



Charlie Crist, Governor George H. Sheldon, Secretary

Gabriel Myers Work Group February 17, 2010

Florida's Mental Health System of Care for Children

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Mission: Protect the Vulnerable, Promote Strong and Economically Self- Sufficient Families, and Advance Personal and Family Recovery and Resiliency.



Overview of Presentation

- Guiding Principles
- Priority Populations
- Structure
- Access to Services and Supports
- Funding Sources
- Children's Mental Health Services
- Services for Victims of Sexual Abuse



Guiding Principles (Ch. 394)

- Child and Family centered
- Families as active participants
- Community-based
- Accessible
- Individualized
- Early identification
- Least restrictive environment
- Integrated
- Coordinated
- Outcome based
- Culturally Competent



Priority Populations (Ch. 394.674)

- 1. <u>At risk of emotional disturbance</u> as defined in s. 394.492(4)
 - Child or adolescent who has an increased likelihood of becoming emotionally disturbed because of risk factors that include, but are not limited to:
 - (a) Being homeless
 - (b) Having a family history of mental illness
 - (c) Being physically or sexually abused or neglected
 - (d) Abusing alcohol or other substances
 - (e) Being infected with human immunodeficiency virus (HIV)
 - (f) Having a chronic and serious physical illness
 - (g) Having been exposed to domestic violence
 - (h) Having multiple out-of-home placements



Priority Populations (Ch. 394.674)

- 2. Children who have an <u>emotional disturbance</u> as defined in s. 394.492(5):
- The child is diagnosed with a mental, emotional, or behavioral disorder of sufficient duration to meet one of the diagnostic categories specified in the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association, but who does not exhibit behaviors that substantially interfere with or limit his or her role or ability to function in the family, school, or community.
- The emotional disturbance must not be considered to be a temporary response to a stressful situation.
- The term does not include a child or adolescent who meets the criteria for involuntary placement under s. 394.467(1).



Priority Populations (Ch. 394.674)

Children who have a <u>serious emotional disturbance</u> as defined in s. 394.492(6).

(a) Is diagnosed as having a mental, emotional, or behavioral disorder that meets one of the diagnostic categories specified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association and

(b) Exhibits behaviors that substantially interfere with or limit his or her role or ability to function in the family, school, or community, which behaviors are not considered to be a temporary response to a stressful situation.

4. Children diagnosed as having a <u>co-occurring substance abuse and</u> <u>emotional disturbance or serious emotional disturbance</u>.



Structure

Children's Mental Health Program Office

The central office for Children's Mental Health is responsible for:

- statewide planning and program development
- providing leadership for and to be supportive of the circuit staff
- coordinating with other department program offices and child serving agencies
- managing the Juvenile Incompetent to Proceed (JITP) Program and the Behavioral Health Network (BNet)



Structure

Circuit Children's Mental Health Specialists

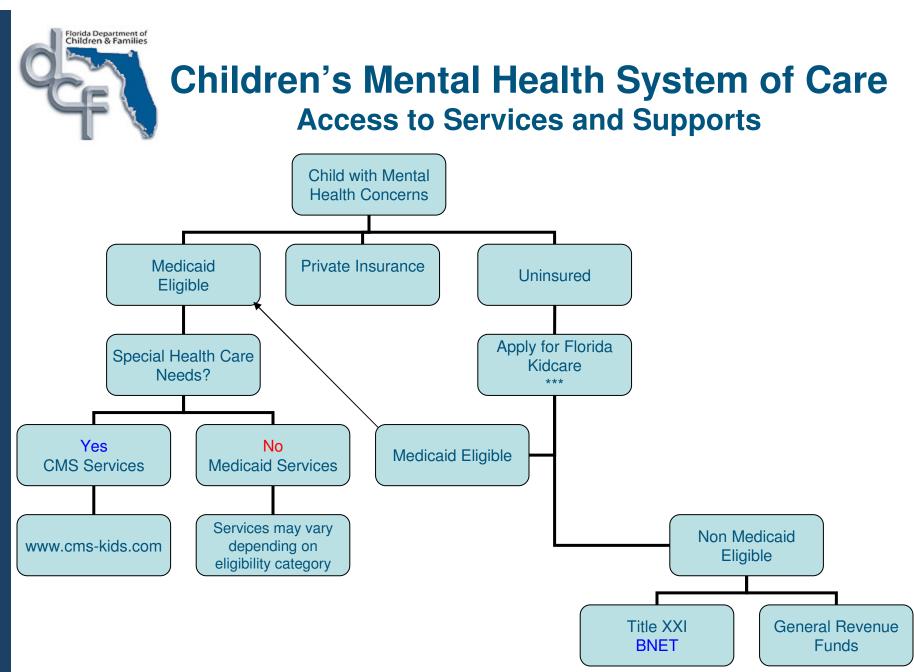
Within each circuit office there is at least one position with primary responsibility for children's mental health services. They:

- assist with the negotiation and monitoring of service contracts
- work collaboratively with partner agencies and programs, such as the schools, Family Safety and Preservation, and Juvenile Justice to coordinate services and the local system of care
- provide information to families and communities within the district about programs and services for children diagnosed with mental health issues



Structure

- Children's Mental Health/DCF contracts with private providers for an array of community-based and residential mental health treatment services for non-Medicaid eligible children and youth
- Public and private treatment providers provide an array of community-based and residential mental health treatment services to Medicaid eligible children and youth
- The Child Welfare Prepaid Mental Health Plan serves children with an open child welfare case, except in AHCA areas 1 (Escambia, Okaloosa, Santa Rose, Walton), 6 (Hardee, Highlands, Manatee, Polk) and Broward County





Funding Sources

- Children's Mental Health (Department of Children and Families)
 - General Revenue -- state
 - Community Mental Health Block Grant Federal
- Insurance
 - Private/Company
 - Florida Healthy Kids/Behavioral Health Network
 - Medicaid (Agency for Health Care Administration)
- Secondary Funding Sources
 - Dept. of Education
 - Dept. of Juvenile Justice
 - Dept. of Health
 - Local governments are secondary funding sources for mental health services and supports.



Major Initiatives in Children's Mental Health

- **1997** = Prepaid Mental Health Plan Pilots in AHCA Areas 1 & 6
- **1999** = Comprehensive Behavioral Health Assessment (CBHAs)
- **2000** = Behavioral Health Overlay Services (BHOS)
- **2002** = Specialized Inpatient Psychiatric Program (SIPP)
- **2002** = Single Point of Access to assist child welfare staff to with assessments and service referrals
- **2005** = Child Welfare Mental Health Prepaid Plan , per 409.912 (b) 8, F.S.



Children's Mental Health Services

Community-Based Mental Health Treatment

- Assessment
- Case Management
- Crisis Support/ Emergency Services
- In-home and On-Site Services
 - therapy and behavioral services provided to children and youth in their home, community, school and work place
- Outpatient Treatment/Outpatient Medical
 - individual, group or family therapy by mental health professionals, including psychiatrists, psychologists, and mental health counselors This may include medication administration and monitoring
- Respite Services



Children's Mental Health Services

Residential Mental Health Treatment

- Residential treatment and Statewide Inpatient Psychiatric Program (SIPP)/Medicaid
- Therapeutic Group Home and Therapeutic Group Care/Medicaid
- Therapeutic Foster Home and Specialized Therapeutic Foster Care/Medicaid



Services for Victims of Sexual Abuse Community Mental Health Services

- Assessments and Treatment Services for Sexual Abuse Victims
 - Most Circuits have contracts with local community mental health providers who have expertise in treating children who have been sexually abused.
 - Contracts provide for assessment and treatment
- Assessments and Treatment Services for Children with Sexual Behavior Problems
 - Most Circuits have contracts with local community mental health providers to obtain assessment and treatment services for children who are sexually reactive
 - These children are those with sexual behavior problems that have not been charged as a sexual offender



Services for Victims of Sexual Abuse Residential Mental Health Treatment

- Children and youth receiving residential mental health treatment services often have a history of complex trauma, including sexual abuse and other risk factors that impact their sexual development and behavior
- The following residential mental health treatment placements provide specialized treatment for children and youth with sexual behavior problems:
 - ✓ University Behavioral Center
 - ✓ Sandy Pines
 - ✓ Manatee Palms



Services for Victims of Sexual Abuse Residential Mental Health Treatment

These providers use the following treatment approaches:

- Admission assessments: trauma, past abuse and it's impacts child's response to others
- Evidenced based treatment interventions (TF-CBT, CBT, DBT, Behavioral therapy, expressive therapies)
- Use curriculum models (Pathways and Roadmaps to Recovery) specific to child's needs



Services for Victims of Sexual Abuse

Challenges

- keeping children in or returning them home when there was a child on child incident
- services for the entire family
- locating therapists that specialize in assessment and treatment
- lack of services in some areas
- underutilization of uniform assessment tools (lack of knowledge of good tools)
- Limited understanding of sexual behavior problems (what is typical, reaction to trauma, safety risk to others, etc.)



Questions and Answers