



Youth Behavioral Health Services

SCHOOL AND COUNTY COLLABORATIVE SYSTEMS
TRANSFORMATION EFFORTS

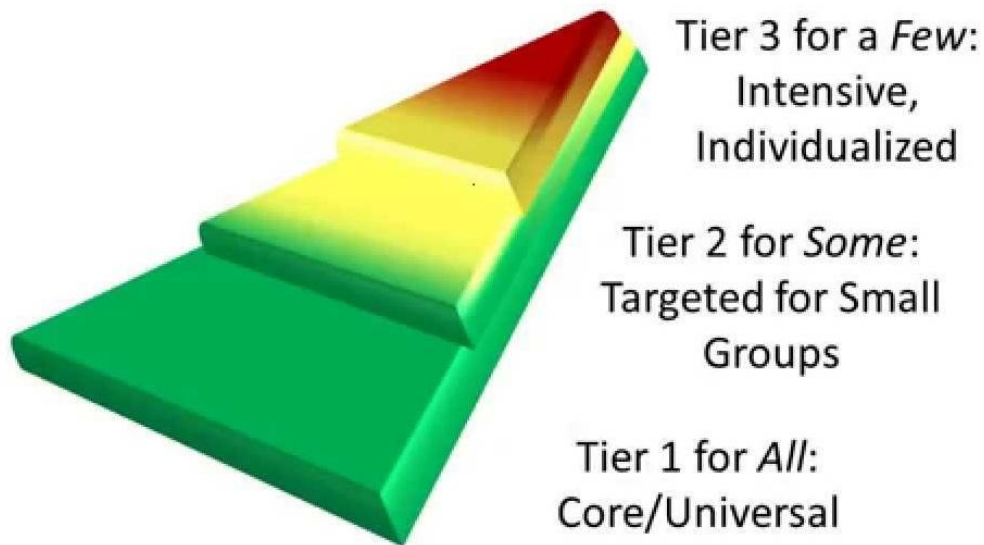
APRIL 1, 2016

Overview

- ▶ Background and Data
- ▶ Meeting the Challenge
- ▶ Behavioral Health Collaborations
- ▶ From Collaboration to Integration
- ▶ Looking Forward

Background

Continuum of Academic & Social Behavior Support



Behavioral Health – Braiding Multiple Systems

- ▶ Targeted strategies
- ▶ Targeted populations
- ▶ Multiple funding sources

Prevalence

1 in 5 children
(20%)

46.3% lifetime
prevalence
(13-18 year olds)

Only **half**
receive
treatment

Rates of
treatment vary
with disorder

Fairfax County

Children & Youth

188,000

Enrollment FCPS

Following
National Statistics

- **36,000** with diagnosable condition
- **3,960** with significant impairment
- **1,800** with extreme functional impairment

Youth Survey

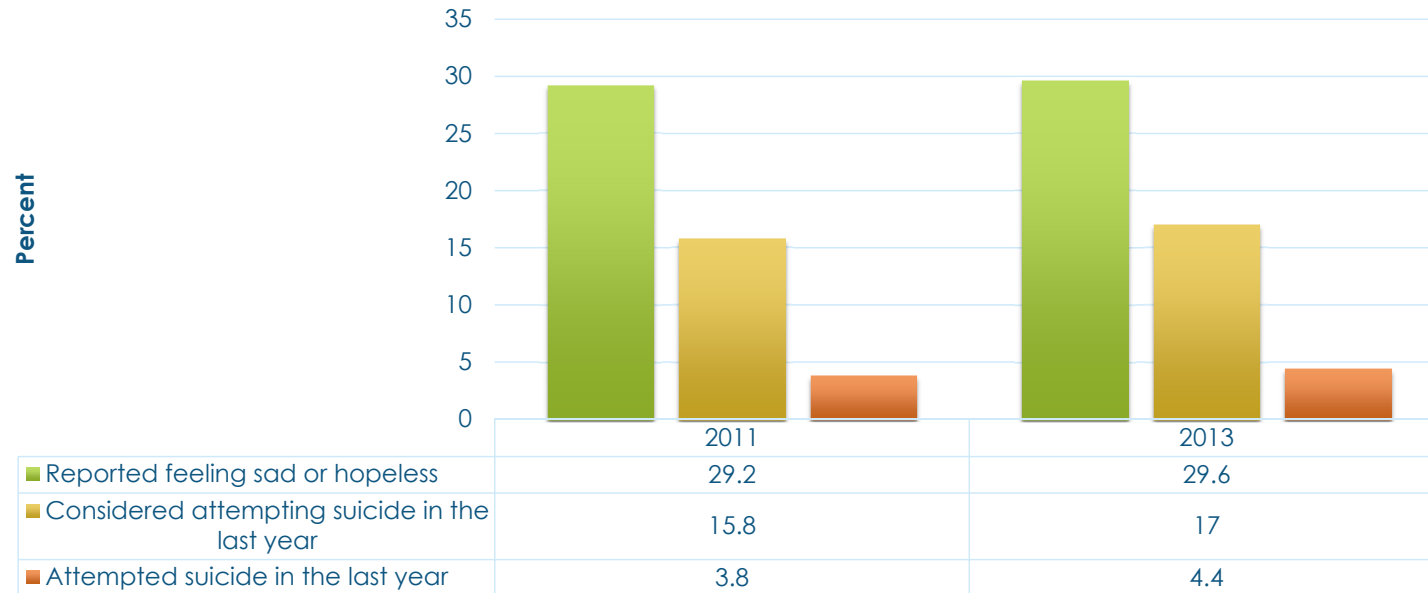
Report Issues with:

- Depression
- Suicide
- Substance Abuse

Access Issues

- Shortage of Pediatric Psychiatrists
- Insurance and Payor Issues
- Language and Culture

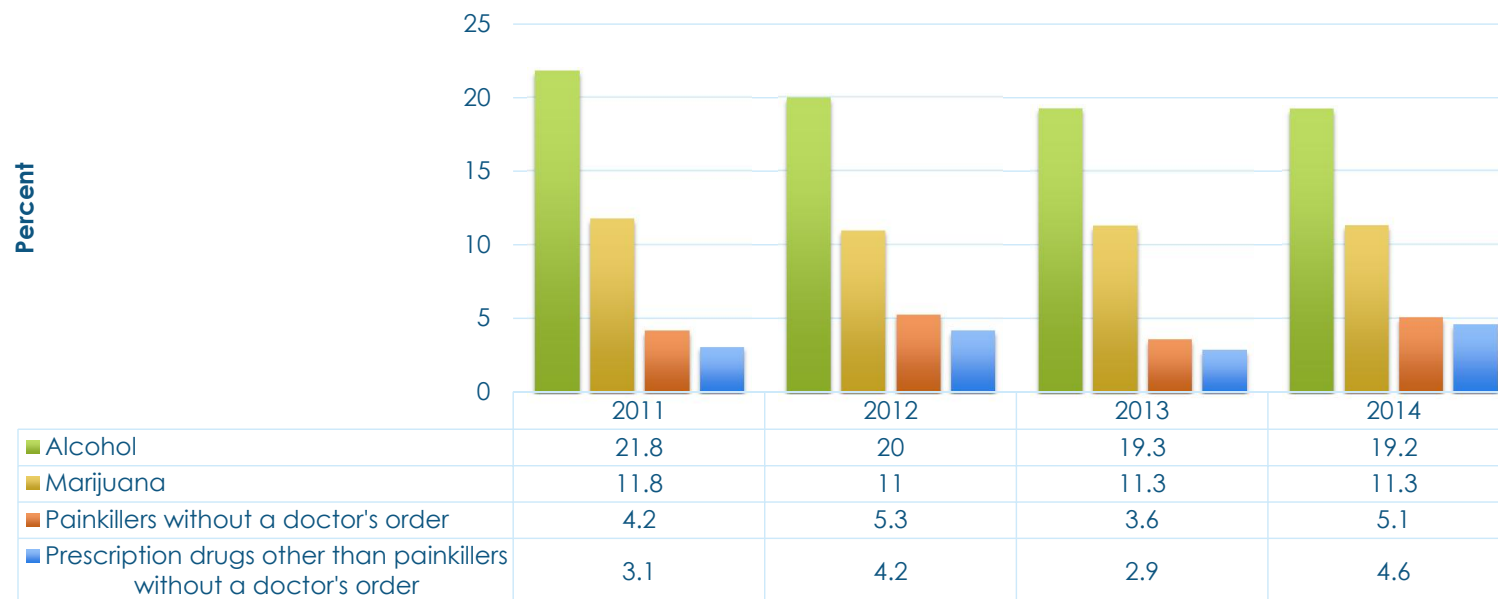
Percentage of students reporting depressive symptoms/suicidal ideation/suicidal behavior within the last year, 2011 and 2013



Youth Survey Data

Select Behavioral Health (depressive symptoms, suicidal ideation, attempted suicide)

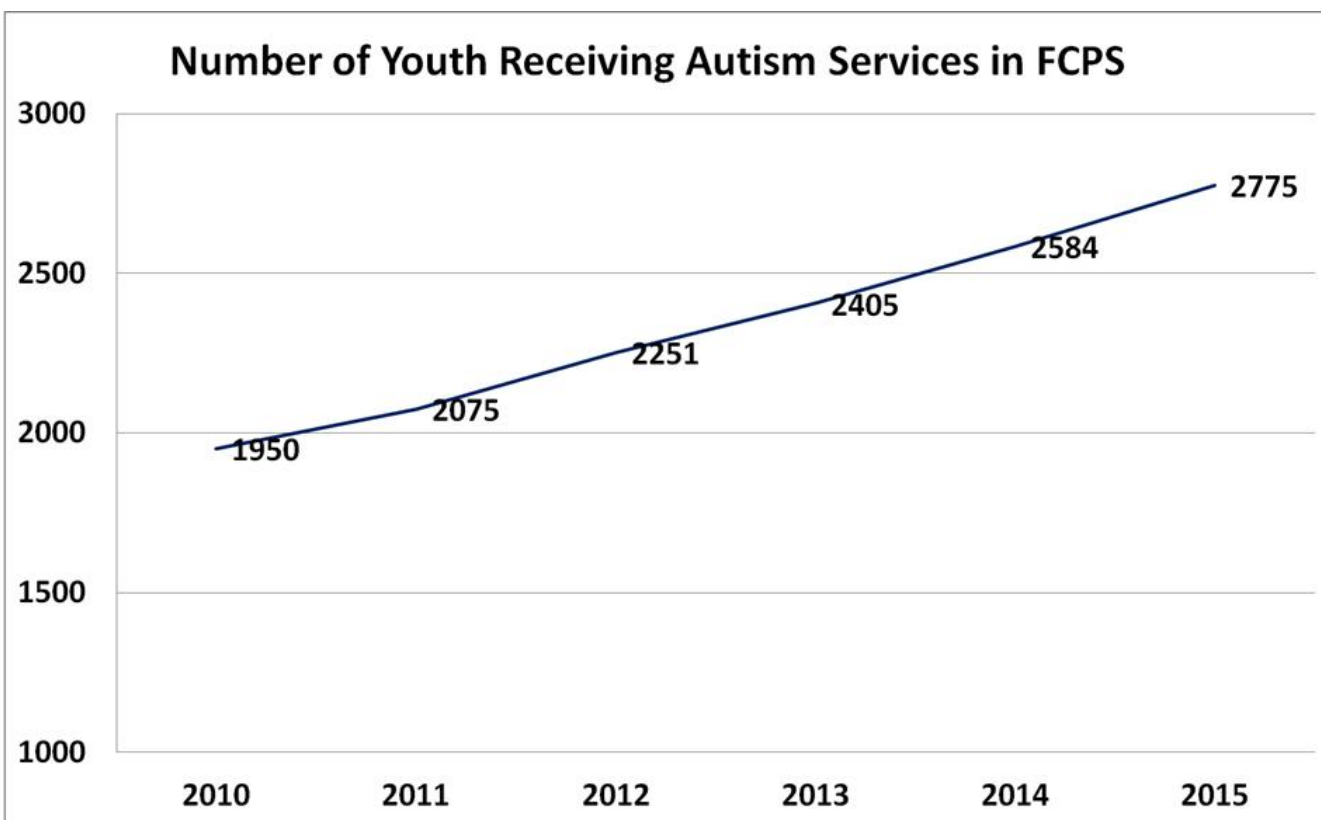
Percentage of students reporting substance use within the past 30 days, 2011-2014



Youth Survey Data

Select Substance Use (alcohol, marijuana, painkillers, other prescription drugs)

Rise in Autism Spectrum Disorder



Meeting the Challenge

A Response that is:

- Intentional
- Strategic
- Coordinated



It Starts Here...

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Early Intervention Works

There is a small window of opportunity to intervene early for maximum success with a child who has developmental delays, and the effectiveness of ITC services is clearly documented. A recent article in the American Academy of Pediatrics, states that “for every dollar we spend on high quality early childhood development programs, there’s a 7-10 percent annual return rate in cost savings to society – and the younger the child served, the wiser the investment.”

Infant-Toddler Connection

Major Collaborations include: Transition to Special Education, Pathways to Preschool, Shared trainings.

Roles of School and Community Providers

FCPS

“General Practitioner”

Social and emotional functioning in school

- Screening
- Support for situational distress
- Behavior intervention
- Referral to specialists

Private Clinicians

Specialists for those with:

- Conditions in need of on-going out patient treatment
- Those with adequate funds or insurance
- Hospitals are utilized for acute crisis care

CSB

Specialists for those with:

- Severe, chronic behavioral health conditions (including addictions)
- Need for assessment who are in crisis
- Often provider for those with Medicaid, or limited/no insurance

Treatment and Services

FCPS

- Short term cognitive behavior therapy
- School functioning
- Behavior Assessments & Intervention Plans
- Psychiatric homebound case management
- Transition back to school

CSB

- Outpatient therapy for children, youth & families
- Medication management
- Behavioral health assessment, evaluation and counseling for court involved youth
- Emergency Services and Crisis Intervention
- Intensive Services

Collaborative Efforts

- ▶ Prevention
 - Youth Suicide
 - Substance Abuse
- ▶ Gaps in Services
- ▶ Children's Services Act
- ▶ System of Care Blueprint



Prevention is Everyone's Role



- ▶ Risk and protective factors for behavioral health and wellness found in individual, family, school and community
- ▶ Prevention efforts must be **universal** and **targeted**



FCPS: Prevention

Instruction and events to include speakers, wellness weeks and student led wellness activities.



County: Prevention

Develop emotional and social problem solving skills, self-determination and self-control



Substance Abuse

Collaborative Actions

- Community Awareness Campaigns
- FCPS ATOD Seminars
- CSB Project Revive
- Drug Take Back



Youth Suicide Prevention

New Services and Supports

- Kognito, *At Risk*
- Mental Health First Aid
- Crisis Textline
- Coordinated Postvention
- Community Awareness
- Community Conversation on Teen Stress





Building Assets and Resiliency

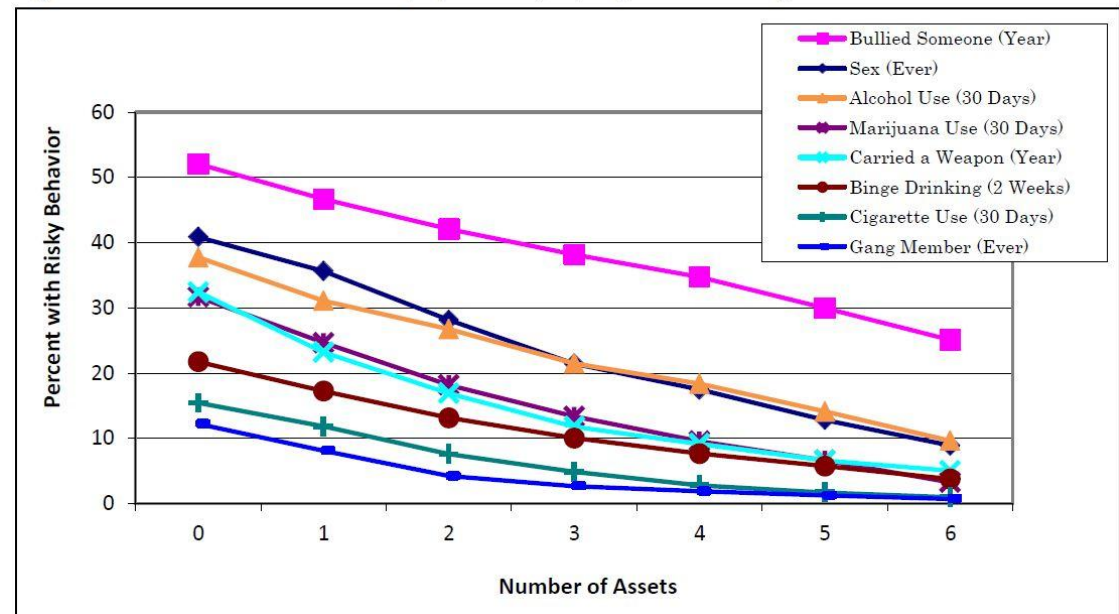
Informed by Youth Survey data programs help youth cope with commonly reported experiences & at risk behaviors

Three To Succeed

Three to Succeed Asset Graph

Protective Factors have an impact that span multiple areas

Figure 1. Three to Succeed Asset Graph (Grades 8, 10, 12), Fairfax County, 2014



Having High Personal Integrity
Performing Community Service
Feeling Safe at School

Having Community Adults to Talk to
Participating in Extracurricular Activities
Having Parents Available for Help

Meeting Service Gaps

New Services and Supports

- Significant expansion of CSB youth and family treatment and case management services
- Project AWARE-Virginia Tiered Systems of Support
- Short-Term Behavioral Health Services for Youth
- Specialty care for youth and young adults experiencing first psychotic episode



Children's Services Act (CSA)



Outcomes of Current Collaborations



- ▶ Over 16,000 completed *At Risk* suicide prevention program
- ▶ Over 600 adults trained in Youth Mental Health First Aid
- ▶ 53% reduction in psychiatric residential placements
- ▶ CSA served youth have fewer risk behaviors and improved mental health

From Collaboration to Integration

Successful Children and Youth Policy Team

Shared Community Outcomes -

We aim to achieve these outcomes for all children and youth in Fairfax County. We also aim to ensure that disparities are identified and eliminated.

Children get a healthy start in life.

Children enter kindergarten ready to succeed.

Children and youth succeed academically.

Children and youth are healthy.

1. Children and youth are physically healthy.

2. Children and youth are socially, emotionally, and behaviorally healthy and resilient.

Children and youth are safe and free from violence and injury.

Youth earn a post-secondary degree or career credential.

Youth enter the workforce ready to succeed.

Youth contribute to the betterment of their community.



Children's Behavioral Health System of Care Plan

The Blueprint

- ▶ Continuum from prevention to intensive intervention
- ▶ Identifies goals, strategies, actions steps and metrics
- ▶ Four year plan: 2016-2019

FAIRFAX-FALLS CHURCH
CHILDREN'S BEHAVIORAL HEALTH SYSTEM OF CARE
BLUEPRINT FOR 2016-2019

*Approved by the
Community Policy and Management Team
March 25, 2016*

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Approved by the*

BLUEPRINT FOR 2016-2019

Youth Behavioral Health

Service/Funding Priorities for FY17

- ▶ Crisis Textline
- ▶ Family Navigator Services
- ▶ Expansion of Short-term Outpatient Treatment Services
- ▶ Child Psychiatry

Administrative Priorities for FY17

- ▶ Explore ways to maximize Medicaid funding
- ▶ Explore ways to share student data and service information
- ▶ Develop an accurate, accessible real-time database of behavioral health care providers

Working as One System – Responding as One System

- ▶ Planning, Resourcing and Service Delivery intersect at multiple points and within multiple agencies
- ▶ Aligning goals and strategies
- ▶ No one agency or organization is responsible for the total behavioral health services to children and youth
– It requires a **System Response**