Children's Workgroup Report

Report of the Children's Workgroup of the Florida Commission on Mental Health and Substance Abuse

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EXECUTIVE SUMMARY

The 1999 Legislature created the Florida Commission on Mental Health and Substance Abuse to study the management, operation, and effectiveness of the existing mental health and substance abuse system in Florida, and to develop recommendations for strengthening the system. The Commission in turn established four workgroups to conduct more in depth examinations of particular issues than it was possible for the entire Commission to do. This serves as the Executive Summary of the report of the Children's Workgroup.

METHODS USED BY WORKGROUP

The Children's Workgroup was co-chaired by the Honorable Jeri Cohen of Miami, and John Haines, Ed.D., of Tallahassee. It included five other members of the overall Commission, and representatives from a number of state agencies. In addition, providers of service, parents of children with mental health and/or substance abuse challenges, one young adult who had experienced problems as an adolescent, and researchers participated in meetings.

The workgroup held six meetings, gathered information on promising approaches within and outside of Florida, met with individuals from key organizations within the state, and solicited 14 invited presentations, many on successful interventions around the state. The findings and recommendations of the workgroup are based on information gathered through these methods, as well as testimony presented to the overall Commission.

FINDINGS

The workgroup found that in terms of seriousness of the problem, mental health and substance abuse problems have a significant impact, conservatively, on at least 10% of youngsters. These problems not only produce great distress and turmoil but also interfere with functioning in a number of important life domains, such as school, family life, and community life. Children with mental health and substance abuse problems are extremely prevalent in other systems, such as the dependency system, the delinquency system, and the schools. For many youngsters, these problems are not just temporary reactions to stressors in their environment but have negative long-term consequences, and great costs both from a humanistic and financial perspective.

The workgroup found that many public agencies have an important role to play in providing resources for mental health and substance abuse services, and that there are numerous funding streams. With so many entities involved, there is an inevitable fragmentation in funding, planning, and service delivery, and a general lack of overall accountability for meeting the needs of the general population for mental health and substance abuse services. The workgroup concluded that despite the large number of funding streams, the system suffers not only from fragmentation but also from an inadequate amount of resources.

In the presentations made to the workgroup, and in the material it reviewed, there was a general consensus that integrated, community-based systems of care represent the approach to be taken in serving children with severe behavioral health challenges and their families. It was also concluded that for individuals with serious problems and their families, the most effective approach was to develop

an individualized and comprehensive treatment plan. In order to facilitate such individualized plans, the system needs a strong and well-trained case management capability, funds that are flexible, strong partnerships with parents, and strong partnerships between systems. The workgroup found that within both the mental health and substance abuse systems, Florida has strong statutes that call for the establishment of community-based systems of care that allow this to happen. The problem is not with the statute but with the absence of the resources to implement it.

The workgroup consistently heard the message that the key to long-term progress is a greater emphasis on prevention, and on the promotion of health and well-being. While there are many promising efforts at prevention and health promotion, the workgroup found that there is not a well-coordinated, comprehensive prevention effort with multi-system planning in Florida.

The workgroup also found that there is a need to strength the capacity of existing providers to offer high quality care consistent with the principles of systems of care. Also, there are needs to create a strong system of screening for mental health and substance abuse problems within agencies outside of the immediate mental health/substance abuse provider network, to create opportunities for families to play an increased role in planning at the system and treatment level, and to develop systems that are responsive to the great diversity of our population. The need for strong information and referral services was also clearly identified, and efforts to develop such a system are currently underway. The workgroup found that there is a need to strengthen the l capacity of local communities and districts to develop and manage effective systems, and also a need to re-examine accountability mechanisms and information systems.

VISION FOR THE SYSTEM

The workgroup developed a set of values and principles and an overall vision to guide the efforts to strengthen the system. These values and principles were based on the vision created by the overall Commission, on testimony heard by the workgroup, and on research findings.

This vision emphasizes the importance of individualized, family-centered, community-based and culturally competent services. It seeks to promote integration both at the service delivery and system level, and accountability at the practice level and at the system level. It supports the promotion of health and well-being, and the prevention of problems as being the most humane and cost-effective strategy. It emphasizes the need to have a wide range of services, and strong family involvement at all levels. It also supports providing access to care for all children and families, developing a large and diverse provider network, and providing families with reasonable choice about providers and services.

The vision also calls for efforts to educate the community about the needs of children and families, to ensure coordination and collaboration between systems in planning, funding, and service delivery, and to provide case mangers to work closely with children with the most complex needs and their families. It calls for a focus on strengths of children and families as well as problems, and the use of a strong developmental perspective, including appropriate promotion, prevention, and treatment services across the life cycle for children, beginning with the youngest of children and including children making a transition into adulthood.

RECOMMENDATIONS

The workgroup calls for the following:

- The development of a strong case management system with flexible funds and reasonable caseload sizes so that children and families with serious needs can receive individualized and comprehensive services;
- The reduction of system fragmentation through a coordinated effort between systems, the use of lead agencies and administrative service organizations, and the blending or pooling of funds;
- The initiation of joint planning for children's mental health and substance abuse services by, at a minimum, the mental health and substance abuse systems, the child protection system, the juvenile justice system, the Medicaid program, and the school system;
- A strong emphasis on prevention and health promotion, and the creation of an overall state plan to promote the well-being of Florida's children;
- The strengthening of local capacity, and infrastructure partly through the use of lead agencies and administrative service organizations, and partly through support of the public agencies with mandated responsibility for children and families;
- The seeking of new funds to respond to the serious and high level of unmet need, at the same time as diligent efforts are made to ensure the most efficient use of existing funds;
- The addition of resources to support the language in Chapters 394 and 397 that call for the creation of pilot system integration programs;
- The continued support of strong informal and referral systems;
- The increase of parent involvement in treatment planning, and also in both in local and state level planning and policy development;
- An emphasis on developing services and systems that are responsive to the diverse needs and help-seeking patterns of various racial and ethnic groups within Florida;
- The re-examination of the overall accountability system for mental health and substance abuse services with an emphasis on the development of an accountability system that provides practical information that can be used in local communities to improve their systems;
- The development of consistent screening procedures for mental health and substance abuse problems within such systems as primary health care, child care, education, and developmental services;
- The state to ensure that all children have adequate behavioral health care coverage either through the public or private sector, with a study being done to determine the cost of accomplishing this, and alternative strategies for expanding existing coverage;
- The establishment of mechanisms and resources for independent study and evaluation of promising innovations in communities around the state so that other communities can benefit from the innovations.

CONCLUSION

The workgroup is convinced that the social and emotional well-being of children is the foundation for success in school, for positive peer relations, for constructive community involvement, for service to the community, and ultimately, for becoming productive, contributing, healthy adults. The workgroup is also convinced that the importance of social and emotional development, and of the systems and services that support this, are poorly understood. Our state bears an enormous cost for its failure to understand this, and to adequately respond to the needs of our children. The workgroup hopes that this report will inform our citizens about the needs and opportunities, and will provide a vision and a set of tangible recommendations for better serving our children and families.

INTRODUCTION

The Florida Commission on Mental Health and Substance Abuse was created by the 1999 Florida Legislature to study the management, operation, and effectiveness of the existing mental health and substance abuse system in Florida, and to develop recommendations for strengthening the system. The Commission consists of 23 individuals with differing perspectives on mental health and substance abuse from around the state of Florida. The Commission is chaired by David Shern, Ph.D., Dean of the Louis de la Parte Florida Mental Health Institute, and held its first meeting in December, 1999.

In April, 2000, after hearing much testimony in its first four meetings, the Commission established four workgroups. These groups were to work within the mission, vision, and values of the overall Commission, and to do more in-depth examination of specific issues and needs than it was possible for the entire Commission to do. This report presents the findings and recommendations of the Children's Workgroup. The main purpose of the report is to offer information for the entire Commission to consider in the preparation of its report. However, this report is also intended to be a "stand-alone" document that can be used for the specific purpose of strengthening services, systems, and outcomes for children with mental health and/or substance abuse problems, and their families.

METHODS USED BY WORKGROUP

The workgroup was co-chaired by the Honorable Jeri Cohen of Miami, and John Haines, Ed.D., of Tallahassee. Five other members of the overall Commission participated in meetings of the workgroup. Other individuals participated on the workgroup including representatives from state agencies, such as the Department of Children and Families, the Department of Juvenile Justice, the Agency for Health Care Administration, and the Department of Education. Also, providers of services, parents of children with mental health and/or substance abuse challenges, one young adult who had experienced problems as an adolescent, advocates, and researchers participated in meetings. The workgroup was staffed by the Department of Child and Family Studies of the Louis de la Parte Florida Mental Health Institute.

The workgroup held five meetings in conjunction with overall Commission meetings. These meetings were held in Orlando in April, in St. Petersburg in May, in Tallahassee in June, in Ft. Myers in August, and in Pensacola in September. In addition, a special daylong meeting on financing of services was held in Tampa in August. Also, at its January meeting in Ft. Lauderdale, prior to the establishment of the workgroups, the Commission specifically focused on issues related to children and their families.

The varied locations for the meetings were very helpful in making it easier for individuals from around the state to attend meetings, and offer their views. However, they also created a barrier to consistent participation from individuals from around the state. As a consequence, there was minimal continuity in participation in the workgroup meetings with the exception of Commission members, and representatives of state agencies.

The workgroup reviewed considerable material in developing its findings and recommendations. This included testimony to the overall Commission, special presentations to the workgroup, relevant Florida statutes, reports, and other documents, and reports and documents from other states, from the federal level, and from professional organizations. Ms. Sheila Pires from the Human Service Collaborative in Washington, D.C., attended the special meeting on financing and served as a consultant on this topic.

The workgroup, in its initial meetings, determined that it was easier to focus on the deficits in the existing systems than it was on creative and cost-effective approaches to strengthening the system but that such a problem-oriented focus would not be as beneficial as a more solution-oriented focus in the long run. In an explicit effort to focus on solutions rather than problems, the workgroup gathered information on promising approaches within and

outside of Florida, met with individuals from key organizations within the state, and solicited 14 invited presentations, many on successful interventions around the state. These presentations covered such topics as the design and organization of service systems, the financing of services, and the integration of services across systems.

The findings and recommendations presented here were, therefore, the result of discussions within the workgroup, testimony to the overall Commission and the workgroup, review of material, and discussions with representatives of organizations with a state perspective on mental health and/or substance abuse. A draft of the findings and recommendations was presented to the overall Commission at its October, 2000 meeting in Miami, and the input from the Commission was incorporated into this report.

FINDINGS

MENTAL HEALTH AND SUBSTANCE ABUSE DISORDERS IN CHILDREN: SERIOUSNESS OF THE PROBLEM

The first set of findings that is important for setting a context for the overall report has to do with the seriousness of the problem. Seriousness involves the prevalence of a problem, its impact on individuals directly and indirectly affected by it, its long-term consequences, and its cost to individuals and society. This section will provide some basic information about the seriousness of the problem.

Prevalence of Emotional Disturbances There are no studies specific to Florida that estimate the overall prevalence of emotional disturbances in children and adolescents. However, a recent review of the studies done nationally estimates that approximately 20% of all children have a diagnosable mental disorder, and from 11% to 13% of children in Florida between the ages of 9 and 17 have a "serious emotional disturbance" (Friedman, Katz-Leavy, Manderscheid, & Sondheimer, 1996, 1998). These are large figures that are beyond the ability of states to serve. Most states have chosen, in the public mental health system, to identify priority populations. There has specifically been an emphasis on services for those youngsters with a serious emotional disturbance. Such youngsters not only have a diagnosable mental disorder but the disorder is significantly impairing their functioning at home, in school, or in the community.

At the time these estimates were made for the federal government, research data were not available to determine the prevalence of serious emotional disturbance in children under the age of nine. However, a recent study done in Chicago estimates that nine percent of children in the two to five year age range show serious mental health problems (Lavigne et al., 1996). While this seems like a high percentage of pre-school children, it is consistent with findings on the number of children who enter kindergarten without being prepared to succeed, and with research on the importance of social-emotional skills for school readiness (Knitzer, 2000). Young children with emotional disturbances are clearly an under-identified and under-served population.

The nature of the mental health problems that children and adolescents have is quite varied. Some of the most common diagnoses are anxiety disorders, attention deficit with hyperactivity disorder, conduct disorder, depression, and oppositional disorder. Individual children frequently have more than one of these disorders, and often have other problems, such as learning disabilities, developmental disabilities, and physical health problems as well (Friedman, Kutash, & Duchnowski, 1996).

One of the most serious outcomes of emotional disorders is suicide. The Florida Youth Suicide Prevention Study, in a report to the Florida Legislature in September, 1999, indicates that suicide is the fifth leading cause of death of children ages 5 through 14, and the third leading cause of death for youth ages 15 to. In 1994, 2200

individuals under the age of 20 took their own lives in the United States (Metha, Weber, & Webb, 1998). Between 1980 and 1994, the rate among ages 15 to 19 increased by 30.6%, and the rate for ages 10 to 14 increased by 120%. In response to the seriousness of the problem both with youth and adults, U.S. Surgeon General David Satcher, in July 1999, declared suicide a serious national threat and released a national strategy to increase research on suicide prevention and educate the public on the causes and signs of impending suicide.

While precise figures for emotional disturbance or suicide are not available based on Florida studies, it is clear that a significant number of children in Florida have serious mental health problems, and a conservative estimate is that 10% have a serious emotional disturbance.

Prevalence of Substance Abuse Problems The percentage of children in Florida with serious substance abuse problems can be estimated from the recent findings of the Florida Youth Substance Abuse Survey 2000, conducted by the Florida Department of Children and Families. Data on this survey were obtained from 65,246 Florida children in grades six through 12. The surveys were administered between December, 1999, and February, 2000.

The results of this survey indicate that 15.8% of surveyed youth reported use of an illicit drug within the 30 days prior to the survey, 31% reported use of alcohol within the 30 days prior to the survey, and 35% reported past 30-day use of alcohol or any illicit drug. The percentage of youngsters using alcohol in the past 30 days ranged from 11.7% for sixth graders to 51.2% for twelfth-graders. Of the high school youth included in the survey, 23.3% reported binge drinking (i.e. five or more drinks in one sitting) in the past two weeks.

The rate of current use of marijuana (within the past 30 days) is 11.2%, with use ranging from 3.3% in the sixth grade to 44.2% in the twelfth grade. Almost ten percent (9.8%) of students have used an illicit substance other than marijuana in the last 30 days (including 7.7% of middle school students). This rate peaks in the twelfth grade at 11.3%, indicating that more than one in ten twelfth graders in Florida have used inhalants, hashish, LSD, methamphetamines, cocaine, crack cocaine, steroids, heroin, other narcotics or barbiturates in the last 30 days. The percentage using any illicit drug within the past 30 days is 15.8%. The percentage of youth reporting the use of any illicit drug, including marijuana, during their lifetime rises from 12.1% in the sixth grade to 47.2% in the twelfth grade.

These data, recently collected from Florida students, show high rates of recent use both of alcohol and illicit drugs. Perhaps of particular concern are the findings that 23.3% of high school youth reported binge drinking in the past two weeks, and 15.8% reported the use of an illicit drug in the past 30 days, including almost eight percent of middle school students.

Relationship to Other Systems and Co-Occurrence Above and beyond the overall data on prevalence of mental health and substance abuse problems, the workgroup heard information about the significance of these problems in other systems. For example, it was reported by individuals involved in the dependency system that 75% of the children in foster care have mental health and/or substance abuse problems. Children in the dependency system between the ages of zero and three have also been identified as being at risk for a negative trajectory of development, including emotional, behavioral, and developmental challenges (Katz, 2000). It was also indicated to the workgroup that of the approximately 100,000 Florida youth between 10 and 17 years of age who are referred for delinquency each year, 60% have emotional problems, 36% have serious substance abuse problems, and 20% have a serious mental disorder. These findings underscore the importance of a multi-sector approach to mental health and substance abuse issues.

The workgroup heard reports of children in the child protection and delinquency system in grave need of

behavioral health services who have had to wait for extended periods of time, often being kept in detention and shelter for excessive periods until such services could be made available. The paucity of relevant services for these children, especially adolescents, has created an emergency situation in many communities that has left families and the courts in crisis. In the delinquency system, children with severe mental health and substance abuse problems are often kept in detention for extended periods of time waiting for appropriate placements. While awaiting appropriate placements, the mental health of these children deteriorates because the detention facilities lack therapeutic services. In some instances the wait for placement can exceed six months. This problem is especially acute for girls in the delinquency system, who have fewer opportunities to access services than boys do.

Reports from Commission members and from testimony indicate that in the dependency system, especially in the large urban areas, it is very difficult to access mental health and substance abuse services for adolescents. In addition, there is a shortage of therapeutic foster placements for children with mental health problems, creating a situation where adolescents live in temporary shelters, move from home to home, or become runaways. The lack of therapeutic homes also results in adolescents remaining unnecessarily in residential placement because of the absence of appropriate placement in a less restrictive program. The inability of the courts to adequately assist children who have been abused, abandoned, or neglected is directly linked to the lack of therapeutic placements and services. Particularly with children over the age of 11 in the dependency and delinquency system, the necessary continuum of care is just not available.

In addition to dependency and delinquency, there is a parallel system of adolescents coming into the system as CINS (Children in Need of Supervision). These are children who have not committed delinquent acts, and so are not in the delinquency system, but are beyond the ability and/or willingness of their families to care for them. In 1999, there were 26,000 such youngsters served in Florida, 40% of whom were runaways or homeless. Almost half of these children have been abused, and 75% are between the ages of 13 and 16. The workgroup heard that there is a critical absence of needed services for this population as well.

Other systems with a large number of children with mental health and/or substance abuse challenges include the primary health care system, education, and childcare. Findings from a recently completed study of primary health care by Kelleher et al. (2000) indicate that almost 30% of the visits to pediatricians or family practice physicians by children three years of age or older involve some type of socio-emotional problem. This is such a significant number that the recent Surgeon General's Conference on Children's Mental Health placed a major emphasis on including a "mental health check-up" as part of the overall check up that children receive when they receive primary health care.

Although no specific numbers were presented with regard to the schools, a continuous theme of testimony to the workgroup and discussion within the workgroup was that schools must be an essential part of a collaborative community effort to improve the social and emotional well-being of children. In particular, reports from parents emphasize the important difference, for the better or for the worse, that schools can make in the life of a child with a special challenge (Ringeisen et al., 1999). While schools are clearly not the panacea for all of the emotional ills of children, they do play an important role in a comprehensive community-wide approach to the needs of children and families.

Young Children The importance of childcare settings and the entire early childhood period was emphasized to the workgroup and to the entire Commission on several occasions, and is supported by the data already presented from Lavigne et al. (1996). One national expert on early childhood issues, in a presentation to a meeting convened by the Florida State University Center for Prevention and Early Intervention, emphasized that the major barrier to school readiness for children is not the lack of appropriate cognitive skills but rather the

absence of needed social and emotional skills (Knitzer, 2000).

On a positive side, research done at the Linda Ray Intervention Center of the University of Miami since 1993 on over 500 infants and toddlers born prenatally exposed to cocaine shows that an investment in comprehensive services can reduce greatly the presence of special problems later in childhood (Katz, 2000). The challenge is to develop and support such comprehensive intervention programs and systems.

To advance this important issue, the FSU Center for Prevention and Early Intervention Policy has led a statewide group in the development of a strategic plan to establish a system of mental health services for infants and young children and their families in Florida. This plan builds on the increasing research base that highlights the importance of the first years of a child's life, and deplores the fact that in Florida very young children have to wait until they are older and their problems are much more severe before they receive mental health services.

Mental health professionals historically have ignored the needs of young children. It has become increasingly apparent in recent years, however, that young children are very vulnerable and are significantly affected by such things as disruptions in key relationships, exposure to violence, and exposure to drugs in utero. Many children already demonstrate serious problems in their early years while others are at a critical junction for the development of such problems. As demonstrated in research in Dade County (Katz, 2000), and in the work reviewed by the FSU Center for Prevention and Early Intervention Policy, there are effective interventions for young children and their families which can make a major difference in their lives for years to come. The challenge is to develop a mechanism for systematically identifying youngsters and families in need, and for making effective interventions available to them.

Other data also indicate the inter-relationship between systems. For example, it was reported that 80% of children in the child protection system have parents with mental health and/or substance abuse problems, and 50% of the adults in the substance abuse system have children. Both of these findings speak to the need to recognize that children and adults are members of families, and suggest that effective interventions need to be family-focused and not just focused on individual family members. These findings also indicate the need for child and adult systems to work closely together.

Co-Occurrence of Mental Health and Substance Abuse Problems The issue of co-occurrence of mental health and substance abuse problems in youngsters was also examined by the workgroup. The National Comorbidity Study, the largest national research project examining the co-occurrence of mental disorders and substance abuse (Kessler et al., 1994), studied individuals between 15 and 54 years of age. This study reported that of those individuals with co-occurring mental health and substance abuse disorders, in 83.5% of the cases, the mental health disorder was first, in 3.7% they occurred at the same time, and in 12.8% of the cases, the substance abuse disorder occurred first. The median age of onset for the mental health disorder was 11 years while the median age of onset for substance abuse was five to ten years later, creating what has been referred to as a "window of opportunity" to prevent substance abuse problems by effectively treating mental health problems. Kessler concludes that, "It's clear a substantial part of the drug problem, and the more severe and prolonged drug problem, is in people starting out with emotional problems. And the drinking and drug problems are just a kind of manifestation of that." Studies have shown that of youngsters treated for substance abuse disorders, 80 to 85% also have a mental health disorder (Greenbaum, 2000). Despite the research that shows a high degree of co-occurrence, the workgroup found that while the mental health and substance abuse systems work cooperatively in a number of instances, the two systems were basically separate, and there was an overall lack of integrated treatment or even consistent cross-system training.

Long-Term Consequences Within the mental health field, it has been pointed out that while many of the more mild emotional disorders do not have long-lasting negative effects, serious emotional disturbances tend to be persistent and to have negative effects in many life domains (Friedman, Kutash, & Duchnowski, 1996). The results of the National Adolescent and Child Treatment Study (Greenbaum et al., 1998), which followed 812 youngsters with serious emotional disturbances from five states (including Florida) for a seven-year period, found subsequent difficulty in socio-emotional functioning but also poor educational performance, a weak work record, and increased involvement with substance abuse and the criminal justice system as the youngsters aged.

Based on the National Comorbidity Study, Kessler (1994) found that early onset disorders tended to be more severe and disabling than later onset disorders. He indicated that early onset psychiatric disorders have been associated with subsequent truncated educational attainment, higher risk of teenage childbearing, higher risk of early marriage, lower probability of later marriage, and lower family income.

In his testimony to the Commission, Dr. Alan Leshner, Director of the National Institute on Drug Abuse, reported that if youngsters can be prevented from using illegal substances through their adolescence, then the likelihood of an adult substance abuse disorder is slight. This finding, as well as the findings on the long-term consequences of emotional disturbances, underscores the importance of prevention efforts.

Overall, in terms of the seriousness of the problem, the workgroup found that mental health and substance abuse problems affect a significant number of youngsters; that they not only produce distress and turmoil but interfere with functioning in a number of important life domains; that they are extremely prevalent in other systems; and that they are associated with an inter-related set of negative long-term consequences and great costs both from a humanistic and financial perspective. The workgroup findings emphasize the need for prevention and early intervention, and for collaborative and integrated efforts across systems.

RESOURCES

The first finding with regard to resources is that many public agencies have an important role in providing resources for mental health and substance abuse services, and there are numerous funding streams. *Figure 1* illustrates the major funding streams. As this figure indicates, in addition to funds from the mental health and substance abuse program offices of the Department of Children and Families, other resources come from the Medicaid program, from education, from child welfare, from juvenile justice, from Title XXI (CHIP), from children's medical services, and from welfare reform (TANF). In addition, local funds are provided by many counties, and many services are funded, of course, either by private insurance or by families themselves.

This combination of funding sources and streams is partly a matter of federal policy and partly a matter of state policy. With so many entities involved in providing funds, there is an inevitable fragmentation in funding, planning, and service delivery. Despite some commendable efforts, there is not an overall strategy for determining how these different funding streams, each with their eligibility requirements and categorical restrictions, can best be joined together on behalf of children and their families, and very few examples of pooled or blended funding. This sometimes results in children and families having multiple case managers which contributes to extra expense and detracts from having a comprehensive approach to support the child and family based on a single treatment plan that everybody agrees to. In other instances, it results in children with significant needs being denied services because they do not meet particular eligibility requirements. Further, the workgroup concluded that while each entity may develop accountability for the use of its own funds, there is a general lack of overall accountability at the level of the community-based system.

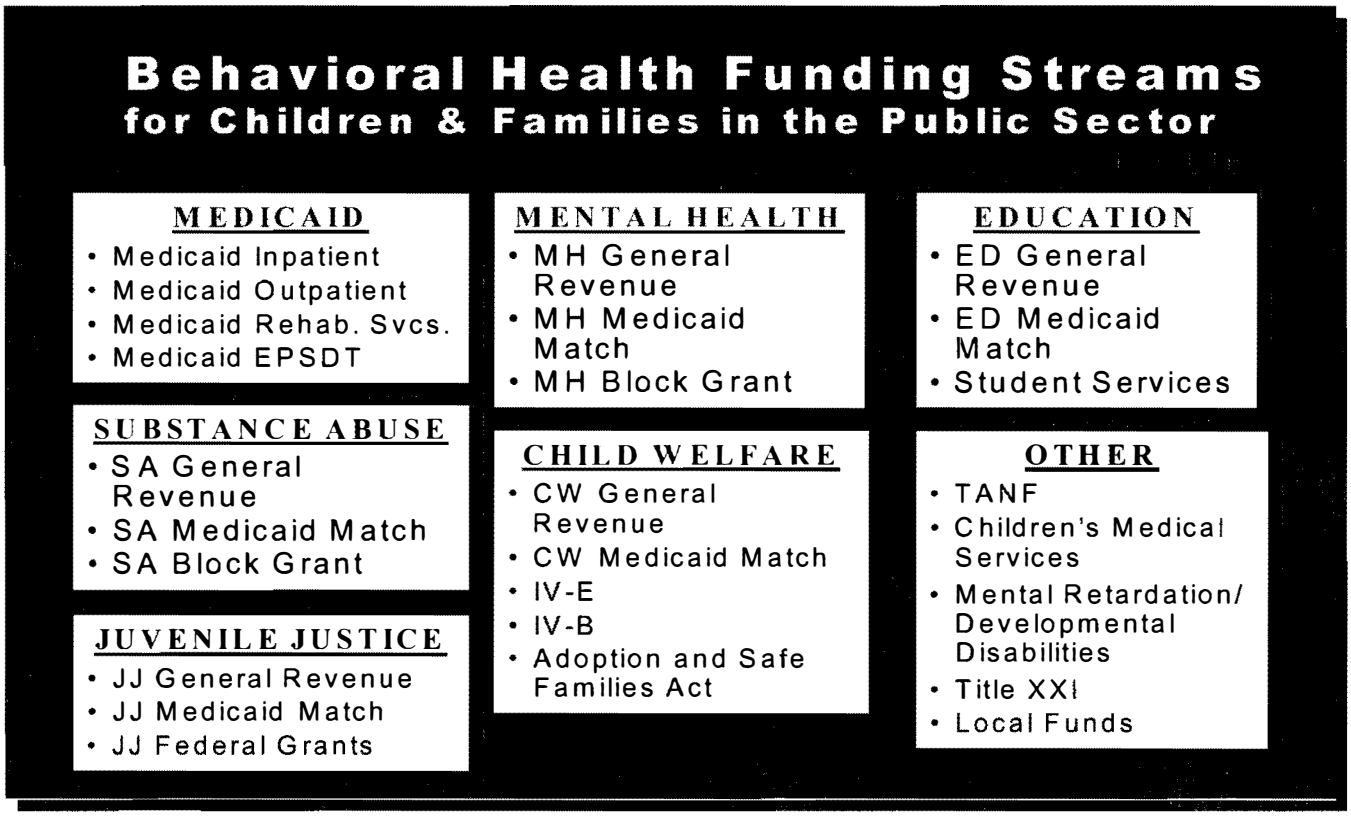

Figure 1

Despite the large number of funding streams, the workgroup believes that in totality the resources available to meet the needs of children with mental health and/or substance abuse problems are inadequate. By its own estimate, for example, the mental health and substance abuse system supported by funding from the Department of Children and Families presently serves about 23% of children in need of mental health services, and 14% of children in need of substance abuse services. The DCF budget for children's mental health services for FY 2000-2001, based primarily on general revenue and federal funding, is just under $100 million. The comparable DCF budget for children's substance abuse is approximately $58 million. Even with funds that come from other sources, such as Medicaid, the schools, juvenile justice, and Title XXI, the workgroup concluded that existing resources are inadequate to meet even priority needs, such as children with serious emotional or substance abuse problems.

The 1990s were a time of considerable shift in funding source for children's mental health services. *Figure 2* indicates the amount of funding that came from the federal Medicaid program for FY 1989-90 in relation to general revenue funding, and comparable figures for FY 1998-99. The good news in this figure is that like most states, during the nineties Florida leveraged its general revenue funding by using it as a match to secure federal Medicaid funding. The workgroup recognizes and appreciates this effective leveraging of funds, while also recognizing that the public system has a responsibility not just for serving Medicaid children, (although there are 840,000 Medicaid eligible children in Florida) but other children in need as well. The workgroup also questioned whether Florida is yet fully realizing the potential of Medicaid. In particular, a Medicaid match program has been established with the public schools but this program has only been

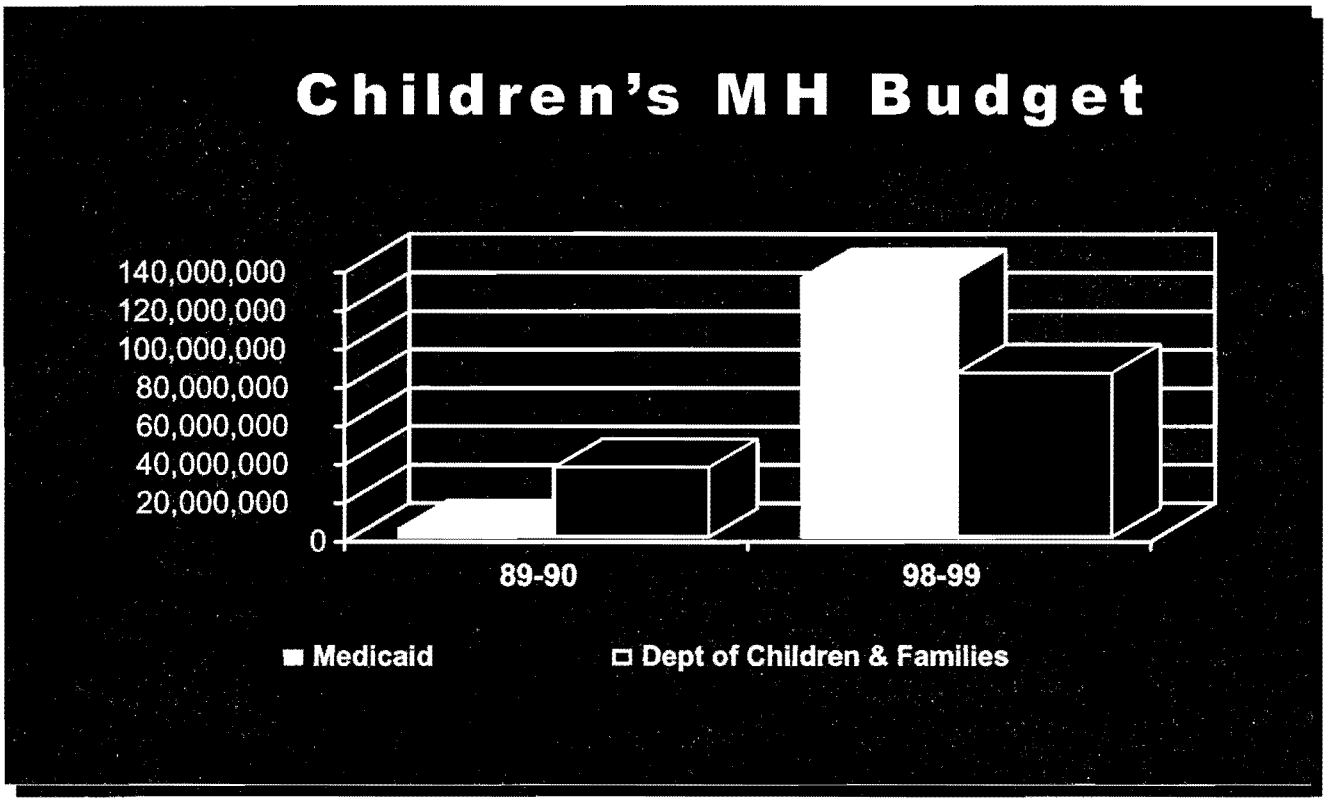

Figure 2

used minimally for mental health problems. Also, local government agencies provide funding for mental health and substance abuse services that is not adequately captured as match for federal funds. In addition, this year Florida has begun the use of an IMD waiver in children's mental health to leverage funding for residential treatment. This waiver does not include substance abuse services at the present time, however.

Figure 3 shows the growth in state and federal funding for children's substance abuse services during the past decade. This figure indicates a sizeable increase in overall funding in FY 1999-2000, due to an increase at the federal level in block grant funding. It also shows very little change in state funding over the past four years. Both this figure and the figure for children's mental health must be considered in the context of population growth in Florida, as well as inflation. For example, the population of children up to age 17 in Florida grew from 2,988,455 in 1990 to 3,569,878 in 1999, an increase of 19.45%. When the population increases and inflationary increases are taken into account, the state contribution to children's mental health and substance abuse services during the nineties shows very little increase.

This has also been a time in which the use of managed care in Medicaid has increased considerably across the country (Pires, Stroul, & Armstrong, 1999). In Florida, managed care was introduced in the Prepaid Mental Health Plan in Area 6 in 1996. This plan has been evaluated by the Louis de la Parte Florida Mental Health Institute in a comparison of fee for service, HMO, and mental health carve out plans. There were no major differences found in access to care or outcome of care for children as a function of the funding mechanism that was used, although early findings did indicate that children in the carve out received higher quality and more comprehensive services

than children in the HMOs. Prepaid plans are now being expanded to four other areas in the state. In these instances, unlike the Area 6 demonstration, they will cover both substance abuse and mental health services.

The Department of Juvenile Justice reports that they are currently spending $5.57 million for mental health overlay for existing beds, and $5.3 million for substance abuse overlay for existing beds. They also have $28.5 million for behavioral health overlay services, and are developing a health unit in their department for the first time. On the other hand, their prevention programming was significantly reduced during the past year, and is at jeopardy of being further reduced.

The movement towards community-based care as a reform of the state child protection system builds on a variety of funding sources as well, including large federal commitments through Title 4A and Title 4E. This effort is based on the system of care philosophy and will conduct competitive procurement processes to identify lead agencies. Such competitive procurement processes, while statutorily required in community-based care, are not required in the mental health or substance abuse system. These systems may continue to fund providers from year to year based on their overall performance without having to engage in a competitive process. The community-based care representatives view this competitive procurement requirement as a system change opportunity for communities. Community representatives can come together initially to determine the type of system they want, and DCF can then move towards securing it through the procurement process. This movement is still in the early stages of development, and the effectiveness of this model cannot yet be determined.

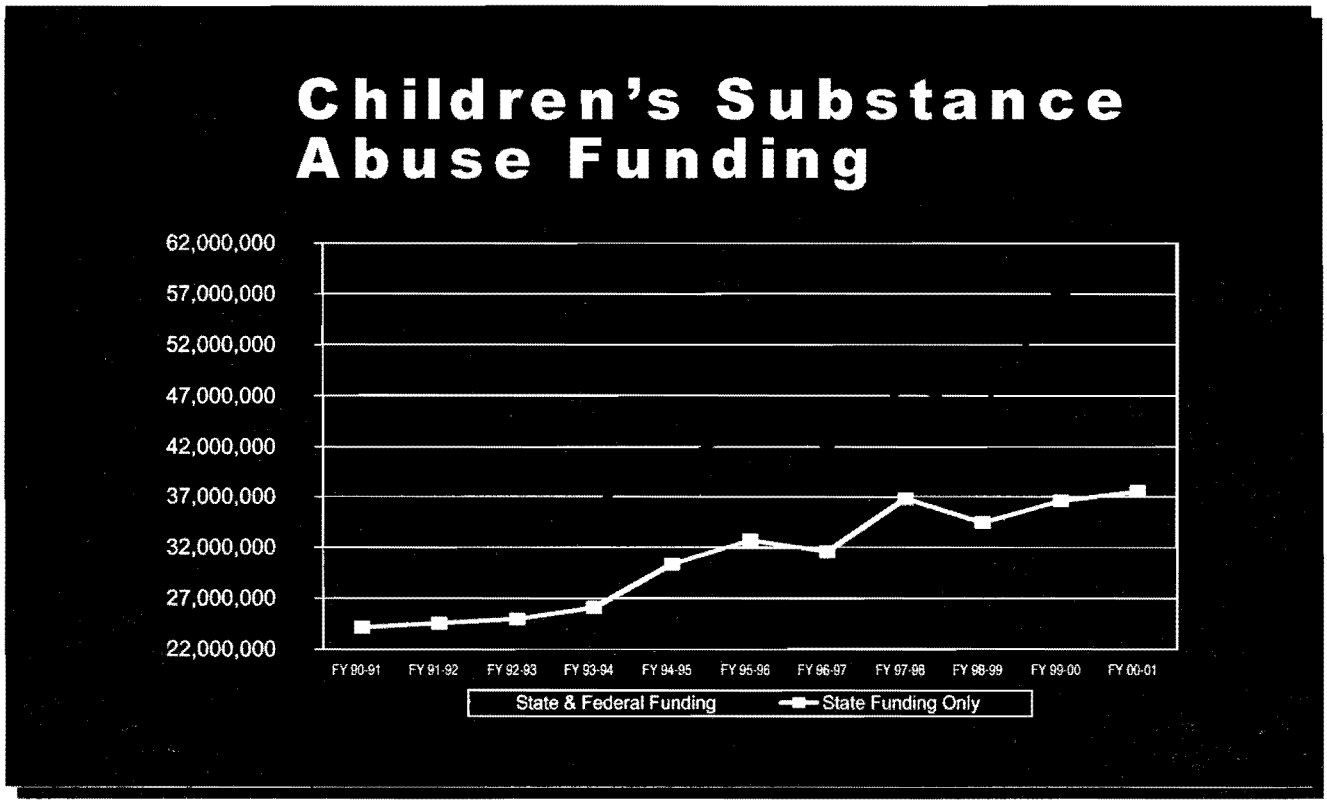

Figure 3

The workgroup also received reports that while the mental health and substance abuse systems are designed to provide services to children regardless of their ability to pay, the absence of either public or private insurance was still an impediment to receiving services. Concerns were also expressed about reimbursement rates for services under Medicaid, and about the failure of Medicaid to cover family interventions or services for children zero to five. An additional concern was that fiscal incentives were not being adequately used to promote system goals and objectives, such as collaboration across systems and community-based treatment.

Systems of Care

In the presentations made to the workgroup, and in the material reviewed by the workgroup, there was a general consensus that integrated, community-based systems of care represent the approach to be taken in serving children with severe behavioral health challenges and their families. This is supported by the Surgeon General's Report on Mental Health (1999) which indicates that, "the multiple problems associated with a serious emotional disturbance in children and adolescents are best addressed with a systems approach in which multiple service sectors work in an organized, collaborative way." The emphasis on comprehensive and integrated services also comes from a publication of the National Institute on Drug Abuse (1999), which indicates that, "the best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient."

The workgroup found that within both the mental health and substance abuse systems, Florida has strong statutes that call for the establishment of community-based systems of care. In fact, demonstration projects are currently underway for children's mental health in four Florida districts, and for substance abuse in two Florida districts. In addition, both Hillsborough County and Palm Beach County have received grants from the federal Center for Mental Health Services to establish such systems.

While federal funding is a strength, as are existing state statutes, resources to assist communities in developing such systems have not accompanied the statutes. Although Florida has a number of communities with promising efforts, and the workgroup heard reports from several of them, much more work is needed to develop, implement, and evaluate collaborative systems.

Case Management with Flexible Funds

In his presentation to the overall Commission, Dr. Martin Cohen of Massachusetts emphasized that, "in serving individuals with complex problems, it is essential to develop a single point of responsibility and accountability for each consumer's care, and give that person the authority to get the consumer what they need when they need it." This is consistent with testimony presented to the workgroup, including a presentation by Mr. Bruce Kamradt, Director of the Milwaukee Wraparound project.

Within Florida there are some excellent examples of applications of this concept in which case managers (often called other titles such as "care coordinators"), are provided with flexible funds to allow them to work with a family in which there is a child with a serious problem to develop an individualized and comprehensive plan. The development of the plan represents a partnership between the family, the case manager, and other significant individuals in the child's life. The plan builds on the strengths of the child and family, and meets their needs in an individualized and culturally competent manner. Such an approach, often called "wraparound," is being used more and more frequently around the state, and around the country (Burns & Goldman, 1999). Similar approaches are being used in Florida and other states in developmental services and early intervention systems.

Figure 4, which builds on a model being used for

system reform in New Jersey, illustrates the manner in which children and families might receive supports and services within the child mental health system in Florida. Such a model could also be used in substance abuse (or in an integrated mental health/substance abuse system) but the workgroup found that up to this point there is less use of the case management and wraparound processes in substance abuse than in mental health.

As this figure indicates, the system would have multiple entry points and the child and family could initially come into contact with any one of a number of providers, all of whom would engage in some common assessment practices. Upon entry, the first issue to be determined is whether the child is in crisis. If the child is in crisis, then he/she and the family are referred for crisis services. If the child is not in crisis, then the next issue to be determined is whether the seriousness of the child's problem requires a complex intervention. If the answer is no, then the child may be referred for outpatient assessment and treatment. Those children and families requiring a complex intervention then receive a case manager. The case manager, with the family, identifies key people to participate in a team meeting. The meeting is convened, and one product of the meeting is an individualized service plan. A second and also vital product is that all of the key people have had a voice in the process of developing the plan, and leave the meeting committed to its implementation. Such a meeting should also reduce the use of multiple case managers for one child and clarify the role of all people involved. The plan is then implemented, monitored, and, if necessary, revised.

The workgroup offers this figure as a model that can help guide the implementation of case management with flexible funds within mental health and

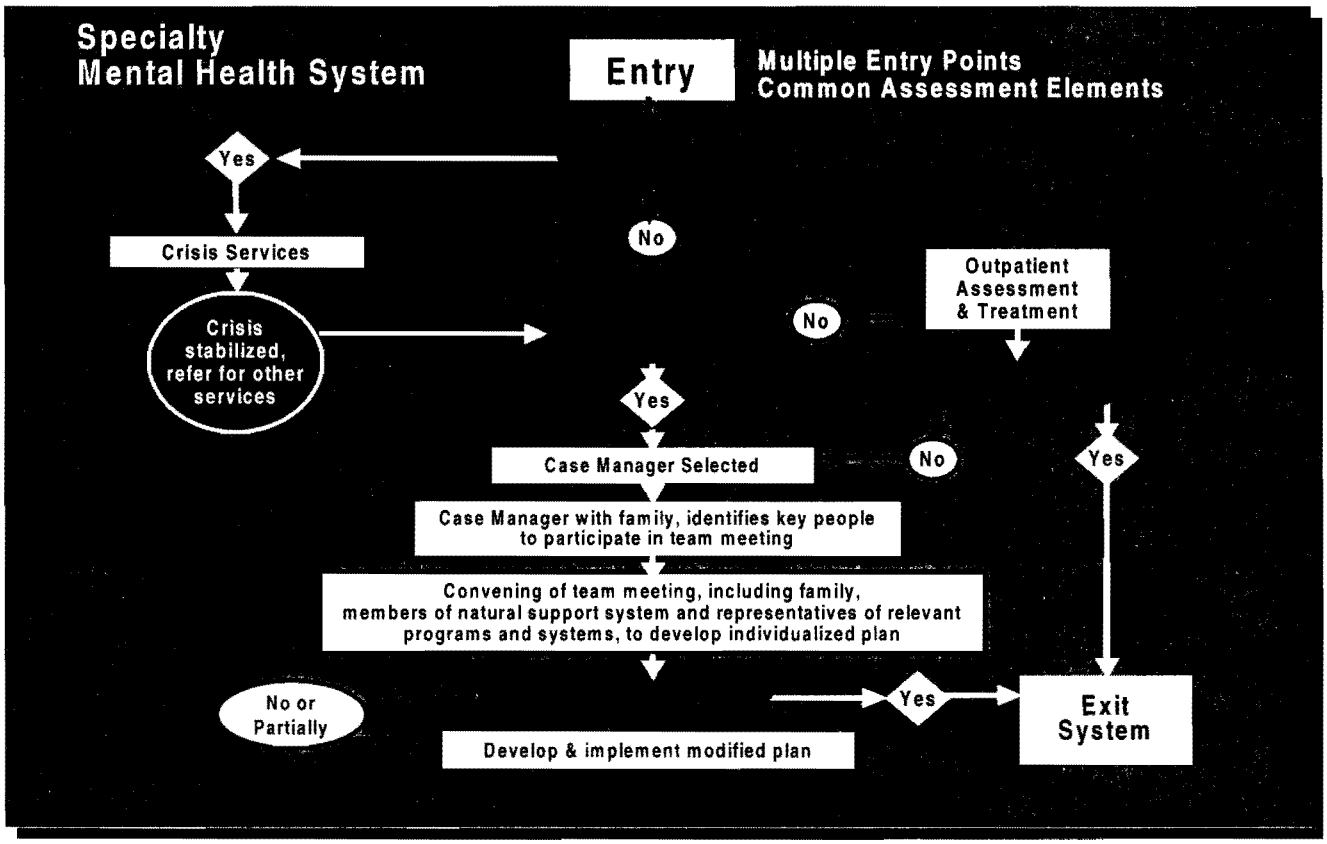

Figure 4

substance abuse so that children with complex problems and their families can benefit from individualized treatment plans developed through a process in which all key people have a voice, and the operations of the system can be made more efficient.

Provider Network

It was broadly acknowledged that a key to an effective system of care is a strong provider network, and that there are many excellent providers (both organizationally and individually) in Florida. However, concern was expressed about the general need to add more providers to the network so that family needs can best be matched with provider capabilities, and so that families can be given reasonable choices. The workgroup learned of successes in broadening the provider network in Palm Beach County, and in District 7.

There was also recognition that the distribution of providers is uneven geographically. In particular, in rural areas there seem to be greater problems in identifying providers.

An additional finding with regard to the provider network is the need to strengthen the capacity of existing providers to offer high quality care consistent with the principles of individualized care. Particular areas that were identified as training needs include identifying needs of young children and developing supports for them and their families, working with youngsters with co-occurring mental health and substance abuse disorders, providing high quality case management services, and developing individualized, family-centered, culturally competent services.

Prevention

The workgroup consistently heard the message that the key to long-term progress is a greater emphasis on promotion of health and well-being, and prevention. There have been considerable resources invested in prevention, particularly in substance abuse, juvenile justice, and child protection. There are increasing efforts, with federal grants to Dade County and Pinellas County through the Safe Start program to prevent the development of serious problems in preschool children who have been exposed to violence. Other efforts to promote health and well-being and prevent problems are being supported by county entities, such as children's services councils. One important focus of these efforts, both through local and state funding, is development of strong neighborhoods and the promotion of positive social networks.

The workgroup was concerned to learn that preventive efforts in juvenile justice appear to be diminishing, and that some of the funding for the Healthy Families program is in jeopardy. The main concern, however, was the finding that there is not a well-coordinated, comprehensive, integrated prevention effort with multi-system planning. Instead, prevention efforts appear to be as fragmented as treatment efforts, often driven by federal funding. This occurs despite the fact that the population of concern for prevention efforts is often the same across systems, and the risk factors for the development of emotional problems, substance abuse problems, and delinquency problems, are very similar.

Information and Referral

The need for strong information and referral services was clearly identified. Parents who participated in focus groups in Hillsborough County, in connection with their federally funded system of care project, for example, indicated that when they first developed concerns about their child they were really at a loss in terms of where to turn for assistance (Ringeisen et al., 1999). This concern was echoed in testimony presented to the Commission.

A very commendable collaborative mental health and substance abuse effort to strengthen information and referral services was launched in each district by the Department of Children and Families in 1999. It is too early to determine how successful this effort will be, and whether the resources available to support it are adequate.

The Non-Traditional Mental Health/Substance Abuse System and Screening

The workgroup took note of the fact that many youngsters at risk of mental health or substance abuse problems, or already with such problems, are served in systems other than the "specialty" mental health and substance abuse systems, which are designed specifically to address these issues.

Figure 5 depicts the overall mental health and substance abuse system. This figure indicates that all children, most importantly, are part of a family, and that families are in turn located within neighborhoods. Virtually all children receive three types of services, labeled as "universal" services in the figure. These are primary health care services, school, and childcare (depending on their age). As this figure indicates, the focus of efforts to promote health and well-being, and to prevent problems, is with the children themselves, their families, the neighborhoods in which they live, and the near universal services that they receive. This is the critical focus of efforts to reduce the incidence of mental health and substance abuse disorders, and to promote the overall well-being of children.

There are a number of other systems that serve children with special needs, other than the mental health and substance abuse system. Collectively, these other systems are called the non-traditional system. As the figure illustrates, this includes developmental disabilities, special health care (the system that serves children with severe and/or chronic health care problems), child welfare, juvenile justice, special education, and shelters (including both domestic violence shelters and shelters for the homeless). It also includes the primary health care, education, and childcare systems.

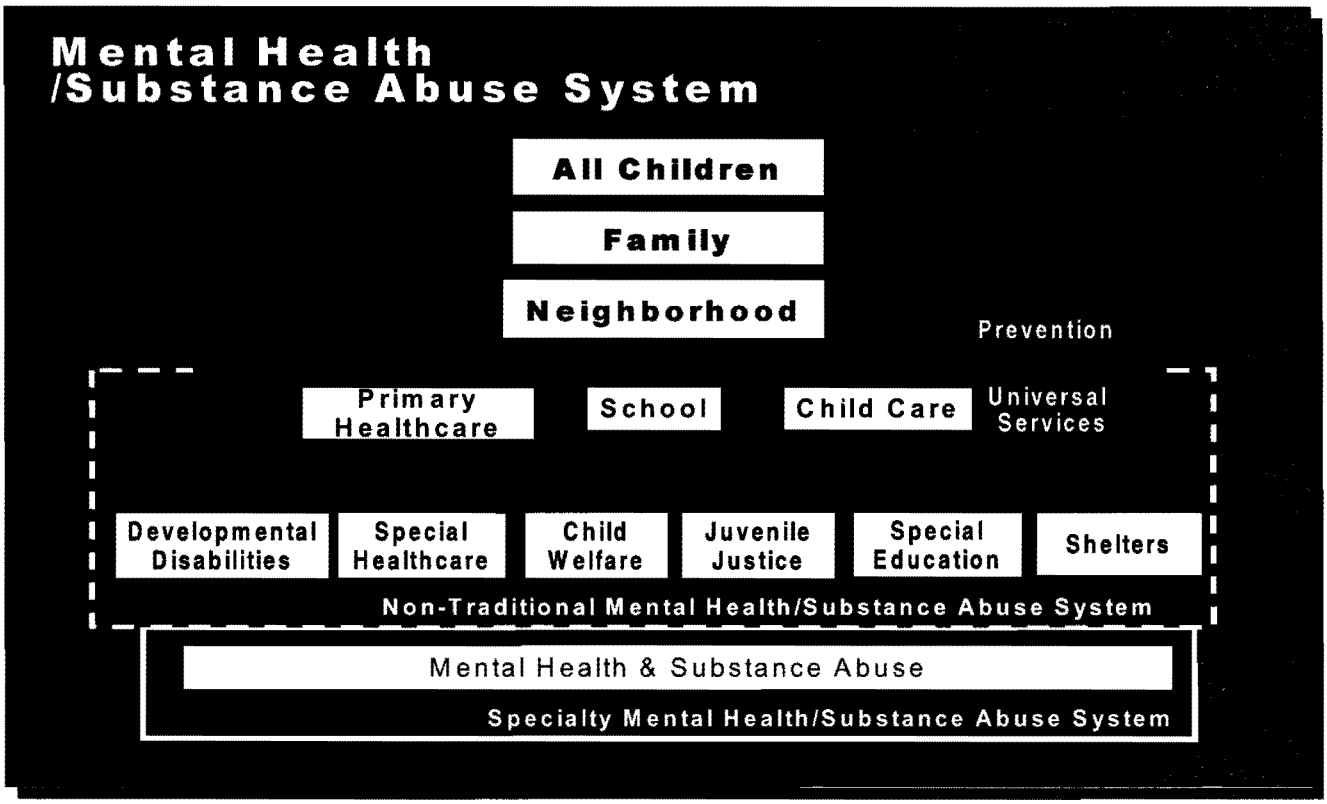

Figure 5

The workgroup was concerned about the absence of routine screening procedures to detect special social and emotional needs of children within systems such as primary health care, childcare, and education since these are systems that have the opportunity to identify children at a point in time when intervention can be cost-effective. Within juvenile justice and, more recently, child welfare there are efforts to systematically screen youngsters to identify needs for mental health and/or substance abuse treatment. While this is commendable, the workgroup believes that it is absolutely essential that there be developed a coordinated plan to improve the capacity of the system overall to identify children with mental health and/or substance abuse disorders, and to work collaboratively with the specialty mental health and substance abuse systems to address them.

Families

The overall Commission and the workgroup heard from parents who expressed great frustration over issues related to access to care, quality of care, and coordination of care. A part of the frustration expressed by the parents was the absence of appropriate outlets for their views.

Across the country, over the past 15 years, within the system of care movement in children's mental health, there has been a strong emphasis on involving parents more extensively both in treatment planning for their own child, and overall system planning. This effort is built on the belief that parents have great knowledge about their children, and that parent involvement is the right approach to take. It is also based on research that indicates that family involvement contributes importantly to the success of treatment. For example, a recent review of treatment effectiveness in children's mental health indicates that, "the effectiveness of services, no matter what they are, may hinge less on the particular type of service than on how, when, and why families or caregivers are engaged in the delivery of care...it is becoming increasingly clear that family engagement is a key component not only of participation in care, but also in the effective implementation of it" (Burns, Hoagwood, & Mrazek, 1999). The Surgeon General's Report on Mental Health (1999) indicates that, "families have become essential partners in the delivery of mental health services for children and adolescents" (p. 193).

Within Florida, the workgroup learned that there are beginning efforts to involve parents more extensively both on issues concerning their own child, and on overall program and system development. For example, Project Relief, a respite care program in Hillsborough County, grew out of the expressed need for respite care by parents and was developed jointly by parents and professionals. However, the workgroup also determined that efforts to increase family involvement are very uneven across the state, and still in a preliminary stage.

Diversity and Cultural Competence

The census data indicate that the population in Florida is becoming increasingly diverse. This increases the challenge of ensuring that access to services, and actual services are offered in a way that takes into account the general culture, set of beliefs, and help-seeking attitudes of individuals of different cultural backgrounds. The Surgeon General's Report on Mental Health (1999) emphasizes that, "mental health programs attempting to serve diverse populations must incorporate an understanding of culture, traditions, beliefs, and culture-specific family interactions into their design and form working partnerships with communities in order to become successful" (p. 187).

Despite the increasing diversity of our state, and the implications of this for mental health and substance abuse services, the workgroup found a general absence of attention to racial and ethnic diversity in planning and delivering services. This is consistent with the finding of the Surgeon General's Report (1999) which indicates that while culturally appropriate services have been designed, they are not widely available.

Local Infrastructure and Capacity

There was general acknowledgement that effective service delivery requires an adequate infrastructure and capacity at both the local and state level. It is not possible for effective community-based systems to be developed unless this infrastructure exists at the local level.

However, the workgroup heard a consistent concern about a perceived declining capacity at the local level to plan and manage the system. This seems to be occurring both because the system is becoming increasingly more diffuse and complex, and because the number of staff at the local level is not growing to keep up with the need. The workgroup concluded that unless there was an enhanced capacity to manage the system locally, even the best plans and vision at the state level will meet with limited success.

Accountability and Information Systems

Part of the infrastructure at the local level is adequate accountability and information systems. They are absolutely essential to effective management of complex organizations and systems. Without such systems, it is not possible to determine how effectively the system is meeting citizen needs, and there are only inadequate data on which to base efforts to improve the system. In fact, good plans are only as useful as the mechanisms that are in place to track their implementation and allow for changes to take place as needed.

Florida has been one of the most proactive states in developing an outcome-based accountability system. However, the workgroup concluded that the present system needs to be re-examined. This re-examination needs to look at the adequacy of the overall information system. It also needs to look specifically at the appropriateness of the measures that are being used, and the degree to which information that is gathered can be used, and is being used to strengthen the system.

Vision for the System

The workgroup developed a vision for the system of care for the mental health and substance abuse system in Florida to guide its efforts. The vision is intended to offer a set of values and principles that are consistent with the testimony heard by the workgroup and with available research findings, and can be used to guide efforts to improve services and outcomes for children and families. This vision is based on discussions within the workgroup, the vision created by the overall Commission, presentations to the Commission, the review of state statutes, and lessons learned from presenters to the workgroup and articles reviewed by the workgroup. The vision is that the system should:

- Be designed to provide individualized and family-centered services within communities;
- Be integrated at the service delivery level so that comprehensive services can be provided;
- Be integrated at the policy/system level so that resources are accessible at the practice level in the manner that they are needed without categorical barriers or duplication of services;
- Be accountable for quality of care at the practice level, and accountable at the system level for access, quality care, and outcomes;
- Include strong family involvement at all levels;
- Be responsive to needs of diverse communities and populations of children and families;
- Offer a wide range of home and community-based options for children and families;
- Emphasize the promotion of health and well-being, and the prevention of problems, as well as treatment;
- Ensure coordination and collaboration in

planning, funding, and service delivery between systems, especially mental health, substance abuse, dependency, delinquency, education, physical health, and child care;

- Provide case managers/service coordinators who work closely with children with the most complex needs and their families to provide support to them and to ensure that the services they need are provided;
- Educate the community about the needs of children and families, so that stigma is reduced and barriers to entry into care are reduced;
- Provide access to care for all children and families;
- Provide families with reasonable choice about providers and services;
- Develop a large and diverse provider network;
- Develop information systems that provide the type of data needed to effectively manage and continually improve a complex system;
- Focus on strengths of children and families as well as problems;
- Maintain a strong developmental perspective, providing appropriate promotion, prevention, and treatment services across the developmental cycle for children, beginning with the youngest of children and including children making a transition into adulthood.

RECOMMENDATIONS

The recommendations presented below represent an effort by the workgroup to reduce the discrepancy between our vision for the system, and our findings about the current status of the system. The recommendations are not presented in order of priority. Each one is considered to be important.

1 The workgroup believes that at the practice level, the most effective action that Florida can take to serve children with complex problems and their families is to ensure that there is a strong case management system in place with flexible funds and reasonable caseload sizes so that children and their families can receive individualized and comprehensive services. As part of this recommendation, it is essential that appropriate training and standards be established and implemented for case managers/ care coordinators. These are critical front-line individuals working with individuals with serious problems, and they must be appropriately credentialed and skilled. It is also important that the overall provider network be strong and diverse, and that individuals within it are prepared to provide individualized services.

2 One of the most important functions of policy and system structures is to facilitate the delivery of effective service. Given the emphasis on comprehensive and individualized care provided within a strong case management system, it is now recommended that structures be created at the policy and system level that support the provision of coordinated, and individualized care. This includes ensuring that there are adequate mechanisms to support the use of flexible funding, moving to blended or pooled funding, and using lead agencies and administrative service organizations. Ultimately, the fragmentation that was found in the existing system will best be reduced by a coordinated effort in which lead agencies and administrative service organizations assume increased responsibility for system development, management, and service delivery, and funding from different sources and streams is pooled. The workgroup recognizes that the pooling of resources and the integration of services and systems is a complex endeavor and will have to be a gradual process. However, the workgroup strongly recommends that plans be developed as soon as possible to move towards the goal of an integrated system with pooled funding.

3 As part of the effort to reduce fragmentation, the workgroup recommends that joint planning

for children's mental health and substance abuse services be initiated involving, at a minimum, the mental health and substance abuse systems, the child protective system, the juvenile justice system, the Medicaid program, and the school system. Within each of these systems there is a serious problem of under-serving children in need and their families; to effectively address this serious problem it is necessary that there be a collaborative, multi-systemic effort.

4 The workgroup believes that the emphasis on effective treatment must be balanced with an increased focus on promotion of well-being and prevention of problems, and a stronger focus on the needs of young children and their families. Such an effort is absolutely essential if long-term progress is to be achieved. The workgroup recommends that an increased emphasis be placed on health promotion and prevention, and that this be undertaken in a coordinated way with participation not only from the mental health and substance abuse systems but from the schools, early childhood programs, primary health care, child protection, and juvenile justice. Florida must develop and implement a single comprehensive plan for the promotion of health and well-being of all of its children if progress is to be made. The "Strategic Plan for Infant Mental Health" of the Florida State University Center for Prevention and Early Intervention Policy (September, 2000) has, as its overarching goal, the development of "a comprehensive system to effectively prevent, identify, and treat emotional and behavioral disorders in families with children birth to age five." The workgroup supports this plan and supports the view that the state's Part H program, designed for young children with disabilities, also serve children who are clearly at risk for disabilities. Most importantly, the workgroup recommends that all relevant agencies and groups be brought together to develop an overall plan to promote the well-being of Florida's children.

5 The workgroup believes strongly in community-level planning and system management. In a state as large and diverse as Florida, it is essential that communities be given the responsibility for developing and implementing local plans. To help accomplish this, the workgroup recommends strengthening the local capacity, infrastructure, and leadership through such mechanisms as improving information systems, providing expanded opportunities for technical assistance, and ensuring adequate staff to innovate as well as plan and manage complex systems. The use of lead agencies and administrative service organizations, as presented in Recommendation 2, will assist with local capacity. It is important as well, however, that public agencies with mandated responsibility for children and families be strengthened so that they may effectively assume a local leadership role.

6 The workgroup recommends that new funds be sought from the federal, state, and local levels to respond to the serious and high level of unmet need, and to bring about important system change. At the same time as new funds are being sought, diligent efforts should be made to ensure the most efficient use of existing funds, through such mechanisms as collaborative efforts, pooled funding, improved accountability, and use of fiscal incentives to promote system goals. Among the steps that can be taken to try to identify additional funding are examining the use of local match for Medicaid, expansion of the Medicaid program in the schools, and the support of the IMD waiver for residential substance abuse services. Consistent with Recommendation 4 about the promotion of health and well-being, it is recommended that the Medicaid program be expanded so that it more adequately addresses the mental health needs of pre-school children. It is also recommended that reimbursement rates for services provided under Medicaid be reviewed to determine their adequacy.

7 Chapters 394 and 397 of Florida statutes express a very constructive philosophy for system design and development. In particular, the language included in these statutes

establishes pilot system integration programs in four districts for children's mental health, and in two districts for children's substance abuse. This provides an excellent foundation for system improvement. It is recommended that funding be provided for full implementation of these system integration efforts, and for expansion of them to other districts. This not only contributes to addressing the issue of inadequate resources, but also creates fiscal incentives to develop collaborative, community-based systems of care that provided individualized, family-centered services.

8 The workgroup was impressed with the new collaborative efforts by mental health and substance abuse to develop strong information and referral systems. It is recommended, however, that additional funding be provided to adequately support these new programs, and also to establish a communications campaign to educate the general public about the nature of behavioral health issues in children, and how to access services. Such a campaign can help with the unfortunate issue of stigma, which deters adolescents and parents from seeking services and continuing in service.

9 The workgroup believes that parents of children with mental health and/or substance abuse disorders have much to contribute to the development of effective systems. Their experience is extremely informative and useful, and they bring energy and passion, as well as the expertise of first-hand experience, to efforts to make positive change. It is recommended that parent involvement be increased both in local and state level planning and policy development.

10 It is also recommended that the state increase its efforts to develop services and systems that are responsive to the diverse needs and help-seeking patterns of various racial and ethnic groups within Florida. Both at the state and local level plans for cultural responsiveness should be developed that emphasize effective out-reach and service delivery, that include training for clinical, supervisory, and managerial staff, and that also include appropriate accountability mechanisms.

11 The overall accountability system for mental health and substance abuse services in Florida should be re-examined. An effective accountability system that provides practical information that can be used to improve systems is of enormous value. The development and implementation of such systems is complex, however, and requires a participatory process that examines information systems and technology, system goals, available measures, and mechanisms for providing rapid feedback on data that are collected. It is very important that Florida re-examine its present system and move to strengthen it.

12 The non-traditional behavioral health system is of great importance to the well-being of children and families. Many children have their special needs first identified within such systems as primary health care, childcare, education, child protection, juvenile justice, special health care, and developmental services. In many other cases, while the special needs are evident within the non-traditional system, they are not identified within that system, or no action is taken to secure needed services. It is recommended that there be instituted consistent screening procedures for behavioral health problems within the non-traditional system, and that there also be developed a training program specifically targeted to this system.

13 Most children in Florida currently have either public or private insurance coverage for behavioral health services. However, for those children without any coverage, the absence of it provides a major barrier to receiving effective care. It is recommended that a study be done to determine the cost of ensuring that adequate behavioral health care

coverage is available for all children in Florida. The study should examine the alternative mechanisms for expanding the coverage, and the study should be followed up with an expansion of existing public programs so that all children are adequately covered.

14 Throughout its deliberations, the workgroup learned of many interesting and promising innovations within Florida. Unfortunately, however, while people directly involved in the innovations made efforts to gather data about their program, in almost all cases the innovative efforts had not been systematically and independently evaluated. As a result, the new learning that could be gained from these innovations was diminished, and it was not possible to determine the extent to which new efforts in one community could or should be adapted for implementation in another community. These innovative efforts involve new system of care developments, changes in financing and contracting procedures, specialized courts, expanded involvement of families, and new types of collaborations. It is recommended that there be created resources and mechanisms for independent study and evaluation of promising innovations around the state so that other communities can benefit from the innovations.

CONCLUSION

The workgroup is genuinely impressed with the conscientious and dedicated efforts of many individuals, organizations, and agencies on behalf of children with mental health/and or substance abuse problems. However, the workgroup was also humbled by the seriousness of the problems it learned about such as the level of unmet need, the difficulty in accessing services, and the non-responsiveness of the system. The workgroup is disturbed that despite sincere and well-meaning work by many, many people, there is a significant absence of integrated, coordinated efforts to plan on behalf of children with emotional and/or substance abuse disorders, and a similar absence of efforts to plan for the health and development of all children. The workgroup believes that the social and emotional well-being of children is the foundation for success in school, for positive peer relations, for constructive community involvement and community service, and, ultimately, for becoming productive, contributing, healthy adults. Our state bears an enormous cost for its failure to adequately respond to the needs of our children. The workgroup sincerely hopes that this report, as well as the report of the overall Commission, will inform our citizens about the needs and opportunities, and lead to an increased commitment on behalf of children and families.

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