# Unlocking the Pieces:

## Community Mental Health in Northeast Florida


An Executive Summary to the People of Northeast Florida

**Fall 2014**

# About JCCI

We bring people together to **learn** about our community, **engage** in problem solving, and **act** to make positive change.

**JCCI** is headquartered in Northeast Florida, and works in the local area and beyond; from Walla Walla, Washington to Londrina, Brazil, our efforts in community engagement span six continents. Across the world, we understand that tracking only GDP as the measurement of success for nations misses the human side of progress. Quality of life has become the new standard benchmark for success, and we're proud at JCCI to be recognized internationally for being the first organization to track community quality of life progress with an annual report card spanning 30 years.

We bring people together to act on these indicators, and have created lasting community change through our inquiries and subsequent implementations. We have seen and documented real improvement in the quality of life in dozens of communities. At JCCI, we do the work that we do because we believe in community – and we believe in the power that the people who live in those communities have to shape their future.

Are you involved with JCCI yet? From Forward, our action program for new leaders, to JAX2025 and building a better future, there are always opportunities to get engaged. We are a volunteer-based organization and continually strive to involve you – the caring citizen, the community hero, the devoted doer – in our work in celebrating our community and making it the place we all know it can be.

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Mental Health, as defined by the Centers for Disease Control (CDC), is a state of well-being in which people realize their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and are able to make contributions to their communities. Mental health is essential to people's well-being, healthy family and interpersonal relationships, and the ability to live full and productive lives – it is what allows people to function as good friends and supportive family members, and as productive employees and engaged citizens. In short, mental health is a characteristic that all humans share – and optimizing mental health is what everyone should hope to achieve.

Mental Illnesses are health conditions that impair mental health and are characterized by alterations in thinking, mood, and/or behavior associated with distress and/or impaired functioning. Mental illnesses often result in a diminished capacity for coping with the ordinary demands of life. The severity of mental health issues spans a broad spectrum. Some people experience only temporary symptoms that are not diagnosable mental illnesses, while others have comparatively mild mental disorders that can be easily treated and they go on to lead relatively productive lives. On the other end of the spectrum, severe and persistent mental illnesses can be debilitating and lead to difficult consequences in people's lives.

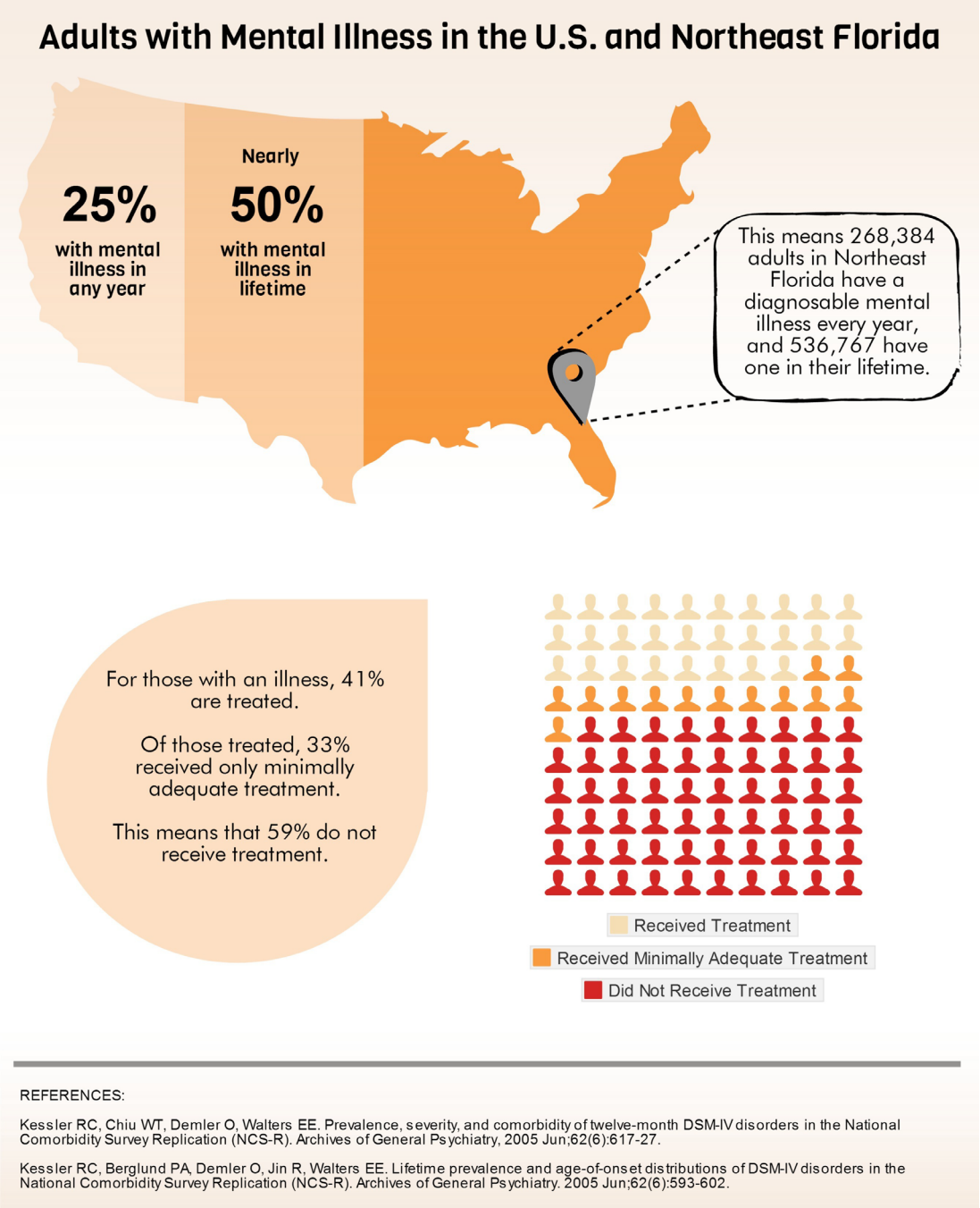
The CDC estimates that approximately 17 percent of U.S. adults are considered to be in a state of optimal mental health at any given time. Between 20 and 25 percent of all those living in the U.S. (adults and children) lived with a mental illness during the past year, and more than half will at some point in their lives. The majority of people living with a mental illness will go undiagnosed and/or untreated jeopardizing their prospects for long-term recovery and increasing the risk factor for other chronic diseases, including cancer, diabetes, cardiovascular disease, asthma, and stroke.[1] Four of the leading causes of disability worldwide are mental health conditions. For men, these are depression (#1), alcohol use disorders (#2), schizophrenia (#5), and bipolar disorder (#7). These rankings differ slightly for women: depression (#1), schizophrenia (#6), bipolar disorder (#8), and Alzheimer's and other dementias (#10).[2]

Suicide, the tenth-leading cause of death in the United States and the third-leading cause for those ages 15-24, is nearly always linked to mental disorders.[3] Northeast Florida has higher rates of suicide across all age sectors than the State of Florida. The 2012 rate of suicide among all people in Northeast Florida was 18.0 per 100,000 vs. 14.2 in the State; among youths ages 10-19, the Northeast Florida rate was 6.1 compared to 4.9 in the State; and among senior citizens 65 and older, the Northeast Florida rate was 20.3 vs. 19.6 in Florida.[4]

Mental illness is pervasive in Northeast Florida, just as it is throughout the world. It affects people of every age, gender, race, sexual orientation and socio-economic standing. The National Institute of Mental Health (NIMH) estimates that one in every four adults in the United States (approximately 61.5 million) experiences a diagnosable mental illness in a given year. That means that approximately 268,384 of the 1,073,534 adults in Northeast Florida are living with a mental illness. About 4 percent of adults live with a severe mental illness such as schizophrenia, major depression, bipolar disorder, or other psychotic disorders – or nearly 42,000 in Northeast Florida.[5]

Mental illness can begin early in life, and National Institute of Mental Health estimates that one-half of all chronic mental illness begins by age 14, and 75 percent by age 24. Furthermore, 21 percent of youths ages 13-18 (about 22,000 in Northeast Florida) have experienced severe mental illnesses at some point in their lives. For those ages 8-15, an estimated 13 percent (almost 19,000 in Northeast Florida) have experienced a mental disorder of some type.[6] Nearly half of these 8-15 year-olds received no mental health services in the previous year.[7]

While mental illnesses of all kinds are widespread in the population, it is the four percent or so who suffer from severe mental illnesses who experience the most negative consequences.[8] Individuals with severe mental illnesses die on average 25 years earlier than those who are not mentally ill, and those living with mental illnesses are also four times more likely to die from untreated physical diseases.[9]





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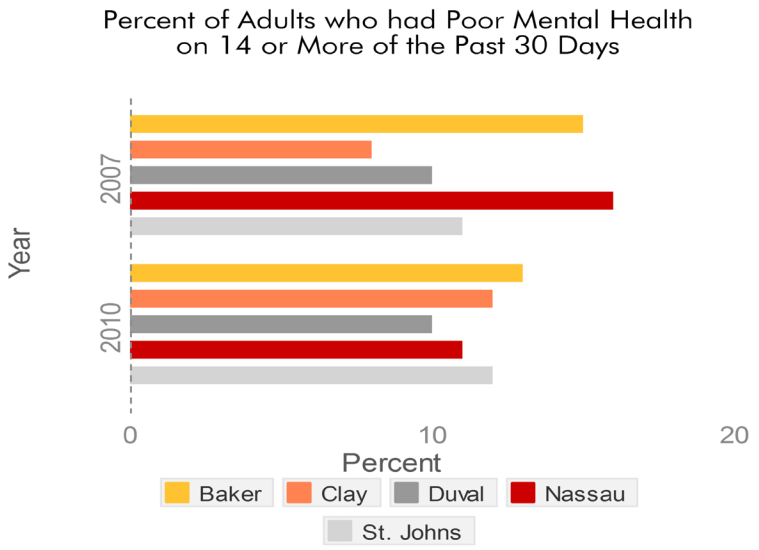
Kessler RC, Berglund PA, Demler O, Jin R, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). Archives of General Psychiatry. 2005 Jun;62(6):593-602.


Many people who live with mental illness have multiple diagnoses. Nearly half (45 percent) of those with any mental illness meet criteria for more than one disorder, with severity strongly related to comorbidity (i.e., two or more medical conditions present simultaneously in an individual).[10]

Even though most mental illnesses can be effectively treated, allowing the individual to recover and lead a productive life, an estimated 60 percent of adults and 50 percent of children with mental illnesses are never diagnosed or treated.[11] [12]

While one in every four adults is impacted by a mental illness, the World Health Organization concludes that "in spite of this striking figure, concern with and commitment to mental health largely remains a very remote and often obscure component of policy-makers' agendas, which are chiefly dealing with population mortality."

While people from every walk of life are vulnerable, some demographic groups have a disproportionate risk of mental illness. The prevalence is higher, for example, among people living in poverty, military veterans, victims of crime, people who are homeless, and persons in non-dominant social groups including women, people of color, and members of the lesbian, gay, bisexual, and transgender (LGBT) population. This is due in large part to the chronic stress from trauma, difficult living conditions, and discrimination within society and among service providers.




*Source: Behavioral Risk Factor Surveillance Survey (BRFSS)*

It was with this backdrop that JCCI undertook this eight-month community Inquiry to examine assumptions about mental health and current mental health systems in Northeast Florida in an effort to find ways to positively impact the quality of life for everyone. Whether it is people who experience mild depression on the one hand or serious mental illness such as schizophrenia and bipolar disorder on the other, this Inquiry is about improving mental health for all.

## Myths:

*Mental illnesses and addictions...*

- are not biological conditions and are different than "physical illnesses;"
- are rare;
- cannot be treated effectively.

## Facts:

*Extensive research shows these conditions...*

- are biological, impacting both brain and body;
- affect 1/2 of Floridians at some point in life;
- can be effectively treated but not cured.[14]

This Inquiry process has revealed that in Northeast Florida, mental health is rarely discussed, people with mental illnesses are stigmatized in the community, there is a shortage of mental health professionals, the system of care is fragmented, and the public sector is severely underfunded. All of these factors lead to an undersupply of preventive and rehabilitative services.

The good news is that most mental illnesses can be managed effectively, particularly with early diagnosis and treatment. Most people who experience mental health problems can recover with proper treatment or are able to manage them effectively. Early intervention is critical.

So, why do so many people who need help fail to seek it? First, many are not even aware they have a mental health issue that requires treatment. The symptoms associated with mental illnesses are not widely understood by average persons. It is recognized, for example, that when someone gets the flu, achiness and fever are likely to occur, and he or she should go see a doctor. But when someone is depressed, the symptoms are not necessarily recognized, and even when they are, the tendency is to think it is only temporary and the problem will get better on its own, or the person is often advised by others to tough it out and cope with it alone.

In addition, the spectrum of degrees of mental illnesses is vast, further complicating an individual's ability to recognize when professional help is needed. Everyone experiences occasional moodiness and temporary depression, but that does not mean they necessarily have a diagnosable mental illness. The line of demarcation is often blurry when it comes to knowing when treatment becomes appropriate or necessary.

Another explanation for the vast number of undiagnosed and untreated mental illnesses is the stigma society has attached to mental illness. A veil of silence precludes healthy and open discussion about mental health issues, and when the subject is raised, it is often done in hushed tones, or even in disparaging or derogatory ways. It is not surprising that people living with treatable illnesses are reluctant, if not unwilling, to acknowledge their problems when shame and societal disapproval are frequently the result. Mental illnesses are often made worse and recovery more difficult due to the effects of social stigma, which can result in discrimination from friends, family, and employers.

The most frequently cited reason for not seeking treatment for mental illness, however, is the cost of care.[15] Mental health services are expensive, and some forms of health insurance are not always accepted by mental health professionals, sometimes leaving individuals seeking treatment to pay for services out-of-pocket. Even a one-time visit to a psychiatrist can be cost-prohibitive.

Health insurance, which has historically covered mental illness in a more limited fashion than physical illness, is a significant issue, but one that is improving. The 2008 Mental Health Parity and Addiction Act was designed to ensure that doctors and insurers treat mental and physical illness on equal footing; and the Affordable Care Act (ACA), which took effect on January 1, 2014, requires that all new individual and small group insurance policies must provide essential health benefits including mental health and substance abuse services. As a result, these benefits will be more generous than they have been in the past, and affordable coverage will be available to more people.

Lessening the positive impact that should come from more people having mental health coverage is the fact that Florida is one of 24 states that has not expanded Medicaid (as of 7/1/14) as part of the Affordable Care Act. As a result, more than one million low-income Floridians who would have been eligible for health insurance will not be covered. As originally enacted, the ACA required states to expand Medicaid eligibility to include more low-income individuals than it previously did, thereby further reducing the number of uninsured. However, a 2012 Supreme Court ruling made it optional for states to expand Medicaid eligibility, and the Florida Legislature voted not to do so.

For those who are willing to seek help, navigating through the complex system can be daunting. Capacity and access issues are commonplace in the mental health sector (public and private), with too few services and mental health professionals available. In addition, state hospitals have systematically reduced the number of psychiatric beds in recent years. Highlighting the capacity problem is the fact that the single largest providers of mental health services in the country are jails and prisons where a disproportionate percentage of incarcerated individuals have a diagnosable mental illness.

The impact of severe mental illness is felt not only by the person with the illness, but by family, friends, and colleagues at work. The stress associated with caring for a person requiring full-time attention can result in mental and physical health crises for the caregivers. The stigma of mental illness is also shared by family members. The ability to maintain full-time employment and healthy relationships can be compromised by the need to provide constant attention to the family member with severe mental illness.

# Continuum of Mental Healt

*Causes of mental illness range from environmental factors such as job loss or divorce to biological factor mental illness. Causes are provided as examples. In general, individuals will react to causes differently. D*

| | Well | Emotional Problems or Concerns |
|---|---|---|
| Examples: | *Mild distress • Occasional stress Generally happy* | *Loneliness • Mild depression Abandonment • Grief* |

## Prevention

***WHAT***
- healthy diet
- regular exercise
- relaxation
- rest
- social network
- education

***WHO***
- family physician/ pediatrician
- clergy
- coaches

***WHERE***
- gym
- home
- outdoors

## Early Intervention

***WHAT***
- psychotherapy
- wellness check with primary care
- behavioral therapy
- crisis counseling
- case management
- support groups
- employee assistance program

***WHO***
- licensed therapist or social worker
- counselors
- family physician
- psychologist
- clergy
- family services agency
- school guidance counselor
- hotlines, such as 2-1-1
- case manager
- peer specialist

***WHERE***
- faith institution
- medical or therapist office
- workplace
- school
- community based organization

Health insurance may also be a pathway for treatment as insurance carriers may be able to direct you to a preferred provider.

# th & Pathways to Well-being

*rs like genetics or brain chemistry. Psychological factors such as abuse and neglect also contribute to Depending on the issue, there are various ways to get help and connect to treatment.*

| Mental Illness | Severe & Persistent Mental Illness |
|---|---|
| *Mood disorder • PTSD Eating disorder* | *Bipolar disorder • Dementia Schizophrenia* |

## Treatment

***WHAT***

- cognitive therapy
- crisis stabilization
- life skills training
- psychotherapy
- medication (drug therapy)
- evidence-based treatment
- residential treatment
- electroconvulsive therapy (ECT)
- assertive community treatment (ACT)
- assisted outpatient treatment (AOT)
- self-directed care (SDC)
- partial hospitalization

***WHO***

- psychiatrist
- psychologist
- licensed therapist or social worker
- psychiatric nurse
- primary care physician/ psychiatric consult

***WHERE***

- hospital, in-patient or out-patient
- rehabilitation & treatment facilities
- medical or therapist office
- community based organization

Across the healthcare industry, most agreement that a holistic approach to health care, where mental health and physical health are integrated, is a worthy goal, but too few family practitioners are equipped to thoroughly address mental illnesses. Several ways exist to achieve integration (e.g., embedding a mental health professional within a primary care setting, making primary care available in a mental health facility, etc.). Integration is becoming more widespread but is probably years away from broad application because of challenges associated with funding, insurance reimbursement, and culture change in both the mental and physical health care practices.

Finally, public funding for mental health in this country, and particularly locally, is insufficient to meet the need. Florida ranked 49th of 50 states in per capita state mental health funding in 2012, and Northeast Florida ranked as the second-lowest-funded region in the state.[16] In the three-year period from 2010-2012, Florida cut $20 million in public funding for mental health services.

A recurring theme at nearly every Inquiry meeting was the need for increased education and awareness about mental health throughout the community. Lack of education contributes to the perpetuation of stigma, confusion about how to access the mental health system of care, and failure to recognize steps that can be taken to improve mental health and wellness.

## Stigma

One of the most significant factors keeping people with mental illness and their family members from speaking openly about their problem is the fear of being stigmatized because of their mental illness. That fear is well-founded as the stigma of mental illness is both pervasive and firmly entrenched in our society.

> "It is important that people understand that mental illness is just that, an illness. People aren't blamed for having breast cancer the way they are blamed for having a mental illness."
> Denise Marzullo, President and CEO of Mental Health America of Northeast Florida.

An example of how stigma works is evident in everyday language. It is common to call someone "a schizophrenic" or refer to "the mentally ill." For physical illness, things are often handled differently and people usually say that a person has cancer. The person afflicted with cancer remains one of "us" and has an attribute….the "schizophrenic" becomes one of "them" and is the label.[17]

Social stigma refers to the negative label that society places on a person with a discernible mental illness which is considered a sign of weakness, often resulting in prejudice and discrimination. Self-stigma is a process whereby a person with a mental illness is aware of public stereotypes of mental health problems or mental illness and in an implicit manner applies these stereotypes to himself/herself resulting in low self-esteem and a lack of hope

The stigma of mental illness typically results in a reticence to talk about mental health, both in public and often at home, as well as an unwillingness of many to admit to having a problem that could be effectively treated. People with a mental illness are made to feel weak if they cannot handle the problem on their own, leading to feelings of shame and low self-esteem. They can feel isolated, afraid and rejected by society. Society often accepts broad stereotypes about people with mental illness, labeling them as dangerous or violent. These stereotypes are often

reinforced in films, print and social media. People living with mental illness are commonly seen as rebellious, free spirits, or living at the edges of social norms and possessing a perception of the world that is child-like.[18]

> "I frequently field calls from friends or colleagues who ask me to help them access help for a loved one who needs mental health treatment, and almost always before hanging up they ask me to promise to keep the conversation private."
>
> Hugh Greene
> Baptist Health CEO

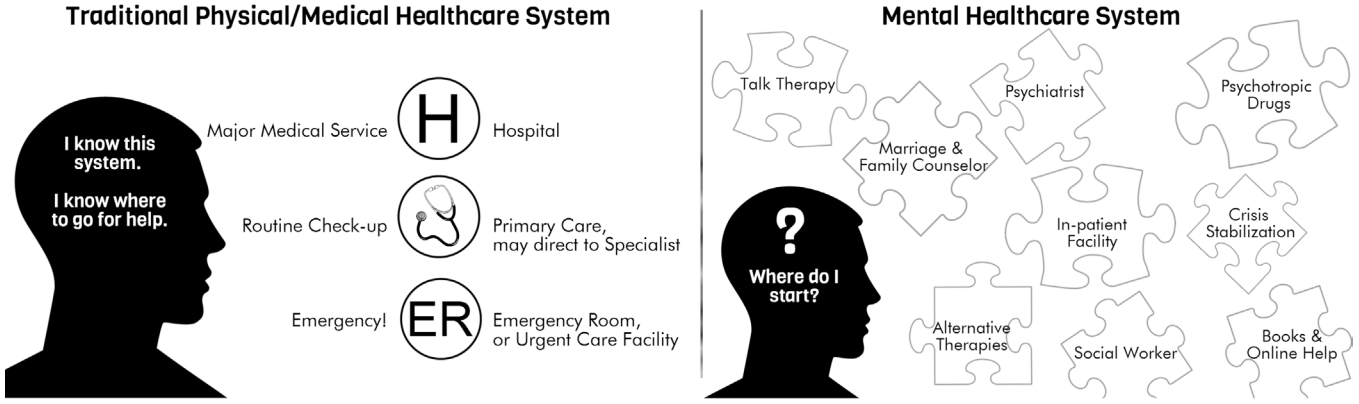
These stereotypes sometimes translate into negative assumptions about the best ways to support people living with a mental illness. The result is that persons living with a mental illness, unlike other health conditions, are routinely discriminated against. Employers are less likely to hire them, landlords are less likely to rent to them, and people are more likely to press false charges of violent crimes against them.[19] People living with mental illness are actually more likely to be the victims of abuse or crime than people who are not mentally ill. The Institute of Medicine concluded, "Although studies suggest a link between mental illnesses and violence, the contribution of people with mental illnesses to overall rates of violence is small," and further, "the magnitude of the relationship is greatly exaggerated in the minds of the general population."[20]

To avoid stigmatization, many people keep their illnesses to themselves and go without the treatment they need. Even those who do seek treatment often go to great lengths to hide their illness from family and friends.

Long-term, stigma can lead to poorer treatment outcomes. Self-stigma has also been correlated with less success securing employment since it continues to complicate the lives of those who are stigmatized even after treatment improves their symptoms.[21]

Because stigma is firmly embedded from an early age, it is difficult to eradicate. People tend to stigmatize regardless of what they actually know about mental illness, and regardless of whether they know someone who has a mental illness. Even some health care professionals and others employed in the mental health system hold strong stigmatizing beliefs about mental illness.

As is the case with many of the impacts of mental illness, stigma is not restricted exclusively to the person with the illness. Stigma by association also impacts family members and caregivers of persons with mental illnesses. Friends, family, and neighbors sometimes place the blame on family members for the mental illness of their relatives. Questions about parenting ability, both internally and from friends and colleagues, are common. Feelings of discrimination and social isolation can result.



## Complicated System

The complexity of the mental health system is a significant impediment to accessing care. The system is multi-faceted, fragmented and generally not familiar to most people. Because there are multiple approaches and disciplines, people seeking care often do not know where to go. "There is an art to navigating the system, and unless you are familiar with it, it can be very daunting," said Jacksonville psychologist Dr. Whitney George. "People in crisis do not have time to wade through the system and need to know where to turn for services."

Because of the wide variety of approaches to care, people sometimes disagreement on which is the most effective and/or efficient. Due to shortages of mental health hospital facilities and psychiatrists, a significant responsibility for mental health care is shouldered by the social services sector and the primary care system.

Across the community, we share a general lack of understanding about the services that licensed mental health professionals provide and where to find them. Many people are not aware of the types of services available and which professionals provide what. Notably, no one place exists to access information about services. It is challenging for someone who is not a mental health insider to know whether he or she needs a psychiatrist, clinical psychologist, licensed clinical social worker, licensed mental health counselor, certified addictions professional, psychiatric nurse practitioner, marriage and family therapist, or pastoral counselor. Each of these providers plays a role in the mental health arena, but the differences in the services they provide are not commonly understood.

## Shortage of Professionals

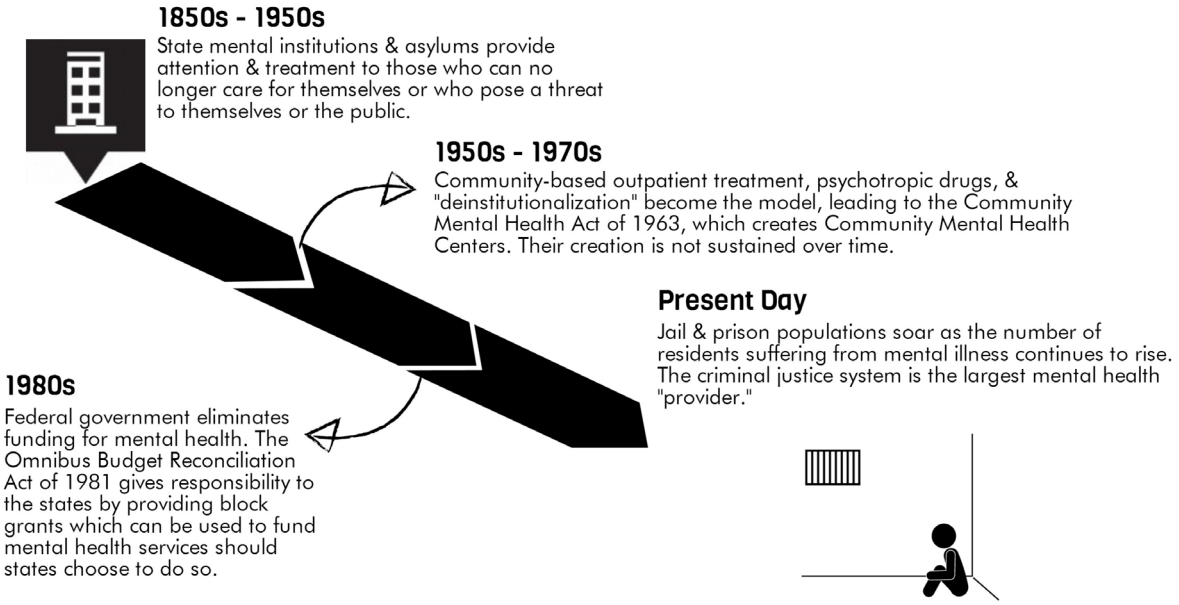
Access to mental health care is hindered by a shortage in the number of mental health professionals (psychiatrists, psychologists, mental health counselors, etc.), particularly for the poor living in rural areas.

The Federal government designates "Mental Health Professional Shortage Areas" (MHPSAs) where there is only one psychiatrist for every 30,000 people or more. In 2010, 89.3 million Americans lived in MHPSAs, eighty-five percent of whom resided in rural areas. By comparison, 55.3 million Americans lived in "Primary Care Shortage Areas." In Northeast Florida, three counties have designated MHPSAs (Baker, Duval, and St. Johns). While precise statistics are not available, it is estimated that Florida has about 2,100 psychiatrists to serve a population of 19.3 million, or approximately one for every 9,200 residents.[22] For children and adolescents under the age of 18, the situation is even worse: there are only seven child psychiatrists in the State of Florida for every 100,000 kids, according to Dr. Elise Fallucco, a psychiatrist at Nemours Children's Clinic. As a result, many child psychiatrists are not accepting any new patients, and long waiting lists of up to eight months are common.

With too few psychiatrists already an issue nationwide, the long-term trend is not encouraging. The American Psychiatric Association (APA) reports that over half of the psychiatrists in the United States are over the age of 55 and nearing retirement. Psychiatrists are also among the lowest paid of all physician groups. Limited pay in comparison to other doctors, plus debt burden incurred during medical school, results in too few medical students gravitating toward psychiatry.

Since there is a shortage of available mental health providers, waiting lists for services in Northeast Florida can often range from one to several months. Highlighting the shortage of mental health professionals is the fact that 2014 is the first year Jacksonville has had a psychiatric residency program (UF Health Jacksonville). Since doctors often settle in the places where they completed their residencies, Jacksonville has not previously been top-of-mind for psychiatrists. Even nationally, the number of psychiatric residency slots has remained flat over the last 20 years, while the demand for services has grown significantly.

## Evolution of Mental Health Treatment




## Paying for Community Mental Health

Mental health treatment in the United States has been provided primarily at the community level since a deinstitutionalization movement began in the 1960's. This movement away from institutionalizing people with mental illnesses in state hospitals, psychiatric hospitals, and what once were called insane asylums became the trend following the passage of federal legislation in 1963 (Community Mental Health Act). Institutionalization was supposed to be replaced by a community-based services approach, and the Act authorized the development of a series of "Community Mental Health Centers" (CMHCs) across the country. These CMHCs were designed to help previously-institutionalized patients establish new lives in familiar and caring communities and to provide people with access to mental health services.

Accordingly, state governments responded by downsizing or eliminating many of the state mental hospitals that for more than a century had been the primary treatment facilities for individuals with severe mental illnesses.

While the community-based concept was well-intentioned and bore significant promise, it didn't meet expectations for a variety of reasons. Only about half of the anticipated 1,500 Community Mental Health Centers were ever constructed, and they were never fully funded.[23] Legislation passed in 1981 (Omnibus Budget Reconciliation Act) effectively eliminated direct federal funding for mental health, replacing it with block grants awarded annually to states by the Substance Abuse and Mental Health Services Administration (SAMHSA). These are noncompetitive grants that provide states with complete mental health spending discretion, and funding decisions are often based on political expediency. As a result, some CMHCs folded because they (a) were no longer financially sustainable; and (b) were not broadly embraced by people reluctant to have people with severe mental illnesses living in their neighborhoods. Other community-based services were not sufficient to meet the need.

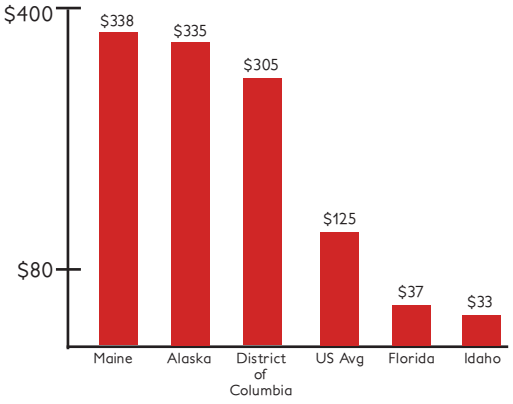
A vacuum resulted which still exists today, leaving many people with severe mental illnesses without enough community-based services to meet their needs. Many end up homeless on the streets, or in and out of jails and

prisons which are ill equipped to provide the comprehensive mental health services required. Without sufficient support services outside jail, many people with severe mental illness are recycled back through the system ending up in jail once again. Ironically, this "criminalizing" of mental illness has had the effect of recreating institutionalization, only this time in jails and prisons rather than psychiatric hospitals.

## Community Mental Health in Northeast Florida

Lutheran Services Florida, also known as LSF or LSF Health Systems, is one of seven managing entities in the State of Florida. The funds allocated to LSF for management and oversight are intended for use by uninsured, low-income residents of Florida. The majority of funds received by LSF are for the treatment of adults. Since most low-income and uninsured children qualify for Medicaid, LSF utilizes their children's mental health and substance abuse dollars to cover treatment, services or community-based interventions not reimbursed by Medicaid. The LSF-directed system of funding mental health care applies primarily to a subset of individuals in the community. Specifically, it serves adults and children who (a) are indigent and have no form of insurance coverage (employer-provided coverage, disability insurance, Medicare, Medicaid, etc.); and (b) meet the priority population of individuals - as defined by DCF - in need of mental health treatment.

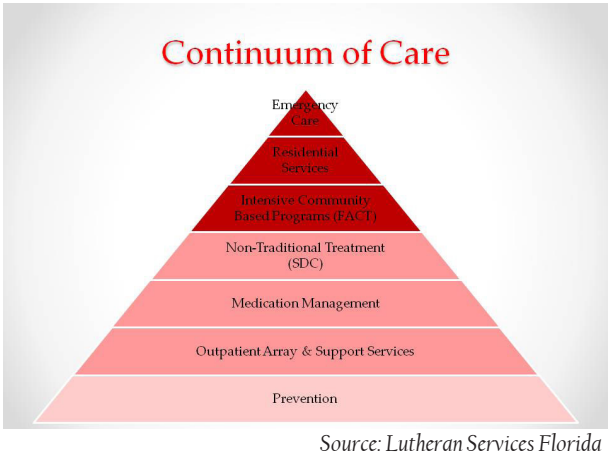
State Mental Health Spending, Per Person 2012




*State Mental Health Agency Data Search. NRI. http://www.nri-incdata.org*

In 2012, LSF received $92.7 million to provide mental health and substance abuse services to a geographic area with over 3.5 million people in Northeast and North Central Florida. Of that, nearly $32 million was spent in Duval, Clay and Nassau Counties (Circuit 4). Statewide, the level of funding for mental health was reduced by $20 million over the three-year period 2010-12, and on a per capita basis, funding for mental health in Florida (adjusted for inflation) is less than it was in the 1950's.[24]

LSF District 4 (Duval, Clay, Nassau Counties) commits $27.80 per person annually ($16.42 for mental health and $11.38 for substance abuse), making it the second-highest district in the Northeast Region but nearly one-third less than the Florida average. Northeast Florida is the second-lowest funded Region in the state.




*Source: Lutheran Services Florida*

The ideal continuum of care for public mental health services can be viewed as a pyramid, with the most pressing needs (emergency and crisis stabilization services) at the top of the ladder and preventive services comprising the largest part of the pyramid. In an ideally organized system, the largest number of services would be provided in preventive care, which is the service with the lowest cost, and the smaller number of services would be provided in emergency care, which is the most expensive type of care.

Due to the limited public funding available, LSF must prioritize the mental health services that can be offered. Therefore, a significant portion of these funds must be used to provide emergency and crisis stabilization services to

individuals who require immediate care. Public funding is estimated to be meeting only 34% percent of adult mental health needs and 27 percent of children's mental health needs.

## Examples of Promising Practices

Throughout the Inquiry, many examples of successful solutions were pointed out by resource speakers and committee members. The following is a list of practices and concepts that hold significant promise for improving community mental health in Northeast Florida.

**Wraparound Milwaukee** Wraparound Milwaukee is a unique type of managed care program operated by the Milwaukee County Behavioral Health Division designed to provide comprehensive, individualized and cost effective care to children with complex mental health needs. The program serves families who have a child with serious emotional or mental health needs, is referred through the Child Welfare or Juvenile Justice System, and is at immediate risk of placement in a residential treatment center, juvenile correctional facility or psychiatric hospital. A combination of several state and county agencies, including the Bureau of Milwaukee Child Welfare, the County's Delinquency and Court Services, Behavioral Health Division, and the State Division of Health Care Financing, which operates Medicaid, provide funding for the system. Wraparound Milwaukee contracts with eight community agencies for the over 100 care coordinators who facilitate the delivery of services and other supports to families using a strength-based, highly-individualized Wraparound approach.

**Mental Health Facilitator Training** The National Board for Certified Counselors (NBCC - a credentialing organization for more than 53,000 mental health counselors around the world) developed an effective, evidence-based Mental Health Facilitator Program nine years ago that is now used in 37 countries. Developed at the request of the World Health Organization, the MHF program is a grassroots, community-based training. MHFs are able to return to their communities to provide identification of those in distress, assessment of need and referral, as needed, to appropriate professional resources, in addition to a listening ear. NBCC has trained 20 Master Trainers in the Northeast Florida area and will begin training in schools and faith-based communities in the fall of 2014.

**Mental Health First Aid** An evidence-based program under the direction of the National Council for Behavioral Health, Mental Health First Aid is an in-person training that teaches people how to help individuals who may be developing a mental illness or who experience a mental health crisis. It instructs people on: identifying the signs of addictions and mental illnesses, understanding the impact of mental illness and substance use disorders, a five-step action plan to assess a situation and help, and understanding the network of local resources and where to turn for help. Eight-hour instructor training courses are held regularly in various locations across the country. The following organizations offer Mental Health First Aid in Northeast Florida: Nassau Alcohol Crime and Drug Abatement Coalition (NACDAC), Starting Point Behavioral Health Care, Jacksonville System of Care Initiative, Federation of Families Northeast Florida, and Mental Health America of Northeast Florida.

**Changing Minds Campaign** On May 1, 2014, the NBC network affiliate in Washington, DC, (NBC4 Washington) launched a year-long multi-platform campaign focused on mental health. Under the banner Changing Minds, the campaign consists of compelling elements including news stories, public service announcements, town hall meetings, specials and partnerships. "By shining a light on a topic that unfortunately carries stigmas and does not get all the attention it deserves, we hope to make a difference and save lives," said Mike Goldrick, Vice President of News for NBC4.

**Oral History** Oral History is a concept of educating people about mental health using audio recordings of interviews of individuals living and dealing with mental illness. A website called "Inside Stories" was maintained from

2006 to 2013, providing a resource for writers, film makers, researchers, policy makers and family members of individuals with mental illnesses. That website has since been discontinued, but a group called Oral History Matters offers services and expertise around oral history projects and other forms of collecting life stories.

**"Hot Spotting" and The Camden Coalition of Healthcare Providers** Begun in 2002, the Camden Coalition of Healthcare Providers works to improve the quality, capacity, and accessibility of the healthcare system for vulnerable populations in the City of Camden, New Jersey. The Coalition has popularized the concept of "hot spotting" which uses data to identify small groups of people who account for the most healthcare dollars. It is estimated that five percent of the nation's sickest citizens account for more than half of healthcare costs. The Camden Coalition used hospital data to map "hot spots" of healthcare high-utilizers, who repeatedly used the emergency room for care, at great cost to the healthcare system. Healthcare providers send a team, a nurse, or care manager to a person's home to assess why a person uses healthcare resources the way they do, and how their health can be improved — and ER use diverted — through other settings and models.[25]

**The Saint Louis Mental Health Board (STLMHB)** In 1992, voters in the City of St. Louis approved a referendum to create a special tax district and STLMHB, the Substance Abuse/Mental Health and Children's Services authority for the City of St. Louis. STLMHB administers public funds for behavioral health and children's services for the benefit of city residents. It administers these funds by investing in community programs, projects, partnerships and initiatives that are focused on supporting city residents to achieve positive results and/or experience favorable impacts. It has been employing a strategic approach to making funding decisions that has resulted in improved conditions for the people served, as well as cost-effectiveness.[26]

**Housing First** is a national evidence-based best practice that looks at housing as a tool, rather than a reward, for recovery. It is an approach to ending homelessness that centers on providing permanent, supportive housing first, and then providing services as needed and as requested.[27] Florida-specific data concerning the cost effectiveness of Housing First does not exist. To address this, Ability Housing of Northeast Florida, in collaboration with area non-profits and governmental entities, has introduced a Housing First pilot program called "The Solution that Saves." This pilot is designed to produce a Florida-specific cost-benefit analysis of the Housing First model. The Housing First approach has been shown in other communities to produce the best outcomes for homeless people with mental illnesses. Northeast Florida is just beginning to use the Housing First model, and has not yet applied it broadly across the region.

**Bring Change 2 Mind** A national anti-stigma campaign founded by film actress Glenn Close, the idea was born out of a partnership between Ms. Close and Fountain House, where she volunteered to learn more about mental illness. Both her sister and nephew live with mental illness. Bring Change 2 Mind has produced a comprehensive website that includes facts, stories, and videos, as well as a call to action. Ms. Close has appeared in several of the public service announcements that have been used in various communities across the country.

**Community Book Read (Crazy)** The Gainesville, FL chapter of NAMI recently initiated a series of community meetings to discuss the implications of the book "Crazy: A Father's Search through America's Mental Health Madness" by Pete Earley. The meetings were designed to create a sustainable conversation about mental health, not just a one-off event, with the ultimate goal of reducing stigma associated with mental illness. NAMI began by inviting stakeholders to attend the meetings, recognizing they were individuals who could keep the discussion going.

**ok2Talk Community Conversations** A series of four community conversation meetings initiated by Mental Health America of Palm Beach County, FL were held in the first quarter of 2014, attracting over 400 people who, were eager to tell their stories related to mental health and to engage with other affected individuals. The conversations raised the awareness level of mental health throughout the community and led to the development of a series of recommendations that are being advanced to legislators, local government officials, and other stakeholders for action. The work of MHA of Palm Beach County has been recognized nationally by Creating Community Solutions.

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# CONCLUSIONS

## Looking at the Whole Person is Key

1. Every person has a place on the mental health continuum from wellness to severe and persistent mental illness. Societal beliefs and stereotypes often serve to marginalize those individuals and families seeking to manage the symptoms and behaviors that can cause significant emotional distress. The failure to recognize that positive mental health is a shared community issue creates further obstacles for those who need care and treatment. This can diminish their capacity to be fully productive members of the community.

2. Scientific and experiential evidence show that the brain and body are connected, as are their disorders. Despite such evidence, there is insufficient integration of mental and physical health care in Northeast Florida, resulting in missed opportunities to diagnose and appropriately treat the person's whole health. The consequences to the individuals living with mental illness, their families, and the community can be enormous and in many cases avoidable.

## Lack of Prevention and Effective Treatment is Costly

3. Residents of Northeast Florida have significant access to physical health providers, yet the current delivery system for mental health services is fragmented and badly broken. This results in limited access to services, disrupted referral systems, lack of coordination among providers, and significant negative financial impact to individuals and the community.

4. In maintaining good mental health, early identification and intervention are critical, and Northeast Florida can improve in both areas. We know that evidence-based practices work, yet our mental health system is often too slow to adopt these proven practices.

5. Community-based treatment is the most cost-efficient treatment option for most mental illnesses. The absence of adequate services for individuals in need leads to an increased risk for: disruption of families; substance abuse; involvement with the criminal justice system; low productivity; loss of employment; poverty; homelessness; and exacerbation of coexisting physical disorders. These consequences lead to a diminished quality of life not only for the individuals living with the illness and their families, but the entire community. Enormous costs to society could be avoided if enough adequately funded community-based services were in place to address mental health issues.

6. In Northeast Florida, children are at unacceptably high risk for mental health issues due to a myriad of factors beyond their control: the absence far too often of a safe and nurturing home environment; an insufficient number of early interventions and developmental screenings; a public school system that is forced to deal with children's mental health needs and crises at the expense of its primary responsibility for academic achievement; and a local juvenile justice system that frequently favors incarcerating children rather than remediation.

## More Understanding and Awareness are Critical

7. There is a lack of awareness and understanding about mental health issues across our community that leads to polarization, stigmatization, and a lack of personal and collective ownership.

8. The stigma associated with mental illness can lead to shame, prejudice, and discrimination which prevent individuals living with mental illness from reaching their full potential. Stigmatization can be imposed both from the outside community (social stigma) and by individuals with mental illness themselves (self-stigma). Both forms

can be equally damaging and long-lasting.

9. Stigma is rooted in fear, ignorance, and lack of empathy. Education and increased awareness about the challenges individuals face while living with mental illness and the impact on their families and society are crucial. Mental illness is no different from physical illness in this regard, and it is illogical for society to discriminate against one while sympathizing with the other. Educating the general public about the harmful effects of stigma will lead to a healthier, more empathetic, more productive, and better-informed community.

## Road Blocks to Overcome

10. Northeast Florida's publicly-funded mental health system is severely and chronically underfunded compared to the rest of the state and nation. Florida ranks 49th of the 50 states in public funding for mental health and Northeast Florida is the second-lowest funded region within the state. This inadequate funding results in more costly forms of care in jails and prisons, public schools, emergency rooms, and crisis stabilization units. The consequences of this (e.g., increases in crime, incarceration, child abuse, domestic violence, homelessness, etc.) diminish our community's ability to flourish. If more public funding were available and invested wisely, we could replace the significant costs of incarcerating individuals with mental illness and focus instead on housing, treatment, and employment.

11. The ongoing indifference to mental health by the Florida state government is detrimental to the health and well-being of all residents (e.g., refusal to expand Medicaid; consistently low state funding for mental health). This indifference is exacerbated by the fact that other communities in Florida receive disproportionately larger amounts of the limited available funding.

12. Insurance reimbursement rates do not cover the full costs of providing mental health care. Because of this, many mental health professionals do not accept various forms of health insurance, particularly Medicaid and Medicare. The result is unaffordable out-of-pocket expenses for Northeast Florida residents, many of whom do not seek diagnosis and treatment because they cannot afford the care.

13. Northeast Florida has a shortage of mental health professionals, leading to unnecessarily long waiting lists for services and an increased number of mental health crises. Although effective preventions and treatments exist for mental illnesses, it is difficult to access care in a timely manner because of this shortage. Serious but avoidable consequences can result when individuals with mental illness are forced to wait weeks or months for appointments to receive care.

14. Florida's Baker Act, which allows for involuntary hospitalization of some individuals with serious mental illness, is narrowly defined in practice to include only those individuals deemed "imminently dangerous to themselves or others." This makes it difficult to attend to those who may have obvious mental illnesses and require treatment but do not meet this definition. This often results in missed opportunities to prevent serious outcomes such as suicide.

15. In Northeast Florida, there is insufficient collaboration throughout the mental health delivery system. This impedes our ability to maximize the mental health of the community and is a major barrier to an efficient and effective system of mental health care. Collaboration across many sectors- not just the health care sector - is critical to improving our broken system of care; these include but are not limited to public and private schools, religious institutions, law enforcement, businesses, insurers, and the philanthropic sector.

16. Northeast Florida residents are becoming increasingly frustrated by the negative outcomes of the current mental health system and their inability to enact change. Community mental health is not treated as a priority public health issue that requires an infrastructure change that includes long-term planning, implementation and oversight. In addition, the delivery system is too often governed by state and federal policies and laws that limit local impact. This further alienates residents who do not have a voice in shaping Northeast Florida's mental health system.

# RECOMMENDATIONS

## Advocacy and Community Engagement

1. Mental Health America of Northeast Florida (MHA), Lutheran Services Florida (LSF), and Behavioral Health Network of Northeast Florida should convene a coalition of mental health stakeholders to serve as an advocacy channel for the advancement of mental health policy in the region. The coalition should include people living with mental illness and their family members, business leaders, mental health agencies, providers of primary care and behavioral care services, representatives of the criminal justice system (Jacksonville Sheriff's Office, judicial), Department of Children and Families, Jacksonville System of Care Initiative, the faith-based community, and other interested stakeholders.

   The Coalition should establish and implement a regional strategic plan for mental health that includes, but is not limited to, the following:

   - Establish advocacy priorities at the local, state, and federal levels for mental health.
   - Develop a strategy to secure funding from multiple sources (local, state, federal) for mental health prevention, diagnosis, and treatment for people of all ages.
   - Advocate for expansion of Medicaid in the State of Florida.
   - Advocate (with support from the Florida Council of Community Mental Health and Northeast Florida Nursing Association) for passage of pending legislation increasing the scope of practices of Advanced Registered Nurse Practitioners (ARNP) by the Florida Legislature, allowing for writing prescriptions for controlled substances and signing certificates of involuntary examinations under the Baker Act.
   - Advocate for an increase in the number of mental health professionals who accept one or more forms of health insurance, including Medicaid and Medicare, to make health care more affordable and increase patient access to treatment.
   - Work with the Florida Council of Community Mental Health, local criminal justice entities, NAMI, and persons living with mental illness to review involuntary commitment laws in other states and develop an advocacy plan to modify the Baker Act to include a broader range of criteria for compulsory psychiatric treatment.
   - Work with professional associations to close loopholes in the Mental Health Parity Act, which are currently used by insurers to bypass the intent of the law.
   - Continue to evaluate evidence-based practices and expand their use in Northeast Florida.

## Coordination of Care

2. Lutheran Services Florida and We Care should convene a broad coalition of providers that serve individuals living with chronic mental illness, including the criminal justice system, to develop a mechanism for coordinating care, medication management, and wrap around services. The goals should be to ensure follow-up care, reduce homelessness, and lessen the frequency of emergency issues for those who are living with severe and persistent mental illness.

3. Renaissance Behavioral Health and River Region Human Services should lead a group of stakeholders (including community mental health centers, law enforcement, the State Attorney, Public Defender, and the local judicial system) to:

   - Evaluate Assisted Outpatient Treatment for its applicability to Northeast Florida. If deemed germane to Northeast Florida, this stakeholder group should advocate for the judicial system and law enforcement to utilize Assisted Outpatient Treatment in Northeast Florida;

- Strengthen and expand the Mental Health Court to reduce the criminalization of mental illness in Northeast Florida.

4. The Clinton Health Matters Initiative in Northeast Florida should convene a group of stakeholders to investigate, develop and implement a community-wide coordinated system of intake, referrals, and case management that incorporates mental health treatment.

5. The City of Jacksonville, Jacksonville Sheriff's Office, and community mental health providers should work with Ability Housing of Northeast Florida to implement a pilot to demonstrate the efficacy of providing permanent supportive housing for high utilizers of crisis services. The data derived from this pilot should be used by stakeholders to develop sustainable systems to enable chronically homeless individuals with mental illness to stop cycling through costly systems of care. This will reduce the community's costs of incarceration and medical care while improving the quality of life for homeless individuals living with mental illness.

6. Baptist Health and We Care should convene other area hospitals and psychiatric inpatient providers to identify persons who are frequent users of mental health services in order to evaluate the current cost of treatment, and examine alternative treatment plans and protocols that could reduce repeated hospitalizations and improve patient outcomes.

## Building Capacity

7. In order to improve diagnosis and treatment for mental illness, more access should be created to mental health professionals who are well-trained, reimbursed fairly, able to work collaboratively, and are technologically savvy. Specific actions include:

   - UF Health Jacksonville should expand the number of psychiatric residency slots it offers.

   - The coalition referred to in Recommendation 1 should meet with mental health professional associations to identify a strategy for increasing licensing reciprocity for physicians and other mental health providers to make it easier to practice in Florida.

   - The Florida Chapter of the National Association of Social Workers should identify funding streams for loan forgiveness and scholarships for education and training of mental health providers who will commit to working in the local region.

8. The Clinton Health Matters Initiative in Northeast Florida should convene local hospitals, the Jacksonville System of Care Initiative (JSOCI), Nemours Children's Clinic, and other health care stakeholders for the purpose of forming a coalition that expands existing programs to better integrate mental and primary health care across all age groups in the community. In order to accomplish these goals, the following solutions should be deployed

   - The local residency programs in primary care and psychiatry should establish a working relationship to cross-train their residents to have a stronger foundation in mental health diagnosis and treatment.

   - The pilot Collaborative Care Consultation Clinic (a partnership between Nemours and JSOCI) should be expanded to a community-wide initiative to more thoroughly train primary care physicians to identify mental health issues in children, adults, and senior citizens with consideration given to cultural competency.

   - The coalition should discuss, identify, and encourage the implementation of integration techniques utilizing new technology, including expanded use of telemedicine, to encourage consultation between primary care physicians and psychiatrists.

9. In order to promote wellness and assess, identify, and treat early signs of mental illness in children, the Full Service Schools collaboration (led by United Way of Northeast Florida, Duval County Public Schools, Jacksonville Children's Commission, Duval County Health Department, and others) should work to increase private and public funding for early intervention, treatment, and case management services to ensure that all children in Duval County have access to needed health services. This will require additional nurses, school psychologists, and other mental health professionals working in schools (i.e., Florida Certified School Social Workers and Licensed Clinical Social Workers) in sufficient quantity to meet or exceed national best practice staffing ratios.

10. Mental Health America of Northeast Florida, River Region Human Services, daniel Inc., and others should convene a task force to coordinate training efforts for licensed and non-licensed mental health professionals. The trainings should be scheduled regularly, presented in multiple platforms for maximum access (i.e., web-based, in person, by phone, and an annual conference of providers), and be based on evidence-based practices.

## Public Awareness and Education

11. United Way of Northeast Florida should convene community members and decision makers (MHA of Northeast Florida, JSOCI, National Alliance On Mental Illness, health systems, community-based providers, National Board for Certified Counselors Foundation, etc.) to implement research-supported strategies to decrease stigma related to mental illness and change the conversation about mental health. Strategies should include:

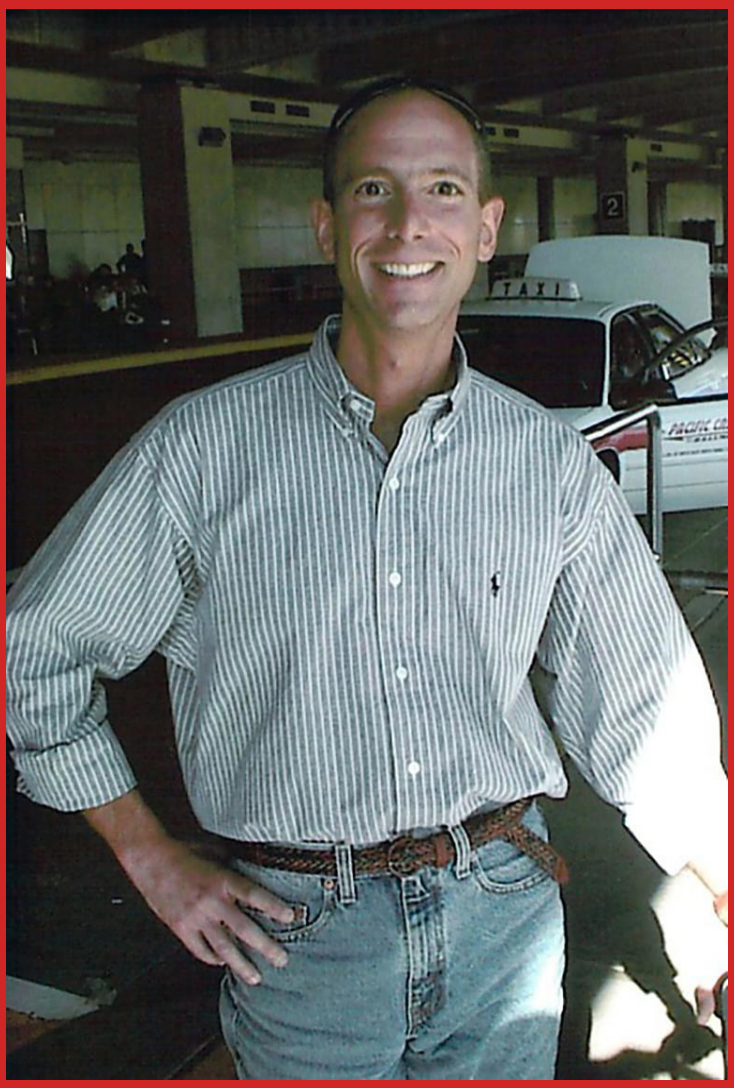
    - Identifying community influencers to serve as champions and speak out publicly against prejudice and discrimination of persons with mental illness;
    - Framing public messaging and information to cultivate a community-wide sense of responsibility and commitment to a healthier region and recognition that every person falls somewhere on the continuum of mental health; and
    - Collaborating with The Florida Times-Union and other area media sources to produce a specific community education campaign regarding mental health issues that includes a website, print, digital and broadcast stories of mental health.

12. Mental Health America of Northeast Florida, United Way 2-1-1, and the Non-Profit Center of Northeast Florida should work together to develop a web-based data system for individual organizations/agencies to post primary services, events, group self-help programs, calendars of events, and training opportunities. This consumer- and provider-friendly data system should be accessible by internet, telephone, face-to-face contact with agency staff, and other technologies.

This report is dedicated to the memory of

# SCOTT LAWRENCE SARAGA

1959-2014



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