

GRAHAM CIVIC SCHOLARS SPRING 2016 CUMULATIVE REPORT**TOPIC: PROVISION OF CHILDREN'S MENTAL HEALTH SERVICES WITHIN THE
STATE OF FLORIDA****AUTHOR: CAROLINE NICKERSON****Premise and Scope of this Report**

There are 67 counties in the state of Florida. In the spring of 2016, 42 Graham Civic Scholars surveyed 42 counties. Each scholar surveyed one county, conducting a minimum of two interviews regarding the availability of mental health services within the county for children. Generally, the students interviewed county officials or area mental health practitioners. The students organized the reports in the form of an abstract, an introduction, three spotlighted critical issues negatively effecting the mental health of children, solutions, bright spots, conclusions, and works cited. This report, being a cumulative evaluation, will differ slightly in its organization. The first section will consist of a general overview of the state based on outside and background research synthesized from policy assessments, news outlets, and state reports. The second section will be an evaluation of the three most common problems cited within the 42 reports, accompanied by proposed solutions and featuring examples from different reports. The third section will offer policy suggestions for the Graham Center student body in regards to the three most common problems cited in the reports. The fourth and final section will be a graphic summary, in histograms and tables, of the problems plaguing particular regions, as well as a table, organized by category, featuring novel solutions from different reports regarding the state of children's mental health in Florida. The data will be accompanied by explanations and written analysis.

Background and General Overview of the State Mental Health Services for Children

According to the website of the Department of Children and Families, the Substance Abuse and Mental Health Program (SAMH) administers and provides mental health services across the state. The Mental Health Program Office and the Substance Abuse Program Office are combined in order to address the substance abuse disorders and mental health issues that often co-occur in Florida's population. Governed by Chapters 394 and 397 of the Florida Statutes, the program "is responsible for the oversight of a statewide system of care for the prevention, treatment, and recovery of children and adults with serious mental illnesses or substance abuse disorders."¹ However, it can be difficult for the average Floridian to find providers in their area, and even more difficult to ascertain if Medicaid benefits are applicable or not.² In regards to children's mental health, the SAMH website features a graphic with information regarding mental health providers in a given area, as well as information regarding age groups serviced, and insurance availability. However, this may not necessarily be accessible to the average citizen, and could be better advertised. It only found its way into this report after several targeted google searches.

A report by Florida's Children First assessed provision of mental health services to children in the state of Florida as problematic: "Tens of thousands of children in Florida have mental and behavioral health needs ... families and other advocates for children face a multi-faceted and fragmented service delivery system as they attempt to obtain mental health assistance for children and youth."³ The fragmented system this report refers to consists of one in which mental health providers, educators, law enforcement officials, and families do not communicate regarding pediatric

¹ Florida Department of Children and Families, "Program Information." <http://www.myflfamilies.com/service-programs/substance-abuse/program-information>

² Substance Abuse and Mental Health Services Administration, "Treatment Finder." https://findtreatment.samhsa.gov/locator_mv?sAddr=Oviedo%2C+FL+32765%2C+United+States&submit=Go

³ Florida's Children First, "Children's Mental Health Overview and Recommendations." Published in 2007. http://floridaschildrenfirst.org/04_reports/CMHRecsFinal.pdf

mental health, as well as one in which children with mental health issues face difficulties obtaining mental health services.

Currently, SAMH provides an online, PDF family guidebook regarding mental health; however, though informative regarding when to seek help for a child and what to say to a mental health provider, it is a dense 25 pages of text, which also might prove inaccessible to families without the technological literacy to seek out such a pamphlet or the time to read the text. An easily accessible, prominent infographic on the website of the Department of Children and Families would be a good supplement to this pamphlet.⁴

The Florida Department of Children and Families coordinates the Children's Mental Health Program. This program is a "coordinated network of community-based services and supports that is youth-guided and family-driven to produce individualized, evidence-based, culturally and linguistically competent outcomes that improve the lives of children and their families."⁵ The program itself funds service planning and coordination, residential treatment, and family inclusion. It supervises the Juvenile Incompetent to Proceed program, which transitions adolescents from the Children's Mental Health Program to other services provided by the state.

According to an article published in 2016 by the Orlando Sentinel, 181,000 children and 660,000 adults suffer from mental illness in Florida – while the Florida state government spends \$37.28 per person on mental health services.⁶ A Florida Policy Institute report claimed that Florida had the third largest uninsured population with mental illness. Though the report praised the Medicaid

⁴ Department of Children and Families, State of Florida, "A Family Guide to Children's Mental Health Services and Supports." Published August 2010.

<http://www.dcf.state.fl.us/programs/samh/mentalhealth/docs/FamilyGuideBookDCF.pdf>

⁵ Department of Children and Families, State of Florida. "Children's Mental Health."

<http://www.myflfamilies.com/service-programs/mental-health/childrens-mental-health-services>

⁶ Jeff Kunerth and Kate Santich, "Florida's mental-health epidemic reaches a crisis point," *Orlando Sentinel*, published 2014, accessed 2016. <http://interactive.orlandosentinel.com/mental-illness/intro.html>

program, it advocated the expansion of Medicaid funding in order to increase the provision of mental health services. The federal government would cover 90 percent of this expansion.⁷ However, Governor Rick Scott may prove reluctant to expand Medicaid.

According to a 2014 Orlando Sentinel article, Florida ranks 49th in the nation for state funding of mental health services.⁸ The article cites Donna Wyche, the manager of mental health and homeless services in Orange county, as saying that “there's been no new state money since I don't know when. Too often, you have to wait until there's a crisis.”⁹ In the article, the Department of Children and Families’ representative points to the state-funded “pilot programs that treat both adults and children in their homes, keeping people out of state hospitals.”¹⁰ However, according to the critics cited in the article, this “effort falls far short of the need.”

For the proposal of policy later in this paper, it is worth noting that the Orlando Sentinel interviewed Mike Hansen, the president and CEO of the Florida Council for Community Health, regarding his assessment of the political climate necessary to allocate funds for mental health. According to Hansen, new programs created with nonrecurring funds are greenlit more often than costly programs requiring annual, recurring funding. Hansen said that mental health funding is not popular, stating:

The simple truth is legislators want to make their constituents happy. That's the way the system works. And what can you say about a rate increase? 'I gave them more

⁷ Esubalew Dadi, Florida Policy Institute, “Florida’s Provision of Mental Health Services Ranks 49th out of 50 States,” published February 16, 2016, accessed 2016.. <http://www.fpi.institute/floridas-provision-of-mental-health-services-ranks-49th-out-of-50-states/>

⁸ Kate Santich, “Florida’s mental-health spending lags most of nation’s,” *Orlando Sentinel*, March 22, 2014, accessed 2016. http://articles.orlandosentinel.com/2014-03-22/health/os-mental-health-crisis-florida-20140322_1_state-funding-donna-wyche-funding-priority

⁹ Ibid.

¹⁰ Ibid.

money for doing what they already were doing'? Sometimes it's hard for them to see what they're getting for that. I don't think we've done a good job telling our story.¹¹

Hansen indicates that more awareness and citizen lobbying in support of funding for mental health services may abate the most dire problem county officials point to in terms of providing mental health services to Florida's children: lack of funding.

Most common problems with examples and solutions

Lack of funding

By far, lack of funding for programs regarding children's mental health services was the most common complaint in the surveyed counties. Though it factored into every report in some way, it was mentioned specifically as one of the most prominent, critical issues to successfully treating mentally ill children in 33 different counties. The author of the St Johns County report spotlighted this issue particularly well. Pointing to the fact that the county only spent 1% of their state financial assistance on children's mental health, the author commented that "this number is clearly representative of how little importance children's mental health is given in terms of monetary value."¹²

The Orange County report summarized succinctly where funding comes from, as well as explained the problems that result from this arrangement. I quote their report at length:

Currently, children's services in Orange County, Florida, are funded by a combination of private, state and federal sources. This variety of funders has an equal number of requirements for accessing the services funded. For that reason multiple providers of children's behavioral health services exist in the area. Many of the available services are paid for by Medicaid or the State of Florida Department of Children and Families who contract with the Managing Entity in this region (Central Florida Cares Health

¹¹ Kate Santich, "Florida's mental-health spending lags most of nation's," *Orlando Sentinel*, March 22, 2014, accessed 2016. http://articles.orlandosentinel.com/2014-03-22/health/os-mental-health-crisis-florida-20140322_1_state-funding-donna-wyche-funding-priority

¹² Anisha Patel, "St Johns County Report." Bob Graham Center for Public Service, Spring 2016.

Systems). Other forms of funding consist of federal grants for specialized programs and private insurance for the child whose family is covered by insurance plans provided by employers.¹³

According to the interviews conducted in Orange County, this arrangement also forces the family to find and decide upon proper services covered by their insurance, a process that can become very complicated quickly due to competing federal and private programs, all with different sources of funding. It can be difficult to meet needs, as “the services are driven by what is allowed or funded and not necessarily by the presenting need identified.”¹⁴ The Orange County report cites difficulty in navigating the system as a reason why many children fail to receive the services they need, and further credits the complex system as a result inadequate and inefficient funding sources.

The Wakulla County report further elaborates on the obfuscation of funding sources. Certain counties, like Wakulla, do not allow private, potentially costly counselors into schools. Though many services are potentially free through Medicaid, the schools are still wary of allowing counselors to treat troubled schoolchildren. According to the Wakulla County report, “Frequent changes in Medicaid make it difficult for services providers to assist their communities. The individual I spoke with stated that frequent changes made it difficult for her to apply for funding or to know what services could be funded.”¹⁵ This inefficiency makes it harder for both institutions and families to effectively help mentally ill children and devise treatment plans and systems.

A common theme in regards to lack of funding is the failure or incomplete realization of potentially impactful programs. Simply put, many programs in the state of Florida could adequately serve residents if the state provided proper funding. The St. Johns County report gave the example of the county’s Mobile Crisis Response teams. Funded by a three-year grant by the Lutheran

¹³ Hector Lacera Otorala, “Orange County Report.” Bob Graham Center for Public Service, Spring 2016.

¹⁴ Ibid.

¹⁵ Avery Smith, “Wakulla County Report.” Bob Graham Center for Public Service, Spring 2016.

Services of Florida Health Systems of Jacksonville, these county-run teams make emergency visits to schools. Funding is limited – without it, the future of the program is uncertain after 2017, and in its current state, children do not receive the help they need outside of school hours. The St Johns County report quoted Schuyler Siefker, the director of St. Augustine Youth Services (SAYS), as saying that “without funding and monetary support, initiatives [such as the Mobile Response Team] will simply remain ideas on paper.”¹⁶

It seems that, in an ideal world, Leon County would implement the wraparound model, as the author of that county report suggests. The wraparound model, a part of the System of Care devised by the National Registry of Evidence-based Programs and Practices, allows “different organizations in each child’s life [to] collaborate to provide access to community services and supports,” while prioritizing the perspective of the family. Individualized to the need of a child, the wraparound program can be costly, especially when partnered with Community Action Teams (CAT), which are intensive clinical teams. These teams cost \$750,000 for 40 children, making them nothing but a dream in Leon County.¹⁷ However, Leon County, through promoting integration of services as well as piloting a small, similar program in the Dwellings (which provides affordable housing), realizes this vision in part.

This funding will not magically materialize. Aside from a state budget overhaul, a potential short-term solution can be found in applying for grants, like the St. Johns County report mentioned. In the meantime, counties will have to be intentional with the limited funding they currently have – namely, they will have to fund programs, like a mobile action clinic, that can reach as many people as possible, and specifically in regards to children, they will have to bring the services to them in schools, where they can reach as many children as possible. Even if funding woes persist and

¹⁶ Anisha Patel, “St Johns County Report.” Bob Graham Center for Public Service, Spring 2016.

¹⁷ Anna Rushin, “Leon County Report.” Bob Graham Center for Public Service, Spring 2016.

multiple sources might be found, a Management Network, a solution offered by the Orange County report, can be implemented in order to better streamline the situation. This management network could function as a consulting entity to inform a family about the specific services available within their insurance parameters for their child's situation within the county, bringing clarity and consistency to the situation.

Stigma

Of all the county reports, stigma against mental illness was the second most reported obstacle to providing mental health services for children, with 21 counties specifically citing it as a primary problem. Once again, I want to stress that stigma is an underlying problem in almost every county, but only 21 counties mentioned it as a primary problem. Other counties did mention it as a barrier.

The report for Taylor County summarized the stigma that prevents families from seeking mental health services for their children. The author reported that “many parents have a false sense that mental health issues in children are not real, can be easily cured, or they are just unwilling to seek help due to the fear and judgement that them and their children may receive.”¹⁸

The Lake County report offered a novel solution for the problem of stigma against mental illness: they asserted that creating a program like D.A.R.E. (Drug Abuse Resistance Education) in schools would be a good way to combat misconceptions among children, as well as educate them about issues and mental health problems they may not know that they have.¹⁹ However, due to the fact that D.A.R.E., a program founded in Los Angeles, is often facilitated by police officers in order to teach students to resist peer pressure regarding drug use, it may be better to instead have mental

¹⁸ Yu Liu, “Taylor County Report.” Bob Graham Center for Public Service, Spring 2016.

¹⁹ Riley Richards, “Lake County Report.” Bob Graham Center for Public Service, Spring 2016.

health awareness workshops led by officials from the Department of Children and Families or mental health counselors from the area.

In regards to educating the community (including parents) about mental illness, the writer of the Gilchrist County report recommended a “Mental Health Day” run by the county in order to raise awareness. This day could consist of fundraisers and support walks.²⁰ Outside of a one day event, the Flagler County report provides guidance for reducing stigma. In this county, some schools implemented “safe spaces,” which allow children to talk about mental health issues openly. Additionally, Healthy Start introduced a “Family Place” in the county, a free service that is “open to families who can go to a roundtable, and discuss/learn about preventative actions parents could take in order for the children to have optimal development.”²¹ The Flagler County report also recommended workshops where counselors provide training to teachers for how to best deal with mentally ill children and communicate with the parents of these children in a sensitive way.

The Levy County report offered a novel solution to the issue of stigma. The author of this report purposed creating an all-encompassing website, which would provide easily accessible information regarding mental illness and the services available in Levy County, as well as connect teachers, health care professionals, and the parents of at-risk children, allowing them all to collaborate to provide the best care to a mentally ill child.²² Such a website, done within the context of the law, would go a long way to counteract a barrier highlighted in the Escambia county report. The Escambia County report pointed to the Health Insurance Portability and Accountability Act (HIPAA) as “inadequately formed to meet the needs of children with mental illness, especially because of the many layered systems of bureaucracy that children encounter in today’s world,” due

²⁰ Kiera Treadway, “Gilchrist County Report.” Bob Graham Center for Public Service, Spring 2016.

²¹ Katelyn Kennedy, “Flagler County Report.” Bob Graham Center for Public Service, Spring 2016.

²² Natalie Hasty, “Levy County Report.” Bob Graham Center for Public Service, Spring 2016.

to the fact that this act keeps systems, like the education and juvenile justice system, from working in tandem to assist mentally ill children.²³ This website could allow for parental permission, thus cutting through the swathes of bureaucracy.

Another way of reaching parents of troubled children, as well as general community members that interact with mentally ill children (like teachers and law enforcement officers), is a county-wide social media campaign and county website re-design to reduce stigma and increase education. The Miami-Dade County report proposed partnering with Florida International University and Miami University on this project, collaborating with students in relevant fields (like computer science) to reform these improvements, with the students perhaps gaining course credit in return.²⁴

Though this only came up in the South Florida county reports, an interesting footnote to the issue of stigma is the complications it can cause in regards to law enforcement. According to the Broward county report, law enforcement officers occasionally mistreat or arrest mentally ill children. The solution the author proposed was that “law enforcement officials should receive yearly vouchers to attend workshops on how to properly interact with mentally ill children.”²⁵

Regardless, for all of the above examples, the key to reducing stigma seems to be education to reduce misunderstanding and negative emotion surrounding mental health issues in children, whether this education be through events, workshops, or social media campaigns.

²³ Wilson Trawick, “Escambia County Report.” Bob Graham Center for Public Service, Spring 2016.

²⁴ Jose Alvarado, “Miami-Dade Report.” Bob Graham Center for Public Service, Spring 2016.

²⁵ Courtnie Moodie, “Broward County Report.” Bob Graham Center for Public Service, Spring 2016.

Lack of Personnel

The third most emphasized problem regarding the provision of mental health services to children was lack of personnel. Twenty one reports directly cited it as a critical issue. Of these reports, the way personnel was lacking varied: either there were no psychiatrists in the county or few psychiatrists within the county specialized in children

The Flagler County report summarizes how inaccessible services can be for smaller counties: two of the author's interviews were not even in Flagler County at all, but were instead in Volusia County, whose providers serve Flagler County residents. As the author reports, "This makes it extremely difficult for children to get the resources they need because they lack transportation when their parents are at work and many mental health counselors are unavailable on the weekends."²⁶

The Flagler County report communicates how lack of personnel could be atoned for, proposing mobile outreach, perhaps via a van, which could bring healthcare to residents, even on weekends. Additionally, lack of consistent public transportation, the fourth most problem, could be remedied on a smaller scale through therapy buses that bring at-risk children to the professionals, or vice-versa.²⁷

Rural counties have underrepresented populations that may not have access to traditional psychiatry; the Polk County report, for instance, states the migrant worker families, especially ones that mainly speak Spanish, are unlikely to seek out mental health care for their children. The expansion of targeted programs, like Healthy Start, would help remedy this issue. However, another underrepresented population mentioned in the Polk county report that could apply to all counties is that of teenagers. Many of the prominent non-profit mental health caregivers, like Healthy Start, cut

²⁶ Katelyn Kennedy, "Flagler County Report." Bob Graham Center for Public Service, Spring 2016.

²⁷ Ibid.

off care at adolescence. Though the PACE center for girls exists as a female outlet, there is no equivalent for boys, and all around, mental health services in and after school are lacking for teenagers.²⁸ Both problems of children of migrant workers and underserved teenagers, could potentially be fixed with more targeted outreach. Examples of this outreach include the recruitment of Spanish-speaking volunteers to bridge the gap between health care providers and the underserved, as well as the creation of more non-profit programs for teenagers, perhaps with an after-school focus (in order to provide a stable environment).

In some counties, not enough psychiatrists specifically treat children, and thus become overwhelmed with a high number of patients, adults and children alike. For example, in Leon County, there are only two psychiatrists, and they struggle to implement the “wraparound” model, which provides holistic care.²⁹ When there are only two psychiatrists specializing in children’s mental health to service such a large population, the quality of care suffers. In Manatee County, the CenterStone complex treats all adults and children in a small space, and thus invites long wait times and a lack of privacy.³⁰ An alternative to this overcrowding and lack of space is group therapy, such as creative group therapy, like art classes, or the traditional, talking “group in a circle” group therapy.

Another issue that plays into lack of personnel is that of residential treatment. The Volusia County report summarized the issue. The Department of Children and Families supervises 243 facilities in Florida that focus on the mental health of children under the age of 18; however, only 25 of these are Residential Treatment Centers (RTCs). This lack of inpatient beds results in less help for children in dire situations, and can funnel some at-risk children into the criminal justice system.³¹

²⁸ Barbara Blair Feldhaus, “Polk County Report.” Bob Graham Center for Public Service, Spring 2016.

²⁹ Anna Rushin, “Leon County Report.” Bob Graham Center for Public Service, Spring 2016.

³⁰ Connor McMillan, “Manatee County Report.” Bob Graham Center for Public Service, Spring 2016.

³¹ Nabeel Mirza, “Volusia County Report.” Bob Graham Center for Public Service, Spring 2016.

The only clear solution to this problem appears to be an increase of funding to provide more inpatient beds.

The creation of peer leaders does a great deal to rectify the gulf left by a lack of mental health providers. Volusia County successfully implemented a peer leader program. Described in the Volusia County report as “patients suffering from or formerly suffering from illness, including substance abuse,” these peer leaders “go through training and experiences to lead discussion groups, information sessions, and increase exposure to services and change the perception of how mental health is perceived and can be treated.”³² Though not the same as a mental health professional, these peer leaders undoubtedly augment care.

According to the Brevard County report, counties near medical schools and universities in general, like that of the University of Central Florida, have more mental health providers. The Brevard county report cites an interview with Michael Lake, a licensed mental health counselor for Circle Care, as evidence for the fact that the lack of licensed clinicians results from “a shortage of professionals entering the mental health field,” due the “poor compensation clinicians receive despite having a master’s degree.”³³ Mr. Lake also added that many mental health professionals seek a more lucrative private setting, leaving Medicaid patients and others who cannot pay out to dry. To combat this, the Brevard report recommended active advertising of positions at the nearest University or college, as well as the introduction of satellite campuses of different Universities into the community in order to immerse the students in active learning.

Tax breaks are also a good option to incentivize mental health providers to serve in underprivileged areas. The author of the Pasco County group noted that “Local government often

³² Ibid.

³³ Raquel Stelzer, “Brevard County Report.” Bob Graham Center for Public Service, Spring 2016.

permits deals with companies, such as tax breaks, that encourage them to open up stores in the area,” and it seems natural that “same methodology could be applied to recruiting additional resources, specifically children’s psychiatrists.”³⁴ Another novel solution the Pasco County report offered was the proposition that local government, in order to combat brain drain, fund students with “partial or full scholarships to go back to school and obtain a medical degree, on the basis that, upon completion, they return to Pasco County to work as a psychiatrist.”³⁵

However, a natural solution to lack of personnel, and the most realistic one in the light of lack of funding, is to stretch current resources. This can be done with nontraditional therapy methods, like group therapy or telephone counseling. The Putnam County group gave an example of a current, successful group called the Children and Caregiver Sexual Assault Group, which is managed by the Department of Health and meets weekly. There are benefits to group therapy that traditional therapy does not have. According to the Putnam County report, the children “have the opportunity to share their feelings with another child who had experienced something similar. This shows the children that they are not alone and that it is not ‘wrong’ to be experiencing mental health problems.”³⁶ The groups are, in addition to filling the gap in care created by lack of personnel, also working to reduce stigma. Many parents learn how to interact with mental illnesses during these groups.³⁷ The telephone counseling idea, proposed by the author of the Lee County report, is more untested – it lacks the history of a successful pilot project. Described as “telehealth,” this program would improve access to mental health care for children in rural areas without transportation, but decrease access in areas without high technological literacy.³⁸

³⁴ Carly Wallace, “Pasco County Report.” Bob Graham Center for Public Service, Spring 2016.

³⁵ Ibid.

³⁶ Ibid.

³⁷ Rebecca Heller, “Putnam County Report.” Bob Graham Center for Public Service, Spring 2016.

³⁸ Rachel Fisher, “Lee County Report.” Bob Graham Center for Public Service, Spring 2016.

Much like the problem of lack of funding, the key to combating lack in personnel is simple yet unattainable at the same time: hire more people. However, through targeted methods like the ones suggested, this could perhaps be accomplished in a more innovative, cost-efficient way, including tax breaks to incentivize psychiatrists and therapists, as well as compensated for through mobile outreach teams, group therapy, or telehealth.

Actionable Suggestions for the Graham Center Student Body

Regrettably, the majority of Florida's problems lie in lack of funding. As mentioned in the background information section, legislators want to make constituents happy – we should heed the advice of Mike Hanson, the CEO of the Florida Council of Community Health interviewed by the Orlando Sentinel, and do a better job of “telling our story.”³⁹ This can be done through student lobbying for Medicaid expansion, which would expand services to underserved populations, as well as student lobbying for more funding in general. This lobbying could potentially be done through the Graham Center Student Fellows taking a trip to Tallahassee, through emails by Graham Center Student Fellows to Florida politicians, or simply through the distribution via email or mail of this report to Florida politicians.

In regards to the issue of stigma, the most viable actionable item for the Graham Center Student Body is a social media campaign. Most effective on a county by county basis, it would be helpful if the Graham Center Student Body made infographics regarding the specifics of mental illness, as well as the different services available, county by county, based on the reports. After, the Graham Center Student Fellows could conduct targeted outreach on Facebook.

³⁹ Kate Santich, “Florida’s mental-health spending lags most of nation’s,” *Orlando Sentinel*, March 22, 2014, accessed 2016. http://articles.orlandosentinel.com/2014-03-22/health/os-mental-health-crisis-florida-20140322_1_state-funding-donna-wyche-funding-priority

Lack of personnel, however, is an issue where the Graham Center Student Body's hands are tied. The best we could do is potentially plan an awareness event with the UF medical school, and, through alerting others of this issue, hopefully make strides to solve it. Highlighting the importance of psychiatry in underserved areas is the first step to solving the problem.

Data (Explanations below for Charts and Histograms)

Novel Solutions

Infrastructure and Government

- Raise taxes at the county level
- Create tax breaks to incentivize psychiatrists to practice in underserved and rural areas
- Improve public transportation
- Recruit psychiatry residents from the nearest medical school for a given county
- Mandate yearly workshops for law enforcement officers about how to interact with mentally ill children

Online

- Create a user-friendly website to better allow parents to access and understand mental health care
- Create a website where parents, teachers, and mental health professionals can connect to provide better care for a child
- Create a readable and simple website or source book for families about how to access services
- Conduct a social media education campaign regarding children's mental health

Schools

- Raise awareness of mental health issues in schools by creating a program similar to D.A.R.E.
- Hire more mental health workers to work directly in schools
- Mandate mental health and preventative care check-ups in schools for all students
- Hold workshops for parents at open house so they understand mental health and the services available to their families
- Mandate training for teachers to recognize mental illness
- Place volunteer mentors within schools to address mental health issues

Community Outreach

- Hold educational workshops on mental health for the community
- Mandate the creation of safe spaces where community members can, free of charge, discuss mental health issues they face
- Plan large-scale awareness walks; "mental health day"
- Create community educational facilities for parents

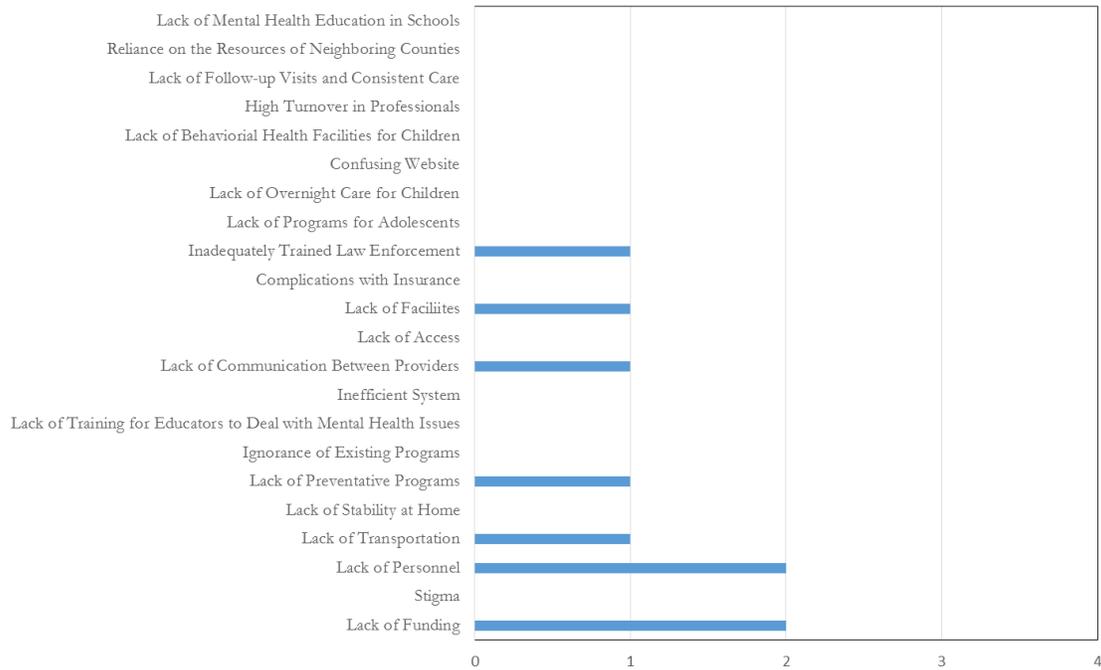
Service Management

- Create a management network to streamline current services that provide similar services but operate independently of one another
- Create a children action team, which will look at children holistically, through the lens of several departments
- Fund group therapy -- it could ease burden on overcrowded facilities

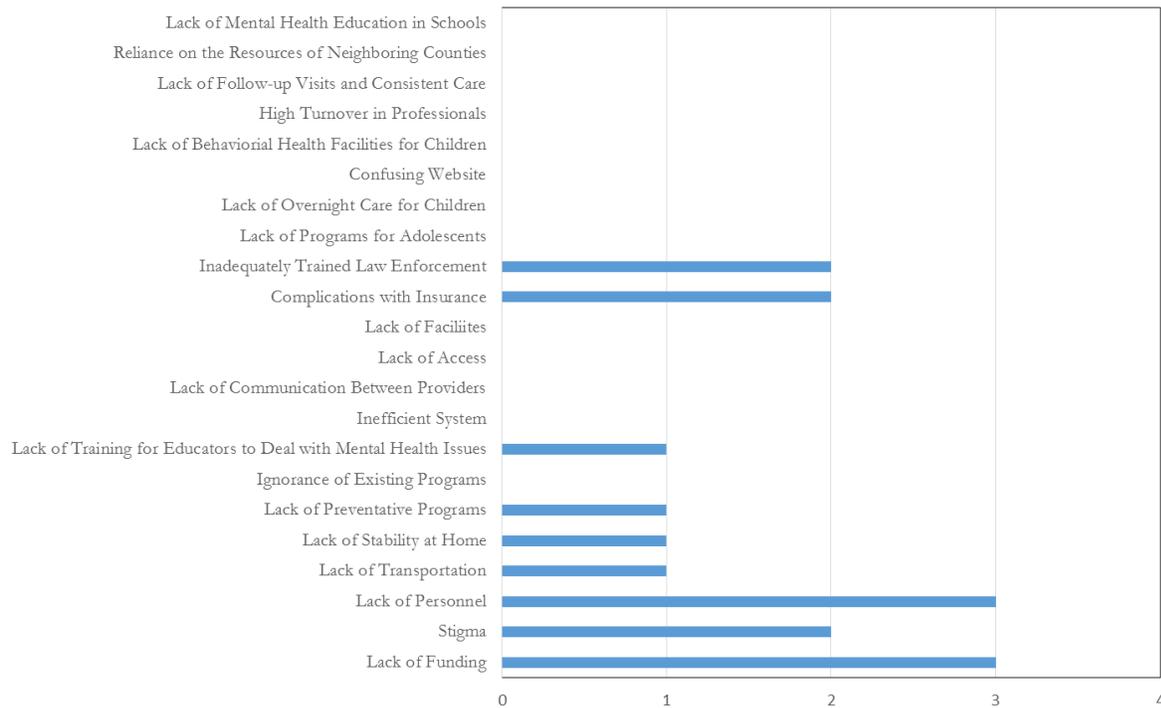
- Expand the "Peer Leaders" program, allowing mentally ill children to learn from individuals who have similar experiences
- Fund at-home treatment
- Fund a mobile clinic
- Attempt telephone counseling
- Begin standardizing care

	Frequency of County-reported Problems								
	By Region								
	Central	Central East	Central West	North Central	Northeast	Northwest	Southeast	Southwest	Total
Lack of Funding	4	4	4	9	4	3	3	2	33
Stigma	2	2	4	5	3	3	2		21
Lack of Personnel		1	3	8	2	2	3	2	21
Lack of Transportation	2	2		3	1	2	1	1	12
Lack of Stability at Home			2	4		3	1		10
Lack of Preventative Programs	1			2	1	1	1	1	7
Ignorance of Existing Programs	1	1	2		1	1			6
Lack of Training for Educators to Deal with Mental Health Issues				2		1	1		4
Inefficient System	3								3
Lack of Communication Between Providers	1			1				1	3
Lack of Access		1		1	1				3
Lack of Facilities			1		1			1	3
Complications with Insurance				1			2		3
Inadequately Trained Law Enforcement							2	1	3
Lack of Programs for Adolescents	1	1							2
Lack of Overnight Care for Children		1		1					2
Confusing Website	1								1
Lack of Behavioral Health Facilities for Children	1								1
High Turnover in Professionals				1					1
Lack of Follow-up Visits and Consistent Care					1				1
Reliance on the Resources of Neighboring Counties						1			1
Lack of Mental Health Education in Schools						1			1

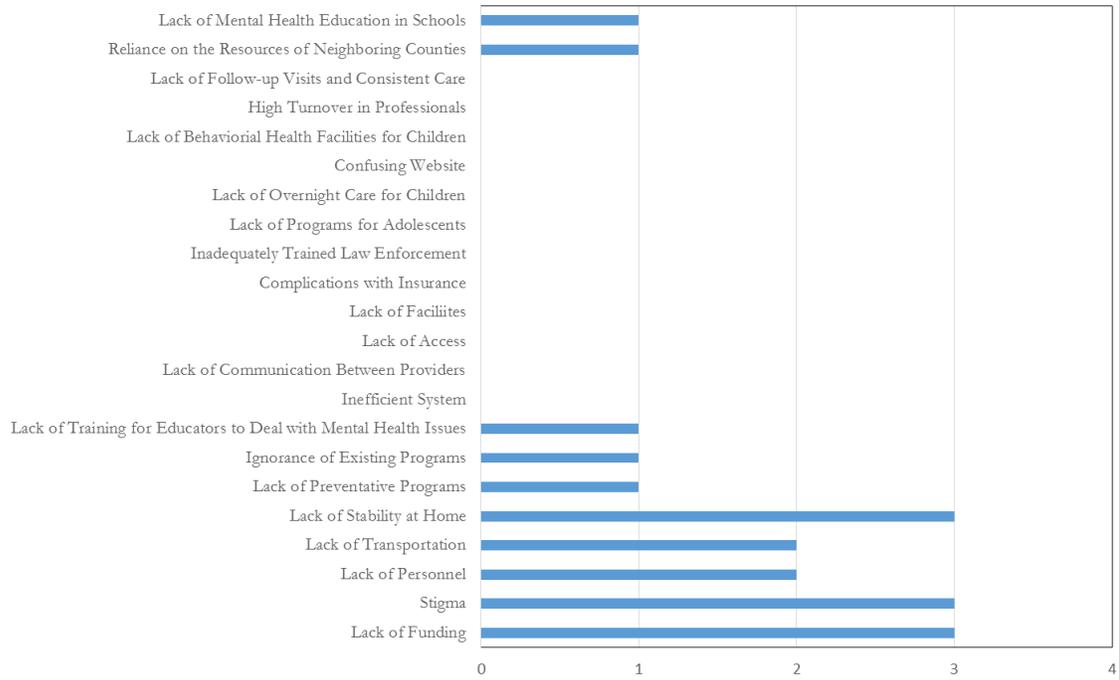
**Number of Surveyed Counties with Problems
Southwest Region
Three Counties Surveyed**



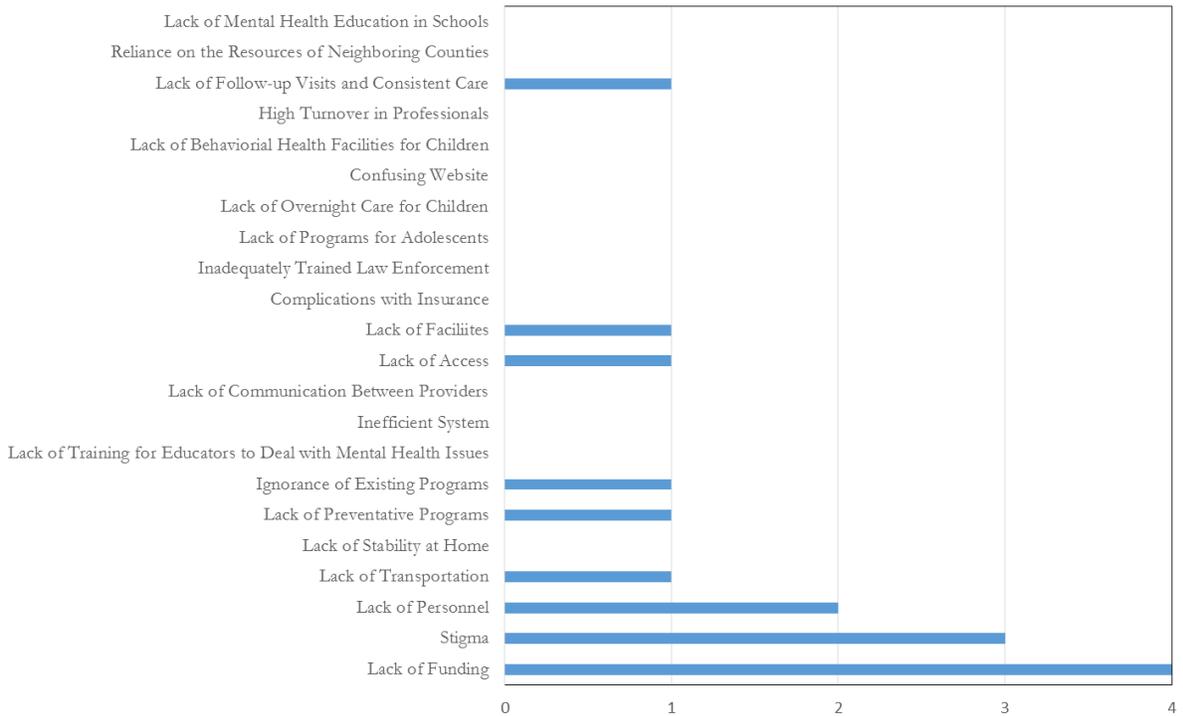
**Number of Surveyed Counties with Problems
Southeast Region
Five Counties Surveyed**



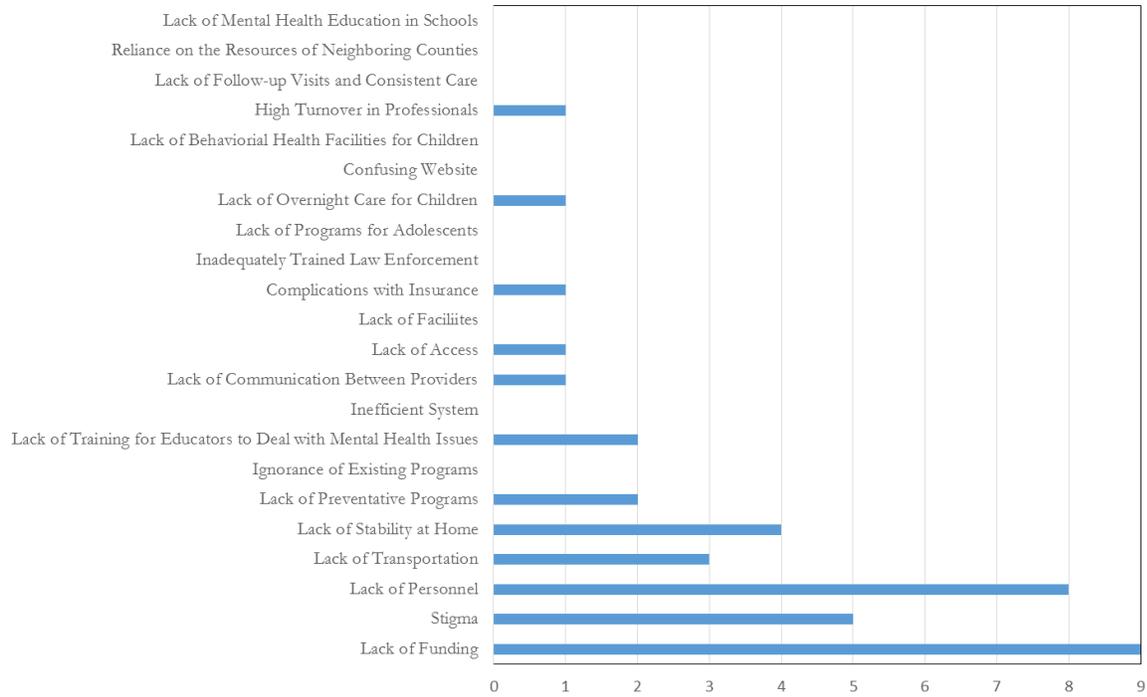
**Number of Surveyed Counties with Problems
Northwest Region
Six Counties Surveyed**



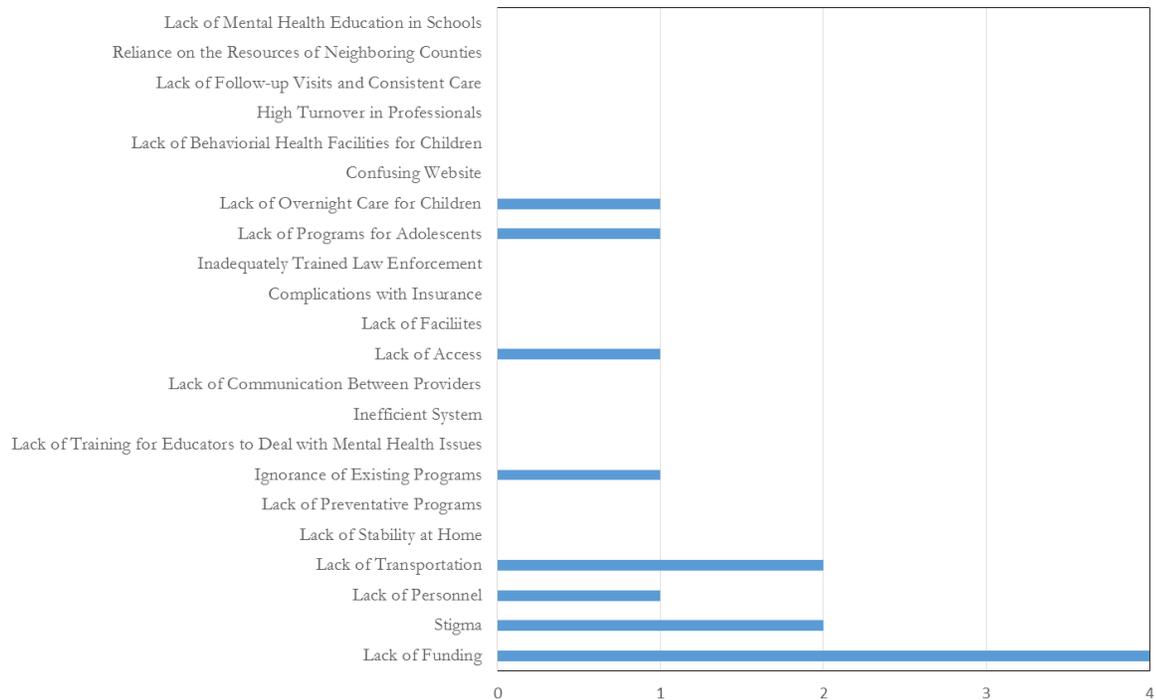
**Number of Surveyed Counties with Problems
Northeast Region
Four Counties Surveyed**



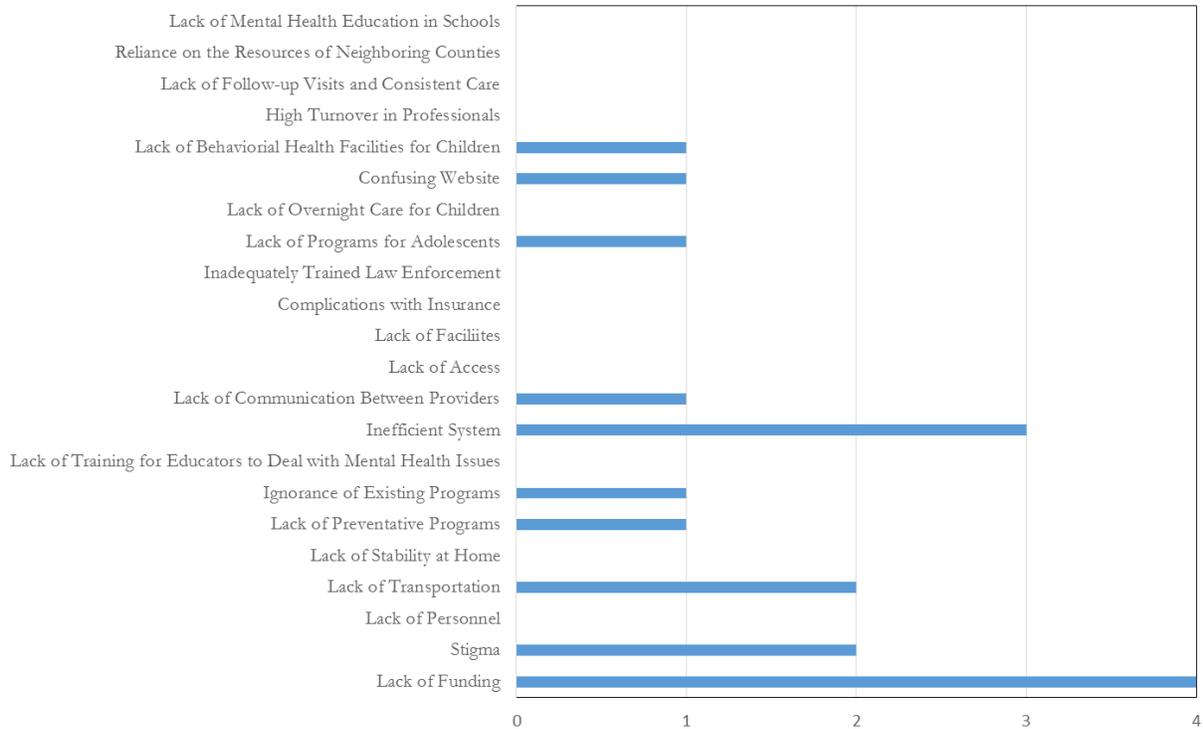
**Number of Surveyed Counties with Problems
North Central Region
Ten Counties Surveyed**



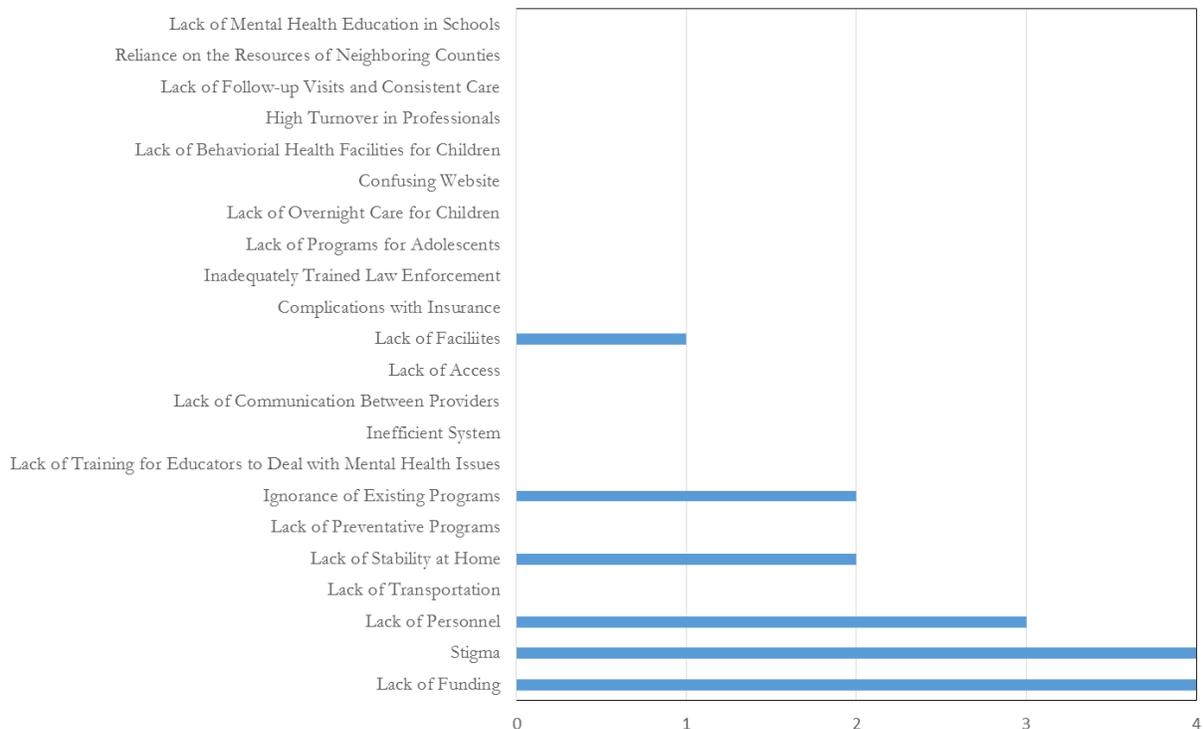
**Number of Surveyed Counties with Problems
Central East Region
Four Counties Surveyed**



**Number of Surveyed Counties with Problems
Central Region
Five Counties Surveyed**



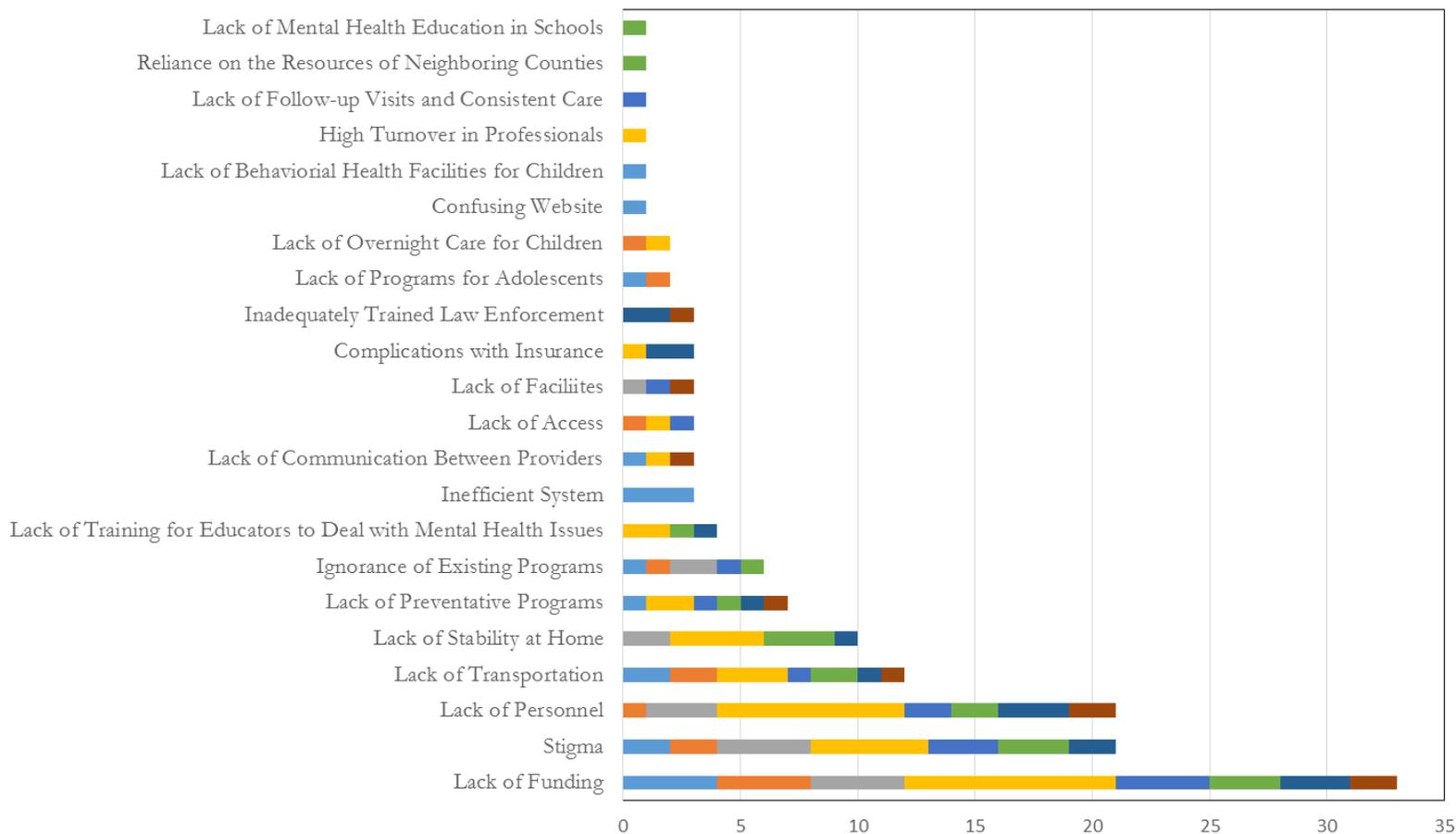
**Number of Surveyed Counties with Problems
Central West Region
Five Counties Surveyed**



Number of Surveyed Counties with Problems

Region: Number of Counties Surveyed/Total Number of Counties

■ Central: 5/9 ■ Central East: 4/5 ■ Central West: 5/8 ■ North Central: 10/16
 ■ Northeast: 4/7 ■ Northwest: 6/12 ■ Southeast: 5/5 ■ Southwest: 3/5



Data Analysis

The ten most populous counties in Florida are Miami-Dade, Broward, Palm Beach, Hillsborough, Orange, Pinellas, Duval, Lee, Polk, and Brevard.⁴⁰ Of these, Pinellas and Duval were not surveyed. None of the counties beyond the three central regions rank in the top ten for

⁴⁰ US Places, "Florida Population by County – total residents." Data from 2012 census estimates. <http://www.us-places.com/Florida/population-by-County.htm>

population, and the counties in the northern region are smaller and more numerous. Due to the fact that this data set does not give different weights to counties based on population, the problems of the northern counties may be overrepresented.

The reports, in their original format, reported upon three critical issues (problems) facing the county, as well as a separate section of barriers. Though the critical issues and the barriers occasionally overlapped, only the critical issues are presented here in the total table, total histogram, and the histograms by region.

The summary of solutions presented are not a comprehensive list. The reason for this is because the majority of solutions, though occasionally repeated from report to report, were often novel. Thus, the most interesting and realistic solutions gleaned from the totality of the reports are represented above.

List of Survey vs Non-Surveyed Counties by Region

Central (5 out of 9 counties surveyed)

SURVEYED: Sumter, Lake, Orange, Osceola, Polk

NOT SURVEYED: Marion, Seminole, Hardee, Highlands

Central East (4 out of 5 counties surveyed)

SURVEYED: Volusia, Brevard, Indian River, St. Lucie

NOT SURVEYED: Okeechobee

Central West (5 out of 8 counties surveyed)

SURVEYED: Hernando, Pasco, Hillsborough, Manatee, Sarasota

NOT SURVEYED: Citrus, Pinellas, DeSoto

North Central (10 out of 16 surveyed)

SURVEYED: Leon, Wakulla, Taylor, Suwannee, Dixie, Columbia, Bradford, Gilchrist, Alachua, Levy

NOT SURVEYED: Gadsden, Jefferson, Madison, Lafayette, Union, Hamilton,

Northeast (4 out of 7 counties surveyed)

SURVEYED: Nassau, St Johns, Putnam, Flagler

NOT SURVEYED: Baker, Duval, Clay

Northwest (6 out of 12 surveyed)

SURVEYED: Escambia, Okaloosa, Walton, Bay, Gulf, Franklin

NOT SURVEYED: Santa Rosa, Holmes, Washington, Jackson, Calhoun, Liberty

Southeast (5 out of 5 surveyed)

SURVEYED: Martin, Palm Beach, Broward, Miami-Dade, Monroe

Southwest (3 out of 5 surveyed)

SURVEYED: Charlotte, Lee, Collier

NOT SURVEYED: Glades, Hendry