Southeast Florida
BEHAVIORAL HEALTH NETWORK

2022-2024 FLORIDA BEHAVIORAL HEALTH NEEDS ASSESSMENT

Regional Report
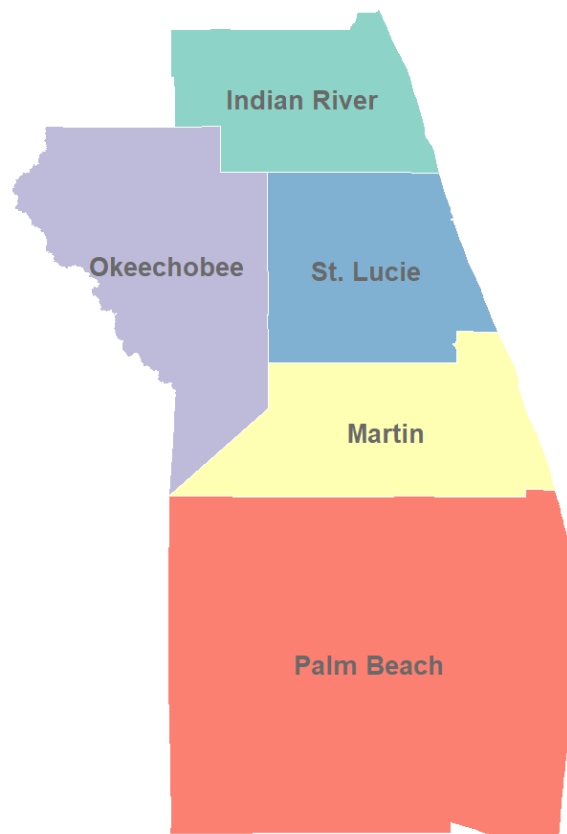
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Contents

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CEO Remarks

It is my privilege to share with you the findings of our Triennial Needs Assessment—a comprehensive and data-driven reflection of the evolving needs, challenges, and opportunities within our communities and service areas.

This assessment is more than a report. It is a strategic blueprint—a roadmap that will guide our decisions, shape our priorities, and inform our funding strategies over the next three years. It reflects the voices of those we serve, the insights of our partners, and the expertise of our dedicated team.

As we look ahead, the information captured here will help us:

- **Align our resources** with the most pressing and emerging needs.

- **Strengthen our impact** by investing in programs that deliver measurable outcomes.

- **Foster innovation** by identifying gaps and exploring new approaches to service delivery.

- **Establish clear pathways** that empower families to thrive, uphold dignity, and build sustainable strength for the future.

We are committed to using this assessment not only as a tool for reflection but as a catalyst for action. It will serve as the foundation for our strategic planning, grantmaking, and advocacy efforts—ensuring that every decision we make is rooted in evidence, guided by community input, and focused on creating lasting change.

I want to thank everyone who contributed to this important work—our staff, partners, stakeholders, and community members. Your insights and collaboration have made this assessment a powerful instrument for progress.

Together, we will use this roadmap to move forward with clarity, purpose, and impact.

Thank you.

Ann M. Berner, President/CEO

Executive Summary

The Southeast Florida Behavioral Health Network (SEFBHN) conducts a triennial behavioral health needs assessment in compliance with Florida Statutes. This process provides a comprehensive review of service capacity, access, quality, and gaps across the regional system of care. The assessment serves as both a statutory deliverable and a planning tool to guide resource allocation, strengthen system capacity, and ensure recovery-oriented, peer-involved care.

PURPOSE

The 2022–2024 SEFBHN Triennial Needs Assessment was conducted to evaluate how well the behavioral health system meets the needs of the region's diverse population. The assessment is designed to inform planning, guide resource allocation, and ensure accountability to both state and community partners. Specifically, it examines:

- The capacity of services and workforce
- Access through No Wrong Door model
- The quality of treatment, recovery, and support services
- Persistent gaps in mental health and substance use care, including services for children, transitional-aged youth, and other vulnerable populations

METHOD

To achieve this purpose, SEFBHN used a comprehensive, mixed-methods process that brought together administrative data, consumer perspectives, provider and staff input, and stakeholder voices. This process ensured that the findings reflect both quantitative trends and lived experience across the region. Data sources included:

- **Consumer Satisfaction Surveys:** A total of 13,480 surveys were collected across FY 2022–23 (6,453 surveys) and FY 2023–24 (7,027 surveys).
- **Provider and staff surveys:** Results from the No Wrong Door Access to Care Survey (81 providers) and the Care Coordinator Survey (12 staff), capturing front-line perspectives on system strengths and barriers.
- **Stakeholder interviews and focus groups:** 15 focus groups and interviews with 127 participants, including peers, providers, and community leaders from all five counties.
- **Plan reviews:** Analysis of strategic and community plans, including the Palm Beach CHIP, the BHSUCOD Plan, the Birth to 22 Youth Master Plan, and the 2024 Behavioral Health Gap Analysis.

DEMOGRAPHIC AND SOCIOECONOMIC CONTEXT

The SEFBHN region is home to a diverse and growing population whose demographic and socioeconomic profile directly influences behavioral health needs and service delivery. SEFBHN's service area—Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie Counties—had a combined population of 2,218,259 residents in 2023, an increase of more than 70,000 since 2020.

- **Aging population:** The region has a higher share of older adults compared to the state as a whole, with 25.7% of residents age 65 or older, versus 21.1% statewide. Indian River County has the oldest profile, with more than one in three residents age 65 or older (34.2%) and a median age of 55.0.

- **Youth population:** Youth make up a slightly smaller share of the regional population, with 18.6% under age 18 compared to 19.6% statewide. Okeechobee County stands out as the youngest in the region, with 21.4% of its residents under 18.
- **Race & ethnicity:** The region's population is 19.6% Black, a higher proportion than the state (18.3%). Hispanic/Latino residents account for 25.4% of the region, lower than the Florida average of 31.8%, but increasing from 20.8% at the time of the last triennial assessment.
- **Economic indicators:** Overall, 11.4% of residents live below the federal poverty line, lower than the statewide rate of 12.6%. However, disparities are present: Okeechobee County's poverty rate is 19%, with more than two in five residents below 200% of the poverty level, highlighting higher socioeconomic vulnerability in rural areas.
- **Clients served vs. regional demographics:** SEFBHN clients differ from the general population. In FY 2023–24, 22.4% of clients were children, a higher share than their proportion of the regional population (18.6%). Black residents comprised 32.3% of clients served, compared to 19.6% of the region's population. Conversely, Hispanic clients were 21.7% of those served, lower than their 25.4% share of the regional population.

HEALTH STATUS

Behavioral health outcomes in the SEFBHN region reflect both areas of elevated need and concerning trends, particularly among youth populations. Data suggest declining prevalence among youth, yet rising service demand indicates higher acuity or improved access.

- **Self-reported overall health**: In 2022, 85.1% of adults in the SEFBHN region rated their overall health as "good" to "excellent", an improvement from 81.2% in 2019 and notably higher than the Florida statewide rate of 82.6%. Within the region, Martin (86.9%) and Palm Beach (86.4%) reported the highest percentages of adults in good to excellent health, while Okeechobee lagged at 72.5%, consistent with longstanding disparities.

- **Self-reported mental health:** A strong majority of adults also reported positive mental health: 86.9% of adults indicated good mental health in the past 30 days, compared to 85.0% statewide. County-level variation was pronounced, with Martin County highest at 91.3% and Okeechobee lowest at 79.3%, where more than one in five adults (20.7%) reported poor mental health.

- **Mental health hospitalizations:** In 2023, the SEFBHN region recorded higher rates of hospitalization for mental health disorders than the state overall. The age-adjusted rate for all ages was 1,034 per 100,000 residents, compared to 959 statewide. Among children and youth ages 0–17, the disparity was even more pronounced: 788 per 100,000 in the region versus 697 statewide. These elevated hospitalization rates indicate heavier reliance on acute care services, signaling potential gaps in prevention and community-based alternatives.

- **Suicide:** Across the SEFBHN region, the overall age-adjusted suicide rate was 13.8 per 100,000 in 2023, slightly below the Florida average of 14.1. However, county-level variation is significant:

- o **Okeechobee County:** Suicide mortality was 33.1 per 100,000, more than double the state average, driven by an exceptionally high rate among males (55.1 per 100,000).
  - o **Indian River County:** Suicide mortality was 19.0 per 100,000, elevated for both genders, with male rates at 28.4 per 100,000 and female rates at 10.9 per 100,000, both above statewide averages.
  - o **St. Lucie County (Youth):** 12.6% of high school students reported seriously considering attempting suicide, compared to 11.3% across the SEFBHN region.

- **Substance use trends:** Patterns of substance use in the SEFBHN region show stability among adults but important shifts downward among youth.

  - o **Adult tobacco use**: Regional smoking rates have declined to 10.8% in 2022, below the statewide average of 11.3%. Palm Beach (9.4%) and Martin (9.8%) report the lowest prevalence, while Okeechobee (17.8%) and Indian River (15.7%) remain well above state levels.
  - o **Youth tobacco use**: Only 2.4% of students in the region used tobacco in the past 30 days, lower than Florida's 2.9%, and down substantially from 8% in 2020.
  - o **Youth vaping:** Vaping has declined since 2020. In 2024, 14.0% of SEFBHN youth had ever vaped and 5.1% had vaped in the past 30 days, compared to 16.6% and 8.0% statewide.
  - o **Youth marijuana use**: As of 2024, 11.6% of SEFBHN youth reported lifetime marijuana use and 5.5% reported use in the past 30 days, slightly below state rates (13.2% lifetime, 6.3% past-month).
  - o **Youth alcohol use:** Alcohol use continues to trend downward. In 2024, 25.7% of youth had ever tried alcohol and 10.5% reported past 30-day use, both slightly below statewide levels (26.9% and 10.2%). Binge drinking was reported by 4.3% of regional youth, nearly identical to the state average (4.4%).
  - o **Clients in substance use programs:** Despite downward trends in youth survey data, the number of youth served in SEFBHN-funded substance use programs increased 10% from FY 2022–23 to FY 2023–24 (1,921 to 2,116). Adult participation also rose, though more modestly, increasing 5% (7,111 to 7,436). This suggests that while population-level prevalence is stable or declining, the demand for treatment services is growing, possibly reflecting improved access, stronger referral pathways, or the impact of outreach and awareness efforts.

HOMELESSNESS

In 2024, Florida recorded 31,362 individuals experiencing homelessness, a rate of 14.3 per 10,000 residents, unchanged from the prior year. The SEFBHN region mirrored this stability, with 2,857 individuals and a consistent rate of 12.9 per 10,000. While overall numbers remained stable, the composition of homelessness is shifting, with a growing share of individuals experiencing unsheltered homelessness.

- **Unsheltered homelessness:** In 2024, the SEFBHN region reported 2,827 individuals experiencing homelessness, with an alarming 75.2% unsheltered (2,134 people), up from 68.7% in 2023. This is far higher than the statewide average of 54.1% unsheltered. Chronic

homelessness also grew sharply, from 16.0% to 22.8% of the regional homeless population in just one year.

- **Student homelessness:** During the 2022–23 school year, 10,242 students in the SEFBHN region were identified as homeless. The overwhelming majority (82.9%) were in shared housing arrangements, while only 17.1% accessed shelters, motels, or other temporary housing —considerably lower than the statewide rate of 26.7% in these categories. Reliance on shared housing was highest in St. Lucie County (87.5%), followed by Martin (84.8%), Okeechobee (84.0%), and Palm Beach (80.9%).
- **County trends:** Palm Beach County experienced the steepest increase in overall homelessness, rising from 1,855 in 2023 to 2,126 in 2024, with its rate climbing from 12.5 to 14.1 per 10,000 residents. In contrast, Indian River declined from 341 (21.0 per 10,000) to 225 (13.7), Martin from 246 (15.7) to 195 (12.2), and St. Lucie from 338 (9.9) to 281 (8.1).
- **Clients served in SEFBHN:** In FY 2023–24, SEFBHN-funded programs served 2,615 clients experiencing homelessness, nearly all adults in mental health (1,312) or substance use (1,288) programs. Only 15 children were identified as homeless across all programs, less than 1% of the total. This contrasts sharply with school data showing 10,242 students in 2022–23 with unstable housing, most living in shared housing (82.9%). The disparity suggests that behavioral health programs capture primarily adults in unsheltered or chronic homelessness, while children in doubled-up or temporary housing are largely invisible in client data. This gap points to differences in definitions and screening practices that may undercount vulnerable youth and families in unstable housing.

SYSTEM CAPACITY AND SERVICE UTILIZATION

SEFBHN has continued to expand its reach, serving 25,471 individuals in FY 2023–24, up from 24,859 in FY 2022–23 and 23,409 in FY 2020–21—reflecting steady growth of more than 2,000 additional clients since the last triennial assessment. While utilization is increasing, stakeholders consistently pointed to critical bottlenecks in system capacity, including insufficient transition options after acute care, limited detox and co-occurring services, and ongoing workforce shortages that restrict timely access.

- **Age groups served:** Adults comprised about 77.6% of clients, while children accounted for 22.4%, steadily rising year over year from 21.5% in FY 2020–21.

- **System strengths:**
  - **Comprehensive crisis response:** Each county has at least one designated receiving facility, and Mobile Response Teams (MRTs) are available regionwide to de-escalate crises in homes, schools, and communities.
  - **Peer integration:** The region has 144 certified peer specialists, who provide recovery support in crisis units, reentry programs, and peer-run clubhouses, helping reduce stigma and increase engagement.
  - **Family-centered and evidence-based models:** Programs such as FITT, MST, Wraparound, and CAT teams are actively used to stabilize families and prevent higher levels of care.

- - **Collaboration and innovation:** Providers highlighted strong partnerships with law enforcement, schools, and community-based organizations, including co-response teams and diversion strategies.
  - **Client satisfaction:** Surveys indicate high levels of respect and appropriateness of care, with more than 90% of clients reporting positive experiences across multiple domains.

- **System Opportunities:**
  - **Step-down and transitional care:** Stakeholders noted a lack of step-down facilities and sub-acute stabilization options, leaving many clients discharged from crisis units or inpatient care without appropriate supports.
  - **Detoxification services:** Limited detox bed availability—particularly in rural counties—was cited as a major barrier to timely treatment and continuity of care.
  - **Co-occurring services:** Gaps remain for individuals with co-occurring mental health and substance use needs, especially those with overlapping autism spectrum diagnoses.
  - **Respite housing:** Short-term housing supports are scarce, particularly for families, transitional-aged youth, and mothers with children.
  - **Workforce and access:** A shortage of psychiatrists, child-serving clinicians, and bilingual staff contributes to long waitlists, and stakeholders reported that clients often disengage while waiting.
  - **Underserved populations:** Transitional-aged youth, LGBTQ+ individuals, uninsured, and undocumented residents face additional barriers to access, highlighting gaps in culturally responsive and flexible services.
  - **System navigation:** Families and providers described challenges in finding the right service pathway, navigating eligibility rules, and dealing with inconsistent referral processes.

- **Service Array Distance Standards:** There are currently no services that require individuals to travel more than one hour.

NO WRONG DOOR ACCESS TO SERVICES

Florida defines a No Wrong Door model as one that ensures individuals with mental health and/or substance use disorders can access acute care services regardless of the entry point into the system. The SEFBHN region has established a network of care coordination, designated receiving facilities, crisis stabilization units, detoxification programs, mobile response teams, and peer supports that collectively function as this system of entry.

- **Strengths:** Each county has at least one designated Baker Act facility, with Palm Beach and St. Lucie operating more robust systems. Mobile Response Teams, 2-1-1, and the 9-8-8 Lifeline expand access beyond hospitals, while peer programs such as Rebel Recovery and Jeff Industries offer low-barrier supports. Provider surveys reflect high confidence in the model, with over 90% agreement on person-centered care, outreach, and coordination.

- **Critical gap—hospital discharge and continuity of care:** Stakeholders repeatedly emphasized that poor discharge planning is a major breakdown in the no-wrong-door system.

Too often, individuals leave inpatient facilities without follow-up supports or clear referrals, undermining continuity of care and increasing risk of relapse, rehospitalization, or crisis recurrence. This gap was identified as one of the most urgent barriers to achieving seamless access.

- **Additional Challenges:** Smaller counties rely on fewer facilities and limited transportation, creating uneven access. Stakeholders cited poor hospital discharge planning, long waitlists, and workforce shortages as barriers to continuity. Administrative hurdles (e.g., repetitive intakes, insurance requirements) and limited culturally responsive options for LGBTQ+, undocumented, and justice-involved youth further constrain access. Care coordination remains fragmented, and provider ratings were lower for staff training and continuous quality improvement.

AVAILABILITY OF TREATMENT, RECOVERY, AND SUPPORT SERVICES

The SEFBHN region offers a broad continuum of behavioral health services across five counties, including crisis stabilization, outpatient and residential treatment, peer supports, housing and employment programs, and care coordination. While capacity has expanded in key areas—such as peer certification and recovery-oriented housing initiatives—persistent gaps remain in child and adolescent care, co-occurring services, and system integration.

- **Treatment services:** Designated Receiving Facilities and Crisis Stabilization Units provide 24/7 acute psychiatric care, with core sites including South County Mental Health Center, Neurobehavioral Hospital North, JFK Medical North, and New Horizons of the Treasure Coast. Despite this infrastructure, bed shortages—particularly for children—remain a critical issue, with Florida's 2024 gap analysis projecting continued inpatient and residential deficits in the Southeast region. There are long waitlists for child psychiatry in Indian River, St. Lucie, Martin, and Okeechobee Counties, while dual-diagnosis programs are common, detox services are hard to find outside Palm Beach and St. Lucie Counties.

- **Recovery services:** The region has invested in 144 certified peer specialists, who work in recovery community organizations, crisis stabilization units, and peer-run clubhouses. Peers are widely recognized as reducing stigma, promoting recovery-oriented language, and empowering client choice. Recovery housing remains insufficient, with supportive housing, transitional vouchers, and step-down facilities consistently cited as top system gaps. Employment programs such as Jeff Industries and recovery-friendly workplace partnerships provide critical vocational supports, though demand continues to exceed capacity, especially for youth and those with co-occurring conditions.

- **Support services:** SEFBHN funds care coordinators for adults and children, with Mobile Response Teams offering interim linkage until services begin. However, stakeholders reported fragmented data systems and inconsistent discharge follow-up, and lack of family support as barriers to seamless care. Community-based initiatives, including Birth to 22 and Palm Beach County's CHIP, emphasize social connectedness and basic needs supports. While consumer satisfaction surveys show strong ratings for respect and appropriateness of care, lower scores in social connectedness and cultural responsiveness indicate opportunities for improvement.

The SEFBHN region demonstrates substantial capacity across treatment, recovery, and support services, anchored by a growing peer workforce and strong community initiatives. Gaps remain in child psychiatry for Indian River, St. Lucie, Martin, and Okeechobee Counties, co-occurring treatment, housing supports, and care coordination.

AVAILABILITY OF LESS RESTRICTIVE SERVICES

Florida Statute emphasizes access to less restrictive behavioral health services before individuals enter acute or institutional care. The SEFBHN region has expanded outpatient, family-centered, and mobile crisis options, but demand continues to exceed capacity—especially for children, transitional-age youth, and individuals with co-occurring conditions.

- **Community-based alternatives:** Each county offers outpatient therapy, psychiatric medication management, and intensive outpatient programs through providers such as Henderson Behavioral Health, South County Mental Health Center, and New Horizons of the Treasure Coast. Evidence-based models—including Wraparound, FITT, and MST—help stabilize families and prevent escalation to higher levels of care. Mobile Response Teams (MRTs) and SEFBHN-funded care coordination reduce unnecessary hospital admissions by linking clients to outpatient services, often within 72 hours. Still, long waitlists for psychiatry, counseling, and case management remain a persistent barrier.

- **Residential and housing alternatives:** Stakeholders identified major gaps in short-term residential stabilization, step-down facilities, and transitional housing. Families frequently encounter bureaucratic delays in placement, and many clients leave hospitals without supports, increasing risk of relapse. Recovery housing and transitional voucher programs offer promising models, but capacity remains limited. Shortages are particularly acute for LGBTQ+ individuals and those with co-occurring developmental disorders.

- **Key gaps:** Four consistent challenges limit effectiveness of less restrictive services:

  1. Capacity constraints in outpatient psychiatry, therapy, and case management.
  2. Geographic disparities, with rural counties like Okeechobee lacking options available in Palm Beach or St. Lucie.
  3. Special population gaps, including services for co-occurring mental health and autism and limited access for undocumented residents.
  4. Insufficient step-down and transitional housing, contributing to hospital readmissions and prolonged reliance on higher levels of care.

GAPS IN SERVICES FOR CHILDREN AND ADOLESCENTS

Florida Statute requires a full continuum of developmentally appropriate services for children and adolescents, yet significant gaps remain across the SEFBHN region. Stakeholders consistently identified psychiatry capacity, stabilization/step-down options, and crisis transitions as the most critical bottlenecks, alongside unmet needs for co-occurring care, family housing, and residential substance use treatment for parenting youth.

- **Identified gaps:** Waitlists for child psychiatry extend weeks to months across Indian River, St. Lucie, Martin, and Okeechobee Counties (while in contrast Palm Beach reported strong access and no waitlists); youth often lack access to short-term stabilization or step-down placements, leading to repeat hospitalizations. Discharge planning is inconsistent, and while Mobile Response Teams (MRTs) help, intensity and coverage are uneven. Few integrated services exist for youth with co-occurring mental health, substance use, and developmental disorders, and culturally safe options for LGBTQ+ youth are scarce. The region has no

dedicated residential substance use programs for pregnant parenting adolescents, one facility that has limited beds for women with newborns, no beds for women with children under 12, and family-centered housing supports remain severely limited.

- **Recommendations:**

  1. Expand psychiatry access through workforce recruitment, retention, telepsychiatry, and loan-forgiveness incentives.
  2. Standardize crisis transitions with family-inclusive discharge planning, 72-hour follow-up, and electronic alerts to care coordinators/MRTs before youth leave hospitals.
  3. Develop specialized tracks for co-occurring MH/SUD and developmental conditions, plus culturally tailored services.
  4. Invest in residential programs that keep families together during SUD treatment and expand family-centered housing vouchers linked to behavioral health care.

ALIGNMENT WITH SEFBHN'S FY 25–26 ENHANCEMENT PLAN

The Triennial Needs Assessment directly supports SEFBHN's FY 25–26 Enhancement Plan, with both documents prioritizing three urgent system needs:

- **Supportive and transitional housing**: With 75.2% of the region's homeless population unsheltered (vs. 54.1% statewide), the Plan invests in transitional housing vouchers and supportive services to reduce institutional reliance and promote stability.
- **Substance use prevention and treatment:** Service demand continues to rise, with youth served in substance use programs increasing 10% in one year (1,921 to 2,116) and adults by 5% (7,111 to 7,436). The Plan expands prevention, treatment, MOUD, and overdose prevention initiatives.
- **Zero Suicide Initiative:** Suicide remains a top concern, with hospitalization rates for mental health disorders higher than statewide (1,034 vs. 959 per 100,000) and Okeechobee (33.1) and Indian River (19.0) exceeding the state suicide rate of 14.1. The Plan embeds Zero Suicide protocols across all providers to ensure systematic, evidence-based suicide prevention.

This alignment ensures that identified needs—housing, substance use, and suicide prevention—are directly tied to funded strategies, creating a unified, data-driven roadmap for system improvement.

Geography: Counties and Places

The map shows the five selected counties and their major cities to provide geographic context for the population data presented in this report.

MAP of SEFBHN Counties and Major Cities
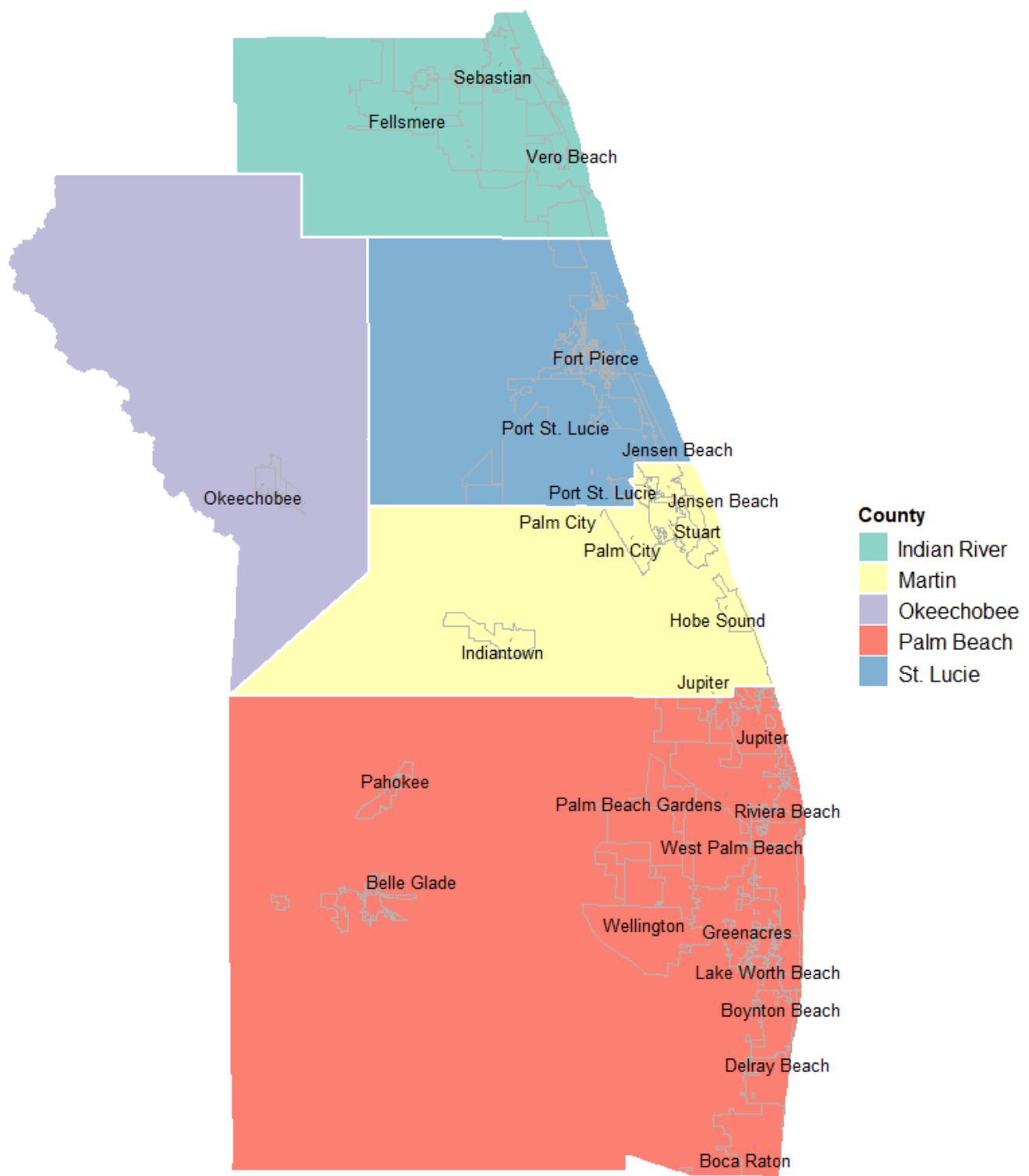
SEFBHN Service Area Demographics

Understanding the demographic landscape of the Southeast Florida Behavioral Health Network (SEFBHN) service area is essential for planning a coordinated system of care. The region spans five counties—Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie—together home to more than 2.2 million residents in 2023, an increase of over 70,000 since the last triennial needs assessment. Population growth continues to be concentrated along the coast, with Palm Beach County alone accounting for roughly 1.5 million residents, or two-thirds of the region's total.

The SEFBHN service area is marked by both diversity and demographic contrasts. Age distribution reflects a higher share of older adults compared to the state overall: more than one in four residents (25.7%) are age 65 or older, compared to 21.1% statewide. Conversely, the proportion of youth under 18 is slightly lower than the state average (18.6% vs. 19.6%). Indian River County stands out with the oldest population profile (median age 55.0), while Okeechobee has the youngest (median age 40.7).

Gender
Gender patterns are generally balanced, with women comprising just over half (51.1%) of the regional population, though Okeechobee County is an exception, where men outnumber women (54% vs. 46%).

Race and Ethnicity
The region is racially and ethnically diverse, reflecting both statewide trends and unique local dynamics. White residents make up 70.6% of the population 0.7% points lower than the state average), while Black residents comprise 19.6%, a higher share than Florida overall (18.3%). Palm Beach and St. Lucie counties drive much of this diversity, each with more than one in five residents identifying as Black. Hispanic/Latino residents account for just over one in four people (25.4%) across the region, up from 20.8% in the last triennial assessment. Okeechobee has the highest share of Hispanic residents (28.8%), largely Mexican, while Palm Beach reflects greater cultural variety with Cuban, Puerto Rican, and other Hispanic groups.

Education and Workforce
Education and workforce participation present a mixed picture. On average, SEFBHN residents hold bachelor's and graduate degrees at slightly higher rates than the state overall (22.3% and 14.0%, respectively). However, in Okeechobee County, 13.3% of adults have not completed high school, and only about one in six have earned a college degree. Labor force participation across the region is 57.6%, somewhat below the statewide rate of 59.6%, with the lowest levels observed in Indian River and Okeechobee counties.

Economic Indicators
Economic indicators show modest improvement since the last triennial report. Regional poverty rates (11.4% below the federal poverty line) are lower than the state average (12.6%), though Okeechobee again stands out, with nearly one in five residents living in poverty and more than two in five below 200% of the poverty level.

Population density across the five counties is highest along the coast, with Palm Beach accounting for 1.5 million residents. SEFBHN had 2,218,259 people in 2023, and increase of over 70 thousand from the last triennial report of 2,147,966 in 2020. Okeechobee has the highest male-to-female ratio (54% vs. 46%), and Martin shows fewer females in the 18–24 age range relative to other age groups in the county.

Population Density by Census Tract
Palm Beach, Martin, St. Lucie, Okeechobee, Indian River (2023 ACS)
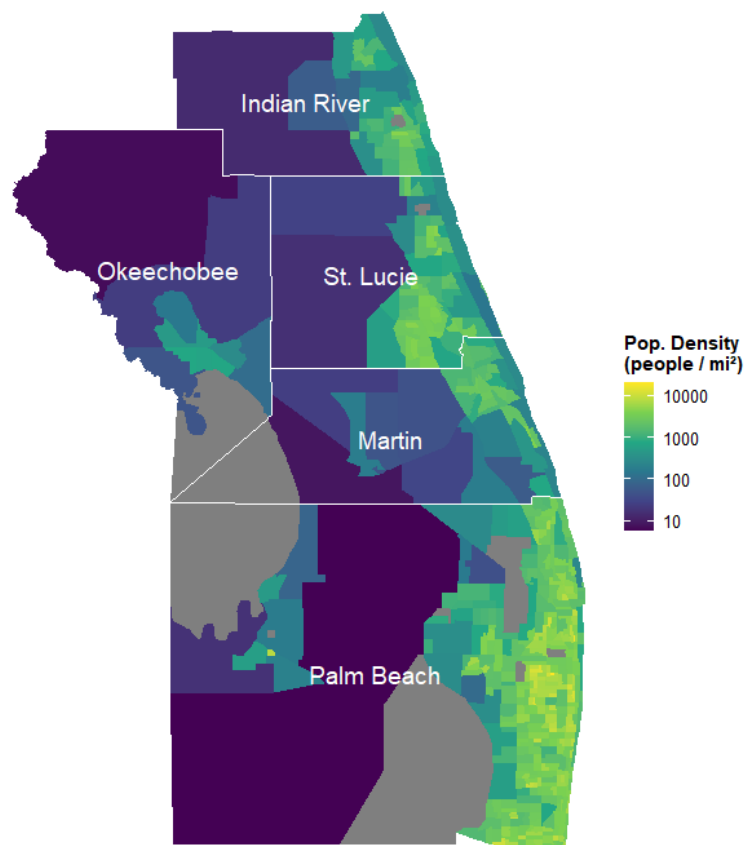
Population Proportion by Sex

Area	Population	% Female	Age Under 18	% Female	% Ages 18 to 24	% Female	% Age 65 and Over	% Female
Florida State	21,928,881	50.9%	4,305,366	48.9%	1,773,216	49.2%	4,630,733	54.6%
SEFBHN Region	2,218,259	51.1%	412,812	48.9%	158,348	48.6%	570,617	54.6%
Indian River County	163,856	51.5%	24,975	48.2%	10,416	48.1%	56,023	53.5%
Martin County	160,464	50.5%	26,076	49.9%	9,731	45.9%	50,992	53.6%
Okeechobee County	40,249	46.0%	8,614	44.3%	2,974	44.0%	8,072	52.8%
Palm Beach County	1,507,453	51.2%	284,812	49.0%	111,041	49.2%	370,797	55.2%
St. Lucie County	346,237	50.9%	68,335	48.8%	24,186	48.0%	84,733	53.0%

Data Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates, 2019–2023

DEMOGRAPHICS BY AGE

Across the SEFBHN region, 18.6% of residents are under age 18, while 25.7% are aged 65 and older—above the statewide rate of 21.1% and up from 25.1% in 2020, as reported in the previous triennial assessment. The SEFBHN median age is 46.6, notably higher than the Florida statewide median age of 42.6.

Across the individual counties, youth under age 18 comprise between 15.2% and 21.4% of the population, while adults aged 65 and over account for 20.1% to 34.2%. Indian River County has the highest share of older adults (34.2%) and the lowest proportion of youth (15.2%), with a median age of 55.0, the highest in the region. In contrast, Okeechobee County has the youngest population, with 21.4% under age 18 and a median age of 40.7.

% Youth Under 18 by Census Tract
Palm Beach, Martin, St. Lucie, Okeechobee, Indian River (2023 ACS)
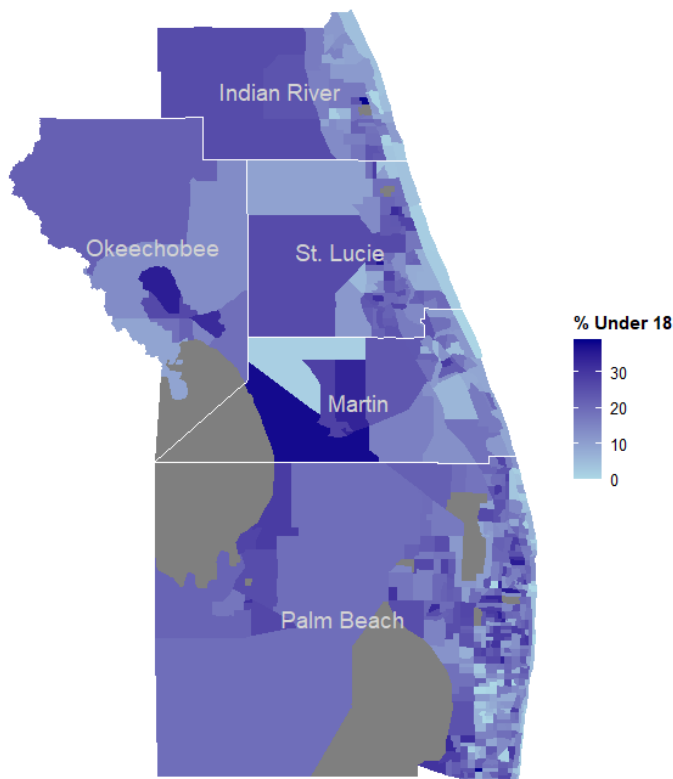
% Adults Age 65+ by Census Tract
Palm Beach, Martin, St. Lucie, Okeechobee, Indian River (2023 ACS)
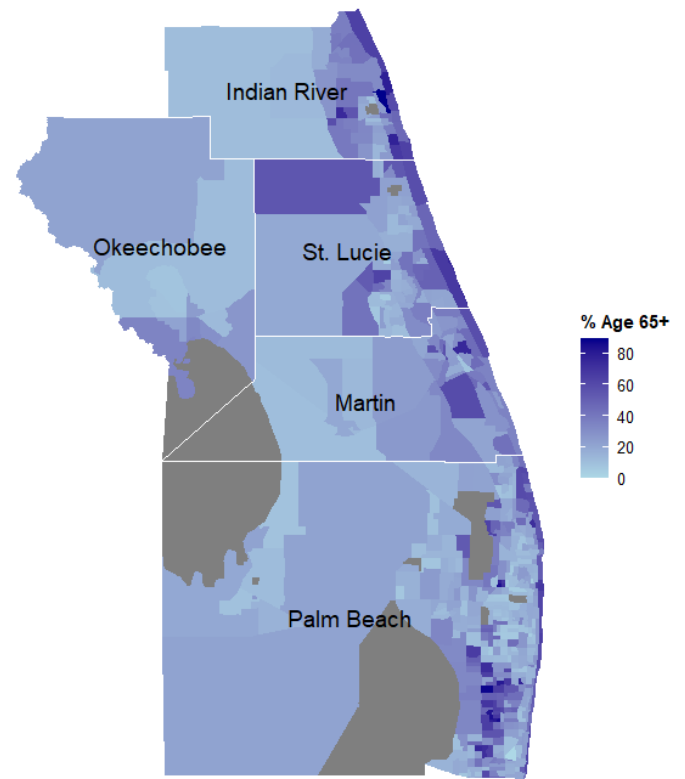
Population Age

Area	% Age Under 18	% Age 65 and Over	Median Age
Florida State	19.6	21.1	42.6
SEFBHN Region	18.6	25.7	46.6
Indian River County	15.2	34.2	55.0
Martin County	16.3	31.8	53.2
Okeechobee County	21.4	24.6	40.7
Palm Beach	18.9	24.5	45.4
St. Lucie County	19.7	20.1	45.3

Data Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates, 2019–2023

The racial composition across the SEFBHN region reflects notable diversity, with regional patterns that closely mirror state-level distributions. Statewide, Florida's population is 71.3% White, 18.3% Black, 6.6% Other races, and 3.4% Asian. The SEFBHN region overall shows a similar profile, with 70.6% White and a slightly higher share of Black residents at 19.6%. Within the region, Indian River and Martin counties have the highest proportions of White residents (85.6% and 88.8%, respectively) and the lowest proportions of Black residents. In contrast, Palm Beach and St. Lucie counties are the most racially diverse, with over 21% of the population identifying as Black and higher percentages of Asian and Other race categories. Compared to the previous triennial report, the SEFBHN region has seen a slight decline in the proportion of White residents (from 72.5% to 70.6%) and a modest increase in the share of Black residents (from 17.0% to 19.6%), indicating a gradual shift toward greater racial diversity across the service area.

Population Proportion by Race
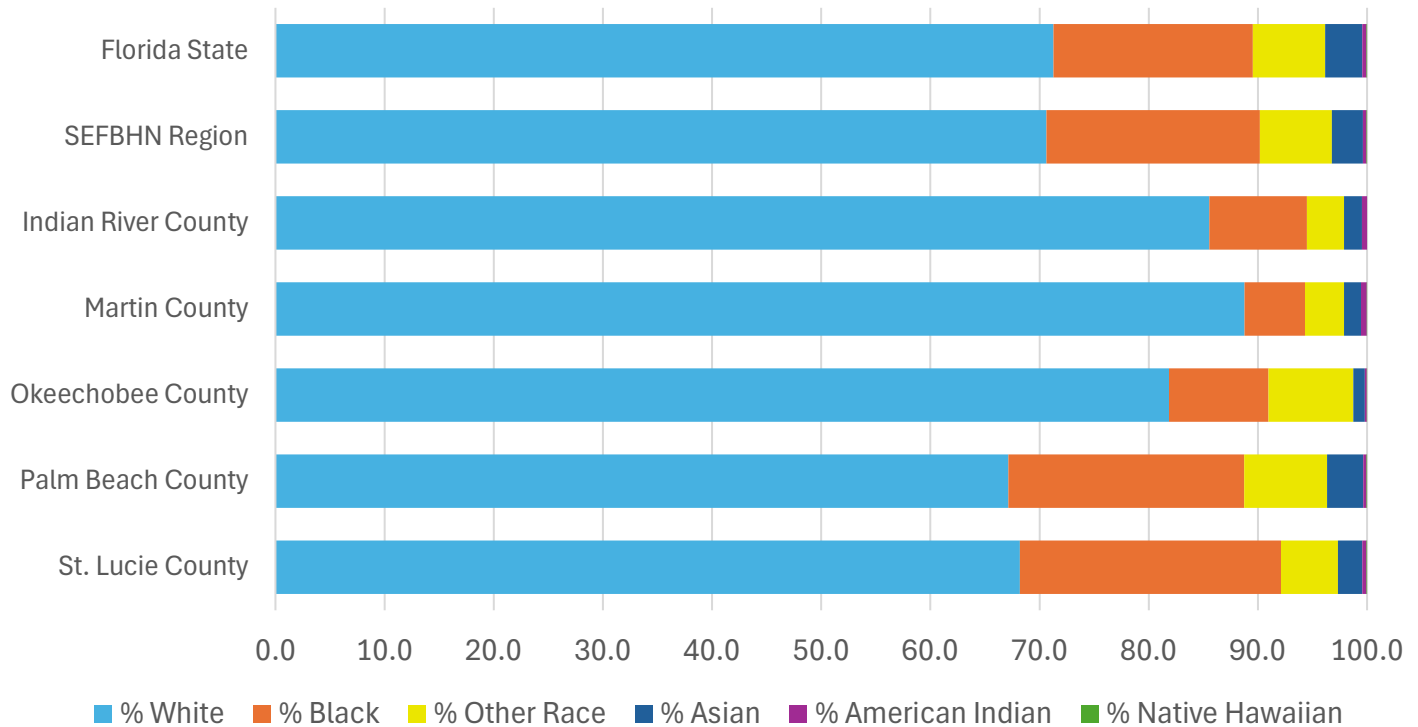
Population Proportion by Race

Area	% White	% Black	% Other	% Asian	% American Indian	% Native Hawaiian
Florida State	71.3	18.3	6.6	3.4	0.4	0.1
SEFBHN Region	70.6	19.6	6.6	2.8	0.3	0.0
Indian River County	85.6	8.9	3.4	1.7	0.5	0.0
Martin County	88.8	5.5	3.6	1.6	0.5	0.0
Okeechobee County	81.8	9.1	7.8	1.1	0.2	0.0
Palm Beach County	67.1	21.6	7.6	3.3	0.3	0.1
St. Lucie County	68.2	23.9	5.2	2.2	0.4	0.0

Data Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates, 2019–2023

DEMOGRAPHICS BY ETHNICITY

The SEFBHN region displays a diverse Hispanic and non-Hispanic composition, with some counties reflecting distinctive cultural diversity. Statewide, 31.8% of Floridians identify as Hispanic, compared to a lower 25.4% across the SEFBHN region. Within the region, Okeechobee County has the highest percentage of Hispanic residents at 28.8%, driven largely by a high proportion of individuals identifying as Mexican (20.8%). Palm Beach County also has a significant Hispanic population (27.8%), with a broad mix that includes 5.0% Cuban and 14.5% identifying as Other Hispanic. St. Lucie County shows a strong Puerto Rican presence (6.4%). In contrast, Indian River and Martin counties have smaller Hispanic populations (14.9% and 16.9%, respectively), with the majority of residents identifying as non-Hispanic. Compared to the previous triennial report, the proportion of Hispanic residents in the SEFBHN region has increased from 20.8% to 25.4%, while the percentage of White residents has slightly decreased from 72.5% to 70.6%.

Population Proportion by Ethnicity

Legend: ■ % Non Hispanic ■ % Hispanic: Mexican ■ % Hispanic: Puerto Rican ■ % Hispanic: Cuban ■ % Other Hispanic
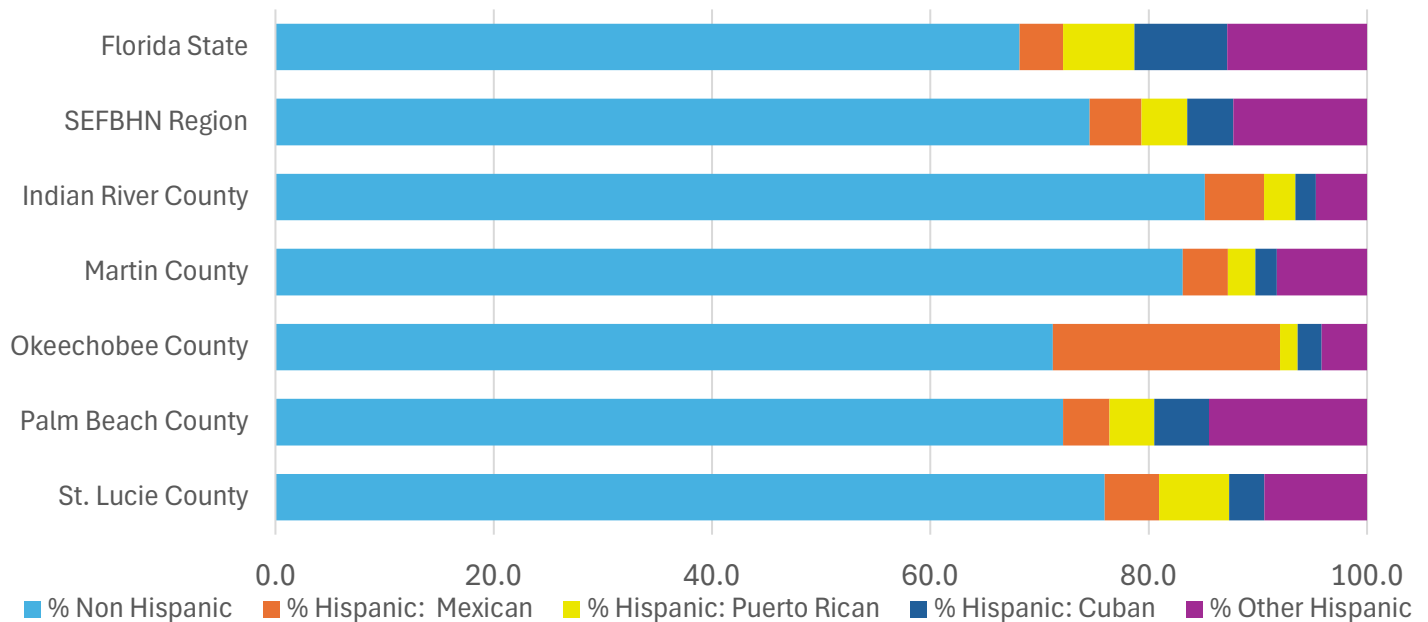
Population Proportion by Race

Area	% Non Hispanic	% Hispanic	% Mexican	% Puerto Rican	% Cuban	% Other Hispanic
Florida State	68.2	31.8	4.0	6.6	8.5	12.8
SEFBHN Region	74.6	25.4	4.7	4.2	4.2	12.3
Indian River County	85.1	14.9	5.4	2.9	1.9	4.7
Martin County	83.1	16.9	4.1	2.5	2.0	8.3
Okeechobee County	71.2	28.8	20.8	1.6	2.2	4.2
Palm Beach County	72.2	27.8	4.2	4.1	5.0	14.5
St. Lucie County	76.0	24.0	5.0	6.4	3.2	9.4

Data Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates, 2019–2023

DEMOGRAPHICS BY EDUCATION ATTAINMENT

Educational attainment across the SEFBHN region generally aligns with statewide patterns, though notable differences exist across counties. Regionally, 22.3% of adults age 25 and older hold a bachelor's degree and 14.0% have a graduate degree—both slightly above the Florida averages. High school completion rates are also comparable, with 89.4% of adults in the SEFBHN region and 89.6% statewide having at least a high school diploma, both up slightly from 88.7% and 88.5% in the previous triennial report. Palm Beach County stands out with the highest share of college-educated residents (24.0% bachelor's, 15.6% graduate), while Okeechobee County has the lowest educational attainment, with 13.3% of adults not completing high school and just 16.1% earning a bachelor's or graduate degree.

Population Proportion by Education Attainment (Age 25+)
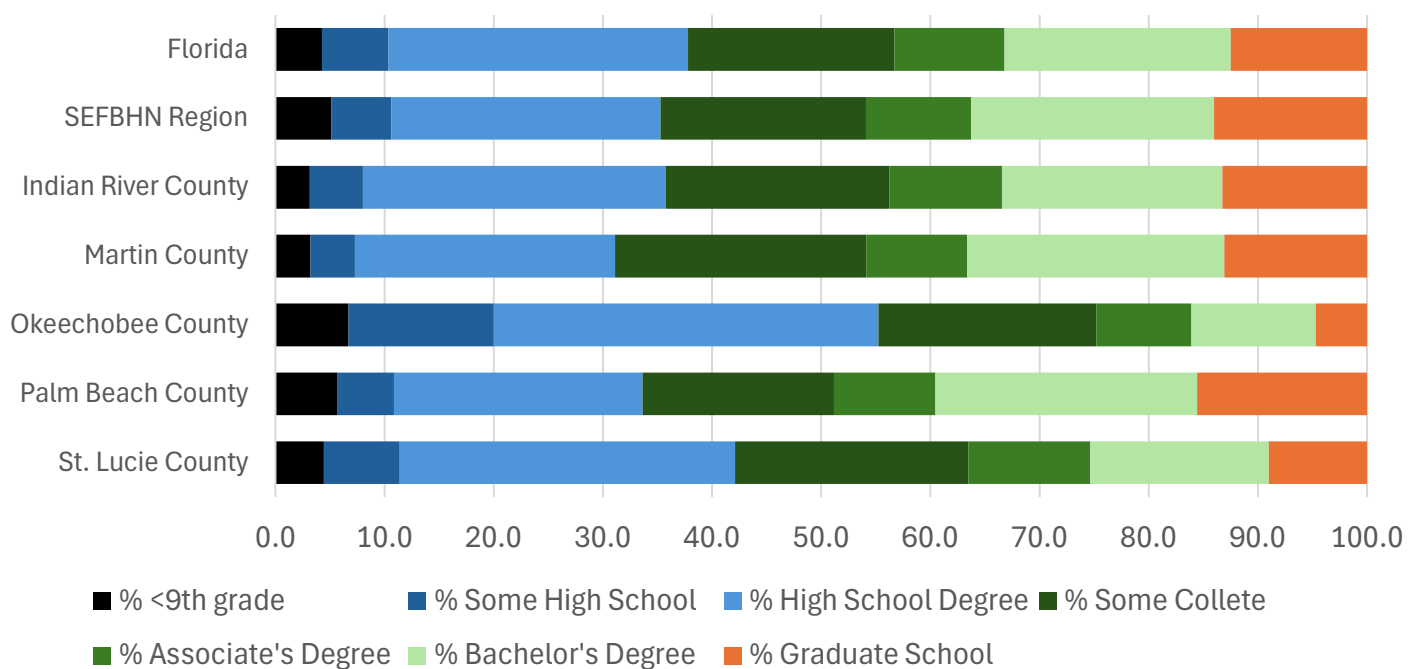
Population Proportion by Education Attainment (Age 25+)

Area	% <9th Grade	% Some High School	% High School Degree	% Some Collete	% Associate's Degree	% Bachelor's Degree	% Graduate School
Florida State	4.3	6.1	27.4	18.9	10.1	20.7	12.5
SEFBHN Region	5.1	5.5	24.7	18.8	9.6	22.3	14.0
Indian River County	3.1	4.9	27.7	20.5	10.3	20.2	13.2
Martin County	3.2	4.1	23.8	23.0	9.2	23.6	13.1
Okeechobee County	6.7	13.3	35.2	20.0	8.7	11.4	4.7
Palm Beach County	5.7	5.2	22.8	17.6	9.3	24.0	15.6
St. Lucie County	4.4	6.9	30.7	21.4	11.2	16.4	9.0

Data Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates, 2019–2023

Labor force participation in the SEFBHN region stands at 57.6% of the population age 16 and older, up slightly from 57.0% in the last triennial report, though still below the current statewide rate of 59.6%. The regional unemployment rate declined modestly from 3.3% to 3.1% since the last triennial report, while the statewide rate saw a more significant drop from 5.4% to 2.8%. Among counties, Palm Beach has the highest labor force engagement (59.7%), closely aligning with the state, while Indian River and Okeechobee have the lowest participation rates, with fewer than half of residents age 16 and older in the labor force.

Population in Labor Force (Age 16+)
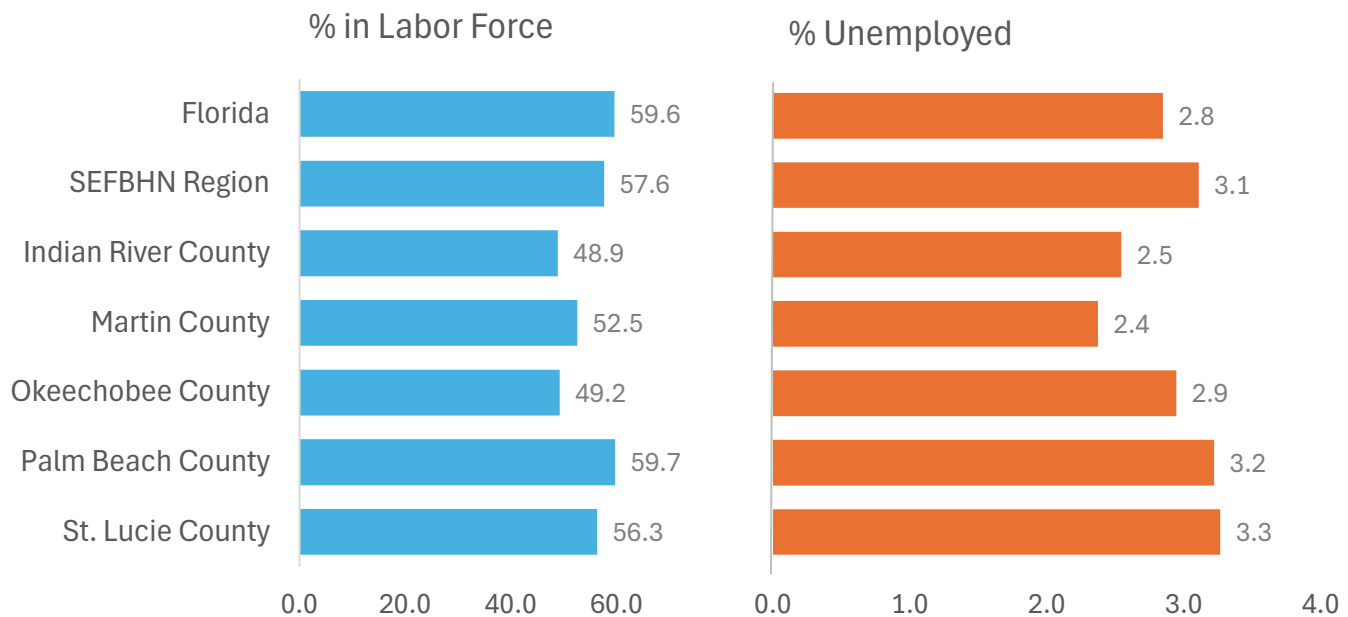
Population in Labor Force (Age 16+)

Area	% in Labor Force	% in Civilian Labor Force	% in Armed Forces	% Unemployed	% Not in Labor Force
Florida State	59.6	59.2	0.4	2.8	40.4
SEFBHN Region	57.6	57.5	0.1	3.1	42.4
Indian River County	48.9	48.4	0.5	2.5	51.1
Martin County	52.5	52.5	0.1	2.4	47.5
Okeechobee County	49.2	49.2	0.0	2.9	50.8
Palm Beach County	59.7	59.6	0.0	3.2	40.3
St. Lucie County	56.3	56.2	0.1	3.3	43.7

Data Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates, 2019–2023

DEMOGRAPHICS BY POVERTY LEVEL

Across the SEFBHN region, 11.4% of residents live below the federal poverty line (FPL), slightly lower than the statewide rate of 12.6%. When expanded to include those under 200% of the FPL—a common threshold for economic hardship—28.0% of the region's population qualifies, compared to 30.7% statewide. These figures represent a modest improvement from the last triennial report, which highlighted a wider gap between the region and the state. Among counties, Okeechobee stands out with the highest poverty burden: 19.0% of residents fall below the FPL and 43.4% are below 200% of the FPL. In contrast, Martin and Indian River counties have some of the lowest proportions in the region, with over 73% of residents living at or above 200% of the FPL.

Population Living Below or Above the Federal Poverty Level
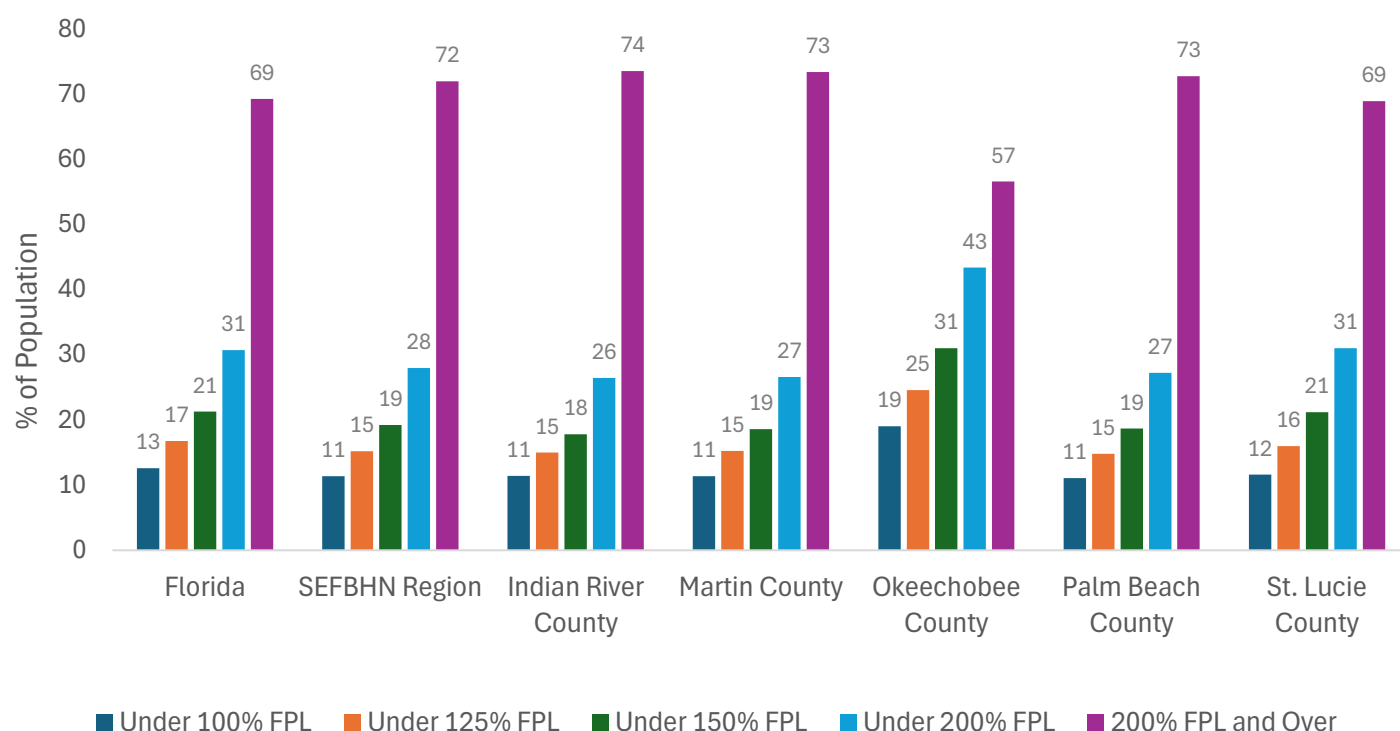
Population Living Below or Above the Federal Poverty Level

Area	Under 100% FPL (%)	Under 125% FPL (%)	Under 150% FPL (%)	Under 200% FPL (%)	200% FPL and Over (%)
Florida State	12.6	16.8	21.3	30.7	69.3
SEFBHN Region	11.4	15.2	19.2	28.0	72.0
Indian River County	11.4	15.0	17.8	26.4	73.6
Martin County	11.4	15.3	18.6	26.6	73.4
Okeechobee County	19.0	24.6	31.0	43.4	56.6
Palm Beach County	11.1	14.8	18.7	27.2	72.8
St. Lucie County	11.6	16.0	21.2	31.0	69.0

Data Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates, 2019–2023

SEFBHN Service Area General Health Status

The overall health profile of the SEFBHN region shows steady progress alongside persistent, county-level disparities that shape behavioral-health need and service design.

Overall Health

Self-reported overall health has improved faster than the state, rising to 85.1% of adults reporting good-to-excellent health in 2022 (vs. 82.6% statewide), with Palm Beach and Martin consistently highest and Okeechobee lowest.

Health Insurance and Disability

Health insurance coverage and functioning remain mixed: uninsurance is slightly above the state (12.7% vs. 11.9%), and disability prevalence aligns closely with Florida overall (13.3% vs. 13.5%), though Okeechobee again carries the region's highest burden for both.

Behavioral Health

Behavioral indicators echo this pattern. Adult mental health remains modestly better than the state (86.9% reporting good mental health in the past 30 days), but Okeechobee reports notably worse outcomes than peer counties. Among youth, rates of sadness/hopelessness and identified emotional/behavioral disabilities remain below statewide levels, continuing favorable trends from prior assessments.

Hospitalization for Mental Disorders

By contrast, hospitalizations for mental disorders are higher than the state for both all ages and children, driven in part by very elevated rates in Indian River.

Suicide

Suicide remains a critical concern: the region's overall age-adjusted rate (13.8 per 100,000) is now slightly below Florida's 14.1, yet large subgroup differences persist (e.g., higher rates among males and White residents) and Okeechobee's rates remain elevated.

Substance Use

Substance use risk factors continue to improve. Adult tobacco use has declined to 10.8% (below the state), youth vaping dropped sharply from 2020 and sits under statewide levels, and youth alcohol use shows mixed results: lifetime and binge drinking are lower than statewide, but past 30-day use (10.5%) is slightly above the Florida average (10.2%)

Violence and Abuse

Violence and abuse indicators show mixed progress: the region's domestic-violence rate is far below the state average, and child abuse among ages 5–11 has fallen since 2019, yet Indian River and St. Lucie report higher child sexual-violence rates, and Okeechobee shows a sharp domestic-violence increase.

Across the SEFBHN region, rates of self-report good to excellent health have generally improved since 2013, outpacing the statewide trend. Florida remained relatively stable between 80.3% and 80.5% from 2013 through 2019, before rising to 82.6% in 2022. In contrast, the SEFBHN region began higher at 83.2% in 2013, dipped slightly to 81.2% by 2019, and then increased to 85.1% in 2022—maintaining a steady advantage over the state. Within the region, Palm Beach and Martin counties consistently reported the highest values, reaching 86.4% and 86.9% respectively by 2022. Indian River County, after a notable drop to 76.7% in 2016, rebounded to 83.5%. St. Lucie County experienced some fluctuation, with a peak of 83.1% in 2016, a decline to 77.8% in 2019, and partial recovery to 80.7% in 2022. Okeechobee County remained the lowest across all years, with scores ranging from 70.5% to 73.4% and settling at 72.5% in 2022.

Adults with Good to Excellent Health

Area	2013	2016	2019	2022
Florida State	80.5	80.5	80.3	82.6
SEFBHN Region	83.2	82.5	81.2	85.1
Indian River County	81.7	76.7	81.4	83.5
Martin County	84.5	80.6	84.6	86.9
Okeechobee County	73.2	70.5	73.4	72.5
Palm Beach County	84.4	83.5	81.8	86.4
St. Lucie County	79.0	83.1	77.8	80.7

Data Source: Behavioral Risk Factor Surveillance System

HEALTH INSURANCE & DISABILITY

Across the SEFBHN region, rates of adults without health insurance coverage stand slightly above the statewide average, while rates of disability closely align with state figures. As of the latest estimates, 12.7% of residents in the SEFBHN region lack health insurance compared to 11.9% statewide, and 13.3% live with a disability versus 13.5% across Florida. Okeechobee County stands out with the highest proportions for both measures—17.3% of residents are uninsured and 19.2% have a disability. St. Lucie County, which has the highest poverty rate in the region after Okeechobee, also reports an elevated disability rate at 15.2%, alongside an uninsured rate of 12.1%. Indian River County, home to the region's oldest population by age, shows a notable 16.8% disability rate despite maintaining one of the lowest uninsured rates at 10.6%. In contrast, Martin County demonstrates relatively favorable figures, with only 10.2% uninsured and 14.0% with a disability. Palm Beach County closely mirrors the regional insurance pattern, with 13.2% uninsured, and reports the lowest disability prevalence at 12.2%.

Population without Health Insurance Coverage

Area	% of Population
Florida	11.9
SEFBHN Region	12.7
Indian River County	10.6
Martin County	10.2
Okeechobee County	17.3
Palm Beach County	13.2
St. Lucie County	12.1
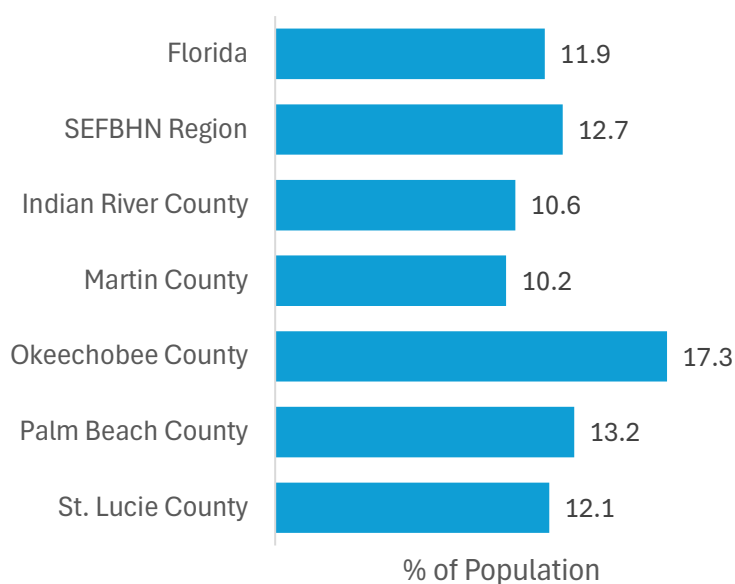
Population with a Disability

Area	% of Population
Florida	13.5
SEFBHN Region	13.3
Indian River County	16.8
Martin County	14
Okeechobee County	19.2
Palm Beach County	12.2
St. Lucie County	15.2
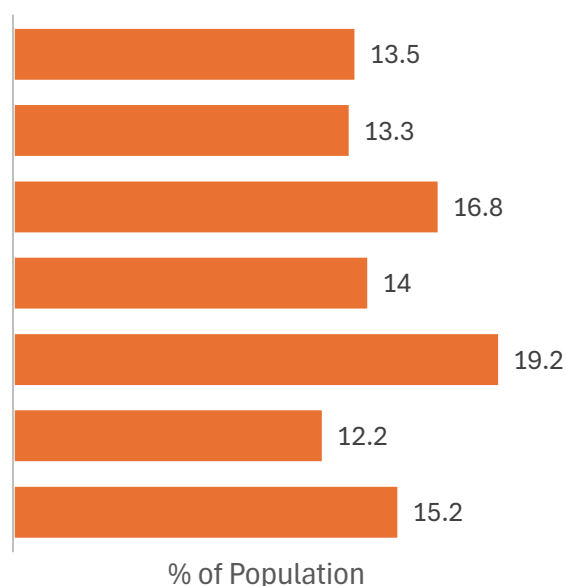
Area	% Without Health Insurance	% With a Disability
Florida State	11.9	13.5
SEFBHN Region	12.7	13.3
Indian River County	10.6	16.8
Martin County	10.2	14.0
Okeechobee County	17.3	19.2
Palm Beach County	13.2	12.2
St. Lucie County	12.1	15.2

Data Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates, 2019–2023

In the SEFBHN region, self-reported mental health continues to outpace statewide figures, though slight declines are evident compared to the prior report years. In the latest estimates, 86.9% of adults in the SEFBHN area reported good mental health in the past 30 days, modestly above the Florida average of 85.0%, while 13.1% reported poor mental health versus 15.0% statewide. This marks a slight dip from the prior three-year average (89.8% in the region vs. 86.2% statewide). Within the region, Martin County remains most favorable, with 91.3% reporting good mental health and only 8.7% poor mental health, while Okeechobee County stands out for greater concern at 79.3% and 20.7%, respectively, reflecting broader local challenges. Indian River, with the region's oldest population, reported mental health near the state average, while Palm Beach and St. Lucie counties aligned closely with regional patterns.

Good Mental Health for the Past 30 Days

Area	% of Adult Population
Florida	85
SEFBHN Region	86.9
Indian River County	85.5
Martin County	91.3
Okeechobee County	79.3
Palm Beach County	86.9
St. Lucie County	86.4

Poor Mental Health for the Past 30 Days

Area	% of Adult Population
Florida	15
SEFBHN Region	13.1
Indian River County	14.5
Martin County	8.7
Okeechobee County	20.7
Palm Beach County	13.1
St. Lucie County	13.6

Area	Good Mental Health Past 30 Days	Poor Mental Health Past 30 Days
Florida State	85.0	15.0
SEFBHN Region	86.9	13.1
Indian River County	85.5	14.5
Martin County	91.3	8.7
Okeechobee County	79.3	20.7
Palm Beach County	86.9	13.1
St. Lucie County	86.4	13.6

Data Source: Behavioral Risk Factor Surveillance System, 2022

Throughout the SEFBHN region, recent data show that while a substantial share of students report feeling sad or hopeless, the rates remain somewhat lower than statewide figures and identified emotional or behavioral disabilities also continue to trend below the state average—extending patterns seen in the last report. Currently, 23.3% of students in the SEFBHN area reported feeling sad or hopeless in the past year, compared to 27.6% across Florida, and 0.3% were identified with emotional or behavioral disabilities, slightly under the statewide rate of 0.4%. Within the region, Okeechobee County stands out with the highest levels for both indicators (24.4% of students feeling sad or hopeless and 0.5% identified with disabilities), while Martin County reported the lowest rate of identified disabilities at 0.2%.

Students Who Felt Sad or Hopeless

Area	Value
Florida	27.6
SEFBHN Region	23.6
Indian River County	22.1
Martin County	23.3
Okeechobee County	24.4
Palm Beach County	23.9
St. Lucie County	23.2

% of Middle & High School Students

Students with Emotional/Behavioral Disabilities

Area	Value
Florida	0.4
SEFBHN Region	0.3
Indian River County	0.4
Martin County	0.2
Okeechobee County	0.5
Palm Beach County	0.3
St. Lucie County	0.4

% of Kindergarten - 12th Grade

Area	% Students Who Felt Sad or Hopeless	% Students with Emotional/Behavioral Disabilities
Florida State	27.6	0.4
SEFBHN Region	23.3	0.3
Indian River County	22.1	0.4
Martin County	23.3	0.2
Okeechobee County	24.4	0.5
Palm Beach County	23.9	0.3
St. Lucie County	23.2	0.4

Data Source: Florida Youth Substance Abuse Survey, 2024

HOSPITALIZATION FOR MENTAL DISORDERS

Within the SEFBHN region, age-adjusted hospitalization rates for mental disorders exceed statewide levels for both the general population and children. Overall, the SEFBHN region reported 1,043 hospitalizations per 100,000 residents due to mental disorders, notably higher than the Florida average of 959, while hospitalization rates for youth ages 0-17 reached 788 per 100,000 compared to 697 statewide. Indian River County stands out with the highest rates in the region by a considerable margin—1,645 per 100,000 overall and 1,174 per 100,000 among children—reflecting both its older population profile and possibly more intensive use of inpatient care. Martin and St. Lucie counties also reported elevated overall rates at 1,292 and 1,113 per 100,000, respectively, with Martin showing the second-highest rate among children at 838. In contrast, Okeechobee and Palm Beach counties reported overall hospitalization rates below or close to the state average, though Palm Beach still had a slightly higher youth rate at 754.

Age-Adjusted Hospitalizations From Mental Disorders

Area	Rate Per 100,000 Population
Florida	959
SEFBHN Region	1034
Indian River County	1645
Martin County	1292
Okeechobee County	881
Palm Beach County	926
St. Lucie County	1113

For Ages 0-17 Years

Area	Rate Per 100,000 Youth
Florida	697
SEFBHN Region	788
Indian River County	1174
Martin County	838
Okeechobee County	682
Palm Beach County	754
St. Lucie County	744
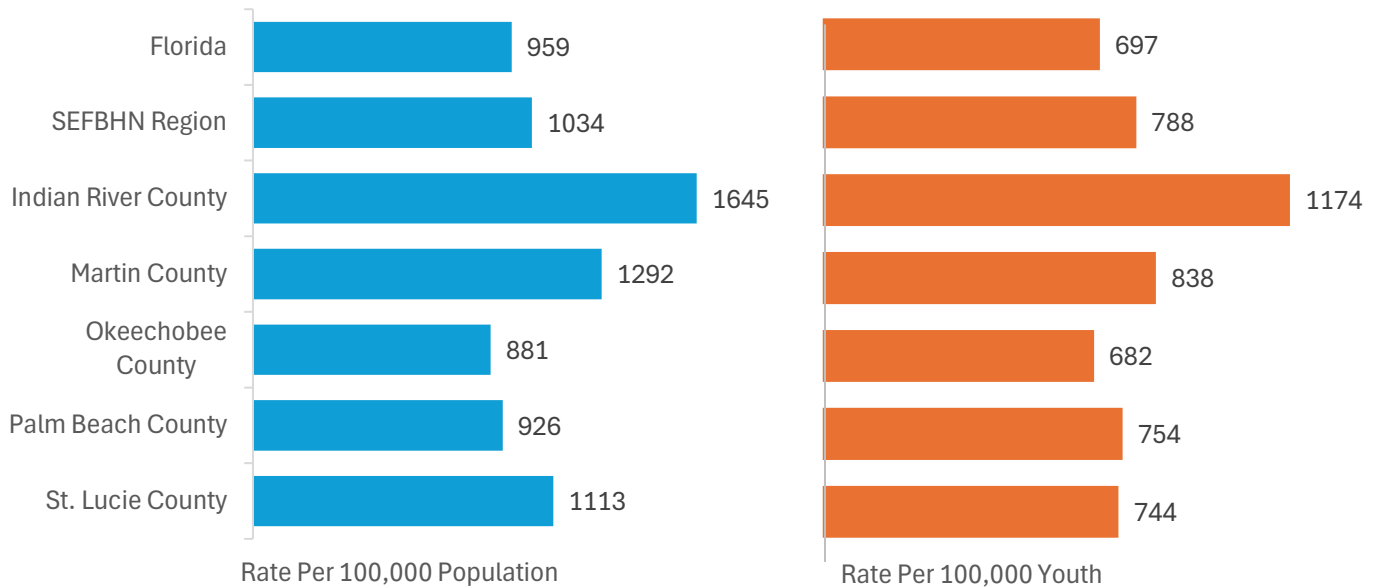
Area	Age-Adjusted Hospitalizations From Mental Disorders (Rate / 100k)	Ages 0-17 Hospitalizations From Mental Disorders (Rate / 100k)
Florida State	959	697
SEFBHN Region	1,043	788
Indian River County	1,645	1,174
Martin County	1,292	838
Okeechobee County	881	682
Palm Beach County	926	754
St. Lucie County	1,113	744

Data Source: Florida Agency for Health Care Administration (AHCA), 2023

Across the SEFBHN region, the overall age-adjusted suicide rate is now 13.8 per 100,000, slightly below Florida's 14.1, maintaining much of the decline seen in the last report when the region's crude rate dropped from 18.2 in 2018 to 12.9 in 2020, outpacing the state's decrease from 16.9 to 14.1 over the same period. Male suicide rates remain more than three times higher than female rates (21.3 vs. 6.5), consistent with prior trends and statewide rates. White residents continue to have the highest rates, nearly four times those of Black residents, mirroring earlier disparities. Okeechobee County stands out with persistently elevated rates across nearly all groups.

Age-Adjusted Deaths from Suicide
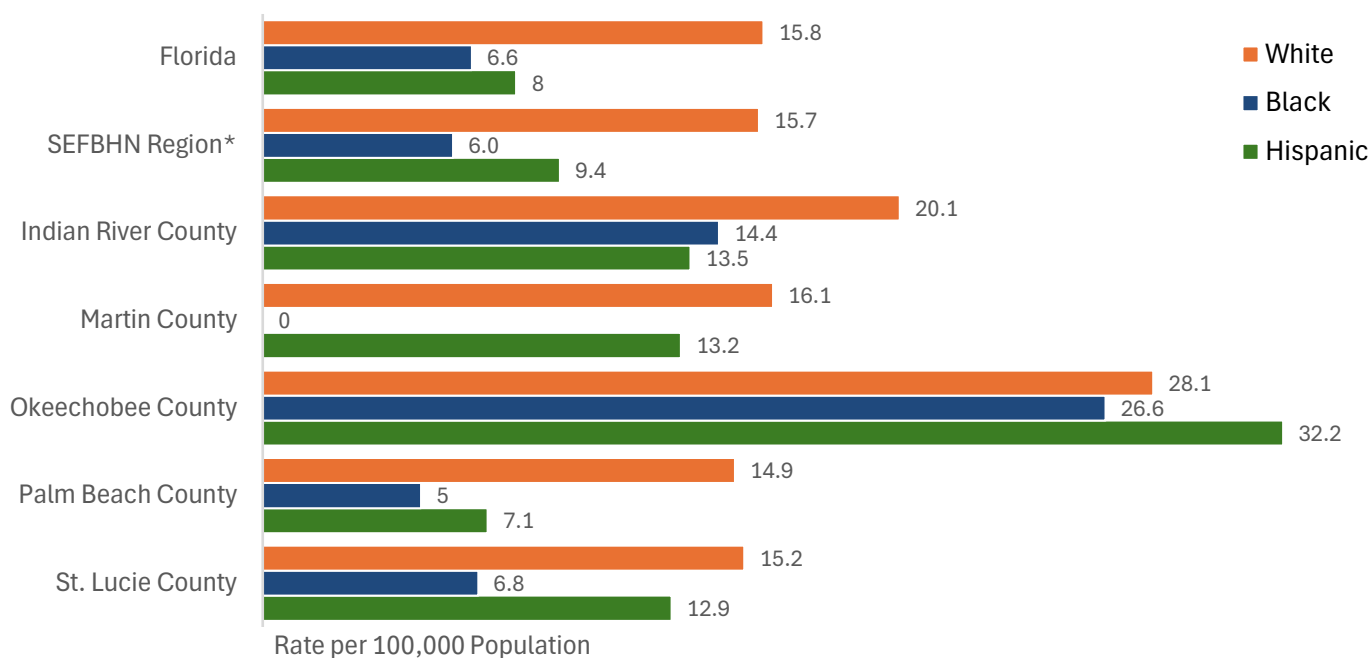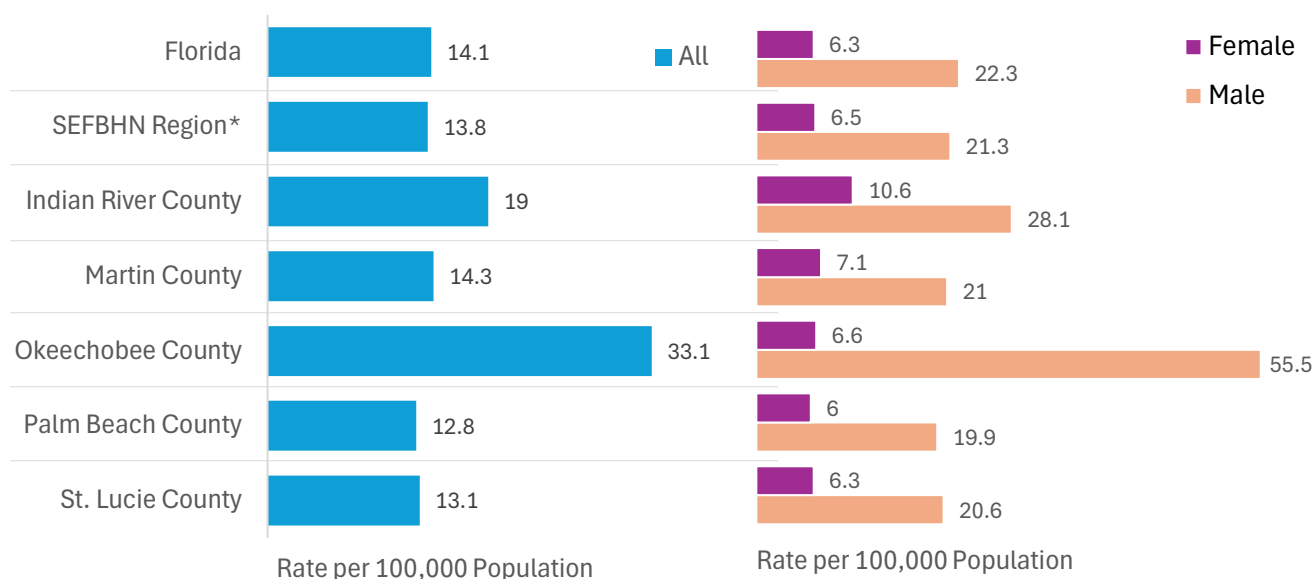
Data Source: Florida Department of Health, Bureau of Vital Statistics, 2023

* The SEFBHN regional rate was estimated using a weighted average of county-specific age-adjusted rates, accounting for each county's population size within the region.

Across the SEFBHN region, youth report lower rates of self-harm and suicide-related behaviors than their peers statewide. Overall, 9.3% of youth in the region reported purposely hurting themselves without wanting to die, below Florida's 11.8%, and fewer also reported seriously considering suicide (11.3% vs. 13.4%), making a plan (9.1% vs. 10.9%), and attempting suicide (5.9% vs. 7.3%). Within the region, Palm Beach and St. Lucie counties reported the highest rates of serious consideration and planning, with St. Lucie also having the highest rate of attempts (8.0%). In contrast, Indian River, Martin, and Okeechobee counties showed consistently lower rates across most measures.

Youth Self-Report Self-Harm & Suicide Ideation and Attempt

Percent of Middle and High School Students

■ Attempted Suicide ■ Made a Plan ■ Seriously Considered Attempting Suicide ■ Hurt Themselves Without Wanting to Die
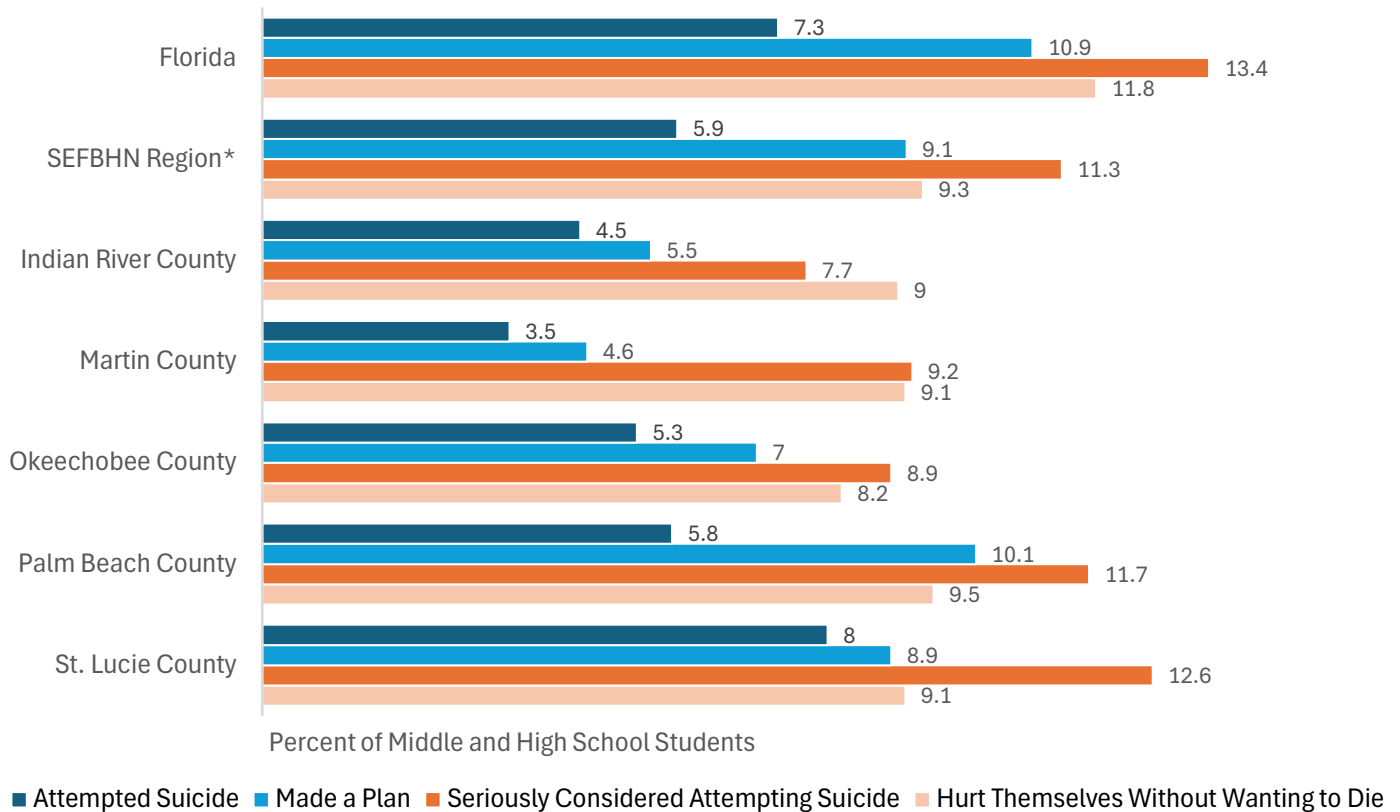
Area	Who Did Something to Purposely Hurt Themselves Without Wanting to Die	Who Seriously Considered Attempting Suicide	Who Made a Plan About How They Would Attempt Suicide	Who Attempted Suicide
Florida State	11.8	13.4	10.9	7.3
SEFBHN Region	9.3	11.3	9.1	5.9
Indian River County	9.0	7.7	5.5	4.5
Martin County	9.1	9.2	4.6	3.5
Okeechobee County	8.2	8.9	7.0	5.3
Palm Beach County	9.5	11.7	10.1	5.8
St. Lucie County	9.1	12.6	8.9	8.0

Data Source: Florida Youth Substance Abuse Survey, 2024

* The SEFBHN regional rate was estimated using a weighted average of county-specific age-adjusted rates, accounting for each county's population size within the region.

Across the SEFBHN region, adult smoking rates have declined since the last report and now average 10.8%, down from 12.6% previously, and remain below the current statewide rate of 11.3%. Within the region, Palm Beach and Martin counties report the lowest rates at 9.4% and 9.8%, respectively, while Okeechobee and Indian River counties show notably higher smoking prevalence at 17.8% and 15.7%. St. Lucie County falls in the middle at 14.4%, slightly above the state average. No updated BRFSS data on adult alcohol use has been collected since 2019, when the region also reported lower binge drinking rates than the state (16.3% vs. 18%).

Adult Tobacco Use
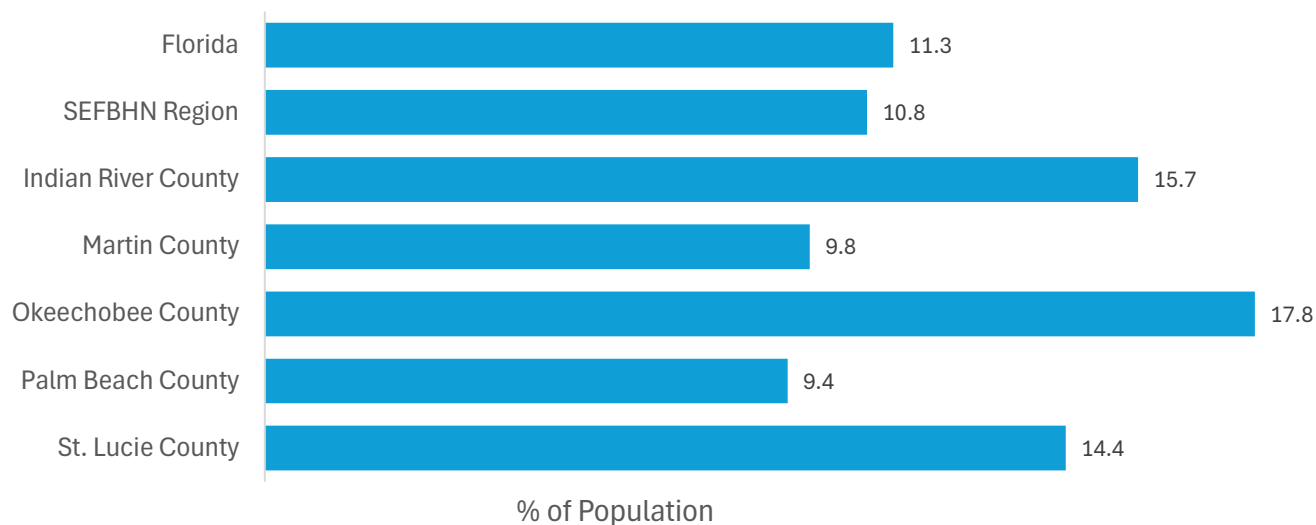
County	% of Population
Florida	11.3
SEFBHN Region	10.8
Indian River County	15.7
Martin County	9.8
Okeechobee County	17.8
Palm Beach County	9.4
St. Lucie County	14.4

Data Source: Behavioral Risk Factor Surveillance System, 2022

In the SEFBHN region, the 2024 data show that youth tobacco use remains low and generally favorable compared to statewide figures, continuing trends from prior years. Currently, 84.8% of students in the region are committed never smokers—slightly above the state's 83.8%—while 2.4% reported using cigarettes, cigars, or smokeless tobacco in the past 30 days, compared to 2.9% statewide. This reflects a shift from the 2020 report, when 8% of regional students had smoked cigarettes. Within the region, Martin and St. Lucie counties report the highest proportions of committed never smokers at 85.6% and 85.4%, respectively, while Okeechobee and Palm Beach counties show slightly lower figures and higher recent use. Okeechobee in particular stands out, with 12.9% of students having tried tobacco products and 4.0% reporting use in the past month. Overall, these findings suggest that while lifetime experimentation with tobacco has edged up slightly since the last report but regional use is lower than statewide.

Middle School and High School Student Tobacco Use
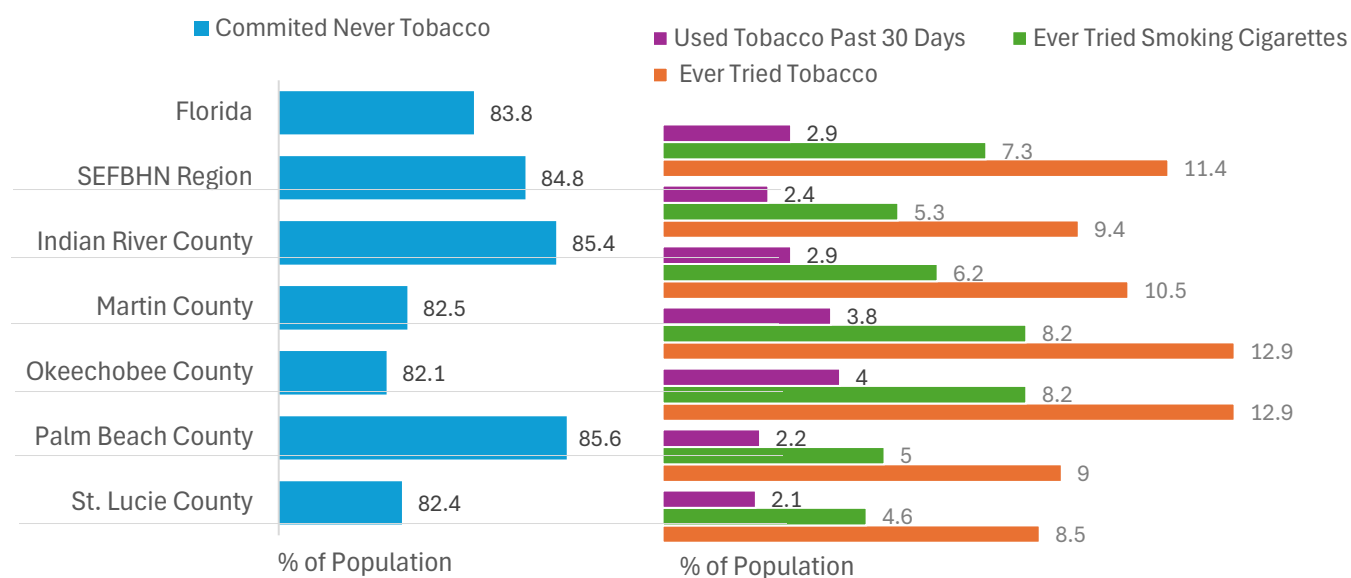
Area	Who Are Committed Never Smokers (Have Never Tried a Cigarette, Will Not Try Tobacco Products Within the Next Year and Would Not Try a Tobacco Product)	Who Have Ever Tried Cigarettes, Cigars or Smokeless Tobacco	Who Have Ever Tried Smoking Cigarettes	Who Used Cigarettes, Cigars or Smokeless Tobacco in the Past 30 Days
Florida State	83.8	11.4	7.3	2.9
SEFBHN Region	84.8	9.4	5.3	2.4
Indian River County	82.4	8.5	4.6	2.1
Martin County	85.6	9.0	5.0	2.2
Okeechobee County	82.1	12.9	8.2	4.0
Palm Beach County	82.5	12.9	8.2	3.8
St. Lucie County	85.4	10.5	6.2	2.9

Data Source: Florida Youth Tobacco Survey, 2024

YOUTH VAPING USE

In the SEFBHN region, youth vaping has declined notably since the last report and now falls below statewide levels. As of 2024, 14.0% of students in the region reported ever using an electronic vapor product, down from 22.7% in 2020, while 5.1% reported vaping in the past 30 days, compared to 8.0% across Florida. This also marks a drop from 2020 when roughly 13% of regional students had vaped recently. Within the region, Okeechobee reports the highest rates of both lifetime (16.6%) and past-month use (8.9%), followed by Palm Beach and Martin counties. St. Lucie shows the lowest rates at 9.0% ever and 3.7% past-month use. These trends indicate progress in reducing vaping among SEFBHN youth.

Middle School and High School Student Electronic Vapor Product Use
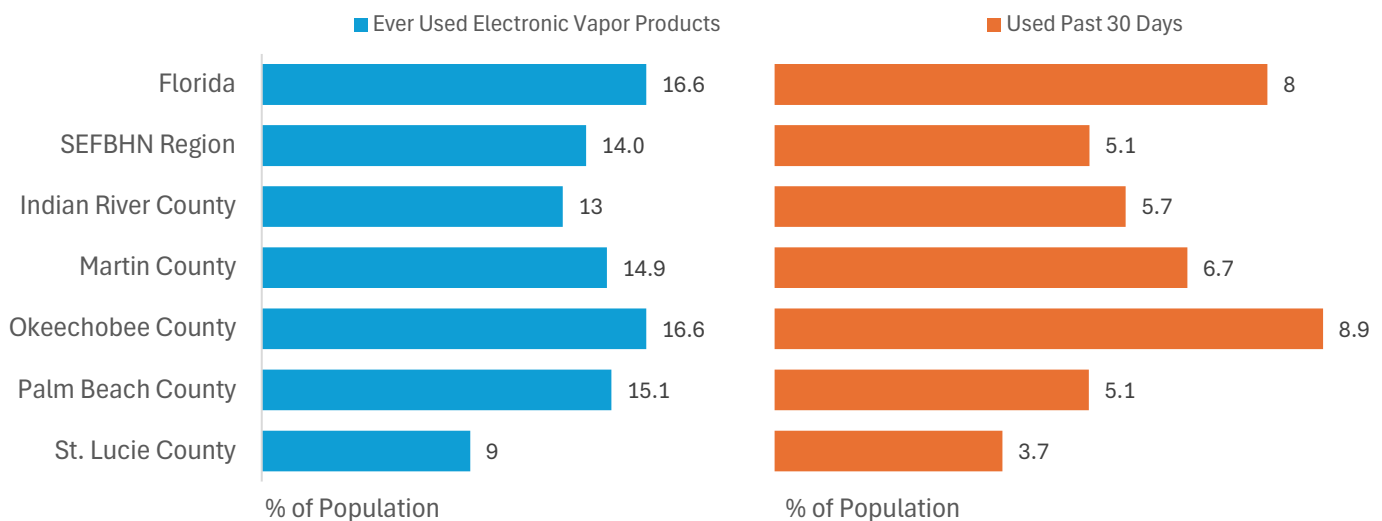
Area	Who Have Ever Used an Electronic Vapor Product	Who Have Used an Electronic Vapor Product in the Past 30 Days
Florida State	16.6	8.0
SEFBHN Region	14.0	5.1
Indian River County	13.0	5.7
Martin County	14.9	6.7
Okeechobee County	16.6	8.9
Palm Beach County	15.1	5.1
St. Lucie County	9.0	3.7

Data Source: Florida Youth Tobacco Use Survey, 2024

The SEFBHN region, youth alcohol use continues to trend below statewide levels and shows improvement over earlier years. As of 2024, 25.7% of youth have ever tried alcohol, slightly under Florida's 26.9%, while past 30-day use has dropped to 10.5%, well below the 15.1% reported in 2020. Binge drinking also stands at 4.3%, similar to the state's 4.4%. Within the region, Martin and Palm Beach counties report the highest rates of recent drinking and binge drinking, whereas St. Lucie has the lowest across all measures. These figures indicate continued gains in reducing youth alcohol use across the SEFBHN area compared to the last report.

Middle School and High School Student Alcohol Use

■ Ever Drank Alcohol   ■ Engaged in Binge Drinking   ■ Drank Alcohol Past 30 Days

Area	Ever Drank Alcohol	Engaged in Binge Drinking	Drank Alcohol Past 30 Days
Florida	26.9	4.4	10.2
SEFBHN Region	25.7	4.3	10.5
Indian River County	22.3	2.4	6.5
Martin County	28.1	5	12.3
Okeechobee County	24.2	4.5	8.2
Palm Beach County	27.3	4.7	12
St. Lucie County	19.1	3.3	5.3

% of Population   % of Population
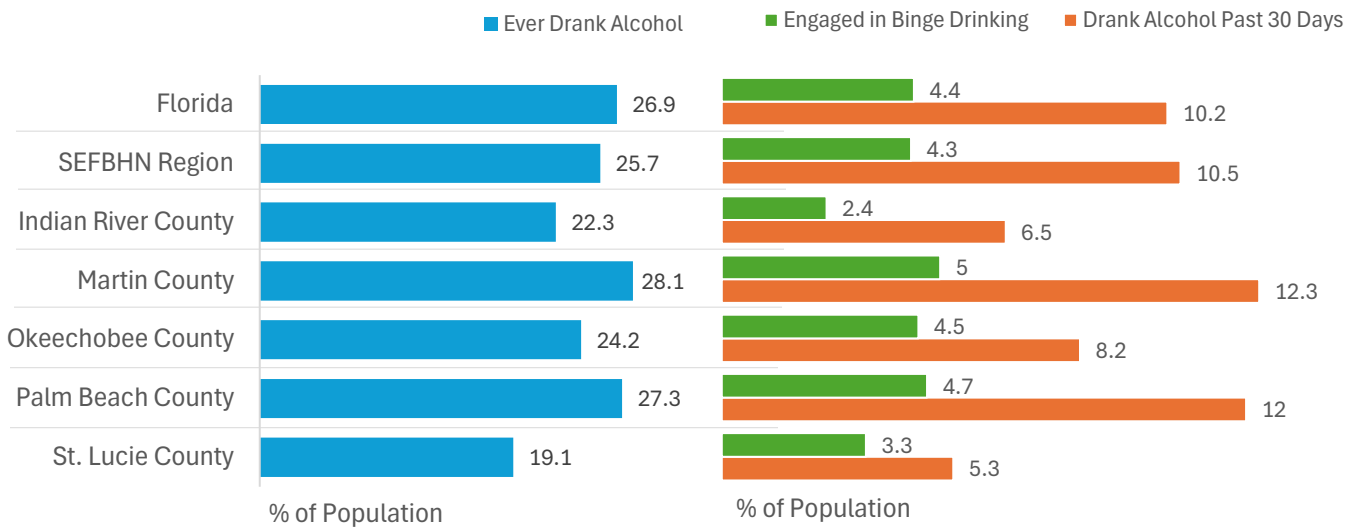
Area	Who Have Ever Drank Alcohol	Who Have Drank Alcohol in the Past 30 Days	Who Engaged in Binge Drinking
Florida State	26.9	10.2	4.4
SEFBHN Region	25.7	10.5	4.3
Indian River County	22.3	6.5	2.4
Martin County	28.1	12.3	5.0
Okeechobee County	24.2	8.2	4.5
Palm Beach County	27.3	12.0	4.7
St. Lucie County	19.1	5.3	3.3

Data Source: Florida Youth Substance Abuse Survey, 2024

YOUTH MARIJUANA USE

In the SEFBHN region, marijuana use remains slightly below statewide levels and shows continued gradual improvement from prior years. As of 2024, 11.6% of students in the region reported ever using marijuana or hashish, down from 18.6% in 2020, with 5.5% reporting use in the past 30 days compared to 6.3% across Florida. This continues a steady decline noted in the last report, when lifetime use dropped from 19.9% in 2016 to 18.6% in 2020. Within the region, Martin County reported the highest rates of both lifetime (14.6%) and past-month use (7.7%), while St. Lucie had the lowest lifetime use at 6.0% but similar recent use to other counties. These patterns suggest marijuana use among youth in the SEFBHN area has edged down over time, maintaining a modest advantage over state trends.

Middle School and High School Student Marijuana or Hashish Use

■ Ever Used Marijuana or Hashish   ■ Used Past 30 Days

Area	Ever Used Marijuana or Hashish	Used Past 30 Days
Florida	13.2	6.3
SEFBHN Region	11.6	5.5
Indian River County	9.7	3.6
Martin County	14.6	7.7
Okeechobee County	13.1	5.7
Palm Beach County	12.7	5.6
St. Lucie County	6	5.1

% of Population   % of Population
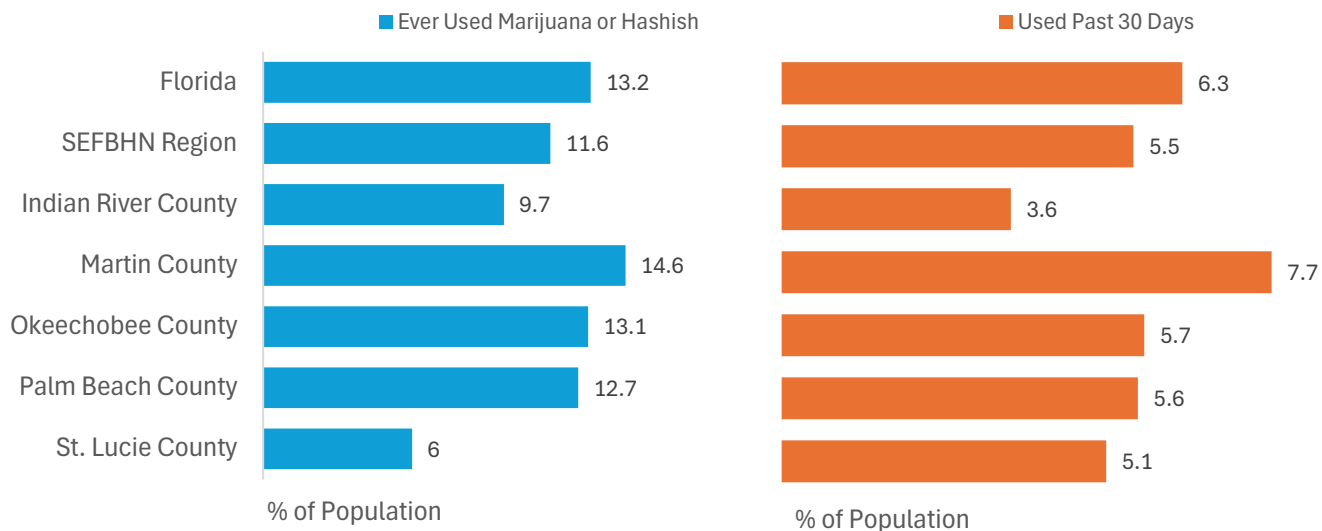
Area	Who Have Ever Used Marijuana or Hashish	Who Have Used Marijuana or Hashish in the Past 30 Days
Florida State	13.2	6.3
SEFBHN Region	11.6	5.5
Indian River County	9.7	3.6
Martin County	14.6	7.7
Okeechobee County	13.1	5.7
Palm Beach County	12.7	5.6
St. Lucie County	6.0	5.1

Data Source: Florida Youth Substance Abuse Survey, 2024

VIOLENCE AND ABUSE

In 2023, the SEFBHN region reported a significantly lower domestic violence rate (114.7 per 100,000) than the state average (314.9), a notable drop from 2019 (369.4). However, rates varied widely, with Okeechobee County experiencing a sharp increase (719.1), while Palm Beach and Indian River remained low.

Child abuse among 5–11-year-olds continued to decline regionally, falling to 271.3 per 100,000 in 2024—below the state rate of 346.7 and down from 520.5 in 2019. Still, Okeechobee (798.3) and Indian River (436.4) had the highest local rates.

Child sexual violence rates in the region (27.3) were just below the state (28.2), but Indian River (60.9) and St. Lucie (51.6) exceeded both, suggesting persistent local concerns despite overall progress.

Domestic Violence Offenses

Area	Rate per 100,000 Population
Florida	314.9
SEFBHN Region	114.7
Indian River County	31.3
Martin County	209.7
Okeechobee County	719.1
Palm Beach County	34.2
St. Lucie County	390.1

Child Abuse

Area	Rate per 100,000 5-11 Year Olds
Florida	346.7
SEFBHN Region	271.3
Indian River County	436.4
Martin County	293.3
Okeechobee County	798.3
Palm Beach County	201.2
St. Lucie County	426.8

Child Sexual Violence

Area	Rate per 100,000 5-11 Year Olds
Florida	28.2
SEFBHN Region	27.3
Indian River County	60.9
Martin County	19.6
Okeechobee County	30.7
Palm Beach County	18.8
St. Lucie County	51.6

Area	Domestic Violence Offenses, Rate per 100,000 (2023)	Children Experiencing Child Abuse, Rate Per 100,000 Aged 5-11 Years (2024)	Children Experiencing Sexual Violence, Rate Per 100,000 Aged 5-11 Years (2024)
Florida State	314.9	346.7	28.2
SEFBHN Region	114.7	271.3	27.3
Indian River County	31.3	436.4	60.9
Martin County	209.7	293.3	19.6
Okeechobee County	719.1	798.3	30.7
Palm Beach County	34.2	201.2	18.8
St. Lucie County	390.1	426.8	51.6

Data Source: Florida Department of Law Enforcement (FDLE) 2023 and FLHealthCharts 2024

SEFBHN Service Area Homelessness

Homelessness remains a pressing challenge across Florida and within the SEFBHN region. In 2024, Florida reported 31,362 individuals experiencing homelessness, holding steady at a rate of 14.3 per 10,000 residents. The SEFBHN region mirrored this stability with 2,857 individuals and a rate of 12.9 per 10,000, continuing to trend slightly below the statewide average. County-level trends varied: Palm Beach County experienced the largest increase, while Indian River, Martin, and St. Lucie counties saw notable declines.

Subpopulations

Subpopulation data reveal both progress and emerging concerns. Excluding Okeechobee County, the SEFBHN region showed a much higher proportion of unsheltered individuals than the state overall (75.2% vs. 54.1%). Chronic homelessness rose markedly since the last triennial report, increasing from 16.0% to 22.8% in 2024. By contrast, veteran and family homelessness declined significantly during the same period.

Students

For students, the most recent data (2022–2023) showed 94,902 homeless students statewide, with nearly three-quarters living in shared housing arrangements. In the SEFBHN region, 10,242 students were identified as homeless, with an even greater reliance on shared housing (82.9% vs. 73.3% statewide) and fewer in shelters or motels (17.1% vs. 26.7%). County patterns varied, with Indian River reporting the highest reliance on shelters and motels, while St. Lucie had the lowest. Palm Beach County, the region's largest, accounted for more than half of all homeless students.

Finding

Despite strong partnerships, the region continues to face severe shortages of affordable housing options, creating barriers to recovery and timely hospital discharge. SEFBHN's FY 25–26 Enhancement Plan reflects this priority, with funding dedicated to expanding supportive services for independent living and transitional housing vouchers for individuals with serious mental illness (SMI), co-occurring disorders, and substance use disorders. These efforts are expected to reduce reliance on restrictive settings such as jails and crisis stabilization units, shorten institutional stays, and improve long-term recovery outcomes.

HOMELESSNESS

In 2024, Florida recorded 31,362 individuals experiencing homelessness, holding steady at a rate of 14.3 per 10,000 residents, unchanged from the prior year. The SEFBHN region mirrored this stability, with 2,857 individuals and a consistent rate of 12.9 per 10,000. Excluding Okeechobee County, the regional rate was slightly higher at 13.0.

From 2023 to 2024, trends across counties showed variation. Palm Beach County experienced the largest increase, rising from 1,855 individuals in 2023 to 2,126 in 2024, raising the rate from 12.5 to 14.1 per 10,000. Conversely, both Indian River and Martin counties reported declines: Indian River dropped from 341 (21.0) to 225 (13.7), and Martin from 246 (15.7) to 195 (12.2). St. Lucie County also saw a decrease from 338 (9.9) to 281 (8.1). Okeechobee County remained unchanged in total count at 30, with a slight rate reduction (8.0 to 7.5). Overall, the SEFBHN region continues to maintain a lower rate of homelessness than the state (12.9 vs. 14.3 per 10,000).

Homeless Rate per 10,000 Population

Area	Rate
Florida State	14.3
SEFBHN Region	12.9
SEFBHN Region (without Okeechobee)	13.0
Indian River County	21.0
Martin County	15.7
Okeechobee County	8.0
Palm Beach County	12.5
St. Lucie County	9.9
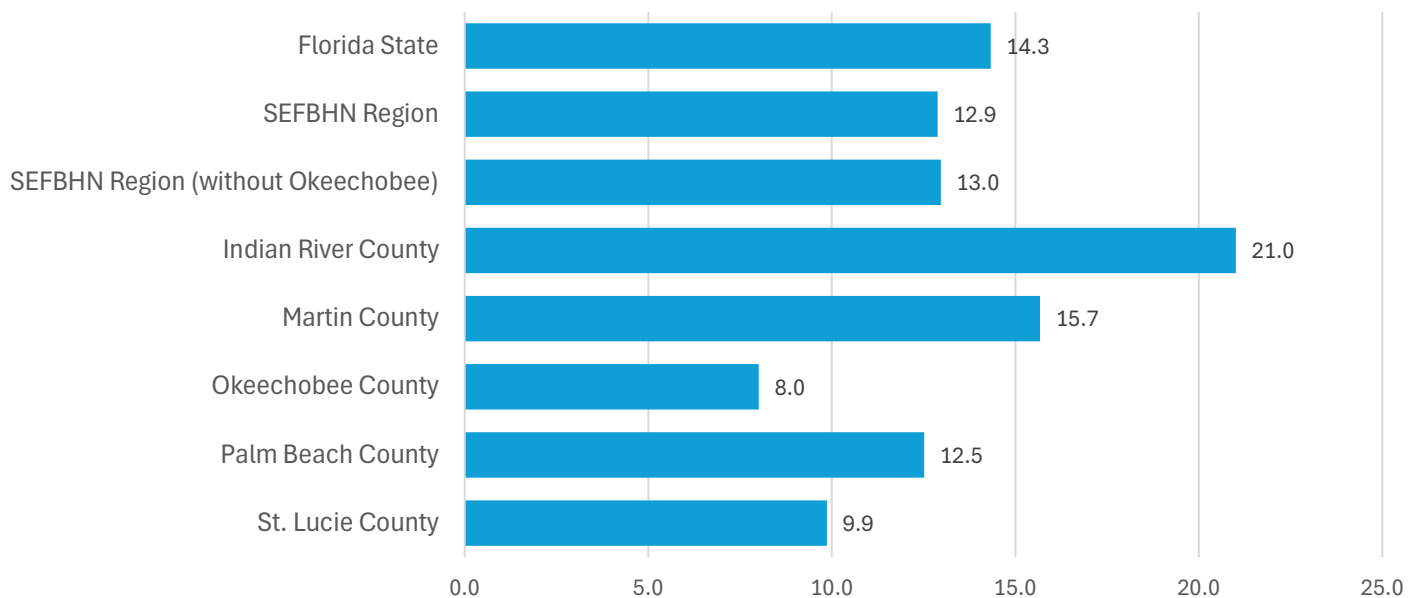
Area	2023		2024	
	Count	Rate per 10,000	Count	Rate per 10,000
Florida State	30,756	14.3	31,362	14.3
SEFBHN Region	2,810	12.9	2,857	12.9
SEFBHN Region (without Okeechobee)	2,780	13.0	2,827	13.0
Indian River County	341	21.0	225	13.7
Martin County	246	15.7	195	12.2
Okeechobee County	30	8.0	30	7.5
Palm Beach County	1,855	12.5	2,126	14.1
St. Lucie County	338	9.9	281	8.1

Data Source: Florida's Council on Homelessness Annual Report 2023 & 2024

While SEFBHN's service area includes Okeechobee County, it was excluded from subpopulation calculations because the county is grouped within a Continuum of Care (CoC) in the Florida's Council on Homelessness Annual Report that spans counties outside SEFBHN's region. In 2024 statewide, more than half (54.1%) were unsheltered, a slight increase from 51.0% in 2023. Chronic homelessness remained stable at about one in five individuals (20.7%), while veteran homelessness declined from 8.1% to 6.9%. Family homelessness also decreased slightly, from 24.5% to 23.7%. Within the SEFBHN region (excluding Okeechobee), the share of unsheltered individuals rose sharply from 68.7% in 2023 to 75.2% in 2024, while sheltered homelessness fell to 24.8%. Compared to the state, the SEFBHN region has a much higher proportion of unsheltered homelessness (75.2% vs. 54.1%). Within the SEFBHN region (excluding Okeechobee), chronic homelessness increased from 16.0% to 22.8%, representing the largest shift in subpopulation composition. Veteran homelessness declined significantly from 7.5% to 2.8%, and family homelessness dropped from 24.6% to 19.7%.

Homeless Subpopulations
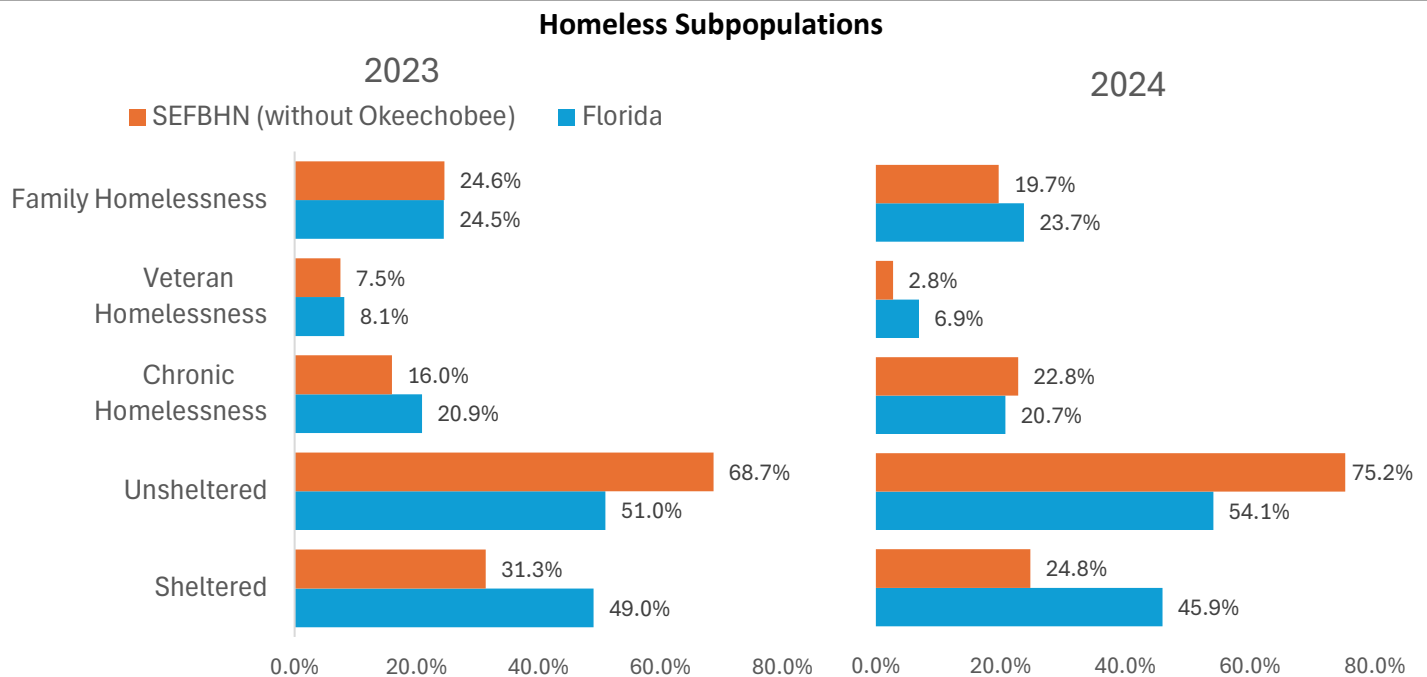
Area	2023		2024	
	n	%	n	%
Florida State	30,756	100.0%	31,362	100.0%
Sheltered	15,103	49.0%	14,412	45.9%
Unsheltered	15,706	51.0%	16,971	54.1%
Chronic Homelessness	6,423	20.9%	6,504	20.7%
Veteran Homelessness	2,504	8.1%	2,170	6.9%
Family Homelessness	7,530	24.5%	7,444	23.7%
SEFBHN Region (without Okeechobee)	2,780	100.0%	2,827	100.0%
Sheltered	871	31.3%	703	24.8%
Unsheltered	1,909	68.7%	2,134	75.2%
Chronic Homelessness	444	16.0%	645	22.8%
Veteran Homelessness	209	7.5%	78	2.8%

| Family Homelessness | 683 | 24.6% | 557 | 19.7% |

Data for the 2023–2024 school year was not yet available; the most recent figures reflect 2022–2023. Across Florida, 94,902 students experienced homelessness, with nearly three-quarters (73.3%) living in shared housing situations and 26.7% in shelters, motels, or other temporary arrangements.

Within the SEFBHN region, 10,242 students were identified as homeless, representing 82.9% in shared housing and 17.1% in shelters, motels, or other placements. Patterns were generally consistent across counties, though with some variation. Indian River County reported the highest proportion in shelters or motels (21.9%), while St. Lucie County had the lowest (12.5%) and the highest reliance on shared housing (87.5%). Palm Beach County, with the largest student population, accounted for 5,803 homeless students, 19.1% of whom were in shelters or motels.

Compared to the state overall, the SEFBHN region shows a greater reliance on shared housing (82.9% vs. 73.3%) and fewer students in shelters, motels, or other settings (17.1% vs. 26.7%).

Homeless Students 2022-23
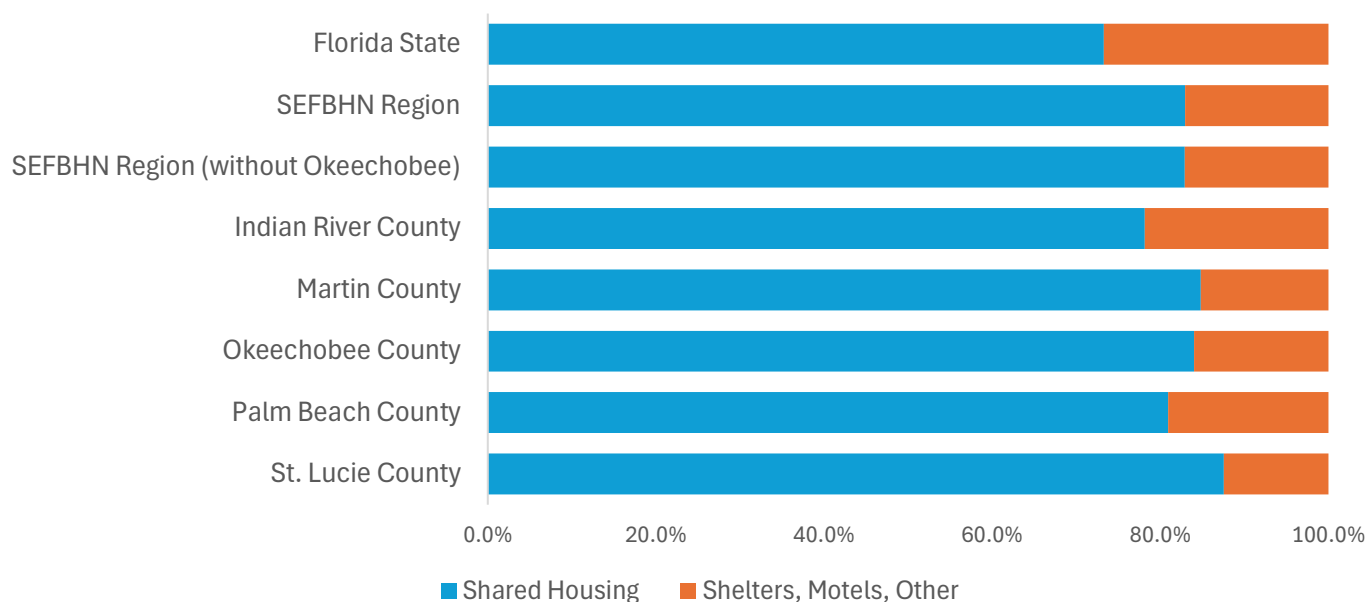
Area	2022-23 School Year	Shared Housing	Shelters, Motels, Other
	n	%	%
Florida State	94,902	73.3%	26.7%
SEFBHN Region	10,242	82.9%	17.1%
SEFBHN Region (without Okeechobee)	9,892	82.9%	17.1%
Indian River County	567	78.1%	21.9%
Martin County	796	84.8%	15.2%
Okeechobee County	350	84.0%	16.0%
Palm Beach County	5,803	80.9%	19.1%
St. Lucie County	2,726	87.5%	12.5%

Data Source: Florida's Council on Homelessness Annual Report 2023 & 2024

SEFBHN Client Demographics

Overall Trends

In FY 2023–24, SEFBHN-funded programs served 25,471 individuals, continuing steady growth from 24,859 in FY 2022–23 and 23,409 in FY 2020–21 (from the prior triennial report). Adults remained the majority at 77.6% of all clients. Over time, the share of adults in mental health programs declined slightly from 51.3% in FY 2020–21 to 48.4% in FY 2023–24, while adult substance use services increased from 25% to 29.2%, reflecting a growing emphasis on addressing substance use among adults. Services for children remained stable at 22.4%, with modest increases in both mental health and substance use engagement.

Clients by Age

Age distributions remained consistent with prior years and differ from the general population. Adults aged 25–44 comprised the largest share of clients (38.9%), particularly in substance abuse programs (45.8%). Older adults (65+) continued to be underrepresented at 4.7% compared to 25.7% in the regional population. Children and youth (0–17) accounted for 22.4% of all clients, with older teens (12–17) especially concentrated in children's substance abuse programs (25.0%).

Clients by Gender

Gender patterns were largely unchanged. Males comprised the majority in substance use programs—61.3% of adult and 63.5% of children's substance abuse clients—while females represented just over half of mental health program clients (51.4% adult, 52.3% children).

Clients by Race & Ethnicity

Racial composition was similar to past years: White clients (54.6%) and Black clients (24.1%) made up the majority, with Black clients overrepresented relative to the general population and White clients underrepresented. Black children were notably overrepresented in children's substance abuse programs (43.1%), while "Other" race designations in children's mental health rose to 35.1%. Hispanic clients comprised 19.1% of the total, up from 17.1% in the prior triennial report but still below the regional rate of 25.4%. Hispanic representation was highest in children's substance abuse programs (30.5%).

Clients by Residential Status

Among 41,849 clients with reported living arrangements at admission, the majority lived with relatives, either dependently (26.7%) or independently (25.8%). Notably, 9.6% (n=3,997) were experiencing homelessness at admission, reflecting persistent housing instability within the client population.

Education & Employment

Educational attainment was reported for 41,576 clients, with high school graduate/GED being the most common (32.1%), followed by some high school (26%). Among 40,429 clients reporting employment status, unemployment was most prevalent (34.4%), followed by students (23.6%), full-time employment (13.1%), and part-time employment (6.3%).

In fiscal year 2023-24, SEFBHN-funded programs served a total of 25,471 individuals, reflecting continued growth from 24,859 in FY 2022-23 and 23,409 in FY 2020-21 from the prior triennial report. Adults remained the largest group at 77.6%, with a notable shift over time: the share of adults served in mental health programs decreased slightly from 51.3% in FY 2020-21 to 48.4%, while adult substance use services rose from 25% to 29.2%, indicating a growing emphasis on addressing substance use among adults. Services for children have remained stable, comprising 22.4% of all clients, with modest increases in both mental health and substance use program engagement.

Clients by Age Group
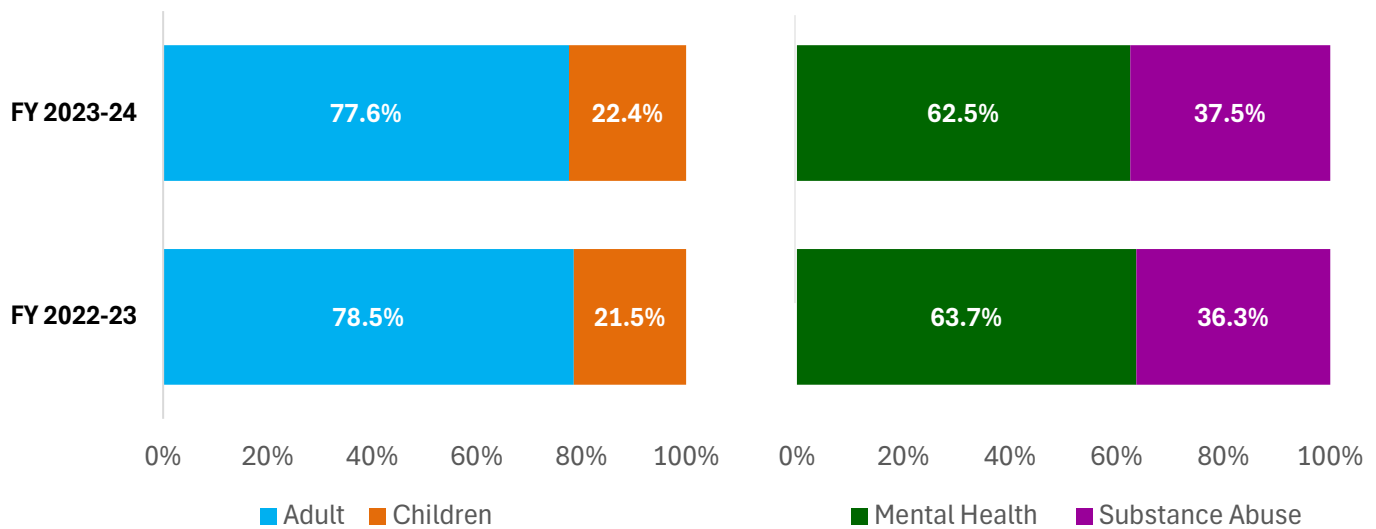
Clients by Age Group

Program	FY 2022-23		FY 2023-24	
All Programs				
Total	**24,859**	**100.0%**	**25,471**	**100.0%**
Adult	19,517	78.5%	19,767	77.6%
Children	5,342	21.5%	5,704	22.4%
Mental Health Programs				
Total	**15,827**	**63.7%**	**15,919**	**62.5%**
Adult	12,406	49.9%	12,331	48.4%
Children	3,421	13.8%	3,588	14.1%
Substance Abuse Programs				
Total	**9,032**	**36.3%**	**9,552**	**37.5%**
Adult	7,111	28.6%	7,436	29.2%
Children	1,921	7.7%	2,116	8.3%

Data Source: SEFBHN Client Data

Age distributions among SEFBHN clients remain similar to the last report, continuing to differ notably from the general population. Adults ages 25 to 44 still represent the largest group across all programs (38.9% in FY 2023-24), and especially in substance abuse services (45.8% in FY 2023-24). Older adults (65+) continue to be underrepresented, making up just 4.7% of all clients compared to 25.1% of the general population. Children and youth account for a significant share of services: those 0 to 17 comprise 24.4% of all clients, with adolescents (12 to 17) particularly concentrated in substance abuse programs at 25.0% in FY 2023-24, mirroring prior trends where older teens were heavily represented.

Clients by Age

All Programs
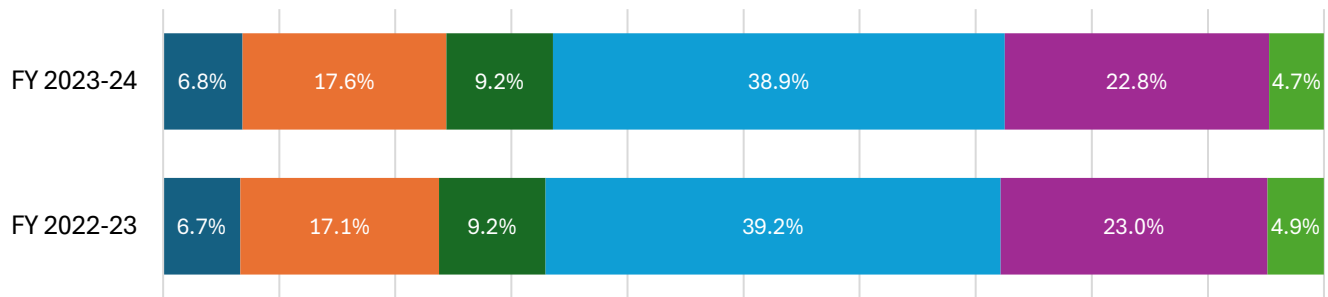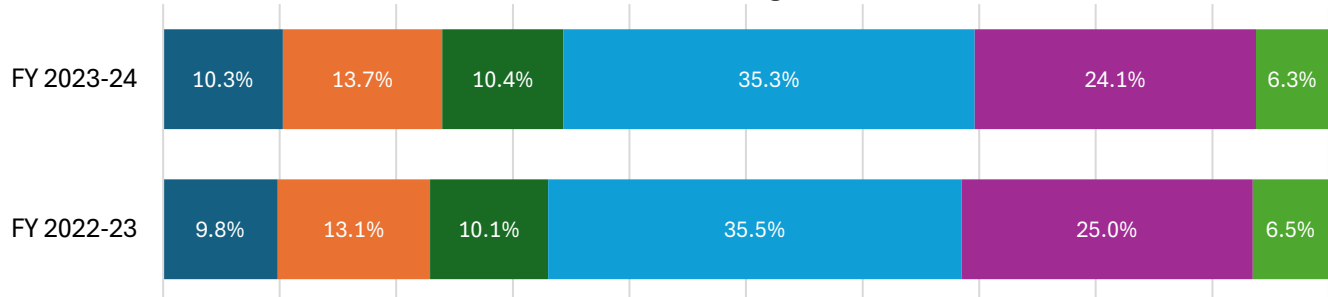
	0 to 11	12 to 17	18 to 24	25 to 44	45 to 64	65+
FY 2023-24	6.8%	17.6%	9.2%	38.9%	22.8%	4.7%
FY 2022-23	6.7%	17.1%	9.2%	39.2%	23.0%	4.9%

Mental Health Programs

	0 to 11	12 to 17	18 to 24	25 to 44	45 to 64	65+
FY 2023-24	10.3%	13.7%	10.4%	35.3%	24.1%	6.3%
FY 2022-23	9.8%	13.1%	10.1%	35.5%	25.0%	6.5%

Substance Abuse Programs

	0 to 11	12 to 17	18 to 24	25 to 44	45 to 64	65+
FY 2023-24	0.3%	25.0%	6.9%	45.8%	20.2%	1.8%
FY 2022-23	0.4%	25.1%	7.3%	46.6%	19.0%	1.6%

Legend: ■ 0 to 11 ■ 12 to 17 ■ 18 to 24 ■ 25 to 44 ■ 45 to 64 ■ 65+
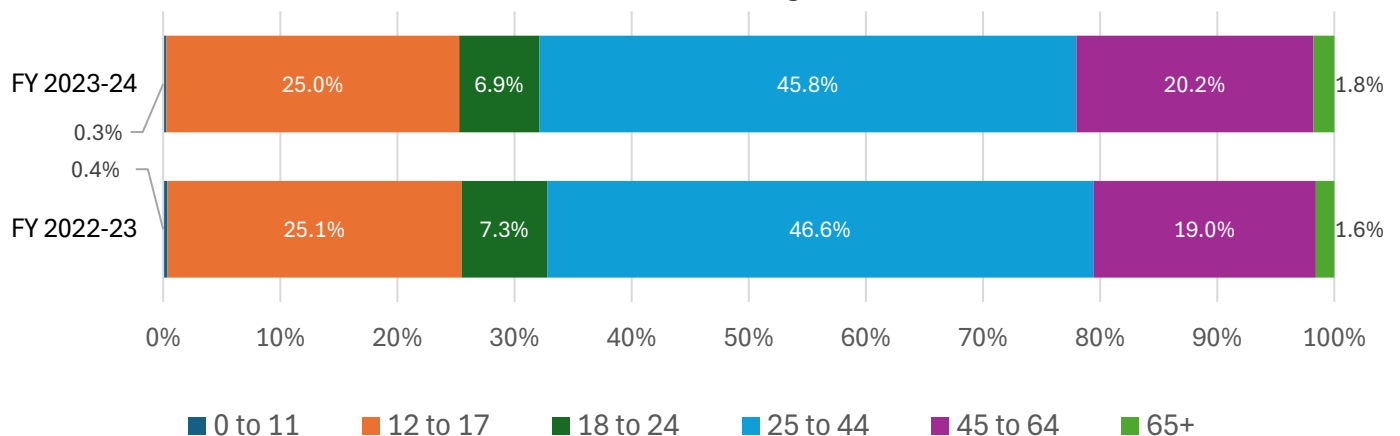
Data Source: SEFBHN Client Data

In FY 2023-24, gender patterns across SEFBHN programs remained largely consistent with previous trends. Males continued to represent the majority in substance use services, accounting for 61.3% of Adult Substance Abuse (ASA) clients and 63.5% of Children's Substance Abuse (CSA) clients, aligning with prior rates of 57.2% and 62%, respectively. Females comprised 51.4% of Adult Mental Health (AMH) and 52.3% of Children's Mental Health (CMH) clients, which is similar to previous proportions of 52.4% in AMH and 52.8% in CMH. These stable distributions suggest that service utilization by gender has remained relatively steady across program areas.
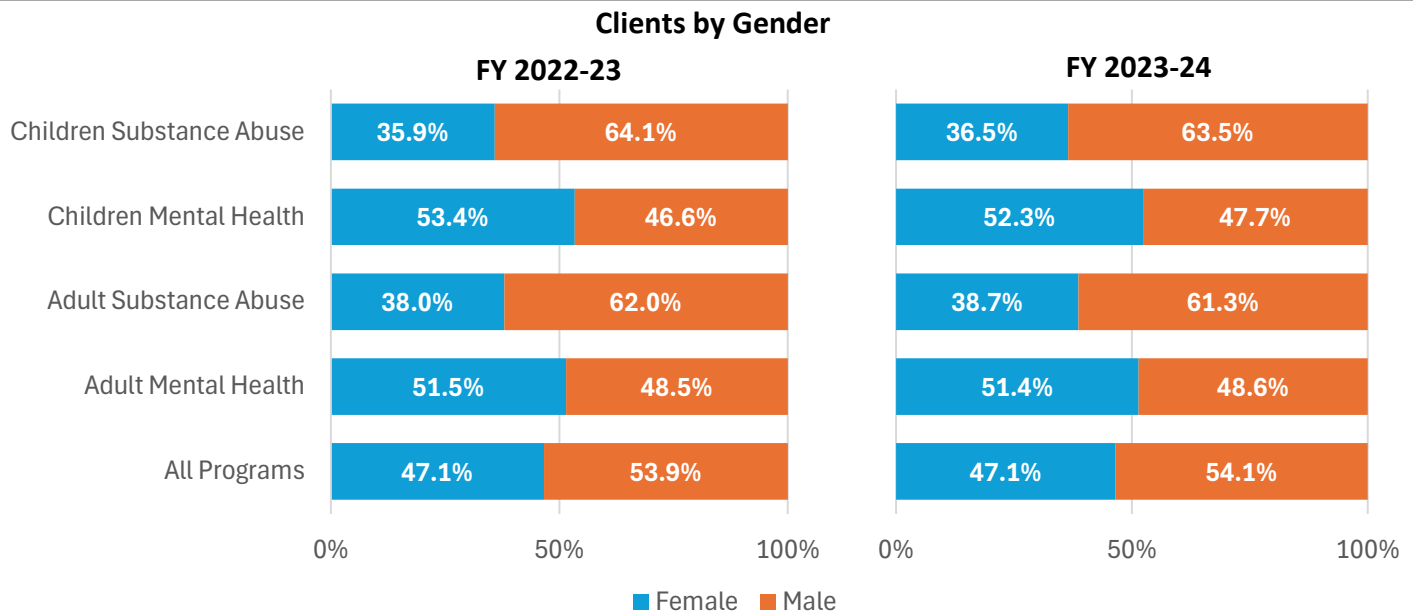
Clients by Gender

Program	FY 2022-23		FY 2023-24	
All Programs				
Total	**24,859**	**100.0%**	**25,471**	**100.0%**
Female	11,707	47.1%	12,005	47.1%
Male	13,402	53.9%	13,780	54.1%
Adult Mental Health				
Total	**12,487**	**100.0%**	**12,433**	**100.0%**
Female	6,427	51.5%	6,396	51.4%
Male	6,060	48.5%	6,037	48.6%
Adult Substance Abuse				
Total	**7,236**	**100.0%**	**7,558**	**100.0%**
Female	2,747	38.0%	2,923	38.7%
Male	4,489	62.0%	4,635	61.3%
Children Mental Health				
Total	**3,431**	**100.0%**	**3,611**	**100.0%**
Female	1,832	53.4%	1,890	52.3%
Male	1,599	46.6%	1,721	47.7%
Children Substance Abuse				
Total	**1,955**	**100.0%**	**2,183**	**100.0%**
Female	701	35.9%	796	36.5%
Male	1,254	64.1%	1,387	63.5%

Data Source: SEFBHN Client Data

The racial makeup of SEFBHN clients remains similar to the last report, with White clients comprising 54.6 and Black clients at 24.1%, still above their share of the general population. Adult programs are broadly reflective of these patterns, while Black children continue to be overrepresented in Children's Substance Abuse programs at 43.1%. Notably, the share of children identified as "Other" in child mental health services is 35.1%, suggesting increasing diversity or shifts in reporting. Overall, SEFBHN programs continue to serve a more racially diverse population than the region at large.

Clients by Race and Age Group

■ FY 2022-23   ■ FY 2023-24

All Ages

American Indian: 0.4% 0.3%
Asian: 0.5% 0.5%
Black: 24.3% 24.1%
Multi-Racial: 3.8% 3.7%
Native Hawaiian or Other Pacific Islander: 0.1% 0.1%
Other: 15.0% 16.7%
White: 55.8% 54.6%

Adults

American Indian: 0.5% 0.4%
Asian: 0.5% 0.5%
Black: 22.1% 22.6%
Multi-Racial: 3.1% 3.1%
Native Hawaiian or Other Pacific Islander: 0.1% 0.1%
Other: 14.1% 14.5%
White: 59.6% 58.8%

Children

American Indian: 0.3% 0.1%
Asian: 0.6% 0.5%
Black: 32.4% 29.4%
Multi-Racial: 6.1% 5.6%
Native Hawaiian or Other Pacific Islander: 0.1% 0.1%
Other: 18.5% 24.2%
White: 42.0% 40.0%

Clients by Race and Program

Race	FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24
	Adult Mental Health		**Children Mental Health**	
American Indian	0.5%	0.4%	0.2%	0.1%
Asian	0.6%	0.7%	0.6%	0.6%
Black	24.1%	24.4%	25.1%	21.4%
Multi-Racial	3.8%	3.7%	6.5%	5.8%
Native Hawaiian or Other Pacific Islander	0.2%	0.1%	0.1%	0.2%
Other	16.3%	16.4%	25.4%	35.1%
White	54.5%	54.4%	42.1%	36.8%
	Adult Substance Abuse		**Children Substance Abuse**	
Alaskan Native	0.0%	0.0%	0.0%	0.0%
American Indian	0.4%	0.4%	0.4%	0.1%
Asian	0.4%	0.2%	0.4%	0.5%
Black	18.7%	19.6%	45.5%	43.1%
Multi-Racial	2.0%	2.2%	5.5%	5.2%
Native Hawaiian or Other Pacific Islander	0.1%	0.1%	0.2%	0.0%
Other	10.2%	11.5%	6.2%	5.7%
White	68.2%	65.9%	41.8%	45.4%

Data Source: SEFBHN Client Data

Hispanic clients make up 19.1% of the SEFBHN population in FY 2023-24—up slightly from 17.1% in the last triennial report, but it remains less Hispanic than the region overall (25.4%). Hispanic representation remains highest in Children's Substance Abuse programs (30.5%), though down from 35.3% in the last report. Adult Substance Abuse continues to serve the lowest proportion of Hispanic clients at 14.9% but slightly up from 12% in the last report.

Clients by Hispanic Ethnicity and Age Group

■ FY 2022-23   ■ FY 2023-24

All Ages

	Cuban	Haitian	Mexican	Mexican American	Other Hispanic	Puerto Rican	Spanish/Latino	All Hispanic
FY 2022-23	0.8%	2.3%	1.5%	0.5%	9.9%	2.0%	1.9%	18.8%
FY 2023-24	1.0%	2.2%	1.5%	0.6%	10.3%	1.8%	1.7%	19.1%

Adults

	Cuban	Haitian	Mexican	Mexican American	Other Hispanic	Puerto Rican	Spanish/Latino	All Hispanic
FY 2022-23	0.8%	2.0%	1.1%	0.3%	8.5%	2.0%	1.9%	16.6%
FY 2023-24	1.1%	2.0%	1.2%	0.4%	9.1%	1.9%	1.6%	17.3%

Children

	Cuban	Haitian	Mexican	Mexican American	Other Hispanic	Puerto Rican	Spanish/Latino	All Hispanic
FY 2022-23	0.7%	3.6%	3.0%	1.0%	15.0%	1.9%	1.9%	27.1%
FY 2023-24	0.6%	2.8%	2.5%	1.3%	14.6%	1.5%	2.1%	25.4%

Clients by Ethnicity and Program

Race	FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24
	Adult Mental Health		**Children Mental Health**	
Not Hispanic	82.3%	81.2%	76.1%	77.6%
All Hispanic	17.7%	18.8%	23.9%	22.4%
Cuban	1.0%	1.2%	0.4%	0.4%
Haitian	2.7%	2.8%	1.5%	1.2%
Mexican	1.1%	1.2%	1.4%	1.3%
Mexican American	0.3%	0.3%	1.1%	1.1%
Other Hispanic	8.5%	9.9%	16.7%	15.7%
Puerto Rican	2.1%	1.9%	1.0%	0.9%
Spanish/Latino	2.0%	1.5%	1.8%	1.8%
	Adult Substance Abuse		**Children Substance Abuse**	
Not Hispanic	85.3%	85.1%	67.2%	69.5%
All Hispanic	14.7%	14.9%	32.8%	30.5%
Cuban	0.5%	1.0%	1.2%	0.9%
Haitian	0.8%	0.7%	7.2%	5.6%
Mexican	1.2%	1.3%	5.9%	4.4%
Mexican American	0.4%	0.4%	0.9%	1.7%
Other Hispanic	8.4%	7.8%	11.9%	12.7%
Puerto Rican	1.7%	2.0%	3.6%	2.4%

| Spanish/Latino | 1.6% | 1.8% | 2.0% | 2.7% |

In FY 2022–24 through FY 2023–24, living arrangement data was reported for 41,849 clients at admission. The majority of individuals were living with relatives, either dependently (11,179 or 26.7%) or independently (10,777 or 25.8%), accounting for more than half of all clients. An additional 5,049 (12.1%) were living independently and alone, while 3,340 (8.0%) were living independently with non-relatives. Notably, 3,997 clients (9.6%) were experiencing homelessness at the time of admission, indicating a significant level of housing instability among the population served.

Institutional or residential placements accounted for smaller proportions. These included 1,039 clients (2.5%) in adult residential treatment facilities, 1,145 (2.7%) in correctional facilities, and 740 (1.8%) in other residential settings. Additional placements included 714 clients (1.7%) in dependent living with non-relatives, 610 (1.5%) in supported housing, 339 (0.8%) in DJJ facilities, 221 (0.5%) in foster care or home placements, and 205 (0.5%) in assisted living facilities. State mental health treatment facilities (105 or 0.3%), children's residential treatment facilities (88 or 0.2%), and crisis residences (84 or 0.2%) were rarely reported. Fewer than a dozen clients were living in nursing homes (11) or limited mental health licensed ALFs (10). A total of 2,196 clients (5.2%) had living arrangements reported as not available or unknown.

**Living Arrangement at Admission (FY 2022-23 through FY 2023-24)**
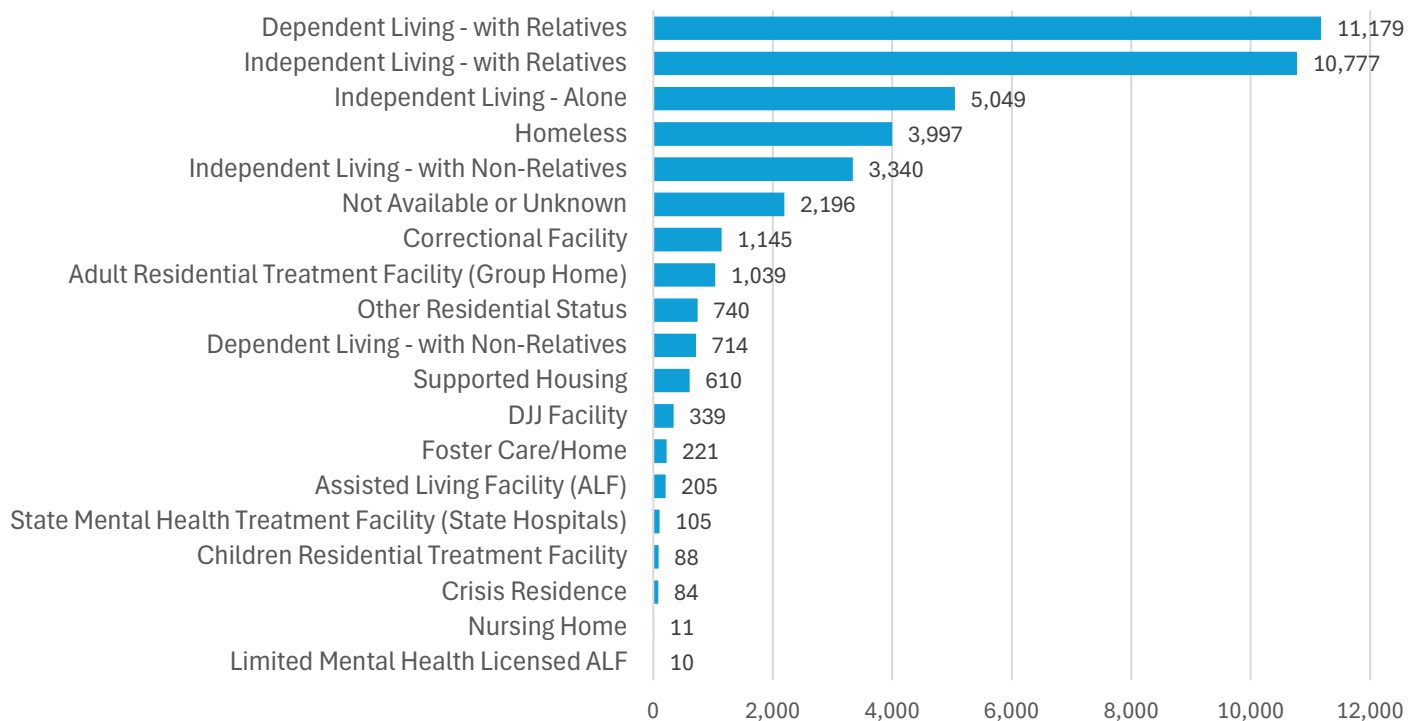
Data Source: SEFBHN Client Data

In FY 2023-24, there were 410 adults with child welfare involvement receiving mental health services and 649 in substance abuse programs, both showing slight increases from the prior year. Among children, 481 with child welfare involvement received mental health services—up from 374—while the number in children's substance abuse programs remained very small at 8. This data, reported for the first time in this format, highlights the intersection of behavioral health needs and child welfare involvement across both adult and youth populations.
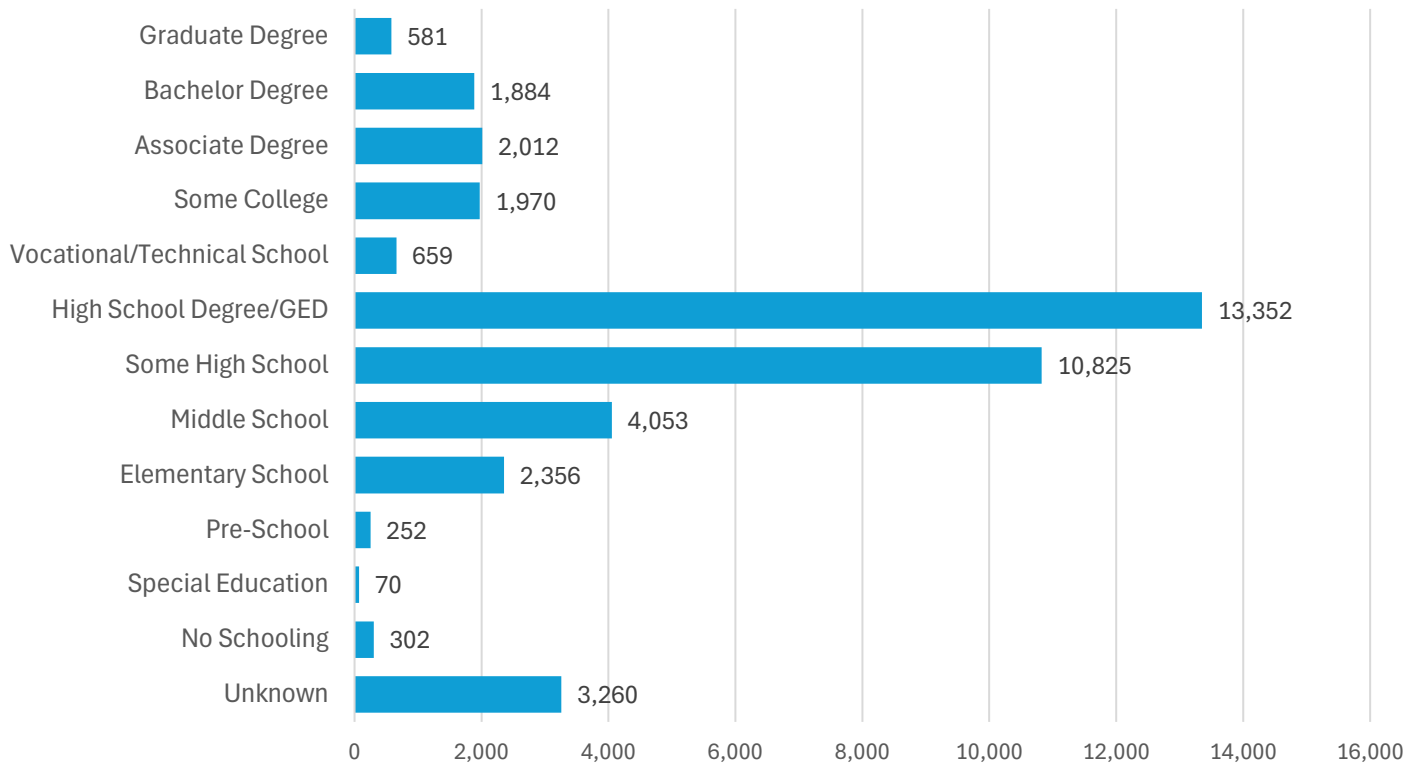
Clients Served in Child Welfare
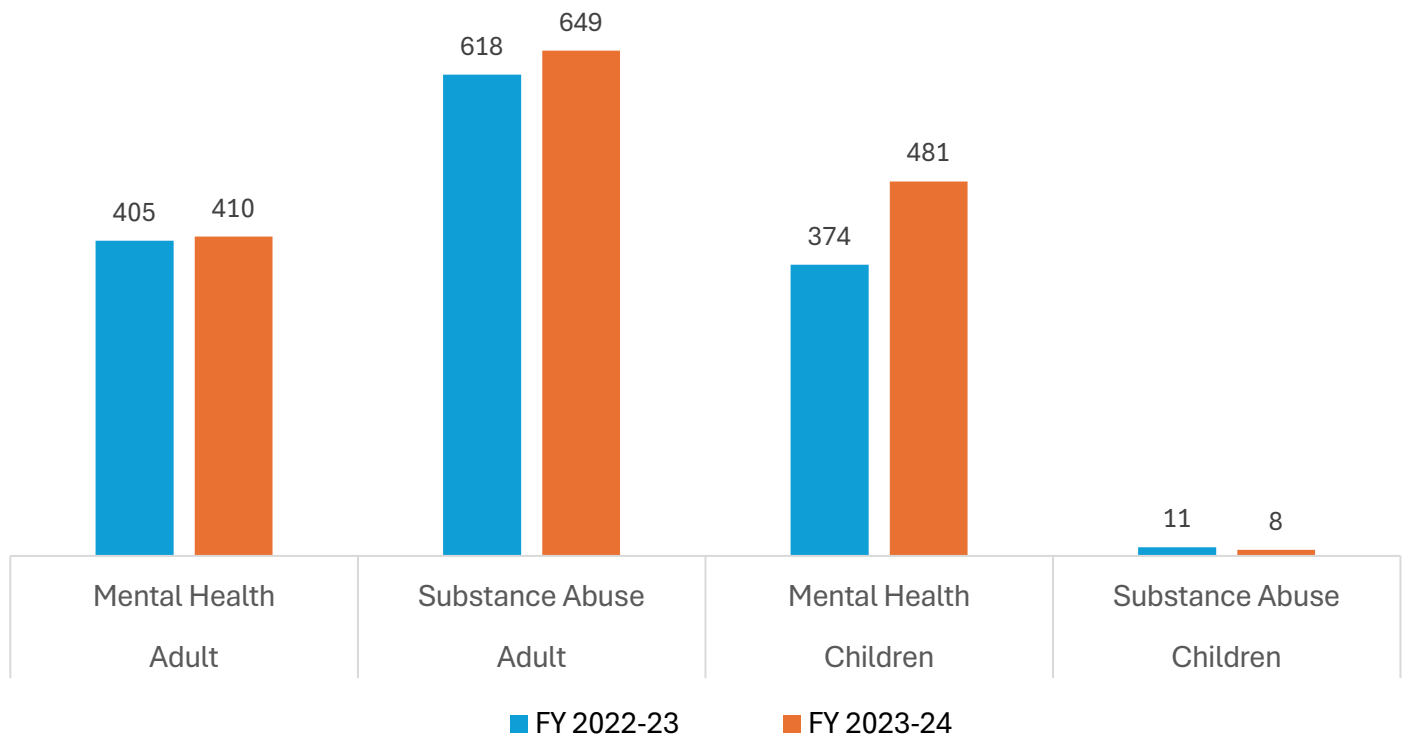
Data Source: SEFBHN Client Data

In FY 2022–24 through FY 2023-24, educational attainment was reported for 41,576 clients at program entry. The most common level was high school graduation or GED, accounting for 32.1% of all clients. An additional 26.0% had some high school education but had not yet graduated. Middle school education was reported by 9.7%, and elementary education by 5.7%.

Postsecondary education levels were less common: 4.8% held an associate degree, 4.7% had some college, 4.5% had a bachelor's degree, and 1.4% had a graduate degree. A small proportion reported attending vocational or technical school (1.6%). Additionally, 0.7% had no schooling, and 0.6% had only pre-school education. Special education accounted for 0.2%. Educational level was unknown for 7.8% of clients.

Education Status at Program Entry (FY 2022-23 through FY 2023-24)

Category	Value
Graduate Degree	581
Bachelor Degree	1,884
Associate Degree	2,012
Some College	1,970
Vocational/Technical School	659
High School Degree/GED	13,352
Some High School	10,825
Middle School	4,053
Elementary School	2,356
Pre-School	252
Special Education	70
No Schooling	302
Unknown	3,260

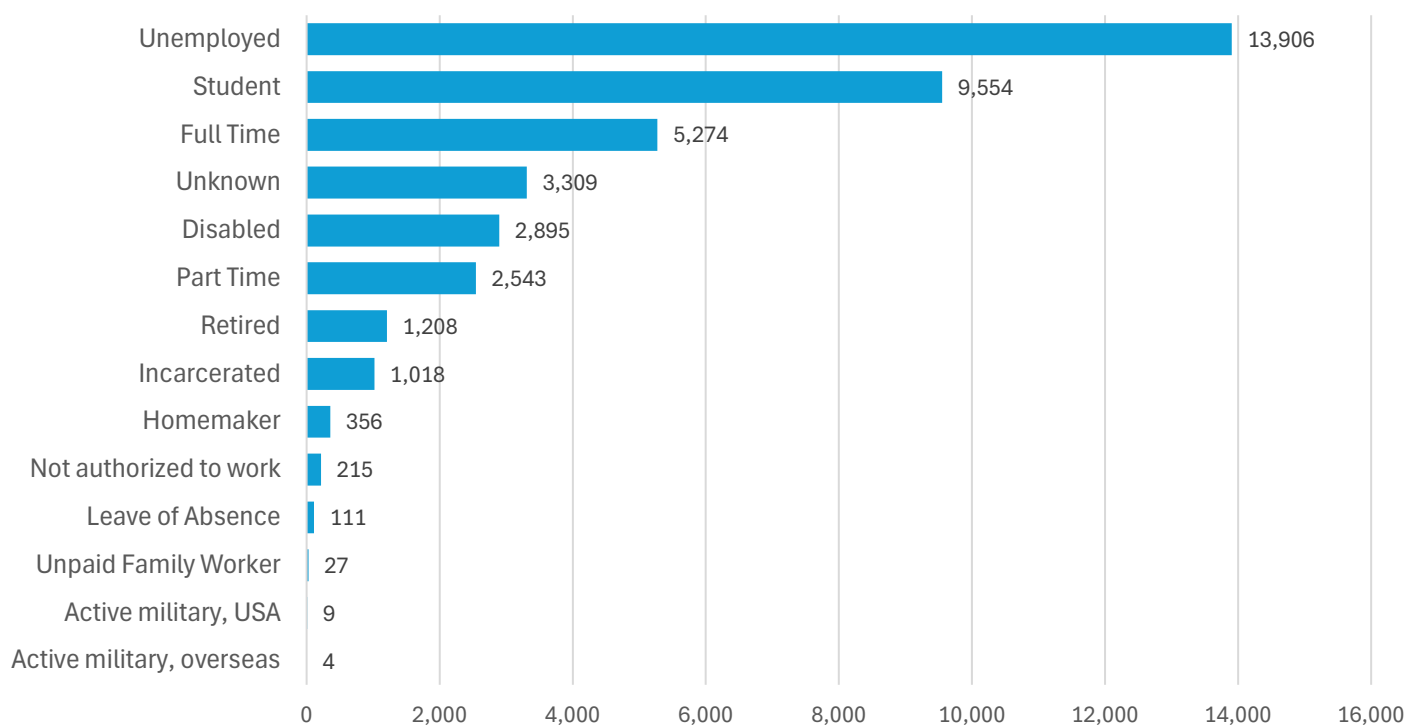**Data Source:** SEFBHN Client Data

In FY 2022-23 through 2023–24, among 40,429 clients admitted to behavioral health services, the majority reported their employment status, though 8.2% (3,309 individuals) did not. Among those who disclosed their status, unemployment was the most common, with 13,906 clients (34.4%) identifying as unemployed. Nearly a quarter (23.6%) were students, followed by 13.1% who were employed full time and 6.3% part time. Other notable categories included disabled (7.2%), retired (3.0%), and incarcerated (2.5%). Smaller proportions reported being homemakers (0.9%), on a leave of absence (0.3%), not authorized to work (0.5%), or in unpaid or military roles (<0.1%–0.07%).

Employment Status at Admission (FY 2022-23 through FY 2023-24)

Employment Status	Count
Unemployed	13,906
Student	9,554
Full Time	5,274
Unknown	3,309
Disabled	2,895
Part Time	2,543
Retired	1,208
Incarcerated	1,018
Homemaker	356
Not authorized to work	215
Leave of Absence	111
Unpaid Family Worker	27
Active military, USA	9
Active military, overseas	4

Data Source: SEFBHN Client Data

SEFBHN Clients Experiencing Homelessness

Between FY 2022–23 and FY 2023–24, the number of clients experiencing homelessness served by SEFBHN-funded programs grew from 2,418 to 2,615, an 8% increase. This growth was concentrated in adult services. Adult Substance Use programs saw the largest gain (+103, from 1,185 to 1,288), followed by Adult Mental Health (+93, from 1,219 to 1,312). In contrast, children's programs remained largely stable, with Children's Mental Health increasing by just one client and Children's Substance Use showing no change.

Age & Gender

Across FY 2022–23 through FY 2023–24, clients experiencing homelessness were predominantly male (64.2%), with females comprising 35.8%. The largest age group was 35–49 years (40.1%, n=1,643), followed by 50–64 years (25.1%, n=1,029) and 25–34 years (24.4%, n=1,001). Young adults aged 18–24 represented 5.9% (n=243), and seniors 65+ accounted for 3.8% (n=156). Children and youth under 18 made up less than 1% of this population.
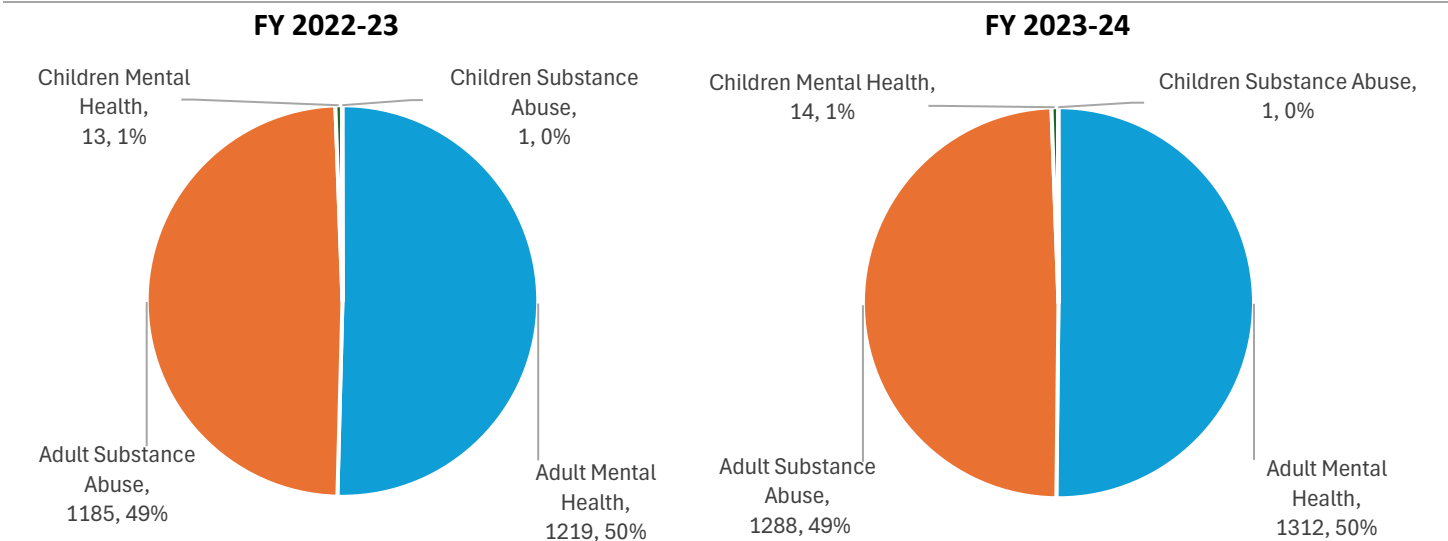
Race & Ethnicity

A majority of homeless clients identified as White (56.1%, n=2,273), followed by Black (30.1%, n=1,221). Other racial groups included Other races (10.4%, n=422), Multi-Racial (2.4%, n=99), and small proportions of American Indian, Asian, Native Hawaiian/Pacific Islander, and Alaskan Native. Regarding ethnicity, 13.1% identified as Hispanic, with the largest subgroups being Other Hispanic (6.4%), Puerto Rican (1.7%), and Spanish/Latino (1.6%). Smaller proportions identified as Haitian, Mexican, Cuban, or Mexican American.

Education & Employment

The majority of clients experiencing homelessness were unemployed (76.6%, n=3,176), with smaller shares reporting being disabled (6.3%), employed full-time (5.3%), or part-time (3.6%). Very few reported being retired, students, or not authorized to work, and less than 1% were incarcerated, on leave of absence, or homemakers. Employment status was unknown for 4.6% of clients.

From FY 2022–23 to FY 2023–24, the total number of clients experiencing homelessness served across all programs grew by 197 (8%), from 2,418 to 2,615. Most of this increase occurred in adult programs, with Adult Substance Use rising by 103 individuals (1,185 to 1,288) and Adult Mental Health increasing by 93 (1,219 to 1,312). Children's programs saw little change, with Children's Mental Health up by just one individual (13 to 14) and Children's Substance Use unchanged at one individual served. Among clients experiencing homelessness, service growth was concentrated in adult behavioral health programs, while volumes for children remained stable.
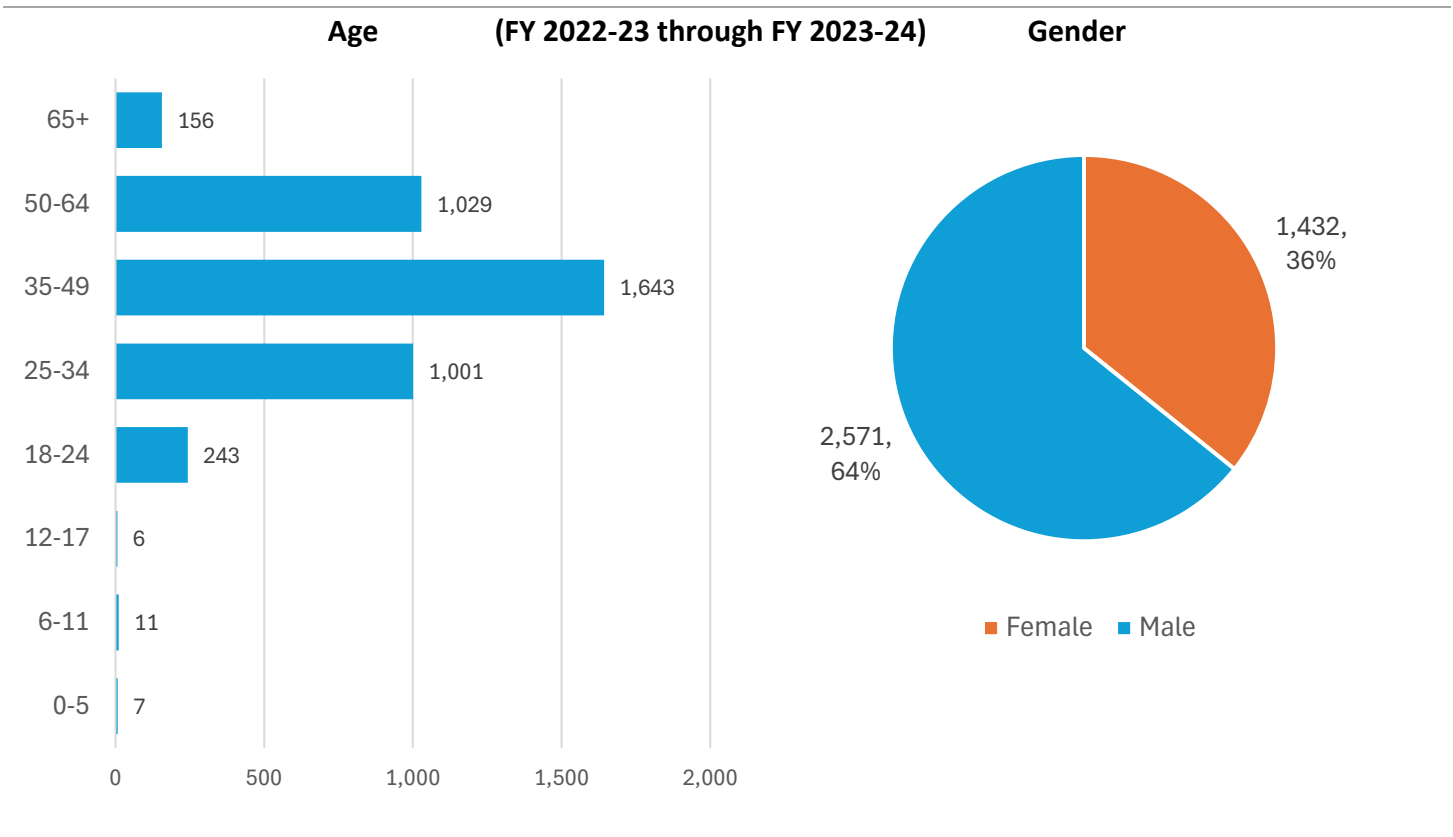
FY 2022-23

Children Mental Health, 13, 1%
Children Substance Abuse, 1, 0%
Adult Substance Abuse, 1185, 49%
Adult Mental Health, 1219, 50%

FY 2023-24

Children Mental Health, 14, 1%
Children Substance Abuse, 1, 0%
Adult Substance Abuse, 1288, 49%
Adult Mental Health, 1312, 50%

Program	FY 2022-23	FY 2023-24	Change
Adult Mental Health	1,219	1,312	+93
Adult Substance Use	1,185	1,288	+103
Children Mental Health	13	14	+1
Children Substance Use	1	1	0
All Programs	2,418	2,615	+197

Data Source: SEFBHN Client Data

The majority of clients experiencing homelessness in FY 2022–24 through FY 2023-24, were male (64.2%), while females made up 35.8%. By age, homelessness was most prevalent among clients aged 35–49, who represented 40.1% (1,643) of the homeless population. This was followed by those aged 50–64 (1,029 or 25.1%) and 25–34 (1,001 or 24.4%). Young adults aged 18–24 accounted for 5.9% (243 clients), and seniors 65 and older made up 3.8% (156 clients).

Children and youth under 18 represented a very small proportion: 0.2% (7 clients) were aged 0–5, 0.3% (11 clients) were aged 6–11, and 0.1% (6 clients) were aged 12–17.
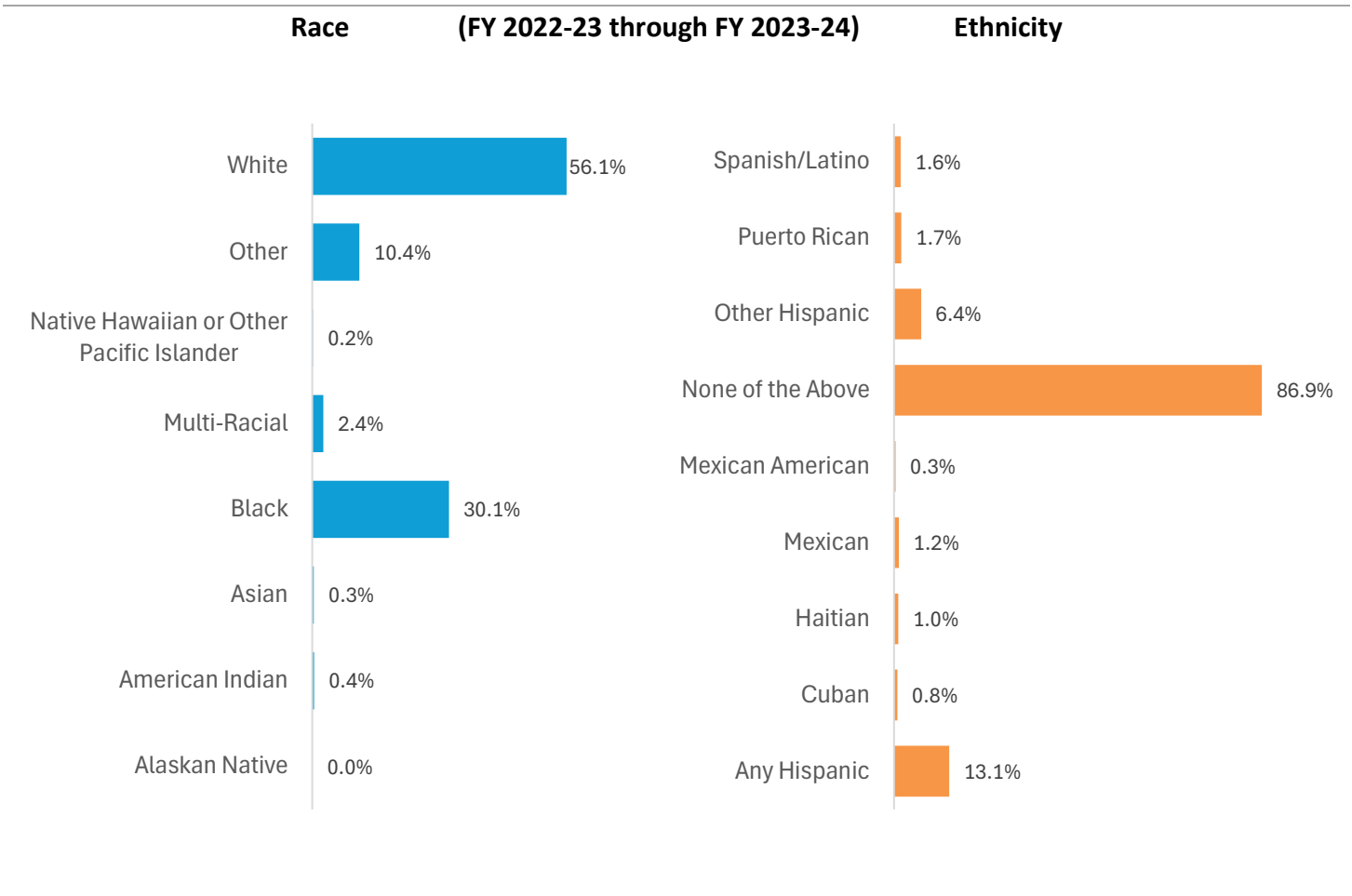

Data Source: SEFBHN Client Data

In FY 2022-23 through 2023–24, the majority of clients experiencing homelessness identified as White (2,273 or 56.1%), followed by Black (1,221 or 30.1%). Clients identifying as Other races made up 10.4% (n=422), while individuals identifying as Multi-Racial represented 2.4% (n=99). Very small proportions were reported among American Indian (0.4% n=16), Asian (0.3%, n=14), Native Hawaiian or Pacific Islander (0.2%, n<11), and Alaskan Native (0.05%, n<11).

Regarding ethnicity, 13.1% (n=529) of homeless clients identified as Hispanic, while 86.9% (n=3,519) did not. Among Hispanic subgroups, Other Hispanic (6.4%), Puerto Rican (1.7%), and Spanish/Latino (1.6%) were the most common. Smaller proportions identified as Haitian (1.0%), Mexican (1.2%), Cuban (0.8%), or Mexican American (0.3%).

Race   (FY 2022-23 through FY 2023-24)   Ethnicity

Race	%
White	56.1%
Other	10.4%
Native Hawaiian or Other Pacific Islander	0.2%
Multi-Racial	2.4%
Black	30.1%
Asian	0.3%
American Indian	0.4%
Alaskan Native	0.0%

Ethnicity	%
Spanish/Latino	1.6%
Puerto Rican	1.7%
Other Hispanic	6.4%
None of the Above	86.9%
Mexican American	0.3%
Mexican	1.2%
Haitian	1.0%
Cuban	0.8%
Any Hispanic	13.1%

Data Source: SEFBHN Client Data

In FY 2022-23 through 2023–24, employment status was reported for clients experiencing homelessness at admission. The vast majority were unemployed, representing 76.6% (n=3,176) of the homeless population. Smaller percentages were disabled (6.3%, n=263) or working full-time (5.3%, n=220) or part-time (3.6%, n=149).

A small number were retired (1.6%, n=67), students (0.6%, n=26), or not authorized to work (0.6%, n=24). Fewer than 1% each reported being incarcerated (0.3%, n=13), on leave of absence (0.2%, n=7), or homemakers (0.2%, n=10). Employment status was unknown for 4.6% (n=191).

Employment Status at Admission (FY 2022-23 through FY 2023-24)
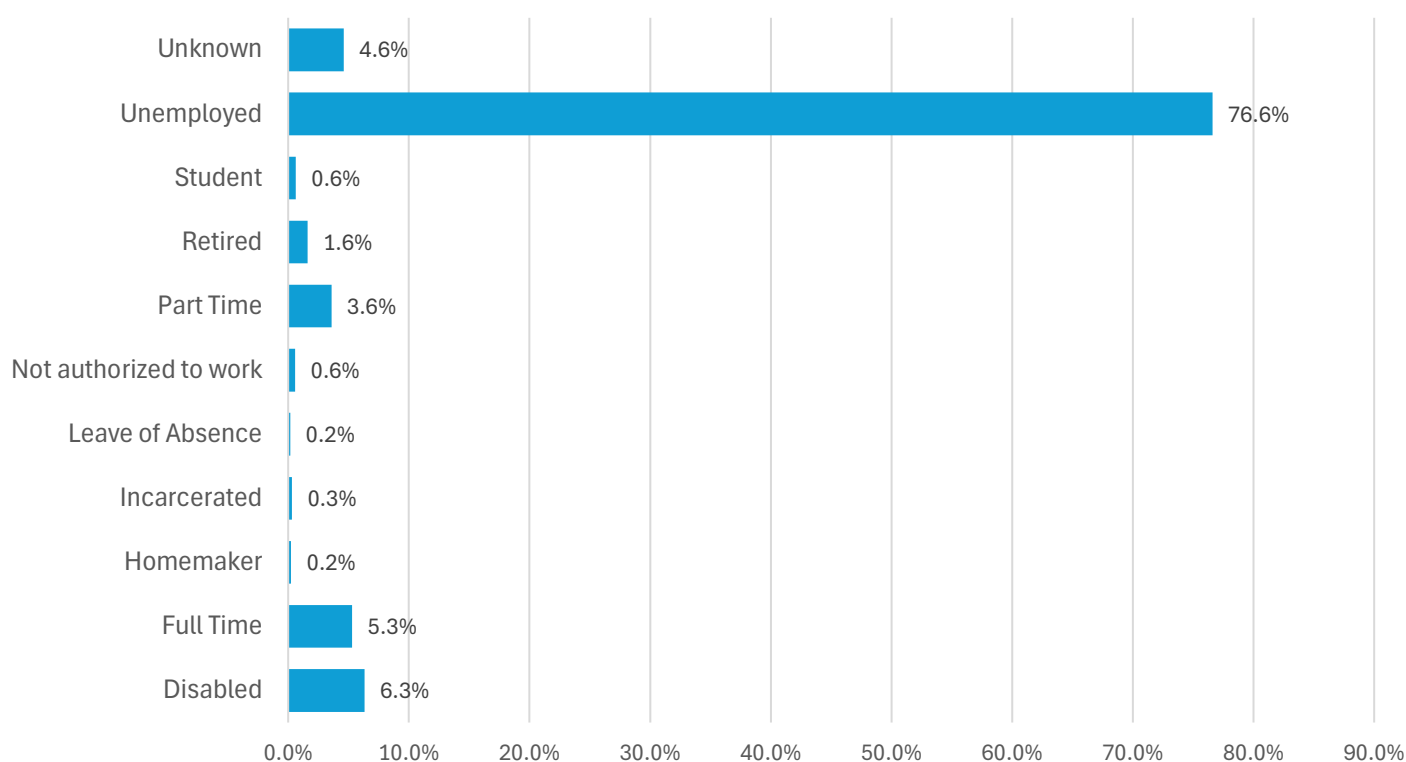
Data Source: SEFBHN Client Data

SEFBHN Client Satisfaction

In FY 2023–24, 7,027 consumers surveyed across the region continued to report high levels of satisfaction with behavioral health services, with overall scores improving from 4.36 to 4.41. Compared to FY 2022-23 (6,453 surveyed), gains were seen across nearly all domains of care, with the most notable improvements in child mental health and adult substance use programs. Child mental health ratings rose sharply from 4.43 to 4.57, reflecting strong perceptions of quality, outcomes, and engagement.

Experience of Care

Consumers consistently reported respectful, empowering care experiences. In the General Satisfaction domain, 92.8% of individuals agreed that staff listened to them and respected their decisions. Access to Care and Appropriateness of Services also remained strong, with over 90% of respondents affirming their needs were heard and that services were appropriate for them. In the Outcomes of Care domain, 91.4% reported that services helped them feel better—up slightly from the previous year.
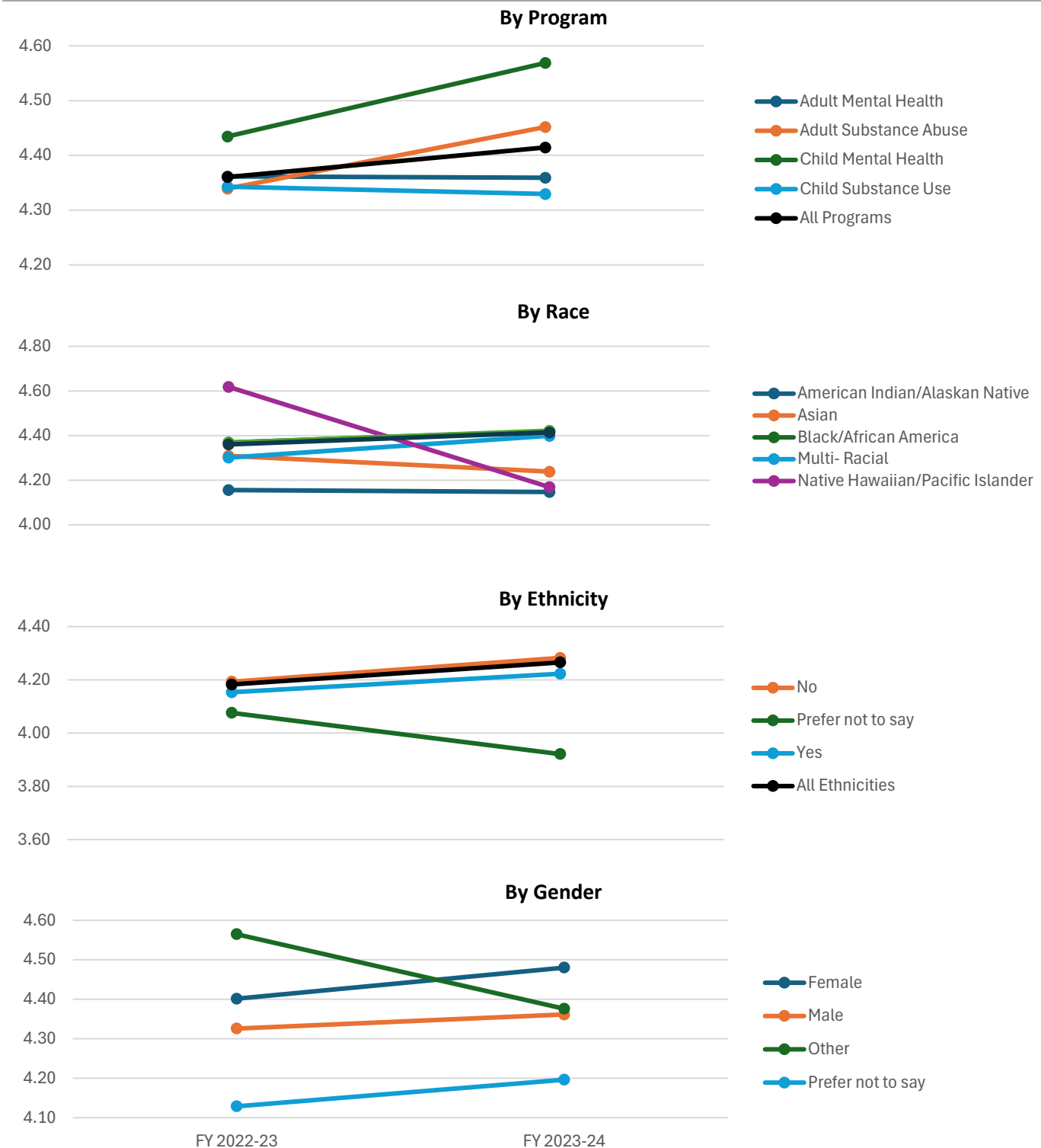
Engagement and Support

Client involvement in their own treatment improved, with nearly 90% stating they helped choose their services and goals. Functional Satisfaction also increased, with respondents reporting greater support in making life decisions and succeeding in school or other learning environments.

Cultural Responsiveness and Connection

Social Connectedness showed continued growth, with 83.3% of respondents agreeing that staff helped them connect with others. Encouragingly, 75.5% of clients reported that staff asked about their culture and beliefs, up from 71.9% in FY 2022–23—an important indicator of culturally responsive care.
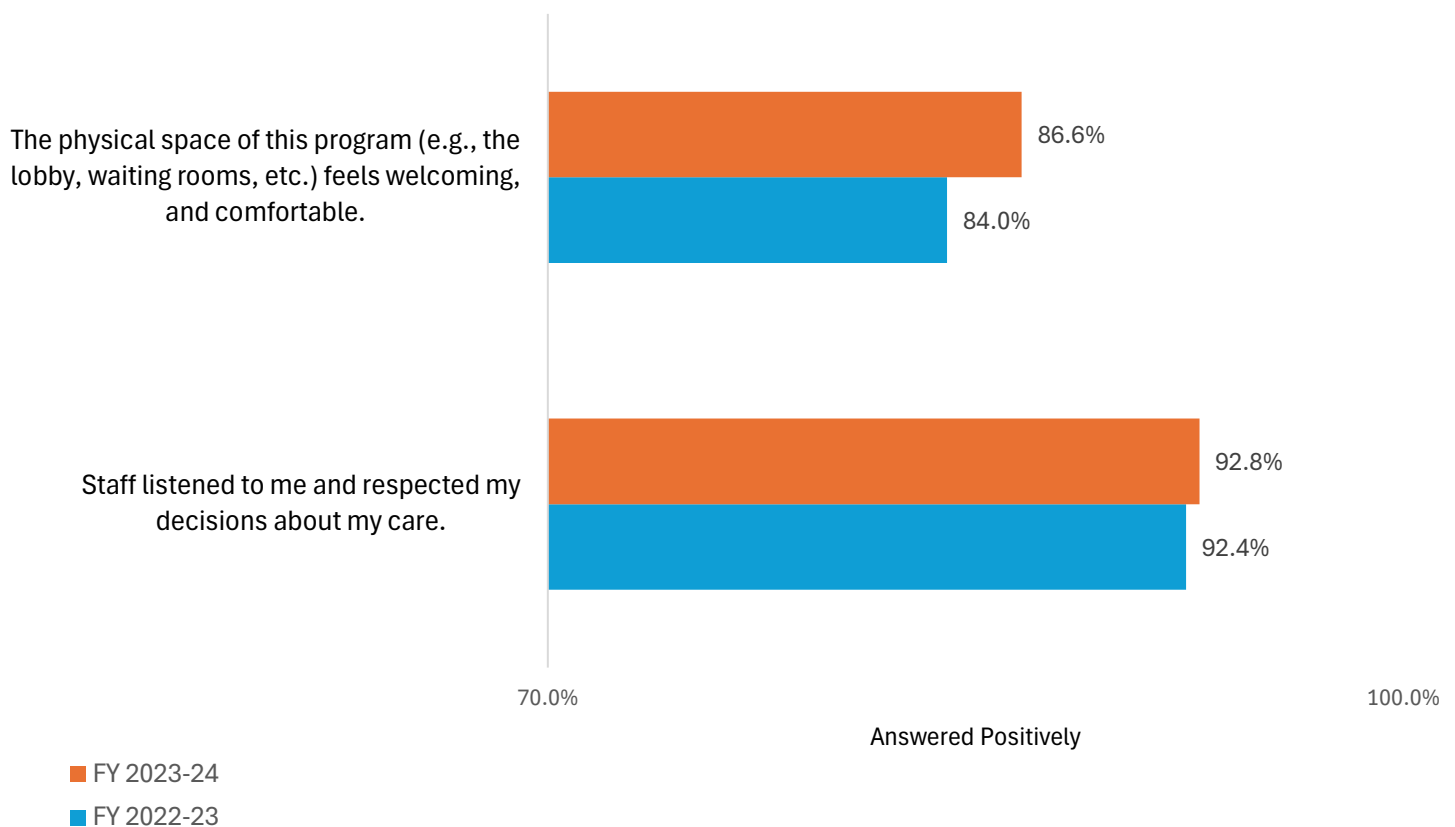
In FY 2022-23 and FY 2023-24, consumer satisfaction was high across programs, with overall scores improving from 4.36 to 4.41. Child mental health programs saw the greatest increase, from 4.43 to 4.57, while adult substance use also improved. Scores were consistent across race, gender, and ethnicity, though slight declines were observed for Native Hawaiian/Pacific Islander and transgender respondents. Satisfaction was highest for females (4.48) and those identifying as White or Black (4.42). Respondents who preferred not to share their ethnicity reported the lowest satisfaction (3.92).
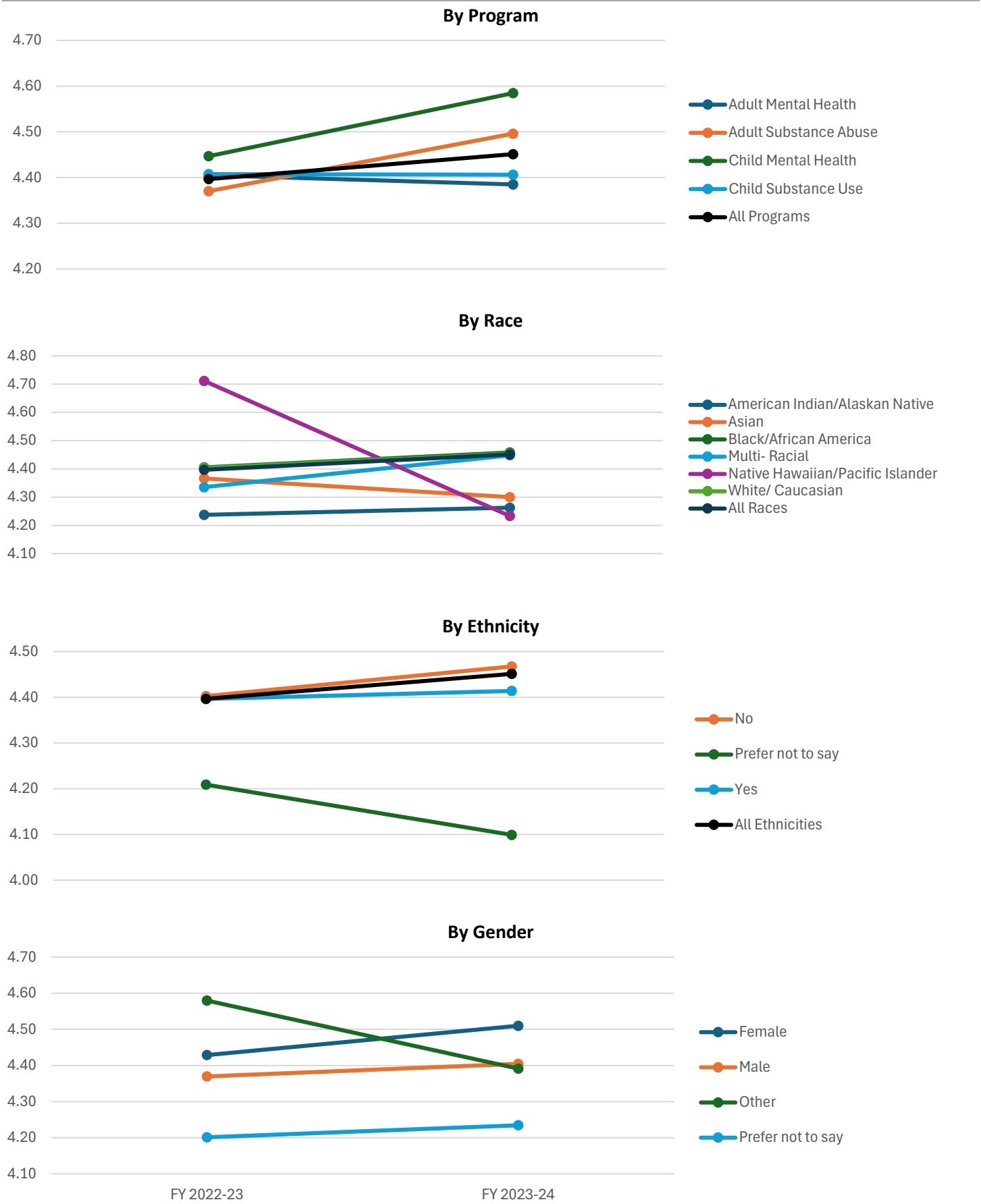

Data Source: SEFBHN Consumer Satisfaction Survey

General satisfaction with behavioral health services remained high in FY 2023–24, with an overall average score of 4.45 out of 5, up slightly from 4.40 the prior year. Respondents consistently reported feeling respected and heard by staff, with 92.8% agreeing that "staff listened to me and respected my decisions about my care," up from 92.4%. Additionally, perceptions of program environments improved, with 86.6% reporting that physical spaces felt welcoming and comfortable—an increase from 84.0%.

Mean scores across these questions were strongest in child mental health programs (4.58), followed by adult substance use (4.50), and remained high across race, gender, and ethnicity. Notably, average satisfaction increased across most groups, although small declines were observed among individuals who preferred not to disclose race or ethnicity and among transgender individuals. Overall, results indicate sustained positive experiences with care quality and environment.

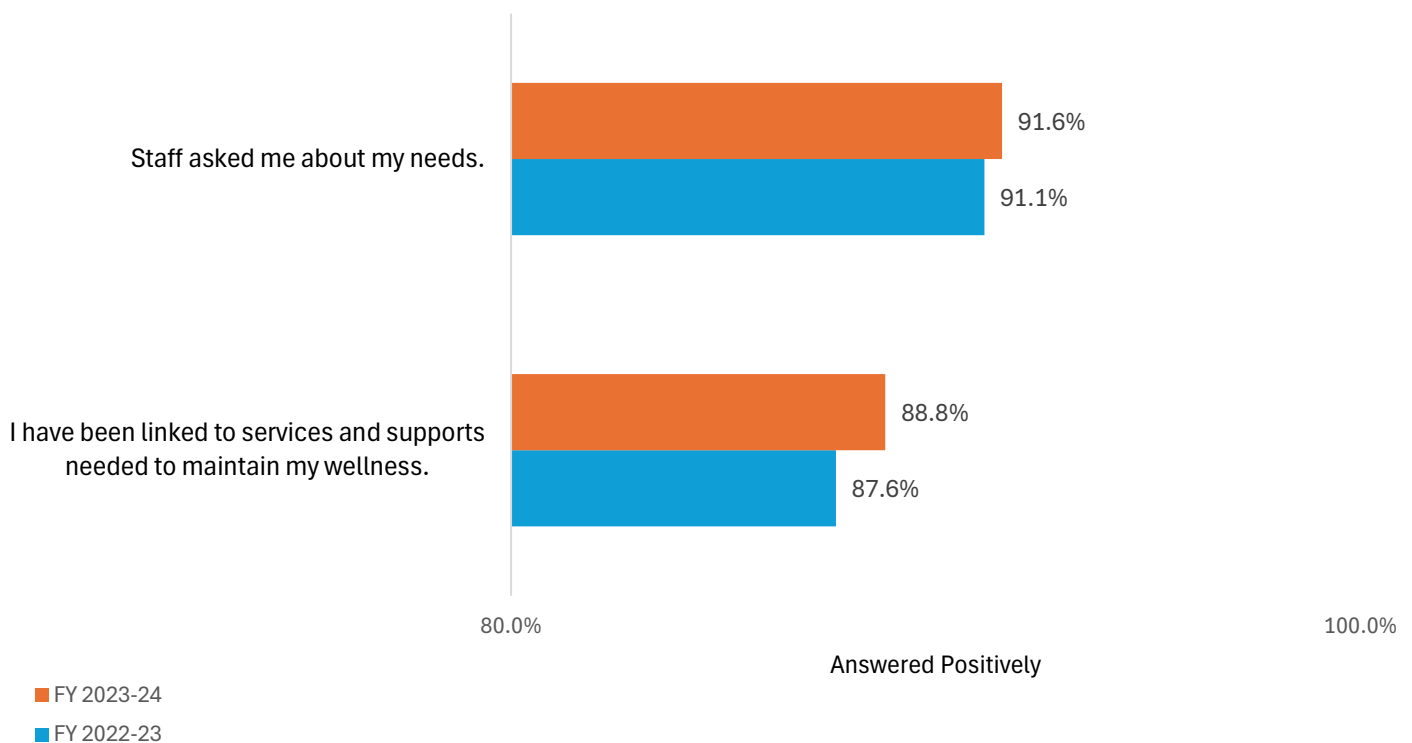**Data Source:** SEFBHN Consumer Satisfaction Survey

By Program

By Race

By Ethnicity

By Gender

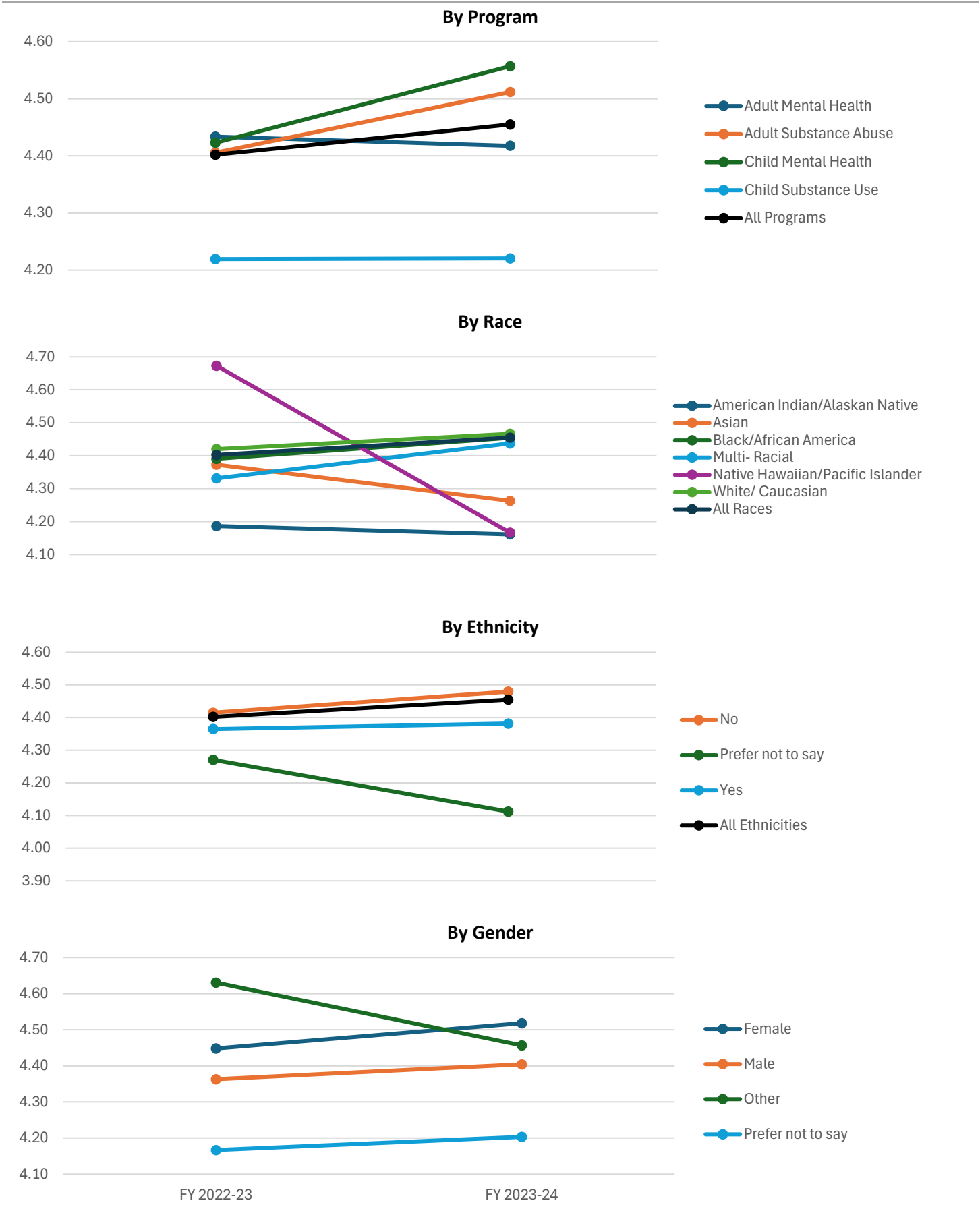**Data Source:** SEFBHN Consumer Satisfaction Survey

Access to care ratings improved modestly in FY 2023–24, with the overall average increasing from 4.40 to 4.46. Most respondents continued to feel their needs were heard (91.6%) and that they were connected to needed services and supports (88.8%).

By program type, the highest gains occurred in child mental health (4.42 to 4.56) and adult substance use (4.41 to 4.51), while child substance use programs remained flat at 4.22. Across race groups, satisfaction improved among most, with Black (4.45) and White (4.47) respondents rating access particularly highly. However, notable declines were seen among Asian respondents (from 4.37 to 4.26) and Native Hawaiian/Pacific Islanders (from 4.67 to 4.17), indicating areas for focused engagement and improvement.

The data reflects continued high levels of satisfaction with access to services, especially in child mental health and adult substance use, but also highlight equity gaps that merit attention in outreach and care coordination.

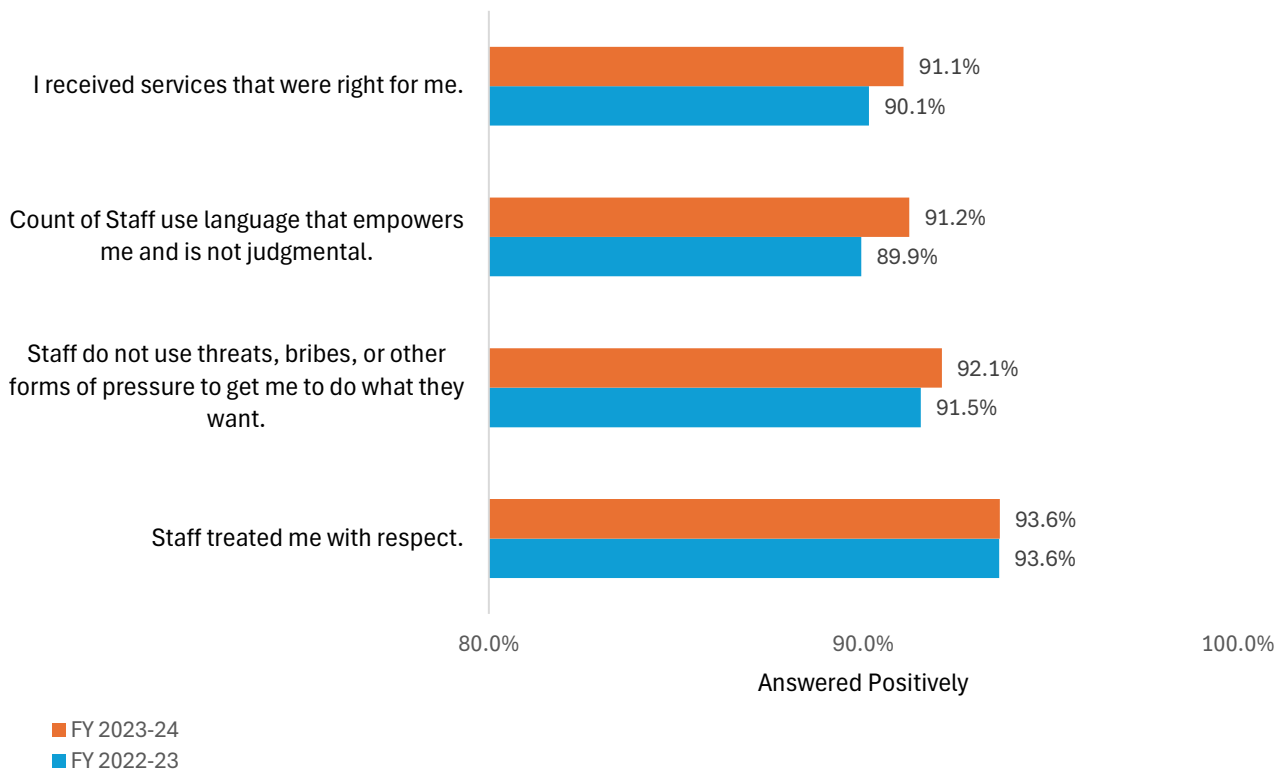**Data Source:** SEFBHN Consumer Satisfaction Survey

By Program

By Race

By Ethnicity

By Gender

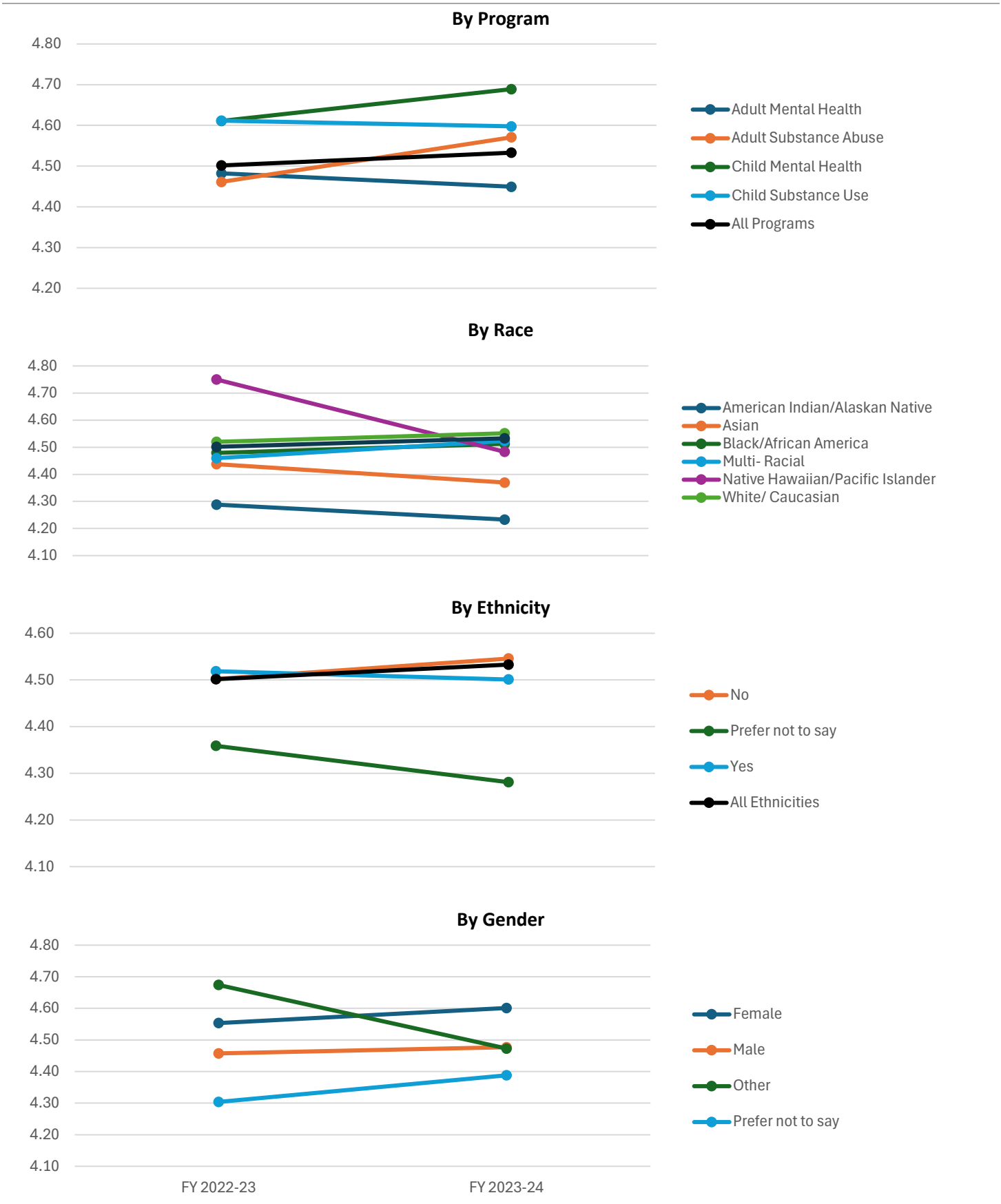**Data Source:** SEFBHN Consumer Satisfaction Survey

Consumer perceptions of appropriateness and quality of care remained high in FY 2023–24, with modest gains in several key indicators. Most notably, the proportion of respondents who agreed that services were right for them rose slightly from 90.1% to 91.1%. Respectful treatment by staff held steady at 93.6%, while perceptions of staff using empowering, nonjudgmental language improved from 89.9% to 91.2%. Reports of staff avoiding coercive practices also edged up from 91.5% to 92.1%.

By program type, the strongest ratings were found in child mental health (4.69) and child substance use (4.60), with adult substance use programs showing the most notable improvement (4.46 to 4.57). Adult mental health programs remained strong overall around 4.5.

Satisfaction also improved across most racial and ethnic groups. Black/African American (4.51), White (4.55), and Multi-Racial (4.52) respondents reported the highest levels of satisfaction. However, declines were seen among Asian (from 4.44 to 4.37) and Native Hawaiian/Pacific Islander (from 4.75 to 4.48) participants. Ratings by gender showed small increases among females (4.55 to 4.60) and males (4.46 to 4.48), but a drop among individuals identifying as "Other" (from 4.67 to 4.47). Those who preferred not to disclose gender or ethnicity also showed mixed results.

Question	FY 2023-24	FY 2022-23
I received services that were right for me.	91.1%	90.1%
Count of Staff use language that empowers me and is not judgmental.	91.2%	89.9%
Staff do not use threats, bribes, or other forms of pressure to get me to do what they want.	92.1%	91.5%
Staff treated me with respect.	93.6%	93.6%

Answered Positively

■ FY 2023-24
■ FY 2022-23

Data Source: SEFBHN Consumer Satisfaction Survey

By Program

Legend:
- Adult Mental Health
- Adult Substance Abuse
- Child Mental Health
- Child Substance Use
- All Programs

By Race

Legend:
- American Indian/Alaskan Native
- Asian
- Black/African America
- Multi- Racial
- Native Hawaiian/Pacific Islander
- White/ Caucasian

By Ethnicity

Legend:
- No
- Prefer not to say
- Yes
- All Ethnicities

By Gender

Legend:
- Female
- Male
- Other
- Prefer not to say

FY 2022-23   FY 2023-24

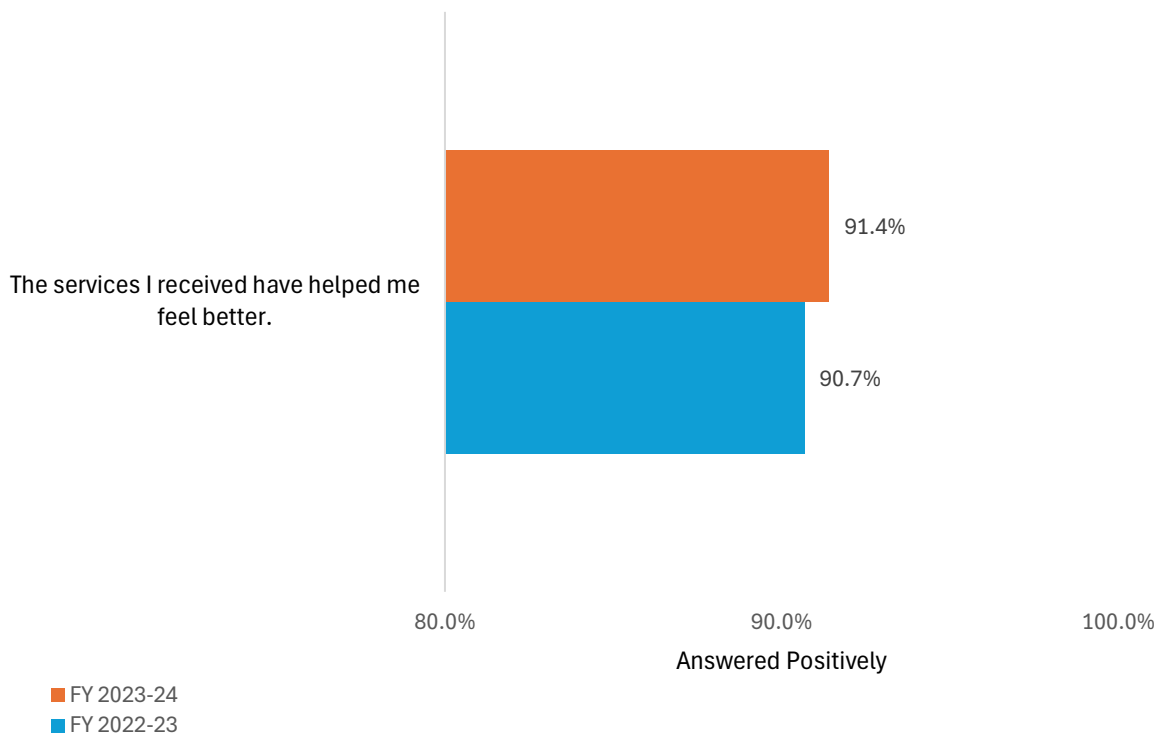**Data Source:**   SEFBHN Consumer Satisfaction Survey

Perceived outcomes of care improved slightly in FY 2023–24, with 91.4% of consumers agreeing that services helped them feel better, up from 90.7% the previous year. The overall average outcomes rating also rose from 4.42 to 4.47, reflecting continued positive experiences across service types and populations.

By program type, child mental health programs received the highest average rating (4.55), showing a notable increase from the prior year (4.43). Adult substance use programs also improved (4.41 to 4.52). Ratings remained steady for child substance use programs and adult mental health.

Across racial groups, satisfaction was generally stable or improved, with Black (4.44), Multi-Racial (4.45), and White (4.49) respondents reporting the highest average ratings. However, declines were observed among Asian (4.21) and Native Hawaiian/Pacific Islander respondents (dropping sharply from 4.69 to 4.07, n=26 and 15), signaling a potential equity concern. While these decreases are notable, the sample sizes were small.

Gender-based ratings showed slight gains for both females (4.47 to 4.53) and males (4.37 to 4.42), while ratings for those identifying as "Other" decreased from 4.61 to 4.48. Responses from individuals who preferred not to state their gender or ethnicity also remained lower than group averages.

Overall, the data reflects continued strength in perceived service impact, particularly for children and those in substance use programs,
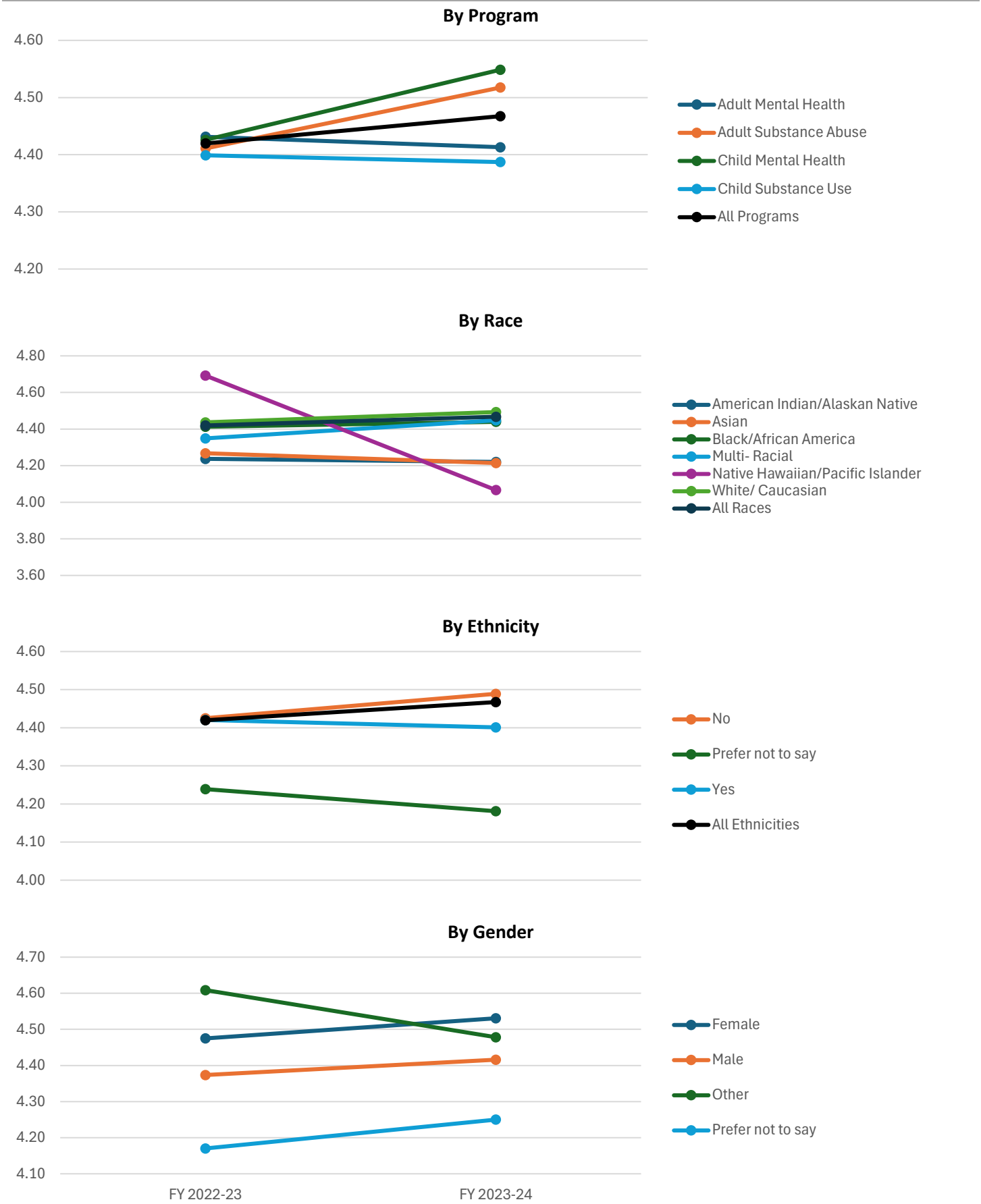
Data Source: SEFBHN Consumer Satisfaction Survey

By Program

Legend:
- Adult Mental Health
- Adult Substance Abuse
- Child Mental Health
- Child Substance Use
- All Programs

By Race

Legend:
- American Indian/Alaskan Native
- Asian
- Black/African America
- Multi- Racial
- Native Hawaiian/Pacific Islander
- White/ Caucasian
- All Races

By Ethnicity

Legend:
- No
- Prefer not to say
- Yes
- All Ethnicities

By Gender

Legend:
- Female
- Male
- Other
- Prefer not to say

FY 2022-23   FY 2023-24

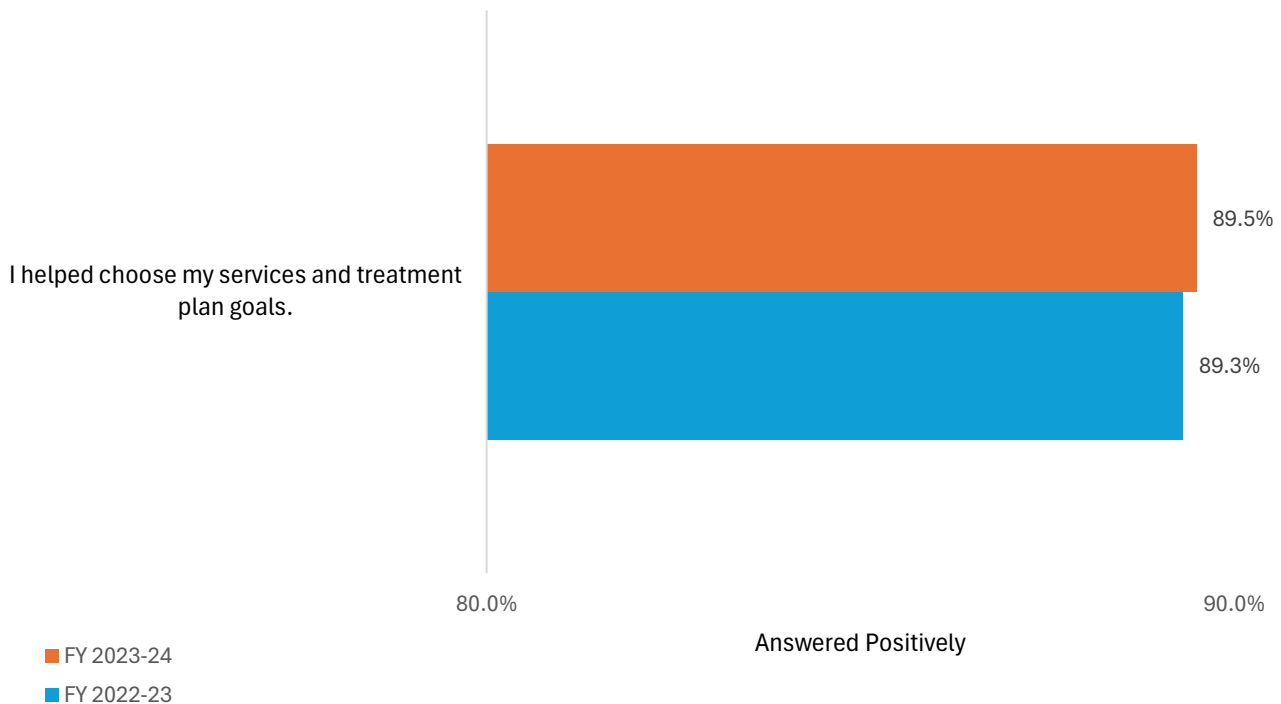**Data Source:**   SEFBHN Consumer Satisfaction Survey

Consumer involvement in treatment planning remained high and stable in FY 2023–24. As 89.5% of respondents reported helping to choose their services and treatment plan goals, a slight increase from 89.3% the previous year. The overall average rating for involvement in treatment rose from 4.39 to 4.44, reflecting small but positive gains across most demographic and program groups.

Program-level data showed the strongest improvement in child mental health (4.41 to 4.56) and adult substance use (4.38 to 4.49). Ratings for adult mental health remained high (4.38 to 4.37), as did child substance use (4.41 to 4.43).

Racial and ethnic group analysis showed consistent or improved involvement ratings among most groups, with Black (4.45), White (4.45), and Multi-Racial (4.41) respondents reporting the highest engagement. However, ratings declined notably for Native Hawaiian/Pacific Islander respondents (from 4.65 to 4.27, n=25 and 15) and for Asian respondents (from 4.39 to 4.15, n=56 and 57). While these decreases are notable, the sample sizes were small.

By gender, females reported the highest involvement (4.51), with modest gains among males (4.36 to 4.39). Ratings declined for individuals identifying as "Other" (from 4.57 to 4.41), and those preferring not to disclose gender remained lower (4.23 to 4.20).

The data suggests a continued strong emphasis on shared decision-making in treatment planning.

Data Source: SEFBHN Consumer Satisfaction Survey

By Program

By Race

By Ethnicity

By Gender
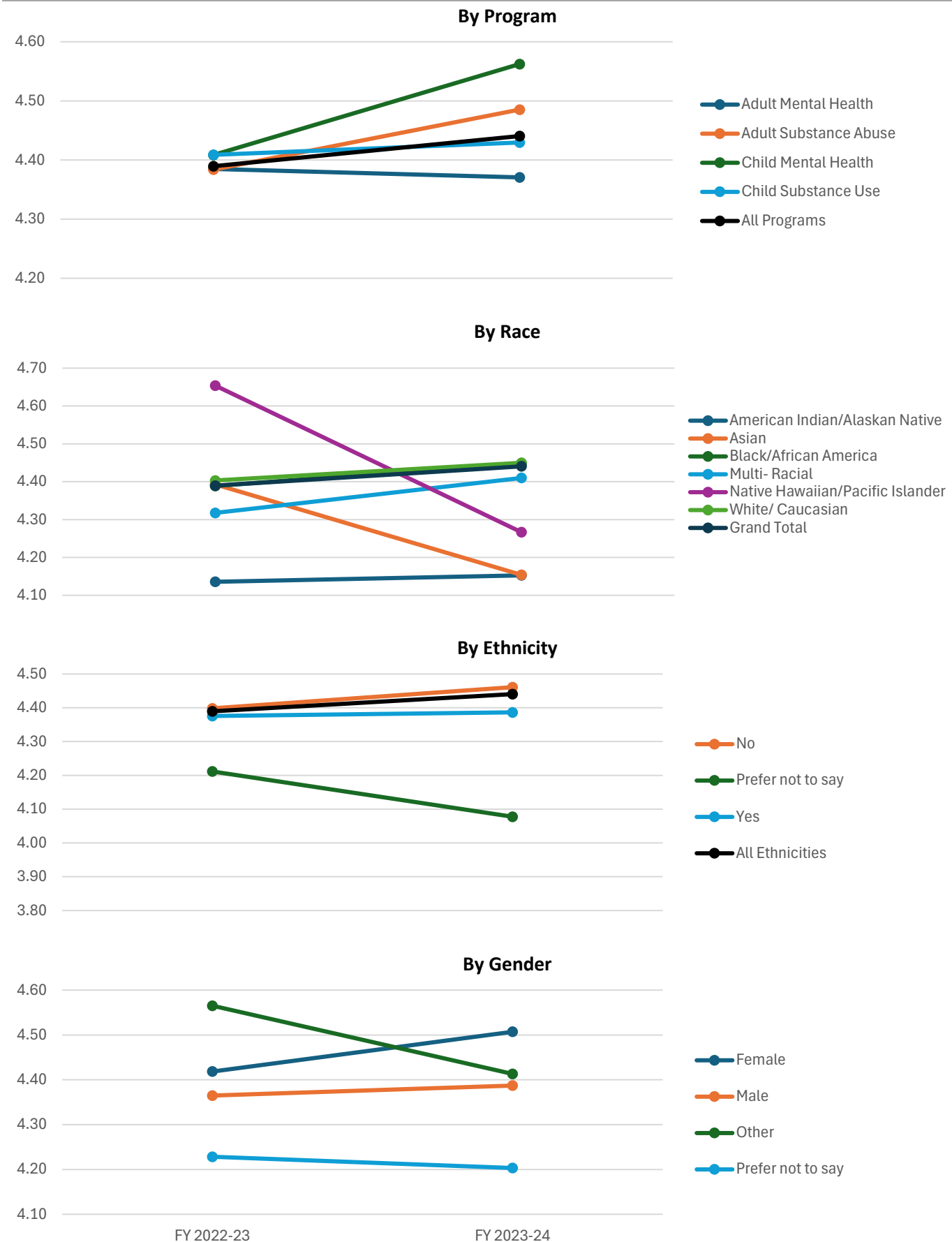
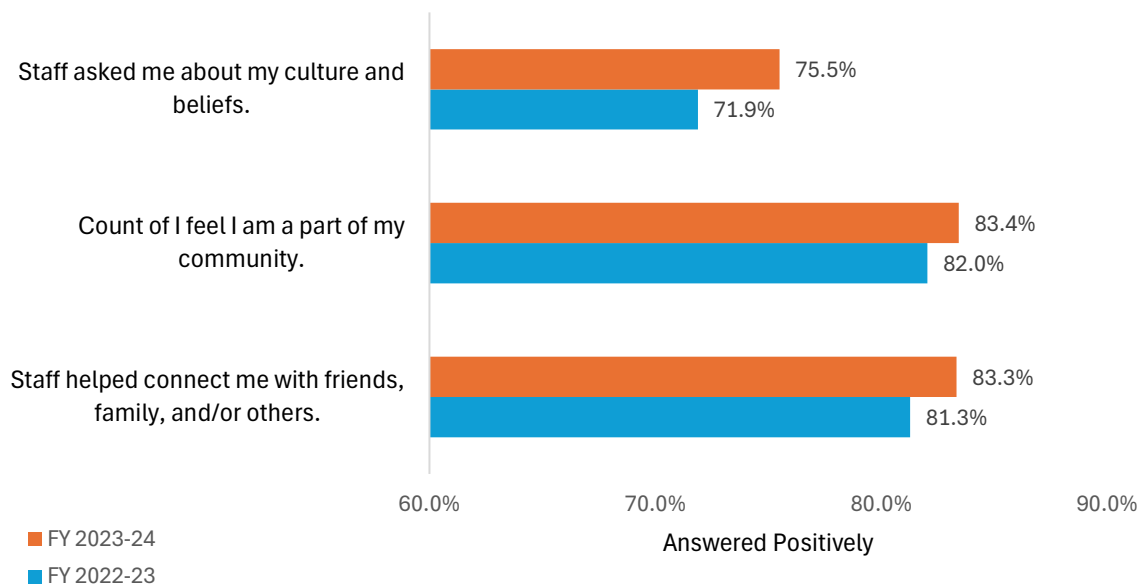**Data Source:** SEFBHN Consumer Satisfaction Survey

Social connectedness indicators showed consistent improvement in FY 2023–24. The proportion of respondents who agreed that staff helped them connect with others rose from 81.3% to 83.3%, and feelings of community belonging increased slightly from 82.0% to 83.4%. Notably, culturally responsive care also improved, with 75.5% of respondents reporting that staff asked about their culture and beliefs, up from 71.9%.

Across programs, child mental health services continued to lead with the highest rating (4.49), followed by adult substance use programs, which saw meaningful improvement (4.09 to 4.22). Ratings remained flat for child substance use programs (4.07 to 4.02).

Among racial groups, satisfaction increased across most, with Black (4.26), Multi-Racial (4.19), and White (4.20) respondents reporting the highest social connectedness ratings. However, Native Hawaiian/Pacific Islander ratings dropped significantly from 4.41 to 3.58 (n=26 and 15), and American Indian/Alaskan Native respondents also saw a small decline (n=59 and 59). While these decreases are notable, the sample sizes were small.

By gender, females reported the highest sense of connection (4.27), followed by males (4.16). Ratings for individuals identifying as "Other" declined from 4.38 to 4.16. Those preferring not to disclose gender or ethnicity reported the lowest ratings, though these improved slightly in some areas.

Overall, these data reflect meaningful progress in fostering supportive, culturally responsive, and community-connected care, especially in child and substance use programs.

Data Source: SEFBHN Consumer Satisfaction Survey

By Program

Legend:
- Adult Mental Health
- Adult Substance Abuse
- Child Mental Health
- Child Substance Use
- All Programs

By Race

Legend:
- American Indian/Alaskan Native
- Asian
- Black/African America
- Multi- Racial
- Native Hawaiian/Pacific Islander
- White/ Caucasian
- All Races

By Ethnicity

Legend:
- No
- Prefer not to say
- Yes
- All Ethnicities

By Gender

Legend:
- Female
- Male
- Other
- Prefer not to say
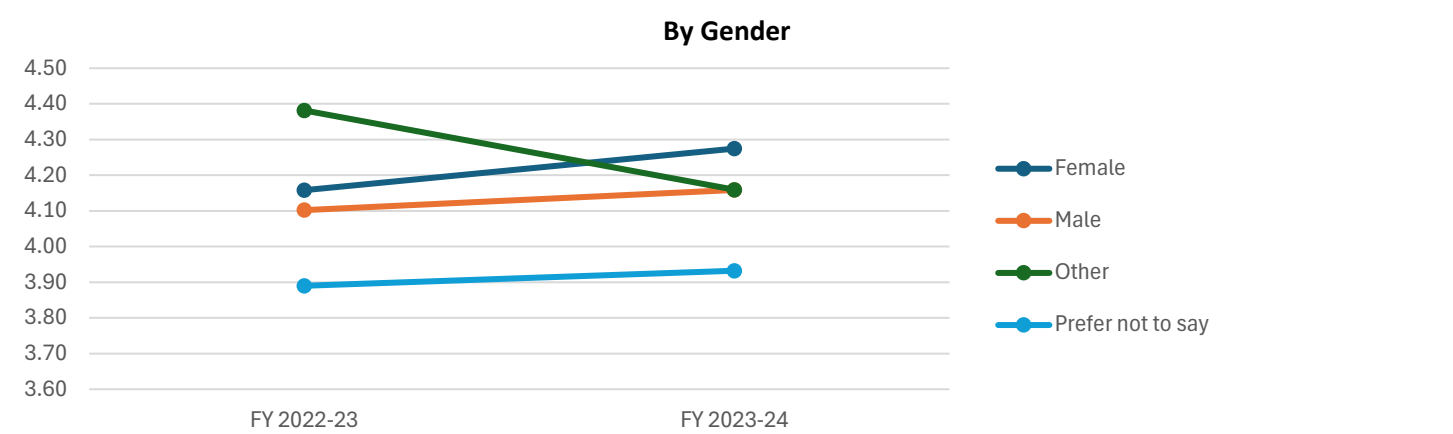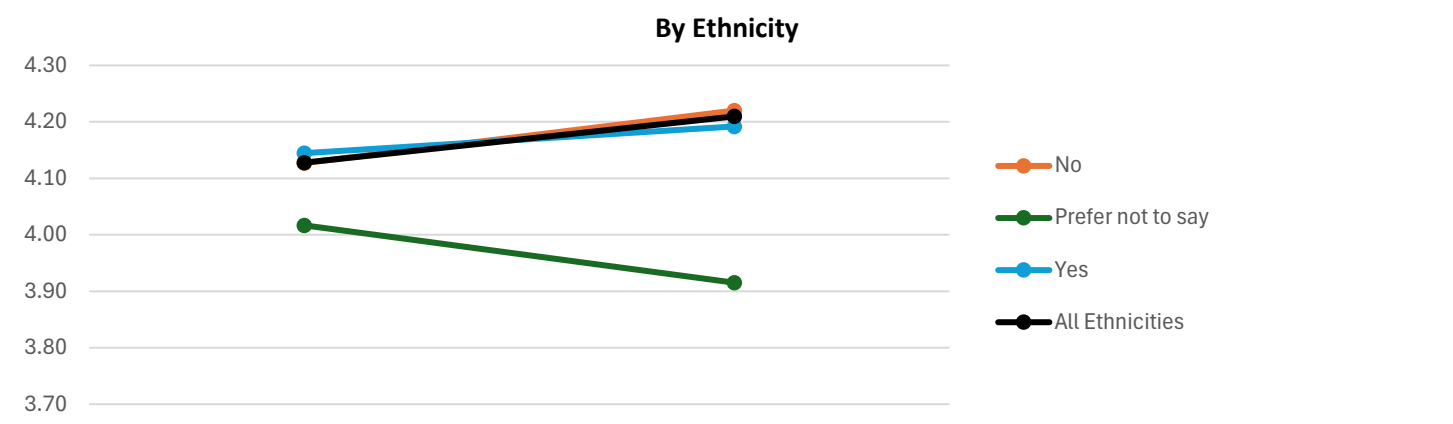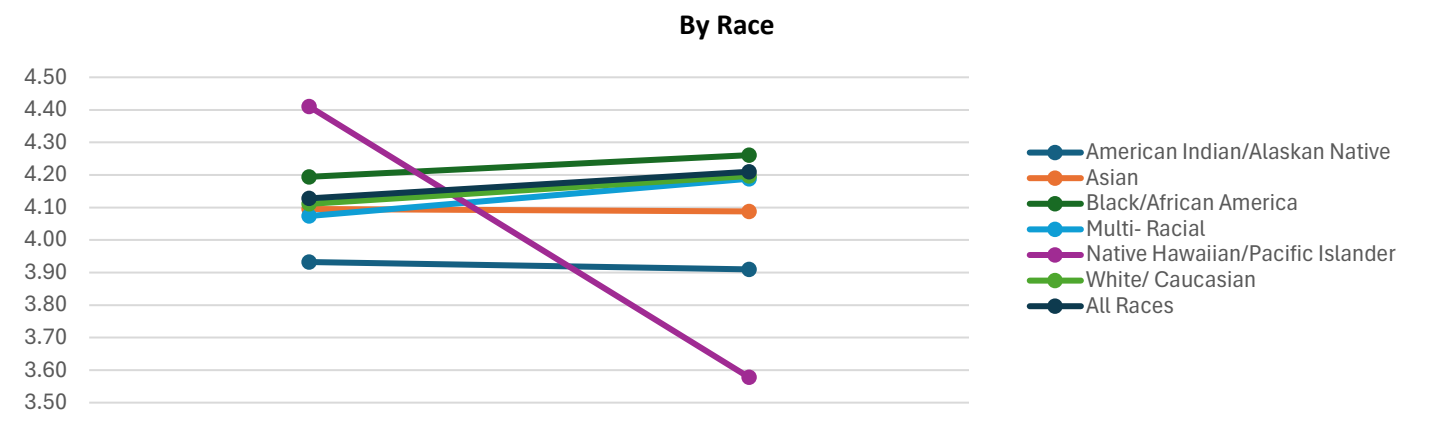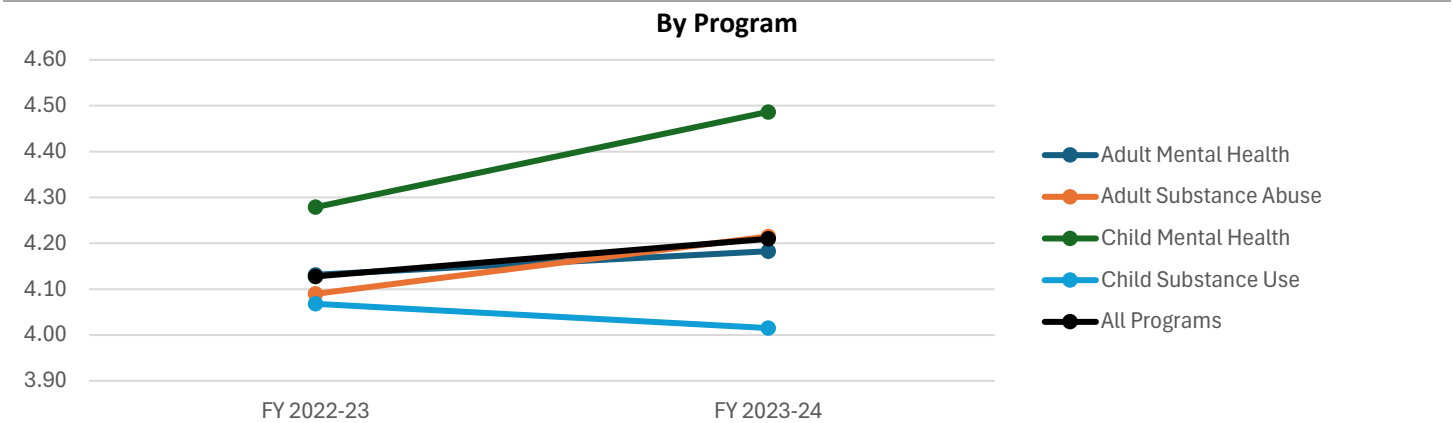
Data Source: SEFBHN Consumer Satisfaction Survey

Functional satisfaction ratings rose in FY 2023–24, with consumers reporting improved support in making life decisions and performing well in school or learning environments. The percentage of individuals who agreed that staff helped them do their best in school increased from 87.8% to 89.4%, while those who felt supported in making better life decisions rose from 84.0% to 86.5%.

Program-level averages improved across nearly all service types, with the most notable gains in child mental health (from 4.33 to 4.51) and adult substance use (from 4.30 to 4.39). Ratings for child substance use programs remained relatively stable (4.23 to 4.25).

Across racial and ethnic groups, average ratings improved slightly for most populations, with the highest scores reported by Black (4.36), Multi-Racial (4.33), and White (4.35) respondents. Native Hawaiian/Pacific Islander satisfaction declined from 4.48 to 4.33 (n=26 and 15), continuing a pattern of declining ratings across multiple domains. While these decreases are notable, the sample sizes were small.

Gender-based analysis shows gains among females (4.31 to 4.41) and males (4.25 to 4.30). Ratings for individuals identifying as "Other" declined slightly from 4.41 to 4.33, while those preferring not to disclose their remain the lowest-scoring group.

Overall, the data indicates continued success in promoting practical and educational functioning among consumers, with improvements across most subgroups and program areas.
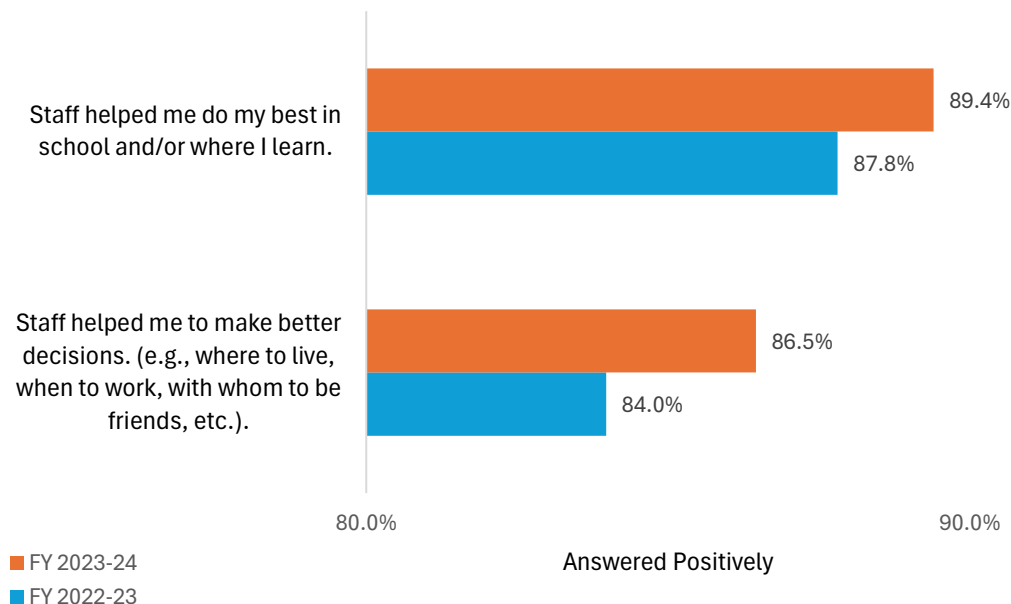
Data Source: SEFBHN Consumer Satisfaction Survey

By Program

By Race

By Ethnicity

By Gender
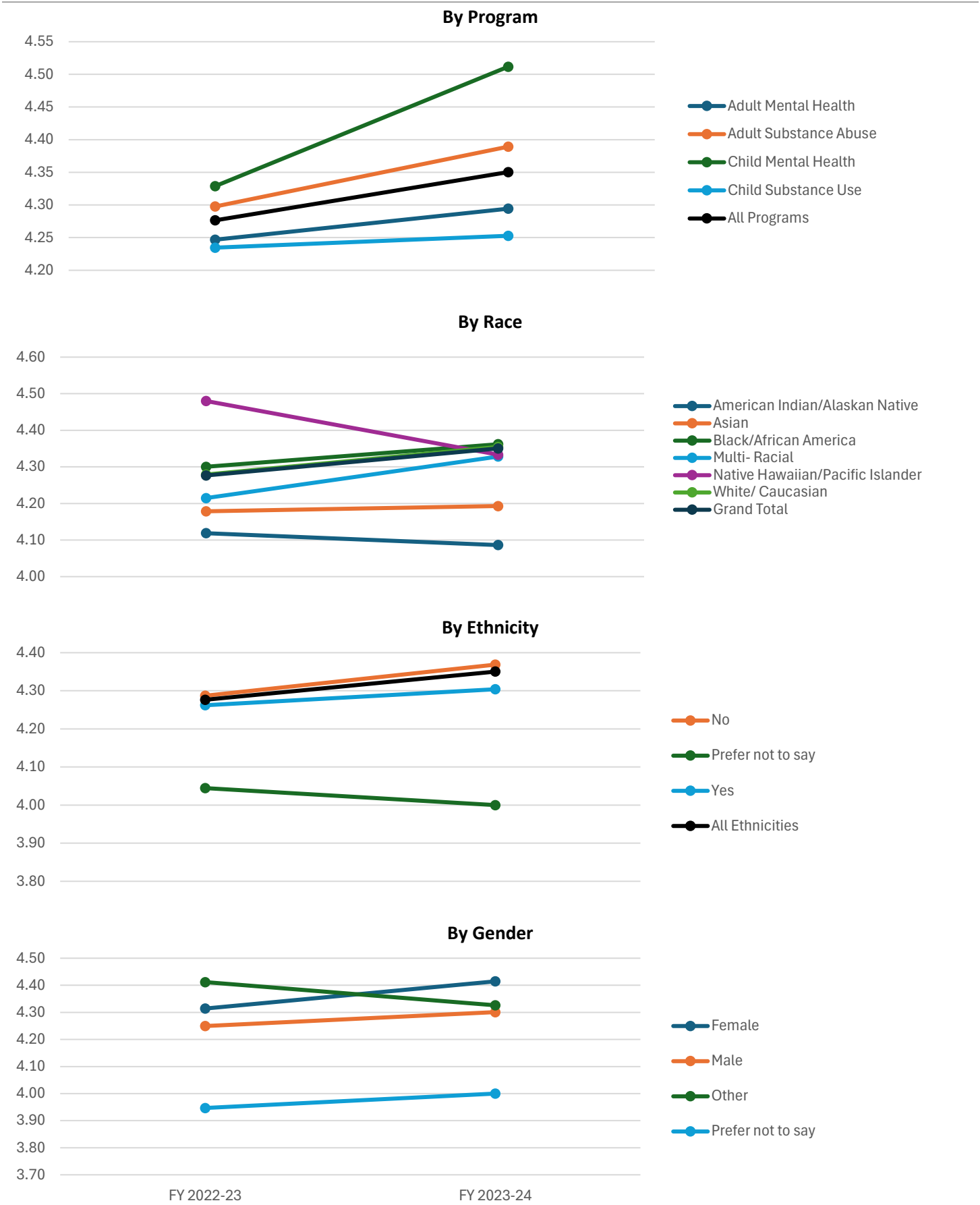
Data Source: SEFBHN Consumer Satisfaction Survey

Access to Care Survey

SEFBHN administered the Access to Care ("No Wrong Door") survey to providers in order to assess how well the system supports timely, coordinated, and person-centered access to behavioral health services. The survey included 24 Likert-scale questions (ranging from Strongly Agree to Strongly Disagree) and three open-ended questions, with a total of 81 provider responses. The 24 Likert questions were grouped into six domains, and the percentage of respondents who indicated agreement (Agree or Strongly Agree) was calculated for each. Results showed consistently high levels of agreement across domains, highlighting areas of strength while also identifying opportunities for improvement.

Across the six domains, providers reported strong overall agreement with the principles of the No Wrong Door model. The highest levels of agreement were observed in person-centered quality of care (94.8%) and outreach and community linkages (94.4%), indicating confidence in the system's ability to deliver responsive, individualized care while connecting individuals to needed resources. Similarly, care coordination and referrals (93.5%) and access and entry (90.1%) received high marks, reflecting consistent perceptions of smooth navigation and timely access to services. Ratings for evaluation and continuous quality improvement (89.7%) were also strong, though slightly lower, suggesting room for further strengthening of feedback and monitoring processes. The lowest, though still positive, domain was staff knowledge and training (84.8%), highlighting an area where additional investment may help reinforce the system's overall effectiveness.

Looking more closely at specific items detailed in subsequent sections, providers gave the strongest agreement to questions about promoting awareness of service options beyond their own agencies (97.5%), collaborating with community partners to ensure coordination (97.5%), and providing person-centered, high-quality care (96.3%). These results emphasize the system's strengths in responsiveness, quality, and external linkages. At the same time, lower scores pointed to clear opportunities for growth. The most notable were in areas such as monitoring financial and resource data to support decision-making (87.7%), ensuring staff awareness of their role in promoting access (84.0%), and using technology to expand access to care (84.0%). These findings suggest that reinforcing staff training, strengthening use of financial and performance data, and further leveraging technology will be important next steps to enhance access under the No Wrong Door model.

Agreement by Domain

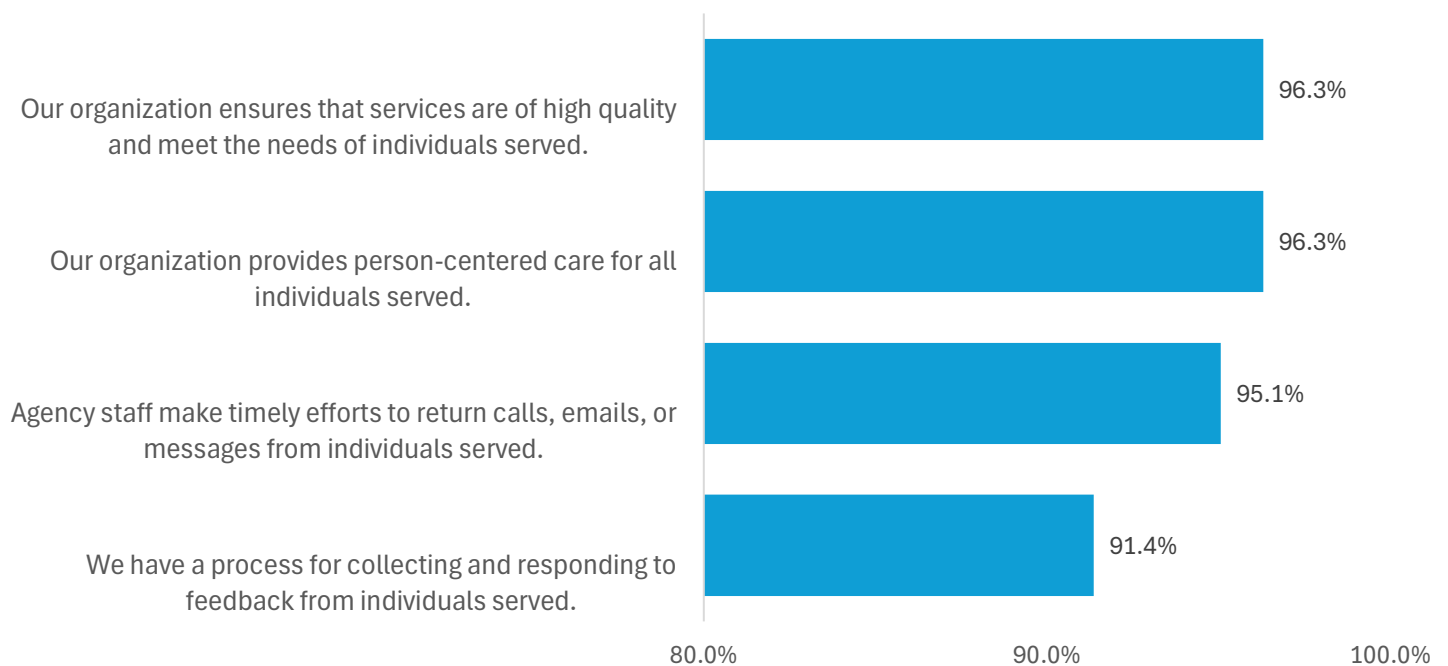| Domain	Answered Positively
Person-Centered Quality of Care	94.8%
Outreach & Community Linkages	94.4%
Care Coordination & Referrals	93.5%
Access & Entry	90.1%
Evaluation and CQI	89.7%
Staff Knowledge & Training	84.8%

Answered Positively

Data Source: SEFBHN Access to Care Survey

Providers expressed the highest levels of agreement across the domain for person-centered quality of care (94.8%), affirming that services are responsive, respectful, and focused on meeting individual needs. Nearly all respondents (96.3%) reported that their organizations provide person-centered care and ensure that services are of high quality and meet the needs of those served. Similarly, 95.1% agreed that agency staff make timely efforts to return calls, emails, or messages, underscoring the importance of responsiveness in care delivery. The lowest rating within this domain, though still strong at 91.4%, was related to having processes for collecting and responding to feedback from individuals served—signaling the greatest opportunity for improvement. Overall, the results reflect very high confidence in the system's ability to deliver high-quality, person-centered care, with opportunity to more systematically integrate client feedback into service improvement efforts.

Agreement by Question

Question	Agreement
Our organization ensures that services are of high quality and meet the needs of individuals served.	96.3%
Our organization provides person-centered care for all individuals served.	96.3%
Agency staff make timely efforts to return calls, emails, or messages from individuals served.	95.1%
We have a process for collecting and responding to feedback from individuals served.	91.4%

Data Source: SEFBHN Access to Care Survey

Agreement was very strong for the outreach and community linkages domain (94.4%), reflecting broad provider confidence that organizations are effectively connecting individuals to services and resources beyond their own programs. Nearly all respondents (97.5%) affirmed that organizations promote awareness of available options and linkages outside of their own services, and 96.3% agreed that agencies actively engage in outreach to ensure community members are aware of available supports. Similarly, 93.8% reported that organizations provide individuals with comprehensive information about community resources, including eligibility details and application processes. The lowest score within this domain, at 90.1%, was for providing information about peer-run services such as support groups, respite services, and mentoring programs, pointing to the greatest opportunity for improvement. Overall, the findings highlight robust system performance in outreach and linkage, with additional emphasis needed on expanding awareness of peer-led supports.

Agreement by Question

Question	Agreement
Our organization promotes awareness of available options and linkage to services outside of your organization when needed.	97.5%
Our organization actively engages in outreach to ensure community members are aware of available services.	96.3%
The organization provides individuals served with comprehensive information about community resources, including detailed information about eligibility criteria and processes for making applications.	93.8%
The organization provides individuals with information regarding peer run services (e.g., support groups, drop-in centers, respite services and mentoring programs).	90.1%

Data Source: SEFBHN Access to Care Survey

Providers reported high levels of agreement for the care coordination and referrals domain (93.5%), reflecting strong confidence in how organizations link individuals to needed services. Nearly all respondents (97.5%) agreed that their organizations encourage collaboration with community partners to ensure effective care coordination, and 95.1% confirmed that staff make linkages to crisis intervention and support services when needed. Similarly, 91.4% affirmed that care coordination processes include warm handoffs and seamless transitions from the individual's perspective. The lowest agreement within this domain, at 90.1%, related to having processes in place to regularly review and improve referral and coordination practices—indicating the greatest opportunity for further development. Overall, the results suggest that providers view care coordination as a system strength, with refinement of ongoing review processes as a key area for improvement.

Agreement by Question

Question	Agreement
Our organization encourages working with other community partners to ensure care coordination.	97.5%
Staff within our organization are making linkages to crisis intervention and support services when needed.	95.1%
Our organization has a strong care coordination process that includes warm handoffs to services and seamless care coordination from the individual's perspective.	91.4%
Our organization has a process to review and improve the referral and care coordination process for individuals served.	90.1%

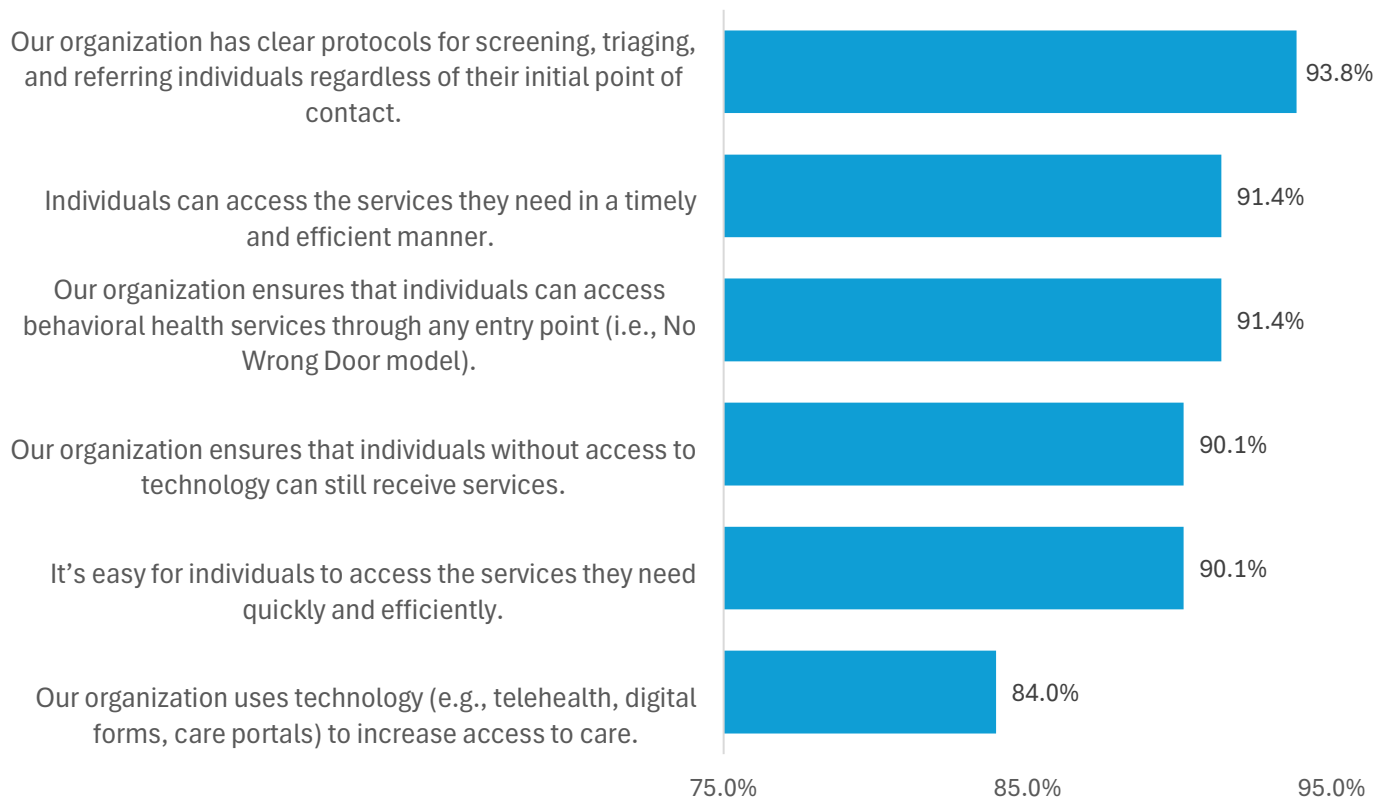**Data Source:** SEFBHN Access to Care Survey

Survey responses demonstrated strong provider agreement that the system supports access to care through multiple entry points, with overall agreement at 90.1% for this domain. Nearly all respondents (93.8%) agreed that their organization has clear protocols for screening, triaging, and referring individuals regardless of their initial point of contact, and 91.4% agreed both that individuals can access services in a timely and efficient manner and that behavioral health services are accessible through any entry point consistent with the No Wrong Door model. Similarly, 90.1% affirmed that individuals can receive services quickly and efficiently and that organizations ensure services remain available even to those without access to technology. The lowest level of agreement within this domain, though still positive at 84.0%, was related to the use of technology such as telehealth, digital forms, and care portals to increase access. Overall, the results reflect strong confidence in the system's accessibility, with technology integration emerging as an area with the greatest opportunity for growth.

Agreement by Question

Question	Agreement
Our organization has clear protocols for screening, triaging, and referring individuals regardless of their initial point of contact.	93.8%
Individuals can access the services they need in a timely and efficient manner.	91.4%
Our organization ensures that individuals can access behavioral health services through any entry point (i.e., No Wrong Door model).	91.4%
Our organization ensures that individuals without access to technology can still receive services.	90.1%
It's easy for individuals to access the services they need quickly and efficiently.	90.1%
Our organization uses technology (e.g., telehealth, digital forms, care portals) to increase access to care.	84.0%

Data Source: SEFBHN Access to Care Survey

The evaluation and continuous quality improvement (CQI) domain (89.7%) reflected solid agreement among providers that organizations are committed to using data and client perspectives to strengthen services. The highest-rated item, with 92.6% agreement, was that organizations track individuals served, services provided, and related performance and outcome measures to support improvement efforts. Nearly nine in ten respondents (88.9%) also affirmed that their organizations incorporate diverse client perspectives into quality improvement processes, demonstrating an emphasis on including client voice in decision-making. The lowest-rated item, at 87.7%, was monitoring financial and resource use data to inform decision-making and system improvement, representing the greatest opportunity for growth within this domain. Overall, the findings suggest that providers value data-driven approaches and see CQI practices as a system strength, with enhanced use of financial and resource data as a priority for further development.

Agreement by Question
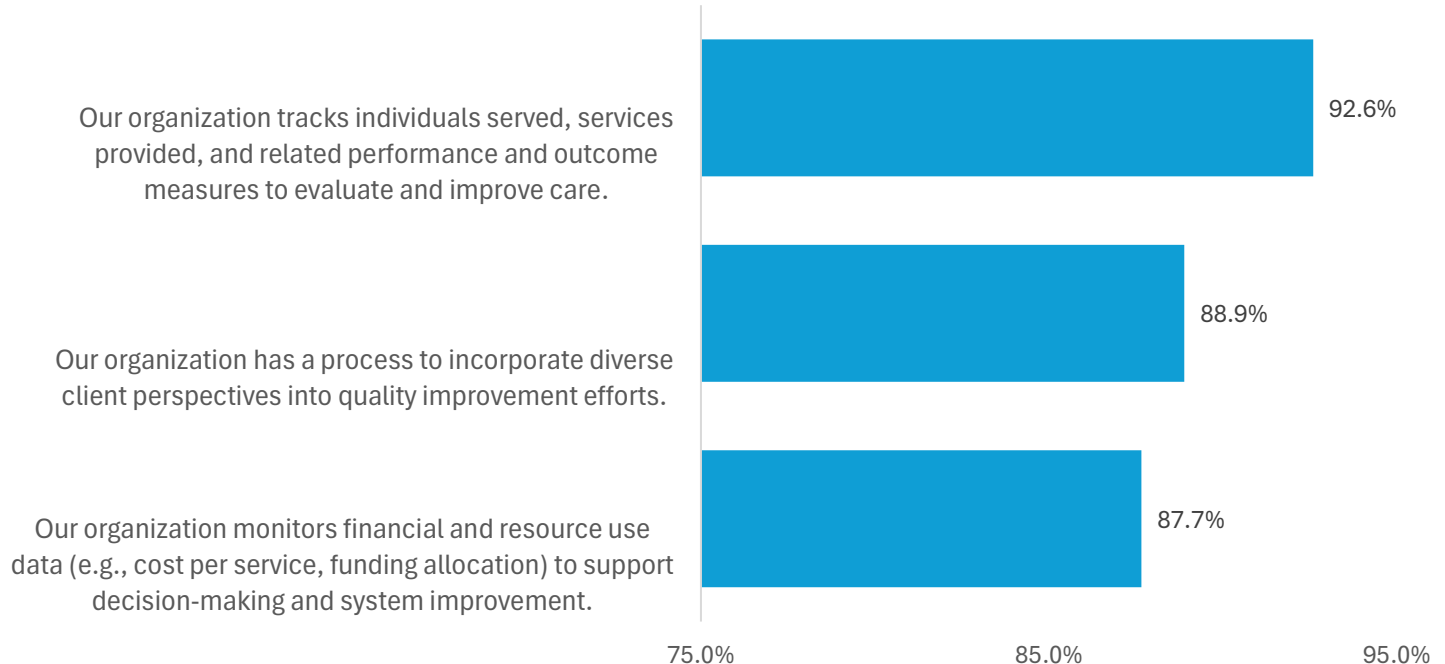
Data Source: SEFBHN Access to Care Survey

The staff knowledge and training domain (84.8%) received the lowest overall agreement of all domains, suggesting this is the area with the greatest opportunity for growth. About 86.4% of respondents agreed that their agency has a comprehensive training program to promote recovery-oriented knowledge, attitudes, and skills in its workforce. Slightly lower, at 84.0%, were ratings for staff awareness of the policy and their responsibility to promote access, as well as for staff receiving training on how to support individuals in navigating and accessing services. While results indicate a strong baseline of staff knowledge and preparation, they point to a clear need for continued investment in training and reinforcement to ensure staff are consistently equipped to support the No Wrong Door model.

Agreement by Question

Question	Agreement
The agency has a comprehensive staff training program to promote recovery-oriented knowledge, attitudes, and skills in its workforce.	86.4%
Staff receive training on how to support individuals in navigating and accessing services.	84.0%
All staff within our organization are aware of the policy and their responsibility to promote access to services.	84.0%
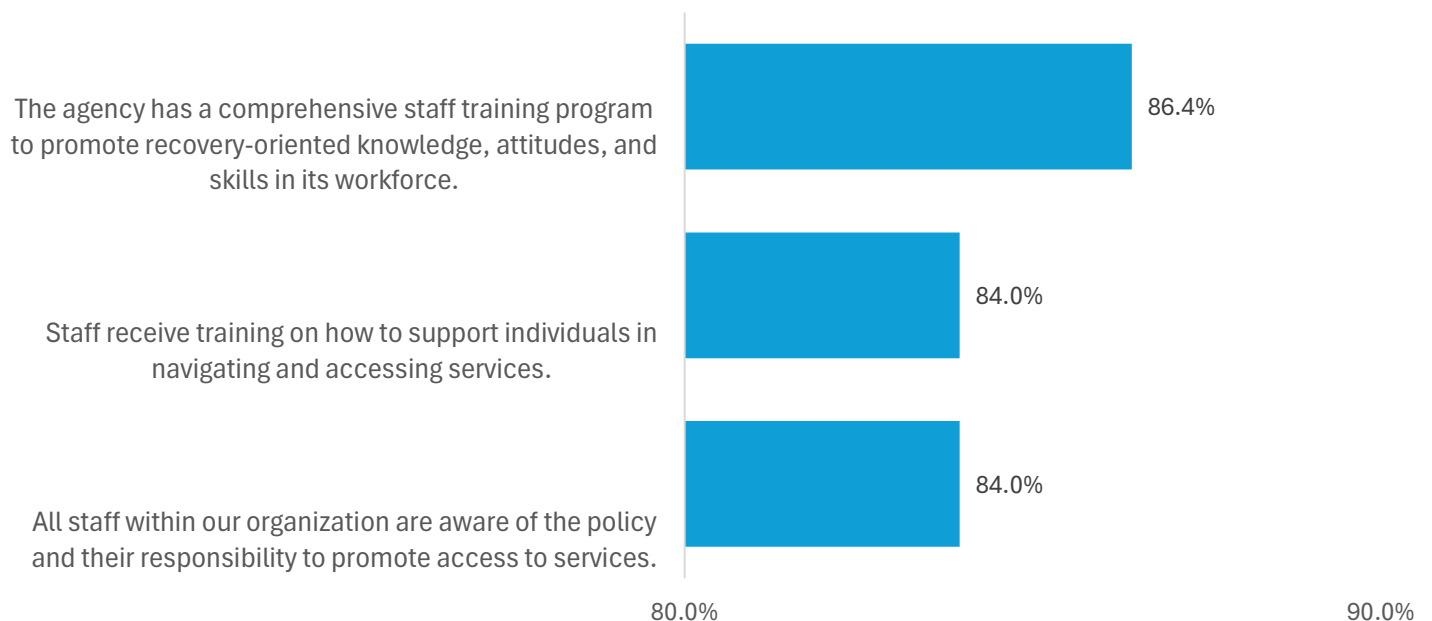
Data Source: SEFBHN Access to Care Survey

For the question *"What strengths does your organization have or recent improvements has your organization made to support access to care?"* providers identified a wide range of strengths that reflect both staff-level commitment and organizational-level change. A frequently cited strength was committed and person-centered staff (18 mentions), with respondents emphasizing dedication, professionalism, and respect for clients. As one noted, "The staff really care about helping clients." Another major theme was community outreach, partnerships, and peer support (19 mentions), where organizations described strengthening collaborations with schools, jails, housing providers, and community groups. One provider shared, *"Our organization has strengthened partnerships with local schools, community groups, and coalition efforts, which helps expand awareness of available services."*

Respondents also pointed to improved access points and service availability (21 mentions), including new walk-in clinics, same-day assessments, and extended hours that reduce wait times and increase flexibility. Enhanced systems and processes (19 mentions) were noted as another strength, with improvements in referral, intake, and eligibility screening, along with the use of quality improvement planning and updated policies to streamline services. Finally, technology, infrastructure, and facilities (11 mentions) were mentioned as supporting access, with organizations adopting telehealth and digital tools, implementing new electronic records systems, and upgrading facilities to make care more accessible.

Themes

Improved Access Points and Service Availability (21 mentions)
Respondents cited the establishment of walk-in clinics, same-day assessments, and flexible service hours as key improvements. Expanded service slots, hiring of additional staff (including bilingual providers), and better coordination during transitions (e.g., jail release, hospital discharge) were also noted as supporting timely access.

Community Outreach, Partnerships, and Peer Support (19 mentions)
Organizations have expanded outreach to raise awareness of services and strengthened partnerships with schools, jails, housing providers, and other community groups. Peer support programs and collaboration with external agencies were also emphasized as important strategies to reduce barriers.

Enhanced Systems and Processes (19 mentions)
Many organizations described improvements to intake, referral, and eligibility screening processes, as well as ongoing quality improvement initiatives. Updates to policies and procedures, staff training, and adoption of data systems (such as EMRs) were noted as ways to improve consistency, tracking, and responsiveness.

Committed and Person-Centered Staff (18 mentions)
Staff were most frequently described as dedicated, respectful, and professional, with strong teamwork and a consistent focus on providing person-centered care. Many highlighted staff efforts to schedule and serve clients promptly despite heavy caseloads.

Technology, Infrastructure, and Facilities (11 mentions)

Several respondents mentioned adopting telehealth, virtual supports, and online tools to increase access. Others reported new or upgraded facilities and investments in infrastructure, which created more inviting and accessible environments for clients.

Data Source: SEFBHN Access to Care Survey

For the question *"What challenges or barriers still need to be addressed to better serve as a No Wrong Door access point?"* providers highlighted persistent system-level issues that continue to limit access to care. The most frequently cited challenge was funding and workforce shortages (20 mentions), with respondents noting difficulties recruiting and retaining qualified staff due to low pay and high turnover. As one explained, *"Lack of funding makes it difficult to hire and retain good employees."*

Another common barrier was transportation and housing instability (12 mentions), with many emphasizing that clients without reliable transportation or stable housing struggle to attend appointments or maintain continuity of care. Respondents also underscored communication gaps and system fragmentation (10 mentions), describing inconsistent processes, poor interagency communication, and lack of centralized referral resources that can delay or prevent timely service connections.

Additional themes included staff training and knowledge gaps (9 mentions), such as inconsistent onboarding, limited awareness of community resources, and frequent policy changes that leave staff uncertain about procedures. Finally, providers pointed to limited immediate access options (8 mentions), particularly the lack of walk-in clinics in some counties, which leaves gaps for individuals seeking same-day or urgent behavioral health care.

Themes

Funding and Workforce Shortages (20 mentions)
Low pay and high turnover limit the ability to hire and retain quality staff, creating bottlenecks in intake, scheduling, and service delivery.

Transportation and Housing Instability (12 mentions)
Lack of reliable transportation and affordable housing undermine clients' ability to attend appointments and engage in treatment consistently.

Communication Gaps and System Fragmentation (10 mentions)
Poor interagency coordination, inconsistent procedures, and limited centralized referral resources delay service connections.

Staff Training and Knowledge Gaps (9 mentions)
Inconsistent onboarding, lack of awareness of community resources, and unclear protocols reduce staff effectiveness.

Limited Immediate Access Options (8 mentions)
Shortages of walk-in clinics and same-day assessment opportunities, especially in St. Lucie County, leave unmet needs for timely care.

For the question *"Do you have specific recommendations for improving access to behavioral health services in your community?"* providers offered a range of ideas, with many centering on increased resources and system improvements. The most frequently cited recommendation was funding and workforce investment (18 mentions), with respondents urging additional funding to hire and retain staff and competitive salaries for therapists. As one respondent stated, *"Provide additional funding and incentives to hire and retain staff."*

Another major theme was expanding walk-in and same-day access (12 mentions), with strong calls for additional walk-in assessment centers, particularly in St. Lucie County, to ensure timely and equitable service availability. Providers also recommended enhancing transportation and telehealth supports (10 mentions), including ride-share vouchers, telehealth kiosks, and expanded digital options to reach individuals who face barriers getting to appointments.

Respondents highlighted improved coordination and centralized navigation (10 mentions) as another key priority, suggesting a centralized referral hub, better information sharing across providers, and stronger cross-agency communication. Finally, training, outreach, and stigma reduction (9 mentions) emerged as a theme, with recommendations for consistent staff training on resources and referral procedures, continued community outreach, and strategies to reduce stigma associated with seeking behavioral health services.

Themes

Funding and Workforce Investment (18 mentions)
Calls for increased funding, competitive salaries, and incentives to recruit and retain qualified behavioral health staff.

Expanded Walk-In and Same-Day Access (12 mentions)
Strong recommendations for new walk-in centers, especially in St. Lucie County, and more same-day service availability.

Transportation and Telehealth Supports (10 mentions)
Suggestions for ride-share vouchers, telehealth kiosks, and expanded virtual services to reduce access barriers.

Improved Coordination and Centralized Navigation (10 mentions)
Proposals for centralized referral systems, stronger interagency communication, and shared resource directories.

Training, Outreach, and Stigma Reduction (9 mentions)
Emphasis on consistent staff training, enhanced community outreach, and reducing stigma around mental health and substance use treatment.

Care Coordinator Survey

SEFBHN administered a Care Coordinator Survey designed to gather insights from frontline staff on how well the behavioral health system is functioning, where clients encounter barriers, and what supports are needed to strengthen coordination and outcomes. The survey had 12 responses from Care Coordinators and included 20 questions with 16 open-ended, two 4-Point Likert Scale, and two multi-selection questions that address access, integration, system performance, staff needs, and policy considerations. These questions provide a comprehensive picture of both client-level experiences and system-level challenges.

1. Client Access and Barriers: How clients experience access to care and what factors limit engagement.

- Q1. How would you rate clients' ability to access timely care in your region? (4-Point Likert Scale)
- Q2. What are the most common barriers your clients face when trying to access services? (Multi-Selection)
- Q3. Are there particular populations that face greater difficulties accessing services? (Multi-Selection)
- Q4. What services or supports do you believe are currently missing or insufficient in the system? (Open Response)
- Q5. Where do you see clients falling through the cracks? (Open Response)

2. Care Coordination and Integration: System-level functioning and coordination across providers.

- Q6. Are there points in the system where coordination between providers breaks down? (Open Response)
- Q7. How well are services integrated across mental health and substance use care? (4-Point Likert Scale)
- Q17. How could collaboration across agencies be strengthened? (Open Response)

3. System Strengths and Innovations: What is working well and what could be scaled or replicated.

- Q8. What aspects of the current system work particularly well? (Open Response)
- Q9. Are there specific programs, partnerships, or models of care that stand out as effective? (Open Response)
- Q10. What innovations or best practices should be scaled or replicated? (Open Response)
- Q18. In your experience, which services or programs lead to the best outcomes for clients? (Open Response)
- Q19. What makes those services successful? (Open Response)
- Q20. Are there services that are heavily used but not delivering strong results? Please explain. (Open Response)

4. Workforce and Operational Challenges: Barriers faced by staff that affect client outcomes.

- Q11. What are the biggest challenges you face in your role as a care coordinator? (Open Response)
- Q13. How frequently does staff turnover or workforce shortage affect care coordination and outcomes? (Open Response)
- Q15. What training, tools, or resources would help you do your job more effectively? (Open Response)

5. Policy, Leadership, and System Change: Administrative, funding, and leadership improvements needed.

- Q12. How do administrative or policy issues (e.g., funding, insurance, documentation) impact service delivery? (Open Response)
- Q14. If you could change one thing in the system tomorrow, what would it be? (Open Response)
- Q16. What policy or leadership changes would improve system functioning? (Open Response)

For the Client Access and Barriers domain, care coordinators gave mixed ratings, with half describing access as "somewhat easy" and half as "somewhat difficult." The most common barriers were client readiness, waitlists, transportation, insurance issues, and provider shortages, with others noting cultural, digital, and housing challenges. As one provider explained, *"Waitlists, insurance issues, and lack of providers make it difficult for clients to access services when they need them."*

A major theme was client and family readiness and follow-through. Respondents described how stigma, denial, or untreated parental mental health needs can prevent children from receiving consistent services. *"Parents or clients 'in denial' of the need for getting help for their child's identified problems"* was a common concern.

Certain populations face greater difficulty, particularly youth, rural residents, immigrant/refugee families, and individuals with co-occurring disorders, who experience compounded barriers due to geography, stigma, and mistrust. Respondents also pointed to missing or insufficient services, especially youth programs like peer mentoring, after-school supports, and creative therapies, along with housing, employment readiness, and life skills training.

Finally, clients often fall through the cracks when agencies fail to communicate or follow up. As one participant noted, *"I see clients most often falling through the cracks due to gaps in communication between agencies and staff, insufficient follow-through, and a lack of empathy in service delivery."* Families with prior DCF involvement, those experiencing homelessness, and individuals facing immigration concerns were identified as especially vulnerable.

Themes

Structural Barriers
Waitlists (9 mentions), insurance issues (7), transportation (8), and lack of providers (6).

Client and Family Readiness/Follow-Through
The most frequently cited barrier was client readiness or motivation, identified by 10 of 12 respondents. Several noted that parents and clients may resist or fail to follow through with care, often due to limited understanding or untreated mental health needs.

Populations Facing Greater Difficulty
People with co-occurring disorders (6 mentions), rural residents (5), immigrant/refugee communities (5), and youth (3) as facing the greatest challenges, LGBTQ+ individuals (2), as well as single mentions of: parents with untreated mental health needs, homeless individuals, BIPOC communities, and medically needy populations. (*Note: Stakeholder feedback included LGBTQ-related needs. SEFBHN is responsible for reporting this feedback, while noting that current policy limits the ability to develop or fund services targeted to specific identity groups.*)

Missing or Insufficient Services
Youth-focused supports, specialized education programs, creative therapies, and broader supports like housing and employment readiness remain limited.

Clients Falling Through the Cracks

Breakdowns in interagency communication, lack of follow-up, and mistrust contribute to clients disengaging or being left without needed services.

Data Source: SEFBHN Care Coordinator Survey

For the Care Coordination and Integration domain, most respondents reported that services are only *"somewhat integrated"* across mental health and substance use care (11 of 12), with one respondent stating they are *"not well integrated."* While some coordinators noted no issues, the majority described frequent breakdowns in coordination during transitions of care, such as when clients are discharged from hospitals, treatment programs, or correctional settings. In these cases, referrals often lack key information or occur without a warm handoff, leaving clients unaware of next steps or disengaging from services altogether. As one explained, *"Referrals are not executed with a warm handoff… when clients are discharged without a warm handoff, they are more unlikely to accept services, and in some situations, the client was never even aware of the referral in the first place."*

A second major theme was communication and follow-up across agencies. Respondents described instances where providers resist collaboration, fail to respond to outreach, or hesitate to refer clients elsewhere due to funding or retention concerns. Some noted that HIPAA restrictions, while important, can also complicate the timely exchange of information. One participant highlighted, *"Even with a signed consent, some therapists and case managers feel like care coordination is not needed once they start services, making it difficult to provide follow-up support and continuity of care."*

Finally, respondents stressed the need for stronger collaboration practices and system improvements. Suggestions included more consistent use of warm handoffs, universal referral forms, and regular cross-agency meetings to build trust and transparency. Others emphasized additional training, technical improvements for sharing information, and cultivating a culture where agencies view one another as partners rather than competitors.

Themes

Breakdowns in Transitions of Care
Frequent gaps during hospital, program, or correctional discharges; referrals often incomplete or lacking warm handoffs, leading to client disengagement.

Communication and Follow-Up Challenges
Providers may resist collaboration, fail to respond to outreach, or prioritize retention over referrals; HIPAA restrictions also complicate timely information sharing.

Limited Integration Across Services
Nearly all respondents (11 of 12) rated services as only "somewhat integrated," with one noting they are "not well integrated."

Need for Stronger Collaboration Practices
Calls for universal referral forms, more consistent warm handoffs, and regular cross-agency meetings to improve trust, transparency, and coordination.

System and Workforce Improvements
Recommendations included better training, clearer role understanding for new coordinators, technical upgrades for information-sharing, and building a culture of partnership across agencies.

Data Source: SEFBHN Care Coordinator Survey

For the System Strengths and Innovations domain, care coordinators emphasized both strong partnerships and effective programs as well as opportunities to scale proven practices. A frequently cited strength was the commitment of frontline staff and community partnerships, with many noting how staff go above and beyond to connect clients to resources and provide compassionate care. As one noted, *"Once community providers are familiar with the referral process and what Care Coordination provides, they collaborate and work as a team to achieve the most successful outcomes."*

Another strength highlighted was peer support and wraparound services, which were seen as effective in building trust and engaging hard-to-reach populations. Respondents pointed to specific programs such as the Community Action Team (CAT Team), Family Functioning Therapy, and the Early Treatment Program (ETP) at Henderson, describing them as responsive, collaborative, and highly valued by families. *"The CAT Team is an incredible resource for the community. They provide intensive supportive care for the youth and the family… empowering the family unit as a whole while supporting their client to be more successful in school, at home, and in life,"* one participant shared.

In terms of innovations, coordinators recommended expanding mobile crisis response teams, telehealth, and integrated care models to improve timely access and coordination. Evidence-based models such as Integrated Dual Disorder Treatment (IDDT) and the Collaborative Care Model were highlighted as best practices that improve outcomes by addressing both mental health and substance use needs simultaneously. Respondents also encouraged scaling programs that incorporate culturally responsive peer support, motivational interviewing, and wraparound case management, particularly for youth and high utilizers of crisis services.

Despite these strengths, respondents identified areas where heavily used services fall short, particularly traditional case management and some crisis stabilization programs. Without consistent aftercare, follow-up, or integration with outpatient supports, clients often cycle back into services without sustained progress.

Themes

Staff and Community Commitment
Frontline staff dedication and strong partnerships across providers enhance coordination and outcomes.

Effective Programs and Models
CAT Teams, Family Functioning Therapy, and Early Treatment Programs were repeatedly cited as effective, responsive, and valued.

Peer Support and Wraparound Services
Peer mentoring, wraparound care, and family-centered approaches help engage hard-to-reach clients and support sustained recovery.

Innovations and Best Practices to Scale
Mobile crisis response, telehealth, integrated dual disorder treatment (IDDT), and the Collaborative Care Model should be expanded to strengthen access and coordination.

Areas for Improvement
Traditional case management and some crisis stabilization units are heavily used but often fail to deliver lasting outcomes due to weak aftercare and limited integration.

Data Source: SEFBHN Care Coordinator Survey

WORKFORCE AND OPERATIONAL CHALLENGES DOMAIN

For the Workforce and Operational Challenges domain, care coordinators described a mix of systemic, workload, and staffing barriers that hinder timely, consistent care. The most common challenges included navigating service gaps, lengthy waitlists, and limited availability of appropriate programs, which delay linkages and frustrate clients. Coordinators also cited family disengagement and noncompliance, particularly among those with co-occurring disorders or histories of negative system experiences, as well as the strain of large caseloads and heavy documentation requirements. One respondent noted, *"The way the system is designed places more priority into completing documentation rather than linking the clients to services."*

A recurring theme was the impact of staff turnover and workforce shortages, which respondents said occur *"frequently"* and disrupt continuity of care. High turnover leads to loss of established client relationships, delays in service delivery, and increased caseloads for remaining staff, contributing to burnout. Low salaries and inadequate compensation were noted as major contributors to retention challenges. As one participant explained, *"High turnover disrupts continuity of care, delays service delivery, and leads to the loss of institutional knowledge and established rapport with clients."*

When asked what would help them work more effectively, respondents pointed to the need for better communication and collaboration across providers, standardized training on best practices for co-occurring disorders and trauma-informed care, and clearer benchmarks for outcomes. Many also requested structural changes such as reduced caseloads, improved data systems for real-time tracking, and expanded in-network resources to cut down on wait times.

Themes

Service Gaps and Resource Barriers
Limited program availability, long waitlists, restrictive eligibility, and transportation challenges delay access and frustrate families.

Family Engagement and Compliance
Families with histories of disengagement or untreated needs often resist follow-through, making coordination more difficult.

Caseloads and Documentation Burden
Heavy caseloads and extensive paperwork divert time from direct client support and contribute to burnout.

Staff Turnover and Workforce Shortages
Frequent turnover and low compensation disrupt continuity, reduce client trust, and increase pressure on remaining staff.

Training and System Improvements
Calls for standardized training, clearer outcome measures, improved data systems, stronger provider collaboration, and reduced caseloads to improve effectiveness**.**

Data Source: SEFBHN Care Coordinator Survey

For the Policy, Leadership, and System Change domain, respondents highlighted funding constraints, insurance gaps, and administrative burdens as the most pressing barriers to effective service delivery. Limited or inconsistent funding was the most common concern, directly affecting program capacity, creating long waitlists, and reducing continuity of care. Insurance limitations—particularly for Medicaid or uninsured populations—were frequently cited as blocking access altogether. Documentation burdens and overly complex processes, such as the Transitional Voucher and SOAR programs, were also described as delaying services and diverting staff time away from client support. As one participant explained, *"The requirements, length, and specifics of this process are unnecessarily difficult and often becomes a barrier when it comes to assisting clients in a timely manner."*

When asked what single change would most improve the system, respondents emphasized increasing and stabilizing funding to expand provider capacity and reduce wait times. Others called for easier access to IDs and documentation, additional staff to handle caseloads, and improved psychiatric medication options. Several also advocated for free or expanded healthcare coverage to ensure basic access, particularly for uninsured and underinsured families.

Leadership and policy recommendations focused on fostering more supportive and transparent organizational cultures. Respondents stressed the importance of leadership that respects family voice and choice, balances operational goals with client well-being, and supports staff through training and retention efforts. Many also emphasized policy changes such as expanding Medicaid, streamlining documentation requirements, and clarifying outcome expectations across the system.

Themes

Funding and Insurance Barriers
Insufficient and unstable funding, Medicaid restrictions, and lack of coverage for uninsured populations create service gaps and long waitlists.

Administrative and Documentation Burdens
Excessive paperwork, duplicative requirements, and complex voucher processes delay timely care and drain staff capacity.

System Changes to Improve Access
Calls for increased and stabilized funding, easier access to IDs, expanded healthcare coverage, and reduced wait times for case management and youth services.

Leadership and Organizational Culture
Need for leaders to respect family voice and choice, promote staff retention, and support collaboration across agencies.

Policy Recommendations
Expand Medicaid, streamline eligibility and documentation requirements, and establish clearer, unified expectations around outcomes and accountability.

Data Source: SEFBHN Care Coordinator Survey

Focus Groups & Stakeholder Interviews

As part of the Triennial Needs Assessment, Southeast Florida Behavioral Health Network (SEFBHN) engaged a wide range of stakeholders through structured interviews and focus groups conducted during August 2025. These sessions were designed to ensure that voices across the system—including peers, providers, administrators, and community leaders—were meaningfully represented in identifying strengths, challenges, and priorities for behavioral health services in the region.

Altogether, 127 individuals participated across 17 interviews and focus groups. Participants represented SEFBHN staff, contracted providers, community partners, peer organizations, and system leaders spanning Palm Beach, Martin, St. Lucie, Indian River, and Okeechobee counties. Perspectives ranged from frontline peer specialists and compliance staff to CEOs, board members, and county-level administrators. By engaging individuals with lived experience alongside organizational leaders, the assessment captured both grassroots realities and system-wide insights.

The table below provides a summary of the organizations, interviewees, and attendance across all sessions. This diverse engagement created a strong foundation for understanding community needs and informed the analysis of service gaps, recovery supports, and system improvement opportunities. The following sections highlight key themes and summaries organized across three perspectives: peers, providers and system staff, and leaders and policy stakeholders.

Organization	Date	Number Attended
SEFBHN	8/4/2025	5
SEFBHN	8/8/2025	1
CRC	8/14/2025	1
Mental Health America, Treasure Coast	8/15/2025	7
RiteLife	8/18/2025	29
Thrive	8/18/2025	3
SEFBHN	8/20/2025	1
SEFBHN	8/21/2025	1
Mental Health America, Palm Beach County	8/22/2025	6
New Horizons	8/22/2025	1
Mental Health Collaborative of Indian River	8/26/2025	1
NAMI, Treasure Coast	8/27/2025	2
Palm Beach County	8/27/2025	1
Lords Place	8/28/2025	15
SEFBHN Board Member	8/28/2025	1
Rebel Recovery	8/28/2025	31
NAMI, Palm Beach	8/28/2025	21
All	**All**	**127 people**

Across focus groups and interviews, peers described their work as rewarding, emphasizing the hope and connection offered through lived experience. They reported that peer roles reduce stigma, promote recovery-focused language, and empower individuals to make choices in their care.

Peer participation in the workforce was noted as difficult due to complex bureaucratic systems. Many were frustrated by certification and background checks noting that documentation requirements are lengthy, disorganized, and frequently lost, leading many to abandon the process altogether.

Peers identified major barriers for clients including housing instability, food insecurity, and limited transportation. NAMI Treasure Coast peer data echoed these concerns, with financial barriers, long waitlists, and fear of involuntary treatment among the most common reasons for avoiding services. Family members also reported cost, stigma, and lack of time.

Service gaps were noted for youth, transitional-aged adults, LGBTQ+ and immigrant communities, with specific needs for sober living beds, co-occurring MH/SA services, and creative outlets. (*Note: Stakeholder feedback included LGBTQ-related needs. SEFBHN is responsible for reporting this feedback, while noting that current policy limits the ability to develop or fund services targeted to specific identity groups.*) Poor discharge planning from hospitals was cited as leaving many without needed support. The recently enacted Raney Bill (CS/CS HB 7021) seeks to address this issue by requiring receiving facilities to strengthen discharge processes, including reviewing past plans, creating crisis prevention strategies, engaging families, and ensuring referrals are made when ongoing care is not immediately available.

Peers emphasized a critical gap in discharge planning for adults with primary mental health conditions, noting that too often these individuals are referred to substance use–focused sober living without adequate mental health supports, potentially leading to repeated cycles of residential placement. In addition, pregnant mothers who test positive at delivery are required to enter substance use treatment at a single predetermined center or risk losing custody, highlighting a systems issue with rigid funding and underscoring the need to allow mothers to choose alternative programs where they can remain with their infants.

Finally, peers pointed to organizational barriers, including limited respect for their roles, lack of decision-making inclusion, little recognition, and few opportunities for training or advancement.

Themes

Strengths of Peer Support

Peers stressed that lived experience offers hope, reduces stigma, and promotes recovery-focused language. They also emphasized their role in supporting client choice and empowerment.

Structural Barriers

Housing shortages, food insecurity, transportation challenges, and financial or insurance limitations were the most common concerns. Waitlists, fear of involuntary treatment, and administrative hurdles also limit access to care. Pregnant mothers who test positive at delivery also face structural barriers

when child protection policies and funding restrictions force placement in a predetermined single treatment center without choice or flexibility.

Populations Facing Greater Difficulty

Transitional-aged youth, LGBTQ+ individuals, immigrant and undocumented families, mothers with children, and people with co-occurring conditions face significant barriers. Family members of individuals with mental health conditions also struggle, often putting their own needs aside due to cost, caregiving responsibilities, stigma, or lack of time. (*Note: Stakeholder feedback included LGBTQ-related needs. SEFBHN is responsible for reporting this feedback, while noting that current policy limits the ability to develop or fund services targeted to specific identity groups.*)

Missing or Insufficient Services

Peers pointed to gaps in sober living beds for mothers and children, creative outlets, supported employment, step-down facilities, and transition services to support individuals moving between levels of care. There's a need to address discharge practices that place adults with primary mental health needs into substance use–focused sober living that do not have adequate mental health supports.

Workplace and System Challenges

Peers emphasized that reforming the certification process is essential for strengthening the peer workforce. Peers often feel undervalued, with limited training and advancement opportunities. They also reported compassion fatigue, vicarious trauma, and lack of organizational support as ongoing concerns.

Providers and system staff highlighted the dedication of their teams and the value of collaborative networks. They noted that care coordination, wraparound services, and cross-agency partnerships have strengthened outcomes for clients. Many also emphasized the commitment of staff who continue serving despite workforce shortages and heavy caseloads.

At the same time, providers pointed to significant barriers that limit the effectiveness of services. The most common challenges included long waitlists, difficulty recruiting and retaining psychiatrists and licensed clinicians, transportation gaps, and low Medicaid reimbursement rates. Services were also described as unevenly distributed, with rural areas and immigrant populations facing some of the greatest barriers. They further noted recurring system navigation challenges, including hospital discharge practices—particularly at JFK Hospital—where caregivers are not consistently notified, delays in accessing short-term residential beds at South County despite availability, and confusion around eligibility for FACT services, which contributes to underutilization of this intensive support. Families caring for adults with serious mental illness (SMI) often receive little education or support to navigate the system, leaving them isolated and at risk.

Providers identified the need for more detox and respite options, expanded housing supports, and services tailored to children, elderly clients, and individuals with co-occurring conditions. Hospital discharge and interagency communication breakdowns, barriers to short-term residential stabilization, and unclear FACT eligibility criteria were all described as critical points where clients are most likely to fall through the cracks, despite recent legislation and program investments intended to improve access.

Finally, system staff highlighted administrative and organizational challenges that compound these service gaps. Funding constraints, burdensome documentation, and siloed systems were seen as limiting flexibility and innovation. Staff emphasized the importance of strengthening workforce supports, expanding training, and streamlining data systems to reduce duplication and improve coordination.

Themes

Strengths of Provider and System Work
Providers highlighted dedicated staff, effective care coordination, and collaborative networks that improve outcomes.

Structural Barriers
Workforce shortages, long waitlists, transportation gaps, and low reimbursement rates were the most pressing concerns. Navigation challenges related to hospital discharge, FACT eligibility, and access to short-term residential beds.

Populations Facing Greater Difficulty
Rural residents, immigrant and undocumented families, children, elderly clients, and individuals with co-occurring conditions experience compounded challenges.

Missing or Insufficient Services
More detox, respite, housing, and specialized services for children, elderly populations, and co-occurring conditions are needed. Improved discharge planning, caregiver support, streamlined access to stabilization beds, and clearer FACT eligibility processes.

Organizational and System Challenges
Administrative burdens, funding constraints, and fragmented systems reduce efficiency and hinder innovation. Providers emphasized the need for stronger workforce supports and improved data systems.

Data Source: SEFBHN Focus Groups & Stakeholder Interviews

LEADERSHIP AND POLICY STAKEHOLDERS

Leadership-level interviews emphasized the importance of strategic planning, sustainable funding, and cross-system collaboration to strengthen behavioral health in the region. Board members, county officials, and agency directors highlighted system strengths such as strong community partnerships, active local government support, and town hall-style forums that bring stakeholders together to address common challenges.

Leaders also identified structural barriers that require policy-level solutions. Insurance coverage limitations, low reimbursement rates, and workforce shortages—especially in psychiatry and specialized services—were consistently described as major constraints. Housing instability and inadequate transportation were viewed as key drivers of poor outcomes across populations, with leaders noting that even strong programs are hindered when these broader issues go unaddressed. They emphasized a systemic housing barrier for substance-using mothers in the foster care system: mothers are not eligible for family housing unless their children are already in their custody, yet reunification cannot occur without stable housing. This circular barrier prevents progress toward reunification and requires coordinated solutions between child welfare, housing providers, and SEFBHN.

Stakeholders pointed to populations facing greater difficulty, including immigrant and undocumented families, transitional-aged youth, child welfare-involved families, and elderly residents with complex needs. Affordable housing, crisis response capacity, and culturally responsive services were all described as insufficient to meet demand in these groups.

Finally, leaders outlined opportunities for system improvement. These included better data integration, more flexible funding, and expanded workforce development strategies to address shortages. Investment in housing and community-based supports was seen as essential to ensuring sustainable, coordinated, and equitable care across the region.

Themes
Strengths of Leadership Engagement
Cross-agency partnerships, town hall meetings, and strong local collaboration were cited as key system strengths.

Structural Barriers
Insurance limitations, low reimbursement, workforce shortages, housing instability, and transportation

gaps remain major challenges. Housing rules that block mothers from accessing family housing until they regain custody were specifically identified as a cross-system barrier requiring policy coordination.

Populations Facing Greater Difficulty
Immigrant families, transitional-aged youth, child welfare-involved families, and elderly populations face unique barriers to access and stability.

Missing or Insufficient Services
Leaders identified gaps in affordable housing, crisis response, respite, and integrated supports for aging and diverse populations.

Opportunities for System Improvement
Priorities included improved data integration, flexible funding, workforce expansion, and investment in housing to ensure sustainable, coordinated care.

Data Source: SEFBHN Focus Groups & Stakeholder Interviews

No Wrong Door Access to Services
Florida Statute §394.4573 defines a no-wrong-door model that optimizes access to acute care services for persons with mental health and/or substance use disorders, regardless of the entry point. The SEFBHN region has established a network of designated receiving facilities, crisis stabilization units, detoxification programs, and mobile response teams that collectively function as this system of entry.

CURRENT SYSTEM STRENGTHS
Designated Receiving Facilities Across All Counties.

Each county in the SEFBHN region maintains at least one Department of Children and Families (DCF)-designated Baker Act receiving facility, as required by statute. Palm Beach and St. Lucie counties have comparatively more robust arrays of receiving systems and crisis stabilization units (e.g., South County Mental Health Center, JFK Medical North, Neurobehavioral Hospital North, and New Horizons of the Treasure Coast), while smaller counties such as Martin, Indian River, and Okeechobee rely on fewer sites.[1] These facilities anchor crisis response capacity in their communities.

Mobile and Community-Based Crisis Services.

Mobile Response Teams (MRTs), law enforcement co-response initiatives, and community diversion programs extend no-wrong-door access beyond hospitals. These teams help stabilize individuals in the community, reduce avoidable hospitalizations and arrests, and connect people to treatment and recovery supports.[2]

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[1] Baker Act Reporting Center, Annual Report FY 2023–2024, University of South Florida; Palm Beach County SIM Mapping Report, 2023.
[2] Policy Research Associates, Sequential Intercept Model Mapping Report for Palm Beach County (2023); Palm Beach Critical Intervention Mapping Final Report (2024).

Centralized Navigation and Helplines.

The region also benefits from 2-1-1 Palm Beach/Treasure Coast and the 9-8-8 Suicide & Crisis Lifeline, which provide 24/7 access to crisis support and referral to behavioral health services.[3]

Peer and Recovery-Oriented Entry Points.

Peer-operated programs, including Rebel Recovery, Jeff Industries, and Mental Health America's clubhouse, provide low-barrier, community-based entry to services. Consumer satisfaction surveys indicate that most clients feel respected and supported in navigating the system, reflecting progress toward the person-centered intent of a no-wrong-door model.[4] Additional peer-led entry points include NAMI on Wednesday, NAMI Peer Council, NAMI Connection, NAMI Connection for Black Communities, and NAMI Connection for Young Adults.

GAPS AND BARRIERS

Despite this progress, stakeholders identified persistent challenges that limit the system's full effectiveness:

- **Uneven Access Across Counties.** Smaller counties such as Okeechobee and Martin report fewer receiving facilities, limited transportation options, and heavier reliance on law enforcement to initiate Baker Act examinations.[5]

- **Hospital Discharge and Continuity of Care.** Focus group participants described poor discharge planning, with individuals leaving inpatient facilities without follow-up supports—contrary to the seamless access envisioned under no-wrong-door.[6]

- **Waitlists and Staffing Shortages.** Long waits for psychiatry, therapy, and children's residential placements remain common. Providers also noted difficulty maintaining updated referral lists and following up with clients who are unhoused or lack reliable phone access.[7]

- **Complex Eligibility and Administrative Processes.** Repetitive intake processes, insurance requirements, and limited options for uninsured or undocumented residents discourage engagement.[7]

- **Special Populations with Limited Options.** LGBTQ+ individuals, those with co-occurring mental health and developmental disorders, and justice-involved youth face limited culturally responsive or integrated services. [8,9] (*Note: Stakeholder feedback included LGBTQ-related needs. SEFBHN is responsible for reporting this feedback, while noting that current policy limits the ability to develop or fund services targeted to specific identity groups.*)

- **Fragmentation in Care Coordination.** Although care coordination programs exist, stakeholders cited inconsistent information sharing and siloed systems, leading to missed opportunities to re-engage clients before crises recur.[8]

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[3] Palm Beach County SIM Mapping Report, 2023.

[4] SEFBHN Client Satisfaction Survey Results, 2023–2024.

[5] U.S. Census ACS Demographic Data, SEFBHN Region; Needs Assessment Stakeholder Interviews, 2025.

[6] SEFBHN Focus Groups and Stakeholder Interviews, 2025.

[7] SEFBHN Focus Groups and Stakeholder Interviews, 2025.

[8] Policy Research Associates, Sequential Intercept Model Mapping Report for Palm Beach County (2023); Palm Beach Critical Intervention Mapping Final Report (2024).

[9] RTC Critical Intervention Mapping Final Report, 2024.

SUMMARY

The SEFBHN region demonstrates meaningful support of the no-wrong-door model, with multiple designated receiving facilities, crisis teams, helplines, and peer-led supports providing multiple entry pathways. At the same time, opportunities remain in geographic access, care continuity, and service coordination. Addressing these challenges through workforce investment, standardized protocols, and integrated navigation will bolster no wrong door access to care.

Availability of Treatment Services, Recovery Services, and Support Services

The SEFBHN region offers a broad continuum of treatment, recovery, and support services, aligned with Florida's statutory requirements for a coordinated system of care. This continuum includes crisis stabilization, outpatient and residential treatment, peer support, housing and employment services, and family- and youth-focused programs.

TREATMENT SERVICES

Crisis Stabilization and Acute Care.

Designated Receiving Facilities (DRFs) and Crisis Stabilization Units (CSUs) across the five-county region provide 24/7 acute psychiatric care under the Baker Act. Facilities such as South County Mental Health Center, Neurobehavioral Hospital North, JFK Medical North, and New Horizons of the Treasure Coast serve as core entry points for involuntary and voluntary crisis care.[10] Despite this capacity, stakeholders continue to report insufficient bed availability, particularly for children and adolescents, with the state's 2024 gap analysis projecting persistent shortages in inpatient and residential capacity in the Southeast region.[11]

Outpatient and Community-Based Services.

The region supports a network of outpatient counseling, medication management, intensive outpatient, and day treatment programs. Community-based alternatives such as First Episode Psychosis programs, Multisystemic Therapy (MST), Family Intensive Treatment Teams (FITT), and Wraparound models are actively used to keep children and families out of higher levels of care.[12] Waitlists, however, remain a challenge for dual-diagnosis programs and for child psychiatry in Indian River, St. Lucie, Martin, and Okeechobee Counties.[13]

Substance Use and Co-Occurring Care.

Detoxification and residential substance use treatment programs operate in Palm Beach and St. Lucie counties, complemented by outpatient recovery programs and harm reduction initiatives such as Rebel Recovery. Sequential Intercept Mapping workshops highlighted the importance of integrating these programs with criminal justice and community diversion strategies.[14] Pregnant mothers who test positive at delivery are not given a choice in where they are referred for substance use treatment, pointing to a need for greater flexibility and choice.[15]

RECOVERY SERVICES

Peer Support and Recovery-Oriented Care.

As of June 30, 2025, the SEFBHN region has a total of 144 certified peer specialists as of June 2025, reflecting significant investment in peer-led recovery.[16] These peers work across treatment and recovery settings, including recovery community organizations (RCOs), crisis stabilization units, community reentry teams, and peer-run clubhouses. Stakeholders noted that peers help reduce stigma, promote recovery-oriented language, and empower clients to exercise voice and choice in their care.[17] They also emphasized the need for peer and family supports specifically for relatives caring for adults with serious mental illness, who experience lack of support navigating the system on behalf of their adult family member.[18]

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[10] Baker Act Reporting Center, Annual Report FY 2023–2024, University of South Florida.
[11] Behavioral Health Gap Analysis – SB 330 (2024).
[12] Palm Beach County Juvenile SIM Report (2023).
[13] SEFBHN Stakeholder Interviews, 2025.
[14] Palm Beach County SIM Mapping Report (2023); RTC Critical Intervention Mapping Report (2024).
[15] SEFBHN Peer Focus Groups, 2025.
[16] SEFBHN Administrative Data, June 30, 2025 (provided in report dataset).
[17] SEFBHN Peer Focus Groups, 2025.
[18] SEFBHN Stakeholder Interviews, 2025

Recovery Housing and Transitional Supports.

Palm Beach County's Behavioral Health, Substance Use, and Co-Occurring Disorders (BHSUCOD) Plan and opioid settlement strategies emphasize safe and recovery-oriented housing as an essential service.[19] Despite progress, peer and provider feedback consistently identified supportive housing, transitional vouchers, and step-down facilities as among the greatest gaps in the system.[20] There is insufficient mental health support for adults with primary mental health needs discharged from residential to sober living programs designed for substance use that lack adequate mental health case management and mental health support services (e.g., therapy, medication).[21]

Employment, Vocational, and Life Skills.

Programs such as Jeff Industries, supported employment initiatives, and recovery-friendly workplace partnerships provide vocational training and job supports. These programs align with SAMHSA's recovery dimensions of purpose and community. However, system partners noted the need for more supported employment opportunities, particularly for youth and individuals with co-occurring conditions.[22] Additionally, the Florida Department of Education, Vocational Rehabilitation program offers testing, skill building, supported employment and competitive employment for individuals with disabilities.

SUPPORT SERVICES

Navigation and Care Coordination.

Care coordination programs are active across the region, with SEFBHN-funded coordinators available for both adults and children. Mobile Response Teams also provide interim therapy and linkage until longer-term services can begin.[23] However, stakeholders emphasized fragmented data systems and inconsistent follow-up after hospital discharge as ongoing challenges.[24]

Community-Based Supports and Social Wellness.

Initiatives such as Birth to 22's Youth Master Plan and Palm Beach County's CHIP prioritize social connectedness, mental health promotion, and linkage to basic needs (housing, food, transportation).[25] Consumer satisfaction survey results indicate strong feelings of respect and appropriateness of care, though lower ratings were noted around social connectedness and cultural responsiveness, suggesting areas for continued improvement.[26]

SUMMARY

The SEFBHN region demonstrates substantial capacity across treatment, recovery, and support services, with 144 certified peers anchoring recovery-oriented practice. Nonetheless, gaps remain in child and adolescent psychiatry, co-occurring treatment, housing supports, and system integration. Addressing these areas will be essential to advancing a comprehensive, recovery-oriented system of care that meets the diverse needs of all residents.

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[19] Palm Beach County Behavioral Health, Substance Use, and Co-Occurring Disorders Plan (2024).

[20] SEFBHN Peer Focus Groups, 2025

[21] SEFBHN Peer Focus Groups, 2025.

[22] SEFBHN Peer Focus Groups, 2025.

[23] SEFBHN Stakeholder Interviews, 2025.

[24] SEFBHN Peer Focus Groups, 2025

[25] Birth to 22 Youth Master Plan 2.0 (2024); Palm Beach County Community Health Improvement Plan 2022–2027.

[26] SEFBHN Client Satisfaction Survey Results, 2023–2024.

Availability of Less Restrictive Services

Florida Statute emphasizes the importance of ensuring care optimize access to care, regardless of entry point, with priority for less restrictive services. The SEFBHN region has made progress in expanding outpatient and community-based options, though gaps remain, particularly for children, transition-age youth, and individuals with co-occurring conditions.

OUTPATIENT AND COMMUNITY-BASED ALTERNATIVES

Therapy, Medication Management, and Intensive Outpatient.
Each county in the region offers a range of outpatient services, including individual and group therapy, psychiatric medication management, and intensive outpatient programs. Providers such as Henderson Behavioral Health, South County Mental Health Center, and New Horizons of the Treasure Coast deliver these services as alternatives to inpatient care.[27] However, stakeholders consistently reported long waitlists for psychiatry, counseling, and case management, particularly for children.[28]

Wraparound and Family-Centered Models.
The region has adopted several less restrictive evidence-based models, including Wraparound, Family Intensive Treatment Teams (FITT), and Multisystemic Therapy (MST). These approaches focus on stabilizing families in the community and preventing escalation to residential or inpatient treatment.[29] Programs such as early childhood CAT (Community Action Team) and MST for delinquency prevention were highlighted as particularly effective.[30]

Care Coordination and Mobile Response.
Mobile Response Teams (MRTs) serve as a critical less restrictive alternative by delivering crisis stabilization in homes, schools, and community settings. Providers reported that MRTs, along with interim therapy and case management supports, help keep youth engaged while waiting for longer-term services.[31] Care coordination services funded by SEFBHN also reduce reliance on inpatient admission by linking clients to outpatient care within 72 hours.[32]

RESIDENTIAL ALTERNATIVES AND STEP-DOWN OPTIONS

Short-Term Residential and Step-Down Facilities.
Stakeholder input emphasized the limited availability of short-term residential stabilization and step-down facilities.[33] Families reported that bureaucratic processes often delay placement, and clients leaving hospitals without access to these services are at higher risk of relapse or readmission.[34] Transitional housing with supportive services (e.g., transitional voucher programs for individuals at risk of homelessness) was cited as one promising model, though capacity remains limited.[35]

Recovery Housing and Supportive Living.
Safe, recovery-oriented housing options provide a less restrictive alternative to hospitalization. The

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[27] Palm Beach County SIM Mapping Report (2023), Policy Research Associates.
[28] SEFBHN Stakeholder Focus Groups and Interviews (2025).
[29] Palm Beach County Juvenile SIM Report (2023)
[30] System Care Coordinator Focus Group, SEFBHN Needs Assessment (2025).
[31] SEFBHN Stakeholder Focus Groups and Interviews (2025).
[32] SEFBHN Stakeholder Focus Groups and Interviews (2025).
[33] SEFBHN Stakeholder Focus Groups and Interviews (2025).
[34] SEFBHN Stakeholder Focus Groups and Interviews (2025).
[35] System Care Coordinator Focus Group, SEFBHN Needs Assessment (2025).

BHSUCOD Plan (2024) identified transitional housing and recovery residences as essential to reducing crisis recidivism.[36] Focus groups highlighted shortages in residential options tailored to individuals and those with co-occurring developmental disorders.[37]

Gaps and Opportunities

Despite multiple community-based programs, some systemic challenges limit the effectiveness of less restrictive services:

- **Capacity Constraints.** Demand for outpatient psychiatry, therapy, and case management outpaces supply, especially for children and uninsured adults.[38]
- **Geographic Disparities.** Rural and smaller counties (e.g., Okeechobee) lack the breadth of less restrictive services available in Palm Beach or St. Lucie.[39]
- **Special Populations.** Few programs are designed for individuals with co-occurring mental health and autism or for undocumented residents, leaving families with limited alternatives.[40]
- **Housing Integration.** Insufficient step-down and transitional housing continues to drive hospital readmissions and prolong reliance on higher levels of care.[41]

SUMMARY

The SEFBHN region demonstrates availability of less restrictive services such as outpatient therapy, Wraparound, and mobile response. However, challenges exist in ensuring timely access, equitable geographic distribution, and specialized supports for vulnerable populations. Addressing gaps can reduce higher levels of care and strengthen a recovery-oriented system of care.

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[36] Palm Beach County Behavioral Health, Substance Use, and Co-Occurring Disorders Plan (2024).
[37] SEFBHN Stakeholder Focus Groups and Interviews (2025).
[38] SEFBHN Stakeholder Focus Groups and Interviews (2025).
[39] Palm Beach County SIM Mapping Report (2023), Policy Research Associates.
[40] SEFBHN Stakeholder Focus Groups and Interviews (2025).
[41] Palm Beach County Behavioral Health, Substance Use, and Co-Occurring Disorders Plan (2024).

Use of Evidence-Informed Practices

Use of Evidence-Informed Practices

Florida Statute requires Managing Entities to demonstrate the use of evidence-informed practices (EIPs) and evidence-based practices (EBPs) across their provider networks. SEFBHN has integrated a wide range of EBPs into treatment, recovery, and support services, ensuring fidelity to models recognized for improving outcomes in behavioral health.

IMPLEMENTATION ACROSS THE CONTINUUM

Clinical Interventions.

Providers utilize established psychotherapies such as Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), and Eye Movement Desensitization and Reprocessing (EMDR) for trauma and mood disorders. Family-focused models such as Parent-Child Interaction Therapy (PCIT), Multisystemic Therapy (MST), and Strengthening Families are deployed to stabilize youth and families in community settings.

Crisis and Suicide Prevention.

Evidence-based training models—including Applied Suicide Intervention Skills Training (ASIST), Mental Health First Aid, and Question, Persuade, Refer (QPR)—equip frontline staff, peers, and community members with the tools to respond to behavioral health crises.

Recovery-Oriented Practices.

Medication-Assisted Treatment (MAT), Motivational Interviewing (MI), Supported Employment, Supported Housing, Wraparound, Whole Health Action Management (WHAM), and Wellness Recovery Action Plan (WRAP) are widely used to support long-term recovery. Peer-driven models such as Helping Others Heal further embed recovery support into the system.

Prevention and Health Promotion.

School- and youth-focused curricula such as Botvin Life Skills, Too Good for Drugs, Too Good for Violence, ATLAS, and ATHENA promote healthy decision-making and substance use prevention. Marijuana Prevention + Wellness, while still considered a promising practice, is also being piloted in the region.

SEFBHN EVIDENCE-BASED PRACTICES

The following table summarizes the EBPs currently in use across the SEFBHN provider network.

Category	Evidence-Based/Promising Practices
Parenting & Family Interventions	Active Parenting, Parent Child Interaction Therapy (PCIT), Family-Based Behavioral Treatment, Strengthening Families, Multisystemic Therapy (MST), Wraparound, NAMI Family to Family, NAMI Homefront, NAMI Basics
Prevention & Youth Programs	Adolescent-Community Reinforcement Approach (A-CRA), Botvin Life Skills, Project Success, Too Good for Drugs, Too Good for Violence, ATLAS, ATHENA, Erika's Lighthouse, Teen Intervene EBP
Clinical Psychotherapies	Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Eye Movement Desensitization & Reprocessing (EMDR), Trauma-Focused CBT, Solution Focused Therapy (SFT), Psychodrama Therapy, Contingency Management
Crisis & Suicide Prevention	Applied Suicide Intervention Skills (ASIST), Crisis Prevention Institute (CPI), Nonviolent De-escalation, Question, Persuade, Refer (QPR), Mental Health First Aid
Substance Use & Recovery-Oriented Care	Assertive Community Treatment (ACT), Forensic ACT, Medication-Assisted Treatment (MAT), Harm Reduction Therapy, Motivational Interviewing (MI), Twelve Step Facilitation, Helping Others Heal, NAMI Ending the Silence
Recovery & Peer Supports	Supported Employment, Supported Housing, Wellness Recovery Action Plan (WRAP), SSI/SSDI Outreach, Access and Recovery (SOAR), Integrated Behavioral Health Management (IBHM), Whole Health Action Management (WHAM), NAMI Peer to Peer
Trauma-Informed Practices	Trauma-Informed Care, TUF Life Skills, Helping Others Heal, Trauma-Informed Group Supports
Specialized Programs	NAVIGATE (First Episode Psychosis), The Multidisciplinary Team, Marijuana Prevention + Wellness (Promising Practice)

SUMMARY

SEFBHN's broad deployment of EBPs demonstrates strong alignment with state and national best practice standards. These interventions span prevention, treatment, recovery, and peer support, creating a consistent evidence-based foundation across the system of care.

Gaps in Services for Children and Adolescents & Recommendations

Florida Statute requires a full, developmentally appropriate array of services for children and adolescents and asks Managing Entities to identify gaps and recommend remedies—including capacity for residential substance use programs that treat pregnant adolescents/women and allow women to live with their children up to age 12.

IDENTIFIED GAPS

Child & Adolescent Psychiatry Capacity – Although Palm Beach County reported access without waitlists, there was persistent waitlists in Indian River, St. Lucie, Martin, and Okeechobee Counties for evaluation and medication management; families report delays of weeks to months.[42]

Short-Term Residential & Step-Down Options – Insufficient child/adolescent stabilization beds and limited step-down placements following hospital discharge, contributing to readmissions. [43] [44]

Crisis Transitions & Follow-up – Inconsistent discharge planning and limited warm handoffs; MRTs help but are not uniformly available at needed intensity for youth. [45] [46]

Co-occurring & Special Population Services – Few integrated tracks for youth with MH/SUD and developmental disorders (e.g., autism); limited safe, culturally responsive options for LGBTQ+ youth. [47] (*Note: Stakeholder feedback included LGBTQ-related needs. SEFBHN is responsible for reporting this feedback, while noting that current policy limits the ability to develop or fund services targeted to specific identity groups.*)

Residential SUD for Pregnant/Parenting Adolescents & Women with Children ≤12 – No dedicated adolescent-friendly residential SUD programs that keep families together; current options are fragmented or capacity-constrained. [48] [49]

Family-Centered Housing Supports – Transitional/supportive housing linked to youth behavioral health is scarce, impeding stability after discharge or program completion. [50] [51]

RECOMMENDATIONS

To address these gaps, SEFBHN and its partners may consider the following:

1. **Expand Child Psychiatry Capacity.** Stakeholders in Indian River, St. Lucie, Martin, and Okeechobee Counties reported that waitlists of weeks to months are the single largest barrier families report. Support workforce recruitment and retention, telepsychiatry initiatives, and loan forgiveness incentives to increase the number of board-certified child psychiatrists.

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[42] SEFBHN Focus Groups & Stakeholder Interviews (2025).

[43] NAMI Palm Beach Focus Group (2025).

[44] Behavioral Health Gap Analysis – SB 330 (2024).

[45] NAMI Palm Beach Focus Group (2025).

[46] RTC Critical Intervention Mapping Final Report (2024).

[47] SEFBHN Focus Groups & Stakeholder Interviews (2025).

[48] SEFBHN Focus Groups & Stakeholder Interviews (2025).

[49] Palm Beach County BHSUCOD Plan (2024).

[50] NAMI Palm Beach Focus Group (2025).

[51] Palm Beach County BHSUCOD Plan (2024).

2. **Standardize Youth Discharge & Rapid Re-engagement**. Stakeholders reported that poor discharge planning and inconsistent follow-up leave families unsupported. Regionwide protocols: family-inclusive discharge planning, 72-hour follow-up, and alerts to care coordinators/MRTs prior to discharge; fund interim therapy and CC until ongoing services begin.

3. **Expand Co-Occurring and Specialized Services.** Establish integrated treatment tracks for children with co-occurring mental health, substance use, and developmental conditions, and create culturally tailored services for all youth.

4. **Strengthen Crisis Transitions.** Standardize discharge planning protocols, expand Mobile Response Teams, and implement electronic alerts to connect care coordinators with hospitalized youth before discharge.

5. **Expand Residential Substance Use Programs for Pregnant and Parenting Adolescents.** Develop programs that allow adolescents and women with children up to age 12 to remain together during treatment, combining substance use care with parenting support.

6. **Expand Family-Centered Housing Supports.** Transitional/supportive housing is scarce, undermining stability after discharge. Increase transitional and supportive housing vouchers linked to behavioral health treatment, prioritizing families with children.

SUMMARY

The most significant bottlenecks for youth in SEFBHN are psychiatric access, stabilization/step-down capacity, and seamless transitions—compounded by gaps for co-occurring needs and family housing. Prioritizing youth residential/step-down beds, family-unit SUD residential programs, and standardized discharge/rapid-linkage protocols will close the largest gaps

Service Array Distance Standards

There are currently no services that require individuals to travel more than one hour. This meets the statutory requirement for geographic accessibility under Florida's coordinated system of care framework. The SEFBHN provider locator (https://sefbhn.org/providerlocator/) serves as a central tool to help consumers, families, and referral sources identify providers by service type and county. The online platform is searchable by category and geography and provides direct links to program websites, phone numbers, and addresses, as well as one-click access to directions or calls. The full continuum of services is represented in the regional directory, including outpatient and community-based care (e.g., therapy, case management, peer support, care coordination, crisis response), residential and structured housing (e.g., day treatment with housing, room and board with supervision, supported housing/living), intensive and specialty programs (e.g., Florida Assertive Community Treatment [FACT] teams, Community Action Treatment [CAT], Early Treatment Programs for first-episode psychosis, Family Intensive Treatment Teams), prevention and supportive services (e.g., parenting education, substance use prevention for youth, supported employment, vocational training), and acute care (e.g., inpatient detox, psychiatric medication management, mobile response teams, crisis services). Maintaining a service array where no client must travel more than one hour supports equitable access across rural and urban counties, ensures compliance with the state's "no wrong door" model of care, and provides a transparent, consumer-facing resource that reduces barriers to navigation.

Recovery Oriented System of Care Resources

211 Palm Beach/Treasure Coast, Inc.	Mental Health Collaborative of Indian River County, Inc.
Access Recovery Solutions, LLC	Metro Treatment of Florida, L.P. d/b/a New Season Treatment Center 27
Alternatives in Treatment, LLC d/b/a Mandala Healing Center	NAMI of Palm Beach County, Inc.
Behavior Basics, Inc.	NAMI Treasure Coast FL, Inc.
Boys Town South Florida, Inc.	Neurobehavioral Hospital Foundation, Inc.
Brighter Family Center, Inc.	New Horizons of the Treasure Coast, Inc. (FACT)
Carrfour Supportive Housing, Inc.	New Horizons of the Treasure Coast, Inc. (CAT)
CFSATC Inc. d/b/a Central Florida Substance Abuse Treatment Center	New Horizons of the Treasure Coast, Inc. (Main)
Collectively - A Radlauer Venture, LLC	Nineteenth Judicial Circuit Problem-Solving Court
Coral Shores Behavioral Health, LLC	Okeechobee County Board of County Commissioners
Counseling and Recovery Center, Inc.	Okeechobee County Sheriff's Office
Daniel Memorial, Inc.	Our Village Okeechobee, Inc.
Drug Abuse Foundation of Palm Beach County, Inc.	Palm Beach County Substance Abuse Coalition, Inc., d/b/a Palm Beach County Behavioral Health Coalition
Drug Abuse Treatment Association, Inc.	Pinnacle Wellness Group, LLC
Elizabeth H. Faulk Foundation, Inc. d/b/a Faulk Center for Counseling	Project L.I.F.T, Inc.
Federation of Families of Florida, Inc.	Public Defenders Office, Nineteenth Judicial Circuit
Ferd and Gladys Alpert Jewish Family and Children's Service of Palm Beach County, Inc.	Rebel Recovery Florida, Inc.
Hanley Center Foundation, Inc.	RiteLife Services, Inc.
Henderson Behavioral Health, Inc. (Main)	Roundtable of St. Lucie County, Inc.
Henderson Behavioral Health, Inc. (FITT)	South County Mental Health Center, Inc.
Henderson Behavioral Health, Inc. (FACT)	St. Lucie County Fire District
Housing Partnership, Inc. d/b/a Community Partners of South Florida	Sunset House, Inc.
HPS, Helping People Succeed, Inc.	Chrysalis Center, LLC (formerly The Chrysalis Center, Inc.)
HSP4, LLC	The Devereux Foundation, Inc.
Indian River County Board of County Commissioners	The Inner Truth Project, Inc.
Indian River County Sheriff's Office	The Lord's Place, Inc.
Jeff Industries, Inc.	Thrive IRC, Inc.
JFK Medical Center Limited Partnership d/b/a HCA Florida JFK North Hospital, A Part of HCA Florida JFK Hospital	Transpire Help, Inc.
Lifebuilders of the Treasure Coast, Inc.	Treasure Coast Homeless Services Council, Inc.
Managed Care Consultants	Tykes and Teens, Inc.
Martin County Board of County Commissioners	Wayside House, Inc.
Mary Armstrong (Project Evaluator)	Wellpath, LLC
MDFlow EHR	West Palm Beach Fire Department
Mental Health Association in Indian River County, Inc.	
Mental Health Association of Palm Beach County, Inc. d/b/a Mental Health America of Palm Beach County	

Alignment with SEFBHN's FY 25–26 Enhancement Plan

The findings of this Triennial Needs Assessment describe the challenges facing SEFBHN, and also provide clear evidence supporting the priorities outlined in SEFBHN's FY 25–26 Enhancement Plan. Across multiple data sources—regional trends, provider and consumer surveys, and stakeholder interviews—three themes consistently emerged: the urgent need for supportive and transitional housing, expanded access to substance use prevention and treatment, and a comprehensive, system-wide approach to suicide prevention. By embedding these priorities into both the Needs Assessment and the Enhancement Plan, SEFBHN demonstrates a unified, data-driven strategy for advancing system improvement and ensuring accountability to state and community partners.

- **Priority #1 - Expansion of Supported and Transitional Housing**
  Persistent shortages of affordable housing and rising rates of chronic homelessness highlight housing as one of the most significant barriers to recovery. While the overall rate of homelessness in the SEFBHN region was comparable to the state, the proportion of individuals who were unsheltered was much higher (75.2% vs. 54.1%), underscoring the urgent need for expanded housing supports. Stakeholders emphasized that without stable housing, individuals with serious mental illness and substance use disorders struggle to engage in treatment, maintain recovery, or reintegrate into the community. The Enhancement Plan directly addresses this gap by funding supportive services for independent living and transitional housing vouchers. These investments are designed to reduce unnecessary reliance on restrictive and costly settings—such as jails, crisis stabilization units, and state facilities—while supporting recovery, shortening institutional stays, and enabling long-term stability.

- **Priority #2 - Increased Substance Use Funding for Areas of Prevention, Non-Residential and Residential Treatment**
  Data from this Needs Assessment show continued increases in substance use prevalence and service demand, especially among youth and adults with co-occurring conditions. Children served in SEFBHN-funded substance use programs rose by 10% in one year from 1,921 in FY 2022–23 to 2,116 in FY 2023–24, while adults increased by 5% from 7,111 to 7,436 during the same period. Providers consistently cited underfunding, long waitlists, and workforce shortages as barriers to delivering comprehensive substance use care. The Enhancement Plan responds by prioritizing expanded funding for prevention programs, non-residential and residential treatment, and Medications for Opioid Use Disorder (MOUD). Additional strategies include strengthening integration with Mobile Response Teams, expanding naloxone distribution and overdose prevention initiatives, and enhancing provider training in evidence-based, trauma-informed practices. Together, these efforts are expected to reduce overdose risk, improve recovery outcomes, and lower long-term system costs.

- **Priority #3 - Zero Suicide Funding**
  Suicide remains a persistent and deeply concerning issue across the SEFBHN region. Hospitalization rates for mental health disorders were higher in the SEFBHN region than statewide, with an age-adjusted rate of 1,034 per 100,000 residents in 2023 compared to 959 for Florida overall; among children and adolescents (0–17), the regional rate was 788 per 100,000 compared to 697 statewide. While the overall age-adjusted death from suicide rate

was similar to the statewide average, Okeechobee and Indian River counties presented higher than statewide rates per 100,000 population at 33.1 and 19.0 vs. 14.1, respectively. Stakeholders highlighted gaps in screening, care transitions, and provider confidence in addressing suicide risk. The Enhancement Plan sustains and expands SEFBHN's Zero Suicide Initiative, embedding the nationally recognized framework into all funded provider organizations. This includes leadership-driven safety culture, ongoing workforce training, systematic risk identification, evidence-based treatment, and continuous quality improvement. By requiring all SEFBHN providers to implement Zero Suicide protocols, the network is building a consistent standard of care that strengthens safety and accountability across the entire region.

The alignment between the Triennial Needs Assessment and the FY 25–26 Enhancement Plan ensures that identified needs are directly connected to funded strategies. This integration provides a roadmap for reducing homelessness, improving access to substance use services, and preventing suicide—three of the region's most urgent behavioral health challenges.

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