



2025 | LSF Health Systems

## Behavioral Health Needs Assessment Primary Data Collection Tools



LSF Health Systems is a managing entity contracted with the Department of Children and Families to serve a 23-county region in North Florida.

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## Appendix A: LSF Health Systems Consumer Survey, 2025

### LSF Health Systems Consumer Survey

Do you live in Florida? Have you experienced mental health (depression, anxiety, trauma, etc.) or substance misuse problems (alcohol, illegal drugs, inappropriate use of prescription medication, etc.) in the past 12 months? Are you the primary caregiver of a child or adult with a mental health or substance misuse problem? If so, please tell us about the services you need. Your answers will help LSF Health Systems, the organization that manages community-based mental health and substance misuse treatment services in this area, decide how funding is used for those services. This survey is part of a larger needs assessment taking place in a 23-county area of Florida. WellFlorida Council Inc., a nonprofit health planning council, has been contracted by LSF Health Systems to conduct an unbiased needs assessment to determine strengths and gaps in services for mental health and substance misuse treatment. This survey will be analyzed by WellFlorida and results will be included in the final needs assessment document. Your responses are anonymous, and we will not collect information that will identify you. Thank you for sharing your thoughts, experiences, and needs with us.

Eligibility - Age I am 18 years of age or older

- ☐ True (1)
- ☐ False (2)

*Display this question:*

*If I am 18 years of age or older = True*

Q3 I am responding to this survey as someone (choose one):

- ☐ who has personally used mental health and/or substance misuse treatment services in Florida the past 12 months (1)
- ☐ who is the guardian or primary caregiver for an adult or child who has received mental health and/or substance misuse treatment services in Florida the past 12 months (2)
- ☐ None of the above (4)

Q87 In the past 12 months, did you experience barriers getting the mental health services you needed?

- ☐ Yes, I did experience barriers getting the mental health services I needed (1)
- ☐ No, I did NOT experience barriers getting the mental health services I needed (2)

*Display this question:*

*If In the past 12 months, did you experience barriers getting the mental health services you needed? = Yes, I did experience barriers getting the mental health services I needed*

Q21 In the past 12 months, what were the barriers you experienced when trying to get mental health services? (select all that apply)

- ☐ Cost (1)
  - ☐ No insurance or insurance did not cover service (2)
  - ☐ Transportation (3)
  - ☐ Location of Service (too far) (4)
  - ☐ Childcare not available (5)
  - ☐ Incarcerated (6)
  - ☐ Could not find needed service (7)
  - ☐ Could not get a referral (8)
  - ☐ Service was not available when I needed it (9)
  - ☐ Stigma (fear, shame, worried about what other people would think) (10)
  - ☐ I refused services offered to me (11)
  - ☐ Work-related problem (no time off, denied time off, no compensation if taking time off) (12)
  - ☐ Other, please specify (13)
-

Q83 In the past 12 months, did you experience barriers getting the substance misuse services you needed?

☐ Yes (1)

☐ No (2)

*Display this question:*

*If In the past 12 months, did you experience barriers getting the substance misuse services you needed? = Yes*

Q84 In the past 12 months, what barriers did you experience when trying to get substance misuse services? (select all that apply)

☐ Cost (1)

☐ No insurance or insurance did not cover service (2)

☐ Transportation (3)

☐ Location of Service (too far) (4)

☐ Childcare not available (5)

☐ Incarcerated (6)

☐ Could not find needed service (7)

☐ Could not get a referral (8)

☐ Service was not available when I needed it (9)

☐ Stigma (fear, shame, worried about what other people would think) (10)

☐ I refused services offered to me (11)

☐ Work-related problem (no time off, denied time off, no compensation if taking time off) (12)

☐ Other, please specify (13)

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Q92 I am a resident of \_\_\_\_ County (select one)

- ☐ Alachua (1)
  - ☐ Baker (2)
  - ☐ Bradford (3)
  - ☐ Citrus (4)
  - ☐ Clay (5)
  - ☐ Columbia (6)
  - ☐ Dixie (7)
  - ☐ Duval (8)
  - ☐ Flagler (9)
  - ☐ Gilchrist (10)
  - ☐ Hamilton (11)
  - ☐ Hernando (12)
  - ☐ Lafayette (13)
  - ☐ Lake (14)
  - ☐ Levy (15)
  - ☐ Marion (16)
  - ☐ Nassau (17)
  - ☐ Putnam (18)
  - ☐ St. Johns (19)
  - ☐ Sumter (20)
  - ☐ Suwannee (21)
  - ☐ Union (22)
  - ☐ Volusia (23)
  - ☐ Other, please specify (24)
-

Q93 My age is

☐ 18 - 44 (1)

☐ 45 - 64 (2)

☐ 65+ (3)

Q94 I identify as \_\_\_\_\_ (select one)

☐ American Indian and/or Alaska Native (1)

☐ Asian (2)

☐ Black/African American (3)

☐ Native Hawaiian and/or Other Pacific Islander (4)

☐ Two or more races (5)

☐ White/Caucasian (6)

☐ I prefer not to answer (7)

☐ Other, please specify (8)

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Q95 I am \_\_\_\_\_ (please select one)

☐ Hispanic or Latino (1)

☐ Not Hispanic or Latino (2)

☐ I prefer not to answer (3)

Q96 I identify as \_\_\_\_ (please select one)

- ☐ Man (1)
- ☐ Woman (2)
- ☐ Transgender (3)
- ☐ Gender non-conforming (4)
- ☐ I prefer not to answer (5)

Q97 I am \_\_\_\_ (please select one)

- ☐ Bisexual (1)
- ☐ Gay or Lesbian (2)
- ☐ Heterosexual (Straight) (3)
- ☐ I prefer not to answer (4)
- ☐ Other, please specify (5)

Q98 \_\_\_\_ referred me to treatment (select all that apply)

- ☐ Employer (1)
- ☐ Hospital (2)
- ☐ Primary Care Provider (3)
- ☐ Family Member/Friend (4)
- ☐ Community Based Organization (including faith-based organization) (5)
- ☐ Attorney (6)
- ☐ Court System (7)
- ☐ Police/Parole Officer (8)



- ☐ Self-Referred (9)
  - ☐ Other, please specify (10)
- 

Q99 I sought treatment due to \_\_\_\_\_? (Select all that apply)

- ☐ Loss of a job (1)
- ☐ Family matter (2)
- ☐ Baker Act/Marchman Act (3)
- ☐ Employer request (4)
- ☐ Failing school (5)
- ☐ Rape/Sexual violence (6)
- ☐ Trauma (7)
- ☐ Arrest (8)
- ☐ Felt physically ill and sought treatment (9)
- ☐ Felt psychologically ill and sought treatment (10)
- ☐ Alcohol and/or other drug dependent (11)
- ☐ Alcohol and/or drug withdrawal (12)
- ☐ Alcohol and/or other drug overdose (13)
- ☐ Directed by a judge or probation officer (14)
- ☐ Directed by a child welfare organization (15)
- ☐ I don't know (16)

☐ Other, please specify (17)

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*Display this question:*

*If I am responding to this survey as someone (choose one): = who is the guardian or primary caregiver for an adult or child who has received mental health and/or substance misuse treatment services in Florida the past 12 months*

Q26 In the past 12 months, did the person in your care receive mental health services in Florida?

☐ Yes (1)

☐ No (2)

Q85 In the past 12 months, did the person in your care experience barriers getting the mental health services they needed?

☐ Yes (1)

☐ No (2)

*Display this question:*

*If in the past 12 months, did the person in your care experience barriers getting the mental health... = Yes*

Q86 In the past 12 months, what barriers did the person in your care experience when trying to get mental health services? (select all that apply)

☐ Cost (1)

☐ No insurance or insurance did not cover service (2)

☐ Transportation (3)

☐ Location of Service (too far) (4)

☐ Childcare not available (5)

☐ Incarcerated (6)

☐ Could not find needed service (7)

- ☐ Could not get a referral (8)
  - ☐ Service was not available when I needed it (9)
  - ☐ Stigma (fear, shame, worried about what other people would think) (10)
  - ☐ Refused services offered (11)
  - ☐ Work-related problem (no time off, denied time off, no compensation if taking time off) (12)
  - ☐ Other, please specify (13)
- 

Q27 In the past 12 months, the person in my care received most of their mental health care at \_\_\_\_\_ (select one)

- ☐ Ability Housing of Northeast Florida (1)
- ☐ ACE Foundation (2)
- ☐ Aging True (Urban Jacksonville) (91)
- ☐ Alachua County Court Services (99)
- ☐ Alachua County Fire Rescue (5)
- ☐ Aware Recovery Care (6)
- ☐ Baker County Fire Rescue/Paramedicine (7)
- ☐ BAYS (Bay Area Youth Services) (8)
- ☐ BayCare Behavioral Health, Inc. (9)
- ☐ Bethany Christian Services (10)
- ☐ Bradford County Fire Rescue/Paramedicine (11)
- ☐ Camelot Community Care (12)
- ☐ CDS Family and Behavioral Health Services (13)
- ☐ Child Guidance Center (14)

- ☐ Children's Home Society of Florida (15)
- ☐ Children's Trust of Alachua County (16)
- ☐ Citrus County Sheriff's Office (18)
- ☐ Citrus County Fire Rescue (19)
- ☐ Chrysalis Health (The Chrysalis Center) (81)
- ☐ City Rescue Mission (22)
- ☐ Clay Behavioral Health Center (23)
- ☐ Clay County Fire Rescue (24)
- ☐ Columbia County Fire Rescue/Paramedicine (25)
- ☐ Community Coalition Alliance (26)
- ☐ Community Rehabilitation Center (27)
- ☐ Daniel Memorial (29)
- ☐ DaySpring Village (30)
- ☐ Daytona Beach Fire Dept (82)
- ☐ Delores Barr Weaver Policy Center (31)
- ☐ Dixie County Fire Rescue/Paramedicine (32)
- ☐ Eckerd Youth Alternatives (33)
- ☐ El-Beth-El Development Center (34)
- ☐ EPIC Community Services (35)
- ☐ Flagler Cares (36)
- ☐ Flagler Hospital (37)
- ☐ Flagler Open Arms Recovery Services (38)
- ☐ Fresh Ministeries (39)

- ☐ Gainesville Opportunity Center (40)
- ☐ Gateway Community Services (41)
- ☐ Gilchrist County Fire Rescue/Paramedicine (42)
- ☐ Gulf Coast Jewish Family and Community Services (43)
- ☐ Halifax Hospital Medical Center (44)
- ☐ Hanley Center Foundation (45)
- ☐ Here Tomorrow (46)
- ☐ Hernando Community Coalition (47)
- ☐ Hernando County Fire Rescue/Paramedicine (48)
- ☐ I.M. Sulzbacher Center for the Homeless (49)
- ☐ Inspire to Rise (50)
- ☐ Jacksonville Fire and Rescue Dept. (20)
- ☐ Jacksonville Metro Treatment Center (58)
- ☐ Jessie's Place (Citrus County Children's Advocacy Center) (17)
- ☐ Langley Health Services (Project Health) (69)
- ☐ LifeStream Behavioral Center (51)
- ☐ Living Hope (52)
- ☐ LJD Jewish Family and Community Services (84)
- ☐ Marion County Fire Rescue (53)
- ☐ Marion Senior Services (54)
- ☐ Mental Health America of East Central Florida (55)
- ☐ Mental Health Resource Center (56)
- ☐ Meridian Behavioral Healthcare (57)

- ☐ Metamorphosis (Alachua County Board of County Commissioners) (101)
- ☐ Mid Florida Homeless Coalition (59)
- ☐ Mr and Ms Mentoring (60)
- ☐ NAMI Hernando (61)
- ☐ NAMI Jacksonville (62)
- ☐ NAVIGATE Program (University of Florida Board of Trustees) (90)
- ☐ Nehemiah Project (85)
- ☐ North Florida Comprehensive Treatment Center (28)
- ☐ Northwest Behavioral Health Services (64)
- ☐ Ocala Fire Rescue (21)
- ☐ Operation PAR (65)
- ☐ Orange Park Treatment Center (Metro Treatment of Florida) (97)
- ☐ Outreach Community Care Network (66)
- ☐ Partnership for Strong Families (67)
- ☐ Premier Community HealthCare Group (68)
- ☐ Putnam County Fire Rescue/Paramedicine (70)
- ☐ radKIDS (71)
- ☐ Rebel Recovery Florida (72)
- ☐ Recovery Point Palatka (73)
- ☐ ReNew Recovery Cafe (74)
- ☐ SEDNET - School District of Clay County (75)
- ☐ SMA Healthcare (76)
- ☐ St. Augustine Youth Services (78)

- ☐ Starting Point Behavioral Healthcare (Nassau County Mental Health, Alcoholism and Drug Council) (63)
- ☐ Suwannee County Fire Rescue/Paramedicine (79)
- ☐ Task Force for Ending Homelessness (80)
- ☐ The Centers (SMA Healthcare) (77)
- ☐ The House Next Door (83)
- ☐ The Ora Clubhouse (NAMI of Marion County) (86)
- ☐ Volusia/Flagler County Coalition for the Homeless (87)
- ☐ Union County Fire Rescue/Paramedicine (88)
- ☐ United Way of Northeast Florida (89)
- ☐ Vincent House (Van Gogh's Palette) (93)
- ☐ Volunteers of America of Florida (94)
- ☐ Volusia/Flagler County Coalition for the Homeless (100)
- ☐ Volusia Recovery Alliance (95)
- ☐ Zero Hour Life Center (96)
- ☐ Other, please specify (98)

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Q28 The person in my care travels \_\_\_\_\_ miles (one-way) from home to  
 \${Q27/ChoiceGroup/SelectedChoices}

- ☐ 5 miles or less (1)
- ☐ 6 - 15 miles (2)
- ☐ 16 - 30 miles (3)
- ☐ 31 - 50 miles (4)
- ☐ 51 - 75 miles (5)
- ☐ 76 - 100 miles (6)

☐ More than 100 miles (7)

☐ I don't know (8)

Q29 The person in my care travels to appointments  
at [\\${Q27/ChoiceGroup/SelectedChoices}](#) using (select all that apply)

☐ Public Transportation (1)

☐ Medicare/Medicaid Bus (2)

☐ Personal Vehicle (3)

☐ Family/Friend Drove (4)

☐ Cab/Taxi Service (5)

☐ Uber/Lyft/Other Rideshare App (6)

☐ Walk/Ride Bicycle (7)

☐ Other, please specify (8)

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Q30 In the past 12 months, the person in my care received the following services  
at [\\${Q27/ChoiceGroup/SelectedChoices}](#) (select all that apply)

☐ Individual counseling (1)

☐ Group Counseling (2)

☐ Inpatient Treatment (overnight) (3)

☐ Psychiatry - medication services (4)

☐ Primary Care (5)

☐ Drop-in Center (6)

☐ Case Management (7)



- ☐ Family Therapy (8)
  - ☐ Support Group (9)
  - ☐ Certified Recovery Peer Specialist (10)
  - ☐ Self-Directed Care (11)
  - ☐ Alternative Services (acupuncture, meditation, massage, etc.) (12)
  - ☐ Housing Assistance (finding and maintaining housing) (13)
  - ☐ Employment Assistance (14)
  - ☐ Other, please specify (15)
- 

Q31 Please rate [\\${Q27/ChoiceGroup/SelectedChoices}](#) on the following statements:

Appointment availability (1)					
Provider hours are convenient (2)					
Location of provider (3)					
Overall, I rate the provider: (11)					

Q32 The most important mental health services for the person in my care are (select up to three)

- ☐ Individual counseling (1)
- ☐ Group Counseling (2)
- ☐ Inpatient Treatment (overnight) (3)

- ☐ Psychiatry - medication services (4)
  - ☐ Primary Care (5)
  - ☐ Drop-in Center (6)
  - ☐ Case Management (7)
  - ☐ Family Therapy (8)
  - ☐ Support Group (9)
  - ☐ Certified Recovery Peer Specialist (10)
  - ☐ Self-Directed Care (11)
  - ☐ Alternative Services (acupuncture, meditation, massage, etc.) (12)
  - ☐ Housing Assistance (finding and maintaining housing) (13)
  - ☐ Employment Assistance (14)
  - ☐ Other, please specify (15)
- 
- ☐ ☒ None are important (16)

Q72 In the past 12 months, did the person in your care receive substance misuse services in Florida?

- ☐ Yes (1)
- ☐ No (2)

Q64 In the past 12 months, did the person in your care experience barriers getting the substance misuse services they needed?

- ☐ Yes (1)
- ☐ No (2)

Display this question:

If in the past 12 months, did the person in your care experience barriers getting the substance misuse services? = Yes

Q65 In the past 12 months, what barriers did the person in your care experience when trying to get substance misuse services? (select all that apply)

- ☐ Cost (1)
  - ☐ No insurance or insurance did not cover service (2)
  - ☐ Transportation (3)
  - ☐ Location of Service (too far) (4)
  - ☐ Childcare not available (5)
  - ☐ Incarcerated (6)
  - ☐ Could not find needed service (7)
  - ☐ Could not get a referral (8)
  - ☐ Service was not available when I needed it (9)
  - ☐ Stigma (fear, shame, worried about what other people would think) (10)
  - ☐ Refused services offered (11)
  - ☐ Work-related problem (no time off, denied time off, no compensation if taking time off) (12)
  - ☐ Other, please specify (13)
- 

Q66 In the past 12 months, the person in my care received most of their substance misuse care at \_\_\_\_\_ (select one)

- ☐ Ability Housing of Northeast Florida (1)
- ☐ ACE Foundation (2)

- ☐ Aging True (Urban Jacksonville) (3)
- ☐ Alachua County Fire Rescue (5)
- ☐ Alachua County Court Services (6)
- ☐ Aware Recovery Care (7)
- ☐ Baker County Fire Rescue/Paramedicine (8)
- ☐ BayCare Behavioral Health (9)
- ☐ BAYS (Bay Area Youth Services) (10)
- ☐ Bethany Christian Services (11)
- ☐ Bradford County Fire Rescue/Paramedicine (12)
- ☐ Camelot Community Care (13)
- ☐ CDS Family and Behavioral Health Services (14)
- ☐ Child Guidance Center (15)
- ☐ Children's Home Society of Florida (16)
- ☐ Children's Trust of Alachua County (17)
- ☐ Chrysalis Health (The Chrysalis Center) (18)
- ☐ Citrus County Sheriff's Office (19)
- ☐ Citrus County Fire Rescue (20)
- ☐ City Rescue Mission (21)
- ☐ Clay Behavioral Health Center (22)
- ☐ Clay County Fire Rescue (23)
- ☐ Columbia County Fire Rescue/Paramedicine (24)
- ☐ Community Coalition Alliance (25)
- ☐ Community Rehabilitation Center (26)

- ☐ Daniel Memorial (27)
- ☐ DaySpring Village (28)
- ☐ Daytona Beach Fire Rescue (29)
- ☐ Delores Barr Weaver Policy Center (30)
- ☐ Dixie County Fire Rescue/Paramedicine (31)
- ☐ Eckerd Youth Alternatives (32)
- ☐ El-Beth-El Development Center (33)
- ☐ EPIC Community Services (34)
- ☐ Flagler Cares (35)
- ☐ Flagler Hospital (36)
- ☐ Flagler Open Arms Recovery Services (37)
- ☐ Fresh Ministeries (38)
- ☐ Gainesville Opportunity Center (39)
- ☐ Gateway Community Services (40)
- ☐ Gilchrist County Fire Rescue/Paramedicine (41)
- ☐ Gulf Coast Jewish Family and Community Services (42)
- ☐ Halifax Hospital Medical Center (43)
- ☐ Hanley Center Foundtion (44)
- ☐ Here Tomorrow (45)
- ☐ Hernando Community Coalitions (46)
- ☐ Hernando County Fire Rescue/Paramedicine (47)
- ☐ I.M. Sulzbacher Center for the Homeless (48)
- ☐ Inspire to Rise (49)

- ☐ Jacksonville Fire and Rescue Dept (50)
- ☐ Jacksonville Metro Treatment Center (Metro Treatment of Florida) (51)
- ☐ Jessie's Place (Citrus County Children's Advocacy Center) (52)
- ☐ Langley Health Services (Project Health) (53)
- ☐ LifeStream Behavioral Center (54)
- ☐ Living Hope (55)
- ☐ LJD Jewish Family and Community Services (56)
- ☐ Marion County Fire Rescue (57)
- ☐ Marion Senior Services (58)
- ☐ Mental Health America of East Central Florida (59)
- ☐ Mental Health Resource Center (60)
- ☐ Meridian Behavioral Healthcare (61)
- ☐ Metamorphosis (Alachua County Board of County Commissioners) (4)
- ☐ Mid Florida Homeless Coalition (62)
- ☐ Mr and Mrs Mentoring (63)
- ☐ NAMI Hernando (64)
- ☐ NAMI Jacksonville (65)
- ☐ NAVIGATE Program (University of Florida Board of Trustees) (91)
- ☐ North Florida Comprehensive Treatment Center (CRC Health Treatment Clinics) (66)
- ☐ Northwest Behavioral Health Services (67)
- ☐ Ocala Fire Rescue (68)
- ☐ Operation PAR (69)
- ☐ Orange Park Treatment Center (Metro Treatment of Florida) (70)

- ☐ Outreach Community Care Network (71)
- ☐ Partnership for Strong Families (72)
- ☐ Premier Community HealthCare Group (73)
- ☐ Putnam County Fire Rescue/Paramedicine (74)
- ☐ radKIDS (75)
- ☐ Rebel Recovery Florida (76)
- ☐ Recovery Point Palatka (82)
- ☐ ReNew Recovery Cafe (77)
- ☐ SEDNET - School District of Clay County (78)
- ☐ SMA Healthcare (79)
- ☐ St. Augustine Youth Services (80)
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- ☐ Suwannee County Fire Rescue/Paramedicine (83)
- ☐ Task Force for Ending Homelessness (84)
- ☐ The Centers (SMA Healthcare) (85)
- ☐ The House Next Door (86)
- ☐ The Nehemiah Project (87)
- ☐ The Ora Clubhouse (NAMI of Marion County) (88)
- ☐ Union County Fire Rescue/Paramedicine (89)
- ☐ United Way of Northeast Florida (90)
- ☐ Vincent House (Van Gogh's Palette) (92)
- ☐ Volunteers of America of Florida (93)
- ☐ Volusia County Comprehensive Treatment Center (CRC Health Treatment Clinics) (94)

- ☐ Volusia Recovery Alliance (95)
  - ☐ Volusia/Flagler County Coalition for the Homeless (96)
  - ☐ Zero Hour Life Center (97)
  - ☐ Other, please specify (98)
- 

Q67 The person in my care travels \_\_\_\_ miles (one-way) from home to  
\${Q66/ChoiceGroup/SelectedChoices}

- ☐ 5 miles or less (1)
- ☐ 6 - 15 miles (2)
- ☐ 16 - 30 miles (3)
- ☐ 31 - 50 miles (4)
- ☐ 51 - 75 miles (5)
- ☐ 76 - 100 miles (6)
- ☐ More than 100 miles (7)
- ☐ I don't know (8)

Q68 The person in my care travels to appointments  
at \${Q66/ChoiceGroup/SelectedChoices} using (select all that apply)

- ☐ Public Transportation (1)
- ☐ Medicare/Medicaid Bus (2)
- ☐ Personal Vehicle (3)
- ☐ Family/Friend Drove (4)
- ☐ Cab/Taxi Service (5)



- ☐ Uber/Lyft/Other Rideshare App (6)
  - ☐ Walk/Ride Bicycle (7)
  - ☐ Other, please specify (8)
- 

Q69 In the past 12 months, the person in my care received the following services at [\\${Q66/ChoiceGroup/SelectedChoices}](#) (select all that apply)

- ☐ Individual counseling (1)
  - ☐ Group Counseling (2)
  - ☐ Inpatient Treatment (overnight) (3)
  - ☐ Psychiatry - medication services (4)
  - ☐ Primary Care (5)
  - ☐ Drop-in Center (6)
  - ☐ Case Management (7)
  - ☐ Family Therapy (8)
  - ☐ Support Group (9)
  - ☐ Certified Recovery Peer Specialist (10)
  - ☐ Self-Directed Care (11)
  - ☐ Alternative Services (acupuncture, meditation, massage, etc.) (12)
  - ☐ Housing Assistance (finding and maintaining housing) (13)
  - ☐ Employment Assistance (14)
  - ☐ Other, please specify (15)
-

Q70 Please rate \${Q66/ChoiceGroup/SelectedChoices} on the following statements:

Appointment availability (1)					
Provider hours are convenient (2)					
Location of provider (3)					
Overall, I rate the provider: (11)					

Q71 The most important substance misuse services for the person in my care are (select up to three)

- ☐ Individual counseling (1)
- ☐ Group Counseling (2)
- ☐ Inpatient Treatment (overnight) (3)
- ☐ Psychiatry - medication services (4)
- ☐ Primary Care (5)
- ☐ Drop-in Center (6)
- ☐ Case Management (7)
- ☐ Family Therapy (8)
- ☐ Support Group (9)
- ☐ Certified Recovery Peer Specialist (10)
- ☐ Self-Directed Care (11)
- ☐ Alternative Services (acupuncture, meditation, massage, etc.) (12)

- ☐ Housing Assistance (finding and maintaining housing) (13)
  - ☐ Employment Assistance (14)
  - ☐ Other, please specify (15)
- 
- ☐ ☒ None are important (16)

Q89 In the past 12 months, has the person in your care been to an Emergency Room for a mental health-related condition?

- ☐ Yes (1)
- ☐ No (2)

Q90 In the past 12 months, has the person in your care been to an Emergency Room for a substance misuse-related condition?

- ☐ Yes (1)
- ☐ No (2)

Q1 What county does the person in your care reside in?

- ☐ Alachua (1)
- ☐ Baker (2)
- ☐ Bradford (3)
- ☐ Citrus (4)
- ☐ Clay (5)
- ☐ Columbia (6)
- ☐ Dixie (7)
- ☐ Duval (8)
- ☐ Flagler (9)

- ☐ Gilchrist (10)
  - ☐ Hamilton (11)
  - ☐ Hernando (12)
  - ☐ Lafayette (13)
  - ☐ Lake (14)
  - ☐ Levy (15)
  - ☐ Marion (16)
  - ☐ Nassau (17)
  - ☐ Putnam (18)
  - ☐ St. Johns (19)
  - ☐ Sumter (20)
  - ☐ Suwannee (21)
  - ☐ Union (22)
  - ☐ Volusia (23)
  - ☐ Other, please specify (24)
- 

Q2 The age of the person in my care is

- ☐ 0 - 17 (4)
- ☐ 18 - 44 (1)
- ☐ 45 - 64 (2)
- ☐ 65+ (3)

Q3 The race of the person in my care is

- ☐ American Indian and/or Alaska Native (1)
  - ☐ Asian (2)
  - ☐ Black/African American (3)
  - ☐ Native Hawaiian and/or Other Pacific Islander (4)
  - ☐ Two or more races (5)
  - ☐ White/Caucasian (6)
  - ☐ I prefer not to answer (7)
  - ☐ Other, please specify (8)
- 

Q4 The person in my care is

- ☐ Hispanic or Latino (1)
- ☐ Not Hispanic or Latino (2)
- ☐ I prefer not to answer (3)

Q5 The person in my care identifies as

- ☐ Man (1)
- ☐ Woman (2)
- ☐ Transgender (3)
- ☐ Gender non-conforming (4)
- ☐ I prefer not to answer (5)

Q6 The person in my care is

- ☐ Bisexual (1)
- ☐ Gay or Lesbian (2)
- ☐ Heterosexual (Straight) (3)
- ☐ I prefer not to answer (4)
- ☐ Other, please specify (5)

Q7 \_\_\_\_ referred the person in my care to treatment (select all that apply)

- ☐ Employer (1)
  - ☐ Hospital (2)
  - ☐ Primary Care Provider (3)
  - ☐ Family Member/Friend (4)
  - ☐ Community Based Organization (including faith-based organization) (5)
  - ☐ Attorney (6)
  - ☐ Court System (7)
  - ☐ Police/Parole Officer (8)
  - ☐ Self-Referred (9)
  - ☐ Other, please specify (10)
- 
- ☐ I don't know (11)

Q8 The person in my care sought treatment due to \_\_\_\_\_? (Select all that apply)

- ☐ Loss of a job (1)
- ☐ Family matter (2)

- ☐ Baker Act/Marchman Act (3)
  - ☐ Employer request (4)
  - ☐ Failing school (5)
  - ☐ Rape/Sexual violence (6)
  - ☐ Trauma (7)
  - ☐ Arrest (8)
  - ☐ Feeling physically ill and sought treatment (9)
  - ☐ Feeling psychologically ill and sought treatment (10)
  - ☐ Alcohol and/or other drug dependence (11)
  - ☐ Alcohol and/or drug withdrawal (12)
  - ☐ Alcohol and/or other drug overdose (13)
  - ☐ Directed by a judge or probation officer (14)
  - ☐ Directed by a child welfare organization (15)
  - ☐ I don't know (16)
  - ☐ Other, please specify (17)
- 

Q9 The person in my care has been in treatment for

- ☐ Less than 1 month (1)
- ☐ 1 to 3 months (2)
- ☐ 4 to 6 months (3)
- ☐ 7 to 9 months (4)

- ☐ 10 to 12 months (5)
- ☐ 1 - 2 years (6)
- ☐ Longer than 2 years (7)
- ☐ I don't know (8)

Q10 The person in my care pays for their care with \_\_\_\_ (select all that apply)

- ☐ Private insurance (1)
- ☐ Cash/Self-Pay/No Pay (2)
- ☐ Medicare (3)
- ☐ Medicaid (4)
- ☐ Tricare (5)
- ☐ I don't know (6)

*Display this question:*

If I am responding to this survey as someone (choose one): = who has personally used mental health and/or substance misuse

Q14 In the past 12 months, have you received mental health services in Florida?

- ☐ Yes (1)
- ☐ No (2)

Q16 In the past 12 months, I received most of my mental health care at \_\_\_\_\_  
(select one)

- ☐ Ability Housing of Northeast Florida (1)
- ☐ ACE Foundation (2)



- ☐ Aging True (Urban Jacksonville) (3)
- ☐ Alachua County Fire Rescue (4)
- ☐ Alachua County Court Services (5)
- ☐ Aware Recovery Care (6)
- ☐ Baker County Fire Rescue/Paramedicine (7)
- ☐ BayCare Behavioral Health (8)
- ☐ BAYS (Bay Area Youth Services) (9)
- ☐ Bethany Christian Services (10)
- ☐ Bradford County Fire Rescue/Paramedicine (11)
- ☐ Camelot Community Care (12)
- ☐ CDS Family and Behavioral Health Services (13)
- ☐ Child Guidance Center (14)
- ☐ Children's Home Society of Florida (15)
- ☐ Children's Trust of Alachua County (16)
- ☐ Chrysalis Health (The Chrysalis Center) (17)
- ☐ Citrus County Sheriff's Office (18)
- ☐ Citrus County Fire Rescue (19)
- ☐ City Rescue Mission (20)
- ☐ Clay Behavioral Health Center (21)
- ☐ Clay County Fire Rescue (22)
- ☐ Columbia County Fire Rescue/Paramedicine (23)
- ☐ Community Coalition Alliance (24)
- ☐ Community Rehabilitation Center (25)

- ☐ Daniel Memorial (26)
- ☐ DaySpring Village (27)
- ☐ Daytona Beach Fire Rescue/Paramedicine (28)
- ☐ Delores Barr Weaver Policy Cener (29)
- ☐ Dixie County Fire Rescue/Paramedicine (30)
- ☐ Eckerd Youth Alternatives (31)
- ☐ El-Beth-El Development Center (32)
- ☐ EPIC Community Services (33)
- ☐ Flagler Cares (34)
- ☐ Flagler Hospital (35)
- ☐ Flagler Open Arms Recovery Services (36)
- ☐ Fresh Ministeries (37)
- ☐ Gainesville Opportunity Center (38)
- ☐ Gateway Community Services (39)
- ☐ Gilchrist County Fire Rescue/Paramedicine (40)
- ☐ Gulf Coast Jewish Family and Community Services (41)
- ☐ Halifax Hospital Medical Center (42)
- ☐ Hanley Center Foundation (43)
- ☐ Here Tomorrow (44)
- ☐ Hernando Community Coalition (45)
- ☐ Hernando County Fire Rescue/Paramedicine (46)
- ☐ I.M. Sulzbacher Center for the Homeless (47)
- ☐ Inspire to Rise (48)

- ☐ Jacksonville Fire and Rescue Dept (49)
- ☐ Jacksonville Metro Treatment Center (Metro Treatment of Florida) (50)
- ☐ Jessie's Place (Citrus County Children's Advocacy Center) (51)
- ☐ Langley Health Services (Project Health) (52)
- ☐ LifeStream Behavioral Center (53)
- ☐ Living Hope (54)
- ☐ LJD Jewish Family and Community Services (55)
- ☐ Marion County Fire Rescue (56)
- ☐ Marion Senior Services (57)
- ☐ Mental Health America of East Central Florida (58)
- ☐ Mental Health Resource Center (59)
- ☐ Meridian Behavioral Healthcare (60)
- ☐ Metamorphosis (Alachua County Board of County Commissioners) (61)
- ☐ Mid Florida Homeless Coalition (62)
- ☐ Mr and Mrs Mentoring (63)
- ☐ NAMI Hernando (64)
- ☐ NAMI Jacksonville (65)
- ☐ NAVIGATE Program (University of Florida Board of Trustees) (91)
- ☐ North Florida Comprehensive Treatment Center (CRC Health Treatment Clinics) (66)
- ☐ Northwest Behavioral Health Services (67)
- ☐ Ocala Fire Rescue (68)
- ☐ Operation PAR (69)

- ☐ Orange Park Treatment Center (Metro Treatment of Florida) (70)
- ☐ Outreach Community Care Network (71)
- ☐ Partnership for Strong Families (72)
- ☐ Premier Community HealthCare (73)
- ☐ Putnam County Fire Rescue/Paramedicine (74)
- ☐ radKIDS (75)
- ☐ Rebel Recovery Florida (76)
- ☐ Recovery Point Palatka (77)
- ☐ ReNew Recovery Cafe (78)
- ☐ SEDNET - School District of Clay County (79)
- ☐ SMA Healthcare (80)
- ☐ St. Augustine Youth Services (81)
- ☐ Starting Point Behavioral Healthcare (Nassau County Mental Health, Alcoholism and Drug Council) (82)
- ☐ Suwannee County Fire Rescue/Paramedicine (83)
- ☐ Task Force for Ending Homelessness (84)
- ☐ The Centers (SMA Healthcare) (85)
- ☐ The House Next Door (86)
- ☐ The Nehemiah Project (87)
- ☐ The Ora Clubhouse (NAMI of Marion County) (88)
- ☐ Union County Fire Rescue/Paramedicine (89)
- ☐ United Way of Northeast Florida (90)
- ☐ Vincent House (Van Gogh's Palette) (92)

- ☐ Volunteers of America of Florida (93)
  - ☐ Volusia County Comprehensive Treatment Center (CRC Health Treatment Clinics) (94)
  - ☐ Volusia Recovery Alliance (95)
  - ☐ Volusia/Flagler Coalition for the Homeless (96)
  - ☐ Zero Hour Life Center (97)
  - ☐ Other, please specify (98)
- 

Q23 I travel \_\_\_\_ miles (one-way) from my home to  
\${Q16/ChoiceGroup/SelectedChoices}

- ☐ 5 miles or less (1)
- ☐ 6 - 15 miles (2)
- ☐ 16 - 30 miles (3)
- ☐ 31 - 50 miles (4)
- ☐ 51 - 75 miles (5)
- ☐ 76 - 100 miles (6)
- ☐ More than 100 miles (7)
- ☐ I don't know (8)

Q24 How did you travel to appointments at \${Q16/ChoiceGroup/SelectedChoices} (select all that apply)

- ☐ Public Transportation (1)
- ☐ Medicare/Medicaid Bus (2)
- ☐ My Personal Vehicle (3)
- ☐ Family/Friend Drove Me (4)

- ☐ Cab/Taxi Service (5)
- ☐ Uber/Lyft/Other Rideshare App (6)
- ☐ Walk/Ride Bicycle (7)
- ☐ Other, please specify (8) \_\_\_\_\_

Q18 In the past 12 months, I received the following services at  
\${Q16/ChoiceGroup/SelectedChoices} (select all that apply)

- ☐ Individual counseling (1)
- ☐ Group Counseling (2)
- ☐ Inpatient Treatment (overnight) (3)
- ☐ Psychiatry - medication services (4)
- ☐ Primary Care (5)
- ☐ Drop-in Center (6)
- ☐ Case Management (7)
- ☐ Family Therapy (8)
- ☐ Support Group (9)
- ☐ Certified Recovery Peer Specialist (10)
- ☐ Self-Directed Care (11)
- ☐ Alternative Services (acupuncture, meditation, massage, etc.) (12)
- ☐ Housing Assistance (finding and maintaining housing) (13)
- ☐ Employment Assistance (14)

☐ Other, please specify (15)

---

Q25 Please rate \${Q16/ChoiceGroup/SelectedChoices} on the following statements

Appointment availability (1)					
Provider hours are convenient (2)					
Location of provider (3)					
Overall, I rate my provider: (11)					

Q19 The most important mental health services for me are (select up to three)

- ☐ Individual counseling (1)
  - ☐ Group Counseling (2)
  - ☐ Inpatient Treatment (overnight) (3)
  - ☐ Psychiatry - medication services (4)
  - ☐ Primary Care (5)
  - ☐ Drop-in Center (6)
  - ☐ Case Management (7)
  - ☐ Family Therapy (8)
  - ☐ Support Group (9)
  - ☐ Certified Recovery Peer Specialist (10)
  - ☐ Self-Directed Care (11)
  - ☐ Alternative Services (acupuncture, meditation, massage, etc.) (12)
  - ☐ Housing Assistance (finding and maintaining housing) (13)
  - ☐ Employment Assistance (14)
  - ☐ Other, please specify (15)
- 
- ☒ None are important to me (16)

*Display this question:*

*If I am responding to this survey as someone (choose one): = who has personally used mental health and/or substance misuse treatment services in Florida the past 12 months*



Q91 In the past 12 months, have you received substance misuse services in Florida?

- ☐ Yes (1)
- ☐ No (2)

Q53 In the past 12 months, I received most of my substance misuse care at \_\_\_\_\_ (select one)

- ☐ Ability Housing of Northeast Florida (1)
- ☐ ACE Foundation (2)
- ☐ Aging True (Urban Jacksonville) (3)
- ☐ Alachua County Fire Rescue (4)
- ☐ Alachua County Court Services (5)
- ☐ Aware Recovery Care (6)
- ☐ Baker County Fire Rescues/Paramedicine (7)
- ☐ BayCare Behavioral Health (8)
- ☐ BAYS (Bay Area Youth Services) (9)
- ☐ Bethany Christian Services (10)
- ☐ Bradford County Fire Rescue/Paramedicine (11)
- ☐ Camelot Community Care (12)
- ☐ CDS Family and Behavioral Health Services (13)
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- ☐ Citrus County Fire Rescue (19)
- ☐ City Rescue Mission (20)
- ☐ Clay Behavioral Health Center (21)
- ☐ Clay County Fire Rescue/Paramedicine (22)
- ☐ Columbia County Fire Rescue/Paramedicine (23)
- ☐ Community Coalition Alliance (24)
- ☐ Community Rehabilitation Center (25)
- ☐ Daniel Memorial (26)
- ☐ DaySpring Village (27)
- ☐ Daytona Beach Fire Dept (28)
- ☐ Delores Barr Weaver Policy Center (29)
- ☐ Dixie County Fire Rescue/Paramedicine (30)
- ☐ Eckerd Youth Alternatives (31)
- ☐ El-Beth-El Development Center (32)
- ☐ EPIC Community Services (33)
- ☐ Flagler Cares (34)
- ☐ Flagler Hospital (35)
- ☐ Flagler Open Arms Recovery Services (36)
- ☐ Fresh Ministeries (37)
- ☐ Gainesville Opportunity Center (38)
- ☐ Gateway Community Services (39)
- ☐ Gilchrist Fire Rescue/Paramedicine (40)
- ☐ Gulf Coast Jewish Family and Community Services (41)

- ☐ Halifax Hospital Medical Center (42)
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- ☐ I.M. Sulzbacher Center for the Homeless (47)
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- ☐ Jacksonville Fire and Rescue Dept (49)
- ☐ Jacksonville Metro Treatment Center (Metro Treatment of Florida) (50)
- ☐ Jessie's Place (Citrus County Children's Advocacy Center) (51)
- ☐ Langley Health Services (Project Health) (52)
- ☐ LifeStream Behavioral Center (53)
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- ☐ Marion County Fire Rescue (56)
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- ☐ Premier Community HealthCare Group (73)
- ☐ Putnam County Fire Rescue/Paramedicine (74)
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- ☐ Suwannee County Fire Rescue/Paramedicine (83)
- ☐ Task Force for Ending Homelessness (84)
- ☐ The Centers (SMA Healthcare) (85)
- ☐ The House Next Door (86)

- ☐ The Nehemiah Project (87)
  - ☐ The Ora Clubhouse (NAMI of Marion County) (88)
  - ☐ Union County Fire Rescue/Paramedicine (89)
  - ☐ United Way of Northeast Florida (90)
  - ☐ NAVIGATE Program (University of Florida Board of Trustees) (91)
  - ☐ Vincent House (Van Gogh's Palette) (92)
  - ☐ Volunteers of America of Florida (93)
  - ☐ Volusia County Comprehensive Treatment Center (CRC Health Treatment Clinics) (94)
  - ☐ Volusia Recovery Alliance (95)
  - ☐ Volusia/Flagler County Coalition for the Homeless (96)
  - ☐ Zero Hour Life Center (97)
  - ☐ Other, please specify (98)
- 

Q54 I travel \_\_\_\_ miles (one-way) from my home to  
 \${Q53/ChoiceGroup/SelectedChoices}

- ☐ 5 miles or less (1)
- ☐ 6 - 15 miles (2)
- ☐ 16 - 30 miles (3)
- ☐ 31 - 50 miles (4)
- ☐ 51 - 75 miles (5)
- ☐ 76 - 100 miles (6)
- ☐ More than 100 miles (7)

☐ I don't know (8)

Q55 How did you travel to appointments at [\\${Q53/ChoiceGroup/SelectedChoices}](#) (select all that apply)

☐ Public Transportation (1)

☐ Medicare/Medicaid Bus (2)

☐ My Personal Vehicle (3)

☐ Family/Friend Drove Me (4)

☐ Cab/Taxi Service (5)

☐ Uber/Lyft/Other Rideshare App (6)

☐ Walk/Ride Bicycle (7)

☐ Other, please specify (8) \_\_\_\_\_

Q56 In the past 12 months, I received the following services  
at [\\${Q53/ChoiceGroup/SelectedChoices}](#) (select all that apply)

- ☐ Individual counseling (1)
  - ☐ Group Counseling (2)
  - ☐ Inpatient Treatment (overnight) (3)
  - ☐ Psychiatry - medication services (4)
  - ☐ Primary Care (5)
  - ☐ Drop-in Center (6)
  - ☐ Case Management (7)
  - ☐ Family Therapy (8)
  - ☐ Support Group (9)
  - ☐ Certified Recovery Peer Specialist (10)
  - ☐ Self-Directed Care (11)
  - ☐ Alternative Services (acupuncture, meditation, massage, etc.) (12)
  - ☐ Housing Assistance (finding and maintaining housing) (13)
  - ☐ Employment Assistance (14)
  - ☐ Other, please specify (15)
-

Q57 Please rate \${Q53/ChoiceGroup/SelectedChoices} on the following statements:

Appointment availability (1)					
Provider hours are convenient (2)					
Location of provider (3)					
Overall, I rate my provider: (11)					

Q58 The most important services for me are (select up to three)

- ☐ Individual counseling (1)
- ☐ Group Counseling (2)
- ☐ Inpatient Treatment (overnight) (3)
- ☐ Psychiatry - medication services (4)
- ☐ Primary Care (5)
- ☐ Drop-in Center (6)
- ☐ Case Management (7)
- ☐ Family Therapy (8)
- ☐ Support Group (9)
- ☐ Certified Recovery Peer Specialist (10)
- ☐ Self-Directed Care (11)
- ☐ Alternative Services (acupuncture, meditation, massage, etc.) (12)



☐ Housing Assistance (finding and maintaining housing) (13)

☐ Employment Assistance (14)

☐ Other, please specify (15)

---

☐ ☒ None are important to me (16)

Q22 In the past 12 months, have you been to an Emergency Room for a mental health-related condition?

☐ Yes (1)

☐ No (2)

Q88 In the past 12 months, have you been to an Emergency Room for a substance misuse-related condition?

☐ Yes (1)

☐ No (2)

I am a resident of \_\_\_\_ County (select one)

☐ Alachua (1)

☐ Baker (2)

☐ Bradford (3)

☐ Citrus (4)

☐ Clay (5)

☐ Columbia (6)

☐ Dixie (7)

☐ Duval (8)

- ☐ Flagler (9)
  - ☐ Gilchrist (10)
  - ☐ Hamilton (11)
  - ☐ Hernando (12)
  - ☐ Lafayette (13)
  - ☐ Lake (14)
  - ☐ Levy (15)
  - ☐ Marion (16)
  - ☐ Nassau (17)
  - ☐ Putnam (18)
  - ☐ St. Johns (19)
  - ☐ Sumter (20)
  - ☐ Suwannee (21)
  - ☐ Union (22)
  - ☐ Volusia (23)
  - ☐ Other, please specify (24)
- 

Q5 My age is

- ☐ 18 - 44 (1)
- ☐ 45 - 64 (2)
- ☐ 65+ (3)

Q6 I identify as \_\_\_\_\_ (select one)

- ☐ American Indian and/or Alaska Native (1)
  - ☐ Asian (2)
  - ☐ Black/African American (3)
  - ☐ Native Hawaiian and/or Other Pacific Islander (4)
  - ☐ Two or more races (5)
  - ☐ White/Caucasian (6)
  - ☐ I prefer not to answer (7)
  - ☐ Other, please specify (8)
- 

Q7 I am \_\_\_\_ (please select one)

- ☐ Hispanic or Latino (1)
- ☐ Not Hispanic or Latino (2)
- ☐ I prefer not to answer (3)

Q8 I identify as \_\_\_\_ (please select one)

- ☐ Man (1)
- ☐ Woman (2)
- ☐ Transgender (3)
- ☐ Gender non-conforming (4)
- ☐ I prefer not to answer (5)

Q9 I am \_\_\_\_ (please select one)

- ☐ Bisexual (1)

- ☐ Gay or Lesbian (2)
- ☐ Heterosexual (Straight) (3)
- ☐ I prefer not to answer (4)
- ☐ Other, please specify (5)

Q10 \_\_\_\_ referred me to treatment (select all that apply)

- ☐ Employer (1)
  - ☐ Hospital (2)
  - ☐ Primary Care Provider (3)
  - ☐ Family Member/Friend (4)
  - ☐ Community Based Organization (including faith-based organization) (5)
  - ☐ Attorney (6)
  - ☐ Court System (7)
  - ☐ Police/Parole Officer (8)
  - ☐ Self-Referred (9)
  - ☐ Other, please specify (10)
-

Q11 I sought treatment due to \_\_\_\_\_? (Select all that apply)

- ☐ Loss of a job (1)
  - ☐ Family matter (2)
  - ☐ Baker Act/Marchman Act (3)
  - ☐ Employer request (4)
  - ☐ Failing school (5)
  - ☐ Rape/Sexual violence (6)
  - ☐ Trauma (7)
  - ☐ Arrest (8)
  - ☐ Felt physically ill and sought treatment (9)
  - ☐ Felt psychologically ill and sought treatment (10)
  - ☐ Alcohol and/or other drug dependent (11)
  - ☐ Alcohol and/or drug withdrawal (12)
  - ☐ Alcohol and/or other drug overdose (13)
  - ☐ Directed by a judge or probation officer (14)
  - ☐ Directed by a child welfare organization (15)
  - ☐ I don't know (16)
  - ☐ Other, please specify (17)
-

Q12 I've been in treatment \_\_\_\_\_. (select one)

- ☐ Less than 1 month (1)
- ☐ 1 to 3 months (2)
- ☐ 4 to 6 months (3)
- ☐ 7 to 9 months (4)
- ☐ 10 to 12 months (5)
- ☐ 1 - 2 years (6)
- ☐ Longer than 2 years (7)
- ☐ I don't know (8)

Q13 I pay for mental health and/or substance misuse treatment services with \_\_\_\_\_. (select all that apply)

- ☐ Private insurance (1)
- ☐ Cash/Self-Pay/No Pay (2)
- ☐ Medicare (3)
- ☐ Medicaid (4)
- ☐ Tricare (5)
- ☐ I don't know (6)

## Appendix B: LSF Health Systems Provider Survey, 2025

### LSF Health Systems Provider Survey 2025

As a mental health and/or substance misuse treatment provider, this is your opportunity to tell us what services are needed. This anonymous survey should take 10 minutes or less to complete. Your answers will help the managing entity, LSF Health Systems, decide how funding is used in your area for mental health and substance misuse treatment services. This survey is part of a larger needs assessment taking place in a 23 county area. WellFlorida Council Inc., a nonprofit health planning council, has been contracted by LSF Health Systems to conduct an unbiased needs assessment to determine strengths and gaps in services for mental health and substance misuse treatment. This survey will be analyzed by WellFlorida Council and results will be included in the final needs assessment report. LSF Health Systems will not have access to your individual responses nor will they know who participated in this survey. Thank you for completing this survey.

Q2 Where do you provide services? (select all that apply)

- ☐ Circuit 3 - Columbia, Dixie, Hamilton, Lafayette and Suwannee Counties (1)
- ☐ Circuit 4 - Clay, Duval and Nassau Counties (2)
- ☐ Circuit 5 - Citrus, Hernando, Lake, Marion and Sumter Counties (3)
- ☐ Circuit 7 - Flagler, Putnam, St. Johns and Volusia Counties (4)
- ☐ Circuit 8 - Alachua, Baker, Bradford, Gilchrist, Levy and Union Counties (5)
- ☒ None the above (6)

*Display this question:*

*If Where do you provide services? (select all that apply) != None the above*

Q3 What services do you provide? (select one)

- ☐ Mental health services (1)
- ☐ Substance misuse services (2)
- ☐ Both mental health and substance misuse services (3)
- ☐ I do not provide mental health or substance misuse services (4)

Q4 Please identify all the services you or your organization provided in the past 12 months (select all that apply).

Adult Mental Health (1)

Adult Substance Misuse (2)

Children's Mental Health (3)

Children's Substance Misuse (4)

Q5 What diagnoses do you treat most often? (Please select up to three)

- ☐ Disorders usually first diagnosed in infancy, childhood or adolescence (1)
- ☐ Attention Deficit and Disruptive Behavior Disorders (2)
- ☐ Alcohol-related disorders (3)
- ☐ Amphetamine or Amphetamine-like related disorders (4)
- ☐ Cannabis-related disorders (5)
- ☐ Cocaine-related disorders (6)
- ☐ Hallucinogen-related disorders (7)
- ☐ Nicotine-related disorders (8)
- ☐ Opioid-related disorders (9)
- ☐ Sedative, Hypnotic, Anxiolytic disorders (10)
- ☐ Polysubstance-related disorders (11)
- ☐ Schizophrenia and psychotic disorders (12)
- ☐ Depressive disorders (13)
- ☐ Bipolar disorders (14)



- ☐ Anxiety disorders (15)
  - ☐ Post-Traumatic Stress Disorder (16)
  - ☐ Eating disorders (17)
  - ☐ Sleep disorders (18)
  - ☐ Adjustment disorders (19)
  - ☐ Personality disorders (20)
  - ☐ Problems related to abuse or neglect (21)
  - ☐ Other, please specify (22)
- 

Q7 What services need to be increased or expanded to meet the needs of the community? Please choose up to three (3).

- ☐ Group Counseling - Mental Health (1)
  - ☐ Group Counseling - Substance Misuse (2)
  - ☐ Inpatient Treatment - overnight (3)
  - ☐ Individual Counseling - Mental Health (4)
  - ☐ Individual Counseling - Substance Misuse (5)
  - ☐ Psychiatry (6)
  - ☐ Primary Care (7)
  - ☐ Drop-in Center (8)
  - ☐ Case Management (9)
  - ☐ Family Therapy (10)
  - ☐ Support Groups (11)
  - ☐ Other, please specify (12)
-

Q9 What are the top barriers you face when trying to meet the needs of your clients?  
Please select up to three (3).

- ☐ Funding (1)
  - ☐ Policies (2)
  - ☐ Regulations (3)
  - ☐ Reimbursement rates (4)
  - ☐ Infrastructure (5)
  - ☐ Education level of providers (6)
  - ☐ Workforce development (7)
  - ☐ Adequate staffing (8)
  - ☐ Staff attrition (9)
  - ☐ Staff burnout (10)
  - ☐ Client's lack of housing (11)
  - ☐ Client's lack of payment source (12)
  - ☐ Client's lack of access to medications (13)
  - ☐ Client's arrest (14)
  - ☐ Other, please specify (15)
-

Q8 What are the three (3) top barriers providers face when trying to meet the needs of your clients? Please select three.

- ☐ Funding (1)
  - ☐ Policies (2)
  - ☐ Regulations (3)
  - ☐ Reimbursement rates (4)
  - ☐ Infrastructure (5)
  - ☐ Education level of providers (6)
  - ☐ Workforce development (7)
  - ☐ Adequate staffing (8)
  - ☐ Staff attrition (9)
  - ☐ Staff burnout (10)
  - ☐ Client's lack of housing (11)
  - ☐ Client's lack of payment source (12)
  - ☐ Client's lack of access to medications (13)
  - ☐ Client's arrest (14)
  - ☐ Other, please specify (15)
-

Q10 What are the top three (3) barriers clients face when trying to access mental health and/or substance misuse treatment services? Please select three (3).

- ☐ Cost (1)
  - ☐ Insurance issues (no insurance coverage, high deductible) (2)
  - ☐ Transportation services (3)
  - ☐ Location of services (4)
  - ☐ Lack of awareness of service availability (5)
  - ☐ Availability of services when needed (6)
  - ☐ Lack of referral from other providers (7)
  - ☐ Stigma (8)
  - ☐ Motivation or desire to receive services (9)
  - ☐ Incarceration (10)
  - ☐ Refused services by provider (11)
  - ☐ Work-related issue (no paid leave time, denied leave time) (12)
  - ☐ Childcare issues (13)
  - ☐ Other, please specify (14)
-

Q11 What is your age? Please select one.

- ☐ Less than 30 (1)
  - ☐ 30-39 (2)
  - ☐ 40-49 (3)
  - ☐ 50-59 (4)
  - ☐ 60-64 (5)
  - ☐ 65-69 (6)
  - ☐ 70-79 (7)
  - ☐ 80 years of age or older (8)
  - ☐ I prefer not to answer (9)
- 

Q12 What is your gender? Please select one.

- ☐ Woman (1)
- ☐ Man (2)
- ☐ Transgender (3)
- ☐ Non-binary / third gender (4)
- ☐ Prefer not to say (5)

Q13 What racial group do you most identify with? Please select one.

- ☐ White/Caucasian (1)
  - ☐ Black/African American (2)
  - ☐ Asian (3)
  - ☐ Native Hawaiian and/or Other Pacific Islander (4)
  - ☐ Two or more races (5)
  - ☐ I prefer not to answer (6)
  - ☐ Other, please specify (7)
- 

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Q14 Do you identify as Hispanic or Latino?

- ☐ Yes (1)
  - ☐ No (2)
  - ☐ I prefer not to answer (3)
-

Q19 How long have you practiced in the mental health and/or substance misuse treatment profession?

- ☐ Less than 5 years (1)
  - ☐ 5-9 years (2)
  - ☐ 10-14 years (3)
  - ☐ 15-19 years (4)
  - ☐ 20 or more years (5)
  - ☐ I prefer not to answer (6)
- 

Q16 Is there anything else you would like to comment on as it relates to mental health and substance misuse services?

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## Appendix C: LSF Health Systems Stakeholder and Community Partner Survey, 2025

### **LSF Health Systems Stakeholder and Community Partner Survey, 2025**

Do you work in social services, law enforcement, criminal justice, education, healthcare, family welfare, or community based organization? If so, please tell us about your experiences with the mental health and substance misuse treatment services. This anonymous survey should take 10 minutes or less to complete. Your answers will help the managing entity, LSF Health Systems, decide how funding is used in your area for mental health and substance misuse treatment services. This survey is part of a larger needs assessment taking place in a 23 county area. WellFlorida Council Inc., a nonprofit health planning council, has been contracted by LSF Health Systems to conduct an unbiased needs assessment to determine strengths and gaps in services for mental health and substance abuse treatment. This survey will be analyzed



byWellFlorida Council and results will be included in the final needs assessment report. Thank you for completing this survey.

Q1 I provide services or work in the following areas: (select all that apply).

- ☐ Circuit 3 - Columbia, Dixie, Hamilton, Lafayette, and Suwannee Counties (1)
- ☐ Circuit 4 - Clay, Duval, and Nassau Counties (2)
- ☐ Circuit 5 - Citrus, Hernando, Lake, Marion, and Sumter Counties (3)
- ☐ Circuit 7 - Flagler, Putnam, St. Johns, and Volusia Counties (4)
- ☐ Circuit 8 - Alachua, Baker, Bradford, Gilchrist, Levy and Union Counties (5)
- ☐ None of the above (6)

Q2 My area of expertise is in: (select one).

- ☐ Law enforcement (1)
- ☐ Corrections (2)
- ☐ Criminal justice (3)
- ☐ Juvenile justice (4)
- ☐ Government (5)
- ☐ Adult, child, and family welfare (6)
- ☐ Social services (7)
- ☐ Healthcare (8)
- ☐ Education (9)
- ☐ Faith-based services (10)
- ☐ Business and economic development (11)
- ☐ Other, please specify (12)

---

Q3 To what extent are the mental health needs of residents being met?

- ☐ Fully met (1)
- ☐ Partially met (2)
- ☐ Slightly met (3)
- ☐ Not at all met (4)
- ☐ I don't know (5)

Q7 To what extent are the substance misuse treatment needs of residents being met?

- ☐ Fully met (1)
- ☐ Partially met (2)
- ☐ Slightly met (3)
- ☐ Not at all met (4)
- ☐ I don't know (5)

Q5 Please indicate the top three (3) barriers residents face in accessing mental health services (please select three).

- ☐ Appointments not available when service is needed (1)
- ☐ Childcare issues (2)
- ☐ Cost (3)
- ☐ Insurance issues (e.g., no insurance, high deductibles, high co-pays, finding provider that accepts insurance) (4)
- ☐ Location of service (5)
- ☐ Not aware service is available (6)
- ☐ Referrals not available (7)
- ☐ Stigma (e.g., fear, shame, worried about what others think) (8)
- ☐ Transportation (9)

- ☐ Work-related issues (e.g., no paid leave time, denied time off) (10)
  - ☐ Other, please specify (11)
- 

Q9 Please indicate the top three (3) barriers residents face in accessing substance misuse treatment services (please select three).

- ☐ Appointments not available when service is needed (1)
  - ☐ Childcare issues (2)
  - ☐ Cost (3)
  - ☐ Insurance issues (e.g., no insurance, high deductibles, high co-pays, finding provider that accepts insurance) (4)
  - ☐ Location of service (5)
  - ☐ Not aware service is available (6)
  - ☐ Referrals not available (7)
  - ☐ Stigma (e.g., fear, shame, worried about what others think) (8)
  - ☐ Transportation (9)
  - ☐ Work-related issues (e.g., no paid leave time, denied time off) (10)
  - ☐ Other, please specify (11)
- 

Q10 Has access to mental health services improved, gotten worse, or stayed the same in the past 12 months?

- ☐ Improved (1)
- ☐ Gotten Worse (2)
- ☐ Stayed the same (3)
- ☐ I don't know (4)

Display this question:

*If Has access to mental health services improved, gotten worse, or stayed the same in the past 12 mo... = Improved*

Q13 To what do you attribute the improvement in access to mental health services?  
Please select all that apply.

- ☐ Advances in mental health treatment practices (1)
  - ☐ Advances in mental health prevention practices (2)
  - ☐ Collaboration among stakeholders and partners (3)
  - ☐ Community demand (4)
  - ☐ Federal focus (5)
  - ☐ State focus (6)
  - ☐ Funding changes (increases or reallocations) (7)
  - ☐ Leadership (8)
  - ☐ Policy change(s) (9)
  - ☐ Political change(s) (10)
  - ☐ Priority shift(s) (11)
  - ☐ Resource availability (12)
  - ☐ Technology advances (such as telehealth) (13)
  - ☐ Other, please specify (14)
- 

Display this question:

*If Has access to mental health services improved, gotten worse, or stayed the same in the past 12 mo... = Gotten Worse*

Q14 Why do you think access to mental health services has gotten worse?

- ☐ Collaboration among stakeholders and partners (1)
- ☐ Community demand (2)
- ☐ Federal focus (3)
- ☐ State focus (4)

- ☐ Funding changes (increases or reallocations) (5)
  - ☐ Leadership (6)
  - ☐ Policy change(s) (7)
  - ☐ Political change(s) (8)
  - ☐ Priority shift(s) (9)
  - ☐ Resource availability (10)
  - ☐ Technology advances (such as telehealth) (11)
  - ☐ Other, please specify (12)
- 

Q12 Has access to substance misuse treatment services improved, gotten worse, or stayed the same in the past 12 months?

- ☐ Improved (1)
- ☐ Gotten worse (2)
- ☐ Stayed the same (3)
- ☐ I don't know (4)

*Display this question:*

*If Has access to substance misuse treatment services improved, gotten worse, or stayed the same in t... = Gotten worse*

Q15 Why do you think access to substance misuse treatment services has gotten worse? Please select all that apply.

- ☐ Collaboration among stakeholders and partners (1)
- ☐ Community demand (2)
- ☐ Federal focus (3)
- ☐ State focus (4)
- ☐ Funding changes (increases or reallocations) (5)

- ☐ Leadership (6)
  - ☐ Policy change(s) (7)
  - ☐ Political change(s) (8)
  - ☐ Priority shift(s) (9)
  - ☐ Resource availability (10)
  - ☐ Technology advances (such as telehealth) (11)
  - ☐ Other, please specify (12)
- 

*Display this question:*

*If Has access to substance misuse treatment services improved, gotten worse, or stayed the same in t...  
= Improved*

Q11 To what do you attribute the improvement in access to substance misuse treatment services? (select all that apply)

- ☐ Advances in substance misuse treatment practices (1)
- ☐ Advances in substance misuse prevention practices (2)
- ☐ Collaboration among stakeholders and partners (3)
- ☐ Community demand (4)
- ☐ Federal focus (5)
- ☐ State focus (6)
- ☐ Funding changes (increases or reallocations) (7)
- ☐ Leadership (8)
- ☐ Policy change(s) (9)
- ☐ Political change(s) (10)
- ☐ Priority shift(s) (11)
- ☐ Resource availability (12)
- ☐ Technology advances (such as telehealth) (13)

☐ Other, please specify (14)

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Q21 Please tell us about you.

Q16 What is your age?

☐ 18-24 (1)

☐ 25-34 (2)

☐ 35-44 (3)

☐ 45-54 (4)

☐ 55-64 (5)

☐ 65-74 (6)

☐ 75 and older (7)

☐ I prefer not to answer (8)

Q17 What race do you identify with most?

- ☐ White/Caucasian (1)
- ☐ Black/African American (2)
- ☐ Asian (3)
- ☐ American Indian or Alaska Native (4)
- ☐ Native Hawaiian or other Pacific Islander (5)
- ☐ Two or more races (6)
- ☐ I prefer not to answer (7)
- ☐ Other, please specify (8)

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Q18 Do you identify as Hispanic or Latino?

Yes (1)

No (2)

I prefer not to answer (3)

Q22 Is there anything else you'd like to share about mental health and substance misuse treatment services in your area?

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# Appendix D: LSF Health Systems Provider Focus Group Script

## **LSF Health Systems Needs Assessment Provider Focus Groups**

### **Script and Questions**

Hello and welcome to our focus group. I'd like to thank you for joining our discussion group as we talk about evidence-based programs, and specifically, the No Wrong Door Model and Recovery-oriented System of Care (ROSC) models used by LSF Health Systems providers in the 23-county region of north and central Florida.

My name is \_\_\_\_\_ and I work with WellFlorida Council. WellFlorida is one of 11 statutorily designated health planning councils in Florida. There are 16 counties in our district in north central Florida and, through our many statewide projects, we have worked with all Florida counties projects related to improving health and health care services in this region.

LSF Health Systems is the Managing Entity that manages community-based mental health and substance abuse treatment services in this region. LSF Health Systems has contracted with WellFlorida Council to conduct a comprehensive, unbiased behavioral health needs assessment to identify strengths, projected needs and gaps, barriers and shortfalls as well as progress and promising approaches to addressing these issues.

Today, during our 90-minute conversation, we will hear your views on the availability and value of two specific models, that is, the No Wrong Door and the Recovery-oriented System of Care as well as other evidence-based programs and models currently in use by LSF Health System providers. We'll also touch on lessons learned from current levels of service and investments and ask for your opinions on service enhancement priorities. The information you give us will help inform future planning for behavioral health services in this region.

Before we get started, I want to cover a few procedural guidelines. First, please know that everything you share will stay between us. Any information you provide will remain anonymous and will not be published in any written report. We will be audio recording as well as taking notes today to help create a written report of our discussion. As stated in the informed consent that you read and agreed to before we started, your identities will be kept confidential. Once the recorded audio has been accurately transcribed, the recordings will be destroyed.

Secondly, please do not repeat what we talk about today outside of this room. It is important that we trust each other because we want you to feel comfortable in taking part in this discussion.

Lastly, as a courtesy, please speak only one person at a time. We don't want to miss anything anyone says, so it is important not to talk over one another or break into separate conversations.

I have questions that are designed to cover the topics mentioned. I will use them to get us started and to keep our discussion flowing. If we have time, we can go back to questions or talk about other things that you think of along the way if they are related to the services LSF Health Systems provides in this region.

Are there any questions about the focus group or what we are going to do today?

**Icebreaker:** Word Cloud exercise: One word that describes the behavioral health system in your area (using Mentimeter app)

***(NOTE: Items in italics are prompts and may not be read by the facilitator during each group. Instead, they will be read as needed to help prompt conversation and discussion with the participants.)***

**No Wrong Door Model:**

1. Please describe your use of the No Wrong Door Model in this example: A young adult experiencing both depression and housing instability contacts your organization (either in person or by phone), how would the NWD model be applied?
  - a. *Formal description if needed to guide the conversation: Section 394.4573(1)(d), F.S., defines the “no-wrong-door” model as “a model for the delivery of acute care services to persons who have mental health or substance use disorders, or both, which optimizes access to care, regardless of the entry point to the behavioral health care system.”*
2. Please identify and describe the characteristics of the No Wrong Door Model demonstrated within the services provided in your organization. Please be specific on which of the six aspects (i.e. community awareness, person-centered counseling, person-centered transition support, consumer/stakeholder involvement and quality assurance/quality improvement) your organization uses.
  - a. How frequently is the model used? Or how widely used is this model?
  - b. Are there groups or types of clients for whom the model is particularly well suited?
3. In your opinion, is the No Wrong Door Model effective? How do we measure its effectiveness? If not, what can be done to improve existing coordination and delivery? If it is effective, what makes it effective? And how do you know it's effective?
4. Poll: How widely is this model used by LSF Health System providers? (Likert scale options)

**Recovery-Oriented System of Care (ROSC)**

1. Please describe your use of the ROSC.

- a. *Formal Description if needed to guide the conversation: A system that adopts recovery-oriented and peer-involved approaches offers a flexible and comprehensive menu of services that meet each individual's needs. The system offers services that are consumer- and family-driven. Family members, caregivers, friends, and other allies are incorporated in recovery planning and recovery support. Peer-to-peer recovery support services are made available.*
2. As a provider, how do you utilize the 17 elements of ROSC? How is the system implemented in your organization's structure?
  - a. *Formal list of 17 elements of ROSC: person-centered, inclusive of family and other ally involvement, individualized and comprehensive services across the lifespan, systems anchored in the community, continuity of care, partnership-consultant relationships, strength-based, culturally responsive, responsiveness to personal belief systems, commitment to peer recovery support services, inclusion of the voices and experiences of recovering individuals and their families, integrated services, system-wide education and training, ongoing monitoring and outreach, outcomes driven, research based and adequately and flexibly financed.*
3. What elements of ROSC are most difficult to implement? Why?
4. Do you think the ROSC model improves outcomes for individuals, families and communities? If yes, please describe how. Would anyone like to share an example/story of how the ROSC made a difference in an individual's or family's recovery journey?
5. Poll: How widely is this model used by LSF Health System providers? (Likert scale poll)

### **Evidence- based Program Assessment:**

*The terms "evidence-based" and "evidence-informed" are often used interchangeably and the Department regards them as synonymous.*

- a. *The formal description if needed to guide the conversation: Per the Evidence Based Guidelines published by the Department, there are 2 Options of Evidence-Based Programs; Option one defines it as a proposed program or strategy that is recognized by a national registry of evidence-based programs and strategies as one that is appropriate for the identified outcome. Option 2 defines it as a proposed program or strategy that is reported in peer-reviewed journals or has documented effectiveness which is supported by other sources of information and the consensus judgment of informed experts.*

To what extent does your facility provide evidence-based/informed programs?

1. What are some examples of evidence-based/informed programs that you use in your practice? Please describe.

2. What is the most effective evidence-based model you've seen implemented?  
What made it effective?
3. How do you stay informed of emerging, promising- and/or evidence-based practices?

**Lessons Learned and Future Priorities:**

1. What lessons can be learned from LSF Health System's current levels of investment and services?
  - a. Are services meeting client needs? What service areas could benefit most from more investments? What would those investments include?
2. From your perspective as a provider, please list what you think should be LSF Health System's priorities for service enhancement? For re-direction? For expansion?