



Ad Hoc Health Committee

December 9, 2019

Agenda Overview

- Youth vaping and e-cigarette usage
- Afterschool Meals Program
- Help Me Grow
- Services for children and youth with disabilities

Youth vaping and e-cigarette usage

Growing concerns and usage

- FDA has declared youth vaping as an epidemic.
- About 25% of 2018 Florida high school students reported vaping – a 58% increase from the prior year.
- Compared with only 4% of adults – the teen brain is still developing and thus more vulnerable to the effects.
- Trust school-based health providers have reported an increase in student vaping this school year.
- E-cigarette aerosol – aka vapor – may contain harmful substances including cancer-causing chemicals and heavy metals such as nickel, tin and lead.
- Youth are replacing the aerosols with harmful substances such as liquid form THC (marijuana).

Dangerous and difficult to detect

- JUUL has among highest level of nicotine on the market, with one pod/cartridge equivalent to a pack of 20 cigarettes.
- Shaped like a USB flash drive.
- Marketing targets youth with flavorings.
- Can be used to deliver marijuana and other drugs.



Preliminary local landscape

- A handful of organizations are currently providing education on the harmful effects of vaping using Tobacco Free Florida dollars and other grant funding.
 - Florida Department of Health SWAT (Students Working Against Tobacco) program
 - Area Health Education Center (AHEC)
 - Health Information Project (HIP)
 - M-DCPS Parent Academy workshops in coordination with FIU's Center for Children & Families
 - Current Trust-funded school-based health providers
- Trainings for youth, parents and teachers in some middle and high schools, but there is a lack of coordination.
- Cessation services are lacking for youth.



Afterschool Meals Program (AMP)



Afterschool Meals Program Overview

The Children's Trust requires all after-school and summer programs to provide participating children with food that meets the United States Department of Agriculture nutrition program requirements.

Through our current funded sponsor, we provide nutritious lunches, snacks, and suppers to Children's Trust-funded after-school programs for children and youth in grades K-12.

In addition to food distribution, our current sponsor offers administrative services to these agencies to help them meet the requirements of the AMP funded by the FDA and administered by DOH.

Our Latest Impact



**379,636 SNACKS
DISTRIBUTED ACROSS
85 SITES.**



**215,109 SUPPERS &
LUNCHES DISTRIBUTED
ACROSS 66 SITES.**



**OUR CURRENT \$600,000
INVESTMENT HAS
LEVERAGED AN
ADDITIONAL \$966,437 IN
FEDERAL FUNDING.**

Help Me Grow

Help Me Grow

National model supported by a national center

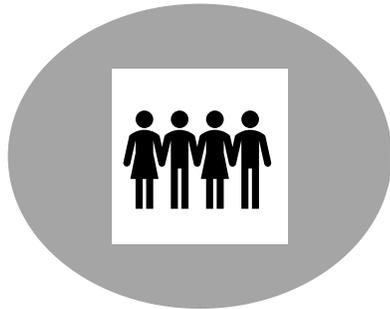
Part of Help Me Grow Florida statewide network

Ensures all children (birth to 8 years) have the best possible start in life by providing free developmental and behavioral screenings and connecting them with resources they need to succeed.

National Model Components



**CENTRALIZED
TELEPHONE
ACCESS POINT**



**FAMILY AND
COMMUNITY
OUTREACH**

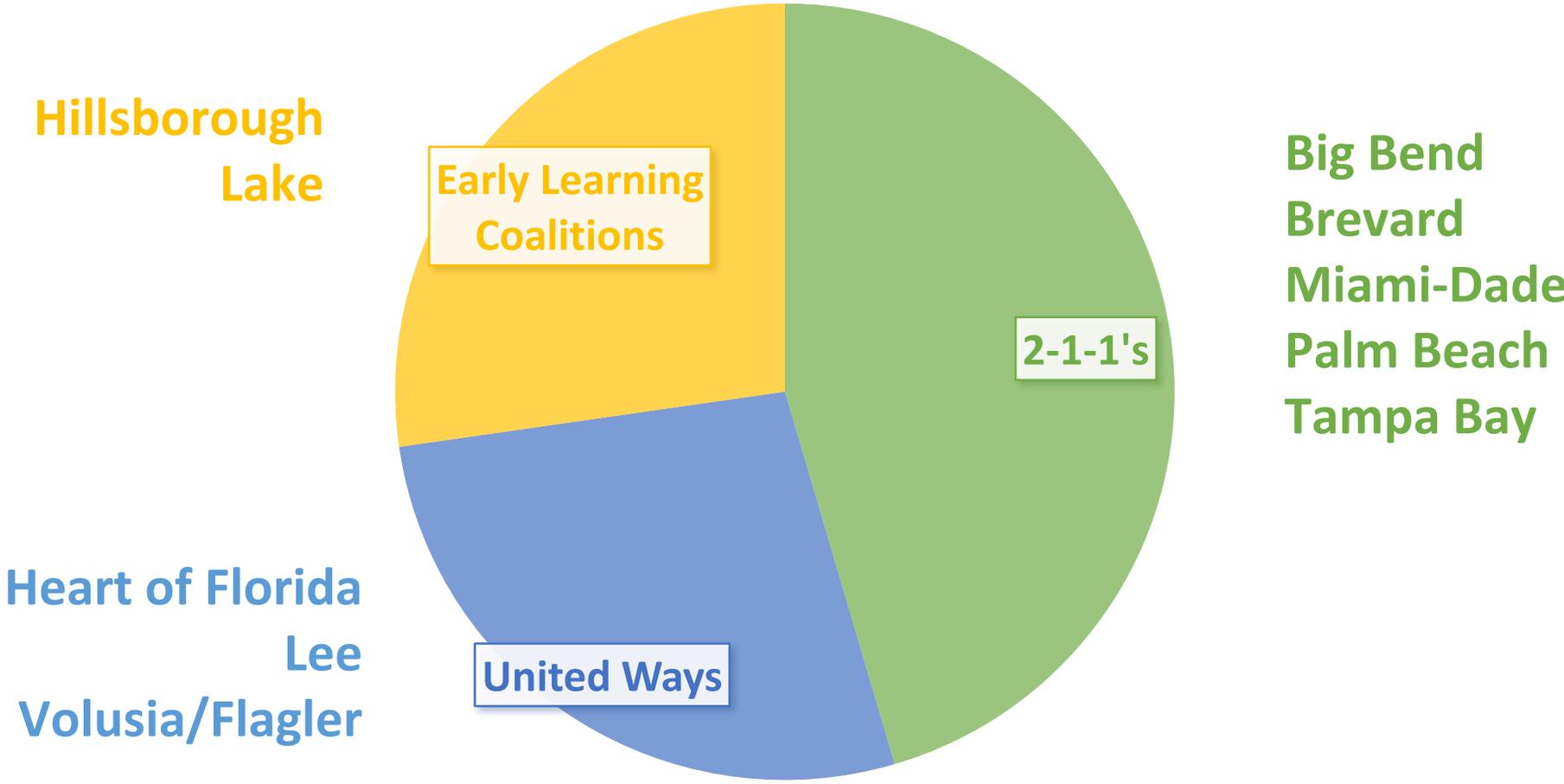


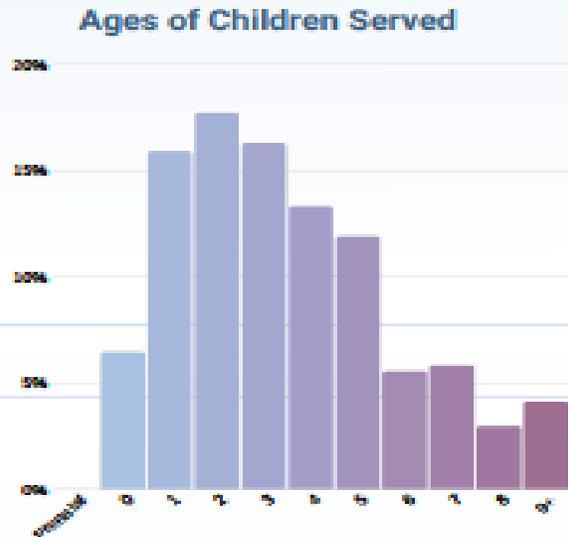
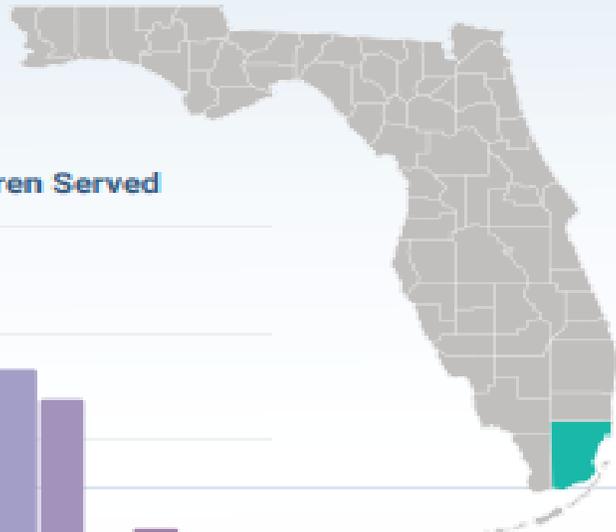
**CHILD HEALTH
PROVIDER
OUTREACH**



**DATA COLLECTION
AND ANALYSIS**

Counties across Florida house Help Me Grow in different organizations.





774
Children served

606
Families served

81% of children on Medicaid

666 referrals given

403
Screenings

51% of screenings completed resulted in a concern or need for monitoring

20% of the children served were outside of the early care and education settings

Help Me Grow Miami-Dade Impact

Services for children and youth with disabilities

Foundational Values

Invest Early

Developmental
Continuum

Partnership &
Community
Engagement

Continuous
Learning

Whole Child

Vulnerable
Populations

Evidence-
based
Practices

All Children Are Our Children

Increasing national prevalence of developmental disabilities over past decade

MORE THAN **1 IN 6**
children
aged 3-17

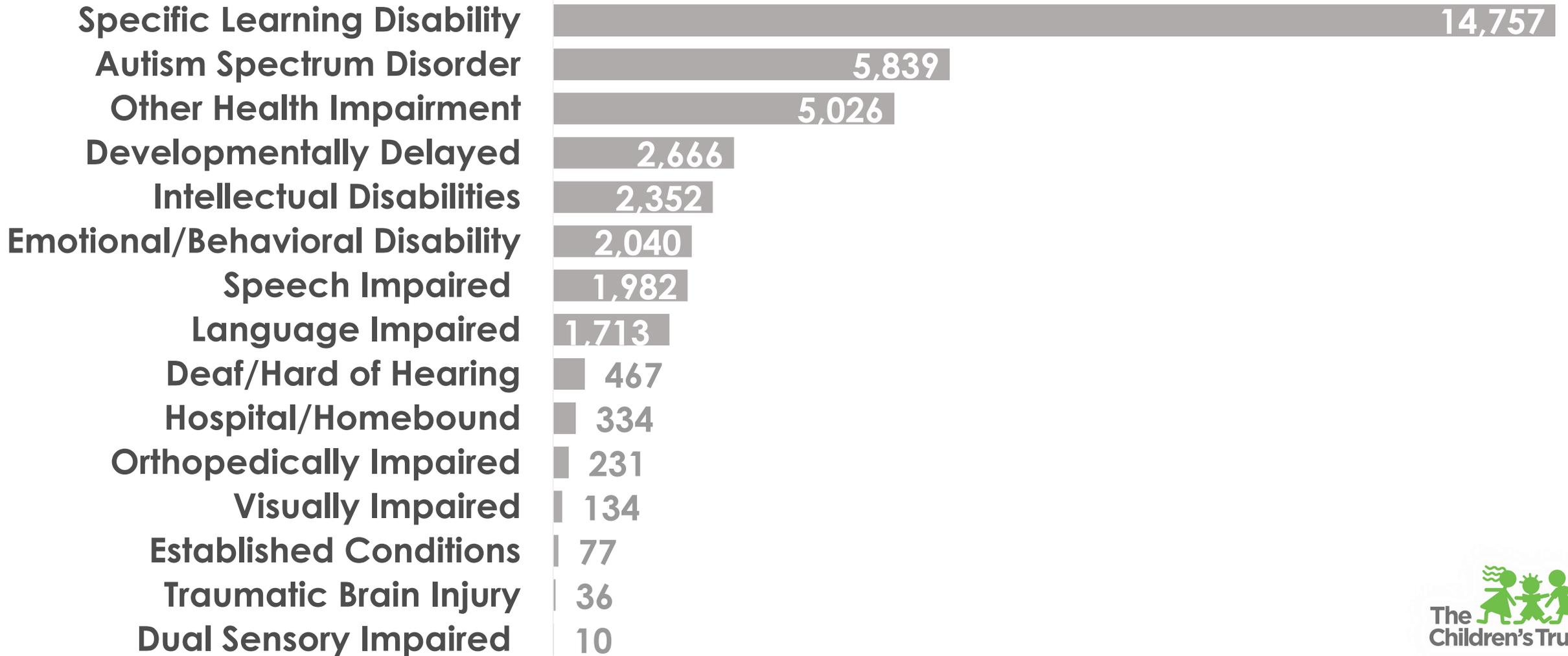
(17.8% for 2015-17)

Significant increases from 2009-11 for attention-deficit/hyperactivity disorder, autism spectrum disorder, and intellectual disorder.

Greater increase for boys, older children, Hispanic children, children in urban areas and those living below 200% federal poverty.

Pediatrics 2019 publication based on National Health Interview Survey

Overall, **11% of 2018-19 Miami-Dade public school students** had a primary Exceptional Student Education (ESE) classification (excluding gifted). Specific Learning Disability accounts for nearly 40% of these students.



The Children's Trust Definition for Children & Youth with Disabilities (birth-22)



- Physical, emotional, developmental, behavioral or chronic medical condition or delay
- Impairment in sensory, cognitive, motor, emotional or behavioral functioning
- Require support, ongoing intervention or accommodation to participate in an age-appropriate fashion in education, social activity, or physical activity in an appropriate environment

Conditions expected to last for a year or more, self-reported by parents

Autism spectrum disorder

Developmental delay (< age 5)

Intellectual or developmental disability (age 5+)

Hearing impairment or deaf

Learning disability (school age)

Medical condition or illness

Physical disability or impairment

Problems with aggression or temper

Problems with attention and hyperactivity (ADHD)

Problems with depression or anxiety

Speech or language condition

Visual impairment or blind

**Child
registration
questions
to assess
level of
impairment**

What, if any, help does your child receive at this time?

(choose from list of therapies and services)

Do any of the conditions noted make it harder for your child to do things that other children of the same age can do?

To support your child's successful participation in the program, in what areas might s/he need extra assistance?

(choose from list of accommodations)

POLICY

Programs must include children and youth with disabilities and their families

Provider staff must participate in training and technical assistance related to inclusion

Youth with disabilities who are still in high school may be served through 22 years of age

School-age youth development programs must include children with disabilities at the level of past percentages served or a minimum of 10%, whichever is larger

Early childhood developmental screening and early intervention programs target enrollment of young children with developmental delays

Parent and family programs serve a minimum of 10% if serving school-age, 3% if serving birth to five years, and 8% if serving mixed ages

Some more intensive, clinically-oriented family services have higher percentages when they focus on enrolling children and youth experiencing challenges

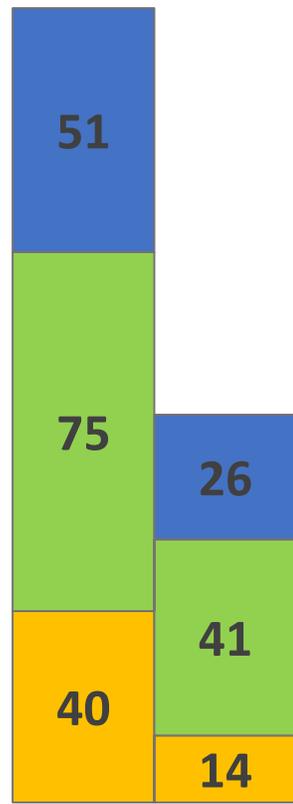
- 6-12 After-school (N=60)
- K-5 After-school (N=86)
- Family & Parenting Programs (N=65)



Contracted

Actual

0-9%



Contracted

Actual

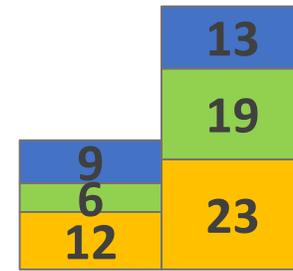
10-20%



Contracted

Actual

21-30%



Contracted

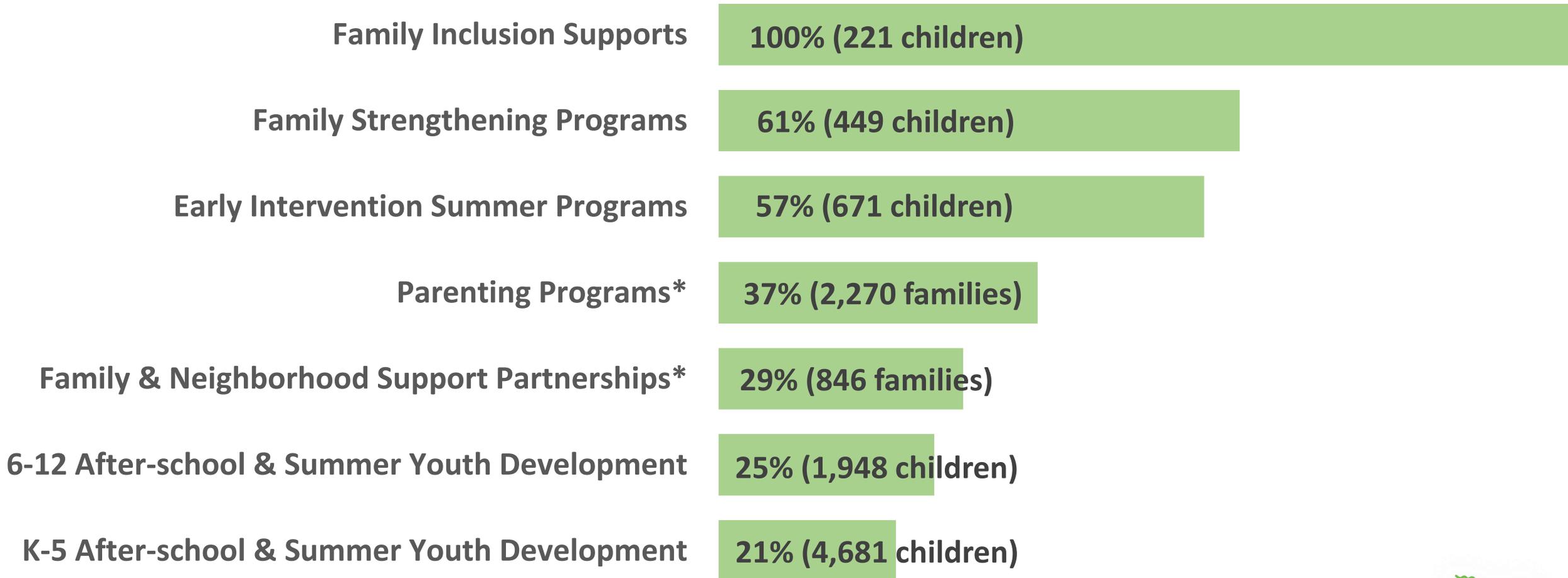
Actual

31-100%

- Most programs include more than their contracted percentage of children with disabilities. Only a few (< 8%) do not meet contractual targets.
- More than half of programs (59%) contract for the minimum inclusion percentage.
- Of the 27 programs contracted to include >30% of children with disabilities, 11 contract to serve 90+%.

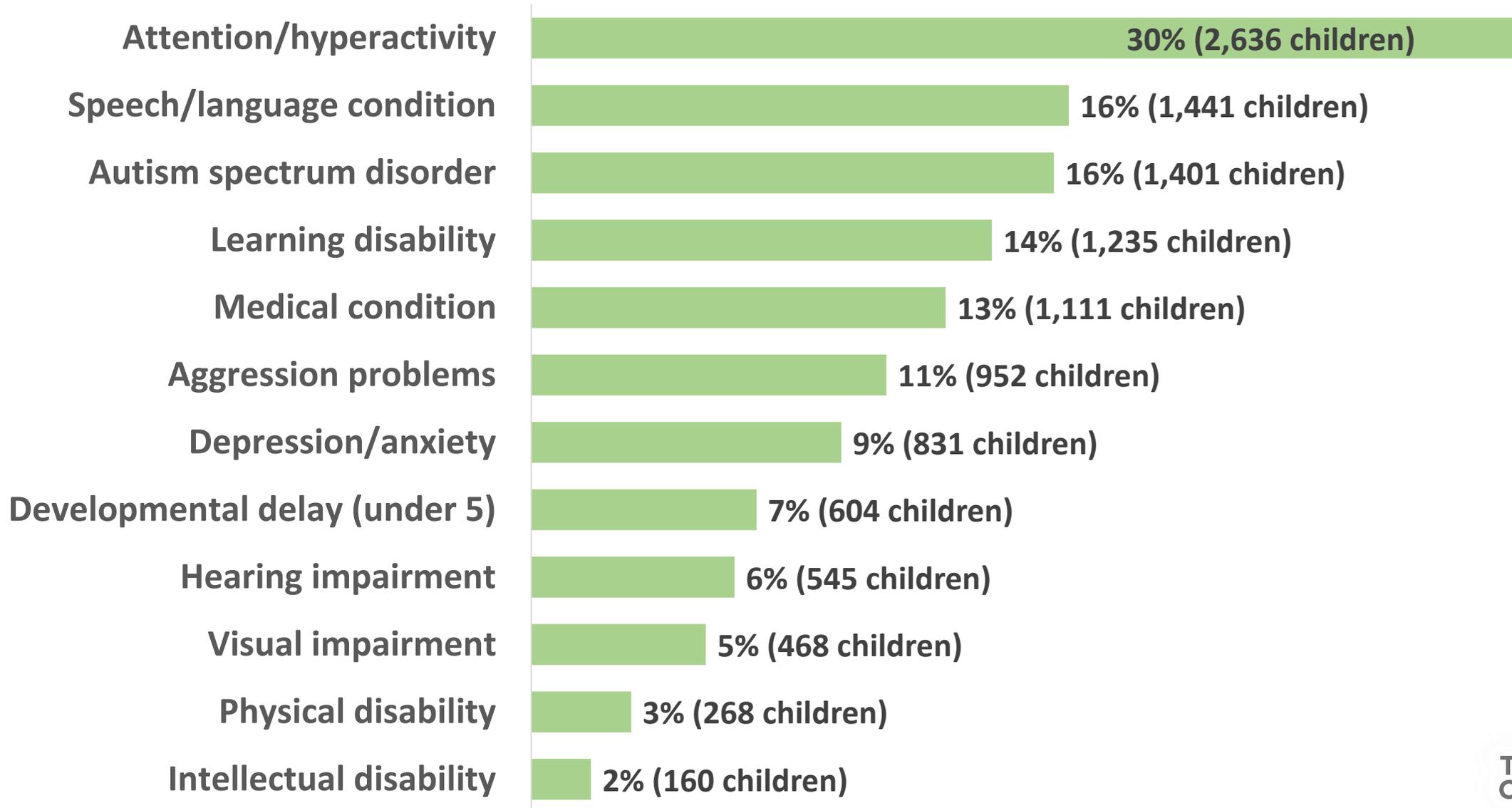
2018-19 INCLUSION PERCENTAGES

In 2018-19, the percentage of children and youth with disabilities included in services varied by initiative.



**These initiatives serve adults and are tracked as the number and percentage of families served with one or more child with a disability in the family.*

Conditions expected to last a year or more vary for the 8,871 children and youth with disabilities served in 2018-19.



Parents of the children and youth with disabilities served report multiple indicators of impairment among the population.

- Nearly 1 in 4 children served (24%) overall report a condition expected to last a year or more.
- 81% (7,148) had parents report one or more of the following:
 - 59% (5,199) are receiving some current form of therapy(ies), such as behavioral therapy or services, counseling for emotional concerns, daily medication (not including vitamins), occupational therapy, physical therapy, special education services in school, or speech/language therapy.
 - 44% (3,944) report their conditions make it harder for the children to do things that other children of the same age can do.
 - 63% (5,585) report needing extra assistance to support successful participation in the program.

Work has begun to explore ways to increase the participation of children with more significant support needs in Trust-funded programs.

The Advocacy Network on Disabilities' All Children Included (ACT) Resource Network needs assessment, including focus groups with parents and providers

