

RESOLUTION NO. 91-170

IN SUPPORT OF STATE PROPOSED MENTAL HEALTH/SUBSTANCE ABUSE  
FUNDING APPROPRIATIONS FOR ST JOHNS COUNTY SERVICES

**WHEREAS**, there are currently no group residential facilities in St. Johns County which provide long-term supportive housing for the mentally ill; and

**WHEREAS**, there are no residential facilities for mental health and substance abuse treatment in St. Johns County; and

**WHEREAS**, St. Johns County is among the fastest growing counties in the state; and

**WHEREAS**, state projections show that 1,985 adults and 332 adolescents are in need of mental health services which are not available to them in St. Johns County (about 50 percent of those in need are able to obtain services); and

**WHEREAS**, state projections show that 1,892 adults and 688 adolescents are in need of substance abuse services which are not available to them in St. Johns County (about 20 percent of those in need are able to obtain services); and

**WHEREAS**, the St. Johns County Mental Health/Substance Abuse Advisory Committee submitted a three-year plan prioritizing local services needs for expansion and implementation which included:

1. Establish a supervised and supported living home for the chronically mentally ill.
2. Appoint a task force to develop a working model of a self-supporting halfway house for substance abusers.
3. Establish a detoxification and residential treatment center for substance abusers.
4. Establish a crisis stabilization unit.
5. Establish a residential treatment facility for the seriously mentally ill; and

**WHEREAS**, the Board of County Commissioners at the May 28, 1991, meeting accepted the Advisory Committee's plan and priorities report

**NOW THEREFORE BE IT RESOLVED**, that the Board of County Commissioners of St. Johns County, Florida, hereby supports the appropriations proposal submitted by HRS for mental health and substance abuse service needs in St. Johns County including:

1. Fifteen six-bed group homes in the district to provide supportive housing for the mentally ill;
2. A ten-bed detoxification unit;
3. A fifteen-bed residential treatment center for substance abusers;
4. A five-bed CSU.

Adopted by the St. Johns County Board of County Commissioners this 12th day of November, 1991.

**BOARD OF COUNTY COMMISSIONERS  
OF ST. JOHNS COUNTY, FLORIDA**

BY:   
Its Chairman

**ATTEST: CARL "BUD" MARKEL, CLERK**

BY:   
Deputy Clerk

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A Plan for  
Mental illness and Substance Abuse Services  
for St. Johns County

Submitted to:  
The Board of County Commissioners

by:  
The Mental Health and Substance Abuse Advisory Committee  
St. Johns County, Florida  
May 1991

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## Introduction

### The Problem

Currently, one of every ten citizens of the United States is in need of mental health services in some form. Similarly, a conservative estimate is that ten percent of the United States population suffers from the disease of addiction to drugs and alcohol. Rates of alcohol consumption and the uses of illicit drugs, especially among persons under the age of eighteen, are estimated at anywhere from thirty percent to as high as seventy percent. Sound planning requires that these figures be seen as applicable to local populations.

The Mental Health and Substance Abuse Advisory Committee has been carefully examining the implications of local, state and national estimates of these problems for the delivery of mental health and substance abuse services in this county. Our task for this current year has been to develop a comprehensive plan of mental health and substance abuse services. Our recommendations for implementation of this plan are based on a priority given to those persons who are a) totally dependent on public providers for their care, and b) dependent on the advocacy of others for a voice in the setting of public policy. The committee further supports and endorses the development of services to under-served client populations and the development of community ancillary services which are essential for the total development and implementation of a continuum of care.

The enclosed "Plan" deals primarily with prevention and treatment issues. The Advisory Committee is aware that law enforcement faces serious problems regarding substance abuse in the County. The Committee wishes to stress that without adequate detoxification and treatment facilities, law enforcement personnel have no option but to incarcerate those who could, with treatment, avoid costly and repetitive incarceration. Public funds will be spent on substance abusers. The goal of the Advisory Committee has been to develop a plan that obtains maximum benefit from every tax dollar allocated to the prevention and treatment of substance abuse. An underlying principle is that treatment, however costly, is always

less costly to any community than criminal behavior and incarceration.

### **The Plan**

The Plan being submitted to the Board of County Commissioners covers the full range of mental health and substance abuse services:

- Planning and Development
- Education and Prevention
- Intervention
- Community Support

The format of the plan is as follows:

1. a brief narrative of each service area
2. a statement of goals and objectives for each service area
3. recommendations for action.

## **Planning and Development**

The Mental Health and Substance Abuse Advisory Committee has become a strong, working committee. It now provides a direct link between consumers of services and their families and public providers, law enforcement and makers of public policy.

Mental Health and Substance Abuse services are available through public and private providers, self-help recovery programs and family support groups. The following goals and objectives seek two ends. The first is to bring the scope of services to an acceptable minimum. The second is to expand services through linkage with two previously untapped sources: private providers and consumers.

**Goal 1:** The MHSA Advisory Committee supports the concept of County containment and local control over the delivery of publicly funded mental health and substance abuse services in the county.

**Objective 1:** These services will be provided to the citizens of St. Johns County within the boundaries of the county to the fullest extent possible.

**Goal 2:** The MHSA Advisory Committee will develop a plan of action for supporting and enhancing MHSA services in St. Johns County for consideration and approval by the Board of County Commissioners and review it annually.

**Objective 1:** The MHSA Advisory Committee will submit a plan for Mental Health and Substance Abuse services to the Board of County Commissioners for their consideration and approval by June 1991.

**Objective 2:** The service priorities under this plan are as follows:

**Priority 1:** Establish a supervised and supported living home for the chronically mentally ill in St. Johns County.

**Priority 2:** The MHSA Advisory Committee will appoint a task force to develop a working model of a self-supporting half-way house for substance abusers in St. Johns County.

**Priority 3:** Establish a substance detoxification and residential treatment center for substance abusers in St. Johns County.

**Priority 4:** Establish a psychiatric crisis stabilization unit in St. Johns County.

**Priority 5:** Establishment of a residential treatment facility for the seriously mentally ill in St. Johns County.

**Objective 3:** It is requested that the Board of County Commissioners respond to the Plan for Mental Health and Substance Abuse Services submitted by the Advisory Committee by September, 1991.

**Objective 4:** A task force headed by a member of the Advisory Committee and comprised of interested persons from the community-at-large and the county staff will develop a proposal for short-term and long-term funding for the recommendations contained in the plan.

**Objective 5:** It is recommended that the Plan be fully implemented over the next three (3) years.

**Goal 3:** We recommend that St. Johns County develop a plan for provider stability with greater accountability and emphasis on county contained services.

**Goal 4:** The MISA Advisory Committee request they be informed of all public meetings at which mental health and substance abuse issues are to be addressed.

**Objective 1:** The Board of County Commissioners is requested to notify the MISA Advisory Committee Chairman of all proposed meeting dates, legislation, policy and funding proposals.

## **Education and Prevention**

Many local public and private organizations are actively involved in education and prevention in the areas of mental health/illness and substance abuse. These efforts need support and expansion to include programs targeted to the general adult population and special population groups: the aged, women, homeless persons and designated high-risk groups.

**Goal 1:** The Mental Health and Substance Abuse Advisory Committee will develop specific recommendations for further development of community-based education and prevention programs.

**Objective 1:** The MHSA Advisory Committee will appoint a sub-committee on Education and Prevention.

**Objective 2:** A representative of all organizations will be invited to serve on the sub-committee.

**Objective 3:** The Sub-Committee on Education and Prevention will submit specific recommendations to the advisory committee stating how the on-going efforts of all organizations can be supported and enhanced.

**Objective 4:** The Sub-committee will offer recommendations on how private providers can be included in the process of public education.

**Objective 5:** The MHSA Advisory Committee will conduct an annual review of the education and prevention program.

## **Intervention**

In its most technical sense, intervention means interrupting the progressive nature of mental illness and addictive disease in order to stimulate the beginning of a recovery process. Next to education and prevention, intervention is the single most effective means of preventing the most debilitating and destructive effects of mental illness and addiction on victims and their families.

Intervention links the treatment and recovery communities with those in need to provide an opportunity for treatment, community support and self-directed, on-going recovery.

**Goal 1:** The MHSA Advisory Committee will establish a sub-committee on intervention.

**Objective 1:** The sub-committee on intervention will examine a model of "Intervention Specialists Training" to be considered for implementation.

**Objective 2:** The sub-committee will consult with both public and private providers of mental illness and substance abuse prevention, intervention and treatment services for their input on the most effective methods of intervention and training of intervention specialists.



## Community Support

Two factors are important in on-going community support for the victims of mental illness and addictive disease. First, the goal of all treatment is to be as least restrictive as possible and to move a client toward as much independent living as he/she is capable.

Second, mental illness and addictive disease profoundly and negatively influence a family function. Failure to treat and support family members increases the risk of relapse and deepens the emotional and financial cost to individuals and the community. Therefore, the MHSA Advisory Committee requests support from the Board of County Commissioners in attaining the following goals and objectives:

Goal 1: Strengthen the working relationship between the MHSA Advisory Committee and the chronically mentally ill and their families.

Objective 1: Designate one of the eleven membership positions on the MHSA Advisory Committee as "Consumer Advocate for Chronically Mentally Ill".

Objective 2: Establish a sub-committee on the needs of the chronically mentally ill and their families in St. Johns County.

Objective 3: The sub-committee on the needs of the chronically mentally ill will submit periodic reports to the advisory committee. These reports will serve as a basis for on-going planning and evaluation of services in St. Johns County.

Goal 2: Strengthen the working relationship between the MHSA Advisory Committee and the consumers of substance abuse prevention, intervention and treatment services and recovery programs.

Objective 1: Designate one of the eleven membership positions on the MHSA Advisory Committee as "Consumer Advocate for the Addicted".

Objective 2: Establish a sub-committee on the needs of the addicted and their families in St. Johns County.

**Objective 3:** The sub-committee on the needs of the addicted will submit periodic reports to the advisory committee. These reports will serve as the basis for on-going planning and evaluation of services in St. Johns County.

**Goal 3:** The sub-committee on community support will address ways in which information about family support groups can be disseminated to those in need.

**Goal 4:** Develop a job-placement program for persons in recovery.

**Objective 1:** It is recommended that St. Johns County support a jobs placement program for persons actively participating in treatment and recovery from mental illness and addictive disease.