

An impact area brief (2006)

Health



what matters.™

WHAT MATTERS

United Way of Miami-Dade is focused on what matters most – results. An investment in United Way of Miami-Dade is essential to improving lives and creating sustained change in our community's health and human care system. Contributions produce positive and powerful results. United Way supports nearly 160 local health and human service programs. We also partner with local industry, organized labor, government, and health and human service organizations on special initiatives that benefit the future of Miami-Dade.

In response to the needs of our community, United Way has designed a comprehensive community plan for a stronger, healthier Miami-Dade. Our plan focuses on specific goals, such as ensuring that all residents have access to quality healthcare. We take a strategic approach to delivering measurable results and reporting these outcomes to our stakeholders. We invest in those programs that United Way volunteers have determined to be the most effective in achieving our desired results. Finally, United Way of Miami-Dade focuses on identifying emerging issues, advocating for better policies, and bringing people and communities together to create solutions.

INTRODUCTION

United Way volunteers are critically important to the process of determining the various health needs of, and appropriate services for, our county's diverse population. The primary purpose of this document is to share information with our volunteers about current and future objectives in the health services area. These objectives are as follows:

- Help individuals and families lead healthier, more independent lives through access to primary and preventive health care, including health education and healthy-living options.
- Increase access to mental health services.
- Increase access to substance abuse treatment and expand substance abuse prevention and education efforts.
- Promote health and supportive services for people living with disabilities and their caregivers.

This document is designed to inform volunteers who will be reviewing and making recommendations regarding United Way's work within the health impact arena as to the current issues and trends that exist in this field. As such, we provide an overview of the conditions relevant to health issues in Miami-Dade, including comparison with state and national demographics; health resources available in the county; and strategies for improving the health of our community.

BACKGROUND AND RELEVANT CONDITIONS

Overview: Miami-Dade County's Health Profile

Miami-Dade County is almost 2,000 square miles (90 miles in length) and contains 35 municipalities, as well as suburban and rural areas. According to the 2004 U.S. Census, half of the county's 2.3 million residents were born in other countries, roughly four times the national average. Hispanics comprise the majority of our county's residents at 61 percent, four times the rate in the rest of the country. Blacks/African-Americans comprise 20 percent of the county's residents and non-Hispanic Whites and Others comprise 19 percent of the population (U.S. Census Bureau, 2004 American Community Survey, 2005).

The leading causes of death in Miami-Dade in 2003 included heart disease, cancer, stroke, unintentional injuries, chronic lower respiratory diseases, diabetes mellitus, Alzheimer's disease, HIV, influenza and pneumonia, and kidney disease (Miami-Dade County Health Department, 2003). With higher than average proportions of low-income, immigrant and elderly populations, as well as higher rates of mental illness, substance abuse and disability – and with more than one-fourth of our residents without health insurance – it is clear that Miami-Dade's health care needs are urgent. This section provides an overview of those factors that most seriously impact the health and wellness of our county's diverse residents.

Access to Primary Care

Primary care including prevention, early detection, and diagnosis is important in the treatment of common illnesses and chronic conditions. It also lowers overall healthcare costs. There are several factors that limit access to primary healthcare, the most important of which is a lack of health insurance. The uninsured have higher mortality rates and are more likely to die at a younger age than those who have health insurance and access to healthcare (Americans for Healthcare, 2005). Miami-Dade ranks fourth in the number of uninsured among selected urban areas in the nation (Williams, Stern & Associates, 2005).

The Florida Health Insurance Study conducted in 2004 found that approximately 29 percent, over 580,000 residents under age 65 in Miami-Dade were uninsured, compared to the state's rate of 19 percent (Chang, 2005).

According to the 2004 Florida Health Insurance Study, about 16 percent of children under age 19 are uninsured, which translates to roughly 100,000. It is thought that most of these children are eligible for public healthcare coverage from programs such as Medicaid or KidCare (Miami Children's Hospital, 2005). Enrollment is low because many are not aware of eligibility and/or are intimidated by the enrollment process. On the other hand, many workers are not eligible for public health insurance because their incomes surpass the requirements of public health insurance programs, yet their employers do not provide coverage and they cannot afford to purchase private health insurance. The "working poor" often remain uninsured with few options for primary care. Blacks and Hispanics in Miami-Dade also have disproportionately high uninsurance rates. Hispanics have the highest uninsurance rates at 33 percent, followed by Blacks at 29 percent and non-Hispanic Whites at 12 percent (Chang, 2005). Not surprisingly,

minorities also have disproportionately high rates of illness and disease. In a 2003 report, the county further determined that minorities received “lower quality healthcare” when treated for illnesses such as heart disease, cancer, and HIV among others (Miami-Dade County, 2003).

The uninsured have little or no access to preventive services such as immunizations, screenings for health, dental, vision and hearing issues, and diagnosis and management of chronic health problems. When there is no primary care physician, the emergency room becomes the primary care office for many families. Overcrowding of hospital emergency departments has resulted in greater waiting times for non life-threatening situations. Patients’ delays in seeking medical attention because of a lack of insurance can often exacerbate and complicate illness, thereby increasing the cost of providing healthcare. From a public health standpoint, the uninsured are at higher risk of suffering from and transmitting infectious diseases to others. In all, the lack of healthcare coverage for 580,000 Miami-Dade residents under age 65 represents a threat not only to the health of the uninsured, but to the safety and economic viability of the entire community.

Even the insured often do not seek primary care for themselves or their families because they may not know where provider sites are located or have reliable transportation. They may have inflexible work schedules and/or not have reliable care for dependents or they may not be able to afford increasingly high co-payments.

Mental Health

Mental health is defined by the World Health Organization as a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, work productively and fruitfully and contribute to his or her community (World Health Organization, 2005). When serious and persistent mental illness is undiagnosed, and/or untreated, the individual may experience a health crisis. In a few cases, the individual may present a danger to himself or others. However, most people with mental illnesses are not violent.

Miami-Dade County has the highest percentage of people with serious mental illnesses of any urban area in the United States. Approximately 210,000 individuals, or nine percent of the county’s population, experience a serious mental illness (Community Voices Miami: Reports, Jail Diversion, 2005).

Treatment for persons with mental health disorders are intended to enable them to live healthy, productive lives. Success rates for mental health treatment vary widely: 60 percent for schizophrenia; 70 to 90 percent for panic disorder; 75 percent for obsessive-compulsive disorder; 80 to 90 percent for bipolar disorder (manic-depressive illness); and 70 to 80 percent for depression (Treatment Advocacy Center, 1999). However, less than 13 percent of individuals with mental illness in Miami-Dade County receive treatment (Miami-Dade County, 2003). According to the National Mental Health Information Center, the major factors that interfere with mental health treatment are lack of information about mental health services, cultural factors and stigma, and health insurance status (National Mental Health Information Center, 2005). A 2003 report by the President’s New Freedom Commission on Mental Health showed that minority groups and people in rural areas have less access to care and often receive services that are not responsive to their needs (President’s New Freedom Commission, 2006).

Early detection and treatment have been shown to greatly ameliorate the development of mental health issues and symptoms and typically involve counseling for emotional or behavioral difficulties. Typically, mental health consumers do not receive early intervention services and may have experienced symptoms over a long period of time before they receive diagnosis and treatment. Evidence-based treatment for adults with severe mental illness includes appropriate medication use, supported employment services, integrated treatment of substance abuse and mental illness, and psychoeducation for individuals and family members (National Alliance for the Mentally Ill, 2004). Psychoeducation is directed at helping the consumer, their families, and caregivers to understand the illness, its symptoms, characteristics, and treatment; and to develop skills to better cope with and problem solve the many issues they must address (Psychoeducational Counseling Services, 2005).

Untreated mental illness results in serious problems for individuals and families, as well as for our social fabric. Approximately 21 percent of homeless people in Miami-Dade are mentally ill (Miami Coalition for the Homeless, 2003). On any given day, 800 to 1,200 detainees experience mental illness at the Miami-Dade County Jail, while 500, almost half of the detainees, receive psychotropic medications daily (Community Voices Miami: Reports, Jail Diversion, 2005). The Miami-Dade County Jail has become by default the largest psychiatric institution in Florida, although it has neither the staff nor the resources to provide the necessary and appropriate treatment that is required for this population (Miller and Fantz, 2005).

Substance Abuse

Substance abuse is characterized by the use of a mood or behavior-altering substance in a pattern resulting in significant impairment or distress such as failure to fulfill social or occupational obligations or putting oneself or others in physical danger or potential legal problems (Texas Medical Association, 2005). While substance abuse refers to and encompasses alcohol, tobacco and both prescription and illicit drugs, for the purposes of this brief, substance abuse primarily focuses on alcohol and illicit drugs. Substance abuse is a factor and determinant of substance addiction in which an individual cannot physically function without use of substances. Often those with serious or untreated mental illnesses “self medicate” their condition. More focus is being placed on individuals referred to as “co-occurring,” that is persons whose substance abuse problem is the result of underlying mental illness.

An estimated 216,000 people in Miami-Dade County have a non-injection illicit drug substance abuse problem (Williams, Stern and Associates, 2004). In 2002, an estimated 67,000 Miami-Dade residents reported alcohol dependence. According to the 2004 National Survey on Drug Use and Health, 5.4 million Americans are addicted to illicit drugs and tobacco; and the projected overall cost of illicit drug use was about \$180 billion in crime, productivity loss, health care, incarceration, and drug enforcement. In addition, substance abuse is known to contribute to family disintegration and violence, unemployment, school failure, child abuse, HIV infection and other STIs, and a variety of criminal activity (National Institute on Drug Abuse, Fiscal Year 2006 – 2007).

There is no evidence that a single factor determines which individuals will abuse substances and the corrosive consequences of abuse transcend age and class. Both personal and social factors

appear to place an individual at risk for drug abuse and influence the progression from drug use to abuse and addiction (Office of National Drug Control Policy, 2005).

The problem of substance abuse is growing in alarming ways in our society. The National Survey on Drug Use and Health indicated that some children are already abusing drugs at age 12 or 13 and may mean that some begin at an even earlier age (National Institute on Drug Abuse, 2005). In Miami-Dade, 49 percent of middle school students and 71 percent of high school students reported having used alcohol or any illicit drug (2004 Florida Youth Substance Abuse Survey). Although there are no clear indications of substance abuse, key risk factors among adolescents have been identified. A major risk factor for substance abuse is poor parental and family functioning. Lack of parental supervision, discipline, involvement or acceptance all strongly contribute to substance abuse in adolescents, as can marital issues and divorce. Conversely, positive family relationships, involvement and attachment tend to discourage youths' initiation into drug abuse. Finally, the use by adolescents of "gateway" substances – tobacco, alcohol, inhalants, marijuana and prescription drugs – can be predictors of heavier substance use or addiction in older adolescence and adulthood. It is important to note however, that most young people who use gateway substances do not progress into abusing other drugs (National Institute on Drug Abuse, 2005).

Another risk factor for young people is a period of transition – for example, the transition from elementary school to middle school and from living at home as a dependent to college or work. During both of these stages, young people face great academic and social pressures, emotional and physical changes and a greater exposure to other individuals using substances.

Understanding what determines vulnerability to substance abuse is crucial to the development of effective prevention programming. Prevention programs focus on reducing risk factors and building protective factors and generally involve information, education, promotion of alternative behaviors and primary and early intervention activities. Several prevention activities or strategies used in combination are generally the most effective approach (Office of National Drug Control Policy, 2005).

Disability

According to the Americans with Disabilities Act of 1990 (ADA), a disabled person is defined as "anyone with a physical or mental disability that substantially impairs or restricts one or more of such major life activities as walking, seeing, hearing, speaking, working or learning." Disabilities can be categorized as "visible" – such as blindness, deafness or physical impairments of mobility – or "invisible," including emotional and learning disabilities and chronic illnesses (Greater Cincinnati Consortium of Colleges and Universities Disabilities Services Committee, 1996). The ADA provides protection for a person who has a physical or mental impairment, has a record of such impairment and/or is regarded as having such an impairment.

According to the 2004 American Community Survey, an estimated 2.4 million residents in Florida have a disability, accounting for about 15 percent of the population age 5 and over. In Miami, there are 253,000 disabled persons over age five (11% of the population). By comparison, the U.S. rate is 14 percent. About half of the individuals with disabilities in Miami are 16 to 64 years of age and another 112,000 are 65 years of age and above. The remaining 15,000 are age five to 15 (U.S. Census Report, 2004). The disabled often have a life-long need

for medical treatment, as well as assistance with motor, communication, social, adaptive or cognitive skills. An estimated 15,600 people with disabilities are waiting to receive community-based services and supports.

Many persons with disabilities do not seek or receive help. Parents and caregivers are often unaware of the availability of resources in the community for children and adults with disabilities. There are long wait lists for home and community-based services including services for infants.

Young adults with disabilities ages 18 to 22 face imposing challenges in making the transition from exceptional education at Miami-Dade County public schools to vocational training and service programs for adults with disabilities (Florida Blue Ribbon Task Force on Inclusive Community Living, 2004). By the time these individuals reach age 22, they are also no longer eligible for Medicaid. The lack of supportive services to ease this transition has led to an increasing number of young people with disabilities becoming homeless or entering the criminal justice system.

A key component of the continuum of care for disabilities is respite care for families and caregivers. "Respite" refers to short term, temporary care that offers caregivers a break from their responsibilities. Unlike childcare, respite services may sometimes involve overnight care for an extended period of time. It is evident that more families in Miami-Dade need respite services than are currently receiving them.

SERVICE DELIVERY SYSTEM: AVAILABLE HEALTH RESOURCES

Primary and Preventive Care

Health Insurance Programs

Private Insurance: Individuals who receive employer-sponsored health insurance or who purchase private health insurance are able to access services more easily and are more likely to receive regular primary and preventive health services. Due to rising health care costs, insurance premiums have risen, resulting in more and more employers eliminating health insurance as a benefit or increasing employees' share of premium costs. Others have continued providing insurance but with fewer benefits and higher co-pays. Higher premiums and co-pays, along with a reduction in the array of health services covered, results in fewer individuals seeking care and treatment. Escalating malpractice costs, reduced payments for services, and greater bureaucratic requirements have driven many physicians from participation in low-cost health programs.

Federal & State Health Insurance Programs: *Medicaid* is the Federal-State health insurance program for low-income children, families, seniors, and medically needy persons whose incomes fall below the Federal Poverty Level (\$19,350 for a family of four; \$9,570 for an individual) or whose medical expenses are sufficiently high (U.S. Department of Health and Human Services, 2005). An estimated 20 percent of Miami-Dade County's population is Medicaid-eligible compared to 12 percent eligibility in the state (Miami-Dade County Health Department, 2003).

Unprecedented cuts to Medicaid and Medicare at the federal level, and Medicaid reform at the state level, are ushering in a new program aimed at reducing costs by eliminating or reducing eligibility, increasing co-pays, and privatizing publicly funded healthcare.

Florida KidCare is Florida's health insurance program for uninsured children and is comprised of four programs: Medicaid; MediKids (ages 1 to 5); HealthyKids (ages 5 to 18) for low-income children who are not eligible for Medicaid; and Children's Medical Services Network, for children with special physical, developmental, and behavioral healthcare needs.

Primary Care Facilities (Clinics)

Miami-Dade County Public Health Trust – In 1991, the Miami-Dade County Commission mandated that the Public Health Trust (PHT) develop a “rational and integrated community-wide health delivery system” for all residents. Uninsured residents can access primary and some specialty care at the PHT's main hospital, Jackson Memorial Hospital, and its network of community-based clinics that include Liberty City, North Dade, Juanita Mann, and Rosa Wesley Health Centers (Health Council of South Florida, 2005).

Federally Qualified Community Health Centers (FQHCs) are federally funded nonprofit clinics that provide primary care to underserved and uninsured residents on a sliding fee scale while generally referring uninsured patients to the Jackson system for specialty care. Miami-Dade's six FQHCs are part of the Health Choice Network, an umbrella organization providing administrative and other support to member FQHCs. Each FQHC provides comprehensive primary care as well as health promotion and prevention services (Health Choice Network: Our Centers, 2005). Many FQHCs have experienced a reduction in revenues due to lack of local support for indigent care and decreased revenue from Medicaid (Health Council of South Florida, 2005).

Mobile Primary Care Clinics provide health care to underserved communities whose residents often do not qualify for government insurance and/or have limited access to primary health care clinics. The mobile clinics offer services such as physical exams, vaccinations, lab testing, prescriptions and hearing and vision screenings. Mobile services are provided by the Miami Children's Hospital, University of Miami, March of Dimes, Mercy Hospital and the Closing the Gap Mobile Unit operated by Economic Opportunity Family Health Center.

School-Based Health Services are important in ensuring that every school-aged child receives primary and preventive health services and helps children without a medical home to establish one in the community. A medical home is defined as a place where an individual is able to receive quality preventive and acute health care on a consistent basis from a consistent provider (The Children's Trust, 2005). Ideally, school-based health centers include the services of nurses, social workers and medical assistants. Centers for older students sometimes offer mental health, family planning and violence and drug abuse prevention. Some clinics even keep track of immunizations, conduct full physical exams and dispense medication (NurseWeek, 2005). There are currently 15 full service school-based health centers in the county. However, only ten percent of Miami-Dade County's 331 public schools have a nurse or clinic on-site, with only 19 technicians who are responsible for completing the legislatively required health screenings for all students (The Children's Trust, 2005).

School Health Connect is a school-based health program currently being developed by The Children's Trust in partnership with Miami-Dade County Public Schools and the Miami-Dade County Department of Health (The Children's Trust, 2005). Its goal is to ensure that every school in Miami-Dade County provides a standard set of physical and mental health services with a team that includes a nurse or nurse practitioner, social worker and health technician. Outcomes will include enrollment in health insurance programs, linkage to a medical home and reduction in absenteeism rates.

Prevention Services

Health prevention services promote healthy diet, regular exercise, and health, dental and prenatal screenings and check-ups, as well as the avoidance of risky behaviors that can lead to sexually transmitted disease or substance abuse or addiction. Prevention services can take place at health fairs, primary care centers, nonprofit organizations and health education workshops, to name a few. Healthy lifestyle habits can be promoted to the general public through the administration of the places where they spend their time, such as churches, or places of work. For example, a worksite wellness program can promote improved nutrition and increased physical activity among its employees.

Mental Health Services

Community Mental Health Centers

According to the American Psychiatric Association, a Community Mental Health Center (CMHC) is "a community agency that renders active treatment and psychosocial rehabilitation to patients in the community without regard for their ability to pay" (American Psychiatric Association, 1998). Community Mental Health Centers offer mainly outpatient, limited inpatient, emergency and medical services. Federal funds supplement state and local mental health systems that serve as the mental health "safety net" and "catastrophic insurer" for the poorest individuals with the most severe problems and with limited or no mental health insurance coverage (U.S. Department of Health & Human Services: Reports of the U.S. Surgeon General, 1999).

Implementation of managed care legislation adopted by the Florida legislature in 2004, and Florida Medicaid Reform passed as a limited pilot project in 2005, are changing how mental health services will be delivered. The intent of both pieces of legislation was to reduce and control escalating Medicaid costs. Managed Care companies will contract for services and bid out to community mental health centers which will compete with other providers to subcontract to provide services. In addition, recent and major federal cuts to Medicaid will further reduce budgeted services. It is too early to know the full extent of the impact of these changes, but that they will occur is accepted.

Outpatient Services

- Individual and group treatment
- Drop-in centers provide a wide range of opportunities for individuals with mental illness to participate in social, recreational and educational activities. These centers are an important,

valued component of the mental health delivery system. Unfortunately, funding for drop-in centers has been discontinued in Florida. However, there are two centers remaining in Miami-Dade, in the central and north part of the county, which are supported by other funding sources.

- In-home support programs for individuals with severe mental illness are an effective means of providing services in the least restrictive environment for the individual. In addition to intensive case management services, in-home programs include supportive housing services that assist individuals with daily living skills. In-home support programs for individuals with mental illness are inadequate in number. Nevertheless, they are widely viewed by professionals as a critical need for individuals with severe mental illness.

Crisis Stabilization

When a sudden crisis or psychiatric emergency occurs, an individual may seek assistance at a hospital-based emergency room or specialized mental health crisis stabilization unit. Jackson Memorial Hospital's Mental Health Hospital Center is a 20-bed crisis stabilization unit that provides evaluation, stabilization and treatment of emergency psychiatric conditions such as depression, uncontrollable behavior, suicidal/homicidal ideas or attempts, hallucinations, psychotic episodes and acute sleep/eating disorders. Patients are accepted for same-day psychiatric evaluations and may refer themselves or be referred by their family, a physician, a police officer or other community agency. If additional evaluation or treatment is needed, patients may be admitted to the Rapid Stabilization Unit, an inpatient unit, or to an outpatient program or other community resource. Some community mental health centers throughout Miami-Dade, such as Citrus Health and Miami Behavioral Health Center, also have crisis stabilization units.

Inpatient Services

Inpatient treatment offers individualized treatment for people with acute psychiatric illness or who are experiencing a sudden crisis. Treatment is often provided for conditions such as severe depression, uncontrollable behavior, suicidal/homicidal thoughts or attempts, aggressive or violent behavior, hallucinations, psychotic episodes, acute sleep disorders, anxiety and thought disorders, schizophrenia, and bi-polar disorder. Individual, family, group and activity therapies, in combination with pharmacological therapies, assist the patient in returning to an outpatient setting and home (Jackson Health Systems, 2004).

Substance Abuse

Substance abuse treatment options range from crisis intervention to 12-step support groups and residential treatment. Services are delivered in a variety of settings using a variety of approaches including counseling, cognitive therapy, psychotherapy and medication. Nonprofit organizations provide substance abuse treatment and counseling services to uninsured substance abusers through Temporary Assistance for Needy Families (TANF) and Welfare-to-Work, the Homeless Trust, Ryan White and private funds.

Miami-Dade County's Department of Human Services (DHS) provides substance abuse diagnosis, treatment and intervention services countywide. Substance abuse is diagnosed

through programs such as the Central Intake Unit for walk-in assessments and referrals; Juvenile Treatment Alternatives for Safe Communities for juveniles in the criminal justice system; Treatment Alternatives to Street Crime (TASC) for adults involved with the criminal justice system; and Substance Abuse Newborn Program for women who have given birth to cocaine-exposed infants. County treatment services include residential, outpatient, and in-jail treatment services, and homeless assessment, referral and tracking services (Miami-Dade County Department of Human Services, 2005).

The Jackson Memorial Hospital Juvenile Addiction Receiving Facility offers screening and short-term interventions for adolescents 13 to 17 years of age with substance abuse problems. The facility offers comprehensive assessment, stabilization, education and rehabilitation. Jackson Memorial also provides detoxification, dual-diagnosis services and treatment for chemically addicted pregnant and postpartum women (Jackson Health System, 2005).

The Camillus Life Center (CLC) substance abuse treatment program provides outpatient, day/night, residential, and aftercare services to homeless, addicted men. The treatment program is designed to meet the multiple, changing needs of a culturally diverse population. The program incorporates self-help philosophies with clinical expertise, providing treatment through a mix of individual and group therapy, work training, and social activities. Recognizing that treatment must be tailored to the individual needs and preferences of the client, clients work with counselors to establish their own individual treatment plans after referrals, screening and admission. CLC is also flexible enough to employ multiple approaches and modalities rather than just one program model. The average length of time for a client is six to nine months (Camillus House, 2006).

St. Luke's Addiction & Recovery Center is a 50-bed residential alcohol and substance abuse treatment facility serving indigent adult men and women with a history of chronic substance abuse and co-occurring mental disorders. Treatment is based on the Hazelden 12-step model and services include assessment, psychiatric consultations, individual and group counseling, relapse prevention, Alcoholics and Narcotics Anonymous meetings, targeted case management, discharge planning, aftercare services and follow-up.

The Village provides comprehensive substance abuse services, including outreach, counseling, referrals, and HIV risk-reduction education to adolescents and adults. Additionally, The Village offers specialized services to dually-diagnosed clients with HIV/AIDS and/or mental illness.

Disability

Federal Services

Supplemental Security Income (SSI) is a federal income supplement program funded by general tax revenues that provides cash for basic needs such as food, clothing, and shelter for aged, blind and individuals with disabilities who have little or no income (Social Security Online, 2005).

Individuals with Disabilities Education Act (IDEA) ensures that children with disabilities receive a free appropriate public education. This act determines how states and school districts assist

more than 6 million eligible children with disabilities in the United States (Learning Disabilities: IDEA 2004 Update, 2004).

State Services

The Agency for Persons with Disabilities, a program administered by the State of Florida, provides funding for services for residents with disabilities through community-based agencies, Miami-Dade County Public Schools, and county programs. Examples of state-sponsored services are Community Care for the Disabled, Home Care for the Disabled, and the Division of Aging and Adult Services institutional services. These programs offer in-home placement, protective services and supervision, case management and supportive services for residents 18 and older who are living with a disability (Health Council of South Florida, 2005).

Children's Medical Services (CMS) is a state-funded program administered by the Agency for Health Care Administration (AHCA). It is specifically designed for children with special needs including intensive healthcare, respite care and speech, physical, and occupational therapies. Available CMS programs include the Early Intervention Program, Medical Foster Care Program, Primary Care Program and Pediatric HIV Program, among others (Health Council of South Florida, 2005).

Florida Diagnostic and Learning Resources System (FDLRS) provides diagnostic and instructional support services to district exceptional student education programs and families of students with exceptionalities statewide. The FDLRS includes 20 Associate Centers that serve from one to nine school districts. These Centers offer education and support for teachers, parents, therapists, school administrators and 'exceptional' students (Florida Diagnostic and Learning Resources, 2005).

County Services

CCDH (formerly known as the Community Committee for the Developmentally Handicapped) is Miami-Dade County's lead agency to plan and coordinate services to individuals with developmental disabilities and their families. It is designed as a one-stop referral source to help people obtain educational, social and medical services. The Community Committee for the Developmentally Handicapped (CCDH) is comprised of a coalition of consumers, families, advocates, community service providers and other organizations (CCDH, 2005).

Miami-Dade Special Transportation Services provides door-to-door transportation for \$2.50 per one-way trip to any resident whose mental or physical disability prevents riding regular transit vehicles. Residents with temporary disabilities may also be eligible for this service (Miami-Dade Transit, 2005).

Miami-Dade County Public Schools provides physical and occupational therapy in a day program setting to children with disabilities. Many schools throughout Miami-Dade are equipped with special facilities to serve individuals with disabilities. However, not all physically impaired children attend one of these schools; some are in mainstream classrooms.

PROMISING PRACTICES

A promising practice is a generally accepted model or program that has a sound hypothetical basis to demonstrate success (American Public Human Services, 2005).

The following is a description of programs that have been recognized as providing evidence-based services that have demonstrated measurable results in response to community needs.

Primary and Preventive Health

Healthy Body, Healthy Soul is a nationally recognized initiative that works with the Federally Qualified Community Health Centers (FQHCs) and the faith-based community in health promotion and disease prevention activities, education to youth group programs, Healthy Sunday screening events and community health fairs. The program reduces barriers to healthcare by engaging community members through grassroots, culturally-based channels and by creating a bridge between faith-based and mainstream services (Health Choice Network: Healthy Body, Healthy Soul, 2005).

Community Health Workers (CHWs) is a national model of assistance provided almost exclusively in community settings to promote access to healthcare among groups that have traditionally lacked adequate care. Community Health Workers (CHWs) provide information, case management and linkage to a medical home (Community Voices Miami: Policy Targets, 2005).

Community Access Program (CAP) is a federally funded county program administered by Jackson Health Foundation that employs health navigators, disease managers and community health workers. Its goal is to help Miami-Dade County residents reduce the negative effects of being uninsured. Community Access Program (CAP) health navigators located at community health centers help the underserved or uninsured find and secure a reliable medical home and help eligible patients apply for and obtain health insurance. Additionally, CAP disease managers identify patients with serious health risks and monitor their health and behaviors while assisting them with appointments, prescriptions and referrals (Community Voices Miami: Reports, Community Access Program Fact Sheet, 2005). The CAP has recently also added a community health worker component.

Mental Health

Jail Diversion Program, of Miami-Dade's 11th Judicial Circuit Criminal Mental Health Project and headed by County Judge Steven Leifman, identifies and treats mental illness among criminal suspects, defendants and offenders. The program includes three components: 1) pre-arrest diversion in which trained police officers divert potential arrestees to a community mental health crisis stabilization unit (CSU); 2) post-arrest diversion in which judges refer misdemeanor offenders for evaluation by the court psychiatrist within 24 hours and if needed, transport to a CSU; and 3) long-term supervised housing in adult living facilities for people with serious mental illness. The project refers 500 to 1,000 individuals per year (Buchan, 2003).

The Clubhouse is a national model that provides a setting where individuals with mental illness focus on their strengths. Members participate in assignments such as answering phones, data input, meal preparation and outreach by working closely with a small staff and with other members. The Clubhouse also assists members with obtaining and retaining transitional employment opportunities in the community and with accessing quality medical and mental health care as well as government benefits (International Center for Clubhouse Development, 2005).

Assertive Community Treatment (ACT) is a national model that provides comprehensive treatment to individuals with serious and persistent mental illnesses. ACT recipients receive multidisciplinary, round-the-clock staffing of a psychiatric unit but within the comfort of their own home and community. To this end, ACT clients spend significantly less time in hospitals or unemployed and more time engaged in positive social relationships (National Alliance for the Mentally Ill, 2004).

Substance Abuse

The Hazelden Model, a national evidence-based model was first developed in Minnesota and is now used globally to provide adults and teens with treatment for alcoholism and addiction. This model is based on a 12-step philosophy for lifelong recovery. The treatment philosophy is that addiction is a disease which is managed through abstinence only. This approach is delivered by a professional multidisciplinary team of nurses, physicians, psychologists and psychiatrists, substance abuse/addiction counselors, fitness and recreation specialists and spiritual care professionals (Hazelden, 2005).

The Therapeutic Workplace is a national model of treatment designed specifically to address the chronic, persistent nature of drug addiction. In the Therapeutic Workplace, recovering drug abusers are hired and paid to work. Participants are routinely required to provide a drug-free urine sample to gain and maintain access to the workplace as well as earn a salary. A voucher incentive program is used to reinforce professional demeanor, learning and productivity (Substance Abuse and Mental Health Services Administration Model Programs, 2005).

Disability

Early Intervention Program for the Developmentally Disabled, a local program, serves children between the ages of birth through 36 months who have identified developmental delays or disabilities regardless of the financial status of their parents. Children undergo a comprehensive screening and assessment at either the University of Miami Mailman Center or Miami Children's Hospital's Kendall Annex. Services for qualifying children are offered by a number of providers and include intensive educational support, case management and life-skills training for parents.

The Learning Enhancement Acquisition Program (L.E.A.P.) is a training program developed by the Association for Retarded Citizens (ARC) for low functioning participants who are incontinent and in need of specialized services to address their unmet needs. Assessment and support planning are provided as well as services such as incontinence training, meals, communication as well as social and on-task behavior training.

United Way of Miami-Dade's Response

United Way of Miami-Dade provides support for preventive health programs through its Impact Partners and in association with other community organizations. Services include immunizations, screenings and checkups, pregnancy prevention, teeth cleaning, OB/GYN and prenatal care and more. In addition, United Way has participated in several community-wide, collaborative efforts with Community Voices Miami and the federally funded Community Access Program to improve access to and utilization of primary and preventive healthcare for uninsured and underserved residents of the county.

United Way also provides targeted support for mental health, substance abuse and disability-related services. Mental health program support is focused on outpatient services including prevention, case management and programs for adults and children in a variety of settings. In addition, inpatient community residential services are supported as well as group home and intensive treatment services for severely emotionally disturbed children and adolescents. Substance abuse program support is provided to organizations that offer services such as prevention education, counseling, residential treatment, outreach services, case management, relapse prevention and assistance with housing and job placement. United Way of Miami-Dade also supports disability-related programs that provide early intervention services for children, residential care for youth, supportive services for caregivers, residential care for adults including supportive housing and supported work and employment programs.

Finally, United Way focuses on public advocacy to ensure that lawmakers consider the greatest needs and best interests of Miami-Dade residents. For example, many people in Florida rely on Medicaid for vital health services. Fifteen percent of the state's total Medicaid population, Florida's highest concentration, lives in Miami-Dade. In February 2005, before the start of the 2005 legislative session United Way convened a community Medicaid forum to provide information to legislators, business, and community stakeholders regarding Governor Bush's Medicaid reform proposal. A limited Medicaid reform bill was passed in April 2005, authorizing two pilot projects and requiring legislative approval before additional changes or expansions were made. A second Medicaid forum was held in November 2005, just before the legislature met in special session to approve the Medicaid reform implementation bill. United Way continues to provide follow-up information and regular updates to legislators and others via website and e-mail to ensure that Florida's Medicaid reform receives full public and legislative scrutiny.

Conclusion

The purpose of the brief has been to provide an overview about current health issues, available services, and effective strategies for investing time, relationships, technology, expertise, finances and other resources to improve the health of Miami-Dade residents. It is not intended to be a comprehensive analysis of this area but rather a starting point that will stimulate thinking and discussion among volunteers involved in the health area.

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