

Orange County Youth Mental Health Commission

Final Report

April 22, 2014



Presentation Outline

- **Commission History & Objectives**
- **Committee Recommendations**
- **Funding Considerations**
- **Next Steps**



Commission History & Objectives



National Statistics*

- Four million children & adolescents suffer from a *serious* mental disorder
 - 21% of children ages 9 to 17 have a diagnosable mental or addictive disorder
 - Only 20% of children with mental disorders are identified and receive mental health services
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- Half of all lifetime cases of mental disorders begin by age 14
 - Suicide is the 3rd leading cause of death in youth ages 15 to 24
 - Approximately 50% of students age 14 and older who are living with a mental illness drop out of high school
 - 65% of boys and 75% of girls in juvenile detention have at least one mental illness





Commission History & Objectives



Orange County Data (2013)

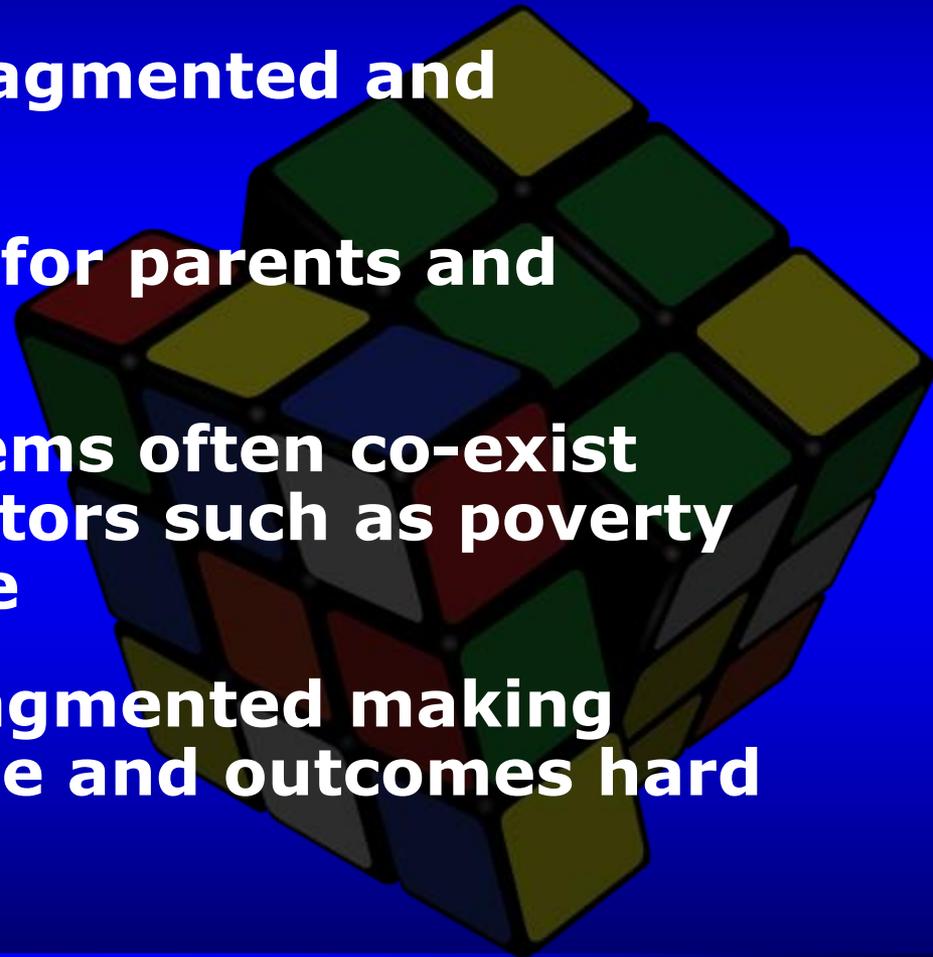
- 2,283 psychiatric hospitalizations ages 0-17
 - 15,273 school suspensions
 - 27 students expelled
 - 1,148 children in child welfare out-of-home care
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- 54 suicides ages 13-24 (2011-2013)
 - 8% of children reported thoughts of suicide
 - 7,520 arrests for children under 17 y/o
 - 2,250 felony arrests
 - 84 children were less than 10 y/o





Commission History & Objectives

- **Current system is fragmented and disjointed**
- **Difficult to navigate for parents and young adults**
- **Mental health problems often co-exist with other social factors such as poverty and substance abuse**
- **Data collection is fragmented making incidence, prevalence and outcomes hard to measure**



Orange County Youth Mental Health Commission established on August 26, 2013

Commission Objectives:

- **Determine state of mental health system for children & youth**
- **Develop effective strategies and initiatives to improve the mental health of children and young adults in Orange County**
- **Identify financial sustainability options for an optimized system of care**
- **Identify attitudes towards youth mental health**

Commission Chairs:

Richard Morrison (Florida Hospital)

The Honorable Belvin Perry, Jr. (Ninth Judicial Circuit)

Commission Members:

- **Polly Anderson (University of Central Florida/WUCF TV)**
- **Maria Bledsoe (Central Florida Cares)**
- **Sara Brady (Sara Brady Public Relations)**
- **William Butler (University of Central Florida)**
- **Dr. Michael Campbell, Ph.D, LCSW (Nemours Children's Hospital)**
- **Glen Casel (Community Based Care of Central Florida)**
- **William D' Aiuto (Florida Department of Children & Families)**
- **The Honorable Jerry Demings (Orange County Sheriff)**
- **Dr. Karen Hofmann (University of Central Florida)**
- **Dr. Barbara Jenkins (Orange County Public Schools)**
- **Muriel Jones (Federation of Families of Central Florida)**
- **Cathy Lake (Florida Department of Juvenile Justice)**
- **Dr. Mike Muszynski (Florida State University)**
- **Duke Woodson (Foley and Lardner)**



Presentation Outline

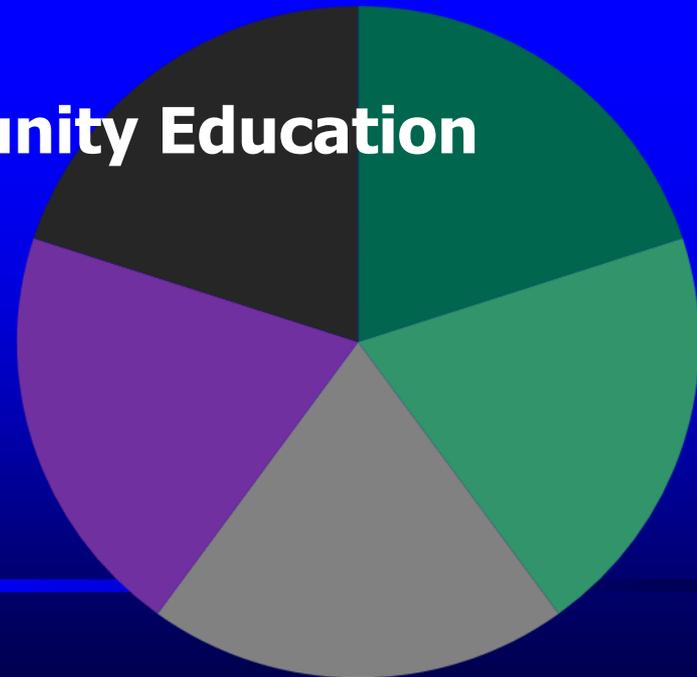
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Committee Recommendations

Committees:

- **Needs Assessment**
- **Systems Design**
- **Public Awareness and Community Education**
- **Impact of Violence**
- **Finance and Sustainability**





Committee Recommendations

Needs Assessment Committee

Objectives

- Identify current and future needs for mental health services
- Identify the difference between true mental illness and behavioral issues affecting Orange County children and youth
- Identify the incidence of mental health issues across different social & demographic variables
- Establish metrics to accurately assess progress in both treatment and prevention



Committee Recommendations

Needs Assessment Committee

Conclusions:

- Current system design lacks effective coordination
- Current financial model lacks incentives for innovation or evidence based practices
- Families receive the wrong mix of services due to restrictive service array
- System complex and difficult to navigate
- Prevention and intervention resources are inadequate
- System lacks accountability



Committee Recommendations

Needs Assessment Committee

Recommendations:

- Develop a Management Network
- Ensure alignment of different initiatives & programs
 - Children’s Summit, Alliance Board, etc.
- Establish a system to collect data at the individual, family and community level
- Create a Community Dashboard to monitor progress towards “Desired Outcomes”





Committee Recommendations

Needs Assessment Committee

Recommendations (cont.):

- Define the “**Desired Outcomes**” as:
 - **Decrease child arrests for ages 5-10**
 - **Reduce school suspensions, expulsions & removal from VPK**
 - **Reduce child welfare out-of-home placements**
 - **Reduce psychiatric hospitalizations and readmissions**
 - **Reduce the incidence of suicide for children & youth under 24**
 - **Increase family/youth resiliency and involvement**
 - **Reduce Homelessness for transition age youth**
 - **Reduce/eliminate stigma**
 - **Reinvest cost savings into the overall system of care**





Committee Recommendations

System Design Committee

Objectives:

- Develop a comprehensive model to address youth mental health issues
- Identify the gap between a newly envisioned model and the current structure in Orange County
- Recommend an implementation strategy to migrate the current system to an optimized system of care





Committee Recommendations

System Design Committee

Conclusions:

- Youth Mental Health services should be based on a “System of Care” model
- Orange County partners have the resources, initiative and experience to build an evidence based, family driven service delivery system
- Implementation should occur swiftly and involve leadership from Orange County Government





Committee Recommendations

System Design Committee

Recommendations:

- Develop a single entity Management Network
- Expand the System of Care model to ages 0-24
- Develop Behavioral Health Navigation services
- Expand Service Array to include:
 - Single point of entry 24/7 access
 - Mobile Crisis Response
 - Children's Community Action Teams (CAT)



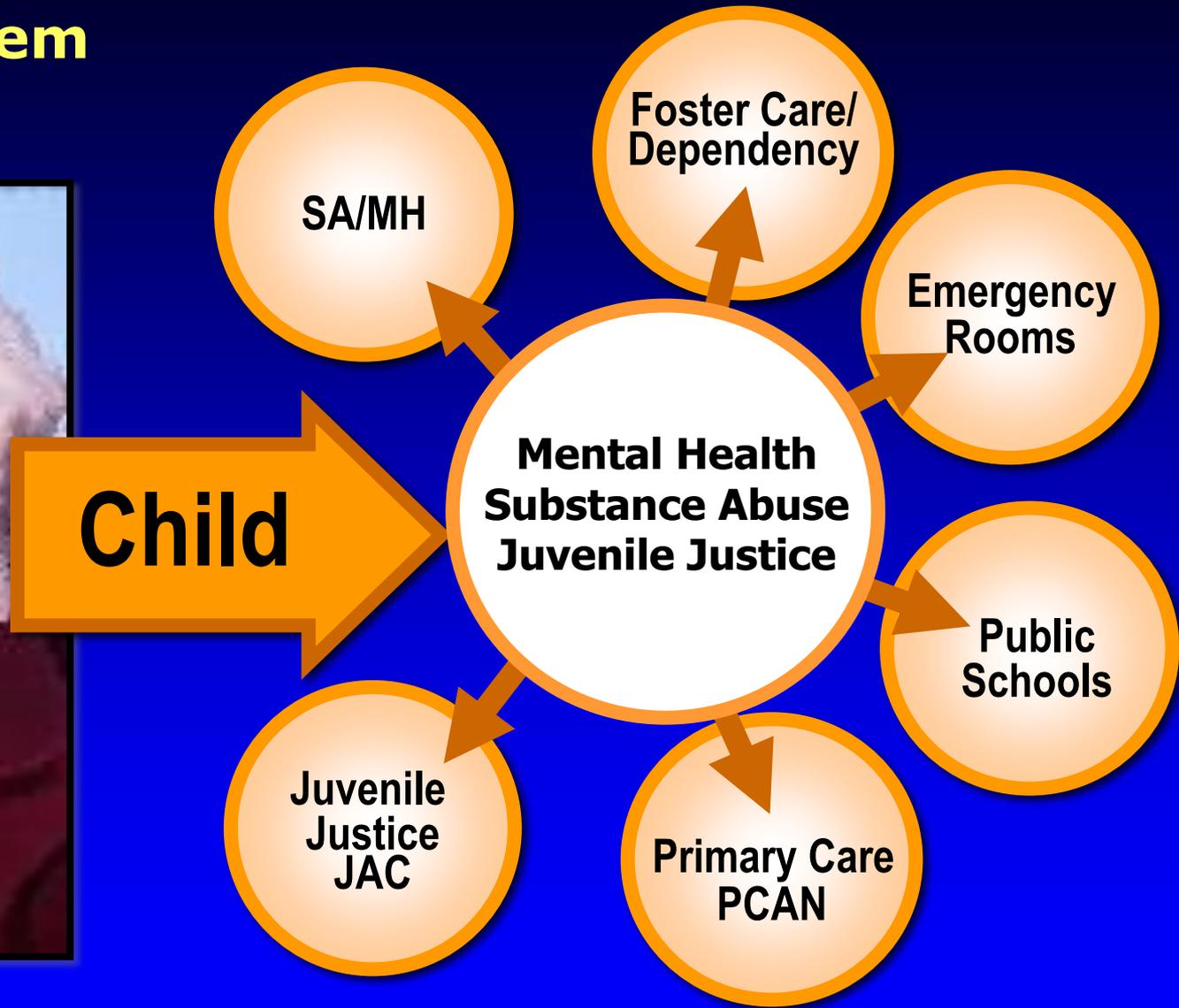
Committee Recommendations

System Design Committee

Recommendations (cont.):

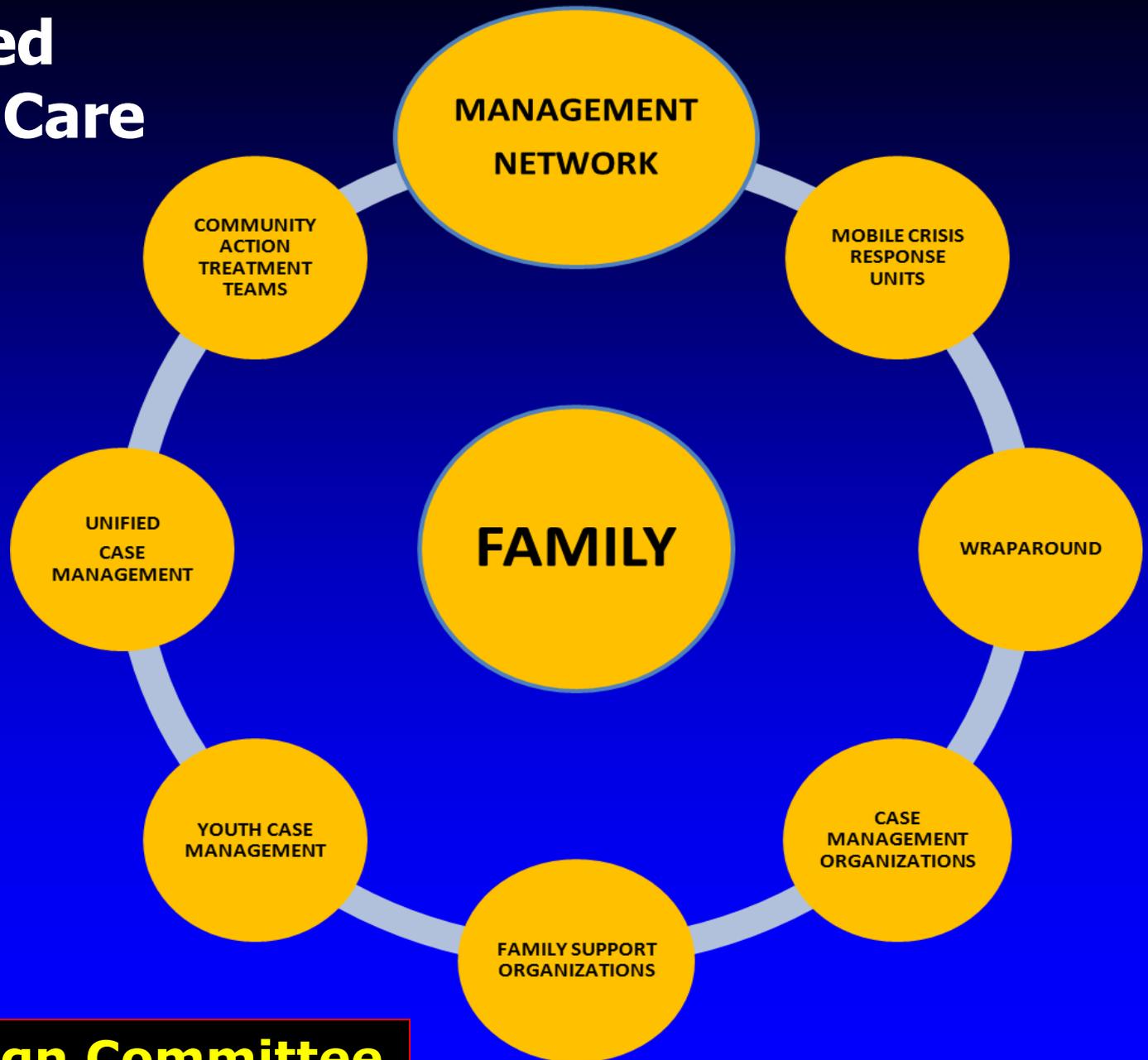
- Support the development of prenatal and early childhood services to address the 0-5 age range
 - Parent hotline, community education programs, etc.
 - Develop protocols to help children under age 5 who have sustained psychological trauma
- Use common referral and assessment tools linked to robust on-line database
- Establish an Implementation Team comprised of policy/decision makers and stakeholders

Existing System



System Design Committee

Proposed System of Care



System Design Committee



Committee Recommendations

Impact of Violence Committee

Objectives:

- Identify the current research on the impact of violence on the youth mental health and behavior
- Develop an estimate of the number of youth at risk
- Recommend strategies to assure youth at risk are served by the optimized system of care proposed by the System Design Committee





Committee Recommendations

Impact of Violence Committee

Recommendations:

- All pregnant women should be screened for intimate partner violence:
 - HITS tool & Healthy Families screening assessment
- All children exposed to violence/abuse in the home or in the community should be referred for services
- Children who are bullied should have access to counseling and understand legal recourse to end abuse





Committee Recommendations

Impact of Violence Committee

Recommendations (cont.):

- State laws should be reviewed to assure greater accountability of bullies
- Expand post-graduate training options for providers interested in child trauma specialization
- Create a referral list of qualified providers by expertise, costs and clients served
- Implement a 24 hour hotline staffed by therapists who can refer families to the right mental health resource





Committee Recommendations

Public Awareness & Community Education Committee

Objectives:

- Develop a communication plan that will result in an increase in awareness of youth mental health issues
- Develop a survey to determine awareness of, and attitude towards, youth mental health issues
- Develop a specific communications plan and strategy to address the stigma surrounding mental health issues





Committee Recommendations

Public Awareness & Community Education Committee

Conclusions:

- The stigma associated with youth mental illness has been amplified in recent years by widespread media coverage of tragic events
- Current national conversation about mental illness may assist in quelling fears about mental illness
- Orange County needs a call to action to inspire community engagement in addressing stigma
- Reducing stigma will be helped by open communication and shared information





Committee Recommendations

Public Awareness & Community Education Committee

Recommendations:

- Conduct public opinion survey to gauge local awareness and attitudes toward mental health & behavioral issues
- Develop and share clear and consistent messaging that shows mental illness can be successfully managed
 - Ensure relevancy across multiple audiences
- Identify examples of families managing successfully and engage them in validating key messages
- Rollout initiative in public forum to raise awareness



Committee Recommendations

Finance & Sustainability Committee

Objectives:

- Develop a strategy to establish financial sustainability for youth mental health in Orange County
- Provide a current estimate of resources available for youth mental health including prevention, early identification and treatment
- Identify the gaps in resources, both financial and human, to implement the proposed changes recommended by the Systems Design Committee



Committee Recommendations

Finance & Sustainability Committee

Recommendations:

- Establish an organizational structure for strategic planning and funding decisions
- Evaluate use of funds based on system needs
- Establish a Board as a permanent entity supported by Orange County Government
- Work towards a blended/braided funding model and pursue long term funding options
- Align services to complement and work in conjunction with each other



Committee Recommendations

Recurring Themes

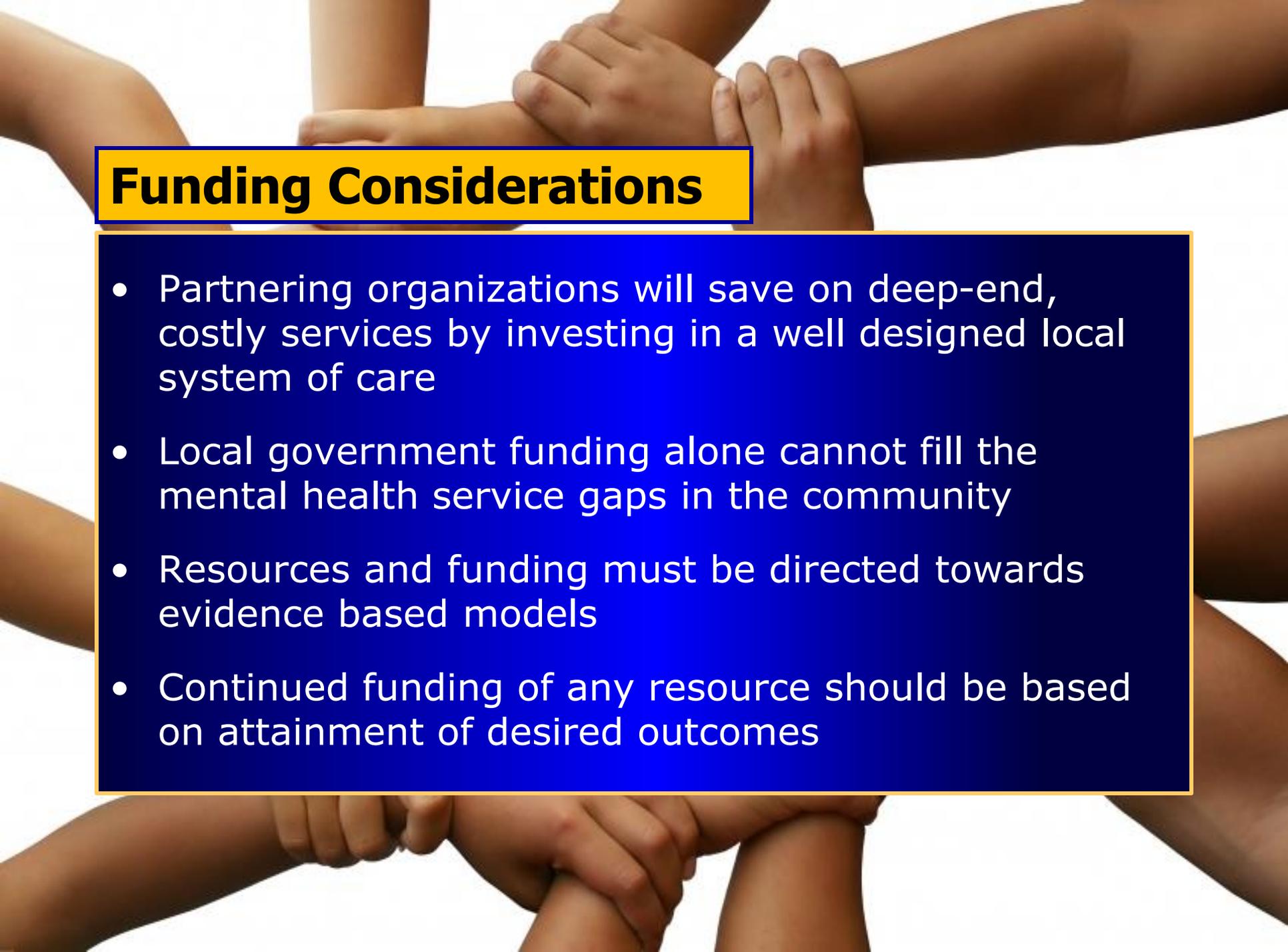
- Improve system design and coordination
 - Build on “Systems of Care” model
- Improve system accountability and incentivize achievement of desired outcomes
- Minimize the complexity of system navigation
- Support expansion of the proper array of services
- Identify gaps and work together to effectively minimize them
- Expand services to address needs up to age 24





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Funding Considerations

- Partnering organizations will save on deep-end, costly services by investing in a well designed local system of care
- Local government funding alone cannot fill the mental health service gaps in the community
- Resources and funding must be directed towards evidence based models
- Continued funding of any resource should be based on attainment of desired outcomes

Recommendations with Significant Associated Costs*:

- | | |
|---|------------|
| • Sustain current “Wraparound Orange System of Care” model | \$ 700,000 |
| • 24 Hour Hotline and Mental Health Navigation services | \$ 400,000 |
| • Management Information System & Community Dashboard to monitor progress | \$ 70,000 |
| • Mobile Crisis Response unit | \$ 900,000 |
| • Children’s Community Action Team (CAT) | \$ 750,000 |
| • Prenatal and early childhood services | TBD |
| • Implementation Team support | \$ 200,000 |
| • Anti-stigma Campaign | TBD |

* *Estimated annual costs*



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Next Steps

- Develop the Implementation Team
- Secure funding partnerships for immediate needs
 - Mobile Crisis Response
 - Anti-stigma campaign
 - 24 hour Hotline and Navigation
 - Prenatal & Early Childhood services
 - Common database and Management Information System





Next Steps

Leverage Federal & State funds to meet goals:

- **Crisis Intervention Team-Y** (CJMHSA Reinvestment Grant)
 - Youth focused training for Law Enforcement
- **Wraparound Expansion** (CJMHSA Reinvestment Grant)
 - Expands services to 13-14 year old children
- **Children's Community Action Team** (2014 Legislation)
 - \$ 750,000 of funding being considered by the legislature
- **Mental Health First Aid** (2014 Legislation)
 - \$ 30,000 for community based training that will enhance MH awareness and competency amongst the general public



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