EARLY CHILDHOOD SYSTEM OF CARE COMMUNITY PROFILE

Sarasota Partnership for Children’s Mental Health
SARASOTA COUNTY, FLORIDA

<table>
<thead>
<tr>
<th>Year Cooperative Agreement Awarded from SAMHSA</th>
<th>FY2006</th>
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<tbody>
<tr>
<td>Is this your first system of care cooperative agreement?</td>
<td>Yes</td>
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<table>
<thead>
<tr>
<th>Lead Agency</th>
<th>Sarasota County Health and Human Services</th>
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<tbody>
<tr>
<td>Service Area</td>
<td>Geographic Boundaries</td>
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<tr>
<td>Sarasota County, Florida</td>
<td></td>
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<tr>
<td>Geographic Description</td>
<td>Mostly suburban</td>
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<table>
<thead>
<tr>
<th>Service Population Demographics</th>
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<tr>
<td>The 2009 total population of Sarasota County is estimated at 369,765 (U.S. Census). Sarasota County includes the metropolitan areas of Sarasota, Venice, Nokomis, and North Port, with smaller communities and large unincorporated areas. There are over 30,000 children under the age of 10 years, comprising 8.3% of the total population. Although 94% of the general population is white, there is more diversity among children in our community. Among children under five years, 87% are white, 9% black and 4% are other, non-white. Although only 7.2% of the general population identifies themselves as Hispanic/Latino, over 16% of children birth to five years and 19% of Sarasota County births identify as Hispanic/Latino, indicating a growing trend within Sarasota County community. One in ten residents speaks language other than English in the home; other languages spoken include Spanish and Russian/Ukraine.</td>
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The general population demographics fall short in describing an increasing profile of young children experiencing economic hardships and poor health outcomes. Nearly half (45%) of Sarasota County school children are eligible for free or reduced lunches, while over 70% of children eligible for Early Learning Coalition subsidized child care fall within the FPL threshold. Children represent 21% of the uninsured in Sarasota County in 2004. Disparities in health outcomes exist among the population groups in Sarasota County. According to the Florida Department of Health (2010), infant mortality rate among blacks in a three-year period 2006-2008 exceeded 10.3/1,000 births, a rate that is 3.68 times higher than the rate among white births, and 67% higher than Hispanic births. The percentage of black infants born...
at low birth weight is more than double the rate among white infants.

**Enrollment Criteria**

Children, ages birth through age 8 years and family members with or at imminent risk for DC: 0-3R or DSM-IV-TR diagnosis and prognosis that MH challenges will last at least one year; and in need of multi-agency interventions from at least 2 community service agencies. Imminent risk determined by Strengths and Difficulties Questionnaire (for children ages 3 through 8), or Parenting Stress Index (for families of children ages birth to three years).

<table>
<thead>
<tr>
<th>Key Partners</th>
<th>Formal/Subcontracted Partners</th>
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<tbody>
<tr>
<td>i. Sarasota County Health Department</td>
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<tr>
<td>1. Administrative Team</td>
<td></td>
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<tr>
<td>ii. The Florida Center for Child and Family Development</td>
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<tr>
<td>2. Clinical Director</td>
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<td>3. Enrollment Coordinator</td>
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<tr>
<td>4. Wraparound Care Coordination</td>
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<tr>
<td>5. Mental Health and Developmental Therapy Services (Match)</td>
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<tr>
<td>6. Home Visiting (Match)</td>
<td></td>
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<tr>
<td>7. Mental Health Consultation (funded and match)</td>
<td></td>
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<tr>
<td>8. Early Childhood Education—Inclusion (Match)</td>
<td></td>
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<tr>
<td>iii. Coastal Behavioral Health Care</td>
<td></td>
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<tr>
<td>1. Wraparound Care Coordination</td>
<td></td>
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<tr>
<td>2. Mental Health Services (Match)</td>
<td></td>
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<tr>
<td>iv. Jewish Family and Children’s Services</td>
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<tr>
<td>1. School-based Mental Health Consultation/Wraparound Care Coordination</td>
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<tr>
<td>2. Mental Health and Home Visiting Family Support (Match)</td>
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<tr>
<td>v. First Step of Sarasota</td>
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<tr>
<td>1. Wraparound Care Coordination</td>
<td></td>
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<tr>
<td>2. Mothers and Infants (Substance Abuse Treatment—Match)</td>
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<tr>
<td>vi. Children First</td>
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<tr>
<td>1. Wraparound Care Coordination</td>
<td></td>
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<tr>
<td>vii. Early Learning Coalition of Sarasota County</td>
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<tr>
<td>1. Positive Behavior Support (CSEFEL-PBS) training and coaching—targeting early learning, Pre-Kindergarten, Head Start/Early Head Start and Sarasota County School District Pre-K ESE (Part B) classrooms</td>
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2. Mental Health Consultation (through Florida Center)

viii. University of South Florida
1. National and Local Evaluation
2. Wraparound Fidelity Assessment

ix. Service Contracts (Flex Funds)—partial list
1. Family Partnership Center (parenting education)
2. Able Equestrian (hippotherapy)
3. McKinnon Care (respite)
4. Family Network on Disabilities (respite)
5. Private mental health clinicians (special populations)
6. Afterschool, summer and mentoring
   a. Boys and Girls Clubs
   b. Girls Inc.
   c. South County YMCA

x. Additional service partners (Work Group participation, additional services, including Match)
1. All Children’s Hospital (training, parent education)
2. Forty Carrots Family Center (mental health consultation, training, parenting education)
3. Chances for Children (training, clinical supervision)
4. Sarasota County School District
   a. Child Find, Preschool ESE, Pupil Support Services
   b. Cyesis Teen Parent Programs
   c. Emma E. Booker Elementary (Emma Dream Team)
5. Sarasota Memorial Hospital
   a. Early Steps (Part C Early Intervention Program)
6. Healthy Start Coalition of Sarasota County
   a. Care Coordination
   b. Mental Health and Parenting Education programs
7. Child Welfare Partners
   a. Sarasota Y Safe Children Coalition (Case Management)
   b. Department of Children and Families (Investigations)
   c. Manatee Glens (Diversion)
8. Florida Department of Education—Technical Assistance and Training System (TATS)
9. Pave the Way Consulting (parent advocacy)
10. Planned Parenthood
11. Pediatricians
12. State College of Florida: Early Success Program
13. United Way Success by Six
14. Sarasota County Libraries

**Informal Partners**

N/A

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**Organizational Chart/Staffing Structure**

Principal Investigator: Charles (Chip) Taylor
Governance Structure

The Sarasota Partnership Governance Structure provides a responsive and inclusive framework to be used for planning, development, collaboration and evaluation of mental health services and supports for children and families. The Coordinating Council exists to promote the sharing of resources and accountability across agencies and programs serving children and families, and to build capacity to provide effective, community-based services and supports that are delivered consistent with system of care principles. The Community Partnership serves as a community forum for communicating the needs of children, families and community and formulates strategic planning goals and priorities for the system of care. A number of work groups provide cross-agency and community-based planning and implementation of projects that support the goals of the project.
Service Delivery Model Description

Service delivery process has evolved over time in response to CQI efforts to improve timeliness of services and to reflect eligibility criteria changes.

Currently, referrals received from partner organizations or self-referrals; eligibility determined by imminent risk assessment and/or mental health evaluation. Families assigned Care Coordinator, who meets with the family to discuss wraparound team approach and opportunities for family engagement. Care Coordinator completes Family Strengths, Needs and Culture assessment and invites families to participate in National Evaluation. Parent Mentor support offered; baseline assessment of Family Empowerment Scale provides foundation for mentoring and parent support activities. Initial family team planning session within first 30 days of enrollment; Care Coordinator facilitates involvement from formal service providers and informal supports identified by family. Coordination across school (or preschool), developmental and/or mental health services, family support activities and community resources focus of planning team. Team planning sessions held monthly for majority of families, but at least quarterly. Access to flex funds available to planning team within established guidelines—primarily used for mental health and behavioral consultation, respite care and parenting support. Initially established as a “stand-alone” service delivery system, wraparound is now embedded into Head Start/Early Head Start and local elementary school systems.

Evidence-Based Practices Used

- CSEFEL Pyramid Model (PBS)
- National Wraparound Initiative
- Parent-Child Psychotherapy
- Early Childhood Mental Health Consultation
- Incredible Years
- Second Step
- Strengthening Families and Communities
- Healthy Families Home Visiting
- Families Moving Forward (Olson, under study)

Local Evaluation Measures Used

Parenting/Family Context
- Parenting Stress Index
- Center for Epidemiology Depression Scale
- Addiction Severity Index
- TWEAK
- 4 P’s

Trauma Exposure/Symptoms
- Traumatic Events Screening Inventory
- Social/Emotional Challenging Behaviors
- Brief Infant-Toddler Social Emotional Assessment (BITSEA)
- Devereaux Early Childhood Assessment-Social Emotional (DECA)
Wraparound Fidelity Assessment System
- Wraparound Fidelity Index 4.0 (Caregiver Interviews)
- Team Observation Measures (TOM)

### Funding Sources

**Current**
SAMHSA, County Contracted Human Services, United Way, Local Foundations, State of Florida

**Planned/Long-Term for Sustainability after Grant Award Expires**
Same (but to lesser extent); have applied but not funded for Project LAUNCH

### Resources Your Community Would Like to Highlight
- Community-based website for families of young children: http://www.allaboutsarasotakids.org
- Community Partnership Events: bringing families together quarterly—focused around theme; providing education and opportunities for feedback and getting involved.
- Positive Solutions for Families (CSEFEL parent education)
- Chances for Children (Infant Mental Health with Teen Parents)
- Cultural and Linguistic Competency Training
- The Observer and the Observed (CLC Collaboration with Arts Community)
- Early Recognition and Response Plan—Integration of developmental screening practices throughout health, education and family support programs
- TAPESTRY—shared data system for care coordination (wraparound)
- Evaluation website and local evaluation reports: http://www.coedu.usf.edu/spcmh/index.html

### Lessons Learned/Recommendations to Share with Other Communities Developing Early Childhood Systems of Care
Early childhood mental health is defined as:
- the social-emotional and behavioral well-being of infants, toddlers, young children and their families; and describes:
  - the developing capacity to experience, regulate and express emotion;
  - the ability to form close, secure relationships; and
  - the capacity to explore the environment and learn.

Driven by this definition, early childhood mental health systems of care underscores the need to adopt an ecological framework in guiding the development of systems, as early childhood mental health is intricately related to the health and well-being of family members and other individuals who care for them and the systems and communities that support them. Early childhood mental health systems of care can offer a continuum of mental health services by adopting a public health perspective toward intervention, including strategies to promote positive
interactions, support health and wellness and preventing behavioral health difficulties as well as evidence-based targeted interventions for children who have a significant delay or disability in psychosocial development.

A shift in paradigm can make a significant impact for those System of Care communities which are focused on supporting young children. Rather than trying to fit young children into a mental health system of care, we need to infuse mental health and other supports into an early childhood system of care. Building on this paradigm drives the types of services that would be expected, the potential agencies, programs and community partners that would be engaged in the System of care, and the opportunities for sustainability of these supports to continue beyond the life of the cooperative agreement.

### Particular Areas Where Your Community Can Provide Expertise/Peer Mentoring

- Local and National Evaluation
- Positive Behavior Support
- Social Marketing with public health perspective
- Cultural and Linguistic Competency—changing hearts, minds, and practice.
- Early childhood mental health diagnosis and treatment
- Fetal alcohol spectrum disorders
- Mental Health Consultation models
- Community assessment, results-based accountability models

### Key Contact for More Information on Your System of Care

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sarah_cloud@doh.state.fl.us