

**Florida Department of Education
Bureau of Exceptional Education and Student Services**

**The Multiagency Network for Students with
Emotional/Behavioral Disabilities**

**SEDNET
2009 Annual Report**

**University of South Florida
College of Behavioral and Community Sciences**

Louis de la Parte Florida Mental Health Institute

**Department of Child and Family Studies
Division of State and Local Support**

**Florida Department of Education
Bureau of Exceptional Education and Student Services**

**The Multiagency Network for Students with
Emotional/Behavioral Disabilities (SEDNET)
2009 Annual Report**

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HIGHLIGHTS AND SEDNET REGIONS

For 2008–09, the 18 SEDNET regions throughout Florida reported involvement in the following activities:

- 955 interagency collaborative groups and projects
- 158 policies and interagency agreements
- \$19,379,496 leveraged sources of funding in addition to the \$2,512,482 Florida Department of Education (FDOE) allocated funds
- 124 grants and funding projects
- 367 training events for 12,770 participants
- 370,660 SEDNET-related services provided to Florida’s students
- 67 percent of the student outcomes reported a positive change in in-school suspensions; 65 percent saw a positive change in out-of-school suspensions; 68 percent saw a positive change in attendance; 93 percent reported a positive change in FCAT Scores; and 100 percent reported a positive change in FCAT Rate of Learning

Florida Department of Education SEDNETs and the counties they serve:

Region 1:	Escambia, Okaloosa, Santa Rosa, Walton
Region 2A:	Bay, Calhoun, Gulf, Holmes, Jackson, Washington
Region 2B:	Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Wakulla
Region 3:	Alachua, Bradford, Columbia, Dixie, Hamilton, Gilchrest, Lafayette, Levy, Putnam, Suwannee, Union
Region 4:	Baker, Clay, Duval, Nassau, St. Johns
Region 5:	Pasco, Pinellas
Region 6:	Hillsborough
Region 7A:	Orange, Osceola, Seminole
Region 7B:	Brevard
Region 8A:	DeSoto, Manatee, Sarasota
Region 8B:	Charlotte, Collier, Glades, Hendry, Lee
Region 9:	Palm Beach
Region 10:	Broward
Region 11:	Miami-Dade, Monroe
Region 12:	Flagler, Volusia
Region 13:	Citrus, Hernando, Lake, Marion, Sumter
Region 14:	Polk, Hardee, Highlands
Region 15:	Indian River, Martin, Okeechobee, St. Lucie

I. INTRODUCTION

The Multiagency Service Network for Students with Emotional/Behavioral Disabilities (SEDNET) was created by the Florida Legislature in 1984 through the enactment of Chapter 1006.04, Florida Statutes. SEDNET's initial purpose was to create an intensive, integrated education and mental health program with a continuum of services. SEDNET's focus was to assist in bringing students from out-of-state residential placements back to Florida and their home communities. SEDNET provided key leadership to wrap services and supports around the returning children and youth and their families through the statewide Family Service Planning Team (FSPT) mental health initiative. SEDNET brought together the major public agencies serving children—education, mental health, child welfare, juvenile agencies, and some health agencies—through their local SEDNET advisory committees and governing boards. At the time, many of these SEDNET facilitated groups were the first and only interagency entities with a focus on children with emotional and/or behavioral health challenges. SEDNET helped make visible Florida's students in need of comprehensive services and provided coordinated and integrated services for many of those students being served by multiple agencies.

Today, SEDNET's focus continues to be on those students with, or at risk of having, emotional and/or behavioral disabilities (EBD) and their families. SEDNET serves students in general education settings, as well as home and community settings, primarily by facilitating a network of key stakeholders committed to the planning, development, and provision of quality services for children, youth, and their families. In addition to facilitating collaborative processes and cross-agency training, some SEDNETs provide a limited number of direct service interventions and partner in research and evaluation activities. SEDNET continues to be a leader in statewide initiatives, such as the Florida Positive Behavior Support (PBS) project and other positive behavioral support approaches and programs in the schools; the family partnership movement; and in federal and state funded initiatives, such as the building of local systems of care.

The FDOE/BEESS serves as the state fiscal agent for the SEDNET initiative, funding 18 SEDNET regions that cover the 67 school districts within the state of Florida (see Illustration 1 on page 3). Financial support for SEDNET comes from the IDEA and state general revenue appropriations totaling \$2,512,482. Each SEDNET region receives, on the average, between \$110,000 and \$150,000 for the year. SEDNET plays important and varied roles in leveraging FDOE funds for system of care activities. Data reflect a substantial amount of additional funds other than FDOE funds (i.e., federal, state, community, and foundation grants) totaling \$19,379,496.

The 2009 Annual Report presents findings on Florida's Multiagency Service Network for Students with Emotional/Behavioral Disabilities from the SEDNET Accountability Database. The annual report, based on reports from the eighteen SEDNET regions, examines SEDNET operations and related initiatives, interagency collaborations, policies, training, and direct services for Florida's students with or at risk of emotional/behavioral disabilities and their families.

II. INTERAGENCY COLLABORATIONS AND LINKAGES

A primary focus of SEDNET efforts and the foundation for SEDNET initiatives are interagency collaboration and linkages. A total of 955 interagency collaborative groups and projects were reported for 2008–09. Twenty percent of the collaborations were new project collaboration initiatives, and eighty percent were continuing collaborations.

Of the 955 collaborations, 94 percent include participation from *education*. Other major public child-serving agencies represent the top systems involved in collaborations across the state. These include *mental health* (76 percent), *child welfare* (60 percent), and *juvenile justice* agencies (57 percent). Other significant system involvement comes from *family advocacy groups* (47 percent) and *substance abuse* (45 percent). Represented to a lesser extent are *health* (34 percent), *local government* (34 percent), *employment/vocational rehabilitation* (27 percent), and *developmental disabilities* groups (26 percent). Minimal interagency collaborations and linkages come from *private foundations and charities* (each 17 percent) and from *children’s services councils* (14 percent). Other agencies involved in interagency collaborations and linkages include: *law enforcement*, *Agency for Health Care Administration*, *faith-based partners*, *United Way*, *Healthy Kids*, *State Attorney’s Office*, and *other community child advocacy groups* (totaling 19 percent). From 2007–08 to 2008–09, *health* saw the greatest increase in involvement in interagency agreements (+5 percent) (Table 1).

Table 1				
Types of Systems Involved in Interagency Collaborations and Linkages				
Type of System	2008-09 N=955		2007-08 N=1,022	
	Number	Percent	Number	Percent
Education	894	94%	971	95%
Mental Health	722	76%	773	76%
Juvenile Justice	542	57%	555	54%
Child Welfare (CBC/DCF)	576	60%	610	60%
Employment/Vocational (Dept. of Labor, Job Training Groups)	260	27%	292	29%
Health	328	34%	299	29%
Family Advocacy Groups	447	47%	502	49%
Private Foundations/Charities	164	17%	154	15%
Children’s Services Council	137	14%	144	14%
Substance Abuse	429	45%	480	47%
Developmental Disabilities	249	26%	245	24%
Local Government	326	34%	389	38%

Outcomes

Of the 955 interagency agreements and collaborations reported, 29 percent had data available assessing outcomes. Thirty-seven percent of the agreements have or are developing a plan for future outcome assessment. Thirty-one percent reported no established or anticipated plan for outcome assessment. Three percent reported no outcomes.

The types of outcomes reported for interagency collaborations and linkages varied. Of the 627 total outcomes reported, the top 6 outcome categories for 2008–09 were:

- Improved outcomes for children and youth
- More efficient use of current services
- Improved service access
- Greater family involvement
- More seamless integration of services
- Effective allocation of limited service resources

Outcome	2008-09 N=627		2007-08 N=636	
	Number	Percent	Number	Percent
Effective Allocation of Limited Service Resources	390	62%	461	72%
Policy Creation	322	51%	346	54%
Increase in Service Options (e.g., new service created or implemented)	363	58%	420	66%
Improved Service Access (more timely, broader access)	462	74%	477	75%
Improved Outcomes for Children and Youth	604	96%	618	97%
More Efficient Use of Current Services	470	75%	463	73%
Greater Family Involvement	423	67%	445	70%
Improved Consumer Satisfaction	356	57%	418	66%
Improved Stakeholder	312	50%	367	58%
Improved Cultural Competence	220	35%	268	42%
More Seamless Integration of Services	403	64%	412	65%
Improved Funding Options	179	29%	197	31%
Improved Academic	298	48%	335	53%

The majority of measured outcomes reported have decreased by 1 to 10 percent from 2007–08 to 2008–09. The only measured outcome that has improved from 2007–08 to 2008–09 is *more efficient use of current services*, which improved by 2 percent (Table 2).

An Example of Interagency Collaboration to Address Transition-Age Youth

The Transition of Youth Workgroup is a countywide multiagency group that aims to improve systemic options for youth—age 18 years, approaching 18, or over 18 years—who are transitioning from the children’s mental health system and/or foster care. The goal of the initiative is to ensure that youth with emotional/behavioral disorders and/or youth transitioning out of foster care have natural and systemic supports during their transition to adulthood. Partners include: SEDNET; Children’s Medical Services; Children’s Home Society; Community Partnership for Children; county government; Department of Children and Families, Substance Abuse/Mental Health Program Office; disAbilities Solutions for Independent Living, Inc.; Gulf Coast Alternative Care; First Health; Florida United Methodist Children’s Home (FUMCH); Homeless Organizations; mental health and substance abuse agencies (ACT, Devereux, Halifax, Serenity House, Stewart-Marchman Center); One Stop Career Center/Center for Business Excellence; school system representatives; United Cerebral Palsy/Work Oriented Rehabilitation Center; and Vocational Rehabilitation (www.rehabworks.org).

System outcomes include:

- DCF/SAMH agrees to coordinate a Transition Services Planning Team on behalf of eligible youth.
- Halifax Behavioral Services provides transitional case management services.
- Gulf Coast Alternative Family Care provides adult therapeutic foster care homes.
- Homeless Assistance Center identifies this population as “medically needy.”
- Florida United Methodist Children’s Home adds cottages or homes for youth over 18.
- Serenity House provides timely screenings for this population or expanded beds to include this group, when appropriate.
- SMA-ACT Corporation provides FACT services for over 18 years, when appropriate.
- Children’s Medical Services Grant provides additional support.
- Project SELF and Grass Roots Giving provides coordinating services assistance to youth.

For additional information, contact Lois A. Moltane, SED Network 12, by phone at (386) 255-6475, ext. 5373,1 or by e-mail at lmoltane@volusia.k12.fl.us.

III. POLICIES AND AGREEMENTS

SEDNET’s interagency collaborations and linkages have enabled SEDNET to enter into cooperative agreements with community partners, often resulting in written memoranda of agreements and policies. During 2008–09, there were 158 initiatives reported that consisted of 6 policies and 152 interagency agreements. The 2008–09 data illustrate SEDNET’s strength in facilitating or partnering in the development or maintenance of interagency policies and agreements. Although very few agreements involve system partners from private foundations/charities or children’s services councils, all the major public child-serving agencies are involved. Important partnerships are developing with health and family advocacy groups.

An interagency agreement can involve multiple systems, including education, mental health, juvenile justice, child welfare, substance abuse, and many others. All of the major public child-serving agencies (i.e., education, mental health, juvenile justice, and child welfare) are most heavily involved in interagency agreements in 2008–09. This level of involvement is consistent

with 2007–08. While education and mental health have decreased in their involvement in policies and/or agreements in comparison to 2007–08 (8 percent and 6 percent, respectively), other major child and family serving agencies—including juvenile justice, child welfare, substance abuse, employment/vocational, children’s services council, developmental disabilities, and family advocacy groups—have increased their involvement in policies and/or agreements in comparison to 2007–08 from between 2 percent to 17 percent (Table 3).

Table 3				
Types of Systems Involved in Policies and Agreements				
Type of System	2008-09 N=158		2007-08 N=175	
	Number	Percent	Number	Percent
Education	136	86%	164	94%
Mental Health	126	80%	150	86%
Juvenile Justice	98	62%	87	50%
Child Welfare (CBC/DCF)	122	77%	105	60%
Employment/Vocational	58	37%	43	25%
Health	27	17%	27	15%
Family Advocacy Groups	52	33%	32	18%
Private Foundations/Charities	8	5%	4	2%
Children’s Services Council	50	32%	24	14%
Substance Abuse	52	33%	35	20%
Developmental Disabilities	44	28%	27	15%
Local Government	14	9%	17	10%

Levels of Authority Involved in Policies and Agreements

Various levels of authority may also be involved in policies and interagency agreements, including federal, state, and district or county levels. For 2008–09, the most frequent level of involvement was from the local and district (city or county) levels, 61 percent and 28 percent, respectively. State level involvement decreased, somewhat, from 17 percent in 2007–08 to 14 percent in 2008–09. There was one instance of federal level involvement reported (Table 4).

Table 4				
Levels of Authority Involved in Policies and Agreements				
Levels of Authority	2008-09 N=158		2007-08 N=175	
	Number	Percent	Number	Percent
Federal	1	1%	0	0%
State	22	14%	29	17%
District	44	28%	92	53%
Local (city or county)	96	61%	91	52%

Purposes Cited for the Establishment of Policies and Agreements

The top three reasons cited for the establishment of a policy or agreement or the intended area of impact in 2008–09 were:

- Service access
- School achievement
- Service provision

The three most reported reasons cited for the establishment of a policy or agreement, which saw increases from 2007–08 to 2008–09, were:

- Conflict resolution
- Family inclusion
- Ensuring rights of children and/or families

Three reasons cited for the establishment of a policy or agreement experienced decreases from 2007–08 to 2008–09. These reasons were:

- New service partnerships
- Service provision
- Enact mandates, directives, or legislation (Table 5)

Table 5				
Purposes Cited for Establishing Policies and Agreements				
Purpose Cited	2008-09 N=158		2007-08 N=175	
	Number	Percent	Number	Percent
New Service Partnerships	21	13%	30	17%
Service Access	132	84%	122	70%
Service Integration	86	54%	78	45%
Service Efficiency	85	54%	71	41%
Cultural Competence	53	34%	38	22%
Family Inclusion	84	53%	59	34%
Conflict Resolution	66	42%	46	26%
Governance (e.g., roles, responsibilities)	69	44%	54	31%
Ensure Rights of Children and/or Families	78	49%	60	34%
Enact Mandates, Directives or Legislation	37	23%	44	25%
Service Provision	100	63%	127	73%
Safety	36	23%	40	23%
School Achievement	121	77%	133	76%

An Example of an Agreement to Establish a Risk Management System and to Ensure Appropriate and Effective Service Provision

During the 2009–10 school year, a risk management system, created with the Broward County Office of Prevention, will be piloted in 25 schools. The system identifies risks for youth that may decrease the chances of the student graduating with a Standard Diploma. The risks are weighted and a threshold developed. The system identifies when a youth has failed a grade and assigns points to the youth. If a failure happens again, the points assigned are higher given the second failure. Some other factors included are: failing core class, fragile student in middle school, homelessness, foster care, seat time, DJJ involvement, FCAT scores, teen parent, free and reduced lunch, overage for grade level, and good cause promotions. Even though the guidance counselor, social worker, or others in the school can identify the student before the system does, in many cases one factor is not being connected to other factors. The new system allows for all factors to be considered for the child in a unified way. The guidance counselor receives the information and determines next steps. SEDNET has worked with the development of the system and will support implementation, accessing the outside resources, and ensuring that information is sent back to the school to assist the student. The system will eventually link with the foster care computer system and the DJJ system.

For additional information, contact Charlene Grecsek, SEDNET10, by phone at (386) 255-6475, ext. 53731, or by e-mail at charlene.grecsek@browardcountyschools.edu.

Funding Sources for Policies and Agreements

Of the 158 policies or agreements reported during 2008–09, 47 (or 30 percent) involved funding, including *reallocation of existing funds*, *new funding from current or new sources*, and *matching funds from existing or new sources*. This represents a 20 percent decrease in the total number of funding sources for policies and agreements reported in 2008–09 compared to 2007–08. The top funding sources in 2008–09 were:

- Reallocation of existing funds
- New funding from current sources (Table 6)

Table 6				
Funding Sources for Policies and Agreements				
Funding Source*	2008-09 N=47		2007-08 N=87	
	Number	Percent	Number	Percent
Reallocation of Existing Funds	18	38%	48	55%
New Funding from Current Sources	20	43%	35	40%
New Funding Source	1	2%	4	5%
Matching Funds from Existing Sources	4	9%	9	10%
Matching Funds from New Sources	3	6%	2	2%
<i>*Note: A policy or agreement may have multiple funding sources.</i>				

SEDNET’s Role in Policies and Agreements

Of the 158 policies and agreements reported in 2008–09, SEDNET provided *support and/or facilitation* to 82 percent of them. This represents an 11 percent decrease in *support and/or facilitation* from 2007–08. SEDNET also provided the *lead in developing* 55 percent of the policies or agreements and was instrumental in providing *review and feedback* in 53 percent of the 158 policy or agreements. This represents a 10 percent increase in *review and provide feedback* from 2007–08.

SEDNET increased its role in policies or agreements in three areas. These areas were:

- Taking the lead in developing
- Providing review and feedback
- Implementing

SEDNET’s role decreased in two areas. These areas were:

- Evaluating
- Proving support/facilitation (Table 7)

Table 7 SEDNET’s Role in Policies and Agreements				
SEDNET’s Role	2008-09 N=158		2007-08 N=175	
	Number	Percent	Number	Percent
Lead in Developing	87	55%	88	50%
Review and Provide Feedback	83	53%	75	43%
Evaluate the Effects	57	36%	71	41%
Implement	71	45%	67	38%
Support/Provide Facilitation	129	82%	162	93%

An Example of SEDNET’s Role for a Youth Recognition Annual Luncheon

The Circuit 12 Juvenile Justice Board held its second annual Youth Recognition Luncheon in April during Juvenile Justice Week to recognize youth who had overcome adversity and demonstrated marked improvement in their lives. Twenty-four youth from Sarasota, Manatee, and DeSoto Counties were recognized from the full continuum of juvenile justice programs from diversion to commitment. The youth were nominated by their juvenile probation officers, case managers, or therapists who work with them, and each received a framed certificate and a gift certificate. Door prizes were awarded to the adults who nominated the youth. Attendees at the luncheon included 135 youth, family members, juvenile probation officers, case managers, therapists, educators, state attorneys, public defenders, judges, sponsors, and other invited guests. Entertainment was provided by youth from the DeSoto Dual Diagnosis Correctional Facility who performed a stomp dance, a song, and testimonials. The luncheon was funded by donations from local businesses, foundations, and individuals. SEDNET facilitated the task force, which planned and coordinated the event, as well as raised the funds to support the event.

For additional information, contact Shelia Zelonis, SEDNET 8A, by phone at (941) 361-6397 or by e-mail at shelia_zelonis@sarasota.k12.fl.us.

IV. GRANTS AND FUNDING

The Florida Department of Education (FDOE) provided \$2,512,482 for SEDNET regions. In addition to the FDOE allocating funds, each SEDNET leveraged these funds to secure additional funds for expanded SEDNET activities. SEDNET regions also garner funding from additional grants and collaborations that may come from multiple sources, including federal, state, district, local, private, or Medicaid. The funding for 2008–09 from grants and other sources totaled \$19,379,496. While federal, state, district, and Medicaid funding sources have decreased significantly during 2008–09 reporting period, local government and private funding has increased during the same reporting period. Reported Medicaid funding was limited to three SEDNET regions—8B, 15, and 2B. Of the \$6,760,687 total, \$6,504,300 was funded to Region 8B; \$160,000 was funded to Region 15; and \$96,387 was funded to Region 2B.

There were a total of 124 grants and funding projects reported for 2008–09. Of the 124 grants and/or funding initiatives, 90 percent were existing initiatives, and 10 percent were new initiatives. As with the role of SEDNET in policies and agreements, SEDNET also takes on various roles in obtaining grants and additional funding. Most participate in *governance or oversight responsibilities* (69 percent), *evaluation activities* (60 percent), and *provide in-kind resources* (57 percent). SEDNET’s roles in grants and funding have remained relatively consistent over the last four years (Table 8).

SEDNET’s Role	2008-09 N=124		2007-08 N=158	
	Number	Percent	Number	Percent
Lead in Writing the Application	47	38%	60	38%
Partner in Applying for Funding	43	35%	51	32%
Administer the Funding	60	48%	67	42%
Provide In-Kind Resources	71	57%	88	56%
Conduct or Participate in Evaluation	74	60%	87	55%
Provide Governance/Oversight Responsibility	86	69%	107	68%

Impact and Outcomes

The type of outcome most reported for grants and funding was *improved outcomes for children and families*—100 percent. The least reported types of outcomes were *improved funding options* at 15 percent and *improved cultural competence* at 21 percent. The types of outcomes that had the greatest change from 2007–08 to 2008–09 were *increase in service options* (e.g., new service created or implemented)—20 percent; *more efficient use of current services*—19 percent; and *more seamless integration of services*—17 percent (Table 9).

Table 9 Types of Outcomes for Grants and Funding Initiatives				
Types of Outcomes	2008-09 N=108		2007-08 N=147	
	Funding Outcomes		Funding Outcomes	
	Number	Percent	Number	Percent
Effective allocation of Limited Service Resources	56	52%	57	39%
Policy Creation	26	24%	16	11%
Increase in Service Options (e.g. new service created or implemented)	64	59%	58	39%
Improved Service Access (more timely, broader access)	59	55%	60	41%
Improved Outcomes for Children and Families	108	100%	132	90%
More Efficient Use of Current Services	60	56%	54	37%
Greater Family Involvement	57	53%	67	46%
Improved Consumer Satisfaction	50	46%	50	34%
Improved Stakeholder	31	29%	22	15%
Improved Cultural Competence	21	19%	16	11%
More Seamless Integration of Services	54	50%	49	33%
Improved Funding Options	15	14%	13	9%
Improved Academic	59	55%	80	54%

An Example of a Program to Improve Overall Academic Performance

SEDNET has been identified as a project manager in the Balanced Scorecard being implemented in Broward County Public Schools. The major project goal is to improve overall academic performance. For example, one initiative works directly with parent groups on food and nutrition, and another provides training to school health personnel on warning signs of high-risk behaviors of students and how to respond.

For additional information, contact Charlene Grecsek, SEDNET10, by phone at (386) 255-6475, ext. 53731, or by e-mail at charlene.grecsek@browardcountyschools.edu.

V. TRAINING AND SUPERVISION

The SEDNET managers reported that 367 training events took place in 2008–09 in which SEDNET was *solely involved* or *partnered with others*. Most training events involved *partnering with others to either directly provide the training or to arrange for and/or fund the training*. This involvement included coordinating, providing, or funding a training event. Of the 367 training events reported, close to half (or 48 percent) were related to *instructional support* and *instructional strategies*, 22 percent and 26 percent, respectively. Training in *assessment* showed a 15 percent increase from 2007–08 to 2008–09. Training in *instructional support* and *parent support* decreased from 2007–08 to 2009–09 by 7 percent and 4 percent, respectively (Table 10).

Table 10				
Training Category				
Training Category	2008-09 N=367		2007-08 N=237	
	Number	Percent	Number	Percent
Instructional Support	79	22%	97	29%
Instructional Strategies	97	26%	82	24%
ESE Policy/Practice	35	10%	40	12%
Transition Services	13	4%	18	5%
Systems Change	70	19%	69	20%
Assessment	58	16%	5	1%
Parent Support	15	4%	26	8%

Among the 14 different topics for training events, the most attended training events were focused on the following:

- Behavior management
- Mental health
- Information sharing/conference
- Positive Behavioral Support (PBS) (Table 11)

Table 11				
Number of Training Events by Topic				
Training Topic	2008-09 N=367		2007-08 N=337	
	Number	Percent	Number	Percent
Information Sharing/Conference	62	18.4%	80	23.7%
Mental Health	64	19.0%	26	7.7%
Behavior Management	95	28.2%	82	24.3%
Social Skills	2	0.6%	12	3.6%
Resource Development	4	1.2%	6	1.8%
Service Delivery	26	7.7%	14	4.2%
Accommodations	8	2.4%	17	5.0%
Positive Behavioral Support (PBS)	42	12.5%	45	13.4%
Planning	17	5.0%	10	3.0%
Cooperative Consultation	1	.03%	4	1.2%
Collaborative Techniques	7	2.1%	12	3.6%
Problem Solving	25	7.4%	22	6.5%
Database Decisions	3	0.9%	1	0.3%
FBA/BIP	7	2.1%	4	1.2%

An Example of a Training Effort to Respond to a Specific Need

Data showed that more than half of the sexual abuse cases in Miami-Dade and Monroe Counties are reported to occur in the school setting. To address the rise in sexualized behavior/abuse, SEDNET has collaborated with a community agency to conduct training sessions for school staff on ways to look out for sexualized behaviors in youth in the 2009–10 school year.

For additional information, contact Charlene Grecsek, SEDNET10, by phone at (386) 255-6475, ext. 53731, or by e-mail at charlene.grecsek@browardcountyschools.

There were a total of 12,770 individuals participating in 1,594 training hours across all training events. This represents a 10 percent increase in number of participants from 2007–2008. However, the number of hours trained have decreased by 9 percent during the same period. *Teachers* (30 percent), *student services personnel* (25 percent), and *service providers* (18 percent) constituted the highest number of individuals by type of audience in all the training events (Table 12).

Table 12				
Type of Participant in Training Activities				
Type of Participant	2008-09 N=12,770		2007-08 N=12,600	
	Training Participant		Training Participant	
	Number	Percent	Number	Percent
Administrators	869	7%	870	7%
Teachers	3,848	30%	3,262	26%
Student Services Personnel	3,135	25%	3,869	31%
Service Providers	2,353	18%	2,837	22%
Parents	818	6%	841	6%
Students	1,556	12%	853	7%
Other	191	2%	68	1%
Total # Trained:	12,770		12,600	

An Example of a Comprehensive Suicide Prevention Training Initiative

To address the issues associated with suicide and suicide prevention, Broward County Schools developed a comprehensive training initiative. During the 2008–09 school year, over 75 training events to address suicide prevention were conducted in the schools and the community, reaching more than 2,000 people. Students, teachers, and administrative staff are being trained on the signs of suicide and ways to intervene. In addition, the program is linking the schools’ bullying prevention programs and addressing the problem of “bullycide.” The effects of bullying have been identified as a risk factor for graduation rate. The suicide prevention initiative is also designed to increase “seat time” for youth and improve overall performance. Broward County has developed a relationship with Seein, a rapper who will be performing for youth at several events in the 2009–10 school year. He will be singing the song he wrote, “Try Again,” about stopping suicide. All of the proceeds from the song go directly to suicide.org.

For additional information, contact Charlene Grecsek, SEDNET10, by phone at (386) 255-6475, ext. 53731, or by e-mail at charlene.grecsek@browardcountyschools.

VI. DIRECT SERVICES

Children and youth received approximately 370,660 SEDNET-related services. This is a 40,347 increase in the number of services used from 2007–08. The area of *education services* was the highest utilized service (72 percent). *Transition services* have increased from 2,181 to 8,636, almost three times more than the previous year. All service domains showed an increase in the number of services utilized by students from 2007–08 to 2008–09 except for *mental health services*, which decreased by 3,248 (or -10 percent) (Table 13).

Table 13				
Number of SEDNET-Related Direct Services Used by Students by Service Domain				
SEDNET Service Domain	2008-09 N=370,660		2007-08 N=330,313	
	Number	Percent	Number	Percent
Education	267,087	72%	230,777	70%
Mental Health	87,974	24%	91,222	28%
Community Supports	6,416	2%	5,244	2%
Transition	8,636	2%	2,181	1%
Substance Abuse	547	0.1%	889	0.3%

Type of Direct Service

A total of 755 direct services were reported to have been provided in 2008–09. *Education services* were the most reported services provided (77 percent), followed by *mental health services* (32 percent). The least reported services were *community services* (7 percent), *transition services* (5 percent), and *substance abuse services* (2 percent) (Table 14).

Table 14				
Number of Direct Services Used by Students by Service Type				
Direct Service	2008-09 N=755		2007-08 N=687	
	Number	Percent	Number	Percent
Transition Services	38	5%	48	7%
Mental Health	242	32%	247	36%
Substance Abuse	14	2%	10	1%
Education Services	583	77%	499	73%
Community Services	52	7%	41	6%

Location of Services

SEDNET's community-based and collaborative mandate is reflected, in part, by the diverse locations where direct services are provided. *School-based* services represent the most frequent location of service provision (79 percent). *Community-based* is the second most frequently used location (23 percent) followed by *mental health centers* and *students' homes*, respectively. It is consistent with the 2007–08 reporting period (Table 15).

Table 15				
Location of Services				
Location of Service	2008-09 N=755		2007-08 N=687	
	Number	Percent	Number	Percent
School-based	598	79%	596	87%
Community-based	173	23%	178	26%
SIPP	55	7%	59	9%
Juvenile Justice Location	23	3%	25	4%
Employment Site	26	3%	23	3%
Mental Health Center	94	12%	94	14%
Student's Home	87	12%	80	12%
Other	29	4%	24	3%

**An Example of School-Based Mental Health Services:
ESE Center Interagency Task Force**

SEDNET 8A formed an Interagency Task Force at Oak Park ESE Center in Sarasota County during 2008 in order to increase support services for youth who attend the center, their families, and staff. The task force meets on a monthly basis and provides ongoing needs assessment and oversight of services. Services provided by 22 community agencies included individual and group therapy; weekly classroom daily living skills and social skills instruction; vocational exploration and instruction; staff training sessions; and family outreach and support. A total of 144 students received services—elementary, middle, and high school EBD students and students with developmental disabilities. At the beginning of the 2008 school year, 4 students were receiving school-based mental health services from one agency. By the end of the school year, 44 students were receiving school-based mental health services from 3 different agencies. As a result of their involvement on the Interagency Task Force, the local chapter of the Federation of Families for Children’s Mental Health assigned a family advocate to work with families of students who attend Oak Park. The family advocate also works closely with school staff and agency staff to engage families in education and treatment. A sub-committee was formed from the task force to focus on vocational and transitional needs and, through a Project 10 grant, is planning to start 3 school-based work experience and vocational skill development programs. An Agency Fair was held at Oak Park with 72 agencies exhibiting and over 200 family members attending. Twenty-two agencies that provided direct services at Oak Park were publicly recognized and received certificates of appreciation.

For additional information, contact Shelia Zelonis, SEDNET 8A, by phone at (941) 361-6397 or by e-mail at shelia_zelonis@sarasota.k12.fl.us.

Type of SEDNET Involvement in Direct Services

Table 16 shows the overall numbers and percentages of the type of SEDNET involvement in direct services. The primary type of involvement by SEDNET was in *supervision and/or coaching* (Table 16).

Table 16 Type of SEDNET Involvement in Direct Services by Service Domain in 2008-09 (N=1,980)							
SEDNET Service Domain	Total Number for Each Service Domain	Direct Service to Child		Direct Service to Family		Supervision/Coaching	
		Number	Percent	Number	Percent	Number	Percent
Education	971	169	19%	12	1%	765	79%
Mental Health	724	107	15%	93	13%	570	79%
Transition	110	35	32%	24	22%	73	66%
Community Supports	127	25	20%	16	13%	78	61%
Substance Abuse	48	3	6%	0	0%	48	100%

An Example of a SEDNET-Related Direct Service: The Cherokee Mentor Program

The Cherokee Mentor Program is an education initiative at Cherokee School in Orange County that entails the partnership of Orange County Schools, SEDNET, and Correction and Law Enforcement. The program was created to assign corrections and law enforcement officers as mentors to students with emotional, behavioral, and social challenges. The goal of the program is to “break the prison pipeline” by reducing the number of students entering the criminal justice system and reducing the number of students who drop out of school. Statistically, Cherokee students are three times more likely to be arrested before leaving school and to live in a correctional facility, halfway house, drug treatment center, or on the streets. Mentors will spend one hour a week serving as a positive role model to students by providing guidance, support, academic assistance, and encouragement to succeed. Mentors are matched to students based on their interests and preference.

For more information, contact Linda Weekley, Principal; or Marcia Gilliam, SEDNET 7A, by phone at (407) 897-6440 or by their email addresses: Linda.Weekley@ocps.net and Marcia.Gilliam@ocps.net.

Direct Services by Type of Services

Education

One of Florida’s major initiatives with regard to addressing discipline issues in the school, classroom, and at the individual level—Florida Positive Behavioral Support (FLPBS) — continued in 2008–09 along with other processes based on positive behavioral support principles. More students received positive behavioral support (PBS) than any other service type—approximately 176,079 students (or 66 percent) of the 267,087 total. PBS services were received through PBS teams, schoolwide PBS (SWPBS), and classroom PBS (CPBS). These were followed by behavioral interventions, which represented 33 percent of all educational services (Table 17).

Table 17				
Number of SEDNET-Related Education Services Used by Students by Type of Service				
Education Service	2008-09 N=267,087		2007-08 N=230,777	
	Number	Percent	Number	Percent
Individualized Education Planning (IEP) Teams	5,140	2.23%	1,225	0.53%
Child Study Teams	744	0.32%	29	0.01%
Positive Behavioral Support (PBS) Teams	73,494	31.85%	7,327	3.17%
504 Plans	3	0.00%	35	0.02%
Academic Intervention	1,192	0.52%	11,505	4.99%
Behavioral Intervention	77,085	33.40%	76,389	33.10%
Social Skills	5,544	2.40%	3,340	1.45%
Service Learning (community volunteering)	83	0.04%	234	0.10%
Mentoring	52	0.02%	28	0.01%
School-Wide PBS Teams	102,561	44.44%	130,247	56.44%
Classroom PBS Teams	24	0.01%	125	0.05%
PAEC School Liaison	40	0.02%	38	0.02%

Mental Health

The total number of SEDNET-related *mental health services* used by students during the 2008–09 school year was 87,974. This represents a 3.6 percent decrease in reported *mental health service* utilization from 2007–08 to 2008–09. *Behavioral support services* were the highest utilized services (66 percent). *Individual therapy* was the second most used service (9.6 percent) followed by case management (6 percent). Other mental health services used included group therapy (2 percent), family therapy (3.9 percent), interagency teams (2.8 percent), and family service planning teams (FSPT) (1.1 percent). The overall utilization of *mental health services* was consistent with the 2007–08 reporting period. One noticeable change in 2008–09 is the decrease in the utilization of *behavioral support services* by 5,684 (or 6 percent) from 2007–08 (Table 18).

Table 18				
Number of SEDNET-Related Mental Health Services Used by Students by Type of Service				
Mental Health Service	2008-09 N=87,974		2007-08 N=91,222	
	Number	Percent	Number	Percent
Case Management	5,550	6.08%	5,345	6%
Individual Therapy	8,744	9.59%	8,310	9%
Group Therapy	1,684	1.85%	1,855	2%
Family Therapy	3,558	3.90%	2,095	2%
Behavioral Support	60,387	66.20%	66,071	72%
Psychiatric Assessment	884	0.97%	1,091	1.20%
Psychological	875	0.96%	608	0.67%
Medication Management	1,190	1.30%	1,538	2%
Respite	177	0.19%	73	0.08%
Mentoring	367	0.40%	182	0.20%
Social Rehabilitation	208	0.23%	349	0.38%
Interagency Teams	2,542	2.79%	2,163	2.37%
Family Service Planning Teams (FSPT)	1,006	1.10%	997	1.09%
Residential	721	0.79%	476	0.52%

An Example of a SEDNET-Related Direct Service Program: Success 4 Kids & Families

For Success 4 Kids & Families in Hillsborough County, helping a teenager on the verge of losing control—i.e., getting into trouble (with the school threatening expulsion) and the siblings’ grades slipping amid the turmoil—helping that teen means serving the entire family. Success 4 Kids & Families assigns one counselor for the youth and one for the rest of the family. A behavioral specialist visits their home one day each week to help everyone figure out the best strategy for dealing with the outbursts. The agency may provide respite services, if needed. Rather than focusing on one problem or one person, Success 4 Kids & Families looks at the entire family. About 600 children currently receive services. The agency has a database of more than 500 providers of services from which families and youth may choose. Some former family members are hired to help other families navigate the system. Caseworkers will accompany families to court or school conferences and act as advocates. Success 4 Kids & Families takes the treatment approach of a partnership between the agency and families, with families as the experts. The agency also works with school resource officers, the courts, and the mental health system to keep bad situations from becoming worse. Its initiative with Hillsborough's Department of Juvenile Justice provides services for children who have committed one or two misdemeanors at school—offenses such as spray-painting graffiti, trespassing, or making a threat. Rather than locking up teens, the goal is to keep them out of the system altogether. Five hundred seventy-eight youth were administered civil citations in lieu of criminal prosecution last year. Another service is to screen all the children on the waiting list for residential mental health treatment to keep them in

community-based care if at all possible. Families who don't have sufficient insurance for mental health needs or who don't qualify for Medicaid also find help through the agency. Success 4 Kids & Families receives funding through a variety of federal, state, and local programs. The Children's Board of Hillsborough County is a major source of funding as well as the Department of Education through the SED Network. In a time of ever-tightening resources, the organization has begun working on a for-profit arm to help sustain its free services. Because its philosophy appears to be working, agencies from throughout the country and Canada have paid Success 4 Kids & Families for training in its methods.

For more information, contact Clara Reynolds by phone at (813) 490-5490 or go online to <http://www.s4kf.org>.

Transition

Students used approximately 8,636 SEDNET-related *transition services* during the 2008–09 school year, three times more than in the previous year. *Mentoring services* saw a 41 percent increase in utilization, which was the service with the greatest increase from 2007–08. The increase in *mentoring services* was followed by 2 percent increase in *employment/vocational services*. Transition services within *education* decreased by 26 percent (Table 19).

Table 19				
Number of SEDNET-Related Transition Services Used by Students by Type of Service				
Transition Service	2008-09 N=8,636		2007-08 N=2,181	
	Number	Percent	Number	Percent
Employment/Vocational	4,055	46.95%	595	27.28%
Education	413	4.78%	672	30.81%
Mentoring	3,781	43.78%	54	2.48%
Service Learning (community volunteering)	0	0.00%	51	2.34%
Living Situation	18	0.21%	96	4.40%
Health	8	0.09%	2	0.09%
Life Skills	86	1.00%	180	8.25%
Community-Based Instruction	72	0.83%	85	3.90%
Community-Based Vocational Instruction	104	1.20%	223	10.22%

Community Support

The total number of SEDNET-related *community support services* used by students increased from the previous year from 5,244 services to 6,416 in 2008–09. Utilization of *outreach services* and *community resources* increased slightly from 2007–08 to 2008–09, going from 49 percent to 51 percent and 44 percent to 45 percent, respectively. *Home-based services* saw a decrease in utilization from 6 percent to 4 percent (Table 20).

Table 20 Number of SEDNET-Related Community Support Services Used by Students by Type of Service				
Community Support Type	2008-09 N=6,416		2007-08 N=5,244	
	Number	Percent	Number	Percent
Outreach	3,250	51%	2,590	49%
Home-Based	267	4%	336	6%
Community Resources	2,899	45%	2,318	44%

Substance Abuse

The number of SEDNET-related *substance abuse services* used by students has significantly decreased from 889 in 2007–09 to 547 in 2008–09. This represents a 38 percent decrease. Within the *substance abuse services* array, *behavioral support services* provided the most services to students—361 (or 66 percent). *Behavioral support services* also saw a 43 percent increase in students receiving services from 2007–08 to 2008–09. *Prevention-related substance abuse services* and *education-related substance abuse services* saw the greatest decline in services provided to students from 2007–08 to 2008–09, decreasing from 258 to 0 and 224 to 12, respectively (Table 21).

Table 21 Number of SEDNET-Related Substance Abuse Services Used by Students by Type of Service				
Substance Abuse Service Type	2008-09 N=547		2007-08 N=889	
	Number	Percent	Number	Percent
Case Management	34	6%	75	8%
Individual Therapy	87	16%	76	9%
Group Therapy	32	6%	34	4%
Family Therapy	0	0%	0	0%
Behavioral Support	361	66%	206	23%
Assessment	15	3%	12	1%
Prevention	0	0%	258	29%
Medication Management	0	0%	0	0%
Mentoring	0	0%	0	0%
Education	12	2%	224	25%
Residential	6	1%	4	0.4%

Student Outcomes

The assessment of how direct services impact student outcomes is essential to determining the effectiveness of service delivery. The total number of student outcomes reported during FY 2007–08 was 255. Of the total number of outcomes reported, 91 percent were from *education*, 22 percent from *mental health*, 7 percent from *community support services*, 4 percent from *transition services*, and 2 percent from *substance abuse services*. *Education*, *mental health*, *community support services*, and *transition services* all show a 1 to 3 percent increase from 2007–08, while *substance abuse* remained at 2 percent for both reporting periods. One student outcome report can span multiple service areas (Table 22).

Table 22				
Number of Student Outcomes by Service Domain				
Type of Student Outcomes	2008-09 N=255		2007-08 N=248	
	Number	Percent	Number	Percent
Education	231	91%	218	88%
Mental Health	56	22%	51	21%
Community Support Services	19	7%	14	6%
Transition Services	11	4%	8	3%
Substance Abuse Services	5	2%	4	2%

The student outcomes data reveal that for the 255 outcomes reported, 67 percent reported positive changes in *in-school suspensions (ISS)*, 65 percent reported positive changes in *out-of-school suspensions (OSS)*, 68 percent reported positive changes in *attendance*, 93 percent reported positive changes in *FCAT scores*, and 100 percent reported positive changes in *FCAT rate of learning*. There were significant negative changes reported. Of the 255 outcomes reported, 22 percent reported negative changes in *ISS*, 25 percent reported negative changes in *OSS*, and 6 percent reported negative changes in *attendance*. No changes in student outcomes were reported for 10 percent of the outcomes for *ISS*, 9 percent of the outcomes for *OSS*, 26 percent of the outcomes for *attendance*, and 7 percent of the outcomes for *FCAT scores*. There was a significant increase in the number and percent of negative changes reported for *ISS* and *OSS* from 2007–08 and 2008–09, as well as a slight increase in negative changes in *attendance*. The increases in negative changes for *OSS*, *ISS* and *attendance* reflect decreases in positive changes for the same outcomes. Multiple outcomes may be reported for each student (Table 23).

Table 23						
Change in Student Outcomes by Type of Outcome						
<i>(2008-09 N=255) (2007-08 N=248)</i>						
Type of Outcomes	Negative Change		No Change		Positive Change	
	2008-09	2007-08	2008-09	2007-08	2008-09	2007-08
In-School Suspension	13 22 percent	2 5 percent	6 10 percent	0 0 percent	39 67 percent	37 95 percent
Out-of-School Suspension	30 25 percent	22 19 percent	11 9 percent	2 2 percent	77 65 percent	93 79 percent
Attendance	4 6 percent	0 0 percent	18 26 percent	3 5 percent	47 68 percent	54 95 percent
Dropout Rate	0 0 percent	0 0 percent	0 0 percent	0 0 percent	0 0 percent	0 0 percent
Retention	0 0 percent	0 0 percent	0 0 percent	0 0 percent	0 0 percent	5 100 percent
Graduation Rate	0 0 percent	0 0 percent	0 0 percent	0 0 percent	0 0 percent	0 0 percent
FCAT Score	0 0 percent	0 0 percent	1 7 percent	4 27 percent	14 93 percent	8 63 percent
FCAT Rate of Learning	0 0 percent	0 0 percent	0 0 percent	0 0 percent	6 100 percent	19 100 percent

Example of Student Outcomes for a Parent Involvement and Support Initiative

SEDNET helped to facilitate 10 parent involvement meetings, along with the parent liaison, with no less than 20 parents at each meeting. Topics included: NAMI & SEDNET—How Can We Help You; Back to School—How to Motivate Your Child to Enjoy Learning; How to Help Your Child Study; My Child's Individual Education Plan; Let's Talk About ADHD; Internet Safety; and Department of Children and Families. For the first time in the history of Cherokee School—or any school in the past 5 years—20 fathers showed up for Donuts for Dads in support of fathers being role models for their sons and daughters. The parents of 65 students were actively involved during the school year.

- Students with parent participation had the following outcomes compared to 2007–08:
- Suspensions rate decrease by 50 percent
- Attendance rate increase by 20 percent
- Discipline referrals decreased by 20 percent
- No students were retained
- FCAT reading level improved by 13 percent; 73 students tested to 24 percent; 61 of the 64 students tested improved
- FCAT math scores showed only a 2 percent improvement

For more information, contact Marcia Gilliam, SEDNET 7A, by phone at (407) 897-6440 or by e-mail at Marcia.Gilliam@ocps.net.

DISCUSSION

SEDNET project managers throughout the state routinely reported information through the Accountability Database to share information and to inform stakeholders about the work of SEDNET. Conclusions and recommendations can be made from the information provided; however, it is important to first consider the strengths and limitations of the research.

Strengths

The data collection elements for this project were originally designed in partnership with the end users of the database, the SEDNET project managers. This partnership approach contributed to the high response rate. The initiation and support of this project by the Florida Department of Education was an added encouragement for SEDNET staff to participate in the project. One-hundred percent of the SEDNET projects throughout the state reported into the database.

The database project team provided on-site technical assistance on how to manage and report the information. In addition, the research team met annually with the SEDNET project managers to report any revisions to the process, to provide clarification to ensure consistent and reliable reporting, and to discuss and resolve any difficulties SEDNET staff might be having with the database.

Limitations

While assistance was provided to help ensure accurate reporting, there remained varied interpretation of one data element—the amount of funding from other grants and sources leveraged to secure additional funds for the SEDNET region. The different interpretations may have led to inaccurate or inconsistent reporting in this area. Another limitation is that estimates provided by SEDNET staff may not have been precise and may be a best judgment of the numbers of services utilized by youth. The final major limitation is that the information provided was based on reports solely from the SEDNET project managers. This research did not contact other regional or state sources for comparable information, and no independent verification of the data was provided in this research.

Conclusions

SEDNET continues to play an important role in improving the lives of children and youth with emotional and/or behavioral challenges and their families. SEDNET is providing critical leadership and support for the development of interagency agreements and the implementation of policies. While school achievement continues to be the top reason for developing interagency agreements and policies, SEDNET and its partners are also working to improve service access and service provision. Most SEDNET projects consistently offer training programs. This is a major strength of SEDNET, which has provided value for schools and other programs that serve children. The number of training events and the number of participants in training were two of only three areas showing an increase.

The third area reflecting an increase from last year was the total number of SEDNET-related services provided to students: over 40,000 more services were provided. This increase, most notably in the education arena, is consistent with the increase in number of schools providing schoolwide positive behavioral support services and programs. In terms of areas showing

decreases, the number of collaborations and the number of interagency agreements decreased between 2007–08 and 2008–09. The decrease was most dramatic in the total number of funding sources, which almost halved from the prior year’s reports.

The need still exists for continued research and evaluation of SEDNET activities, including the individual projects and initiatives that SEDNET has developed and implemented. While SEDNET project managers are able to identify programs and initiatives that provide services and support to students with emotional and/or behavioral disabilities and their families, it would be worthwhile to know more about the outcomes of the services and supports these programs provide. The importance of outcome data is evident in the program examples provided throughout the report.

SEDNET project managers reported information through the SEDNET Accountability Database over a period of four years. During the first 3 years, most reporting activities indicate an upward trend. However, in the past year, SEDNET activities appear to have declined in almost every area, and in some areas, such as use of multiple funding streams, decline was dramatic. There may be any number of reasons for the decline, including the limitations of the data as discussed earlier and the dramatic economic downturn in the state and throughout the nation. While a summary of these findings is presented under separate cover, a closer analysis of the findings could provide insight into all of the following areas:

- The health and progress of Florida’s statewide system of care effort through the lens of SEDNET
- The roles and functions of SEDNET
- The future direction of SEDNET
- The technical assistance and training needs of SEDNET and its partners

A closer look at individual SEDNET projects and their regions leaves a considerable impression of geographic, demographic, and resource differences that exist between SEDNET projects and their regions across the state. Each project and region is different, and they each have unique strengths and challenges with regard to the care and education of their students with emotional and/or behavioral disabilities. Across the state, these children and youth, their families, educators, mental health professionals, child welfare workers, juvenile justice workers, and health care providers must continue to collaborate to improve conditions for all of Florida’s children, youth, and their families.

APPENDICES

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Appendix B: SEDNET Accountability Database Methods

In an effort to demonstrate and monitor the efficacy of SEDNET, each SEDNET region gathers and reports information on student outcomes and collaborations in an accountability database. This database was designed and is maintained by the University of South Florida, College of Behavioral and Community Sciences, Louis de la Parte Florida Mental Health Institute (FMHI), in Tampa, Florida. FMHI collects this data from the SEDNET regional managers on a quarterly basis to perform data analysis and reports for the Florida Department of Education.

This database includes information concerning five major categories: Direct Services, Grants and Funding, Interagency Collaborations and Linkages, Policies and Agreements, and Training Services. Each SEDNET regional manager sends a database file to FMHI quarterly with aggregate totals for each of the major categories listed above. These files are merged to create a comprehensive statewide view of SEDNET activities. Data are reviewed for errors and anomalies and updated as needed. A comprehensive data analysis is performed to determine the number and type of activities performed and trends are analyzed. The time period in this report is July 1, 2007, through June 30, 2008.

All SEDNET regions are 100 percent data reporting.

Appendix C: SEDNET Project Manager Contact List



**FLORIDA DEPARTMENT OF EDUCATION
DIVISION OF PUBLIC SCHOOLS
BUREAU OF EXCEPTIONAL EDUCATION AND STUDENT SERVICES**

Multiagency Network for Students with Emotional / Behavioral Disabilities Contact List 2009–2010		
SERVICE AREAS	CONTACTS	NUMBERS
1. Santa Rosa, Escambia, Okaloosa, Walton	Christopher Wells Santa Rosa County Schools 6751 Berryhill Street Milton, Florida 32570	850-983-5586 FAX: 850-983-5053 wellsc@mail.santarosa.k12.fl.us
2A. Washington, Bay, Calhoun, Gulf, Holmes, Jackson	Kala Dean SEDNET c/o PAEC 753 West Boulevard Chipley, Florida 32428	850-638-6131, Ext. 2270 Cell 850-326-2044 FAX: 850-638-6142 deank@paec.org
2B. Liberty, Leon, Franklin, Gadsden, Jefferson, Madison, Taylor, Wakulla	Dr. Celeste Shuler 12926 NW CR 12 / P.O. Box 429 Bristol, Florida 32321	850-643-2275, Ext. 235 FAX: 850-643-4183 celeste.shuler@lcsbonline.org
3. Columbia, Alachua, Bradford, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, Union	Dana Huggins 444 W. Duval Lake City, Florida 32055	386-758-4954 FAX: 386-758-4880 huggins_d@firm.edu
4. Clay, Baker, Duval, Nassau, St. Johns	Kathryn Lawrence SEDNET-ANNEX 2306 Kingsley Avenue Orange Park, Florida 32073	904-272-8123 FAX: 904-272-8149 klawrence@mail.clay.k12.fl.us
5. Pinellas, Pasco	Debbie Voigt Coachman Services Center 2235 NE Coachman Road Clearwater, Florida 33765	727-669-1220, Ext. 2025 FAX: 727-669-1192 dvoight@pcsb.org
6. Hillsborough	Clara Reynolds 1311 N. West Shore Boulevard Suite 302 Tampa, Florida 33607	813-490-5490, Ext. 209 FAX: 813-490-5495 creynolds@s4kf.org
7A. Orange, Osceola, Seminole	Marcia Gilliam & Tracy Pellegrino Cherokee School 550 S. Eola Drive Orlando, Florida 32801	407-897-6440, Ext. 2252 & 2254 FAX: 407-897-2460 marcia.gilliam@ocps.net tracy.pellegrino@ocps.net
7B. Brevard	Paula Ferrell 2700 Judge Fran Jamieson Way Viera, Florida 32940-6699	321-633-1000, Ext. 321 FAX: 321-633-3454 ferrell.paula@brevard.k12.fl.us
8A. Sarasota, Manatee, DeSoto	Shelia Zelonis Oak Park School 7284 Proctor Road Sarasota, Florida 34241	941-361-6397 Cell: 941-374-3799 FAX: 941-361-6399 shelia_zelonis@sarasota.k12.fl.us
8B. Collier, Lee, Hendry, Glades, Charlotte	Dr. Katrina Nedley Collier County School Board 5775 Osceola Trail Naples, Florida 34109	239-377-0116 Cell: 239-826-3887 FAX: 941-377-0158 nedleyka@collier.k12.fl.us



**FLORIDA DEPARTMENT OF EDUCATION
DIVISION OF PUBLIC SCHOOLS
BUREAU OF EXCEPTIONAL EDUCATION AND STUDENT SERVICES**

Multiagency Service Network for Students with Emotional / Behavioral Disabilities Contact List 2009-2010		
SERVICE AREAS	CONTACTS	NUMBERS
9. Palm Beach	Joanne Thornton Palm Beach County Schools/ESE Fulton-Holland Education Services Center, Room A-203 3378 Forest Hill Boulevard West Palm Beach, Florida 33406	561-434-8147 FAX: 561-434-7313 thorntonj@palmbeach.k12.fl.us
10. Broward	Dr. Charlene Grecsek School Board of Broward County 600 SE 3 rd Avenue – 7 th Floor Ft. Lauderdale, Florida 33301	754-321-2564 FAX: 754-321-2784 charlene.grecsek@browardschools.com
11. Miami-Dade, Monroe	Dianne Halfaker Ruth Owens Kruse Education Center 11001 SW 76 th Street, Room 63 Miami, Florida 33173	305-598-2436 FAX: 305-598-4639 dhalfaker@dadeschools.net
12. Volusia, Flagler	Lois Moltane Campbell Middle School ESE and Student Services Dept. 625 South Keech Street Daytona Beach, Florida 32114	386- 255-6475, Ext. 53731 or 53728 FAX: 386-506-5147 lmoltane@volusia.k12.fl.us
13. Hernando, Citrus, Lake, Sumter, Marion	Jill Kolasa Hernando County School Board 900 Emerson Road Brooksville, Florida 34601	352-797-7022, Ext. 213 FAX: 352-797-7121 kolasa_j@hcsb.k12.fl.us
14. Polk, Hardee, Highlands	Amy Looker Polk County School Board - ESE P.O. Box 391 Bartow, Florida 33831	863-534-0930 FAX: 863-534-0031 amy.looker@polk-fl.net
15. St. Lucie, Indian River, Martin, Okeechobee	Nancy Brown 4204 Okeechobee Road Ft. Pierce, Florida 34947	772-429-4524 FAX: 772-429-4528 brownn@stlucie.k12.fl.us
Florida Dept. of Education Bureau of Exceptional Education and Student Services	Khush Jagus, Statewide Director Coachman Services Center 2235 NE Coachman Road Clearwater, Florida 33765	727-669-1220 Ext 2024 FAX: 727-669-1192 jagusk@pcsb.org
Florida Dept. of Education Bureau of Exceptional Education and Student Services	Martha Murray, Program Specialist 601 Turlington Building 325 W. Gaines Street Tallahassee, Florida 32399-0400	850-245-0478 FAX: 850-245-0955 martha.murray@fldoe.org



Florida Department of Education

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