



HERNANDO COUNTY CRIMINAL JUSTICE MENTAL HEALTH AND SUBSTANCE ABUSE PLANNING GRANT

NEEDS ASSESSMENT

April 2017

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Acknowledgments

Funding for this project was provided by the Department of Children and Families through the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant awarded to LSF Health Systems. This document would not have been possible without the commitment of the Hernando County Criminal Justice, Mental Health and Substance Abuse (CJMHTSA) Needs Assessment Steering Committee. Members include:

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Representatives from a diverse group of community partners attended the Steering Committee meetings. We wish to thank these individuals who committed their time and efforts to this project.

Special thanks go to Captain Harold Hutchinson and staff at the Hernando County Sheriff's Office and Hernando County Jail for their help in coordinating the focus groups. Recognition is due to Ms. Veda Ramirez, Health and Human Services Manager, Hernando County, who provided extraordinary assistance throughout the project.

We recognize key informant interviewees for the contributions of their time and expertise. These include:

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Contents

List of Tables	6
List of Figures	9
Executive Summary	10
Project Background	10
Demographic and Socioeconomic Profile	10
Community Risk Indicators	11
Community Input	11
Key Issues	14
Section 1: Introduction	16
Background	16
Elements of the Needs Assessment	17
Demographic and Socioeconomic Profile	17
Community Risk Indicators	18
Community Input	18
Key Issues and GaP Analysis	19
Section 2: Demographic and Socioeconomic Profile	20
Introduction	20
Demographic and Population Characteristics	20
Population Growth	20
Demographics and Socioeconomics	22
2011-2015 American Community Survey Estimates	24
Age Distribution of Population	25
Racial and Ethnic Distribution of Population	30
Gender Breakdown of Population	35
Veterans	36
Socioeconomic Factors	37
Income and Poverty Levels	37
Incomes	46
Employment	49
Unemployment	50
Businesses	52

Education	53
Level of School Completed	54
High School Graduates by Race	57
High School Dropouts by Race	58
Section 3: Community Risk Factors	59
Introduction	59
Uninsured Rates for Health Insurance	59
Uninsured	60
Leading Causes of Death	63
Suicide	66
Baker Act Initiations	67
Domestic Violence	72
Mental Health Hospitalizations	74
Hospitalizations	75
Mental Illness and Substance Dependency among Hernando County Jail Inmates	79
LSF Health Systems –Hernando County Clients	80
Section 4: Community Input	90
Methodology	90
Observations	90
Key Informant Interviews	90
Focus Groups	92
Community Member Surveys	98
Section 5: Key Issues	106
Key Issue Themes:	106
Appendix A: Key Informant Interview Process	107
Overview	107
Key Informant Interview Questions	107
Appendix B: Focus Group Script	109
Appendix C: Community Member Survey	110
Technical Notes	124
American Community Survey Data	124
Businesses	124
Crude Versus Age-Adjusted Mortality Rates	124

Education_____	125
Household Types_____	125
Mental Health _____	126
Poverty_____	126
Small Area Health Insurance Estimates _____	126
Unemployment_____	126
ZCTAs and Zip Codes_____	126

List of Tables

Table 1. Total Population and Projected Populations by Gender, Hernando County and Florida, 2010-2045.....	22
Table 2. Estimates of Population by City, Hernando County and Florida, April 1, 2015.....	23
Table 3. Total Estimated Population by Selected Demographics for Hernando County Compared to Florida, 2011-2015.....	24
Table 4. Total Estimated Population by Age Group, by Zip Code Tabulation Area (ZCTA), Hernando County and Florida, 2011-2015.....	26
Table 5. Total Estimated Population by Race, By Zip Code Tabulation Area (ZCTA), Hernando County and Florida, 2011-2015.....	32
Table 6. Total Population by Ethnicity, by Zip Code Tabulation Area (ZCTA), Hernando County and Florida, 2011-2015.....	34
Table 7. Total Population by Gender, by Zip Code Tabulation Area (ZCTA), Hernando County and Florida, 2011-2015.....	35
Table 8. Total Veterans Population by Zip Code Tabulation Area (ZCTA), Hernando County and Florida, 2011-2015.....	36
Table 9. Number and Percent of Persons in Poverty, by Selected Ages, Hernando County and Florida, 2010-2015.....	38
Table 10. Estimated Number and Percent of Individuals by Various Demographics, Families and Households in Poverty in the Past 12 Months, Hernando County and Florida, 2011-2015.....	39
Table 11. Estimated Number and Percent of Individuals and Children and Various Age Groups in Poverty in the Past 12 Months, by Zip Code Tabulation Area (ZCTA), Hernando County and Florida, 2011-2015.....	40
Table 12. Estimated Number and Percent of Individuals by Detailed Levels of Poverty in the Past 12 Months, by Zip Code Tabulation Area (ZCTA), Hernando County and Florida, 2011-2015.....	42
Table 13. Estimated Number and Percent of Persons by GENDER iN Poverty in the Past 12 Months, by Zip Code Tabulation Area (ZCTA), Hernando County and Florida, 2011-2015.....	43
Table 14. Estimated Number and Percent of Persons by Selected Races iN Poverty in the Past 12 Months, by Zip Code Tabulation Area (ZCTA), Hernando County and Florida, 2011-2015.....	44
Table 15. Estimated Number and Percent of Households in Poverty in the Past 12 Months, by Zip code Tabulation Area (ZCTA), Hernando County and Florida, 2011-2015.....	45
Table 16. Estimated Number of Households, Per Capita Income and Median Household Income by Races for Hernando County Compared to Florida, 2011-2015.....	47
Table 17. Median Household Income by Race, by Zip Code Tabulation Area (ZCTA), Hernando County and Florida, 2011-2015.....	47
Table 18. Per Capita Income by Race, by Zip Code Tabulation Area (ZCTA), Hernando County and Florida, 2011-2015.....	48
Table 19. Federal Poverty Guidelines by Number of Persons in Family/Household, 2017.....	49
Table 20. Unemployment Rates by Year, Hernando County and Florida, 2004-2015.....	50
Table 21. Unemployment Rates by Month, Hernando County and Florida, January 2016- December 2016.....	51

Table 22. Number of Non-Governmental Businesses by Size of Business and NAICS Code, Hernando County and Florida, 2014.	52
Table 23. Estimated Number and Percent of the Population 25+ Years of Age by Level of School Completed and by Gender, by Zip Code Tabulation Area (ZCTA), Hernando County and Florida, 2011-2015.....	54
Table 24. Percent High School Graduates by Race and Ethnicity by School Year, Hernando County and Florida, 2010-11-2014-15.....	57
Table 25. Percent High School Dropouts by Race and Ethnicity by School Year, Hernando County and Florida, 2010-11-2014-15.....	58
Table 26. Number and Percent Uninsured for the Selected Age Groups for All Income Levels, Hernando County and Florida, 2009-2015.....	62
Table 27. Estimated Number and Percent of the Total Civilian Noninstitutionalized Population That Are Uninsured, by Zip Code Tabulation Area (ZCTA), Hernando County and Florida, 2011-2015.....	63
Table 28. Top 10 Causes of Deaths for All Races for Hernando County and How They Compare to Selected Surrounding Counties and Florida, 2013-2015.....	64
Table 29. Top 10 Causes of Death Rates for All Races, Hernando County and Selected Surrounding Counties and Florida, 2013-2015.....	65
Table 30. Suicide Death Rates for All Races for Hernando County and Selected Surrounding Counties and Florida, 2004-2015.....	66
Table 31. Number of Involuntary Exam Initiations (Baker Acts) by Selected Age Groups for Residents of Hernando County and Florida, 2003-2008.....	68
Table 32. Total Number and Rate per 100,000 Population of Involuntary Exam Initiations (Baker Acts) for Residents of Hernando County, Surrounding Counties and Florida, 2009-2015.....	69
Table 33. Total Number and Percent by Who Initiated the Involuntary Exam Initiations (Baker Acts) for Residents of Hernando County, Surrounding Counties and Florida, 2014-2015.....	70
Table 34. Total Number and Percent Of the Involuntary Exam Initiations (Baker Acts) for Residents of Hernando County and Children in Hernando County and by Initiator, Fiscal Years 2011-2012 – 2015-2016.....	71
Table 35. Total Number and Percent of the Involuntary Exam Initiations (Baker Acts) for Residents of Hernando County by Receiving Facility, Fiscal Year 2015-2016.	71
Table 36. Total Number and Rate per 100,000 Population for Domestic Violence Offenses, Hernando County, Surrounding Counties and Florida, 2007-2015.	72
Table 37. Total Number and Rate per 100,000 Population for Domestic Violence Offenses by Type, Hernando County, Surrounding Counties and Florida, 2015.....	73
Table 38. MS-DRGs Used to Define the Hospitalizations for Mental Health Issues.....	75
Table 39. Number and Rate of Hospitalizations per 1,000 for Mental Health Reasons for Selected Age Groups, Hernando County, Surrounding Counties and Florida, 2010-2015.	77
Table 40. Number of Inmates and Various Mental Health Data About Inmates, Hernando County, 2012-2016.	80
Table 41. Number of LSF Health Systems Clients Served by Service Type for the Services That are Available Within Hernando County, Hernando County Residents, FY 2015-2016.....	81
Table 42. Type of Services and Whether or Not They are Available in Hernando County for LSF Health SystemS, FY 2015-2016.	82

Table 43. Demographic Information for Substance Abuse Clients for LSF Health SystemS, Hernando County Residents, FY 2015-2016.....	84
Table 44. Demographic Information for Adult Mental Health Clients for LSF Health SystemS, Hernando County Residents, FY 2015-2016.....	86
Table 45. BayCare/Hernando County Performance Outcomes for Adult Mental Health Clients for LSF Health System, Hernando County Residents, FY 2015-2016.....	88
Table 46. BayCare/Hernando County Performance Outcomes for Adult Substance Abuse Clients for LSF Health System, Hernando County Residents, FY 2015-2016.....	89
Table 47. Demographics of Survey Respondents	99
Table 48. Reasons Why Mental Health Services Were Not Available When Needed.....	100
Table 49. Reasons Why Substance Dependency Services Were Not Available When Needed.....	100
Table 50. Resources Needed To Manage Mental Illness.....	102
Table 51. Resources Needed To Manage Substance Dependency.....	102
Table 52. Caregiver Reasons Why Mental Health Services Were Not Available When Needed.....	103
Table 53. Caregiver Reasons Why Substance Dependency Services Were Not Available When Needed.....	103
Table 54. Caregiver Resources Needed To Manage Mental Illness.....	104
Table 55. Caregiver Resources Needed To Manage Substance Dependency.....	105

List of Figures

Figure 1. Percent of Estimates by Age Group, Hernando County and Florida, 2011-2015.	25
Figure 2. Percent of Estimates by Race, Hernando County and Florida, 2011-2015.	31
Figure 3. Poverty Estimates by Age Group, 2010-2015.....	37
Figure 4. Median Household Income, 2011-2015.....	46
Figure 5. Per Capita Income, 2011-2015.	48
Figure 6. Unemployment Rates, Hernando County and Florida, 2004-2015.	50
Figure 7. Percent Uninsured for the Under 19 Population, 2009-2014.	60
Figure 8. Percent Uninsured for the 18-64 Years of Age Population, 2009-2014.....	60
Figure 9. Percent Uninsured for the < 65 Population, 2009-2014.	61
Figure 10. Total Domestic Violence Offenses Rates per 100,000 Population, 2015.....	74
Figure 11. Mental Health Hospitalization Rates per 1,000 Population 2010-2015.....	76

Executive Summary

PROJECT BACKGROUND

The Florida legislature enacted the Criminal Justice, Mental Health, and Substance Abuse Reinvestment (CJMHSR) Grant Program in 2007 (s. 3, ch. 2007-200) which created a state and local county matching grant program the purpose of which is to:

“provide funding to counties with which they can plan, implement, or expand initiatives that increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for adults and juveniles who have a mental illness, a substance abuse disorder, or co-occurring mental health and substance abuse disorders and who are in, or at risk of entering, the criminal or juvenile justice systems” (FS. 394.656).

In fiscal year 2016-2017, seven organizations received one-year planning grants and 14 organizations received three-year implementation and expansion grants. LSF (LSF) Health Systems was successful in its planning grant application to assess the needs and gaps in services in Hernando County for adults at risk for and those involved in the criminal justice system who are affected by mental health, substance abuse or co-occurring disorders. Two leadership groups of community partners and stakeholders served on the project CJMHSR Strategic Planning Committee and CJMHSR Needs Assessment Steering Committee.

The major components of the needs assessment project include the following:

- Demographic and Socioeconomic Profile
- Community Risk Indicators
- Community Input
- Key Issues

Each component and its key findings are summarized below.

DEMOGRAPHIC AND SOCIOECONOMIC PROFILE

This section details demographic and socioeconomic factors that often underlie or exacerbate issues of mental illness, substance dependency and criminal activity. Conditions in the places where people live, work, learn and play can affect a wide range of health risks and outcomes. These conditions are called social determinants of health. Some indicators of these conditions are included in this section because they are pertinent to understanding how resources, programs and policies can impact health behaviors and outcomes. Findings of importance include the following:

- Population estimates predict 10% percent growth in Hernando County’s population by 2020 and a 26% increase by 2030 to 223,407 (based on 2015 population estimate of 176,819)
- Hernando County’s population is 90% White, 5.4% Black and 4.6% other races; 11.3% are Hispanic or Latino.
- 27% of Hernando County’s population is aged 65 and older, 19% are between the ages of 0-17 with 54% aged 18-64
- 15% of Hernando County’s population lives in poverty; 25% of children live in poverty
- Median income of \$40,945 is about 14% lower than for the state as a whole

- Unemployment in Hernando County hovers at about 6% which is on par with the state
- About 61% of Hernando County residents have high school diplomas and about 26% hold college degrees

COMMUNITY RISK INDICATORS

This section includes indicators of conditions that contribute to the community's mental health and substance dependency issues. Health insurance status and hospitalization data help illustrate factors in Hernando County that may compound negative health outcomes. A snapshot of mental illness in the Hernando County Jail is provided along with statistics relating to the utilization of mental health and substance abuse services by inmates in the Hernando County Jail. Key information is as follows:

- About 15% of Hernando County residents are uninsured
- Cancer, heart disease, chronic lower respiratory disease, unintentional injury and stroke are the top 5 leading causes of death in Hernando County
- Since 2004, suicide rates in Hernando County have exceeded state rates; for the period of 2013-2015 Hernando County's suicide rate was 20.6 per 100,000 whereas the state rate was 14.1
- Baker Act involuntary exam initiation rates in Hernando County for 2003-2008 exceeded state rates for all ages
- For 2007-2015 domestic violence offense rates in Hernando were higher than state rates
- Hospitalization rates for mental health reasons for 2010-2015 in Hernando County almost doubled in 5 years and exceed state rates and those for other 5th Judicial Circuit counties
- In 2016 there were 1,406 inmates booked into the Hernando County Jail who stated they had had treatment for a mental health disorder
- There were 3,453 Hernando County Jail inmates in substance abuse programs in 2016
- 3,777 mental health assessments were performed in 2016 in the Hernando County Jail
- Almost 18% of inmates in the Hernando County Jail received psychotropic medications in 2016
- Annual cost of psychiatric drugs was about \$35,800 for 2016 for the Hernando County Jail

COMMUNITY INPUT

Newly collected qualitative data provides a rich and fuller understanding of the information yielded by the secondary data report. Key informant interviews were conducted with nine Hernando County policy makers and decision leaders. Two focus groups of Hernando County Jail inmates with mental illness and/or substance dependency issues were conducted to gain a broader understanding these conditions and their intersection with the criminal justice system. A 25-item community survey, administered in both paper and electronic formats, collected input from Hernando County residents impacted by mental illness, substance dependency and interactions with the criminal justice system while dealing those conditions. A total of 228 people responded to the survey; 149 met the eligibility criteria and their responses were included in the data analysis.

Some of the most pertinent findings are listed below.

- **Key Informant Interviews – Common Themes**
 - General Strengths for Addressing Mental Illness and Substance Dependency
 - Some resources are available for the uninsured with mental illness
 - Strong partnerships among agencies addressing mental illness and substance dependency

- General Challenges and Barriers for Addressing Mental Illness and Substance Dependency
 - Resources are spread thin
 - Funding in short supply and at risk for reductions
 - Vast and growing needs of our citizens
 - Co-occurrence of domestic violence, sexual abuse
- Potential Opportunities for Improvement
 - More recognition of far-reaching impacts of mental illness and substance dependency
 - Accountability and objectivity in dealing with all citizens
 - Early identification and diversion
 - Providing a continuum of services for individuals and families
 - Community involvement and commitment to address these issues
- General Threats
 - Shrinking resources in neighboring counties
 - Competition for funding among Florida counties, municipalities
 - Competing priorities
 - Growing prevalence of mental illness and substance dependency
 - Co-morbidities of those with mental illness and substance dependency
 - Poverty and lack of education
- **Focus Groups – Key Themes:**
 - Lack of timely access to mental health and substance dependency services in and out of jail in Hernando County
 - Lack of access to mental health prescriptions after receiving crisis stabilization care (if uninsured the cost is prohibitive and finding a provider to maintain prescription is challenging, especially considering long wait lists)
 - Substance dependency often leads to crimes – treatment is needed, jail does not provide treatment
 - In jail, medication times are only twice per day – morning and afternoon, some inmates require medications three times per day or at different times during the day other than the two times offered in jail
 - Lack of resources for employment opportunities, housing opportunities, and treatment services available upon release from jail
 - Long term inpatient treatment for mental health and substance abuse is not available in Hernando County
 - Rehabilitation not provided while serving time for crimes
 - Jail does not have resources to provide mental health and substance dependency treatment services to all inmates
 - Many inmates tried to access mental health and/or substance dependency services prior to sentencing, but were unable to receive prompt and continual treatment
- **Community Survey – Key Findings** based on data from 149 respondents
 - Respondents with mental illness and/or substance dependency:
 - 98.78% said mental illness and 97.7% said substance abuse are major problems in Hernando County
 - 96% said incarceration of people with mental illness or substance abuse issues is a major problem in Hernando County
 - 92% said there are not enough mental health care and substance abuse treatment providers in the county
 - 51% reported being unable to receive mental health services when needed

- Of those, who were unable to receive services, 55% said there were no appointments available
 - 55% also said cost was a barrier
 - 53% reported being unable to receive substance abuse treatment when needed
 - Of those, 64% said cost was a barrier
 - 30% indicated they were not able to get the medications they needed for their mental illness
 - Of those, who were unable to get the medications they needed, more than 70% said cost was the reason
 - 50% were not able to get the medications they needed for their substance abuse problem
 - Of those, who were unable to get the medications they needed, almost 72% said cost was a barrier
 - 57% did not have or could not get a prescription
 - 22% of respondents had been incarcerated because of actions or activities while suffering from mental illness; 34% because of substance abuse issues
 - Nearly 20% of respondents with mental illness are or have been homeless; 27% of respondents with substance dependency reported having been homeless due to substance abuse
 - Only 59% of respondents with mental illness felt they have the resources needed to manage their mental illness
 - Of those, about 63% they need a doctor or health care provider
 - 55% indicated medication was a needed resource
 - 48% said family and community support is needed
 - 68% of respondents with substance abuse issues reported having the resources needed to manage their substance dependency
 - Of those, 64% said medication was a needed resource
 - 57% said they need a doctor or health care provider
 - 57% indicated family and community support as a need
- Respondents who are caregivers to someone with mental illness or substance abuse issues:
 - 97.44% said mental illness and 100% said substance abuse are major problems in Hernando County
 - 100% said incarceration of people with mental illness is a major problem in Hernando County, likewise 94% said the same for those with substance abuse issues
 - 94% said there are not enough mental health care and substance abuse treatment providers in the county
 - 64% reported the person they cared for is unable to receive mental health care services when needed
 - Of those, 55% said cost was a barrier
 - 34% reported no services were available and were facing transportation issues
 - 77% reported the person they cared for was unable to receive substance abuse treatment when needed
 - Of those, 81% said cost was a barrier
 - 56% indicated no services were available
 - Almost 61% indicated the person they cared for was not able to get the medications they needed for their mental illness
 - Of those, about 44% said cost was the reason
 - About 60% said the person they cared for was unable to get the medications they needed for their substance abuse problem

- Of those, 64% said cost was a barrier
 - 50% did not have or could not get a prescription
- 30% of respondents said the person they cared for had been incarcerated because of actions or activities while suffering from mental illness; 40% of respondents said the person they cared for had been incarcerated because of substance abuse issues
- About 20% of respondent caregivers reported that the person they cared for with mental illness is or had been homeless; 20% homelessness was also reported for those being cared for with substance dependency issues
- 50% of caregivers for those with mental illness felt their loved one had the resources needed to manage their mental illness
 - Of those, who did not have the resources, about 63% they need a doctor or health care provider
 - 63% need information about mental illness they can understand
 - 52% said medication is an unmet need
- Only 36% of caregivers of those with substance abuse issues reported having the resources needed to manage their substance dependency
 - Of those, who did not have the resources, almost 30% said medication and a doctor or health care provider were needed resources

KEY ISSUES

Common themes and issues that emerged from the review of the demographic and socioeconomic profile, community risk factors, and primary data findings (e.g, key informant interviews, focus groups, community surveys) are presented along with other remarkable discoveries that appear in the qualitative and quantitative data.

Key Issue Themes:

Resources Needed

- Access to affordable health care, mental health care and substance abuse care and services
 - Early diagnosis and entry into treatment and care
 - Medications
- Health insurance
- Health education and health information
- Diversion programs
- Continuum of services upon release from incarceration

Systems – Level Improvements Needed

- Interagency communication
 - Referrals
 - Record sharing
- Collaborative training for law enforcement, providers, judges, public defenders

Policy Improvements Needed

- Accountability and equity to support resource and funding decisions
- Assessment and treatment regimens for the incarcerated

Environmental Factors and Needs

- Affordable housing
- Meaningful employment

- Parenting and family guidance
- Compassionate and supportive community members and organizations

Section 1: Introduction

BACKGROUND

The Florida legislature enacted the Criminal Justice, Mental Health, and Substance Abuse Reinvestment (CJMHSR) Grant Program in 2007 (s. 3, ch. 2007-200) which created a state and local county matching grant program the purpose of which is to:

“provide funding to counties with which they can plan, implement, or expand initiatives that increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for adults and juveniles who have a mental illness, a substance abuse disorder, or co-occurring mental health and substance abuse disorders and who are in, or at risk of entering, the criminal or juvenile justice systems” (FS. 394.656).

Under the terms of the legislation, counties may apply for a *planning grant* or an *implementation grant*. *Planning grants* are for one year. They are designed to “develop effective collaboration efforts” among county criminal, juvenile justice, treatment, transportation and housing agencies with those efforts resulting in “a problem-solving model and strategic plan for treating” adults and/or juveniles in, or at risk of entering the criminal justice or juvenile justice systems (FS 394.658(1)(a)).

Implementation grants are for a three-year period to support the development or expansion of diversion and program initiatives that may include, but are not limited to, mental health courts; diversion programs; alternative prosecution and sentencing programs; crisis intervention teams; treatment accountability services; specialized training for criminal justice, juvenile justice, and treatment services professionals; housing, transitional housing and employment services; and re-entry services focused on mental health and substance abuse services and supports (FS 394.658(1)(b) 1-8).

The legislation also created the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (TAC) at the Florida Mental Health Institute at the University of South Florida. The TAC has several statutory duties. These include assisting counties in projecting and monitoring the effect of a grant-funded intervention on the criminal justice system and jail, and acting as a clearinghouse for the dissemination of information on best practices and other information and material relevant to criminal justice, juvenile justice, mental health and substance abuse.

In fiscal year 2016-2017, seven organizations received one-year planning grants and 14 organizations received three-year implementation and expansion grants. Those funded for planning include LSF Health Systems, Broward Behavioral Health Coalition, Stewart Marchman Act Behavioral Health Services of Flagler and St. Johns Counties, Hanley Center Foundation of Hendry and Putnam Counties, and BayCare Behavioral Health. Implementation and expansion grants were awarded to Centerstone of Florida, Meridian Behavioral Healthcare, Boards of County Commissioners in Hillsborough, Miami-Dade, Pinellas, Collier, Polk, Lee, and Martin Counties, Orange County Health Services, Guidance Care Center, LifeStream Behavioral Health Center, Southeast Florida Behavioral Health Network, and the City of Jacksonville.

To guide project management, LSF Health Systems assembled two leadership groups: the Criminal Justice, Mental Health and Substance (CJMHS) Strategic Planning Committee and the CJMHS Needs Assessment Steering Committee. Many members of the Steering Committee, listed under the Acknowledgments section, also served on the Strategic Planning Committee. The Needs Assessment Steering Committee represented a wide array of community partners and stakeholders. The group initially met in person and then conducted business via conference calls. Invaluable input and feedback on the project timeline, construction and implementation of the constituent survey, identification of key informant interviewees, and focus group logistics contributed to the needs assessment project results.

ELEMENTS OF THE NEEDS ASSESSMENT

The needs assessment is comprised of the following sections:

- Demographic and Socioeconomic Profile
- Community Risk Indicators
- Community Input
- Gap Analysis and Key Issues

Each section provides a variety of data to inform community leaders and policymakers about aspects and characteristics of the community-at-large, the population with mental illness and substance dependency issues, and those incarcerated with mental illness and substance dependency. The data sources used to create the needs assessment include large administrative databases, such as population data from the U.S. Census Bureau and mortality data from the Florida Department of Health, as well primary qualitative data generated as part of this project through focus groups, structured interviews, and constituent surveys. The purpose and the components of each section are described below.

DEMOGRAPHIC AND SOCIOECONOMIC PROFILE

This section details demographic and socioeconomic factors that often underlie or exacerbate issues of mental illness, substance dependency and criminal activity. Conditions in the places where people live, work, learn and play can affect a wide range of health risks and outcomes. These conditions are called social determinants of health. Some indicators of these conditions are included in this section because they are pertinent to understanding how resources, programs and policies can impact health behaviors and outcomes. Also included in this section are data on population trends which can point to emerging issues. Indicators in this section include the following:

- Population Growth
- Population by Zip Code
- Age Distribution of Population
- Racial Breakdown of Population
- Ethnicity of Population
- Gender Distribution of Population
- Median and Per Capita Income Levels
- Poverty Levels and Income
- Unemployment
- Small Business Employers
- Employees in Small Businesses

- Educational Attainment
- Graduation and Dropout Rates

COMMUNITY RISK INDICATORS

This section includes key indicators of conditions that contribute to the community’s mental health and substance dependency issues. Health insurance status and hospitalization data help illustrate factors in Hernando County that may compound negative health outcomes. A snapshot of mental illness and substance dependency in the Hernando County Jail is provided along with statistics relating to the utilization of mental health services by arrestees in Hernando County. Data sets in this section include:

- Health Insurance Rates
- Mortality and Causes of Death
- Suicide Death Rates
- Baker Act Initiations and Initiation Rates
- Domestic Violence Rates
- Mental Health Hospitalizations
- Mental Health of Inmates
- Mental Health and Substance Abuse Service Utilization

COMMUNITY INPUT

Relevant quantitative data and statistics can provide valuable and meaningful insights into the issues of mental illness and substance dependency in the community and in the criminal justice system. However, these data provide only a part of the picture. Qualitative data often provide a rich and fuller understanding of the information yielded by quantitative data. To this end, structured key informant interviews were conducted with Hernando County policy makers, providers and decision leaders. Two focus groups of Hernando County Jail inmates with mental illness and/or substance dependency issues were conducted to gain a broader understanding these conditions and their intersection with the criminal justice system. A 25-item community survey, administered in both paper and electronic formats, collected input from Hernando County residents impacted by mental illness, substance dependency and interactions with the criminal justice system while dealing those conditions. Details of the qualitative data gathering and analysis include:

- 9 interviews with key informants including representation from elected officials, law enforcement, judicial and court system, community mental health and substance dependency services, private providers, and advocacy organizations.
- 2 focus groups with individuals:
 - 11 female misdemeanor jail inmates with mental illness and/or substance dependency
 - 10 male misdemeanor jail inmates with mental illness and/or substance dependency
- Of the 228 people who responded to the survey, 149 met the eligibility criteria and their responses were included in the data analysis. The survey was promoted through a press release, Facebook advertising and posting on the WellFlorida web site. Paper surveys were available through numerous Hernando County community partner organizations and government agencies.

KEY ISSUES AND GAP ANALYSIS

Common themes and issues that emerged from the review of the demographic and socioeconomic profile, community risk factors and primary data findings (e.g, key informant interviews, focus groups, and community surveys) are presented along with other remarkable discoveries that appear in the qualitative and quantitative data.

Subsequent to the completion of the needs assessment, a Sequential Intercept Mapping (SIM) strategic planning workshop will be conducted by project partners at the University of South Florida, Louis de la Parte Mental Health Institute's Center for Mental Health Law and Policy. The process of Sequential Intercept Mapping will assist the county, community agencies/providers, consumers, family members, and other stakeholders in better understanding the interaction between the criminal justice and behavioral health systems. The SIM process identifies the intercepts through which individuals navigate the criminal justice system and helps identify the populations that should be targeted for services at various points in the process. The SIM process helps transform fragmented systems: identify local resources, needs, and gaps; and identify access points in the linear flow of the criminal justice system for service delivery and other policy/process interventions.

Section 2: Demographic and Socioeconomic Profile

INTRODUCTION

This section details demographic and socioeconomic factors that often underlie or exacerbate issues of mental illness, substance dependency and criminal activity. Conditions in the places where people live, work, learn and play can affect a wide range of health risks and outcomes. These conditions are called social determinants of health. Some indicators of these conditions are included in this section because they are pertinent to understanding how resources, programs and policies can impact health behaviors and outcomes. Also included in this section are data on population trends which can point to emerging issues. Indicators in this section include the following:

- Population Growth
- Population by Zip Code
- Age Distribution of Population
- Racial Breakdown of Population
- Ethnicity of Population
- Gender Distribution of Population
- Median and Per Capita Income Levels
- Poverty Levels and Income
- Unemployment
- Small Business Employers
- Employees in Small Businesses
- Educational Attainment
- Graduation and Dropout Rates

Most of the data tables and figures presented here include statistics for Hernando County and for the state of Florida as a whole for comparison purposes. Some tables and figures also include data on the other four counties in Circuit 5 (Citrus, Marion, Lake and Sumter Counties). Where applicable, analysis is provided for Hernando County data compared to the state or one of these four counties. In some tables, data are presented at the zip code level as well. The zip code data are not analyzed in this needs assessment and are provided for projections, future planning, and to inform extramural funding opportunities.

DEMOGRAPHIC AND POPULATION CHARACTERISTICS

POPULATION GROWTH

Current population as well as projected future population growth data are important in understanding the potential future impact of mental health and substance dependency issues in the criminal justice system. The total population is the pool from which the “clients” or “customers” of the criminal justice system will come. As such, reliable estimates of the future population composition and its geographic concentration provide a window into the potential magnitude of future challenges.

Tables 1, 2, 3 and Figures 1 and 2 show population estimates and projections. As seen in Table 1 the population growth from the 2010 U.S. Census figure of 172,778, expressed as a percent change and in raw numbers, is about on par with projections as compared with Florida as a whole. Population projections from 2030 begin to show substantial divergence from the state, with the Hernando County population growing by as much as 50% compared to 2010 census figures. Table 2 illustrates Hernando County population changes for the cities of Brooksville and Weeki Wachee and unincorporated areas from the 2010 census to 2015 estimates. A net gain of 4,041 residents is reported for 2015 for a total uninstitutionalized population of 176,819. Note that much of the population growth is fueled by expansion in the unincorporated areas. Table 3 shows population composition estimates by gender, race and ethnicity, and age groups. For the period of 2011-2015 Hernando County's population was similar to the state in its gender composition (48% male, 52% female). As seen in Figure 1, by age group Hernando County differs from the state with 53.9% of the population between the ages of 18-64 compared to 60.8% and 27% at 65 years or older compared to 18.6% for the state. Figure 2 shows the racial composition of Hernando County's population. Almost 90% of Hernando's population is White compared with the state at 76%.

DEMOGRAPHICS AND SOCIOECONOMICS

TABLE 1. TOTAL POPULATION AND PROJECTED POPULATIONS BY GENDER, HERNANDO COUNTY AND FLORIDA, 2010-2045.

Year	Total		Males		Females	
	Hernando County	Florida	Hernando County	Florida	Hernando County	Florida
Population						
2010 Census	172,778	18,802,847	82,534	9,189,365	90,244	9,163,482
2015 Estimate	176,819	19,815,183	84,349	9,683,666	92,470	10,131,517
2020 Projections	193,614	21,372,207	92,260	10,437,301	101,354	10,934,906
2025 Projections	209,258	22,799,508	99,701	11,126,111	109,557	11,673,397
2030 Projections	223,407	24,070,978	106,484	11,737,808	116,923	12,333,170
2035 Projections	236,651	25,212,399	112,859	12,284,068	123,792	12,928,331
2040 Projections	249,178	26,252,141	118,860	12,779,320	130,318	13,472,821
2045 Projections	260,794	27,217,568	124,423	13,237,341	136,371	13,980,227
Percent Change from 2010 Census						
To 2015 Estimate	2.3	5.4	2.2	5.4	2.5	10.6
To 2020 Projections	12.1	13.7	11.8	13.6	12.3	19.3
To 2025 Projections	21.1	21.3	20.8	21.1	21.4	27.4
To 2030 Projections	29.3	28.0	29.0	27.7	29.6	34.6
To 2035 Projections	37.0	34.1	36.7	33.7	37.2	41.1
To 2040 Projections	44.2	39.6	44.0	39.1	44.4	47.0
To 2045 Projections	50.9	44.8	50.8	44.1	51.1	52.6
Percent Change from 2015 Estimates						
To 2020 Projections	9.5	7.9	9.4	7.8	9.6	7.9
To 2025 Projections	18.3	15.1	18.2	14.9	18.5	15.2
To 2030 Projections	26.3	21.5	26.2	21.2	26.4	21.7
To 2035 Projections	33.8	27.2	33.8	26.9	33.9	27.6
To 2040 Projections	40.9	32.5	40.9	32.0	40.9	33.0
To 2045 Projections	47.5	37.4	47.5	36.7	47.5	38.0

Source: Bureau of Economic Business Resources: University of Florida, Population Projections by Age, Sex, Race and Hispanic Origin for Florida and Its Counties, 2015-2045.

Prepared by: WellFlorida Council, 2017.

TABLE 2. ESTIMATES OF POPULATION BY CITY, HERNANDO COUNTY AND FLORIDA, APRIL 1, 2015.

Area	April 1, 2010 Census	April 1, 2015 Estimate	Total Change	Number of Inmates	April 1, 2015 Less Inmates	Percent of County/ State
Brooksville	7,719	7,780	61	0	7,780	4.4
Weeki Wachee	12	5	-7	0	5	0.0
Total Hernando County Incorporated	7,731	7,785	54	0	7,785	4.4
Hernando County Unincorporated	165,047	169,034	3,987	483	168,551	95.6
Hernando County	172,778	176,819	4,041	483	176,336	0.9
Florida Incorporated	9,453,181	10,018,127	564,946	19,620	9,998,507	50.8
Florida Unincorporated	9,348,151	9,797,056	448,905	104,025	9,693,031	49.2
Florida	18,801,332	19,815,183	1,013,851	123,645	19,691,538	100.0

Source: Bureau of Economic Business Research, University of Florida, Florida Estimates of Population, 2015.
Prepared by: WellFlorida Council, 2017.

2011-2015 AMERICAN COMMUNITY SURVEY ESTIMATES

TABLE 3. TOTAL ESTIMATED POPULATION BY SELECTED DEMOGRAPHICS FOR HERNANDO COUNTY COMPARED TO FLORIDA, 2011-2015.

Demographics	Hernando County		Florida	
	Estimated Number	Estimated Percent	Estimated Number	Estimated Percent
Total Population		174,809		19,645,772
Males	83,978	48.0	9,600,009	48.9
Females	90,831	52.0	10,045,763	51.1
Whites	157,227	89.9	14,934,702	76.0
Blacks	9,405	5.4	3,171,108	16.1
Hispanics	19,813	11.3	4,660,733	23.7
0-4 years of age	7,791	4.5	1,081,057	5.5
5-9 years of age	9,594	5.5	1,110,752	5.7
10-14 years of age	9,411	5.4	1,140,728	5.8
15-24 years of age	18,516	10.6	2,489,030	12.7
25-34 years of age	16,080	9.2	2,468,945	12.6
35-44 years of age	18,296	10.5	2,427,295	12.4
45-54 years of age	22,847	13.1	2,747,409	14.0
55-64 years of age	25,000	14.3	2,529,565	12.9
65-74 years of age	25,354	14.5	1,984,853	10.1
75-84 years of age	15,519	8.9	1,167,015	5.9
85+ years of age	6,401	3.7	499,123	2.5
75+ years of age	21,920	12.5	1,666,138	8.5
0-64 years of age	127,535	73.0	15,994,781	81.4
65+ years of age	47,274	27.0	3,650,991	18.6
0-17 years of age	33,322	19.1	4,041,123	20.6
18+ years of age	141,487	80.9	15,604,649	79.4
18 - 64 years of age	94,213	53.9	11,953,658	60.8
25 + years of age	129,497	74.1	13,824,205	70.4

Although the American Community Survey(ACS) produces population, demographic and housing unit estimates for 2011-2015, the 2010 Census provides the official counts of the population and housing units for the nation, counties, cities, and towns. The American Community Survey is a sample of data taken over a time period and should not be compared to other sources of data.

Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Tables B2001, B03003, and B01001.

Prepared by: WellFlorida Council, 2017.

AGE DISTRIBUTION OF POPULATION

Understanding the age distribution of a population is important as age groups have different needs and experiences in the health care and criminal justice systems as well as in the supporting public policy areas. Figure 1 and Table 4 clearly show that Hernando County has an older population compared to Florida. While Florida's population age 65 and older is only 18.6 percent of its total population, the senior adult population in Hernando County represents 27 percent of the total population. Should state and national projections hold true for mental illness and substance dependency prevalence, Hernando County could expect a rising percentage of seniors with these conditions interacting with the criminal justice system. Table 4 provides population estimates by age group by zip code. Awareness of the geographical distribution of age groups is critical for program and service planning and placement.

Age Groups

FIGURE 1. PERCENT OF ESTIMATES BY AGE GROUP, HERNANDO COUNTY AND FLORIDA, 2011-2015.

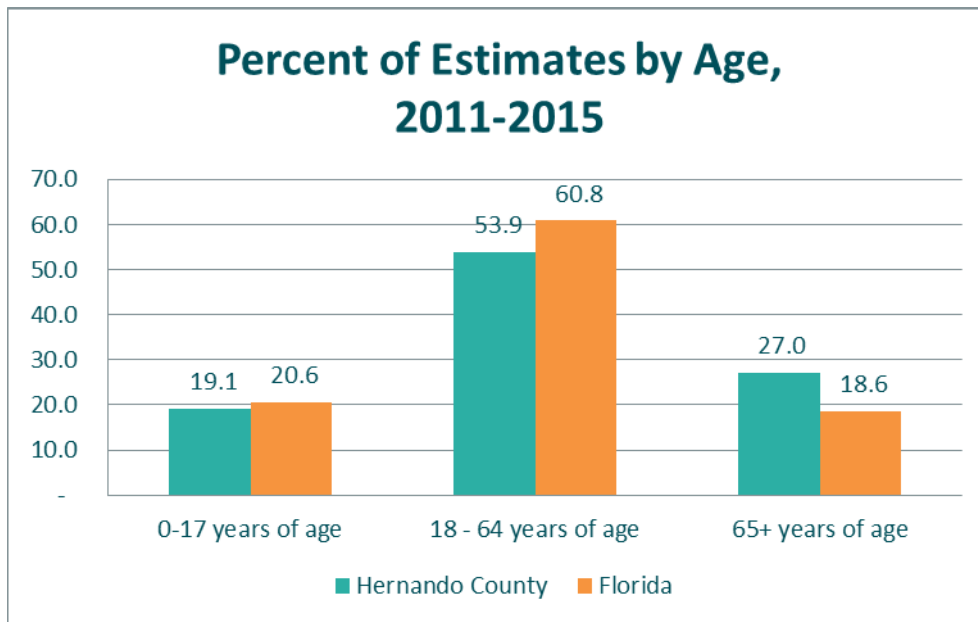


TABLE 4. TOTAL ESTIMATED POPULATION BY AGE GROUP, BY ZIP CODE TABULATION AREA (ZCTA), HERNANDO COUNTY AND FLORIDA, 2011-2015.

Area	Total Estimated Population	0 - 4 Years of Age		5 - 9 Years of Age	
		Number	Percent of Zip Code	Number	Percent of Zip Code
34601 Brooksville	21,410	1,287	6.0	1,413	6.6
34602 Brooksville	7,118	349	4.9	555	7.8
34604 Brooksville	10,304	567	5.5	471	4.6
34606 Spring Hill	26,117	1,003	3.8	1,318	5.0
34607 Spring Hill	8,430	248	2.9	195	2.3
34608 Spring Hill	32,628	1,509	4.6	2,067	6.3
34609 Spring Hill	38,684	1,924	5.0	2,456	6.3
34613 Brooksville	17,308	418	2.4	495	2.9
34614 Brooksville	6,832	279	4.1	421	6.2
34661 Nobleton	356	21	5.9	22	6.2
Hernando County	174,809	7,791	4.5	9,594	5.5
Florida	19,645,772	1,081,057	5.5	1,110,752	5.7
Area	Total Estimated Population	10 - 14 Years of Age		15 - 24 Years of Age	
		Number	Percent of Zip Code	Number	Percent of Zip Code
34601 Brooksville	21,410	787	3.7	2,342	10.9
34602 Brooksville	7,118	434	6.1	721	10.1
34604 Brooksville	10,304	454	4.4	1,273	12.4
34606 Spring Hill	26,117	1,084	4.2	2,072	7.9
34607 Spring Hill	8,430	332	3.9	741	8.8
34608 Spring Hill	32,628	2,249	6.9	3,822	11.7
34609 Spring Hill	38,684	2,489	6.4	4,494	11.6
34613 Brooksville	17,308	826	4.8	1,400	8.1
34614 Brooksville	6,832	408	6.0	874	12.8
34661 Nobleton	356	47	13.2	68	19.1
Hernando County	174,809	9,411	5.4	18,516	10.6
Florida	19,645,772	1,140,728	5.8	2,489,030	12.7

Although the American Community Survey(ACS) produces population, demographic and housing unit estimates for 2011-2015, the 2010 Census provides the official counts of the population and housing units for the nation, counties, cities, and towns. The American Community Survey is a sample of data taken over a time period and should not be compared to other sources of data.

Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Table B01001.

Prepared by: WellFlorida Council, 2017.

TABLE 4 CONTINUED. TOTAL ESTIMATED POPULATION BY AGE GROUP, BY ZIP CODE TABULATION AREA (ZCTA), HERNANDO COUNTY AND FLORIDA, 2011-2015.

Area	Total Estimated Population	25 - 34 Years of Age		35 - 44 Years of Age	
		Number	Percent of Zip Code	Number	Percent of Zip Code
34601 Brooksville	21,410	1,974	9.2	1,948	9.1
34602 Brooksville	7,118	647	9.1	810	11.4
34604 Brooksville	10,304	1,537	14.9	1,085	10.5
34606 Spring Hill	26,117	2,329	8.9	2,197	8.4
34607 Spring Hill	8,430	674	8.0	572	6.8
34608 Spring Hill	32,628	3,234	9.9	4,002	12.3
34609 Spring Hill	38,684	3,606	9.3	4,410	11.4
34613 Brooksville	17,308	1,148	6.6	1,528	8.8
34614 Brooksville	6,832	535	7.8	1,033	15.1
34661 Nobleton	356	0	0.0	24	6.7
Hernando County	174,809	16,080	9.2	18,296	10.5
Florida	19,645,772	2,468,945	12.6	2,427,295	12.4
Area	Total Estimated Population	45 - 54 Years of Age		55 - 64 Years of Age	
		Number	Percent of Zip Code	Number	Percent of Zip Code
34601 Brooksville	21,410	2,749	12.8	3,160	14.8
34602 Brooksville	7,118	696	9.8	1,382	19.4
34604 Brooksville	10,304	1,617	15.7	1,256	12.2
34606 Spring Hill	26,117	3,020	11.6	3,494	13.4
34607 Spring Hill	8,430	1,310	15.5	1,651	19.6
34608 Spring Hill	32,628	4,841	14.8	3,964	12.1
34609 Spring Hill	38,684	5,054	13.1	5,204	13.5
34613 Brooksville	17,308	1,819	10.5	2,542	14.7
34614 Brooksville	6,832	838	12.3	1,203	17.6
34661 Nobleton	356	92	25.8	21	5.9
Hernando County	174,809	22,847	13.1	25,000	14.3
Florida	19,645,772	2,747,409	14.0	2,529,565	12.9

Although the American Community Survey(ACS) produces population, demographic and housing unit estimates for 2011-2015, the 2010 Census provides the official counts of the population and housing units for the nation, counties, cities, and towns. The American Community Survey is a sample of data taken over a time period and should not be compared to other sources of data.

Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Table B01001.

Prepared by: WellFlorida Council, 2017.

TABLE 4 CONTINUED. TOTAL ESTIMATED POPULATION BY AGE GROUP, BY ZIP CODE TABULATION AREA (ZCTA), HERNANDO COUNTY AND FLORIDA, 2011-2015.

Area	Total Estimated Population	65 - 74 Years of Age		75 - 84 Years of Age	
		Number	Percent of Zip Code	Number	Percent of Zip Code
34601 Brooksville	21,410	3,141	14.7	1,702	7.9
34602 Brooksville	7,118	942	13.2	393	5.5
34604 Brooksville	10,304	1,151	11.2	737	7.2
34606 Spring Hill	26,117	4,133	15.8	3,670	14.1
34607 Spring Hill	8,430	1,474	17.5	923	10.9
34608 Spring Hill	32,628	3,646	11.2	2,323	7.1
34609 Spring Hill	38,684	5,329	13.8	2,686	6.9
34613 Brooksville	17,308	3,949	22.8	2,339	13.5
34614 Brooksville	6,832	953	13.9	226	3.3
34661 Nobleton	356	22	6.2	39	11.0
Hernando County	174,809	25,354	14.5	15,519	8.9
Florida	19,645,772	1,984,853	10.1	1,167,015	5.9
Area	Total Estimated Population	85 + Years of Age		75+ Years of Age	
		Number	Percent of Zip Code	Number	Percent of Zip Code
34601 Brooksville	21,410	907	4.2	2,609	12.2
34602 Brooksville	7,118	189	2.7	582	8.2
34604 Brooksville	10,304	156	1.5	893	8.7
34606 Spring Hill	26,117	1,797	6.9	5,467	20.9
34607 Spring Hill	8,430	310	3.7	1,233	14.6
34608 Spring Hill	32,628	971	3.0	3,294	10.1
34609 Spring Hill	38,684	1,032	2.7	3,718	9.6
34613 Brooksville	17,308	844	4.9	3,183	18.4
34614 Brooksville	6,832	62	0.9	288	4.2
34661 Nobleton	356	0	0.0	39	11.0
Hernando County	174,809	6,401	3.7	21,920	12.5
Florida	19,645,772	499,123	2.5	1,666,138	8.5

Although the American Community Survey(ACS) produces population, demographic and housing unit estimates for 2011-2015, the 2010 Census provides the official counts of the population and housing units for the nation, counties, cities, and towns. The American Community Survey is a sample of data taken over a time period and should not be compared to other sources of data.

Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Table B01001.

Prepared by: WellFlorida Council, 2017.

TABLE 4 CONTINUED. TOTAL ESTIMATED POPULATION BY AGE GROUP, BY ZIP CODE TABULATION AREA (ZCTA), HERNANDO COUNTY AND FLORIDA, 2011-2015.

Area	Total Estimated Population	0 - 64 Years of Age		65+ Years of Age	
		Number	Percent of Zip Code	Number	Percent of Zip Code
34601 Brooksville	21,410	15,660	73.1	5,750	26.9
34602 Brooksville	7,118	5,594	78.6	1,524	21.4
34604 Brooksville	10,304	8,260	80.2	2,044	19.8
34606 Spring Hill	26,117	16,517	63.2	9,600	36.8
34607 Spring Hill	8,430	5,723	67.9	2,707	32.1
34608 Spring Hill	32,628	25,688	78.7	6,940	21.3
34609 Spring Hill	38,684	29,637	76.6	9,047	23.4
34613 Brooksville	17,308	10,176	58.8	7,132	41.2
34614 Brooksville	6,832	5,591	81.8	1,241	18.2
34661 Nobleton	356	295	82.9	61	17.1
Hernando County	174,809	127,535	73.0	47,274	27.0
Florida	19,645,772	15,994,781	81.4	3,650,991	18.6
Area	Total Estimated Population	0 - 17 Years of Age		18 + Years of Age	
		Number	Percent of Zip Code	Number	Percent of Zip Code
34601 Brooksville	21,410	4,152	19.4	17,258	80.6
34602 Brooksville	7,118	1,625	22.8	5,493	77.2
34604 Brooksville	10,304	1,732	16.8	8,572	83.2
34606 Spring Hill	26,117	3,965	15.2	22,152	84.8
34607 Spring Hill	8,430	1,022	12.1	7,408	87.9
34608 Spring Hill	32,628	7,302	22.4	25,326	77.6
34609 Spring Hill	38,684	8,747	22.6	29,937	77.4
34613 Brooksville	17,308	2,277	13.2	15,031	86.8
34614 Brooksville	6,832	1,469	21.5	5,363	78.5
34661 Nobleton	356	111	31.2	245	68.8
Hernando County	174,809	33,322	19.1	141,487	80.9
Florida	19,645,772	4,041,123	20.6	15,604,649	79.4

Although the American Community Survey(ACS) produces population, demographic and housing unit estimates for 2011-2015, the 2010 Census provides the official counts of the population and housing units for the nation, counties, cities, and towns. The American Community Survey is a sample of data taken over a time period and should not be compared to other sources of data.

Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Table B01001.

Prepared by: WellFlorida Council, 2017.

TABLE 4 CONTINUED. TOTAL ESTIMATED POPULATION BY AGE GROUP, BY ZIP CODE TABULATION AREA (ZCTA), HERNANDO COUNTY AND FLORIDA, 2011-2015.

Area	Total Estimated Population	18 - 64 Years of Age		25+ Years of Age	
		Number	Percent of Zip Code	Number	Percent of Zip Code
34601 Brooksville	21,410	11,508	53.8	15,581	72.8
34602 Brooksville	7,118	3,969	55.8	5,059	71.1
34604 Brooksville	10,304	6,528	63.4	7,539	73.2
34606 Spring Hill	26,117	12,552	48.1	20,640	79.0
34607 Spring Hill	8,430	4,701	55.8	6,914	82.0
34608 Spring Hill	32,628	18,386	56.4	22,981	70.4
34609 Spring Hill	38,684	20,890	54.0	27,321	70.6
34613 Brooksville	17,308	7,899	45.6	14,169	81.9
34614 Brooksville	6,832	4,122	60.3	4,850	71.0
34661 Nobleton	356	184	51.7	198	55.6
Hernando County	174,809	94,213	53.9	129,497	74.1
Florida	19,645,772	11,953,658	60.8	13,824,205	70.4

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates for 2011-2015, the 2010 Census provides the official counts of the population and housing units for the nation, counties, cities, and towns. The American Community Survey is a sample of data taken over a time period and should not be compared to other sources of data.

Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Table B01001.

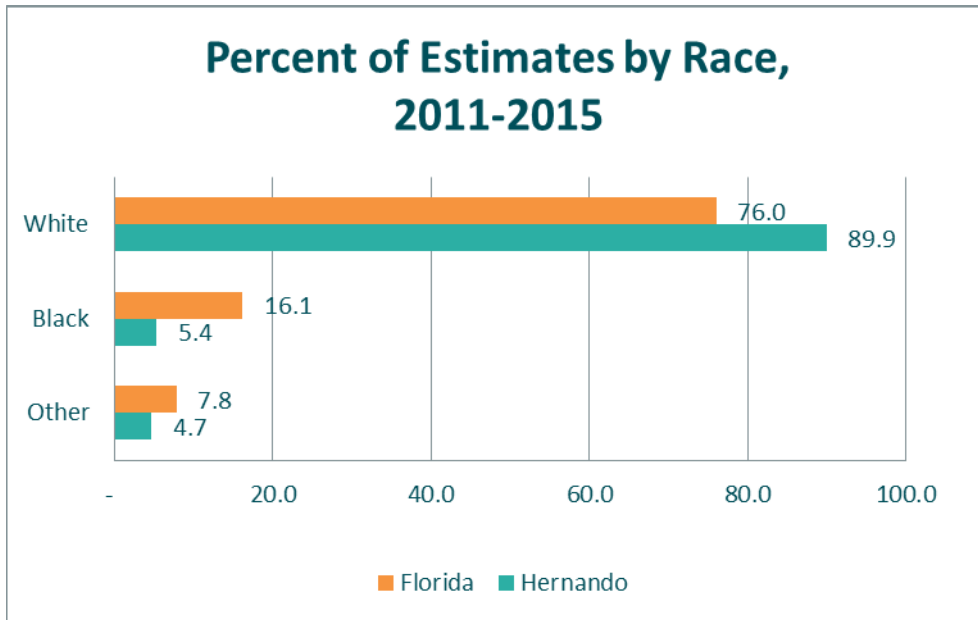
Prepared by: WellFlorida Council, 2017.

RACIAL AND ETHNIC DISTRIBUTION OF POPULATION

As with different age groups, racial and ethnic groups also have unique needs or experiences in the health care and criminal justice systems. As seen in Table 5 and Figure 2, compared to Florida as a whole (76 percent) Hernando County's population is almost 90 percent White. Hernando County's Black population represents 5.4 percent of the total population; Florida's total population is 16.1 percent Black. Table 5 details population by race, sorted by zip code. Numbers and percentages for races used by the U.S. Census Bureau (American Indian and Alaska Native only, Asian Only, Black, Native Hawaiian and Other Pacific Islander, Some Other Race, Two or More Races, and White) are presented. With the exception of the White population, these numbers and percentages are small; however, more than 10 percent of Hernando's population is reflected among these diverse races. Because place is a factor in health outcomes, awareness of the geographic clustering of populations is important for program planning, service placement and intervention strategies.

Table 6 profiles the Hispanic or Latino ethnicity of Hernando County residents. While only 11.3 percent of Hernando's population identifies themselves as Hispanic or Latino compared to 23.7 percent for all of Florida, the Hispanic or Latino population of more than 19,000 residents represents Hernando's largest ethnic group. When segmented by zip code, several areas in Hernando County have Hispanic or Latino populations that represent up to 16 percent of the residents in that zip code.

FIGURE 2. PERCENT OF ESTIMATES BY RACE, HERNANDO COUNTY AND FLORIDA, 2011-2015.



Source: Table 5

TABLE 5. TOTAL ESTIMATED POPULATION BY RACE, BY ZIP CODE TABULATION AREA (ZCTA), HERNANDO COUNTY AND FLORIDA, 2011-2015.

Area	Total Estimated Population	American Indian and Alaska Native Only		Asian Only	
		Estimated Number	Percent of Zip Code	Estimated Number	Percent of Zip Code
34601 Brooksville	21,410	127	0.6	20	0.1
34602 Brooksville	7,118	13	0.2	124	1.7
34604 Brooksville	10,304	22	0.2	79	0.8
34606 Spring Hill	26,117	19	0.1	116	0.4
34607 Spring Hill	8,430	0	0.0	31	0.4
34608 Spring Hill	32,628	84	0.3	460	1.4
34609 Spring Hill	38,684	128	0.3	850	2.2
34613 Brooksville	17,308	24	0.1	222	1.3
34614 Brooksville	6,832	0	0.0	0	0.0
34661 Nobleton	356	0	0.0	0	0.0
Hernando County	174,809	428	0.2	1,902	1.1
Florida	19,645,772	54,569	0.3	509,085	2.6
Area	Total Estimated Population	Black		Native Hawaiian and Other Pacific Islander	
		Estimated Number	Percent of Zip Code	Estimated Number	Percent of Zip Code
34601 Brooksville	21,410	2,416	11.3	0	0.0
34602 Brooksville	7,118	606	8.5	0	0.0
34604 Brooksville	10,304	630	6.1	0	0.0
34606 Spring Hill	26,117	746	2.9	8	0.0
34607 Spring Hill	8,430	175	2.1	0	0.0
34608 Spring Hill	32,628	2,261	6.9	0	0.0
34609 Spring Hill	38,684	1,930	5.0	20	0.1
34613 Brooksville	17,308	198	1.1	10	0.1
34614 Brooksville	6,832	219	3.2	0	0.0
34661 Nobleton	356	0	0.0	0	0.0
Hernando County	174,809	9,405	5.4	50	0.0
Florida	19,645,772	3,171,108	16.1	11,024	0.1

Although the American Community Survey(ACS) produces population, demographic and housing unit estimates for 2011-2015, the 2010 Census provides the official counts of the population and housing units for the nation, counties, cities, and towns. The American Community Survey is a sample of data taken over a time period and should not be compared to other sources of data.

Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Table B2001.

Prepared by: WellFlorida Council, 2017.

**TABLE 5 CONTINUED. TOTAL ESTIMATED POPULATION BY RACE, BY ZIP CODE
TABULATION AREA (ZCTA), HERNANDO COUNTY AND FLORIDA, 2011-2015.**

Area	Total Estimated Population	Some Other Race		Two or More Races	
		Estimated Number	Percent of Zip Code	Estimated Number	Percent of Zip Code
34601 Brooksville	21,410	25	0.1	285	1.3
34602 Brooksville	7,118	34	0.5	114	1.6
34604 Brooksville	10,304	245	2.4	207	2.0
34606 Spring Hill	26,117	644	2.5	543	2.1
34607 Spring Hill	8,430	26	0.3	17	0.2
34608 Spring Hill	32,628	722	2.2	612	1.9
34609 Spring Hill	38,684	247	0.6	1,362	3.5
34613 Brooksville	17,308	169	1.0	266	1.5
34614 Brooksville	6,832	4	0.1	96	1.4
34661 Nobleton	356	0	0.0	0	0.0
Hernando County	174,809	2,116	1.2	3,681	2.1
Florida	19,645,772	493,202	2.5	472,082	2.4
Area	Total Estimated Population	White			
		Estimated Number	Percent of Zip Code		
34601 Brooksville	21,410	18,537	86.6		
34602 Brooksville	7,118	6,227	87.5		
34604 Brooksville	10,304	9,121	88.5		
34606 Spring Hill	26,117	24,041	92.1		
34607 Spring Hill	8,430	8,181	97.0		
34608 Spring Hill	32,628	28,489	87.3		
34609 Spring Hill	38,684	34,147	88.3		
34613 Brooksville	17,308	16,419	94.9		
34614 Brooksville	6,832	6,513	95.3		
34661 Nobleton	356	356	100.0		
Hernando County	174,809	157,227	89.9		
Florida	19,645,772	14,934,702	76.0		

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates for 2011-2015, the 2010 Census provides the official counts of the population and housing units for the nation, counties, cities, and towns. The American Community Survey is a sample of data taken over a time period and should not be compared to other sources of data.

Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Table B2001.

Prepared by: WellFlorida Council, 2017.

Ethnicity

TABLE 6. TOTAL POPULATION BY ETHNICITY, BY ZIP CODE TABULATION AREA (ZCTA), HERNANDO COUNTY AND FLORIDA, 2011-2015.

Area	Total Estimated Population	Non-Hispanic or Latino		Hispanic or Latino	
		Estimated Number	Percent of Zip Code	Estimated Number	Percent of Zip Code
34601 Brooksville	21,410	20,143	94.1	1,267	5.9
34602 Brooksville	7,118	6,727	94.5	391	5.5
34604 Brooksville	10,304	8,879	86.2	1,425	13.8
34606 Spring Hill	26,117	23,583	90.3	2,534	9.7
34607 Spring Hill	8,430	7,936	94.1	494	5.9
34608 Spring Hill	32,628	27,542	84.4	5,086	15.6
34609 Spring Hill	38,684	32,484	84.0	6,200	16.0
34613 Brooksville	17,308	15,541	89.8	1,767	10.2
34614 Brooksville	6,832	6,420	94.0	412	6.0
34661 Nobleton	356	356	100.0	0	0.0
Hernando County	174,809	154,996	88.7	19,813	11.3
Florida	19,645,772	14,985,039	76.3	4,660,733	23.7

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Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Table B3003.

Prepared by: WellFlorida Council, 2017.

GENDER BREAKDOWN OF POPULATION

On average, state, local and national statistics show that males are involved with the criminal justice system and the jails at far higher rates than females. It is common for U.S. counties to have slightly higher percentages of females compared to males due to the longer life expectancy of females. In some communities, this fact usually drives up the percentage of females in the total population because females are overrepresented in the 65 and older population. Table 7 shows that females represent 52% of Hernando’s population. With the exception of one zip code out of the 10 reported, females outnumber males across Hernando County.

TABLE 7. TOTAL POPULATION BY GENDER, BY ZIP CODE TABULATION AREA (ZCTA), HERNANDO COUNTY AND FLORIDA, 2011-2015.

Area	Total Estimated Population	Males		Females	
		Estimated Number	Percent of Zip Code	Estimated Number	Percent of Zip Code
34601 Brooksville	21,410	10,117	47.3	11,293	52.7
34602 Brooksville	7,118	3,577	50.3	3,541	49.7
34604 Brooksville	10,304	5,093	49.4	5,211	50.6
34606 Spring Hill	26,117	12,218	46.8	13,899	53.2
34607 Spring Hill	8,430	3,934	46.7	4,496	53.3
34608 Spring Hill	32,628	15,476	47.4	17,152	52.6
34609 Spring Hill	38,684	18,585	48.0	20,099	52.0
34613 Brooksville	17,308	8,368	48.3	8,940	51.7
34614 Brooksville	6,832	3,564	52.2	3,268	47.8
34661 Nobleton	356	169	47.5	187	52.5
Hernando County	174,809	83,978	48.0	90,831	52.0
Florida	19,645,772	9,600,009	48.9	10,045,763	51.1

Although the American Community Survey(ACS) produces population, demographic and housing unit estimates for 2011-2015, the 2010 Census provides the official counts of the population and housing units for the nation, counties, cities, and towns. The American Community Survey is a sample of data taken over a time period and should not be compared to other sources of data.

Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Table B01001.

Prepared by: WellFlorida Council, 2017.

VETERANS

Veterans represent 14.3 percent of Hernando County’s population which is higher than for the state as a whole at 9.7 percent. Table 8 shows the geographic distribution of veterans by zip code. It is notable that veterans comprise 20.5 percent of the population in one Brooksville zip code. National estimates of the prevalence of mental illness and substance dependency among veterans vary. A 2013 U.S. Health and Human Services publication on substance use and misuse estimates that 18 percent of veterans have some form of substance-related disorder including alcohol use, drug use or substance dependency. The Veterans Health Administration estimates that about 20% of veterans have some mental health diagnosis. Relatedly, only about 40 percent of veterans with mental illness will seek care through the Veterans Administration. While a relatively small segment of the population, veterans seeking care and services for mental illness and substance dependency could present an emerging and growing unmet need in Hernando County.

TABLE 8. TOTAL VETERANS POPULATION BY ZIP CODE TABULATION AREA (ZCTA), HERNANDO COUNTY AND FLORIDA, 2011-2015.

Area	Total Civilian Population 18 Years and Over	Total Veterans Population	Percent Veterans Population
34601 Brooksville	17,214	2,055	11.9
34602 Brooksville	5,493	733	13.3
34604 Brooksville	8,557	1,219	14.2
34606 Spring Hill	22,152	3,515	15.9
34607 Spring Hill	7,408	1,097	14.8
34608 Spring Hill	25,319	3,152	12.4
34609 Spring Hill	29,929	4,100	13.7
34613 Brooksville	15,018	3,079	20.5
34614 Brooksville	5,363	751	14.0
34661 Nobleton	245	0	0.0
Hernando County	141,400	20,267	14.3
Florida	15,551,250	1,507,738	9.7

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates for 2011-2015, the 2010 Census provides the official counts of the population and housing units for the nation, counties, cities, and towns. The American Community Survey is a sample of data taken over a time period and should not be compared to other sources of data.

Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Table S2101.

Prepared by: WellFlorida Council, 2017.

SOCIOECONOMIC FACTORS

National statistics show that a higher proportion of lower income persons interact with the criminal justice system and are incarcerated. Circumstances of lower income can foster criminal activity. In addition, statistics show that income level and access to health care are directly related in the United States. That is, persons with lower incomes experience greater barriers to regular sources of health care and access to health insurance. These economic barriers exacerbate the situation for those with mental illness and substance dependency in a community with limited resources. Mental illness and substance dependency may go untreated for the uninsured, underinsured and those who have no regular source of primary care. Mental illness and substance dependency and abuse issues that might otherwise be diagnosed and managed through primary health care may then be expressed in ways that are criminal in the community-at-large.

INCOME AND POVERTY LEVELS

Poverty guidelines are issued each year by the U.S. Department of Health and Human Services. The guidelines are used to determine financial eligibility for certain programs. As an example, according to 2017 Poverty Guidelines for a family of four, an income of \$24,600 or less places that family at the poverty threshold (see also Table 19). Figure 3 shows that nearly 25 percent of Hernando County children live in poverty and for all ages, and about 15 percent of the total population lives in poverty. These rates are comparable to state rates.

FIGURE 3. POVERTY ESTIMATES BY AGE GROUP, 2010-2015.

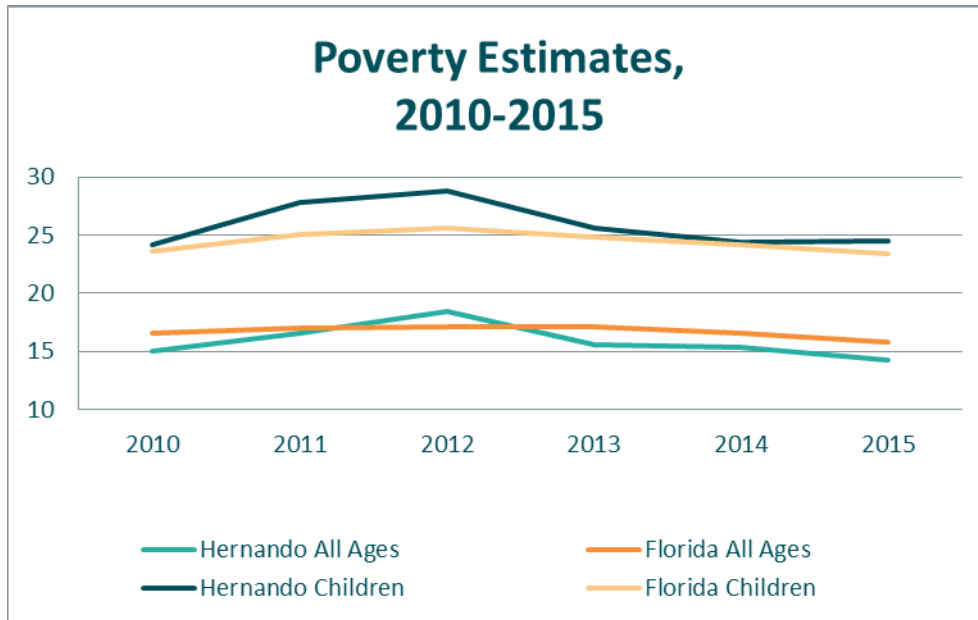


Table 9 shows the data detail that is presented in Figure 3. Note that for all ages both in Hernando and statewide, the percentage of persons in poverty has decreased slightly. For children under the age of 18 and those ages 5-17 who live in families, there are slight increases. For Hernando County this signifies that in 2015 nearly 8,000 children lived in poverty.

TABLE 9. NUMBER AND PERCENT OF PERSONS IN POVERTY, BY SELECTED AGES, HERNANDO COUNTY AND FLORIDA, 2010-2015.

Year	Hernando County			Florida		
	Poverty Universe	Number In Poverty	Percent In Poverty	Poverty Universe	Number In Poverty	Percent In Poverty
All Ages						
2010	170,947	25,728	15.1	18,436,765	3,048,621	16.5
2011	171,045	28,402	16.6	18,652,058	3,178,155	17.0
2012	171,492	31,705	18.5	18,912,451	3,248,276	17.2
2013	172,275	26,818	15.6	19,129,965	3,268,130	17.1
2014	173,753	26,629	15.3	19,470,220	3,231,142	16.6
2015	176,355	25,217	14.3	19,850,025	3,129,061	15.8
Under Age 18						
2010	33,486	8,101	24.2	3,938,186	929,620	23.6
2011	33,231	9,261	27.9	3,932,909	985,615	25.1
2012	32,751	9,437	28.8	3,944,810	1,011,096	25.6
2013	32,508	8,310	25.6	3,953,274	982,272	24.8
2014	32,272	7,862	24.4	3,984,878	962,857	24.2
2015	32,542	7,977	24.5	4,036,757	944,415	23.4
Ages 5 - 17 in Families						
2010	25,027	5,635	22.5	2,864,957	628,165	21.9
2011	25,022	6,386	25.5	2,859,492	670,753	23.5
2012	24,778	6,591	26.6	2,873,933	693,284	24.1
2013	24,654	5,923	24.0	2,881,447	678,022	23.5
2014	24,566	5,667	23.1	2,908,298	666,307	22.9
2015	24,688	5,782	23.4	2,941,155	646,658	22.0

Source: US Census Bureau, Small Area Income and Poverty Estimates, 2011-2015.

Prepared by: WellFlorida Council, 2017.

As can be seen in Table 10, the percentages for Hernando County selected demographics living in poverty are on par with the state for a number of categories. Most notably, 40.2 percent of Hernando County Black residents live in poverty compared to 27.5 percent of Black Florida residents. Hernando County performs better than the state among the elderly (7.6 vs 10.3) in poverty.

TABLE 10. ESTIMATED NUMBER AND PERCENT OF INDIVIDUALS BY VARIOUS DEMOGRAPHICS, FAMILIES AND HOUSEHOLDS IN POVERTY IN THE PAST 12 MONTHS, HERNANDO COUNTY AND FLORIDA, 2011-2015.

Demographics	Percent in Poverty	
	Hernando County	Florida
Total Population	15.9	16.5
0-99 Percent of Poverty	15.9	16.5
100-149 Percent of Poverty	11.7	10.9
150-199 Percent of Poverty	12.1	10.5
200-299 Percent of Poverty	21.8	18.1
300-399 Percent of Poverty	15.2	13.3
400+ Percent of Poverty	23.3	30.7
Children (0-17)	25.8	24.1
Adults (18-64)	16.7	15.9
Elderly (65+)	7.6	10.3
Males	15.3	15.4
Females	16.5	17.6
Whites	14.2	14.0
Blacks	40.2	27.5
Households	14.3	15.1

Although the American Community Survey(ACS) produces population, demographic and housing unit estimates for 2011-2015, the 2010 Census provides the official counts of the population and housing units for the nation, counties, cities, and towns. The American Community Survey is a sample of data taken over a time period and should not be compared to other sources of data.

Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Tables B17020, B17020A, B17020B, B17001, B17017, and B17024.

Prepared by: WellFlorida Council, 2017.

The geographic distribution by zip code of individuals and various age groups in poverty is presented in Table 11. Table 12 further details the geographic distribution of poverty with data broken out by levels of poverty. Poverty by gender, sorted by zip code, is presented in Table 13. To further examine groups impacted by poverty Table 14 shows poverty percentages and numbers by zip code by race. Lastly, numbers and percentages of Hernando County households in poverty by zip code are displayed in Table 15. Taken together, these data can pinpoint areas where poverty has its greatest impact on specific populations.

TABLE 11. ESTIMATED NUMBER AND PERCENT OF INDIVIDUALS AND CHILDREN AND VARIOUS AGE GROUPS IN POVERTY IN THE PAST 12 MONTHS, BY ZIP CODE TABULATION AREA (ZCTA), HERNANDO COUNTY AND FLORIDA, 2011-2015.

Area	Estimated Total Number	Estimated Number In Poverty	Estimated Percent In Poverty
Individuals			
34601 Brooksville	20,712	4,754	23.0
34602 Brooksville	6,994	1,896	27.1
34604 Brooksville	9,353	1,462	15.6
34606 Spring Hill	25,797	4,270	16.6
34607 Spring Hill	8,430	1,200	14.2
34608 Spring Hill	32,237	6,221	19.3
34609 Spring Hill	38,424	4,115	10.7
34613 Brooksville	17,205	1,814	10.5
34614 Brooksville	6,818	680	10.0
34661 Nobleton	356	0	0.0
Hernando County	171,873	27,375	15.9
Florida	19,228,208	3,180,109	16.5
Area	Estimated Total Number	Estimated Number In Poverty	Estimated Percent In Poverty
Children (0-17 years of age)			
34601 Brooksville	3,895	1,295	33.2
34602 Brooksville	1,501	726	48.4
34604 Brooksville	1,674	450	26.9
34606 Spring Hill	3,693	1,246	33.7
34607 Spring Hill	1,022	215	21.0
34608 Spring Hill	7,174	2,374	33.1
34609 Spring Hill	8,514	1,299	15.3
34613 Brooksville	2,174	313	14.4
34614 Brooksville	1,455	141	9.7
34661 Nobleton	111	0	0.0
Hernando County	32,058	8,280	25.8
Florida	3,975,989	958,366	24.1

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Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Table B17020.

Prepared by: WellFlorida Council, 2017.

TABLE 11 CONTINUED. ESTIMATED NUMBER AND PERCENT OF INDIVIDUALS AND CHILDREN AND VARIOUS AGE GROUPS IN POVERTY IN THE PAST 12 MONTHS, BY ZIP CODE TABULATION AREA (ZCTA), HERNANDO COUNTY AND FLORIDA, 2011-2015.

Area	Estimated Total Number	Estimated Number In Poverty	Estimated Percent In Poverty
18 - 64 Years of Age			
34601 Brooksville	11,449	2,989	26.1
34602 Brooksville	3,969	1,068	26.9
34604 Brooksville	5,644	842	14.9
34606 Spring Hill	12,543	2,437	19.4
34607 Spring Hill	4,701	811	17.3
34608 Spring Hill	18,331	3,136	17.1
34609 Spring Hill	20,890	2,179	10.4
34613 Brooksville	7,899	1,057	13.4
34614 Brooksville	4,122	435	10.6
34661 Nobleton	184	0	0.0
Hernando County	93,206	15,559	16.7
Florida	11,667,122	1,851,786	15.9
Area	Estimated Total Number	Estimated Number In Poverty	Estimated Percent In Poverty
65+ Years of Age			
34601 Brooksville	5,368	470	8.8
34602 Brooksville	1,524	102	6.7
34604 Brooksville	2,035	170	8.4
34606 Spring Hill	9,561	587	6.1
34607 Spring Hill	2,707	174	6.4
34608 Spring Hill	6,732	711	10.6
34609 Spring Hill	9,020	637	7.1
34613 Brooksville	7,132	444	6.2
34614 Brooksville	1,241	104	8.4
34661 Nobleton	61	0	0.0
Hernando County	46,609	3,536	7.6
Florida	3,585,097	369,957	10.3

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Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Table B17020.

Prepared by: WellFlorida Council, 2017.

TABLE 12. ESTIMATED NUMBER AND PERCENT OF INDIVIDUALS BY DETAILED LEVELS OF POVERTY IN THE PAST 12 MONTHS, BY ZIP CODE TABULATION AREA (ZCTA), HERNANDO COUNTY AND FLORIDA, 2011-2015.

Area	Estimated Total Population	0 - 99 Percent of Poverty		Between 100 - 149% of Poverty		Between 150 - 199% of Poverty	
		Estimated Number	Estimated Percent	Estimated Number	Estimated Percent	Estimated Number	Estimated Percent
34601 Brooksville	20,712	4,754	23.0	2,429	11.7	2,623	12.7
34602 Brooksville	6,994	1,896	27.1	859	12.3	717	10.3
34604 Brooksville	9,353	1,462	15.6	1,063	11.4	1,052	11.2
34606 Spring Hill	25,797	4,270	16.6	3,411	13.2	3,230	12.5
34607 Spring Hill	8,430	1,200	14.2	712	8.4	819	9.7
34608 Spring Hill	32,237	6,221	19.3	4,681	14.5	3,641	11.3
34609 Spring Hill	38,424	4,115	10.7	3,856	10.0	4,517	11.8
34613 Brooksville	17,205	1,814	10.5	1,654	9.6	2,035	11.8
34614 Brooksville	6,818	680	10.0	694	10.2	1,252	18.4
34661 Nobleton	356	0	0.0	88	24.7	73	20.5
Hernando County	171,873	27,375	15.9	20,123	11.7	20,726	12.1
Florida	19,228,208	3,180,109	16.5	2,094,911	10.9	2,019,452	10.5

Area	Estimated Total Population	Between 200 - 299% of Poverty		Between 300 - 399% of Poverty		400 % and Above of Poverty	
		Estimated Number	Estimated Percent	Estimated Number	Estimated Percent	Estimated Number	Estimated Percent
34601 Brooksville	20,712	3,793	18.3	2,674	12.9	4,439	21.4
34602 Brooksville	6,994	957	13.7	1,060	15.2	1,505	21.5
34604 Brooksville	9,353	1,697	18.1	1,215	13.0	2,864	30.6
34606 Spring Hill	25,797	5,613	21.8	4,143	16.1	5,130	19.9
34607 Spring Hill	8,430	1,517	18.0	1,078	12.8	3,104	36.8
34608 Spring Hill	32,237	6,878	21.3	5,485	17.0	5,331	16.5
34609 Spring Hill	38,424	10,035	26.1	5,798	15.1	10,103	26.3
34613 Brooksville	17,205	4,512	26.2	2,653	15.4	4,537	26.4
34614 Brooksville	6,818	1,662	24.4	929	13.6	1,601	23.5
34661 Nobleton	356	0	0.0	41	11.5	154	43.3
Hernando County	171,873	37,524	21.8	26,096	15.2	40,029	23.3
Florida	19,228,208	3,475,765	18.1	2,562,554	13.3	5,895,417	30.7

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Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Table B17024.

Prepared by: WellFlorida Council, 2017.

TABLE 13. ESTIMATED NUMBER AND PERCENT OF PERSONS BY GENDER IN POVERTY IN THE PAST 12 MONTHS, BY ZIP CODE TABULATION AREA (ZCTA), HERNANDO COUNTY AND FLORIDA, 2011-2015.

Area	Males			Females		
	Estimated Male Population	Estimated Number In Poverty	Estimated Percent In Poverty	Estimated Female Population	Estimated Number In Poverty	Estimated Percent In Poverty
34601 Brooksville	9,863	2,299	23.3	10,849	2,455	22.6
34602 Brooksville	3,474	1,052	30.3	3,520	844	24.0
34604 Brooksville	4,701	661	14.1	4,652	801	17.2
34606 Spring Hill	12,065	1,834	15.2	13,732	2,436	17.7
34607 Spring Hill	3,934	547	13.9	4,496	653	14.5
34608 Spring Hill	15,257	2,749	18.0	16,980	3,472	20.4
34609 Spring Hill	18,414	1,696	9.2	20,010	2,419	12.1
34613 Brooksville	8,314	928	11.2	8,891	886	10.0
34614 Brooksville	3,557	333	9.4	3,261	347	10.6
34661 Nobleton	169	0	0.0	187	0	0.0
Hernando County	82,573	12,662	15.3	89,300	14,713	16.5
Florida	9,328,522	1,439,551	15.4	9,899,686	1,740,558	17.6

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates for 2011-2015, the 2010 Census provides the official counts of the population and housing units for the nation, counties, cities, and towns. The American Community Survey is a sample of data taken over a time period and should not be compared to other sources of data.

Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Table B17001. Prepared by: WellFlorida Council, 2017.

TABLE 14. ESTIMATED NUMBER AND PERCENT OF PERSONS BY SELECTED RACES IN POVERTY IN THE PAST 12 MONTHS, BY ZIP CODE TABULATION AREA (ZCTA), HERNANDO COUNTY AND FLORIDA, 2011-2015.

Area	White			Black		
	Estimated White Population	Estimated Number In Poverty	Estimated Percent In Poverty	Estimated Black Population	Estimated Number In Poverty	Estimated Percent In Poverty
34601 Brooksville	17,958	3,352	18.7	2,311	1,225	53.0
34602 Brooksville	6,212	1,438	23.1	558	431	77.2
34604 Brooksville	8,383	1,357	16.2	448	99	22.1
34606 Spring Hill	23,721	3,634	15.3	746	323	43.3
34607 Spring Hill	8,181	1,186	14.5	175	14	8.0
34608 Spring Hill	28,160	4,532	16.1	2,199	947	43.1
34609 Spring Hill	33,916	3,385	10.0	1,930	456	23.6
34613 Brooksville	16,326	1,735	10.6	198	46	23.2
34614 Brooksville	6,499	625	9.6	219	8	3.7
34661 Nobleton	356	0	0.0	0	0	0.0
Hernando County	154,878	21,987	14.2	8,963	3,602	40.2
Florida	14,666,794	2,049,223	14.0	3,050,172	838,187	27.5

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates for 2011-2015, the 2010 Census provides the official counts of the population and housing units for the nation, counties, cities, and towns. The American Community Survey is a sample of data taken over a time period and should not be compared to other sources of data.

Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Table B17020A and B17020B. Prepared by: WellFlorida Council, 2017.

TABLE 15. ESTIMATED NUMBER AND PERCENT OF HOUSEHOLDS IN POVERTY IN THE PAST 12 MONTHS, BY ZIP CODE TABULATION AREA (ZCTA), HERNANDO COUNTY AND FLORIDA, 2011-2015.

Area	Estimated Households	Estimated Number In Poverty	Estimated Percent In Poverty
34601 Brooksville	8,529	1,628	19.1
34602 Brooksville	2,692	574	21.3
34604 Brooksville	3,667	558	15.2
34606 Spring Hill	11,559	1,680	14.5
34607 Spring Hill	3,848	473	12.3
34608 Spring Hill	12,469	2,018	16.2
34609 Spring Hill	14,651	1,512	10.3
34613 Brooksville	8,098	901	11.1
34614 Brooksville	2,454	285	11.6
34661 Nobleton	129	0	0.0
Hernando County	70,452	10,054	14.3
Florida	7,300,494	1,100,556	15.1

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Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Table B17017.

Prepared by: WellFlorida Council, 2017.

Per capita income is lower in Hernando County by almost 20 percent compared to the state. Median household income in Hernando County also fell short of the state median. Further, Hernando income was lower for both Blacks and Whites and about even for Hispanics (see Figure 4 and Table 16). Data in Table 17 show median income by race and by zip code. Hernando County lags in per capita income, shown in Figure 5 and Table 18. The income disparity is evident by race and ethnicity as compared to Florida as a whole. As noted earlier, about 15 percent of Hernando County residents live in poverty.

INCOMES

FIGURE 4. MEDIAN HOUSEHOLD INCOME, 2011-2015.

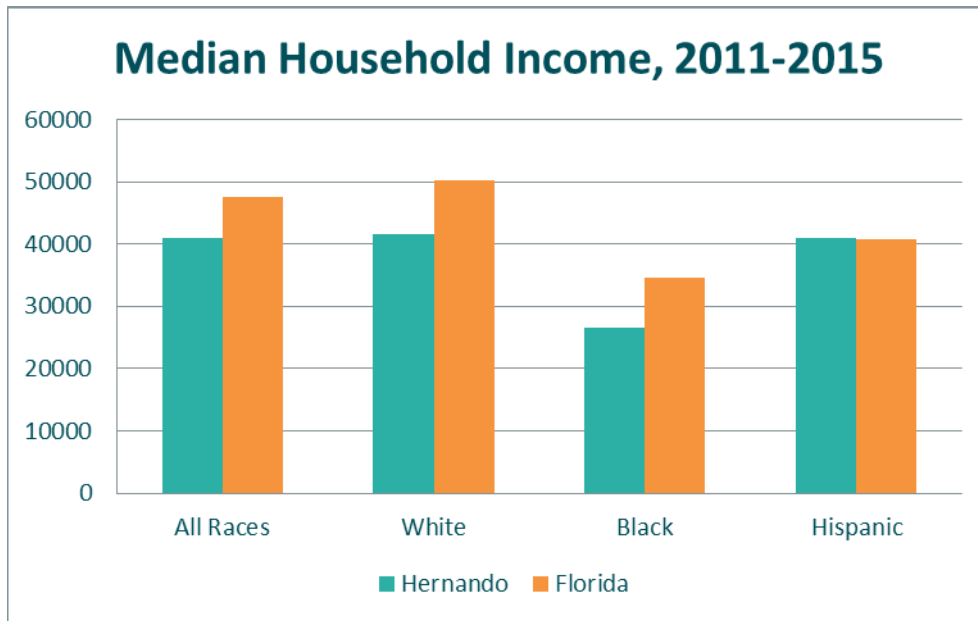


TABLE 16. ESTIMATED NUMBER OF HOUSEHOLDS, PER CAPITA INCOME AND MEDIAN HOUSEHOLD INCOME BY RACES FOR HERNANDO COUNTY COMPARED TO FLORIDA, 2011-2015.

Various Household Information	Hernando County	Florida
Total Number of Households	70,452	7,300,494
Per Capita Money Income In the Past 12 Months (All Races)	21,586	26,829
Per Capita Money Income In the Past 12 Months (White Races)	22,486	29,681
Per Capita Money Income In the Past 12 Months (Black Races)	14,009	16,428
Per Capita Money Income In the Past 12 Months (Hispanics)	16,660	19,035
Median Household Income (All Races)	40,945	47,507
Median Household Income (White Races)	41,559	50,308
Median Household Income (Black Races)	26,583	34,664
Median Household Income (Hispanics)	41,056	40,851

Although the American Community Survey(ACS) produces population, demographic and housing unit estimates for 2011-2015, the 2010 Census provides the official counts of the population and housing units for the nation, counties, cities, and towns. The American Community Survey is a sample of data taken over a time period and should not be compared to other sources of data.

Source: US Census Bureau, American Community Survey, 2010-2014 5-Year Estimates, Table S1903, B19301, B19301A, B19301B, and B19301I.

Prepared by: WellFlorida Council, 2017.

TABLE 17. MEDIAN HOUSEHOLD INCOME BY RACE, BY ZIP CODE TABULATION AREA (ZCTA), HERNANDO COUNTY AND FLORIDA, 2011-2015.

Area	All Races	White	Black	Hispanic
34601 Brooksville	36,326	38,048	24,063	30,893
34602 Brooksville	39,375	40,680	20,156	33,152
34604 Brooksville	45,324	45,589	44,833	43,591
34606 Spring Hill	36,356	37,089	24,265	25,387
34607 Spring Hill	46,127	46,654	---	48,646
34608 Spring Hill	37,978	38,010	26,208	41,923
34609 Spring Hill	48,416	49,000	42,167	44,051
34613 Brooksville	40,661	40,746	---	44,856
34614 Brooksville	48,300	49,600	---	44,091
34661 Nobleton	---	---	---	---
Hernando County	40,945	41,559	26,583	41,056
Florida	47,507	50,308	34,664	40,851

--- There was not enough data to calculate the area.

Although the American Community Survey(ACS) produces population, demographic and housing unit estimates for 2011-2015, the 2010 Census provides the official counts of the population and housing units for the nation, counties, cities, and towns. The American Community Survey is a sample of data taken over a time period and should not be compared to other sources of data.

Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Table S1903.

Prepared by: WellFlorida Council, 2017.

FIGURE 5. PER CAPITA INCOME, 2011-2015.

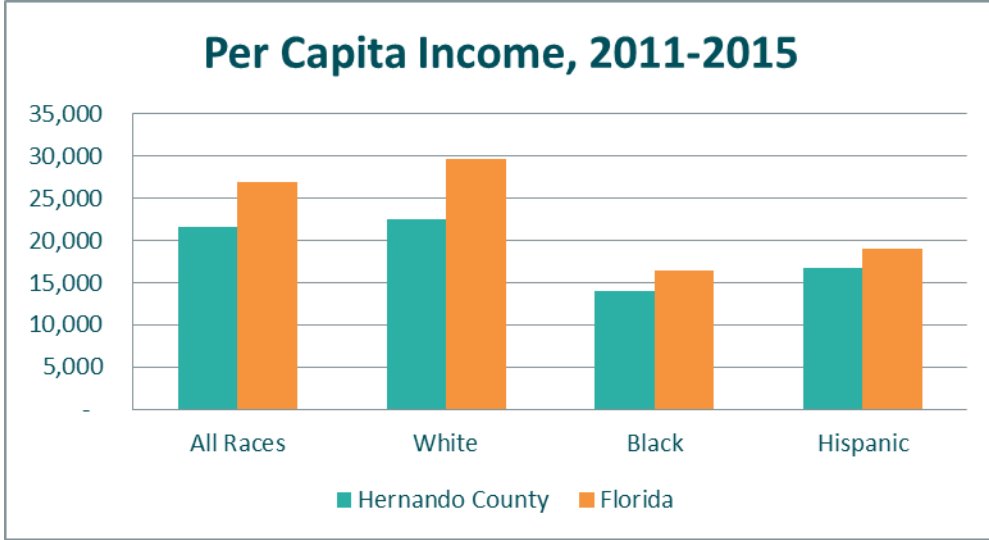


TABLE 18. PER CAPITA INCOME BY RACE, BY ZIP CODE TABULATION AREA (ZCTA), HERNANDO COUNTY AND FLORIDA, 2011-2015.

Area	All Races	White	Black	Hispanic
34601 Brooksville	20,156	21,528	12,085	9,844
34602 Brooksville	20,558	22,396	5,609	13,668
34604 Brooksville	21,113	21,693	16,191	16,411
34606 Spring Hill	21,207	21,896	13,793	12,429
34607 Spring Hill	29,337	29,026	29,295	18,541
34608 Spring Hill	18,520	19,224	15,096	14,391
34609 Spring Hill	22,494	23,711	15,395	21,958
34613 Brooksville	24,917	25,300	19,883	16,426
34614 Brooksville	20,465	20,669	13,956	15,152
34661 Nobleton	28,053	28,053	-	-
Hernando County	21,586	22,486	14,009	16,660
Florida	26,829	29,681	16,428	19,035

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates for 2011-2015, the 2010 Census provides the official counts of the population and housing units for the nation, counties, cities, and towns. The American Community Survey is a sample of data taken over a time period and should not be compared to other sources of data.

Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Tables B19301, B19301A, B19301B, and B19301I.

Prepared by: WellFlorida Council, 2017.

TABLE 19. FEDERAL POVERTY GUIDELINES BY NUMBER OF PERSONS IN FAMILY/HOUSEHOLD, 2017.

Number of Persons in Family/Household	Poverty Guideline		
	48 Contiguous States and the District of Columbia	Alaska	Hawaii
1	\$ 12,060	\$ 15,060	\$ 13,860
2	\$ 16,240	\$ 20,290	\$ 18,670
3	\$ 20,420	\$ 25,520	\$ 23,480
4	\$ 24,600	\$ 30,750	\$ 28,290
5	\$ 28,780	\$ 35,980	\$ 33,100
6	\$ 32,960	\$ 41,210	\$ 37,910
7	\$ 37,140	\$ 46,440	\$ 42,720
8	\$ 41,320	\$ 51,670	\$ 47,530

In the 48 Contiguous States and the District of Columbia for families/households with more than 8 persons, add \$4,180 for each additional person, in Alaska add \$5,230 for each additional person and in Hawaii add \$4,810 for each additional person over the number listed above.

Source: Office of Federal Register, 1/31/2017.

Prepared by: WellFlorida Council, 2017.

EMPLOYMENT

For most people in the U.S., employment is the main source of income. In addition, being employed or the dependent of an employee still is the primary vehicle for obtaining health insurance coverage. A review of employment levels and the types of employment sheds light not only on the economic climate of Hernando County but also on access and barriers to health care.

Trends in unemployment in Hernando County mirror those statewide. From 2004 – 2015 Hernando County unemployment rates have consistently been higher than the state rate, sometimes by as much as almost 3 percent. As shown in Table 20 and Figure 6, Hernando County’s unemployment rate in 2015 was 6.8 percent.

UNEMPLOYMENT

FIGURE 6. UNEMPLOYMENT RATES, HERNANDO COUNTY AND FLORIDA, 2004-2015.

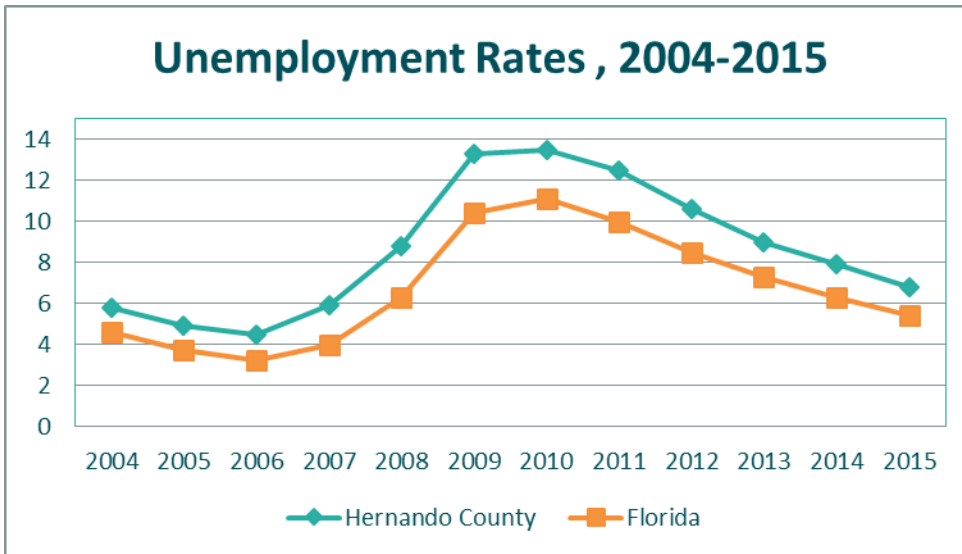


TABLE 20. UNEMPLOYMENT RATES BY YEAR, HERNANDO COUNTY AND FLORIDA, 2004-2015.

Year	Hernando County	Florida
2004	5.8	4.6
2005	4.9	3.7
2006	4.5	3.2
2007	5.9	4.0
2008	8.8	6.3
2009	13.3	10.4
2010	13.5	11.1
2011	12.5	10.0
2012	10.6	8.5
2013	9.0	7.3
2014	7.9	6.3
2015	6.8	5.4

Source: Florida Research and Economic Database; Data generated by WellFlorida; using Labor Market Analysis; <http://fred.labormarketinfo.com>, January 30, 2017.

Prepared by: WellFlorida Council, 2017.

TABLE 21. UNEMPLOYMENT RATES BY MONTH, HERNANDO COUNTY AND FLORIDA, JANUARY 2016- DECEMBER 2016.

Month	Hernando County	Florida
January, 2016	6.5	5.1
February, 2016	6.0	4.7
March, 2016	5.9	4.7
April, 2016	5.6	4.5
May, 2016	5.4	4.4
June, 2016	6.1	4.9
July, 2016	6.2	5.1
August, 2016	6.0	4.9
September, 2016	6.2	5.0
October, 2016	6.2	4.9
November, 2016	6.2	4.9
December, 2016	5.9	4.7

Note: Data is Not seasonally adjusted.

Source: Florida Research and Economic Database; Data generated by WellFlorida; using Labor Market Analysis; <http://freida.labormarketinfo.com>. January 30, 2017.

Prepared by: WellFlorida Council, 2017.

As previously stated, employment, as a means to procure health insurance coverage, plays a role in health care access. It is common for persons who work in smaller firms and in firms in the retail and services sectors to shoulder more of the costs of health insurance coverage than those in larger, non-retail/service jobs. A recent Commonwealth Fund study reported that in Florida in 2016, about 15 percent of the population was uninsured. About 24 percent of small firm workers (less than 50 employees) were uninsured as compared to 8 percent of larger firm workers (more than 50 employees). Table 22 points out that more than 96 percent of businesses in Hernando County employ 50 or fewer workers.

BUSINESSES

TABLE 22. NUMBER OF NON-GOVERNMENTAL BUSINESSES BY SIZE OF BUSINESS AND NAICS CODE, HERNANDO COUNTY AND FLORIDA, 2014.

	Hernando County		Florida	
	Number	Percent	Number	Percent
Total Business Establishments	3,004		519,875	
Number of Employees				
Less than 50 employees	2,895	96.4	496,997	95.6
50 - 99 employees	66	2.2	12,629	2.4
100+ employees	43	1.4	10,249	2.0
NAICS Code				
Agriculture, forestry, fishing and hunting (11)	3	0.1	997	0.2
Mining, quarrying, and oil and gas extraction (21)	5	0.2	268	0.1
Utilities (22)	6	0.2	738	0.1
Construction (23)	362	12.1	46,585	9.0
Manufacturing (31-33)	83	2.8	12,912	2.5
Wholesale trade (42)	102	3.4	31,443	6.0
Retail Trade (44-45)	449	14.9	73,200	14.1
Transportation and warehousing (48-49)	73	2.4	13,870	2.7
Information (51)	35	1.2	8,063	1.6
Finance and insurance (52)	173	5.8	31,223	6.0
Real estate and rental and leasing (53)	160	5.3	32,428	6.2
Services (54-56, 61, 62, 71, 72, 81)	1,548	51.5	267,496	51.5
Industries not classified (99)	5	0.2	652	0.1

The U.S. Census Bureau determines this from a sample of businesses; thus, total businesses reflects the total businesses in the sample. Governmental and public administration businesses are not included in the sample.

* North American Industry Classification (NAIC) 2014 codes were used for the groupings of type of businesses.

Source: U.S. Census Bureau, Business Patterns (NAICS), 2014; generated by WellFlorida;

<http://www.census.gov/econ/cbp> (January 30, 2017).

Prepared by: WellFlorida Council, 2017.

EDUCATION

The level of educational attainment can be a strong predictor of long-term health and quality of life. The quality of education and training opportunities is among the social determinants of health because education can affect health throughout a lifetime and has been shown to increase healthy behaviors and improve health outcomes. Higher educational levels typically link to enhanced employment opportunities resulting in greater income-generating capacity during times of relatively stable employment rates. Secondly, higher educational achievement plays a role in determining a community's overall ability to navigate the often complex social services and health care delivery systems.

As reported in 2015 and seen in Table 23, 60.9 percent of Hernando County residents ages 25 and older had received a high school diploma; this is higher than the state rate of 50.2 percent. Among that same population 26.2 percent held college degrees (Associate, Bachelors, Masters, Doctorate, and professional degrees). This rate is lower than the state rate of 36.7 percent. The races and ethnicities of high school graduates are listed in Table 24. Gains have been made in the graduation rates for Whites and Blacks but they still lag behind the state as a whole. Graduation rates among Hernando's Hispanics or Latinos has continued its slight edge over the state rate. Dropout rates are presented in Table 25. Between 2010 – 2015, Hernando County dropout rates ranged from 3.1 to 2.3 percent; these rates were higher than the state rate for each of the five years reported.

LEVEL OF SCHOOL COMPLETED

TABLE 23. ESTIMATED NUMBER AND PERCENT OF THE POPULATION 25+ YEARS OF AGE BY LEVEL OF SCHOOL COMPLETED AND BY GENDER, BY ZIP CODE TABULATION AREA (ZCTA), HERNANDO COUNTY AND FLORIDA, 2011-2015.

Area	Estimated Total Population 25+ Years of Age	All Genders		Males		Females	
		Estimated Number	Estimated Percent	Estimated Number	Estimated Percent	Estimated Number	Estimated Percent
No High School Diploma *							
34601 Brooksville	15,581	2,544	16.3	1,308	8.4	1,236	7.9
34602 Brooksville	5,059	710	14.0	380	7.5	330	6.5
34604 Brooksville	7,539	1,226	16.3	652	8.6	574	7.6
34606 Spring Hill	20,640	2,662	12.9	1,361	6.6	1,301	6.3
34607 Spring Hill	6,914	775	11.2	462	6.7	313	4.5
34608 Spring Hill	22,981	2,993	13.0	1,420	6.2	1,573	6.8
34609 Spring Hill	27,321	2,747	10.1	1,214	4.4	1,533	5.6
34613 Brooksville	14,169	1,760	12.4	1,116	7.9	644	4.5
34614 Brooksville	4,850	667	13.8	308	6.4	359	7.4
34661 Nobleton	198	90	45.5	39	19.7	51	25.8
Hernando County	129,497	16,725	12.9	8,590	6.6	8,135	6.3
Florida	13,824,205	1,814,266	13.1	927,557	6.7	886,709	6.4

* No High School Diploma means they did not receive a diploma. ** High School Diploma includes high school graduates (including equivalency), and some college but no college degree. *** College Degree includes, Associate degrees, Bachelor's degrees, Master's degrees, Professional school degrees as well as Doctorate degrees. Although the American Community Survey (ACS) produces population, demographic and housing unit estimates for 2011-2015, the 2010 Census provides the official counts of the population and housing units for the nation, counties, cities, and towns. The American Community Survey is a sample of data taken over a time period and should not be compared to other sources of data.

Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Table B15002.

Prepared by: WellFlorida Council, 2017.

TABLE 23 CONTINUED. ESTIMATED NUMBER AND PERCENT OF THE POPULATION 25+ YEARS OF AGE BY LEVEL OF SCHOOL COMPLETED AND BY GENDER, BY ZIP CODE TABULATION AREA (ZCTA), HERNANDO COUNTY AND FLORIDA, 2011-2015.

Area	Estimated Total Population 25+ Years of Age	All Genders		Males		Females	
		Estimated Number	Estimated Percent	Estimated Number	Estimated Percent	Estimated Number	Estimated Percent
High School Diploma **							
34601 Brooksville	15,581	8,932	57.3	3,943	25.3	4,989	32.0
34602 Brooksville	5,059	2,985	59.0	1,308	25.9	1,677	33.1
34604 Brooksville	7,539	4,786	63.5	2,096	27.8	2,690	35.7
34606 Spring Hill	20,640	12,652	61.3	5,856	28.4	6,796	32.9
34607 Spring Hill	6,914	4,191	60.6	2,042	29.5	2,149	31.1
34608 Spring Hill	22,981	14,719	64.0	7,168	31.2	7,551	32.9
34609 Spring Hill	27,321	15,879	58.1	7,252	26.5	8,627	31.6
34613 Brooksville	14,169	8,776	61.9	3,811	26.9	4,965	35.0
34614 Brooksville	4,850	3,083	63.6	1,562	32.2	1,521	31.4
34661 Nobleton	198	75	37.9	75	37.9	0	0.0
Hernando County	129,497	78,872	60.9	36,510	28.2	42,362	32.7
Florida	13,824,205	6,932,947	50.2	3,282,199	23.7	3,650,748	26.4

* No High School Diploma means they did not receive a diploma. ** High School Diploma includes high school graduates (including equivalency), and some college but no college degree. *** College Degree includes, Associate degrees, Bachelor's degrees, Master's degrees, Professional school degrees as well as Doctorate degrees.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates for 2011-2015, the 2010 Census provides the official counts of the population and housing units for the nation, counties, cities, and towns. The American Community Survey is a sample of data taken over a time period and should not be compared to other sources of data.

Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Table B15002.

Prepared by: WellFlorida Council, 2017.

TABLE 23 CONTINUED. ESTIMATED NUMBER AND PERCENT OF THE POPULATION 25+ YEARS OF AGE BY LEVEL OF SCHOOL COMPLETED AND BY GENDER, BY ZIP CODE TABULATION AREA (ZCTA), HERNANDO COUNTY AND FLORIDA, 2011-2015.

Area	Estimated Total Population 25+ Years of Age	All Genders		Males		Females	
		Estimated Number	Estimated Percent	Estimated Number	Estimated Percent	Estimated Number	Estimated Percent
College Degree ***							
34601 Brooksville	15,581	4,105	26.3	1,727	11.1	2,378	15.3
34602 Brooksville	5,059	1,364	27.0	638	12.6	726	14.4
34604 Brooksville	7,539	1,527	20.3	742	9.8	785	10.4
34606 Spring Hill	20,640	5,326	25.8	2,432	11.8	2,894	14.0
34607 Spring Hill	6,914	1,948	28.2	853	12.3	1,095	15.8
34608 Spring Hill	22,981	5,269	22.9	2,212	9.6	3,057	13.3
34609 Spring Hill	27,321	8,695	31.8	4,232	15.5	4,463	16.3
34613 Brooksville	14,169	3,633	25.6	1,882	13.3	1,751	12.4
34614 Brooksville	4,850	1,100	22.7	500	10.3	600	12.4
34661 Nobleton	198	33	16.7	0	0.0	33	16.7
Hernando County	129,497	33,900	26.2	15,576	12.0	18,324	14.2
Florida	13,824,205	5,076,992	36.7	2,411,303	17.4	2,665,689	19.3

* No High School Diploma means they did not receive a diploma. ** High School Diploma includes high school graduates (including equivalency), and some college but no college degree. *** College Degree includes, Associate degrees, Bachelor's degrees, Master's degrees, Professional school degrees as well as Doctorate degrees.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates for 2011-2015, the 2010 Census provides the official counts of the population and housing units for the nation, counties, cities, and towns. The American Community Survey is a sample of data taken over a time period and should not be compared to other sources of data.

Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Table B15002.

Prepared by: WellFlorida Council, 2017.

HIGH SCHOOL GRADUATES BY RACE

TABLE 24. PERCENT HIGH SCHOOL GRADUATES BY RACE AND ETHNICITY BY SCHOOL YEAR, HERNANDO COUNTY AND FLORIDA, 2010-11-2014-15.

Race/Ethnicity	2010-11		2011-12		2012-13	
	Hernando	Florida	Hernando	Florida	Hernando	Florida
White	73.1	76.2	75.4	79.5	74.1	80.5
Black	55.9	58.6	62.0	63.7	70.9	64.6
Two or More Races	68.3	75.1	63.8	78.7	80.4	79.7
Asian	83.3	85.9	84.6	86.5	86.2	88.4
American Indian	NA	69.7	NA	69.7	NA	76.8
Pacific Islander	NA	60.0	NA	62.5	NA	88.2
Total	71.5	70.6	74.2	74.5	74.1	75.6
Hispanic	70.9	69.4	76.3	73.0	73.2	74.9
Race/Ethnicity	2013-14		2014-15			
	Hernando	Florida	Hernando	Florida		
White	77.7	81.7	79.4	82.7		
Black	67.6	64.7	66.4	67.9		
Two or More Races	70.6	80.1	76.5	81.5		
Asian	86.1	89.2	90.3	90.8		
American Indian	70.0	73.8	60.0	75.7		
Pacific Islander	NA	75.6	NA	82.6		
Total	76.7	76.1	78.0	77.8		
Hispanic	76.5	75.0	76.8	76.7		

NA: Not enough data available to calculate percentage.

Source: <https://edstats.fl.doe.org/SASWebReportStudio/gotoReportSection.do?sectionNumber=2>

Prepared by: WellFlorida Council, 2017.

HIGH SCHOOL DROPOUTS BY RACE

TABLE 25. PERCENT HIGH SCHOOL DROPOUTS BY RACE AND ETHNICITY BY SCHOOL YEAR, HERNANDO COUNTY AND FLORIDA, 2010-11-2014-15.

Race/Ethnicity	2010-11		2011-12		2012-13	
	Hernando	Florida	Hernando	Florida	Hernando	Florida
Total	3.1	1.9	2.7	1.9	2.4	2.0
White	3.0	1.4	2.9	1.4	2.5	1.5
Black	4.7	3.0	3.3	3.1	3.4	3.4
Two or More Races	1.6	1.3	0.7	1.3	1.2	1.7
Asian	0.9	0.6	0.8	0.6	0.0	0.6
American Indian	0.0	1.5	0.0	2.4	0.0	2.4
Pacific Islander	---	1.7	---	2.2	---	1.7
Hispanic	3.0	2.1	2.1	1.9	1.8	1.9
Race/Ethnicity	2013-14		2014-15			
	Hernando	Florida	Hernando	Florida		
Total	2.5	1.9	2.3	1.8		
White	2.4	1.3	2.3	1.3		
Black	3.7	3.0	3.6	2.7		
Two or More Races	1.7	1.3	2.5	1.4		
Asian	0.8	0.5	1.7	0.5		
American Indian	---	1.7	4.2	2.0		
Pacific Islander	---	1.2	---	0.6		
Hispanic	2.5	2.0	1.5	1.8		

"---" indicates that the number for the area was less than 10, therefore a rate was not calculated.

Source: <https://edstats.fldoe.org>

Prepared by: WellFlorida Council, 2017.

Section 3: Community Risk Factors

INTRODUCTION

The community risk data in this section help illustrate contributing causes of health conditions in Hernando County in general and in particular as they impact those with mental illness and substance dependency issues. Health insurance coverage and hospital use data are included. Mental health service utilization data provide some perspective on those in care and health care resources in Hernando County. The indicators in this section include:

- Uninsured Rates for Health Insurance
- Leading Causes of Death
- Suicide Death Rates
- Baker Act Initiations and Initiation Rates
- Domestic Violence Offense Rates
- Mental Health Hospitalizations
- Mentally Ill Jail Inmates
- LSF Health Systems Services by Client Types
- Adult Substance Abuse Client Demographics, LSF Health Systems
- Adult Mental Health Client Demographics, LSF Health System
- Performance Outcomes for Adult Mental Health Clients, LSF Health System
- Performance Outcomes for Adult Substance Abuse Clients, LSF Health System

UNINSURED RATES FOR HEALTH INSURANCE

As described in the section on employment, health insurance coverage is the main portal to access to care. It follows that in communities with high rates of uninsurance (i.e. high rates of persons without insurance), access to care is limited which often results in poorer physical and mental health status. In fact, even persons who are insured can be plagued by a lack of coverage, coverage restrictions and limits, and long waits for providers of mental health care and substance dependency services. This may be characterized as mental health care not having parity with physical health care in insurance coverage.

The percent of Hernando County's total uninsured population has closely mirrored that for the state. Data shown in Tables 26 and Figures 7, 8 and 9 reflect this trend. It is notable that in 2013 and 2014 for the total population, Hernando County's uninsured rate was at 12.1 and 10.2 percent, respectively; both exceeding the state rates of 11.9 and 9.7 percent. Table 27 presents percentage data on the total uninsured population by zip code. Three zip codes have uninsured rates that exceed the state rate.

UNINSURED

FIGURE 7. PERCENT UNINSURED FOR THE UNDER 19 POPULATION, 2009-2014.

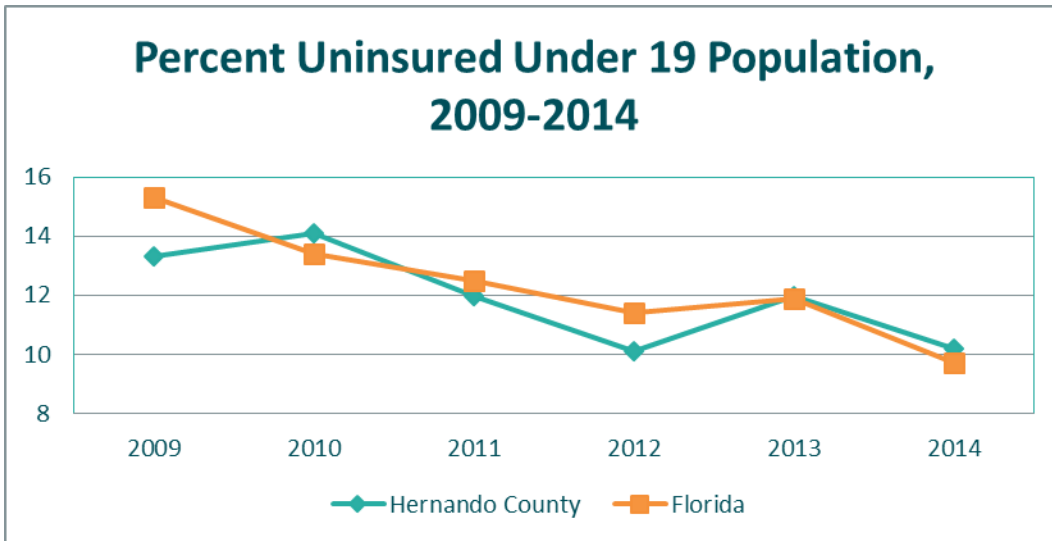
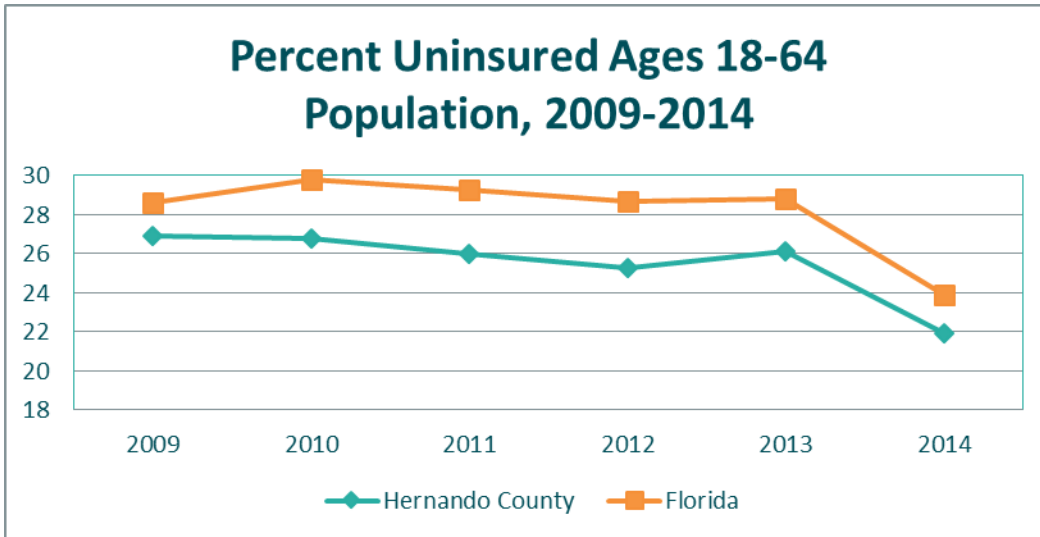
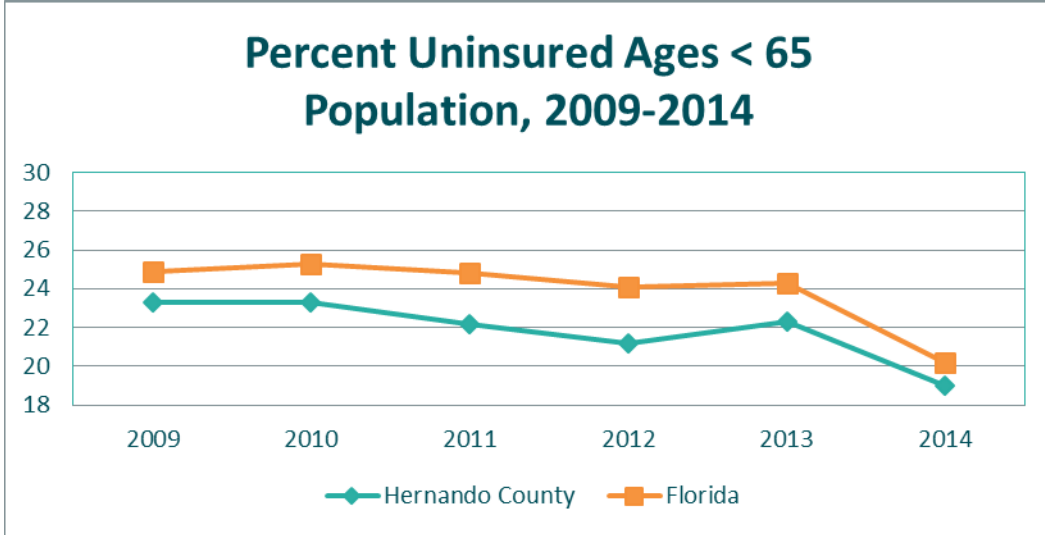


FIGURE 8. PERCENT UNINSURED FOR THE 18-64 YEARS OF AGE POPULATION, 2009-2014.



Source: Table 26

FIGURE 9. PERCENT UNINSURED FOR THE < 65 POPULATION, 2009-2014.



Source: Table 26

TABLE 26. NUMBER AND PERCENT UNINSURED FOR THE SELECTED AGE GROUPS FOR ALL INCOME LEVELS, HERNANDO COUNTY AND FLORIDA, 2009-2015.

Year	Hernando County			Total Number	Florida	
	Total Number	Uninsured			Total Estimated	Percent Estimated
		Total Estimated	Percent Estimated			
Under 19 Years Old						
2009	34,624	4,614	13.3	4,190,949	642,011	15.3
2010	35,410	4,996	14.1	4,159,749	557,492	13.4
2011	35,122	4,199	12.0	4,147,603	517,442	12.5
2012	34,653	3,493	10.1	4,155,298	475,048	11.4
2013	34,473	4,184	12.1	4,177,475	496,031	11.9
2014	34,215	3,494	10.2	4,201,730	406,126	9.7
18 - 64 Year Olds						
2009	91,753	24,723	26.9	11,005,719	3,149,495	28.6
2010	93,483	25,025	26.8	11,281,511	3,357,491	29.8
2011	93,375	24,250	26.0	11,416,945	3,342,845	29.3
2012	93,054	23,489	25.2	11,511,136	3,300,071	28.7
2013	93,212	24,316	26.1	11,594,840	3,336,411	28.8
2014	93,850	20,555	21.9	11,757,659	2,809,126	23.9
40 - 64 Year Olds						
2009	55,632	12,505	22.5	6,001,021	1,347,615	22.5
2010	58,411	13,060		6,273,755	1,498,708	23.9
2011	58,453	13,166	22.5	6,365,631	1,543,525	24.2
2012	57,848	12,657	21.9	6,396,116	1,544,403	24.1
2013	57,470	12,997	22.6	6,422,689	1,571,347	24.5
2014	57,412	11,334	19.7	6,493,879	1,306,461	20.1
50 - 64 Year Olds						
2009	NA	NA	NA	NA	NA	NA
2010	36,620	7,251	19.8	3,660,535	756,116	20.7
2011	37,039	7,421	20.0	3,764,622	805,252	21.4
2012	36,815	7,070	19.2	3,809,750	825,884	21.7
2013	36,962	7,696	20.8	3,873,644	851,526	22.0
2014	37,226	6,349	17.1	3,961,204	708,689	17.9
Under 65 Year Olds						
2009	124,610	29,031	23.3	14,977,174	3,735,524	24.9
2010	127,004	29,606	23.3	15,210,949	3,853,392	25.3
2011	126,657	28,072	22.2	15,338,984	3,804,839	24.8
2012	125,829	26,635	21.2	15,446,393	3,724,873	24.1
2013	125,858	28,121	22.3	15,553,939	3,778,848	24.3
2014	125,159	23,745	19.0	15,741,454	3,176,171	20.2

Source: U.S. Census Bureau, Small Area Health Insurance Estimates, State and County by Demographic and Income Characteristics, 2009-2014 table generated by WellFlorida; <http://www.census.gov/did/www/sahie/index.html>.
Prepared by: WellFlorida Council, 2017.

TABLE 27. ESTIMATED NUMBER AND PERCENT OF THE TOTAL CIVILIAN NONINSTITUTIONALIZED POPULATION THAT ARE UNINSURED, BY ZIP CODE TABULATION AREA (ZCTA), HERNANDO COUNTY AND FLORIDA, 2011-2015.

Area	Total Estimate of Civilian Noninstitutionalized Population	Estimated Number Uninsured	Estimated Percent Uninsured
34601 Brooksville	20,925	3,151	15.1
34602 Brooksville	7,070	1,514	21.4
34604 Brooksville	9,355	1,236	13.2
34606 Spring Hill	26,069	4,076	15.6
34607 Spring Hill	8,430	995	11.8
34608 Spring Hill	32,358	5,311	16.4
34609 Spring Hill	38,649	4,748	12.3
34613 Brooksville	17,295	2,477	14.3
34614 Brooksville	6,832	1,424	20.8
34661 Nobleton	356	80	22.5
Hernando County	172,961	25,901	15.0
Florida	19,335,250	3,474,482	18.0

Although the American Community Survey(ACS) produces population, demographic and housing unit estimates for 2011-2015, the 2010 Census provides the official counts of the population and housing units for the nation, counties, cities, and towns. The American Community Survey is a sample of data taken over a time period and should not be compared to other sources of data.

Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Table S2701.

Prepared by: WellFlorida Council, 2017.

LEADING CAUSES OF DEATH

Crude rates show the actual rate of deaths due to a specific cause. Age-adjusted rates are indexed to a standard population so that variations in the crude rates due to skewed age distributions are eliminated. These age-adjusted rates can then be compared between geographic areas, such as county-to-county or county-to-state comparisons.

Recent global burden of disease studies find lower life expectancy in people with mental illnesses. Self-harm is an important category of cause of death but the majority of premature deaths among those with mental illness are caused by co-occurring chronic physical diseases particularly heart disease, stroke, type II diabetes, respiratory disease and cancer. The life expectancy gap between those with mental disorders and the general population is widening. While the general population enjoys a lifespan that is extending, those with mental illness and substance abuse disorders experience a lower or unchanged lifespan.

In Tables 28 and 29 mortality data on the leading causes of death are presented at the county level for Hernando County as well as surrounding counties: Citrus, Lake, Marion and Sumter Counties and Florida as a comparison. Hernando County has higher cancer, heart disease, chronic lower respiratory disease (CLRD), unintentional injury, diabetes, and suicide age-adjusted death rates than the state. Most notable among these are unintentional injury deaths (65.5 Hernando, 42.1 Florida) and CLRD deaths (57.5 Hernando, 39.9 Florida) which are higher and heart disease deaths which are lower (141.4 Hernando, 153.6 Florida).

TABLE 28. TOP 10 CAUSES OF DEATHS FOR ALL RACES FOR HERNANDO COUNTY AND HOW THEY COMPARE TO SELECTED SURROUNDING COUNTIES AND FLORIDA, 2013-2015.

Cause of Death *	Hernando	Citrus	Lake	Marion	Sumter	Florida
Cancer	1	2	1	2	1	2
Heart Disease	2	1	2	1	2	1
Chronic Lower Respiratory Disease	3	3	3	3	4	3
Unintentional Injury	4	5	4	4	3	5
Stroke	5	4	5	6	5	4
Diabetes	6	6	7	7	7	7
Alzheimers Disease	7	10	6	5	6	6
Chronic Liver Disease & Cirrhosis	8	8	8	8	8	10
Suicide	9	9	11	9	11	9
Nepritis	10	12	14	11	12	8

* The ranking of the causes of deaths in the table are based on the total number of deaths for Hernando County for the time period of 2013-2015.

Source: Florida Department of Health, Office of Health Statistics & Assessment, Bureau of Vital Statistics, reports generated by WellFlorida; using Health Indicators Query System; <http://www.Floridacharts.com>; (February 1, 2017).

Prepared by: WellFlorida Council, 2017.

TABLE 29. TOP 10 CAUSES OF DEATH RATES FOR ALL RACES, HERNANDO COUNTY AND SELECTED SURROUNDING COUNTIES AND FLORIDA, 2013-2015.

Area	All Causes			Cancer			Heart Disease		
	Average Number	Crude	Age Adjusted	Average Number	Crude	Age Adjusted	Average Number	Crude	Age Adjusted
Hernando	2,497	1,411.3	777.3	556	314.4	171.1	487	275.0	141.4
Citrus	2,483	1,744.5	825.1	572	401.9	190.2	654	459.7	195.2
Lake	3,757	1,204.6	715.8	897	287.5	169.2	844	270.6	153.1
Marion	4,713	1,382.7	787.2	1,078	316.4	174.2	1,250	366.7	195.0
Sumter	1,543	1,386.5	626.1	432	388.6	151.8	357	320.9	139.8
Florida	185,513	947.7	680.8	42,852	218.9	156.1	43,732	223.4	153.6
	CLRD			Unintentional Injury			Stroke		
	Average Number	Crude	Age Adjusted	Average Number	Crude	Age Adjusted	Average Number	Crude	Age Adjusted
Hernando	204	115.5	57.5	148	83.6	65.5	125	70.6	35.7
Citrus	247	173.3	73.0	110	77.5	61.3	199	139.8	55.4
Lake	239	76.6	41.4	236	75.7	57.9	172	55.3	30.9
Marion	350	102.8	52.7	300	87.9	67.3	196	57.5	30.5
Sumter	81	73.1	28.2	91	81.8	52.9	75	67.7	26.8
Florida	11,367	58.1	39.9	9,336	47.7	42.1	9,875	50.4	34.5
	Diabetes			Alzheimer's Disease			Liver Disease		
	Average Number	Crude	Age Adjusted	Average Number	Crude	Age Adjusted	Average Number	Crude	Age Adjusted
Hernando	93	52.7	28.4	84	47.3	21.5	38	21.7	14.3
Citrus	67	47.1	24.9	34	23.9	9.0	60	42.2	26.0
Lake	114	36.4	21.2	127	40.8	21.1	53	16.9	11.8
Marion	150	44.1	25.2	206	60.3	29.4	78	22.8	15.1
Sumter	41	37.2	16.1	44	39.8	17.2	25	22.5	15.2
Florida	5,309	27.1	19.5	5,966	30.5	19.8	2,909	14.9	11.6
	Suicide			Nephritis					
	Average Number	Crude	Age Adjusted	Average Number	Crude	Age Adjusted			
Hernando	37	20.7	20.6	28	15.8	8.3			
Citrus	35	24.6	21.9	22	15.2	6.8			
Lake	48	15.4	13.4	40	12.8	7.5			
Marion	72	21.1	19.3	55	16.1	8.9			
Sumter	19	17.1	16.2	18	15.9	8.5			
Florida	3,002	15.3	14.1	3,109	15.9	11.1			

* The ranking of the causes of deaths in the table are based on the total number of deaths for Hernando County for the time period of 2013-2015.

Source: Florida Department of Health, Office of Health Statistics & Assessment, Bureau of Vital Statistics, reports generated by WellFlorida; using Health Indicators Query System; <http://www.Floridacharts.com>; (February 1, 2017).
Prepared by: WellFlorida Council, 2017.

SUICIDE

Suicide rates can be a community indicator of mental health and wellness. Higher levels of suicide deaths may be a marker for poorer mental health in certain communities and populations. Research shows that among those who die from suicide, 90 percent have a diagnosable mental illness. Suicide rates are highest among older populations; about 40 percent of suicide victims are aged 60 or older. Substance abuse is linked to suicide and may be a factor in up to half of all suicides. About 20 percent of suicide victims have alcohol problems. Those with alcohol use and abuse problems can be three to four times more likely to commit suicide.

Table 30 shows that the age-adjusted suicide rates for Hernando County have consistently exceeded the state rates for the years 2004 – 2015. In several of these three-year periods, Hernando County's suicide rates have been significantly higher than the state rate, e.g., 2007-2009 Hernando 19.2, Florida 13.8; 2010-2012 Hernando 20.5, Florida 14.9; and 2013-2015 Hernando 20.6, Florida 14.1.

TABLE 30. SUICIDE DEATH RATES FOR ALL RACES FOR HERNANDO COUNTY AND SELECTED SURROUNDING COUNTIES AND FLORIDA, 2004-2015.

Area	2004-2006			2007-2009		
	Average Number	Crude	Age Adjusted	Average Number	Crude	Age Adjusted
Hernando	23	14.5	14.5	34	20.1	19.2
Citrus	29	21.5	20.4	28	20.0	19.1
Lake	36	13.3	12.7	43	14.6	13.0
Marion	54	17.7	16.4	57	17.4	16.3
Sumter	9	12.2	10.0	10	11.5	9.1
Florida	2,367	13.2	12.6	2,716	14.6	13.8
Area	2010-2012			2013-2015		
	Average Number	Crude	Age Adjusted	Average Number	Crude	Age Adjusted
Hernando	36	20.5	18.6	37	20.7	20.6
Citrus	38	26.9	25.1	35	24.6	21.9
Lake	50	16.8	15.2	48	15.4	13.4
Marion	65	19.6	17.7	72	21.1	19.3
Sumter	10	10.3	9.5	19	17.1	16.2
Florida	2,813	14.9	13.7	3,002	15.3	14.1

Source: Florida Department of Health, Office of Health Statistics & Assessment, Bureau of Vital Statistics, reports generated by WellFlorida; using Health Indicators Query System; <http://www.Floridacharts.com>; (February 1, 2017).

Prepared by: WellFlorida Council, 2017.

BAKER ACT INITIATIONS

The Baker Act is a Florida law that enables the provision of emergency mental health services and temporary detention for people who are impaired because of their mental illness and who are unable to determine their own needs for treatment. The Baker Act allows for the involuntary detention, under court order, of those determined to be a danger to themselves or other individuals. As with suicide death, higher Baker Act initiations may also be a marker for poorer mental health in certain communities and populations.

Table 32 shows widely fluctuating Baker Act initiation rates for adults in Hernando County. From 2009 – 2011, Hernando rates exceeded state rates. In 2012 Hernando County rates fell, rose slightly in 2013 and fell again to reach 587.5 per 100,000 as compared to 973.8 per 100,000 for all of Florida. Data on Baker Act initiator types are shown in Table 33. In 2015 in Hernando County law enforcement initiated 50.9 percent, mental health professionals 46.4 percent, and ex-parte (e.g., judge), 2.7 percent of Baker Act actions. These are in line with state rates. Of significance is the change from 2014 for ex-parte initiations at 6 percent which was three times the state rate.

Note that data in Tables 34 and 35 are extracted from initiation forms received; some individuals for whom forms were received were never admitted to the receiving facility because an examination by a physician or psychologist determined the individual did not meet criteria. Springbrook Hospital initiation forms are not included in the numbers presented below, resulting in an undercount for Hernando County. Springbrook Hospital's initiation forms going forward from 2016 will be included in these annual reports. Springbrook provided the following counts of involuntary examinations by calendar year: 1,564 (2013), 1,438 (2014), 1,465 (2015).

Table 34 presents Hernando County specific data on involuntary exams by initiator and includes data on children under 18 years of age. Table 35 presents the numbers and percentages of involuntary exam initiations of Hernando County residents by receiving facility. More than 35 percent of Hernando's Baker Act exams take place in private facilities in Pasco County; public facilities in Pasco handle about 12 percent. Another 22 percent go to private facilities in Orange County (Orlando area), and some Hernando County residents are served by facilities as far away as Marion County (Ocala area).

TABLE 31. NUMBER OF INVOLUNTARY EXAM INITIATIONS (BAKER ACTS) BY SELECTED AGE GROUPS FOR RESIDENTS OF HERNANDO COUNTY AND FLORIDA, 2003-2008.

Area	Number	Rate Per 100,000 Persons	Number	Rate Per 100,000 Persons	Number	Rate Per 100,000 Persons
All Ages						
	2003		2004		2005	
Hernando County	997	694.4	1,104	737.4	1,118	713.3
Florida	104,600	612.6	110,697	633.4	122,206	683.6
	2006		2007		2008	
Hernando County	1,233	752.8	1,204	711.2	1,320	769.3
Florida	120,506	660.8	122,454	661.9	131,544	705.8
Children (4-17 years of age)						
	2003		2004		2005	
Hernando County	225	1,032.7	257	1,145.5	253	1,025.9
Florida	17,227	566.9	18,947	605.3	19,832	621.1
	2006		2007		2008	
Hernando County	300	1,179.4	207	792.9	229	874.9
Florida	19,496	603.2	17,598	539.7	18,118	555.3
Seniors (65 - 104 years of age)						
	2003		2004		2005	
Hernando County	128	295.6	131	314.9	132	294.2
Florida	8,628	289.0	8,620	294.6	8,927	296.3
	2006		2007		2008	
Hernando County	121	258.3	151	313.4	148	301.4
Florida	8,726	281.9	9,078	288.4	9,423	294.1

Source: University of South Florida; Department of Mental Health Law and Policy, Special Report of Baker Act Data by County of Residence for Multiple Years and by Age Groups, May 2009; Florida Department of Health, Office of Health Statistics & Assessment, reports generated by WellFlorida; using Population Estimates System; <http://www.Floridacharts.com>; (September 8, 2015).
Prepared by: WellFlorida Council, 2017.

TABLE 32. TOTAL NUMBER AND RATE PER 100,000 POPULATION OF INVOLUNTARY EXAM INITIATIONS (BAKER ACTS) FOR RESIDENTS OF HERNANDO COUNTY, SURROUNDING COUNTIES AND FLORIDA, 2009-2015.

Year	Hernando County		Citrus County		Lake County	
	Number	Rate Per 100,000 Persons	Number	Rate Per 100,000 Persons	Number	Rate Per 100,000 Persons
2009	1,385	804.9	1,052	743.0	1,908	646.4
2010	1,379	798.0	1,106	783.6	1,899	638.6
2011	1,391	802.5	1,168	828.3	2,033	680.2
2012	1,352	774.4	1,246	880.9	2,049	678.8
2013	1,485	846.1	1,171	825.3	2,152	704.9
2014	1,288	726.4	1,289	906.6	2,193	704.7
2015	1,045	587.0	1,079	754.9	2,451	767.7
Year	Marion County		Sumter County		Florida	
	Number	Rate Per 100,000 Persons	Number	Rate Per 100,000 Persons	Number	Rate Per 100,000 Persons
2009	2,829	855.2	292	321.0	136,120	727.5
2010	3,050	920.6	330	350.2	143,347	761.7
2011	3,073	924.9	354	363.3	150,466	794.7
2012	2,702	807.7	340	338.6	157,352	826.3
2013	2,806	830.2	397	379.6	171,744	889.0
2014	3,073	899.5	469	423.8	181,471	928.3
2015	3,141	916.2	439	370.4	193,410	973.8

Source: University of South Florida; Department of Mental Health Law and Policy, Annual Report of Baker Act Data, Summary Data, 2009-2015; Florida Department of Health, Office of Health Statistics & Assessment, reports generated by WellFlorida; using Population Estimates System; <http://www.Floridacharts.com>; (February 2, 2017).

Prepared by: WellFlorida Council, 2017.

TABLE 33. TOTAL NUMBER AND PERCENT BY WHO INITIATED THE INVOLUNTARY EXAM INITIATIONS (BAKER ACTS) FOR RESIDENTS OF HERNANDO COUNTY, SURROUNDING COUNTIES AND FLORIDA, 2014-2015.

Area	2014						
	Total Number	Law Enforcement		Mental Health Professionals		Judges	
		Percent	Estimated Number	Percent	Estimated Number	Percent	Estimated Number
Hernando County	1,288	56.0	721	38.0	490	6.0	77
Citrus County	1,289	66.6	859	31.3	403	2.1	27
Lake County	2,193	52.2	1,144	44.9	984	3.0	65
Marion County	3,073	38.1	1,170	31.0	952	0.9	29
Sumter County	469	56.1	263	40.5	190	3.4	16
Florida	181,471	50.2	91,062	47.9	86,852	2.0	3,557
2015							
Hernando County	1,045	50.9	532	46.4	485	2.7	28
Citrus County	1,079	66.9	722	29.8	321	3.3	36
Lake County	2,451	50.8	1,245	46.3	1,135	2.9	71
Marion County	3,141	69.1	2,171	29.4	924	1.5	46
Sumter County	439	66.1	290	29.6	130	4.3	19
Florida	193,410	50.5	97,749	47.6	92,024	1.9	3,636

Source: University of South Florida; Department of Mental Health Law and Policy, Annual Report of Baker Act Data, Summary Data, 2014-2015.

Prepared by: WellFlorida Council, 2017.

TABLE 34. TOTAL NUMBER AND PERCENT OF THE INVOLUNTARY EXAM INITIATIONS (BAKER ACTS) FOR RESIDENTS OF HERNANDO COUNTY AND CHILDREN IN HERNANDO COUNTY AND BY INITIATOR, FISCAL YEARS 2011-2012 – 2015-2016.

		2011-2012		2012-2013		2013-2014		2014-2015		2015-2016	
		Hernando County	Florida	Hernando County	Florida	Hernando County	Florida	Hernando County	Florida	Hernando County	Florida
Total Number		1,385	139,249	1,382	148,179	1,481	162,302	1,113	173,042	974	179,880
Children < 18 Years of Age	Percent	16.4	17.0	21.8	17.3	23.5	17.9	35.5	18.2	34.0	17.5
	Estimated Number	227	23,644	301	25,605	348	29,068	395	31,459	331	31,461
Initiator											
Law Enforcement Officer	Percent	55.9	50.0	62.0	50.3	59.3	50.2	51.7	51.0	50.5	51.5
	Estimated Number	774	69,597	857	74,519	878	81,476	575	88,234	492	92,602
Mental Health Professionals	Percent	36.9	47.8	32.0	47.6	35.0	47.8	43.9	47.0	46.7	46.6
	Estimated Number	511	66,617	442	70,533	519	77,548	488	81,382	455	83,788
Ex-Parte Order	Percent	7.2	2.2	6.0	2.1	5.7	2.0	4.5	2.0	2.8	1.9
	Estimated Number	100	3,022	83	3,127	84	3,279	50	3,444	27	3,490

Counts Below 25 Were Redacted for these tables

PLEASE NOTE: One Baker Act receiving Facility in Hernando County, Springbrook Hospital, did not submit forms for several years. They are now submitting forms. Springbrook Hospital provided counts of involuntary examinations by calendar year for the following years: CY2013 - 1,564, CY2014 - 1,438, CY2015 - 1,465. They also state that between 19 percent and 29 percent of these were for children. Therefore the count of involuntary examination mainly for Hernando County residents are undercounted in this report.

Source: The Baker Act, The Florida Mental Health Act, Fiscal Year 2015/2016 Annual Report, Released March 2017, Prepared for the Florida Department of Children and Families, Baker Act Reporting Center, Louis de la Parte Florida Mental Health Institute, Department of Mental Health Law and Policy. Prepared by: WellFlorida Council, 2017.

TABLE 35. TOTAL NUMBER AND PERCENT OF THE INVOLUNTARY EXAM INITIATIONS (BAKER ACTS) FOR RESIDENTS OF HERNANDO COUNTY BY RECEIVING FACILITY, FISCAL YEAR 2015-2016.

Receiving Facility	Type	City	County	Involuntary Examinations	
				Number	Percent
Medical Center of Trinity - West Pasco Campus	Private	New Port Richey	Pasco	196	20.1
Ten Broeck Tampa (North Tampa Behavioral Health)	Private	Wesley Chapel	Pasco	140	14.4
University Behavioral	Private	Orlando	Orange	120	12.3
Central Florida Behavioral Hospital	Private	Orlando	Orange	102	10.5
Morton Plant North Bay Hospital Recovery Center	Public	Lutz	Pasco	63	6.5
Baycare Behavioral Health	Public	New Port Richey	Pasco	60	6.2
The Vines Hospital	Private	Ocala	Marion	41	4.2
The Centers	Public	Ocala	Marion	28	2.9
Aggregated 25 or Less	N/A	N/A	N/A	224	23.0
Total				974	100.0

Source: The Baker Act, The Florida Mental Health Act, Fiscal Year 2015/2016 Annual Report, Released March 2017, Prepared for the Florida Department of Children and Families, Baker Act Reporting Center, Louis de la Parte Florida Mental Health Institute, Department of Mental Health Law and Policy. Prepared by: WellFlorida Council, 2017.

DOMESTIC VIOLENCE

As with suicide death and Baker Act initiation rates, higher levels of domestic violence rates may also be markers for poorer mental health in certain communities and populations. Higher prevalence of domestic violence contributes to crime rates. The prevalence of domestic violence among women in the U.S. ranges from 9 percent to 44 percent, depending on definitions. Research has demonstrated that survivors of domestic violence are at greater risk for experiencing a range of mental health and substance abuse conditions.

As seen in Table 36, Hernando County has exceeded the state rate for domestic violence since 2007. While the 2015 rate of 543.5 per 100,000 represents the lowest rate since 2007, domestic violence offenses still numbered 968. Figure 10 shows the 2015 domestic violence rates for the six counties in the 5th judicial circuit. Hernando County has the third highest rate. As with Florida as a whole, Table 37 shows that the most frequent domestic violence offenses were simple assault and aggravated assault.

TABLE 36. TOTAL NUMBER AND RATE PER 100,000 POPULATION FOR DOMESTIC VIOLENCE OFFENSES, HERNANDO COUNTY, SURROUNDING COUNTIES AND FLORIDA, 2007-2015.

Area	Number	Rate Per 100,000	Number	Rate Per 100,000	Number	Rate Per 100,000
	2007		2008		2009	
Hernando County	1,109	655.1	1,074	625.9	1,117	649.1
Citrus County	954	677.1	936	659.5	1,085	766.4
Lake County	1,921	662.7	1,887	644.7	1,853	627.8
Marion County	2,625	809.0	2,615	794.4	2,974	899.1
Sumter County	257	307.8	199	227.6	199	218.7
Florida	115,150	622.4	113,123	607.0	116,547	622.9
	2010		2011		2012	
Hernando County	1,153	667.3	1,197	690.6	1,079	618.1
Citrus County	1,123	795.7	955	677.2	949	670.9
Lake County	1,569	527.6	1,759	588.5	1,719	569.5
Marion County	2,882	869.9	2,977	896.0	2,708	809.5
Sumter County	181	192.1	157	161.1	158	157.4
Florida	113,378	602.4	111,681	589.8	108,046	567.4
	2013		2014		2015	
Hernando County	1,062	605.1	1,073	605.1	968	543.8
Citrus County	975	687.1	925	650.6	853	596.8
Lake County	1,580	517.6	1,546	496.8	1,560	488.6
Marion County	2,518	745.0	2,428	710.7	2,506	731.0
Sumter County	140	133.9	240	216.9	288	243.0
Florida	108,030	559.2	106,882	546.8	107,666	542.1

Source: Florida Department of Health, Office of Health Statistics & Assessment, reports generated by WellFlorida; using the Health Indicators System; <http://www.Floridacharts.com>; (February 2, 2017).
Prepared by: WellFlorida Council, 2017.

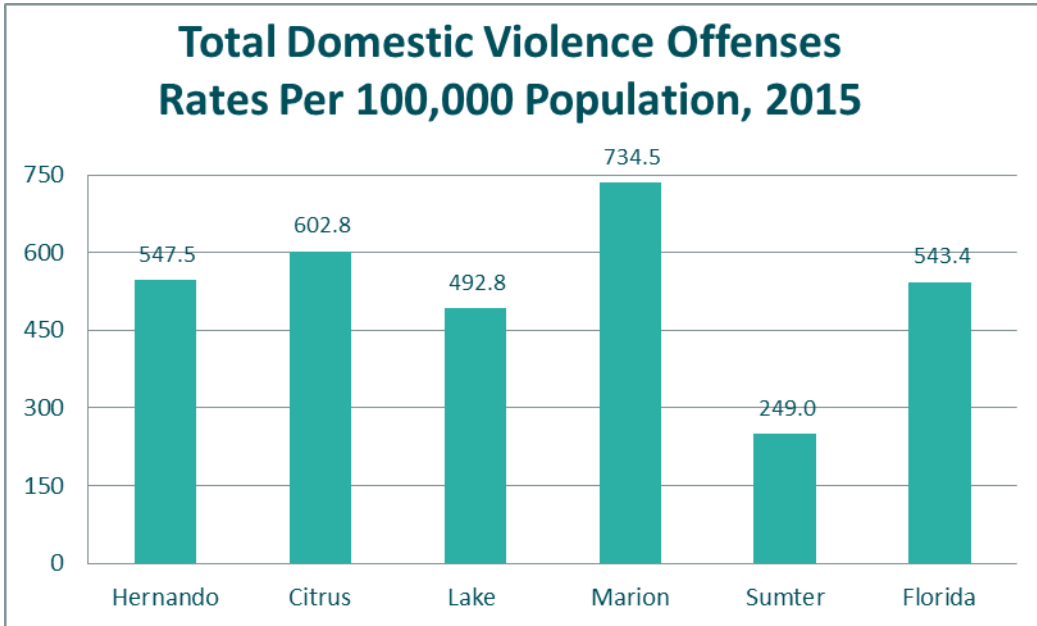
TABLE 37. TOTAL NUMBER AND RATE PER 100,000 POPULATION FOR DOMESTIC VIOLENCE OFFENSES BY TYPE, HERNANDO COUNTY, SURROUNDING COUNTIES AND FLORIDA, 2015.

Type of Offense	Hernando County Population (176,819)		Citrus County Population (141,501)		Lake County Population (316,569)	
	Number	Rate Per 100,000 Population	Number	Rate Per 100,000 Population	Number	Rate Per 100,000 Population
Murder	0	0.0	0	0.0	1	0.3
Manslaughter	0	0.0	0	0.0	1	0.3
Forcible Rape	14	7.9	20	14.1	37	11.7
Forcible Fondling	2	1.1	10	7.1	15	4.7
Aggravated Assault	125	70.7	143	101.1	200	63.2
Aggravated Stalking	0	0.0	0	0.0	4	1.3
Simple Assault	814	460.4	670	473.5	1,275	402.8
Threat/Intimidation	12	6.8	9	6.4	16	5.1
Stalking	1	0.6	1	0.7	11	3.5
Total	968	547.5	853	602.8	1,560	492.8
Type of Offense	Marion County Population (341,205)		Sumter County Population (115,657)		Florida Populoqation (19,815,183)	
	Number	Rate Per 100,000 Population	Number	Rate Per 100,000 Population	Number	Rate Per 100,000 Population
Murder	3	0.9	0	0.0	184	0.9
Manslaughter	2	0.6	0	0.0	15	0.1
Forcible Rape	16	4.7	5	4.3	1,517	7.7
Forcible Fondling	5	1.5	0	0.0	756	3.8
Aggravated Assault	379	111.1	70	60.5	17,354	87.6
Aggravated Stalking	4	1.2	0	0.0	153	0.8
Simple Assault	2,075	608.1	212	183.3	85,608	432.0
Threat/Intimidation	6	1.8	1	0.9	1,641	8.3
Stalking	16	4.7	0	0.0	438	2.2
Total	2,506	734.5	288	249.0	107,666	543.4

Source: Florida Department of Law Enforcement; Domestic Violence Annual Report, 2015.

Prepared by: WellFlorida Council, 2017.

FIGURE 10. TOTAL DOMESTIC VIOLENCE OFFENSES RATES PER 100,000 POPULATION, 2015.



Source: Table 37.

MENTAL HEALTH HOSPITALIZATIONS

To help understand data on mental health hospitalizations, a list of the Medicare Severity-Diagnosis Related Groups (MS-DRGs) is provided in Table 38. The MS-DRG is a system of classifying a Medicare patient's hospital stay into various groups based on the International Classification of Diseases (ICD). Figure 10 illustrates the data presented in Table 39 on the numbers and rates of hospitalizations per 1,000 for mental health reasons in counties in the 5th judicial circuit of Florida. According to these data, in 2015 Hernando County had the highest rates of hospitalization for adults at 12.5 per 1,000 population. From 2010 to 2015 for all ages, the hospitalization rate almost doubled and for those aged 0-17 years the rates increased almost ten-fold and are twice the state rate. Further investigation into hospitalization rates is needed to determine the factors that contribute to these rates.

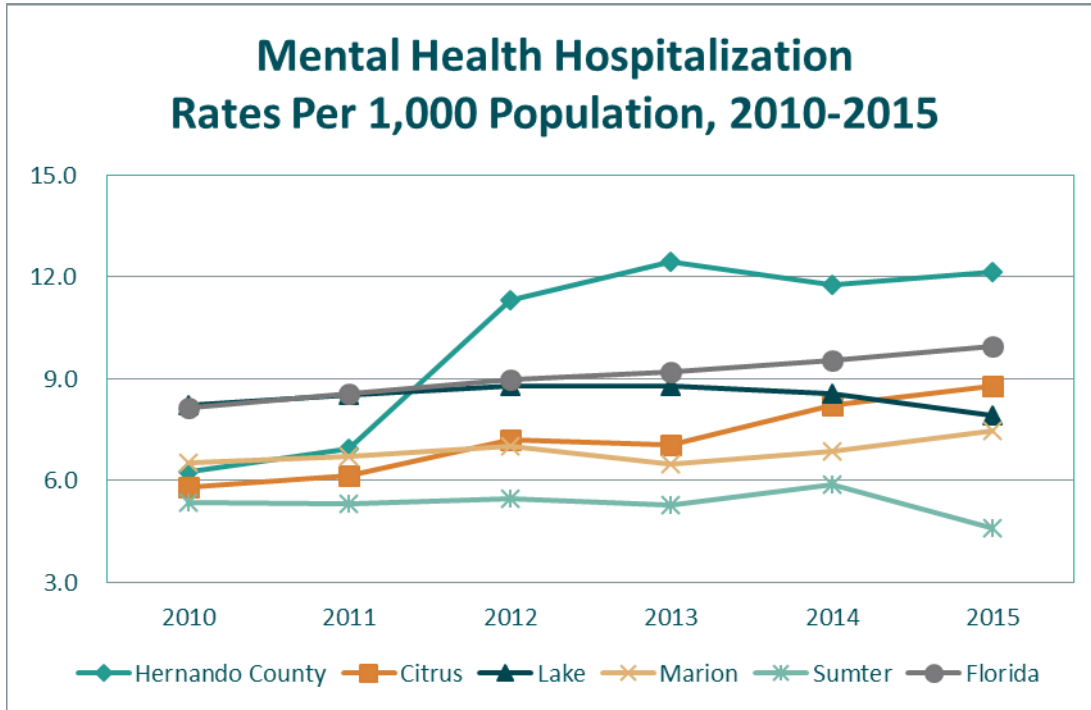
HOSPITALIZATIONS

TABLE 38. MS-DRGS USED TO DEFINE THE HOSPITALIZATIONS FOR MENTAL HEALTH ISSUES.

MSDRG 876	OR Procedure with principal diagnosis of mental illness
MSDRG 880	Acute adjustment reactions and psychosocial dysfunction
MSDRG 881	Depressive neuroses
MSDRG 882	Neuroses except depressive
MSDRG 883	Disorders of personality and impulse control
MSDRG 885	Psychosis
MSDRG 886	Behavioral & Developmental Disorders
MSDRG 887	Other mental disorders diagnoses
MSDRG 894	Alcohol/drug abuse or dependence, left against medical advice
MSDRG 895	Alcohol/drug abuse or dependence with rehabilitation therapy
MSDRG 896	Alcohol/drug abuse or dependence w/o rehabilitation therapy with MCC
MSDRG 897	Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC

Prepared by: WellFlorida Council, 2017.

FIGURE 11. MENTAL HEALTH HOSPITALIZATION RATES PER 1,000 POPULATION 2010-2015.



Source: Table 39.

TABLE 39. NUMBER AND RATE OF HOSPITALIZATIONS PER 1,000 FOR MENTAL HEALTH REASONS FOR SELECTED AGE GROUPS, HERNANDO COUNTY, SURROUNDING COUNTIES AND FLORIDA, 2010-2015.

Year	All Ages					
	Hernando County		Citrus County		Lake County	
	Number	Rate	Number	Rate	Number	Rate
2010	1,083	6.3	822	5.8	2,442	8.2
2011	1,205	7.0	866	6.1	2,552	8.5
2012	1,977	11.3	1,021	7.2	2,653	8.8
2013	2,184	12.4	999	7.0	2,683	8.8
2014	2,086	11.8	1,169	8.2	2,666	8.6
2015	2,160	12.1	1,258	8.8	2,533	7.9
	Marion County		Sumter County		Florida	
2010	2,156	6.5	503	5.3	153,625	8.2
2011	2,236	6.7	519	5.3	162,326	8.6
2012	2,348	7.0	549	5.5	170,928	9.0
2013	2,193	6.5	554	5.3	177,770	9.2
2014	2,344	6.9	653	5.9	186,397	9.5
2015	2,564	7.5	546	4.6	197,765	10.0
	0 - 17 Years of Age					
	Hernando County		Citrus County		Lake County	
2010	34	1.0	25	1.1	77	1.3
2011	81	2.4	34	1.5	80	1.3
2012	274	8.1	52	2.4	90	1.5
2013	340	10.1	40	1.8	99	1.6
2014	287	8.5	67	3.1	109	1.7
2015	350	10.5	76	3.6	107	1.7
	Marion County		Sumter County		Florida	
2010	92	1.4	5	0.6	14,913	3.7
2011	77	1.2	6	0.7	17,024	4.3
2012	44	0.7	3	0.3	18,480	4.6
2013	67	1.0	4	0.4	20,209	5.0
2014	61	0.9	16	1.6	21,578	5.3
2015	97	1.5	7	0.7	21,980	5.3

Source: Agency for Health Care Administration Detailed Discharge Data, 2010-2015; Florida Department of Health, Office of Health Statistics & Assessment, reports generated by WellFlorida; using Population Estimates System; <http://www.Floridacharts.com>; (February 2, 2017).
Prepared by: WellFlorida Council, 2017.

TABLE 39 CONTINUED. NUMBER AND RATE OF HOSPITALIZATIONS PER 1,000 FOR MENTAL HEALTH REASONS FOR SELECTED AGE GROUPS, HERNANDO COUNTY, SURROUNDING COUNTIES AND FLORIDA, 2010-2015.

Year	18 + Years of Age					
	Hernando County		Citrus County		Lake County	
	Number	Rate	Number	Rate	Number	Rate
2010	1,049	7.6	797	6.7	2,365	10.0
2011	1,124	8.1	832	7.0	2,472	10.4
2012	1,703	12.1	969	8.1	2,563	10.7
2013	1,844	13.0	959	8.0	2,584	10.6
2014	1,799	12.5	1,102	9.1	2,557	10.3
2015	1,810	12.5	1,182	9.7	2,426	9.5
	Marion County		Sumter County		Florida	
2010	2,064	7.7	498	5.8	138,712	9.4
2011	2,159	8.0	513	5.8	145,302	9.7
2012	2,304	8.5	546	6.0	152,448	10.2
2013	2,126	7.8	550	5.8	157,561	10.3
2014	2,283	8.2	637	6.3	164,819	10.7
2015	2,467	8.9	539	5.0	175,785	11.2

Source: Agency for Health Care Administration Detailed Discharge Data, 2010-2015; Florida Department of Health, Office of Health Statistics & Assessment, reports generated by WellFlorida; using Population Estimates System; <http://www.Floridacharts.com>; (February 2, 2017).
Prepared by: WellFlorida Council, 2017.

MENTAL ILLNESS AND SUBSTANCE DEPENDENCY AMONG HERNANDO COUNTY JAIL INMATES

Mental illness and substance dependency are major public health problems in the U.S. These problems are often most strikingly manifested in the criminal justice system. Some key data about the scope of the mental illness and substance dependency in the U.S. are as follows:

- The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that that:
 - In 2015, about 18% of adults 18 and older had any mental illness in the past year. Of those 4% had a serious mental illness.
 - About 14% of those with any mental illness received care in the past year
 - About 6% of people 12 and older had a substance abuse disorder related to alcohol or illicit drug use.
 - Only 10.8% of those who needed substance abuse treatment received care
- According to the Global Burden of Disease Study 2010
 - Life expectancy is shorter for those with mental illness, reducing lifespan from 7 to 24 years which is similar or worse than heavy smoking.
 - Less than one-third of adults with a diagnosable mental disorder receive any mental health services in a given year.
 - Racial and ethnic minorities, the poor and the elderly have even less access to mental health services.
 - People with mental illness report a delay of nearly a decade from the onset of symptoms until the first contact with the treatment system, and that delay increases the likelihood of disability and negative social outcomes.
- The National Institute of Mental Health (NIMH) estimates that:
 - Mental and behavioral disorders account for about 14% of disability in the U.S.
 - Nearly two-thirds (64.3%) of inmates satisfy the criteria for a mental illness diagnosis
 - Fewer than half of inmates who have a mental illness ever received treatment
- The U.S. Department of Justice Bureau of Statistics estimates that:
 - About half of state and federal inmates met the DSM criteria for drug use or dependency
 - Fewer than 20% ever received treatment for their substance use or dependency
 - Two-thirds to three-quarters (66-75%) of criminal justice-involved youth reported substance use
 - Nearly half of both male and female juvenile detainees had a substance use disorder
 - Girls make up about one-third of juvenile arrests
 - High percentages of girls report some form of emotional, physical or sexual abuse
- According to a 2014 Treatment Advocacy Center report, about 20% of inmates in jails have a serious mental illness

As part of this needs assessment process, a data snapshot was taken of Hernando County Jail inmate mental health and substance dependency. Table 40 provides data from 2012 – 2016 on these indicators. The number of inmates booked who stated they had received treatment for a mental health disorder climbed to 1,406. There were 3,453 in substance abuse programs while in jail in 2016 and the percentage of inmates receiving psychotropic medications is 17.86 percent. Hernando County Jail spent in excess of \$35,000 for psychiatric drugs and sent 20 inmates to state hospitals. Clearly, caring for mentally ill inmates and those with substance dependency has a major impact on the operations and resources of the jail.

TABLE 40. NUMBER OF INMATES AND VARIOUS MENTAL HEALTH DATA ABOUT INMATES, HERNANDO COUNTY, 2012-2016.

	2012	2013	2014	2015	2016
Total Number of Inmates Booked in Stating Have Had TX for a Mental Health Disorder	1,404	1,356	1,244	1,161	1,406
Total Number of Inmates Average Daily Population	511	522	483	467	562
Total Number on Mental Health Caseload	*	*	*	*	796*
Total Number in Substance Abuse Programs	3,771	3,921	3,596	3,014	3,453
Total Number of Mental Health Assessments	2,231	2,747	2,850	2,677	3,777
Total Number of Psychiatric Evaluations	1,120	1,108	1,236	891	964
Total Percentage of Inmates Receiving Psychotropic Medications (Number)	33.00 % (2,013)	33.00 % (2,045)	25.76 % (1,392)	15.42 % (882)	17.86 % (1,216)
Annual Cost of Psychiatric Drugs	**	\$72,246.88	\$34,576.97	\$32,931.30	\$35,832.90
Number of Inmates Sent to State Hospital	9	10	9	16	20

* Data not collected prior to September 2016.

** Data not collected prior to 2013.

Source: Hernando County Data Report from Captain Hutchinson., 2012-2016.

Prepared by: WellFlorida Council, 2017.

LSF HEALTH SYSTEMS –HERNANDO COUNTY CLIENTS

Tables 41 and 42 present data on clients with mental illness and substance abuse funded by state behavior health dollars via LSF Health Systems in Hernando County in Fiscal Year 2015-2016. These tables include service data from BayCare Behavioral Health and LifeStream, the primary providers serving Hernando County that are funded by LSF Health Systems, the behavioral health Managing Entity serving the area. Demographics for the 1,028 Hernando County adult substance abuse clients who received care through these providers are presented in Table 43; the same demographics are reported in Table 44 for the 2,345 mental health clients who received care. Select performance outcome targets and measures for services provided to those with mental illness are provided in Table 45. Table 46 reports those targets and measures for services for adult substance abuse clients. These data are reported for planning purposes to identify gaps, strengths and challenges.

TABLE 41. NUMBER OF LSF HEALTH SYSTEMS CLIENTS SERVED BY SERVICE TYPE FOR THE SERVICES THAT ARE AVAILABLE WITHIN HERNANDO COUNTY, HERNANDO COUNTY RESIDENTS, FY 2015-2016.

Service	Age Group/Type	Number Served Within This County
Case Management	Adult Mental Health	402
Case Management	Adult Substance Abuse	503
Case Management	Children's Mental Health	28
Crisis Stabilization	Adult Mental Health	81
Crisis Stabilization	Children's Mental Health	12
Mobile Crisis Support	Adult Mental Health	1,306
Mobile Crisis Support	Children's Mental Health	28
Medical Services	Adult Mental Health	1,241
Medical Services	Children's Mental Health	550
Outpatient	Adult Mental Health	826
Outpatient	Adult Substance Abuse	395
Outpatient	Children's Mental Health	563
Outpatient	Children's Substance Abuse	15
Recovery Support Provided by Certified Peer Recovery Specialists	Adult Substance Abuse	32
Recovery Support Provided by Certified Peer Recovery Specialists	Children's Mental Health	1
Residential Treatment Levels I-IV	Adult Substance Abuse	27
Residential Treatment Levels I-IV	Children's Mental Health	1
Outpatient Detoxification	Adult Substance Abuse	157

Source: Hernando County ad hoc Data Report from LSF Health Systems., FY 2015-2016.
 Prepared by: WellFlorida Council, 2017.

TABLE 42. TYPE OF SERVICES AND WHETHER OR NOT THEY ARE AVAILABLE IN HERNANDO COUNTY FOR LSF HEALTH SYSTEMS, FY 2015-2016.

Service	Age Group/Type	Available Within Hernando County	If Not Available, Nearest County Where It Is Available
Case Management	Adult Mental Health	Yes	
	Adult Substance Abuse	Yes	
	Children's Mental Health	Yes	
	Children's Substance Abuse	Yes	
Intensive Case Management	Adult Mental Health	No	Duval, Nassau, Lake, Sumter
	Children's Mental Health	No	Lake, Sumter
Crisis Stabilization	Adult Mental Health	Yes	
	Children's Mental Health	No	Lake, Pasco
Mobile Crisis Support	Adult Mental Health	Yes	
	Adult Substance Abuse	Yes	
	Children's Mental Health	Yes	
	Children's Substance Abuse	Yes	
Walk-in Crisis Support	Adult Mental Health	Yes	
	Adult Substance Abuse	Yes	
	Children's Mental Health	Yes	
	Children's Substance Abuse	Yes	
FACT Team	Adult Mental Health	Yes	
	Adult Substance Abuse	Yes	
Inpatient	Adult Mental Health	Yes	
	Adult Substance Abuse	Yes	
	Children's Mental Health	Yes	
	Children's Substance Abuse	Yes	
Medical Services	Adult Mental Health	Yes	
	Adult Substance Abuse	Yes	
	Children's Mental Health	Yes	
	Children's Substance Abuse	Yes	
Medication-Assisted Treatment	Adult Substance Abuse	Yes	
	Children's Substance Abuse	Yes	

Source: Hernando County ad hoc Data Report from LSF Health Systems., FY 2015-2016.
 Prepared by: WellFlorida Council, 2017.

TABLE 42 CONTINUED. TYPE OF SERVICES AND WHETHER OR NOT THEY ARE AVAILABLE IN HERNANDO COUNTY FOR LSF HEALTH SYSTEMS, FY 2015-2016.

Service	Age Group/Type	Available Within Hernando County	If Not Available, Nearest County Where It Is Available
Outpatient	Adult Mental Health	Yes	
	Adult Substance Abuse	Yes	
	Children's Mental Health	Yes	
	Children's Substance Abuse	Yes	
Recovery Support Provided by Certified Peer Recovery Specialists	Adult Mental Health	Yes	
	Adult Substance Abuse	Yes	
	Children's Mental Health	Yes	
	Children's Substance Abuse	Yes	
Recovery Support Provided by Paraprofessionals	Adult Substance Abuse	Yes	
	Children's Substance Abuse	Yes	
Residential Treatment Levels I-IV	Adult Mental Health	Yes	
	Adult Substance Abuse	Yes	
	Children's Substance Abuse	Yes	
Short-Term Residential Treatment	Adult Mental Health	Yes	
Inpatient Detoxification	Adult Substance Abuse	Yes	
	Children's Substance Abuse	Yes	
Outpatient Detoxification	Adult Substance Abuse	Yes	
	Children's Substance Abuse	Yes	
Supportive Housing/Living	Adult Mental Health	Yes	
	Adult Substance Abuse	Yes	
	Children's Substance Abuse	Yes	
Addiction Receiving Facility	Adult Substance Abuse	Yes	
	Children's Substance Abuse	Yes	

Source: Hernando County ad hoc Data Report from LSF Health Systems., FY 2015-2016.
 Prepared by: WellFlorida Council, 2017.

TABLE 43. DEMOGRAPHIC INFORMATION FOR SUBSTANCE ABUSE CLIENTS FOR LSF HEALTH SYSTEMS, HERNANDO COUNTY RESIDENTS, FY 2015-2016.

Demographic	Number	Percent of Total (1,028 Unduplicated Clients)
Gender:		
Males	586	57.0
Female	442	43.0
Ages:		
5 - 17	421	41.0
18 - 25	336	32.7
26 - 35	102	9.9
36 - 45	18	1.8
46 - 55	8	0.8
56+	4	0.4
Unknown	139	13.5
Race:		
White	807	78.5
Black	115	11.2
Multi-Racial	76	7.4
Other	18	1.8
Pacific Islander	5	0.5
American Indian	3	0.3
Alaskan Native	2	0.2
Asian	1	0.1
Residential Status:		
Independent Living	731	71.1
Dependent Living	241	23.4
Assisted Living Facility	0	0.0
Foster Care/home	7	0.7
Group Home	7	0.7
Homeless	29	2.8
Supportive Housing	0	0.0
Other Residential	15	1.5
Unknown	15	1.5

Source: Florida Department of Children and Families, LSF Health Systems Hernando County Powerpoint Slide Report, FY 2015-2016.

Prepared by: WellFlorida Council, 2017.

TABLE 43 CONTINUED. DEMOGRAPHIC INFORMATION FOR SUBSTANCE ABUSE CLIENTS FOR LSF HEALTH SYSTEMS, HERNANDO COUNTY RESIDENTS, FY 2015-2016.

Demographic	Number	Percent of Total (1,028 Unduplicated Clients)
Employment Status:		
Unemployed/Terminated	434	42.2
Active, Military, Overseas/USA	1	0.1
Full Time	246	23.9
Unpaid Family Worker	8	0.8
Retired	15	1.5
Leave of Absence	5	0.5
Part-Time	135	13.1
Homemaker	46	4.5
Student	60	5.8
Disabled	94	9.1
Criminal Inmate	1	0.1
Inmate Other	2	0.2
Not Authorized to Work	3	0.3
Drug of Choice:		
At Risk	135	13.1
Hallucinogens-Psychedelics	220	21.4
Stimulants	152	14.8
Other Sedatives	10	1.0
Benzodiazepines	15	1.5
Opiates & Opioids	165	16.1
Alcohol	331	32.2

Source: Florida Department of Children and Families, LSF Health Systems Hernando County Powerpoint Slide Report, FY 2015-2016.

Prepared by: WellFlorida Council, 2017.

TABLE 44. DEMOGRAPHIC INFORMATION FOR ADULT MENTAL HEALTH CLIENTS FOR LSF HEALTH SYSTEMS, HERNANDO COUNTY RESIDENTS, FY 2015-2016.

Demographic	Number	Percent of Total (2,345 Unduplicated Clients)
Gender:		
Males	1,079	46.0
Female	1,266	54.0
Race:		
White	1,863	79.4
Black	185	7.9
Multi-Racial	167	7.1
Other	48	2.0
Pacific Islander	5	0.2
American Indian	6	0.3
Alaskan Native	59	2.5
Asian	11	0.5
Residential Status:		
Independent Living	1,677	71.5
Dependent Living	297	12.7
Assisted Living Facility	26	1.1
Group Home	21	0.9
Homeless	88	3.8
State Hospital	26	1.1
Supportive Housing	11	0.5
Correctional Facility	12	0.5
Other	9	0.4
Unknown	202	8.6

Source: Florida Department of Children and Families, LSF Health Systems Hernando County Powerpoint Slide Report, FY 2015-2016.

Prepared by: WellFlorida Council, 2017.

TABLE 44 CONTINUED. DEMOGRAPHIC INFORMATION FOR ADULT MENTAL HEALTH CLIENTS FOR LSF HEALTH SYSTEMS, HERNANDO COUNTY RESIDENTS, FY 2015-2016.

Demographic	Number	Percent of Total (2,345 Unduplicated Clients)
Employment Status:		
Unemployed/Terminated	1,148	49.0
Active, Military, Overseas/USA	1	0.0
Full Time	233	9.9
Unpaid Family Worker	21	0.9
Retired	34	1.4
Leave of Absence	4	0.2
Part-Time	200	8.5
Homemaker	132	5.6
Student	107	4.6
Disabled	473	20.2
Criminal Inmate	6	0.3
Inmate Other	8	0.3
Not Authorized to Work	16	0.7
Mental Health Diagnosis Codes (ICD 9 Codes)		
Attention Deficit Disorder	55	2.3
Identity Disorder	1	0.0
Disturbance of Conduct	6	0.3
Depressive Disorder	145	6.2
Adjustment Reactions	569	24.3
Acute Reaction to Stress	2	0.1
Anxiety, Dissociative	95	4.1
Other Nonorganic Psychoses	73	3.1
Delusional Disorder	1	0.0
Episodic Mood Disorder	816	34.8
Schizophrenic Disorder	232	9.9
Transient Mental Disorder No Alcohol/Drugs	8	0.3
Mental Disorder Due to Alcohol/Drugs	11	0.5

Source: Florida Department of Children and Families, LSF Health Systems Hernando County Powerpoint Slide Report, FY 2015-2016.

Prepared by: WellFlorida Council, 2017.

TABLE 45. BAYCARE/HERNANDO COUNTY PERFORMANCE OUTCOMES FOR ADULT MENTAL HEALTH CLIENTS FOR LSF HEALTH SYSTEM, HERNANDO COUNTY RESIDENTS, FY 2015-2016.

GAA/NOMS Clinical Outcomes and Statistics (include all clients paid for by this SAMH contract only. Include SAMH, TANF, Local Match, PTS, and Title 21 funding only if applicable to this contract.)		BayCare Behavioral Health, Inc. MH003 - Average annual days worked for pay for adults with severe and persistent mental illness	BayCare Behavioral Health, Inc. MH703 - Percent of adults with serious mental illness who are competitively employed	BayCare Behavioral Health, Inc. MH742 - Percent of adults with severe and persistent mental illnesses who live in stable housing environment	BayCare Behavioral Health, Inc. MH743 - Percent of adults in forensic involvement who live in stable housing environment	BayCare Behavioral Health, Inc. MH744 - Percent of adults in mental health crisis who live in stable housing environment
Target Value		40	24%	90%	67%	86%
1st Quarter	Jul	57.12	37.14	95.41		96.49
	Aug	45.64	33.33	95.10		97.25
	Sep	44.41	34.03	95.40	100.00	98.09
2nd Quarter	Oct	42.80	34.18	95.77	100.00	97.91
	Nov	42.73	33.33	95.37	100.00	97.76
	Dec	44.47	34.09	95.47	100.00	97.83
3rd Quarter	Jan	44.55	34.27	95.53	100.00	97.89
	Feb	44.38	34.64	95.53	100.00	97.91
	Mar	46.27	35.33	95.59	100.00	97.98
4th Quarter	Apr	47.23	35.79	95.75	100.00	98.06
	May	47.23	35.79	95.75	100.00	98.06
	Jun	47.82	36.46	95.83	100.00	98.08

Source: Florida Department of Children and Families, LSF Health Systems Hernando County Powerpoint Slide Report, FY 2015-2016.

Prepared by: WellFlorida Council, 2017.

TABLE 46. BAYCARE/HERNANDO COUNTY PERFORMANCE OUTCOMES FOR ADULT SUBSTANCE ABUSE CLIENTS FOR LSF HEALTH SYSTEM, HERNANDO COUNTY RESIDENTS, FY 2015-2016.

GAA/NOMS Clinical Outcomes and Statistics (include all clients paid for by this SAMH contract only. Include SAMH, TANF, Local Match, PTS, and Title 21 funding only if applicable to this contract.)		BayCare Behavioral Health, Inc. SA753 - Percentage change in clients who are employed from admission to discharge	BayCare Behavioral Health, Inc. SA754 - Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge	BayCare Behavioral Health, Inc. SA755 - Percent of adults who successfully complete substance abuse treatment services	BayCare Behavioral Health, Inc. SA756 - Percent of adults with substance abuse who live in a stable housing environment at the time of discharge
Target Value		10%	15%	51%	94%
1st Quarter	Jul	0.00	0.00	0.00	100.00
	Aug	0.00	100.00	100.00	100.00
	Sep	0.00	100.00	80.00	100.00
2nd Quarter	Oct	0.00	100.00	87.50	100.00
	Nov	0.00	0.00	85.71	100.00
	Dec	0.00	50.00	84.62	100.00
3rd Quarter	Jan	0.00	50.00	85.71	100.00
	Feb	0.00	50.00	79.41	100.00
	Mar	0.00	50.00	81.08	98.11
4th Quarter	Apr	0.00	50.00	73.17	98.25
	May	0.00	50.00	73.17	98.25
	Jun	0.00	50.00	73.17	98.25

Source: Florida Department of Children and Families, LSF Health Systems Hernando County Powerpoint Slide Report, FY 2015-2016.

Prepared by: WellFlorida Council, 2017.

Section 4: Community Input

METHODOLOGY

In order to enrich the data collected in the Demographic and Socioeconomic Profile and Community Risk Indicators sections, qualitative data were collected from key constituencies involved in issues involving mental illness, substance dependency and the criminal justice system. These community input data were taken from the following sources:

- 9 structured interviews with key informants including representation from elected officials, law enforcement, judicial and court system, community mental health services, and private providers.
- 2 focus groups with 21 individuals:
 - 11 female inmates with mental illness and/or substance abuse
 - 10 male inmates with mental illness and/or substance abuse
- 149 completed community surveys

The key interview questions and process were developed with input of the Needs Assessment Steering Committee. These questions and the interview protocol are provided in Appendix A. The focus group protocols were also developed with input of the project management team. These questions and the protocol are provided in Appendix B. The 25-item survey was administered in electronic and paper formats – see Appendix C for the paper format survey. Key informant interviews, focus groups and surveys are three ways to capture and gauge the opinions, thoughts, experiences and feedback of those impacted and/or those who hold a stake in the issue. It should be noted that the summary of the observations and opinions provided are not filtered nor are they validated for factual basis. Although they provide highly valuable insights, comments should not be overly generalized.

OBSERVATIONS

KEY INFORMANT INTERVIEWS

Themes and related comments that emerged from the interviews are presented below. The bullets beneath the main themes are paraphrases and/or groupings of like statements.

- General Strengths for Addressing Mental Illness and Substance Dependency
 - Some resources are available for the uninsured with mental illness
 - Strong partnerships among agencies addressing mental illness and substance dependency
 - BayCare does all that it can with limited resources
 - Jails provide more substance abuse services than previously
- General Challenges and Barriers for Addressing Mental Illness and Substance Dependency
 - Resources are spread thin
 - Funding in short supply and at risk for reductions
 - Vast and growing needs of our citizens
 - Co-occurrence of domestic violence, sexual abuse
- Potential Opportunities for Improvement
 - New, expanding partnerships

- More recognition of far-reaching impacts of mental illness and substance dependency
- Accountability and objectivity in dealing with all citizens
- Early identification and diversion
- Providing a continuum of services for individuals and families
- Community involvement and commitment to address these issues
- General Threats
 - Shrinking resources in neighboring counties
 - Competition for funding among Florida counties, municipalities
 - Competing priorities
 - Growing prevalence of mental illness and substance dependency
 - Co-morbidities of those with mental illness and substance dependency
 - Poverty and lack of education
- Special Challenges for Addressing Needs of Those with Mental Illness and Substance Dependency
 - Shortage of inpatient beds for those in crisis
 - Therapy and prescriptions not available at the level needed
 - Shortage of providers and specialists
 - Residential treatment not available in the county
 - Homelessness, homeless children and families
 - Transitional housing needed
 - Stigma attached to mental illness
 - Dealing with those who do not want to change their substance abuse issues
- Special Challenges for Law Enforcement when Working with Those with Mental Illness and Substance Dependency
 - More training needed
 - Training for initial encounters, Crisis Intervention Training
 - Big geographic area to cover
 - Getting the resources to provide to those in need
 - Officer retention, pay
 - Legal challenges and physical threats/harm to officers
- Special Challenges for the Jail when Working with Those with Mental Illness and Substance Dependency
 - Not enough specialists and trained staff
 - Getting timely assessments and evaluations done
 - Determining who should be in jail or transferred to other facilities
 - Getting medications for those who need them
 - Jail not designed nor funded to be medical treatment facility
 - Stopping the revolving door for those who re-offend and return habitually
- Special Challenges for Criminal Justice System when Working with Those with Mental Illness and Substance Dependency
 - Public defenders need specialized training so they can properly identify special needs
 - Resources, funding and training for judges.
 - No options for treatment, judges must send people to jail
 - Lack of resources in community limits placement options.
 - Knowing if the criminal behavior is because of illness or willfully committing crimes
 - Knowledge of individual's past medical history could help prevent negative outcomes

- Special Challenges for Providers when Working with Those with Mental Illness and Substance Dependency
 - Staying abreast of laws, regulations, health insurance requirements
 - Assuring clients get medications when needed
 - Knowing inmate’s release date so they can be linked to services
 - Shortage of specialists

- Practice and Policy Recommendations, Observations
 - Early identification, diversion into care, and processing into appropriate court and programs
 - Continuum of services throughout systems
 - People have compassion but the system does not
 - Community wants to do something different, impactful that involves all stakeholders
 - Stop the hopelessness and suffering among the most vulnerable

FOCUS GROUPS

Trained focus group facilitators (2) conducted two focus groups. Both focus groups were conducted at the Hernando County Detention Center with incarcerated residents with histories of substance abuse/dependency and/or mental illness.

Methodology

Focus group participants were recruited by Hernando County Sheriff’s deputies. Eligibility criteria for the focus group included:

- Hernando County incarcerated resident
- History of Substance Abuse/Dependency and/or
- History of Mental Illness
- 18 years of age or older

Trained facilitators conducted the focus groups using a focus group script, which included a brief introduction, informed consent forms, and a series of questions asked sequentially. Please see the Appendix for all focus group materials. Focus group questions were developed and approved with the steering committee and LSF Health Systems.

One focus group was facilitated with 11 incarcerated women and one focus group was facilitated with 10 incarcerated men.

One focus group facilitator followed the script and led the participants in discussion while another facilitator took notes to capture themes and ideas shared by participants. The focus group script included 10 questions. Responses to each question is summarized below and separated according to focus group population (women or men).

Analysis

Question 1: What are some of the challenges that you faced with your mental illness or substance abuse issues during your experience in jail?

Women

Women discussed a lack of rehabilitation services available and a \$5 charge per mental health session. This added cost creates additional barrier for accessing the service.

Medications are provided two times daily, for those inmates who take three or more doses per day, this schedule presents unique challenges. Medication is provided at 7:30 a.m. and 2:30 p.m.; these times often conflict with scheduled program activities. Inmates are then required to choose the between receiving their medications and attending a program. Programs include NA (Narcotics Anonymous) and AA (Alcoholics anonymous), faith-based programs and other programming. Some medications or brands are not available when incarcerated – some women suggested the replacement medications were less effective than those they were prescribed before entering jail. Some women who are prescribed sleeping medication do not take their medication because the afternoon medication time is 2:30 p.m. and taking the medication that early would interfere with meals and appropriate sleep schedules.

A second major source of concern for women was a lack of resources once released from jail. A resource packet is provided at the time of release, however, there are few resources, especially for housing. Social workers do not meet with the women prior to release and the release time is midnight. Therefore, social services agencies are not open for business. Women were concerned that without access to housing and employment, falling back into substance abuse would be very likely. Furthermore, inmates experience high anxiety related to the thought of being released from jail without resources needed to maintain sobriety. Women with children under 18 years old expressed concern regarding regaining custody of children once released. Without employment or housing, they will not be eligible for custody of their children.

Men

Men discussed issues related to receiving their mental health related medications according to prescribed dosage schedules. Medications are only provided two times per day, but some medications are needed three times per day or at times later than the scheduled pick up times. Men with difficulty sleeping such as night sweats and night terrors attributed those symptoms to improper medication dosage, type and schedule. Several men shared their experiences with depression and described increased feelings of depression while incarcerated.

Question 2: How do you feel your mental illness or substance abuse issue contributed to your experience with the criminal justice system?

Women

Women agreed that without substance abuse or mental illness they would not be in the criminal justice system. Most of their offenses were related to substance abuse: driving while under the influence, burglary, aggressive behavior, etc. Substance abuse related behaviors were the most commonly discussed. Some women with co-occurring mental health and substance dependency were concerned about access to medication in and outside of jail.

Men

Men agreed that they would not be incarcerated if not for their mental illness and/or substance dependency. Several men shared experiences related to medication adherence for mental health diagnoses. They described being in control and feeling better while taking

their prescribed medications, however, when they stopped taking their medications, often due to affordability, they experienced mood swings, which led them to self-medicating on street drugs. The use of street drugs and dependency on those drugs sometimes led to increased criminal activity and eventually incarceration.

Question 3: Did you know about your mental health issues or substance abuse issues prior to being arrested or being jailed?

Women

Most women said they were aware of their substance abuse issues and/or mental illness prior to being arrested. Several women said they were unable to receive psychiatric care due to long wait lists and lack of insurance. The length of wait lists was discussed in detail. Women believed ability to gain access to a psychiatrist by skipping the wait list was available to families in Hernando County with connections. Some women did not seek treatment due to stigma and the fear of family members and friends learning about their illness or substance dependency. For some the cost of prescribed pain medication was not affordable, but street drugs were less expensive.

Men

Yes – they were aware of their mental health issues and/or substance dependency.

Question 4: What were some of the barriers to getting your mental health needs or substance abuse treatment needs met prior to contact with the criminal justice system and or/jail?

Women

The list of barriers shared by the women included:

- Waiting lists for mental health and psychiatry care
- Difficulty finding a provider to “connect with” on a patient – provider level
- Cost and ability to pay for service
- Stigma

Men

The list of barriers shared by the men included:

- Could not afford medication that was prescribed
- Released from jail with only a three day supply of medication – but could not find another source of medication quickly upon release
- Wait lists
- Unemployed
- No insurance
- No long-term treatment facility – just stabilization treatment, but then no resources once released

Question 5: What are some of the barriers to getting your mental health or substance abuse treatment needs met now that you are in jail?

Women

Women described the following barriers:

- Medical appointments are not available (not enough appointments to serve all the inmates who need the service)
- Not enough Psychiatrists to prescribe medication
- Unless diagnosed prior to entry into jail, and prescribed prior to being incarcerated, medications and diagnoses are not given while incarcerated
- Medications prescribed before entering jail may not be available once incarcerated if they are not on the jail's approved medication list. This means, inmates are given similar medications, but not always the same medications they were given before incarceration.
- Only 2 medication dosage times, 7:30 a.m. and 2:30 p.m. This schedule is not appropriate for all medications or prescriptions.

Men

Men described the following barriers:

- 3 – 4 week wait to have an appointment with a psychiatrist in jail
- Medical unit at jail behind – not just for mental health
- Large quantity of paperwork to fill out to get an appointment
- When not on medications, it is hard to process information and advocate for services
- Need counseling, but that is not available

Question 6: In general, what do you think should happen to people with mental illness or substance abuse issues who come into contact with police officers for infractions of the law?

Women

Women suggested the following ways that police officers can improve interactions with people with mental illness and/or substance abuse:

- Treat everyone with respect
- Try to understand what it feels like to suffer from mental illness and/or substance dependency and addiction
- Provide rehabilitation through the court system and jail for people who are ready to change
- Provide more beds at in-patient treatment facilities for people who are ready to change
- Respect the wishes of inmates who are not willing or ready to change or address their addiction
- Prepare a discharge plan that incorporates housing and support for addiction and mental illness

Men

Men believed that incarcerated persons should be treated according to their crimes and police officers should take into consideration each person's mental illness and substance

dependency issues. If someone is arrested and it is their first offense for drugs, they should receive treatment, not go to jail where there is no treatment or rehabilitation.

Question 7: What should not happen to people with mental illness or substance abuse issues who come into contact with the police for infractions of the law?

Women

Most discussion related to what should not happen was related to detox for women entering the jail. Many women are not given medication to assist with withdrawal symptoms. Many women who do receive medication to assist with withdrawal are not placed in the medical clinic, but go through detox in the pods with the other inmates. Inmates often help each other with withdrawal, but this can be stressful for everyone in the pod.

Men

Men believed that people with mental illness and substance dependency should go to rehabilitation treatment facilities, not jail or prison. "Being punished for having a mental illness is like punishing someone for being disabled, it is like punishing someone for being in a wheel-chair."

Question 8: Did you have any experiences with local mental health or substance abuse facilities or services prior to being in jail?

Women

Some of the women received treatment at Baycare or out of state. Some women discussed the desire to seek treatment, but experienced long waiting lists (up to three months). Women discussed self-medicating using street drugs due to the inaccessibility of local resources for treatment. Many of the women did not experience or seek treatment prior to entering the jail.

Men

Several of the men did seek treatment prior to incarceration. They described crisis stabilization services that lasted 72 hours. Once the 72 hours were over, they were back on the street, without access to medications and counseling. Some were unable to access treatment due to long wait lists, which led to more feelings of hopelessness.

One man explained that his feelings of hopelessness and depression were so severe that he lashed out after not being able to receive help for a long time. Lashing out is what led him to jail.

Question 9: While in jail, do you have any contact or receive services from local mental health or substance abuse facilities or services?

Women

According to the women, there are no mental health or substance abuse treatment services provided from external providers in the jail. The medical staff are employed by the Detention Center, but appointments are limited. There are some volunteer church groups and NA and AA support groups in the jail and women can attend, but the scheduled often conflicts with

other programs and/or afternoon medication pick up. If an inmate received a mental health or substance dependency diagnosis prior to incarceration, they can receive their medication (or a similar substitute). If an inmate did not have a mental health or substance dependency diagnosis prior to incarceration it is very unlikely she will be diagnosed by the Detention Center medical staff.

In the absence of social services while in jail, the women described how they supported each other. They provided the example of a woman who, prior to incarceration, worked for a government agency and understood the process to seek reunification and/or custody of children. Other inmates sought her out for assistance to better understand their options for reunification with their children upon release.

Men

Men described the availability of NA and AA support groups and also some faith-based church services. Mental health clinics or support groups are not provided.

Question 10: If you could, what would you change about your experience with being arrested and jailed?

Women

Several women from out-of-state (who moved to Florida from another part of the county) said they wish they had not moved to Florida. In their opinions, their previous state of residency had more services and options for people arrested on charges related to drug use and/or mental illness. Women agreed that rehabilitation services would be helpful in preparing for release and that without those services they were more likely to return to jail with the same issues. Women expressed experiences of stigma from family and friends after being incarcerated. They wished their family and friends knew and understood the challenges related to mental illness and substance dependency. The women agreed that community level support for families and friends of recently incarcerated persons with mental illness and/or substance dependency would add acceptance for the women.

Men

Most of the men wished there were more services available in the community so they could have avoided the criminal justice system entirely. Now that they are in the criminal justice system and serving time, they advocated for help educating their family and loved ones about their disease and how families and friends can be supportive. Preparation for release was an area of high concern for most of the men. Those without family or support systems felt hopeless – no option for housing, no opportunity for employment and no quick access point for medical care or mental health care.

Key Themes Shared in Both Focus Groups

- Lack of timely access to mental health and substance dependency services in and out of jail in Hernando County
- Lack of access to mental health prescriptions after receiving crisis stabilization care (if uninsured the cost is prohibitive and finding a provider to maintain prescription is challenging, especially considering long wait lists)

- Substance dependency often leads to crimes – treatment is needed, jail does not provide treatment
- In jail, medication times are only twice per day, some inmates require medications three times per day
- Lack of resources for employment opportunities, housing opportunities, and treatment services available upon release from jail
- Long term inpatient treatment not available in Hernando County
- Rehabilitation not provided while serving time for crimes
- Jail does not have resources to provide mental health and substance dependency treatment services to all inmates
- Many inmates tried to access mental health and/or substance dependency services prior to sentencing, but were unable to receive prompt and continual treatment

COMMUNITY MEMBER SURVEYS

A survey tool was developed to gain the perspectives of community members on mental health, substance abuse and dependency and the intersection of these conditions with the criminal justice system. The project Needs Assessment Steering Committee reviewed and approved the survey instrument and administration protocol. To be eligible to take the community member survey, participants had to meet the following criteria:

- Be a Hernando County resident OR work in Hernando County; and
- Have a mental illness or substance dependency issue OR be the caregiver of a person with mental illness or substance dependency issue; and
- Be at least 18 years of age

Methodology

The community member survey was provided in two formats: an online version delivered through the Qualtrics platform and a paper version. The online survey link was distributed through a press release to local media outlets, posted to WellFlorida’s website, blog and Facebook account, and through communication channels of Needs Assessment Steering Committee members’ organizations. Paper surveys were distributed at various locations within Hernando County at community-based organizations and government offices with the assistance of steering committee members. The survey was available from Friday, March 17 through Thursday, April 7, 2017. Please see the Appendix for the survey tool.

In total, 228 people responded to the survey; only 149 respondents met the eligibility criteria. Of the 149 who met the eligibility criteria, 102 disclosed they suffer from a mental illness and/or substance dependency and 47 were caregivers of someone with who has a mental illness and/or substance dependency issue. See the table below for demographic descriptions of the eligible survey respondents.

TABLE 47. DEMOGRAPHICS OF SURVEY RESPONDENTS

<u>Demographic Description</u>	<u>Respondent has Mental Illness and/or Substance Dependency</u>		<u>Respondent is a Caregiver</u>	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>
Gender of Respondent				
Male	23	22.55	6	12.77
Female	78	76.47	41	87.23
Transgender	0	0	0	0
Do not identify as male, female or transgender	1	.98	0	0
Age of Respondent				
18 – 24	10	9.80	0	0
24 – 34	30	29.41	11	23.40
35 – 64	56	54.90	29	61.70
65+	6	5.88	7	14.89
Educational Attainment of Respondent				
Less than high school	10	9.80	0	0
GED	10	9.80	1	2.13
High school graduate	13	12.75	7	14.89
Some college	38	37.25	16	34.04
College degree	27	46.47	19	40.43
Masters or post-graduate degree	4	3.92	4	8.51
Health Insurance Status of Respondent				
Private pay insurance (not through employer)	5	4.90	5	10.64
Insurance through employer or family member’s employer	32	31.37	17	36.17
Medicaid	19	18.63	7	14.89
Medicare	16	15.69	8	17.02
Uninsured	30	29.41	10	21.28

Survey analysis was completed according to respondent status:

- Respondent has a mental illness and/or substance dependency
- Respondent is the caregiver of someone with mental illness and/or substance dependency

Analysis of Survey Responses of Respondents with Mental Illness and/or Substance Dependency

Mental illness is a major problem in Hernando County according to 98.78 percent of respondents. Substance abuse is also a major problem in Hernando County according to 97.7 percent of respondents. Likewise, incarceration of people with mental illness or substance abuse issues was identified as a problem by more than 96 percent of respondents. Over 92 percent of respondents reported there are not enough mental health care service providers and providers for substance abuse treatment in Hernando County. Wait times for services were considered unreasonable by more than 80 percent of respondents. Fifty-one (51) percent of respondents are unable to receive mental

health care and services when needed. Those who reported being unable to receive mental health services when needed indicated the following reasons:

TABLE 48. REASONS WHY MENTAL HEALTH SERVICES WERE NOT AVAILABLE WHEN NEEDED.

<u>Reasons Why Services Were Not Available When Needed</u>	<u>Percent of Respondents</u>
No services available	28.89
No appointment available	55.56
Cost	55.56
Transportation/can't get there	17.78
Child care needed	13.33
Have to work, job demands	33.33
Turned way or denied service	26.67
Other	15.56

“Other” reasons included:

- Too long of wait time for appointment
- Times and serves don't match up with schedule
- Group therapy is unstructured
- Lack of providers
- Homeless

Over 53 percent of respondents were unable to receive substance abuse treatment services when needed. Those who reported being unable to receive mental health services when needed indicated the following reasons:

TABLE 49. REASONS WHY SUBSTANCE DEPENDENCY SERVICES WERE NOT AVAILABLE WHEN NEEDED.

<u>Reasons Why Services Were Not Available When Needed</u>	<u>Percent of Respondents</u>
No services available	48.00
No appointment available	40.00
Cost	64.00
Transportation/can't get there	32.00
Child care needed	12.00
Have to work, job demands	20.00
Turned way or denied service	24.00
Other	12.00

“Other” reasons included:

- Too long of wait time for appointment
- No Insurance
- Homeless

Respondents also experienced barriers in receiving medications needed for their mental illness. Seventy (70) percent of respondents were able to access their medications, but that meant that

nearly 30 percent were not able to get their medications. Reasons listed for not being able obtain medications included:

- Don't have or can't get prescription from a doctor (53.85 percent)
- Cost (73.08 percent)
- Transportation/can't get to pharmacy (26.92 percent)
- Other (26.92 percent)
 - Unable to schedule an appointment with a psychiatrist
 - Medications the doctors prescribe cause other issues and other medication option is illegal
 - Lack of insurance
 - Wait times

Respondents experienced more challenges getting medications needed for substance abuse; 50 percent of respondents were unable to get medications needed.

- Don't have or can't get prescription from a doctor (57.14 percent)
- Cost (71.43 percent)
- Transportation/can't get to pharmacy (23.81 percent)
- Other (23.81 percent)
 - No medications allowed in drug court program
 - Not on approved formulary

Twenty-two (22) percent of respondents have been in jail or in the criminal justice system because of actions or activities while suffering from mental illness. Nearly one-third were receiving treatment for their mental illness before the arrest and nearly one-third first received care for their mental illness while in jail or in the criminal justice system.

Thirty-four (34) percent have been in jail or the criminal justice system because of substance abuse issues. Twenty-seven (27) percent were receiving treatment for their substance abuse issues prior to arrest and one-third first received care for their substance abuse issues while in jail or in the criminal justice system.

Nearly 20 percent of respondents with mental illness are or have been homeless due to their mental illness and 27 percent of respondents with substance dependency have been homeless due to their substance abuse issues.

Only 59 percent of respondents said they have the resources needed to manage their mental illness. Those who felt unable to manage their mental illness need the following services:

TABLE 50. RESOURCES NEEDED TO MANAGE MENTAL ILLNESS.

Resources Needed	Percent of Respondents
Doctor or health care provider	63.64
Medication	54.55
Health Insurance	21.21
Information about my mental illness that I can understand	27.27
Legal aid or lawyer	21.21
Housing	21.21
Transportation	21.21
Support from family, friends, community	48.48
Other	24.24

“Other” included:

- Rely on family, would be homeless without them
- Co-pay costs
- Time to meet with someone weekly
- Counseling
- Drug court financial aid

Only 68 percent of respondents felt they have the resources needed to manage their substance dependency. Those who felt unable to manage their substance dependency need the following services:

TABLE 51. RESOURCES NEEDED TO MANAGE SUBSTANCE DEPENDENCY.

Resources Needed	Percent of Respondents
Doctor or health care provider	57.14
Medication	64.29
Health Insurance	42.86
Information about my mental illness that I can understand	42.86
Legal aid or lawyer	50.00
Housing	50.00
Transportation	50.00
Support from family, friends, community	57.14
Other	7.14

“Other” included co-pay costs.

Analysis of Survey Responses of Caregiver Respondents

All (100 percent) of caregiver respondents said substance abuse is a major problem in Hernando County according to 97.44 percent of caregiver respondents, mental illness is also a major problem. Likewise, incarceration of people with mental illness or substance abuse issues was indicated as a major problem by caregiver respondents (100 percent, 94.29 percent respectfully). Over 94 percent of caregiver respondents reported there are not enough mental health care service providers and

providers for substance abuse treatment in Hernando County. Wait times for services were considered unreasonable by more than 91 percent of respondents.

Sixty-four (64.44) percent of caregiver respondents reported the person they care for is unable to obtain mental health care and services when needed. Those who reported being unable to obtain mental health services when needed indicated the following reasons:

TABLE 52. CAREGIVER REASONS WHY MENTAL HEALTH SERVICES WERE NOT AVAILABLE WHEN NEEDED.

<u>Reasons Why Services Were Not Available When Needed</u>	<u>Percent of Respondents</u>
No services available	34.48
No appointment available	55.17
Cost	34.48
Transportation/can't get there	24.14
Child care needed	0
Have to work, job demands	17.24
Turned way or denied service	13.79
Other	

“Other” reasons included:

- Person chooses not to receive treatment
- Doctor’s office does not return calls
- Wait times are too long; except for Baker Act, but Baker Acts can be more harmful than helpful
- Patients can sign themselves out

Over 77 percent of caregiver respondents responded that the person they care for was unable to obtain substance abuse treatment services when needed. Those who reported being unable to get substance dependency services when needed indicated the following reasons:

TABLE 53. CAREGIVER REASONS WHY SUBSTANCE DEPENDENCY SERVICES WERE NOT AVAILABLE WHEN NEEDED.

<u>Reasons Why Services Were Not Available When Needed</u>	<u>Percent of Respondents</u>
No services available	56.25
No appointment available	31.25
Cost	81.25
Transportation/can't get there	18.75
Child care needed	6.25
Have to work, job demands	18.75
Turned way or denied service	18.75
Other	12.50

Caregiver respondents also reported the person they cared for experienced barriers in receiving medications needed for their mental illness. Nearly 61 percent of caregiver respondents reported the person they care for was able to access their medications; however, that means that about 39 percent were not able to get their medications. Reasons for not being able to get medications included:

- Don't have or can't get prescription from a doctor (31.25 percent)
- Cost (43.75 percent)
- Transportation/can't get to pharmacy (12.50 percent)
- Other (43.75 percent)
 - Unable to schedule an appointment with a psychiatrist
 - Not diagnosed
 - Waiting list
 - Cost to see a psychiatrist is too high and primary care provider will not prescribe

Caregiver respondents reported experiencing more challenges getting medications needed for substance abuse issues; 60.86 percent of respondents were unable to get medications needed.

- Don't have or can't get prescription from a doctor (50.00 percent)
- Cost (64.29 percent)
- Transportation/can't get to pharmacy (21.43 percent)
- Other (14.29 percent)

Thirty (30) percent of respondents have been in jail or in the criminal justice system because of actions or activities while suffering from mental illness. Nearly two-thirds were receiving treatment for their mental illness before an arrest and 16.67 percent first received care for their mental illness while in jail or in the criminal justice system.

Nearly 40 percent of caregivers reported the person they care for has been in jail or the criminal justice system because of substance abuse issues. Nearly 50 percent were receiving treatment for their substance abuse issues prior to arrest and 27 percent first received care for their substance abuse issues while in jail or in the criminal justice system.

Nearly 20 percent of caregiver respondents reported the person they care for with mental illness is or has been homeless due to their mental illness and 20 percent of caregiver respondents reported the person they care for with substance dependency is or has been homeless due to their substance abuse issues.

About half of caregiver respondents felt the person they care for has the resources needed to manage his/her mental illness. Those who felt the person they care for is not able to manage selected the following as needed services:

TABLE 54. CAREGIVER RESOURCES NEEDED TO MANAGE MENTAL ILLNESS.

Resources Needed	Percent of Respondents
Doctor or health care provider	63.16
Medication	52.63
Health Insurance	21.05
Information about my mental illness that I can understand	63.16
Legal aid or lawyer	5.26
Housing	31.58
Transportation	26.32
Support from family, friends, community	47.37
Other	10.53

“Other” included:

- Intervention, help from the VA
- Education to understand mental illness

Only 36 percent of caregiver respondents felt the person they care for has the resources needed to manage their substance dependency. Caregivers felt the following additional services were needed:

TABLE 55. CAREGIVER RESOURCES NEEDED TO MANAGE SUBSTANCE DEPENDENCY.

<u>Resources Needed</u>	<u>Percent of Respondents</u>
Doctor or health care provider	29.27
Medication	29.27
Health Insurance	21.95
Information about my mental illness that I can understand	21.95
Legal aid or lawyer	7.32
Housing	14.63
Transportation	14.63
Support from family, friends, community	17.07
Other	48.78

According to caregivers, 85 percent of the people they care for have private pay insurance, insurance through an employer, Medicaid, Medicare or VA benefits and 14.5 percent are uninsured.

Section 5: Key Issues

Common themes and issues that emerged from the review of the demographic and socioeconomic profile, community risk factors, and primary data findings (e.g, key informant interviews, focus groups, and community surveys) are presented along with other remarkable discoveries that appear in the qualitative and quantitative data.

KEY ISSUE THEMES:

Resources Needed

- Access to affordable health care, mental health care and substance abuse care and services
 - Early diagnosis and entry into treatment and care
 - Medications
- Health insurance
- Health education and health information
- Diversion programs
- Continuum of services upon release from incarceration

Systems – Level Improvements Needs

- Interagency communication
 - Referrals
 - Record sharing
- Collaborative training for law enforcement, providers, judges, public defenders

Policy Improvement Needed

- Accountability and equity to support resource and funding decisions
- Assessment and treatment regimens for the incarcerated

Environmental Factors and Needs

- Affordable housing
- Meaningful employment
- Parenting and family guidance
- Compassionate and supportive community members and organizations

Subsequent to the completion of the needs assessment, a Sequential Intercept Mapping (SIM) strategic planning workshop will be conducted by project partners at the University of South Florida, Louis de la Parte Mental Health Institute's Center for Mental Health Law and Policy. The process of Sequential Intercept Mapping will assist the county, community agencies/providers, consumers, family members, and other stakeholders in better understanding the interaction between the criminal justice and behavioral health systems. The SIM process identifies the intercepts through which individuals navigate the criminal justice system and helps identify the populations that should be targeted for services at various points in the process. The SIM process helps transform fragmented systems: identify local resources, needs, and gaps; and identify access points in the linear flow of the criminal justice system for service delivery and other policy/process interventions.

Appendix A: Key Informant Interview Process

OVERVIEW

Up to 10 key informants will be interviewed as part of the key informant interview process which is one component of the larger community input portion of the needs assessment. These key informants should be policy, decision and funding leaders from the community who are aware of historical and emerging issues related to those with mental illness, substance dependency and the criminal justice system.

The interviews should last between 30 minutes to no longer than one hour, depending on the depth of response provided by the interviewee. The interviews will be conducted in-person or by telephone at a time and location that is most convenient for the interviewee. The interviewee will be provided the interview instrument at 1-3 days in advance of the interview so that she/he has time to gather her/his thoughts regarding the question responses. All interviews will be conducted anonymously and confidentially. When reporting the information, the interviews will be summarized collectively in such a way that no interviewee can be identified.

KEY INFORMANT INTERVIEW QUESTIONS

1. In general, what mental health needs does the Hernando County community have? Are those needs being met? If not, why?
2. What substance abuse needs does the Hernando County community have? Are those needs being met? If not, why?
3. How do the community's general mental health needs impact the situation with criminal misdemeanants and felons with mental illness?
4. How do the community's substance abuse needs impact the situation with the criminal misdemeanants and felons with substance abuse issues?
5. What are some unique challenges for law enforcement agencies regarding criminal misdemeanants and felons with mental illness? With substance abuse issues? What causes these unique challenges? What can be done to avoid them?
6. What are some unique challenges for the jail regarding criminal misdemeanants and felons with mental illness? With substance abuse issues? What causes these unique challenges? What can be done to avoid them?
7. What are some unique challenges for the court system (criminal justice system) regarding criminal misdemeanants and felons with mental illness? With substance abuse issues? What causes these unique challenges? What can be done to avoid them?
8. What unique challenges exist for your community's mental health providers in providing services to jailed inmates? For substance abuse prevention and treatment providers?
9. Tell us about any best practices you are aware of related to providing services or addressing the challenges of criminal misdemeanants or felons with mental illness? Any in the area of substance abuse?

10. What are the some of the other priority or problem issues within the criminal justice system in Hernando County?
11. How does the issue of mental illness and/or substance abuse among misdemeanants and felons compare with other priorities in the criminal justice system? Does the mental illness situation impact any of these other priority areas? Does substance abuse impact other priority areas?
12. What would you like to see happen when a person with mental illness or substance abuse issues comes into contact with law enforcement and the criminal justice system for an infraction of the law?
13. Is there anything else you would like to share regarding mental illness and substance abuse and their impact on the criminal justice system in Hernando County.

Appendix B: Focus Group Script

1. What are some of the challenges that you (or your family member) faced with your (his/her) mental illness or substance abuse issues during your (his/her) experience in jail?
2. How do you feel your (or your family member's) mental illness or substance abuse issue contributed to your (his/her) experience with the criminal justice system?
3. Did you (or your family member) know about your (his/her) mental health issues or substance abuse issues prior to being arrested or being jailed?
4. What were some of the barriers to getting your (or your family member's) mental health needs or substance abuse treatment needs met prior to contact with the criminal justice system and/or jail?
5. What are some of the barriers to getting your (or your family member's) mental health or substance abuse treatment needs met now that you (he/she) are (is) in jail?
6. In general, what do you think should happen to people with mental illness or substance abuse issues who come into contact with police officers for infractions of the law?
7. What should not happen to people with mental illness or substance abuse issues who come into contact with the police for infractions of the law?
8. Did you (or your family member) have any experiences with local mental health or substance abuse facilities or services or prior to being jailed?
9. While in jail, do you (or your family member) have any contact or receive services from local mental health or substance abuse facilities or services?
10. If you could, what would you change about your experience with being arrested and jailed?

Appendix C: Community Member Survey

Hernando County Mental Health and Substance Abuse Needs Assessment Survey

Spring 2017

LSF Health Systems (<https://www.lsfnet.org/lsf-health-systems/>) is leading a project to better understand the needs of those with mental illness and substance abuse issues in Hernando County. The information collected by this survey will be used to improve mental health and substance abuse services as well as to help divert those who live with mental illnesses and substance abuse problems from the criminal justice system and into treatment.

At the end of the survey you will be asked if you would like your completed survey to be entered into the random drawing for one of the five \$25 gift cards that will be given away. If you are interested, please provide a telephone number and/or email address where we may contact you if you are a winner. Your phone number and email address will remain completely confidential.

This survey is anonymous. No one will know how you answered the questions. Your responses are very valuable and we thank you for helping with this important work.

Please answer the following questions about yourself.

1. Gender Identity:

- Male
- Female
- Transgender
- Do not identify as male, female or transgender

2. Age:

- 18 - 24
- 25 - 34
- 35 - 64
- 65 +
- Under 18 – You are not eligible to participate in this survey. Thank you for your interest.

3. Education:

- Less than high school
- GED
- High school graduate
- Some college
- College degree
- Masters or post-graduate degree

4. Are you a resident of Hernando County?

- Yes
- No

5. Do you work in Hernando County?

- Yes
- No

If you answered no to both Questions 4 and 5 you are not eligible to take the survey. Thank you for your interest.

6. Do you have health insurance?

- Private pay insurance (not through employer)
- Insurance through employer or family member's employer
- Medicaid
- Medicare
- Don't have health insurance

7. I have or in the past have had a mental illness or substance abuse issue.

- Yes. Please continue with question 8.
- No. Please go to question 29 on page 8 to continue the survey.

Go to page 8

8. Based on your experiences with mental illness or substance abuse, please respond to the following:

	Yes/Agree	No/Disagree	Don't Know	Not Applicable
Mental illness is a major problem in Hernando County.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse is a major problem in Hernando County.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incarceration of people with mental illness is a problem in Hernando County.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incarceration of people with substance abuse issues is a problem in Hernando County.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In Hernando County there are enough mental health care service providers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In Hernando County there are enough services for people who have substance abuse issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wait times are reasonable for scheduling appointments with mental health providers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wait times are reasonable for scheduling appointments for substance abuse treatment services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. I am able to get the mental health care and services needed when I need them.

- Yes
- No
- Not applicable. I do not have a mental illness. Go to question 11.

10. If not, why not? Check all that apply.

- No services available
- No appointments available
- Cost
- Transportation/can't get there
- Child care needed
- Have to work, job demands
- Turned away or denied service
- Other, please list _____

11. I am able to get the substance abuse treatment services needed when I need them.

- Yes
- No
- Not applicable. I do not have a substance abuse issue. Go to question 13.

12. If not, why not? Check all that apply.

- No services available
- No appointments available
- Cost
- Transportation/can't get there
- Child care needed
- Have to work, job demands
- Turned away or denied service
- Other, please list _____

13. I am able to get the medications needed for my mental illness.

- Yes
- No
- Not applicable. I do not have mental illness. Go to question 15.

14. If no, why not? Check all that apply.

- Don't have or can't get prescription from a doctor
- Cost
- Transportation/can't get to pharmacy
- Other, please list _____

15. I am able to get the medications needed for my substance abuse issue.

- Yes
- No
- Not applicable. I do not have a substance abuse issue. Go to question 17.

16. If no, why not? Check all that apply.

- Don't have or can't get prescription from a doctor
- Cost
- Transportation/cant' get to pharmacy
- Other, please list _____

17. I have been in jail or the criminal justice system because of my actions or activities while suffering from mental illness.

- Yes. Go to question 18.
- No. Go to question 19.
- Not applicable. I do not have mental illness. Go to question 20.

18. If yes, please check all that apply.

- I was receiving care for my mental illness before the charge/arrest.
- I continued to receive care for my mental illness after the charge/arrest.
- I first received care for mental illness while in jail or in the criminal justice system.
- Other, please list _____

19. If no, please check all that apply.

- My mental health issue is well managed.
- I got help on my own and never had legal issues.
- Law enforcement was never involved in anything related to my mental illness.
- Situations I've been in because of my mental illness didn't call for legal intervention.
- I don't have a mental illness.
- Other, please list _____

20. I have been in jail or the criminal justice system because of my substance abuse issue.

- Yes. Go to question 21.
- No. Go to question 22,
- Not applicable. I do not have a substance abuse issue. Go to question 23.

21. If yes, please check all that apply.

- I was receiving care for my substance abuse issue before the charge/arrest.
- I continued to receive care for my substance abuse issue after the charge/arrest.
- I first received care for my substance abuse issue while in jail or in the criminal justice system.
- Other, please list _____

22. If no, please check all that apply.

- My substance abuse issue is well managed.
- I got help for my substance abuse issue on my own and never had any legal issues
- Law enforcement was never involved in anything related to my substance abuse issue.
- Situations I've been in because of my substance abuse issue didn't call for legal intervention.
- I do not have a substance abuse issue.
- Other, please list _____

23. I am or have been homeless because of my mental illness.

- Yes
- No
- Not applicable. I do not have mental illness.

24. I am or have been homeless because of my substance abuse issue.

- Yes
- No
- Not applicable. I do not have a substance abuse issue.

25. I have the resources needed to manage my mental illness.

- Yes. Go to question 27.
- No. Go to question 26.
- Not applicable. I do not have mental illness. Go to question 27.

26. If not, what resources do you need? Check all that apply.

- Doctor or health care provider
- Medication
- Health insurance
- Information about my mental illness that I can understand
- Legal aid or lawyer
- Housing and/or food
- Transportation
- Support from family, friends, community
- Other, please list _____

27. I have the resources needed to manage my substance abuse issue.

- Yes. Go to question 29.
- No. Go to question 28.
- Not applicable. I do not have a substance abuse issue. Go to question 29.

28. If no, what resources do you need? Check all that apply.

- Doctor or health care provider
- Medication
- Health insurance
- Information about my substance abuse issue that I can understand
- Legal aid or lawyer
- Housing and/or food
- Transportation
- Support from family, friends, community
- Other, please list _____

Thank you very much for your willingness to help improve the health of your community by completing this survey. If you have questions about the survey or this project, please contact Lindsey Redding, WellFlorida Council, at phone 352-313-6500 ext 110 or by email at lredding@wellflorida.org

A random drawing for 5 prizes (\$25 gift cards) will occur at the close of the survey collection period. If you would like to be entered into the drawing please include your contact information below.

Telephone number or email: _____

Start here if you answered "No" to question 7.

29. I am the primary caregiver of a family member or friend with mental illness or substance abuse issue.

- Yes. Please continue with question 30.
- No. You are not eligible to take this part of the survey. Thank you for your interest in this issue.

30. Based on your experience as a caregiver for a family member or friend with mental illness or substance issues, please respond to the following:

	Yes/Agree	No/Disagree	Don't Know	Not Applicable
Mental illness is a major problem in Hernando County.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse is a major problem in Hernando County.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incarceration of people with mental illness is a problem in Hernando County.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incarceration of people with substance abuse issues is a problem in Hernando County.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In Hernando County there are enough mental health care service providers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In Hernando County there are enough services for people with substance abuse issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wait times are reasonable for scheduling appointments with mental health providers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. The person I care for is able to get the mental health care and services he/she needs when needed.

- Yes. Go to question 33.
- No
- Not applicable. The person I care for does not have mental illness. Go to question 33.

32. If no, why not? Please check all that apply.

- No services available
- No appointments available
- Cost
- Transportation/can't get there
- Child care needed
- Have to work, job demands
- Turned away or denied service
- Other, please list _____

33. The person I care for is able to get the substance abuse treatment services they need when they need them.

- Yes. Go to question 35.
- No
- Not applicable. The person I care for does not have a substance abuse issue. Go to question 35.

34. If no, why not? Please check all that apply.

- No services available
- No appointments available
- Cost
- Transportation/can't get there
- Child care needed
- Have to work, job demands
- Turned away or denied service
- Other, please list _____

35. The person I care for is able to get the medications needed for his/her mental illness.

- Yes. Go to question 37.
- No
- Not applicable. The person I care for does not have mental illness. Go to question 37.

36. If no, why not? Please check all that apply.

- He/she doesn't have or can't get prescription from a doctor
- Cost
- Transportation/can't get to pharmacy
- Other, please list _____

37. The person I care for is able to get the medications needed for his/her substance abuse issue.

- Yes. Go to question 39.
- No
- Not applicable. The person I care for does not have a substance abuse issue. Go to question 39.

38. If no, why not? Please check all that apply.

- He/she doesn't have or can't get prescription from a doctor
- Cost
- Transportation/can't get to pharmacy
- Other, please list _____

39. The person I care for has been in jail or the criminal justice system because of his/her actions or activities while suffering from mental illness.

- Yes
- No. Go to question 41
- Not applicable. The person I care for does not have mental illness. Go to question 42.

40. If yes, please check all that apply.

- He/she was receiving care for mental illness before the charge/arrest.
- He/she continued to receive care for mental illness after the charge/arrest.
- He/she first received care for mental illness while in jail or the criminal justice system.
- Other, please list _____

41. If no, please check all that apply.

- His/her mental health issue is well managed.
- He/she got help for their mental illness on their own and never had legal issues
- Law enforcement was never involved.
- The situations he/she was in because of his/her mental illness didn't call for legal intervention
- Other, please list _____

42. The person I care for has been in jail or the criminal justice system because of a substance abuse issue.

- Yes
- No. Go to Question 44.
- Not applicable. The person I care for does not have a substance abuse issue. Go to question 45.

43. If yes, please check all that apply.

- He/she was receiving care for his/her substance abuse issue prior to the charge/arrest.
- He/she continued to receive care for his/her substance abuse issue after the arrest/release.
- He/she first received care for his/her substance abuse issue while in jail or the criminal justice system.
- Other, please list _____

44. If no, please check all that apply.

- His/her substance abuse issue is well managed.
- He/she got help for his/her substance issue on their own and never had legal issues.
- Law enforcement was never involved in any issue related to his/her substance abuse.
- The situations he/she was in because of substance abuse didn't call for legal intervention.
- The person I care for doesn't have a substance abuse issue.
- Other, please list _____

45. The person I care for is or has been homeless because of substance abuse.

- Yes
- No
- Not applicable. The person I care for does not have a substance abuse issue.

46. The person I care for is or has been homeless because of mental illness.

- Yes
- No
- Not applicable. The person I care for doesn't have mental illness.

47. The person I care for has the resources needed to manage his/her mental illness.

- Yes. Go to question 49.
- No
- Not applicable. The person I care for doesn't have mental illness. Go to question 49.

48. If not, what resources does he/she need? Check all that apply.

- Doctor or health care provider
- Medication
- Health insurance
- Information about his/her mental illness that they can understand.
- Legal aid or lawyer
- Housing and/or food
- Transportation
- Support from family, friends, community
- Other, please list _____

49. The person I care for has the resources needed to manage his/her substance abuse issue.

- Yes. Go to question 51
- No
- Not applicable. The person I care for doesn't have a substance abuse issue. Go to question 51.

50. If not, what resources does he/she need? Check all that apply.

- Doctor or health care provider
- Medication
- Health insurance
- Information about their substance issue that they can understand
- Legal aid or lawyer
- Housing and/or food
- Transportation
- Support from family, friends, community
- Other, please list _____

51. Does the person you care for have health insurance? Please check one.

- Private pay insurance (not through an employer)
- Insurance through employer or family member's employer
- Medicaid
- Medicare
- He/she doesn't have health insurance
- Other, please list _____

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Technical Notes

AMERICAN COMMUNITY SURVEY DATA

The American Community Survey (ACS) data is released in one-year, or five-year estimates depending on what level of data is shown. Traditionally, short forms and long forms were sent out to addresses every 10 years. The American Community Survey was designed to replace the long form and it is now sent to only a sample of the population each year instead of every ten years, so that ongoing estimates may be available. The ACS reports contain estimates, not the official counts. The U.S. Census states that you should not compare 2010 Census numbers to ACS data; they also suggest that you only compare ACS data when the data are different sets of years. Therefore, to compare 2005-2009 ACS data you would not compare it with any other set until the 2010-2014 data is released. Three year estimates have been released in the past but are no longer being released. Individual sets of years of data for the ACS may be compared to each other. Please remember that the ACS data are not the actual count but a sample of the population over the selected time period. For more detailed information on the American Community Survey please refer to <https://www.census.gov/programs-surveys/acs/guidance/comparing-acs-data/2014.html>.

BUSINESSES

Data for business sizes and selected types are shown from the latest County Business Patterns produced from the U.S. Census Bureau.

CRUDE VERSUS AGE-ADJUSTED MORTALITY RATES

Both the crude and the age-adjusted death rates (AADR) are displayed in this report. Crude rates are merely the actual number of deaths for a given cause for a desired population divided by total number in the desired population and then multiplied by 100,000 to get the rate per 100,000 population, while AADR represent crude rates adjusted to standardize the population distribution effects on the rate.

Although useful for certain purposes, the crude death rate as a comparative measure has a major shortcoming. It is a function of the age distribution of the population at risk. For example, the population at risk in one county may be primarily elderly persons ages 65 and older while the population at risk in another county may be primarily of persons ages 40 to 50.. Crude rates are recommended when a summary measure is needed and it is not necessary or desirable to adjust for other factors.

The frequency with which health events occur is almost always related to age. In fact, the relationship of age to risk often dwarfs other important risk factors. For example, acute respiratory infections are more common in children of school age because of their immunologic susceptibility and exposure to other children in schools. Chronic conditions, such as arthritis and atherosclerosis, occur more frequently in older adults because of a variety of physiologic consequences of aging. Mortality rates tend to increase after the age of 40.

Because the occurrence of many health conditions is related to age, the most common adjustment for public health data is age adjustment. The age-adjustment process removes differences in the age composition of two or more populations to allow comparisons between these populations independent of their age structure.

The age-adjusted death rate is a summary measure that eliminates the effect of the underlying Age distribution of the population. The result is a figure that represents the theoretical risk of mortality for a population, if the population had an age distribution identical to that of a standard population. For example, a county's age-adjusted death rate is the weighted average of the age-specific death rates observed in that county, with the weights derived from the age distribution in an external population standard, such as the U.S. Population.

Age-adjustment then allows for the comparison of two distinct populations (for example, Hamilton County versus Florida) which most likely have differing age distributions. The age effects are in essence removed from the rates and the age-adjusted death rate then no longer reflects the actual death rate but is an indicator rate that can be used for relative comparisons.

In the past, the National Center for Health Statistics (NCHS) age-adjusted rates using the US 1940 standard population. Other agencies used the U.S. 1970 Standard. Beginning with 1999 data, federal agencies began age-adjusting to the U.S. 2000 Standard Million Population.

Zip Code level crude and age-adjusted rates are shown in a separate tables and the county rates and Florida rates are shown as well. These data should not be compared to tables that have only county and Florida rates in them. Population sources are different and these rates should not be compared.

EDUCATION

The number of persons by level of school completed is shown as well as graduation and dropout rates.

HOUSEHOLD TYPES

There are various types of households. A household includes all of the people who occupy a housing unit. (People not living in households are classified as living in group quarters.) A housing unit is a house, an apartment, a mobile home, a group of rooms, or a single room occupied (or if vacant, intended for occupancy) as separate living quarters. Separate living quarters are those in which the occupants live separately from any other people in the building and that have a direct access from the outside of the building or through a common hall. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated people who share living quarters.

A family includes a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption. All people in a household who are related to the householder are regarded as members of his or her family. A family household may contain people not related to the householder, but those people are not included as part of the householders family in census tabulations. Thus, the number of family households is equal to the number of families, but family households may include more members than do families. A household can contain only one family for purposes of census tabulations. Not all households contain families since a household may be comprised of a group of unrelated people or of one person living alone. For more detailed explanation please see http://www2.census.gov/programs-surveys/acs/tech_docs/subject_definitions/2014_ACSSubjectDefinitions.pdf

MENTAL HEALTH

Hospitalizations and Emergency Department (ED) Visits are shown for mental health reasons. MSDRGs 876, 880-883, 885-887, 894-897 are used for hospitalizations. ICD 9 Codes 290-316.99 were used in determining mental health reasons to the emergency department. Involuntary Exam Initiations (Baker Act) data is shown as well for the mental health section. Domestic Violence data is also shown.

POVERTY

The U.S. Census Bureau provides poverty estimates through the Small Area Income and Poverty Estimates (SAIPE). Data shown is for all ages in poverty as well as children under age 18. To compare poverty at the Zip Code level, the ACS estimates are shown for various age groups and various levels of poverty.

SMALL AREA HEALTH INSURANCE ESTIMATES

In previous Small Area Health Insurance Estimate (SAHIE) releases, uninsured was defined from the Annual Social And Economic Supplement to the Current Population Survey (CPS ASEC) and the question was for being covered "Some Time During the Past Calendar Year". With the 2008 release from the Census, the CPS ASEC data were replaced with American Community Survey (ACS) data. The ACS health insurance question asks, "Is this person CURRENTLY covered by [specifically stated] health insurance or health coverage plans?" In 2010, the age group 50-64 was added to the various age group breakouts in the SAHIE. The Census does not recommend comparing the 2008 and newer data to previous-year SAHIE estimates.

UNEMPLOYMENT

The latest unemployment monthly and yearly rates are shown for the county. This data is from the Florida Research and Economic Database.

ZCTAS AND ZIP CODES

The United States Census Bureau collects data by United States Postal Service (USPS) zip codes. Based on zip code data the Census Bureau then aggregates Zip Code Tabulation Area (ZCTAs) from addresses contained within each block. This allows the aggregated data to be converted into areal feature datasets (ZCTAs). For complete information, please see <http://www.census.gov/geo/reference/zctas.html>.

Most zip codes in Hernando County correspond to the same ZCTA number from the Census, the differences are post office or unique zip codes. There are two zip codes from surrounding counties that cross into Hernando County that are not shown because of the small percentage of addresses considered to be Hernando County. They are 33523 Dade City (Pasco County) which has approximately 17.3 percent of their zip code addresses in Hernando County. Webster (Pasco County) zip code 33597 has approximately 16.8 percent of their zip code addresses in Hernando County. Since zip codes can cross lines the tables include a Hernando County total number.