



2012

Successful Children & Youth



Fairfax County Human Services
Council
Community Dialogue - Fall Session 1

“Successful Children and Youth” means....

Children and youth reach adulthood with the skills, interests, and motivation to lead productive, healthy lives in caring relationships with other people. (*“Children and youth” are inclusive of individuals from birth through age 21*).

Factors influencing ability of children and youth to be “successful” include...

- access to basic life essentials for food, shelter and health care across the continuum of need
- supportive & emotionally healthy families
- absence of abuse, neglect & trauma
- skill building in areas related to self-sufficiency: employment and financial literacy
- quality education
- safe neighborhoods
- engaged communities that support the healthy development and well-being of children and families

Target Populations (Where more work needs to be done)

Youth and young adults...

- *with developmental disabilities*
- *with chronic health and mental illness*
- *deemed in need of services due to truancy and/or runaway episodes*
- *with delinquency issues*
- *using drugs and alcohol*
- *who engage in verbal and physical aggression*
- *whose behavior is self-destructive and/or self-injurious*
- *who have experienced trauma (examples: parental neglect, domestic violence, loss of family member, victims of abuse)*
- *needing transitional assistance into independent living*
- *residing in high risk environments*

Populations and Characteristics of People Served *(and factors influencing services to general population and target groups)*

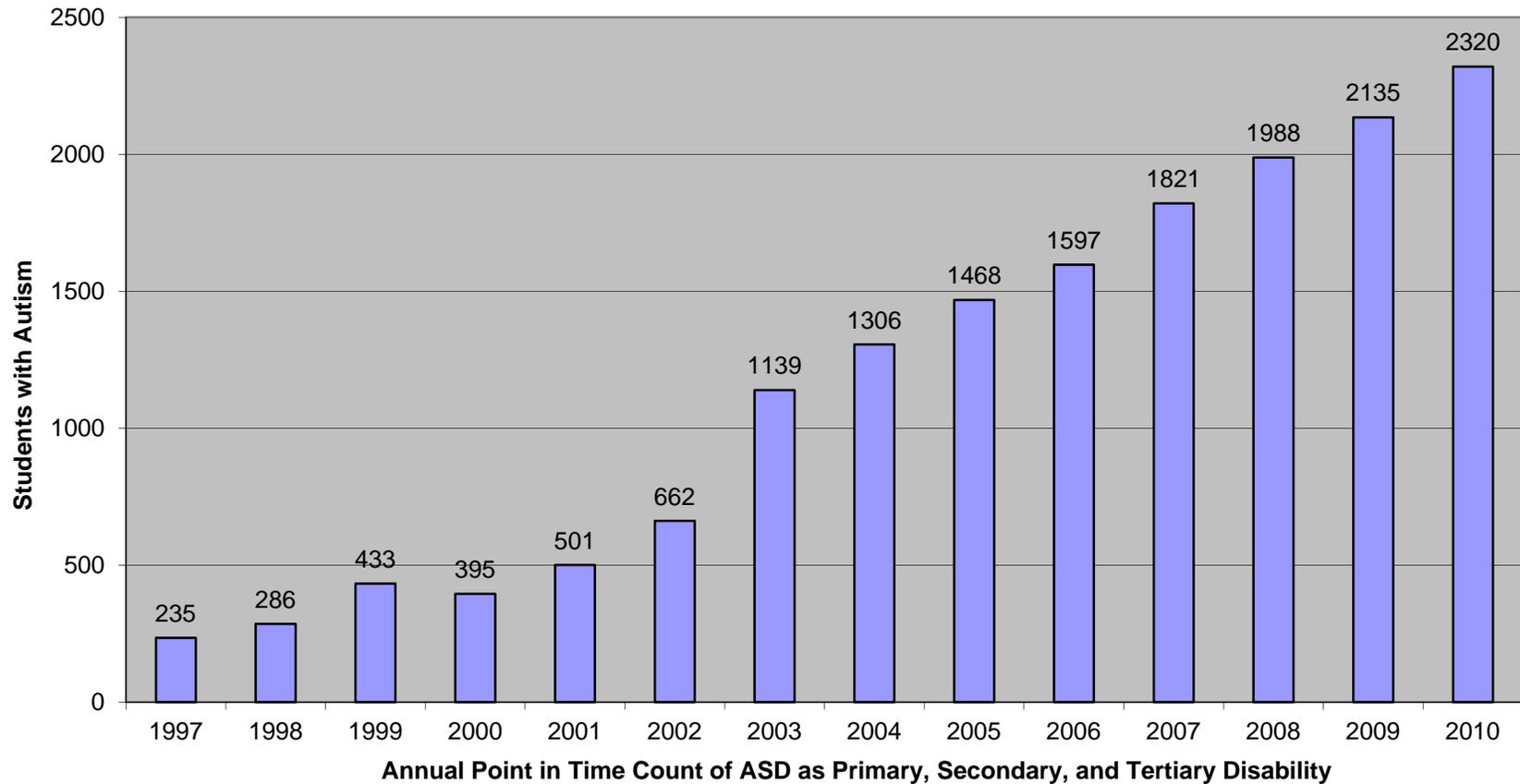
- **In Fairfax County, children are more likely than adults to live in poverty** (source: U.S. Census American Community Survey 2011)
 - 1 out of every 10 Fairfax County children under age 18 live in poverty (9.7%)
 - Among young children age 5 and under, the percentage is higher (13.1% or 1 in 8)
- **Nearly 50% of all children residing in Fairfax county (ages 0-17) have at least one non-native born parent** (~126,864 children)
 - 37 percent of Fairfax County residents ages five years and older spoke a language other than English at home (source: 2011 U.S. Census American Community Survey).
 - For FY 2013 there are 31,413 students receiving ESOL services. 81,388 students (45.1% of the total FCPS student population) families speak a language other than English in the home (source: Fairfax County Public Schools).
 - Households with students who speak languages other than English at home form a very diverse group with more than 100 different languages being spoken.

Populations and Characteristics of People Served *(continued)*

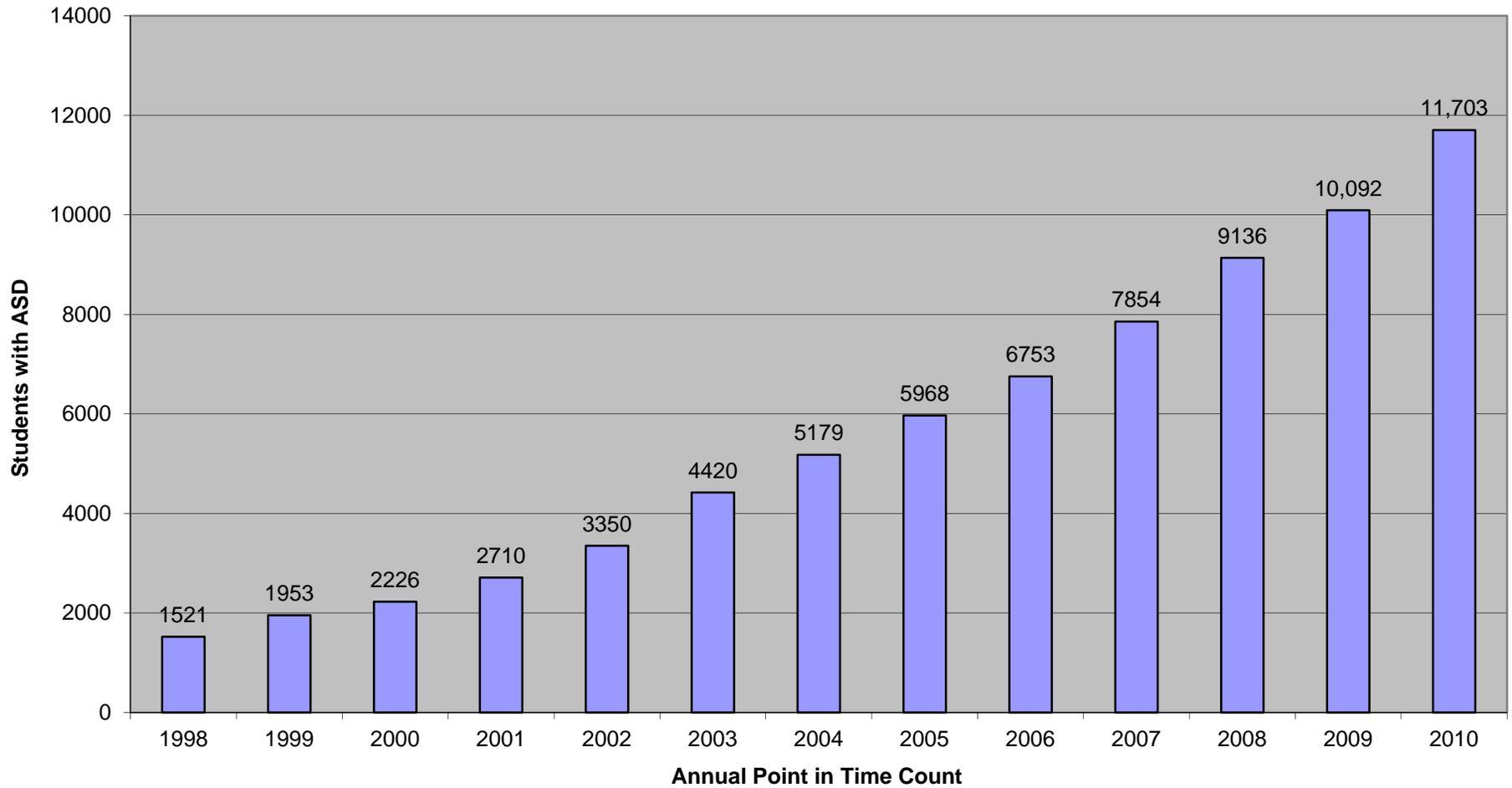
- **There have been across the board increases in the number of families with children seeking and enrolling in assistance programs to help them with their daily living expenses**
 - Parents who work seeking help with child care expenses
 - Child Care Assistance and Referral - Children who received tuition assistance in 2012: 7,137
 - School Age Child Care - Children served in 2012: 13,313
 - Community Education & Provider Services - Family child care providers with permits in 2012: 1,869
 - Head Start - Children enrolled in 2012: 2,021
 - Children are increasingly represented in food assistance programs - and one out of every five students reported going hungry at least some of the time (source 2010 Youth Survey)
 - 22,332 county children benefit from SNAP assistance (“food stamps”) – (source: *ADAPT Client By Benefit Report* retrieved on December 3, 2012)
 - During the 2011-2012 school year, 46,117 (26.2%) of FCPS students were eligible for free or reduced-price meals.

- **Children with developmental delays, autism spectrum disorders and other long term disabilities are increasingly being identified in child serving programs and the schools**

Students with Special Education Status of Autism In Fairfax County Public Schools



Students with Special Education Status of Autism In Fairfax County Public Schools



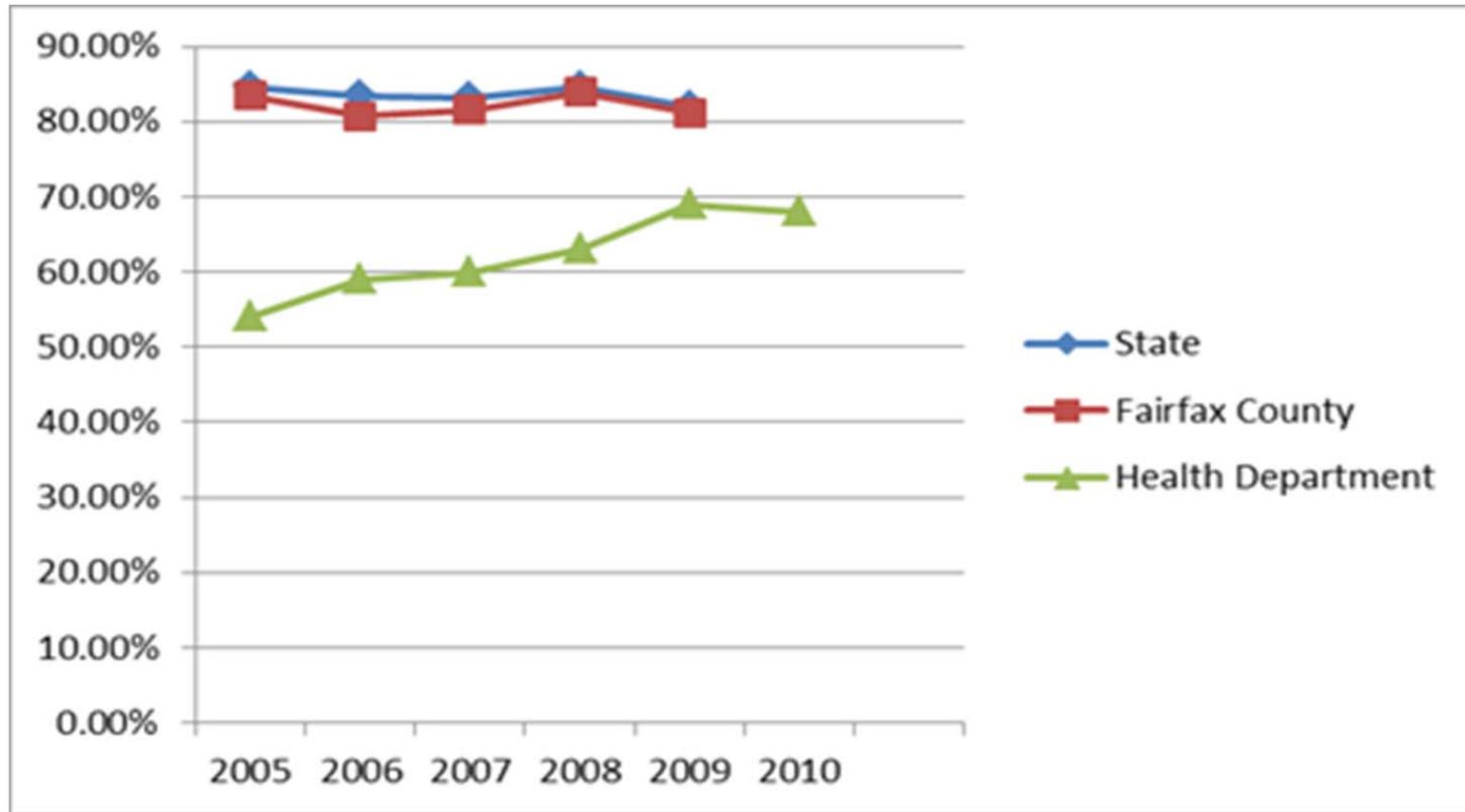
- **More school-aged children have multiple and chronic health conditions** - During school year 2010-2011 twenty-nine percent of the student population were identified as having a health condition that could impact the school day (i.e.: asthma, allergies, diabetes, etc.). These health conditions if not controlled can have a significant impact on the student's ability to gain the most from his or her educational day.

- **Youth are hospitalized for serious behavioral health needs** - The number of youth hospitalizations from Fairfax County has been trending up, as evidenced by yearly figures from Commonwealth Center for Children and Adolescents (CCCA):
 - FY 2009: 33 youth were served by CCCA
 - FY2010: 34 youth were served by CCCA
 - FY 2011: 49 youth were served by CCCA
 - **FY 2012: 64 youth were served by CCCA**

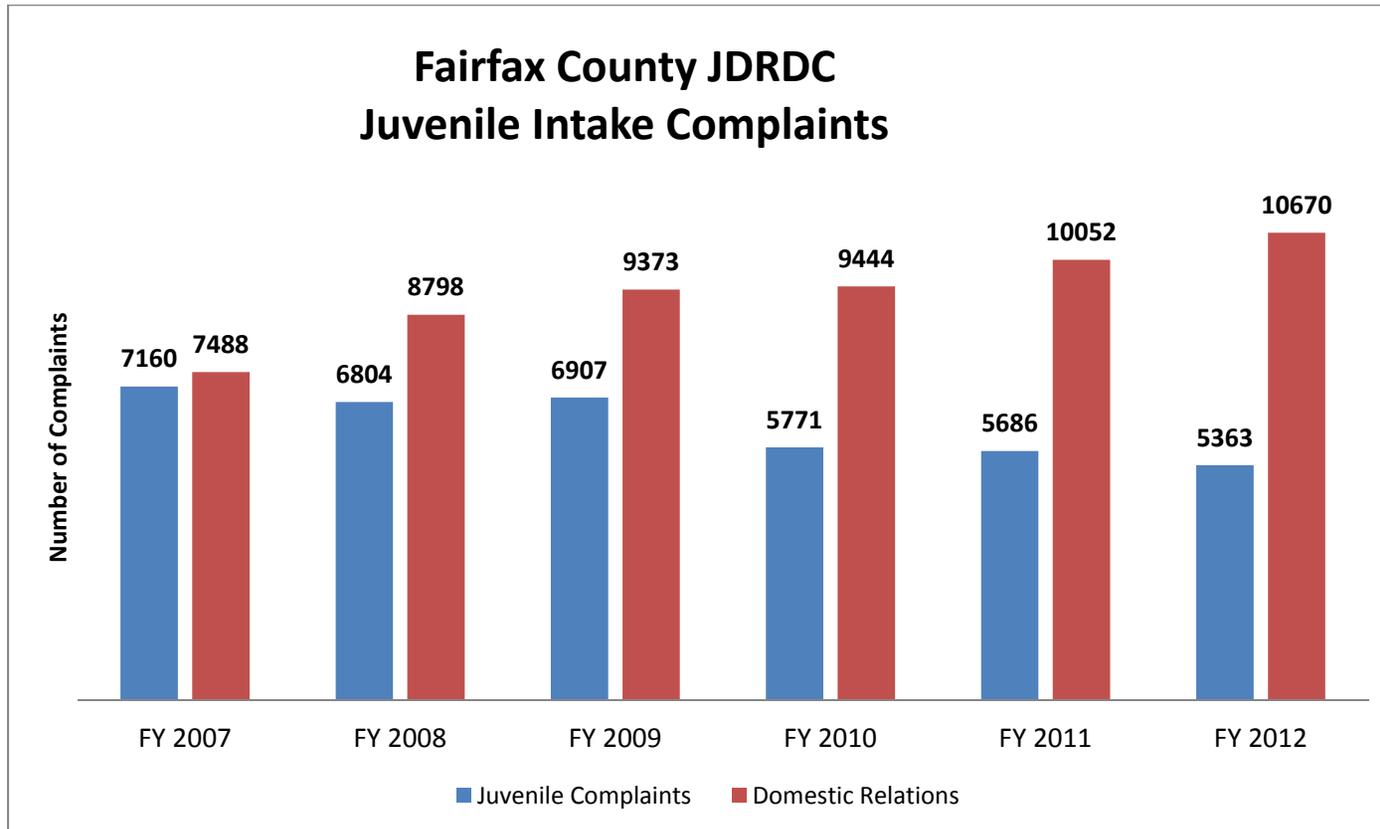
- **Young adults age 18 to 34 are least likely to have health insurance – and 6.4% of children under the age of 18 lack health insurance** (*data source: 2010 US Census*)

- **In FY 2010, there were 594 teen pregnancies, less than 1% of all teen girls residing in the county.** Young mothers without early prenatal care face high risk pregnancies - and data show a trend of declining use of early prenatal care in the first trimester, over the past 8 years for all women in Virginia. Early identification of risks can avoid serious health impacts on mother and baby. The State of Health Care (SOHC) report estimates that for every \$1 spent on prenatal care, \$3.33 is saved in postpartum care, AND result in an additional cost savings of \$4.63 in long-term morbidity costs.

PERCENT OF ALL WOMEN ENTERING PRENATAL CARE IN FIRST TRIMESTER



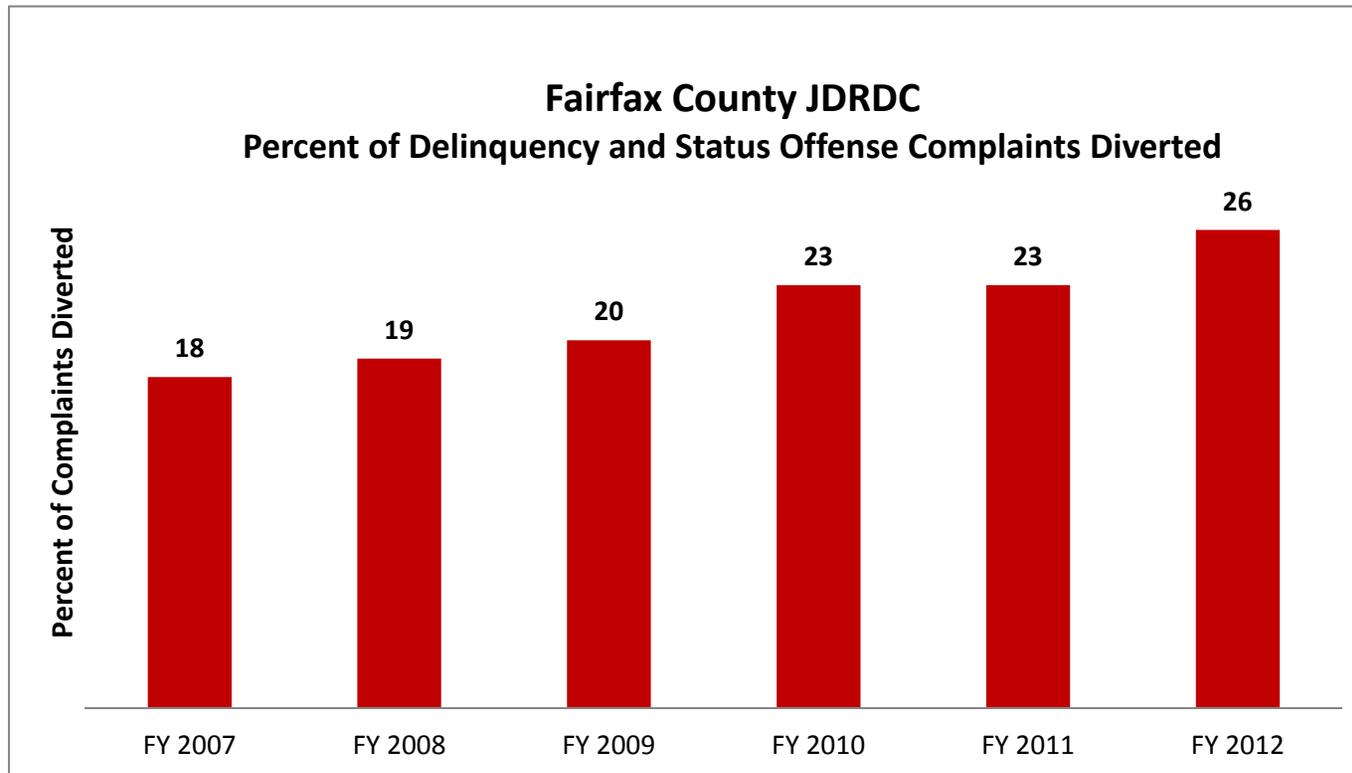
Juvenile Justice Trends



Source: DJJ Data Resource Guide (FY 2007 – FY 2012)

- Between FY 2007 and FY 2012 juvenile delinquency and status offense complaints processed by the intake offices have decreased by 25.1 percent. This shift mirrors state and national trends in juvenile offending.
- During the same period, domestic relations complaints involving custody and visitation have increased by 42.5 percent.

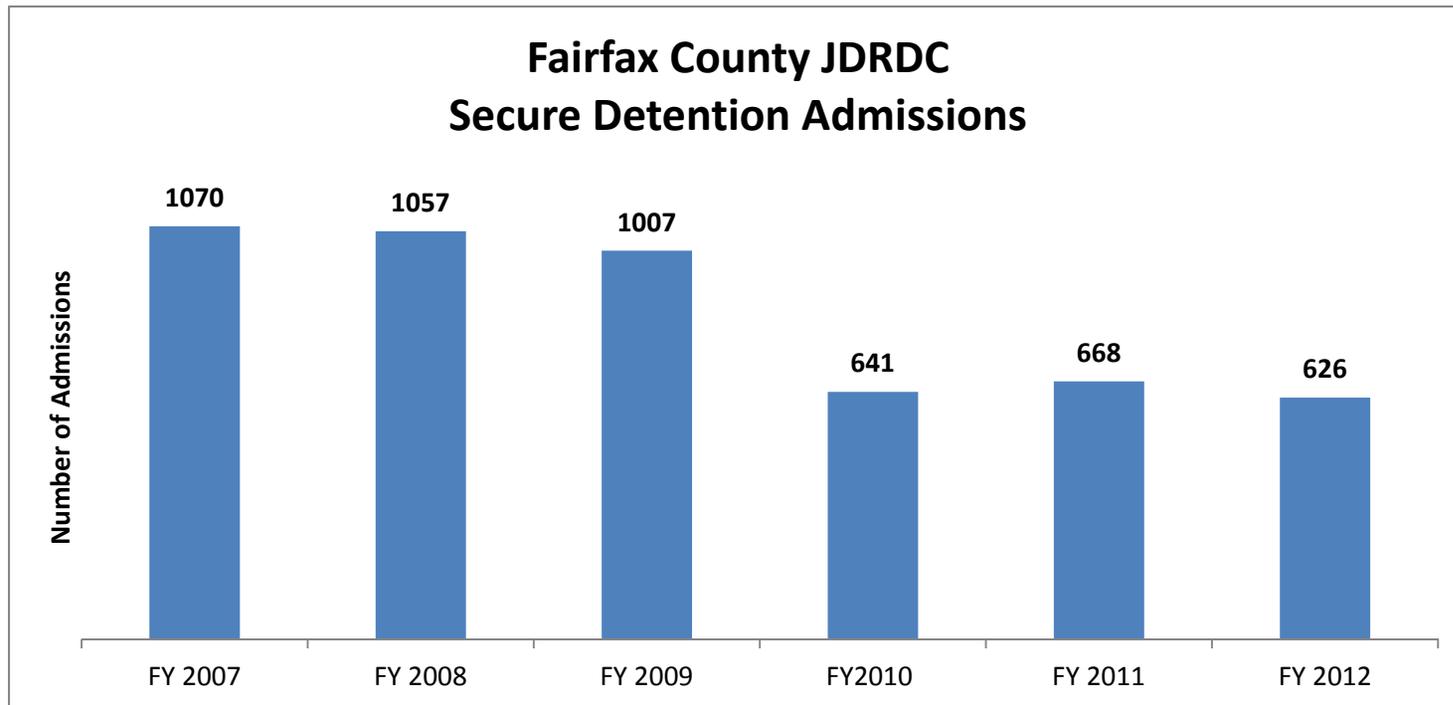
Juvenile Justice Trends



Source: DJJ Data Resource Guide (FY 2007 – FY 2012)

- Juvenile justice research suggests that keeping low risk youth with minor offenses from penetrating deeply into the juvenile justice system decreases the likelihood of reoffending. The CSU has increased the diversion alternatives available at the intake level for youth meeting these criteria. These programs hold youth accountable for their actions while avoiding more expensive court processing.
- Between FY 2007 and FY 2012, the percent of juvenile complaints diverted at intake increased from 18 percent to 26 percent.

Juvenile Justice Trends

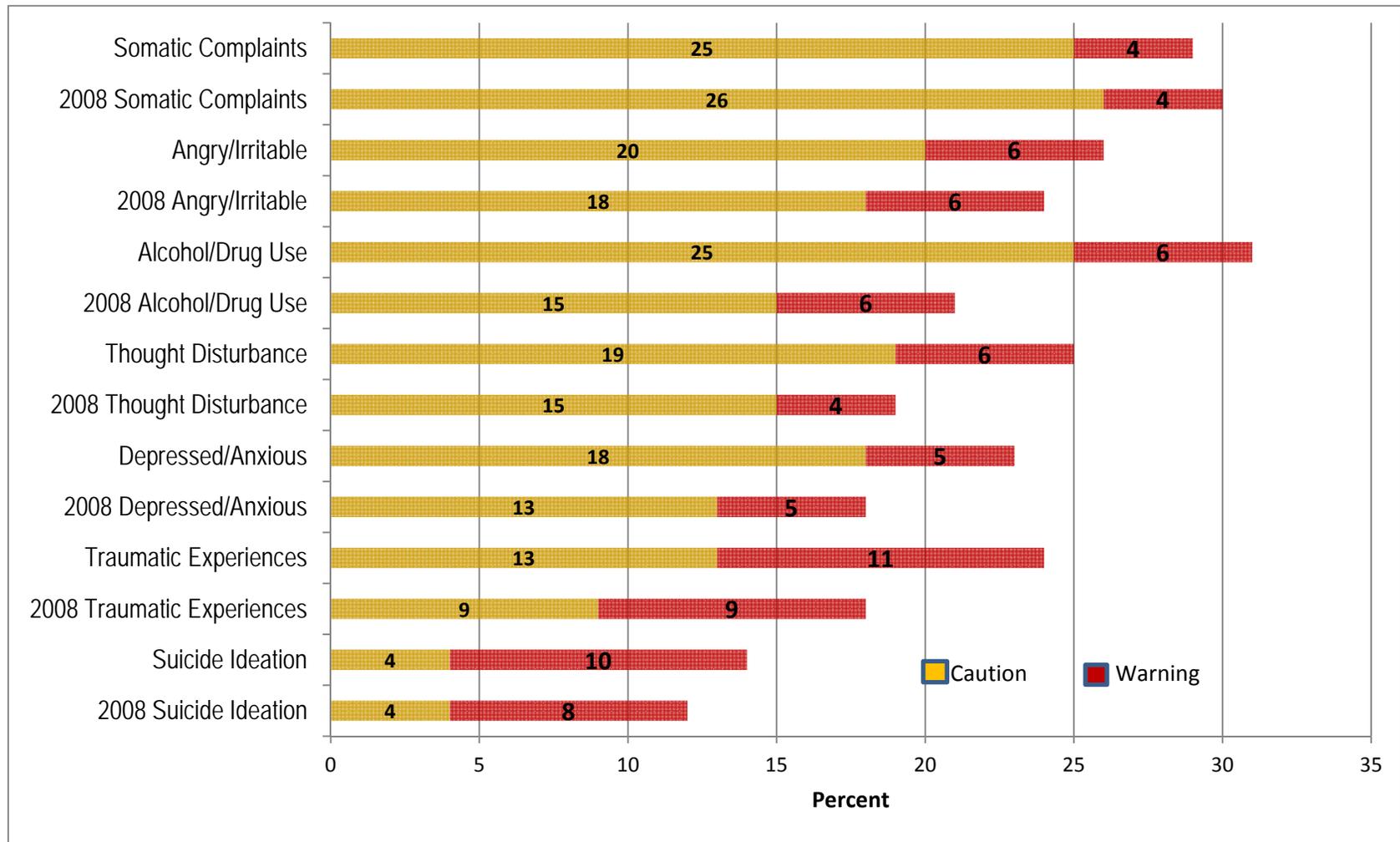


Source: DJJ Data Resource Guide (FY 2007 – FY 2012)

- Juvenile justice systems across the country, including Virginia and Fairfax County have been working for a decade to decrease placements in secure detention facilities. The use of the Virginia Department of Juvenile Justice’s Detention Assessment Instrument (DAI) helps to ensure that only those youth at highest risk are detained. The Court Services Unit has developed a series of detention alternatives for youth who can be maintained safely in the community while they await further court action.
- The combination of the drop in the number of delinquency complaints and the use of the DAI and detention alternatives has resulted in a sharp decrease in the use of the more expensive secure detention. Between FY 2007 and FY 2012, admissions to the Fairfax County Juvenile Detention Center have decreased by 42 percent.

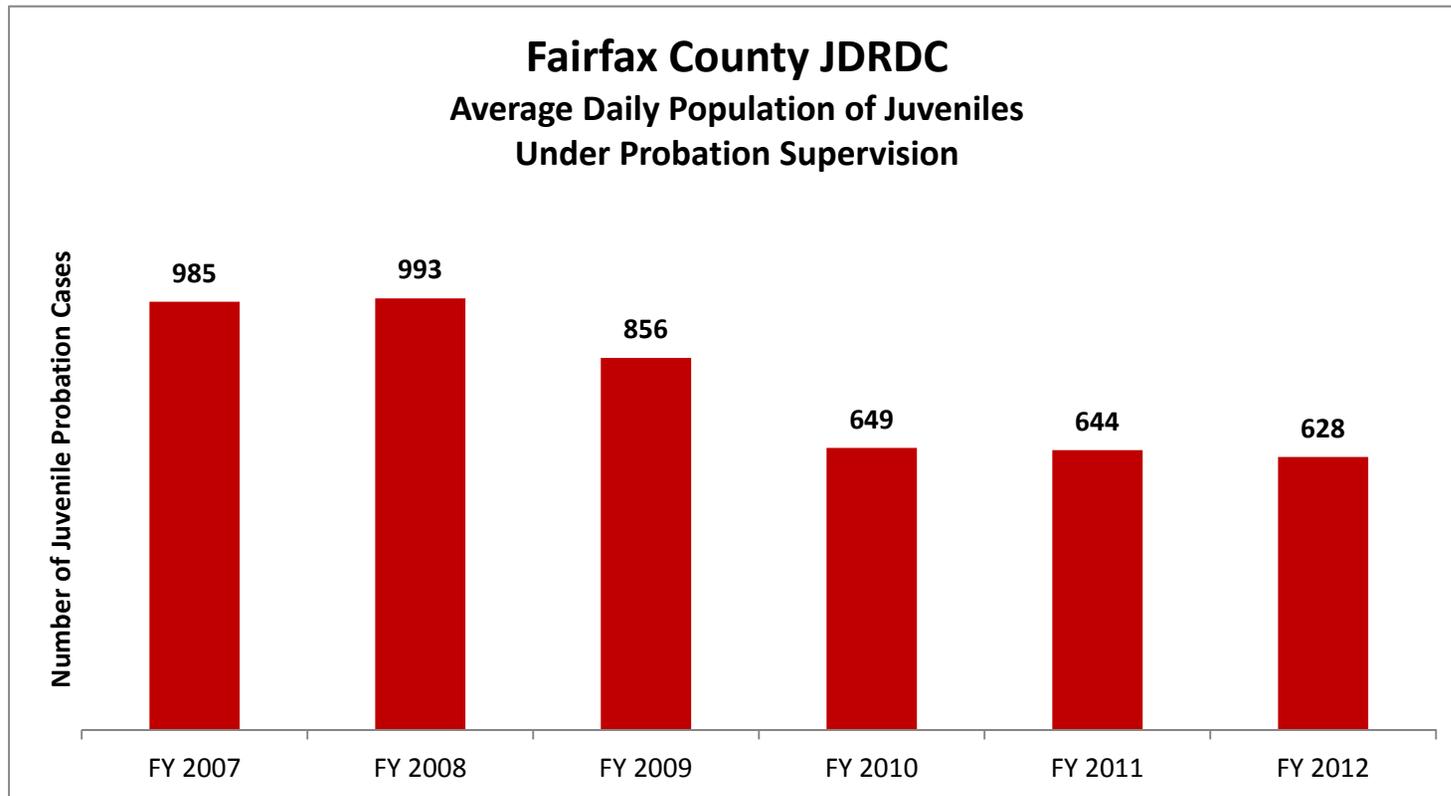
Juvenile Justice Trends

**Percent of youth in the Juvenile Detention Center with Caution or Warning Scores on MAYSI-2 Scales
FY2012 compared to FY2008**



- Mental health needs of youth involved in the juvenile justice system are a continuing concern for the Court Service Unit, especially those held in the County's Juvenile Detention Center. When youth are detained, they complete the Massachusetts Youth Screening Instrument – 2 (MAYSI-2) which is a mental health screening tool.
- MAYSI scores are one of several tools used to determine if a detained youth needs mental health services. "Warning" cut-off scores identify a subset of youth in the "Caution" zone that are most in need of attention and may require further evaluation.
- In FY2012, 29% of the youth exhibit caution (25%) or warning (4%) scores on the somatic complaints scale - bodily discomfort that is associated with distress.
- Over one quarter have either caution (20%) or warning (6%) scores on the Angry/Irritable Scale which is associated with fighting and aggressive behavior.
- Nearly one-third of youth have either a caution (25%) or warning (6%) score on the Alcohol/Drug Use scale.
- Twenty-five percent of males have either a caution (19%) or warning (6%) scores on the Thought Disturbance Scale which is associated with risk of thought disorder. (This scale does not apply to females.)
- Nearly one quarter of the youth have either a caution (18%) or warning score (5%) on the Depressed/Anxious Scale which is associated with depressed and anxious feelings.
- Twenty-four percent have experienced traumatic experiences over their lifetimes (13% caution, 11% warning).
- Fourteen percent of the youth have either a caution (4%) or warning (10%) score on the Suicide Ideation Scale which is associated with risk of suicide attempts or gestures.
- *With the exception of the Somatic Complaints scale, the percentages of youth in detention scoring in the caution or warning ranges on mental health indicators have increased over the past five years.*

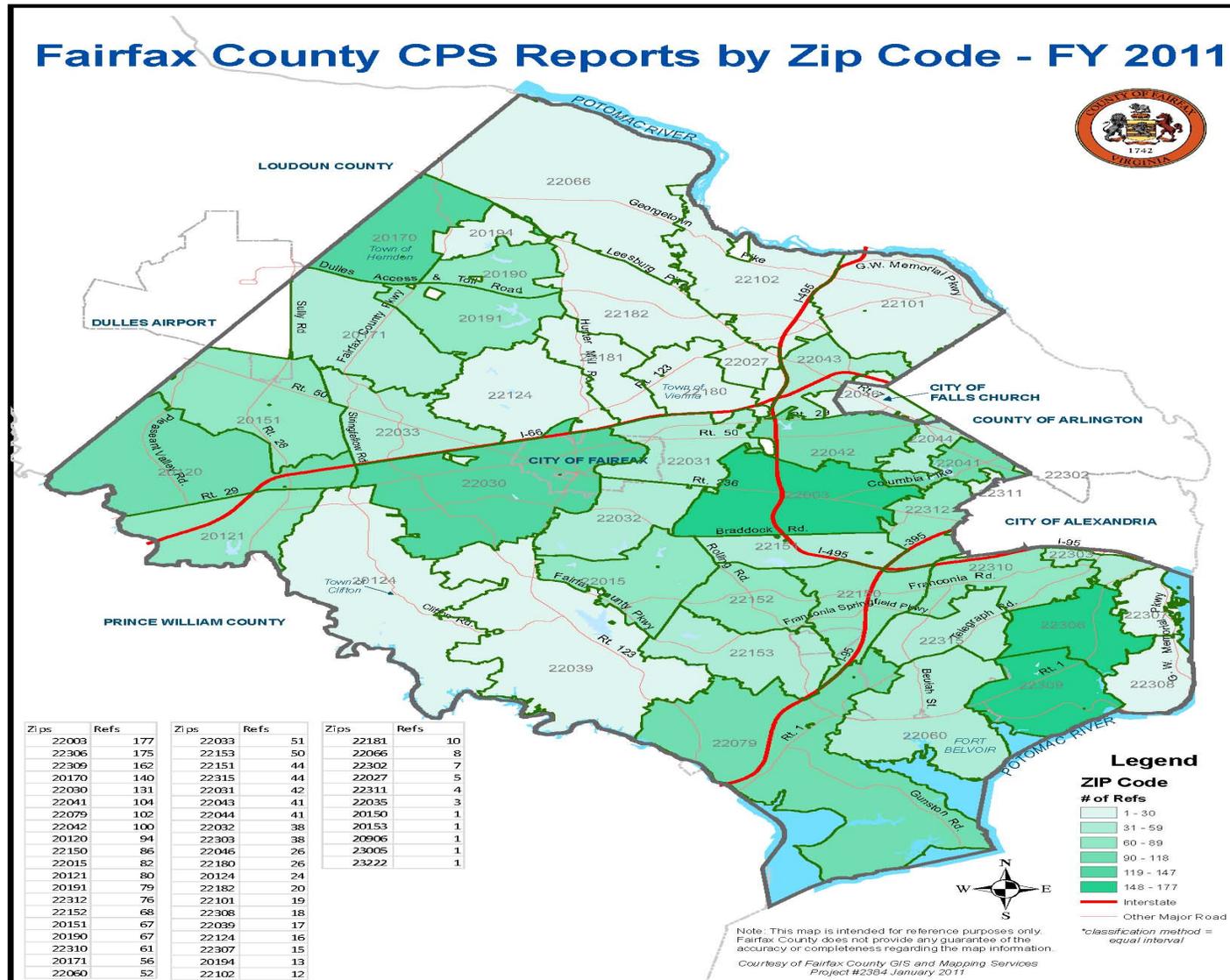
Juvenile Justice Trends



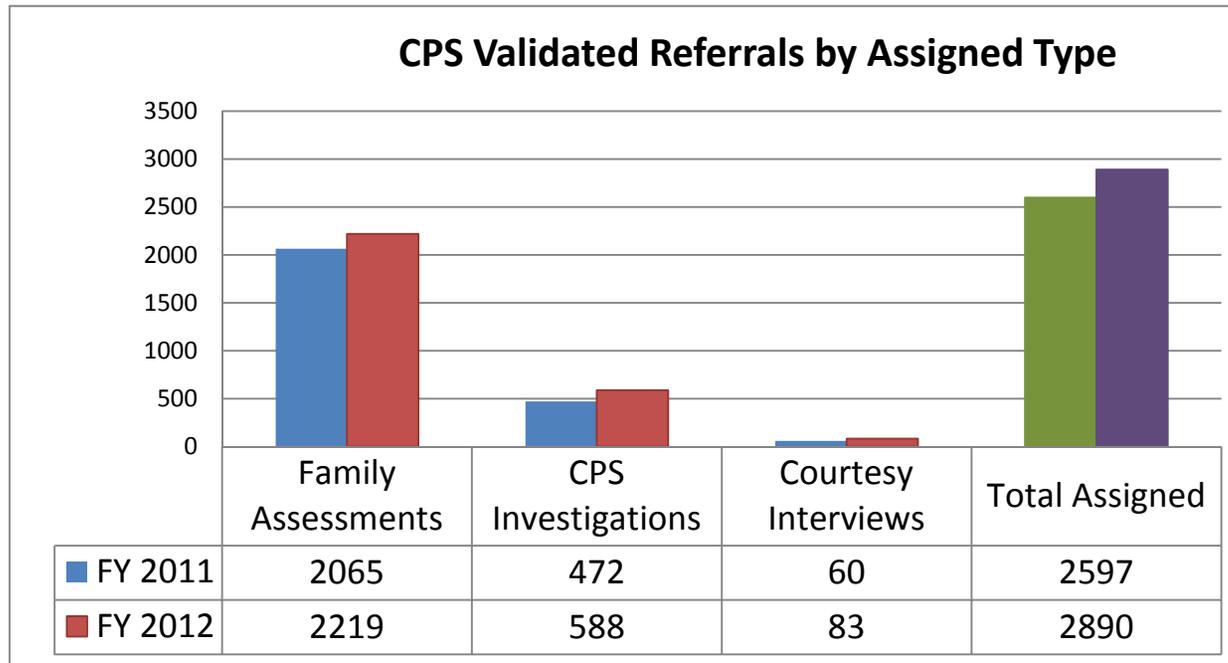
Source: DJJ Badge

- The combination of lower numbers of delinquency and status offense complaints and the increased emphasis on diverting youth with minor offenses at intake has resulted in a decrease in the number of youth placed on probation supervision.
- Between FY 2007 and FY 2012, the average daily population of juveniles on probation in the County has decreased by 36 percent.

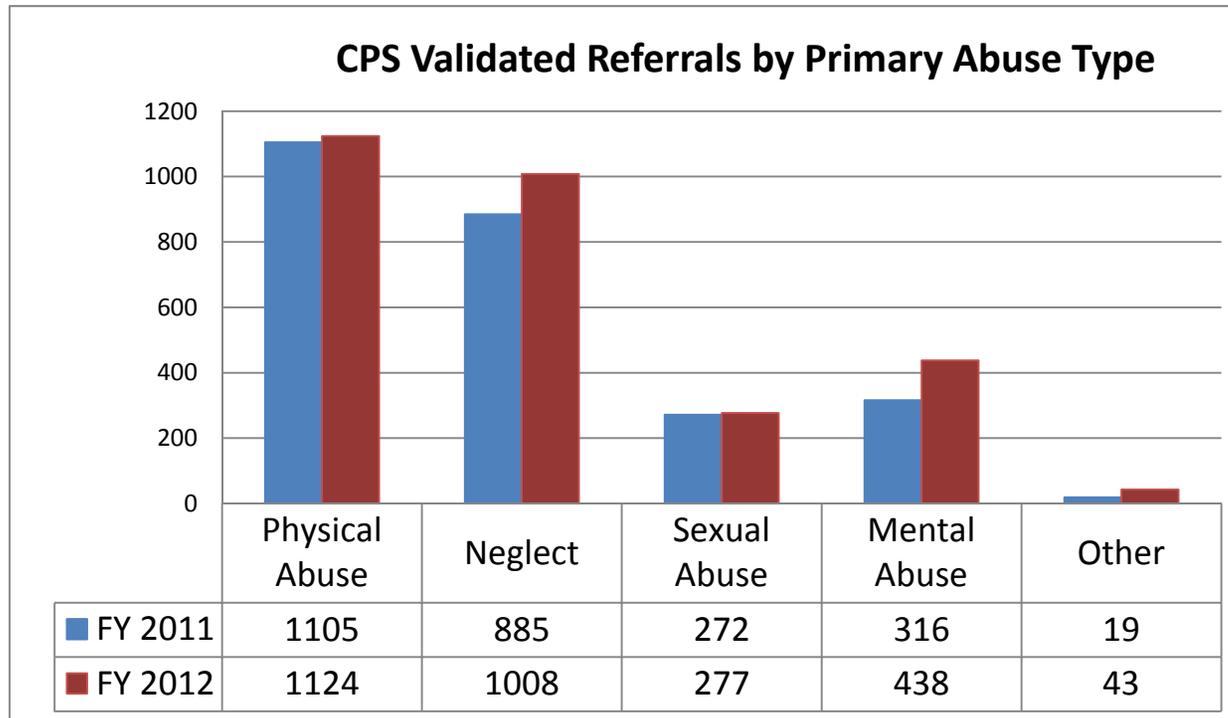
- In FY 2012, the Child Protective Services (CPS) Hotline received 19,272 calls, with the majority of calls coming from individuals wanting to report an incident of suspected child abuse or neglect.



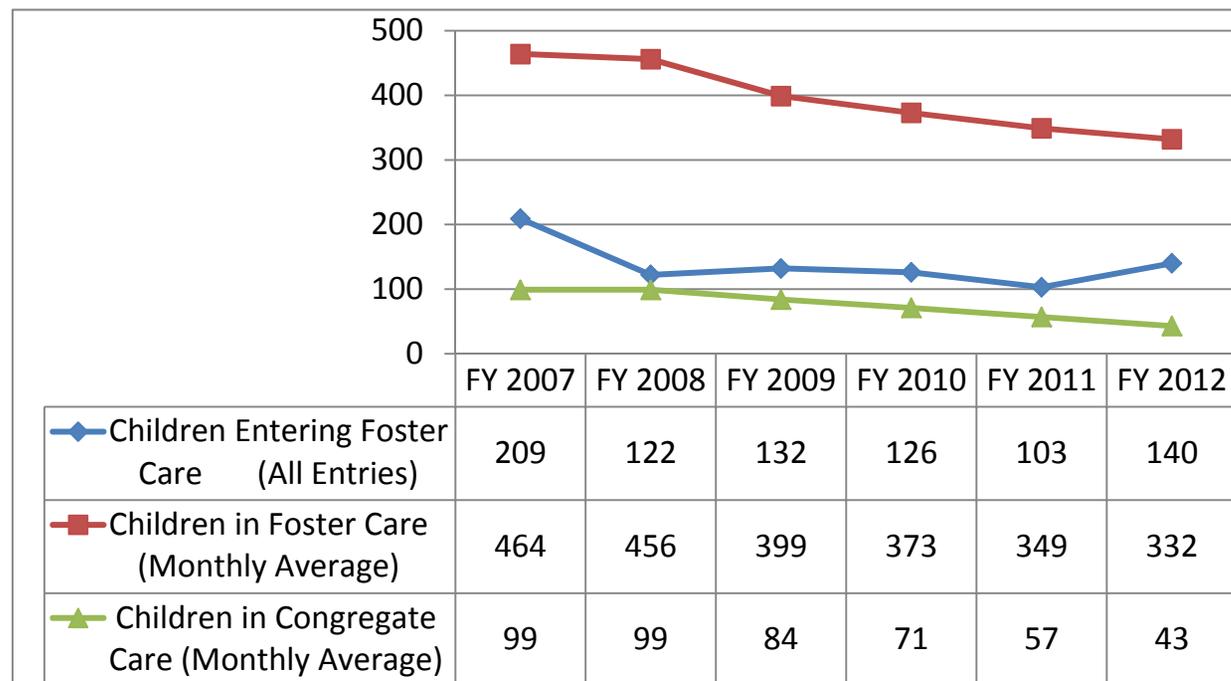
- **Of all calls, 2, 890 were validated.** Calls that did not meet policy guidelines for CPS response were referred elsewhere as needed. Family assessments made up the majority (77%) of assigned referrals while investigations comprised 20%. The remaining three percent were courtesy interviews. From FY 2011 to FY 2012, the total number of CPS referrals increased by 11%. Social workers responded within the response timeframe priority 95% of the time.



- **Similar to FY 2011, physical abuse and neglect as primary abuse types continued to represent the majority of CPS validated referrals in FY 2012.** However, when compared to FY 2011, there was a 14% increase in neglect referrals and a 39% increase in mental abuse referrals. Mental abuse includes exposure to domestic violence.

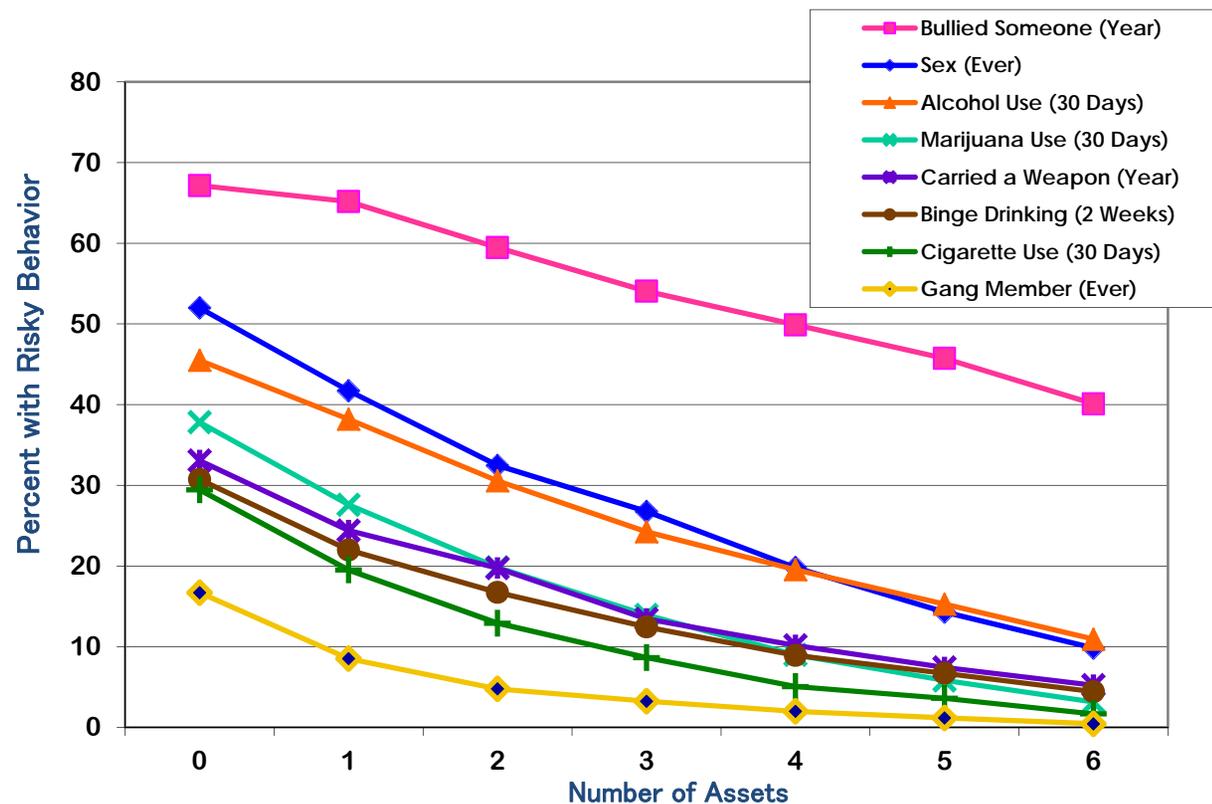


- **From FY 2007 to FY 2012, the number of children entering care had decreased by 33%. Steady decreases have also continued in foster care in the monthly average of children in foster care (28% down), and the monthly average number of children placed in congregate care (57% down).** These trends may be attributed to enhanced focus on prevention and permanency; new strategies to locate and engage family (particularly fathers, relatives and other caregivers) in planning for children's safety; providing intensive services and respite support when needed; and encouraging kinship care as an alternative to foster care.



- **More youth are participating in** after school, youth and teen center and sports programs. Pro-social activities are “protective factors” that reduce at risk behaviors and provide life skills development opportunities.

Figure 1. Three to Succeed, Asset Graph for Fairfax County (Grades 8, 10, 12), Fairfax County, 2011



Cross-Cutting Human Services System Work

- **Strengthening links** between programs and services – better collaboration, more efficiency where possible - to be youth/individual focused. Building treatment and service plans that integrate services and connections to providers/coordination of care.
- **Partnering with families** to strengthen, empower and support capacities for nurturing children
- **Engaging the community** as our partners in creating a network of support for children and the adults who care for them
- Continued work to develop strong **linkages** for workforce development and planning opportunities between the **human services and the public school systems**
- Focus on **development of community-based services** and programs – vs. out of county placements/services
- Identification of **risk factors** that lead to intensive, crisis-oriented or prolonged interventions later – prevention of more costly services – that may be less effective, too late and/or more expensive to locality and taxpayers
- **Addressing disparities** and ensuring accountability for achieving equity in systems, programs and family level outcomes
- Active work in development of **prevention strategies** across services and programs – tailored to individual needs ...as well as at the community level

Cross-Cutting Human Services System Work (continued)

- **Transitions** – work to identify ways to help young people as they “age out” of systems into adulthood and need community supports to be successful – (examples: foster care older youth, employment and housing strategies)
- Promotion of **healthy living strategies**– Development of a school-based health promotion model focused on healthy lifestyles and disease prevention.

Stakeholders and Relationships

Examples of community, regional, inter-jurisdictional, programs/services working with or in support of the mission of the human services system and county departments

Government partners

Fairfax County Public Schools
City of Falls Church Schools
Child Find
Youth & Family Services Council (CSB)
Northern Virginia Gang Task Force
Community Policy Management Team
City of Falls Church
City of Fairfax
Northern Virginia Workforce Investment Board/
SkillSource Group, Inc.

Community partners and coalitions

Fraternal & Civic Associations
Fairfax Partnership for Youth
Virginia Coalition of Private Providers Association

Partnership for Healthier Fairfax

Business community

Inova Health System

Annie E. Casey Foundation

National Alliance for Mental Illness

Healthy Kids Coalition

Nexus (for child mental health)

Faith community

Voices for Virginia's Children

Consumer Voices for Health Care

Concerned Families of Fairfax County

Federal funding agencies/regulatory

U.S. Department of Labor

U.S. Department of Health and Human Services

U.S. Department of Justice OJJDP

Providers of Contract Services

- Fairfax County uses more than **250 contracts** with partners totaling an estimated **\$45 million** annually for services related to the “Successful Youth” focus area
- About 30% of these contracts are with for nonprofit providers
- Services covered include:
 - Therapeutic Foster Care
 - Home Based Therapy
 - Mentoring
 - Child Care
 - Healthy Families
 - Residential Treatment Facilities
 - Group Homes
 - Private Day Schools
 - Resource Mothers
 - New Parent Home Visitation
 - Community Centers
 - Court Advocates
 - Virginia Preschool Initiative
 - Gang Prevention
 - Outpatient Therapy
 - Head Start Early Education
 - Crisis Intervention
 - Family Outreach
 - Recreation Programs
 - Respite Services
 - Skilled Nursing for students

Factors Affecting Capacity of the Human Services System

(mandates, eligibility issues, financing)

Federal

- Federal health care reform - Increasing ***access to and availability of affordable health care*** for low-income youth and their families, as well as promoting integration of health care services (behavioral, medical, oral)
- Sequential ***reductions in federal block grant funding*** has reduced flexibility at the local level to support programming for youth such as treatment services for youth and families involved in juvenile justice services (DOJ OJJDP funding)
- Federal emphasis to recognize “***cradle through college to career***” focus on youth success
- Initiatives to ***integrate federal programs and funding streams*** across and within federal departments to develop common outcomes, measurements, program goals – partly driven by federal funding constraints

State

- ***State Medicaid costs have been on the rise***
 - Insufficient management and monitoring of Medicaid delivered services
 - Shifting of oversight to local Community Services Boards impacts staff assignments and decreases the ability to provide outpatient services

Factors Affecting Capacity of the Human Services System

(continued)

- The State mandate of the Virginia Independent Child Assessment Program (VICAP) has greatly challenged the mental health outpatient service delivery.
- ***State funding is not sufficient to support state mandates and the gap continues to grow*** - While the state is promoting best practices in many child serving programs, the mandates and policies are not funded up to the promised allocation formulas. State funds for training, administration and oversight are not sufficient.
- ***Virginia is working to enhance the systems of care for children***
 - As part of this effort, the state Dept. of Behavioral Health and Developmental Disabilities was recently awarded a SAMHSA Planning Grant to enhance Children's Mental Health services across the state.
 - The state engaged in a multi-year strategy, launched in November, 2007, to establish a Children's Services System Transformation initiative. Thirteen localities, including Fairfax, were invited to serve on the Council on Reform (CORE) to collaboratively plan and implement critical reforms targeted at improving outcomes in child welfare at state and local levels.
 - Continued emphasis on moving from use of state operated psychiatric hospitals to community-based youth crisis stabilization services.

Factors Affecting Capacity of the Human Services System

(continued)

Local

- ***Use of evidence-based/informed*** interventions and promising practices
- ***Emphasis on keeping highest need youth in the community*** – in lieu of out of county placement with prolonged stays in residential treatment (and diminishing returns on achieving positive goals for the child)
- ***Review of disparities in service outcomes*** – based on access to services, treatment, barriers resulting from bias, discrimination – to economic status- that may cause differing and disparate service outcomes
- ***Loss of foundation financing*** that support community services to youth – growing gap in funds for safety supports and prevention programs threaten the sustainability of these community efforts to serve youth

Factors Affecting Capacity of the Human Services System

(continued)

- ***Efforts to improve service delivery to at risk youth: Systems of Care Reform*** - The Comprehensive Services Act for At-risk Youth and Families (CSA) has changed since its early years of implementation. The most recent major developments were prompted by practice issues and fiscal concerns. In November 2008, a Systems of Care (SOC) Reform initiative was undertaken by Fairfax county government, the public schools, and the provider community to address the growth in expenditures for services and supports associated with the Comprehensive Services Act for At-Risk Youth and Families (CSA). CSA expenditures had increased by over 25% between FY 2006 and FY 2008, and were expected to continue to rise. Costs for residential care were 42.4% of all CSA state pool expenditures in FY 07.

In a state-wide analysis conducted at this time of the CSA program, the following concerns were also noted:

- Virginia had too many children in residential care
- Some children were placed in more restrictive, intensive settings than necessary
- Children were staying in residential care too long
- Very few (5%) children in foster care were placed with families and relatives
- Too many children aged out of foster care without achieving permanency

Factors Affecting Capacity of the Human Services System

(continued)

The goals of the SOC reform initiative were:

- Reduce the number of children in residential and group home placements by 33%
- Limit lengths of stay to 6 – 9 months for children with serious emotional/behavioral problems
- Limit FY 09 and 10 expenditures to FY 08 actual expenditures

The work and recommendations developed by the SOC reform initiative can be found in the SOC Services Committee report completed in September 2009, the Developmental Disabilities report completed in June 2010, and the Family & Youth Advocacy/ Engagement Committee in July, 2010.

Contributing and Restricting Factors (results from studies/research, policy changes, possible funding changes, restructuring)

- **Sustainability of staff and provider training** – to keep staff current in best practices in the field and to support organizational learning. Investment in professional development is a discretionary funding item that is often cut in constrained budget environments. State withdrawal from providing training to mandated program staff, such as child welfare services, has significantly impacted staff capacity.
- **Need for improved health care coordination for children and youth with multiple and/or chronic conditions, physical and/or behavioral health, that are served by human services system** - for target populations served by the human services system (kids in juvenile justice, foster care, specialized educational placements, children in poverty - and those in families without health insurance, inadequate coverage or on Medicaid)
 - need more child serving providers in Medicaid system; care coordination for children with physical and behavioral health conditions and treatment needs
 - need for closer oversight of children and youth on psychotropic medications
- **Data analysis** –The absence of the shared client data within and between services negatively impacts strategic planning related to budget resource allocation and gaps identification.

Contributing and Restricting Factors (results from studies/research, policy changes, possible funding changes, restructuring)

- **Funding and Sustainability - Virginia funds service interventions but prevention funding is discretionary and primarily funded by the county taxpayers-** because prevention services are not mandated components of programs, funding is often eliminated in tight budget times. Even though prevention strategies used are evidence-based, they are expensive in short term, and even though effective, demonstrating value in the long term is challenging.
- **Insufficient State funding to support mandated services -examples:**
 - VJCCCA (Virginia Juvenile Community Crime Control Act) is a state legislative voluntary program. Funding support Fairfax County JDRDC to operate 4 pre-dispositional and post-dispositional programs. State funding has been reduced by 27% from FY 2009 to FY 2011.
 - Virginia has historically underfunded mandated Court Service Unit employee positions. The Code of VA mandates 50% state reimbursement for local government positions. Further, state aid has been reduced significantly by 20% from 2009 to 2011. The allocation was reduced as a result of decline in juvenile probation caseloads, and the county is penalized for having diverted a large percentage of youth into less restrictive and punitive environments.
 - As Virginia continues to reduce funding for adult correctional services, there is an adverse impact to JDRDC probation and adult supervision services. Probation officers routinely carry an average caseload of 85 cases. These cases involve domestic violence, contributing to delinquency of a minor and sex offenses.

Contributing and Restricting Factors (results from studies/research, policy changes, possible funding changes, restructuring)

- **Inflexible County service contracting procedures** that favor competition among providers, but hinder programs with limited time grant funding or require immediate program start up. Lengthy and prolonged procurement processes continue to adversely impact needed and timely private provider service delivery for a wide array of therapeutic, treatment and family supports.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

EFFECTIVE SERVICE DELIVERY AND APPROACHES

What works

Educating Youth through Employment - The Northern Virginia Educating Youth through Employment (EYE) program is a summer initiative that recruits, screens and matches youth ages 18-21 with professional opportunities in the public sector and other area businesses. These young adults are required to attend intensive training workshops before and during their work experiences. The EYE program offers local youth more than just a summer job, but rather an exciting, professional opportunity with training that will allow them to explore a career path that matches their interest. EYE is funded through sponsorships from private and public organizations, including the Department of Neighborhood and Community Services, the Northern Virginia Regional Gang Taskforce, and the Fairfax County Foster Care and Adoption Program.

Workforce Investment Act Youth Program - The Workforce Investment Act (WIA) Youth program provides eligible young adults ages 16-21 with the resources and tools necessary to succeed in today's job market. The WIA Youth program provides young adults with one-on-one career guidance and counseling as well as career development through job shadowing, interview coaching, resume writing and job preparation. Youth also receive education support through tutoring assistance, applying for financial aid, paying for training programs, and exploring all available educational options.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT**EFFECTIVE SERVICE DELIVERY AND APPROACHES** *(continued)*

Disproportionality in Services -Multiple initiatives are underway to address disproportionate minority contact (DMC) in the juvenile justice and child welfare systems in Fairfax County. To advance this work using a proven methodology of analysis, the Fairfax County Human Services Leadership Team, with support from the Police Department and the Schools has partnered with the Center for the Study of Social Policy (CSSP) to conduct an Institutional Analysis. Funding for this analysis comes from a 3 year Title II Formula Grant from the Virginia Department of Criminal Justice Services. The specific goal of this project is to help identify and address the organizational and structural components of racial disproportionality and disparity within and among agencies and organizations that interact with the juvenile justice system. The Investigative Team is made up of Fairfax County and CSSP staff. CSSP has trained and leads this team in data collection and analysis. A secondary goal of this project has been to provide training to provide training for human services, law enforcement and public school staff on this issue. The grant ends in June 2012. However, it is anticipated that work on DMC will continue.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT**EFFECTIVE SERVICE DELIVERY AND APPROACHES** *(continued)***Behavioral Health Services for youth**

- CSB Infant and Toddler Connection (ITC) Provides evaluation and early intervention services for infants and toddlers (up to age three) that have a developmental delay or a diagnosis that may lead to developmental delays. In FY 2009 the program served 2,374 and their families. IN FY 2010 the program served 2,448 children and their families. Other CSB services (Mental health, Alcohol and Drug and Intellectual Disabilities) served over 4000 youth and their families in both FY 10 and FY 2009.
- ADS Services: FY 2009- 1,078 youth and family members served, FY 2010-1,074 youth and family members served.
- Mental Health Services: FY 2009-2,377 youth and family members served, FY 2010-2,404 youth and family members served.
- IDS Services: FY 2009-564 youth and families were served, FY 2010 482 youth and families were served
- CSB Wellness and Prevention Services provided services to approximately 3,250 Fairfax youth through evidenced-based prevention programs such as Al's Pal's, Lets' Get Real about Violence and Girl Power.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

EFFECTIVE SERVICE DELIVERY AND APPROACHES *(continued)*

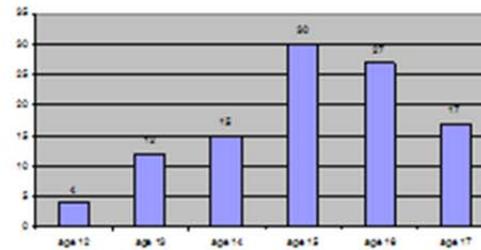
Youth Crisis Stabilization Services (Leland House)

Program Services



- Admissions 24/7 – 365 days/year
- 24-hour therapeutic milieu
- Psychiatric assessment and medication monitoring
- Nursing care
- On-site school
- Individual Therapy
- Group Therapy
- Family Therapy
- Psycho-educational groups
- Recreation
- Case Coordination
- Transition - Discharge Planning

Youth Admitted
Jan 2009 – July 2010



WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT**EFFECTIVE SERVICE DELIVERY AND APPROACHES** *(continued)*

EMPOWER – Employment Opportunities with Educational Resources - EMPOWER is a JDRDC program designed to prepare youth between ages 16 and 18.5 who are on probation or in an Independent Study Program (ISP) for employment; to help these youth to obtain employment, to succeed in their educational pursuits and to reduce further criminal behavior. The program is provided in the South County Probation Unit and is designed to serve a maximum of 10 to 12 youth per session. EMPOWER provides employment training through a series of 8 skill-based workshops that are customized to the needs of the participants and sensitive to their employment and academic barriers to success. The program matches the strengths and interests of participants to employment training opportunities, potential internships, and employment positions.

Three sessions of the EMPOWER have been conducted during the past two years. No external resources are available to support this program. All activities have been accomplished with existing staff and resources of participating agencies. Over the three sessions, 24 youth have been provided with job readiness services. Outcomes include: 96% of attendees were enrolled in an educational program, had obtained a GED, or had graduated within six months of completing EMPOWER; 82% of youth completing the program were employed within six months of completion; and, 77% of youth who completed the program had no new criminal charges in the six months after completing the program.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT**EFFECTIVE SERVICE DELIVERY AND APPROACHES** *(continued)*

Evening Reporting Center - With the help of a five year grant from the Virginia Department of Criminal Justice Services, JDRDC, in collaboration with the Department of Neighborhood and Community Services (NCS), the Fairfax County Public Schools (FCPS), and the Community Services Board (CSB) expanded its continuum of detention alternatives by establishing an Evening Reporting Center (ERC) located in the South County Government Center. The program provides highly structured and well-supervised group activities during the high-risk time period between 3 p.m. and 7 p.m., develops skills in youth that will support pro-social behaviors, and repairs harm done to the community by providing community service opportunities. The goals of the ERC are to provide an alternative to detention for youth on probation who commit technical violations or other delinquent acts, to provide a community-based program that supports the graduated sanctions response to the structured decision-making model within the juvenile court and to develop skills in youth that support pro-social behaviors. Evening Reporting Centers have been recognized as a cost effective alternative to secure detention placement. During the period of grant funding, there were 250 placements to this program. Of these, 90% did not receive a new charge while they were in the program. Of the participants who graduated or completed the program, 80% did not receive new charges during the year after leaving the program. Thirty-eight participants gained employment during or after they completed the program.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT**EFFECTIVE SERVICE DELIVERY AND APPROACHES** *(continued)***Working With Parents of Vulnerable Youth**

- Healthy Families Fairfax is an evidence based program that provides home-based parenting education, health and community support to parents with social histories that put their children at risk for traumatic childhood experiences, including child abuse and neglect. Parents may be enrolled during pregnancy and continue to be served until their child enters an early childhood education experience that will prepare the child to enter school ready to learn. In FY2012, 605 families were served. Less than 1% of the families who were at risk of child abuse and neglect when entering the program were later found to have abused or neglected their children. Ninety six percent (96%) of participants showed an acceptable level of positive parenting based on a statistically valid assessment instrument.
- Parent education programs including the Nurturing Parenting Program, Strengthening Families and the Incredible Years teach positive and effective ways parents can interact with their children at every age and stage of development. Parents and children learn together over the course of several months using evidence based curricula and practice time. Classes are offered in English and Spanish. In FY2012, 433 families were served in the Nurturing Parenting Program. Of the 278 parents who took a pre and post-test, 110 scored at low/no risk of abusing or neglecting their children after completing the program; 40 of the parents who entered the program scoring at the highest level of risk on the pre-test moved to moderate or low risk.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

Needs improvement

- **Programs are often scalable but lack funding to broaden to target communities or populations** – examples:
EYE - This program is generally limited to youth who are referred by participating county agencies, plus a small number of youth who are individually sponsored for paid work experiences.
- **Workforce Investment funds for youth** - Due to funding constraints, this program only serves youth with significant barriers to employment, such as pregnant or parenting teens, those who are deficient in basic skills, and youth with criminal records.
- **Grant Funds** are time-limited and sustainability of programming is at risk – examples:
 - Grant funding for the ERC ended in June of 2011. For the next two years, the program will be funded by the County through surplus Title IVE funds. At the end of this period, it is unlikely that there will be sufficient resources within the participating agencies' budgets to continue to this program at the South County Center. As a less costly alternative to detention, it would make sense to expand this program to other regions of the County. However, there are no resources to do this. Thus it is likely that, in the future, youth with similar charges will be placed in secure detention at the approximate cost of over \$200 per bed day.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

EFFECTIVE SERVICE DELIVERY AND APPROACHES *(continued)*

Needs improvement

- **EMPOWER** is limited to one of the Agency's four field probation units. Staff was able to design and operate the program with existing resources, in part, because the juvenile probation case loads are lower than they have been in the past. Research has shown that educational attainment and employment skills have strong links to reducing delinquency. However, there are no resources available to expand this program to the remaining field probation offices. In addition, if caseloads increase, the staff at the South County Probation Office will no longer be able to provide this service.
- Due to resource limitations for the **Healthy Families** program, eligible clients often can't be served. In FY2012, only 27% of the families screened eligible for services based on risk factors were able to be enrolled (257 out of 968 families with positive screens).
- There are not enough **quality parent education resources** in Fairfax County. Gaps remain and demand for parenting education programs for parents of vulnerable children exceeds supply. Areas under-resourced include quality programming for parents of children birth to age 4 (the most vulnerable age based on brain research); home based parenting education, and classes for parents of adolescents.

LEVERAGING PARTNERSHIPS

What Works

Intensive Care Coordination (ICC) -is a family-driven, youth-guided, team-based approach to help youths and their

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

LEVERAGING PARTNERSHIPS (*continued*)

families who are at-risk of out-of-home placement. ICC follows guiding principles from the wraparound approach:

- All children need and deserve loving, permanent homes and family connections.
- Safety comes first.
- Parents and families have the right and responsibility to raise their own children.
- Services should be planned in a way that honors and reflects the family's values and preferences.
- Whenever possible, children and youth need to be served in their community.
- If a placement outside the community is necessary, it needs to be as brief as possible. The ICC team will help the family find and develop the supports needed to make sure that the child's return home is safe and successful.

ICC, provided through the CSB, began accepting youth in November, 2010 with capacity to serve 60 – 65 youth at any given time. The following data describes their initial outcomes for November, 2010 through September, 2011:

- 85 children were served by ICC
 - 28 children received less than 3 months of ICC services
 - 40 children received ICC services for 3-6 months
 - 17 children received ICC services for 6 or more months
- 54 of the 85 children were referred to prevent residential placement
 - 33 out of 54 children received at least 3 months of ICC and were included in further analysis
- 31 of the 85 children were referred to assist in discharge from residential to the community 24 of the 31 children received at least 3 months of ICC and were included in further analysis
- Restrictiveness of Living Outcomes: Of the 33 children referred to prevent residential placements who met the criteria for analysis...
 - 32 youth were still in the community at 3 months, achieving the goal of 97% remaining in the community.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

-6 months have elapsed between ICC initiation and analysis for 26 youth. 24 of those 26 youth reside in the community, achieving the goal of 92% remaining in the community.

-Of the 24 children referred for discharge from residential, 13 children or 54% returned from residential within 3 months; of those 13 children who stepped down from residential placements, 11 children met the criteria of having 6 months elapse since discharge. 10 of the 11 children, or 92% of the children remained out of residential placements.

- **Functional Outcomes:**

22 youth had CANS assessments completed 6 months after ICC initiation which was compared to their CANS at the initiation of ICC services. Ratings on the domain for Child Behavioral and Emotional Needs indicate improvements for youth as shown in the figure below. The percentage of youth showing improvements on their ratings was highest for Psychosis (n=1), Conduct (n= 9), and Anger Control (n=13).

Family Partnership Meetings (DFS) - The Family Partnership Program uses structured, facilitated meetings that bring family, relatives, agency staff and other professionals together to make decisions in the life of a case. The intended outcomes for this program are to (1) significantly increase the agency's capacity to partner and support families in their efforts to care for their children, (2) reduce out of home placements, and (3) increase relative and community placements. As mandated by Virginia Department of Social Services, a Family Partnership Program meeting must occur at the five critical decision points in a case:

1. Emergency Removal or At Risk for Out of Home Placement
2. Very High or High Risk Child Assessment

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

3. Prior to Placement Change or Disruption
4. Prior to Change of Goal
5. Meeting Requested by birth, foster and/or adoptive parent(s), legal guardian(s) and/or the social worker

- 92% of children were able to remain safely with family and not enter foster care after the FPP meeting was held, exceeding the 75% target. 63% of children currently in foster care who had a FPP meeting were able to return home or to a permanent family within 6 months of the meeting. The program is funded using a reinvestment model, where FPP facilitators are funded through the Comprehensive Services Act (CSA). A cross agency systems of care approach is currently being forged to expand the FPP model to other human service agencies such as the Juvenile and Domestic Relations District Court, the Community Service Board, Fairfax County Public School and Falls Church City School systems. These partners, along with the community, will be integral to enhancing the work around supporting our children and families.

Coordination of prevention efforts -Healthy Families Fairfax (HFF) is a unique partnership involving DFS, the Health Department and the non-profit community that provides a home-based early intervention and prevention program that serves parents of vulnerable children beginning prenatally up to age 5 an opportunity to learn parenting skills and receive emotional support and case management services. HFF is an outcome based prevention program with a proven track record.

Neighborhood and Community Services - in coordination with other services providers, has developed a comprehensive Prevention Toolkit that is a collection of suggestions, tools, and resources to assist families, school staff, PTAs, community- and faith-based organizations, social clubs, and others in promoting the well-being of youth in our community www.fairfaxcounty.gov/ncd/prevention/toolkit.htm

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

LEVERAGING PARTNERSHIPS *(continued)*

What works

Finance Park - Finance Park is a partnership between Junior Achievement and Fairfax County Public Schools, to promote financial education through a real-world, hands on simulation experience at the Frost-Woodson school campus. DFS staff members use their volunteer hours to provide assistance to groups of 8th grade FCPS students who visit Finance Park as the highlight of a 6-week classroom curriculum.

Opportunity Neighborhoods - ALL children in Fairfax County deserve to have opportunities to succeed – not just some. And the best chance for this to happen is through collaborative action and engagement in authentic partnerships with community stakeholders. Using evidence-based practices that are now being followed across the country, Fairfax County Public Schools and Fairfax County Human Services are teaming up with community partners, including children, youth, and families, to work towards creating Opportunity Neighborhoods (ON) where the focus is on positive results by increasing educational and developmental outcomes for children. Using key principles, such as: a real time, data-driven decision making process; place-based to focus efforts on a targeted community where services and supports can be customized based on unique strengths and needs of neighborhoods; a seamless continuum of solutions for our children and families; and shared goals and ownership with an inclusive planning and decision-making process, we will have the best chance to address the impact of educational disparities and lead children and youth to success. ON has established four goals that frame the “cradle-to-career” continuum:

ON children are prepared for school entry

ON children succeed in school

ON youth graduate from high school and continue on to post-secondary education and careers

ON families, schools, and neighborhoods support the healthy development and academic success of their children

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

LEVERAGING PARTNERSHIPS (continued)

Needs Improvement

- ICC currently serves only a fraction of the youth at-risk of residential placement. A significant increase in capacity will be necessary to further the number of youth in long-term, out-of-county residential settings.
- Due to resource limitations for the Healthy Families program, eligible clients may not always be able to be served.
- Independent Living Services to Youth in foster care – need for improved coordination of services across the human services system to support youth as they move into adulthood. DFS has recently created the Permanency and Life Skills Unit to focus on achieving permanency for older youth. This unit includes a family finder, a child-specific recruiter, an Independent Living coordinator and will add a permanency coordinator. This is a new and innovative approach that we believe will be successful at reducing the number of youth who age out of foster care. In addition, DFS was recently selected to participate in the Annie E. Casey Agents of Change Leadership Program to improve outcomes for older youth in Foster Care.

Since 2010, employment and foster care program staff have worked intensively together to design a new, innovative service delivery approach for providing work and life skills training to youth in foster care. The purpose of this program is to equip youth in care with the skills they will need to be economically self-sufficient once they leave the system. Building on best practices of effective employment and independent living

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

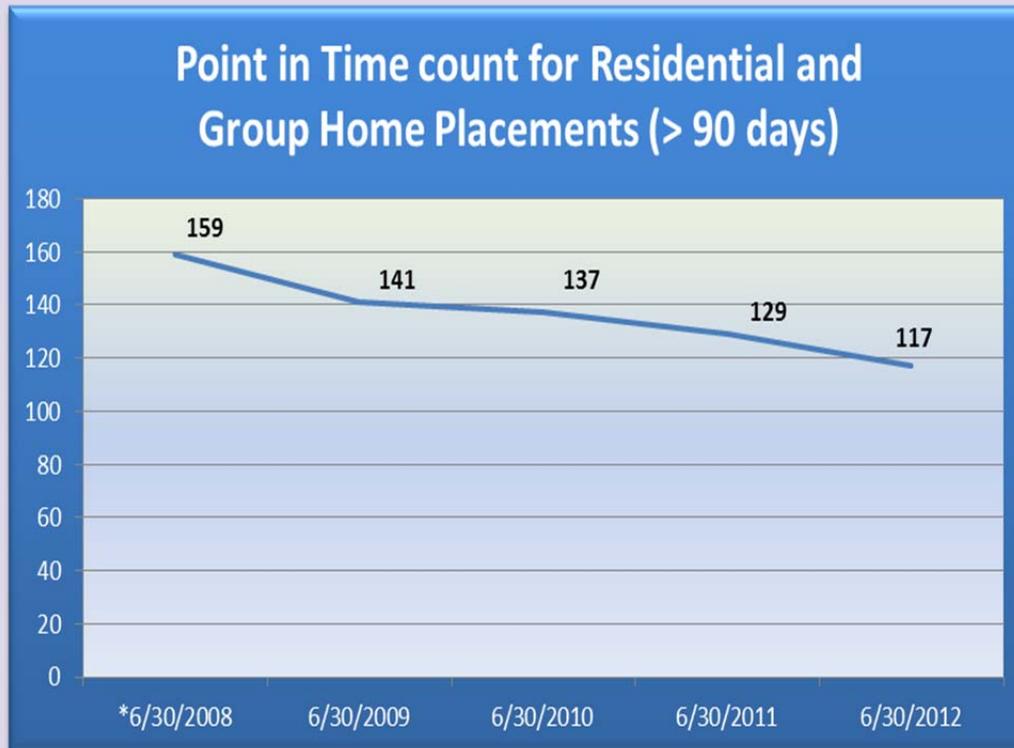
programs, youth can access a comprehensive menu of services, including: placement in jobs or subsidized work experiences; job skills training; mentoring; learning about money and credit management; educational assistance; and developing practical skills needed for daily living. These approaches are promising practices, but are not funded and have been under-resourced.”

BUSINESS PROCESS IMPROVEMENTS

What works

CSA Systems of Care Reform -Local systems of care reform has resulted in new services and redesigned processes intended to provide a seamless, improved, cost-effective service approach using the Systems of Care model for all youth by creating and implementing new community-based resources in Fairfax-Falls Church. The reform efforts yielded the following short-term results:

- The goal for reducing CSA expenditures in FY 09 and FY 10 to below FY 08 actual expenditures was met.
- Placements in residential and group home programs were reduced by 21% from 157 youth in January, 2009 to 124 in January, 2010.
- The average length of stay for youth with emotional/behavioral problems in their current placement was within the 6-9 month timeframe. Cumulative length of stay across placements continues to be a concern.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

CSA System of Care Outcome Goals for FY 2011 were developed by the SOC Accountability and Stewardship Workgroup consisting of key agency directors and approved by the CPMT. These goals consist of:

- Functional outcomes for youth
- Restrictiveness of living
- Fiscal accountability indices

The CPMT will establish quality and outcome targets for FY 2013 after review of the FY 2011 annual data.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

Needs Improvement

- Improvements to referral systems
- Earlier identification of needs – often families enter the system too late - and in crisis
- Data sharing across the System of Care –support for integrated services is dependent upon sharing of intake, assessment, planning goals with families, and care coordination

COMMUNICATION WITH STAKEHOLDERS

What works

- Annual reports such as the CSA Annual report are resources for systems stakeholder and the community to understand client goals, strategies to address goals, and developing effective programs to address service needs.

Needs Improvement

- Cross system communications strategy to leverage work of individual programs and departments. Staff, providers and the community lack an overall mechanism for reviewing and providing input to service quality.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

WORKFORCE DEVELOPMENT

What works

- Cross system training – example: December 2011 - Leadership Conference with public schools, public safety and human services staff on common strategies to plan for comprehensive services and supports to children and youth and their families.
- Grant funding for training and staff development in clinical models

Needs improvement

- Grow to scale training for workers in human services system and in public schools: motivational interviewing, fidelity to evidence based models (examples: MST and FFT) Several Evidence-based Treatments, Promising Practices, and topic areas identified based on profiles of youth from our community who are commonly served in residential and group home settings. Effective behavioral health treatments are the most effective strategy to achieve the goal of building community capacity as an alternative to residential placement.
- Adoption of evidence-based practices consistent with becoming a family driven system - particularly for identified gaps, special populations and behavioral issues. A balance is needed to avoid being overly prescriptive at the expense of flexibility. A range of accepted best practice treatments, models and options available in the community - based on the individual treatment needs of children/families – are required components of a successful system of care. Individualized approach to service delivery must not preclude standards for reporting outcomes, measuring progress, success assessment and evaluation of specific services.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT**LEGISLATIVE or REGULATORY*****Needs improvement***

- Approve reallocation and realignment of resources for maximum impact
- Support plans to access new funding sources and create flexible funding processes
- Commit to reinvestment of funds saved by efficiencies
- Need for guardianship law with state funded financial aid so that relatives can be the solution for children to have permanent homes.

RESOURCES - to learn more:

1. **School Year 2010 -2011 Fairfax County Youth Survey -**
<http://www.fairfaxcounty.gov/demogrph/youthpdf.htm>
and http://www.fairfaxcounty.gov/demogrph/pdf/2010_highlights_presentation.pdf
2. **The Campaign for Children’s Mental Health:** www.1in5kids.org and **Children's Mental Health in Virginia: System Deficiencies and Unknown Outcomes -** <http://www.1in5kids.org/meetings-and-events/VoicesMentalHealthReportEmbargoedUntilMay3.2011.pdf>
3. Annie E. Casey Foundation **Kids Count** Report - <http://datacenter.kidscount.org/>
4. **Children’s Services Transformation** project: <http://vafamilyconnections.com/index.shtml#.shtml>
5. State **Office of Comprehensive Services for At Risk Youth -** <http://www.csa.state.va.us/>
6. **Safe Measures Report** – key case trends (*summary program data available upon request of the Department of Family Services*)
7. **Virginia Department of Juvenile Justice -** <http://www.djj.virginia.gov/>
8. **Virginia’s Service Practice Model -**
<http://vafamilyconnections.com/documents/Practice%20Model.pdf>
9. **Mentoring program toolkit:** http://www.mentoring.org/program_resources/elements_and_toolkits

10. Fairfax County Systems of Care initiative reports

http://infoweb.fairfaxcounty.gov/HS/DAHS/strategic_initiatives/Systems%20of%20Care%20for%20children%20and%20ofamilies/Final%20Committee%20Reports/Devel%20Disabilities%20Report%20and%20Recommendations%20June%202010.pdf

http://infoweb.fairfaxcounty.gov/HS/DAHS/strategic_initiatives/Systems%20of%20Care%20for%20children%20and%20ofamilies/Final%20Committee%20Reports/SOC%20Services%20Committee%20Final%20Report%20Nov%202009.pdf

http://infoweb.fairfaxcounty.gov/HS/DAHS/strategic_initiatives/Systems%20of%20Care%20for%20children%20and%20ofamilies/Final%20Committee%20Reports/SOC%20FAMILY%20ENGAGEMENT%20REPORT%20FINAL%20-%20JULY%202010.pdf

11. Youth Risk Survey www.fairfaxcounty.gov/youthsurvey**12. Fairfax-Falls Church CSA FY 2011 Annual Report:**

http://infoweb.fairfaxcounty.gov/HS/CSA/doc/News/Annual_Report_2011.pdf

13. Improving Outcomes for Older Youth -

http://www.casey.org/Resources/Publications/pdf/WhitePaper_ImprovingOutcomesOlderYouth_FR.pdf