SCOPE

Our community focused on our future

Mental Health Study Group Report

Spring 2003

Sarasota County Openly Plans for Excellence

SCOPE OF THE STUDY

This study provides an overview of the range of mental health services and service needs in this community, focusing on major barriers and gaps in care. In a general way, this report considers all levels of need for mental health services—from treatment of people with the most severe and persistent mental illness, to mental health promotion for persons at risk for developing mental health problems. This study attempts to identify the community and systems-level changes that will result in increased access to and availability of quality mental health services for all who need them. It considers:

- the range and extent of need for mental health services
- the array of mental health services available in the community, including preventive services
- special needs populations, including families, minority and multi-cultural, incarcerated populations, persons with co-occurring addictive disorders, homeless, and older adults
- personal accounts from consumers and family members
- the role of public and private organizations in administering and funding mental health services
- promising steps taken in this and other communities to improve mental health services

The scope of this study did not include systems of care specific to developmental conditions, degenerative brain disorders, or brain injury conditions. This study identifies and examines a variety of service needs, barriers, and promising practices, but does not provide an exhaustive examination of these issues.

HIGHLIGHTS

Major Problems

- The mental health services system is fragmented and there is a lack of overall coordination, communication, and awareness of services. This leads to frustration and confusion for providers, clients, and families, and inefficient allocation of limited resources, both dollars and services.
- Mental health clients, family members, elected officials, and the community lack education, awareness, and acceptance of mental illness. This results in discrimination against clients, denial of illness, and avoidance of treatment.
- Over half of all Baker Acts in Sarasota County are initiated by law enforcement. Officers are not adequately prepared to handle encounters with persons with mental illness.

Recommended Solutions

- Establish a Mental Health Coordinator Position and a Mental Health Stakeholders Consortium to develop a community plan for mental health services. The Coordinator should develop a comprehensive, centralized source of information about mental health services.
- Develop a public education campaign to reduce the stigma and fear associated with mental illness. Also expand local chapters of advocacy groups and establish a local speakers bureau to educate legislators and policy makers.
- The sheriff's department and municipal police departments should offer crisis intervention training to law enforcement officers.

Message From Chair & Executive Director

"Responsibility does not only lie with the leaders of our countries or with those who have been appointed or elected to do a particular job. It lies with each of us individually."
The Dalai Lama

This year, 18,000 Sarasota County residents will experience a severe mental illness. Despite these numbers, Florida still ranks 42nd out of 51 states in per capita spending on mental health. Why is this important to you and your community? Because for every $1 invested in mental health treatment, $3-$8 are saved due to reduced criminal activity and hospitalizations. For the amount it costs to jail or hospitalize a single person for one year, Florida could provide medications and treatment for ten people with mental illness.

In January and February of 2002, the residents of Sarasota County told SCOPE they wanted to study mental health and find solutions to better meet the needs of those suffering with or at risk of developing a mental illness. Volunteers met weekly for six months, hearing from resource people, gathering facts, and coming up with ideas to solve some of the problems they uncovered.

This year, in addition to the facts, Study Group members heard from people living *with* the issues through their personal stories. Known as The Stories Project, this new documentary venture aims to capture the human face behind the facts. Throughout this report, you will find excerpts from the Mental Health documentary.

We would like to take this opportunity to thank those Study Group members, resource people, and community leaders who contributed to the Mental Health study. Your efforts have brought SCOPE a step closer to achieving its mission of engaging community members like you in raising the standard of living for all in Sarasota County.

Sincerely

Chair, Board of Directors

Tim Dutton
Executive Director

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FOREWORD

The landscape of mental health services in Sarasota County has undergone significant changes since the closure of G. Pierce Wood Memorial Hospital in 2002. Concerns over whether our community was prepared to respond to the state hospital's closure have lessened with new state funds that have enabled providers to expand their community-based services to clients with severe and persistent mental illnesses.

While several new programs have been created in the past year, funding continues to be at risk for some services. This is true not only for state-funded services, but also for services funded through private insurance and other sources. Private providers have had to make difficult choices in response to increasingly restricted funding; during the course of this study, the psychiatric unit at Bon Secours Hospital closed its doors, leaving only two receiving facilities in Sarasota County.

Since this study began, there have also been several notable efforts to improve mental health services in our community, and many recommendations of this report support efforts already underway. During the course of this study:

- The Community Alliance convened a task force to evaluate acute care services, a critical piece of the overall mental health services delivery system
- A group of children's mental health service providers began planning and seeking funds to develop an integrated system of care for children
- A task force was formed to advance the cause of infant mental health
- Mental health providers, advocates and representatives of the criminal justice system met to address issues related to the coordination of the mental health and criminal justice systems
- Preliminary meetings were held to discuss training law enforcement to appropriately respond to people in mental health crisis

Other changes to mental health services are on the horizon; a bill currently being considered by the state legislature could fundamentally change the administration and distribution of funds for mental health services in Florida.

This study is a snapshot of mental health services in our community. In these dynamic times, it may serve as a guide for our community in the creation of a cohesive and effective mental health services delivery system in Sarasota County.

STUDY GROUP MEMBERS

Study Group members met 25 times from September to March. In addition, the Process Team met several times to provide guidance and direction for the study. The committee received information from knowledgeable resource people and published information researched by SCOPE staff.

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FINDINGS

Findings represent the information received by the Study Group. They are derived from published materials, from facts reported by resource people and from a consensus of the Study Group's understanding of the opinions of resource people.

INTRODUCTION

There is inadequate coordination among the wide range of community mental health service providers in Sarasota County. This results in inefficient allocation of limited resources, both dollars and services. The same situation exists nationally. When people with mental illnesses do not receive the services they need, this negatively impacts both individuals requiring such services and the community.

In October 2002, an interim report of the President's New Freedom Commission on Mental Health stated: "...America's mental health service delivery system is in shambles....[T]he system needs dramatic reform because it is incapable of efficiently delivering and financing effective treatments…Responsibility for these services is scattered among agencies, programs, and levels of government. There are so many programs operating under such different rules that it is often impossible for families and consumers to find the care that they urgently need...As a result, too many Americans suffer needless disability, and millions of dollars are spent unproductively in a dysfunctional service system that cannot deliver the treatments that work so well."

The local system reflects these national problems. It is a spectrum of agencies and institutions that address pieces of complex and diverse service needs, and receive a confusing and restrictive combination of public and private funding. There is no oversight of the system as a whole, and effective coordination between providers is lacking. Data is not available to tell us how many people are actually receiving mental health services, or to allow for the evaluation of the effectiveness, appropriateness, and cost effectiveness of mental health services. Resource speakers stated that the local system can't be called a system at all.

Mental health service delivery has changed dramatically over the past 50 years. For much of the past century, states maintained rural asylums for persons with serious mental illness. Beginning in the 1960s, the Community Mental Health Act and the deinstitutionalization movement have led to the release of hundreds of thousands of people with mental illnesses from state hospitals across the country (such as G. Pierce Wood Memorial Hospital, which closed in 2002). Proponents of community mental health argued that with expanded outpatient services and the use of new psychotropic medications, people with mental illnesses could be more effectively treated in the community. Federal legislation created Community Mental Health Centers (CMHC), which were designed to provide a range of services for people with mental illnesses, yet funding for these programs was insufficient. As a result, communities were unprepared to respond to the needs of these clients, many of whom became incarcerated or homeless. National surveys carried out between 1980 and 1992 found that between 35% and 54% of people with severe mental illnesses were not receiving treatment in the community (Epidemiologic Catchment Area Surveys).

Today the mental health services system consists of a large and diverse array of organizations. Mental health service delivery settings in Sarasota County include the local community mental health center (Coastal Behavioral Healthcare), a community substance abuse center (First Step of Sarasota), hospitals (Bayside Center for Behavioral Health at Sarasota Memorial Hospital), and a range of smaller specialty agencies and residential programs. Mental health services may also be found in varying degrees in nursing homes, assisted living facilities, self-help settings, individual and family homes, schools, and primary care providers' offices. When people with mental illnesses do not or cannot access appropriate services in these settings, they may seek treatment in other settings, such as emergency rooms, homeless services, and the criminal justice system.

Consequences of untreated mental illness include incarceration, victimization, "self-medication" through alcohol and drug abuse, episodes of violence, and homelessness. Suicide is the leading cause of premature death among people with some severe mental illnesses. An estimated 10-13% of people with schizophrenia, and 17% of people with bipolar disorder commit suicide (compared with one percent of the general population). Research suggests that clients who receive early treatment tend to have better clinical outcomes, and when treatment is withheld, symptoms increase in severity and it takes longer to get the illness into remission (Hopkins et. al., 1998; Liebemean et. al., 1994).

Fiscal consequences of not treating mental illness include increased costs to the criminal justice system, increased use of costly acute care and hospital services, and a loss in worker productivity. Intangible costs of untreated mental illness include the loss of public parks, disruption of public libraries, losses due to suicide, and the effect on the family. Several studies indicate that though providing treatments that reduce the dependence and disability of people with mental illnesses may initially appear expensive, it may be cost-effective when larger costs of the disease are taken into account. It is estimated that for every one dollar invested in mental health treatment, three to eight dollars are saved due to reduced criminal activity and hospitalizations (National Alliance for the Mentally Ill, 2000).

Need for Mental Health Services

A study by the World Health Organization found that over 15% of the burden of disease (i.e. the total impact of diseases on health and productivity) in established market economies is due to mental disorders. Mental disorders are the second greatest contributor to the disease burden after cardiovascular disease. The Surgeon General estimates that more than one in five Americans have a diagnosable mental illness (see Table 1; see Appendix A for more information about specific mental health disorders).

Mental health is a continuum (See Figure 1). A state of optimal mental health is characterized by "successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity." To some degree, most people have experienced mental health disorders, "health conditions that are characterized by alterations in thinking, mood, and/or behavior … associated with distress and/or impaired functioning" (Surgeon General). One is said to have a diagnosable mental illness when he or she meets criteria for a DSM* disorder (excluding substance use disorders and developmental disorders), and serious mental illness (SMI) when symptoms cause substantial interference with major life activities. An estimated 5.4% of people will experience a SMI during the course of a year (Committee on Children and Families). This suggests that SMI affects over 18,000 residents of

*The American Psychiatric Association's official classification of diagnosable mental disorders is called the Diagnostic and Statistic Manual of Mental Disorders (commonly referred to as DSM-IV, referring to the 4th edition).

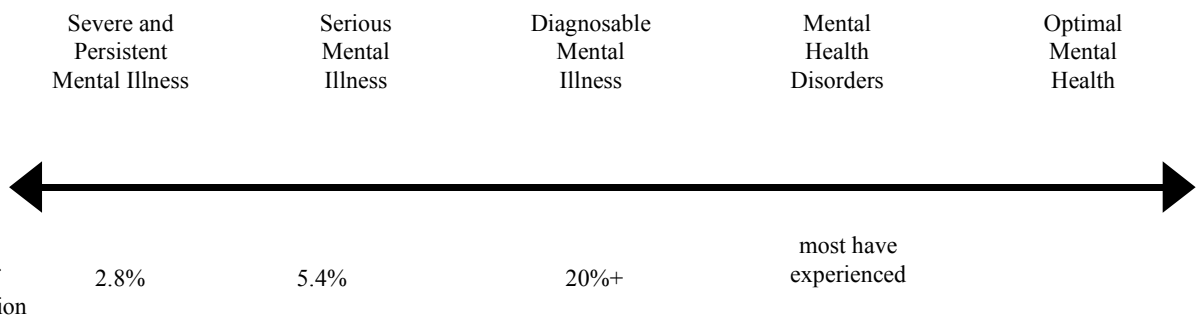
Table 1. Mental Health Disorder Estimates for Sarasota County

	Estimated Prevalence	Estimated Affected Population (Age 18-54)*
Any Anxiety Disorder	**16.4%**	**21,137**
Specific Phobia	8.3%	10,697
Social Phobia	2.0%	2,578
Agoraphobia	4.9%	6,315
Generalized Anxiety Disorder	3.4%	4,382
Panic Disorder	1.6%	2,062
Obsessive Compulsive Disorder	2.4%	3,093
Post-Traumatic Stress Disorder	3.6%	4,640
Any Mood Disorder	**7.1%**	**9,151**
Major Depressive Episode	6.5%	8,377
Unipolar Major Depression	5.3%	6,831
Dysthymia	1.6%	2,062
Bipolar I	1.1%	1,418
Bipolar II	0.6%	773
Schizophrenia	1.3%	1,675
Nonaffective Psychosis	0.2%	258
Somatization	0.2%	258
Anti-Social Personality Disorder	2.1%	2,707
Anorexia Nervosa	0.1%	129
Severe Cognitive Impairment	1.2%	1,547
Any Disorder	**21.0%**	**27,065**

*For estimated prevalence of 55+ population, see Table 8, For children 9-17, see Table 4

Source: Estimated Prevalence - Surgeon General's Report, 1999; Estimated affected Population - Prepared by SCOPE using estimated prevalence rates and U.S. Census 2000 data

Figure 1. Mental Health is a Continuum



Sarasota County. Severe and persistent mental illness (SPMI) refers to chronic illnesses that typically require life-long management. About 2.8% of the population (in Sarasota: 9,352 people) are estimated to have a SPMI.

Continuum of Care

Treating people with mental illnesses is a complex, circular process, impacted by a number of factors that are psychological, medical, financial, and personal. With access to the right medication and a well-coordinated system of supports, many people with serious mental illnesses can lead productive lives, experience remission of the illness, or even recover.

A continuum of care or an array of services is a range of mental health services that is designed to support people with mental illnesses (commonly referred to as "consumers") in the community. A continuum of care is not linear, and consumers don't "walk through" the mental health system. An effective system includes a comprehensive range of mental health services that are flexible and responsive to the client's needs (See Table 2 on page 8).

In the past 20 years, consumer and family advocacy groups have played an important role in advancing the philosophy of recovery in areas of mental health research, legislation and service delivery. In contrast to the traditional medical model, which focuses largely on symptom relief, the recovery concept focuses on the possibility that people with mental illnesses can regain their identity, their self-esteem, and a meaningful role in society (Surgeon General). Research suggests that treatment outcomes are improved when clients have optimistic expectations. Assertive Community Treatment teams, psychosocial rehabilitation, and vocational rehabilitation are examples of locally available services that are based on the recovery model.

The rate of treatment effectiveness for some mental health disorders surpasses that of many medical conditions, including cardiovascular disease (See Table 3). A number of factors influence treatment outcomes, some of which are personal. Often, failure to seek treatment and non-compliance are a symptom of the client's illness. Anasognosia, a neurological deficit that impairs a client's insight into his or her disease, may be the single factor most responsible for failure to receive treatment. According to one study, anasognosia is responsible for 55% of clients who don't receive treatment (Kessler et. al., 2001).

Table 3. Estimated Rates of Treatment Effectiveness

Schizophrenia: 60%
Major Depression: 65%
Bipolar Disorder: 80%
Panic Disorder: 70-90%

Data Source: National Institute of Mental Health

Table 2: Components of a Continuum of Care

- **information and referral** services
- **acute care** services for people in crisis
- various **outpatient services,** including:
  - medication services
  - individual and group therapy
- **partial care,** required by clients with more severe illness. These include short-term therapies aimed at stabilization, restoration, skills enhancement, and support, such as:
  - intensive outpatient services
  - partial hospitalization programs
  - day treatment
- a wide-ranging continuum of short-term and long-term **residential** options, including:
  - intensive short-term residential treatment
  - other residential treatment programs
  - highly structured group homes, nursing homes, and assisted living facilities (ALFs)
  - supervised housing
  - scattered independent apartments
- **community support** services aimed at helping consumers gain life skills, navigate the services system, and live productive lives in the community. Services include:
  - vocational services
  - income supports
  - transportation services
  - drop-in centers
  - case management services

Other important components of a mental health services system include:

- **family services** aimed at helping family members understand and cope with the illness, including:
  - specialized support groups
  - respite care
  - family specialists
- **prevention and early intervention services**

LOCAL MENTAL HEALTH SERVICES

While many commendable services are available to residents of Sarasota, there are also gaps in the services continuum that prevent some clients from receiving effective treatment.

Information and Referral

Information and referral services help facilitate entry into the mental health system and referral to appropriate services. Resource people stated that information about available mental health services is not readily available in Sarasota County. Some mental health services are listed in First Call for Help and the ParentAsk website, and a 211information line is also currently in development. However, family members and providers report that it is not easy to know what services are available. There is no comprehensive directory or referral system for mental health services in Sarasota County. The Department of Children and Families keeps information related to their contracts, and while they can be a good resource for families to find information about services, their intended role is not to be a referring agency.

Clients may be referred to mental health services from sources as diverse as general physicians, religious leaders, family members, postal workers, banks, schools, and law enforcement. Resource speakers stated that a lack of training among potential "gatekeepers" in the community may delay the recognition and referral of people with mental

illnesses into the system. Several resource people also noted that community outreach and screening for mental illness are very limited, particularly for populations that are least likely to refer themselves into the system (e.g. children, older adults, minority and non-English speaking populations). Furthermore, there is a lack of cross-training of staffs at mental health and substance abuse agencies that would enable them to recognize and triage consumers with co-occurring mental health and substance abuse disorders.

Comprehensive assessment and referral services are available in Sarasota County. Some of these services are free. However, it is often difficult for clients to access the follow-up services they need.

Acute Care Services

The capacity of the mental health acute care system is impacted by a lack of appropriate substance abuse services, long-term services, and diversion services. Over half of Baker Acts in Sarasota County are initiated by law enforcement, yet officers are not prepared to appropriately handle encounters with persons with mental illnesses.

Under the Baker Act, persons who are deemed to present a danger to themselves or others may be immediately assessed and placed in a secure inpatient psychiatric facility for a period of 72 hours, while their mental health condition is assessed and temporary therapy (typically 3-5 days) is provided. This occurs at either the private psychiatric receiving facility (RF) at Bayside Center for Behavioral Health or the public Crisis Stabilization Unit (CSU) at Coastal Behavioral Healthcare. It is not uncommon for a person with acute mental health service needs to present with a medical condition that requires attention before psychiatric services can be administered. These clients may be brought to an Emergency Room (ER). If a client is intoxicated, he or she may be detained under the Marchman Act, and admitted to a detoxification facility, if beds are available. (See flow chart.)

Role of Law Enforcement

In Sarasota County, law enforcement has the responsibility of responding to Baker Act situations. Presently, over half of Baker Acts in Sarasota County involve law enforcement. Yet, officers receive little or no training to prepare them for this role (for example, how to deescalate an encounter with someone in mental health crisis, and written protocol on where to transport clients with mental illness). While there is some informal understanding between providers on where Baker Act clients should be transported under different circumstances, formal written policies are lacking at the community level.

Lack of Bed Capacity

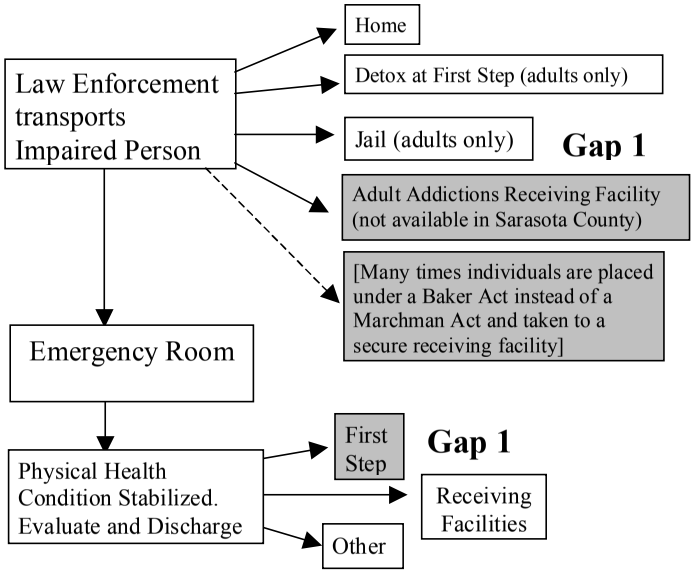
A report issued by the Community Alliance in January 2003 stated that there is a lack of adequate bed capacity in the acute care system in this county. The CSU operates at 93% capacity throughout the year, and several times a month the facility becomes full. When this occurs, indigent clients requiring psychiatric services may be transported to facilities in other counties, or they may be sent to the ER. In order to relieve the hospital ER, Bayside is sometimes compelled to accept indigent clients into its inpatient unit, a service for which Bayside does not receive compensation. With the February 2003 closing of the psychiatric unit at Bon Secours Hospital in Venice, Bayside Center is the only remaining private inpatient psychiatric unit in the county.

Lack of Available Detoxification Services

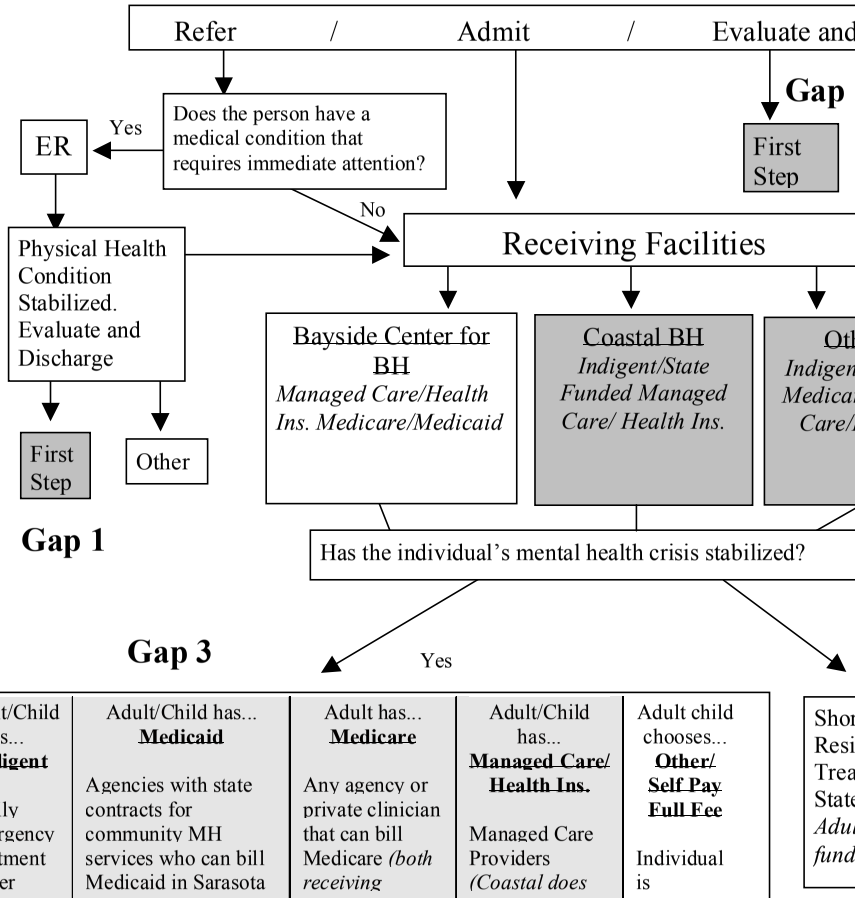
The Marchman Act specifies that persons who are intoxicated may be detained and brought to a detoxification facility where they are restricted from leaving until they have received appropriate treatment. However, no secure Marchman Act facilities exist in this area and there is a shortage of detoxification beds (particularly for the indigent and working poor). As a result, officers may bring an intoxicated client to a detoxification program, and even if a bed is available, the client may choose to leave at any time. It is not uncommon for intoxicated clients to be brought to ER, or end up, by default, in the jail. In any given month, between 10%-15% of the inmate population at the local jail were detained under the Marchman Act.

Since Baker Act facilities are restrictive environments, intoxicated people are sometimes admitted to Baker Act facilities even though the source of their problem is substance abuse related. Many patients enter the RF at Bayside and the Coastal CSU with co-occurring mental illness and addictions to alcohol, illegal drugs and prescription drugs. (See section on populations with co-occurring disorders.)

Protective Custody under the Marchman Act
397 Florida Statute



Involuntary* Exam at a Receiving Facility
394 Florida Statute



Adult/Child is... **Indigent**	Adult/Child has... **Medicaid**	Adult has... **Medicare**	Adult/Child has... **Managed Care/ Health Ins.**	Adult child chooses... **Other/ Self Pay Full Fee**
Family Emergency Treatment Center (FETC)	Agencies with state contracts for community MH services who can bill Medicaid in Sarasota County: ▪ Coastal BH ▪ Family Counseling Center ▪ Child Development Center ▪ First Step	Any agency or private clinician that can bill Medicare *(both receiving facilities—Bayside and Coastal—can refer to their outpatient programs that accept Medicare)*	Managed Care Providers *(Coastal does not accept any private insurance for outpatient services)*	Individual is responsible for fee payment

GAP 1: There are no secure Marchman Act/Addiction Receiving Facilities for adults in Sarasota County. Many individuals who meet Marchman Act criteria are admitted to Baker Act Receiving Facilities or taken to local ERs, contributing to a shortage of available beds.
GAP 2: The Crisis Stabilization Unit at CBH provides Baker Act Services for indigent persons. When at capacity, the CSU locates other publicly funded beds in the area. Sometimes Bayside Center for BH admits indigent clients due to a medical condition or a lack of available public beds, however Bayside receives no payment for this service.
Gap 3: FETC provides immediate services for all discharges from Sarasota County receiving facilities. FETC is fully funded by the state, but continued funding for this new program is at risk.
Clients with public (Medicare/Medicaid) and private insurance may be unable to access outpatient services due to: lack of coverage for some services, caps on number of allowable treatments, prior-authorization, higher copays for mental health services, and many practitioners cannot or will not accept Medicaid/Medicare.
**Involuntary exams may be initiated by a law enforcement officer, a mental health professional, or an ex parte order of the court.*

Promising Efforts and Strategies

Pre-Arrest Diversion Programs

There are three approaches designed to enhance response to Baker Acts and, when necessary, facilitate transport of persons in crisis to the appropriate facility. One is a law enforcement-based response - Crisis Intervention Teams (CIT); another is a response carried out by mental health professionals - Mobile Crisis Units (MCU); and the third is a hybrid model in which mental health professionals work with law enforcement. None of these models is currently used in Sarasota County.

A Mobile Crisis Unit is a team of trained mental health providers who travel and respond on-site to clients in crisis. If possible, these teams stabilize the client on-site or in their home, rather than in an inpatient setting.

CIT is a law-enforcement-based response that is researched and evidence-based. Officers are given specialized training that includes how to de-escalate a crisis situation and avoid unnecessary violence. Crisis Intervention Training is available to local law enforcement agencies at no cost except work release time.

Family Emergency Treatment Center (FETC)

The FETC is a new program in Sarasota that was initiated with funds from the closure of G. Pierce Wood Memorial Hospital, and is administered by Coastal Behavioral Healthcare. The goal of this program is to provide immediate access to assessments and treatment for clients in need of mental health and substance abuse services, so that these clients may be diverted from more costly inpatient services. FETC services are free and available on a walk-in basis, but hours of operation are limited. FETC is fully funded by the state, but continued funding for this new program is at risk.

Transportation Exception Plan (TEP)

Currently, law requires that clients who have been admitted through the Baker Act will be transported to the "nearest receiving facility", regardless of where the client (due to their payer source or preference) may ultimately receive treatment. A TEP would enable law enforcement to bypass this rule. Some communities, such as Manatee County, have used a TEP to establish a central assessment center, where all Baker Act clients are brought to a single location, assessed, and triaged. This could reduce costs incurred by the county and law enforcement related to transporting clients back and forth between facilities. The Community Alliance Acute Care Report (discussed below) recommends an assessment of the feasibility of such a plan in Sarasota County.

Data Services

When officers respond to a Baker Act, they do not know the individual's history and diagnosis, information that could help them be better prepared to respond appropriately. Seminole County law enforcement maintains a database on individuals with mental illnesses, so officers may be made aware of the history of an individual and be better prepared to intervene.

The Community Alliance Acute Care Issue Analysis

In January of 2003, the Community Alliance of Sarasota released a report on the Mental Health Acute Care system. The study recommends that the Community Alliance appoint an Executive Task Force with key stakeholders responsible to implement the recommendations of their report. (See Appendix C for the report's recommendations.)

Long-Term Services

Outpatient mental health services are available at a number of different agencies throughout the county. Access to these services is largely determined by one's ability to pay and level of priority within the services system. Due to limited capacity, priority clients in the public system are typically those clients who are discharged from crisis services. All other clients may be placed on a waiting list and services can be delayed for months.

While clients who are eligible for Medicaid and Medicare receive coverage for some outpatient services, both public and private insurance plans present some barriers to services. These include a lack of coverage for some services, caps on number of allowable treatments, prior-authorization, and higher copays for mental health services. Furthermore, many psychiatrists will not accept Medicaid/ Medicare coverage, due to low reimbursement rates. Some independent licensed practitioners (i.e. clinicians who are not contracted by a mental health agency) may be willing to treat Medicaid clients, but are not eligible due to state laws. If a client has the ability to self-pay, outpatient services may be more easily accessed. (For more information on funding services, see the section on Financing Services.)

Medication Services

Psychotropic medications for people with mental illness have advanced dramatically in recent years. However, many new drugs are expensive (often hundreds of dollars per month). Because of the expense and the chronic nature of serious mental illness, many local clinics and agencies that provide medications for physical health conditions are unable to provide psychotropic medications. In the past, Sarasota Memorial Hospital offered these medications through its community clinic, but now only medications for physical health conditions are available. Some smaller community agencies, including churches, have access to limited medication resources. The local office of Vocational Rehabilitation can provide short-term medication assistance to consumers. Coastal Behavioral Healthcare provides medications through five medication clinics. Some clients receive free medications through the state-funded Indigent Drug Program, but this service is limited. Resource speakers stated that greater access to affordable, generic drugs is needed for persons with mental illness.

In order to receive medications, clients require psychiatric services, which are very limited for clients who lack the ability to pay. Clients discharged from the CSU are given priority for these services. Waiting lists for psychiatric appointments can be prohibitive (3 - 4 months) for many other clients. Because of the continuous high demand, if a client misses his or her first medication appointment, (a common occurrence) it is very difficult to receive a new one.

It was noted that Hillsborough County finances a successful healthcare plan for the indigent population, which includes coverage for psychotropic medications. This program has been shown to reduce unnecessary utilization of the emergency room.

Finding the right combination of medications for a client is often a trial and error process, and side effects can be significant. Resource speakers identified a need for greater understanding of mental illness among prescribing physicians in the medical community. Primary care physicians often prescribe medications for mental health problems, although they may have little training in the area of mental health.

Partial and Intensive Outpatient Programs

Bayside Center offers several adult partial and intensive outpatient programs for those who have been in crisis and require a more intensive treatment environment upon discharge from the receiving facility. These programs are available to clients who have the ability to self-pay, have Medicaid/Medicare coverage, or certain private insurance. Specialized services for older adults and for clients with co-occurring mental health and substance abuse disorders are also available at Bayside. A partial program for children is available at Coastal BH. Due to limited funds, there are no intensive outpatient services available in the public sector, but the new Family Emergency Treatment Center (FETC) step-down program aims to address this need.

> ***"I really feel for the people who can't get their medication, I really do. They need more support in the community. If I didn't have my medication, I'd be a mess, and those people who travel all over the place looking for meds, I really feed bad for them."***
>
> **Michelle, The Stories Project**

Community Support Services

Residential Services

While some commendable housing options are available in this community, there is a lack of supply and range of housing for clients at all levels of need.

Housing affordability is a significant barrier in this community. Many persons with serious mental illness live on a fixed income, or live with aging parents or relatives who are on fixed incomes. The median monthly rent in Florida is $450, and median monthly rent in Sarasota is $711 (U.S. Census, 2000). Average monthly income for a Floridian with SPMI is $554 (NAMI, 2000).

Housing options range from highly structured settings to fully independent living. Residential Treatment provides care, support, assistance and limited supervision in daily living to adults diagnosed with serious and persistent mental illnesses. The state specifies five levels of Residential Treatment, ranging from Level I, which is the most highly structured, to level five, which is semi-independent housing. The following Residential Treatment options are available in Sarasota:

- Audubon program of Coastal Behavioral Healthcare. Level II housing, serves 29 consumers in Sarasota.

- Alternative Family Program at Gulf Coast Community Care, licensed as an Adult Foster Home, which serves 12 consumers in Sarasota.

Assisted Living Facilities (ALFs) may offer housing for consumers. There are 78 ALFs in Sarasota, but only one, Renaissance Manor, primarily serves clients with mental illnesses. Other area ALFs are authorized to provide beds to up to two individuals with mental illnesses.

Many consumers can live independently in unlicensed apartments and homes. Fair Housing laws prohibit discrimination based on disability, but resource speakers noted that tenants are often hesitant to tell prospective landlords about their mental illness, for fear they'll be denied the opportunity to secure a residence. Neighbors often object to the development of housing developments specifically for people with mental illnesses. The following is a list of unlicensed independent housing programs whose mission is to serve people with mental illnesses in Sarasota County:

- Access One, with a capacity to serve nine consumers. Located in Venice.
- CBH apartments, with a capacity to serve 24 consumers. Located in Sarasota.
- CBH three-bedroom homes, with a capacity to serve six consumers. Located in Sarasota.
- Coastal Renaissance apartments, currently serving 10 consumers in Sarasota.
- Coastal Renaissance apartments and town homes. These units are currently under construction and are expected to serve 24 consumers in Venice.

Some persons with serious mental illnesses may also obtain housing through the Salvation Army. A new facility located in the city of Sarasota will offer beds to an undetermined number of consumers. (For more information on housing, see section on Homeless Populations.)

The application process for obtaining housing can be overwhelming and consumers often feel confused and discouraged by the extensive paperwork. Resource speakers identified a need for advocates to provide assistance to consumers who are seeking housing. Supportive living services (i.e. counseling and assistance to help clients develop budgets, make household arrangements and plans, and obtain and negotiate leases with private landlords in the community) are available through Coastal BH. Assistance with housing is also available to clients who are on the Florida Assertive Community Treatment (FACT) Team.

Federal funding for affordable housing has been cut drastically in the past decade (by over 75% in real dollars). Housing programs for people with disabilities have suffered even more.

Funding sources in this area are highly competitive. One resource speaker noted that local money is available to build housing, but it can be difficult to secure funding for operation and maintenance. One provider said that volunteers are needed to assist with operations.

Resource speakers identified more than 26 possible funding sources that are available to assist with the development of affordable and supported housing for people with disabilities, including mental illness. Resource speakers stated that our community is taking advantage of few of these opportunities.

The city of Sarasota designated over $680,000 for housing for persons with mental illness as part of the 2000 Consolidated Plan. The Office of Housing and Community Development plans to revisit special housing needs, including housing for persons with mental illness, in the 2005 Plan.

Income Supports and Entitlement Programs

Publicly funded entitlement programs are available to people with disability due to mental illness. Persons with very low income are eligible to receive healthcare coverage through Medicaid and monthly income support through Supplemental Security Income (SSI). Medicare and Social Security Disability Insurance (SSDI) are available to people who have paid into these programs and become disabled. Clients who receive SSI automatically receive Medicaid, but SSDI recipients cannot receive Medicaid until after they have been on disability for 2 years. (See section on Income Supports for more about SSDI and SSI.) Children from low-income families can qualify for Florida's Child Health Insurance Program, called Florida KidCare.

Nationally, 15% of Medicaid recipients, 31% of SSI recipients, and 26% of SSDI recipients have a serious mental illness. In 2001, nearly 38% of SSI recipients in Florida received SSI payments due to a mental health disorder. This suggests that in Sarasota in 2001, approximately 1,300 out of 3,400 SSI recipients had a mental illness as their primary disability.

Barriers that prevent people with serious mental illnesses from accessing SSI and SSDI include the following:

- The disability itself (e.g. people with severe depression are not inclined to take the initiative to file for disability).
- Some people who suffer from mental illness do not believe they are disabled (anosognosia).
- Some consumers have had negative experiences with, or don't trust, the government.
- The application process is unsuited for people with mental illness. It takes a long time, requires stamina, conviction and involves complex requirements. Many consumers don't follow through.
- There are no advocates in the Social Security Administration (SSA) to help people fill out paperwork. SSA staff can provide some help to applicants, but SSA lacks the funding to devote staff to this purpose.

Employment

Research suggests that there is a strong relationship between work and recovery from mental illness. Many people with mental illness experience both high and low functioning periods and often they will lose their jobs during the times of low functioning. Therefore, supportive services to help consumers obtain and maintain employment are important. Likewise, services that support the well being of employees, such as Employee Assistance Programs (EAP) can be an effective way to prevent more serious mental health problems from developing.

Resource speakers stated that there are a number of local providers that can help consumers obtain employment support. Local drop in centers such as Hospitality House and the Mental Health Community Centers provide social support and skills training (known as psychosocial rehabilitation) to clients with serious mental illness. Job coaches and other employment services are available through Vocational Rehabilitation and CBH's case management, Florida Assertive Community Treatment (FACT) teams, and supported employment programs. Easter Seals, Goodwill, and the Social Security Administration also offer job services to clients with disabilities, including mental illness.

The following problems were identified related to employment services and opportunities for persons with mental illnesses:

While resource speakers stated that there are many employment services available, a lack of coordination makes it difficult to connect them to clients in a timely manner. One speaker identified a need to streamline services to avoid duplication of services and reinventing the wheel. The Vocational Interagency Council was identified as an organization with an unrealized potential to bring agencies offering employment services together in order to increase efficiency of service delivery.

The local economy presents additional challenges. Because Sarasota is a popular destination, there are usually an abundance of candidates for employment opportunities who compete with mental health consumers. There is a lack of jobs specifically committed to the disabled. Additionally, Sarasota is made up predominantly of small businesses, which have fewer openings and may be less able to adapt to supported employment or job sharing situations. Small businesses are also less likely to offer Employee Assistance Programs, which are a cost-effective way of identifying and assisting employees who are having personal troubles that are impacting job performance.

The stigma of mental illness can be a significant barrier to the ability of a consumer to obtain employment. Employers may feel mental illness will be a job impediment. A resource person stated that an employee who is being treated for mental illness is not any more problematic than any other employees with chronic illness. Employers often do not understand the Americans with Disabilities Act, which prohibits discrimination against persons with disabilities and requires that "reasonable accommodations" be made to allow the qualified individual to perform the essential functions of the job.

"I'm going to try to work. You know, it's like I said, it's like a vicious circle for me. I try to work for a couple of months, and then I get depressed."

Wayne, The Stories Project

Other barriers to employment include:

- Criminal Records. Employers may be reluctant to hire those with a criminal record. Clients with severe and persistent mental illness have a greater likelihood of having past criminal convictions.

- Funding. State Legislative funding cuts of $4 million for Vocational Rehabilitation this year caused VR to lose all its federal match dollars (a $20 million shortfall).

- Homelessness. Approximately 1/3 of the homeless have mental illness. If one is homeless it is difficult to provide an address on a job application, make or receive calls for job interviews, and clean up and prepare for an interview. Resurrection House offers services to assist with this.

- Transportation. (See next column)

Consumers are often inhibited from seeking employment for a number of reasons. These include:

- Fear of losing Medicaid and Social Security benefits. Many are unaware of the following programs:

    - Provision 1619 B, which allows persons with SMI to get a job without losing their Medicaid benefits.

    - Impairment Related Work Expense (IRWE), a Social Security program that allows consumers to get financial assistance for skill-building services that will help clients return to work.

    - Plan to Achieve Self Support (PASS), a Social Security program that allows a client to obtain independence and improve their career prospects by putting earnings in a separate savings account and not be penalized for them.

- Learned helplessness, a lack of trust, and fear of failure.

- Undesirable job options. Most jobs offered in a supportive employment situation are menial, paying close to minimum wage. However, in recent years, there has been a movement away from the sheltered employment settings, in which consumers often worked at menial tasks in non-integrated settings. Current efforts attempt to create more integrated settings that offer competitive job options and the chance to build skills and set employment goals.

"They took my Medicaid card away from me because I made $40 too much a month, and when one prescription is over $100 a month, it didn't make any sense to me."

Donna, The Stories Project

Transportation

Without access to transportation, consumers may be as isolated living in a community as they would be living in an institution.

Many people with serious mental illness cannot drive due to the symptoms of their illness or side effects of their medication. Limited public transportation in our community makes some job sites or schedules impossible. Public transportation is especially problematic for mental health consumers who are residents of south county, where bus services are more limited than in north county. South county consumers who lack transportation must take a bus to access day treatment services in the City of Sarasota; this can take two hours.

Services for Children

Many of the problems with children's mental health services are the same as those identified with adult mental health services, but funding for outpatient and residential services is even more limited. Intervention and treatment in early childhood may prevent later development of mental health disorders, however resources for this are also lacking.

Table 4. Children and Adolescents Ages 9 to 17 With Mental or Addictive Disorders

	Prevalence	Number affected, Sarasota County
Anxiety Disorders	13.0%	3,697
Mood Disorders	6.2%	1,763
Disruptive Disorders	10.3%	2,929
Substance Use Disorders	2.0%	569
Any Disorder	20.9%	5,944

Table Source: Surgeon General's Report, 1999; Sarasota County Estimates
Prepared by SCOPE using U.S. Census (2000) data and prevalence rates

National studies indicate that 20.9% of children ages 9 through 17 have a mental or addictive disorder (see Table 4). Nearly half of all children with mental disorders drop out of school (American Psychiatric Association). Mental health disorders most commonly diagnosed in children and adolescents are: anxiety disorders, attention deficit with hyperactivity disorder, conduct disorder, depression, and oppositional disorder (see appendix A for more information about these disorders).

Twenty-one percent of high school students in Sarasota County report that they have seriously considered suicide, and 15% report that they have attempted suicide, figures higher than national averages (Youth Risk Behavior survey, 2001; See Figure 2). Suicide is the fifth leading cause of death among children between the ages of 5 and 14, and the third leading cause of death for children 15 to 19 (Florida Youth Suicide Prevention Study, 1999). Research indicates that for every suicide, there are 50 to 200 suicide attempts (Garland and Zigler, 1993).

Local Services

The Community Assessment and Intervention Center (CAIC) provides free assessments and referral services to children ages 6-18. Children requiring crisis services may obtain inpatient care at either the Coastal Behavioral Healthcare CSU, or at Bayside Center for Behavioral Healthcare. Unlike the acute care system for adults, resource speakers did not report a problem with capacity in children's acute care services. The CSU recently expanded its capacity to treat youth who are intoxicated (see below, Children with Co-occurring Substance Abuse Disorders).

Resource speakers stated that children whose service needs are not serious enough to require crisis care often wait for weeks or months, and sometimes even years to access critical services, such as medication and long-term residential treatment. During the time spent on waiting lists, some children are admitted multiple times to the CSU and/or become arrested.

Youth in Juvenile Justice

Each year, about 7% of Florida youth between 10 and 17 are referred into the juvenile justice system (FMHI Policy Brief, March 2001). Resource speakers stated that at least 60%-80% of these offenders have a mental health and/or substance abuse problem.

In Sarasota County, children who are charged with a criminal offense are assessed through the Juvenile Assessment Center (JAC). A resource speaker stated that the Department of Juvenile Justice (DJJ) has very limited funds

Figure 2. Suicide & High School Students

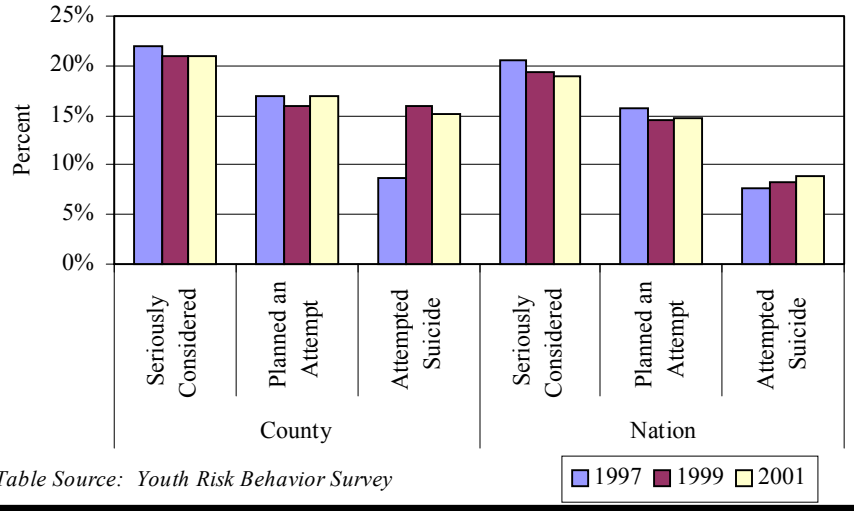


Table Source: Youth Risk Behavior Survey

for mental health and substance abuse services, and mentioned the following specific gaps:

- There is no physical JAC location in south county.
- Some services are available for Sarasota County youth in DJJ programs, but they are physically located in nearby counties. Sarasota youth requiring detention are sent to Manatee's Detention center, where the Family Counseling Center provides some on-site mental health services.
- In DJJ facilities, youth with mental health problems are placed with youth with only criminal problems.

Children with Co-Occurring Substance Abuse Disorders

There are several programs available for children with substance abuse disorders and/or co-occurring mental health and substance abuse disorders. These include:

- Compass (Coastal BH), a new 20 bed residential, six-month program for males aged 11-18 with substance abuse disorders. The program will take boys with co-occurring mental illness, however it cannot take young girls, nor can it accept violent or involuntary clients.
- Coastal BH recently opened five Juvenile Addiction Receiving Facility (JARF) beds at the Crisis Stabilization Unit, allowing youth who are intoxicated to receive evaluation and treatment for mental health problems, if necessary. The CSU/JARF may one day be able to serve as a secure facility for children admitted under the Marchman Act. Currently, treatment for children may only be mandated if the child has been arrested.
- First Step of Sarasota (FSOS) offers an outpatient program for youth with primarily substance abuse disorders, but some youth may also have mental health disorders.

Funding Issues in Children's Services

Resource speakers reported that there is insufficient public and private funding available for children's mental health services. The amount of state money for crisis and medication services for children hasn't changed in 8 years. A total of $7 million in Department of Children and Family funds is shared between Sarasota and five other counties for children's mental health services. This is in contrast to approximately $60 million for adult mental health services. Only around $3.5 million is available for all children's outpatient services in a six-county region. (For more information about funding, see the section on Financing Services.)

Medicaid covers outpatient services for youth, but several services that are utilized by children, such as Intensive Therapeutic On-Site Services, require prior authorization. Private insurance companies will not cover some outpatient services for youth, and few will cover testing for school learning problems, attention deficit disorder, or neuropsychological problems. When private insurance coverage for psychological testing is available, often coverage does not allow for enough units of testing to do a comprehensive job. Likewise, resource speakers reported that psychological testing is poorly covered under Medicaid.

Role of the Public Schools

State and federal laws require schools to serve children with special educational needs in a manner that is "free and appropriate". Every state receives federal money to help identify and serve children with disabilities, including mental, behavioral and emotional disorders through the Individuals with Disabilities Education Act (IDEA), a federal law that was enacted in 1997.

Resource speakers stated that it is not the role of schools to diagnose or treat students with mental disorders; the role of schools is to educate. Schools commonly refer students with behavioral problems to services such as CAIC and Child Development Center, where they may be assessed. A resource speaker noted that with increasing class sizes, teachers are more readily identifying and referring students with "problem behavior" for services. The student's family must seek mental health and substance abuse assessment and recommended services outside of the school setting. The exception is Oak Park, a school that serves students with the most serious emotional and behavioral disorders. Psychiatric and medication management services are available at Oak Park, along with six therapists from Coastal, Family Counseling Center, and Child Development Center.

Severely Emotionally Disturbed Network, SEDNET, is a program funded by the state Department of Education. Currently, the SEDNET Sarasota Local Planning Team, a group of agency providers and community stakeholders, has formed a Task Force on the Continuum of Care to identify

current gaps in services for Sarasota youth and to create a vision of an ideal system of care for all children. A SEDNET School-based Mental Health Task Force oversees mental health programs at Oak Park.

The Sarasota school system has collaborated with two agencies to provide services for children with mental health needs in south Sarasota County. The program with First Step provides counseling and intervention services. The program with Jewish Family and Children's Services provides an alternative to out of school suspension at some schools in North Port. The School Board is also developing a therapeutic classroom model to be implemented in 2003 at a new middle school in North Port.

Early Childhood Intervention

A 1996 study in Chicago estimates that nine percent of children aged 2-5 demonstrate serious mental health problems, a figure consistent with research on school readiness. Research indicates that early childhood intervention can prevent later mental health problems in adulthood, however most children are 10 years old before they receive any mental health treatment.

Early identification and referral services are lacking, and there is a shortage of clinicians in Sarasota County who are properly trained to work with children 0-5. Children fall through the cracks between the ages of 3 and 5, when they are too old for programs such as Healthy Start. Mental health problems typically go undetected until the problems become evident in kindergarten. Some communities screen all kindergarteners for mental illness using (TABS) Temperament and Atypical Behavior Scale and EYBERG Child Behavior Inventory (ECBI) Parent/teacher rating scale.

For young children, family therapy that involves the parent can be an essential part of the child's treatment. Nationally, 60% of parents with children who have mental health problems also have a mental health problem, but only 30% of these parents receive mental health treatment. In July 2001, Medicaid approved a change that now allows clinicians to treat the family as a unit rather than only allowing for treatment of the child.

Notably, Florida is the only state that has a Strategic Plan for Infant Mental Health, and Broward County is a leader in this. However, this plan has yet to be implemented in Sarasota County.

Prevention

The Public Health Approach

In the field of public health, prevention activities have been defined in terms of primary, secondary, and tertiary prevention. Applied to the field of mental health, these terms may be understood as follows:

1) Primary: Proactive preventive programs targeting groups (especially high-risk groups) before mental health problems are apparent;

2) Secondary: Early intervention to halt the process of the disease (i.e. treatment, crisis counseling);

3) Tertiary: Reduction of relapse and recurrence (i.e. through rehabilitation and maintenance). (Institutes of Medicine)

Nature vs. Nurture

Both nature and nurture contribute to early brain development that permanently impacts a person's functioning in social, emotional, and behavioral areas. Until recently, technology has not been available to observe the biological basis for mental illness, but in the past decade, researchers have made tremendous advances in our understanding of the biological basis for a number of different mental disorders. Abnormalities in brain structures, infectious agents in the brain, and chromosomal irregularities have all been linked to mental illness.

Not enough is known about what causes major mental disorders like schizophrenia and bipolar disorder and how to prevent these disorders. Yet, certain environmental factors, such as trauma and abuse, are known to contribute to the development of some mental disorders.

Several resource speakers identified a need for preventive programs, acknowledging that no disease or disorder has ever been treated out of existence, and prevention is the only way to reduce the rate of some mental illnesses.

Table 5. Risk and Protective Factors for Mental Health Disorders	
Risk Factors	Protective Factors
Individual Genetic vulnerability (varies by disorder) Gender Low birth weight Neuropsychological deficits Language disabilities Chronic physical illness Below-average intelligence Child abuse or neglect	***Individual*** Positive temperament Above-average intelligence Social competence Spirituality or religion
Family Severe marital discord Social disadvantage Overcrowding or large family size Paternal criminality Maternal mental disorder Admission to foster care	***Family*** Smaller family structure Supportive relationships with parents Good sibling relationships Adequate rule setting and monitoring by parents
Community or Social Violence Poverty Community disorganization Inadequate schools Racism and discrimination	***Community or Social*** Commitment to schools Availability of health and social services Social cohesion
Table Source: Surgeon General's Report, 1999	

Risk Factors

It is generally acknowledged that the development of any mental disorder is attributable to not one, but a combination of risk factors that may be biological, social, or ecological in nature. (See Table 5)

Prevention strategies typically target risk factors and nurture protective factors (e.g. social coping skills, self-esteem, and support groups). Research indicates that risk factors for mental illness in children overlap with risk factors for other problems, such as substance abuse, teen pregnancy, and juvenile delinquency. Likewise, nurturing the development of protective factors relative to risk factors can reduce the incidence of not only mental illness, but also a variety of other negative outcomes.

Resource people discussed the following risk factors:

Parental mental health issues. The mother plays a significant role in an infant's mental health (e.g. babies model after the mother's facial expressions). Infants born to depressed mothers are at high risk for developing mental illness. Over 70% of mothers screened in Sarasota through the Infant Mental Health pilot project at the Child Development Center are clinically depressed, yet few of them have been formally diagnosed. Alcohol and drug exposure in utero is another factor that impact a child's mental health. By age five, there are noticeable mental health problems in 90% of children who are exposed to alcohol in utero.

Poverty is associated with an increased risk of mental illness and substance abuse. People who are living in poverty are 2-3 times more likely to have a mental disorder than those in the highest socioeconomic strata. Nearly 25,000 people in Sarasota County are living below the poverty line, and 32% of children live in families below 200% of the poverty guidelines. Another 20% live below poverty guidelines, and another 12% fall under the category of "working poor".

Early exposure to violence and other stresses. The enduring negative consequences of violence impact the mental health of the victims, the perpetrators, their families, and their communities. Self-regulation (e.g. the ability to control one's mood and behavior) is impacted by early exposure to violence

and other stresses. Research shows that children can get post-traumatic stress disorder from witnessing domestic violence. People living in poor neighborhoods are exposed to a disproportionate amount of violence.

Mental illness affects people of every racial, ethnic, and socio-economic status. However, Minority populations are over-represented in several high-risk populations for mental illness (See section on Multicultural and Minority Populations). For example:

- While only 12% of the total U. S. population, African Americans make up 40% of the homeless population, nearly half of all prisoners, and almost 40% of juveniles in legal custody. African Americans are also more likely to be victims of serious violent crime (Surgeon General, 2001).

- Nationally, about 25% of African Americans live in poverty, compared with 12% of the country as a whole. In Sarasota County, this disparity is even greater, with approximately 32% of African Americans living in poverty, compared with 8% of the total population (2000 Census).

- Nationally, nine percent of Hispanic Americans are incarcerated, compared with three percent of non-Hispanic whites. Latino men have relatively high rates of alcohol and drug use compared to the population as a whole (Surgeon General, 2001), and resource speakers noted that the highest rates of alcoholism and schizophrenia are found in populations of migrant farm workers.

- There is a high rate of post-traumatic stress disorder among refugees from Central America and Southeast Asia (Surgeon General, 2001).

The Surgeon General also reports that minorities who are exposed to the stresses associated with discrimination are at a higher risk for mental disorders such as depression and anxiety.

Local Services

In Sarasota County mental health agencies provide a wide range of secondary and tertiary (treatment and rehabilitation) programs. Most primary prevention programs are delivered by agencies outside of the mental health services system. Many of these programs receive support through Sarasota County Grants-in-Aid.

Resource speakers reported that few community mental health centers and few in the private sector (i.e. hospitals or practitioners) have funds to dedicate to prevention. Often primary prevention strategies are known, but the funding is unavailable. It was noted that obtaining funding for prevention programs is often difficult because it is more difficult to show the direct financial benefits of prevention compared to other types of services.

Preventive Strategies

Prevention activities may include community education, community development, treatment in a natural environment, in-home counseling. Several resource speakers observed a need for broader education of the general public, which would enable identification and treatment to happen sooner. Breaking the Silence, a presentation that teaches school children about mental illness, is available to local schools through the Sarasota County affiliate of the National Alliance for the Mentally Ill (NAMI).

Another effective prevention strategy is regular home visits during and after pregnancy by nursing counselors. A Model Program is the Visiting Nurse Program in Montana, where a registered nurse makes contact with pregnant mothers in the home. The Surgeon General reports that home visitation programs for low-income, Spanish speaking mothers and infants have been shown to create more secure attachments. Louisiana's Healthy Families Programs provide home visitor services and information to new parents for up to five years after a child is born. Maternity programs such as these are universally available in some countries.

Involvement in a support group (e.g. religious groups, clubs, 12-step groups) reduces one's risk of developing a mental disorder.

"I have two daughters that are bipolar and I feel their pain. I can't help it. I have been trying for years to let go, but when they have episodes, it's my episode too. I get sick right along with them."

Jackie, The Stories Project

SPECIAL NEEDS POPULATIONS

Time constraints did not allow for study of the needs of persons with co-occurring developmental conditions, veterans of war, or children in the dependency system.

Families

Families play an important role in obtaining services and aiding recovery, but families often feel shut out or overlooked by mental health providers. Family members may develop mental health problems of their own due to the stress of caring for a person with mental illness, and specialized services for families are needed.

An estimated 100 million people in the United States (35% of the population) have an immediate family member with mental illness. More than one-third of these family members have experienced violent and destructive outbursts in their home as a result of the family member's mental illness.

Family members often suffer emotional and physical consequences as a result of a family member's mental illness. A local study exploring the impact of mental illness on the family found that families experience trauma and fatigue as a result of the daily worrying, constant preoccupation with issues of safety, frequent trips to emergency rooms and psychiatric hospitals, and unrealized expectations associated with mental illness in a loved one (Barnes and Scofield, 2002).

While state funding is available for family services and some services can be found through voluntary support networks, resource speakers stated that there are few services available for families of people with mental illness in our community. Speakers also stated that it can be hard for families to receive the attention they need from the over stressed and under funded mental health services system. An array of support services, such as multi-family group therapy and support groups for children and siblings, and twelve-step groups such as Alanon, are needed.

Resource speakers stated that respite care is the number one plea of families of children with mental illnesses, and there is no respite care available for adults or children with mental illnesses in our community. Respite care offers a place for individuals with mental illnesses to stay overnight in order to offer families a break. Respite care is available for families with loved ones who have developmental disabilities, but the wait list is 2-3 years. Due to the lack of respite care, parents may ask to have their children taken out of their custody because they are unable to give them proper care and are exhausted.

Opportunities to engage families in a collaborative role are lacking locally. Many families want to be involved and consulted in various capacities including: advocacy, treatment and discharge planning, satisfaction surveys, citizen monitoring programs, community symposiums, seminars, etc. Families are often shut out from the treatment process due to confidentiality laws.

Other specific service needs mentioned by family members were:

- Mobile crisis teams of trained mental health professionals to provide assistance if their loved one was having a mental health crisis.
- Individual, 24-hour case management to help their family member secure the proper services and navigate the system.
- A central mental health information clearing house or inter-agency office to make information about services readily available.

Multi-Cultural and Minority Populations

While mental illness affects people of every racial, ethnic, and socio-economic group, some factors place minorities at a disproportionate risk for developing mental health problems. Barriers to mental health services include language barriers, legal status, poverty, lack of trust, and lack of culturally appropriate services.

There are a number of disparities in mental health services for racial and ethnic minorities. According to the Surgeon General, mental health services are less available and accessible for minorities, and those minorities who receive treatment often receive a poorer quality of services (1999, 2001).

Resource speakers stated that the demographics of our community are changing. The city of Sarasota was identified as one of twelve cities in the U.S. with the most rapid growth

of Hispanic/Latinos in the nation, and one of the top three in the Florida. About 15% of youth in Sarasota County are non-White (i.e. either African-American, Hispanic-Latino, a combination, or other race/ethnicity). There are also a greater number of foreign-born immigrants, notably immigrants from Asia and Ukraine. (See Table 6)

Table 6. Demographic Information Sarasota County

	Hispanic	African-American	Foreign-Born Immigrants
Sarasota County	14,142	13,621	30,416
% of Total Population	4.3	4.1	9.3
% Change between 1990 & 2000	140.4	12.8	82.6
Sarasota City	6,283	8,447	7,289
% of Total Population	11.9	16.0	13.8
% Change between 1990 & 2000	160.9	2.2	121.1

Data Source: U.S. Census

Some of the issues relating to access and quality of care for diverse populations include:

- **A lack of minority/multi-cultural clinicians.** Resource speakers stated that it would be beneficial if more minorities entered mental health field and more diverse staff were available at local agencies. There is a growing need for clinicians who understand the particular mental health concerns of diverse populations in our community. Mental health services work best, especially at initial engagement sessions, if the clinician is of the same ethnic background. Nationwide, only two percent of psychiatrists, two percent of psychologists, and four percent of social workers are African American. Resource speakers stated that recruiting bilingual/multicultural clinicians is difficult when these individuals can make twice as much in other fields. A resource speaker stated that smaller providers that cater to minority populations also should be fostered and supported.

- **A need for culturally specific services.** A resource speaker stated that providers and the mental health field as a whole should be more sensitive to cultural issues. For example, questions asked on clinical evaluation forms are viewed as intrusive by some cultures and they will not respond to them. Because the mental health treatment depends on verbal communication, trust between patient and client is critical. In a 1999 survey conducted by the Hispanic Latino Coalition (HLC), Hispanics in Sarasota County cited a lack of trust of community providers as a major obstacle to healthcare in this community. Stigma of mental illness may also be especially strong in some cultures.

There is a lack of comprehensive strategic planning among agencies for cultural/language programs. Resource speakers stated that strategic planning is needed at all levels (providers, interagency, county, and state). Agencies need to develop written policies so that they are prepared to handle diverse cultures before clients come into the program.

- **Language barriers.** Almost 31,000 people in Sarasota County are Limited English Proficiency (LEP), meaning they do not speak English well. For every ten people over the age of five in Sarasota County, one to two speaks a language other than English at home. People develop an "emotional language". If the therapist speaks a different language than this, services are not effective. A needs assessment cited language issues as one of the greatest barriers cited to healthcare cited by Hispanics living in Sarasota County (HLC, 1999).

All programs that receive federal financing are required to address language barriers to their services. The Department of Health and Human Services issued language guidance policies in 2000 and 2002. These policies requires providers of mental health services to ensure that basic paperwork is available in all languages spoken by at least 1000 people in the community, and that competent interpreters, and/or bilingual professionals are utilized. Programs that receive federal monies either directly or indirectly must provide services at the same standard as services provided in English.

- **A need for greater outreach.** Resource speakers stated that further needs assessments of minority communities are needed in Sarasota County. While the local Vocational Rehabilitation and SSA offices both provide materials in Spanish, representatives acknowledged the need for more outreach to the Spanish-speaking community.

- **Underinsured issues**. Nationally, minority groups have a higher rate of uninsurance than the population as a whole. Employer-based coverage is significantly

Table 7. Rate of Uninsurance
General Population: 16% African American: 25% Hispanic: 37% Asian: 21%
Employer-Based Coverage
White: 73% African American: 50% Hispanic: 43%
Data Source: The Surgeon General

less for African-Americans and Hispanics than for whites (See Table 7).

- **Immigration status issues.** Because of their immigration status, Hispanic/Latino clients often do not participate in state funded insurance programs and end up needing programs that accept them regardless of ability to pay. There is a widespread misperception among immigrants that enrolling in Medicaid will jeopardize application for U.S. citizenship. Therefore, many immigrants who are eligible do not enroll in Medicaid.

Immigrants frequently suffer from anxiety and depression. Many have come from political turmoil and suffer from trauma. Immigrants often have difficulty finding work, making the cultural transition, and getting accustomed to different systems in this country. A resource speaker suggested that exploitation is a reason that migrant farm workers have the highest risk for developing alcoholism, schizophrenia, and depression. Environmental factors that contribute to this higher rate include poverty, transience, and inadequate schooling for children.

Some notable local services include:

- The Hispanic Program at Coastal – Targets children, adolescents and families. Provides free individual, family, and couples counseling. Psychiatric services are available on a sliding scale fee.

- Child Development Center offers services for Hispanic children under five.

- The Healthy Start Coalition provides customized counseling services for pregnant women and parents of newborns who are Hispanic.

- The Community Assessment and Intervention Center (CAIC) performs outreach to African-American and Hispanic-Latino populations, as well as youth without insurance coverage.

- Jewish Family and Children's Service has a women's self-esteem and domestic violence prevention group called "La fuerza de la mujer".

- The Hispanic/Latino Coalition advocates for the development of appropriate services for Hispanic/Latino families and provides cultural competence training to agencies in Sarasota County.

Incarcerated Populations

The criminal justice system lacks adequate coordination and strategies for processing clients with mental illnesses. Treatment services for persons with mental illnesses are inadequate in the jail. There is a lack of collaboration and understanding between the mental health system and the legal system.

Resource speakers stated that we are living in a time of limited resources and accelerated rate of criminalization of our population. The number of inmates with mental illness in Florida jails has tripled in the past ten years. These inmates receive little or no treatment. It was stated that when mental health consumers are involved in criminal justice and the main cause of the criminal charge is a manifestation of mental illness, then processing the person through the criminal justice system has no benefit to the community or the client unless the illness is treated.

National data indicate that it is up to six times more expensive to care for inmates with mental illness, and the average length of incarceration is longer, than for other inmates. A 2002 report from Partners In Crisis (PIC) stated that for the amount it costs to jail or hospitalize a single person for one year, Florida could provide medications and treatment for ten people with mental illness. A 2001 study by the University of Pennsylvania found that the cost of providing a transitional program with treatment and supportive housing to a person with mental illness is the same as the cost of keeping the person in jail for several weeks and then releasing him or her on the streets. Another study of the Chicago-based Bridges Program found that providing felony offenders with mental health treatment reduced jail and hospital stays by 80-90% (PIC, 2002).

A resource person from the sheriff's department estimated that 20% of inmates in the Sarasota County jail have a serious mental illness, a figure consistent with national averages for incarcerated populations. One resource speaker stated that, unlike other community services for people with mental illness, jails have unlimited beds and it is easy to get admitted. Jails have become crisis stabilization and detoxification centers.

Availability of Treatment in Jail

Resource speakers observed that jails are institutions designed for criminals and are not equipped to serve as mental health hospitals. Mental illness is often exacerbated by the crowded, confined, and idle conditions in jails. Inmates with serious mental illnesses are often isolated from the general population for protective or punitive reasons, because of factors like vulnerability to other inmates and inability to follow regulations. In the Sarasota County jail there is a direct observation, or "suicide watch," area where inmates who are acting out or who may be at risk of committing suicide are placed. Inmates may be restrained with shackles, handcuffed to a chair, or medicated per the doctor's order. Monitoring this area is very stressful for officers, who are not trained to handle persons in mental health crisis.

Presently the psychiatrist only visits inmates at the county jail on a weekly basis and must see numerous clients in a short time. The psychiatrist's role is not to provide therapy, but to diagnose and prescribe medications to inmates. If there is a crisis, law enforcement officials will contact a doctor or transport the individual to the hospital or other facility. Recently a full time mental health counselor was hired at the jail.

The jails contract medical services through Prison Health Services (PHS), which provides generic drugs to patients when prescribed by a doctor. Between 11-12% of the jail population is on psychotropic medications. If an inmate requires a very expensive psychotropic medication, it may not be available to them in the jail. In 2002, the jail spent $16,643 on psychotropic medications for 984 inmates with mental illness. For security reasons, it is the jail's policy not to allow family members to provide medications to inmates. Resource speakers stated that the community needs to make provision of proper psychiatric and medication services a priority at the jail.

Determining Competency

By statute, criminal defendants are to be evaluated for "competency to proceed" if there is reason to believe that the defendant may not be able to participate in court proceedings and fully understand the issues that he or she faces. Resource speakers stated that the jail, the public defender's office, and the state attorney's office, have not worked together to develop strategies to promptly identify defendants with mental illness.

Incompetent to Proceed (ITP) defendants charged with felonies may be committed to the state hospital, where the programs focus on restoring competency. This process can take months. An attorney must be appointed, at least two psychologists must examine the Defendant, then the circuit court judge hears the case. Even after the judge orders the Defendant committed, the Defendant must wait in jail until all paperwork is completed and until bed space becomes available. If the hospital believes that the Defendant is no longer incompetent, the Defendant is typically returned to the county jail to stand trial.

A Defendant found Not Guilty by Reason of Insanity (NGI) may be committed to the State Hospital. Such a Defendant is entitled to an annual hearing before a judge to determine if he or she still meets the criteria for involuntary hospitalization. If a Defendant is not committed to the State Hospital, he or she may be "conditionally released" to the community. Once the defendant is released into the community, he or she is linked with local treatment resources, such as CMHC programs, the FACT team, etc. The forensic specialist continues to monitor the client and act as a court liaison until such jurisdiction is no longer necessary, which may range from two to ten years. Since there is a constant press of new cases in criminal court, it is very difficult for a circuit court judge to properly monitor a Defendant whose case is no longer "open and active." Some cases may fall through the cracks.

Incarceration vs. Treatment

It was stated that people who commit serious crimes and are found mentally and criminally responsible should be processed through the criminal justice system and receive treatment to prevent future crimes. But clients with serious mental illness may not have the insight to understand that they are ill and need medication. The inability to understand that there is a problem leads some consumers to refuse to take their medication. Consequently, they may have poor judgment and therefore be at risk of arrest and incarceration, grounds for losing Medicaid disability benefits.

Mental Health Court

It was the opinion of some resource speakers that there is a disconnect between the medical system, which provides treatment, and the legal system, which provides due process and appropriate punishment. Therapeutic jurisprudence is a concept that integrates these two approaches. Mental Health Court, introduced to Sarasota in April 2002, allows the state and the defense to work collaboratively to achieve positive outcomes for the client. A judge monitors the progress of offenders with mental illness, and their compliance with medication and treatment. Successful completion of mental health court can lead to dismissal of charges.

As of March 2003, 33 clients had been served in Mental Health Court. At the present time, Mental Health Court only handles misdemeanor cases. Strategies to address defendants who commit more serious offenses are lacking. A limited number of defendants in county court are eligible to attend Mental Health Court; those who are not served may be kept in jail for only a few days and released without stabilization of their illness.

Coordination of Criminal Justice and Mental Health

Resource speakers stated that there is little collaboration among the criminal justice, mental health and substance abuse systems. They share many of the same clients, but operate independently, which contributes to negative outcomes.

There are no protocols regarding the relationship between the Courts and community mental health providers. There is a lack of a formal understanding, for example, regarding matters such as the communication of confidential medical information and the authority of the Court to order treatment. There are no monitoring programs established to ensure compliance with the courts.

Most defendants with mental illness are indigent, and therefore must seek care through an already over-stressed community system that can show them no preference. Specialized secure and non-secure treatment programs for clients with criminal charges are lacking on the local level. Mental health service providers do not always understand the history and special needs of these clients and are largely unfamiliar with Court proceedings and protocols. Because agencies are overburdened, they are not always flexible in accepting court-ordered clients and typically won't expedite appointments to comply with Court requirements. They may be unwilling to file reports with the Court since this takes extra time and the Court provides no guidelines to assist the professional in completing these documents. Some mental health facilities, such as the CSU and some long-term care facilities, will not accept clients who have been charged with serious crimes; therefore, the only option for such clients may be incarceration.

> ***"People kind of look at both mental illness and addiction...[like] you're a bad person, or that it's something you can control, and that just absolutely is not true. I think that's important for the community in general to know, because we're not bad people. We're sick people trying to get well."***
> **Kevin, The Stories Project**

There is insufficient understanding throughout the criminal justice system about available mental health treatment options. A judge may refer a client with an addictive disorder to any of a number of well-established substance abuse treatment programs. However, in order to obtain mental health services for a client, the defense attorney typically must locate a program and then convince the judge of its suitability. It was suggested that, due to the specialized nature of psychiatric testimony and treatment, assigning one judge to all competency to proceed cases would allow for the development of a greater understanding of the issues involved in processing clients with mental illness.

In April 2003, the Mental Health Court judge convened a meeting of providers, law enforcement, and advocates to begin discussing strategies to improve coordination between the mental health and criminal justice systems.

Populations With Co-Occurring Mental Health and Substance Abuse Disorders

Co-occurring clients often move back and forth between the mental health and substance abuse systems without receiving integrated treatment. Availability of a range of specialized programs for persons with co-occurring disorders is lacking.

It is not uncommon for people with mental illness to "self-medicate" by using drugs and alcohol. The National Institute of Mental Health estimates that 1.8 million people have a severe mental illness (SMI) and a co-occurring substance abuse disorder. This suggests that 2,120 people in Sarasota

County have a SMI and a substance abuse disorder. These clients typically require the most cost-intensive forms of care. It has been estimated that in any given year, as many as 10 million Americans have a co-occurring mental health and substance abuse disorder (Overcoming Barriers, 2001).

Individuals with co-occurring disorders cannot be effectively treated unless both the mental illness and the substance abuse disorder are addressed. Frequently, people with co-occurring disorders move back and forth between the substance abuse and the mental health systems. Categorical funding forces the separation of the two systems. Historically, mental health and substance abuse services have been treated separately, but this is changing. Current research indicates that integrated treatment is more effective. Still, staffs in mental health and substance abuse agencies are not often cross-trained to recognize co-occurring disorders. Resource speakers identified the Minkoff Model (Hillsborough County) as a good approach to cross-training staff to recognize dual disorders.

Many patients enter the RF at Bayside and the Coastal CSU with co-occurring mental illness and addictions to alcohol, illegal drugs and prescription drugs. Before an intoxicated client can be treated for psychiatric problems, he or she must first go through detoxification, a potentially life-threatening process that requires medical supervision. The CSU is not equipped to conduct detoxification, and the detoxification program at First Step is not capable of handling clients who meet Baker Act criteria. Therefore, intoxicated clients who also have serious mental health disorders frequently end up detoxifying in the ER or in jail. A resource speaker stated that there is a need for more restrictive inpatient psychiatric beds for adults that also serve as detoxification beds.

Specialized residential care for people with co-occurring disorders is available through the Seasons Program at First Step. There is always a waiting list for this program. Following inpatient or residential treatment, there is a lack of adequate aftercare for dually diagnosed clients in this community. For example, there are not enough 12-step programs for people with co-occurring disorders. Outpatient services for individuals with co-occurring disorders in Sarasota County include: individual therapy, group therapy, and structured outpatient programs. While demand is reported to be high by some agencies, there are currently no reported waiting lists for outpatient services. Resource speakers indicated that the lack of waiting lists for outpatient programs may reflect a tendency to place consumers with co-occurring addictive disorders into inpatient and residential care.

Some communities have measured their ability to respond to persons with co-occurring mental and addictive disorders using the Minkoff fidelity scale.

(For information on services for children with co-occurring disorders, see the section on Children's Services.)

Homeless Populations

People with mental illness are at an increased risk for homelessness. Providing service-enriched housing has been shown to reduce jail and inpatient stays by homeless clients with mental illness.

Many people with untreated mental illness become homeless at some time. It is estimated that in Florida, there are 22,500 people who are homeless at any given time, and about 150,000 people during the course of a year (NAMI, 2000 and Florida Commission on Mental Health and Substance Abuse, 2001). In Florida, 60% of homeless people have a substance abuse disorder, 12% have Post-Traumatic Stress Disorder, and 3% have schizophrenia (FCMHSA, 2001).

> ***"I love being on the streets because of the freedom and everything, but at the same time I'm also scared I might get locked up for being homeless..."***
>
> **Hugh, The Stories Project**

The Sarasota County Coalition for the Homeless (SCCH) estimates that there are 1,826 people who are homeless on any given day in Sarasota County. In a SCCH survey of homeless people conducted in January 2003, less than 10% of total respondents cited a mental health or emotional problem as a primary cause of their homelessness, but 12% reported using mental health treatment or counseling services within the past year, and 20% report having been in a detoxification or a crisis stabilization unit.[1]

[1] 475 homeless clients responded to the SCCH survey. Not all clients answered all questions, and in some cases, clients may have responded for family members.

Multiple studies estimate that each homeless individual costs taxpayers well over $14,000 per year, primarily in overnight jail and public hospital stays. Research has demonstrated that providing service-enriched housing for homeless persons with mental illnesses leads to significant cost-savings. The NY/NY Housing Agreement found that annualized cost reductions in the use of services (e.g. homeless services, hospitalization, Department of Correctional Services) per housing unit equaled over $16,000. When these cost savings were taken into account, it was found that placing homeless people with severe and persistent mental illnesses in supportive housing costs only $744/year per person.

Local resources for the homeless include:

- The Salvation Army, which offers shelter, rehabilitation, and residential programs. A new facility currently under construction in the city of Sarasota will provide additional space for these programs. The Salvation Army provides ten residential beds to clients of Hospitality House, a program of Coastal Behavioral Healthcare.

- Resurrection House (RH), a front door for the homeless in Sarasota. Between 25% and 30% of clientele at Resurrection House are estimated to have a mental health problem, and a significant number of RH's clientele come directly from jail. Most of the clientele are alcoholics, but staff has observed that clients have more complex problems than were apparent in the past. Due to the high costs and chronic need for psychotropic medications, neither Resurrection House nor the Salvation Army is able to offer these medications.

- The Sarasota County Coalition for the Homeless, an advocacy organization that provides education, conducts research, and promotes collaboration between agencies that serve the homeless.

Older Adults

There is a higher prevalence of mental disorders among older adults compared with the population as a whole. Despite the large population of older adults in this community, specialized mental health services and preventive services for this population are lacking.

Over 31% of the total population of Sarasota County is 65 or older (Florida Statistical Abstract, 2002). Research tells us that the elderly population is growing, as life expectancy is increasing. However, older adults are more likely to live alone and lack basic supports such as finances due to fixed income, transportation, ambulation, etc.

Depression and anxiety are the most prevalent mental health issues among older adults (see Table 8). Without treatment, depressions tend to persist, become chronic, and lead to disability including alterations in endocrine and immune functions. Other consequences of untreated depression in elderly include increased rates of physical illness, disability, hospitalizations, alcohol abuse, suicide, and homicide-suicide.

Isolation has been shown to lead to depression, dementia and health impairments (e.g. it is associated with a higher number of falls). Older adults often lack social supports due to environmental issues (e.g. transportation, ambulation, money for events due to fixed income, etc.), and in Sarasota, many isolated elderly have families living out of state that cannot or do not offer support. Less than one percent of depressed older adults in need will ask for help, for fear of loss of independence, fear of cost, lack of education, shame, and denial of the illness.

Table 8. Estimated Prevalence Rates in Sarasota County Age 55+

	Prevalence (%)	Number Affected Sarasota County
Any Anxiety Disorder	11.4	16,444
Simple Phobia	7.3	10,530
Social Phobia	1.0	1,442
Agoraphobia	4.1	5,914
Panic Disorder	0.5	721
Obsessive-Compulsive Disorder	1.5	2,164
Any Mood Disorder	4.4	6,347
Major Depressive Episode	3.8	5,481
Unipolar Major Depression	3.7	5,337
Dysthmia	1.6	2,308
Bipolar I	0.2	288
Bipolar II	0.1	144
Schizophrenia	0.6	865
Somatization	0.3	433
Antisocial Personality Disorder	0.0	0
Anorexia Nervosa	0.0	0
Severe Cognitive Impairment	6.6	9,520
Any Disorder	19.8	28,561

Source: Surgeon General's Report, 1999.
Sarasota County Estimates - Prepared by SCOPE using U.S. Census (2000) data and prevalence rates

Resource speakers stated that there are an insufficient number of geriatric mental health services and providers to meet the need of our local population. Specifically:

- There is a lack of professionals who are trained in geriatric mental health in our community. As baby boomers age, there will continue to be an increasing demand for healthcare workers and more voluntary support to work with the aging population.

- Coordination and collaboration is lacking between existing service providers for this population.

- Most programs mainstream geriatric patients with the general population, but there is a need for specialized inpatient psychiatric services specifically geared to older adults.

- There is a lack of affordable in home counseling services.

- There is a need for prevention and mental health promotion services, such as:

    - Mental health education and outreach in doctors' offices, senior centers, and churches.

        - The SCOUTS (Senior Community Outreach Utilizing Team Services) program in south Sarasota County trains potential "gatekeepers" such as postal workers, doctors, and "meals-on-wheels" drivers to recognize and report frail elderly who are isolated and depressed, so that a psychiatric nurse may follow up with these clients.

    - Joint programs between mental health, health, and aging organizations

    - Self-help groups. For example, the Widow to Widow Program has been shown to reduce rates of depression by 70%. At least 10-20% of widows develop clinically significant depression during the first year of bereavement. There are an estimated 4,500 widows in Venice alone, but support groups such as this are lacking.

    - Productive, meaningful vocational and volunteer opportunities.

    - Intergenerational programs. The intergenerational concept is gaining influence in promoting and helping older adults feel useful and in decreasing social isolation. Benefits accrue to children from these relationships, as well. There is often a special bond that occurs between older children and a "grandparent".

- There is a lack of specialized programs for older adults with co-occurring mental health and substance abuse disorders. Substance abuse is a major problem among older adults. It is common for older drinkers to drink in response to depression and social isolation. Resource speakers stated that this may be related to social acceptance of drinking and unstructured time. There is an in-home geriatric substance abuse program at Coastal.

- Housing is a critical problem for older adults in general, and it is particularly problematic for older adults with mental illness. There are many who fall between the cracks because they cannot afford to live in an Assisted Living Facility, but who also can't afford to live at home, because they can't afford the case management services and do not qualify as low-income.

- National data indicate that 70% of older adults who commit suicide have seen their physician within the previous month. Over half of older adults who receive mental health care are treated by their primary care physicians (PCPs), however, PCPs are not likely to do any kind of geriatric depression screening, and often are not adequately educated to treat mental health issues.

Other issues cited by resource people include:

- Medical complexity of the aging process. There is a lack of medical priority for mental health conditions affecting the geriatric population because these conditions are often considered chronic.

- Limitations on Medicare.

    - The services Medicare will cover are limited (e.g. it can be difficult to get reimbursement for services related to Alzheimers and dementia).

    - Some doctors and agencies will not see older clients on Medicare because reimbursement is low.

    - Whereas Medicare generally sets a 20% co-payment for services, there is a 50% co-pay for all mental health services. It is, therefore, very difficult

for many seniors to afford treatment for mental illness on $600-$700 per month without secondary insurance.

- Very limited funding is available for psychiatric home care and qualifying criteria are strict under Medicare.

- Medicare and private insurance reimburse for hospitalization more completely than for outpatient care, creating incentives for hospitalization even though it is more expensive. Cost analyses indicate that it costs $11,300 to provide inpatient mental health services to one elderly person for one year, and $1,875 to provide care in the community. There is a partial program for seniors at Bayside Center that is 80% covered through Medicare.

- Caregiver burden. National research suggests that two-thirds of chronically mentally ill elderly are living in the community and dependent upon family support. Caring for elders with physical, cognitive, emotional, and substance abuse disorders is associated with a number of problems in the caretaker. These frequently include difficulties with work, economic hardships, physical ailments, and clinical depression.

Consumers Living in South Sarasota County

Mental health services in south Sarasota County are inadequate to meet the needs of the growing population.

According to the 2000 census, the population of south Sarasota County (which includes the cities of Northport and Venice as well as the unincorporated areas of Englewood, Laurel, Nokomis, Plantation, Osprey, South Venice, Venice Gardens and Warm Mineral Springs) is 102,706. Some parts of south Sarasota County are growing rapidly in population. Between 1990 and 2000, North Port grew by more than 90%.

The per capita income in south Sarasota County is lower than that of the county as a whole—$24,931 compared to $27,948 in 1999—a difference of $3,017 per person per year. Many of these families are unable to afford health insurance and therefore can't access treatment in early stages of illness. A resource speaker stated that as a result, many people do not receive help until their condition deteriorates and they must use costly crisis services.

A resource speaker also stated that there is a lack of sufficient services in general for south county residents with mental illness. All mental health services have waiting lists, due to the low number of providers (both agencies and professionals) operating in south Sarasota County. Day treatment is only available in north county, affordable housing for people with mental illness is very limited, and public transportation is particularly limited in south county. A resource speaker stated that a central triage facility for adults in south Sarasota County is also needed. Many people lack awareness of resources that are available there.

Crisis stabilization services are no longer available in south Sarasota County. It is too soon to know what impact the February 2003 closing of the Bon Secours psychiatric unit will have on the mental health system in south Sarasota County. Historically, the majority of consumers served at the Bon Secours unit were private paying, older adults.

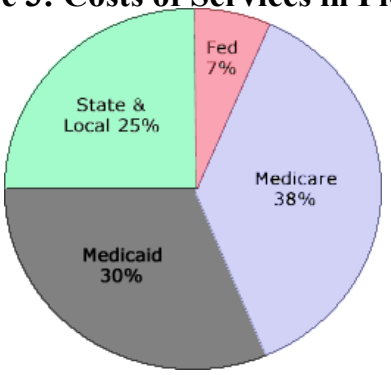
In the absence of an acute care unit in south Sarasota County, clients will most likely be transported to the nearest receiving facility in Punta Gorda. A resource speaker expressed concern that the already stressed mental health system in Charlotte County lacks the resources to handle additional clients from Sarasota County; receiving facilities in both counties are already working at 90% capacity.

Thirty-nine percent of the residents of south Sarasota County are 65 and older. While the populations in some parts of south county, such as North Port and Nokomis, are relatively young compared to the county as a whole, the median age in Englewood is 63, and in Venice the median age is 68.8. Resource speakers stated that it can be especially difficult to penetrate the population of older adults, due to factors such as isolation and stigma. (See section on older adults.)

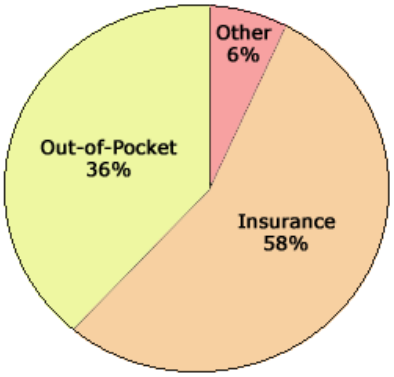
Providers of mental health services in south county include: Coastal Behavioral Healthcare, Senior Friendship Center, Family Counseling Center, Jewish Family and Children's Service, Venice Community Mental Health Center, Englewood Mental Health Center, North Port Counseling and Wellness Center, Lutheran Services, and Catholic Charities.

The Community Health Improvement Project (CHIP) is currently working in south Sarasota County to identify and study each community's own healthcare issues and develop strategies for improving overall health. Mental health service needs are also being considered.

Figure 3: Costs of Services in Florida



Public Sector $2.9 Billion



Private Sector $2.1 Billion

About $5 billion is spent annually on mental health services in Florida.

Public funding sources (state, local and federal government, Medicaid, and Medicare) account for 58% of total funding for mental health services in Florida. Nearly one-quarter of the total funding comes from private insurance, while 15% comes from clients who pay out-of-pocket.

Source: Florida Mental Health Institute

FINANCING SERVICES

In both the public and the private systems, mental health service providers are often unable to deliver services they know work, because funding for mental health services is often inadequate, confusing, and restrictive. Other communities have demonstrated that it is possible to make limited funds go farther by utilizing alternative funding strategies and additional sources of funding.

Private Insurance

Nearly one-quarter of total funding for mental health services in Florida comes from private insurance companies. Managed care models are now the predominant form of coverage for individuals with private insurance. Due to high utilization of expensive mental health services, in the past two decades insurance companies have sought to control costs by restricting coverage. Inpatient programs have suffered most from these financial changes, and in Sarasota County casualties have included Sarasota Palms, Charter Hospital, Lakeside, and most recently the psychiatric unit at Bon Secours Hospital.

Many private health insurance companies offer little or no coverage for mental health services. Insurance companies have been concerned that insurance parity (providing coverage for mental health services on par with general health care coverage) would lead to cost increases. However, recent studies indicate that managed care systems keep these costs under control (Florida Mental Health Institute, 2000). An estimated 18.2 percent of the population in Sarasota and Manatee Counties lack healthcare insurance altogether.

Role of Public Funders

Because of insurance limits, people with chronic mental illness usually exhaust their financial resources in the private system (i.e. services funded through insurance or out-of-pocket) and end up relying on the public system (services funded through federal, state, and local dollars, Medicare, and Medicaid). This results in a public system with a greater portion of individuals needing the more extensive and costly services.

In Florida, twenty-five percent of public sector funds for mental health come from state and local dollars. In the past 20 years, the public sector's role in funding mental health services has grown relative to the private sector. Like the private sector, the public sector has been through many changes in an attempt to control costs and defer risk. Rather than providing mental health and substance abuse services themselves, public mental health systems now purchase such services from outside agencies.

State funds for mental health are diminishing nationwide. Nationally, the State of Florida ranks sixth out of 51 in total spending on mental health, but 42nd in per capita spending. State funding for children's services is even more limited than funding for adult services. Sarasota Country grew by more than 17% between 1990 and 2000; resource speakers

stated that resources for mental health services have not kept pace with this growth. In the next 10 years, the population of Sarasota County is expected to grow by nearly 12 people a day.

Resource speakers stated that funding mental health is not always a top priority in the legislature because mental health issues are not always high profile issues and the population served is not a large voting constituency. In general, family advocacy and the consumer movement in Florida lack a critical mass and are not as strong as in many other states. Resource speakers stated that strong advocacy is needed.

Department of Children and Families/Alcohol Drug and Mental Health (DCF/ADM) has the primary responsibility for overseeing mental health services in Florida and distributing funds legislated by the state.[2] DCF services are primarily targeted towards those adults and children with the most severe mental health disorders, those in mental health crisis, and those consumers who have committed a crime. DCF provides $60 million to adult mental health services and $7 million to children's services in the six-county region that includes Sarasota.[2] In fiscal year 2000-2001, 3,731 people in Sarasota County utilized community mental health and substance abuse services funded by the Department of Children and Families[3].

As a result of the 2002 closure of G. Pierce Wood Memorial Hospital in Arcadia, approximately $1.85 million in new state funds were allocated for adult community-based services in Sarasota, Manatee, and DeSoto Counties. An interagency committee determined distribution of funds, which were used for psychiatric services, housing, drop-in centers, and the indigent drug program. Funds were also used to implement new model programs: the Clubhouse-a sheltered employment program, a FACT (Florida Assertive Community Treatment) team, and the FETC (Family Emergency Treatment Center). While the new G. Pierce Wood funds allocated to this district are recurring, continued funding for the FETC and other programs is at risk. Resource speakers stated that one of the greatest challenges for some mental health programs is the uncertainty that is associated with relying on state funding from year to year. Mid-year cuts by the governor's office created a $9 million shortfall for mental health services in 2003, however these cuts are not expected to impact Sarasota.

The Agency for Healthcare Administration (AHCA) oversees and administers Medicaid and Medicare in Florida. Medicare accounts for 38% and Medicaid accounts for 30% of public spending for mental health services in Florida. In fiscal year 2000-2001, approximately 2,176 people in Sarasota County utilized community mental health and substance abuse services funded through Medicaid, a low number relative to other communities in the state and nation. Because of the high concentration of service industries in the local economy, many of the employed people lack coverage for medical or mental health care, but are not poor enough to qualify for Medicaid.

- In a 2002 report, the Advocacy Center found that Medicaid reimbursements are lower in Florida than in states of comparable size. Private clinicians are often reluctant to take Medicaid due to very low reimbursement rates. There is a shortage of psychiatrists who are willing to take Medicaid in this community. Medicare generally pays a higher reimbursement rate than Medicaid.

- Managed care models have become more prevalent in the public sector in recent years, replacing traditional fee-for-service plans. Utilization management strategies, such as pre-authorization, are now required for a number of services covered by Medicaid. This creates additional barriers to needed treatment for consumers.

Sarasota County Government provides funding for mental health programs that include prevention through crisis stabilization services. The County Grants-In-Aid Program awards over $7 million a year to services that fall under three main objectives: Building Strong Children and Families, Empowering People to be Self-Sufficient, and Supporting People in Crisis. A large proportion of these funds are allocated to mental health services that include counseling, crisis stabilization, and supported living for people with mental illness.

[2] The present legislative session is discussing a possible reorganization of DCF.

[3] This number excludes a small number of persons who utilized both DCF/ADM and Medicaid services in FY 2000-2001.

Other Financing Issues

Additional factors such as correct billing procedures, efficient use of funds, and utilizing all available funding sources could make limited dollars go farther.

According to a study done by the Florida Mental Health Institute (FMHI), many more services could be billed to Medicaid than actually are. It is not always clear that something can be billed to Medicaid, and providers may lack knowledge of the funding source requirements. Therefore, it may be easier to bill DCF General Revenue. An estimated 45-50% of mental health services, and 6-10% of substance abuse services could possibly be billed to Medicaid. Of these, less than 10% were actually billed to Medicaid. This amounts to $120 million in mental health services and $3 million in substance abuse services that could have been paid for by the federal Medicaid funds rather than the State General Revenue.

Through the Institutions of Mental Disorders (IMD) Exclusion, Medicaid is not required to pay for inpatient services in public mental health institutions with more than 16 beds (such as Coastal). Therefore the state must carry the burden of paying for these services. However, general hospitals with specialty psychiatric units (such as Bayside at Sarasota Memorial Hospital) can receive Medicaid reimbursement. As a result, there is a financial incentive to treat eligible Medicaid clients in general hospitals, despite higher overall costs. Some states have applied for Medicaid waivers that allow them to take exception to the IMD Exclusion.

Sarasota has a fee-for-service system, meaning you can provide a specific service (e.g. therapy) and bill for that service but no funding is available to provide other wrap-around services that a client may need for living successfully in the community. Funding streams are categorical and are not needs-based, but program-based. As a result, services are often available for a very narrow population, but due to lower demand, these services may be underused. At the same time, other clients are unable to get the services they need because funds are not available. Due to the restrictive nature of these categorical funding streams, providers have little flexibility in using funding to best serve the individual needs of each client.

Resource speakers noted that grant funds are unstable. Programs must seek grants, but when the grant ends, so do programs. With some programs, funding comes on an irregular schedule, which results in services sometimes closing and patients shifting to other programs.

Both publicly and privately funded mental health service providers have had to devote an increasing amount of time to seeking funding for services. Much of staff time is spent making phone calls to insurance providers, trying to translate services into billable services. Providers must fill out complex and time-consuming paperwork in order to refer clients for services and to receive billing from some managed care companies. Regulatory requirements for as many as 10, 20, or even 40 different funding sources, consume an ever-increasing proportion of staff time.

Alternative Funding Models

In two areas of Florida (including Hillsborough and Manatee Counties), Medicaid has implemented prepaid funding or a "capitated rate", for Medicaid-funded mental health services. Under these managed care plans (i.e., carve-outs and HMOs), AHCA pays a managed care provider a set rate per member, per month (PMPM). These rates are adjusted based on risk associated with the client (i.e., age and SSI/TANF eligibility status). With this system, providers are free to use funds as needed. This works to their benefit, as long as they keep costs within the pre-determined amount, so they stay financially viable.

To date, the capitated amount has been based on average historical fee-for-service (FFS) billings in the area. Eight percent is subtracted from the top to contain costs for AHCA. The managed care organizations deduct another percentage for administrative costs and profits. Although fewer dollars are available for direct services to consumers, the ability to use funds more flexibly can increase efficiency. However, historical Medicaid fee for service billings in this area are lower than the rest of the state (see Table 9). This is because service capacity is lower in this area, especially for Medicaid inpatient beds.

Resource speakers acknowledged that there would be benefits and drawbacks of going to a capitated plan in this area. It may be possible to obtain an exception that would allow capitation rates to be calculated differently.

Table 9. Medicaid billings per user*

AHCA District	Amout Per User
02	$1,874
03	$1,383
04	$2,176
05	$1,723
07	$1,763
08**	**$1,364**
09	$2,058
10	$2,606
11	$2,408

**Areas 1 & 6 are not included in this chart because these areas use a capitated Medicaid program.*
***AHCA Area 8 includes Sarasota, Charlotte, Collier, DeSoto, Glades, Hendry, and Lee Counties*
Source: Florida Mental Health Institute

Another alternative funding model was instituted in District 1 (Escambia, Okaloosa, Santa Rosa, and Walton Counties) in July of 2002. In that area ADM contracts with a managing entity, which is also the Medicaid carve-out there, on a prepaid basis. This managing entity now has all public funding dollars (Medicaid and ADM) for the district and subcontracts with the other Community Mental Health Centers in the area as needed. Resource speakers stated that this model also holds promise for increasing efficiencies, flexibility, and creating a more consumer-centered system of care.

Several resource speakers cited another capitated model, Wrap-Around Milwaukee, as a model system of care for children in the public system.

Currently, agencies must compete for a limited pool of funding. Resource speakers stated that it is inefficient for agencies to work against each other. Collaboration is one way to increase efficiency in funding. The Central Florida Behavioral Health Network is a model that seeks to promote collaboration among providers. Nineteen agencies contribute financial resources to this program, which has 18 staff people and manages itself. Funders contract with this network, rather than with the individual provider.

A number of federal grants are available for improving mental health services in communities. For example, the Community Access Program (CAP) grant, which provides $1 million/year renewable infrastructure grants, has been awarded to eight communities in Florida. Hillsborough County is using a 2001 CAP grant to develop this program further through the addition of a depression disease management program, cultural competence training, a wide area network, and a continuous quality improvement program. Two grants are also available through the Substance Abuse and Mental Health Services Administration (SAMHSA): Community Action Grants, which are between $50,000-$150,000 and Targeted Capacity Expansion Grants, which are typically around $500,000.

Another approach to funding mental health services is through Dedicated Tax Revenue. Some communities have created a property millage tax to help fund programs. For example, Manatee County has a tax strictly for youth substance abuse treatment.

A resource speaker stated that professional fees for seeing a private psychologist or psychiatrist can be very expensive. Many physicians are unwilling to negotiate their fees on the basis of need. Resource speakers also stated that there are hardly any psychiatrists in this county who are willing to take Medicaid clients. Data from the Bureau of Labor Statistics indicate that in Sarasota, there are far fewer private psychiatrists employed per capita than in both the state and in the nation as a whole, and that the average wage for psychiatrists exceeds both the state and national average (see Appendices D and E).

There are two local clinics in Sarasota that are staffed by volunteer mental health professionals, Genesis Health Center and Mental Health Center of Englewood. A promising model is VIP (Volunteers in Psychotherapy), started by four psychologists and two non-profit specialists in Connecticut when managed care limited access to psychotherapy. VIP is funded through donations and grants, and therapists work for less pay.

DATA SERVICES

Throughout the entire mental health services system, critical data related to outcomes, utilization, and need for services is not captured, not integrated, or not readily available.

Resource speakers stated that data is needed to evaluate treatment strategies, costs, and outcomes, which would lead to greater efficiency in the mental health service delivery system. Currently, important data on local mental health services are not readily available because it is not captured or not integrated. It is often impossible to link data about individual clients across service sectors. This is true at the local, state, and national levels. Resource speakers noted that confidentiality laws and new privacy regulations under

the Health Insurance Portability and Accountability Act (HIPAA) pose additional challenges to monitoring and sharing data.

Pilot Integrated Data System (PIDS), is a pilot program that has been implemented in the panhandle region. This program can integrate multiple state data sets into one system and the Department of Children and Families, Alcohol, Drug, and Mental Health department could elect to expand this program to our local region in the future.

The **Mental Health Statistics Improvement Program (MHSIP)**, supported through the federal Center for Mental Health Services, has developed a set of indicators that are currently being implemented in 16 states. Proponents of the MHSIP standards hope that they will one day be implemented in all states, allowing for an integrated evaluation of services at the local, state, and national levels.

CONCLUSIONS

Conclusions express the value judgments of the Study Group, based on the findings.

1. Treating people with mental illnesses is an complex, circular process, impacted by a number of factors that are psychological, medical, financial, and personal. Even with a well-coordinated system of supports, factors such as stigma, the client's lack of awareness of the illness, and non-compliance can delay or prohibit successful outcomes.

2. Research has shown that many people with mental illnesses can lead productive lives, experience remission of the illness, or even recover if there is a well-coordinated system of supports in place. Such a system includes not only a range of treatment services, but also case management, access to effective medications, supported housing, supported employment, and transportation.

    - While many commendable services are available to residents of Sarasota, there are also many gaps in the services continuum that prevent some clients from receiving effective treatment.

    - Factors such as lack of availability or long waiting lists for services, a shortage of psychiatrists, lack of awareness of services, and strict payer requirements are barriers to effective delivery of services.

    - When people with mental illnesses do not receive the services they need, this negatively impacts both individuals requiring such services and the community.

3. There is inadequate coordination among the wide range of community mental health service providers and "gatekeepers" (e.g. law enforcement, clergy, schools, medical providers) in Sarasota County. This results in inefficient allocation of limited resources, both dollars and services. The same situation exists nationally.

4. Throughout the entire mental health services system, critical data related to outcomes, utilization, and need for services is not captured, not integrated, or not readily available.

5. In both the public and the private systems, mental health service providers are often unable to deliver services they know work, because funding for mental health services is often inadequate, confusing, and restrictive.

    - State funds for mental health services have been decreasing. However, as a result of the closure of G. Pierce Wood Hospital, more state money for community-based mental health services has recently been invested in this region than ever before. Several new programs have been created with these funds.

    - Funding streams are often categorical (i.e., not allocated based on client needs) and therefore restrict providers from connecting clients to comprehensive support services, known as wrap-around services.

    - Confusing funding eligibility and regulatory requirements (public and private) take an inordinate amount of time to administer, and cause frustration for both providers and clients.

    - State funding for children's services is disproportionately less than the allocation of funding for adult services.

    - Medicaid reimbursement rates in Florida are low compared to other states of comparable size.

    - Mental health services do not receive the same level of coverage from private insurance or Medicaid/ Medicare as general health services.

    - Managed care utilization management strategies create barriers to treatment that prevent some mental health clients from receiving needed services.

    - Other communities have demonstrated that it is possible to make limited funds go farther by utilizing alternative funding strategies and additional sources of funding.

6. The mental health services system in this community is a crisis-oriented system. Timely access to an array of services and affordable medications can reduce the need for costly acute care services. Gaps in care that may contribute to the over-utilization of acute care services include:

   - waiting lists for outpatient and residential services
   - the high cost of medications
   - a lack of diversion services
   - insufficient public or private funding for day treatment, intensive outpatient services, and drop-in centers
   - managed care limits
   - an inadequate supply of detoxification beds
   - The Community Alliance has identified a number of inadequacies in the acute care system in Sarasota. Findings include a lack of bed capacity; a lack of diversion services; a lack of policies, protocols and procedures between providers; and a lack of executive-level management of the acute care system.

7. Some mental disorders are preventable, and risk factors for mental illness (such as poverty, parental or familial mental health issues, early exposure to violence, and fetal alcohol exposure) are factors that can be controlled.

   - Research has demonstrated the effectiveness of many prevention and early intervention programs. Risk factors for mental illness in children overlap with risk factors for other problems and preventive programs can reduce a variety of negative outcomes.
   - Although effective prevention and early intervention programs can result in substantial overall cost savings, it is more difficult to obtain funding for such programs because the direct financial benefits are harder to demonstrate.
   - Programs that focus on primary prevention are provided outside of the mental health services sector, but specialty mental health providers are unable to deliver prevention programs because most funding for mental health services is geared towards treatment.

8. There is not a coordinated, centralized source of comprehensive information about available services. As a result, there is a general lack of awareness of available services among clients, their families, and providers. Specifically:

   - No comprehensive directory of services exists for this community.
   - Because of a lack of education and training regarding mental illness, potential gatekeepers in the community lack the ability to recognize and refer people with mental illness into the mental health system.

9. Stigma is a major obstacle that interferes with the ability of people with mental illness to secure the assistance they need.

   - Mental health clients, family members, elected officials, and the community as a whole lack education, awareness, and acceptance of mental illness. This often results in discrimination against clients, denial of illness, and avoidance of treatment.

10. People with serious mental illnesses are at an increased risk for homelessness. With a range of housing options, clients with varying levels of disability can lead productive, meaningful lives in the community. Providing service-enriched housing has been shown to reduce jail and inpatient stays by people with mental illnesses.

    - Some commendable housing options for people with mental illnesses are available in this community. However, there is a lack of supply and range of housing for clients at all levels of need.
    - While current funding for housing for people with mental illnesses is limited, a number of potential funding sources have not been utilized by housing providers in this community.
    - Lack of housing for older adults with mental illnesses is a critical problem. Older adults have few options if they can't afford to live in an Assisted Living Facility and do not qualify for Medicaid assistance.

11. There is a shortage of people (clinicians, advocates, and volunteers) to treat and assist people with mental illness in this community. Specific gaps include: psychiatrists, minority and multi-cultural professionals, professionals who are trained to treat young children aged 0-5, and providers who will practice in south county.

    - Low salaries, high cost of living, lack of reciprocity between restrictive state licensure laws, and a lack of funding for positions, are all factors that may contribute to a shortage of professionals in Sarasota County.

    - A limited number of mental health professionals in this area work *pro bono* or offer services at a reduced pay for low-income clients.

    - There are an insufficient number of advocates to help clients understand and navigate the system.

12. The mental health and substance abuse systems impact each other.

    - Co-occurring clients require services from both the mental health and substance abuse systems.

    - There is a historical lack of coordination between these systems.

    - These clients often move back and forth between the systems without receiving integrated treatment.

    - There is a lack of cross-training to help staff at mental health and substance abuse agencies appropriately recognize and triage clients with co-occurring disorders.

    - There is a shortage of funded detoxification beds, and no secure adult Marchman Act receiving facility in Sarasota County. As a result, intoxicated clients who would be better served by the substance abuse system inappropriately utilize mental health acute care services.

    - While there are some notable services in this community, availability of a range of specialized programs for people with co-occurring disorders (e.g. 12-step support groups, aftercare, inpatient services) is lacking. No residential services are available for adolescent girls with co-occurring disorders in this community.

13. Mental health services in south Sarasota County are inadequate to meet the needs of the growing population.

    - There is limited availability of housing for people with mental illnesses, acute care services, and public transportation.

    - A low number of mental health providers practice in south Sarasota County.

    - Limited funding for services disproportionately impacts south Sarasota County.

14. While mental illness affects people of every racial, ethnic, and socio-economic group, factors that include poverty, discrimination, exploitation, incarceration, and immigration status place minorities at a disproportionate risk for developing mental health problems.

    - Access to mental health services is limited by language barriers, legal status, poverty, and lack of trust in the system.

    - Outreach to minority and multi-cultural populations is inadequate.

    - There is a need for minority practitioners and providers who understand the cultural needs of diverse clients. However, low salaries and inadequate community support are obstacles.

    - Cultural issues are not adequately addressed within agencies that offer services for people with mental illnesses. There is a lack of cultural training and ability to recruit minority staff.

15. Persons with severe mental illness may come into contact with law enforcement and the criminal justice system in a variety of ways. Processing people with mental illnesses through the criminal justice system without providing treatment does not benefit the community or the client.

    - Over half of Baker Acts in Sarasota County are initiated by law enforcement, however, officers on the streets are not adequately trained to handle encounters with persons with mental illnesses.

    - Jails are the fallback crisis centers for people with mental illnesses. Often, clients end up in jail because there is nowhere else to take them.

- Medication and psychiatric services are inadequate in the jail. There are no formal strategies in place to deal with people with mental illnesses who are brought to jail. There is inadequate coordination between the jail, the public defender's office, and the state attorney's office with respect to persons with mental illnesses.

- It takes too long for inmates with mental illnesses to be identified, examined, and brought to court. Clients who are charged with misdemeanor crimes may languish in jail for months, because some treatment options are only available for clients who have committed more serious crimes.

- The newly established Mental Health Court is a commendable effort for handling misdemeanor clients. However Mental Health Court currently only handles a limited number of clients who fit a narrow criteria.

- There is no judge in place to monitor clients found not guilty by reason of insanity and who are conditionally released to the community.

- The courts are not always aware of mental health services that may be available. Service providers are not always aware of their obligations to report to the Court.

16. There is a higher prevalence of mental disorders among older adults compared with the population as a whole. Despite the large population of older adults in this community, specialized mental health and preventive services for this population are lacking.

    - Most adults who receive mental health care are treated by their primary care physician. Diagnosis and treatment of mental health problems in primary care settings tends to be inadequate and there is a lack of referral to specialty mental health providers from primary care physicians.

    - Older adults with mental health problems rarely seek treatment, yet there is little outreach and education about mental illness for this population.

    - Data is lacking on the mental health service needs for older adults in this community.

17. Families can play an important role in obtaining services and aiding recovery.

    - The valuable role that families can play (e.g., in program evaluation and development, as advocates, etc.) is sometimes overlooked by mental health agencies.

    - Navigating the mental health system is overwhelming for families, who must struggle to find all the services their family members need in a timely manner.

    - Families feel shut out from the treatment process due to privacy and confidentiality laws. Receiving attention from providers can also be difficult in the overstressed local system.

    - Affordable respite care is not available in Sarasota for adults or children with mental illnesses.

    - Family members often experience trauma and may even develop mental health problems of their own due to the stress of caring for a family member with mental illnesses. Families also require services, such as support groups and group therapy.

18. There is a strong positive relationship between employment and recovery.

    - Coordination and awareness of the vocational services available for people with mental illnesses is lacking. The current lack of awareness of or confusion about services makes it difficult for clients to access services in a timely manner.

    - Employers may be reluctant to hire people with mental illnesses due to stigma, a lack of understanding of the Americans with Disabilities Act, and criminal records.

    - Clients may be reluctant to seek employment due to factors such as fear of losing benefits, undesirable job options, and learned helplessness.

    - Limited hours of public transportation makes some job sites or schedules impossible for many clients.

    - Employee Assistance Programs (EAP) are a cost-effective way to provide assistance to employees who develop mental health problems.

- The local economy is made up predominantly of small businesses, which are less likely to offer EAPs, have less positions available, and are less able to adapt to supported employment for the disabled.

- Funding for Vocational Rehabilitation has been substantially reduced.

19. Mental health services for children are limited in a number of areas:

    - Some mental health problems can be detected when children are very young. With early identification and proper treatment, this may prevent later development of more serious mental health disorders.

    - Early childhood screening is lacking in this community and there is a shortage of clinicians who are trained to work with young children ages 0-5.

    - There is a lack of coordination and early screening within preschools and the school system.

    - There is a lack of substantial treatment options for children, including residential treatment. Crisis stabilization for children 0-5 is also lacking. While children over 5 years of age may receive a free mental health assessment and referral, they cannot always receive the services they need due to lack of availability and waiting lists for some services.

    - Florida has adopted an Infant Mental Health Plan, however this has not been implemented in Sarasota County.

    - While the closing of G. Pierce Wood Memorial Hospital resulted in an increase in the amount of state dollars for mental health in Sarasota, there was no increase in funds for children's mental health services. State funds for children's mental health has decreased during the past fiscal year.

RECOMMENDATIONS

Recommendations are the Study Group's specific suggestions for change, based on the findings and conclusions.

The government agencies and providers who are involved in planning and delivering services for people with mental illnesses are dedicated to their missions. These recommendations are designed to help achieve our mutual goals and some recommendations endorse actions already underway.

1. Develop a Community Plan for the Mental Health Services System

The Community Alliance and the Department of Children and Families (DCF) Interagency Management Team should work to form a permanent, cohesive body to develop a common vision for mental health in Sarasota County. This group, the Mental Health Stakeholders Consortium ("the Consortium"), should include broad representation of all stakeholder groups (including but not limited to public and private providers; family and consumer groups; criminal justiceand law enforcement; providers of treatment and preventive service, housing, employment, substance abuse services, and schools). Taking into consideration all the recommendations of this report, the Consortium should develop and implement a community plan that considers:

- Fragmentation
- Identified gaps in care (e.g. respite care, medication, outpatient services, co-occurring services).
- Funding priorities.
    - o Consideration should be given to the distribution of funding between adults and children, north and south county, acute and long-term services
- Strategies to obtain additional or extended funding for mental health services.
- The feasibility of funding models that are needs based, specifically pooled funding models that allow flexible use of funds, should be considered.
- Inter-organizational protocols
- Cross-training staffs of mental health and substance abuse agencies.
- Strategies to reduce the regulatory burden on consumers and providers and appeal to public and private payers (insurance, Social Security Administration, Medicaid, etc.) to simplify paperwork.
- Strategies to attract and retain appropriate mental health professionals to our community.

2. Establish a County Mental Health Coordinator

Sarasota County Government should develop a central mental health coordinator position with responsibility for:

- Working with the Consortium to accomplish the goals laid out in specified recommendations of this report.
- Facilitating effective communication between organizations and agencies.
- Coordinating access to services by working with the Consortium to:
    - o Establish a central clearinghouse of information about mental health services.
    - o Collaborate with advocacy groups (National Alliance for the Mentally Ill, etc.) and a local university to develop a directory of all mental health services (public and private) available in Sarasota County that willbe regularly updated.
        - ➢ Directories should be distributed to potential referrers of clients (e.g. primary caregivers, therapists, police, and social workers) as well as libraries and educational institutions.
        - ➢ Information such as definitions, fee information, and service eligibility requirements should also be developed and

included in the directory in order to educate the user.

- o Collaborate with the "211" phone directory system to assure that current mental health services information in included.

- o Collaborate with the Suncoast Workforce Board and the Vocational Interagency Council to increase job opportunities and access to vocational services for people with mental illnesses.

3. Develop a Data Collection System

The Mental Health Coordinator and the Consortium should work toward a mental health data collection system that allows the county to evaluate and monitor the utilization of, need for, and effectiveness of mental health services.

4. Increase Affordability and Availability of Medications

The Mental Health Coordinator and the Consortium should develop and pursue strategies for maximizing the availability and affordability of current medications for clients with mental illnesses in the community, including jails. Strategies could include:

- Lobbying the legislative delegation, Medicaid, and private funders to increase coverage for medications.

- Appealing to drug companies to provide additional free and discounted medications to local mental service providers.

5. Educate Legislators and Policy Makers and Increase Advocacy Efforts

Because mental health is not a high priority among legislators and policy makers, a coordinated advocacy network should be developed in this area. Specifically:

- Mental health clients, family members, and professionals should support the creation and expansion of local chapters of national and state advocacy groups.

- These groups should establish a local speaker's bureau to educate policy makers and funders about mental health issues including the need for adequate funding of mental health services

6. Increase Community Awareness through Education

In order to reduce the discriminatory effects of stigma and improve availability and access to mental health services, community education is needed to increase understanding of mental illness. Specifically:

- The Mental Health Coordinator should work with advocacy groups and local mental health providers to coordinate a public education campaign that targets the general public as well as medical providers, mental health professionals, law enforcement officers, attorneys and judges, and elected officials.

- The School Board should implement curriculum designed to educate students about the origins and causes of mental illness.

7. Provide Crisis Intervention Team (C.I.T.) Training to Law Enforcement

So that clients with mental illness may receive appropriate services and avoid unnecessary incarceration, and to avoid escalation of encounters and unnecessary violence:

- The sheriff's department and the municipal police departments should offer training to law enforcement officers to recognize and appropriately handle people with mental illness. Models such as the Memphis model of C.I.T. training should be considered.

- The MHSC should evaluate the financial feasibility of a mobile crisis unit or a combined approach utilizing law enforcement and mental health professionals.

8. Expand Capacity of Judicial System to Facilitate Treatment for Clients with Mental Illnesses

In order to improve communication and awareness between the mental health system and the legal system:

- The legal system (judges, probation officers, case managers, public defenders, state attorney's office, jail personnel) should receive education (e.g. continuing education or literature) about mental illness and mental health services.

- The State Attorney's Office should be flexible when prosecuting persons who suffer from severe and persistent mental illness. Prosecutors should be encouraged to take such mental illness into account when making sentencing recommendations and, in the appropriate cases, opt for treatment over incarceration.

In order to better facilitate treatment for defendants with mental illnesses, 12th Judicial Court judges should see to it that one judge (e.g. the Mental Health Court judge) is assigned to:

- handle all "competency to proceed" hearings, both felony and misdemeanor cases;

- monitor clients found "not guilty by reason of insanity", whether these clients are hospitalized or conditionally released.

9. Improve Treatment for People with Mental Illnesses in the Jail

In order to improve outcomes for people with mental illness who are incarcerated, the jail should increase efforts to stabilize or treat people with mental illness by:

- encouraging its health care provider to work with families of inmates to obtain information about previous diagnosis and treatments;

- providing appropriate medications to any inmate who suffers from severe and persistent mental illness.

- The jail has demonstrated movement in the right direction by hiring a full-time mental health professional at the jail. Additional measures should be taken to increase access to psychiatric professionals in the jail facility.

10. Ensure Access to Appropriate Services for Minority and Multi-Cultural Clients

Racial and ethnic minorities, including Limited English Proficiency persons, are at a disproportionate risk for developing mental health problems, yet suffer severe disparities in mental health care due to less access to, and availability of, culturally appropriate mental health services. Therefore, Agency Boards and Management should make a commitment to:

- ensure that all mental health providers who receive federal dollars, directly or indirectly, comply with their legal responsibility to provide meaningful access to services through oral language assistance, written translation of documents, visible notices of language assistance, and ongoing monitoring of access programs;

- take appropriate measures to attract and hire qualified minority, bilingual, and multicultural providers;

- provide cultural competence training to mainstream staff and volunteers as part of their continuing education and in-service training programs.

- assist local universities with efforts to recruit minority students for programs in the mental health field.

11. Increase Access to Affordable Housing for People with Mental Illnesses

Because consumers have varying needs, an array of living arrangements for people with mental illnesses should be developed in this community. The Community Development Advisory Committee should evaluate special housing needs of persons with mental illnesses as part of its 2005-2010 Consolidated Plan. The Study Group asks that the Committee:

- conduct a thorough county-wide assessment of housing needs of persons with mental illness;

- encourage the development of programs to recruit advocates to assist mental health consumers with locating housing, completing applications for housing, and obtaining security deposits;

- recruit participation from multiple specialized mental health housing providers;

- consider the creation of programs that encourage landlords to lease to clients with mental illnesses through incentives and education;

- identify opportunities to maximize funding for affordable housing for persons with mental illnesses.

12. Develop a System of Care for Children

Early identification and treatment can prevent more serious mental health problems in later years and reduce both costs of treatment over the long term and use of juvenile justice services. In order to integrate and expand existing treatment and diagnostic services to children with mental health problems:

- The Sarasota County government should support the SEDNET (Severe and Emotionally Disturbed Network) task force in obtaining federal funding to build an integrated system of care for children.

- County commissioners, together with practitioners, agencies, business, and public entities (health department, schools/pre-schools, Head Start/Early Head Start, School Readiness Coalition, regional Department of Children and Families/Alcohol, Drug, and Mental Health office, etc.) should support the implementation of Florida's Infant Mental Health Strategic Plan and training for infant mental health therapists.

- The Sarasota County School Board should implement a suicide prevention program in the school system.

- The Consortium should coordinate and collaborate with efforts to improve mental health services for children.

13. Support Primary Prevention and Early Screening Programs

Because research demonstrates the cost-effectiveness of prevention programs:

- The County and local funding sources should provide continued funding for preventive programs, including community education, maternity programs, and voluntary support groups. Because it is harder to show the direct financial benefits of prevention programs, new and existing preventive programs should closely monitor and evaluate financial impact of programs.

- SEDNET should advocate for the implementation of early screening services in the schools and in other agencies specializing in daycare for children (i.e. preschools, after school programs).

14. Increase Mental Health Services for Older Adults

Because older adults rarely seek treatment for mental health problems, mental health services providers and agencies targeting older adults should:

- Increase outreach efforts to older adults by offering specialized mental health education and outreach through media and in locations frequented by older adults and their families, such as doctors' offices, senior centers, and religious organizations;

- Develop preventive programs such as geriatric depression screenings, support groups on the model of the widow-to-widow program, and community education programs run jointly by mental health and healthcare agencies.

Because many older adults receive mental health services in primary care settings, the Mental Health Stakeholders Consortium should explore model programs for improving collaboration and/or integration between mental health and primary care providers.

- Advocates should create local chapters of advocacy groups that focus on mental health needs for older adults.

15. Support Families and Create Opportunities to Engage Families as a Resource

- Because families need occasional relief in order to provide continued support to family members with mental illness, local mental health agencies, parent groups, should recognize and develop strategies that address the need for respite care that is affordable and available to clients of all ages.

- Mental health service providers should recognize the important role that families play in mental health treatment, and do everything they can to integrate families into the service delivery system as advisors. Examples include: consulting with families in treatment planning, satisfaction surveys, citizen monitoring programs, community symposiums, and seminars.

16. Support Current Efforts to Improve the Acute Care System

This Study Group supports the recommendations of the Community Alliance Acute Care Issue Analysis Report. The Community Alliance Acute Care System Task Force should integrate their efforts with the Consortium to implement the recommendations of the Acute Care Issue Analysis Report.

17. Develop a Base of Volunteer Professionals and Advocates

In order to increase availability of services, mental health agencies should develop volunteer programs that will:

- Recruit lay people to act as advocates for clients and assist with administrative duties.

- Recruit retired mental health practitioners to provide mental health services, organize support groups, etc.

- Because of the limited number of psychiatrists, who are crucial to the ability of clients to receive needed evaluation and medication, Professional associations, such as the American Psychiatric Association and the County Medical Association, should encourage psychiatrists to do some work *pro bono* and/or at a reduced fee.

18. Pass Insurance Parity Legislation

So that mental health consumers may receive coverage for services, the legislative delegation should advocate for legislation in favor of insurance parity. The County Commission should include Mental Health Parity on its state legislative agenda.

19. Allow Medicaid Reimbursement for Independent Licensed Therapists

In order to enable clients on Medicaid easier access to treatment and more choice of providers, the state legislative delegation should advocate for legislation that allows independent licensed therapists to receive Medicaid reimbursement.

APPENDICES

Appendix A: Major Mental Health Disorders

Agoraphobia
Anxiety about being in places or situations from which escape might be difficult or help may not be available in the event of having an unexpected or situationally predisposed panic attack.

Anorexia Nervosa
Refusal to maintain body weight at or above a minimally normal weight for age and height. The person may engage in self-induced vomiting, or the misuse of laxatives, diuretics, or enemas.

Anti-Social Personality Disorder
Pervasive pattern of disregard for and violation of the rights of others occurring since age 15 years. Symptoms include failure to conform to social norms, deceitfulness, reckless disregard for safety of self or others, and/or consistent irresponsibility.

Attention-Deficit/Hyperactivity Disorder
Symptoms include difficulty sustaining attention in tasks, failure to give close attention to details, difficulty organizing tasks, not following through on instructions, often distracted by extraneous stimuli, often figets with hands or feet, often talks excessively, often runs about or climbs excessively in situations in which it is inappropriate.

Bipolar I
Presence of at least one manic episode. A manic episode is characterized by an abnormally and persistently elevated, expansive or irritable mood that lasts at least one week and is accompanied by inflated self-esteem, decreased need for sleep, pressured speech, racing thoughts, distractibility, and excessive involvement in pleasurable activities that have a high potential for painful or dangerous consequences. The mood disturbance is severe enough to cause marked impairment in occupational functioning or in usual social activities.

Bipolar II
Presence of one or more Major Depressive Episodes and presence of at least one Hypomanic Episode (symptoms are the same as described for Manic Episode, however they are not severe enough to cause marked impairment in functioning).

Conduct Disorder
A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated. Symptoms include aggression to people and animals, destruction or property, deceitfulness or theft, and/or serious violations of rules.

Dysthymia
Depressed mood for most of the day, for more days than not, as indicated by subjective account or observation by others for at least two years.

Generalized Anxiety Disorder
Excessive anxiety and worry occurring for at least six months about a number of events or activities associated with symptoms of irritability, muscle tension, easily fatigued, restlessness, and/or sleep disturbance.

Major Depressive Episode
Symptoms include predominantly depressed moods, loss of interest or pleasure in activities, appetite or weight disturbance, sleep disturbance, fatigue, feelings of worthlessness or guilt, cognition problems, and thoughts of death or suicide.

Obsessive-Compulsive Disorder
Recurrent and persistent thoughts, impulses, or images that are intrusive and inappropriate and cause marked anxiety or distress. The person feels driven to perform repetitive behaviors or mental acts in response to the obsession.

Oppositional Defiant Disorder
A pattern of negativistic, hostile, and defiant behavior lasting at least six months.

Panic Disorder
Recurrent unexpected panic attacks. A panic attack consists of a distinct period of intense fear or discomfort associated with symptoms such as sweating, nausea, chest pain, palpitations, and/or fear of dying.

Post-Traumatic Stress Disorder
Exposure to a traumatic event in which the person responded with intense fear, helplessness or horror. The traumatic event is persistently re-experienced as recurrent and intrusive recollections. There is persistent avoidance of stimuli associated with the trauma and persistent symptoms of increased arousal such as difficulty falling or staying asleep and hypervigilance.

Schizophrenia
Two or more of the following symptoms that are present for a significant portion of time during a one month period: delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, and inability to initiate and persist in completing tasks.

Social Phobia
A marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others. The individual fears that he or she will act in a way that will be humiliating or embarrassing.

Somatization
A history of many physical complaints that occur over a period of several years and cause significant impairment in social, occupational, or other areas of functioning.

Specific Phobia
Marked and persistent fear that is excessive or unreasonable, cued by the presence or anticipation of a specific object or situation, which interferes significantly with the person's normal daily routine.

Source: Quick Reference to the Diagnostic Criteria from DSM-IV, 1994, American Psychiatric Association

APPENDIX B
Promising Practices/Systems of Care

Promising Program or System of Care	Problem this Program Addresses
Boley Center, St. Pete	Provides array of wrap-around services, including housing, employment, etc.
Breaking the Silence	Curriculum educating school children about mental illness
Bridges Program (Chicago)	Reduced jail time and hospital stays for felony offenders with SMI by 80-90%.
Broward County Community Development Corporation, Inc	Develops and manages apartment units for low-income people with special needs such as mental illness
Capitated Medicaid Carve-outs (AHCA Areas 1 & 6)	All public funds for mental health are pooled, allowing providers greater flexibility in how dollars are used.
Clubhouse Model	Psychosocial rehabilitation, employment and job-training. Newly created in Sarasota (2002).
Compeer	A model program that matches community volunteers with mental health consumers. Volunteers provide advocacy, mentoring, and social support for consumers.
Constructed Identifier System	Data system that tracks service utilization by individual clients while maintaining confidentiality
Consumers as case managers	
Crisis Intervention Training (Memphis)	Training to enhance law enforcement response and promote appropriate diversion of persons with mental illnesses.
Cuyahoga, OH	www.cccmhb.org
FACT Teams	Provides intensive, life-long case management for 100 SPMI individuals in Sarasota County.
Franklin County, OH	www.adamhfranklin.org www.mhafc.org
Gatekeepers Program, WA	Training potential "gatekeepers" to recognize and refer people who show signs of serious mental illness
Gould Farm (Monterey, MA)	America's oldest therapeutic community for people with mental illnesses.
Hennepin County, Minnesota	http://www.co.hennepin.mn.us/cfasd/ Mental_Health_Services/ MH_welcome.htm

Lock-down facility for enforcing Marchman Act (Addictions receiving facility - Tampa)	A facility for people who are intoxicated and require detoxification in an appropriate, secure facility. Keeps such clients out of jails, ER and CSU.
Manatee Glens Central Assessment Center	All Baker Acts are assessed at one location and triaged to appropriate facilities.
Manatee tax base for youth with Substance Abuse	The community voted to create a dedicated tax revenue for youth substance abuse treatment
Milwaukee Wrap-Around Model	Pooled funding model, provides comprehensive services to children
Minkoff Model - Dual-diagnosis	Cross-training front-line staff enables appropriate identification and referral of clients with mental health and substance abuse disorders
Minkoff Fidelity Scale	Allows communities to measure their capacity to respond to clients with co-occurring disorder
Mobile Crisis Units	Mental health professionals assist acute clients on-site. Promotes appropriate diversion from in-patient.
Palm Beach County	A model community for young children's behavioral health programs
Partners in Crisis	An advocacy organization that is focused on the coordination of criminal justice and mental health/substance abuse systems in Florida.
Red Flag Program (Ohio)	School-based program to identify childhood and adolescent depression
Respite Program (Hillsborough)	A place where consumers can spend a few days away from home. Provides family members of persons with mental illness respite.
Screening every kindergartener who enters school problems for MH issues	Early identification of young children with mental health problems (Vermont at the forefront).
Spruce Mountain Inn, VT	Comprehensive, supportive day treatment and residential programs
Teen Screen	Computer software that identifies teens with mental health problems early. Can be implemented in schools, juvenile justice facilities, and other settings.
Transportation Exception Plan (Manatee)	Allows community to bypass "nearest receiving facility" rule and can lead to creation of a central assessment center.

TX medication-funding algorithms	Algorithm-driven treatment philosophy for major adult psychiatric disorders treated in the Texas public mental health sector
Visiting Nurse Program, Montana	Nurses provide home visits to new mothers
Volunteers in Health Care Model	Health professionals volunteer their time to work with low-income clients
Volunteers in Psychotherapy (VIP)	Makes psychotherapy affordable by offering reduced rates to clients who volunteer.
Widow to Widow Program	Support group for widows, reduces rate of depression

APPENDIX C:

Community Alliance Acute Care Issues Analysis Report, January 2003

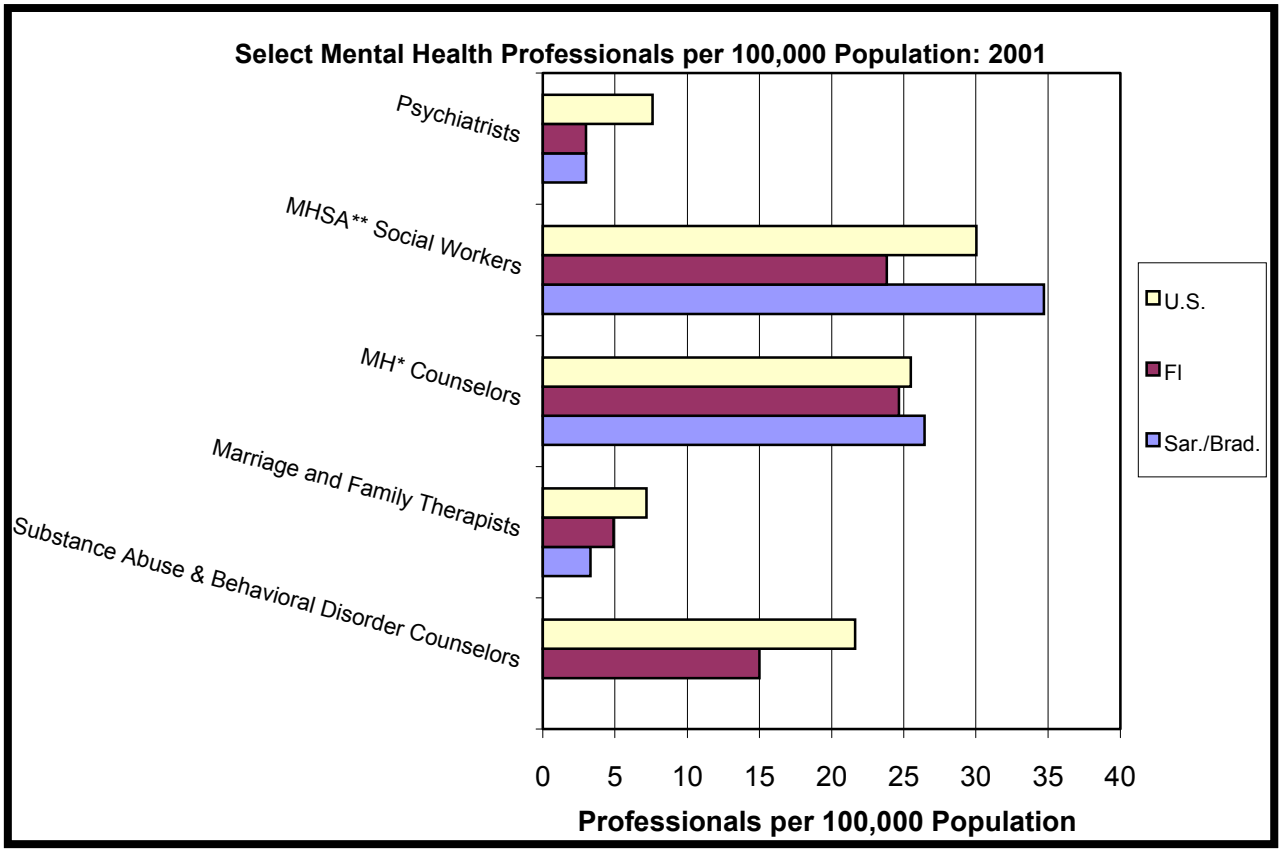
The following recommendations were developed by the Community Alliance Acute Care Issues Analysis Task Force, which was facilitated by Mark A. Engelhardt of the Louis de la Parte Florida Mental Health Institute.

The Community Alliance of Sarasota County should establish an ongoing Acute Care System Task Force comprised of key stakeholders at the executive, administrative and clinical levels of the acute care system which would have the following responsibilities:

- Develop an accountable and integrated Strategic Plan that addresses mental health, substance abuse and other related cross-systems
- Ensure that the Strategic Plan includes subsections on co-occurring disorders, homelessness and diversion services in accordance with House Bill 2003
- Pursue the development of evidence-based Crisis Intervention Teams (CIT) involving mental health and substance abuse providers and local law enforcement agencies
- Review the findings and recommendations of the upcoming SCOPE study on mental health
- Require that all organizations share aggregate data as a management tool, with a special emphasis on the length of stay in facilities, outpatient medical services, transportation and coordinated referrals to other aftercare services
- Utilize existing groups, such as the meetings of the Receiving Facility Directors, to coordinate service delivery in Sarasota County and within the DCF Suncoast Region
- Ensure that funders such as DCF and Sarasota County Human Services meet regularly to develop uniform contract approaches and conduct joint monitoring of providers
- Develop and execute community protocols for medical clearance, receiving facility transfers, jail diversion, system overflow, and out-of-county transfers, both within Sarasota County and on a regional basis as applicable
- Develop a Memorandum of Agreement (MoA) among key stakeholders, providers, and consumer groups in Sarasota County
- Pursue a long-range plan for the development of secure Marchman Act detoxification beds with the capability of serving persons with co-occurring disorders
- Arrange for education and training of funders and providers on co-occurring disorder assessment tools that examine clinical competencies, agency capability and systems change strategies
- Analyze the advantages and disadvantages of a “Transportation Exception Plan” before proceeding with this important decision
- Expand cross-system advocacy efforts for mental health and substance abuse services in Sarasota County, involving persons who receive services and their family members

APPENDIX D

Mental health professions: national, state and local population comparisons



* MH = Mental Health
** MHSA = Mental Health and Substance Abuse

Select Mental Health Professionals per 100,000 Population: 2001

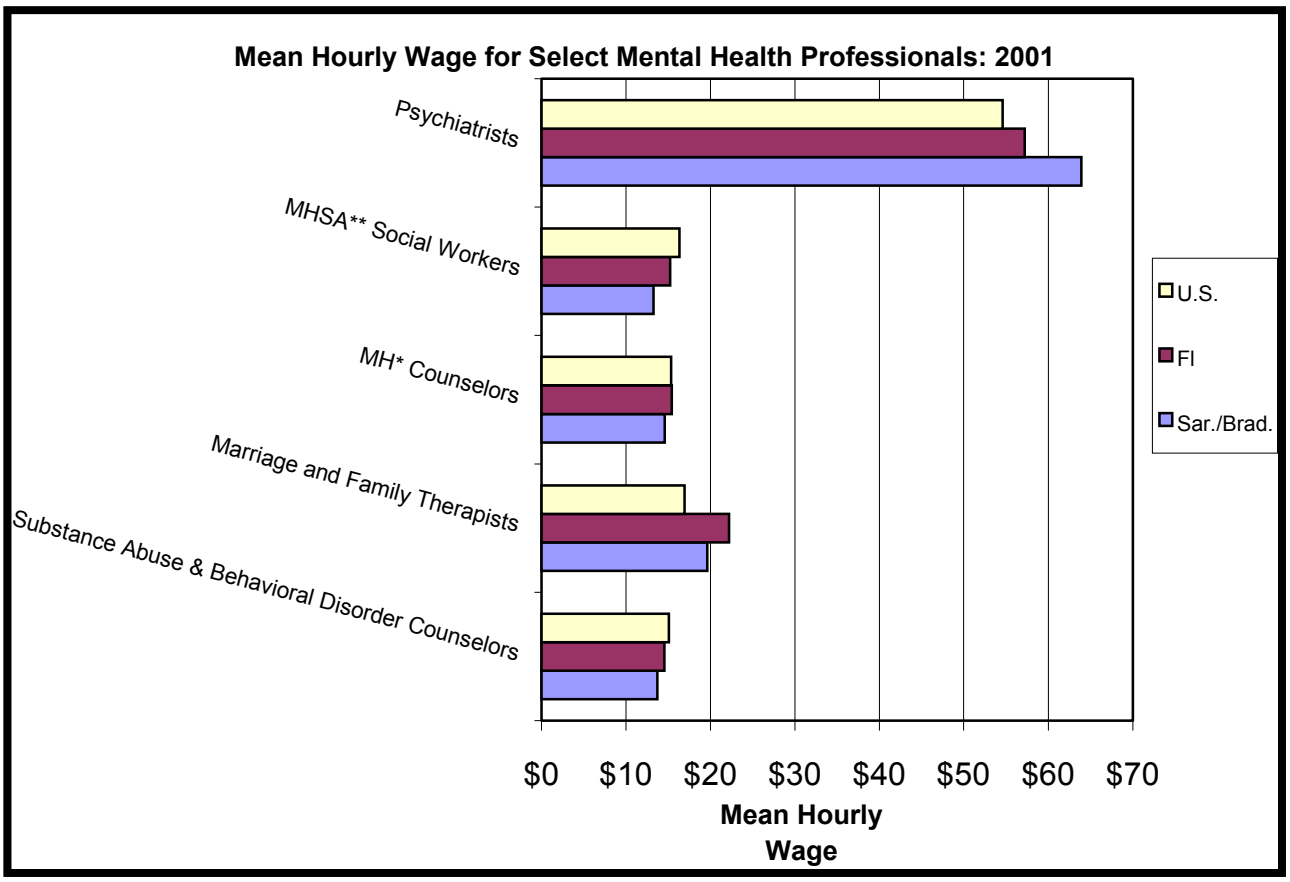
	Substance Abuse & Behavioral Disorder Counselors	Marriage and Family Therapists	MH* Counselors	MHSA** Social Workers	Psychiatrists
Sar./Brad.	N/R*	3	26	35	3
Fl	15	5	25	24	3
U.S.	22	7	25	30	8

*Not Released

Source: U.S. Department of Labor, Bureau of Labor Statistics
The **Occupational Employment Statistics** (OES) program conducts a yearly mail survey designed to produce estimates of employment and wages for specific occupations. The OES program collects data on wage and salary workers in order to produce employment and wage estimates for over 700 occupations. Self employed individuals are not counted

APPENDIX E

Mental health professions: national, state and local earnings comparisons



* MH = Mental Health
** MHSA = Mental Health and Substance Abuse

Mean Hourly Wage for Select Mental Health Professionals

	Substance Abuse & Behavioral Disorder Counselors	Marriage and Family Therapists	MH Counselors	MHSA Social Workers	Psychiatrists
Sar./Brad.	$13.73	$19.65	$14.59	$13.27	$63.92
Fl	$14.55	$22.21	$15.42	$15.25	$57.20
U.S.	$15.09	$16.94	$15.37	$16.34	$54.60

Source: U.S. Department of Labor, Bureau of Labor Statistics
The **Occupational Employment Statistics** (OES) program conducts a yearly mail survey designed to produce estimates of employment and wages for specific occupations. The OES program collects data on wage and salary workers in order to produce employment and wage estimates for over 700 occupations. Self employed individuals are not counted

GLOSSARY

ACT – Assertive Community Treatment

ADM – (Department of) Alcohol, Drug and Mental Health, part of the Department of Children and Families

AHCA – Agency for Healthcare Administration

ALF – Assisted Living Facilities

CAIC – Community Assessment and Intervention Center

CAP – Community Access Program

CBH – Coastal Behavioral Healthcare

CDC – Child Development Center

CHIP - Community Health Improvement Project

CIT – Crisis Intervention Team

CMHC – Community Mental Health Centers

CSU – Crisis Stabilization Unit

DCF – Department of Children and Families

DJJ – Department of Juvenile Justice

DSM – IV – Diagnostic and Statistical Manual of Mental Disorders – 4th ed.

ER – Emergency Room

EYBERG CBI – Child Behavioral Inventory

FACT – Florida Assertive Community Team

FADA – Florida Alcohol and Drug Association

FCC – Family Counseling Center

FCMHSA – Florida Commission on Mental Health & Substance Abuse

FETC – Family Emergency Treatment Center

FFS – Fee for Service

FMHI – Florida Mental Health Institute

FSOS – First Step of Sarasota

HIPAA - Health Insurance Portability & Accountability Act

HLC – Hispanic/Latino Coalition

HMO – Health Maintenance Organization

IDEA – Individuals with Disabilities Education Act

IHOS – In Home On Site Services

IMD – Institutions of Mental Disorder

IRWE – Impairment Related Work Expense

ITOSS - Intensive Therapeutic on Site Services (Medicaid)

ITP – Incompetent to Proceed

JAC – Juvenile Assessment Center

JARF – Juvenile Addiction Receiving Facility

JFCS – Jewish Family and Children Services

LEP – Limited English Proficiency

MCU – Mobile Crisis Unit

MHCC – Mental Health Community Centers

MHSIP - Mental Health Statistics Improvement Programs

NAMI – National Alliance for the Mentally Ill

NGI – Not Guilty by Reason of Insanity

NIMBY – Not In My Back Yard

PASS – Plan to Achieve Self Support

PCP – Primary Care Physician

PIC - Partners in Crisis

PHS – Prison Health Services

PIDS – Pilot Integrated Data System

PMPM – Per Member, Per Month

RF – Receiving Facility

RH – Resurrection House

SAMHSA - Substance Abuse & Mental Health Service Administration

SCCH - Sarasota County Coalition for the Homeless

SCOUTS - Senior Community Outreach Utilizing Team Services

SEDNET – Severely and Emotionally Disturbed Network

SMI – Serious Mental Illness

SPMI – Severe & Persistent Mental Illness

SSA – Social Security Administration

SSDI – Social Security Disability Insurance

SSI – Supplemental Security Income

TANF – Temporary Assistance for Needy Families

TABS – Temperament & Atypical Behavioral Scale

TEP – Transportation Exception Plan

VIP –Volunteers in Psychotherapy

VR – Vocation Rehabilitation

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Betty Schoenbaum
Susan Scott
Sandy Seidman
Michael Saunders & Associates
William G. & Marie Selby Foundation
W. Russell Snyder, PA
Mr. & Mrs. Mac Spencer
Mr. & Mrs. Stewart Stearns
Dr. Laurey Stryker

T

Philip & Rebecca Tavill
Adam N. Tebrugge
Jake Thomas and Myriam Alvarez-Thomas
Dr. Joseph G. Thro
James Tollerton
Janice Toskich
Town of Longboat Key
Thomas Tryon

U

United Way of Sarasota County
United Way of South Sarasota County

V

Venetian Gardens Association
Verizon

W

Wachovia Bank
Lee Wetherington Homes
Jo-Anne Whalen
Willis A. Smith Construction, Inc.
Wiesner & Associates

Z

Stan Zimmerman

THE MISSION

To engage our community in planning for excellence through a process of open dialogue and impartial research, to establish priorities, propose solutions and monitor change to enhance the quality of life in Sarasota County.

SCOPE

Our community focused on our future

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