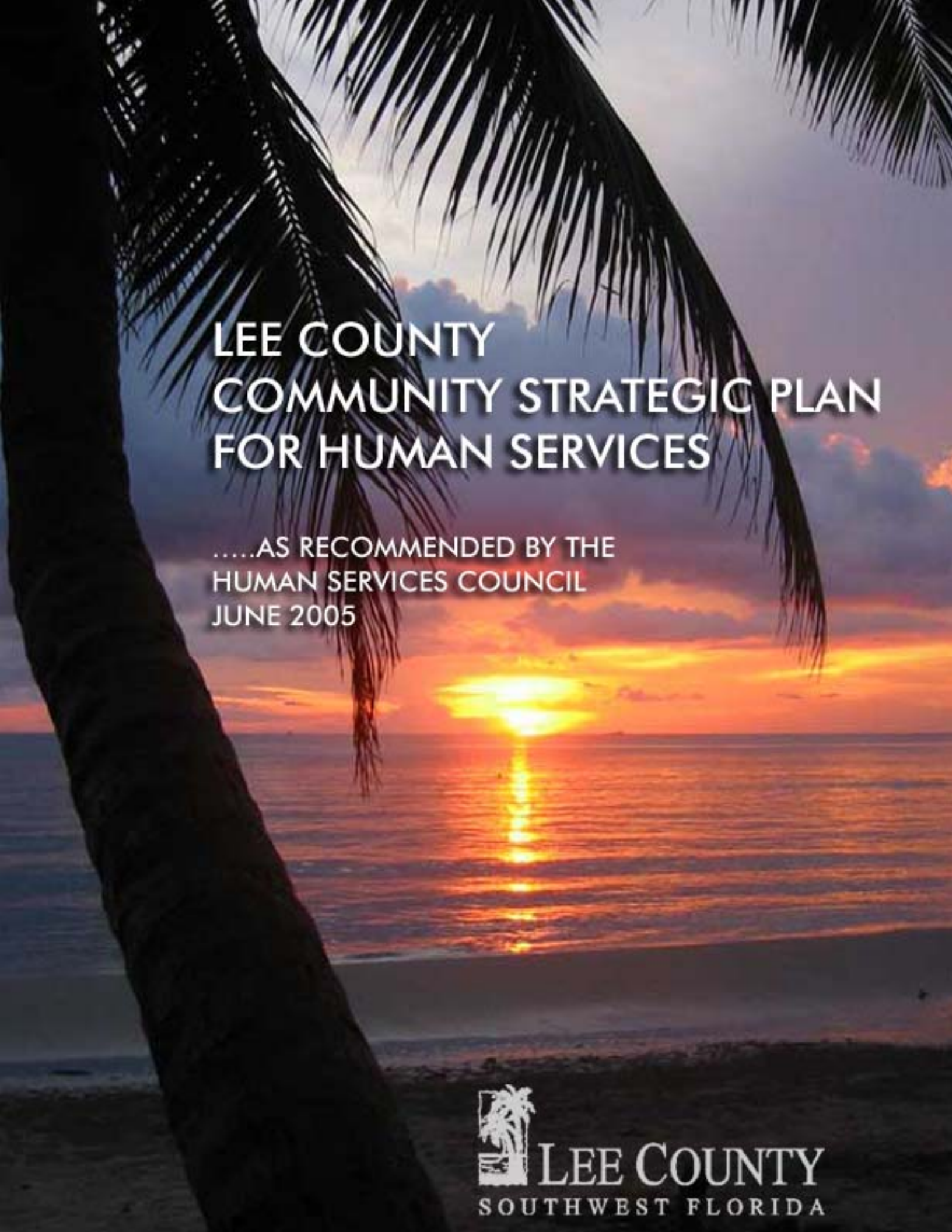

LEE COUNTY COMMUNITY STRATEGIC PLAN FOR HUMAN SERVICES

.....AS RECOMMENDED BY THE
HUMAN SERVICES COUNCIL
JUNE 2005

LEE COUNTY
SOUTHWEST FLORIDA

LEE COUNTY
SOUTHWEST FLORIDA

Message from the Chair

It is with pleasure to introduce you to the Human Services Council Strategic Plan. This plan has been developed over the past fifteen months by a dedicated volunteer group of community leaders. These leaders are representative of our businesses, philanthropic organizations, public-safety, elected officials, faith-based, workforce development, higher learning and school system. They have spent hours reviewing information and hearing presentations from human service providers. This document is a broad stroke at defining the needs in our community and will not encompass all of the many human service needs. This is a new beginning, a guide for the community to prioritize the critical areas of need and how to best address those needs with limited resources.

There are many current and future challenges facing the community. The federal and state governments are looking at the community to meet the needs of their citizens. Federal and state funding and services are being reduced or eliminated. The future of human services and meeting the needs will be made at the community level.

On behalf of the Human Services Council, I would like to extend our deepest appreciation to the Lee County Board of County Commissioners who has the initiative and foresight to establish this Council to address our community's future.

Also, we would like to thank the Department of Human Services staff for their facilitation through this process.

In closing, the Human Services Council welcomes your participation in our future meetings. We will continue to review the progress and outcomes of the recommendations, providing an annual report to the community.

Sincerely,

Steven Personette

Steven Personette

Lee County Department of Human Services

Executive Summary

The human services community-based strategic planning process began in October 2003, as a result of the Smart Growth initiative. In 2001, the Board of County Commissioners created the Smart Growth Department and adopted the following goal: "*to achieve a good balance between community livability, economic viability, and environmental sensitivity."* One of its keys is proactive, inclusive, community-supported growth management." The key elements in the Smart Growth are Environmental Quality, Land Use, Transportation, Water Supply, and Community Character. This document will address the Human Service element as it relates to Community Character.

Many growing businesses and a number of growing communities have developed strategic plans. Businesses want to ensure that they are meeting the market demands and on the leading edge of business trends. Communities have some of the same expectations of strategic planning for human services, but it is a bit more difficult and complex to manage. Community human services encompasses pre-birth to death service delivery with multiple community agencies and resources. This document is not intended to capture every human service issue in the community. Rather, this strategic plan is a community building exercise where we can share information and ideas, build a common perception and create a vision for our future. Community participation is welcome and all meetings are open to the public.

The result of this strategic plan is the mobilization of community leaders, citizens and provider organizations to achieve the strategic priorities outlined in this document and to take a leadership role in partnership with government to accomplish and provide the services necessary to achieve smart growth.

After fifteen months of research, presentations and discussion, the Human Services Council has developed the following recommendations for each of the human service disciplines reviewed.

HEALTH RECOMMENDATIONS:

- *Build a health and social services delivery system that encourages and rewards collaboration among providers and leverages existing and future resources.*
- *Improve the overall health of Lee County residents through neighborhood-based efforts and monitoring of health outcome status with an emphasis on currently disadvantaged communities.*
- *Initiate and sustain community-wide planning, measurement, and evaluation.*
- *Provide infrastructure that supports a healthy lifestyle and a healthy environment.*

ALCOHOL, DRUG AND MENTAL HEALTH RECOMMENDATIONS:

- *Continue community support of prevention and intervention programs such as, the Mental Health Court, Drug Court, Crisis Intervention Training and other specialty courts.*
- *Increase the community capacity for crisis stabilization, detoxification beds and supportive housing.*
- *Educate the community about children's and adult mental and substance abuse services. Community funding agencies and providers should determine the cost and human benefits of providing appropriate services.*
- *Develop a plan of services that addresses children's and adult mental health and substance abuse issues.*
- *Develop a Family Emergency Treatment plan.*
- *Implement Crisis Intervention Training program for law enforcement and other public safety workers.*

CHILDREN'S SERVICES RECOMMENDATIONS:

- *Seek and obtain adequate state funding for Lee County protective investigation, foster care and case management.*
- *Work collaboratively with the Early Learning Coalition of Southwest Florida in achieving their objectives and standards.*
- *Establish data systems to monitor community and neighborhood services provided by the Children's Network.*
- *Proactive involvement in the legislative process to prevent the shift of costs from the State to the Counties.*
- *Develop education programs on child abuse prevention in neighborhoods.*
- *Ensure providers coordinate children's services in low-income areas.*
- *Protect our children to ensure their success.*

JUVENILE JUSTICE RECOMMENDATIONS:

- *Proactive involvement in the legislative process to prevent the shift of costs from the State to the Counties.*
- *Develop Restorative Justice programs such as the Neighborhood Accountability Boards for juvenile offenders.*
- *Strengthen the neighborhood approach for children's services and preventive entry into the Juvenile Justice system.*
- *Establish data systems to monitor the juvenile justice system.*
- *Establish local prevention programs and market their success to obtain increased funding.*

HOMELESS RECOMMENDATIONS:

- *Develop a comprehensive plan addressing youth aging out of the foster care system, youth residential treatment, chronic and transient homeless, abuse shelters, family shelters, and supportive affordable housing. This plan should specifically address discharge planning from the foster care system, hospital, corrections and long term care.*
- *Encourage collaboration between service providers and the Homeless Coalition.*
- *Support community education about the need for supportive affordable housing.*
- *Support increasing supportive housing for persons with disabilities.*
- *Expand supportive housing providers.*
- *Increase youth residential treatment programs.*
- *Develop an education plan of the homeless needs in the county.*

SENIOR SERVICE RECOMMENDATIONS:

- *Build sufficient numbers of well-trained geriatric care providers to provide quality services to older residents.*
- *Develop and maintain appropriate and adequate services so that older persons experience continuity of care from the health, social services, and long-term care systems.*
- *Establish, improve, and/or expand an array of services to meet the mental health and dementia needs of its citizens through a coordinated multidisciplinary system.*

COMMUNITY BASED RECOMMENDATIONS:

- *Encourage collaboration among community agencies.*
- *Support the implementation and development of the Community Support Center, proposed by FGCU.*
- *Encourage the community-based agencies to utilize the client services network for collection of local data.*
- *Support community based agencies that demonstrate business and fiscal responsibility.*

Special thanks to the Human Services Council members who dedicated many hours to the completion of this document.

You must be the change you want to see in the world.
Mahatma Gandhi, 1869 -1948

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Introduction

Purpose: As a result of the Smart Growth Initiative and shrinking state and federal resources, the Board of County Commissioners created the Human Services Council to effectively design a community-based human service plan for the current and future service needs in Lee County. The Council consists of private, public and faith-based community stakeholders.

As the state and federal funding diminishes, services and associated costs will shift to the local community. The community will be faced with prioritizing services, investing in measurable outcomes and coordinating advances in technology, planning and service delivery to effectively meet service demands. The Council will assure that there is a countywide strategic plan that will assist in providing service coordination and resource planning. The strategic plan will promote strengthening private and public partnerships, promote collaboration and integration of community services and strive to eliminate fragmentation of service delivery systems.

Vision: The Lee County Human Services Council envisions a community that cooperates, collaborates, implements, and sustains opportunities to empower every resident to achieve his/her potential.

Mission: The mission of the Human Services Council is to ensure the efficient delivery of community health and human services through; communication, coordination, strategic planning, innovation, measurable outcomes and integration and collaboration.

Guiding Principles:

- We value the diversity of Lee County residents.
- We value input from the community.
- We believe in quality health and human services that meet the needs of the community.

COUNCIL MEMBERS

Special thanks to the Council members who dedicated and committed their time and skills to the development of this document.

Public Safety
Chief Dan Alexander, City of Cape Coral (Past Member)
Major Doug Baker, City of Fort Myers
Lieutenant Charles Barnes, Lee County Sheriff

Judicial Representative
Caron Jeffreys

City Council
Councilman Wayne Edsall, City of Bonita Springs (Past Member)
Jim Jennings, City of Sanibel (Past Member)
Rachel Lambert, Town of Fort Myers Beach Representative
Councilman Mickey Rosado, City of Cape Coral
Tammy Hall, City of Fort Myers (Past Member)

Business Leader
Bonnie Burn
Anne Dalton
Dena Geraghty
Dr. Sandra O'Brien
Cole Peacock
Annette Popovich
Spring Rosen
Janet Watermeier
Lisa Yeatter

School Board
James Whittamore

Philanthropic
Darlene Ann Grossman
Donna Kaye
Cliff Smith

Work Force Development
Steve Personette

Ex-Officio
Commissioner Robert Janes

Acknowledgements

Community Resource Team – Members of the Community Resource Team provided their knowledge and expertise to the Human Services Council. Members provided the Council with valuable information in their presentations. Without their assistance, this document would not have been completed.

Wayne Daltry, Director, *Smart Growth*

Karen B. Hawes, Director, *Lee County Department of Human Services*

Judith Hartner, MD, M.P.H., *Lee County Health Department*

Pamela Baker, Program Administrator, District 8, *Substance Abuse & Mental Health*

Patrick Henry, Program Advocate, District 8, *Substance Abuse & Mental Health*

Harry Propper, CEO, C*hildren's Network of Southwest Florida/Camelot Care, Inc.*

Bob McHarry, Deputy District Administrator, District 8, *Department of Children and Families*

Frank Busbee, Chief Probation Officer, *Department of Juvenile Justice*

Frank Allen Hammer, Assistant Chief Juvenile Probation Officer, *Department of Juvenile Justice*

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Marcia Hobe, Senior Vice President, Senior Trust Officer, *Bank of America*

Jim Nathan, CEO, *Lee Memorial Health System*

Jeff Tuscan, CPA, *Stroemer, Tuscan & Company*

Shelly Robertson, President, *Robertson Consulting Group, Inc.*

Dr. Sandra O'Brien, Ph.D., Director, *Division of Public Affairs, Florida Gulf Coast University*

Barbara Saunders, Executive Director, *Early Learning Coalition of Southwest Florida*

Dr. Joseph W. Grubbs, Ph.D., Director, *Center for Public and Social Policy, Florida Gulf Coast University*

SMART GROWTH

The Board of County Commissioners authorized the creation of the county's Smart Growth Department in October 2001 following a year-long study of the issue by a task force. The Board also created an 18-member Smart Growth Advisory Committee. The Smart Growth Advisory Committee held its first meeting April 25, 2002 to officially begin the county's Smart Growth process.

The goal of Smart Growth is to achieve a good balance between community livability, economic viability, and environmental sensitivity. One of its keys is proactive, inclusive, community-supported growth management. Elements include, but are not limited to, Environmental Quality, Land Use, Transportation, Water Supply and Community Character.

Wayne Daltry, Smart Growth Director, has been coordinating the Smart Growth process. As a result of this process, the Smart Growth Committee has made the following recommendations:

Community Social Service Safety Net

Establishing and maintaining our responsibility for the currently disadvantaged

A. Establish a level of social service care geographic distribution and outreach, and core level of service for the community, along with core level of service for mental health and substance abuse.

    1. Restructure the community social services programs to a holistic approach to ensure maximum effectiveness of the services delivered to the community.

    2. The BoCC should establish the Human Services Council (HSC) in the development of a strategic plan with guiding principles and funding to maximize service delivery effectiveness.

    3. The BoCC shall review all the regulations/guidelines/funding that regulate the social services programs to stipulate coordination among the agencies that provide the service.

B. Assess the practices that reduce crime potential, and whether Lee County promotes or impedes these practices.

    1. Create a "youth corps" to employ and educate youth by working with agencies and assisting with conservation/maintenance/environmental programs.

    2. Establish structured summer/year-round recreational/educational programs through school/not-for-profit organizations.

    3. The BoCC should provide funds for more community based policing to also address adult/minors' activities and behaviors.

Community Based Planning

Promoting small scale approaches for small area issues

A. Underused or absent neighborhood leadership to plan and maintain communities.

    1. The BoCC encourage and support civic associations through an ombudsman, similar to the way of the Horizon Council.

B. Public information systems and current policies do not encourage viable community development.

    1. The BoCC should create a community livability (smart growth) index program countywide to target funds to areas of greatest need. This program should relate to the community plans and development approval process.

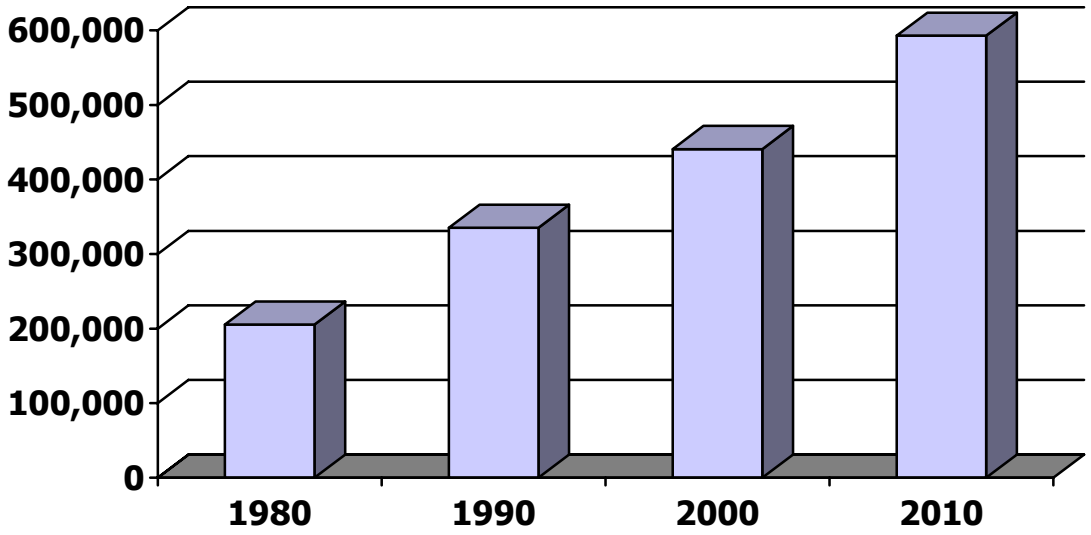
TRENDS AND CONDITIONS

COMMUNITY

How Does Lee County's Population Stack Up To The State

Nearly 10 million people - or three-quarters of Florida's population - live within a 150-mile radius of Lee County. That number is expected to increase to more than 13 million by the year 2010. Once a retirement haven, Lee County is now dominated by working-age people. In fact, Lee County's 18-44 year old population (those available to enter the workforce) is growing at a faster rate than the State of Florida and almost triple that of the United States. At this rate… increased demand for basic infrastructure is a given, and the proper planning and delivery of Human Services becomes more complex by the minute.

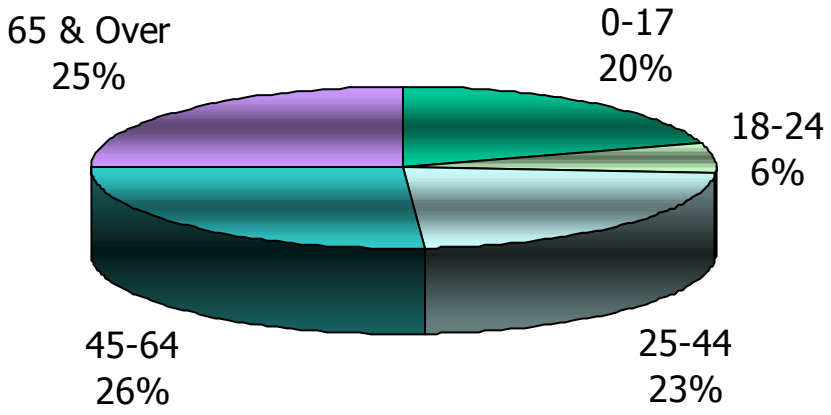
Total Lee County Population



Source: University of Florida, Bureau of Economic and Business Research, 2003

Lee County Population By Age

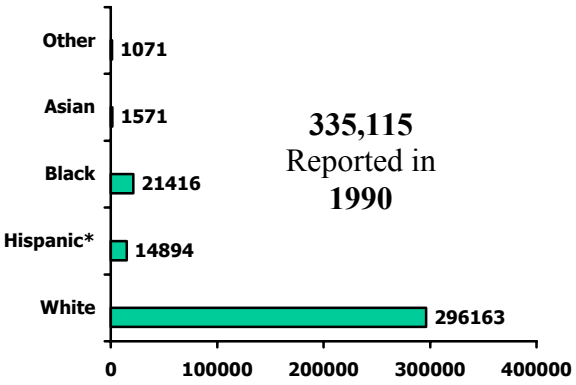
Although Lee County's inventory of young working families is growing rapidly, the percentage of those age 65 and over make up ¼ of our total population. By national standard, young working families and persons 65 years of age and over are more likely to find themselves in need of and utilize Social Services. As the chart below demonstrates, almost ¾ of Lee County's total population fall within this vulnerable age range.

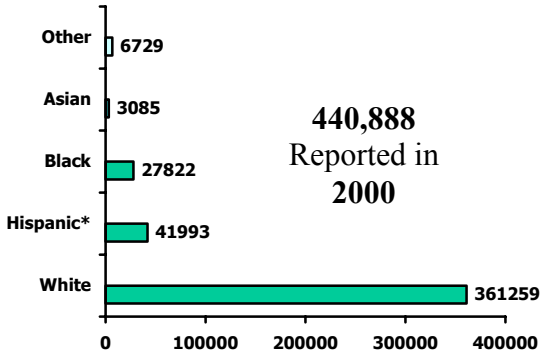


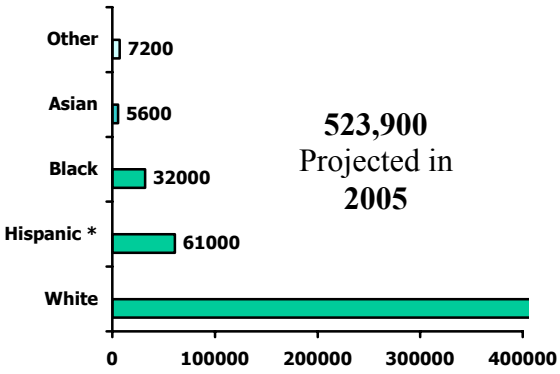
Source: University of Florida, Bureau of Economic and Business Research, Population Estimates 2003

Race Proportions In Lee County

While Lee County's **total** population is projected to increase by approximately 56% from 1990 to 2005, proportions by race will grow much differently. For example, the Hispanic origin population is expected to increase 320% in the same period of time.

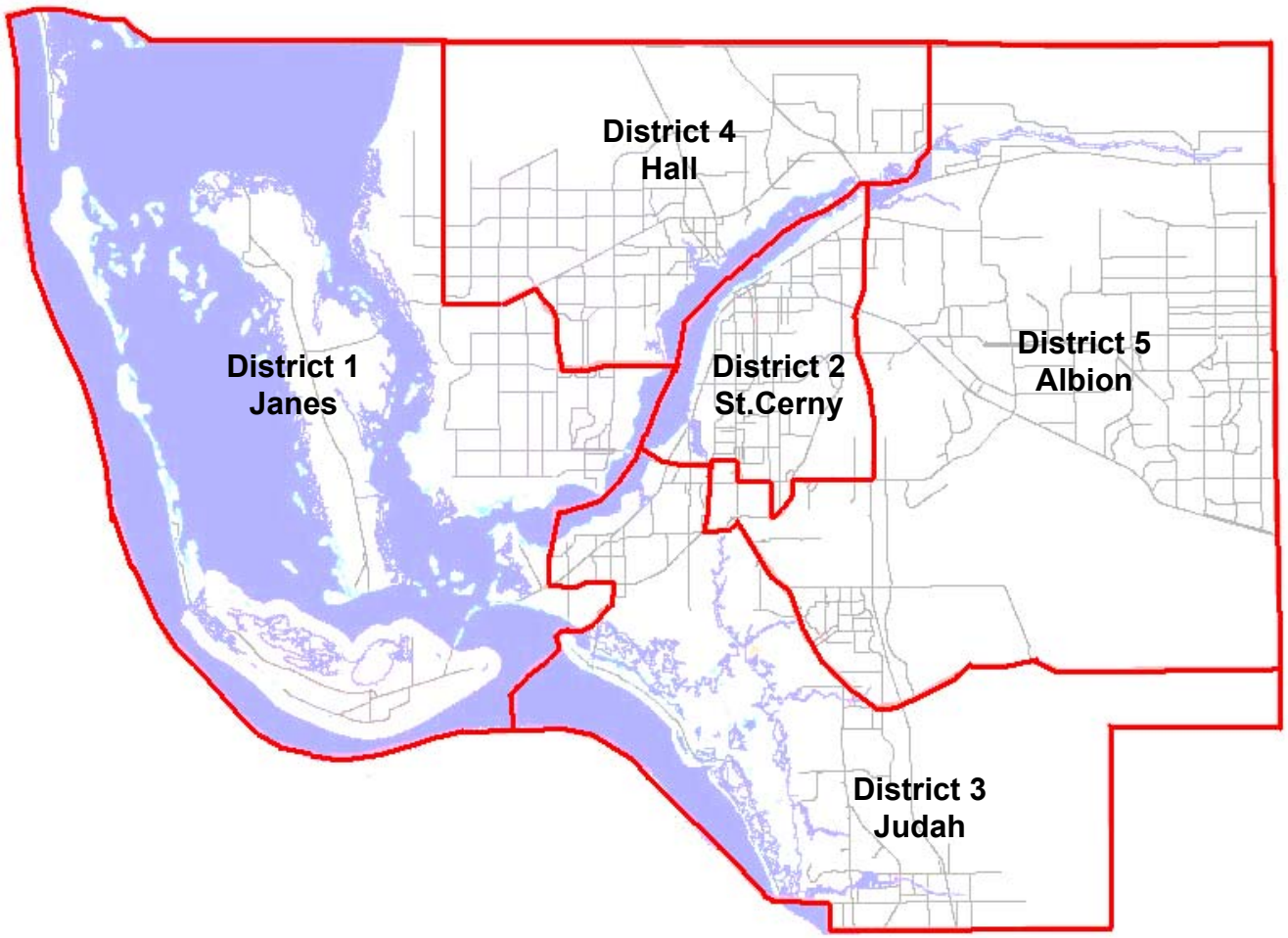




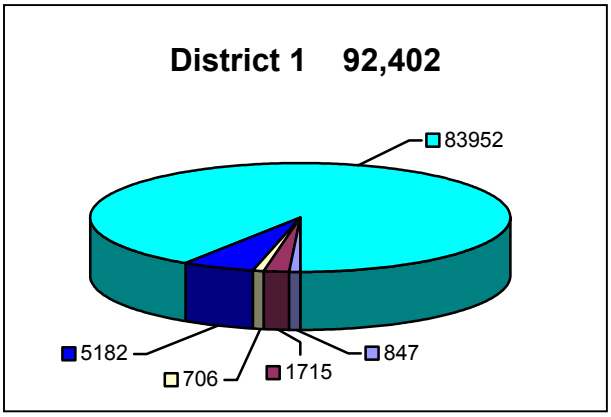


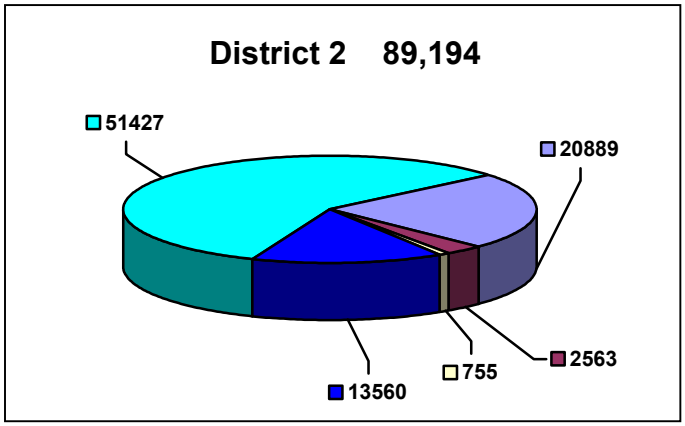
Source: Census 2000, Census 1990, University of Florida, Bureau of Economic and Business Research, Population Estimates 2003

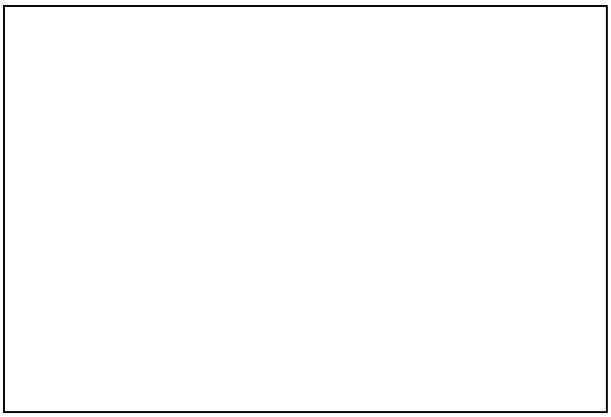
Commissioner's Districts

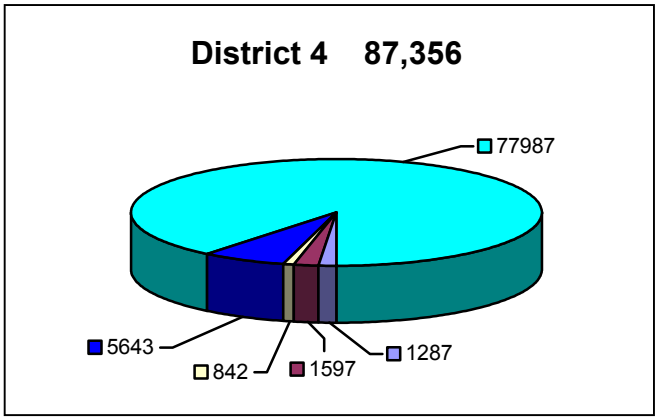


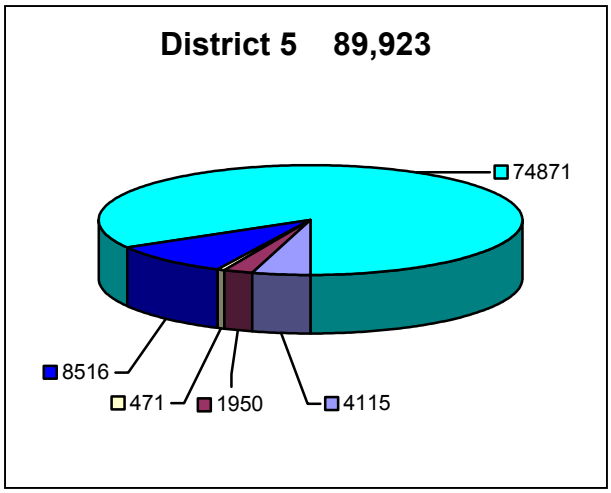
Race Of Population By District











Housing Data

Note: *our area has many housing units that are only occupied seasonally. Census 2000 is a "point in time" survey and was conducted in April of 2000 – the transition period for many of our winter only residents.*

- Of the 245,405 total housing units counted during the 2000 Census, 188,599 were noted as occupied.
- Of the 188,599 reported as occupied, 144,256 were owner occupied and 44,343 were renter occupied.
- Approximately 70% of rentals in Lee County demand rents well over $550 per month (most units demanding less than $550 per month would either be listed as an efficiency or deemed sub-standard for the area). The average rental rate for the area is $807 per month.
- The current median value for our existing 188,599 owner-occupied housing units is $147,000.
- A home of this assessed value in Fort Myers would demand a monthly property tax payment of $287 (property tax should always be a consideration of "affordability").

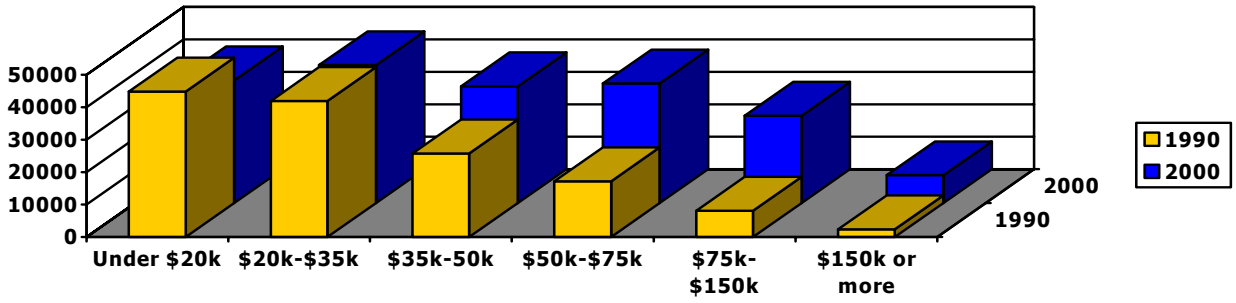
Lee County Property Tax Rates						
	Unincorporated	**Fort Myers**	**Cape Coral**	**Sanibel**	**FM Beach**	**Bonita Springs**
County	$5.34	$5.34	$5.34	$5.34	$5.34	$5.34
School	$8.35	$8.35	$8.35	$8.35	$8.35	$8.35
City	$0.00	$7.78	$6.10	$1.73	$1.00	$1.00
Other	$5.65	$2.03	$2.34	$3.24	$3.90	$4.32
Totals	**$19.34**	**$23.50**	**$22.13**	**$18.66**	**$18.59**	**$19.01**
Per $1000 of Assessed Value						

Source: Census 2000, CB Richard Ellis 2003, National Association of Realtors 2003, Florida Real Estate Commission 2004, Lee County Property Appraiser

Household Income/Affordable Housing

Note: *The generally accepted definition of affordable housing is for a household to pay no more than 30 percent of its annual income on housing. Families who pay more than 30 percent of their income for housing are considered cost burdened and may have difficulty affording necessities such as food, clothing, transportation and medical care.*

- In our current market, a home of median value ($147,000) would demand a monthly payment of approximately $1,223
- Thus a household of this circumstance would have to produce a minimum annual household income of $49,200 (or $23 per hour x 40)
- Households in a rental circumstance paying the average monthly rental rate for this area ($807) should make a minimum wage of $33,000 annually (or $15 per hr x 40)
- Any household in Lee County who's income is the State's minimum wage (or $6.15 per hour x 40) will expend 52% of their income to live in rental housing with a $550 monthly cost. *Home ownership opportunities for families in this circumstance are very unlikely.*



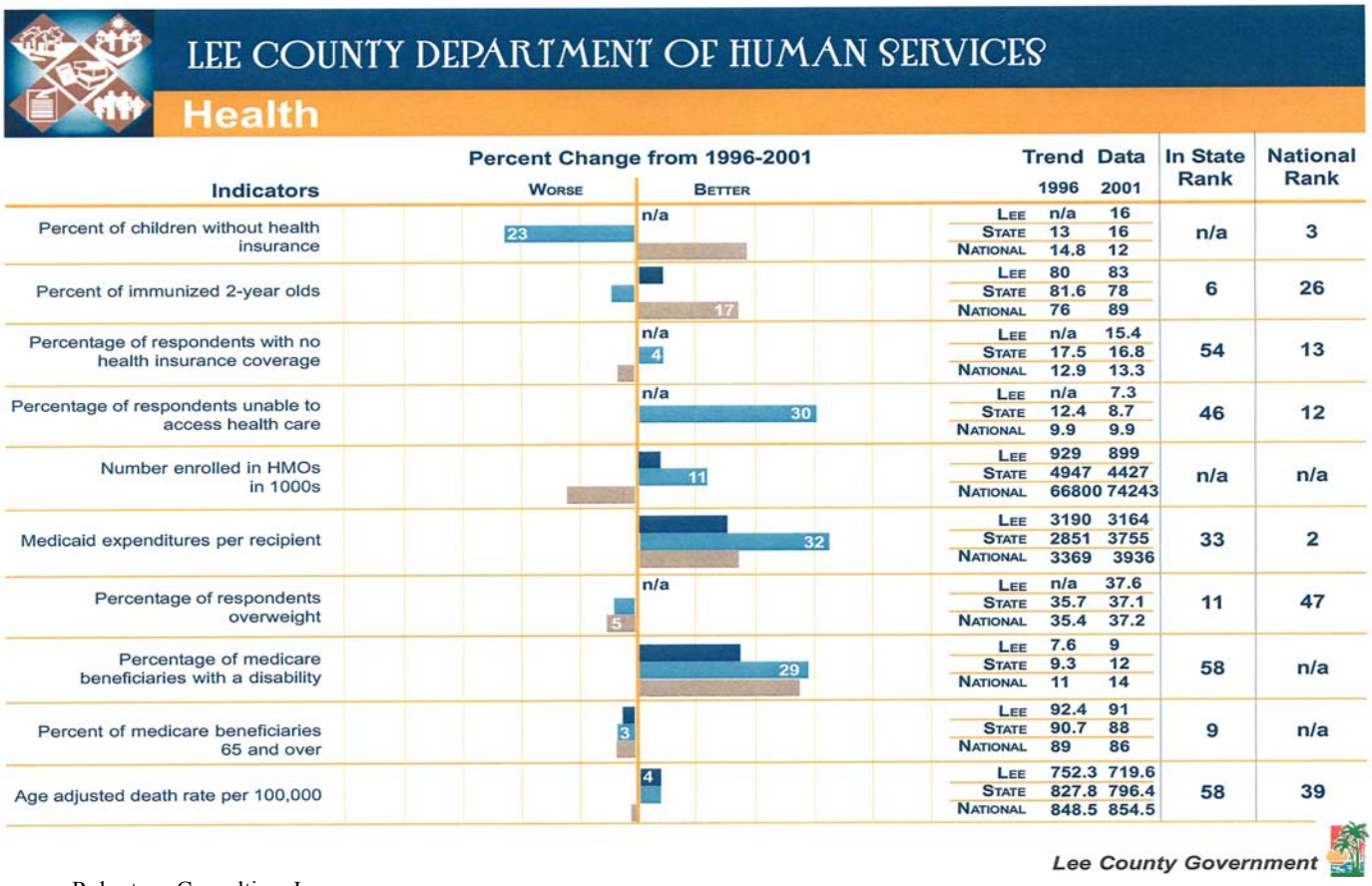
Annual Income

Source: Census 1990, Census 2000, CB Richard Ellis 2003, National Association of Realtors 2003, Florida Real Estate Commission

2004, Lee County Property Appraiser

Lee County Neighborhood Districts

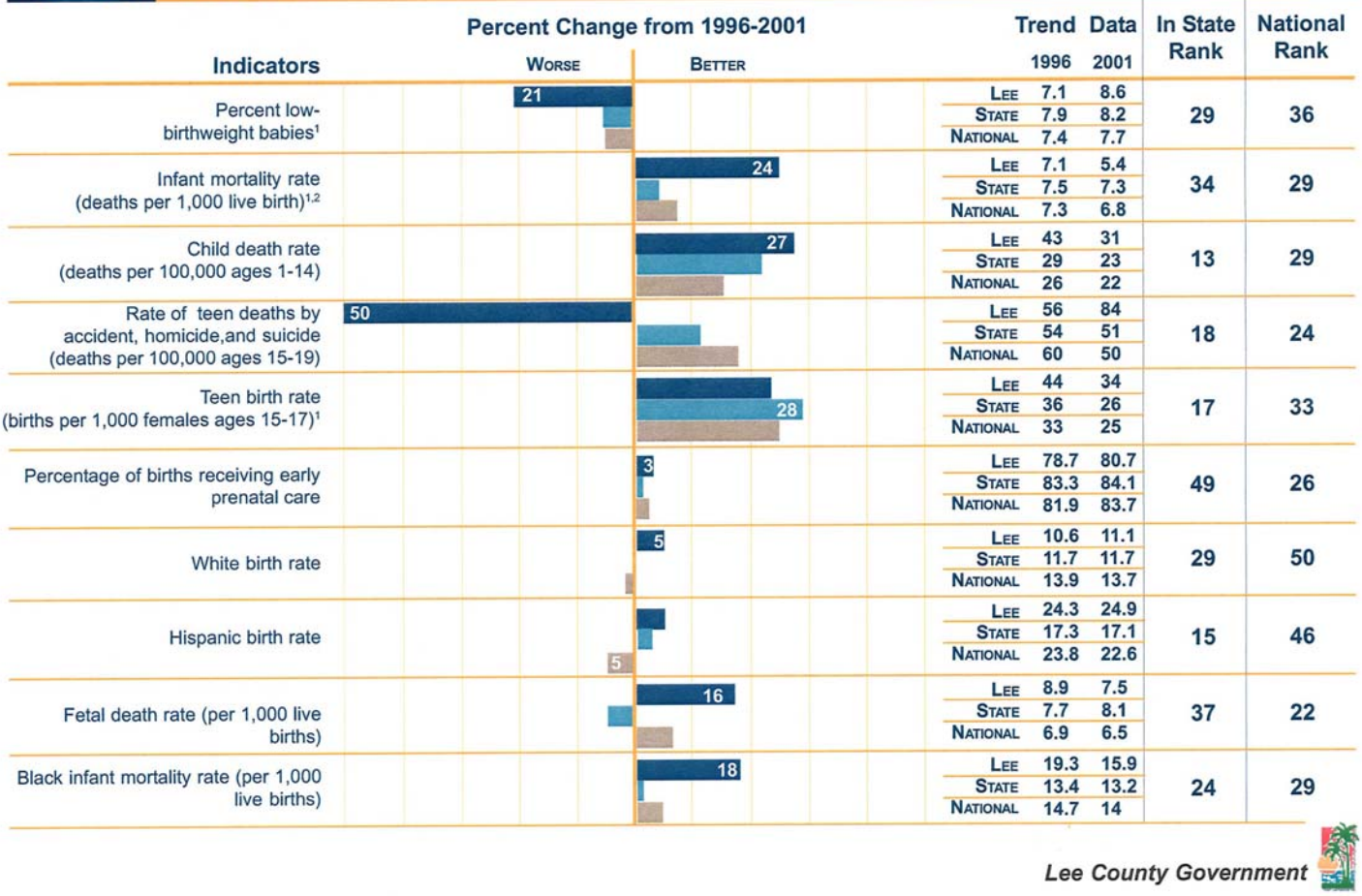
Each neighborhood has a committee appointed by the Board of County Commissioners. This volunteer committee makes decisions based on a neighborhood needs assessment. Community Development Block Grant (CDBG) funds are allocated to each of the neighborhoods to assist with both eligible infrastructure and social issues.



Robertson Consulting, Inc.

LEE COUNTY DEPARTMENT OF HUMAN SERVICES

Health



Indicators		Trend 1996	Data 2001	In State Rank	National Rank
Percent low-birthweight babies[1]	Lee	7.1	8.6	29	36
	State	7.9	8.2		
	National	7.4	7.7		
Infant mortality rate (deaths per 1,000 live birth)[1,2]	Lee	7.1	5.4	34	29
	State	7.5	7.3		
	National	7.3	6.8		
Child death rate (deaths per 100,000 ages 1-14)	Lee	43	31	13	29
	State	29	23		
	National	26	22		
Rate of teen deaths by accident, homicide,and suicide (deaths per 100,000 ages 15-19)	Lee	56	84	18	24
	State	54	51		
	National	60	50		
Teen birth rate (births per 1,000 females ages 15-17)[1]	Lee	44	34	17	33
	State	36	26		
	National	33	25		
Percentage of births receiving early prenatal care	Lee	78.7	80.7	49	26
	State	83.3	84.1		
	National	81.9	83.7		
White birth rate	Lee	10.6	11.1	29	50
	State	11.7	11.7		
	National	13.9	13.7		
Hispanic birth rate	Lee	24.3	24.9	15	46
	State	17.3	17.1		
	National	23.8	22.6		
Fetal death rate (per 1,000 live births)	Lee	8.9	7.5	37	22
	State	7.7	8.1		
	National	6.9	6.5		
Black infant mortality rate (per 1,000 live births)	Lee	19.3	15.9	24	29
	State	13.4	13.2		
	National	14.7	14		

Lee County Government

Robertson Consulting, Inc.

HEALTH

EXECUTIVE SUMMARY

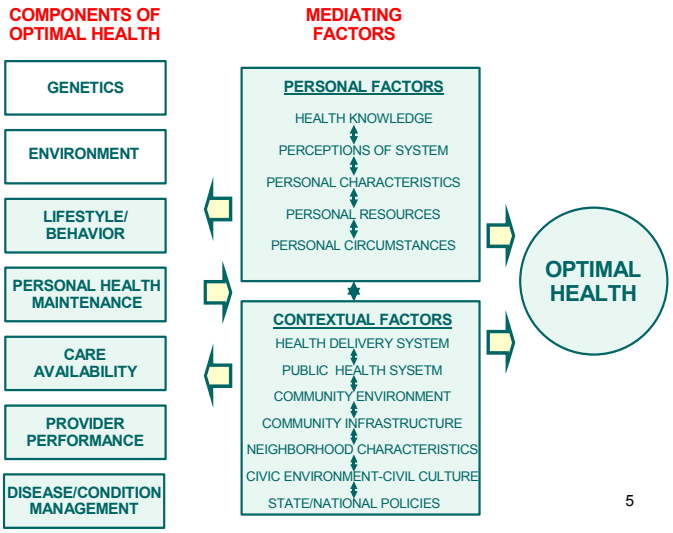
A complex web of individual, community and economic factors determines the health of an individual or a community.

A review of demographic, economic and environmental indicators in Lee County uncovers trends that will influence the design of health care delivery systems for the next several years.

FORCES OF CHANGE

- Aging population/average of Lee County older than that of state
- Lee County is growing quickly
- Increasing ethnic diversity, especially growing Hispanic population
- Economics of health care leading physicians to reconsider size, scope and location of practice

The Lee County Public Health Unit began a Strategic Planning process in 2001, known as the Mobilizing for Action through Planning and Partnership (MAPP). This process is different from past planning activities because the focus is on a health care system, not a particular disease or health concern. Community leaders met to set the tone by articulating the values of our community and a vision for health care in Lee County.



This schematic outlines the interplay between the multiple influences on an individual's health.

VISION

"Healthy people, Healthy Environment, Caring Community"

Values

- ❖ Healthy People
  - Holistic
  - Social Justice
  - Age/ethnic vulnerable populations
  - Proactive community involvement
  - Adequate services
  - Prevention focused
- ❖ Healthy Environment
  - Safe
  - Clean
  - Emerging global threat of disease
  - Land use
- ❖ Caring Community
  - Responsive leadership Inter-generational collaboration
  - Embracing diversity
  - Adequate funding
  - Energetic

From the many indicators of health status – community, environmental, health statistics, outcome measures – the following strengths and weaknesses of the health care system for Lee County emerge.

STRENGTHS

- Socioeconomic indicators are good compared with Florida
- Smart growth and Trailways/Greenways projects
- Strong regulatory environment for water and waste water treatment
- Lee County health and human service providers have a long history of informal collaboration and cooperation
- Volunteer efforts of health care professionals to care for the uninsured
- We have begun a comprehensive strategic planning process for health care and public health system

WEAKNESSES

- Multiplicity of government agencies involved in environmental monitoring and regulation (We share this with all of Florida)
- Racial disparity in health status and health outcomes (Again shared with state and nation)

Health

- Health care system is being stressed by increase demand from permanent residents, seasonal residents and visitors
- Safety net of health care providers for under insured is at capacity. More resources needed
- Large number of uninsured – multiple contributing factors include cost of insurance for family members, large percentage of small employers
- Government and voluntary health care organizations under fund chronic disease prevention programs

Our opportunities for the health care system come from our resources of environment, people and education. The threats are, not surprisingly, related to funding and economics.

OPPORTUNITIES

- Capitalize on natural environment and existing recreational facilities to encourage physical activity and healthy lifestyle
- Because of our aging demographics, Lee County has opportunity to develop model programs for preventative services for older adults
- FGCU health care programs increase the availability of health care providers – especially nurses, therapists, geriatricians

THREATS

- Threat to availability of trauma care services in Southwest Florida
- State budget and fiscal demands limit funds available for health care and public health services
- Devolution (federal and state levels) in human services may threaten Lee County BoCC discretionary funding of health and human services
- Federal and state focus on homeland security provides new resources for public health and simultaneously diverts attention and resources away from core activities toward weapons of mass destruction events

As a result of the Health Strategic Planning process the group developed the following recommended strategies:

1. Build a health and social services delivery system that encourages and rewards collaboration among providers and leverages existing and future resources
2. Improve the overall health of Lee County residents through neighborhood-based efforts and monitoring of health outcome status with an emphasis on currently disadvantaged communities
3. Work with Smart Growth to provide infrastructure that supports healthy lifestyle and healthy environment
4. Initiate and sustain community wide planning, measurement, and evaluation

Health

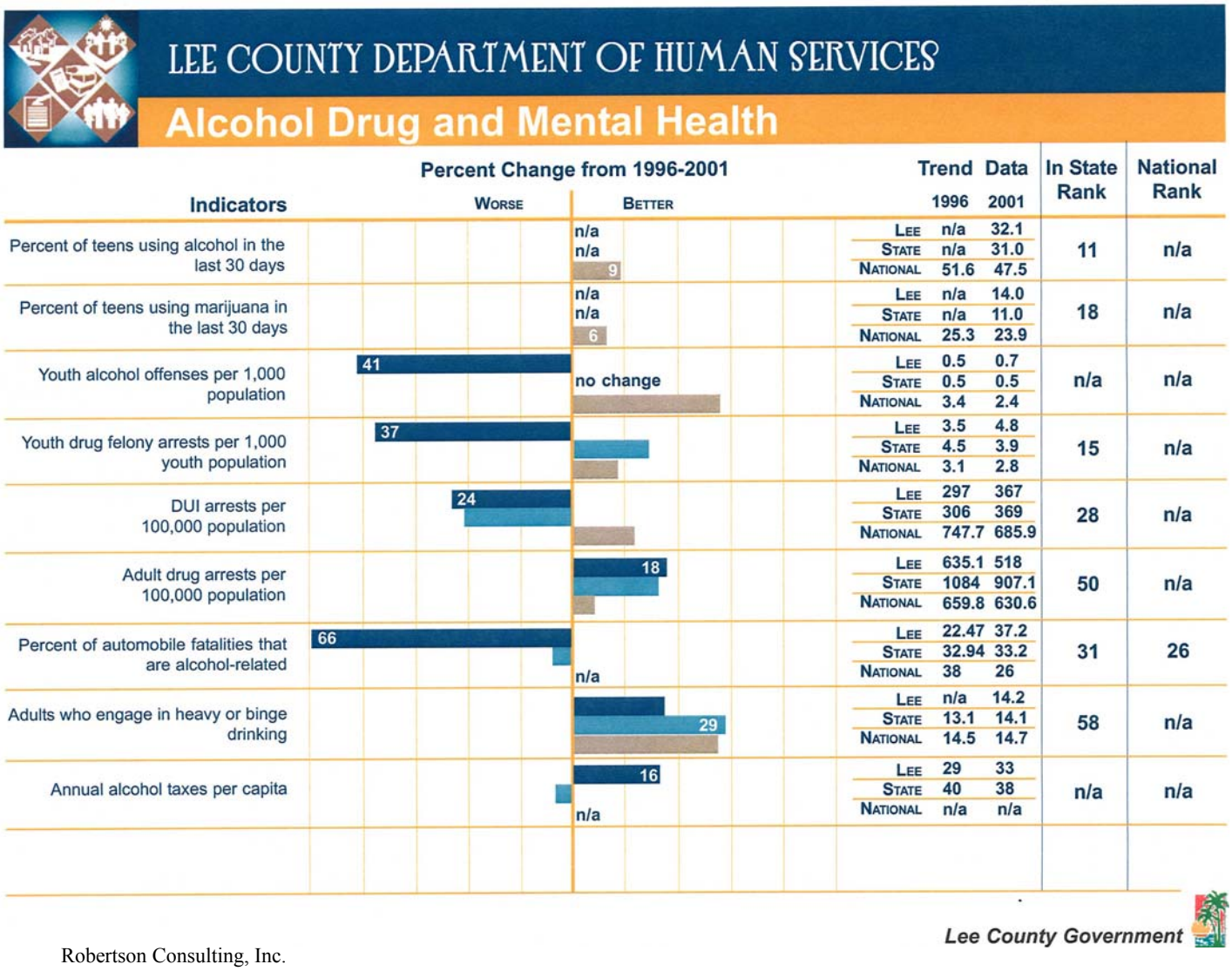
The MAPP steering committee plans to implement a health promotion program working closely with one of the Neighborhood District Committees. With the acceptance and guidance of the neighborhood, MAPP partners will develop a program that promotes physical exercise and improved nutrition.

Financing of Health Care

There are several factors involved in the financing of health care including the costs of health care, private health insurances and the public health insurances, Medicare and Medicaid.

RECOMMENDATIONS:

- *Build a health and social services delivery system that encourages and rewards collaboration among providers and leverages existing and future resources.*
- *Improve the overall health of Lee County residents through neighborhood-based efforts and monitoring of health outcome status with an emphasis on currently disadvantaged communities.*
- *Initiate and sustain community wide planning, measurement, and evaluation.*
- *Provide infrastructure that supports a healthy lifestyle and a healthy environment.*



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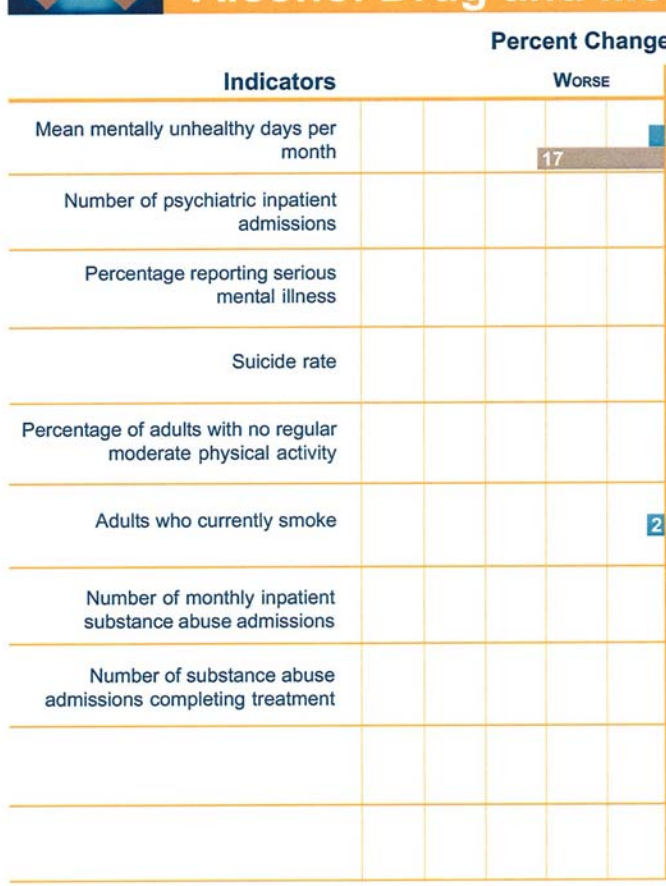
LEE COUNTY DEPARTMENT OF HUMAN SERVICES

Alcohol Drug and Mental Health



Indicators		Trend Data 1996	2001	In State Rank	National Rank
Mean mentally unhealthy days per month	Lee	n/a	n/a	n/a	41
	State	4.6	4.7		
	National	2.9	3.4		
Number of psychiatric inpatient admissions	Lee	n/a	1325	n/a	n/a
	State	n/a	n/a		
	National	2 m	1.5m		
Percentage reporting serious mental illness	Lee	n/a	n/a	n/a	n/a
	State	n/a	6.81		
	National	n/a	7.41		
Suicide rate	Lee	17.1	14.3	31	12
	State	14.1	13.3		
	National	11.8	10.8		
Percentage of adults with no regular moderate physical activity	Lee	n/a	46.4	63	11
	State	n/a	55.1		
	National	n/a	n/a		
Adults who currently smoke	Lee	n/a	22.2	44	25
	State	21.8	22.2		
	National	23.4	23.2		
Number of monthly inpatient substance abuse admissions	Lee	n/a	103	n/a	n/a
	State	n/a	3799		
	National	26802	32453		
Number of substance abuse admissions completing treatment	Lee	n/a	453	n/a	n/a
	State	n/a	n/a		
	National	n/a	n/a		

Lee County Government

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ALCOHOL, SUBSTANCE ABUSE, AND MENTAL HEALTH

EXECUTIVE SUMMARY

Adult and Children's mental health and substance abuse services are inadequate to meet the needs of Lee County residents. Various community service providers are responsible for the services. While this may be seen as duplication of services, it provides the person with a mental health or substance abuse illness with a choice of service providers. Additionally, due to the lack of financial resources to our community, it is unlikely that there is duplication of services.

Community education is lacking. We have been programmed by television and movies to view mental illness and substance abuse as an incurable nuisance to society. The Surgeon General estimates that more than one in five Americans have a diagnosable mental illness. Treating people with a mental illness is complex impacted by a number of factors that are medical, financial, personal and psychological. However, with the right support system and medication, many people with a serious mental illness are able to lead productive lives. In fact, with the introduction of the current atypical anti-psychotic medications over the past 10 years, there is now considerable hope and optimism that individuals can return to "normal" functioning after the onset of an illness.

Estimated Rates of Treatment Effectiveness

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

Data Source: National Institute of Mental Health

Since the early 1960's, de-institutionalization has led to thousands of people with mental illnesses being discharged from state hospitals nationwide. In 2002, G. Pierce Wood Hospital closed and added to the already serious lack of affordable supportive housing in our community. According to the 2003 Annual Report on Homelessness, more then 39% of homeless people are substance abusers and more than 21% suffer from some form of mental illness. As a result of the GPW closure, the State funded the **F**lorida **A**ssertive **C**ommunity **T**reatment (FACT) program. The FACT program provides community-based case management to individuals with a mental illness. The emphasis is on a team approach to delivering services. The program is available 24 hours a day, 7 days a week, 365 days per year. Services are provided in a person's home or another community setting and offer funds for housing and medication enhancements.

Alcohol, Substance Abuse, And Mental Health

The acute care system is impacted by the lack of mental health and substance abuse services due to diminished financial resources both for substance abuse and mental health prevention and treatment. Lee County currently has 30 Baker Act beds (21 funded by the State) for mental health crisis and 17 beds for substance abuse detoxification. For the population served in Lee County, it is estimated that there should be 50 beds for mental health crisis stabilization and 40 beds for detoxification. These formulas assume that there is a private hospital that can serve individuals with private insurance, Medicaid and Medicare. There is no such resource in Lee County. This creates (1) a greater shortage of beds than is reflected in the above statistics and (2) there is loss of Medicaid and Medicare funding to the County. Funding is not currently available to support the recommended number of beds. Funding to support acute care beds for mental health and substance abuse stabilization come from State, County, 3rd party payments, patient fees, donations and funding raising events.

The State of Florida, Department of Children and Families web site states the following: *"All citizens of Florida have the right to certain publicly funded mental health services, regardless of their ability to pay for the services.* ***However, some services may be limited to the availability of funds to cover the cost of these services.*** *The following list shows the kinds of services that can be provided to people who meet the target population criteria and can be reimbursed: assessment services, case management services, crisis stabilization services (Baker Act), crisis support/emergency services, in-home services, inpatient psychiatric care, intensive case management, intervention services, outpatient services, medical services, residential treatment. Supported Employment Services and supportive housing services."*

The services vary from District to District within the State.

Outpatient mental health services, i.e., counseling services and medication management, are available at several agencies in the county. However, access to services is largely determined by one's ability to pay and the situation or crisis priority of the person in need. Waiting lists still exist, but have decreased over the past several years due to improved coordination and collaboration among provider agencies. Additionally, psychotropic medications for people with mental illness have advanced dramatically in recent years.

Detoxification Services

Detoxification programs are provided on a residential or an outpatient basis. Medical and clinical procedures are used to assist children and adults in their efforts to withdraw from the physiological and psychological effects of substance abuse. The residential Detoxification and Addiction Receiving Facility provides emergency screening, short-term stabilization and treatment in a secure environment 24 hours per day, 7 days a week. Outpatient detoxification provides structured activities 4 hours per day 7 days a week.

Detoxification services are a critical part of the substance abuse services continuum. Individuals who are physically dependent on alcohol or other drugs need medical and counseling assistance to help the body's physiology adjust to the absence of alcohol/drugs. Detoxification is an essential phase of treatment. Once a person has physically readjusted, they are ready to begin the psychological aspect of recovery and fully engage themselves in treatment. Detoxification is appropriate for individuals that need medical assistance and oversight while withdrawing from

substance use; it is not a necessary precursor to participation in treatment for most clients. Approximately, 6 percent of children and adults in Florida are in need of treatment services; 3-5 percent of this group will also need detoxification services.

Adult Forensic Mental Health

Florida's forensic system is a network of state facilities and community services for individuals who have a mental illness and are involved with the criminal justice system. The goal is to provide assessment, evaluation, and treatment to individuals who have been arrested for crimes that are solely the result of their mental illness and to restore to competency those who are not able to understand the consequences of their criminal behavior.

Individuals involved with the criminal justice system often present unique security issues. This may be a function of the nature of the disorder, past history of contact with law and the nature of the present offense.

Behavioral Health Housing Options

Individuals determined by the court to require treatment in a State facility are served by one of three maximum-security facilities. These facilities have a combined population capacity of 890 people. Individuals who do not require a secure setting may be directly admitted or transferred into one of three civil mental health treatment facilities.

In November 2002, the Department of Human Services invited a group of service providers and interested individuals to assist in surveying the County's resources for supportive housing for persons with mental illnesses and substance abuse problems. Since that time, the group has interviewed a variety of providers, determined capacity of the current system, and discussed service alternatives. Attention was given to specific acuity needs and the resources and costs related to sustaining and increasing capacity and improving continuum of care.

Supportive housing is defined by the State as a comprehensive system of voluntary, flexible, individualized support that allow people with disabilities to live in housing of their own choice rather than in residential treatment settings. Supportive housing has several levels depending on the needs of the individual.

Emergency Services

Emergency behavioral health care are services necessary to stabilize a person who is experiencing an acute crisis attributable to his or her mental or substance related disorder, and without care or treatment, there exists a substantial likelihood the person will cause serious harm to him/herself or others in the near future, as evidenced by recent behavior. (Florida Administrative Rule 65E-11) These services include a Crisis Stabilization Unit provided by the Ruth Cooper Center that has a capacity of 30. The Detoxification Unit and Addictions Receiving Facility is provided by the Southwest Florida Addictions Services and has a capacity of 17.

Alcohol, Substance Abuse, And Mental Health

Inpatient Care

Inpatient hospitalization is a 24-hour protected, medically staffed, psychiatrically supervised treatment service. Psychiatric hospital care differs from a Crisis Stabilization Unit (CSU) in two major ways; the first is treatment. A hospital is able to care for individuals with serious medical conditions as well as acute psychiatric needs. For example, an elder person with acute diabetes needs can only be served in a hospital setting. The second difference is funding. Hospitals can access Medicaid and Medicare payments. A CSU cannot. Both a CSU and a psychiatric hospital provide stabilization of urgent or emergent behavioral health problems. Acute inpatient hospitalization is provided specifically for those members who, as a result of a psychiatric disorder, are in acute and significant danger to themselves or others, or are acutely and significantly disabled, or whose activities of daily living are significantly impaired. There is no inpatient hospitalization treatment in Lee County. Long term hospital stay, average 6 months, is provided by the Atlantic Shores hospital in West Miami. Riverside and Naples Community Hospital will provide services to Lee County residents; average length of stay is 8-10 days.

Urgent care behavioral health services are provided to persons with mental health or substance dependence disorders, whose presenting condition, although not life threatening, could result in serious injury or disability unless behavioral health services are received.

Sub-Acute Care

Short Term Residential Treatment (SRT) Program provides sub-acute care for 24 hours, 7days a week residential services for generally 90 days or less. An SRT provides intensive short-term treatment to individuals who are temporarily in need of a structured therapeutic setting in a less restrictive, but longer stay alternative to hospitalization. First Step in Sarasota County has the capacity to provide treatment for 2 dually diagnosed persons. The average length of stay is 6 months. There is a need in Lee County for 6 beds.

Intensive Residential

Intensive residential settings provide 24 hour, 7 days a week supervision for residents who have major skill deficits in activities of daily living and independent living, and are in need of intensive staff supervision, support and assistance. Nursing services are provided on this level but, are limited to medication administration, monitoring vital signs, first aid, and individual assistance with ambulation, bathing, dressing, eating and grooming. Services are provided by the following agencies to Lee County residents:

- Ruth Cooper Center, capacity 16 persons, 30-90 day stay
- Charlotte Community Mental Health, 28 persons, indefinite stay
- Southwest Florida Addiction Services, 12 persons, 30 day stay

Residential Treatment, level I and II (Substance Abuse) provides a structural group treatment setting with 24 hour, 7 days a week supervision for five or more residents who range from those who have significant deficits in independent living skills and need extensive supervision, support and assistance to those who have achieved a limited capacity for independent living, but who

require frequent supervision (level II), moderate capacity (level III), support and assistance. Level II services are provided by:

- First Step, Sarasota County, capacity 2 persons, average length of stay is 6 months
- Ruth Cooper Center, capacity 16 persons, 28 days

Respite Care

Respite care provides temporary relief for primary family, foster family or other unpaid caregivers from the ongoing responsibility of caring for an individual of any age with a disability, chronic or terminal illness, special health or mental health care need, or who may be at risk of abuse or neglect. Services are provided by:

- Ruth Cooper Therapeutic Foster Care, 2 children, 1 week to 90 days
- National Mentor Healthcare, 2 children, 1 week to 90 days

Group Home

A group home provides persons with a mental illness or those recovering from abusing substance with usually their own sleeping space, but shared common areas such as kitchen, bath and living space. There continues to be a need for more group homes.

Transitional Housing

Transitional Housing provides residential support services to those individuals recovering from substance abuse and mental illness to enable persons to live as independently as possible. Residents typically do not live in transitional housing more than 24 months. There continues to be a need for transitional housing. The following agencies provide transitional housing:

- Southwest Florida Addiction Services, capacity 22 persons, average stay 4-6 months
- Ruth Cooper Center, capacity 9 persons, average stay 6 months

Supportive Housing

Permanent supportive housing provides a community-based, long term and supportive service that enable persons with a mental illness or those recovering from substance abuse to live as independently as possible in a permanent setting. Both the federal and state funding sources encourage a separation from the housing provider and the service provider. This allows the individual that may not be happy with the service provider to change without losing their housing. The following are the supportive housing providers:

- Ruth Cooper Center, capacity 43 persons, Fort Myers
- Renaissance Manor, capacity 21 persons, South Fort Myers
- Southwest Florida Addiction Services, 10 persons, Fort Myers
- Lee County Housing Development/Ruth Cooper Center, capacity 4 persons, Cape Coral

Children's Mental Health

Many of the problems with children's mental health services are the same as those identified with the adult mental health; lack of service providers, long waiting lists, outpatient and residential services, education, information and funding. Intervention and treatment in early childhood may prevent future development of mental health disorders.

The Florida Commission on Mental Health and Substance Abuse (October 2000), estimated that in Lee County, 7,928 children, ages birth to 21, suffer from severe emotional disturbance in Lee County. Severely Emotionally Disturbed Network (SEDNET) reported that 914 students were identified with an emotional disability in the Lee County School system. The Ruth Cooper Center reported in 2002 that 1,668 children between the age of birth and 17 received mental health services.

Florida's vision is that children and their families needing public-funded mental health services should be able to turn to a responsive system of care that spans all the needed services and related agencies. The system of care should be available both in emergencies and for longer-term care, and should help the child become as stable and functioning as possible. The Department of Children and Families states the following values for building a system of care for children with emotional disturbances:

- Individualized pathways of care, enhanced by the child and family's natural supports and strengths
- Services based in the community, in the least restrictive environment consistent with the child's safety and treatment needs
- Quality care that leads to improved outcomes for the child and family

The children's mental health system serves eligible children with serious emotional and emotional disturbance and children at risk of emotional disturbance within the amount of funds appropriated for these services.

As stated in the 2003-2006, District Mental Health and Substance Abuse Services Plan, funding, from the state, for children's mental health services has decreased over the past several years. The population of seriously emotionally ill children continues to grow and has become younger over the past 10 years. The increase has been both in those children who are in the custody of the state and those children who live with biological and adoptive parents or relatives. The number of children with severe and emotional disturbances in the state has increased by 34.63% over the past year.

TRENDS AND CONDITIONS

The Florida Department of Children and Families, Mental Health Program Office, is responsible for the planning, evaluation, and implementation of a complete and comprehensive statewide program of mental health, including community services, receiving and treatment facilities, child services, research and training as approved by the Florida Legislature. This responsibility is

outlined in Chapter 394, Florida Statutes (F.S.). Chapter 394, F.S., also states "The Department of Children and Families is directed to evaluate, research, plan and recommend to the Governor and Legislature programs designed to reduce the occurrence, severity and duration, and disabling aspects of mental, emotional and behavior disorders."

Florida's vision for people who receive mental health services is to build:

- A system of care that is accessible to people who need mental health or behavioral services or supports
- People who provide these services or supports are fully accountable for these supports and services
- The supports and services which are provided meet the person's needs, and
- The supports and services are outcome based to assist the person

The mental health system of care has been designed to assist people needing publicly funded mental health services and supports to receive:

Individualized supports and services that meet an individual's or family's immediate needs or build upon existing strengths are planned and provided in the most efficient and effective manner possible.

The Department has established "target populations" in order to serve people who would otherwise not be able to receive services or supports due to a lack of money. However, publicly funded resources cover only a limited amount of people who are in need of services; those individuals who do not meet the criteria are referred to private mental health services. Additionally, services have to be limited due to the amount of money available. Without mental health and substance abuse services, young or old, their conditions can lead to homelessness, substance abuse; loss of job and productivity, incarceration and suicide. All of these in the long-term were a greater cost to the community.

STRENGTHS

- Crisis Intervention Training (CIT) – Beginning in the spring of 2005, some of the community law enforcement agencies will be trained in crisis intervention management. This law-enforcement based response has a proven track record as an effective means of intervention. Officers, who volunteer, are given specialized training that includes how to de-escalate a crisis situation and avoid unnecessary violence.

- Mental Health Court (MHC) – Mental Health Court is a voluntary program. Following an arrest, a person will be offered a choice between MHC and prosecution on the pending charges. A Public Defender or private counsel discusses the MHC Program with the person so that they may make a decision.

Qualified mental health care professionals develop an Intervention Plan for the person. The Plan will be designed specifically to address the needs and problems in accordance with the available resources existing in our community to address those needs and problems. Successful

completion of the Intervention Plan will result in the charges against the person being dismissed. If the person fails to complete the Intervention Plan or is discharged from the program, they will be prosecuted on the pending charges (cost savings TBD).

- Drug Court – Drug Court is a voluntary program that provides supportive treatment for adult felony offenders with diagnosed substance abuse problems that have contributed to their criminal behaviors and history. A number of studies nationally have revealed that treatment combined with judicial supervision is an effective strategy at reducing subsequent criminal activity – thus making Drug Courts an effective public safety strategy and a good investment of community resources.

  By targeting offenders subject to incarceration, the cost offset is estimated at $4 to $5 saved for every $1 invested in treatment funding. These savings resulted from lesser rates of incarceration, and the costs of prosecuting, defending and processing the offender through the criminal justice system.

WEAKNESSES

- Coordination among the state, county and not-for profit service providers and housing providers has improved, but lacks consistent communication among the funding and service agencies.
- Inadequate financial resources for both the children and adult mental health and substance abuse delivery system.
- Coordinated community mental health and substance abuse plan. Community lacks the coordination and identification of services provided, financial resources that could be secured at both the federal and state level, community education of mental health and substance abuse, data collection, collaboration with advocacy groups and the cost and human benefit of providing appropriate care.
- There continues to be a lack of respite care, transitional and supportive housing.
- The integration of a system of care is grossly lacking for children.

OPPORTUNITIES

- Florida has implemented the Self Directed Care (SDC) program in North East Florida. The Florida SDC is an approach to providing publicly funded behavioral health care services wherein the individual has a high degree of self-determination in choosing services and providers necessary for recovery. District 8 has been chosen as the second site to pilot the SDC.
- Increase coordination efforts with the Southwest Florida Behavioral Health Network, the Administrative Services Organization contracted by the State to perform management functions for the substance abuse and mental health services.

THREATS

- Decrease in federal and state funding.
- Lack of coordination among funding entities and provider agencies.

Alcohol, Substance Abuse, And Mental Health

- Lack of affordable supportive housing, experienced provider agencies and not in my back yard community "NIMBY" sentiment.
- Lack of education regarding mental health and substance abuse.
- Lack of trained professional psychiatric therapists and resource managers.

RECOMMENDATIONS:

- *Continue community support of prevention and intervention programs such as, the Mental Health Court, Drug Court, Crisis Intervention Training and other specialty courts.*

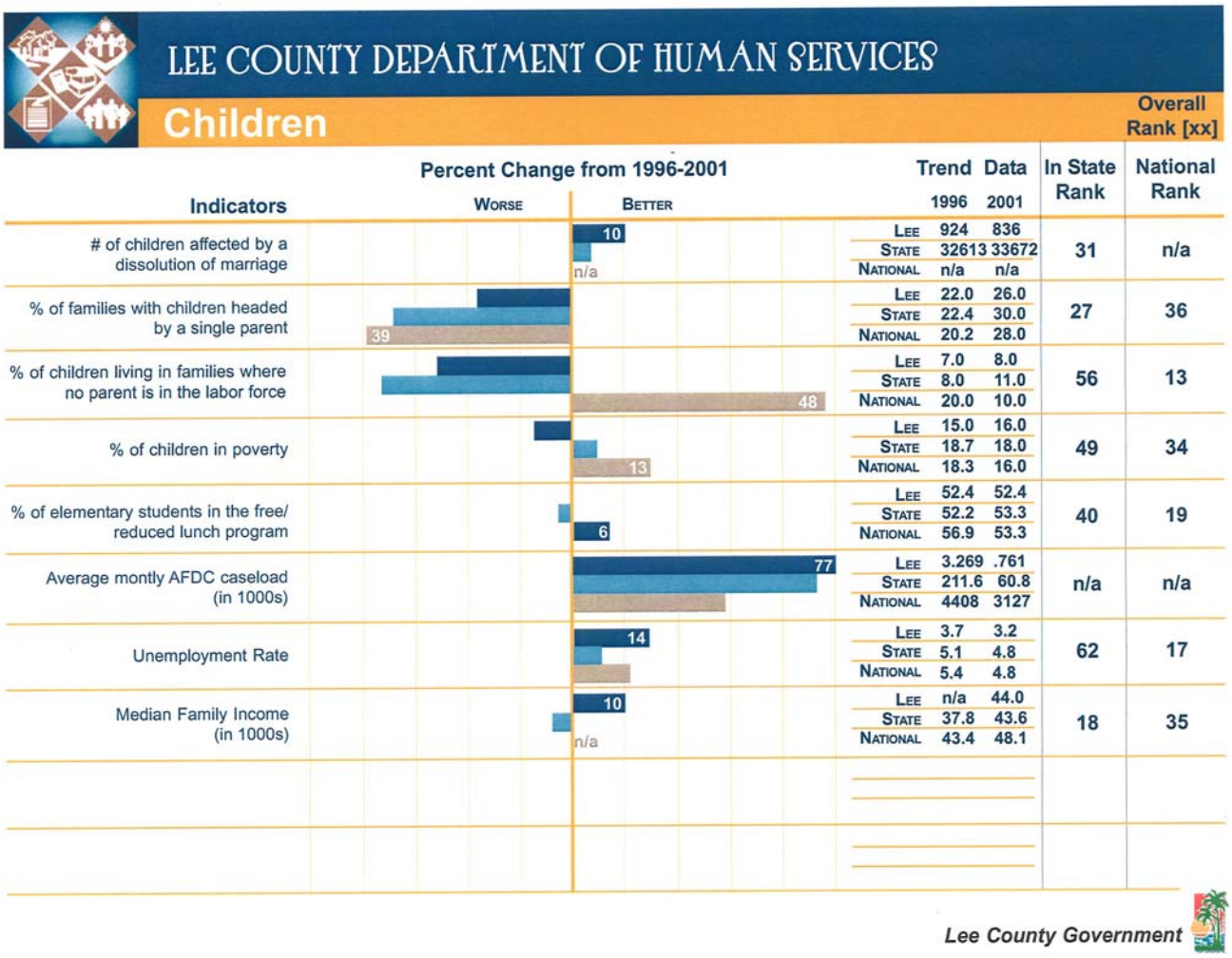
- *Increase the community capacity for crisis stabilization, detoxification beds and supportive housing.*

- *Educate the community about children's and adult mental and substance abuse services. Community funding agencies and providers should determine the cost and human benefits of providing appropriate services.*

- *Develop a plan of services that addresses children's and adult mental health and substance abuse issues.*

- *Develop a Family Emergency Treatment plan.*

- *Implement Crisis Intervention Training program for law enforcement and other public safety workers.*



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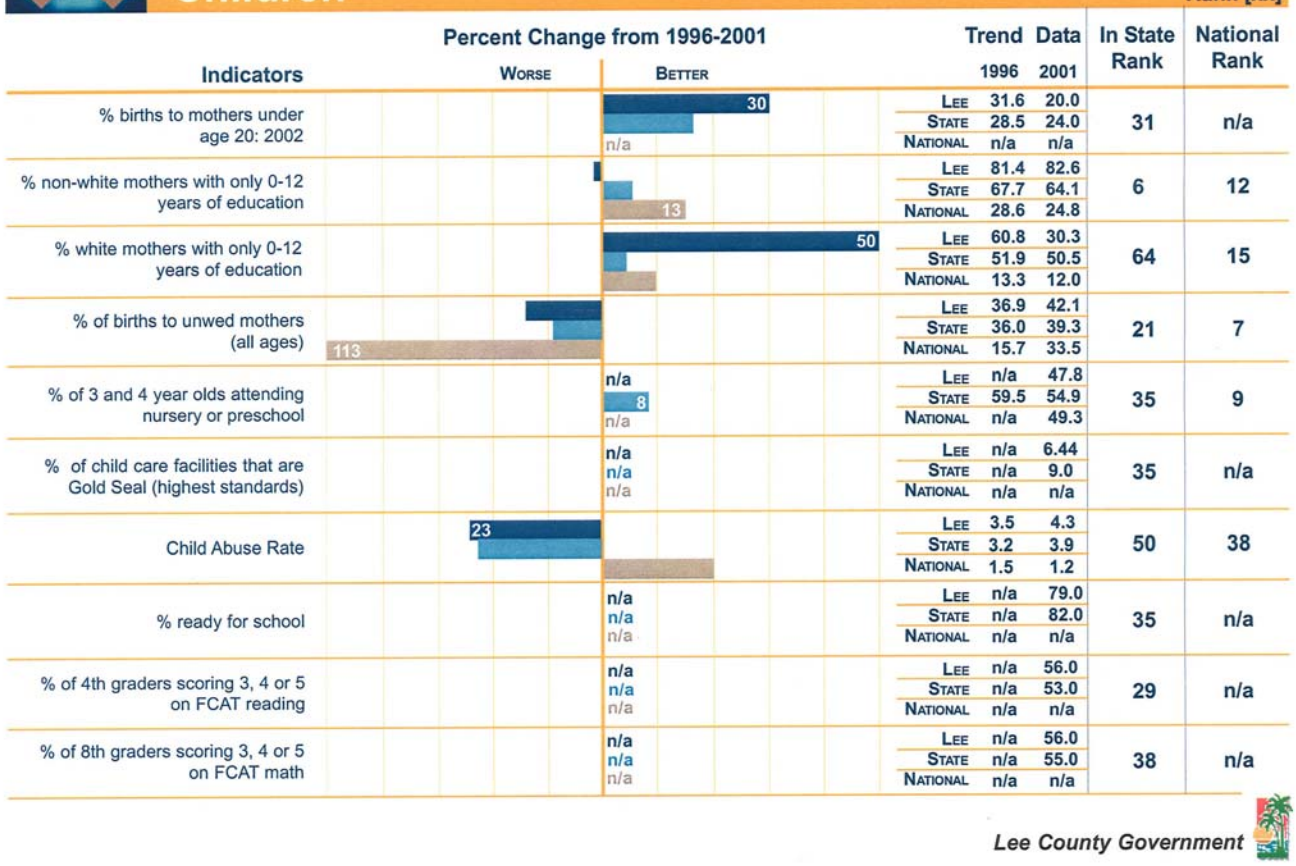
LEE COUNTY DEPARTMENT OF HUMAN SERVICES

Children

Overall Rank [xx]



Indicators	Trend	Data 1996	Data 2001	In State Rank	National Rank
% births to mothers under age 20: 2002	Lee	31.6	20.0	31	n/a
	State	28.5	24.0		
	National	n/a	n/a		
% non-white mothers with only 0-12 years of education	Lee	81.4	82.6	6	12
	State	67.7	64.1		
	National	28.6	24.8		
% white mothers with only 0-12 years of education	Lee	60.8	30.3	64	15
	State	51.9	50.5		
	National	13.3	12.0		
% of births to unwed mothers (all ages)	Lee	36.9	42.1	21	7
	State	36.0	39.3		
	National	15.7	33.5		
% of 3 and 4 year olds attending nursery or preschool	Lee	n/a	47.8	35	9
	State	59.5	54.9		
	National	n/a	49.3		
% of child care facilities that are Gold Seal (highest standards)	Lee	n/a	6.44	35	n/a
	State	n/a	9.0		
	National	n/a	n/a		
Child Abuse Rate	Lee	3.5	4.3	50	38
	State	3.2	3.9		
	National	1.5	1.2		
% ready for school	Lee	n/a	79.0	35	n/a
	State	n/a	82.0		
	National	n/a	n/a		
% of 4th graders scoring 3, 4 or 5 on FCAT reading	Lee	n/a	56.0	29	n/a
	State	n/a	53.0		
	National	n/a	n/a		
% of 8th graders scoring 3, 4 or 5 on FCAT math	Lee	n/a	56.0	38	n/a
	State	n/a	55.0		
	National	n/a	n/a		

Lee County Government

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CHILDREN AND FAMILY SERVICES

EXECUTIVE SUMMARY

Nationally, 61% of children, birth through age 6, not yet in kindergarten, receive some form of non-parental child care on a regular basis according to the Forum on Child and Family Statistics. The average median childcare worker wage reported in 2002 for all childcare facilities was $8.18 per hour. Benefits vary, but for most childcare workers, they are minimal. Additionally, advanced training for most workers is not covered by the employer (U.S. Department of Labor, Bureau of Labor Statistics). There are few licensed daycare centers that provide evening care. A family of four in Lee County with a gross income of $33,400 would spend 32% of their income on child care for an infant and a 3 year old.

Economic indicators offer insight into the well-being of children and to what extent they may have difficulty growing up and achieving their goals. Early child development is critical to how the child will perform in school. According to the National Center for Children in Poverty, the U.S. poverty rate is two to three times higher than other major western nations. Despite the enormous wealth in the United States, our child poverty rate is among the highest in the developed world. Although this document primarily focuses on the social service aspect of the community, the School Readiness Program must be considered when identifying the needs of our children.

The School Readiness Act was passed in 1999, with the intent of forming an integrated and seamless system of developmentally appropriate, research based services for birth-to-kindergarten population. In 2001, the subsidized child care program administered by the Department of Children and Families and the Pre-kindergarten Early Intervention Program administered by the Department of Education were combined to form the School Readiness Program, administered at the State level by the Florida Partnership for School Readiness and at the local level by the School Readiness Coalitions. The mission "*To establish a unified approach and specific strategies for systemic change -- through local School Readiness coalitions and interagency partnerships -- to ensure that all children are emotionally, physically, socially and intellectually ready to enter school and ready to learn, fully recognizing the crucial role of parents as their child's first teacher.*"

The local School Readiness Coalition is responsible for developing a plan, selecting a fiscal agent and administering local School Readiness services. School Readiness programs are intended to be developmentally appropriate, researched based, involve parents as their child's first teacher, serve as preventive measures for children at risk of future school failure, and enhance the educational readiness of eligible children and support family education. Services to the greatest extent possible are provided year round. (Children's Forum, Charting the Progress 2000-2002 Florida Children's Forum)

This Program will be addressed in more depth as a part of the Lee County Smart Growth Initiative. (HSC document should include the objectives of the School Readiness Coalition) Resources: ChildStats.Gov

Children And Family Services

In Lee County, 20% of the population (approximately 99,500) is birth to seventeen. Based on the current growth, it is projected that by 2010 birth to 17 will be almost 120,000 children. (EDO, Economic Profile 2004.)

In February 2003, the National Association of School Psychologists reported on the critical issues facing children in the 2000's. However, most of the issues reported were not new. The prevalence has increased for some issues while decreasing for others. According to the Children's Defense Fund:

- An American child is reported abused or neglected every 11 seconds.
- 581,000 children are in foster care with a waiting list of 127,000 children.
- 7.5 million children are home alone without supervision, frequently after school when they are at greater risk for getting into trouble.
- The 2000 U.S Census, reports 80% of poor children are in working households.
- Close to 12 million children are poor, hungry and or at risk of hunger, living in poor housing conditions, or are homeless.

Poverty, violence, sexual behavior, alcohol and drug abuse, mental health, diversity and tolerance, education and technology are considered some of the major critical factors facing children in this decade.

In 1998, Florida legislature passed House Bill 3217, which provided for the privatization of foster care and related services. This was the beginning of the most extensive reform of the child protection system in Florida and the "community based concept." The law calls upon the community to develop a service delivery plan that builds on the strengths of the current system, addresses the diversity of the community, and improves outcomes for the children and families that are being served.

In the 2000 legislature, House Bill 2125 passed and defined the responsibilities of the Department of Children and Families (DCF) and created Community Alliances. The mission and the purpose of the Department of Children and Families changed substantially and placed more focus on community responsibility. The duties of the Community Alliance include:

- Joint planning for resource utilization in the community, including resources appropriated to the Department and any funds that local funding sources choose to provide.
- Assessing needs and establishing community priorities for service delivery.
- Determining community outcome goals to supplement state-required outcomes.
- Serve as a catalyst for community resource development.
- Provide for community education and advocacy on issues related to delivery of services.
- Promote prevention and early intervention services.

The Department of Children and Families is responsible for the staffing and to ensure that the formation of the Community Alliance builds on the strengths of the existing human services infrastructure.

Children And Family Services

The Children's Network of Southwest Florida, the community based lead agency, assures the provision of services to children and families involved in the state child welfare system including prevention services to those at risk of entering the child welfare system. The DCF continues to conduct child protective investigations and child welfare legal services. Although in some areas of the state, the child protective system is the responsibility of the Sheriff.

Child Welfare Services can be divided into two broad categories:

- Case Management includes the overall planning, court involvement and coordination of the process.
- Specialty Services includes the actual provision of services including counseling, training, residential services, and any other services required.

The Children's Network contracts with an array of local service providers to provide the necessary services for the child and family. In Lee County, there are 164 foster homes, 2 emergency shelters (32 beds), 11 specialty providers under contract and 2 case management organizations.

In October 2003, the Children's Network reported there were 806 children in care and 296 abuse reports for the month of September.

TRENDS AND CONDITIONS

The Department of Children and Families continues to provide the child protective investigations into allegations of child abuse received by the state abuse hotline. Alleged victims must be under the age of 18 years, and the alleged perpetrator must be in a caregiver situation. Data has shown that 71% of the investigations have no findings of abuse, 16% show some indications of abuse and 13% find verified abuse. The most prevalent finding is physical abuse, followed closely by threatened harm to the child due to domestic violence and/or substance abuse by a caregiver. In 2003, there were 5,373 Lee County investigations (child population 92,772). The DCF reports that the number of calls increased 52% in the past five years. However, the rate per 1,000 child population has stabilized over the past 2 years. In the fiscal year ending 2001, there were 4.57 investigations for every 1,000 children. In 2003, this number reduced to 4.31.

The Department of Children and Families continues to be downsized by the state. It is anticipated that most services will be provided by community organizations and the state will be a contract agency with little or no direct services.

STRENGTHS

- Current performance is strong
- Good relationship with the courts
- Experienced child care staff and providers
- Excellent partnership between the Department of Children and Families and the Children's Network

Children And Family Services

WEAKNESSES

- Children's Network and case management organizations are in their first year delivering services
- New systems are in their first year of trial
- Need more culturally diverse foster and adoptive homes

OPPORTUNITIES

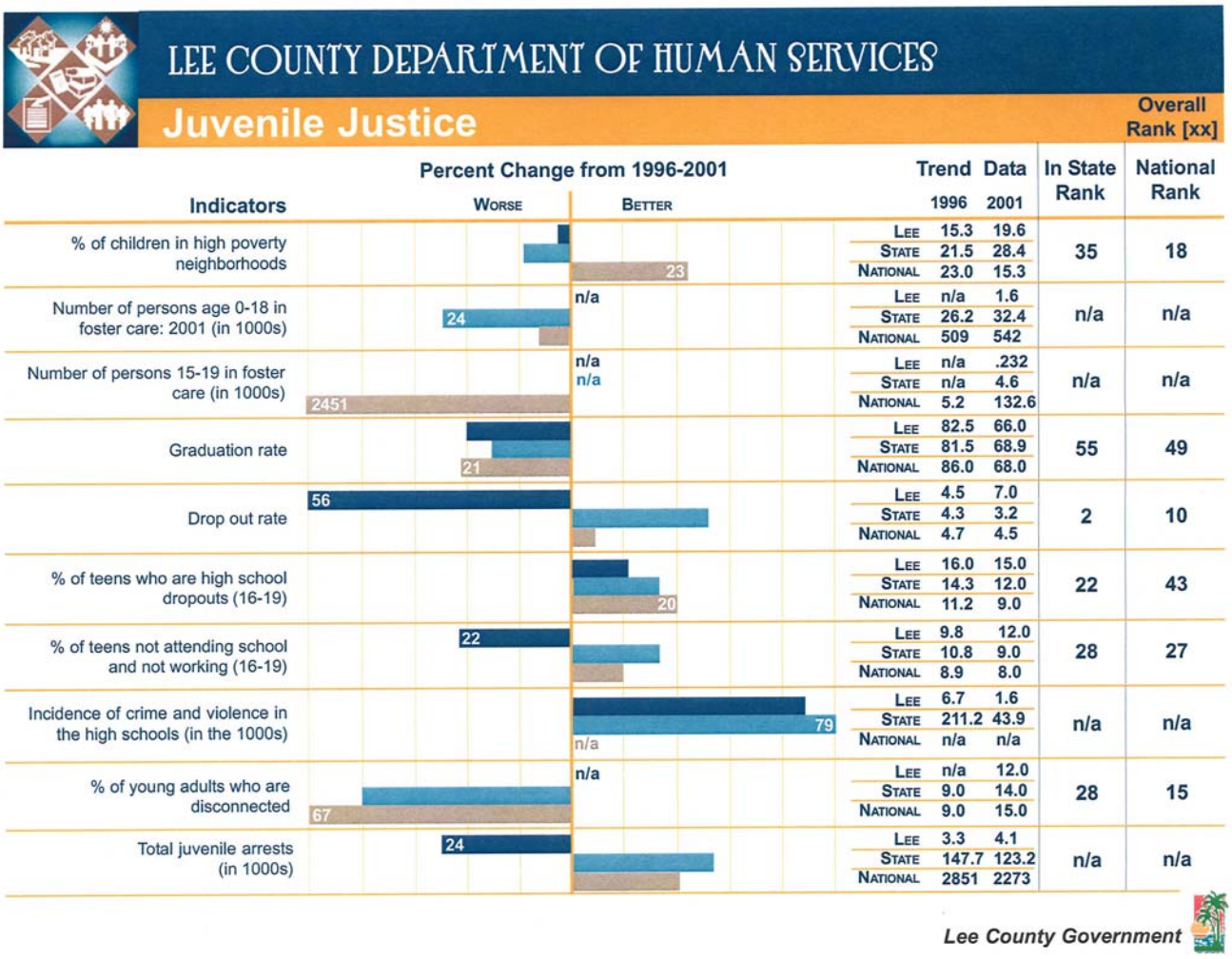
- Resource development – fund raising
- Resource alignment and maximization
- Implementing new technologies – utilization management
- New system of care

THREATS

- Growth without accompanying funding
- Rising insurance costs - liability
- Medicaid funding limits or capitation

RECOMMENDATIONS:

- *Seek and obtain adequate state funding for Lee County protective investigation, foster care and case management.*
- *Work collaboratively with the Early Learning Coalition of Southwest Florida in achieving their objectives and standards.*
- *Establish data systems to monitor community and neighborhood services provided by the Children's Network.*
- *Proactive involvement in the legislative process to prevent the shift of costs from the State to the Counties.*
- *Develop education programs on child abuse prevention in neighborhoods.*
- *Ensure providers coordinate children's services in low-income areas.*
- *Protect our children to ensure their success.*


LEE COUNTY DEPARTMENT OF HUMAN SERVICES
Juvenile Justice
Overall Rank [xx]
Percent Change from 1996-2001
Worse
Better
Indicators
Trend Data
1996 2001
In State Rank
National Rank
% of children in high poverty neighborhoods
Lee 15.3 19.6
State 21.5 28.4
National 23.0 15.3
35
18
23
Number of persons age 0-18 in foster care: 2001 (in 1000s)
Lee n/a 1.6
State 26.2 32.4
National 509 542
n/a
n/a
n/a
24
Number of persons 15-19 in foster care (in 1000s)
Lee n/a .232
State n/a 4.6
National 5.2 132.6
n/a
n/a
n/a
n/a
2451
Graduation rate
Lee 82.5 66.0
State 81.5 68.9
National 86.0 68.0
55
49
21
Drop out rate
Lee 4.5 7.0
State 4.3 3.2
National 4.7 4.5
2
10
56
% of teens who are high school dropouts (16-19)
Lee 16.0 15.0
State 14.3 12.0
National 11.2 9.0
22
43
20
% of teens not attending school and not working (16-19)
Lee 9.8 12.0
State 10.8 9.0
National 8.9 8.0
28
27
22
Incidence of crime and violence in the high schools (in the 1000s)
Lee 6.7 1.6
State 211.2 43.9
National n/a n/a
n/a
n/a
79
n/a
% of young adults who are disconnected
Lee n/a 12.0
State 9.0 14.0
National 9.0 15.0
28
15
n/a
67
Total juvenile arrests (in 1000s)
Lee 3.3 4.1
State 147.7 123.2
National 2851 2273
n/a
n/a
24
Lee County Government

JUVENILE JUSTICE

EXECUTIVE SUMMARY

In 1993, the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention issued a policy paper that defined the national comprehensive approach to prevent and control serious juvenile crime. The *Comprehensive Strategy for Serious, Violent and Chronic Juvenile Offenders* provided research findings and specified critical policy assumptions to guide effective programming. There are five general principles:

- Strengthen the family in its role to instill moral principles and provide guidance and support to children;
- Support core social institutions in their roles to develop capable, mature and responsible youths;
- Prevent delinquency because prevention is the most cost-effective approach to combating youth crime;
- Intervene immediately and effectively when delinquent behavior is first manifested (Restorative Justice);
- Control and identify the small group of serious, violent and chronic offenders through a range of graduated sanctions, including placement in secure facilities.

This Comprehensive Strategy also provided identification of a community's priority risk factors from the 19 national research-based risk factors. Thirty years of national research has revealed that reducing these risk factors and or increasing the protective factors reduces the incidence and severity of juvenile crime. This risk focused approach deals with both prevention and sanction programs in combating juvenile crime. The more risk factors present in a youth's environment, the more likely there will be juvenile problems. Early intervention through local planning is the best approach to reducing juvenile crime and saving community dollars.

In the fall of 2000, the Florida Department of Juvenile Justice re-organized and established four core functions – Prevention and Victim Services, Detention, Probation and Community Corrections, and Residential and Correctional Facilities. The following services are the responsibility of the state.

Probation and Community Corrections

The 20th Judicial Circuit has a circuit manager/chief probation officer to supervise juvenile probation officers and function as the Department's key local contact on juvenile justice issues. By supervising and counseling juveniles in their home communities through diversion and conditional release programs, the Probation and Community Corrections branch is the most community-based program of the agency. The principle programming for this branch includes diversion, conditional release, intensive delinquency diversion and other probation services. Probation is an individualized court-ordered program in which the youth is restricted to home or another designated placement in lieu of commitment to the Department Division includes low cost programs to administer sanctions and treatment while keeping less serious and early

offenders out of the judicial system. The new Intensive Delinquency Diversion Service program provides early help to juvenile offenders most at risk for becoming chronic offenders.

Residential Services

Juveniles who are adjudicated (found guilty) by the court can be committed to residential programs that are classified by risk levels as low, moderate, high or maximum risk. The programs, which include wilderness camps, boot camps, youth academies and maximum-risk facilities, provide schooling, counseling, vocational training and specialized treatment. Specialized treatment includes services for mental health, substance abuse, sex offender and developmentally disabled youths. The Department has 7,295 residential treatment beds funded. Eighty-eight percent of the residential facilities are contracted facilities and 12% are state-operated facilities. The majority of the beds are at the moderate risk level (3,850). Specialized services are funded for 4,281 of the residential beds and 1,195 of the beds are programmed for female juveniles.

Prevention and Victims Services

Community-based prevention programs serve 50,546 youth, targeting youth most at risk of becoming delinquent. This branch has instituted a targeting process that is designed to deliver prevention services to those areas of the community where at risk youth are most likely to live. Using Geographic Information System technology, the branch is able to map and focus resources. Programs include Children in Need of Services/Families in Need of Services (CINS/FINS) shelters, PACE Centers for Girls, state-funded Community Partnership grants, grants funded through Invest in Children license tags and federal grants. Focus was also placed on Victim Services to address the rights and needs of victims of juvenile crime. The branch works with local juvenile justice boards and councils, Business Partners for Prevention Inc., the faith community, volunteers and mentors to implement prevention programs.

Detention Services

Twenty-five secure detention facilities are operated by Detention Services to hold juveniles who are at risk to public safety and who are awaiting court action or placement in a residential commitment program. One of the centers, Southwest Regional Detention Center, was privatized as of January 2003. This branch is also responsible for home detention supervision (with or without electronic monitoring) for juveniles awaiting court or placement. Voice recognition technology was instituted to monitor juveniles placed on home detention providing 35 checks per week. In addition, Detention Services coordinates the statewide offender transportation system. As of January 2002, all food services for the secure detention centers were privatized.

TRENDS AND CONDITIONS

In January 2000, The Comprehensive Strategy in Lee County, Building Bridges for Youth and Families submitted by the Comprehensive Strategy Key Leaders Board and the Comprehensive Strategy Task Force was adopted as the community plan. Based on the community data and analysis, three primary risk factors were identified:

- Extreme economic and social deprivation
- Family conflict/family management
- Friends who engage in the problem behavior

This document identified an implementation plan, key outcomes and community resource assessment.

November 2003, the Florida Gulf Coast University, Center for Public and Social Policy, published the *Focus on Southwest Florida Youth, Risk Indicator Data.* The following table identifies area by zip code with the highest number of youth referrals to the Department of Juvenile Justice in Circuit 20.

RANK*	ZIP CODE	LOCATION	YOUTH REFERRED	% OF CIRCUIT TOTAL*
1	33916	Fort Myers	364	8.4
2	34142	Immokalee	301	6.4
3	34116	Naples/Golden Gate	215	5.0
4	33905	East Fort Myers	189	4.4
5	33990	Cape Coral	180	4.2
6	33917	North Fort Myers	167	3.9
7	33901	Fort Myers	162	3.7
8	33440	Clewiston	160	3.7
9	33914	Cape Coral	160	3.7
10	33912	Fort Myers	158	3.6
11	33952	Port Charlotte	140	3.2
12	33904	Cape Coral	120	2.8
13	34112	East Naples	115	2.7
14	33936	Lehigh Acres	106	2.4
15	33935	Labelle	91	2.1

Source: Department of Juvenile Justice, Bureau of Research and Data
*Youth referred, rank and percent of circuit total based on two-year average (1999-00, 2000-01)

SW Florida Youth Risk Indicator Data

Juvenile Justice

RECOMMENDATIONS:

- *Proactive involvement in the legislative process to prevent the shift of costs from the State to the Counties.*
- *Develop Restorative Justice programs such as the Neighborhood Accountability Boards for juvenile offenders.*
- *Strengthen the neighborhood approach for children's services and preventive entry into the Juvenile Justice system.*
- *Establish data systems to monitor the juvenile justice system.*
- *Establish local prevention programs and market their success to obtain increased funding.*

HOMELESS

EXECUTIVE SUMMARY

In November, 2004 the Lewin Group released a report titled "Costs of Serving Homeless Individuals in Nine Cities" which identified costs of serving homeless individuals in six alternative settings, shelter, jail, prison, hospital, mental hospital and supportive housing. The cities analyzed were Atlanta, Boston, Chicago, Columbus, Los Angeles, New York, Phoenix, San Francisco and Seattle. With the exception of San Francisco and Seattle, the cost of providing supportive housing was much less than the alternative jail, prison, hospital or mental hospital. Both San Francisco and Seattle reported that shelter costs were lower than supportive housing.

Studies have shown that when homeless people or people who are at risk of being homeless move into supportive housing, they experience:

- 58% reduction in ER visits
- 85% reduction in emergency detox services
- 50% decrease in incarceration rate
- 50% increase in earned income
- 40% rise in rate of employment when employment services are provided
- More than 80% stay housed for at least one year

The Office of Program Policy Analysis and Government Accountability (OPPAGA) released a report in January 2005, "Economic Impact of Homelessness is Significant; Improvements Needed at State and Local Levels". OPPAGA reports that federal, state and local governments are spending at least $168 million annually for programs and services to assist homeless. This figure excludes the costs associated with the police, courts, emergency service providers and hospital emergency rooms. In 2003, Florida's homeless population ranged from 68,785 to 76,675 representing less than 1% of the population.

In Lee County, it is estimated that 2,100 (2005 count) people are homeless on any given day. This number was based on the Barry University standard formulae used to determine the number of homeless persons within the general population is .00404 x population. The count is performed counting the number of persons living in the woods, on the streets, shelters, domestic violence shelters, hospitals, and pending discharge from jail without a place to stay.

The Lee County Homeless Coalition did a study on chronic homelessness in December 2003. The study was performed on 10 individuals over a ten year time period that were provided service at Lee Memorial Hospital, Southwest Florida Addiction Service (SWFAS), Ruth Cooper Center (RCC), Salvation Army (SA) and the Lee County jail. The total estimated cost was $872,160 for services. All ten individuals were seen in the emergency room or admitted to the hospital at a cost of $300,173. Lee County jail costs were reported at $145,462 for nine of the homeless individuals. The Salvation Army, Ruth Cooper Center, Southwest Florida Addiction Services reported costs in excess of $400,000. There were several recommendations from the study:

Homeless

- There should be a coordinated single case management system developed among the agencies for the homeless.
- Mainstream programs such, as Medicaid and food stamps are not utilized because of the lack of coordinated care.
- There is a need to increase supportive housing programs, shelter, detox beds and residential treatment programs.

Lee County Department of Human Services coordinates the Housing and Urban Development Homeless Continuum of Care and the State of Florida Homeless Challenge grant awards. With the assistance of the not-for-profit homeless agencies, the community has received in excess of $24 million dollars over the past ten years.

The local community agencies and the DHS are currently working together to re-energize the local Homeless Coalition. This Coalition will include service providers, housing providers, county and city staff, and business leaders.

As a requirement of federal funding, a centralized data system has been created. The Homeless Management Information System (HMIS) will provide a consistent database of the homeless persons in the community and the services they are receiving. All agencies that receive federal and state funds are required to participate in the HMIS. Shelters and other agencies that provide homeless services in the community are strongly encouraged to participate. It should be noted that the primary funding to provide support services and supportive housing are by the federal and state governments.

New Freedom Initiative

President Bush announced the New Freedom Initiative on February 1, 2001 as part of a nationwide effort to remove barriers to community living for people with disabilities. Today, 20% of the American population is living with a disability (54 million). Almost half of these individuals have a severe disability affecting their ability to see, hear, walk or perform other basic functions of life. In addition, there are more than 25 million family caregivers and millions more who provide aid and assistance to people with disabilities.

The New Freedom Initiative is a comprehensive plan that represents an important step in working to ensure that all Americans have the opportunity to learn and develop skills, engage in productive work, make choices about their daily lives and participate fully in community life. (US/DHHS)

This initiative relies heavily on the participation of the faith-based and local community for success.

Olmstead Act

In 1999, the Supreme Court construed Title II of the American with Disabilities Act to require states to place qualified individuals with mental disabilities in community settings, rather than in institutions, whenever treatment professionals determine that such placement is appropriate, the

affected persons do not oppose such placement and the state can reasonably accommodate the placement, taking into account the resources available to the state and the needs of others with disabilities. The Supreme Court stated, "Recognition and unjustified institutional isolation of person with disabilities is a form of discrimination." Further the Court ruled 1) institutional placements of people with disabilities who can live in and benefit from community settings perpetuates the unwarranted assumptions that persons so isolated are incapable or unworthy of participating in community life, and 2) confinement in an institution severely diminishes everyday life activities of individuals including family relations, social contacts, work options, economic independence, educational advancement, and cultural enrichment. This decision affects not only all persons in institutions and segregated settings, but also people with disabilities who are at risk of institutionalization, including people with disabilities on waiting lists to receive community-based services and supports.

Homeless Youth Runaway

According to the National Runaway Switchboard, between 1.3 and 2.8 million youth live on the streets in the United States every day. One out of every seven youth (15%) will runaway before their 18th birthday. (Research Triangle Institute, 1995) It is estimated that at least 5,000 runaway and homeless youths die from assault, illnesses or suicide in each year.

In 2003, runaways accounted for 96% of the 49,984 missing children report according to the Florida Network of Youth and Family Services. In 2004, 30,448 youth and families in crisis contacted a network center for help. Of these, 18,443 received counseling and/or residential services from one of the community-based centers. Of the 8,368 youth receiving shelter through Department of Juvenile Justice (DJJ) program; 38% were chronic runaways. The following provides statistics of the Florida youth runaways:

Age

- 62% are age 15 or younger
- 40% are 14 or younger
- 19% are 13 or younger

Race

- 56% White
- 36% Black
- 8% Other

Gender

- 63% female
- 37% male

Homeless

Parents of Runaway Youth

- 36% have had prior or have current involvement with DCF
- 71% or more of the parents do not know where or with whom the child spends his/her time
- 36% of parents have a prior criminal record
- 26% of the parents served jail or prison time

Youth Who Have Run Away

- 24% of runaway youth have documented abuse or neglect by their parents
- 62% have run away from home and stayed away for a week or longer
- 47% have run away from home 3 or more times in the last 3 months

School

- 70% attend inconsistently
- 47% have been suspended in the current or a previous school year
- 54% have failed one or more classes in the last six months
- 41% have failed at least one grade

Substance Abuse

- 44% use tobacco
- 38% have used illicit drugs or alcohol at least 3 times in the last month

Runaways often become victims of crime, and some turn to prostitution, pornography, drugs, stealing, and other crimes to survive while living on the street.

STRENGTHS

- Homeless Continuum of Care Plan is realistic and well planned
- Community agencies are willing to work together
- Homeless Management Information System will provide data needed to effectively plan for services and provide data for federal and state funding

WEAKNESSES

- There is a lack of shelter beds (detox, single male shelter, crisis beds)
- There is a lack of supportive housing developers
- There is a lack of supportive housing
- Homeless Coalition does not have a current measurable community plan
- There is lack of participation from the housing authorities, business leaders and cities in coordinating an effective plan
- There is a lack of homeless prevention funds

Homeless

OPPORTUNITIES

- Strengthen the Homeless Coalition
- Increase the membership of the Homeless Coalition
- Analyze "Best Practices" demonstration projects throughout the County
- Compile data that will clearly support the need for homeless services
- Coordinate system of homeless services
- Homeless population is growing therefore more community attention to the issue
- Build community capacity for new housing developers specifically for supportive housing
- Homeless Coalition is re-energizing itself to be more productive and proactive
- Develop a Safe Haven supportive housing that will serve hard to reach homeless people

THREATS

- De-institutionalization from State hospitals and correction facilities
- Shift of Federal and State service responsibilities
- Decrease in homeless mainstream services
- Decrease in Federal and State supportive housing funding
- Increase in the demand for supportive affordable housing

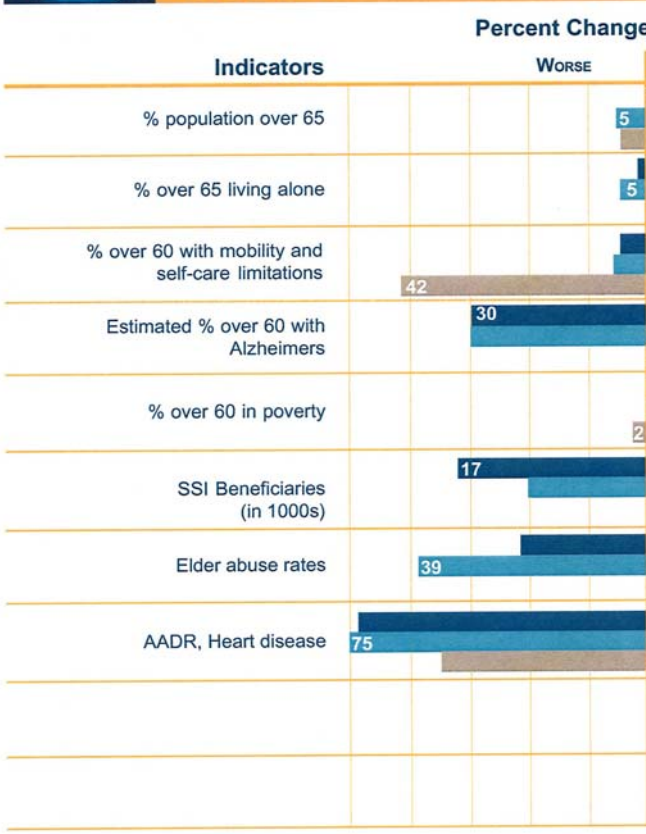
RECOMMENDATIONS:

- ❖ *Homeless Coalition needs to develop a comprehensive plan addressing youth aging out of the foster care system, youth residential treatment, chronic and transient homeless, abuse shelters, family shelters, and supportive affordable housing. This plan should address specifically discharge planning from the foster care system, hospital, corrections and long term care.*
- ❖ *Encourage collaboration between service providers and the Homeless Coalition.*
- ❖ *Support community education on the need for supportive affordable housing.*
- ❖ *Support increasing supportive housing for persons with disabilities.*
- ❖ *Expand supportive housing providers.*
- ❖ *Increase youth residential treatment programs.*
- ❖ *Develop an education plan of the homeless needs in the county.*

LEE COUNTY DEPARTMENT OF HUMAN SERVICES

Seniors

Overall Rank [xx]



Indicators	Trend	1996	2001	In State Rank	National Rank
% population over 65	Lee	24.9	25.2	12	1
	State	18.5	17.6		
	National	12.8	12.3		
% over 65 living alone	Lee	20.5	21.0	56	44
	State	23.9	25.0		
	National	31.5	30.1		
% over 60 with mobility and self-care limitations	Lee	3.8	4.0	61	37
	State	5.3	5.0		
	National	6.7	9.5		
Estimated % over 60 with Alzheimers	Lee	8.5	11.0	28	n/a
	State	9.2	11.0		
	National	n/a	n/a		
% over 60 in poverty	Lee	8.2	8.2	57	16
	State	12.8	12.7		
	National	10.0	10.2		
SSI Beneficiaries (in 1000s)	Lee	5.4	6.3	n/a	n/a
	State	352	386		
	National	6614	6602		
Elder abuse rates	Lee	7.9	9.6	9	37
	State	11.6	16.1		
	National	n/a	n/a		
AADR, Heart disease	Lee	120.9	209.5	57	16
	State	113.4	233.2		
	National	183.2	246.8		

Lee County Government

SENIOR SERVICES

EXECUTIVE SUMMARY

The Florida Department of Elder Affairs was created in 1991 as a result of the 1988 constitutional amendment. The Department in charge with preparing the plan on aging to assess the needs of elders in the following areas: housing, employment, education and training, medical care, long term care, preventive care, protective services, social services, mental health, transportation, long term care insurance and issues that are identified as impacting seniors. The Florida State Plan on Aging can be found at the following site: http://elderaffairs.state.fl.us/doea/english/StatePlan/stateplan.html.

In Florida, almost one out of every four residents is age 60 and older. With 3.9 million persons age 60 and older, Florida ranks number one in the percentage of citizens who are elders. Since 1990, the elder population has increased by almost one million or a 29% increase. The number of 85 and older grew four times faster than persons age 60 to 84. The counties with the largest number of elders are located in South and Central Florida. The top ten counties by size of their elder population are Miami-Dade, Broward, Palm Beach, Pinellas, Hillsborough, Lee, Sarasota, Orange, Brevard and Volusia. These ten counties account for 55% of the elder population in the state, according to the Department of Elder Affairs based on Office of Economic and Demographic Research.

Although the median family income of Florida elders is $26,796, an estimated 11% of all residents age 60+ and older have annual family incomes that fall below poverty level as defined by the U. S. Department of Health and Human Services.

The chart on page 51 (Source Department of Elders Affairs) will provide the 2004 State statistics, Lee County Profile – PSA 8.

In February 2003, the Department of Elder Affairs published "Securing Florida's Place as a Premier Retirement Destination", A Report of the Destination Florida Commission. Discussions centered on why Florida was interested in recruiting retirees. The Commission found that:

- Mature residents are one of the main engines that drive Florida's economy. In 2000, they paid $2.8 billion in state and local taxes in excess of services received.
- The sustainability of Florida's growth depends on its ability to continue to attract mature residents.
- The retirement industry is clean, and its benefits are spread to other high jobs creating industries such as hospitality, construction, and health care.
- Relative to other states, Florida has an unmatched competitive advantage in the retirement industry. Therefore, the state should proactively exploit this advantage to improve the lives of Floridians of all ages.

Florida has warm weather throughout the year, lower cost of living and attractive amenities.

TRENDS AND CONDITIONS

In 2003, the Lee Memorial Foundation made a financial commitment to initiate the Consumer Advisory Committee for Older Adult Services. Business leaders, government officials, chambers of commerce, United Way, top leadership of the local health systems and provider agencies formed a leadership committee meeting over several months to identify priorities and focus for Lee County. The focus of the leadership group was to build a sense of community, similar to the objectives of the community character in Smart Growth initiative. As a result of the leadership committee's work, the primary strategies were presented to the Human Services Council. Rather than re-invent the wheel, the Human Services Council adopted the work of this group and will join in partnership in meeting the strategies identified. As a result, the strengths, weaknesses, opportunities and trends analysis was not completed for this section.

Lee

Population By Age Categories	
All Ages	496,474
60-64	32,517
65-69	33,536
70-74	32,588
75-79	27,821
80-84	18,556
85+	12,779
60+	157,796
65+	125,279
75+	59,156

Population Changes	
Growth Rate for 85+ Population (2003 – 2004)	5.8%
Net Elder Migration per 1,000	125.2

By Race/Ethnicity (60+)	
White – Non Hispanic	149,847
White Hispanic	3,148
Black	4,027
Other Minorities	774
Total Minorities	7,949

By Gender (60+)	
Male	72,570
Female	85,226

Elder Housing	
Percent of Housing Units Occupied by Elders	41.8%
County Rank	15
Percent of Elders with High Housing Expense (>40% of Income)	16.4%
County Rank	28

Financial Status	
Below Poverty Level	9,240
Below 125% of Poverty Level	13,738
Minorities Below 125% of Poverty Level	1,652
	2,230

Sundry	
Registered Voters (60+)	122,618
Driver Licenses (60+)	134,239
Caregivers (60+)	36,969

Disability Status (65+)	
With 2 or More Disabilities	18,421
With 2 or More Disabilities Including Self-Care Limitation	6,984
Cases of Probable Alzheimer's Disease Cases	16,688
Medically Needy	9,757

Food Stamp Program	
Possible Eligible	13,738
Participants	1,307
Participation Rates	95.2%

Medical Facility Beds	
Skilled Nursing Facilities	1,863
Occupancy Rate	95.2%
Skilled Nursing Units (Hospital)	43
Assisted Living Facilities (OSS)	29
Assisted Living Facilities	2,341
Adult Psychiatric Hospital	0

Living Situation (60+)	
Living Alone	27,212
Rural	17,809

Hurricane Needs	
Total Customers	1,049
Customers Needing Special Assistance Evacuating or Need Special Need Shelter Services	292

Population 60+ in Block Groups	
Very High Needs	1.4%
High Needs	2.3%
Moderate Needs	20.7%
Low Needs	61.6%
Very Low Needs	14.0%

Grandparenting	
Grandchildren Living with Grandparents	6,045
Grandparents Living with Grandchildren	8,163
Grandparents Responsible for Grandchildren	3,712

http://elderaffairs.state.fl.us/doea/english/Stats/DOCS/psa08.pdf

Senior Services

RECOMMENDATIONS:

- *Build sufficient numbers of well-trained geriatric care providers to provide quality services to older residents.*

- *Develop and maintain appropriate and adequate services so that older persons experience continuity of care from the health, social services, and long-term care systems.*

- *Establish, improve, and/or expand an array of services to meet the mental health and dementia needs of its citizens through a coordinated multidisciplinary system.*

COMMUNITY BASED ORGANIZATIONS

EXECUTIVE SUMMARY

A voluntary spirit has shaped the history and character of our country since its inception. The number of public charities and foundations has nearly doubled over the last twenty years. (Panel on the Non-profit Sector, Interim Report) Between the private foundations and general public, over $266 billion dollars are contributed annually. This does not include government services that are purchased from community agencies. The network of charitable organizations provides a vital service in such fields as health, education and social assistance. Unlike the for-profit commercial business, the non-profit sector addresses the public goods and needs rather than personal gain. However, unless a business makes a profit, it will not survive. All businesses must have a strong administrative, management and financial component. The difference between for-profit and non-profit is the financial component. The difference between for-profit and non-profit is the financial gain or loss to the for-profit stockholders. Otherwise, a community-based non-profit organization is a business with the mission to provide service to those who are disadvantaged and or who have needs and lack the ability to be self-sufficient. Federal and state laws recognize the value of community-based organizations by providing tax exemption and other privileges unavailable to for-profit businesses.

Most community-based organizations receive public funds to support the services they provide. As a recipient of public funds, it obligates the agency to be accountable, credible, and have integrity in their operation and services. The days of receiving public grants because the agency has always been in the community are gone. Accountability and measurable outcomes should prevail when providing public or private funding to community-based agencies. Community – based agencies are critical to providing the needs within the community. Promoting good business practice, as would be required of any business, should be promoted by all funding organizations public and private. Additionally, community based agencies should have active volunteer boards to provide the policy and guidance in the mission of the organization. The agency board of directors is responsible for approving the wages, benefits and operating budget of the organization. Historically, the compensation of social staff in non-profit agencies has not been competitive with the private sector market for similar work and credentials. The old adage of "you pay for what you get" is a good example in this case. The philosophy must change to support the growing local needs. A community-based agency is a business that should produce a measurable service just as a for-profit organization produces a tangible product.

In 1996, the Welfare Reform legislation provided an impetus to develop a better coordinated service delivery system. In Florida, the Workforce Development Act created the "One Stop Center" or as they are now referred to as the "Career and Service Center." The purpose of the One Stop Center was to integrate services to holistically meet the needs of the individual being served. Welfare legislation enacted a time-limited system for the welfare recipients. In order for the reform to be accomplished, integration of services and program coordination was to be the key to client self-sufficiency. Welfare Reform required improved client outcomes by providing more effective and efficient delivery of services. In many instances, this is what drove the need to create partnerships among agency providers. The days of being independent and standing on one's own turf is gone.

Community Based Organizations

Federal and state financial resources encourage local partnership and collaboration when applying for funding. In most cases, in order for the agencies to receive funding, they must demonstrate how they will effectively carry out the services, how they will partner with other community agencies, what outcome will be delivered and provide documentation of the administrative and financial accountability of the lead agency.

The devolution of services to the local community level is causing a strain on community agencies. The services are devolving to the local level, but the financial support is not. Both federal and state government are looking to the local community to create programs and provide services for the local needs of its residents. Federal and state cuts in social service programs have and will continue to grow at a faster rate putting increased burdens on the community and agencies.

For the local system to be effective, it will depend on the community embracing the challenge of social service delivery and the resources the community is willing to provide.

STRENGTHS

- The majority of community agencies work collaboratively
- The majority of the community agencies are committed to measurable outcomes performance
- There is consistency in community agency leadership; many of the directors have been and are experienced in the services provided
- Community agencies are a part of the small and some large businesses market
- Community agencies provide the employee assistance programs for many of the local businesses
- Community agencies are dedicated to providing quality service

WEAKNESSES

- Devolution is requiring community-based agencies to take on more without added funding
- Education regarding the capacity for agencies to provide the needed services is lacking
- There is not a community data system that identifies needs, services and outcomes
- Liability will increase for the agency and board members as community agencies assume more responsibility for services
- The ability to secure and retain dedicated board members to govern the agency
- Deficiencies in administrative and fiscal capacity

Community Based Organizations

OPPORTUNITIES

- Increase collaboration among agencies can increase innovative approaches in providing services
- Creating consortiums to purchase goods and services for the agencies, such as group purchasing of office supplies, health insurance, auditing services, etc.
- Creating a collaborative Disaster Plan to effectively respond to the long term social needs of residents
- Increase the collaborative approach to providing neighborhood-based services
- Adapt to cultural changes

THREATS

- Decrease in financial resources
- Population growth
- Low wages
- Increased demand for services
- Change in funding requirements
- Need for cultural competence in provider organizations
- Frequent turn over in agency key staff positions

RECOMMENDATIONS:

- *Encourage collaboration among community agencies.*
- *Support the implementation and development of the Community Support Center, proposed by FGCU.*
- *Encourage the community-based agencies to utilize the client services network for collection of local data.*
- *Support community based agencies that demonstrate business and fiscal responsibility.*

APPENDIX 1

LEE COUNTY BEHAVIORAL HEALTH HOUSING OPTIONS

EMERGENCY CARE

Emergency Behavioral Health Care – Services necessary to stabilize a person who is experiencing an acute crisis attributable to his or her mental or substance-related disorder, and without care or treatment, there exists a substantial likelihood the person will cause serious harm to himself or herself or others in the near future, as evidenced by recent behavior. (Florida Administrative Rule 65E-11)

Crisis Stabilization Unit – A short term alternative to inpatient psychiatric hospitalization, which provides brief intensive services on a 24-hour, 7-day-a-week basis for individuals who are presented as acutely mentally ill. The purpose is to examine, stabilize, and redirect people to the most appropriate and least restrictive treatment setting consistent with their needs. (Florida Administrative Rule 65E-12)

Detoxification Services – Sub-acute care that is provided on a residential or outpatient basis to assist clients who meet the placement criteria for this component to withdraw from the physiological or psychological effects of substance abuse. (Florida Administrative Rule 65D-30)

Addictions Receiving Facility – A secure, acute-care, residential facility operated 24-hour, 7-day-a-week to serve persons found to be substance abuse impaired. (Florida Administrative Rule 65D-30)

Program	Crisis Unit	Detox Services
Provider:	Ruth Cooper Center	Southwest Florida Addiction Services
Capacity:	30 Persons	15 Persons
Length of Stay:	3-6 Days	3 Days
Target Population:	Mental Health	Substance Abuse
Comments:	Capacity limited by law. Medically monitored and stabilized to move on	24-hour medical supervision. Unit capacity is 29. Agency lacks money for staffing
Challenges:	(1) Diversion/Step-Down – i.e. respite/assessment services, geriatrics respite assessment (2) Inadequate funding for current beds (maximum state rate falls far short of cost) (3) Need for specialty services for appropriate stabilization and discharge – i.e. traumatic brain injury, developmental disability, forensics	(1) Diversion/Step-Down – i.e. respite/assessment services, geriatrics respite assessment (2) Additional detox beds and locked detox unit for adults in Lee County.

LEE COUNTY BEHAVIORAL HEALTH HOUSING OPTIONS

INPATIENT CARE

Inpatient Hospitalization - A 24-hour secure and protected, medically staffed, psychiatrically supervised treatment service. This level of care is for stabilization of urgent or emergent behavioral health problems. Acute Inpatient Hospitalization is provided specifically for those members who, as a result of a psychiatric disorder, are an acute and significant danger to themselves or others, or are acutely and significantly disabled, or whose activities of daily living are significantly impaired.

Urgent Care – Behavioral health services provided to persons with mental health or substance dependence disorders, whose presenting condition, although not life threatening, could result in serious injury or disability unless behavioral health services are received. (Florida Administrative Rule 65E-11)

Program	Inpatient Hospitalization	Inpatient Hospitalization
Provider:	Atlantic Shores (West Miami)	Riverside and Naples Community Hospital
Capacity:	Allocation County-by-County	
Length of Stay:	6 Months	8-10 Days
Target Population:	Seriously and persistently mentally ill	Adults over 21 years of age
Comments:	Referred only from an CSU	Open Admittance
Challenges:	(1) Transportation provided (2) The need for resources within the community for discharge (3) Case managers to follow up and easily access services	(1) No psychiatric beds in Lee County or transportation (2) The need for resources within the community for discharge (3) Case managers to follow up and easily access services

SUB-ACUTE CARE

Short Term Residential Treatment Program (SRT) - An Acute care 24 hour, 7-day-a-week residential alternative service for generally 90 days or less. An SRT provides intensive short-term treatment to individuals who are temporarily in need of a structured therapeutic setting in a less restrictive, but longer stay alternative to hospitalization. (Florida Administrative Rule 65E-12).

Program	Short Term Residential Treatment (SRT)
Provider:	Manatee Glens
Capacity:	2 Persons
Length of Stay:	6 Months
Target Population:	Dual Diagnosis
Comments:	Serves all of District 8. Must be referred from a CSU
Challenges:	(1) Additional 6 beds in Lee County (2) Obtain funding for extended secure care for individuals with serious mental illnesses.

INTENSIVE RESIDENTIAL

Residential Level I - Provides a structured group treatment setting with 24 hours per day, 7-days-per-week supervision for residents who have major skill deficits in activities of daily living and independent living, and are in need of intensive staff supervision, support and assistance. Nursing services are provided on this level but are limited to medication administration, monitoring vital signs, first aid, and individual assistance with ambulation, bathing, dressing, eating and grooming. (Florida Administrative Rule 65E-4.016)

Program	Residential Level 1	Residential Level 1	Residential Level 1
Provider:	Ruth Cooper Center	Charlotte Community Mental Health	Southwest Florida Addiction Services
Capacity:	16 Persons	28 Persons	12 Persons
Length of Stay;	30-90 Days*	Indefinite	30 Days
Target Population	Mental Health	Mental Health	Substance Abuse and Dual Diagnosis
Comments:	Unlocked supervised facility with nursing and psychiatric support	Geriatric: 55+ Services Region 8	1) Provides clinical monitoring, social support and safe living environment 2) Occupational therapy, psychiatric evaluation and follow-up 3) Medication management
Challenges:		(1)Transportation and discharge	(1) Specialized treatment facility that allows families to stay intact.

*can stay up to 6 months

RESIDENTIAL TREATMENT

Residential Level II - Provides a structured group treatment setting with 24 hour per day, 7-days-per-week supervision for five or more residents who range from those who have significant deficits in independent living skills and need extensive supervision, support and assistance to those who have achieved a limited capacity for independent living, but who require frequent supervision, support and assistance. (Florida Administrative Rule 65E-4.016)

Residential Level III - Consists of collocated apartment units with an apartment or office for staff who provide on-site assistance 24 hours per day, 7 days per week. The facility may be comprised of a block of apartments within a large apartment complex. The residents served in this facility have a moderate capacity for independent living. (Florida Administrative Rule 65E-4.016)

Program	Residential Level II	Residential Level II
Provider:	First Step (Sarasota)	Ruth Cooper Center Drug Alcohol Treatment Education (DATE)
Capacity:	2 Persons	16 Persons
Length of Stay:	6 Months	28 Days
Target Population:	Dual Diagnosis	Substance Abuse and Dual Diagnosis
Comments:		
Challenges:	(1) Transportation, discharge planning, and family support	(1) Additional capacity for follow up

RESPITE CARE

Respite - Provides temporary relief for primary family, foster family or other unpaid caregivers from the ongoing responsibility of caring for an individual(s) of any age with a disability, chronic or terminal illness, special health or mental health care need, or who may be at risk of abuse or neglect.

Program	Respite Care – Children
Provider:	1) Ruth Cooper Center Therapeutic Foster Care 2) National Mentor Healthcare, Inc. dba Florida Mentor
Capacity:	1) 2 at Ruth Cooper center Therapeutic Foster Care 2) 2 at Florida Mentor
Length of Stay:	1 week to 60-90 Days
Target Population:	Children with severe emotional disturbance who are at risk of CSU admittance or residential admittance
Comments:	Intended for children without Medicaid in the foster care system or those who live with parents
Challenges:	Affordable service for short term (24-72 hours) relief for caregivers

Program	Respite Care – Adults
Provider:	Ruth Cooper Center Van Buren Facility
Capacity:	8 Persons
Length of Stay:	1 week to 60-90 Days
Target Population:	Adults with severe, persistent mental illness.
Comments:	Resident Manager: Unlocked facility with limited supervision.
Challenges:	Affordable service for short term (24-72 hours) relief for caregivers **or** offers people temporary housing while exploring choices for permanent homes

LEE COUNTY BEHAVIORAL HEALTH HOUSING OPTIONS

GROUP HOME

Group home – A residence that houses a small group of persons with a mental illness or those recovering from abusing substances. Typically individuals have their own sleeping space and share common areas such as kitchen, dining, and living space. The premises may offer part-time or full-time supervision but are usually not medically staffed.

Program	**Three Quarter Houses Recovery Boarding Houses Unlicensed Transitional Living**	**Therapeutic Family Care**
Provider:	Ann's Restoration House *(men only)* Hansen Bay Supportive Housing *(men only)* Garden Foundation *(men only)* Tice House *(women only)*	Charlotte Mental Health
Capacity:		41 Adult homes (17 in Lee County)
Length of Stay:		Long term
Target Population:	Substance Abuse	Adults with serious mental illnesses
Comments:		Geriatric Adult Foster Homes Scattered Sites 3-5 Discharges per year
Challenges:		

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