentor and a mom. I take my treatment seriously. I'm purpose driven and want to show others they can live a meaningful life even while battling [mental illness]." – Mental health services consumer

This is what our collective voice sounds like. It sounds like bravery, strength and persistence—the qualities we need to face mental illness and to fight stigma. No matter how you contribute to the mental health movement, you can make a difference simply by knowing that mental illness is not anyone's fault, no matter what societal stigma says. You can make a difference by being and living Stigma Free.

D. Appendix D: Polk County Community Behavioral Health & Substance Misuse Dashboard

Below is a sample of how to organize the community-wide dashboard and possible measures.

		Building Capacity & Increasing Access toCare	Reducing Stigma	Increasing Services for Higher Risk Groups	Breaking Down Silos
Process Measures	Behavioral Health	Baker Acts total • New patients • Repeat patients Mental Health First Aid classes	• Individuals in marginalized groups to sharetheir stories • Participants in Stigma	• Age-Adjusted Hospitalization Rate due to Mood (Affective) Disorders among Children (0 - 17Years)	• Advocacy (state, local) • Providers who take private insurance & Medicare/Medicai d
	Substance Use	Marchman Acts total • New patients • Repeat patients			
Intermediate Measures	Behavioral Health	Mental Health First Aid participants			
	Substance Use				
Outcome Measures	Behavioral Health	Patients utilizing Mental Health First Aid services	• Increase in targeted marginalized groups receivingcare • Increase in supportive mediacoverage • Improved results inStigma Measure Survey	Adults 65+ who have taken medications for mental health	• Changes in regulatory environment that allowsand incentivizes sharing of info within the public safety and BH community
	Substance Use	Peer Support Specialists	Increase in targeted marginalized groups receiving		See above

Example of Dashboard Measures

- Dashboard Measures
  - Baker Acts total
    - New Patients
    - Repeat Patients
  - Marchman Acts total
    - New Patients
    - Repeat Patients
  - Behavioral health crisis calls by month
    Different entry forms to complete
  - EMS incidents for suspected suicide attempt or self-harm by month
    Age-adjusted hospitalization rate for mental health disorders among
  - childrenAge-adjusted death rate due to suicide
    Persons with a cognitive disability
  - Age-adjusted ER rate due to mental health
    Age-adjusted ER rate due to pediatric mental health
  - Age-Adjusted ER Rate due to Suicide and Intentional Self-inflicted Injury
    Age-Adjusted Hospitalization for Major Depressive Disorders among Adults
  - Age-Adjusted Hospitalization for Major Depressive Disorders among Children
    Age-Adjusted Hospitalization for Mental Health Disorder (Not Including Drug and Alcohol Induced) among
  - AdultsAge-Adjusted Hospitalization for Mental Health Disorder among Adults
    Age-Adjusted Hospitalization for Mood (Affective) Disorders among Adults
  - Age-Adjusted Hospitalization for Psychotic Non-Mood Disorders among
    AdultsAge-Adjusted Hospitalization Rate due to Mental Health
  - Age-Adjusted Hospitalization Rate due to Mood (Affective) Disorders among Children (0 - 17
    Years)Age-Adjusted Hospitalization Rate due to Pediatric Mental Health
  - Age-Adjusted Hospitalization Rate due to Suicide and Intentional Self-inflicted Injury
    Depression: Medicare Population
  - Frequent Mental Distress
    Poor Mental Health: Average Number of Days
  - Age-Adjusted Death Rate due to Alzheimer's Disease
    Alzheimer's Disease or Dementia: Medicare Population
  - Adults 65+ who Have Taken Medications for Mental Health
    Cause of death among adults 65+: Suicide
  - Overdose deaths
    - Opioid

        - Non-opioid
    - Psychiatrists
      School social workers
    - Peer Support Specialists
      Mental Health Provider Rate
    - Recovery Groups
      Mental Health First Aid graduates
    - Number of storytellers
      Funding by location
    - Municipalities with behavioral health professional on 9-1-1 team
- National Examples of Dashboard Best Practices
    - Think Health St. Louis
        - https://www.thinkhealthstl.org/indicators/index/dashboard?alias=mentalhealth
    - Wisconsin Department of Health Services
        - https://www.dhs.wisconsin.gov/mh/county-services-dashboard.htm
    - San Mateo County Health
        - https://www.smchealth.org/post/behavioral-health-recovery-services-dashboards
    - Orange County's Healthier Together
        - http://www.ochealthiertogether.org/index.php?module=indicators&controller=index&action=dashboard&alias=behavioralhealth
    - Dakota County Behavioral Health Dashboard (Minnesota)
        - https://dakotacounty.maps.arcgis.com/apps/opsdashboard/index.html#/43f5a477e62f439db530a1cc0a584e76
    - Well Dorado (El Dorado County, California)
        - http://www.welldorado.org/indicators/index/dashboard?id=81782222351235100
    - iDashboards - see a few dashboards, each with a specific focus area
        - https://www.idashboards.com/solutions/behavioral-health-dashboards/

E. Appendix E: Compendium of Additional Insights and Ideas

Throughout the Polk Vision project, scores of ideas and insights were identified. The following appendix includes ideas and insights contributed by community leaders, behavioral health services consumers, and others. The information below is intended to be used as a repository of ideas that may be referenced by future community stakeholders and others. The following appendix is categorized into the five core strategies as noted in the body of the Stage 3 report.

1. Expand crisis care, behavioral health awareness, and early intervention for youth.

- Expand Access to Crisis Care Among High-need Community Groups
    - Expand Crisis Intervention Training (CIT) to a wider range of first responders and care providers. CIT benefits first responders and community members by providing more appropriate and helpful intervention to people needing services. See inset.
    - Jointly develop a central message and public information campaign to improve awareness of, and access to, crisis lines and other current programs. Adopt a Public Resource Platform such as Enhanced 211, Polk FORWARD©, or FindHelp.org.[51]
    - Strengthen community awareness of "No Wrong Door" initiatives; establish collaborative MOUs to solidify operational arrangements – referrals, coordination of care, and access. For example, Institute a "No Wrong Door" (NWD) System. A NWD system is where anyone can be seamlessly connected to the full range of community-based options available. Through a network of agencies, NWD expands access to services and supports, helping individuals and their caregivers navigate resources they need with a person-centered approach."[52] Revised policies within direct care provider sites and other first responders, as well as MOUs between them are required to address the NWD strategy.
- Expand services for individuals and families experiencing homelessness; services can be designed to reduce the number of people experiencing homelessness or reduce the negative impact of being homeless for others.
    - Establish a chapter of Downtown Streets Team (to support people experiencing homelessness). See note above.
    - Enroll in and pursue zero functional homelessness among veterans via Community Solutions (Built for Zero).

[51] Note: Increased awareness of existing services is a principal tenet to efficient use of services. Greater awareness drives down relative utilization of urgent or emergency services while improving general access to care. Some Polk County outpatient and specialized care services are underutilized not because of capacity (i.e., they do not exist) but because community members who may need the services either are not aware that they exist or are not aware of ways to access them.

[52] U.S. Department of Health and Human Services. Available at https://nwd.acl.gov/our-initiatives.html

- Establish a U.S. Postal Service "Mail Room" where individuals experiencing homelessness can have a mailing address. Lack of a mailing address is a significant barrier faced by homeless individuals when seeking employment or permanent housing.

- Expand youth- and senior-focused services.
  - Establish mentoring and access to care programs to provide case workers / mentors for disadvantaged youth (e.g., "JUMP" programs, https://ojjdp.ojp.gov; or others).
  - Execute MOUs with Agency Area on Aging, Meals on Wheels, Rehabilitation Hospitals (and similar outpatient service providers), local and County public safety and other first responders to manage a database of higher-risk seniors. Expand proactive outreach services using CHWs)or others) to engage high-risk seniors who are likely to suffer from social isolation and may lack support or motivation to seek behavioral health and chronic condition care.
  - Develop outreach programs to provide companionship and support to senior citizens, such as Project VITAL sponsored by the Alzheimer's Association and Florida's Department of Elder Affairs, which provides tablets to nursing homes and senior care facilities.

2. Create a Polk County behavioral health coalition (or assign the oversight to an existing entity) to coordinate diverse activities designed to address Polk County behavioral health initiatives emerging from this, and similarly focused, projects.

- Create a central entity to guide aggregate efforts noted above. The entity must have the authority to direct participating community partners, collect and publish dashboard items, initiate workplan items, and spearhead core role activities. Additional roles may include the following:
  - Advocacy – Educate elected officials with a unified voice about behavioral health and substance misuse. Advocate at the local, state, and federal levels for changes that would allow community partners to share information; remove restrictive regulations. Remove barriers to collaborative care (low hanging fruit).
  - Create or adopt one central resource for behavioral health and substance misuse services, and ensure it is kept up to date. FORWARD may be a good option.
  - Expand early intervention capabilities through Mental Health First Aid training, Trauma Informed Care Training, etc.

- Streamline and optimize the efficiency of care.
  i. Co-locate counseling services and/or peer support services in hospital emergency departments. Co-locate care coordination services throughout Polk County, either telephonically or in-person.
  ii. Develop "learning collaboratives" for therapists and providers, or a way to bring private practitioners together for learning, networking, etc. Crescendo Consulting Group's "Harbor Performance Initiative" model has successfully engaged inpatient psychiatric hospitals in a highly impactful learning collaborative for nearly ten years. Crescendo has offered to provide the HPI model for use in Polk County.

3. Expand the capacity of behavioral health services in Polk County.

- Increase aggregate funding for behavioral health providers.
    - Adopt a Grant Management system that can (1) help coordinate access to care, (2) manage grant applications and track performance, (3) alert potential grantees of prospective funding streams.[53]
- Establish a long-term plan to expand affiliated medical support professional capacity, and in doing so, reduce the urgency of growing the direct care provider base.
    - Increase the number of certified community health workers (CHWs) by partnering with training sites such as Peace River, Tri-County Human Services, Southeastern University, and others. Engage the Palm Beach County Medical Society Services, and review options to inexpensively provide CHWtraining that will expand the care coordination provider base.
    - Revise existing care coordination activities at local providers such as BayCare and Advent, as well as Orlando Health and others currently provide care coordination services to include additional services for behavioral health patients.
    - Increase use of telehealth services (including promoting access to and awareness of existing telehealth services including more rural communities outside of Lakeland), and identify, and contract with, a telehealth service provider who can provide flex capacity and crisis servicesthroughout Polk County. Specifically, implement the following three initiatives:
        - Expand telehealth outpatient services and support group availability. Due to the pandemic, a high of over 70% of outpatient care visits were conducted (April 2020). Going forward, it is likely that between 15% and 20 % of outpatient behavioral health visits may be consulted via telehealth. Telehealth offers the ability to serve clients facing transportation challenges, yet it is limited in areas where broadband access is not strong. Telehealth resources either co-located locally or supplied from outside the region provide relatively rapid resources that may be applied to address growing behavioral health needs.
        - Establish or expand e-consult services. Telehealth capacity may also be structured to provide e-consult services so that primary care providers, hospital Emergency Departments, and other first responders can have quick access to medical / psychiatric specialists. Some of the leading providers include AristaMD, RubiconMD, and MediOrbis.
        - Market telehealth resources to the community by engaging public health, public safety, and major service providers. Initially frame telehealth as an improved access to initial care resources – expanding and integrating it with other modalities, as needed.[54]

[53] NOTE: The FORWARD model will be used to identify grant opportunities – based on individually designed criteria – for all Polk County service providers choosing to be part of the model. Participation in the model (free of charge) will also allow Polk Vision and others to maintain a real-time, accurate directory of behavioral health service providers. FORWARD will also collaboratively manage all grant application activities with the soliciting organization: community outreach / solicitation, selection criteria development, application management, application scoring, applicant communications, awardee selection, funds distribution, reporting of applicant profiles, and others.

[54] Reference: TeenCounseling.com, Synergyetherapy.com

4. **Expand criminal justice system services to reduce jail system recidivism and address the needs of highly acute inmates.**

- Provide more focused care structures for the first responders and those in the criminal justice system.
    - Create the equivalent of Peer Support Specialists for first responders. Work with Polk County Sheriff's Office, city police departments, fire departments, and other first responder groups to create or expand trauma and other support groups.
    - Expand or replicate the Lakeland Regional Health "VIP" program at other facilities, in which first responders, hospital staff and others in high profile groups in need of care can receive discreet access to E.D. and behavioral health services to maintain confidentiality.
    - Increase the number of first responders across all agencies participating in UCF's REACT Training (https://ucfrestores.com/training/peer-support/react-training-program).

5. **Engage diverse community groups in immediate and ongoing activities to improve community health and wellness and to support efforts to enact behavioral health initiatives.**

- Institute focused awareness and education programs that fight self-stigma, community stigma, and institutional stigma.
    - Create greater access to AA, ALATEEN, and NA meetings and support groups. Provide virtual access to meetings, increase awareness of meetings and ways to get involved. Link group attendance as an optional part of discharge planning and/or outpatient service use.
    - Work with churches and other cultural leaders to break culturally based stigma.
    - Engage representatives from the Downtown Streets Team to advise on the possibility to establish the first non-West Coast chapter of this successful model.
    - Work with public sector entities, large employers, and insurance providers to review parity between the way that physical and behavioral health needs are covered. Where imbalance is found, advocate for legislative changes (or, in some cases, changes of internal policies).
    - Develop a "toolkit" that can be shared with area Chambers, employers and their EAPs, non-profit member organizations, neighborhood resources, and others to communicate anti-stigma messages and training to their constituents. Recent research shows that the majority of employees (63%) thought that there was mental health stigma in the workplace; while 25% of HR managers had never received any training regarding ways to support employees with

behavioral health needs.[55] Toolkits are available from sources such as the Addiction Technology Transfer Center Network, The Danya Institute, and the State of Michigan.[56]

Best Ways Employers Can Address Behavioral Health Stigma in the Workplace

- Leadership. Visibly position leaders to champion a mentalhealth-friendly workplace.
- Engagement. Involve employeesin all aspects of mental health- related workplace decision- making.
- Benefits. Offer a comprehensivepackage of employee-centered medical benefits and programs. Develop and implement a mental health plan that makes accessing these resources easy for employees.
- Communications. Communicateclearly and often to employees about the organization's mentalhealth policies and benefits.
- Community partnerships. Use community partnerships to promote the objectives of the mental health plan, such as community-based organizationsthat provide mental health services.

[55] Miller, Stephen, "Employers Fight the Stigma Around Mental Health Care," Society for Human Resource Management. Available at https://www.shrm.org/resourcesandtools/hr-topics/benefits/pages/employers-fight-mental-health-care-stigma.aspx

[56] Available at https://www.michigan.gov/documents/mdch/A_Toolkit_for_Change_403480_7.pdf