Circle of Care, Inc.

Community Health Needs Assessment Implementation Plan 2025-2027



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Community Health Needs Assessment

Circles of Care, Inc. participated in the 2025 community assessment efforts conducted by Central Florida Cares Health System (CFCHS) and the Space Coast Health Foundation (SCHF). The CFCHS assessment addresses regional behavioral health needs, including Brevard, Orange, Osceola, and Seminole counties. The SCHF assessment addresses the broader health needs of Brevard County residents. These studies provide the principal basis for Circles' 2025–2027 priorities.

The assessments incorporate community survey findings, provider perspectives, and available secondary data. Circles continues to focus its implementation efforts on those needs most closely related to its mission and available clinical services.

CHNA highlights

- The 2025 Space Coast Health Foundation/PRC assessment found that 30.4% of Brevard adults reported a diagnosed depressive disorder (Florida: 16.3%); 44.8% reported symptoms of chronic depression. (PRC report, pp. 41–42; survey conducted in 2024.)
- In the PRC assessment, 15.1% of Brevard adults reported being unable to obtain needed mental health services in the past year; 27.2% of parents reported that a child age 5–17 needed mental health services. Cost, insurance and availability were prominent access barriers. (PRC report, pp. 45–46.)
- Central Florida Cares reports that Brevard recorded 148 suicide deaths in 2023, with an age-adjusted rate of 20.7 per 100,000, compared with Florida's 14.1; Brevard's 2022 count and rate were 115 and 17.0. (CFC report, p. 33, Figure 13.)
- Central Florida Cares reports Brevard's 2023 age-adjusted opioid death rate at 37.8 per 100,000 and all-drug death rate at 44.9, the highest among its four counties; the report also describes a decline from 2021 to 2023. (CFC report, pp. 60–62.)

Indicator	Brevard	Comparison / period
Diagnosed depressive disorder	30.4%	Florida 16.3%; 2024 PRC survey
Unable to access needed mental health services	15.1%	2024 PRC survey
Children needing mental health services	27.2%	Parent report, ages 5–17; 2024
Suicide mortality	20.7 per 100,000; 148 deaths	Florida 14.1; 2023 age-adjusted
Opioid mortality	37.8 per 100,000	2023 age-adjusted; highest in CFC region

Priority Healthcare Needs:

Three priority areas were identified by Circles from the 2025 community assessments. These priorities guide the activities Circles will undertake to improve the behavioral health status of Brevard County residents.

1) Access to Behavioral Health Services

Uninsured and underinsured residents continue to face financial and practical barriers to treatment, particularly for specialty behavioral health services. Transportation challenges, limited provider capacity, and difficulties navigating care further restrict access. Circles will continue to emphasize no-wrong-door entry, timely scheduling, and treatment capacity across the continuum of care.

2) Opioid Overdose Rates

Although opioid mortality declined between 2021 and 2023, Brevard's 2023 age-adjusted opioid death rate remained 37.8 per 100,000, the highest among the four counties in the Central Florida Cares region. Circles will continue MAT, detoxification, overdose prevention and treatment linkage activities.

3) Suicide Deaths and Suicidal Behavior

The 2025 Central Florida Cares assessment documents 148 suicide deaths in Brevard County in 2023, an age-adjusted rate of 20.7 per 100,000 versus 14.1 statewide (approximately 47% higher). This supports strengthening clinical screening, safety planning, discharge follow-up and continuity of care. County mortality is a community outcome, not a measure solely attributable to Circles.

Priority HealthCare Implementation Plans

Priority Area 1: Access to Behavioral Health Services

A. Key activities address the following health care indicators:

- Indicator 1: Number of patients assisted with transportation and/or transportation dollars expended.
- Indicator 2: Number served with opioid use disorder and/or receiving MAT.
- Indicator 3: Detoxification bed days utilized and available capacity.
- Indicator 4: Timeliness of access to outpatient behavioral health appointments based on Florida Department of Children and Families' (DCF) behavioral health access guidelines for emergent, urgent, and routine appointments.

B. Key Activities:

- Continue use of available incidental or other appropriate funding to reduce transportation barriers and missed appointments.
- Maintain and improve no-wrong-door access, scheduling, warm hand-offs, and patient communication.
- Support access to detoxification, MAT, and treatment services for families involved with child welfare.
- Review operational workflows and staff productivity to improve appointment availability.
- Pursue sustainable reimbursement and funding opportunities, including CCBHC and LIP initiatives.

Priority Area 2: Reduction in Opioid Overdoses

A. Key activities address the following health care indicators:

- Number and rate of opioid-related fatal overdoses in Brevard County.
- Number of opioid-related nonfatal overdoses in Brevard County.
- Number of naloxone (Narcan) kits distributed, where tracked.
- Number of persons served through mobile and outpatient MAT.

B. Key Activities:

- Continue and evaluate mobile MAT and outpatient MAT access.
- Maintain and, where resources permit, expand detoxification and substance use treatment capacity.
- Coordinate with community partners on overdose prevention, referral, and linkage to treatment.

• Seek appropriate public and private funding for crisis, substance use, and mobile services.

Priority Area 3: Reduction in Suicide Deaths and Suicidal Behavior

A. Key activities address the following health care indicators:

• Annual number and age-adjusted rate of suicide deaths in Brevard County.

• Percentage of applicable patients receiving documented suicide risk screening.

• Percentage of identified high-risk patients with documented safety plans.

• Percentage of applicable discharges receiving timely follow-up after psychiatric crisis or hospitalization based on established indicators by the DCF.

B. Key Activities:

• Strengthen suicide risk screening, assessment, safety planning, and intervention in appropriate clinical settings.

• Improve discharge planning and follow-up for patients at elevated suicide risk.

• Strengthen communication and warm hand-offs among inpatient, crisis, outpatient, and community providers.

• Review clinical quality indicators and community trends to identify opportunities for improvement.