



# Florida Substance Abuse and Mental Health Corporation

## REPORT OF THE CHILDREN AND FAMILIES COMMITTEE

Members and Staff: Judge Melanie May, Chair, Marcia Mathes, Ellen Piekalkiewicz, and Amanda Sanford

Members not in attendance: Commissioner Bob Janes, Pat Barton

Attendees: Barbara Butler-Moore, Medicaid; Nancy Regenold, South West Florida Addiction Services; Tracey Felix Thomas, Behavioral Support Services; Amarislys Rivera, Department of Children and Families (DCF); Kathryn Brohl, Children's Home Society Innovations; Cindi Wright, Florida Mental Health Institute (FMHI); Ann Rodriguez, DOE OCPS/Gateway; Madaline Offiner, DOE OCPS – District Safe; Clint Rayner, DCF; Tammi Driver, Advocacy Center; Steve Dalsemer, HSA; Tracy Elmer, SEDNET; Ingrid Figueroa, SAMH (DCF); Shelley Watson, Park Place Behavioral Health Care/NAMI; Khadija Yanni, Health Ease Health Plan; Auguslo Torres, Stay Well/ Well Care; Lucilla Rapale, Department of Juvenile Justice (DJJ), Dr. Shairi Turner, DJJ; Marcea Gillian, DOE Sednet; LaShanda Croussore, SAMH DCF; Lee Clark, Department of Education (DOE); Sue Ross, DCF; Jose R. Rodriguez, Circuit Judge 9<sup>th</sup> Judicial Circuit

The Children and Families Committee met in June by conference call and then in person on August 9 in Orlando. The two main foci of the meeting were budget discussions with the Department of Children and Families and Department of Juvenile Justice (DJJ); and the need for greater coordination between the delivery of substance abuse and mental health services and schools aimed at increasing academic performance of children who have substance abuse issues and/or severe emotional disturbances.

## RECOMMENDATIONS

1. The Committee encourages the Department of Juvenile Justice (DJJ) to fund more prevention services not only to restore the funds lost during the 2001 Session, but to increase the prevention funds over 2001 levels. The Department indicated it is looking at an increase of \$1.2 million for Innovative Neighborhood Accountability Boards, which are family-focused prevention projects funded through grants from the Department.
2. The Committee urges DJJ to review the grant specifications for the prevention grants with an eye to ensuring that the grants have a substance abuse treatment and mental health emphasis.
3. The Committee supports the DJJ's identification of \$700,000 for intervention teams that focus on girls. The girls would not be assigned to a single probation

- officer, but to a team, consisting of a case manager, registered nurse, mental health professional, mentor, and faith coordinator to provide for a more comprehensive treatment plan. The Probation branch has data that shows these female intervention teams have been effective in keeping girls out of residential commitments. DJJ would like to target Tampa Bay and South Florida for these new teams.
4. The Committee supports DJJ's request for \$17 million additional funding for mental health overlay services for residential facilities of which \$11 million would provide overlay services for 940 secure beds and 470 non-secure beds. The request would provide \$35 per day for mental health services in addition to the per diem now received by the facilities. The Committee recommends that DJJ explore maximization of federal Medicaid dollars for these overlay services.
  5. The Committee supports DJJ's request of \$1 million for a half-time nurse in for each of the 29 shelters in the Child in Need of Services and Families in Need of Services (CINS/FINS) program.
  6. The Committee recommends that AHCA and DJJ determine whether it is possible to expand the Family of One definition as the children return to the community under the current state plan. If not, what steps would need to be taken to change the state plan? The Committee requested information from the Agency for Health Care Administration (AHCA) as to when Medicaid eligibility ends (on the day you leave the out-of-home placement or within a thirty-day timeframe).
  7. The Committee recommends that AHCA, DCF and DJJ work together to identify children in the juvenile justice who are not Medicaid eligible when they go in and then target that group to make sure they are connected with Kid Care, Children's Mental Health General Revenue or private insurance.
  8. The Child Welfare League of America has convened an Executive Committee on the link between juvenile justice and child welfare and has asked both Ellen Piekalkiewicz and Judge Melanie May to participate on this Committee. The Committee recommends Corporation participation in this initiative and that the research and data published by the National Institute of Justice be included in the Corporation's annual report.
  9. The Committee recommends that DCF seek funding to support mental health consultation in childcare and early childhood settings. The Committee reviewed the report published by Florida State University (FSU) regarding mental health consultations.
  10. Encourage the Department of Education, local school districts, DCF, and local DCF districts to promote the use of Positive Behavioral Supports (PBS) in the D and F Schools and in school buses. There is also the possibility of doing PBS in juvenile justice settings and in Pre-Kindergarten. Looking at diversion strategies, Positive Behavioral Supports has shown empirical research oriented results that it does keep kids in school and out of the juvenile justice system. PBS is a fully endorsed best practice of the Department of Education and currently is being practiced in over 200 Florida schools. In 2004-2005, there were 26,990 school-related referrals to the Florida Department of Juvenile Justice.
  11. The Committee requested that the Department of Education run Florida specific data on graduation rates for children with serious emotional disorders. The

- Committee reviewed the national data and will be highlighting this data and the Florida specific data in future meetings and include the information in the Corporation's Annual Report.
12. The Committee will continue to bring the various stakeholders together on convergence of education and mental health and substance abuse treatment to develop a common vision particularly around parental involvement and increased academic performance for children with serious emotional disturbances and/or substance abuse issues.
  13. The Committee will also continue to hold discussions on the policy of Zero Tolerance and how that policy is interpreted differently between school districts and between individual schools. Related to this is the critical lack of information that is provided to law enforcement and the courts from a school when a child is arrested from the school grounds. Important information such as the child's behavioral/emotional issues, his cognitive ability, his processing ability and his medical issues are not generally being provided to the arresting officer.

#### OTHER ISSUES/BACKGROUND

1. Last year, between 6,000-7,000 youth, were served by these youth CINS/FINS crisis shelters throughout the state. Many of these kids are runaway and homeless youth, coming off the street with serious medical conditions, who have not had access to or received regular medical checkups or required medical treatment for existing conditions. In recent years, programs have seen an increase in youth coming into the shelters on prescription medications, including psychotropic medications. Last year alone (FY 05-06) approximately 35% of youth who entered the shelter, presented a medical or mental health issue, were taking medication and/or required medical follow-up.
2. The Child Welfare League of America is coordinating an initiative in four states, including Florida and three cities on the integration of the child welfare and the juvenile justice systems. According to the National Institute of Justice, delinquency research shows that childhood abuse is often associated with delinquency and that the early onset of maltreatment may increase the variety, seriousness and duration of problems, including substance abuse and mental health issues. The Initiative is working to mobilize and organize leadership in Florida to promote improved coordination and integration of key youth serving agencies and service providers concerning the youth and families that populate the child welfare and juvenile justice systems.
3. The Committee learned that DJJ and Child Welfare both have Family of One language in the Medicaid State Plan to allow Medicaid eligibility for children in out-of-home care. The Medicaid State Plan defines the child as a Family of One. This is only for the DJJ and Child Welfare settings; it does not apply to mental health settings. Once you leave these settings you must go back to having your families income considered for Medicaid eligibility.
4. The Children's Committee will be providing input for the children's mental health needs assessment (see attachment).

5. The Committee was pleased to learn of DJJ's plan to train Juvenile Probation Officers (JPOs) in a basic substance abuse and mental health curriculum. DJJ wants to give the JPOs the tools to work with the youth on substance abuse and mental health issues in communities where services are lacking.
6. The Florida State Report, entitled, *Mental Health Consultations in Childcare and Early Childhood Settings*, stated that with so many children presenting with significant behavioral issues in the preschool and childcare settings, the need to improve the linkages and responsiveness of the mental health service system is evident. Early childhood mental health consultation has been shown to be an effective response to this need. The FSU report included the following data:
  - Pre-Kindergarten students are expelled at a rate more than three times that of their older peers in grades K to 12.
  - Pre-kindergarten expulsion rates vary by classroom setting.
  - The likelihood of expulsion decreases significantly with access to classroom-based behavioral consultation.
7. The Committee reviewed the following national data regarding the academic performance of children and with serious emotional disorders (SED):

**Academic Outcomes of Students with Serious Emotional Disorders (SED)**  
—Students with SED have lower grades than any other group of students with disabilities.  
—They are retained at grade level more often.  
—High school students with SED have an average grade point average of 1.7 compared to 2.0 for all students with disabilities and 2.6 for all students.  
—44% received one or more failing grades compared to 31% for all students with disabilities.

**Graduation Rates**  
—42% of youth with SED earn a high school diploma as opposed to 50% of all youth with disabilities and 76% of similarly aged youth in the general population.

**School Placement**  
—18% of students with SED are educated outside of their local schools compared to 6% of all students with disabilities.

**School Absenteeism**  
—Students with SED miss more days of school per year (an average of 18 days) than do students in any other disability category.

**Dropout Rates**  
—48% of students with SED drop out of grades 9 through 12 as opposed to 30% of all students with disabilities and only 24% of all high school students.  
—Another 8% of students with disabilities, including students with SED, drop out before grade 9
8. A DOE representative explained to the Committee the Department's vision to transform the system to make it family centered and child focused. DOE is committed to empowering children to be involved in their Individual Academic Plans (IAPs). DOE has a curriculum called Dare to Dream that is designed to assist children in becoming more involved in their IAP. It is DOE's belief that if the children begin making decisions with their IAP, it will be the start of making decisions for their life.