

**APALACHEE CENTER, INC**  
**EASTSIDE PSYCHIATRIC HOSPITAL**  
**COMMUNITY NEEDS ASSESSMENT**  
**2016**



## **I. Apalachee Center, Inc.**

**Mission Statement:** It is the mission of Apalachee Center, Inc. to empower persons served to improve the quality of life for themselves and their families through the provision of quality behavioral health care with unrelenting attention to clinical excellence and safety.

**Vision:** It is the vision of Apalachee Center, Inc. to serve as an integral component of the community's healthcare system.

### **Core Values:**

- *Integrity:* We embrace the highest standards of behavior and promote honesty, responsibility and fairness in all of our relationships.
- *Respect:* We treat those we serve and each other with dignity, respect and compassion.
- *Team Work:* We respect the professionalism and contributions of our coworkers, value diversity and recognize that people are one of our greatest assets.
- *Excellence:* We strive to always provide the highest standard of care in everything we do.
- *Safety:* We take the safety and security of our clients, staff and all persons we come in contact with seriously. Safety is a part of all we do.

### **Organizational Goals:**

- *Leadership:* "To provide direction and engagement in the development of an organized and flexible framework for delivery of quality clinical services including planning, directing, financing, coordinating, implementing, and ongoing improvement of our services, performance and productivity that is responsive to the needs of our clients and communities and ensures organizational stability and viability."
- *Safety / Environment of Care:* "To provide a safe, secure and therapeutic environment for those persons served by, or working in, the Organization."
- *Human Resources:* "To recruit and retain qualified and competent staff and to foster continuing education and skill development to support personal growth and organizational development."
- *Information Management:* "To obtain, manage, and use information and data to enhance and improve individual and organizational performance."
- *Client Rights:* "To recognize and respect the applicable rights of each person served and to meet or exceed each client's expectations."

- *Service Delivery:* "To provide safe, accurate and appropriate assessment, excellent clinical care and treatment based on current best practice models which support a positive client outcome."

## **II. Description of the Community served**

Eastside Psychiatric Hospital (EPH) provides short-term comprehensive psychiatric inpatient treatment to persons experiencing an acute mental health crisis. EPH's service area, which covers 5,554 square miles, includes Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, and Wakulla counties. With the exception of Leon County, the service area counties are primarily rural, agricultural, fishing, and forestry areas (refer to Attachment 1 - Service Area Map).

Located within Leon County is Tallahassee, the State Capital, wherein reside the State Government offices, two universities (Florida A&M University and Florida State University), and a community college (Tallahassee Community College).

The estimated population of the service area as of 2016 was 432,599 persons with Leon County accounting for 64% of the total population (Florida Association of Counties Statistics). Leon County is the only county within the service area that is considered a Standard Metropolitan Statistical Area (SMSA), i.e., containing 100,000 or more persons. The density rate (persons per square mile) of all the service area's counties is significantly lower than the statewide rate (363). Only Leon County's density rate of 426.5 approximates that of the State (Florida Association of Counties Statistics).

Seven (7) of the eight counties had a higher percentage of persons living below the poverty level than the State (17%) as a whole. The counties range from a low of 18% (Jefferson County) to a high of 28% (Madison County) of persons living below the poverty level. All eight (8) of the counties had per capita personal incomes below the State figure of \$42,737 ranging from a high of \$38,305 in Leon County to a low of \$24,822 in Liberty County (Florida Association of Counties Statistics).

Six (6) of the eight (8) counties had an unemployment rate (Gadsden 7.0%, Jefferson 5.8%, Liberty 5.7%, Liberty 6.5%, Madison 6.2%, and Taylor 6.6%) beyond that of the State (5.4%) (Florida Association of Counties Statistics).

The factors of poverty, low per capita income, and unemployment, are all problems within the service area that represent potential barriers to service utilization by affected persons (please refer to Attachment 4 - Selected Population Statistics). Poorer clients, having limited transportation resources to pursue services, have traditionally found services to be less

accessible. Furthermore, these low income clients cannot pay for services, necessitating that Federal and State funds be available to subsidize services to them. The above service area profile statistics have remained fairly steady during the last two (2) periods of census tract study, indicating that the demographic and socio-economic factors will remain constant for Agency planning purposes.

The variety of external influences which impact on the Center's ability to deliver services cover the range of social, political, economic, and geographic factors presented above. Also affecting the Center's service delivery capability is the amount of financial resources available as well as the extent of other similar services available in the service area.

One of the major factors influencing Apalachee's service delivery capability is the size and diversity of its geographic service area. The provision of consistent levels of service across a 5,000 square mile service area poses obvious transportation barriers for local staff and clients. The availability of generalized outpatient services can be offered throughout the area; however, specialized services (e.g., Inpatient Services) requiring high overhead costs can require traveling considerable distances. Apalachee has decentralized as many services as possible while also attempting to improve the access to more centralized programs by use of law enforcement, natural support systems, and staff transportation, where feasible. The density of the service area also poses particular problems for the planning and delivery of mental health services. The center of the service area (Leon County) is a fairly urbanized SMSA with a population of over 275,000 persons. The remaining seven (7) counties of the service area comprise a population of approximately 157,000 persons. The juxtaposition of urban and rural populations and influences presents two fairly different sets of client needs and problems. To the extent possible, Apalachee has attempted to address this situation through the provision of services to each county through local facilities staffed by indigenous personnel.

The large geographic area also affects how Apalachee is impacted politically. Having a service area comprised of eight (8) counties means that relationships have to be developed and maintained with eight (8) county commissions, eight (8) sheriff's departments, and numerous other municipal officials and public officers. To the extent possible, Apalachee attempts to keep the responsibility for liaison work with these groups to as few persons as possible to keep misunderstandings to a minimum. The Chief Executive Officer is primarily responsible for all contact and presentations to county commissions as well as maintaining linkages with and flow of information to community service provider agencies. Since local county governments are required by state law to financially participate in the community mental health system (every three state dollars requires one matching local dollar), the maintenance of appropriate linkages and coordination with local governmental agencies becomes a critical task.

Apalachee is, of course, impacted enormously by the political and legal influences exerted by the massive amount of federal and state legislation passed during the past twenty years. The Substance Abuse and Mental Health (SAMH) Program Office of the Department of Children and Families (DCF) has promulgated numerous rules and regulations within which all Center programs and services must operate. Further, the SAMH program staff has developed comprehensive monitoring standards and manuals based upon state statutes, rules, and regulations. In 2012, DCF began contracting with private, non-profit Managing Entities across Florida to have one single agency in each region manage local contracts for substance abuse and mental health services. In 2013, Big Bend Community Based Care (BBCBC) became the Northwest region's Managing Entity.

Economic factors are the remaining external element affecting the service delivery capability of Apalachee. The availability of financial resources for the funding of services, both from governmental and private sources, is a definite deciding factor in the quantity and range of services that can be offered. Public funding is essential to continue to support services for the high-risk populations that, even more than before, are unable to pay for their services.

EPH's primary service area encompasses the eight (8) counties of Department of Children and Families Circuits 2 & 3. The Agency serves as the area's primary, comprehensive community mental health center (CMHC). EPH's broadly defined target population includes adolescents (age 16-17), adult, and elderly persons experiencing mental health / psychiatric-related disabilities. Through contractual / licensure arrangements with the State of Florida, Department of Children and Families (DCF), EPH serves as a designated private Baker Act receiving facility.

### **III. Description of the process and methods used to conduct the CHNA.**

#### Apalachee Center, Inc. Community Survey

Pursuant to the Apalachee Strategic Plan development process, a biennial community survey of key informants is carried out to solicit input and feedback regarding operations and to obtain suggestions for improvement and identification of community needs that we may be able to address. The most recent community survey was conducted in 2015. Questionnaires are distributed to key informants at community agencies within the eight county area as well as to other individuals identified by Apalachee program directors and clinical supervisors.

Approximately 70% of respondents to the 2015 Community Survey reported they recently had contact with Apalachee staff to coordinate services or collaborate on a mutual client. Based on their recent experience(s), respondents were then asked to rate Apalachee on a 5 point scale from "excellent" to "poor" on the following areas: Staff professionalism, confidentiality, coordination, communication, and overall quality of care.

- 92% rated the “professionalism of staff” as “good” to “excellent”
- 100% rated “confidentiality of services” as “good” to “excellent”
- 83% rated “coordination of the referral process” as “good” to “excellent”
- 89% rated “staff communication with you” as “good” to “excellent”
- 92% rated “overall quality of care and services received by client(s)” as “good” to “excellent”

Thirty-three (33) respondents provided suggestions to the question of “How can Apalachee better serve your agency or the community?” Recommendations included providing more information on the best way to refer someone for services, having an MD/ARNP available in some counties more than one time per week, and increasing accessibility of services.

Thirty-three (33) respondents also provided feedback to the question, “What behavioral healthcare needs exist in the community that are not currently being met by any provider?” Needs identified included wanting more resources such as medications, housing, transportation, and physical healthcare for behavioral healthcare clients. Other needs noted were a desire for more counseling, substance abuse services, psychiatrist time, crisis intervention in the community, and more residential beds. Law Enforcement and Social Service agencies represented the largest group of respondents (24% each) followed by the school system (18%), medical practitioners (15%), and agencies such as courts and jails (12%).

Program Directors and/or Clinical Supervisors were requested to make personal contact with the Respondent’s who requested follow-up communications to pursue the suggestions / comments. Apalachee’s strategic planning goals are in alignment with the needs identified in the Community Survey.

### Community Health Assessment Process

Apalachee was a key participant in the Florida Department of Health in Leon County (DOH-Leon) Community Assessment process. A primary goal of the assessment process was to involve the community in every phase of the assessment, including planning, data collection, evaluation, identification of health issues and community strengths, and the development of strategies to address identified problems. Community involvement helps to ensure that the true needs of the community are identified, accurately represented, and addressed.

To fully understand the community’s perspective on health and determine what health issues the community considers to be most important to address in the coming years, a variety of people were involved in the assessment process. Lead agencies, Tallahassee Memorial HealthCare, the United Way of the Big Bend and DOH-Leon, together with individual representatives from 30 partner agencies and community representatives, worked collaboratively to complete the community health assessment. The assessment process began in October 2015 with the formation of a Community Health Assessment Steering Group. A broad

representation of county residents and staff from strategic agencies and organizations that have a solid understanding of the county and services available were recruited to participate.

The Community Health Assessment Steering Group, made up of 25+ interested, committed agency and community members, guided the assessment process. The group met monthly to determine its major tasks; develop a timeline and document outline; design and conduct the community health survey and focus group discussions; form subcommittees for secondary data collection and document writing; and plan the community meetings. See Section IV for a list of the Community Health Assessment Steering Group members.

#### Data Collection and Analysis

The report was created using both primary and secondary data sources. Primary data consist of new information gathered directly from the community through surveys, interviews, or focus groups. Secondary data is information that has already been collected by someone else. A Community Health Survey was used to collect primary quantitative data for this report. Qualitative data were collected through focus groups, interviews, and community forum discussions.

Secondary data for this report were collected in several ways. Statistical data was gathered from local and state-wide organizations, as well as various local, state, and national level surveillance systems. Data on utilization and service delivery was also gathered from state and local service providers in the community. Using both primary and secondary data yields in a more in-depth and reliable assessment of the specific factors that affect the community's health.

#### Survey Data

Since the overall goal of the assessment is to address health disparities and to identify needs of populations who are most disadvantaged, survey households were sampled from census blocks with the highest poverty concentration. Taking into account population density and to guarantee geographic dispersal of respondents— since much of the county lives outside of city/town limits and the rural/urban experience is very different—the county was divided into four geographic quadrants. Census blocks with the highest poverty rates from each quadrant were selected. From a base population totaling about 25% of Leon County's total population (covering about 10 census blocks), 300 households were randomly selected (200 from each quadrant) from the Leon County Planning/Land use/Tax database of addresses. Sampling from blocks with a higher poverty rates did not guarantee that every household randomly selected would be low income, but simply that it was more likely to be. The goal was to effectively “skew” the data to lower income residents.

#### Survey Instrument Design

The Community Health Assessment Survey consisted of 94 questions about various health topics. The survey instrument was adapted from the tools created by Houston Department of Health and Human Services, Florida Department of Health in Sarasota County, and PACE-EH. Questions were sampled from model instruments that had been previously tested for validity. The survey had nine sections: 1) Environmental Health/Built Environment; 2) Children's Concerns; 3) Access to Care; 4) Health and Wellbeing; 5) Health-Related Behaviors; and 6) Demographics. Questions were primarily multiple choice, with select open-ended opportunities.



Surveys were all coded with a unique identification number.

Attempts to recruit selected households and administration of surveys were carried out by a team of 70 field volunteers, over the course of five Saturdays in February and March and two weeks in October 2015. Field volunteers spent one Saturday in six neighborhoods of the county. To ensure continuity and reliability of data collected, all field volunteers participated in a training which covered safety plans and procedures for conducting surveys (i.e., techniques for conducting unbiased surveys, what to do if someone was not home or chose not to participate, and procedures for non-English speaking residents, etc.). Volunteers conducted surveys in teams of two individuals. Each team was assigned a specific list of addresses grouped by proximity. Surveys were conducted by hand (pen and paper), in person, door-to-door. All survey respondents were given a resource bag of materials for their participation. In an attempt to include every sampled household in the assessment, the survey was administered in Spanish also.

### Survey Population

Of the 330 surveys attempted in six census tracts, 300 were completed. By census tract 27% of survey respondents live in South City, 16.5% reside in Greater Frenchtown and the Macon Community, 8% live in the Fairbanks Ferry Road area, 17% reside in the Bond Community, and the remaining 15% are in the Highway 20/Aenon Church Road area.

Percentage of Survey Respondents by Census Tract – Community Area		
Census	Neighborhood Area	Percentage
10.02	South City	27%
6	Greater Frenchtown	16.5%
16.01	Macon Community	16.5%
23.02	Fairbanks Ferry Rd.	8%
11.01	Bond Community	17%
27.02	Highway 20/Aenon Church	15%

### Community Meetings

The aim of the community health assessment was to identify the community’s health-related priorities and generate strategies that will serve as the foundation for action plans associated with the Community Health Improvement Plan. This was met by holding community meetings over a four-week span during the month of June in different locations throughout Leon County.

Residents were presented with the main findings from the CHA – quantitative survey results. After a presentation of results and supporting data, attendees at each meeting participated in a focused conversation and consensus building workshop. The process followed the Technology of Participation framework. Individuals were asked to consider the following series of questions:

- What information stood out to you?
- Where are you really clear? Where are you confused? What concerns you? What feels critical?
- What questions did this raise for you? What other things do we need to consider?



- What seems to be the most critical issue or concern for the community?

Attendees were asked to write their most critical concerns individually on separate pieces of paper. Afterwards, they were given a chance to group similar issues/concerns together. All participants had an opportunity to agree or disagree with the similarity between items. After all concerns were grouped by similarity, attendees were instructed to name each group. The wording described their answer to the original question – what are the most critical issues/problems in your community? These results along with the objective data analysis will inform development of the county’s Community Health Improvement Plan (CHIP).

Based on consensus building results from community meetings, topic issues identified across all six neighborhoods ranked as “critical” are below:

1. Access to Information related to health care and services
2. Chronic Disease, Exercise, and Nutrition
3. Mental Health
4. Transportation
5. Safety and Crime
6. Built Environment (sidewalks, lighting, paved roads)
7. Education

*\*\*Write-ins included: Socio-economic Development (8) and Racism/Segregation (6)*

### Objective Data

Data was also gathered from a wide range of sources, including Florida Department of Health, Bureau of Vital Statistics; Florida Department of Health, Office of Health Statistics and Assessment; Florida Agency for Health Care Administration (AHCA); FRED Florida Research and Economic Database, Labor Market Analysis; US Census, American Community Survey; The Florida Behavioral Risk Factor Surveillance Survey – County Level (BRFSS) conducted by the Florida Department of Health and Florida Department of Education.

### Prioritization Process

The Community Health Assessment Steering Committee developed a prioritization matrix to assist in determining which health issues will be incorporated in the health improvement planning process. Health issues included those identified during the survey, community meetings, and gathered from additional data sources. The following criteria were chosen to rank health issues among members of the committee:

- **Magnitude (size)** – Does the health issue affect a large proportion of the population?
- **Impact on Quality of Life and Premature Death** – Does the health issue have high severity, such as high mortality or morbidity rate, severe disability, or significant pain and suffering?
- **Ability to Change** – Is the health issue feasible to change?
- **Root Cause** – Is the health issue a factor or a social determinant that affects multiple health issues?
- **Health Disparity** – Does the health issue disproportionately affect population subgroups?

Below are the eight areas that were determined to be of greatest concern to the Leon County community after survey implementation, community meetings, and committee prioritization. More information on each of these areas can be found in the corresponding sections throughout the document.

- Exercise and nutrition
- **Mental health**
- Safety and crime
- Built environment
- Education
- Awareness/Navigation of resources
- HIV/STI
- Maternal and child health

### Mental Health

Poor mental health is often associated with health risk behaviors such as substance abuse, tobacco use, and physical inactivity. Depression has also been linked as a risk factor for chronic illnesses such as hypertension, cardiovascular disease, and diabetes – negatively affecting the management of these conditions.

In 2013, 8.0 percent of Leon County adults reported that they had as poor mental health on 14 or more days in the past month. The county's rate was significantly lower than the state's average of 12.7 percent. Leon County adults were less likely to report that they experienced poor mental health than other Florida counties. *In contrast, a 2014 anxiety survey developed and promulgated in Leon County by Florida State University and Florida Agricultural and Mechanical College, and coordinated and funded by the United Way of the Big Bend, found Leon County residents to have generally higher levels of anxiety than those found statewide or nationwide. These anxiety levels were loosely but positively correlated with disadvantaged socio-economic status and student neighborhoods.* Also in contrast to the state, non-Hispanic Whites were more likely to report that they had poor mental health and had a higher average number of poor mental health days than non-Hispanic Blacks in Leon County. Among other racial/ethnic groups and sexes, non-Hispanic Blacks men were less likely to report they had overall poor mental health in Leon County. At both the county and state levels, while non-Hispanic Black women had the highest average number of poor mental health days than other racial/ethnic groups and sex groups. Leon County non-Hispanic Black men were also had the lowest reported average number of poor mental health days. In addition, their rates were significantly lower than their counterparts at the state level.

In the community healthy survey and as a result of the above findings, mental health items were expanded in 2015 to include information about specific categories of mental illness, including anxiety; depression; and psychosis. Results indicated that 20% of respondents in all five targeted neighborhoods endorsed items related to anxiety, 23% endorsed items related to depression, and 4% endorsed items related to psychosis. These responses were notable for both general levels of mental health issues, and specific neighborhood issues. Broadly, all responses in this survey were significantly higher than national norms.

The 2015 National Survey on Drug Use and Health (NSDUH), published by the Substance Abuse and Mental Health Services Administration (SAMHSA) found that 6.7% of American adults had suffered from at least one serious depressive episode in the past year and that 4% of American adults suffered from serious mental illness (including but not limited to episodes of psychosis). The National Institute of Mental Health (NIMH) estimates that 18.1% of American adults suffer from anxiety disorders. In the case of anxiety and depression, these national estimates fall below the results reported in this survey, although caution should be exercised in interpretation of that fact because of the use of different questionnaires and inclusion criteria.

In the case of depression, for instance, the national survey referenced debilitating depression that had impaired functioning for two weeks – a significantly more stringent standard than that employed in this survey. Similarly, the serious mental illness items in the national survey encompassed all forms of serious mental illness, not only psychosis. However, the results did echo those of the aforementioned 2014 Leon County community stress survey, conducted by Florida A&M and Florida State Universities, which found that anxiety levels in Leon County ranged from marginally to substantially beyond national levels, and which were also generally negatively correlated with socio-economic status. Particular areas for further research include the very high instance of reported psychosis in the Hwy 20/Aenon neighborhood (10%), and the significantly elevated levels of depression reported in the Bond and Macon communities.

## Suicide

The most vulnerable populations are the young, elderly and socially isolated individuals. Suicidal risk factors include physical illness, alcohol and drug abuse, mental illness, and emotional distress among other risk factors. It is also important to consider the cultural and socio-economic factors that play a role in suicides. A suicide attempt is a sign that something is wrong in a person's life so an intervention is needed. Current trends in suicide have varied throughout the years.

In 2013-15, 98 deaths were caused by suicide in Leon County. These deaths corresponded to an age- adjusted death rate of 12.1 suicides per 100,000 population. This rate was lower than the state's rate of 14.1 (9,005 suicides). In addition, the county's rate fell within the 1st (most favorable) quartile, in which the county had a lower number of deaths per 100,000 people than other counties.

Whites are more likely to take their own lives than Blacks. In 2013-15, Whites were 7.5 times as likely to commit suicide as Blacks. The number of White deaths accounted for about 89% of all county deaths.

Although women are more likely to attempt suicide, men are more likely to die from suicide. In Leon County, men were 4.5 times as likely to commit suicide as women in 2013-15. Men accounted for about 80% of all suicides in the county.

## Substance Abuse

Alcohol and substance abuse can negatively impact our personal lives and the community in a variety of ways. Unintentional injuries including automobile accidents and liver disease are two of the most frequent consequences. Substance abuse can have a dramatic impact on families as

well as the community. Substance abuse can contribute to public health problems such as crime, domestic violence, homicide and physical fights. The amount of drug overdoses and drug poisonings in our community indicate the amount of drugs that are assessable. In 2012-14, there were 46 drug overdose deaths in Leon County. These deaths corresponded to an age-adjusted rate of 5.9 deaths per 100,000 population. Statewide, there were 7,705 deaths, and the age-adjusted rate was 13.0.

In comparison to the state, the rate of drug overdose deaths in Leon County were relatively stable from 1999-01 to 2012-14. The state experienced a gradual increase in the rates from 1999-01 to 2008-10, before declining to 13.0 in 2012-14.

At the state and county levels, non-Hispanic Whites were more likely to engage in excessive drinking than non-Hispanic Blacks. Among racial/ethnic groups and sexes, non-Hispanic White men were more likely to report that they engaged in heavy or binge drinking.

Younger adults (18-44 years old) were more likely to report excessive drinking in Leon County and Florida. In Leon County, individuals making between \$25,000 -\$49,999 were more likely to report that they engaged in binge or heavy drinking than the other income brackets.

#### Access to Health Care Services Access to Care

Access to health care services is an important determinant of health status and continues to be a central focus for health policy in Florida. The availability of care is not a true reflection of meeting health care needs unless there is access to that care by all segments of the population. Traditionally, low income, uninsured people report the most difficulty in accessing health care resources. While many factor contribute to chronic disease and poor health outcomes, expanding health coverage can provide an important step in improving health by supporting individuals' ability to access preventive and primary care, as well as, ongoing treatment of health conditions.

#### Health Insurance Coverage

Health insurance coverage is critical to accessing medical care in the U.S. health care system. Coverage options vary dramatically in terms of what services are covered, what providers are covered, and what portion of the cost is patient responsibility. The U.S. Census Bureau collects information about health insurance coverage at the county level. In 2010-14, 87.7% (243,190) of Leon County population had some form of health insurance. Among racial and ethnic groups, American Indian/Alaska Native (70.4%) and Blacks (82.2%) were the least likely to be insured in Leon County. While Native Hawaiians (100%) and Whites (90.6%) had the lowest uninsured rates.

In 2010-14, 87.7% (243,190) of Leon County population had some form of health insurance. This was a minor increase (0.8 percent) from 2009-13. In addition, Leon County's coverage level exceeded state and national averages. More of the population had private insurance (73.8 percent) than public insurance (23.1 percent). Of the subtypes of health insurance, employer-based insurance covered the most people, followed by direct-purchase health insurance, Medicaid, Medicare, and military health insurance (Tricare).

When compared to respondents of the community health survey, 25.8% (average) had employer-

based insurance. Majority of respondents were covered by Medicaid for health insurance. Though certain communities had a higher percentage of employer-based insurance, overall it was Medicaid followed by respondents without insurance.

### Medicare and Medicaid

Medicare is provided to people age 65 and older, some disabled people under age 65, and people of all ages with End-Stage Renal Disease (permanent kidney failure treated with dialysis or a transplant). Compared to the rest of the population, Medicare beneficiaries require more health services, and many of these services are expensive. There has been an increase in the number of Medicare hospital/ medical enrollment from 2011 to 2015. From 2011 to 2015, the number of Original Medicare enrollees increased by about 8 percent. While the number of Medicare Advantage and other health care plan rose by sixty-percent.

Medicaid is the primary source of insurance coverage for Florida residents, especially children, who fall within the low income bracket. The number and rate per 100,000 population of Medicaid eligible (enrollees) has grown substantially since 2006. The total number of Medicaid eligible has increased 53% during this period. The median monthly number of 2015 Medicaid eligible Leon County residents is 41,434.

### Emergency Department Visits

Local hospital emergency department utilization can be a good indicator of the accessibility and availability of area health care services. Recent increases in emergency department visits can indicate the number of people seeking care for non-urgent concerns, the amount of uninsured in the area and the health conditions or concerns in the area. Emergency departments in Leon County had a total of 146,009 visitors in 2014. Tallahassee Memorial Hospital had a total of 82,332 visitors while Capital Regional Medical Center saw a total of 63,677 visitors in 2014.

Emergency department visits have increased throughout the years. In 2012, there were 60,893 emergency room visits at Tallahassee Memorial Hospital. By, 2014, those emergency room visits had increased to 82,332. Similarly, Capital Regional Medical Center saw an increase in their emergency department visits from 60,396 in 2012 to 63,677 in 2014. These emergency department visits totaled \$178,950,359 in 2012 with an average charge of \$2,963. In 2014, Capital Regional Medical Center saw an increase in total charges to \$239,110,552.

## **IV. Identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA.**

### **Apalachee Staff involved in conducting the Community Needs Assessment included:**

- Amberly Smith, Administrative Services Director
- Hitomi Izawa, Outpatient Services Director
- Jackie Beck, Inpatient Service Director
- Lisa Medcalf, PI Coordinator
- Sue Conger, Chief Operations Officer
- Gwen Sheppard, Gadsden County Program Supervisor
- Calonie Pitts, Leon County Program Supervisor
- Theresa Carothers, Jefferson, Madison and Taylor Counties Program Supervisor

- April Landrum, Franklin, Wakulla, Liberty Counties Program Supervisor

### **Community Health Assessment Steering Group Organizations**

- Leon County Schools
- Leon County Health Department
- Tallahassee Police Department
- Council of Neighborhood Associations
- Leon County Health Department
- Whole Child Leon
- Whole Child Leon/Community Rep
- FAMU Institute of Public Health
- Bond Community Health Center
- 211 Big Bend, Inc
- Apalachee Center, Inc.
- United Way of the Big Bend
- Tallahassee Parks & Recreation
- Senior Center
- Florida State University, College of Medicine
- Elder Care Services
- Capital Regional Medical Center
- Capital Health Plan
- Frenchtown Revitalization Council/COPE
- Neighborhood Medical Center
- Capital Medical Society
- United Way of the Big Bend
- Tallahassee Housing Authority
- Leon County Sheriff's Office
- Leon County Health Department
- United Partners for Human Services
- City of Tallahassee
- Leon County Office of HCSP
- Tallahassee Housing Authority
- Tallahassee Memorial HealthCare
- Capital Area Breastfeeding Coalition
- League of Women Voters
- Social Justice Community Representative

- V. Description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc) who those persons are and their qualifications.**

Input for the community survey Apalachee conducted was obtained from a wide range of residents and providers from the eight county service area, which included clients, hospitals, health departments, assisted living facilities, law enforcement, social services agencies, school boards, universities, faith based programs, and the judicial system. Please see attachment 4 for the list of participants in the 2015 Community Survey.

The Community Health Assessment conducted by the Department of Health in Leon County included a steering group of 25 Agencies in the Leon County (listed previously). The assessment process included resident input through data collection from six lower income areas in the county through face to face interviews as well as community meetings held in each of the six different census tracts to discuss survey findings. Apalachee Center representatives served as the steering group's mental health content experts, and were largely responsible for the expansion of mental health items in this year's survey.

## **VI. Impact of Actions taken to address Community needs identified in the 2013 Community Health Needs Assessment**

### *Health Need #1 - Access to high quality, affordable mental health services for residents in the community*

Open Medication Clinics were implemented in all counties to increase access to psychiatric services. Capital Therapy was opened in 2013 to provide easy access to services for clients with insurance. Child psychiatry services were expanded in the counties through the use of telemedicine. In 2012, Homeless project staff began providing services at the Renaissance Community Center and then later at the Kearney Center to ensure the area's homeless population had easy access to services.

### *Health Need # 2- Increase Apalachee Center's outreach activities in the community so as to increase community members' knowledge of the type of mental health services available.*

A Community Engagement workgroup was initiated between Apalachee and TMH to identify areas both Agencies could implement to increase community members knowledge of mental health issues and services. The Brown Bag lunch program was expanded to invite persons in the community.

### *Health Need # 3 - Reduce the suicide risk for residents in the community.*

An Apalachee staff member was trained in Mental Health First Aid and has provided trainings throughout the community.

## **VII. Prioritized description of all the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs.**

Based on the results of the biennial Community Survey and Apalachee Center's participation in the Leon County Health Department Assessment, two primary areas of need applicable to Apalachee Center's mission were identified:

### **Health Need # 1 - Improve Access to Behavioral Health Services and Providers**



- In the community healthy survey and as a result of the above findings, mental health items were expanded in 2015 to include information about specific categories of mental illness, including anxiety; depression; and psychosis. Results indicated that 20% of respondents in all five targeted neighborhoods endorsed items related to anxiety, 23% endorsed items related to depression, and 4% endorsed items related to psychosis. These responses were notable for both general levels of mental health issues, and specific neighborhood issues. Broadly, all responses in this survey were significantly higher than national norms.
- A 2014 anxiety survey developed and promulgated in Leon County by Florida State University and Florida Agricultural and Mechanical College, and coordinated and funded by the United Way of the Big Bend, found Leon County residents to have generally higher levels of anxiety than those found statewide or nationwide. These anxiety levels were loosely but positively correlated with disadvantaged socio-economic status and student neighborhoods.
- In Apalachee’s 2015 Community Survey, thirty-three (33) respondents also provided feedback to the question, “What behavioral healthcare needs exist in the community that are not currently being met by any provider?” Needs identified included wanting more resources such as medications, housing, transportation, and physical healthcare for behavioral healthcare clients. Other needs noted were a desire for more counseling, substance abuse services, psychiatrist time, crisis intervention in the community, and more residential beds. This last item echoed an item on the list of strategic priorities passed by the Leon County Board of County Commissioners in 2015, calling for an increase in short term residential psychiatric bed capacity in the community.

In response to this combination of elevated mental health need in the community and perceived need for increased resources, improved access to resources that are available and improvement of current resources was designated as Apalachee’s first priority by both the CHNA steering committee and Apalachee leadership.

### **Health Need # 2 - Increase Awareness of Mental Health Issues in the Community.**

- A 2016 survey done by Tallahassee Memorial Hospital in conjunction with the Community Engagement Committee found that, out of 500 respondents in the Apalachee’s Service Area, only 80% responded positively to the question of whether they would tell someone if they had a mental illness. The survey in general, while revealing positive responses to questions regarding awareness of resources, revealed inconsistent information and knowledge regarding mental health issues in general.
- In Apalachee’s 2015 Community Survey, thirty-three (33) respondents provided suggestions to the question of “How can Apalachee better serve your agency or the community?” Recommendations included providing more information on the best way to refer someone for services.

Taken together with the rich data concerning elevated levels of mental health needs in this community, these items indicated to the CHNA Steering Committee and to Apalachee leadership that the Big Bend community has “room to grow” regarding overall awareness of the nature and treatment of mental health problems and psychiatric illness.

## **VIII. Implementation Strategy**

### **Health Need # 1 - Improve Access to Behavioral Health Services And Providers**

Apalachee’s implementation strategy for improving access to behavioral health services includes the following:

1. Development of a Central Receiving Facility at Apalachee Center for all law enforcement transported clients who have been involuntarily committed under Florida’s Baker act statute. This service will be supported by the two other area psychiatric facilities (TMH and CRMC), as well as local counties and law enforcement, and will be primarily made possible through a grant from Florida’s Department of Children and Families (grant award made in November, 2016 – anticipated facility opening by July, 2017). ANTICIPATED IMPACT: Ease of access to emergency psychiatric services and treatment for all stakeholders in region.
2. Expansion of current 4-bed Short Term Residential program at Apalachee to 12 bed program, through increased State funding. Anticipated start date if funded, July, 2017. ANTICIPATED IMPACT: Enhanced capacity to provide short term residential treatment for area residents in psychiatric crisis, regardless of ability to pay.
3. New service locations in high-need areas. This will be accomplished through partnership with Big Bend Cares, Inc., who has offered Apalachee Center office space and equipment in their new facility currently being constructed in South City, a survey identified high need area for mental health services. Anticipated start date, September, 2017. ANTICIPATED IMPACT: Enhanced access to outpatient services for residents of South City and Bond communities, both identified as high need mental health areas.

### **Health Need # 2 - Increase Awareness of Mental Health Issues in the Community.**

1. Community Engagement Committee. Overall mental health awareness in community is currently being studied by a stakeholder groups involving representatives from NAMI-Tallahassee, NAMI at Florida State, Florida State University, FAMU, and Tallahassee Memorial Hospital, and led by and hosted at Apalachee Center. The Committee is in the process of developing a comprehensive assessment of community mental health issues based on the CHNA and other surveys, and developing a community action plan from that assessment. Anticipated completion date of action plan, December, 2017. ANTICIPATED IMPACT: Community agreement on parameters of and needs

regarding mental health issues, and subsequent strong platform to seek additional resources to address needs.

2. Mental Health First Aid. Apalachee Center will continue to sponsor training in Mental Health First Aid for local residents, schools, and organizations. ANTICIPATED IMPACT: Higher level of mental health literacy and awareness among local residents.
3. Crisis Intervention Training: Apalachee Center will continue to host, sponsor, and participate in regular crisis intervention training for local law enforcement personnel including information concerning mental illness, resources, and de-escalation techniques. ANTICIPATED IMPACT: Continued growth of awareness of mental health issues among area law enforcement, who are frequently first responders in mental health crisis situations.

**IX. Description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.**

Existing programs, facilities or agencies that are available to respond to the behavioral health (including substance abuse) needs of the community are:

Inpatient:

- Apalachee Center, Inc. Eastside Psychiatric Hospital
- Apalachee Center, Inc. PATH Crisis Stabilization Unit
- Apalachee, Inc. Primary Care Center (Detox)
- Apalachee Center, Inc. SRT
- Tallahassee Memorial Behavioral Health Center (850) 431-5100
- Capital Regional Medical Center – Psychiatric Unit
- Tallahassee Memorial Recovery Center (850) 431-5910
- Florida State Hospital
- A Life Recovery Center (850) 224-9991

Residential:

- Apalachee Center, Inc. Satellite Apartment Program
- Apalachee Center, Inc. Forensic Residential Programs
- Apalachee Center, Inc Hilltop Residential Program
- ChristTown Ministries (850) 509-9061
- Disc Village Adolescent Treatment Center (850) 410-2900
- Disc Village Salvita (850) 922-2360
- Disc Village Sisters in Sobriety (850) 922-2408
- Haven of Rest Rescue Mission for Men (850) 224-7313

Outpatient

- Apalachee Center, Inc. Capital Therapy Services
- Apalachee Center, Inc. Franklin County Clinic
- Apalachee Center, Inc. Gadsden County Clinic
- Apalachee Center, Inc. Jefferson County Clinic

- Apalachee Center, Inc. Leon County Clinic
- Apalachee Center, Inc. Liberty County Clinic
- Apalachee Center, Inc. Madison County Clinic
- Apalachee Center, Inc. Taylor County Clinic
- Apalachee Center, Inc. Wakulla County Clinic
- Apalachee Center, Inc. Drop-In Center
- Apalachee Center, Inc. Homeless Project
- Apalachee Center, Inc. SAFE Program
- Apalachee Center, Inc. Outpatient Forensic Program
- Apalachee Center, Inc. Psychosocial Rehabilitation Services Program
- Ability 1<sup>st</sup>, Center for Independent Living (850) 575-9621
- Big Bend 211
- Bethel Family Counseling and Outreach Center (850) 577-1780
- Bond Community Health Center (850) 576-4073
- Bond-Tallahassee Housing Authority Primary Care Center (850) 391-4799
- Camelot Community Care (850) 561-8060
- Capital City Youth Services, The Family Place (850) 576-6000
- Catholic Charities, NWFLT, Counseling Services (850) 222-2180 ext. 1075
- Community Intervention Center (850) 222-3508
- Children's Home Society (850) 921-0772
- Disc Village Adult Services Center (TASC) (850) 561-0717
- Disc Village Juvenile Outpatient Substance Abuse Program (850) 574-6696
- ECHO (850) 296-1393
- Family Resources, Inc. (850) 222-5511
- Florida A&M University Counseling Services (850) 599-3145
- Florida Therapy Services (850) 681-6001
- Florida State University Psychology Clinic (850) 644-3006
- Florida State University Couple and Family Therapy Center (850) 644-1588
- Florida State University Crisis Management (850) 644-1234
- Florida State University Human Services Center (850) 644-3587
- Florida State University Journey to Healing (850) 644-2003
- Florida State University Multidisciplinary Eval. and Consulting Center (850) 644-2222
- Florida State University Project KICK (850) 385-4226
- Florida State University Thagard Student Health Center (850) 644-6230
- Florida State University, University Counseling Center (850) 644-2003
- Florida Therapy (850) 681-6001
- Frenchtown Outreach Center (850) 222-5151
- Gadsden CHD, School Health Services (850) 875-7200
- Leon County Treatment Center (850) 878-7776
- National Alliance for the Mentally Ill-Tallahassee Chapter (850) 841-3386
- Neighborhood Health Services (850) 224-2469
- North Florida Medical Centers, Eastpoint (850) 670-8585
- North Florida Medical Centers, Gadsden (850) 875-9500
- North Florida Medical Centers, Tri-County (850) 948-2840
- North Florida Medical Centers, Taylor (850) 838-2030
- North Florida Medical Services, Wakulla (850) 984-4735
- Refuge House Domestic Violence and Rape Crisis Programs (850) 681-2111
- Tallahassee Community College Mental Health Services (850) 201-6562

- Tallahassee Behavioral Health Psychiatric Emergency Response (850) 431-0892
- Townsend ARC (850) 656-3802
- Turn About Outpatient Services (850) 671-1920
- USVA Tallahassee Outpatient Clinic, Mental Health Services (850) 521-5700

**X. Health Needs Facility Does Not Intend to Address**

Chronic Disease, Exercise and Nutrition – Local Healthcare agencies are addressing this need. Apalachee will coordinate with them in addressing this need for our clients.

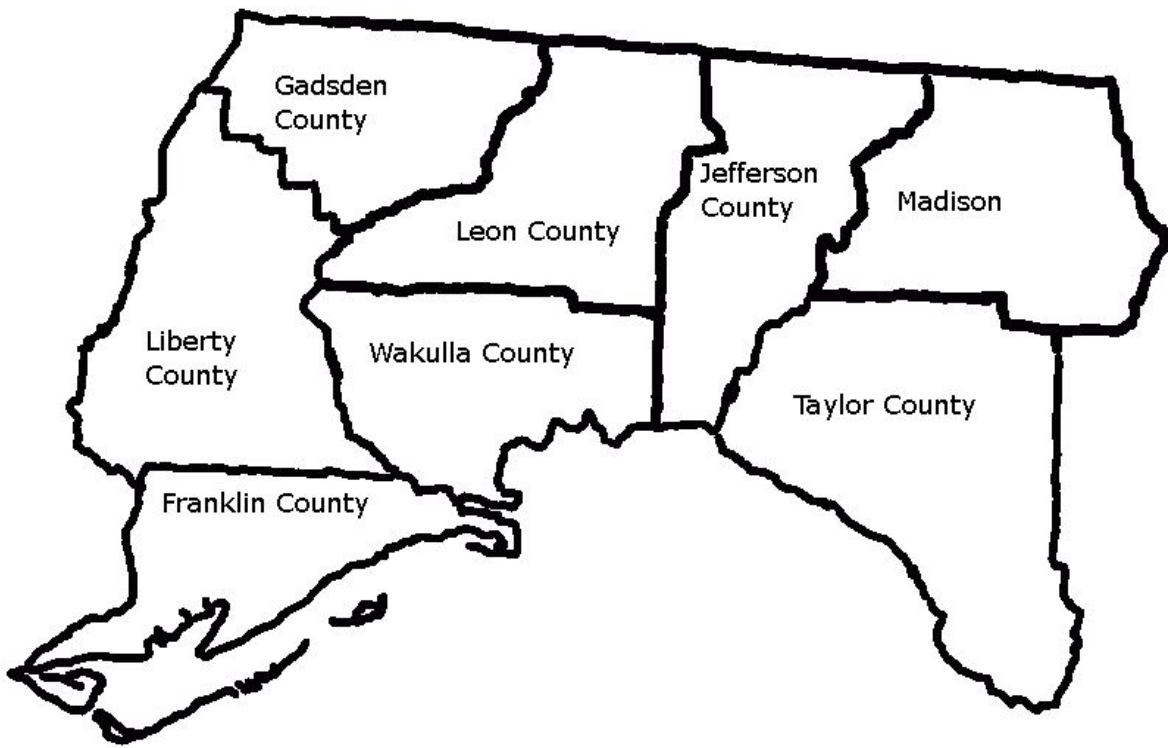
Transportation – Local agencies are addressing this need.

Safety and Crime – This is an issue addressed by governmental agencies in cooperation with local agencies.

Built Environment – This is an issue addressed by governmental agencies.

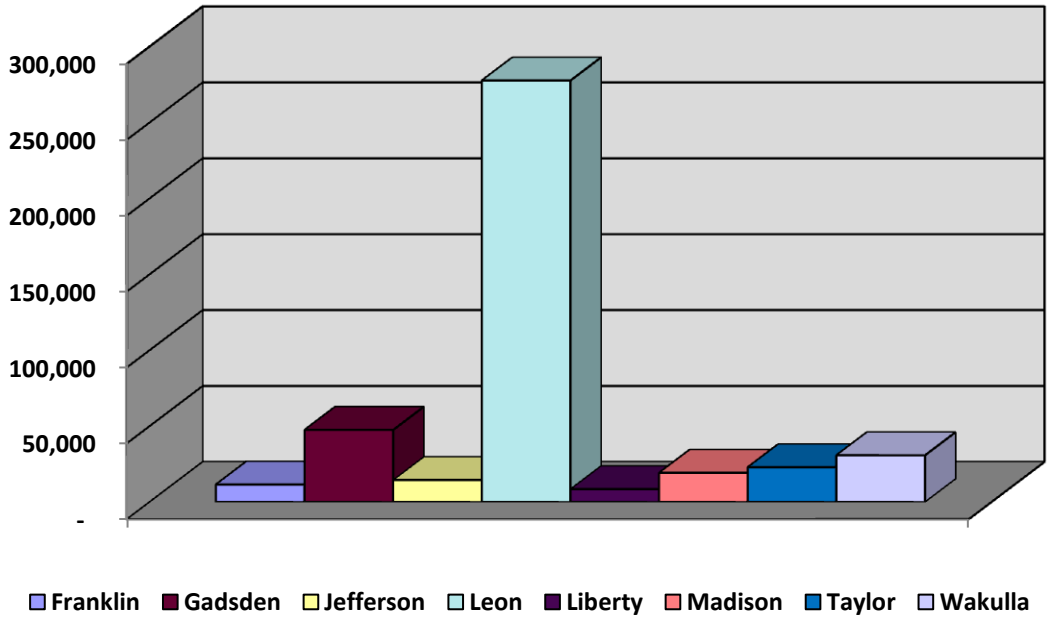
Education – Local agencies are addressing this issue.

**Apalachee Center Inc.  
Service Area**

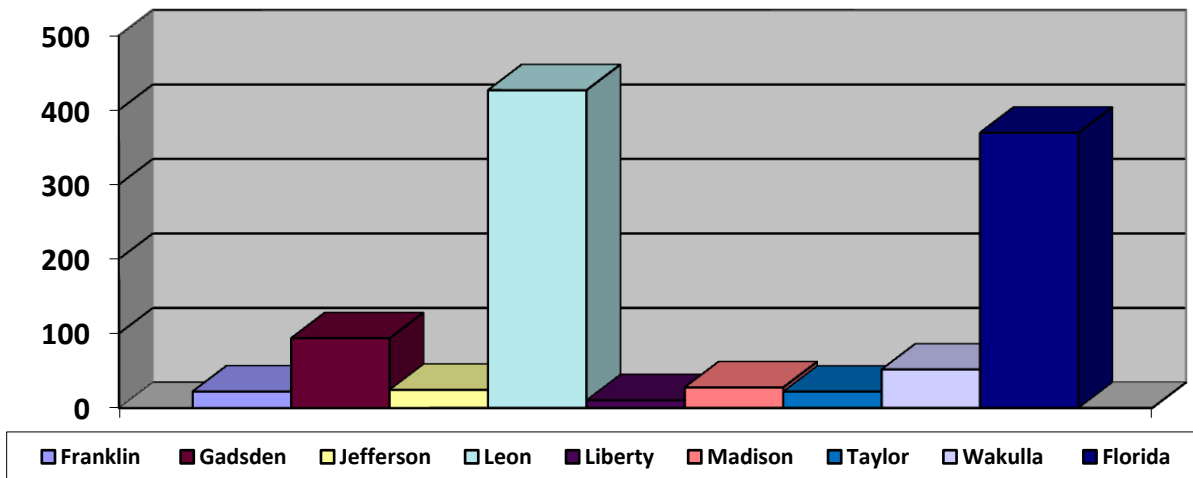


Attachment 2

2016 Florida Association of Counties Data

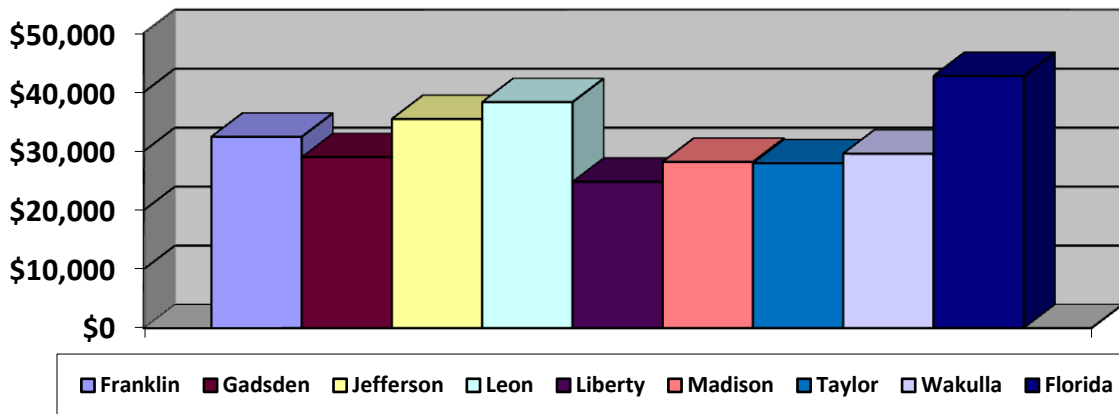


Density Rate: Person per Square Mile

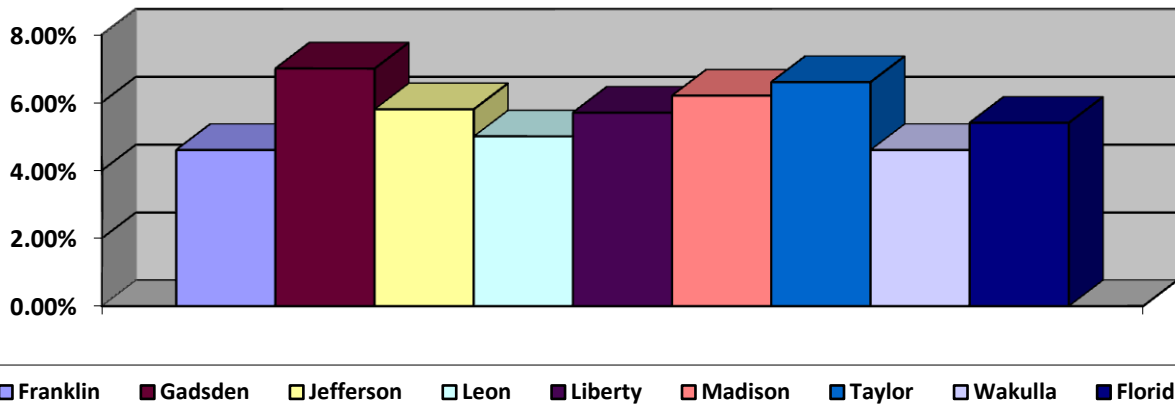




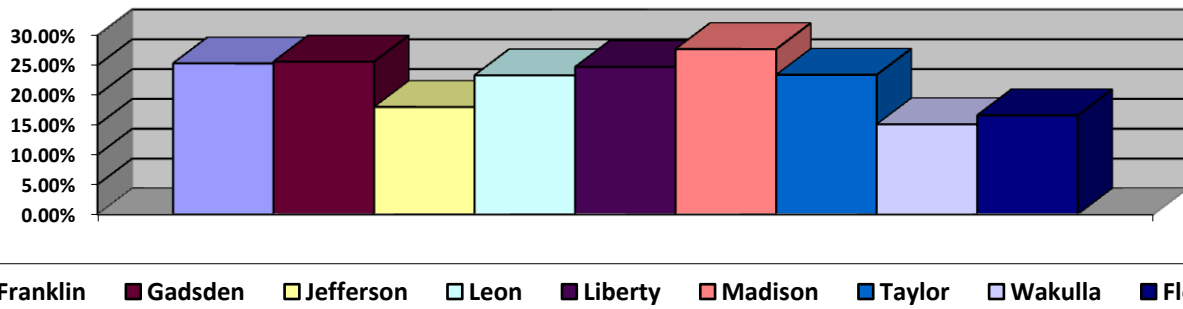
### Per Capita Income



### Unemployment Rate



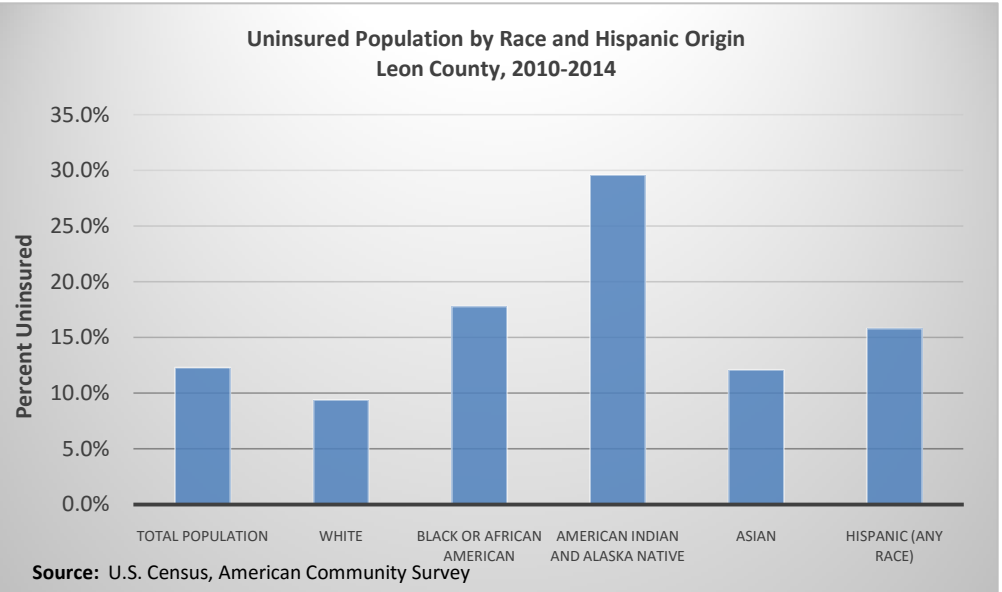
### Percentage of Persons Living Below Poverty Level



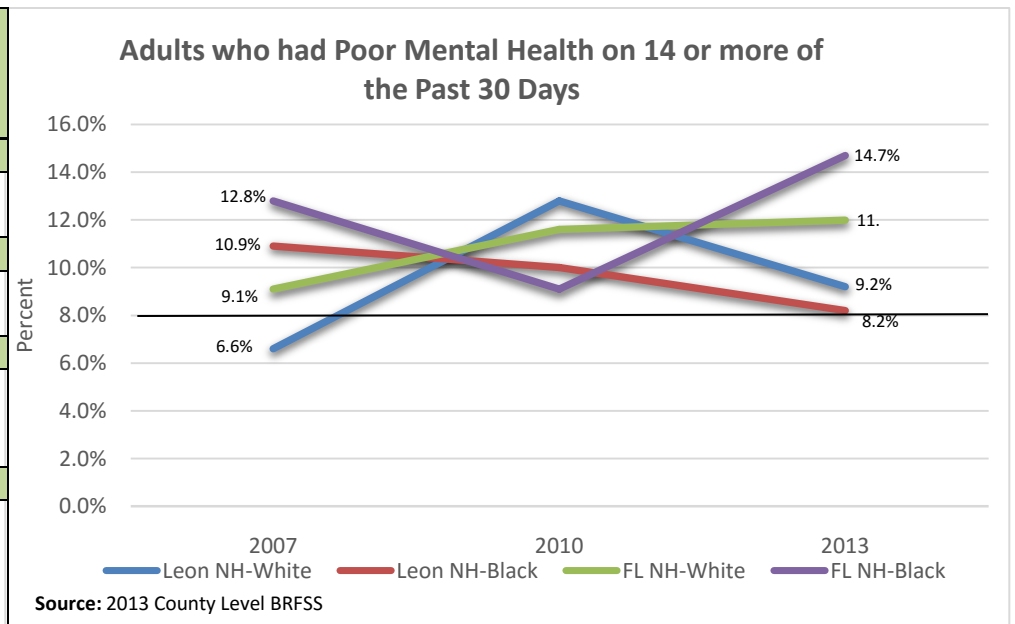
Attachment 3

Leon County Community Health Assessment Report Data

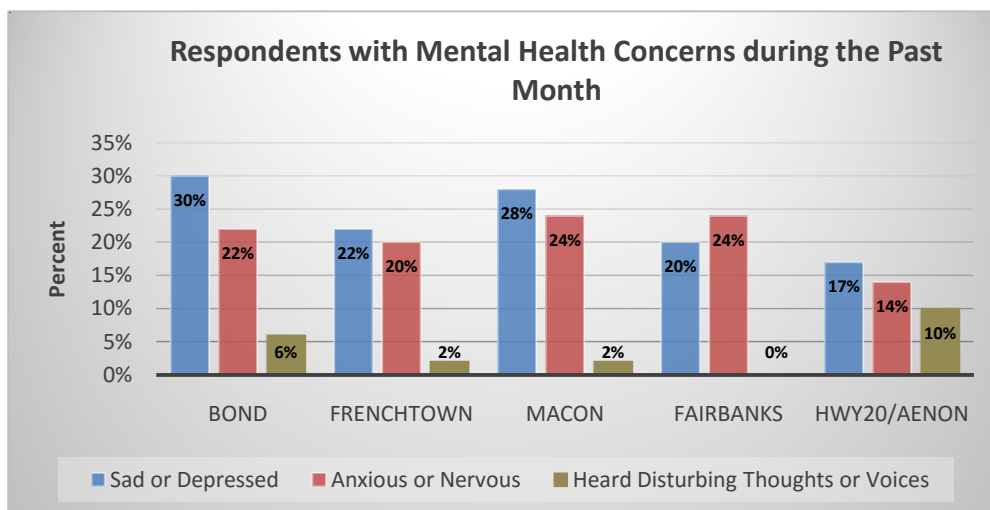
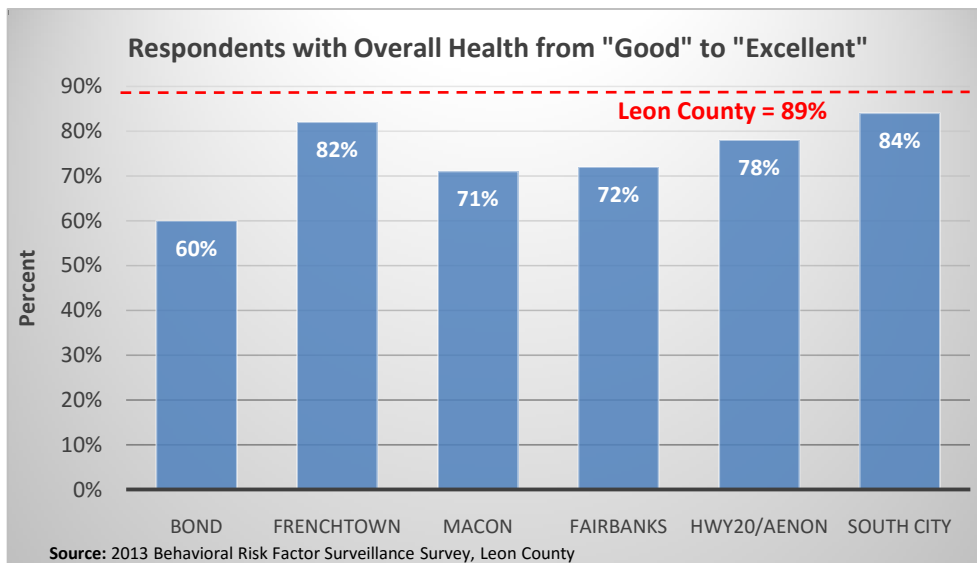
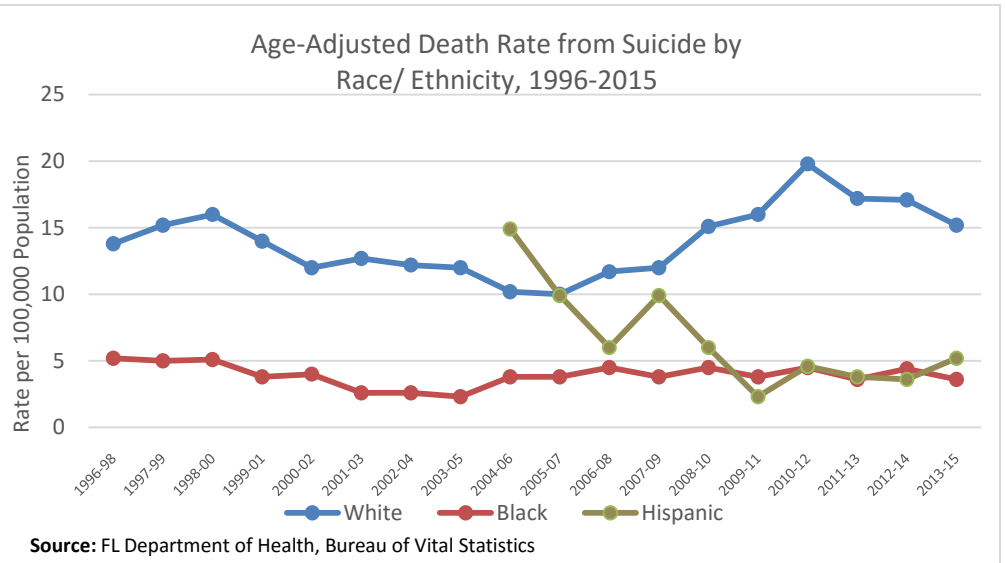
Percentage of Population Who Failed to See a Doctor or Obtain Medical Care Due to Cost During the Past 12 Months	
Source(s): 2013 Florida BRFSS	
	Percentage
FL	20.8%
Leon	12.4%
Sex	
Male	13.2%
Female	11.7%
Race / Ethnicity	
NH White	8.0%
NH Black	14.1%
Education	
HS	12.7%
HS+	10.7%



Adults with Good Mental Health	
Source(s): 2013 County Level BRFSS	
	Percentage
FL	87.3%
Leon	92.0%
Sex	
Male	93.5%
Female	90.8%
Race / Ethnicity	
NH White	90.8%
NH Black	91.4%
Hispanic	N/A
Income	
<\$25,000	89.0%
\$25,000-\$49,999	86.4%
\$50,000+	96.0%



Suicide Deaths	
Source(s): FDOH, Bureau of Vital Statistics	
	Rate
FL	14.1
Leon	12.1
Sex	
Male	20.2
Female	5.1
Race / Ethnicity	
NH White	15.8
NH Black	2.1
Hispanic	5.4
Income	
12-18	4.8
19-21	7.6
21+	15.2



Attachment 4  
 Apalachee Center, Inc.  
 2015 Community Survey Distribution List

<b>Affiliation</b>	<b>County</b>
Northeast Florida State Hospital	Baker
Mental Health Resource Center	Duval
Franklin County Schools	Franklin
Weems Memorial Hospital	Franklin
Eastpoint Medical Center	Franklin
Franklin's Promis Coalition	Franklin
Franklin County Sheriff's Office	Franklin
Franklin County Health Department	Franklin
Franklin County Schools	Franklin
Sacred Heart Medical Center	Franklin
Senior Services	Franklin
Catholic Charities NWFLT	Franklin
Carrabelle Police Department	Franklin
Apalachicola Police Department	Franklin
Senior Services of Franklin County	Franklin
The Refuge House	Gadsden
Gadsden Community Health Council	Gadsden
Gretna Police Department	Gadsden
Gadsden County Health Department	Gadsden
Gadsden County Healthy Start Coalition	Gadsden
Gadsden County Sheriff's Department	Gadsden

Bell Road Human Services Center	Gadsden
Richardson Adult Care Home	Gadsden
Big Bend Workforce Center	Gadsden
Henderson Care Center	Gadsden
TCC Quincy House	Gadsden
Christ Town Ministries	Gadsden
First Presbyterian Church	Gadsden
Investing In Our Youth, Inc.	Gadsden
Midway Police Department	Gadsden
Community Cares Outreach	Gadsden
TMH Physician Partners	Gadsden
Gadsden State Farmers Market – Farm Share	Gadsden
Gadsden County School Board	Gadsden
City of Quincy Police Department	Gadsden
Jessie Furlow Medical Center	Gadsden
Chatahoochee Police Department	Gadsden
Redeemed, Inc.	Gadsden
Capital Regional / Gadsden Memorial	Gadsden
The Center for Health Equity	Gadsden
Gadsden Technical Institute	Gadsden
Havana Police Department	Gadsden
Florida State Hospital	Gadsden
Mental Health Care – Supported Employment	Hillsborough
Jefferson District Schools	Jefferson

Capital Area Community Action Agency	Jefferson
Jefferson County Sheriff's Department	Jefferson
Jefferson County Jail	Jefferson
Jefferson County Courthouse	Jefferson
Jefferson County Health Department	Jefferson
Jefferson County Emergency Management Office	Jefferson
Tallahassee Memorial Family Medicine	Jefferson
Monticello Police Department	Jefferson
Jefferson County Senior Citizens Center, Inc.	Jefferson
Community Crisis Response Team	Leon
FSU Center for Couple & Family Therapy Clinic	Leon
FSU Psychology Clinic	Leon
FSU Police Department	Leon
Capital Regional Medical Center	Leon
Tallahassee Memorial Behavioral Health Center	Leon
Tallahassee Police Department	Leon
Broadview Assisted Living	Leon
FSU Human Services Center	Leon
Leon County Sheriff's Department	Leon
Leon County Court Administration	Leon
Leon Probate Appeals & Court Services Division	Leon
FAMU Police Department	Leon
American Red Cross	Leon
Catholic Charities	Leon

The Shelter	Leon
Refuge House	Leon
Ability First	Leon
Career Source	Leon
Disability Rights Florida	Leon
Big Bend CARES	Leon
National Alliance for the Mentally Ill – Tallahassee Chapter	Leon
Emergency Care Help Organization	Leon
Lee’s Place, Inc.	Leon
Bethel Family Counseling Center	Leon
Haven of Rest	Leon
Non-Secure Programs, Inc.	Leon
Office of Public Guardian	Leon
La Grande Belle Estates	Leon
Seven Hills Health and Rehabilitation Center	Leon
Linda’s Assisted Living Facility	Leon
Catherine’s House, Assisted Living Facility	Leon
Miracle Hill Nursing & Rehabilitation Center	Leon
Centre Pointe Health and Rehabilitation Center	Leon
The Rehab Center at Heritage Healthcare	Leon
Vocational Rehabilitation	Leon
Reddick Assisted Living Facility	Leon
Harborage Assisted Senior Living Community	Leon
St. Augustine Plantation Assisted Living Facility	Leon



Allegro Assisted Living Facility	Leon
Sterling House Assisted Living Facility	Leon
Tallahassee Memory Care	Leon
Westminster Oaks Retirement Community	Leon
Pacifica Senior Living Woodmont – Tallahassee	Leon
Capital City Youth Services	Leon
Brehon Family Services	Leon
Tallahassee Veterans Village	Leon
Good News Outreach	Leon
Pregnancy Help and Information Center	Leon
Tallahassee Housing Authority – Public Housing	Leon
Aging With Dignity	Leon
First Presbyterian Church	Leon
Grace Mission Episcopal Church	Leon
DCF Economic Services – Food Stamps	Leon
Salvation Army	Leon
2-1-1 Big Bend	Leon
Bond Community Health Center	Leon
DISC Village	Leon
Frenchtown Outreach Center	Leon
Mothers In Crisis	Leon
Leon County School Board	Leon
Big Bend Transportation	Leon
Neighborhood Medical Center	Leon

North Florida / South Georgia Veterans Health System	Leon
Leon County Health Department	Leon
Goodwill Industries	Leon
Lutheran Social Services of North Florida	Leon
Shisa, Inc.	Leon
Legal Services of North Florida	Leon
Star Metro	Leon
Office of Intervention and Detention Alternatives	Leon
Liberty County Senior Center	Liberty
Liberty Department of Health	Liberty
Liberty County Sheriff's Office	Liberty
Buy Rite Drugs	Liberty
Blountstown Drugstore	Liberty
Varnum's Rest Home	Liberty
Habilitative Services of North Florida	Liberty
Liberty County Jail	Liberty
Pancare – Bristol	Liberty
Liberty County Schools	Liberty
Liberty County Transit	Liberty
Medical Center of Blountstown	Liberty
Calhoun Liberty Hospital	Liberty
Rivertown Senior Care	Liberty
Madison Ambulance Service	Madison
Department of Children & Families	Madison

Madison County Sheriff's Office	Madison
Madison County Central School	Madison
Madison County Health Department	Madison
Madison County Jail	Madison
Madison County High School	Madison
Madison County Memorial Hospital	Madison
The Refuge House	Madison
Madison Police Department	Madison
Madison Nursing Center	Madison
Madison County Excel Alternative School	Madison
Madison Osteopathic Medicine	Madison
Peacock Hill	Madison
Four Freedoms Health Services	Madison
Madison District School Board	Madison
Southern Living for Seniors	Madison
Family Health Center	Madison
CareerSource North Florida	Madison
Madison Family Clinic	Madison
Jerome Golden Center for Behavioral Health	Palm Beach
Peace River Center	Polk
St. Johns Outpatient Care Center	St. Johns
Taylor Florida Probation & Parole	Taylor
Taylor District Schools	Taylor
Taylor County Jail	Taylor

Taylor County Health Department	Taylor
Steinhatchee School	Taylor
Perry Police Department	Taylor
Doctor's Memorial Hospital	Taylor
Employment Connections	Taylor
Taylor Correctional Institute	Taylor
Taylor Medical Center	Taylor
Premier Medical Center	Taylor
Taylor County Senior Citizen Center	Taylor
The Refuge House	Taylor
Wakulla District Schools	Wakulla
Wakulla County Health Department	Wakulla
DISC Village	Wakulla
Wakulla County Sheriff's Department	Wakulla
CareerSource Capital Region	Wakulla
Promise Land Ministries	Wakulla
Wakulla County Schools	Wakulla
Wakulla Senior Citizens Center	Wakulla
Capital Regional Health Care	Wakulla
TMH Physician Partners	Wakulla
Wakulla Medical Center	Wakulla
Wakulla High School	Wakulla
Wakulla One Stop Community Center	Wakulla
National Alliance Mental Illness	Wakulla

Wakulla Urgent Care	Wakulla
Wakulla County Schools, Adults and Community Education	Wakulla
Wakulla County Coalition for Youth	Wakulla
The Refuge House	Wakulla
Armor Correctional Health Services	Wakulla