Successful Children and Youth

Successful Children and Youth are cared for by nurturing adults who support their healthy growth and development; live in safe environments free from abuse, neglect, and trauma; have basic necessities; have access to suitable recreational opportunities; have access to quality early care and education that fosters school readiness; choose healthy over risky behaviors; and have supports to develop employment and independent living skills.

Fairfax County's Successful Children and Youth Policy Team, comprised of leaders from human services, the school system, community members and families, sets community-wide goals and priorities for public policy as it relates to children, youth and families. According to the team's charter, "*in order to become confident individuals, effective contributors, successful learners and responsible citizens, all of Fairfax County's children need to be safe, nurtured, healthy, achieving, active, included, respected and responsible.*"

GOALS:

- ***Improve the ability of children to get a healthy start in life***
- ***Improve the ability of children to enter kindergarten ready to succeed***
- ***Improve the ability of children to succeed academically***

Why Does This Matter?

Effects of community stressors such as unemployment, housing instability, and lack of personal transportation influence the success of children, youth, and their families. Success is enhanced with access for expectant mothers to prenatal care, opportunities for children to participate in programs that promote school readiness, and access for youth to supports for improved performance in school.

What is happening in our county? — Representative Indicators of Fairfax County

Fairfax County monitors the indicators below to assess conditions which may impact *Successful Children and Youth*.

Population Indicator	Baseline	Most Recent
% of children in poverty[1]	**8%** (2012) 20,550 / 264,718	**9%** (2015) 19,178 / 270,630
% of women receiving prenatal care within the first trimester[2]	**81%** (2012) 12,087 / 15,017	**80%** (2013) 11,869 / 14,776 2014 Data Not Available
Teenage pregnancy rate per 1,000 females[2]	**7.4** (2012)	**6.1** (2013) 2014 Data Not Available
% of low weight births[2]	**6.9%** (2012) 1,040 / 15,017	**6.9%** (2014) 1,017 / 14,699
% of children in early childhood care and education programs[1]	**58%** (2012) 22,595 / 38,823	**54%** (2015) 20,810 / 38,680
% of kindergarteners not requiring reading intervention[3]	**90%** (SY 2013) 12,310 / 13,678	**90%** (SY 2015) 11,905 / 13,228
High school graduation rate[4]	**92%** (2013) 13,673 / 14,927	**92%** (2016) 13,075 / 14,087
% of youth who report both positive parent-child interaction and good academic performance[5]	**75%** (2010) 21,112 / 28,014	**80%** (2015) 25,735/ 32,036

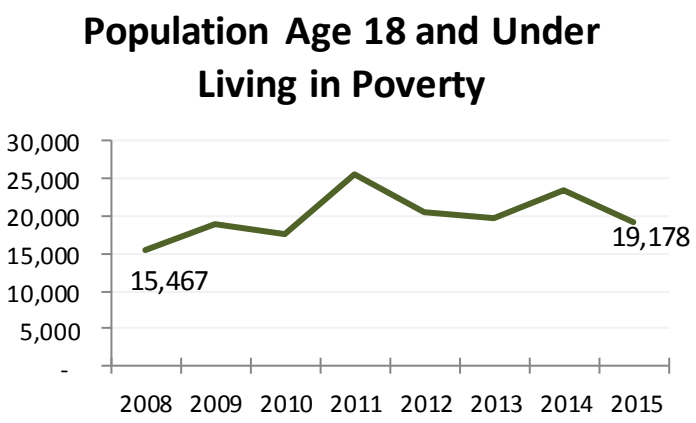
Source: [1] U.S. Census Bureau, American Community Survey [2] Virginia Department of Health [3] Fairfax County Public Schools [4] Virginia Department of Education [5] Fairfax County Youth Survey

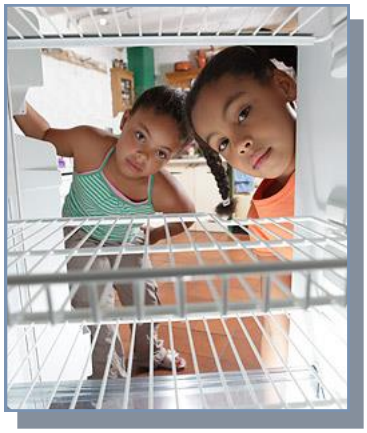
Successful Children and Youth

What is happening in our county?

Poverty and the related inability to afford prenatal care may adversely affect health outcomes. While the **poverty rate** among children under 18 years of age decreased from 2011 to 2013, this rate **increased between 2008 and 2015 by 24%** or roughly 3,700 children *(Source: U.S. Census Bureau, American Community Survey).*

The poverty rates for Black and Hispanic immigrant children in 2015 were 8.4% and 7.2%. This compares to a poverty rate of about 3.3% for White children. *(Source: U.S. Census Bureau, American Community Survey)*.





In the 2014 Youth Survey, **8.2% or 2,674 students said they were hungry sometimes, most of the time, or always due to a lack of food**. This compares to 9% in 2013 and 7.5% in 2014.

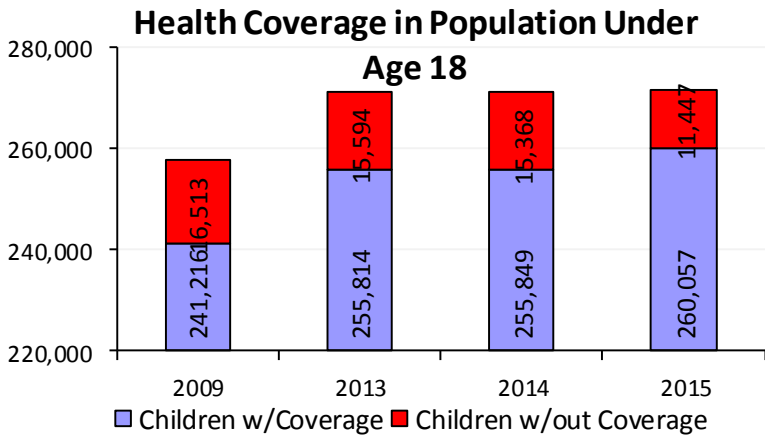
Fewer White students (3.9%) reported going hungry than all other races/ethnicities (14% Hispanic, 9.2% Black, 8.5% Asian, and 8.6% Other/Multiple race). *(Source: Fairfax County Youth Survey).*

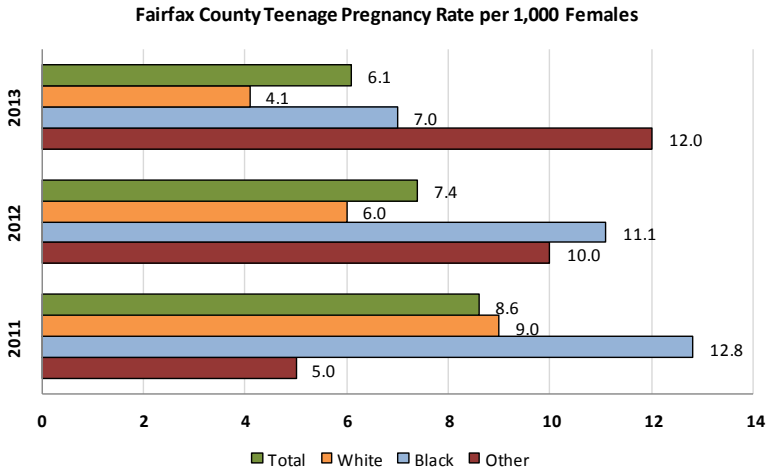
Children in the county are increasingly represented in food assistance programs – **27.5% or 50,679** of all Fairfax County Public School **students were eligible for free or reduced-priced meals** during the 2015-2016 school year (vs. 28.2% or 51,968 students in the previous year). *(Source: Virginia Department of Education)*

Successful Children and Youth

What is happening in our county?

Among the population **under 18 years of age** in Fairfax County, approximately **4.2% did not have any health insurance** in 2015 (11,447 children and youth). This is a decrease from 6.4% uninsured (or 16,513 children and youth) in 2009. *(Source: U.S. Census Bureau, American Community Survey)*.





In Fairfax County, pregnancies among residents **between 10 and 19 years of age has decreased by over 27%** from 595 pregnancies in 2011 to 432 pregnancies in 2013. The overall teenage pregnancy rate per 1,000 female residents has also decreased but disparities exist among races. *(Source: Virginia Department of Health)*.

The **2015 Fairfax County Youth Survey** findings indicate that 13.9% of respondents considered suicide and 5.8% reported having attempted suicide in the past year. Fairfax County remains **below the national average for attempting suicide**. Rates of considering suicide rose with grade level.

The 2015 Youth Survey results also indicate that 18% of respondents reported having been bullied in the past year. **Approximately 8% of Fairfax County students reported bullying someone** in the past year. Both rates of bullying and of being bullied declined as grade level increased.

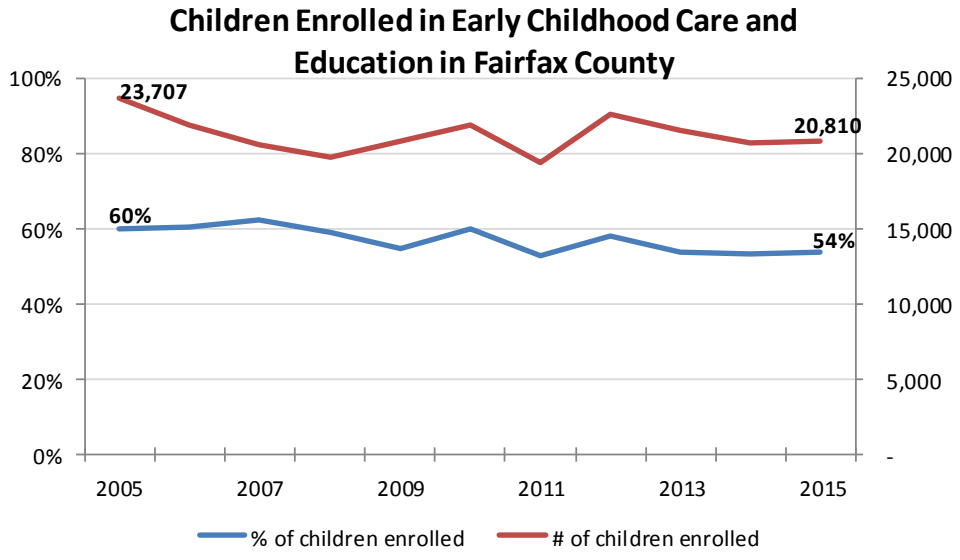
Successful Children and Youth

What is happening in our county?

During the 2015-2016 school year, **nearly one out of every three students had an identified medical condition that required a health care plan (58,800 students)**. The health care plan identifies the steps needed to effectively manage the condition at school. *(Source: Fairfax County Public Schools).*

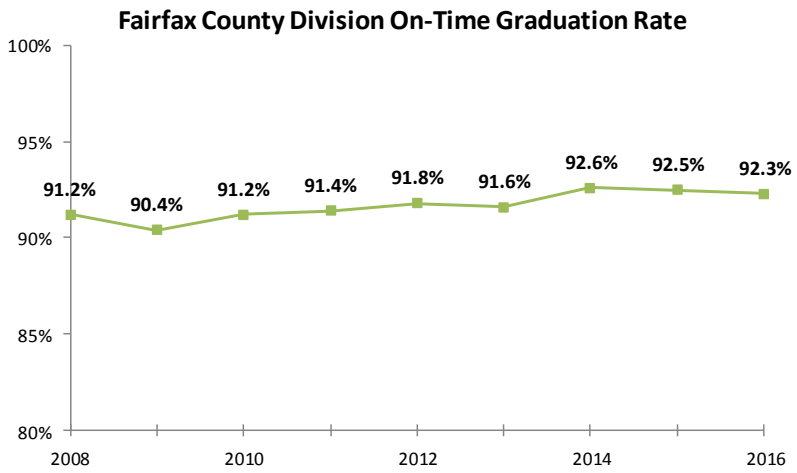
The **number of** Fairfax County Public School **students with autism has grown exponentially** from 235 in 1997 to 3,320 in 2015 (**1,313% increase**). There has been a steady increase in these numbers by an average of 7% over the last 5 years, indicating an increased need to accommodate this significant growth in programs and services. *(Source: Virginia Department of Health).*

Overall, estimates show a downward trend in enrollment of Fairfax County children in early childhood care and education over the last decade with approximately 20,800 children enrolled in 2015. The percentage of children enrolled decreased from 60% in 2005 to approximately 54% in 2015. *(U.S. Census Bureau, American Community Survey)*.



Successful Children and Youth

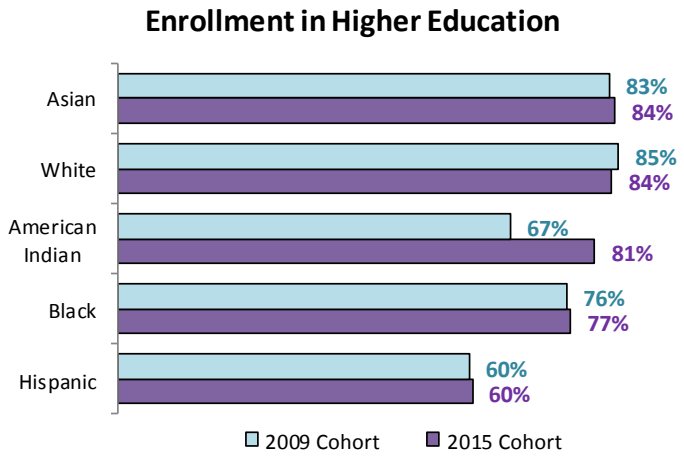
What is happening in our county?



In Fairfax County, the overall on-time high school graduation rate has trended upward reaching 92% in 2016. In the same year, the graduation rate by race/ethnicity was 77% for Hispanic, 93% for Black, 97% for Asian, and 97% for White students. *(Source: Virginia Department of Education)*

The proportion of all Fairfax County students enrolling in higher education within 16 months of earning a high school diploma decreased from 81% in 2009 to 77% in 2014. *(Source: Virginia Department of Education)*

Racial disparity in high school graduation rates and enrollment in institutions of higher education are examples of challenges reaching beyond education and human services requiring review and update of policy, practices and strategic investments through an "equity lens".



The **number of Limited English Proficiency (LEP) students** in Fairfax County Public Schools **increased by approximately 6,580 individuals** from 2008 to 2015 (39,620 versus 46,205 students, respectively). *(Source: Virginia Department of Education)*

Healthy Start In Life

Goal: Improve the ability of children to get a healthy start in life

Successful Children and Youth

Access to early and adequate prenatal care can contribute to the health of the next generation through the provision of needed services for pregnant women and their infants. According to the U.S. Department of Health and Human Services Maternal Child Health Bureau, infants born to mothers who received no prenatal care are three times more likely to be born at low birth weight (less than 5.5 lbs.) and five times more likely to die than those whose mothers received prenatal care. Racial/ethnic disparities in birth outcomes may be due to disproportionate influences of social determinants of health such as literacy, education, environmental exposure, and geographic residence.

Comprehensive prenatal care and support services to pregnant, low-income women who cannot access prenatal care through any other mechanism are offered by the Fairfax County Health Department (HD) in partnership with Inova Cares Clinic for Women (ICCW). A full scope of clinical care is delivered from early gestation through delivery and the postpartum period by ICCW after entry through the HD where women receive ongoing public health services. The goal of the program is to reduce infant mortality and morbidity and to promote the health of women, infants, and children in the Fairfax community.

How are we doing?

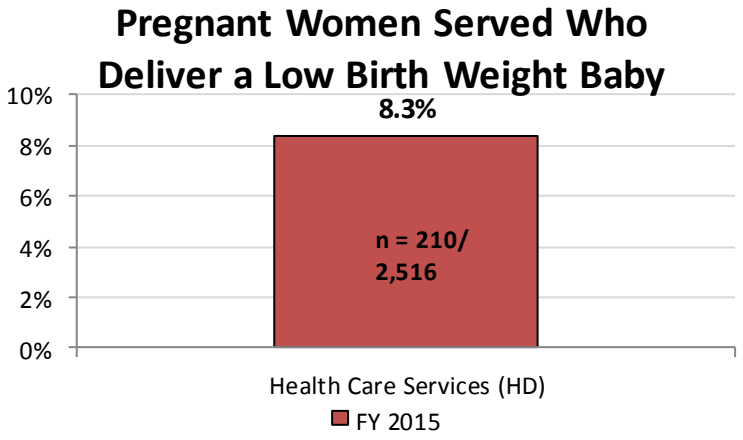
System Indicator	Baseline
% of pregnant women served who deliver a low birth weight baby*	**8.3%** (FY 2015) 210 / 2,516

Source: *Fairfax County Health and Human Services System Data

This indicator is focused on birth weight which is the single most important factor affecting a positive infant health outcome. Low birth weight represents a child's current and future health status and is an outcome related to maternal health risk. Low birth weight may be affected by a variety of factors that contribute to maternal and child health before, during, and after the pregnancy, such as genetics, maternal age, early access to prenatal care, psychosocial stress, nutrition, economic hardship, substance use, and environmental risk exposure.

Maternity clients with poorly managed chronic health conditions, such as asthma, hypertension, and poor nutritional status, are at greater risk of delivering a low birth weight infant. Infants born with low birth weight are at increased risk of neonatal mortality and, if they survive, are at increased risk of long-term disability and impaired development, which also increases their likelihood of having a school-age learning disability. The March of Dimes Foundation has stated that babies born with low birth weight may be more likely than babies born at a normal weight to have health conditions later in life including diabetes, heart disease, high blood pressure, and obesity.

How are we doing? (continued)



The percent of pregnant women receiving care through the HD-ICCW collaborative practice model who delivered a low birth weight baby in Fairfax County was 8.3% in FY 2015. This result is not comparable to earlier years because prior to FY 2015, the Health Department immediately transferred all medically high risk pregnancies to ICCW for obstetric care and provided prenatal care to only those pregnant women considered medically low risk until 26 weeks gestation after which they were transitioned to ICCW for the remainder of their care. After FY 2014, the HD transitioned prenatal care to a collaborative practice model in which comprehensive clinical care and public health services are delivered for both low and high-risk maternity clients. The Fairfax County Health Department's low birth weight rate of 8.3% is similar to the 8% rate for both the Commonwealth of Virginia and the U.S. in 2013. The Healthy People 2020 goal is to reduce the percentage of low birth weight infants to 7.8% by 2020.

The collaborative partnership between Inova Cares Clinic for Women and the Health Department contributes to a healthy start in life for children. All new maternity clients receive a comprehensive public health assessment for physical and behavioral risk factors that may negatively impact pregnancy and, based on assessed risks, women are offered referrals for community resources and/or one of the County's home visiting services for pregnant women and infants. Early enrollment in WIC (the federally-funded supplemental nutrition program) has been found to positively impact maternal weight gain and infant birth weight. Home-visiting programs, such as Healthy Families Fairfax and the Nurse-Family Partnership Program (NFP), yield positive long-term results for mothers and their children by building on protective factors that promote healthy family functioning and facilitating positive health outcomes. NFP has been demonstrated as an effective intervention to reduce the incidence of low birth weight infants.

Factors restricting system performance include transportation barriers to accessing services; fear of government-sponsored services; difficulty navigating a multifaceted system of care; poorly controlled preexisting medical conditions; untreated behavioral health issues; trauma from domestic and community violence; substance abuse; maternal cigarette smoking; and adolescent pregnancy.

Successful Children and Youth

A Medical Home is a primary care physician or mid-level provider chosen as a usual source of health care. A medical home knows an individual's health needs best by keeping comprehensive medical records of all health care received and coordinating all services including preventative visits, immunizations, and referrals to specialists. The ability to have a healthy start in life is improved by having a medical home which helps ensure proper care for children who require routine care as well as address special needs for ongoing health issues.

How are we doing?

System Indicator	Baseline	2014	Most Recent
% of children served who have a medical home*	**96%** (FY 2013) 2,372 / 2,460	**92%** (FY 2014) 2,457 / 2,666	**92%** (FY 2015) 2,540 / 2,768

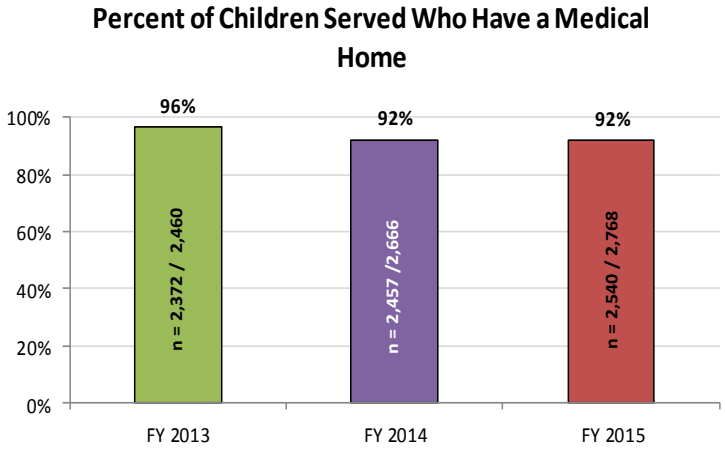
Source: *Fairfax County Health and Human Services System Data

The two programs currently reporting data for this indicator are Healthy Families Fairfax and Early Head Start/Head Start/Pre-K. Healthy Families Fairfax is a home-visiting program offering parents at risk of maltreating their children an opportunity to learn parenting skills and receive emotional support and case management services. The primary target population is pregnant women who screen positive for risk factors that indicate the potential of child abuse and neglect. Among the benefits demonstrated through extensive research of the effectiveness of home visiting programs are improved prenatal and infant health, fewer childhood injuries and emergency room visits, increased birth intervals, improved family economic self-sufficiency, and improved school readiness and academic achievement for young children. Early Head Start/Head Start/Pre-K programs provide quality early childhood education and comprehensive family support services to income eligible families with children birth to five years of age and expectant parents. School Readiness, which includes health, is the primary focus for all children enrolled in the programs. In Early Head Start/ Head Start/Pre-K** family service workers support families in accessing health insurance and identifying a medical home for their children.

In FY 2015, 92% of children served by the system had a medical home. A contributing factor to system performance is the strong continuum of home visiting services for pregnant women and infants, including but not limited to Healthy Families Fairfax, Nurse-Family Partnership, and Maternal and Child Health Field Nurse Program. Services include supporting families to obtain health coverage and a medical home.

Notable factors restricting performance are the limited capacity to serve eligible families; cost of medical and mental health services; language and cultural barriers; and transportation difficulties. Care coordination and referrals between programs may be limited by an inability to share confidential client information due to technology and privacy limitations.

In addition to system programs which monitor whether children served have a medical home, programs such as Medicaid, Family Access to Medical Insurance Security, and Medical Care for Children Partnership serve Fairfax County children for whom program enrollment means having access to health coverage. These three programs served a combined 59,110 children as of October 2015.



** *In Fairfax County Public Schools classrooms, federal Head Start funds are braided with County Board, School Board, federal Title I and state Virginia Preschool Initiative funds to serve pre-K children.*

School Readiness

Goal: Improve the ability of children to enter kindergarten ready to succeed

Successful Children and Youth

As defined by the Virginia Department of Education, *school readiness describes the capabilities of children, their families, schools and communities that will best promote student success in kindergarten and beyond. Each component – children, families, schools and communities – plays an essential role in the development of school readiness. No one component can stand on its own*. A number of county programs and services support the development of children's cognitive, social-emotional and physical development skills which are strong predictors of success in school.

During School Year 2015-2016, 2,608 Fairfax County children were enrolled in Early Head Start, Head Start/Pre-K, Virginia Preschool Initiative, and Virginia Preschool Initiative Plus which are high quality pre-school programs run or supported by Fairfax County and Fairfax County Public Schools. This figure represents a 25% increase overall in funded enrollment since School Year 2011-2012.

Head Start/Early Head Start** programs provide quality early childhood education and comprehensive family support services to income eligible families with children birth to five years of age and expectant parents. The promotion of school readiness is the primary focus for all children enrolled in the program. The County's Office for Children (OFC) provides services in partnership with Fairfax County Public Schools and Higher Horizons Day Care, Inc.

Healthy Families Fairfax (HFF) is a home-visiting program which offers parents an opportunity to learn parenting skills, promotes health and well-being (including child development information and regular developmental screenings), and connects families to community resources. The program serves parents who screen positive for risk factors that indicate the potential of child abuse and neglect. HFF works with families beginning prenatally and until the child is three years of age and enrolled in a group educational experience to ensure school readiness.

Infant Toddler Connection serves children birth to age 3 who have a developmental delay or a diagnosis that may lead to a developmental delay. Services include physical therapy, occupational therapy and speech therapy; developmental services; hearing and vision services; assistive technology; family counseling and support; and service coordination.

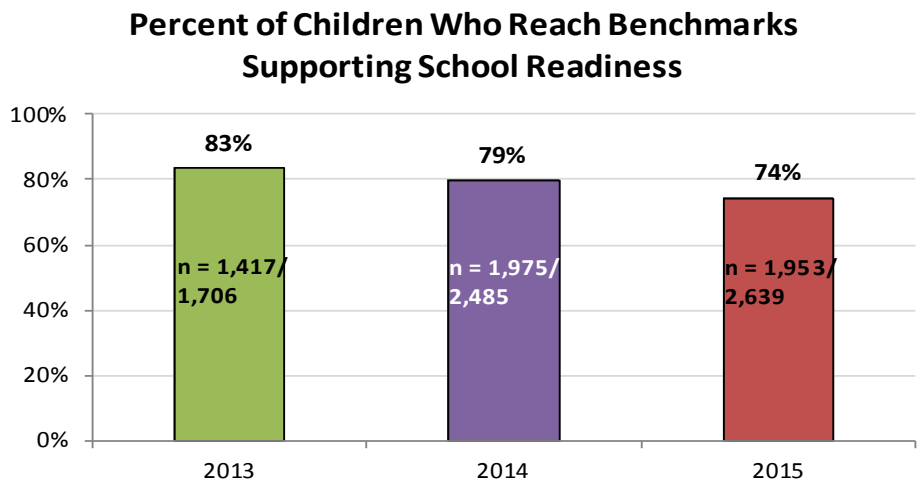
How are we doing?

System Indicator	Baseline	2014	Most Recent
% of children who reach benchmarks supporting school readiness*	**83%** (2013) 1,417 / 1,706	**79%** (2014) 1,975 / 2,485	**74%** (2015) 1,953 / 2,639

Source: *Fairfax County Health and Human Services System Data

School readiness data includes children through kindergarten entry. This composite indicator currently includes data from the above noted school readiness, home-visiting, and early intervention programs and services. The indicator monitors the percentage of children reaching math and literacy benchmarks as well as physical, social-emotional, cognitive, and developmental benchmarks which support school readiness.

How are we doing? (Continued)

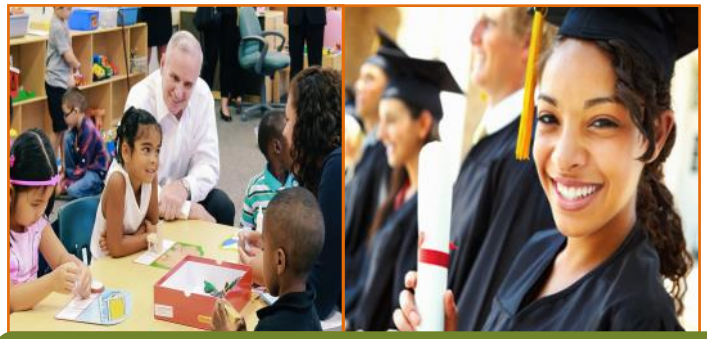


In FY 2015, 74% of children reached appropriate benchmarks to support school readiness. Head Start/Pre-K children accounted for nearly two-thirds of children included in this indicator.

Quality standards, which focus on early learning and preparing children to transition into an educational setting, contribute to health and human services system performance as do partnerships with Fairfax County Public Schools, universities, and the private non-profit sector. The state of Virginia is providing technical assistance in support of a requirement to improve data integrity and reliability for early intervention services. Limited capacity of school readiness and home visiting programs to serve eligible families is a restricting factor.

There are many early childhood programs serving young children throughout the community. The County supports quality programming in center-based and family child care programs through the provision of professional development, on-site technical assistance, and mentoring. The OFC Institute for Early Learning provides professional development and mentoring for early childhood educators. The Virginia Preschool Initiative provides early childhood education and comprehensive services for four year olds whose families have low to moderate incomes. The Virginia Quality Rating and Improvement System awards quality levels to programs based on nationally recognized quality standards and best practices and provides on-site mentoring and technical assistance. The Portage Project provides coaching and technical assistance in the implementation of the Portage Project curriculum for family child care providers. The Infant Toddler Specialist Network provides on-site mentoring and specialized technical assistance services to early childhood programs serving infants and toddlers. All of these initiatives offer community early childhood programs school readiness materials, resources and services that support children's success in kindergarten and beyond.

** *In Fairfax County Public Schools classrooms, federal Head Start funds are braided with County Board, School Board, federal Title I and state Virginia Preschool Initiative funds to serve pre-K children.*



Academic Success

Goal: Improve the ability of children to succeed academically

Successful Children and Youth

Fairfax County Public Schools (FCPS) is the key contributor to the academic success of children and youth. The total estimated FCPS enrollment for the 2015-2016 school year was 186,714 students. The health and human services system serves a subset of the county's youth including those with complex needs and at-risk behaviors. Youth served by the system receive direct academic instruction as well as academic enrichment and support through a variety of programs and services. An example of a program designed to help improve academic achievement and student behavior through after-school activities is Middle School After-School, which had an average weekly attendance of 25,075 participants in FY 2015.

Given the critical importance of regular school attendance to academic achievement, the Successful Children and Youth Policy Team (SCYPT) has convened a task force to develop and oversee implementation of a plan of action designed to decrease the incidence and negative impacts of school absenteeism in Fairfax.

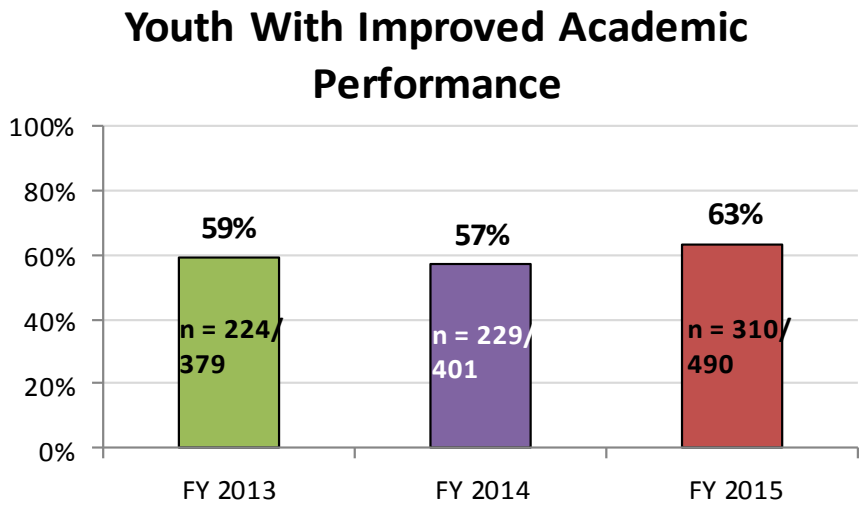
How are we doing?

System Indicator	Baseline	2014	Most Recent
% of youth with improved academic performance*	**59%** (FY 2013) 224 / 379	**57%** (FY 2014) 229 / 401	**63%** (FY 2015) 310 / 490

Source: * Fairfax County Health and Human Services System Data

The health and human services system monitors outcomes of academic instruction for youth served in a variety of settings including, but not limited to, detention and residential treatment for court-involved youth and treatment for youth with complex needs and risk behaviors served through the Comprehensive Services Act (CSA). While improved academic performance is always the goal, success for youth in these settings may be defined as maintaining academic performance.

How are we doing? (continued)



In this composite indicator, 63% of youth receiving academic instruction demonstrated improved academic performance in FY 2015. Low student-to-teacher ratios as well as alignment of activities with the Fairfax County Public Schools curriculum contributed to performance for this indicator.

Factors which restricted academic performance for youth in juvenile justice settings include a high prevalence of youth who perform 2-3 grade levels below their current assigned grade, have special education needs, and/or have gaps in education due to truancy and other issues. Trauma history of youth can also impact academic performance. Limited English language proficiency and literacy issues are also restricting factors of court-involved youth that are being addressed in multiple ways (e.g., in detention and residential treatment settings for court-involved youth, teachers focus on teaching literacy in all content areas, students have designated times for reading, and students participate in Changing Lives Through Literature supported by the Fairfax County Public Library).

How are we doing? (continued)

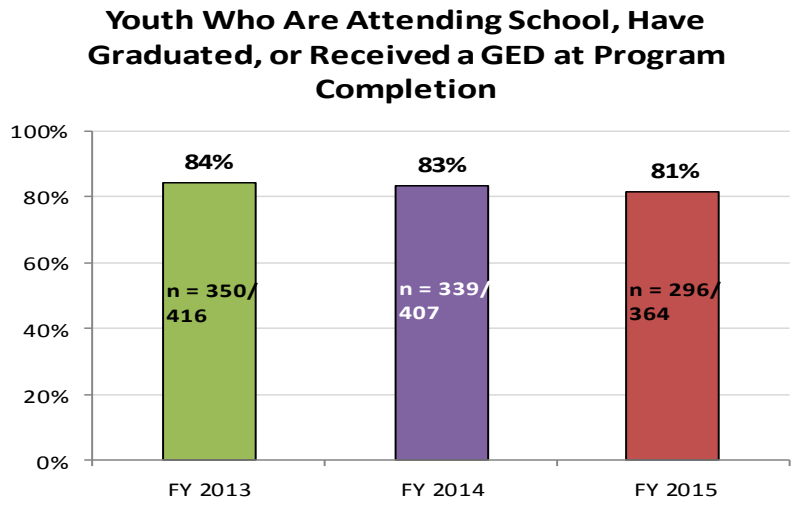
System Indicator	Baseline	2014	Most Recent
% of youth who are attending school, have graduated, or received a GED at program completion*	**84%** (FY 2013) 350 / 416	**83%** (FY 2014) 339 / 407	**81%** (FY 2015) 296 / 364

Source: * Fairfax County Health and Human Services System Data

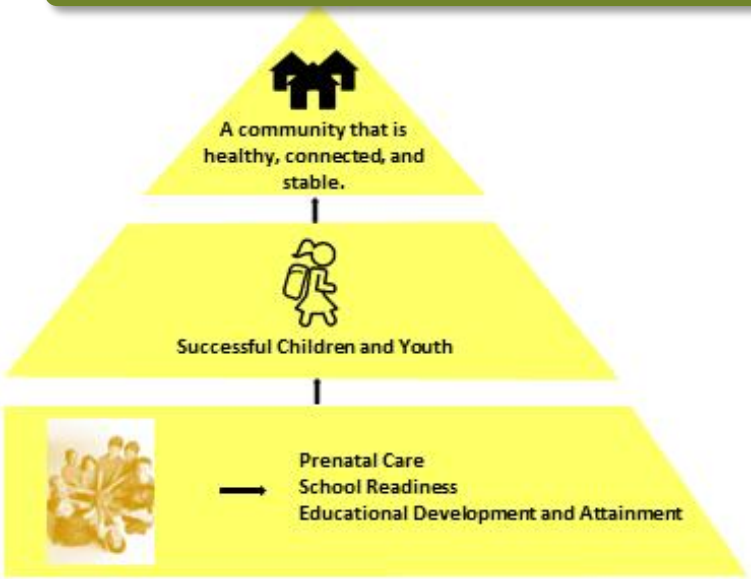
Educational attainment, or graduation from high school, is a key determinant of success for youth. Youth served by human services system programs that currently contribute to this indicator include court-involved youth and youth in foster care. In this composite indicator, 81% of youth were in school, had graduated, or had received a GED at program completion in FY 2015.

Factors which restrict performance with this indicator include language barriers, multiple school changes, delays in school enrollment and/or transfer of records, discontinuity of medical services for youth with chronic conditions, and a lack of available foster homes located within Fairfax County.

A factor which contributes to educational stability for youth in foster care includes an increase in the number of youth placed in family-based foster care. Additionally, implementation of the federal Fostering Connections Act enables youth to remain in their school of origin or to be immediately and appropriately enrolled in a new school along with transfer of all educational records. The Fostering Connections Act also provides more federal support for school-related transportation costs. Other factors which promote success with this indicator include collaboration and information sharing with Fairfax County Public Schools about all youth served by the system as well as collaboration with partners who offer aftercare opportunities to court-involved youth.



Successful Children and Youth



Programs and Services Contributing To *Healthy Start In Life* Goal:

Birth Weight Indicator: Maternal and Child Health Services

Children's Medical Home Indicator: Healthy Families Fairfax • Early Head Start/Head Start/Pre-K

Other Programs, Services and Activities Supporting *Healthy Start In Life* Goal:

Birth Weight Indicator: Supplemental Nutrition Assistance Program Education • Head Start/Early Head Start • USDA Child and Adult Care Food Programs • Foundations • Teen Parent Groups • Healthy Families Fairfax • Fairfax Nurse-Family Partnership • Medicaid • Women Infants Children Program • Smoking Prevention

Children's Medical Home Indicator: Medicaid • Family Access to Medical Insurance Security (FAMIS) • Medical Care for Children Partnership (MCCP)

Programs and Services Contributing To *School Readiness* Goal:

Head Start/Pre-K • Healthy Families Fairfax • Infant & Toddler Connection

Other Programs, Services and Activities Supporting *School Readiness* Goal:

Community Education and Provider Services • Neighborhood School Readiness Teams • Parenting Education Program • Infant Toddler Specialist Network • Institute for Early Learning • Portage Project

---

Programs and Services Contributing To *Academic Success* Goal:

Academic Performance Indicator: Boys Probation House • Children's Services Act System of Care • Foundations • Post Dispositional • Juvenile Detention Center

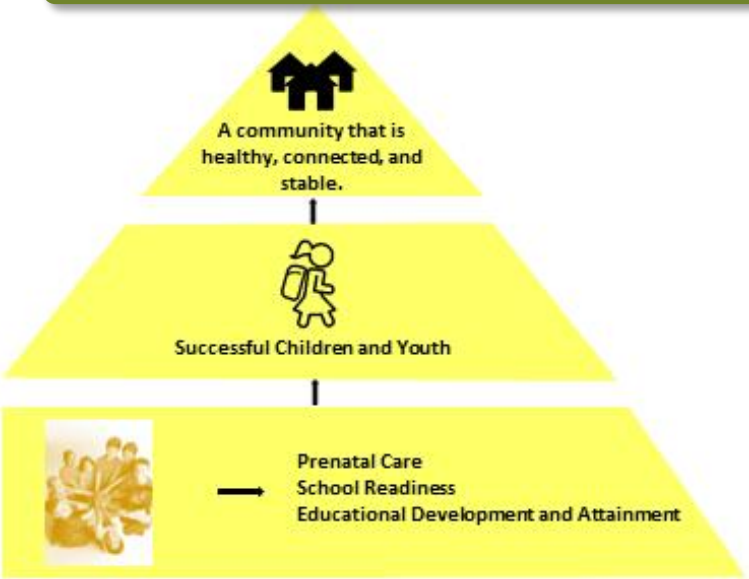
Educational Attainment Indicator: Foster Care • Juvenile Probation and Parole • Foundations (starting in FY 2016)

Other Programs, Services and Activities Supporting *Academic Success* Goal:

Academic Performance Indicator: After-School Programs • Neighborhood Networks • School Age Child Care • Youth Programming • Summer Camps • Merrifield Adolescent Day Treatment Program

Educational Attainment Indicator: Children's Services Act System of Care • Merrifield Adolescent Day Treatment Program

Successful Children and Youth



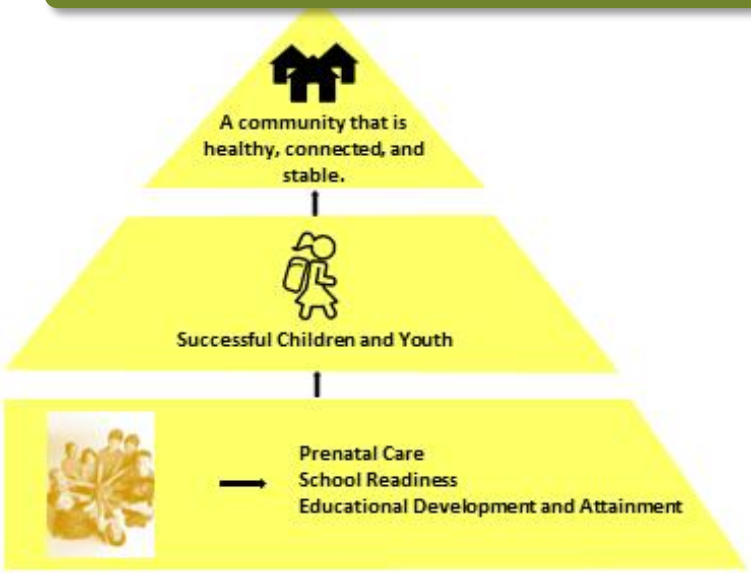
Our strategies to decrease the number of low birth weight babies

- Expand capacity for maternal and early childhood home visiting (e.g., Healthy Families Fairfax, Nurse Family Partnership)
- Address stress and trauma as contributing risk factors by identifying geographic location of at-risk populations
- Refer to the Fairfax-Falls Church Children's Behavioral Health System of Care Blueprint for additional strategies that impact youth in Fairfax County

Our strategies to increase access to a medical home for pregnant women and infants

- **Create a universal requirement for a regular part of screening during intakes/assessments to include information on current health care and to assist in identifying options**
  - ⇒ **Has been selected for initial implementation**
  - ⇒ **Strengthens outreach and education to families most in need of health care, both physical and behavioral by...**
    - **a. Increasing awareness of the various pathways to access a medical home**
    - **b. Encouraging consumers to utilize medical home services by educating targeted groups (e.g., parents of pregnant teens)**
  - ⇒ **Instituting medical screening at all safety net access points to identify risk from infectious diseases, physical and mental health by…**
    - **a. Adding depression screening**
    - **b. Embedding expectation for depression screening into contracts**

Successful Children and Youth



Our strategies to support school readiness

- Improve access to and quality of the early education experience by:
  a. Supporting the School Readiness Plan to be presented to SCYPT in FY 2017—plan will include a comprehensive, cross-system and cross-sector set of strategies to ensure children, families, schools, and communities are prepared for kindergarten success, and that children are ready in multiple domains of functioning
  b. Ensuring early childhood professionals are culturally-sensitive and reflect the population served

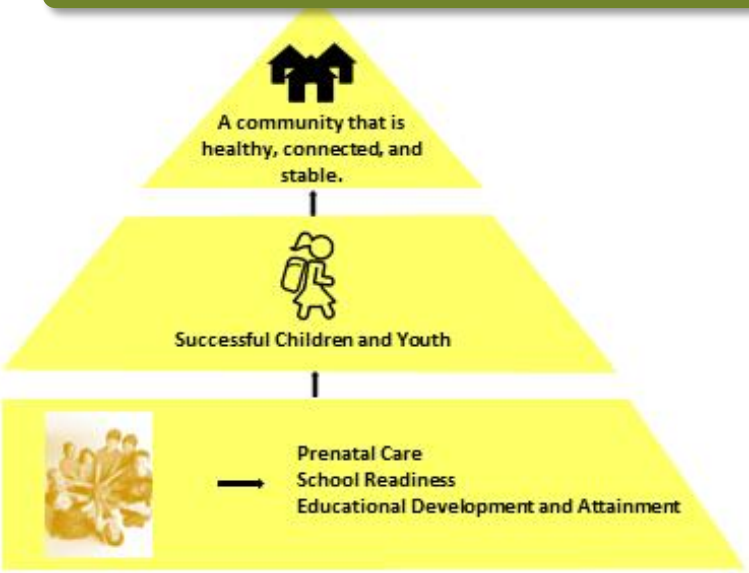
Additionally, the health and human services system seeks to improve access and quality of school readiness and the early education experience by utilizing a place-based coordination of services approach at housing complexes (e.g., explore a Neighborhood Family Resource Meeting model for neighborhoods supported by Housing and Community Development such as Wedgewood Apartments).

Our strategies to improve the ability of children to succeed academically

- Increase access to high-quality academic support for low-income students by:
  a. Developing quality standards for tutors and providers to help provide families with Out-of-School quality programs
  b. Providing students with out-of-school opportunities to participate in project-based and service-oriented learning to help youth learn new skills or develop a sense of ownership within the community that could translate back to the classroom

- The health and human services system will support ongoing efforts related to:
  a. Children's Behavioral Health System of Care Blueprint for 2016-2019 which includes strategies focusing on trauma-informed practices to improve child focus and capacity to learn
  b. Fairfax County Attendance Task Force

Successful Children and Youth



Our strategies related to all three Successful and Children and Youth goals

- Ensure resources are directed to address disparities and promote opportunity by:
  a. Reviewing existing Community Profile data and neighborhood-based profiles and needs
  b. Utilizing information to organize efforts around place (i.e., place-based initiatives) to allow focus on root issues (e.g., poverty, neighborhood assets, access to services)
  c. Engaging youth and families, and community in the planning, implementation, and evaluation of activities related to all levels of services from prevention through intensive intervention

The following is a system-wide strategy that cuts across and supports efforts by all workgroups.

- Improve data management methodologies by:
  a. Identifying data needed at department and system-levels assuring it includes meaningful outcome measures
  b. Standardizing categorization of client demographic information for cross-system tracking (e.g., race/ethnicity, poverty level, etc.)
  c. Identifying and addressing gaps in data collection techniques
  d. Creating ongoing opportunities for identifying common data/outcomes
  e. Instituting a system-level data sharing agreement
  f. Aligning data collection and reporting timeframes across the health and human services system
  g. Building capacity to perform longitudinal studies regarding children and youth through support of ongoing initiatives (e.g., **a)** development of IT systems to track kids from Pre-K to elementary school to allow for better evaluation of different pre-K experiences; **b)** planned partnership with University of Virginia Center for Advance Study of Teaching and Learning (CASTL) to study children's experiences and outcomes as they transition from Pre-K into elementary school)

Terms and Methodology

Baseline: Term refers to data for "year zero" and will be used as a comparison point for future performance.

Composite: Term refers to a single data point which represents various programs and services contributing to outcomes. Percentages on report card are composites and these are calculated by a) summing all individuals who are better off as a result of participating in contributing programs or receiving services – this sum is the numerator; b) summing the total number of individuals who participate in all contributing programs or receive services – this sum is the denominator; and c) dividing numerator by denominator; i.e., composite (%) = numerator ÷ denominator.

Rounding: Figures presented as percentages are in most cases rounded to the nearest whole number percentage. Due to rounding, percentages may not add up to 100%.

The system indicators included reflect a representative sampling of persons served by health and human services within county administered programs. Based on existing system indicator outcomes, health and human services appraises the overall system performance in attaining the desired goal utilizing the classifications below:

LEGEND:

An opportunity to celebrate the significant progress made in moving toward achievement of the desired result.

An opportunity to continue to improve upon the progress made toward achievement; this reflects less progress than the opportunity to celebrate; however, positive movement has been made.

An opportunity to improve, reflecting the need for the community and Fairfax County Health and Human Services System to address the desired result more effectively.