



## 2026 Community Needs Assessment

# Contents

---

PROJECT OVERVIEW.....	4
Peace River Center at a Glance.....	4
Project Goals.....	5
Methodology .....	5
Sampling Approach.....	6
SUMMARY OF FINDINGS.....	7
COMMUNITY DESCRIPTION .....	9
Physical Boundaries & Service Area .....	9
Age.....	11
Gender .....	12
Race & Ethnicity.....	13
POPULATION CHARACTERISTICS.....	15
Income .....	15
Poverty.....	16
Education .....	17
Employment .....	18
Language.....	19
ACCESS .....	20
Insurance .....	20
Housing.....	21
Nutrition .....	22
Transportation.....	23
Mental Health & Substance Use.....	23
Identification of the underserved population .....	26
Service Sites, Crisis Services, & Evidenced Based Practices.....	26
PEACE RIVER CENTER’S COMMUNITY NEEDS ASSESSMENT.....	29
Participant Demographics .....	29
Service Needs & Barriers .....	31
Treatment Setting.....	32
Treatment Environment .....	34
Child Care.....	35
Income & Coverage .....	36
Medical Care .....	38

Community Resources .....	40
RESULTS .....	41
Demographics .....	41
Access to Care .....	41
Travel .....	41
Low-income Barriers .....	41
Language & Communication Barriers .....	42
STAFFING PLANS .....	43
Adherence to Culturally and Linguistically Appropriate Services (CLAS Standards).....	44
<b>Preferred languages</b> .....	45
SUMMARY .....	46
REFERENCES .....	48
PEACE RIVER CENTER SERVICE LOCATIONS BY COUNTY .....	51
Community Needs Assessment .....	56
Community Needs Assessment (Spanish Version).....	56

## PROJECT OVERVIEW

---

### Peace River Center at a Glance

Peace River Center (PRC) is a non-profit community behavioral health center that is dedicated to serving individuals across Central Florida since 1948. PRC provides comprehensive, accessible care for those living with mental, behavioral, and substance use conditions, regardless of their ability to pay. Operating more than 30 programs across Polk, Highlands, and Hardee counties that serve children, adults, seniors, veterans, and active military members facing behavioral health challenges. PRC delivers a continuum of evidence-based clinical and community-based services designed to empower individuals to thrive within their communities. These services encompass 24/7 crisis interventions through two crisis stabilization units, a mobile crisis response team and crisis hotline; individual, group, and family therapy; medication education and management; psychiatric screening, assessment, diagnosis, and treatment; substance use and co-occurring treatment, including medication assisted treatment (MAT); case management; psychiatric rehabilitation; adult transitional housing, permanent and supportive housing, short-term residential treatment; peer and family supports; primary healthcare; and an on-site pharmacy to promote adherence to prescribed medication regimens. PRC also provides certified domestic violence and sexual violence services through its Victim Services Program. This program maintains two safe and secure certified domestic violence shelters, a 24/7 domestic violence hotline, and a variety of outreach, intervention, and prevention services for individuals who have experienced sexual or domestic violence.

The agency employs a diverse workforce of approximately 400 qualified staff members who collectively support the organization's administrative, clinical, and recovery support functions. PRC holds accreditation from the Joint Commission and currently maintains 23 licenses issued by the State of Florida to deliver behavioral health services to all individuals served including the underinsured, uninsured, and indigent population.

PRC's funding structure is intentionally diversified to ensure a "no wrong door" approach to service delivery, ensuring that no individual is denied care due to an inability to pay. The agency receives state and county funding designated for indigent, uninsured, and underinsured individuals, and participates as both a Medicaid and Medicare provider. Additionally, PRC accepts a range of commercial insurance plans and offers a sliding fee scale designed to provide care at a nominal fee to those who have no or limited means to pay for their mental health and substance use services in accordance with Florida's Administrative Code. The organization is also experienced in securing and implementing federal grants through the Substance Abuse and Mental Health Administration (SAMHSA).

PRC maintains a long history of strong community collaboration, currently holding 45 formal agreements, including Memorandums of Understanding, special housing agreements, and referral agreements with a broad network of partners encompassing other service providers, schools, Federally Qualified Health Centers, Department of Veteran Affairs, public transit, Opioid Treatment Programs, law enforcement agencies, Healthy Start/Healthy Families programs, and primary care providers.

## **Project Goals**

Peace River Center's (PRC) Integrated Health Care Services for Improved Access initiative seeks to improve the overall health of the communities it serves by transforming the organization to meet the Certified Community Behavioral Health Clinic (CCBHC) criteria outlined by SAMHSA. PRC attested to meeting the CCBHC criteria within one year of the project initiation and continues to make meaningful strides towards increasing the availability and accessibility of integrated primary care and behavioral health services for all individuals served.

In February 2026, PRC launched the agency's second Community Needs Assessment to gain better insight into the evolving needs of the communities it serves and evaluate PRC's capacity to address identified areas of concerns. This effort was conducted through a systematic, data-driven approach designed to assess the needs of the individuals and families served, and to ensure the organization's comprehensive staffing plan aligns with those needs across PRC's service area of Polk, Highlands, and Hardee Counties in Central Florida.

The Community Needs Assessment provides critical information regarding the cultural, linguistic, and treatment needs of the community aimed towards promoting the meaningful involvement of persons served in the planning and evaluating of the agency's services. This data-driven approach enabled PRC to identify the key issues, assets, and barriers within the community, based on input gathered from individuals served, their family members, and key community stakeholders. The findings were used to assess current conditions, identify desired services and treatment outcomes, and inform enhancements to PRC's programs, services, and community partnerships.

The data gathered from the assessment will serve as a foundation for developing shared solution to long-term community health challenges, informing organizational decision-making, and guide efforts to improve health and wellness of all individuals PRC serves.

This Community Needs Assessment serves as a tool for reaching four basic goals:

1. Improve timely access to the appropriate service level(s) through comprehensive screening and assessment at time of admission.
2. Improve health outcomes for individuals with SMI, SED, and SUD through provision of integrated primary health care services.
3. Decrease adult substance use by implementing evidence-based interventions such as MAT using buprenorphine products and overdose prevention.
4. Increase access to integrated, high-quality, community-based care coordination services through the expansion of services.

## **Methodology**

In November 2025, Peace River Center (PRC) initiated the development of the organization's second Community Needs Assessment tailored to the communities it serves. The methodology incorporated a thorough review of existing local data including a recent Community Needs Assessment completed by the Polk County Department of Health and published by Polk Vision. Additionally, PRC's 2023 Community Needs Assessment and other SAMHSA-funded CCBHC Community Needs Assessments were reexamined to inform the relevant focus areas and to develop assessment questions capable of facilitating an in-depth evaluation across multiple domains of need.

PRC's executive leadership participated in community dialogue sessions with several local hospital systems to discuss the overall health of the community, review available services, explore opportunities to improve access and community health outcomes. A workgroup comprised of PRC clinical leadership was subsequently formed to determine relevant concentration areas, receive and incorporate targeted feedback, and further refine the assessment's areas of focus. Once the key components of the Community Needs Assessment were drafted, the assessment was presented to PRC's CCBHC Advisory Board composed of community stakeholders, consumers, family members, peers, and individuals with lived experience for review and meaningful input. The final Community Needs Assessment was developed with guidance from the CCBHC Advisory Board, ensuring that the perspective of those directly impacted was reflected throughout the assessment.

To promote equitable access and ensure information was gathered from all individuals served, the survey was translated into Spanish and made available in both English and Spanish through PRC's web-based survey platform, Feedtrail. Accompanying outreach materials - including QR-Codes and planned social media posts were developed to engage a broad and representative cross-section of the community.

## **Sampling Approach**

On February 12, 2026, the Community Needs Assessment, consisting of 69 questions divided into 11 key areas of focus: demographic/employment, access to care, transportation, childcare, housing/nutrition, insurance coverage, school, medical, legal, miscellaneous community resources, and specialty services went live. The survey was uploaded into our web-based survey platform, Feedtrail, and sent to a cross-section of community members, individuals served, and other stakeholders via email, text, social media, and website. Using a web-based survey allowed PRC to maintain the participant's anonymity and reduce sampling bias. The Community Needs Assessment engaged a broad and diverse range of community stakeholders during the period of February 12, 2026, and March 3, 2026.

Participants included representatives from the Florida Department of Health, the Early Learning Coalition, the Department of Veteran's Affairs, and the United Way of Central Florida, as well as child welfare and public safety agencies, private sector health centers and hospitals, and Federally Qualified Healthcare Centers (FQHCs). Additional participants represented inpatient psychiatric and substance use facilities, inpatient acute care hospitals, outpatient clinics, and crisis centers. Participants connected to housing and homelessness, senior citizens, community engagement and advocacy, social services agencies, and local K-12 school system representatives also contributed. Further input was provided by community leaders, individuals with lived experience of mental health and substance use conditions, and individuals who have/are receiving services from PRC.

## SUMMARY OF FINDINGS

---

**The Peace River Center (PRC) Community Needs Assessment identified significant challenges to** improving health outcomes for all individuals and communities served. These challenges include elevated rates of poverty and low-income households, a substantial proportion of underinsured or uninsured individuals, low health literacy, and persistent barriers to accessing care. Behavioral health plays a critical role in overall wellness; the National Institute of Health emphasizes that poor mental health increases the risk of chronic physical conditions such as diabetes, heart disease and cognitive decline.<sup>1</sup> This relationship is bidirectional, as chronic physical conditions can, in turn, negatively impact mental health. Collectively, these findings underscore the importance of expanding access to integrated behavioral health and primary care services.

Data from the 2025 Polk County Community Health Assessment further highlights the need for enhanced behavioral health services. Polk County experiences significantly higher rates of emergency department visits related to mental disorders compared to the state average-1,144.6 per 100,000 residents versus 971.7 statewide-indicating notable gaps in preventative and outpatient care.<sup>2</sup>

Findings from the 2026 PRC Community Needs Assessment further reinforce these concerns. Nearly two-thirds (64%) of respondents reported that they or someone in their household had been diagnosed with a chronic illness, and 26% indicated they did not receive needed medical care within the past year. The most commonly cited barriers to accessing care were:

1. Cost
2. No availability
3. Transportation
4. No provider

Insurance coverage gaps and economic instability further compound these challenges. The Department of Health data shows that 13% of Polk County residents are uninsured, while 40% rely on public insurance programs such as Medicaid, Medicare or county-sponsored insurance. According to the U.S. Census Bureau, 13.3% (Polk County)-25.3% (Hardee County) of the residents are living below the Federal Poverty Level. An additional third of the service area population live below the ALICE threshold (Asset Limited, Income Constrained, Employed).<sup>3</sup> ALICE represents households that earn above the poverty level but struggle to afford basic needs like housing, food, transportation, etc.

Workforce shortages represent another significant barrier to care. Substantial portions of Polk, Highlands and Hardee Counties have been designated as Health Professional Shortage Areas (HPSA) for primary care, mental health and dental services, reflecting an insufficient number of providers to meet the needs of the community. Hardee County is further classified as a High Needs Geographic area, signifying a critical shortage of primary care, dental, and mental health providers.<sup>4</sup> In 2024, the number of mental health providers per 100,000 residents fell significantly below the Florida Average of 70.2, with rates of 51.3 in Polk County, 39.9 in Highlands County, and

---

<sup>1</sup> Zajacova A, Lawrence EM. The Relationship Between Education and Health: Reducing Disparities Through a Contextual Approach.

<sup>2</sup> Polk Vision. (2025) *2025 Polk County Community Health Assessment (CHA)*.

<sup>3</sup> U.S. Census Bureau. "Poverty Status in the Past 12 Months" American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1701, 2024, Retrieved on March 07, 2026 from <https://data.census.gov/table/ACSST1Y2024.S1701?q=S1701>.

<sup>4</sup> Health Workforce Data, tools, and Dashboards. Health Workforce Shortage Areas. (n.d.). Retrieved on March 07, 2026 from <https://data.hrsa.gov/topics/health-workforce/shortage-areas>:

just 15.6 in Hardee County.<sup>5</sup> These shortages contribute to extended wait times, reduced service availability, and difficulty establishing consistent care.

Transportation remains another key barrier to care. More than 13% of respondents indicated transportation barriers impacted their ability to receive care, particularly in rural areas where distances are greater and access to personal vehicles is limited. While public transit vouchers for the Citrus Connection bus line are available; not all clients qualify for or are aware of the option.

PRC offers Telehealth services for outpatient behavioral health services; however, utilization by low income-individuals remains disproportionately low compared to higher-income individuals (31% vs. 21%). Among respondents who do not utilize telehealth, over half preferred in person visits. Additionally, 16% stated they did not know how to use telehealth technology, 5% said they did not have internet access, and 15% stated they did not believe the provider offered telehealth services.

These combined factors—provider shortages, transportation barriers, limited insurance coverage, and high poverty rates—contribute to the overutilization of emergency services as noted in the All4HealthFL 2025 Community Health Needs Assessment.<sup>6</sup>

Finally, rapid population growth is placing increasing strain on community resources. The total service area population has grown by more than 82,000 individuals over the past three years alone. This growth underscores the need for regular reassessment of community needs, with updates recommended at a minimum of every three years to ensure that healthcare planning and resource allocation remain responsive to the evolving demographic and socioeconomic conditions.

---

5 Florida Department of Health. (n.d.). \*FLHealthCHARTS.gov\*. Florida Department of Health, Division of Public Health Statistics and Performance Management. Retrieved on March 10, 2026 from <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalIndNoGrp.Dataviewer&cid=9737>

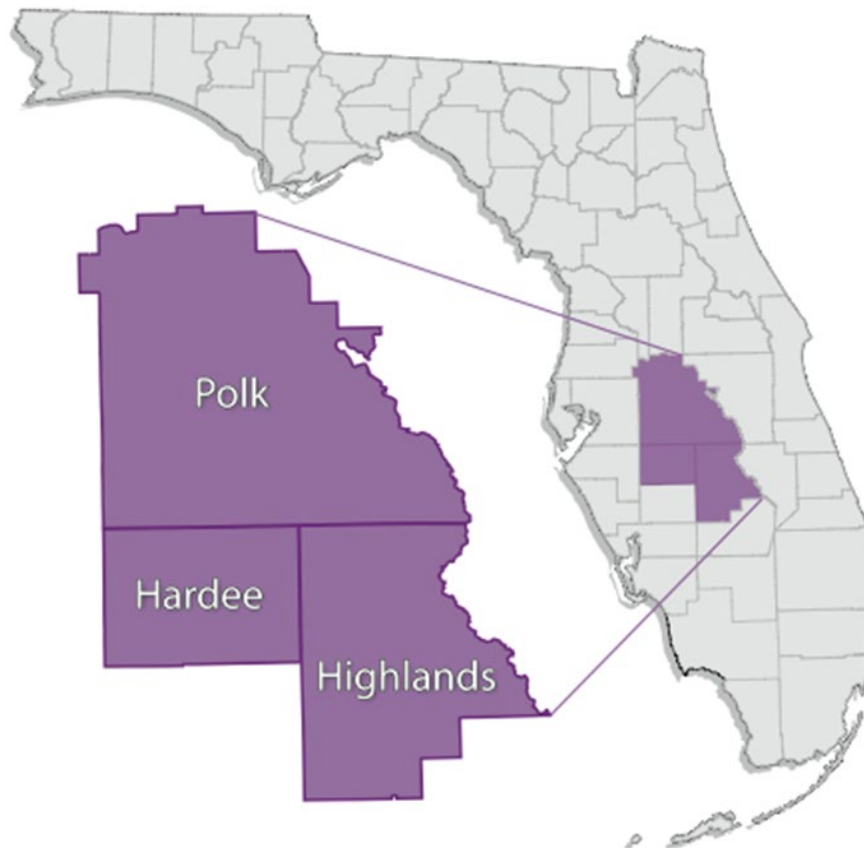
6 All4HealthFL. (2025) 2025 Community Health Needs Assessment.

## COMMUNITY DESCRIPTION

---

### Physical Boundaries & Service Area

The targeted survey area for the needs assessment is comprised of Polk, Highlands, and Hardee counties in central Florida. The geographic area to be served includes three metropolitan and micropolitan areas, including the Lakeland-Winter Haven Metropolitan Statistical Area; Sebring-Avon Park, FL Metropolitan Statistical Area; and the Micropolitan Statistical Area of Wauchula. This community definition, determined based on Peace River Center's service area and the service area of other partnering organizations, is illustrated in the following map.



### Demographics & Population Characteristics

Peace River Center's total service area, the focus of this Community Needs Assessment, covers 3,452 square miles and has an estimated total population of 980,914. <sup>7</sup>

Polk County, which is comprised of 17 incorporated cities, towns and villages, is the fourth-largest county in Florida by land area. It's the fifth largest by total area and the ninth most populous

---

<sup>7</sup> Office of Economic and Demographic Research. (2025)

county in the state with 3.6% of the population. It's the 104<sup>th</sup> most populous primary statistical area of the United States.<sup>8</sup>

Highlands county is the 14<sup>th</sup> largest county in Florida and the 36<sup>th</sup> most populous county in the state, holding 0.5% of Florida's population.

Hardee County, the 53<sup>rd</sup>-most populous county in Florida, holds only 0.1% of Florida's population. It is bordered by Polk, Manatee, DeSoto, and Highlands counties.<sup>9</sup>

	TOTAL POPULATION	INDIVIDUAL HOUSEHOLDS	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
<b>Polk County</b>	846,896	314,272	1,797.76	470.96
<b>Highlands County</b>	107,976	50,610	1,017.66	106.9
<b>Hardee County</b>	26,042	8,219	637.57	40.84
<b>State of Florida</b>	23,379,261	9,141,675	53,652.17	435.73

**Source:** Florida Legislature, Office of Economic and Demographic Research (EDR)

According to the Florida Legislature Office of Economic and Demographic Research, the population of Polk County has grown by 16.8% between 2020-2025. The population of Highlands County has grown 6.7% during the same time frame, and Hardee County has grown 2.8%. Since 2020, Polk's population has increased at a higher rate than the state of Florida's average percentage of population change. Adding 131,864 residents since the April 2020 Census, the population in the three-county service area increased at a higher percentage compared to the state of Florida's percentage of change (8.5%).<sup>10</sup>

Area	2020 Census	2021 Estimate	2022 Estimate	2023 Estimate	2024 Estimate	2025 Estimate	% Change 2020-2025
Hardee	25,327	25,269	25,544	25,645	25,883	26,042	2.80%
Highlands	101,235	102,065	103,102	104,385	106,109	107,976	6.70%
Polk	725,046	748,365	770,019	797,616	826,090	846,896	16.80%
Total Service Area	851,608	875,699	898,665	927,646	958,082	980,914	15.18%
Florida	21,538,187	21,898,945	22,276,132	22,634,867	23,014,551	23,379,261	8.50%

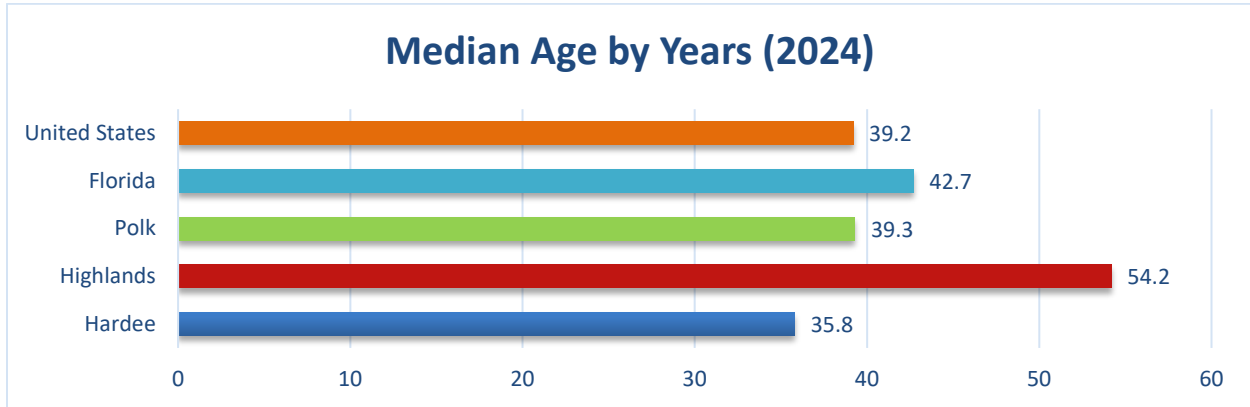
<sup>8</sup> United States Census Bureau (2024)

<sup>9</sup> Office of Economic and Demographic Research. (2025)

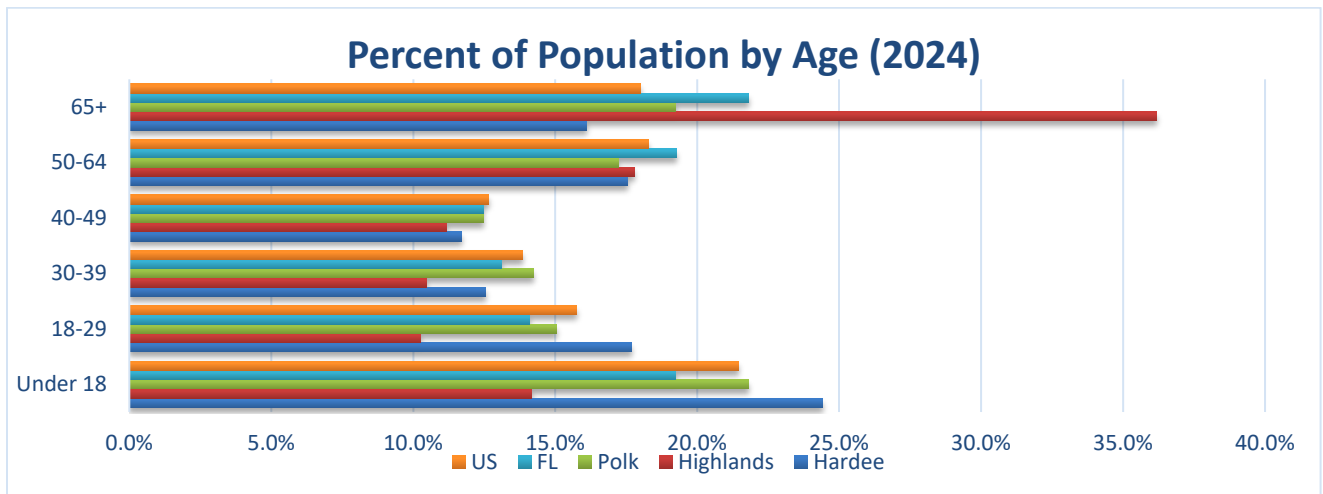
<sup>10</sup> Office of Economic and Demographic Research. (2025)

## Age

The median age in Polk County (39.3 years) and Hardee County (35.8) is younger than the state median of 42.7 years. Conversely, the median age is significantly higher in Highlands County (54.2) than the Florida State median age.<sup>11</sup>



In Polk County and Hardee County, individuals under the age of 30 make up a higher percentage of the population than the state (37.3%); Polk also has a higher percentage of individuals between 30-39. Of note, Hardee County's population percentage of people under 18 is 24.4%, which is much higher than the state average of 19.2%; the 18-29 age group is 17.7% as compared to the state's 14.1 average. In Highlands County, individuals over 65 make up 36.2% of the population, which is significantly higher than the state average of 21.8%. Healthcare needs for those working often require primary preventative services, which varies from the broad spectrum of services needed for the aging residents from primary prevention to emerging chronic health conditions.<sup>12</sup>

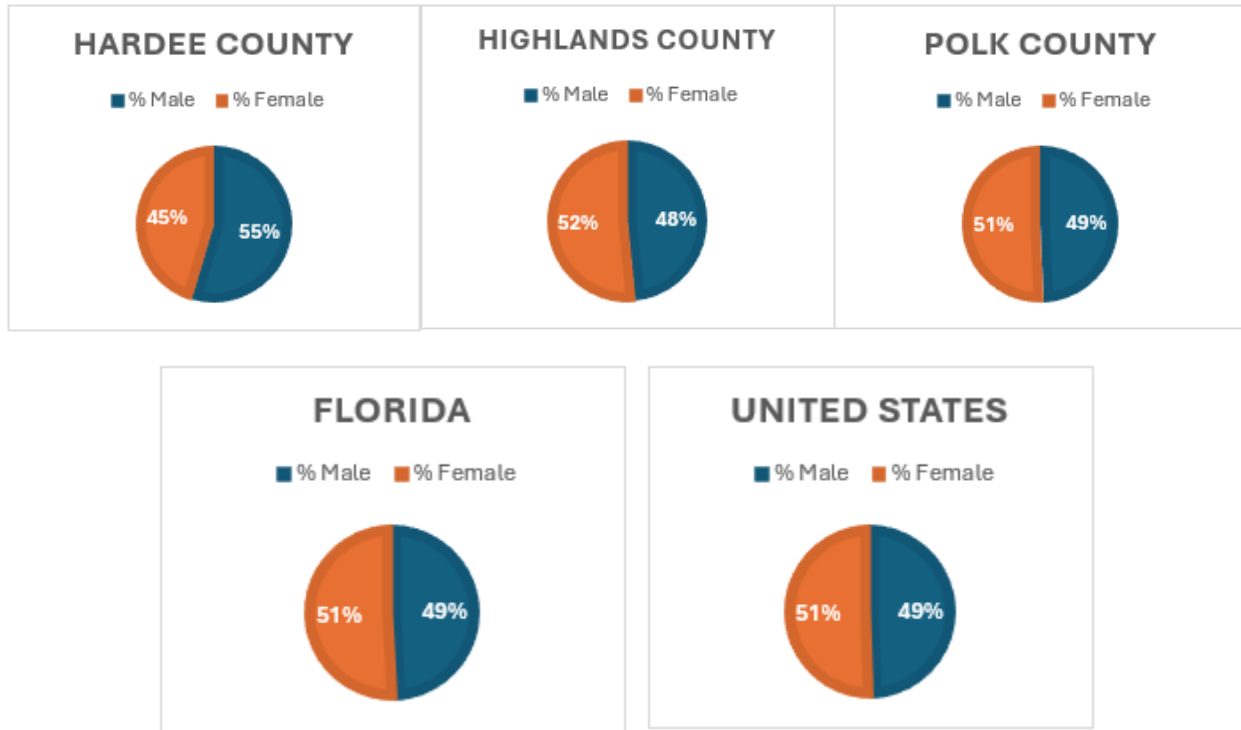


<sup>11</sup> United States Census Bureau (2024)

<sup>12</sup> Shreya D, Fish PN, Du D. Navigating the Future of Elderly Healthcare: A Comprehensive Analysis of Aging Populations and Mortality Trends Using National Inpatient Sample (NIS) Data (2010-2024).

## Gender

Highlands and Polk County have nearly the same division of men and women as the statewide percentage of 50.8 % female and 49.2% male. However, Hardee County has more males than females with a ratio of males (54.6%) to females (45.4%) than the state percentage.<sup>13</sup>



The overall service area largely aligns with Florida averages for stratification by age groups and gender. However, it is notable that Highlands County has a significantly higher percentage of both males and females age 65+, with females comprising over 19% of the population and males accounting for 17%. In Hardee County, the percentage of males is higher than that of the other two counties served and the Florida overall in every age stratification category except 65+, resulting in almost a 9.2% higher percentage of males than females in the county.<sup>14</sup>

Gender % by Age Group	Hardee County		Highlands County		Polk County		Service Area Total		Florida		United States	
	Male %	Female %	Male %	Female %	Male %	Female %	Male %	Female %	Male %	Female %	Male %	Female %
< 5	3.1%	2.9%	2.0%	1.9%	2.9%	2.7%	2.8%	2.6%	2.5%	2.4%	2.8%	2.6%
5 to 17	9.4%	9.0%	5.2%	5.1%	8.3%	7.9%	8.0%	7.6%	7.3%	7.0%	8.2%	7.8%
18 to 29	10.9%	6.8%	5.1%	5.1%	7.5%	7.5%	7.3%	7.2%	7.2%	6.9%	8.0%	7.7%
30 to 39	7.2%	5.3%	5.8%	4.6%	7.2%	7.0%	7.1%	6.7%	6.6%	6.5%	7.0%	6.9%
40 to 49	6.4%	5.3%	4.8%	6.3%	6.1%	6.4%	6.0%	6.3%	6.2%	6.3%	6.3%	6.3%
50 to 64	9.7%	7.9%	8.4%	9.4%	8.4%	8.8%	8.5%	8.8%	9.4%	9.9%	9.0%	9.3%
65+	7.9%	8.2%	17.0%	19.1%	8.8%	10.4%	9.7%	11.3%	9.9%	11.9%	8.1%	9.9%
<b>Overall</b>	<b>54.6%</b>	<b>45.4%</b>	<b>48.5%</b>	<b>51.5%</b>	<b>49.3%</b>	<b>50.7%</b>	<b>49.3%</b>	<b>50.7%</b>	<b>49.2%</b>	<b>50.8%</b>	<b>49.5%</b>	<b>50.5%</b>

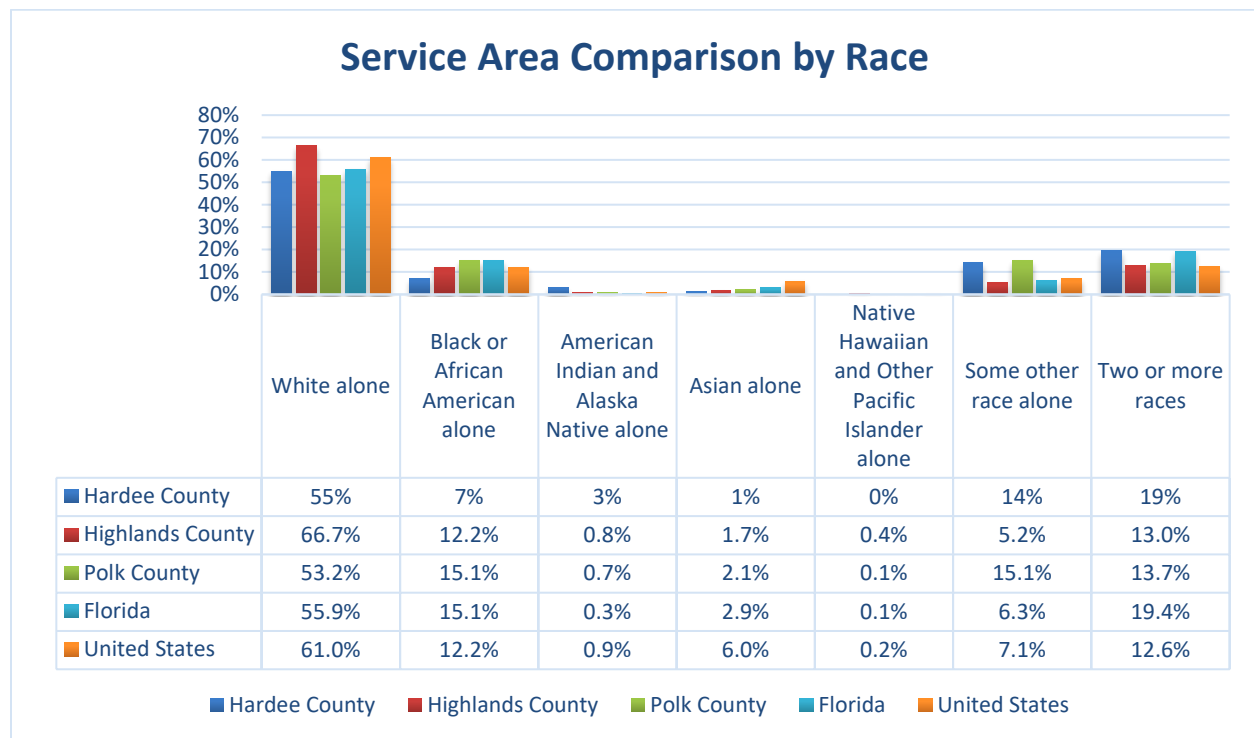
<sup>13</sup> U.S. Census Bureau (2024). Sex by Age American Community Survey 1-year estimates. Retrieved from <<https://censusreporter.org>>

<sup>14</sup> U.S. Census Bureau (2024). Sex by Age American Community Survey 1-year estimates. Retrieved from <<https://censusreporter.org>>

## Race & Ethnicity

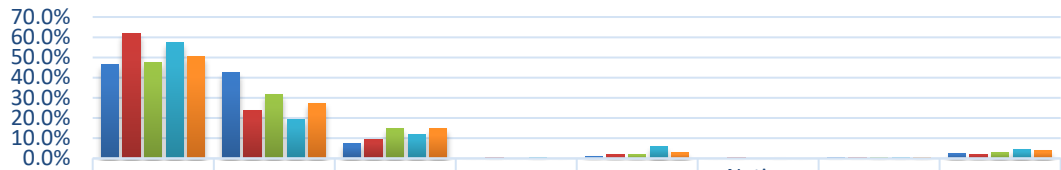
The ethnic composition of both Hardee County and Polk County shows a lower percentage of Not Hispanic and Latino individuals than the state average (72.6%) at 57.7% and 68.2%, respectively. Highlands County is higher than the state average at 76.3% Not Hispanic or Latino.

The racial composition of the service area, similar to the state, is predominately White. Polk County has a lower percentage of White Only individuals at 53.2% than the state average of 55.9%; however, Highlands County is higher at 66.7%. The Black or African American population of the overall service area is similar to the state average of 15.1%; however, Hardee County is much lower at 7%. American Indians and Native Hawaiians represented less than 1% of Highlands and Polk County residents. However, Hardee County exceeds the state percentage of 0.3% with a percentage of 3%. The percentage of Asian residents, with an average of 2.0%, is lower in the service area compared to the state at 2.9%. Individuals with two or more races make up 13.8% of the service area, as compared to 19.4% of Florida as a whole.<sup>15</sup>



<sup>15</sup> U.S. Census Bureau (2020-2024). Hispanic or Latino Origin by Race American Community Survey 5-year estimates. Retrieved from <https://censusreporter.org>.

## Service Area by Race/Ethnicity



	White alone	Hispanic or Latino of any race	Black or African American alone	American Indian and Alaska Native alone	Asian alone	Native Hawaiian and Other Pacific Islander alone	Some other race alone	Two or more races
■ Hardee County	46.4%	42.3%	7.2%	0.1%	1.1%	0.0%	0.2%	2.6%
■ Highlands County	61.8%	23.7%	9.6%	0.5%	1.7%	0.3%	0.3%	2.2%
■ Polk County	47.5%	31.8%	14.6%	0.0%	2.0%	0.1%	0.7%	3.2%
■ United States	57.4%	19.3%	11.9%	0.5%	5.9%	0.2%	0.6%	4.3%
■ Florida	50.4%	27.4%	14.6%	0.1%	2.9%	0.1%	0.7%	3.8%

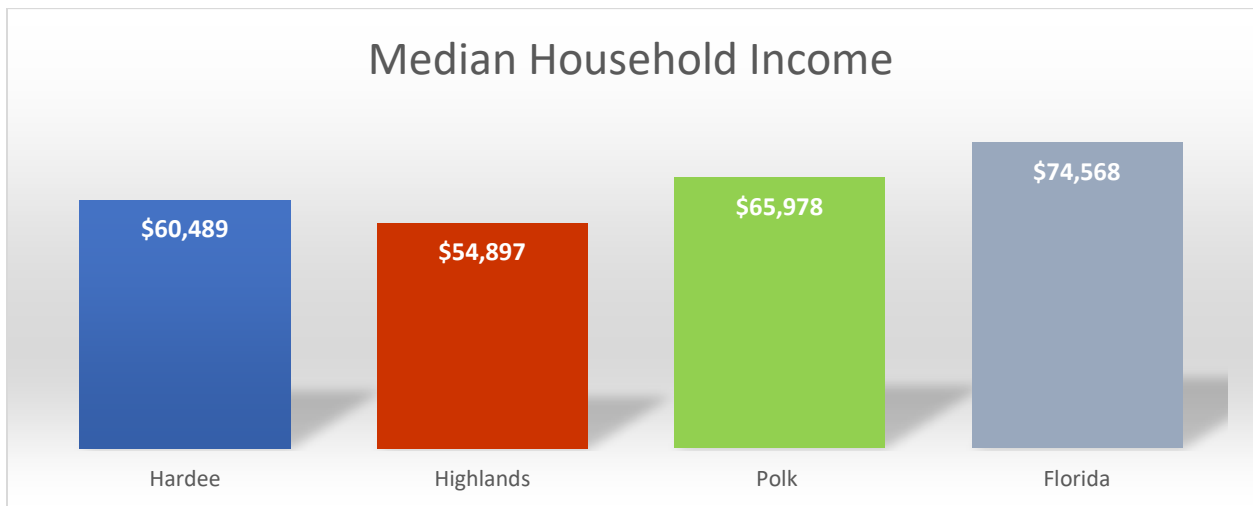
■ Hardee County   
 ■ Highlands County   
 ■ Polk County   
 ■ United States   
 ■ Florida

## POPULATION CHARACTERISTICS

---

### Income

Economically, the median household income in all 3 counties is lower than the state median household income. Highlands County median household income is approximately \$20,000 less than state average, followed by Hardee County which is nearly \$14,000 less than the state average. Polk County residences median household income is nearly \$9,000 less than the state average.<sup>16</sup>



**Determinate of Health:** Individuals with a low socioeconomic status in Medically Underserved Areas are at a higher risk of low health literacy, associated with poor health outcomes and higher healthcare costs due to limited understanding and ability to navigate healthcare systems. Service providers often offer inaccessible hours for individuals paid hourly with the inability to take time off work to utilize services during business hours (Florida Department of Health, 2020).

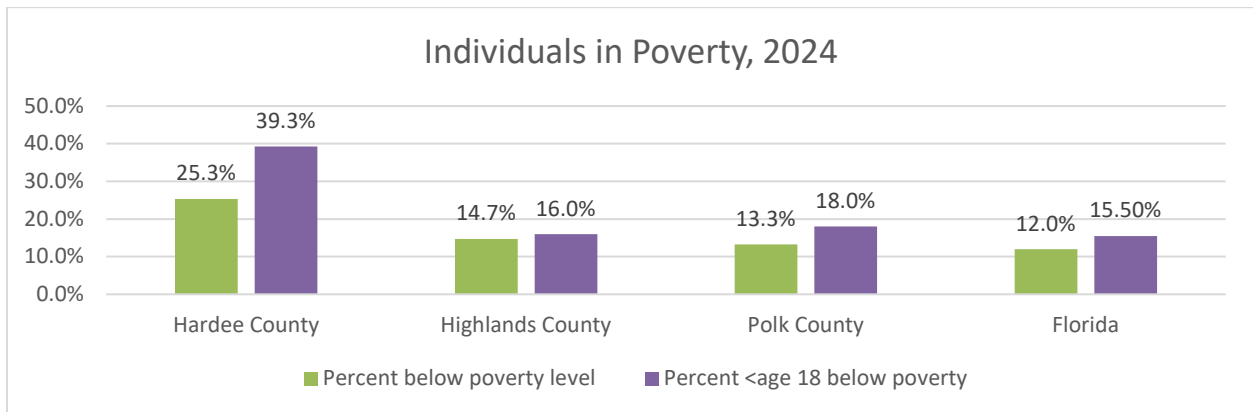
---

<sup>16</sup> Office of Economic and Demographic Research. (2025)

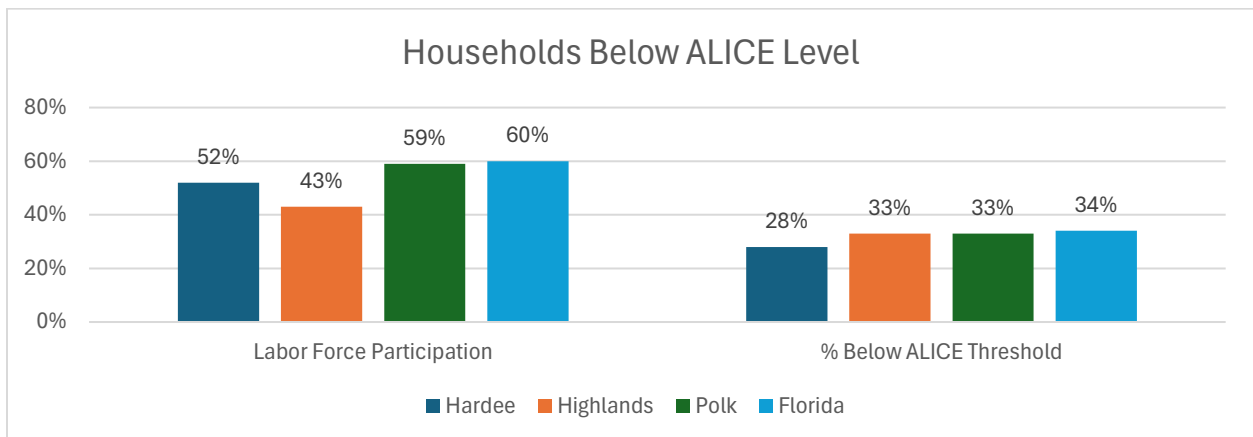
## Poverty

Polk County is the only Standard Metropolitan Statistical Area. Highlands and Hardee Counties are rural and subject to high poverty levels, unemployment, and limited access to behavioral health and primary care services. The Health Resources and Services Administration designates the area as a Designated Health Professional Shortage Area and a Medically Underserved Area for primary care, dental, and mental health.

The service area has a higher average percentage of people in poverty than the state average (12%). According to the US Census Bureau, poverty status over the previous 12 months in Hardee County was 25.3%, 14.7% of Highlands County residents are also under the poverty threshold, along with 13.3% of the Polk County population.<sup>17</sup>



Additionally, according to the ALICE (Asset Limited, Income Constrained, Employed) dashboard updated in 2023, there are a growing number of families who exceed the Federal Poverty Line, but still struggle to make ends meet and provide basic necessities.<sup>18</sup>



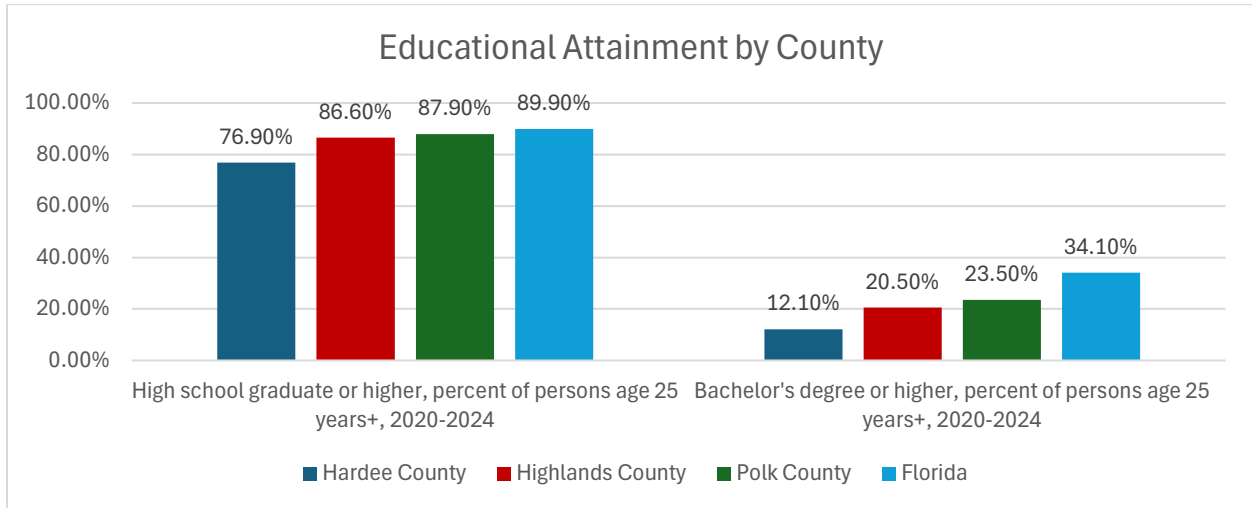
**Determinante of Health:** Those living in poverty are predisposed to several physical and mental health risks at a higher rate than those living above the poverty level. Low-income families and individuals are more likely to live in unsafe homes and neighborhoods, have limited access to healthy foods, quality schools, and employment options, and have high-stress levels induced by a lack of income which can also lead to or exacerbate existing physical and mental health issues.

<sup>17</sup> U.S. Census Bureau. "Poverty Status in the Past 12 Months" American Community Survey, ACS 1-Year Estimate Subject Tables, Table S1701, 2024, Retrieved on March 09, 2026 from <https://data.census.gov/table/ACSST1Y2024.S1701?q=S1701>.

<sup>18</sup> United for Alice. (n.d.) *The State of Alice in Florida*.

## Education

Education attainment in the service area is lower overall than the state averages. According to the U.S. Census Bureau, the percentage of persons over the age of 25 that are high school graduates or higher in Florida is 89.9%, which is slightly higher than Polk (87.9%) and Highlands (86.6%). However, Hardee County is a significantly lower percentage, 76.9%, compared to the state. In regard to persons age 25 years or older that hold a Bachelor's degree or higher, the percentages in the service area are profoundly lower than the state percentage of 34.1%.<sup>19</sup>

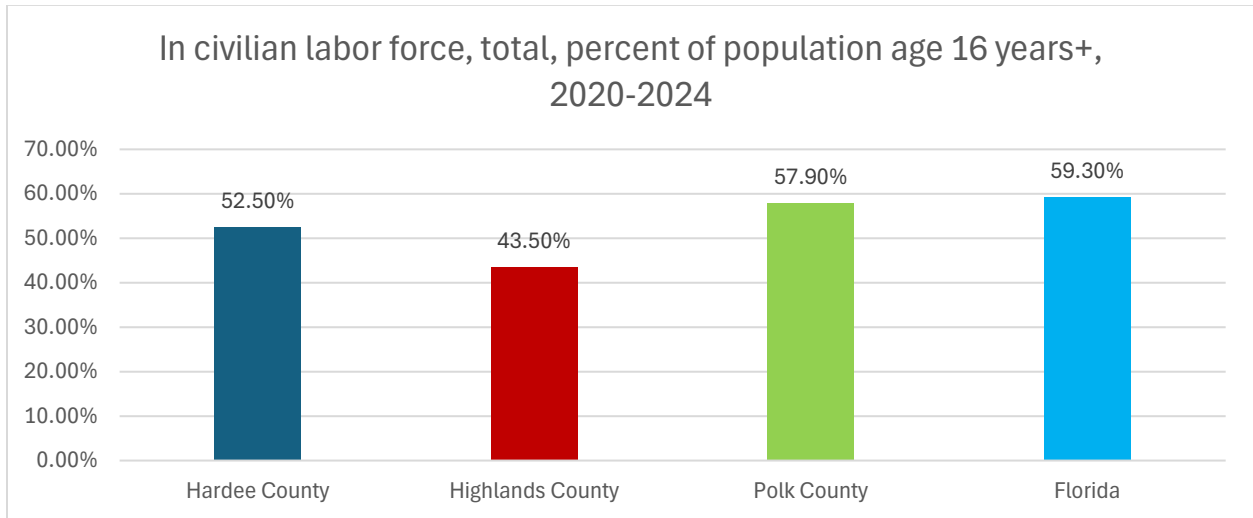


**Determinant of Health:** Education is a key determinant of health literacy. Research shows that individuals with higher educational attainment have better health and lifespan as compared to those with less education. Those with college degrees are linked to better health and fewer chronic health conditions due to having the health literacy needed to absorb messages about important lifestyle choices, prevent or manage diseases, and engage more actively in their own healthcare. This is connected to a sense of greater control over one's life and can improve social standing and social networks. Higher educational attainment also increases access to more employment opportunities and higher incomes.

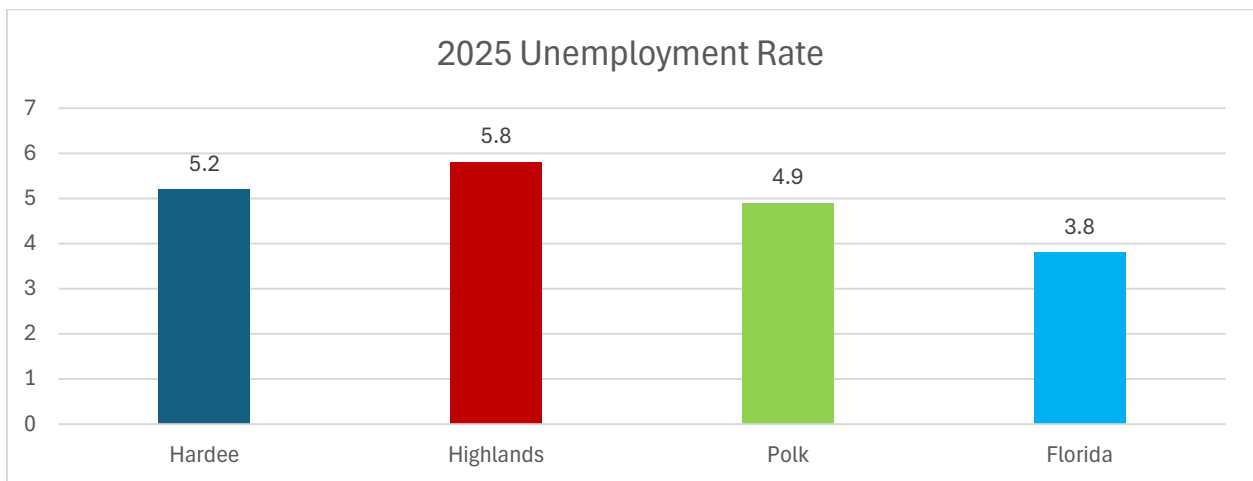
<sup>19</sup> QuickFacts: Florida U.S. Census Bureau. (n.d.). QuickFacts: Florida. U.S. Department of Commerce. Retrieved March 07, 2026, from <https://www.census.gov/quickfacts/fact/table/FL/PST045224>

## Employment

The percentage of individuals over the age of 16 years in the civilian workforce that are employed in the service area is lower than the state rate of 59.3%, with a slightly higher unemployment rate in Highlands and Hardee County than the state rate. The civilian labor force consists of all non-institutionalized civils classified as employed or unemployed. The not-in-labor force category consists of students, homemakers, retired and seasonal workers, and institutionalized people 16 years and over who do not collect an income from the labor force.



The 2025 unemployment rate in the service area is higher than the overall state unemployment rate of 3.8. in Hardee County is 5.2% and 5.8% for Highlands County which is higher than the state rate of 3.8%.<sup>20</sup>

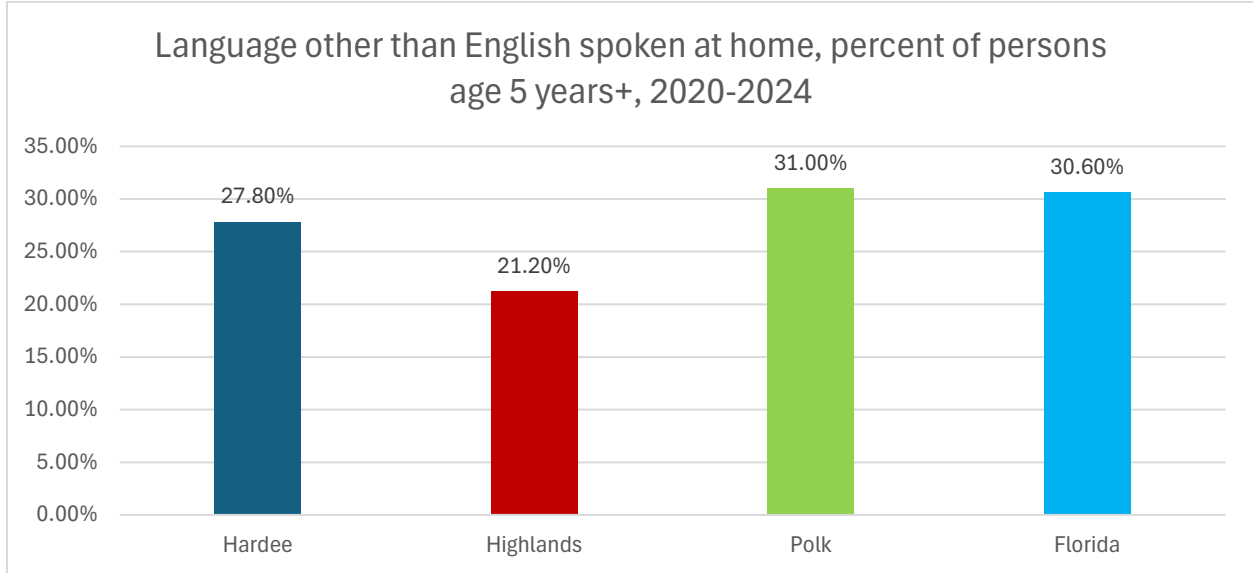


**Determinant of Health:** Employment is a foundational driver of economic stability, decreased poverty, increased food security, educational opportunities, and access to stable and quality housing. It is also more likely to provide benefits supporting healthy life choices and increase access to health care services and providers, regardless of income, with significant implications for individual well-being, healthcare access, and population health equity.

<sup>20</sup> QuickFacts: Florida U.S. Census Bureau. (n.d.). QuickFacts: Florida. U.S. Department of Commerce. Retrieved March 07, 2026, from <https://www.census.gov/quickfacts/fact/table/FL/PST045224>

## Language

Although, English is the primary language spoken in the service area. Almost a third of the population over the age of 5 years speaks another language at home in Hardee and Polk Counties.<sup>20</sup>

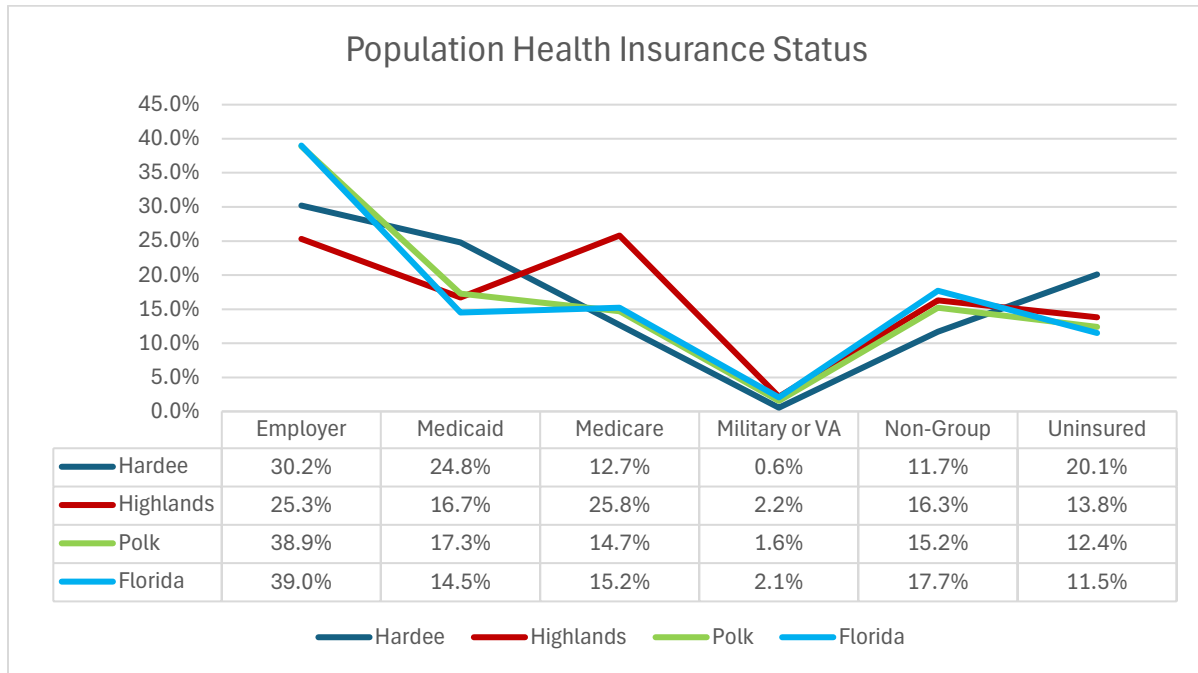


<sup>20</sup> QuickFacts: Florida U.S. Census Bureau. (n.d.). QuickFacts: Florida. U.S. Department of Commerce. Retrieved March 07, 2026, from <https://www.census.gov/quickfacts/fact/table/FL/PST045224>

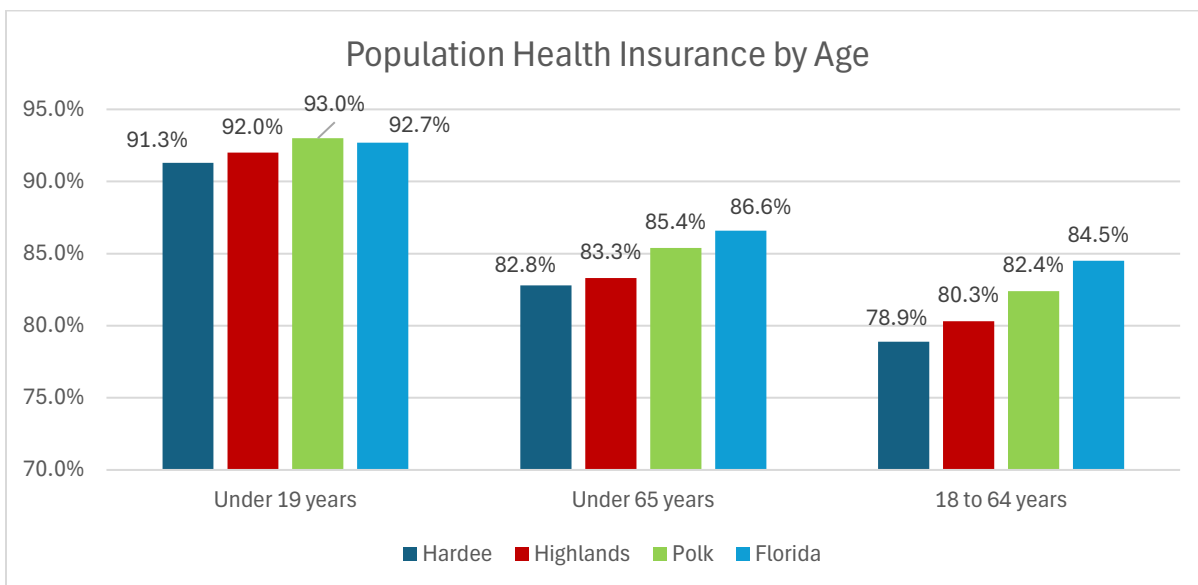
## ACCESS

### Insurance

The percentage of individuals on public insurance (Medicaid and Medicare) in the service area is significantly higher in Hardee and Highlands Counties as compared to the state average. Those with no health coverage in Hardee (20.1%) exceed the rate of uninsured individuals in Florida by 8.6%.<sup>21</sup>



The percentage of residents in Hardee County with no insurance between 18-64 years is 5.6% higher than the state average.



<sup>21</sup> U.S. Census Bureau. "Public Health Insurance Coverage by Type and Selected Characteristics" American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2704, 2024. Retrieved on March 07, 2026 from <https://data.census.gov/table/ACSST1Y2024.S2704?q=S2704>.

**Determinant of Health:** Health insurance coverage provides access to a network of healthcare providers and services for both physical and mental health. Uninsured individuals are more likely to report poor health status, less likely to receive care, and more likely to die prematurely due to receiving less preventative care and/or delayed care that leads to serious illness and other adverse health outcomes. When uninsured individuals seek care, the cost of care associated with large medical bills becomes a significant hardship and financial burden. The out-of-pocket costs associated with health care can further impede financial security. In addition to coverage, access to adequate health resources encompasses the availability of services and timeliness of care. Achieving health equality requires both comprehensive and quality healthcare services, which contribute to improved quality of life. Another factor impacting access is the workforce, and available health care workers to provide the services needed in the area, which is more pronounced in Health Care Provider Shortage Areas.

## Housing

According to the Florida Housing Coalition, over 2.4 million low-income Florida households pay more than 30% of their income towards housing. Affordable housing is typically defined as housing that costs no more than 30% of a household's gross income; households that pay more than that are considered "cost-burdened".

The Area Median Income (AMI) varies by area; however, households with less than 30% of AMI are considered extremely low income, and those between 30-50% of AMI are very low income. Based on the information made available by the Florida Housing Coalition, Hardee and Highlands County residents below 30% AMI have a lower cost burden than the state average; Polk County is similar to the state average. However, Hardee and Highlands counties are rural and have a lower demand for housing and lower household incomes, accompanied by higher poverty rates and higher transportation costs due to distance.<sup>22</sup>

Household Income <= 30% AMI & Cost Burden	Cost burden > 30.1-50%		Cost burden > 50%		Total	
	Household	%	Household	%	Household	%
Hardee County	646	29%	1046	47%	2,214	25%
Highlands County	948	12%	4132	66%	7,850	23%
Polk County	5960	12%	36182	73%	49,556	30%
Florida	242,034	12%	1,471,196	73%	2,001,918	34%

<sup>22</sup> Home Matters 2025-Florida Housing Cost Burden (2025). <https://public.tableau.com/app/profile/flhousing/viz/HomeMatters2025-FlousingHousingCostBurdenDashboard/HomeMatters2025-FloridaHousingCostBurden>

## Nutrition

Economic constraints can result in food insecurity, which is the percentage of the population that does not have consistent access to enough food for an active, healthy life. According to 2023 Feeding America data, the food insecure population for individuals of all ages in the service area is higher than the state rate of 14.4%. Similarly, the rate of food insecurity in Polk, Highlands, and Hardee for children under the age of 18 years old is higher than the state rate of 18.7%. Regarding race and ethnicity, food insecurity for Black and White, Non-Hispanic Individuals in Polk County and Highlands County are very similar to the state rate. The Latino/Hispanic population experiences a higher rate of feed insecurity in both Hardee and Highlands Counties (Feeding America, 2023).<sup>23</sup>

Food Insecurity Rate 2023	Hardee	Highlands	Polk	Florida
<b>Food Insecurity Among All Ages</b>				
Food Insecure Population	4,900	17,370	113,210	3,247,180
Food Insecurity Rate	19.20%	16.70%	14.90%	14.40%
Average Meal	\$3.23	\$3.66	\$3.68	\$3.69
% Below SNAP threshold of 200%	73%	74%	72%	61%
<b>Food Insecurity Among Child Population (&lt;18 years)</b>				
Food Insecure Children	1,450	3,880	34,130	806,870
Child	22.60%	22.20%	20.30%	18.40%
Incomes at or below 185% of poverty	78.00%	81%	77.00%	67.00%
<b>Food Insecurity Rate by Race/Ethnicity (All Ages)</b>				
Black	Not available	27%	26%	26%
White	13%	13%	11%	11%
Latino	23%	23%	18%	18%

**Determinant of Health:** Food insecurity is a critical social and economic factor of health. Low-income families often face many barriers, such as a lack of access to healthy foods and poor food selection often leads to the consumption of a nutrient-poor diet, which may contribute to several chronic and acute health conditions, obesity, heart disease, hypertension, diabetes, and other chronic diseases (Florida Department of Health, 2020).

<sup>23</sup> Feeding America. (n.d.) food Insecurity among the Overall Population in Florida. Retrieved March 07, 2026 from <https://map.feedingamerica.org/county/2023/overall/florida>.

## Transportation

In Polk County, 0.4% of the population uses public transportation to get to work. Only .1% percent of individuals in Highlands County, and .8% Hardee County rely on public transportation. The vast majority in Polk (74%), Highlands (76%), and Hardee County (70%) drive alone. Only 3.1% of households have no vehicle available (U.S. Census Bureau, 2024).<sup>24</sup>

Vehicles Available by Household Size	Florida	Hardee County	Highlands County	Polk County
1-person household:				
No vehicle available	343,146	322	1,760	10,031
1 vehicle available	1,874,720	1,126	10,800	59,372
2-person household:				
No vehicle available	121,132	49	1,101	3,193
1 vehicle available	1,078,466	850	8,461	42,638
2 vehicles available	277,969	1,170	10,303	54,138
3-person household:				
No vehicle available	47,163	13	0	482
1 vehicle available	296,092	167	864	9,855
2 vehicles available	619,871	530	1,853	24,798
4-or-more-person household:				
No vehicle available	51,211	111	57	2,496
1 vehicle available	267,394	596	1,041	10,502
2 vehicles available	751,122	866	3,916	29,738

**Determinant of Health:** Transportation challenges hinder an individual's ability to access healthcare services and practice healthy behaviors. Access to transportation in our rural tri-county area makes it nearly impossible for individuals who lack a vehicle to get to health appointments, travel to work, or access necessities like medications and food.<sup>25</sup>

## Mental Health & Substance Use

Florida's population continues to grow at a steady pace, with this service area experiencing growth rates that exceed the state average. As population density increases, communities face heightened demand for behavioral health services across the full continuum of care, including prevention, early intervention, crisis response, treatment, and recovery support for individuals with mental health and substance use disorders.

<sup>24</sup> U.S. Census Bureau. "Means of Transportation to Work by Vehicles Available" American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B08141, 2024. Retrieved on March 10, 2026 from <https://data.census.gov/table/ACS5Y2024.B08141?q=B08141>.

<sup>25</sup> Kaiser Family Foundation, Commuting Characteristics by Sex, Hardee County, FL

Regional service utilization data provided by Florida Health Charts reflects this growing demand, demonstrating consistent year-over-year increases in the number of individuals accessing behavioral health services. These trends underscore the importance of proactive planning to ensure adequate system capacity, workforce availability, and access to culturally responsive services.

In Polk County, 6,379 involuntary mental health admissions (Baker Acts) were reported in FY 2024–2025, with 20.69% involving children and adolescents, according to the State Baker Act Annual Report. While Polk County’s total population increased by 16.8% between 2020 and 2024, the total number of Baker Acts across all age groups declined by approximately 14% during the same period. Baker Acts involving children under age 18 decreased by approximately 27%, from 1,815 to 1,320 annually, while adult Baker Acts declined by approximately 10.9%, from 5,676 to 5,059 annually.

These decreases may reflect improved prevention, diversion, and early intervention efforts; however, they do not necessarily indicate reduced behavioral health need. Instead, these data should be interpreted alongside other indicators—including suicide rates, hospitalizations, and substance use–related disorders—that suggest continued and significant unmet need within the community.

Suicide rates per 100,000 residents in Hardee, Highlands, and Polk counties exceed the Florida state average, indicating a critical public health concern. In Polk County, the suicide death rate among children ages 10–14 (5.82) is more than twice the state rate (2.36) for this age group. Highlands County shows disproportionately high suicide rates among adolescents and young adults, with rates of 19.82 for ages 15–19 and 40.24 for ages 25–34, nearly three times the state average<sup>26</sup>.

Florida Health Charts Suicide Deaths and Intentional Self-Harm Injuries 2024 Profile				
Indicator per 100.000 persons	Florida	Hardee	Highlands	Polk
Total Suicide Deaths	17.37	17.98	27	17.5
Hospitalizations	31.73	35.05	25.62	38.93
Emergency Department (ED) Visits	50.55	124.61	18.03	63.75
Suicide Death by Firearm	10.68	--	15.57	11.03

\*Rates are not calculated when there are <5 cases.

Polk County also reports higher-than-average hospitalization and emergency department encounters related to suicide and self-harm for individuals under age 18 through age 74. The rate of suicide deaths by firearm among children ages 10–14 (5.82) is nearly five times the state rate (1.26). While firearm-specific suicide death data for 2024 are not currently available in for

<sup>26</sup> Division of Public Health Statistics and Performance Management. (n.d.). FLHealthCHARTS.gov. <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SuicideBehavioralHealthProfile.DeathsHospED&rdRequestForwarding=Form>

Hardee County, overall suicide death rates across all ages remain elevated in Highlands County (15.57) and Polk County (11.03) compared to the state rate (10.68<sup>27</sup>)

Hardee and Polk counties experience higher rates than the state average for Drug- and alcohol-induced mental disorders, Mood and depressive disorders, and Hospitalizations related to mental health conditions according to Florida Health Charts data<sup>28</sup>.

Florida Health Charts Summary Profile per 100,000 persons				
Indicator	Florida	Hardee	Highlands	Polk
Fatal Opioid Overdose Annual Age-Adjusted Death Rate	17.2	3.8	17.8	11.8
Fatal Drug Overdose Annual Age-Adjusted Death Rate	23.9	34.2	32.1	29.8
Drug and Alcohol-Induced Mental Disorders	177	202.92	121.48	202.92
Mood and Depressive Disorders	394.38	395.26	263.84	395.26
Hospitalizations From Mental Disorders	894.96	954.52	568.49	954.52

Polk and Hardee County have elevated hospitalization rates often indicate gaps in upstream services such as outpatient treatment, case management, peer support, and community-based crisis alternatives. These patterns suggest a reliance on emergency and inpatient settings due to limited access to timely, preventive, and recovery-oriented care.

PRC's service area has a substantially lower availability of behavioral health professionals compared to Florida statewide averages. Workforce shortages are pronounced across the service area, where provider availability is critically limited across all mental health professional categories<sup>29</sup>.

Florida Health Charts: Mental and Behavioral Health Service Indicators			
Provider Type	Catchment	Count	Rate per 100,000 Population
Licensed Mental Health Counselors	Florida	16,187	70.2
	Polk County	422	51.3
	Highlands County	42	39.9
	Hardee County	4	15.6
Licensed Psychologists	Florida	5,433	23.6
	Polk County	57	6.9
	Highlands County	7	6.6

<sup>27</sup> Division of Public Health Statistics and Performance Management. (n.d.). FLHealthCHARTS.gov. <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SuicideBehavioralHealthProfile.DeathsHospED&rdRequestForwarding=Form>

<sup>28</sup> Division of Public Health Statistics and Performance Management. (n.d.). FLHealthCHARTS.gov. Florida Department of Health. <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SubstanceUse.Consequences&isCountY=25>

<sup>29</sup> Division of Public Health Statistics and Performance Management. (n.d.). FLHealthCHARTS.gov. <https://www.flhealthcharts.gov/charts/SocialAndMentalHealth/default.aspx>

	Hardee County	1	3.9
Licensed Clinical Social Workers	Florida	13,935	60.4
	Polk County	275	33.5
	Highlands County	22	20.9
	Hardee County	3	11.7

Polk County, while home to larger population centers, reports provider rates that are 30–50% below the state average, Highlands County shows even greater workforce gaps, with rates for psychologists and social workers less than one-third of the state average. Hardee County faces severe access constraints, particularly for specialized providers such as psychologists, with 1 provider per 100,000 residents<sup>30</sup>.

All Behavioral/Mental Health Professionals		
Catchment	Count	Rate per 100,000 Population
Florida	32,913	142.7
Polk County	731	88.9
Highlands County	70	66.4
Hardee County	7	27.3

## Identification of the underserved population

---

Poverty, low household income, educational disadvantages, increased unemployment rate, and other barriers to service utilization suggest a potential over-dependence on emergency department services. In individuals living below 150% of the federal poverty level, this increased utilization of emergency services is often driven by a lack of access to other forms of healthcare, not by the seriousness of the condition treated, putting these individuals at greater risk for behavioral health issues when compared to national trends (Gindi et al., 2012). Therefore, efforts to increase the availability and accessibility of integrated primary care and behavioral health services to address the health equity would have an positive impact in the community.

## Service Sites, Crisis Services, & Evidenced Based Practices

---

Within the crisis service array, PRC operates an emotional support and crisis line available 24/7 via telephone or text for anyone in the state. For individuals who require face-to-face crisis intervention, PRC operates a mobile crisis response team (MCRT), also available 24/7, serving anyone with a behavioral crisis such as suicidal ideation, substance use intoxication, psychotic episode, or anything the individual or family deems as a crisis. The MCRT provides counseling, assessment, linkage to services, and post-crisis follow-up contact as needed. The purpose of the MCRT is to decrease involuntary psychiatric inpatient admissions of individuals who are better served in the community. In addition to the MCRT, PRC is partnering with the Polk County Sheriff's Office to implement post-crisis service engagement teams throughout the county. The PRC

<sup>30</sup> Division of Public Health Statistics and Performance Management. (n.d.). FLHealthCHARTS.gov. <https://www.flhealthcharts.gov/charts/SocialAndMentalHealth/default.aspx>

clinician completes post-discharge follow up with all law enforcement initiated mental health commitments, completing the last step of the CIT model. Should an individual require crisis stabilization services, they may receive those in one of PRC's two Crisis Stabilization Units (CSUs), offering 50 secure beds for children and adults who present voluntarily or involuntarily with a mental health crisis. CSU services include comprehensive assessments, group counseling, medication management, recovery education, discharge planning, referrals, and family education until the mental health emergency is stabilized, with an average length of stay of 3-4 days. Individuals who require longer crisis stabilization care are transferred to PRC's 30-bed secure short-term residential treatment facility, to receive more intensive treatment and enhance the likelihood of success in a community-based setting. Individuals assessed by PRC and determined to require medical detoxification are actively linked to Tri-County Human Services, the state funded inpatient detoxification facility for the catchment area.

In addition to comprehensive crisis behavioral health services, PRC also offers a broad array of outpatient, team-based, recovery, and residential programs. Referrals are received through a variety of sources, including the CSU, MCRT, area hospitals, other providers, schools, child welfare, self-referral, and others. Peace River Center serves individuals of all ages with mental, behavioral, and substance use conditions, regardless of their ability to pay, prioritizing those with high acuity (i.e., individuals with SMI, SED, OUD). Following referral to a PRC program, individuals are screened and if eligible receive an intake appointment. During the intake process all individuals are triaged and screened for level of risk (i.e., suicide, self-harm, harm to others, medical conditions, etc.), reason for referral, and financial/insurance status. A biopsychosocial assessment is completed that addresses tobacco/nicotine use, substance use, current medications, military/veteran status, and mental health status to determine preliminary diagnoses, immediate clinical care needs, and a follow-up plan. All of PRC's program areas develop person/family-centered plans of care with the patient based on the findings of the assessments, recovery capital, and the patient's choice, which are reviewed and signed off on by a licensed clinician. Plans are reviewed minimally every 6 months, including risk assessment and crisis planning, to ascertain progress and amend or add goals and objectives. Family members and other supporters are encouraged to participate in all planning activities if the patient agrees to their participation.

Peace River Center operates outpatient services to treat both mental and substance use disorders in person at 7 locations and via telehealth. The outpatient clinics provide individual, group and family therapy, targeted case management, psychiatric evaluations, medication management, and pharmacy services. Medication management includes the provision of long-acting injectable antipsychotic medication and monitoring for adverse effects of medications. One of the Polk County clinics also houses PRC's Wellness Clinic which provides primary care screening and monitoring as well as primary care service for adults rendered by medical professionals experienced in both physical and mental health. Services for specific populations include a forensic program for justice-involved individuals, psychosocial rehabilitation services for adults with a SMI, and MAT using injectable naltrexone for individuals with OUDs.

A number of team-based programs are also directly provided by PRC for specific populations. One such program is Assertive Community Treatment (ACT) which is a self-contained multi-disciplinary team that assumes responsibility for directly providing most of the behavioral health treatment, rehabilitation, and support services in the community 24-hours per day, seven days per week for adults with serious mental illness. The goals of the ACT team are to prevent recurrent hospitalization and incarceration as well as improve overall quality of life for participants. Peace River Center's OnTrack program targets youth and young adults ages 15-30 with early serious

mental illness, especially first episode psychosis (FEP). OnTrack uses a team of specialists who offer psychotherapy, medication management geared to individuals with FEP, family education and support, case management, and work/education support, depending on the individual's needs and preferences. The goal of the program is to decrease the likelihood of future episodes of psychosis, reduce long-term disability, and help people pursue their personal goals. For parents with substance use disorders who have at least one child between the ages of 0 and 10 determined unsafe by child welfare, PRC offers Family Intervention Treatment (FIT). The FIT model is designed to provide intensive team-based, family-focused services with emphasis on cross-system collaboration between child welfare, judicial, and behavioral health systems. It integrates SUD treatment, parenting interventions, and coordination of services received by all family members, primarily delivered in the home.

Peace River Center operates a Community Action Treatment team to serve youth 11-21 years of age with a mental health diagnosis and complex psychosocial needs, and their families. Services and support are provided by a multidisciplinary team that tailors interventions to the needs and preferences of the individuals served. Another program focusing on children and families is PRC's Resiliency Team, comprised of case managers, therapists, and parent support staff who work with the family to strengthen overall emotional functioning for children diagnosed with a SED. The purpose of the Resiliency Team is to foster and strengthen the overall resilience of the family system to reduce the need for out-of-home placement or residential care for the child.

Recovery services are also directly provided by PRC, including peer support, supportive housing/living, supported employment, and care coordination. Peace River Center operates a Clubhouse International accredited clubhouse, where members have the opportunity for social interaction as well as employment and education support. In terms of service eligibility, all services offered by PRC are available to veterans, members of the armed forces, and their family, and PRC works closely with the Lakeland VA clinic (Polk County), associated with James A. Haley Veterans' Hospital; and the Sebring VA clinic (Highlands County), associated with the Bay Pines VA Healthcare System. For further details regarding service hours and locations, please refer to the Peace River Center's Service Locations by County located in the appendix.

The evidence-based practices (EBPs) implemented by PRC vary by program type and are based on the individual's needs and strengths to ensure person-centered, culturally competent service delivery. Peace River Center chooses EBPs tested and proven effective for populations that match the service area's demographics and geography. Currently PRC offers the following EBPs: Eye Movement Desensitization and Reprocessing, Cognitive Behavioral Therapy, Parent-Child Interaction Therapy, Solution Focused Therapy, Motivational Interviewing (MI), the Matrix Model, among others. Additional EBPs are proposed for this project based on the target population.

The EBP for integrated behavioral and primary health care is to co-locate primary care in behavioral health facilities for individuals with comorbid behavioral and physical health conditions. Studied by Health & Education Services, the practice of integrating primary and behavioral health care has been shown to increase contacts with primary care for the SMI population and reduce episodic care in EDs. Specifically, the Massachusetts model demonstrated lowered ED visits by 42% and dramatically increased screenings for hypertension and diabetes.

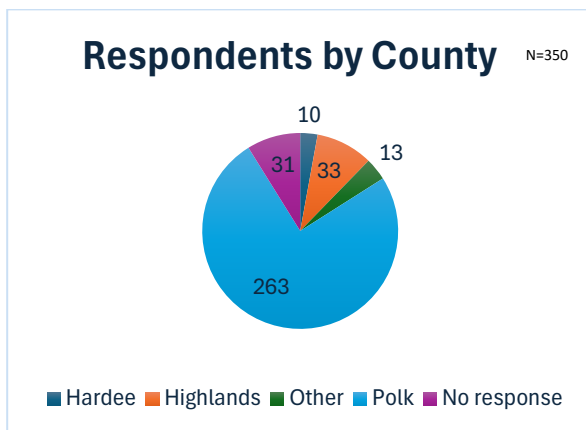
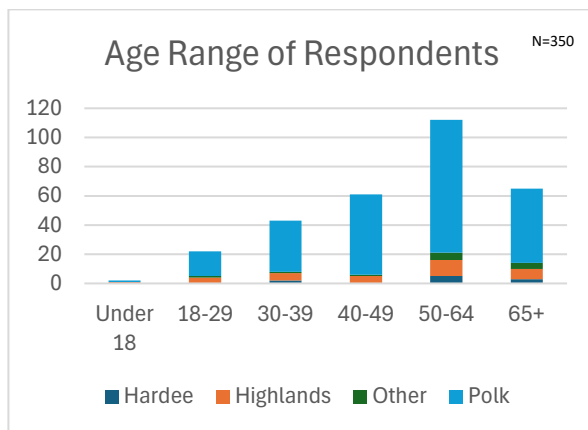
## PEACE RIVER CENTER'S COMMUNITY NEEDS ASSESSMENT

The survey was available via the PRC website and was sent out to all clients who received services in 2025, and was sent out to community partners. There were 350 respondents.

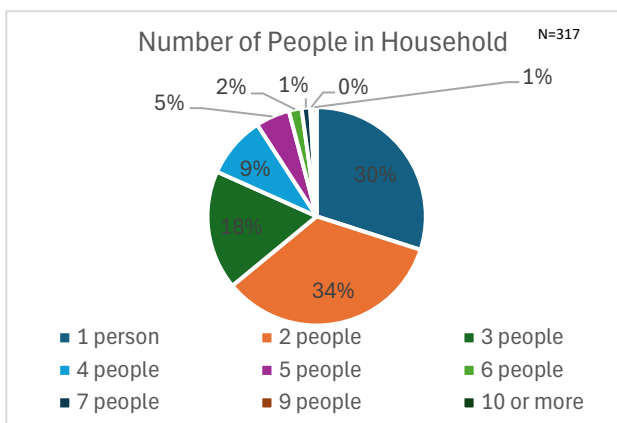
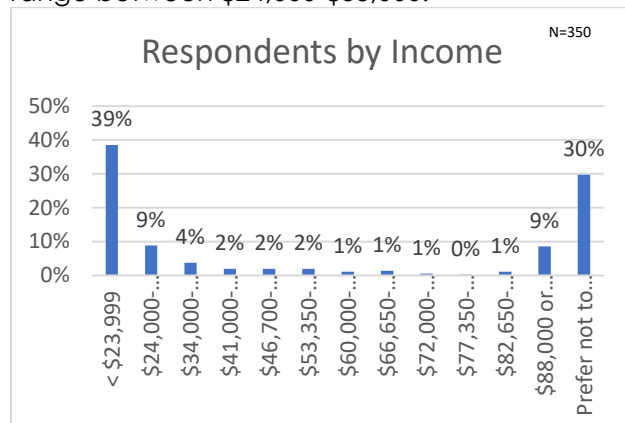
### Participant Demographics

Participants were asked several questions regarding their demographics. The percentage of respondents by county was similar to that of the population, providing a representative sample of the service area. However, 70% of the respondents were female, which is significantly higher than the service area average of 50.8%.

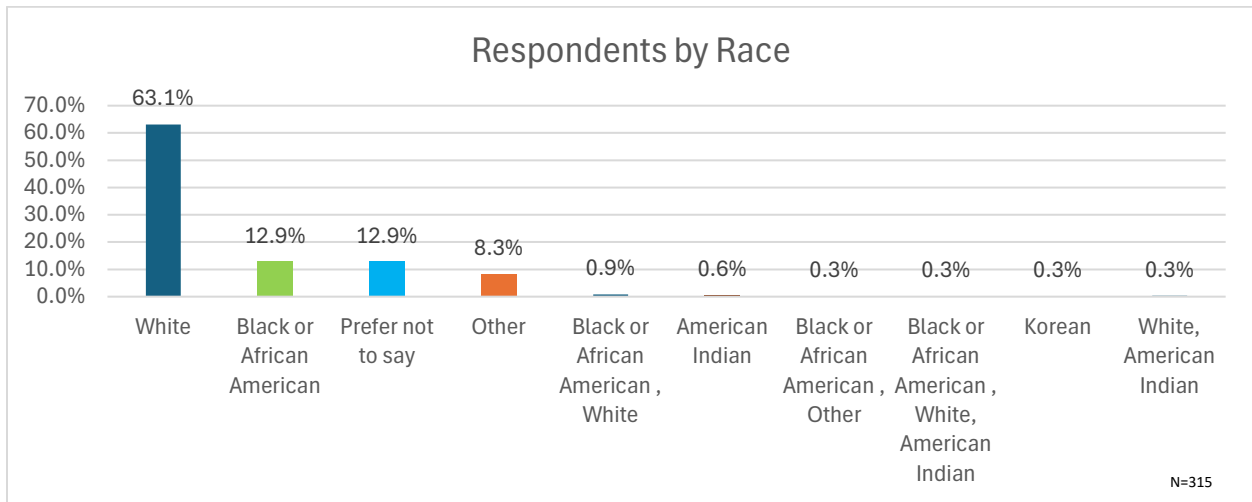
Nearly 37% of the participants were between the age of 50-64, and 21% were over the age of 65. Approximately 20% of the respondents were between 40-49, 14% were between 30-39, and 8% were 29 or younger.



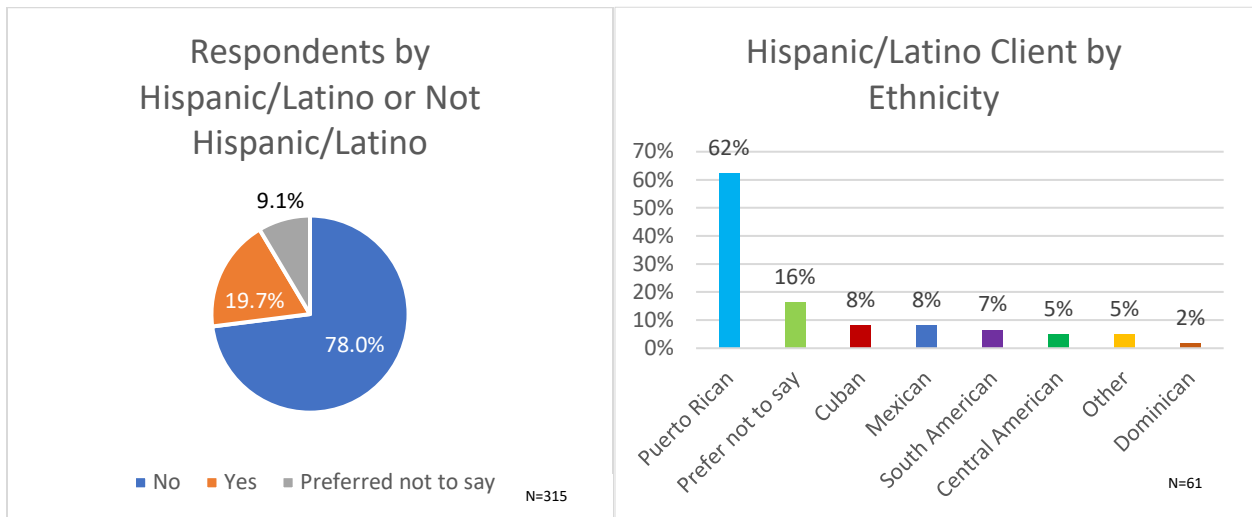
More than half the participants (55.10%) reported that their income range was below \$23,000, which is nearly 150% of the federal poverty level for a family of 1. However, only 26.32% reported that they were from a 1-person household. A two-person household was the mean household size among the survey participants. Nearly a third of the participants reported that they were from a 2-person household. The second largest income range at 21.43% reported an income range between \$24,000-\$33,000.



Participants were given the option to select all that applied. Most participants indicated White as their race (63.1%), 12.9% selected Black or African American or Preferred not to say. 8.3% selected Other; all other races were <1%.

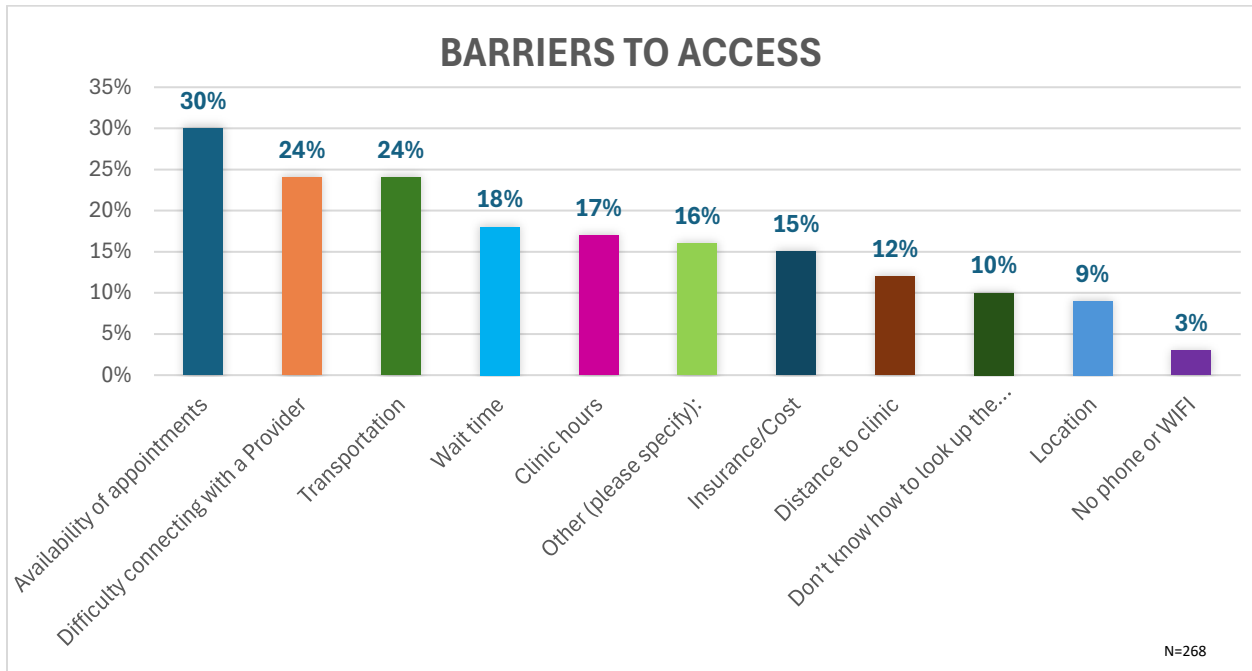


Participants were asked to select their ethnicity from a list provided. 20% of the participants reports that they were of Hispanic, Latino/a, or of Spanish origin. 63% identified as Puerto Rican, followed by 8% Cuban and Mexican, 7 South American, 5% selected Central American, and 2% Dominican.

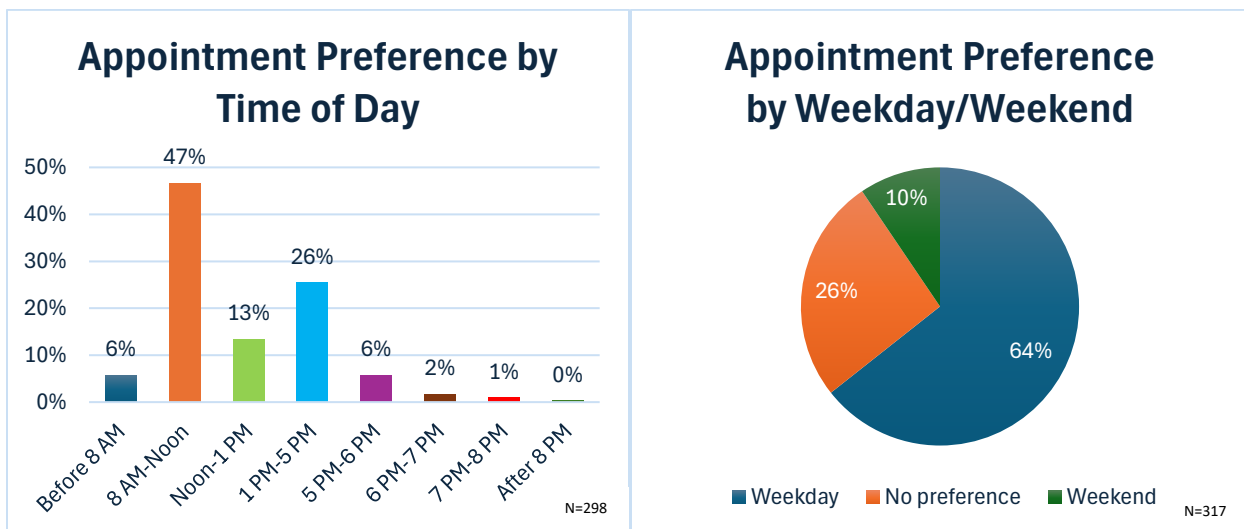


## Service Needs & Barriers

The most common barriers to access to care identified appointment availability, provider availability and ability to connect with a provider, transportation, wait times, clinic hours and insurance/cost.

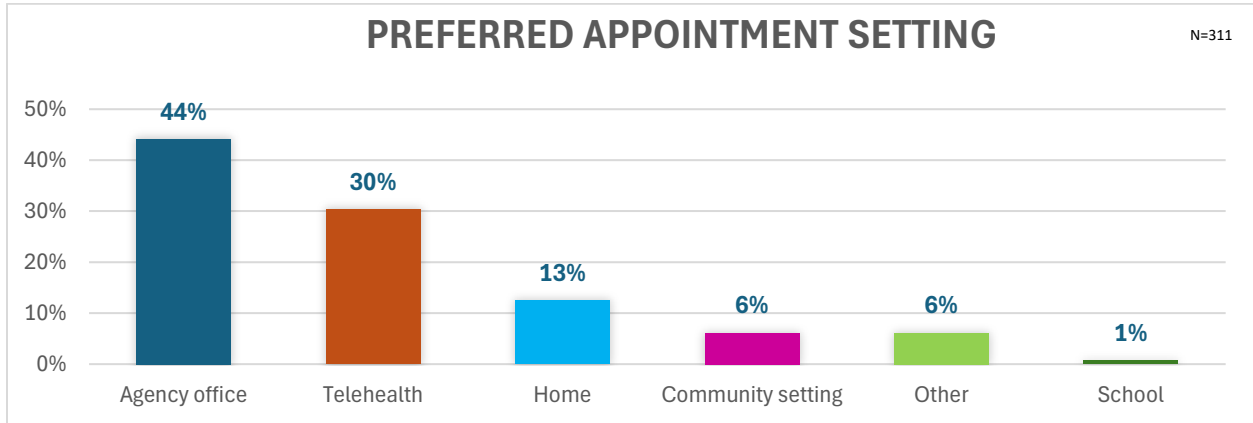


The majority of clients preferred weekday (64%) appointments between 8:00 AM and 5:00 PM (86%), with the majority concentrated between 8:00 AM and 12:00 AM (47%). 6% preferred an appointment between 5 PM and 6 PM or before 8 AM, with the remaining 3% after 6 PM.

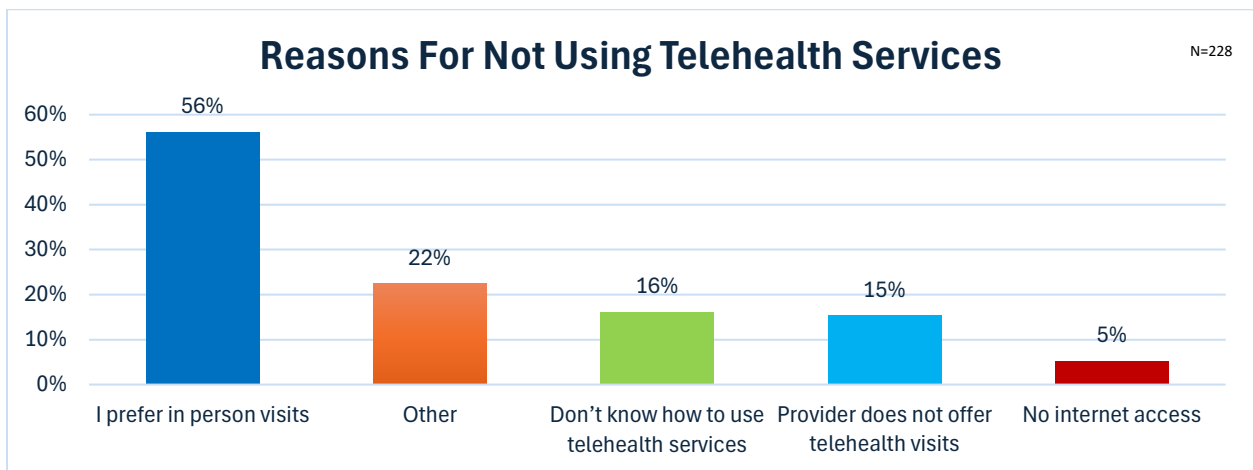


## Treatment Setting

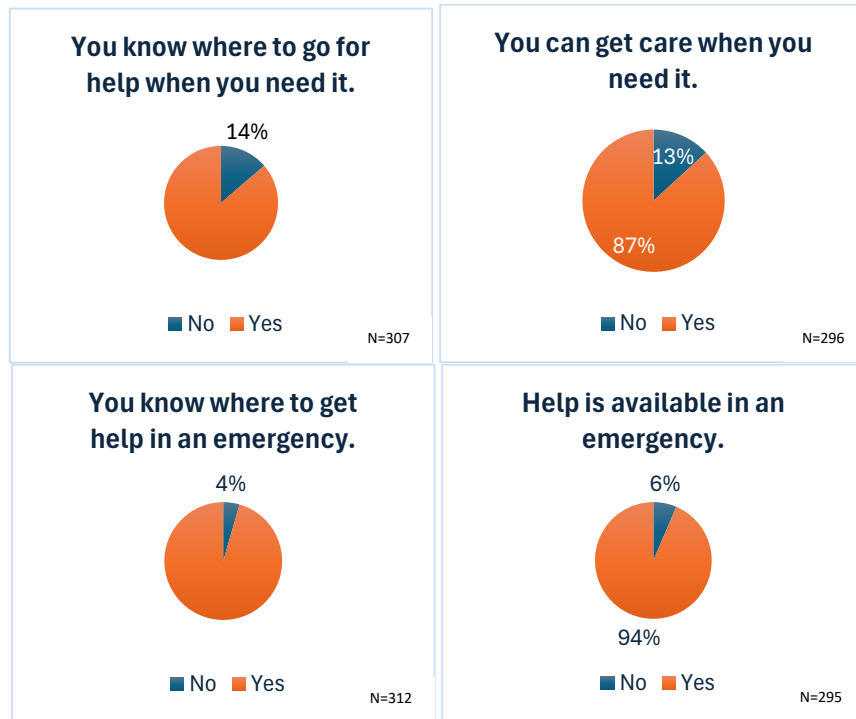
Physical and mental health treatment is conducted in a variety of settings and several survey questions prompted responses regarding treatment setting. Most clients prefer to be seen in person at a physical office (44%); however, 30% of respondents also noted a preference for telehealth. This was followed by a 13% preference for in home services, and 6% in the community or “Other” setting. Only 1% preferred to be seen while at school.



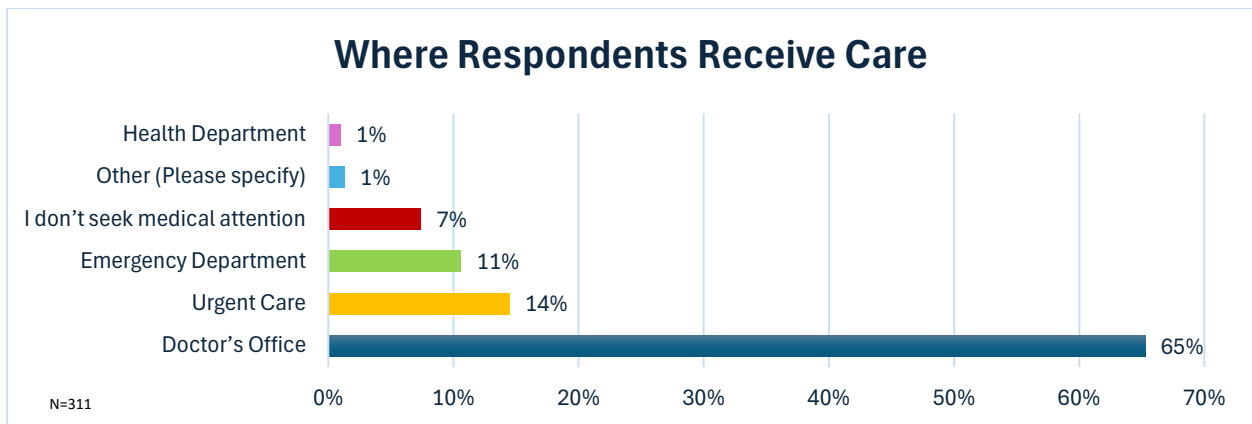
When asked how often participants used telehealth services, 29% indicated never, while 43% said they used it sometimes or often. Of those that did not use telehealth services, the majority said they preferred in-person visits (56%).



Additionally, survey respondents were asked if they knew where to go for help when they needed it, where to find help in an emergency, and if care was available when needed or in an emergency. Only 86% of respondents indicated they knew where to go for help when needed, although that increased to 96% in an emergency. Following the same pattern, 87% of respondents felt help was available when needed, which improved to 94% in an emergency.

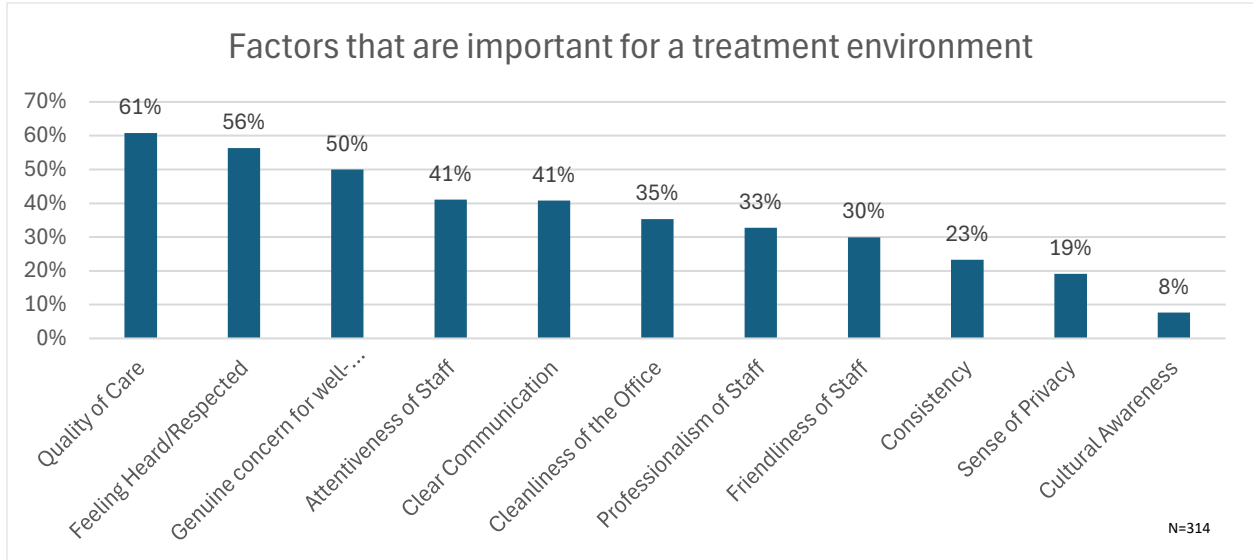


According to the survey, when respondents required care, the majority sought treatment at a doctor's office (65%), urgent care (14%), or an emergency department (11%). An additional 7% responded that they do not seek medical attention when needed.



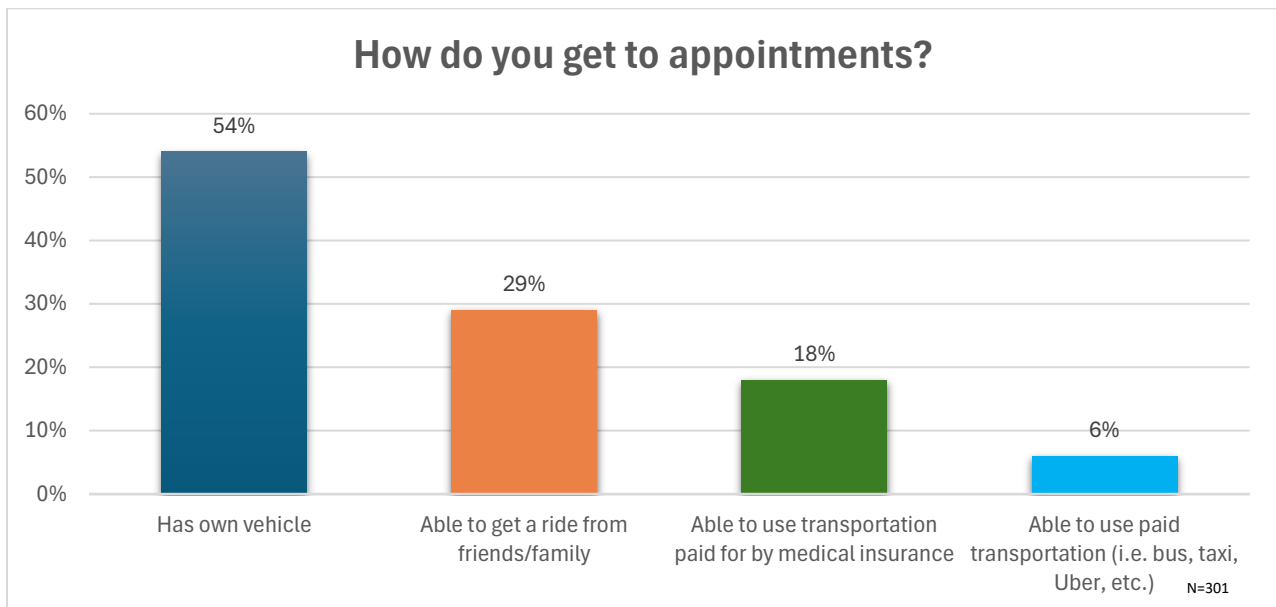
## Treatment Environment

Participants were asked if they had access to a provider who understood their culture, language and/or beliefs; 91% of participants indicated they did. Additionally, a majority of the participants reported that they felt welcome at the clinic (93%). When seeking care, respondents prioritized quality of care, feeling heard/respected and genuine concern for well-being.

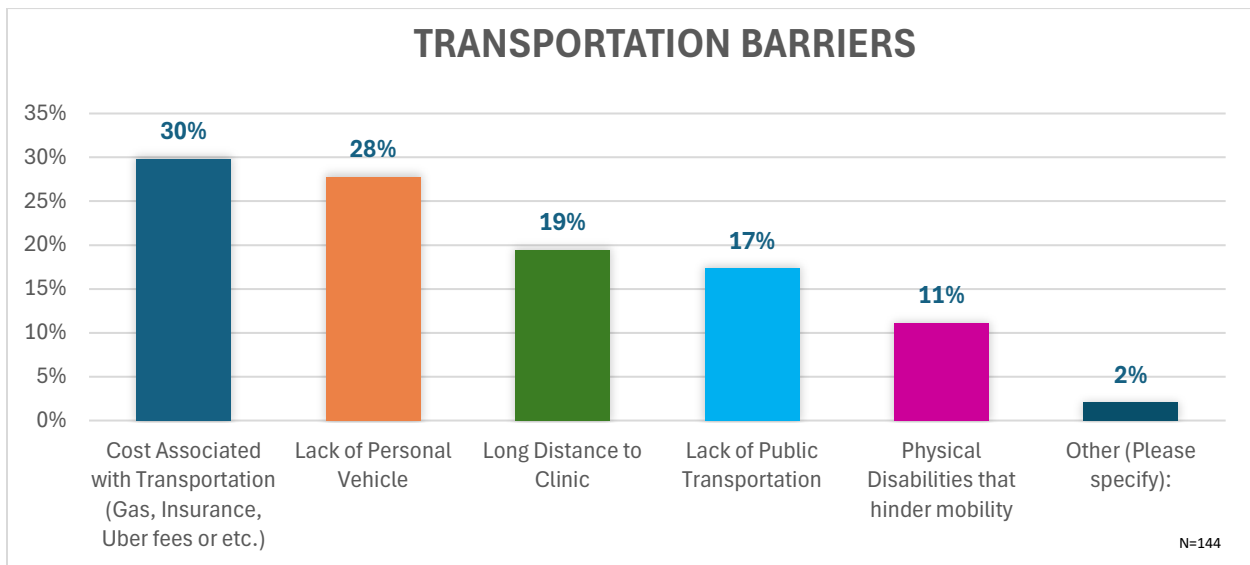


## Transportation

Transportation is a key concern for many respondents (13%), as only 56% of clients have their own vehicle; the remaining participants rely on obtaining a ride from family or friends, paid transportation such as bus, Uber, taxi, etc.; or transportation paid for by medical insurance.

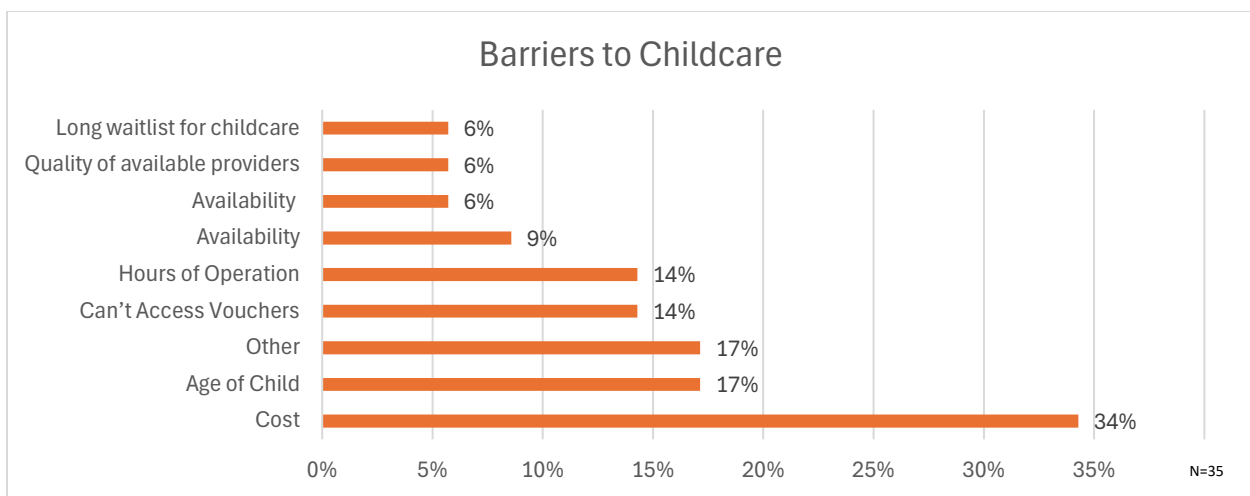


Specific barriers included the cost of transportation (28%) and the lack of a personal vehicle (26%). Concerns that are more prevalent in rural areas include the distance to the clinic (18%) and lack of public transportation (16%). Additionally, 10% of those with transportation barriers indicated physical disabilities that hinder mobility to be of concern.



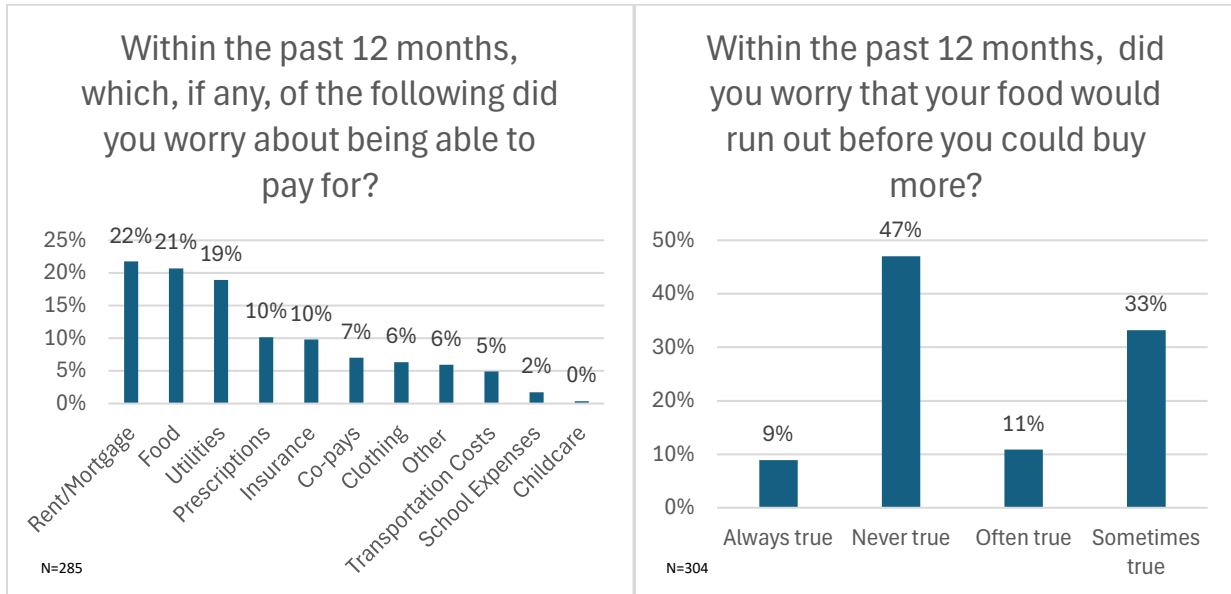
## Child Care

Although only 6% of the participants reported that they needed to utilize childcare, 46% of participants that utilized childcare responded that their childcare arrangements were not adequate. Participants identified several barriers to childcare in the service area, with the most common issue being cost (28%). Most participants utilizing childcare have their children in paid daycare services (38%) or an after-school program (38%). 62% indicated that their childcare needs to change when school is not in session for the summer, holidays, etc. Only 5% felt they needed resources or referrals for childcare.



## Income & Coverage

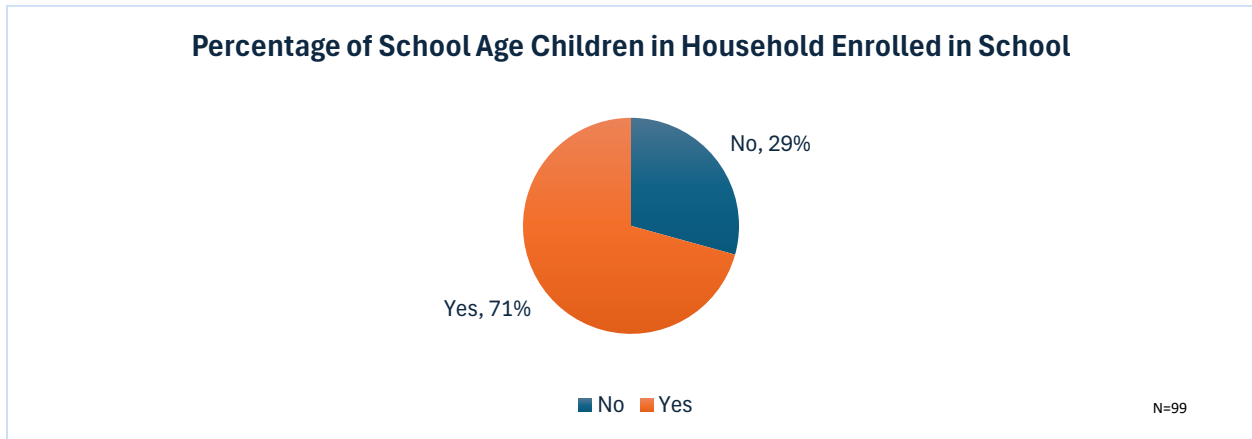
More than 80% of the participants reported that they have worried about their ability to pay day-to-day bills in the past 12 months. The survey showed the most common bills participants were concerned about paying were Rent/Mortgage, Food and Utilities. Additionally, when asked about food insecurity, over half of the respondents had concerns about food running out before being able to buy more.



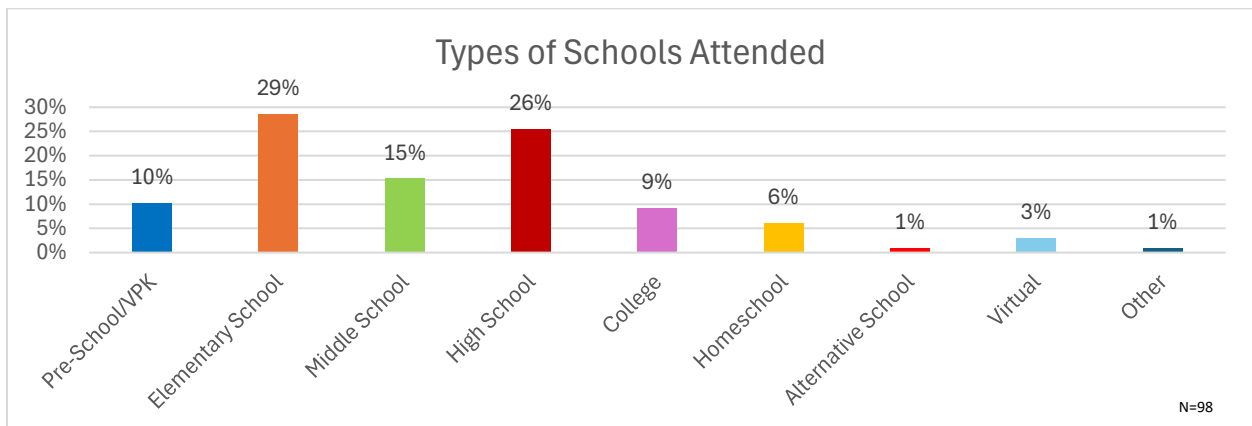
A majority of the participants reported that they have health insurance (86%), and that medication is included with their health insurance (90%). However, 65% of the participants were not aware that they had an insurance case manager through their insurance, and of those that did, 38% did not know how to reach their insurance case manager. Over a third reported that they did not know how to obtain resources for insurance.

## School/Employment

The majority of the respondents indicated they were unable to work due to disability (36%). Another 23% are employed full-time, and 17% are retired. Approximately 10% of able-bodied participants were unemployed, with only half looking for work. Of able-bodied respondents, 27% indicated they did not know how to access resources for employment; 47% of those looking for work did not know how to access resources for employment. 33% of the participants reported that they have school-aged children living in their household, 29% of which were not currently enrolled in school.

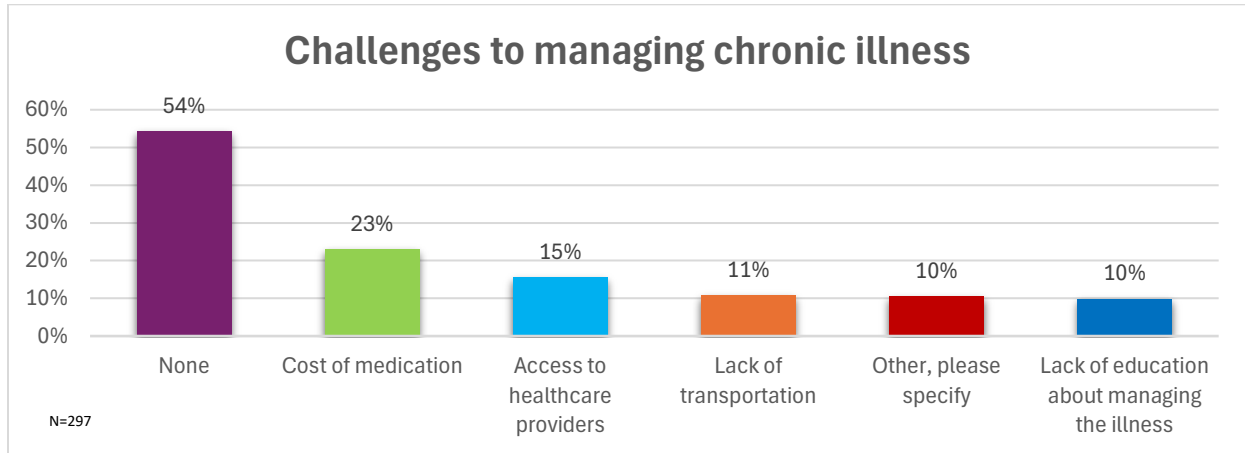


Participants with school age children in the household that were currently enrolled in school reported that 29% of them were currently in elementary school, 15% were in middle school, and 26% were in high school. Approximately 9% are enrolled in college. 33% reported that their child needed tutoring, test prep or other academic support; however, of those respondents, 39% did not know if their child's school offered those supports.

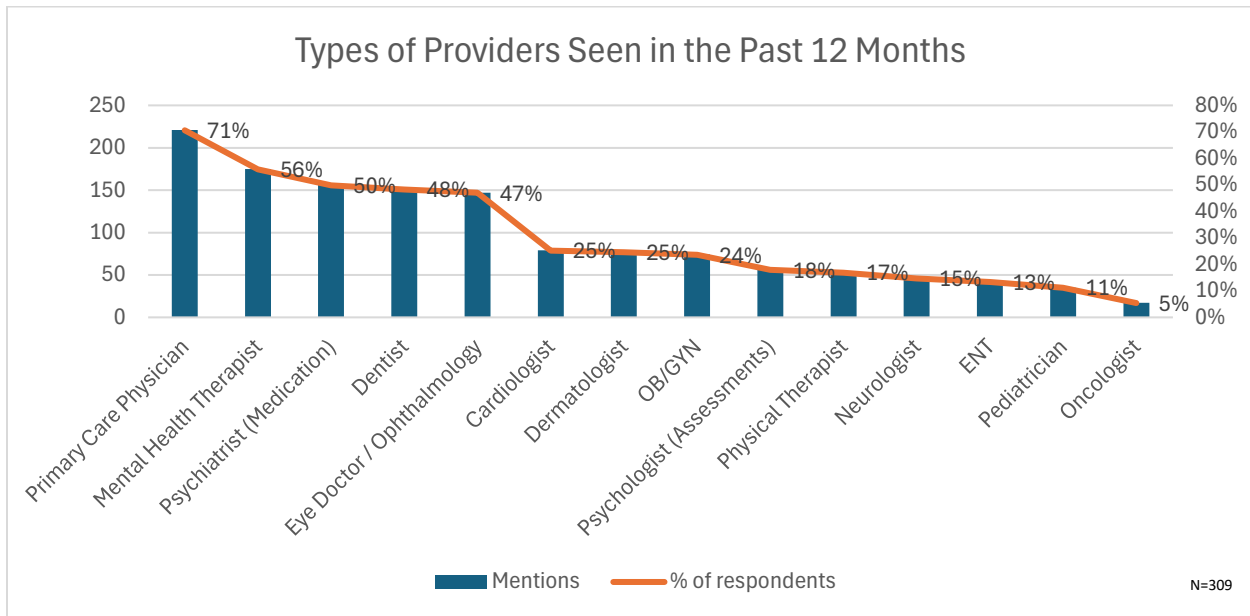


## Medical Care

According to the survey, 64% of respondents or someone in their household has a chronic illness, and 46% of respondents experience challenges managing the illness. The most common challenges are the cost of medication at 23% and access to healthcare providers (15%).

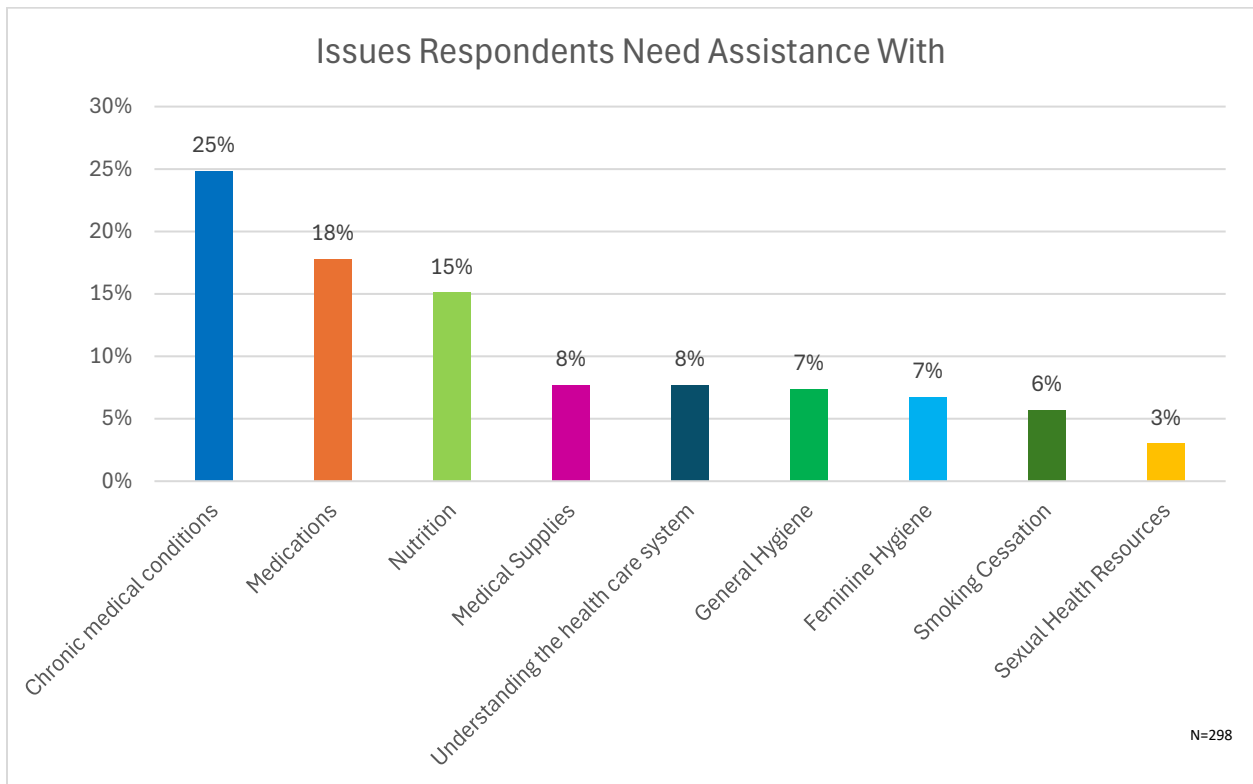


Eighty seven percent of the participants reported that they have seen a doctor or medical provider in the past year. The most frequently seen doctor or provider was the Primary Care Physician (71%), followed by a mental health therapist at 56% and Psychiatrist with 50%. Almost half of respondents saw dentists and Ophthalmologists.



The participants were asked to identify where they typically got most of their medical information, and the most common response was the doctor (72%), with the internet and pharmacy also being identified as common sources of information (30% and 25%, respectively).

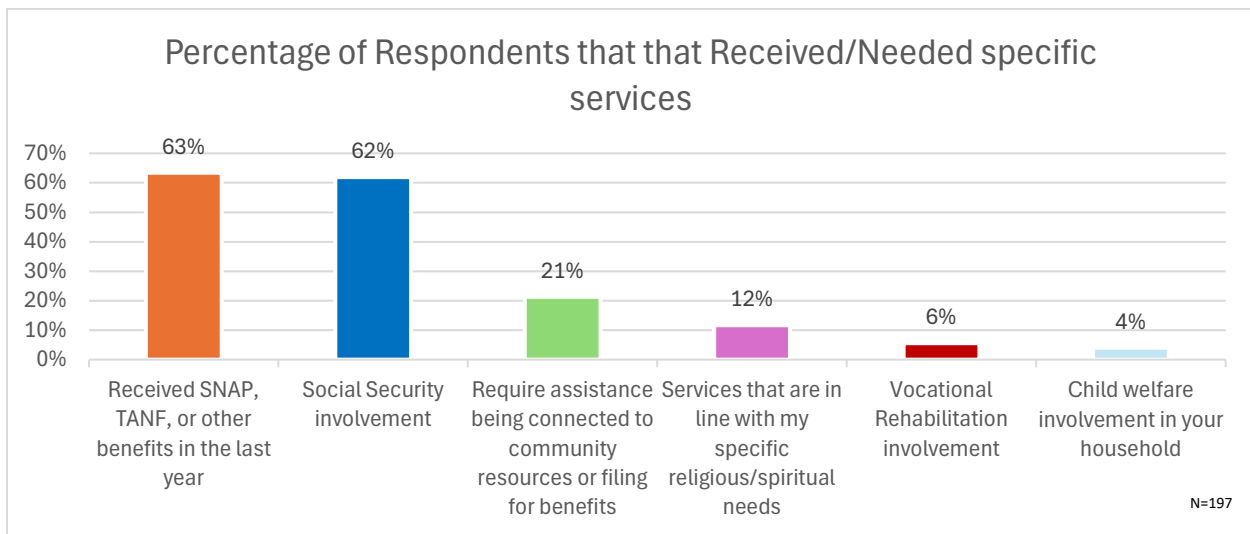
Respondents provided feedback on topics they needed assistance with, with the most common response being chronic medical conditions, followed closely by medications and nutrition.



## Community Resources

Eight percent of the participants reported that they or someone in their household spent time in jail, a correctional facility or had been on probation in the past year. However, of those involved in the legal system, 30% indicated that they did not understand the specific requirements that needed to be met to successfully complete probation and/or a diversion program and 60% did not know where to locate resources for legal issues or concerning custody concerns, criminal charges, and/or diversions programs.

Additionally, 63% of respondents that indicated they received or needed services stated they received SNAP, TANF, or other benefits in the past year, and 62% had Social Security involvement. 21% of clients indicated they require assistance being connected to community resources of filing for benefits. 12% of clients indicated they require assistance being connected to community resources of filing for benefits. 6% of clients indicated they require assistance being connected to community resources of filing for benefits. 4% of clients indicated they require assistance being connected to community resources of filing for benefits.



A Community Needs Assessment Survey was deployed to better understand the community's needs and the role of health disparities in treatment outcomes. Three hundred and fifty participants completed the survey, although not all respondents answered all questions presented. The data received is valuable input concerning treatment access and availability and identifying the community's current conditions and desired services or outcomes. The survey was offered in English and Spanish via electronic survey.

## RESULTS

---

### Demographics

The age and income demographics captured by the PRC Community Needs assessment were representative of the community-served and targeted population, the uninsured and indigent population, with nearly half of the participants reporting a household income of less than \$23,000 annually. Most of the survey participants were between the ages of 50-64. Although the age range was slightly higher than the median age in Polk County (39.3), it was within the median age range for Highlands County (54.4). The racial and ethnic diversity of the participants was similar in most categories to the racial and ethnic composition of the community, although 12.9% of respondents did not provide information. Of the responses, there were more White Only participants (63.1%) than the service area average of 53.2%. Approximately 19.7% of the participants reported being of Hispanic, Latino/a, or Spanish Origin as compared to 27.4% of the state and 31.2% of the services area. Approximately 12.9% considered themselves to be Black/African American, which is only slightly lower than the 14.5% of the service area. Although the number of female participants was generally higher than the diversion of men and women in the tri-county area, which is not unusual for overall gender disparities, females tend to be more willing to complete surveys than men.

### Access to Care

The top challenges to getting help were availability of appointments, transportation, wait time, difficulty connecting with a provider and insurance/cost.

Of note, 14% of the participants reported being uninsured; demographic information provided by the US Census also showed a higher-than-average uninsured rate for all three counties, with Hardee County the highest at 20.1%, Highlands at 13.8% and Polk at 12.4%. The Florida average is 11.5%. The higher uninsured rates in Hardee and Highlands counties suggest that targeted enrollment assistance may be impactful in this area. This is supported by the results of the survey, which included insurance/cost is a barrier to access.

When identifying possible expanded scheduling opportunities, it was noted that most clients prefer weekday appointments, typically in the morning (47%), followed by afternoon appointments (39%). Approximately 6% stated appointments prior to 8:00 AM would be preferred, and another 6% preferred appointments from 5:00 PM-6:00 PM.

### Travel

The community needs assessment identified transportation challenges, with 44% of the participants reporting that they do not have a vehicle or means of transportation outside of friends/family, public transportation, paid transportation (taxi, Uber), or transportation provided by their insurance carrier. In addition to lack of transportation, 18% found they had to travel too far for their appointment. The assessment revealed that over a third of the participants preferred telehealth or in-home treatment. PRC offers services in various settings, including office, telehealth, home, community, and/or a hybrid of treatment settings, as a means to improve access to those with transportation barriers.

### Low-income Barriers

The PRC community needs assessment demonstrated that over 80% of participants reported

inadequate financial resources and experiencing worry related to their inability to or difficulty paying their bills in the past 12 months, with 22% reporting concern regarding paying for rent/mortgage.

Sixty-nine percent of the participants in the survey reported an income that was at or below 150% of the Federal Poverty Guidelines, which is significantly higher than the overall 14% of the service area. Individuals with inadequate financial resources face multiple barriers related to affordable housing, adequate childcare, lack of access to healthy foods, higher likelihood of being uninsured or utilizing public insurance, and lack of or delayed preventive care that led to chronic and acute health conditions, obesity, heart disease, hypertension, diabetes, and other chronic diseases.

PRC is very diversified to ensure a "no wrong door" approach to service delivery, where no one is turned away regardless of their ability to pay. The agency receives state and county funding to serve the indigent, uninsured, or underinsured and is a Medicaid/ Medicare provider. Several commercial insurance plans are accepted, and the agency collects patient fees based on a sliding fee scale.

Low healthcare literacy is another risk factor identified by the assessment that can lead to poor health outcomes and less service engagement. Twenty-six percent of participants reported not being able to see a healthcare provider when needed last year, and 7% reported not seeking medical attention when they need care. A higher percentage of participants reported that they knew where to find help in case of emergency than who knew how to access general services/help when needed, which can lead to a potential over-dependence on emergency department services.

## **Language & Communication Barriers**

All-inclusive practices encompassing culturally relevant services, materials, and program activities that effectively meet consumers' cultural and linguistic needs, particularly the disparate population, are highly prioritized. Key agency documents and promotional materials have translated into Spanish and Creole. Non-English speaking and those who speak English and prefer communication in their primary language are provided interpreters and other translated materials. PRC continues to hire/recruit staff representatives of our diverse community and maintains an auxiliary list of staff/providers that offer services in a non-English language.

Additional communication barriers were identified through the assessment related to the explanation of treatment and distrust. However, most participants reported feeling welcome when they arrived for services.

## STAFFING PLANS

---

PRC's Community Needs Assessment drives staffing plans by ensuring the agency staffing is responsive to actual community demands. It also guides decision-making related to training priorities, emerging workforce needs, and new role creation. It also guides the development of a new workflows, documentation changes to allow for data collection, and reassessment of programmatic policies, and service expansion.

The staffing implications identified through the Community Needs Assessment directly support improved access to care by removing structural, financial, geographic, and engagement barriers consistent with CCBHC access standards. Expanded intake, scheduling, and care navigation staffing increases the clinic's capacity to provide timely appointments, reduce wait times, and facilitate same-day or rapid access to services. Care coordinators, case managers, and behavioral navigation staff mitigate access barriers related to poverty, uninsured status, and low health literacy by helping individuals enroll in coverage, understand available services, and maintain continuity of care.

Transportation barriers and persons served's preference for telehealth and community-based services are addressed by staffing clinicians and support staff capable of delivering services across clinic, home, community, and virtual settings, ensuring that a lack of transportation or distance does not impede access. The integration of peer specialists and outreach staff improves engagement for individuals with low health literacy, distrust of systems, or delayed help-seeking behaviors, supporting entry into care before crisis escalation.

Finally, recruitment of bilingual, bicultural, and culturally responsive staff ensures that language and communication needs do not prevent individuals from accessing services. Collectively, these staffing strategies ensure that PRC meets CCBHC requirements for accessible, equitable, person-centered care, particularly for underserved, uninsured, and high-need populations within the service area.

A CCBHC Advisory Board composed of community stakeholders, consumers, family members, peers, and individuals with lived experience plays an active role at PRC. The Board meets monthly and participates in overseeing project implementation and quality improvement efforts. Its input has significantly shaped CCBHC governance, service delivery, and operations at PRC, as well as informed the development of the current Community Needs Assessment. Members identified the need for resources tailored to family members and loved ones of persons served. They also provided recommendations on readability and refined areas of focus, which were incorporated directly to the survey. Additional feedback led to the redesign in the manner in which external referrals are handled, as well as simplified bullet-point resource guides. Feedback guided the adoption of updated person-served and recovery-oriented language across services and materials, as well as information video and print prompts being available in the outpatient lobbies. The CCBHC Board aids in designing, providing, monitoring, evaluating program services, and providing meaningful input, with the Quality Council, and Clinical Services Committee. Plans for staffing, training, and delivery of all required services, including care coordination, language accessibility, and evidence-based practices are based on data collected from the community needs assessment. The CCBHC project relies on the CCBHC Advisory Board for ongoing guidance to help achieve goals, strengthen connections between PRC and the community, support sustainability efforts, and ensure services remain responsive, recovery-oriented and person-centered.

The CCBHC Advisory Board's recommendations are directly reflected in how PRC deploys its workforce in the community. Agency-wide outreach efforts are underway to enhance knowledge of available services such as behavioral health and primary care available for underinsured or uninsured community members and extend outreach interventions to hard-to-reach individuals

to improve access, prioritize inclusion, cultivate awareness, and address systemic challenges to vulnerable populations. Additionally, the care managers and access coordinators are part of community engagement and outreach to ensure inclusive treatment services, prevention services, as well as outreach, engagement, training, and/or technical assistance activities. Peace River Center also utilizes data from the periodically completed Recovery Self-Assessment to help with staffing plans and identify practices in the agency that facilitate or impede recovery.

PRC Employs approximately 400 staff members (both clinical and non-clinical). As it stands, the agency is appropriate in size and composition for the population served. Recruiting and hiring efforts have been focused on staff members who represent the community and the people we will be recruiting. Peace River Center has 45 formal agreements, including Memorandums of Understanding, special housing agreements, and referral agreements with a broad network of partners encompassing other service providers, schools, Federally Qualified Health Centers, Department of Veteran Affairs, public transit, Opioid Treatment Programs, law enforcement agencies, Healthy Start/Healthy Families programs, and primary care providers that will be utilized to ensure appropriate referrals and resources are made to individuals who receive services.

The Medical Director of PRC is a Diplomate in General Psychiatry from the American Board of Psychiatry and Neurology and certified in Addictionology, supporting the integration of buprenorphine products into the medication management department. PRC has established practice protocols for the use and administration of buprenorphine which are implemented under the Medical Director's supervision. In addition to adding MAT products, PRC provides education on the use of NARCAN to both patients and community members. PRC serves as a public distribution site, making NARCAN available free of charge to individual receiving services as well as to member of the broader community.

Peace River Center has a long history of implementing inclusive practices encompassing culturally relevant services, materials, and program activities designed to meet the cultural and linguistic needs of those served. The Community Needs Assessment evaluates the accessibility of services; and the cultural, linguistic, and treatment needs for all individuals accessing services and outcomes from physical and behavioral health services. The assessment was offered to individuals representatives of the community in English and Spanish via digital survey application for data collection. Future needs assessment will continue to be used to update PRC's staffing plan, training plan, policy, and service implementation as needed to respond to the community's evolving needs. Staffing plans, in particular, are reviewed and adjusted regularly to reflect the most current needs identified through the assessment and this growth and change occurs.

### **Adherence to Culturally and Linguistically Appropriate Services (CLAS Standards)**

The Community Needs Assessment also guides PRC's adherence to the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) by identifying cultural and linguistic needs that must be addressed in service delivery.

### **Cultural health beliefs and practices**

PRC's staffing plans incorporate training and hiring protocols that support culturally responsive care.

All direct service staff receive annual training on cultural competency, trauma informed care, recovery-oriented care, and military culture, ensuring sensitivity and increased staff competence regarding the unique needs of veterans, active-duty families. Staff also receive ongoing training on other culturally and linguistically appropriate services, which broadens our ability as an agency to maintain a safe, supportive, and equitable environment of care.

## **Preferred languages**

The Community Needs Assessment data informs on:

The hiring of bilingual staff to employee individuals that reflect of the communities served.

The translation of key agency documents and outreach and access materials.

Ensures free interpretation and translation services for individuals who prefer to communicate in languages other than English for all individuals with limited English proficiency.

PRC's Auxiliary Aid Plan which maintains the Center's Qualified Foreign Language Interpreters, current PRC Employees, with proficiency in reading, writing, and speaking languages other than English, to assign participants to a PRC employee who speaks the same language when feasible. If no such professional is available, the language interpretation line is used.

## **Health literacy and other communication needs for individuals served.**

PRC's Staffing Plans include staff training to ensure the capacity to provide culturally and linguistically appropriate services to minimize communication barriers and ensure individuals receive care that respects individuals lived experiences and improves outcomes across the community.

## SUMMARY

---

**The PRC's Community Needs Assessment (CNA) aligns closely with the goals and expectations of the SAMHSA Certified Community Behavioral Health Clinic (CCBHC) model. The findings highlight ongoing challenges within the service area, including barriers to access, increasing acuity of need, unmet social determinants of health, and workforce shortages. These findings validate PRC's current and planned service design, staffing strategies, and continuous quality improvement initiatives.**

**Improve timely access to the appropriate service level(s) through comprehensive screening and assessment at time of admission.**

Consistent with CCBHC requirements to ensure timely access to appropriate services, the CNA identified limited appointment availability, wait times, transportation challenges, and difficulty navigating services as key barriers to care. PRC's emphasis on comprehensive screening and assessment at admission directly addresses these challenges by enabling early identification of behavioral, physical, and social needs. Process improvements, including redesigning electronic health record workflows, enhancing interdepartmental communication, and reducing the average time from screening to intake, demonstrate measurable progress toward improving access and reducing delays in care, in alignment with CCBHC access standards.

**Improve health outcomes for individuals with SMI, SED, and SUD through provision of integrated primary health care services.**

The CNA identified high levels of poverty, chronic health conditions, and delayed preventive care among individuals with Serious Mental Illness (SMI), Serious Emotional Disturbance (SED), and Substance Use Disorders (SUD). These findings strongly support PRC's goal of improving health outcomes through integrated behavioral and primary health care, a core expectation of the CCBHC model. On-site physical health screenings, expanded medical staffing, and coordinated follow-up services address documented gaps in preventive care and chronic disease management. Peer-led recovery follow-up further strengthens engagement and continuity of care, particularly for individuals with co-occurring conditions.

- **Decrease adult substance use by implementing evidence-based interventions such as MAT using buprenorphine products and overdose prevention.**

The service area's high rate of substance use-related mental health conditions, high hospitalization rates, and increased symptom acuity identified through the CNA reinforce the need for evidence-based substance use disorder treatment. PRC's implementation of Medication-Assisted Treatment (MAT), including buprenorphine and Vivitrol, along with community-wide efforts through NARCAN distribution and education, aligns with SAMHSA's emphasis on data-driven, evidence-based, and recovery-oriented care. These efforts directly address CNA-identified risks related to substance use.

- **Increase access to integrated, high-quality community-based care coordination services through expansion of services.**

The CNA highlighted significant social determinants of health, including housing instability, transportation limitations, uninsured status, and low health literacy. These findings strongly support PRC's expansion of community-based care coordination, a required CCBHC service. Care coordination, benefits enrollment assistance, outreach, and collaboration with community partners reduce barriers to access, support continuity of care, and decrease reliance on emergency department services. Workforce

shortages are confirmed in the CNA and pose significant challenges to timely access, continuity of care, and service expansion. Addressing staffing capacity is therefore critical to sustaining CCBHC service delivery standards and improving outcomes across the service area.

In summary, PRC's Community Needs Assessment demonstrates that the agency's goals and strategies are fully responsive to documented community needs and well aligned with SAMHSA CCBHC requirements. The CNA provides strong justification for continued efforts to promote timely access, integrated care, evidence-based substance use treatment, care coordination, outreach, and workforce capacity to improve behavioral health outcomes and reduce preventable crises throughout the service area.

## REFERENCES

---

All4HealthFL. (2025). 2025 Community Health Needs Assessment: Polk County. BayCare.

<https://baycare.org/-/media/project/baycare/consumer-portal/about-us/community-health-needs/2025-chna-reports/whwh-2025-community-health-needs-assessment-polk-county.pdf>

Division of Public Health Statistics and Performance Management. (n.d.). FLHealthCHARTS.gov. Florida Department of Health.

<https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalIndNoGrp.Dataviewer&cid=9737>

Division of Public Health Statistics and Performance Management. (n.d.). FLHealthCHARTS.gov. Florida Department of Health.

<https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SubstanceUse.Consequences&islCounty=25>

Division of Public Health Statistics and Performance Management. (n.d.). FLHealthCHARTS.gov.

<https://www.flhealthcharts.gov/charts/SocialAndMentalHealth/default.aspx>

Division of Public Health Statistics and Performance Management. (n.d.). FLHealthCHARTS.gov.

<https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SuicideBehavioralHealthProfile.DeathsHospED&rdRequestForwarding=Form>

Feeding America. (n.d.). Food insecurity among the overall population in Florida.

<https://map.feedingamerica.org/county/2023/overall/florida>

Florida Department of Health. (n.d.). FLHealthCHARTS.gov. <https://www.flhealthcharts.gov>

Health Resources and Services Administration. (n.d.). Health workforce shortage areas.

<https://data.hrsa.gov/topics/health-workforce/shortage-areas>

Home Matters 2025. (2025). Florida housing cost burden. Florida Housing Coalition.

<https://public.tableau.com/app/profile/flhousing/viz/HomeMatters2025-FlousingHousingCostBurdenDashboard/HomeMatters2025-FloridaHousingCostBurden>

Office of Economic and Demographic Research. (2025). County profiles. The Florida Legislature.

<https://edr.state.fl.us/content/area-profiles/county/index.cfm>

Polk Vision. (2025). 2025 Polk County Community Health Assessment (CHA). [https://polkvision.com/wp-](https://polkvision.com/wp-content/uploads/2025/07/2025-Polk-County-CHA.pdf)

[content/uploads/2025/07/2025-Polk-County-CHA.pdf](https://polkvision.com/wp-content/uploads/2025/07/2025-Polk-County-CHA.pdf)

Shreya, D., Fish, P. N., & Du, D. (2025). Navigating the future of elderly healthcare: A comprehensive analysis of aging populations and mortality trends using National Inpatient Sample (NIS) data (2010–2024). *Cureus*, 17(3), Article e80442. <https://doi.org/10.7759/cureus.80442>

U.S. Census Bureau. (n.d.). QuickFacts: Florida.

<https://www.census.gov/quickfacts/fact/table/FL/PST045224>

U.S. Census Bureau. (2024). Sex by age: American Community Survey 1-year estimates. *Census Reporter*.

<https://censusreporter.org>

U.S. Census Bureau. (2024). Public health insurance coverage by type and selected characteristics (ACS 1-Year Estimates Subject Tables, Table S2704).

<https://data.census.gov/table/ACSST1Y2024.S2704>

U.S. Census Bureau. (2020–2024). Hispanic or Latino origin by race: American Community Survey 5-year estimates. *Census Reporter*. <https://censusreporter.org>

U.S. Census Bureau. (2024). Poverty status in the past 12 months (ACS 1-Year Estimates Subject Tables, Table S1701). <https://data.census.gov/table/ACSST1Y2024.S1701>

U.S. Census Bureau. (2024). Means of transportation to work by vehicles available (ACS 5-Year Estimates Detailed Tables, Table B08141). <https://data.census.gov/table/ACSDT5Y2024.B08141>

United for ALICE. (n.d.). The state of ALICE in Florida. <https://unitedforalice.org/county-reports/florida>

Zajacova, A., & Lawrence, E. M. (2018). The relationship between education and health: Reducing disparities through a contextual approach. *Annual Review of Public Health*, 39, 273–289. <https://doi.org/10.1146/annurev-publhealth-031816-044628>

## PEACE RIVER CENTER SERVICE LOCATIONS BY COUNTY

---

### Highlands County

Peace River Center's Highlands County location is located in the county seat and largest city, Sebring. PRC also offers Highland County's only Victim Services Domestic Violence Center and Rape Recovery Program, a dual center providing free and confidential services to victims/survivors of Domestic Violence and Sexual Assault.

#### **Highland County Location and Hours:**

##### **Sebring Domestic Violence Shelter**

Sebring, Florida  
Confidential Address

**24-hour Domestic Violence Crisis Line:** [863.386.1167](tel:863.386.1167) (*Collect calls accepted*)

**Hours:** 24 Hours a Day, Seven Days a Week, 365 Days a Year

##### **Sebring Victim Services Outreach Office**

Sebring, Florida  
**Address:** 3201 Medical Way, Unit 104, Sebring, FL 33870  
**Business Line:** [863.604.4774](tel:863.604.4774)

##### **Sebring Outpatient Therapy and Psychiatry**

Sebring, Florida  
**Address:** 3201 Medical Way, Unit 104, Sebring, FL 33870  
**Business Line:** 863.305.6780

### Polk County

Polk County, the only statistical metropolitan county in PRC's service area, offers a majority of the service locations that stretch from the most the most populous city in the county, Lakeland, located on the the northern western part of the county, to Haines City on the northeastern side of the county, to the county seat of Bartow.

Polky County offers integrated physical and behavioral health services at Peace River Center's Wellness Clinic. This location offers in-office and telehealth outpatient and psychotropic medication management services, behavioral health services (outpatient therapy and medication services services) and primary care services.

Polk County also houses two crisis campuses in Lakeland and Bartow that offer inpatient crisis stabilization for emergent inpatient psychiatric care, mobile crisis response teams, and outpatient therapy and psychiatry services. The mobile crisis response team offers in-office and community crisis services. The outpatient therapy and psychiatric services offer both in-office and telehealth treatment settings. PRC also operates the only Victim Services Domestic Violence Center and Rape Recovery Program, a dual center providing free and confidential services to victims/survivors of Domestic Violence and Sexual Assault in Polk County.

Polk County also offers several team and recovery programs to support recovery and continuity of care in the community for children, youth, adults, and families in various treatment settings; in office, telehealth, in home, and community based.

## **Polk County Location and Hours:**

### **Bartow Administration Offices**

**Address:** 1239 East Main Street, Bartow, FL 33830

**Business Line:** [863.519.0575](tel:863.519.0575)

**Hours:** Monday - Friday 8:00 a.m. - 5:00 p.m.

### **Bartow Crisis Campus: Crisis Stabilization Unit and Mobile Crisis Response Team**

**Address:** 1255 Golfview Avenue, Bartow, FL 33830

**24-Hour Crisis Line:** 863.519.3744

**24-Hour Toll-Free Crisis Line:** 800.627.5906

**Hours:** 24 Hours a Day, Seven Days a Week, 365 Days a Year

### **Bartow Crisis Campus: Outpatient Therapy and Psychiatry**

**Address:** 1260 Golfview Avenue, Bartow, FL 33830

**Appointment Line:** [863.248.3311](tel:863.248.3311)

**Toll-free:** [800.305.6780](tel:800.305.6780)

**Hours:** Monday to Thursday 7:30 a.m. – 5:30 p.m.

### **Bartow Domestic Violence Outreach Services**

**Address:** 244 North Broadway Avenue, Bartow, FL 33830

**Located at Polk County Courthouse**

**Business Line:** [863.534.4350](tel:863.534.4350)

### **Club Success Haines City**

**Address:** 751 Scenic Hwy, Haines City, FL 33844

**Business Line:** [863.275.0272](tel:863.275.0272)

**Hours:** Monday - Friday 8:00 a.m.- 4:00 p.m.

### **Club Success Lakeland**

**Address:** 2014 Lakeland Hills Blvd, Lakeland, FL 33805

**Business Line:** [863.519.0874](tel:863.519.0874)

**Hours:** Monday - Friday 8:00 a.m.- 4:00 p.m.

### **Lakeland Crisis Campus: Crisis Stabilization Unit and Mobile Crisis Response Team**

**Address:** 715 North Lake Avenue, Lakeland, FL 33801

**24-Hour Crisis Line:** [863.519.3744](tel:863.519.3744)

**24-Hour Toll-free Crisis Line:** [800.627.5906](tel:800.627.5906)

**Hours:** 24 Hours a Day, Seven Days a Week, 365 Days a Year

### **Lakeland Domestic Violence Shelter**

Lakeland, FL, USA

Confidential Address

**24-Hour Domestic Violence Crisis Line (Polk County):** [863.413.2700](tel:863.413.2700)

**Hours:** 24 Hours a Day, Seven Days a Week, 365 Days a Year

**Domestic Violence Outreach Services:** [863.413.2708](tel:863.413.2708)

### **Florida Assertive Community Treatment (FACT)**

**Address:** 1825 Gilmore Avenue, Lakeland, FL 33805

**Business Line:** [863.248.3300](tel:863.248.3300)

### **Gateway**

**Address:** 230 South Lake Parker Avenue, Lakeland, FL 33801

*Programs Include: Adult Case Management, Psychiatric Rehabilitation Services (PSR), Supported Employment*

**Business Line:** [863.519.0575](tel:863.519.0575)

**Hours:** Monday - Friday 8:00 a.m. - 5:00 p.m.

**Lakeland Outpatient Therapy and Psychiatry**

**Address:** 1835 Gilmore Avenue, Lakeland, FL 33805

**Appointment Line:** [863.248.3311](tel:863.248.3311)

**Hours:** Monday - Thursday 7:00 a.m. - 5:30 p.m. and Friday 7:30 a.m. - 5:00 p.m.

**Lakeland Victim Services**

**Address:** 1831 North Crystal Lake Drive, Lakeland, FL 33801

**Office Line:** [863.413.2708](tel:863.413.2708)

**Office Hours:** Monday - Friday 8:00 a.m. - 5:00 p.m.

**Domestic Violence and Sexual Assault Crisis Services**

**Hours:** 24 Hours a Day, Seven Days a Week, 365 Days a Year

**Polk County Domestic Violence Crisis Line:** [863.413.2700](tel:863.413.2700)

**Rape Recovery Program/Sexual Assault Crisis Line:** [863.413.2707](tel:863.413.2707)

Toll-free: [877.688.5077](tel:877.688.5077) (Collect calls accepted)

**Substance Use Treatment Services**

**Address:** 1825 Gilmore Avenue, Lakeland, FL 33805

**Appointment Line:** [863.248.3311](tel:863.248.3311)

**Hours Vary**

**Wellness Clinic**

**Address:** 1831 Gilmore Avenue, Lakeland, FL 33805

Behavioral Health Home (Primary Care Clinic)

**Appointment Line:** [863.519.0930](tel:863.519.0930)

**Hours:** Monday - Friday 8:00 a.m.-5:00 p.m.

**Lakeland Peace River Apartments**

1830 North Lake Avenue, Lakeland, FL 33801

**Lakeland Crisis Campus: Outpatient Therapy and Psychiatry**

715 N Lake Ave, Lakeland, FL 33801

**Appointment Line:** [863.248.3311](tel:863.248.3311)

**Hours:** Monday to Thursday 7:30 a.m. – 5:30 p.m. and Friday 7:30 a.m. – 4:00 p.m.

**Hardee County:**

Peace River Center's Hardee County location is located in the county seat of Wauchula, which is also the town with the largest population. This offers in-office and telehealth outpatient and psychotropic medication management services and contract-based family reunification services. It also houses the Victim Services Domestic Violence Center and Rape Recovery Program, a dual center providing free and confidential services to victims/survivors of Domestic Violence and Sexual Assault and is the only center in Hardee County.

**Hardee County Locations:**

**Wauchula Outpatient Therapy and Psychiatry**

**Address:** 213 East Orange Street, Wauchula, FL 33873

Office Located in Suite B

**Appointment Line:** 863.773.3228

**Toll-free:** 800.305.6780

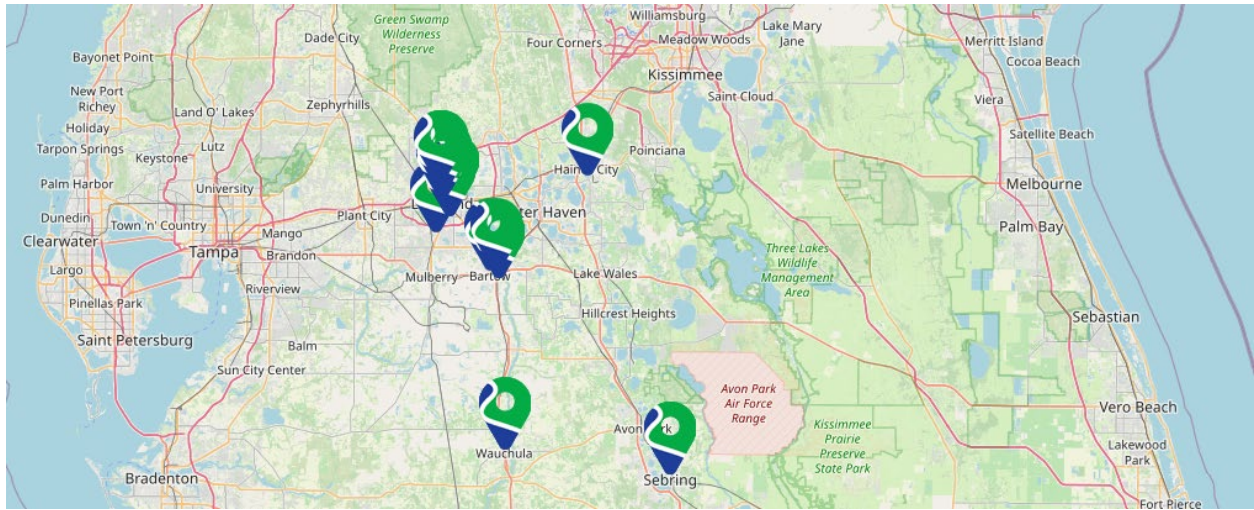
**Hours:** Monday - Thursday 8:00 a.m. - 6:00 p.m.

**Wauchula Victim Services**

**Address:** 213 East Orange Street, Wauchula, FL 33873

**Victim Services 24-hour Crisis Line:** 863.386.1167

**Hours:** Monday - Thursday 8:00 a.m. - 6:00 p.m.





## Community Needs Assessment

### Demographics

#### County of Residence

- Hardee     Highlands     Polk     Other

#### Income range

- <\$23,999     \$24,000-\$33,999     \$34,000-\$40,999     \$41,000-\$46,699  
 \$46,700-\$53,349     \$53,350-\$59,999     \$60,000-66,649     \$66,650-\$71,999  
 \$72,000-\$77,349     \$77,350-\$82,649     \$82,650-\$87,999     \$88,000 or more

#### Number of people in your household

- 1    2    3    4    5    6    7    8    9    10 or more

#### Age

- Under 18     18-29     30-39     40-49     50-64     65+

#### Gender

- Male     Female     Prefer not to say     Other

#### Are you Hispanic, Latino/a, or of Spanish origin?

- Yes     No

#### If yes, what ethnic group do you consider yourself?

- Central American     Cuban     Dominican     Mexican     Puerto Rican  
 South American     Prefer not to say     Other

#### What is your race?

- Black or African American     White     American Indian     Alaskan Native  
 South Asian     Chinese     Filipino     Japanese     Korean     Vietnamese  
 Other Asian     Native Hawaiian     Guamanian or Chamorro     Samoan  
 Other Pacific Islander     Prefer not to say     Other

#### What is your preferred language?

- English     Spanish     Creole     Other (please specify)

#### What is your highest level of education?

- Less than high school     Some High School     High School Diploma or Equivalent (GED)  
 Trade School     Some college, no degree     Associate's degree  
 Bachelor's degree     Graduate or professional degree

**What is your current employment status?**

- Full time (35+ hours./wk.)     Part-time     Self-employed     Student     Homemaker  
 Retired     Unable to work due to disability     Gig or Flex work  
 Seasonal or Migrant work     Unemployed, looking for work     Unemployed, not looking for work

**Please indicate which of the following organizations you are currently or have previously been affiliated with as an employee, volunteer, or member. Select all that apply:**

- Behavioral/ Mental Health     Community Engagement / Advocacy  
 Early Childhood / Youth Development     Education     Employment Services  
 Federally Qualified Health Center (FQHC)     Housing and Homeless Services  
 Healthcare (Physical Health)     Government/Policy Development     Nonprofit Agency  
 Public Health     Public Safety     Veteran's Affairs     None  
 Other     Prefer not to answer

**Do you know how to access resources for employment?**

- Yes     No     N/A

**Access to Care**

**Questions below apply to whomever in the household requires services (you, your child, spouse, etc.)**

**1. What is your biggest challenge to getting help?**

- Clinic hours     Wait time     Availability of appointments     Distance to clinic  
 Transportation     Location     No phone or WIFI     Insurance/Cost  
 Difficulty connecting with a Provider     Don't know how to look up the information  
 Other (please specify):

**2. Do you prefer weekday or weekend appointments?**

- Weekday     Weekend     No Preference

**3. What time of day do you prefer to be seen?**

- Before 8 AM     8 AM-Noon     Noon-1:00 PM     1:00 PM-5:00 PM  
 5:00 PM-6:00 PM     6:00 PM-7:00 PM     After 8:00 PM

**4. What is your preferred treatment setting when accessing care?**

- Agency office     Community setting     Home  
 School     Telehealth     Other

**5. Are you able to access a healthcare provider who understands your culture, language and/or beliefs?**

- Yes No N/A
6. **You know where to go for help when you need it.**  
Yes No N/A
7. **You can get care when you need it.**  
Yes No N/A
8. **You know where to get help in an emergency.**  
Yes No N/A
9. **Help is available in an emergency.**  
Yes No N/A
10. **You feel welcome when you visit the clinic.**  
Yes No N/A
11. **Where do you most often go for help when you are sick?**  
 Doctor's office       Urgent Care       Emergency department  
 Health Department    Holistic healer       I don't seek medical attention  
 Other (Please specify)
12. **When seeking care, what three factors are most important in a treatment environment?**  
 Attentiveness of staff       Cleanliness of the Office       Consistency  
 Cultural Awareness       Clear Communication       Feeling Heard/Respected  
 Friendliness of Staff       Genuine concern for well-being  
 Professionalism of staff    Quality of Care       Sense of Privacy  
 N/A

## Additional Needs

### Transportation

13. **How do you get to appointments?**  
 Able to get a ride from friends/family  
 Able to use paid transportation (i.e. bus, taxi, Uber, etc.)  
 Able to use transportation paid for by medical insurance.  
 Has own vehicle  
 Needs information about transportation assistance resources.  
 N/A
14. **What are transportation barriers to accessing care? (Select all that apply)**  
 Lack of public transportation  
 Cost associated with Transportation (Gas, Insurance, Uber fees, etc.)  
 Lack of Personal Vehicle       Long Distance to Clinic  
 Physical disabilities that hinder mobility       Other (Please specify):  
 N/A

### Child Care

15. **How many children live in the Household?**

1      2      3      4      5      6      7      8      9      10 or more

16. **Do you need to utilize child care?**

Yes   No   N/A

17. **If yes, what are your current child care arrangements?**

In-home, family or friend   Paid daycare services   After school program   Other

18. **What are your barriers to childcare? Please select all that apply:**

Cost       Hours of Operation       Availability       Quality of available providers  
 Unpredictable work schedule       Age of child       Long waitlist for childcare  
 Can't access vouchers       Other (please specify)    N/A

19. **Do your needs change when school is not in session (summer, holidays, etc.)**

Yes   No   N/A

20. **Are your child care arrangements adequate?**

Yes   No   N/A

21. **Do you need resources or referrals for child care?**

Yes   No   N/A

## Housing/Nutrition

22. **How many times have you had difficulty paying your bills in the past 12 months?**

None      1-2      3-4      5-6      More than 6

23. **Within the past 12 months, which, if any of the following did you worry about your ability to pay for?**

Food      Utilities       Rent/Mortgage       Insurance      Co-pays  
 Prescriptions   Clothing       Childcare       School Expenses  
Transportatin Costs       Other (please specify)    N/A

24. **In the past 12 months, did you worry that your food would run out before you could buy more?**

Often true    Sometimes true       Never true       Always true

25. **Do you feel you have access to affordable healthy food?**

Yes   No   N/A

26. **Where do you get most of your food?**

Grocery Store       Fast Food restaurants       Discount Food Marts  
 Food banks       Convenience Stores       Farmer's Markets  
 Sit down restaurants       Family, friends or neighbors    Other (please specify)

## Insurance Coverage

27. **Do you (or does your child) have health insurance?**

Yes   No

28. **If yes, can you afford the co-pay?**

Yes   No   N/A

29. **Does your insurance include prescription drug coverage?**

Yes   No

30. **Do you (or does your child) have an insurance case manager through your/their insurance?**  
Yes No N/A
31. **If yes, do you know how to contact that person?**  
Yes No N/A
32. **Do you know how to obtain resources for insurance?**  
Yes No

## School

33. **Are all school aged children enrolled in school currently?**  
Yes No N/A
34. **If yes, what type(s) of school/schools do they attend? Please select all that apply.**
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Pre-School/VPK | <input type="checkbox"/> Elementary School  | <input type="checkbox"/> Middle School |
| <input type="checkbox"/> High School    | <input type="checkbox"/> Technical School   | <input type="checkbox"/> College       |
| <input type="checkbox"/> Virtual        | <input type="checkbox"/> Alternative School | <input type="checkbox"/> Homeschool    |
| <input type="checkbox"/> Other          | <input type="checkbox"/> N/A                |  |
35. **Do you (or does your child) need any tutoring, test prep or other support?**  
Yes No
36. **What resources are available at your child's school to assist with academic services and supports?**
- |                                   |                                     |                                  |  |
|-----------------------------------|-------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> After-care | <input type="checkbox"/> Unknown | <input type="checkbox"/> Telehealth supports |
| <input type="checkbox"/> Other    | <input type="checkbox"/> N/A        |                                  |  |

## Medical

37. **What kind of doctors or providers have you seen in the past year?**
- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Cardiologist               | <input type="checkbox"/> Dentist                 | <input type="checkbox"/> Dermatologist             | <input type="checkbox"/> ENT (Ear, Nose & Throat)Neurologist |
| <input type="checkbox"/> Eye Doctor                 | <input type="checkbox"/> Mental Health Therapist | <input type="checkbox"/> Neurologist               |  |
| <input type="checkbox"/> OB/GYN                     | <input type="checkbox"/> Oncologist              | <input type="checkbox"/> Ophthalmologist           | <input type="checkbox"/> Pediatrician                        |
| <input type="checkbox"/> Physical Therapist         | <input type="checkbox"/> Primary Care Physician  | <input type="checkbox"/> Psychiatrist (Medication) |  |
| <input type="checkbox"/> Psychologist (Assessments) | <input type="checkbox"/> Other                   | <input type="checkbox"/> N/A                       |  |
38. **How often do you get preventative health screenings (i.e. cancer screenings, blood sugar and cholesterol checks)?**
- |                                    |                                       |                                 |                                |
|------------------------------------|---------------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Regularly | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
|------------------------------------|---------------------------------------|---------------------------------|--------------------------------|
39. **Do you or anyone in your household have a chronic illness (such as diabetes, high blood pressure or heart disease)?**  
Yes No
40. **If yes, what are the biggest challenges you face in managing the chronic illness?**
- |   |   |
|---|---|
| <input type="checkbox"/> Cost of medication     | <input type="checkbox"/> Access to healthcare providers               |
| <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> Lack of education about managing the illness |
| <input type="checkbox"/> Other, please specify  | <input type="checkbox"/> None   |
41. **Do you need assistance with:**
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Chronic medical conditions (i.e. diabetes, hypertension, high cholesterol, obesity) |  |   |
| <input type="checkbox"/> Feminine Hygiene  | <input type="checkbox"/> General hygiene | <input type="checkbox"/> Medical Supplies |

- Medications
- Nutrition
- Sexual health resources
- Smoking cessation
- Understanding the health care system
- N/A

42. **In the past year, was there a time when you or someone in your household needed medical care but were not able to get it?**

- Yes
- No
- N/A

43. **If you answered yes to the previous questions, why weren't you able to access care?**

- No health insurance
- Cost
- No availability
- Transportation
- No doctor
- Other, Please Specify:
- N/A

44. **Where do you get most of your medical information?**

- Church
- Doctor
- Family/friends
- Internet (Google, Bing, etc.)
- Pharmacy
- Social Media
- Telehealth
- Other

45. **How often do you use Telehealth for healthcare visits?**

- Often
- Sometimes
- Rarely
- Never

46. **If you don't use telehealth, please select the reasons why. Select all that apply.**

- No internet access
- Provider does not offer telehealth services
- Don't know how to use telehealth services
- I prefer in person visits
- Other

## Legal

47. **In the past year have you or anyone in your household spent time in jail or in a correctional facility or been on probation?**

- Yes
- No
- N/A

48. **If you (or your child) are on probation and/or in a diversion program, do you know the specific requirements you need to meet in order to complete it?**

- Yes
- No
- N/A

49. **Are you able to access resources for legal issues concerning custody concerns, criminal charges and/or diversion programs?**

- Yes
- No
- N/A

## Misc. Community Resources

50. **Please select all services received or needed:**

- Child welfare involvement in your household
- Received SNAP, TANF, or other benefits in the last year
- Social Security involvement
- Vocational Rehabilitation involvement
- Require assistance being connected to community resources or filing for benefits
- Services that are in line with my specific religious/spiritual needs

## Speciality Services

51. **What types of behavioral health services would you like to be available in the community?**

- Individual Therapy     Group Therapy     Both individual and group therapy  
 Peer-led Services     Family Support Services     Medication Management  
 N/A

**52. What is your desired frequency of group therapy?**

- Once per week     Once per month     Daily     9 hours per week  
 12-15 hours per week     N/A

**53. What is your desired frequency of individual therapy?**

- Once per week     Once per month     Daily     9 hours per week  
 12-15 hours per week     N/A

**54. What is your preferred type of therapeutic intervention?**

- Cognitive behavioral therapy (CBT)     Dialectical behavior therapy  
 Eye movement desensitization and reprocessing (EMDR)     Other (please specify)  
 N/A

**Preguntas recomendadas para la evaluación de las necesidades de la comunidad**  
**Datos demográficos**

**Condado de residencia**

- Hardee   
  Highlands   
  Polk   
  Otro

**Rango de ingresos**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> <\$23,999         | <input type="checkbox"/> \$24,000-\$33,999 | <input type="checkbox"/> \$34,000-\$40,999 | <input type="checkbox"/> \$41,000-\$46,699 |
| <input type="checkbox"/> \$46,700-\$53,349 | <input type="checkbox"/> \$53,350-\$59,999 | <input type="checkbox"/> \$60,000-66,649   | <input type="checkbox"/> \$66,650-\$71,999 |
| <input type="checkbox"/> \$72,000-\$77,349 | <input type="checkbox"/> \$77,350-\$82,649 | <input type="checkbox"/> \$82,650-\$87,999 | <input type="checkbox"/> \$88,000 or more  |

**Número de personas que viven en su hogar**

- 1   
  2   
  3   
  4   
  5   
  6   
  7   
  8   
  9   
  10 o más

**Edad**

- Menores de 18 años   
  18-29   
  30-39   
  40-49   
  50-64   
  65+

**Sexo**

- Masculino   
  Femenino   
  Prefiero no decirlo   
  Otro

**¿Es usted hispano, latino o de origen español?**

- Sí   
  No

**¿En caso afirmativo, ¿de qué grupo étnico se considera?**

- Centroamericano   
  Cubano   
  Dominicano   
  Mexicano   
  Puertorriqueño  
 Suramericano   
 Prefiero no decirlo   
 Otro

**¿Cuál es su raza?**

- |  |                                     |   |   |
|--|-------------------------------------|---|---|
| <input type="checkbox"/> Negro o Afroamericano | <input type="checkbox"/> Blanco     | <input type="checkbox"/> Indio americano            | <input type="checkbox"/> Nativo de Alaska |
| <input type="checkbox"/> Sudasiático           | <input type="checkbox"/> Chino      | <input type="checkbox"/> Filipino                   | <input type="checkbox"/> Japonés          |
| <input type="checkbox"/> Coreano               | <input type="checkbox"/> Vietnamita | <input type="checkbox"/> Otros Países Asiáticos     | <input type="checkbox"/> Hawaiano Nativo  |
| <input type="checkbox"/> Guamanés o Chamorro   | <input type="checkbox"/> Samoano    | <input type="checkbox"/> Otros Isleños del Pacífico |   |
| <input type="checkbox"/> Prefiero no decirlo   | <input type="checkbox"/> Otro       |   |   |

**¿Cuál es tu idioma preferido?**

- Inglés   
  Español   
  Criollo   
  Otro (especifique):

**¿Cuál es tu nivel educativo más alto?**

- Menos que bachillerato   
  Parte del bachillerato   
  Diploma de bachillerato o equivalente/GED  
 Escuela de oficios   
 Algunos estudios universitarios, sin título

Título de asociado

Licenciatura

Título de posgrado o profesional

**¿Cuál es su situación laboral actual? Seleccione todas las opciones que correspondan.**

Tiempo completo (más de 35 horas semanales)  A tiempo parcial

Autónomo  Estudiante

Ama de casa  Jubilado

Incapacitado para trabajar por discapacidad  Trabajo temporal o flexible

Trabajo estacional o migratorio  Desempleado, buscando trabajo

Desempleado, sin buscar trabajo

**Indique con cuáles de las siguientes organizaciones está afiliado actualmente o ha estado afiliado anteriormente como empleado, voluntario o miembro. Seleccione todas las que correspondan:**

Salud conductual/mental  Participación comunitaria/Defensa  Desarrollo infantil/juvenil

Educación  Servicios de Empleo

Centro de salud calificado a nivel federal (FQHC)

Servicios de vivienda y para personas sin hogar

Atención sanitaria (salud física)  Gobierno/Desarrollo de políticas

Agencia sin ánimo de lucro  Salud pública  Seguridad pública

Asuntos de veteranos  Ninguno  Otros  Prefiero no decirlo

**¿Sabe cómo acceder a los recursos para el empleo?**

Sí  No  N/A

## Acceso a la asistencia

**Las preguntas que figuran a continuación se aplican a cualquier persona de la unidad familiar que necesite servicios (usted, su hijo, su cónyuge, etc.)**

**1. ¿Cuál es su mayor obstáculo para obtener ayuda?**

Horario de la clínica  Tiempo de espera  Disponibilidad de citas

Distancia a la clínica  Transporte  Ubicación

Sin teléfono ni wifi  Seguro/coste  Dificultad para contactar con un proveedor

No sé cómo buscar la información  Otros (especifique):

**2. ¿Prefiere citas entre semana o en fines de semana?**

Entre Semana  Fines de Semana  Sin Preferencia

**3. ¿A qué hora del día prefiere que lo vean?**

Antes de las 8am  8 AM- Mediodía  Mediodía -1:00 PM  1:00 PM-5:00 PM

5:00 PM-6:00 PM  6:00 PM-7:00 PM  Después de Las 8:00 PM

**4. ¿Cuál es su ambiente de tratamiento preferido para acceder a la atención médica?**

Oficina de la agencia  Entorno comunitario  Hogar

Escuela  Telesalud  Otros

**5. ¿Tiene acceso a un proveedor de atención médica que comprenda su cultura, idioma y/o creencias?**

Sí  No  N/A

**6. Sabe dónde pedir ayuda cuando la necesita.**

Sí  No  N/A

**7. Puedes recibir atención cuando la necesites.**

Sí  No  N/A

**8. Sabe dónde obtener ayuda en caso de emergencia.**

Sí  No  N/A

**9. Puede obtener ayuda en caso de emergencia.**

Sí  No  N/A

**10. Se siente bienvenido cuando visita la clínica.**

Sí  No  N/A

**11. ¿A dónde acude con más frecuencia cuando está enfermo?**

- Al consultorio del medico     Sala de emergencia     Clínica de urgencias  
 Departamento de salud     Sanador holístico     No busco atención médica  
 Otro (especifique)

**12. Cuando busca atención médica, ¿qué tres factores son los más importantes para el entorno de tratamiento?**

- Atención del empleado     Limpieza de la clínica     Coherencia  
 Conciencia cultural     Comunicación clara     Sentirse escuchado/respetado  
 Amabilidad de los empleados     Preocupación genuina por el bienestar  
 Profesionalidad de los empleados     Calidad de la atención  
 Sentido     N/A

## Necesidades adicionales

### Transporte

**13. ¿Cómo llega a las citas? Dispone de vehículo propio**

- Puede pedir que le lleven amigos o familiares  
 Puede utilizar transporte de pago (es decir, autobús, taxi, Uber, etc.)  
 Puede utilizar transporte pagado por el seguro médico  
 Tiene vehículo propio  
 Necesita información sobre recursos de asistencia para el transporte  
 N/A

**14. ¿Cuáles son las barreras de transporte que impiden el acceso a la atención médica? (Seleccione todas las que correspondan).**

- Falta de transporte público  
 Costos asociados con el transporte (gasolina, seguro, tarifas de Uber, etc.)  
 Falta de vehículo propio  
 Larga distancia hasta la clínica  
 Discapacidades físicas que dificultan la movilidad  
 Otros (especifique):  
 N/A

## Cuidado de niños

**15. ¿Cuántos niños viven en el hogar?**

1    2    3    4    5    6    7    8    9    10 or more

**16. ¿Necesita utilizar servicios de guardería?**

Sí  No  N/A

**17. En caso afirmativo, ¿dispone actualmente de servicio de guardería?**

A domicilio, en familia o con amigos     Servicios de guardería pagados  
 Programa después de la escuela     Otros

**18. ¿Cuáles son sus obstáculos para el cuidado infantil? Seleccione todas las opciones que correspondan:**

Costo     Horario de atención     Disponibilidad  
 Calidad de los proveedores disponibles     Horario de trabajo impredecible  
 Edad del niño     Larga lista de espera para el cuidado infantil  
 Sin acceso a los vales  Otros (especifique)     N/A

**19. ¿Cambian sus necesidades cuando no hay colegio (verano, vacaciones, etc.)?**

Sí  No  N/A

**20. ¿Son adecuados los servicios de guardería?**

Sí  No  N/A

**21. ¿Necesita recursos o referencias para el cuidado de niños?**

Sí  No  N/A

## Vivienda/Nutrición

**22. ¿Cuántas veces ha tenido dificultades para pagar sus facturas en los últimos 12 meses?**

Ninguna     1-2     3-4     5-6     6 o mas

**23. En los últimos 12 meses, ¿cuáles de los siguientes aspectos le preocuparon en cuanto a su capacidad para pagarlos?**

Alimentación     Servicios públicos     Alquiler/hipoteca  
 Seguro     Copagos de seguros     Recetas médicas  
 Ropa     Cuidado infantil     Gastos escolares  
 Gastos de transporte  Otros (especifique)     N/A

**24. En los últimos 12 meses, ¿le ha preocupado que se le acabara la comida antes de poder comprar más?**

A menudo     A veces     Nunca     Siempre

**25. ¿Sientes que tienes acceso a alimentos saludables y asequibles?**

Sí  No  N/A

**26. ¿Dónde compras la mayor parte de tus alimentos? (Selecciona todas las opciones que correspondan):**

Tienda de comestibles     Restaurantes de comida rápida     Tiendas de descuento  
 Bancos de alimentos     Tiendas de conveniencia  
 Mercados de agricultores     Restaurantes con servicio de mesa  
 Familia, amigos o vecinos     Otros (especifique)

## Cobertura de seguro

27. ¿Tiene usted (o su hijo) seguro médico?  
 Sí  No
28. Si es así, ¿puede usted afrontar el copago?  
 Sí  No  N/A
29. ¿Su seguro incluye cobertura de medicamentos recetados?  
 Sí  No  N/A
30. ¿Tiene usted (o su hijo) un coordinador de servicios a través de su seguro?  
 Sí  No  N/A
31. En caso afirmativo, ¿sabe cómo ponerse en contacto con esa persona?  
 Sí  No  N/A
32. ¿Sabe cómo obtener recursos para el seguro?  
 Sí  No

## Colegio

33. ¿Están escolarizados todos los niños en edad escolar?  
 Sí  No  N/A
34. En caso afirmativo: ¿A qué colegio o colegios asisten?  
 Preescolar  Primaria  Secundaria  Bachillerato  Escuela técnica  
 Universidad  Virtual  Escuela alternativa  Educación en casa  
 Otros  N/A
35. ¿Necesita usted (o su hijo) clases particulares, preparación para exámenes u otro tipo de apoyo?  
 Sí  No
36. ¿Qué recursos hay disponibles en la escuela de su hijo para ayudar con los servicios y el apoyo académico?  
 Tutoría  Cuidado después de clase  Desconocido  
 Apoyo a través de telesalud  Otros  N/A

## Salud

37. ¿Qué tipo de médicos o proveedores ha visitado durante el último año?  
 Cardiólogo  Dentista  Dermatólogo  Otorrinolaringólogo (oído, nariz y garganta)  
 Oftalmólogo  Terapeuta de salud mental  Neurólogo Ginecólogo/obstetra  
 Oncólogo  Oftalmólogo  Pediatra  
 Fisioterapeuta  Médico de cabecera  Psiquiatra (medicación)  
 Psicólogo (evaluaciones)  Otros  Ninguna
38. ¿Con qué frecuencia se somete a exámenes médicos preventivos (por ejemplo, exámenes de detección de cáncer, reviso de glucosa y colesterol)?  
 Con regularidad  De vez en cuando  Rara vez  Nunca
39. ¿Tiene usted o alguien de su familia alguna enfermedad crónica (como diabetes, hipertensión arterial o cardiopatía)?  
 Sí  No

**40. En caso afirmativo, ¿cuáles son sus mayores obstáculos a la hora de controlar la enfermedad crónica?**

- Costo de los medicamentos     Acceso a los proveedores de atención médica  
 Falta de transporte     Falta de educación sobre el manejo de la enfermedad  
 Otros, por favor especifique     Ninguna

**41. ¿Necesita ayuda con:**

- Enfermedades crónicas (diabetes, hipertensión, colesterol alto, obesidad)  
 Higiene femenina     Higiene general     Suministros medicos  
 Medicamentos     Nutrición     Recursos para la salud sexual  
 Dejar de fumar     Ayuda para comprender el sistema de asistencia sanitaria  
 N/A

**42. En el último año, ¿hubo algún momento en el que usted o alguien de su hogar necesitó atención médica pero no pudo obtenerla?**

- Sí     No     N/A

**43. Si ha respondido «sí» a las preguntas anteriores, ¿por qué no pudo acceder a la atención médica?**

- No tenía seguro medico     Costo     No hay disponibilidad  
 Transporte     No hay medico     Otros, especifique:  
 N/A

**44. ¿Dónde obtiene la mayor parte de su información médica?**

- Iglesia     El medico     Familia/amigos  
 Internet (Google, Bing, etc.)     Farmacia     Redes sociales  
 Telesalud     Otros

**45. ¿Con qué frecuencia utiliza la telesalud para sus visitas médicas?**

- A menudo     A veces     Rara vez     Nunca

**46. Si no utiliza telesalud, seleccione las razones. Seleccione todos los que correspondan.**

- No tengo acceso a Internet     El proveedor no ofrece visitas de telesalud  
 No sé cómo utilizar los servicios de telesalud     Prefiero las visitas en persona  
 Otros

## Asistencia legal

**47. En el último año, ¿usted o alguien de su hogar ha pasado tiempo en la cárcel o en un centro penitenciario, o ha estado en libertad condicional?**

- Sí     No     N/A

**48. Si usted (o su hijo) está en libertad condicional y/o en un programa de programa alternativo, ¿conoce los requisitos específicos que debe cumplir para completarlo?**

- Sí     No     N/A

**49. ¿Tiene acceso a recursos para cuestiones legales relacionadas con la custodia, cargos penales y/o programas de desviación?**

- Sí     No     N/A

## Recursos comunitarios diversos

**50. Seleccione todas las opciones que correspondan:**

- Participación de los servicios de bienestar infantil en su hogar
- Recibió SNAP, TANF u otros beneficios durante el último año
- Participación con el Seguro Social
- Participación en programas de rehabilitación vocacional
- Necesita de asistencia para conectarse con los recursos comunitarios o solicitar ayudas
- Hay servicios disponibles que se ajustan a mis necesidades religiosas/espirituales específicas

## **Servicios especializados**

**51. ¿Qué tipos de servicios de salud conductual le gustaría que estuvieran disponibles en la comunidad?**

- Terapia individual     Terapia grupal     Terapia individual y grupal
- Servicios dirigidos por pares     Servicios de apoyo familiar
- Manejo de medicamentos     Todo lo anterior

**52. ¿Cuál es la frecuencia deseada para la terapia grupal?**

- Una vez por semana     Una vez al mes     Diariamente
- 9 horas a la semana     12-15 horas a la semana     N/A

**53. ¿Cuál es la frecuencia deseada para la terapia individual?**

- Una vez por semana     Una vez al mes     Diariamente
- 9 horas a la semana     12-15 horas a la semana     N/A

**54. ¿Cuál es su tipo de intervención terapéutica preferido?**

- Terapia cognitivo-conductual (TCC)
- Terapia dialéctico-conductual (TDC)
- Desensibilización y reprocesamiento por movimientos oculares (EMDR)
- Otro (especifique):
- N/A