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Volusia County, FL Mental Health and Substance Use Disorder Treatment Gap Analysis

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Table of Contents

List of Tables

The University of Central Florida's Institute for Social and Behavioral Science (ISBS) partnered with Volusia County to undertake a gap analysis focused on mental health and substance use disorder treatment. Specifically, we designed a study to determine the capacity of treatment options, identify barriers to seeking treatment, and illuminate what works particularly well. The gap analysis results can guide future decisions on allocating resources best to ensure that treatment is accessible to all in need.

Methodology

To conduct the gap analysis, we relied on four modes of data collection. These were: quantitative analysis of secondary data, an online survey with treatment providers, semi-structured interviews with community stakeholders, and semi-structured interviews with individuals who have navigated the mental health and/or substance use disorder treatment systems in Volusia County.

Secondary Data Analysis

To determine the prevalence of mental illness and substance use disorders in the county, ISBS conducted an analysis of secondary data from the Florida Department of Health available on Florida Health Community Health Assessment Resource Tool Set (CHARTS). The data provided by Florida Health CHARTS is a compilation of primary and secondary data. Secondary data comes from a variety of sources, including the Behavioral Risk Factor Surveillance Survey (BRFSS), Agency for Health Care Administration, Florida Department of Law Enforcement (FDLE), Florida Department of Education, and many other sources. Within the parameters of the data available on Florida Health CHARTS, we have selected multiple variables within five different overarching categories to measure both the prevalence of substance use disorder and mental health conditions as well as current treatment capacity. The five overarching categories in which we have selected variables from are as follows: (1) mental health status, (2) hospitalizations, (3) suicide and self-harm, (4) substance use, and (5) services available. Each of the variables selected for this analysis are listed and described below.

Substance Abuse Treatment Provider Survey

Survey data were collected using an original survey developed by ISBS using the online surveying program, Qualtrics (Appendix A). Survey questions inquired about treatment offerings in the county, populations served, and the general capacity of individual mental health and substance abuse treatment facilities/organizations in Volusia County.

A total of 105 providers were identified using the Treatment Locator tool on SAMHSA's website and a google search of the terms "substance use disorder treatment in Volusia County, FL" and "mental health treatment in Volusia County, FL" (Appendix B). Of these providers, we were able to find email addresses and send the survey to 76; almost all of the emails we were unable to find were for providers who did individual counseling rather than larger facilities (Appendix C). A link to the survey was distributed via email. Everyone was emailed three times or until they completed the survey. After the third email, a phone call was made to those facilities who had not yet participated. In the end, 15 different organizations/providers responded. Many of these providers had multiple locations so the responses include information for a total of 34 different locations across Volusia County. Once the data collection period ended, data were analyzed

using SPSS, and frequency tables were constructed to determine populations served, services offered, treatment availability, and accepted forms of payment.

Geospatial Analysis of Treatment Provider Distribution

From the list of providers developed to distribute the treatment provider survey, ISBS utilized ArcGIS software to create maps highlighting the geographic distribution of substance use disorder and mental health treatment providers throughout the county (Appendix D). To create the maps, addresses for each provider were geocoded by provider type, including (1) mental health and substance use disorder treatment providers, (2) substance use disorder treatment providers, (3) mental health providers, and (4) unknown providers. Prior to developing the maps, the ISBS team reached out to all unknown providers via phone call in attempt to distinguish the types of services provided by each provider.

Since the addresses of each provider were geocoded by provider type, each provider type is represented by a different symbol. More specifically, mental health and substance use disorder treatment providers are represented by a white flag, substance use disorder treatment providers are represented by a yellow flag, mental health providers are represented by a green flag, and unknown providers are represented by a red flag.

Once the addresses were geocoded onto the basemap of Volusia County, we created seventeen maps to illustrate the distribution of providers throughout the county. The first map provides an overview of providers by provider type throughout the whole county. Following, we split the county up geographically to create the remaining maps to aid in providing a clear visualization of where treatment providers are located. First, we split the county up into quadrants and created more focused maps, which included (1) Northeast Volusia County, (2) Southeast Volusia County, (3) Northwest Volusia County, and (4) Southwest Volusia County.

After creating those four maps, we developed an additional twelve maps which focused in on areas that had a higher concentration of treatment providers. Of those twelve maps, eight highlighted treatment providers on the East side of the county and four highlighted treatment providers on the West side of the county. The eight maps on the East side of the county included the following cities: (1) Ormond Beach (North), (2) Ormond Beach and Holly Hill, (3) Daytona Beach, (4) West Daytona, (5) Port Orange (North), (6) Port Orange (South), (7) New Smyrna Beach and Edgewater, and (8) Edgewater. The four maps on the West side of the county included the following cities: (1) DeLand (North), (2) DeLand, (3) Orange City and Deltona, and (4) DeBary.

These maps show where providers are located and areas with less access to treatment can be easily identified.

Stakeholder Interviews

To conduct the stakeholder interviews, ISBS worked with Volusia County to build a list of community partners to reach out to. The final list included 42 people. Each person on the list was contacted a minimum of three times over a three-month period. A total of 19 stakeholder interviews were conducted. Participants came from law enforcement, corrections, the court

system, education, healthcare, treatment providers, and other service providers. The interview schedule asked stakeholders to identify what they believe is working well in the county, what barriers they think people often face when seeking treatment, and what they view as priorities in making treatment more accessible (Appendix E). All interviews were audio recorded and transcribed. The transcriptions were coded and qualitatively analyzed for common themes.

Client Interviews

The final component of the study consisted of interviews with individuals who have navigated the mental health and/or substance use disorder treatment system(s) in Volusia County. Initially, an email with a link for clients to sign up for interviews was distributed to all providers in the county. While some providers responded that they would send the information to their clients, no one signed up to be interviewed. We were connected to Volusia Recovery Alliance via the Volusia County Health Department and were allowed to do interviews on site. Volusia County staff connected us with SMA Healthcare who also facilitated interviews with clients via zoom. Finally, we conducted interviews with individuals currently incarcerated in the Volusia County jail. In total, 18 clients participated in an interview (either in person or via Zoom). The interview schedule asked them to recount how they initially accessed treatment, what barriers they faced, and what they believe would benefit others seeking treatment (Appendix F.) All interviews were audio recorded and transcribed. The transcriptions were qualitatively analyzed for common themes.

Ethical Concerns

The UCF Institutional Review Board approved this study. To protect the identity of stakeholders and clients, none of the included quotes are attributed to specific individuals throughout this report.

Secondary Data Analysis

To determine the prevalence of mental illness, substance misuse, and substance use disorder, ISBS conducted an analysis of secondary data from the Florida Department of Health available on Florida Health Community Health Assessment Resource Tool Set (CHARTS). The data provided by Florida Health CHARTS is a compilation of primary and secondary data. Secondary data comes from a variety of sources, including the Behavioral Risk Factor Surveillance Survey (BRFSS), Agency for Health Care Administration, Florida Department of Law Enforcement (FDLE), and many other sources. From Florida Health CHARTS, we selected five different categories to measure the prevalence of substance use disorder and mental health conditions, which are (1) mental health status, (2) hospitalizations, (3) suicide and self-harm, (4) substance use, and (5) services available. Within the parameters of the publicly available data on Florida Health CHARTS, the following variables per category were selected and reviewed:

- Mental Health Status
    - Estimated seriously mentally ill adults (Table 1)
    - Estimated seriously emotionally disturbed ages 9-17 (Table 1)
    - Children in schools' grades K-12 with emotional/behavioral disability (Table 1)
    - Adults who had poor mental health on 14 or more of the past 30 days (Table 2)
    - Adults who have been told they had a depressive disorder (Table 2)
    - Adults with good mental health (Table 2)
    - Average number of unhealthy mental days in the past 30 days (Table 2)

- Hospitalizations
    - Hospitalizations for mental and behavioral health disorders, including:
        - Drug and alcohol induced mental disorders (Table 3)
        - Mood and depressive disorders (Table 4)
        - Schizophrenic disorders (Table 5)
        - Hospitalizations attributable from mental disorders (Table 6)

- Suicide and self-harm
    - Suicide deaths (Table 7)
    - Non-fatal intentional self-harm injuries (Tables 8 & 9)

- Substance use
    - Overdoses (Table 10)
        - Number of drug and opioid overdoses
        - Drug and opioid overdose annual age-adjusted death rate
    - Overdose Response (Table 11)
        - Emergency Medical Service responses to drug and opioid overdoses
        - All drug non-fatal overdose emergency department visits
        - Opioid non-fatal overdose emergency department visits
        - All drug non-fatal overdose hospitalizations
        - Opioid non-fatal overdose hospitalizations
        - Florida Poison Information Network calls related to opioids

        - Naloxone administration
    - Prescriptions (Table 12)
        - Number of prescriptions prescribed
        - Number of unique patients
        - Number of unique providers
    - Consequences (Table 13)
        - Drug related arrests
        - Alcohol and drug related motor vehicle crashes
        - Neonatal abstinence syndrome

- Services available
    - Mental health services available (Table 14)
        - Licensed mental health counselors
        - Licensed psychologists
        - Licensed clinical social worked
        - Total behavioral/mental health professionals
        - Adult, child, and adolescent psychiatric beds
        - Children ages 1-5 receiving mental health treatment services
    - Substance Use Disorder Treatment (Table 15)
        - Adult substance abuse treatment beds
        - Adult and child substance abuse treatment enrollees

Mental Health Status

Overall, using Florida Health CHARTS data, this report measures mental health status in a variety of ways. First, in Table 1, data are presented on the estimated number of seriously mental ill adults, estimated number of seriously emotionally disturbed ages 9-17, and children in schools' grades K-12 with emotional/behavioral disability from 2018 through 2021. While the number of children in schools' grades K-12 with emotional/behavioral disability is reported yearly from the Florida Department of Education, the number of adults with serious mental illness and the number of seriously emotionally disturbed youth ages 9-17 are statistical estimates calculated by the Florida Department of Health using the Behavioral Health Barometer from the Substance Abuse and Mental Health Services Administration (SAMHSA) and a report from the Department of Health and Human Services (DHHS).

Based on yearly data from the Florida Department of Education, there were 415 ***children in schools' grades K-12 with emotional/behavioral disability*** in 2021 (Table 1). According to FL Health CHARTS, that is approximately 0.7% of K-12 students in Volusia County compared to 0.5% of K-12 students throughout the state with an emotional/behavioral disability. Between 2018 and 2021, the percentage of K-12 students throughout the state with emotional/behavioral disability was 0.5%.

Similar to 2021, in 2020 there were 412 ***children in schools' grades K-12 with emotional/behavioral disability*****,** which is approximately 0.7% of K-12 students in the county. In 2019, there were 458 ***children in schools' grades K-12 with emotional/behavioral disability.*** While the number of children with an emotional/behavioral disability was higher in 2019 than 2020 and 2021, the percentage of K-12 students in the county with an emotional/behavioral disability was the same at 0.7%. Lastly, in 2018, there were 489 children, or about 0.8% of K-12 students in Volusia

County, with emotional/behavioral disability.

In addition to these numbers from the Florida Department of Education, the Florida Department of Health statistically estimated the number of ***adults with serious mental illness*** and ***seriously emotionally disturbed youth ages 9-17*** up until 2020. In 2020, there was an estimated 17,569 adults with ***serious mental illness*** and an estimated 4,452 ***seriously emotionally disturbed youth ages 9-17***. In 2019, there was an estimated 17,307 adults with ***serious mental illness*** and an estimated 4,433 ***seriously emotionally disturbed youth ages 9-17***. Lastly, in 2018, there was an estimated 17,073 adults with ***serious mental illness*** and an estimated 4,458 ***seriously emotionally disturbed youth ages 9-17***.

Table 1. Mental health status in Volusia County

	2018	2019	2020	2021
Estimated number of serious mental illness[1]	17,073	17,307	17,569	-
Estimated number of seriously emotionally disturbed youth ages 9-17[2]	4,458	4,433	4,452	-
Children in schools' grades K-12 with emotional/behavioral disability[3]	489 0.7%	458 0.7%	412 0.7%	415 0.7%

Following, Table 2 highlights data on mental health status sourced from the Behavioral Risk Factor Surveillance System (BRFSS), which provides local- and state-level data from a national telephone survey conducted annually with more than 400,000 adults by the Centers for Disease Control (CDC). While the BRFSS asks about "health-related risk behaviors and events, chronic health conditions, and the use of preventive services," this report focuses on a series of questions on mental health status documented on Florida Health CHARTS.

In addition to reporting the data on mental health status from the BRFSS, Florida Health CHARTS includes the variables in a County Health Status Summary. The County Health Profile includes variables selected by Florida Health CHARTS on a variety of health outcomes, including socio-demographics, physical activity, chronic diseases, health status and access to care, and a number of other topics. Within the County Health Profile, Florida Health CHARTS compares county-level variables or indicators between all 67 counties in the state. To do this, based on the results of each indicator, the county values are sorted from most favorable (1) to least favorable (4). Based on the last year of BRFSS data available from Florida Health CHARTS, in 2019, Volusia County was ranked in the 3rd quartile for ***average number of unhealthy mental days in the past 30 days*** and ***adults who have ever been told they had a depressive disorder***. Additionally, the county was ranked in the 4th quartile for ***adults who had poor mental health on 14 or more of the past 30 days and adults with good mental health.***

When examining each of these variables further, Florida Health CHARTs reports that in 2019, approximately 17.2% of adults in Volusia County reported ***poor mental health for 14 or more of the***

[1] Florida Health CHARTS estimated count using the Behavioral Health Barometer from Substance Abuse and Mental Health Services Administration (SAMHSA)
[2] Florida Health CHARTS estimated count using a 1996 report from the Department of Health and Human Services
[3] Florida Health CHARTS sources from the Florida Department of Education

past 30 days compared to 13.8% across the state (Table 2). Additionally, 18.8% of adults reported that ***they had been told they had a depressive disorder*** compared to 17.7% of adults across the state. Following, the ***average number of unhealthy mental days within the last 30 days*** was 4.9. Lastly, approximately 82.8% of Volusia County residents ***reported good mental health*** compared to 86.2% of adults across the state of Florida.

Table 2. Adult mental health status[4]

	Volusia	Florida
Adults who reported poor mental health for 14 or more of the past 30 days	17.2%	13.8%
Adults who have ever been told they had a depressive disorder	18.8%	17.7%
Average number of unhealth mental days within the last 30 days	4.9%	-
Adults who reported good mental health	82.8%	86.2%

Hospitalizations

In addition to mental health status, the Florida Department of Health Florida Health CHARTS provides data from the Florida Agency of Health Care Administration on **hospitalizations for mental and behavioral health disorders by age**. The disorders that are reported include ***drug and alcohol-induced mental disorders, mood and depressive disorders, schizophrenic disorders, and hospitalizations attributable from mental disorders.***

Between 2018 and 2021, it was reported that the highest rates of hospitalization due to drug and alcohol induced mental disorders were between 25–44 year olds and 45–64 year-olds (Table 3). While we compared county-level data from 2018-2020, we included data on hospitalization rates from 2018 to 2021 for both the county and the state. More specifically, in 2021, the age group with the highest rate of ***hospitalizations due to drug and alcohol-induced mental disorders*** for both Volusia County and Florida was 45-64 year olds.

Further, as shown in Table 3, in 2020 it was reported that 362 people who were 25-44 years old were ***hospitalized for a drug and/or alcohol-induced mental disorder*** (rate of 296.84). Although the group with the highest rate in 2020 in Volusia County was 25-44 year olds, throughout the state the age group with the highest rate of ***hospitalizations due to drug and alcohol-induced mental disorders*** was for 45-64 year olds (rate of 275.41). Similar patterns in the rate of ***hospitalizations due to drug and alcohol-induced mental disorders*** was found in 2018 with the highest rate in Volusia County being amongst those ages 25-44 and the highest rate in the state being amongst those 45-64 year olds.

Similar to 2021, in 2019, it was reported that 392 45-64 year-olds in Volusia County were ***hospitalized for a drug and/or alcohol-induced mental disorder*** (rate of 245.02). Additionally, as a group 45-64 year olds had the highest rate of ***hospitalizations due to drug and/or alcohol induced mental disorders*** throughout the state of Florida as well (283.61). The next age group with the highest rate of ***hospitalization due to drug and alcohol-induced mental disorders*** were those 65-74

[4] Florida Health CHARTS sources from the Behavioral Risk Factor Surveillance Survey (BRFSS)

years old.

Table 3. Hospitalizations due to drug and alcohol-induced mental disorders (rate per 100,000)[5]

	2018		2019		2020		2021	
	Volusia	**Florida**	**Volusia**	**Florida**	**Volusia**	**Florida**	**Volusia**	**Florida**
Under-age 18	7.36	6.41	7.31	6.75	-	5.86	-	5.35
Ages 18 -21	56.41	75.36	64.51	77.84	48.77	85.03	59.8	74.68
Ages 22-24	91.89	139.21	64.75	123.4	65.38	131.36	53.3	121.73
Ages 25-44	**207.98**	250.5	230.6	255.49	**296.84**	263	270.4	268.22
Ages 45-64	202.43	**270.26**	**245.02**	**283.61**	262.34	**275.41**	**280.3**	**283.16**
Ages 65-74	98.08	126.55	110.93	133.41	117.57	134.13	134.5	143.06
Ages 75 or older	33.91	43.42	41.47	40.83	31.88	39.04	38.3	40.34
Total	126.28	162.42	144.93	167.01	163	166.9	164.5	170.23

While the highest rates for ***hospitalizations due to drug and/or alcohol-induced mental disorders*** were present amongst 25-44 and 45–64 year olds, the highest rate for ***hospitalizations for mood and depressive disorders*** between 2018 and 2021 was found consistently amongst the age groups under age 18 and ages 18-21 (Table 4). In 2021, the highest rate for ***hospitalizations for mood and depressive disorder*** were amongst those under-age 18 in Volusia County (rate of 1,211), while it was ages 18-21 in Florida (rate of 764.4).

In 2020, the rate for ***hospitalizations for mood and depressive disorder*** for those under age 18 in Volusia County was 1057.98 and the rate for those under age 18 in Florida was 741.96. In Volusia County, the next highest rates for ***hospitalizations due to mood and depressive disorders*** in 2020 were for 18-21year olds, 25-44 year olds, and 45-64 year-olds with rates of 658.46, 543.65, and 408.91, respectively.

Following, in 2018 and 2019, the highest rate for ***hospitalizations due to mood and depressive disorders*** in Volusia County was also amongst those under age 18 with rates of 1,256.74 and 1116.01. Similar to 2020, in 2018 and 2019, the next highest rates for ***hospitalizations due to mood and depressive disorders*** were for 18-21 year olds. In 2018, the rate for 18-21 year olds was 523.81 and in 2019 it was 556.4.

Table 4. Hospitalizations due to mood and depressive disorders (rate per 100,000)[6]

	2018		2019		2020		2021	
	Volusia	**Florida**	**Volusia**	**Florida**	**Volusia**	**Florida**	**Volusia**	**Florida**
Under-age 18	**1,256.74**	459.11	**1,116.01**	467.33	**1,057.98**	446.24	**1,211**	575.69
Ages 18 -21	523.81	**771.16**	556.4	**768.28**	658.46	**741.96**	589.8	**764.4**

[5] Florida Health CHARTS sources hospitalization data from the Florida Agency of Health Care Administration
[6] Florida Health CHARTS sources hospitalization data from the Florida Agency of Health Care Administration

Ages 22-24	324.31	628.4	426.3	598.89	370.49	593.95	473.9	622.44
Ages 25-44	403.98	563.51	515.51	551.74	543.65	497.28	440	484.57
Ages 45-64	365.98	544.02	451.11	537.58	408.91	460.02	377.8	418.81
Ages 65-74	226.56	278.72	224.56	294.98	210.33	252.87	196.7	237.62
Ages 75 or older	96.39	170.98	119.24	171.82	85.56	139.87	106.8	134
Total	492	482.96	520.79	479.11	499.99	430.3	493.7	440.18

Between 2018 and 2021, the age group with the highest rate for ***hospitalizations due to schizophrenic disorders*** was most frequently ages 25-44 followed by ages 22-24 in both Volusia County and the State of Florida (Table 5). In 2021, in both the county and the state the highest rate was for those ages 25-44 with rates of 305.3 and 419.48.

In 2020, the highest rate for ***hospitalizations due to schizophrenic disorders*** in Volusia County was for 22-24 year olds with a rate of 365.04, while the highest rate in the state was ages 25-44 with a rate of 415.29. The next highest rates in Volusia County were 273.88 for 25-44 year olds, 205.46 for 45-64 year olds, and 203.23 for 18-21 year olds.

While the highest rate for ***hospitalizations due to schizophrenic disorders*** in 2020 was for 22-24 year olds in Volusia County, the same pattern was not present in 2018 and 2019. In 2019, the age group with the highest rate of ***hospitalizations due to schizophrenic disorders*** was 25-44 year olds with a rate of 321.67. Similarly, the age group with the highest rate of ***hospitalizations due to schizophrenic disorders*** in 2018 was 25-44 year olds with a rate of 292.71. The age group with the next highest rates were 45-64 year olds with a rate of 230.58, followed by 22-24 years olds at 205.39, and 18 21 year-olds with a rate of 149.09.

Table 5. Hospitalizations due to schizophrenic disorders (rate per 100,000)[7]

	2018		**2019**		**2020**		**2021**	
	Volusia	**Florida**	**Volusia**	**Florida**	**Volusia**	**Florida**	**Volusia**	**Florida**
Under-age 18	24.17	21.86	19.84	21.13	16.64	18.1	20.3	18.1
Ages 18 -21	149.09	267.97	229.82	269.58	203.23	269.88	195.3	304.28
Ages 22-24	205.39	385.44	172.68	367.45	**365.04**	386.34	191.7	361.03
Ages 25-44	**292.71**	**416.82**	**321.67**	**425.62**	273.88	**415.29**	**305.3**	**419.48**
Ages 45-64	230.58	326.2	249.72	331.12	205.46	300.59	176.1	276.87
Ages 65-74	95.32	148.46	86.58	149.77	92.75	140.63	66	137.26
Ages 75 or older	48.19	92.52	43.2	102.61	28.52	75.13	20.7	77.19
Total	165.13	246.91	176.81	250.27	157.7	235.71	146.3	230.72

From 2018 to 2021, the highest rate of ***hospitalizations attributable to mental disorders*** in Volusia

[7] Florida Health CHARTS sources hospitalization data from the Florida Agency of Health Care Administration

County was for those under age 18, while in the State of Florida the highest rate was most consistently found amongst those ages 25-44 (Table 6). More specifically, in 2021, the highest rate of ***hospitalizations attributable to mental disorders*** in Volusia County was under age 18 with a rate of 1,613.7 and throughout the State of Florida, the highest rate was amongst those ages 18-21 with a rate of 1,310.05.

In 2020, the age group with the highest rate of ***hospitalizations attributable to mental disorders*** in Volusia County was those under age 18 with a rate of 1,390.87. Across Florida, the age group with the highest rate was ages 25-44. In Volusia, the second highest rate was for the 25-44 year old age group at 1,201.28, followed by 18-21year olds with a rate of 1,093.36. Similar patterns were found in both 2018 and 2019. Specifically, in 2019, the age group with the highest rate of ***hospitalizations attributable to mental disorders*** was under age 18 with a rate of 1,516.89. The groups with the next highest rates were 25-44 year olds, 45-64 year olds, and 18-21 year olds with rates of 1,178.91, 1,037.83, and 1,012, respectively.

Table 6. Hospitalizations attributable to mental disorders (rate per 100,000)[8]

	2018		2019		2020		2021	
	Volusia	**Florida**	**Volusia**	**Florida**	**Volusia**	**Florida**	**Volusia**	**Florida**
Under-age 18	**1,436.42**	631.88	**1,516.89**	646.59	**1,390.87**	599.92	**1,613.7**	728.45
Ages 18 -21	946.89	1,286.82	1012	1,299.76	1,093.36	1,262.32	980.3	**1,310.05**
Ages 22-24	783.74	1,281.75	750.07	1,210.77	909.88	1,230.94	793.4	1,226.68
Ages 25-44	1,059.59	**1,322.08**	1,178.91	**1,323.77**	1,201.28	**1,256.71**	1,105.3	1,253.17
Ages 45-64	938.4	1,211.72	1,037.83	1,220.56	948.99	1,093.89	878.1	1,034.5
Ages 65-74	498.71	634.22	477.53	652.53	470.29	593.7	448.2	584.33
Ages 75 or older	301.65	504.34	316.24	505.89	258.37	413.04	267.9	420.53
Total	922.27	1,002.29	988.95	1,006.03	945.83	928.37	929.8	937.05

Self-Harm and Suicide

Using data from the Florida Department of Health, Bureau of Vital Statistics Florida Health CHARTS provides data on ***age-adjusted suicide deaths***, including rates per 100,000 persons by age (shown in Table 7). Overall, the age group with the highest rate of ***suicide deaths*** varied both over-time and between the state and the county.

In 2021, the age group with the highest rate of ***suicide deaths*** in Florida was ages 75 or older with a rate of 21.89, while in Volusia the age group with the highest rate was ages 35-44 with a rate of 36.9 (Table 7). In 2020, across the state the age group with the highest rate of ***suicide deaths*** was ages 75 or older with a rate of 22.56. During the same year, the age group with the highest rate of ***suicide deaths*** in Volusia was ages 55-64 with a rate of 34.58. In 2019, the highest rate for ***suicide deaths*** in Volusia was reported for 45-54 year olds with a rate of 36.18, while the age group with the highest rate of ***suicide deaths*** in Florida was ages 55-64 with a rate of 25.34. In 2018, the age group with the highest rate in both the county and the state was ages 55-64 with rates of 41.6 and 26.4

[8] Florida Health CHARTS sources hospitalization data from the Florida Agency of Health Care Administration

respectively.

Table 7. Suicide deaths by age (rate per 100,000)[9]

	2018		2019		2020		2021	
	Volusia	**Florida**	**Volusia**	**Florida**	**Volusia**	**Florida**	**Volusia**	**Florida**
Ages 10-14	-	1.78	-	2.16	7.32	2.8	3.6	2.36
Ages 15-19	10.17	9.73	17.01	8.46	17.11	9.24	3.4	8.13
Ages 20-24	16.22	14.1	19.43	14.97	22.88	15.83	32	16.78
Ages 25-34	35.76	15.56	18.91	16.25	23.21	16.56	19.5	16.93
Ages 35-44	14.46	20.02	28.45	16.24	22.68	15.28	**36.9**	17.39
Ages 45-54	20.75	21.8	**36.18**	22.12	25.93	16.98	27.2	17.99
Ages 55-64	**41.6**	**26.4**	27.83	**25.34**	**34.58**	19.5	24.3	20.15
Ages 65-74	26.25	20.27	31.11	18.5	19.6	16.32	28.6	18.51
Ages 75 or older	35.7	26.35	32.83	23.92	25.17	**22.56**	25.5	**21.89**
Total	25.97	19.03	26.24	18.06	23.85	16.12	24.5	16.91

In addition to reporting ***suicide deaths,*** using data from the Florida Agency of Health Care Administration, the Florida Health CHARTS also provides data on ***hospitalizations by age*** and ***emergency department (ED) visits by age*** for ***non-fatal intentional self-harm injuries*** (Tables 8 and 9)***.*** While the age group with the highest rate of ***hospitalizations for non-fatal intentional self-harm injuries*** varied between 2018 and 2021, the age group with the highest rate of ***emergency department visits for non-fatal intentional self-harm injuries*** was consistently ages 18-21.

In 2021, the age group with the highest rate for both ***hospitalizations and emergency department visits for non-fatal intentional self-harm injuries*** in both the county and the state was ages 18-21. More specifically, in Volusia, the rate for ***hospitalizations for non-fatal intentional self-harm injuries*** for those ages 18-21 was 51.8 compared to 67.08 across the state. Further, in 2021, the rate for ***emergency department visits for non-fatal intentional self-harm injuries*** for those ages 18-21 was 171.4 in Volusia and 141.65 in Florida.

In 2020, the highest rate for ***hospitalizations for non-fatal intentional self-harm injuries*** in Volusia was reported for 25-44 year olds at 57.4. A similar rate was reported for 22-24 year olds and 18-21year olds at 54.58 and 52.84, respectively. Throughout the state, the highest rate for ***hospitalizations for non-fatal intentional self-harm injuries*** was ages 18-21 with a rate of 74.82.

While the highest rate for ***hospitalizations for non-fatal intentional self-harm injuries*** in Volusia was for 25-44 year-olds, the highest rate for ***emergency department (ED) visits for non-fatal intentional self-harm injuries*** in Volusia was reported for 18-21 year-olds at 199.16. Similar rates were reported for 22-24 year olds, under age 18, and 25-44 year olds at 87.17, 84.26, and 83.64, respectively. Throughout the state, the highest rate for ***emergency department (ED) visits for non-***

[9] Florida Health CHARTS sources from Florida Department of Health, Bureau of Vital Statistics

fatal intentional self-harm injuries was for those ages 18-21 with a rate of 133.2.

Similar to 2020, the highest rate for ***hospitalizations for non-fatal intentional self-harm injuries*** in Volusia in 2019 was reported for 25-44-year-olds at 66.01. The patterns in rates by age group in Volusia for ***emergency department (ED) visits for non-fatal intentional self-harm injuries*** in 2019 were also similar to those in 2020. The highest rate was reported for 18-21 year olds at 145.15, followed closely by 22-24 year olds at 129.51.

In 2018, the highest rates for ***hospitalizations for non-fatal intentional self-harm injuries*** in Volusia were for 18-21-year-olds, 25-44-year-olds, and 22-24-year-olds with rates of 68.5, 65.05, and 64.86, respectively. Similarly, the highest rates for ***emergency department (ED) visits for non-fatal intentional self-harm injuries*** in Volusia were for 18-21year olds, 25-44 year olds, and 22-24 year olds at 112.82, 102.71, and 91.89, respectively.

Table 8. Hospitalizations for non-fatal intentional self-harm injuries (rate per 100,000)[10]

	2018		2019		2020		2021	
	Volusia	**Florida**	**Volusia**	**Florida**	**Volusia**	**Florida**	**Volusia**	**Florida**
Under-age 18	12.61	23.56	11.48	22.15	18.73	25.2	31.5	31.85
Ages 18 -21	**68.5**	71.3	60.48	**70.26**	52.84	**74.82**	**51.8**	**67.08**
Ages 22-24	64.86	**58.44**	-	53.69	54.48	49.08	26.6	44.48
Ages 25-44	65.05	56.81	**66.01**	53.98	**57.4**	46.27	50	43.64
Ages 45-64	58.31	48.19	49	44.88	46.18	37.5	38	33.76
Ages 65-74	13.81	22.49	29.76	24.36	14.37	20.11	13.7	21.27
Ages 75 or older	23.2	21.41	15.55	18.08	15.1	18.19	19.1	17.32
Total	42.6	41.64	39.48	39.35	36.59	35.57	34.2	34.7

Table 9. ED visits for non-fatal intentional self-harm injuries (rate per 100,000)[11]

	2018		2019		2020		2021	
	Volusia	**Florida**	**Volusia**	**Florida**	**Volusia**	**Florida**	**Volusia**	**Florida**
Under-age 18	80.91	86.34	79.34	81.93	84.26	83.72	121	119.22
Ages 18 -21	**112.82**	**147.38**	**145.15**	**146.77**	**199.16**	**133.2**	**171.4**	**141.65**
Ages 22-24	91.89	115.83	129.51	104.23	87.17	94.88	47.9	93.64
Ages 25-44	102.71	80.05	82.72	77.22	83.64	66.14	77.7	64.35
Ages 45-64	46.92	41.58	40.28	38.76	41.49	32.93	37.3	30.58

[10] Florida Health CHARTS sources hospitalization data from the Florida Agency of Health Care Administration
[11] Florida Health CHARTS sources from the Florida Agency of Health Care Administration

Ages 65-74	8.29	13.11	-	14.48	13.06	11.83	7.4	12
Ages 75 or older	-	9.28	13.82	8.2	-	7.8	-	7.69
Total	60.05	61.83	56.71	58.84	59.09	53.29	50.4	59.29

Substance Use

The next category of variables ISBS reviewed broadly relate to substance use. The Florida Department of Health tracks and publicly reports a variety of outcomes related to substance use. For the purposes of this report, ISBS examined data from 2018-2021 available on Florida Health CHARTS Substance Use Dashboard. More specifically, ISBS selected variables related to overdoses (Table 10), overdose response (Table 11), prescriptions (Table 12), and consequences of substance use (Table 13). Each of these categories was measured using a number of variables all of which have been compiled from a variety of sources by Florida Health CHARTS. This report presents available data from Florida Health CHARTS per each variable from both Volusia County and the State of Florida.

First, using data from the Florida Department of Law Enforcement (FDLE), Florida Health CHARTS presents data on the number of drug and opioid overdose deaths per year (Table 10). In 2021, there were 383 drug overdose deaths and 315 opioid overdose deaths in Volusia. This was a slight increase over the number of overdose deaths reported in Volusia in 2020 with 334 drug overdose deaths and 304 opioid overdose deaths. In 2018 and 2019, the numbers of overdose deaths were even lower. In Volusia, there were 180 drug overdose deaths and 142 opioid overdoses in 2019. In 2018, there were 191 drug overdose deaths and 149 opioid overdose deaths throughout the county.

In addition to providing the number of drug and opioid overdose deaths, Florida Health CHARTS also provides the age-adjusted death rate per 100,000 persons for both drug and opioid overdoses, which is also sourced from the Florida Department of Law Enforcement. In 2021, the ***opioid overdose annual age-adjusted death rate*** was 64.8 per 100,000 persons for the county compared to 31.2 for the state. The ***drug overdose annual age-adjusted death rate*** was 76.8 for the county in 2021 comparted to 38.5 for the state. Following, in 2020, the ***opioid overdose annual age-adjusted death rate*** was 63.2 for the county compared to 29.9 for the state. The ***drug overdose annual age-adjusted death rate*** was 69.2 for the county in 2020 comparted to 36 for the state. Further, in 2019, the ***opioid overdose annual age-adjusted death rate*** was 30.2 per 100,000 persons for the county compared to 21.4 for the state. That same year the ***drug overdose annual age- adjusted death rate*** was 37 per 100,000 persons for the county comparted to 27.1 for the state. Lastly, in 2018, the ***opioid overdose annual age-adjusted death rate*** was 32.2 per 100,000 persons for the county compared to 18.7 for the state. Similarly, the ***drug overdose annual age- adjusted death rate*** was 40.8 per 100,000 persons for the county comparted to 24.5 for the state.

Table 10. Overdoses [12]

[12] Florida Health CHARTS sources Table 10 data from the Florida Department of Law Enforcement (FDLE)
Drug and opioid overdose age-adjusted death rates are per 100,000 persons

	2018		2019		2020		2021	
	Volusia	**Florida**	**Volusia**	**Florida**	**Volusia**	**Florida**	**Volusia**	**Florida**
Drug Overdose Deaths	191	4,977	180	5,577	334	7,460	383	8,093
Opioid Overdose Deaths	149	3,727	142	4,294	304	6,089	315	6,442
Drug overdose age-adjusted death rate	40.8	24.5	37	27.1	69.2	36	76.8	38.5
Opioid overdose age-adjusted death rate	32.2	18.7	30.2	21.4	63.2	29.9	64.8	31.2

In addition to providing data on overdoses throughout the state, Florida Health CHARTS also provides data from Florida Department of Health, EMSTARS, the Agency for Health Care Administration, and the Florida Department of Health ToxSentry on ***Emergency Medical Services (EMS) response to suspected drug overdoses, Emergency Medical Services (EMS) response to suspected opioid overdoses, non-fatal drug overdose Emergency Department (ED) visits*** and ***hospitalizations, non-fatal opioid overdose Emergency Department (ED) visits*** and ***hospitalizations, Florida Poison Information Network call related to opioids,*** and ***Naloxone administration*** (Table 11). Table 11 includes data from each of these variables for both Volusia County and the State of Florida from 2018 to 2021.

First, in 2021, there were 56 times in which ***Emergency Medical Services (EMS) responded to a suspected drug overdose*** (including opioids) in Volusia County and 106,891 times in which EMS responded to a suspected drug overdose throughout the state (Table 11). Further, that same year, Florida Health CHARTS reported that there were 26 ***EMS responses to a suspected opioid overdose*** in Volusia. In 2020, there were 297 times in which ***EMS responded to a suspected drug overdose*** in Volusia, while there were 46 times in which ***EMS responded to a suspected opioid overdose*** throughout the county. In 2019, there were 349 ***EMS responses to a suspected drug overdose*** and 1 time EMS responded to an opioid overdose in Volusia.

Following, in 2021, there were 2,158 ***non-fatal drug overdose Emergency Department visits*** in Volusia (Table 11). Additionally, in 2021, there were 1,168 ***non-fatal opioid overdose ED visits*** in Volusia. Following, in 2020 there were 1,924 ***non-fatal drug overdose ED visits*** and 1,092 ***non-fatal opioid overdose ED visits*** in Volusia. In 2018 and 2019 there were a similar number of ***non-fatal drug overdose ED visits*** and a similar number of ***non-fatal opioid overdose ED visits*** throughout Volusia**.** More specifically, there were 1,262 ***non-fatal drug overdose ED visits*** in 2019 and 1,159 in 2018. In 2018 and 2019, there were 505 and 572 ***non-fatal opioid overdose ED visits*** respectively.

Next, in 2021, there were 888 ***non-fatal drug hospitalizations*** in Volusia (Table 11). Additionally, in 2021, there were 310 ***non-fatal opioid overdose hospitalizations*** throughout the county. In 2020 there were 921 ***non-fatal drug hospitalizations*** and 311 ***non-fatal opioid overdose hospitalizations***. Lastly, in 2018 and 2019 there were a similar number of ***non-fatal drug overdose hospitalizations*** and a similar number of ***non-fatal opioid overdose hospitalizations*** throughout Volusia**.** More specifically, there were 772 ***non-fatal drug overdose hospitalizations*** in 2019 and 766 in 2018. In 2018 and 2019, there were 255 and 247 ***non-fatal opioid overdose ED visits*** respectively.

Further, between 2018 and 2021 there were an average of 100 calls from Volusia to ***the Florida Poison Information Network regarding opioids*** (Table 11). Additionally, between 2018 and 2020, ***Naloxone was administered*** throughout Volusia County an average of 70 times per year. Overall, Naloxone was most frequently administered by Emergency Medical Services (EMS). In 2021, the number of Naloxone administration dropped in half to 38 with EMS administering the drug 24 of the 38 times.

Table 11. Overdose response [13]

	2018		2019		2020		2021	
	Volusia	**Florida**	**Volusia**	**Florida**	**Volusia**	**Florida**	**Volusia**	**Florida**
EMS to suspected drug OD including opioids	1,257	35,102	349	38,927	297	91,009	56	106,891
EMS to suspected opioid OD	0	11.820	1	14,884	46	36,210	26	42,380
Drug non-fatal OD ED visits	1,159	37,343	1,262	40,318	1,924	45,510	2,158	50,803
Opioid non-fatal OD ED visits	505	14,396	572	16,802	1,092	21,277	1,168	23,540
Drug non-fatal OD hospitalizations	766	28,786	772	28,576	921	28,097	888	28,283
Opioid non-fatal OD hospitalizations	255	8,041	247	7,711	311	8,185	310	8,443
FL Poison Information Network calls related to opioids	98	2,884	91	2,656	104	2,362	109	2,163
Naloxone administered[14]	69	30,516	67	35,810	74	40,317	38	44,614
Administered by EMS	67	24,005	67	27,710	68	30,751	24	33,308
Administered prior to EMS	2	3,153	0	4,947	6	6,662	13	7,877

Florida Health CHARTS also provides data from the Florida Department of Health, Prescription Drug Monitoring Program on the ***number of prescriptions dispensed, the number of unique patients, the number of unique prescribers, prescriptions dispensed per patient, and prescriptions dispensed per prescriber*** (Table 12). The rate for ***prescriptions dispensed per patient*** was calculated "as the total number of SII-SIV opioid prescriptions dispensed divided by the number of FL patient aged 18 and over who received at least one SII-SIV opioid prescription in the given year (Florida Health CHARTS 2023). Similarly, the rate for p***rescriptions dispensed per prescriber*** was calculated "as the total number of SII-SIV opioid prescriptions dispensed divided by the number of prescribers who wrote at least one SII-SIV opioid prescription to Florida patients age 18 an over in

[13] Florida Health CHARTS sources data presented in Table 11 from the following agencies:
EMS and Naloxone administration data sourced from the Florida Department of Health, EMSTARS
Emergency Department Visits and Hospitalizations data sourced from the Agency for Health Care Administration
Florida Poison Information Network calls data sourced from the Florida Department of Health, ToxSentry

[14] Cases of Naloxone administration prior to EMS and by EMS are not mutually exclusive

the given year" (Florida Health CHARTS 2023). For this report, ISBS included counts from both the county and the state from 2018 to 2021 from both the county and the state.

In 2021, there were 510,612 ***prescriptions dispensed*** to 96,484 ***unique patients*** by 7,530 ***unique prescribers*** throughout Volusia (Table 12). From this data, the rate for ***prescriptions dispensed per patient*** in Volusia was 5.3 and the rate for ***prescriptions dispensed per prescriber*** was 67.8.

Following, when comparing the numbers in Volusia between 2020 and 2021, it is evident in 2020 there were a higher number of prescriptions dispensed to fewer patients made by fewer providers, which resulted in higher rates for prescriptions dispensed per patients and prescriptions dispensed per prescriber. More specifically, 519,734 ***prescriptions dispensed*** to 92,950 ***unique patients*** by 7,265 ***unique prescribers*** throughout Volusia. From this data, the rate for ***prescriptions dispensed per patient*** in Volusia was 5.6 and the rate for ***prescriptions dispensed per prescriber*** was 71.5.

Next, in 2019 there were 552,787 ***prescriptions dispensed*** to 98,880 ***unique patients*** by 7,158 ***unique prescribers*** throughout Volusia (Table 12). From this data, the rate for ***prescriptions dispensed per patient*** in Volusia was 5.6 and the rate for ***prescriptions dispensed per prescriber*** was 77.2.

Lastly, in 2018, there were 557,503 ***prescriptions dispensed*** to 109,798 ***unique patients*** by 7,801 ***unique prescribers*** throughout Volusia (Table 12). From this data, the rate for ***prescriptions dispensed per patient*** in Volusia was 5.1 and the rate for ***prescriptions dispensed per prescriber*** was 71.5.

Table 12. Prescriptions [15]

	2018		2019		2020		2021	
	Volusia	**Florida**	**Volusia**	**Florida**	**Volusia**	**Florida**	**Volusia**	**Florida**
Number of prescriptions dispensed	557,503	16,889,228	552,787	16,435,095	519,734	15,688,088	510,612	15,300,313
Number of unique patients	109,798	3,539,211	98,880	3,149,606	92,950	2,946,131	96,484	3,049,259
Number of unique prescribers	7,801	90,220	7,158	87,121	7,265	87,061	7,530	87,278
Prescriptions dispensed per patient	5.1	4.8	5.6	5.2	5.6	5.3	5.3	5
Prescriptions dispensed per prescriber	71.5	187.2	77.2	188.6	71.5	180.2	67.8	175.3

In addition to providing data on overdoses, overdose responses, and prescription opioid use throughout the state, Florida Health CHARTS also provides data on consequential outcomes associated with substance misuse from 2014-2020, including ***drug arrests***, ***alcohol and/or drug***

[15] Florida Health CHARTS sources from Florida Department of Health, Prescription Drug Monitoring Program

related motor vehicle crashes, and ***neonatal abstinence syndrome (per 10,000 live births)***. Data for each of these variables was compiled by the Florida Department of Health from different sources. More specifically, data on drug arrests were provided from the Florid Department of Law Enforcement (FDLE), data on alcohol and/or drug related motor vehicle crashes comes from Florida Department of Highway Safety and Motor Vehicles, and data on neonatal abstinence syndrome comes from Florida Department of Health, Birth Defects Registry.

The most recent data from 2020, show that there were 2,731 ***drug arrests*** and 149 ***alcohol and/or drug related motor vehicle crashes*** in Volusia (Table 13). That same year the ***neonatal abstinence syndrome rate*** was 76.2 per 10,000 live births compared to 53.5 across the state. Following, in 2019, there were 4,398 ***drug arrests*** and 166 ***alcohol and/or drug related motor vehicle crashes*** in Volusia. Further, the ***neonatal abstinence syndrome rate*** in 2019 was 116.1 per 10,000 live births compared to 56.3 in the state. Lastly, in 2017, there were 5,413 ***drug arrests*** and 149 ***alcohol and/or drug related motor vehicle crashes*** throughout the county. That same year the ***neonatal abstinence syndrome rate*** was 107 per 10,000 live births compared to 62.1 in the state.

Table 13. Consequences [16]

	2018		2019		2020	
	Volusia	**Florida**	**Volusia**	**Florida**	**Volusia**	**Florida**
Drug Arrests	5,413	-	4,398	-	2,731	-
Alcohol and/or drug related motor vehicle crashes	149	-	166	-	149	-
Neonatal abstinence syndrome rate[17]	10.7	62.1	116.1	56.3	76.2	53.5

Mental Health and Substance Use Services

The last category of variables ISBS reviewed for the secondary data analysis provide an overview of the data on the county and state's current mental health and substance use disorder treatment capacity. Florida Health CHARTS provides data on the following mental health services: ***licensed mental health counselors, licensed psychologists, licensed clinical social workers, total behavioral/mental health professionals, adult psychiatric beds, and child and adolescent psychiatric beds*** (Table 14)**.** The data compiled by the Florida Department of Health come from a few different sources. More specifically, the data on licensed health care providers comes from the Florida Department of Health, Division of Medical Quality Assurance. The data on available hospital beds comes from the Agency for Health Care Administration. Lastly, all the data on adults and children enrolled in both mental health treatment comes from the Department of Children and Families.

Overall, between 2018 – 2021, the rate of most of the mental health treatment services (aside from child and adolescent psychiatric) beds per 100,000 population was significantly lower for the

[16] Florida Health CHARTS sources from Florida Department of Law Enforcement (FDLE)
[17] Rate per 10,000 live births

county than the state (Table 14). More specifically, in 2020, the rate for licensed mental health counselors was 50.3 for the county compared to 57.3 for the state. The rate for licensed psychologists for the county was 11.2 compared to 23.4 for the state. Following, the rate for licensed clinical social workers was 39.9 for Volusia County compared to 49.7 for the State of Florida and the rate for total behavioral/mental health professionals was 104.1 for the county compared to 117.1 for the state. Lastly, the rate for psychiatric beds for adults in the county was 13.5 compared to 20.6 for the state and the rate for psychiatric bed for children and adolescents was 5.5 compared to 3 in the state.

Table 14. Mental health treatment services[18] [19]

	2020				2021			
	Volusia		Florida		Volusia		Florida	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Licensed mental health counselors	253	46.3	11, 421	52.8	275	48.7	12,397	56.3
Licensed psychologists	54	9.9	4,886	22.6	61	10.8	5,056	23
Licensed clinical social workers	206	37.7	9.951	46	218	38.6	10,762	48.9
Total behavioral/mental health professionals	533	97.5	23,403	108.1	569	100.9	25,340	115.2
Adult psychiatric beds	74	13.5	4,467	20.6	74	13.1	6,856	31.2
Child and adolescent psychiatric beds	30	5.5	658	3	30	5.3	713	3.2
Children ages 1-5 receiving mental health treatment services	2	7.7	4,126	349.7	2	7.5	2,627	223.1

In addition to mental health services, Florida Health CHARTS also provides data from the Agency for Health Care Administration on the number of ***adult substance abuse beds*** available, as well as data from the Department of Children and Families (DCF) on the number of ***adult substance abuse treatment enrollees*** and ***child substance abuse treatment enrollees*** (Table 15).

In 2018, 2019, 2020, and 2021 there were a total of 4 adult substance abuse beds reported within the county. Florida Health CHARTS states that the number of adult substance abuse beds includes the number of adults who can concurrently receive in-patient substance abuse treatment. While the number of reported beds is low, according to DCF, in 2021 there were 235 ***adult substance abuse treatment enrollees*** and 51 ***children receiving substance abuse treatment***. The number of substance abuse enrollees was significantly higher between 2018 and 2020. More specifically, in

[18] Florida Health CHARTS sources the data in Table 14 from the following sources:
Data on licensed health care providers is sourced from the Florida Department of Health, Division of Medical Quality Assurance
Data on hospital beds is sourced from the Agency for Health Care Administration
Data on children ages 1-5 receiving mental health treatment services is sourced from the Department of Children and Families (DCF)
[19] Rates per 100,000 persons

2018, there were 2,805 ***adult enrollees***, compared to 1,305 in 2019, and 1,388 in 2020. Similar to ***adult substance abuse treatment enrollees,*** the largest ***number of children enrolled in substance abuse treatment*** was in 2018 with 635 enrollees compared to 189 in 2019 and 146 in 2020.

Table 15. Substance Use Disorder treatment[20]

	2018		2019		2020		2021	
	Volusia	**Florida**	**Volusia**	**Florida**	**Volusia**	**Florida**	**Volusia**	**Florida**
Adult substance abuse treatment beds	4	376	4	366	4	366	4	348
Adult substance abuse treatment enrollees	2,805	104,906	1,305	72,978	1,388	61,122	235	42,298
Child substance abuse treatment enrollees	635	27,007	189	16,936	146	11,923	51	7,458

Conclusion

It is clear from the analysis of the secondary data provided through the Florida Department of Health, Florida Health CHARTS, Volusia County is contending with higher rates of many mental health conditions when compared to the state. While the numbers related to substance use are presented as counts, the number of overdose deaths has remained consistent between 2020 and 2021. While the number of overdose deaths remained consistent between 2020 and 2021, the data from Florida Health CHARTS did report a decline in substance abuse treatment enrollees, Naloxone administration, and EMS responses to suspected overdoses.

Moreover, aside from child psychiatric beds, data compiled by Florida Health CHARTS suggests that there is less capacity on nearly all services when comparing rates of service capacity between the county and the state. While the number of adults substance abuse treatment beds appears low, Florida CHARTS indicates that the data comes from the Florida Agency for Health Care Administration. Aside from mandatory reporting from licensed treatment providers, it seems unclear how adult substance abuse treatment beds are calculated and reported; the ambiguity prompts further investigation given the number of individuals who may need treatment. Nonetheless, the results of the secondary data analysis suggest a higher demand for mental health and substance abuse treatment and a lower supply of treatment services broadly.

[20] Florida Health CHARTS sources treatment beds from the Agency for Health Care Administration and substance abuse treatment enrollees from the Department of Children and Families (DCF)

Online Survey

A total of 15 organizations/providers offering substance use disorder and/or mental health treatment completed the online survey. Survey responses include seven from organizations offering only mental health treatment, three from organizations offering only substance use disorder treatment, and five from organizations who offer both mental health and substance use disorder treatment. Although the number of organizations providing only mental health treatment is the highest, organizations offering both mental health and substance use disorder treatment were most likely to report multiple facilities in Volusia County (Table 16).

Table 16. Organizations by type of practice

Type of practice	Providers/organizations	Number of facilities
Mental health only	7	7
Substance use only	3	4
Mental health and substance use	5	23
Total	15	34

Substance Use Treatment

Table 17 includes the populations served by the substance use treatment organizations included in the sample. All eight organizations serve adult clients, while four reported also providing treatment for clients younger than 18. All organizations also reported providing treatment options for both male and female clients. One organization does not provide treatment for transgender clients. Three organizations did not report providing treatment for any special populations. Half of the organizations provide treatment for pregnant women. Those which did not report services for pregnant women make up the smallest organizations included in the sample so the capacity for treatment is not greatly reduced. Two organizations provide services for those with HIV/AIDS, Tuberculosis, Viral Hepatitis, and chronic physical and behavioral conditions. Those with physical disabilities and PTSD are served by one organization each.

Survey respondents were asked to report the number of clients currently served by their organization as well as the total client capacity the organization, or the total number of clients an organization can concurrently serve. Due to discrepancies in responses where many respondents answered only one question or the other and one respondent answered neither, the total client capacity shown below was calculated using the reported current client capacity where a total was not given for total capacity or where the current client capacity reported was higher than that of the reported total capacity. This resulted in an approximate total client capacity of 1,415 across the seven organizations for whom totals were reported.

Table 17. Populations served by substance use treatment providers

Ages served	Providers/organizations
Adults (18+)	8
Children/youth (<18)	4
Genders served	
Female	8
Male	8
Transgender	7
Special populations served	
Pregnant women	4
HIV/AIDS	2
Tuberculosis	2
Viral Hepatitis	2
Physical disabilities	1
chronic physical/behavioral conditions	2
PTSD	1
Total providers/organizations	8
Total client capacity	1,415

Table 18 displays the services offered by, and waitlist availability, of substance use treatment providers in the sample. Inpatient detoxification is provided by two organizations with an approximate capacity of 35 clients. However, about half of the reported beds allocated to inpatient detoxification are located in the Volusia County Jail. The average length of stay for clients receiving inpatient detoxification is 3-5 days. Adult and adolescent residential treatment are provided by only one organization. The average length of stay for those receiving residential treatment is 82 days for adults and approximately 165 days for adolescents.

A follow up email was sent to all facilities which indicated in the survey they maintain a waitlist asking the following questions:

- On average, how many people are on your waitlist on a given day?
- What is the approximate amount of time an individual is on the waitlist before receiving treatment?
- What service(s) are those on your waitlist trying to access? If you maintain waitlists for more than one service, which of these services has the longest waitlist and wait times?

Responses were received from three providers. Of these, one provider who offered mental health treatment only, noted that they no longer maintain a client waitlist but that at the time of the survey of a waitlist was maintained for clients seeking EMDR for trauma related mental health treatment. The waitlist typically included 1 to 2 clients and the wait time was approximately 3-4 weeks.

The second provider, a mental health treatment provider offering counseling services, indicated maintaining a waitlist consisting of 10 clients on average. The wait time is typically about one week. The final follow-up response was received from a facility offering various therapeutic services to parents and children. Waitlists are maintained for therapy and sexual abuse treatment. The point of contact noted that they are new to their current role and as a result could not provide many specifics regarding their waitlists. However, they noted that they have maintained an "extensive waitlist." After recently removing individuals who no longer needed services or found them somewhere else, the waitlist has now been reduced to a total of 100 clients across both waitlists. The wait time is typically around 60 days, but the point of contact noted that the organization is actively working to reduce time spent on the wait list.

Table 18. Substance use disorder services and treatment availability

	Providers/organizations
Substance use services offered	
Outpatient	7
Intensive outpatient	0
Inpatient detoxification	2
Adult residential	1
Adolescent residential	1
Total	8
Waitlist Available	
Outpatient	6
Intensive outpatient	0
Inpatient detoxification	0
Adult residential	1
Adolescent residential	1
Total	8

Table 19 displays the types of substance use disorders treated as well as the modalities employed to treat them. More organizations offer treatment for alcohol use disorder than other substance use disorders with seven of the eight organizations providing treatment. Opioid use disorder is treated by six organizations and stimulant and cannabis use disorder are treated by 5 organizations. Treatment for inhalant-related disorders is offered by only one organization. All but two organizations offer treatment for at least two different substance use disorders while the majority offer treatment options for four or more.

A variety of treatment modalities are provided by organizations in the sample. Individual therapy is offered by all organizations except for the county jail, making it the most common treatment modality. Family therapy is provided by six of the eight organizations and all other treatment

modalities are provided by less than three organizations. Three organizations provide treatment using three or more modalities.

Medication Assisted Treatment (MAT) is offered by three organizations. Buprenorphine is used for MAT by all three of these organizations while Methadone is not provided by any organizations. Vivitrol, Suboxone, and Naltrexone are provided by two organizations. None of the organizations providing MAT maintain a waitlist for this treatment.

Table 19. Substance use disorders and treatment modalities

	Providers/organizations
Types of substance use disorders treated	
Alcohol use disorder	7
Opioid use disorder	6
Stimulant use disorder	5
Cannabis use disorder	5
Sedative, hypnotic, or anxiolytic use disorder	4
Inhalant-related disorders	1
Treatment modalities	
Detox	2
Medical supervision	1
Individual therapy	7
Group therapy	2
Family therapy	6
Co-occurring disorder treatment	3
Medication management	3
Mutual support/12-step groups	1
After-care/continuing care planning	2
Drug counseling	3
Offers medication-assisted treatment	
Yes	3
No	5
Type of medication-assisted treatment	
Suboxone	2
Methadone	0
Buprenorphine	3
Vivitrol	2
Naltrexone	2

Waitlist for medication-assisted treatment	
Yes	0
No	3

Table 20 displays the form of payment accepted and social support services offered by organizations in the sample. Reported as accepted forms of payment by five organizations, Medicare/Medicaid, self-pay, and a sliding scale fee are the most common treatment options. State funding and grant funding are reported by only two providers, including the Volusia County Jail.

Social support services are sparce across the organizations included in the sample. Case management is the only service organizations reported providing and this was available at only half of the organizations. No organizations reported providing housing, transportation, or employment support. However, these organizations may work with other agencies to facilitate access to these resources.

Table 20. Substance use treatment forms of payment and social services

	Providers/organizations
Accepted forms of payment	
Medicare/Medicaid	5
Private insurance	4
Self-pay	5
State funded	2
Grant funded	2
Sliding scale fee	5
Social support services	
Housing support	0
Transportation assistance	0
Employment services	0
Case management	4

Behavioral Health Treatment

Table 21 displays the ages, genders, and special populations served by mental health treatment providers in the sample as well as the client capacity of these organizations. All organizations provide mental health services for adults as well as female, male, and transgender clients. A total of nine organizations serve those under the age of 18. The special populations least commonly served are those with developmental disabilities and those with psychical disabilities. Just over half of all organizations reported serving pregnant women. Three organizations reported serving

those with HIV/AIDS, Tuberculosis, or Viral Hepatitis.

The number of clients currently served and the total client capacity shown below are approximate and do not represent all organizations included in the sample. The survey question regarding the number of clients currently served was answered by 12 organizations totaling 12,487 clients. For the question regarding total client capacity, one organization responded stating "we can service many," and three organizations gave an answer which included counties outside of Volusia or reported a number that was lower than the reported number of clients currently served. For these four organizations the reported number of clients currently served was used to calculate the total client capacity. For this reason, it is possible that the client capacity of these organizations is higher than shown in Table 18. Additionally, it should be noted that one organization reported currently treating 10,940 clients, accounting for 87.6% of clients currently receiving treatment.

Table 21. Populations served by mental health treatment providers

	Providers/organizations
Ages served	
Adults (18+)	12
Children/Youth (<18)	9
Genders served	
Female	12
Male	12
Transgender	12
Special populations served	
Pregnant women	7
HIV/AIDS	3
Tuberculosis	3
Viral Hepatis	3
Physical disabilities	2
Chronic physical/behavioral conditions	5
Developmental disabilities	1
Total organizations/facilities	12
Clients currently served	12,487
Total client capacity	12,657

Providers were asked if they offer inpatient, outpatient, or residential services to which all reported providing outpatient services (Table 22). The average number of appointments attended for outpatient treatment ranges from 5-50 appointments. Most commonly, providers reported

seeing clients for an average of 12 appointments. Nine organizations reported maintaining a waitlist for outpatient services with a wait time which ranged from 5-90 days with a median wait time of 30 days. Only one organization reported providing inpatient or residential services. These services are offered for both adults and children/youth. No waitlist is maintained for these services.

Individual and family therapy were the most common treatment modalities reported. Psychoeducation is offered by five organizations, while dual diagnosis services, medication management, and peer support groups are offered by three or fewer organizations. Half of all organizations reported providing treatment via three or more modalities.

Table 22. Mental health services, conditions, and treatment modalities

	Providers/organizations
Mental health services offered	
Inpatient	1
Outpatient	12
Residential	1
Total	12
Waitlist available	
Inpatient	0
Outpatient	9
Residential	0
Treatment modalities	
Family counseling/therapy	10
Individual counseling/therapy	12
Dual diagnosis services	3
Medication management	2
Psychoeducation	5
Peer support groups	1

Table 23 shows the number of organizations which provide treatment for each of the listed mental health conditions. All organizations reported providing treatment for anxiety and mood disorders. Treatment for major depressive disorder and post-traumatic stress disorder are provided by 11 organizations. Ten organizations provide treatment for schizophrenia and psychotic illnesses and nine provide treatment for bipolar disorder and attention deficit hyperactivity disorder. Treatment for personality disorders is provided by the fewest number of organizations.

When asked to report the approximate percentage of clients currently being treated for each

condition, anxiety and mood disorders were most frequently reported by organizations as the condition for which the highest percentage of patients were being treated. Four organizations reported this as the single most common condition being treated and four organizations reported equally high rates of treatment for anxiety and mood disorders and another condition.
The organization with the largest number of clients reported approximately equal numbers of clients receiving treatment for anxiety and mood disorders, schizophrenia and other psychotic illnesses, and bipolar disorder at 20% each. Clients receiving treatment for PTSD reportedly make up 10% of their clientele, while personality disorders and ADHD are being treated in approximately 5% of their clients.

The percentage of clients receiving treatment for each condition varied tremendously across organizations reporting a client capacity ranging from 300-450. The most common condition treated by these organizations was anxiety and mood disorders ranging from 30-90% of clients. Three of the four organizations included in this group reported providing treatment for schizophrenia and other psychotic illnesses as well as personality disorders, though each condition accounts for 5% or less of clients being treated by these organizations.
Among smaller organizations, those with a total client capacity ranging from 35-80, anxiety and mood disorders account for 50-75% of clients treated. Treatment for major depressive disorder ranges from 20-50% across these organizations while treatment for PTSD ranges drastically across these organizations from 10-75% of clients. None of these organizations reported currently providing treatment for schizophrenia or other psychotic illnesses or personality disorders.

Table 23. Mental health conditions treated

Mental health conditions treated	Providers/organizations
Anxiety and mood disorders	12
Schizophrenia and psychotic illnesses	10
Bipolar disorder	9
Major depressive disorder	11
Post-traumatic stress disorder	11
Personality disorders	5
Attention deficit hyperactivity disorder	9

As shown in Table 24, various forms of payment are accepted by organizations in the sample. Self-pay is reported as an accepted form of payment by 75% of the organizations making it the most accepted form of payment. Medicare/Medicaid and sliding scale fees are accepted by half of organizations in the sample. Four organizations accept private insurance while grant funding and state funding were reported by 3 and 2 organizations respectively.

The social support services provided by mental health providers match those offered by substance use treatment providers where four organizations provide case management services for clients and no organizations reported providing additional services for housing, transportation, and employment. Of the four organizations which provide case management services, two are organizations which offer mental health treatment only and two offer both mental health and substance use disorder treatment.

Table 24. Mental health treatment forms of payment and social services

Accepted forms of payment	Providers/organizations
Medicare/Medicaid	6
Private insurance	4
Self-pay	9
State funded	2
Grant funded	3
Sliding scale fee	6
Social support services	
Housing support	0
Transportation assistance	0
Employment services	0
Case management	4

Conclusion

This survey provides an overview of capacity among a sample of providers in the county. Overall, providers report treating a variety of mental health and substance use disorders. However, there appears to be less treatment available for certain groups (i.e., individuals with developmental disabilities) and access to certain forms of treatment is less common (i.e., treatment for personality disorders or MAT). Types of payment accepted by providers also varies, limiting options for those who cannot self-pay and to a lesser extent, those without Medicaid/Medicare.

Stakeholder Interviews

Nineteen (19) community stakeholder participated in interviews designed to identify what they believe to be the biggest challenges facing Volusia County, what they believe to be working particularly well in the county, and what they believe are the biggest gaps in mental health and substance use disorder treatment.

Major Challenges

Aside from the participants' title and role, the first question stakeholders were asked was:

*What do you think are the **major challenges** that people you come in contact with face in finding and using the services they need?*

When addressing this question, stakeholders either responded from the perspective of challenges clients face, challenges agencies face, or challenges present in the county. Additionally, some stakeholders responded to this question specifically referring to populations seeking substance use disorder treatment, while others referenced populations seeking treatment for mental illness. Although some stakeholders specified between the two forms of treatment, others discussed the two tangentially or did not distinguish between substance use disorder and mental health treatment in their response at all.

Overall, the most prevalent challenge we identified amongst stakeholder feedback was the **lack of resources or lack of access to affordable resources**. Stakeholders described resources in a variety of different ways, for example a number of participants highlighted the lack of providers including psychiatrists, therapists, providers who help those under- and uninsured, and lack of qualified therapists – especially for children. Throughout the feedback highlighting the lack of providers, most stakeholders referenced the lack of therapists and psychiatrists. Additionally, one stakeholder mentioned that there is a lack of providers who accept insurance generally speaking and a lack of insurance amongst the clientele they assist. Other participants noted that it is difficult to refer clients because all current providers are at capacity.

Further, when discussing the lack of resources in Volusia County, some participants highlighted the lack of funding for services/lack of resources. When speaking about services, some participants distinguished between resources for those seeking treatment for substance use disorder verses resources for those seeking treatment for mental illness. Stakeholders who were speaking of major challenges experienced by people seeking treatment for mental illness commonly emphasized the lack of providers (i.e., therapists and psychiatrists), but also touched on the lack of mental health resources and funding for mental health services. One stakeholder noted the lack of resources "limits our ability to assist those that come into our circles with mental health issues." They then go on to discuss the lack of residential treatment facilities (not specific to either mental health or substance use disorder treatment).

When specifically discussing resources related to substance use disorder, one stakeholder stated:

> "[The] need is greater than the resources. It's taking a lot longer than it used to in the past. Most of the people ordered into a 90-day program are waiting 90 days to get in. So, when it used to take 4 months, now we have cases that have been ongoing for 2 years because the person has spent six months in jail waiting on a bed for a 90-day drug treatment program."

Similarly, another stakeholder noted that "there is not enough treatment available in our county to meet the need for people suffering from addiction." This same sentiment was also shared by other participants, for example one noted, "some of the struggles for people seeking treatment include having the availability of treatment, the exorbitant cost, and getting the help to recover," while another mentions that clients have difficulty finding detox beds, that there are "only so many units available… There's just not enough beds."

Some stakeholders spoke on the lack of services/resources broadly. For example, one stakeholder noted that there is a lack of resources for teens as they transition into adulthood. Additionally, others noted that there is generally just a lack of funding for services and that major challenges experienced by those they come in contact with include a lack of quality public transportation.

In contrast to the sentiment shared by stakeholders who believe there are not enough resources and services in Volusia County, there were a handful of stakeholders who believe the resources are there, but there are barriers to receiving care, whether it be poor access, lack of awareness, or the stigma associated with seeking help. More specifically, amongst the feedback from stakeholder who believed that there is poor access to resources, some highlighted the fact that the county is very rural, and resources are very spread-out causing gaps in access, which is further exacerbated by the lack of public transportation. Other stakeholders mentioned that it is hard to navigate the system to access resources and that there is a lack of follow up after people initially enter the system causing "a lot of folks [to] get lost in the system…" Lastly, when discussing poor access, some participants focused on the lack of affordable care options.

Additionally, while a number of stakeholders identified a lack of resources or lack of access to resources as the major challenge when finding and using substance use disorder treatment and mental health treatment services, some participants highlighted other challenges including a "lack of advertising resources in the community," an information gap, and the stigma, which makes it "hard to ask for help when you feel like you're going to have it met with judgement and unkindness."

Population Differences

After discussing major challenges, stakeholders were asked:

What populations do you think are particularly impacted, underserved, or challenging to help? Have you noticed any changes in this over the past 10 years or so (changes in people needing help)?

When addressing this question, stakeholders had a variety of responses. Some participants specifically referred to populations seeking mental health treatment, while others referenced

populations seeking substance use disorder treatment. While some participants did distinguish between the two treatment types, most participants either talked about both forms of treatment tangentially or did not specify between the treatment types at all. Furthermore, some stakeholders discussed populations that are particularly impacted, underserved, or challenging to help, some discussed changes in populations needing help over the past 10 years, and a few discussed other changes regarding substance use disorder and mental health treatment over the last decade.

When discussing populations particularly impacted, underserved, or challenging to help, participants most often did not distinguish between populations seeking substance use disorder or mental health treatment or specifically referenced either substance use disorder. However, one stakeholder did mention there has been a mental health crisis amongst college students. Another mentioned that people with autism are often underserved and that there are a lack of mental health and substance use disorder programs. They note,

> "One of the populations that's probably most underserved because [they are] misunderstood is autistic people. There's such a wide spectrum of autistic people that have certain, [individual] needs and there's not a lot of resources for that. We are developing a lot of mental health programs and substance abuse programs... (I believe) People with mental illness are drastically underserved because the jails are where they're being taken because they are [misunderstood] … The jails are not where they should be going."

Other populations that stakeholders felt were particularly impacted, underserved, or challenging to help include the following groups (in no particular order):

- Adolescents or people ages 16-25, as they age out of school access to resources becomes more limited.
- White people are particularly impacted in Volusia County since the county is predominately White.
- Low-income communities due to the lack of resources.
- Rise in Black people being impacted by substance use disorder.
- Rise in women of child-bearing age being impacted by substance use disorder.
- Rise in overdoses in people over age 40
- People who are homeless are particularly impacted, underserved, or challenging to help.
- Women without children are particularly impacted and are often underserved/excluded from services.
- Veterans are particularly impacted
- People ages 25-45 are particularly impacted and seeking help, but everyone is impacted
- People with lower incomes are particularly impacted and underserved

Although a majority of participants responded with specific populations that were particularly impacted, underserved, or challenging to help, a few stakeholders mentioned that both substance use disorder and mental illness impact everyone. Additionally, a few stakeholders specifically discussed a rise in mental health issues since the COVID-19 pandemic, with one stakeholder noting that there has been a rise in couples, adolescents, and young children seeking counseling.

While one stakeholder noted a rise in people seeking counseling, another highlighted the rise in mental health issues since the pandemic but argues that there is also increased isolation leading to fewer people seeking help.

Others highlighted changes in substance use and mental illness in Volusia County over the past 10 years. More specifically, one participant noted that opioids have become more addictive because of the increased presence of fentanyl. Another participant discussed shifts in perspectives when treating both substance use disorder and mental illness. They note that there have additionally been shifts in understanding the connection between social determinants of health and substance use and mental health issues.

Moving Forward

The next question participants were asked was:

What are the next steps on the following fronts, that is what do you think we should be doing or expanding on in terms of: a. Prevention b. Early Intervention c. Treatment.

To address this question participants responded in a variety of ways. First, some participants just touched on either prevention, early intervention, or treatment, while others discussed all three areas. Additionally, some participants talked about how prevention, early intervention, and treatment are interconnected and some participants just talked about next steps more broadly.

While there were a variety of ways in which participants addressed this question, a majority seemed to discuss next steps in prevention and treatment with only a few participants mentioning early intervention strategies. Participants who did mention early intervention most often discussed prevention strategies, including community programs and having honest conversations with youth and parents. Additionally, when specifically talking about those experiencing homelessness, one participant specifically notes that prevention and intervention goes hand-in-hand, stating "for homelessness, it's preventing people from becoming homeless, getting them the resources that they need not only for housing but for mental health and substance abuse before they lose their housing… so it's prevention and intervention that goes hand-in-hand." Further, when discussing early intervention, others mentioned incorporating harm reduction strategies and intervening early in schools and doctors' offices by identifying people at risk or who are showing signs of substance misuse.

When discussing next steps in terms of prevention strategies, most stakeholders mentioned **community awareness and education**. For example, one stakeholder mentioned "with behavioral health and substance abuse, it's always prevention, education, and getting the word out there." Similarly, others mentioned the importance of data-driven education and educating on the fact that substance use disorder is a disease, with some suggesting appropriate training for medical professionals and law enforcement. Additionally, another stakeholder suggested a "media campaign to take [the] stigma off addiction and to make treatment availability known." When discussing this, the stakeholder suggests traditional and social media campaigns as well as a "voice in Tallahassee." Lastly, one stakeholder emphasized the importance of creating trauma-

informed communities, while another states, "I think honestly what it boils down to is medical providers and insurance companies need to actually solve the issue as opposed to treating the symptoms." This participant goes on to argue that doctors are overprescribing pain killers instead of treating the actual issue, so the first step to prevention is "providing true medical care and not just taking the easy route of prescriptions."

When discussing next steps for treatment and next steps more broadly, a majority of the feedback described a need for **more funding** for services and resources to sustain the current infrastructure and to expand to meet the needs of the populations seeking help. Some stakeholder discussed the need for funding broadly for all services and programs, including expanding and making current programs more accessible, funding for (non-punitive) parent support groups, an overnight shelter for young adults and young children, and for public resources broadly. More specifically, one stakeholder mentions, “New Smyrna Beach has no homeless shelter and overnight stay shelters are needed to put victims while they can figure out where they need to go.” Similarly, another stakeholder mentions the need to increase funding for current program to make the resources more widely available.

Additionally, others noted the need for funding for treatment facilities, detox beds, residential treatment beds, and more facilities broadly. One participant noted, “funding also provides the ability to treat, so we can provide services to treat either substance abuse or mental health.” Another mentioned that currently, funding for mental health and substance use disorder treatment are separated, however they note “you can’t treat one without treating the other, [which] makes it tricky to provide treatment.” Further, one stakeholder states “[we] just need more of everything…” noting that the county should expand and develop satellite SMA facilities in New Smyrna Beach.

When discussing next steps for treatment some participants did not discuss funding. For example, one stakeholder mentioned that the county should focus on treating mental health and substance use disorder together. Another discusses the importance of increased coordination of treatment services, including upon release from jail. They suggest a “navigation center where people could go and that case managers could navigate them to the right resources that they needed at the right time." Lastly, other stakeholders argue that the next step is just making treatment programs more accessible.

Three Largest Gaps

Next, participants were asked what the *three largest gaps in mental health and substance use treatment are across Volusia County at this point in tim*e.

When responding to this question most participants did not distinguish whether gaps pertained to mental health or substance use treatment. In fact, a few stakeholders did note the prevalence of co-occurring disorders and the relationship between mental illness and substance use disorder. To quantify the gaps described by participants, we summarized and codified feedback. In doing this, we identified five overarching themes that summarize the three largest gaps described by participants, (1) gaps in *funding/funding distribution,* (2) gaps in *access to affordable, high-*

quality care, (3) gaps in *services/resources*, (4) gaps in the *workforce*, and (5) other *gaps* (See Table 25).

Overall, most participants' responses to this question were categorized as 'gaps in *services and resources'* (n=26). To be classified in this category, stakeholders listed or discussed gaps in specific service types or resources (Table 22). The most common feedback from stakeholders about services was (1) gaps in inpatient treatment (n=7) and (2) gaps in the continuation of care/connecting to services (n=6). Stakeholders who discussed gaps in inpatient treatment mentioned that there is a lack of detox beds, crisis units, a "limited number of beds," a "lack of residential beds," and a lack of inpatient treatment options. More specifically, one stakeholder noted, "We don't have a lot of inpatient options here in Volusia County beyond Baker Act receiving facilities, so [there's a need for] facilities that would accept a great number of people, broader number of insurances, … and agencies that would actually keep people more than the 3 days..."

The next most common theme in stakeholder feedback that we classified as 'gaps in *services and resources'* category is gaps in the continuation of care/connecting to services. This was discussed in a few different ways, including gaps in connecting people to services and gaps in the continuation of care for people exiting incarceration with mental illness or substance use disorder and a lack of follow-up after patients are discharged from the hospital after an overdose. Similarly, a few other stakeholders noted a disconnect between hospitals and treatment centers and barriers to receiving treatment depending on how someone "enters into the system."

Other responses included in the 'gaps in *services and resources'* category includes stakeholder feedback suggesting the gaps in services for children (mental health services), for those transitioning to adulthood, and for those who are underinsured and uninsured are among the largest the county faces. Additionally, other stakeholders discussed the lack of crisis services, a lack of facilities/facility space (non-descriptive), a lack of widespread access to Medically Assisted Treatment (MAT), a lack of outpatient treatment options, a lack of peer support, and a lack of resources (non-descriptive). When discussing a lack of widespread access to MAT, one stakeholder notes that the need is greater than what is available. Further, they mentioned that MAT facilities are unequally distributed geographically throughout the county.

The unequal distribution of resources was also discussed more broadly amongst participants. When referencing access to treatment broadly, the unequal distribution of facilities was categorized under 'gaps in *access to affordable high-quality care*' (n=18). Within this category, the most common theme was the high cost of treatment (affordability), especially for those who are underinsured and uninsured. Following, a number of participants discussed a lack of accessibility, which frequently referred to the unequal distribution of facilities and lack of public transportation. Other participants just mentioned "access" broadly. Lastly, any comments stakeholders made about provider availability were also classified under 'gaps in *access to affordable high-quality care*.' More specifically, these comments centered on the current lack of availability amongst current mental health and substance use disorder treatment providers and services. A few stakeholders mentioned that people in need of help can be waitlisted for months and if they have come in contact with the criminal justice system, they often end up waiting in jail for mental health and substance use disorder treatment.

The next most frequently mentioned gap amongst stakeholders was the lack of mental health and substance use disorder treatment providers and staff in Volusia County (n=10). Among these comments, stakeholders mentioned that there is a lack of providers (non-descriptive), psychiatrists, therapists, and staff/employees.

When discussing funding distribution, stakeholders noted a lack of funding for services and providers and gaps in funding distribution for opioid addiction treatment. A stakeholder stated, "funding obviously you're always going to need more money, money is what is going to allow providers to take action, money is going to allow us to provide them a controlled, safe environment to detox or receive treatment." Another stakeholder said, "there is one primary provider in Volusia County that has historically received a majority of funding…" They continue by arguing that there is a need for other organizations to serve and a need to be more innovative (although they are making progress on that front). They also noted that "politics can often get in the way of ensuring that programs continue" as well.

Lastly, some participants discussed other gaps outside of funding, services, accessibility, affordability, availability, and the healthcare workforce the most common theme that we classified under '*other* gaps' is knowledge/stigma. Comments that were classified under knowledge/stigma described a variety of gaps including, gaps "in the community about resources and organizations," the need for "more social, emotional learning in schools," and a lack of "stigma resources for providers." When discussing the lack of stigma resources for providers, one stakeholder noted, "there's obviously stigma with people who have substance abuse problems, but also with providers who treat people with substance use. Providers are hesitant to participate because they're afraid that their other peers are going to judge them or it's very isolating to want to help. There's a lot of push-back in the community for the providers."

Table 25. Largest gaps in mental health and substance use treatment

	Times mentioned
Services/resources	-
Crisis services	1
Continuation of care/connecting to services	6
Lack of facilities/facility space (non-descriptive)	2
Medication-assisted treatment (MAT)	2
In-patient treatment	7
Outpatient treatment/services	1
Resources (non-descriptive)	1
Gaps in harm reduction strategies	1
Peer support	1
Gaps in services for …	-
People transitioning into adulthood	1
Children (mental health services specifically)	1

People who are under- and uninsured	2
Total	**26**
Access to affordable, high-quality care	**-**
Accessibility (non-descriptive)	4
Unequal geographic distribution of facilities/services	3
Lack of public transportation	1
Availability	3
Affordability	7
Total	**18**
Workforce	**-**
Psychiatrists	2
Provider	4
Staff/employees	2
Therapists	2
Total	**10**
Other Gaps	**-**
Knowledge/stigma	3
Willingness of the community	1
No gaps	1
Total	**5**
Funding/funding distribution	**4**

What is Working Well

After stakeholders were asked about the largest gaps in substance use treatment in Volusia County, *they were asked what they thought was working well in the county*.

Stakeholders had a variety of responses to this question, but ultimately the most common response was praise for Stewart-Marchman-Act (SMA) Behavioral Health Services. Additionally, some participants highlighted other organizations and/or community leaders. More specifically, some participants noted that everyone in the community is trying, that the partners are amazing, and that there are a lot of great local organizations and programs, including Volusia Recovery Alliance, Volusia Speaks, and the drug court. A number of participants highlighted how great local partners and agencies are, with one participant also highlighting the robust data collected from all the community partners, which allows for a data-driven community response including targeted awareness campaigns and intervention efforts.

Further, some participants noted that there is access to a lot of resources and that there has been a recent expansion of resources. One participant emphasized that there is widespread access to

Narcan, while another mentioned that "there are multiple agencies that are dedicated to trying to help people within Volusia access services, whether that be through case management, care coordination, or peer support." Similarly, they noted that Volusia County has "a lot of resources and there's a lot of partners and agencies in the community that see behavioral health as a very important issues to address."

Collaborations

Following, stakeholders were asked what other agencies they (the organization they represent) partner within the community to coordinate services.

To maintain participant confidentiality, we have provided a list of organizations that stakeholders work with by sector.[2] We've divided the agencies that our participants were representing based on the design of the Public Health and Safety Team (PHAST) Organizational Structure model (CDC Foundation 2020). "The PHAST guidance toolkit provides an organizational structure as well as recommended processes to enhance cross-sector relationship building, data use, and opioid overdose prevention. Given its purpose in enhancing cross-sector relationships, we've used this model to aid the current analysis. The PHAST Organizational Structure is comprised of four groups including the PHAST Leadership Team, public health/healthcare partners, other community partners, and public safety partners.

According to the CDC Foundation (2020), public health/health care partners include Behavioral and Mental Health Treatment Agencies/Providers, Hospitals (Emergency Departments), Health Systems, Medical Examiner/Coroner, Payers/Insurance, Pharmacies, State Health Department, and Veterans Services. Of the stakeholders we interviewed who represent public health/health care partners, 8 provided us with a verbal list of the partners they work with. Partners include other public health/health care agencies, Department of Children's and Family Services (DCF), Corrections, Sheriff's Office, local law enforcement, local fire departments, Children's Home Society, the local homeless coalition, and other local community organizations.

Following, other community partners are defined as housing/homeless services, community-based organization, child and family services, harm reduction NGOs, people in recovery, large local employers, educational institutions/schools, advocacy organizations, and transportation services. Overall, stakeholders who represent agencies classified as 'other community partners' listed the following partners: other community partners, behavioral and mental health agencies, including SMA Healthcare and Advent Health, and the Northwest Health Planning Council.

The last group in the PHAST Leadership Team model are the primary public safety partners (CDC Foundation 2020). This group is broken down by first responders and criminal justice. The CDC Foundation (2020) includes police officers (also in criminal justice), fire department, and emergency medical services (EMS) in the first responders' group. Alternatively, they classify corrections, parole, and probation, district attorney, prosecutors, courts/judges, and police as in the criminal justice group (CDC Foundation 2020). Of the stakeholders we interviewed who

[2] *The list of agencies and organizations listed above is not exhaustive, however it provides a broad overview of collaborations throughout Volusia County.

represented agencies and organizations classified as primary public safety partners the following partners were named as collaborators: other primary public safety partners, SMA, Halifax, DOH, True Health, United Way, local homeless shelter, city and county governments, and other local community organizations.

Concluding Thoughts

At the end of the interview participants were asked, "*what else do you think is important for us to know about the mental health and substance use treatment systems in Volusia County?"*

When answering this question many participants often reiterated things they discussed throughout the interview. Overall, the most common theme throughout stakeholder feedback was **gaps in services and resources**. More specifically, stakeholders mentioned that there is a lack of mental health providers, including therapists and psychiatrists, a lack of treatment options, and a need for a court liaison to help navigate treatment. Other stakeholders re-emphasized that there is a lack of access for "those most negatively impacted." Additionally, other stakeholders used this time to discuss state legislative restrictions that impact how mental health crises are handled. Similarly, one stakeholder reiterated the importance of dropping requirements for care, noting that there is "too much red tape." Further, another stakeholder stressed the importance of trying to remove as many barriers as possible, including the barrier between mental health and substance use treatment "because they go hand in hand, so really reinforcing that co-occurring model and funding being co-occurring is something that would be important."

In addition to reiterating gaps in services and resources, some participants highlighted gaps in prevention and community education, while others emphasized the importance of communication and collaboration amongst community agencies. For example, one participant notes "education is going to be the biggest thing that we need to address." Further another stakeholder mentions the importance have "having uncomfortable conversations" to "break down those walls of stigma." Moreover, another stakeholder mentions "there just needs to be a lot more education in general for all the different partners involved, so that we can know how to handle it and identify it better."

When discussing the importance of communication and collaboration, a few stakeholders emphasized the importance of collaboration noting gaps in inter-agency communication and collaboration. More specifically, one stakeholder notes how a lack of communication and collaboration can lead to funds being utilized on similar services, stating "I would like to see more collaboration and more discussion on the funding that is occurring…because every dollar is precious [and] why not utilize dollars in another way, rather than duplicating a service that already exists." While a few stakeholders did note that there should be an increase effort to communicate and collaborate within the community, some did highlight positives, including comments suggesting that inter-agency communication has been good and that everyone involved has the "same goal and all want to work together and not compete."

Lastly, a few stakeholders left comments that did not directly relate to gaps in services and resources or increased community education and inter-agency collaboration, including one

stakeholder who noted that there will be a “wave of new issues coming with legalization of medical marijuana that we didn’t deal with before,” while another states:

> "I think what would be important to know and I'm thinking specifically as far as what this information will be used for is that as soon as this information is collected and then utilized to make decisions for funding moving forward that it's done so in a way that utilizes expertise in the field, and I say that because at this point, a lot of it is being managed through a very political route, which makes sense that is where it’s got to start, but unfortunately there's a lot of people who don't have enough understanding of mental health and substance use treatment to really make great funding decisions and so if the expertise isn't incorporated as part of that decision making process, I worry that the funding may not end up being distributed in a way that will actually make an impact."

Client Interviews

Participant Characteristics

A total of nine interviews were conducted with individuals who had received mental health and/or substance use treatment in Volusia County and who were not incarcerated at the time of the interview. Four of these interviewees have not only navigated the system themselves but are also currently employed within the substance use treatment system offering a bilateral perspective on successes and challenges within the system. All interviewees were either currently participating in residential treatment for a substance use and/or mental health related disorder or had in the past. The amount of continuous time participants had been in recovery ranged from 3 months to over 20 years. Additionally, interviews with 4 people who were enrolled in Drug Court at the time of the interview were conducted. These interviews were analyzed separately to avoid confusion.

Reasons for Accessing Treatment

All clients reported having a documented mental health disorder for which they were currently or had previously received treatment. Documented mental health disorders reported by participants included ADHD, anxiety, depression, PTSD, and bipolar disorder. Most participants reported more than one mental health disorder. Eight of the nine participants reported having a documented substance use disorder as well. Participants were asked whether they felt that one disorder precluded the other to which responses were mixed. While some felt fairly certain that a preexisting mental health disorder led to the use of drugs or alcohol as a coping mechanism others felt that their use of such substances may have triggered a mental health problem.
All participants who reported cooccurring mental health and substance use disorders described their substance use as the primary reason for entering treatment. Clients described a cycle in which they felt as though they could not address their mental health concerns without first addressing their substance use. However, most participants felt that mental health concerns also had to be addressed to achieve stability and maintain recovery. As such, a consistent concern among participants was the need for expanded mental health care by substance use treatment facilities. Interviewees noted difficulty finding treatment for cooccurring disorders.

Accessing Treatment

Participants were asked to describe their experience accessing treatment. All interviewees reported identifying and finding placement in a treatment center through the referral of either the local drug court/drug offender probation, the Department of Children and Families (DCF), or by a family member or friend who had participated in treatment previously.

Though few participants explicitly stated that they had difficulty finding placement in a treatment program, two common themes related to the impediment of access were identified across interviews. First, all participants described the process of accessing treatment as one which required the advocacy or assistance of another individual. Second, some individuals described scenarios in which they felt as though they had to be in the midst of an ongoing crisis in order to get the care they needed.

When recounting the process of accessing treatment each interviewee described a situation in which they were reliant upon at least one other individual, whether a family member, judge, attorney, or case worker, for connecting them with a treatment program. A degree of ambiguity was described by many interviewees regarding how to access treatment, often describing their placement in a program as something that was done by someone else. Although in some instances, individuals had to first advocate for themselves in order to receive this assistance; the aid of someone else was required by all participants. For example, one client describes a scenario in which they contacted drug court personnel for assistance in treatment placement although they were no longer participating in the drug court program. Though the client was actively seeking treatment themselves, it is important to note that the prior connection to drug court personnel was ultimately what led to placement in a program. Similar instances are recounted by all participants.

Requirement of a crisis is another common theme across participant's experience accessing treatment. This most often emerged in conversations regarding access to inpatient treatment and refers to the degree to which access to treatment programs is easier or is perceived as becoming easier for individuals in the midst of ongoing crisis. For instance, one interviewee describes a time almost 20 years ago in which they requested placement in a residential facility reportedly knowing they needed the structure and accountability but "because [the client] was coming on [their] own freewill and nobody was telling [them] there was a problem" they were instead placed in inpatient treatment only to find themselves court ordered to a residential program several years later. The perception that crisis is required for entry was described by another client who, when asked how easy it was for her parents to find her a place for treatment, stated "Apparently, it would have been just as easy if I had come talk to them myself, but I thought there would be some crazy wait time, so I asked my mom to Marchman Act me."

Insurance Coverage and Cost of Treatment

Approximately half of the participants reported having Medicaid coverage at the time of treatment, all other participants reported having no health insurance coverage. Insurance coverage and the cost of treatment were identified by participants most consistently as primary barriers to both accessing and continuing mental health and substance use treatment. The impediment of insurance related barriers upon access to treatment was especially prevalent in discussions with interviewees currently employed in the system some of whom quickly identified this as the most frequent barrier they face in assisting others seeking treatment. As one participant currently employed in the treatment system explained, "Without insurance, which most people suffering with substance use disorder don't have insurance, then what are you left to? Well, you [have to] go to SMA. Well, there's hundreds and hundreds and hundreds of people who are trying to get into one place. So, the beds are always full, you know? And then they have a residential that, once you go to detox, you can slide into that. But that waiting list is even longer."

Another participant who is also now employed as a peer recovery specialist discussed their own difficulty recently in accessing treatment explaining that although they are in long term recovery, are employed in the field, and have a community health insurance plan they still had trouble finding care for themselves. The participant goes on further stating "[the therapist] couldn't give

me an appointment for three months […] and I waited for that but unfortunately like if somebody is in crisis [they] can't wait three months for an appointment."

In addition to too few places for people who are uninsured, various other cost and insurance related barriers were identified throughout interviews. Two participants who had experience with treatment outside of the state of Florida reported having more difficulty getting Medicaid coverage in Florida than they had living in other states and that when they did finally get coverage it was reported that the services covered were far fewer than they had experienced in other states. One interviewee reported having paid a co-pay of $4 per shot for Vivitrol under state funded health insurance in their previous home state but that upon moving to Florida found that with Medicaid coverage the same shot would cost $1,000.

Other Medicaid related obstacles identified by participants include poor mental health and dental coverage. One participant described how a lack of dental coverage is a particularly overlooked need stating "Dental is a big thing. Like a lot of us messed our teeth up from the drugs and alcohol and […] even with my Medicaid I don't get dental services. They'll just pull that honestly. We've been feeling down and out about ourselves for so long and you tell me 'okay, well I'll just pull your teeth out.' […] Like I said, we've had this image of feeling nasty about ourselves and now I'm missing teeth?"

Transportation

Transportation was not commonly described by participants as a barrier to receiving treatment, however it is important to reiterate that the majority of participants were residing in an inpatient treatment program at the time that interviews took place, greatly reducing the need for transportation. Participants reported relying on public transportation, ride sharing services, or others in their support system for transportation prior to entering treatment. Transportation was identified as a primary barrier in the past by two participants.

Whether or not a participant perceived transportation as an active or potential barrier was dependent on the area which a person lived. Some participants described living in areas of the county where there are no bus stops close by or where the bus runs very infrequently. In one instance a participant who did not have their own means of transportation reported sometimes leaving their house two hours early and still not arriving at their destination on time. The centralized location of most sober living residences was described as helpful in reducing this burden.

Housing

Participants were asked to describe their housing situation prior to entering treatment as well as their current housing situation or plans for after exiting treatment. Two participants reported having never experienced problems related to safe and stable housing. Of these, one participant reported living in a home owned by their fiancée while the other owned their own home. Importantly, the latter participant noted that they had experienced no issues regarding housing, employment, or transportation instability at any point and attributes this to the fact that they entered into a substance use treatment program at the age of 18 and began ongoing mental health

treatment shortly after. Other participants reported either being unhoused or owning a home with a spouse prior to entering treatment. Both participants who reported owning a home with a spouse noted that they were seeking a new housing arrangement upon exiting treatment due to abuse or unresolvable issues with their spouse. All interviewees who were participating in residential treatment for substance use at the time of the interview conveyed a desire to move to sober living upon completing the current program and expressed feeling confident about the ability to find such an arrangement.

The increasingly high cost of rent was identified as a barrier to stable housing. When asked about their housing situation one participant responded stating, "I would say after rent went back up in February of this year it was a bit of a six month struggle I was having as far as keeping up with it because it went up by a couple of $100, maybe $300 or so. […] I could have, I guess, made myself more available for another job on top of the job that I had during the day, but it was something that I mentally wasn't able to handle anymore." Another participant pointed out the additional obstacles faced by people with felony charges or convictions. This participant describes their own ongoing problems finding housing despite three and a half years of sobriety, stable employment, and the passing of almost a decade since receiving charges: "Trying to find housing for myself is awful. I get it. Don't get me wrong. I know people see my record and they're like 'woah I don't want to rent to [them].' […] But you know, people change and we shouldn't have to be defined by our past for the rest of our lives. […] I did my drug court time. I shouldn't be punished for the rest of my life." Going on further the participant notes that additional costs are also typically required of individuals with similar backgrounds including fees for assistance finding landlords willing to rent to people with felonies and much higher security deposits.

Participants also note that the increasing cost of rent and other impediments to housing are even further exacerbated for many individuals in recovery due to difficulty obtaining employment with earnings higher than the state minimum. Again, this is especially true for those with felony charges. As one participant described, "I want to know where I can find a career, like a decent career […] for a long time, ever since I got these felonies my own family's been telling me 'You will never have a quality job.'" Participants voiced feeling as though additional educational, career training, and job placement resources are needed.

Support System

Clients were asked if they felt they were supported throughout the recovery process and the extent to which they felt a support system played a role in maintaining sobriety. Responses placed tremendous emphasis on the importance of having a strong and reliable support system as well as having connections with others in recovery. Family members provided both financial and emotional support for some clients however, when discussing support systems, the majority of clients discussed relationships made with staff members, counselors, and others in treatment which one client referred to as their "sober family."

Peer support in particular was brought up throughout most interviews. All clients reported feeling as though they had strong support systems now. Peer support was described as integral throughout the recovery process but especially in the early stages when individuals are more

likely to be resistant or lack confidence in a recovery program or themselves. Participants described feeling more trusting of peer support specialists or other treatment professionals who are in recovery. As one client described, "it feels so much better when somebody's like 'Hey, I've been there. I'm not judging you when you tell me all the crazy things because I've probably seen it myself.'"

While peer support and connection with others in recovery were highly valued by participants, one participant, who now works as a peer support specialist themselves, noted that groups such as 12-step programs may not be for everyone, but that having some kind of "fellowship of people" is highly important for preventing feelings of isolation which can often trigger relapse. Some issues related to support systems that were identified by clients include an inability to contact family and friends outside of recovery during the early phases of many residential programs as well as difficulty building a support system outside of a treatment program prior to exiting the program.

Approaches to Treatment

Though not common across interviews apprehension regarding reliance on medications to treat mental health and substance use disorders was expressed. One participant who has worked as a peer support specialist for almost two years discussed concerns regarding the use of a one size fits all model for prescribing medications to treat mental health disorders among individuals with a cooccurring substance use disorder. In particular, they reported feeling as though doctors were quick to prescribe medications to clients before the client has had time to fully adjust after detoxing and without ensuring the client would have the means to continue medication after exiting a treatment program.

The use of medication assisted treatment (MAT) for substance use disorders was similarly questioned. One participant vocalized a concern that offering individuals MAT to prevent going through withdrawals did not provide people with the full range of options regarding their long-term recovery. Additional concerns about MAT arose regarding the abuse of these medications and how professionals can ensure continued access to such treatment considering the frequency with which such medications are now being used long term.

Changes to the Treatment System

Throughout interviews participants made note of several changes they felt should be made to the mental health and substance use treatment systems in Volusia County. These fell into two broad categories including the expansion of both facilities and services and the increased outreach and educational efforts.

The need for expanded facilities and services was mentioned consistently throughout interviews. Clients generally described the care they received in very positive terms but frequently noted that the system was simply not equipped to handle the number of people who needed access to affordable treatment. In addition to more affordable treatment centers in general, participants discussed the need for more detox facilities and residential facilities in particular especially those which accept Medicaid or are state funded. An increase in the number of beds reserved for women in residential facilities and more treatment centers which allow children to stay with their

parents were also identified as necessary expansions. An important factor related to the need for additional facilities is the location of such facilities. Participants reported feeling as though many services were concentrated in certain parts of the county, particularly around the Daytona area exacerbating a multitude of other barriers such as transportation and housing.

Participants also suggested an expansion of services offered by treatment facilities. This includes providing more opportunities for career training and job placement. Interviewees noted a shortage of employees within both treatment systems in general but also noted specific gaps the number of peer support specialists as well as a lack of racial, ethnic, and linguistic diversity among employees. Some expressed feeling as though there are a lack of professionals trained in more intensive therapeutic techniques. One participant who is receiving residential treatment for a mental health disorder described the effect this has had on the progress of their treatment stating "as of right now [treatment] is kind of plateauing because we are trying to put in place different treatments that are available here but there are a lot of people taking advantage of the same exact treatment I need. So, it's coming along but it's slower than I guess I thought it would be." Additionally, because a common frustration described by participants was difficulty navigating the treatment system, court system, and DCF as they transitioned from one facility to the next or as they progressed through their case or their treatment and felt as though having an individual to offer them continued guidance throughout would be beneficial.

Participants recommended increasing various educational efforts including those related to outreach, awareness of available services and how to obtain them as well as those geared towards the reduction of stigma. Participants describe a general lack of awareness of available services prior to entering treatment which some suggest could be due to scarce outreach in public areas and especially in areas where unhoused individuals tend to reside. One participant described a disconnect between the treatment system and those in need of care, stressing the need for additional efforts to connect individuals with detox facilities as well as education regarding various treatment options. One participant working as a peer resource specialist noted reoccurring difficulties connecting some clients to needed resources stating, "It's sad because now when I tell people 'Well you can reach out to DCF for help,' they're like 'Nope. I'm not going to ask them for help. […] These people took my kid away why would I want to call them?'" A lack of trust of both DCF and the court system coupled with insufficient knowledge of resources which can be obtained through them were identified as common obstacles for those seeking treatment.

Finally, the need to reduce stigma was referenced throughout interviews. In particular, some participants urged outreach and involvement in communities of color which tend to be more averse to treatment options than majority white communities. In order to aid in this reduction one participant suggests increasing diversity racial, ethnic and linguistic diversity across educational materials and among those employed within mental health and substance use treatment systems. Overall, participants felt that current efforts in this area are generally moving in the right direction but that more needs to be done including open conversations to normalize mental health disorders and contribute to the general population's understanding of substance use disorder as a medical condition.

Volusia County Adult Drug Court Interviews

Interviews were conducted with individuals who were incarcerated and participating in Volusia County's Adult Drug Court program at the time of the interview. Due to difficulties accessing this population a total of four inmates were interviewed. Despite this, many commonalities were identified across interviews and tremendously useful insights are gained.

Participant Characteristics

All interviewees reported being incarcerated for misdemeanor offenses related to substance use. Three interviewees reported charges for the possession of an illegal substance and one client reported a domestic battery charge but noted that this incident occurred while extremely intoxicated. Interviewees included three men and one woman. All interviewees reported having a substance use disorder and one participant reported having a documented mental health disorder.

Accessing Treatment

Participants were asked whether they had received treatment in the past for mental health or substance use disorders and, if yes, what role insurance, or a lack thereof, played in accessing treatment. Two participants had experiences with substance use treatment in the past. In one instance the interviewee described receiving inpatient treatment after an attempted suicide, however, this took place out of the state or Florida and the client noted that a lack of insurance was not relevant because treatment took place in a state hospital. The other participant described having received three months of outpatient rehab in Volusia County. This client did not have health insurance and said that, as a result, treatment options were limited particularly with regard to length of time and intensity of affordable treatment options.

When asked about accessing the current program, participants noted quite a bit of uncertainty. That is, no client seemed to be entirely sure how or why exactly they were able to access the program as opposed to other currently incarcerated individuals with substance use disorders and similar charges. Two participants noted that an offer was made by the state's attorney as an alternative to prison time. The other participants stated that they heard about the program through others in jail and made a request to their attorney; however, these clients reported feeling as though their ability to access the program was not actually in the hands of their attorneys, but rather in the hands of "higher ups." One participant described this situation from the perspective of other incarcerated women stating,

> "There's a lot of ladies back there that asked me 'What do you go do in the morning?' You know, they like that I get up early and then I'm ready to go and they like that I have these papers that have these like feelings and working deep with pretty much changing yourself for the better and they want to. I've had like three ladies come to the door and say, 'Can I do this program' and the only thing the ladies can say is 'It's court ordered.' You know, this is something you could ask for but it's not necessarily something you can just get."

Housing

Clients were next asked about the stability of their housing situation prior to becoming incarcerated and the degree to which they feel that stable housing was an important factor in recovery. Although housing situations were different for all participants each described extremely precarious conditions where two participants were homeless at the time of their arrest which both described as a result of turmoil in their personal lives which led to increased substance use. Of the other participants one reported living with their mother while the other stated that they owned a home but did not live there due to a strained relationship with their mother who lived in the home.

When asked whether they had accessed any housing related resources in the past, all participants reported they had not. Two participants were not familiar with any kind of housing resources, while one participant stated that they had heard there were resources out there but did not make note of any specific resources and another client stated that their mother provided them with information for a local women's shelter. Both of these participants noted that, in the midst of active addiction they were not concerned with accessing resources. However, when asked about the importance of housing for those in recovery all four clients believed that housing was one of, if not the most, important aspects of recovery. All clients described this in terms of the mental load associated with the recovery process. As one client explained,

> "Anybody that's going through a mental disorder, a drug habit, or whatever the case may be, you know [housing] just adds a whole other weight on their shoulders of having to think about where they're going to stay and what they're going to do […] and have a hot meal or whatever. So, if they don't have that to fall back on, that just adds a whole other problem, and it just sometimes spirals people into that trigger effect where they automatically go right back to 'I don't care about it. Oh, let me just go ahead and get high.'"

Another participant who had previously been financially dependent on her husband and would now be transitioning into a sober living home upon release explained, "If it wasn't for this program I would be forced to go back out there and probably fail […] I would be in the same situation, and this has given me an opportunity. Things like that give people opportunity to build for themselves and be self-independent."

Transportation

Participants were asked to describe what their transportation situation was like prior to becoming incarcerated, the importance of transportation for individuals in or seeking recovery, and whether they knew individuals who were hindered from accessing treatment due to transportation related barriers. Prior to incarceration one client reported owning a car while the other clients reported walking, riding a bike, or taking the bus. Participants reported few personal experiences with transportation related barriers, largely due to the fact that prior to incarceration, participants were not seeking treatment. However, one client who had participated in outpatient treatment in the past noted that transportation "may have been an issue a time or two" due to the location of the home she was living in at the time, which had no access to public transportation.

No clients reported knowing anyone personally who experienced transportation as a barrier to recovery. In spite of this, all participants explained that they did believe this could be a barrier for some. As one client stated "I think transportation for somebody in recovery is very important. […] If you can't get where you're going to go for your health challenges, it makes you want to relapse." Other clients noted possible transportation related barriers which included lack of knowledge of the bus system, cost of public transportation, and inclement weather.

Education and Employment

Participants were asked several questions related to education and employment including their highest level of education, what their job position was prior to incarceration, whether they had accessed any education or employment related resources in the past, and what plans they had for continued education and/or employment in the future. Two participants reported that they had not completed high school and two participants reported earning Associates degrees. Employment prior to incarceration varied. Two participants worked in construction prior to incarceration where one participant referred to himself as a handyman and the other a general contractor with several construction related licenses and certifications. Of the other two participants one reported being unemployed prior to incarceration while the other worked in IT for Google.

No participants had accessed any education or employment related resources in the past. When asked if they planned to further their education or career in the future responses were once again varied. The two participants with established careers prior to incarceration did not plan to use any education or employment related resources in the future and intended to return to their careers upon release. One participant reported plans to work with her therapist and case worker as she got further into recovery to "start the path of getting a GED and getting different certificates." In contrast, another participant expressed wanting to take advantage of these kinds of resources but seemed to feel as if they were not available to him stating, "I need to clean myself up before I really look and start to do anything and I think there should be more opportunities for people like me that want to be clean and then also maybe want to go out and get more education or want to better yourself like with a better kind of job or something like that. I think there should be more resources out there like that."

Changes to the Treatment System

Upon concluding interviews, participants were asked if they had accessed any particular resources which they found helpful while in treatment as well as any changes they felt should be made to the current mental health and substance use treatment system(s) in Volusia County. Because participants were still very early in their recovery, none reported having accessed any resources, though all participants stated that they had learned about resources that will be available to them or that they knew case workers or counselors would be connecting them with resources when they reach the outpatient portion of the program. Though there were several mentions of "resources" in general, only one participant mentioned a particular program, IDignity, which they planned to use in order to obtain an ID and social security card upon entering into outpatient treatment.

Several suggestions were made by participants regarding changes to the current treatment system. Suggestions fell into one of two categories including those that are specific to the recovery process itself and those which support the recovery process by meeting basic needs. Changes related to the recovery process itself include developing more accessible programs, lengthening the duration of treatment programs, and implementing more mental health treatment and peer support. Clients discussed accessibility both in terms of the program they were currently in and those "on the outside." As previously noted, a general sense of confusion was described by participants when they were first asked about accessing the Adult Drug Court program. This was brought up again here by two participants who noted the inaccessibility of the program. One client described feeling as though the program was effective and needed to be easier to access for more individuals with minor drug charges, going on to explain that "without these types of programs, it's more or less just like a revolving door here in jail. Because, you know, you get arrested, you come to jail, but then you get back out or you bond back out and you just go back to doing what you were doing without having any kind of help." Similarly, it was recommended that access to similar programs should be expanded for those outside of jail where one participant noted feeling as though in order to access inpatient programs "you almost have to get arrested for something."

Lengthening the duration of treatment programs was described as a necessary change due to the changes in thinking required to maintain sobriety. Participants noted that wanting to make the necessary changes took time and, even if one does want to make changes, if individuals are too quickly exposed to triggers, they are likely to fall back into familiar patterns. One participant described this experience after participating in an outpatient program two years prior stating:

> "I had completed everything in three months […] I mean, I had my own job. I was supposed to get my own apartment. Things were going pretty quickly within the first three months. I completed everything with even DCF, with social services with CPS involved. Everything was completed […]. But it was too soon for me because I wasn't able to get strong enough."

The need for more peer support, particularly upon the transition into outpatient treatment was also discussed. This was described as useful for both feeling more understood and for seeing firsthand that applying the needed steps can result in change. One client, who described themselves as a "functioning addict," noted feeling as though counselors were simply reciting information "from a piece of paper or a textbook" and could not relate to their experience with substance use, especially due to the fact that they were able to maintain a home and a business in the midst of active addiction, unlike others who lose their jobs or housing.

Although only one client reported a mental health disorder, the need for more mental health services was a common theme among participants who described observing a lack of mental health services for many other substance users, particularly among those who were incarcerated. It was suggested that more transitional programs be developed which can provide mental health care and that substance use programs broaden their focus in order to simultaneously treat mental health and substance use disorders.

Additional changes to the treatment system included expanding access to resources that can aid in meeting basic needs. This was described in terms of employment and housing. Participants did not go in depth about the need for employment related assistance but noted that more assistance in finding a job was needed. Housing was commonly discussed by participants who noted both the need for more affordable housing in general and the need for more transitional/sober living homes. One client, who reported being homeless prior to incarceration explained this stating:

> "If you get out of jail and you're addicted or you want help, and you go out in the streets, you're mainly going to just want to go and get high. You've only got so many sober living houses. There's only two or three that I've really heard of and they're generally full and so you have to wait. And if you just got out of jail what are you going to want to do? You're going to want to go get high instead of having a chance to better yourself if you want to go to a sober living home."

The importance of transitional housing was discussed frequently throughout interviews where participants saw a lack of support after exiting jail as a primary reason that many people are unable to recover and while others end up back in jail soon after their release.

Conclusion

While we were not able to conduct as many interviews as we had initially planned to, there were clear and consistent themes present that echoed much of what has been found in the analysis of the other data sources included in this report. In particular, clients discussed the need for more treatment options and said there is not currently enough capacity to provide assistance for everyone seeking help. Those who were incarcerated went as far to say that an individual needs to be in crisis or court ordered to have access to help. There was also a clear theme of the importance of having consistent assistance to support recovery including through advocates, peer counselors, and a stable and safe environment.

Recommendations

Volusia County is contending with a public health crisis of individuals suffering with mental health and substance use disorders. Throughout this project, it has become abundantly clear that the county has a large number of dedicated people from a variety of sectors working diligently to address the crisis. Nevertheless, more needs to be done. Through triangulation of the secondary, GIS, survey and interview data, clear themes surfaced in regards to the greatest needs in the community, barriers people face, and ways to improve access. We have summarized these here in recommendations for solutions that can be explored and potentially implemented.

Recommendation 1: Increase Treatment Capacity

Analysis of the data from the Florida Department of Health showed that Volusia County has higher rates of nearly all mental health and substance use disorders as compared to the state as a whole. Stakeholders and clients reported a lack of available beds or treatment slots and people in need facing long wait times to receive services. Therefore, more capacity is needed across the board. Several organizations were lauded for providing excellent care and these organizations may be able to expand their capacity to serve more people with additional funding. Other organizations may also be able to offer services in this space as noted by some stakeholders. Individuals who had experience with the Drug Court were very supportive of the program with many calling for expansion so more people can have access to their programs.

Recommendation 2: Focus on Special Populations

While there is a documented need for more treatment capacity for everyone, particular attention needs to be paid to ensure that access to certain groups is also increasing. Additional treatment options are needed for special populations including youth, pregnant women, individuals seeking treatment post incarceration, and individuals experiencing homelessness, among others. Many providers stated that they do not serve individuals with various physical or mental health conditions meaning many of the most vulnerable in need of treatment are struggling to find suitable options.

Through analysis of the Board of Health data and through interviews with stakeholders, it is evident that a focus on treatment for youth is warranted. Hospitalization due to mood and depressive disorders and mental disorders are highest among those aged under 18. Emergency Department visits for non-fatal self-harm injuries are highest among those aged 18-21. These are clear indicators that there needs to be an increased focus on access to treatment among the youth of the county.

Recommendation 3: Increase Access to Care

While increasing capacity is the most consistently reported need, increasing access is a closely related second theme. Access includes affordability, particularly for those who are under or uninsured, as well as physical access. Volusia County is a large county with large centers of population distributed across the county. Across the interviews, the concentration of services in particular areas of the county was cited as a challenge. While transportation was not cited as a

barrier as often as we expected it to be, this can be a result of the interviews being done with clients located in population centers as opposed to those in more rural areas of the county.

Access can also be thought of in terms of coordination. This study showed that that there are providers and agencies across the county diligently addressing mental health and substance use disorders. A coordinated system would allow them to more easily work together and share resources. This is vitally important as shown through the interviews with clients who discussed difficulty navigating the current system and having to call multiple places before finding a treatment option. They emphasized the importance of getting into treatment quickly. Increased coordination could make this the norm.

Recommendation 4: Expand Support

Support can be thought of here in two ways. The first is the support provided by peers and staff. Many of the clients interviewed discussed the role of peer support in their recoveries, whether through certified peer recovery specialists or peers they live with in residential facilities. Others discussed the importance of having people advocate on their behalf to secure treatment or to help guide them through the system.

The second is through support services. Mentions of tertiary needs were common throughout the interviews including housing, legal services, assistance in securing identification, and the like. Meeting these needs is imperative in supporting successful recoveries. While there are providers focusing on meeting these needs, greater coordination among treatment providers and agencies assisting in meeting additional needs would be beneficial to clients. Individual providers should not be expected to provide all services to all people, but a more coordinated system could allow providers to work together to help provide holistic care.

Recommendation 5: Treat the Mental Health and Substance Use Disorder System as One

This study was designed to examine two systems: mental health and substance use. It quickly became apparent that these systems are intertwined as many agencies provide both mental health and substance use treatment and many clients report needing treatment for both concomitantly. While not all providers will provide treatment for both, and not every individual needs treatment for both, the relationship between the two systems is undeniable. Treating these systems as one as much as possible will potentially increase access to clients and increase coordination among providers.

Recommendation 6: Data-Driven Prevention

Findings from this study highlight the need for continued data-driven prevention efforts throughout the county. In addition to the secondary data analysis highlighting the persistent prevalence of mental illnesses and substance use disorders, many stakeholders also noted the importance of continuing to expand prevention efforts, including promoting data-driven education and awareness campaigns to aid in decreasing overdose deaths and to aid in increasing the number of people who are willing to seek help by reducing the stigma associated with mental illness and substance use disorder.

An important component in creating data-driven education and awareness campaigns is having reliable and up to date data from all stakeholders who provide services in the county. While many data sources are publicly available, some information, like current bed capacity, is not readily available, and is invaluable in determining how to best direct resources.

Relatedly, this data driven approach can provide the basis for developing relevant awareness campaigns. Awareness campaigns can direct people to available resources and make people aware of current harm reduction related issues like how to acquire and administer naloxone or how to respond in an overdose situation. While many stakeholders and clients stated that stigma has been reduced over time and awareness has increased, respondents also said that more needs to be done to ensure that individuals from all backgrounds and communities feel comfortable seeking help or assisting others in need.

Appendices

Appendix A: Provider Survey Questionnaire

Volusia County SA and MH Treatment Capacity Survey

Start of Block: Introduction

Q1 This survey is being conducted by the Institute for Social and Behavioral Sciences at the University of Central Florida in partnership with Volusia County. The purpose of this research is to assess the capacity of substance abuse and behavioral health treatment in Volusia County, Florida. The survey includes questions regarding the type of facility in which you are a provider, the capacity of your facility, services offered, and populations served.

End of Block: Introduction

Start of Block: Consent

Q2

Q3 Do you consent to take this survey?

- ○ Yes (1)
- ○ No (2)

Skip To: End of Survey If Do you consent to take this survey? = No

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Q4 Are you 18 years of age or older?

- ○ Yes (1)
- ○ No (2)

Skip To: End of Survey If Are you 18 years of age or older? = No

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Q5 Does your agency/facility provide mental health and/or substance abuse treatment in Volusia County?

- ○ Yes (1)
- ○ No (2)

Skip To: End of Survey If Does your agency/facility provide mental health and/or substance abuse treatment in Volusia County? = No

End of Block: Consent

Start of Block: Facility Identification

Q6
Is your practice/agency located in Volusia County, FL?

- ○ Yes (1)
- ○ No (2)

Skip To: End of Survey If Is your practice/agency located in Volusia County, FL? = No

Q7 Provider name

_____

Q8 Physical Address

_____

Q9 Number of locations in Volusia County

_____

Q10 Phone

_____

Q11 Point of contact

_____

Q12 Email

_____

Q13 Website

_____

End of Block: Facility Identification

Start of Block: Substance Abuse Treatment

Q14 Does your practice/agency provide substance abuse treatment?

- ○ Yes (1)
- ○ No (2)

Q15 Agency substance abuse services (Select all that apply)

- [ ] Inpatient Detoxification (1)
- [ ] Residential Level 1 - Adult (2)
- [ ] Residential Level 1- Adolescent (3)
- [ ] Residential Level 2 - Adult (4)
- [ ] Residential Level 2 - Adolescent (5)
- [ ] Residential Level 3- Adult (6)
- [ ] Residential Level 3- Adolescent (7)
- [ ] Intensive Outpatient (8)
- [ ] Outpatient (9)

Q16 What types of substance use disorders are treated at your agency/practice? (Select all that apply)

- [ ] Alcohol Use Disorder (1)
- [ ] Opioid Use Disorder (2)
- [ ] Stimulant Use Disorder (3)
- [ ] Cannabis Use Disorder (4)
- [ ] Sedative, Hypnotic, or Anxiolytic Use Disorder (5)
- [ ] Inhalant-Related Disorders (6)
- [ ] Other (7) _____

Q17 How many clients seeking substance abuse treatment can be served by your practice/agency at one time?

_____

Q18 How many clients are currently receiving substance abuse treatment at your practice/agency?

_____

Page Break

Display This Question:

If Agency substance abuse services (Select all that apply) = Inpatient Detoxification

Q19 At your practice/agency, how many beds are available for inpatient detoxification at one time?

_____

Display This Question:

If Agency substance abuse services (Select all that apply) = Residential Level 1 - Adult

Q20 At your practice/agency, how many beds are available for adults (level 1) at one time?

_____

Display This Question:

If Agency substance abuse services (Select all that apply) = Residential Level 1- Adolescent

Q21 At your practice/agency, how many beds are available for adolescents (level 1) at one time?

_____

Display This Question:

If Agency substance abuse services (Select all that apply) = Residential Level 2 - Adult

Q22 At your practice/agency, how many beds are available for adults (level 2) at one time?

_____

Display This Question:

If Agency substance abuse services (Select all that apply) = Residential Level 2 - Adolescent

Q23 At your practice/agency, how many beds are available for adolescents (level 2) at one time?

_____

Display This Question:

If Agency substance abuse services (Select all that apply) = Residential Level 3- Adult

Q24 At your practice/agency, how many beds are available for adults (level 3) at one time?

_____

Display This Question:

If Agency substance abuse services (Select all that apply) = Residential Level 3- Adolescent

Q25 At your practice/agency, how many beds are available for adolescents (level 3) at one time?

_____

Display This Question:

If Agency substance abuse services (Select all that apply) = Intensive Outpatient

Q26 At your practice/agency, how many clients can receive intensive outpatient treatment at one time?

_____

Display This Question:

If Agency substance abuse services (Select all that apply) = Outpatient

Q27 At your practice/agency, how many clients can receive outpatient treatment at one time?

_____

Page Break

Display This Question:

If Agency substance abuse services (Select all that apply) = Inpatient Detoxification

Q28 In number of days, what is the average length of stay for clients treated using inpatient detoxification?

_____

Display This Question:

If Agency substance abuse services (Select all that apply) = Residential Level 1 - Adult

Q29 In number of days, what is the average length of stay for residential level 1 adult clients?

_____

Display This Question:

If Agency substance abuse services (Select all that apply) = Residential Level 1- Adolescent

Q30 In number of days, what is the average length of stay for residential level 1 adolescent clients?

_____

Display This Question:

If Agency substance abuse services (Select all that apply) = Residential Level 2 - Adult

Q31 In number of days, what is the average length of stay for residential level 2 adult clients?

_____

Display This Question:

If Agency substance abuse services (Select all that apply) = Residential Level 2 - Adolescent

Q32 In number of days, what is the average length of stay for residential level 2 adolescent clients?

_____

Display This Question:

If Agency substance abuse services (Select all that apply) = Residential Level 3- Adult

Q33 In number of days, what is the average length of stay for residential level 3 adult clients?

_____

Display This Question:

If Agency substance abuse services (Select all that apply) = Residential Level 3- Adolescent

Q34 In number of days, what is the average length of stay for residential level 3 adolescent clients?

_____

Display This Question:

If Agency substance abuse services (Select all that apply) = Intensive Outpatient

Q35 On average, how many appointments are attended by clients receiving intensive outpatient treatment?

_____

Display This Question:

If Agency substance abuse services (Select all that apply) = Outpatient

Q36 On average, how many appointments are attended by clients receiving outpatient treatment?

_____

Page Break

Display This Question:

If Agency substance abuse services (Select all that apply) = Inpatient Detoxification

Q37 Do you maintain a waitlist for inpatient detoxification?

- Yes (1)
- No (2)

Display This Question:

If Do you maintain a waitlist for inpatient detoxification? = Yes

Q38 What is the average wait time in number of days for inpatient detoxification?

_____

Display This Question:

If Agency substance abuse services (Select all that apply) = Residential Level 1 - Adult

Q39 Do you maintain a waitlist for adult level 1 residential treatment?

- Yes (1)
- No (2)

Display This Question:

If Do you maintain a waitlist for adult level 1 residential treatment? = Yes

Q40 What is the average wait time in number of days for adult level 1 residential treatment?

_____

Display This Question:

If Agency substance abuse services (Select all that apply) = Residential Level 1- Adolescent

Q41 Do you maintain a waitlist for adolescent level 1 residential treatment?

- ○ Yes (1)
- ○ No (2)

Display This Question:

If Do you maintain a waitlist for adolescent level 1 residential treatment? = Yes

Q42 What is the average wait time in number of days for adolescent level 1 residential treatment?

_____

Display This Question:

If Agency substance abuse services (Select all that apply) = Residential Level 2 - Adult

Q43 Do you maintain a waitlist for adult level 2 residential treatment?

- ○ Yes (1)
- ○ No (2)

Display This Question:

If Do you maintain a waitlist for adult level 2 residential treatment? = Yes

Q44 What is the average wait time in number of days for adult level 2 residential treatment?

_____

Display This Question:

If Agency substance abuse services (Select all that apply) = Residential Level 2 - Adolescent

Q45 Do you maintain a waitlist for adolescent level 2 residential treatment?

- ○ Yes (1)
- ○ No (2)

Display This Question:

If Do you maintain a waitlist for adolescent level 2 residential treatment? = Yes

Q46 What is the average wait time in number of days for adolescent level 2 treatment?

_____

Display This Question:

If Agency substance abuse services (Select all that apply) = Residential Level 3- Adult

Q47 Do you maintain a waitlist for adult level 3 residential treatment?

- ○ Yes (1)
- ○ No (2)

Display This Question:

If Do you maintain a waitlist for adult level 3 residential treatment? = Yes

Q48 What is the average wait time in number of days for adult level 3 residential treatment?

_____

Display This Question:

If Agency substance abuse services (Select all that apply) = Residential Level 3- Adolescent

Q49 Do you maintain a waitlist for adolescent level 3 residential treatment?

- ○ Yes (1)
- ○ No (2)

Display This Question:

If Do you maintain a waitlist for adolescent level 3 residential treatment? = Yes

Q50 What is the average wait time in number of days for adolescent level 3 residential treatment?

_____

Display This Question:

If Agency substance abuse services (Select all that apply) = Intensive Outpatient

Q51 Do you maintain a waitlist for intensive outpatient treatment?

- ○ Yes (1)
- ○ No (2)

Display This Question:

If Do you maintain a waitlist for intensive outpatient treatment? = Yes

Q52 What is the average wait time in number for days for intensive outpatient treatment?

_____

Display This Question:

If Agency substance abuse services (Select all that apply) = Outpatient

Q53 Do you maintain a wait list for outpatient treatment?

- ○ Yes (1)
- ○ No (2)

Display This Question:

If Do you maintain a waitlist for intensive outpatient treatment? = Yes

Q54 What is the average wait time in number of days for outpatient treatment?

_____

Q55 Which of the following substance abuse treatment options are offered by your agency/practice? (Select all that apply)

- [ ] Detox (2)
- [ ] Medical supervision (3)
- [ ] Individual therapy (5)
- [ ] Group therapy (4)
- [ ] Family Therapy (11)
- [ ] Co-occurring disorder treatment (6)
- [ ] Medication management (7)
- [ ] Mutual support groups or 12-step groups (8)
- [ ] After-care or continuing care planning (9)
- [ ] Drug counseling (10)
- [ ] Medication-assisted treatment (12)

Page Break

Display This Question:

If Which of the following substance abuse treatment options are offered by your agency/practice? (Se... = Medication-assisted treatment

Q56 Which of the following medications does your agency/practice prescribe as part of a MAT program?

- ☐ Methadone (1)
- ☐ Naltrexone or Vivitrol (2)
- ☐ Suboxone (3)
- ☐ Buprenorphine (4)

Page Break

Display This Question:

If Which of the following substance abuse treatment options are offered by your agency/practice? (Se... = Medication-assisted treatment

Q57 Do you maintain a waitlist for MAT?

- ○ Yes (1)
- ○ No (2)

Display This Question:

If Do you maintain a waitlist for MAT? = Yes

Q58 What is the average wait time for MAT in number of days?

_____

Page Break

Q59 What forms of payment are accepted for Substance Use Disorder Services? (Click all that apply)

- ☐ Medicaid (1)
- ☐ Medicare (2)
- ☐ Self-Pay (3)
- ☐ Private Insurance (4)
- ☐ Grant Funded (5)
- ☐ CYFD/HSD (6)
- ☐ PRC/IHS (7)
- ☐ State/Free (10)
- ☐ Sliding Fee Scale (9)
- ☐ Other (8) _____

End of Block: Substance Abuse Treatment

Start of Block: Behavioral Health Treatment

Q60 Does your agency offer behavioral health services?

- ○ Yes (1)
- ○ No (2)

Display This Question:

If Does your agency offer behavioral health services? = Yes

Q61 Indicate which of the following behavioral health conditions are treated at your agency/practice by including the approximate percentage of clients seen for each condition.

Note: We understand that many clients may be seen for multiple conditions and do not expect percentages to total exactly 100%. Please estimate to the best of your ability.

	Percentage of clients treated (1)
Anxiety and mood disorders (1)	
Schizophrenia and other psychotic illnesses (2)	
Bipolar disorder (3)	
Major depressive disorder (4)	
Post-traumatic stress disorder (5)	
Personality disorders (6)	
Attention deficit hyperactivity disorder (7)	

Display This Question:

If Does your agency offer behavioral health services? = Yes

Q62 Behavioral health services provided (Select all that apply)

- ☐ Inpatient treatment (1)
- ☐ Outpatient treatment (2)
- ☐ Residential treatment (3)

Display This Question:

If Does your agency offer behavioral health services? = Yes

Q63 Which of the following behavioral health treatment options are offered by your agency/practice? (Select all that apply)

- ☐ Family counseling/therapy (1)
- ☐ Individual counseling/therapy (2)
- ☐ Dual diagnosis services (4)
- ☐ Case management- Support services to help with ancillary needs (goals establishment, linkages to other services, etc.) (6)
- ☐ Medication management (7)
- ☐ Psychoeducation (8)
- ☐ Peer support groups (9)
- ☐ Other (please specify) (10)

Display This Question:

If Does your agency offer behavioral health services? = Yes

Q64 How many clients seeking behavioral health treatment can be served by your agency/practice at one time?

_____

Display This Question:

If Does your agency offer behavioral health services? = Yes

Q65 How many clients are currently receiving behavioral health treatment at your agency/practice?

_____

Display This Question:

If Behavioral health services provided (Select all that apply) = Outpatient treatment

Q66 At your practice/agency, how many beds are available for adult outpatient behavioral health treatment at one time?

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Display This Question:

If Behavioral health services provided (Select all that apply) = Outpatient treatment

Q67 At your practice/agency, how many beds are available for adolescent outpatient behavioral health treatment at one time?

_____

Display This Question:

If Behavioral health services provided (Select all that apply) = Residential treatment

Q68 At your practice/agency, how many beds are available for adult residential behavioral health treatment at one time?

_____

Display This Question:

If Behavioral health services provided (Select all that apply) = Residential treatment

Q69 At your practice/agency, how many beds are available for adolescent residential behavioral health treatment at one time?

_____

Display This Question:

If Behavioral health services provided (Select all that apply) = Inpatient treatment

Q70 In number of days, what is the average length of stay for adults receiving inpatient behavioral health treatment?

_____

Display This Question:

If Behavioral health services provided (Select all that apply) = Inpatient treatment

Q71 In number of days, what is the average length of stay for adolescents receiving inpatient behavioral health treatment?

_____

Display This Question:

If Behavioral health services provided (Select all that apply) = Residential treatment

Q72 In number of days, what is the average length of stay for adults receiving residential behavioral health treatment?

_____

Display This Question:

If Behavioral health services provided (Select all that apply) = Residential treatment

Q73 In number of days, what is the average length of stay for adolescents receiving residential behavioral health treatment?

_____

Display This Question:

If Behavioral health services provided (Select all that apply) = Outpatient treatment

Q74 What is the average number of appointments attended by a client receiving outpatient behavioral health treatment?

_____

Display This Question:

If Behavioral health services provided (Select all that apply) = Inpatient treatment

Q75 Do you maintain a waitlist for inpatient behavioral health treatment?

_____

Display This Question:

If Behavioral health services provided (Select all that apply) = Inpatient treatment

Q76 What is the average wait time in number of days for inpatient behavioral health treatment?

_____

Display This Question:

If Behavioral health services provided (Select all that apply) = Outpatient treatment

Q77 Do you maintain a waitlist for outpatient behavioral health treatments?

_____

Display This Question:

If Behavioral health services provided (Select all that apply) = Outpatient treatment

Q78 What is the average wait time in number of days for outpatient behavioral health treatment?

_____

Display This Question:

If Behavioral health services provided (Select all that apply) = Residential treatment

Q79 Do you maintain a waitlist for residential behavioral health treatment?

_____

Display This Question:

If Behavioral health services provided (Select all that apply) = Residential treatment

Q80 What is the average wait time in number of days for residential behavioral health treatment?

_____

Display This Question:

If Does your agency offer behavioral health services? = Yes

Q81 What forms of payment are accepted for behavioral health services? (Click all that apply)

- ☐ Medicaid (1)
- ☐ Medicare (2)
- ☐ Self-Pay (3)
- ☐ Private Insurance (4)
- ☐ Grant Funded (5)
- ☐ CYFD/HSD (6)
- ☐ PRC/IHS (7)
- ☐ State/Free (10)
- ☐ Sliding Fee Scale (9)
- ☐ Other (8) _____

End of Block: Behavioral Health Treatment

Start of Block: Population Demographics

Q82 Please check all social support services offered by your agency/practice

- ○ Housing (1)
- ○ Transportation Assistance (2)
- ○ Employment Services (3)
- ○ Case Management (e.g. assistance applying for Medicaid/Medicare, financial assistance, etc) (4)
- ○ Other (please specify) (5) _____

Q83 Ages Served: (Check all that apply)

- ☐ Children/Youth ((1)
- ☐ Adults (18+) (2)

Q84 Genders Served: (Check all that apply)

- ☐ Male (1)
- ☐ Female (2)
- ☐ Transgender man (3)
- ☐ Transgender woman (4)

Q85 Special Populations Served: (Click all that apply)

- ☐ Pregnant women (1)
- ☐ HIV/AIDS, Tuberculosis, Viral Hep (2)
- ☐ Physical disabilities (3)
- ☐ Chronic physical and behavioral health conditions (4)
- ☐ Other (please specify) (5)

_____

Display This Question:

If Agency substance abuse services (Select all that apply) = Residential Level 1 - Adult

Or Agency substance abuse services (Select all that apply) = Residential Level 1- Adolescent

Or Agency substance abuse services (Select all that apply) = Residential Level 2 - Adult

Or Agency substance abuse services (Select all that apply) = Residential Level 2 - Adolescent

Or Agency substance abuse services (Select all that apply) = Residential Level 3- Adult

Or Agency substance abuse services (Select all that apply) = Residential Level 3- Adolescent

Q86 At your agency/practice, can children stay with their mothers while the mother is receiving residential treatment?

- ○ Yes (1)
- ○ No (2)

Display This Question:

If Agency substance abuse services (Select all that apply) = Residential Level 1 - Adult

Or Agency substance abuse services (Select all that apply) = Residential Level 1- Adolescent

Or Agency substance abuse services (Select all that apply) = Residential Level 2 - Adult

Or Agency substance abuse services (Select all that apply) = Residential Level 2 - Adolescent

Or Agency substance abuse services (Select all that apply) = Residential Level 3- Adult

Or Agency substance abuse services (Select all that apply) = Residential Level 3- Adolescent

Q87 At your agency/practice, can children stay with their fathers while the father is receiving residential treatment?

- ○ Yes (1)
- ○ No (2)

End of Block: Population Demographics

Start of Block: Additional Notes

Q88 Is there anything you would like to add about your agency/practice?

_____

End of Block: Additional Notes

Appendix B: List of Mental Health and Substance Use Disorder Treatment Providers[21]

Services legend:

D = Detoxification
ISU = Inpatient Substance Use Disorder Treatment
OSU = Outpatient Substance Use Disorder Treatment
IMH = Inpatient Mental Health Treatment
OMH = Outpatient Mental Health Treatment

Search Engine	Name of Facility	Phone Number	Street Address	City	Zip	Services	Notes
SAMSHA Treatment Locator	Oasis- Orange City Office	386-451-2121	951 N. Volusia Ave. Ste. 700	Orange City	32763	OSU	
	Oasis- South Daytona Office	386-341-1303	1635 S. Ridgewood Ave. Ste. 226	South Daytona	32119	OSU	
	Oasis- Edgewater/New Smyrna Beach Office	386-341-2885	612 N. Ridgewood Ave. Unit 1	Edgewater	32032	OSU	
	Oasis- Port Orange Office	386-299-2430	4606 Clyde Morris Blvd Ste. 2H	Port Orange	32129	OSU	
	SMA Outpatient-Daytona	386-236-1765	1220 Willis Ave	Daytona Beach	32114	OSU	
	SMA Crisis-Daytona	800-539-4228	1150 Red John Drive	Daytona Beach	32124	ISU, IMH	Crisis services
	Heroes Mile	386-337-7957	2775 Big John Drive	Deland	32724	D, ISU, OSU	Veterans only

[21] The list of service provided was determined by a review of providers' available websites. More services may be available.

	Volusia County Comprehensive Treatment Center	386-410-7041	3928 South Nova Rd	Port Orange	32127	OSU, OMH	
	New Season- Daytona Methadone Treatment Center Metro Treatment of Florida LP	386-254-1931	1823 Business Park Blvd	Daytona Beach	32114	OSU	
	White Sands Treatment Center Deland Alcohol and Drug Rehab	386-490-9132	324 East Church Street	Deland	32724	D, ISU, OSU, IMH, OMH	
	SMA Florida Assertive Community Treatment (FACT)-Daytona	800-539-4228	207 San Juan Ave	Daytona Beach	32114		Support services
	SMA Outpatient- Deland	800-539-4228	105 W. Calvin Street	DeLand	32720	OSU	
	SMA Outpatient-DeBary	800-539-4228	356 Englenook Drive	DeBary	32713	OSU	
	SMA Outpatient-Daytona	800-539-4228	702 S. Ridgewood Ave	Daytona Beach	32114	OSU	
	Serenity Spring Recovery Center	386-432-4540	1555 Cow Creek Road	Edgewater	32132	ISU, OSU, IMH, OMH	
	Hearthstone Fellowship Foundation	386-238-1348	814 North Beach Street	Daytona Beach	32114	OSU, OMH	
	St. John's Recovery Place	386-220-9500	1045 Williamsburg Road	Deland	32720	D, ISU	
	SMA Adolescent Residential-Daytona	800-539-4228	3875 Tiger Bay Road	Daytona Beach	32124	IMH	Youth only
	Promises Five Palms	855-457-2567	515 Tomoka Ave	Ormond Beach	32174	D, ISU, IMH	
	Advent Health Deland	386-943-4522	701 West Plymouth Ave	Deland	32720	D, ISU, OSU,	

						IMH, OMH	
	Orlando VAMC William V Chappell Jr VA Satellite	386-323-7500	551 National Healthcare Drive	Daytona Beach	32114	OMH, OSU	Veterans only
	Newman Counseling Alternatives PA Outpatient Services	386-253-4559	1240 Mason Ave	Daytona Beach	32117	OUS, OMH	No website, information came from sobernation.com
Beacon Health Options Provider Locator	Spruce Creek Mental Health Services, LLC	386-681-8639	1690 Dunlawton Ave Ste 125	Port Orange	32127	OUS, OMH	
	Lakeside Therapists/Patricia Adams Counseling LLC	386-333-9717	900 N. Swallowtail Dr Ste 105	Port Orange	32129	OMH	
	NE Florida Psychiatric Association Inc	386-767-8584	804 Dunlawton Ave Unit 1	Port Orange	32127	OMH	No website
	Volusia Neuropsychology and Behavioral Health Inc	386-423-0442	512 Canal St	New Smyrna Beach	32168	OMH	Temporarily closed
	Embridge Counseling Services LLC	386-747-6541	508 Coral Trace Blvd	Edgewater	32132	OMH	
	Medical and Psychiatric Institute of Florida	386-269-9009	927 Beville Rd Ste 7	Daytona Beach	32119		Permantley closed
	ESP Case Management Professionals	386-760-7533	345 Bevill Rd	Daytona Beach	32119	OMH	
	The Coastal Centre	386-788-5021	1635 S. Ridgewood Ave Ste 225	South Daytona	32119	OSU, OMH	

	New Beginnings Counseling		1326 S. Ridgewood Ave Ste 4	Daytona Beach	32114		No website or contact information
	Rural Health Care, Inc-Aza Health	386-323-9600	1455 Dunn Ave	Daytona Beach	32114	OMH	
	Advanced Practice Nursing Services	386-310-8766	565 Memorial Cir	Ormond Beach	32174	OMH	
	Chrysalis Counseling Center LLC	386-310-7436	3930 S. Nova Rd	Port Orange	32127	OMH	
	Wendi Cassand LLC	954-650-1706	406 Braddock Ave Ste A	Daytona Beach	32118	OMH	
	Carole S Hull	386-668-5435	1025 W New York Ave Ste 2	Deland	32720	OMH	
	David L. Johns	407-970-8814	465 Summerhaven Dr Ste A	Debary	32713	OMH	
	Dr. Valerie Hoffman	386-258-1618	1035 W Granada Blvd	Ormond Beach	32174	OMH	
	Adapt Behavioral Services	386-898-5003	533 N Nova Rd Ste 208F	Ormond Beach	32174	OMH	
	Central Florida Mental Health Associates	386-736-9165	125 W Plymouth Ave	Deland	32720	OMH	
	AdventHealth Medical Group Psychiatry at Orange City	386-917-7610	1061 Medical Center Drive Ste 205	Orange City	32763	D, ISU, OSU, IMH, OMH	
	Presbyterian Counseling Center	386-258-1618	430 Braddock Ave	Daytona Beach	32118	OMH	
	Coastal Mental Health-Daytona	800-614-4124	801 Beville Rd	Daytona Beach	32119	OMH	Medication managment
	AMI Kids Behavioral Health- Volusia	954-764-2733	1420 Mason Ave Ste 110	Daytona Beach	32117	IMH, OMH	Youth
	Family Pyschiatry Services	386-775-0736	2725 Rebecca Ln Ste 103	Orange City	32763	OMH	

Google Search	Ormond by the Sea Counseling	386-871-0365	194 E Granada Blvd	Ormond Beach	32176	OMH	
	New Life Counseling Center	386-679-4482	85 S Tymber Creek Road	Ormond Beach	32174	OMH	
	Oasis - Daytona Beach Office	386-795-2404	1057 Mason Ave	Daytona Beach	32117	OSU, OMH	
	OceanVista Counseling Associates LLC	386-449-8600	1450 N US Highway 1, STE 500	Ormond Beach	32174	OMH	
	New Beginnings Counseling and Wellness Center	386-307-8782	115 E Howry Ave	Deland	32724	OMH	
	Rise Counseling	386-222-1104	118 1/2 N Woodland Blvd	Deland	32720	OMH	
	FL United Methodist Children's Home- Circle of Friend's Services-	386-668-4774	51 Children's Way	Enterprise	32725	IMH, OMH	
	Medical Psychology Center (two separate providers from here responded)	386-672-9250	570 Memorial Circle Ste 150	Ormond Beach	32174	OMH	
	Halifax Hospital Medical Center	386-425-4000	303 N Clyde Morris Blvd	Daytona Beach	32114		Unable to contact
	Coastal Mental Health-Orange City	800-614-4124	300 Treemonte Dr	Orange City	32763	OMH	
	New Smyrna Wellness Center	386-957-1854	502 Palmetto Street	New Smyrna Beach	32168		New website coming soon
	Avenues 12 Women's Recovery Houses	386-265-4955	204 South St	Daytona Beach	32114	ISU,IMH	
	Fine Sober Living Environment	386-319-6160	527 N Ridgewood Ave	Daytona Beach	32114	D,ISU, IMH	
	Living Well Wellness	386-456-9020	425 N Peninsula Dr #175	Daytona Beach	32118	OSU, OMH	

	Outreach Community Care Network	386-255-5569	240 N Frederick Ave Ste A	Daytona Beach	32114	OSU, OMH	
	Daytona Juvenile Residential Facility	386-265-1932	1386 Indian Lake Road	Daytona Beach	32124	ISU, IMH	Exclusive to boys
	Pace Center for Girls-Volusia-Flagler	386-944-1111	208 Central Ave	Ormond Beach	32174	OMH	Exclusive to girls
	Volusia Counseling Associates	386-227-6456	1182 Pelican Bay Drive	Daytona	32119	OMH	
	Insights Counseling Center, Inc	386-492-0778	2425 S Volusia Ave Ste B2	Orange City	32763	OMH	
	Port Orange Counseling Center	386-405-4128	4639 S Clyde Morris Blvd Unit 107	Port Orange	32129	OSU, OMH	
	Daytona Beach Counseling Center	386-405-4128	215 S Palmetto Ave	Daytona Beach	32114	OSU, OMH	
	EMDR Counseling Associates	386-775-0990	366 E Graves Ave Ste D	Orange City	32763	OSU, OMH	
	Family Wellness Counseling, LLC	386-259-4514	90 Fox Ridge Court Ste B	Debary	32713	OMH	
	New Life Counseling Center	386-679-4482	1678 W Granada Blvd	Ormond Beach	32174	OMH	
	New Life Counseling Center	386-679-4482	2121 Kenilworth Ave	South Daytona	32119	OMH	
	New Life Counseling Center	386-679-4482	310 N Ridgewood Ave	Edgewater	32132	OMH	
	Heart Peace Counseling Center	877-515-7775	112 W New York Ave Ste 215	Deland	32720	OMH	
	Stetson University Counseling Center	386-822-8900	421 N Woodland Blvd Unit 8365	Deland	32723	OMH	Free service for students
	Art of Therapy Counseling and Consulting Group	407-602-3550	275 S. Charles Beall Blvd Ste 102	Debary	32713	OSU, OMH	

	Road to Thrive Counseling Services	407-906-4201	780 Deltona Blvd Ste 102	Detona	32725	OMH	
	Stress and Anxiety Center	386-999-0333	1615 Ridgewood Ave Unit B	Ormond Beach	32117	OSU, OMH	
	Counseling and Psychotherapy Center	386-677-3995	595 W Granada Blvd Ste H	Ormond Beach	32174	OMH	No website
	Transformations Counseling, Inc	386-479-9062	667 Deltona Blvd Ste 100	Deltona	32725	OMH	No website
	Inner Garden Counseling Services	386-846-5465	2089 S Ridgewood Ave S	Daytona	32118	OMH	Information from Facebook
	Jodi H. Underhill, MEd, LMHC	386-747-7148	101 N Woodland Blvd Ste 203`	Deland	32720	OMH	
	Starting Point Mental Health LLC	386-243-3761	620 E New York Ave Ste A	Deland	32724	OMH	
	Family Counseling and Consulting	386-235-3831	5954 Kendrew Dr	Port Orange	32127	OMH	
	Davis Mental Health Counseling	407-416-5454	2425 S Volusia Ave #B4	Orange City	32763	OMH	
	Episcopal Counseling Center	386-734-3101	333 W Wisconsin Ave	Deland	32720	OMH	
	Counseling Center of New Smyrna Beach	386-423-9161	136 Julia Street	New Smyrna Beach	32168	OMH	
	Family Care Counseling	407-539-1132	921 Deltona Blvd	Deltona	32725	OMH	
	Daytona Recovery Solutions	386-888-9809	111 N Fredrick Ave Ste 201	Daytona Beach	32114	D, OSU, OMH	
	The Fourth Deminsion Sober Living Environment	386-295-9099	346 S Palmetto Ave	Daytona Beach	32114	OSU, OMH	
	Central Florida Medical Associates	386-774-0401	2555 South Volusia Ave	Orange City	32763	OMH	

	Erin Tobiasz, MS, LMHC	386-957-4977	219 Live Oak St	New Smyrna Beach	32168	OMH	

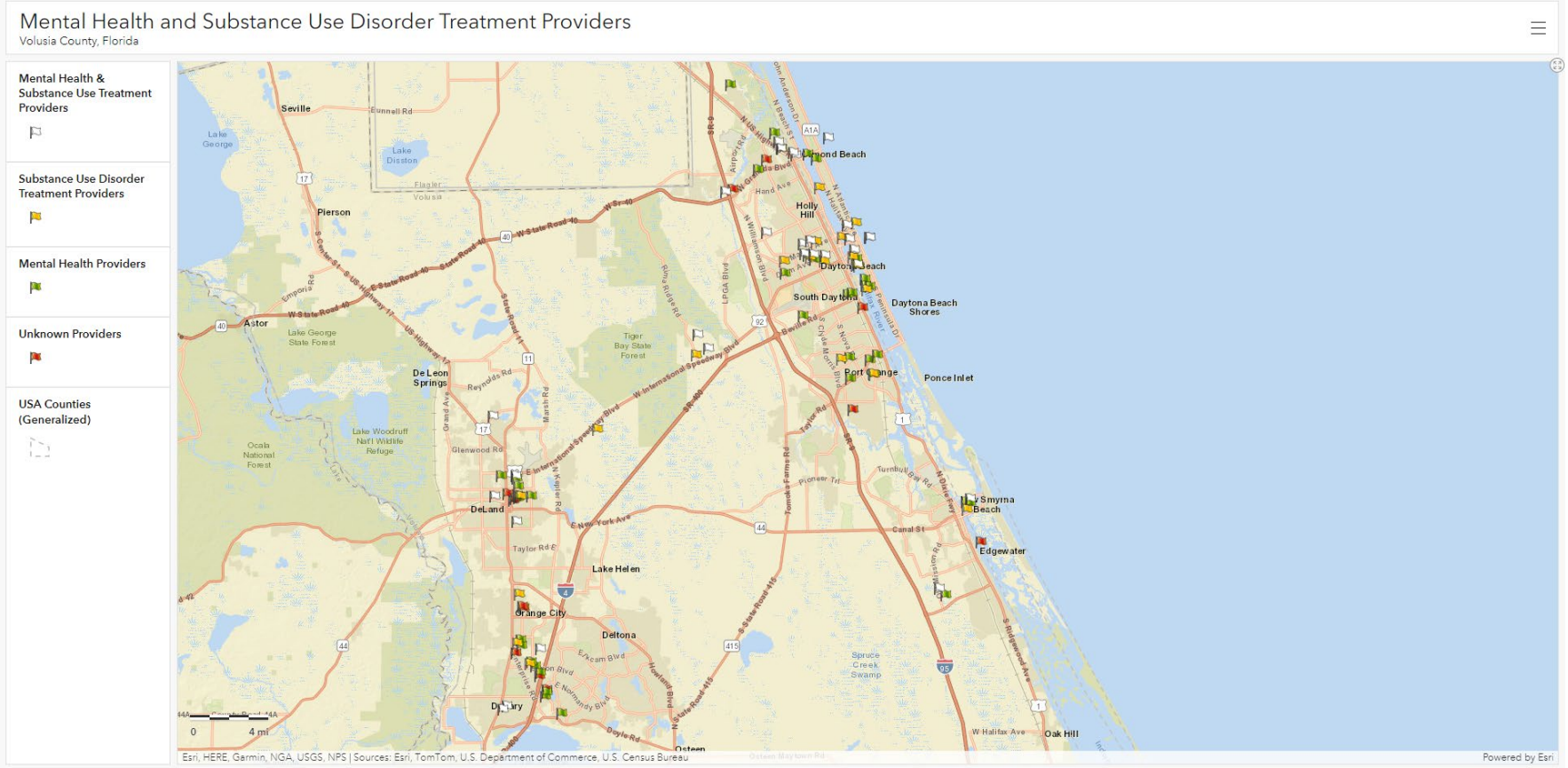
Appendix C: Provider Website Directory

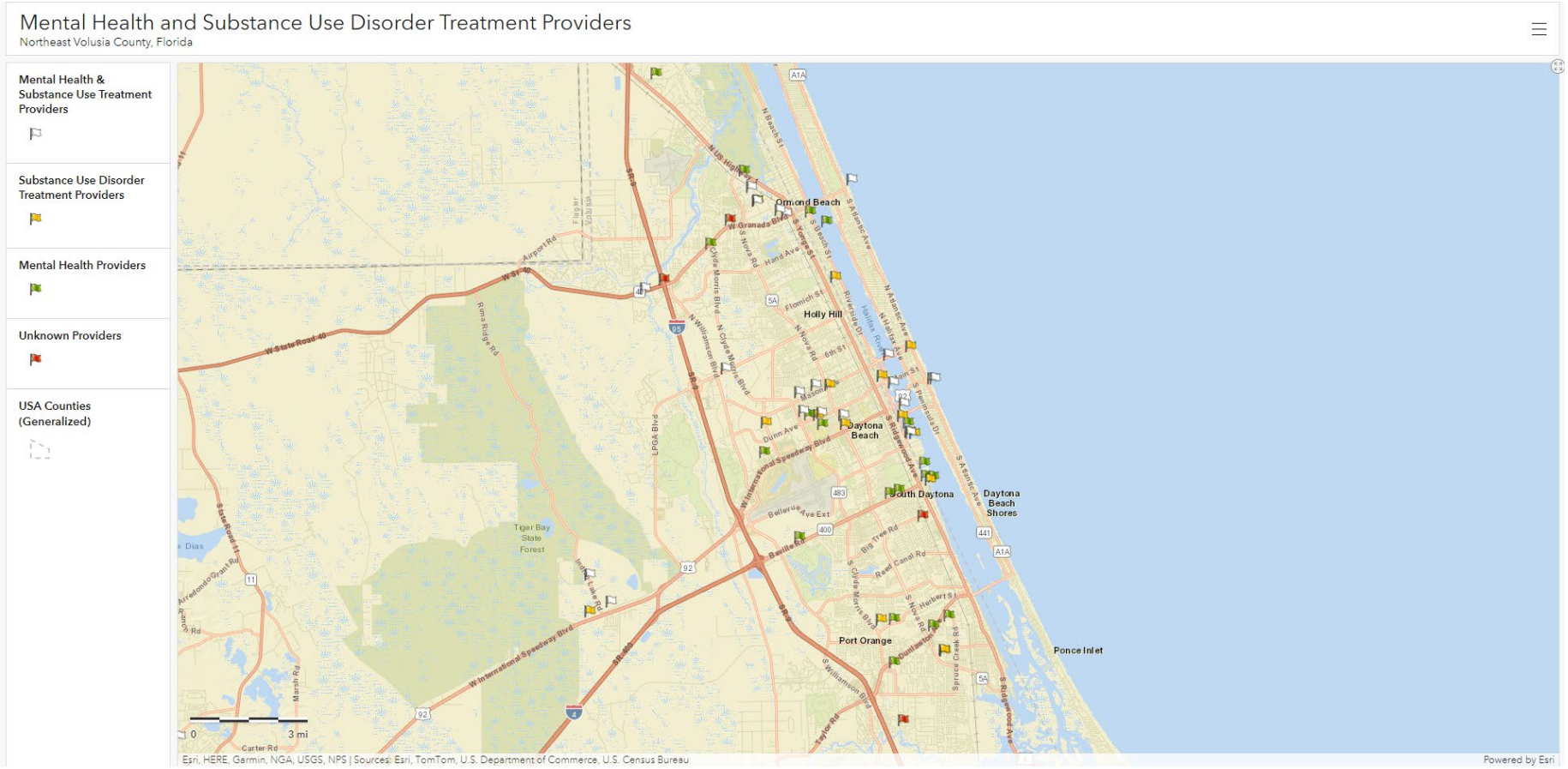
Provider	Website
Oasis	http://oasistreatmentcenter.org/
Heroes' Mile	https://www.heroesmile.com/
Comprehensive Treatment Centers	https://www.ctcprograms.com/location/volusia-county-comprehensive-treatment-center/
New Season- Daytona Methadone Treatment Center Metro Treatment of Florida LP	https://www.newseason.com/treatment-center-locations/florida/daytona-treatment-center/
White Sands Treatment Center Deland Alcohol and Drug Rehab	https://whitesandstreatment.com/locations/florida/deland/
Serenity Spring Recovery Center	https://www.serenityspringsrecovery.com/
Hearthstone Fellowship Foundation	https://hearthstonefoundation.org/
St. John's Recovery Place	https://www.sjrp.com/
Promises Five Palms	https://www.my5palms.com/
Advent Health Deland	https://www.adventhealth.com/hospital/adventhealth-deland
Orlando VAMC William V Chappell Jr VA Satellite	https://www.va.gov/orlando-health-care/
Newman Counseling Alternatives PA Outpatient Services	No website located
Spruce Creek Mental Health Services, LLC	http://www.sprucecreekmentalhealth.com
Lakeside Therapists/Patricia Adams Counseling LLC	https://lakesidetherapists.com
NE Florida Psychiatric Association Inc	No website located
Volusia Neuropsychology and Behavioral Health Inc	https://www.volusianeuro.com
Embridge Counseling Services LLC	https://www.embridgecounselingservices.com
Medical and Psychiatric Institute of Florida	No website located
ESP Case Management Professionals	No website located
The Coastal Centre	http://southdaytonacounseling.com
New Beginnings Counseling	No website located
Rural Health Care, Inc- Aza Health	https://azahealth.org
Advanced Practice Nursing Services	No website located
Chrysalis Counseling Center LLC	https://chrysaliscounselors.com
Wendi Cassand LLC	No website located
Carole S Hull	No website located
David L. Johns	https://www.solutionzone.org
Dr. Valerie Hoffman	https://thenichollsgroup.com/dr-valerie-hoffman
Adapt Behavioral Services	https://www.adapt-fl.com
Central Florida Mental Health Associates	No website located
AdventHealth Medical Group Psychiatry at Orange City	https://www.adventhealth.com/practice/adventhealth-medical-group

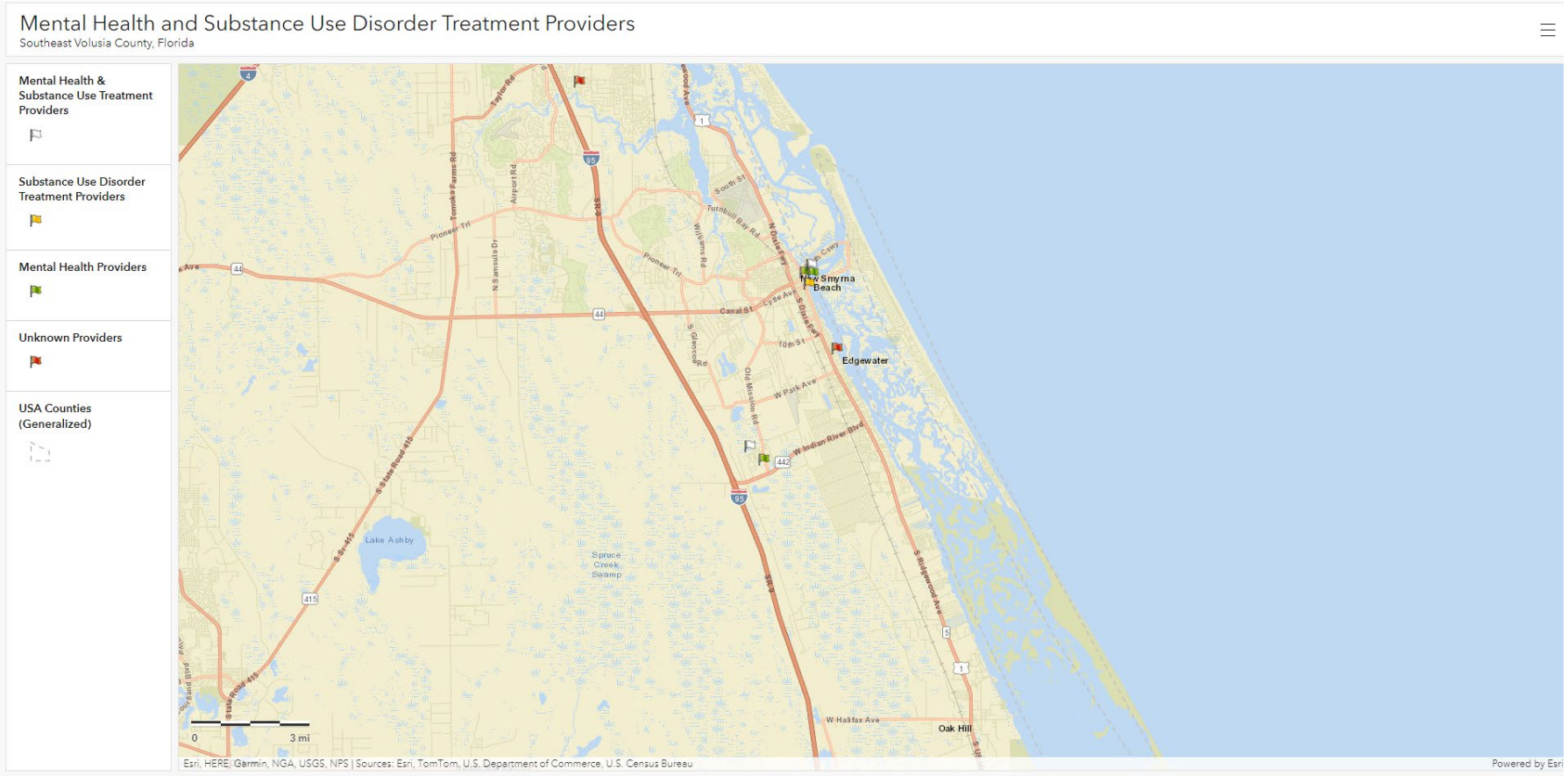
Presbyterian Counseling Center	https://presbyteriancounseling.com
Coastal Mental Health-Daytona	https://coastalmhc.com
AMI Kids Behavioral Health-Volusia	http://www.amikids.org/programs-and-services/programs/amikids-volusia/story/about
Family Pyschiatry Services	https://www.fpsmentalhealth.com
Ormond by the Sea Counseling	https://ormondbytheseacounseling.com
New Life Counseling Center	https://www.newlifecounselingcenter.net
Oasis - Daytona Beach Office	http://oasistreatmentcenter.org/contactuslocations.html
OceanVista Counseling Associates LLC	https://www.oceanvistacounsel.com
New Beginnings Counseling and Wellness Center	https://newbeginningscwcenter.com
Rise Counseling	http://www.risecounseling.net/index.html
FL United Methodist Children's Home- Circle of Friend's Services	https://www.fumch.org
Medical Psychology Center (two separate providers from here responded)	http://medpsychcenter.com
Halifax Hospital Medical Center	https://halifaxhealth.org
Coastal Mental Health-Orange City	https://coastalmhc.com
New Smyrna Wellness Center	https://www.newsmyrnawellness.com
Avenues 12 Women's Recovery Houses	https://avenues12recoveryhouse.com
Fine Sober Living Environment	https://www.finesoberliving.org
Living Well Wellness	https://www.livingwellwellness.com
Outreach Community Care Network	https://www.outreachinc.org
Daytona Juvenile Residential Facility	https://daytonajrf.com
Pace Center for Girls- Volusia-Flagler	https://www.pacecenter.org/locations/florida/volusia-flagler
Volusia Counseling Associates	https://volusiacounselingassociates.com
Insights Counseling Center, Inc	https://insightswellnesscenter.net
Port Orange Counseling Center	https://portorangecounseling.com
Daytona Beach Counseling Center	https://daytonabeachcounselingcenter.com/counseling/
EMDR Counseling Associates	https://emdrtherapyvolusia.com
Family Wellness Counseling, LLC	https://fwcounseling.com
New Life Counseling Center	https://www.newlifecounselingcenter.net
New Life Counseling Center	https://www.newlifecounselingcenter.net
New Life Counseling Center	https://www.newlifecounselingcenter.net
Heart Peace Counseling Center	https://www.heartpeacecounseling.com
Stetson University Counseling Center	https://www.stetson.edu/administration/student-counseling/
Art of Therapy Counseling and Consulting Group	https://www.angelajonestherapy.com
Road to Thrive Counseling Services	https://myroadtothrive.com
Stress and Anxiety Center	https://www.stressandanxietycenter.org
Counseling and Psychotherapy Center	No website located
Transformations Counseling, Inc	No website located

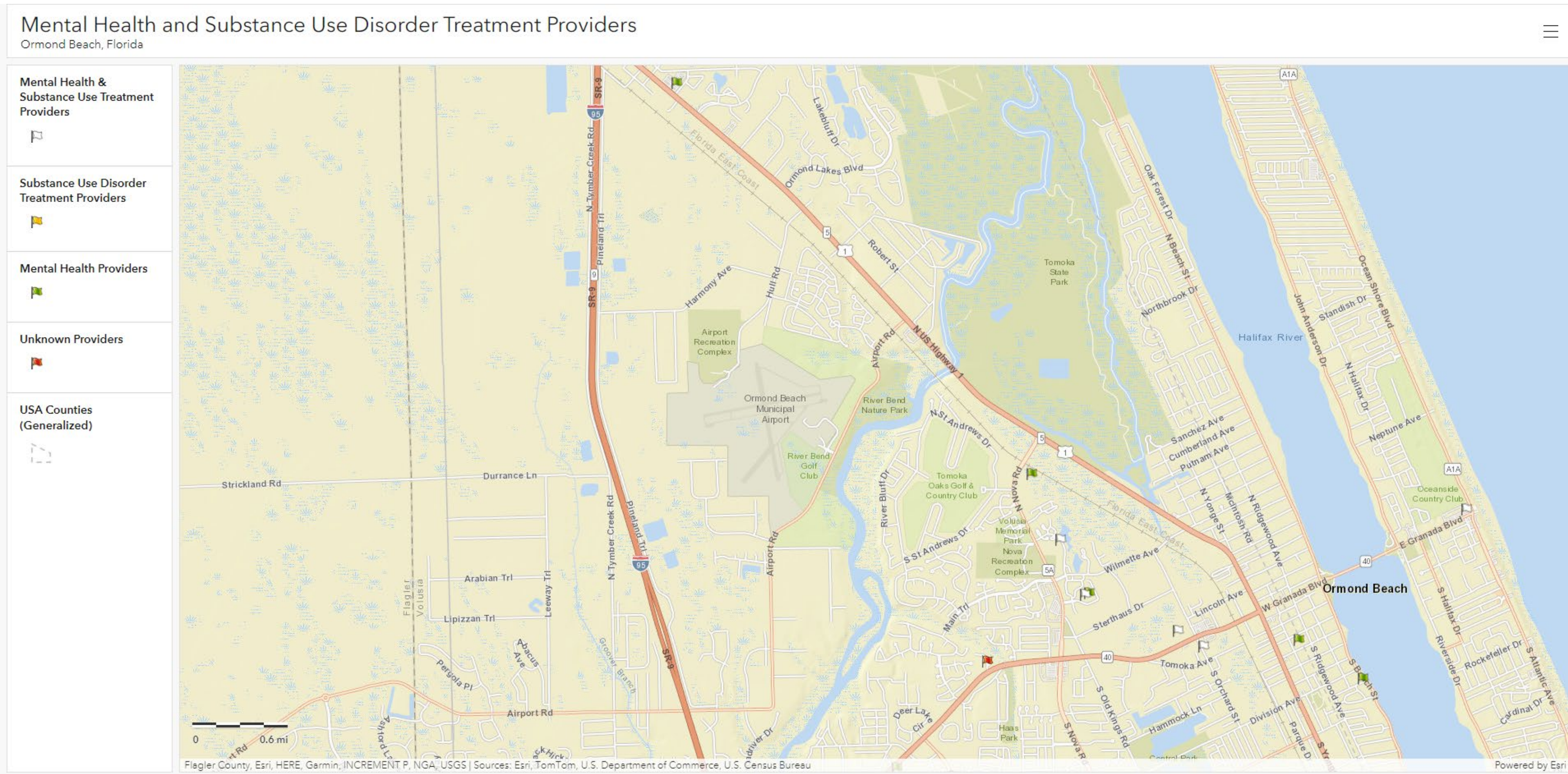
Inner Garden Counseling Services	https://www.facebook.com/InnerGarden/
Jodi H. Underhill, MEd, LMHC	https://jodihunderhilllmhc.secure-client-area.com/portal/
Starting Point Mental Health LLC	https://www.therapydelandfl.com
Family Counseling and Consulting	No website located
Davis Mental Health Counseling	https://davismhcounseling.com
Episcopal Counseling Center	No website located
Counseling Center of New Smyrna Beach	http://www.counselingcenternewsmyrnabeach.com
***Family Care Counseling**	No website located
Daytona Recovery Solutions	https://daytona-recovery-solutions.business.site
The Fourth Deminsion Sober Living Environment	https://www.4dmke.com/sober-living-program
Central Florida Medical Associates	No website located
Erin Tobiasz, MS, LMHC	https://www.erintherapy.org/contact

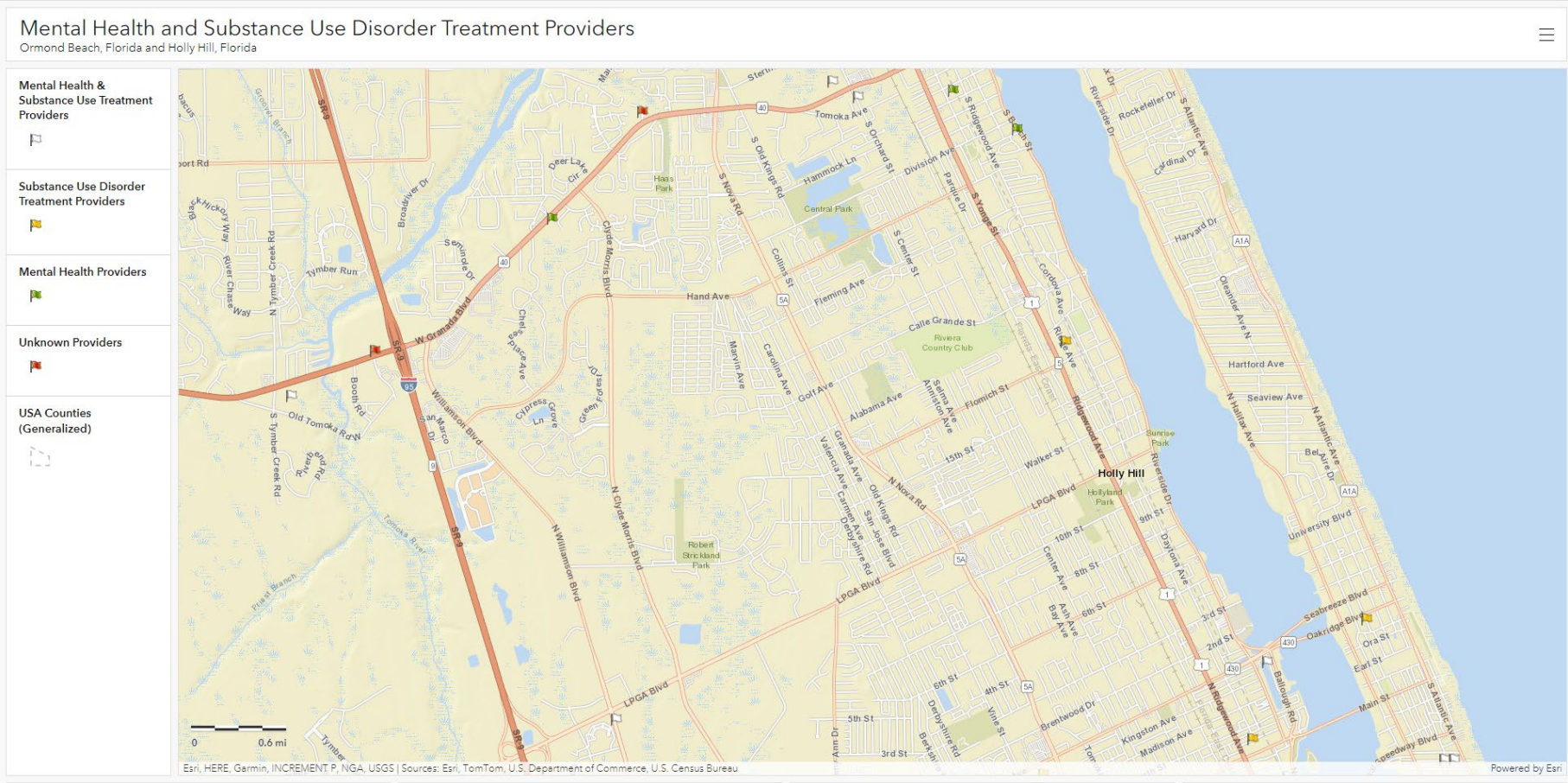
Appendix D: ArcGIS Maps of Providers

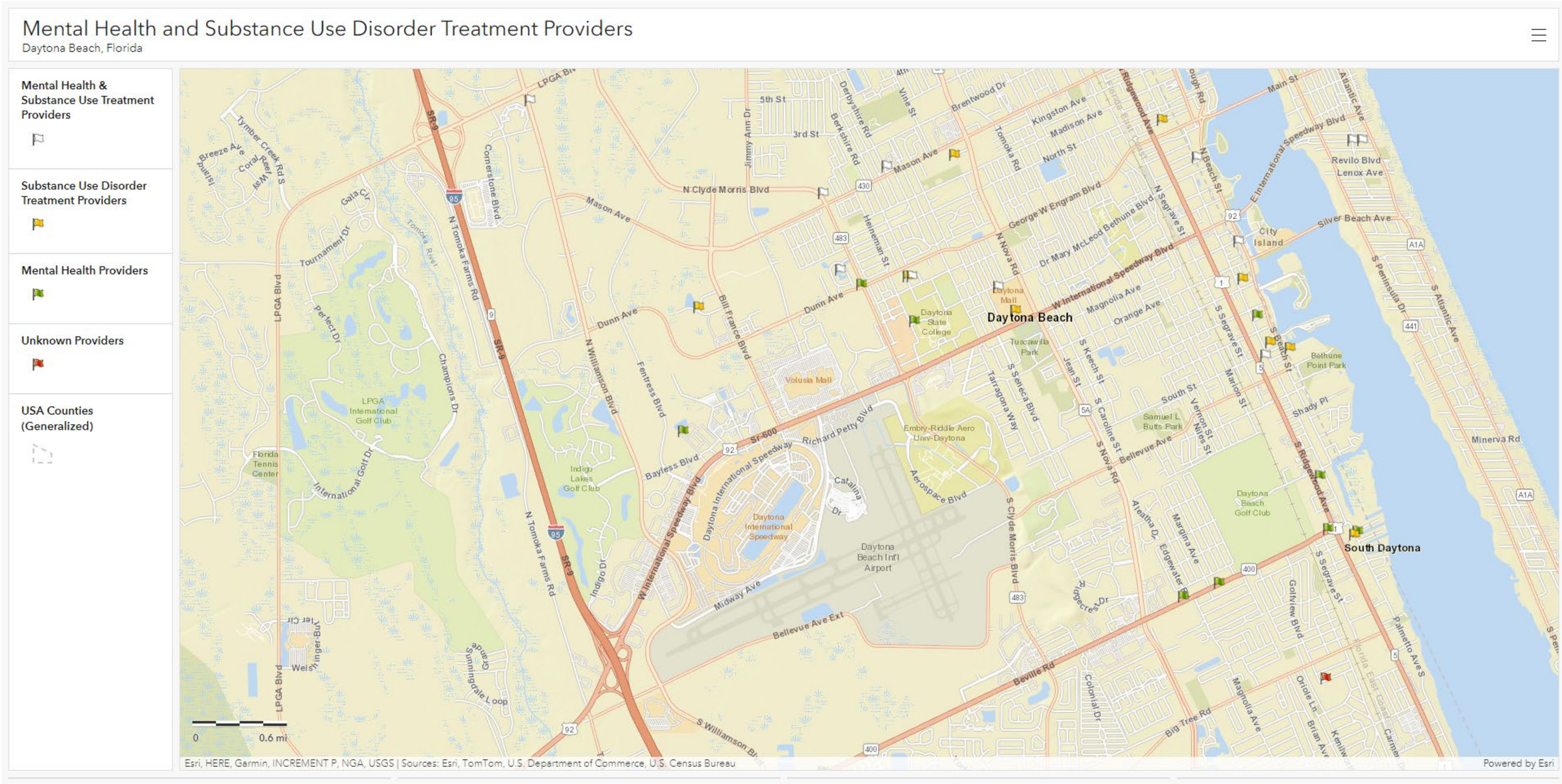


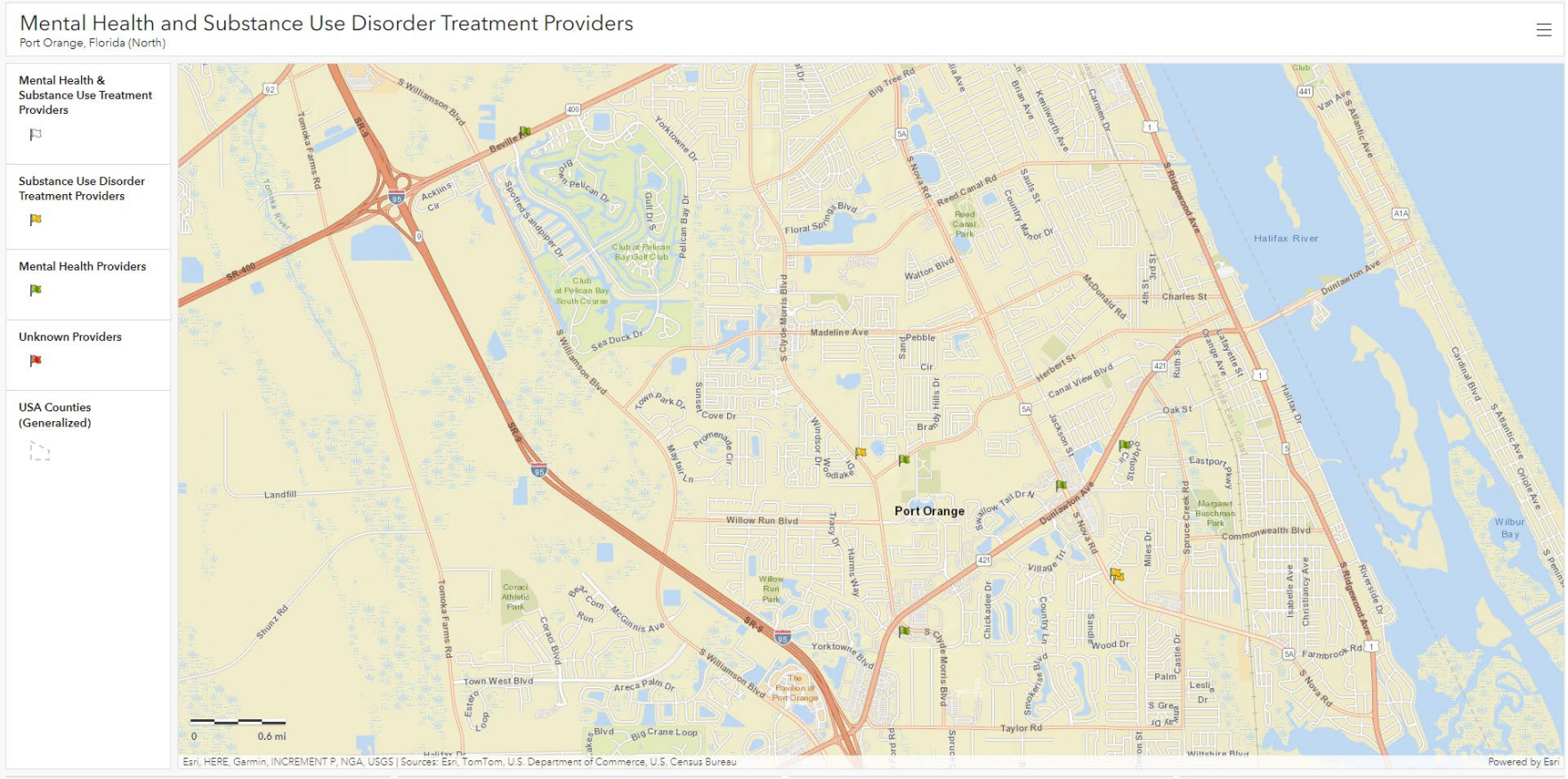

Mental Health and Substance Use Disorder Treatment Providers
Northeast Volusia County, Florida
Mental Health & Substance Use Treatment Providers
Substance Use Disorder Treatment Providers
Mental Health Providers
Unknown Providers
USA Counties (Generalized)
Ormond Beach
Holly Hill
Daytona Beach
South Daytona
Daytona Beach Shores
Port Orange
Ponce Inlet
Tiger Bay State Forest
0
3 mi
Esri, HERE, Garmin, NGA, USGS, NPS | Sources: Esri, TomTom, U.S. Department of Commerce, U.S. Census Bureau
Powered by Esri


Mental Health and Substance Use Disorder Treatment Providers
Southeast Volusia County, Florida
Mental Health & Substance Use Treatment Providers
Substance Use Disorder Treatment Providers
Mental Health Providers
Unknown Providers
USA Counties (Generalized)
New Smyrna Beach
Edgewater
Oak Hill
Lake Ashby
Spruce Creek Swamp
Canal St
Pioneer Trl
W Indian River Blvd
W Park Ave
W Halifax Ave
0
3 mi
Esri, HERE, Garmin, NGA, USGS, NPS | Sources: Esri, TomTom, U.S. Department of Commerce, U.S. Census Bureau
Powered by Esri


Mental Health and Substance Use Disorder Treatment Providers
Ormond Beach, Florida
Mental Health & Substance Use Treatment Providers
Substance Use Disorder Treatment Providers
Mental Health Providers
Unknown Providers
USA Counties (Generalized)
Ormond Beach
Halifax River
Tomoka State Park
Ormond Beach Municipal Airport
Airport Recreation Complex
River Bend Nature Park
River Bend Golf Club
Tomoka Oaks Golf & Country Club
Volusia Memorial Park
Nova Recreation Complex
Oceanside Country Club
Haas Park
Strickland Rd
Durrance Ln
Arabian Trl
Lipizzan Trl
Airport Rd
Harmony Ave
Hull Rd
Ormond Lakes Blvd
Robert St
N US Highway 1
N St Andrews Dr
S St Andrews Dr
Wilmette Ave
Sterthaus Dr
Lincoln Ave
W Granada Blvd
E Granada Blvd
Tomoka Ave
Hammock Ln
Division Ave
Northbrook Dr
Neptune Ave
Standish Dr
Rockefeller Dr
Cardinal Dr
0 0.6 mi
Flagler County, Esri, HERE, Garmin, INCREMENT P, NGA, USGS | Sources: Esri, TomTom, U.S. Department of Commerce, U.S. Census Bureau
Powered by Esri


Mental Health and Substance Use Disorder Treatment Providers
Ormond Beach, Florida and Holly Hill, Florida
Mental Health & Substance Use Treatment Providers
Substance Use Disorder Treatment Providers
Mental Health Providers
Unknown Providers
USA Counties (Generalized)
Holly Hill
Esri, HERE, Garmin, INCREMENT P, NGA, USGS | Sources: Esri, TomTom, U.S. Department of Commerce, U.S. Census Bureau
Powered by Esri


Mental Health and Substance Use Disorder Treatment Providers
Daytona Beach, Florida
Mental Health & Substance Use Treatment Providers
Substance Use Disorder Treatment Providers
Mental Health Providers
Unknown Providers
USA Counties (Generalized)
Daytona Beach
South Daytona
Daytona International Speedway
Daytona Beach Int'l Airport
Embry-Riddle Aero Univ-Daytona
Daytona State College
Volusia Mall
Daytona Mall
LPGA International Golf Club
Indigo Lakes Golf Club
Daytona Beach Golf Club
City Island
0
0.6 mi
Esri, HERE, Garmin, INCREMENT P, NGA, USGS | Sources: Esri, TomTom, U.S. Department of Commerce, U.S. Census Bureau
Powered by Esri


Mental Health and Substance Use Disorder Treatment Providers
Port Orange, Florida (North)
Mental Health & Substance Use Treatment Providers
Substance Use Disorder Treatment Providers
Mental Health Providers
Unknown Providers
USA Counties (Generalized)
Port Orange
Halifax River
Wilbur Bay
Landfill
0
0.6 mi
Esri, HERE, Garmin, INCREMENT P, NGA, USGS | Sources: Esri, TomTom, U.S. Department of Commerce, U.S. Census Bureau
Powered by Esri

Mental Health and Substance Use Disorder Treatment Providers

Port Orange, Florida (South)

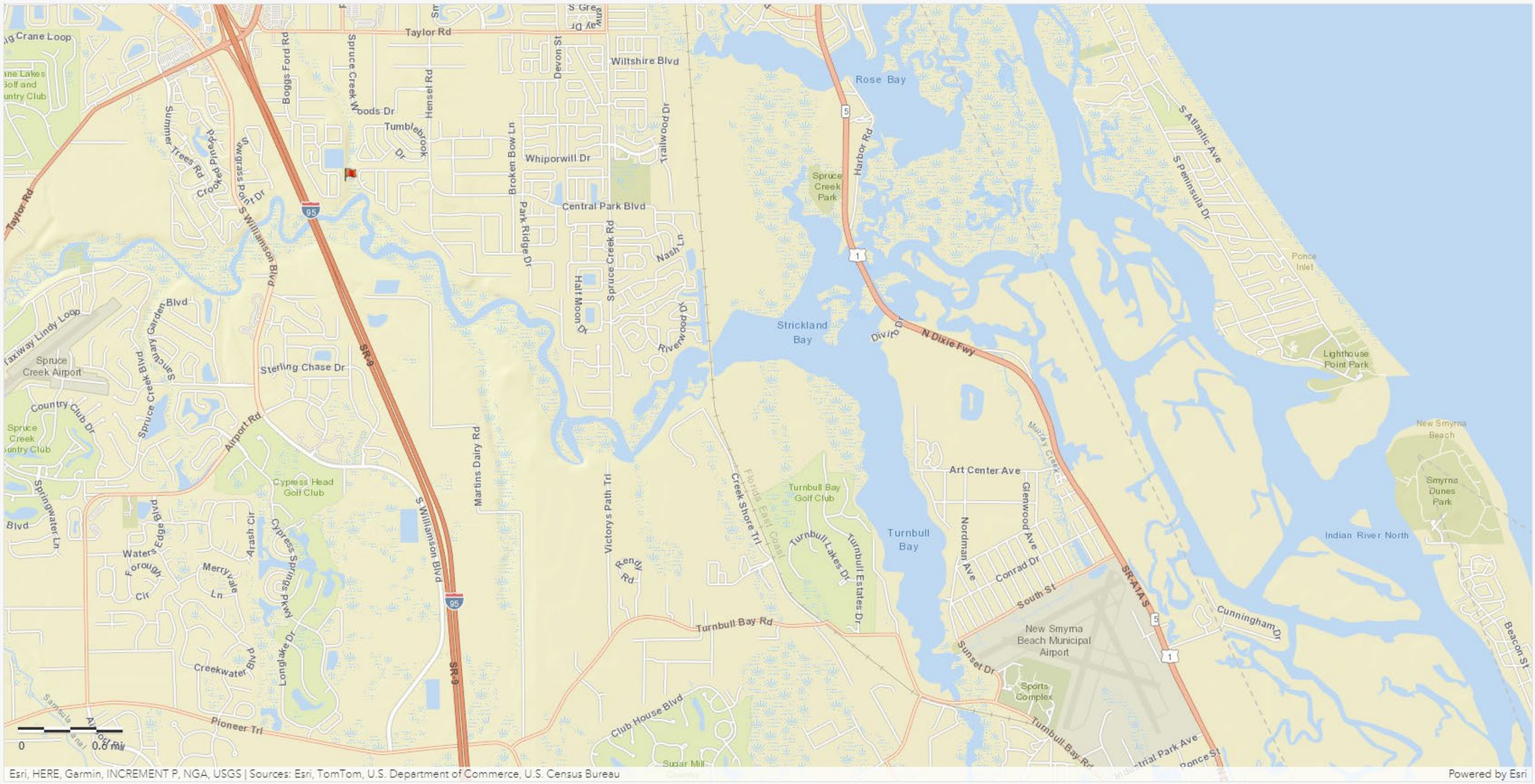
Mental Health & Substance Use Treatment Providers

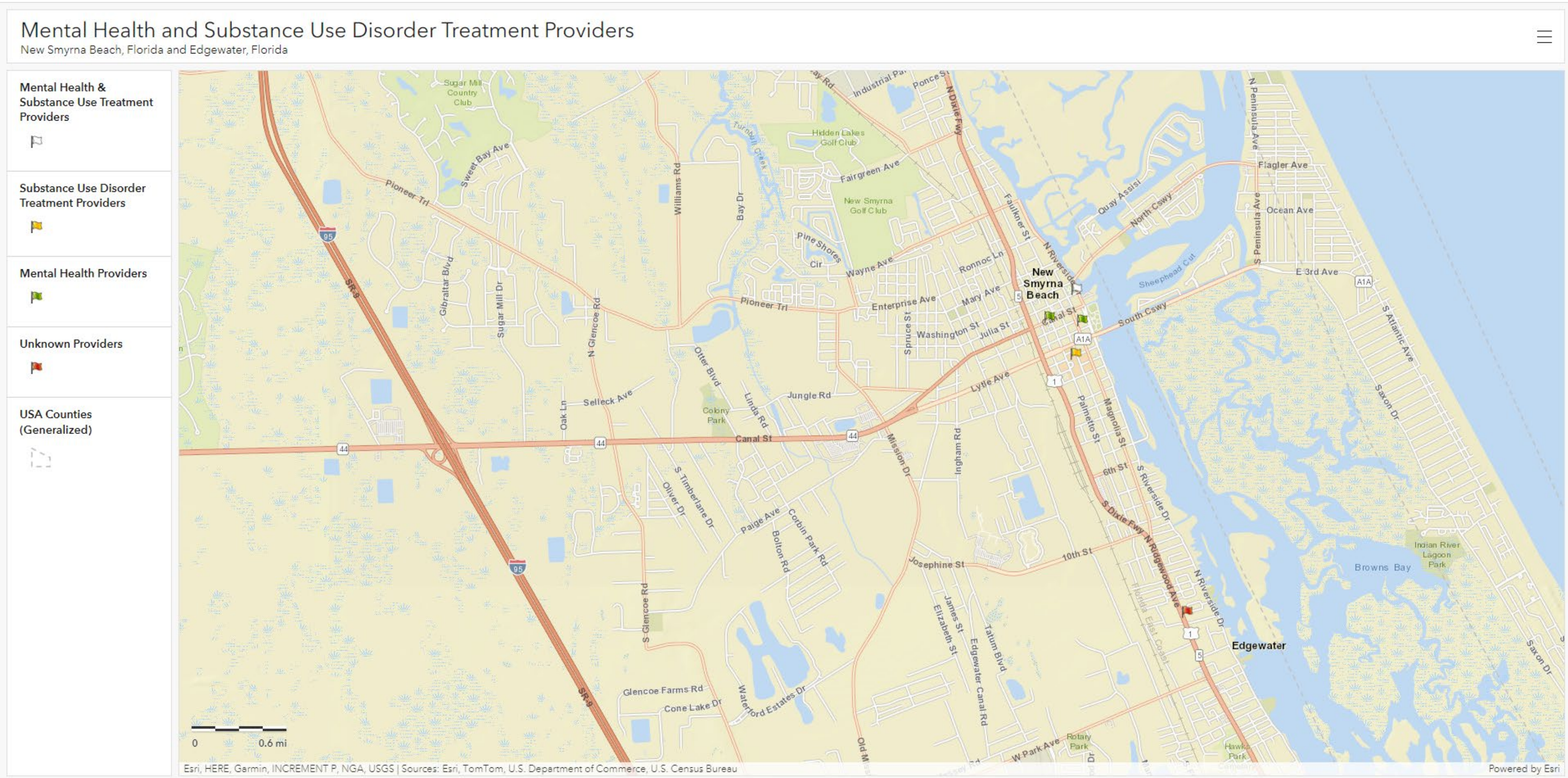
Substance Use Disorder Treatment Providers

Mental Health Providers

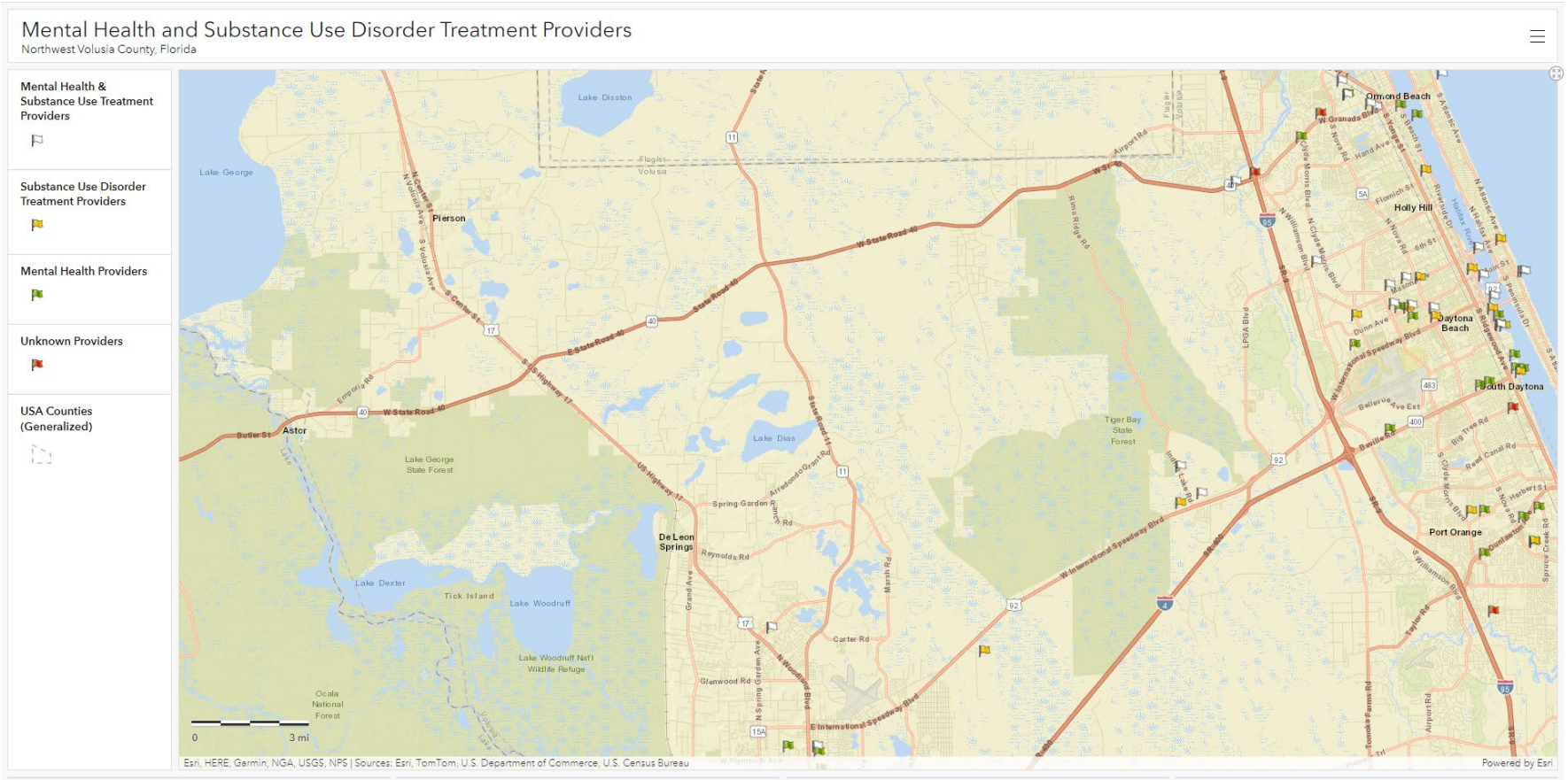
Unknown Providers

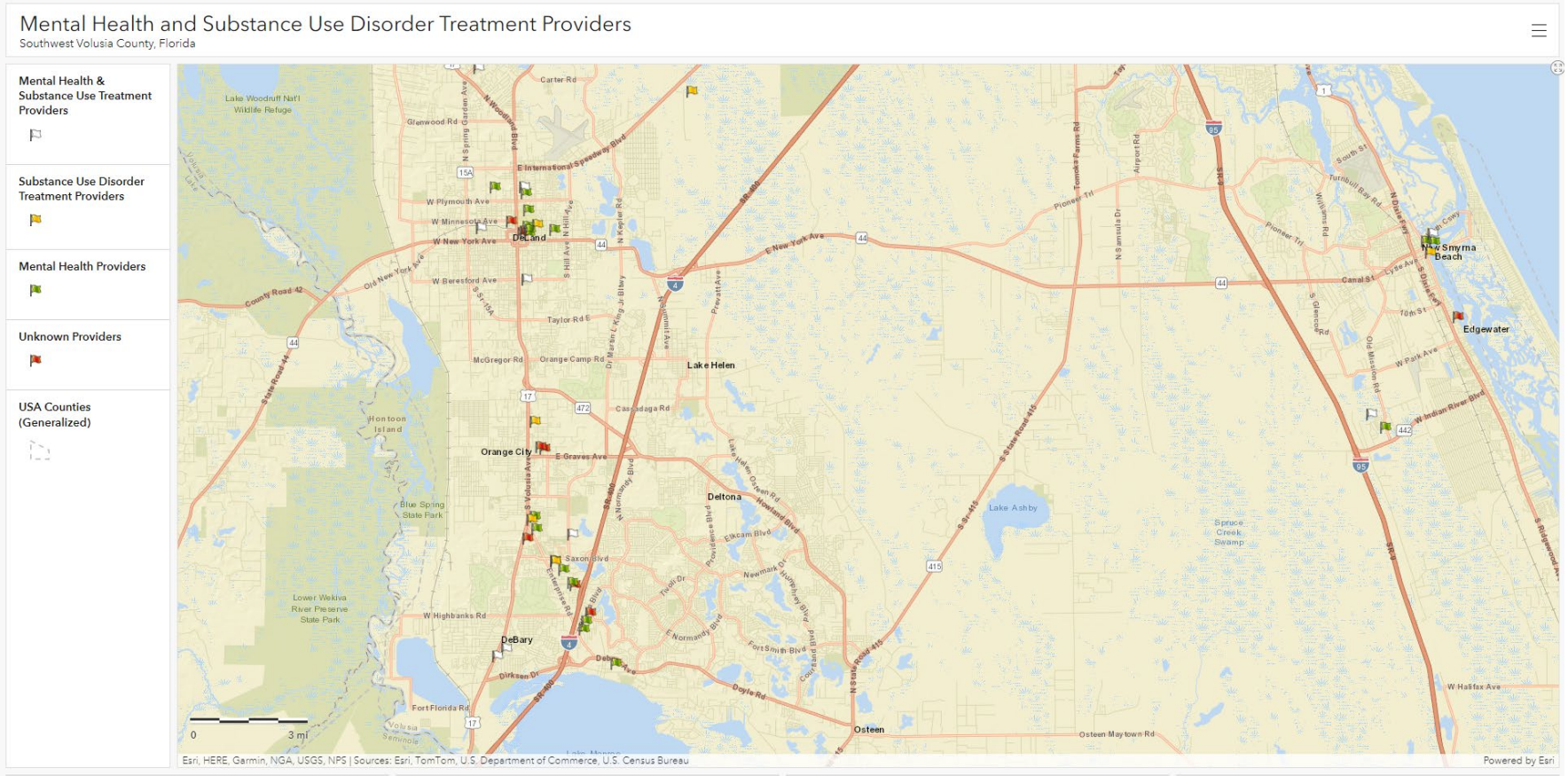
USA Counties (Generalized)




Mental Health and Substance Use Disorder Treatment Providers
New Smyrna Beach, Florida and Edgewater, Florida
Mental Health & Substance Use Treatment Providers
Substance Use Disorder Treatment Providers
Mental Health Providers
Unknown Providers
USA Counties (Generalized)
New Smyrna Beach
Edgewater
Pioneer Trl
Canal St
Selleck Ave
Jungle Rd
Josephine St
10th St
6th St
Flagler Ave
Ocean Ave
E 3rd Ave
South Cswy
North Cswy
Browns Bay
Indian River Lagoon Park
Hidden Lakes Golf Club
New Smyrna Golf Club
Sugar Mill Country Club
Glencoe Farms Rd
Cone Lake Dr
W Park Ave
0
0.6 mi
Esri, HERE, Garmin, INCREMENT P, NGA, USGS | Sources: Esri, TomTom, U.S. Department of Commerce, U.S. Census Bureau
Powered by Esri


Mental Health and Substance Use Disorder Treatment Providers
Edgewater, Florida
Mental Health & Substance Use Treatment Providers
Substance Use Disorder Treatment Providers
Mental Health Providers
Unknown Providers
USA Counties (Generalized)
Glencoe Farms Rd
Cone Lake Dr
Waterford Estates Dr
Old Mission Rd
Massey Rd
W Park Ave
Rotary Park
Massey Ranch Airport
Wildwood Dr
Mango Tree Dr
S Tropical Trail
Hawks Park Cemetery
Hawks Park Recreation Complex
S Riverside Dr
Taylor Rd
Tiffany Dr
12th St
16th St
S Airpark Rd
Ragis Rd
Victory Palm Dr
Royal Palm Dr
Pine Tree Dr
Sabal Palm Dr
Umbrella Tree Dr
Evergreen Dr
Guava Dr
Hibiscus Dr
Kumquat Dr
Orange Tree Dr
22nd St
S Ridgewood Ave
W Indian River Blvd
Hideaway Ln
Persimmon Cir
Waterplant
Cow Creek Rd
Opossum Camp Rd
Queen Palm Dr
Traveler Palm Dr
Willow Oak Dr
Woodland Dr
Unity Tree Dr
Silver Palm Dr
Vista Palm Dr
Yule Tree Dr
Tamarind Dr
Mango Tree Dr
Fern Palm Dr
India Palm Dr
Juniper Dr
Lime Tree Dr
Needle Palm Dr
26th St
30th St
35th St
Volco Rd
Omni Cir
Schonna Ave
Standard Ave
Indian River Lagoon
Bottle Island
Cedar Creek
Cedar Island
Canaveral National Seashore
Shipyard Island
S Atlantic Ave
Ingleside Rd
Van Kleeck Dr
Rio Grande
0
0.6 mi
Esri, HERE, Garmin, INCREMENT P, NGA, USGS | Sources: Esri, TomTom, U.S. Department of Commerce, U.S. Census Bureau
Powered by Esri


Mental Health and Substance Use Disorder Treatment Providers
Northwest Volusia County, Florida
Mental Health & Substance Use Treatment Providers
Substance Use Disorder Treatment Providers
Mental Health Providers
Unknown Providers
USA Counties (Generalized)
Lake Disston
Lake George
Pierson
Astor
Lake George State Forest
Lake Dias
De Leon Springs
Lake Dexter
Tick Island
Lake Woodruff
Lake Woodruff Natl Wildlife Refuge
Ocala National Forest
Tiger Bay State Forest
Ormond Beach
Holly Hill
Daytona Beach
South Daytona
Port Orange
0
3 mi
Esri, HERE, Garmin, NGA, USGS, NPS | Sources: Esri, TomTom, U.S. Department of Commerce, U.S. Census Bureau
Powered by Esri


Mental Health and Substance Use Disorder Treatment Providers
Southwest Volusia County, Florida
Mental Health & Substance Use Treatment Providers
Substance Use Disorder Treatment Providers
Mental Health Providers
Unknown Providers
USA Counties (Generalized)
DeLand
Orange City
Deltona
Lake Helen
DeBary
Osteen
New Smyrna Beach
Edgewater
Lake Ashby
Spruce Creek Swamp
Blue Spring State Park
Lower Wekiva River Preserve State Park
Hontoon Island
Lake Woodruff Nat'l Wildlife Refuge
Volusia Seminole
Esri, HERE, Garmin, NGA, USGS, NPS | Sources: Esri, TomTom, U.S. Department of Commerce, U.S. Census Bureau
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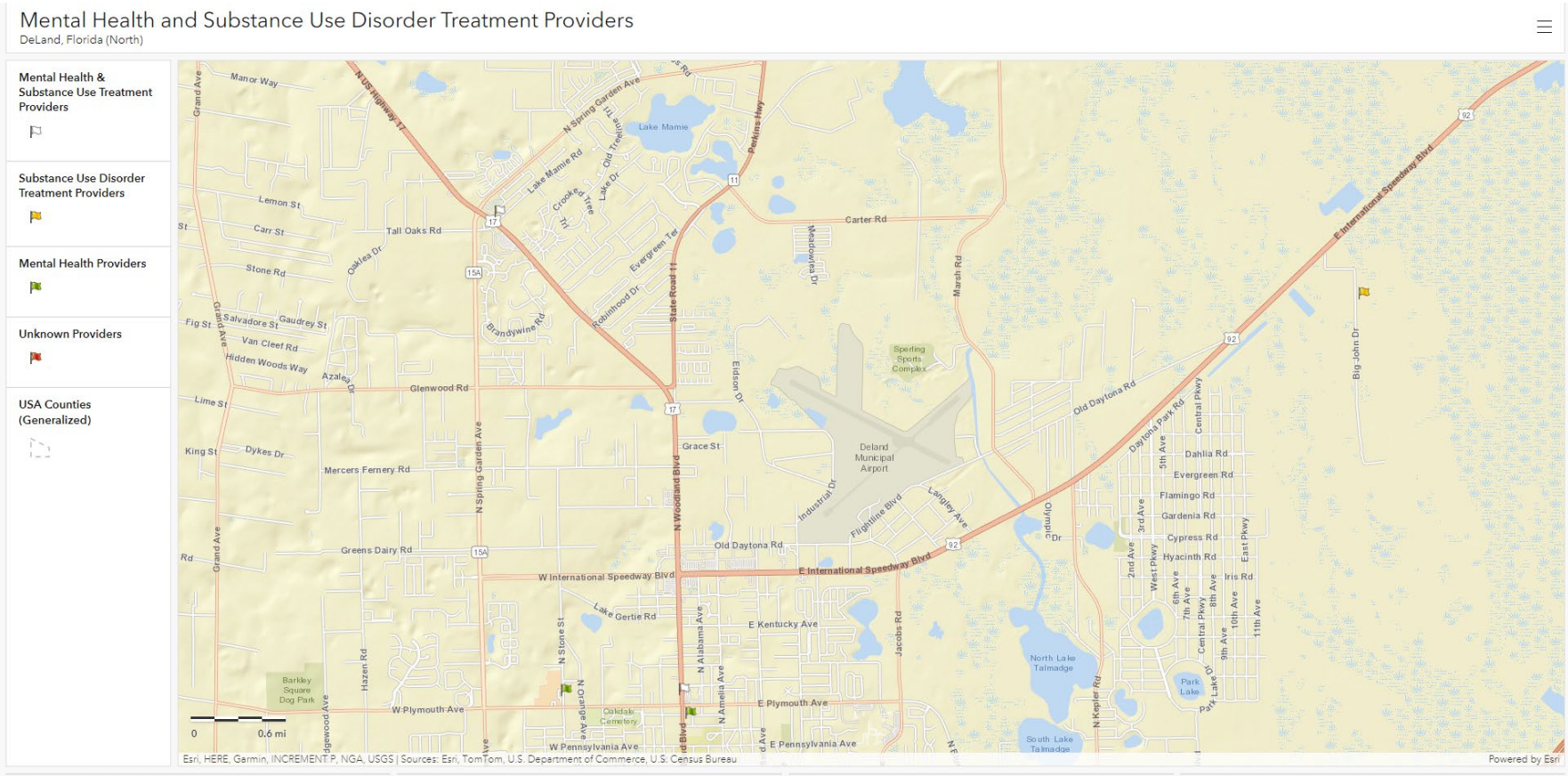
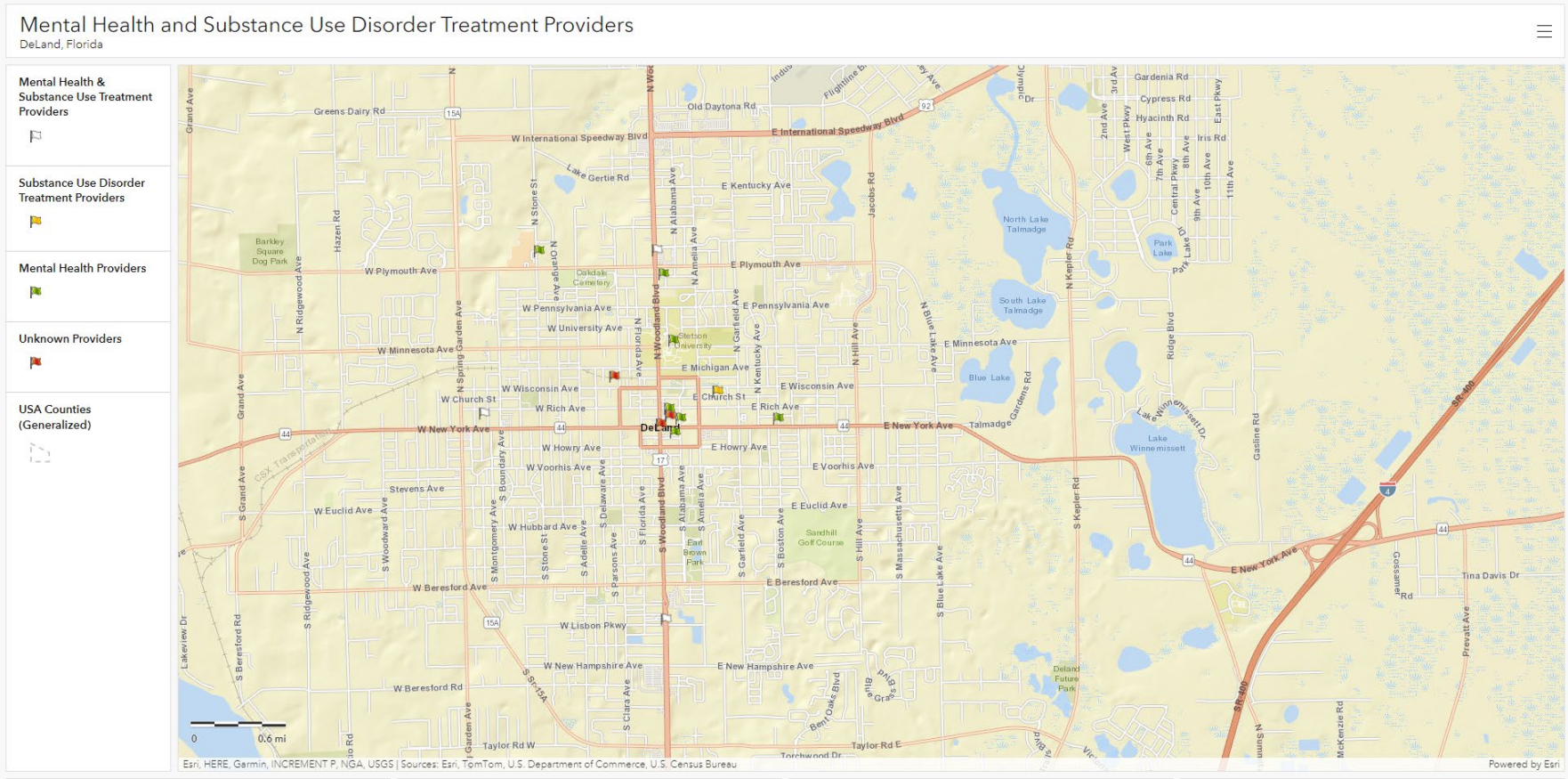
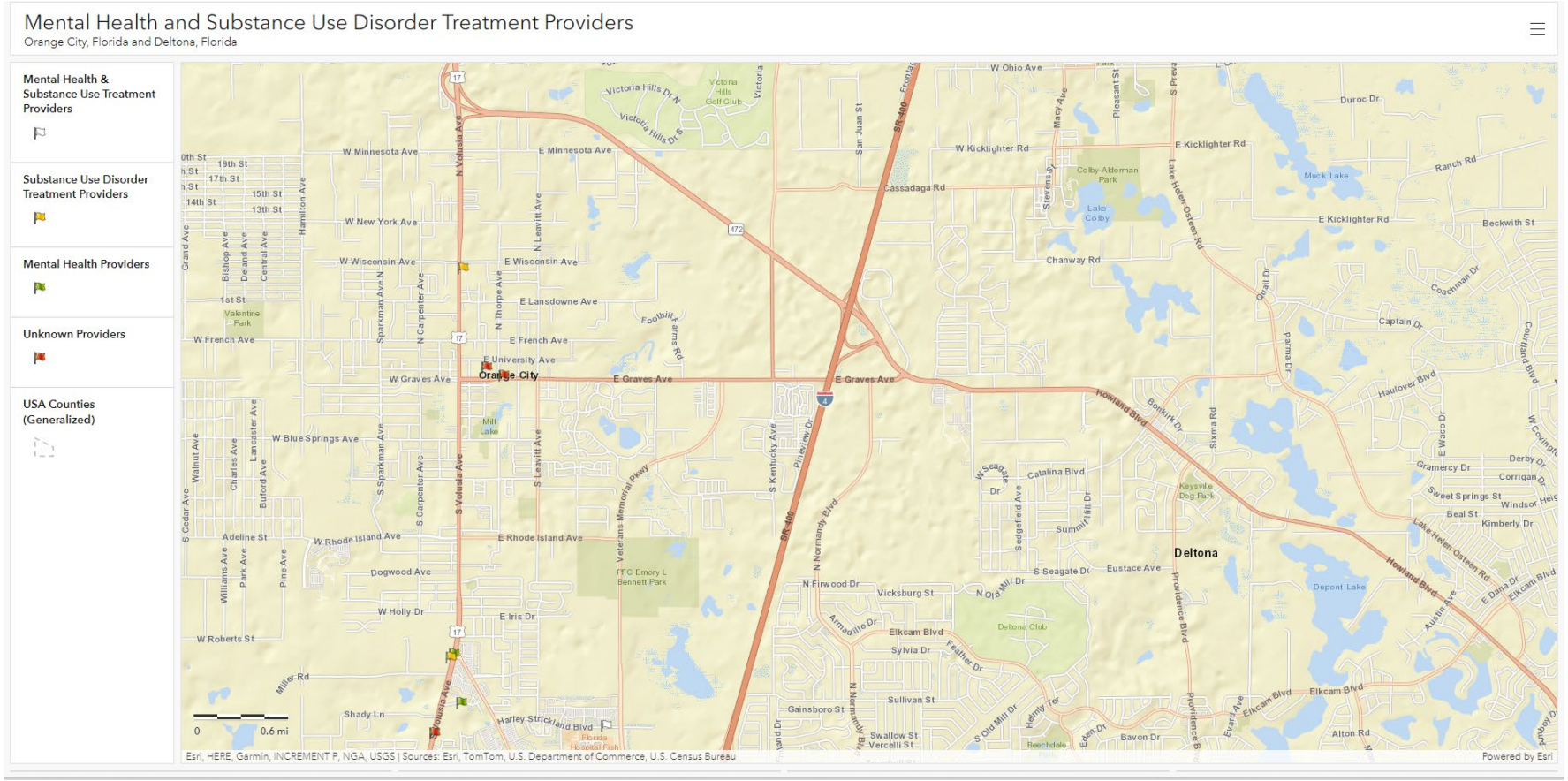
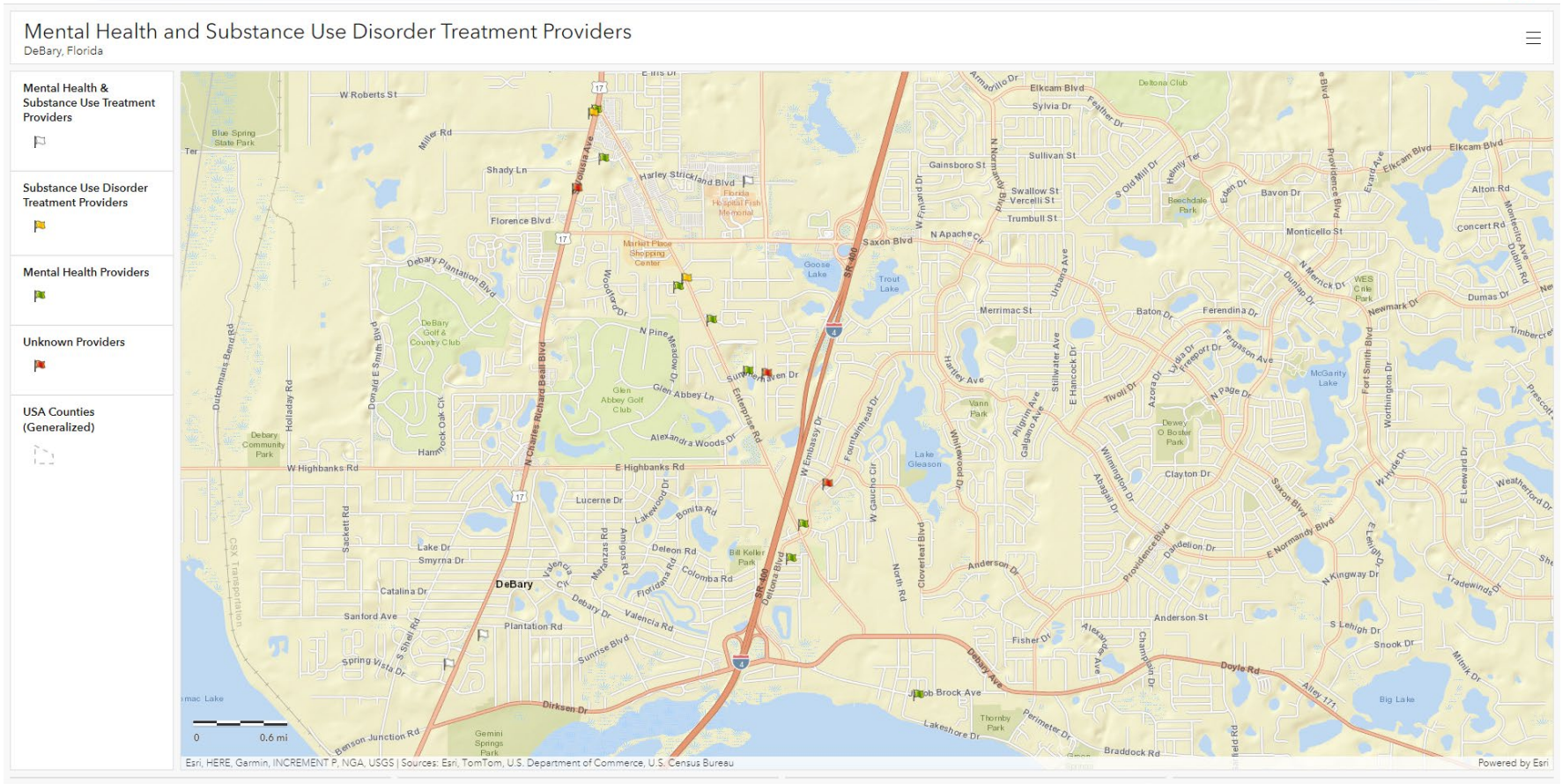

Mental Health and Substance Use Disorder Treatment Providers
DeLand, Florida (North)
Mental Health & Substance Use Treatment Providers
Substance Use Disorder Treatment Providers
Mental Health Providers
Unknown Providers
USA Counties (Generalized)
Manor Way
Grand Ave
N US Highway 17
N Spring Garden Ave
Lake Mamie
Lake Mamie Rd
Old Tree Trl
Crooked Tree Trl
Lake Dr
Perkins Hwy
Lemon St
Carr St
Tall Oaks Rd
Oaklea Dr
Stone Rd
Evergreen Ter
Carter Rd
Meadowlea Dr
Marsh Rd
E International Speedway Blvd
Salvadore St
Gaudrey St
Fig St
Van Cleef Rd
Hidden Woods Way
Azalea Dr
Brandywine Rd
Robinhood Dr
State Road 11
Glenwood Rd
Lime St
Eidson Dr
Sperling Sports Complex
Old Daytona Rd
Big John Dr
King St
Dykes Dr
Mercers Fernery Rd
Grace St
Deland Municipal Airport
Industrial Dr
Daytona Park Rd
Central Pkwy
5th Ave
Dahlia Rd
Evergreen Rd
Flamingo Rd
Gardenia Rd
Cypress Rd
Hyacinth Rd
Iris Rd
Greens Dairy Rd
N Woodland Blvd
Flightline Blvd
Langley Ave
Olympic Dr
3rd Ave
2nd Ave
West Pkwy
East Pkwy
W International Speedway Blvd
Old Daytona Rd
Lake Gertie Rd
E Kentucky Ave
N Alabama Ave
N Amelia Ave
Jacobs Rd
N Stone St
N Old Ridge Ave
Hazen Rd
Barkley Square Dog Park
W Plymouth Ave
Oakdale Cemetery
E Plymouth Ave
W Pennsylvania Ave
E Pennsylvania Ave
North Lake Talmadge
South Lake Talmadge
Park Lake
N Kepler Rd
6th Ave
7th Ave
8th Ave
9th Ave
10th Ave
11th Ave
0
0.6 mi
Esri, HERE, Garmin, INCREMENT P, NGA, USGS | Sources: Esri, TomTom, U.S. Department of Commerce, U.S. Census Bureau
Powered by Esri


Mental Health and Substance Use Disorder Treatment Providers
DeLand, Florida
Mental Health & Substance Use Treatment Providers
Substance Use Disorder Treatment Providers
Mental Health Providers
Unknown Providers
USA Counties (Generalized)
Greens Dairy Rd
W International Speedway Blvd
Old Daytona Rd
E International Speedway Blvd
Lake Gertie Rd
E Kentucky Ave
E Plymouth Ave
W Plymouth Ave
W Pennsylvania Ave
E Pennsylvania Ave
W University Ave
W Minnesota Ave
E Minnesota Ave
E Michigan Ave
W Wisconsin Ave
E Wisconsin Ave
W Church St
E Church St
W Rich Ave
E Rich Ave
W New York Ave
E New York Ave
DeLand
W Howry Ave
E Howry Ave
W Voorhis Ave
E Voorhis Ave
Stevens Ave
W Euclid Ave
E Euclid Ave
W Hubbard Ave
W Beresford Ave
E Beresford Ave
W Lisbon Pkwy
W New Hampshire Ave
E New Hampshire Ave
W Beresford Rd
Taylor Rd W
Taylor Rd E
Torchwood Dr
Gardenia Rd
Cypress Rd
Hyacinth Rd
Iris Rd
North Lake Talmadge
South Lake Talmadge
Park Lake
Blue Lake
Lake Winnemissett
Talmadge
Gastine Rd
Ridge Blvd
Tina Davis Dr
Gossamer Rd
Prevatt Ave
Deland Future Park
Sandhill Golf Course
Earl Brown Park
Barkley Square Dog Park
Oakdale Cemetery
Stetson University
CSX Transportation
0
0.6 mi
Esri, HERE, Garmin, INCREMENT P, NGA, USGS | Sources: Esri, TomTom, U.S. Department of Commerce, U.S. Census Bureau
Powered by Esri


Mental Health and Substance Use Disorder Treatment Providers
Orange City, Florida and Deltona, Florida
Mental Health & Substance Use Treatment Providers
Substance Use Disorder Treatment Providers
Mental Health Providers
Unknown Providers
USA Counties (Generalized)
Orange City
Deltona
Esri, HERE, Garmin, INCREMENT P, NGA, USGS | Sources: Esri, TomTom, U.S. Department of Commerce, U.S. Census Bureau
Powered by Esri


Mental Health and Substance Use Disorder Treatment Providers
DeBary, Florida
Mental Health & Substance Use Treatment Providers
Substance Use Disorder Treatment Providers
Mental Health Providers
Unknown Providers
USA Counties (Generalized)
DeBary
Florence Blvd
Saxon Blvd
Elkcam Blvd
Harley Strickland Blvd
Deltona Blvd
Dirksen Dr
Plantation Rd
Sunrise Blvd
Debary Plantation Blvd
W Highbanks Rd
E Highbanks Rd
Lake Gleason
Goose Lake
Trout Lake
Gemini Springs Park
Big Lake
0
0.6 mi
Esri, HERE, Garmin, INCREMENT P, NGA, USGS | Sources: Esri, TomTom, U.S. Department of Commerce, U.S. Census Bureau
Powered by Esri

Appendix E: Stakeholder Interview Schedule

General Questions

1. To begin, what is your title, role, and how does your work intersect with people with substance use disorders and/or those in need of mental health treatment?
2. What do you think are the **major challenges** faced by the population you work with in terms of finding and using the services they need?
3. What populations do you think are particularly impacted, underserved, or challenging to help? Have you noticed any changes in this over the past 10 years or so (changes in people needing help)?
4. What are the next steps on the following fronts, that is what do you think we should be doing or expanding on in terms of: a. Prevention b. Early Intervention c. Treatment.
5. In your opinion, what are the **three** largest gaps in Volusia County in terms of substance abuse or mental health treatment right now?
6. What do you think is working well in the county in terms of substance use and mental health treatment?
7. What other agencies do you partner with in the community to coordinate services?
8. What else do you think is important for us to know about the mental health and substance use treatment systems in Volusia County?

LEO only/Medical reentry at jail

9. How does your agency collaborate with mental health, substance abuse, and or other agencies?
    a. What is the process for collaboration between you and other agencies?

b. Which agencies participate?

c. Who would you like to be collaborating with that you aren't currently?

Appendix F: Client Interview Schedules

Interview Questions for Individuals Who Have Navigated the System

General

1. Have you sought treatment for substance abuse, mental health concerns, or both?
    1. *If both:* Which was your primary reason for seeking treatment for mental health? And for substance abuse? Did you receive treatment at the same time?
2. What kind of treatment did you receive? (Residential, inpatient, outpatient, etc.) For how long? Are you currently receiving treatment?
3. What led you to seek treatment? (Court order, personal decision, etc.)
4. Generally speaking, how was the process of finding and receiving treatment? (How long did it take? Did you have to go on waiting lists? Did you have to call many places to find a slot?)
5. What are some of the biggest challenges you faced in navigating the *[substance abuse or mental health]* treatment system?
6. What are the biggest obstacles that you saw others face in attempting to obtain treatment? Were they seeking treatment related to a substance abuse disorder or another mental health concern?
7. Do you have insurance? Do you believe that this made it any easier or harder for you to obtain treatment? In what ways?

Housing

8. Before starting treatment in Volusia County how would you describe your housing situation?
    1. *If housing situation was unstable*: Did you know about any resources for individuals experiencing housing instability? Did you use any? What resources do you think could be put in place to give individuals like yourself access to safe and affordable housing?
9. Has your housing situation since changed?
    1. *If yes:* How so? Would you say that this is a result of the treatment you are receiving? How?
10. How important do you think stable housing is for people struggling with substance abuse or other mental health disorders?

Transportation

11. How would you describe your transportation situation when you began seeking treatment? Did your transportation situation ever create a barrier to accessing treatment?
12. How important do you think transportation is for someone seeking treatment for substance abuse or mental health disorders? (Have you known anyone that has had transportation inhibit them from treatment?)

Jobs and Education

13. What is the highest degree you have earned? Do you have any aspirations to continue your education? Did you use any local programs to continue your education or job skills training?
14. What kind of job did you hold before you began receiving treatment? What are you doing now?

    1. *If working a different job now:* Was your change in employment a result of your decision to receive treatment? How so?
    2. *If working the same job:* Was your employment impacted in any way when you began receiving treatment? How?

15. After receiving treatment were you made aware of any resources to assist you in changing your employment situation? Did you use them?
16. Do you have a criminal background?
    1. *If yes:* Do you believe it has negatively impacted your employment situation?
17. Was/is your employer aware that you were receiving treatment?
    1. *If yes:* Did you feel supported by your employer? What do you think they should or could have done better to support you?

Legal Access

18. Have you needed access to legal help as a result of a substance abuse disorder or other mental health condition?
    1. *If yes:* Were you able to access this help? Did it play a role in allowing you to continue or start treatment? How did you find out about this resource?

Mental Health

19. Have you been diagnosed with a mental health disorder? Was this before or while receiving treatment in Volusia County?
20. Do you think you may have an undiagnosed condition? What condition?

Support System

21. While navigating the treatment system was there any aspect of the system or resources that specifically benefited you?
    1. *If yes:* What were those resources?
22. What are some resources that you feel are missing from the treatment care system?
23. Do you feel that you have a support system now? (Did you feel that way while going through treatment?)
24. What is something that you think needs to change about the treatment system?
25. Were there or are there currently any concerns you have about the impact of undergoing treatment upon your life? (job, education, etc.)
26. Other than treatment, what kinds of resources do you think are needed for people with a substance abuse or mental health disorder?
27. Is there anything else that you feel needs to be addressed regarding the accessibility and availability of substance abuse or mental health treatment in Volusia County?