Beyond the Talking Points

Top Solutions for Florida's Families - Part 1

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Agenda

• Overview- Roy Miller
• Florida’s Rankings- Amanda Ostrander
• Poverty- Linda Alexionok
• Mental Health Access- Alisa LaPolt
• Getting Children off to a Great Beginning- Dr. Samantha Goldfarb
Florida’s Rankings: Where We Stand on Key Indicators in Health and Well-Being

Presented by Amanda Ostrander
Director of Policy
Understanding Annie E. Casey’s Kids Count Annual Ranking

What is it?

• A 30+ year national project that maintains the best available data on 16 key measures of children’s educational, social, economic and physical well-being and completes an annual ranking of states

• Contrast apples to apples across states to help build a picture of how children in Florida experience life differently than those in other states
Understanding Annie E. Casey’s Kids Count Annual Ranking

What are the Limitations on Kids Count’s Annual Rankings?

- Focus doesn’t move beyond 16 key measures
- Population and diversity may impact states differently
- Rankings are influenced by other state’s performance
Where Does Florida Rank?

34th

In the past 10 years Florida has never been out of the bottom third, hitting as low as 40th out of 50 (where 1 is best) as recently as last year.
Understanding Annie E. Casey’s Kids Count Annual Ranking

What Information Influences Florida’s Ranking?

- Education
- Economic Well-Being
- Health
- Family & Community
Breaking Down Florida’s Bottom Third Ranking: Education

Florida’s Ranking: 24th

Why?

- 8th in 3 and 4 year olds enrolled in school
- 7th for 4th graders not proficient in language arts
- 36th in 8th graders not proficient in math
- 37th in high school students not graduating on time
Breaking Down Florida’s Bottom Third Ranking: Education

How Can Florida Improve?

• Focus on programs and services proven to help high school seniors to graduate on time

• Improve quality of early childhood education

Beyond Kids Count

• 21 out of 100 students aged 12-18 are bullied in school

• Seclusion and restraint are allowed as behavior modification
  🔹 48% subject to restraint were in pre-k – 3rd grade
Breaking Down Florida’s Bottom Third Ranking: Economic Well-Being

Florida’s Ranking: 42nd

Why?

- 33rd for children who are living in poverty
- 46th for children living in homes with a high housing burden
- 33rd for children who do not have parents with regular full-time employment

Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org
Breaking Down Florida’s Bottom Third Ranking: Economic Well-Being

How Can Florida Improve?
• Utilize research-proven programs that support families moving out of poverty

Beyond Kids Count
• 1 out of every 4 Florida children are food insecure
• Only slightly over 8% of families in poverty were served by safety net programs like TANF
Breaking Down Florida’s Bottom Third Ranking: Health

Florida’s Ranking: 34\textsuperscript{th}

Why?

- 35\textsuperscript{th} in low-birthweight babies
- 40\textsuperscript{th} in country with 6\% of children uninsured
Breaking Down Florida’s Bottom Third
Ranking: Health

How Can Florida Improve?

• Number of children who are insured must increase
• Remove barriers for programs like KidCare
• Prioritize programs like Healthy Start

Beyond Kids Count

• 29% of children have not had preventative dental care in the past year
• 42% of low-income children had neither medical or dental preventative care in the past year
• 50th in mental health care spending
• 35th in access to mental healthcare to children who need it
Breaking Down Florida’s Bottom Third Ranking: Family and Community

Florida’s Ranking: 34th

Why?

- 32nd for children living in homes where the head of household lacks a high school diploma
- 29th for children living in high-poverty areas
- 21st for teen births
Breaking Down Florida’s Bottom Third Ranking: Family and Community

How Can Florida Improve?
• Services and support systems to help families get out of poverty
• Proven programs that help teens graduate from high school

Beyond Kids Count
• 41% of child deaths were from families with previous involvement with DCF
• 1st for number of youth transferred to adult courts
• 5th for juveniles in residential placement for parole violations
• 3rd for human trafficking reports, 32% involving a minor
Conclusion

• Kids Count provides a baseline for where the state stands

• Must go beyond the 16 indicators in the annual ranking

• The more we can learn the better we will be able to accurately and successfully craft solutions to address the deficits
Poverty
Why So Many Families Continue to Struggle

Presented by:
Linda Alexionok
President, Voices for Florida
Florida: Moving on the Right Path?
Florida
Moving on the Right Path?

• 16th largest economy
• 3rd largest state
• Creates 1/10 jobs
• 1,000 new residents each day
Florida
Moving on the Right Path?

- Prosperity
- Viable employment
- Economic opportunity
Florida
Moving on a Different Path

- 3.129 million Floridians
- 944,415 under the age of 18
Florida
Moving on a Different Path

- Struggle
- Unemployment/underemployment
- Economic self sufficiency
Myths

• You must be born poor
• Hard work, good grades
• Cannot predict
# Poverty Guidelines

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For households with more than 8 persons, add $4,160 for each additional person.

*does not include Hawaii or Alaska
Florida Households in Poverty

Florida Households in Poverty by Family Size

- 2 (29.7%) households: 82,557
- 3 to 4 (52.1%) households: 161,718
- 5 or more (18.2%) households: 46,887

Using 2014 data

Single Parent
Married

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Florida Households in Poverty by Size

3.129 Million Floridians are Living in Poverty

- Adult: 2,184,646 (70%)
- Under 18: 944,415 (30%)
- 5 to 17: 663,896
- Under 5: 280,519

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Misperceptions

- One size fits all
  Situational poverty vs. generational poverty

- Broader impact and risk
  Businesses, economy and global competitiveness

- Programs are structured for success
  Government inflicted impediments
Self-Sufficiency Assistance Programs

Healthcare
- Medicaid
- Children’s Health Insurance Program (CHIP)

Monetary
- Earned Income Tax Credit
- Low Income Home Energy Assistance Program
- Temporary Cash Assistance for Needy Families
- Lifeline
- Supplemental Security System

Nutrition
- Supplemental Nutritional Assistance Program
- Women, Infant and Children
- School Breakfast Program
- School Lunch Program

Childcare
- Florida Head Start
- School Readiness
Hard Cliff

Benefits

Hourly Wage

Hard Cliffs
Self-Sufficiency Programs
Supported by Hard Cliffs

Income Limit as of the Poverty Line

- CHIP Healthcare ages 1-18
- Free/Reduced Price Breakfast
- Free/Reduced Price Lunch
- WIC
- School Readiness
- Lifeline
- LIHEAP
- Head Start
- Healthcare Parents

Hard Cliffs
“the path to prosperity for Florida relies on work-based solutions for individuals and families in poverty”

- Florida Chamber Foundation
A Path Forward for All Floridians

• Break the one-size fits all
  o Transportation subsidies
  o Non-motorized transportation
A Path Forward for All Floridians

• Engage, educate and incent businesses
• Corporate income tax credit
• Competitive bidding preference
A Path Forward for All Floridians

Replace hard cliffs with soft cliffs

Benefits

Hourly Wages

Hard Cliffs

Soft Cliffs
References

• 2018 Kids Count Data Book

• Florida Chamber Foundation, Less Poverty, More Prosperity: The Florida Fiscal Cliffs Report

• Florida State University, Symposium on Applied Economics: Poverty, Benefit Cliffs and Incentive Problems for Families in Florida
  http://learningforlife.capd.fsu.edu/appliedeconomics/#scrollToMovie

• Center for American Progress, The Top 10 Solutions to Cut Poverty and Grow the Middle Class

• Poverty in America: Why Can’t We End It?

• (ALICE) Asset Limited, Income Constrained, Employed, Study of Financial Hardship
Mental Health Access

How this is Connected to Violence and Bullying in Schools

Alisa LaPolt
Executive Director, NAMI
Who is NAMI Florida?

NAMI Florida is the state organization of the National Alliance on Mental Illness. We have 26 local affiliates in Florida that offer support groups, education, and information and resources for individuals and families affected by mental illness.
What is Mental Illness?

- Affects a person’s thinking, feeling or mood
- Affects a person’s ability to relate to others and function
- Multiple causes - genetics, environment, lifestyle, traumatic events, biochemical processes, brain structure
- No different than a physical illness – affects one organ: the brain
1 in 5 children have, or will have, a serious mental health condition (National Institute of Mental Health)

This ranges from situational anxiety and depression to serious mental illness such as schizophrenia or bipolar disorder

Two-thirds of children with ADHD have a mental health disorder – bipolar, anxiety or obsessive compulsive

Suicide is the third-leading cause of death for people aged 10–14 and the second leading cause of death for people aged 15–24
Challenge:
Early Identification and Treatment

• Half of all lifetime cases of mental illness begin by age 14

• On average, they’ll be 23 years old before their condition is identified and they get treatment

• Untreated mental health problems affects their ability to lead happy productive lives, putting them at risk of unemployment and even homelessness

• About 85 percent of unemployed adults in Florida have a mental illness (SAMHSA, 2012)
Baker Act

- Children make up 16 percent of involuntary examinations
- Over the past 15 years, the number of involuntary examinations doubled from 14,997 to 32,763 (Baker Act Reporting Center, University of South Florida)
Untreated Mental Health Problems in Schools

• Disciplinary problems at school – schools are increasingly Baker Acting young students across Florida

• Dropout risk – 37% of students age 14 and older with a mental health condition drop out of school, higher than any disability group
Untreated Mental Health Problems in the Juvenile Justice System

70 percent of children in the youth juvenile justice system have a mental illness (National Institute of Mental Health)
The Family Dynamic

- One study of children admitted to a psychiatric hospital shows that exposure to trauma and specifically physical abuse doubles the likelihood of readmission.
- 71 percent of the children had a family member with a psychiatric disorder.
- The most common diagnoses were ADHD, mood disorders and anxiety.

Behere, Besnet, Campbell, 2017
Connection with Drug Use

• Oftentimes, people with substance use disorder have an underlying mental health condition.

• It’s called dual diagnosis or co-occurring disorder.

• Children often experiment with drugs in adolescence. Untreated mental health problems can often lead to addiction problems.

• Of 1.3 million adolescents who had substance use disorder in the previous year, 28 percent also had a “major depressive event”.

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Gaps in Service: Shortage of Providers in School

- Recommended ratio of school psychologists to students: 1 to 500-700 students
- Ratio in Florida: 1 to 2,032 (Florida Task Force on Involuntary Examination of Minors, 2017)
- Recommended ratio of school counselors: 1 to 250 students
- Ratio in Florida: 1 to 531 (OPPAGA, March 2015)
- Ratio of school social workers in Florida: 1 to 2,469 (Task Force)
Gaps in Service:
The Parkland tragedy has highlighted the shortage of mental health services for children and youth

• About 75 to 80 percent of youth in need of mental health services do not receive them because existing mental health services are inadequate (National Association of School Psychologists)

• Certain students, including students with disabilities, students of color, and students from low-income families, are at greater risk for mental health challenges, but are even less likely to receive the appropriate services

• Of those who receive services, most (70 to 80 percent) receive those services in schools
Gaps in Service: Insurance Availability

- **Children with private insurance** -- insurance plans often don't cover treatment for mental health as robustly as they do for physical illness (they don't follow parity in treatment)

- **Children with ACA plans** -- health plans are required to follow parity laws, but may have long waits for appointments

- **Children with Medicaid** -- four in 10 children in Florida are covered by Medicaid. Often, mental health professionals don't accept Medicaid. Also, Medicaid doesn't always cover the duration of treatment needed
Possible Solutions

• Parity laws must be followed by insurance plans
• Student loan forgiveness programs for psychiatrists
• Telepsychiatry services
• Certified School Match Program for mental health services
• School-based or school-linked mental health programs
By Aug. 1, school districts must:

• develop and submit a detailed plan for use of state funds

• plans must focus on delivering "evidenced-based mental health care" including assessment, diagnosis, intervention, treatment and recovery services

• focus is on "students with one of more mental health or co-occurring substance abuse diagnoses and students at high risk of such diagnoses."

• services must be coordinated with a student's primary care provider and other mental health providers involved in the student's care

• can include direct or contracted employment or partnership with one or more local community mental health programs, agencies or providers
There is Hope

• Early identification is key

• Recovery, including meaningful roles in social life, school and work, is possible, especially when treatment is started early
Supports in Florida

- Schools – SB 7026 requires schools to create a system of identifying and referring students with mental health conditions to community providers. It builds on SEDNET.

- SEDNET – Each school district has a multi-agency Students with Emotional/Behavioral Disturbances Network.

- Youth Mental Health First Aid – This program will be available in schools to teach staff how to recognize symptoms of mental illness in students.
First episode psychosis – Florida has a limited amount of money for early treatment of first episode psychosis funded through the state Department of Children & Families. More money is needed.

Schools – SB 7026 requires schools to create a system of identifying and referring students with mental health conditions to community providers. It builds on SEDNET.

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Youth Mental Health First Aid – This program will be available in schools to teach staff how to recognize symptoms of mental illness in students.

Community action teams – These are state-funded teams that provide intense treatment to individual ages 11-18, but their availability is limited.

DCF’s Children’s Mental Health Program – It provides funding for in-home and community based outpatient services, crisis services and residential treatment (including psychiatric residential treatment facilities, Therapeutic Foster Care and Therapeutic Group Homes

The Florida Children’s Cabinet has made mental health a priority.

NAMI Florida – www.namiflorida.org

Classes and support groups for parents of children with a new mental illness diagnoses
Getting Children Off to a Great Beginning

Getting the Biggest Return on Investment

Presented by:

Dr. Samantha Goldfarb
Assistant Professor
Department of Behavioral Sciences and Social Medicine
Florida State University College of Medicine
Introduction

In field of public health, the focus is on preventing poor outcomes
Introduction
Theoretical framework is Life Course Theory
How can we achieve optimal health and well-being among parents before they become parents so that they may impart the best outcomes on baby?
Intervention Point 1: Preconception

• Address needs related to physical health, mental health, and substance use among adolescents and young adults

• Family planning support focused on sex education and contraceptive care to minimize unintentional pregnancies and poor birth outcomes
Intervention Point 2: Pregnancy

- Underutilized time for intervention - ideal window for motivating behavior change
- Support for screening, assessment and treatment of mental health and substance use among mothers is most critical
Intervention Point 3: Postpartum

Support for parenting education and home visiting programs which meet new parents where they are
Conclusion

• Regardless of the stage (and even beyond postpartum), we need to be identifying the risk and protective factors that families are facing

• Support all levels of services that ameliorate the risk factors and strengthen protective factors

• Healthy parents lead to healthy kids and ultimately healthy families
Q&A