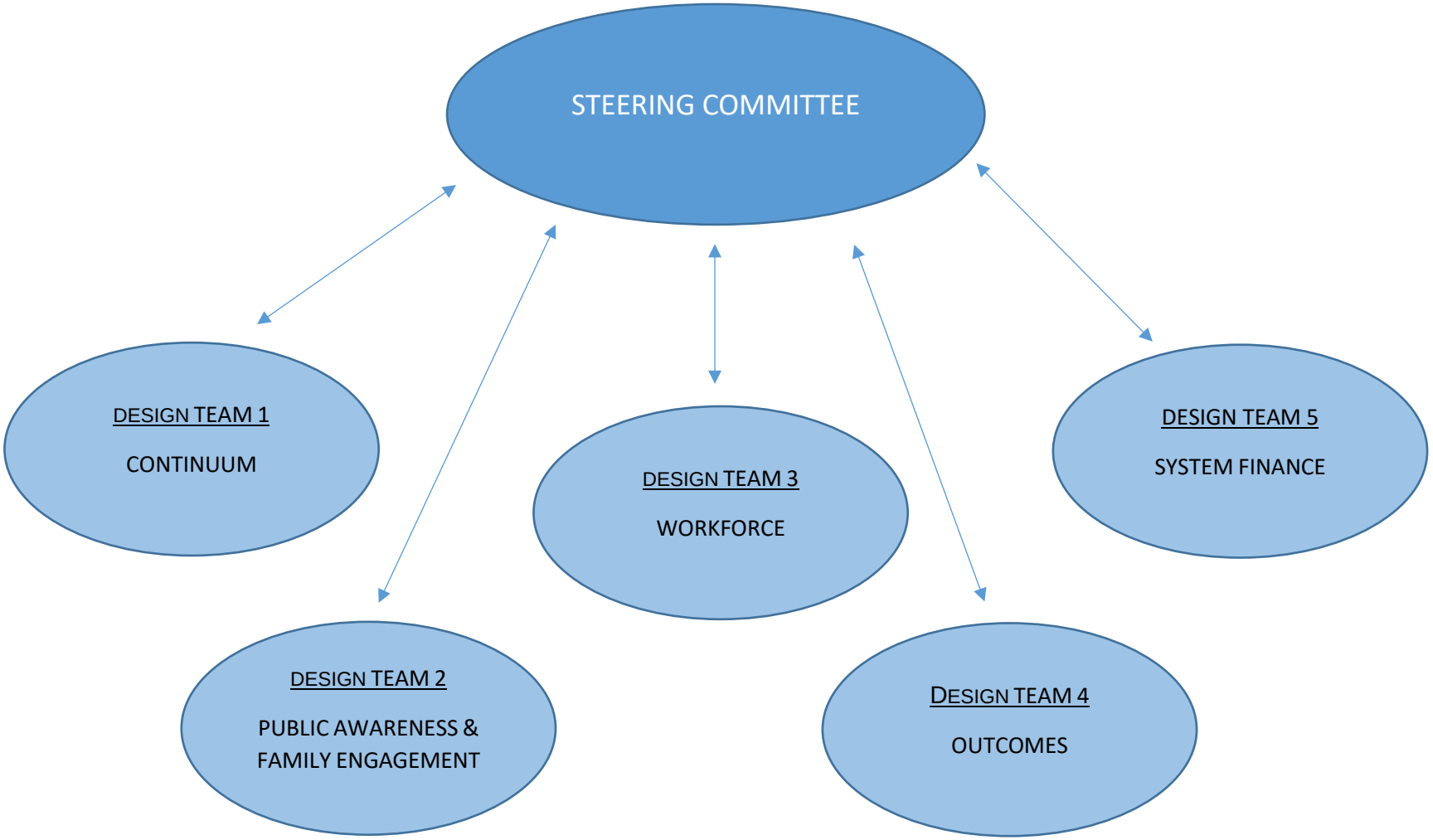
CHILDREN'S MENTAL HEALTH INITIATIVE



CHILDREN'S MENTAL HEALTH INITIATIVE

STEERING COMMITTEE

Agency	Member
JWB	Dr. Marcie Biddleman - Chair
BayCare Behavioral Health	Susan Wright
CASA	Lariana Forsythe
Central Florida Behavioral Health Network (CFBHN)	Linda McKinnon
Children's Home Society of Florida	Irene Rickus
Chrysalis Health	Douglas Leonardo
Community Health Centers of Pinellas	Dr. Nichelle Threadgill
Directions for Living	April Lott
Early Learning Coalition	Kate Bauer-Jones
Eckerd	Brian Bostick
Foundation for a Healthy St. Petersburg	Randall Russell
Gulf Coast Jewish Family Services	Terri Balliet
Johns Hopkins All Children's Hospital	Michelle Dujardin
NAMI	Rosalie Bousher
PEMHS	Jerry Wennlund
R'Club	Debra Ballinger
Sheriff's Office	Lt. Joni Goodley
Suncoast Center	Barbara Daire
United Way	Suzanne McCormick
USF Infant Family Center	Lisa Negrini
University of South Florida - Louis de la Parte Florida mental Health Institute (FMHI)	Dr. Mary Armstrong
University of South Florida - School of Public Health	Dr. Zacary Pruitt
University of South Florida - School of Social Work	Dr. Riaan VanZyl
6th Judicial Court	Hon Patrice Moore
Florida Department of Children & Families	Celeste Fernandez
Florida Department of Health-Pinellas County	Dr. Ulyee Choe
Florida Department of Juvenile Justice	Chief Melissa Fuller
Pinellas County Human Services	Daisy Rodriguez
Pinellas County School Board - Student Services	Donna Sicilian
Pinellas County School Board-Administration	Lori Matway
Pinellas Education Foundation	Stacy Baier
Public Defender 6th Judicial	Bob Dillinger
System of Care-CFBHN	JoDee Nicosia
University of South Florida - Faith-Based Coordinator	Dr. LaDonna Butler
Mental Health Advocate	Rep. Kathleen Peters

CHILDREN'S MENTAL HEALTH INITIATIVE
DESIGN TEAMS

TEAM	AGENCY	MEMBER	ROLE
1	Florida DOH-Pinellas County	Elizabeth Smith	
1	Sheriff's Office	Brandi Lazaris	
1	Children's Home	Carol Hajdinak	
1	Pinellas County School Board	Donna Sicilian	
1	CASA	Gabriella Lopez	
1	System of Care-CFBHN	JoDee Nicosia	
1	Sheriff's Office	Lt. Joni Goodley	
1	Suncoast Center	Laurie Elbow	
1	USF Infant Family Center	Lisa Negrini	
1	PEMHS	Mandy Hines	
1	Community Health Centers of Pinellas	Dr. Nichelle Threadgill	Co-Chair
1	Gulf Coast Jewish Family Services	Nicole Guincho	
1	BayCare	Sonya Bufe	Co-Chair
1	Directions for Living	Tara Scalise	
2	Chrysalis Health	Alissa Krenke	
2	CFBHN	Beth Piecoria	Co-Chair
2	FL Department of Children & Families	Celeste Fernandez	
2	R'Club	Debra Ballinger	
2	Florida DOH-Pinellas County	Eliana Aguilar	
2	Suncoast Center	Fiona Rogers	
2	USF Family Study Center	Dr. James McHale	
2	Early Learning Coalition	Kate Bauer-Jones	
2	PEMHS	Maxine Booker	
2	DJJ	Chief Melissa Fuller	
2	Directions	Rachel Smith	
2	NAMI	Rosalie Bousher	
2	CASA	Taylor Withers	
2	Pinellas County Schools	Vicki Koller	Co-Chair
3	Johns Hopkins All Children's Hospital	Dr. Jennifer Katzenstein	Co-Chair
3	Community Health Centers	Jonathan Miller	Co-Chair
3	Faith-Based Coordinator	Dr. LaDonna Butler	
3	Directions	Millie Wagner	
3	USF - school of social work	Dr. Riaan VanZyl	
3	PEMHS	Rich Neubert	
3	CFBHN/NAMI	Sarah Miller	
4	Directions	Doug Brunn	
4	Community Health Centers of Pinellas	Elodie	
4	Early Learning Coalition	Kate Bauer-Jones	
4	Suncoast	Kristin Mathre	
4	CFBHN	Larry Allen	Co-Chair
4	BayCare	Monica Rousseau	
4	PEMHS	Shannon Albert	
4	USF Health	Dr. Zacary Pruitt	Co-Chair

TEAM	AGENCY	MEMBER	ROLE
5	JWB	Brian Jaruszewski	
5	Chrysalis Health	Doug Leonardo	Co-Chair
5	Suncoast	Dustin Sode	
5	Central Florida Behavioral Health Network	Jennifer Syedin	
5	PEMHS	Jerry Wennlund	Co-Chair
5	Directions	Michelle Furan-Sullivan	

JUVENILE WELFARE BOARD

Interviews with Professional Providers on Strengthening Mental Health Services for Children in Pinellas County

THEMATIC ANALYSIS[1]

Data Collection Approach: Starting with one broad open-ended question: "***What is necessary to improve mental health access, treatment and outcomes for Pinellas County children***?", four members of the Juvenile Welfare Board's Senior Management Team interviewed CEOs or other senior staff[2] of agencies providing social , educational, health, mental health and judicial services to children and their families in Pinellas County. Twenty-seven interviews were conducted in January of 2018 in person or by phone.

Thematic Analysis Approach: Themes emerging from the notes were organized into 3 broad categories: (1) Major Themes (2) Needs or Barriers and (3) Recommend Solutions and Model Programs. There was no intent to quantify the number of times a specific issue, need, barrier, or solution was mentioned.

MAJOR THEMES	Needs and/or Barriers	Recommended Solutions And Model Programs[3]
Lack of Comprehensive and Coordinated Mental Health Services Planning in Pinellas County with a special focus on children and youth.	- Duplication, fragmentation and lack of coordination across MH provider agencies -Pinellas has so many providers with lack of shared responsibility for a case, whereas in Pasco Bay Care ***is*** the system of care -Need for "Care Coordination Teams" with common criteria for assessment, outcomes measurement, and policies that funders agree to -Need for a "central receiving facility" -Schools have their own social workers and SRO's, but they are not necessarily tied to the rest of the "system". -Need to set priorities and create a comprehensive approach -Pinellas County has one of the highest rates of suicide -Pinellas Health Department in Pinellas County convened youth who identified mental health/ sexual health education needed.	**Macro: System Design and Policies** -Use the public health MAPP framework (Mobilization for Action through Planning and Partnership). -Use existing collaborative meetings to address mental health needs for children and youth (Admin Forum, Community Alliance etc.) -Review and distribute child MH data we already have -Convene group to develop a strategic plan using a facilitator -Assign people to strategic goals -Allocate sufficient resources to achieve identified goals -Suicide prevention should be a strategic goal -Engage Youth in planning successes, etc. -Develop a pilot project to develop care coordination process and drive uniform assessment

[1] Based on interview notes and summaries provided, this thematic analysis was prepared by Barbara Morrison-Rodriguez, PhD of BMR Consulting, LLC, consultant to the Juvenile Welfare Board. www.bmrconsult.com

[2] A list of persons interviewed and their organizational affiliations appears in Attachment A.

[3] "Model Programs" were described as those that have promise for expansion and/or replication in Pinellas County and ranged from more newly implement pilot programs to those that are already evidenced-based with a track record of implementation.

MAJOR THEMES	Needs and/or Barriers	Recommended Solutions And Model Programs[3]
	Need for better management, communication exchange of information, collaborative practice at the local level -No administrative infrastructure for the mental health "system" that allows for providers to review data across agencies. -Providers need "universal releases" to facilitate sharing of better sharing. -Great divide between private and public (profit (e.g. HCA) vs. non-profit (e.g. CFBHN) re accessing each other's' data bases and resources. -Need for a "collective impact model". Now individual providers are proprietary based on a "scarcity model". Funders and policy makers should promote collaborative approaches to MH service delivery.	**Macro Models for MH Coordination to Explore:** -Study Broward County model **Enhanced Coordination at the Service Delivery Level** -Create dedicated Utilization Management position cutting across providers to better understand and address gaps, successes, etc. -Have a small case management/ navigation team plus positions at each agency to create a treatment team for "high user" patients in the community **Models to explore:** -Ft. Lauderdale-Henderson Program -Reference was made to a model Hillsborough is developing (but no details or follow-up information was noted)
Inadequate **Supply** of Multi-Disciplinary Mental Health Personnel with training in areas such as trauma informed practice.	**Insufficient Supply of Mental Health Professionals** -Insufficient number of practitioners from multiple disciplines -Need for culturally competent mental health professionals -Need for all health care professionals trained in trauma-informed practice. -Personnel with limited supply/availability (especially psychiatrists0 increase wait time between appoints resulting in patient attrition -Having to rely on SunCoast or Directions for psychiatrist services is too limiting. Can take up to 6 weeks for an appointment. **Instability of MH workforce**	- Increase access to independent psychiatrists -All programs and practitioners need to understand the ACES study and the impact of trauma on the causes, consequences and treatment of mental health issues across the life-span.

MAJOR THEMES	Needs and/or Barriers	Recommended Solutions And Model Programs[3]
	-High turnover -Salaries low in public sector -Sometimes best direct service staff become supervisors and their direct service expertise is lost -Keeping licensed people is tough	-Keep quality people in the trenches and pay them what they're worth.
Demand far exceeds supply of mental health services for high risk /severe behavior kids. Need exacerbated social factors such as the opioid crisis.	**Need to Better Leverage community resources** -There are so many high risk kids and not enough services for this population. -Focus on creating awareness and need for prevention also creates additional demand in the face of such limited supply -Pinellas not ready for a CHAT team like the one Bay Care has in Pasco (lack of capacity in Pinellas) -Insufficient supply creative community-based service models -Too much stigma around MH remains; need to engage in strategies that reduce stigma (NAMI) -Stop stigmatizing and criminalizing suicide **Insufficient Inpatient Mental Health Services** -HCA hospitals are having to send kids out of county for inpatient stays. -Baker Act volume-connect for follow-up takes 35-40 days -Children and youth experience frequent readmissions -Concerns about liability may drive more admission, but also more rapid discharges -Admissions decrease when school is out. Majority of kids brought in by law enforcement or SROs.	-"FACT team for kids funded by the state to keep kids out of SIPPs -Start another CAT team that focuses on high risk kids modeled after Empowerment team. -Infuse existing children's programs and services with trauma-informed content and strategies such as "Double ACES" for the individual and the community -Anti-stigma media campaigns, especially suicide -Reinforce the fabric of community social relationships as a prevention and early identification strategy **Model Programs to explore:** -Camp Mariposa -TASCO in St. Pete -Adopt a Block (Neighbors Helping Neighbors) -15 bed crisis unit (cost $1.7M/Year-carve out some of the money for in-home care for kids who are diverted.
Funding Issues: Inadequate Reimbursement Poor Insurance coverage	-Too many nonprofits competing for funds -Telehealth is not reimbursed unless it is Medicaid and only after	-Lobby federal and state officials for money for a variety of mental health services for multiple population groups

MAJOR THEMES	Needs and/or Barriers	Recommended Solutions And Model Programs[3]
	the first evaluation for less than a face to face. -Insurance companies want to step down (partial hospitalization) which does not exist. -Required family co-pays for some services are a deterrent to use -Some insurance will pay for partial hospitalization or intensive outpatient, but of limited duration with co-pays and transportation being additional barriers. -Need better Medicaid coverage for outpatient mental health services. -More reimbursement for transportation	-Explore blended funding models and approaches-"one door" funders working together -Bring Medicaid to the table to participate in system design management and reimbursement -JWB could fund some of the gaps especially reimbursement for travel time and other transportation-related costs -Need more dollars for diversion programs such as crisis intervention, conflict management -Consider a "pay for success" approach to funding to incentivize collaborative practice.
Lack of services and procedures that create a smooth transfer between inpatient and outpatient services and ensure that MH clients get the level of care that they really require.	**<u>Inpatient to Outpatient Transfers</u>** -Need for more coaching and navigation services -Handoff between hospital and step down providers is a problem -Lack of step down alternatives -ERs are not equipped to send patients to outpatient care-do not have sufficient knowledge of outpatient MH care available or how to access it. They give parents phone numbers, walk-in clinic info and encourage them to follow-up. -Access to medication needed for community tenure has a 3 month wait. **<u>Need for more crisis response services to divert admissions</u>** -Need case managers on 24 hr. call to prevent admission; mobile crisis unit. Pinellas does not have one.	-Telehealth facilitate coordination if it was adequately reimbursed -Build trust between clinicians and in-home teams or family so clinicians feel OK about not keeping kids in inpatient units -Put peer specialists or community MH providers in the ER to facilitate "warm transfers" from inpatient to outpatient services. -HCA is considering embedding MH therapists in primary care office settings. -Create 24 hour MH crisis mobile unit in Pinellas County that also works with schools **<u>Model Programs to explore:</u>** -Evidenced-based Community Based Treatment (CBT model) -CABI grant for homeless persons with mental illness is another example of good coordination. -AHCA grant: MH therapists coordinate with Mobile Medical Van (Bay Care) to evaluate

MAJOR THEMES	Needs and/or Barriers	Recommended Solutions And Model Programs[3]
		community individuals deemed at risk on site-no appointment required. Therapists will meet the patient for 2-3 weeks for stabilization and then get them to Directions for Living. -Empowerment Team is a good model to follow. It includes multi-agency release for transparency and sharing of client information and client tracking.
Special needs of children 0-5 "Infant Mental Health" Population	-Lack of a required developmental assessment tool and process. -Need the entire system to understand issues surrounding intergenerational trauma and toxic stress and how to break the cycle within families. -Need to endure that work is done with the whole extended family. -Need to understand the need for healthy bonding and attachment in first year of life.	-Need to address basic needs of fragile families as first order of business. -Include focus on fathers. --Help parents to understand that how they were parented affects how they parent their own children: break cycle of negative parenting. -Focus on in-home/ family visitation models. -Need more training in trauma - informed MH practice
Special needs of middle school age and older youth including those involved with the DJJ system.	-Technology induces stress because of bullying through cell phones and social media. -Social isolation where "screen time" takes the place of person-to-person interaction in social settings. -Youth judicial system has 10 year olds with felony convictions. -Need to have carve-out that strengthens speedy interventions with youth with felonies -Need assistance for "RADAR" kids- those that are not yet on probation, but are in diversion programs and at risk for moving to deeper end services. -Special needs of kids who are sexual predators on other kids. -Children come to court on psychotropic medications whose	-More carve-out that strengthens speedy interventions with youth with felonies. -See UK research on social isolation. -Consider gender-specific service models -Group models appear most effective for this age group; peer influence is strong - Guardians At Litem need quick second opinions and consultations on meds children are taking. **<u>Model programs to explore:</u>** -"Bent Not Broken" Mental health programs for transition aged youth (16-25) in Pinellas and Hillsborough counties (CFBHN)

MAJOR THEMES	Needs and/or Barriers	Recommended Solutions And Model Programs[3]
	continued use must be approved by Guardian Ad Litem.	-Look at the pilot being launched in North Greenwood (Clearwater) to get high risk kids connected with local churches for support. -Redirections Program using a curriculum that is CBT based, provided in the home, and served the family. Operated by Chrysalis Services under a contract with DJJ. -CIT Program- crisis intervention with law enforcement
Mental health client engagement , education, and support	-For the Empowerment team clients, it took multiple attempts to engage them: requires persistence. -Once engaged it requires daily touches so they don't fall between the cracks.	-MH Clients (including youth) need meaningful activities during the day even if they cannot work -Vincent House is a good example
Parent/ family engagement, parent/ family education, and parent/family support (Be sure to include grandparents)	-Parents are scared or are misinformed about mental illness/ behavior problems -Without navigation assistance parents become overwhelmed with the procedures to access services for their children. -PNA's (Parents in Need of Assistance) process is currently highly ineffective. Parents are given referrals for services that are not available (e.g. given long applications for SIPP -secure treatment facilities) when the child may not be eligible and often the parents do not complete the long and complicated applications. Their child goes without service.	-Help families meet their basic needs first through case management and wrap around services. -Help more families to learn strategies to cope (noted that child welfare is already teaching these to some families.) -Parent/ family focused navigation services. (Family Services Initiative Model) -Treatment interventions need to focus on the family as a unit. Not try to "fix the kid" and send back to a dysfunctional family.
Community Engagement	-Need to better engage the broader community to recognize MH problems, intervene early, and know about available services to which neighbors can be referred. -Community as an "early alert" system. . "See something, say something".	-Enlist and educate community-based first responders to recognize MH needs and engage in prevention/ early intervention strategies -Community education to reduce the stigma regarding mental illness and hoe to recognize stressors would be helpful.

MAJOR THEMES	Needs and/or Barriers	Recommended Solutions And Model Programs[3]
School/ Teacher engagement, teacher education, and teacher support	-Mainstreaming kids with behavior problems into classrooms had made it difficult for teachers who are using tools available to them like the Baker Act. Teachers need more diverse and effective tools. -Need to provide MH services where kids spend most of their time: schools and after school programs.	-Need to educate schools to identify MH issues early, what services are available and how to link parents to MH services.

Attachment A: Persons Interviewed

CASA	Lariana Forsythe
Central Florida Behavioral Health Network (CFBHN)	Linda McKinnon
Children's Home	Irene Rickus
Lutheran Services	Chris Card/Rick Davis
NAMI	Judy Turnbaugh
Public Defender	Bob Dillinger (Board Member)
Sheriff's Office	Sheriff Gualtieri
Suncoast Center, Inc.	Barbara Daire
Westcare	Bob Neri
BayCare	Gail Ryder
Florida Department of Health – Pinellas County	Dr. Choe
Largo Medical/HCA	Ashley Muchnick
PEMHS – Jerry Wendlund	Jerry Wendlund
Pinellas County Human Services	Daisy Rodriguez
United Way Suncoast	Susan McCormick
Directions For Living	April Lott
DJJ	Melissa Fuller
Eckerd	Brian Bostick
Pinellas County School Board	Donna Sicilian
Sixth Judicial Circuit Court	Judge Patrice Moore
USF – Infant Mental Health	Lisa Negrini
Bethel	James Miles
Boley	Gary MacMath
Catholic Charities	Mark Dufva
Chrysallis Health	Doug Leonardo
Family Resources	Lisa Davis
SequelCare	Bill Geurdes

TEAM	AGENCY	MEMBER	ROLE
5	JWB	Brian Jaruszewski	
5	Chrysalis Health	Doug Leonardo	Co-Chair
5	Suncoast	Dustin Sode	
5	Central Florida Behavioral Health Network	Jennifer Syedin	
5	PEMHS	Jerry Wennlund	Co-Chair
5	Directions	Michelle Furan-Sullivan	