STARTING POINT
Behavioral Healthcare

Certified Community Behavioral Health Clinic Community Needs Assessment

2025

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The information contained in this report reflects qualitative opinion data collected during the assessment process. Comments are summarized and accurately cataloged from the facilitated discussions. These opinions cannot be attributed to one person; rather, these are summaries of group discussions in aggregate. Furthermore, the contents are the views of county residents gathered during the community engagement phase of the project and do not represent official views of, nor an endorsement by, Starting Point Behavioral Healthcare (SPBH).

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This Community Needs Assessment, funded by Starting Point Behavioral Healthcare in Nassau County, has a publication date of May 2025.

Executive Summary

Starting Point Behavioral Healthcare (SPBH) in Nassau County partnered with the Health Planning Council of Northeast Florida, Inc. (HPCNEF) to conduct the 2025 Certified Community Behavioral Healthcare Clinic (CCBHC) Community Needs Assessment (CNA). The purpose of the assessment was to utilize primary and secondary data collection to determine priorities, evaluate inventory resources, and strategize actions to improve the mental health and resiliency of the Nassau County community.

Data for SPBH's community needs assessment was collected for several broad categories, focusing on social determinants of health, mental health, and substance use. The data included population and environmental characteristics, the prevalence of health behaviors, mental health and substance use indicators, and the resources available to address the community's needs.

Input from Nassau County residents and SPBH clients was obtained through 334 responses from the community survey and five focus groups representing diverse populations. Additionally, insights into the mental health and substance use landscape in Nassau County and the availability of resources for subpopulations were obtained through key stakeholder interviews. The community survey identified service accessibility, limited specialty care options, education and awareness, crisis response, and stigma as key issues or barriers in the community. Focus groups indicated a need for increased community engagement and awareness, reducing stigma, addressing transportation barriers, as well as discussing SPBH's community impact. Key stakeholder interviews highlighted numerous challenges, such as stigma, transportation barriers, and a shortage of mental health and substance use providers, and provided recommendations such as improving SPBH staff retention. Secondary data indicators drew attention to mental health, substance use, social and economic factors, and access to healthcare concerns. Additionally, SPBH organizational data emphasized strengths such as reaching a diverse population and serving a range of mental health and substance use needs, as well as challenges such as ensuring services match the needs and desires of community members.

After a preliminary review of the data collected, key themes and priority areas were identified as focal points to address in an implementation plan following the completion of the assessment. HPCNEF provided resources and recommendations for targeted interventions and other evidence-based practices that could potentially impact the priority areas. SPBH created an action plan based on the information and priorities outlined in this assessment to implement activities, interventions, policies, and other changes that will help improve their effectiveness as a CCHBC and their work to make a healthier community.

Introduction

In recent years, mental health resiliency and substance use challenges continue to garner increasing attention as a critical public health issue. In Nassau County, Florida, and the surrounding area, Starting Point Behavioral Healthcare (SPBH) aims "to promote emotional wellness through psychiatric, mental health, and substance use disorder treatment services combined with community education and awareness" (SPBH, n.d.). SPBH became a Certified Community Behavioral Health Clinic (CCBHC) in 2022 to better serve the community's needs and increase access to mental health and substance use services. Exhibit 1 displays a graphic of the CCBHC model and the nine core services.

EXHIBIT 1: THE CCBHC MODEL
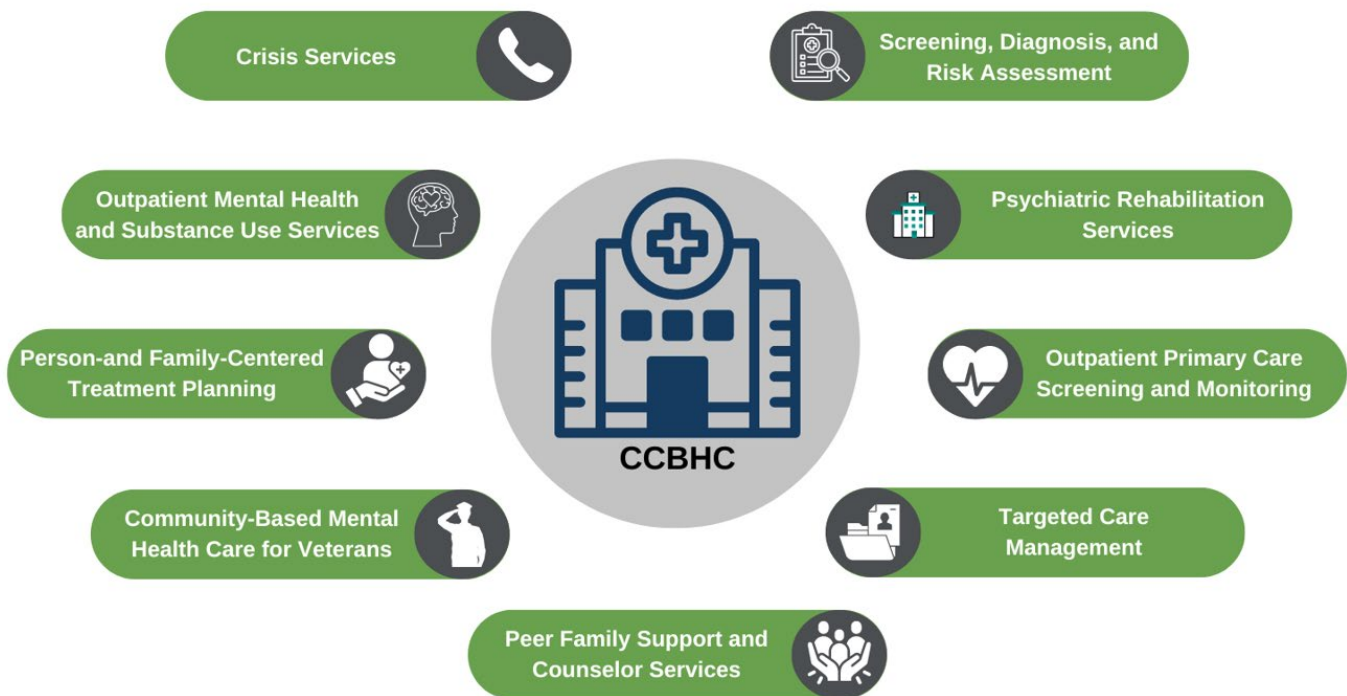
Source: Substance Abuse and Mental Health Services Administration, CCBHC Certification Criteria, 2023.

The Substance Abuse and Mental Health Services Administration (SAMHSA) requires all CCBHCs to complete a community needs assessment every few years to identify needs, current conditions, desired services or outcomes in the community, and determine organizational capacity to address the needs of the community (SAMHSA, 2023a). In September 2024, SPBH launched an assessment with the help of the Health Planning Council of Northeast Florida, Inc.; the St. Johns River Rural Health Network, Inc.; Health Tech Consultants, Inc.; key stakeholders and community partners; and service area residents.

The Starting Point Behavioral Healthcare (SPBH) Certified Community Behavioral Health Clinic (CCBHC) Community Needs Assessment (CNA) utilizes a systematic process of gathering primary and secondary data to research the mental health and substance use recovery needs of the Nassau County community to provide the data needed for SPBH to develop strategies to address identified key issues. The CCBHC CNA aims to measure and validate the health needs issues within Nassau County, Florida, and help SPBH understand how to better serve the community's needs. The

assessment helps present a clearer vision of the causes and contributing factors affecting health and quality of life, guiding the direction of the strategic planning process. The Health Planning Council of Northeast Florida, Inc. (HPCNEF) was subcontracted to guide and facilitate the assessment process.

Specifically, the CCBHC CNA process assists SPBH and community partners by:

1. Identifying and analyzing the unmet physical and mental health, social, and environmental needs within the service area of focus.

2. Acquiring an understanding of the circumstances in the service population to include possible environmental and public policy changes.

3. Summarizing a comprehensive understanding of what SPBH provides, who they serve, the challenges they face, and how well they achieve their goals.

4. Assisting those overseeing SPBH in making informed decisions regarding service gaps, organizational/program design, resource allocation, and community partnerships.

A Steering Committee consisting of staff from HPCNEF, SPBH, and Health-Tech Consultants, Inc. (HTC) elected to utilize a modified *"MAPP"* community assessment model recommended by the Florida Department of Health and the National Association of County and City Health Officials (NACCHO). *MAPP*, an acronym for "*Mobilizing for Action through Planning and Partnerships*," is a community-based participatory model that relies on the existing expertise of community representatives to identify, prioritize, and collectively address the county's most prevalent health concerns. The modified MAPP process is described in more detail in the Methodology section of this report.

In March 2025, SPBH staff and the Steering Committee attended a virtual meeting to discuss the preliminary results of the 2025 CCBHC CNA. A team from HPCNEF presented the preliminary findings, which consisted of primary (community survey, focus groups, key stakeholder interviews) and secondary data that supported the overall themes and priority areas. After the CNA findings were presented, SPBH was asked to create an action plan to implement changes and activities to address the identified priority areas. The final section of this report includes the key themes, priorities, and action plan.

This CNA was created through the collective and collaborative efforts of dedicated health and social service providers, essential community stakeholders, and residents from every region of Nassau County. The Steering Committee made concerted efforts toward inclusivity by involving and understanding diverse perspectives and vulnerable populations by directly engaging consumers, family members, individuals with lived experience, and valued community partners. Volunteer participants shared their insights on their communities' vision, strengths, challenges, and needs through surveys, interviews, and focus groups. The findings are intended to guide SPBH and its partners as they plan their programs, services, and outreach for the next few years.

Methodology

The Steering Committee used a mixed-methods approach for the CCBHC CNA and prioritized community participation and collaboration in this assessment using qualitative and quantitative data. The Steering Committee used a modified version of the evidence-based and effective assessment model developed by the National Association of County and City Health Officials (NACCHO) for community health planning, known as ***Mobilizing for Action through Planning and Partnerships***

(MAPP). This model was developed to provide a strategic approach to community health improvement by helping communities identify and use existing resources wisely, consider unique local conditions and needs, and form effective partnerships for action (NACCHO, n.d.). The Steering Committee implemented a modified MAPP process to include the following:

1. Two of the four MAPP assessments
    - Community Health Status Assessment
    - Community Strengths and Themes Assessment
2. Identifying strategic issues

A health improvement plan was not developed during the needs assessment process. This approach allows SPBH to incorporate the data provided by the report into its strategic and sustainability planning efforts. An action plan is included at the end of the report that provides details on how SPBH plans to use the CNA results and address strategic issues.

Key Drivers of the Needs Assessment

The community needs assessment has been described as the foundation of the CCBHC model, and all services offered and evidence-based practices for an organization should be driven by the assessment findings (National Council for Mental Wellbeing [NCMW], n.d.). The Key Drivers of the community needs assessment process from the National Council for Mental Wellbeing and SAMHSA include the following:

- **Community Needs and Barriers to Care**: Seeking a more comprehensive and data-driven understanding of community needs in the service area.
- **Community-responsive Staffing and Services**: Building on the foundation of community needs to inform the service array, locations, hours of operation, staffing model, and staff training plan.
- **Effective Partnerships and Care Coordination**: Developing more effective and strategic partnerships for care coordination and services.

This CNA utilizes MAPP as a framework for the report; however, the data is presented and discussed according to the three Key Drivers. Using this method allows the data to be viewed through the lens of the CCBHC model.

HPCNEF staff presented and discussed the proposed data indicators for the **Community Needs and Barriers to Care** section. The report prioritized behavioral health and substance use data; however, an analysis of population demographics and social determinants of health, death rates, healthcare utilization statistics, and access to healthcare indicators was included to provide a holistic view of the community. The data was provided in single-year rates and, where possible, supplemented with community-friendly infographics to ensure community residents could easily understand the data. The Community Survey was also included in this section because of the relevant data. Survey responses were collected from September 2024 to February 2025, with a total of 334 surveys collected and analyzed.

HPCNEF gathered additional data for the **Community-responsive Staffing and Services** and **Effective Partnerships and Care Coordination** sections from November 2024 to February 2025. These sections included key stakeholder interviews and focus groups. Fifteen stakeholder interviews were conducted via Microsoft Teams with individuals and organizations identified by SPBH. Five

focus groups were held at various SPBH locations across Nassau County. HPCNEF staff compiled and analyzed findings from all data collection methods.

Following the analysis of qualitative and quantitative data from the three Key Drivers, priority areas and key themes, including strengths and challenges, were identified.

Community Needs and Barriers to Care

The MAPP model's foundation lies in the *Community Health Status Assessment*, which has been labeled as *Community Needs and Barriers to Care* for this CNA to match the Key Drivers. This section utilizes secondary data from various sources like the U.S. Census Bureau, the Florida Department of Health, and the Health Resources & Services Administration to paint a comprehensive picture of Nassau County's health. It delves into demographics, social and economic factors, physical environment, health outcomes, and geographic variations within the county. Standardized rates are used for comparisons with the state, but caution is advised when considering low incidence rates, as small fluctuations can significantly impact these statistics. The following summary includes data from these areas:

- Geography and Governance
- Population Characteristics
- Economic Stability
- Education
- Healthcare Access
- Health Outcomes
- Behavioral and Mental Health
- Substance Use

The *Community Needs and Barriers to Care* section aims to comprehensively evaluate the health and well-being of the service area of focus. This meticulous process identifies both existing and emerging health needs across different demographic, socioeconomic, and geographic subsets within the community. By uncovering unmet needs, the assessment empowers service providers and residents to promote health equity and better overall population health outcomes.

Geography and Governance

Nassau County, Florida, encompasses approximately 649 square miles of the northeast region of the state. Nassau County borders the Atlantic Ocean to the east, Duval County to the south, Baker County to the southwest, Charlton County, Georgia, to the west, and Camden County, Georgia, to the north. The county seat is Fernandina Beach, and the elected five-member Board of County Commissioners is the law-making body of the county and serves a four-year term. Amelia Island's resorts and beaches serve as tourist attractions. In contrast, the Port of Fernandina is a gateway for international business throughout the county and the southeast United States. The county has three incorporated cities: Callahan, Fernandina Beach, and Hilliard. Unincorporated communities include Amelia City, American Beach, Andrews, Bryceville, Crawford, Kings Ferry, Nassau Village-Ratliff, Nassauville, O'Neill, Wildlight, and Yulee. Exhibit 2 shows the location of Nassau County within the state of Florida and its major cities.
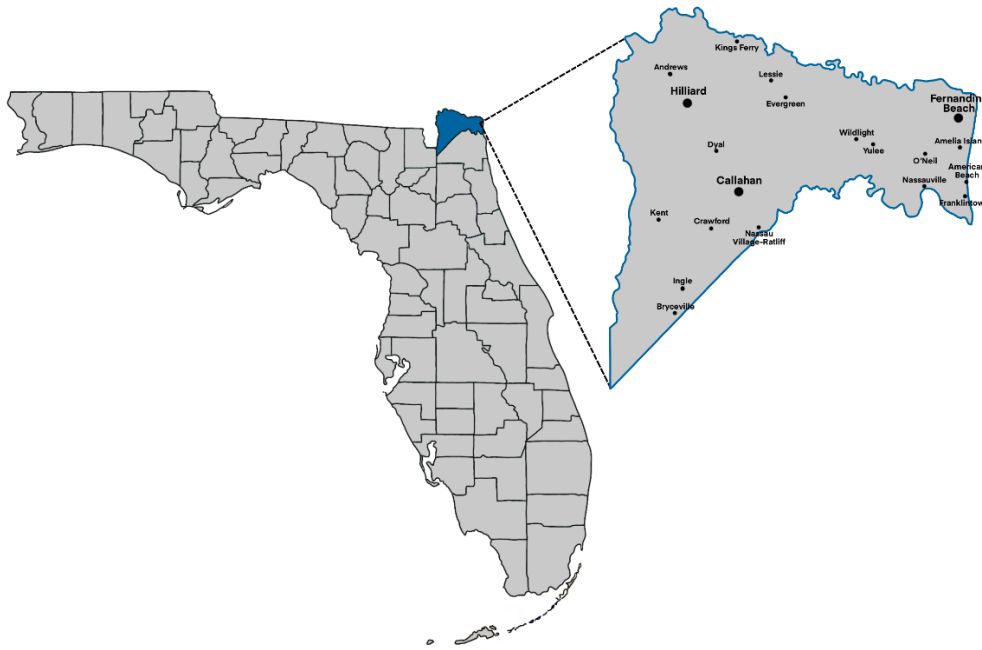
Source: Health Planning Council of Northeast Florida, Inc., 2024.

Starting Point Behavioral Healthcare Service Area

In addition to serving Nassau County residents, Starting Point Behavioral Healthcare (SPBH) assists individuals and families from Duval County, Baker County, and southern Georgia. Exhibit 3 displays the SPBH facility locations in Nassau County. SPBH has treatment centers in Yulee, Fernandina Beach, and Callahan, drop-in centers in Hilliard and Fernandina Beach, and an administrative office in Yulee.
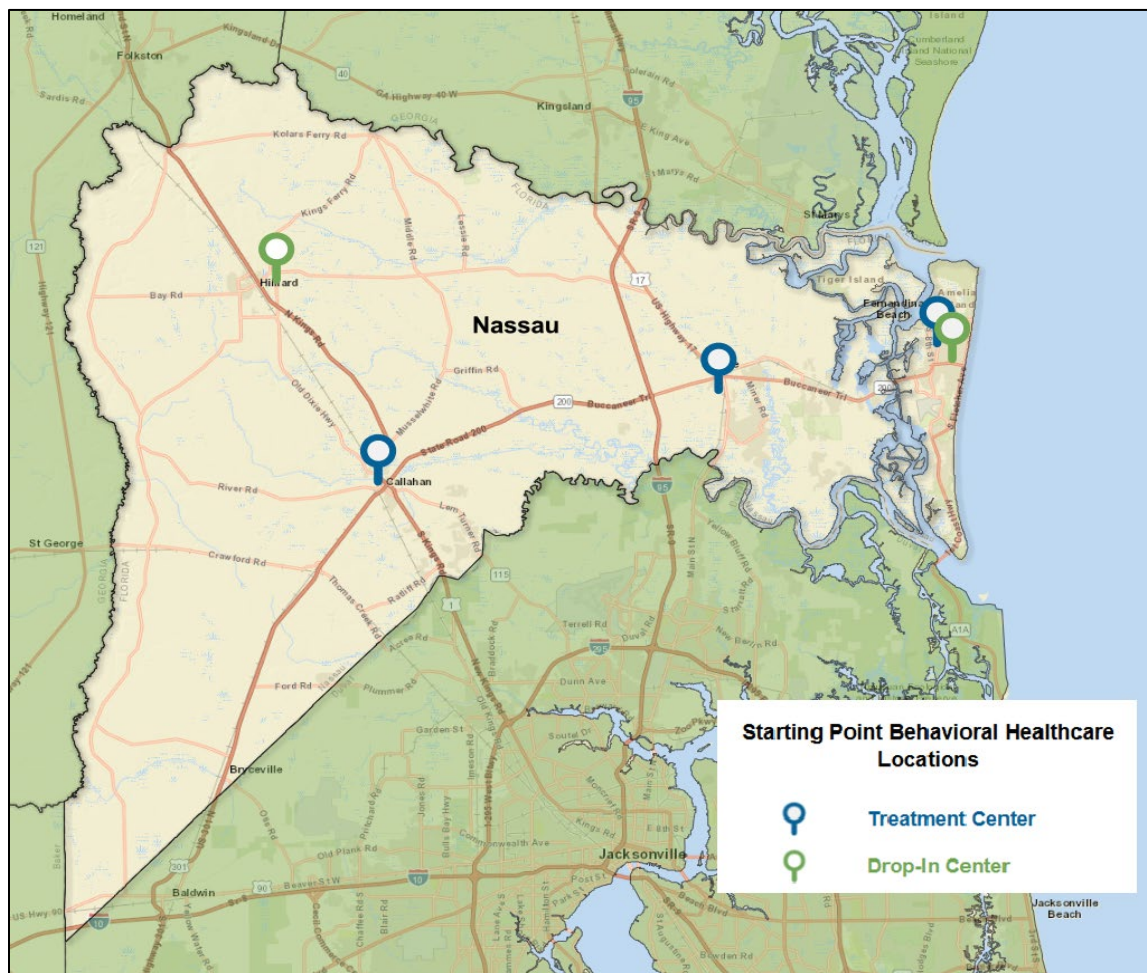
Source: Health Planning Council of Northeast Florida, Inc., 2025.

Population Characteristics

Total Population

In 2023, Nassau County and Florida had estimated populations of 98,746 and 22,685,583, respectively. Both the state and county are approximately 49% male and 51% female. The population of Nassau County is more densely concentrated in the central part of the county, with the highest-density areas near Yulee. The western region of the county is much less densely populated (Exhibit 4).
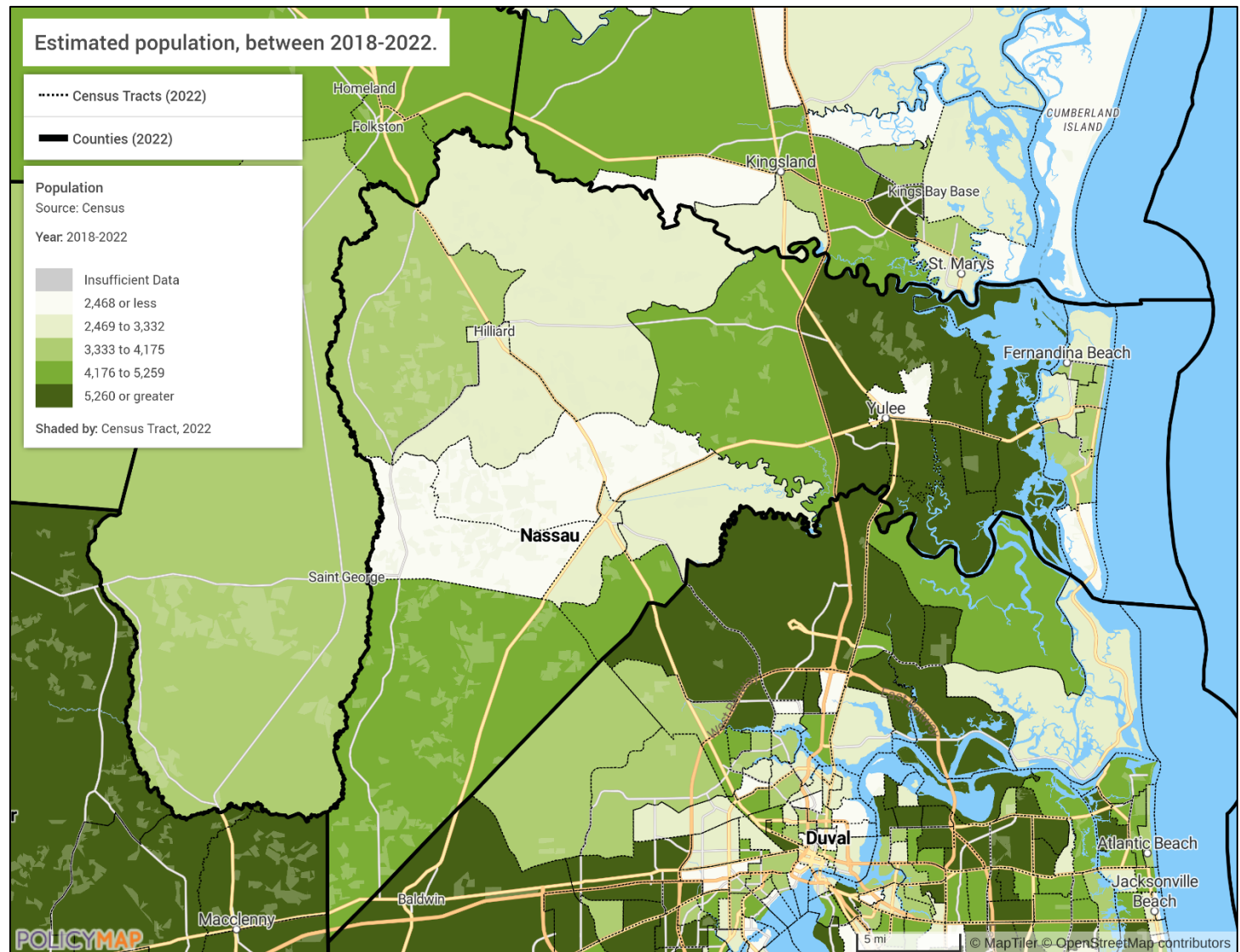
Source: Map from Policy Map; Data from 2022 American Community Survey. Date Sourced: December 2, 2024.

Nassau County's population steadily rose from 2018 to 2023 at an average annual growth rate of 3.5%. In recent years, there has been growth, with a 2.65% increase from 2019 to 2020, a 6.85% increase from 2020 to 2021, and an overall 18.8% increase from 2018 to 2023 (Exhibit 5).

EXHIBIT 5: TOTAL POPULATION, NASSAU COUNTY, 2018–2023

	2018	2019	2020	2021	2022	2023
Nassau County	83,125	85,135	87,389	93,375	95,907	98,746
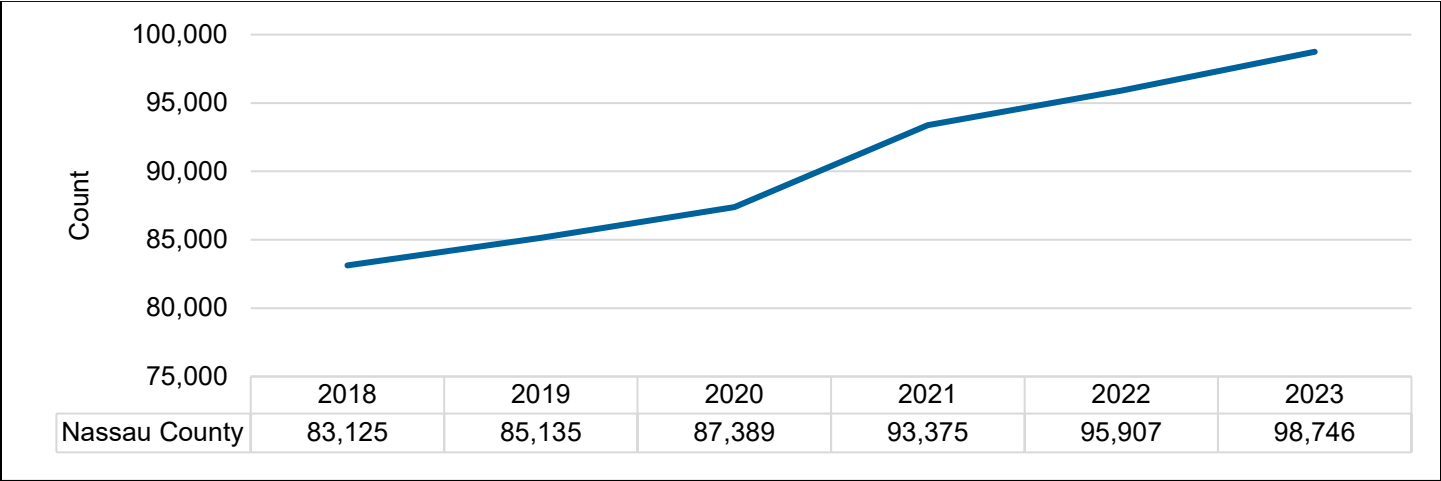
Source: Office of Economic and Demographic Research | FLHealthCHARTS | Population Estimates Query System. Date Sourced: December 26, 2024.

Age & Gender

The median age for Nassau County in 2023 was 46.7 years. Florida had a younger median age of 42.8 years.

Exhibit 6 shows the population distributions of Nassau County and Florida by age. Compared to Florida, Nassau County has a slightly lower percentage of children and teens (ages 18 and under) and a similar percentage of older adults (ages 70+). In 2023, Nassau County's population was 51% female and 49% male, the same as the state of Florida's distribution for that year.
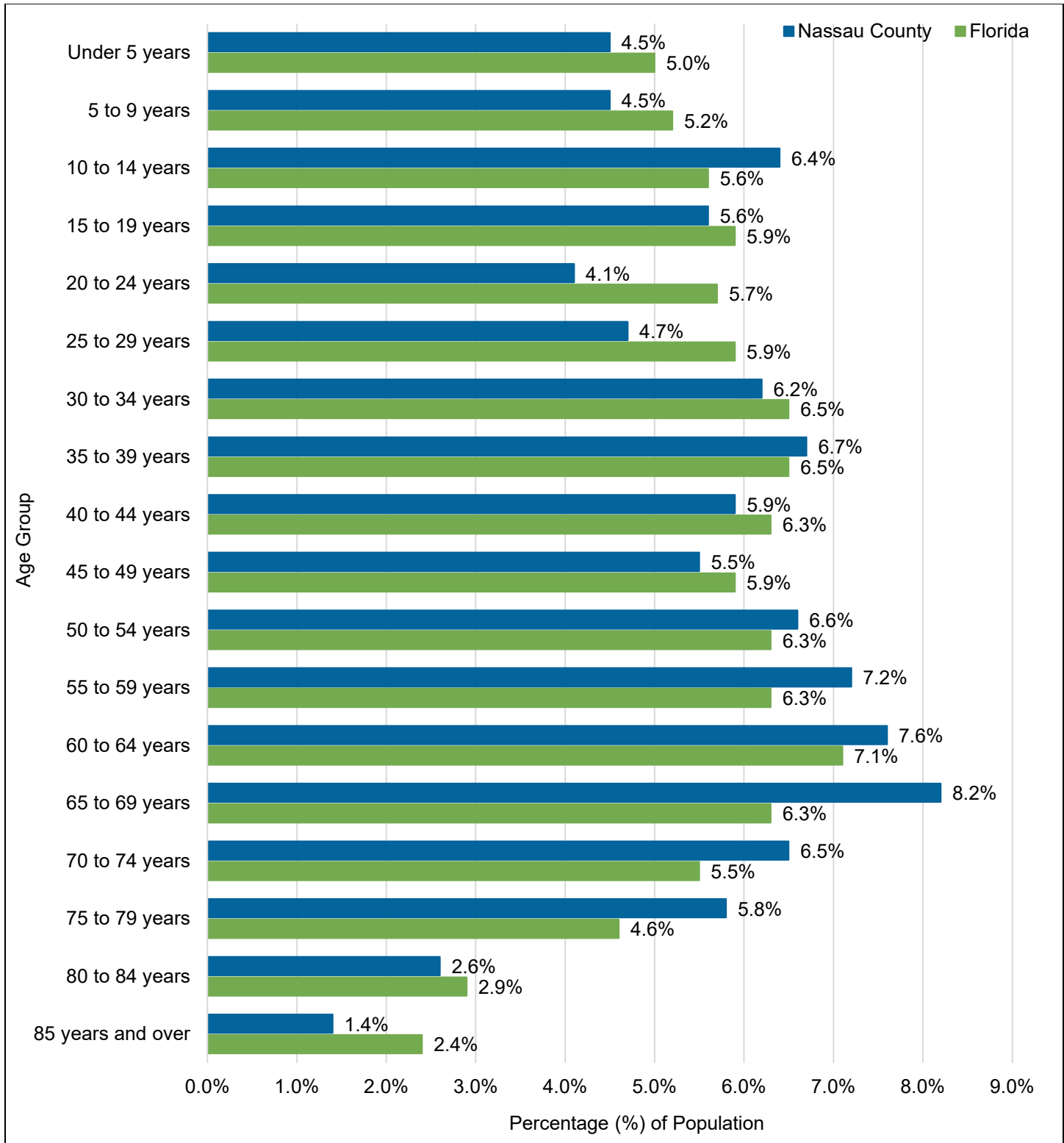
Source: US Census Bureau American Community Survey | Table S0101 | 1-Year Estimates. Date Sourced: December 26, 2024.

Race & Ethnicity

Nassau County had a racial distribution different than that of Florida in 2023. Nassau is 84.3% White, compared to 55.5% of the population in Florida. The second largest racial group is two or more races, making up 6.9% of the Nassau County population and 19.3% of Florida's population. Additionally,

4.9% of Nassau County residents identify as Black or African American, compared to 14.9% of Florida residents (Exhibit 7). A much greater percentage of Florida's population (27.4%) is Hispanic or Latino(a) compared to that of Nassau County (6.0%) (Exhibit 8).

EXHIBIT 7: POPULATION BY RACE, NASSAU COUNTY & FLORIDA, 2023

	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Other	Two or More Races
Nassau County	84.3%	4.9%	0.5%	1.6%	0.0%	1.9%	6.9%
Florida	55.5%	14.9%	0.4%	3.0%	0.1%	6.8%	19.3%

Source: US Census Bureau American Community Survey | Table DP05 | 1-Year Estimates. Date Sourced: February 21, 2025.

EXHIBIT 8: POPULATION BY ETHNICITY, NASSAU COUNTY & FLORIDA, 2023
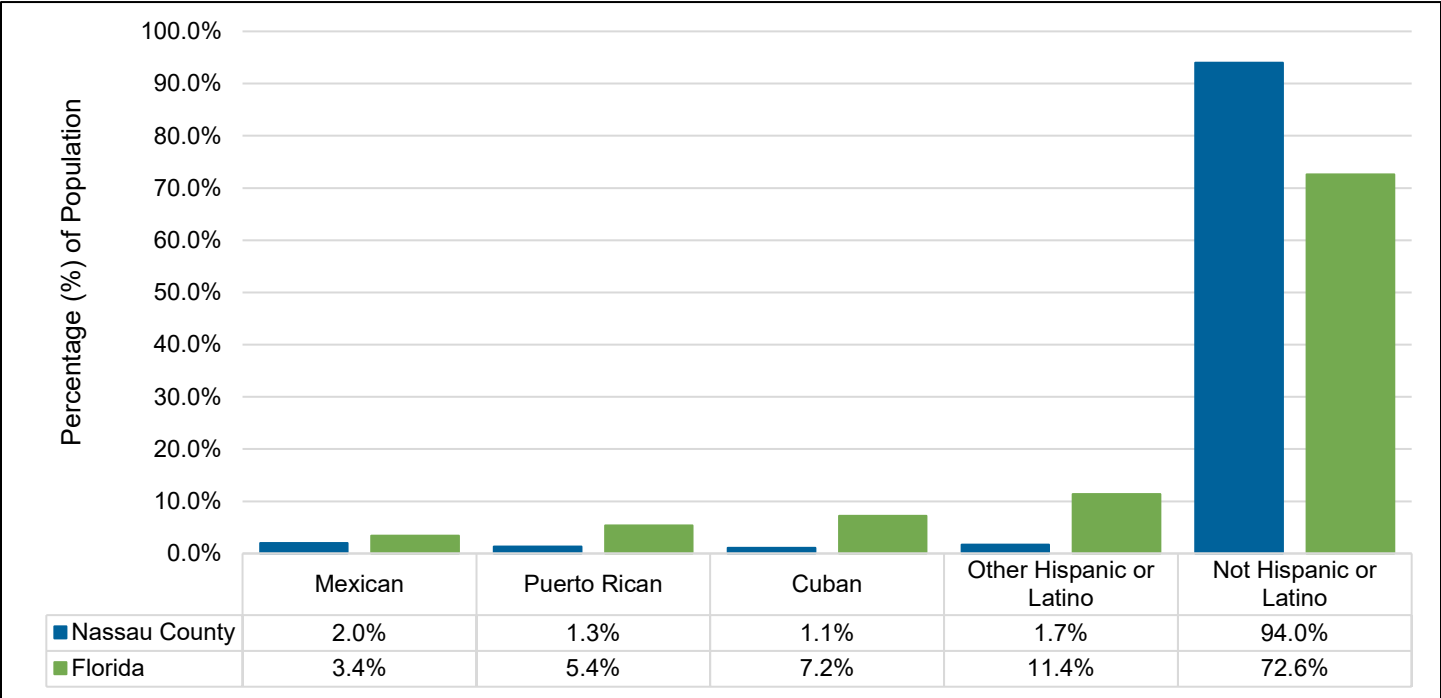
	Mexican	Puerto Rican	Cuban	Other Hispanic or Latino	Not Hispanic or Latino
Nassau County	2.0%	1.3%	1.1%	1.7%	94.0%
Florida	3.4%	5.4%	7.2%	11.4%	72.6%

Source: US Census Bureau American Community Survey | Table DP05 | 1-Year Estimates. Date Sourced: December 26, 2024.

The minority population of Nassau County is most densely concentrated in the southern part of Fernandina Beach. Other areas with a higher percentage of minority populations are in the center of the county, just west of Yulee (Exhibit 9).

EXHIBIT 9: NASSAU COUNTY MINORITY POPULATION (%) BY CENSUS TRACT, 2018–2022

Source: Map from Policy Map; Data from 2022 American Community Survey. Date Sourced: December 2, 2024.
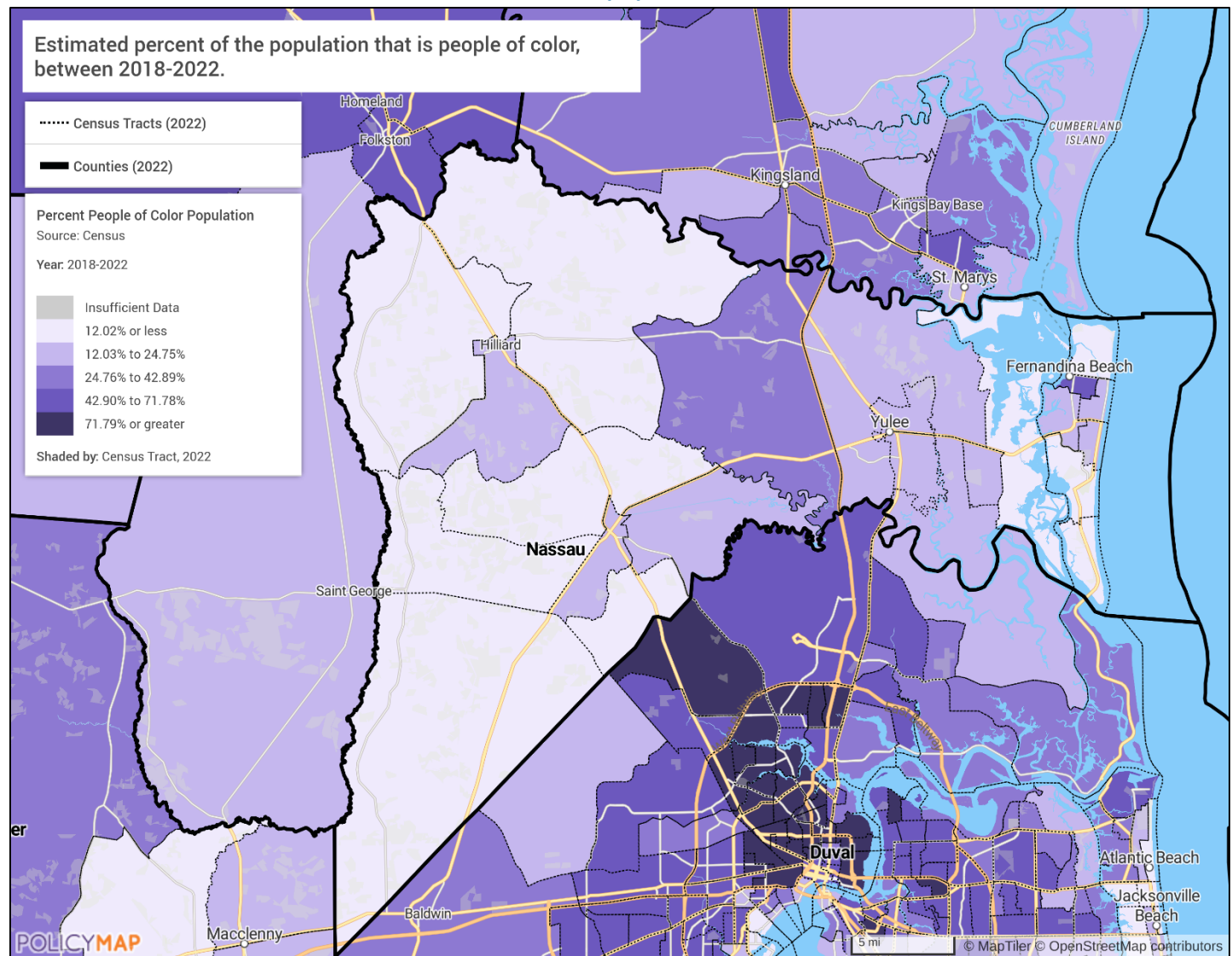
Educational Attainment

Exhibit 10 further explores Nassau County and Florida educational attainment for residents aged 25 and over. In this area, Nassau County residents are similar to the state population. In 2023, 21.2% of Nassau County residents held a bachelor's degree or higher, compared to 21.6% in Florida. Additionally, Nassau County has a lower percentage of residents with a high school diploma or equivalent (26.7%) and those with less than a high school education (1.2%) compared to Florida (26.8% and 4.1%, respectively).

	Less than High School Education	High School Education	Some College Education	Associate's Degree Education	Bachelor's Degree Education	Graduate or Professional Degree Education
Nassau County	1.2%	26.7%	20.4%	10.1%	21.2%	15.5%
Florida	4.1%	26.8%	18.4%	10.1%	21.6%	13.3%
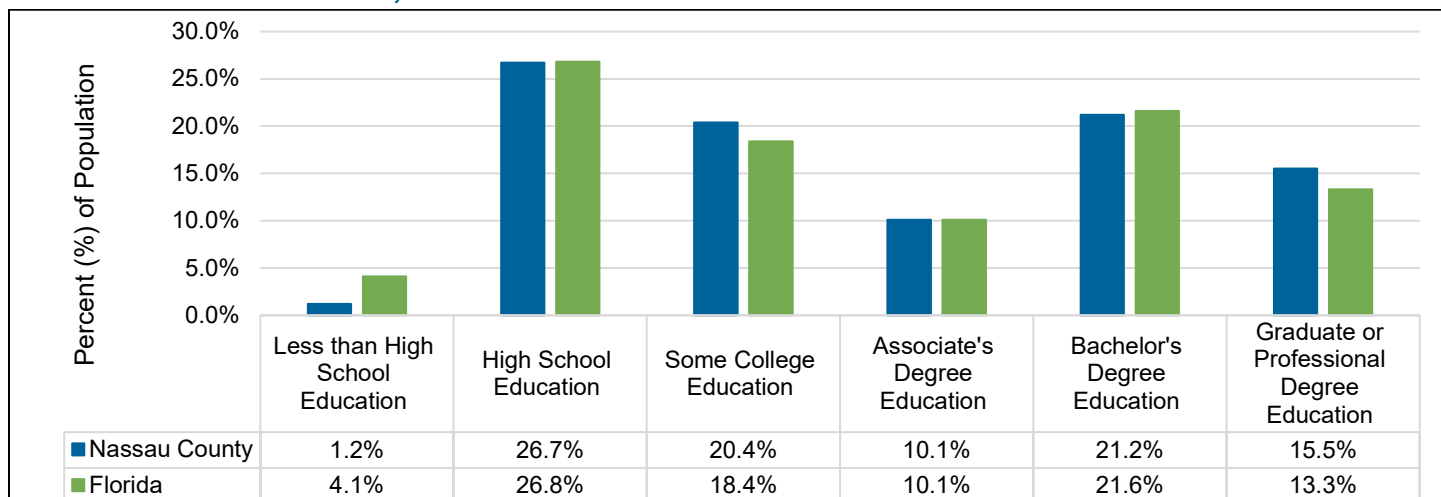
Source: US Census Bureau American Community Survey | Table DP02 | 1-Year Estimates. Date Sourced: December 26, 2024.

Employment

Unemployment rates in both Florida and Nassau County went down steadily from 2013 to 2023; however, there was a temporary increase in unemployment in 2020 (Exhibit 11). The state and county saw similar drops in unemployment rates from 2013 to 2023: Nassau County's rate decreased by 3.9%, while Florida's decreased by 4.3%.

EXHIBIT 11: UNEMPLOYMENT RATE, NASSAU COUNTY & FLORIDA, 2013–2023

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Nassau County	6.7%	6.0%	5.1%	4.5%	3.8%	3.2%	3.1%	5.7%	3.4%	2.5%	2.8%
Florida	7.2%	6.3%	5.5%	4.8%	4.2%	3.6%	3.3%	7.7%	4.6%	2.9%	2.9%
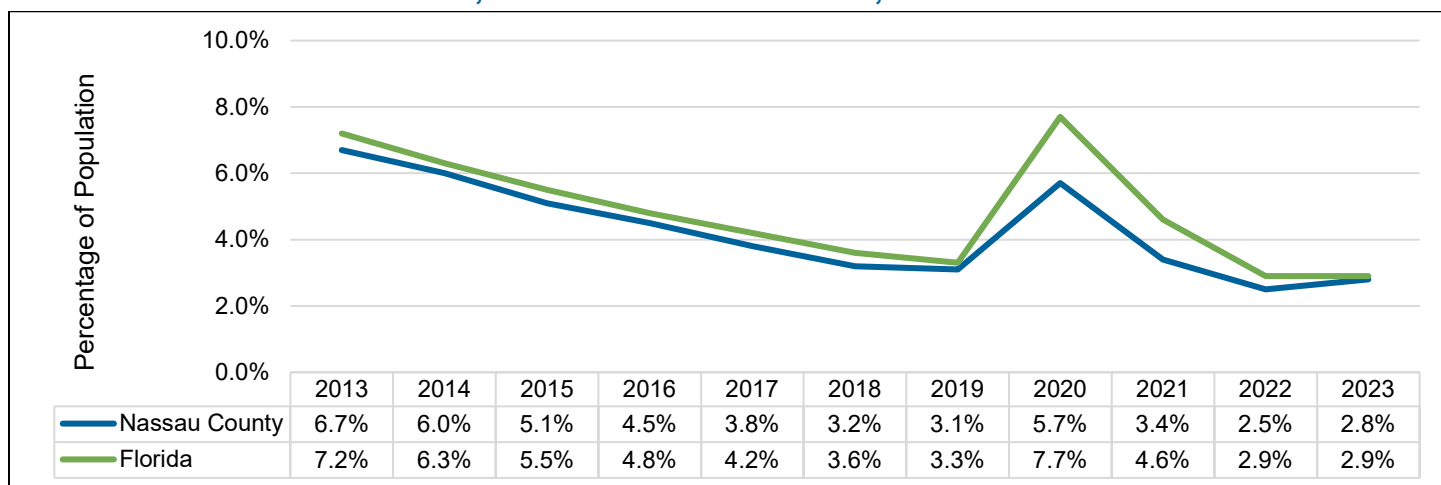
Source: US Department of Labor, Bureau of Labor Statistics | FLHealthCHARTS | Unemployment Rate. Date Sourced: December 26, 2024.

Income & Poverty

In 2023, the largest portion (20%) of Nassau County households earned $100,000–$149,999 in income and benefits, and 59.8% of Nassau County households earned $75,000 or more, In contrast, 16.8% of Florida households earned $100,000–$149,999 and 48% of households made $75,000 or more (Exhibit 12).

The median household income in Nassau County was $88,900, and per capita income was $46,463. The median household income in Florida was $71,711. Florida's per capita income was $41,055, which was $5,408 less than Nassau County's.

EXHIBIT 12: HOUSEHOLD INCOME/BENEFITS (2023 INFLATION-ADJUSTED DOLLARS), NASSAU COUNTY & FLORIDA, 2018–2023
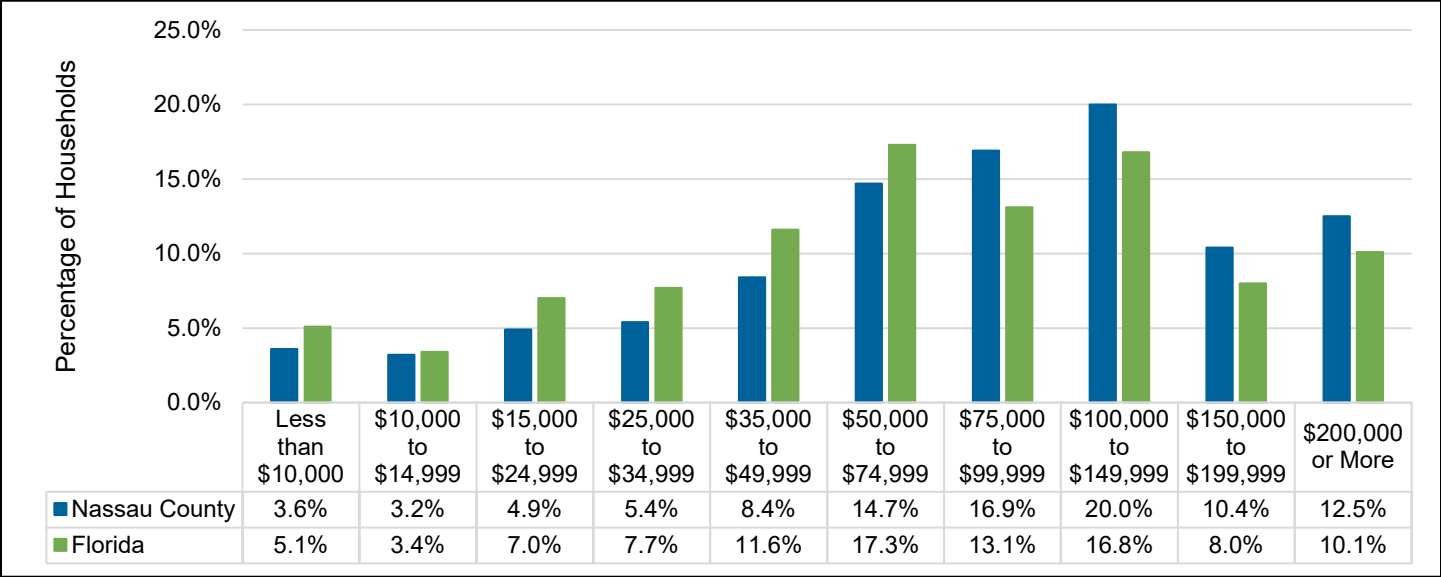
	Less than $10,000	$10,000 to $14,999	$15,000 to $24,999	$25,000 to $34,999	$35,000 to $49,999	$50,000 to $74,999	$75,000 to $99,999	$100,000 to $149,999	$150,000 to $199,999	$200,000 or More
■ Nassau County	3.6%	3.2%	4.9%	5.4%	8.4%	14.7%	16.9%	20.0%	10.4%	12.5%
■ Florida	5.1%	3.4%	7.0%	7.7%	11.6%	17.3%	13.1%	16.8%	8.0%	10.1%

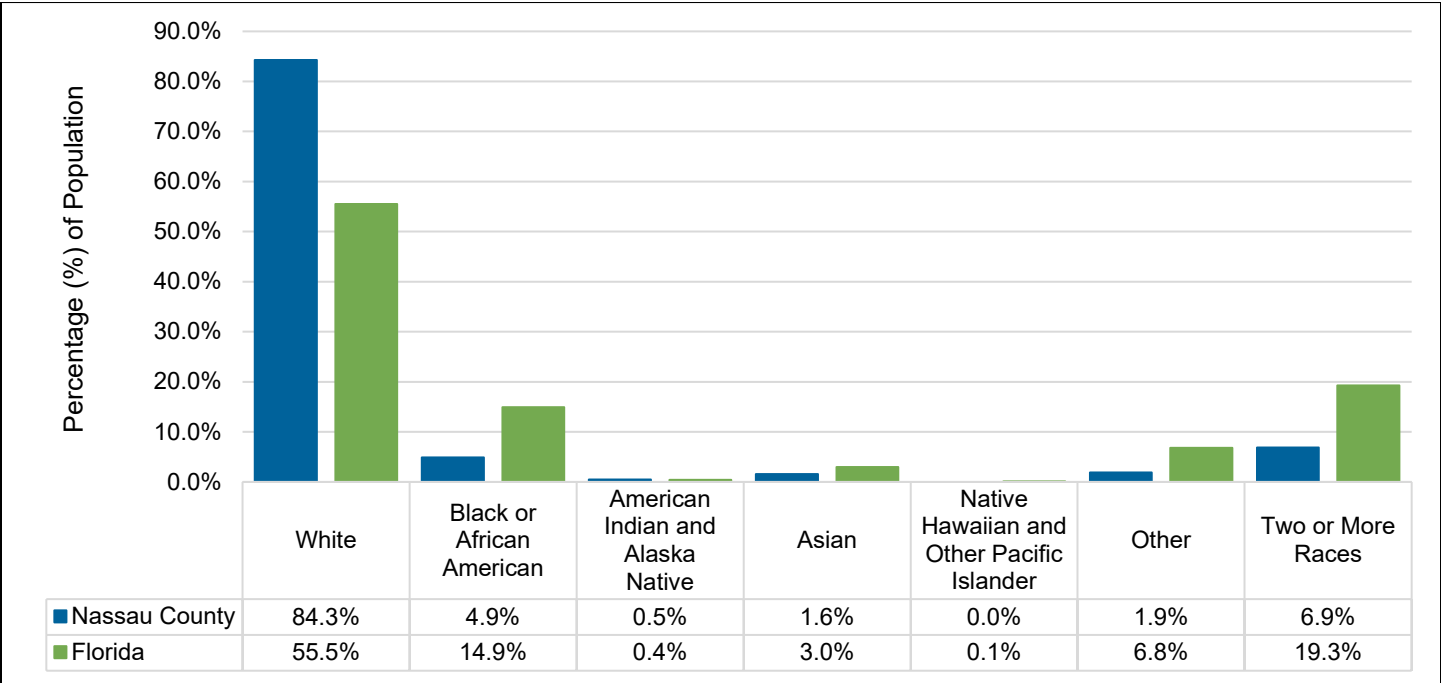Source: US Census Bureau American Community Survey | Table DP03 | 5-Year Estimates. Date Sourced: December 26, 2024.

The U.S. Census Bureau determines poverty thresholds by family size and family members' ages, with 48 possible thresholds. Thresholds do not vary geographically, and the Bureau updates thresholds annually for inflation. The poverty status calculation sums up the incomes of all related family members who live together. If the total family income falls below the poverty threshold, then that family and its members are considered to be in poverty. If the total family income equals or exceeds the given threshold, then the family and all its members are not in poverty (U.S. Census Bureau, 2023a). Exhibit 13 shows national poverty thresholds for 2024.

EXHIBIT 13: 2024 U.S. POVERTY THRESHOLD BY SIZE OF FAMILY AND NUMBER OF CHILDREN (IN DOLLARS)

Size of Family Unit	Weighted Average Threshold	Related Children Under 18 Years								
		None	One	Two	Three	Four	Five	Six	Seven	Eight or more
One person (unrelated individual)	15,940									
Under 65 years	16,320	16,320								
65 years and over	15,050	15,045								
Two people	20,260									
Householder under age 65	21,090	21,006	21,621							
Householder 65 and older	18,970	18,961	21,540							
Three people	24,940	24,537	25,249	25,273						
Four people	32,120	32,355	32,884	31,812	31,922					
Five people	38,080	39,019	39,286	38,374	37,436	36,863				
Six people	43,090	44,879	45,057	44,128	43,238	41,915	41,131			
Seven people	49,080	51,638	51,961	50,849	50,075	48,631	46,948	45,100		
Eight people	54,410	57,753	58,263	57,215	56,296	54,992	53,337	51,614	51,177	
Nine people or more	64,760	69,473	69,810	68,882	68,102	66,822	65,062	63,469	63,075	60,645

Source: U.S. Census Bureau Poverty Thresholds, 2024 Poverty Threshold. Date Sourced: February 28, 2025.

Because poverty status cannot be determined for people in institutional group quarters, such as prisons or nursing homes, college dormitories, military barracks, unconventional housing, or those not in shelters, the Bureau excludes these groups from poverty measurements. Additionally, those under the age of 15 who are not living with a family member are counted as unknown (U.S. Census Bureau, 2023a). Thus, the total population from whom poverty status was determined in 2023 was 100,801 for Nassau County and 22,139,460 for Florida. In Nassau County in 2023, 11.2% were in poverty, compared to 12.3% in Florida. For the population under age 18, 19.7% of Nassau County youth were in poverty, compared to 15.7% for Florida.

Exhibit 14 displays the percentage of the population in poverty for Nassau County and Florida from 2018 to 2023. During this period, Nassau County and Florida saw a slight decrease in poverty status, with the county having a lower percentage living in poverty than the state.

EXHIBIT 14: POPULATION FOR WHOM POVERTY STATUS IS DETERMINED, NASSAU COUNTY & FLORIDA, 2018–2023

	2018 (2014–2018)	2019 (2015–2019)	2020 (2016–2020)	2021 (2017–2021)	2022 (2018–2022)	2023 (2019-2023)
Nassau County	10.2%	10.5%	9.8%	9.6%	9.2%	9.2%
Florida	14.8%	14.0%	13.3%	13.1%	12.9%	12.6%
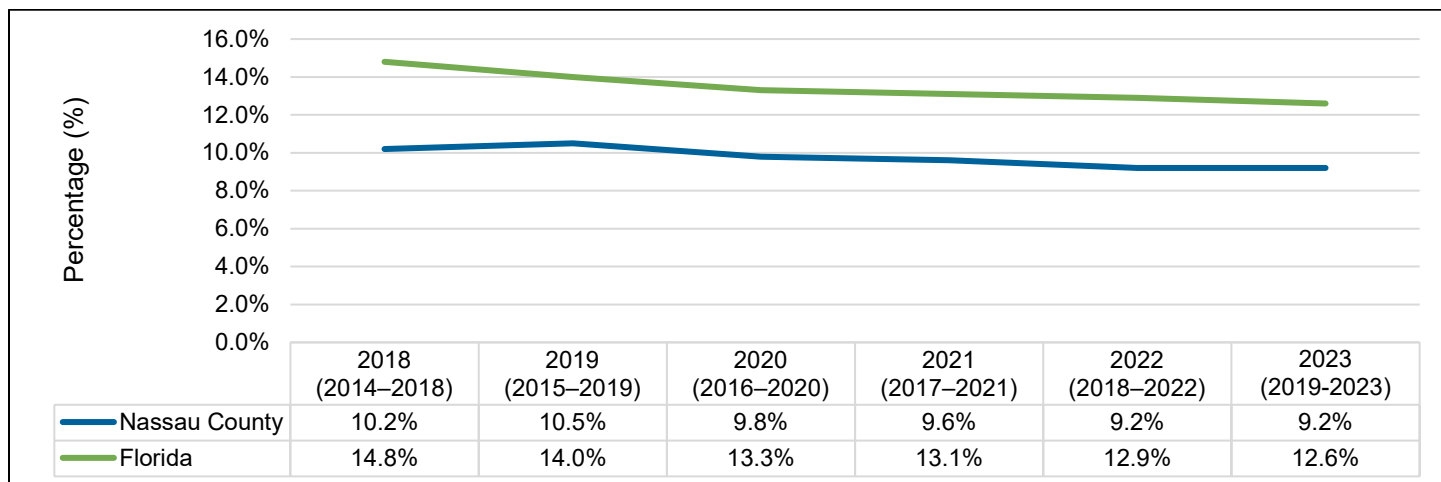
Source: US Census Bureau American Community Survey | Table S1701 | 2018, 2019, 2020, 2021, 2022, and 2023 5-Year Estimates. Date Sourced: December 26, 2024.
Note: 5-year estimates were used instead of 1-year estimates because there were no 1-year estimates calculated in 2020 due to the COVID-19 pandemic.

Furthermore, Exhibit 15 shows the percentages of families with related children aged 0–17 years living below the poverty level in Nassau County and Florida from 2018 to 2023. Nassau County maintained a lower percentage of families below the poverty level than Florida. Between 2018 and 2023, the county rate experienced a 1.9% increase, whereas the state's percentage decreased by 3.3%.

EXHIBIT 15: FAMILIES BELOW POVERTY LEVEL WITH RELATED CHILDREN (AGED 0–17 YEARS), NASSAU COUNTY & FLORIDA, 2018–2023

	2018	2019	2020	2021	2022	2023
Nassau County	12.0%	12.1%	11.5%	13.2%	12.3%	13.9%
Florida	17.3%	16.3%	15.2%	14.8%	14.4%	14.0%
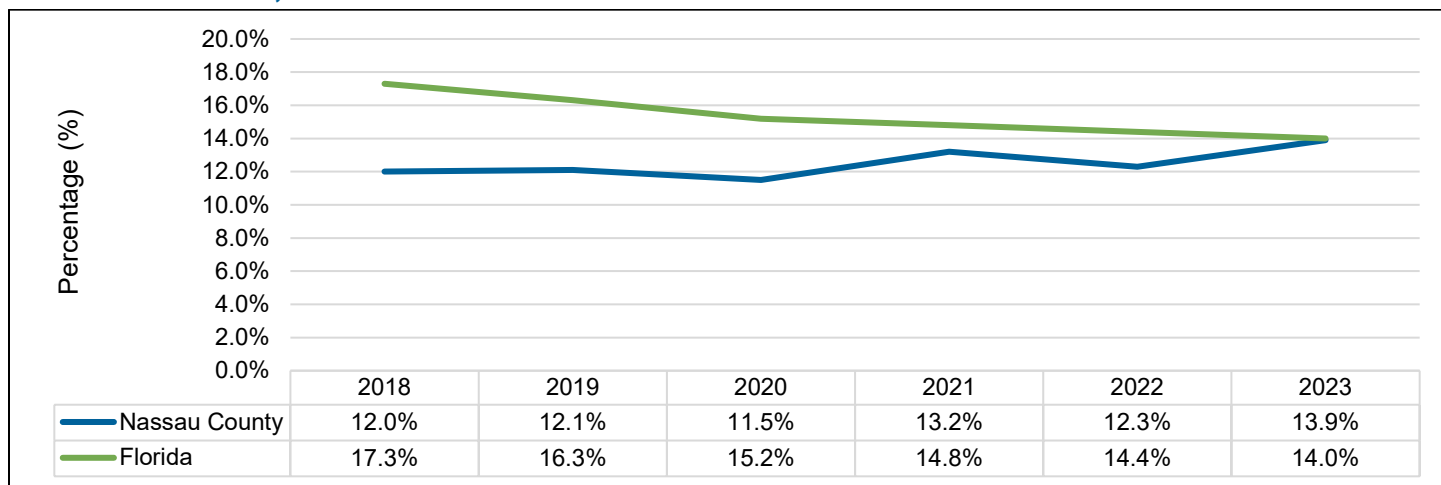
Source: US Census Bureau American Community Survey Table B17010 | FLHealthCHARTS | Families Below Poverty Level With Related Children (Aged 0-17 Years). Date Sourced: February 24, 2025.

Public Assistance

From 2018 to 2023, a smaller portion of Nassau County's population received cash public assistance in comparison to that of Florida. Both Nassau County and Florida saw gradual increases in the percentage of the population receiving cash assistance during this period (Exhibit 16). As presented in Exhibit 17, the rates of households receiving food assistance benefits in both the county and state declined slightly over the same time period.

EXHIBIT 16: HOUSEHOLDS RECEIVING CASH PUBLIC ASSISTANCE INCOME, NASSAU COUNTY & FLORIDA, 2018–2023
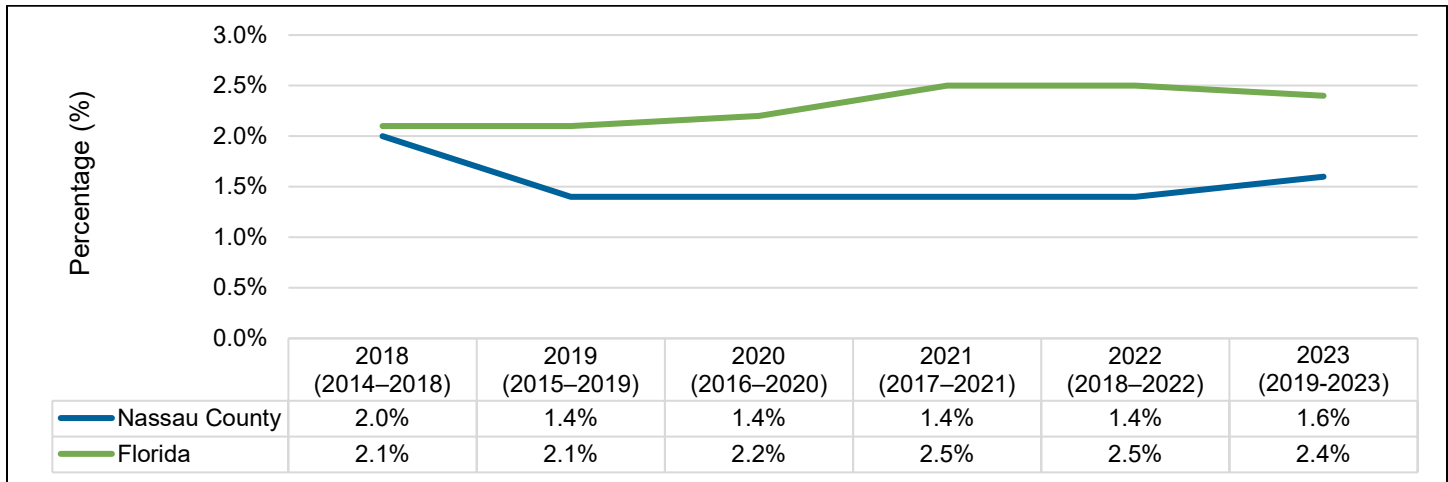
	2018 (2014–2018)	2019 (2015–2019)	2020 (2016–2020)	2021 (2017–2021)	2022 (2018–2022)	2023 (2019-2023)
Nassau County	2.0%	1.4%	1.4%	1.4%	1.4%	1.6%
Florida	2.1%	2.1%	2.2%	2.5%	2.5%	2.4%

Source: US Census Bureau American Community Survey | Table DP03 | 5-Year Estimates. Date Sourced: December 26, 2024.
Note: 5-year estimates were used instead of 1-year estimates because there were no 1-year estimates calculated in 2020 due to the COVID-19 pandemic.

EXHIBIT 17: HOUSEHOLDS RECEIVING FOOD STAMPS/SNAP BENEFITS IN THE PAST 12 MONTHS, NASSAU COUNTY & FLORIDA, 2018–2023
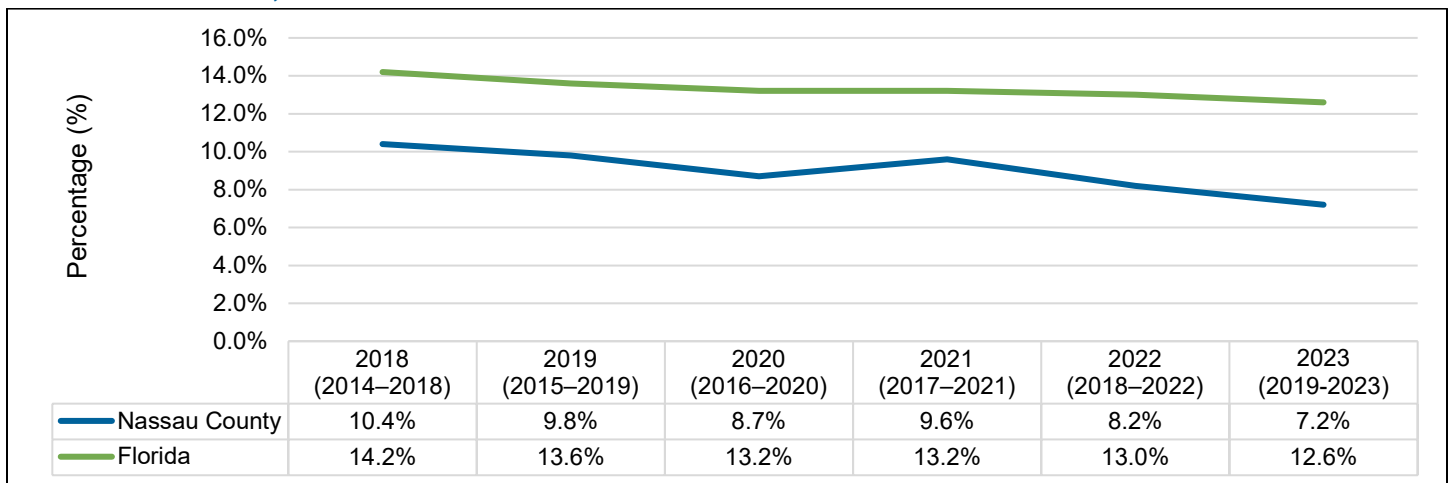
	2018 (2014–2018)	2019 (2015–2019)	2020 (2016–2020)	2021 (2017–2021)	2022 (2018–2022)	2023 (2019-2023)
Nassau County	10.4%	9.8%	8.7%	9.6%	8.2%	7.2%
Florida	14.2%	13.6%	13.2%	13.2%	13.0%	12.6%

Source: US Census Bureau American Community Survey | Table DP03 | 5-Year Estimates. Date Sourced: December 26, 2024.
Note: SNAP = Supplemental Nutrition Assistance Program. 5-year estimates were used instead of 1-year estimates because there were no 1-year estimates calculated in 2020 due to the COVID-19 pandemic.

Social Security Beneficiaries

The number of households receiving social security income is displayed in Exhibit 18. From 2019 to 2023, the percentage of the population receiving social security income in both Nassau County and Florida gradually increased. Exhibit 19 shows the mean annual social security income for Nassau County and Florida from 2019 to 2023. Nassau County experienced a 22.4% increase in mean social security income during this time period, compared to an 18.4% increase in Florida.

EXHIBIT 18: TOTAL HOUSEHOLDS RECEIVING SOCIAL SECURITY, NASSAU COUNTY & FLORIDA, 2019–2023

Area	2019	2020	2021	2022	2023
Nassau County	12,849	13,756	13,999	14,898	15,933
Florida	2,896,436	2,978,751	3,013,364	3,083,094	3,139,979

Source: US Census Bureau American Community Survey | Table DP03 | 5-Year Estimates. Date Sourced: February 26, 2025.

Area	2019	2020	2021	2022	2023
Nassau County	$21,559	$22,209	$23,095	$25,525	$26,391
Florida	$20,312	$20,545	$21,436	$23,112	$24,048

Source: US Census Bureau American Community Survey | Table DP03 | 5-Year Estimates. Date Sourced: February 26, 2025.

Disability

The Centers for Disease Control and Prevention (CDC) defines a disability as "any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions)" (CDC, 2024d). While disabilities vary widely, there are three main dimensions noted in the definition: impairment, activity limitation, and participation restrictions. Exhibit 20 details the estimates of residents in Nassau County living with a disability categorized by age group and race/ethnicity. Detailed estimates of residents living with disabilities are found in Exhibit 21.

EXHIBIT 20: DISABILITY DEMOGRAPHIC CHARACTERISTICS, NASSAU COUNTY, 2019–2023

Data Indicator	Total	With a Disability	Percent with a Disability
Total population	93,308	15,734	16.9%
Male	45,888	8,167	17.8%
Female	47,420	7,567	16.0%
Age Group			
Under 5 years	4,483	82	1.8%
5 to 17 years	14,035	1,178	8.4%
18 to 34 years	15,828	1,918	12.1%
35 to 64 years	37,157	5,422	14.6%
65 to 74 years	13,303	3,517	26.4%
75 years and over	8,502	3,617	42.5%
Race/Ethnicity			
White alone	80,282	13,661	17.0%
Black or African American alone	5,026	924	18.4%
American Indian and Alaska Native alone	264	126	47.7%
Asian alone	1,212	290	23.9%
Native Hawaiian and Other Pacific Islander alone	20	0	0.0%
Some other race alone	1,669	103	6.2%
Two or more races	4,835	630	13.0%
White alone, not Hispanic or Latino	78,710	13,481	17.1%
Hispanic or Latino (of any race)	4,999	397	7.9%

Source: US Census Bureau American Community Survey | Table S1810 | 5-Year Estimates. Date Sourced: February 24, 2025.

EXHIBIT 21: DISABILITY TYPE BY AGE, NASSAU COUNTY, 2023

Data Indicator	Total Noninstitutionalized Population	Population with a Disability	Percent with a Disability
With a hearing difficulty	**–**	**5,480**	**5.9%**
Under 18 years	18,518	114	0.6%
18 to 64 years	52,985	1,835	3.5%
65 years and over	21,805	3,531	16.2%
With a vision difficulty	**–**	**4,381**	**4.7%**
Under 18 years	18,518	353	1.9%
18 to 64 years	52,985	2,130	4.0%
65 years and over	21,805	1,898	8.7%
With a cognitive difficulty	**–**	**4,618**	**5.2%**
Under 18 years	14,035	886	6.3%
18 to 64 years	52,985	2,302	4.3%
65 years and over	21,805	1,430	6.6%
With an ambulatory difficulty	**–**	**6,805**	**7.7%**
Under 18 years	14,035	31	0.2%
18 to 64 years	52,985	2,653	5.0%
65 years and over	20,766	4,121	18.9%
With a self-care difficulty	**–**	**2,376**	**2.7%**
Under 18 years	14,035	27	0.2%
18 to 64 years	52,985	1,071	2.0%
65 years and over	21,805	1,278	5.9%
With an independent living difficulty	**–**	**4,131**	**5.5%**
18 to 64 years	52,985	1,751	3.3%
65 years and over	21,805	2,380	10.9%

Source: US Census Bureau American Community Survey | Table S1810 | 5-Year Estimates. Date Sourced: February 24, 2025.

The proportions of kindergarten through 12th-grade students with an emotional/behavioral disability in Nassau County and Florida between 2019 and 2024 are presented in Exhibit 22. From 2019 to 2021, Nassau County had a slightly lower percentage of kindergarten through 12th-grade students with emotional/behavioral disabilities than Florida. However, since 2022, Nassau County has had a higher percentage than Florida.

EXHIBIT 22: PERCENTAGE OF STUDENTS WITH EMOTIONAL/BEHAVIORAL DISABILITY (KINDERGARTEN–12ᵀᴴ GRADE), NASSAU COUNTY & FLORIDA, 2019–2024

	2019	2020	2021	2022	2023	2024
Nassau County	0.4%	0.4%	0.4%	0.5%	0.5%	0.5%
Florida	0.5%	0.5%	0.5%	0.4%	0.4%	0.4%

Source: Florida Department of Education | FLHealthCHARTS | Students With Emotional/Behavioral Disability (Kindergarten-12th Grade). Date Sourced: February 24, 2025.

Veterans

Exhibit 23 shows that Nassau County (11.6%) has a higher percentage of veterans in its population compared to Florida (7.7%). In 2023, there were 8,787 veterans living in Nassau County.

EXHIBIT 23: VETERAN POPULATION, NASSAU COUNTY & FLORIDA, 2023
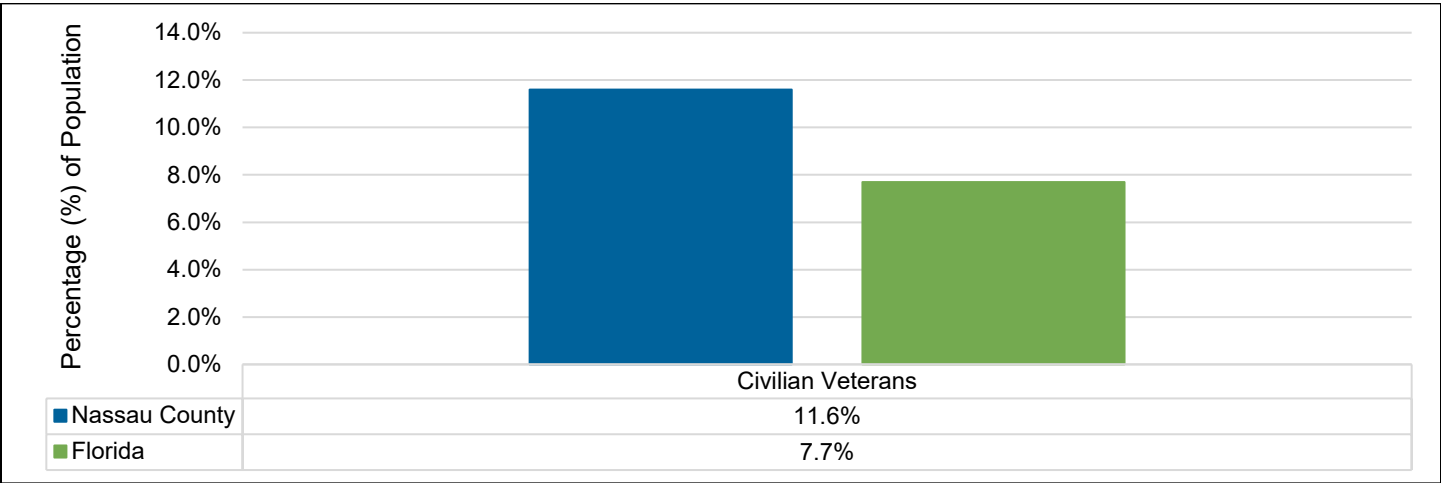
	Civilian Veterans
Nassau County	11.6%
Florida	7.7%

Source: US Census Bureau American Community Survey | Table DP02 | 5-Year Estimates. Date Sourced: February 24, 2025.

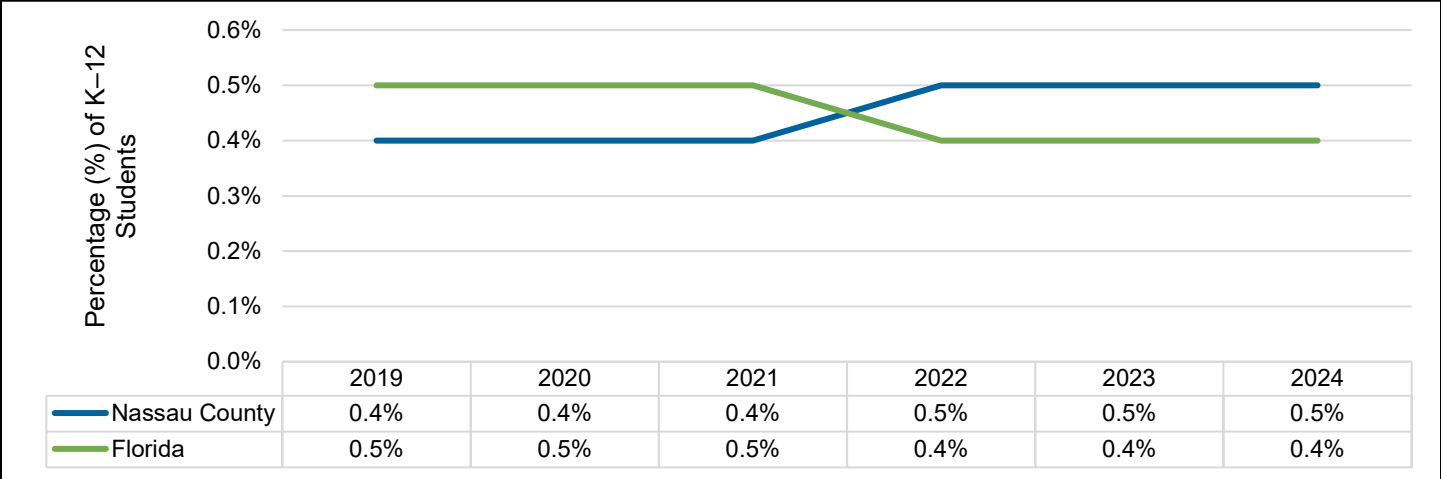## Language and Limited English Proficiency

Limited English proficiency and other language barriers may create obstacles that affect individuals in multiple aspects of their daily lives. Understanding the cultural landscape in the community can help organizations properly address social needs and ensure everyone has appropriate access to care.

Exhibit 24 displays the language skills and differences in Nassau County, including estimates of individuals who speak a certain language and those who do not speak English "very well." An estimated 94.7% of Nassau County residents speak only English, compared to 5.3% of residents who speak another language.

EXHIBIT 24: LANGUAGE SPOKEN AT HOME, NASSAU COUNTY, 2023

Data Indicator	Estimate	Percent
Speak only English	85,418	94.7%
Language other than English	4,751	5.3%
Speak English less than "very well"	1,430	1.6%
Speak Spanish	2,762	3.1%
Speak English less than "very well"	1,116	1.2%
Speak Other Indo-European languages	1,026	1.1%
Speak English less than "very well"	74	0.1%
Speak Asian and Pacific Islander languages	690	0.8%
Speak English less than "very well"	240	0.3%
Other languages	273	0.3%
Speak English less than "very well"	0	0.0%

Source: US Census Bureau American Community Survey | Table DP02 | 5-Year Estimates. Date Sourced: February 24, 2025.

The percentages of Nassau County and Florida populations aged five years and older who speak English less than "very well" are illustrated in Exhibit 25. Florida maintained between 11.8% and 11.9% per age-specific population from 2018 to 2022, with an increase to 12.1% in 2023. Nassau County has a significantly lower percentage for this indicator, peaking at 1.8% per age-specific population. Between 2018 and 2023, the Nassau County percentage decreased slightly.

EXHIBIT 25: PERCENTAGE OF POPULATION THAT SPEAK ENGLISH LESS THAN "VERY WELL" (AGED 5 AND OLDER), NASSAU COUNTY & FLORIDA, 2018–2023

	2018	2019	2020	2021	2022	2023
Nassau County	1.8%	1.8%	1.8%	1.8%	1.6%	1.6%
Florida	11.9%	11.9%	11.8%	11.8%	11.9%	12.1%
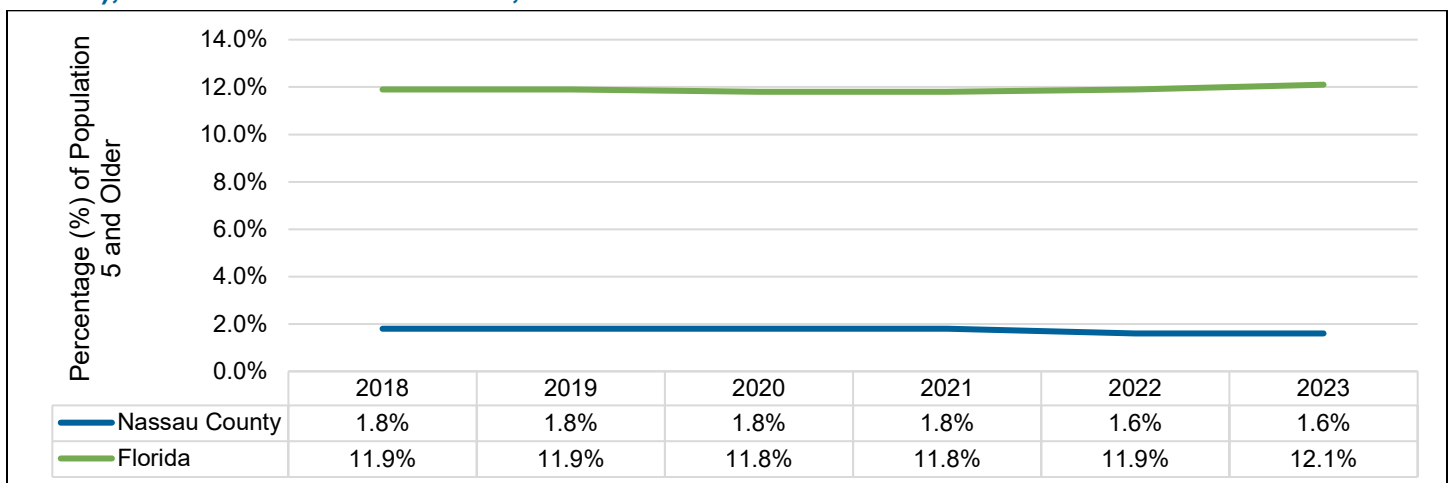
Source: US Census Bureau American Community Survey Table B06007 | FLHealthCHARTS | Population That Speak English Less Than Very Well (Aged 5 Years and Older). Date Sourced: February 24, 2025.

Digital Literacy and Broadband Access

The American Library Association (ALA) defines digital literacy as the ability to use information and communication technologies to find, evaluate, create, and communicate information, requiring both cognitive and technical skills (ALA, n.d.).

The coronavirus pandemic of 2020 (COVID-19) underscored the critical importance of broadband internet access (BIA), as highlighted by the Federal Communications Commission (FCC). Reliable upload and download speeds became essential for remote work, distance education, and telemedicine (FCC, BDAC, n.d.).

Digital literacy and internet connectivity have been called "super social determinants of health" because they address all other social determinants of health (Sieck et al., 2021). Applications for employment, housing, and other assistance programs, each of which influences an individual's health, are increasingly and sometimes exclusively accessible online (Sieck et al., 2021).

Of all Nassau County households, 98.0% have a computer, and 94.4% have a broadband internet connection. In comparison, 96.0% of Florida households have a computer, 90.2% have a broadband internet connection, 94.8% of U.S. households have a computer, and 89.7% have a broadband internet connection (U.S. Census Bureau, 2023b).

Housing

There is a significant link between housing and health. Individuals dealing with problems related to insecure or unstable housing tend to encounter more adverse health consequences and increased healthcare expenses (Health Research & Educational Trust, 2017b).

Homelessness

Where people live and how people live directly affect their well-being (Health Research & Educational Trust, 2017b). Many health conditions among homeless people are often a complex mix of serious physical and mental health, substance use, and social problems. Poor health, high stress, unhealthy and dangerous environments, and an inability to control food intake often result in frequent visits to emergency rooms and hospitalizations (NHCHC, 2019). Stable housing not only provides privacy and safety; it is also a place to rest and recuperate from surgery, illness, and other ailments without worrying about where to sleep and find a meal, or how to balance these needs with obtaining health care and social services (NHCHC, 2019).

Exhibit 26 displays recent estimated numbers of homeless individuals. Estimates are derived from a point-in-time count of people experiencing homelessness. The estimated number of homeless individuals in Nassau County decreased by 36.0% from 2019 to 2024, peaking in 2019–2020 with 86 homeless individuals.

EXHIBIT 26: HOMELESS ESTIMATES, NASSAU COUNTY, 2019–2024

	2019	2020	2021	2022	2023	2024
Nassau County	86	86	28	0	55	55
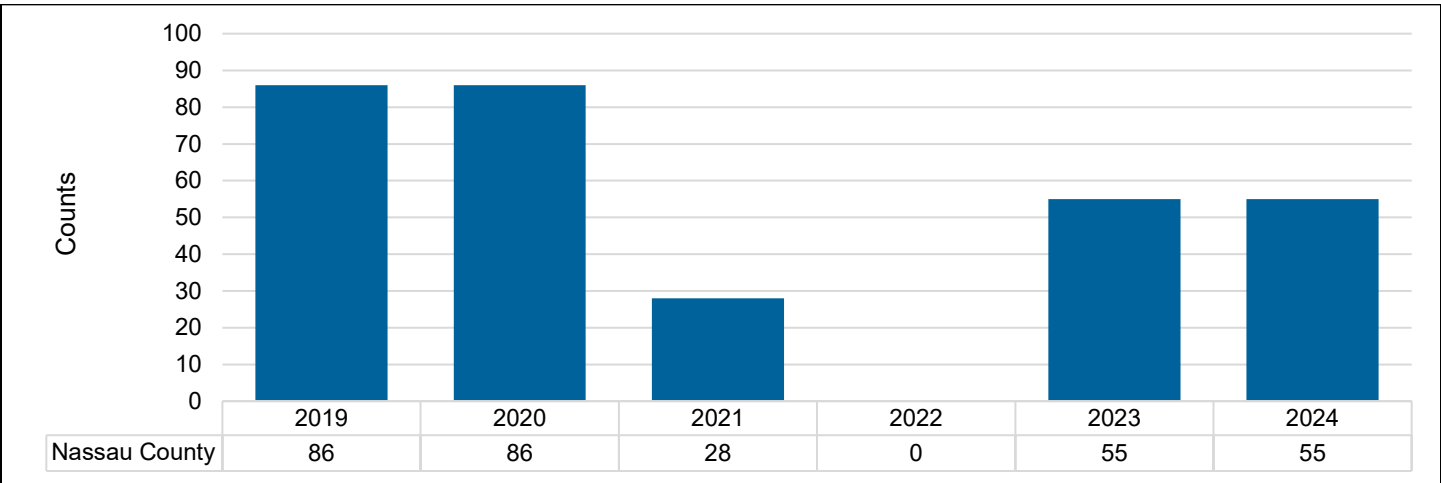
Source: Florida Department of Children and Families | FLHealthCHARTS | Homeless Estimates. Date Sourced: December 6, 2024.

Exhibit 27 displays data indicators for homeless students and unaccompanied youth during the 2022–2023 school year. Nassau County had a reported total of 388 homeless students, of which 112 were considered unaccompanied youth during that school year. There were 303 students who

doubled up or shared housing with another family and 9 in emergency or transitional shelters. There were 24 students who reported living in a hotel/motel, and 52 reported as unsheltered.

EXHIBIT 27: HOMELESS STUDENTS AND UNACCOMPANIED YOUTH, NASSAU COUNTY, SCHOOL YEAR 2022–2023

Indicator	Count
In emergency & transitional shelters	9
Doubled up	303
Unsheltered	52
In hotels/motels	24
Unaccompanied youth	112
Total homeless students	**388**

Source: Florida Housing Data Clearinghouse | Special Needs | Homeless Student and Unaccompanied Youth. Date Sourced: December 6, 2024.
Note: Original source for data is from the Florida Department of Education. For more information, see Title IX: Homeless Education Program (HEP).

Transportation

Transportation includes vehicle access, adequate infrastructure, distance and time to reach destinations, costs, and policies that affect travel (HRET, 2017c). Challenges related to transportation can impede an individual's ability to access healthcare services, potentially leading to missed or delayed medical appointments, higher healthcare costs, and ultimately poorer health outcomes (Syed et al., 2013).

Exhibit 28 displays the types of transportation Nassau residents use to get to work. According to the U.S. Census Bureau American Community Survey, Nassau County has 42,192 resident workers aged 16 years and over. From 2018 to 2023, cars, trucks, and vans (84.5%) were the most common form of transportation to work in Nassau County, and most commuters drove alone (79.0%). During those same years, an estimated 5,497 people (13.0%) worked from home.
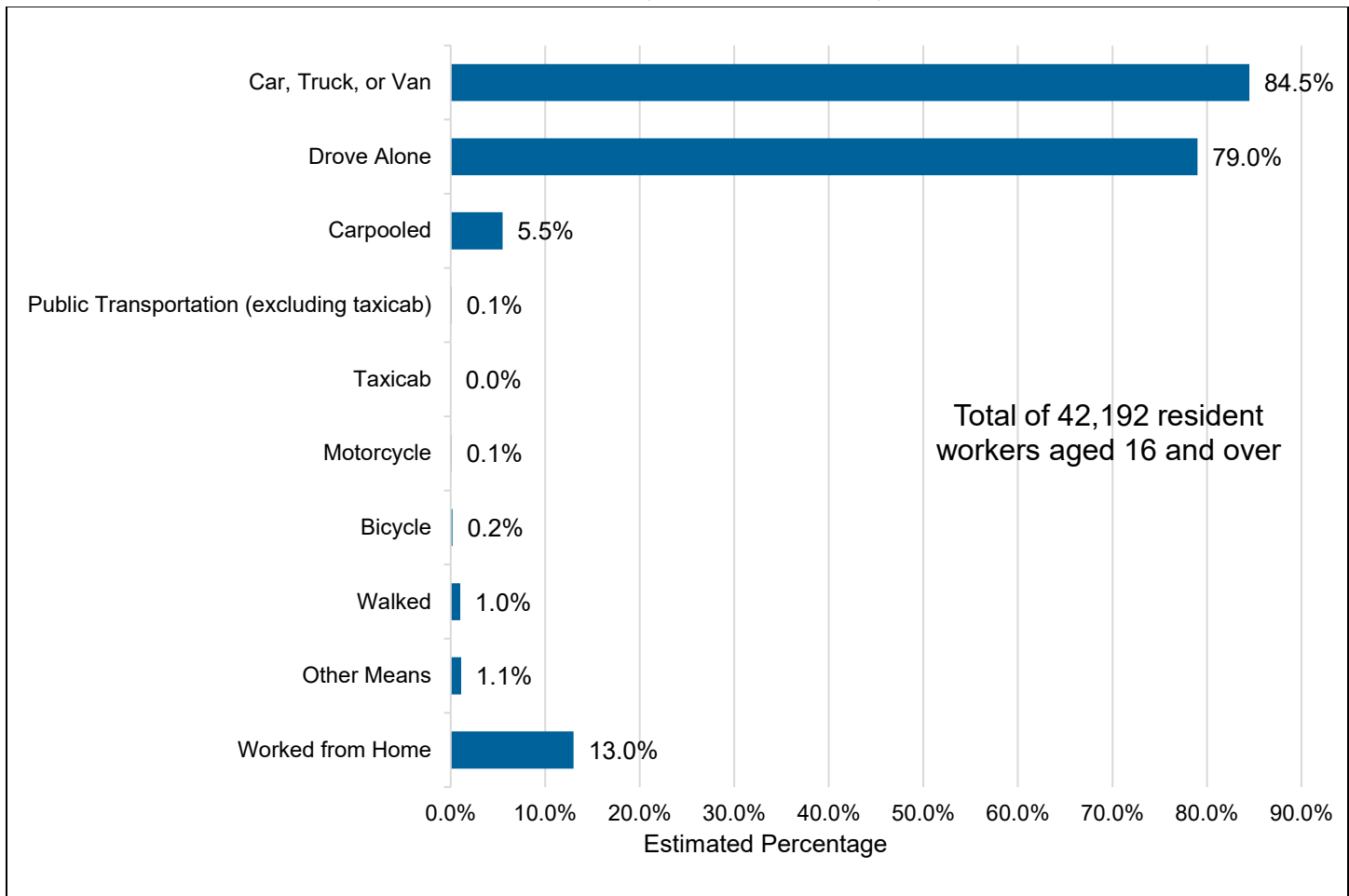
Source: US Census Bureau American Community Survey | Table B08301 | 5-Year Estimates. Date Sourced: February 24, 2025.

Food Insecurity and Resource Centers

Food insecurity is defined as a household-level economic and social condition of limited or uncertain access to adequate food with either disrupted eating patterns or reduced food intake (HRET, 2017a). Households experiencing food insecurity aim to alleviate hunger but face challenges in maintaining a nutritious diet because of financial hardship and limited resources. In response to these barriers, food-insecure households often replace nutritious food with more affordable but less healthy alternatives. Exhibit 29 shows the food insecurity rate in Nassau County from 2017 to 2022, which decreased by 0.6%. Additionally, Exhibit 30 illustrates the child food insecurity rate as a percentage of children under 18 years old who do not have consistent access to enough food for an active, healthy life. In 2022, 14.9% of the county's child population experienced food insecurity, compared to 19.1% for Florida. There was a 4.7% decline between 2017 and 2022 for Nassau County in child food insecurity rates.

EXHIBIT 29: FOOD INSECURITY RATE, NASSAU COUNTY & FLORIDA, 2017–2022

	2017	2018	2019	2020	2021	2022
Nassau County	12.4%	11.5%	11.7%	10.7%	9.7%	11.8%
Florida	13.4%	13.0%	12.0%	10.6%	10.6%	13.2%
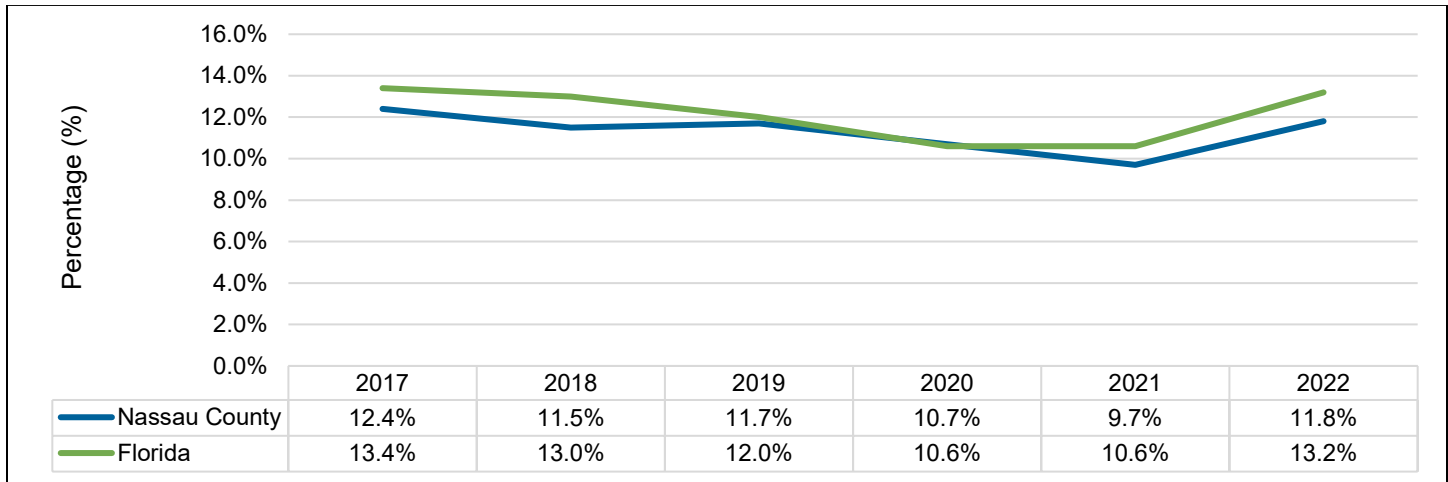
Source: Feeding America, Map the Meal Gap | FLHealthCHARTS | Food Insecurity Rate. Date Sourced: February 24, 2025.

EXHIBIT 30: CHILD FOOD INSECURITY RATE, NASSAU COUNTY & FLORIDA, 2017–2022

	2017	2018	2019	2020	2021	2022
Nassau County	19.6%	17.9%	15.6%	11.3%	10.0%	14.9%
Florida	20.4%	19.4%	17.1%	15.7%	14.3%	19.1%
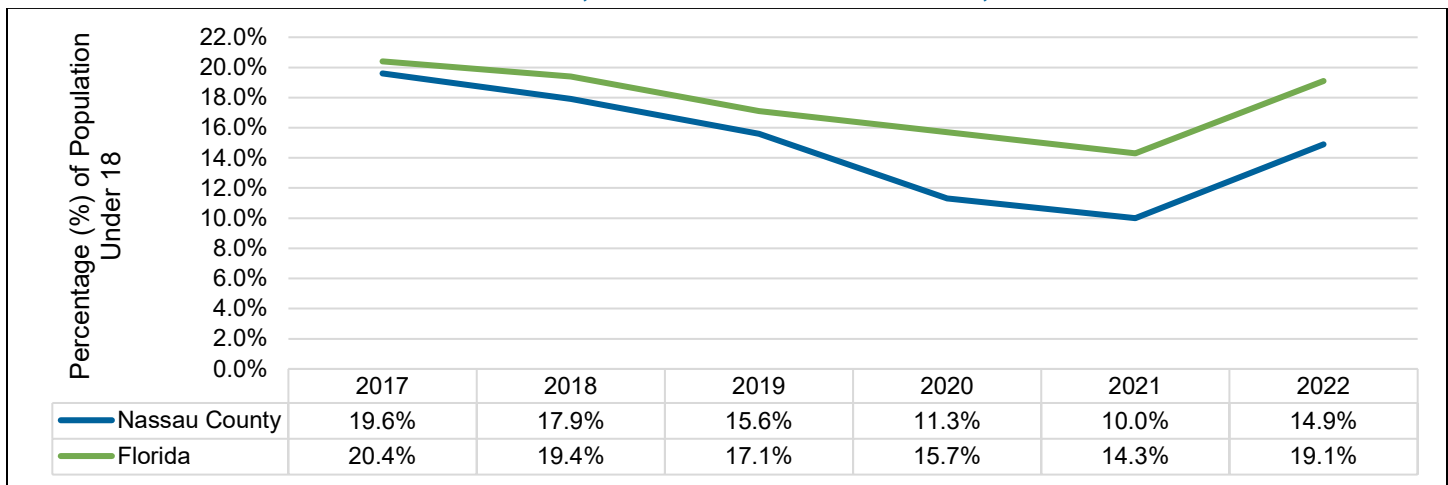
Source: Feeding America, Map the Meal Gap | FLHealthCHARTS | Child Food Insecurity Rate. Date Sourced: February 24, 2025.

The U.S. Department of Agriculture (USDA) defines a census tract with low access to food as an area in which a significant number of individuals live far from a supermarket or supercenter (USDA, 2025). Exhibit 31 maps the low-access census tracts for Nassau County. Residents in the central and eastern regions of the county meet the USDA definition of a low-access census tract.

EXHIBIT 31: LOW-ACCESS CENSUS TRACTS, NASSAU COUNTY, 2019
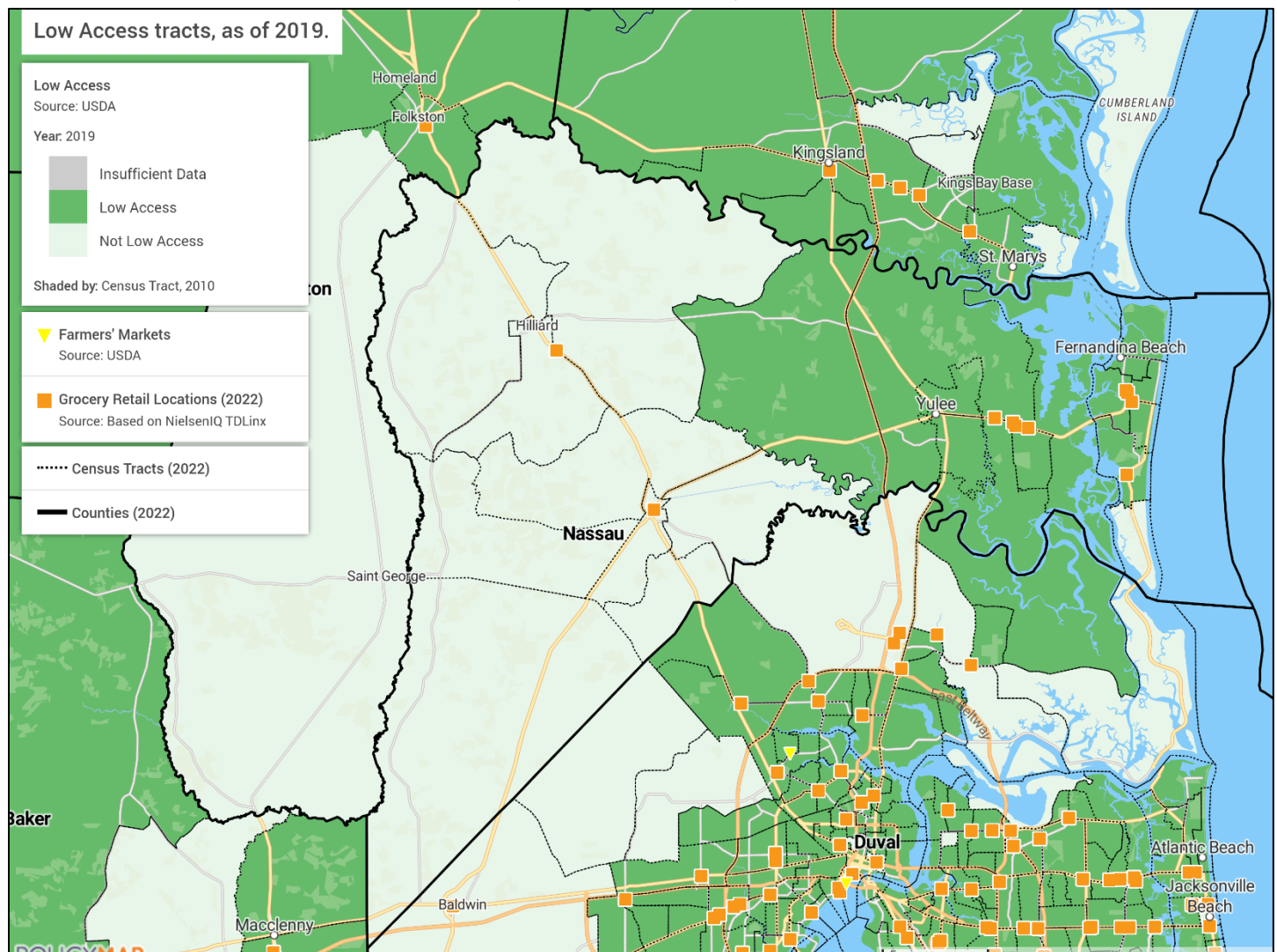
Source: Map from Policy Map; Data from 2019 USDA. Date Sourced: December 20, 2024.

Crime

Crime is the act(s) or omission(s) prohibited by Congress or the State Legislature, punishable by law determined by the state by penalties, fines, imprisonment, or execution, and occurs against persons or property (OJP, n.d.).

Domestic violence is a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner (OVW, 2025). Domestic violence can be physical, sexual, emotional, economic, psychological, or technological actions or threats of actions or other patterns of coercive behavior that influence another person within an intimate partner relationship (OVW, 2025). Exhibit 32 shows the Nassau County and Florida rates of domestic violence between 2018 and 2023. During this period, Nassau County maintained a lower rate of domestic violence, which was at 223.8 offenses per 100,000 population in 2023, compared to Florida's rate of 314.9 offenses per 100,000 population. From 2018 to 2023, Nassau County's rate of domestic violence had an overall increase of 10.1%, compared to the 0.7% decrease in Florida's rate.

EXHIBIT 32: DOMESTIC VIOLENCE OFFENSES, AGE-ADJUSTED RATE, NASSAU COUNTY & FLORIDA, 2018–2023

	2018	2019	2020	2021	2022	2023
Nassau County	203.3	199.7	140.7	156.4	174.1	223.8
Florida	317.2	311.0	291.6	306.4	305.8	314.9
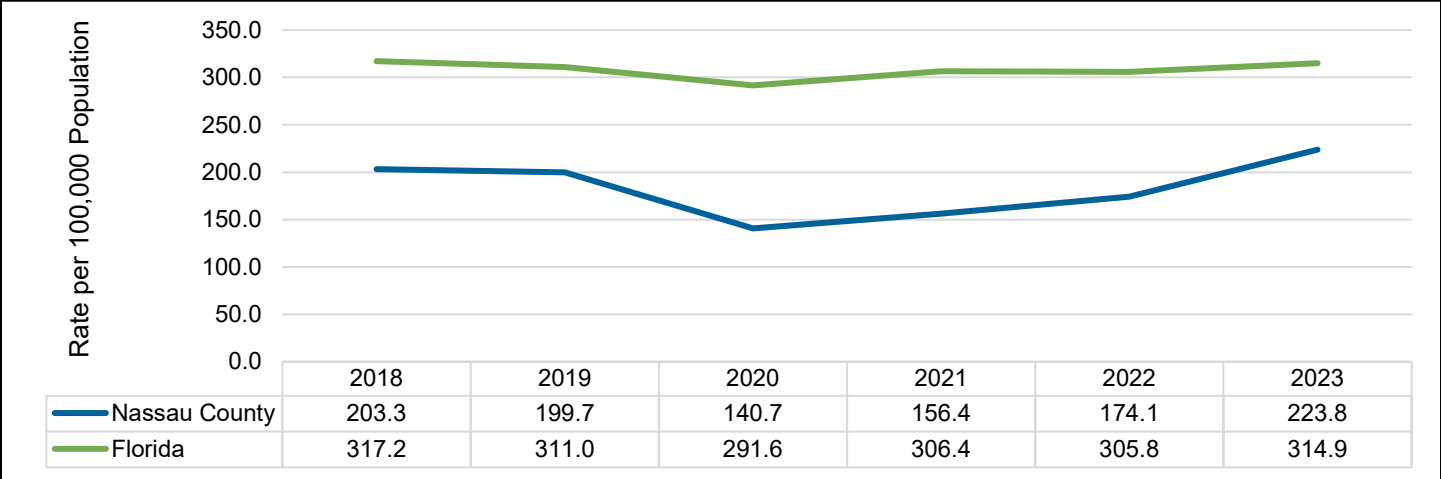
Source: Florida Department of Law Enforcement (FDLE) | FLHealthCHARTS | Domestic Violence Offenses. Date Sourced: February 24, 2025.

Healthcare Access

Health Insurance Coverage

Health insurance coverage, whether privately or publicly funded, is a primary factor in determining access to care for many people. Health insurance can be obtained privately through an employer (the individual's own or that of an immediate family member), purchased independently, or available to certain individuals through government-subsidized or publicly funded health coverage programs, such as Medicare, Medicaid, or Military and VA benefits (CDC, 2024f).

The uninsured population includes both full- and part-time employees whose employers do not offer health insurance benefits, low-income persons who do not qualify for Medicaid, early retirees, and others who simply cannot afford costly premiums. Evidence shows that uninsured persons experience less positive medical outcomes than their insured counterparts. The uninsured are also less likely to have a regular source of primary care or to seek preventive health services (Tolbert et al., 2024).

Fortunately, Nassau County's rate of insured persons is higher than that of Florida and the U.S. About 93% of Nassau County's total civilian noninstitutionalized population has insurance compared to about 89% of Floridians and 92% of all Americans (Exhibit 33).

EXHIBIT 33: INSURANCE COVERAGE IN NASSAU COUNTY, FLORIDA, AND THE UNITED STATES, 2023

Coverage Status	Nassau County	Florida	United States
Total civilian noninstitutionalized	100,106	22,276,397	329,987,997
With health insurance coverage	93,404 (93.3%)	19,895,000 (89.3%)	303,818,345 (92.1%)
With private health insurance	73,266 (73.2%)	14,306,061 (64.2%)	221,124,470 (67.0%)
With public coverage	36,789 (36.8%)	8,352,182 (37.5%)	123,460,775 (37.4%)
No health insurance coverage	6,702 (6.7%)	2,381,397 (10.7%)	26,169,652 (7.9%)

Coverage Status	Nassau County	Florida	United States
Civilian noninstitutionalized population 19 to 64 years	**55,416**	**12,813,163**	**195,039,313**
In labor force	42,162	10,101,905	155,716,250
Employed	40,586	9,705,397	149,287,865
With health insurance coverage	37,726 (93.0%)	8,345,143 (86.0%)	134,676,286 (90.2%)
With private health insurance	35,711 (88.0%)	7,780,088 (80.2%)	120,782,766 (80.9%)
With public coverage	3,086 (7.6%)	872,252 (9.0%)	18,773,694 (12.6%)
No health insurance coverage	2,860 (7.0%)	1,360,254 (14.0%)	14,611,579 (9.8%)
Unemployed	1,576	396,508	6,428,385
With health insurance coverage	958 (60.8%)	272,221 (68.7%)	4,921,140 (76.6%)
With private health insurance	707 (44.9%)	184,041 (46.4%)	2,675,155 (41.6%)
With public coverage	251 (15.9%)	102,103 (25.8%)	2,456,007 (38.2%)
No health insurance coverage	618 (39.2%)	124,287 (31.3%)	1,507,245 (23.4%)
Not in labor force	13,254	2,711,258	39,323,063
With health insurance coverage	10,826 (81.7%)	2,211,564 (81.6%)	33,906,425 (86.2%)
With private health insurance	8,333 (62.9%)	1,462,751 (54.0%)	19,903,073 (50.6%)
With public coverage	3,540 (26.7%)	938,952 (34.6%)	16,773,554 (42.7%)
No health insurance coverage	2,428 (18.3%)	499,694 (18.4%)	5,416,638 (13.8%)

Source: US Census Bureau American Community Survey | Table DP03 | 1-Year Estimates. Date Sourced: December 26, 2024.

Exhibit 34 narrows the focus of health insurance coverage by displaying Nassau and Florida children aged 0–18 years without health insurance. In 2023, Nassau County (4.0%) had a lower percentage rate of children without health insurance than Florida (7.4%). Between 2017 and 2023, the county experienced a decrease of 50.6% in children without health insurance, whereas the state's rate decreased by 12.9%.

EXHIBIT 34: CHILDREN WITHOUT HEALTH INSURANCE (AGED 0–18 YEARS), NASSAU COUNTY & FLORIDA, 2017–2023

	2017	2018	2019	2020	2021	2022	2023
Nassau County	8.1%	8.2%	7.8%	5.2%	6.1%	4.0%	4.0%
Florida	8.5%	7.6%	7.2%	7.2%	7.5%	7.5%	7.4%
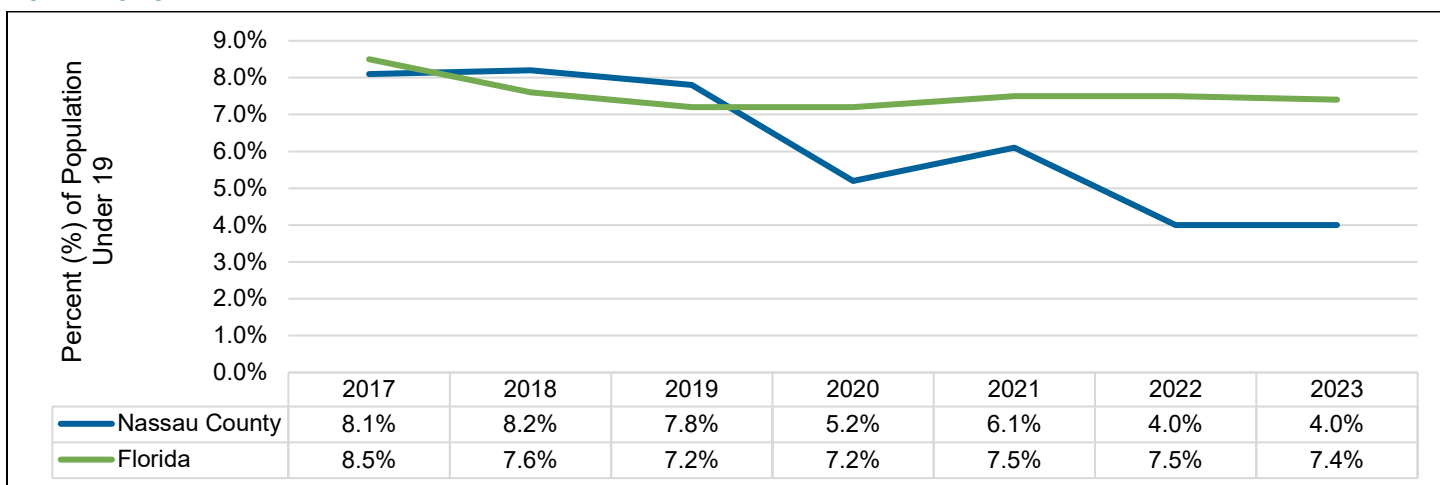
Source: US Census Bureau, American Community Survey Table DP03 | FLHealthCHARTS | Children Without Health Insurance (0-18 Years). Date Sourced: February 25, 2025.

Federal Health Professional Shortage Designation

The U.S. Health Resources and Services Administration (HRSA) developed a shortage designation criterion to determine whether an area or population group is experiencing a health professional shortage. Health Professional Shortage Areas (HPSAs) can be specified for primary medical care, dental, or mental health providers. Additionally, they may be geographic (e.g., a county or service area), population-based (e.g., low-income or Medicaid eligible), or facility-based (e.g., federally qualified health centers or state or federal prisons).

Callahan and Hilliard are designated as geographic HPSAs due to a shortage of primary and dental care services in these areas of Nassau County (HPSA Find, n.d.). Overall, Nassau County is designated as a high-need geographic HPSA due to a shortage of mental health services (HPSA Find, n.d.).

Federal Medically Underserved Designation

HRSA developed a medically underserved designation criterion to determine whether an area or population group is experiencing a lack of access to primary care services. Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) identify geographic areas and populations lacking access to primary care services. These designations help establish health maintenance organizations or community health centers (HRSA, n.d.). MUAs may have a shortage of primary care health services within geographic areas such as a whole county, a group of neighboring counties, a group of urban census tracts, or a group of county or civil divisions (HRSA, n.d.). MUPs have a shortage of primary care health services for a specific population subset within a geographic area. These groups may face economic, cultural, or language barriers to health care (HRSA, n.d.). Examples include those who experience homelessness and those who are low-income.

Nassau County is designated as an MUA due to a shortage of primary care services.

Healthcare Providers

A Primary Care Provider (PCP) is a physician, nurse practitioner, clinical nurse specialist, or physician assistant "who provides, coordinates or helps a patient access a range of health care services" (Primary Care Provider, n.d.). PCPs serve as a patient's first point of entry for health care services; they focus on patient care rather than disease treatment (AAFP, n.d.). HRSA considers general and family practitioners, internists, pediatricians, obstetricians and gynecologists, physician assistants, and nurse practitioners as PCPs. Also, public health nurses and school nurses provide primary care services to designated populations.

Exhibit 35 lists the numbers of licensed physicians, various PCPs, and dentists in Nassau County. In fiscal year (FY) 2022–2023, Nassau County had 123 licensed medical doctors. There were 12 licensed family practice physicians, 7 pediatricians, 7 OB/GYNs, 14 internal medicine physicians, and 33 licensed dentists.

EXHIBIT 35: TOTAL LICENSED PROVIDERS, NASSAU COUNTY & FLORIDA, FY 2022–2023

Type of Provider	Nassau County	Florida
Licensed Medical Doctors (MDs, Physicians)	123	59,266
Licensed Family Practice Physicians	12	3,009
Licensed Pediatricians	7	3,746
Licensed OB/GYNs	7	1,958
Licensed Internal Medicine Physicians	14	10,489
Licensed Dentists (DMD, DDS)	33	13,955

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management | FLHealthCHARTS | Health Resource Availability. Date Sourced: December 9, 2024.

Overall, Nassau County has seen an increase in the number of practicing physicians from 2019 to 2023. Exhibit 36 summarizes the number of practicing physicians in the county and state during this time. Furthermore, Exhibit 37 shows the total number of physicians in Nassau County by specialty groups. Nassau County had 8 medical specialists, including internal medicine, neurology, nuclear medicine, ophthalmology, orthopedic medicine, otolaryngology, and pathology.

EXHIBIT 36: TOTAL PRACTICING PHYSICIANS, NASSAU COUNTY & FLORIDA, FYS 2019–2023

Area	2019	2020	2021	2022	2023
Nassau County	87	81	87	98	95
Florida	51,370	53,002	54,315	56,082	54,471

Source: Florida Department of Health, Physician Workforce Annual Report, 2023. Date Sourced: December 9, 2024.

EXHIBIT 37: PHYSICIAN SPECIALTY GROUP COUNT IN NASSAU COUNTY, FY 2022–2023

Type of Specialty Group	Nassau County
Anesthesiology	10
Dermatology	1
Emergency Medicine	7
Family Medicine	30
Internal Medicine	16
*Medical Specialist	8
OB/GYN	1
Pediatrics	6
Psychiatry	3
Radiology	4
Surgeons	4
Total	**90**

Source: Florida Department of Health, Physician Workforce Annual Report, 2023. Date Sourced: December 9, 2024.
Note: *Medical specialists include Neurology, Nuclear Medicine, Ophthalmology, Orthopedic Medicine, Otolaryngology, and Pathology.

Mental health is an important part of overall health and well-being. It is vital at every stage of life, from childhood and adolescence through adulthood. Nassau County had 49 (49.6 per 100,000 population) licensed clinical social workers, 56 (56.7 per 100,000 population) licensed mental health counselors, and 21 (21.3 per 100,000 population) licensed psychologists, as shown in Exhibit 38.

EXHIBIT 38: TOTAL LICENSED MENTAL HEALTH PROFESSIONALS, NASSAU COUNTY & FLORIDA, FY 2022–2023

Type of Mental Health Professional	Nassau County	Rate per 100,000 Population	Florida	Rate per 100,000 Population
Licensed Mental Health Counselors	56	56.7	14,835	65.4
Licensed Psychologists	21	21.3	5,430	23.9
Licensed Clinical Social Workers	49	49.6	12,804	56.4
Behavioral/Mental Health Professionals	115	116.5	30,213	133.2

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management | FLHealthCHARTS | Health Resource Availability. Date Sourced: February 25, 2025.

Health Care Facilities

Acute care hospitals play a key role in the delivery of health care services, especially in communities where primary and specialist outpatient care shortages may exist. In addition to traditional inpatient services, acute care hospitals may provide extensive diagnostic and treatment services on an outpatient basis. In 2023, Nassau County had a significantly lower rate of total hospital beds (Exhibit 39) and acute care beds (Exhibit 40) per 100,000 population than Florida. Nassau County has acute care beds, but no specialty hospital beds. Specialty care beds (Exhibit 41) are used to provide short-term medical treatment for patients with acute illness/injury or recovering from surgery or childbirth. Specialty beds include psychiatric, substance abuse, rehabilitation, long-term care, skilled nursing unit, or neonatal intensive care unit beds.

EXHIBIT 39: TOTAL HOSPITAL BEDS, NASSAU COUNTY & FLORIDA, 2018–2023

	2018	2019	2020	2021	2022	2023
Nassau County	74.6	72.8	70.9	66.4	64.6	62.8
Florida	308.2	311.2	307.6	305.3	306.2	304.5
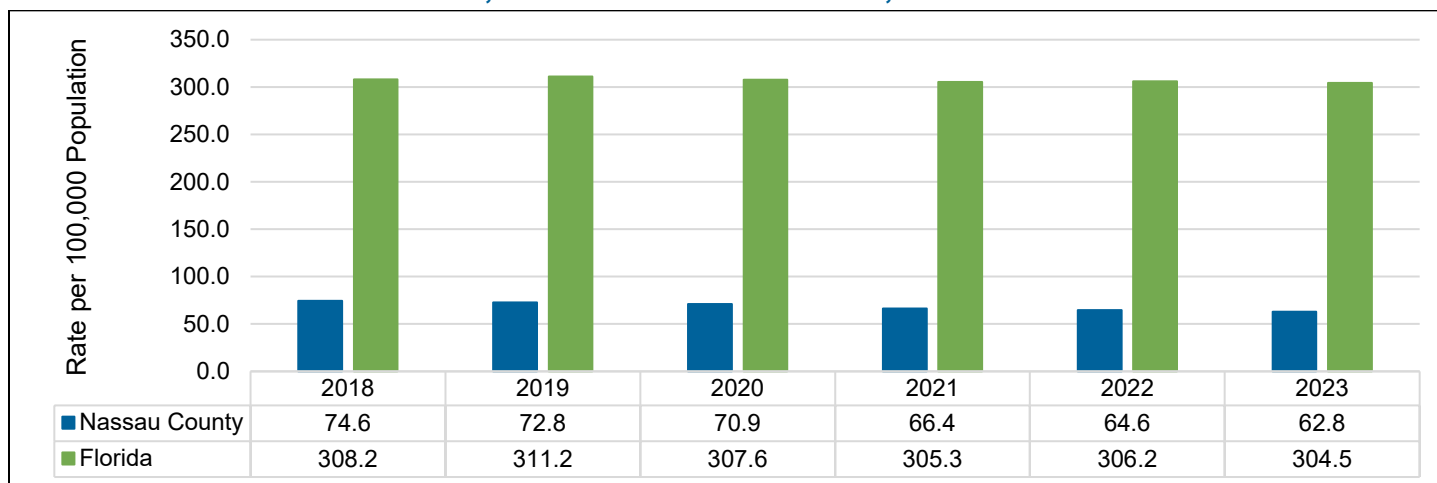
Source: Florida Agency for Health Care Administration | FLHealthCHARTS | Hospital Beds. Date Sourced: February 25, 2025.

EXHIBIT 40: ACUTE CARE HOSPITAL BEDS, NASSAU COUNTY & FLORIDA, 2018–2023

	2018	2019	2020	2021	2022	2023
■ Nassau County	74.6	72.8	70.9	66.4	64.6	62.8
■ Florida	248.9	251.8	248.9	248.6	246.1	244.6
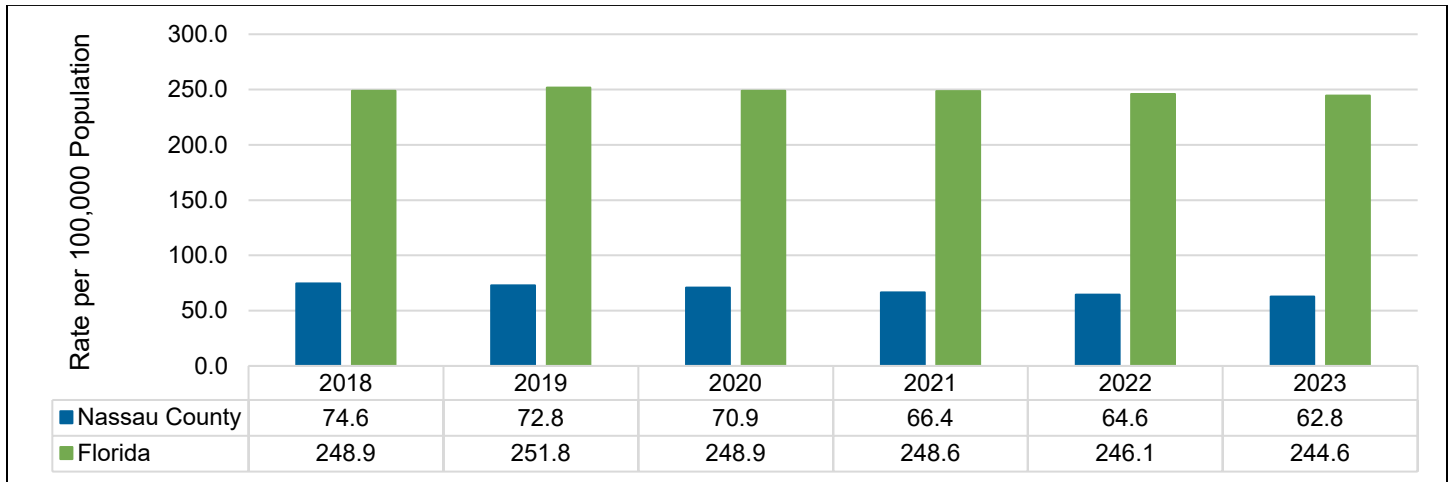
Source: Florida Agency for Health Care Administration | FLHealthCHARTS | Acute Care Beds. Date Sourced: February 25, 2025.

EXHIBIT 41: SPECIALTY CARE HOSPITAL BEDS, NASSAU COUNTY & FLORIDA, 2018–2023

	2018	2019	2020	2021	2022	2023
■ Nassau County	0.0	0.0	0.0	0.0	0.0	0.0
■ Florida	59.2	59.4	58.6	57.9	72.2	71.1
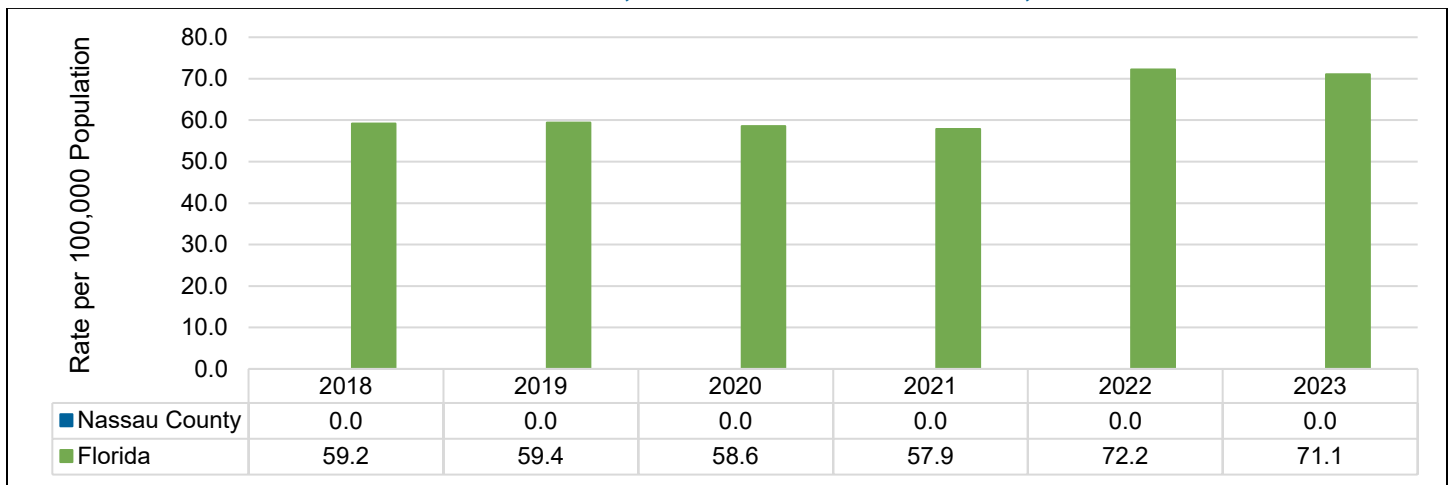
Source: Agency for Health Care Administration | FLHealthCHARTS | Specialty Beds. Date Sourced: December 9, 2024.

Nassau County has no adult psychiatric beds (Exhibit 42). There are also zero child/adolescent psychiatric beds in Nassau County.

EXHIBIT 42: ADULT PSYCHIATRIC BEDS, NASSAU COUNTY & FLORIDA, 2018–2023

	2018	2019	2020	2021	2022	2023
■ Nassau County	0.0	0.0	0.0	0.0	0.0	0.0
■ Florida	20.9	21.0	20.6	20.1	31.4	29.9
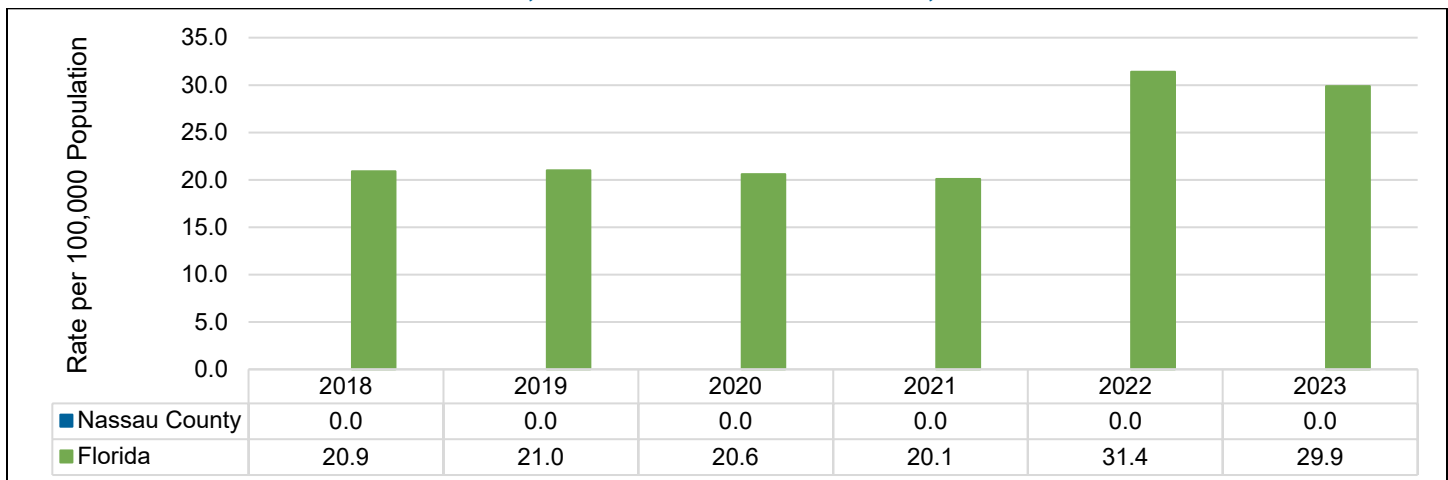
Source: Agency for Health Care Administration | FLHealthCHARTS | Adult Psychiatric Beds. Date Sourced: December 9, 2024.

Exhibit 43 illustrates the number of community nursing home beds in Nassau County and Florida. Nassau County has a lower rate of nursing home beds per 100,000 population than Florida, with 243.0 nursing home beds per 100,000 in 2023. During the 2018–2023 reporting period, the Nassau County rate decreased by 15.8% compared to Florida's decrease of 8.4%.

EXHIBIT 43: NURSING HOME BEDS, NASSAU COUNTY & FLORIDA, 2018–2023

	2018	2019	2020	2021	2022	2023
■ Nassau County	288.7	281.9	274.6	257.0	250.2	243.0
■ Florida	399.8	401.9	386.5	375.1	370.9	366.3
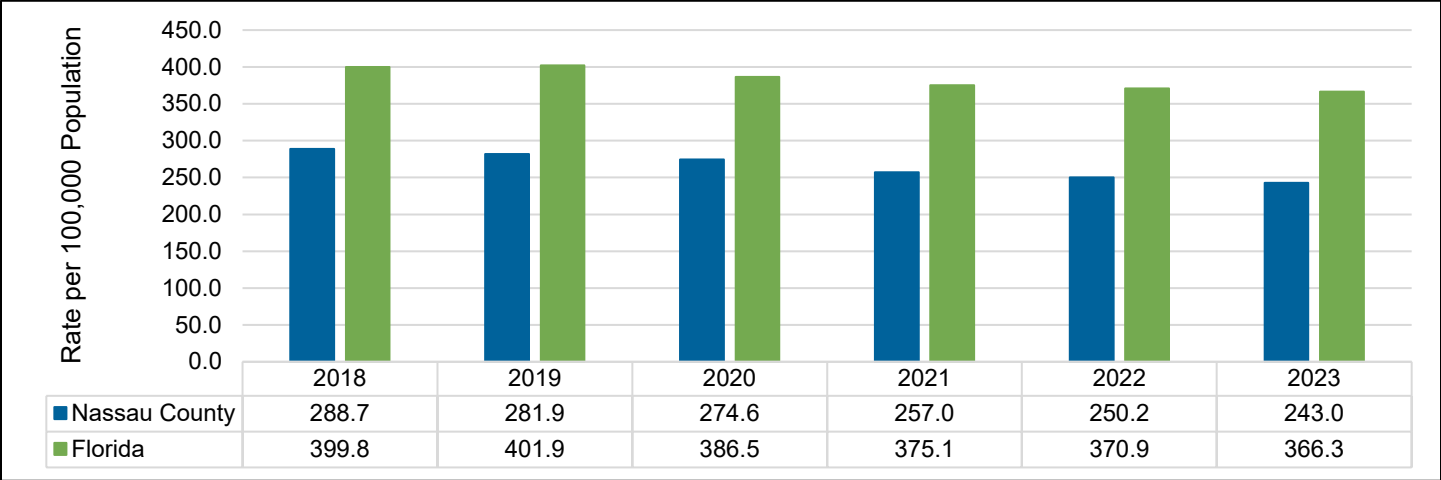
Source: Agency for Health Care Administration | FLHealthCHARTS | Nursing Homes. Date Sourced: December 9, 2024.

Other Facilities

Nassau County has 7 assisted living facilities, 2 adult day care centers, and 5 home health agencies (Exhibit 44).

EXHIBIT 44: TOTAL NUMBER OF LICENSED FACILITIES IN NASSAU, 2024

Facility Type	Total Number of Licensed Facilities
Assisted Living Facilities	7
Adult Day Care Centers	2
Home Health Agencies	5

Source: Agency for Health Care Administration | Health Care Transparency | Facility/Provider. Date Sourced: January 2, 2025

Health Outcomes

Health outcomes provide a comprehensive assessment of a community's health status. Health outcomes measure a population's holistic well-being, including physical, mental, and social aspects. Positive outcome indicators include vitality, mental and physical well-being, and an overall sense of wellness. In contrast, negative outcome indicators are mortality and impaired functioning (Parrish, MD, 2010).

Leading Causes of Death

The top ten leading causes of death in Nassau County are shown in Exhibit 45 compared to Florida. In 2023, the top three causes of death in both Nassau County and Florida were cancer, heart disease, and unintentional injury. Cancer was the leading cause of death in Nassau County, but heart disease was the leading cause of death in Florida. Compared to Florida, Nassau County had a higher death rate per 100,000 population for cancer; chronic lower respiratory disease; unintentional injury; stroke; septicemia; and nephritis, nephrotic syndrome, and nephrosis.
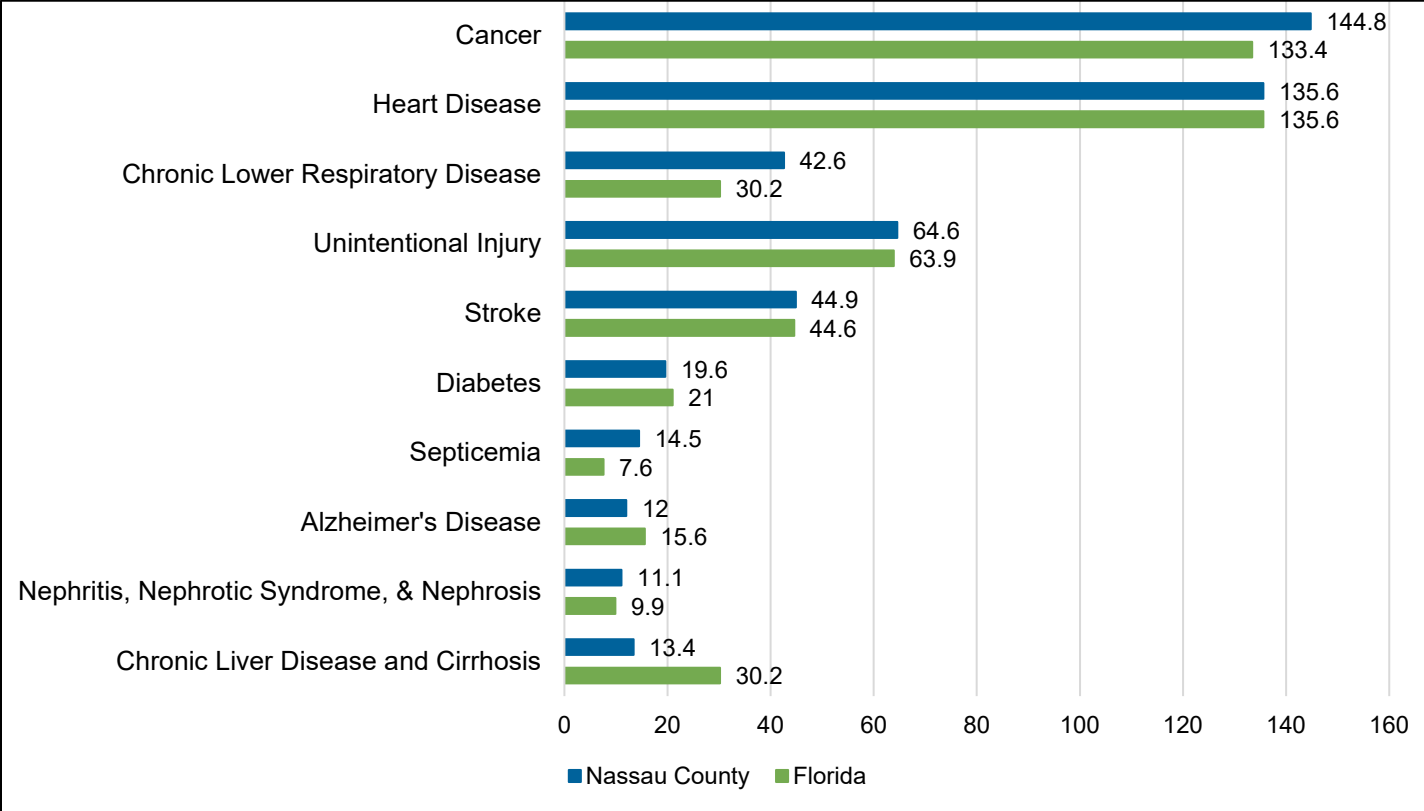
Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Leading Causes of Death Profile. Date Sourced: December 11, 2024.

Drug Poisoning

Drug poisoning deaths result from unintentional or intentional overdose of a drug, receiving the wrong drug, taking a drug in error, or taking a drug inadvertently (NIDA, 2017).

From 2019 to 2023, Nassau County's incidence of drug poisoning deaths fluctuated but had an overall increase of 90.5%, while Florida's rate increased by 22.7% (Exhibit 46).

EXHIBIT 46: INCIDENCE OF DRUG POISONING DEATHS, AGE-ADJUSTED RATE, NASSAU COUNTY & FLORIDA, 2019–2023
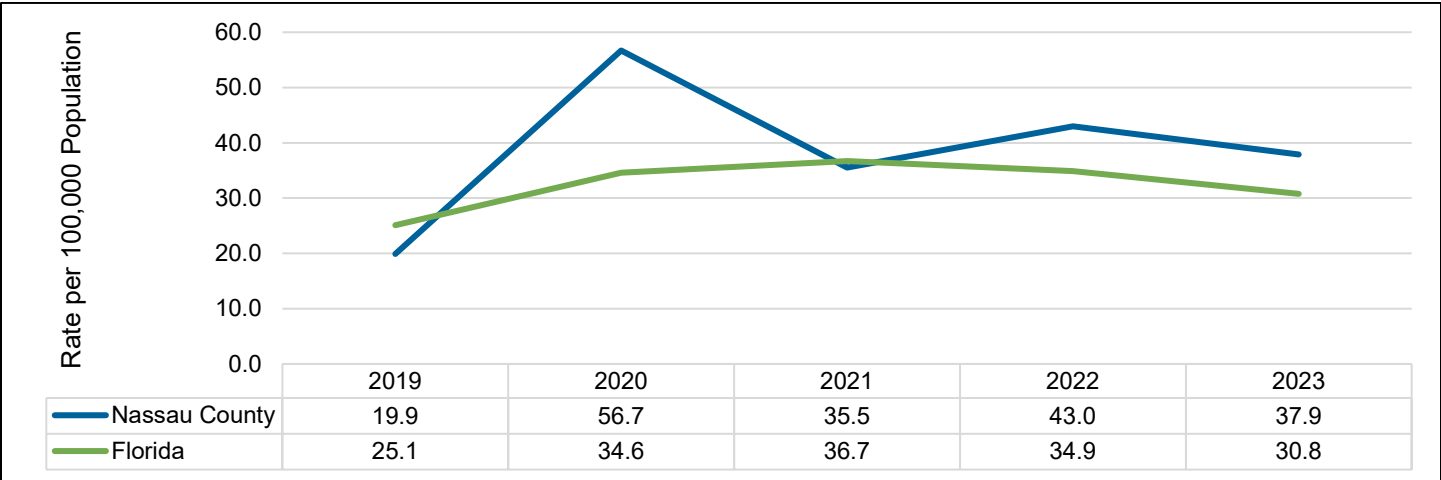
	2019	2020	2021	2022	2023
Nassau County	19.9	56.7	35.5	43.0	37.9
Florida	25.1	34.6	36.7	34.9	30.8

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Drug Poisoning. Date Sourced: December 11, 2024.

Traumatic Brain Injury

A traumatic brain injury (TBI) can be caused by a forceful bump, blow, or jolt to the head or body, or from an object that pierces the skull and enters the brain (NIH, 2024). The two types of TBIs are penetrating, where an object pierces the skull, and non-penetrating, also known as closed head injury or blunt TBI (NIH, 2024). Some types of TBIs can cause temporary or short-term problems with normal brain function, occur gradually, appearing hours or weeks later, and more serious TBIs may lead to severe and permanent disability or death (NIH, 2024).

Compared to the state, Nassau County reported much higher rates of emergency department visits due to non-fatal TBIs between 2019 and 2023. During this period, Nassau County's rate of emergency department visits for TBIs rose by 3.9%, compared to Florida's increase of 6.8% (Exhibit 47).

EXHIBIT 47: TOTAL EMERGENCY DEPARTMENT VISITS FROM NON-FATAL TRAUMATIC BRAIN INJURY, AGE-ADJUSTED RATE, NASSAU COUNTY & FLORIDA, 2019–2023

	2019	2020	2021	2022	2023
Nassau County	272.3	237.8	265.9	281.4	282.9
Florida	187.4	147.9	176.5	191.0	200.2
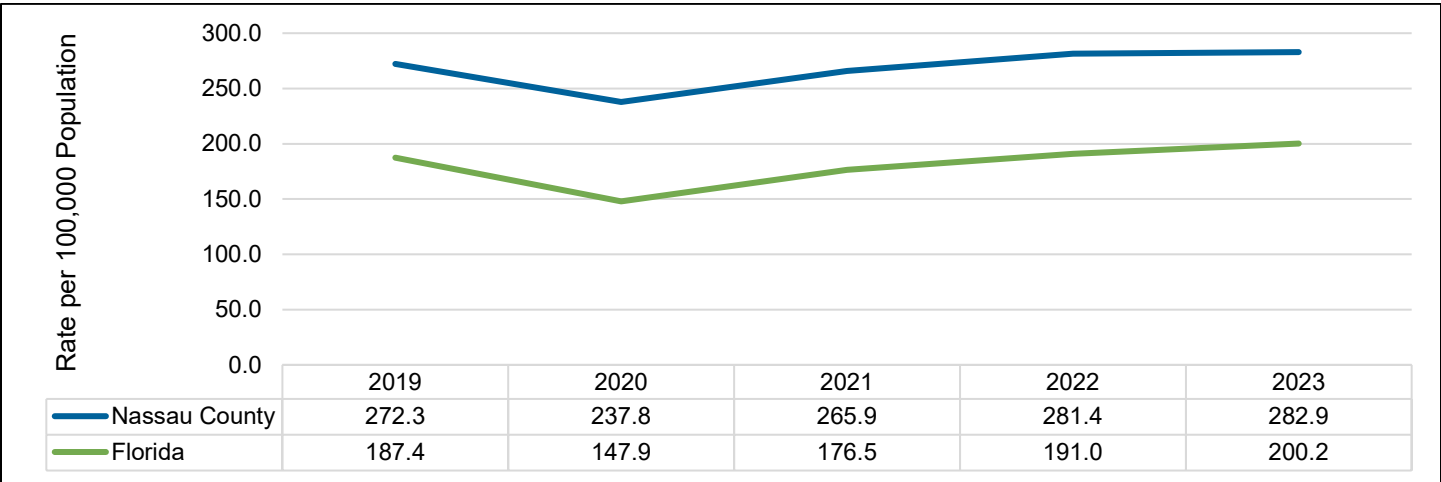
Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Emergency Department Visits From Non-Fatal Traumatic Brain Injuries. Date Sourced: December 11, 2024.

Total hospitalizations for non-fatal TBI rates for Nassau County remained higher than the state from 2019 to 2023 but ultimately fell by 10.6% while the state's rate rose by 8.1% (Exhibit 48).

EXHIBIT 48: TOTAL HOSPITALIZATIONS FROM NON-FATAL TRAUMATIC BRAIN INJURY, AGE-ADJUSTED RATE, NASSAU COUNTY & FLORIDA, 2019–2023

	2019	2020	2021	2022	2023
Nassau County	125.7	127.0	129.6	124.1	112.4
Florida	100.7	99.5	105.0	107.4	108.9
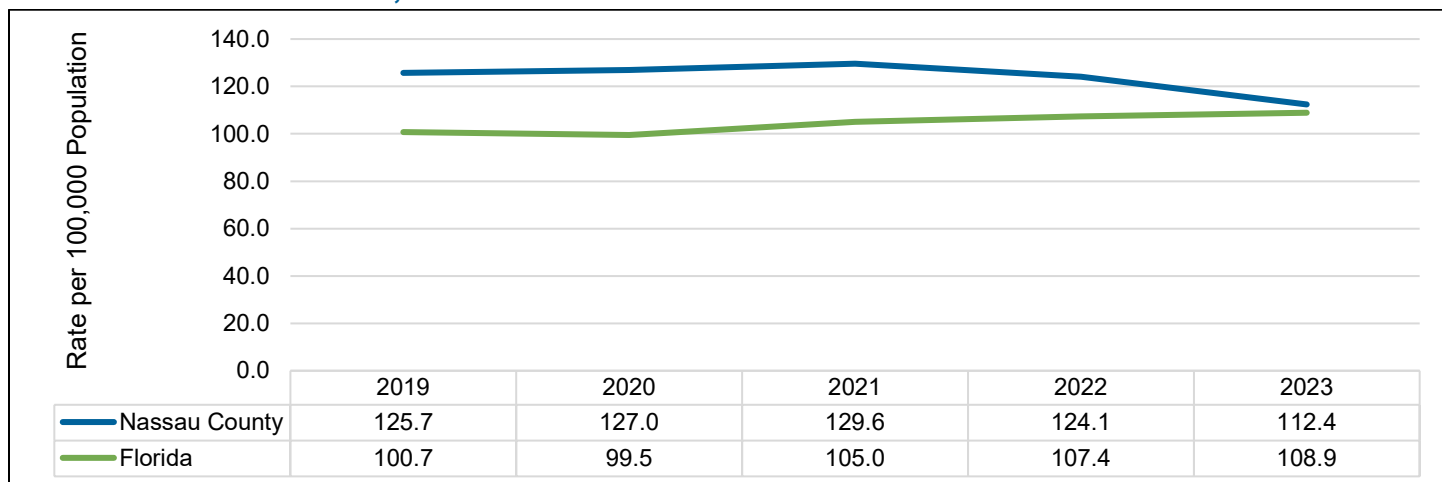
Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Hospitalizations From Non-Fatal Traumatic Brain Injuries. Date Sourced: December 9, 2024.

Behavioral and Mental Health

According to the Centers for Disease Control and Prevention (CDC), mental health (also known as behavioral health) includes our emotional, psychological, and social well-being (CDC, 2024b). It also helps determine how we handle stress, relate to others, and make healthy choices (CDC, 2024b). Mental health is important at every stage of life, from childhood and adolescence through adulthood (CDC, 2024b).

Exhibit 49 displays the emergency department visits for mental disorders in Nassau County and Florida between 2019 and 2023. During this period, Nassau County's emergency department visit rate was lower than Florida's rate. The county's emergency department visit rate from mental disorders fell by 17.4% from 2019 to 2023, compared to the 10.2% decrease in the statewide rate.

EXHIBIT 49: EMERGENCY DEPARTMENT VISITS FROM MENTAL DISORDERS, AGE-ADJUSTED RATE, NASSAU COUNTY & FLORIDA, 2019–2023
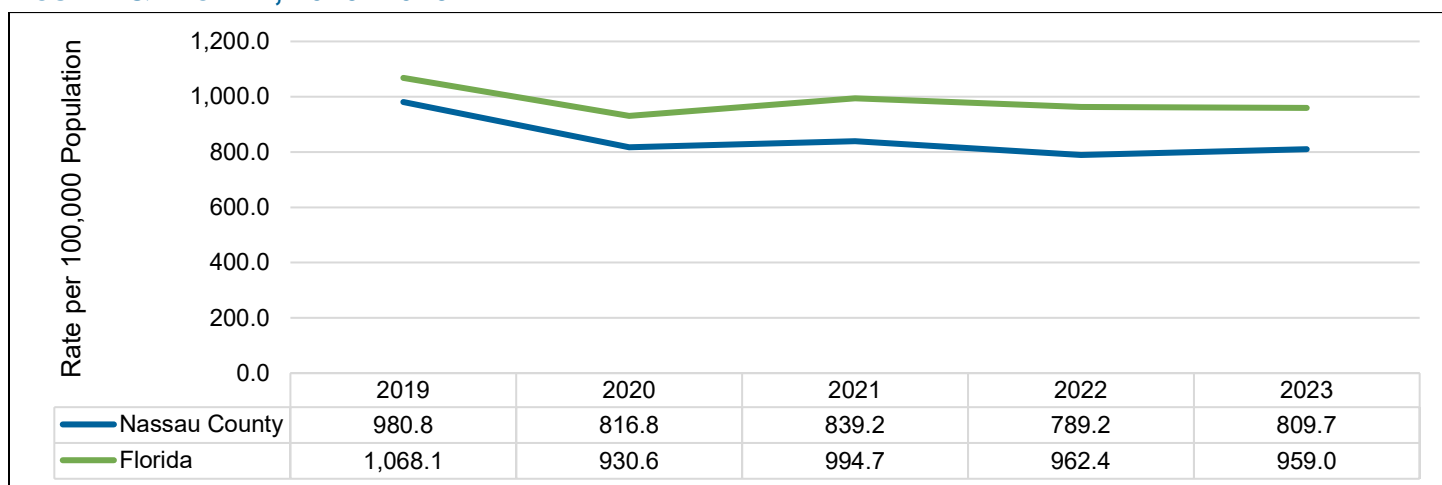
	2019	2020	2021	2022	2023
Nassau County	980.8	816.8	839.2	789.2	809.7
Florida	1,068.1	930.6	994.7	962.4	959.0

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Emergency Department Visits From Mental Disorders. Date Sourced: December 11, 2024.

In particular, Exhibit 50 focuses on 2019–2023 emergency department visits for mental health conditions in youth aged 0–17. In 2023, Nassau County had a rate of 320.0 visits per 100,000

population under 18, compared to Florida's rate of 364.5 per 100,000. Between 2019 and 2023, Nassau County's rate fell by 5.2%, compared to Florida's 4.9% decrease.

EXHIBIT 50: EMERGENCY DEPARTMENT VISITS FROM MENTAL DISORDERS (AGED 0–17), CRUDE RATE, NASSAU COUNTY & FLORIDA, 2019–2023
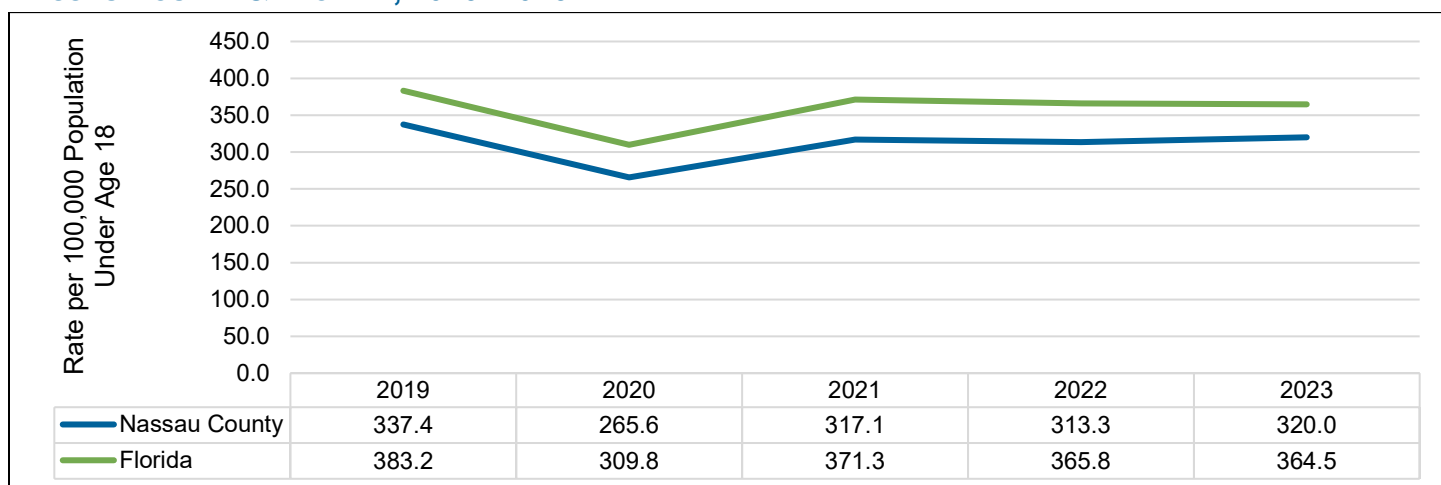
	2019	2020	2021	2022	2023
Nassau County	337.4	265.6	317.1	313.3	320.0
Florida	383.2	309.8	371.3	365.8	364.5

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Emergency Department Visits From Mental Disorders (Aged 0-17 Years). Date Sourced: December 9, 2024.

Hospitalization rates for various age groups in Nassau County and Florida between 2019 and 2023 are listed in Exhibit 51. During this time, all Nassau County age groups had lower rates of hospitalizations from mental disorders compared to their counterparts statewide except for the 22–24 age group in 2020 and 2023. The highest rates of hospitalizations in Nassau County fluctuated between the 18–21, 22–24, and 25–44 age groups. For the Nassau County 18–21 age group, hospitalization rates decreased by 39.9% between 2019 and 2023, compared to the 44.1% increase in the 22–24 age group.

EXHIBIT 51: HOSPITALIZATIONS FROM MENTAL DISORDERS, AGE-SPECIFIC CRUDE RATE PER 100,000 POPULATION, NASSAU COUNTY & FLORIDA, 2019–2023

Age Group	2019		2020		2021		2022		2023	
	Nassau	FL	Nassau	FL	Nassau	FL	Nassau	FL	Nassau	FL
18–21	1,056.9	1,299.8	883.9	1,262.3	777.2	1,310.1	898.9	1,263.2	635.5	1,106.8
22–24	1,054.6	1,210.8	1,305.0	1,230.9	692.7	1,226.7	643.4	1,232.8	1,519.6	1,143.3
25–44	937.6	1,323.8	1,055.9	1,256.7	911.7	1,253.2	1,002.2	1,263.6	961.8	1,293.0
45–64	695.2	1,220.6	586.8	1,093.9	785.5	1,034.5	715.1	995.8	654.2	1,011.7
65–74	330.4	652.5	402.9	593.7	306.3	584.3	396.7	574.4	437.8	614.1
75 and older	395.4	506.3	358.2	414.6	274.6	420.5	348.8	426.3	400.3	414.1

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Suicide and Behavioral Health Profile. Date Sourced: February 25, 2025.

Exhibit 52 narrows the focus on hospitalization rates from mental disorders for youths under 18. Between 2019 and 2023, Nassau County showed lower rates of hospitalizations for this age group than Florida. During this time, Nassau County's hospitalization rate decreased by 11.3%, whereas the Florida rate increased by 7.7%.

EXHIBIT 52: HOSPITALIZATIONS FROM MENTAL DISORDERS (UNDER AGE 18), CRUDE RATE, NASSAU COUNTY & FLORIDA, 2019–2023

	2019	2020	2021	2022	2023
Nassau County	402.6	323.4	371.8	345.1	357.3
Florida	646.6	599.9	728.5	689.4	696.7

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Suicide and Behavioral Health Profile. Date Sourced: December 11, 2024.

Mood and Depressive Disorders

Depression (also known as major depression, major depressive disorder, or clinical depression) is a common but serious mood disorder (NIMH, 2024a). Severe symptoms may affect how a person feels, thinks, and handles daily activities, such as sleeping, eating, or working (NIMH, 2024a). Included in this category are persistent depressive disorder, perinatal depression, seasonal affective disorder, and depression with symptoms of psychosis (NIMH, 2024a).

Exhibit 53 explores hospitalization rates for mood and depressive disorders between 2019 and 2023 in Nassau County and Florida by age groups. During this time, all Nassau County age groups had lower rates of hospitalizations from mood and depressive disorders compared to their counterparts statewide except for the 22–24 age group in 2020. The 18–21 and 25–44 age groups experienced declines in hospitalization rates while the 22–24, 45–64, and 65–74 age groups experienced increases in hospitalization rates.

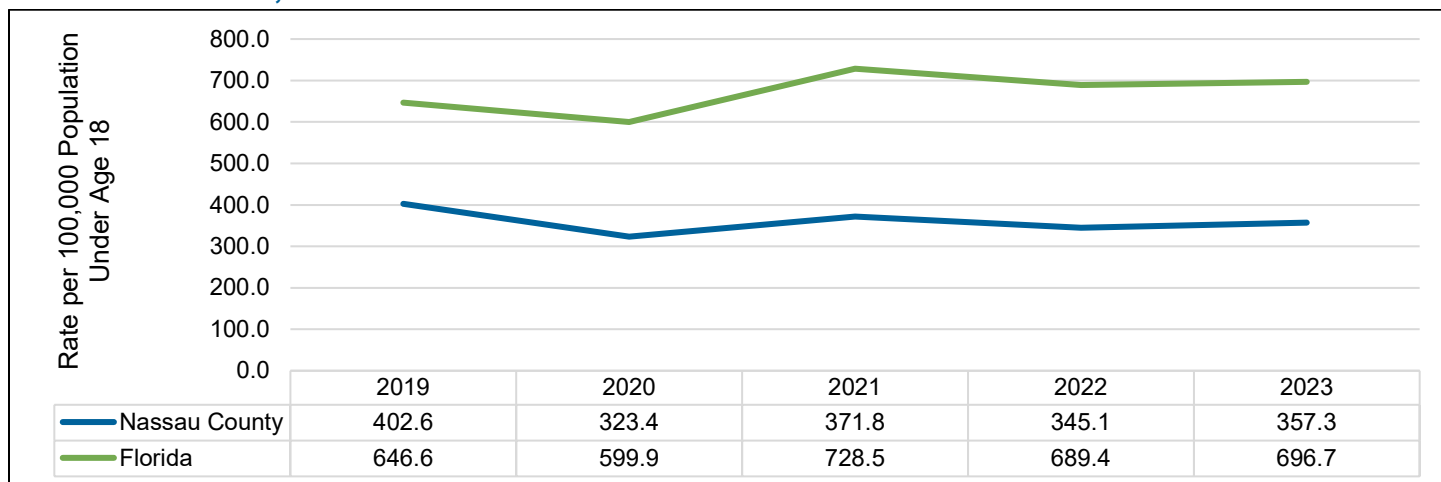**EXHIBIT 53: MOOD AND DEPRESSIVE DISORDER HOSPITALIZATIONS, AGE-SPECIFIC CRUDE RATE PER 100,000 POPULATION, NASSAU COUNTY & FLORIDA, 2019–2023**

Age Group	2019		2020		2021		2022		2023	
	Nassau	FL	Nassau	FL	Nassau	FL	Nassau	FL	Nassau	FL
18–21	640.5	768.3	726.1	742.0	538.1	764.4	580.0	732.1	529.6	626.8
22–24	421.8	598.9	693.3	594.0	423.3	622.4	340.6	609.7	483.5	543.2
25–44	401.8	551.7	495.1	497.3	357.1	484.6	469.2	486.8	391.8	481.3
45–64	224.9	537.6	287.3	460.0	379.4	418.8	290.5	398.4	261.0	392.9
65–74	144.0	295.0	80.6	252.9	89.6	237.6	165.9	232.6	162.4	238.8
75 and older	–	171.9	79.6	140.0	–	134.0	84.2	125.8	126.4	118.5

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Suicide and Behavioral Health Profile. Date Sourced: December 12, 2024.
Note: Cells with (–) indicate the incident count was less than five for that year and a rate could not be established.

Exhibit 54 further explores mood and depressive disorder hospitalizations for individuals under 18. While Nassau County maintained a lower hospitalization rate than Florida between 2019 and 2023, it is important to note that both the county and the state experienced overall increases. However, the rise in Nassau County was higher (24.7%) than Florida's rate (15.0%) during the same period.

EXHIBIT 54: MOOD AND DEPRESSIVE DISORDERS HOSPITALIZATIONS (UNDER AGE 18), CRUDE RATE, NASSAU COUNTY & FLORIDA, 2019–2023
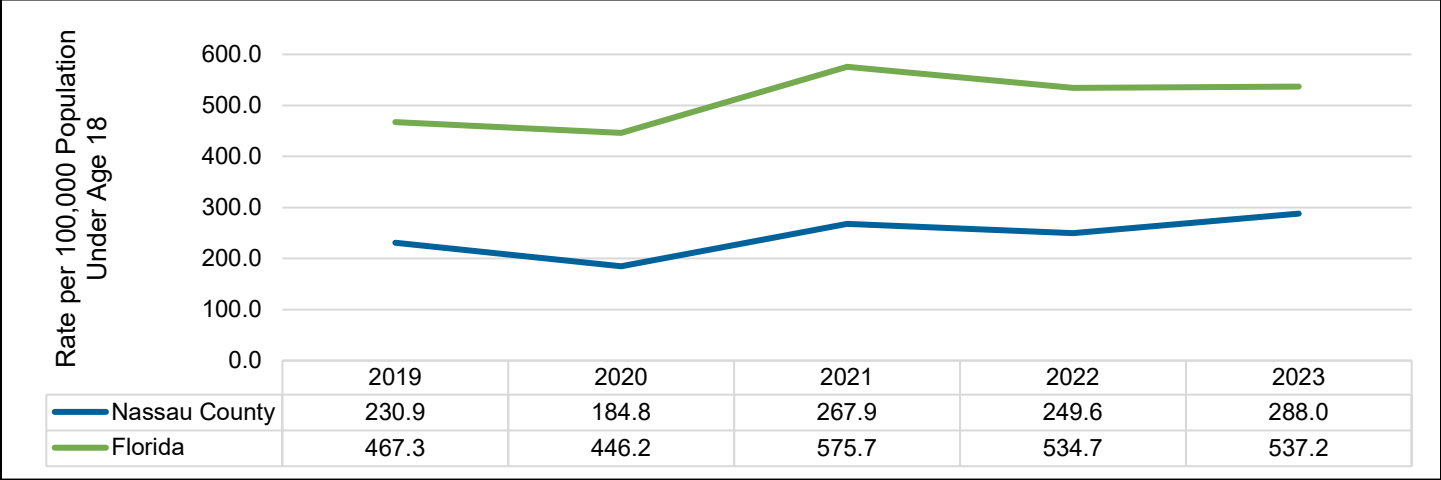
	2019	2020	2021	2022	2023
Nassau County	230.9	184.8	267.9	249.6	288.0
Florida	467.3	446.2	575.7	534.7	537.2

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Suicide and Behavioral Health Profile. Date Sourced: December 12, 2024.

Schizophrenic Disorders

Schizophrenia is a serious mental illness that affects how a person thinks, feels, and behaves (NIMH, 2024c). The symptoms of schizophrenia can make it difficult to participate in usual, everyday activities, but effective treatments are available (NIMH, 2024c). Diagnosis usually occurs between 16 and 30 years of age after the first episode of psychosis (NIMH, 2024c). Psychotic symptoms include changes in the way a person thinks, acts, and experiences the world through hallucinations, delusions, thought disorder, and movement disorder (NIMH, 2024c).

A breakdown of hospitalizations due to schizophrenic disorders, segmented by age group, is presented in Exhibit 55 for Nassau County and Florida from 2019 to 2023. It is important to note that hospitalization rates for some age groups were not calculated due to a low number of cases (fewer than five). In 2023, the 22–24 age group had the highest hospitalization rate in both Nassau County (621.6 per 100,000 age-specific population) and Florida (368.1 per 100,000). Overall, the county tended to experience lower hospitalization rates across all age groups compared to the state.

Age Group	2019		2020		2021		2022		2023	
	Nassau	FL	Nassau	FL	Nassau	FL	Nassau	FL	Nassau	FL
18–21	–	269.6	–	269.9	–	304.3	145.0	302.0	–	247.7
22–24	–	367.5	–	386.3	–	361.0	–	398.4	621.6	368.1
25–44	170.0	425.6	267.8	415.3	225.6	419.5	296.1	438.9	307.2	449.8
45–64	135.0	331.1	174.0	300.6	199.3	276.9	186.2	270.2	139.7	265.2
65–74	50.8	149.8	137.0	140.6	82.2	137.3	101.0	125.8	70.6	130.1
75 and older	–	102.8	–	75.6	71.6	77.3	108.3	70.1	52.7	62.1

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Suicide and Behavioral Health Profile. Date Sourced: December 12, 2024.
Note: Cells with (–) indicate the incident count was less than five for that year and a rate could not be established.

Exhibit 56 explores hospitalizations for schizophrenic disorders, specifically for youth under 18. Since there were fewer than five cases in Nassau County in 2020, 2021, and 2022, a rate could not be calculated; and there were zero hospitalizations for schizophrenic disorders in 2019 and 2023. Looking at the broader trend from 2019 to 2023, Florida's hospitalization rates for schizophrenic disorders for those under age 18 decreased by 11.4%.

EXHIBIT 56: SCHIZOPHRENIC DISORDERS HOSPITALIZATIONS (UNDER AGE 18), CRUDE RATE, NASSAU COUNTY & FLORIDA, 2019–2023
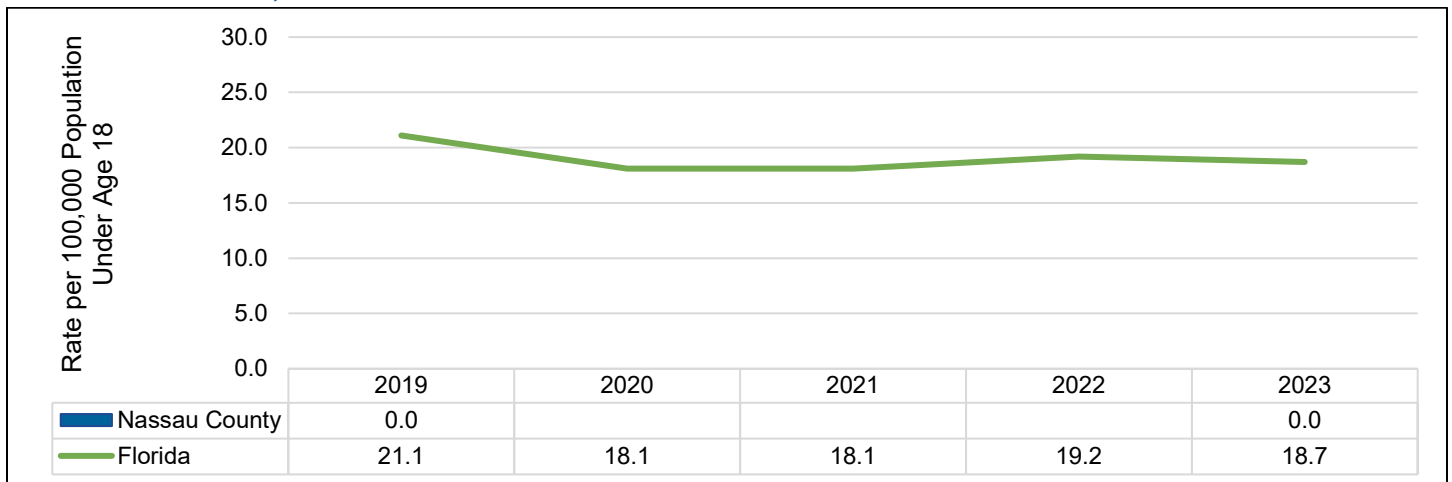
	2019	2020	2021	2022	2023
Nassau County	0.0				0.0
Florida	21.1	18.1	18.1	19.2	18.7

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Suicide and Behavioral Health Profile. Date Sourced: December 12, 2024.
Note: Blank cells indicate fewer than five cases and a rate could not be calculated.

Eating Disorders

Eating disorders are serious and often fatal illnesses associated with severe disturbances in people's eating behaviors and related thoughts and emotions (NIMH, 2024b). Preoccupation with food, body weight, and shape may also signal an eating disorder (NIMH, 2024b). Common eating disorders include anorexia nervosa, bulimia nervosa, and binge-eating disorder (NIMH, 2024b). Anorexia nervosa is a condition where people avoid food, severely restrict food, or only eat very small quantities of certain foods (NIMH, 2024b). Bulimia nervosa is a condition where people have

recurrent and frequent episodes of eating unusually large amounts of food and feel a lack of control over these episodes (NIMH, 2024b). This binge eating is followed by behavior that compensates for the overeating, such as forced vomiting, excessive use of laxatives or diuretics, fasting, excessive exercise, or a combination of these behaviors (NIMH, 2024b). Binge-eating disorder is the most common eating disorder in the United States. People with this disorder lose control over their eating and have recurring episodes of eating unusually large amounts of food; however, these periods are not followed by purging, excessive exercise, or fasting (NIMH, 2024b).

Statistics for eating disorder hospitalizations by age groups for Nassau County and Florida between 2019 and 2023 are displayed in Exhibit 57. Cells with a dash in the table indicate that the incident count was less than five for that year and a rate could not be established. Generally, eating disorders lead to more hospitalizations in younger age groups in Florida than in older age groups. Nassau County had very low rates of hospitalizations for eating disorders except for 2023 when the 45–64 age group experienced a spike of 18.4 per 100,000 population.

EXHIBIT 57: EATING DISORDER HOSPITALIZATIONS, AGE-SPECIFIC CRUDE RATE PER 100,000 POPULATION, NASSAU COUNTY & FLORIDA, 2019–2023

| Age Group	2019		2020		2021		2022		2023	
	Nassau	FL	Nassau	FL	Nassau	FL	Nassau	FL	Nassau	FL
18–21	–	25.8	0.0	30.4	–	35.8	0.0	28.2	–	27.1
22–24	–	18.5	–	19.4	0.0	21.7	0.0	21.0	–	19.7
25–44	–	12.0	–	11.8	–	11.7	–	9.6	0.0	9.9
45–64	–	7.2	–	6.5	–	6.4	–	6.3	18.4	6.6
65–74	–	5.9	0.0	4.6	0.0	5.7	0.0	6.0	–	5.7
75 and older	0.0	10.3	–	6.8	0.0	6.2	0.0	6.7	0.0	6.7

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Suicide and Behavioral Health Profile. Date Sourced: December 12, 2024.
Note: Cells with (–) indicate the incident count was less than five for that year and a rate could not be established.

Exhibit 58 examines hospitalization rates for eating disorders in Nassau County and Florida among individuals aged 12–18 between 2019 and 2023. Currently, there is no available data regarding hospitalizations for eating disorders in youths under 12 years of age. During this time period, Nassau County experienced fluctuations in hospitalization rates for eating disorders across this age group, which may be due to single-digit counts.

In 2023, the hospitalization rate for eating disorders in Nassau County was 67.0 per 100,000 age-specific population within the 12–18 age group, reflecting a 124.8% increase since 2019. Florida's 12–18 age group rate also saw a significant increase, with 66.8 hospitalizations per 100,000 age-specific population in 2023, representing an 85.6% rise since 2019.

	2019	2020	2021	2022	2023
Nassau County	29.8	73.6	41.9	79.7	67.0
Florida	36.0	46.7	75.1	71.8	66.8

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Hospitalizations From or With Eating Disorders as Any Listed Diagnosis (Aged 12-18 Years). Date Sourced: December 12, 2024.

Child Abuse and Neglect

Abuse and neglect are serious public health problems and can have long-term impacts on health, opportunity, and well-being (CDC, 2024a). The maltreatment of children may occur through the following:

- Physical abuse – the intentional use of physical force that can result in physical injury, such as hitting, kicking, shaking, burning, or other shows of force (CDC, 2024a)
- Sexual abuse – involves pressuring or forcing a child to engage in sexual acts, which include behaviors such as fondling, penetration, and exposing a child to other sexual activities (CDC, 2024a)
- Emotional abuse – refers to behaviors that harm a child's self-worth or emotional well-being which may include name-calling, shaming, rejecting, withholding love, and threatening (CDC, 2024a)
- Neglect – the failure to meet a child's basic physical and emotional needs such as housing, food, clothing, education, access to medical care, and having feelings validated and appropriately responded to (CDC, 2024a)

The U.S. Department of Health and Human Services (DHHS) Administration for Children and Families Child Maltreatment Report 2020 cites that Child Protection Services (CPS) received a national estimate of 3.9 million total referrals involving approximately 7.1 million children (DHHS, 2022). Approximately 618,000 children were victims of child abuse and neglect in 2020 (DHHS, 2022). Children less than one year of age have the highest victimization rate at 25.1 per 1,000 children of the same age in the national population (DHHS, 2022). The victimization rate for girls is 8.9 per 1,000 girls in the population, which is higher than for boys at 7.9 per 1,000 boys in the population (DHHS, 2022). American Indian or Alaskan Native children have the highest rate of victimization at 15.5 per 1,000 children in the population of the same race or ethnicity, and African American children have the second highest rate at 13.2 per 1,000 children of the same race or ethnicity (DHHS, 2022). For the Federal Fiscal Year (FFY) 2020, 76.1% of victims were neglected, 16.5% were physically abused, 9.4% were sexually abused, and 0.2% were sex trafficked (DHHS, 2022).

The rate of children aged 5–11 experiencing child abuse in Nassau County and Florida between 2019 and 2023 is illustrated in Exhibit 59. Nassau County reported a higher rate of child abuse than Florida in 2019 but consistently reported lower rates of child abuse from 2020 to 2023. Notably, the child abuse rate in Nassau County decreased significantly by 66.7% from 2019 to 2023, while Florida saw a 34.9% decrease.

EXHIBIT 59: CHILDREN EXPERIENCING CHILD ABUSE (AGED 5–11), AGE-ADJUSTED RATE, NASSAU COUNTY & FLORIDA, 2019–2023
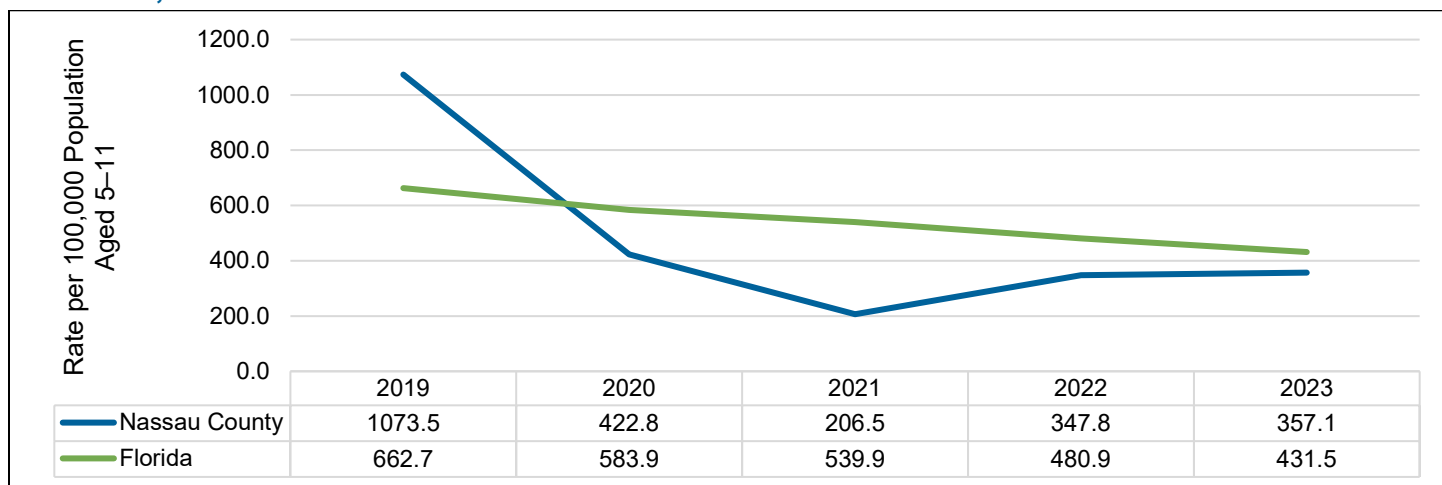
	2019	2020	2021	2022	2023
Nassau County	1073.5	422.8	206.5	347.8	357.1
Florida	662.7	583.9	539.9	480.9	431.5

Source: Florida Department of Children and Families, Florida Safe Families Network | FLHealthCHARTS | Children Experiencing Child Abuse (Aged 5-11 Years). Date Sourced: December 12, 2024.

Exhibit 60 displays Nassau County and Florida incidence rates of children aged 5–11 experiencing sexual violence from 2019 to 2023. Nassau County had much lower rates than the state despite a spike in 2020. From 2019 to 2023, Nassau County's rate decreased by 12.6%, compared to Florida's decrease of 38.2%.

EXHIBIT 60: CHILDREN EXPERIENCING SEXUAL VIOLENCE (AGED 5–11), AGE-SPECIFIC ADJUSTED RATE, NASSAU COUNTY & FLORIDA, 2019–2023
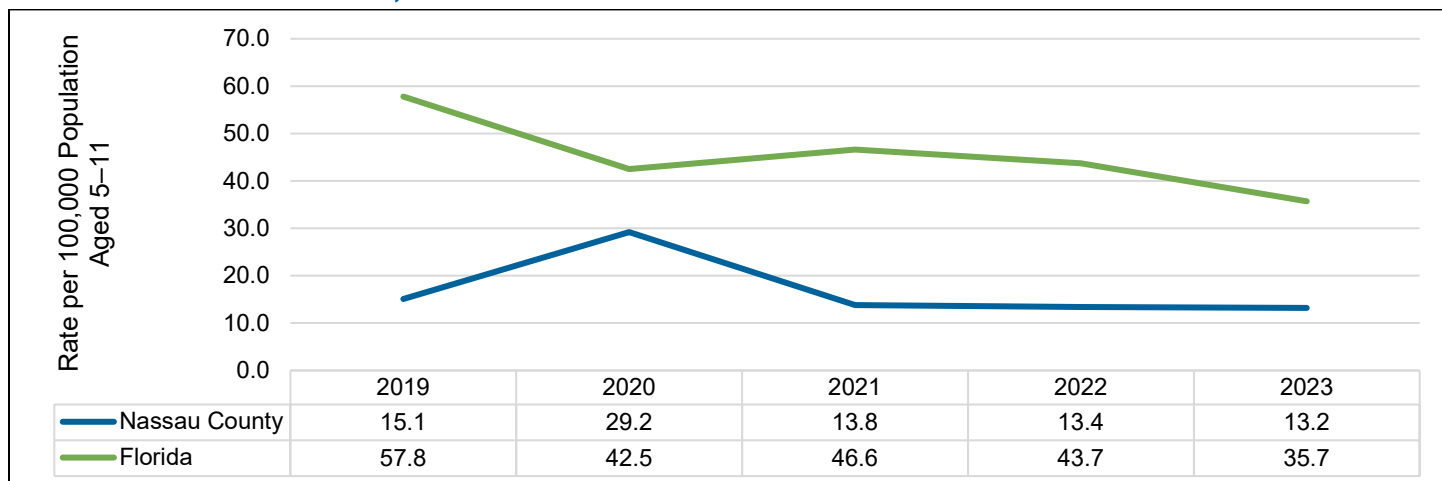
	2019	2020	2021	2022	2023
Nassau County	15.1	29.2	13.8	13.4	13.2
Florida	57.8	42.5	46.6	43.7	35.7

Source: Florida Department of Children and Families, Florida Safe Families Network | FLHealthCHARTS | Children Experiencing Sexual Violence (Aged 5-11 Years). Date Sourced: December 12, 2024.

Non-Fatal Intentional Self-Harm

Non-fatal intentional self-harm refers to when a person hurts their own body on purpose. It is more common among women than men. A person who self-harms usually does not mean to kill

themselves, but they are at higher risk of attempting suicide and dying by suicide if they do not get help (SAMHSA, 2023b).

Exhibit 61 presents the rates of non-fatal intentional self-harm injuries that resulted in emergency department visits in Nassau County and Florida during 2023. For indicators with counts of fewer than five cases, rates were not calculated. Children ages 0–9 are excluded from this exhibit on FLHealthCHARTS due to a child's inability to form or understand suicidal intent. Nassau County had a higher total rate of emergency visits at 66.8 per 100,000 population compared to the Florida rate (53.6 per 100,000). Drug poisoning (34.4 per 100,000) and cut/pierce (18.2 per 100,000) were the most common types of self-injury presenting in emergency department visits in Nassau County. Individuals in the under age 18 and 18–21 age groups had the highest rates of self-harm injuries emergency department visits for both Nassau County and Florida in 2023.

EXHIBIT 61: NON-FATAL INTENTIONAL SELF-HARM INJURIES EMERGENCY DEPARTMENT VISITS BY TYPE AND AGE-SPECIFIC CRUDE RATE PER AGE-SPECIFIC 100,000 POPULATION, NASSAU COUNTY & FLORIDA, 2023

Age Group	Firearm		Drug Poisoning		Suffocation		Cut/Pierce		Non-Drug Poisoning		Other Mechanisms		Total	
	Nassau	FL	Nassau	FL	Nassau	FL	Nassau	FL	Nassau	FL	Nassau	FL	Nassau	FL
Under age 18	0.0	–	85.3	49.9	0.0	0.5	42.7	28.3	–	2.0	26.7	18.2	**160.0**	**99.1**
18–21	0.0	–	–	57.2	0.0	0.5	–	32.8	0.0	1.1	–	21.5	**158.9**	**113.1**
22–24	0.0	–	0.0	39.4	0.0	0.6	–	23.1	0.0	2.1	0.0	19.6	**–**	**85.1**
25–44	0.0	0.3	40.1	29.8	0.0	0.7	22.3	16.4	0.0	1.3	–	14.2	**75.7**	**62.5**
45–64	0.0	0.2	–	16.9	0.0	0.4	–	5.5	0.0	0.7	–	7.0	**33.1**	**30.7**
65–74	0.0	–	–	7.7	0.0	–	–	2.5	–	0.3	0.0	2.5	**–**	**13.1**
75 or older	–	0.4	–	4.7	–	–	–	1.8	–	–	–	2.2	**0.0**	**9.3**
Total	**0.0**	**0.2**	**34.4**	**27.0**	**0.0**	**0.4**	**18.2**	**13.9**	**–**	**1.1**	**12.2**	**11.1**	**66.8**	**53.6**

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Emergency Department Visits From Non-Fatal Intentional Self-Harm. Date Sourced: December 16, 2024.
Note: Cells with (–) indicate the incident count was less than five for that year and a rate could not be established.

Exhibit 62 shows non-fatal intentional self-harm injury hospitalizations by type in Nassau County compared to Florida in 2023. For indicators with counts of fewer than five cases, rates were not calculated. Ages 0–9 are excluded from this exhibit on FLHealthCHARTS due to a child's inability to form or understand suicidal intent.

Nassau County had a higher total rate of self-harm injury hospitalizations at 38.5 per 100,000 population compared to the Florida rate of 33.8 per 100,000. Drug poisoning was the most prevalent cause of non-fatal intentional self-harm injury hospitalizations for both Nassau County (33.4 per 100,000 population) and Florida (28.0 per 100,000).

Age Group	Firearm		Drug Poisoning		Suffocation		Cut/Pierce		Non-Drug Poisoning		Other Mechanisms		Total	
	Nassau	FL	Nassau	FL	Nassau	FL	Nassau	FL	Nassau	FL	Nassau	FL	Nassau	FL
Under age 18	0.0	0.2	48.0	23.7	0.0	–	0.0	0.4	0.0	0.3	0.0	1.0	48.0	25.7
18–21	0.0	0.9	–	49.3	0.0	–	0.0	2.3	0.0	0.5	–	3.0	132.4	56.4
22–24	–	1.5	–	37.7	–	–	–	2.5	–	1.0	–	3.6	0.0	46.5
25–44	0.0	0.9	35.6	32.2	0.0	0.7	–	4.5	0.0	0.9	–	3.5	53.4	42.6
45–64	0.0	0.9	25.7	30.1	0.0	0.3	0.0	2.5	0.0	0.9	0.0	1.6	25.7	36.2
65–74	0.0	0.5	–	20.2	0.0	–	0.0	1.3	0.0	0.4	0.0	0.9	–	23.4
75 or older	0.0	0.9	–	14.8	0.0	–	0.0	0.8	0.0	0.4	0.0	0.8	–	17.8
Total	0.0	0.7	33.4	28.0	0.0	0.3	–	2.3	0.0	0.7	–	1.9	38.5	33.8

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Hospitalizations From Non-Fatal Intentional Self-Harm Injuries.
Date Sourced: December 16, 2024.
Note: Cells with (–) indicate the incident count was less than five for that year and a rate could not be established.

Baker Act Referrals/Examinations

In 1971, the Florida Legislature enacted the *Florida Mental Health Act*, a comprehensive revision of the state's mental health commitment laws. The law is widely referred to as the "Baker Act" in honor of Maxine Baker, the former state representative who sponsored the Act. The Baker Act allows for the initiation of an involuntary exam (also referred to as emergency or involuntary commitment). Initiations can be made by judges, law enforcement officials, physicians, or mental health professionals only when there is evidence that a person has a mental illness and is a harm to self, harm to others, or self-neglectful (as defined in the Baker Act). Examinations may last up to 72 hours and can occur in any of the more than 100 Florida Department of Children and Families-designated receiving facilities statewide (DCF, n.d.-a).

It is important to note that some individuals for whom forms were received were never actually admitted to receiving facilities because an examination by a physician or psychologist performed prior to admission determined they did not meet the criteria. The data also does not include information on what occurred after the initial examination, such as how long individuals stayed at the facility or whether they remained on an involuntary or voluntary basis.

Exhibit 63 lists the total number of reported involuntary exam initiations (i.e., Baker Acts) for Nassau County residents by fiscal year from 2019 to 2024.

Fiscal Year	All Ages	% of Total				
		<18	18–24	25–64	65+	Change to 2023–2024
2019–2020	515	15.34%	13.40%	64.08%	6.02%	13.59%
2020–2021	598	19.06%	9.87%	64.05%	5.69%	-2.17%
2021–2022	487	21.97%	8.83%	60.37%	8.21%	20.12%
2022–2023	434	17.28%	12.44%	61.75%	7.37%	34.79%
2023–2024	585	18.91%	11.41%	59.45%	9.54%	N/A

Source: Baker Act Reporting Center Fiscal Year 2023-24, University of South Florida. Date Sourced: December 9, 2024.

Suicide

Suicide occurs when a person ends their own life and is a leading cause of death in the U.S. (CDC, 2024e). Death is not the only consequence of suicide. More people survive suicide attempts than die, and suicide survivors may have serious injuries, such as broken bones, brain damage, or organ failure (CDC, 2024e). People who have attempted suicide may have experienced violence, including child abuse, bullying, or sexual violence, and may even have depression and other mental health problems (CDC, 2024e).

Exhibit 64 displays the suicide deaths by type and age group for Nassau County and Florida in 2023. Nassau County's rate of suicide deaths (10.1 per 100,000 population) was lower than Florida's (17.5 per 100,000). Age groups 15–19 and 45–54 had the highest rates of suicide deaths in Nassau County, whereas in Florida, the highest rates were in age groups 55–64 and 75 and older. There was no incidence of county suicide deaths in age groups 10–14, 20–24, 35–44, and 75 and older in Nassau County.

EXHIBIT 64: SUICIDE DEATHS BY TYPE, AGE-SPECIFIC CRUDE RATE PER AGE-SPECIFIC 100,000 POPULATION, NASSAU COUNTY & FLORIDA, 2023

Age Group	Firearm		Drug Poisoning		Suffocation		Cut/Pierce		Non-Drug Poisoning		Other Mechanisms		Total	
	Nassau	FL	Nassau	FL	Nassau	FL	Nassau	FL	Nassau	FL	Nassau	FL	Nassau	FL
10–14	0.0	1.2	0.0	0.0	0.0	0.9	0.0	0.0	0.0	0.2	0.0	0.0	0.0	2.2
15–19	19.8	3.4	0.0	0.8	0.0	1.9	0.0	0.0	0.0	0.1	0.0	0.9	19.8	7.1
20–24	0.0	7.5	0.0	0.7	0.0	3.0	0.0	0.0	0.0	0.4	0.0	0.9	0.0	12.5
25–34	9.3	9.5	0.0	1.0	0.0	4.6	0.0	0.4	0.0	0.5	0.0	1.5	9.3	17.4
35–44	0.0	8.7	0.0	1.3	0.0	5.7	0.0	0.3	0.0	0.5	0.0	1.4	0.0	17.9
45–54	25.0	10.2	8.3	2.4	8.3	4.8	0.0	0.4	0.0	0.6	0.0	1.2	41.6	19.6
55–64	6.6	12.7	0.0	2.9	0.0	3.5	0.0	0.9	0.0	0.7	0.0	1.4	6.6	22.0
65–74	7.1	12.2	0.0	2.2	0.0	2.2	0.0	0.7	0.0	0.5	0.0	1.4	7.1	19.2
75 or older	0.0	17.6	0.0	2.7	0.0	1.7	0.0	0.4	0.0	0.5	0.0	1.0	0.0	24.0
Total	7.9	10.2	1.1	1.8	1.1	3.5	0.0	0.4	0.0	0.5	0.0	1.2	10.1	17.5

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Suicide Deaths. Date Sourced: December 11, 2024.

Exhibit 65 compares suicide mortality rates for Nassau County and Florida from 2019 to 2023. In 2023, Nassau County had a rate of 9.3 per 100,000 population, which was lower than Florida's (14.1 per 100,000). Nassau County's rate decreased by 53.5% from 2019 to 2023, while Florida experienced a 2.8% decline. In Nassau County and Florida, suicide tends to occur much more frequently among White populations than Black populations, as shown in Exhibit 66. It is important to note that the suicide rate among the Black population in Nassau County surpassed the White rate in 2014, 2018, 2020, and 2021.

EXHIBIT 65: SUICIDE MORTALITY, AGE-ADJUSTED RATE, NASSAU COUNTY & FLORIDA, 2019–2023
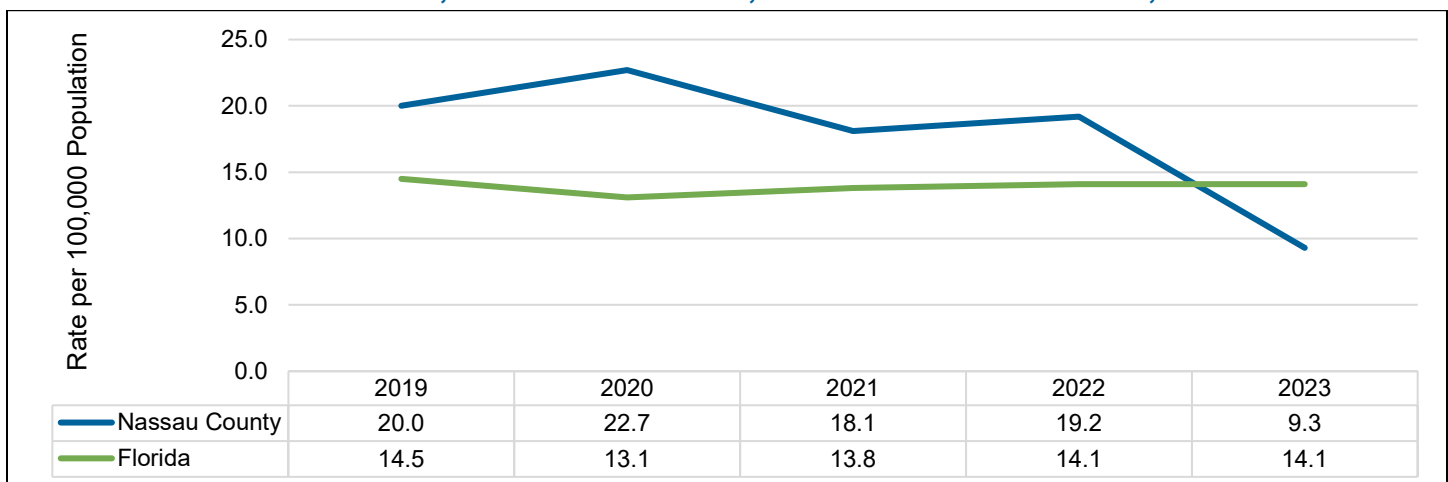
	2019	2020	2021	2022	2023
Nassau County	20.0	22.7	18.1	19.2	9.3
Florida	14.5	13.1	13.8	14.1	14.1

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Suicide. Date Sourced: December 11, 2024.

EXHIBIT 66: SUICIDE MORTALITY BY RACE, NASSAU COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2014–2023
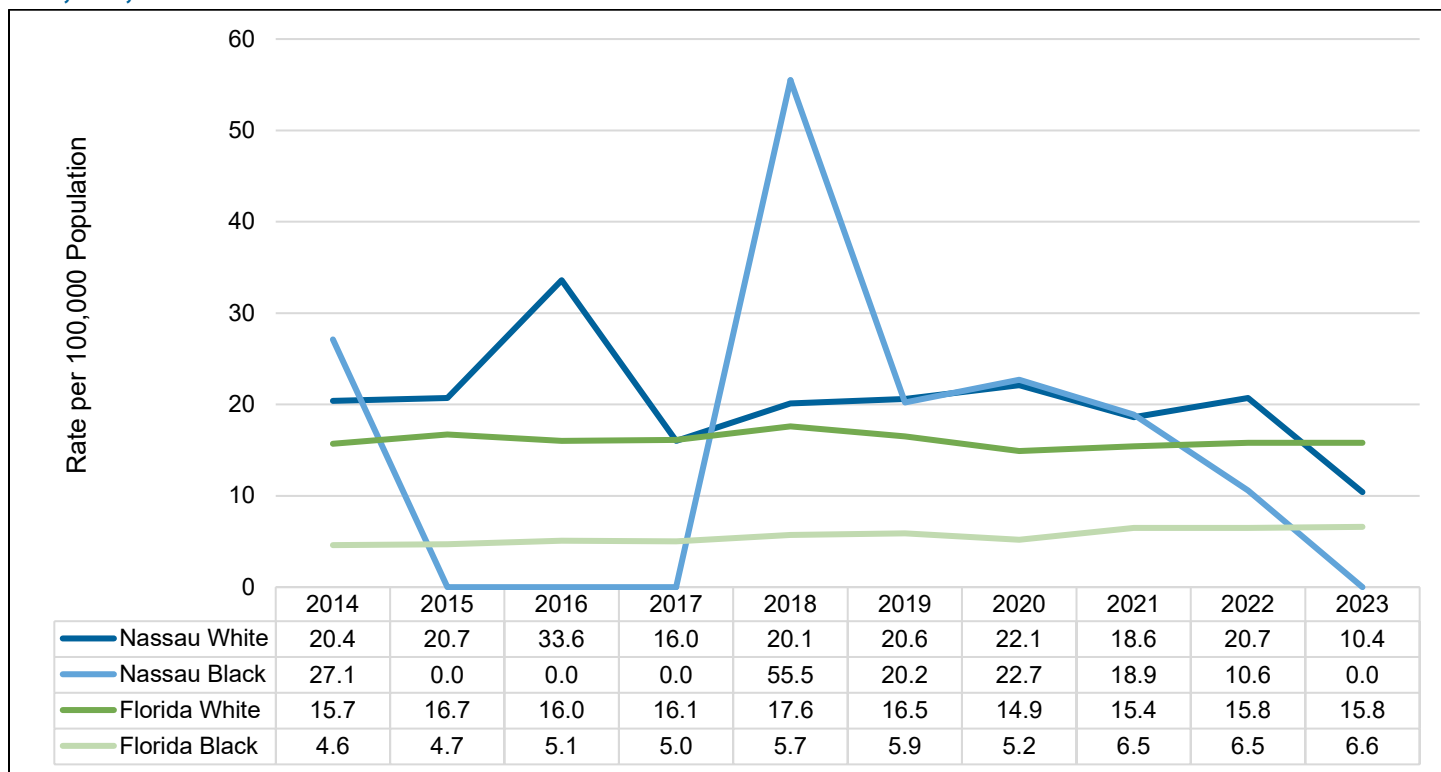
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Nassau White	20.4	20.7	33.6	16.0	20.1	20.6	22.1	18.6	20.7	10.4
Nassau Black	27.1	0.0	0.0	0.0	55.5	20.2	22.7	18.9	10.6	0.0
Florida White	15.7	16.7	16.0	16.1	17.6	16.5	14.9	15.4	15.8	15.8
Florida Black	4.6	4.7	5.1	5.0	5.7	5.9	5.2	6.5	6.5	6.6

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths from Suicide. Data Sourced: December 11, 2024.

Substance Use

Substance use disorders occur when the recurrent use of alcohol or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home (SAMHSA, 2024).

Trends in substance use in Nassau County between 2018 and 2022 are shown in Exhibit 67. Data are derived from the Florida Department of Health's Division of Public Statistics and Performance Management's Substance Abuse Dashboard.

Half counts for substance use indicators in the table increased from 2018 to 2022, but the three counts that decreased are annual drug arrests, prescriptions dispensed, and neonatal abstinence syndrome. Although all three of these indicators saw increases from 2021 to 2022, overall, annual drug arrests declined by 16.0%, prescriptions dispensed declined by 4.5%, and neonatal abstinence syndrome declined by 36.4% from 2018 to 2022.

During the reporting period, Naloxone administrations rose by 43.8%, and fatal overdoses rose by 23.5%. EMS overdose responses saw a significant increase of 199.3%.

EXHIBIT 67: SUBSTANCE ABUSE DASHBOARD INDICATORS, NASSAU COUNTY, 2018–2022

Indicator	2018	2019	2020	2021	2022	% Change 2018 to 2022
Fatal overdose	17	14	23	19	21	23.5
EMS overdose responses	134	125	265	358	401	199.3
Naloxone administered	226	231	206	300	325	43.8
Annual drug arrests	580	693	453	438	487	-16.0
Prescriptions dispensed	78,029	73,653	73,442	73,778	74,515	-4.5
Neonatal abstinence	11	7	8	5	7	-36.4

Source: Florida Department of Health, Division of Public Statistics and Performance Management | FLHealthCHARTS | Substance Use Dashboard. Date Sourced: February 26, 2025.

From 2018 to 2022, the number of all drug-related overdose deaths and opioid-related overdose deaths declined and increased in Nassau County (Exhibit 68). Since 2020, the rates for both drug-related overdose deaths and opioid-related overdose deaths have been in a downward trend.

EXHIBIT 68: DRUG OVERDOSE DEATHS, AGE-ADJUSTED RATE, NASSAU COUNTY, 2018–2022
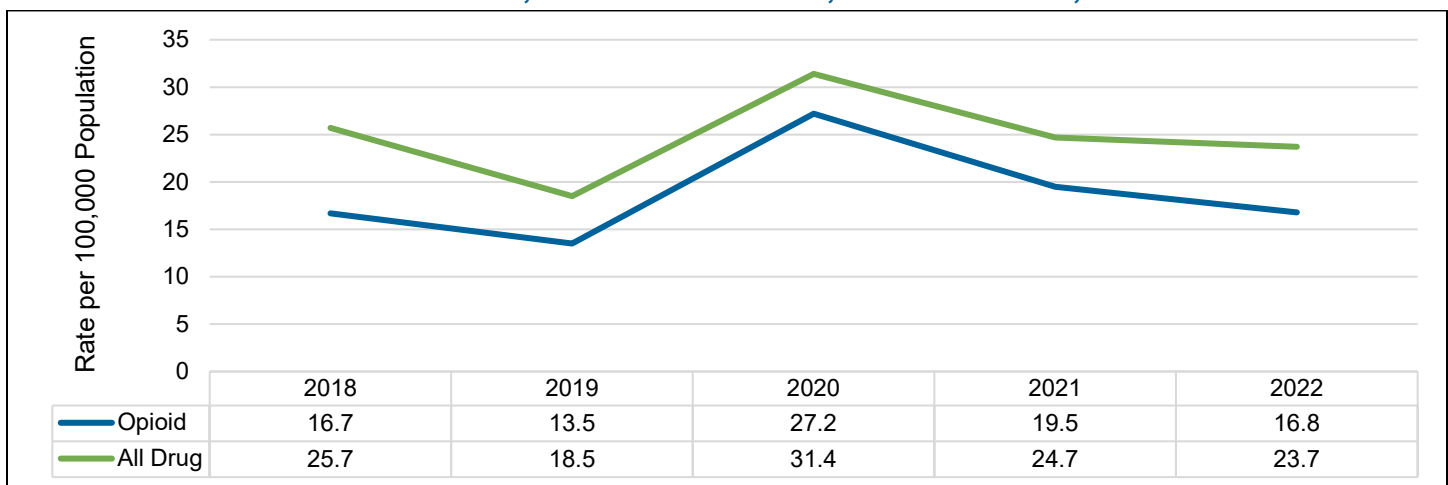
	2018	2019	2020	2021	2022
Opioid	16.7	13.5	27.2	19.5	16.8
All Drug	25.7	18.5	31.4	24.7	23.7

Source: Florida Department of Health, Division of Public Statistics and Performance Management | FLHealthCHARTS | Substance Use Dashboard. Date Sourced: December 6, 2024.

Exhibit 69 shows the count of naloxone administered by EMS, the count of naloxone administered prior to EMS arrival, and the count of incidents that did not fit the categories listed (not applicable or recorded) in Nassau County from 2019 to 2023. In the five-year period, the amount of naloxone administered by EMS personnel has decreased by 12.3%. In the same period, the count of incidents of naloxone administered that are not applicable or recorded saw a 209.8% increase.
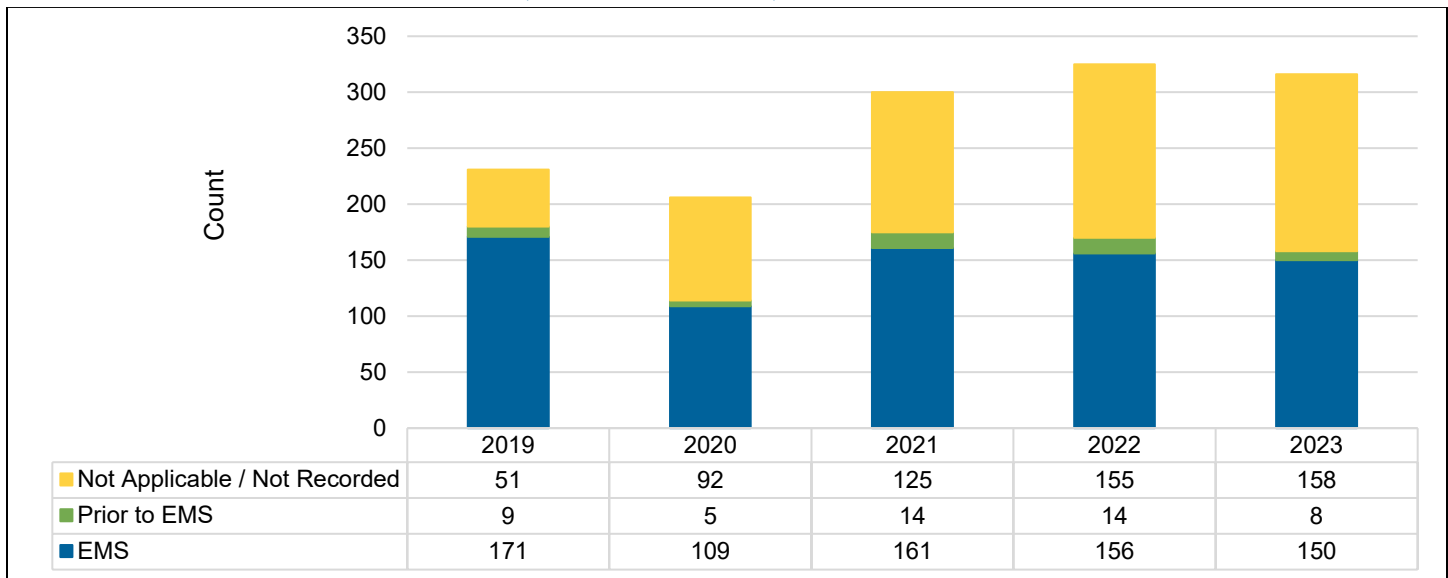
	2019	2020	2021	2022	2023
Not Applicable / Not Recorded	51	92	125	155	158
Prior to EMS	9	5	14	14	8
EMS	171	109	161	156	150

Source: Florida Department of Health, Division of Public Statistics and Performance Management | FLHealthCHARTS | Substance Use Dashboard. Date Sourced: December 20, 2024.

From 2018 to 2023, the number of all drug-related non-fatal overdose emergency department visits increased by 33.1% (Exhibit 70). Heroin-involved visits decreased substantially by 89.7% in that reporting period, whereas stimulant-involved and opioid-involved visits increased by 75% and 23.1%, respectively.

EXHIBIT 70: NON-FATAL OVERDOSE EMERGENCY DEPARTMENT VISITS, NASSAU COUNTY, 2018–2023
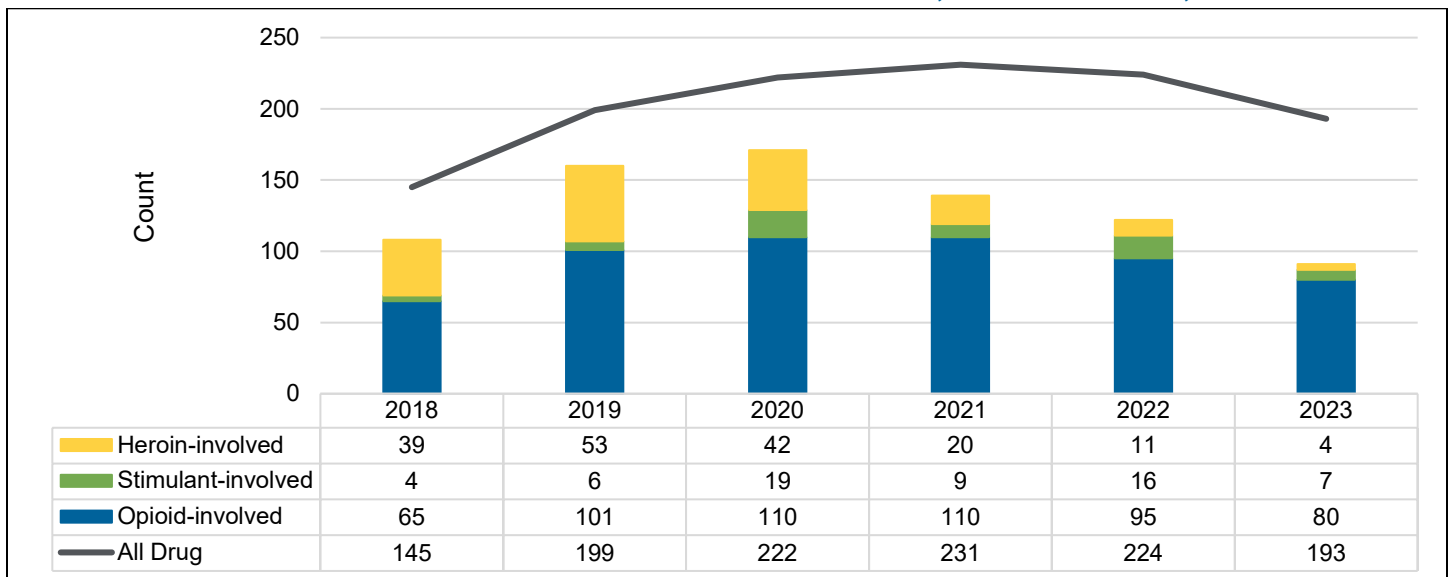
	2018	2019	2020	2021	2022	2023
Heroin-involved	39	53	42	20	11	4
Stimulant-involved	4	6	19	9	16	7
Opioid-involved	65	101	110	110	95	80
All Drug	145	199	222	231	224	193

Source: Florida Department of Health, Division of Public Statistics and Performance Management | FLHealthCHARTS | Substance Use Dashboard. Date Sourced: February 26, 2025.

Exhibit 71 breaks down all drug-related non-fatal overdose emergency department visits by drug type in Nassau County from 2019 to 2023. All drug-related non-fatal emergency visits decreased by 3.0% in the reporting period. In comparison with different indicators in the same reporting period, opioid-involved emergency visits fell by 20.8%. However, stimulant-involved visits had the greatest increase at 16.7% from 2019 to 2023.

EXHIBIT 71: ALL DRUG NON-FATAL OVERDOSE EMERGENCY VISITS, NASSAU COUNTY, 2019–2023

Indicator	2019	2020	2021	2022	2023	% Change 2019 to 2023
All Drug	**199**	**222**	**231**	**224**	**193**	**-3.0**
Unintentional/undetermined non-fatal drug overdose emergency department visits	166	186	193	186	156	-6.0
Intentional self-harm non-fatal drug overdose emergency department visits	33	36	38	38	37	12.1
Opioid	**101**	**110**	**110**	**95**	**80**	**-20.8**
Unintentional/undetermined non-fatal drug overdose emergency department visits	99	108	108	92	75	-24.2
Intentional self-harm non-fatal drug overdose emergency department visits	<5	<5	<5	<5	5	0.0
Heroin	**53**	**42**	**20**	**11**	**<5**	**0.0**
Unintentional/undetermined non-fatal drug overdose emergency department visits	52	41	20	11	<5	0.0
Intentional self-harm non-fatal drug overdose emergency department visits	<5	<5	<5	<5	0	0.0
Stimulant	**6**	**19**	**9**	**16**	**7**	**16.7**
Unintentional/undetermined non-fatal drug overdose emergency department visits	6	18	7	14	7	16.7
Intentional self-harm non-fatal drug overdose emergency department visits	<5	<5	<5	<5	0	0.0

Source: Florida Department of Health, Division of Public Statistics and Performance Management | FLHealthCHARTS | Substance Use Dashboard. Date Sourced: February 26, 2025.
Note: A percent change could not be calculated for years with fewer than five cases reported.

All drug-related non-fatal overdose hospitalizations in Nassau County have seen a downward trend from 2018 to 2023 but saw an increase in 2023, as shown in Exhibit 72. In 2022, heroin-involved hospitalizations saw the lowest count of 0. In a similar fashion, stimulant-involved hospitalizations decreased by 45.5% in the reporting period. Overall, all drug-related non-fatal overdose hospitalizations decreased by 9.3% in the same period.

	2018	2019	2020	2021	2022	2023
Heroin-involved	1	8	4	2	0	0
Stimulant-involved	22	16	19	20	12	12
Opioid-involved	40	45	28	34	32	40
All Drug	140	121	114	121	103	127

Source: Florida Department of Health, Division of Public Statistics and Performance Management | FLHealthCHARTS | Substance Use Dashboard. Date Sourced: February 26, 2025.
Note: The count for Heroin-involved Non-fatal Overdose Hospitalizations in 2023 is <5.

Exhibit 73 shows all drug-related non-fatal overdose hospitalizations broken down by drug type and intent type. Data limitations prevented calculating rates for certain heroin and opioid indicators due to low counts (fewer than five). Overall, all drug-related non-fatal overdose hospitalizations and opioid-involved non-fatal overdose hospitalizations increased by 5% and 11.1%, respectively, from 2019 to 2023. Intentional self-harm non-fatal drug overdose hospitalizations saw the largest increase of 58.3%.

EXHIBIT 73: ALL DRUG NON-FATAL OVERDOSE HOSPITALIZATIONS, NASSAU COUNTY, 2019–2023

Indicator	2019	2020	2021	2022	2023	% Change 2019 to 2022
All Drug	**121**	**114**	**121**	**103**	**127**	**5.0**
Unintentional/undetermined non-fatal drug overdose hospitalizations	85	59	67	57	71	-16.5
Intentional self-harm non-fatal drug overdose hospitalizations	36	56	56	48	57	58.3
Opioid	**45**	**28**	**34**	**32**	**40**	**11.1**
Unintentional/undetermined non-fatal drug overdose hospitalizations	43	20	26	26	31	-27.9
Intentional self-harm non-fatal drug overdose hospitalizations	<5	8	9	6	9	–
Heroin	**8**	**<5**	**<5**	**<5**	**<5**	**–**
Unintentional/undetermined non-fatal drug overdose hospitalizations	8	<5	<5	<5	<5	–
Intentional self-harm non-fatal drug overdose hospitalizations	<5	<5	<5	<5	0	0.0

Indicator	2019	2020	2021	2022	2023	% Change 2019 to 2022
Stimulant	**16**	**19**	**20**	**12**	**12**	**-25.0**
Unintentional/undetermined non-fatal drug overdose hospitalizations	16	16	18	11	9	-43.8
Intentional self-harm non-fatal drug overdose hospitalizations	<5	<5	<5	<5	3	0.0

Source: Florida Department of Health, Division of Public Statistics and Performance Management | FLHealthCHARTS | Substance Use Dashboard. Date Sourced: February 26, 2025.

From 2019 to 2023, the number of opioid-related calls to the Florida Poison Information Network decreased by 10% (Exhibit 74). In 2023, there were a total of 9 opioid-related calls.

EXHIBIT 74: FLORIDA POISON INFORMATION NETWORK CALLS RELATED TO OPIOIDS, NASSAU COUNTY, 2019–2023
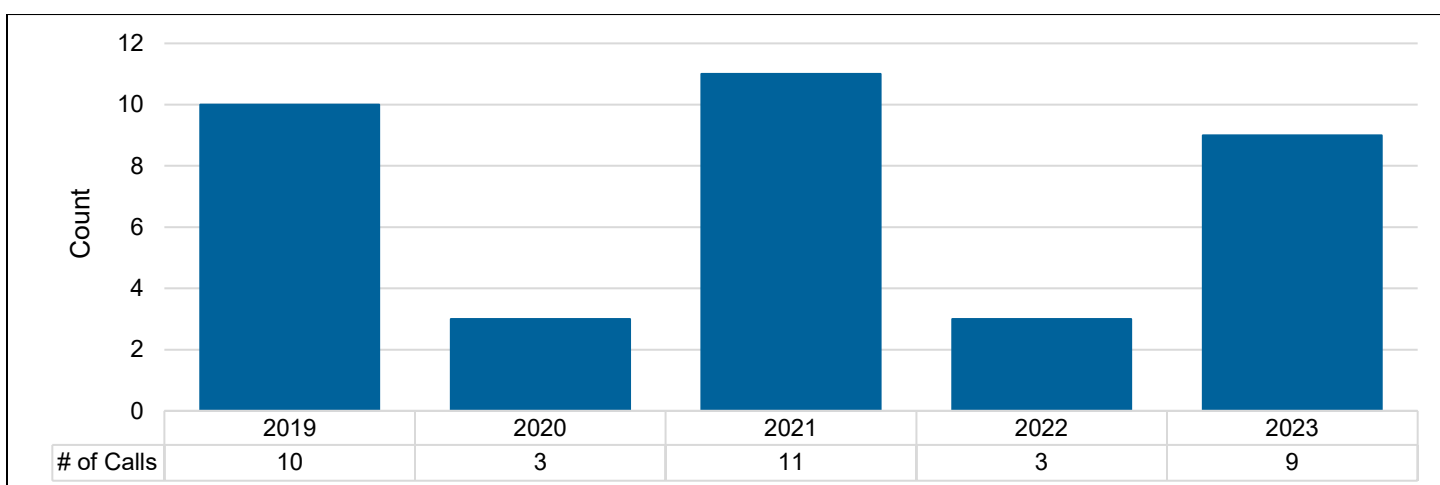
	2019	2020	2021	2022	2023
# of Calls	10	3	11	3	9

Source: Florida Department of Health, Division of Public Statistics and Performance Management | FLHealthCHARTS | Substance Use Dashboard. Date Sourced: December 9, 2024.

Exhibit 75 shows the prescriptions and treatment distinguished by the indicator type of opioid, stimulant, benzodiazepine, and muscle relaxant in Nassau County. From 2020 to 2024, stimulant indicators saw the greatest change, with a 61% increase in the number of prescriptions dispensed, a 43.8% increase in unique patients, and a 52.4% increase in unique prescribers. In the same reporting period, muscle relaxants had the greatest decrease, with a 35.2% reduction in the number of prescriptions dispensed and a 34.4% reduction in the number of unique patients.

EXHIBIT 75: PRESCRIPTIONS AND TREATMENT, NASSAU COUNTY, 2020–2023

Indicator	2020	2021	2022	2023	2024	% Change 2020 to 2024
Opioid						
Number of prescriptions dispensed	73,442	73,778	74,515	74,262	74,152	1.0
Number of unique patients	16,477	17,108	17,283	17,631	17,407	5.6
Number of unique prescribers	2,452	2,578	2,743	2,708	2,764	8.7
Prescriptions dispensed per patient	4.5	4.3	4.3	4.2	4.3	-4.4
Prescriptions dispensed per prescriber	30.0	28.6	27.2	27.4	26.8	-10.7

Indicator	2020	2021	2022	2023	2024	% Change 2020 to 2024
Stimulants						
Number of prescriptions dispensed	18,214	20,517	23,351	25,894	29,316	61.0
Number of unique patients	3,516	3,894	4,400	4,874	5,055	43.8
Number of unique prescribers	801	972	1,149	1,205	1,221	52.4
Prescriptions dispensed per patient	5.2	5.3	5.3	5.3	5.8	11.5
Prescriptions dispensed per prescriber	22.7	21.1	20.3	21.5	24.0	5.7
Benzodiazepines						
Number of prescriptions dispensed	33,535	33,365	32,868	32,964	32,799	-2.2
Number of unique patients	7,947	8,321	8,475	8,515	8,582	8.0
Number of unique prescribers	1,773	1,908	1,943	1,883	1,986	12.0
Prescriptions dispensed per patient	4.2	4.0	3.9	3.9	3.8	-9.5
Prescriptions dispensed per prescriber	18.9	17.5	16.9	17.5	16.5	-12.7
Muscle Relaxants						
Number of prescriptions dispensed	673	573	543	476	436	-35.2
Number of unique patients	122	104	94	96	80	-34.4
Number of unique prescribers	63	62	68	64	49	-22.2
Prescriptions dispensed per patient	5.5	5.5	5.8	5.0	5.4	-1.8
Prescriptions dispensed per prescriber	10.7	9.2	8.0	7.4	8.9	-16.8

Source: Florida Department of Health, Division of Public Statistics and Performance Management | FLHealthCHARTS | Substance Use Dashboard. Date Sourced: February 26, 2025.

The number of Nassau County substance abuse program enrollees categorized by adults (aged 18+) and children (aged 0–17) from 2018 to 2022 are shown in Exhibit 76. The adult substance abuse program enrollee count saw a significant dip in 2020 but has increased since. Ultimately, from 2018 to 2022, the number of adult substance abuse program enrollees decreased by 20.2%. In that same reporting period, the number of child substance abuse program enrollees decreased by 74.2%.

It is important to note that from 2018 to 2022, Nassau County had zero adult substance abuse recovery beds (AHCA, 2024). Currently, Florida Health Charts does not provide data on child substance abuse recovery beds.
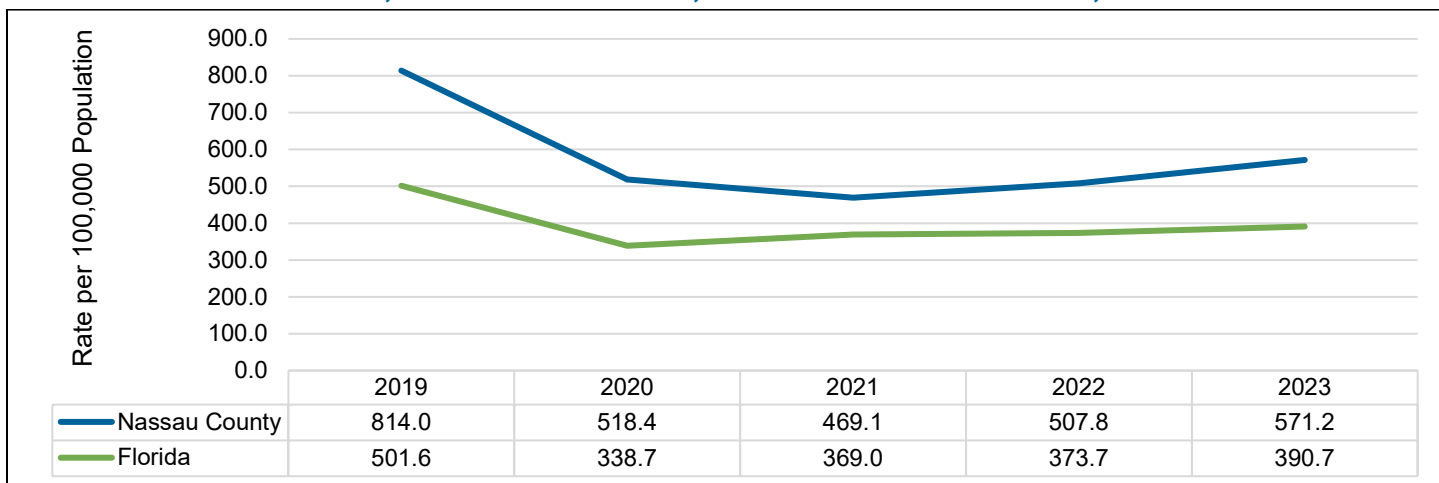
	2018	2019	2020	2021	2022
Adult Enrollees	644	384	39	173	514
Child Enrollees	66	34	4	8	17
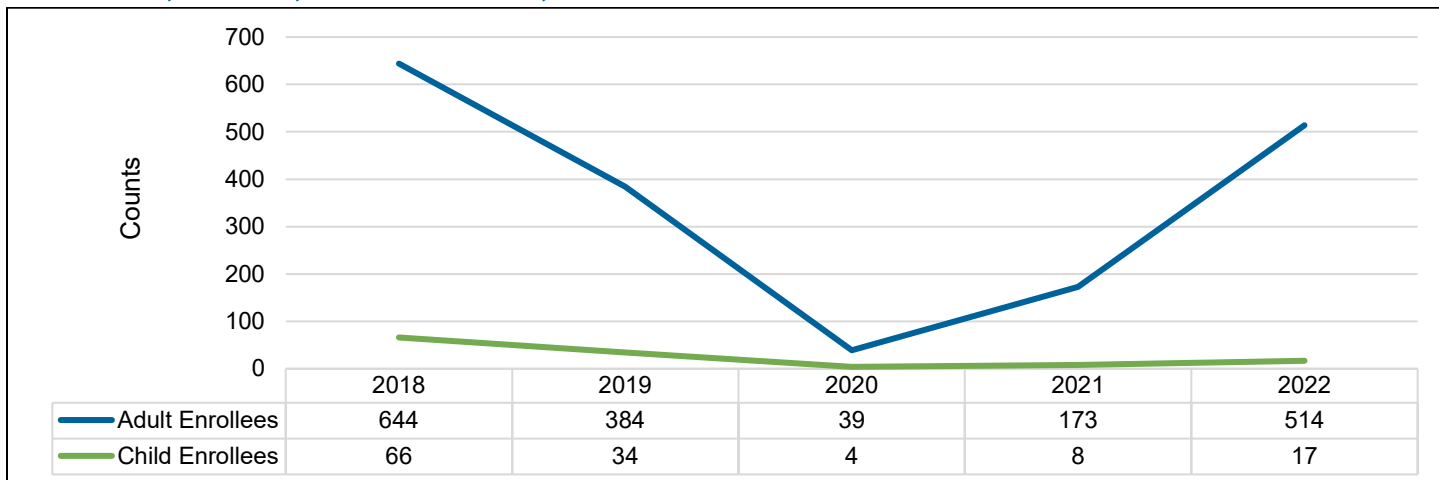
Source: Florida Department of Children and Families (DCF) | FLHealthCHARTS. Date Sourced: December 18, 2024.

The age-adjusted drug arrest rates per 100,000 population in Nassau County and Florida from 2019 to 2023 are shown in Exhibit 77. During the reporting period, Nassau County had higher rates than Florida, with the highest rate of 814.0 per 100,000 population in 2019. Following Florida's trend, Nassau County has seen an increase in the drug arrest rate since 2022.

EXHIBIT 77: DRUG ARRESTS, AGE-ADJUSTED RATE, NASSAU COUNTY & FLORIDA, 2019–2023

	2019	2020	2021	2022	2023
Nassau County	814.0	518.4	469.1	507.8	571.2
Florida	501.6	338.7	369.0	373.7	390.7

Source: Florida Department of Law Enforcement (FDLE) | FLHealthCHARTS | Drug Arrests. Date Sourced: December 16, 2024.

Exhibit 78 and Exhibit 79 take a deeper dive by categorizing the rate of drug arrests by age, adults (aged 18+) and juveniles (aged 0–17), in Nassau County and Florida from 2019 to 2023. During the reporting period, Nassau County saw a 31.2% reduction in the rate of adult drug arrests. Compared to Florida's rates, Nassau County continuously fared higher in the rate of adult drug arrests. In the same reporting period, juvenile drug arrests saw a 10.1% reduction. Similar to the adult drug arrest rate, the rate of juvenile drug arrests in Nassau County was higher than Florida's rate in the reporting period, with the exception of 2021, when Nassau County's rate was 106.2 per 100,000 population compared to Florida's rate of 135.4 per 100,000 population.

EXHIBIT 78: ADULT DRUG ARRESTS (AGED 18 AND OLDER), AGE-SPECIFIC RATE, NASSAU COUNTY & FLORIDA, 2019–2023

	2019	2020	2021	2022	2023
Nassau County	988.6	630.6	577.6	610.0	680.4
Florida	600.1	413.2	449.9	452.5	471.3
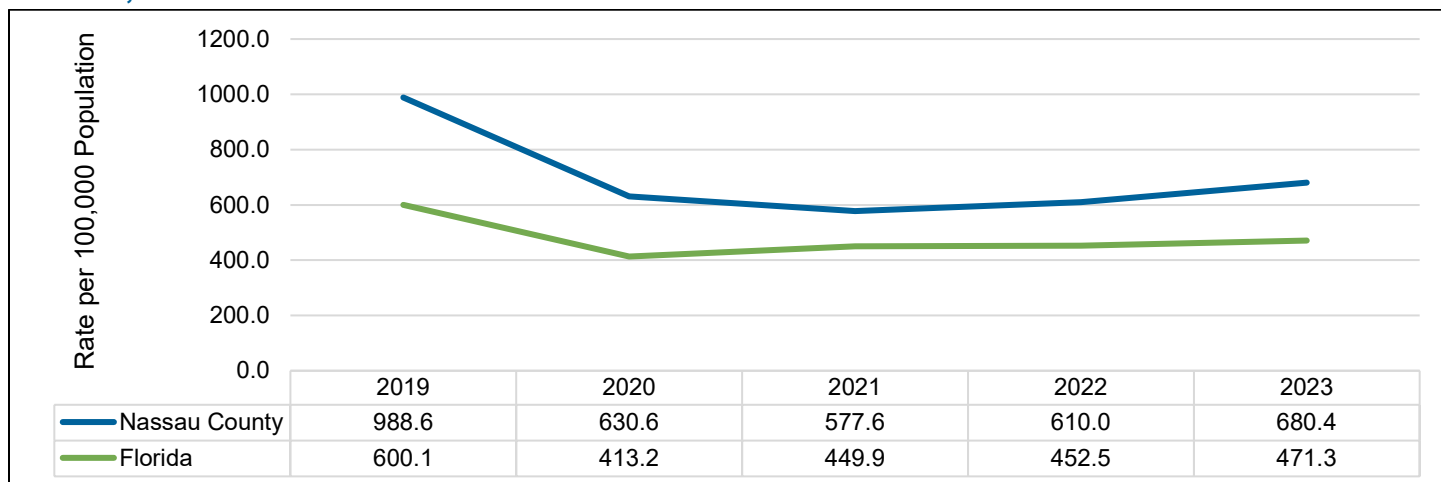
Source: Florida Department of Law Enforcement (FDLE) | FLHealthCHARTS | Adult Drug Arrests. Date Sourced: December 16, 2024.

EXHIBIT 79: JUVENILE DRUG ARRESTS (AGED 0–17), AGE-SPECIFIC RATE, NASSAU COUNTY & FLORIDA, 2019–2023

	2019	2020	2021	2022	2023
Nassau County	329.9	199.4	106.2	247.0	296.7
Florida	303.9	130.3	135.4	167.1	174.0

Source: Florida Department of Law Enforcement (FDLE) | FLHealthCHARTS | Juvenile Drug Arrests. Date Sourced: December 16, 2024.
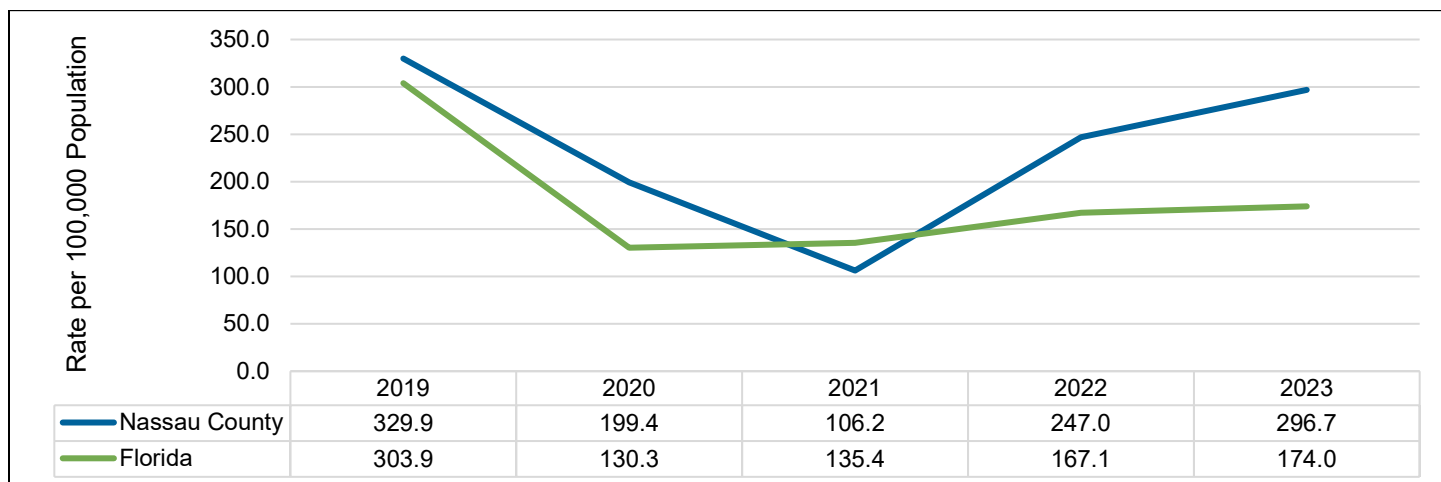
Substance-Induced Mood Disorders

Substance-induced mood disorders, or drug and alcohol-induced mental disorders, refer to depressive, anxiety, psychotic, or manic symptoms that occur as a physiological consequence of the use of substances or medications (Revadigar & Gupta, n.d.). These disorders may occur during active use, intoxication, or withdrawal (Revadigar & Gupta, n.d.).

Drug and alcohol-induced hospitalizations by age groups in Nassau County and Florida from 2019–2023 are the focus of Exhibit 80. In 2023, age groups 25–44 and 45–64 had the highest rates of drug and alcohol-induced hospitalizations in Nassau County and Florida. The age group 25–44 in Nassau County had an overall decrease of 17.2% from 2019 to 2023, compared to the 7.7% increase in Florida. The rate for the age group 45–64 in Nassau County decreased overall by 14.5%, compared to the 3.7% increase in Florida's rate for the same age group between 2019 and 2023.

EXHIBIT 80: DRUG AND ALCOHOL-INDUCED HOSPITALIZATIONS, AGE-SPECIFIC CRUDE RATE PER 100,000 POPULATION, NASSAU COUNTY & FLORIDA, 2019–2023

Age Group	2019 Nassau	2019 FL	2020 Nassau	2020 FL	2021 Nassau	2021 FL	2022 Nassau	2022 FL	2023 Nassau	2023 FL
18–21	–	77.8	–	85.0	–	74.7	–	63.0	0.0	75.7
22–24	210.9	123.4	407.8	131.4	–	121.7	–	106.3	–	113.3
25–44	242.1	255.5	207.1	263.0	272.6	268.2	200.4	257.9	200.4	275.1
45–64	249.5	283.6	89.0	275.4	160.9	283.2	189.9	271.1	213.2	294.0
65–74	84.7	133.4	128.9	134.1	112.1	143.1	86.5	151.2	162.4	176.2
75 and older	–	41.0	119.4	39.9	–	40.6	–	48.9	–	50.3

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Suicide and Behavioral Health Profile. Date Sourced: December 16, 2024.
Note: Cells with (–) indicate the incident count was less than five for that year and a rate could not be established.

Exhibit 81 further explores drug and alcohol-induced mental disorder hospitalizations in the age group under 18. From 2019 to 2023, Nassau County had zero hospitalizations except in 2021. The rate could not be calculated since there were fewer than five cases in Nassau County in 2021. Florida's rate exhibited a 4.4% decrease overall between 2019 and 2023.

EXHIBIT 81: DRUG AND ALCOHOL-INDUCED MENTAL DISORDERS HOSPITALIZATIONS (UNDER AGE 18), CRUDE RATE, NASSAU COUNTY & FLORIDA, 2019–2023
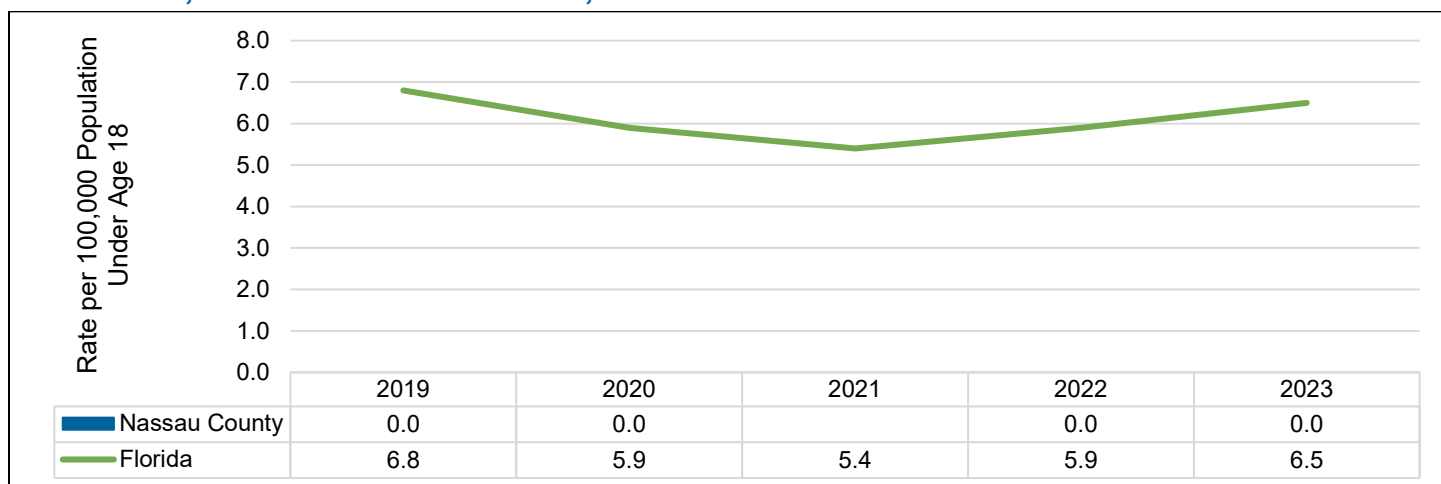
	2019	2020	2021	2022	2023
Nassau County	0.0	0.0		0.0	0.0
Florida	6.8	5.9	5.4	5.9	6.5

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Suicide and Behavioral Health Profile. Date Sourced: December 16, 2024.
Note: Blank cells indicate fewer than five cases and a rate could not be calculated.

Substance Use-Confirmed Traffic Crashes

Data for alcohol-confirmed motor vehicle traffic accidents is presented in Exhibit 82. In 2022, Nassau County had a higher rate of alcohol-confirmed crashes (34.4 per 100,000 population) than Florida (23.6 per 100,000). While Florida's crash rate declined by 3.3% between 2018 and 2022, Nassau County experienced an increase of 14.3% during the same period.

EXHIBIT 82: ALCOHOL-CONFIRMED MOTOR VEHICLE TRAFFIC CRASHES, AGE-ADJUSTED RATE, NASSAU COUNTY & FLORIDA, 2018–2022

	2018	2019	2020	2021	2022
Nassau County	30.1	29.4	35.5	15.0	34.4
Florida	24.4	23.4	21.0	23.2	23.6
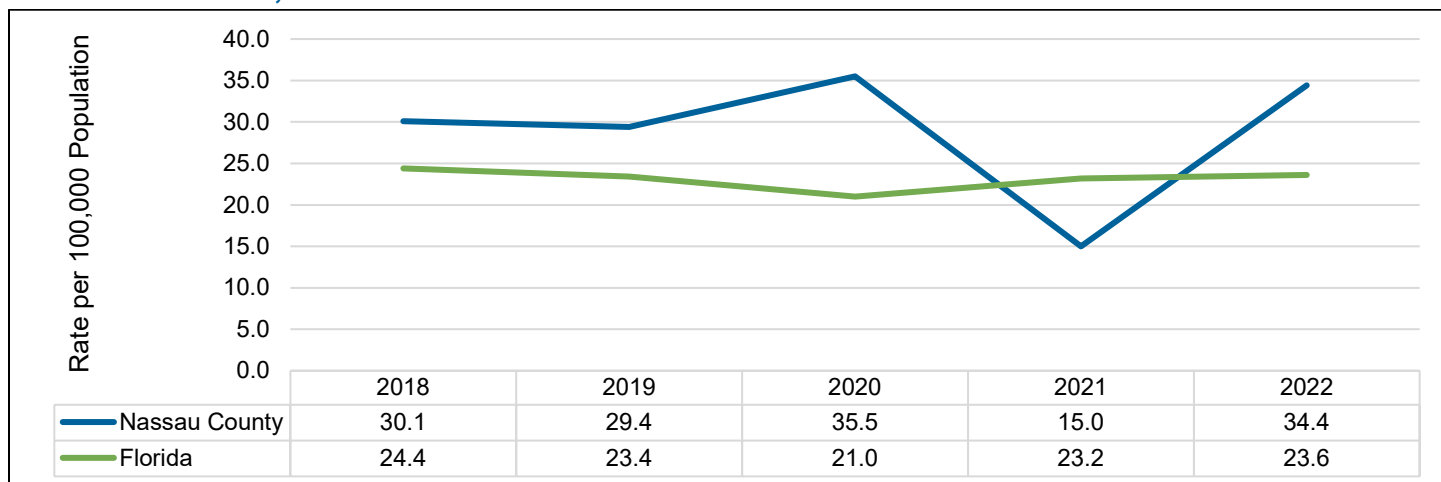
Source: Florida Department of Highway Safety and Motor Vehicles (HSMV) | FLHealthCHARTS | Alcohol Confirmed Motor Vehicle Traffic Crashes. Date Sourced: December 20, 2024.

Exhibit 83 illustrates trends for drug-confirmed motor vehicle traffic accidents. In 2022, Nassau County reported a rate of 6.3 crashes per 100,000 population, exceeding the statewide average of 2.8 crashes per 100,000. While Florida's crash rate decreased by 12.5% between 2018 and 2022, Nassau County experienced a more significant decline of 34.4% during the same period.

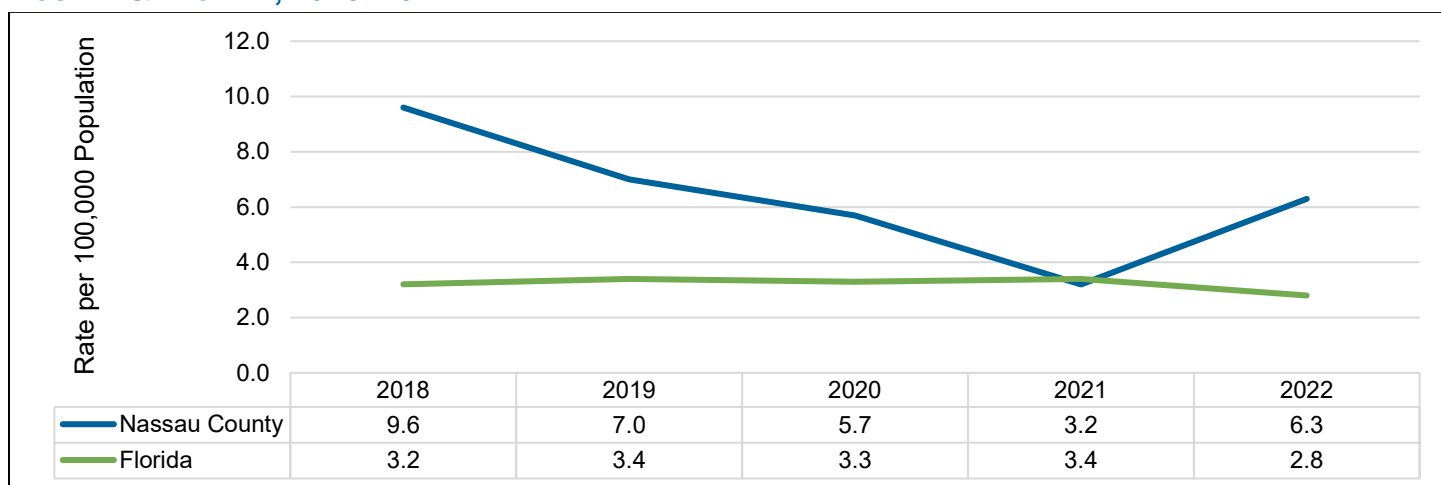**EXHIBIT 83: DRUG-CONFIRMED MOTOR VEHICLE TRAFFIC CRASHES, AGE-ADJUSTED RATE, NASSAU COUNTY & FLORIDA, 2018–2022**

	2018	2019	2020	2021	2022
Nassau County	9.6	7.0	5.7	3.2	6.3
Florida	3.2	3.4	3.3	3.4	2.8

Source: Florida Department of Highway Safety and Motor Vehicles (HSMV) | FLHealthCHARTS | Drug Confirmed Motor Vehicle Traffic Crashes. Date Sourced: December 20, 2024.

Behavioral Risk Factor Surveillance System

"The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Established in 1984 with 15 states, BRFSS now collects data in all 50 states, the District of Columbia, and 3 U.S. territories. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world" (CDC, 2024c).

The Florida BRFSS began reporting health behavior data on residents aged 18 years and older in 1986. The 2019 BRFSS is the sixth and latest county-level survey conducted in Florida, estimating the county prevalence of personal health behaviors that contribute to morbidity and mortality. That year, 715 Nassau County adults responded to the county-wide survey (FDOH, 2019). Exhibit 84 shows the key findings for Nassau County.

EXHIBIT 84: SELECTED BRFSS DATA, NASSAU COUNTY & FLORIDA, 2019

Alcohol Consumption	Nassau County	Florida
Adults who engage in heavy or binge drinking	21.4%	18.0%
Disability	**Nassau County**	**Florida**
Adults who are limited in any way in any activities because of physical, mental, or emotional problems (2016)	29.3%	21.2%
Adults who have any disability	36.5%	31.0%
Adults who have a hearing disability	12.1%	6.6%
Adults who have a cognitive disability	16.6%	12.9%
Adults who have a mobility disability	19.8%	16.2%
Adults who have a self-care disability	4.7%	4.0%
Adults who have an independent living disability	9.8%	7.6%
Health Care Access and Coverage	**Nassau County**	**Florida**
Adults who could not see a doctor at least once in the past year due to cost	13.9%	16.0%
Adults with any type of health care insurance coverage	84.6%	84.2%
Adults who have a personal doctor	78.1%	72.0%
Adults who had a medical checkup in the past year	79.0%	78.8%
Health Status and Quality of Life	**Nassau County**	**Florida**
Adults who had poor mental health on 14 or more of the past 30 days	14.9%	13.8%
Adults with good mental health	85.1%	86.2%
Average number of unhealthy mental days in the past 30 days	5	4
Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days among adults who had at least one day of poor mental or physical health	25.6%	18.3%
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days (among adults who have had at least one day of poor mental or physical health)	7	6

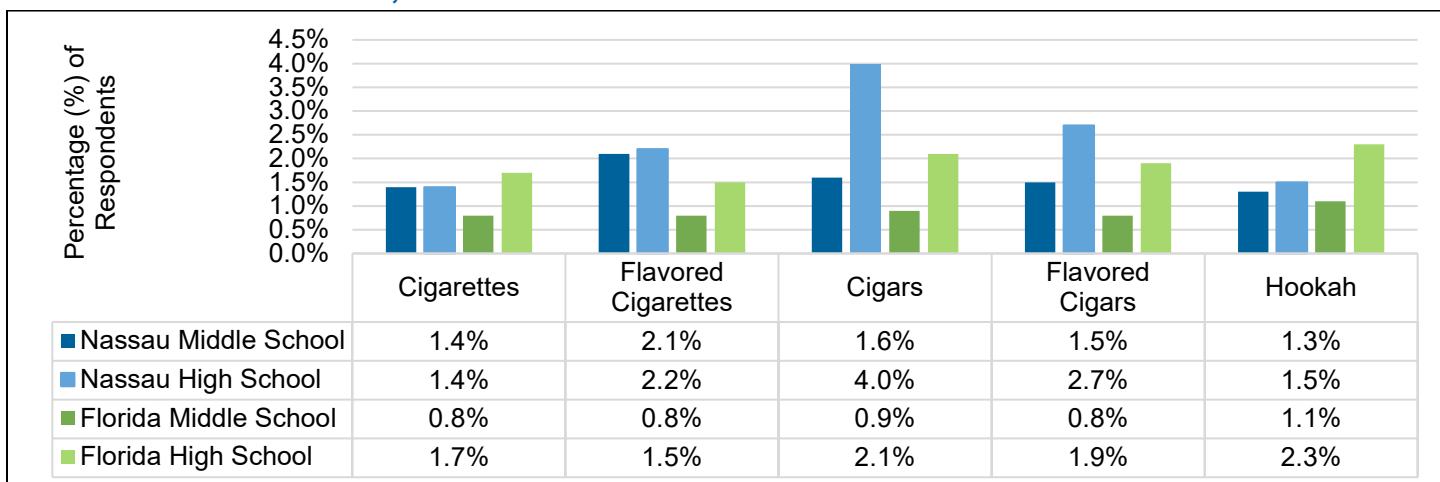| Tobacco Usage	Nassau County	Florida
Adults who are current smokers	22.4%	14.8%
Adult current smokers who tried to quit smoking at least once in the past year	51.8%	59.0%
Adults who are former smokers (currently quit smoking)	26.6%	26.3%
Adults who have never smoked	51.1%	58.9%
Adults who currently use e-cigarettes	3.7%	7.5%
Adults who are former e-cigarette users	24.5%	18.4%
Adults who have never used e-cigarettes	71.9%	74.1%
Adults who currently use chewing tobacco, snuff, or snus some days or every day	5.0%	2.2%
Depression	**Nassau County**	**Florida**
Adults who have ever been told they had a depressive disorder	20.8%	17.7%

Source: Centers for Disease Control and Prevention (CDC) | FLHealthCHARTS | Behavioral Risk Factor Surveillance System (BRFSS). Date Sourced: December 20, 2024.

Florida Youth Tobacco Survey

The Florida Youth Tobacco Survey (FYTS) is an annual, self-administered, confidential, school-based survey conducted among public middle and high school students in Florida since 1998. Its primary aim is to monitor and assess the effectiveness of Florida's tobacco control program. The survey covers various subject areas, including tobacco usage, tobacco use prevention education in schools, students' attitudes towards tobacco use, the impact of anti-tobacco media, influence from tobacco companies, secondhand smoke exposure, and youth perceptions of tobacco laws (FDOH, 2023).

Exhibit 85 illustrates students' cigarette, flavored cigarette, cigar, flavored cigar, and hookah usage in the previous month. Among all surveyed students, middle schoolers in Florida reported the smallest percentage of those who smoked each product type in the past thirty days. Nassau County high schoolers, compared to their middle school counterparts, were more likely to have used cigars (4.0%), flavored cigars (2.7%), flavored cigarettes (2.2%), and hookah (1.5%) in the past month.

EXHIBIT 85: STUDENTS WHO HAVE SMOKED CIGARETTES, CIGARS, OR HOOKAH IN THE PAST 30 DAYS, NASSAU COUNTY & FLORIDA, 2022

	Cigarettes	Flavored Cigarettes	Cigars	Flavored Cigars	Hookah
Nassau Middle School	1.4%	2.1%	1.6%	1.5%	1.3%
Nassau High School	1.4%	2.2%	4.0%	2.7%	1.5%
Florida Middle School	0.8%	0.8%	0.9%	0.8%	1.1%
Florida High School	1.7%	1.5%	2.1%	1.9%	2.3%

Source: Florida Department of Health, Division of Community Health Promotion | FLHealthCHARTS | Florida Youth Tobacco Survey. Date Sourced: December 20, 2024.

Data for unflavored and flavored electronic vapor and smokeless tobacco product use in the past thirty days is displayed in Exhibit 86. Nassau County middle school students were more likely to use unflavored electronic vapor products (10.7%) than flavored electronic vapor products (7.8%). Additionally, Nassau County middle schoolers reported similar past-30-day usage for unflavored smokeless tobacco (0.8%) and flavored smokeless tobacco (0.9%). Nassau County high schoolers reported higher percentages for electronic vapor products (26.7%) and flavored electronic vapor products (20.8%) than middle schoolers. In the previous month, more high school students in Nassau County used unflavored smokeless tobacco products (2.4%) than flavored smokeless ones (2.1%).

EXHIBIT 86: STUDENTS WHO HAVE USED ELECTRONIC VAPOR OR SMOKELESS TOBACCO PRODUCT IN THE PAST 30 DAYS, NASSAU COUNTY & FLORIDA, 2022
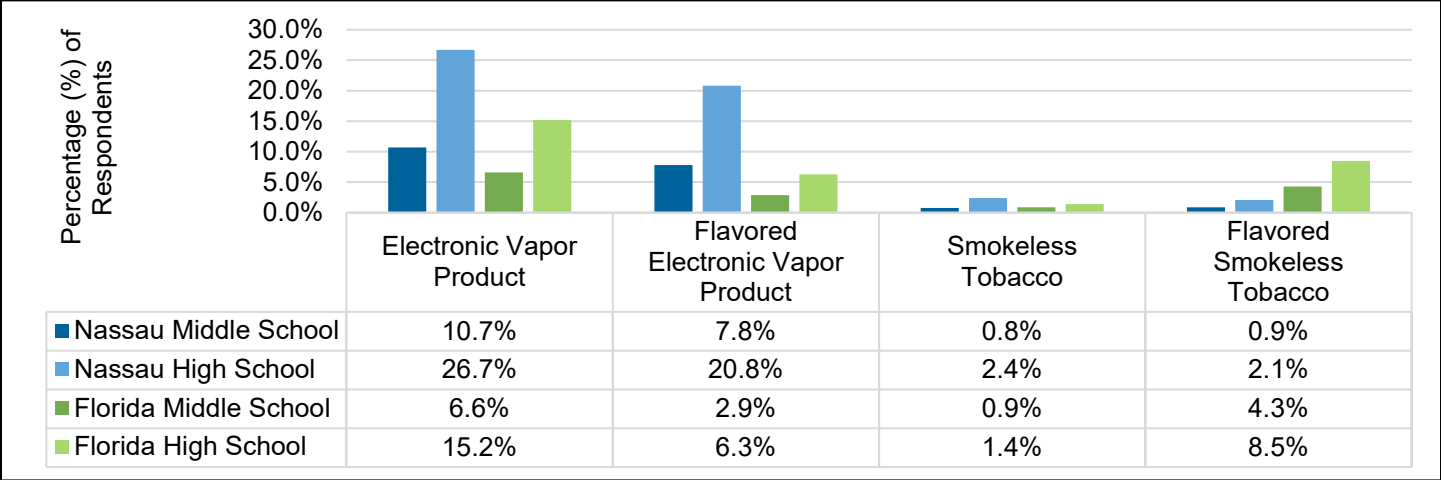
	Electronic Vapor Product	Flavored Electronic Vapor Product	Smokeless Tobacco	Flavored Smokeless Tobacco
Nassau Middle School	10.7%	7.8%	0.8%	0.9%
Nassau High School	26.7%	20.8%	2.4%	2.1%
Florida Middle School	6.6%	2.9%	0.9%	4.3%
Florida High School	15.2%	6.3%	1.4%	8.5%

Source: Florida Department of Health, Division of Community Health Promotion | FLHealthCHARTS | Florida Youth Tobacco Survey. Date Sourced: December 20, 2024.

Florida Youth Substance Abuse Survey

The Florida Youth Substance Abuse Survey (FYSAS) is an annual, statewide school-based survey effort that measures the prevalence of substance use, delinquent behaviors, and the risk and protective factors related to these behaviors (DCF, n.d.-b).

Substance Use

Exhibit 87 displays the distribution of Nassau County youth respondents who reported using various substances compared to their peers in Florida. Alcohol was the most used substance among Nassau County students, with a prevalence rate of 34.9% for lifetime use. Illicit drugs (LSD, cocaine, amphetamines, or another illegal drug) and e-cigarettes/vaporizers were the second- and third-most used substances among students in Nassau County, with a 26.7% and 26.6% rate for lifetime use, respectively.

	Alcohol	Cigarettes	E-Cigarette / Vaporizer	Marijuana	Any Illicit Drug
Nassau County	34.9%	11.2%	26.6%	19.1%	26.7%
Florida	31.0%	7.1%	20.2%	16.0%	23.9%

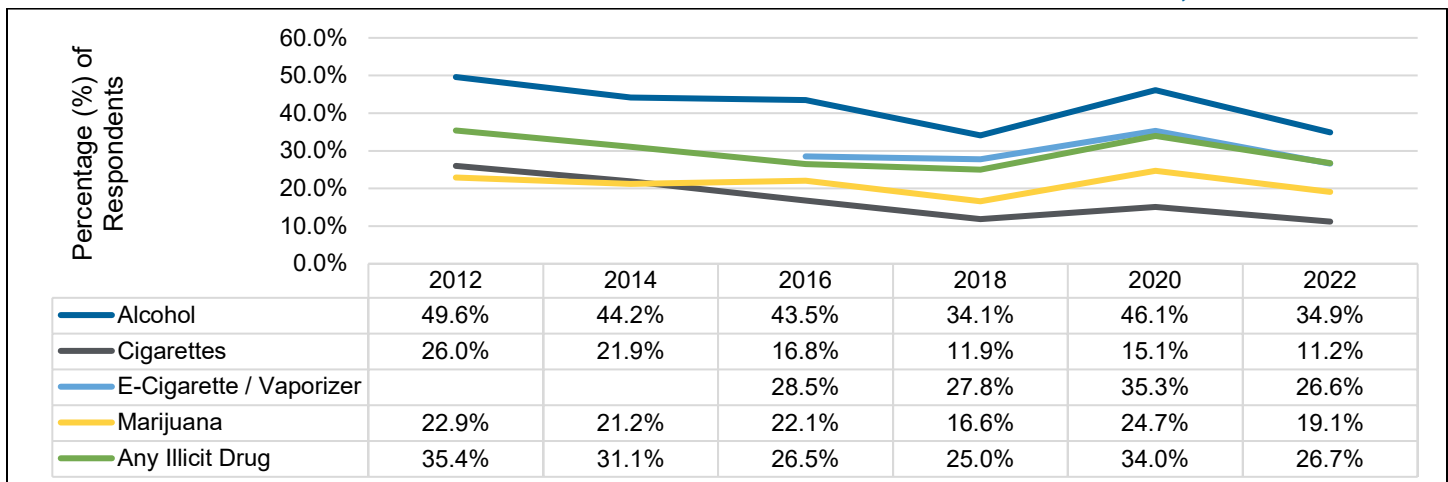Source: Florida Department of Children and Families | Florida Youth Substance Abuse Survey (FYSAS) | 2022. Date Sourced: December 20, 2024.

Nassau County rates for lifetime youth substance use declined overall from 2012 to 2022 across all substances (Exhibit 88). The most significant trend change was in lifetime cigarette use, which declined from 26.0% in 2012 to 11.2% in 2022. Similarly, there was a 14.7% decrease in students reporting using alcohol during the same time period.

EXHIBIT 88: YOUTH LIFETIME TREND IN VARIOUS SUBSTANCE USE FOR NASSAU COUNTY, 2012–2022

	2012	2014	2016	2018	2020	2022
Alcohol	49.6%	44.2%	43.5%	34.1%	46.1%	34.9%
Cigarettes	26.0%	21.9%	16.8%	11.9%	15.1%	11.2%
E-Cigarette / Vaporizer			28.5%	27.8%	35.3%	26.6%
Marijuana	22.9%	21.2%	22.1%	16.6%	24.7%	19.1%
Any Illicit Drug	35.4%	31.1%	26.5%	25.0%	34.0%	26.7%

Source: Florida Department of Children and Families | Florida Youth Substance Abuse Survey (FYSAS) | 2022. Date Sourced: December 20, 2024.
Note: Blank cells indicate no data available that year.

Exhibit 89 presents data on youth substance use in the past 30 days prior to the FYSAS survey. In Nassau County, alcohol and e-cigarettes/vaporizers were most used by students (15.2%), compared to any illicit drug (12.3%) for Florida students. Ultimately, more Nassau County students reported past-30-day use of all substance categories than students statewide.

EXHIBIT 89: YOUTH WHO REPORTED USING VARIOUS SUBSTANCES IN THE PAST 30 DAYS, NASSAU COUNTY & FLORIDA, 2022

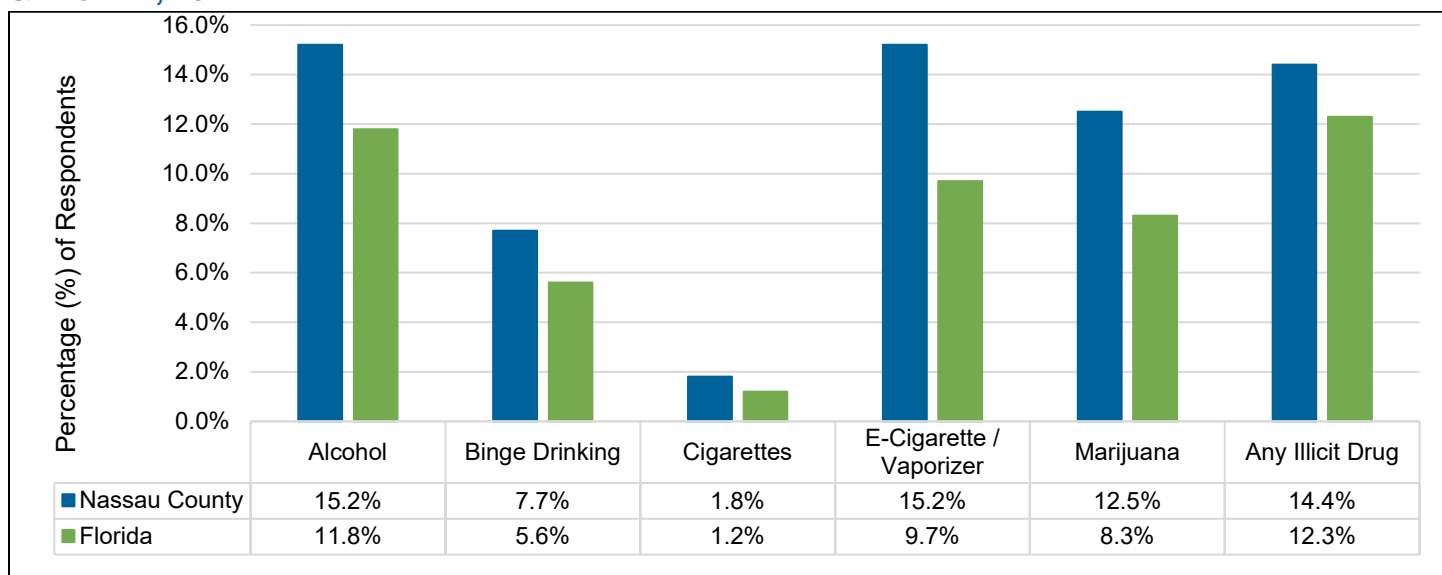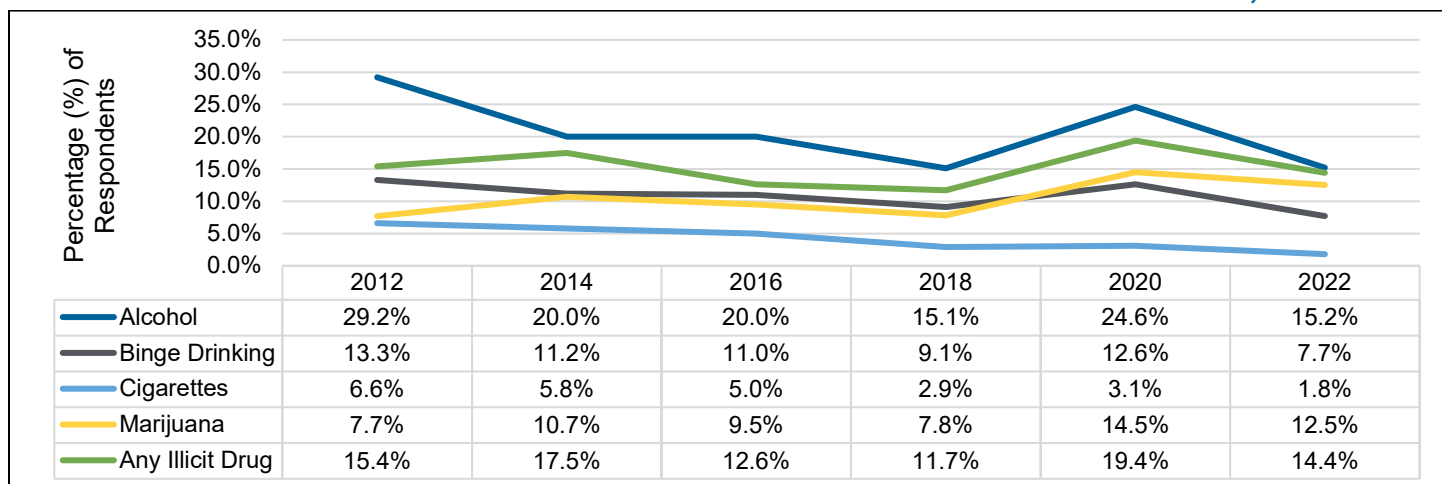|	Alcohol	Binge Drinking	Cigarettes	E-Cigarette / Vaporizer	Marijuana	Any Illicit Drug
Nassau County	15.2%	7.7%	1.8%	15.2%	12.5%	14.4%
Florida	11.8%	5.6%	1.2%	9.7%	8.3%	12.3%

Source: Florida Department of Children and Families | Florida Youth Substance Abuse Survey (FYSAS) | 2022. Date Sourced: December 20, 2024.

Nassau County rates for past-30-day youth substance use declined from 2012 to 2022 across all substances (Exhibit 90). The most significant trend change was observed in past-30-day substance use of alcohol, which declined from 29.2% in 2012 to 15.2% in 2022. Youth marijuana past-30-day use increased 4.8% during the same time period.

EXHIBIT 90: YOUTH PAST-30-DAY TREND IN VARIOUS SUBSTANCE USE FOR NASSAU COUNTY, 2012–2022

	2012	2014	2016	2018	2020	2022
Alcohol	29.2%	20.0%	20.0%	15.1%	24.6%	15.2%
Binge Drinking	13.3%	11.2%	11.0%	9.1%	12.6%	7.7%
Cigarettes	6.6%	5.8%	5.0%	2.9%	3.1%	1.8%
Marijuana	7.7%	10.7%	9.5%	7.8%	14.5%	12.5%
Any Illicit Drug	15.4%	17.5%	12.6%	11.7%	19.4%	14.4%

Source: Florida Department of Children and Families | Florida Youth Substance Abuse Survey (FYSAS) | 2022. Date Sourced: December 20, 2024.

Exhibit 91 illustrates the distribution of student substance use within the last 30 days. The predominant substances used by students are alcohol and vaping nicotine, accounting for 15.2% of respondents, followed by marijuana or hashish at 12.5%, and vaping marijuana at 9.9%. Additionally, 7.7% of students reported engaging in binge drinking alcohol, while 1.8% of student participants reported smoking cigarettes.
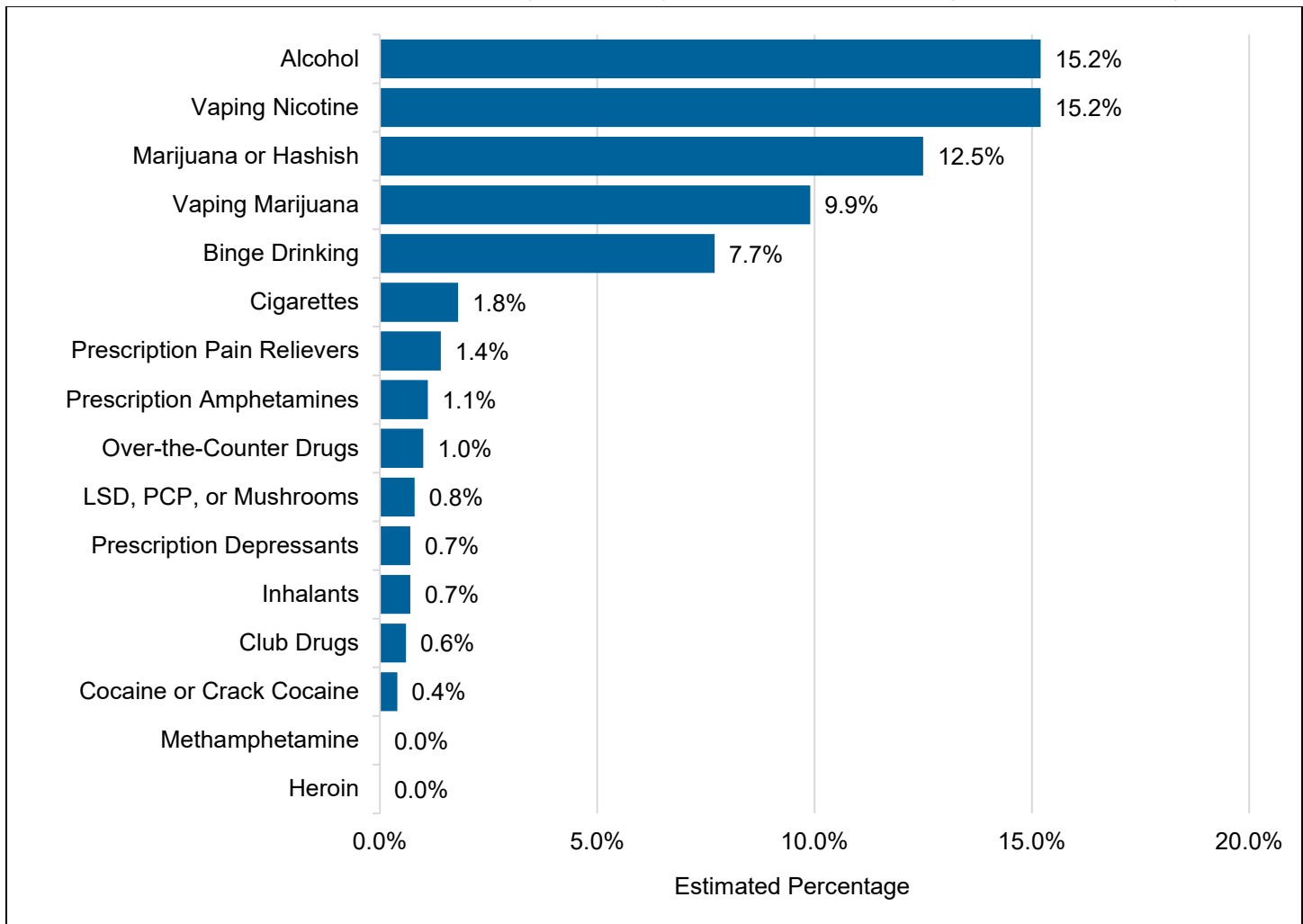
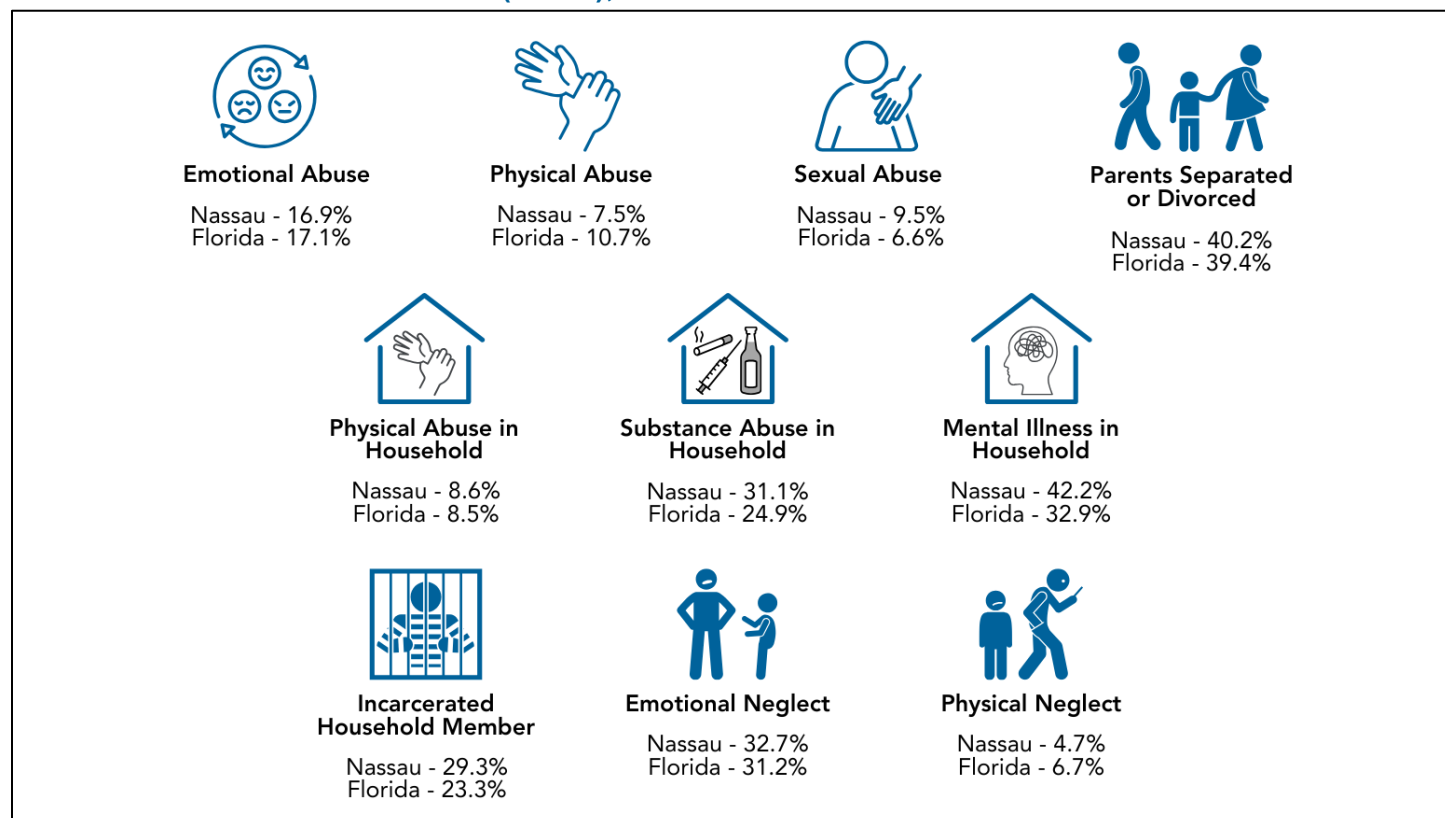Source: Florida Department of Children and Families | Florida Youth Substance Abuse Survey (FYSAS) | 2022. Date Sourced: December 20, 2024.
Note: Ecstasy, Rohypnol, GHB, and ketamine are provided as examples in the question about club drugs in the FYSAS.

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) encompass potentially traumatic events that transpire during childhood. These experiences may involve exposure to violence, abuse, or growing up in a family where mental health or substance use issues are prevalent. The toxic stress stemming from ACEs can impact brain development and influence the body's stress response. Additionally, ACEs have been associated with the development of chronic health issues, mental health disorders, and substance abuse concerns in adulthood (CDC, 2021).

Exhibit 92 summarizes ACEs data from the Nassau County FYSAS 2022 report. Nassau County high school respondents reported higher percentages for several adverse experiences compared to their state counterparts. Notably, Nassau County students were more likely to report sexual abuse (9.5%) than high school students statewide. Furthermore, Nassau County had a higher prevalence of environmental ACEs, with physical abuse (8.6%), substance abuse (31.1%), and mental illness (42.2%) reported in students' households. Additionally, more youth in the county reported emotional neglect at 32.7% than those in the state.

Emotional Abuse
Nassau - 16.9%
Florida - 17.1%

Physical Abuse
Nassau - 7.5%
Florida - 10.7%

Sexual Abuse
Nassau - 9.5%
Florida - 6.6%

Parents Separated or Divorced
Nassau - 40.2%
Florida - 39.4%

Physical Abuse in Household
Nassau - 8.6%
Florida - 8.5%

Substance Abuse in Household
Nassau - 31.1%
Florida - 24.9%

Mental Illness in Household
Nassau - 42.2%
Florida - 32.9%

Incarcerated Household Member
Nassau - 29.3%
Florida - 23.3%

Emotional Neglect
Nassau - 32.7%
Florida - 31.2%

Physical Neglect
Nassau - 4.7%
Florida - 6.7%

Source: Florida Department of Children and Families | Florida Youth Substance Abuse Survey (FYSAS) | 2022. Date Sourced: December 9, 2024.

Trending ACE data for Nassau County and Florida high school students for 2020 and 2022 are displayed in Exhibit 93. Data on physical neglect for Nassau County was unavailable in 2020, preventing a percentage change calculation. Percentages for a few ACE indicators in Nassau County showed declines, including physical abuse (-1.8% change), physical abuse in their household (-3.3% change), and experiencing at least one ACE (-2.2% change). Conversely, percentages for emotional abuse (2.9% change), emotional neglect (8.8% change), and sexual abuse indicators (4.6% change) increased county-wide.

EXHIBIT 93: ADVERSE CHILDHOOD EXPERIENCES (ACEs), NASSAU COUNTY & FLORIDA, 2020 & 2022

Indicator	Nassau County			Florida		
	2020	2022	% Change	2020	2022	% Change
Experienced emotional abuse	14.0%	16.9%	2.9	15.7%	17.1%	1.4
Experienced emotional neglect	28.4%	32.7%	4.3	29.2%	31.2%	2.0
Experienced mental illness in their household	37.3%	42.2%	4.9	30.5%	32.9%	2.4
Experienced physical abuse	9.3%	7.5%	-1.8	10.5%	10.7%	0.2
Experienced physical abuse in their household	11.9%	8.6%	-3.3	8.8%	8.5%	-0.3
Experienced physical neglect	7.2%	4.7%	-2.5	7.4%	6.7%	-0.7
Experienced sexual abuse	4.9%	9.5%	4.6	5.5%	6.6%	1.1
Experienced substance abuse in their household	30.9%	31.1%	0.2	26.8%	24.9%	-1.9
Experienced at least one ACE	73.5%	71.3%	-2.2	67.9%	67.2%	-0.7
Experienced four or more ACEs	21.8%	23.9%	2.1	21.8%	21.4%	-0.4
Lived with an incarcerated household member	27.5%	29.3%	1.8	26.8%	23.3%	-3.5
Whose parents are separated or divorced	44.2%	40.2%	4.0	40.1%	39.4%	-0.7

Source: Florida Department of Health, Division of Community Health Promotion | FLHealthCHARTS | Florida Youth Substance Abuse Survey (FYSAS), 2020 & 2022. Date Sourced: December 9, 2024.
Note: Cells with (–) indicate data is unavailable.

Community Surveys

A survey is a systematic method for soliciting input from community members to identify their most pressing needs. By helping prioritize issues, survey results are crucial in creating a roadmap for future actions. Surveys use a predetermined set of questions to capture the unique needs and concerns within the community (Berkowitz & Nagy, n.d.). The Community Survey was included in the *Community Needs and Barriers to Care* Key Driver section because the data collected helps provide information from community members about mental health and substance use needs and barriers to accessing care.

To better understand the mental health and substance use needs of the Nassau County community, SPBH asked community members and stakeholders to participate in a survey on mental health, substance use, health care services, and quality of life in Nassau County. A total of 352 people completed the survey. Responses for participants were included if they completed 80% of the survey and had a ZIP Code in Nassau County, Duval County, or Southern Georgia. Responses from 334 surveys were included in the analysis. Percentages in the charts and the following narrative are
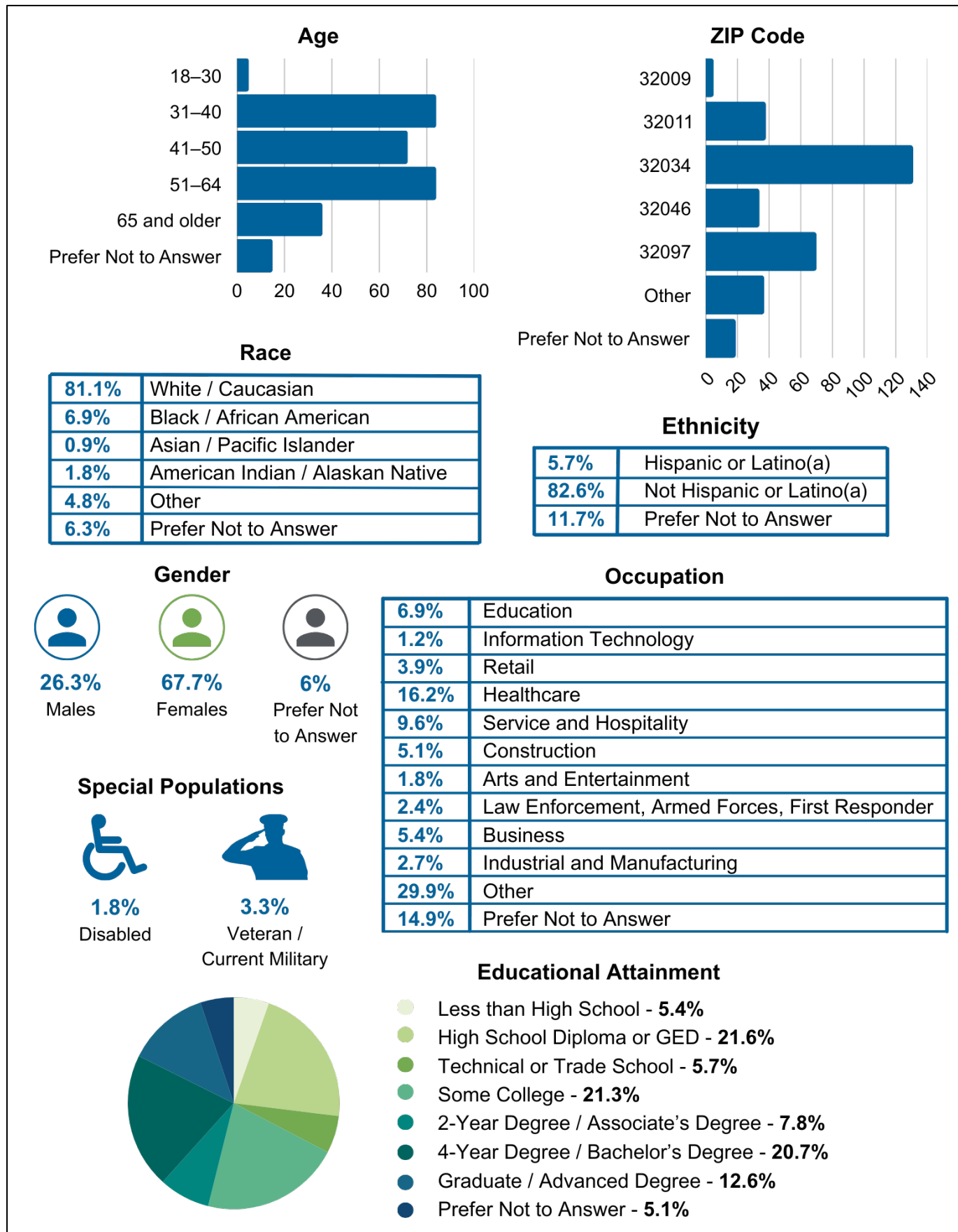
calculated based on the number of respondents per question rather than the total number of respondents for the survey as a whole.

It is important to note that there were limitations to the community survey design and process. A convenience sampling method was used for survey distribution. Convenience sampling is a non-probability sampling technique that relies on the collection of data from populations that are easily within reach of researchers. Convenience sampling is a cost-effective and time-efficient method of data collection and is beneficial for organizations seeking input from community members and stakeholders. Using this method can limit the use of the findings as results may not entirely represent the whole population and may lead to an underrepresentation of specific populations. Surveys were distributed through local newspapers, physical partner sites, websites, social media (Facebook, Instagram, LinkedIn), and by email to all partners of lead organizations, with links to Microsoft Forms and printable electronic copies. Additionally, paper copies of surveys were disseminated to public and private businesses within the community. Appendix A-1 contains a full copy of the implemented community survey.

Demographics & Characteristics of Participants

Exhibit 94 displays a demographic summary of the adult survey participants. Demographics were collected from survey questions 17 to 24. Among the 334 surveys collected, the most adult surveys (131) came from ZIP Code 32034, followed by 70 adult surveys from ZIP Code 32097. The age groups of the participants were diverse, with the 31–40 and 51–64 age groups both receiving 84 responses, and the 41–50 age group receiving 72 responses. Most respondents selected female (67.7%) as their gender. White/Caucasian (81.1%) and Black/African American (6.9%) were the two most represented race groups among the participants, and 82.6% of participants selected "Not Hispanic or Latino(a)" as their ethnicity. For education level, most participants selected high school diploma/GED (21.6%), some college (21.3%), or four-year/bachelor's degree (20.7%). Healthcare (16.2%) was the leading occupation for the participants, followed by service and hospitality (9.6%) and education (6.9%). Other occupations include stay-at-home parent, lawn care/landscaping, and local government jobs. Twenty-two participants were unemployed, and 21 were retired at the time of survey completion. Around 3.3% of respondents are veterans or currently in the military, and another 1.8% of respondents identified themselves as disabled.

Age

(bar chart)
- 18–30
- 31–40
- 41–50
- 51–64
- 65 and older
- Prefer Not to Answer

Axis: 0, 20, 40, 60, 80, 100

ZIP Code

(bar chart)
- 32009
- 32011
- 32034
- 32046
- 32097
- Other
- Prefer Not to Answer

Axis: 0, 20, 40, 60, 80, 100, 120, 140

Race

81.1%	White / Caucasian
6.9%	Black / African American
0.9%	Asian / Pacific Islander
1.8%	American Indian / Alaskan Native
4.8%	Other
6.3%	Prefer Not to Answer

Ethnicity

5.7%	Hispanic or Latino(a)
82.6%	Not Hispanic or Latino(a)
11.7%	Prefer Not to Answer

Gender

26.3% Males

67.7% Females

6% Prefer Not to Answer

Occupation

6.9%	Education
1.2%	Information Technology
3.9%	Retail
16.2%	Healthcare
9.6%	Service and Hospitality
5.1%	Construction
1.8%	Arts and Entertainment
2.4%	Law Enforcement, Armed Forces, First Responder
5.4%	Business
2.7%	Industrial and Manufacturing
29.9%	Other
14.9%	Prefer Not to Answer

Special Populations

1.8% Disabled

3.3% Veteran / Current Military

Educational Attainment

- Less than High School - **5.4%**
- High School Diploma or GED - **21.6%**
- Technical or Trade School - **5.7%**
- Some College - **21.3%**
- 2-Year Degree / Associate's Degree - **7.8%**
- 4-Year Degree / Bachelor's Degree - **20.7%**
- Graduate / Advanced Degree - **12.6%**
- Prefer Not to Answer - **5.1%**

Results of the Community Survey

Of the 334 respondents who answered whether they or anyone they know has ever experienced mental health or substance use symptoms, 85.6% answered "yes," 12.3% said "no," and 2.1% preferred not to answer (Exhibit 95).

EXHIBIT 95: QUESTION 1 – HAVE YOU OR ANYONE YOU KNOW EVER EXPERIENCED BEHAVIORAL HEALTH (MENTAL HEALTH OR SUBSTANCE USE) SYMPTOMS?
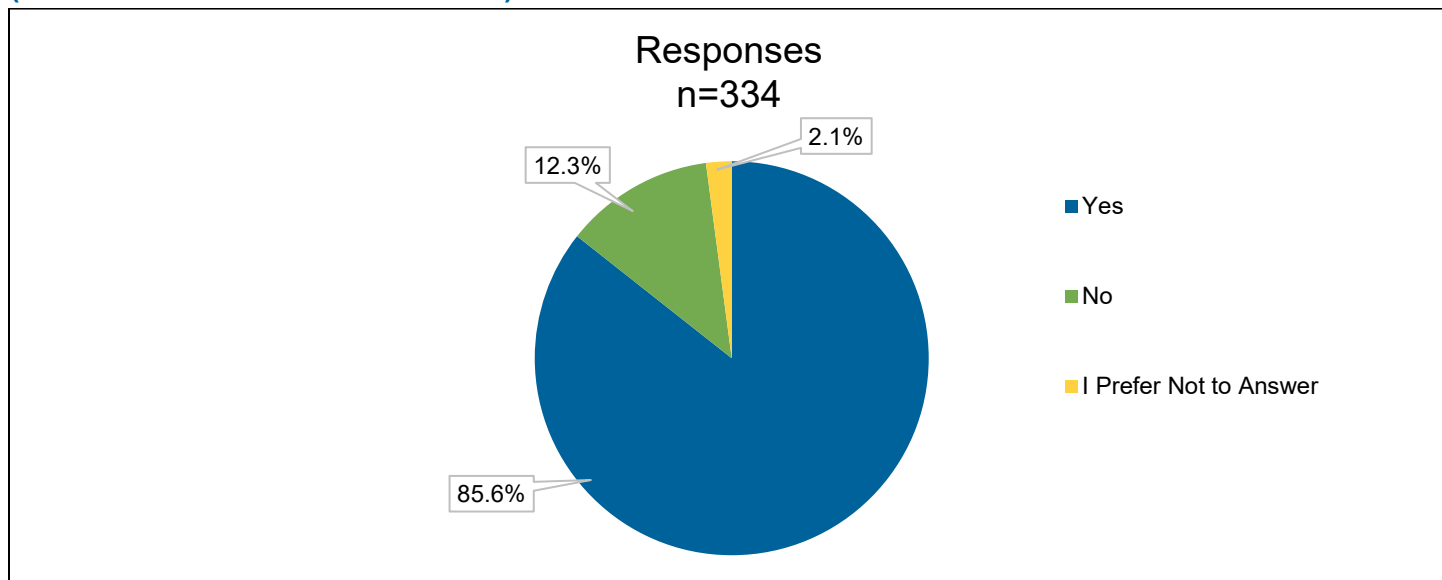

When asked about their awareness of mental health or substance use services in Nassau County, most participants (57.2%) knew about some of the available options, while 18.9% knew about all of the available options, and 24.0% felt they did not know what service options were available to community residents (Exhibit 96).

EXHIBIT 96: QUESTION 2 – ARE YOU AWARE OF THE MENTAL HEALTH OR SUBSTANCE USE SERVICE OPTIONS IN NASSAU COUNTY? (CHOOSE ONE)
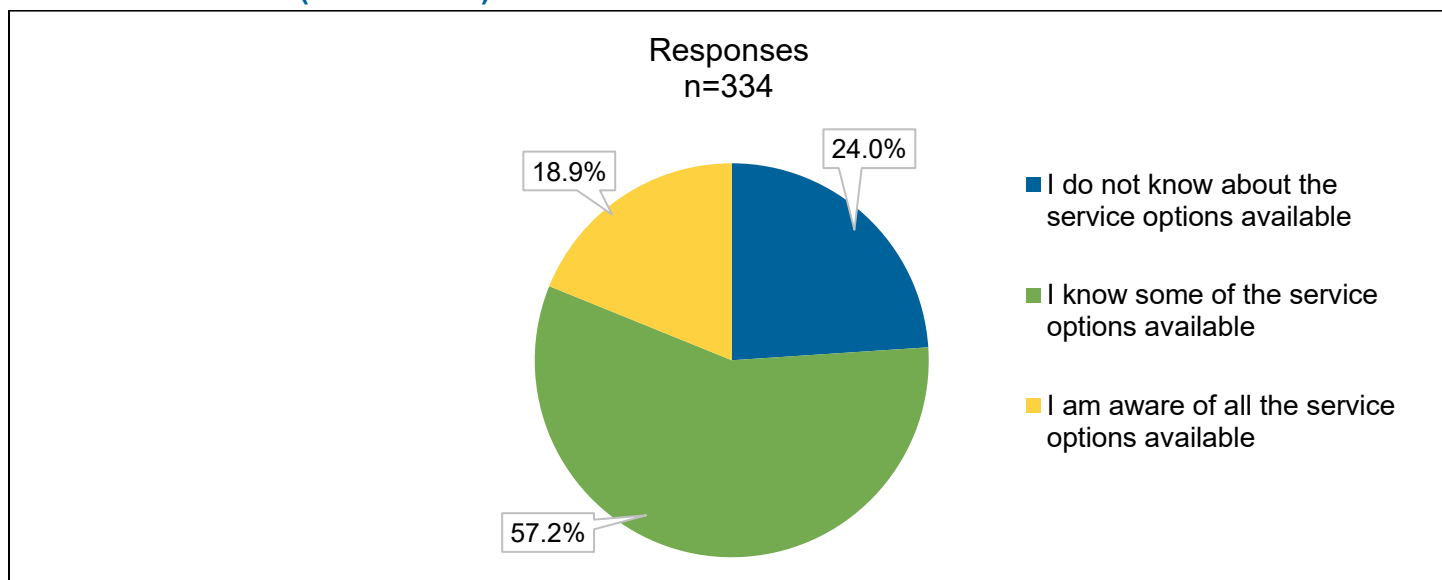

The majority (84.4%) of survey participants were aware of Starting Point Behavioral Healthcare on some level, and only 15.6% had not heard of SPBH at the time of completing the survey (Exhibit 97).
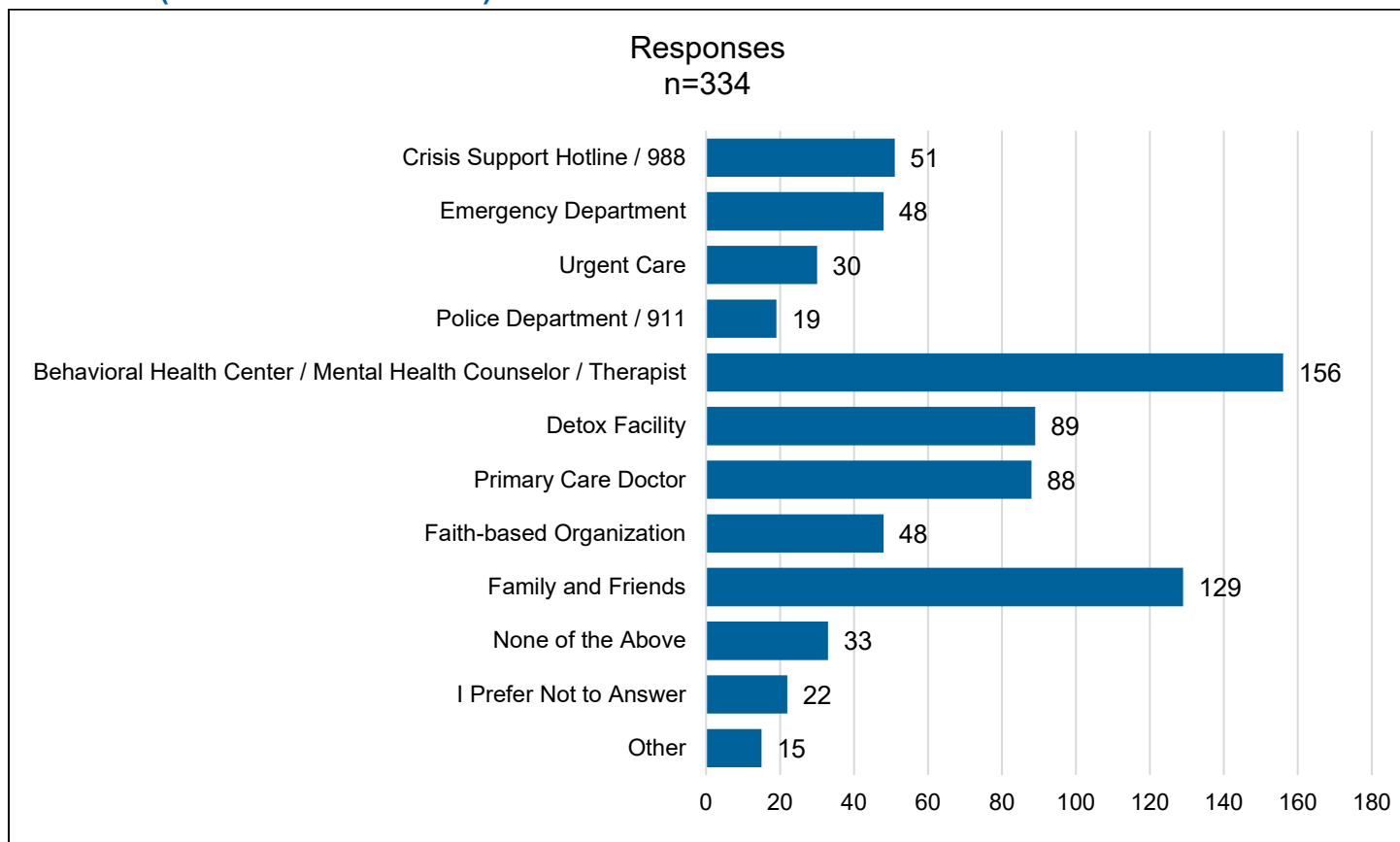
Responses
n=334
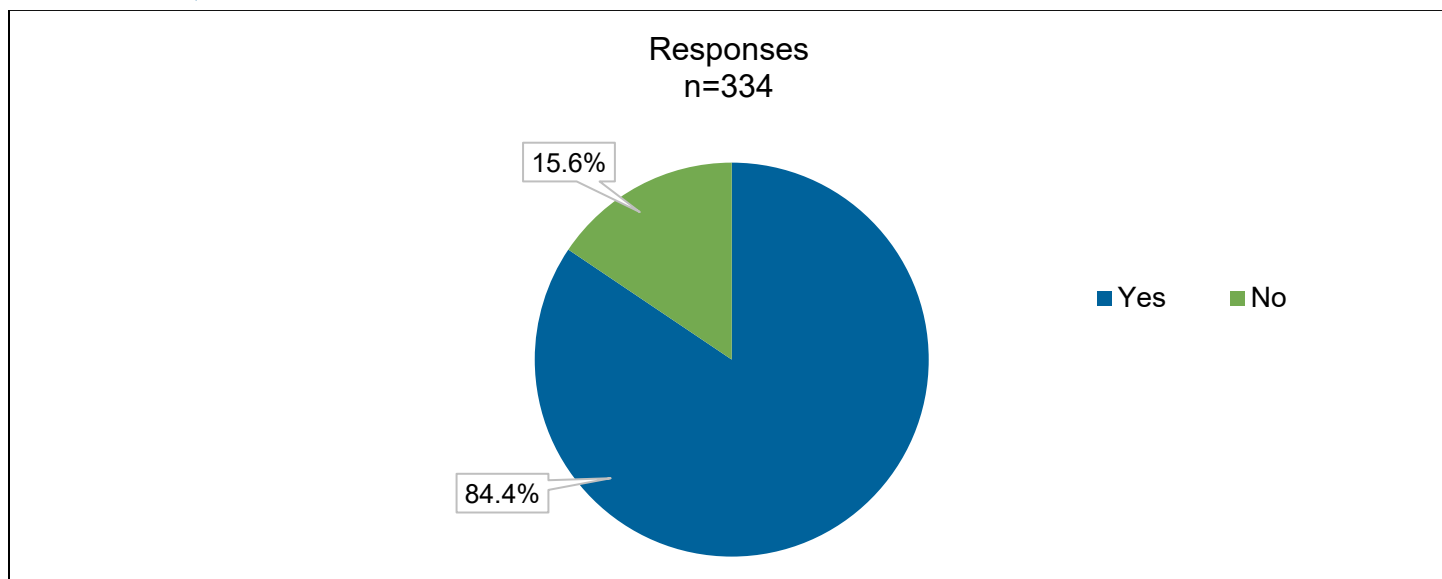
When participants were asked where they would go for help if they were experiencing mental health symptoms, 58.4% of respondents preferred seeking help from a behavioral health center, mental health counselor, or therapist. Looking to friends and family for support was the second-most popular response chosen by 51.5% of respondents. In addition, 34.4% of respondents would seek help from their primary care doctor, 24.3% would call a crisis support hotline, and 21.9% would visit the Emergency Department. In the "Other" category, 13 respondents wrote in options that included faith or religion, specific providers, being unsure of where to go, or using negative coping mechanisms (Exhibit 98).

EXHIBIT 98: QUESTION 4 – IF YOU WERE EXPERIENCING MENTAL HEALTH SYMPTOMS, WHERE WOULD YOU GO FOR HELP? (SELECT ALL THAT APPLY)
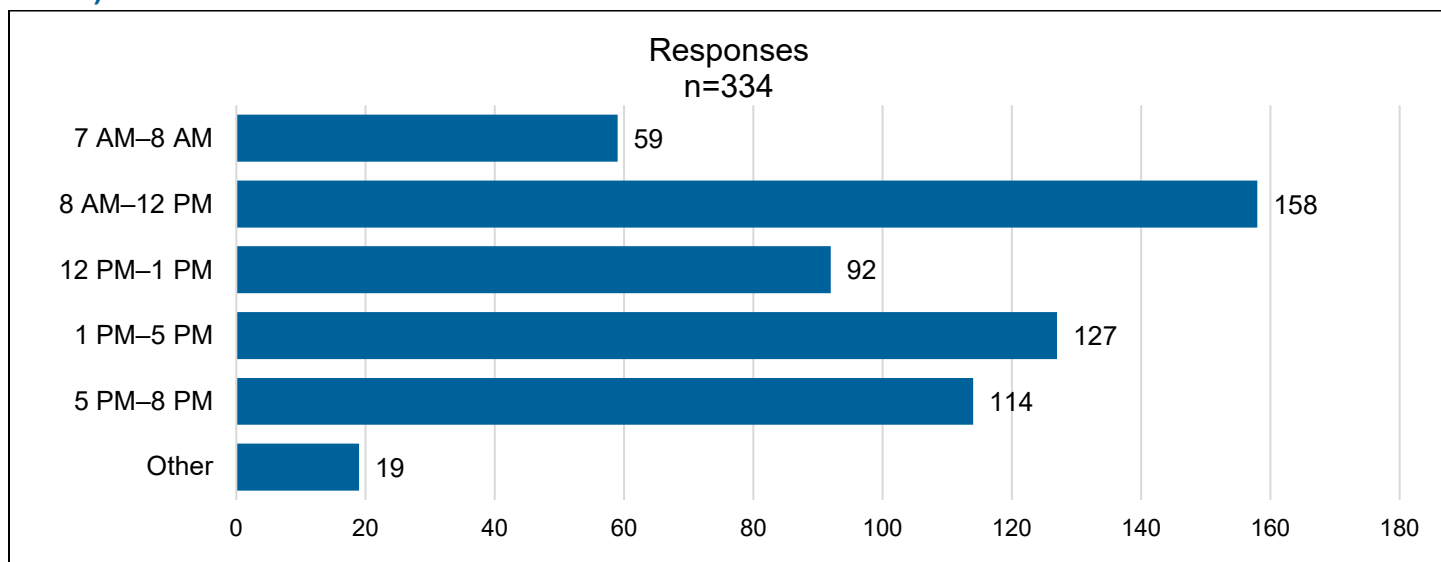
Responses
n=334
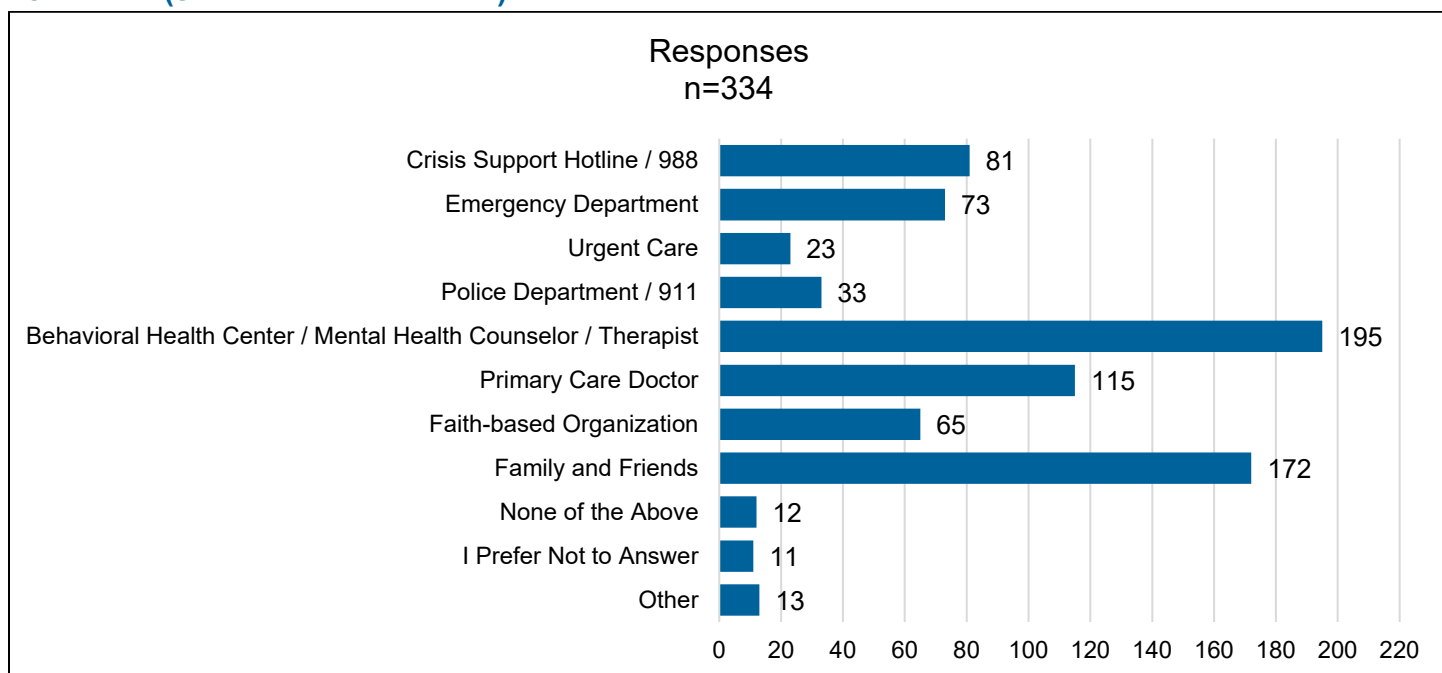
Survey respondents felt similarly about seeking help for substance use concerns as they did with mental health; 46.7% chose support from a behavioral health center, mental health counselor, or therapist, and 38.6% chose family and friends. More than a quarter of respondents (26.6%) would seek help from a detox facility, and 26.3% would talk to their primary care doctor. In the "Other" category, 15 respondents wrote in options that included faith or religion, specific providers, attending AA or NA meetings, using negative coping mechanisms, or not being concerned about substance use (Exhibit 99).

EXHIBIT 99: QUESTION 5 – IF YOU WERE EXPERIENCING SUBSTANCE USE CONCERNS, WHERE WOULD YOU GO FOR HELP? (SELECT ALL THAT APPLY)

Responses
n=334

| Category	Responses
Crisis Support Hotline / 988	51
Emergency Department	48
Urgent Care	30
Police Department / 911	19
Behavioral Health Center / Mental Health Counselor / Therapist	156
Detox Facility	89
Primary Care Doctor	88
Faith-based Organization	48
Family and Friends	129
None of the Above	33
I Prefer Not to Answer	22
Other	15

Survey respondents were asked what time of day they would prefer to schedule an appointment if they were seeking help for a mental health or substance use concern, in order to gain a better understanding of scheduling needs. Most participants would prefer morning hours from 8 a.m. to 12 p.m. (47.3%), but many would also like to have afternoon (38.0%) or evening (34.1%) hours to schedule an appointment. In the "Other" category, 19 respondents wrote in options that included any time, needing appointment slots after 8 p.m., or that this question did not apply to them (Exhibit 100).

Responses
n=334

Time	Responses
7 AM–8 AM	59
8 AM–12 PM	158
12 PM–1 PM	92
1 PM–5 PM	127
5 PM–8 PM	114
Other	19

Survey respondents were also asked about what days of the week they would prefer to schedule an appointment for a mental health or substance use concern. The majority of respondents (68.1%) preferred to schedule an appointment during normal business hours, Monday through Friday, but 31.9% would prefer to schedule an appointment on the weekend (Exhibit 101).
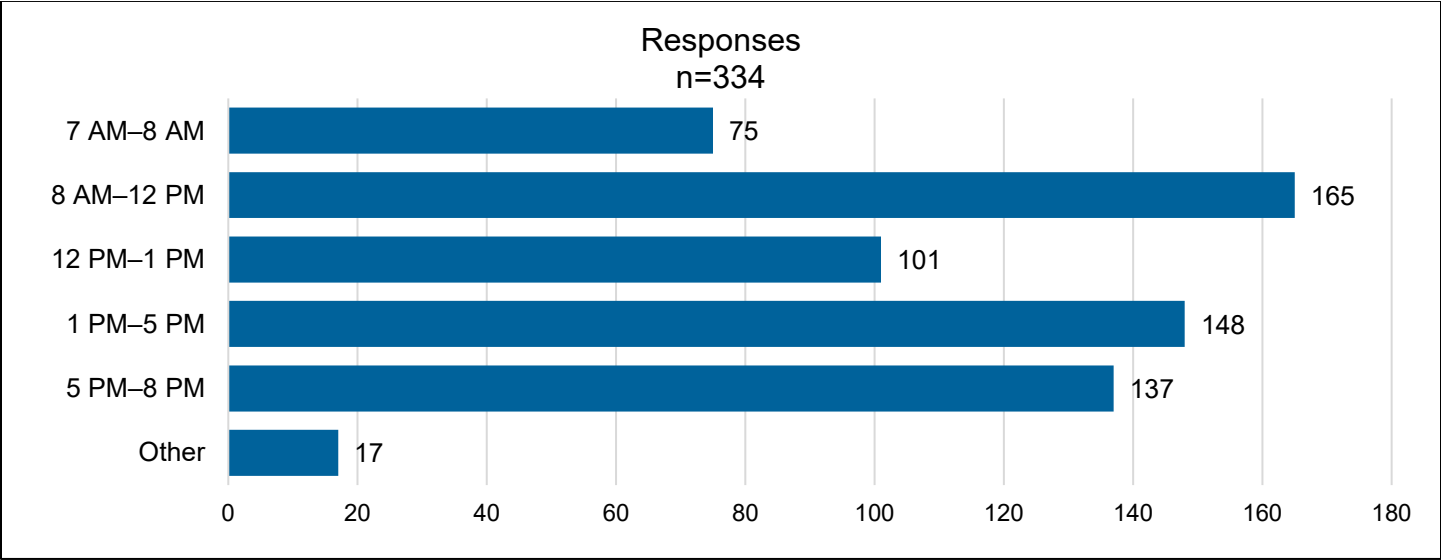
EXHIBIT 101: QUESTION 7 – IF YOU WERE TO SEEK HELP FOR A MENTAL HEALTH OR SUBSTANCE USE CONCERN, WHAT DAYS OF THE WEEK WOULD YOU PREFER TO SCHEDULE AN APPOINTMENT? (SELECT ALL THAT APPLY)

Responses
n=334

- 68.1% Monday–Friday
- 31.9% Saturday–Sunday
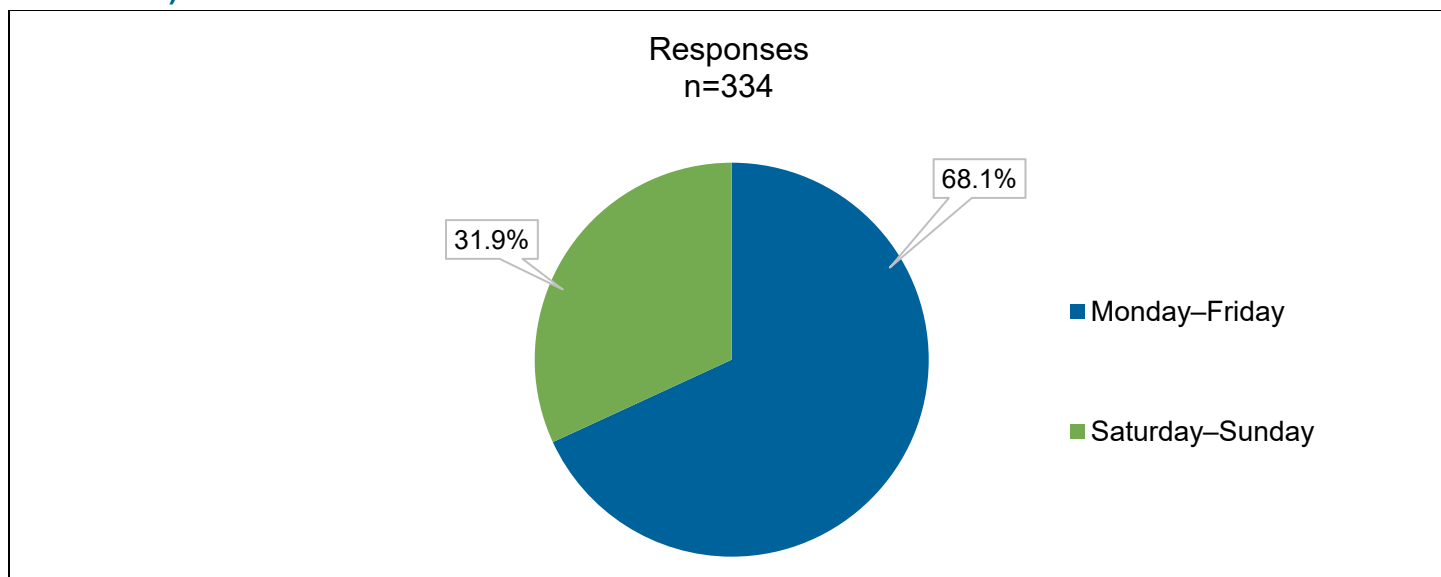
Mental health or substance use issues can arise at any time, so having immediate care available is essential for a person's treatment and recovery. Therefore, participants were asked about walk-in appointment preferences to gain a better understanding of providing same-day access. Similar to preferences for scheduling appointments, most respondents preferred 8 a.m. to 12 p.m. (49.4%), followed closely by 1 p.m. to 5 p.m. (44.3%), and 5 p.m. to 8 p.m. (41.0%). In the "Other" category, 17

respondents wrote in options that included any time, needing available slots after 8 p.m., or that this question did not apply to them (Exhibit 102).

EXHIBIT 102: QUESTION 8 – IF YOU WERE TO SEEK HELP FOR A MENTAL HEALTH OR SUBSTANCE USE CONCERN, WHAT TIME OF DAY WOULD YOU PREFER A PROVIDER TO HAVE WALK-IN APPOINTMENTS AVAILABLE? (SELECT ALL THAT APPLY)

Responses
n=334

Time	Responses
7 AM–8 AM	75
8 AM–12 PM	165
12 PM–1 PM	101
1 PM–5 PM	148
5 PM–8 PM	137
Other	17

Additionally, survey respondents were asked about what days of the week they would prefer to have walk-in appointments available for a mental health or substance use concern. Most respondents (64.0%) preferred to have availability during normal business hours, Monday through Friday, but 36.0% would prefer to have openings on the weekend (Exhibit 103).
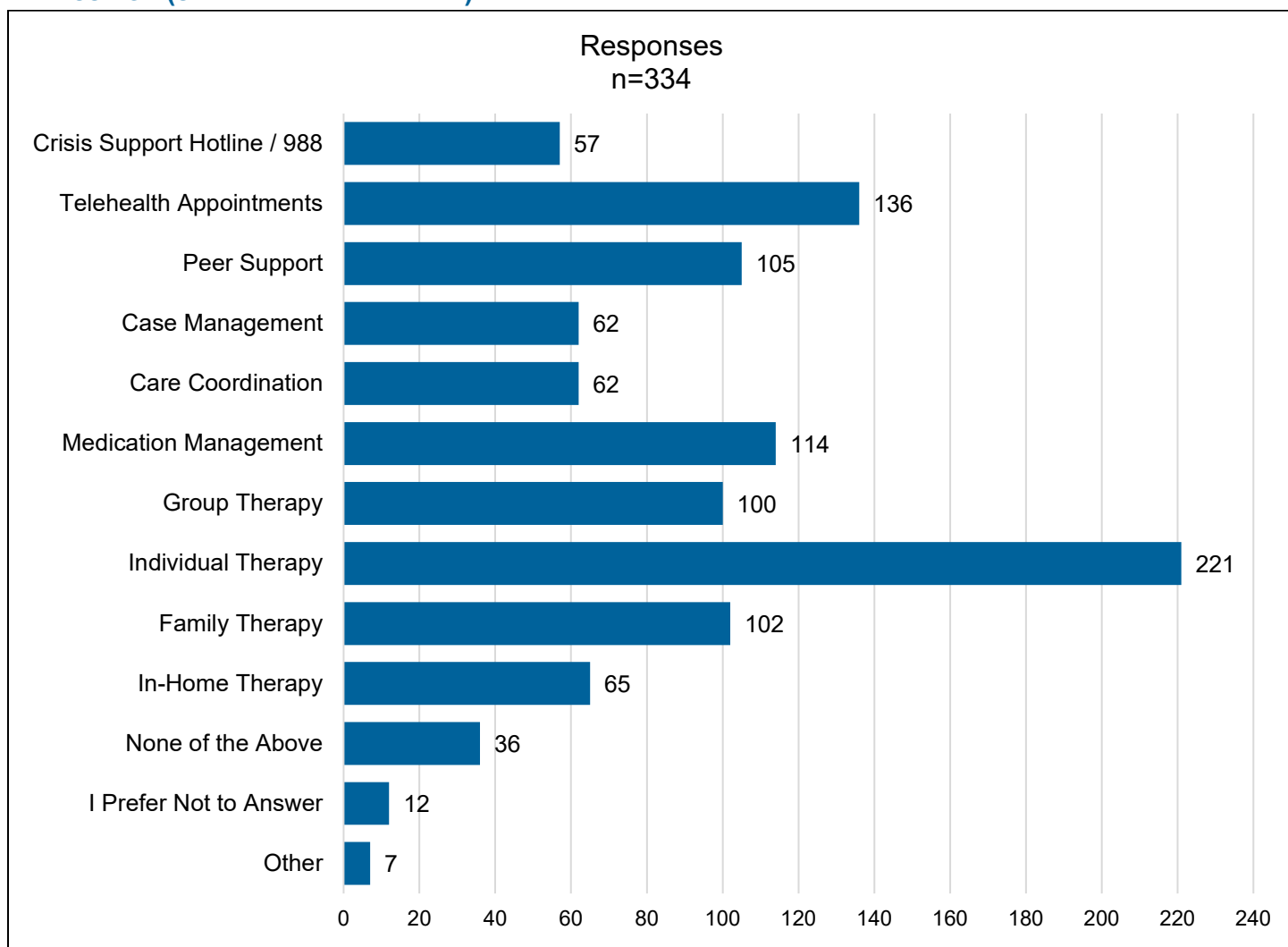
EXHIBIT 103: QUESTION 9 – IF YOU WERE TO SEEK HELP FOR A MENTAL HEALTH OR SUBSTANCE USE CONCERN, WHAT DAYS OF THE WEEK WOULD YOU PREFER A PROVIDER TO HAVE WALK-IN APPOINTMENTS AVAILABLE? (SELECT ALL THAT APPLY)

Responses
n=334

- Monday–Friday: 64.0%
- Saturday–Sunday: 36.0%
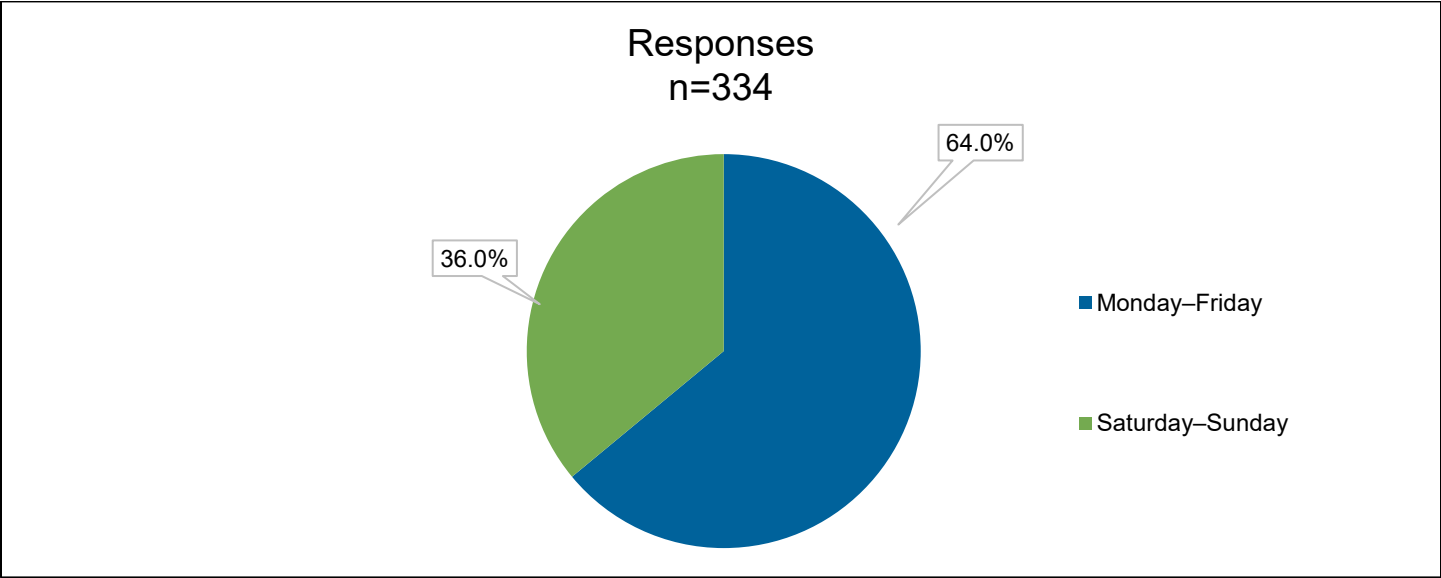
Survey respondents were asked to list what services they would be interested in accessing for mental health or substance use support to better understand how to tailor services to the needs of

community members (Exhibit 104). About two-thirds of participants would be interested in individual therapy, compared to about 30% who were interested in group or family therapy. About 41% of respondents were interested in telehealth appointments, and 19.5% would consider in-home therapy, suggesting that easier access to care is important. Some were interested in more specialized services such as medication management (34.1%), peer support (31.4%), case management (18.6%), and care coordination (18.6%). Others felt they were currently not in need of services or not interested in accessing any of the listed services.
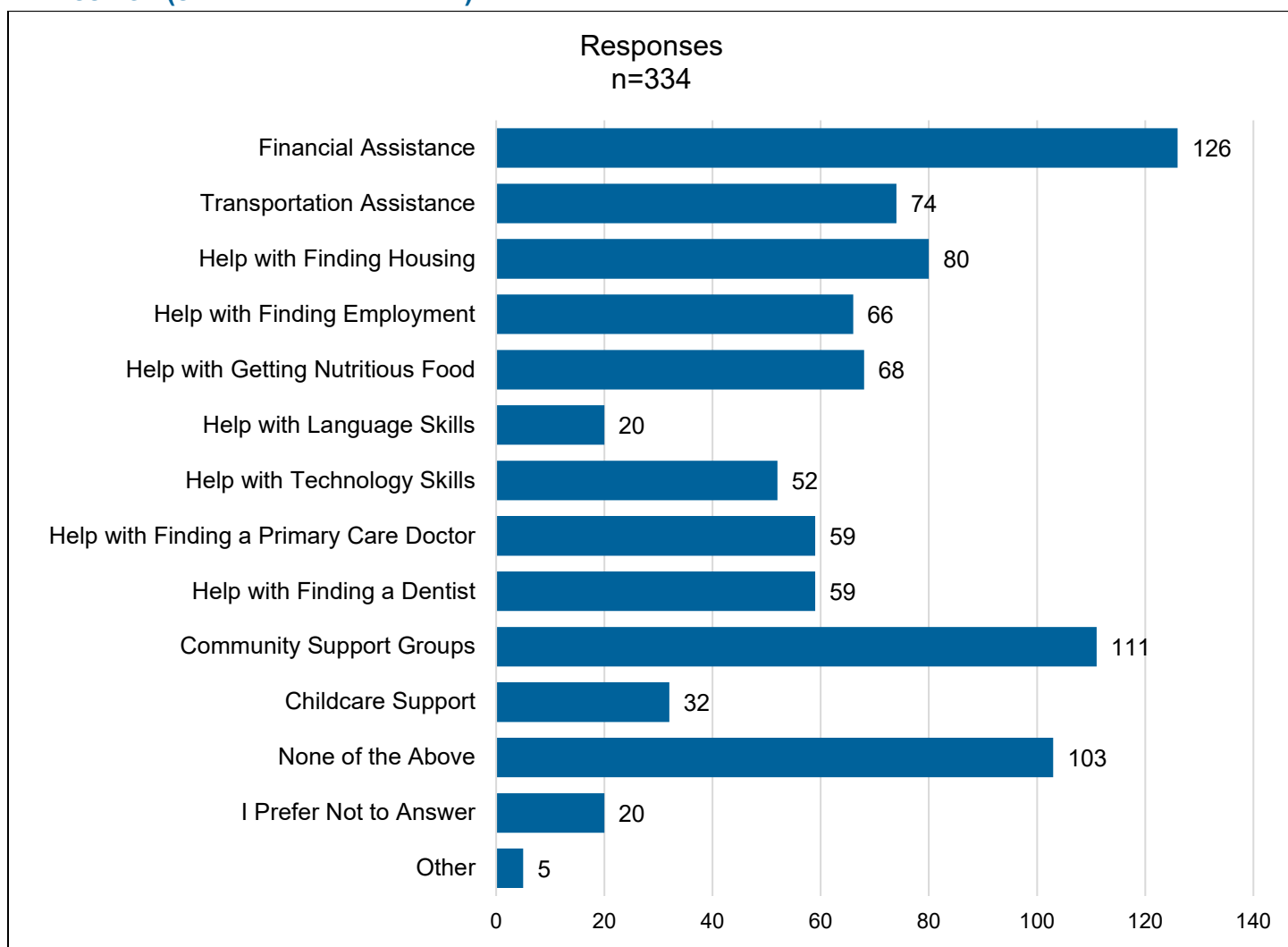
EXHIBIT 104: QUESTION 10 – WHICH OF THE FOLLOWING SERVICES WOULD YOU BE INTERESTED IN ACCESSING? (SELECT ALL THAT APPLY)

Responses
n=334

Service	Responses
Crisis Support Hotline / 988	57
Telehealth Appointments	136
Peer Support	105
Case Management	62
Care Coordination	62
Medication Management	114
Group Therapy	100
Individual Therapy	221
Family Therapy	102
In-Home Therapy	65
None of the Above	36
I Prefer Not to Answer	12
Other	7

Survey respondents were asked to list what resources they would be interested in accessing to better understand how to address the additional needs of community members, often referred to as social determinants of health (Exhibit 105). These needs outside of mental health or substance use issues can cause challenges for people in accessing essential care. While SPBH partners with many community organizations to provide resources and care coordination, it is important to know what community members would like assistance with. Financial assistance was the top response, with 37.7% of respondents being interested in receiving this type of help, followed by 33.2% interested in community support groups, and 30.8% not interested in accessing any of the resources listed. In the
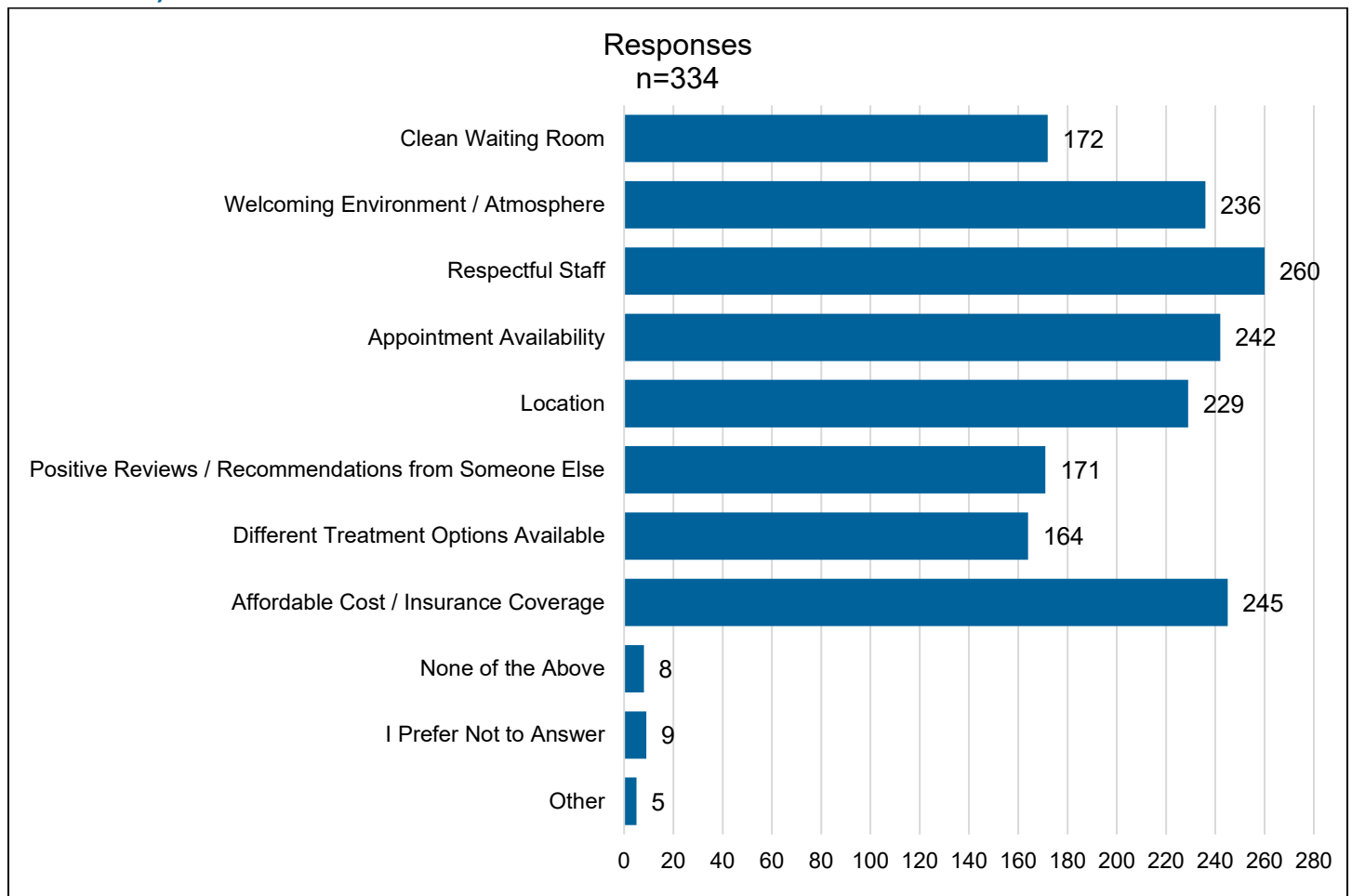
"Other" category, 5 respondents wrote in options that included medication access, health insurance, and essential needs (clothes, hygiene products, etc.).

Responses
n=334

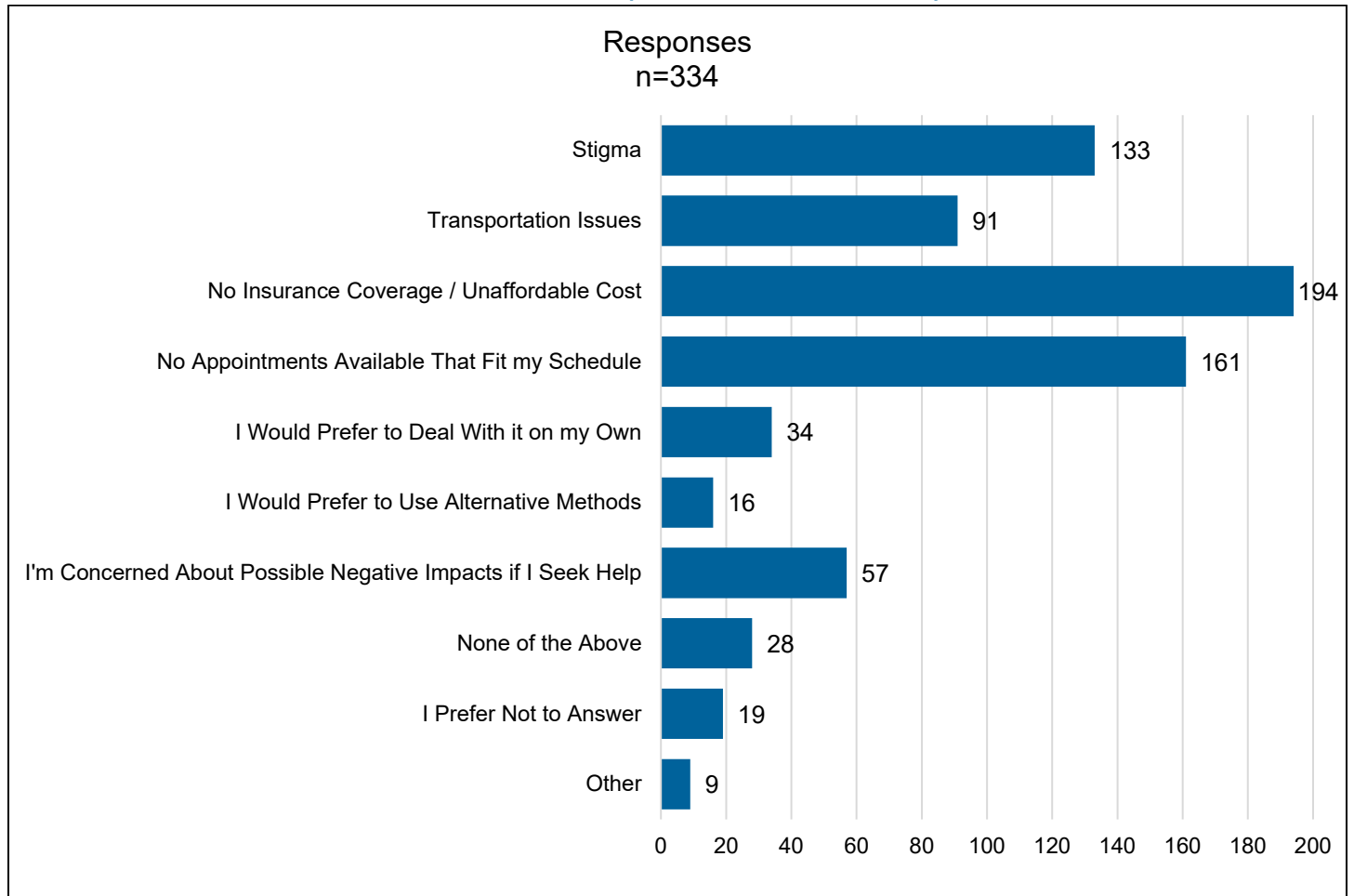| Resource	Responses
Financial Assistance	126
Transportation Assistance	74
Help with Finding Housing	80
Help with Finding Employment	66
Help with Getting Nutritious Food	68
Help with Language Skills	20
Help with Technology Skills	52
Help with Finding a Primary Care Doctor	59
Help with Finding a Dentist	59
Community Support Groups	111
Childcare Support	32
None of the Above	103
I Prefer Not to Answer	20
Other	5

Survey respondents were asked about different aspects they would consider before scheduling an appointment for mental health or substance use recovery services (Exhibit 106). The top five responses that participants would consider are respectful staff (77.8%), affordable cost or insurance coverage (73.4%), appointment availability (72.5%), a welcoming environment or atmosphere (70.7%), and location (68.6%).

EXHIBIT 106: QUESTION 12 – IF YOU WERE LOOKING FOR MENTAL HEALTH OR SUBSTANCE USE SERVICES, WHICH OF THE FOLLOWING WOULD YOU CONSIDER BEFORE SCHEDULING AN APPOINTMENT? (SELECT ALL THAT APPLY)

Responses
n=334

| Category	Value
Clean Waiting Room	172
Welcoming Environment / Atmosphere	236
Respectful Staff	260
Appointment Availability	242
Location	229
Positive Reviews / Recommendations from Someone Else	171
Different Treatment Options Available	164
Affordable Cost / Insurance Coverage	245
None of the Above	8
I Prefer Not to Answer	9
Other	5

Additionally, survey respondents were asked what might prevent them from seeking help for mental health or substance use concerns to better understand any challenges or barriers community members are experiencing (Exhibit 107). The majority of survey respondents (58.1%) said that insurance coverage issues or unaffordable costs would prevent them from seeking help, followed by difficulty in securing an appointment that fits their schedule (48.3%), and stigma (39.8%). In the "Other" category, 9 respondents wrote in options that included negative interactions with staff and believing they wouldn't get the support they needed.

Responses
n=334

Category	Responses
Stigma	133
Transportation Issues	91
No Insurance Coverage / Unaffordable Cost	194
No Appointments Available That Fit my Schedule	161
I Would Prefer to Deal With it on my Own	34
I Would Prefer to Use Alternative Methods	16
I'm Concerned About Possible Negative Impacts if I Seek Help	57
None of the Above	28
I Prefer Not to Answer	19
Other	9

Stigma is a word that is often used to describe negative attitudes, beliefs, or feelings from other people toward a topic like mental health or substance use. Stigma can often be a barrier for many people in seeking help for mental health or substance use concerns, so it's an important factor to explore in a community. Survey respondents were asked how much they agreed with the statement, "There are negative views about mental health and substance use in our community" (Exhibit 108). About two-thirds of respondents either agreed or strongly agreed that there are negative views, or stigma, in the community, compared to 5.4% who disagreed or strongly disagreed. Additionally, 22.2% of respondents felt neutral, and 5.7% preferred not to answer.

Responses
n=334

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- I Prefer Not to Answer
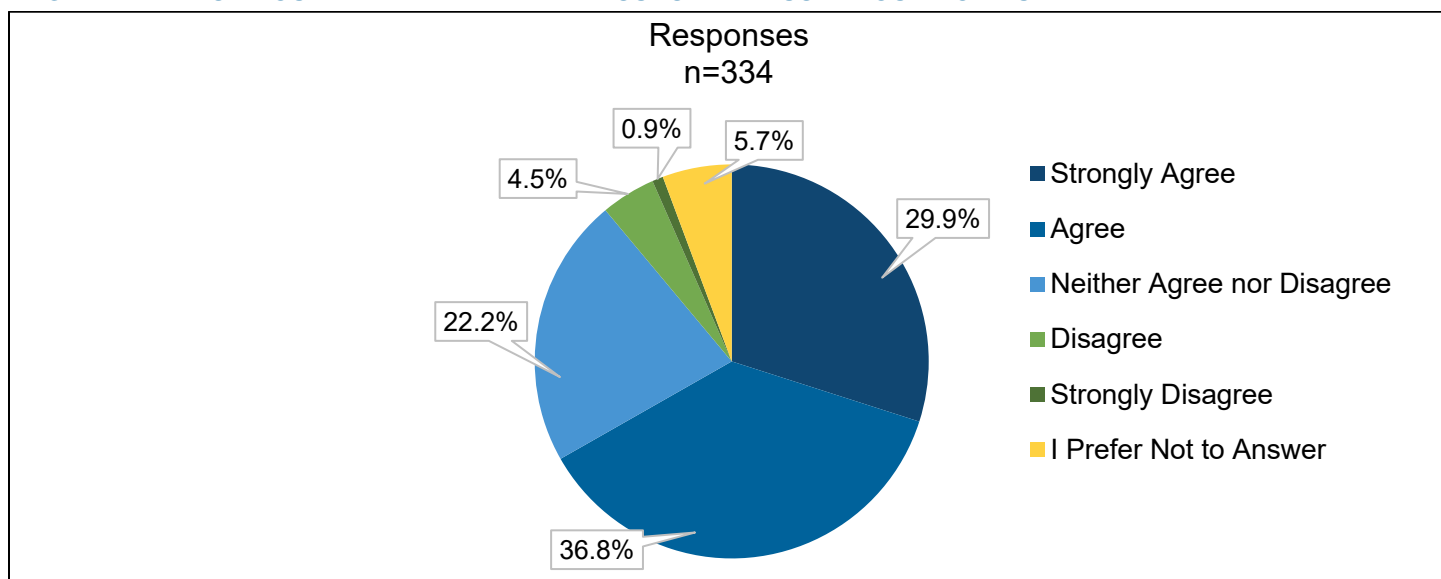
Furthermore, 190 survey participants provided additional comments about how community agencies can address mental health and substance use concerns in Nassau County. Comments were placed into related categories, and counts for these are provided in Exhibit 109.

EXHIBIT 109: QUESTION 15 – IN YOUR OPINION, HOW CAN COMMUNITY AGENCIES (BEHAVIORAL HEALTH CENTERS, POLICE DEPARTMENT, HEALTH DEPARTMENT, COUNTY GOVERNMENT, ETC.) ADDRESS MENTAL HEALTH AND SUBSTANCE USE CONCERNS IN NASSAU COUNTY?

Comment	Number of Responses
Accessibility	
Requests for more flexible hours or appointments	
Need for transportation to access services, particularly in rural areas	47
Services are available but not affordable, financial help is not easily accessible	
Better crisis response from providers and better education for providers	
Encourage providers to have more compassion, understanding, and empathy	
Improve police training on crisis response	77
Requests for provider training to remove stigma, use preventative care, and know all available services and resources	
Education and awareness in the community	
Use social media, community events, and flyers to increase awareness of services available	
Requests for providers to engage with the public more and listen to concerns	46
More transparency in the community about statistics	
More emphasis on youth services and working with schools	
Behavioral health system concerns	
Requests for more funding for services, organizations, and law enforcement	
Better pay for providers	7
Concerns about providers and members of the community being overworked	

Comment	Number of Responses
Other	
Positive comments about the providers in the community	
Concerns about homelessness and providing more housing support	13
Requests for stricter policies on drug use and distribution	

Finally, 114 survey participants provided additional comments about Starting Point Behavioral Healthcare or mental health and substance use concerns in Nassau County. Comments were placed into related categories, and counts for these are provided in .

EXHIBIT 110: QUESTION 16 – PLEASE PROVIDE ANY OTHER COMMENTS OR THOUGHTS YOU HAVE ABOUT STARTING POINT BEHAVIORAL HEALTHCARE OR MENTAL HEALTH AND SUBSTANCE USE IN NASSAU COUNTY.

Comment	Number of Responses
Lack of services and availability	
Concerns that services are not offered – different types of therapy, work or housing services for people recovering from substance abuse, and limited youth services	
Need for transportation to access services, particularly in rural areas	15
Services are available but not affordable, financial help is not easily accessible	
Education and awareness in the community	
Community members are unaware of what SPBH is or what it offers	
Requests for better communication with the community about what services are offered	10
Staff and services concerns	
Concerns about long wait times and a need for more staff to meet patient demand	
Not enough services for pediatric patients	
Concerns that care is not individualized, some negative experiences from people receiving services	21
Lack of crisis care options	
Positive feedback	
Comments about SPBH having a positive impact on the community	
Praise for the staff and the welcoming environment they create	54
Personal positive experiences with specific staff members, and how impactful services have been to individuals	
Other	
Comments about not being aware of SPBH	
Concerns about drug use in parts of the community	14

Community-responsive Staffing and Services

A community perspective is crucial when conducting a needs assessment in a geographic service area, as it represents a holistic approach to understanding the health and quality of life landscape. Community residents provide invaluable local knowledge and an in-depth understanding of their

unique needs and challenges. By incorporating residents in this process, organizations gain crucial insights and build trust with community members. As a result, the community is more likely to support and actively participate in initiatives aimed at improving population health. The collaborative approach fosters a sense of ownership and commitment to shaping solutions tailored to the community's specific requirements and aspirations.

Another core element of the MAPP model is the *Community Strengths and Themes Assessment*, which has been labeled as *Community-responsive Staffing and Services* for this CNA to match the Key Drivers. This part of the assessment directly engages staff, clients, and persons with lived experience to gather feedback on mental health, substance use, health care services, community well-being, and access to care. Through focus groups and organization data, SPBH sought to understand community health issues and concerns from their perspective, as well as assess how the organization is doing with serving the community members. Five focus groups were conducted from December 2024 to January 2025 with the cooperation of SPBH.

Community Focus Groups

A focus group is a small-group discussion led by a skilled facilitator, designed to gather insights and opinions on a specific topic in an open and non-threatening environment. These discussions are open-ended and encourage participants to express their thoughts and feelings freely, making them a valuable source of data for a more accurate understanding of people's perspectives on the topic (Berkowitz, n.d.).

In this report, five focus groups were conducted to gain a better understanding of the unique perspectives and needs of each group. Between November 2024 and January 2025, participants were recruited through volunteers from SPBH peer support staff, community support groups, and drop-in centers. These participants provided valuable input from staff, current clients, and people with lived experience. All data for the focus groups were collected in aggregate, ensuring the anonymity of the participants. Focus groups were held in person at several SPBH locations within Nassau County:

- Yulee treatment center (2 focus groups)
- Hilliard drop-in center
- Fernandina Beach drop-in center
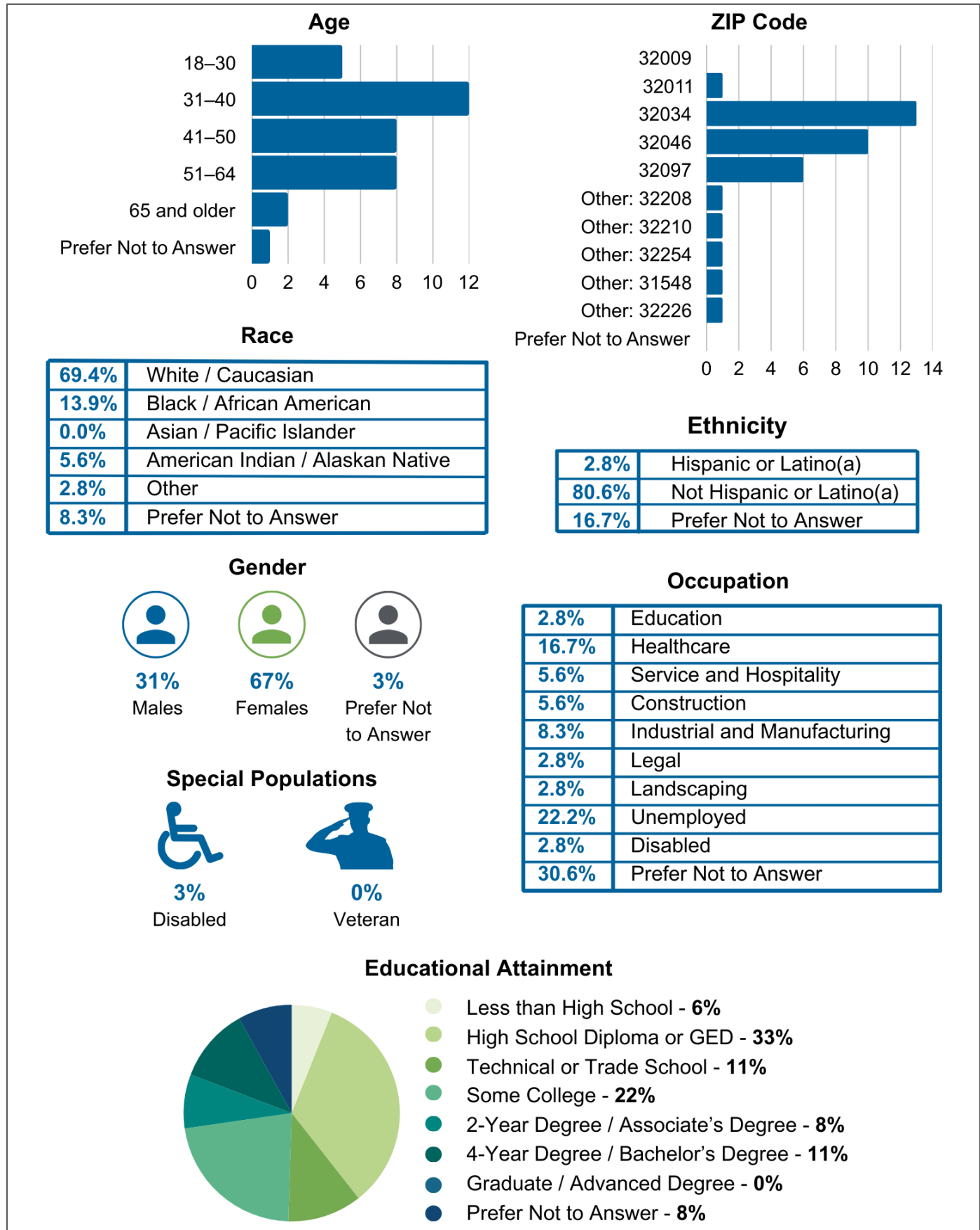- Fernandina Beach treatment center

At the start of each focus group, the facilitator from HPCNEF explained the assessment's purpose and guided the group discussion through 12 questions. Additionally, participants provided demographic information by completing a brief survey. The discussion questions and demographic survey are included in Appendix B-1 and Appendix B-2. Additional peer support staff feedback is included in Appendix B-3.

Participant Demographics

A total of 37 people participated in the focus groups. It is important to note that even though HPCNEF staff encouraged all participants to fill out a demographic survey, not all participants completed one. Exhibit 111 displays the demographic results of focus group participants. Most focus group participants came from ZIP Codes 32034 (36%) and 32046 (28%). A majority represented the 31–40 age group (33%) and identified as female (67%). The predominant race groups represented in the adult focus groups were White/Caucasian (69%) and Black/African American (14%), while non-Hispanic/non-Latino(a) (81%) was the most represented ethnicity. Most participants had not obtained

a college degree (72%), but 19% of participants had a 2-year/Associate's degree or a 4-year/Bachelor's degree. Many participants preferred not to share their occupation (31%), however the groups most identified were unemployed (22%) and healthcare (17%). Special populations represented by participants included 3% who identified themselves as disabled.

Age

Age	Value
18–30	5
31–40	12
41–50	8
51–64	8
65 and older	2
Prefer Not to Answer	1

ZIP Code

ZIP Code	Value
32009	0
32011	1
32034	13
32046	10
32097	6
Other: 32208	1
Other: 32210	1
Other: 32254	1
Other: 31548	1
Other: 32226	1
Prefer Not to Answer	0

Race

69.4%	White / Caucasian
13.9%	Black / African American
0.0%	Asian / Pacific Islander
5.6%	American Indian / Alaskan Native
2.8%	Other
8.3%	Prefer Not to Answer

Ethnicity

2.8%	Hispanic or Latino(a)
80.6%	Not Hispanic or Latino(a)
16.7%	Prefer Not to Answer

Gender

31% Males	67% Females	3% Prefer Not to Answer

Occupation

2.8%	Education
16.7%	Healthcare
5.6%	Service and Hospitality
5.6%	Construction
8.3%	Industrial and Manufacturing
2.8%	Legal
2.8%	Landscaping
22.2%	Unemployed
2.8%	Disabled
30.6%	Prefer Not to Answer

Special Populations

3% Disabled	0% Veteran

Educational Attainment

- Less than High School - **6%**
- High School Diploma or GED - **33%**
- Technical or Trade School - **11%**
- Some College - **22%**
- 2-Year Degree / Associate's Degree - **8%**
- 4-Year Degree / Bachelor's Degree - **11%**
- Graduate / Advanced Degree - **0%**
- Prefer Not to Answer - **8%**

Discussion Question Analysis & Focus Group Results

Detailed notes were taken during each focus group discussion. The meeting facilitator explained the purpose of the assessment and then asked each discussion question aloud to the group. Discussion questions covered topics such as barriers to care, strengths, and areas of improvement for SPBH. Responses taken from notes were analyzed to determine top health issues and concerns, barriers to care, etc. Then, responses were weighted by frequency at two or more focus group discussions to identify common themes. A summary of responses to each question follows. This section of the report summarizes what the focus group participants reported without assessing the credibility of their comments.

Factors that contribute to mental health and substance use issues in the community, according to participants:

Participants described numerous internal and external factors that contribute to mental health and substance use issues in the community. Stress was the number one factor that arose in almost every discussion; participants indicated that it could be related to how an individual feels about the quality of their life, such as the high costs of living, employment, and housing. Having a history of mental health and substance use issues, whether individual or family-based, can cause an individual to be more susceptible to these concerns.

Environmental factors, such as social norms and the presence of substance use or mental health issues in the family, can produce generational cycles in which individuals have difficulty avoiding substance use or dealing with mental health concerns of their own. Stigma remains prevalent in Nassau County: many participants observed reluctance to seek help and fear of being judged by healthcare providers, law enforcement, and family and friends. Additionally, participants highlighted the lack of resources for youths in the county, as well as for special populations, such as veterans. Trauma in these populations can exacerbate a multitude of other issues. Other factors include insufficient transportation access, insurance coverage limitations, unaffordability of care, and poor availability of medication.

Challenges or barriers that community members face when trying to access mental health and substance use services in Nassau County:

Inadequate transportation to and from appointments arose as the main challenge to accessing mental health and substance use services. Currently, Nassau County does not have a proper transportation system in place; other transportation alternatives, such as ridesharing and insurance-based services, are difficult to acquire. In addition, participants spoke of scheduling conflicts that prevented them from accessing their appointments, citing the lack of weekend and after-hours availability. Even when one is able to make an appointment, occasional long wait times can deter them from continuing these services. At the same time, individuals face transportation challenges beyond their main appointment, like when getting prescriptions and traveling to other types of services.

Another common barrier was affordability, as well as insurance issues. Lack of insurance is a prominent barrier that can discourage an individual from accessing needed services. In contrast, those with insurance combat different challenges, such as affording co-pays, uncertainty about which services are covered under their plan, and providers not accepting their insurance plan.

Stigma remains a significant barrier that deters individuals from seeking care. In addition to fears of being judged, stigma can significantly impact the patient-provider relationship, leading individuals to discontinue their services due to a lack of trust in their provider. Other challenges and barriers shared

in the discussion include side effects that can prevent an individual from wanting to continue using their medication, potentially triggering advertisements (such as advertisements for alcoholic beverages), not having a cellphone or physical address, and overall lack of personal motivation to seek the necessary care.

Participants' understanding of what Starting Point Behavioral Healthcare does in Nassau County:
SPBH is widely recognized for its comprehensive range of services addressing mental health and substance use. Focus group participants identified offerings such as one-on-one and group therapy, medication management, addiction recovery, case management, and youth and family services. Many emphasized SPBH's role in connecting individuals to resources and providing personalized treatment plans that enhance quality of life. Specialized programs, such as peer support specialists and life skills training, were also regarded as helpful for clients regaining independence and stability.

SPBH's community outreach efforts, including events like the Glow Up initiative and county-wide mental health awareness campaigns, were seen as instrumental in promoting access to care and reducing stigma. The organization's presence in schools, hospitals, crisis centers, and other community spaces further demonstrates its commitment to broadening reach and impact. Activities like GED preparation, meal preparation, hygiene classes, and gardening were valued for their focus on building essential life skills.

Participants expressed appreciation for SPBH's nonjudgmental, supportive approach, describing the organization "like a family." Many reported feeling cared for and understood, enjoying access to resources, medication, and therapy shortly after seeking help. However, challenges were also described, including difficulty reaching the organization by phone and limited awareness of its services prior to engagement. Overall, SPBH is valued for its compassionate care, community integration, and commitment to meeting the diverse needs of its clients.

Participants' views on whether Starting Point Behavioral Healthcare benefits the community:
Focus group participants articulated the convenience of SPBH as the only behavioral health organization in the area and its unique service to uninsured individuals regardless of their ability to pay. Unlike other organizations, SPBH offers a broad spectrum of services, including peer support, medication management, and person-focused care, under one roof.

SPBH's resources and programs, such as drop-in centers, Adult Daily Living (ADL) activities, and community trips to food pantries, were highlighted as impactful in reducing hospitalizations and supporting vulnerable populations. While many acknowledged the organization's willingness to help individuals and its ability to provide much-needed medications and support for clients and their families, some pointed out that barriers like insufficient insurance coverage, low income, and poor transportation can still limit access for certain population groups. Despite these challenges, SPBH is seen as a cornerstone of the community because it delivers alternatives, resources, and care that other organizations do not offer.

What Starting Point Behavioral Healthcare does well, according to participants:
Focus group participants reflected on many areas in which SPBH excels, especially when it comes to care received and services provided. Participants described the SPBH staff members as kind, making them feel comfortable, taking time to listen, and passionate about helping the community. Some mentioned that SPBH helps people get back on their feet in many different ways. Other participants

discussed how much they enjoy attending their group sessions and benefitting from the skills they have learned, such as making good choices and setting boundaries.

Individuals who attend programs at the SPBH drop-in centers look forward to the activities that are available. They are thankful that SPBH provides opportunities to go out into the community where they can meet essential needs like food while also gaining practical skills and confidence. The drop-in centers allow people to participate in social activities and find ways to give back or make them feel like they are part of the community. Some individuals feel a sense of belonging and freedom that they don't get in other places.

Participants also discussed the positives of SPBH's services and work in the community. Many valued the variety of services that SPBH offers as a distinguishing feature that sets them apart from other organizations, as well as the high quality of care provided. Specifically, participants highlighted case management as being helpful and believed that the case managers advocate for their clients. The knowledge and skills learned in different SPBH treatment settings were also appreciated, as well as the opportunities and assistance to meet requirements for legal programs. Participants were aware of SPBH's work in the community and the effort the staff put into building partnerships with other organizations like pharmacies, medical groups, law enforcement, local and state governments, and the school district.

Suggested improvements Starting Point Behavioral Healthcare could implement to better serve patients and the community's needs, according to participants:
Participants identified several areas for improvement for Starting Point Behavioral Healthcare (SPBH) to better serve patients and address community needs. A recurring suggestion in focus groups was to enhance transportation options, such as implementing a van service to assist clients in getting to and from appointments. Next, increasing awareness of SPBH's services through improved marketing efforts, including social media campaigns targeting youth and ground-level outreach, was also emphasized to help more community members recognize SPBH as a resource.

Further, participants discussed a number of significant internal challenges faced by staff. Concerns included burnout, lack of support, unclear job expectations, and insufficient communication within teams and with leadership. Recommended actions included providing therapy for staff, fostering transparency, incorporating more staff input in decision-making, and deepening the leadership's understanding of day-to-day operations. Enhancing internal communication and access to middle management were seen as crucial steps to effectively supporting both staff and clients.

Regarding services, participants called for better accessibility and communication tools for patients, such as increasing phone line capacity, reducing appointment wait times, and developing online portals for appointment management. A bereavement group was suggested to fill a gap in services, while some expressed concerns about staff professionalism and trust, citing issues like breaches of confidentiality and inconsistent client-provider relationships. High turnover among therapists was observed as particularly disruptive to the continuity of care, as it forces clients to repeatedly restart the process of building rapport with new providers.

Facility-specific concerns, such as long wait times, overcrowding at the Yulee location, as well as difficulties securing case management, were also identified as opportunities for improvement. Participants urged SPBH to streamline timely communication with clients, both during appointments

and at drop-in centers, to ensure clients feel informed and supported. Overall, these improvements could address key barriers and enhance SPBH's ability to serve the community effectively.

Participants' ideas on how Starting Point Behavioral Healthcare and the community can work to address stigma around mental health and substance use:
Participants reflected on the importance of innovative marketing in addressing community issues and effectively advertising the full range of services offered, such as sliding-scale fees, to ensure more people are aware of and able to access these services. Fostering partnerships within the community, such as with Barnabas, provides opportunities to collaborate. However, SPBH should also work to raise awareness about partner organizations and available resources while clearly outlining eligibility requirements for services (like those offered by Barnabas) to facilitate a smooth referral process.

Moreover, SPBH should expand its community outreach efforts, organizing events in neutral, welcoming spaces like open-house activities or coffee chats where people feel safe and comfortable discussing topics like mental health or substance use. Participants also encourage SPBH to explore creative ways to maintain a visible community presence, such as hosting events like the Glow Up Festival in various locations. Enhanced community outreach initiatives from SPBH, such as donating clothing, toiletries, and other necessities, can help Nassau County residents recognize the organization as a source of tangible help.

In response to the stigma against mental health and substance use that continues to permeate society, participants reinforced the need for an environment where individuals feel comfortable discussing their symptoms and diagnoses. Such an environment can be especially important for individuals in family relationships, as people can feel judged by their families. Education about mental health and substance use must be prioritized in schools, as these topics are currently underrepresented. Additionally, fostering existing support networks like AA (Alcoholics Anonymous) and NA (Narcotics Anonymous) groups in churches can further bridge gaps in care. Empowering individuals to seek assistance starts with emphasizing SPBH's strong commitment to providing support to the best of its ability.

In addition, collaboration with the medical community can help address the stigma surrounding mental health and substance use. By fostering a deeper understanding and promoting active listening, professionals can better tailor resources to meet the specific needs of populations such as individuals experiencing homelessness. Despite some progress in reducing stigma, particularly as it is more socially acceptable to seek help publicly, significant challenges remain. Within the healthcare sector, individuals are often judged for substance use or serious mental health issues, and assumptions are made about their mental state and intentions. Such preconceptions are particularly damaging in hospitals and healthcare settings, where professionals may sometimes treat individuals seeking help as less than "normal." It is essential to educate healthcare workers on how to communicate effectively with individuals struggling with substance use issues. Participants stressed that people need to feel heard and understood without fear of judgment or alienation. Improved communication during sensitive procedures, like hospital transport for mental health concerns or law enforcement involvement, can alleviate anxiety and limit issues. Ultimately, participants would like to see professionals adopt a more understanding and compassionate approach, ensuring that everyone is treated with dignity and respect.

Through education, outreach, and partnerships, SPBH can reduce stigma, empower individuals, and create a community where mental health and substance use issues are openly addressed without judgment.

Participants' views on the waiting experience in the Starting Point Behavioral Healthcare lobby:
The experience at SPBH stands out positively for participants compared to those at most doctors' offices. The facility is notably clean and quiet, and the environment contributes significantly to its appeal. Dim lighting, soothing music, and a constant background of movies or other comforting sounds create a relaxing atmosphere. The building is welcoming, and many patients look forward to visiting. The space feels inviting, with enough seating to avoid overcrowding, and it's designed to make people feel at ease.

Patients rarely have to wait long for appointments, and schedules are well-maintained. For families, there are always activities to keep kids entertained, which adds to the overall convenience. The drop-in center is particularly praised for fostering independence. It provides a relaxed, secure environment where individuals feel accountable for their actions, are greeted warmly, and feel ready to face their day. Many appreciate the sense of camaraderie, the satisfaction in accomplishments, and the productive atmosphere the drop-in center creates.

However, focus groups listed a number of drawbacks. The dim and relaxing lighting can make the space feel dark and gloomy for some individuals. Communication between the front desk and providers could be improved, as lapses in coordination can lead to minor frustrations. Additionally, announcing names and reasons for visits at the front desk feels like a privacy concern to some, especially in such a quiet environment where conversations are easily overheard.

The experience varies slightly between different locations. For instance, the Yulee office tends to be slower and faces some front-office challenges, while Fernandina is more efficient with a quicker in-and-out process. Wait times also differ depending on the location, which can be a source of inconsistency across the organization. Lastly, the hold music on the phone is regarded as unpleasant, making even short wait times feel longer.

Despite these minor issues, the overall impression of the waiting experience at SPBH remains overwhelmingly positive. The environment is evidence that the organization values the comfort, independence, and well-being of its patients.

Participants' experience when interacting with Starting Point Behavioral Healthcare staff:
Most participants' experiences with SPBH staff were positive, especially regarding the staff's demeanor and engagement. The front desk always greets visitors with a smile and sets a warm tone for each visit. One participant enthusiastically stated, "I love the staff here." At the Fernandina Beach location, the high level of personal attention stands out. Staff members know patients by name, creating a welcoming and personal atmosphere. Kathy, in particular, was praised for her ability to make everyone feel at home the moment they walked through the door. The overall environment is energizing because staff members go out of their way to ensure patients feel comfortable and cared for.

In contrast, some areas for improvement were raised. Issues with lab results were discussed, particularly in DUI classes, where inaccuracies can lead to challenges with meeting program

requirements and frustration. The Yulee office has garnered complaints, particularly about concerns that seem to go unaddressed. Communication with SPBH over the phone is another challenge, as patients find it difficult to get through or resolve issues efficiently.

Telehealth services offer convenience but come with mixed reviews. While telehealth was appreciated for its accessibility by some, other patients feel that face-to-face communication with therapists is more effective as these encounters provide a stronger sense of being heard and understood. Despite these challenges, SPBH remains a place where the staff's warmth and dedication leave a lasting impression on patients, making them feel valued and supported.

Quality of care received at Starting Point Behavioral Healthcare, as described by participants:
Feedback on the quality of care at SPBH was largely positive, with many participants lauding the organization for its supportive and transformative services. Descriptions included "excellent," "great," and "super supportive," with one individual rating their experience as 9.5/10. Therapy and group sessions were acknowledged as particularly beneficial, and many commented that SPBH exceeded their initial expectations. Participants commended the organization for helping clients navigate life changes, rebuild after hardships, and offering a variety of services to meet diverse needs.

However, some areas for improvement were identified. Participants wanted to see intake specialists explain processes more clearly to new clients in order to reduce fear and uncertainty. The Yulee office received criticism for being unhelpful and facing persistent issues. These insights suggest that while SPBH delivers high-quality care overall, addressing specific concerns at intake and improving consistency across locations could enhance the client experience further.

Activities and services for mental health and substance use that the participants would like to see in Nassau County and how they would benefit the community:
Participants suggested several activities and services to enhance mental health and substance use support in Nassau County; these recommendations focused on the benefits of education, outreach, and expanded resources. Education and awareness efforts stood out as essential, particularly for youth. Suggestions included partnering with schools to integrate SPBH into the community in a less intimidating way, hosting youth-oriented programs, and educating students about mental health. Participants also recommended creating more social media advertisements and resource brochures to reach broader audiences. Community-focused events, such as the Glow Up Festival, were regarded as effective activities and worth expanding.

In terms of services and programs, participants emphasized the need for more accessible transportation options. Nassau Transit was considered helpful yet limited by its size and unaffordability for clients. Expanding transitional programs for individuals in recovery and offering more support to meet strict recovery requirements were identified as critical needs. Participants also called for satellite housing in areas like Yulee and Fernandina to aid individuals in transition.

Drop-in centers received praise, but participants suggested enhancements, including providing more diverse meal options and increasing community-focused activities such as bingo days and outreach services. Increasing the presence of organizations like the National Alliance on Mental Illness (NAMI) in Nassau County was also viewed as advantageous. Suggestions extended to increasing the number of counselors and social workers in schools, youth groups, and jails, and providing empathetic support for incarcerated individuals.

Finally, creative ideas like a mental health-focused bookstore or library with affordable prices were proposed to foster social interaction and create supportive environments. Collectively, these suggestions aim to build a more inclusive and resource-rich community that meets the diverse needs of individuals dealing with mental health and substance use challenges.

Participants' final thoughts:
As the focus groups concluded, participants provided their final thoughts about Starting Point Behavioral Healthcare or mental health and substance use in Nassau County. Participants shared a mix of suggestions, critiques, and commendations regarding SPBH and its role in addressing mental health and substance use in Nassau County. Many ideas focused on improving client experiences, expanding access, and enhancing organizational support.

Suggestions for Improvement
Participants emphasized the need for SPBH to reduce barriers to access, particularly in transportation. Proposals included creating SPBH-operated transportation services similar to the Council on Aging (COA) and supplying tailored support for individuals in court-mandated programs who often face significant transportation challenges. Expanding SPBH's outreach in jails to serve broader populations was another priority.

Concerns about staff well-being were notable. Participants highlighted low wages, burnout, and high turnover as critical issues. Recommendations to combat these issues included better pay, structured support like therapy for staff, and improved recognition for their contributions. Shifting the focus of middle management roles toward staff retention and departmental growth could also enhance operational efficiency.

Specific service improvements were recommended for structured programs like adult drug court groups. Some participants felt these sessions lacked practical focus, suggesting a greater emphasis on teaching coping strategies and decision-making skills. Additionally, there were concerns about handling triggering content in group sessions and the appropriateness of staff behavior during classes.

Positives About SPBH
Despite the criticisms, participants had a positive overall view of SPBH. Many described it as a "great organization" that provides a supportive starting point for individuals seeking to heal and rebuild their lives. The environment was noted as a space to foster personal growth and build meaningful relationships.

Additional Observations
Participants pointed out the need to differentiate between mental health and substance use issues, as they are often addressed together but may require distinct approaches. Relationships and their impact on mental health were also mentioned as critical factors to consider in treatment planning.

These insights suggest that while SPBH is recognized as a valuable community resource, bridging gaps in operations, staff well-being, and program specificity could further enhance its effectiveness and community impact.

Key Findings of Focus Groups

Mental Health: Focus group participants discussed many aspects of mental health, from what causes mental health issues to what types of services are available and what could be done to improve the mental health of community members. Factors that contribute to mental health issues include family history, social environment, trauma, stress, income, and difficulty accessing necessary care due to insurance coverage or transportation challenges. Suggestions for improving mental health were centered around increasing access to mental health services by addressing barriers, increasing community engagement for more awareness and education, and reducing stigma towards mental health and substance use so people feel empowered to talk about it and seek help when they need it without fear of being judged.

Stigma: Focus group participants highlighted stigma as a common issue in Nassau County. People may receive negative feedback from family members when discussing mental health or substance use concerns, or they may deal with judgment or consequences at work if they are seeking treatment. Sometimes, stigma could simply stem from the fact that others don't understand what a person is going through and don't respond appropriately; conversely, however, people may knowingly try to shame a person for having a mental health concern or for seeking help from a health professional. Stigma in healthcare was noted as a top concern of focus group participants because many had experienced it in some way. Some participants felt a lack of empathy from health professionals and did not feel comfortable or cared for during a difficult time. Others had a difficult time trusting health professionals due to negative encounters and felt judged because of their past history or assumptions being made about them.

Because of stigma and dealing with its effects, people can be reluctant to seek help and may choose to either ignore important issues or deal with them in unhealthy ways. However, participants provided some suggestions about improving stigma such as: teaching health professionals and community members how to listen, empathize, and communicate with people dealing with mental health and substance use concerns; increasing and improving communication between law enforcement and health professionals to have better outcomes with sensitive situations; linking up with community partners to provide joint efforts; and increasing community outreach and engagement activities to provide better marketing and raise awareness.

Starting Point Behavioral Healthcare's Community Impact: Participants provided helpful feedback on Starting Point Behavioral Healthcare's staff, facilities, services, and community outreach, most of which was positive. Many participants felt a positive impact on their lives after seeking help from SPBH, but they also recognized the work SPBH does outside of its doors. When asked about what SPBH does well, participants identified the passion and quality of care provided by the staff, the work that SPBH does in the community to partner with other organizations, services that are affordable and fit to meet each person's needs, and having the drop-in centers provides many opportunities for people with different abilities. Focus group participants raised the following areas for improvement: the phone system, marketing, communication with clients and staff, staff turnover and availability, and ensuring the same level of care at each location. Despite the identified areas for growth, SPBH was considered a benefit to the community. The organization was lauded for providing necessary mental health and substance use recovery services, connecting people to resources for other needs, and making people feel like they had someone to help them when going through a difficult time.

Notable Key Themes

- Mental Health and Substance Use:
  - Generational and family history of mental health or substance use issues often cause people to have issues of their own
  - A person's environment heavily influences their mental health and substance use
  - Trauma can be a major factor in mental health and substance use issues
  - Stress related to jobs, income, cost of living, and affording healthcare can lead to mental health concerns or substance use
  - Transportation is a barrier that prevents people from reaching necessary services, especially in the rural parts of the county
  - Special populations to be concerned about: individuals in the criminal justice system, homeless individuals and families, youth, elderly, and individuals with different abilities (disabilities) or serious mental illness
- Stigma:
  - Many people feel stigma or judgment from others because they have a mental health or substance use issue or because they are seeking help for it
  - Stigma in healthcare settings is a big concern
  - Increase community partnerships, resources, and activities to connect with people and help reduce any stigma related to SPBH, mental health, and substance use
  - Many people are reluctant to ask for help
  - There is a stigma attached to SPBH's name because it's the only place for many people to go to; people feel like they will be labeled as drug users or judged for going to SPBH, and it's a place that many people go to meet requirements for legal issues like DUI
- Starting Point Behavioral Healthcare:
  - Positives
    - Passionate and kind staff
    - Welcoming and comfortable environment
    - Offers a wide range of services to fit each person's needs
    - Builds a lot of community partnerships
    - Options for people to get help even if they can't afford it
    - Excellent quality of care
    - Provides practical skills, knowledge, and additional resources
  - Room for Improvement
    - The phone system needs improvement as many people who call have a difficult time getting someone on the line or must be on hold for a while
    - More marketing and community outreach efforts
    - Social media use
    - Improve functionality of the website to include patient information like appointments, group therapy times, and registration
    - Staff turnover and burnout
    - Communication with staff and patients
    - Wait times and patient experiences may be different for different locations
  - Community Impact
    - Many people in the community have had a positive impact from SPBH
    - Forming partnerships with other medical and community organizations to provide more resources and better care coordination for patients

- A great place to begin healing for many people
- Having multiple locations and some services that go out into the community are very helpful
- Drop-in centers provide opportunities and resources for people with different abilities or serious mental illness

Starting Point Behavioral Healthcare Organizational Data

This section discusses data collected by SPBH related to the Key Driver *Community-responsive Staffing and Services*. SAMHSA requires CCBHCs to collect, track, and report on data related to nine different categories (NCMW, n.d.). It is important to identify the characteristics of individuals receiving services from SPBH to better understand how SPBH is reaching the community in the service area and how they are addressing any disparities related to mental health and substance use. Additionally, this internal organizational data, along with identifying community needs, can help inform services, locations, hours of operation, staffing, and training.

Characteristics of People Receiving Services

Exhibit 112 displays some characteristics of people receiving services from Starting Point Behavioral Healthcare (SPBH). SPBH has reported this data in specific time periods for comparison: the start of the calendar year to the start of CCBHC grant Year 1 (January 1, 2022 to September 30, 2022), Year 1 of CCBHC grant (October 1, 2022 to September 29, 2023), and Year 2 of CCBHC grant (October 1, 2023 to September 30, 2024). It's important to note that no Hispanic/Latino category was available for selection—these individuals likely selected multiracial, other, or uncategorized when registering as a patient at SPBH. About 51% of SPBH clients were female, and 49% were male. Between 71–75% of clients identified as White alone for their race/ethnicity, 9% identified as Black or African American, and about 8% identified as multiracial. Two-thirds of SPBH clients were aged 18–59 years, and between 18–23% were under age 18. Most clients live in Yulee or Fernandina Beach, although about 19% of clients live outside of Nassau County.

EXHIBIT 112: CHARACTERISTICS OF PEOPLE RECEIVING SERVICES FROM SPBH

Data Indicator	Before CCBHC (1/1/22–9/30/22)	CCBHC Year 1 (10/1/22–9/29/23)	CCBHC Year 2 (10/1/23–9/30/24)
Total number of people who received services	2,863	3,519	3,682
Male	1,335	1,668	1,772
Female	1,515	1,826	1,882
Unknown / Uncategorized	13	25	28
Age Group			
Under 18 years	665	785	680
18 to 59 years	1,914	2,359	2,546
60 years and over	271	360	442
Unknown / Uncategorized	13	15	14
Race/Ethnicity			
White alone	2,150	2,531	2,633
Black or African American alone	243	303	318
American Indian / Alaska Native alone	2	6	5
Asian alone	16	13	14
Native Hawaiian / Other Pacific Islander alone	7	5	4
Some other race alone	30	30	56
Multiracial	221	291	298
Unknown / Uncategorized	194	340	354
ZIP Code			
Bryceville (32009)	45	41	40
Callahan (32011)	332	420	404
Fernandina Beach (32034, 32035)	799	944	1,014
Yulee (32041, 32097)	794	1,025	1,127
Hilliard (32046, 32048)	348	402	373
Other	545	687	724

Source: Starting Point Behavioral Healthcare, 2025.

Additional characteristics of people receiving services from SPBH are displayed in Exhibit 113. It is important to note that clients may have several payment types due to billing processes, coverage amounts, or services received. Duplication may also occur due to multiple appointments or services received within a specific time period. Most clients (66%) received some grant or program funding to assist with payments for services, while about 22% used private insurance. Roughly two-thirds of clients reported having an annual income level of less than $25,000, and about 23% reported an annual income level between $25,000 and $100,000. About 73% of clients reported having an education level of a high school diploma or less than high school completed, although this percentage could be high due to the number of youth that SPBH serves. Roughly 24% of clients reported completing some college education or receiving a degree. The most reported employment statuses include unemployed (31%), employed (24%), student (24%), and disabled (13%). About 3% of the clients SPBH serves are veterans or active military members, and another 3% reported being homeless.

Data Indicator	Before CCBHC (1/1/22–9/30/22)	CCBHC Year 1 (10/1/22–9/29/23)	CCBHC Year 2 (10/1/23–9/30/24)
Annual Household Income ($)			
Under 1,500	1,635	2,005	2,712
1,500–24,999	1,797	1,969	2,318
25,000–34,999	368	371	543
35,000–49,999	412	468	662
50,000–74,999	306	364	396
75,000–99,999	109	125	166
100,000–149,999	65	73	121
150,000–199,999	21	33	42
200,000 and over	6	13	12
Unknown	410	444	466
Insurance or Payment Type			
Medicaid	200	213	257
Medicare / Medicare Advantage	190	236	263
Private (Aetna, BCBS, United Healthcare, etc.)	1,227	1,253	1,694
Tricare	82	50	27
Adult Drug Court	45	60	117
Grant / Program funding	3,340	3,939	4,922
Other / not reported (NULL)	87	114	157
Educational Attainment			
Less than High School	2,021	2,271	2,791
High School Diploma or GED	1,770	2,038	2,604
Technical, Trade, or Vocational School	51	40	63
Some College	586	669	897
Two-Year / Associate's Degree	211	270	369
Four-Year / Bachelor's Degree	312	387	477
Graduate / Advanced Degree	69	71	120
No years of schooling	36	38	39
Special School	5	3	9
Other	4	8	7
Unknown	64	70	62
Employment Status			
Employed	1,245	1,353	1,857
Unemployed	1,586	1,861	2,280
Disabled	650	806	963
Retired	169	203	301
Student	1,285	1,403	1,654
Other	118	135	222
Unknown	86	146	177

Special Populations			
Veterans / Active Military	133	170	217
Homeless	120	177	211

Source: Starting Point Behavioral Healthcare, 2025.

Exhibit 114 displays the estimated number of mental health diagnoses from services provided by SPBH. This data does not represent the number of individuals with a diagnosis because clients receiving services from SPBH may have multiple diagnoses, multiple appointments, and multiple services received; therefore, some duplication occurs. SPBH assisted with the analysis by providing the diagnosis categories. The most frequent mental health diagnoses served include Depressive Disorders (27%), Trauma and Stressor-related Disorders (23–26%), Bipolar and Related Disorders (14–18%), Neurodevelopmental Disorders (9–12%), and Schizophrenia Spectrum and Other Psychotic Disorders (8–10%).

EXHIBIT 114: MENTAL HEALTH DIAGNOSES OF PEOPLE RECEIVING SERVICES FROM SPBH

Diagnosis Category	Before CCBHC (1/1/22–9/30/22)		CCBHC Year 1 (10/1/22–9/29/23)		CCBHC Year 2 (10/1/23–9/30/24)	
	Count	%	Count	%	Count	%
Depressive Disorders	2,367	27.3%	2,556	25.9%	3,406	27.1%
Trauma- & Stressor-Related Disorders	2,296	26.5%	2,316	23.4%	2,917	23.2%
Bipolar & Related Disorders	1,227	14.1%	1,830	18.5%	2,364	18.8%
Neurodevelopmental Disorders	1,005	11.6%	1,080	10.9%	1,140	9.1%
Schizophrenia Spectrum & Other Psychotic	717	8.3%	946	9.6%	1,225	9.8%
Anxiety Disorders	647	7.5%	718	7.3%	860	6.8%
Disruptive, Impulse-Control, & Conduct	48	0.6%	59	0.6%	62	0.5%
Obsessive-Compulsive & Related	33	0.4%	38	0.4%	59	0.5%
Neurocognitive Disorders	24	0.3%	50	0.5%	116	0.9%
Gender Dysphoria	8	0.1%	8	0.1%	8	0.1%
Personality Disorders	4	<0.1%	10	0.1%	32	0.3%
Somatic Symptom & Related Disorders	4	<0.1%	1	<0.1%	4	<0.1%
Feeding and Eating Disorders	1	<0.1%	2	<0.1%	0	0.0%
Sleep-Wake Disorders	0	0.0%	2	<0.1%	11	0.1%
Dissociative Disorders	0	0.0%	1	<0.1%	1	<0.1%
Sexual Dysfunctions	0	0.0%	0	0.0%	2	<0.1%
Paraphilic Disorders	0	0.0%	0	0.0%	2	<0.1%
Elimination Disorders	0	0.0%	0	0.0%	0	0.0%
Other Mental Disorders*	298	3.4%	266	2.7%	359	2.9%

Source: Starting Point Behavioral Healthcare, 2025.
Note: Disorders that do not fit into other categories but cause distress.

Exhibit 115 displays the estimated number of substance-related and addictive disorder diagnoses from services provided by SPBH. This data does not represent the unique number of individuals with a diagnosis because people receiving services from SPBH may have multiple diagnoses, multiple appointments, and multiple services received, so therefore, some duplication occurs. SPBH assisted with the analysis by providing the diagnosis categories. The most frequent substance use diagnoses

served include Opioid Use Disorders (33–35%), Alcohol Use Disorders (30–31%), Stimulant Use Disorders (11–14%), Amphetamine Use Disorders (7–10%), and Cannabis Use Disorders (7–9%).

EXHIBIT 115: SUBSTANCE-RELATED & ADDICTIVE DISORDERS DIAGNOSES OF PEOPLE RECEIVING SERVICES FROM SPBH

Diagnosis Category	Before CCBHC (1/1/22–9/30/22)		CCBHC Year 1 (10/1/22–9/29/23)		CCBHC Year 2 (10/1/23–9/30/24)	
	Count	%	Count	%	Count	%
Opioid Use Disorders	1,153	35.3%	1,318	35.3%	1,937	33.2%
Alcohol Use Disorders	1,019	31.2%	1,113	29.9%	1,747	29.9%
Stimulant Use Disorders	374	11.4%	413	11.1%	829	14.2%
Amphetamine Use Disorders	236	7.2%	265	7.1%	575	9.9%
Cannabis Use Disorders	218	6.7%	348	9.3%	413	7.1%
Cocaine Use Disorders	87	2.7%	135	3.6%	155	2.7%
Tobacco or Nicotine Use Disorders	12	0.4%	18	0.5%	12	0.2%
Hallucinogen Use Disorders	1	<0.1%	1	<0.1%	2	<0.1%
Gambling Disorder	0	0.0%	0	0.0%	0	0.0%
Other Substance Use Disorders	170	5.2%	118	3.2%	168	2.9%

Source: Starting Point Behavioral Healthcare, 2025.

CCBHC Services, Staffing, and Operations

Starting Point Behavioral Healthcare (SPBH) has five locations in Nassau County, including three clinics and two drop-in centers. The clinics operate from 8:00 a.m. to 7:00 p.m. Monday through Thursday and from 8:00 a.m. to 5:00 p.m. on Friday. The Fernandina Beach Drop-In Center is open from 6:00 a.m. to 2:00 p.m. Monday through Friday, and the Hilliard Drop-In Center is open from 8:00 a.m. to 4:00 p.m. Monday through Friday. SPBH has no waitlist for appointments because they have Same-Day Access (Open Access) for patients. The Yulee clinic has Open Access on Monday, Tuesday, and Thursday from 8:00 a.m. to 12:00 p.m.; the Fernandina Beach clinic has Open Access on Friday from 8:00 a.m. to 12:00 p.m.; and the Callahan clinic has Open Access on Wednesday from 10:00 a.m. to 4:00 p.m. and Friday from 8:00 a.m. to 12:00 p.m. Exhibit 116 lists the numbers of people receiving different types of services at SPBH. The most frequently utilized services at SPBH include Peer Services, Medication Management, Individual Therapy, Comprehensive Assessment, and Care Coordination.

EXHIBIT 116: NUMBER OF PEOPLE RECEIVING TYPES OF SERVICES FROM SPBH

Type of Service	Before CCBHC (1/1/22–9/30/22)	CCBHC Year 1 (10/1/22–9/29/23)	CCBHC Year 2 (10/1/23–9/30/24)
Peer Services	2,656	2,928	2,960
Medication Management	1,478	1,654	1,622
Individual Therapy	1,223	1,311	1,316
Comprehensive Assessment	982	1,105	1,146
Care Coordination	394	528	725
Group Therapy	401	471	229
Case Management	91	161	165
MAR (Medication Assisted Recovery)	65	118	166
Psychosocial Rehabilitation	110	113	119
Family Therapy	73	98	119
Total number of people who received services	**2,863**	**3,519**	**3,682**

Source: Starting Point Behavioral Healthcare, 2025.

Starting Point Behavioral Healthcare has more than 100 staff members, including 69 clinical staff. The numbers of each type of clinical staff are presented in Exhibit 117.

EXHIBIT 117: NUMBER AND TYPE OF STAFF AT SPBH

Type of Staff	Number
Medical Director	1
Clinical Director	1
Director of Quality Improvement	1
Compliance Specialist	2
APRN	3 FTE, 2 PTE
Medical Assistant	3
Medical Receptionist	2
Prevention Coordinator	3
Care Coordinator	5
Mobile Response Team Counselor	2
Behavioral Health Counselor	10 FTE, 1PTE
Intake Specialist	2
PSR Counselor	4
Drop-In Center Coordinator	1
Case Manager	6
Peer Specialist	12
Centralized Scheduler	1
Registration Clerk	7
Total	**69**

Source: Starting Point Behavioral Healthcare, 2025.

Before being awarded the CCBHC grant, SPBH had challenges implementing measurement-based care. Clinical staff were required to complete specific measures at intake but failed to continue

monitoring the client's progress through a reassessment of those intake measures. Since receiving the CCBHC-PDI grant in 2022, SPBH has integrated a measurement-based care platform called Owl into the Electronic Health Record (EHR). The platform automatically assigns individuals a "bundle" of screening measures to complete at intake. These measures include the PHQ-9, GAD-7, DAST, AUDIT, and ACES for adults and the PHQ-9A, GAD-7, and CRAFFT for children. After intake, clinicians are required to identify measures that align with the individual's treatment plan goals and objectives to monitor their progress. Exhibit 118 lists the most frequent screenings completed at SPBH.

EXHIBIT 118: MOST FREQUENT SCREENINGS COMPLETED AT SPBH

Type of Service	Before CCBHC (1/1/22–9/30/22)	CCBHC Year 1 (10/1/22–9/29/23)	CCBHC Year 2 (10/1/23–9/30/24)
CRAFFT 2.1	1,542	1,662	1,846
C-SSRS: Screener-SR	1,545	1,665	1,676
PHQ-9 & PHQ-9A	788	1,334	2,514
GAD-7	525	450	1,979
ACES-Q	0	121	1,472
AUDIT-C (Screener)	290	396	826
DAST-10	172	302	767
DLA-20	180	232	339
WHO-5	0	158	183
COWS	50	69	74
Other	1,543	217	251
Total number of screenings completed	**6,635**	**6,606**	**11,927**

Source: Starting Point Behavioral Healthcare, 2025.

Effective Partnerships and Care Coordination

Establishing partnerships within and beyond the local community and collaborating effectively are essential to building healthy communities. Many organizations determine that community improvement cannot be achieved alone; therefore, finding other organizations to partner with is vital. Community partners often share a similar mission or vision and work together to share resources, coordinate care and services for community members, and may even develop an action plan to address needs in their service area. In addition to strong organizational leadership and resources, community member involvement is crucial to developing effective partnerships and providing appropriate care coordination (Fawcett et al., n.d.).

Key Stakeholder Interviews

Conducting interviews with key community leaders is an effective method for capturing qualitative data and gaining candid insights into people's thoughts and feelings on various subjects. Interviews are defined as purposeful conversations on a specific topic. They prove especially beneficial when seeking in-depth, comprehensive information about community perceptions and assumptions (Vilela, n.d.).

A vital part of the *Community Strengths and Themes Assessment* in the MAPP model is gathering feedback from community stakeholders and partner organizations. This section has been labeled *Effective Partnerships and Care Coordination* for this CNA to match the Key Drivers. This part of the

assessment directly engages community leaders and representatives from partner organizations to gather feedback on mental health, substance use, health care services, community well-being, and access to care. Through stakeholder interviews and organization data, Starting Point Behavioral Healthcare (SPBH) sought to understand community health issues and concerns from the stakeholders' perspectives and assess how well the organization is serving the community members. From November 2024 to February 2025, 15 key stakeholder interviews were conducted with the cooperation of SPBH and Nassau County community organizations.

SPBH compiled a list of possible key stakeholders in the community and made initial contact with the interviewees. The list included law enforcement, healthcare representatives, community-based organization representatives, government officials, and more. HPCNEF staff conducted 15 interviews through Microsoft Teams meetings during November 2024 and February 2025. The average interview lasted approximately 15–20 minutes. The instrument used to conduct the interviews is presented in Appendix C-2.

Interview Analysis

Key stakeholders who participated in these interviews included representatives from Baptist Medical Center Nassau, Barnabas Center, the Board of County Commissioners, CCBHC Advisory Council, Cross the Line Foundation, the Fernandina Beach City Commission, the Fernandina Beach Police Department, the Fourth Judicial Circuit Court, the Florida Department of Health in Nassau County (DOH-Nassau), the County Manager's Office, the Nassau County Chamber of Commerce, the Nassau County School District, and Rebel Recovery Jacksonville. The key stakeholders had varying levels of experience in the community, ranging from 3.5 years to their entire lifetime. Four stakeholders have over 25 years of experience living or working in the community. Some key stakeholders did not provide an answer to every question asked. There is some duplication of subject matter and feedback among categories. A summary of their responses to each question follows. This section of the report summarizes what the community stakeholders reported without assessing the credibility of their comments.

Key Stakeholders' positions:
The stakeholders represent a diverse group of cross-sector professionals spanning law enforcement, healthcare, education, government, and community outreach. Several individuals hold leadership positions, such as the CEO of Barnabas Center, the President of the Nassau County Chamber of Commerce, and the Assistant County Manager, all of whom influence policy and resource distribution. Others, like the ARNP, the Baptist Nassau coordinator, and the Community Engagement Liaison with DOH-Nassau, focus on healthcare access, mental health, and public education. Law enforcement and judicial perspectives are represented by the Deputy Chief of the Fernandina Beach Police Department and multiple judges. The presence of elected officials, such as county and city commissioners, further emphasizes the role of governance in addressing community needs. Additionally, individuals involved in youth engagement, substance recovery, and veteran support showcase the community's dedication to mental health, education, and social services. When considered together, these perspectives offer a comprehensive view of Nassau County's significant challenges and the collaborative efforts needed to address them.

How long Key Stakeholders have lived and/or worked in Nassau County:
The stakeholders have varying residency and work experience levels in Nassau County, ranging from just a few years to lifelong residents. Many of these interviewees have deep-rooted connections to

the community, with some living in Nassau County for over 40 years and multiple generations of their families residing there. Others have only been working and/or living in Nassau County for a few years. Some stakeholders live outside the county but were still able to provide insight into Nassau County through their professional roles. This mix of long-term residents and individuals who have only been in the county for a few years provides a blend of historical knowledge and fresh perspectives, which can be valuable in addressing community needs and driving positive change.

Key Stakeholders' understanding of what Starting Point Behavioral Healthcare does in Nassau County:

Key Stakeholders seem to have a strong understanding of SPBH and what the organization does in Nassau County. The following is a summary of the key stakeholders' responses on the services that SPBH offers to the Nassau County community and how the organization supports individuals with behavioral health issues.

SPBH serves as the primary provider of mental health and substance use services in Nassau County, offering a wide range of programs to support individuals in need. The organization operates on a multi-faceted approach by providing outpatient mental health and substance use recovery services, case management, peer support, and crisis intervention. It is known for its community-based approach, ensuring accessibility through sliding scale fees for low-income individuals and partnerships with schools, law enforcement, and healthcare providers.

Furthermore, SPBH plays a crucial role in the justice system by working closely with law enforcement, drug and mental health courts, and forensic programs in Hilliard. The organization provides support for individuals navigating the legal system due to mental health or substance use issues, offering treatment and counseling as alternatives to incarceration. Also, the organization collaborates with the Fernandina Beach Police Department (FBPD) on programs like the Mobile Response Team (MRT) and co-response initiatives, helping officers address behavioral health crises in the community.

Education and prevention are also key aspects of SPBH's work. The organization facilitates life skills training for elementary students, supports the Teen Mental Health First Aid program for high schoolers, and conducts suicide prevention and mental health awareness trainings. Additionally, SPBH partners with Baptist Health and local schools to provide education and resources for early intervention and crisis prevention.

As a nonresidential behavioral health provider, SPBH offers Medication-Assisted Recovery (MAR) for substance use disorders (including Vivitrol treatment) and distributes Narcan to help prevent opioid overdoses. The organization also staffs peer support specialists in the Baptist Emergency Department, enabling individuals experiencing a crisis to receive immediate care and follow-up services.

Beyond direct services, SPBH is actively involved in advocacy efforts at the state level, working to secure funding and policies that enhance mental health resources in Nassau County. They host community events like the Glow Up Festival to promote mental health awareness and reduce stigma.

While SPBH has grown from its origins as an addiction recovery facility, it remains deeply committed to substance use treatment while expanding its scope to include comprehensive mental health care. The organization continues to evolve, addressing service gaps and increasing accessibility through mobile response teams, school-based programs, and community outreach efforts. Its extensive

network, multi-tiered approach, and dedication to advocacy make it an invaluable safety net for behavioral health in Nassau County.

Factors that contribute to mental health and substance use issues in the community, according to Key Stakeholders:

A combination of social, economic, and environmental factors influences mental health and substance use issues in Nassau County. One of the primary stressors for residents is the challenge of managing daily life. Adults battle with work-life balance, financial pressures, and family responsibilities, while children and adolescents face increasing academic and social stress. The growing demand for mental health support among younger students, particularly those in kindergarten through second grade, underscores an urgent need for early intervention. However, the limited availability of mental health providers, especially those who accept specific insurance, creates a significant barrier to care. This shortage leaves many families without the necessary support, further exacerbating existing challenges.

The county's geographic and economic diversity also plays a role in shaping mental health and substance use patterns. Rural areas face distinct difficulties, including fewer healthcare services, limited transportation options, and economic instability. Many individuals in these communities resort to self-medication with drugs or alcohol due to a lack of accessible professional care. In contrast, Amelia Island, known for its tourism industry, has different risk factors, as vacation culture often encourages higher alcohol consumption. The presence of hotels, resorts, and seasonal visitors can contribute to an environment where substance use is more socially accepted, potentially influencing long-term behavior among residents.

Poverty and economic insecurity are deeply intertwined with mental health and substance use struggles. Many residents experience financial hardship, which limits their ability to afford stable housing, reliable transportation, and healthcare services. The lack of affordable housing forces some individuals into precarious living situations, increasing stress and vulnerability to substance use as a coping mechanism. Additionally, Nassau County's public transportation system is virtually nonexistent, making it difficult for residents to access mental health and substance use treatment. Those participating in mental health court programs often miss appointments due to transportation barriers, which may sometimes jeopardize their recovery progress and legal standing. The reliance on informal transportation networks can also be problematic, as individuals may have to depend on people who could counteract their recovery efforts.

Broader societal and cultural norms also influence substance use trends in Nassau County. The county's status as a gateway into Florida may contribute to drug exposure, particularly with methamphetamine and fentanyl becoming increasingly prevalent. Additionally, marijuana use among youth remains a concern, as it can serve as a gateway to more dangerous substances later in life. While young generations are becoming more open to discussing mental health and adopting coping strategies, stigma continues to be a significant barrier for community members. Many individuals delay seeking treatment due to fear of judgment, which can worsen their conditions over time.

Certain marginalized groups face additional challenges when accessing mental health and substance use services. Black, Indigenous, Hispanic, Asian, and other people of color experience racism and discrimination, leading to feelings of isolation and exclusion from the broader community. Similarly, LGBTQ+ individuals, particularly transgender residents, lack dedicated support programs tailored to their specific needs. Veterans also grapple with specific mental health concerns, often tied to their

sense of identity and worth, and their difficulties transitioning into civilian life. Many turn to alcohol as a means of coping, highlighting the need for targeted interventions that address the mental health challenges of this population.

The COVID-19 pandemic further exacerbated mental health and substance use problems across the county. Increased isolation, economic uncertainty, and disruptions to daily life created additional stressors, particularly for vulnerable populations. Many individuals who were already struggling found themselves in worsening conditions with even fewer resources available.

Mental health and substance use treatment services that Key Stakeholders know are available for adults and children:
Nassau County offers a variety of mental health and substance use treatment services, though access and availability challenges remain, particularly for specialized care. The court and justice system play a significant role in connecting individuals with treatment through programs such as drug courts, mental health courts, and veterans' courts. These diversion programs aim to provide rehabilitation and support rather than solely focusing on punishment. Additionally, the Mobile Response Team (MRT) program is available to help individuals address problematic thinking patterns and behaviors.

SPBH is the county's primary mental health provider, serving insured and uninsured individuals. Its services include outpatient treatment, substance use programs, and mobile outreach through a bus that brings care to rural areas, which improves accessibility. While SPBH is a crucial resource, there is still a gap in available providers, particularly for youth behavioral health services and Applied Behavior Analysis (ABA) therapy for children with communication challenges. Many families must seek services outside the county, especially for inpatient care.

Private mental health providers have increased in number over the last few years, offering more therapy options for residents with insurance. However, substance use treatment options remain limited. Detox services, for example, require patients to travel to Jacksonville hospitals. Nonresidential behavioral health services are available, but there remains a need for more comprehensive substance use treatment within the county. Some individuals also receive support through faith-based programs, helplines, and virtual telehealth services; these options help fill gaps in care but may not be sufficient for those with severe needs.

Support groups and community resources also contribute to mental health and substance use care. NAMI (National Alliance on Mental Illness) provides peer support groups for individuals and families affected by mental health conditions. Mr. Greens, a halfway house, offers community support for those in recovery. Additionally, some employees have access to mental health services through Employee Assistance Programs (EAPs), which provide a limited number of free therapy sessions.

For youth, services are more limited, particularly regarding early intervention and prevention. Some juveniles are required to take vaping courses through the juvenile justice system as part of substance use prevention efforts. Judge Higginbotham has worked with SPBH to improve access to youth mental health services, yet more prevention education and youth-focused programs are needed. The lack of specialized behavioral health support for children, particularly those who are nonverbal or struggle with self-expression, remains a significant gap in the county's services.

While Nassau County has several mental health and substance use treatment resources, there are still considerable gaps in accessibility, especially for youth and individuals requiring inpatient care.

Expanding prevention education, increasing behavioral health provider availability, and improving transportation to services could combat these ongoing challenges.

Challenges or barriers that community members face when trying to access mental health or substance use services in Nassau County, according to Key Stakeholders:

One of the most significant barriers to accessing mental health and substance use services in Nassau County is a general lack of awareness. Many residents do not know what services are available, how to access them, or what resources exist to help them navigate the system. This lack of knowledge is especially problematic for vulnerable populations such as individuals experiencing homelessness, who often struggle to find shelter, let alone access mental health and substance use treatment. Homeless veterans, in particular, face additional challenges in connecting with the resources they need. The lack of shelters or designated places for unhoused individuals further complicates their ability to seek consistent care.

Transportation remains one of the most pressing issues in the county, particularly for those living in rural areas like Callahan, Bryceville, and Hilliard. Most services are concentrated in Yulee and Fernandina Beach, leaving residents of West Nassau County with limited access. The lack of reliable public transportation makes it difficult for individuals to attend appointments, forcing some to forgo treatment altogether. While telehealth could be an alternative, insufficient internet access in rural areas creates another barrier to care. Even in more developed parts of the county, transportation challenges continue to impair people's ability to seek timely care.

Long wait times for services also create significant obstacles. Many mental health providers are booked months in advance, making it difficult for individuals to receive timely intervention. Although SPBH offers open enrollment services, wait times can still be long, and same-day access is not guaranteed. Some individuals report waiting for hours just to be seen. For children and adolescents, scheduling treatment can be particularly challenging, as appointments often require missing school due to limited provider availability outside regular business hours. Additionally, Nassau County lacks respite care options for children struggling with mental health or substance use issues, leaving families with few options for short-term relief and support.

Financial barriers further prevent many residents from accessing care. The high cost of living, insurance limitations, and general confusion about healthcare costs contribute to the perception that mental health and substance use treatment are unaffordable. Many people may not seek care simply because they assume they cannot afford it. Insurance-related issues, including coverage restrictions and out-of-pocket costs, make it even harder for people to receive the treatment they need. Increased health education and assistance in navigating insurance options could help address these financial concerns.

The stigma surrounding mental health and substance use remains a significant cultural barrier in the community. Many individuals fear judgment from others for seeking treatment, which can deter them from getting the help they need. Cultural norms often discourage open discussions about mental health, making it difficult for people to acknowledge their struggles and seek professional assistance. This stigma is particularly pronounced in certain demographics, including veterans, who may struggle with issues of self-worth and the transition to civilian life. Additionally, racial and LGBTQ+ prejudice can further discourage individuals from accessing available services because they may feel unwelcome or unsupported in the community.

Another major challenge is the lack of inpatient and long-term residential treatment facilities within Nassau County. Most inpatient services require individuals to travel to Jacksonville, creating additional financial and logistical barriers. Even the facilities that do exist in nearby areas often face capacity issues, making it difficult for residents to secure a spot when needed. There is also a shortage of mental health providers overall, limiting options for those seeking specialized care. Expanding local provider networks and securing more funding to maintain and grow mental health programs would help overcome these shortages.

Lastly, Nassau County faces unique public health concerns related to substance use. The presence of major roadways and tourism areas like Amelia Island has led to an influx of drugs into the community. The county also lacks centralized harm reduction programs, making it difficult to support individuals who engage in injection drug use or other high-risk behaviors. While DOH-Nassau provides HIV testing, there is uncertainty about the availability of wrap-around services for at-risk populations. Greater investment in harm-reduction education and outreach programs could help address these gaps and provide better support for individuals struggling with substance use disorders.

Ideas, attitudes, and/or beliefs Key Stakeholders have heard from community members regarding mental health and substance use:
A mix of awareness gaps, cultural norms, and systemic challenges shapes community attitudes toward mental health and substance use in Nassau County. A general lack of awareness is one of the most significant barriers to addressing these issues. Many community members are unaware of the services available or how to navigate the system, making it difficult for those seeking help. This lack of knowledge extends to both mental health and substance use disorders, contributing to misconceptions and reinforcing stigma. Additionally, certain populations, such as veterans, face unique challenges in accessing services, with many struggling to obtain the support they need due to bureaucratic barriers or a reluctance to seek help because of cultural attitudes within the military community. Suicide and mental health struggles among veterans remain pressing concerns, highlighting the need for more targeted outreach and intervention.

Stigma remains one of the biggest obstacles in addressing mental health and substance use in the county. Many individuals struggle with admitting they need help, as there is a deeply ingrained belief that seeking mental health care is a sign of weakness. This stigma is particularly evident in the veteran community, where acknowledging struggles with mental health is often seen as a failure rather than a necessary step toward recovery. Additionally, the broader community still harbors negative attitudes toward those dealing with addiction. The idea that addiction is a personal failing rather than a medical condition creates a persistent shame cycle that discourages individuals from seeking treatment. The stigma extends to the services meant to help; for example, SPBH receives negative feedback from those who have been court-mandated to attend its programs, leading others to avoid seeking help there for fear of being labeled as a drug user.

Cultural and demographic factors also play a role in shaping beliefs about mental health and substance use. Hispanic and Black or African American populations may face additional stigma due to cultural values that deter discussion of mental health issues or seeking professional help. Similarly, Nassau County's predominantly older and politically conservative demographic tends to be less progressive on these issues, potentially reinforcing attitudes that mental health and addiction should be dealt with privately rather than through community-wide initiatives.

Despite these challenges, there are signs of positive change. The community is becoming more open to discussing mental health; there is a growing desire to support those affected by substance use disorders. Many residents acknowledge the seriousness of the drug crisis and wish to assist individuals in recovering and rebuilding their lives. This is evident in the establishment of various specialized courts, including drug courts, mental health courts, and veterans' courts, which emphasize rehabilitation over punishment. These programs provide intensive supervision and treatment options to help individuals reintegrate into society, demonstrating a shift toward more compassionate approaches to substance use and mental health challenges.

However, barriers to care persist, particularly for youth. While schools have made progress in promoting positive messaging around mental health, more training is needed for teachers, coaches, and other adults who work with young people. Additionally, logistical issues such as appointment availability and privacy concerns prevent many from accessing care. Some individuals worry about the potential social consequences of seeking help, such as being judged by peers or experiencing professional repercussions. In an area like Amelia Island, where tourism and social drinking are central to the culture, living in what feels like a "24/7 cocktail party" environment can make it even harder for individuals to break free from substance use issues.

Economic pressures further exacerbate mental health struggles. The high cost of living, lack of affordable housing, and financial instability contribute to stress and mental health challenges, making it even harder for individuals to seek and afford treatment. Without sufficient mental health resources, many residents are left to navigate these difficulties alone, reinforcing cycles of substance use and untreated mental health conditions.

Populations of concern in Nassau County and recommendations to better serve them, according to Key Stakeholders:
Certain populations in Nassau County remain underserved in mental health and substance use treatment due to various systemic and logistical barriers. The most vulnerable include individuals experiencing homelessness, veterans, youth, Spanish-speaking residents, low-income individuals, older adults, and LGBTQ+ youth and young adults. Tackling these gaps will require targeted strategies such as increased funding, expanded access to services (both physical and virtual), and improved community outreach.

Homeless individuals and families face significant challenges in accessing care, often due to a lack of transportation, financial instability, and difficulty meeting basic needs. Without stable housing, seeking consistent mental health or substance use treatment becomes nearly impossible. Homeless youth and families need specialized support to break cycles of poverty and untreated mental health conditions. Increasing access to wraparound services, such as residential programs, transitional housing, and mobile outreach teams, would be beneficial in meeting their unique needs.

Veterans remain an underserved population, particularly given the stigma surrounding mental health in military culture. Many veterans deal with post-traumatic stress (PTS), alcohol and substance use, and suicidal ideation but may be hesitant to seek help. Improved coordination between veteran organizations, SPBH, and other local resources could help streamline care and provide specialized support tailored to their needs.

Youth, especially middle and high school students, represent another critical population requiring expanded prevention-focused mental health and substance use education. Vaping and other

substance use trends among adolescents demonstrate the growing need for early intervention and education on the risks of substance use. Additionally, students with untreated behavioral health conditions are at higher risk for negative long-term outcomes, including involvement in the juvenile justice system. Schools should integrate more mental health awareness programs, provide training for educators on how to discuss these issues with students, and offer more safe spaces for youth to seek help without stigma. Expanding telehealth services could also help students access care more conveniently.

Spanish-speaking residents, particularly on Amelia Island, encounter language barriers that prevent them from effectively utilizing mental health services. Increasing the availability of bilingual providers, interpreters, and culturally competent resources would help bridge this gap. Also, outreach efforts designed for Hispanic populations could improve trust and awareness of available services.

Low-income individuals and those experiencing financial hardship often forgo mental health treatment due to cost concerns, insurance limitations, and difficulties navigating the healthcare system. Many are also hindered by co-occurring health conditions, making integrated care approaches essential. Allocating more funding for subsidized mental health care, expanding satellite offices to rural areas, and offering transportation assistance (such as gas cards or tokens) could help eliminate barriers to treatment.

Older adults face distinct challenges, including social isolation, transportation limitations, and mobility concerns. Mental health issues among the elderly are often overlooked, even though conditions like depression and anxiety can significantly impact their quality of life. Providing more accessible telehealth options, in-home mental health visits, and transportation support would make it easier for older adults to receive care. Community centers and churches could also be leveraged as outreach hubs to connect seniors with available resources.

LGBTQ+ youth and young adults (aged 18–24) remain an underserved group, with inadequate mental health support tailored to their specific needs. Many LGBTQ+ individuals face stigma, discrimination, and family rejection, all of which increase their risk for mental health issues, substance use, and suicidal ideation. Creating more safe spaces, peer support programs, and LGBTQ-inclusive mental health services would help alleviate these disparities.

Recommendations for SPBH and the Community:
To better serve these populations, funding must be increased to support a broader range of services, particularly in prevention, early intervention, and transportation assistance. Expanding satellite offices throughout the county, especially in rural areas, would improve access for those who struggle to reach existing facilities. Enhancing virtual services through telehealth would afford more flexibility to patients, especially for those in remote locations or with mobility challenges.

Community-based solutions could also play a key role in addressing mental health needs. Partnering with local churches—both large and small—could help disseminate mental health education and outreach programs in trusted community spaces. Schools should also be more involved in prevention education; the district could train teachers, coaches, and other adults to recognize and support youth experiencing mental health or substance use challenges.

Public awareness campaigns could also help reduce stigma and inspire individuals to seek help. SPBH has already seen success with its Narcan distribution efforts in reducing overdoses—similar

outreach strategies could be used to promote mental health resources and encourage early intervention.

By confronting these gaps with targeted, community-driven strategies, Nassau County can ensure that its most vulnerable populations receive the support they need to access and engage in effective mental health and substance use treatment.

Key Stakeholders' views on gaps in the Nassau County mental health and substance use system of care:
The mental health and substance use system of care in Nassau County has several gaps that hinder effective service delivery, particularly for vulnerable populations. While some stakeholders feel that services are accessible and effective, others reflected on significant barriers still in place, including transportation issues, lack of awareness, limited facilities, workforce shortages, and coordination challenges among service providers.

Key stakeholders recognized that insufficient access to mental health and substance use care exists for special populations. Veterans experience difficulties accessing consistent care, which can exacerbate mental health issues and substance use disorders and even contribute to suicide risk. Youth and juveniles lack sufficient early intervention programs, particularly for substance use prevention (e.g., vaping and cigarette use). General behavioral health services for youth are needed, as untreated conditions can lead to long-term consequences. Older adults, especially those dealing with dementia or Alzheimer's, may struggle to find specialized care as many healthcare providers lack proper training to differentiate these conditions from other mental illnesses. Few services are tailored to Spanish-speaking residents, leading to difficulties in navigating the system.

Stakeholders also expressed concern about the lack of transportation services to and from mental health and substance use recovery services, as well as geographic barriers. Many residents, especially those in rural areas, face challenges in reaching available services. Since the primary behavioral health offices are in Jacksonville, Nassau County residents must rely on satellite support, which is not always sufficient. The lack of a dedicated crisis stabilization unit or detox facility in the county means that individuals in urgent need of care must travel out of the area, creating another barrier to treatment.

There is a shortage of residential mental health and substance use treatment programs, leaving many individuals without long-term care options. The county needs both inpatient mental health and substance use services to support individuals requiring intensive treatment. Medication-Assisted Recovery (MAR) is limited, with SPBH being the only major provider, restricting options for those who need opioid or substance use treatment. Additionally, syringe exchange programs and harm-reduction strategies are lacking despite their proven effectiveness in preventing the spread of diseases and reducing overdose deaths. Increasing harm-reduction efforts could help mitigate the public health impact of substance use.

While some stakeholders feel that referral systems and inter-agency coordination are strong, others believe that providers operate too independently rather than collaborating to fill service gaps. Competition between organizations can prevent efficient resource sharing. Furthermore, a lack of awareness about SPBH and its services is a major barrier, as people only learn about the organization when they actively search for help. There are also misconceptions—some believe SPBH

only serves individuals experiencing homelessness and/or drug use. Public education campaigns are needed to clarify what services exist and who they serve.

High staff turnover at SPBH and other behavioral health agencies affects the continuity of care. Patients may struggle with inconsistent providers, which can endanger their coping skills and treatment outcomes. Providers are sometimes restricted by policies and procedures that make it difficult to serve people effectively. First responders and healthcare providers need more training in handling mental health crises, particularly for populations like youth and older adults with cognitive impairments.

Finally, the justice system has a deficiency in early screening, intervention, and treatment planning. People entering the system require better access to assessments and mental health resources before their conditions worsen. The justice system could benefit from more wraparound services, improving the chances that individuals receive ongoing support rather than cycling through crisis care.

Improvements Starting Point Behavioral Healthcare could make to better serve patients and the community's needs, as suggested by Key Stakeholders:
SPBH is recognized for its essential services, but there are several areas in which improvements could enhance access to care, patient experience, and overall effectiveness. One major challenge is high staff turnover, which disrupts continuity of care and can prevent patients from building lasting relationships with providers. To address this, SPBH could focus on increasing recruitment and retention efforts by improving pay, benefits, and staff support systems. Incentives for long-term staff, along with mentorship and training programs, could help integrate new employees quickly and maintain consistent care for patients.

Access to services is another critical issue, as long wait times for crisis patients, limited inpatient and residential treatment options, and transportation barriers often prevent individuals from seeking help. Expanding crisis response capacity, advocating for more local inpatient facilities, increasing mobile crisis units and telehealth services, and providing transportation solutions such as ride vouchers or shuttle services would meaningfully improve accessibility. Additionally, housing remains a major barrier for individuals struggling with addiction and mental health issues. SPBH could partner with local organizations to create transitional housing with integrated mental health and addiction support and establish a homeless resource center where individuals can access shelter, case management, and other essential services.

Another area for improvement is marketing and community outreach. Many community members are unaware of SPBH's services or hold misconceptions about its role, and stigma surrounding mental health and addiction prevents individuals from seeking help. A multi-layered marketing campaign using social media, community outreach events, and informative messaging that normalizes mental health support could increase the organization's visibility and engagement with the public. Expanding SPBH's presence in schools, churches, and other community spaces would also help connect individuals with the resources they need.

Improving the intake process and service navigation is another key step in increasing effectiveness. Some individuals report being rejected during intake or feeling overwhelmed by the mental health system, leading to discouragement and lost opportunities for care. SPBH should ensure a compassionate intake process in which individuals are always guided toward available resources, even if the organization cannot provide the needed direct services. Implementing warm hand-offs to

partner organizations and developing patient advocacy efforts could help clients successfully navigate the system and maintain hope as they seek assistance.

Collaboration with the criminal justice system is another area where SPBH could expand its efforts. Many individuals with mental health or substance use issues enter the justice system without proper assessments or treatment referrals. While having an SPBH representative in court has been helpful, further efforts should be made to initiate early screenings for justice-involved individuals and expand treatment planning. Strengthening SPBH's presence in the courtroom and developing specialized treatment plans would reduce recidivism and improve outcomes for this population.

Finally, leveraging peer support and crisis intervention could significantly increase SPBH's impact on the community. Some individuals have mixed feelings about SPBH services due to past negative experiences or being mandated into treatment. Expanding the use of peer support specialists in hospitals, schools, and crisis response teams would make care more relatable and helpful. Increasing crisis intervention teams that operate independently of law enforcement and offering group support programs led by individuals with lived experiences could also encourage more people to seek help.

Overall, stakeholders acknowledge the vital services that SPBH provides but encourage targeted improvements in staffing, accessibility, community outreach, justice system collaboration, and peer support to enable the organization to serve the Nassau County community more effectively. By addressing these gaps, SPBH can ensure that more individuals receive timely and appropriate care, improving individual outcomes and overall community well-being.

Additional comments that Key Stakeholders shared about Starting Point Behavioral Healthcare or mental health and substance use in Nassau County:

SPBH plays a vital role in Nassau County, providing essential mental health and substance use services. Many in the community recognize and celebrate the organization's dedication, collaboration, and continuous efforts to fill service gaps despite funding and staffing challenges. SPBH's outreach to rural areas has been particularly valuable. There is a growing need for an office in the Wildlight area to keep pace with population growth. Although medical services are expanding in the area, a stronger mental health presence would ensure more comprehensive care.

SPBH has built robust partnerships with community providers, schools, and the justice system to address mental health and substance use challenges. The organization has earned recognition for its efforts, but there remains a critical need for inpatient care in both mental health and addiction treatment. Without a local residential facility, individuals must travel to Jacksonville or other cities for care. In response to these concerns, expanding transitional housing, halfway houses, and reentry programs would provide much-needed support for those recovering from substance use or mental health conditions.

A significant challenge SPBH faces is the high turnover of staff, which undermines the continuity of care for patients. Frequent provider changes mean that clients often struggle to build long-term relationships with therapists and case managers. These relationships are crucial for effective treatment. Stabilizing staff through better retention strategies, competitive salaries, and professional development opportunities would help maintain consistency and improve patient outcomes.

Despite its challenges, SPBH has made a meaningful impact on the community. Many people are unaware of the full range of services SPBH offers, and increasing public awareness through outreach campaigns could help more residents access care. Highlighting the organization's successes and

educating the public on available programs would combat stigma and encourage people to seek help. The organization has grown significantly over the years, expanding locations and scope of services and making care more accessible to those in need.

Workplace mental health remains an area that needs improvement, as stigma often prevents employees from seeking treatment. Encouraging businesses to prioritize mental health support and partnering with employers to promote mental wellness programs could be beneficial. Additionally, partnerships with organizations like Rebel Recovery could enhance peer support services, ensuring individuals receive help before, during, and after clinical treatment.

Overall, SPBH is a critical resource for Nassau County, filling gaps that government services do not address. While there will never be enough funding or providers to meet every need, the organization continues to expand and adapt to better serve the community. Local leaders and community members recognize the organization's importance in Nassau County. Moving forward, increasing inpatient and residential options, stabilizing staff, expanding outreach, and strengthening partnerships will further enhance SPBH's impact and ensure more residents receive the care they need.

Key Findings

Mental Health and Substance Use: Key stakeholders noted that the prevalence of mental health and substance use concerns in Nassau County comes from a variety of reasons. As a county with a large land area, Nassau County lacks centralized services for all parts of the county. As a result, residents, especially those in rural areas, are left with little to no access to necessary behavioral health services. There are also very limited providers and services within the county, often leaving individuals to seek services outside the county lines in cities such as Jacksonville. In addition, stress from daily life activities can be a significant contributor to the development of mental health issues and substance use in individuals. Additional factors, such as family history of behavioral health issues, stigma, and lack of support from social networks, can further complicate mental health and substance use issues for Nassau County residents. Not only does Nassau County lack the capacity to tackle the behavioral health needs of its residents, but individual factors, such as stigma and lack of support, also hinder the improvement of mental health and substance use concerns for residents.

Social and Economic Factors: In addition to major factors such as stress and stigma, Nassau County residents face other social and economic factors that can affect their mental health and ability to access needed services. The financial considerations associated with accessing services represent one of the numerous reasons that cause individuals' reluctance to seek care. Many individuals are already strained by their everyday finances, such as the cost of living, and paying for their behavioral health services represents an added financial burden. In addition, several stakeholders connected poverty and low socioeconomic status to mental health and substance use issues in the population. Others stressed the value of stable and affordable housing for individuals with mental health and substance use issues.

Barriers to Accessing Services: There are several fundamental barriers to accessing behavioral health services in Nassau County. Key stakeholders emphasized how insufficient transportation represents a considerable hurdle for residents due to unreliable public transportation options and a lack of in-county services. The minimal transportation options in Nassau County hinder residents from accessing their appointments and other resources in a timely manner. Gaps in the current infrastructure, including the lack of in-county specialty facilities, a shortage of behavioral health

providers, and insufficient coordination to maintain the continuum of care for patients, present significant barriers for individuals seeking help. At the personal level, a general lack of awareness of the available resources and services is another barrier that prevents individuals from accessing services. Key stakeholders recommended strengthening community partnerships, creating awareness and prevention campaigns, and increasing satellite offices throughout Nassau County.

Special Populations: While key stakeholders agreed that mental health and substance use concerns impact everyone in Nassau County, they considered a few special populations to face relatively more difficulty. The homeless population was mentioned as one of the largest special populations of concern; they often must balance the difficulties of accessing needed services while struggling to find stable housing and income. Young people, especially those in middle and high school, experience a deficiency of prevention initiatives and wraparound programs. This gap can result in detrimental long-term consequences if their mental and behavioral health needs go unaddressed during early development. Other populations of focus include veterans, older adults, non-English speaking populations, non-white populations, and LGBTQ+ populations.

Starting Point Behavioral Healthcare (SPBH): Many interviewed stakeholders recognized the importance of Starting Point Behavioral Healthcare in Nassau County's behavioral health landscape. As Nassau County's primary mental health and behavioral healthcare provider, SPBH offers a range of prevention initiatives, inpatient programs, and outpatient services to residents regardless of their ability to pay. While SPBH is broadening its programs to address the evolving needs of Nassau County, gaps remain in the behavioral health landscape that the organization can target moving forward. Positive actions include expanding locations for more centralized services so that residents can access care in-county and reduce travel and transportation barriers.

Internally, SPBH is not immune to high staff turnover trends that lead to inconsistencies with patients and community partnerships. Key stakeholders recommended that SPBH improve staff retention to ensure stability for patients and continued progress with their partners, ultimately reinforcing the behavioral health landscape of Nassau County.

Notable Key Themes
- Mental Health and Substance Use:
  - Nassau County is a large county with both rural and developed areas, but many of the behavioral health services are centralized in Yulee and Fernandina Beach, leaving rural areas, such as Bryceville, Hilliard, and Callahan, lacking access to necessary behavioral health services.
  - There has been an increase in drug use, such as methamphetamine, fentanyl, and marijuana use, in Nassau County over the last few years.
  - Stigma, other negative behaviors, and societal norms in one's environment can increase vulnerability for mental health and substance use issues, as well as prevent individuals from seeking necessary help.
- Social and Economic Factors:
  - Poverty and low socioeconomic status (low income, unstable housing) are factors that can lead to mental health and substance use issues.

- o Affordability of services acts as a decisive factor for individuals when seeking help, especially those who are already struggling financially. Individuals who are uninsured face additional difficulties in paying for services.
  - o Stable and affordable housing is key to protecting against mental and behavioral health concerns. Individuals who do not have stable and/or affordable housing may be at higher risk of mental health issues and substance use disorders, which can also hinder their treatment progress.

- Barriers to Accessing Services:
  - o Transportation is highlighted as one of the largest barriers to accessing services due to the lack of a county-wide public transportation system in Nassau County, preventing individuals from accessing their appointments in a timely manner or being able to access their appointments at all.
  - o Nassau County faces a shortage of mental and behavioral health providers, as well as a lack of specific facilities in-county to service residents seeking help, such as residential treatment facilities. This shortage forces individuals to seek care out of the county, such as Jacksonville, which is not often a plausible option.
  - o Geographically, those living in rural areas, such as Bryceville, Hilliard, and Callahan, face additional challenges to accessing services due to limited resources, often needing to seek services in Yulee and Fernandina Beach.
  - o The limited availability of services causes long wait lists, which can lead to individuals delaying seeking help since it is not immediately available.
  - o General unawareness of available services poses a major barrier at the individual level.

- Special Populations:
  - o The homeless population faces several challenges in accessing stable income and housing, which can increase vulnerability to mental health and substance use concerns. In addition, financial and housing challenges can hinder their progress in treatment.
  - o Youths, especially those in the middle and high school-age bracket, face concerns about their mental health and substance use, citing the need for prevention initiatives and services tailored to the youth population.
  - o Veterans and the military community face difficulty with access to mental and behavioral health services due to pre-existing stigma and struggles with transitioning back to civilian life.
  - o Nassau County lacks specific behavioral health and support services for LGBTQ+ populations, especially for youth and young adults.
  - o Non-white and non-English speaking populations face additional barriers to accessing services due to language barriers and racial bias.
  - o Tailoring awareness campaigns and vital partnerships in Nassau County, focused on interacting with these specific populations, can improve SPBH's reach and support of vulnerable communities.

- Starting Point Behavioral Healthcare (SPBH):
  - o SPBH is Nassau County's primary mental health and substance use recovery provider that serves individuals regardless of their ability to pay.

- The services provided by SPBH include therapy, Medication-Assisted Recovery (MAR), counseling, community outreach, and Narcan distribution.
- They have created many partnerships with local organizations, such as law enforcement, the judicial system, nonprofit organizations, hospital systems, and school districts, to expand their care coordination and outreach efforts.
- Staff recruitment and retention are areas of focus for SPBH to improve upon in the future to ensure that relationships with their clients and partnerships are consistent and maintained.

Starting Point Behavioral Healthcare Organizational Data

This section discusses data collected by SPBH related to the Key Driver, *Effective Partnerships and Care Coordination*. SAMHSA requires CCBHCs to collect, track, and report on data related to nine different categories (NCMW, n.d.). It is important to understand the number and types of partnerships that SPBH has established to assist with improved care coordination. This internal organizational data, along with input from community leaders and partners, can help identify gaps in the system of care and improve resource sharing and the referral network.

CCBHC Partnerships and Care Coordination

Starting Point Behavioral Healthcare has established formal care coordination agreements (e.g., MOAs and MOUs) with 22 community partners, alongside numerous informal arrangements. Partners and SPBH work together by sending referrals within the network to improve care coordination, quality of care, and resources for community members. Exhibit 119 displays the details of the formal care coordination partners.

EXHIBIT 119: FORMAL CARE COORDINATION PARTNERS OF SPBH

Name of Partner	Referral In / Out	Reason for Partnership
The Nest	In & Out	Resources
Wekiva Springs Center	In	Care Coordination
River Point Behavioral Health	In	Care Coordination
Mental Health Resource Center	In	Care Coordination
Baptist Medical Center Nassau	In	Care Coordination
Gateway Community Services	In & Out	Care Coordination
Angel Kids Pediatrics	In & Out	Behavioral Health Services
Department of Children & Families	In	Behavioral Health Services
Family Support Services	In	Behavioral Health Services
Jewish Family & Community Services	In	Behavioral Health Services
904 Health	In & Out	Resources
Nassau County Jail – Jail Bridge	In	Behavioral Health Services
Nassau County Jail – Wellpath	In	Behavioral Health Services
Rebel Recovery	In & Out	Resources
Northeast Florida Safety Council	In	Behavioral Health Services
988	In	Behavioral Health Services
Nassau County School District – MRT	In	Behavioral Health Services
Barnabas Center	In & Out	Resources
Mobile Unit – Ace Hardware	–	Mobile Unit Parking
Mobile Unit – Hilliard Pharmacy	–	Mobile Unit Parking
Mobile Unit – Callahan Methodist Church	–	Mobile Unit Parking

Source: Starting Point Behavioral Healthcare, 2025.

Intersecting Themes & Key Priorities

Key Issues Identified by Community Surveys

A total of 352 Nassau County community members participated in the survey. Responses were included for analysis if the participants answered at least 80% of the survey. In total, 334 responses were included in the analysis. The top themes from community survey respondents regarding mental health, substance use, health care services, and quality of life in Nassau County were:

- Lack of accessibility to services
- Limited specialty service options
- Increase education and awareness in the community
- Improving crisis response among providers
- Reducing stigma

Key Issues Identified by Focus Groups

A total of 37 participants provided input through five focus groups. Participants were recruited through volunteers from SPBH peer support staff, community support groups, and drop-in centers. The top

themes from focus group participants regarding mental health, substance use, health care services, and quality of life in Nassau County were:

- Reducing stigma
- Transportation barriers to accessing care
- Increase education and awareness in the community
- Positive community impact from SPBH
- Improving staff well-being and services provided by SPBH

Key Issues Identified by Key Stakeholder Interviews

Fifteen representatives from law enforcement, healthcare, community-based organizations, and local government participated in key stakeholder interviews to provide insight into mental health, substance use, health care services, community well-being, and access to care. The top themes from key stakeholders regarding mental health, substance use, health care services, and quality of life in Nassau County were:

- Shortage of mental health and substance use providers
- Reducing stigma
- Transportation barriers to accessing care
- Increase education and awareness in the community
- Expand SPBH services and improve staff retention

Key Issues Identified by Quantitative Data

Over 100 secondary data indicators were analyzed in the Community Needs Assessment. The following were determined as the top health issues or key themes in Nassau County:

- Access to healthcare
- Suicide, self-harm, and other mental health concerns
- Substance use among adults
- Substance use among children
- Social & economic factors

CCBHC Strengths and Challenges Identified by Organizational Data

More than 20 indicators of organizational data collected by Starting Point Behavioral Healthcare (SPBH) were analyzed for the Community Needs Assessment. This data included characteristics of people receiving services, staffing and services, and partnerships and care coordination efforts. The following were identified as strengths or challenges of SPBH:

- Strengths:
  - Reaching and serving a diverse population
  - Using available funding to increase affordability and access to care
  - Increasing the number of people served since becoming a CCBHC
  - Serving a range of mental health and substance use needs
- Challenges or Room for Improvement:
  - Expand Open Access hours to improve access to timely care

- Consider expanding the most frequently used services and match services provided to services desired by the community
- The number of staff may need to increase to meet the needs of the community appropriately
- Expand and improve partnerships and care coordination efforts

Identification of Priority Areas

On March 11, 2025, Starting Point Behavioral Healthcare (SPBH) staff and other CCBHC partners attended a virtual meeting to discuss the preliminary results of the 2025 CCBHC Community Needs Assessment (CNA). A team from the Health Planning Council of Northeast Florida, Inc. (HPCNEF) presented the CNA preliminary findings, which consisted of primary (community survey, focus groups, key stakeholder interviews) and secondary data that supported the overall themes and priority areas.

After the CNA findings were presented, SPBH was asked to create an action plan for implementing changes and activities to address the identified priority areas. By establishing clear priorities and a plan to address them, SPBH and its partners can maximize the impact of their efforts and create a more significant positive change within the community.

Action Plan

The following section discusses how SPBH will use the CNA findings to make organizational changes to improve mental health and substance use in the Nassau County community.

- **Staff** – SPBH intends to revise staff plans and job openings to best meet the community's needs. SPBH consistently seeks new opportunities to expand its personnel to better meet the needs of the individuals it serves and will continue to prioritize this with future CNAs.

- **Accessibility** – SPBH intends to revise staff plans and days/hours that staff are working to best meet the community's needs. Since the intake process is already same-day, SPBH aims to improve it further and increase the number of locations and hours to better serve individuals' needs. SPBH knows the importance of timing when an individual is ready to start their behavioral health journey, so accessibility to services when they are ready is imperative.

- **Operations** – SPBH intends to revise staff positions to reflect new workflows and provide quality care. Efficiency is crucial in day-to-day operations; the community will see and feel the changes made when walking through SPBH's doors.

- **Outreach** – SPBH intends to provide more outreach/psychoeducation to the community on the areas of the CNA that the community knows the least about. A theme that emerged for SPBH in this most recent CNA was the need to increase education in the community on the services SPBH provides. SPBH's staff is the most valuable asset for communicating the organization's mission and vision to the public. SPBH's staff will be the main focal point in increasing outreach efforts as they continue shining a positive light on Nassau County.

- **Partnerships** – SPBH intends to use the overall findings to show potential/current community partners the importance of working together. Strengthening current partnerships and finding new organizations to partner with to serve special populations will continue to be a priority.

- **Services** – SPBH intends to adjust the intensity and frequency of identified service offerings using SPBH's identified Levels of Care and Pathways to Care, and enhance consumer outreach, engagement, and retention activities.

- **Continuous Quality Improvement (CQI) Process** – SPBH intends to use the findings of the CNA to spotlight internal data that can be used or expanded upon to better track progress moving forward. Since becoming a CCBHC, SPBH has adopted a "data mindset" to make more informed decisions and assess the quality of current processes. Any possibility of increasing data needs is welcomed to better meet the needs of the community.

As a Certified Community Behavioral Health Clinic, SPBH is required to complete a Community Needs Assessment every 3 years to continue meeting the CCBHC criteria. After completion of the 2025 CCBHC CNA, SPBH will regularly review implementation efforts and outcomes and conduct evaluations quarterly for the next 2 years to measure the effectiveness of activities and interventions. SPBH feels that completing this CNA highlighted the need to start early in planning and preparing the assessment's focus and questions to be used. Leading up to the next CNA, SPBH will review lessons learned and best practices for rolling out the CNA and use evaluation findings to inform the next assessment cycle.

Dissemination Plan & Next Steps

The ultimate impact of this needs assessment rests in the effectiveness of the dissemination strategy. By translating this information into actionable steps, SPBH and community partners can work collaboratively to implement improvements and address identified mental health and substance use needs. SPBH and the Steering Committee considered a variety of dissemination methods that would best lead to a plan of action and collaboration within the community. With utilization as the goal, the Steering Committee presents the following plan to begin the dissemination of this report.

SPBH will first communicate the findings of the CNA internally to all staff. This will be done through departmental meetings where a presentation of the report and findings will be shared. All departments will then be tasked with generating ideas on how their team and services can best meet the CNA's findings. As part of these internal reviews, departments will start generating individualized action plans that will be compiled to create an overall comprehensive action plan for SPBH. Next, SPBH will disseminate the findings and action plans to stakeholders, partners, individuals served, and community members once the individualized and overall action plans have been finalized. This will be done through emailing the report out to stakeholders/community partners, conducting a press release, facilitating face-to-face contact in community meetings (namely Nassau County's Behavioral Health Consortium meeting), posting the final report on the SPBH website (www.spbh.org), and including the report in the quarterly client newsletter available in all SPBH waiting rooms. To best evaluate progress on implementing the action plan for the findings of the CNA, SPBH will check in monthly on the progress and determine with whom and where updates will need to be shared, similarly to how the findings were relayed. The document will also be available on the Health Planning Council of Northeast Florida, Inc. website: www.hpcnef.org.

The insights gained from this assessment will guide the development of targeted interventions and organizational changes to improve community health. By prioritizing strategies based on their potential impact and feasibility, SPBH and community partners can initiate the process of creating a healthier community.

Recommendations

HPCNEF recommends using evidence-based practices, models, frameworks, and theories to address health issues and needs in the community. Based on the data collected and the key themes that emerged from data analysis, HPCNEF recommends that Starting Point Behavioral Healthcare and other community partners use the following sources to find evidence-based practices for developing interventions. These practice databases are just some of the most frequently and widely used for improving community health. These sources provide comprehensive, regularly updated lists of evidence-based and promising practices that will allow community stakeholders to identify best practices based on issues, type of intervention, and target population. SPBH leadership and community stakeholders should review these existing databases prior to implementing interventions and activities that will address priority issues in Nassau County.

EXHIBIT 120: DATABASES FOR COMMUNITY HEALTH EVIDENCE-BASED PRACTICES

Database	Link
The Community Guide *U.S. Department of Health and Human Services, Community Prevention Services Task Force*	https://www.thecommunityguide.org
The Community Guide is a collection of evidence-based recommendations and findings from the Community Preventative Services Task Force (CPSTF). CPSTF makes evidence-based recommendations about the overall effectiveness and economic impact of public health programs, services, and interventions that are used in real-world settings. These recommendations help communities know how to protect and serve their population's overall health. Users can search the Community Guide for recommendations focused on a variety of health areas and issues.	
Community Toolbox *The University of Kansas KU Work Group for Community Health and Development*	http://ctb.ku.edu/en/databases-best-practices
Community Toolbox, developed by the University of Kansas, is a comprehensive resource for public and community health professionals. Community Toolbox provides information for knowledge and skill building, toolkits related to each topic, and guidance for successful community improvement efforts. There are databases for evidence-based practices as well as evidence-supported community change processes. Toolkits provide an outline for a skill, component, or task needed for community health improvement, followed by related examples.	

Database	Link
County Health Rankings Policy Database *University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation*	https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health
The County Health Rankings Policy Database holds more than 400 evidence-based policies and programs to improve community health, as well as an Action Center that has guidance and tools for selecting and implementing health improvement strategies that meet the unique needs and resources of a community. Evidence-based strategies can be found for a variety of topics, such as health behaviors, clinical care, social and economic factors, and physical environment. The website even offers a curated strategy list that is carefully selected by expert evidence analysts to include evidence-informed programs, policies, and systems changes that can support community health improvement efforts around specific topics and themes.	
Evidence-Based Practices (EBP) Resource Center *Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services*	https://www.samhsa.gov/libraries/evidence-based-practices-resource-center
The Evidence-Based Practices Resource Center, run by SAMHSA, provides community stakeholders with the information and tools to incorporate evidence-based practices into their communities or clinical settings. Resource topics include substance use treatment, mental disorders, substance use prevention, educational resources, substance use recovery, and telehealth.	
Evidence-Based Toolkits for Rural Community Health *Rural Health Information Hub*	https://www.ruralhealthinfo.org/toolkits
The Rural Health Information Hub has step-by-step guides to help build effective community health. The resources and examples are drawn from evidence-based and promising programs. There is an overall Rural Community Health Toolkit that is a guide to building community health programs to address any type of health issues. Other toolkits cover various topics such as health literacy, health promotion and disease, mental health, tobacco control and prevention, transportation, etc.	
Healthy People 2030 Evidence-Based Resources *U.S. Department of Health and Human Services*	https://health.gov/healthypeople/tools-action/browse-evidence-based-resources
Healthy People 2030 has organized evidence-based resources (EBRs) into intuitive topics so users can easily explore relevant resources that can help them work to achieve the Healthy People 2030 Objectives. The topics include health conditions, health behaviors, populations, settings and systems, and social determinants of health, which all have various sub-topics to choose from.	

Database	Link
Resources, Guides, and Evidence-Based Toolkits *National Council for Mental Wellbeing*	https://www.thenationalcouncil.org/resources https://www.thenationalcouncil.org/resources/ccbhc-ebp-resource-guide
The National Council for Mental Wellbeing provides resources, guides, reports, and evidence-based toolkits and practices for users serving behavioral health needs. Resources can be reviewed by type or focus area, and topics include interventions, treatment options for clinicians, access to care, mental health, substance use, communications, and much more. NCMW also provides a guide for implementing evidence-based practices and what to look for when researching them.	

Each resource assesses the quality of the evidence provided for recommended interventions, ensuring that they are best practices. Many promising interventions from these sources can be implemented to target the health issues of mental health and substance use. It is important to consider previous data and effectiveness before adopting any practices or interventions to improve community health in Nassau County. Exhibit 121 presents the results of a query of some best practices for mental health and substance use in Nassau County that may be effective as community interventions. This is not a comprehensive list. SPBH and key community stakeholders should do additional research when developing community health interventions. Esri Tapestry Segmentation is another useful tool for understanding the types of people living in certain areas. Learning about a population's characteristics and possible behaviors can assist community partners in outreach efforts.

EXHIBIT 121: PRACTICES AND INTERVENTIONS FOR MENTAL HEALTH, SUBSTANCE USE, AND BARRIERS TO ACCESSING CARE

Health Issue	Practice or Intervention	Effectiveness	Source
Behavioral Health Workforce	A collaborative approach through the Workforce Solutions Partnership can address workforce challenges. Innovations in employee wellness and resilience, hiring practices, and policies and procedures can help improve the behavioral health workforce.	Some Evidence Supporting	https://www.thenationalcouncil.org/resources/build-a-sustainable-behavioral-health-workforce https://www.thenationalcouncil.org/resources/ccbhc-workforce-innovations
Youth Substance Use	SAMHSA guide for reducing youth vaping/e-cigarette use. Individual-, school-, and community-level interventions can address vaping through various methods such as prevention, education, skill-building, partnerships, and policies.	Scientifically Supported	https://library.samhsa.gov/sites/default/files/pep20-06-01-003.pdf

Health Issue	Practice or Intervention	Effectiveness	Source
Mental Health; Substance Use; Healthcare Access	SAMHSA provides an evidence-based resource guide for expanding access to and use of behavioral health services for homeless individuals. The guide includes resources, project examples, and best practices.	Scientifically Supported	https://library.samhsa.gov/sites/default/files/pep22-06-02-003.pdf
Substance Use	SAMHSA provides an evidence-based resource guide for substance misuse prevention for young adults. The guide includes resources, project examples, and best practices.	Scientifically Supported	https://library.samhsa.gov/sites/default/files/substance-misuse-prevention-pep19-pl-guide-1.pdf
Behavioral Health; Rural Health	SAMHSA provides a fact sheet for innovative practices to improve behavioral health and support services for rural populations. This fact sheet involves approaches to strengthen the behavioral health workforce, address stigma, and increase access to care.	Scientifically Supported	https://library.samhsa.gov/sites/default/files/rural-recovery-fact-sheet-pep24-08-010.pdf
Access to Care; Transportation Barriers	Rural Health Information Hub provides a toolkit for resources and information to support organizations in rural communities with transportation barriers. This toolkit includes a variety of models for transportation programs, implementation and evaluation plans, and sustainability resources.	Scientifically Supported	https://www.ruralhealthinfo.org/toolkits/transportation
Youth Mental Health	SAMHSA provides an evidence-based resource guide that includes interventions to treat suicidal ideation, self-harm, and suicide attempts among youth. The guide includes research on implementation and examples of how recommendations can be implemented.	Scientifically Supported	https://library.samhsa.gov/product/treatment-suicidal-ideation-self-harm-and-suicide-attempts-among-youth/pep20-06-01-002

Health Issue	Practice or Intervention	Effectiveness	Source
Substance Use	Proper drug disposal programs allow for the disposal of medications responsibly to reduce illicit drug use and other beneficial outcomes. Besides drug take-back days, these programs can include a 24-hour secure drop-box and include an educational component about substance abuse and proper disposal methods.	Expert Opinion	https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/proper-drug-disposal-programs
Stigma; Mental Health; Substance Use	Two of the most effective approaches for addressing mental health and substance use stigma are education and personal contact/messaging. Sharing knowledge and resources can provide true information about mental health and substance use, while storytelling and listening to a person's experiences can elicit empathy and compassion.	Some Evidence Supporting	https://www.nami.org/education/developing-effective-anti-stigma-interventions https://www.samhsa.gov/blog/combatting-stigma-knowledge

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Appendix A-1. Community Survey Tool

Survey Questions

Starting Point Behavioral Healthcare (SPBH) would like your help. Please fill out this survey to share your opinions about mental health, substance use, and quality of life in Nassau County. Your feedback is important and will help make Nassau County a better place to live. This survey is anonymous, and the general results will be included in the 2025 Community Needs Assessment for SPBH. We have demographic questions at the end that help us know if we are getting responses from all types of people in Nassau County because we want to make sure everyone has a chance to have their voice or opinion heard. Thank you!

1. Have you or anyone you know ever experienced behavioral health (mental health or substance use) symptoms?
   - ☐ Yes
   - ☐ No
   - ☐ I Prefer Not to Answer

2. Are you aware of the mental health or substance use service options in Nassau County? *(choose one)*
   - ☐ I do not know about the service options available
   - ☐ I know some of the service options available
   - ☐ I am aware of all the service options available

3. Have you heard of Starting Point Behavioral Healthcare?
   - ☐ Yes
   - ☐ No

4. If you were experiencing **mental health symptoms**, where would you go for help? *(select all that apply)*
   - ☐ Crisis Support Hotline / 988
   - ☐ Emergency Department
   - ☐ Urgent Care
   - ☐ Police Department / 911
   - ☐ Behavioral Health Center / Mental Health Counselor / Therapist
   - ☐ Primary Care Doctor
   - ☐ Faith-based Organization
   - ☐ Family and Friends
   - ☐ None of the Above
   - ☐ I Prefer Not to Answer
   - ☐ Other: _____

5. If you were experiencing **substance use concerns**, where would you go for help? *(select all that apply)*
   - ☐ Crisis Support Hotline / 988
   - ☐ Emergency Department
   - ☐ Urgent Care
   - ☐ Police Department / 911
   - ☐ Behavioral Health Center / Mental Health Counselor / Therapist
   - ☐ Detox Facility
   - ☐ Primary Care Doctor
   - ☐ Faith-based Organization
   - ☐ Family and Friends
   - ☐ None of the Above
   - ☐ I Prefer Not to Answer
   - ☐ Other: _____

6. If you were to seek help for a mental health or substance use concern, **what time of day** would you prefer to **schedule an appointment**? *(select all that apply)*
   - ☐ 7 AM – 8 AM
   - ☐ 8 AM – 12 PM
   - ☐ 12 PM – 1 PM
   - ☐ 1 PM – 5 PM
   - ☐ 5 PM – 8 PM
   - ☐ Other: _____

7. If you were to seek help for a mental health or substance use concern, **what days of the week** would you prefer to **schedule an appointment**? *(select all that apply)*
   - ☐ Monday – Friday
   - ☐ Saturday – Sunday

8. If you were to seek help for a mental health or substance use concern, **what time of day** would you prefer a provider to have **walk-in appointments available**? *(select all that apply)*
   - ☐ 7 AM – 8 AM
   - ☐ 8 AM – 12 PM
   - ☐ 12 PM – 1 PM
   - ☐ 1 PM – 5 PM
   - ☐ 5 PM – 8 PM
   - ☐ Other: _____

9. If you were to seek help for a mental health or substance use concern, **what days of the week** would you prefer a provider to have **walk-in appointments available**? *(select all that apply)*
   - ☐ Monday – Friday
   - ☐ Saturday – Sunday

10. Which of the following services would you be interested in accessing? *(select all that apply)*
- ☐ Crisis Support Hotline / 988
- ☐ Telehealth Appointments
- ☐ Peer Support
- ☐ Case Management
- ☐ Care Coordination
- ☐ Medication Management
- ☐ Group Therapy
- ☐ Individual Therapy
- ☐ Family Therapy
- ☐ In-Home Therapy
- ☐ None of the Above
- ☐ I Prefer Not to Answer
- ☐ Other: _____

11. Which of the following resources would you be interested in accessing? *(select all that apply)*
- ☐ Financial Assistance
- ☐ Transportation Assistance
- ☐ Help with Finding Housing
- ☐ Help with Finding Employment
- ☐ Help with Getting Nutritious Food
- ☐ Help with Language Skills
- ☐ Help with Technology Skills
- ☐ Help with Finding a Primary Care Doctor
- ☐ Help with Finding a Dentist
- ☐ Community Support Groups (Social Groups, Bereavement, AA Groups, etc.)
- ☐ Childcare Support
- ☐ None of the Above
- ☐ I Prefer Not to Answer
- ☐ Other: _____

12. If you were looking for mental health or substance use services, which of the following would you consider before scheduling an appointment? *(select all that apply)*
- ☐ Clean Waiting Room
- ☐ Welcoming Environment / Atmosphere
- ☐ Respectful Staff
- ☐ Appointment Availability
- ☐ Location
- ☐ Positive Reviews / Recommendations from Someone Else
- ☐ Different Treatment Options Available
- ☐ Affordable Cost / Insurance Coverage
- ☐ None of the Above
- ☐ I Prefer Not to Answer
- ☐ Other: _____

13. Which of the following might prevent you from seeking help for mental health or substance use concerns? *(select all that apply)*
- ☐ Stigma (Negative Attitudes, Beliefs, or Feelings from Other People)
- ☐ Transportation Issues
- ☐ No Insurance Coverage / Unaffordable Cost
- ☐ No Appointments Available That Fit my Schedule
- ☐ I Would Prefer to Deal With it on my Own
- ☐ I Would Prefer to Use Alternative Methods
- ☐ I'm Concerned About Possible Negative Impacts if I Seek Help
- ☐ None of the Above
- ☐ I Prefer Not to Answer
- ☐ Other: _____

14. How much do you agree with the following statement?

"There are negative views about mental health and substance use in our community."

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ I Prefer Not to Answer

15. In your opinion, how can community agencies (behavioral health centers, police department, health department, county government, etc.) address mental health and substance use concerns in Nassau County?

_____

_____

_____

_____

16. Please provide any other comments or thoughts you have about Starting Point Behavioral Healthcare or mental health and substance use in Nassau County.

_____

_____

_____

_____

17. What ZIP code do you live in?
- [ ] 32009
- [ ] 32011
- [ ] 32046
- [ ] 32097
- [ ] 32034
- [ ] Other: _____

18. What is your age?
- [ ] Under 18
- [ ] 18 – 30
- [ ] 31 – 40
- [ ] 41 – 50
- [ ] 51 – 64
- [ ] 65 and older

19. What is your gender identity?
- [ ] Male
- [ ] Female
- [ ] I Prefer Not to Answer
- [ ] Other: _____

20. How do you identify your race? *(select all that apply)*
- [ ] American Indian or Alaskan Native
- [ ] Asian or Pacific Islander
- [ ] Black or African American
- [ ] White or Caucasian
- [ ] I Prefer Not to Answer
- [ ] Other: _____

21. How do you identify your ethnicity? *(choose one)*
- [ ] Hispanic or Latino(a)
- [ ] Not Hispanic or Latino(a)
- [ ] I Prefer Not to Answer

22. What is the highest level of education you have completed? *(choose one)*
- [ ] Less than High School
- [ ] High School Diploma or GED
- [ ] Technical or Trade School
- [ ] Some College
- [ ] Two-Year / Associate's Degree
- [ ] Four-Year / Bachelor's Degree
- [ ] Graduate / Advanced Degree
- [ ] I Prefer Not to Answer
- [ ] Other: _____

23. What is your occupation?
☐ Education
☐ Information Technology
☐ Retail
☐ Healthcare
☐ Service and Hospitality
☐ Construction
☐ Arts and Entertainment
☐ Law Enforcement, Armed Forces, First Responder
☐ Business
☐ Industrial and Manufacturing
☐ I Prefer Not to Answer
☐ Other: _____

24. Have you ever served in the military?
☐ Yes – I'm Currently Serving in the Military
☐ Yes – I'm a Veteran
☐ No
☐ I Prefer Not to Answer

Thank you for completing the survey!

Appendix B-1. Focus Group Tool

Facilitator Introduction for Focus Groups

Thank you for agreeing to participate in today's focus group discussion.

My name is _____ and I will be the facilitator for the focus group today. I am joined by _____, who will be taking notes about the information you share with us today.

The goal of this focus group is to gather information about mental health and substance use, seeking mental health and substance use treatment in Nassau County, and feedback on Starting Point Behavioral Healthcare. Your responses will provide us with insightful information that will be included in the 2025 Community Needs Assessment.

The information that you share today will be kept completely anonymous. This focus group will also be audio recorded and transcribed by our team to ensure that we do not miss any information during our analysis, but again, your answers will not be linked to you to protect your privacy. This recording will be deleted once all notes have been transcribed and our analysis is complete.

Your participation in today's focus group is completely voluntary. Please do not feel pressured to talk; however, more participation and engagement from all the participants allows for a more thoughtful discussion and better insights for our team. All responses shared during this focus group are deeply valued and appreciated.

A few rules before we begin: Please be respectful of all the participants' privacy and do not share information about anything said during today's focus group with anyone who is not here today. Please speak one at a time and avoid interrupting other participants. Please keep your phone on silent and step outside if you need to answer it during this meeting.

This focus group will take approximately one hour.

Focus Group Questions

1. What factors do you think contribute to mental health and substance use issues in the community?

2. What types of challenges or barriers do you see community members face when trying to access mental health and substance use services in Nassau County?

3. What is your understanding of what Starting Point Behavioral Healthcare does in Nassau County?

4. Do you feel like Starting Point Behavioral Healthcare benefits the community? Why or why not?

5. What do you think Starting Point Behavioral Healthcare does well?

6. What improvements do you think Starting Point Behavioral Healthcare could make to better serve patients and the community's needs?

7. What are some ways you think Starting Point Behavioral Healthcare and the community can work to address stigma around mental health and substance use?

8. If you have been to Starting Point Behavioral Healthcare, what is the waiting experience in the lobby like for you?

9. If you have been to Starting Point Behavioral Healthcare, what is your experience like talking with staff?

10. If you have been to Starting Point Behavioral Healthcare, how would you describe the quality of care you received?

11. What activities or services for mental health and substance use would you like to see in Nassau County? How would it benefit your community?

12. In the time that we have left, is there anything else you would like to add about Starting Point Behavioral Healthcare or mental health and substance use in Nassau County?

Appendix B-2. Focus Group Demographic Survey

1. What ZIP code do you live in?
   - ☐ 32009
   - ☐ 32011
   - ☐ 32046
   - ☐ 32097
   - ☐ 32034
   - ☐ Other: _____

2. What is your age?
   - ☐ Under 18
   - ☐ 18 – 30
   - ☐ 31 – 40
   - ☐ 41 – 50
   - ☐ 51 – 64
   - ☐ 65 and older
   - ☐ I Prefer Not to Answer

3. What is your gender identity?
   - ☐ Male
   - ☐ Female
   - ☐ I Prefer Not to Answer
   - ☐ Other: _____

4. How do you identify your race? *(select all that apply)*
   - ☐ American Indian or Alaskan Native
   - ☐ Asian or Pacific Islander
   - ☐ Black or African American
   - ☐ White or Caucasian
   - ☐ I Prefer Not to Answer
   - ☐ Other: _____

5. How do you identify your ethnicity? *(choose one)*
   - ☐ Hispanic or Latino(a)
   - ☐ Not Hispanic or Latino(a)
   - ☐ I Prefer Not to Answer

6. What is the highest level of education you have completed? *(choose one)*
   - ☐ Less than High School
   - ☐ High School Diploma or GED
   - ☐ Technical or Trade School
   - ☐ Some College
   - ☐ Two-Year / Associate's Degree
   - ☐ Four-Year / Bachelor's Degree
   - ☐ Graduate / Advanced Degree

☐ I Prefer Not to Answer
☐ Other: _____

7. What is your occupation?
☐ Education
☐ Information Technology
☐ Retail
☐ Healthcare
☐ Service and Hospitality
☐ Construction
☐ Arts and Entertainment
☐ Law Enforcement, Armed Forces, First Responder
☐ Business
☐ Industrial and Manufacturing
☐ I Prefer Not to Answer
☐ Other: _____

8. Have you ever served in the military?
☐ Yes – I'm Currently Serving in the Military
☐ Yes – I'm a Veteran
☐ No
☐ I Prefer Not to Answer

Appendix B-3. Peer Support Staff Focus Group Additional Feedback

Four of the CCBHC CNA focus groups included participants who received services from Starting Point Behavioral Healthcare (SPBH), whereas the fifth focus group was comprised solely of peer support staff. SPBH peer support staff provided additional feedback during their focus group that was not included in the main analysis due to their individualized comments and unique perspectives. Therefore, the additional feedback is presented in this section of the report so that SPBH can still utilize the specific comments to make improvements after the CNA has been completed. The following section summarizes what the participants reported without assessing the credibility of their comments.

SPBH peer support staff provided additional feedback regarding staff support and internal structural improvements. Participants highlighted that the staff wages are low compared to other organizations despite having similar job duties. Regarding staff well-being, many cited a lack of appreciation or recognition for their performance and suggestions for improvements in the organization. Additionally, feelings of being overwhelmed and burnout were common among staff. Due to the nature of their work, some job tasks and topics can be triggering for certain individuals, citing the need for protocols for therapy and other support services for staff members when requested.

Regarding internal organizational structure, staff provided feedback on potential improvements. Many participants provided recommendations for the onboarding process/probation period, outlining clearer expectations of job duties and performance, more flexible time off, and the ability to access support and therapy services. To improve staff retention, middle management can shift focus to improving operational efficiencies and department growth. In addition, staff recommended that the upper management have a better understanding of the day-to-day tasks of those who are working on the ground level, that communication methods be improved to ensure transparency, and that staff members have a larger voice in decision-making.

Appendix C-1. Key Stakeholders Interviewed

A.M. Huppmann
County Commissioner
Nassau County Board of Commissioners
U.S. Navy Veteran

Amy Pipkin
Community Engagement Specialist
CivCom/Tobacco Free Nassau
CCBHC Advisory Committee member

Avalee Delay
Community Relations Coordinator
Baptist Nassau
Baptist Health

Barbara Baptista
Community Engagement Liaison
Florida Department of Health – Nassau County

David Bishop
Deputy Chief
Fernandina Beach Police Department

Genece Minshew
City Commissioner
Fernandina Beach City Commission

Jamie Reynolds
President and CEO
Barnabas Center

Jennifer Rodrigues
APRN, Faculty
Jacksonville University
CCBHC Advisory Committee member

Judge Jenny Higginbotham
4th Circuit Judge
Florida Judicial Court System

Judge Lester Bass
4th Circuit Judge
Florida Judicial Court System

Marshall Eyerman
Assistant County Manager
Nassau County Board of Commissioners

Nikki Rodriguez
Director
Rebel Recovery Jacksonville

Paul Lore
Co-Director
Cross the Line Foundation
U.S. Marine Corps Veteran

Regina Duncan
President
Nassau County Chamber of Commerce

Rosalina Stelma
Coordinator, Exceptional Student Education (ESE)
Nassau County School District

Appendix C-2. Key Stakeholder Interview Questions

Introduction for Stakeholder Interview

Starting Point Behavioral Healthcare has partnered with the Health Planning Council of Northeast Florida to complete a Community Needs Assessment (CNA) in 2025 as part of the requirements of becoming a Certified Community Behavioral Health Clinic (CCBHC). The information collected for this assessment will help identify mental health and substance use concerns, other needs in the community, and information that will help improve services and community outreach efforts. We are gathering input from key stakeholders through one-on-one interviews. You have been identified as one of our key stakeholders in the local behavioral health system. We value your expertise and knowledge of our community. Your participation will help us identify areas where we can improve Nassau County residents' health and well-being.

If it is okay with you, I will be recording this interview. The recording will only be used by the project team and then will be deleted once the notes have been transcribed. In the final report, the information you share will not be attributed to you by name. Your name will be listed as a key stakeholder in the report, but your specific thoughts and comments will remain anonymous.

We will be discussing the interview questions previously shared with you. Some of these questions may be duplicative of material we have already discussed in earlier questions, but they may prompt you to think of additional issues.

Please let me know if you have any questions.

We will now begin the recording.

Stakeholder Interview Questions

1. Could you please briefly describe your position?

2. How long have you lived and/or worked in Nassau County?

3. What is your understanding of what Starting Point Behavioral Healthcare does in Nassau County?

4. What factors do you think contribute to mental health and substance use issues in the community?

5. What types of services do you know of that are available for adults and children for mental health and substance use treatment?

6. What types of challenges or barriers do community members face when trying to access mental health or substance use services in Nassau County?

7. What ideas, attitudes, and/or beliefs have you heard from community members regarding mental health and substance use?

8. What populations are you most concerned about (i.e., not currently being served effectively) and what do you suggest that Starting Point Behavioral Healthcare and the community consider to better serve this population?

9. What gaps do you see in the mental health and substance use system of care in Nassau County?

10. What improvements could Starting Point Behavioral Healthcare make to better serve patients and the community's needs?

11. Is there anything else you would like to add about Starting Point Behavioral Healthcare or mental health and substance use in Nassau County?