

UNSEEN STRUGGLES:

A Report on Mental Health Needs and Services for Children and Youth In Boca Raton

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Presented to the Boca Raton Mental Health Alliance
October 17, 2006

Sponsored by



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ACKNOWLEDGEMENTS

This report is the product of both cooperative and collaborative efforts of many organizations and individuals who live and work in Boca Raton, and the surrounding areas. We would like to acknowledge the help of a number of people who were so generous in giving of their time, energy, and knowledge of the Boca Raton Community. Their caring, passion, and commitment to youth have provided both substance and heart to this report.

We would first and foremost like to thank Rita Thrasher and Boca Raton's Promise for Youth for providing the care, vision, and leadership to help better the lives of children and youth in Boca Raton. We also gratefully acknowledge Boca Raton Community Hospital and the Schmidt Family Foundation for their generous contribution in the funding of this project and for demonstrating true interest in their community.

The following is a list of those whose assistance and input proved invaluable:

Aid to Victims of Domestic Violence (Cheri Zettle)
American Association of Caregiving Youth (Laurie Connors)
American Foundation for Suicide Prevention (Rhoda Freeman)
Association for Community Counseling (Dr. Linda Hunter)
Boca Raton Community High School (Dr. Leslie Sommer)
Boca Raton Community Hospital (Agnes Hay and Heidi Stewart)
Boca Raton Police Department (Cmdr. Maria Maughan)
Boca Raton's Promise for Youth (Rita Thrasher and Dr. Merrilee Middleton)
Boys and Girls Club (Sabrina Ingraham)
Breaking the Silence, NAMI Queens/Nassau (Lorraine Kaplan)
Catholic Charities (Diann Jasinski)
Center for Autism and Related Disabilities, FAU (Dr. Jack Scott and Debra Leach)
Center for Family Services (Kaisha Thomas)
Center for Group Counseling (Dr. Holly Katz)
Children's Services Council of Palm Beach County (Jeff Goodman and Dan Lousch)
City of Boca Raton Advisory Board for the Physically and Mentally Challenged (parents)
Columbia Hospital (staff)
Compass (staff)
Counseling Center at FAU (Dr. Dave Wallace, former Director)
Dr. Gary Eisenberg (private practice)
Dr. Ira Kauffman (private practice)
Dr. Jill Morris (private practice)
Drug Abuse Foundation (staff)
FAU College of Nursing (Dr. Charlotte Barry, Beth King, and Sue Beidler)
Florida Initiative for Suicide Prevention (Jackie Rosen)
Florida KidCare (Jodi Ray)
Fort Lauderdale Hospital (staff)
Girls and Boys Town of South Florida (Amy Simpson)
Growing Together (staff)
Health Care District of Palm Beach County, Behavioral Health (Dr. Seth Bernstein)
Health Care District of Palm Beach County, formerly Behavioral Health Specialist at J. C. Mitchell Elementary School (Sarah Brindamour)
Health Care District of Palm Beach County, School Nurses (Ann Hedges)
Judi Schachleiter, elementary school teacher
Loggers' Run Middle School (Maureen Martin)
Memorial Regional Hospital (staff)

Mental Health Association of Broward County (staff)
Mental Health Association of Palm Beach County (Jody Spinelli)
Michelle Hawkins, Depression and Bipolar Support Alliance
National Alliance for the Mentally Ill (NAMI), Palm Beach County (Mary Andrews,
Debby Levine, Ellie Siklossy)
North Star Counseling Centre (Dr. Ira Kauffman)
Office of Substance Abuse and Mental Health, District 9 (Cathy Claud)
Palm Beach 211
Palm Beach County Health Care Alliance (Pam Gionfriddo)
Palm Beach County Youth Services Bureau (Richard Snyder and Sheila Wurm)
Parents and Friends of Lesbians and Gays (Myrna Rogovin)
Planned Parenthood of South Palm Beach County (Ricky Siegel)
Renfrew Center (Andra Ariole)
Ruth Rales Jewish Family Service (Mark Cherny and Anne Chernin)
School District of Palm Beach County (Ann Faraone)
South County Mental Health Center (Barbara Woodmore)
Spanish River Church Counseling Center (staff)
St. Joan of Arc Catholic Church Counseling Center (Dr. Henry Seppanen)
United Way of Palm Beach County (Jacqueline Nicholson)
University Hospital (staff)
West Boca Medical Center (staff)

We are grateful for support provided by Boca Raton Community Hospital,
Foundation, Schmidt Family Foundation, and Eli Lilly Company.

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EXECUTIVE SUMMARY

Early in 2005, Boca Raton's Promise for Youth began a dialogue with various members of our community about their experiences with mental health care for Boca Raton's children and teens. As a result of this dialogue, the Mental Health Alliance was formed to help identify areas of need for children and adolescents in Boca Raton, and to better educate the public on the mental health issues that impede development of healthy, successful lives. It is frequently believed that communities as affluent as Boca Raton have whatever resources they need available to address concerns like mental health. This report depicts a rather different picture of what is commonly perceived, particularly with regard to mental health issues among the greater Boca Raton area's children and adolescents.

Working closely with various mental health and education professionals, the consultants undertook a series of activities designed to answer several key questions about Boca Raton's youth:

- What are the common mental health issues facing children and youth?
- Are there issues particular to affluent communities?
- What kinds of mental health treatment are available for families with children and teens who have different levels of mental illness?
- Is there a system of coordinated care?
- What services are available for those who do not have insurance or cannot otherwise afford to pay for services?
- What other barriers impede seeking or obtaining services?
- What programs are in place to help build awareness, identify, and prevent mental illness?
- What gaps exist between needs and services, and what should be done about them?

The assessment process engaged school personnel, private practitioners, community-based organizations, other professionals working with youth, and parents and youth, to develop an accurate picture of what resources and services exist in Boca Raton. The information-gathering process included personal and telephone interviews, program site visits, interest-based group meetings, written materials, literature review, and database searches.

The findings suggest that a more cohesive, collaborative system for the awareness, identification, prevention and treatment of mental health issues is highly warranted in Boca Raton. While a significant number of area youth and their families do avail themselves of some services, there are significant gaps between those who need and those who actually receive those services. Findings also revealed an "unseen" Boca Raton, where greater diversity in ethnicity and economic status than commonly thought impact the community's mental health needs for children and teens.

Boca Raton is a typical community in many respects, while unique in others. Many of our youth experience the same types of mental health issues as youth in other communities. Problems like depression, anxiety, anger, divorce issues, substance abuse, and identity issues are equally common here and in other communities. There are, however, several factors that present unique problems for those who live both in and among affluence. Some concerns such as eating disorders, prescription drug abuse, and gambling are more common in "wealthier" communities including ours. Further, standards and values are often impacted by wealth, and many Boca Raton youth feel enormous pressure to live up to certain ones, whether or not these young people are actually even able to do so.

A number of barriers were identified that prevent Boca Raton's families from seeking the services they might need. These barriers include lack of awareness of mental illness, not knowing where to get help, cost of treatment, feeling ashamed or embarrassed because of the stigma of mental illness, lifestyle issues, and denial that their child needs any type of treatment (often thinking, "it's a phase"). Interviews identified that a number of youth, regardless of socio-economic status, end up in the juvenile justice system or hospitalized as a result of undiagnosed mental illness; these crises are often when they receive their first treatment of any type. Specific recommendations are made that would help overcome a number of these barriers.

The recommendations put forward in this report address several different aspects of community needs and service delivery. They begin with recommendations about developing a coordinated system of information and mental health services. Other recommendations include a social marketing campaign, a provider working group, a Family Resource Center, locating services more accessibly, and increasing the capacity of elements of the community working with children and teens.

Interviews for this report made clear that Boca Raton's "wealth" includes many caring, concerned, and committed providers, educators, and advocates -- whose knowledge, skills, and resources in increased collaboration can bring about significant positive changes related to mental health on behalf of our community's children and teens.

METHODOLOGY

A variety of methods were used to gather information about the mental health needs and services available to children and youth in Boca Raton, over a seven-month period from February to September of 2006. The approach to information collection was both inductive and deductive, based on collecting available data from identified sources and involving a wide range of service agency professionals, teachers and other school district personnel, program administrators, university staff and faculty, and private practitioners. Methods for collecting information included presentations at meetings, in-person and telephone interviews using a prepared survey tool, surveys of youth and of Boca Raton schools' School-Based Teams, internet searches, curricula, and literature reviews. In addition, written materials were collected and analyzed from annual reports, school district surveys, data summaries, and population and census information.

The responses received to requests for participation were overwhelmingly positive, allowing information to be derived from a wide array of sources. These responses enabled construction of a relatively detailed picture of Boca Raton's demographics and services as they relate to mental health needs of the community's youth.

A LOOK AT YOUTH MENTAL HEALTH

It should go without saying that mental health is essential for the successful growth and development of people, regardless of age or developmental stage. While mental health is essential to overall health, disparities in both coverage and quality of care persist. According to the Surgeon General's report on mental health (2000), the nation is facing a public crisis in mental health care for children and youth. It has been widely reported that one in ten children is impaired by mental health problems, as is about one in twenty adults. It has also been widely reported that less than one-third of those affected by a mental disorder actually seek treatment. Responsibility for mental health care, where actually available and when affordable, is spread across multiple settings, which results in services that are fragmented and inaccessible to many of those who need it most. Families, school personnel, youth workers, and pediatricians often need help to identify mental health problems, and, once identified, need easy access to high quality and coordinated care.

It is well established that a vast majority of youth in the juvenile justice system have some diagnosable mental health issue or disorder, with studies consistently reporting rates of 65-70% (1). Furthermore, several recent studies suggest that approximately 25% of youth in the juvenile justice system experience mental disorders that are so severe that their ability to function is significantly impaired (2). Most common were disruptive disorders, substance use/abuse disorders, anxiety disorders, and mood disorders (e.g. depression and bipolar).

Mental health issues are also common barriers to academic and school success. In 2005, the Substance Abuse and Mental Health Services Administration (SAMHSA) issued a report entitled, *School Mental Health Services in the United States*, a report based on a national survey of school mental health services from 2002 – 2003. The results indicate that, while many schools report offering such mental health services as behavior management consultation, substance abuse services, crisis intervention, resource referral, mental health assessment, and support groups, there is widespread difficulty in providing truly meaningful services for those with the greatest needs. In particular, schools across the United States report that the most difficult services to deliver have consistently been family support services, medical and medication management, substance abuse counseling, and referral to specialized programs in the community (3).

The SAMHSA report, as well as numerous other reports released over the years, make note of the fact that schools are important partners in the care of children's and adolescents' mental health needs. While the needs and issues of youth in our schools vary in both scope and severity, the vast majority (~70%) of those who need treatment will not receive appropriate mental health services. Failure to address children's mental health needs is linked to poor academic performance, behavior problems, dropping out, school violence, substance abuse, special education referral, suicide, and criminal activity. Unfortunately, many of the underlying mental health needs continue to be overlooked within school systems (4).

While our general understanding of issues involved in the treatment of mental health issues among children and adolescents has greatly improved, we are still struggling to better understand and identify the risk factors associated with particular mental health disorders. There is now considerable evidence that both biological factors and adverse psychosocial experiences during childhood influence—but not necessarily “cause”—many of the mental health disturbances in childhood (5). Adverse experiences may occur at home, at school, or in the community. The actual impact of these adverse experiences or risk factors is difficult to predict because they depend greatly on myriad factors, such as individual differences among

children, the age of the child when they experience them, family dynamics, and whether the experiences occur by themselves or in association with other risk factors.

Most children exhibit a great degree of inherent resiliency and are able to deal with a wide array of adversities. However, there are those that are not able to effectively cope with negative experiences, whether due to some biological vulnerability or predisposition, and need additional support in order to ameliorate the development of social, behavioral, or emotional disorders (6).

A framework for identifying various categories of risk was described in a study by Kreamer et al (1997) and provides a useful guide to better identifying children who might need some type of intervention. Risk factors for developing a mental disorder or experiencing problems in social-emotional development include prenatal damage from exposure to alcohol, illegal drugs, and tobacco; low birth weight; difficult temperament or an inherited predisposition to a mental disorder; external risk factors such as poverty, deprivation, abuse and neglect; unsatisfactory relationships; parental mental health problems (e.g. depression); or exposure to traumatic events (7). The general categories of risk factors for better understanding the etiology of children's mental disorders are:

- *Biological Influences*
- *Psychosocial Risk Factors*
- *Family and Genetic Risk Factors*
- *Effects of Parental Depression*
- *Stressful Life Events*
- *Childhood Maltreatment*
- *Peer and Sibling Influences*
- *Correlations and Interactions Among Risk Factors*

Being able to understand these general and, subsequently, specific risk factors will allow us, as educators, counselors, therapists, and parents, to better direct our efforts in helping our youth grow in more efficacious and developmentally successful ways.

Much of the untreated mental and emotional problems in children and youth remain untreated largely due to the perceptions and understanding of the youth themselves. Lack of understanding and outright stigma associated with mental illness might be one of the greatest barriers to families seeking the help they need. The most recent study, conducted online by Harris Interactive (September, 2006), showed that youth have a much more difficult time understanding a mental illness (like depression or ADHD) than a physical illness, like asthma. When asked about their understanding of mental illness, approximately 10% of students responded "not at all well," as opposed to only 4% responding to their understanding of asthma. Students are also more likely to attribute mental illness to bad parenting, substance abuse, or just not trying hard enough. Less than three percent made the same attributions concerning physical illness (8). When exploring the social aspects of mental illness, the researchers report that students are far less likely to socialize or include other students with a mental illness and, perhaps most disturbing, that a mentally ill student is far more likely to be harassed.

A related key issue of stigma concerns the identification of sexual minority youth: specifically, gay, lesbian, bisexual, or transgendered youth, and those who are questioning their sexual identity, commonly referred to collectively as "GLBTQ youth." Gay teens in U.S. schools are frequently subjects of such intense harassment that they are unable to receive an adequate education. This harassment and abuse may occur at home, with many GLBTQ youth who "come out" or are "outed" ending up abused or homeless at the hands of their own family

members. They are often embarrassed or ashamed of being targeted, and so do not tend to report the abuses they suffer. GLBTQ youth are more apt to skip school due to fear, threats, and violence directed toward them. As many as one-fourth of GLBTQ students regularly skip school because they do not feel safe (9). Moreover, nearly 30% of GLBTQ students will drop out of school, a rate that is more than three times the national average for heterosexual students (10). One of the most important elements that perpetuate the stigma sexual minority youth feel is the pervasive feeling that they have nowhere to turn. It has been reported that four out of five identified gay and lesbian students say they don't know a single supportive adult at school. And for every GLBTQ youth who reported being targeted for anti-gay harassment, four heterosexual youth reported harassment or violence for being perceived as gay or lesbian.

Most people will state that they know something about a person with mental illness but, unfortunately, most of those views have been distorted through strongly held social beliefs. The media, as a reflection of society, has done much to sustain a distorted view of mental illness. Television or movie characters who are aggressive, dangerous and unpredictable often have their behavior attributed to a mental illness. Mental illness also has not received the sensitive media coverage that other physical illnesses have been given. We are surrounded by stereotypes, popular movies talk about killers who are "psychos," and news coverage of mental illness only when it relates to violence. We also often hear the causal use of terms like "insane" or "crazy," along with jokes about the mentally ill. These representations and the use of discriminatory language distort the public's view and reinforce inaccurate perceptions about mental illness, with young people being the most vulnerable to these distortions.

WHAT ARE MENTAL HEALTH AND MENTAL ILLNESS?

Contrary to popular belief, *mental health* and *mental illness* are not opposing constructs or a "one-or-the-other" state of being. Rather, they can be represented as different points on the same continuum. Borrowing from the Surgeon General's Report (2000), we can define mental health as "*a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity*" (p. 5). While many of the facets of mental health may be relatively easy to identify, mental health is not easy to define. What it means to be mentally healthy has many different interpretations that are rooted in a variety of value judgments and cultural standards. The challenge of defining mental health has proven to be a significant obstacle in developing programs that help foster mental health.

Mental illness is the term that refers, collectively, to all diagnosable mental disorders. "*Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning*" (p. 5). Such disorders as depression, attention deficit/hyperactivity disorder, and oppositional-defiant disorder are examples of this construct for mental illness. This report will also utilize the term "*mental health issues*" for those identifiable problems whose signs and symptoms are not severe enough to meet the criteria for any mental disorder. Almost everyone has experienced mental health problems at some point in their lives, whether it's feeling depressed or anxious, without actually meeting the diagnostic criteria for a Mood or Anxiety Disorder.

In addition to identified mental illness, mental health issues, particularly in children and adolescents, warrant active efforts in health promotion, prevention, and treatment. Unfortunately, there seems to be little effort to adequately address these needs in most educational systems. Navigating through both the U.S. Department of Education and the Florida Department of Education websites, one is surprised to find the paucity of information pertaining to mental health issues in schools. Because this report has a local focus, a similar search was conducted on the School District of Palm Beach County's website as well. Again, there was very little about mental health to be found. The available information on mental health in the schools describes the SEDNET Program, funded by the Florida Department of Education (mandated by Florida Statutes), and administered through the Department of Exceptional Student Education. The SEDNET program targets the following:

- Students with disabilities, especially those identified with or at-risk of emotional handicaps or severe emotional disturbance
- At-risk and drop out prevention students with mental health concerns or indicators
- Families of students with or at-risk of emotional disturbance

The program guidelines go on to define *emotional disturbance* as an “*emotional handicap that results in persistent and consistent maladaptive behaviors which have existed over an extended period of time which interfere with educational achievement. Some examples of these handicapping characteristics are: an inability to progress academically which can not be explained by intellectual, sensory or other health factors; inability to have satisfactory interpersonal relationships; a pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with school.*” While this system may be helpful in identifying and providing needed services for the most obvious deep end problems, it seems inadequate to identify and provide needed interventions for those students who might present with more subtle, sub-clinical signs and symptoms.

This is not to say, however, that the School District completely ignores or neglects mental health issues altogether. A number of agencies and organizations provide services to children and teens through the schools, primarily prevention-oriented assemblies, groups, violence and bullying prevention, and mentoring. However, there is no cohesive system of services to identify and meet student and family needs. Many of these programs could be expanded with good results, and some need evaluation to determine their actual effectiveness.

A SNAPSHOT OF BOCA RATON

Boca Raton's image of prosperity, health, and quality of life reflect and serve the community well in many respects. However, this same image and its careful cultivation mask a different reality for many residents and serve as obstacles to identifying and meeting the greater community's human services needs.

Mental health concerns do not stop at the borders of prosperous communities like Boca Raton. Financial comfort does not indemnify Boca Raton's individuals, families or neighborhoods against mental illness. Prosperity in many cases only adds to the stigma, making identification and willingness to seek or accept treatment more difficult. Even people with health insurance and other resources to pay for treatment must be able and willing to identify potential problems and seek help. Additionally, wealth and middle class comfort are associated with higher incidence of particular mental health problems.

And, against image, not everyone in Boca Raton (including both incorporated and unincorporated areas) is well-to-do. Many are one paycheck from crisis, many have no health insurance, and many do struggle to meet basic needs. Yet, Boca's image and relative prosperity make publicly-funded services to families relatively quite unavailable in the area. It has been suggested that removing data from those with the top ten percent of income would convey a very different Boca Raton community picture, closer to the realities of life for most residents.

Because Boca is not a priority area for county-based services, Boca Raton's Promise and the new local Mental Health Alliance have been wise to take matters into their own local hands. Boca Raton's Promise will be well served in this process by its well-earned "brand" reputation as a unique body of concerned nonpartisan and bipartisan community stakeholders from all elements of the community. Boca Raton's Promise is also well served by its ability to speak out freely on behalf of youth and families, particularly because many of these stakeholders feel they cannot.

From information gathered on children and teens in Boca Raton, clearly emerging areas of mental health concerns include divorce, domestic violence, depression, ADD/ADHD, generalized stress/anxiety, relationship problems, and self esteem. Eating disorders, prescription drug abuse, and gambling are of particular concern in more prosperous areas, and Boca is no exception to this. We know from national studies that suicide prevention is also a critical need.

There are also emerging trends that must be acknowledged, particularly as they impact Boca Raton's youth. Private practitioners in the community have been reporting an increase in the number of Asperger Syndrome, for example, the rate for which has gone from 1 in 250 to 1 in 166 youth. It has also been reported by community practitioners that there appears to be an increase in adolescent's separation anxiety, whether as a result of divorce, relocation, or general loneliness. One Boca Raton psychologist described the phenomenon of "cell phone disease," a term used to characterize the observed dependence on having to stay connected to friends.

Other trends that should be noted include increasing minority populations and individuals with incomes well below the median, particularly in the western and northeastern areas of the community. For many of these families, identification of needs and access to services are a significant problem. Boca Raton is not the community that comes to mind when one thinks of "marginalized communities," but in many ways it is. The broad perception of Boca Raton as only a community of affluence prevents much-needed resources from being placed within its borders, depriving those who need them most. As one practitioner put it, "Boca has far more 'inner-city' issues than most people would imagine." This is not news to many of Boca Raton's youth, however.

Through the work of Boca Raton's Promise's Community Youth Council, issues of gang violence, depression, suicide, substance abuse, anxiety disorders, sexual health, eating disorders, victimization, young caregivers, and academic stress are consistently reported as being among the top issues facing Boca Raton's youth. A more detailed picture of these issues is presented in the following section.

Demographic Information

Attempts to quantify relevant information about youth and families in Boca Raton have proven hindered by several systemic problems, not the least of which is simply a lack of pertinent data collection by organizations serving youth and families. The majority of youth

program data is aggregated for the county and is relevant only to county- and statewide funders. While many of these funders do require information on age and race/ethnicity, most is not broken down to specific demographics of specific communities. In other instances, data is simply not kept. Whether that is due to a lack of perceived need to do it (especially if not required by funders), an unwillingness to “tarnish” a community’s image, or an unwillingness to be held accountable for dealing with whatever findings result is unknown. What we do know is that the lack of data contributes greatly to our lack of understanding of the scope and depth of mental issues affecting children, adolescents, and their families. It also negatively impacts our inability to effectively plan and develop services to better meet their needs. What information is available is fragmented and often difficult to obtain.

Some efforts, however, are underway. A project through the Palm Beach County Community Health Alliance is currently being implemented that would specifically look at the mental health needs in Palm Beach County and begin to develop a county-wide data collection and sharing system. Preliminary results are expected to be released in December, 2006. Similarly, a collaborative effort between Boca Raton’s Promise for Youth and the local National Alliance for the Mentally Ill has produced a survey that was recently sent out to all mental health practitioners in Boca Raton. The results of these surveys are also expected in the near future. The following tables present some of what we know about Boca Raton.

Table 1 – Boca Raton Population (source: U.S. Census, 2000)

Total Population (2003)*	78,449 (200,000)	100%
Population Net Change, 1990-2003*	15,583	+ 21%
Number of Children <5 Years Old	3,523	4.7%
Number of Children 5-9 Years Old	3,959	5.3
Number of Children 10-14 Years Old	4,214	5.6%
Number of Children 15-19 Years Old	4,559	6.1%

* *data source: FedStats, 2005.* Available census data is for the incorporated City of Boca Raton. There are an estimated 120,000 additional people living in the unincorporated, western Boca Raton region but there are no demographic breakdowns for this population.

Table 2 – Boca Raton Population by Sex

Males	36,445	49%
Females	38,319	51%

Table 3 – Ethnicity in Boca Raton (source: Palm Beach County Census, 2005)

White	67,851	91%
Black	3,251	4%
Hispanic	6,359	8.5%
American Indian	289	0.4%
Asian	1,834	2.5%
Pacific Islander	89	0.1%
Other	1,921	2.6%
2 or more ethnicities/races	1,421	1.9%

Table 4 – Boca Raton Economic Indicators (source: U.S. Census, 2000)

Per Capita Income	\$45,628.
Median Household Income	\$60,248.
Median Family Income	\$77,861.
Families Living Under Poverty Rate	6.7%
VLI Owner Households*	10.2%
VLI renter Households*	29.7%
Average Unemployment Rate	3.4%

* VLI – Very Low Income, defined as being 50% below the metropolitan median

Again, we are faced with the inability to form an accurate picture of many of the issues we are attempting to address. Population data, for example is generally dependent upon scheduled census initiatives which often reveal demographic changes in retrospect. Missing are the current movements toward greater diversity, in both ethnicity and income, that Boca Raton seems to be experiencing. The largest increases in these indicators seem to be taking place in the western Boca Raton area. The implications of this trend, and the impact on youth mental health issues that result, are clear.

We can also see from income demographics that there is more to Boca Raton than meets the eye. While the median income is still relatively high, 40% of those in Boca Raton either own or rent homes there while earning an income that is well below the median. We can then infer from this that there is a growing segment of Boca Raton residents that are struggling to make ends meet and, in many cases, can be categorized as “working poor.”

Table 5 – Boca Raton School Population and Reported Violent/Criminal Acts (data represents both public and private schools. Data source: Florida Department of Education, 2006)

School	Enrollment	Incidence of Crime*
Elementary	18,649	44
Middle	15,554	275
High	13,824	365

* Aggregate totals for violent acts, alcohol/drug possession, property damage, fighting/harassment, and weapons possession

- The largest number of incidents reported in a single Boca Raton elementary school was 17; in a middle school, 74; and in a high school, 141.
- The elementary school population has demonstrated the most rapid rate of growth in Boca Raton, foretelling a future increase in the rates of high school age populations and the problems encountered among their age group.

School crime statistics are considered one of the indicators of behavioral and emotional problems among students. Demonstrated increases in bullying and harassment, substance abuse, and weapons possession have led to an increase in adolescents placed in the juvenile justice system. While very little in the way of local data is available, a national study by the Department of Juvenile Justice found that fifty to seventy-five percent of those placed in the juvenile justice system suffer some type of mental illness. Palm Beach County schools are beginning to address this by offering anti-bullying and violence-prevention programs.

Table 6 – Estimated Need for Mental Health Services in Palm Beach County (source: Palm Beach County Community Health Alliance, 2006)

Number of People With Serious Mental Illness	68,502	5.4%
Number of Uninsured With Mental Illness	11,500	0.9%
Number of Children <6 Years With Mental Illness	5,239	7.1% of age group
Number of Children Age 6-12 Years With Mental Illness	5,491	4%
Number of People With MI That Are Homeless	1,080	40% of identified homeless population*
Number of People With MI and Dual Diagnosis	34,251	50% of mentally ill

* while there is no data on the number of homeless persons in Boca Raton, there is a consensus among school and community professionals that there is a growing homelessness problem, particularly in the unincorporated western Boca Raton area

These data are based on multiple information sources, estimates, and extrapolations. Most striking about these estimates is the consistent perception among people interviewed that these problems are increasing throughout Boca Raton.

Table 7 – Selected Indicators from the Palm Beach County Youth Risk Behavior Survey, 2005

Indicator	% of Students	Change From 2003
Felt Sad/Hopeless Daily for 2 Weeks or More	27.8	- 4%
Contemplated Suicide	13.3	- 4%
Made a Plan for Suicide Attempt	9.9	- 3%
Actually Attempted Suicide	7.2	- 2%
Suicide Attempt That Resulted in Medical Treatment	2.3	- 2%
Experienced Forced Sexual Intercourse	6.7	- 2%
First Sexual Intercourse Prior to Age 13	6.9	- 2%
Had Sexual Intercourse With 4 or More Partners	13.5	- 2.5%
Over Past 3 Months, Used Drugs/Alcohol Before Last Intercourse	17.7	- 6.5%
First Used Alcohol prior to Age 13 (more than a few sips)	25.4	- 3%
Binge Drinking in Past 30 Days	21.1	- 3%
Tried Marijuana Prior to Age 13	7.9	- 2%
Used Marijuana More Than Once in Past 30 Days	18.7	- 4%
Used Cocaine (any form) More Than Once	6.1	- 3.2%
Used Inhalants More Than Once	9.8	- 0.4%
Used Heroin More Than Once	3.2	- 0.5%
Used Methamphetamine More Than Once	5.0	- 2%
Used "Ecstasy" More Than Once	5.9	- 6%
Went Without Eating for 24 Hours or More to Manage Weight in Past 30 Days	11.8	+ 1%
Used Diet Pills/Products Without Doctor's Advice to Manage Weight in Past 30 Days	5.1	- 1%
Vomited or Used Laxatives to Manage Weight in Past 30 Days	4.7	0%

[Note: % differences 3 or less are not considered statistically significant]

While many of these indicators represent a slight decrease from the 2003 reported incident rates, they still represent significant issues that warrant serious attention and intervention.

Table 8 – Other Selected Indicators from Palm Beach County School Health Services, 2006

Indicator	% Students Identified
Feel Happy	33% of elementary, middle, & high school students report “sometimes,” “rarely,” or “never”*
Worry While at School	“most” or “all the time” - 20% elementary, 26% middle, 29% high; “all the time” – 7% elementary, 12% middle, 13% high
Psycho-Social Problems reported to School Nurse	1.04% health room visits (n= 4,831)
Social Intervention/ Evaluation	0.4% of all student interventions (n= 3,565)
Psychiatric Medications Administered by School Nurse	Ritalin – 23% (n= 28,300) Adderall – 11% (n= 14,070) Clonidine – 3.2% (n= 3926) Depakote – 2.2% (n= 2,714)

* highest degree of unhappiness reported in elementary students (39%)

These indicators from Tables 7 and 8 were selected from the Youth Risk Behavior Survey because they speak most directly to an association with common indicators for mental health issues. The Youth Risk Behavior Survey is an anonymous survey conducted in accordance with the Cooperative Agreement between the Palm Beach County School District and the national Centers for Disease Control and Prevention. The survey is administered biennially to middle and high school students at representative schools, on a voluntary basis, and asks questions pertaining to drug and alcohol use, sexual behavior, violence, eating disorders, and other risk behaviors. Most information is reported statewide; we are fortunate that Palm Beach County, through our School District, is one of the few areas of the U.S. to conduct the survey on a community basis.

Among the most common issues dealt with among Boca Raton’s youth, as stated by local mental health professionals, are ADHD, depression, anxiety, eating disorders, and identity issues. Persistent feelings of unhappiness and any degree of the contemplation of suicide should be cause for assessment, if not intervention. Similarly, indicators such as early and regular use of drugs may be signs of underlying mental health issues, constituting a “dual diagnosis”. It is difficult to ascertain, however, whether there are mental health issues which precipitated the drug use or whether drug use precipitated mental health issues.

When looking at drug use, it is also incumbent upon us to view the recreational use of illicit, over-the-counter, and prescription drugs equally. As has been noted in other affluent communities across the country, Boca Raton’s youth have, in many cases, easier access to prescription medication than they do illegal drugs. From the perspective of substance abuse and the development of chemical dependency, the distinction between adolescents’ abuse of Xanax and their abuse of cocaine is insignificant.

We can also look at other indicators such as sexual abuse history, early age of sexual initiation, and number of sexual partners as potential “red flags” for some underlying mental health issue. It is also important to understand that early sexual expression may well be within the realm of developmentally-appropriate behavior and great care is necessary to re-direct, but not pathologize, this behavior. This is, obviously, a very sensitive area for either school or mental health professionals to work in. It is therefore essential that school personnel, mental health professionals, nurses, and parents develop a better understanding of both sexual and adolescent development in order to better help young people deal more effectively with the many challenges that come naturally with sexual development.

Another point that can be usefully extracted from these data concern the rates of anxiety (worry) among students, particularly the younger students. Over a fifth of students in Palm Beach County report feeling anxious in school all or most of the time. There are, of course, a number of academic and social pressures that cause many young people to worry and some of these are addressed in various programs. Of greatest concern are those students who do not express their anxieties and, in many cases, blame themselves for feeling them.

This is especially true for young people who experience harassment and bullying in school. Several studies over the past decade have reported an overall increase in bullying and harassing behavior in schools across the country, particularly in middle schools. While the motives and reinforcers for bullying are still subjects of debate, what is not is what victims of bullying are likely to exhibit. Students who are victims of bullying are typically anxious, insecure, cautious, and suffer from low self-esteem, rarely defending themselves or retaliating when confronted by students who bully them. They may lack social skills and friends, and they are often socially isolated. Victims may also experience a greater degree of separation anxiety when leaving home, due to the fear and dread they may feel at the thought of going to school each day. Further, bullying has been a contributing factor in several of the widely-publicized incidents of school violence (including the Columbine shootings). Those who look the other way contribute to the problem. Emotional well-being and academic achievement fall victim.

One practitioner specifically reported seeing a greater incidence of separation anxiety than had been seen in the past. While data on bullying, victims of bullying, and victim-bullies are scant, Palm Beach County School District administrators have identified a need to offer programs. A number of public schools in Boca Raton have started or will begin to implement bullying-prevention programs.

Closely related to harassment and bullying is students' sexual orientation, whether actual or perceived. While trying to deal with all the challenges of being an adolescent, GLBTQ teens additionally have to deal with harassment, threats, and violence directed at them on a daily basis. They hear anti-gay slurs such as "homo," "faggot," and "sissy" about 26 times a day or once every 14 minutes. Even more troubling, national population studies have reported that thirty-one percent of gay youth had been threatened or injured at school in the past year alone (9). Much of the research conducted on GLBTQ youth also show this population to have higher rates of major depression, generalized anxiety disorder, suicidal ideations, and substance use or dependence than heterosexual students have. GLBTQ youths' mental health and education, not to mention their physical well-being, are often at-risk.

Anti-gay prejudice affects non-GLBTQ youth, too. Other studies have shown that for every gay, lesbian and bisexual youth who reported being harassed, four "straight" students report being harassed because they were *perceived* as being gay or lesbian.

Table 9 – Percentage of Palm Beach County Public (2002) and select Palm Beach County Private (2003) *What Works Survey* Family Health Section results of caregiving students who identified themselves by grade

Impact	All Students, Grades 4-12 n=6,805	Public Schools, Grades 6-12 n=5,407	Private Schools, Grades 6-12 n=374	Private Schools, Grades 4-5 n=137
Misses School/After School Activities	13.5	12.8	15.8	11.7
Does Not Complete Homework	16.6	16.4	12.0	8.8
Interrupts Time Studying	23.2	23.9	11.5	14.6
More Than One of the Above	12.9	12.8	15.8	11.7
No Impact	33.7	36.3	44.9	51.8

Table 9 reveals the effects of another under-recognized issue that may also affect the mental health of Boca Raton’s youth. Within a county-wide public middle and high school sample, the study’s authors state that more than 50% of students perform a variety of caregiving activities within their families. Of these, nearly two-thirds report that assisting a family member who requires special care has adversely affected their academic performance. This is consistent with other studies which have demonstrated how children’s growth and development can be negatively impacted by assuming responsibilities beyond their physical and emotional readiness, as well as the social and emotional burden for which they are ill-prepared. We know that caregiving affects the mental well-being of adults, so it is likely that the effects on children and adolescents are similar.

Synopsis

Extrapolating from above and from what we know to be particular concerns about wealthier communities, we can see a picture of Boca Raton that is not reflected in the popular images of the community. While many of the problems most apparent in Boca Raton seem to be typical of affluence: problems related to better access to health care (e.g. prescription drug abuse), having disposable income (e.g. gambling and purchasing more expensive drugs available on the street), living in an image-conscious, plastic-surgery culture (e.g. body image problems and eating disorders), and pressures to succeed (e.g. depression and anxiety), the same problems exist as in non-affluent communities.

Furthermore, we see that Boca Raton is more of a mixed community than has been commonly expected. Not all struggling families are perceptibly middle or lower-middle class. There is a significant number of “image rich” families that had been affluent but, through divorce, death, unemployment, or some other circumstance they no longer have the wealth they once had. Several stories were related by local practitioners that illustrated this point. There is the single mother who lost her husband and, consequently, the income he provided. She and her children lived in a multi-million dollar home and drove a very expensive car. However, all the family’s remaining money went into maintaining the house and car, while the children slept on the floor because there was no furniture in the house.

There are other accounts of the adolescents who harbor great anger and resentment that they are no longer able to keep up with their wealthy peers in terms of clothes, accessories, and entertainment. These accounts parallel numerous stories of never-wealthy children who experience anxiety, depression, and anger over not being able to compete in many ways with their wealthier peers.

From information gathered on children and teens in Boca Raton so far, clearly emerging areas of mental health concern include divorce, domestic violence, depression, ADHD, generalized stress/anxiety, high volume alcohol use, and self esteem. Eating disorders, prescription drug abuse, and gambling are of particular concern in more prosperous areas, and Boca is no exception to this. We know from national studies and local reports that suicide prevention is a critical need. And, as a minority group, GLBTQ youth and those perceived as such experience particularly severe dangers and threats to well-being, and social and educational attainment, from peers as well as with some of their families.

The School District provides programming through Safe Schools and its Prevention Center. School-Based Teams are intended to identify and address student concerns in a coordinated fashion. They benefit greatly from having a Behavioral Health Specialist or school social worker assigned to a school full-time, but this is the case in only one Boca Raton school.

In addition, a number of agencies and organizations provide well-regarded services to children and teens through schools, primarily prevention-oriented assemblies, groups, violence and bullying prevention, and mentoring. Further, there appears to be no cohesive system of bringing in outside services to identify and meet student and family needs. Many of these programs could be expanded with good results, and some need evaluation to determine their effectiveness.

Families in Boca Raton have difficulty not only with lack of local mental health services, but with lack of information and coordination. Again, because Boca is not a priority area for funding either local or county-based services, Boca Raton's Promise and the new local Mental Health Alliance have been wise to break the silence take matters into local hands; and the community is fortunate that they have.

CLINICAL THERAPY AND SUPPORT FOR BOCA RATON YOUTH

Many people interviewed for this report observed that a significant number of youth and their families in need of clinical therapy and support are not accessing services. They noted significant barriers of cost, stigma, distance, time, language and culture. While there are local providers, these barriers are real, as are lack of awareness of mental health needs and available services.

Private Practitioners

Several child and adolescent psychiatrists, as well as dozens of clinical psychologists, social workers and mental health counselors serve youth and their families in their Boca Raton private practices. Residents with private mental health coverage can choose among these, depending on their insurance plans. A number of them speak Spanish. At least some private practitioners will negotiate fees or assist families in finding subsidized services in the community.

These providers are readily found through telephone directories and web sites, but the information posted bears some scrutiny. Some private practitioners advertise particular areas of expertise with children and adolescents, although these claims are not necessarily based on certifications or advanced training. Further, while practices may list a variety of support groups for youth, few of those listed seem to be operating at a particular time.

Child and adolescent problems seen by private practitioners are consistent with those observed by other local service providers and advocacy groups, including: ADD/ADHD; Oppositional-Defiant disorder; depression; anxiety; eating disorders; substance abuse including a rise in use of cocaine, heroin, powerful marijuana, inhalants and prescription drugs; family problems related to divorce and alcoholism/substance abuse; Asperger Syndrome, and social and relationship problems. Far fewer severe mental illnesses are seen by private practitioners on an outpatient basis. Private practitioners report they are also the providers most likely to be working with young people on issues of sexual orientation and identity in Boca Raton.

Private practitioners report that some diagnoses and problems are more prevalent here than in most places; these are consistent with other more affluent communities. These include eating disorders, gambling, prescription drug abuse (through lots of cash on hand or raiding parents' medicine cabinets), expensive illegal drugs (through lots of cash on hand or parents' supplies), "affluent parental neglect," and intense pressures on students from varied socioeconomic backgrounds to succeed academically and socially (sometimes maintaining an image of nonexistent wealth). Also cited as unusual is the level of Boca Raton families' transience and lack of roots in their neighborhoods or in the community.

Barriers are cited even among those with mental health insurance coverage for their children. Weekly visit copays may be difficult to pay for or, without parity for mental health care, only a very limited number of visits may be covered.

Further, stigma prevents many parents from seeking care within their health coverage plans, whether private or government funded. This stigma includes the perception of having something shamefully wrong with their child, as well as concerns with an insurance company keeping a perhaps insecure record of mental health treatment. Additionally, parents are concerned that a preexisting diagnosis will prevent their child from receiving coverage for care should their insurance plan change when the parent changes employment or the employer changes carriers. This, and comfort and familiarity, also lead parents to have their children treated with medication prescribed and managed by pediatricians rather than through referrals to child and adolescent psychiatrists and therapists.

Another barrier found among families with resources for mental health care is parents' lack of commitment to counseling or therapy. In a crisis, these parents insist that they be seen immediately. But when the crisis abates, there is lack of follow up or real consideration given to the therapy needed. Examples cited were: *an adolescent experiences an overdose as a result of attempted suicide; the parent does not deem it necessary to place the child in a stabilization or acute care facility but, rather, says: she'll be seeing her therapist for her weekly session in a few days so she'll talk to her therapist then;* and, *as a result of court-ordered treatment, a youth is ordered to go through a counseling regimen of twelve sessions, so the parent requests that the sessions all be fit into two weeks or postponed for several weeks so as not to interfere with a planned vacation or event.*

A survey was sent to ninety-one Boca Raton private practitioners in September 2006 by Boca Raton's Promise and NAMI of Palm Beach. Replies have been slow to return, but we look forward to integrating additional input regarding mental health needs, services, referrals and resources in our community.

Mental Health Insurance Coverage, Healthy Kids, Medicaid

While the actual number of insured Boca Raton youth is not available, we do know that Florida ranks second in the nation for uninsured children. 17% of the state's youth have no private or government coverage. 88% of these children live with one or two working parents.

A 2005 study funded by the Quantum Foundation (11) found that rates of those who are uninsured in Palm Beach County far exceed those in the state, at all income levels. Particularly in our community's extensive service sector, many jobs do not offer insurance benefits. Further, many parents are unable to pay several hundred dollars a month for dependent coverage.

In addition, Boca Raton's veneer includes many families whom, through divorce, death, unemployment or general overextension live with "illusory affluence;" their automobiles, addresses and clothing belie credit card balances, bankruptcies, homes barely furnished, and lack of insurance coverage, as well as using any liquid assets to cover immediate necessities.

Children in families with lowest incomes or extensive medical costs can qualify for Medicaid. These youth can receive up to 26 outpatient mental health sessions a year, not including medication management appointments. Serious concerns have been expressed regarding quality of care and lack of training among the contracted services that provide this care in office or home settings. These services are located as close as Delray Beach, but not in Boca Raton. Medicaid mental health services are currently transitioning into managed care, and additional Medicaid reform measures will take effect in the near future.

According to Florida's Healthy Kids Corporation's most recent monthly report, in Palm Beach County, 15,328 youth received health coverage through the subsidized Healthy Kids program, with monthly premiums of \$0 or \$20. Until this past summer, only children from families with incomes no greater than 200% of the federal poverty level (\$26,400 for a family with two children) could qualify for Healthy Kids coverage. Now, through new state legislation, others may obtain coverage at \$110 per month, but few people seem to know about this program expansion.

Healthy Kids coverage provides up to forty outpatient mental health visits per year, with a \$5 co-pay. These are generally authorized seven at a time, by the three Palm Beach County Healthy Kids managed care plans' mental health subcontracting groups. There are providers to choose from, although at least one plan's closed provider panel has no child psychiatrist in Boca Raton.

There is a strong sense that managed care mental health coverage emphasizes mental health treatment through medication management at the expense of other or additional important therapeutic options.

Subsidized/Low Cost Services

In addition to the many private practitioners, there are some subsidized and otherwise low or no cost counseling services available to Boca Raton residents. Listed below are those located in Boca Raton and Delray Beach. Experience has shown that even an hour round trip for weekly sessions poses a significant barrier to services for busy families with multiple jobs and children.

Lack of awareness or misconceptions about these services among those who need them, as well as those in positions to make referrals, also pose significant barriers for many families.

In addition, several providers interviewed noted the particular and critical absence of affordable psychological testing for children and teens. Some providers stated that School District cuts in such services for budgetary reasons have widened this gap significantly.

Association for Community Counseling, based in western Delray Beach, offers individual, family and group therapy to a very diverse population, provided entirely by volunteers and student interns. Some volunteers have current licenses while others are retired. They offer a “very loose” sliding fee scale. Some interns provide services in Spanish or Creole. The association also provides group counseling at area schools (see the school-based programs section below) and youth programs, using play therapy as appropriate. In Boca Raton, they currently provide groups at Calusa Elementary School, YMCA After School Program and preschool, and the Youth Activities Center in the unincorporated area west of the City of Boca Raton. The length of these groups varies; some last ten to twelve sessions, other the entire school year. Service numbers and group breakdowns were not available. ACC is finding the cost of background checks and professional liability insurance required by schools difficult to cover as a small organization.

Catholic Charities provides therapy for children, teens, their families and groups for people of all religions at its southeast Delray Beach location. Services are offered only on weekdays, with occasional early evening hours for particular clients. The therapy addresses problems such as depression, loneliness, grief and loss, anxiety, stressful relationships, and child and adolescent problems. The agency accepts some health insurance, and offers a sliding fee scale. At times, there is a waiting list of up to several weeks. The Delray location has a Spanish-speaking therapist who sees children and teens. About 200 clients of all ages are seen each year at the Delray office. The agency does see Boca Raton clients in Delray, but was not able to report their numbers.

Center for Family Services provides individual and family counseling for adolescents and families experiencing emotional, behavioral, psychiatric, psychological, and/or environmental problems, at their southeastern Delray Beach location during day and evening hours. Clients are primarily adults. The agency accepts insurance and offers a sliding fee scale. The licensed counselors currently do not include a Spanish-speaking therapist; one was recently transferred to another office for lack of need in Delray Beach. There is no waiting list. About 250 new Delray office clients last year included only a few children or teens.

The agency is also one of Palm Beach County’s largest providers of outpatient substance abuse counseling, education, intervention, and prevention services for individuals and their families. Individual counseling, evening, and Saturday recovery groups in Delray accept teens.

While some clients of both the counseling and recovery programs are from Boca Raton, their numbers were not available.

Center for Group Counseling, based in West Boca Raton offers a range of services beyond those identified by the agency's name. These services include group as well as individual, couples, and family counseling to children, adolescents, adults and seniors. Last year, the Center provided over 11,000 clinical service hours to clients at both onsite and offsite locations. Groups for children and families are free of charge, while individual and family therapy are \$25 per session. The Center has groups for children and teens based on their ages: 5-8, 9-12, and 13-17. Parent groups are scheduled simultaneously (during after school hours), so that parents and child can receive services conveniently. The children receive age-appropriate group counseling, while parents are given suggestions as to how to attend to the child, reflect feelings, and give the child structure to allow opportunities to make healthy choices. Another evening group for families combines time for parents and teens both apart and together. It is designed to improve communication between parents and their adolescent children and decrease the frequency and intensity of disruptive adolescent behavior problems. The agency has five licensed supervising therapists, and many volunteers and student interns. Psychological testing is available for a fee.

The Center has recently started STAGES, a high school-age acting troupe that will write, produce, and perform short plays about life issues important to young people. Issues to be addressed include: relationships, drug and alcohol use, family and school pressures, and finding one's identity. The company will rehearse two evenings each month, and perform at various Palm Beach and Broward locations. Following the performances, company members and the audience will look at issues together, challenging assumptions and increasing empathy. Company members will receive community service hours through this service learning project.

The Center also provides teacher training and onsite groups in nine Boca Raton schools (see school-based services). While the Center offers a variety of services, it would need additional staff and a marketing campaign to meet the more of the community's mental health needs.

Depression and Bipolar Support Alliance offers three peer-led support groups in the western Boca Raton area, and several others in neighboring communities. The three Boca Raton groups meet simultaneously in the same location on Friday evenings. They include a brand new group for adolescents to age twenty. The other two groups are: for adults living with these disorders; and for family members (including parents of children and teens) and other loved ones of people with these illnesses. These are among over 1,000 support groups sponsored by the organization nationwide. The groups are free of charge but the organization asks for donations. Facilitators are people living with depression and bipolar illness, or their loved ones, who receive some training through the organization. The groups are not intended as therapy, and participants are urged to enter or continue therapy and to be compliant with their medication protocols. Rather, the groups focus on creating a support system, sharing information, and helping with coping and thriving including reducing hospitalizations and other crises.

Florida Atlantic University Counseling Center on the Boca Raton campus is a self-referring entity that does not provide services for individuals who are not FAU students. (Unlike many other universities, FAU does not offer counseling to the larger community.) While little data on student problems or referrals has been kept, they will soon be adopting an electronic record-keeping system.

While services are intended for people older than this report's target range, it is interesting to note the counseling issues and diagnoses of local students, the majority of whom are in their late teens or early twenties. These issues center on depression, anxiety, eating disorders, substance abuse, bipolar disorders, relationship problems, and sometimes the beginning symptoms of personality disorders. They rarely see deeper-end issues like schizophrenia or psychosis. Cases requiring medical care are referred to local psychiatrists, but the Center does not coordinate care or follow up.

Ruth Rales Jewish Family Service, the largest human services agency in Boca Raton, provides individual, family and group therapy to people of all backgrounds during day and evening hours. Last year, over 5,500 units of therapy were provided, and the agency has since significantly expanded. Clinical services are provided at offices near Glades and Lyons Roads west of Boca Raton and in central Delray Beach, as well as other locations. The agency is interested in expanding counseling sites, including replacing a previous location in east Boca. The agency accepts private insurance and Medicaid, and also has a sliding fee scale. There is no waiting list. Some people interviewed observed that, while Jewish Family Service clearly serves all elements of the community, the agency's name interferes with this perception and poses a barrier to clients seeking a provider or even directly referred to Ruth Rales as the preferred provider.

Over forty licensed clinical staff include child and adolescent specialists. Each week, the agency provides individual and family counseling to approximately forty children and teens. Several hundred youth and their families are served each year. The staff receives hands-on training in family systems therapy directly from Salvador Minuchin. Ruth Rales is in the process of obtaining a computerized database system that will provide extensive client reporting.

In the past year, Ruth Rales has begun providing mental health services in both Spanish and English, at Caridad Center, which provides free medical and dental care to a large population of agricultural workers, laborers and the working poor through more than 500 licensed professional and community volunteers. Located west of Boynton Beach, the Center serves a highly multicultural and multilingual clientele including many from the Boca Raton area. Ruth Rales reports a high need for intervention with young children of the families served, and is developing plans to use interns to offer psychological testing, play and family therapy to serve this population.

The agency also expressed interest in developing services to fill what several providers interviewed noted is a critical gap in affordable psychological testing for children and teens.

Ruth Rales presently offers an ongoing weekly adolescent girls' support group. The fee is \$15 per week, but cost is not a barrier. The agency provides a variety of other therapy and support groups for different ages at different times, and can quickly form new groups as needed. These include but are not limited to groups providing general therapy or addressing issues of divorce, senior gays and lesbians, eating disorders, substance abuse, caregivers, families of the persistently mentally ill, and bereavement. Parenting groups have not been successfully attended. The agency also provides twenty support groups per year at Boca Raton Schools (see school-based section below).

The agency has a number of other interconnecting services, including but not limited to mentoring programs, crisis intervention, and school consultation and intervention. Ruth Rales also provides extensive community outreach, reaching over 10,500 people in over 600 presentations last year. Many of these programs are for schools and youth-serving groups,

including houses of worship of different faiths. All Boca Raton schools are reached within a two-year period, and many receive services far more frequently (see school-based services). Many families request clinical services as a result of Ruth Rales' programs in schools.

The agency also provides Teen Talk, a virtual counseling opportunity provided through email with licensed practitioners. A friendly website (that would benefit from having a dedicated internet domain) identifies the service as "A CONFIDENTIAL and SAFE place to call - Staffed by trained professional counselors," and invites youth to "Find answers; Cope with school, parents, relationships; Deal with challenges."

St. Joan of Arc Counseling Center offers faith-based counseling across from the east Boca Raton church. Multiple licensed counselors see clients during day and evening hours. Spanish speaking therapists are available. One therapist offers a sliding fee scale.

South County Mental Health Center offers outpatient therapy for children, adolescents and families through its Psychological Services Program. Services are provided during weekday hours at the Center's central Delray Beach location. The agency accepts insurance and Medicaid, and also has a sliding fee scale. Medications are managed and provided through a separate clinic at the same location. Psychological testing is provided by student interns. Data breakdowns for Boca Raton youth and families were not available.

Spanish River Church Counseling Center provides faith-based therapy for children, teens and families at its west Boca Raton location. Nine part-time licensed therapists working a variety of hours take insurance, and may also make individual fee adjustments as deemed necessary. There is no fee for support groups except for materials. There is a current group for children experiencing their parents' divorce. Additional groups may be developed as needed. The Center provides some outreach programming, and is hosting a seminar in February 2007 on building stepfamilies.

Youth Affairs Division, Palm Beach County Youth Services Bureau provides counseling for children, adolescents and their families, as well as parenting classes, all at no cost. Two licensed therapists provide counseling to approximately 250 Boca Raton families per year. Solution focused family therapy may extend for three months, but families can return after a break. At certain times of the year there are significant waits for services, which may be alleviated if clients can travel to the West Palm Beach office. Parenting groups are offered, generally after family therapy, but the order may be reversed if counseling slots are full.

All parenting and most therapy clients are seen at the central Delray Beach office, except for six families per week who have counseling appointments from 3:00-6:00 pm at West Boca Raton High School. Evening hours at West Boca would be even more accessible, but would pose security issues at the school. Only occasionally is a family seen at another school.

Offering services close to home has shown what a barrier travel to Delray can be for busy families with multiple jobs and children. With more funding, it is clear that many more clients would receive therapy at schools near their homes – especially since ninety percent of the Delray office's Boca Raton counseling referrals come from Boca Raton schools guidance departments. The counselors visit the schools with information packets twice a year, and maintain ongoing relationships with them.

Though more available in years past, home visits are now done primarily when disability interferes with transportation. Experience has shown this can be a significant barrier for families not used to clinical counseling, who are more comfortable at home, and that less family information can be gathered in an office.

Translators are provided on a regular basis; this is a high budget item for the program although school-based translators are utilized when available. All clients receive six-month follow-up, and all referrals are followed up. As a county agency, the Division can only refer to nonprofit or government providers.

The two therapists serving Boca Raton also provide a combined eight to twelve school-based groups per year (see school-based services below). The agency also has a speakers' bureau for outreach and education.

211 Crisis Line, Resources and Referral

211 Crisis Line, Resources and Referral publishes the *Where to Turn* directory, both in print and online, which has been the staple information and referral resource in Palm Beach County for more than decade. The organization has since expanded to be a resource for Martin and St. Lucie Counties, as well. Two of the criticisms heard most often about this service, in spite of its reported wide use, are that there is too much information, making a search for available services somewhat unwieldy; and that the information on community resources is as much as several years out of date. The agency is in the process of updating the directory for the first time since 2002, although updates are made to the online version. However, the outdated information has been especially problematic when one considers that it is often the sole source for school and community-based practitioners' referrals, and this problem does extend to the online version. The online version would best include a frequent periodic process of prompting providers for updates, as the information can be only as current and accurate as that submitted.

211 also has a hotline that offers crisis counseling and support, and provides telephone information and referral services using *Where to Turn*. Callers have reported speaking with someone who was not warm or particularly engaged, and that getting referrals was not individualized, but somewhat like being read to from a telephone directory (an outdated one by some reports). Updates are made to the list used by volunteers and staff who answer these calls, and at least some have more current information.

211 also hosts a Teen Hotline, providing information specifically for youth and adolescent issues. Crisis calls do have priority, but callers have expressed dissatisfaction with the hotline, citing the way calls are handled, especially when they have been put on hold for what seems like a long period of time.

MORE INTENSIVE MENTAL HEALTH SERVICES FOR BOCA RATON YOUTH

While most mental health needs of children and teens are met through clinical services and support, those with more serious mental illnesses need more intensive and continuing services for themselves and their families to function as well as are able and to have the best possible future. Every family member is impacted by living with someone with such mental illnesses, and these services are very costly to families, insurance companies, and government.

Although the term “deep end” seems to have no set mental health definition, and is used differently by different providers in different settings, it is often applied to these clients and services. While this brings to mind the pejorative term “off the deep end,” it is used in other human service fields as well to describe intensive and costly care.

Crisis Stabilization

Lack of local crisis stabilization (short-term acute care) services with a continuum of care to follow was frequently cited as a critical gap for Boca Raton residents. Interviewees also pointed to an overall lack of service coordination, allowing children and teens with serious mental health needs to “fall through cracks.”

South County Mental Health Center provides 24-hour emergency screening assessment at its central Delray Beach location or wherever needed through its Mobile Crisis Team. The Mobile Team’s first priority is children, and many calls are received from schools, where parents are called simultaneously. (South County bills insurance and Medicaid, and has a sliding fee scale for these services.) Other crises may be first met by police officers or paramedics.

When the situation meets criteria, children under eighteen may be subject to the Baker Act or signed into a Baker Act facility by their parents. Authorities must take people to the closest Baker Act facility, so if the crisis occurs in Boca Raton, the young person will generally be brought to **Columbia Hospital** in West Palm Beach, where pediatric beds are available. South County Mental Health Center had pediatric beds until three years ago.

Those taken in acute situations to South County Mental Health Center, or to **Boca Raton Community Hospital** or **West Boca Medical Center**, will receive only medical stabilization or brief assessment before being transferred to a pediatric crisis stabilization facility – which is most often Columbia. In the case of voluntary admission, and with health insurance or private pay, parents may choose a different facility from Columbia at the outset. Parents may also transfer their child from Columbia to another facility with pediatric crisis stabilization beds. While most health insurance plans will cover thirty residential days per year, parents are likely to find extensive co-pays for the bed and range of other needed services. In reality, lack of sufficient health coverage or available income and assets can limit receipt of important services by children and adolescents.

Available alternatives to Columbia, which offer a full range of services, are: Fort Lauderdale Hospital, a psychiatric facility with a full range of services for children five to eighteen, including medium to long-term hospitalization for ages eleven and up, and serving children with KidCare coverage; Memorial Health Care in Hollywood, very short-term and only for ages nine and up; and University Hospital in Tamarac, with short-term crisis stabilization. Farther away, a full range of services, including inpatient care, is available at Miami Children’s Hospital.

Regardless of the facility chosen, Boca Raton parents will spend an hour and a half traveling round trip to visit their children and participate in family therapy, discharge planning, etc. They will have the same travel commitment for critical follow up services unless they choose to start over with different providers closer to home.

Residential Care

When needed, longer term residential care is available at Sandy Pines in Tequesta, Fort Lauderdale Hospital, and Growing Together in Lake Worth (primarily substance abuse and dual diagnosis cases).

Treatment may be very expensive and can exceed the limits of insurance coverage. There is also a serious shortage of Medicaid beds for children and adolescents who need longer term or frequent residential care. KidCare covers severe psychiatric diagnoses, but there are only 32 slots for the entire county, and a capitated amount that can be spent on an individual child. Some Boca Raton parents who have used up their insurance benefits and assets, but whose income is too high for Medicaid, have given up custody to the state to enable their child to continue to get treatment.

In addition, Youth Affairs Division, Palm Beach County Youth Services Bureau has a free three-month residential school for ages eleven to fifteen. High Ridge Family Center is not, however, for deep-end psychiatric care, but for young people experiencing family, school and peer difficulties. Mental health evaluation and treatment are available there.

Juvenile Detention

Several people interviewed raised serious concerns about lack of assessment and treatment for youth in the criminal justice system. The perception exists that without access to appropriate early diagnosis and services, young people with treatable mental health or learning problems end up, instead, in the criminal justice system, including juvenile detention and incarceration.

Perhaps most alarming were reports of young people in juvenile detention in need of, yet unable to obtain, psychiatric care and that the lack of other services has led juvenile detention to serve as a mental health facility. These reports are of youth without insurance coverage and whose parents are not adept at self-advocating for care, or who may not be aware of their child's mental health needs. Reports indicate a dire need of funding for mental health services for these young people.

South County Mental Health does a full assessment on every child actually convicted, to determine substance abuse or mental health issues and makes recommendations including mental health case management. However, the majority who are not convicted but deferred, etc. are not evaluated. Additionally, while first offenders go home within twenty-four hours after arraignment, habitual offenders may stay up to twenty-one days, some reportedly without receiving needed diagnosis and treatment for substance abuse and mental health problems. Further, the environment can exacerbate or potentiate mental illness among youth who are particularly vulnerable to it.

“Deep End” Outpatient Services

While home-based “deep-end” services are available, there are reports that they are not extensive enough to address the needs of children who live at home with severe mental illness, or their families. It is also reported that many families find the system of care

disjointed and very difficult to understand and negotiate. Services move around among agencies, and the families have to keep moving through them to maintain care. Workers, consumers, and advocates seem to agree with the critical need for a de-fragmented system so families are not “bouncing between services.”

South County Mental Health Center provides Children’s Case Management, which addresses the need for continuity of care between inpatient and outpatient services. The goal is to reduce the risk of residential placement, and provide the least restrictive, most appropriate therapeutic environment. To qualify, a child must be receiving at least two other services, such as outpatient counseling and medication management. These home-based services are provided by multicultural, multilingual Bachelor-level workers. Insurance and Medicaid are accepted, and there is a sliding fee scale. Very few children served have a schizophrenia diagnosis, but many have been labeled bipolar.

The Center also offers Therapeutic Behavior Onsite, intensive in-home case management delivered by Masters-level therapists. Medicaid used to allow twenty hours per month for a case, but two years ago this was decreased to nine hours per month. If a child does not have insurance coverage or Medicaid, the state will pay for the same services.

South County Mental Health Center no longer offers respite care. Respite care is an important service that allows family caregivers from a few hours to two weeks away from their child who has mental illness. Other county providers do administer four group respite facilities, including one in Delray Beach for children ages six to seventeen who are in case management. Therapeutic foster care is available for two weeks, but only for children in the child welfare system.

Girls and Boys Town provides home-based “deep-end” services with the goal of avoiding residential care, while keeping the child and family safe and stable. These include 250 intensive home-based Care Coordination Services (CCS) slots for severely emotionally disturbed children and teens and their families throughout the county. They have Spanish and Creole speaking staff, and translators and signers are available when needed. The program staff have Bachelor’s degrees and receive extensive training at Girls and Boys Town national headquarters, as well as on the job. Many families are referred by schools.

A licensed social worker helps families through the CCS intake process. Documentation of assessment or diagnosis is needed; school records may suffice. There is no waiting list. If the family is not Medicaid eligible, SAMSHA funding is available. If criteria are not met, the family is referred for less intensive case management, although many providers require the family to be on Medicaid.

CCS makes weekly visits and is on call twenty-four hours a day. The program works to build parenting skills and to identify and access community services to help the family. Cases are held fourteen months or longer. Respite care of a few hours or short-term foster placement is available.

Through Children’s Services Council, Girls and Boys Town offers two additional case management programs, one of which is available only in four areas of the county that do not include Boca Raton. Family Preservation Services, which serves 100 to 120 families per year countywide, is available in Boca Raton. It provides intensive intervention to children and families not involved in child welfare or Department of Juvenile Justice. The family must be in

crisis without a “deep end” psychiatric diagnosis. The program is free of charge but has a waiting list. With a caseload of only two or three families at a time, workers spend ten to twenty hours per week with families for at least six weeks. The goal is to restore stability to the family through new and existing skills, supports, and services.

Medicaid contracts with other providers to provide less intensive home-based case management and other services including counseling, though the quality of care and staff qualifications and training of several have been called into question.

SCHOOL-BASED SERVICES

Interviews and other research indicated that quite a few services are delivered at public schools in Boca Raton. (Boca Raton youth also attend many private schools within and outside the City and unincorporated area.) However, these interviews also indicated that Boca Raton’s children and teens would greatly benefit from a more effective system to effectively identify troubled or psychologically disturbed youth in local schools, and to link them with necessary services.

The perception exists that, despite the wise formation of School-Based Teams, the resources are not available or perhaps not sufficiently leveraged to prevent children from “falling through cracks,” which can result in hospitalization or entering the juvenile justice system as a result of missed opportunities for early identification and intervention. The system seems to be greatly enhanced at schools that have a full-time Behavioral Health Specialist or social worker assigned. However, at this point only one Boca Raton school, J.C. Mitchell Elementary, falls into this category.

More extensive services to children and families are available at other schools in the county. Only some major ones are listed here. Of forty-eight schools with Health Care District-funded Behavioral Health Specialists, again, only one is in Boca Raton. FAU College of Nursing with FAU School of Social Work operates four Quantum Foundation-funded School-Based Community Wellness Centers; the closest to Boca Raton is at Delray Full Service School. Children’s Services Council funds eight Beacon Centers at county elementary schools, and two are starting at middle schools, providing year-round activities for children and families during out-of-school hours.

Following are services that are available in Boca Raton schools:

Aid to Victims of Domestic Violence offers Prevention Against Violence Early (PAVE) and Teen Anti-Violence Education (TAVE) programs to students in public and private schools in Palm Beach County. These age-appropriate, educational presentations and support groups educate children on how to stay safe, set boundaries with friends, make choices about behavior and handle bullying situations. Ultimately, these groups help in preventing domestic violence as well. In the 2006-7 school year, they are scheduled in Boca Raton’s Calusa and Verde Elementary, Boca Raton Middle, and Spanish River, Olympic Heights, and West Boca High Schools; they anticipate also going to Omni Middle. It is difficult to get class time for groups, and some schools have indicated they have no need for domestic violence

prevention in their population. AVDA would very much like increased access to school personnel for professional training.

Association for Community Counseling provides group counseling at area schools and youth programs, using play therapy when appropriate. They can provide groups addressing topics like divorce, but primarily “stay with the Rogerian model, letting the commonalities of the groups emerge.” Their Boca Raton groups for youth are currently held at Calusa Elementary, YMCA After School Program and preschool, and the Youth Activities Center in west Boca. Groups have four to six participants. Length of groups varies from ten to twelve sessions to the entire school year. Service numbers and group breakdown were not available. The Association has held groups during after school programming at Calusa, and is open to doing this at other schools. ACC does find the cost of background checks and professional liability insurance required by schools difficult to cover as a small organization. **The Center for Group Counseling** has provided skill-building groups to the following nine schools in the past few years: Don Estridge Middle, and Addison Mizner, Calusa, Hammock Point, J.C. Mitchell, Sunrise Park, Verde, and Whispering Pines Elementary. These groups help children develop social skills, skills in conflict resolution and anger management as well as attending to issues of self-esteem, depression and individual issues that may arise. The school program targets students in elementary (group size 4-8) and middle/high schools (group size 4-8), who have been identified by guidance counselors.

Groups are scheduled for either an eight or sixteen week session based on schools’ needs or preferences. Typically, three groups of similar aged children are held at each school. The groups run throughout the school year from September to May, with as many as a series of three 8 week groups held at participating schools. Some unseen struggles of working in schools involve challenges of the FCAT, holidays, hurricanes and other unpredictable circumstances. As such, the Center remains very flexible in accommodating the particular needs of the schools. An additional benefit is that the Center can identify children with needs for additional services. In such cases, children and their families are referred to The Center for Group Counseling for follow-up care, unless an alternate referral is more appropriate.

Crossroads Club in Delray Beach has recently begun community prevention work with youth through their new Living Skills In-The-Schools Program. Young presenters who have successfully abstained from the use of alcohol and/or drugs for a minimum of two years are available to visit private and public elementary and middle schools to share their experiences with the students and discuss how the students can avoid similar pitfalls through abstinence from drugs and alcohol. The program has received final approval from the school district of Palm Beach County Prevention Center. Our goal is to reach all of Palm Beach County's pre-teen and early teenage school children. Program length will be specified by each school. The program will be evaluated by teachers and counselors at these schools, as well as by the Prevention Center.

Friday Friends is an esteem-building, creative and social program at Hammock Point Elementary School. Low-income, at-risk students are identified through the guidance department for the program. These students, who are in remedial academic programming after school four days each week, spend Friday afternoons learning about photography and capturing and discussing the world around them. Boca Raton’s Promise obtained funding for this program through the Sun-Sentinel Children’s Fund, and is planning to expand it to a local middle school.

Life Skills and Health Education Classes

Until recently, all ninth or tenth grade students have been required by state mandate to receive a one-semester life-skills course that includes a great deal of prevention and wellness information on issues such as substance abuse, family life, sexual health and abstinence, marriage and relationships, and mental health issues. The new state mandate for high school students to declare majors as freshmen is expected to result in the elimination of the life skills classes. This is a great loss for students who frequently have no other access to learning such information and skills.

Mental Health Association of Palm Beach County has, for many years, provided the *Listen to Children* program at several Boca Raton schools. This program involves trained volunteers that are paired with at-risk students selected by guidance counselors. The pairs meet for half an hour each week throughout the school year. Each volunteer generally sees four students per week. Students benefit from the regular caring attention of a supportive adult, and become expressive about the stresses and sadness in their lives. Needs for further intervention are reported to the guidance staff for counseling and referrals. The program has currently lapsed, but the agency expects to restart it during the current school year.

Ruth Rales Jewish Family Service provides school-based support and outreach education groups at Boca Raton schools. The agency provides twenty support groups per year at Hammock Point Elementary, Loggers Run Middle, and Olympic Heights High Schools. Eighty percent of these groups address anger management and twenty percent are “Banana Splits,” for children whose parents are divorcing. Referred by school guidance, children remain in a group for a full semester. Ruth Rales is also interested in exploring the possibility of implementing group sessions through after school programs, which was done at Sunrise Park Elementary in the past.

The agency’s outreach program provides services to over 300 highly diverse groups, with average group size of twenty-five. These may be one-time visits or a short series. In a span of two years, they conducted presentations at every Boca Raton School, including many private schools. Presentations are also given for youth and parents at various houses of worship (all denominations) and in other youth-serving settings. These presentations address topics specifically requested by the schools, including: substance abuse, eating disorders, depression and suicide, and domestic violence. Many of the current programs address bullying, through specific funding provided to do so.

Ruth Rales also has the capacity to provide training to school personnel and would like to do far more of this to help the schools identify and address student problems.

Safe Schools, including the Prevention Center, is the School District department that includes programming for: preventing violence and other behaviors damaging to self and others, creating a supportive school climate, building partnerships with families, teaching conflict resolution and character education, etc. Some relevant functions and programs are listed here.

- **School-Based Teams** are intended to bring together key school personnel to: “identify children at risk as soon as possible; provide coordinated and integrated school based

and community based services to children and families; reduce the incidents of drug and alcohol use, abuse, and dependence; reduce the incidents of discipline and school violence; teach social and emotional skills; assess effectiveness of school based services and programs.” Again, these seem to be much enhanced where there is a full-time Behavioral Health Specialist or social worker assigned to the school.

- **Character Counts** is a new program that will soon be implemented in local public schools. This initiative is a partnership among the School District, United Way, The Palm Beach Post, and the Character Council. Character Counts responds to recent state law mandating character education in all grades K-12. The program focuses on the six pillars of character: trustworthiness, respect, responsibility, caring, fairness, and good citizenship. It will help to create the safe, respectful, and nurturing school environments intended by the District. Many schools already provide character education through a variety of aspects of school life including the classroom and beyond, as well as the related conflict resolution programming.
- Other Safe Schools Prevention Center programs include **FACE IT** and **Too Good for Drugs**. FACE IT (Families Acting Collaboratively to Educate and Involve Teens) is an “alternative to Out-of-School Suspension, family-focused, life skills alcohol, tobacco and other drugs prevention program.” It is offered free-of-charge in the evenings at regional sites throughout the county. Participating students have the opportunity to recognize the benefits of living drug and violence free and to participate in a personal assessment of their behaviors and attitudes.

Too Good for Drugs is a K-12 prevention program designed to reduce student risk factors and build their protective factors. The components in this ten-lesson program include: Goal-setting; Decision making; Bonding with others; Identifying and managing emotions; and Communicating effectively. The program is conducted in 135 schools, including 87 elementary schools.

School Behavioral Health Specialist

The Health Care District of Palm Beach County should be commended for providing Behavioral Health Specialists at forty-eight Palm Beach County elementary schools. However, only one is placed in Boca Raton, at J.C. Mitchell Elementary, one of the community’s two Title I schools (the other is Boca Raton Elementary).

While the J.C. Mitchell Behavioral Health Specialist position is open due to a promotion, it is in the process of being filled. This Specialist served approximately 360 children last year, providing assessments, individual, family and group services, and case management. She also provided staff development, participated in extensive parent and Child Study meetings, and conducted some home visits. This is a twelve-month position, with summer work at child care centers, J.C. Mitchell’s camp, reading readiness groups for children entering kindergarten, and home visits.

The Behavioral Health Specialist at J.C. Mitchell has some specified duties but determines other roles with a team of key school staff. The primary focus is on first grade students in the first semester, and kindergarten students in the second semester of the school year. Every student in these grades is carefully observed in the classroom, and rated on a scale of peer social skills, assertiveness, and task focusing. Some students are then selected, with teacher

input, for special services. These services may include individual, non-directive play with a paraprofessional Child Associate, individual support with the Behavioral Health Specialist, or groups led by the Specialist or brought in by her from outside agencies, all during school hours. Outside referrals are also made and followed up on.

Students in other grades are also referred to the Behavioral Health Specialist for similar reasons, such as not making friends, behavior problems in class, family divorce or death, etc. Last year, the Hospice in West Palm Beach provided three student grief groups, seeing fifteen children in three different age groupings for six weeks.

Most children involved with the school-based behavioral health services would not receive care privately because of cost, lack of transportation, lack of parent caregiver's time to transport and attend to the problem, parents' lack of awareness or positive orientation toward mental health services, or families' past negative experiences with agency intervention. Building rapport and trust is critical. It has been effective to avoid mental health terminology, and focus instead on language of how to help the individual child. As a Title I school, J.C. Mitchell has a language facilitator available to students and families.

The Specialist works very closely with other staff, and the teachers have extremely high regard for the program and its results. It is a relief and rewarding to see problems in children and families and be able to do something about it through and at the school. It seems that every school needs a Behavioral Health Specialist, but there are no plans for expansion through the Health Care District. Recognizing that the Health Care District has gone "above and beyond" in piloting and continuing to provide this service, shared responsibility for expansion in Boca Raton schools must be explored. (Other schools in Boca Raton would also greatly benefit from the language facilitators that are provided only at Title I schools.)

Other schools with Behavioral Health Specialists have funding for more services by outside agencies on campus, but J.C. Mitchell does not. There is a "small" contract between the School District and the Multi-Lingual Psychotherapy Center to provide behavioral health services in Creole, Spanish, and English. The Center's fees are \$100-125 per session, with a sliding-fee scale available. This represents the only piece of a countywide, \$12 million mental health initiative that has been invested in Boca Raton.

School Nurse Program

All Palm Beach County Schools have at least one nurse on staff, administered by the Health Care District. Boca Raton Community Hospital Foundation initiated school nursing in the county over ten years ago by placing nurses in each of the Boca Raton public schools, and continues to cover the costs of the Boca Raton school nurses. The Health Care District had indicated it would take on the funding in stages over the past three years, but each year the District has informed the Hospital Foundation that the funds were not available for this transition.

Most school nurses do not have psychiatric training or experience, so such issues are outside the range of care they deliver. There are times when students self-refer/identify a psychological or behavioral problem while being seen for a physical issue. In acute cases, the nurse will refer directly to the school principal and the school police officer, particularly if a Baker Act process may be necessary. The parents are then called and the student is referred to the Behavior Health Specialist (where available) or a hospital emergency room. The Mobile Crisis service of South County Mental Health Center may be called in. If such a referral is made in Boca Raton, they are usually taken to Columbia Hospital in West Palm Beach

In less severe cases, a referral to a community resource, using 211's *Where To Turn* directory, is made for assessment or evaluation. (Unfortunately, a number of local resource listings in this directory are out of date.) The school nurses do see circumstances in which mental health care or support could be helpful. However, only at the one Boca Raton school with a behavioral health specialist are they able to make direct referrals for services and linkage within the school. Expanding these services to other schools is a strong recommendation from school nurse leadership.

School Social Worker

Several years ago, in response to school nurses' reports of unmet mental health and social service needs among students and parents, and in response to the strong recommendation of the Boca Raton Education Summit, Boca Raton Community Hospital Foundation allocated funds for social workers in three Boca Raton public schools. Only one position lasted for more than a brief period, at Loggers' Run Middle School, until the social worker retired last spring after five years.

The school social worker served more than 200 children and their families each year, one-fifth of the total student body. She worked closely with guidance, the school nurse, and ESE staff at the school. The social worker conducted support groups, particularly on anger management and divorce, and coordinated outside mental health services to deliver programming at the school. She made home visits with regard to truancy, family concerns, learning problems, and mental health issues if the family was not willing or able to be seen at the school. She connected many families with community resources.

Boca Raton's Promise has continued to hope that this highly successful position would be duplicated at other schools. However, Loggers' Run has just been informed by the hospital that even their school social worker position will no longer be filled.

Having come to depend on their social worker for many critical activities, they are trying to cover some of her roles. With no additional staff, the school's guidance department (as well as those at other middle schools) has just been given the state-mandated responsibility of meeting with each eighth grade student to select a high school major, so it is a particularly difficult time for school staff to absorb the essential duties of the social worker. They feel children with problems are "falling through the cracks" now, and are very concerned about having even less time for counseling before and during the March FCAT administration.

Smart Choices is a new seventeen-week prevention program provided by the Boca Raton Police Department for fifth grade students in public and private schools within the City. This program replaces the less comprehensive DARE program by addressing not only drug and alcohol use, but also bullying, gangs, anger management, peaceful conflict resolution and Internet safety. The Boca Police are also providing the far more intensive and longer **Choices** program for select Boca Raton Middle School students considered at greater risk of juvenile justice involvement.

Steps to Success/Boca Raton High School

The initiative of a specialist teacher with a supportive administration has led to an effective program at Boca Raton Community High School. Steps to Success is designed to identify and reach students in need of a special support system to help them succeed in school. STEP intervenes with students who are struggling in school due to attendance, life issues, learning difficulties, or personal circumstances. It involves not only students but teachers, guidance counselors, parents/guardians, and employers. Informal meetings are held during

lunch periods. Students can join at any grade level and at any time. Individual needs are also met through sessions with a counselor when needed. The school has found it successful in impacting graduation rates, and in providing other benefits by attaching the students to the school community, and caring adults and peers.

Youth Affairs Division, Palm Beach County Youth Services Bureau provides groups on Anger Management, Bullying, Divorce, Grief, Peer Pressure, Self-Esteem, and Social Skills at Olympic Heights High, Loggers' Run Middle, and Hammock Pointe and Verde Elementary Schools during school hours. Youth are referred by guidance counselors, with whom the two counselors who serve Boca Raton maintain continual relationships.

The two counselors provide eight to twelve school-based groups per year. The groups run for six to eight weeks, with less than eight children in each, or up to ten if a co-facilitating student is involved. Annual school background checks (required for anyone who comes in to have contact with students) take a long time, delaying the start of groups and cost the Youth Affairs Division approximately \$100 per participating staff member or intern.

SPECIALIZED NEEDS AND SERVICES

Aid to Victims of Domestic Violence provides free non-residential as well as residential, non-clinical, empowerment-based individual counseling and advocacy, and educational support groups for victims seeking an alternative way to reduce the effects of surviving domestic violence. Play therapy is provided for their children. These very specific services are available in Delray Beach. AVDA also provides a 24-hour Domestic Violence Crisis Line.

In addition, AVDA offers community education (see also school-based outreach) and certified professional training for healthcare professionals, law enforcement personnel, social services agencies, employers and community groups. AVDA has two certified trainers who participate in statewide training initiatives for agencies and professionals working with domestic violence victims. AVDA is eager to provide training for school staff but has found it very difficult to gain access. The agency is pleased to now be working with Boca Raton's Promise toward this and other goals.

Caregiving Youth Project (CYP) is the first such project in the U.S. to address the needs of children who provide significant or substantial assistance to relatives or household members who need help because of physical or mental illness, disability, frailty associated with aging, substance misuse, or other condition. In response to needs identified by local and national research, CYP seeks to increase awareness and education, conduct research and provide direct support services to such children and teens. It is based on models of success in programs that have existed in the U.K. for a decade.

In their Boca Middle School initial and extensive survey, CYP found "22% of students involved in some type of family health situation." CYP estimates that "of the more than 13,500 middle and high school students, there are at least 2000 students in Boca Raton who participate in caregiving activities and that of these, at least 645 are incurring adverse effects."

Through its new Caregiving Youth Pilot Project based at Florida Atlantic University in Boca Raton, student-caregivers within targeted Palm Beach County middle schools will be identified. They and their families who choose to participate will receive a variety of support

services, including respite through the related program, Boca Respite Volunteers (BRV). The project intends to reduce caregiving youths' associated anxieties, increase their caregiving confidence, encourage them to remain in school, and foster their enjoyment of some of their childhoods otherwise lost. At the same time, heightened professional, community, and student awareness and support should help to normalize caregiving and address its unpredictability among families. The model of best practices and what works within the selected schools can then be replicated elsewhere. American Association of Caregiving Youth (AACY), housed under an umbrella with CYP and BRV, is currently available as an Internet based information repository and resource for pre-teens, teens, families and professionals.

Center for Autism and Related Disorders, based at Florida Atlantic University, is one of seven state regional sites for free comprehensive services to and on behalf of this population. (Note: information for this section was gathered from CARD staff, and also from parents at an event sponsored by the City of Boca Raton Advisory Board for the Physically and Mentally Challenged, as well as from private therapists.) Boca Raton is fortunate to have this resource locally, although most services are delivered in homes or at schools. The Center believes it serves only a fraction of families affected by these disorders. Autism and related disorders affect one in 166 children, or an estimated 100 children and teens in the Greater Boca Raton area. The goal of services is to build capacity in the child's own parents and educators, and to coordinate individualized service networks. Support, including training and educational support groups, is short term, though parents and educators may request additional consultation and training.

The mental health needs of children with Autism and related disorders, their parents and their siblings can be great, given the stresses of living with these disorders. Because many parents have difficulty leaving the house, home-based therapy would be needed in many cases. The CARD web site has a referral list including mental health providers, but there is a critical need in the community for some therapists with particular knowledge of this field. Sibling support groups and social activities are offered in Boca Raton. CARD would like to add a staff social worker to meet more clients' needs.

This gap is particularly critical for the two-fifths of these children who are ultimately diagnosed with Asperger Syndrome, an estimated 70 children and teens in our community; (and this diagnosis is very rapidly increasing). These young people are frequently misdiagnosed by education and mental health professionals, often with detrimental consequences. Their lack of social reciprocity, for example, may lead to them being viewed and (mis)treated as victims of molestation or neglect. While the most effective treatment is likely to be behavioral, young people may spend years in psychodynamic work that does not accomplish much for them.

Social difficulties, especially without accurate diagnosis, treatment or appropriate work with parents and teachers, can have real mental health and educational consequences for children and adolescents with Asperger Syndrome. Seeming aloof, they are often picked on. Unlike a child with autism, they are painfully aware of and hurt by these situations. Such situations can build up until the youth, not normally prone to violence, lashes out and can get into serious trouble. Many have told others they were being picked on but were not given help. Lack of appropriate diagnosis and treatment can also preclude classroom inclusion, to the further detriment of these young people. Additionally, being caught between developmental and mental health diagnoses, students may not qualify for educational, developmental or mental health services that could make the difference in their school success and quality of life.

CARD provides extensive professional training, but has not had the district support or the access to school by school personnel needed to improve identification, placement, treatment, stigma and atmosphere.

Gay, Lesbian, Bisexual and Transgender services are not available to the estimated 1,600 youth identifying with or questioning these identities in the Boca Raton area. A wide range of services is available at Compass in West Palm Beach (this agency hopes to move to Lake Worth). These services include individual, family and group counseling through funding from Children's Services Council, as well as youth and family educational and social activities. Compass also provides outreach and professional training throughout the county, including our area. However, they do not report having worked directly with any Boca Raton youth in the past year, which speaks to both the lack of openness of GLBTQ youth in "coming out," as well as the lack of available and accessible services.

About five years ago, Boca Raton's Promise researched and adopted a group of Promise 3 "Healthy Minds and Healthy Bodies" which explicitly addressed concerns regarding Gay and Lesbian youth. The recommendations clearly indicated the needs for awareness, sensitivity, services, and professional development in our community. This led to Boca Raton's Promise's research on sexual orientation and youth, and on potential positive community activities. Olympic Heights High School formed a gay-straight after school organization that continues to meet on campus. (FAU has also had a gay-straight student organization on its Boca Raton campus.) Ruth Rales Jewish Family Service began an Alternative Youth program, but it ended for lack of participation. There are youth from Boca Raton who receive services from and participate in services at Compass. While some teens are more comfortable seeking support outside their own community, the distance is likely a barrier for others.

In 2005, the youth of Boca Raton's Promise's Community Service Council identified sexual orientation/identity as one of thirteen topics for their "trial" youth forums. Three Compass organizers participated in the first forum. The Council also sponsored monthly Friday Night Socials at Southwest Regional Park, where Compass participating youth were welcomed and attended the October event.

The Parents and Friends of Lesbians and Gays group based in Delray Beach, which is represented in Boca Raton's Promise 3 meetings as well as the Mental Health Alliance, continues to express serious need for services in Boca Raton.

Staff development and sensitivity training are important within our schools, because of the particularly high level of harassment GLBTQ students experience there, and their particular need for an accepting environment that may be absent elsewhere in their lives. Students, staff, and administrators who look the other way contribute to the problem. In contrast, students who reported having a supportive faculty or an openly gay staff member have been more likely to feel they belonged in their school.

Palm Beach County Victim Services provides free counseling and other assistance for victims of sexual assault, domestic violence, general crime, and survivors of homicide attempts at a satellite office in Delray Beach. A 24-hour crisis unit responds to scenes of domestic violence and other crimes. Services for young sexual assault victims include 24-hour crisis intervention as well as supportive and therapeutic counseling. Victim Services also provides a 24-hour hotline, though it is not a South County telephone number. Until

recently, Center for Family Services offered S.A.F.E. Kids services in Delray Beach, for children ages three and above who have been victims or witnesses to abuse or other violence. This therapist was reassigned to West Palm Beach for lack of South County referrals; the agency offered no further explanation.

Planned Parenthood of South Palm Beach and Broward Counties offers mental health counseling to teens and adults on a sliding fee scale, as an extension of health services at its east Boca Raton clinic. The therapist sees an average of three young people per week, on a short-term basis, focusing primarily on sexual health and relationship issues. Nearly 50 additional adolescents, on average, are seen through the reproductive health clinic during the Teen Time program where sexuality, mental health, and relationship issues are often addressed. The agency also provides educational presentations at schools and youth programs in the community on sexuality and other health and life health issues.

Renfrew Center, just south of west Boca Raton in Coconut Creek, is a full service treatment eating disorders treatment center, one of several in the country. The agency accepts private health insurance or private pay for residential and nonresidential services. Adolescents aged fourteen and over may participate in individual mental health counseling or a weekly therapeutic Adolescent Eating Disorders Group, among other services.

Substance Abuse Treatment is available for youth on an outpatient basis locally through several facilities that accept insurance or private pay. KidCare provides 40 outpatient visits per year with a \$5 co-pay. The North Star Centre in Boca Raton offers outpatient individual counseling for substance abusing adolescents. The program is mostly private-pay (a sliding-fee scale is available) and insurance-based. It is, however, one of the few organizations that will work with dually-diagnosed adolescents. In east Delray Beach, Center for Family Services (adolescents) and the Drug Abuse Foundation offers their JET program for ages twelve to eighteen, which provides outpatient group and individual counseling on a sliding scale.

CARP and DATA in West Palm Beach offer inpatient treatment and a full continuum of care for adolescents without regard for ability to pay. Growing Together provides intensive long-term residential care and follow up for adolescents and their families in Lake Worth; fees are kept "at a minimum" to enable families to participate. Most private insurance and KidCare (Healthy Kids) will cover 30 days of residential treatment; there is no co-pay with KidCare but families with private insurance may find themselves with extensive out of pocket expenses. Teens can also participate in Alcoholics Anonymous and Narcotics Anonymous groups throughout the area.

Adolescents that have a "dual diagnosis," which means they experience *both* substance abuse and mental health issues, present another significant gap in available services. As indicated above, North Star Centre is one of the only organizations in Boca Raton that works with dually-diagnosed youth. It should be noted that there are other counseling centers in the Boca Raton community that also claim to provide these services, but closer examination revealed that they lack the necessary credentials for providing this type of treatment. All too often, mental health professionals will not treat substance-abuse and chemical-dependency issues, and substance-abuse and chemical-dependency professionals will not treat mental health issues. Dual diagnosis twelve-step and support groups are available, respectively, through the national organizations Dual Diagnosis Anonymous and Depression and Bipolar Support Alliance, but not apparently closer than one support group in Fort Lauderdale

BEST PRACTICES/MODEL PROGRAMS

Through interviews and research, a number of programs were identified that hold real promise for a variety of mental health different needs of Boca Raton's children, teens, and families. Some of these programs are close to being offered or piloted locally; others also deserve serious consideration. All have undergone successful evaluations. Some of these programs are listed below.

Building Awareness and Breaking the Stigma

Breaking the Silence is an easy to use and engaging curriculum about mental health issues, with complete lesson plans and materials. The curriculum is available in three grade levels: upper elementary, middle and high school. It can be used for one day or extended over the course of several class periods. Teachers need no prior knowledge of the subject.

Three teachers, who as parents experienced first hand the pain of seeing their own mentally ill children taunted and isolated by classmates, created these materials for the National Alliance for the Mentally Ill-Queens/Nassau as part of the national NAMI "Campaign to End Discrimination" to end the cycle of ignorance and shame. They hoped through education to create greater tolerance for children like theirs. They also wanted to foster a new openness that would encourage students to seek treatment for themselves, a friend, or family member who might be experiencing the onset of a major mental illness.

Don Estridge Middle School has been recruited to pilot the curriculum as part of an extensive research evaluation of the program. Boca Raton's Promise will soon present the curriculum for classroom approval by the School District's Prevention Center.

In Our Own Voice: Living with Mental Illness is a stigma-busting informational outreach program developed by NAMI-Utah that offers insight into the recovery and success now possible for people with severe mental illness. Two trained presenters show an eleven-minute film and give personal testimony about their struggles with mental illness. Target audiences include: consumers, families, mental health service providers, educators, students, law enforcement personnel, professionals, faith communities, and all people wanting to learn about mental illness.

Suicide Screening and Prevention

TeenScreen from Columbia University is a national mental health and suicide risk screening program for youth. The goal is to ensure that all parents are offered the opportunity for their teens to receive a voluntary mental health check-up. TeenScreen assists communities with developing their own youth screening initiatives. Communities must adhere to the program's principles and guidelines, including extensive training and making mental health professionals available to those screened. Screening using either computerized or paper-and-pencil tools can take place in schools, doctors' offices, clinics, youth groups, shelters, and other youth-serving organizations and settings. Youth are asked about the risk factors and symptoms of mental illness and suicide risk, in a safe and confidential way. Approximately 750,000 teens in the United States suffer from depression - some so seriously it leads to suicide, the third leading cause of teenage death. Boca Raton's Promise is poised to bring together a community team that can train to bring this program to our area.

Ripple Effects is a computerized, research-based software application that addresses the related issues of academic success, health, and social behavior. It is a hands-on, interactive program that students can use confidentially. The program can be used successfully for three levels of intervention: individualized intervention for individual problems, comprehensive prevention to address risk factors in several domains, and universal promotion of positive youth development. The software applications are currently being put into several schools in Palm Beach County, with plans to secure funding for expansion to all schools.

While the Ripple Effects application seems to be a valuable interactive tool for students to gain greater insight into their own behaviors and emotional issues, one drawback is that the school administration censors available content. Topic areas dealing with sensitive issues, such as abortion and sexuality, are removed from student access.

Solutions Unlimited Now (SUN) is a nationally-used program with ten structured ninety-minute sessions for groups of six to ten middle or high school-age youth. The program is a means for bringing about both individual and social assets and protective factors, by combining a psychodynamic approach which promotes the establishment of group norms that are caring, supportive, safe and empathic with the development of cognitive skills in problem solving and coping.

Through the Florida Initiative for Suicide Prevention, it has been used in Broward County in schools, YMCA after-school programs, juvenile detention, and residential care programs for youth identified by counselors. Nova Southeastern University is currently conducting a middle-school research project on the program. Local training and facilitators are available to use the program in Boca Raton, where the program has previously been provided through Association for Community Counseling.

Preventing Bullying and Violence

Second Step and **Steps to Respect** were identified as promising programs by the Behavioral Health Program of the Health Care District, but no school implementation has yet been identified. There were some indications that Steps to respect was implemented, at one time, in the Palm Beach County schools but it is not clear where or if it is still utilized.

Second Step: A Violence Prevention Program teaches social and emotional learning for violence prevention pre-K through fifth grade for thirty minutes once or twice a week, and for middle school through language arts. The lessons integrate well into other subjects. There is also a six-lesson parent program. Second Step is available in both English and Spanish.

Steps to Respect: A Bullying Prevention Program for grades three to six, has eleven skill lessons and two literature unit selections, which contain seven to ten lessons each. Skill lessons are designed to be taught weekly and are broken into three parts, each of which takes twenty to thirty minutes to teach. Literature lessons are designed to last thirty to forty minutes each. The program also includes a comprehensive school-wide sensitivity program. **Choose Respect** is a new initiative developed by the Centers for Disease Control (CDC) that teaches youth ages eleven to fourteen how to develop healthy relationship skills. This is critical, considering the incidence of dating violence among youth. The initiative provides online materials designed to assist young teens and adults in recognizing and preventing violent relationships. These materials include television and radio spots, games, quizzes, and a 30-minute video featuring compelling stories from teens who have experienced dating abuse. It could be used as an online classroom or homework project.

Dating violence prevention and identification outreach programs are also available for youth locally, through Jewish Family Service and National Council of Jewish Women. The completely nonsectarian programs are designed for schools and other youth settings.

What Does Gay Mean? is a new anti-bullying program designed to improve understanding and respect for youth who are gay/lesbian/bisexual/transgender/questioning (GLBTQ). Centered on an educational booklet, called *“What Does Gay Mean?” How to Talk with Kids about Sexual Orientation and Prejudice*, the program encourages parents and others to communicate and share values of respect with their children. The National Mental Health Association has initiated this program nationally because of their concern about the well being of GLBTQ youth.

Helping Families

Hand to Hand is a free nine-week education program designed to foster learning, healing and empowerment among families of children with emotional, mental, or neurobiological disorders. This course, developed by NAMI-Toledo, is taught by professionals and family members. Each week of the curriculum is dedicated to a particular aspect of having a child with a mental illness. Topics covered include: understanding your child's diagnosis; developing family coping skills; counseling and therapy; medications; special educational needs; and juvenile justice and child protection agencies. Guidance on locating appropriate support and services within the community and obtaining better mental health services, as well as advocacy for appropriate federal and state policies, are also included. The course is followed by extensive mentoring support. There are trained facilitators ready to provide this program in Boca Raton through NAMI-Palm Beach.

A Place for Teens Living with Mental Illness

Some providers and family members have expressed the need for day programming and a drop-in center for teens living with serious mental illness. Some of these models can provide guidance in developing local services for young people.

Ruth Rales Jewish Family Service currently provides an adult **Welcome Home Program** for the Persistently Mentally Ill in Delray Beach. A similar service might be offered for teens in Boca Raton. The program provides an environment of education, encouragement and hope to promote recovery from mental illness. Through socialization, mutual support and learning, consumers reach beyond the illness to rediscover themselves as valuable and whole persons. It is an empowerment program designed to help consumers make decisions, access resources and achieve personal objectives. Activities such as creative writing, arts and crafts, yoga and stress management, as well as monthly outings provide a wealth of opportunities for interaction.

There is also much interest in establishing a **Clubhouse** for adults in south Palm Beach County, and this model could guide day programming for teens, replacing “work” and “employment” emphases with “work” and “schoolwork.” The Clubhouse model began fifty years ago and has grown to include approximately 135 sites throughout the country and another 120 internationally. A Clubhouse is a place where people who have had mental illness come to rebuild their lives. The participants are called members, not patients, and the focus is kept on their strengths rather than shortcomings. Members volunteer for work in the clubhouse; whether it is clerical, meal preparation or reaching out to fellow members, this

work provides the core healing process. The members and small staff work side by side as equal partners. A key step members take toward greater independence is transitional employment, where they work in the community at real jobs. Members also receive help in securing housing, advancing their education, socializing, obtaining good psychiatric and medical care, and maintaining government benefits. Membership is for life so members have all the time they need to secure their new life in the community.

Engaging Parents and Educators

Parents and Teachers as Allies: Recognizing Early-onset Mental Illness in Children and Adolescents

NAMI created the pamphlet **Parents and Teachers as Allies** to help families and school professionals identify the key warning signs of early-onset mental illnesses in children and adolescents in our schools. It focuses on the specific, age-related symptoms of mental illnesses in youngsters. The publication is intended to provide an educational tool for advancing mutual understanding and communication between families and school professionals. Boca Raton's Promise has purchased and distributed copies to key people in the community. Especially at \$1.00 per copy, it deserves the widest possible distribution.

A staff development program with the same name and purpose has also been created in Orlando. This in-service program is a team presentation for teachers, guidance counselors and other school staff. A panel of four presenters includes educators and parents.

RECOMMENDATIONS

Providers, consumers, and advocates who contributed information and observations for this report had one overarching recommendation, actually delivered more as a desperate plea: Boca Raton's youth and families deserve and must have a coordinated system of mental health services, from information and referral through "deep end" services. Families and their practitioners must be able to easily find and gain access to services and move through this system as their needs develop and change.

There are many areas to address, there is more to learn, and there is much stigma throughout our community. The gaps, identified or perceived, and the recommendations given in this report are not intended to assign blame to any particular entities, or to imply any lack of caring or concern. They are offered to provide guidance and encouragement for collaborative responsibility to move forward on behalf of our community's children and teens, and their families.

Here follow some recommendations for the Boca Raton community. Many local service gaps are related to county, state, and national inadequacies, and require solutions engaging authorities and resources well beyond our community. Many, if not most of these recommendations, will require coordinated advocacy and funding searches, as well as leveraging existing resources. The selected Best Practices/Model Programs listed previously also bear further exploration.

Begin the process of developing a coordinated system of mental health services.

- Urge all providers to **keep consistent records** on requests for help and services delivered, including demographic information key to evaluating and planning needed services.
- **Ask Ruth Rales Jewish Family Service**, Boca Raton's largest provider of relevant services, **to convene an ongoing working group** of providers who will meet on a regular basis to assess, plan, coordinate and implement services for Boca Raton. This may well be a restructured Boca Raton Mental Health Alliance. This group would also prepare together for increased managed care in county mental health services, and collaborate in drawing funding to the community.
- This working group might **coordinate and acquire funds for evaluations** of existing local model programs that have not been adequately researched, to see that the most effective programs are delivered.
- **Look for and visit relevant coordinated service models** succeeding in similar communities.
- **Engage** appropriate departments of **local universities such as FAU, Nova Southeastern and Barry** as Boca Raton research, planning and service partners.
- **Ensure that Boca Raton providers and information are included in the Palm Beach County Community Health Alliance mental health service assessment and coordination project**, and that its findings are available and reviewed with relation to Greater Boca Raton. As of September, multi-campus FAU was the closest to a Boca Raton entity among a list of dozens. Ensure that Boca Raton providers and advocates are also **well-represented in all relevant county coordinating and networking groups**. This is essential to remedy the currently perceived situation in which Boca Raton does not receive its fair share of funds available in the county.

Develop a community social marketing campaign to raise awareness, bust stigma, and educate all sectors about mental health issues, importance of seeking care from mental health professionals, and available services. The silence must be broken in Boca Raton. Some model programs for speaking out are listed in the Best Practices section of this report.

- Identify target markets, research them, and engage their constituents to develop **effective communication strategies, messaging, and materials** that will vary with groups to be impacted. Include underserved groups such as males and minorities.
- Expand on Boca Raton's Promise's already successful **media efforts**.
- Develop **public service announcements and billboards**.
- Develop, and widely and strategically distribute **brochures, and posters**.
- Encourage **houses of worship** to participate through sermons, materials, study groups, classes, newsletters, collections, etc.
- Promote **speakers for community venues**, utilizing existing services, encouraging others, and including professionals as well as consumers living with or family members involved with mental illness.

Make finding and receiving services convenient for youth and their families.

- **Ask Ruth Rales Jewish Family Service to coordinate development of a Boca Raton Youth and Family Resource Center** for one-stop highly knowledgeable and sensitive Information & Referral to a local network, one central “warm line” telephone number and web address, follow up of all referrals, and linkage to services when warranted. Beyond Information and Referral and follow-up, the Center would not be one geographic location or provider, but would incorporate and leverage what is currently available, as well as new services. Even when 211 updates its outdated listings, Boca Raton families will continue to need streamlined, targeted information for resources in our community. And some need real help with accessing these resources. Boca Raton’s Promise should assist Ruth Rales in identifying and seeking major funding for this important community project.
- **Develop a referral and linkage network, promotional materials and a website for this new Center**, and widely and strategically distribute this information.
- **Gather and consolidate information about support groups in the area.** Determine and address gaps by location, age, mental health issues.
- **Update, publicize, and distribute the Boca Raton’s Promise for Youth Checklists.** Post the updates on the Promise Station website. Make them available to youth services, educators, parents, and young people through agencies, organizations, libraries, speakers bureau, etc. (The original documents were prepared and published in print in four languages, and on the web in English, through a generous grant from the Quantum Foundation.)
- **Build the capacity of youth-serving entities** including preschools and child care centers to identify mental health issues among children, teens, and parents, and to engage those in need in a sensitive process that will lead to their seeking and receiving services. Presently, some organizations that serve at-risk youth are completely unaware of any mental health needs among them or their families. Bring staff development and programming for youth and families into these services.
- **Reduce barriers of location, language, and culture** in seeking and receiving mental health services by providing services at a variety of locations and by multicultural, multilingual professionals. There is particular need for subsidized/low cost counseling in eastern Boca Raton. Perhaps this gap could be filled on or near the FAU campus, engaging student interns in a community counseling center as is done at many other universities. Boca Raton Community Hospital’s growing partnership with FAU offers additional opportunities to be explored.
- **Promote mental health awareness and language accessible, culturally relevant services among diverse groups** through targeted marketing and materials.
- Emulate some communities that have successfully engaged their medical community to **locate mental health services within pediatric practices**, reducing barriers of stigma and unfamiliarity.
- Extensively **promote Florida’s Healthy Kids coverage for uninsured children.** It includes outpatient and inpatient mental health and substance abuse treatment. Healthy Kids offers materials and techniques, and there are other creative routes to explore.

- **Promote tolerance and acceptance** of those who are not considered part of the mainstream, such as **GLBTQ youth**.
- Through locally coordinated advocacy and service delivery, as well as strengthened partnerships with government funding agencies, **address the widely reported critical need for a de-fragmented system of “deep end” services and funding for children, youth and their families**. The currently perceived disjointed services that seem to frequently change or move from one agency to another is a source of untold stress on families already strained by their child’s serious mental illness, and results in what can be dangerous lapses in care. Quality of care among Medicaid providers also bears attention on behalf of what is or can easily become a fragile population.
- A **local continuum of care from crisis stabilization through outpatient therapy, medication management, case coordination, etc.** must be developed for residents of Boca Raton. Because of the facilities required, Boca Raton’s Promise and the Mental Health Alliance should work with Boca Raton’s two hospitals for one of them to become a Baker Act Receiving Facility and provide at minimum crisis stabilization beds (and, ideally, further short-term inpatient treatment). The system should include follow-up care delivered in tandem with local mental health providers.
- Work to develop a **continuum of care for youth in need of substance abuse treatment or who are dually diagnosed**. Southern Palm Beach County inpatient beds must be available for this continuum to exist.
- There is a critical need to **build the community’s capacity to identify and serve youth with Asperger Syndrome**. This should include training of school personnel and mental health professionals; this training is readily available locally through CARD. Boca Raton’s Promise is urged to advocate on behalf of this frequently misunderstood, misdiagnosed and underserved element of our community, and look for other routes to raise awareness and knowledge within the community.
- Address the widely perceived **critical need for mental health assessment and treatment at the juvenile detention center, and for other youth at risk of or engaged in the juvenile justice system**, including those placed in alternative schools. While this concern goes well beyond Boca Raton, this community can mount a coordinated advocacy effort and work to develop funding to identify, reach, and serve Boca Raton youth in this situation.
- **Increase the capacity of parents, educators and mental health professionals to address medication issues** among Boca Raton youth. There are wide reports of youth receiving unneeded medication for “inconvenient” behavior problems, while other children in need of this care go without for lack of identification or financial resources. The community must also raise its awareness and knowledge of prescription drug misuse and consequences prevalent in our area.

Increase the capacity of schools to prevent and identify mental health problems, and to provide onsite services for youth and families. The schools, both public and private, have unmatched potential to be powerful participants in this effort, as the only entities already engaging nearly all school-aged Boca Raton children, teens and their families. In many communities including some in Palm Beach County, school facilities also function as family centers. These recommendations will be met with some skepticism because of the wide perception that the size and accountability structure of the school district render it

unresponsive to some concerns. Coordinated and concerted advocacy will be needed at the district, area and school levels.

- Implement **age-appropriate and culturally relevant prevention programming at all schools**, using or adapting programs that have proven effective with similar populations. This would include curricula, screening, psychoeducational and other types of groups, and parent programming.
- School personnel (e.g., teachers, guidance counselors, nurses, behavioral health specialists) should be provided **more training in sexuality and sexual development** issues, including training on how to talk with youth about these issues.
- Make school-based services convenient for educators and families. **Utilize after school hours for services to children. Expand availability of family counseling to more school sites and to include evening hours.** Offer groups for parents with dinner and child care or parallel children’s programming on familiar school property.
- Every child and teen at **every school needs and deserves access to at least one full-time social worker or other behavioral health specialist** whose time is dedicated solely to addressing mental health and other human services needs. Every educator needs and deserves access to these services for their students. These specialists provide and coordinate screening, identification, counseling, case management, and links to services, coordinate community services within schools, and build capacity among other school staff. Boca Raton spearheaded the first wave of “a nurse in every school” in our county and state, and this is a logical and critical extension. The Health Care District went “above and beyond” to pilot this program, and expansion must be a shared responsibility.
- **Improve sensitivity and identification regarding mental health issues in all schools** through systematic screening, wide staff training, distribution of Parents and Teachers as Allies, and implementation of *Breaking the Silence* for students. Engage parent and student groups in this process.
- Develop and implement at each school a **model system that precludes children with mental health issues from “falling through the cracks”** until their situations become dire and involve crisis services, dropping out, or the juvenile justice system. The School-Based Teams are a good step, and placing behavioral health staff at all schools is a critically needed addition.
- **Ensure that the ninth-tenth grade semester life-skills classes** continue to be required. Offer additional classes to prepare young people for overall healthy and productive lives, not just academic and perhaps career success. Network with life-skills teachers toward this end. Some programming can be integrated into existing subjects but this would require ongoing monitoring.
- **Encourage** development of **programs that provide at-risk students with support and personal connection to the school community**, such as Steps to Success, Friday Friends, and appropriate school choices.
- As the School District is aware, and very actively working to address, all schools should **offer a safe and respectful learning environment for everyone.** Interviewees reported the need for wider, more consistent implementation of available anti-bullying programs, as well as additional programming. The forthcoming Character Counts program is promising. Extra care is warranted for the safety and respect of

students at particular risk, such as GLBTQ youth. The School District and others have provided training regarding GLBTQ youth in the past, and this bears repeating on a regular basis. Violence, harassment, and homophobia against these youth should be incorporated in overall violence- and bullying-prevention programs.

- Use other **creative opportunities to promote mental health within schools**, such as service learning projects, health fairs, youth forums, etc.
- Advocate with the school district to **reduce the time it takes for provider background checks** at the beginning of each school year, so school-based services are not delayed.

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