YOUTH MENTAL HEALTH IN FAIRFAX COUNTY DURING THE COVID-19 PANDEMIC

REPORT TO THE BOARD OF SUPERVISORS

APRIL 2021

EXECUTIVE SUMMARY

The COVID-19 pandemic has had wide-ranging impacts on Fairfax County residents of all ages. A chief concern has been how the mental health of children and youth has been affected. Disruptions to school, cancellations of extracurricular activities, lost family income resulting in struggles to obtain basic needs, health scares, and long-term illnesses and deaths of loved ones have combined in a perfect storm of traumas and stressors impacting many, but not all, youth.

This report reviewed available data from many key service providers, and combined it with qualitative feedback from multiple discussions with providers, parents, and caregivers, to illustrate how youth are doing right now.

Service access data indicate that some key services that rely on referrals from schools and other youth-serving organizations have experienced declines in utilization. The decreases were especially pronounced at the beginning of the pandemic, but many are now running close to or at historical levels. More intensive services, however, have remained in demand throughout the pandemic. In fact, demand for inpatient and residential services has continued to be very high and difficult to meet. There has not been an increase in youth suicides, nor have crisis services reported increased demand.

Given the continuing circumstances of the pandemic, the available data is limited, but analysis of such data does point to two primary observations:

First, there has not been a significant increase in the number of youth seeking services for mental wellness challenges. To be sure, the numbers were concerning pre-COVID, and remain so. But the data do not suggest a spike in depression, anxiety, suicidality, or other concerns.

Second, for a segment of youth, their current needs are intensive and overwhelming. Based on feedback from providers, these youth mostly had pre-existing mental health diagnoses or related challenges. For these youth, the combination of multiple stressors, limited access to supportive coping strategies, and reduced services could be overwhelming. Their parents and caregivers often struggled to find respite, making it more difficult for them to seek their own help or to provide consistent support. For these youth and families, the situation can range from stressful to dire.

The data do not clearly show that racial and ethnic disparities have increased as a result of the pandemic. However, given the disproportionate health, economic, and social impacts that the COVID-19 pandemic has had on the Black and Hispanic population in Fairfax County, it is reasonable to expect that the stressors noted above have disproportionately affected Black and Hispanic youth and families. We also know that service access was already disproportionately more difficult for people of color before the pandemic. Further, English language learners and immigrants have faced additional barriers to accessing services and information.

As schools and other programs and activities continue to open up in-person opportunities, we all need to be prepared for a range of situations and outcomes. Staff should continue to closely monitor data indicators to enable updated real-time analysis as best possible. Short-term and long-term planning should reflect the current realities and take into account lessons learned over the past year.

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INTRODUCTION

The COVID-19 pandemic has had wide-ranging impacts on Fairfax County residents of all ages. A chief concern has been how the mental health of children and youth has been affected. Disruptions to school, cancellations of extracurricular activities, lost family income resulting in struggles to obtain basic needs, health scares, and long-term illnesses and deaths of loved ones have combined in a perfect storm of traumas and stressors impacting many, but not all, youth. On top of that, many youth and families have continued to be impacted by events related to racial justice and inequity (not to mention the ongoing inequities themselves). While national data cannot yet point to a definitive answer, there are plenty of news stories (such as these recent ones from the PBS NewsHour and ProPublica) that highlight worrisome trends and the impacts on individual families. National surveys, such as the COVID Experiences Survey, while limited, suggest that students in virtual learning environments experienced worsening mental health during the fall, as did their parents. The US Census Bureau's Household Pulse Survey (as analyzed by the Kaiser Family Foundation) indicated 39 percent of adults, including 57 percent of people ages 18 to 25 and 41 percent of people with kids in the home, reported symptoms of depression or anxiety in the first half of February.

Youth mental health is not a new or emerging discussion in Fairfax County. Significant analyses of data and community engagement led to the development of the Children's Behavioral Health Blueprint, a strategic plan for the improvement of access to and quality of behavioral health prevention and intervention services for children and youth in Fairfax County. Implementation of the Blueprint has managed through the collaborative Healthy Minds Fairfax initiative since 2016.

Nearly 30 percent of eighth, tenth, and twelfth grade students reported depressive symptoms on the 2019-2020 Youth Survey (administered in Fall 2019, prior to the pandemic). The percentage of students reporting depressive symptoms (defined as, within the past year, feeling so sad or hopeless almost every day for two weeks or more in a row that the student stopped doing some usual activities) has slowly been rising since 2015. The percentage of sixth graders reported prevalence of depressive symptoms (24.8%) is at its highest rate since 2011. Hispanic students, females, and LGBQ students report the highest levels of depressive symptoms. Youth Survey data indicate that while depressive symptoms have increased, the prevalence of suicidal ideation and attempts have remained at fairly similar levels over the past several years.[1] See Appendix C for more details.

Staff from Fairfax County Government, Fairfax County Public Schools (FCPS), and key partners have met regularly throughout the pandemic in formal and informal settings to share data and experiences related to youth mental health. These discussions have helped inform systemic approaches to support children, youth, and families. On February 9, 2021, the Board of Supervisors requested staff to present data on youth mental health; this report covers a broad selection of data in order to provide a comprehensive overview. It also shares a limited number of key initiatives that have been implemented over the past year in response to identified challenges.

[1] The 2020-2021 Youth Survey was cancelled, as it could not be administered in school. Please note, though, that if the survey had been administered this year as usual, data would not have been available until Fall 2021. In other words, the data could not have been used to inform this report or any actions during the 2020-2021 school year.

THE CURRENT STATE OF YOUTH MENTAL HEALTH

County-level youth mental health data is limited and difficult to interpret in real time. What we do know about the current state of youth mental health in Fairfax County is based on six types of sources:

1. *FCPS student surveys.* In December and February, FCPS conducted surveys of students to gauge how well they were doing this school year. The surveys included a question on stress level that replicates the question on the Fairfax County Youth Survey. FCPS plans to continue regular surveying to track trends and emerging issues.

2. *Suicide data.* A behavioral health issue is the most common risk factor for death by suicide. But, when examined at the Fairfax County level, it can be difficult to compare suicide rates year-to-year. The number of deaths by suicide, when broken down by subpopulation, are too small to indicate statistically significant differences between two years. But broader trends, either over multiple years or across subgroups, can provide insight.

3. *Patterns in accessing services*. There are myriad providers of mental health services in Fairfax County, and just about as many ways to access them. Even pre-pandemic, measuring what we can about service utilization is not the best indicator of need or prevalence of concerns. Most mental health services are provided by private therapists, counselors, and other providers, and local data on their utilization is not readily available.[2] Further, many outpatient providers stopped providing services early in the pandemic, even though the vast majority have since reopened. Intensive care (e.g., crisis, residential, and inpatient) services are more limited, tend to be provided or funded by government, and never closed. Data related to those services are more broadly available.

4. *Discussions with providers.* Many of the nuances explaining how things have changed due to COVID are not easily captured in the data. For example, utilization data do not clearly indicate differences in acuity or shifts in prevailing symptoms. Therefore, it is important to present what we are hearing from providers we regularly work with.

5. *Discussions with parents and caregivers.* While the individual and collective stories shared by families are not necessarily representative of all families or the county as a whole, they provide important insight into the issues children, youth, and their caregivers are facing and how the pandemic has changed things for a number of residents.

6. *Patterns in reports of youth behaviors and victimization.* Even in "normal" times, there is limited real-time population data on risky or dangerous youth behavior or youth victimization. But Police, Juvenile Court, and Child Protective Services data can show if there have been significant changes in reporting of these incidents, which are often signs of or risk factor for mental wellness challenges.

[2] A recent white paper by FAIR Health demonstrated a significant increase in March and April 2020 over the prior year in the share of private health care claims that were for youth mental health issues nationally. However, the data did not clearly show if the overall number of claims rose; the data may be indicating that the number of people accessing mental health services did not decline as steeply as the number of people of all ages accessing other health care services. Further, the report indicated wide variance in data by state, meaning there could be even further differences at county and other local levels.

FCPS Student Survey Data

To assess a number of outcomes and trends, FCPS administered a comprehensive survey to students in December 2020. The survey included a question on student stress that replicates the question on the Fairfax County Youth Survey. (There are slight methodological differences between the surveys, but the data is generally comparable.) As FCPS reports,

> The question, which typically appears on the Fairfax County Youth Survey, asked students to rate their stress level from 1 (low) to 10 (high). Students at all three school levels reported elevated stress levels this year compared to last year, with the largest difference reported by high school students (average stress level of 5.8 in Fall 2019 versus 7.3 in Fall 2020…. The magnitude of the difference between Fall 2019 and Fall 2020 in average stress levels was large for high school students (ES=.60), small at middle school (ES=.17), and not meaningful at the elementary level (ES=.05).

There were no meaningful differences in stress levels among racial and ethnic groups.

Two-thirds of middle and high school students participating in a focus group as part of the same study reported that "the lack of separation between school and home were major contributors to their stress level. The focus group data is supported by additional survey data that indicated student workload was perceived by over 43 percent of high school students and 31 percent of middle school students as 'too much,' while homework load was perceived by 71 percent of high school students and 47 percent of middle school students as 'too much.'" (Figures 13 and 14).

A follow-up survey in February reflected a decreasing prevalence of high stress, driven by a sharp decrease among high school students.

Suicide Data

Deaths by suicide decreased in the Fairfax Health District in 2020 (the suicide rate was not statistically significantly different, though). The trend was similar for virtually all age groups, including for children, youth, and young adults. The suicide rate for 10- to 17-year-olds, at 4.1 per 100,000 residents, was the lowest it has been in recent years. (It is possible that the suicide numbers and rates may be revised upwards if the Office of the Chief Medical Examiner determines other deaths were by suicide.) See Appendix D for more details.

Again, the relatively low number of suicides in a given year makes year-to-year comparisons tricky even in normal times. A feared spike in suicides related to the pandemic does not appear to have occurred, however. These data may seem counterintuitive, but being at home with family can serve as a protective factor against suicide. Some youth have improved relationships with their parents and caregivers. Other places (such as New Jersey and Hawaii) are also beginning to release data showing declines in suicides in 2020.

Any death by suicide is one too many. And these data should not be interpreted as indicating that COVID was not a contributing factor to the deaths that did occur. While these data do not confirm our worst fears about the pandemic (i.e., much higher than expected numbers of suicides), they still indicate the need for providing ongoing education and mental health screening in order to support early identification of referrals for youth needing mental health services.

Service Access Data

Since 2013, visits to the Emergency Department (ED) for suicide attempts and suicidal ideation have sharply increased, especially for youth and young adults. In the past couple of years, it appeared that the trend was levelling off, or possibly even decreasing. But in calendar year 2020, the rates for 10-to-17-year-olds and for 18–24-year-olds again rose quickly, with each age group experiencing over 700 visits per 100,000 residents. For 10–17-year-olds, this represents close to 900 visits to the ED in 2020. See Appendix E for more details.

It is important to note that the rise in ED visits has not been accompanied by similar increases in deaths by suicide or in self-reported suicide attempts or suicidal ideation by youth, as shown earlier. Rather than an indication of increased suicidal thought and behavior, it is likely that the increased ED visit rates are indicative of greater willingness to seek help. Since 2013, Fairfax County has invested significantly in efforts to promote gatekeeper trainings (such as Mental Health First Aid and Question, Persuade, and Refer (QPR)), avenues to reach out for help (such as the PRS CrisisLink hotline, textline, and chatline), and anti-stigma initiatives (such as mini-grants for youth-led projects and Our Minds Matter clubs in nearly every high school). Each of these seeks to ensure Fairfax County residents of all ages understand mental illness, how to recognize the signs and symptoms of someone in crisis, and how to reach out for help. Increased visits to the ED, like increased calls to CrisisLink or increased demand for therapy, are a likely outcome of this work. The increase in ED visits may also indicate that the ED provided one of the only in person options at the start of the pandemic conditions. It will be important to continue to note the patterns in these numbers as more services return to in person options.

That is not to say that it is acceptable that 800 kids have visited the ED because they are struggling with stressors and suicidal ideation. We still have much work to do to decrease these numbers. And we have work to do to help families easily access the best and most effective sources of crisis care to include a continuum of services, reserving the ED for the most acute care.

Dominion Hospital and Inova child and adolescent inpatient programs are at capacity and running wait lists, as are outpatient programs such as partial hospitalization program and eating disorder programs. The increased demand for residential treatment is being reported across providers and referral sources. The challenge is exacerbated by a reduction in available beds due to COVID distancing precautions. As a result, there are higher than usual numbers of youth “boarding” in Emergency Departments (EDs) – for days and as long as a week – as they wait for an available residential placement. Many presenting at the ED are youth with Autism Spectrum Disorder who are very aggressive and non-verbal.

Fairfax County Public Schools (FCPS) is a primary referral source for mental health services. The closure of school by the Governor prompted schools to change service access, in line with most other mental health providers. Given the abruptness of the needed closure, providers and families had to adjust to new online and telehealth service delivery models. Year-to-date referrals for August through January to mental health providers are slightly down from the 2019-2020 school year. Mental health concerns may not be as easily identified by school staff in the virtual setting. Given the distant learning environment, some families may be seeking mental health support independently of the school since they have the children home with them, and they may not have felt the need to involve the school at this point. Or, parents may be choosing to hold off on seeking mental health services until more in person community-based services become available. School social workers continue to participate in a similar number of family team-based meetings and provide similar numbers of CSA case management services for youth and families. School social worker referrals for non-mental health needs (e.g., financial support, basic

needs, medical care), however, are up 13% since last year; over 10,000 such referrals have been made already this school year. Over 5,000 families have been provided resources to support distance learning access. These types of needs are likely due to the increase in job loss and other family income loss. It is important to note that per Maslow's hierarchy of needs, physiological and safety needs may be a priority for a family prior to addressing mental health needs. As community-based referrals are being provided, virtual student mental wellness checks are also provided to support student school engagement. Due to limited prevention and early intervention services in the community, school social workers spent more time providing intensive case management services and navigating additional barriers to support families in need.

The number of youth accessing Fairfax-Falls Church Community Services Board (CSB) Emergency Services decreased significantly in the spring of 2020 but has since returned to near normal levels. However, during the same time frame, there was only a slight decrease in the number of crisis intervention services that resulted in hospitalization, suggesting that youth with the most acute needs may have continued to seek out services.

The number of children and youth entering CSB outpatient behavioral health services has plummeted as a result of COVID. Between July 2020 and February 2021, 456 new children and youth were assessed for services, compared to 950 during the same period last year, a 52 percent decrease. The major cause of the decline has been the shift of nearly all school-age children to virtual learning, which has made it much more difficult for school professionals to note emerging concerns related to behavioral health and wellness. In the school building counselors and other school staff can observe students and speak to them informally, which is more difficult with virtual learning. More broadly, issues around school attendance, school behavior and academic performance are often a first signal to parents of a wellness concern and are frequently an impetus to seeking treatment. With the return to in-person schooling it is anticipated that referrals to CSB and private mental health providers will increase.

The number of children and youth served in CSB's intensive case management services has declined only slightly, probably because the level of complexity and risk leads these families to connect with the CSB through referrals from Emergency Services and the network of child-serving agencies.

Although it does not appear that COVID has differentially impacted access to CSB behavioral health services by race or ethnicity, there are ongoing patterns of differential utilization. Hispanic youth are significantly overrepresented among CSB outpatient clients (50 percent of clients are Hispanic, versus 27 percent of the FCPS student population), and Black youth are moderately over-represented (14 percent of clients, versus 10 percent of FCPS). As a Medicaid provider with fees based on income, the CSB is one of the few mental health treatment options for many low- and moderate- income residents. The clients of CSB's intensive programs more closely mirror the racial and ethnic composition of the county as whole, reflecting the fact that behavioral health issues occur among residents of all races, ethnicities, and socioeconomic statuses, and that the high cost of intensive services place them beyond the ability of most households to access privately. See Appendix F for more details on CSB service data.

Over 80 percent of the children, youth and families served by the CSB have successfully transitioned to telehealth, and in-person sessions are available to those who need them. Telehealth sessions have removed the burden on families of transporting their children to treatment, and in some cases have successfully engaged youth who may not have agreed to come to the office.

These trends are evident in Children's Services Act (CSA) services. The CSA provides for a range of services for youth with significant behavioral health needs. Through February, the unduplicated number of youth served in FY 2021 was down 12 percent, to 833, as compared to the prior year to date. But there was essentially no change (a decrease of 4 percent) in residential treatment. Community-based, day program, and other non-residential services all experienced significant decreases.

Provider Feedback

The quantitative data only tell part of the story. Regardless of the numbers of youth they are seeing, providers consistently are telling of children and youth experiencing extreme levels of stress, complex trauma, and severe anxiety. The pandemic is not affecting all youths' mental health. But for many, the impacts are profound. These youths' needs are stressing the system, and threaten to overwhelm it if similar, but currently unrecognized, issues are brought to light as youth return to school and other settings.

PRS CrisisLink initially saw a rise in acuity of contacts from youth in the spring of 2020 as youth and families adjusted to the pandemic, the lack of school per statewide closures, and eventually virtual learning. The biggest increase in acuity centered around common themes of uncertainty, fear of getting sick, and financial and environmental factors increasing stress at home. Students accessing mental health treatment prior to the pandemic also expressed feelings associated to their therapy appointments being cancelled or providers leaving the workforce due to their own childcare concerns. This was echoed by the adult populations served. Youth consistently shared concerns about their therapy/counseling sessions being held virtually adding to concerns of not having privacy to share with their providers. Over time these adjustment challenges presented less frequently.

Thematically, PRS CrisisLink has observed children who are in supportive homes without prior existing mental health issues present with increased anxiety about illness or atypical family conflict. Youth who had previous mental wellness challenges and family conflict report these issues in greater intensity and frequency. Common stressors over the past six months have included reduced contact with friends, jealousy seeing other youth who are not taking precautions sharing on social media excluding the youth who are taking precautions, a heighted intensity of political discourse within families, and worries about families and teachers getting sick with COVID.

PRS CrisisLink has not observed any major increases of suicide ideation as the total number of acute suicide ideation has remained stable in comparison to previous years. PRS CrisisLink has seen an increase in contacts by youth however, specifically contacting the National Suicide Prevention Lifeline number versus local numbers. PRS CrisisLink is experiencing a greater number of child abuse reports, family violence exposure, and financial and housing related stress and trauma. Youth are reporting signs of traumatic stress in greater numbers with reduced concentration, poor sleep, fatigue, and anxiety/hyperarousal when compared to previous years.

Private mental health therapists have shared that they are seeing a more acute level of depression and anxiety than usual. They describe youth who experienced difficult transitions to online learning and now that some are comfortable with virtual school, they are having anxiety about going back. Youth miss their friends and are truly experiencing loneliness and a sense of isolation, but worry about the risks inherent with returning to school. For some of these students, the process of deciding whether to return to school in person heightens their anxiety. With limited coping supports available for youth, therapists are seeing (and recommending) more youth on medication.

Parent and Caregiver Feedback

FCPS conducted seven "check-in" surveys of parents from October through February to capture data on how families were coping throughout the school year. Numbers were slightly lower at first, but since November, about 80 percent of parents have reported that their children were coping well. Parents of middle and elementary school students have been slightly more likely to report this than parents of high school students. About three quarters of parents have report their child received mental health resources from FCPS, and about half said the resources were helpful.

The Healthy Minds Fairfax Family Advisory Board (FAB), comprised of parents and caregivers of children and youth who are or have been engaged in the behavioral health system of care, provided staff monthly reports of coping, trauma, crisis, and resilience. FAB members have explained how families who were struggling to identify and access appropriate mental health services and supports including in-home and crisis treatment prior to COVID are even more impacted under pandemic conditions. Availability of services, even in virtual telehealth settings, is limited. Access to child and adolescent psychiatrists is very limited and particularly for families who rely on Medicaid, wait times are long.

Furthermore, the intensity of needs has increased for some children, youth, and young adults. Those who live with the impact of trauma appear to be even more susceptible to the dysregulation prompted by COVID precautions and fears. For many children, youth, their families and even the education and social services professionals who function as critical allies, windows of stress tolerance have been severely limited. During this period of heightened COVID-related vigilance, some children and youth are more easily triggered into a stress response, and they have fewer tools and supports at their disposal to pull on to support a return to regulation. In addition, there is concern that children and youth are not being seen in person and cases of abuse are being missed.

Parents have also raised concerns about all the unstructured time during last summer and the upcoming summer. Many regular summer plans, like summer camps, were not able to meet in person.

Children and youth who have been learning virtually but returning to in person school may have an increase in stress both socially and academically as they adjust to the new schedule. Parents suggest that plans be put in place to identify and intervene when students show signs of stress with the return to school. In addition, parents recommend there be opportunities to provide school staff critical information about the children and youth who have been at home with parents and caregivers for nearly a year.

There is significant need for respite services for families raising children, youth and young adults with emotional and behavioral health conditions. Without access to in-person school, day care, after school programs and community offerings, many parents and caregivers have struggled since last spring to care for their children, assist with virtual learning, and manage safe households while balancing their own work, job search, and physical and mental health and wellness needs.

A survey conducted by the National Federation of Families, which was primarily aimed at parents of children with mental wellness challenges, found parents across the country echoing the sentiments of the FAB. The FCPS Office of Research and Strategic Improvement is continuing its study of FCPS' virtual instruction efforts this year with reports planned for release within the next month and next fall.

Youth Behaviors and Victimization

For years, we have known that the vast majority of youth entering the juvenile justice system have experienced trauma and/or had behavioral health concerns. Their behaviors are often related to their trauma and other issues. Any meaningful look at youth mental wellness should also examine the extent to which youth are being victimized – whether through assaults or through child abuse and neglect – and being arrested or otherwise entering the juvenile justice system.

Juvenile and Domestic Relations District Court (JDRDC) has experienced a significant decline in youth referred and deemed eligible for diversion. For the 11 months of March 2020 through January 2021, 41 youth were referred to diversion programming, down from 283 for March 2019 through January 2020, an 86 percent decrease. These youth receive the Global Assessment of Individual Needs, Short Screen (GAIN-SS). The GAIN-SS is a brief instrument designed to screen both adults and youth for possible psychiatric disorders, substance use disorders, or crime and violence problems. Youth receiving a score of three or more (indicating three or more symptoms within the last year) are referred to private providers or the Community Service Board for further assessment. There has been no significant difference over past years in the percentage of youth referred to the CSB as a result of their GAIN-SS scores.

Similarly, youth placed in secure detention or shelter care receive the Massachusetts Youth Screening Instrument – 2 (MAYSI-2) upon entering either facility. This is a self-administered tool that helps to determine if a detained youth needs immediate mental health services. A significant decline in the number of youth completing the MAYSI reflects a drop-off in the youth being served in secure detention or shelter care. However, as with diversion, there is no real difference between this year and past years in the percentage of youth with high MAYSI scores indicating a need for immediate mental health treatment. See Appendix G for more details on JDRDC data.

The number of juvenile arrests by the Fairfax County Police Department (FCPD) sharply decreased in 2020, falling by 49% from 2019. More kids spending more time at home is likely the primary reason, but it can be reassuring to know that there haven't been observable spikes in criminal activity or arrests for substance use. Trespassing was the only category of offense that saw an increase in 2020, but that is less likely due to an actual rise in delinquent behavior and more likely due to an increase in restricted access to places due to COVID.

Black and Hispanic youth already were arrested at a higher rate than their White and Asian peers, and the percentage of arrests that were of Hispanic youth increased in 2020 to 41 percent. Arrests for drug offenses, assault, and "other offenses" (i.e., not one of the 30 primary offense categories listed in the Police report; see Appendix I for details) were even more disproportionately of Hispanic youth in 2020 than in prior years.

Overall, these numbers do not suggest that youth have been engaging in more dangerous, illegal, or otherwise risky behavior. This is most likely due to reduced opportunity; youth have gotten together less often, and places where they tend to congregate have been closed or limited their capacity. Some of the types of offenses (e.g., substance use) are also as likely to reflect reduced reporting as they are to reflect changes in behavior.

FCPD saw a significant decline in youth as victims of assault in 2020. It is difficult to infer much from this data. First, there was a similar significant rise in 2019, so a trend is not apparent. Second, with more

people staying at home, there is likely less opportunity for violent situations (outside of the home). And third, as mentioned earlier, there are less "eyes on kids" to notice signs of abuse and report potential situations. The number of minors as victims of sexual offenses did not significantly change in 2020 over past years. See Appendix H for more details on police data.

The number of calls to the Child Protective Services hotline during school months is significantly lower in 2020 compared to the last two years, by as much as 37 percent. School staff are the largest group of professionals who report concerns about possible child abuse and neglect. Without the ability to see children in person, school staff are less able to see signs of possible harm. And yet, some children may be at higher risk of harm. The isolation caused by the pandemic has led to the loss of support networks for many families, which has been especially stressful for families with children. Some children may be at risk because there isn't a responsible adult who can watch or take care of them. CPS professionals continue to be concerned about children's safety in this environment. See Appendix I for more details on CPS data.

Youth victimization data show the kinds of trends expected when school is out. It seems unlikely that victimization declined during the pandemic. It remains to be seen, as reporting becomes more prevalent, whether there was any increase.

Why Some Kids are Struggling

There is not a simple answer to why some youth are struggling so much. The issues they are facing are complex and regularly changing. But they tend to fit into two broad categories. First, the pandemic has resulted in a number of significant stressors on youth and families, essentially making the past year a series of traumatic experiences or even one long traumatic experience. Second, many of the programs and services that have traditionally helped youth cope have been limited throughout much of the past year.

Stressors

The COVID-19 pandemic has impacted Fairfax County's children, youth, and families in myriad ways. Disruptions to school, cancellations of extracurricular activities, lost family income resulting in struggles to obtain basic needs, health scares, and long-term illnesses and deaths of loved ones have combined in a perfect storm of traumas and stressors impacting many, but not all, youth. On top of that, many youth and families have continued to be impacted by events related to racial justice and inequity (not to mention the ongoing inequities themselves).

Northern Virginia Family Service (NVFS), which primarily serves low-income immigrant youth and families, reports circumstances in line with COVID's disproportionate impact on people of color and low-income communities. It is not uncommon for a young person they serve to have lost multiple family members. Add to that burden the loss of traditional grieving processes – no funerals, no family from out of town to support you – and the increased pressures that come from loss of income, and the stress can be overwhelming for a young person. Income losses have hit families of color particularly hard, as they were most likely to be employed in service jobs that have been cut or had their hours dramatically reduced.

The most common theme is one of a sense of isolation. Meaningful connections with others – peers, teachers, other caring adults – are critical to mental health, wellness, and one's ability to cope. And it is difficult to develop and maintain some of these relationships in an overly virtual environment, with school online and so many extracurricular activities canceled or significantly reduced. There's been very little change in that environment over the past year, stripping many kids of the supports and structures they typically rely on for coping. This lack of change can be especially difficult for youth with depression, as it becomes increasingly difficult to get out of ruts. When healthy coping mechanisms aren't as available, youth can turn to risky behavior, such as gangs, self-harm, and substance use.

Family-based stressors have increased for many in Fairfax County as noted by job changes that may lead to health issues, food insecurity, and housing challenges. Many youth have experienced the deaths of multiple people close to them, fueling a sense of hopelessness. Parents and caregivers with their own mental wellness challenges are facing the same limitations in accessing services, limiting their ability to support their kids in schooling and other needs. There is very little opportunity for parents and caregivers to get respite or other relief, and little time or opportunity for them to develop new parenting skills.

For parents who cannot work at home, adequately supervising their virtually learning children has been a continual challenge. Meeting the educational needs of children with special needs is especially challenging. Parents feel they must place either their employment or their children's education, or both, at risk. Families feel disconnected from teachers and from support staff such as counselors and social workers, despite the many efforts of school staff to reach out.

Finances are a common stressor for families, and even more so during COVID. Low-income families and families of color are much more likely to have lost employment or suffered reduced hours (as are youth who had jobs themselves), than many others in our community. Women in particular have been disproportionately affected by decreased employment opportunities and the expectation that they will oversee their children's learning at home. Loss of child care for younger children has required some mothers to leave employment, and may youth have had to assume child care responsibilities. Providers are receiving more reports about violence (e.g., intimate partner violence) in homes related to financial strain. Families struggling with self-sufficiency may be less likely to seek out mental health services, as their attention is focused on meeting basic needs.

Anxiety, fear, and uncertainty go hand-in-hand and manifest themselves in multiple ways. For some, these situations are leading to emergent mental wellness challenges. For others, they are exacerbating existing issues. Typical coping resources have been unavailable, for many this includes-being with friends, extended family, talking with teachers or other school staff. Many of these are not available or seem unavailable due to virtual means of communication. Youth living in violent or unsafe homes may be in a permanent state of stress functioning, unable to find respite in school and extracurricular activities. Youth can be confused by changing, conflicting, and vague information: What is it safe to do? What's the best way to protect yourself? When is school starting and how will it work? Knowing all this is weighing on their kids, some parents have reported being wary of trying to address their kids' mental health issues, fearful that it could overwhelm them.

For some students, distance learning is a stressor. Many students are thriving in the virtual environment. Sustaining attention in a virtual environment may be more difficult for many students and the connectivity demands add stressors to school participation. English language learners and students with disabilities may face additional challenges in the virtual learning environment. The lack of familiarity and

onscreen fatigue may be reasons students are not attending, however, other worries as noted may contribute to school attendance concerns. School staff have monitored attendance and teams have worked to engage students and families who have experienced challenges during distance learning.

Service Access

Access to prevention, early intervention, and intensive intervention services has been limited throughout the pandemic. Capacity at many inpatient and residential programs that youth are referred to has been limited due to physical distancing requirements. Primary prevention programs such as after-school programs and youth sports play a critical role in connecting youth with caring adults and peers, building a strong foundation of support and social emotional development. Early in the pandemic, these programs were overwhelmingly shut down. They have since returned, many in-person. Virtual programs have mostly emphasized outreach and connection, working to support their participants as best they can. But the lost opportunities and relationships from last spring and summer can have a long-lasting impact for some youth.

Similarly, many outpatient providers stopped seeing clients last spring. Most since returned, providing telehealth services. Healthy Minds Fairfax has worked with providers to share best practices for telehealth, helping to increase capacity and access. While some youth thrive in in-person settings, many do very well in telehealth. As a result, telehealth has made mental health services more accessible at times (for example, when transportation had been a barrier for treatment). Although, communities that have been disproportionately impacted by the pandemic may also face barriers to accessing telehealth services due to limited digital access and/or digital literacy. And missed service at the onset of the pandemic may have a lasting impact on some youth, and some youth may not have returned to services at all after initial interruptions.

School staff are collaborating with families and community agencies, in order to best support students and families during distance learning, and as students return to school buildings. Plans to identify and support students who experience social and emotional difficulties have been regularly and repeatedly communicated with families through a variety of means and modalities. Parents have consistently been encouraged to reach out to their child's teacher, administrator, school counselor, school social worker, and/or school psychologist if they have concerns about their child. Many families and students have reached out to these trusted adults. Additionally, the continuation or addition of morning meetings and advisory periods have provided opportunities for school staff to check in with students. The processes to obtain more assistance have been reviewed with parents and school staff. However, the access by virtual means is not as familiar and comfortable as in person options.

School staff have received training, emphasizing the incorporation of social and emotional learning across academic environments. Additionally, there has been a focus on continued relationship building, especially in a virtual environment. Staff have also received training in recognizing the signs and symptoms that a student may be experiencing a wellness challenge with referral procedures for virtual and in-person learning environments.

School Counselors, School Psychologists and School Social Workers continue to provide counseling intervention services both virtually and in-person in order to support the students' social and emotional wellness. These staff members have been leading Multi-Tiered Systems of Support (MTSS) meetings and have systematically consulted with school teams to improve students' learning, behavior, and social-emotional wellness. They have facilitated Tier 1, whole-group Social Emotional Learning lessons. They

have provided Tier-2 evidence-based counseling groups, and they have been providing direct counseling services to individual students with the most intensive needs. They have continued to conduct suicide risk assessments and have responded to crisis situations. All of these supports have occurred throughout the course of the pandemic. Outreach to students and families has been strengthened with the focus supporting virtual and hybrid learning. This opportunity has been a shift to support families within their home environment as school personnel support families with student learning in both the school and home environment. It is also important to note that some students are thriving a virtual school environment.

KEY FINDINGS

Data and experiences from the past year point to two primary observations regarding the state of youth mental health in Fairfax County.

First, there has not been a significant increase in the number of youth seeking services for mental wellness challenges. To be sure, the numbers were concerning pre-COVID, and remain so. But the data do not suggest a spike in depression, anxiety, suicidality, or other concerns. Suicide rates and emergency services utilization have remained stable (especially if increased Emergency Department visits were primarily driven by a lack of alternatives early in the pandemic). There has not been an overwhelming rush for FCPS or CSB services, despite increased outreach and access points. Utilization of assessment and outpatient services initially decreased but have slowly been recovering, approaching pre-pandemic levels.

Second, for a segment of youth, the issues are overwhelming. This is evident in the increased demand for residential and inpatient services and in the descriptions of need and acuity from parents, caregivers, and providers. Based on feedback from providers, these youth mostly had pre-existing mental health diagnoses or related challenges (some early research out of the National Institute for Mental Health suggests this is a common risk factor). For these youth, the combination of multiple stressors, limited access to supportive coping strategies, and reduced services could be overwhelming. Their parents and caregivers often struggled to find respite, making it more difficult for them to seek their own help or to provide consistent support. For these youth and families, the situation can range from stressful to dire.

The data do not clearly show that racial and ethnic disparities have increased as a result of the pandemic. However, given the disproportionate health, economic, and social impacts that the COVID-19 pandemic has had on the Black and Hispanic population in Fairfax County, it is reasonable to expect that the stressors noted above have disproportionately affected Black and Hispanic youth and families. We also know that service access was already disproportionately more difficult for people of color before the pandemic. Further, English language learners and immigrants have faced additional barriers to accessing services and information.

It is tempting to hope that when schools and other programs and activities reopen, everything will be better. However, we can't fully know for sure what will happen. It is expected that reporting and referrals will go up as more and more adults get to interact with youth. Increased reporting and demands for service should not be taken automatically as a sign that needs are increasing. But it is also reasonable to expect that, for some youth, the adjustment to returning to school and activities can be stressful itself. We all need to be prepared for a range of situations and outcomes.

NEXT STEPS AND RECOMMENDATIONS

The return to school and other activities will likely change the nature of this issue. But it is not likely to make things better or easier in the near term. First, we should be prepared for a significant increase in referrals. Once teachers, coaches, counselors, and others are able to again interact with youth in-person, they will be better able to recognize signs and symptoms of issues such as mental distress, abuse and neglect, and substance use. Second, just as the transition to virtual schooling and other elements of the shutdown increased stress and anxiety, a transition back can do the same for many kids. They will need support through the transition period, and for a significant amount of time after that.

We can use this moment to help propel a new comprehensive plan for children's behavioral health. Over the past five years, the behavioral health system of care for children and youth in Fairfax County has greatly improved in access and quality as a result of implementing strategies in the Healthy Minds Fairfax Blueprint. It is time to, through the Successful Children and Youth Policy Team (SCYPT), reassess our needs and identify the most impactful strategies to continue to improve, with an enhanced focus on equity and building on the lessons learned over the past year. Such a plan should keep at its foundation the partnership across County, FCPS, and private and community-based providers that is necessary to a functional system of care. Future plans should continue to build on what we know works: evidence-based practice, a focus on social emotional learning, effective case management, care coordination, and youth and family engagement. A trauma-informed approach will help ensure we effectively support youth and families in ways that promote healing. A foundation in racial and social equity will help reduce disparities through a targeted universalism approach that allows for improvements that benefit all to be coupled with interventions and strategies for populations and communities who need them most. And we must continue to focus on building resilience through healthy relationships, connections, and other protective factors. Data from the Fairfax County Youth Survey, amplified through our Three to Succeed campaign (see Chart 1 below), make clear that youth thrive when they have protective factors such as engaged and caring adults in their lives.

Lessons from the pandemic point towards other key considerations for a new plan:

We should consider universal screenings and wellness checks for all youth. Such checks cannot be a one-time occurrence, though. They should be performed not just once students return to school, but regularly, as this will be a long and challenging transition back. (FCPS will be conducting a school-wide screener in the fall regarding student social and emotional learning needs.) **Screenings must be backed with reliable and available services.** Screenings themselves are ineffective if they are not backed by solid connections to services for those who need them. **We should be exploring immediate opportunities to expand services.** This can include looking at how we use existing funding and resources and identifying new resources. How can we build on the momentum and increased capacity for telehealth to broadly expand access on a permanent basis?

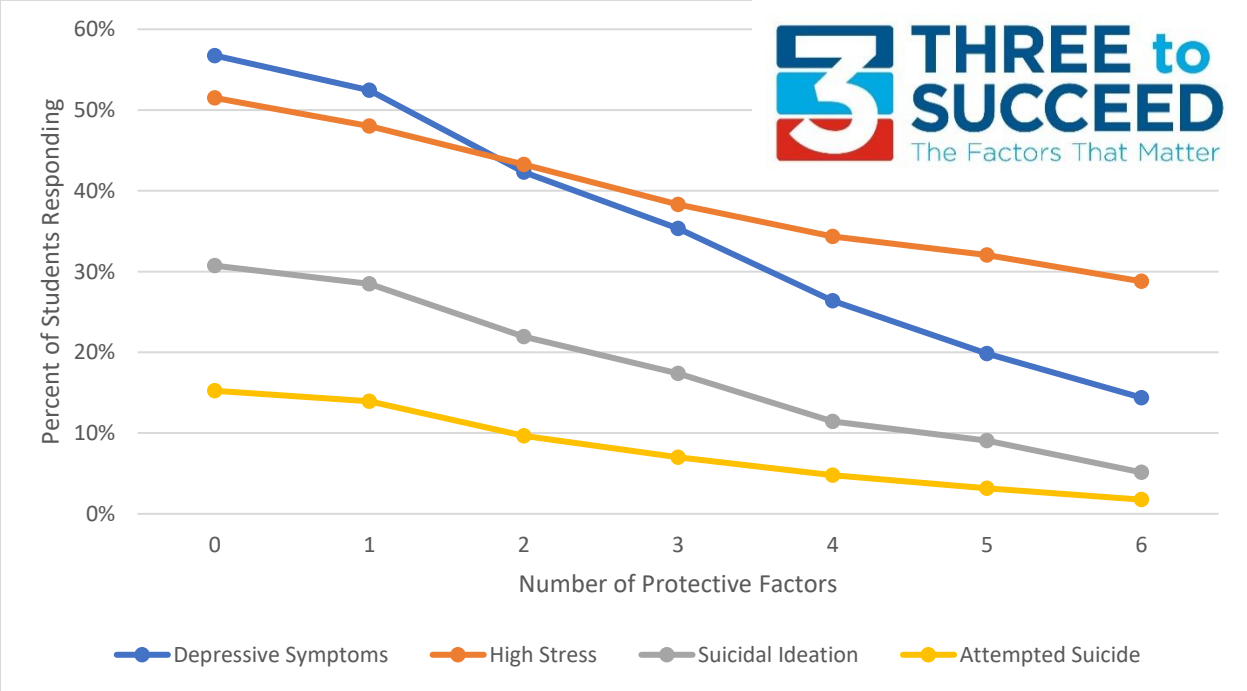
We need to ensure that parents, caregivers, and other adults continue to have resources and information easily available and know where to turn for support. Kids need trusted adults – parents and others – to regularly communicate clearly what is happening, what to expect next, and what's unknown. The uncertainties and regular changes of the past year call for adults to help youth with perspective setting and understanding. When things change, we need to explain why. When youth are concerned or scared or confused, we need to ask about it and understand.

We need to ensure a continuum of services across primary prevention, early intervention, intensive intervention, and crisis services – and regular interaction among providers and families involved in each.

We need to pay particular attention to graduating seniors to ensure they have the skills and supports to transition to young adulthood. This report focused on school-age youth. But some of the worst mental health outcomes right now are being experienced by young adults and college students.

Where services and strategies can be identified that would make an immediate impact, resources should be identified to facilitate their timely implementation, without waiting for the completion of a long-term plan. As schools and other programs and activities continue to open up in-person opportunities, we all need to be prepared for a range of situations and outcomes. Staff should continue to closely monitor data indicators to enable updated real-time analysis as best possible. And short-term and long-term planning should reflect the current realities and take into account lessons learned over the past year.

Chart 1. Three to Succeed for Mental Health Outcomes. Source: 2019-2020 Fairfax County Youth Survey. The more protective factors youth have in their lives, the less likely they are to experience depressive symptoms, high stress, or suicidal ideation, or to attempt suicide. Protective factors include caring and interested adults, engagement in community service and extracurricular activities, and internal assets such as willingness to accept responsibility. Learn more at bit.ly/3toSucceed.



APPENDIX A: KEY SYSTEM RESPONSES

Since the beginning of the pandemic, Fairfax County Government, FCPS, and community-based partners have been working to identify youths' mental health needs and put into place strategies to better support them. What follows is not an exhaustive list, but a sample of the kinds of efforts that have been implemented over the past year.

- The CSB has implemented a direct referral process from school social workers, psychologists and counselors to outpatient services for students with the most pressing behavioral health needs. This process is a "warm hand-off" that includes communication between CSB and school mental health professionals to coordinate care and ensure that students with serious behavioral health issues do not fall through the cracks.

- Short Term Behavioral Health Services: Short Term Behavioral Health Services is a free counseling service operated by Healthy Minds Fairfax. Children and youth whose family's income is up to 400% of the poverty level can receive up to 8 free counseling sessions. Healthy Minds Fairfax contracts with private providers to provide the services. During the COVID emergency, Healthy Minds Fairfax has temporarily opened this program to all middle and high school aged youth.

- Fairfax Recharge: Free Respite Care: Healthy Minds Fairfax received funds though the Coronavirus Aid, Relief, and Economic Security (CARES) Act to support Formed Families Forward program, Kinship to Recharge Program. This program provided free respite care to caregivers raising a relative's child and whose income did not surpass 300% of the poverty level. After CARES Act funds ended, Formed Families Forward with financial support from Healthy Minds Fairfax opened this program to all eligible families. Families are eligible to receive free respite care if their income is below 300% of the poverty level, the family has been impacted by COVID, and the caregivers are caring for a child or youth with behavioral or emotional health needs. Families are responsible for identifying the provider and Formed Families Forward will perform a background check on the provider. Families can receive up to 15 hours a week for 8 weeks.

- The Behavioral Health Clinicians Availability During the COVID-19 Crisis is a booklet of providers who provide mental health treatment to Fairfax residents, their availability, population they serve, the services they provide, and how to pay for their services.

- Trauma Informed Strategies for Working With Youth and Families During the Pandemic, and the follow-up When Out of School Time Centers Reopen and Programs Resume were jointly developed by the Fairfax County Trauma-Informed Community Network, the Fairfax County Out of School Time Network, and Opportunity Neighborhoods.

- The Department of Family Services has created a CYF Assistance from a Distance page with all our virtual family supports and developed new online parenting resources such as their Parenting Tips and Resources page and Pocket Dad Videos.

- FCPS has reached thousands of parents through their Healthy Minds blog and Healthy Minds podcast, all sharing relevant and timely behavioral health information.

- The Fairfax County Out of School Time Network hosted a 6-session training series for nearly 100 youth program providers on creating impactful virtual experiences, as a key strategy to address isolation and disengagement of youth.

- The Department of Family Services, in partnership with FCPS and NCS, created a flyer with Possible_Signs_of_Child_Abuse_and_Neglect and distributed it widely in the community to help adults determine when a child may be at risk of harm and how to make a report to the Child Protective Services hotline.

- FCPS has adapted prevention and intervention services to maintain services throughout the school year. School counseling, social work, and psychology staff have been leading Multi-Tiered Systems of Support (MTSS) meetings and systematically consulting with school teams to improve students' learning, behavior, and social-emotional wellness. They have been pushing into classrooms and facilitating "Tier 1" whole-group social emotional learning (SEL) lessons for entire classrooms. They have been conducting "Tier 2" evidence-based counseling groups for identified groups, and they have been providing direct counseling services to individual students with the most intensive needs. In addition, FCPS staff have been conducting suicide risk assessments and responding to crisis situations. All of this has occurred throughout the course of the pandemic.

- Healthy Minds Fairfax established a Community of Telehealth Providers to bring together therapists from the private and public sectors to share ideas on best practices in providing telehealth to children and youth. Topics discussed during the meetings have focused on how to keep children and youth engaged in telehealth services and how to provide evidence-based treatment during a telehealth session. Healthy Minds Fairfax is currently surveying therapists who provide telehealth services to learn more about their experiences and what resources may be helpful to them.

- As it became apparent toward the end of last school year that many (and eventually all) FCPS students would continue to learn virtually during the current school year, FCPS set out to improve both the resources and supports that were available for effective virtual instruction. These included providing more synchronous instruction than had been available in Spring 2020, setting higher expectations for the expected quality of virtual instruction, establishing an enhanced focus on student wellbeing and social emotional learning, as well as providing professional development and instructional resources to support students' academic and well-being needs.

APPENDIX B: RESOURCES FOR FAMILIES AND OTHERS

from the Fairfax Falls-Church Community Services Board. Printable flyers with this information in English and Spanish can be found at
https://www.fairfaxcounty.gov/community-services-board/news/2020/child-mental-health-concern

Parenting can be difficult, even under the best of circumstances. Now the coronavirus pandemic has brought major changes to every aspect of our lives – how we live, work, teach, and play – making parenting more stressful. Many of us are worried about how our children are handling the social isolation of distance learning, alongside the usual trials and challenges of growing up.

"Just as you are looking out for your child's physical health during the pandemic, keep an eye on their mental health too," recommends James M. Gillespie, Healthy Minds Fairfax Director and CSB Youth and Family Services Director. He adds, "Having less contact with friends and family and not being able to do enjoyable activities can increase stress and lead to emotional or mental health concerns in children."

If you're worried about your child, have a talk with them to find out how they are doing. Give them your full attention. Listen carefully, repeat what you heard and ask if you got it right. When they feel heard and understood, they're more likely to share with you.

Notice what is going on with your child. You know your child best.

Here are some things to look for:

- Becoming more irritable, hyperactive, energetic, fidgety, or aggressive.
- Excessive sadness, fears or worries.
- A steep in drop in grades, getting into trouble at school or not attending school.
- Loss of appetite, significant weight gain or loss, lack of sleep or too much sleep.
- Withdrawal from activities, family, or friends.
- Alcohol or drug use.
- Thoughts of suicide or harming themselves or others – Do not be afraid to ask your child if they are having these thoughts. Your asking will not put those thoughts in their head. Rather, it tells them you care and that you will help keep them safe.

HOW TO GET HELP

Below are several options for you to speak with a mental health professional. Do not worry about making the wrong choice. Every number leads to someone who can help.

- Contact your child's pediatrician.
- Call your health insurance company or visit their website to search for a behavioral/mental health provider.
- Contact the Fairfax-Falls Church Community Services Board (CSB) at 703-383-8500, weekdays from 9 a.m. to 5 p.m.
- Walk into the CSB's Merrifield Center (8221 Willow Oaks Corporate Drive, Fairfax, VA 22031) weekdays from 9 a.m. to 5 p.m.
- Contact your child's school counselor, school public health nurse, social worker, or psychologist.

- Take a free, confidential online mental health screening and practice talking with your child about mental health concerns by taking a free, online Kognito training. [Though these courses are designed for educators, parents can use the same skills in talking with their own children.]
- Visit the CSB or Healthy Minds Fairfax websites to get mental health information and local resources. Also available on the CSB website is information about *Mental Health First Aid, Question, Persuade and Refer*, and *ACE Interface*, which educate parents and others on mental health issues and how to respond.

IF YOUR CHILD IS HAVING A MENTAL HEALTH CRISIS, THESE SERVICES ARE AVAILABLE 24/7

Below are several options for you to speak with a mental health professional. Do not worry about making the wrong choice. Every number leads to someone who can help.

- Call the PRS CrisisLink hotline at 703-527-4077, 1-800-273-8255 or text "CONNECT" to 855-11.
- Call Children's Regional Crisis Response Children's Regional Crisis Response (CR2) at 571-364-7390.
- Call CSB Emergency Services at 703-573-5679.
- Bring your child to the CSB's Merrifield Crisis Response Center, 8221 Willow Oaks Corporate Drive, Fairfax, VA 22031.
- Call 911 if it is a life-threatening emergency. Make sure to notify the operator that it is a psychiatric emergency and ask for an officer trained in crisis intervention or trained to assist people experiencing a psychiatric emergency.

Make the call today – there's never a wrong time to reach out for help for your child.

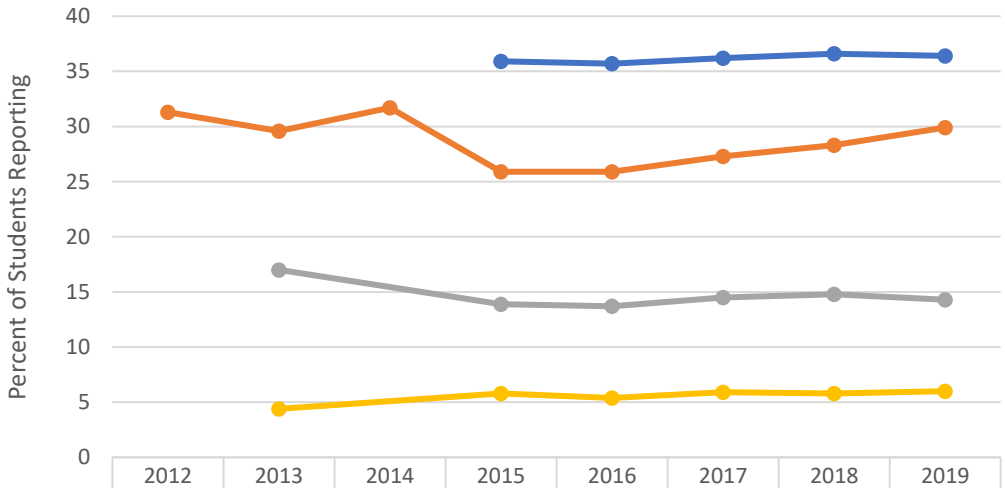
APPENDIX C: FAIRFAX COUNTY YOUTH SURVEY DATA

The prevalence of suicidal ideation, suicide attempts, and high stress have remained fairly steady over the past several years. The percentage of youth reporting depressive symptoms, however, has slowly increased since a low in 2015. (For the purposes of the survey, "depressive symptoms" is defined as "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?") The prevalence of depressive symptoms, suicidal ideation, and suicide attempts are all lower than national rates. Stress prevalence is not compared to a national benchmark.

Girls consistently report depressive symptoms at higher rates than boys. Hispanic students and LGBQ students report symptoms at higher rates than their peers. Similar disparities are evident for other mental health outcomes, including suicidal ideation and suicide attempts.

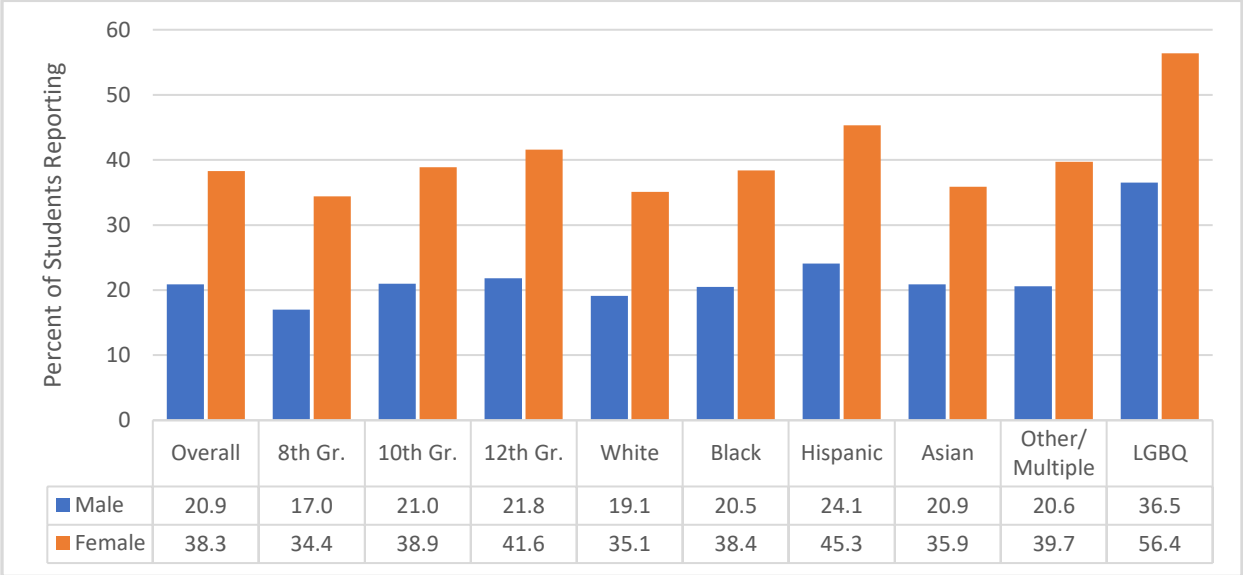
A separate survey administered to sixth grade students revealed similarly high rates of depressive symptoms. On the 2019-2020 Youth Survey, 24.8 percent of sixth graders, including 28.8 of girls and 20.8 percent of boys, reported depressive symptoms.

Chart C.1. Mental Health and Suicide Trends Among 8th, 10th, and 12th Grade Students, 2012-2019. Source: Fairfax County Youth Survey.



	2012	2013	2014	2015	2016	2017	2018	2019
High Stress				35.9	35.7	36.2	36.6	36.4
Depressive Symptoms	31.3	29.6	31.7	25.9	25.9	27.3	28.3	29.9
Suicidal Ideation		17.0		13.9	13.7	14.5	14.8	14.3
Suicide Attempt		4.4		5.8	5.4	5.9	5.8	6.0

Chart C.2. Depressive Symptoms Among 8th, 10th, and 12th Grade Students, 2019. Source: 2019-2020 Fairfax County Youth Survey.



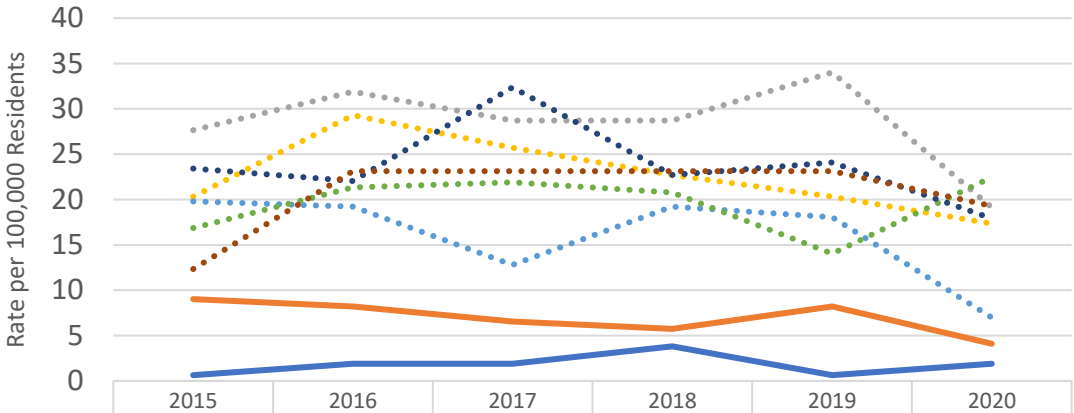
	Overall	8th Gr.	10th Gr.	12th Gr.	White	Black	Hispanic	Asian	Other/ Multiple	LGBQ
Male	20.9	17.0	21.0	21.8	19.1	20.5	24.1	20.9	20.6	36.5
Female	38.3	34.4	38.9	41.6	35.1	38.4	45.3	35.9	39.7	56.4

APPENDIX D: SUICIDE RATES

Suicide rates in the Fairfax Health District (Fairfax County, Fairfax City, and Falls Church City) decreased for all but one age group in 2020. The small numbers of suicides at any age group can result in significant yearly differences in rates. There were a total of 5 suicides in 2020 among youth ages 10 to 17, and 3 among younger youth.

Because there are typically fewer than 10 suicides per year among youth in Fairfax, we generally do not present data disaggregated by race.

Chart D.1. Suicide Rate per 100,000 Residents by Age and Year, Fairfax Health District, 2015-2020. Source: Fairfax County Health Department.



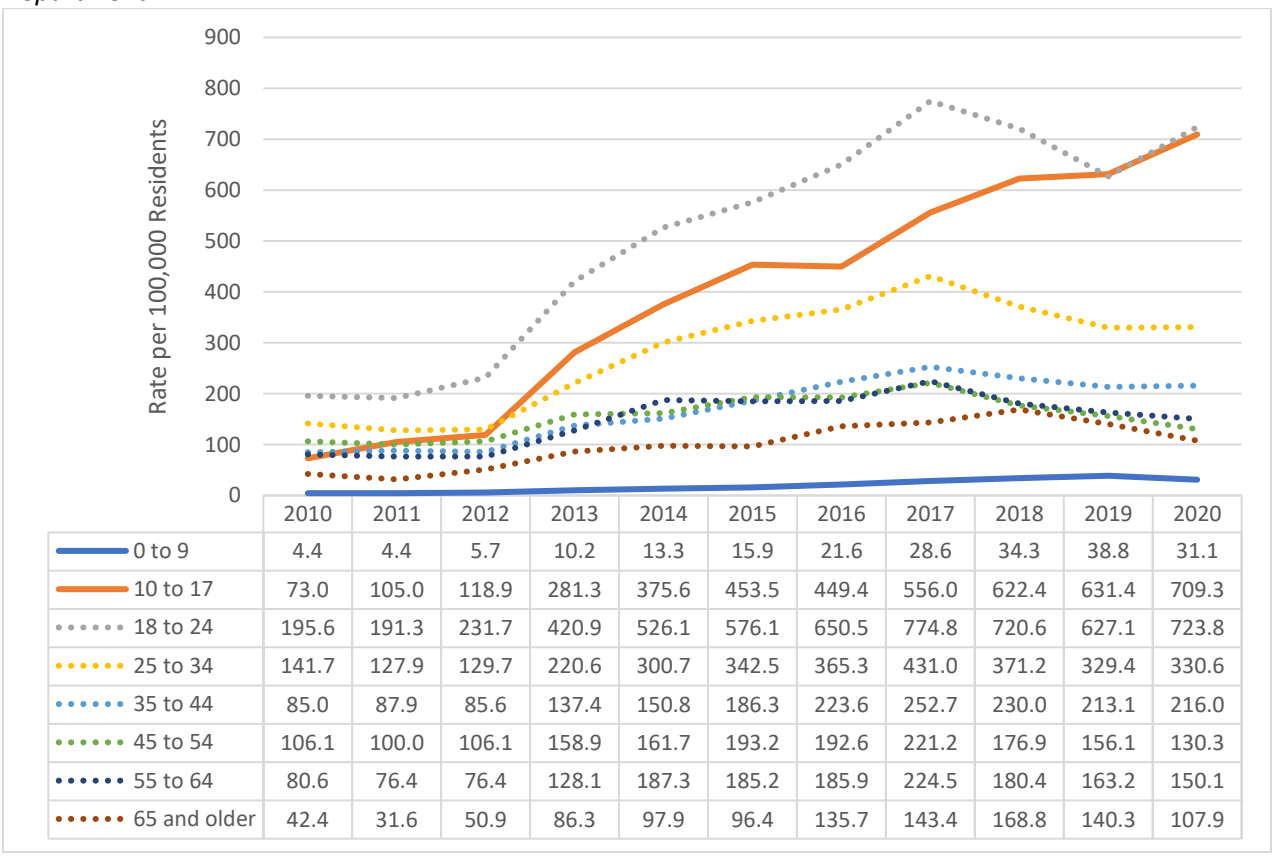
	2015	2016	2017	2018	2019	2020
0 to 9	0.64	1.91	1.91	3.81	0.64	1.91
10 to 17	9.02	8.20	6.56	5.74	8.20	4.10
18 to 24	27.63	31.89	28.70	28.70	34.01	19.13
25 to 34	20.33	29.29	25.71	22.72	20.33	17.34
35 to 44	19.79	19.21	12.81	19.21	18.05	6.99
45 to 54	16.85	21.34	21.90	20.78	14.04	22.46
55 to 64	23.41	22.04	32.37	22.72	24.10	17.90
65 and older	12.33	23.13	23.13	23.13	23.13	19.27

Appendix E: Emergency Department Visits for Suicidal Ideation or Attempt

Emergency Department visits among youth and young adults had been rapidly rising over the past decade, in part because of reduced stigma and greater willingness to seek help. A decline or leveling off over the past few years was replaced with another spike in 2020. It is possible that the increase was related to limited options for service early in the pandemic.

The majority of ED visits do not have race or ethnicity data attached, compromising the quality of disaggregated data. Therefore, data by race or ethnicity is not included here.

Chart E.1. Emergency Department Visits for Suicide-Related Ideation or Behavior, Rate per 100,000 Residents by Age and Year, Fairfax Health District, 2010-2020. Source: Fairfax County Health Department.



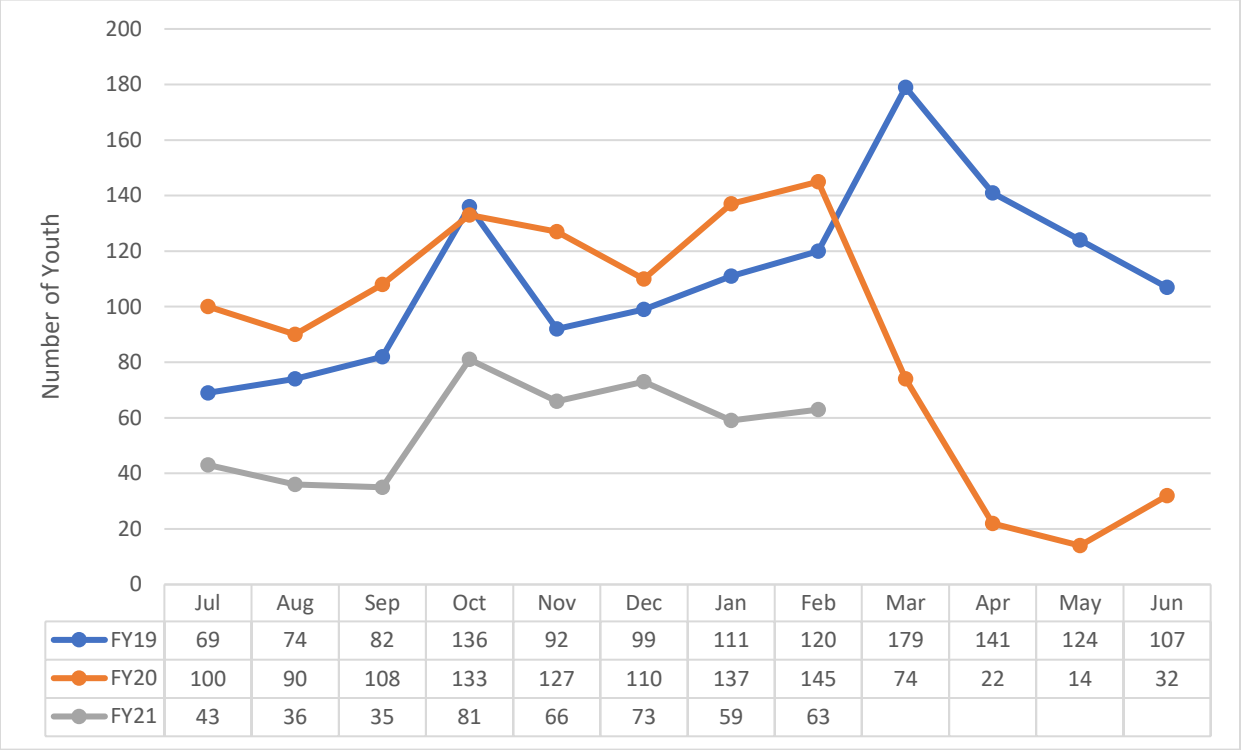
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
0 to 9	4.4	4.4	5.7	10.2	13.3	15.9	21.6	28.6	34.3	38.8	31.1
10 to 17	73.0	105.0	118.9	281.3	375.6	453.5	449.4	556.0	622.4	631.4	709.3
18 to 24	195.6	191.3	231.7	420.9	526.1	576.1	650.5	774.8	720.6	627.1	723.8
25 to 34	141.7	127.9	129.7	220.6	300.7	342.5	365.3	431.0	371.2	329.4	330.6
35 to 44	85.0	87.9	85.6	137.4	150.8	186.3	223.6	252.7	230.0	213.1	216.0
45 to 54	106.1	100.0	106.1	158.9	161.7	193.2	192.6	221.2	176.9	156.1	130.3
55 to 64	80.6	76.4	76.4	128.1	187.3	185.2	185.9	224.5	180.4	163.2	150.1
65 and older	42.4	31.6	50.9	86.3	97.9	96.4	135.7	143.4	168.8	140.3	107.9

APPENDIX F: COMMUNITY SERVICES BOARD SERVICE DATA

Fewer youth have accessed assessment and outpatient services at the Fairfax-Falls Church Community Services Board (CSB) since the pandemic began. However, emergency and intensive services have continued to be accessed near or at historic rates.

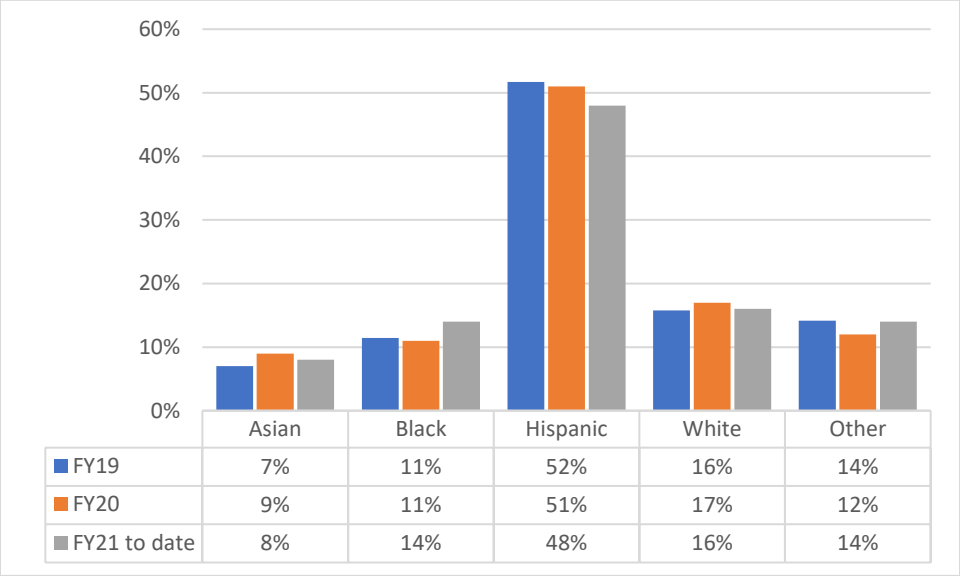
Although it does not appear that COVID has differentially impacted access to CSB behavioral health services by race or ethnicity, there are ongoing patterns of differential utilization. Hispanic youth are significantly overrepresented among CSB outpatient clients (50 percent of clients are Hispanic, versus 27 percent of the FCPS student population), and Black youth are moderately over-represented (14 percent of clients, versus 10 percent of FCPS). As a Medicaid provider with fees based on income, the CSB is one of the few mental health treatment options for many low and moderate income residents. The clients of CSB's intensive programs more closely mirror the racial and ethnic composition of the county as whole, reflecting the fact that behavioral health issues occur among residents of all races, ethnicities, and socioeconomic statuses, and that the high cost of intensive services place them beyond the ability of most households to access privately.

Chart F.1. Number of Youth Receiving CSB Assessment Services by Month, FY2019 – FY2021. Source: Fairfax-Falls Church Community Services Board.



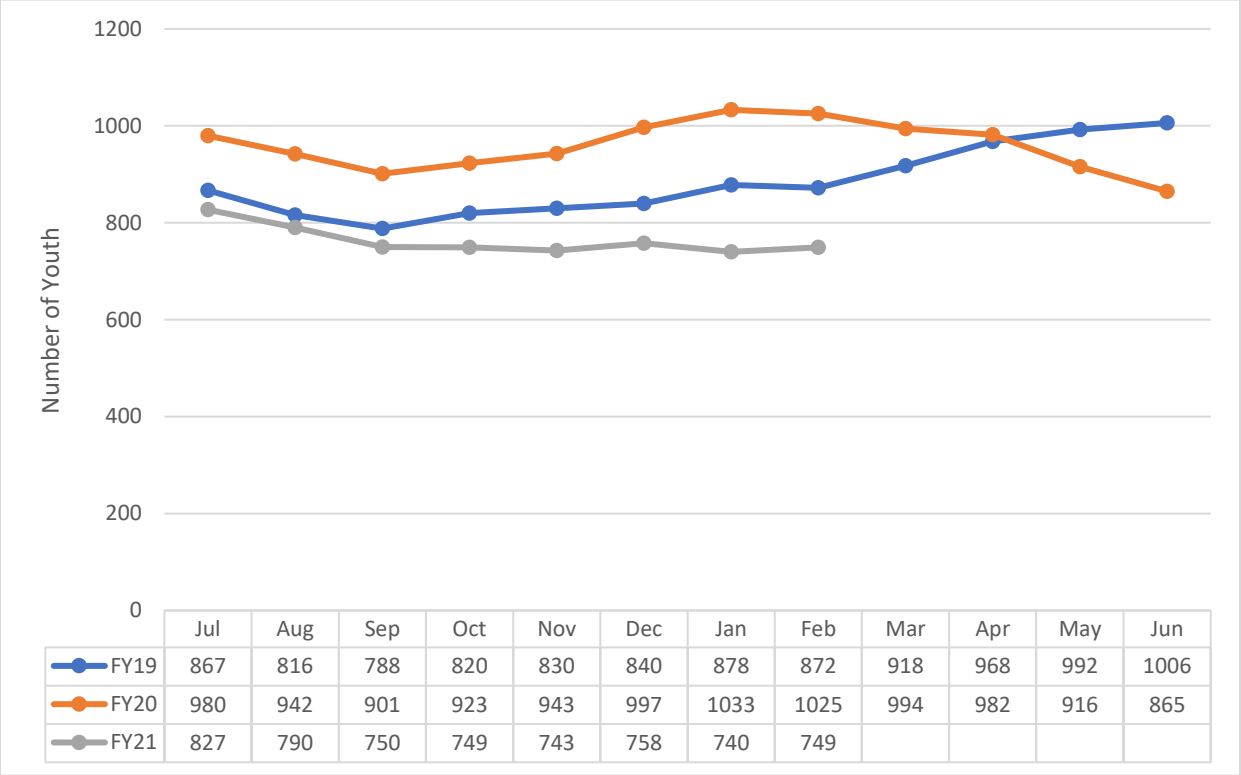
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
FY19	69	74	82	136	92	99	111	120	179	141	124	107
FY20	100	90	108	133	127	110	137	145	74	22	14	32
FY21	43	36	35	81	66	73	59	63				

Chart F.2. Race/Ethnicity of Youth Receiving CSB Assessment Services, FY2019 – FY2021. Source: Fairfax-Falls Church Community Services Board.



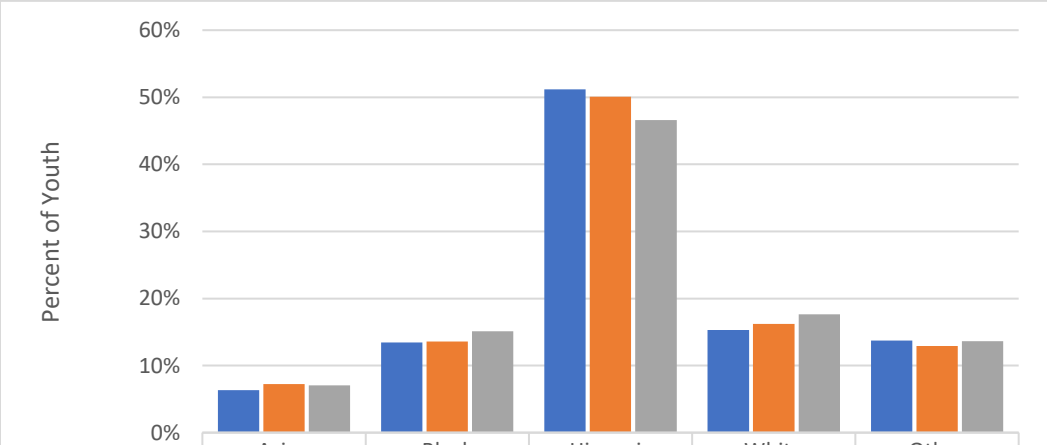
	Asian	Black	Hispanic	White	Other
FY19	7%	11%	52%	16%	14%
FY20	9%	11%	51%	17%	12%
FY21 to date	8%	14%	48%	16%	14%

Chart F.3. Number of Youth Receiving CSB Outpatient Services by Month, FY2019 – FY2021. Source: Fairfax-Falls Church Community Services Board.



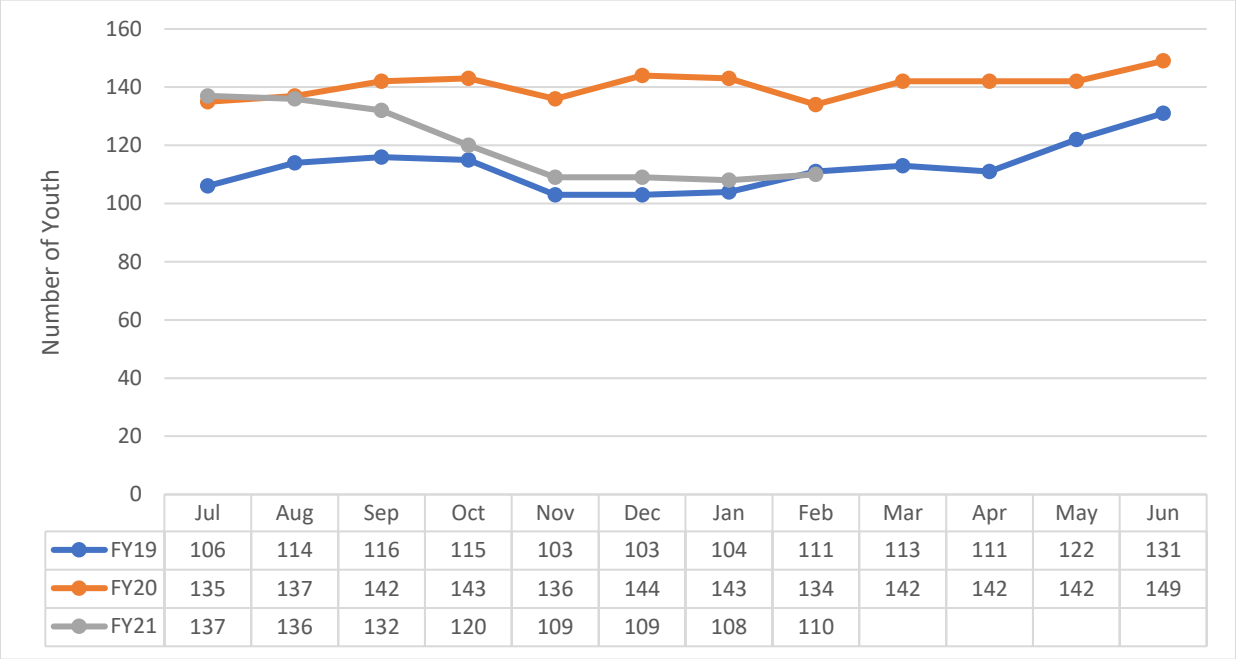
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
FY19	867	816	788	820	830	840	878	872	918	968	992	1006
FY20	980	942	901	923	943	997	1033	1025	994	982	916	865
FY21	827	790	750	749	743	758	740	749				

Chart F.4. Race/Ethnicity of Youth Receiving CSB Outpatient Services, FY2019 – FY2021. Source: Fairfax-Falls Church Community Services Board.



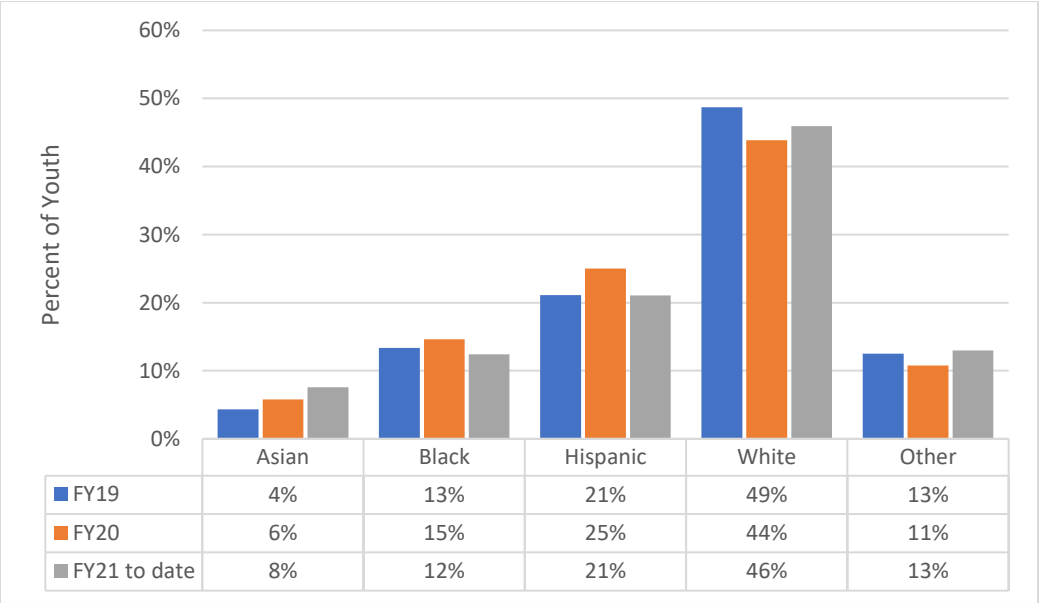
	Asian	Black	Hispanic	White	Other
FY19	6%	13%	51%	15%	14%
FY20	7%	14%	50%	16%	13%
FY21 to date	7%	15%	47%	18%	14%

Chart F.5. Number of Youth Receiving CSB Intensive Mental Health Treatment Services by Month, FY2019 – FY2021. Source: Fairfax-Falls Church Community Services Board.



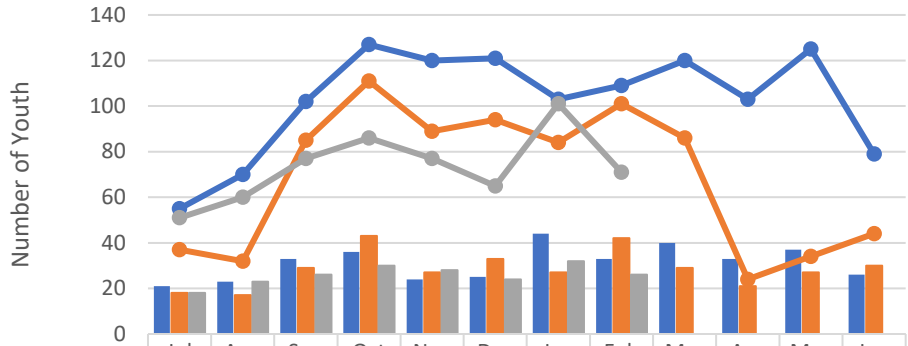
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
FY19	106	114	116	115	103	103	104	111	113	111	122	131
FY20	135	137	142	143	136	144	143	134	142	142	142	149
FY21	137	136	132	120	109	109	108	110				

Chart F.6. Race/Ethnicity of Youth Receiving CSB Intensive Mental Health Treatment Services, FY2019 – FY2021. Source: Fairfax-Falls Church Community Services Board.



	Asian	Black	Hispanic	White	Other
FY19	4%	13%	21%	49%	13%
FY20	6%	15%	25%	44%	11%
FY21 to date	8%	12%	21%	46%	13%

Chart F.7. Number of Youth Receiving CSB Crisis Intervention Services, and the Number Requiring Hospitalization, by Month, FY2019 – FY2021. Source: Fairfax-Falls Church Community Services Board.



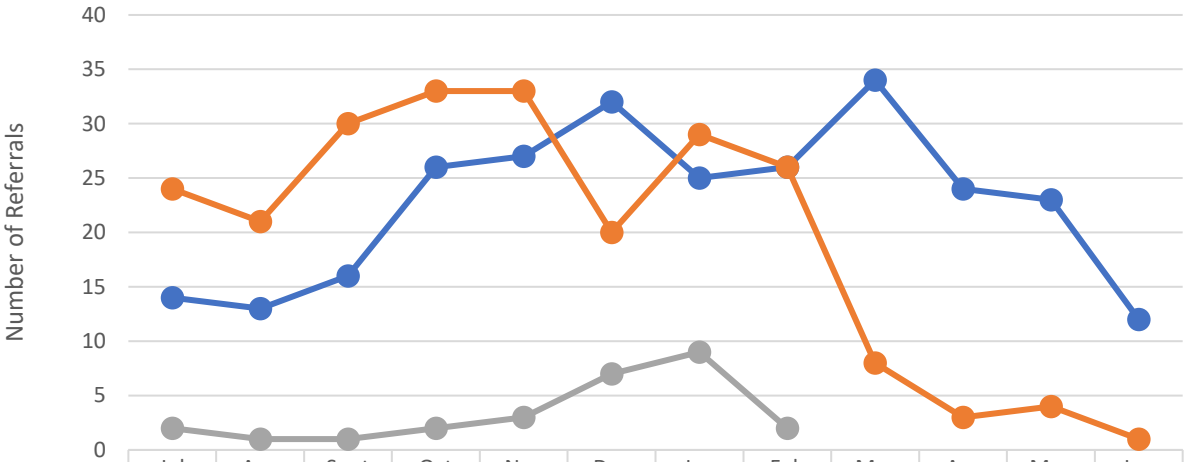
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
FY19 Svcs Requiring Hospitalization	21	23	33	36	24	25	44	33	40	33	37	26
FY20 Svcs Requiring Hospitalization	18	17	29	43	27	33	27	42	29	21	27	30
FY21 Svcs Requiring Hospitalization	18	23	26	30	28	24	32	26				
FY19 Services	55	70	102	127	120	121	103	109	120	103	125	79
FY20 Services	37	32	85	111	89	94	84	101	86	24	34	44
FY21 Services	51	60	77	86	77	65	101	71				

APPENDIX G: JUVENILE AND DOMESTIC RELATIONS DISTRICT COURT DATA

While the percentage of youth entering the Juvenile Court's diversion program in need of behavioral health services has remained constant (Chart G.2.), the numbers being served are significantly down since April 2020 (Chart G.1.). Likewise, while the percentage of youth entering the Juvenile Court's secure detention or shelter care programs in need of immediate behavioral health services has remained constant (Chart G.4.), the numbers being served are significantly down since April 2020 (Chart G.3.).

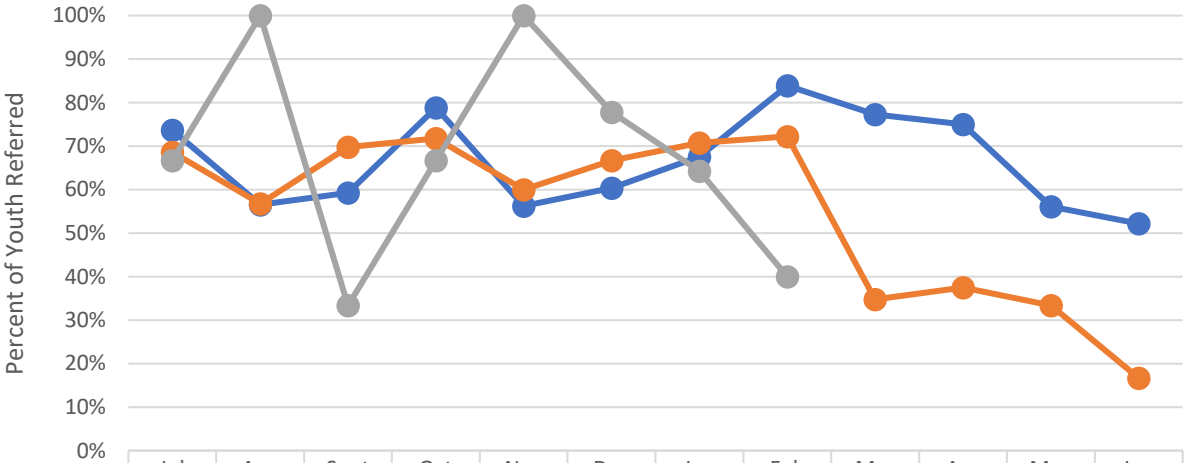
Racial and ethnic disparities do not appear to have been exacerbated by the pandemic.

Chart G.1. Number of Juvenile Court Diversion Referrals for Behavioral Health by Month, FY2019-FY2020. Source: Fairfax County Juvenile and Domestic Relations District Court.



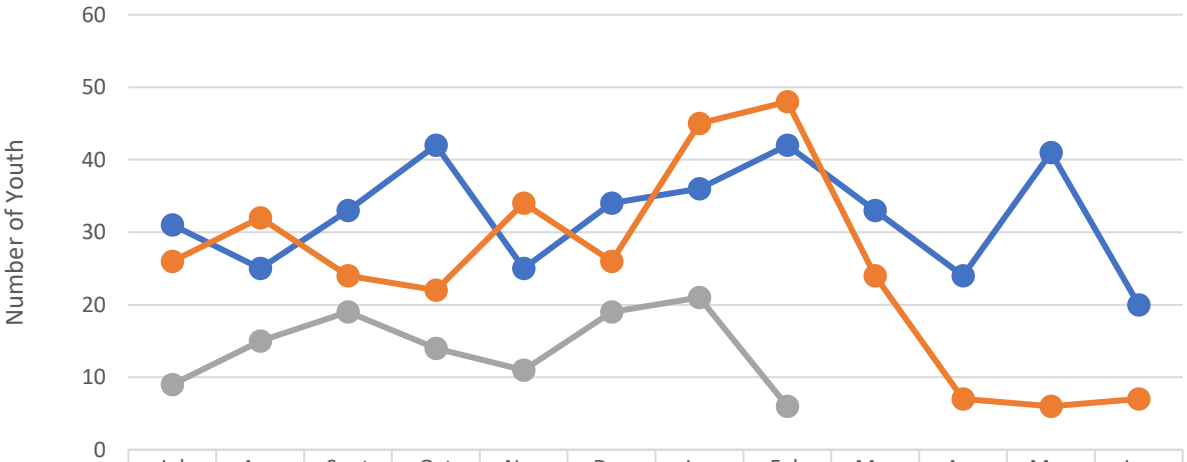
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
FY19	14	13	16	26	27	32	25	26	34	24	23	12
FY20	24	21	30	33	33	20	29	26	8	3	4	1
FY21	2	1	1	2	3	7	9	2				

Chart G.2. Percent of Juvenile Court Diversion Screenings Referred for Behavioral Health by Month, FY2019-FY2020. Source: Fairfax County Juvenile and Domestic Relations District Court.



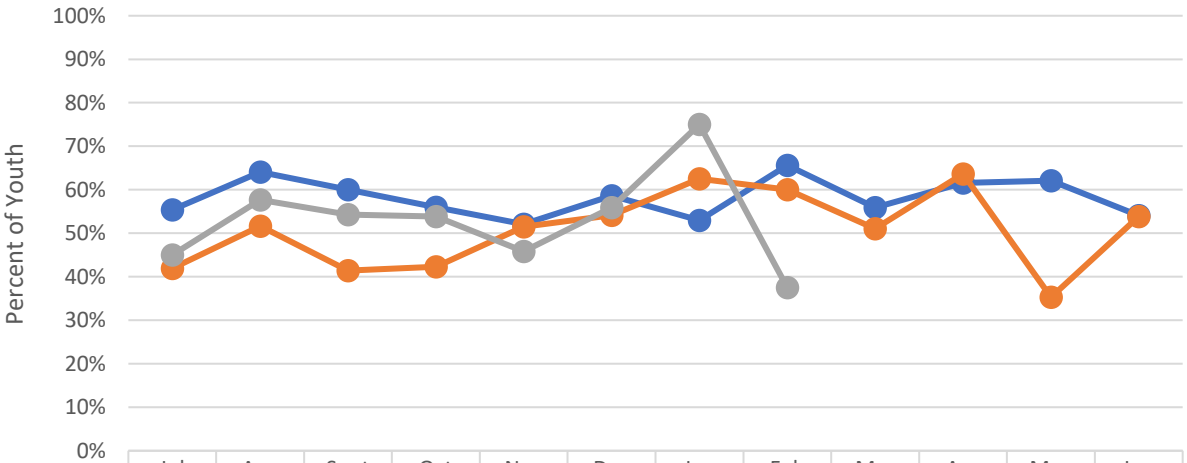
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
FY19	74%	57%	59%	79%	56%	60%	68%	84%	77%	75%	56%	52%
FY20	69%	57%	70%	72%	60%	67%	71%	72%	35%	38%	33%	17%
FY21	67%	100%	33%	67%	100%	78%	64%	40%				

Chart G.3. Number of Juvenile Court Screenings Indicating Need for Immediate Mental Health Treatment by Month, FY2019-FY2020. Source: Fairfax County Juvenile and Domestic Relations District Court.



	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
FY19	31	25	33	42	25	34	36	42	33	24	41	20
FY20	26	32	24	22	34	26	45	48	24	7	6	7
FY21	9	15	19	14	11	19	21	6				

Chart G.4. Percentage of Juvenile Court Screenings Indicating Need for Immediate Mental Health Treatment by Month, FY2019-FY2020. Source: Fairfax County Juvenile and Domestic Relations District Court.



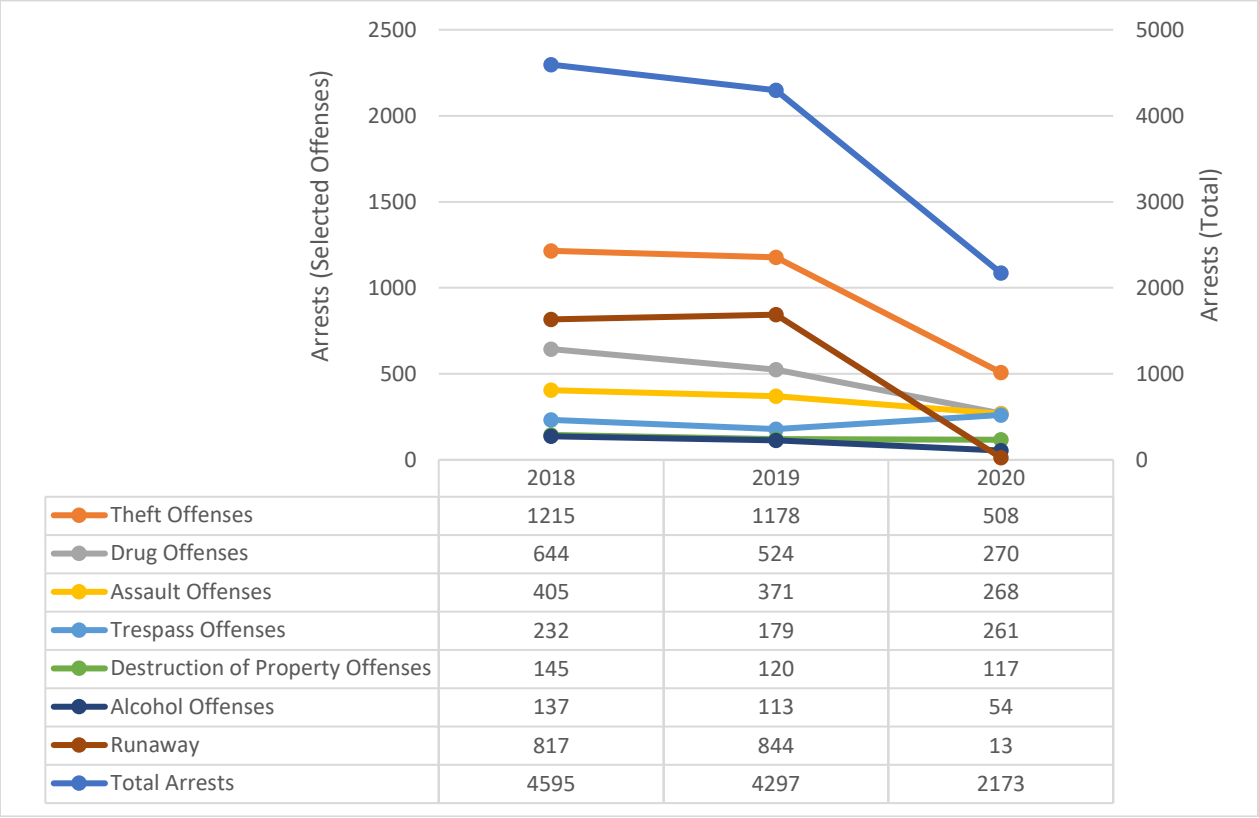
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
FY19	55%	64%	60%	56%	52%	59%	53%	66%	56%	62%	62%	54%
FY20	42%	52%	41%	42%	52%	54%	63%	60%	51%	64%	35%	54%
FY21	45%	58%	54%	54%	46%	56%	75%	38%				

APPENDIX H: POLICE DATA

The total number of arrests of people under age 19 decreased significantly in 2020, including for most major and behavioral health-related offenses. While Black and Hispanic youth have consistently been arrested at higher rates than their White and Asian peers, the proportion of arrests of Hispanic youth increased even more in 2020.

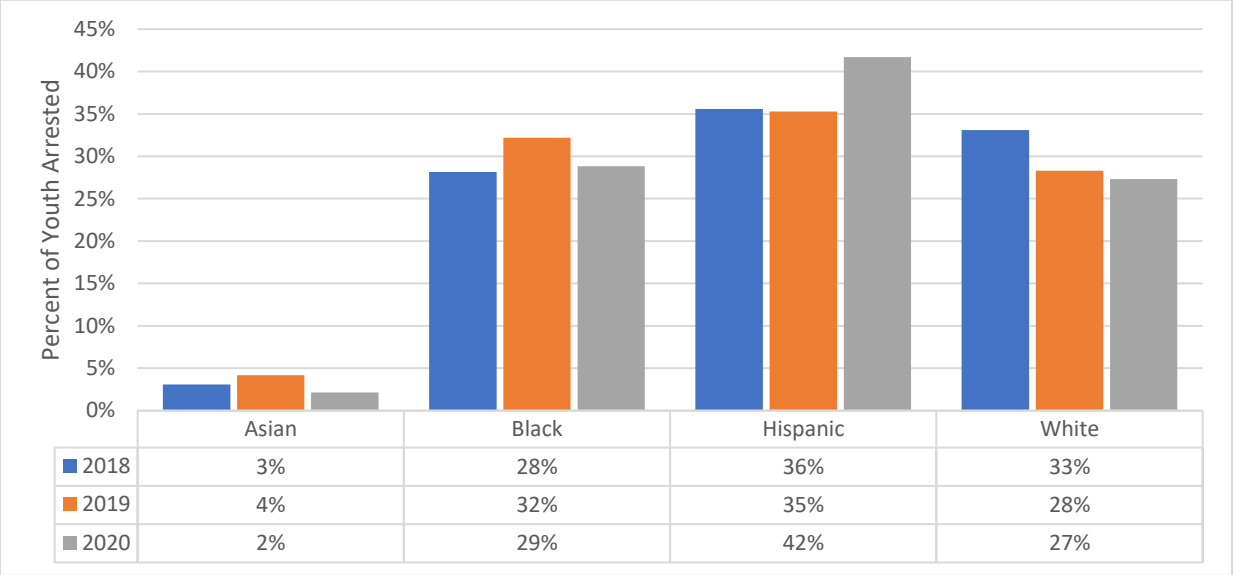
The number of youth reported as victims of assault decreased in 2020, but after a similar increase in 2019, it is not clear if the decrease is COVID-related.

Chart I.1. Youth Arrests, Total and for Selected Offenses, 2018-2020. Source: Fairfax County Police Department.



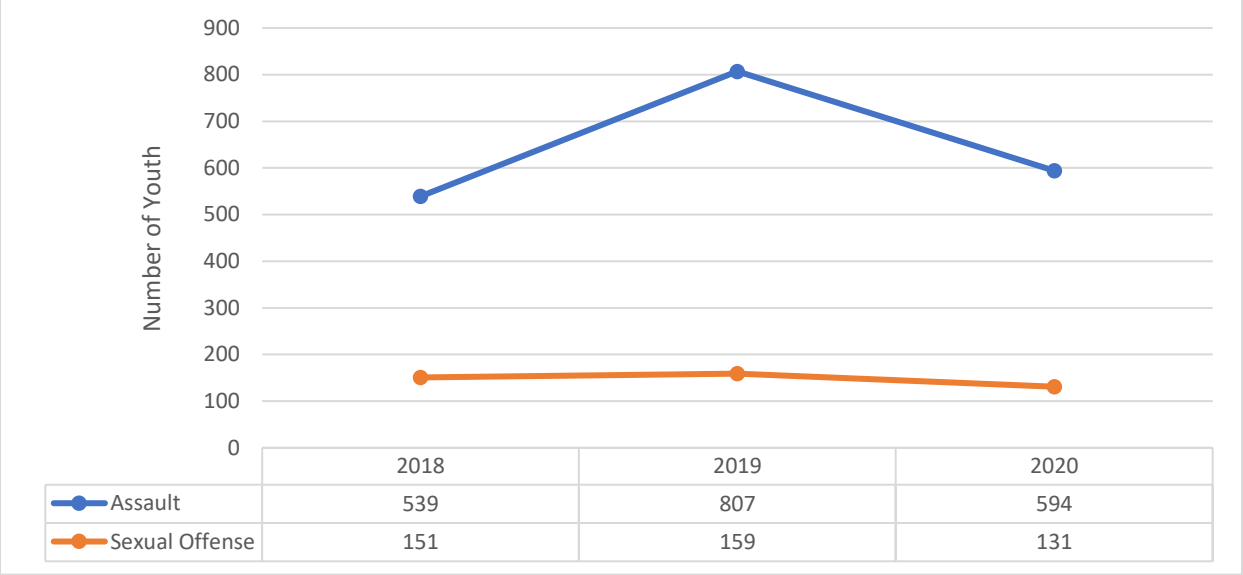
	2018	2019	2020
Theft Offenses	1215	1178	508
Drug Offenses	644	524	270
Assault Offenses	405	371	268
Trespass Offenses	232	179	261
Destruction of Property Offenses	145	120	117
Alcohol Offenses	137	113	54
Runaway	817	844	13
Total Arrests	4595	4297	2173

Chart I.2. Youth Arrests by Race and Ethnicity, 2018-2020. Source: Fairfax County Police Department.



	Asian	Black	Hispanic	White
2018	3%	28%	36%	33%
2019	4%	32%	35%	28%
2020	2%	29%	42%	27%

Chart I.3. Youth Victims of Assault and Sexual Assault, 2018-2020. Source: Fairfax County Police Department.

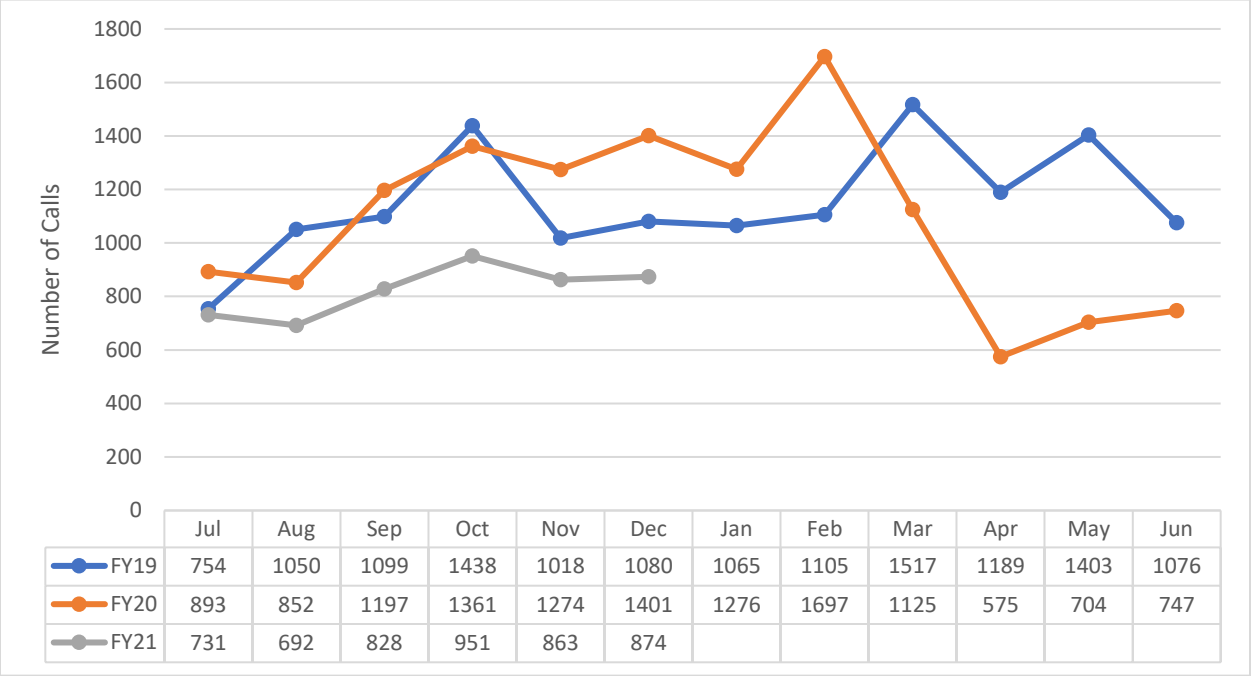


	2018	2019	2020
Assault	539	807	594
Sexual Offense	151	159	131

APPENDIX I: CHILD PROTECTIVE SERVICES DATA

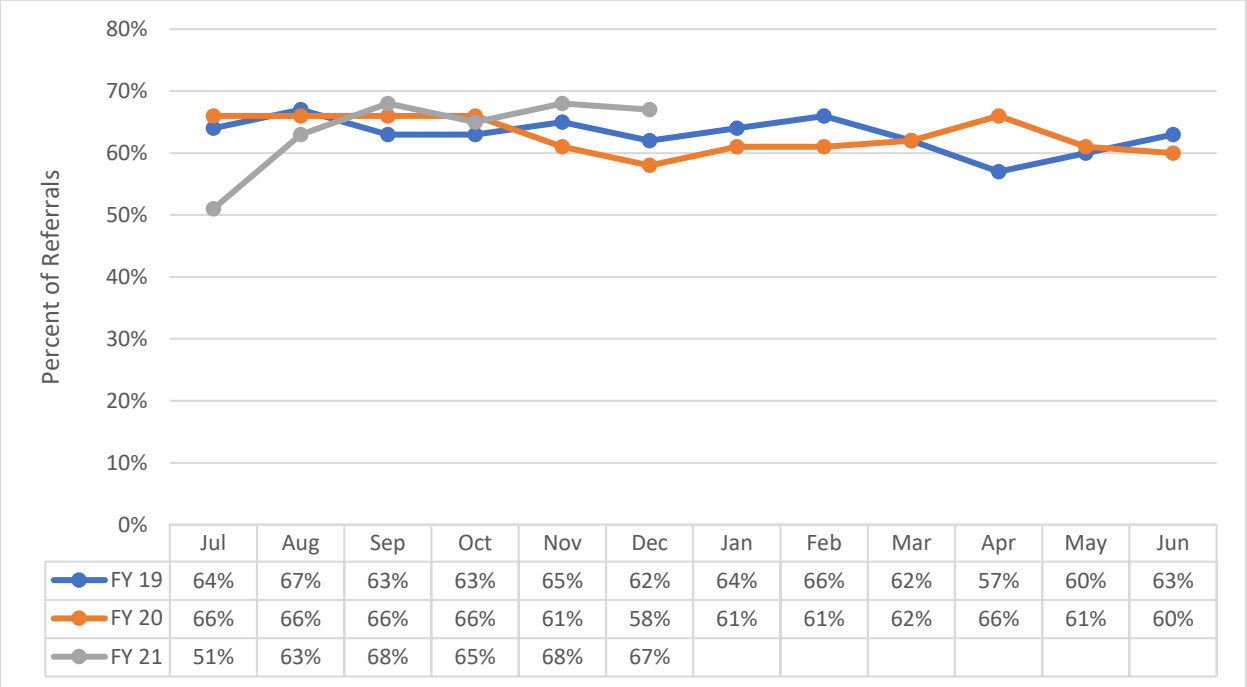
Calls to the Child Protective Services (CPS) hotline have been lower than expected during school months throughout the pandemic. The percentage of calls that are screened in or out, though, has not changed. This measures whether or not the concerns shared in the calls meet criteria for child abuse and neglect referrals and get assigned to CPS for a response. These data point to the value of school staff and other adults engaging with youth outside the home. When school (and other activities) are out, the number of calls goes down, and yet many children may remain at risk of harm.

Chart H.1. Number of Calls to the Child Protective Services Hotline by Month, FY2019-FY2020. Source: Fairfax County Department of Family Services.



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
FY19	754	1050	1099	1438	1018	1080	1065	1105	1517	1189	1403	1076
FY20	893	852	1197	1361	1274	1401	1276	1697	1125	575	704	747
FY21	731	692	828	951	863	874						

Chart H.2. Percent of Child Protective Services Referrals Screened Out by Month, FY2019-FY2020. Source: Fairfax County Department of Family Services.



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
FY 19	64%	67%	63%	63%	65%	62%	64%	66%	62%	57%	60%	63%
FY 20	66%	66%	66%	66%	61%	58%	61%	61%	62%	66%	61%	60%
FY 21	51%	63%	68%	65%	68%	67%						

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