Presentation Outline

• Commission History & Objectives
• Committee Recommendations
• Funding Considerations
• Next Steps
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

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

*National Alliance on Mental Illness; http://www.nami.org/*
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

- 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
• 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)
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Committee Recommendations

Committees:

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

Child

Mental Health
Substance Abuse
Juvenile Justice

SA/MH

Foster Care/
Dependency

Emergency Rooms

Public Schools

Juvenile Justice
JAC

Primary Care
PCAN

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
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
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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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
Orange County Youth Mental Health Commission

Final Report

April 22, 2014