January 3, 2025

Comprehensive Overview
Lee County Behavioral Health System of Care
Phase 1

Prepared for:
Lee County Board of County Commissioners
Lee County, Florida

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Lee County
Southwest Florida

THIRD HORIZON

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EXECUTIVE SUMMARY

The combination of the COVID-19 pandemic, the persistent challenges posed by the opioid epidemic, and the impact of multiple hurricanes significantly increased the need to effectively assess the behavioral health system in Lee County, inclusive of mental health and substance use disorders. While conversations around building the strength of the region's behavioral health system began prior to the pandemic, following the devastation of Hurricane Ian, the county prioritized efforts to bring further enhancements to the behavioral health system. These improvements aim to address longstanding issues that had been intensified by one crisis after another. Lee County Board of County Commissioners moved to utilize Community Development Block Grant - Disaster Recovery (CDBG-DR) funds allocated by the U.S. Department of Housing and Urban Development (HUD) to support this effort.

As part of this effort, Lee County revitalized its plans for a Behavioral Health System of Care following HUD's approval of Lee County's Action Plan. This plan allocated over $10,000,000 for the overall development and future implementation of the system. Lee County issued a Request for Proposal (RFP) to find a vendor capable of creating the strategic framework for the system. Third Horizon, LLC was selected to lead the project which commenced in September 2024 and is set to last 18 months. Their role is to design the comprehensive roadmap that will serve as the foundation for the system's future implementation. Third Horizon will conduct the project over 4 phases.

Third Horizon applied a mixed-methods approach to the Phase 1 analysis. This included a literature review, secondary data analysis, primary qualitative data collection such as key informant interviews, focus groups, and community engagement meetings. Lee County Human and Veteran Services staff also provided extensive input and feedback throughout the process.

The Phase 1 deliverable is the "Comprehensive Overview: Lee County Behavioral Health System of Care" report. In this paper, Third Horizon provides the firm's review and analysis of local behavioral health plans, needs assessments, and other data. Third Horizon also summarizes the firm's qualitative research and community engagement performed to date. Lastly, Third Horizon describes preliminary recommendations and the project's next steps.

The firm's data analysis found that some measures of behavioral health needs in Lee County are showing improvement over time while other data reports are moving towards less favorable outcomes.

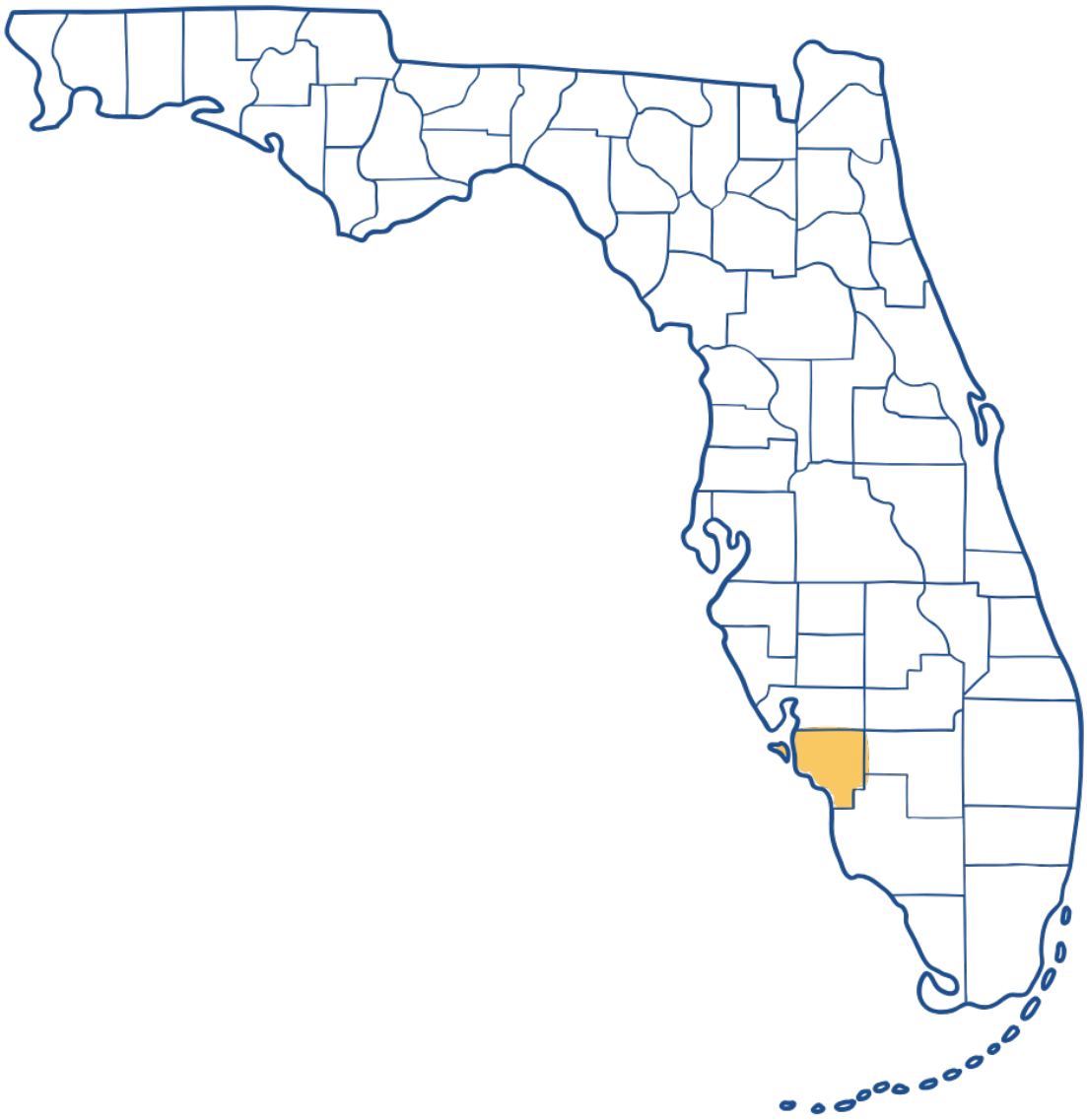
Third Horizon's research in Phase 1 found that Lee County has invested significant time and resources to understand local behavioral needs, available services, and resources. Third Horizon assessed the local behavioral health continuum using a framework from the Substance Abuse and Mental Health Services Administration (SAMHSA). Third Horizon found that most of the core components recommended by SAMHSA are in place in Lee County.

In Third Horizon's qualitative research, stakeholders shared concerns about persistent challenges. These include behavioral health workforce shortages, housing and homelessness, the need for better coordination across the behavioral health system of care, stigma, and other barriers to accessing services.

Third Horizon examined "Single-Entry Point" models, which aim to reduce barriers to accessing behavioral health services. Single-Entry Point models provide a centralized access point for individuals seeking services and streamline the process of intake, assessment, and referral. During an in-person meeting held in Phase 1,

facilitated a dialogue with stakeholders to identify principles around which a Single-Entry Point should be built in Lee County.

In Phase 2, Third Horizon will continue its analysis of the behavioral health system of care and define recommendations to address capacity issues, enhance access to services, minimize duplication, bridge service gaps, address financial and regulatory concerns, and improve outcomes. Furthermore, Third Horizon will work with Lee County Human and Veteran Services to select four to five Single-Entry Point models in Florida and/or around the country to conduct in-depth interviews with and develop more illustrative case studies in Phase 2.



A Map of Florida, Lee County Highlighted

PROJECT BACKGROUND

COVID-19

Residents of Lee County were severely affected by the health and economic consequences of the COVID-19 pandemic. Many individuals lost their jobs and struggled to afford basic needs, including food, clothing, and shelter. These challenges affected individuals' health and well-being. Due to the large impact that COVID-19 had on mental health and substance use issues, the US Treasury released $3 billion in American Rescue Plan Act (ARPA) funds nationwide to address these ongoing impacts.

In Lee County, the pandemic's impact on housing stability further increased stressors for vulnerable populations and increased the demand for behavioral health services. Public health measures and staffing shortages strained the system, forcing many shelters and behavioral health facilities to close or limit operations. The combination of rising needs and reduced access made it difficult for individuals to obtain essential care. These challenges highlighted the need for a coordinated system of care to address these issues effectively.

In 2022, Lee County initiated a project to improve the system for behavioral health care through the issuance of a Notice of Funding Availability (NOFA) utilizing ARPA funds. This strategic initiative was aimed at establishing a comprehensive, coordinated system of care for behavioral health services across the county. The NOFA outlined the allocation of approximately $5,000,000 to develop this integrated system. However, the project did not advance as planned despite the well-defined goals and the initial funding allocation. Challenges in implementation and coordination among various stakeholders led to a reevaluation of the project's scope and timelines.

Opioid Epidemic

At the same time, Lee County faced an escalating opioid crisis which further strained local health systems. The opioid epidemic had been particularly severe in Florida due to its status as a former epicenter of the prescription drug crisis. In response, the Florida Attorney General's Office filed a lawsuit in state court against some of the nation's largest opioid manufacturers and distributors on May 15, 2018. Subsequent legal actions included a complaint filed by Lee County against pharmaceutical companies in federal court on July 9, 2019. The county then contracted the law firm Ferrer Poirot & Wansbrough on August 6, 2019 to help recover damages related to the opioid crisis. On January 19, 2021, the Board approved the Opioid Allocation agreement with the Florida Attorney General (AGO) agreeing to the AGO filing a new lawsuit with the local governments as parties or adding local governments to its existing opioid litigation. Finally, on May 3, 2022, the Board approved the Florida Allocation and Statewide Response Agreement which mandated the creation of an opioid task force and the adoption of a local abatement plan.

Following these agreements, on October 3, 2022, Lee County released the Notice of Funding Availability for five-year projects aligned with the county's Opioid Abatement Plan. By December 23, 2022, the Notice of

Conditional Selection was issued, selecting Kimmie's Recovery Zone and Centerstone of Florida, Inc. to provide services outlined in the Opioid Abatement Strategy.

Lee County's strategy for opioid abatement includes substantial investments includes investments in prevention, treatment, and recovery programs such as those provided by Kimmie's Recovery Zone and Centerstone's WISH program. These initiatives focus on harm reduction, overdose prevention, and comprehensive recovery support. The services include case management, counseling, and access to medication-assisted treatment (MAT). The county has also prioritized the expansion of naloxone distribution along with training efforts aimed at saving lives and preventing overdoses. Additionally, outreach programs connect individuals to the resources they need.

Despite the efforts and funding towards opioid abatement programs, Lee County still faces challenges with the opioid crisis. As of the second quarter of 2023, emergency departments in the county are still seeing significant numbers of overdose cases as reported by the Florida Department of Health[1]. This situation indicates that although progress is being made, considerable efforts are still required to manage and reduce opioid overdoses effectively.

Hurricane Ian

The challenges posed by mental health and substance use were exacerbated by natural disasters such as Hurricane Ian, a Category 5 storm which impacted Lee County in September of 2022. The storm caused significant damage and led to the closure of many behavioral health facilities making it more difficult for people to access the services they needed.

SalusCare and Park Royal Hospital are the only facilities in Lee County authorized to involuntarily admit patients under the Baker Act. Typically, SalusCare handles between 500 and 600 such evaluations each month. However, the facility was closed from September 2022 until May 2023 due to damage from the storm. This closure placed additional pressure on the Lee Health Emergency Department, Park Royal Hospital, and other regional facilities, forcing many families to seek services outside the county.

The demand for services increased even more after the storm as the community faced widespread physical and mental impacts from the disaster. These events highlight the urgent need for long-term resiliency of the behavioral health systems to prevent future service interruptions like those experienced during and after Hurricane Ian.

Following the devastation of Hurricane Ian, the county recognized the continued need for enhancements to the behavioral health system. These improvements aim to address longstanding fractures within the behavioral health system that have been exacerbated by consecutive crises since 2019. In November 2023, Lee County Board of County Commissioners moved to utilize Community Development Block Grant - Disaster Recovery (CDBG-DR) funds allocated by the U.S. Department of Housing and Urban Development (HUD) to support this effort. These funds were part of a broader federal initiative to help communities recover from the extensive damage and disruptions caused by Hurricane Ian.

As part of this effort, Lee County revitalized its plans for a Behavioral Health System of Care following HUD's approval of Lee County's Action Plan. This plan allocated over $10,000,000 for the overall development and future implementation of the system. Lee County issued a Request for Proposal (RFP) to find a vendor capable of creating the strategic framework for the system. Third Horizon, LLC was selected to lead the project which

commenced in September 2024 and is set to last 18 months. Their role is to design the comprehensive roadmap that will serve as the foundation for the system's future implementation.

This initiative is expected to significantly enhance the county's behavioral health services infrastructure ensuring it is comprehensive enough to meet current and future needs. The strategic plan seeks to integrate behavioral health services as an essential component of the county's disaster recovery and resilience framework. The approach is designed to be inclusive, addressing the diverse needs of Lee County's population including individuals with disabilities and other vulnerable populations.

The combination of the COVID-19 pandemic, the persistent challenges posed by the opioid epidemic and the impact of Hurricane Ian have significantly increased the need to effectively assess the behavioral health system in Lee County. The current state of the behavioral health system is characterized by fragmented silos, disconnection and an intricate navigation process. This poses significant challenges for individuals and families seeking support in Lee County. As mental health disorders are projected to rise, with estimates suggesting that about half of all individuals in the United States will be diagnosed with a mental health disorder during their lifetime by 2030,[2] the need for comprehensive behavioral health services is more pressing than ever.

Project Phases

The Behavioral Health System of Care project in Lee County is organized into several distinct phases each tailored to specific components of building a comprehensive behavioral health system. This structured approach ensures a clear progression from initial assessment through to strategic planning and eventual implementation.

Phase 1: Comprehensive Overview

The first phase of the project involves a thorough analysis of the existing behavioral health resources within Lee County. This includes reviewing current strategic plans and assessments such as the Lee County Sequential Intercept Mapping Report, Opioid Abatement Strategy Summary and various community needs assessments from local hospitals. Additional data will be gathered through surveys, research and consultations with local

behavioral health providers to ensure a well-rounded perspective. The goal of this phase is to synthesize the data into a clear and concise overview of the behavioral health system of care in Lee County.

Phase 2: Analysis and Recommendations

Phase 2 will evaluate how well the current systems' capacity to effectively serve individuals at the appropriate level of care across prevention, intervention, treatment, and recovery. A comprehensive set of recommendations will be developed to address capacity issues, enhance access to services, minimize duplication, bridge service gaps, address financial and regulatory concerns and improve overall outcomes. The recommendations shall be inclusive of a risk, impact potential and cost threshold matrix that allows for an informed review of possible actions.

Phase 3: Strategic Implementation Plan

In Phase 3, the focus shifts from analysis to action by building on the recommendations in Phase 2. A comprehensive plan will be developed to serve as a roadmap for implementing the Behavioral Health System of Care. The plan will outline strategies to raise community awareness, identify key partners and roles required for successful implementation, and address staffing gaps by recommending necessary positions. A framework for ongoing data collection and analysis will also be established ensuring progress can be monitored through measurable outcome metrics. Additionally, the plan will include a detailed budget covering initial implementation, maintenance, staff training, infrastructure setup, technology systems, and other operational costs. A ten-year sustainability plan will also be developed to leverage federal, state, and local funding sources. The plan will also include any additional steps necessary for success, taking into account community-specific factors, emerging trends, and feedback gathered throughout the project. This plan will ensure all residents of Lee County have access to resiliency-promoting and recovery-oriented behavioral health services.

Phase 4: Final Consolidation Report

The final phase involves consolidating all the findings, recommendations and implementation plans into a comprehensive final report. This report will encompass all three phases and provide a complete overview of the project from initial assessment to strategic planning and implementation strategies. This final consolidated report will serve as the guiding document for ongoing and future efforts to enhance the behavioral health system in Lee County, ensuring that the system is resilient, inclusive, and adaptable to effectively meet the current and future needs of all Lee County's residents.

Firm Overview

Founded in 2018, Third Horizon is a boutique advisory firm focused on shaping a future system that actualizes a sustainable culture of health nationwide. The firm's mission, to challenge the status quo and design integrated health and social systems, aligns seamlessly with Lee County's vision for an accessible, equitable, and effective behavioral health system. Third Horizon is driven by core values, including impact driven, mission obsessed, equity centered, and knowledge powered, underscoring its commitment to transformative projects.

The firm offers unparalleled expertise in the behavioral health sector and is adept at developing strategic plans to improve local behavioral health payment and delivery systems. Third Horizon's strategic approach, deeply rooted in understanding local challenges and opportunities, ensures its plans are visionary, actionable, and

measurable. Third Horizon's team comprises nationally recognized experts in mental health and substance use disorders, data analytics, health care policy, and community engagement.

Third Horizon customizes each of its projects to the specific needs of the community it serves, demonstrating a commitment to personalized and practical solutions. The firm is especially keen on engaging with Lee County stakeholders, leveraging extensive experience in collaboration and consensus-building among diverse groups. Through comprehensive data analysis, strategic planning, and community engagement, Third Horizon ensures its recommendations reflect the community's needs and values while defining bold yet realistic and achievable goals.

Methodology

Third Horizon applied a mixed-methods approach to research for the Phase 1 analysis, including a literature review, secondary data analysis, primary qualitative data collection (e.g., key informant interviews, focus groups, and community engagement meetings), and extensive, ongoing input and feedback from Lee County Human and Veteran Services staff.

Third Horizon gathered all known local community needs assessments and behavioral health planning documents dating back to 2021. Third Horizon found that extensive research has been conducted in the community and at the state level on behavioral health needs and services. The firm reviewed and synthesized 32 reports and two statewide data dashboards. Third Horizon sought to augment the existing materials from additional secondary sources or through qualitative research.

To help round out the firm's understanding of Lee County's behavioral health system, Third Horizon engaged with 50+ different stakeholders (See Appendix A). Third Horizon conducted two focus groups: one with behavioral health providers and one with people with lived experience and family members. The firm planned a third focus group with organizations addressing social determinants of health but this was postponed until Phase 2 because the community was impacted by two back-to-back hurricanes, Helene and Milton. Providers of services addressing social determinants were facing acute demands, which impeded their ability to participate. Third Horizon also facilitated a three-hour community meeting and conducted several key informant interviews.

Third Horizon's methodology also included a literature review of "Single-Entry Point" models. The community in Lee County has indicated a strong interest in developing a Single-Entry Point to help facilitate access to care for all clients who need behavioral health services and improve coordination across the behavioral health delivery system. Third Horizon researched publicly available information on Single-Entry Point models in Florida and other states and identified several examples of programs for further research. In Phase 2, Third Horizon will conduct interviews and develop case studies on 4-5 programs.

Research Limitations

Third Horizon encountered several limitations to its research and analysis in Phase 1.

- The firm used publicly available data. There are several limitations endemic to this approach.
  - Data sets often lagged by at least two years, with some even further behind.
  - The COVID-19 pandemic caused abrupt changes in the health care system and the general population's health. This contributed to several years of “outlier” data, which created unique challenges to analysis.
  - Comparing data from different years is challenging because it often does not align consistently. Various factors can make year-to-year comparisons difficult or even impossible. Specifically, Lee County youth data was missing for the Florida Youth Tobacco Survey (FYTS) for 2016 and 2018 which created a gap in understanding. There was substance use data on youth for those years but not mental health data.
  - Different data sets may have various data collection methodologies. These differences could impact data comparisons as this report incorporates data from local, state, and federal systems.
- Temperate climates in Lee County attract many seasonal residents. It is unclear how much county-level data may be skewed by this. For example, although some seasonal residents, such as older adults with higher socioeconomic status, may not be considered traditionally underserved, the local community may not fully understand their behavioral health care needs if their health histories are not shared between their providers in their home state and Lee County providers.
- During Phase 1, Lee County was impacted by hurricanes Milton and Helene. These natural disasters affected Third Horizon’s ability to connect with some key stakeholders, whose resources were additionally stretched as they worked to mitigate impacts.

REVIEW AND ANALYSIS OF STATE AND LOCAL BEHAVIORAL HEALTH SYSTEMS OF CARE

Data and Strategic Plans Reviewed

Third Horizon reviewed several documents and data sources to facilitate the firm's understanding and analysis of the state and local behavioral health system. These documents included strategic plans, local resource guides, progress reports, community needs assessments, provider program scopes and previously released requests for proposals (RFPs), asset maps and intercept mapping reports, updates from state and local behavioral health commissions and groups, legislative updates, provider waitlists, and substance use and mental health-related data dashboards. Figure 1 below lists the resources and documents that were sourced through Lee County Human and Veteran Services personnel and Third Horizon research.

Figure 1: Data Sources and Documents Reviewed

Strategic Plans	1. Opioid Abatement Strategy (2022) 2. Lee County's Continuum of Care Strategic Plan (2019-2028) 3. Systems of Care Analysis_Revenue_Expenditures for all 7 Managing Entities (2021) 4. Lee County Community Health Implementation Plan (CHIP) 2023-2027
Community Needs Assessments	1. Lee Health Community Health Needs Assessment (CHNA) (2023) a. Implementation Plan Report b. CHNA Presentation 2. Florida Cultural Health Disparity and Behavioral Health Needs Assessment (2022) 3. Centerstone Certified Community Behavioral Health Clinic Community Health Needs Assessment (2024) 4. Lee County Community Health Improvement Plan (2023)
Previously Released Request for Proposals (RFPs) and Program Proposals	1. Pinellas County – Coordinated Access Model a. KPMG Review and Analysis: Phase I Report (2019) b. KPMG Review and Analysis: Final Report and Recommendations (2021) 2. Previously Published Notice of Application for Lee County Coordinated Systems of Care (2022) 3. Centerstone Proposal for Wellness Interventions for Substance Use and Harms Abatement (Lee County) (2022)

Asset Maps and Intercept Mapping Reports	1. Lee County Sequential Intercept Mapping (SIM) Report (2022) a. SIM Updates - Q4 Quarterly Status Report 2. Behavioral Health Asset Mapping (Lee County) (2022) a. Behavioral Health Asset Mapping Committee Report b. Behavioral Health Asset Mapping - Children and Youth Lee County presentation c. Behavioral Health Asset Mapping - Adult Lee County presentation d. Behavioral Health Asset Mapping - Health and Wellness Coalition e. Behavioral Health Asset Mapping Inventory List - Child f. Behavioral Health Asset Mapping Inventory List - Adult
Reports From State and Local Behavioral Health Commissions and Groups	1. Commission on Mental Health Substance Abuse Interim Report (2023) 2. Statewide Council on Opioid Abatement 2023 Annual Report (2023) 3. Assessment of Behavioral Health Services Report from Department of Children and Families, Office of Substance Abuse and Mental Health (2023) 4. Assessment of Behavioral Health Services, Department of Children and Families Office of Substance Abuse and Mental Health (2023)
Legislative Updates	1. Updates from Florida Mental Health Advocacy Coalition (Legislative updates – August 2024)
Provider Related Information (waitlists, funded programs, program types, progress reports)	1. Lee County Funded Providers (CFBHN) 2. Provider Waitlists (2022) 3. Centerstone Assisted Outpatient Treatment Progress Report (2024)
Substance Use and Mental Health Related Data and Dashboards	1. State Opioid Dashboard 2. State Substance Use Dashboard 3. Florida Youth Substance Abuse Survey (2022)
Miscellaneous	1. Lee Health Behavioral Health Resource Guide (2024) 2. Barriers to Accessing Behavioral Health Care (2024)

Third Horizon integrated information from these documents throughout this paper and used the background information to help inform discussions with community stakeholders.

Florida's Behavioral Health Needs and System

Third Horizon sought baseline information to learn about Florida's behavioral health needs and delivery system and to better understand the policy context and regulatory framework in which Lee County operates.

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

The Florida Agency for Health Care Administration (AHCA) administers the state's Medicaid program, which has been under managed care since 2014. Florida is one of 10 states that has not expanded Medicaid under the Affordable Care Act to adults with low income aged 19 to 64 who do not have minor children or a disability. The AHCA's Behavioral Health and Facilities Unit is responsible for policy development and administrating the following services: hospitals, long-term care facilities, assistive care services, and behavioral health.

Statewide Medicaid Managed Care (SMMC) is the program where most Medicaid recipients receive their services. It consists of three different programs: a Managed Medical Assistance (MMA) Program, a Long-term Care (LTC) Program, and a Dental Program. SMMC operates across nine regions. Lee County is in Region F.

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES, OFFICE OF SUBSTANCE ABUSE AND MENTAL HEALTH

The Florida Department of Children and Families (DCF) oversees the Office of Substance Abuse and Mental Health (SAMH), which is the legislatively designated mental health and substance abuse authority for the state. SAMH is charged with building and maintaining a system of care for individuals with behavioral health issues. SAMH finances the delivery of non-Medicaid funded behavioral health services targeting uninsured or underinsured people. In accordance with Florida Statutes section 394.75, DCF must complete a triennial plan once every three years that describes how it will finance and administer a statewide system of mental health and substance abuse care. The 2023-2026 plan[3] adopted by DCF emphasizes a growing need to improve access to behavioral health services, improve data collection, and increase inter-agency collaboration.

SAMH administers federal block grants and Florida state funds through contracts with seven Managing Entities (ME).

MANAGING ENTITIES

Each ME covers a specific region, acting as an intermediary to contract directly with local providers. The ME supports the following services (but are not limited to):

- clinical assessment
- mental health and substance use outpatient therapy
- case management
- residential services
- peer support services
- crisis stabilization services
- Mobile Response Teams (MRTs)
- supported housing
- supported employment
- transitional voucher support for incidentals, such as transportation, clothing, and education

MEs are statutorily required to ensure the following in their respective regions:

1. Establish a comprehensive network of qualified behavioral health providers that is sufficient to meet the needs of a region's population
2. Implement a coordinated system of care that allows for the prompt sharing of information across providers, having referral agreements, and sharing protocols to ensure better health outcomes.
3. Collaborate with public receiving facilities and housing providers to support individuals and prevent inpatient readmissions.
4. Create strategies to divert youth and adults contending with mental illness and/or substance use disorders from the criminal justice or juvenile justice systems, in addition to integrating behavioral health services with the Department's child welfare system.
5. Promote care coordination activities across the network and monitor provider performance to ensure compliance with state, federal, and any grant requirements.
6. Establish and maintain relationships with local stakeholders such as governmental bodies (e.g., county or city commissions), community organizations, and the families of individuals served.
7. Managing funds and exploring additional third-party payment sources, such as grants and local matching amounts.

Each ME identified priority needs in the Assessment of Behavioral Health Services published in December 2023. Central Florida Behavioral Health Network (CFBHN) serves as the ME for Lee County and surrounding areas. CFBHN identified the following priorities:

- Expanding behavioral health services: mental health and substance abuse
- Expanding behavioral health services: school-based services prevention services
- Housing: Supported housing options
- Funding ME operations

State Level Challenges

According to Mental Health America's State of Mental Health in America, 2024,[4] Florida is ranked 40th nationwide for access to mental health care. Access measures include insurance, treatment, quality and cost of insurance, special education, and mental health workforce availability.

Additionally, the Florida Behavioral Health Association, a statewide trade association representing approximately 70 community mental health and substance use treatment providers throughout the state, identified the following challenges in their most recent report:[1]

Limited Funding: Florida ranks among the lowest in the U.S. for per capita spending on mental health services. As of 2023, the state allocates only **$56** per person for mental health services, compared to the national average of **$134**.

Provider Shortages: Florida is experiencing a significant shortage of behavioral health professionals, particularly psychiatrists, therapists, and counselors. This shortage is more pronounced in rural areas, where access to care is limited.

Fragmented Care: The behavioral health system in Florida lacks integration between mental health and primary health care services. Individuals with both mental health and medical needs often have difficulty accessing coordinated care, which can lead to worse health outcomes.

Access to Crisis Services: While Florida has made strides in increasing access to crisis intervention services, more needs to be done to increase the availability of crisis stabilization units, mobile crisis teams, and psychiatric emergency services, particularly in rural areas.

Access to Coverage: Lack of insurance coverage is a significant barrier to behavioral and primary care access.

[1] This document titled, "State of Behavioral Health in Florida: Challenges and Solutions" is an unpublished document shared with Third Horizon by Florida Behavioral Health Association. Third Horizon obtained permission to use this information from the organization.

Lee County Demographics and Unique Characteristics

Third Horizon gathered 2023 data (unless otherwise specified) from the United States Census Bureau to learn about the demographics and unique characteristics of Lee County.[5] As Figure 2 indicates, Lee County had an estimated 834,573 residents in 2023, with 51 percent women and 49 percent men. Most residents identify as White (86 percent), with the second most common race being Black (9 percent). Regarding ethnicity, 25 percent of the population is of Hispanic or Latin ethnicity. The population is centered around the two larger cities in the area: Fort Myers and Cape Coral.

Third Horizon compared Lee County's population demographics to that of the state of Florida. As shown in Figure 2, for the past 14 years, Lee County has grown at an overall rate of 35 percent. Florida's population grew 20 percent in the same timeframe. Though the growth rate has slowed in the last four years, between 2020 and 2024, Lee County has still seen a higher rate of growth than Florida as a whole. Lee County's population grew 10 percent while Florida grew 5 percent. Lee County also has a significantly larger population of residents aged 65 and older compared to Florida (29 to 22 percent).

Figure 2: Key Demographics

	Lee County	Florida
Population		
Population	834,573	22,610,726
Population Growth, 2010 to 2024	35%	20%
Age		
17 and Younger	17%	19%
18 To 64	54%	59%
65 and Older	29%	22%
Sex		
Female	51%	51%
Male	49%	49%
Race		
White	86%	77%
Black or African American	9%	17%
American Indian and Alaska Native	1%	1%
Asian	2%	3%
Native Hawaiian and Other Pacific Islander	0%	0%
Two or More Races	2%	3%
Ethnicity		
Non-Hispanic White	63%	52%
Hispanic or Latin	25%	27%

Information in the table above is from 2023 U.S. Census Bureau data.

An additional demographic of interest from Census Bureau data is the number of Veterans that live in Lee County. According to the U.S. Census Bureau, Lee County had an estimated 53,140 Veterans in 2023, more than any surrounding county (see Figure 3). In Phase 2, Third Horizon will seek additional information on the behavioral health needs of Veterans in Lee County.

Figure 3: Number of Veterans in Florida, Lee County and Surrounding Counties

	FL	Charlotte	Collier	Glades	Hendry	Lee
# of Veterans	1,369,719	20,039	21,731	1,317	1,210	53,140

Figure 4 illustrates economic, housing, and coverage data that impact Lee County resident's overall well-being. The financial standing of the average Lee County resident is slightly better than that of the average Florida resident. The median household income is about $1,600 more, the poverty rate is about 2 percent less, and the unemployment rate is similar.

Florida and Lee County show similar median home values and monthly housing costs for homeowners with and without mortgages, as well as for renters. Despite these similarities, there is a 7 percent difference in the owner-occupied housing rate between the two areas. This rate measures the proportion of residents who own their homes.

Regarding health insurance coverage, Lee County has a higher rate of uninsured people than the state average (nearly 13 percent vs. 11 percent) and is also much higher than the national average, which was 8 percent in 2022, according to the American Community Survey.

Spanish is the second most spoken language after English in Lee County. Approximately 18 percent of the population speaks Spanish as their primary language (see Figure 4).

Figure 4: Key Demographics, Continued

	Lee County	Florida
Financial		
Median Household Income	$65,168	$63,546
Poverty Rate	11%	13%
Unemployment Rate	4%	4%
Housing		
Owner-Occupied Housing Unit Rate	74%	67%
Median Value of Owner-Occupied Housing Units	$331,376	$324,683
Median Gross Rent	$1,485	$1,398
Insurance		
Medicaid Coverage	17%	18%
Medicare Coverage	30%	22%
No Health Insurance	13%	11%
Private Health Insurance	61%	64%
Language		
Spanish Primary Language	18%	23%
Limited English Proficiency Households	6%	7%

Information in the table above is 2022 American Community Survey data.

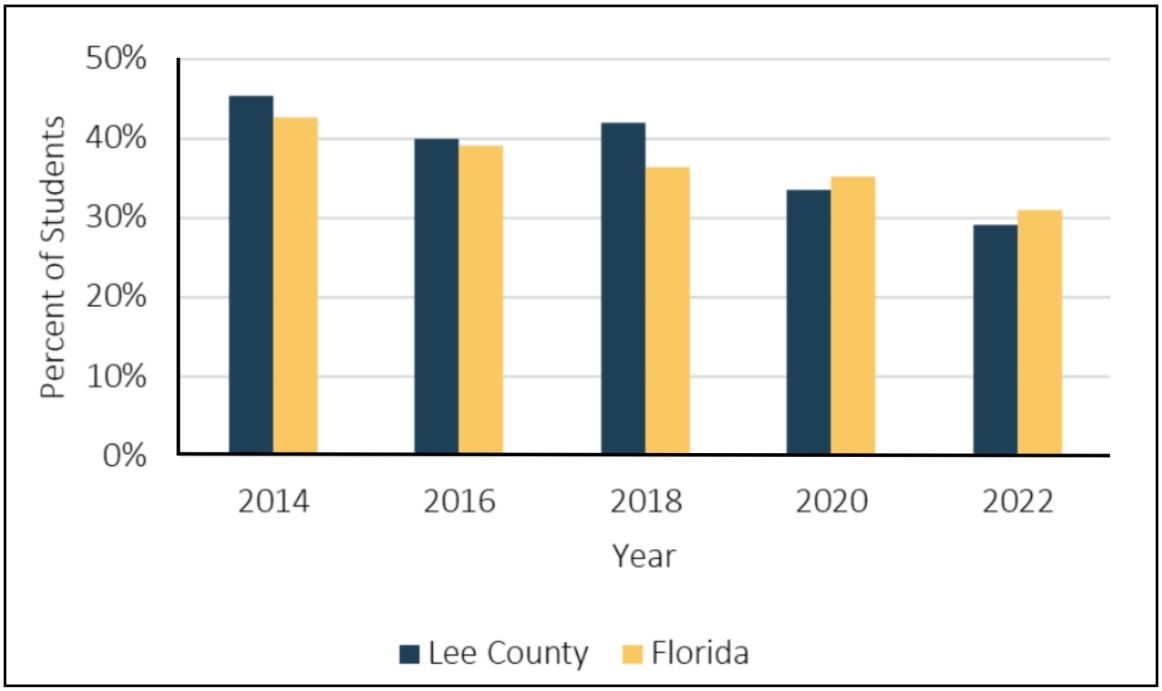
LEE COUNTY'S BEHAVIORAL HEALTH NEEDS

Youth Substance Use

Third Horizon reviewed data on youth substance use in Lee County from the Florida Youth Substance Abuse Survey (FYSAS).[6] Florida created its own youth survey, rather than using the Centers for Disease Control and Prevention (CDC) youth survey, making it challenging to compare Florida to national data. Out of caution, the firm excluded national data in this section when the data sources did not align.

In 2014, 45 percent of Lee County students surveyed noted that they had tried alcohol (see Figure 5). However, in 2022, that rate dropped to 29 percent.

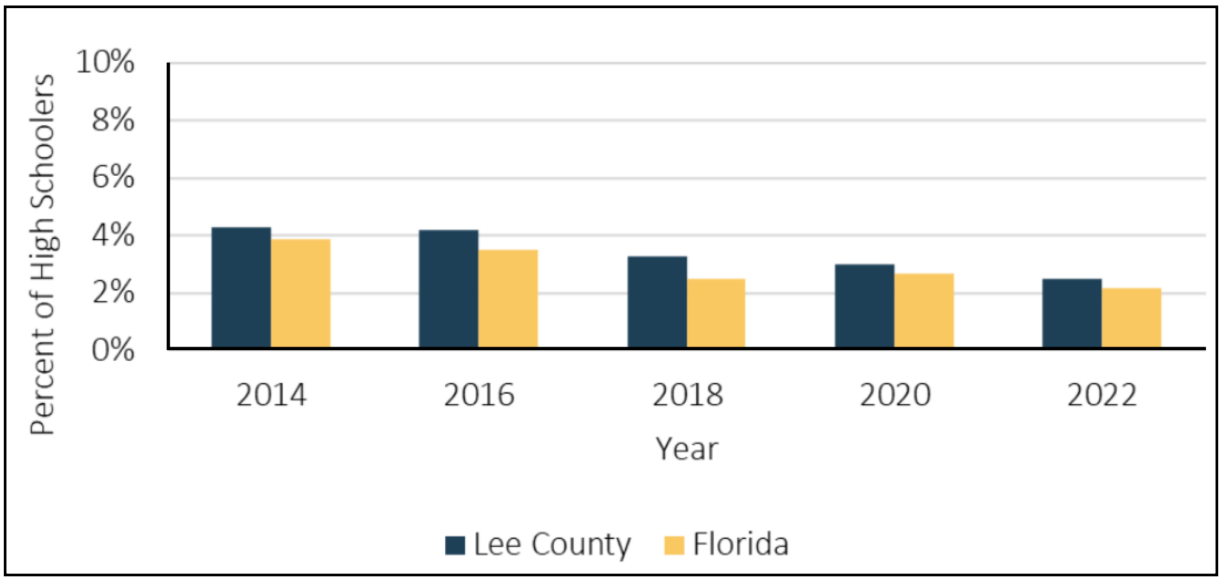
Figure 5: Students Who Have Ever Drank Alcohol*



**The FYSAS included students ages 11-17 for this question*

Few high school students surveyed reported that they drank "regularly" or at least once or twice a month before age 13, and the number decreased between 2014 and 2022. (see Figure 6).

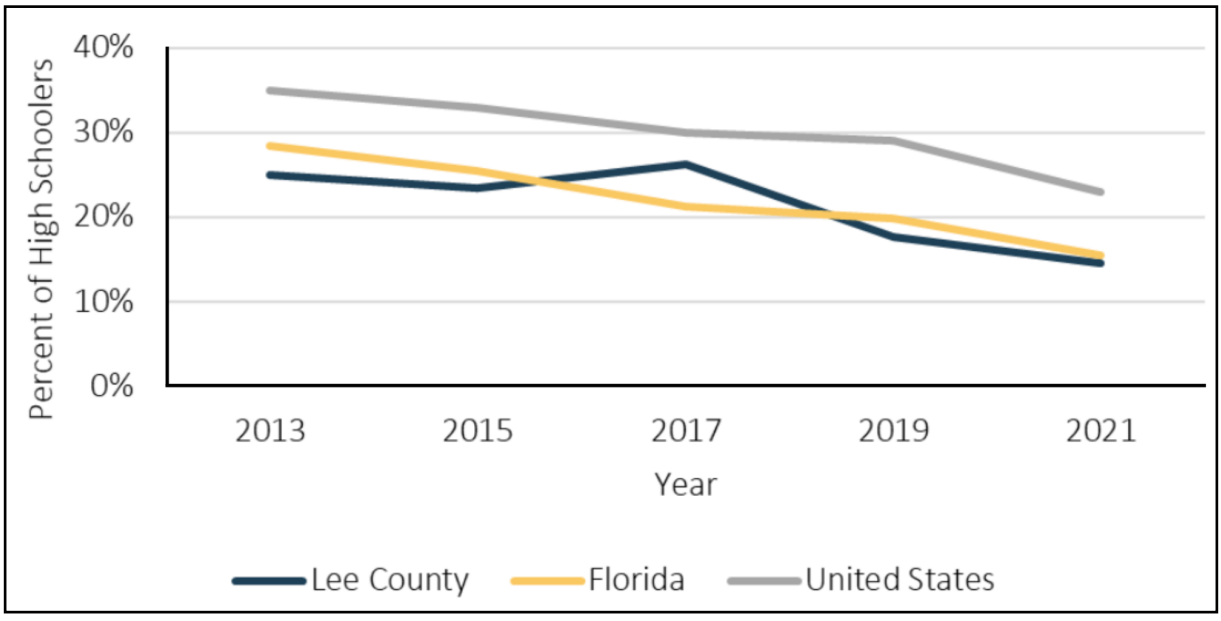
Figure 6: High School Students Who Started Drinking Alcoholic Beverages Regularly (At Least Once or Twice a Month) at Age 13 or Younger**



*** The FYSAS included students aged 14-17 for all questions related to "high school students."*

Although only 4 percent of Lee County high school students responded that they drank at least once or twice a month in 2014, nearly 25 percent indicated they drank over the past 30 days (see Figure 7). That same metric for Florida was about 4 percent higher, with the national data around 35 percent (10 percent higher). However, in 2022, alcohol use in Lee County had dropped 10 percent. There were similarly positive downward trajectories for Florida and the United States.

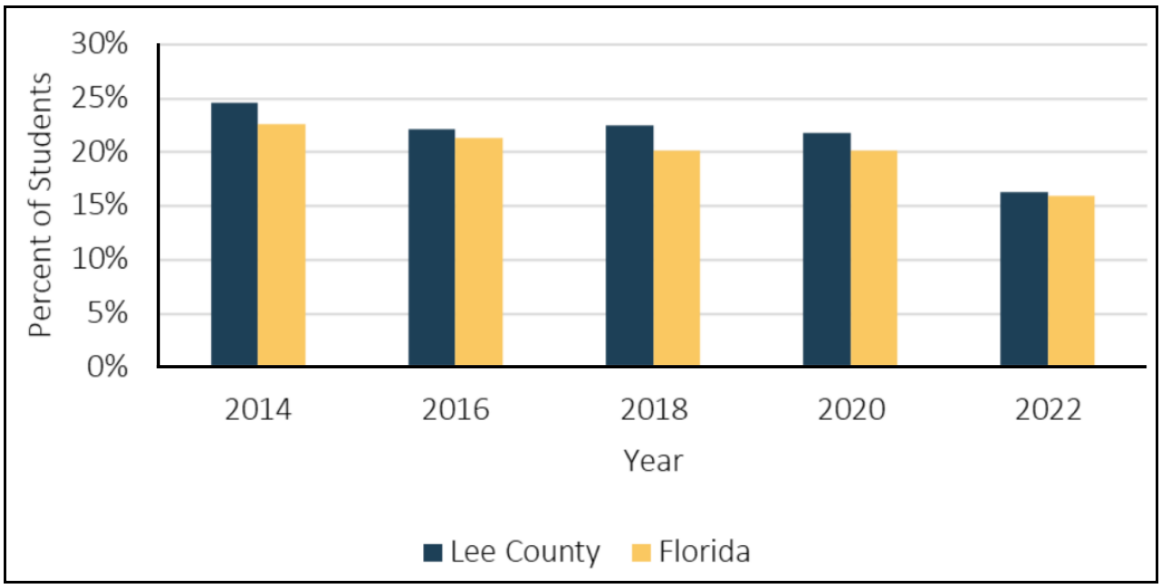
Figure 7: High School Students Who Have Drank Alcohol in the Past 30 Days



Following a similar trend with alcohol use and attitudes toward alcohol use, there is a distinct downward trend in the use of illicit drugs among Lee County students surveyed. Students are less likely to use illicit drugs across the board, with marijuana being the drug most used by students who were surveyed.

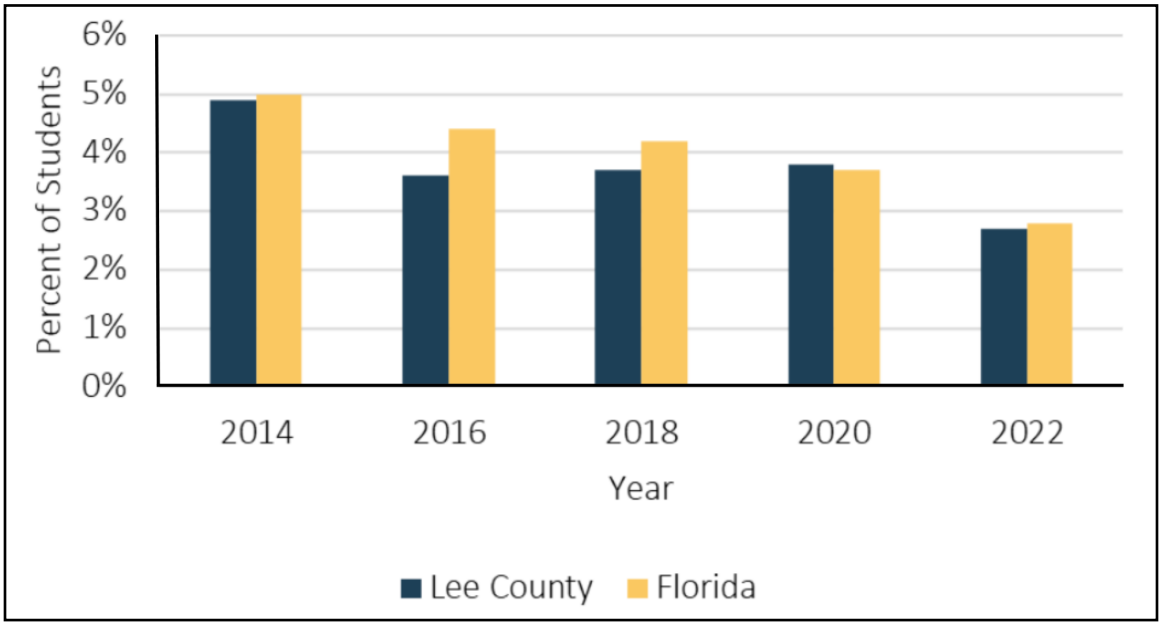
Approximately 25 percent of Lee County students noted that they used marijuana in 2014, compared to about 15 percent in 2022. (see Figure 8).

Figure 8: Students Who Have Ever Used Marijuana or Hashish



Less than 5 percent of students in Lee County and across Florida noted that they had ever used over-the-counter drugs to get high in 2014 (see Figure 9). By 2022, that metric dropped to under 3 percent in both geographies.

Figure 9: Students Who Have Ever Used Over-the-Counter Drugs to Get High

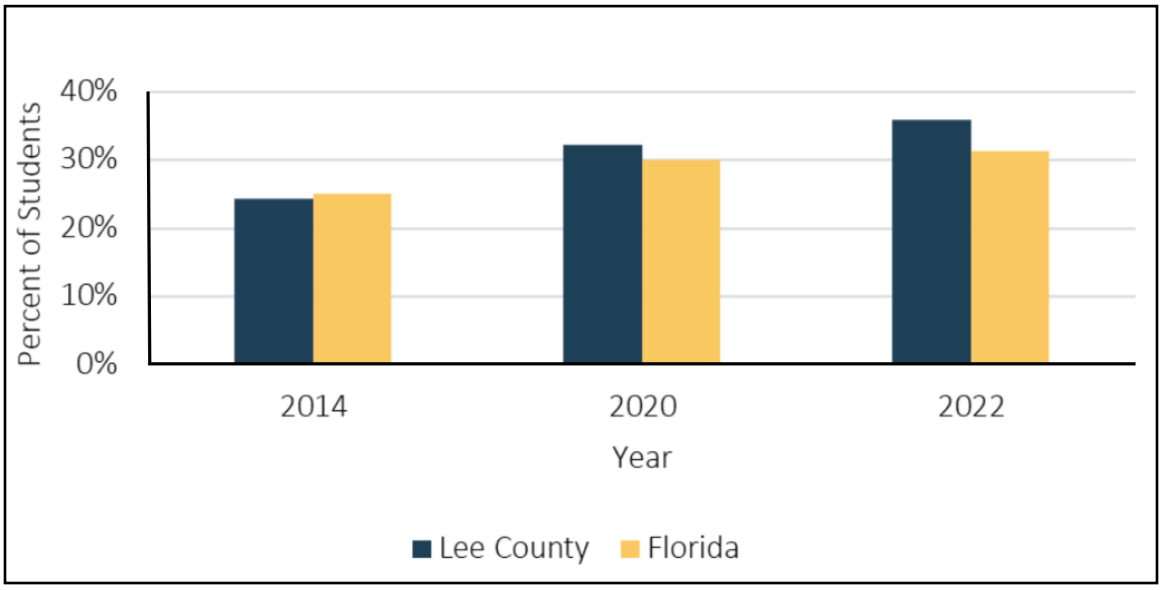


Youth Mental Health

Third Horizon reviewed data on the state of youth and substance use in Lee County from the Florida Youth Tobacco Survey (FYTS), which includes questions about mental health.[7] As noted previously, Florida opted not to use the CDC-developed survey and created its own. Responses are from youth ages 11 to 17. Data was unavailable in Lee County for the years 2016 and 2018.

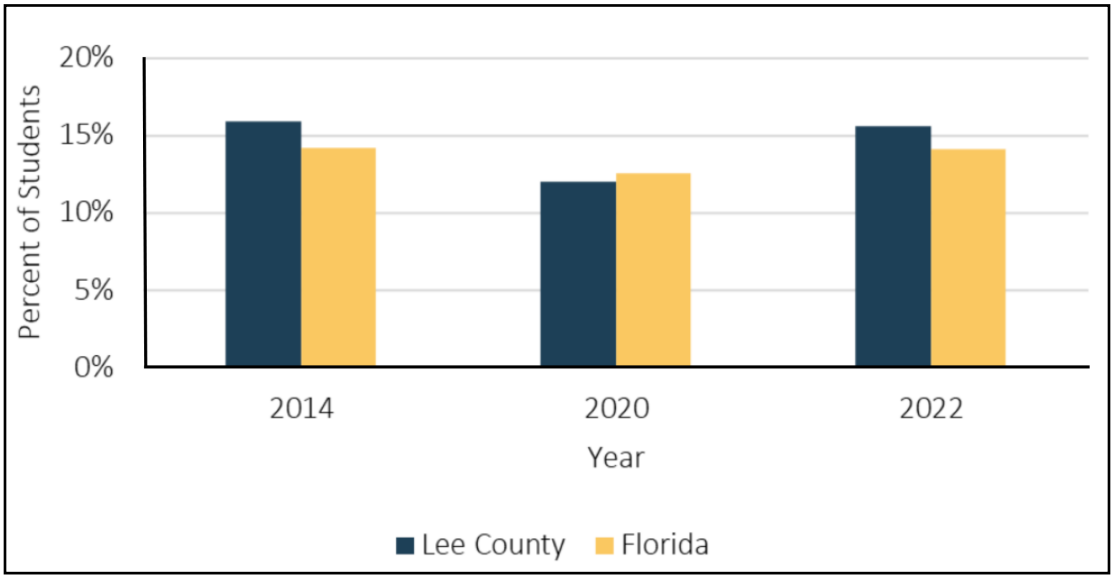
Students were asked if they had felt sad or hopeless for two or more weeks and stopped doing usual activities in the past year (see Figure 10). In 2014, 25 percent of Lee County youth surveyed reported having these feelings. That increased over time. In 2020 and 2022, that data point increased to just above 30 percent and about 35 percent, respectively, marking a -10 percent increase from 2014. However, there was a much smaller increase statewide. From 2014 to 2022, the state saw an increase of 5 percent (from 25 to 30 percent).

Figure 10: Students Who, in the Past Year, Felt Sad or Hopeless for Two or More Weeks in a Row and Stopped Doing Usual Activities



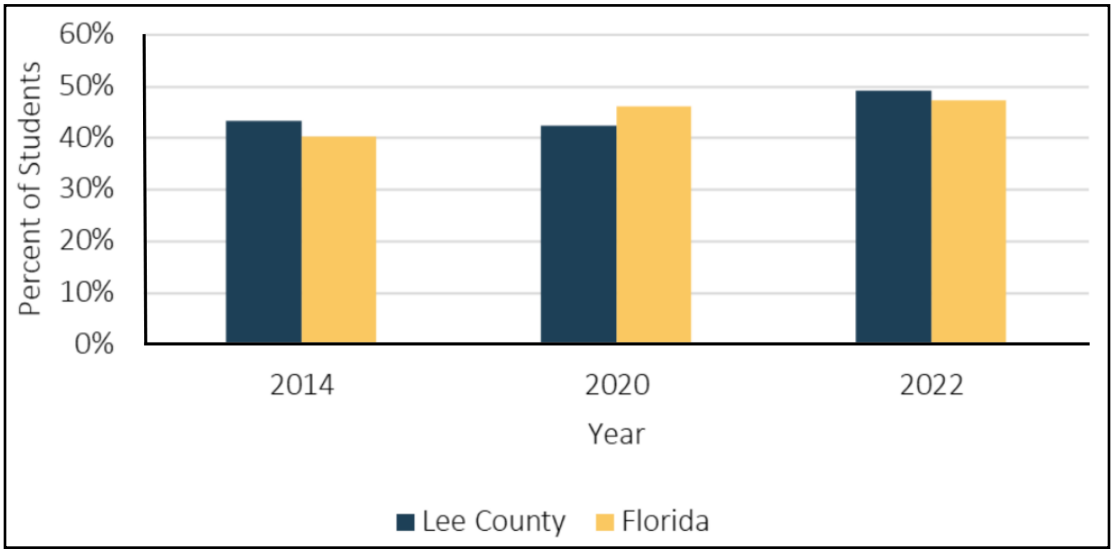
In 2014, about 15 percent of Lee County youth surveyed noted that they did something to purposely hurt themselves without wanting to die in the past year (see Figure 11). Although there was a decrease in 2020, the same metric returned to about 15 percent in 2022. Florida had similar data.

Figure 11: Students Who, in the Past Year, Did Something to Purposely Hurt Themselves Without Wanting To Die



There was an increase from 2014 to 2022 among Lee County students who felt depressed or sad on most days (see Figure 12). In 2014, this metric was about 43 percent. In 2022, it was nearly 50 percent. Florida saw a similar increase.

Figure 12: Students Who Have Felt Depressed or Sad on Most Days



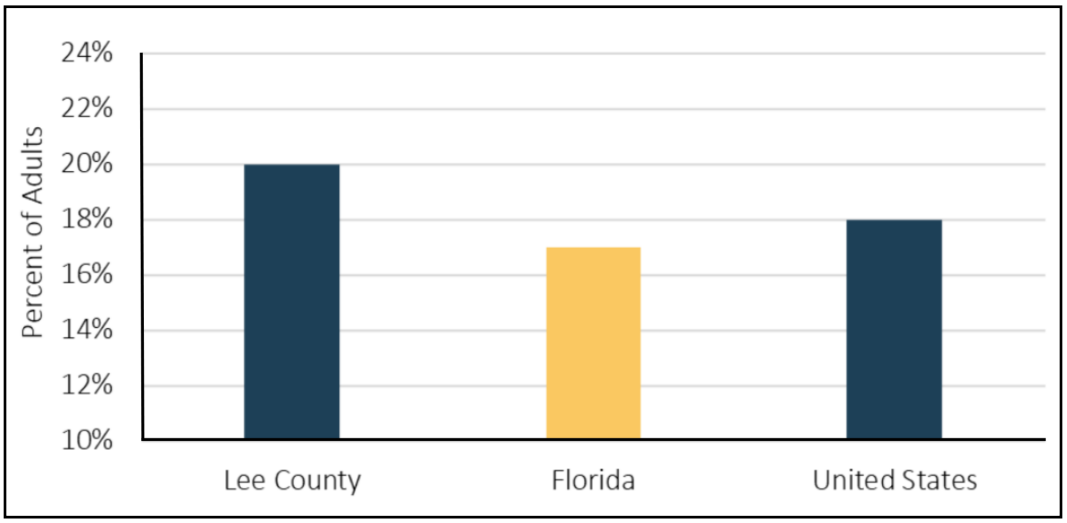
These data points on youth mental health indicate that there is an ongoing need to focus on prevention, early intervention, and access to treatment for children and adolescents, to improve youth mental health and to retain gains in reduced substance use by youth. Third Horizon will explore this further in Phase 2.

Adult Substance Use

Third Horizon analyzed adult substance use data from federal and state data sets. Analysts used the CDC Behavioral Risk Factor Surveillance System (BRFSS) data for federal data and three sources – the Florida Agency for Health Care Administration (AHCA), the Florida Department of Highway Safety and Motor Vehicles (FDHSMV), and the Florida Department of Law Enforcement (FDLE) – for state data.

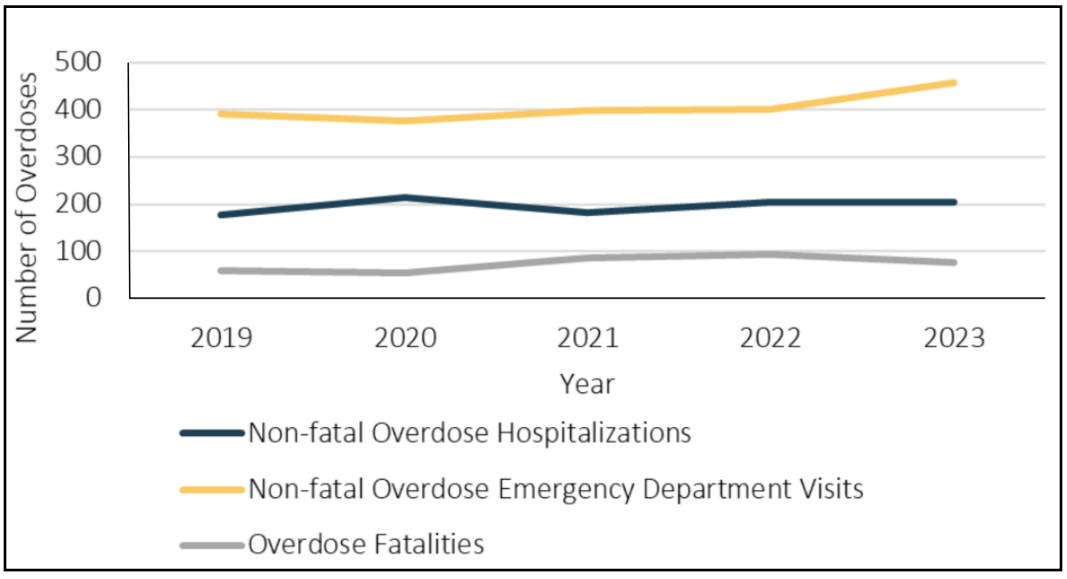
According to BRFSS data, adults in Lee County engage in excessive drinking more than the state and national rates (see Figure 13).[8] In 2020, 20 percent of Lee County adults noted excessive drinking.

Figure 13: Adults Who Engage in Excessive Drinking, 2020



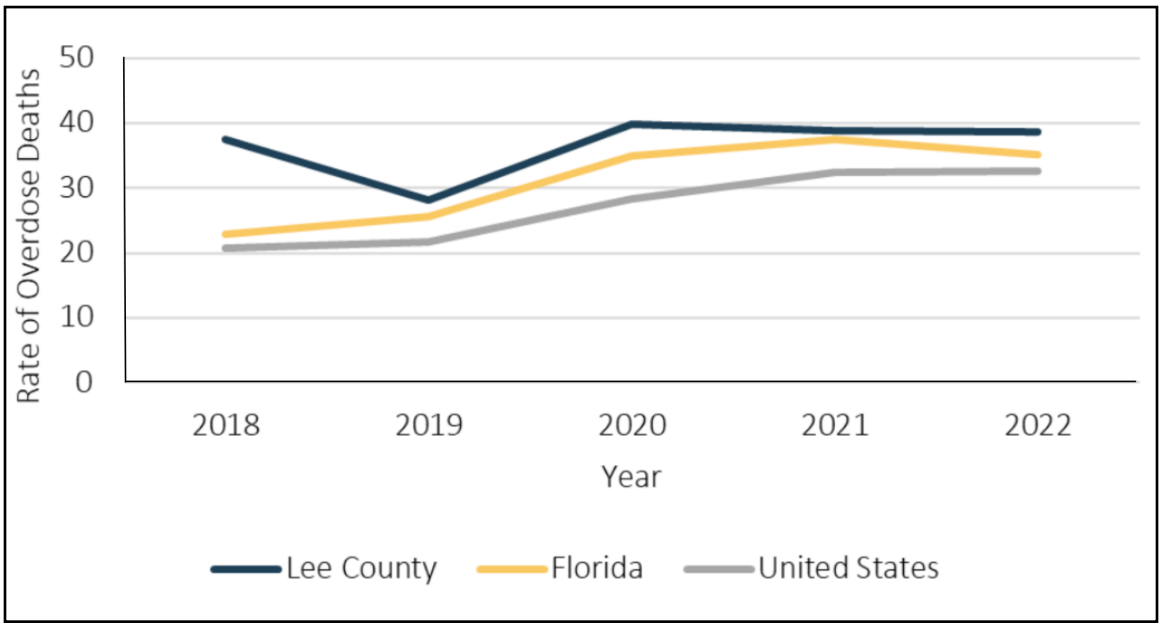
Third Horizon included three different Lee County-specific metrics in the chart below: non-fatal overdose hospitalizations, non-fatal overdose emergency department visits, and overdose fatalities (see Figure 14).[9] Hospitalizations and emergency department visits increased by about 15 percent between 2019 and 2023. Overdose fatalities increased by nearly 30 percent.

Figure 14: Lee County Overdose Data



The chart titled "All Drug Overdose Annual Age-Adjusted Death Rate" illustrates that Lee County consistently exhibits a higher drug overdose mortality rate compared to both Florida and the United States from 2018 to 2022, according to CDC data (see Figure 15). While the rates for all three regions display an upward trend from 2019 to 2020, they stabilize somewhat from 2020 to 2022.

Figure 15: All Drug Overdose Annual Age-Adjusted Death Rate



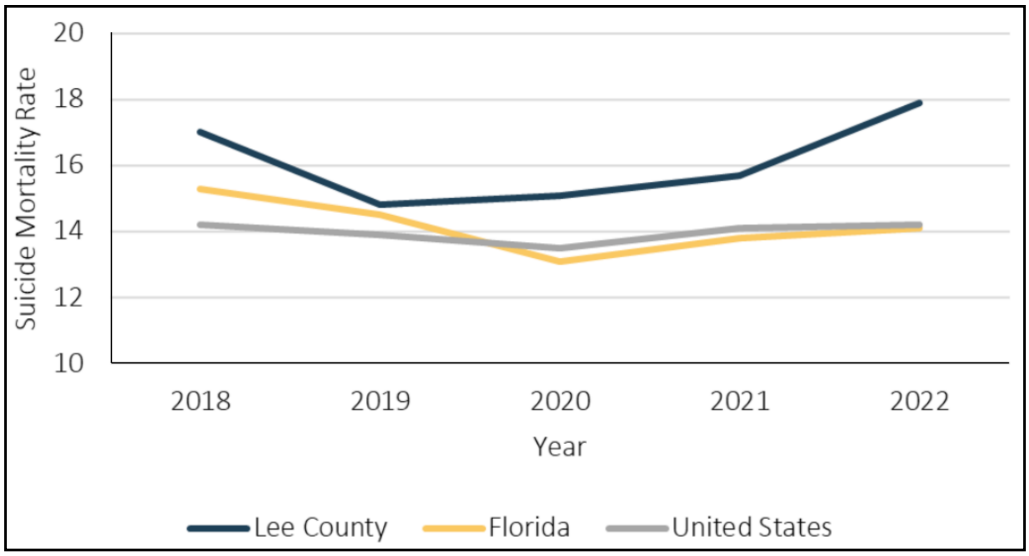
In summary, when compared to other geographies, Lee County adults report poorer results on crucial substance use indicators. In particular, the annual age-adjusted mortality rate for all drug overdoses in Lee County was high each year between 2018 and 2022. Additionally, the data indicate hospitalizations and overdose mortalities are increasing in Lee County.

Adult Mental Health

Third Horizon reviewed adult mental health data from federal and state data sets. For federal data, CDC Wonder and BRFSS were utilized, while state data were sourced from the Florida Department of Health. While the firm used the most recently available data, it should be noted that the timeframes do not always align, and the data may be several years old.

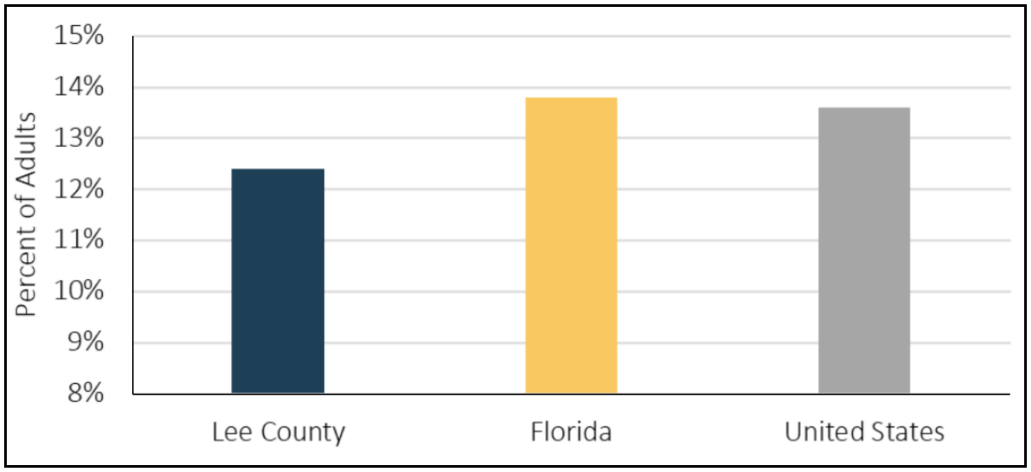
Between 2018 and 2022, the suicide mortality rate in Lee County remained higher than the rates for Florida and the United States (see Figure 16).[10,11] The rate decreased from 17 percent in 2018 to 15 percent in 2019. Florida and the United States saw similar decreases. However, the rate in Lee County has increased since 2019, whereas Florida and the United States have remained consistent.

Figure 16: Suicide Mortality Rate



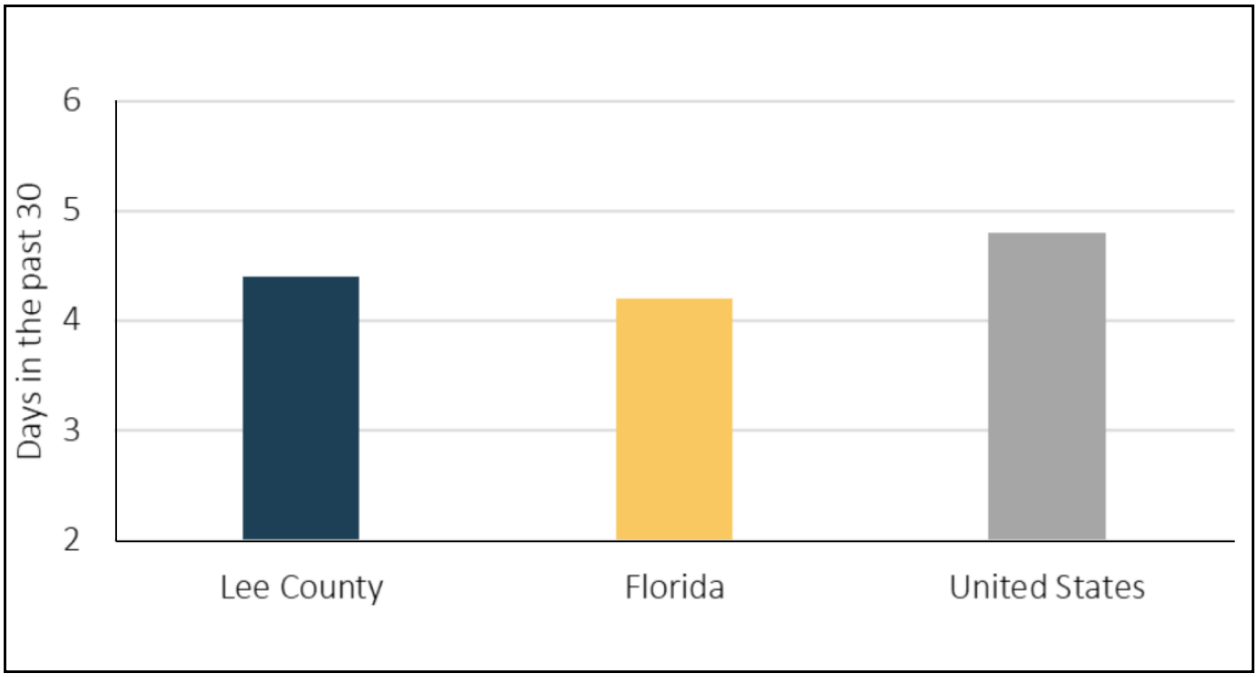
According to BRFSS data retrieved from a Florida state dashboard, about 12 percent of Lee County residents experienced 14 or more poor mental health days out of the last 30 (see Figure 17).[12] That is slightly lower than state or national data.

Figure 17: Poor Mental Health on 14 or More of the Past 30 Days, 2020



According to BRFSS data, Lee County, Florida, and the United States all had nearly identical data on the average number of unhealthy mental health days in the past 30 among adults (see Figure 18).[13]

Figure 18: Average Number of Unhealthy Mental Health Days in the Past 30 Days, 2020



It is essential to underscore that the impacts of a series of natural and public health disasters (Hurricane Ian, COVID-19, and, most recently, Hurricanes Milton and Helene) may continue to influence behavioral health trends while impeding the ability of community partners and stakeholders to address individuals in need.

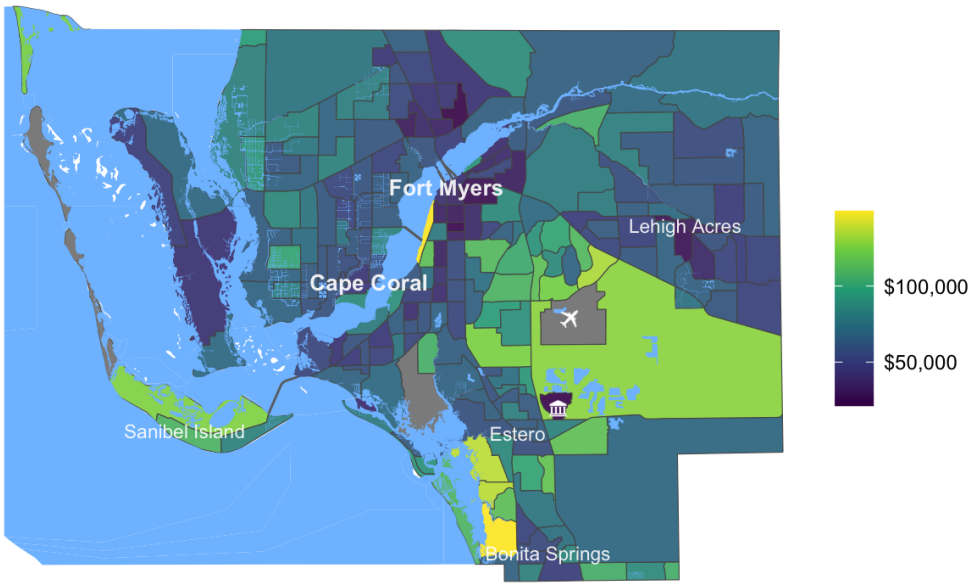
Social Determinants of Health

Third Horizon researched social determinants of health, as they may significantly impact behavioral health and the ability of underserved populations to access care.

While Lee County has a relatively affluent population, it also exhibits variations. Some areas, like Fort Myers, have lower median income, higher poverty rates among families, and lower health insurance coverage (see figures 19, 20, and 21). Third Horizon obtained census tract data, which are available on a five-year rolling basis.

Figure 19: Median Household Income

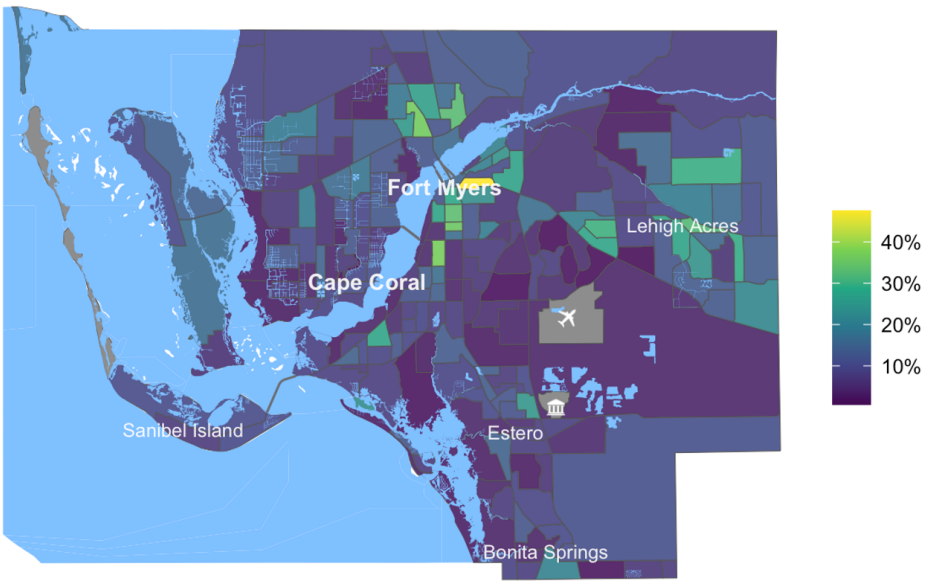
Lee County, FL: $71,427



Source: American Community Survey (ACS) 5 year estimates 2018-2022, U.S. Census Tracts

Figure 20: Percent of Residents in Families that are Below the Federal Poverty Level

Lee County, FL: 11.7%



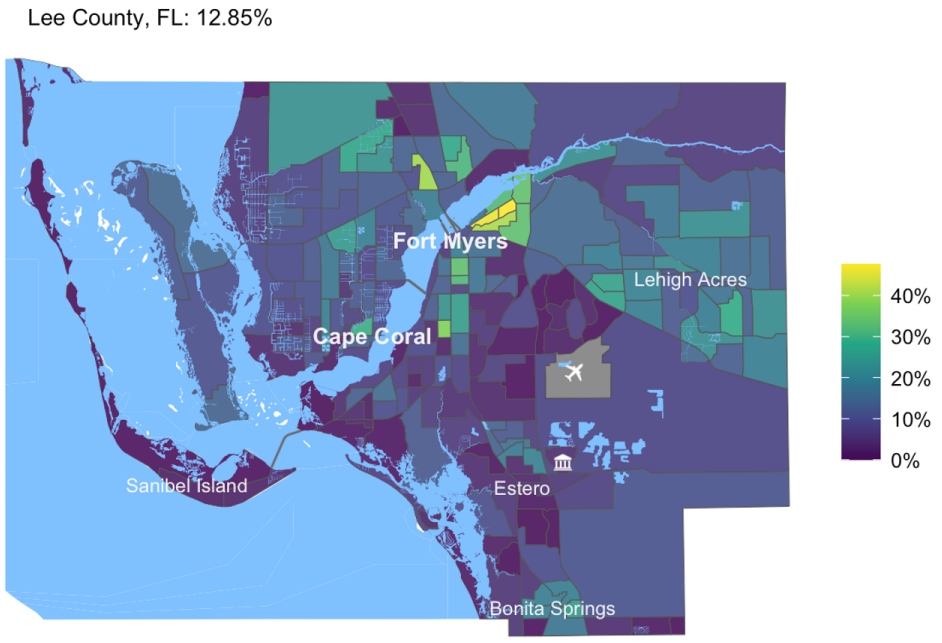
Source: American Community Survey (ACS) 5 year estimates 2018-2022, U.S. Census Tracts

Third Horizon analyzed census tract data to identify areas within the county with the highest rates of uninsured individuals (see Figure 21). It is important to note that this data, spanning from 2018 to 2022, is only available on a five-year rolling basis.

Lack of vehicle ownership can impact the ability of people needing behavioral health care to access services. The percent of occupied households with no vehicles available is over 5 percent in Lee County, with higher concentrations in Ft. Myers (see Figure 22). Occupied households with no vehicles rely on public transportation to access behavioral health care. In Lee County, the average distance in meters to public transportation is 652.4, compared to 575.4 in Florida and 599 in the United States.[14]

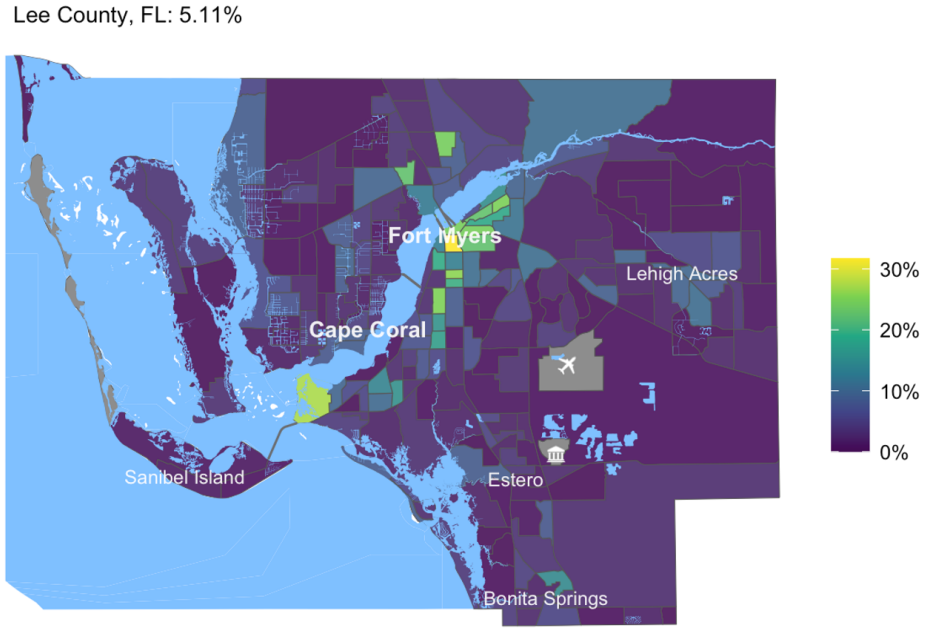
According to Centerstone's Certified Community Behavioral Health Clinic community needs assessment,[2] financial and transportation issues are the most significant barriers preventing clients from accessing quality health care. At the same time, housing instability and poverty are the most significant problems impacting the community's health.

Figure 21: Percent of Residents Without Health Insurance



Source: American Community Survey (ACS) 5 year estimates 2018-2022, U.S. Census Tracts

Figure 22: Percent of Occupied Households with No Vehicles Available



Source: American Community Survey (ACS) 5 year estimates 2018-2022, U.S. Census Tracts

[2] The document titled, "Centerstone's CCBHC Community Needs Assessment" is an unpublished document shared with Third Horizon by Centerstone directly. Third Horizon obtained permission to use this information from the organization.

LEE COUNTY'S BEHAVIORAL HEALTH ASSETS

Note: Mapping was completed for a five-county region, but this section focuses on Lee County.

Third Horizon researched Lee County's behavioral health services, including the continuum of mental health and substance use-related treatment and intervention assets and available data on utilization.

The firm drew largely from the work already done by the Collaboratory's Health and Wellness Coalition, Behavioral Health Action Team, Asset Mapping Committee. The committee was led by co-chairs Tara Martinson, Lee County Human and Veteran Services, and Samantha Selbach, Lee Health.

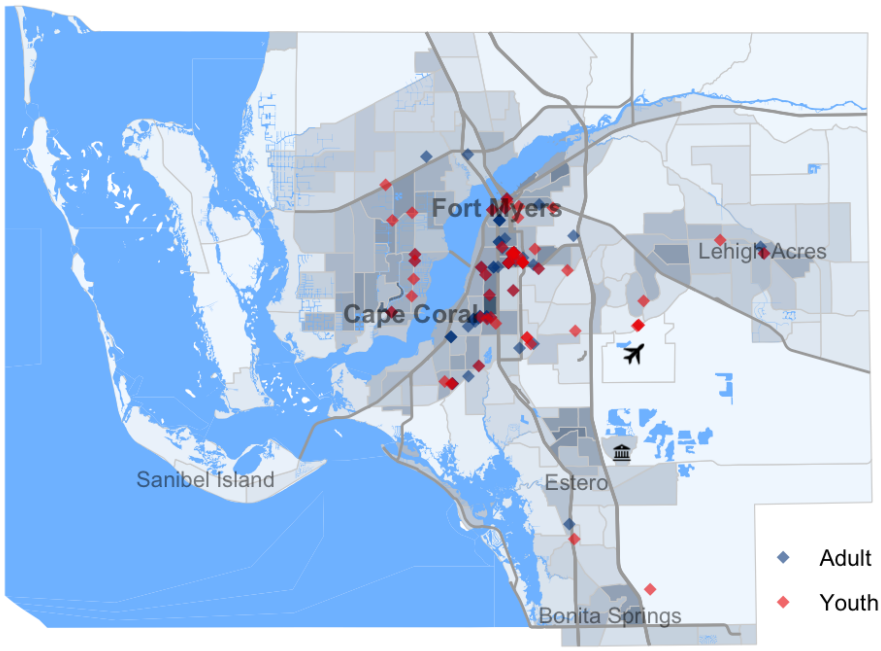
The goals of the committee were to:

- Short-term: Develop a geographical information system (GIS) map with behavioral health services and programs.
- Long-term: Increase access to behavioral health services and programs in the region.

The committee developed a comprehensive list of information to collect for the asset map. They developed two sets of maps, one for children and one for adults. Third Horizon integrated the child and adult maps.

Figure 23 shows how behavioral health assets in the county tend to be strategically placed near the most population-dense areas and those areas at "higher risk" based on social determinants like poverty and uninsured rates.

Figure 23: Behavioral Health Assets and Population Density



Sources: Lee County Behavioral Health Asset Mapping Committee, ACS 5 year estimates 2018-2022, U.S. Census Tracts

The committee mapped the assets by additional granular details including level of care and capacity/bed count. Figures 24 and 25 have regional data and serve Lee County Residents.

Figure 24: Behavioral Health Assets Serving Lee County by Level of Care

Level of Care	Adult	Youth
Acute Care	10	3
Outpatient	58	38
Residential	6	1
Community Based/Wrap Around Services	14	9
Other	35	29
TOTAL	**123**	**80**

For adults, 89 assets are physically located in Lee County, while 34 are outside Lee County but serve Lee County residents: 29 in Collier, 4 in Charlotte, and 1 in Hendry/Glades. For youth, 57 out of 80 assets are in Lee County. Ten are in Collier, and the remainder are in other parts of South Florida, including one program (Andrew's Anthem: Revive for Teens) serving participants virtually.

"Acute care" includes inpatient programs. "Outpatient" includes Partial Hospitalization Programs, Intensive Outpatient Programs, and other outpatient services. "Residential" includes short and long-term live-in facilities. "Other" includes mobile crisis, shelters, recovery homes, and recovery community organizations for adult services. For youth services, "Other" may include prevention or school-based services.

Figure 25: Behavioral Health Assets by Capacity/Bed Count

ACUTE CARE		Capacity (Bed Count)		
Name	**Location**	**Crisis Stabilization Unit**	**Detox**	**Youth Service**
Charlotte Behavioral Health Care, Inc.	Punta Gorda	30		*
David Lawrence Centers	Naples	30	15	*
Park Royal	Fort Myers	126		
Saluscare	Fort Myers	30	20	*
Shorepoint Health	Punta Gorda	24		
The Willough at Naples	Naples	82	5	
White Sands	Fort Myers		12	
Total		**322**	**52**	

RESIDENTIAL		Capacity (Bed Count)		
Name	**Location**	**Level 1 (28 Days)**	**Level 4**	**Youth Service**
Charlotte Behavioral Health Care, Inc.	Punta Gorda		42	
David Lawrence Centers	Naples	18		
Hazelden Betty Ford Foundation	Naples	48		
Saluscare	Fort Myers	20	30	*
White Sands	Fort Myers	24		
Total		**110**	**72**	

OUTPATIENT	Count	
Type	**Adult**	**Youth**
Outpatient (OP)	43	36
Intensive Outpatient Program (IOP)	10	2
Partial Hospitalization Program (PHP)	7	1
Medication Assisted Treatment (MAT)	13	
Total*	**73**	**39**

**some assets offer more than one outpatient service, so sums will not add up to the total for Figure 25*

Psychiatric and Substance Use-Related 911 Calls

Lee County Human and Veteran Services created heat maps of 911 psychiatric and overdose-related calls for the last four years (see Figures 26 and 27).

Substance use calls appear most concentrated within a tight band of Fort Myers and North Fort Myers neighborhoods. This aligns with some of the county's most population-dense areas and those areas at “higher risk” based on social determinants like poverty and uninsured rates.

Figure 26: E911 Psychiatric Calls Per 1,000 People, 2020 to 2023

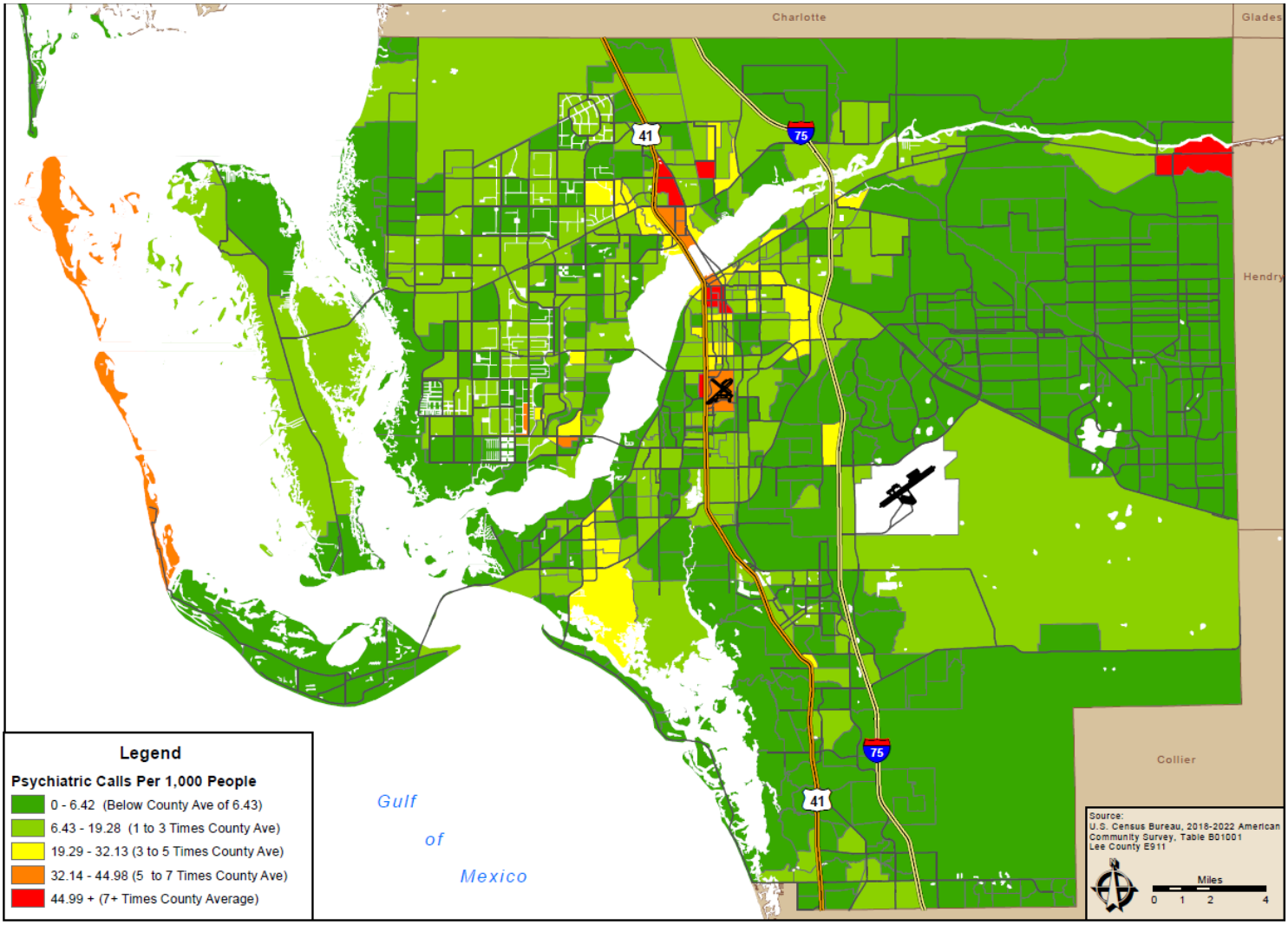
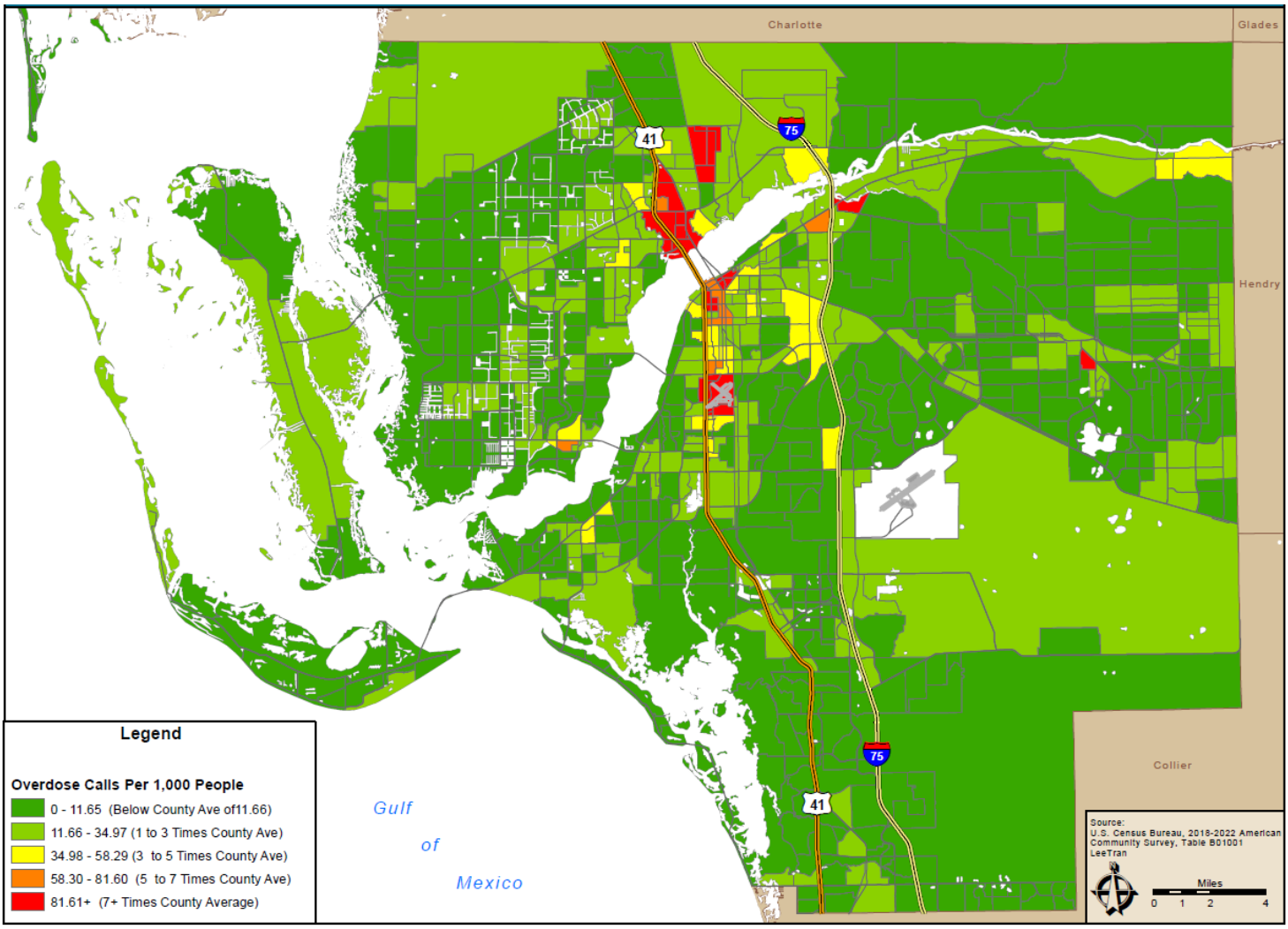


Figure 27: E911 Overdose Calls Per 1,000 People, 2020 to 2023



Problem-Solving Courts

Third Horizon researched problem-solving courts. Lee County has three specialty courts for qualified individuals with criminal justice involvement: Adult Drug Court (ADC), Mental Health Court (MHC), and Veteran's Treatment Court (VTC). Participation in these courts is voluntary. Utilization rates for these programs have been consistent over the past three years (see Figure 28).

Figure 28: Participation Rates for Adult Drug Court (ADC), Mental Health Court (MHC), and Veteran's Treatment Court (VTC)

	ADC			MHC			VTC		
	FY 21-22	FY 22-23	FY 23-24	FY 21-22	FY 22-23	FY 23-24	FY 21-22	FY 22-23	FY 23-24
New Entries	61	53	79	28	29	25	16	12	16
Graduates	22	34	24	24	22	17	11	14	12
Avg # of Participants	89	89	97	52	31	31	24	20	20
Avg Length of Days in Programs	609	606	605	318	327	331	487	478	478
Success Rate	59%	58%	56%	51%	62%	68%	59%	88%	94%
Defendants Declined To Accept the Program	45	29	45	56	31	22	10	5	8
Capacity	200	200	200	75	75	75	50	50	50

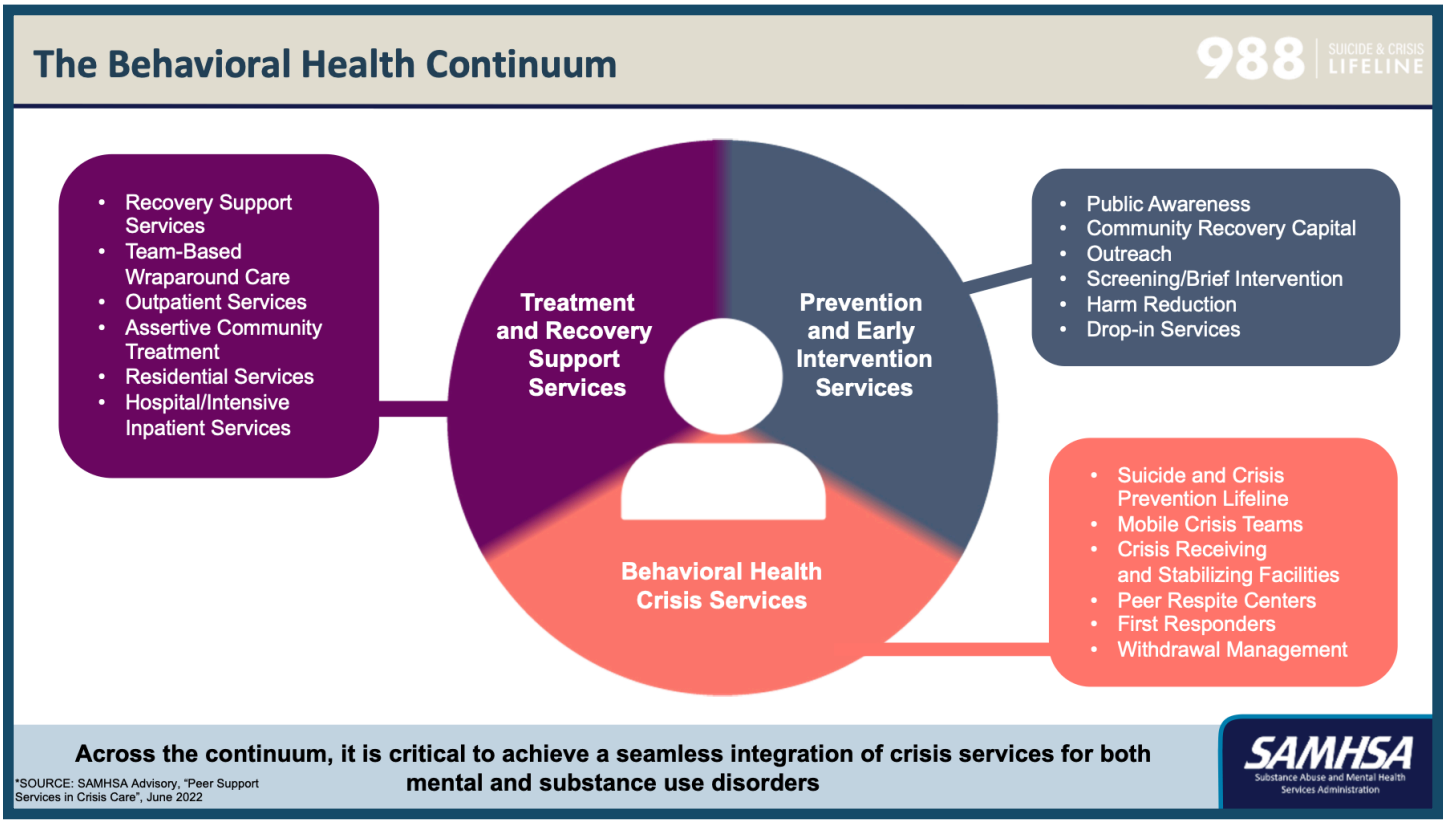
Over one-third of adults who qualify for treatment through one of the specialty courts choose an alternative path. Jails and courts are vital intercept points for a targeted segment of the population to get connected to treatment and/or mentorship. Opportunities may exist to improve screening and recruitment to increase utilization of these available programs.

LEE COUNTY'S BEHAVIORAL HEALTH GAPS AND CAPACITY CHALLENGES

Behavioral Health Continuum

Third Horizon utilizes nationally recognized best practices when assessing a local behavioral health delivery system. The Substance Abuse and Mental Health Services Administration (SAMHSA) describes three service areas as essential to the behavioral health continuum: prevention and early intervention services, behavioral health crisis services, and treatment and recovery support services. SAMHSA also defines core components within each area (see Figure 29).

Figure 29. The Behavioral Health Continuum Recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA)



To assess the continuum in Lee County, Third Horizon reviewed the asset maps for adults and children, gained contextual information through qualitative research, and utilized the Lee Health Behavioral Health Resource Guide 2024.

Third Horizon found that most of the core components recommended by SAMHSA are in place in Lee County. (see Figures 30 and 31).

Figure 30: Sampling of Lee County Providers Across the SAMHSA Behavioral Health Continuum, Adults***

Service Area	Provider/Organization	Substance Use	Mental Health
Prevention and Early Intervention	Drug-Free Coalition (Public Awareness)	X	
	Lee County Department of Health (Public Awareness)	X	X
	Centerstone (Harm Reduction, Outreach)	X	
Crisis Services	Center for Progress and Excellence (Mobile Crisis Response Team)		X
	Lee County Public Safety - Community Health Program (First Responders)	X	
	Park Royal (Crisis Stabilization Unit, Detox)	X	X
	SalusCare (Crisis Stabilization Unit, Detox)	X	X
	Tampa Bay 988 (Suicide and Crisis Prevention Lifeline)		X
	White Sands (Detox/Withdrawal Management)	X	
Treatment and Recovery Supports	Centerstone (CCBHC, Team-Based/Wrap Around, MAT)	X	X
	Elite DNA (Team-Based/Wrap Around, Outpatient)	X	X
	Kimmie's Recovery Zone (Recovery Support Services)	X	X
	Lee Health (Outpatient)	X	X
	Park Royal (Partial Hospitalization, Intensive Outpatient Program)	X	X
	SalusCare (Residential, Team-Based/Wrap Around, MAT, Outpatient)	X	X
	White Sands (Residential, Partial Hospitalization, Intensive Outpatient Program)	X	X

*** *list is not intended to be comprehensive of all behavioral health services and assets*

Figure 31: Sampling of Lee County Providers Across the SAMHSA Behavioral Health Continuum, Children***

Service Area	Provider/Organization	Substance Use	Mental Health
Prevention and Early Intervention	Drug-Free Coalition (Public Awareness)	X	
	Hanley Foundation (Early Intervention)	X	
	Lee County Department of Health (Public Awareness)	X	X
	Lee County School District (Early Intervention)	X	X
Crisis Services	Center for Progress and Excellence (Mobile Crisis Response Team)		X
	SalusCare (Crisis Stabilization Unit)		X
	Tampa Bay 988 (Suicide and Crisis Prevention Lifeline)	X	X
Treatment and Recovery Supports	Centerstone (CCBHC, Team-Based/Wrap Around)	X	X
	Kimmie's Recovery Zone (Recovery Support Services)	X	
	Lee Health (Outpatient)	X	X
	Park Royal (Adolescent Intensive Outpatient Program)		X
	SalusCare (Residential, Team-Based/Wrap Around, Outpatient)	X	X

*** *list is not intended to be comprehensive of all behavioral health services and assets.*

Third Horizon did not find as detailed information about prevention and early intervention services as it did treatment and crisis services. The firm also did not find data or information on services provided in primary care settings, so it could not assess the availability of screening, referral, brief intervention, and referral to treatment (SBIRT).

While SalusCare operates a Crisis Stabilization Unit, Lee County does not have a crisis receiving and stabilization center. These are typically walk-in facilities where people experiencing a behavioral health crisis can self-refer or be brought by law enforcement or public safety personnel to be assessed, de-escalated, or stabilized and connected with resources. These programs are sometimes referred to as the "living room model" because they are calming environments rather than more traditional clinical settings and do not have overnight beds. These programs are also known as the "23-hour observation model" as clients can stay for up to 23 hours but are not given an overnight bed.

One gap in the continuum of treatment and recovery services is Assisted Outpatient Treatment (AOT). AOT is a court-ordered treatment program for individuals with serious mental illness who have a history of multiple hospitalizations and/or have violent or other criminal activity and have demonstrated difficulty engaging with treatment on a voluntary basis. Centerstone previously operated an AOT program, but funding for the program ended in 2024.

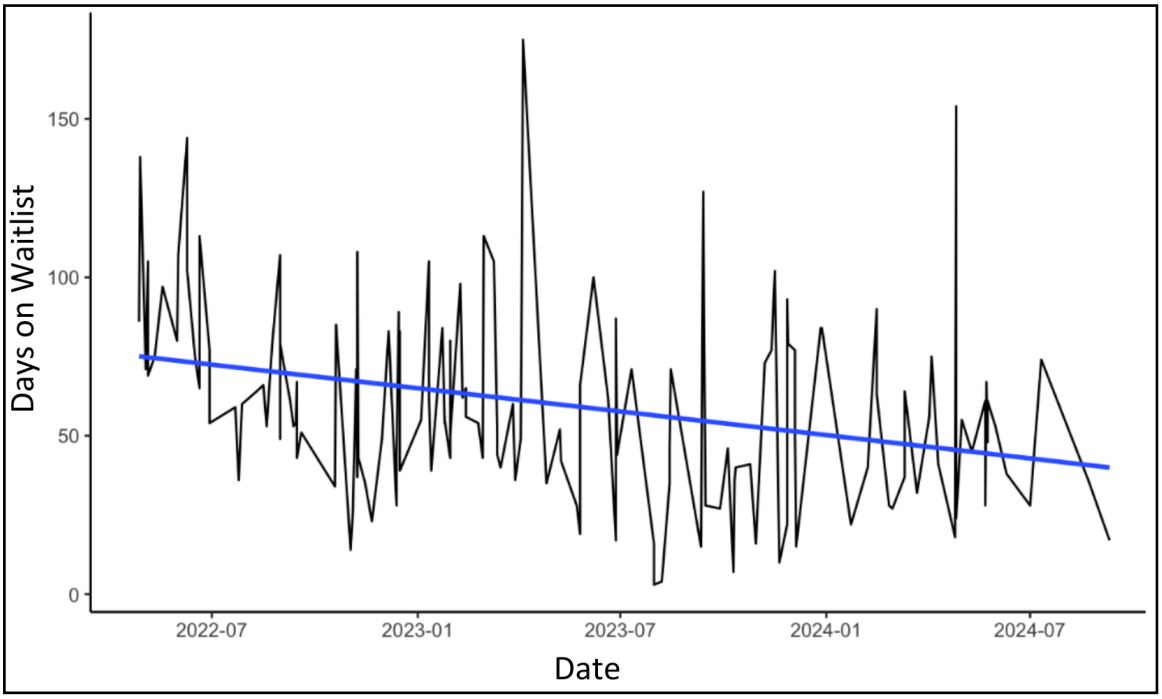
In Phase 2, Third Horizon will continue to use the SAMHSA framework to analyze further the availability and accessibility of services across the behavioral health continuum in Lee County.

Waitlist Data

To help assess provider capacity, Third Horizon received behavioral health waitlist data for Lee County from CFBHN from April 2022 to September 2024. This data was only available from a limited set of providers. CFBHN collected Centerstone data on children waiting for Community Action Team services.

According to the Centerstone data, an average of five to six children a month are placed on a waitlist for Community Action Team outpatient behavioral health services. The average time spent on a waitlist for those receiving services is 63 days, though actual wait times can vary significantly from case to case. Figure 32 shows how the average number of days waiting is decreasing over time, a positive trend.

Figure 32: Centerstone's Community Action Team Waitlist Times by Placement Date



Of those who elect to be placed on a waitlist for services, 58 percent end up receiving services at that provider, with 31 percent declining once they are notified that space is available.

While Third Horizon found this data helpful to review, Lee County does not have a comprehensive way of collecting demand vs. capacity or waitlist data across all treatment providers. Third Horizon will define additional strategies to gather more data related to this in Phase 2.

BASIC OVERVIEW OF LEE COUNTY'S BEHAVIORAL HEALTH FINANCING

In Phase 1, Third Horizon identified the primary sources of public financing of behavioral health services in Lee County. This review was intended to provide a baseline understanding of available resources. In Phase 2, Third Horizon will conduct a more extensive analysis. The analysis will help to define opportunities to maximize resources and strategies to ensure the sustainability of the behavioral health system of care strategic plan.

The public financing for behavioral health services in Lee County includes funding allocated by the Central Florida Behavioral Health Network (CFBHN), opioid abatement settlement funding administered by the Lee County Board of County Commissioners (BoCC), and funding from Lee County BoCC General Funds.

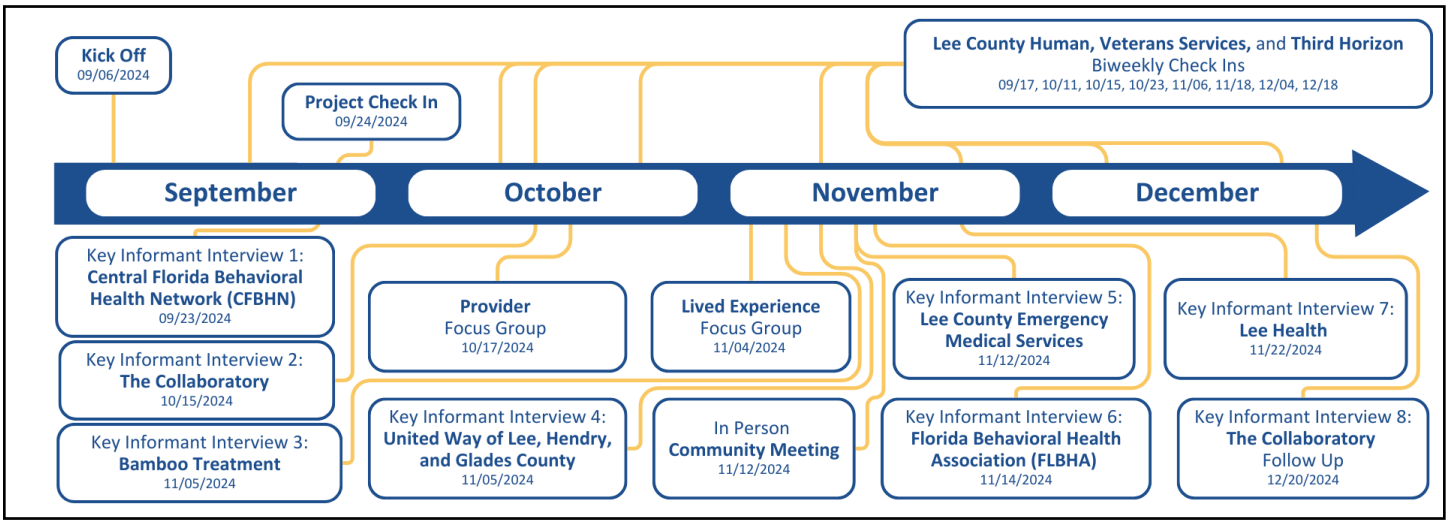
As discussed earlier in this report, CFBHN is the Managing Entity contracted with the Florida Department of Children and Families to allocate multiple funding sources for behavioral health needs in the 14 counties that fall into the SunCoast region, including Lee County. The two largest funding sources distributed by CFBHN are the Community Mental Health Services Block Grant and the Substance Use Prevention, Treatment, and Recovery Services Block Grant from SAMSHA. Combined, the block grants represent approximately 75 percent of the total FY24 CFBHN funding allocated to Lee County.

Lee County behavioral health agencies also receive revenue through reimbursement from individuals covered by Medicaid, commercial insurance, and Medicare (both Fee for Service and Medicare Advantage), as well as individuals who self-pay for services. Additional revenue sources may include private grants and philanthropy/ fundraising efforts.

QUALITATIVE RESEARCH FINDINGS

During Phase 1, Third Horizon conducted several meetings to engage a diverse range of stakeholders (see Figure 33). Third Horizon utilized key informant interviews, focus groups, and an in-person community meeting to collect valuable qualitative information and gain a deeper understanding of the Lee County behavioral health system of care. This process involved engaging with over 50 stakeholders and identifying additional individuals for follow-up in future phases.

Figure 33: Phase 1 Timeline



Third Horizon conducted interviews with personnel from Lee County; Central Florida Behavioral Health Network; The Collaborators; Florida Behavioral Health Association; Lee County Public Safety; United Way of Lee, Hendry, and Glades County; and Lee Health (See Appendix A). Third Horizon also conducted two focus groups: one with regional behavioral health providers (10/17/2024) and one with people with lived experience and family members (11/04/2024) (See Appendix B). Lastly, Third Horizon worked with Lee County Human and Veteran Services to facilitate an in-person community meeting that included several representatives from the county, behavioral health providers, community-based and social services organizations, and a local grant-maker (See Appendix C).

Key Themes From Stakeholder Engagement

WORKFORCE CHALLENGES AND OPPORTUNITIES

A significant theme noted across all stakeholder engagements was the severe workforce shortage in the behavioral health sector. This shortage is especially pronounced due to the growing demand for services and the high acuity of mental health and substance use disorders. Stakeholders noted that the issue is a nationwide and statewide challenge, compounded by local factors. The COVID-19 pandemic, Hurricane Ian, and more recently, Hurricanes Helene and Milton have created additional stressors for individuals with behavioral health conditions as well as the clinical workforce.

Stakeholders identified several contributors to the workforce shortage. Limited resources for education and training, heavy administrative burdens, inadequate compensation, and high rates of vicarious trauma and burnout have led to a significant turnover and low retention rates. Stakeholders emphasized that a strong workforce is essential for maintaining an effective system of care, yet current staffing levels remain insufficient.

Despite these concerns, participants expressed some optimism that the workforce shortage could be addressed with targeted recruitment efforts and increased funding. For example, stakeholders identified opioid abatement funds as a potential resource.

HOUSING AND OTHER SOCIAL DETERMINANTS OF HEALTH (SDOH)

Stakeholders indicated that affordable and accessible housing is a widespread challenge that directly impacts the effectiveness of behavioral health services. They also noted that the system of care should seek to address these problems. The lack of affordable housing may exacerbate behavioral health issues and hinder a client's ability to seek or maintain treatment. Lack of housing can often result in social isolation. Stakeholders underscored the urgent need for long-term sustainable housing solutions (including transitional and recovery housing). Additionally, participants identified the need for emergency shelters, especially for homeless clients with severe and persistent mental illness (SPMI). For example, United Way indicated that they often did not have any resources to offer for people who are experiencing homelessness. Stakeholders also recommended integrating housing solutions into the broader behavioral health strategy. Additionally, stakeholders stressed that finding new approaches to address other social determinants of health would be helpful.

SYSTEM COORDINATION, COLLABORATION, AND THE SINGLE-ENTRY POINT MODEL

Stakeholders emphasized the challenges posed by a lack of awareness about available services in the county and poor system coordination. These issues are particularly concerning for clients with mental health and substance use disorders or those with complex medical conditions. Improved coordination and collaboration within the behavioral health system were identified as essential priorities. Stakeholders stressed the importance of reducing service fragmentation and breaking down silos to create a more cohesive and accessible system of care.

When meeting with stakeholders, Third Horizon described the potential benefits of a Single-Entry Point model. They generally embraced the concept, though many asked for a more detailed understanding of what this would look like in the community. Some stakeholders expressed frustration that there had been efforts to develop a Single-Entry Point in the past that did not result in implementation. Participants expressed that it

would be important for Lee County to co-create the model with ongoing stakeholder input. Key steps should include effective communication, developing a shared definition of the model, and learning from communities that have had positive outcomes from implementing a SEP in other counties and nationwide.

Several stakeholders also emphasized that the Single-Entry Point should complement and build on, not duplicate current efforts. For example, some stakeholders asked how this model would be similar or different to other services, such as United Way's 211 line, or from the crisis receiving centers operating in other parts of Florida. Additionally, participants at the in-person community meeting expressed support for introducing a request for proposal (RFP) process to identify an experienced agency to develop a stand-alone model and to deter provider agency competition.

Some additional themes related to the Single-Entry Point emerged from the qualitative research. These included:

Information exchange: Adequate information exchange among providers is crucial. Stakeholders emphasized that a well-coordinated Single-Entry Point could simplify assessments and referrals, making the process smoother for clients and providers.

Case management and care coordination: Active case management and care coordination are essential. Some stakeholders noted that while emergency departments sometimes act as Single-Entry Points, they often fall short in connecting individuals to services beyond providing discharge plans. Continuous case management would ensure follow-through on appointments and services.

Collaboration among providers: Increased collaboration among providers is necessary to maximize the Single-Entry Point's effectiveness. Therefore, incentivizing providers to participate in the model may enhance a comprehensive service delivery system even if they do not directly go through it.

Data sharing: Sharing data between organizations can enhance community education on available resources. This improves service delivery by ensuring that all stakeholders are informed and can effectively coordinate care.

Technological solutions: Consideration of technological platforms (such as, Unite Us being utilized in Sarasota) may further facilitate coordination. However, stakeholders also highlighted the need for state-level adoption to ensure cohesive and efficient implementation.

Adaptation to local needs: The Single-Entry Point model must adapt to the unique needs of the local community. Stakeholders underscored that learning from successful national models while tailoring the approach to Florida's specific resources and challenges will be essential.

IMPACT OF DISASTERS AND CRISIS MANAGEMENT

Stakeholders recognized that the impact of natural disasters like Hurricane Ian and public health crises such as COVID-19 have placed additional strain on the behavioral health system. For example, Saluscare endured flooding damage caused by Hurricane Ian. They were forced to increase referrals to other facilities outside of Lee County. There are limited facilities that accept Medicaid, further increasing barriers to access.

Stakeholders emphasized the need for a long-term system of care strategy that addresses these concerns while improving organization and communication during such events. Behavioral health services often receive less prioritization in disaster response. This highlights the necessity of a unified behavioral health response system integrated into broader emergency planning and resource allocation. Stakeholders noted the importance of consistent support and resources for behavioral health facilities during crises as a key consideration moving forward.

FUNDING AND RESOURCE ALLOCATION

Stakeholders discussed the critical role of funding mechanisms and resource allocation in behavioral health service delivery. CFBHN is the only one of the seven managing entities in Florida that employs an equity policy to distribute funds based on county size and population needs, utilizing various sources, such as block grants, state funds, and opioid abatement funds in Lee County.

Despite these efforts, the current funding structure from the legislature and DCF presents challenges that often hinder providers' ability to deliver necessary care. Stakeholders note that securing long-term sustainable funding remains a significant challenge for expanding and developing new community initiatives. A local grant-making organization emphasized the importance of place-based models and collaborative funding over competitive grants. Stakeholders highlighted that leveraging strong state and regional partnerships to acquire external and federal funding may be a viable solution for achieving long-term sustainability.

COMMUNITY ENGAGEMENT AND DESTIGMATIZATION

Stakeholders highlighted the importance of engaging individuals with lived experience and reducing stigma to improve behavioral health service delivery. Educational campaigns, particularly those involving peer support groups like local National Alliance on Mental Illness (NAMI) chapters, were identified as effective tools to promote understanding and acceptance of behavioral health services.

Stakeholders stressed the need for widespread awareness and educational efforts to shift the general narrative around behavioral health and treatment. Lee County Department of Health plays a key role by facilitating Mental Health First Aid training, while the Collaboratory has been actively discussing ways to expand anti-stigma initiatives within the community.

SERVICE CAPACITY, SERVICE GAPS, AND OTHER BARRIERS TO ACCESS

Stakeholders identified several barriers to accessing behavioral health services. These include long waitlists, complex system navigation and referral barriers, the impact of disasters, the high cost of care, limited availability of services for people whose primary language is other than English, and regulatory hurdles. Participants commented that behavioral health services available in Lee County are strained by clients from adjacent counties, which are less affluent and have fewer services. Stakeholders also emphasized the need for equitable access to care regardless of insurance status.

School districts were highlighted as crucial access points for children and youth. However, there remains a strong need for psychiatric inpatient care, especially as the community tends to see a rise in youth behavioral health crises and related mortalities.

Often, the lack of awareness about available programs and services can contribute to a perceived unavailability of services. Stakeholders stressed the importance of transparent and publicly available data on capacity and demand to gain a clearer perspective on service availability. However, they recognized the additional strain this data collection may place on providers. Educating the community and providers about available services and establishing a Single-Entry Point could address some of these issues.

Additionally, stakeholders identified the absence of step-down care programs to bridge the gap between crisis stabilization and long-term recovery as a critical gap. This may be contributing to increased recidivism and relapse rates. To enhance accessibility and efficiency, simplifying administrative processes and integrating resources like United Way's 211 lines into a centralized system were recommended.

Next Steps for Stakeholder Engagement

Third Horizon plans to continue working with various community stakeholders and utilize partnerships to drive the firm's analysis in Phase 2. Specific plans include but are not limited to:

- A focus group with organizations addressing social determinants of health
- A focus group or interviews with criminal justice-related organizations
- Interviews with organizations serving special populations, such as LGBTQ+, Veterans, immigrants, and older adults
- Continued engagement with behavioral health providers across the continuum of care
- Additional community meetings with diverse stakeholders

INITIAL RESEARCH ON A "SINGLE-ENTRY POINT" (SEP)

Findings From the Literature Review and Publicly Available Information

Third Horizon conducted an internet search on 17 nationwide SEP models (See Appendix D) and a literature review on emerging or evidence-based practices and theoretical constructs related to SEP models. The section below illustrates the key characteristics of a SEP model, the challenges and benefits of implementing SEP models, and similarities and differences observed across several SEP models nationwide.

Health systems are increasingly adopting SEP, also known as "centralized intake" or "single point of access" models, to streamline access to services and reduce waiting times. The first known SEP model was implemented in Omaha in 1975[15] due to observable siloes in drug treatment programs and services under the Metro Interagency Drug Abuse Program (MIDAP). These gaps caused inconsistent service quality, limited access to treatment, and poor service coordination. To address these gaps, MIDAP created a "centralized intake office" to create a more cohesive working system and increase collaboration amongst service providers. This can help make the most appropriate treatment option immediately available to clients.

While various health care systems have implemented these models, the literature suggests no widely agreed upon or uniform definition yet.[16] They are often introduced in response to rising service demand, particularly when clients face the complexity of navigating multiple independent services. Effective SEP models actively involve all stakeholders from the outset and typically utilize central intake as the primary method. While a SEP can enhance access and stimulate demand when properly supported by a network of service providers, a lack of adequate care options may undermine its effectiveness.[17]

KEY CHARACTERISTICS OF A SEP MODEL

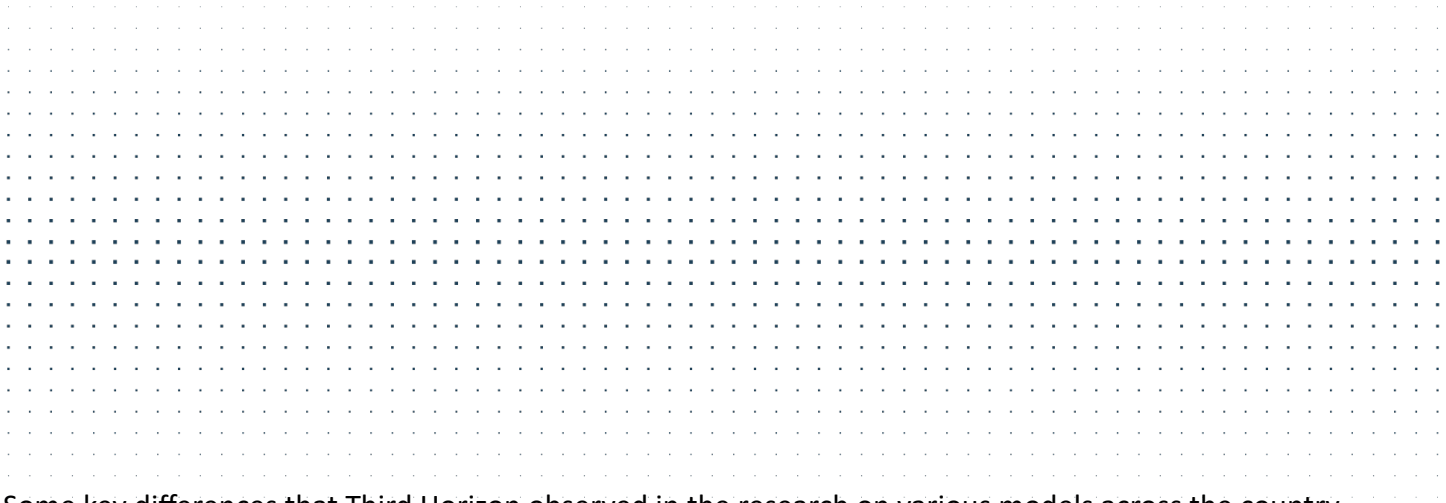
Third Horizon found three main elements of a SEP model: initial engagement, screening/assessment, and referral, based on the needs identified during the assessment process. Some models have intakes followed by a direct referral to the service provider. In contrast, other models have intakes that lead to specific screening or assessment and referral to a service provider. In some models, a designated agency or coordinated network of agencies/providers manages the intake, screening/assessment, and referral processes.[18] Requests for services and intake are often handled through a toll-free phone line, text message, e-application, or email. Intake workers assess client needs and direct them to appropriate services. This model is best suited when the type of service provider required is clear, clients do not need specialized screening or assessment, and there are multiple and adequate numbers of service providers for the number of clients. When intake is separate, clerical staff typically gather initial data and schedule further assessments with in-house clinicians, if needed.

In other models, intake is followed by a screening or assessment phase, which separate teams may handle.[19] In this case, intake workers collect initial information and schedule further evaluations with specialists. Licensed clinical staff, such as nurses, social workers, or therapists, may conduct the intake when intake is integrated with assessment and referral. Non-clinical trained staff can also perform screenings and referrals using specific criteria and standardized assessment protocols. This model is best suited when clients need to be assessed to determine what service is appropriate for them or when they need to be screened to check for eligibility for the services offered.[20]

COMMON FEATURES AND DIFFERENCES OBSERVED IN MODEL EXAMPLES

Some key features that Third Horizon observed in the research on various models across the country include:

1. Central entry points for clients (in person, online via email/texts, messaging platforms, e-applications, and hot/warm lines). Some of the models include additional screening and assessments as part of the intake process (if special eligibility may be required), which may include standardized clinical assessments (e.g., Erie County and Niagara County examples for Adult Single Point of Access or Deschutes County examples for clinician-conducted assessments and referral process).
2. The staffing structure includes intake coordinators and licensed professionals conducting screenings/ intakes.
3. Single agency (often with a network of registered providers) or a network of providers that offer referrals, case management, and care coordination support (some may also provide primary care coordination – See North Colorado Health Alliance Model).
4. Most models utilize braided funding (including, but not limited to, private, federal, county-based, state-based, SAMHSA, and opioid abatement funding streams).



Some key differences that Third Horizon observed in the research on various models across the country include:

1. Specific target populations, for example, separate systems for children and adults rather than an integrated one, or other populations fitting a strict criterion (See San Diego County Model only serving people with severe mental illness and encountering homelessness. Or, Niagara County only serving individuals with severe mental illness).
2. Non-integrated system for mental health and substance use disorders; some of these models only offer one or the other (See the Doorways—New Hampshire model).
3. Most models serve all populations seeking behavioral health services regardless of insurance coverage. However, some may only offer services to specific beneficiaries (See Denver County, Lexington County, and Deschutes County examples).
4. Certain services may be available on-site rather than relying on external providers (See Lexington County and Orange County examples).
5. Referrals can be expanded to other supplemental social and community services in addition to primary behavioral health services (See Mesa County's example).
6. Some models may extend or enhance an existing crisis or 2-1-1 line (See New Hampshire's example).

CONSIDERATIONS FOR IMPLEMENTING A SEP MODEL

Third Horizon identified several key factors that highlight the benefits of implementing a SEP. These include responding to the growing demand for services, improving awareness among service providers and clients about available resources, and reducing barriers caused by system silos that delay access to care and lead to longer waiting times. A SEP can streamline access to community services, particularly for clients with multiple or co-occurring needs who face the challenge of navigating a complex network of individual services. Many clients struggle to understand the system or identify the appropriate services, especially when multiple providers offer similar options. Implementing a SEP can help communities optimize existing service capacity, improve client outcomes, reduce costs, and enhance collaboration among service providers.

Establishing effective SEP models necessitates robust leadership at both individual and organizational levels. A SEP must be visible and widely publicized. The intake system must align with the specific needs and priorities of the community, ensuring that resources are adequately available at both the intake and referral endpoints. While a SEP can significantly enhance help-seeking behavior, particularly among new clients who might otherwise forgo services, a mismatch between supply and demand can lead to client frustration and disappointment. Financial commitment from the government or funding bodies is essential to support these initiatives.

BENEFITS OF IMPLEMENTING A SEP MODEL

Third Horizon's research found several potential benefits of implementing a SEP model. For example, some significant benefits at a community level include improved awareness of services for the community, increased participation by first-timers (especially those with high acuity and other intersecting needs such as disability or justice-impacted populations), and reduced wait times and streamlined appointment process.[21,22] Similarly, increased cohesion within the service provider community and understanding and expectations of fellow providers' services were also reported to be some of the benefits observed across the provider community[23]. Lastly, a SEP can encourage overall system and landscape improvement. For example, SEP models can increase savings and enhance cost benefits through reduced inappropriate use of emergency rooms, hospitals, and other services and a decrease in duplication services.[24]

CHALLENGES OF IMPLEMENTING A SEP MODEL

Third Horizon's research also discovered several challenges to implementing a SEP model. For example, in resource-poor settings where substance use disorder programs utilize face-to-face intake, clients may lose motivation and drop out due to the distance from service delivery organizations.[25] Treatment matching remains a challenge, exacerbated by high demand, leading to insufficient treatment slots and often long waiting lists.[26] SEPs may manage initial response times effectively but lack control over wait times for mental health services, which are often overloaded and unable to provide timely feedback to referring doctors. Additionally, the necessary skills and experience for intake coordinators may not always align with workforce classifications.[27]

Consensus Principles

Third Horizon facilitated a dialogue with stakeholders at the in-person community meeting to identify principles around which a SEP should be built in Lee County. The firm has found in previous planning efforts that starting from a collectively developed set of principles can be beneficial to ensure project buy-in across stakeholders and establish a set of shared values. The consensus principles derived from this discussion included:

The SEP should have a **person-centered design**. Person-centered care is a holistic approach to health care that puts the patient at the center of their care and treats them with dignity and respect. The SEP should be person-centered, seek to serve all populations, and address everyone's unique needs and circumstances.

The SEP should be capable of conducting **holistic assessments**. The SEP staff should be able to understand and diagnose people calling or visiting the SEP while offering holistic assessments beyond clinical evaluations to include social determinants of health. This comprehensive approach will allow for a complete understanding of an individual's needs, facilitating comprehensive service delivery.

The SEP should have a **physical location** to increase accessibility across populations. It should ensure that services are accessible both at a physical site for those who prefer to receive care that way, and via digital and telephonic services.

The SEP should enhance access to care, not take away from it. This principle is often referred to as **"No Wrong Door."** This means that regardless of where they first seek assistance, clients are guided to the appropriate services and support without being turned away or redirected.

The SEP should **serve all populations** (e.g., across all ages and diagnoses, regardless of payor source).

The SEP should **enhance the overall system of care**, not detract from it. This includes ensuring that the SEP model does not create additional barriers but instead provides seamless access to care for all individuals.

The SEP should promptly **increase engagement in the behavioral health system** of care. This is particularly important for individuals who may not otherwise access care due to stigma or being unaware of available services.

The SEP should be administered by a **standalone/independent agency** rather than a treatment provider. This may help foster a collaborative environment for all providers and mitigate any competitive dynamics. Knowing that referrals and resources are allocated fairly may help providers feel more incentivized to participate.

Implications for Lee County

In considering the appropriate SEP model for Lee County, engaging key stakeholders in every aspect of model development will be essential. The county will also need to balance the development of a new program or infrastructure that embodies the consensus principles while recognizing that many providers note that services are delivered in the form of a SEP for the populations that access their services. A model that gets "beyond the choir" and engages those furthest from treatment and other supports would be of potential benefit. At the same time, work should continue to address gaps in service availability to ensure individuals who may enter the SEP are afforded access to timely and clinically appropriate care.

Lee County benefits from deeply engaged and committed community partners. The behavioral health providers, peer-run organizations, and county agencies are at the table and collaborative despite the stressors of the last few years. United Way's role in administering 211 for the region (and soon they will administer 9-8-8), and the Collaboratory's significant commitment to act as a convener and hub for community partnerships are valuable resources. As efforts continue to assess the proper SEP structure for Lee County – and the build-out of related services that may be needed – the county should continue to partner closely with these entities to maximize both programmatic and financial leverage opportunities to enhance the service system.

SUMMARY OF KEY FINDINGS AND PROJECT NEXT STEPS

Third Horizon's research in Phase 1 found that Lee County has invested significant time and resources to understand local behavioral needs, available services, and resources. Some new investments in the community have been made, such as opioid abatement dollars, the development of the new community health program through Lee County Public Safety, and the new CCBHC being operated by Centerstone. Extensive planning processes have also been conducted, such as the Sequential Intercept Model and the behavioral health asset mapping work.

Stakeholders see behavioral health issues as a critical area for additional attention and action. The overall demand is rising, and acuity levels are increasing. Natural disasters, COVID-19, and behavioral health workforce constraints have hindered progress in addressing gaps and coordinating care across multiple systems and providers. While data availability is limited on provider capacity vs. demand, there is a strong perception in the community that waiting lists/wait times are a concern. There are also significant concerns around the ability of the system to meet the behavioral health needs of the uninsured and disadvantaged populations such as people who are homeless or lack stable housing.

In Phase 2, Third Horizon will continue its analysis of the behavioral health system of care and define recommendations to address capacity issues, enhance access to services, minimize duplication, bridge service gaps, address financial and regulatory concerns, and improve outcomes.

Furthermore, the firm will work with Lee County Human and Veteran Services to select four to five SEP models in Florida and/or around the country to conduct in-depth interviews with and develop more illustrative case studies in Phase 2. Third Horizon will present the findings from this research to the community to help inform further planning efforts. Third Horizon will identify core elements of the models to adopt or adapt with necessary changes to the models to appropriately meet the unique needs of Lee County.

With the CDBG-DR funds, Lee County has a unique opportunity to invest resources in the local behavioral health system of care. Third Horizon will continue to proactively engage community stakeholders and ensure diverse representation in the behavioral health system of care strategic planning process. The result will be a roadmap for improved access to care, service engagement, and better behavioral health outcomes.

APPENDICES

Appendix A: Organizations, Participants, and Stakeholders Interviewed

Focus Groups	
A. Providers 10/17/2024	1. Heather Cross, Center for Progress and Excellence 2. Joseph Rea & Charlene Gardner, Centerstone 3. Al Kinkle & Heidi Webb, Kimmie's Recovery Zone 4. Nicole Liberto, Samantha Selbach, & David Ondrako, Lee Health 5. Amber Hentz & Chelsea Moreaus, Park Royal Hospital 6. Jessica Plazewski & Stacey Cook, SalusCare
B. People With Lived Experience 11/04/2024	13 people with lived experience came from different walks of life, including but not limited to having their own individual experience, a family/loved one impacted by the system and with behavioral health concerns, organizational representatives from the field, and other community members. Their identities have been anonymized for confidentiality purposes.
State and County-Based Organizations	
	1. Alan Davidson, Lizette Tabares, & LaTasha Cohen, Central Florida Behavioral Health Network (CFBHN) 2. Melanie Brown Woofter & Jennifer Johnson, Florida Behavioral Health Association (FL BHA) 3. Alycia Wolfe, Lee County Emergency Medical Services 4. Jon Romine, Tessa Lesage, Kiersten Cato, The Collaboratory 5. Kaila Santiago, Scott Miller, & Gail Holton, United Way of Lee, Hendry, and Glades County
In-Person Community Meeting	
	1. Nicole Calderone, *Assistant Public Defender, 20th Judicial Court* 2. Heather Cross, *Center for Progress and Excellence* 3. Charlene Gardner, *Centerstone* 4. Luis Rivas, *CFBHN* 5. Kiersten Cato & Tessa Lesage, *Collaboratory* 6. Melissa Larkin-Skinner & Therese Everly, *Community Assisted & Supportive Living (CASL)* 7. Amanda Evans, *Department of Health* 8. Elizabeth Dosoretz, *Elite DNA* 9. Al Kinkle & Heidi Webb, *Kimmie's Recovery Zone* 10. Heather Leonard, Julie Boudreaux, & Tara Martinson, *Lee County* 11. Nicole Liberto, *Lee Health* 12. Laury Garcia, *Lutheran Services* 13. Chelsea Moreau, *Park Royal* 14. Alycia Wolfe, *Public Safety* 15. Jessica Plazewski, *SalusCare* 16. Bridget Washburn, *Treatment Courts*

Appendix B: Focus Group Guides

A. LEE COUNTY BEHAVIORAL HEALTH SYSTEM OF CARE FOCUS GROUP WITH PEOPLE WITH LIVED EXPERIENCE

As individuals who have direct experience with the behavioral health system in Lee County, what has helped you/your loved one most in the support you've received?
What challenges have you experienced in finding, or receiving services to address your needs or those of your loved one?
How do you think providers in Lee County coordinate with each other? If you receive support from multiple organizations, do you feel it's easy to transition and coordinate your care between those resources?
What do you think the County and other stakeholders need to understand to better serve individuals and families navigating behavioral health challenges?
One major concern that has arisen is helping people have a clearer path to care they can navigate when they first seek it. What strategies or systems do you think might help people receive help and support sooner?
What other areas do you think the county should be focused on to improve access to behavioral health care?
The County has been impacted by multiple hurricanes, including Milton. As the region works to improve its behavioral health system, what do you think they need to do to better prepare for futures hurricanes, or similar events which can limit care access and availability? Are there specific supports you think that are needed to better support individuals whose mental wellbeing is impacted by disasters?
What else do you think is important to share?

B. LEE COUNTY BEHAVIORAL HEALTH SYSTEMS OF CARE FOCUS GROUP WITH PROVIDERS

As behavioral health or human service providers in Lee County, what have you experienced in terms of emerging trends? To what extent are you seeing increased demand, higher levels of acuity or more serious needs than in the past?
In many communities, including Lee County, we hear questions about demand vs. capacity. Sometimes this is gauged by the numbers of people turned away or put on a wait list for services. **Polling questions:** Do you maintain this kind of data? Is this publicly available?
What gaps do you see in the local continuum of mental health and substance use disorder services? Are there services you do not currently provide that you would like to offer?
What are the main barriers for people who have behavioral health needs in accessing services? How does this differ for different populations such as children vs. adults, people of color, or people who do not speak English as their primary language?
How familiar are you with the concept of a single-entry point? What does that phrase mean to you? What would make a SEP successful?
What other areas do you think the county should be focused on to improve access to behavioral health care?
Third Horizon knows how valuable it is to include the voices of people with lived experience in behavioral health strategic planning. What guidance do you have in terms of specific tactics we should use to do this community engagement? For example, a separate focus group, attending a consumer advisory board, or other?
What else do you think is important to share? Final round robin

Appendix C: in-Person Community Meeting Materials

Lee County Behavioral Health Systems of Care Community Meeting Agenda

Date: 11/12/2024
Time: 1:30pm – 4:30pm ET
Location: Collaboratory Meeting Space
Attendees:

- Caleb Allen, Manager, Third Horizon
- Julie Boudreaux, Director, HVS, LC
- Nicole Calderone, Assistant Public Defender, 20th Judicial Court
- Kiersten Cato, Coordinator, Collaboratory
- Heather Cross, CEO, Center for Progress and Excellence
- Elizabeth Dosoretz, CEO, Elite DNA
- Amanda Evans, Health Educator and Minority Health Liasion, DoH
- Therese Everly, Regional Executive Director, Community Assisted and Supportive Living (CASL), and Board Member, Lee Health
- Charlene Gardner, Manager, Centerstone
- Laury Garcia, Lutheran Services
- Al Kinkle, President, Kimmie's Recovery Zone (KRZ)
- Amy Kinsey, Criminal Division Director, 20th Judicial Circuit
- Mindy Klowden, Managing Director for Behavioral Health, Third Horizon
- Melissa Larkin-Skinner, President, CASL
- Heather Leonard, Manager, HVS, LC
- Tessa Lesage, Chief Impact Officer, Collaboratory
- Nicole Liberto, System Director, Lee Health
- Tara Martinson, Project Manager, Human and Veteran Services (HVS), LC
- Chelsea Moreau, Director of Business Development, Park Royal
- Jessica Plazewski, COO, Saluscare
- Luis Rivas, Vice President, Central Florida Behavioral Health Network
- Tym Rourke, Managing Director for Community Health and VP of People, Third Horizon
- Bridget Washburn, Treatment Courts Manager, 20th Judicial Circuit
- Heidi Webb, CEO, KRZ
- Alycia Wolfe, Nurse Case Manager, Public Safety

Meeting Objectives

- To describe the goals, objectives and timelines of the Lee County Behavioral Health Systems of Care Strategic Planning Process
- To obtain input and feedback from diverse community stakeholders including behavioral health providers, public safety, community-based organizations, people with lived experience, advocates, and philanthropy

Agenda and Notes

Opening Remarks
Julie Boudreaux – Lee County
1:30pm-1:45pm

Julie Boudreaux, Director of Lee County's Department of Human and Veteran Services, provided the group with background to the project.

- The project is funded through disaster relief funds and uniquely has $10 million of implementation money.
- An 18-month contract was awarded to advisory firm Third Horizon to develop a comprehensive behavioral health system of care in Lee County.
- The project kicked off a few months ago and is split into phases, with the first phase wrapping up at the end of the calendar year.

Introductions

All

1:45pm-2:00pm

Each person introduced themselves. There were 24 attendees, including Third Horizon and County staff.

Project Overview and Initial Landscape Review

TH Team

2:00pm-2:45pm

Tym Rourke, Managing Director at Third Horizon, gave more context to the project. He first reviewed the project goals:

- Identify Enhancement Opportunities
- Recommendations to minimize duplication of effort
- Enhance System of Care (SoC) Approach
- Develop Sustainable Financing Model
- Recommend Best Practices for measurement of success

Tym also reviewed the following:

- A more detailed version of the project timeline with each phase elaborated upon
- The purpose of Phase I is a quantitative and qualitative data gathering process, including a review of who TH has talked with in the community and what documents had been reviewed.
- SAMHSA's model for a fully resourced behavioral health continuum of care, which TH will rely on as a guide throughout the engagement
- Preliminary reflections from research and listening sessions

(See PowerPoint slides for more detail.)

Last, Tym led a discussion based on the following questions:

Are there other over-arching strengths or challenges you see in the system of care in Lee County we should know about?

- Strengths included community stakeholders who genuinely want what is best for the County and the importance of United Way, which operates 2-1-1 and soon will operate 9-8-8.

Providers in the room also described some of the services they offer, which range from mobile crisis to CCBHC to inpatient and residential treatment.

- Challenges included a lack of coordination between providers, including a lack of data sharing, not enough education for patients and providers on available resources, too little funding from all streams and a sense that there is not enough transparency in how much funding comes to Lee

County vs. some other areas such as Tampa, and pressure on behavioral health systems and providers to solve all issues (particularly relating to social determinants of health).

What are your views on concerns relative to wait lists for existing services?

- It is challenging for people in the community to know where they can access care in a timely fashion
- There is a general sense that there are strains on capacity but little data

What are some of your perspectives on the current system capacity for children's behavioral health?

- Although there was not time for specific discussion about the state of behavioral health care for youth in the County, there was mention of increasing overdoses among youth.

Are there data sources or information you use in your decision making around needs in the community we may have missed in our review?

- The group did not add any resources to the list that TH had reviewed, however it was mentioned that there was a previous proposal to develop a single-entry point that was not funded.

Break
2:45pm-3:00pm

Consensus Principles for a Single-Entry Point Model
TH Team and Community Input
3:00pm-4:15pm

Mindy Klowden, Managing Director at TH, led a discussion about the potential for a Single-Entry Point (SEP) model in Lee County. This included a discussion of core elements of an SEP (centralized point of contact, intake/needs assessment, and information and referral/care coordination). Mindy emphasized that there is a lot of flexibility and variability within the SEP model, which will allow Lee County to tailor the SEP to their needs. The second phase of the project will include case studies on other prominent SEP models to give the county ideas on what has worked in other parts of the county. This research has already begun.

Mindy also reviewed intended benefits of the SEP, which are as follows:

- Better coordination across providers and systems of care
- Improved awareness of available services
- Increased access to and participation in services
- Strengthened community partnerships
- Reduced wait times for services
- Improved efficiencies/people in need get into the right level of care
- Streamlined intakes, appointment processes

(See PowerPoint slides for more detail)

The remainder of the meeting time was primarily spent focused on a conversation on consensus principles of how the SEP should operate. As agreed, upon by the group, the core principles are as follows:

- SEP staff would need to be able to understand/diagnose people calling or visiting the SEP.
  A physical entry is important. Access should not be limited to those who can only use phones or technology.
  The SEP should enhance care, not take away from it. There should still be no wrong door.
- The SEP needs to be person-centered.
  The SEP should promptly increase engagement in the BH system.
- The SEP should be run by an organization that would not incite competition but rather involve participation of all behavioral health organizations.
  The SEP should serve all populations (adults, children, regardless of payer source and diagnosis.)

Closing Remarks and Next Steps
4:15pm-4:30pm

TH noted that this process will be highly collaborative between TH, Lee County staff, and all key stakeholders. TH hopes that providers will stay in touch as important things surface and will continue to be involved in future collaborative meetings (such as this one).

One member noted the importance of this conversation and the hope for the future of this project and the behavioral health care system in Lee County.

Lee County Behavioral Health Systems of Care Community Meeting Presentation

Agenda

- **Opening Remarks**
- **Introductions**
- **Project Overview and Initial Landscape Review**
- **Break**
- **Consensus Principles for a Single-Entry Point Model**
- **Closing and Next Steps**

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THIRD HORIZON

Behavioral Health

Enhancing behavioral health prevention, treatment, and recovery systems of care to **improve access and quality**

Analysis

Conduct environmental scans, data analytics, focus groups, and key informant interviews to ascertain gaps, demand, and opportunities to enhance mental health and substance use prevention, treatment, and recovery

Delivery System Redesign

Facilitate robust stakeholder engagement processes and research, evaluate care models, and provide recommendations and implementation support to improve publicly and privately funded behavioral health services and crisis care

Strategy & Technical Assistance

Provide strategic planning and leadership development on change management for organizations, help providers navigate and improve programs and services, and advise private philanthropy on behavioral health grantmaking strategy

Policy

Host convenings to inform and advance policies, conduct analyses on budget implications, service delivery, and payment reform efforts at the local, state, and national level; assist providers in navigating complex regulatory and licensing processes

THIRD HORIZON

Project Overview and Initial Landscape Review

Tym Rourke, M.A.

Managing Director for Community Health and Vice President of People, Third Horizon

Project Goals and Objectives

THIRD HORIZON

Identify Enhancement Opportunities	Existing System Review Single Entry Point (SEP) Guidance
Recommendations to minimize duplication of effort	Explore partnerships and leverage
Enhance System of Care (SoC) Approach	Bridge Gaps Improve Access Streamline Service Provision
Develop Sustainable Financing Model	Analyze funding sources and policies Recommend changes for near- and long-term investment and sustainability
Recommend Best Practices for measurement of success	Improve and streamline data collection; Develop strategies to promote outcomes achieved

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Project Timeline

THIRD HORIZON

Phase 1
September 2024 –January 2025

Review and Analysis
Data Gathering and Collaboration
Deliverable

Phase 2
January 2025 – July 2025

Assessment of current System Capacity
Service Enhancement Opportunities
Duplication Mitigation
Bridging Service Gaps
Financial & Regulatory Considerations
Outcome Improvements
Deliverable

Phase 3
July 2025 – January 2026

Raise Community Awareness
Identify Community Partners
Ongoing Data Analysis Framework
Initial Implementation Budget
Ten Year Sustainability Plan
Additional Steps
Deliverable

Final Deliverable
January 2026 – March 6, 2026

Deliverable

Work to Date – Phase 1

THIRD HORIZON

Third Horizon has gathered existing community reports, data sets and intelligence from partners on the current state of the behavioral health system

Tasks to date have included:

- Interviews and focus groups with providers
- Ongoing conversations with county leadership
- Focus group with people with lived experience
- Independent research of publicly available data
- Literature review of existing reports, needs assessments and other documents

Documents and Data Sets Reviewed

Strategic plans	Opioid Abatement Strategy (2022) Lee County's Continuum of Care Strategic Plan (2019-2028) Systems of Care Analysis_Revenue_Expenditures for all 7 managing entities (2021)
Community needs assessments	Lee Health Community Health Needs Assessment (CHNA) (2023) Implementation Plan Report CHNA Presentation Florida Cultural Health Disparity and Behavioral Health Needs Assessment (2022) Centerstone CHNA (2024)
Previously released request for proposals (RFPs) and program proposals	Pinellas County – Coordinated Access Model KPMG Review and Analysis: Phase I Report (2019) KPMG Review and Analysis: Final report and recommendations (2021) Previously published Notice of Application for Lee County Coordinated Systems of Care (2022) Centerstone Proposal for Wellness Interventions for Substance Use and Harms Abatement (Lee County) (2022)
Asset maps and intercept mapping reports	Lee County Sequential Intercept Mapping (SIM) Report (2022) SIM Updates - Q4 Quarterly Status Report Behavioral Health Asset Mapping (Lee County) (2022) BH Asset Mapping Committee Report BH Asset Mapping - Children and Youth Lee County presentation BH Asset Mapping - Adult Lee County presentation BH Asset Mapping - Health and Wellness Coalition BH Asset Mapping Inventory List - Child BH Asset Mapping Inventory List - Adult

Documents and Data Sets Reviewed

Updates from state and local behavioral health commissions and groups	Commission on Mental Health Substance Abuse Interim Report (2023) Statewide Council on Opioid Abatement 2023 Annual Report (2023)
Legislative updates	Updates from Florida Mental Health Advocacy Coalition (Legislative updates – August 2024)
Provider related information (waitlists, funded programs, program types, progress reports)	Lee County Funded Providers (CFBHN) Provider Waitlists (2022) Centerstone_ Assisted Outpatient Treatment Progress Report (2024)
Substance use and mental health related data and dashboards	State Opioid Dashboard State Substance Use Dashboard Florida Youth Substance Abuse Survey (2022)
Miscellaneous	Local mental health resource guide (2023) List of barriers to accessing behavioral health care

Questions

Community Discussion on Initial Findings

- Are there other over-arching strengths or challenges you see in the system of care in Lee County we should know about?
- What are your views on concerns relative to wait lists for existing services?
- What are some of your perspectives on the current system capacity for children's behavioral health?
- Are there data sources or information you use in your decision making around needs in the community we may have missed in our review?

Defining an SEP Model: Core Elements

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Centralized Point of Contact

(Telephonic, Virtual, Physical Location, or all of the above)

Intake/Needs Assessment

(May or may not include clinical assessment)

Information and Referral;

Care Coordination

Work to Date

THIRD HORIZON

Third Horizon sought to understand the key characteristics, implementation rationale, and benefits and challenges of implementing a SEP.

Tasks to date have included:

- Conversations with Lee County on the intent and history of developing a SEP
- Literature review
- Identification of state and county models for case studies
- Review of Bamboo Health's platforms (Open Beds and Treatment Connection)
- Conversations with CFBHN, providers, people with lived experience, and United Way

Some of the Intended Benefits of an SEP

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- Better coordination across providers and systems of care
- Improved awareness of available services
- Increased access to and participation in services
- Strengthened community partnerships
- Reduced wait times for services
- Improved efficiencies/people in need get into the right level of care
- Streamlined intakes, appointment processes

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Considerations for Model Design

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- Single agency (often with a network of registered providers) vs. a collaboration of multiple organizations
- Telephonic and virtual vs. physical location
- Connected to vs. separate from behavioral health crisis system
- Serving all community members vs. target populations
- Staffing structure (is clinical assessment included?)
- Financing
  - Most models utilize braided funding (including, but not limited to, private, federal, county-based, state-based, SAMHSA, and opioid abatement funding streams)

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Keys to Successful Implementation

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- Robust leadership is in place
- SEP is visible and widely publicized
- Resources are adequately available at both the intake and referral endpoints
- Financial commitment from government agencies, payers or other braided funding
- Intake, referrals are streamlined and processes aligned
- Key stakeholders are engaged in all aspects of development
- Clear standards and key performance indicators are defined

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Community Discussion

Community Discussion on Essential Principles for an SEP in Lee County

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- To what extent do you see an SEP as a priority?
- What problem(s) do you hope an SEP can help solve for?
- What are the values you want to see built into an SEP?
- What is most important to ensure an SEP is successful and impactful in Lee County?

Sample Principles: The Single-Entry Point Should…

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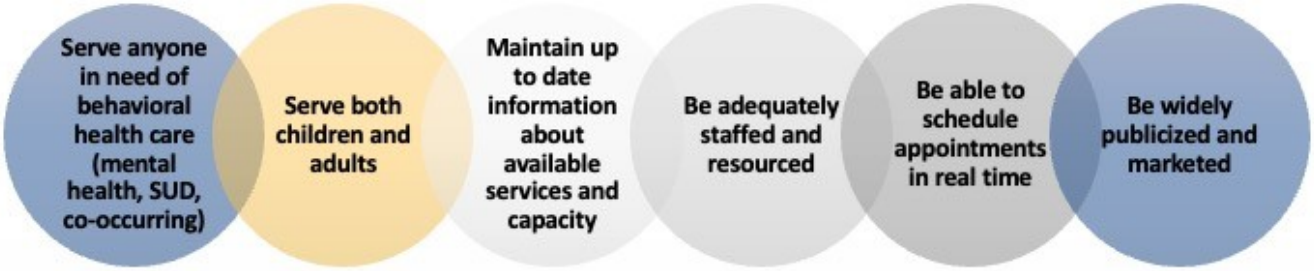
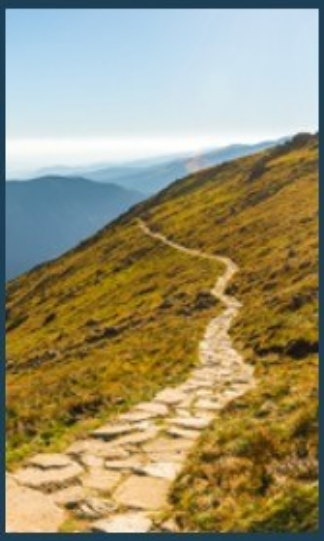


Which of these should be adopted in Lee County?

What other principles should be adopted?

THANKYOU!



Have Any Questions?

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Appendix D: Single-Entry Point County Models Reviewed by Third Horizon

County and Model Name
Mesa County, Colorado Multi Agency Collaboration (MAC)
Niagara County, New York Adult Single Point of Access (ASPOA)
Lexington, Massachusetts Community Behavioral Health Centers (CBHC)
Deschutes County, Oregon Behavioral Health Access Team
Denver, Colorado Rocky Mountain Human Services (RMHS)
San Diego County, California Optum San Diego Single Point of Access
Orange County, California Western Youth Services
Several Counties, Colorado North Colorado Health Alliance
Monroe County, New York Children & Youth Single Point of Access (SPOA)
Erie County, New York Adult SPOA
Statewide, New Hampshire The Doorways
Pinellas County, Florida Coordinated Access Model
Multiple Counties, Michigan Common Ground
Summit County, Colorado Building Hope
Palm Beach, Florida County Plan
Wheeler, Connecticut Via Connecticut Clearing House

Appendix E: Table Of Acronyms

Acronym	Definition
ADC	Adult Drug Court
ARPA	American Rescue Plan Act
BRFSS	Behavioral Risk Factor Surveillance System
BoCC	Board of County Commissioners
CDC	Centers for Disease Control
CFBHN	Central Florida Behavioral Health Network
CCBHC	Certified Community Behavioral Health Clinic
CDBG-DR	Community Development Block Grant - Disaster Recovery
CHNA	Community Health Needs Assessment
CSU	Crisis Stabilization Unit
AHCA	Florida Agency for Health Care Administration
DCF	Florida Department of Children and Families
FDHSMV	Florida Department of Highway Safety and Motor Vehicles
FDLE	Florida Department of Law Enforcement
FYSAS	Florida Youth Substance Abuse Survey
FYTS	Florida Youth Tobacco Survey
GIS	Geographical Information System
IOP	Intensive Outpatient Program
CHIP	Lee County Community Health Implementation Plan
LTC	Long-Term Care
MMA	Managed Medical Assistance
ME	Managing Entities
MAT	Medication Assisted Treatment (Also Medication-Assisted Treatment)
MHC	Mental Health Court
MIDAP	Metro Interagency Drug Abuse Program
MCRT	Mobile Crisis Response Team
MRT	Mobile Response Teams
NOFA	Notice of Funding Availability
SAMH	Office of Substance Abuse and Mental Health
OP	Outpatient
PHP	Partial Hospitalization Program
PPT	PowerPoint
RFP	Request for Proposal
SBIRT	Screening, Treatment, Brief Intervention, and Referral to Treatment
SIM	Sequential Intercept Mapping
SPMI	Severe and Persistent Mental Illness
SEP	Single-Entry Point
SDoH	Social Determinants of Health
SMMC	Statewide Medicaid Managed Care
SAMHSA	Substance Abuse and Mental Health Services Administration
HUD	U.S. Department of Housing and Urban Development
VTC	Veteran's Treatment Court

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