

Florida Substance Abuse and Mental Health Corporation
Amelia Island Plantation
6800 First Coast Hwy
Amelia Island, FL 32034
September 6, 2006

Board Members:

David Miller, Joseph George, Rocky Rodriguez, Larry Hart, Melanie May, William Mellan, Ted Serbousek, Christine Cauffield, Marcia Mathes, Bob Janes, Darcy Abbott, Pat Robinson, Clint Rayner, Lucy Hadi,

Participants:

Gordon Bass, Director of Department of Corrections, Judge Lott, Neil McGuery, Maureen Olson, DC; George Sapp, Michael, Dean Aufderheide, Department of Corrections (DC); Ken DeCerchio, Department of Children and Families (DCF); Secretary James McDonough, DC; Angela Vickers, Mental Health Advocate; Mark Fontaine, Florida Juvenile Justice Association; John Daigle FADAA, Gayla Sumner, Department of Juvenile Justice (DJJ); Darryl Olson, Harvey Landness, Gulf Coast Jewish Family Service; Denise Miller, GCJFS; Minerva Bryant, River Region Human Services; Dick Warfal, DCF; Rod Hall, DCF; Kate Lyon, Florida Council; Mike Mathes, NAMI; Julie Shaw, Governor's ADA Working Group; Jo Heller, Statewide Mental Health Advocate; Wayne , Katherine Dutton-Mitchel, Advocacy Center; Mike Cusick, Florida Coalition for Children; Judge Speiser; Michelle Saunders, Florida Partners in Crisis; Representative Bean, Carl Woodle, Under Sheriff of Nass County, Senator Wise; Wayne McDonnell, NAMI; Heather Yarmans, Florida Association of Counties (FAC); Amanda Ghaffari, FAC; Andrew Benard, Office of Drug Control; Captain Mike Sutton, Nassau County Sheriff's Office; Derya Williams, River Region;

Staff:

Ellen Piekalkiewicz, Executive Director; Amanda Sanford, Policy Assistant

1. Call to Order
Mr. Miller called the meeting to order at 9:46 a.m.
Mr. Miller informed the Board and attendees about the vacant appointments on the board, one that will be filled by the Speaker of the House and the other by the President of the Senate. Mr. Miller noted that the next board meeting will be held in Fort Lauderdale, December 5-6, 2006.
2. Treasurer's Report
Mr. Rodriguez discussed the 2006 – 2007 Approved Budget with Federal Funds.
Mr. Rodriguez went over the 2007- 2008 Proposed Budget with Federal Funds.
3. Minutes
Mr. Rodriguez moved to approve the June 8-9, 2006 minutes. Mr. George seconded the motion. The minutes were approved.

4. **Legislative Report/Executive Report**

Ms. Piekalkiewicz discussed the Idea Raiser workshops and 5000 friends. Ms. Piekalkiewicz gave an update on Parity and the letter the Corporation sent to Representative Benson. Ms. Piekalkiewicz noted that the Corporation and Florida Association of Counties had a conference call regarding how the Corporation could engage counties and have substance abuse and mental health as one of their top five issues they support. FAC recommended that the Corporation come with specific legislative proposals and have the board members work with local levels as well. FAC would like the Corporation to come up with concrete recommendations. Judge May suggested that Pat Barton put a strategic plan on how to move forward with FAC. Ms. Abbott stated regarding the Robert Wood Johnson and the match program that they are preliminarily getting it together and that she would have information by January for the Corporation. Ms. Piekalkiewicz noted that October 20, 2006 there will be a training workshop scheduled. Ms. Piekalkiewicz stated that a Representative from the Annapolis Coalition will facilitate the training focusing on workforce development issues. Ms. Piekalkiewicz stated that she hoped to have a report published on this meeting for the Corporation's Annual Report. Ms. Piekalkiewicz went over the Executive Summary on the Criminal Justice/Mental Health Consensus Project coordinated by the Council of State Governments. Ms. Piekalkiewicz went over the letters that were sent out last quarter.

5. **Roundtable discussion on Criminal Justice**

Judge May noted that it was special to have representatives from the legislative, Executive and Judicial branches and stated that it was a long time in coming together. Judge May also noted the consumers and advocates in attendance and expressed how important it was to have them participate. The Corporation tries to facilitate the joining of these groups so that we can collectively come to solutions and make recommendations that can be acted upon. Judge May asked to keep in mind the following during the discussion: Co-occurring and the Call to Action to address the issue of substance abuse and mental health as it affects the various people that DOC and DJJ work with. In this regard there are several areas the roundtable will be discussing: 1. The diversion of offenders with substance abuse, mental health and co-occurring disorders from criminal and juvenile justice systems. There has been a deinstitutionalization of mental health in particular and Judge May expressed that we have actually created a re-institutionalization of people. Florida needs to be aware of what has been transformed, we do not keep people out of institutions we just put them in a different institution with a different name with the same kinds of problems and most of these institutions are not equipped to deal with the issues that have gotten these individuals into the correction/juvenile justice systems. 2. The roundtable needs to look at the effective handling of offenders with substance abuse, mental health and co-occurring disorders within those systems in particular with the transformation of re-entry of those individuals back into the communities. 3. Jails and prisons are becoming substance abuse and mental health treatment programs verses the

traditional systems that Florida used to have. 4. Cost effectiveness verses cost avoidance 5. Difference between state and local costs 6. Statutory changes – Is there legislation needed?

The Forensic Mental Health Crisis

Lucy Hadi, Secretary, Department of Children and Families

Secretary Hadi's presentation covered the following:

- Up to 700,000 (6%) of the 11.4 million adults booked into U.S. jails each year have active symptoms of serious mental illness. (The National GAINS Center)
- At any given time, 19-23% of Florida's adult criminal justice populations are persons with a mental illness.

DCF's Role:

- Provide assessment, evaluation, and treatment to adults adjudicated incompetent to proceed pursuant to Chapter 916, F.S., including :
 - Secure residential treatment,
 - Community and facility-based competency restoration training, and
 - Step-down and community-based services to persons conditionally released.
- Provide assessment, evaluation, and treatment to juveniles adjudicated incompetent to proceed pursuant to Chapter 985, F.S., including:
 - Secure residential treatment,
 - Community and facility-based competency restoration training, and
 - Community-based early intervention and diversion services.

Current Forensic Capacity:

- 1329 total beds for adults (917 secure and 412 step-down)
- 158 total treatment slots for juveniles (48 secure beds and 110 outpatient slots in the community)
- 580 beds at the Florida Civil Commitment Center for sexually violent predators

Current Forensic Demand:

Adult Forensic Commitments:

- 309 individuals are awaiting admission from jails, with 244 waiting over 15 days.
- Commitments have increased by 72% since FY 98-99
- In FY 05-06 commitments increased 16%
- 84 persons in committed status are waiting to return to Courts for disposition

Juvenile Commitments:

- 6 juveniles are waiting placement in the secure juvenile Incompetent to Proceed treatment program at Twin Oaks Juvenile Forensic Center located in Bristol.
- 20 juveniles are waiting to receive community competency restoration training. During the past year, the average number on the waiting list was 56.

Action Taken

- Since 1999, converted 412 civil commitment beds to forensic step-down beds.

- Increased secure forensic mental health treatment facility beds by a total of 57 since 2001.
- 2006 Legislature appropriated \$6.8 million to open 24 secure forensic beds and 60 additional civil step-down beds opening October 1, 2006.
- With DOC and DJJ, applied for Bureau of Justice Assistance's State planning grant.
- Interagency agreement with DOC to address transition of inmates with severe and persistent mental illness leaving correctional facilities at end of sentence.
- Interagency agreement with DJJ to focus on timely provision of prevention, early intervention, crisis and aftercare planning.

Priorities for FY 07-08:

Adults:

- Reduce incarceration of persons with mental illnesses through: 8 Recovery Enhancement Teams and Mental Health Criminal Justice Community Grant Award Program
- Establish at least 90 new community residential beds
- Add 30 forensic step-down beds and 38 secure forensic beds

Juveniles:

- Community strategies for juveniles currently at risk of placement in a residential treatment facility or juvenile justice facility.
- Provide wrap-around services to keep youngsters in their family homes.

James McDonough, Secretary of the Department of Corrections

Secretary McDonough's presentation covered the following:

How it looks inside DOC in regards to mental illness and the system at large

- 15 -16 thousand inmates diagnosed with a mental illness
- 10% inmates are on psychotropic medications (48% female inmates)
- Two things that can be done -psychotropics and behavioral modification (not effective)
- 30,000 inmates are release each year
- 15-16% being release have a diagnosed mental illness – 66% will return to prison or jail within three years
- Loss of Social Security when enter prison

System at Large

- Not DOC's intent to create a modelthe solution is not to improve mental illness treatment in prison
- Demographics – middle of 1970's the United States had half a million people in mental health centers and 5 thousand mentally ill in prisons – Today we have 600,000 mentally ill in prisons and jails and 5,000 in the nation in mental health centers.
- If we organize we can drawl down \$25 million in federal funding
- Florida needs to revamp the system (state, courts, mental health community, counties, communities)
- Overcoming Stigma alone will be a major step up – Need for a culture change

Darrell Olsen, Department of Juvenile Justice

- Demographics of Youth Entering DJJ System – 52% Caucasian, 46.5% African-American, 1% other
- Trend – The % of youth referred for delinquency who are female has grown from 24% to 30% since the early 1990's
- Age of first offense-7.3% Over 16 years old; 11.4% 16 years old; 15.3% 15 years old; 34.9% 13 to 14 years old; 31.1% 12 and under
- Reported Past Use of Alcohol (based on PACT data November 2005-August 2006)32.3% use of alcohol, 67.7% no use of alcohol
- Reported Past Use of Drugs (based on PACT data November 2005-August 2006) – 46.4% past use, 53.6% no past use
- History of Mental Health Problems – the 15% that have a mental health history – based on clinical assessments – not a juvenile justice provider
- Prevalence of Mental Disorder and Substance Abuse Among Juvenile Offenders
 - Research indicates: 2/3 of male juvenile delinquents and 3/4 of female juvenile delinquents have at least one psychiatric disorder (Archives of General Psychiatry, 2002)
The DJJ Juvenile Offenders in Need of Specialized Services Survey (1999) indicates:
 - 49% of youths in DJJ programs had a diagnosed DSM-IV mental disorder and an additional 14% demonstrated behaviors which suggested a mental health problem.
 - 35% of the youths had a diagnosed DSM-IV substance-related disorder and an additional 30% demonstrated behaviors which suggested a substance abuse problem.
- Trend - The number of juvenile cases transferred to adult court in Florida has declined substantially in recent years
- Juvenile Cases Transferred to Adult Court in Florida (1975-76 through 2004-05)
- Juvenile Cases Reported transferred to Adult Court in Florida (by gender from 1982-83 to 2004-05)
- Juvenile Cases Transferred to Adult Court in Florida: Black/White/Hispanic (1982-83 to 2004-05)
- 2004-2005 Juvenile Transfers to Adult Court by Race and Gender
- Trend – The proportion of black youth at every stage of the juvenile justice system substantially exceeds their representation in the population of youth 10-17 years of age
- Representation of Hispanics, Blacks and Whites 2004-2005 – 10-17 Population, Secure Detention, Probation, Commitment, Adult Court

Roundtable Discussion

The roundtable participants discussed criminal justice and the mentally ill and came up with the following ideas, solutions and barriers:

Ideas/Solutions

- Mental Health Courts and Peer Coordinators
- Expanded use of Marchman Act
- Therapeutic Communities
- Reinstatements of Benefits
- Early Identification and Prevention
- Pre-trial Diversion
- Greater Coordinative MR/DD
- Peer Specialists
- Therapeutic Foster Homes for Adults
- Computer Data recording system for continuity of care
- Increased and effective Assessment Center
- Police Training (CIT)
- Judicial Training
- Public/Private Partnerships i.e. Electric Bills
- Don't forget Council State Governments
- Increase Public Education
- Better linkage with Education
- Better Coordination and Collaboration among multiple state agencies
- Expand local community services
- Need for consistency

Barriers

- Lack of Housing
- Lack of Transportation
- Lack of Funding for Medications
- Lack of Comprehensive Crisis Services in the Community
- Loss of Benefits or suspension of benefits
- Lack of Access to mental health treatment services
- Stigma
- Lack of Training and employment
- Lack of Co-Occurring Services

Judge May stated that in summing the discussion up there are three areas that need to be looked at: 1. How to keep the mentally ill out of the system 2. How to best deal with individuals once in the system 3. How to best transition them out of the system. The Select Committee will be focusing on these areas. Judge May moved in support of DCF, DJJ and DOC to work collaboratively on a legislative budget request addressing the substance abuse and mental health issues that were discussed during the roundtable discussion. Mr. Rodriguez seconded the motion. The motion was approved. Judge May thanked everyone who participated in the discussion.

6. **Children & Families Committee Report** Judge Melanie May, Chairwoman

Judge May reviewed the Report of the Children and Families Committee and reviewed the recommendations made within the report. (See Attached) Ms. Piekalkiewicz pointed out that FMHI is conducting a Children's Mental Health Needs Assessment.

7. **Overview of Budget Priorities**

John Daigle, Florida Alcohol and Drug Abuse Association

Mr. Daigle provided the Corporation with the Florida Alcohol and Drug Abuse Association's Legislative Budget priorities for the 2007-2008 fiscal year. Mr. Daigle stated that FADAA recommends that for FY 2007-2008, the Florida legislature appropriate \$25 million to begin to move towards fair and adequate service reimbursement rates. Mr. Daigle stated that these funds would improve staff recruiting and retention efforts and have a positive impact on quality of care provided in Florida's communities. It was suggested by both Mr. Serbousek and Mr. Hart that an annual cola adjustment be put into place along with this request.

8. **Overview of Budget Priorities**

Mark Fontaine, Florida Juvenile Justice Association

Mr. Fontaine informed the Corporation of the concerns and issues that the Florida Juvenile Justice Association has. Mr. Fontaine stated that the Florida Juvenile Justice Association recommended to the Legislature last year that they needed \$100 million to fix the hole in order for the Juvenile Justice system to work the way it needs to. The Legislature gave them \$33 million and at the end of the budget they ended up with \$21 million. This year they are going to request \$33 million to continue to fix this hole. Once the hole gets fixed, then cost of living adjustments need to be worked on. It would take \$17 million to fund mental health and substance abuse services on every bed in Florida. The Department has developed concept papers on this need. Policy Issues- Florida needs to look at ways to make local treatment available. Transferring kids back into the community is a problem and there is need to work with AHCA to see what can be done to make the engagement and connection before they get back into the community. Mr. Fontaine noted the need for Psychiatric facilities.

9. **Adjournment**

Mr. Miller adjourned the meeting at 5:30 p.m.

**Florida Substance Abuse and Mental Health Corporation
Amelia Island Plantation
6800 First Coast Hwy
Amelia Island, FL 32034
September 7, 2006**

1. **Call to Order**

Mr. Miller called the meeting to order at 9:05 a.m.

2. **AHCA Update**

Darcy Abbott, AHCA Administrator

Ms. Abbott's discussed the following:

- Medicaid
 - Prepaid Plan
 - Prepaid Mental Health Plans in areas 2,3 and 4 should begin in October, currently AHCA is doing readiness reviews
 - Prepaid Mental Health Plans in Area 8 will begin in November
 - Prepaid Mental Health Plan in Area 9 is under protest – unknown when protest will be resolved
 - Child Welfare Prepaid Plan – was awarded to the Community-based Care Partnership will begin January 1st in all areas except 1 and 6
 - Target Case Management
 - Targeted Case Management – training curriculum with DCC <Tallahassee Tampa and Palm Beach areas in the fall
 - Statewide Inpatient Psychiatric Program – SIPPS for Children – AHCA was awarded a fee increase going from \$330.00 a day to \$406.00 a day. AHCA has yet to implement the increase yet.
 - Seclusion and Restrain program for the SIPPS– two day training session in January
 - Psychosocial Rehab Service has requirement beginning October 1st which will require all services to be delivered by a certified behavioral health tech
 - Medicaid Reform - www.flmedicaidreform.com
 - FMHI will be doing the Behavioral Health Evaluation for AHCA

Ms. Abbott stated that she would email the budget numbers to Ms. Piekalkiewicz.

3. **Overview of Budget Priorities**

Kate Lyon

Legislative Goals

1. Fair Market Value Increase– actual cost for providers to give the services
2. Surveys – Salary Survey, Turnover rates/Vacancy rates
3. Medicaid Reform – Impact on Individuals in the behavioral healthcare system, working with the Corporation
4. Continue the 80% spend requirement for HMO's

Annual Conference: Hope and Recovery: Navigating the Way

New Committees

1. DCF Policy Committee
2. DCF contracts Committee
3. Medicaid Committee
4. Children and Adolescent Committee

Transformation White Paper – ideas on system transformation

5000 Friends

Mr. Miller – data needed – middle of tape 4 side B

Property Insurance – personnel cost more significant

HMO's- how do you negotiate?

Quality of Care

Mr. Rodriguez draft letter to Florida Council regarding data needed. Judge May seconded the motion. Marcia Mathes requested the letter be carbon copied to NAMI. The motion was approved.

4. Public Hearing

Derya Williams, River Region Human Services, Inc

Ms. Williams informed the Corporation what River Region Human Services provides for homeless pregnant women who are mentally ill, using substances and/or have HIV. Ms. Williams asked the Corporation to recommend provisions be made in any funding cycle for women to bring their children with them for treatment and can go from prevention to aftercare and succeed.

John Abruzzo – Manager of Network Development, Harmony Behavioral Health
Mr. Abruzzo discussed Harmony Behavioral Health's rates for inpatient, partial hospitalization and intensive outpatient care. Mr. Abruzzo expressed his concerns regarding community mental health and quality of care. Mr. Abruzzo discussed the Patient Recovery Resiliency Integrated Model that Harmony Behavioral Health has developed which is a provider based delivery of care service. Mr. Abruzzo stated that they are looking at having Emergent assessments in the ER by an independent clinician. Mr. Abruzzo informed the Corporation that Harmony would like to institute some sort of recovery measure/scale.

Kathryn Dutton-Mitchell, Advocacy Center

Ms. Dutton-Mitchell informed the Corporation that during this session tow major bills were passed, Senate Bill 2012/House Bill 1503 and Senate Bill 2010/House Bill 7199. House Bill 1503 addresses AHCA, Agency for Persons with Disabilities (APD) and DCF and requires rulemaking surrounding restraint, seclusion and reduction and also establishes the intent in Florida to reduce

restraint and seclusion use. House Bill 7199 addresses the forensic statutes Chapter 916 and also requires rulemaking concerning restraints and seclusion in that area. Ms. Dutton-Mitchell stated that Florida is moving into the rule making phase informing the Corporation that DCF has published their proposed rules. Ms. Dutton-Mitchell stated that APD, DCF and AHCA have agreed to enter into Memorandums of Understanding with Advocacy Center to give the Advocacy Center notice of restraint/seclusion related deaths. This is important because CNS is not consistently giving the Advocacy Center these notices. Ms. Dutton-Mitchell thanked the Corporation for their support in the Advocacy Centers Legislative efforts. Ms. Dutton-Mitchell noted that the Advocacy Center has been active participants in the Transformation Working Group and the R&R Taskforce and have actively supported the Florida Peer Network. Ms. Dutton-Mitchell stated that they are also in support of the role delineation study with the Florida Certification board towards the creation of Recovery Care Specialists. Ms. Dutton-Mitchell stated that the Advocacy Center is committed to the creation of more employment opportunities for individuals with mental health disabilities. Ms. Dutton-Mitchell discussed the Advocacy Centers efforts pertaining too employment and the Medicaid Buy-in Program. Ms. Dutton-Mitchell would like the Corporations support this session regarding Medicaid buy-in Legislation. Ms. Dutton-Mitchell noted the Advocacy's concern that Florida does not set up a system where it becomes easier to access mental health services through the criminal justice door. Ms. Dutton-Mitchell stated that the Advocacy Center is closely monitoring the Medicaid Reform two pilot programs in Broward and Duval County. Ms. Dutton-Mitchell stated that the Advocacy Center has finished their reorganization and now is organized around issues such as employment, education, self determination, access to community resources, Institutional condition issues.

Dean Aufderheide, Department of Corrections

Dr. Aufderheide stated that at the next board meeting DC would provide some information about SSI, SSDI and Medicaid Eligibility. Mr. DeCerchio stated that the SSI determination will lapse automatically after a year. DCF has been aggressive with making connections with local social security offices for individuals in state hospital that are being released. Mr. DeCerchio stated DCF has individuals who work with designated individuals within the Social Security Administration on behalf of patients coming out of state hospitals to get that process restarted.

5. **Select Committee Discussion**

Judge Melanie May

Judge May noted that there were a lot of ideas that were brought forward during the round table discussion that will be synthesized. The discussion covered a lot of the demographics and the problems, but not necessarily the solutions. Judge May stated that there are solutions out there. Judge May expressed that the Committee needs to stay focused on the direction this committee will go. The Select Committee needs to reach out beyond the Corporation to bring in members

that have the expertise to help find solutions to the problems discussed. Judge May summed up that the goal is how to keep people out of the system, how best to deal with them while they are in the system and then how to transition them out once they are released. Judge May noted an Agency narrative prepared by the DCF a few years ago with ideas of how to address the forensic problem with individuals who have been determined to be incompetent and are awaiting placement. There were four components to this narrative: 1. Ten criminal justice intervention and transition teams made up of the disciplines necessary to address the issues these individuals have (\$4 million for 9 months funding) 2. Enhancement services for individuals living in the community served by the 10 teams (\$4.9 million for 9 months funding). 3. Contract the operation of three level two residential treatment facility group homes (\$1.7 million for 9 months funding) 4. Twenty four secure forensic state treatment facility beds at Florida State Hospital and Sixty civil step-down state treatment facility beds at Northeast Florida State Hospital (\$6.9 million for 9 months funding). During the Conference call of the Select Committee DCF was asked to look at this proposal and to tweak it as well as to include juvenile justice from a commitment standpoint. Mr. DeCerchio stated that DCF has revised the proposal and the criminal justice intervention/recovery enhancement teams are being looked at. DCF has also added a component for the criminal justice community grant award which will target perhaps 10-12 communities that will be funded by \$50 - \$75 thousand each to get the communities to come together to apply for these mini grants. There will be a separate LBR for the forensic beds. Judge May noted that a large bulk of what the Committee wants to accomplish seems to be underway. Ms. Mathes stated that the Orange County government in conjunction with a number of stakeholders has applied for the implementation grant of the program Mr. DeCerchio discussed. Judge noted the second aspect she wanted to bring to the Corporations attention is a legislative proposal that was brought forward initially by Representative Ellyn Bogdanoff and informed that the Department of Corrections is bringing this forward again this year as a Department Bill. This will be on the Correctional Substance Abuse Reentry Program as well as addressing co-occurring disorders. Judge May stated that this would create a Substance Abuse Reentry Program that consists of an intensive in prison substance abuse treatment component for a minimum of 90 days, followed by a period with drug offender probation supervision with a special condition to participate in a substance abuse aftercare program. Inmates will be identified if eligible for the program in accordance with specified criteria and the sentencing court must approve the inmate's admission to the program within a certain timeframe. The idea behind this was there are a number of inmates in the prison system with substance abuse issues. Non-violent offenders will be targeted and once they are sentenced they will be transitioned out by providing in-prison treatment and then having a discharge plan to bring them out of the prison system with services in place and ideally supervised under a drug court. The Department would select the eligible individuals and go back to the sentencing judge asking them to modify the sentence to a certain period of drug offender probation and step the person down back into the community. Drug Court monitoring has

proven to be very successful. If the individual fails they will go back to prison and receive no credit for the time they were in the reentry program. The real political problem with this bill will be the 85% truth of sentencing. Judge May has talked with Representative Bogdanoff and she has put this back on her radar screen. According to the statistics the cost analysis shows \$20 thousand in cost savings/avoidance per inmate if this proposal were to happen. If you multiply this out times the eligible inmates would bring a \$4.95 million dollar potential cost savings. Judge May discussed the importance of Crisis Intervention for Police Officers (CIT) and the need for the Select Committee to focus on this program. Ms. Mathes stated that the Committee needs to make the distinction of the Memphis model when discussing CIT. Mr. Miller asked Ms. Piekalkiewicz to write a letter to the Secretaries of DCF, DJJ and DOC requesting an appointment of an individual to serve on the Select Committee from each agency. Mr. Serbousek, Dr. Cauffield, Roger Peters of FMHI will also serve on this committee. Ms. Piekalkiewicz stated that service capacity when regarding CIT is a big issue that needs to be addressed. Commissioner Janes stated that Counties need to have a voice so he asked to be placed on the committee as well. Mr. DeCerchio asked what the timeframe was of the work of Select Committee. Mr. Miller stated that he would like to have a report of the recommendations out by December so that the Corporation could include it within the Annual Report. Mr. DeCerchio suggested summarizing the Corporation recommendations from the roundtable and give them to Kathy Goltry who is working on the Senate Children and Families Committee project on the forensic issue. Mr. Hart suggested the committee contact the Criminal Justice Standards and Training Commission in Tallahassee, because they are the ones who mandate the law enforcement training. If the committee looks at approaching them, CIT could be written in as the State curriculum for law enforcement. Judge May suggested that Mr. Hart contact them since he is a former law enforcement officer. Ms. Mathes stated that when talking about workforce development the Corporation needs to be talking about anyone across the spectrum that comes in contact with the mentally ill. Mr. Miller informed the group that the Select Committee would meet soon.

6. **Adjournment**

Mr. Rodriguez moved to adjourn. Dr. Cauffield seconded motion. Mr. Miller adjourned the meeting at 12:10 p.m.

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; Jose Rodriguez, Department of Children and Families (DCF); Amaryllis Rivera, DCF; Kathryn Brohl, Children's Home Society Innovations; Cindi Wright, Florida Mental Health Institute (FMHI); Ann Rodriguez, DOE OCPS/Gateway; Madeline 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; Augusto 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 9th 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, steps would need to be taken to change the state plan? 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. 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 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 Children's Committee will be providing input for the children's mental health needs assessment (see attachment).
 4. 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.
 5. 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.
 6. 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

7. 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.