

Integrated Healthcare Systems

SAMHSA-CCBHC COMMUNITY NEEDS ASSESSMENT PALM BEACH COUNTY

March 2024



By Chenise Bonilla, IHCS Strategist Officer

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I. Background

Integrated Healthcare Systems

Integrated Healthcare Systems (IHCS) is a not-for-profit Community Behavioral Health Clinic located in Riviera Beach, Florida and has served Palm Beach County (PBC) residents since 2004. IHCS believes that our community should be the best place to live, work, and pursue individual, family, and community aspirations.

Mission

Our aim is to be the voice of behavioral and primary healthcare services so that our community can be the embodiment of what it means to be healthy in the future.

Vision

Our vision is to strengthen access to quality integrated healthcare, by removing barriers for those with the greatest need, developing community relationships, and empowering our citizens to choose healthy, prosperous lifestyles.

Values

- 1) *Respect* for the health and well-being of our patients,
- 2) *Belief* that it is simple common sense to find and remove the patient problem rather than temporarily fix the problems or cover up the symptoms,
- 3) *Impactful* by providing the highest quality of care and impacting the lives that we serve, and
- 4) *Culture* to ensure that we provide culturally sensitive care to an increasingly diverse community.

In 2005, IHCS was formerly known as Alpha Omega Alliance and began providing housing to homeless veterans. In 2015, the organization restructured its services due to the limited and diverse needs of the community and began providing housing, case management, and behavioral health services. In 2019, IHCS found that 78 percent of the population served lacked medical care and identified with an untreated chronic medical condition. In most cases, fear or concern had ultimately resulted in a doctor's appointment and the situation was, at least temporarily, fixed. Our team realized that IHCS requires carefully designed, coordinated, monitored, and measured ongoing care. In 2021, the organization restructured and rebranded its operations to provide integrated healthcare services in order to treat the entire individual instead of one identified need. The IHCS model offers a holistic approach and provides behavioral healthcare, physical health care, case management, and housing to our community residents. IHCS policies and procedures ensure that all programs meet the highest standards in providing person-centered and evidence-based multi-disciplinary services.

IHCS is committed to providing high-quality, accessible, and comprehensive services, with a focus on underserved, marginalized, and at-risk populations. This includes out-patient mental health treatment, out-patient substance use treatment, case management, peer support, primary healthcare, homelessness assistance, and permanent supportive housing for adults, children, and adolescents. IHCS services are offered to all individuals, regardless of their ability to pay. This includes individuals with

insurance and without insurance. A sliding scale fee is also available. The office hours include day, evening, and telehealth appointments.

As of November 2023, IHCS has four permanent supportive housing sites and one transitional supportive housing site called “Dignity Village”, which targets individuals with high acuity needs. This includes individuals who have a history of chronic homelessness, a diagnosis of severe mental illness, substance use disorders, and/or a history of incarceration.

IHCS received the highest accreditation from the Joint Commission, formerly known as the Joint Commission on Accreditation of Healthcare Organizations (JACHO), as a behavioral health facility and a behavioral health home. The Joint Commission continuously improves health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value. The Joint Commission does this by setting quality standards, evaluating an organization’s performance, and providing an interactive educational experience that provides innovative solutions and resources to support continuous improvement.[1] IHCS has continuously maintained this accreditation since 2017.

In 2023, IHCS developed an Implementation Team to become a Substance Abuse and Mental Health Services Administration (SAMHSA) Certified Community Behavioral Health Clinic (CCBHC). This team includes the Chief Executive Officer, Chief Operating Officer, Strategist Officer, Human Resources, and staff who oversee services, compliance, finance, information technology, and data.

SAMHSA-CCBHC

To become a SAMHSA-CCBHC, non-profit organizations must provide services to anyone seeking help for a mental health or substance use condition, regardless of their place of residence, ability to pay, or age.

The **six program requirements** to be a SAMHSA-CCBHC are 1) Staffing, 2) Availability & Accessibility, 3) Care Coordination, 4) Scope of Services, 5) Quality & Other Reporting, and 6) Organizational Authority, Governance, Accreditation.

The **nine core services** to be a SAMHSA-CCBHC, which can be provided directly or through formal relationships with Designated Collaborating Organizations (DCOs) are 1) Crisis Services, 2) Person- & Family- Centered Treatment Planning, 3) Screening, Diagnosis & Risk Assessment, 4) Outpatient Mental Health & Substance Use Services, 5) Targeted Case Management, 6) Outpatient Primary Care Screening and Monitoring, 7) Community-Based Mental Health Care for Veterans, 8) Peer, Family Support & Counselor Services, and 9) Psychiatric Rehabilitation Service.[2]

The IHCS Implementation Team reorganized policies and procedures based on the six program requirements. **As of November 2023, IHCS directly provides eight of the nine core services.** The one core service that IHCS does not directly provide is Crisis Services, but the Implementation Team is working to implement this service.

¹ The Joint Commission, <https://www.jointcommission.org/>—

² **Substance Abuse and Mental Health Services Administration, Certified Community Behavioral Health Clinic,** <https://www.samhsa.gov/certified-community-behavioral-health-clinics>.

Currently, IHCS has an indirect collaboration with the JFK Medical Center for crisis services. The JFK Medical Center opened over 45 years ago and has a 280-bed acute care facility, which includes an adjoining 123-bed psychiatric unit and a medical professional office building. This building houses a specialty outpatient rehabilitation center and wound management. JFK Medical Center provides a range of other healthcare specialties as well, including 24/7 emergency care, pain management, orthopedic care, gastroenterology, surgery and urology. They offer behavioral health services for seniors, adults, adolescents and children.

The Implementation Team is also working to enhance Targeted Case Management, Person- and family-centered Treatment Planning, and Peer, Family, and counselor Services through more staff and training.

Palm Beach County Community Health Assessment

In January 2022, PBC completed a Community Health Assessment. The Health Care District of PBC and the Florida Department of Health in PBC engaged the Health Council of Southeast Florida (HCSEF) to facilitate a comprehensive, county-wide health needs assessment for PBC.³ The two main goals of this assessment were to 1) identify unmet health needs of community residents and 2) to inform and guide future health planning initiatives to meet those needs within the county.

As part of this assessment, data was collected and analyzed at a county level. HCSEF also collected, compiled, and analyzed primary data to capture the community's perspective. Focus groups were conducted with 299 PBC residents and key informant interviews were conducted with stakeholders who serve PBC. Of the 299 PBC residents, there were 123 females, 174 men, and 2 unknown genders. About 52 percent of focus group participants were between the ages of 25 to 35 years old. About 68 percent of focus group participants were black and about 21 percent were white. About 43 percent of focus group participants had a bachelor's degree. About 33 percent of focus group participants have Medicare insurance and about 31 percent have Medicaid insurance.

There were 83 partner organizations who contributed to the findings in the PBC Community Health Assessment, including Alzheimer's Community Care, CareerSource PBC, Center for Child Counseling, Diabetes Coalition of PBC, Friends of Foster Children, Hispanic Chamber of Commerce PBC, Homeless Coalition of PBC, Medical Centers in Jupiter, West Palm Beach, and Delray, Legal Aid Society of PBC, National Alliance of Mental Illness PBC Chapter, PBC School Board, PBC Community Services Department, PBC Youth Services Department, PBC Housing and Economic Development, Rebel Recovery, Tabernacle Missionary Baptist Church, Urban League of PBC, The Lord's Place, and Southeast Florida Behavioral Healthcare Network.

The HCSEF facilitated the Local Public Health System Assessment (LPHSA) in PBC using the standardized National Public Health Performance Standards (NPHPS) tools. The NPHPS tool is used to guide state and local jurisdictions in evaluating the performance of their public health system against a set of optimal or model standards. This assessment helps local public health systems determine how well their system addresses various components in the following 10 Essential Services:

³ *Palm Beach County Community Health Assessment*, January 2022:
https://palmbeach.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/Palm-Beach-County-2022-Community-Health-Assessment_FINAL.pdf.

1. Monitor health status to identify and solve community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems

Information from the PBC Community Health Assessment is utilized throughout this report, as well as data from credible sources, a survey distributed to IHCS Staff, interviews with IHCS Staff, and a focus group with IHCS patients.

IHCS Staff

Dr. Monique “Moe” Brown-Faust is the Chief Executive Officer at IHCS and she possesses approximately 30 years of professional expertise in business development, housing, and healthcare. She is a licensed mental health counselor, master certified addiction professional from the Florida Board of Certifications, and a certified addictionologist from America College of Addictions and Compulsive Disorders. She is also affiliated with the NAMI-PBC, PBC Behavioral Health Association, PBC Continuum of Care, and Nonprofit First Association.

Dr. Danesh Alam is the Medical Director at IHCS and he possesses over 30 years of professional expertise. He is a licensed Psychiatrist who specializes in Addiction Medicine. He is a Distinguished Fellow of the American Psychiatric Association and Distinguished Fellow of the American Society of Addiction Medicine. Prior to joining IHCS, he was a Health System Clinician and Principal Investigator on various research studies.

Mr. Ricardo “Rick” Richardson is the Chief Operating Officer at IHCS and he possesses over 35 years of professional expertise in the fields of human services and education administration. He served in executive leadership positions and as a consultant or technical assistance advisor for academic institutions, non-profit organizations, and governmental agencies. Prior to joining IHCS, he was an Executive Director at the St. George’s Center, which provided social services support, emergency food pantry, daily meals, and housing advocacy resources for homeless and marginalized individuals.

Mr. Benji “Ben” Faust is the Chief Information Officer at IHCS and he possesses over 20 years of professional experience and specializes in Network Engineering, System Administrator, Computer Installation and Management, and Communications. He is responsible for ensuring all IT and communications run smoothly within IHCS. He is a retired US Army Veteran with over 24 years of active-duty service.

Ms. Chenise Bonilla is the Strategist Officer at IHCS and she possesses approximately 15 years of professional expertise in the public sector, specifically in the criminal justice and behavioral health fields. She provided intensive technical assistance in four states and broad-based technical assistance in over 300 counties to reduce spending on corrections, reinvest savings in community-based programs, and reduce recidivism. Prior to joining IHCS, she worked at the Palm Beach County's Public Safety Department managing criminal justice programs and she currently oversees a nonprofit organization that has a Peer Support Program with the goal of ending intergenerational incarceration.

Mrs. Lavidah Johnson is the Director of Human Resources and she possesses over 15 years of professional experience in organizational administration. She has expertise in project management, administration, budgeting, training, data collection, and strategic planning. She is responsible for developing the IHCS Employee Handbook, leading the onboarding process for new staff, and managing employee benefits. Before joining IHCS, she held positions as a Client Service Specialist, Director of Operations, and Social Services Facilitator.

Mr. Desmond Gilmore is the Clinical Director at IHCS and he possesses approximately 20 years of professional experience and is a licensed mental health counselor. He received certificates in trauma-informed care, motivational interviewing, and other essential topics in the behavioral health field. He supervises and trains staff, interns, and externs. Prior to joining IHCS, he was a Group Facilitator, Therapist, and Counselor who specializes in youth and adult addiction disorders.

Ms. Rosalyn James is the Officer Manager at IHCS and she possesses approximately 30 years of professional experience and is a certified medical assistant. She worked in pediatrics, orthopedics, adult care, behavioral health, and primary health fields.

As of November 2023, IHCS has 21 staff members. There are 10 female employees (47.6 percent) and 11 male employees (52.4 percent). There are 18 black employees (85.7 percent), 2 Hispanic employees (9.5 percent), and 1 white employee (4.8 percent). The organization is divided into five departments: 1) Executive Staff, 2) Administrative Staff, 3) Behavioral Healthcare Staff, 4) Primary Healthcare Staff, and 5) Supportive Housing Staff. IHCS has culturally competent staff who are fluent in English, Spanish, and Creole.

IHCS offers a wide variety of intern and extern positions designed to provide hands-on experience and to support the temporary educational experience of students and professionals seeking to work with clients that have chronic healthcare and behavioral health needs. Some of the IHCS opportunities include Health Education, Human Resources, Behavioral Health, and Medical Assisting. Duration varies according to program deliverables and preference is given to students currently enrolled in a degree program.

To complete this report, a survey was distributed to IHCS Staff and community members to identify strengths and needs. The response rate for this staff survey was about 67 percent (or 14 out of 21 staff). Further qualitative data was collected by conducting a focus group with 16 IHCS patients. That reflected on the availability of healthcare services and the obstacles encountered in trying to meet basic needs of community residents. Staff were interviewed in regard to the agency's strengths, any problems encountered with our agency systems or processes, staff concerns, and inputs for improvements in any area.

IHCS Staff Survey Questions

1. How long have you worked at IHCS?
2. What are your reasons for choosing employment at IHCS? *(select all that apply)*
 - To make a positive impact
 - To develop professional skills
 - To work with IHCS patients
 - IHCS values align with my values
 - Other: _____
3. What are your reasons for staying employed at IHCS?
4. Please provide input regarding cultural, linguistic, physical health, and behavioral health treatment needs at IHCS.
5. On a scale of 1 to 5, how satisfied are you with the use of evidence-based practices at IHCS?
1= Very Dissatisfied, 2= Dissatisfied, 3= Neutral, 4= Satisfied, 5= Very Satisfied
6. What is the reason for your answer to Question 5? *(optional textbox)*
7. On a scale of 1 to 5, how satisfied are you with behavioral health crisis services at IHCS?
1= Very Dissatisfied, 2= Dissatisfied, 3= Neutral, 4= Satisfied, 5= Very Satisfied
8. What is the reason for your answer to Question 7? *(optional textbox)*
9. On a scale of 1 to 5, how satisfied are you with the access and availability of IHCS services, including days, times, locations, and telehealth options?
1= Very Dissatisfied, 2= Dissatisfied, 3= Neutral, 4= Satisfied, 5= Very Satisfied
10. What is the reason for your answer to Question 9? *(optional textbox)*
11. Please provide input on the following potential barriers to care geographic barriers and transportation challenges.
12. Please provide input on the following potential barriers to care for economic hardship and workforce shortages.
13. In your opinion, please identify the top three IHCS strengths.
14. In your opinion, please identify the top three IHCS challenges.

IHCS Patient Focus Group Questions

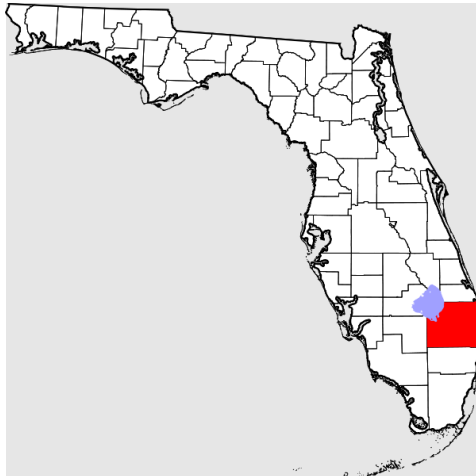
1. What do you think IHCS does best?
2. How do you think IHCS can improve?
3. How hard is it to be treated for primary healthcare services from IHCS?
4. What do you like best about the mental health program?
5. What do you like least about the mental health program?
6. What do you want to see added to the mental health program?
7. What input, if any, do you have about IHCS staff?

I. PBC Community Review

The direct input from a combination of staff, clients, partner agencies and community residents – provided valuable insight to our community’s unique needs and our agency’s ability to deliver services designed to respond to those needs.

Geographic Description

PBC is geographically the largest county in Florida, covering about 2,383 square miles of land and water in the southeast region of the state. The county is comprised of 39 municipalities. The northernmost community is Tequesta, the southernmost community is Boca Raton, and the westernmost community is South Bay. West Palm Beach is the largest city in PBC. Bordering PBC is Martin County to the north, the Atlantic Ocean to the east, Broward County to the south, Hendry County to the west, and Lake Okeechobee in the northwest.[4]



Demographics

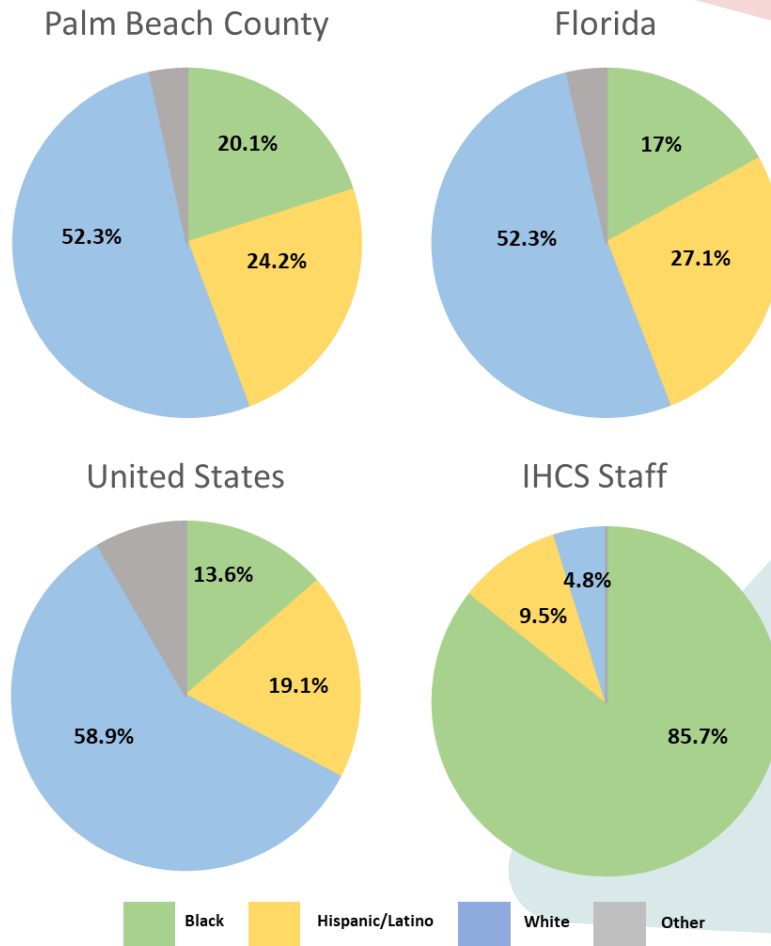
As of July 2022, PBC has a total estimated population of 1,518,477 residents. This is approximately seven percent of the state of Florida’s population and 0.5 percent of the United States population. Based on population-size, it is the third largest county in Florida after Miami-Dade County (2.75 million residents) and Broward County (1.93 million residents). 51.2 percent of PBC residents are women and 48.8 percent of PBC residents are men.[5]

In PBC, Black residents comprise of 20.1 percent, Hispanic/Latino residents comprise of 24.2 percent, white residents comprise of 52.3 percent, and people who identify as a different race or ethnicity comprise of 3.4 percent. In comparison to the state of Florida, black residents comprise of 17 percent, Hispanic/Latino residents comprise of 27.1 percent, white residents comprise of 52.3 percent, and people who identify as a different race or ethnicity comprise of 3.6 percent. In comparison to the United States, black residents comprise of 13.6 percent, Hispanic/Latino residents comprise of 19.1 percent,

4 Historical Society of Palm Beach County. Geographic Location, Land, and Climate. <https://pbchistory.org/geography/>.

5 United States Census Bureau, <https://www.census.gov/quickfacts/fact/table/palmbeachcountyflorida,FL,US/POP010220>.

white residents comprise of 58.9 percent, and people who identify as a different race or ethnicity comprise of 8.4 percent.[6]



There are nearly 25 percent of PBC residents who are 65 years old or above, which is higher than in the state of Florida (20.1 percent) and the United States (16.5 percent). There are 25 percent of PBC residents who were born in a different country, which is higher than in the state of Florida (20 percent) and the United States (13.5 percent). There are 33.1 percent of PBC residents who speak a language other than English at home, which is higher than in the state of Florida (29.8 percent) and the United States (21.7 percent).[7]

⁶ Ibid.

⁷ Ibid.

Socioeconomic Indicators & Disparities

In 2019, 175,742 PBC residents (or 12.2 percent) lived below the poverty line. Of these 175,742 PBC residents, 98,285 (or about 56 percent) were females and 77,457 (or about 44 percent) were males. Also, 19.4 percent of black residents were living in poverty in PBC compared to 10.1 percent of white residents. Regarding ethnicity, 17.6 percent of Hispanic or Latino residents were living in poverty compared to 7.7 percent of white, non-Hispanic counterparts.

As of 2019, PBC had an unemployment rate of 5.2 percent, while the state of Florida had an unemployment rate of 4.5 percent.^[8] Approximately 34 percent of households in PBC fit the Asset, Limited, Income Constrained, Employed (ALICE) definition compared to 33% at the state level.^[9] This is significant because only 12 percent of PBC households were living in poverty in 2018, underscoring the additional number of households in the county that are not included in this number but are nonetheless struggling to make enough money to meet basic needs. Unemployment has adverse health consequences and can lead to lost wages and medical benefits, which ultimately can decrease access to care for individuals and families. During the PBC Community Health Assessment focus groups, participants stated that unemployment has contributed to substance use and an unhealthy community because when people are working, they can afford health care services.

PBC has high percentages of homelessness and residents living below the poverty line with low health indicator rankings. There were an estimated 1,397 individuals who experienced homelessness in PBC in 2019.^[10] During the PBC Community Health Assessment focus groups, the need for affordable housing was one of the top concerns to living a healthy and stable life. During the PBC Community Health Assessment focus groups, participants mentioned an increase in poverty and homelessness, paired with higher costs of medical services, led to an increase of stress and poor health outcomes as it deterred individuals from seeking necessary care.

In 2019, the median earnings for male full-time, year-round workers in PBC was \$49,093 compared to \$41,982 for females. The average family income in PBC is \$117,097 compared to \$93,531 in the state of Florida. About 10,967 of PBC residents (or 1.6 percent) rely on public transportation to commute to work. The median house value is \$283,600 and the medium monthly rent is \$1,398.^[11]

In 2019, 79.7 percent of black PBC residents obtained a high school diploma or higher, compared to 91.1 percent of white PBC residents. Also, 20.7 percent of black PBC residents obtained a Bachelor's degree or higher, compared to 40.2 percent of white PBC residents. Regarding ethnicity, 95.4 percent of white, non-Hispanic PBC residents obtained a high school degree or higher, compared to 74.2 percent of Hispanic or Latino PBC residents. Also, 44.3 percent of white, non-Hispanic PBC residents obtained a Bachelor's degree or higher, compared to 24.6 percent of Hispanic and Latino PBC residents.^[12]

⁸U.S Census Bureau, American Community Survey, 2019.

⁹

ALICE households are households where residents are earning more than the Federal Poverty Level, but less than the basic cost of living for the area. This population is living paycheck to paycheck and struggle to afford necessities, despite employment. This population is at risk of poverty in the event of a crisis.

¹⁰

Council on Homelessness, Annual Report, 2021.

¹¹

U.S Census Bureau, American Community Survey, 2019.

¹²

Ibid.

Health Indicators & Disparities

This section explores trends in health indicators for maternal health, behavioral health, hospital utilization, morbidity and chronic illnesses, mortality, and the impact of COVID-19 in PBC.

For maternal health, racial and ethnic disparities were found in PBC. In 2020, the gap between black and white mothers who received first trimester prenatal care was 7.9 percent, with 68.2 percent of black mothers and 76.1 percent of white mothers receiving first trimester care. The gap between Hispanic and non-Hispanic mothers who received first trimester prenatal care was 11.4 percent, with 66.3 percent of Hispanic mothers and 77.7 percent of non-Hispanic mothers receiving first trimester care. Black mothers were 1.7 times more likely to have a premature birth, with 13.6 percent of births to black mothers being premature and 7.9 percent of births to white mothers being premature. The rate of infant deaths per 1,000 live births among white residents reached 2.6 per 1,000 live births, whereas the rate among black residents was 6.3 per 1,000 live births. The rate of fetal deaths per 1,000 live births to black mothers was 10.7, whereas the rate of fetal death to white mothers was 4.8, reflecting a rate two times higher among black mothers.[13]

For behavioral health, white and non-Hispanic residents in PBC accounted for higher rates of suicides compared to Black and Hispanic residents. Between 2015 and 2019, the total number of suicides by white residents (1,025 people) substantially exceeded the number of suicides by black residents (86 people) and Hispanic residents (121 people). In 2021, there were 604 calls to 211, which is a community helpline and crisis hotline that provides suicide prevention, crisis intervention, information, assessment, and referral to community services for people of all ages.[14] Between 2016 and 2020, PBC reported higher rates of opioid deaths (age adjusted) than the state of Florida overall. In 2020, the overdose deaths involving opioids in PBC was 47.1 deaths per 100,000 population compared to 29.9 deaths per 100,000 population in the state of Florida.[15]

For hospital utilization, white and non-Hispanic residents in PBC accounted for higher rates of mental health hospital utilization compared to Black and Hispanic residents. In 2019, white patients accounted for 38,141 diagnoses (66.6 percent) for mental disorders in the emergency department, while black patients accounted for 13,014 diagnoses (22.7 percent). Non-Hispanic patients accounted for 47,323 diagnoses (82.7 percent), while Hispanic patients accounted for 8,633 diagnoses (15.1 percent).[16]

Male patients (54.9 percent) were more likely than Female patients (45.1 percent) to receive a mental disorder diagnosis in the emergency department. Patients ages 31 to 40 had the highest total number of mental disorder diagnoses with 13,837 (24.2 percent), followed by those ages 21 to 30 with 12,361 (21.6 percent).[17] Similar trends were identified for people who were diagnosed for a mental health disorder at inpatient facilities.

13 Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2020.

14 211 Palm Beach/Treasure Coast. (2022). Snapshot: Palm Beach County, Annual: January – December 2021.

Retrieved from

<https://static1.squarespace.com/static/5cd72aab3560c3334d86154f/t/61dde4a5f58e1d1828825f90/1641931942768/2112021-palmbeach-snapshot.pdf>

15 Florida Health CHARTS, Opioid Dashboard, 2020.

16 Florida Health Finder, Agency for Healthcare Administration (AHCA), 2019.

17 Ibid.

For morbidity and chronic illnesses, such as coronary heart disease, congestive heart failure, asthma, stroke, chronic lower respiratory disease, diabetes, and HIV, Black residents in PBC were disproportionately affected. In contrast, White residents in PBC experienced higher rates of cancer and chronic obstructive pulmonary disease, emphysema, or chronic bronchitis. In PBC, heart disease and cancer alone are responsible for over 4 out every 10 deaths.

For mortality, in 2020 the leading causes of death were heart disease and cancer (42.5 percent of all deaths collectively). COVID-19, Stroke, unintentional injury, and chronic lower respiratory disease were other main causes of death (27.1 percent of all deaths collectively). In 2020, 4,087 people died of heart disease, 3,232 people died of cancer, 1,557 people died of COVID-19, 1,279 people died of a stroke, and 1,157 people died of unintentional injuries. For COVID-19, the death rate (age-adjusted) was 2.5 times higher among Black residents in PBC than White residents and two times higher among Hispanic residents than non-Hispanic residents in 2020.[18]

For many people with depression, symptoms are often severe enough to cause noticeable problems in daily activities, including work, school, or social relationships. In PBC, 12.4 percent of adults were told they have a depressive disorder compared to 17.7 percent at the state level in 2019.[19] Social isolation can have a significant impact on health. Loneliness is associated with higher rates of depression, anxiety, and suicide. In PBC, nearly one-third of all households lived alone, which is higher than the state average of 28.6 percent of householders who live alone.[20]

In 2019, 11 percent of PBC residents reported to smoke tobacco compared to 14.8 percent at the state level.[21] During the same year, the cancer death rate along PBC residents was 152.6 per 100,000 population (1,368 people) compared to 157.0 per 100,000 population (19,626 people) for persons age 35 and over. The death rate among white PBC residents (168.4 per 100,000 population) was almost double the rate among black PBC residents (91.6 per 100,000 population).[22]

In PBC, the number of opioid-related non-fatal emergency department visits decreased from 2,629 visits in 2016 to 1,613 visits in 2019. PBC reported higher rates of age-adjusted opioid deaths in 2020, with 47.1 per 100,000 population compared to 29.9 per 100,000 population at the state level.[23]

Health Resources Availability and Access

As of 2020, there are 4,336 hospital beds, 6,158 nursing home beds, 229 adult psychiatric beds, 39 child and adolescent beds, 5 adult substance use beds, 16 licensed hospitals, and 65 licensed nursing homes in PBC. The most utilized hospital emergency department in PBC was JFK Medical Center with 74,462 visits (15.2 percent), followed by Delray Medical Center with 47,522 visits (9.7 percent).[24]

¹⁸Florida Health CHARTS, Florida Department of Health, Office of Health Statistics and Assessment, 2020.

¹⁹U.S Census Bureau, American Community Survey, 2019.

²⁰Ibid.

²¹Florida Department of Health, Bureau of Vital Statistics, 2020.

²²Ibid.

²³Florida Health CHARTS, Opioid Dashboard, 2020.

²⁴Florida Health Finder, Agency for Healthcare Administration (AHCA), 2020.

In PBC, the rate of adult substance use beds was 0.4 beds per 100,000 population from 2016 to 2017, then declined to 0.3 per 100,000 population from 2018 to 2020. This indicates that although the population has increased in PBC, the number of substance use beds did not increase to meet this need. The rate of adult substance use beds in PBC was lower than the rate in the state of Florida each year during this timeframe (1.5 to 1.8 per 100,000 population).

Between FY20 to FY21, PBC had a higher rate of total licensed physicians, dentists, and behavioral and mental health providers compared to the state of Florida, but a lower rate of all classes of nursing professionals. Between FY20 to FY21, the rate of licensed physicians in PBC (388.7 per 100,000 population) was higher than the rate in the state of Florida (314.0 per 100,000 population). Between FY20 to FY21, the rate of licensed dentists in PBC (79.3 per 100,000 population) was higher than the rate in the state of Florida (56.7 per 100,000 population).[25] In 2020, the rate of licensed mental health counselors in PBC (77.1 per 100,000 population) was higher than in the state of Florida (57.3 per 100,000 population). In 2020, the rate of registered nurses was lower in PBC (1,261.5 per 100,000 population) than the state of Florida (1,334.5 per 100,000 population).[26]

In PBC, there are a total of nine primary care Health Professional Shortage Areas (HPSAs).[27] The highest need areas included Genesis Community Health and the Health Care District of PBC, which are both Federally Qualified Health Center facilities. In PBC, there are a total of seven dental HPSAs. The highest need areas included Florida Community Health Centers, FoundCare, Genesis Community Health, and the Health Care District of PBC, all of which were Federal Qualified Health Center facilities. In PBC, there are a total of six mental health HPSAs. The highest needs areas included FoundCare, Florida Community Health Centers, and Genesis Community Health, all of which were Federal Qualified Health Center facilities.[28] In PBC, there are eight Federal Medically Underserved Areas/Populations (MUA/P).[29] They are low-income Boca Raton, Boynton Beach, Delray Beach, Greenacres, Lantana/Lake Worth, West Palm Beach, Belle Glade/Pahokee, and Jupiter.

More adults in PBC had some type of health care insurance coverage compared to the state of Florida (85.5 percent and 84.2 percent, respectively). There are 16.5 percent of PBC residents without health insurance who are under the age of 65 years old, which is higher than in the state of Florida (13.9 percent) and the United States (9.3 percent).[30]

25 Florida Department of Health, Division of Medical Quality Assurance, 2021.

26 Florida Department of Health, Division of Medical Quality Assurance, 2020.

27 Health Professional Shortage Areas, or HPSAs, are geographic areas, populations, or facilities that have a shortage of primary, dental, or mental health care providers.

28 U.S. Department of Health and Human Services, Health Resources and Service Administration, 2021.

29 Federal Medically Underserved Areas/Populations (MUA/P) designate areas and populations with a lack of access to primary care services and help establish health maintenance organizations or community health centers.

30 United States Census Bureau,

<https://www.census.gov/quickfacts/fact/table/palmbeachcountyflorida,FL,US/POP010220>.

Community Perspective

As mentioned, the HCSEF conducted focus groups and key informant interviews to collect qualitative data for the PBC Community Health Assessment. Strengths about the local health system included conducting a community health assessment every five years that informs the community health improvement plan, establishment of strong, collaborative coordination among county partners, the Department of Health consistently presents public health data to the County Commissioners to inform the decision-making process at the local level, and the local public health system maintains a directory of health and human service community organizations throughout the county that is available online. Also, the Florida Department of Health in PBC is an Accredited Health Department through the Public Health Accreditation Board (PHAB), the local public health system uses national and state licensure guidelines to ensure quality services throughout the local public health system, Cultural Competency trainings have occurred at increased intervals over the last few years, and various organizations throughout the PBC local public health system frequently offer each other trainings and opportunities for continuing education.

Opportunities for improvement included disseminating information to the public at-large, making presentations understandable and relatable, increasing communication and collaboration among partners, increasing efforts to educate and inform the most vulnerable and hard to reach populations within the community, improving linkages to care beyond the referral step, and increasing access to care for underserved communities to fill gaps in unmet needs. There are also opportunities for the local public health system to further engage in the policy-making process and increase training opportunities for community health workers.

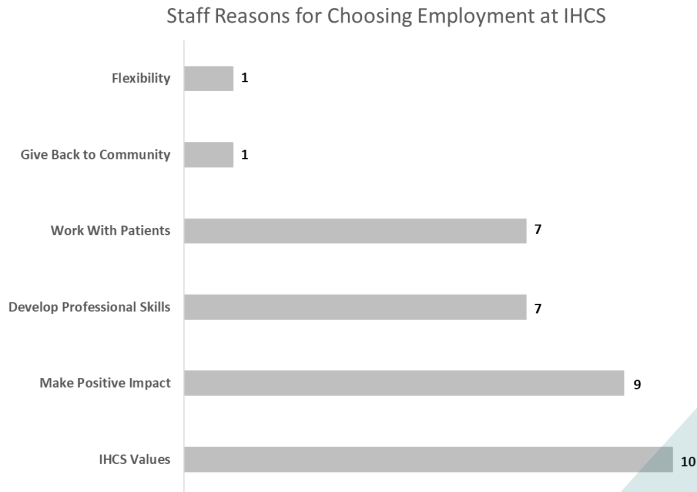
During the PBC Community Health Assessment focus groups, PBC residents mentioned that diabetes, cancer, asthma, substance use, heart disease, and poor mental health were among the top health issues with which they, their families, or their community struggle with addressing. PBC residents also mentioned that there is a need for more services for special populations, including seniors, caregivers, immigrants, and the reentry population. When asked what resources or social services to promote health are unavailable or hard to access, participants shared the need for improved public transportation, affordable housing, and medication assistance. Participants also shared that there are issues with the “digital divide” or internet accessibility, finances like the cost of treatment and financial stability, lack of information or awareness, racism, and insurance coverage. Participants cited health literacy issues and a lack of awareness as major causes of health issues in their communities.

During the PBC Community Health Assessment key informant interviews, common themes around the challenges that the community faces when trying to improve or maintain their health included systemic/institutional racism, lack of representation in health care, lack of community trust, lack of economic mobility, the lived and built environment, and the lack of convenient access to care.

II. IHCS Staff Review

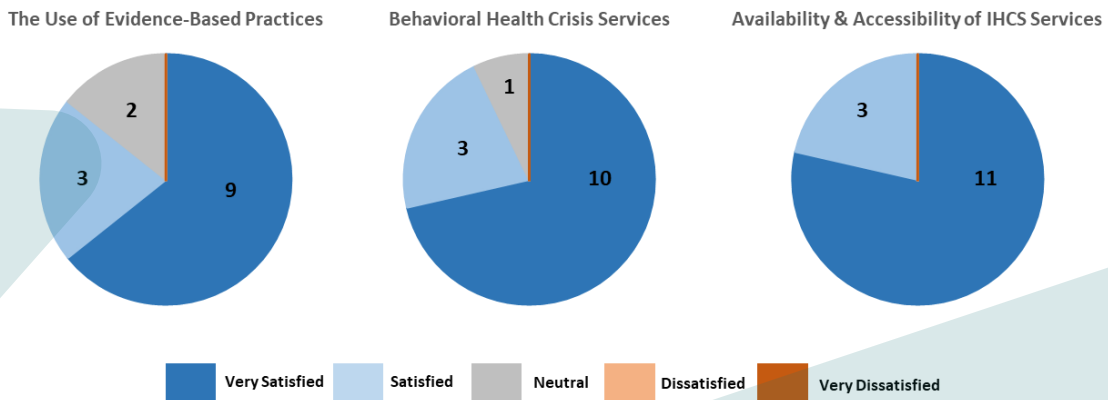
On October 27, 2023, 14 out of 21 staff members completed an online survey about IHCS and the quality of services, making the response rate about 67 percent. The number of years that staff worked at IHCS and who completed the survey ranged from 1 month to 8 years.

The top three reasons for choosing employment at IHCS are 1) IHCS values align with my values, 2) to make a positive impact, and 3) to develop professional skills. Other reasons for choosing employment at IHCS included working with IHCS patients, giving back to the community, and flexibility.



Reasons for staying employed at IHCS included a positive work environment, continuing the work of addiction treatment, room for growth, flexibility, staff and patients are nice, and helping the community. One staff member wrote “IHCS serves the community where many of my family members, friends and associates have lived for 40+ years. The owners are aware of the many needs and are taking steps to offer services that will have a lasting impact on individuals' growth.” Another staff member wrote “I feel right at home.”

Regarding 1) the use of evidence-based practices, 2) behavioral health crisis services, and 3) access and availability of IHCS services, most staff were Satisfied in all three areas. Staff wrote that they are given the best information and tools to achieve the best standards.



Regarding cultural and linguistic needs at IHCS, staff wrote that most patients speak English. In the community, many people speak Spanish and Creole, therefore IHCS is working to translate important forms and documents in those languages, as well as identify a 24/7 translation company when needed.

Regarding primary health and behavioral health needs at IHCS, staff wrote that patients are the number one priority. In order for patients to receive adequate treatment and resources, IHCS continues to build partnerships in the community. IHCS is also enhancing case management services that are people-centered and trauma-informed.

Regarding geographic and transportation challenges that may potentially be a barrier to care, staff wrote that IHCS' location is easily accessible and convenient for people to arrive by car and bus. The IHCS building is in a high-needs area where people need affordable care. IHCS also provides transportation for clients in the mental health program.

Regarding economic hardship and workforce shortages that may potentially be a barrier to care, staff wrote IHCS offers a sliding-scale fee option to help with economic hardships. IHCS also assists clients with obtaining food stamps and other benefits when needed.

Staff wrote that the top IHCS strengths included supportive housing, clinical support, company culture, community-driven values, commitment to clients, room for growth, convenient location, great staff, types of services available, the CEO is understanding, classes for clients, family-centered, and client-centered.

Staff wrote that the top IHCS challenges included staff shortages, insufficient funding from the federal, state, and local levels, and marketing services to the public at-large.

IHCS Staff Climate Survey

On August 7, 2023, IHCS staff completed a climate survey conducted by Kenyatta Speaks, LLC. Thirteen IHCS completed the climate survey and here are the key findings:

- 61 percent stated that they have the necessary tools to perform their job. Staff said IT equipment and security needs to be updated, and that IHCS needs more staff.
- 46 percent stated that they could benefit from more trainings. Staff said they would like trainings in Supervision, Time Management, De-Escalation, Conflict Resolution, Team Building, Budgeting, Communication Techniques, and a review of new IHCS policies and internal systems when they are implemented.
- 84 percent stated that current IHCS communication systems across departments are working. Staff said all departments should know when new staff are hired and when IHCS policies change.
- (2 percent stated that their supervisor communicates well with them.

Kenyatta Speaks, LLC made the following five recommendations:

1. Continue professional development trainings for staff at least quarterly.
2. All-staff meetings should occur at least monthly to ensure all staff is up to date on any changes in the organization. This is a way to discuss ways to reinforce support and build connections amongst the teams.

3. Supervisors should have a check-in with each staff member individually on a monthly basis to discuss issues, ideas, and perspectives from staff.
4. If all staff meetings cannot occur monthly, then a monthly update should be sent to all staff members via email or Microsoft Teams.
5. Continue identifying an Employee of the Quarter.

III. IHCS Patient Review

On October 24, 2023, 16 patients participated in a focus group to discuss the quality of services at IHCS. There were 5 female patients and 11 male patients who participated in this focus group. There were 10 black patients, 1 Hispanic patient, and 5 white patients. The number of years that patients received services from IHCS ranged from 2 days to 4.5 years.

When discussing IHCS strengths, patients said that IHCS helps them become independent and drug-free. The IHCS program gives them structure and teaches them various life skills, such as budgeting and coping mechanisms. Patients enjoy the weekly food truck for lunch and the frequent outings, such as going to the beach, movies, job fairs, parks, and bowling. Patients enjoy participating in fundraising events to help pay for these outings, such as hosting bake sales and car washes. Patients also enjoy the monthly birthday and holiday celebrations. IHCS also gives patients basic needs or essentials and helps them with getting official documentation, such as social security cards and disability benefits. One patient said, “the [healthcare] system is an invisible mountain, and IHCS tries to help you climb that mountain so you can succeed.”

Regarding primary healthcare services, patients were satisfied with services provided by IHCS, including lab work, medication assistance, and referrals. Regarding IHCS staff, patients said that staff are respectful, make them feel worthy, feel like family, and genuinely care about their well-being.

When asked about how IHCS can improve, patients requested more one-on-one case management services.

IV. Summary of Key Findings

IHCS has served PBC residents since 2004. IHCS continues to maintain the highest accreditation from the Joint Commission since 2017. As of November 2023, IHCS directly provides eight of the nine core services for the SAMHSA-CCBHC. The one core service that IHCS does not directly provide is Crisis Services.

This IHCS Community Needs Assessment reviews community demographics, availability and access to vital services and support and identifies strengths and needs in PBC. This report brings to light gaps in services and programs, challenges faced by our community families, and challenges faced within our own agency.

In working toward IHCS’ goal to improve quality and expand access to Integrated healthcare under this SAMHSA-CCBHC initiative, IHCS executive staff are considering the following key findings of this assessment:

- In PBC, black residents were disproportionately affected by morbidity and chronic illnesses, including coronary heart disease, congestive heart failure, asthma, stroke, chronic lower respiratory disease, diabetes, and HIV.
- During the PBC Community Health Assessment focus groups, PBC residents mentioned that diabetes, cancer, asthma, substance use, heart disease, and poor mental health were among the top health issues with which they, their families, or their community struggle with addressing.
- During the PBC Community Health Assessment key informant interviews, common themes around the challenges that the community faces when trying to improve or maintain their health included systemic/institutional racism, lack of representation in health care, lack of community trust, lack of economic mobility, the lived and built environment, and the lack of convenient access to care.
- Unemployment has adverse health consequences and can lead to lost wages and medical benefits, which ultimately can decrease access to care for individuals and families. As of 2019, PBC had an unemployment rate of 5.2 percent, while the state of Florida had an unemployment rate of 4.5 percent. Approximately 34 percent of households in PBC fit the ALICE definition compared to 33% at the state level. During the PBC Community Health Assessment focus groups, participants stated that unemployment has contributed to substance use and an unhealthy community because when people are working, they can afford health care services.
- PBC has high percentages of homelessness and residents living below the poverty line with low health indicator rankings. There were an estimated 1,397 individuals who experienced homelessness in PBC in 2019. During the PBC Community Health Assessment focus groups, the need for affordable housing was one of the top concerns to living a healthy and stable life.
- During the PBC Community Health Assessment focus groups, participants mentioned an increase in poverty and homelessness, paired with higher costs of medical services, led to an increase of stress and poor health outcomes as it deterred individuals from seeking necessary care.
- PBC has a higher rate of total licensed physicians, dentists, and behavioral and mental health providers compared to the state of Florida, but a lower rate of all classes of nursing professionals.
- In PBC, the rate of adult substance use beds was 0.4 beds per 100,000 population from 2016 to 2017, then declined to 0.3 per 100,000 population from 2018 to 2020. There are only five substance use beds in PBC and the rate of adult substance use beds in PBC was lower than the rate in the state of Florida each year during this timeframe.
- PBC has a higher rate of residents without health insurance who are under the age of 65 years old compared to the state of Florida and the United States. PBC has a total of nine primary care HPSAs, seven dental HPSAs, six mental health HPSAs, and eight Federal MUAs/Ps.
- Between 2015 and 2019, the total number of suicides by white residents (1,025 people) substantially exceeded the number of suicides by black residents (86 people) and Hispanic residents (121 people).
- For many people with depression, symptoms are often severe enough to cause noticeable problems in daily activities, including work, school, or social relationships. In PBC, 12.4 percent of adults were told they have a depressive disorder compared to 17.7 percent at the state level in 2019. Social isolation can have a significant impact on health. Loneliness is associated with higher rates of depression, anxiety, and suicide. In PBC, nearly one-third of all households lived alone, which is higher than the state average of 28.6 percent of householders who live alone.

- In 2019, 11 percent of PBC residents reported smoking tobacco compared to 14.8 percent at the state level. During the same year, the cancer death rate along PBC residents was 152.6 per 100,000 population (1,368 people) compared to 157.0 per 100,000 population (19,626 people) for persons aged 35 and over. The death rate among white PBC residents (168.4 per 100,000 population) was almost double the rate among black PBC residents (91.6 per 100,000 population).
- In PBC, the number of opioid-related non-fatal emergency department visits decreased from 2,629 visits in 2016 to 1,613 visits in 2019. PBC reported higher rates of age-adjusted opioid deaths in 2020, with 47.1 per 100,000 population compared to 29.9 per 100,000 population at the state level.
- In the PBC Community Health Assessment, increased access to care was identified as an area in which the local public health system should focus efforts for underserved or overlooked communities to fill gaps in unmet needs.

According to the IHCS Staff Survey, the top three reasons for choosing employment at IHCS are 1) IHCS values align with my values, 2) to make a positive impact, and 3) to develop professional skills. Staff wrote that the top IHCS strengths included supportive housing, company culture, community-driven values, commitment to clients, convenient location, types of services available, and using family-centered and client-centered approaches to care. Staff wrote that the top IHCS challenges included staff shortages, insufficient funding, and marketing services to the public at-large.

According to the IHCS patient focus group, IHCS strengths included how the organization helps them become independent and drug-free. Patients said IHCS staff genuinely care about their well-being. When asked about how IHCS can improve, patients requested more one-on-one case management. The IHCS Community Needs Assessment will be imperative in meeting our mission to improve mental health, substance abuse, and physical health statistics and quality of life for Palm Beach County residents.

Message from Dr. Monique Brown-Faust, IHCS CEO

Our experienced, caring staff tops the list of IHCS strengths and has been identified by community leaders and clients. The well-trained, experienced IHCS employees provide many services in outpatient behavioral health, addiction programs, primary health and support.

Overtime, Client Satisfaction Surveys collected shows very high marks for clients being treated with respect and dignity in all programs. Moreover, IHCS has a new Medical Director with much experience in treatment and research that will be instrumental in IHCS transition to the SAMHSA certification.

Having served PBC for 20 years, IHCS has long-standing, mutually successful partnerships with community agencies, including law enforcement and court services.