LSF HEALTH SYSTEMS

FOCUS GROUP DRAFT NARRATIVE

Community Input

Listening to and gauging perspectives of the community are essential to any community-wide initiatives. The impressions and thoughts of community residents can help pinpoint important issues, highlight possible solutions, and feed into identification of strategic issues. To gain a better understanding of these issues, this needs assessment employed the following two approaches: focus groups and surveys. (WellFlorida to add survey info).

Focus groups were held with CEOs and/or their designated representatives from providers in LSF's service area to better understand and assess the availability of programs and services under the No Wrong Door Model and Recovery Oriented System of Care (ROSC) as well as other evidence-based programs used by these providers.

This section includes the following components of the Provider Focus Groups:

- **Methodology of Provider Focus Groups**
- **Demographics of Focus Group Participants**
- **Results of Provider Focus Groups**

METHODOLOGY OF PROVIDER FOCUS GROUPS

Trained facilitators conducted four virtual focus groups with LSF Health Systems providers during the months of August and September of 2019. Providers were placed into focus groups based on the circuit areas covered by their organizations: Circuit 4, Circuit 5, Circuit 7, and a combined focus group which included Circuits 3 and 8 as well as those providers who covered multiple circuits in LSF's service area.

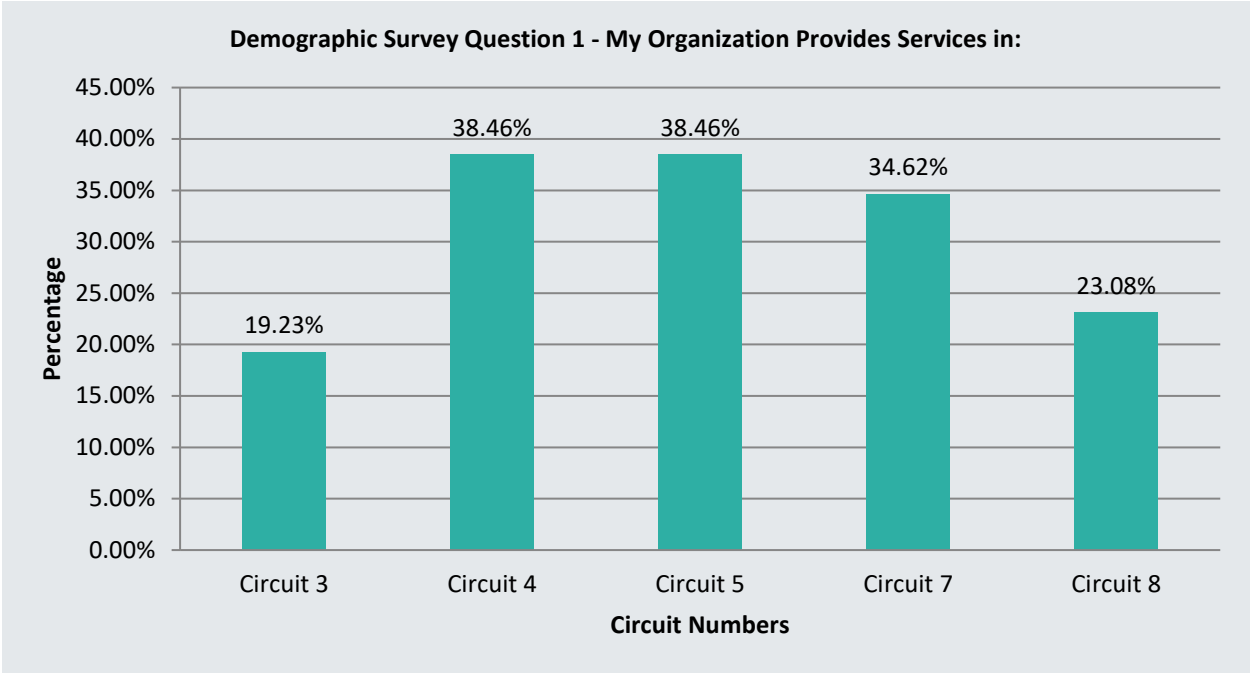
A virtual operator and one facilitator guided the focus group discussion using an approved script. Focus group questions were related to the No Wrong Door Model and Recovery-Oriented System of Care Model (Appendix ___). The focus group questions were read aloud by the facilitator and also shared electronically for providers to view during the telephone-based focus group.

DEMOGRAPHICS OF FOCUS GROUP PARTICIPANTS

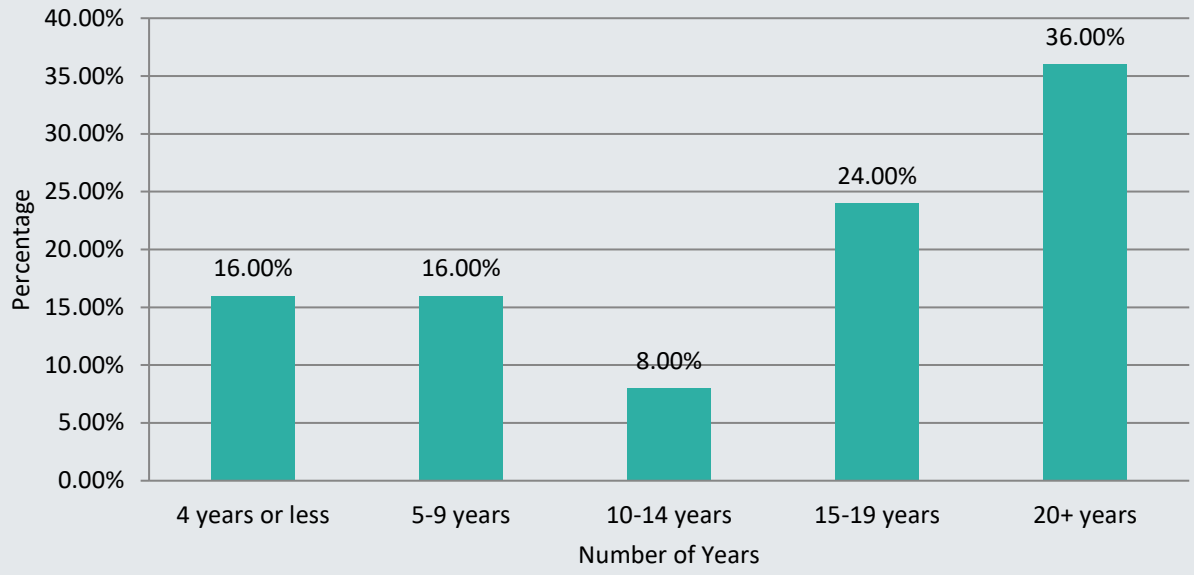
A brief demographic questionnaire was shared electronically with providers to complete at the end of the focus group discussion. Figure 1 shows the representation of focus group participants by the circuits their organizations represented. Over a third of focus group participants had worked for 20 or more years in their current circuit (Figure 2) and nearly half of participants (46 percent) had worked for 20 or more years in the behavioral health field (Figure 3). Nearly 70 percent of participating organizations provide mental health services, 50 percent provide substance abuse treatment services, and 43 percent report being involved in prevention, case management and/or social services as shown in Figure 4. Over half of focus

group participants (52 percent) were CEOs or other executive-level position within their organizations (Figure 5).

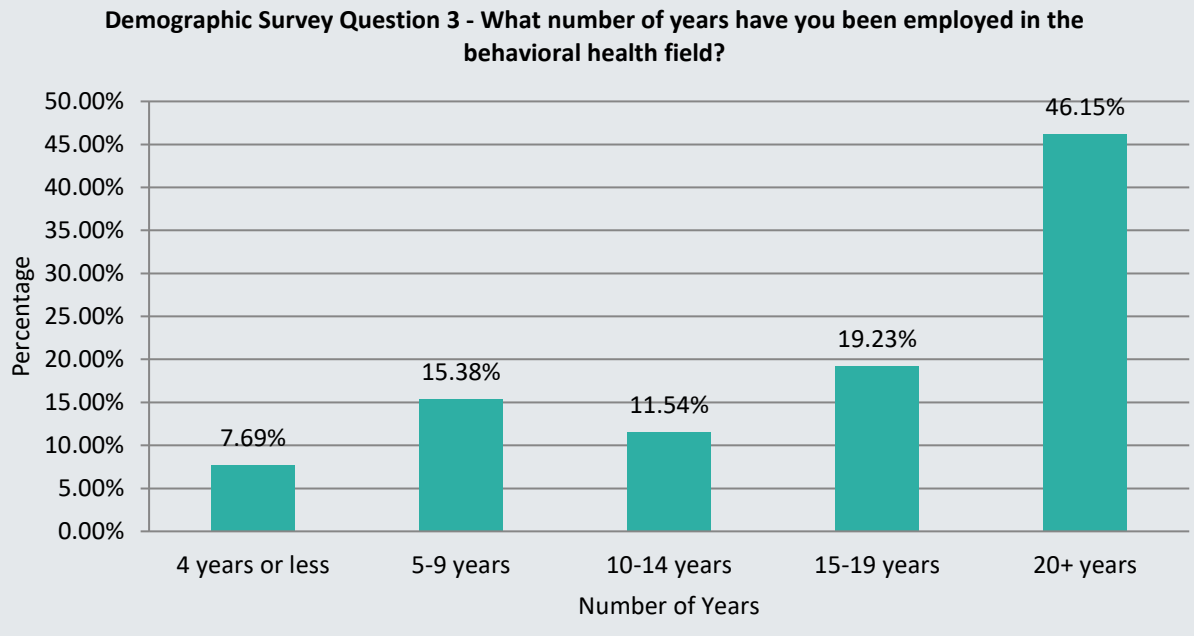
DEMOGRAPHIC QUESTION 1 – AREA OF SERVICES



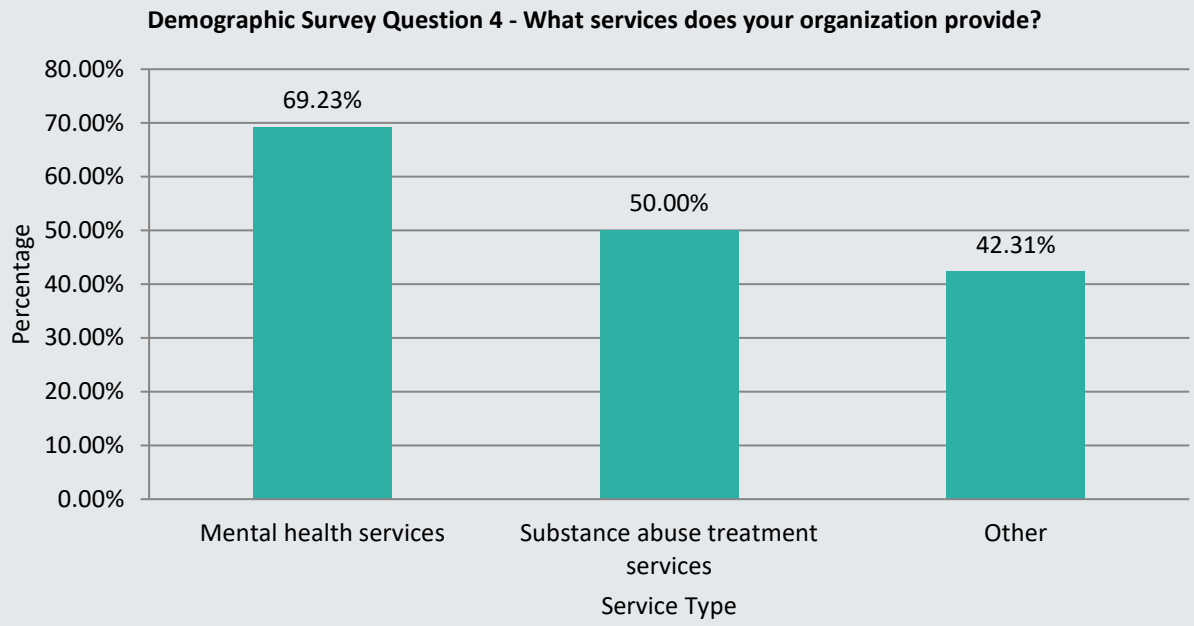
DEMOGRAPHIC QUESTION 2 – YEARS WORKED IN CIRCUIT



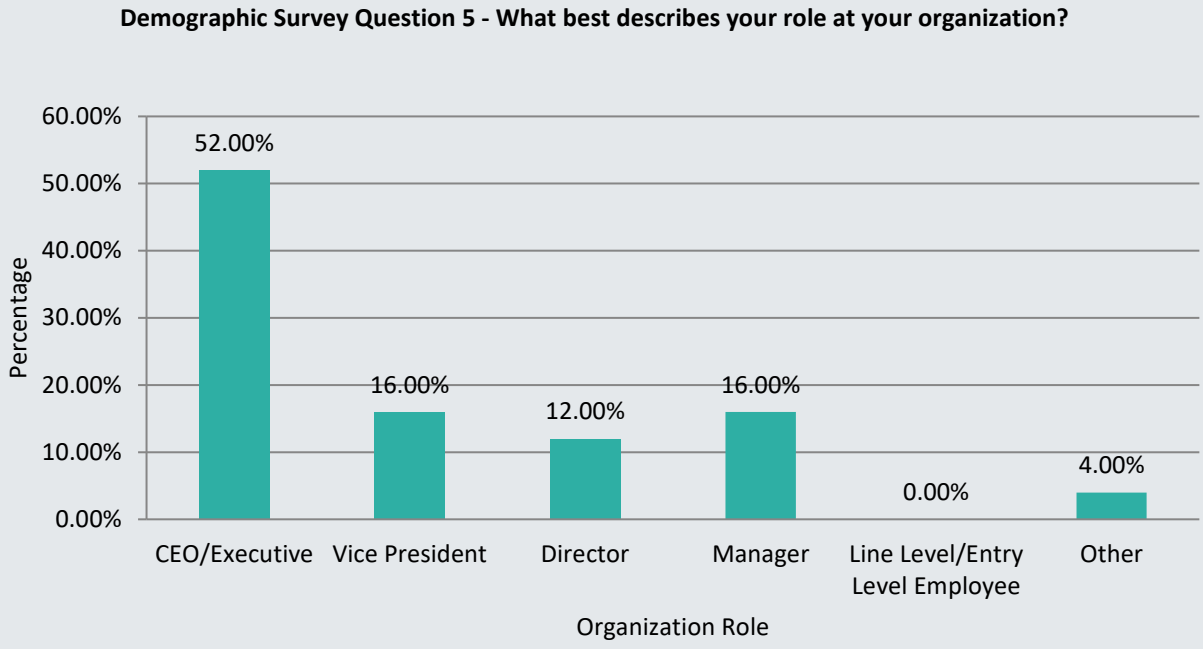
DEMOGRAPHIC QUESTION 3 – YEARS EMPLOYED IN THE FIELD



DEMOGRAPHIC QUESTION 4 –SERVICES PROVIDED BY ORGANIZATION



DEMOGRAPHIC QUESTION 5 – ROLE IN ORGANIZATION



RESULTS OF PROVIDER FOCUS GROUPS

The following section provides a summary of provider responses to questions asked specifically about the No Wrong Door Model and Recovery-Oriented Systems of Care as well as other evidence-based programs at their organizations.

FOCUS GROUP 1

Date: August 28, 2019

Area Served: Circuit 4

Provider participants by name of organization represented (9 total): Child Guidance Center, Inc.; Clay Behavioral Health Center Inc.; Fresh Ministries, Inc.; Starting Point Behavioral Health; Children's Home Society; DaySpring Village, Inc.; I.M. Sulzbacher Center for the Homeless, Inc.; Gateway Community Services, Inc.; Daniel Memorial, Inc.

No Wrong Door Model – Effectiveness and Use

Focus group participants report that the No Wrong Door Model is effective at increasing collaboration and communication between providers, and to provide assistance or referrals to an appropriate agency for anyone who comes through their doors. No Wrong Door is used widely and daily within their organizations; one participant referred to it as part of their culture.

Participants emphasized their use of **quality assurance/quality improvement** (conducting monthly meetings to ensure standards are met, and conducting focus groups to gain feedback from clients), **person-centered counseling** (peer specialists and care coordinators help establish client transition support services), and **community awareness** as key to the success of this model. A limitation mentioned by one organization's representative was that due to the high volume of calls they receive, they have found it necessary to emphasize referring clients elsewhere.

Groups/Types of Clients for Whom Model is Well Suited

- Project Save Lives – these individuals often need a number of services
- Homeless population – primarily those with previous negative experiences with service providers
- High utilizers of deep-end services, such as clients frequently coming out of emergency rooms and jails

What Can Be Done to Improve Existing Coordination/Delivery

- Would be helpful to have central information/repository center of what services are available so providers know where to refer clients for specific services.
- Sharing of information between organizations is one of biggest barriers to No Wrong Door being effective. Due to the lack of an HIE (health information exchange) in the northeast Florida regional area, sharing of information between organizations is limited.

Recovery-Oriented System of Care (ROSC)

Focus group participants incorporate elements of ROSC into various policies and procedures across their agencies. Some examples mentioned were recruiting people to their Board of Directors who are in recovery or who have family members in recovery, incorporating a parent model with wrap around services, involving clients in their own treatment plans, and using peer specialists who can better relate to clients, thereby increasing the number of people who decide to enter treatment plans. Externally, participants report partnering with other agencies to give their clients access to a wider variety of services by either co-locating services or by strengthening existing partnerships. A few participants have worked to create a collaborative group of area providers that meet bi-monthly to improve care coordination and talk about best practices and how to resolve barriers and share resources.

Outcomes and Effectiveness of ROSC

All providers in this group were in agreement that this model is widely used and that ROSC improves outcomes for individuals, families and communities. One participant stated that, "There is always more buy-in when clients are part of their recovery," and another that, "They are more invested when they are part of the solution."

Evidence Based Programs (EBP)

All providers agreed they were evidence-based practitioners and discussed some examples of programs utilized at their organizations which included the following:

- Trauma Focused Care
- Dialectical Behavioral Therapy (DBT)
- Cognitive Behavioral Therapy (CBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Infant Mental Health
- Motivational interviewing
- Thinking for Change
- Circle of security
- Nurturing parenting in FIT program
- Wraparound approach for care coordination

Examples of How Providers Stay Informed of Emerging, Promising and/or Evidence Based Programs:

- Substance Abuse & Mental Health Services Administration (SAMSHA)- Evidence-Based Resource Center
- To ensure all therapists have training, one agency provides EBP training during the summer
- Clinical Supervisor provides EBP training at staff meetings to present new interventions and certification trainings
- Vice President sends out information on a daily basis about emerging and EBP practices (i.e. SAMSHA, LSF)

FOCUS GROUP 2

Date: September 5, 2019

Area Served: Circuit 7

Provider participants by name of organization represented (7 total): Children's Home Society; EPIC Community Services, Inc.; Gulf Coast Jewish Family Services, Inc.; SMA Behavioral Health Services, Inc; St. Augustine Youth Services, Inc.; The House Next Door, Inc.; Healthy Start Coalition of Flagler and Volusia Counties, Inc.

No Wrong Door Model – Effectiveness and Use

Organizations represented in this focus group all reported that the No Wrong Door Model is a key part of their service philosophy – it is used widely and daily. Providers stressed that anyone who comes to them needing help will be connected to available services, whether in house or by appropriate referral. They spoke in great detail about their robust community referral system and how the Behavioral Health Consortium in St John's County has provided the opportunity to establish great relationships between all the provider agencies in their community, the school district and the sheriff's office.

A number of agencies have open access centers that are designed to connect families with a variety of needed services. Some are open 24 hours a day, seven days a week. Others have a call center clients can call to receive information about local services. One agency highlighted their mobile crisis team, which intervenes before a mental health issue reaches the level of a Baker Act, and works in collaboration with area schools, law enforcement, and mental health providers to respond to crisis calls and link families to needed services. Another agency trains their staff in High Fidelity Wraparound which parallels aspects of **person-centered counseling** and **person-centered transition support**. Anyone experiencing homelessness is entered into the Homeless Management Information System, or referred to an agency that can enter them in the system.

Participants emphasized their use of person-centered counseling, participant engagement, person-centered transition support, engaging with the family as a whole, and hiring former clients as staff members as reasons for their successful use of this model. One agency spoke about how they provide aftercare after clients leave their facility, utilize peers, and work on transition plans from treatment.

Groups/Types of Clients for Whom Model is Well Suited

- Clients with an adequate diagnosis, who are stabilized and who have housing
- Particularly difficult for the uninsured population
- "Works well with clients through our MRT program, assists them for the 72 hours we have them, however, after that, sometimes there is no second door to lead them to due to limited services and resources available. We bring them in through No Wrong Door but often are unable to get them past the front porch."

What Can Be Done to Improve Existing Coordination/Delivery

Focus group participants agreed that the No Wrong Door Model is an effective model for coordination and improving health outcomes, but repeatedly brought up that the efficacy of this model is limited in their area due to capacity issues. Among the problems listed was the lack of a Baker Act facility in their county, the lack of detox and residential bed availability, and the shortage of licensed clinical professionals. These were said to be problems that affect all of the participating organizations, and many report having waiting lists for services. "Limited resources and services also lead to staff turnover at our agency,; our staff feel burnout when they cannot meet the complex needs of our clients." Coordination is high, but a problem arises when there is nowhere to send someone due to waitlists or a complete lack of certain services in the area. All participants agreed that they currently do not have the resources to meet the need, and that expanding capacity and funding sources would improve existing coordination and delivery of services.

Recovery-Oriented System of Care (ROSC)

The majority of focus group participants viewed the ROSC Model as one that is widely used throughout their organizations and stated that they incorporate various elements of this model into many of their programs. Several participants noted their organizations rely heavily on their partnerships with other agencies to help meet their clients' needs. A shared goal for many participants was connecting their clients to support systems within their communities and working towards full independence. A few participants discussed how their organizations have worked on High Fidelity Wraparound Plans (Wellness Recovery Action Plan) as examples of how they utilize a recovery-oriented system of care program with aspects of person-centered counseling and person-focused transition support. Another participant highlighted how their organization is continuing their efforts to develop a rich care coordination program that works with family members, caregivers and peer support to assist their clients in recovery. It was noted by another focus group participant that their organization's Mobile Response Team (MRT) program was a good example of how they utilize the ROSC.

Several focus group participants shared examples of how their organizations utilize specific elements of ROSC. One participant noted their origination recently expanded their program to be more culturally responsive**,** incorporating peers and ensuring their programs are evidence-based and providing research-based training. Another participant noted their organization is focused on patient-centered aspects and being family strength-based and culturally responsive in all of their programs. Several participants discussed how their organizations use system-wide education and training for all of their staff members. Another participant reported their organization makes an effort to be culturally sensitive to best meet their clients' needs – such as providing translators to assist with language barriers – but would like to become more culturally responsive to the needs of the LBGTQ population.

Outcomes and Effectiveness of ROSC

Many focus group participants reported that ROSC improves outcomes for many individuals, families and communities. One participant emphasized the challenges faced when working with the homeless population who often do not have strong support networks. Another participant emphasized the importance of the work their organization does in assisting clients who transition out of hospital settings and linking them with the appropriate services in their community so they have the best system of support. It was noted that

the ROSC model can be helpful in soliciting feedback from consumers and encouraging family and community involvement so their clients have a higher chance of success in achieving their goals. One participant reported their organization utilizes peers because "people with lived experiences are extremely helpful in recovery." One participant also emphasized that all staff in their organization is trained in ROSC to help them work better as a team on a common mission.

Evidence Based Programs

All participants emphasized that they are evidence-based practitioners and shared many examples of programs utilized at their organizations. Some examples given include:

- Ages and Stages SE – developmental screening for young children
- Edinburgh Depression Screen – if positive – Mothers and Babies Course – if positive – Moving Beyond Depression
- SBIRT – Motivational Interviewing
- DULCE – Developmental Understanding and Legal Collaboration for Everyone – Medical-legal partnerships
- AAP – American Academy of Pediatrics
- SCRIPT – Smoking Cessation and Reduction in Pregnancy
- WRAP – Wellness Recovery Action Plan
- SMART – Self Management and Recovery Training –
- Strengthening Families Protective Factors Model
- Safety Seeking Safety
- Cognitive Behavioral Therapy (CBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- High Fidelity Wraparound
- Trauma Informed Care
- Moral Recognition Therapy: criminal justice focused.
- Feedback Informed Treatment
- Anger Management
- Active Parenting
- Living in Balance
- Matrix Model
- Zero Suicide Model
- Infant Mental Health
- Real Life Heroes (new Trauma Informed Care Program)
- Transition from Jail Programs

Examples of How Providers Stay Informed of Emerging, Promising and/or Evidence Based Programs:

Providers provided similar examples of how they stay informed of emerging, promising and/or evidence-based practices:

- Online groups, especially those focused on current research,
- List serves (Examples given was National Behavioral Health Council and Open Minds)

- Attend conferences, at local, regional and national levels
- Attend local meetings; participate on local/regional behavioral health consortiums
- Many agencies have committees or department that specializes in Quality Management/Quality Improvement training to keep all staff at their organizations updated on emerging, promising and/or evidence-based practices

FOCUS GROUP 3

Date: September 6. 2019

Area Served: Circuits 3, 8 and Other (some providers serve multiple circuits)

Provider participants by name of organization represented (6 total): Community Coalition Alliance, Inc. (covers all counties in LSF's service area); Gainesville Opportunity Center, Inc. (Circuits 3,8); Meridian Behavioral Healthcare, Inc. (Circuits 3,8); United Way of Suwannee Valley (Circuits 3,8); Hanley Center Foundation, Inc. (Circuits 3,4,7,8); Camelot Community Care, Inc. (Circuits 3, 5, 8)

No Wrong Door Model – Effectiveness and Use

Focus group participants reported that the No Wrong Door Model is effective in providing assistance to their clients or referring those clients to an appropriate agency. For participants who provide direct care, they reported utilizing the No Wrong Door Model on a daily basis and commonly viewed it as their access to care model. Several focus group participants were not direct service providers and emphasized their organization's focus on community awareness, universal prevention strategies, and linking clients to services. For those participants who were not direct service providers, their use of the No Wrong Door Model is in connecting anyone who contacts their organization to an appropriate agency who can best help them. One participant's organization has a unique perspective of being a "Clubhouse Model." The Clubhouse Model provides a community of support and an opportunity for those with mental illness to work, make relationships, find housing, etc., and they link members to the outside services they need to maintain their long-term recovery.

Of the six aspects, participants emphasized their use of **community awareness** by engaging in numerous outreach activities, educational programs and events. Providers also highlighted **person-centered treatment and person-centered counseling** with an emphasis on the importance of peer support and consumer involvement in their treatment programs. The majority of participants reported have ongoing mechanisms in place at their organizations to ensure **quality assurance and quality improvement,** such as conducting focus groups and satisfaction surveys with their consumers, stakeholders and community partners.

Groups/Types of Clients for Whom Model is Well Suited

- Works well for Clubhouse clients
- Helpful for clients whose disorders or problems are severe enough to have difficulties navigating within the community-wide network of services

- Well suited for clients with co-occurring disorders; this model helps them get directed to the best standard of care to best meet their needs
- Beneficial for Medicaid clients

What Can Be Done to Improve Existing Coordination/Delivery

Focus group participants reported the biggest challenge to the effectiveness of the No Wrong Door Model is the lack of adequate funding in the behavioral health care system in Florida. One participant emphasized there are no consistent minimal standards of what should be available in every county with regard to behavioral health. Another participant emphasized the lack of funding needed for prevention services. The majority of providers were in agreement that the overall lack of funding for behavioral health care services and resources is the most common barrier when attempting to connect a client to the appropriate level of care needed. Some specific comments included, "The door is useless if there is only a cliff behind it," and, "No Wrong Door is a great policy as long as that door leads somewhere."

Recovery-Oriented System of Care (ROSC)

Focus group participants were in agreement that recovery to the highest level is the shared goal for all of their clients. They reported their organizations utilize the 17 elements of ROSC in a variety of ways depending on their agency's focus. Those organizations providing direct services highlighted how peer support plays an important role in their treatment programs, such as in criminal diversion programs. For those participants whose organizations do not provide direct services, they discussed different ways they utilize community awareness and prevention strategies.

All participants emphasized that the ability of their recovery-oriented programs to be successful is dependent on funding. The majority of participants mentioned that their biggest programmatic challenge is not being adequately and flexibly financed. A limitation mentioned by one representative was their organization's ongoing reliance on grants which do not provide long-term support once that funding source ends. Another participant mentioned their organization's loss of funding to continue to provide peer support specialists for their clients which is an important component of recovery. All participants were in agreement that the ROSC model is used as widely as the funding permits.

Outcomes and Effectiveness of ROSC

Participants were in agreement that the ROSC model improves outcomes for individuals, families and the community. However, its effectiveness relates directly back to having the adequate funding to fully support all elements of these programs. It was noted by one participant that rural communities face much bigger funding challenges because they do not have the revenue base to get locally matched dollars required for many grants. Another participant discussed the limitations of this model's effectiveness due to the fact that the current health care system is driven by medical symptoms and not the social determinants of health. It was noted that it can be especially challenging to have a measureable impact on these social determinants. Another limitation of recovery-oriented programs mentioned was the challenge of recruiting peer support specialists for their mental health and substance abuse programs.

It was also emphasized that the Mental Health Clubhouse is a perfect example of a recovery-oriented model and has a great success rate of returning people back into their communities as well as preventing hospitalizations and interactions with law enforcement. With only 11 mental health clubhouses available in the 67 counties of Florida, access was identified as a huge barrier to the accessibility of this program.

Evidence Based Programs

All providers agreed they were evidence-based practitioners and discussed some examples of programs utilized at their organizations, such as Trauma-Informed Care. A few participants noted that their organizations keep an extensive registry of all their evidence-based programs and are continuously collecting outcomes data. It was noted by one participant that while their organization is not a direct service provider, all the prevention programs utilized by their organization are evidence-based and research supported. It was also emphasized that the Mental Health Clubhouse model is an evidence-based program recognized by both SAMSHA and the Florida Department of Children and Families.

All providers provided similar examples of how they stay informed of emerging, promising and/or evidence-based practices which include attending conferences, Webinars, and trainings as well as participating in numerous other activities to best meet their own community's specific needs, like participating on many workgroups and Task Forces. It was also noted by several organizations that they have staff members whose role is especially dedicated to exploring new program opportunities and networking with other organizations at the local, regional and national levels to stay informed.

FOCUS GROUP 4

Date: September 10, 2019

Area Served: Circuit 5

Provider participants by name of organization represented (8 total): BayCare Behavioral Health, Inc.; Camelot Community Center, Inc. (covers Circuits 3, 5, 8); Hernando Community Anti-Drug Coalition; LifeStream Behavioral Health; Mid Florida Homeless Coalition, Inc; NAMI Hernando, Inc.; Operation PAR, Inc.; The Centers**,** Inc.

No Wrong Door Model – Effectiveness and Use

Focus group participants who were direct providers of care reported similar responses: that their organizations provide services or assistance with referrals to an appropriate agency to anyone coming through their doors. For those participants whose organizations do not provide direct services, they help in connecting clients to an appropriate agency that will best meet their needs. One participant reported utilizing peer support services to assist their clients. Another participant emphasized that while their organization's focus is on universal prevention strategies for substance abuse, they will refer anyone who contacts their agency to an appropriate resource to best help them. Overall, for those participants who provide direct care, they were in agreement that the No Wrong Door Model is their organization's philosophy and is used on a daily basis. Others noted they could not adequately answer how widely or frequently this model is used without reviewing data at their organizations.

Of the six aspects, all participants emphasized their use of **community awareness,** regardless of whether they provide direct services or are more focused on prevention. Examples of community awareness discussed by several participants included a variety of outreach and education initiatives as well as advisory

groups to help raise awareness. Participants also emphasized their use of **consumer/stakeholder involvement,** such as having consumers or peers serving as liaisons on their organization's boards and committees. They also discussed their organization's focus on **person-centered counseling** and **person-centered transition support** through the use of case managers and peer specialists who work with their clients to make their transitions as smooth as possible. The majority of focus group participants emphasized their organization's use of **quality assurance** and **quality improvement** measures to ensure their standards of care are monitored on an ongoing basis (i.e. consumer feedback surveys and focus groups). One participant noted their organization utilizes a scorecard approach to track these indicators.

Groups/Types of Clients for Whom Model is Well Suited

- Homeless population, many have mental health issues and issues related to domestic violence
- Clients in Medication-Assisted Treatment (MAT) programs
- Based on the principle of the client's choice, some client's may not like where they are currently going for services and prefer to go somewhere else
- Works well for clients who are in crisis but does not work as well for those needing prevention services
- Does not work well for uninsured people who do not meet the criteria for many programs and services

What Can Be Done to Improve Existing Coordination/Delivery

Many focus group participants whose organizations are direct service providers viewed the No Wrong Door Model as effective because their organizations make every effort possible to assist or refer their clients to best meet their needs. One participant noted its effectiveness is measured through the immediate feedback they receive from their clients. Another participant emphasized the No Wrong Door Model, "is more of an operation within our agency, it is not necessarily an initiative." It was agreed that the philosophy behind the No Wrong Door works very well, although it is not always implemented successfully and its effectiveness depends on the funding to support it. One participant shared an example of when a client was referred for a substance abuse treatment service and it was determined that the client did not have the insurance needed to cover this service. Another limitation mentioned by one participant related to an experience when a staff member was not fully aware of the services needed to help a client. It was reported by several participants that while many providers work well together to coordinate services for their clients, an improvement to the existing coordination and delivery of care would be a shared data information platform that all providers could access.

Recovery-Oriented System of Care (ROSC)

Many of the focus group participants who were direct service providers reported that the ROSC model is widely used at their organizations and they operate under the elements of this model on an ongoing basis. One participant noted that ROSC is embedded into all of their organization's policies, procedures, and practices and emphasized that everything they do is consumer and family-driven. Another participant discussed how all of their organization's policies and processes are tested by data and outcomes. It was

reported by several participants that their organizations do some elements of the ROSC model better than others and they are addressing those areas that need improvement. One participant mentioned their organization is working towards adopting the ROSC model throughout their agency, but they encountered some challenges and are working with a consultant to assist them in being more consistent with this model across their entire organization. Another participant mentioned their organization is working on increasing the number of peer support individuals and partnering with other organizations who have certification in the ROSC model.

The majority of participants agreed that the biggest challenge to implementing all elements of the ROSC model at their organization is related to behavioral health not being adequately and flexibility financed. Many emphasized that they are doing the best they can to meet their clients' needs within the funding limitations in Florida. Another issue they reported was the difficulty in finding quality behavioral health employees and feel it is a systemic problem. One participant also noted that substance abuse prevention is funded at lower levels than mental health prevention and that they must stretch their resources in this area.

Outcomes and Effectiveness of ROSC

It was agreed by the majority of focus group participants that the ROSC model improves outcomes for individuals, clients, and families and encourages communities to work together. One participant noted that they see their clients become more committed to their treatment when they work with peers and then later want to become part of the peer support system to help others as well. It was also emphasized by one participant that this model only improves outcomes when that individual is motivated for treatment and embraces the recovery-oriented system of care; it is by no means "a magic bullet". One participant also emphasized that while ROSC may improve outcomes for families and communities, it does not always result in improved outcomes with the state and it is dependent on what specific outcomes are being measured. It was also mentioned by one participant that the peer support aspect of the ROSC model can be especially challenging when working with the homeless population who often do not have a strong family or other support system.

Evidence- Based Programs

All participants reported using only evidence-based programs (EBP) at their organizations and many mentioned having a large comprehensive continuum of care with an extensive list of these programs. It was noted by several participants there are too many EBPs to specifically name, however, the following list includes some of the more commonly utilized EBPs mentioned by providers during this discussion:

- Mental health First Aide, other crisis intervention programs
- Bachmann's Life Skills Training
- Creating Lasting Family Connections
- Protecting You Protecting Me
- Project Alert
- Active Parenting
- Mobile Response Team (MRT)

- Columbia Suicide Rating Scale
- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavioral Therapy (DBT)
- Matrix Model
- PHQ-9

Examples of How Providers Stay Informed of Emerging, Promising and/or Evidence-Based Programs:

Focus group participants reported similar answers of how they stay informed of emerging, promising and/or evidenced-based programs through attending conferences, webinars, as well as other trainings at local, regional and national levels. One participant specifically noted that LSF Health Systems is a great resource in this area by sending them information on a regular basis to help them stay informed.

SUMMARY OF KEY FINDINGS FROM PROVIDER FOCUS GROUPS

Focus group participants shared a wide range of perspectives on the No Wrong Door Model and Recovery-Oriented Systems of Care (RSOC) Model as they related to their own organizations, but the overall consensus is that both are used widely and daily. Participants who represent behavioral health organizations providing direct services had different insights to share from those participants who represent organizations focused on community awareness and prevention strategies. The most common challenges shared by all focus groups was the lack of adequate funding for behavioral health resources and services in the state of Florida, and the difficulty in finding qualified licensed behavioral health professionals to fill the needed positions within their organizations. Many participants also discussed the lack of capacity to serve clients needing specific services, such as the limited availability of detox treatment beds in many of their communities. Several participants also brought up that a shared data platform would help improve coordination and delivery among providers.