

Board of Supervisors Human Services Committee

May 5, 2015

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# AGENDA

## Fairfax County Board of Supervisors

### Human Services Committee

May 5, 2015

10:00 am – 12:00 pm

Government Center Conference Room 9/10

Meeting called by Supervisor Hudgins

**Attendees:** Fairfax County Board of Supervisors

**Please read:** Attached Materials

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<b>10:00 – 10:25</b>	<b>2014 SCYPT Accomplishments and Draft County-wide Successful Children and Youth Goals</b>
<b>10:25 – 10:50</b>	<b>Crisis Intervention Training (CIT) – Memphis Model</b>
<b>10:50 – 11:15</b>	<b>911 Pre-notification</b>
<b>11:15 - 11:35</b>	<b>Summary of BOS Identified HS Needs Assessment and Funding Pool</b>
<b>11:35- 11:55</b>	<b>Update on Changes to Home Based Children Care Regulations and Update on Increase to Local Child Care Assistance and Referral Program Reimbursement Rates</b>
<b>11:55 - 12:00</b>	<b>Information Items</b> <ol style="list-style-type: none"><li><b>1) Community Health Dashboard</b></li><li><b>2) Head Start</b></li><li><b>3) NIP-Veterans Affairs</b></li></ol>

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# Successful Children and Youth Policy Team: Update to the Board of Supervisors Human Services Committee

May 5, 2015

Pat Harrison, Deputy County Executive

Jesse Ellis, Neighborhood & Community Services

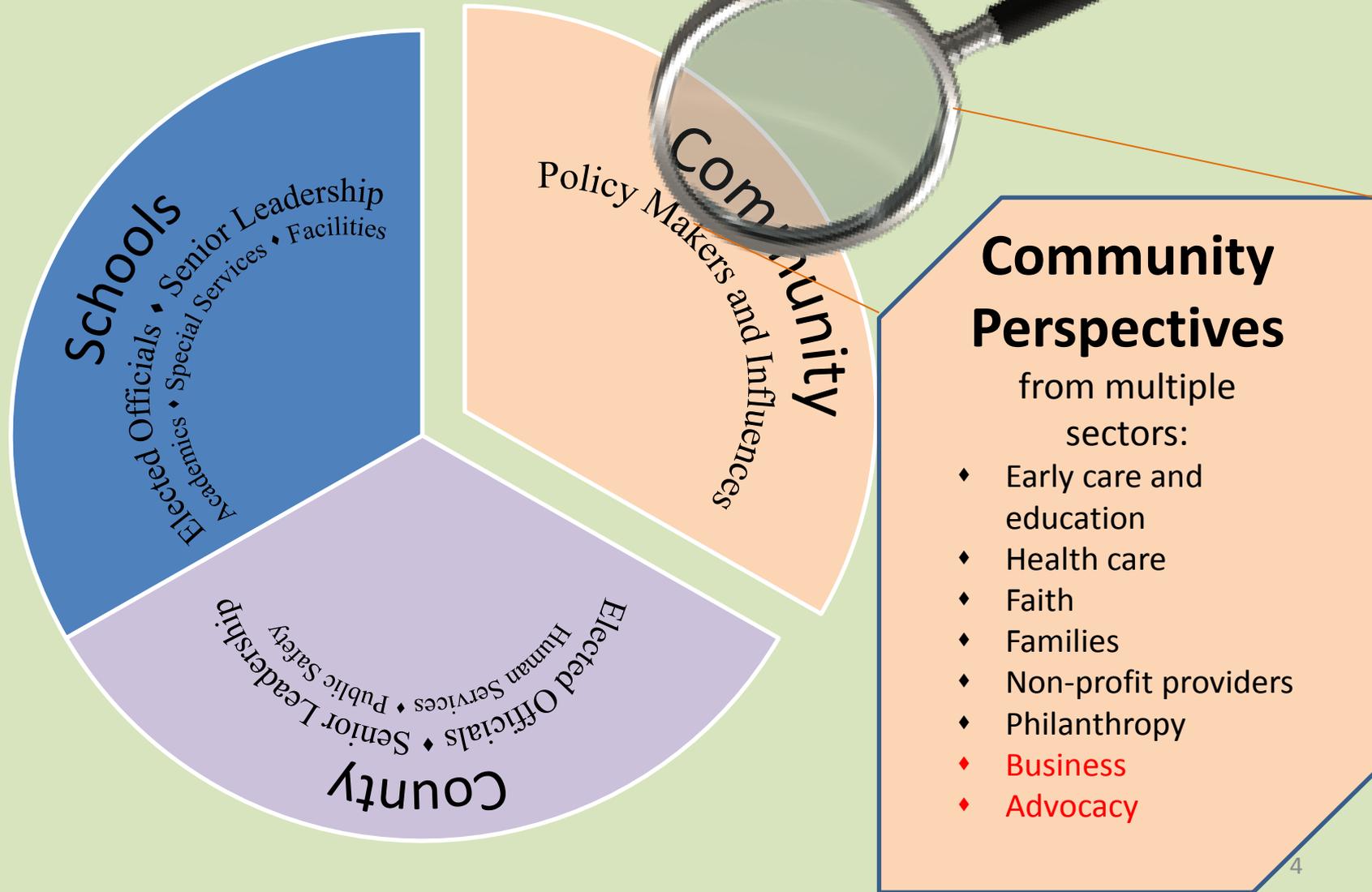
# SCYPT History

- Convened in May 2013
- Multiple precipitating factors:
  - Need to coordinate multiple initiatives
  - Institutional Analysis finding of a lack of a shared vision for children and youth

# SCYPT Purpose

- Coordinate cross-sector initiatives and efforts
- Share responsibility and accountability for outcomes
- Develop and promote a shared vision for children and youth
- Provide strategic and policy direction to the child- and youth-serving systems (inclusive of schools, government, and community)

# SCYPT Membership



# 2014-15 Focus Areas

- Improving access and quality of early care and education
- Improving access to quality behavioral health services for children and youth
- Adopting a commitment to using an equity lens for decision making
- Working towards enhancing collective impact of county, school and community efforts

# Early Care and Education

*Improve access and quality of early care and education*

- FY 2015 funding expanded:
  - Neighborhood School Readiness Teams
  - On-site coaching
  - Virginia Preschool Initiative
  - Virginia Quality Rating and Improvement System
  - Child Care Assistance and Referral programs
- Longer-term recommendations endorsed by the SCYPT:
  - Integrated early childhood longitudinal data system
  - Joint County/FCPS early childhood education capital improvement planning
- Transition programs implemented and expanded:
  - Infant and Toddler Connection/FCPS pilot for preschool children with autism
  - Bridge to Kindergarten

# Behavioral Health

*Improve access to quality behavioral health services*

- FY 2015 funding:
  - Established Systems of Care approach to improve continuum of services
  - Dedicated funding for services for “mid-tier” youth
  - Established referral processes and additional systems changes

# Equity

*Adopt an equity lens for all decision-making to address disparities in outcomes and opportunity.*

- Explore indicators of equity and access to opportunity in Fairfax County
- Pilot a race equity tool in school readiness efforts

# Truancy

*Address root and proximal causes of truancy and chronic absenteeism in Fairfax County.*

- Host a Truancy Summit in September
- Develop a Truancy Task Force to address the issue in a multi-disciplinary, cross-sector way

# Collective Impact: Facilitating Joint Accountability and Responsibility for Outcomes

*Establish the civic infrastructure necessary to support children and youth from cradle to career.*

- Shared community vision and goals
- Collective accountability for results
- Evidence-based decision making
- Collaborative action to identify needs and priorities and to continuously improve
- Investment and sustainability through alignment of activities and resources

# Collective Impact

- Initial steps: Define a shared agenda and refine our structure to facilitate collective impact and continuous improvement
  - SCYPT Planning Retreat in February
  - Community Dialogue and additional outreach in April and May

# A Shared Agenda

- Proposed Vision
  - A community where all children and youth thrive and reach their full potential.
- Proposed Mission
  - We collectively ensure children, youth, and their families have equitable access to quality services and supports to further their success and well-being.

# A Shared Agenda

- Proposed Outcomes
  1. Children get a healthy start in life.
  2. Children enter kindergarten ready to succeed.
  3. Children and youth succeed academically.
  4. Children and youth are healthy.
    - Children and youth are physically healthy.
    - Children and youth are socially, emotionally, and behaviorally healthy and resilient.
  5. Children and youth are safe and free from violence and injury.
  6. Youth earn a post-secondary degree or career credential.
  7. Youth enter the workforce ready to succeed.
  8. Youth contribute to the betterment of their community.

# Next Steps to Collective Impact

- Additional community input
  - Let us know who to reach out to:  
Jesse Ellis, 703-324-5626,  
[jesse.ellis@fairfaxcounty.gov](mailto:jesse.ellis@fairfaxcounty.gov)
- Refine governance structure
  - Representation
  - Structure to ensure communication and collective planning and action

# Moving Forward

- Provide regular SCYPT updates to the BOS and School Board.
- As directed in FY 16 & 17 Budget Guidance, develop multi-year plans for closing minority achievement gap and enhancing career and technical education programs. Develop plans using the collaborative and holistic approaches that have been successfully implemented through the SCYPT.

## **Fairfax County Successful Children and Youth Policy Team 2013-2014 Year in Review**

**September 17, 2014**

The SCYPT was first convened in May 2013. At that meeting, the team adopted its charter and received an overview of key issues facing Fairfax County children and youth. The team met five times over the course of the 2013-14 school year, directing initiatives and helping to foster change in a number of areas. Some critical areas of progress are highlighted below.

### **School Readiness**

The SCYPT endorsed an approach to improving the quality of and access to early care and education programming. The Board of Supervisors included three new positions and approximately \$700,000 in the FY2015 budget to implement the initiative, which includes expansion of Neighborhood School Readiness Teams (NSRTs); additional on-site coaching for early childhood professionals; and expansion of the Virginia Preschool Initiative (VPI), Virginia Quality Rating and Improvement System, and Child Care Assistance and Referral programs. Longer-term recommendations endorsed by the SCYPT include developing an integrated early childhood longitudinal data system and a joint County/FCPS approach to early childhood education capital improvement planning.

In FY2015, six new neighborhoods, feeding into eight schools, will be served by NSRTs. Expanded on-site coaching will be provided to 360 previously unserved early childhood professionals, who serve 4,500 children. Two new VPI classrooms, operated by FCPS, will serve 34 children, while an additional 50 children in community-based programs will be served through VPI. Thirty new child care programs, serving 1,270 children, will participate in VQRIS.

This summer, the CSB's Infant and Toddler Connection and FCPS early childhood special education program partnered to provide a transition experience for children who would be entering a preschool autism class in September. Five children participated in a three-day per week program over 6 weeks this summer. The program was staffed by FCPS employees and supported by Applied Behavior Analysis coaches. The children participated in activities designed to help them learn classroom routines and expectations in order to be better prepared for entering school. Preliminary data shows average to above average social validity scores in all areas surveyed from the parents and teachers who participated. During the upcoming school year, ITC and FCPS will continue to collect transition data from the students who participated and will analyze and review the final findings.

### **Racial Equity**

Fairfax County has not escaped the national challenge of racially disproportionate outcomes in many areas, including juvenile justice, academic achievement, and health. Recognizing that intentional strategies are necessary to achieve racial equity, advance opportunities and eliminate such disparities, a SCYPT equity subgroup began meeting in the spring. Racial equity is defined as the development of policies, practices and strategic investments to reverse racial disparity trends, eliminate institutional racism, and ensure that outcomes and opportunities for all people are no longer predictable by race.

The SCYPT equity subgroup's charge is to develop a Strategic Plan to Advance Opportunity and Achieve Racial Equity that includes components focused on intentional leadership, infrastructure, "equity lens" tools, data, community engagement, and accountability.

### **Behavioral Health**

The SCYPT endorsed an initiative designed to increase access to behavioral health services for "middle tier" youth with symptoms or diagnoses of depression, anxiety, trauma, substance use, and/or conduct disorder, but who are not in need of intensive services. The Board of Supervisors included \$1.2 million in the FY2015 budget to implement the initiative, which includes system changes to improve information sharing, use of best practices, collaboration, and accountability; an expanded Systems of Care approach that includes early intervention services; the development and implementation of a CSB Youth Services Division Resource Plan; a plan to better leverage services provided in multi-agency and co-located sites; an expanded scope of mental health promotion and wellness priorities within the Partners in Prevention Fund; improved access to behavioral health care for families with insurance and Medicaid; and a review of policies on the use of Comprehensive Services Act non-mandated funding

A final report on recommendations in the CSB Youth Services plan is due in October. The Systems of Care Office was established within the Department of Family Services; the County is currently in the process of filling the Director and Program Manager positions. Funding for multi-agency access to mental health and substance use outpatient treatment has been appropriated; detailed procedures for screening, access to funding, and protocols for administration are in development. Services are anticipated to begin in January 2015.

The SCYPT also endorsed recommendations on suicide prevention. A new Youth Suicide Review Team will begin its work this fall. The recently developed Northern Virginia Suicide Prevention Plan includes the report recommendations and many other strategies, several of which are already in place, including crisis textline services, and expanded gatekeeper training opportunities.

### **Moving Forward**

In its Budget Guidance for FY2015 and FY2016, the Board of Supervisors affirmed the important role of the SCYPT and called for specific actions around youth behavioral health and disproportionality. The School Board has been equally supportive.

Over the coming months, the SCYPT will engage the community in a process of developing community-wide goals for child and youth success and identifying the indicators by which to measure progress towards those goals. Further, the team will review the structure of the SCYPT to ensure it is properly resourced and set up to achieve success through collective impact.

**Follow the SCYPT online at <http://www.fairfaxcounty.gov/living/healthhuman/scypt/> for meeting schedules and summaries, presentations, and more.**

**For more information, please contact Jesse Ellis at 703-324-5626 or [jesse.ellis@fairfaxcounty.gov](mailto:jesse.ellis@fairfaxcounty.gov)**

## **Crisis Intervention Training: Fairfax Implementation Facts**

May 5, 2015 BOS Human Services Committee

### **Crisis Intervention Training (CIT) – Memphis Model**

- The Crisis Intervention Team (CIT) is a well-documented and successful model of pre-booking jail diversion designed to improve the outcomes of first responder interactions with people experiencing acute episodes of mental illness.
- The trained CIT first responder is skilled at recognizing and de-escalating crises involving people with mental illness, while bringing an element of understanding and compassion to difficult situations.
- The goal of the CIT program is to provide safe intervention by first responders in order to reduce instances of restraint, prevent incarceration of people with mental illness, and to provide individuals with appropriate treatment in the community.

### **History of CIT in Fairfax:**

- Training began in Fairfax in 2006 (3 day training).
- Joint collaboration between Fairfax law enforcement and the Fairfax-Falls Church Community Services Board (CSB).
- In 2011, transitioned into a week-long training.
  - The essential elements of this week-long training involved legal education, education about mental health, substance abuse, and intellectual disabilities, didactic role plays, and crisis intervention skill training.
  - The initial week-long training had a majority of the required essential elements of the Memphis Model, but there were a few areas where the training needed to change to meet the necessary requirements to qualify for dollars from the state.

### **Number of Officers Trained in CIT:**

- There are currently 1336 Fairfax County police officers
- 36% or 476 of those 1336 officers have attended prior CIT training
- 43% or 397 of the 925 patrol officers have attended prior CIT training
- 36 Sheriff Deputies have attended prior CIT training

### **Status of New CIT Model:**

- April 2015 representatives of public safety first responder agencies and the Fairfax-Falls Church CSB revised the Fairfax training model to be in compliance with state CIT requirements.
- CIT “Train the Trainer” session has been scheduled for May 27<sup>th</sup>, 28<sup>th</sup>, and 29<sup>th</sup>
  - 15 Staff from Fairfax County Police, the Sheriff’s office, the CSB, and Vienna police will be attending the Train the Trainer session.
- First new CIT Training fully compliant with the state model requirements has been scheduled for June 8<sup>th</sup>-12<sup>th</sup>
  - Max class size for CIT is 25.
- Working through on-going training details with the state to ensure fidelity with the required elements.

- Investigating other avenues to expand capacity of numbers of first responders trained across Public Safety and the ADC.
- Exploring opportunities to align efforts with NACo's recently launched initiative "Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails"

**Benefit of Moving to Memphis Model as Endorsed by the State:**

- Fairfax County now eligible for CSB application for funding for Assessment Site (aka "Drop Off"; subject of CSB BOS Admin Item 4/28/15), which presumes sufficient capacity of CIT-trained first responders in the Memphis Model.

# What is “Smart911”?

- A product sold by a Massachusetts based firm – Rave Mobile Safety, Inc.
- “Smart911” is not smart technology as thought of in Smart phones and smart tablets
- Sold in a Standard Bundle – Containing 3 Features
  - 1) Personal Profile. Voluntarily entered by a resident registering their phone number and made available to DPSC if the resident calls 9-1-1. The information must be confirmed/re-entered at six (6) month intervals. Reminder emails sent by vendor every six months.  
--- DPSC call taker will only access the profile information when there is a valid reason to do so.
  - 2) Unit Access. Units dispatched to the event are made aware when citizen profile info is available for review if needed (call taker event message)  
--- Units would need to access the data by a Smartphone or tablet (not via their Mobile Data Terminal in the vehicle).
  - 3) Facility Information – County (PD, FRD, HS, etc.) could enter floor layout information regarding the caller’s multi-occupancy residence, business place, etc.  
--- This information could be viewed by 9-1-1 call takers or responding units via a smart device (phone, tablet). Any 9-1-1 call made near such a location associates the entered layout information to the 9-1-1 call.

# What is "Smart911"?

## Standard Bundle – Comes with 3 Features

### Feature 1

### Smart 911 Tool



(Diagram from "Smart911" website)

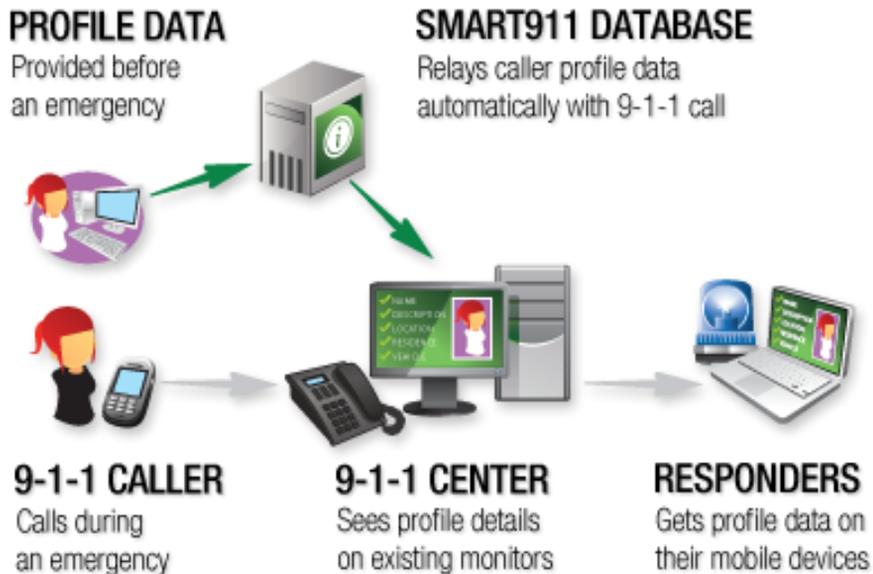
- Citizens register their telephone number and enter information they want 9-1-1 to receive in case of an emergency call to 9-1-1.
- Information could include a personal profile and other information determined by the citizen.
- When a person calls 9-1-1 from a registered phone number, the data entered is available for reference on the call taker's work station (after standard query protocols are followed).
- All calls requesting medical assistance will be handled in accordance with pre-established county approved pre-arrival medical instruction.
- "Smart911" entered profiles would be considered secondary information in entering calls and by units dispatched.

# What is "Smart911"?

## Standard Bundle – Comes with 3 Features

### Feature 2

### First Responder Access



(Diagram from "Smart911" website)

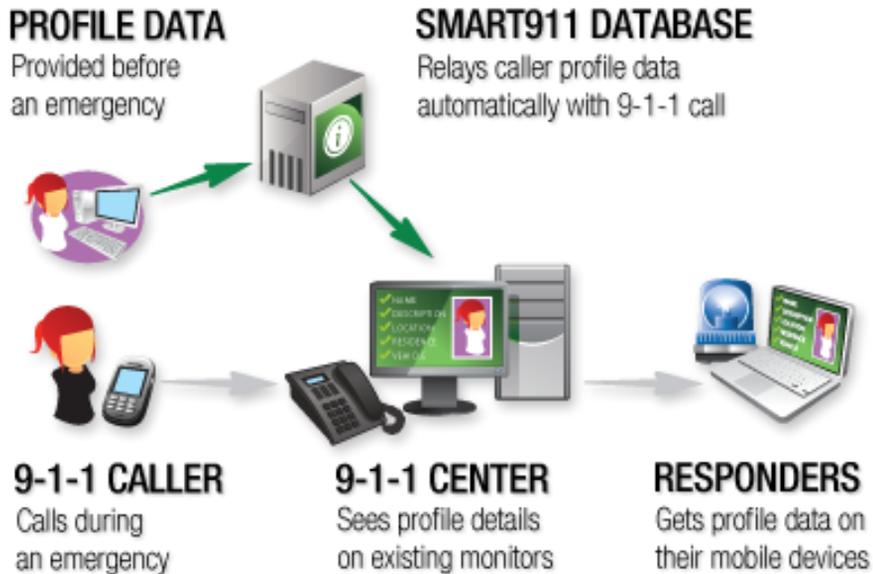
- Allows any first responder to see the citizen entered data on the first responder's cell phone, laptop, or other electronic device (but not the officer's MCT) including pictures of people, any entered floor plans, medical information, etc.
- Creates a secure link between the first responder's device and the "Smart911" servers where the data is stored.

# What is "Smart911"?

## Standard Bundle – Comes with 3 Features

### Feature 3

### Facility Information



(Diagram from "Smart911" website)

- Allows any facility information (like a school floor plan or shopping mall layout/diagram) to be entered into a "Smart911" database – layout, floor plans, emergency response plans, AED locations. Info is entered by an authorized group of users – not open to the public.
- Any wireless call made that is within a close distance to that facility links the facility information to the calling number (geo-codes to the database) and the call taker can see the facility information and the caller's location. The caller does not have to be registered with the "Smart911" Tool.

# What is "Smart911"?

## Points to Consider:

- Cost: initial and ongoing to include an outreach campaign.
- Registration Rate: Comparable communities report a low participation (10% or less).
- NCR jurisdictions using product currently: District of Columbia
- Other similar products are entering the marketplace. DPSC is monitoring the features they will include and the business model to be used.
- Security and Confidentiality of profile information registered.
- Contracting options/approach.
- DPSC Projects currently being implemented and planned to be implemented that are not associated with "Smart911":
  - Text-to-9-1-1
  - Next Generation 9-1-1 Telephony System (internal)
  - Next Generation 9-1-1 Network (NCR wide)
  - Emergency Medical Dispatch (EMD)/Pre-Arrival Instruction (PAI) protocols interfaced with Computer Aided Dispatch (CAD)
  - Data Exchange Hub (CAD2CAD) Phase 2
  - Private Alarm Company Interface with CAD
- If pursued, what is it called?

# What is "Smart911"?

## Costs for "Smart911" Bundle

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Item	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total
License Fee to Vendor (recurring)	125K	125K	125K	125K	125K	625K
Implementation Fee to Vendor	10K					10K
Outreach Campaign by County PIO	100K					100K
Other equipment (server)						
- Fairfax County	2K					
- Town of Herndon	1K					
- Town of Vienna	1K					
- City of Fairfax	1K					5K
Training – Fairfax County Ops (160 people)	15K					15K
<b>Total</b>	255K	125K	125K	125K	125K	755K

Voice recognition software is not provided by the vendor.

*The Fairfax County*

# Human Services System

## Update on Board Response to Human Services Needs and Funding Pool Priorities

May 5, 2015

*Working Together To Achieve Better Results*



# Outline of Presentation

- Update on CCFP Priorities Process
- Update on Human Services Needs Assessment
- Summary of Themes from Board Needs Assessment Interviews
- Next Steps

## Update on CCFP Priorities Process

- The Consolidated Community Funding Advisory Committee (CCFAC) has released its draft CCFP priorities for public comment
- Board members requested more input in the priority-setting process at the February Human Services Committee meeting
- In response, staff held individual meetings with Board members to get their feedback on the draft priorities
- Draft priorities (included in Board package) now include targeted focus areas, based on data shared by staff

## Update on CCFP Priorities Process

- The focus areas hone in on specific service types that will be encouraged through the CCFP application process
- Based on the individual meetings with Board members, there is support for the new focus areas as a way to provide more direction to nonprofit applicants
- Staff has notified community of the new draft priorities via several sources, including newspapers, county websites, email distribution lists, social media, and flyer (included in Board package)

## Update on CCFP Priorities Process

- Board feedback on the priorities, as shared in the individual meetings, will be summarized and provided to the CCFAC in advance of its May 12 meeting
- CCFAC is expected to adopt its recommended priorities at the May 12 meeting; open to the public
- Once finalized, staff will communicate with nonprofits about changes to the priorities

## Update on Needs Assessment

- Needs Assessment is underway to better understand human services needs in the community and align community resources
- Staff has analyzed human services trends in the system, based on data collected from all human services departments
- Community outreach has begun, including a public online survey
- Focus groups are underway with various constituency groups
- Two public forums will be held at a later date

## Board of Supervisors Interviews

- Staff interviewed Board members in April to get their perspective on human services needs
- Interviews focused on:
  - Most pressing human services needs
  - How human services system can be improved
  - What's working now
- Feedback will be incorporated into Needs Assessment

# Board of Supervisors Interviews

## Overarching Themes

- Behavioral Health, such as:
  - Teen suicide
  - Substance abuse
  - Mental health services
- Older adult programs and services, such as:
  - Housing and transportation services
  - Elderly fraud prevention

# Board of Supervisors Interviews

## Overarching Themes

- Cultural sensitivity and community integration, such as:
  - English proficiency and accessing services
  - Communication among cultural groups

# Board of Supervisors Interviews

## Other Areas of Concern

- Affordable housing
- Domestic violence
- Affordable child care
- Accessible services for individuals with disabilities
- Human trafficking

# Board of Supervisors Interviews

## Areas for Improvement

- Helping residents navigate the system
- Embedding access to services in community locations, such as libraries
- Sharing client information across the human services system for more coordinated service delivery

# Board of Supervisors Interviews

## Areas for Improvement

- Better coordination with schools on shared issues (e.g., youth mental health)
- Ensuring resources are available to the most vulnerable
- Transitioning individuals and families to higher levels of stability

# Board of Supervisors Interviews

## What's Working Now

- Nonprofit organizations supporting emergency services
- Houses of worship providing community-based services such as ESL and food
- Public-private partnership programs like the hypothermia program

## Feedback on Priorities

- Are there additional Consolidated Community Funding Pool themes, priorities, or areas of concerns that need to be conveyed for consideration to the CCFAC?
- Are there additional needs, trends, or concerns that require more investigation during the needs assessment conversations with the community?

## Next Steps for Needs Assessment and CCFAC Priorities

- Board input will be integrated into the Human Services Needs Assessment
- Input will be delivered to the CCFAC for consideration for the CCFP funding priorities
- Staff will continue to publicize the draft CCFP priorities
- Once finalized, staff will communicate with nonprofits about changes to the priorities

# Community Data Dashboard



The Fairfax Community includes Fairfax County, Virginia and the cities of Fairfax and Falls Church

The Live Healthy Fairfax **Community Data Dashboard** is a web-based data resource for the Fairfax community. The site enables anybody to explore existing population data. It provides online access to quantitative data on a broad range of topics, links to existing local data resources, and highlights promising practices to promote community health and well-being.

## DESCRIPTION OF TOOLS INCLUDED IN THE WEBSITE:

### EXPLORE DATA:

- **Community Dashboard:** A list of hundreds of available community indicators by geographical region, topic, and status.
- **Hospitalization Data:** Embedded within the **Community Dashboard**, includes key clinical and non-clinical data, such as diagnosis and procedure codes, admission source, and patient demographics for all records in the state for the Fairfax Health District (Fairfax County, Fairfax City, Falls Church City).
- **Demographic Data:** Provides brief demographic data of the Fairfax County, Falls Church City, and Fairfax City communities.
- **Disparities Dashboard:** Provides data disaggregated by age, gender, race/ethnicity, as available.
- **Healthy People 2020 Tracker:** Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People 2020 Tracker compares Fairfax community's health to the national objectives and whether or not the community has met the target.
- **SocioNeeds Index:** The 2015 SocioNeeds Index, calculated by Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes. It summarizes multiple socio-economic indicators into one composite score for easier identification of high need by zip code of residence. The SocioNeeds Index is calculated for a community from several social and economic factors, ranging from poverty to education.

### BUILD REPORTS:

- **Indicator Comparison Report:** Help create reports to view and compare multiple indicators at once. This tool can also be used to view a single indicator across multiple locations such as county, census tract and zip code.
- **Report Assistant:** This tool can be used to run a customized report that contains indicators, promising practices, and other information based on keyword topics. The results can be saved as a PDF, emailed, or printed and incorporated into a report. The results can be saved as a PDF, emailed, or printed and incorporated into a report.

### PRIORITY ISSUES:

- Provides status update and progress reports for all goals and objectives in the Live Healthy Fairfax **Community Health Improvement Plan** based on all seven priority issues: **1) Healthy and Safe Physical Environment; 2) Active Living; 3) Healthy Eating; 4) Tobacco-Free Living; 5) Health Workforce; 6) Access to Health Services; and 7) Data.**

### RESOURCES:

- **Data Resource Center:** Helps search for data reports, plans, and links to other existing local resources with Fairfax data.
- **Promising Practices:** Helps search for documented approaches to improving community health and quality of life.
- **Funding Opportunities:** Helps search for national funding opportunities to promote community health and well-being.
- **Community Health Needs Assessment Guide:** A step-by-step guide to help conduct a community health needs assessment and develop an implementation strategy using the data dashboard.

**PUBLIC LAUNCH DATE: May 13, 2015**

[www.livehealthyfairfax.org](http://www.livehealthyfairfax.org)

**Updates – upcoming or ongoing activity in Human Services  
Human Services Committee, May 5<sup>th</sup> 2015**

NIP on Veterans Affairs Supportive Housing vouchers:

A recent memo to the Board provided an update on awards of additional Veterans Affairs Supportive Housing (VASH) vouchers to the FCRHA. These vouchers, which are managed by the Department of Housing and Community Development in partnership with the Office to Prevent and End Homelessness, are a critical new resource to help meet the county's commitment to end veterans' homelessness in 2015. The Department of Veteran's Affairs efforts to accelerate the timely placement of veterans will us to more effectively serve our universe of local homeless veterans.