

AGENDA

Fairfax County Board of Supervisors

Health & Human Services Committee

September 27, 2016

1:00 pm – 3:00 pm

Government Center Room 9/10

Meeting called by Supervisor Hudgins

Attendees: Fairfax County Board of Supervisor

Please read: Handouts will be provided at the meeting

1:00-1:15 School Attendance

1:15-1:50 ID/DD Update

1:50-2:25 Youth Suicide Report

2:25-2:55 Needs Assessment

2:55-3:00 Head Start

Improving School Attendance in Fairfax County: A Multi-Sector Action Plan

Update to the
Board of Supervisors Human Services Committee
September 27, 2016

By the Attendance Task Force Steering Committee:
Cindy Dickinson and Carrie Mendelsohn, FCPS
Lauren Madigan, JDRDC

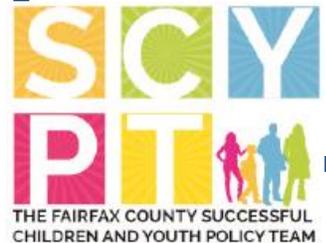
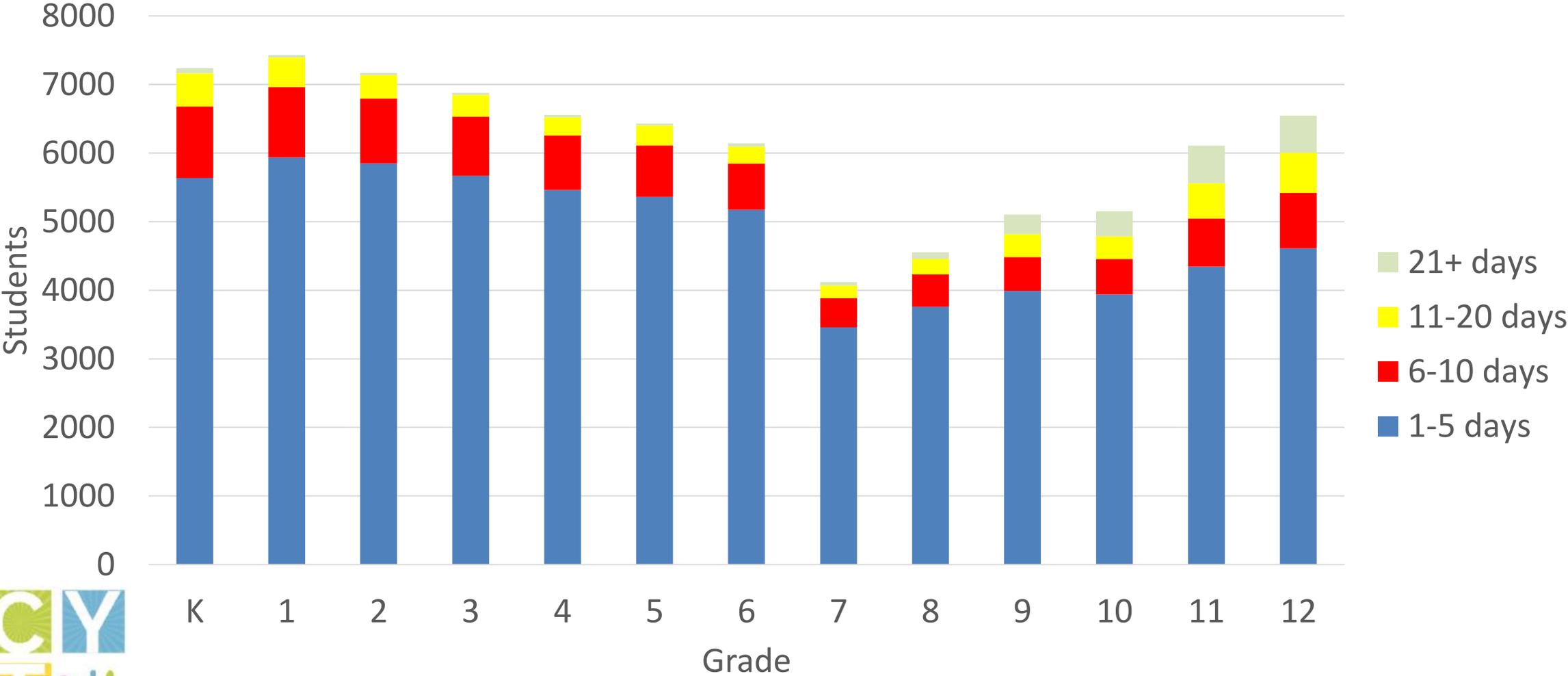
Kristen Brennan, Chrissy Cunningham, Jesse Ellis, Victoria
Kairys, and Jonathan Melendez, NCS

Plan Development

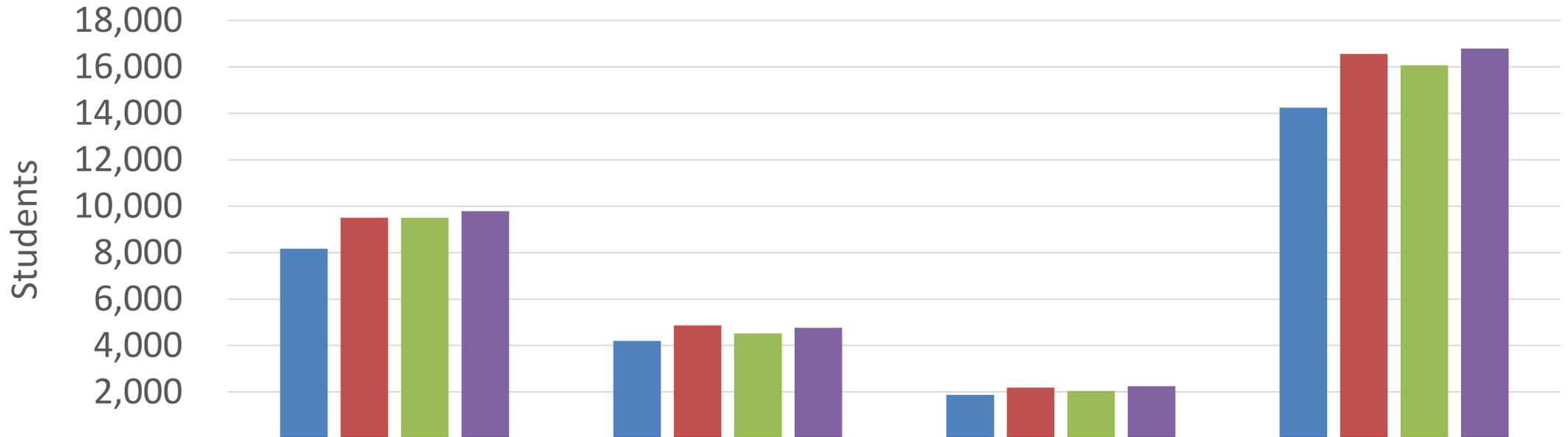


- SCYPT endorsed an approach in December 2014
- Community Dialogue in September 2015: 200+ attendees
- Attendance Task Force met over the winter and spring
- SCYPT endorsed Goals 1, 2, and 3 of plan in June 2016

Number of Students with Unexcused Absences by Grade, 2014-2015



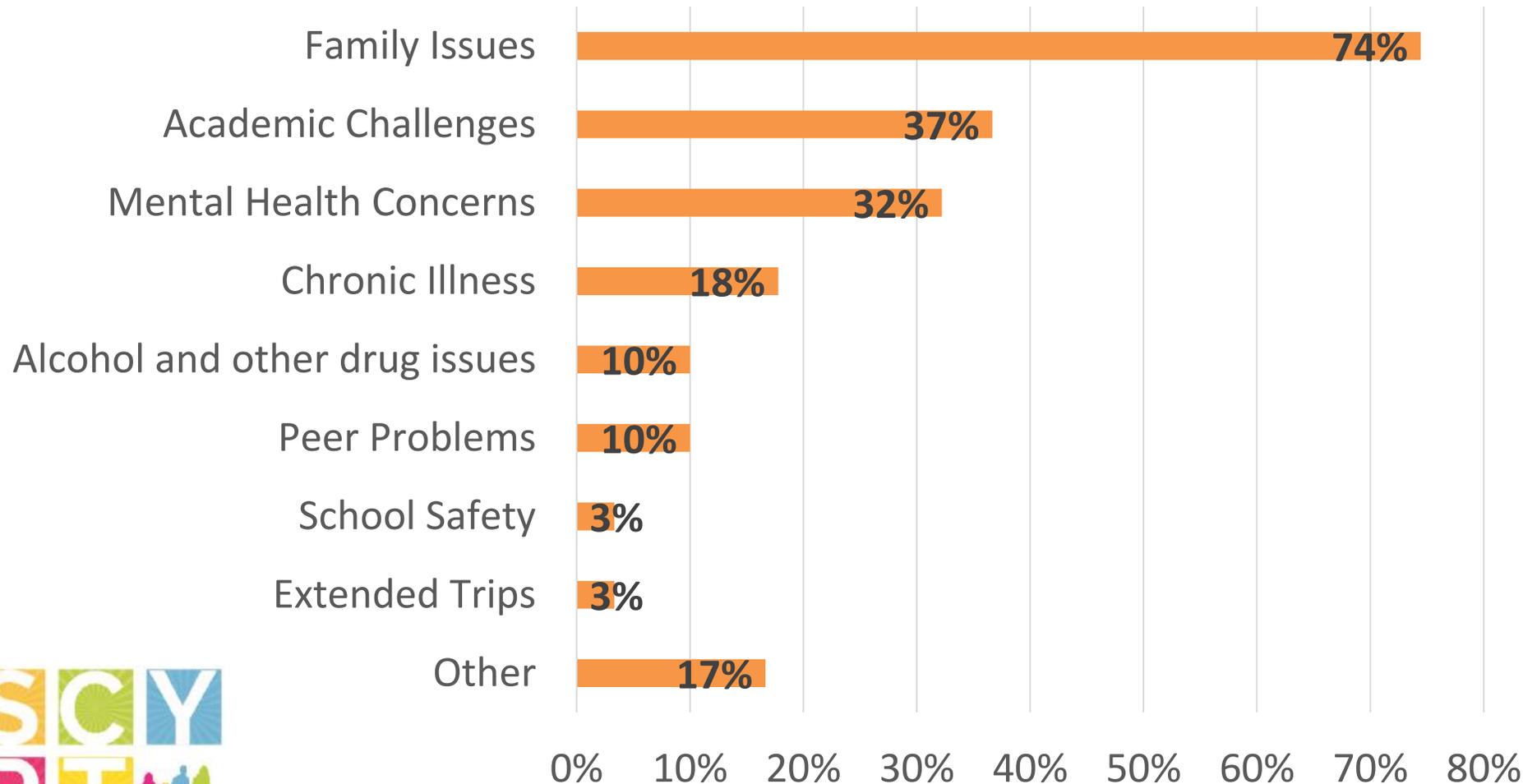
“Legal” Truancy: Absent more than 5 days



	6-10 days	11-20 days	21+ days	Total
2011-2012	8,168	4,198	1,874	14,240
2012-2013	9,500	4,862	2,188	16,550
2013-2014	9,505	4,521	2,046	16,072
2014-2015	9,782	4,767	2,243	16,792

Common Underlying Issues

Reason for Absence (Total)



Based on a sample of 90 student cases being handled by Student Attendance Officers during School Year 2015-2016. Cases are evenly divided among elementary, middle, and high school students.

The Action Plan

Three key principles of the plan:

- The focus is on serving individuals, not on addressing root causes broadly.
- A community-wide multi-sector approach is necessary. This requires a consistent approach across schools.
- All strategies must be planned and implemented through an equity lens.

The Attendance Action Plan

Goal 1: Ensure a positive school climate, flexible instructional approaches, and supportive services to encourage school attendance and engagement.

- Awareness campaigns and messaging to parents
- Responsive and welcoming school environments and opportunities
- Student engagement through personalized instruction practices
- Connections to the community, especially through out-of-school time opportunities and the business sector

The Attendance Action Plan

Goal 2. Closely monitor absenteeism and student behavior to enable early detection and intervention.

- Standard attendance monitoring at the school and division levels
- Revised position descriptions for School Probation Officers and School Attendance Officers

The Attendance Action Plan

Goal 3. Involve families, school staff, community service providers, and other key stakeholders in service planning and monitoring.

- Cross-agency collaboration, information sharing, and data sharing
- Family organization engagement

The Attendance Action Plan

Goal 4. Develop tiered school- and community-based responses that prioritize comprehensive supportive services and reduce punishments.

- Resource guides
- Tiered system of interventions that are triggered by absenteeism
 - Tier 1 - school attendance plan: school climate, attendance promotion, data monitoring
 - Tier 2 - student attendance plan: attendance-based intervention, identification of services and alternative educational supports, information sharing
 - Tier 3 - wraparound services

SCYPT Action and Next Steps

- SCYPT endorsed Goals 1, 2, and 3
- Wording for new Strategy 1.8 (personalized school-day instruction)
- Implementation teams (where needed)
 - Maintain and increase multi-sectoral participation
 - Develop resource lists, implementation guides, and templates to support implementation
 - Return to SCYPT in fall with specific resource needs
- Goal 4/interventions workgroup
 - Fully develop the wraparound and case management approaches
 - Return to SCYPT in fall for endorsement of strategies and specific resource needs

Contact Information

- <http://bit.ly/ffxattends> - documents, process information, update webinars
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- Lauren Madigan, lauren.madigan@fairfaxcounty.gov
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Follow SCYPT

- Join the email list at <http://bit.ly/scypt>
- Follow us on Twitter [@ffxyouththrive](https://twitter.com/ffxyouththrive)

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Improving School Attendance in Fairfax County: A Multi-Sector Action Plan

A Report to the Fairfax County
Successful Children and Youth Policy Team

June 1, 2016

NOTE: On June 1, 2016, the Fairfax County Successful Children and Youth Policy Team (SCYPT) voted to endorse Goals 1, 2, and 3 of this plan. Implementation groups will be formed over the summer to begin work on the strategies in those goals. A separate work group will be meeting over the summer to revise Goal 4 (including the three tiers of intervention) and present it to the SCYPT in the fall for endorsement. Please email ncs-prevention@fairfaxcounty.gov with questions.

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NOTE: On June 1, 2016, the Fairfax County Successful Children and Youth Policy Team (SCYPT) voted to endorse Goals 1, 2, and 3 of this plan. A separate work group will be meeting over the summer to revise Goal 4 (including the three tiers of intervention) and present it to the SCYPT in the fall for endorsement.

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Improving School Attendance in Fairfax County: A Multi-Sector Action Plan

Introduction

In December 2014, the Fairfax County Successful Children and Youth Policy Team (SCYPT) endorsed holding a Community Dialogue on School Attendance. The purpose of the dialogue, which was held in September 2015, was to identify stakeholders' perceptions of factors impacting school attendance in Fairfax County and ideas for potential solutions. The SCYPT agreed to, upon learning the results of the dialogue, convene a task force to develop and oversee implementation of an action plan designed to decrease the incidence and negative impacts of school absenteeism in Fairfax.

The task force met over the winter and spring of 2016 and developed strategies to comprehensively address this issue of chronic absenteeism. The strategies were informed by community and stakeholder feedback at the Community Dialogue, as well as reviews of evidence-based and best practices in promoting school attendance – all of which was summarized in an interim report, “Improving School Attendance: Recommendations for Developing a Plan of Action,” which can be found at <http://bit.ly/ffxattends>.

The strategies in this action plan are organized into four goals, aligned with the broad promising practices identified by the Vera Institute's Status Offense Reform Center in its “[Tackling Truancy](#)” infographic. The fourth of the promising practices – implementing a tiered system of interventions, is organized in the action plan based on the [key strategies identified by Attendance Works](#): recognizing good and improved attendance, engaging students and parents, monitoring attendance data and practice; providing personalized early outreach, and developing programmatic responses to barriers.

When students are absent from school, there are consequences for the student, family, school, and community. Likewise, the responsibility to address school attendance and prevent chronic absenteeism is shared. Our community – the schools, courts, families, non-profit and faith-based organizations, government, and businesses – must work together to help children and youth succeed. And we must do so in a way that promotes equity, so that all children and youth have the opportunity to thrive. Therefore, this action plan is guided by three key principles:

1. The root causes of chronic absenteeism are many and complex. As desirable as it would be to eliminate those root causes, such an approach would have negligible short-term impact on attendance. Fairfax County (as a community, not simply the county government) is committed to promoting economic self-sufficiency, improving access to quality behavioral health services, and otherwise addressing the issues that underlie attendance problems. But a targeted approach to addressing school absenteeism is also necessary. This plan focuses on promoting attendance and, for students with attendance problems, understanding their individual circumstances and working to address their root causes.
2. School attendance is not simply a school-based issue. Effectively addressing it will require the coordinated and collaborative efforts of the entire community, and the many sectors that make it up. Businesses, community- and faith-based organizations, early care and education,

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government agencies, and families and youth themselves, all have important roles to play. For this plan to be effective, all will need to be engaged. But it is also important to note that, for the community to play a strong role in this work, a consistent approach across schools (in, for example, how absences are defined as excused, and how schools work with students with attendance problems) is required.

3. A focus on equity needs to be a consistent part of this approach. All strategies must be developed and implemented through an “equity lens,” to ensure they are helping to close the achievement gap and otherwise narrow the disparities in access and outcomes based on race, ethnicity, and other factors, and to ensure there are no unintended consequences that increase disparity. All strategies included in this action plan include specific guidance to ensure they are implemented with a focus on promoting equity.

Companion documents to this action plan will be developed to aid stakeholders in its implementation. Resource lists, with information on specific programs and services and how to access them; sector-specific implementation guides; templates; and tools and resources to promote cultural competency and language access will all be made available.

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Action Plan

Goal 1. Ensure a positive school climate, flexible instructional approaches, and supportive services to encourage school attendance and engagement.

Strategy 1.1. Conduct an awareness campaign to educate students, parents, and community stakeholders about the importance and benefits of school attendance, and on policies and procedures regarding school attendance.

- Develop a consistent brand and slogan for use across all platforms and with all audiences.
- Ensure materials targeted to specific audiences.
- Consider products to include: website, PSAs, social media, print materials, and webinars.
- Engage multiple sectors, including the business community, in development and implementation.
- Include an action campaign to engage youth.
- Incorporate messaging into Back to School Nights and Kindergarten Registration.

- *Promoting Equity:* Ensure messages and resources are culturally competent and linguistically appropriate. Target implementation to communities with identified risk factors, and tailor messages to identified communities. Engage youth and families in the development and dissemination of messages.

Strategy 1.2. Ensure school attendance messaging is incorporated into school readiness initiatives.

- Include messaging as a part of Kindergarten Registration, Neighborhood School Readiness Teams, and other transition activities.
- Develop resources for Head Start and other pre-school providers to include messaging in their programs and services.
- Explore incorporating attendance-related components into the Office for Children’s Institute for Early Learning trainings for child care providers

- *Promoting Equity:* Ensure messages and resources are culturally competent and linguistically appropriate. Ensure representation and participation from community organizations and programs that serve diverse communities in the development and dissemination of messages.

Strategy 1.3. Ensure messaging and information targeted to parents and families related to school attendance are accessible, relevant, and widely available. Information should particularly target children and youth transitioning education settings.

- Develop standard presentations on the importance of attendance, and on relevant policies and procedures for parents to know, for trainers from multiple sectors.
- Promote the “Getting to Know FCPS” orientation session for recently immigrated parents new to FCPS.
- Develop resources for teachers to incorporate the topic at parent-teacher conferences.
- Ensure information on policies and practices, and attendance-related tips and resources, are easily accessible online (on FCPS and relevant community-based sites).
- Explore developing a mobile app to simplify the process for parents to notify schools about student absences.

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- *Promoting Equity:* Ensure messages and resources are culturally competent and linguistically appropriate. Target implementation to communities with identified risk factors, and tailor messages to identified communities. Engage youth and families in the development and dissemination of messages.

Strategy 1.4. Fully implement the Return to Learn protocol to support the transition back to school for students who miss significant time for any reason.

- Implement the Return to Learn protocol.
- Share the protocol with parents, doctors, partners, and other key stakeholders so they are aware of the protocol and how it is implemented.
- *Promoting Equity:* Regularly identify needed adaptations to ensure the protocol is culturally relevant. Monitor data to identify any disparities in implementation or outcome.

Strategy 1.5. Promote access to career and technical education, alternative schools, credit recovery and other Nontraditional School Programs, which allow for greater flexibility and individualization of instruction.

- Promote the programs and provide clear information for students, families, and school staff on how to access them.
- Identify gaps and examine opportunities to expand access, including a review of the impacts of eligibility criteria on English as a Second Language students and on students with past attendance issues.
- Collaborate with Skill Source and other community partners offering job training opportunities to promote services and prepare interested youth for local job opportunities.
- *Promoting Equity:* Ensure resources and program information culturally competent and linguistically appropriate. Regularly monitor admission data to identify any disparities in implementation or outcome.

Strategy 1.6. Increase school engagement and performance by promoting out of school time experiences that complement school curricula.

- Develop and promote resources and guidance to out of school time providers to implement project-based and problem-based learning experiences that complement what participants are learning in school.
- Develop and promote resources and guidance to out of school time providers to provide adequate and appropriate homework help and tutoring opportunities to students in need.
- Implement quality mentoring programs.
- *Promoting Equity:* Ensure messages and resources are culturally competent and linguistically appropriate. Ensure representation and participation from community organizations and programs that serve diverse communities in the development and dissemination of messages.

Strategy 1.7. Increase school engagement and performance through local business actions to promote school attendance.

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- Identify work hours that should be restricted to older employees, and encourage businesses to implement the recommendations.
- Develop school-business partnerships to offer access to visits, internships, or job interviews to youth with good or improved attendance.
- Include recognition of good or improved school attendance in employee of the month and similar workplace awards.
- *Promoting Equity*: Ensure messages and resources are culturally competent and linguistically appropriate. Ensure businesses serving diverse communities are included and are engaging youth from those communities.

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Goal 2. Closely monitor absenteeism and student behavior to enable early detection and intervention.

Strategy 2.1. Implement a standardized process for monitoring and acting on school attendance data.

- Develop system-wide definitions and standards for excused and unexcused absences and tardiness.
- Identify attendance leads at each school to serve as points of contact for tracking, monitoring, policy changes, etc. Provide regular training and follow-up.
- Tie the data system to the set of tiered interventions, to allow for simplified data analysis, and triggers to follow up with students.
- *Promoting Equity:* Ensure the process takes into account challenges staff in certain schools may face, especially when parents have communication challenges. Utilize parent liaisons and interpreters in parent outreach related to attendance issues. Partner with parent liaisons/interpreters in facilitating discussions about attendance concerns with parents.

Strategy 2.2. Utilize student data to increase effectiveness of school attendance teams in monitoring of individual student and school-wide trends.

- Develop and implement building-level monitoring processes and incorporate attendance into school improvement plans when necessary.
- Develop a set of regular reports at the school and system levels, including disaggregated data, so that trends can be evaluated.
- Develop procedures for school administrators and teams to review attendance data routinely for student absence patterns.
- Explore if data on trends in illness can be used to identify common root causes.
- Tie reviews to the set of tiered interventions, to allow for simplified data analysis, and triggers to follow up with students.
- *Promoting Equity:* Disaggregate data to identify disparities and population-specific risk factors.

Strategy 2.3. Revise position description and duties for School Probation Officers.

- Clarify the position's roles to include active support for students at risk for chronic absenteeism, to include a revised position description that emphasizes the skills necessary for such work.
- Include Check and Connect training in the School Probation Officer annual orientation.
- Include School Probation Officers on school attendance teams tasked with tracking attendance data at the school and student levels.
- *Promoting Equity:* Target students "at risk" for court involvement who show concerns in attendance, behavior, and or academics, as outlined in Check and Connect.

Strategy 2.4. Revise position description and duties for School Attendance Officers.

- Clarify the position's roles to include active support for students at risk for chronic absenteeism, to include a revised position description that emphasizes the skills necessary for such work.
- Include Check and Connect training in the School Attendance Officer annual orientation.
- Include School Attendance Officers on school attendance teams tasked with tracking attendance data at the school and student levels.

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- Consider separating school district residency verification duties from those of School Attendance Officers.
- *Promoting Equity:* Target students “at risk” for court involvement who show concerns in attendance, behavior, and or academics, as outlined in Check and Connect.

Strategy 2.5. Ensure evaluations of school start time changes include impacts on attendance (to include tardiness).

- Review data for all grade levels.
- Develop recommendations based on data, if necessary.
- *Promoting Equity:* Monitor data to identify any disparities in implementation or outcome.

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Goal 3. Involve families, school staff, community service providers, and other key stakeholders in service planning and monitoring.

Strategy 3.1. Establish consistent practices for child-, youth-, and family-service organizations to collaborate, consult, and share information.

- Implement and/or identify existing meetings of local or regional schools and youth-serving organizations convened to share information and resources and to collaborate on solutions to root causes of absenteeism (and other issues).
- Ensure service navigators, case managers, and other staff responsible for connecting families to resources are aware of available services and opportunities.
- Develop and implement agency- and school-level processes to report back on meaningful information from meetings.
- *Promoting Equity:* Ensure representation and participation on teams from community organizations and programs that serve diverse communities.

Strategy 3.2. Establish consistent practices for student-level information sharing among FCPS, County agencies, and community-based organizations.

- Develop and implement common release forms for the sharing of information across agencies.
- Explore opportunities to allow for shared access to data systems across agencies.
- Include language about FERPA, HIPAA, 45 CFR, and other relevant privacy laws in policies and procedures related to data and information sharing/release.
- *Promoting Equity:* Ensure forms are culturally competent and linguistically appropriate. Consider cultural practices and reading level in developing consent forms and engaging parents to sign them.

Strategy 3.3. Engage PTAs/PTOs and other family organizations in regular updates on trends and issues related to attendance, to promote collaborative approaches.

- Share data and discuss trends with family organizations on a regular basis.
- Develop and implement family-led outreach efforts to promote attendance.
- *Promoting Equity:* Provide language access. Ensure representation and participation on teams from community organizations and programs that serve diverse communities.

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Goal 4. Develop tiered school- and community-based responses that prioritize comprehensive supportive services and reduce punishments.

Strategy 4.1. Develop a consistent list of programs, services, and other resources for youth and families that allows for localized (e.g., pyramid-level) services to be included, allowing for easy identification of opportunities for referral (and self-referral) and/or collaboration.

- Develop a pre-populated template for a resource list that schools and other organizations can tailor to their geographic area and easily post online. Ensure the inclusion of key services identified by the community as necessary to serve students with attendance issues: mentoring, peer support, prevention and out of school time programming, parenting programs, summer transition programs, behavioral health services, and transportation.
- Implement a consistent web presence across schools, so families and stakeholder can easily locate resources.
- Ensure postings from countywide points of access (e.g., county agency websites).
- Develop resources for social workers and other key staff (inside and out of schools) so they are aware of processes for making referrals to or otherwise collaborating with listed organizations and programs.
- Identify individuals responsible for maintaining each localized resource list.

- *Promoting Equity:* Highlight providers of culturally competent and linguistically appropriate services. Include interpreters and translators in lists. Engage with community providers and families to develop the lists.

Strategy 4.2. Identify and advocate for legislative changes that are needed to better serve students and families.

- Ensure an annual review of pending legislation and negative impacts of existing legislation.
- Coordinate approaches among FCPS and County to develop legislative package language.
- Identify private advocacy organizations to champion changes.

- *Promoting Equity:* Ensure an equity lens to all proposals, and highlight potential and existing unintended consequences.

Strategy 4.3. Implement a tiered system of interventions related to school attendance and absences, as listed below.

- Identify opportunities to increase school staffing (including but not limited to SOSAs, clinical staff, and counselors), in order to expand case management capacity.
- Identify opportunities to utilize or increase staffing in non-school settings to expand case management capacity. Explore using staff from JDRDC, DFS, NCS, and CSB, as well as community-based organizations.
- Ensure multi-sector and multi-disciplinary approach to all interventions when possible.

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Tier 1

Purpose: To identify and recognize students whose good or improved attendance could be maintained and cultivated as long as prevention-oriented supports are in place.

Target Group: All students who have missed between 0- 9% of school days in a quarter or cumulatively in a school year.

Required Interventions: Create a school wide plan that promotes and supports good attendance and assesses individual students’ risk factors that may cause entry into tier 2. The plan should include strategies under each of the five “required components” listed below.

Required components	Potential Interventions/Resources <i>(not an exhaustive list)</i>
Monitor data	<ul style="list-style-type: none"> ● Implement a School Attendance Team to identify trends and students at risk. (See 2.2 for team roles.) <i>(recommended)</i> ● Utilize homeroom* teachers to identify students at risk, based on daily observation, and to share information with the School Attendance Team. ●
Engage students and parents	<ul style="list-style-type: none"> ● Implement positive behavior approach strategies (e.g., Positive Behavior Interventions and Supports, Responsive Classroom) school-wide. <i>(recommended)</i> <p><i>Additional strategies may include:</i></p> <ul style="list-style-type: none"> ● Utilize homeroom* teachers to reach out to students and parents following absences. ● Utilize homeroom* teachers to contact students individually in the week before school begins. ● Utilize parent liaisons and interpreters to contact families. ● Utilize SROs to engage and connect with students. ● Promote participation in prevention-focused programming such as Neighborhood and Community Services programming, the Middle School After-School program, parenting programs, and others. ● Host resource fairs and other events to expose families and students to school- and community-based services. ● Implement the Kids at Hope approach. ● Engage the PTSA and other family organizations in school activities and events. ● Implement trauma-informed practices throughout the school.
Recognize good and improved attendance	<p><i>Examples of strategies include:</i></p> <ul style="list-style-type: none"> ● Incorporating good and improved attendance into behavior incentive plans. ● Implement competitions and regular awards to recognize good and improved attendance. ● Offer texts and teacher calls to recognize attendance improvement.
Provide personalized outreach	<p><i>Examples of strategies include:</i></p> <ul style="list-style-type: none"> ● Use social media as a tool to reach individual students and families.

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	<ul style="list-style-type: none"> • Promote parent use of SIS and report cards to track and monitor their students' attendance.
Remove barriers to attendance	<p><i>Implement services and strategies that universally help students or motivate students to attend school, and localize approaches where necessary. Examples of strategies include:</i></p> <ul style="list-style-type: none"> • Central registration that provides families with information on other services, messaging on attendance, and resources to support school engagement • Free and reduced price meals, and connections to out of school time programs that provide meals and snacks • Resource fairs for students and families • Fairfax Connector passes • Flexible schedule learning opportunities • Annual health and wellness assessments and screenings

*"Homeroom teachers" can refer to any teacher that has daily contact with a group of students. Some middle and high schools have daily (or every other day) intervention or check-in periods where a teacher might fit this description.

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Tier 2

Purpose: To identify the root cause(s) of an individual’s absenteeism and put into place a plan that includes services and supports to address the absenteeism and opportunities to reengage in school if necessary.

Target Group: Students who have missed 10-19% of school days in a quarter or cumulatively in a school year, and identified impact on grades and/or behavior.

Required Interventions: Continued building upon and exhausting required tier 1 interventions. Develop a student attendance plan with student and parent. Identify root causes of absenteeism and barriers to attendance and refer to services and monitoring/mentoring program. Convene with informal multi-agency team to discuss resources.

Required components		Potential Interventions/Resources <i>(not an exhaustive list)</i>
Develop, in collaboration with the student and his/her family, an individual attendance plan that includes the five listed components. Interpreters and parent liaisons should be engaged as necessary to support families.	1. Individual responsibility	<i>Elements could include:</i> <ul style="list-style-type: none"> • Acknowledgement of the importance of attendance • Individual/family responsibilities, such as setting alarms, consistent bedtimes, identification of neighbors who can provide rides if needed, visiting the doctor when sick, etc.
	2. Attendance-focused monitoring and intervention	<i>Student should participate in a group-level intervention that includes a monitoring component. Recommended interventions include:</i> <ul style="list-style-type: none"> • Check and Connect • Attendance Circles
	3. Incentives for improved attendance	<i>In addition to Tier 1 incentives, possible options include:</i> <ul style="list-style-type: none"> • Reward/incentivize achievement of individual goals • Texts and teacher calls to recognize attendance improvement
	4. Exploration of non-traditional school programs and flexible scheduling options	<i>Present family with options and opportunities related to:</i> <ul style="list-style-type: none"> • Flexible scheduling • Career and technical education • Alternative schools • Other non-traditional programs
	5. Identification of and referral to additional services to support student and family	<i>At the plan development meeting, and throughout the intervention, identify resources to address identified barriers to attendance (e.g., physical or behavioral health problems, lack of transportation). (See 4.1.) If additional assessment or intensive intervention is required, move student to Tier 3.</i>
Engage team of local or regional schools and youth-serving organizations to problem solve and help identify solutions (if necessary)	<i>Examples of teams include:</i> <ul style="list-style-type: none"> • Regional Change Teams • Regional Provider Networks • School-Based Multi-Agency Teams • Neighborhood Networks 	

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Tier 3

Purpose: To identify the root cause(s) and risk factors of an individual’s absenteeism and put into place a plan that includes services and supports to address absenteeism and opportunities to reengage in school if necessary.

Target Group: Students who have missed 20% or more of school days in a quarter or cumulatively in a school year, and identified impact on grades and/or behavior, and/or face a risk factor (such as involvement in child welfare or juvenile justice system, homelessness, or having a parent who has been incarcerated).

Required Interventions: Update attendance plan with student, parents, school officials, and other relevant members of the multi-agency team, to ensure required Tier 2 interventions have been attempted and exhausted; ensure wraparound intervention has been completed prior to recommending/involving Court involvement.

Required components	Potential Interventions/Resources (not an exhaustive list)
Review and revise attendance plan. Ensure all appropriate Tier 2 options have been exhausted.	<p><i>Possible updates to the plan that may need to be considered include:</i></p> <ul style="list-style-type: none"> • IEP meeting if student receives or may qualify for special education; reexamine special education services. • Return to Learn
Wraparound intervention	<p><i>A coordinated framework must be developed to implement a team-based planning process that provides a facilitated family meeting and wraparound and case management services to the student/family. The framework should build on existing practices and services, such as Family Resource Meetings, Family Partnership Meetings, Neighborhood Networks, and Intensive Care Coordination.</i></p>
Continue to incentivize and reward improvement in attendance	<ul style="list-style-type: none"> • Texts and staff calls to recognize attendance improvement • Other rewards
Court referral – only if everything else doesn’t work	<ul style="list-style-type: none"> • Student Attendance Officer refers student to court for diversion (see “The Diversion Process” for more information)

NOTE: On June 1, 2016, the Fairfax County Successful Children and Youth Policy Team (SCYPT) voted to endorse Goals 1, 2, and 3 of this plan. A separate work group will be meeting over the summer to revise Goal 4 (including the three tiers of intervention) and present it to the SCYPT in the fall for endorsement.

The Diversion Process

Requests for Truancy petitions are submitted to Juvenile Intake by the School Attendance Officer (SAO) after the school has exhausted interventions/services to address the juvenile's attendance issues. Upon receipt, the Monitored Diversion (MD) Counselor/Intake Officer reviews the SAO's affidavit to determine if there is enough information (probable cause) to move forward with the case and to ensure that all possible interventions have been attempted. Once that determination has been made, the MD Counselor will schedule an appointment to meet with the juvenile and his/her parent(s) to place the juvenile on Monitored Diversion. During the first couple of appointments a risk assessment is completed. The risk assessment helps the MD Counselor, juvenile, and family collaboratively create a case plan that will be utilized through the duration of the diversion period, 90 days, to work on the specific needs areas that brought the juvenile to the attention of the Court and work towards connecting the juvenile and family to appropriate services. If the juvenile is non-compliant with the case plan and continues to be truant from school, the case would be closed unsuccessfully and a petition may be issued, sending the case before the Court for a judge to hear.

The goals and action steps in the case plan are based on the specific needs identified in the risk assessment (e.g., school behavior, community/peer relations, substance use, mental health, aggression/violence). The MD Counselor talks with the juvenile and parent about the identified need and asks them what they think they could use work on so that they are addressing that need. For example, a goal to improve attendance might be supported with action steps such as setting the alarm daily, waking up 30 minutes earlier, attending counseling to address anxiety, seeing a doctor to address medical issues, etc. Action steps are designed to be measurable so the MD Counselor can follow up on them and work with the family to ensure they are doing what they can to address the underlying needs.

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Members of the Attendance Task Force

Lora Adams, Lake Braddock Secondary School
Shannon Anderson, Stuart High School
Lorrie Appleton, Lake Braddock Secondary School
Ned Barnes, Fairfax County Neighborhood and Community Services
Monica Bentley, Annandale High School
Melissa Brady, Stuart High School
Kristen Brennan, Fairfax County Neighborhood and Community Services*
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John Ellenberger, Robinson Secondary School
Jesse Ellis, Fairfax County Neighborhood and Community Services*
Jeanne Frost, Fairfax County Health Department
AJ Fuller, Fairfax County Neighborhood and Community Services
Sarah Galvan, Boys Town Washington DC
Brett Garner, Lake Braddock Secondary School
Carmen Gill Bailey, Fairfax County Health Department
Jim Gogan, Fairfax County Department of Family Services - Child Protective Services
Rob Grape, Fairfax County Neighborhood and Community Services
Keith Gruposso, Fairfax County Juvenile and Domestic Relations District Court
Mike Hanpeter, Poe Middle School
Angelina Harris, Dominion Hospital
Kelly Henderson, Formed Families Forward
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Nadeah Johnson, Fairfax County Juvenile and Domestic Relations District Court
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LeAnne Kannapell, Oakton High School
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Whitney McDonough, Fairfax County Public Schools
Chris McKinney, Fairfax County Public Schools - Interagency Alternative Schools
Zion McKinney, Fairfax County Public Schools
Kathy McQuillan, Fairfax County Public Schools

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Jonathan Melendez, Fairfax County Neighborhood and Community Services*
Carrie Mendelson, Fairfax County Public Schools - Social Work Services*
Laura Moore, West Potomac High School
Monica Perez, Fairfax County Juvenile and Domestic Relations District Court
Marcy Pronovost, Annandale High School
Jennifer Rogin-Marks, Lee High School
Heather Sarmiento, Fairfax County Office for Women and Domestic and Sexual Violence Services
Jen Savory, Sunrise Elementary School
Erin Smith, Fairfax County Health Department
Claudia Thomas, Fairfax County Public Schools - Family and School Partnerships
Devin Thornton, Fairfax County Neighborhood and Community Services
Jeanne Vogt, Fairfax County Health Department
Lindsey Wilson, Stuart High School
Donya Wright, Parklawn Elementary School
Janet Young, Fairfax County Neighborhood and Community Services
Barbara Yow, Fairfax County Health Department

* Steering Committee Member

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Members of the Successful Children and Youth Policy Team

Fairfax County Public Schools Members

Tamara Derenak Kaufax, School Board Member, Lee District
Megan McLaughlin, School Board Member, Braddock District*
Steven Lockard, Deputy Superintendent
Francisco Durán, Chief Academic Officer
Douglas Tyson, Assistant Superintendent, Region 1
Jeffrey Platenberg, Assistant Superintendent, Facilities and Transportation Services
Jane Lipp, Assistant Superintendent, Special Services
Mary Ann Panarelli, Director, Intervention and Prevention Services

Fairfax County Government Members

Cathy Hudgins, Board of Supervisors, Hunter Mill District
Jeff McKay, Board of Supervisors, Hunter Mill District*
Pat Harrison, Deputy County Executive
Dave Rohrer, Deputy County Executive
Tisha Deeghan, Executive Director, Community Services Board
Nannette Bowler, Director, Department of Family Services
Gloria Addo-Ayensu, Director, Department of Health
Bob Birmingham, Director, Court Services, Juvenile & Domestic Relations District Court
Chris Leonard, Director, Neighborhood and Community Services
Edwin Roessler Jr., Chief, Police Department

Community Members

Jack Dobbyn, Fairfax County Human Services Council*
George Becerra, FCPS Minority Student Achievement Oversight Committee
Fahemeh Pirzadeh, Executive Director, Reston Children's Center
Darrell White, Senior Pastor, Bethlehem Baptist Church
Jessie Georges, Family Representative, Fairfax-Falls Church Community Policy and Management Team
Rick Leichtweis, Senior Director, Kellar Center, Inova Health System
Judith Dittman, Executive Director, Alternative House
Eileen Ellsworth, President, Community Foundation for Northern Virginia

* Co-chair

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Contact Information

For more information on the Attendance Action Plan, visit <http://bit.ly/ffxattends> or contact the Fairfax County Department of Neighborhood and Community Services Prevention Unit at ncs-prevention@fairfaxcounty.gov.

NOTE: On June 1, 2016, the Fairfax County Successful Children and Youth Policy Team (SCYPT) voted to endorse Goals 1, 2, and 3 of this plan. A separate work group will be meeting over the summer to revise Goal 4 (including the three tiers of intervention) and present it to the SCYPT in the fall for endorsement.



Developmental Disabilities and Waiver Redesign: UPDATE #2

An Update on Department of Justice Settlement Agreement
and Implications for Policy & Funding

Tisha Deeghan
BOS Human Services Committee
September 27, 2016





Update on Board Matter Guidance 7.12.16

• **Support Coordination (SC)**

- Based on BOS approval, began recruiting for 10 new positions using ad for 4 positions approved in FY 2017 budget.
- Interviews underway.
- New hires offset new vacancies = No net increase in SC

• **Residential/Respite**

- Assessment of new demand for services since 1 September is in progress.
- Intake meetings underway for new referrals.
- **No need for local waiting list yet.**

• **Employment & Day Services (EDS)**

- Assessment of new demand for services since 1 September is in progress.
- Intake meetings underway for new referrals.
- **No need for local waiting list yet.**

• **New demand – 58% Increase Since June**

- As of 12 September, **671** in queue for eligibility screening.
- Up from 441 in August, 424 in July.



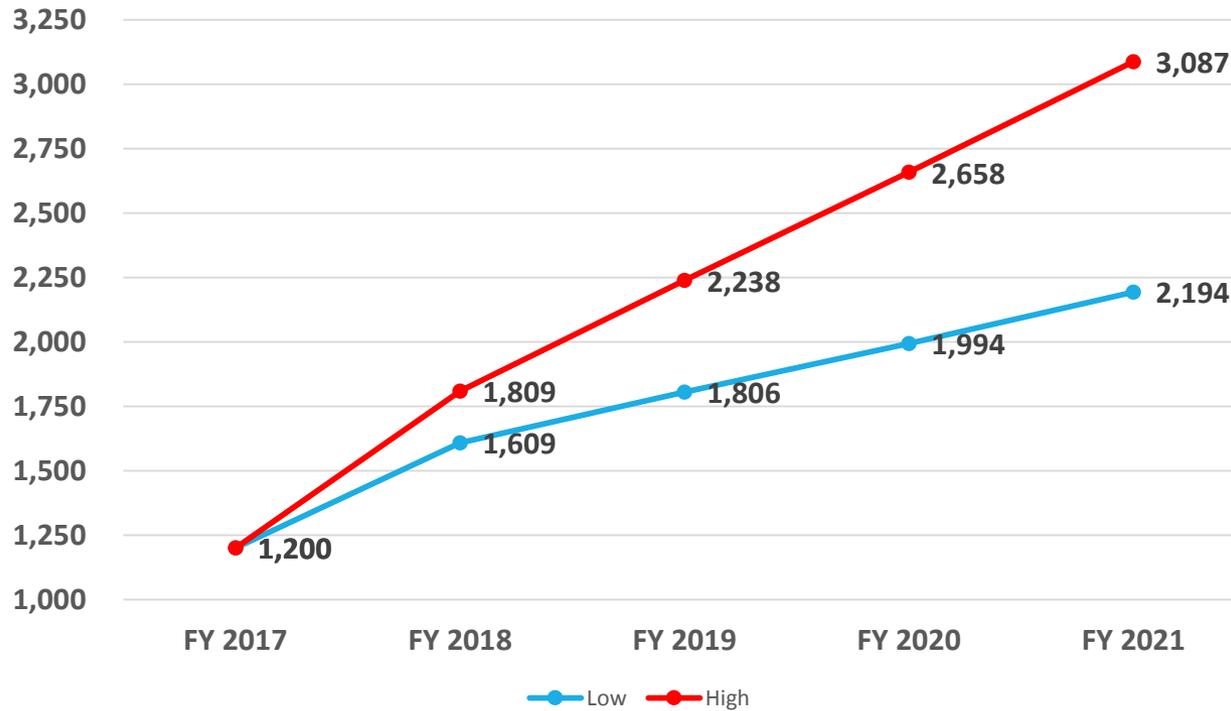
Continued Analysis + New Information

- Approx. 90-100 individuals will receive new Medicaid Waivers in FY 2017 requiring **mandated** support coordination/Developmental Disabilities Case Management (DDCM).
 - Service also needed to coordinate locally-funded Employment & Day Services.
- DDCM private provider network may not be able to meet demand
 - No experience with electronic health records, government contracting, and state licensure standards.
 - Expect ~3 of the less robust private providers will cease operations.
 - Expect **60-70 additional individuals to land at the CSB** during immediate transition.
- Newly eligible people with Medicaid Waiver + Waiting List now **529**.
- **Expect 188 DD June 2017 graduates, not 30.**
- CSB requires **additional SC positions** included in the FY 2017-2018 Multi-Year Budget (\$1.1 million).



Employment & Day Services FY 2017 - FY 2021 Projected Census

Based on CSB assessment of demand
with information available 9-16-16

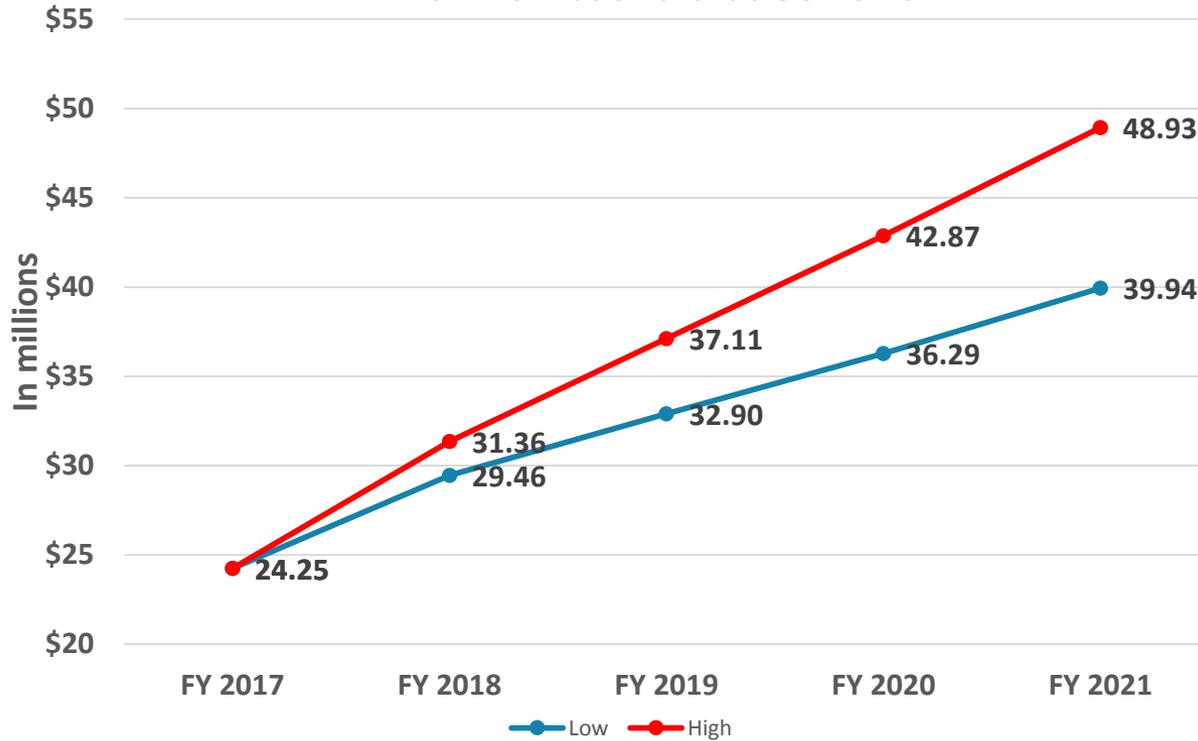


Fiscal Year	Low	% Increase	High	% Increase
FY 2017	1,200		1,200	
FY 2018	1,609		1,809	
FY 2019	1,806		2,238	
FY 2020	1,994		2,658	
FY 2021	2,194	83%	3,087	157%



Employment & Day Services FY 2017 - FY 2021 Projected Cost

Based on CSB assessment of demand
With information available 9-16-16



Fiscal Year	Projected Cost	Low	% Increase	Projected Cost	High	% Increase
FY 2017	\$24,252,984	\$24.25		\$24,252,984	\$24.25	
FY 2018	29,456,092	29.46		31,360,557	31.36	
FY 2019	32,904,035	32.90		37,106,540	37.11	
FY 2020	36,285,798	36.29		42,868,563	42.87	
FY 2021	\$39,943,858	\$39.94	65%	\$48,929,854	\$48.93	102%



Employment & Day Services: FY 2018 Plan

- **Repeat the current FY 2017 approach in FY 2018**
 - Equal access + local waiting list, if necessary
- Plan for a placeholder of **\$X.X million** in local support **to serve new eligible individuals**
 - Amount pending budget negotiations and updated projections.
 - Could be adjusted at 3rd Quarter, if necessary.
- Goal to **set a new cost curve** given resources & demand.
 - **Assumes no cut to program enhancement (PE) or local support.**
 - Providers can't plan for service delivery without some certainty around future funding, presuming BOS desires to continue 99+% GF support.
 - As we gain experience with new services, new rates, new providers, and new populations, we can work to develop **alternative service options**, if possible.
 - With and without sunset for current enrollees for FY 2019 and beyond.



Employment & Day Services: FY 2018 Plan, cont.

- **Implement local waiting list, if necessary**

- Triaged by (1) Medicaid status, (2) individual/family need, (3) service types incentivizing Employment First and less restrictive/more integrated options.
- Use existing Employment Services Panel (ESP) to triage admissions within corridors of service level.

- Implement independent **Utilization Management (UM)** program

- Manage network census and work with ESP to match individuals' level of supports needs with program choices.
- Analyze ongoing service utilization compared to scoring of standardized function and supports intensity rating scales (SIS).
- Preserves **conflict-free choice** as required by DOJ within corridors of support and cost.



We'll come back in January with
the next status report.

Thank you!



FAIRFAX - FALLS CHURCH
**Community
Services Board**

**DIVERSION
FIRST**



FAIRFAX COUNTY YOUTH SUICIDE REVIEW TEAM: Annual Report of Findings and Recommendations

Presentation to Fairfax County Board of Supervisors
Human Services Committee

September 27, 2016

YSRT Overview

- Development of a YSRT was recommended in the 2013 “Suicide in Fairfax County” report.
- The team was established in early 2015 and began meeting in March 2015.
- The process includes review of available records, case review forms from relevant agencies, parent/guardian interview, and media reports or other relevant publicly available sources.
- All discussions and materials related to individuals are kept confidential and cannot be shared. Violations are punishable as a Class 3 misdemeanor.

YSRT Goals

- Goals:
 - Identify systems, policy, and practice changes to inform suicide prevention efforts
 - Identify trends in suicide and common risk factors for youth suicide in Fairfax County that can inform and improve efforts related to suicide prevention
- Not intended to identify “causes” of suicides
- Not correct or appropriate to assign “blame” in any death
- Look for and identify evidence that improved training, access, system coordination, or other improvements that could strengthen our system of care

YSRT Membership (FY16)

■ Members

- Lyn Tomlinson, Fairfax-Falls Church Community Services Board, Chair
- Dede Bailer, Fairfax County Public Schools
- Christianne Esposito-Smythers, George Mason University Psychology Department and Center for Psychological Services
- Jill Forbes, Fairfax County Department of Family Services
- Laura Mayer, PRS CrisisLink
- Jamie McCarron, Fairfax County Juvenile and Domestic Relations District Court, Court Services Unit*
- Jocelyn Posthumus, Virginia Department of Health, Office of the Chief Medical Examiner
- Raja'a Satouri, Fairfax County Health Department
- David Schwartzmann, Fairfax County Fire and Rescue Department
- Jerry Watts, Fairfax County Police Department*
- Vacant, Faith Community Representative

■ Staff

- Jesse Ellis, Fairfax County Department of Neighborhood and Community Services, Coordinator
- Gloria Addo-Ayensu, Fairfax County Health Department
- Jonathan Melendez, Fairfax County Department of Neighborhood and Community Services
- Chris Sigler, Fairfax County Office of the County Attorney *

* Due to retirement or reassignment, this member will not be part of the team in FY17.

Findings

- For each case, the YSRT identified risk factors that were present in the individual's life.
- Risk factors should not be interpreted as causes of suicide, but are nonetheless helpful in identifying the life events, conditions, contexts, and circumstances that could result in suicide.
- Risk factors were noted only when there was sufficient evidence that they actually existed.
- The report highlights risk factors present in at least 5 cases (33% of those reviewed).

Findings

Risk Factor	# of cases	% of cases
Expressed thoughts of suicide or discussed death	12	80%
Diagnosis of depression	12	80%
Private provider treatment	10	67%
Untreated (or potentially harmful treatment of) mental illness	10	67%
Marijuana use	8	53%
Change in learning environment	7	47%
Past non-suicidal self-injury (e.g., cutting)	7	47%
Family history of mental illness	7	47%
ADHD diagnosis	7	47%
Past suicide attempts	7	47%
Conflict with parents/guardians	7	47%
Social isolation	7	47%
High cognitive functioning/academic performance	7	47%

The YSRT reviewed 15 young persons' deaths.

Primary Recommendations

1. Promote the use of evidence-based risk assessments, safety plans, and treatments for youth with suicidal ideation and behavior.
2. Promote access to treatment and services at the point of contact with Emergency Medical Services (EMS).
3. Educate parents and youth on youth suicide warning signs, effective evidence-based treatment, and how to support their children in treatment.
4. Promote the appropriate diagnosis and treatment of ADHD.
5. Educate health (including behavioral health) care providers on the availability of emergency behavioral health services and how to access them.
6. Promote the implementation of intentional planning by schools to welcome and engage new students.

Recommendations:

Points of Continuing Emphasis

1. Expand the FCPS and County discharge/transition planning initiative with Dominion Hospital, and implement FCPS's Return to Learn protocol.
2. Continue to widely promote the CSB's Entry and Referral and 24/7 Emergency Services.
3. Continue to review supports and resources provided to homebound students and their families.
4. Continue to implement, and seek opportunities to expand, peer "gatekeeper trainings" for teens.
5. Continue to implement, and seek opportunities to expand, "gatekeeper trainings" for parents.
6. Continue to educate the community on the linkages between substance use, self-injury, and suicide.
7. Continue to provide the local crisis hotline and crisis text line, and to explore "warm line" feasibility.
8. Continue to implement comprehensive bullying prevention and intervention activities.
9. Continue the work of the YSRT.

YSRT Report

- The full report is available at <http://bit.ly/ffxysrt>

Contacts

- Lyn Tomlinson, Chair

Community Services Board

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FCPS School Psychology Services

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- Jesse Ellis, Coordinator

Neighborhood and Community Services

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Fairfax County
Youth Suicide Review Team

Annual Report of Findings and
Recommendations

September 2016

Executive Summary

The Fairfax County Youth Suicide Review Team (YSRT) is a multi-disciplinary team that reviews incidents of youth suicide. The team has two primary goals: (1) to identify systems, policy, and practice changes to inform suicide prevention efforts; and (2) to identify trends in suicide and common risk factors for youth suicide in Fairfax County that can inform and improve efforts related to suicide prevention. Since it first began meeting in March 2015, the YSRT has reviewed 15 incidents of youth who died by suicide.

Among the most common risk factors were those associated with mental health conditions and diagnoses. While other illnesses were present among many of the youth, depression was by far the most common, occurring in 80% of the reviewed cases. Most of the youth had, at least at some point, received treatment for their mental illness. The incidents reviewed by the YSRT highlight some of the reasons that, despite involvement in treatment, youth still died by suicide. Behavioral and medical health providers may not always have the training and skills necessary to treat clients who are suicidal. Lack of adherence to treatment recommendations was also consistently indicated. Other common risk factors included social isolation, change in learning environment (e.g., enrollment in a new school, switch to home schooling), family conflict, and substance use.

In the course of reviewing the deaths, the YSRT generated many recommendations. Those included here were selected because of their potential impact, based on the number of reviewed situations for which they were relevant or based on their potential to increase protective factors, reduce risk factors, and decrease suicidal behaviors. The recommendations are applicable to multiple sectors and domains:

Things Families Can Do:

- Learn about youth suicide warning signs, what effective treatments look like, and how to most effectively support children in treatment. This includes understanding the importance of adhering to the treatment protocol once therapy or treatment has begun. It also includes understanding the dangers of substance use for individuals with mental illness and how to keep their homes safe.
- Always immediately seek a mental health evaluation and follow provider recommendations when a child displays any suicide warning signs, regardless of circumstances.
- Learn about the availability of emergency behavioral health services and how to access them.
- Monitor children's internet and social media use.

Things Schools Can Do:

- Help families understand what to look for in a service provider and the importance of adhering to recommendations. Work with families to develop a coordinated treatment plan with the private practitioner so schools can provide appropriate school-based services.
- Support the appropriate diagnosis and treatment of ADHD and other mental health conditions, such as anxiety and depression.
- Educate students on warning signs and risk factors of depression and suicide and teach help-seeking skills for themselves and others.
- Implement intentional plans to welcome and engage new students when they move into a school.
- Promote an environment that prevents and effectively intervenes in cases of bullying or cyberbullying.

- Provide ongoing outreach and support to students with mental health problems who are receiving homebound education services.

Things Communities Can Do:

- Ensure behavioral health care providers use evidence-based risk assessments, safety plans, and treatments for youth with suicidal behavior.
- Promote access to treatment and services at the point of contact with Emergency Medical Services.
- Help families understand what to look for in a service provider and the importance of adhering to recommendations.
- Promote the appropriate diagnosis and evidence-based treatment of mental health disorders that underlie suicidal behavior, including mood, anxiety (including trauma), attention deficit/hyperactivity, eating, and substance use disorders.
- Ensure providers are aware of emergency services and how to access them, and include such services as a component of safety planning.

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History and Background

In September 2013, Fairfax County staff presented to the Board of Supervisors a [report](#) on suicide in Fairfax County. The report featured findings on the prevalence of suicide and the key risk factors for and circumstances surrounding suicide in the county. Among the recommendations in the report was the development of a Youth Suicide Review Team (YSRT):

Direct staff from relevant agencies, including the Police Department, CSB, FCPS, and the Health Department, to form a Youth Suicide Review Team, modeled on the County's Domestic Violence Fatality Review Team. This team would meet regularly to review incidences of suicide among youth in the county, analyze trends, work with VDH to ensure timely access to data and information regarding youth suicides, and recommend to the Board programmatic and policy solutions to prevent future suicides.

From late 2013 to the end of 2014, staff representing multiple agencies worked to develop the YSRT. To learn best practices and identify potential challenges, they met with coordinators and members of the Fairfax County Domestic Violence Fatality Review Team, the Northern Virginia Child Fatality Review Team, and the Los Angeles County Child and Adolescent Suicide Review Team. (To the best of staff's knowledge, the LA County team was, at the time, the only functioning fatality review team in the country focused exclusively on youth suicide deaths.) The Office of the County Attorney and the Virginia Department of Health (VDH) provided guidance and insight on team structure, governance, and processes.¹

By late 2014, relevant County agencies and Fairfax County Public Schools (FCPS) had appointed representatives to participate on the YSRT. Additional community-based members were identified, VDH provided a training to the members, and the team's protocol/charter was adopted at the first official YSRT meeting in February 2015. A list of team members can be found in [Appendix A](#), and the protocol/charter can be found on the YSRT website at www.fairfaxcounty.gov/ncs/prevention/ysrt.htm.

The team began reviewing cases in March 2015. Typically, the team will meet throughout the school year, and present its report of findings and recommendations in the summer or early fall. Since the first case reviews occurred late in the 2014-2015 school year, those cases were combined with those reviewed during the 2015-2016 school year. Hence, this is the YSRT's first report.

¹ VDH provides oversight to the state's child fatality review teams. Code of Virginia §32.1-283.2 provides for the establishment of local and regional child fatality review teams upon the initiative of local officials. Teams "may be established for the purpose of conducting contemporaneous reviews of local child deaths in order to develop interventions and strategies for prevention specific to the locality or region." Agencies are permitted to share information regarding cases. Such information is to be held confidential; violations are punishable as a Class 3 misdemeanor.

YSRT Process

Goals

The YSRT has two primary goals: (1) to identify systems, policy, and practice changes to inform suicide prevention efforts; and (2) to identify trends in suicide and common risk factors for youth suicide in Fairfax County that can inform and improve efforts related to suicide prevention.

It is important to note that the team’s work is not intended to identify “causes” of suicides, nor should its findings be interpreted as assumptions that, had the recommendations been in place, the suicide(s) would not have occurred. Research has shown, and the incidents reviewed by the YSRT confirm, that the contexts and circumstances surrounding suicides are complex. For each youth, there were multiple risk factors present, but how they are revealed and understood vary significantly. **It is neither correct nor appropriate to assign “blame” in any death.**

The YSRT looked for, and identified, evidence that improved training, access, system coordination, or other improvements that could strengthen our system of care.

Process

The YSRT aims to review all suicides of Fairfax County residents under the age of 18. Reviews cannot begin prior to the completion of any police investigations connected with the death. Incidents for review are identified from records provided by Fairfax County Police Department (FCPD), FCPS, and VDH. Generally, one or two cases are reviewed each month.

For each review, agencies or systems the decedent had contact with prior to death are asked to complete case review forms and obtain all pertinent reports and case information that can be shared. Generally, health care (including behavioral health care) and police records can be shared under current privacy laws. However, even within the context of fatality review, the sharing of education and juvenile justice records requires parental consent. Parents/guardians are contacted prior to each review to explain the process, obtain consent for the release of information, and to have the opportunity to provide information and insight into the incident.²

Additionally, available media reports or other relevant information sources (e.g., social media posts) regarding the death or prior incidents are reviewed. Prior to the meeting, the information collected is compiled into the team’s case review form and developed into a case summary/narrative.

Each meeting begins with members reading the review form and narrative. In most cases, the FCPD detective who investigated the case is at the meeting to answer questions and provide insight. Members who provided information or have access to records share details and answer questions from the team. At the meetings, each review typically lasts one to two hours. They conclude with members identifying key risk factors and opportunities for intervention or other recommendations.

² The richest and most detailed information is available for the cases in which parents consent to information sharing and provide their insight. The YSRT’s findings and recommendations would be fewer and infinitely less robust without parental cooperation.

Throughout the year, the team continually discusses emerging themes and revises potential recommendations. At its June meeting, the team finalizes the primary recommendations to be included in the annual report.

Meetings, including all discussions and materials related to individuals, are kept confidential. Meetings are closed, and all participants sign acknowledgements that they are not to share any information from the meeting; violations are punishable as a Class 3 misdemeanor. All notes, including those of each team member, are collected and maintained in a locked area between meetings.

Findings

The findings and recommendations presented here are based on the 15 cases reviewed by the YSRT between March 2015 and May 2016. To ensure a maximum level of privacy for the surviving family members, the specific time frame during which the deaths occurred will not be shared. It was, however, within the past several years.

For each case, the YSRT identified risk factors that were present in the individual's life. Risk factors should not be interpreted as causes of suicide, but are nonetheless helpful in identifying the life events, conditions, contexts, and circumstances that could result in suicide. Risk factors were noted only when there was sufficient evidence that they actually existed. Even when circumstantial evidence was abundant, a lack of direct evidence of a risk factor's presence would lead the YSRT to not indicate it as a risk factor for that case. (For example, it is likely that a higher percentage of individuals had a history of alcohol use.)

Table 1 highlights the risk factors most often associated with the cases reviewed by the YSRT.

Among the most common risk factors were those associated with mental health conditions and diagnoses. While other illnesses were present among many of the youth, depression was by far the most common, occurring in 80% of the reviewed deaths. Nonetheless, in multiple instances, family members, friends, others involved in the youths' lives, and the youth themselves may have not recognized the signs and symptoms of depression or fully understand its potential impacts.

Most of the youth had, at least at some point, received treatment for their mental illness. The deaths reviewed by the YSRT highlight some of the reasons that, despite involvement in treatment, youth still died by suicide. Behavioral and medical health providers may not always have the training and skills necessary to treat clients who are suicidal. In the YSRT's review of parent/guardian reports and forensic review of clinicians' notes regarding treatments provided to youth and their families, in some cases the treatment did not match what the standard practice model would recommend for the diagnosed condition. Additionally, information indicated the treatment plan was not always followed. Many youth and families did not follow up on providers' recommendations, stopped taking medications without consulting their providers, or did not seek additional help when referred.

Table 1. Risk factors present in 5 or more of the 15 cases reviewed by the YSRT, March 2015 – May 2016.

<i>Risk Factor</i>	<i># of cases</i>	<i>% of cases</i>
Expressed thoughts of suicide or discussed death	12	80%
Diagnosis of depression	12	80%
Private provider treatment	10	67%
Untreated (or potentially harmful treatment of) mental illness	10	67%
Marijuana use	8	53%
Change in learning environment	7	47%
Past non-suicidal self-injury (e.g., cutting)	7	47%
Family history of mental illness	7	47%
ADHD diagnosis	7	47%
Past suicide attempts	7	47%
Conflict with parents/guardians	7	47%
Social isolation	7	47%
High cognitive functioning/academic performance	7	47%
Exposure to other recent suicides	6	40%
Impulsivity	6	40%
Victim of bullying	6	40%
Academic performance (i.e., grades) problems	6	40%
School attendance problems	6	40%
Non-adherence to provider recommendations	5	33%
Researched or had otherwise been exposed to details on methods of suicide	5	33%
Alcohol use	5	33%
Divorce	5	33%
Unmonitored social media use	5	33%
Legal issues/court involvement	5	33%

Social relationships and settings also featured prominently among the risk factors. Social isolation, whether actual and physical or perceived by the youth, was associated with nearly half of the cases. Many had also experienced a recent change in their learning environment; this includes moving to a new school, transitioning to home schooling, transferring to an alternative school, and other similar situations. Regular conflicts with parents are common to most teens, but when combined with other risk factors like those mentioned here, can be a prominent risk factor for suicide. Similarly, actual or perceived lack of parental acceptance and/or excessive parental academic or social pressure also emerged among the risk factors that could have heightened suicide risk amidst other stressors and mental health difficulties.

Substance use was another common element across many cases, with over half of the youth engaged in documented marijuana use. It is important to recognize the dangers of substance use, especially when combined with mental illness, medication use, impulsive tendencies, and life stressors. Most youth were not drunk or high at the time of their deaths, but the use of substances makes coping with and treating mental illness that much more difficult.

Recommendations

Recommendations are based on the thorough review of the 15 cases studied by the YSRT. They should not be considered to be a complete set of recommendations to prevent suicide, and should be considered within the context of the [Fairfax-Falls Church Children's Behavioral Health System of Care Blueprint](#) (SOC Blueprint), along with recommendations from other reports such as the 2013 [Suicide in Fairfax County](#) report, the 2015 [CDC Epi-Aid](#) report, and the [Northern Virginia Suicide Prevention Plan](#).

In the course of reviewing the deaths, the YSRT generated many recommendations. Those included here were selected because of their potential impact, based on the number of reviewed situations for which they were relevant or based on their potential to increase protective factors, reduce risk factors, and decrease suicidal behaviors.

The recommendations are divided into two categories. *Primary recommendations* should be considered as priorities for implementation, based on YSRT findings. *Points of continuing emphasis* acknowledge many of the great initiatives already underway or in place in Fairfax County that address critical areas identified by the YSRT; they may have been primary recommendations themselves if they weren't already happening. Potential resources for implementing the recommendations are listed in [Appendix B](#).

Primary Recommendations

1. **Promote the use of evidence-based risk assessments, safety plans, and treatments for youth with suicidal ideation and behavior.** In the YSRT's review of parent/guardian reports and forensic review of clinicians' notes regarding treatments provided to youth and their families, in some cases the treatment did not match what the standard practice model would recommend for the diagnosed condition. This recommendation aligns with Goal 9, Strategy E in the SOC Blueprint.
 - a. Promote and provide trainings in evidence-based risk assessment and treatment of youth suicidal ideation and behavior.
 - b. Make available tools and resources (e.g., safety plan templates, treatment manuals) to providers.
 - c. Work with the Virginia Department of Health Professions (the licensing boards) and state associations to advocate for the inclusion of training into licensing and graduate degree requirements as well as demonstrated maintenance of training over time (e.g., via continuing education credits).
 - d. Work with state associations to promote provider consent form templates that require disclosure of the research evidence-base for particular treatments implemented by providers.
2. **Promote access to treatment and services at the point of contact with Emergency Medical Services (EMS).** Almost none of the youth and families had had contact with the CSB or other public services. While few had prior suicide attempts that resulted in EMS services, discussion with Fire and Rescue Department (FRD) staff highlighted this interaction as a key opportunity for intervention. For many families, a suicide attempt is the first time they have recognized the problem; several YSRT-reviewed cases illustrated this point. The initial contact by families with a trusted first responder can represent an important chance to provide information. This effort should be coordinated with SOC Blueprint strategies related to System of Care navigation and education/awareness.

- a. Develop informational packets – with information on the Community Services Board (CSB), FCPS, the National Alliance on Mental Illness (NAMI Northern Virginia), PRS CrisisLink services, and school-based staff – for EMS personnel to distribute on calls.
 - b. Explore opportunities to immediately link families to CSB or the Children’s Regional Crisis Response program (CR2) to ensure follow-up.
 - c. Explore opportunities to gain immediate parental consent allowing for notification to the school.
3. **Educate parents and youth on youth suicide warning signs, effective evidence-based treatment, and how to support their children in treatment.** The signs and symptoms of suicidality, and of mental illness, are complex and varied. And many are common to “typical” teens. But even when youth are identified as in need of treatment, families often are unaware of what to look for in a provider, what effective treatment looks like, and how important it is to adhere to the provider’s recommendations. This effort should be coordinated with SOC Blueprint strategies related to System of Care navigation and education/awareness, and the component dealing with transition plans should be coordinated with FCPS’s Return to Learn protocol for students returning to school after an extended absence (including those due to mental health problems).
- a. Develop and/or direct parents to existing materials that have been reviewed for accuracy and appropriateness that explain:
 - i. Evidence-based youth suicide warning signs;
 - ii. The importance of seeking an immediate mental health evaluation when suicide warning signs are observed, regardless of circumstances;
 - iii. The impacts of substance use (including non-medical use of prescription or over-the-counter drugs), and how it interacts with mental illness;
 - iv. What evidence-based treatments are and how they work for youth suicidal behavior as well as mental health and substance use disorders;
 - v. The importance of connecting private providers with school-based mental health providers for coordinated care;
 - vi. The importance of coordinated transition plans that involve the school and all youth providers (i.e., pediatricians, psychiatrists, therapists) when transitioning out of hospitalization or residential treatment to non-residential care;
 - vii. How to develop and closely monitor an evidence-based safety plan;
 - viii. What common medications are, how they work, and associated risks/benefits;
 - ix. The importance of monitoring and adhering to treatment recommendations, including medications and therapy; and
 - x. The importance of parental involvement in youth therapy (e.g., monitor safety plan, maintain a safe home, promote use of skills learned in treatment, consider changing providers and/or accessing higher level of care when needed).
 - b. Encourage referring agents (e.g., primary care providers, schools, CSB) to review these materials with parents when making referrals, and for providers to review them with parents at the onset of treatment.
 - c. Educate youth on suicide warning signs and how to access help for themselves or peers.
4. **Promote the appropriate diagnosis and treatment of ADHD.** Nearly half of the youth had been diagnosed with or treated for ADHD. ADHD often precedes and increases the likelihood of other types of mental illnesses if not diagnosed and *continuously* treated. ADHD also often co-occurs with other types of mental illnesses such as depression and anxiety. Given “symptom overlap”

(e.g., concentration problems, memory difficulties, academic/social impairment), ADHD can “mask” the symptoms of the other mental illness so that treatment is focused exclusively on the ADHD. At other times, the signs and symptoms of a mental illness can be misdiagnosed as ADHD. In all cases, the result may be that a young person’s mental illness is not adequately treated.

- a. Provide pediatricians, other primary care providers, and behavioral health care providers with the ADHD Clinical Practice Guidelines and other resources to ensure proper diagnoses and treatment for comorbidity with emotional and substance use disorders.
5. **Educate health (including behavioral health) care providers on the availability of emergency behavioral health services and how to access them.** Almost none of the youth and families had had contact with the CSB or other public services. In developing safety plans and otherwise consulting with families, providers should be familiar with available emergency services, including PRS CrisisLink, mobile crisis services, and CSB emergency services. This recommendation aligns with Goal 9, Strategy B in the SOC Blueprint.
- a. Provide primary care, behavioral health, emergency department, and other providers with a basic fact sheet and guidelines on how and when to use crisis services.
6. **Promote the implementation of intentional planning by schools to welcome and engage new students.** Many of the youth had recently changed educational settings. A sense of isolation or lack of belonging can be a key risk factor for suicidal thought and behavior.
- a. Develop, at the school level, a process for welcoming new students to school that includes peer interaction and exposure to opportunities for involvement based on the student’s interests.

Points of Continuing Emphasis

1. Continue implementation of the FCPS and County discharge/transition planning initiative with Dominion Hospital, and expand it to other hospitals. Monitor implementation of that initiative, and of FCPS's Return to Learn protocol, for effectiveness and opportunities for improvement.
2. Continue to widely promote the CSB's Entry and Referral and 24/7 Emergency Services.
3. Continue to review supports and resources provided to homebound students and their families, to include available behavioral health screenings and referrals, and to ensure parents are aware of available resources and how to access them.
4. Continue to implement, and seek opportunities to expand, peer "gatekeeper trainings" for teens that educate them on warning signs and risk factors of depression and suicide, teach help-seeking skills for themselves and others, and address the stigma around mental illness and suicide.
5. Continue to implement, and seek opportunities to expand, "gatekeeper trainings" for parents that educate them on warning signs and risk factors of depression and suicide, teach help-seeking skills for their children and others, and address the stigma around mental illness and suicide. Ensure such trainings emphasize the different symptoms that teens with depression can exhibit.
6. Continue to educate the parents, teens, and the community on the linkages between substance use and suicide and between non-suicidal self-injury and suicide.
7. Continue to provide the local crisis hotline and crisis text line, and to explore the feasibility of a "warm line" for those not in crisis to connect to a caring adult.
8. Continue to implement comprehensive bullying prevention and intervention activities in schools and community-based settings.
9. Continue the work of the YSRT to identify additional risk factors or intervention opportunities that may emerge from further reviews.

Appendix A: YSRT Members

Members

Lyn Tomlinson, Fairfax-Falls Church Community Services Board, *YSRT Chair*

Dede Bailer, Fairfax County Public Schools

Constance DiAngelo, Virginia Department of Health, Office of the Chief Medical Examiner

Christianne Esposito-Smythers, George Mason University Psychology Department and Center for Psychological Services

Jill Forbes, Fairfax County Department of Family Services

Laura Mayer, PRS CrisisLink

Jamie McCarron, Fairfax County Juvenile and Domestic Relations District Court, Court Services Unit

Jocelyn Posthumus, Virginia Department of Health, Office of the Chief Medical Examiner

Raja'a Satouri, Fairfax County Health Department

David Schwartzmann, Fairfax County Fire and Rescue Department

Jerry Watts, Fairfax County Police Department

Staff

Jesse Ellis, Fairfax County Department of Neighborhood and Community Services, *YSRT Coordinator*

Gloria Addo-Ayensu, Fairfax County Health Department

Jonathan Melendez, Fairfax County Department of Neighborhood and Community Services

Chris Sigler, Fairfax County Office of the County Attorney

If you have questions about the YSRT, please contact Jesse Ellis at jesse.ellis@fairfaxcounty.gov or 703-324-5626.

Appendix B: Resources for the Implementation of Recommendations

Primary Recommendations

Recommendation 1. The following resources may be helpful in identifying evidence-based practices:

- Suicide Prevention Resource Center's *Programs and Practices Database* (be sure to check the "Display only Programs with Evidence of Effectiveness" box):
<http://www.sprc.org/resources-programs>
- US Substance Abuse and Mental Health Services Administration's *National Registry of Evidence-Based Programs and Practices (NREPP)*: <http://www.samhsa.gov/nrepp>
- Society of Clinical Child and Adolescent Psychology's *Effective Child Therapy* site:
<http://effectivechildtherapy.org/>
- Safety Planning: <http://www.suicidesafetyplan.com/>

Recommendation 3. The following resources are of particular help for parents:

- Youth Suicide Warning Signs: <http://www.youthsuicidewarningsigns.org/>
- Society of Clinical Child and Adolescent Psychology's *Effective Child Therapy* site:
<http://effectivechildtherapy.org/>

Recommendation 4. The following resource should be available to all pediatricians and schools:

- American Academy of Pediatrics Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents:
<http://pediatrics.aappublications.org/content/128/5/1007>
- US Department of Education "Dear Colleague letter" and Resource Guide on Students with ADHD:
<http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201607-504-adhd.pdf>

Recommendation 5. The following emergency services should be included in messaging:

- Community Services Board Emergency Services: 703-573-5679, TTY 711,
<http://www.fairfaxcounty.gov/csb/>
- Children's Regional Crisis Response (CR2): 844-N-Crisis (844-627-4747) or 571-364-7390,
<http://cr2crisis.com/>
- PRS CrisisLink, <http://prsinc.org/crisislink/>:
 - Phone: 703-527-4077, TTY 711
 - Text: Text CONNECT to 85511 (FCPS advertises "Text NEEDHELP to 85511." Both keywords access the same service.)

Points of Continuing Emphasis

CSB Access, <http://www.fairfaxcounty.gov/csb/>:

- Entry and Referral: 703-383-8500, TTY 711 (M - F, 9 am - 5 pm)
- Emergency Services: 703-573-5679, TTY 711 (24/7)

PRS CrisisLink (24/7), <http://prsinc.org/crisislink/>:

- Phone: 703-527-4077, TTY 711
- Text: Text CONNECT to 85511 (FCPS advertises "Text NEEDHELP to 85511." Both keywords access the same service.)

Gatekeeper Trainings for Teens:

- Online Kognito Friend 2 Friend Training:
<http://www.fairfaxcounty.gov/csb/at-risk/>
- Many schools and community organizations implement additional gatekeeper trainings such as [Signs of Suicide \(SOS\)](#) or [Lifelines](#). Contact ncs-prevention@fairfaxcounty.gov for more information.

Gatekeeper Trainings for Adults:

- Mental Health First Aid:
<http://www.fairfaxcounty.gov/csb/mental-health-first-aid/>
- Online Kognito Trainings:
<http://www.fairfaxcounty.gov/csb/at-risk/>

Unified Prevention Coalition Programs on Substance Use:

- <http://www.unifiedpreventioncoalition.org/what-we-do.html>

National Alliance on Mental Illness (NAMI) – Northern Virginia Chapter:

- <http://www.nami-northernvirginia.org/>



This graphic is on every FCPS school home page.

Acknowledgements

The members of the YSRT would like to thank the following individuals for their contributions to the team and this report:

First and foremost, the *parent and guardians of young people who lost their lives to suicide*. We recognize the deep and never-ending grief and sense of loss you struggle with every day. Your courage and willingness to allow the team access to your children's records have been critical to increasing our understanding of youth suicide. We cannot thank you enough.

The *FCPD detectives and other police officers* who joined the team to discuss the cases they investigated. Even the most detailed written reports and case files only provide a glimpse into the story behind a death. Thank you for taking the time to spend with us, answer the most basic of questions, and help improve our understanding of what happened.

Dede Bailer of FCPS. Dede is a member of the team, but deserves a special acknowledgement of thanks for the many hours she spent contacting families, obtaining their consent to share information, and listening to them. While nothing can approach the difficulty of losing your child, there is still quite a significant emotional toll to the work Dede performed with such grace, compassion, and dedication. It doesn't go unnoticed.

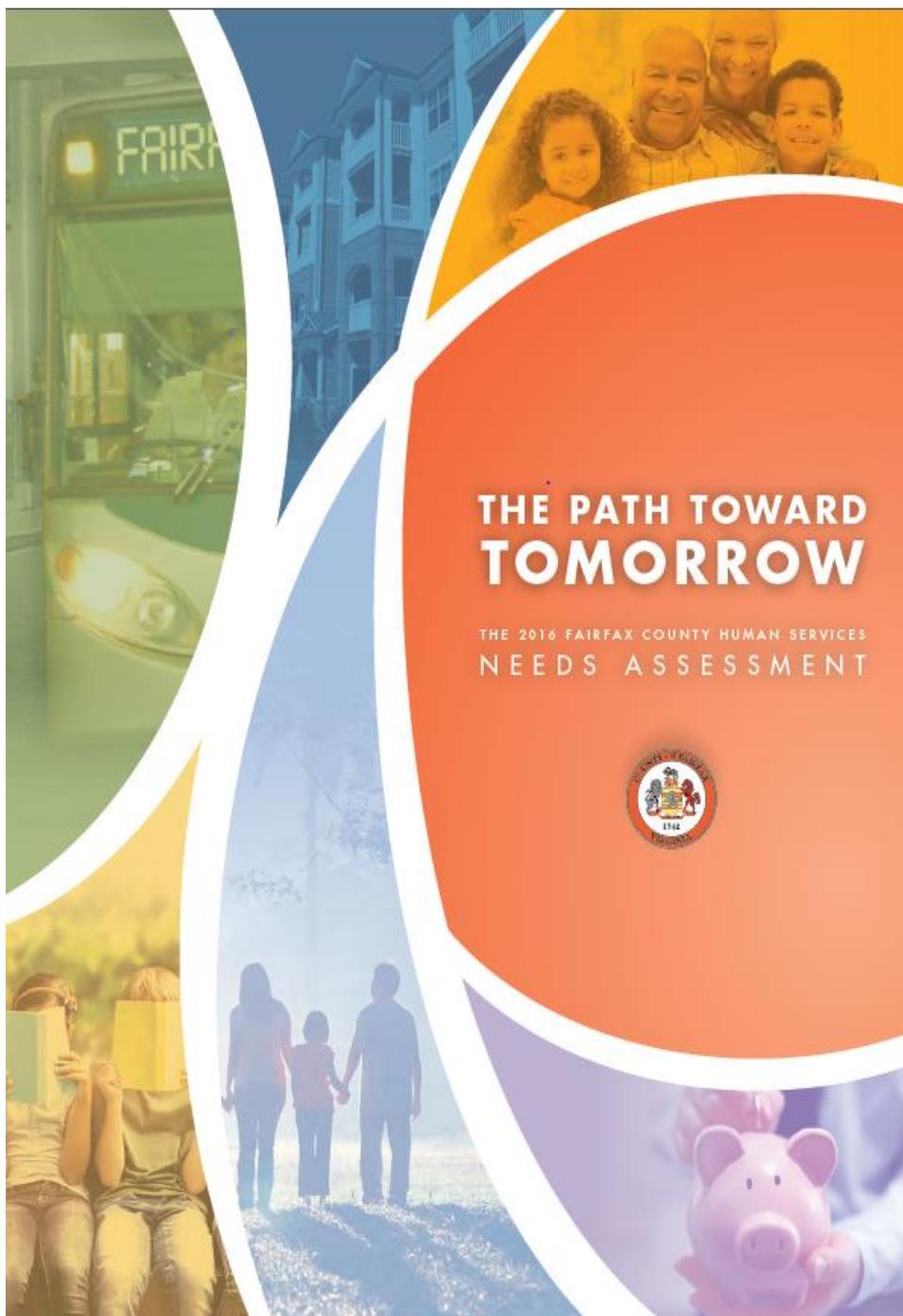
Unnamed staff from FCPS, County agencies, PRS CrisisLink, VDH, and other organizations who supported this team tremendously by helping to track down information, answering questions, and otherwise contributing to our work.

David Winter of FRD and *Jennifer Spears* of FCPS. Our protocol and the nature of our team's work require a maximum level of participation from our members. But sometimes schedules simply do not allow people to attend all meetings. David and Jennifer were excellent and engaged alternates whose contributions to the team were incredibly important.

Finally, *Emily Womble* of the Virginia Department of Health, *Dr. Michael Pines* of the Los Angeles County Child and Adolescent Suicide Review Team, and *Sandy Bromley* of the Fairfax County Domestic Violence Fatality Review Team. Their support, knowledge, and advice were critical to getting the YSRT up and running.

If you or someone you know is in emotional distress or suicidal crisis, call CSB Emergency Services at **703-573-5679**, call PRS CrisisLink at **703-527-4077**, or text **CONNECT** to **855-11**.

THE FAIRFAX COUNTY HEALTH AND HUMAN SERVICES SYSTEM



POINTS TO COVER



The Fairfax County

Health & Human Services System

1. The Commitment
2. Assessing the Situation
3. Concerning Health and Human Services Trends
4. Some Critical Next Steps
5. Making a Greater Impact

ADVISORY GROUP 2015 HUMAN SERVICES NEEDS ASSESSMENT

Stephanie Berkowitz
President/CEO, Northern Virginia Family Services

Steven Bloom
Human Services Council

Marlene Blum
Health Care Advisory Board; Consolidated Community Advisory Committee

Richard Chobot
Commission on Aging; Consolidated Community Advisory Committee

Patricia Mathews
CEO, Northern Virginia Health Foundation

Al McAloon
Commissioner, Fairfax County Redevelopment and Housing Authority

Ken McMillon
Community Action Advisory Board

Derwin Overton
Executive Director, OAR

Mary Ann Panarelli
Director, Office of Intervention and Prevention Services, Fairfax County Public Schools

Alan Schuman
Advisory Social Services Board; Fairfax County Court Appointed Special Advocates Board

Pat Williams
Long Term Care Coordinating Council

Kerrie Wilson
CEO, Cornerstones

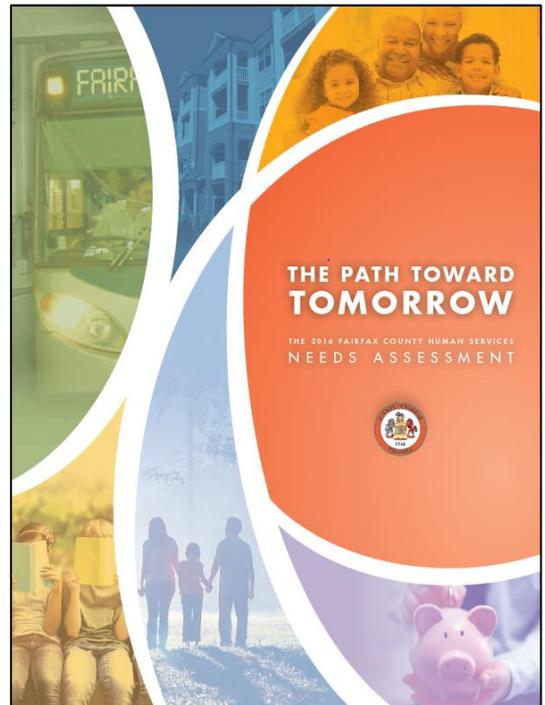
THE COMMITMENT



We create opportunities for individuals and families to be safe, be healthy and realize their full potential.

ASSESSING THE SITUATION

- Understand the strengths and challenges currently facing residents
- Understand community needs and use this information to improve outcomes
- Collected information using:
 - Community feedback
 - Survey data
 - Programs and services data



ASSESSING THE SITUATION

Population, economic, and infrastructure changes are impacting the breadth and complexity of needs.

These needs are placing stress and strain on our community.

Estimated Wages Needed to Afford Basic Needs



Typical Starting Salaries for Critical Professions





NEEDS FOR SUSTAINABLE HOUSING

Affordable Housing

Accessible Housing for Older Adults and Individuals with Disabilities

Services to Support Independent Living
for Older Adults and Individuals with Disabilities



NEEDS FOR ECONOMIC SELF-SUFFICIENCY

Financial Assistance

Affordable Child Care and Early Education Opportunities



NEEDS FOR HEALTHY PEOPLE

Affordable Health Insurance

Behavioral Health Services for Adults

Behavioral Health Services for Children and Youth

Domestic Violence Services



NEEDS FOR CONNECTED INDIVIDUALS

Affordable and Accessible Public Transportation Services

Access to Human Services Information

SOME CRITICAL NEXT STEPS

- Develop a **comprehensive resource plan** to better understand where to invest money, people, technology and other resources
- Continue **integrating** programs and services so residents can more easily obtain resources
- Strengthen **performance management** to better understand how county agencies can improve
- Establish more effective ways to **communicate** with customers and partners

MAKING A GREATER IMPACT

Today, we request that the Board of Supervisors partner with us to engage the community in addressing these challenges.

For more information on the Human Services Needs Assessment, please visit:

<http://www.fairfaxcounty.gov/living/healthhuman/needs-assessment/>