

Here4Youth Progress Report December 2019

Background: Growing Need, Emerging Solutions

There is no question that youth and families today are facing stressors that were unimaginable a few decades ago. School shootings have disrupted our belief that schools are safe. Anxiety about the future erodes our collective sense of security. Parents must often work multiple jobs and navigate a system without adequate transportation or social supports. Increasing use of social media leads to bullying, lack of exercise, and sleep deprivation – all of which affect mental health.

Unaddressed toxic stress and trauma lead to a wide range of behavioral health symptoms, including the inability to regulate emotions, problems with attachment, difficulty concentrating and learning, social anxiety, depression, self-harm, low self-esteem, and early use of substances. Recent data show that two-thirds of U.S. youth have experienced at least one traumatic event and over a third have a recognized behavioral health problem. Rates of youth depression, suicide, and self-harm are increasing, as are pressures on crisis response services. Our current behavioral health systems for youth and families, which have long been strained, are not capable of handling these increased pressures. Only 20% of youth in need receive services, and, of those who do, 40-50% terminate care early.

However, there is also good news. In the past 15 years, our understanding about how toxic stress and adversity affect the developing brain – and how these impacts can be prevented or reversed – has exploded. Service sectors that have long operated separately now recognize they are addressing different aspects of the same problem. New partnerships are demonstrating that coordinated efforts can make a huge difference in both preventing and responding to behavioral health problems. Behavioral health disorders are now widely recognized as developmental problems that respond well to skill-building and resilience-building interventions. According to the National Academy of Science, our goal is no longer simply to treat disorders, but to “foster healthy mental, emotional, and behavioral development.”

A myriad of new evidence-based prevention, resilience-building, and trauma-informed treatment models can help us meet this goal. But new services alone can't fix a system that is poorly designed to meet today's challenges. Just like health care is reorganizing to integrate the social determinants of health, behavioral health systems require a new architecture. A systemic architecture that supports an integrated and coordinated response – that responds to the stresses of twenty-first century life, ensures access to all citizens, and puts youth and families in the driver's seat is needed. This may mean changes in where services are delivered and how they are paid for, as well as new program models and expanded capacity to prioritize wellness.

Here4Youth Planning Process

The Here4Youth Mental Health Initiative was launched in 2019 by Charles & Margery Barancik Foundation and Gulf Coast Community Foundation, in collaboration with local experts, stakeholders, service providers, and service users. The foundations commissioned the University of South Florida to conduct a Sarasota County [Child and Youth Mental Health Environmental Scan](#) which details population-

level indicators of need, capacity, and access; identified barriers, challenges, and opportunities for change; and estimated the financial impact of untreated mental illness. The report also made a series of recommendations about areas for improvement. Using these recommendations as a starting point, Here4Youth established a planning group including [25 agencies](#) and [six work teams](#). The planning group adopted two “overarching issues” to inform all deliberations: putting youth and families at the center of planning and service delivery, and ensuring that all services and supports are trauma-informed. Work teams met multiple times, and in early October submitted recommendations for strategic capacity building interventions to move the system forward.

Recommendations from work teams included:

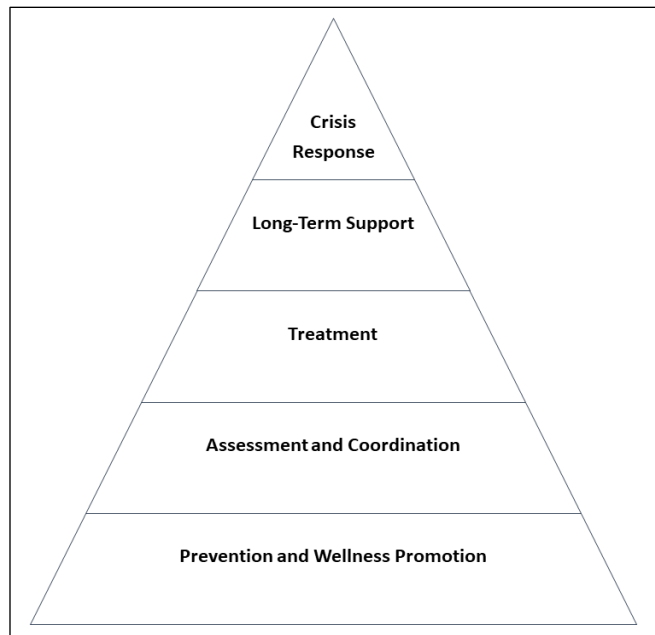
- Hire a financial consultant to maximize revenue and ensure resources have maximum impact
- Use public education to reduce stigma and increase access
- Coordinate prevention and crisis response to reduce Baker Acts
- Fill strategic residential gaps for high need youth
- Bolster clinical capacity with system-wide clinical consultation
- Explore human resource gaps and solutions
- Improve access to care and service coordination
- Support staff by maximizing existing wellness benefits and highlighting what’s working

Developing a Deeper Understanding of Needs

The USF Mental Health Environmental Scan was based on secondary data analysis, surveys, stakeholder and parent interviews, and focus groups. Here4Youth has prioritized continued data collection to include an analysis of high need/high service utilizing youth, development of an integrated service inventory, and an ongoing process of soliciting feedback from youth, families, direct care providers, and others not previously involved.

High need/high utilizer analyses. In most service systems, a small number of individuals with complex needs use a disproportionate share of resources. Much can be learned about gaps in the system by examining outliers. A review was conducted of youth referred to the “Youth at-Risk” review (YAR) from its inception in 2017 through October 2019. The YAR is conducted by a multidisciplinary team led by the Child Protection Center. Its purpose is to develop a strategy for responding to youth who have demonstrated a very high level of need (e.g., two Baker Acts within 30 days; parental request for residential placement, 60 days in a state inpatient program with a request pending for a return visit) and for whom additional support is needed to achieve stabilization. There were 60 case reviews during the period examined, equally split between male and female. Forty-four were adolescents (13 – 19), 14 in middle childhood (6-12), and 2 were five or younger (involved as part of a family group). The highest number of referrals came from the Department of Children and Families (24), mental health service providers (13), and schools (5, all in 2019). A range of problem behaviors were noted, including mental health (34), aggression (30), drugs (20), runaway (10), sexual behaviors (6) and intellectual or development disabilities (6). Data analysis is continuing.

Integrated service inventory. Florida’s behavioral health system includes several discrete funding streams managed through different administrative structures. As a result, there is no single repository of information about behavioral health-related services, making it difficult to assess overall service capacity or to identify gaps in coverage. To begin addressing this situation, Here4Youth developed a framework for categorizing basic service types and combined multiple service listings into an integrated service inventory. The framework follows a basic public health model, with universal prevention and wellness forming the base and more intensive, targeted services appearing higher on the pyramid. Preliminary results (as of mid-November) showed a total of 271 discrete programs or services, with 66 in the prevention/wellness category, 47 in assessment and coordination, 109 in treatment, 39 in long-term support, and 10 in detox and crisis response, with 2 unclassified. The inventory is currently being finalized, with state inpatient and residential programs being added and additional input sought from providers. Next steps will include further refinement of service categories, adding measures of capacity, and determining funding sources and levels for each category. Conclusions about needed adjustments to the overall array of services will depend on capacity and funding data. However, looking at the number of reported services alone suggests the need for additional prevention and wellness promotion programs and for better integration of services across categories. The county-wide inventory is being maintained by the Behavioral Health Stakeholders Consortium.



Stakeholder input. Stakeholder input was sought from underserved communities, groups that play a role in the lives of youth (e.g., social and recreational services, law enforcement, schools, pediatricians), providers serving youth with intellectual and developmental disabilities, and direct service workers (including teachers). From April through December 2019, a total of 64 meetings were held with stakeholders: 19 behavioral health providers, 19 other service providers, 10 community groups, 6 private practitioners, 5 coalitions and professional groups, and 5 youth and family groups. Of these, 18 meetings involved frontline staff members, 10 involved youth and family members with personal behavioral health experience (often in group settings), and 9 were focused at least in part on increasing cultural inclusion. Stakeholders were asked about things that were working well/emerging successes, unmet needs, barriers to access, and ideas for change. While many of the suggestions paralleled recommendations from the research scan and the planning process, many additional ideas emerged. In particular, youth, family, and direct care providers were able to provide important insights into gaps in coverage, and had a number of concrete suggestions for how to make services more user-friendly. Community groups signaled a strong interest in closer partnerships with behavioral health providers. Input was continually fed into the ongoing planning process.

Steps toward System Improvement

Input from the multiple sources described above painted a picture of a system which could benefit from improvements in three fundamental areas – **capacity, structure, and effectiveness**. Capacity issues generally tie to funding, reflecting questions like: Are there enough resources to meet needs? Are resources being allocated and used strategically? Are they administered efficiently? Structure reflects the system’s architecture and management– what services are in place and how they are organized, where and how they are delivered and coordinated, how do users flow in and out of the system? Is a full continuum in place from prevention and wellness promotion to crisis response? Effectiveness depends largely on the workforce - are they qualified and deployed in a manner designed to address current problems? Are service users actively engaged in all aspects of service delivery? Are staff motivated and energized by their work?

In a chronically underfunded system like the Florida behavioral health system, there is strong pressure to fill immediate gaps. Indeed, when youth and families with intense needs are unserved or served in an ineffective manner, it is imperative to respond as soon as possible with whatever funds can be found. However, filling gaps without making long-term structural changes can contribute to an uncoordinated and poorly managed system of care. Here4Youth has made a commitment to addressing all three aspects of the system (capacity, structure, and effectiveness) and to pursuing a balance between responding immediately to crisis needs and investing in longer-term structural solutions.

CAPACITY

Current behavioral health financing is both inadequate to meet needs, and inefficient due to multiple separate funding streams and frequently changing rules. Sustainability of an effective system of care depends on remedying this situation.

In progress . . .

- 1) ***System of care financial analysis***. Here4Youth has issued a request for proposals for a consultant/team to: a) review and inventory current financing mechanisms; b) develop a model to maximize revenue, improve efficiency of existing funding, increase integration across funding streams, and reduce financial burden on service users; and c) provide performance indicators and a timeline. The request was issued in early December 2019. Work is anticipated to begin in winter 2020 and to be completed in 2020.
- 2) ***Mental health care special taxing district***. There are discussions beginning at the county-level regarding the potential for a mental health care special district, which would allow officials the opportunity to dedicate tax dollars for mental health services. There are several ways such an effort could move forward. Here4Youth is following these discussions which have the potential to positively impact youth and families.

Other issues . . .

Lack of mental health residential treatment options has been highlighted by both families and service providers. As the high need/high utilization analysis and the integrated service inventory are completed and new financing structures are developed, it should be possible to make strategic recommendations to fill gaps.

STRUCTURE

Most behavioral health service systems were developed during an era when we conceptualized mental health issues as separate and discrete from other health and social problems. Relying on specialty mental health clinics made sense, since demand was limited and other professionals were not trained to respond to emotional and behavioral disorders. Services for adults and children were kept separate because their needs were seen as different. Mental health problems were generally not considered preventable, and efforts at prevention remained largely disconnected from the treatment system. (For example, although there is a robust federal agency for prevention of substance use disorders, there is no parallel structure for prevention of mental health challenges.)

In the past decades we have come to understand that adversity and trauma contribute to mental health problems, prevention is possible, and the best way to help children is often to provide supports to their families. We now understand that mental health and wellness are inextricably intertwined with physical health, educational attainment, effective parenting, and other measures of a successful life. We recognize that with need and demand increasing, it is no longer feasible to rely solely on a specialty behavioral health sector. Integrating the knowledge and tools of behavioral health into primary health care, education, and other social services has become critical, and prevention has become an urgent priority. Developing an effective behavioral health system that can meet these goals requires a new systems architecture capable of integrating and coordinating a wide range of services, practitioners, and supports. Here4Youth is supporting integrated, partnership approaches to all immediate activities, and is also exploring potential long-term structural solutions to the systemic design problem.

In progress . . .

- 1) ***Explore mechanisms for improving system coordination, access and navigation.*** Improving supports for families attempting to navigate the current system is a high priority for Here4Youth. In the short term, efforts are proceeding to establish one or more family navigators with lived experience to help families identify and access services that best meet their needs. In addition, Here4Youth will continue to explore ways to create a more effective systems architecture. First 1,000 Days of Sarasota County is planning to use Unite Us, a software platform designed to facilitate service integration. Here4Youth will follow this project closely and assess the feasibility of implementation in the behavioral health system for youth up to age 24 years.
- 2) ***Coordinate and expand prevention and crisis response to Baker Acts.*** In the past few months, there has been a significant increase in the number of youth admitted to residential care under the Baker Act. The increase in youth Baker Acts is a statewide trend. Here4Youth has been in discussions with clinical and administrative leadership from Bayside Center, Sarasota County Schools, community providers, and family representatives to explore possible solutions and next steps. Discussions suggest that the optimal response would be a multifaceted strategy combining school-based prevention and early intervention, improved communication/coordination among parties, increased supports for families before, during and after the admission, and increased availability of wrap-around services and treatment alternatives. Additional input is being sought from School Resource Officers and others experienced with school-based mental health prevention programming to determine a plan of action.

- 3) **Explore potential integration of behavioral health and pediatric care.** Pediatricians and other primary care physicians can be an essential element in an effective system of behavioral health care. Few pediatric practices have access to on-site or real-time behavioral health consultation, and while time constraints are a concern, many express the need to have better skills and supports for responding to patients with mental and emotional difficulties. Here4Youth has started attending the bi-monthly meeting of community pediatricians hosted by the department of pediatrics at Sarasota Memorial Hospital, and will be working with the chair of that group to convene a committee on pediatric behavioral health.
- 4) **Better support and coordination of school-based mental health services.** Sarasota County Schools have become a key partner in addressing behavioral health issues, contributing time, space, and resources. Depending on the school, a variety of personnel relevant to behavioral health are available, including school psychologists, social workers, guidance counselors, home-school liaisons, behavior specialists, nurses, school resource officers, truancy workers, and mental health therapists. Many schools have specialized units and/or community programs on campus; the school district has placed a high priority on social-emotional learning and trauma training; and families greatly appreciate the convenience and social acceptability of school-based mental health services. Nonetheless, schools continue to struggle to support students with mental health needs beyond their capabilities. Here4Youth will continue to work with school personnel and mental health providers to support and strengthen an integrated partnership model.

Other issues . . .

Some geographic areas in the county, particularly Newtown, Laurel and the southern part of the county, are frequently cited as having unequal access to services. Factors such as transportation, family work schedules, cultural acceptability of service options, and language barriers may also affect access. As Here4Youth explores solutions to structural concerns, geographic and other inequities in access are being taken into account.

EFFECTIVENESS

Human resources are the heart and soul of behavioral health services. Without a strong, enthusiastic, and well-prepared workforce, even the best designed system of care will not be effective. While Sarasota has an exceptionally skilled and committed workforce, several challenges remain. Salary levels and reimbursement rates are low compared to national averages, affecting recruitment and retention. While trauma-informed, prevention-oriented, consultative, and developmental models of behavioral health have been around for a while, widespread adoption of these approaches is recent. Professional training programs are only now starting to shift graduate curricula to emphasize these models, and the supply of trained professionals has not caught up with demand. In addition, many staff – like the clients they serve – carry high trauma loads, and effective supports for staff are essential. New approaches emphasize teaching youth and families the skills necessary for self-management and peer support. Here4Youth is working to find creative ways to support and strengthen the workforce and to more effectively engage and involve youth and families.

In progress . . .

- 1) **Support staff by strengthening wellness programs.** While benefits vary between state, county, and agencies, virtually all benefit plans include Employee Assistance Programs and/or other

wellness provisions. The implementation of these provisions varies widely, and in some cases, benefits may not be fully utilized. Here4Youth is in the process of meeting with HR Directors to discuss a strategy for maximizing the use of staff wellness programs.

- 2) **Highlight innovative services.** Recognition for innovation and public service can be a powerful morale boost for employees who do demanding work and often go unrecognized. In 2020, Here4Youth will engage the community in shining a spotlight on innovative services and programs— and the staff, youth, and families - behind those success stories.
- 3) **Bolster capacity with system-wide clinical consultation.** While embedding behavioral health staff in other youth-serving systems (e.g., schools, social services, and pediatric practices) is optimal, it is not always feasible. Having an experienced, licensed clinician available to do real-time consultation to ancillary professionals (in person or through telemedicine) and to facilitate peer to peer clinical supervision across agencies could greatly expand the capacity of other youth-serving systems to respond effectively to behavioral health issues. Here4Youth is looking at the resources needed for this position.

Other issues . . .

Other child-serving agencies are also encountering increasing rates of behavioral health issues related to trauma and stress in the youth they serve, and many are unprepared to respond. In the developmental disabilities system, for example, staff receive little or no training to how to respond to grief and loss in the people they serve. Similarly, staff in the county jail have little experience in responding to the mental health issues of youth held there. Here4Youth is exploring innovative ways to respond to identified human resource gaps, including cross-training to better prepare staff from other service systems to respond to behavioral health issues.

Conclusion

Here4Youth is laying the groundwork for strategic, systemic investment of resources to improve the ability of the Sarasota behavioral health system to meet the needs of youth and families. The coming months will see initial steps taken to address high priority needs and investments made in long-term structural change.

Prepared by Dr. Andy Blanch

References

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Clarke, M. and Healy, J. (2019) Complex systems change starts with those who use the system. *Stanford Social Innovation Review*.

Ginwright, S and Siegel, S. (2019) Social innovation alone can't solve racial inequity. *Stanford Social Innovation Review*.

National Academies of Sciences, Engineering and Medicine. (2019) *Fostering Healthy Mental, Emotional and Behavioral Development among Children and Youth: A National Agenda*. Washington, DC: The National Academies Press.

Schechtman, T. (2019) Incorporating mental health practice in pediatric primary care: Making it work. Florida Chapter of the American Academy of Pediatrics Conference, September 1, 2019.

Appendix: Stakeholder Group and Agency Meetings April – December 2019

A Life Worth Living
All Star Children's Foundation
Bayside Center for Behavioral Health, SMH
Behavioral Health Stakeholders Consortium
Boys & Girls Clubs of Sarasota County
CenterPlace Health
Centerstone
Central Florida Behavioral Health Network
Coastal Behavioral Healthcare
Cross College Alliance
Early Learning Coalition
Easter Seals of Southwest Florida
Education Foundation of Sarasota County
Family members and youth
First 1,000 Days
First Step of Sarasota
Florida Department of Health
Forty Carrots Family Center
Glasser/Schoenbaum Human Services Center
Harvest House
Jewish Family and Children's Services
Johns Hopkins All Children's Hospital
Lee Health
Loveland Center
Mental Health Community Centers
More Too Life
Multicultural Health Institute
National Alliance on Mental Illness, NAMI Sarasota

New College of Florida
Pediatrician's Group at Sarasota Memorial Hospital
Safe Children Coalition
Sarasota County Health and Human Services
Sarasota County Schools
Sarasota Partnership for Children and Youth
Sarasota Police Department
Suncoast Partnership to End Homelessness
Teachers, Sarasota County Schools
Teen Court
The Academy at Glengary
The Brain Health Initiative
The Florida Center for Early Childhood
Unidos Now
Youth Action Board
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