



**2004 Mental Health Services Study**  
*A Framework for Marion County*  
*Mental Wellness*

*Public Policy Institute*  
**A Report to the Citizens of Marion County**  
**Fall 2004**

# **The Public Policy Institute of Marion County**



*The Public Policy Institute of Marion County is dedicated to advancing public interest, building democracy and community, and improving the quality of life by involving citizens in addressing community issues.*

## **Vision:**

*To provide leadership in developing and implementing short-term and long-term goals and solutions for an improved community.*

## **Mission:**

*To give the community a sense of hope and optimism by creating a broad base of community involvement in identifying, researching and establishing dialogue on community-wide issues, and then in recommending and helping to implement timely solutions.*

## **Objectives:**

- To provide formal and informal networks for individuals to come together to share their knowledge, resources and experiences.
- To periodically identify a short-term community project that can be accomplished in a 12-18 month period with meaningful results.
- To provide a process where community leaders can work through problems and participate in open discussions, conferences and seminars.
- To involve a broad range of individuals in the process, to generate dynamic, creative and catalytic leadership in addressing each critical issue and to provide enduring solutions.
- To create a shared sense of community, in that any issue must be addressed, discussed, and debated in an atmosphere of mutual fairness, respect, civility and sincerity to all others- where the highest aspiration is to serve the common good.

# Table of Contents

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The Public Policy Institute of Marion County.....	2
Executive Summary.....	4
Scope of Study.....	5
Highlights.....	5
• Major Problems.....	5
• Solutions.....	6
• Study Framework.....	6
The Identified Appropriate Standard for Mental Health Services in Marion County.....	7
Summary of Recommendations.....	8-10
Key Findings.....	10
• Prevalence: Indication for the Need of Mental Health Services in Marion County...10	
• Consequences: The Impact of Mental Illness and Substance Abuse.....	10-11
Identified Standards	
• Access to Care: Availability and Affordability.....	12-13
• Coordinating a Continuum of Care.....	13-15
• Education.....	15-21
• Advocacy.....	22-23
Glossary of Mental Health Terms.....	24-30
Resource Speakers.....	31
References.....	32-33
Additional Resources.....	34
Appendices.....	35-45
Public Policy Institute Board of Directors.....	46
Mental Health Services Study Committee .....	47

## **Executive Summary**

Mental health is at the heart of a community's quality of life. Therefore, mental illness impacts all segments of society. Our community is directly affected by the state of mental health at home, at work, and in our interpersonal relationships with others.

The Public Policy Institute of Marion County is a non-profit, non-partisan organization dedicated to advancing public interest, building democracy and community, and improving the quality of life by involving citizens in addressing community issues. To provide leadership in identifying recommendations for an improved community, the Public Policy Institute of Marion County conducts a study each year to address issues of community concern. The Board of Directors recommends issues for study that have a timely impact on community quality of life. Once the annual study topic has been selected, the Board Chair appoints a study chair and the chair selects a management team to guide the study process. The 2004 study topic is Mental Health Services in Marion County.

In April, Dr. Robert Constantine, President of the Florida Council for Community Mental Health, Inc. outlined "The State of Mental Health" in his keynote address to initiate the study process. Constantine highlighted two key legislative issues for 2004: crisis stabilization capacity and Medicaid managed care. His presentation chronicled historical events that have shaped the quality of mental health care throughout the state and provided a framework for the study.

Over a five-month period, the Mental Health Services Study Group met weekly to conduct a study to identify recommendations to enhance access and availability of mental health services in Marion County. The group was comprised of over 40 representatives from law enforcement, the criminal justice system, substance abuse agencies, clinicians, physicians, representatives from the local chapter of the National Alliance for the Mentally Ill (NAMI), and directors of social services organizations. The study group critiqued presentations from 53 resource speakers representing a broad range of organizations associated with mental health issues. An additional six weeks were devoted to a careful analysis of the findings and development of recommendations in response to the Scope of Study.

As the Study entered the final phase, Judge Ginger Lerner-Wren, a member of the President's New Freedom Commission on Mental Health, shared her experiences and vision with the study committee. Judge Lerner-Wren served as the administrator for the nation's first mental health court established in 1997 to address the complexities of mentally ill offenders arrested for non-violent misdemeanors and to improve the administration of justice for those with serious mental and psychiatric disorders. Her remarks provided a global perspective in determining an appropriate, recognized standard for mental health services. The Study Committee compared mental health services in Marion County to the standard outlined in the national report, in order to identify any gaps that exist.

The following report is a consensus of perspective on a complex issue. Study recommendations address a plan of action to eliminate the stigma associated with mental illness, to centralize access to services, to educate the community about mental health and mental illness, and to form collaborative partnerships to advocate for a concerted continuum of care.

## **Scope of Study:**

Mental illness is possibly the one health condition that carries the most dynamic and far-reaching effect on families and society. Mental health is an important aspect of overall well-being yet a topic which seems to receive little attention. It is recognized that many individuals could benefit from mental health services, and this study is designed to determine the availability of such services to the residents of Marion County. The depth and scope of the topic is complex. Therefore, the Study Group focused on the objectives outlined in the Scope of Study, in order to answer four key questions:

1. To determine an appropriate, recognized standard for mental health services.
2. To identify what mental health services currently exist in Marion County.
3. To compare mental health services available in Marion County to the standard and identify any gaps that exist.
4. Based on analysis of trends and best practices, develop recommendations to address any mental health concerns identified.

## **Highlights**

### **Major Problems**

- There is a lack of overall coordination, communication, and awareness of the delivery of services throughout the mental health services system. The system is fragmented and leads to misconceptions or misinformation regarding treatment and care. Frustration and confusion among consumers and providers of mental health services is typical.
- Critical data related to access to care, availability, and continuum of care is not captured or contained in a single database system where its presence could facilitate access to care and delivery of services.
- Available and affordable services for indigent, uninsured and underinsured populations are not adequate to meet the identified need.
- Diversionary programs to prevent the criminalization of mental illness are underfunded and therefore underdeveloped.
- Mental illness and mental health are not prioritized within community education campaigns or school curriculums. Therefore, individuals who suffer from the effects of mental illness are stigmatized and experience discrimination or fear of stigmatization and do not actively seek or receive adequate care.

## Solutions to the Problems

- Establish a Mental Wellness Coalition for Marion County to facilitate effective communication and collaboration among member agencies, to establish a clearinghouse of information about mental health and wellbeing, create a centralized directory of services, and to coordinate and disseminate current information to community agencies and the general public.
- Launch a website to coordinate services, data, and agencies involved in the mental health arena that will facilitate access to care.
- Develop a public education campaign that targets Marion County’s children, the general public, and professionals such as the medical society, teachers, law enforcement officers, emergency service workers, attorneys, judges, and elected officials. The education campaign should give a clear understanding of symptoms/warning signs, of different services and terminologies, of the importance of student/parent involvement, and should facilitate early detection.
- Create pre-arrest/post-arrest diversion programs to divert mentally ill persons into a structured continuum of care and out of jails.

## Study Framework

The first objective outlined in the Scope of Study is “to determine an appropriate, recognized standard for mental health services.” Therefore, the Study Committee defined that standard in terms of four key components that affect mental health services. See opposite page for further definition of how these concepts correlate to Study content.

- *Access to Care*
- *Continuum of Care*
- *Education*
- *Advocacy*



These four components also correlate with the established goals and recommendations contained in **Achieving the Promise: Transforming Mental Health Care in America**, the final report of the President’s New Freedom Commission on Mental Health (2003). This national initiative addressed the problems and gaps in the mental health care system. The following tables on pages 8 and 9 coordinate the study recommendations within this established framework, in response to the objectives outlined in the Scope of Study. The cumulative recommendations listed on the chart holistically indicate the appropriate recognized standard for mental health care services in Marion County. Please note that many of the recommendations will be implemented by the Mental Wellness Coalition as part of the primary study recommendation.

## The Identified Appropriate Standard for Mental Health Services in Marion County

- **Access to Care:**  
Mental health services are available and affordable to all citizens.
- **Continuum of Care:**  
A comprehensive strategic plan ensures continuous quality care for individuals who seek mental health care services.
- **Education:**  
Community awareness and support through education emphasizes the inextricable link between physical and mental health, eliminates stigma and ensures that mental health is a key quality-of-life indicator for a healthy community.
- **Advocacy:**  
Collaboration among agencies and legislators to support and fund a system of courts, judicial processes, legal officers, and access to mental health services to protect the inherent rights of the mentally ill, promote their independence, and facilitate successful integration of these individuals into society.

The proposed appropriate standard for Mental Health Services in Marion County is the threshold for sustaining partnerships for successful implementation of a national policy direction for a transformed mental health care system that increases cost effectiveness and creates a strong measure of accountability. When this policy direction is embraced and implemented by both public and private sectors, every citizen will have hope for recovery in the event mental illness strikes. Additionally, fewer citizens will face the devastating effects of mental illness because a healthy lifestyle will include mental health.



## **Summary of Study Recommendations**

Establish a Mental Wellness Coalition for Marion County to facilitate effective communication and collaboration among member agencies, to establish a clearinghouse of information about mental health and well-being, to create a centralized directory of services, and to coordinate/disseminate current information to community agencies and the general public. Unless otherwise indicated, the Mental Wellness Coalition will advocate with the responsible agencies/organizations listed in the following recommendations.

### **Recommendations for Access to Care: Availability and Affordability**

<b>Gap/Need</b>	<b>Recommendation</b>	<b>Responsible Agencies and Organizations</b>
Specialized children's facility	Develop a facility that would include inpatient beds, emotional, behavioral, co-occurring, and dual diagnosis treatment programs for children.	*Ten Broeck Healthcare **The Centers
Job opportunities and vocational training for persons with mental illnesses	Increase opportunities and services through local One-Stop Career Centers.	Work Force Development Board Local One-Stop Career Centers
Sun Tran bus routes for outlying communities and organizations	Extend routes throughout Marion County to increase available transportation for the indigent population.	City of Ocala Marion County
Available/affordable housing	Construct new housing or apartment communities to reduce waiting lists.	Ocala Housing Authority City of Ocala Community Development Block Grant (CDBG) programs Marion County CDBG programs

\*Ten Broeck Ocala is a 98 bed residential center specializing in the treatment of children and adolescents with psychological problems and adults and adolescents with alcohol, drug, and eating disorders.

\*\*The Centers, formerly Marion-Citrus Mental Health Center, has been providing a full continuum of inpatient and outpatient mental health, alcohol, and drug abuse services since 1972. *The mission of the Centers is to offer a wide variety of behavioral health care services designed to help people of all ages reach their highest level of functioning.*

### **Recommendations for Coordinating a Continuum of Care**

<b>Gap/Need</b>	<b>Recommendation</b>	<b>Responsible Agencies and Organizations</b>
Jail diversion and crisis intervention programs	Reduce the number of inmates incarcerated for non-violent misdemeanors associated with mental illness.	State Attorney/Public Defender Fifth Judicial Circuit



<b>Gap/Need</b>	<b>Recommendation</b>	<b>Responsible Agencies and Organizations</b>
Dual-diagnosis court and dual-diagnosis/co-occurring education programs	Expand established specialized court programs to include persons with dual-diagnosis and co-occurring disorders.	Fifth Judicial Circuit Office of the Court Administrator
Directory of available mental health services provided in Marion County	Provide accurate, updated information to the general public.	Mental Wellness Coalition Local Social Service Organizations Mental Health Organizations
Mental health assessments	Conduct standardized mental health assessments, as part of routine discharge process, to regularly update data for the Mental Wellness Coalition.	Munroe Regional Medical Center Ocala Regional Medical Center Marion County Health Department
Crisis Intervention Team (CIT)	Provide crisis intervention training programs for area law enforcement agencies.	Marion County Sheriff's Department (CIT is currently being implemented.) Ocala Police Department Bellevue Police Department Dunnellon Police Department

## **Recommendations for Education**

<b>Gap/Need</b>	<b>Recommendation</b>	<b>Responsible Agencies and Organizations</b>
Mental illness and wellness education that identifies symptoms/warning signs, explains terminology, and eliminates stigma.	Conduct an education campaign that targets three populations: children, general population, and professionals.	Mental Wellness Coalition
Mental illness and wellness curriculum for Marion County public and private schools	Develop a mental health curriculum to identify symptoms/warning signs, explain terminology/services, promote parent/student involvement, facilitate early detection, and eliminate stigma.	Mental Wellness Coalition Marion County School Board
Additional psychologists, social workers, and counselors for Marion County Public Schools.	Staff additional psychologists, social workers, and counselors.	Marion County Public School System

## **Recommendations for Advocacy**

<b>Gap/Need</b>	<b>Recommendation</b>	<b>Responsible Agencies and Organizations</b>
Unified effort for advocacy of funds and services for Marion County	Maintain a relationship with local legislators to advocate for funding and services for Marion County and Florida.	Mental Wellness Coalition

## **Key Findings**

*The World Health Organization (WHO) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” In this definition, physical, mental and social well-being are closely associated and interdependent. Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (World Health Organization, 1946).*

## **Prevalence: Indication for the Need of Mental Health Services in Marion County.**

There are no mechanisms in place to measure the number of people in Marion County or the nation who are receiving or are in need of mental health and/or substance abuse services. Almost everyone has experienced mental health problems, alterations in thinking, mood or behavior, which match some of the signs and symptoms of mental disorders but are of insufficient intensity or duration to meet the criteria for diagnosis of a mental disorder.

Over the course of a year, twenty to thirty percent of adults and children meet the diagnostic criteria for a mental disturbance or substance abuse disorder. Not all will experience significant impairment and require treatment services. An estimated five to seven percent of adults, potentially 11,191 to 15,668 Marion County adults in a given year, have a mental illness with some significant functional impairment. Prevalence rates for children are similar. About 20% of children and adolescents are estimated to have at least mild functional impairment. Five to nine percent of children between the ages of nine to seventeen, between 2,171 and 3,908 children in Marion County, have a serious emotional disturbance. The term “serious emotional disturbance” implies severe impairment rather than a specific diagnosis. (Sources: Mental Health, A Report to the Surgeon General; President’s New Freedom Commission on Mental Health Final Report, 2003; Florida Commission on Mental Health and Substance Abuse Final Report, 2001; 2003 Florida Population Projections, Bureau of Economic and Business Research, University of Florida.)

About 20% of persons with a current substance use disorder experience a mood or anxiety disorder (2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions). In 83.5% of cases examined in the National Comorbidity Study (1992), a mental health disorder was first. Median age for onset of the mental disorders was 11 years. Median age for onset of substance abuse was 5-10 years later.

## **Consequences: The Impact of Mental Illness and Substance Abuse**

“The burden of mental illness on health and productivity in the United States and throughout the world has long been underestimated” (Global Burden of Disease, 2001). Worldwide, depression is the leading cause of disability, as measured by the number of years lived with a disabling condition, among persons age five and older. Women experience major depressive disorder at nearly twice the rate of men. The *Global Burden of Disease* study, conducted by

the World Health Organization, the World Bank and Harvard University, compares the burden of disease across many different disease conditions by including both death and disability. Mental illness, including suicide, accounts for over 15 percent of the burden of disease in established market economies, such as the United States, a burden greater than all cancers combined.

The *Global Burden of Disease* study developed a single measure, termed the Disability Adjusted Life Years (DALYs). DALYs measures lost years of healthy life regardless of whether the years were lost to premature death or disability. The disability component is weighted for severity of the disability. For example, disability caused by major depression was found to be equivalent to blindness or paraplegia, while active psychosis as seen in schizophrenia results in disability equal to quadriplegia (National Institute of Mental Health, *The Impact of Mental Illness on Society Fact*, 2001).

### **Substance Abuse Prevalence in Marion County**

Nationally, an estimated 8.5% of adults meet standard diagnostic criteria for an alcohol use disorder and approximately 2% meet criteria for a drug use disorder. About 20% of persons with a current substance use disorder experience a mood or anxiety disorder (2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions).

In 83.5% of cases examined in the National Comorbidity Study (1992), a mental health disorder was first. Median age for onset for the mental disorders was 11 years. Median age for onset of substance abuse was 5-10 years later. Using these estimates, close to 19,025 Marion County adults have a diagnosable alcohol use disorder and 4,477 Marion County adults potentially have a substance abuse disorder.

### **Substance Abuse and Prison**

The majority of inmates in state prisons need substance abuse treatment. Over 80% of inmates reported past drug use and on average, one out of six criminal offenders reported committing a crime to obtain money for drugs (Federal Bureau of Justice Statistics). In fiscal year 2003-04, 8,067 inmates participated in institutional-based substance abuse programs. This represents 16% of inmates identified as needing substance abuse treatment. As of June 30, 2004, 51,121 inmates, or 62% of the prison population, were identified as needing substance abuse treatment. Funding for correctional substance abuse treatment has been cut by nearly 47% since 2000 and 71% of the substance abuse program sites have been eliminated (Florida Office of Program Policy Analysis and Government Accountability, October 2004).

### **Criminalization of Severe Mental Illness**

The U.S. Department of Justice reports that at any given time, up to 15% of the inmates in jails and prisons across the U.S. have a severe mental illness. Researchers have found that individuals with mental illnesses are arrested more often and incarcerated for a longer time than those without a mental illness (National Mental Health Association Position Statement: *In support of maximum diversion of persons with serious mental illness from the criminal justice system*, March 9, 2003).

Almost 75% of mentally ill inmates have a cooccurring mental health and substance abuse disorder (NAMI E-News, June 14, 2002). Close to half of the inmates with mental illness in prison were incarcerated for committing nonviolent crimes including minor offenses such as trespassing, disorderly conduct, and other symptoms of untreated mental illness (U.S. Department of Justice, *Mental Health and Treatment of Inmates and Probationers*, July 1999).

## **Identified Standards**

### **Access to Care:**

#### **Mental health services are available and affordable to all citizens.**

Listed below are the needs/gaps found in Marion County that limit access to care.

##### **■ Available/affordable services for indigent, uninsured, and underinsured populations**

- *In 2003, Marion County's population was 283,080. According to 2000 Census findings, 13.1 % of all persons and 20.7% of children under the age of 18 residing in Marion County live in poverty compared to the state average for children living in poverty of 17.2%.*
- 2.8 million non-elderly (under 65) Floridians were uninsured in 2001, 50% of uninsured Floridians are under age 30(*Governor's Task Force on Access to Affordable Health Insurance, Final Report: February 15, 2004*)
- Medicaid only pays for limited out-patient treatment for adults.
- The majority of psychiatrists, psychologists and other mental health professionals in Marion County do not accept Medicaid. Few psychiatrists accept Medicare.

##### **■ Adult acute care needs**

- Adult crisis stabilization beds for clients
- Outreach programs
- Adult inpatient treatment beds for mental illness, substance abuse, and co-occurring disorders
- Detoxification beds for adults
- More short term day-care facilities; Blessed Trinity Elder Care Center is the only licensed adult daycare center in Marion County. The center provides services for up to 30 persons per day.
  - **Prevalence:** According to the Marion County Health Profile Report, in 2002, approximately 25% of the population was over the age of 65. One in 10 persons over 65 and nearly half of those over 85 has Alzheimer's disease (Alzheimer's Association presentation to Study Committee on June 16, 2004).

##### **■ Children/adolescent acute care needs:**

- Residential drug treatment
- More pediatric psychiatrists
- Early intervention programs for children with severe emotional/behavioral problems
- Additional psychologists and counselors in the school system
- Detoxification beds for adolescents

##### **■ Available/affordable housing for consumers on disability**

- Waiting lists for housing programs are sometimes 18-24 months
- 750 people on waiting lists

##### **■ Additional vocational programs**

##### **■ Available/affordable medication**

- Increased costs of prescription medications limit access for consumers
- The Centers is able to provide limited medication assistance for a limited number of individuals.
- Interfaith Emergency Services provides very limited emergency medication assistance. Emergency assistance may be provided only twice a year per person.

- **Transportation: (also referred to in *Continuum of Care*)**
  - Encompassing 1,652 square miles, Marion County is geographically the 5th largest county in the state. 80% of Marion County residents live in the unincorporated areas of the county, areas only marginally served by Sun Tran.
- **Service to outlying organizations and communities**
  - Need to extend routes
  - Sun Tran bus system does not go to the Centers
  - Marion County Senior Services provides limited transportation for seniors and adults with disabilities with many time and location restraints.

### **Coordinating a Continuum of Care:**

**A comprehensive strategic plan ensures continuous quality care for individuals who seek mental health care services.**

Fragmentation of services is a common barrier found in accessing care. Examples of fragmentation are defined in four key areas: lack of knowledge and awareness of other mental health agencies, lack of a collaborative and formalized referral/intake systems, lack of diversionary programs to prevent the criminalization of mental illnesses, and lack of extended transportation for outlying areas. As a result of studying mental health services in Marion County, the need for an entity to improve coordination of mental health services has been envisioned as the Mental Wellness Coalition.

### **Recommendations:**

- **Develop a unified voice for mental health services in Marion County known as the Mental Wellness Coalition.**

#### **Objectives:**

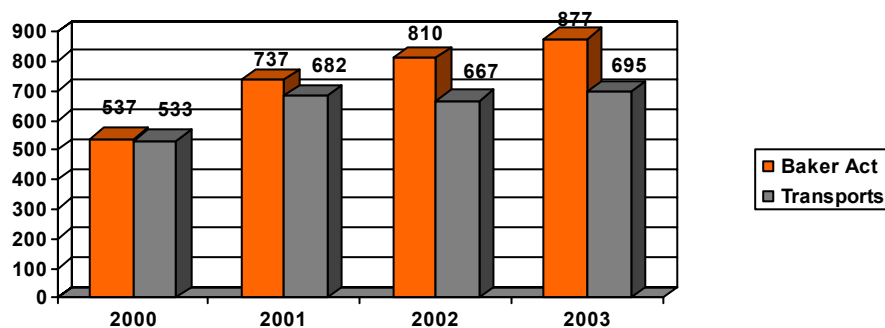
- Increase awareness among agencies/organizations by creating a website with ‘real time’ information.
- Administer and promote continuous communication and collaboration between facilities, organizations and consumers including but not limited to:
  - Mental Health/Substance Abuse facilities (in-patient/out patient)
  - Substance Abuse organizations
  - Law Enforcement agencies
  - Private psychiatrists
  - Private mental health practitioners
  - General practice physicians
  - Faith-based community
  - Mental health support organizations
  - Department of Health
  - Marion County Schools-public and private
- Collaborate with organizations to explore how to complement each other rather than compete.
- Establish a central clearinghouse of information about mental health services.
- Track area demographics which will result in:
  - Reduction of unreliable and estimated data
  - Regularly updated information
  - Including the *Directory of Mental Health Services* (see page 35 Appendix A)

- Routinely monitor utilization of services.
- Seek federal grants.
- Create a legislative advocacy group.
- Prioritize one or two goals and present a unified voice for legislation.
- Facilitate a Florida Assertive Community Treatment Team (FACT) in Marion County.
- Work to accomplish the standards and goals of this report.
- Advocate for adult co-occurring residential and non-residential programs for mental health and substance abuse.
- Develop a collaborative and formalized referral/intake system.

## **Recommendations:**

### **■ Develop a plan to reduce criminalization of mental illness in Marion County.**

#### **Prevalence:**



Source: Marion County Sheriff's presentation to Study Committee 4.21.2004

- 877 Baker Acts in 2003 reported by Marion County Sheriff's Office
- 1,639 total Baker Acts reported in 2003 from Citrus and Marion County hospitals and law enforcement agencies

### **■ Highlight and expand specialized courts and arrest intervention programs for the mentally ill.**

- Mobile Crisis Unit (MCU)
- Pre-arrest Diversion/Post Arrest Diversion  
i.e., Tampa Crossroads and/or the Memphis Model/Seminole County
- Establish a Mental Health Division within the State Attorney's Office and the Office of the Public Defender.
- Form a referral system for Mental Health Court.
- Monitor regular doses of stabilizing medication for inmates with mental illness to be processed more efficiently through court system.
- Launch a mental health court for co-occurring and substance abuse disorders.
- Address the complexity of 'dual-diagnosis'.
- Treat mind and body together.

## **Recommendations:**

### **■ Develop a plan to increase the effectiveness of public transportation.**

Encompassing 1,652 square miles, Marion County is geographically the 5th largest county in the state. 80% of Marion County residents live in the unincorporated areas of the county, areas only marginally served by Sun Tran bus systems.

#### **Objectives:**

- Provide service to outlying organizations and communities.
- Increase funding to extend routes.
- Extend Sun Tran routes to the Centers.
- Enhance Marion County Senior Services transportation services which currently provide limited transportation for seniors and adults with disabilities.

## **Education:**

**Community awareness and support through education emphasizes the inextricable link between physical and mental health, eliminates stigma, and ensures that mental health is a key quality-of-life indicator for a healthy community.**

### **■ Mental health education is an essential component to facilitate access to care.**

**The primary focus for mental health education involves three target populations:**

- **Children**
- **General population**
- **Professionals**

In Marion County, there is no formal coordinated process designed to manage young people with mental illness. These children are usually immersed in several specialized service agencies or systems including the schools (special education, alternative schools, etc.), the Centers, Department of Juvenile Justice, Marion County Drug Court, or other service related entities.

While the public and private schools appear to be positioned to play a fundamental role in the identification and referral of youth with mental illness, there are persistent, yet solvable, problems in the following areas:

- Limited teacher instruction time
- Teacher inability to recognize symptoms of mental illness
- School personnel unawareness of referral opportunities and procedures

Granted that the general mission of schools, public or private, is to provide quality education to all students with an emphasis on high academic achievement, it must be understood by all educators that optimal academic achievement will not be realized if mental health issues are not acknowledged, properly identified, referred, and treated in-house or through another community agency. The well-established relationship between good mental health and success in school makes it imperative that the Marion County School System become dedicated, pro-active partners in the mental health care of children.

For the schools to become a stronger advocate in this very important arena is somewhat difficult and not without demands on teacher instruction time and school financial resources. Nevertheless, schools are in the foremost position to identify mental health problems early, provide appropriate programs, training, and be the primary referral conduit to available community services and programs.

According to the Final report of the **President's New Freedom Commission on Mental Health (2003)**, children with serious emotional problems have the highest rate of school failure. Fifty percent of these students, so afflicted, drop out of high school. It is very likely that the aforementioned example is applicable to Marion County Schools. Any drop outs of this nature are unacceptable. Once again strong school based programs can address the mental health and behavioral concerns of children, reduce family and community angst, and significantly enhance academic performance.

### **2004 Marion County School District Profile:**

- 47 schools
- 40,000 students
- 13 psychologists
- 15 social workers
- 12 social work assistants
- 3 educational diagnosticians
- 1 community liaison
- 1 homeless children liaison
- 4598 requests for Social Services in school district last year
- Over 1500 psychological evaluations completed annually
- Over 350 social developmental assessments completed annually
- Home visits conducted last year regarding:  
Attendance-2914  
General communications issues- 4617

### **Marion County Schools Psychological Services Mission Statement:**

*“Psychological Services supports the united efforts of parents, educators, and community to raise student performance. Through these coordinated efforts we will utilize data analysis and evidence-based interventions to meet individual student needs. Psychological Services provides assessment, consultations, progress monitoring, and mental health services to improve academic and emotional well-being among all students.”*

### **Marion County Schools Social Work Services Mission Statement:**

*“School Social Work Services will actively support the Marion County school system in educating students to their full potential. School social workers will partner with the school, family, and community in responding to the needs of students, so students can meet their individual goals for academic success.”*



## **Intervention Strategies:**

- **Students with suicidal tendencies or extremely violent behavior are referred to The Centers for free evaluation (parent may choose alternate mental health facility/professional) The Centers provides substance abuse counselors for children referred to the Juvenile Detention Center**
- **Risk assessment process:**
  - Guidance counselor and teachers are first in determining student issues
  - No set profile but may include students:
    - Writing with intentions to harm themselves or others
    - Verbalizing threats
  - Report to law enforcement officials if student violates a law
  - Call parents to explain situation
  - Parents are provided with background information sheet which serves as referral to The Centers.
- **Parents required to take student to the Centers (parent may choose alternate mental health facility/professional) within 24 hours**
- **Baker Act is used in appropriate situations.**
- **If requirement is not met, student may be placed in an alternative education environment within ten days of initial referral.**
- **Generally, a call to parent is made if referral requirement is not met.**
- **Salvation Army provides controlled substance screening for students suspected of drug use.**
- **Truancy Intervention Partnership Program (TIPP):**
  - Arnette House
  - Department of Juvenile Justice
  - Judge Singbush
  - Salvation Army Corrections Department
  - Marion County Sheriff's Department
  - Marion County Public Schools
  - Ocala Police Department
  - State Attorney Office/State of Florida Fifth Judicial Circuit
  - Marion County School Readiness Coalition
- **Students cannot achieve in the classroom with behavioral or emotional problems. The goal is to make the best referrals possible to community resources. All new teachers receive training on recognizing signs and symptoms of mental illness through initial orientation.**

### **Need for:**

- Additional training for teachers to recognize and understand behavioral and emotional problems
- Better communications between organizations concerning the availability of programs for the mentally ill
- Local mental healthcare facility
- Affordable services
- More local psychiatrists specializing in children
- More psychologists and social workers in the school system
- More on-going therapy within the school system
- Clear understanding for difference in terms: emotional problems, behavior problems, biological mental illness

## Current Marion County Safe and Drug-Free Schools Programs

The comprehensive school health education program of Marion County Public Schools (MCPS) includes a sequential and grade appropriate alcohol, tobacco, and other drugs (ATOD) prevention education program, grades PreK-12. The plan incorporates annual objectives, strategies, and evaluation procedures.

<b>Program Name</b>	<b>Summary</b>	<b>Grade Implemented</b>
<i>Growing Healthy</i>	The program reinforces basic health and presentation skills by both independent and small group learning. The Science/Health Scope and Sequence has at least two objectives on drug and violence education at each grade level for which teachers and students are held accountable.	K through 5 <sup>th</sup> grade
<i>Here's Looking At You</i>	The overriding goal is to reduce the risks associated with children becoming involved with drugs. The program provides students with current and accurate information about drugs and drug use by teaching them social skills so they can avoid taking part in risky behaviors and by giving them opportunities to bond with their school, their families, and their community.	K through 5 <sup>th</sup> grade
<i>Human Growth &amp; Development</i>	The curriculum, written by Marion County Certified Health Educators, contains up-to-date ATOD prevention information and materials.	8 <sup>th</sup> grade
<i>TATU (Teens Against Tobacco Use)</i>	This tobacco prevention education program is implemented in various middle schools. This program is peer based where middle school students are trained to teach younger students about the dangers of tobacco.	Middle School
<i>Life Management Skills</i>	Within the thirteen components of the Students Performance Standards, each student is required to demonstrate their understanding of the physical, mental, emotional, social, economic and legal consequences of use, misuse and abuse of drugs, alcohol and tobacco on the individual, family and community. Within this course are supplemental laserdisc programs in AIDS and ATOD.	10 <sup>th</sup> grade
<i>Health Promotion Wave</i>	The program contains a variety of grade-specific materials which address skill based lessons impacting students. Currently, the program has been added to several 5th grade programs, and all 6th, 7th, 9th and 12th grade prevention programs. Teacher training is ongoing as needed.	K through 12 <sup>th</sup> grade
<i>Get Real About Violence</i>	The curriculum reminds students that violence is a problem affecting students, explains some of the factors that contribute to violence, and teaches students ways to prevent and avoid violence.	Howard Middle and North Marion Middle

## MCPS ongoing programs and projects:

The middle school mentor program is one where there is a full time mentor on campus throughout the day. They discuss with students everything from grades to making the right decisions in life. If a student is having a more serious problem (i.e. disruption in class) they are referred by a teacher or staff member to have the mentor meet with them one on one. If there are drugs or abuse involved, the mentor refers that student to an administrator. That one on one student is also tracked to see if progress is made on GPA, attendance, or a decrease in suspensions. The primary purpose of the mentors is to be visible to all students to create an environment that suggests to students that the mentors are there to listen, assist, and help as needed.

### Red Ribbon Week

Awareness campaign designed to promote drug-free schools and communities.

### SADD Clubs (Students Against Destructive Decisions)

High school awareness campaign designed to discourage drug and violence among their peers. The SDFS program funds trips for the SADD clubs to state and national conventions.

## **Marion County Student Drug Use**

### **Community Council Against Substance Abuse (CCASA) Analysis**

<b>Alcohol</b>	<b>1996</b>	<b>1998</b>	<b>2000*</b>	<b>2002</b>
Most commonly used drug among Marion County students				
Lifetime use (Best measurement of experimental use)	70%	69.43%	61.5%	59.4%
Current use (within past 30 days)	**	**	41.0%	33.8%

<b>Binge Drinking (5 or more drinks in row)</b>	<b>1996</b>	<b>1998</b>	<b>2000*</b>	<b>2002</b>
More prevalent than current use of marijuana, inhalants and other illicit drugs	**	**	19.8%	17.4%

<b>Marijuana</b>	<b>1996</b>	<b>1998</b>	<b>2000*</b>	<b>2002</b>
Lifetime use	32.29%	32.86%	33.9%	30.2%
Current use	17.71%	17.71%	16.2%	15.4%

<b>Cigarettes</b>	<b>1996</b>	<b>1998</b>	<b>2000*</b>	<b>2002</b>
Lifetime use	53.29%	52.78%	54.2%	46.1%
Current use	30.0%	28.14%	30.0%	16.2%

<b>Any Illicit Drug Use Other Than Marijuana (Best Indicator of So Called "Hard Drug" Use)</b>	<b>1996</b>	<b>1998</b>	<b>2000*</b>	<b>2002</b>
Lifetime use	**	**	22.9%	23.7%
Current use	**	**	9.1%	10.1%

It is important to note that current use of illicit drugs combined is less than past 30 days use of alcohol (33.8%), marijuana (15.4%), and cigarettes (16.2%) as well as prevalence of binge drinking (17.4%).

\*2000 Local Survey changed to sampling of students only as part of Statewide Florida Youth Substance Abuse Survey.

\*\*New questions added to 2000 survey.

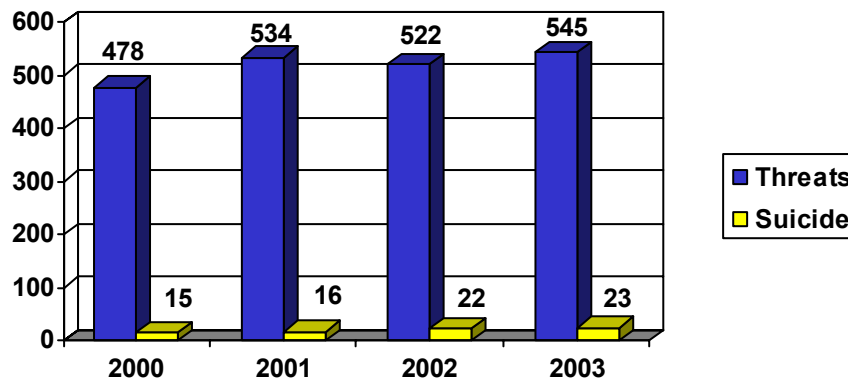
## **Recommendations for Marion County Public School System:**

### ■ **Emphasize training and assessment programs:**

- Train staff to recognize the symptoms and warning signs of mental illness and behavioral/emotional problems that develop as early as kindergarten.
- Ensure that mental health assessments are included in general physical health screenings.
- Integrate Mental Wellness into school curriculums-public and private.
  - Address the inextricable link between physical health and mental health.
  - Promote parent/student involvement.
  - Create a standard referral system for services.
- Increase the number of counselors, particularly at the elementary and middle school levels.
- Encourage higher education institutions to develop curriculum programs that reinforce skills for recognizing and coping with emotional and behavioral problems.
- Comply with the **No Child Left Behind Act (2001)** to remove the emotional, behavioral and academic barriers that preclude student success in school.
- Develop anti-stigma programs.
- Strengthen existing relationship with The Centers.

## **Recommendations for the general population of Marion County:**

- **Develop a Public Education Campaign that targets the general public as well as medical providers, teachers, law enforcement officers, attorneys, judges, and elected officials.**
  - Formed in 1992, the Marion County Community Crisis Response Team (CCRT) is a self-funded, external, generic, community-based team sponsored by Munroe Regional Medical Center.  
  
***Mission:** “To provide education, resource, and emotional support to Marion County survivors, families and responders involved in a community crisis.”*
- **Outline the prevalence of mental illness in the community and the need for services.**
- **Create and produce a “Stories” documentary to reflect the real faces of mental health.**
  - Define difference between mental health and mental illness.
  - Average citizen does not understand the difference in types of specialties, providers, physicians, counselors, and social workers.
  - Clearly define mental health terminologies, emotional, behavioral, and biological illnesses.
  - Illustrate symptoms and warning signs for domestic violence and suicide.



Source: Marion County Sheriff's presentation to Study Committee on April 21, 2004

- **Develop prevention education programs**
  - Address the inextricable link between physical and mental health
  - Promote anti-stigma programs.

## **Recommendations for the professionals working and/or living in Marion County:**

### ■ **Include education and training for:**

- **Teachers**
- **Medical professionals** outside of the mental health field  
Establish a systematic referral system for services and providers.
- **Judicial system**
- **Law enforcement**  
Crisis Intervention Team (CIT) Memphis Model program benefits (information gathered at [www.memphispolice.org](http://www.memphispolice.org))
  - Crisis response is immediate.
  - Assists in decrease of arrests and use of force.
  - Underserved consumers are identified by officers and provided with care.
  - Decreases patient violence and use of restraints in the ER.
  - Officers are better trained and educated in verbal de-escalation techniques.
  - Facilitates less 'victimless' crime arrests.
  - Decreases incidences related to liability for health care issues in the jail.
- **Emergency Services Personnel**  
Critical Incidence Stress Management (CISM)
- **Businesses and employers**  
Employee Assistance Programs (EAP)
- **Elected Officials**
  - Advocate for provisions for affordable housing within municipalities and in outlying county jurisdiction according to need.
  - Plan for public transportation to accommodate specific needs of mentally ill.
  - Participate in logistics planning with mental health service providers and agencies to avoid sprawling infrastructure that prohibits efficient and effective service to the mentally ill.
  - Encourage a sense of community for the chronically mentally ill through strategic planning of future development.

## **Advocacy:**

**Collaboration among agencies and legislators to support and fund a system of courts, judicial processes, legal officers, and access to mental health services to protect the inherent rights of the mentally ill, promote their independence, and facilitate successful integration of these individuals into society.**

### **Gaps in current practices:**

Words tell what we want, how we feel, and what we need. Actions demonstrate the same. To speak in favor of mental health services is to argue for mental health for all, to support and defend the laws of decency and equity, and to summon every member of our community to become active in protecting the basic human rights of those who are less fortunate.

Mental health affects the whole of community life. The depth and scope of the problem is large. Most of us either have a member of our family, a friend, a neighbor or a co-worker who suffers from some form of disability related to mental illness.

As advocates for the mentally ill, in support of those in need, and recognizing the urgency for action, the citizens of Marion County can promote mental health and protect the mentally ill through demonstrating support in the following areas:

- A system of courts, judicial processes, and legal officers that protect the mentally ill, promote their independence, and integration in society
- Community support and awareness to implement major changes in education at every level, but especially in three distinct areas:
  - The home
  - The school
  - The work place

**The home:** Raising community support and awareness at home speaks to providing the necessary education to adults and children living alone or in a family unit. Mental health will be at the center of a code of behavior promoted in support of the laws of decency and equity, with the hope of helping the mentally ill and those who share their lives with them to achieve a better way of life through higher self-esteem and respect for others.

**The school:** Raising community support and awareness at school provides the necessary education to teachers and school board members so they may focus on early detection of mental health issues, develop screening procedures, identify victims and perpetrators, and implement a real change in curriculum from pre-kindergarten through 12<sup>th</sup> grade to include specific subject matter. Taught as a regular subject, the course on behavioral sciences, the psychology of self and relationships, normal personality traits and personality disorders (DSM-IV), domestic violence, substance abuse, good citizenship, and good neighborly conduct shall consist of information on each identifiable subject as it relates to mental health and mental illness.

**The work place:** Raising community support and awareness at the work place requires coordination with and cooperation from large and small businesses to achieve an increase in identification of victims, create programs to reinforce the treatment of behavioral dynamics related to dysfunctional attitudes, encourage routine screening procedures to achieve early detection, identify the best options for referral to community resources, encourage the establishment of documentation of events and regularly review policies to protect the employment and safety of the mentally ill, and increase advocacy within the healthcare community to encourage all healthcare providers to participate as volunteers in specific programs and processes developed toward improving mental health services in the community.

Currently, agencies must compete for a limited pool of revenue resources. Resource speakers have confirmed that it is inefficient to work against each other. Collaboration among agencies and with legislators is one way to increase funding efficiently. Likewise, federal grants are available for improving access to mental health services in communities.

### **Recommendations for Advocacy:**

- As an objective of the Mental Wellness Coalition, a relationship with local legislators will be maintained to further advocate funding and services for Marion County and Florida. Immediate advocacy needs include addressing the issue of mental health insurance parity and funding for more adult crisis stabilization beds for indigent, uninsured, and underinsured clients and for a more equitable distribution of state resources to the district and Marion County.
- Address the issue of mental health insurance parity with legislators.
- Mental health insurance parity has been an ongoing concern at both the state and federal level. The concern has spanned many administrations with varying political philosophies and agendas. The recent federal level Wellstone Mental Health Parity Bill makes certain that laws applied to health benefits are also applied to mental health benefits. This effectively helps by aligning deductibles, co-pays, visit limitations and other contractual provisions. However, the law exempts carriers if requirements cause benefits to increase by more than 1%. The requirement to control the cost of health insurance continues to be reality. Furthermore, state law excludes small businesses from the parity requirement.

National policy as outlined by the *President's New Freedom Commission on Mental Health (2003)* calls for increased cost effectiveness and a strong measure of accountability, not only for the provision of services, but more importantly for preventing the onset of mental illness by encouraging mental health awareness. This direction moves mental health insurance parity closer to a reality because as mental health improves, physical health improves. As physical health improves, the cost of health insurance will begin to decline. At this point, coverage of mental illness as a component of a total health insurance plan can be realistically addressed. Agencies and providers of mental health services need to be prepared with accurate data and appropriate coverage requirements in order to negotiate future funding through private insurance. Knowledgeable legislators will be better equipped to advocate for equitable situations for the mentally ill.

- As a short-term goal, legislators need to be educated about the need to adequately fund initiatives to encourage mental health awareness as outlined in the education component of our standard for mental health services.
- Address the issue of a more equitable distribution of State Resources to the district and Marion County, since both areas are chronically under-funded.
- State resources are number driven. Larger more populated areas of the state have utilized funding to generate mental health services systems. These areas also operate with infrastructure and urban settings that do not have the same problems as the more rural setting facing Marion County. A rural healthcare adjusting factor needs to narrow the gap of disparity in funding. Additionally, formulas should also adjust for higher than average growth rates and provide additional funding so that services can keep pace with the need.

## **Glossary of Mental Health Terms:**

### **Access**

The extent to which an individual who needs care and services is able to receive them. Access is more than having insurance coverage or the ability to pay for services. It is also determined by the availability of services, acceptability of services, cultural appropriateness, location, hours of operation, transportation needs, and cost.

### **Accessible services**

Services that are affordable, located nearby, and open during evenings and weekends. Staff is sensitive to and incorporates individual and cultural values. Staff is also sensitive to barriers that may keep a person from getting help. For example, an adolescent may be more willing to attend a support group meeting in a church or club near home than to travel to a mental health center. An accessible service can handle consumer demand without placing people on a long waiting list

### **Advocacy**

The act of pleading or arguing in favor of something such as a cause, idea, or policy; active support

### **Assessment**

A professional review of child and family needs that is done when services are first sought from a *caregiver*. The assessment of the child includes a review of physical and mental health, intelligence, school performance, family situation, and behavior in the community. The assessment identifies the strengths of the child and family. Together, the *caregiver* and family decide what kind of treatment and supports, if any, are needed.

### **Baker Act**

A means of providing individuals with emergency services and temporary detention for mental health evaluation and treatment when required, either on a voluntary or an involuntary basis.

### **Caregiver**

A person who has special training to help people with mental health problems. Examples include social workers, teachers, psychologists, psychiatrists, and mentors.

### **Case manager**

An individual who organizes and coordinates services and supports for children with mental health problems and their families. (Alternate terms: service coordinator, advocate, and facilitator.)



## **Case management**

A service that helps people arrange for *appropriate services* and supports. A *case manager* coordinates mental health, social work, educational, health, vocational, transportation, advocacy, *respite care*, and recreational services, as needed. The *case manager* makes sure that the changing needs of the child and family are met. (This definition does not apply to managed care.)

## **Children and adolescents at risk for mental health problems**

Children are at greater risk for developing mental health problems when certain factors occur in their lives or environments. Factors include physical abuse, emotional abuse or neglect, harmful stress, discrimination, poverty, loss of a loved one, frequent relocation, alcohol and other drug use, trauma, and exposure to violence.

## **Clinical Psychologist**

A licensed professional with a doctorate degree in psychology and three years post-doctoral experience in clinical psychology. Clinical psychologists are trained in observation, description, evaluation, interpretation, and modification of human behavior, by the use of scientific and applied psychological principles, methods, and procedures, for the purpose of describing, preventing, alleviating, or eliminating symptomatic, maladaptive, or undesired behavior and of enhancing interpersonal behavioral health and mental or psychological health.

## **Clinical Social Worker (LCSW)**

Clinical social workers provide mental health services for the prevention, diagnosis, and treatment of mental, behavioral, and emotional disorders in individuals, families, and groups. Their goal is to enhance and maintain their patients' physical, psychological, and social function. Clinical social workers must have a master's or doctorate degree in social work, with an emphasis on clinical experience. They must undergo a supervised clinical field internship and have at least 2 years of postgraduate supervised clinical social work employment. For Florida Licensure, a requirement to be a Clinical Social Worker, the applicant must pass the national clinical level examination developed by the Association of Social Work Boards (ASWB) and complete an eight-hour laws and rules course and a two-hour prevention of medical errors course from an approved provider.

## **Consumer**

Any individual who does or could receive health care or services. Includes other more specialized terms, such as beneficiary, client, customer, eligible member, recipient, or patient.

## **Continuum of care**

A term that implies a progression of services that a child moves through, usually one service at a time. More recently, it has come to mean comprehensive services. Also see *system of care*.

## **Co-occurring Disorder**

The co-existence of a mental illness and a substance abuse disorder.

## **Crisis residential treatment services**

Short-term, round-the-clock help provided in a non-hospital setting during a crisis. For example, when a child becomes aggressive and uncontrollable, despite in-home supports, a parent can temporarily place the child in a *crisis residential treatment service*. The purposes of this care are to avoid *inpatient hospitalization*, help stabilize the child, and determine the next appropriate step.

## **DSM-IV (*Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*)**

An official manual of mental health problems developed by the American Psychiatric Association. Psychiatrists, psychologists, social workers, and other health and mental health care providers use this reference book to understand and diagnose mental health problems. Insurance companies and health care providers also use the terms and explanations in this book when discussing mental health problems.

## **Delusion**

A false believe based on incorrect inference about external reality that is firmly sustained despite what everyone else believes and despite what constitutes incontrovertible and obvious of proof or evidence to the contrary. The belief is not one ordinarily accepted by persons of the person's culture or subculture.

## **Dementia**

Characterized development of multiple cognitive deficits that include memory impairment and at least one of the cognitive disturbances: aphasia, apraxia, agnosia, or disturbance in abstract reasoning. Dementia is a problem in the brain that makes it hard for a person to remember, learn and communicate; eventually is becomes difficult for a person to take care of himself or herself. This disorder can also affect a person's mood and personality.

## **Depression**

Depression is a mood disorder characterized by intense feelings of sadness that persist beyond a few weeks. Two neurotransmitters-natural substances that allow brain cells to communicate with one another-are implicated in depression: serotonin and norepinephrine.

## **Drop-in Center**

A social club offering peer support and flexible schedule of activities: may operate on evenings and/ weekends.

## **Dual-Diagnosis**

A diagnosis involving a co-existence of mental retardation and mental illness.

## **Early intervention**

A process used to recognize warning signs for mental health problems and to take early action against factors that put individuals at risk. *Early intervention* can help children get better in less time and can prevent problems from becoming worse.

## **Emergency and crisis services**

A group of services that is available 24 hours a day, 7 days a week, to help during a mental health emergency. Examples include telephone crisis hotlines, suicide hotlines, crisis counseling, *crisis residential treatment services*, crisis outreach teams, and crisis respite care.

## **Employee Assistance Plan (EAP)**

Resources provided by employers either as part of, or separate from, employer-sponsored health plans. EAPs typically provide preventive care measures, various health care screenings, and/or wellness activities (Center for Mental Health Services, 2000).

## **Employment/Vocational Rehabilitation Services**

A broad range of services designed to address skills necessary for participation in job-related activities.

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

A program to treat individuals with severe and persistent mental illness in the community. FACT is an effective, evidence-based, outreach-oriented, service-delivery model for people with severe and persistent mental illness. Using a 24-hour-a-day, seven-day-a-week, team approach, FACT delivers comprehensive community treatment, rehabilitation, and support services to consumers in their homes, at work, and in community settings. A team can serve between 80 and 100 individuals. The team uses a positive, persistent, practical approach offering:

- Direct coordination of all medical care, both psychiatric and general health care
- Help in managing symptoms of the illness
- Immediate crisis response
- New atypical antipsychotic and antidepressant medications
- Supportive therapy
- Practical on-site support in coping with life's day-to-day demands including:
  - Help obtaining financial entitlements and housing,
  - Assistance with housing tasks so a person can live in regular housing alone or with a roommate
  - Help with learning how to socialize
  - Treatment for clients who also have a substance abuse problem
- Employment/vocational service and job placement
- Assistance with legal issues
- Support, education, and skill-teaching for family members

## **Hallucination**

A sensory perception that has the compelling sense of reality of true perception but that occurs without external stimulation of the relevant sensory organ. Can occur in any sensory system of the body hearing, sight, taste, touch, smell. Some examples of hallucinations include hearing nonexistent voices, seeing nonexistent things, and experiencing burning or pain sensations with no physical cause.

## **Homelessness**

The state or condition of having no home (especially the state of living in the streets)

## **Managed Care**

Managed care definition: A system requiring that a single individual in the provider organization is responsible for arranging and approving all devices needed under the contract embraced by employers, mental health authorities, and insurance companies to ensure that individuals receive appropriate, reasonable health care services.

## **Marchman Act**

A means of providing an individual in need of substance abuse services with emergency services and temporary detention for substance abuse evaluation and treatment when required, either on a voluntary or involuntary basis.

## **Medicaid**

Medicaid is a health insurance assistance program funded by Federal, State, and local monies. It is run by State guidelines and assists low-income persons by paying for most medical expenses.

## **Medicare**

Medicare is a Federal insurance program serving the disabled and persons over the age of 65. Most costs are paid via trust funds that beneficiaries have paid into throughout the courses of their lives; small deductibles and some co-payments are required.

## **Mental health**

How a person thinks, feels, and acts when faced with life's situations. *Mental health* is how people look at themselves, their lives, and the other people in their lives; evaluate their challenges and problems; and explores choices. This includes handling stress, relating to other people, and making decisions.

## **Mental Health Parity (Act)**

Mental health parity refers to providing the same insurance coverage for mental health treatment as that offered for medical and surgical treatments. The Mental Health Parity Act was passed in 1996 and established parity in lifetime benefit limits and annual limits.

## **Mental health problems**

Mental health problems are real. They affect one's thoughts, body, feelings, and behavior. Mental health problems are not just a passing phase. They can be severe, seriously interfere with a person's life, and even cause a person to become disabled. Mental health problems include depression, bipolar disorder (manic-depressive illness), attention-deficit/hyperactivity disorder, anxiety disorders, eating disorders, schizophrenia, and conduct disorder.

## **Mental illness**

Any of various conditions characterized by impairment of an individual's normal cognitive, emotional, or behavioral functioning, and caused by social, psychological, biochemical, genetic, or other factors, such as infection or head trauma. Also called **emotional illness, mental disease, and mental disorder**.

## **Psychiatrist**

A psychiatrist is a professional who completed both medical school and training in psychiatry and is a specialist in diagnosing and treating mental illness.

## **Residential Services**

Services provided over a 24-hour period or any portion of the day which a patient resided, on an on-going basis, in a State facility or other facility and received treatment.

## **Residential treatment centers**

Facilities that provide treatment 24 hours a day and can usually serve more than 12 young people at a time. Children with *serious emotional disturbances* receive constant supervision and care. Treatment may include individual, group, and family therapy; behavior therapy; special education; recreation therapy; and medical services. Residential treatment is usually more long-term than *inpatient hospitalization*. Centers are also known as *therapeutic group homes*.

## **Serious emotional disturbances**

Diagnosable disorders in children and adolescents that severely disrupt their daily functioning in the home, school, or community. Serious emotional disturbances affect one in 10 young people. These disorders include depression, attention-deficit/hyperactivity, anxiety disorders, conduct disorder, and eating disorders. Pursuant to section 1912(c) of the Public Health Service Act "children with a serious emotional disturbance" are persons: (1) from birth up to age 18 and (2) who currently have, or at any time during the last year, had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-III-R. Federal Register Volume 58 No. 96 published Thursday May 20, 1993 pages 29422 through 29425.

## **Serious Mental Illness**

Pursuant to section 1912(c) of the Public Health Service Act, adults with serious mental illness SMI are persons: (1) age 18 and over and (2) who currently have, or at any time during the past year had a diagnosable mental behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV or their ICD-9-CM equivalent (and subsequent revisions) with the exception of DSM-IV "V" codes, substance use disorders, and developmental disorders, which are excluded, unless they co-occur with another diagnosable serious mental illness. (3) That has resulted in functional impairment, which substantially interferes with or limits one or more major life activities. Federal Register Volume 58 No. 96 published Thursday May 20, 1993 pages 29422 through 29425.

## **Substance Abuse**

Misuse of medications, alcohol or other illegal substances.

## **Suicide**

Suicide is the 8th leading cause of death in the United States, claiming about 30,000 lives a year. Ninety percent of persons who commit suicide have depression or another diagnosable mental or substance abuse disorder. Suicide attempts are among the leading causes of hospital admissions in persons under 35. The highest suicide rates in the U.S. are found in white men over the age of 85. Suicide can be prevented.

## **System of Care**

A system of care is a method of addressing children's mental health needs. It is developed on the premise that the mental health needs of children, adolescents, and their families can be met within their home, school, and community environments. These systems are also developed around the principles of being child-centered, family-driven, strength-based, and culturally competent and involving interagency collaboration.

## **Vocational Rehabilitation Services**

Services that include job finding/development, assessment and enhancement of work-related skills, attitudes, and behaviors as well as provision of job experience to clients/patients. Includes transitional employment.

## **Wellness**

The condition of good physical and mental health, especially when maintained by proper diet, exercise, and habits.

*Terms and definitions above have been gathered from the **Substance Abuse and Mental Health Services Administration** website at <http://www.mentalhealth.samhsa.gov/resources/dictionary.aspx/>*

## **Resource Speakers**

Dr. Robert Constantine	Florida Mental Health Institute-USF
Sheriff Ed Dean	Marion County Sheriff's Office
Major Patti Lumpkin	Marion County Sheriff's Office
Major Paul Laxton	Marion County Sheriff's Office
Major Tom Wilder	Marion County Sheriff's Office
Captain Craig MacDonald	Marion County Sheriff's Office
Mr. Dan Kuhn	Marion County Sheriff's Office
Mr. Russell Rasco	The Centers
Ms. Marshia Hewitt	The Centers
Mr. Bill Patten	Community Council Against Substance Abuse
Dr. Mary Driscoll	Private Practitioner
Dr. Fred Miley	Private Practitioner
Dr. Bill Gamberino	Private Practitioner
Mr. Matt Lane	Psychological and Social Work Services
Mr. Tim Dutton	Sarasota County Openly Plans for Excellence
Ms. Marylee Bussard	Sarasota County Openly Plans for Excellence
Ms. Donna Gerald	Arnette House
Ms. Linda Levine-Silverman	Arnette House
Ms. Angel Martinez	Arnette House
Ms. Kimberly Berchen	Arnette House
Mr. Kevin Priest	Arnette House
Ms. Frances Orndorff	Interfaith Emergency Services
Major Chris Flanagan	Ocala/Marion County Salvation Army
Ms. Kris Goodrow	Alzheimer's Association
Mr. Richard Mitchell	Alzheimer's Association
Ms. Deborah Wells	Transitions-Hospice of Marion County
Mr. David Hardison	Blessed Trinity Elder Care Center
Ms. Gail Bailey and Gina Bailey	NAMI of Marion County
Ms. Jeane Wurtz	NAMI of Marion County
Ms. Walda Smart	NAMI of Marion County
Ms. Karen Cunningham	NAMI of Marion County
Mr. Lee Good	NAMI of Marion County
Ms. Maclyn Walker	Munroe Regional Medical Center
Ms. Madeline Franco	United Way of Marion County
Mr. Roy McKinney	Lighthouse Restoration Ministry
Mr. Art Barnett	Lighthouse Restoration Ministry
Mr. Bob Rile	Depression/Bipolar Support Alliance
Ms. Pamela Smith-Martin	Blue Cross and Blue Shield of Florida
Ms. Kathleen Cook	Blue Cross and Blue Shield of Florida
Mr. Robert Richards	Blue Cross and Blue Shield of Florida
Mr. Carl Patten	Blue Cross and Blue Shield of Florida
Ms. Kathy Reep	Florida Hospital Association
The Honorable Ginger Lerner-Wren	Seventeenth Judicial Circuit
Mr. Osborne "Sonny" James	Fifth Judicial Circuit
Dr. Candace Wright	Fifth Judicial Circuit
Ms. Clarissa Williams	Fifth Judicial Circuit
Ms. Lynne Montgomery-Hernandez	NAMI of Florida
Mr. Howard "Skip" Babb	Fifth Judicial Circuit
Mr. Brad King	Fifth Judicial Circuit
The Honorable Dennis Baxley	Florida State Representative
The Honorable Larry Cretul	Florida State Representative
Ms. Jeanne McIntosh	Legislative Aide for Senator Evelyn Lynn

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## **Additional Resources**

Advocacy Center for Persons with Disabilities

<http://www.advocacycenter.org/>

Alzheimer's Association

<http://www.alz.org/>

For Florida's Health

<http://www.forfloridashealth.com/>

Internet Mental Health

<http://www.forfloridashealth.com/>

Louis de la Parte Florida Mental Health Institute

<http://www.fmhi.usf.edu/>

Mental Health Association of Central Florida

<http://www.mhacf.com/>

Mental Health InfoSource

<http://www.mhsource.com/>

My Self Help.com

<http://www.myselfhelp.com/HomePage.html>

Ocala/Marion County Community Council Against Substance Abuse (CCASA)

<http://www.ocalafl.org/CommPrograms/>

National Alliance for the Mentally Ill (NAMI)

<http://www.nami.org/>

National Alliance for the Mentally Ill-Florida (NAMI)

<http://www.namifl.org/>

National Institute of Mental Health (NIMH)

<http://www.nimh.nih.gov/>

National Mental Health Association

<http://www.nmha.org/>

Substance Abuse and Mental Health Services Administration (SAMHSA)

National Mental Health Information Center [www.mentalhealth.org/](http://www.mentalhealth.org/)

World Health Organization (WHO)

[http://www.who.int/topics/mental\\_health/en/](http://www.who.int/topics/mental_health/en/)

## **Appendix A:**

### ***2004-2005 Marion County Directory of Mental Health Services***

#### **Abuse—Adult, Child, and Domestic**

Abuse Hotline-Children, Disabled,  
Elderly 1.800.962.2873  
Alt: 422-4453

Arnette House  
Office: 622.4432  
24 hr: 622-6135

Child Abuse Prevention Project  
352.334.1330

Children's Advocacy Center  
873.4739

Children's Home Society  
620.3471

Dept. Children & Families Abuse Unit  
620-3049

Family Visitation Center  
622.9408

Guardian Ad Litem  
369.2525

Kimberly's Cottage  
873-4739

Parent Helpline  
1.800.352.5683

Rape Crisis/Domestic Violence Center  
622.8495

#### **Adoption Services**

Children's Home Society  
620.3471

Department of Children and Families  
867.1536

#### **AIDS Awareness**

CDC National STD/AIDS Hotline  
1.800.342. AIDS

American Red Cross  
622.3457

Home Health and Hope  
368.6768

Marion County Health Department  
629.0137

Project Healthy Choices  
671.1117  
Alt: 368.1900

Soul Harvest WW&P Ministries  
680.1240 (Silver Springs Shores)

#### **AIDS Awareness continued**

The Centers  
Main 291.5555  
Crisis Line 291.5525

#### **Child Care**

Childhood Development Services  
629.0055

ChildCare Resource/Referral & Head Start  
629.0055 ext 200

#### **Children's Health Services**

Children's Medical Services  
369.2100 or  
1.800.326.7485

Community Health Services  
732.6599

Early Intervention Program/DEI  
1.800.334.1447

Healthy Start  
629.0137

Marion County Health Department  
629.0137

#### **Consumer Information Hotline**

1.800. HELP. FLA

#### **Counseling and Mental Health**

Arnette House  
622.4432

Counseling and Resource Center  
861.8044

Kimberly's Cottage  
873-4739

Professional Counseling Center  
402.9967

Rape Crisis/Spouse Abuse Center  
622.8495

Save-A-Friend Hotline  
1.877.737.4363

The Centers  
Main 291.5555  
Crisis Line 291.5525

Ten Broeck Ocala  
671.3130

## **Disabilities**

Advocacy Center for Persons with Disabilities

1.800.342.0823

Association for Retarded Citizens

387.2210

Division of Blind Services

1.800.443.0908

Center for Independent Living

368.3788

Developmental Services

732.1441

Disability Hotline

1.888.838.2253

Epilepsy Services

1.800.330.9746

Florida Center for the Blind

873.4700

FDLRS/Child Find

591.4300

Isaiah Foundation

804.6809

National Alliance for the Mentally Ill

506-8699

Social Security Administration

1.800.772.1213

Vocational Rehabilitation

732.1290

We Who Care

629.1903

## **Disaster Planning and Relief**

American Red Cross

622.3457

Marion County Emergency Management

622.3205

Salvation Army

732.8326

## **Education/Literacy**

Central Florida Community College

237.2111

Childhood Developmental Services

629.0055

Florida First Start

629.0526

Howard Academy Safe Haven

629.7082

## **Education/Literacy continued**

Marion County Adult/Technical Education Center 671.7200

Marion County Cooperative Extension Service 620.3440

Marion County Even Start GED Program 620.7652

Marion County Literacy Council 690. READ

Marion County Public Library 629.8551

Marion County Public Schools 671.7700

Skill Day Center 351.4052

Success By 6 732.9696 ext. 210

Take Stock in Children 369.2173

## **Emergency Shelter**

Arnette House (Youth) 622.6135

Interfaith Emergency Services 629.8868

Rape/Crisis Domestic Violence Center 622.8495

Salvation Army 732.8326

## **Employment and Job Training**

Also see One Stop Workforce Connection Association for Retarded Citizens 387.2210

Employer Connection 732-1411

Green Thumb Experience Works 840.5620 ext 146

Job Corps 840.5620 ext 120

Kenney's Place 867.1213

Mahogany Review Research and Development Center 368.2002

Withlacoochee Workforce Development Authority 732.1700

**Family and Youth Programs**

Boys and Girls Club  
690.7440  
Boy Scouts  
624-3937  
Church Without Walls  
624.2001  
4-H Clubs  
620.3453  
Girl Scouts  
694.4425  
Healthy Families  
369.2585  
Juvenile Assessment Center  
840.5840  
MAD DADS  
629.3100  
Ocala Recreation and Parks  
368-5550  
YMCA  
368.9622

**Financial/Income Assistance**

First Call for Help  
2-1-1 OR 732.4444  
Central Florida Community Action  
Agency  
Local: 732-3008  
Gainesville: 1.800.732.3018  
Food Stamps  
620.3000  
Social Security Administration  
1.800.772.1213  
Temporary Assistance for Needy  
Families (TANF) 620.3000  
Worker's Compensation  
1.800.342.1741

**Food and Clothing**

Annie Johnson Center  
489.8021  
Brother's Keeper  
622.3846  
Help Agency of the Forest  
625.1900  
Food Stamps  
620.3000  
Interfaith Emergency Services  
629.8868

**Food and Clothing *continued***

Meals on Wheels (senior services)  
629.8661  
North Marion Interfaith  
591.4400  
On The Go Ministries  
732.6187  
Round-up Soup Kitchen  
369.6362  
Salvation Army  
732.8326  
236.5035 Ft. McCoy  
SHARE  
1.800.536.3379  
St. Theresa's Social Services  
245.1359  
Soul Harvest WW&P Ministries  
Serving Silver Spring Shores  
680.1240  
Women, Infants, and Children (WIC)  
622.1161

**Health Education and Information**

Alzheimer's Support Inc.  
237.1388  
Alzheimer's Association of North Central  
Florida  
1.800.272.3900  
American Cancer Society  
629.4727  
American Heart Association  
1.800.275.0803  
American Red Cross  
622.3457  
Florida KidCare  
1.888.540.5437  
March of Dimes  
629.7555  
Marion County Medical Society  
732.8883  
MRMC Health Resource Line  
867.8181  
Marion County Sickle Cell Foundation  
732.4412  
Women's Pregnancy Center  
629.2811

### **Health Care Services**

Children's Medical Services  
369.2100  
Early Intervention/DEI  
1.800.334.1447  
Community Health Services  
732.6599  
Healthy Start  
629.0137  
Hospice of Marion County  
873.7400  
Medicaid (to apply)  
620.3000  
Medicaid Consumer Relations  
732.1349  
Marion County Health Department  
629.0137  
245.7520 Belleview Office  
591.2470 Reddick Office  
Transitions  
854.5200

### **Hospitals**

Ocala Regional Medical Center  
401.1000  
Munroe Regional Medical Center  
351.7200  
Shands Hospital  
1.800.749.7424  
Shriner's Hospital for Children  
1.800.237.5055  
Ten Broeck Ocala  
671.3130  
Veterans Administration Hospital  
1.800.324.8387  
West Marion Community Hospital  
291.3000

### **Housing-Low Income**

City of Ocala Community Development  
629.8322  
Greater Ocala CDC  
351.4075  
Habitat for Humanity  
351.4663  
Marion County Community Services  
620.3375  
Florida Low Income Housing  
Association 1.888.563.1110

### **Housing-Low Income *continued***

Ocala Housing Authority  
369.2636

### **Information and Referral Services**

United Way's First Call for Help  
2-1-1 or 732.4444  
Success By 6 (Early Childhood Initiative)  
732.9696 ext. 210

### **Legal Assistance**

Florida Bar Lawyer Referral Service  
1.800.342.8011  
Withlacoochee Area Legal Services  
of Mid-Florida 629.0105

### **Money and Credit Counseling**

Consumer Credit Counseling Service  
867.1865

### **Mental Health Services, Agencies, and Counseling**

AIDS Support Group/Hotline  
1.800.352.AIDS  
1.800.344.7432 Español  
629.5124  
Behavioral Resource and Counseling Center  
624.3307  
Bereaved Parents  
854.1275  
Brave Heart Counseling Services  
867.8477  
Chemical Dependency Counseling  
629.9300  
Christian Counseling Center  
622.6292  
Community Links  
347.2700 Belleview  
Counseling and Resource Center  
861.8044  
Hospice of Marion County  
873.7400  
Manic/Depressive Fellowship Support Group  
732.0879 September-May  
2<sup>nd</sup> & 4<sup>th</sup> Tuesdays, 7:00pm  
Perkins Restaurant St Rd 200  
Professional Counseling Center, Inc  
402.9967  
Rape Crisis/Spouse Abuse/Sexual Assault  
Groups 622.8495

**Mental Health Services, Agencies,  
and Counseling *continued***

Shands at Vista  
265.5481-24 hour  
265.5497-8:30 am-5 pm  
The Cedars  
288.1350 Ocklawaha  
The Centers  
291.5555 main  
291.5500 after hours  
Ten Broeck Ocala  
671.3130

**One Stop Workforce Connection**

Central Florida Community College  
854.2322 ext 1507  
Community Technical and Adult  
Education  
671.7200  
Jobs and Benefits Center  
732.1700  
One Stop Career Connection  
291.6000 Gaitway Plaza

**Parks and Recreation**

Brick City Park  
401.3900  
Boys & Girls Club  
690.7440  
Girl Scouts  
694.4425  
Lillian F. Bryant Community Center  
629.8389  
MAD DADS  
629.3100  
Marion County Parks  
629.8406  
Marion County Family YMCA  
368.9622  
Ocala Recreation & Parks  
368.5550  
Special Olympics  
732.2626  
Sheriff's Youth Ranch  
447.2259

**Senior Services**

AARP Helpline  
861.6698  
Adult Services  
732.1478  
Blessed Trinity Adult Care  
671.2823  
Elder Helpline  
1.800.262.2243  
8<sup>th</sup> Avenue Senior Center  
629.8545  
Foster Grandparents  
330.2246  
Experience Works  
401.1844  
Marion County Senior Services  
629.8661  
Multi-purpose Senior Center  
629.8351  
Prestige 55  
671.2153  
Retired Senior Volunteer Program (RSVP)  
291.4444  
Senior Friends  
401.1338  
Social Security Administration  
1.800.772.1213

**Substance Abuse-Alcohol and Drugs**

AA, Al-Anon. Alateen  
867.0660 Marion County  
372.8091 Gainesville  
527.2733 Citrus County  
Act II Complex  
622.7524  
CATS Inc  
732.2287  
Cocaine Anonymous  
1.800.347.8998  
Community Council Against Substance Abuse  
629.8231  
Drug Help National Helpline  
1.800.662.HELP  
Narcotics Anonymous  
1.800.262.2463  
Phoenix House  
595.5000  
Smoke Enders  
1.800.828.4357

**Substance Abuse-Alcohol and Drugs  
continued**

The Centers  
Main 291.5555  
Crisis Line 291.5525  
Shands at Vista  
1.866.654.1339  
Ten Broeck Ocala  
671.3130  
VA Substance Abuse Clinic  
732.1666

**Transportation**

Driver's License Office  
732.1252  
732.1366 Appointments  
Marion Transit  
622.2450  
Sun Tran  
401.6999

**Veterans Services**

American Red Cross  
622.3457  
Marion County Veterans Service  
620.3422

**Volunteer Opportunities**

Boy/Girl Scouts  
694.4425  
Marion County Public Schools  
Homeless Children  
671.6870  
Marion County Senior Services  
629.8661  
Munroe Regional Medical Center  
351.7200  
Public Policy Institute of Marion  
County  
854.2322 ext 1679  
Retired Seniors Volunteer Program  
(RSVP)  
291.4444  
Shores Skills Bank  
687.4848  
Take Stock in Children  
369.2173

**Volunteer Opportunities continued**

United Way of Marion County  
2-1-1 or 732.4444  
Volunteer Network  
732.9696  
VA Hospital  
1.800.324.8387  
Veterans Helping Veterans  
401.9788  
VA Substance Abuse Clinic  
1.800.324.8387  
Veterans Helping Veterans  
401.9788  
VA Substance Abuse Clinic  
732.1666

**Youth and Adult/Mentally or Physically  
Challenged**

Marion Therapeutic Riding Association, Inc.  
624.4240 or 591.1486



## Appendices B-E: The MATRIX

In order to obtain a view of the status of Mental Health Services in Marion County, the Management Team developed a matrix survey to determine the perspectives of the providers and recipients of current services, law enforcement, and Marion County Public Schools.

Mental health professionals were consulted to establish indicator categories within the Matrix and to develop the survey questionnaire. Evaluations were made based on perspectives and not scientific fact.

The Matrix represents a snapshot in time of mental health services in Marion County. The ratings indicated were provided by individuals or several individuals associated with survey participants.

The ratings were made on a scale of poor, fair, good, excellent or N/A (not applicable) and indicate need for change or continued need of awareness, education, or improvement in services.



## Appendix B

### Service Provider Perspective-The Centers

	Community Support Funding	Acute Care	Assessment	Identification	Intervention	In-patient	Out-patient	Residential	Education/Prevention	School based programs	Summary	
Case Management	Excellent	Poor	Good	Excellent	Excellent	Excellent	Excellent	Excellent	Good	Excellent	Good	
Substance Abuse	Excellent	Poor	Excellent	Excellent	Fair	Good	Poor	Fair	Fair	Good	Excellent	Good
Homeless Care	Good	Fair	Good	Excellent	Excellent	Good	Poor	Fair	Poor	Good	Good	Fair
Community Re-integration	Good	Poor	Poor	Fair	Fair	Good	Good	Good	Good	Good	Good	Fair
Adolescent Care	Good	Poor	Fair	Excellent	Excellent	Excellent	Poor	Poor	Poor	Good	Good	Fair
Community Support Group	Fair	Poor	Fair	Good	Good	Good	Good	Fair	Good	Good	Poor	Fair
Assisted Living/Group Home	Fair	Poor	N/A	N/A	Excellent	Fair	N/A	Fair	N/A	Good	N/A	Fair
Adult Care	Fair	Poor	Good	Excellent	Excellent	Good	Poor	Poor	Poor	Fair	N/A	Fair
Children's Care	Fair	Poor	Poor	Excellent	Good	Excellent	Poor	Poor	Poor	Excellent	Good	Fair
Meds Therapy	Fair	Poor	Fair	Excellent	Excellent	Fair	Poor	Poor	Poor	Fair	Good	Fair
Continuum of Care	Fair	Poor	Fair	Fair	Good	Good	Fair	Fair	Fair	Good	Fair	Fair
Geriatric Care	Excellent	Poor	Poor	Fair	Excellent	Poor	Poor	Poor	Poor	Fair	N/A	Fair
Life Skill Development	Good	Poor	Good	Fair	Fair	Poor	Poor	Fair	Poor	Poor	Good	Fair
Veteran Care	Good	Poor	Good	Good	Fair	Poor	Poor	Poor	Poor	Poor	N/A	Fair
Rural/Homebound Care	Fair	Poor	Poor	Poor	Poor	Poor	Poor	Fair	Poor	Poor	Good	Poor
Funding for Services	Poor	Poor	Poor	Poor	Good	Good	Poor	Poor	Poor	Fair	Poor	Poor

# Appendix C

## Consumer Perspective-NAMI

	Community Support	Funding	Acute Care	Assessment	Identification	Intervention	In-patient	Out-patient	Residential	Education/Prevention	School based programs	Summary
<b>Meds Therapy</b>	Fair	Poor	Fair	Fair	Fair	Fair	Good	Good	Good	Poor	Poor	Fair
<b>Case Management</b>	Fair	Poor	Fair	Fair	Fair	Fair	Fair	Fair	Fair	Fair	Poor	Fair
<b>Community Support Group</b>	Fair	Poor	Fair	Fair	Fair	Fair	Fair	Fair	Fair	Fair	Poor	Fair
<b>Adult Care</b>	Fair	Poor	Fair	Fair	Fair	Fair	Poor	Fair	Poor	Poor	N/A	Fair
<b>Veteran Care</b>	Fair	Poor	Fair	Poor	Fair	Fair	Fair	Fair	Fair	Poor	N/A	Fair
<b>Substance Abuse</b>	Fair	Poor	Fair	Fair	Fair	Fair	Fair	Fair	Fair	Fair	Poor	Fair
<b>Life Skill Development</b>	Fair	Poor	Poor	Fair	Fair	Fair	Fair	Fair	Fair	Fair	Poor	Fair
<b>Geriatric Care</b>	Fair	Poor	Poor	Fair	Fair	Fair	Poor	Fair	Fair	Poor	N/A	Fair
<b>Assisted Living/Group Home</b>	Poor	Poor	N/A	N/A	Fair	Fair	N/A	Fair	N/A	Poor	N/A	Fair
<b>Homeless Care</b>	Good	Poor	Fair	Fair	Fair	Fair	Poor	Poor	Fair	Poor	Poor	Fair
<b>Children's Care</b>	Fair	Poor	Fair	Poor	Poor	Poor	Fair	Fair	Fair	Poor	Poor	Poor
<b>Continuum of Care</b>	Fair	Poor	Fair	Fair	Fair	Fair	Fair	Fair	Poor	Poor	Poor	Poor
<b>Adolescent Care</b>	Fair	Poor	Fair	Poor	Poor	Poor	Fair	Fair	Poor	Poor	Poor	Poor
<b>Community Re-integration</b>	Poor	Poor	Poor	Poor	Poor	Poor	Poor	Poor	Poor	Poor	Poor	Poor
<b>Rural/Homebound Care</b>	Poor	Poor	Poor	Poor	Poor	Poor	Fair	Poor	Fair	Poor	Poor	Poor
<b>Funding for Services</b>	Poor	Poor	Poor	Poor	Poor	Poor	Poor	Poor	Poor	Poor	Poor	Poor



# Appendix E

## Education Group Perspective-MCSS

	Community Support	Funding	Acute Care	Assessment	Identification	Intervention	In-patient	Out-patient	Residential	Education/Prevention	School based programs	Summary
Adolescent Care	Fair	Fair	Poor	Good	Good	Fair	Fair	Fair	Poor	Good	Good	Fair
Children's Care	Good	Fair	Poor	Good	Good	Fair	Poor	Poor	Poor	Fair	Fair	Fair
Community Support Groups	Good	Poor	Fair	Fair	Fair	Fair	N/A	N/A	N/A	Fair	Fair	Fair
Adult Care	Fair	Fair	Fair	Fair	Fair	Fair	Poor	Fair	Poor	Fair	N/A	Fair
Homeless Care	Fair	Fair	Fair	Fair	Fair	Poor	Fair	Fair	Fair	Good	Fair	Fair
Life Skill Development	Fair	Fair	Fair	Fair	Fair	Fair	Fair	Fair	Fair	Fair	Fair	Fair
Substance Abuse	Fair	Poor	Fair	Fair	Fair	Fair	Fair	Fair	Fair	Fair	Fair	Fair
Case Management	Poor	Poor	Poor	Poor	Good	Fair	Good	Fair	Fair	Poor	Fair	Fair
Geriatric Care	Poor	Fair	Fair	Fair	Fair	Fair	Fair	Fair	Fair	Poor	N/A	Fair
Assisted Living/Group Home	Poor	Poor	Poor	Fair	Fair	Fair	Fair	Fair	Fair	Poor	N/A	Fair
Meds Therapy	Fair	Poor	Poor	Fair	Fair	Poor	Poor	Poor	Poor	Poor	Poor	Poor
Continuum of Care	Fair	Poor	Poor	Poor	Fair	Fair	Poor	Poor	Poor	Fair	Fair	Poor
Rural/Homebound Care	Poor	Poor	Poor	Fair	Poor	Poor	Fair	Fair	Fair	Poor	Fair	Poor
Community Re-integration	Poor	Poor	Poor	Poor	Poor	Poor	Poor	Poor	Poor	Poor	Poor	Poor
Funding for Services	Fair	Poor	Poor	Poor	Fair	Poor	Poor	Poor	Poor	Fair	Fair	Poor
Veteran Care	Poor	Poor	Poor	Poor	Poor	Poor	Poor	Poor	Poor	Poor	N/A	Poor



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## **Mental Health Services Study Committee**

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Patricia Sokol  
\*\*Chuck Stein  
Alina Stoothoff  
Maclyn Walker

\* Management Team  
\*\* CFCC student involvement

## **Public Policy Institute of Marion County Staff Members**

Karen Jernigan  
Carri Thibodeaux

*Executive Director*  
*Staff Assistant*

*The Public Policy Institute of Marion County is dedicated to advancing public interest, building democracy and community, and improving the quality of life by involving citizens in addressing community issues.*

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