

Fairfax County, Virginia



LINES OF BUSINESS

February 2016

**SYSTEM OF CARE –
CHILDREN’S SERVICES ACT**

*County Lines of Business (LOBs)
Presentation to the Board of Supervisors*



www.fairfaxcounty.gov/budget/2016-lines-of-business.htm



OUTLINE OF TODAY’S PRESENTATION

- Vision and Mission
- Overview
- Resources
- County Vision Elements
- Metrics
- Trends and Challenges
- Looking Forward
- Discussion



VISION AND MISSION

Vision

- To engage the community in providing a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, so that all children and youth in the Fairfax-Falls Church community are socially, emotionally, mentally, and behaviorally healthy and resilient.

Mission

- To ensure that all children, youth, and their families have equitable and easy access to a continuum of quality, integrated and/or coordinated services, supports, and opportunities to promote resiliency and further their social, emotional, mental, and behavioral health.

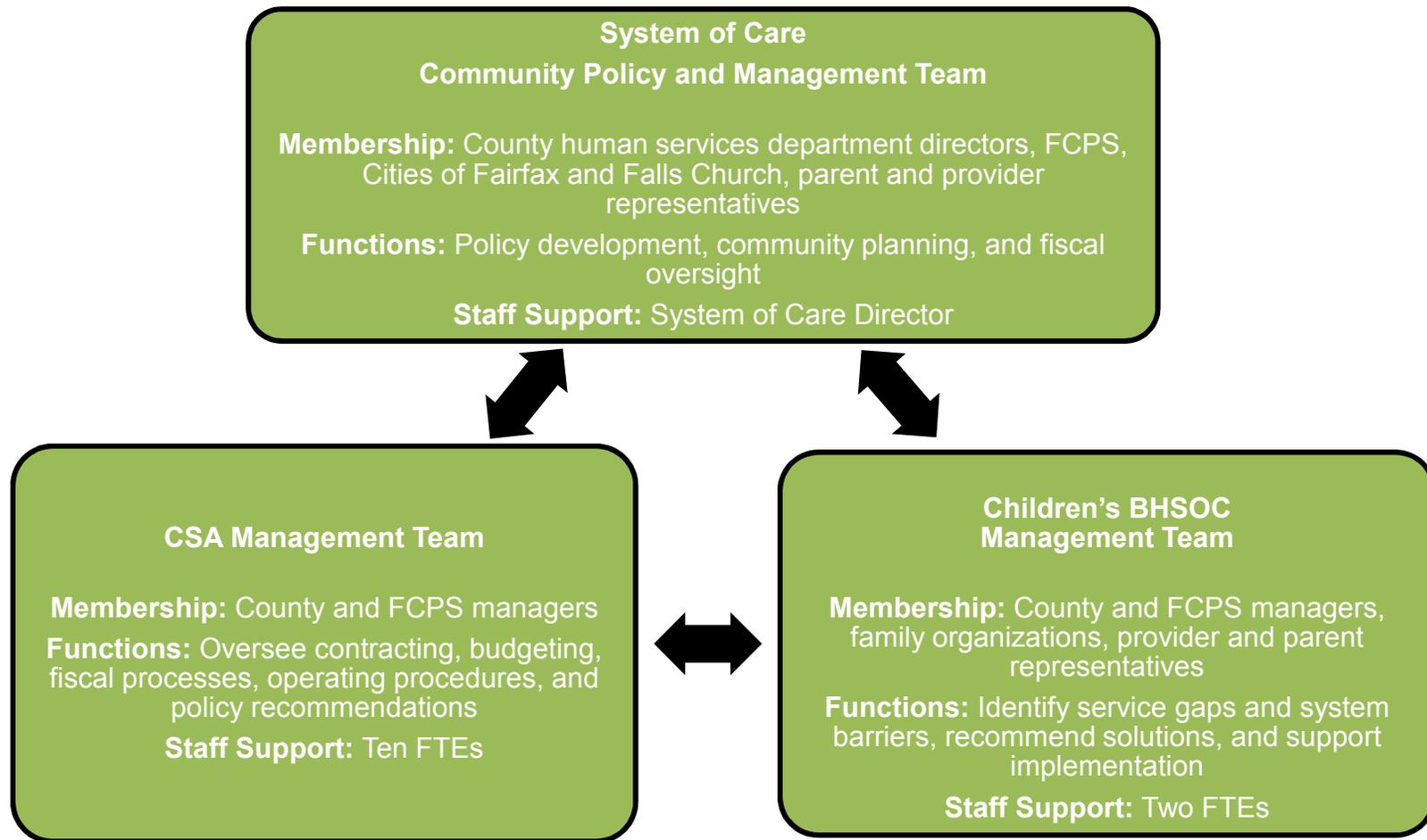


OVERVIEW

- **Virginia Children’s Services Act (CSA) Program**
Purchases services and supports for youth with serious emotional or behavioral problems involved with or requiring cross-agency coordination of services, children in foster care, and students requiring private special education placements.
 - State initiative in 1993 to pool multiple funding streams to ensure coordinated care.
- **Behavioral Health System of Care (BHSOC) Program**
Coordinates the full continuum of behavioral health services across multiple County agencies, FCPS and private providers.
 - Improves access to behavioral health services for children and youth in the community who are not CSA or CSB-eligible but have significant behavioral health issues.
 - Board of Supervisors approved the first year of a multi-year funding plan in FY 2015.



OVERVIEW: GOVERNANCE





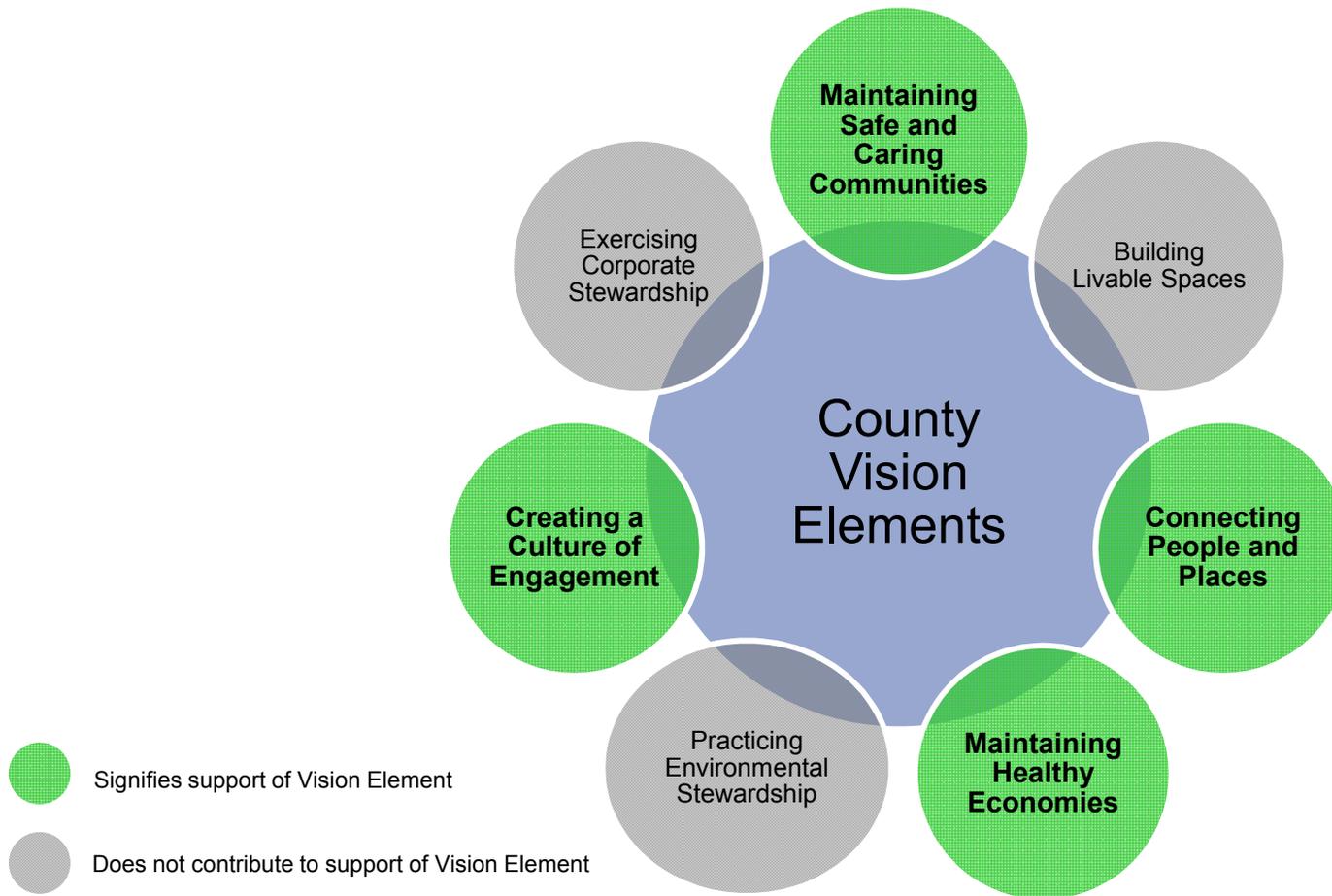
RESOURCES

| Category | FY 2014 Actual | FY 2015 Actual | FY 2016 Adopted |
|---|---------------------|---------------------|---------------------|
| LOB #126: System of Care - Children's Services Act (CSA) | | | |
| FUNDING | | | |
| Expenditures: | | | |
| Children's Services Act | \$39,203,407 | \$39,837,207 | \$43,169,428 |
| Behavioral Health Services | <u>0</u> | <u>139,323</u> | <u>1,080,571</u> |
| Total Expenditures | \$39,203,407 | \$39,976,530 | \$44,249,999 |
| General Fund Revenue | \$19,941,919 | \$20,951,447 | \$22,360,497 |
| Net Cost/(Savings) to General Fund | \$19,261,488 | \$19,025,083 | \$21,889,502 |
| POSITIONS | | | |
| <i>Authorized Positions/Full-Time Equivalent (FTEs)</i> | | | |
| Positions: | | | |
| Regular | 10 / 10 | 13 / 13 | 13 / 13 |
| Total Positions | 10 / 10 | 13 / 13 | 13 / 13 |



COUNTY VISION ELEMENTS

- The purpose of the LOBs process and the validation process performed by staff and management is to array the relevance of all LOBs according to the County’s Vision Elements. Our LOBs support:





METRICS: CSA

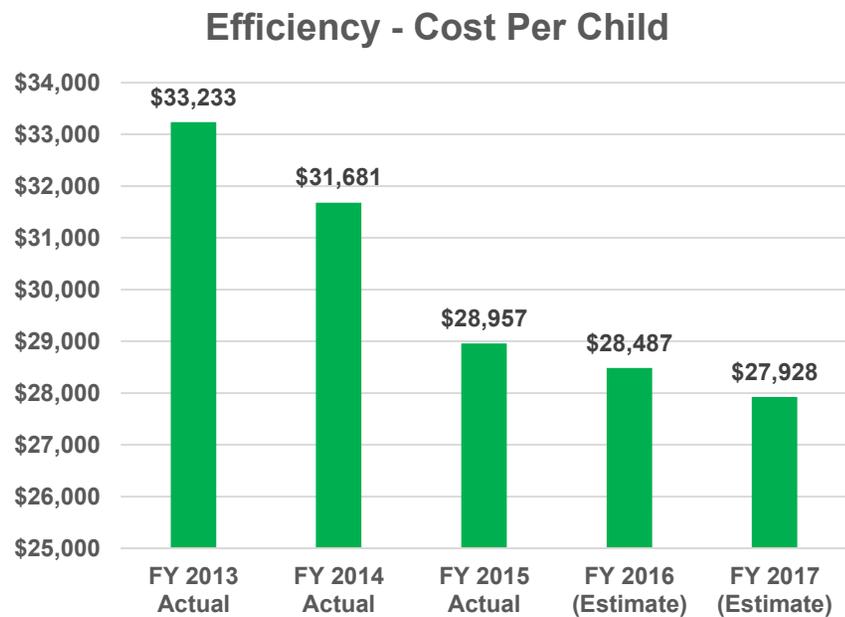
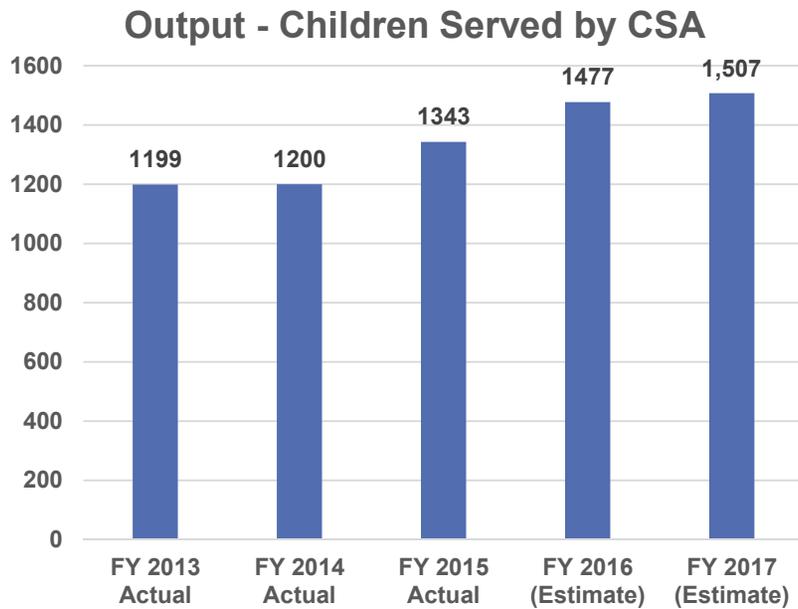
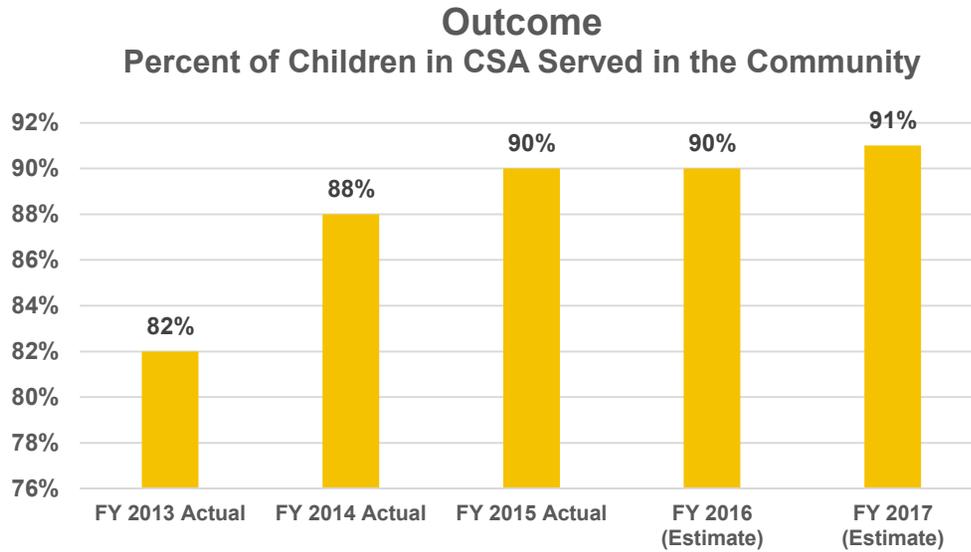
- Outcomes: Long-term residential placements have decreased 43%, from 129 to 74, since FY 2012.

In FY 2015 92% of children at-risk of foster care served through CSA remain safely with their families; 8% of children were placed in foster care.

81% of youth remain in the community 12 months after receiving intensive care coordination.

- Quality: Parents satisfied with services - 92% in FY 2015.
- Efficiency: 89% of Medicaid placements are reimbursed.

BHSOC metrics will be available in FY 2017 once the program has been operational for one full year.





TRENDS AND CHALLENGES

CSA Program

- Children served increased 12% in FY 2015 and may continue increasing in FY 2016 and 2017 due to:
 - Significant increase in number of high school students with autism.
 - Re-designed local process that enables more children to be served, thus reducing the cost per child.
 - New state legislation eases process for families to self-refer.
- County may have to pay up to \$1.4 million annually for the educational costs of youth in Medicaid-funded residential treatment.



TRENDS AND CHALLENGES

BHSOC Program

- 31.7 % of FCPS high school students reported depressive symptoms in the 2014 youth survey. The five year average is 30.8%.
- Percentage of FCPS high school students considering suicide increased from 12.9% in 2005 to 17% in 2013.
- Percentage FCPS high school students attempting suicide increased from 3.4% to 4.4%.
- FCPS high school students with autism increased 37% from SY12 to SY 15, including a 15% increase from SY14 to SY15.



LOOKING FORWARD: FY 2016

CSA Program

- Connect families with the most serious issues with family support partners in an effort to more easily navigate the public and private mental health systems.
- Redesign the CSA process to shorten the time it takes to access services, increase utilization oversight, and better utilize staff resources.



LOOKING FORWARD: FY 2016

BHSOC Program

- Address teens’ mental health issues in four high school communities through providing short-term treatment services.
- Expand required training for County and FCPS staff to include community resources, insurance access, and evidence-based practices.
- Implement a multi-year blueprint for coordinating prevention, early intervention, and intensive treatment across the County’s human services system, FCPS and, private providers.



LOOKING FORWARD: FY 2017 AND BEYOND

BHSOC Program

- Build capacity to identify and address service gaps for youth who are not CSA or CSB-eligible.
- Implement prevention and early identification strategies from the Successful Children and Youth Policy Team adopted suicide prevention plan.
- Increase use of evidence-based practices across the full continuum of prevention, early intervention, and treatment.
- Provide online resources for families to navigate systems and access services.
- Identify and respond to children and families exposed to trauma.
- Coordinate services for transition-age youth and young adults.



LOOKING FORWARD: FY 2017 AND BEYOND

- Implement strategies to address disparities in outcomes and access based on race, ethnicity, sexual orientation, socio-economic status, and geography.
- Increase public awareness of issues surrounding mental illness and behavioral health care.
- Integrate primary and behavioral health care for children and youth in all County and federally funded primary care settings.
- Coordinate and maximize behavioral health funding opportunities.
- Additional resources would allow staff to implement the second year of the multi-year BHSOC plan and would specifically address the following:
 - Expand short-term treatment services to three more high schools.
 - Implement family navigator services to help families of children with behavioral health needs identify and access services.



DISCUSSION

