## FAIRFAX COUNTY SUCCESSFUL CHILDREN AND YOUTH POLICY TEAM

**December 1, 2021, 10 a.m. – 12:30 p.m.**
**https://us06web.zoom.us/j/4908978562**
**Password: SCYPTdec1#**

**Agenda**

1. Welcome and Introductions

2. Action Item

    a. Action 1: SCYPT Endorsement of Behavioral Health Blueprint Funding Requests

3. Discussion Items
    a. Hospital Diversion Pilot Project Update
    b. Equitable School Readiness Strategic Plan Update

4. Recap of New Action Steps or Assignments

5. Items and Announcements Presented by SCYPT Members

6. Public Comment

7. Adjourn

**Next Meeting:**
Wednesday, February 2, 2021
10 am – 12:30 pm

SCYPT Action Item A-1
December 1, 2021

ACTION ITEM A-1

TITLE:
SCYPT Endorsement of the Children's Behavioral Health Blueprint FY 2023 Funding Requests

RECOMMENDATION:
Staff recommend SCYPT endorse the Children's Behavioral Health Blueprint FY 2023 Funding Requests.

BACKGROUND:
At its April 6, 2016, meeting, the SCYPT endorsed the Children's Behavioral Health System of Care Blueprint, a strategic plan for improving access and quality of behavioral health services for children and youth in Fairfax. Implementation began almost immediately, and the SCYPT has received regular updates on progress. While work is now beginning on the development of a new Blueprint, the Healthy Minds Fairfax program (a part of the Department of Family Services) is requesting that two key elements of the original Blueprint be incorporated into the County's General Fund budget, beginning with FY 2023. The requests have been submitted to the Department of Management and Budget to be considered for inclusion in the County Executive's FY 2023 advertised budget.

The two funding requests are:

- $200,000 in FY 2023 and annually thereafter to continue provision of family support partner services for the parents and caregivers of children and youth with mental health issues; and
- $125,000 in FY 2023 and annually thereafter for training to implement evidence-based behavioral health treatment practices, including those now being required by many federal and state funding sources for behavioral health care.

EQUITY:
Both proposals are designed to promote equity by supporting increased access to behavioral health services for typically underserved populations. Family Support Partners are parents and caregivers with lived experience who have been trained to use their experiences to offer support to parents and caregivers of children and youth with behavioral health issues. They are recruited from all cultural groups in our community, and speak to families in their own language, literally and figuratively. They break down stigma and ease access to services by sharing their own stories of realizing and accepting that their child had mental health issues, and of accessing helpful services. Family Support Partners meet with families in their homes or other non-governmental sites in communities throughout the county. Services are provided by a non-profit agency.

Evidence-based practices are behavioral health interventions demonstrated by research to be effective in addressing behavioral health issues. As a group they tend to be strength-based and solution-focused, and avoid stigmatizing labels. The early versions of EBPs were often tested on homogenous populations but many are now developed and tested for diverse populations. Identifying EBPs with evidence of effectiveness in diverse communities, and those geared toward specific populations (such as LGBTQ youth), is a priority for Healthy Minds Fairfax.

ATTACHMENTS:
Healthy Minds Fairfax 2023 Budget Requests
Children's Behavioral Health System of Care Blueprint: March 2021 Quarterly Report

PRESENTERS:
Jim Gillespie, Healthy Minds Fairfax
Peter Steinberg, Healthy Minds Fairfax
Christy Esposito-Smythers, George Mason University

# Budget Addendum Request Form

☒ **FY 2023 Request**
☒ **FY 2024 Request**

**Agency/Fund:** **Department of Family Services/Healthy Minds Fairfax Division**

**Title of Request:** **Family Support Partner Services**

**Description of the Request:**

Describe the request, including the amount of funding request, number of new positions, new revenue associated with the request, the increased level of services able to be provided, and what the request will allow the agency to do. Please note if the request for funding is of a one-time or recurring nature.

Family supports partners (FSPs) are trained parents of young adults with mental health issues who provide support, education and assistance with accessing services to parents of children and youth with mental health issues. The request is for $200,000 in FY 2023 and beyond to fund to services for 100 self-referred families annually with approximately 10-20 hours of family support partner services. In addition, it will fund FSP participation in 300 family resource meetings and family partnership meetings annually. These are inter-agency meetings convened by county and FCPS child-serving staff to plan services for youth with complex and high-risk behavioral health needs. FSPs attend to provide support and education to the participating parents and to offer their services. Since January 2017 FSP services have been funded through a federal grant, which expired in September 2020. In FY 2020 155 families were served. The proposed county funding will be supplemented by Children's Services Act funding for youth with complex and high-risk issues who are eligible for that program, including youth in foster care and the juvenile justice system.

FSPs receive professional supervision and extensive training. They work collaboratively with the child-serving professionals involved with the family. They provide families with support, education and assistance navigating systems to access services. Particular activities include helping with paperwork associated with accessing services, connecting parents to community resources, providing support during service planning meetings, periodic face-to-face meetings and regular phone/text/email communication. There are no county positions associated with the request. It does not directly generate revenue, but does leverage use of CSA funds, which are 77% state. This is a request for recurring funding.

**Previous Discussion of the Request:**

Briefly describe all previous discussions of this request. Is this request associated with Board Budget Guidance? Was this discussed at a Board Committee Meeting? Is this in the Multi-Year Budget for FY 2022 or part of a Board-approved, fiscally constrained multi-year plan (e.g. Public Safety Staffing Plan, Human Services Resource Plan)? Has this been requested before?

This request is included in the FY 2021 – FY 2023 Health and Human Services Resource Plan, for FY 2021 (Request #14, page 8). It was included in the County Executive's initial proposed FY 2021 budget but was not included in the revised proposed budget.

In September 2018 the Fairfax Falls Church Community Policy and Management Team (CPMT) endorsed the Family Support Partner request for inclusion in the HHS Resource Plan and the CPMT endorsed its inclusion in the county budget. The CPMT consists of County and FCPS health and human services leadership, private providers and citizen consumer representatives.

# Budget Addendum Request Form

**Description of the Problem or Need Being Addressed:**

**Briefly describe the problem or issue being addressed by this request. Why is this a problem or need? When and how did this become a problem or need? Explain how this problem or need affects specific population groups or the entire County population, if applicable. Does the problem or need affect specific geographic area(s) of the County or is it countywide?**

According to the National Institute for Mental Health 49.5% of youth aged 13 to 18 have or have had any kind of mental disorder, of which 22.2% experience significant impairment. (.https://www.nimh.nih.gov/health/statistics/mental-illness.shtml). According to the Centers for Disease Control and Prevention 17.4% of children aged 2 to 8 years old have a mental, behavioral or developmental disorder (https://www.cdc.gov/childrensmentalhealth/data.html). In the School Year 2019-2020 Fairfax County Youth Survey 29.9% of high schoolers and 24.8% of 6th graders reported significant depressive symptoms. An alarming 14.3% of high schoolers reported considering attempting suicide. Astoundingly. 36.4% of high schoolers reported experiencing a high level of stress, and 15.4% of sixth graders. Because of their impact on children, families, and communities, children's mental disorders are an important public health issue.

In addition to the stigma still associated with mental health conditions, parents and caregivers of children and youth with mental health issues face many challenges in accessing treatment. The "system" for accessing treatment is a confusing array of privately and publicly provided services, largely built on a commercial insurance system that often fails to adequately compensate providers, leading to obstacles to obtaining treatment that aren't present for other medical conditions. As a result of these factors even families with substantial resources have difficulty accessing effective treatment. The challenges are much greater for low and moderate income families. Families throughout the county, of all incomes and cultural backgrounds struggle to access effective mental health treatment for their children.

Through their own lived experience Family Support Partners can relate to families in a way that professionals cannot. The understand the isolation such families may feel due to the stigma of mental health issues. They help families reconcile to the reality that their child has a mental health issue, and through appropriately sharing their own experiences offer hope that effective treatment is available. And they help families navigate the complex process of accessing services through private and/or public services. Professionals tell families how the system should work. Family Support Partners tell them how it really works.

# Budget Addendum Request Form

**Description of Current Programming:**

**Briefly describe the current services provided, including the number of staff providing services, number of individuals served, the target population, geographic area(s) served, current workload and outcome data, and relevant performance measures currently used. Describe how current programming promotes or hinders equity, if applicable.**

From 2017 through 2020 Family Support Partner services have been provided by the Northern Virginia Chapter of the National Association for the Mentally Ill (NAMI-NOVA) through a contract with Fairfax County, supported by the Virginia Department of Behavioral Health and Developmental Services via a grant from the federal Substance Abuse and Mental Health Services Administration. The $375,000 annual contract, which expired September 2020, funded a staff of seven family support partners, a supervisor, a part-time contract administrator and associated administrative costs. In FY 2018, the first full year of the project, only 55 families were served. In FY 2020, however, 155 families were served. In January 2021 PRS. Inc. became the FSP provider. In FY 2021, 60 families were served by NAMI-NOVA and PRS served an additional 142 families.

Pre and post testing of participants found statistically significant improvement in knowledge of treatment, recovery and support services, and coping resources. Loved one's connection to services and success in school also increased, but not at a statistically significant level.

Family Support Partners are recruited from all cultural groups in our community, and speak to families in their own language, literally and figuratively. They break down stigma and ease access to services by sharing their own stories of realizing that their child has mental health issues and accessing helpful services. Family Support Partners meet with families in their homes or other non-governmental sites in communities throughout the county. Services are provided by a non-profit agency.

**Description of Alternatives:**

**Briefly describe why new funding is necessary as opposed to process redesign or service realignment. What could result if funding is not provided?**

Family Support Partner services were funded through a federal grant as a pilot project from 2017 through 2020. Since then they have been funded through the Healthy Minds Fairfax (HMF) budget but doing so would limit the amount of funding available for new services and programs to meet the changing behavioral health needs of children, youth and families and probably prevent HMF from continuing to make Short-Term Behavioral Health Services available to all eligible county middle and high schoolers.

**Description of Intended Results:**

**Briefly describe the desired results and anticipated outcomes associated with this request, the demographic groups intended to benefit, the scope of the expected benefits and the size of the affected population. Explain how the results and outcomes will advance equity.**

Through this request Family Support Partner services will directly benefit at least 400 families throughout the county, of all incomes and cultural backgrounds, who have children and youth with mental health issues. The Federal Substance Abuse and Mental Health Services Administration identifies Family Support Partners as a best practice. Research indicates that FSPs are associated with reduction of children's symptoms and improvement in children's functioning and benefits to parents and

caregivers, including a reduction of stress, improved mental health and well-being, and increased treatment engagement. Increased self-efficacy and empowerment of families have been associated with a variety of improvements at the child and parent level, including service initiation and completion, increased knowledge about the youth's condition and relevant services, satisfaction, and youth functioning at discharge (Bickman et al., 1998a; Bickman et al., 1998b; Heflinger, 1997; Resendez, 2000). Thus far, pre and post testing of Fairfax participants has found statistically significant improvement in knowledge of treatment, recovery and support services, and coping resources. Loved one's connection to services and success in school also increased, but not at a statistically significant level.

Family Support Partners are recruited from all cultural groups in our community, and speak to families in their own language, literally and figuratively. They break down stigma and ease access to services by sharing their own stories of realizing that their child has mental health issues, and accessing helpful services. Family Support Partners meet with families in their homes or other non-governmental sites in communities throughout the county. Services are provided by a non-profit agency.

**Description of Alignment with Strategic Plan:**

Briefly describe how this request aligns with the County's Strategic Plan, checking the boxes below of the Strategic Plan Priority Areas supported by the request.

| | | |
|---|---|---|
| ☐Cultural and Recreational Opportunities | ☐Efficient and Effective Government | ☐Mobility and Transportation |
| ☐Economic Opportunity | ☒Health and Environment | ☐Safety and Security |
| ☐Educational and Lifelong Learning | ☐Housing and Neighborhood Livability | ☐Self-Sufficiency for Vulnerable Populations |

Please identify other agencies/stakeholders/community partners necessary to successfully implement the request.

This request directly impacts the health and environment priority area in that it addresses the mental health needs of our community's children and youth, of whom up to half may at some time experience a mental health issue. Partners required to successfully implement this request include the Fairfax-Falls Church Community Services Board, Fairfax County Public Schools and family organizations such as the Northern Virginia Chapter of the National Alliance for the Mentally Ill. They have all been actively involved with this project and are completely supportive, as evidenced by the endorsement of the Community Policy and Management Team.

**Description of Measurement and Analysis:**

Based on the problem or need identified, briefly describe what success looks like, how success will be measured, how data will be collected, and how the program will be evaluated for equity and effectiveness over time. Detail how disaggregated data will be used to monitor equity impacts, if applicable.

Successful Family Support Partner services improve the ability of parents and caregivers to identify that their child has a mental health condition, access appropriate treatment, and participate actively in that treatment. To measure the impact of the intervention, before and after the intervention participants are assessed in four areas: knowledge of treatment, recovery and support services; coping resources; loved one's connection to services; and success in school. Data will be collected on and analyzed by gender, Hispanic origin and ethnic group, race, and geographic location.

# Budget Addendum Request Form

☒ FY 2023 Request
☒ FY 2024 Request

**Agency/Fund: Department of Family Services/Healthy Minds Fairfax Division**

**Title of Request: Evidenced-Based Practice Training**

**Description of the Request:**

**Describe the request, including the amount of funding request, number of new positions, new revenue associated with the request, the increased level of services able to be provided, and what the request will allow the agency to do. Please note if the request for funding is of a one-time or recurring nature.**

Evidence-Based practices (EBPs) in behavioral health care are interventions proven by research to be effective in addressing specific mental health and substance use disorders, resulting in children and youth having reduced symptoms and risk behaviors, and improved functioning at home, in school and in the community. The use of EBPs is or soon will be a requirement for accessing state and federal funding to support provision of behavioral health care to children, youth and families. State agencies that currently require use of evidence-based practices are the Department of Juvenile Justice and the Department of Social Services. Agencies that will soon have such a requirement are the Department of Behavioral and Developmental Services and the Department of Medical Assistance Services (Medicaid).

Implementing evidence-based practices is expensive due to the extensive training and oversight required. The Community Services Board, and local non-profit agencies that provide behavioral health care to the most vulnerable children and youth in our community do not have the funding to meet these training requirements. Healthy Minds Fairfax is partnering with George Mason University sponsor evidence-based practice training for public and private behavioral health providers. The four-year pilot project has thus far trained over 500 therapists (inclusive of overlap across some trainings) in a variety of evidence-based practices. This collaboration has proved to be a very cost-effective method of providing EBP training. Under the Family First Act funding is available for trauma informed, evidenced based mental health treatment services. Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is listed as a promising service in the Title V-E Prevention Services Clearinghouse and a well-support program in the California Evidenced Based Clearinghouse. Training in TF-CBT will be one of the trainings that will continued to be offered through this partnership.

The request is for $125,000 in FY 2023 and it is requested that funding be recurring. Funding will be allocated annually to support the following tasks:

1. Funding will be used to train 220 clinicians who work in a public or private child serving behavioral settings in various evidenced-based practices. Trainings consists of an average of 3-4 days. Participants are required to participate in bimonthly consultation calls. The days of training depend on the evidenced based practice being taught. It is anticipated that 1,000 days (one person attending one day) of training will be provided. The cost to provide the training is $75,000. In addition to attending the training, all clinicians will be required to participate in virtual consultation calls at a cost of $15,000. These calls will take place twice a month and last approximately 1 hour. The purpose of the calls is to provide support to the clinicians in their utilization of EBP's and to help the clinicians adhere to the fidelity of the EBP.

2. In order to successfully implement EBPs, agencies must review and usually re-structure all or part of their service delivery systems and revise their training plans to accurately assess the needs of children and youth entering services and match them with appropriate EBPs. Funding is requested to provide consultation to the Community Services Board and local non-profit behavioral health providers in

implementing EBPs within their agencies. The estimated cost of providing consultation is $15,000 to provide approximately 100 hours of consultation.

3. This funding request includes $20,000 to measure to what degree of fidelity the clinicians following the training protocols. At each training, clinicians are given a pre and post survey to gauge their confidence in using the skill and if they increase their knowledge in that area. A follow-up survey will be sent out to each clinician to measure their usage of the EBP and which EBP they use most often. Agency and providers who send staff to the trainings will be asked to agree to allow for satisfaction surveys to be sent to their clients after treatment ends as part of the standard of care. An annual report on the status of EBP implementation will be presented to the Community Policy and Management Team.

To provide additional support for the implementation of EBPs, county staff will collaborate with FCPS, local non-profit organizations and providers in accomplishing these activities. Addition funding is not necessary.

1. Develop and implement annual plans for training local providers on EBPs that meet state and federal requirements and address the needs of local children, youth and families. Ensure that capacity is enough to meet the EBP training needs of CSB therapists and those of the local non-profit child-serving agencies. Monitoring will include, but is not limited to, the EBP requirements of the federal Families First Prevention Services Act, the Virginia Department of Behavioral and Developmental Services STEP Virginia initiative and Virginia Medicaid.

2. Access state and federal funding for EBP training whenever possible to offset local costs.

# Budget Addendum Request Form

## Description of Current Programming:

**Briefly describe the current services provided, including the number of staff providing services, number of individuals served, the target population, geographic area(s) served, current workload and outcome data, and relevant performance measures currently used. Describe how current programming promotes or hinders equity, if applicable.**

Since December 2018, the Fairfax Consortium on Evidenced Based Practices (FCEBP) has trained over 500 therapists (inclusive of overlap across some trainings) in evidenced based treatments for youth with behavioral health needs and their families. These therapists have come from public agencies, Fairfax County Public Schools, local non-profits, and private agencies that contract with Fairfax County. An ample amount of data has been collected in the context of these trainings. Comparing scores from pre- to post-trainings, therapists reported a significant increase in knowledge and self-efficacy, or confidence, in the use of skills designed to address multiple types of youth mental health problems including, suicidality, depression, anxiety, conduct problems, substance abuse, and trauma. With regard to the core competency CBT/DBT training, comparing scores from pre- to 3-month post-training, therapists also reported a significant increase in overall use of CBT/DBT techniques. When examining specific techniques, therapists reported a significant increase in skills that can be used to address all types of problems, which include problem-solving, cognitive restructuring, affect regulation, and sleep hygiene. Notably, they also reported a significant increase in weekly use of an evidence-based client self-report symptom measure (depression, anxiety, anger, fatigue, suicidal ideation, suicidal behavior, substance use) at the start of each therapy session. This assessment is built into the core competency CBT/DBT treatment protocol. The therapists use this measure to monitor client progress and assist in treatment planning, consistent with "measurement-based care." Similar to evidence-based interventions, accrediting bodies of major healthcare organizations, such as The Joint Commission, now require the use measurement-based care to track client progress and monitor outcomes. Fidelity data, in the form of a self-report assessment of adherence to the essential elements of each manualized treatment module (e.g., problem-solving, cognitive restructuring, affect regulation, etc.) included in the core competency CBT/DBT treatment manual, was collected from a subsample of therapists. These therapists completed over 200 adherence checklists. The therapists consented to provide these extra data in the context of a GMU IRB approved research protocol. On average, therapists reported adherence rates of 75%. These adherence ratings are considered to be strong given that we encourage some "fidelity with flexibility" in the delivery of content, many of the therapists who completed the adherence checklists did not participate in supervision calls with the trainers, and the use of the treatment manual was not mandated by administrators.

Many of the therapists who are targeted for these trainings work for the Community Services Board or community non-profits who have contracts with Fairfax County to provide behavioral health services to those youth and families who otherwise would not have access to care. These organizations often work for our most underserved and vulnerable populations. Additionally, evidenced-based practices have been shown to increase the quality of the care being provided.

## Description of Intended Results:

**Briefly describe the desired results and anticipated outcomes associated with this request, the demographic groups intended to benefit, the scope of the expected benefits and the size of the affected population. Explain how the results and outcomes will advance equity.**

# Budget Addendum Request Form

Provide evidence-based practice training to 220 public and private child-serving behavioral health therapists. The length of each Evidenced Based Practice training depends on the modality being offered. Sessions will range from 1 to 5 days depending on the length of the EBP sessions offered. Some sessions will require that the therapist participate in bi-weekly supervision that will be facilitated by the trainers. The goal of each training is for therapists to increase their knowledge and skills in the use of evidence-based treatment as well as to use evidence-based treatments with their clients with high fidelity. Evidence-based services improve quality of care. The need for evidence-based youth mental health services is immense. *If each clinician trained through the FCEBP used an evidence-based intervention with only 10 clients, 3000 youth and families in our county will have received the highest level of care available*. Poorly treated mental health conditions can lead to a worsening of symptoms. This includes the onset of suicidal ideation, behavior, and substance dependence. Suicide is currently the second leading cause of death among youth ages 10-24 and deaths via drug overdose are on the rise. Ultimately, the provision of the highest level of care to youth and their families in our county may decrease suffering and help prevent the loss of young lives

## Description of Measurement and Analysis:

**Based on the problem or need identified, briefly describe what success looks like, how success will be measured, how data will be collected, and how the program will be evaluated for equity and effectiveness over time. Detail how disaggregated data will be used to monitor equity impacts, if applicable.**

Overall, therapists providing therapeutic services will be better equipped to meet federal and state requirements to utilize evidenced-based practices. Additionally, organizations will be in a better position to be reimbursed by funding sources that will require treatment that is evidenced based.
Specifically, each clinician is given a pre and post survey to gauge their confidence in using the skill and if they increase their knowledge in that area. A follow-up survey will be sent out to each clinician to measure their usage of the EBP and which EBP they use most often. Consultation calls will be used to measure how closely the therapists are able to follow to the fidelity of the EBP. Agency and providers who send staff to the trainings will be asked to agree to allow for satisfaction surveys to be sent to their clients after treatment ends as part of the standard of care.

**GOAL 1: Deepen the Community "System of Care" Approach**
*Coordinator: Jim Gillespie*

**Governance Structure:**

A. *Establish a Children's Behavioral Health System of Care oversight committee as the locus of SOC management and accountability.* Accomplished through designating CPMT as the oversight committee.

B. *Establish cross-system behavioral health system of care practice standards, policies and procedures.* Revised system of care principles and practice standards have been approved by the CPMT. In December 2017 CPMT approved revisions to local policies and procedures, based on the revised practice standards, and these have been incorporated in the SOC training curriculum.

*Generate support for the SOC approach among the general public and policy makers and administrators at the state and local levels.* Results Based Accountability (RBA) measures were developed for the BHSOC Blueprint, approved by CPMT in September 2017 and quarterly reports have been presented to since February 2018. In 2017 the system of care initiative was re-named Healthy Minds Fairfax (HMF).

C. *Continue to develop partnerships with community organizations and agencies in different sectors for coordination, financing and support of the SOC approach.*
HMF is partnering with the Northern Virginia Family Network, a network of more than 10 regional family- and children-focused nonprofit organizations.

**Financing Strategies:**

D. *Coordinate county budgeting, including but not limited to Diversion First, to maximize the possibility of high priority children's behavioral health needs being funded.* To complete these strategies a matrix of youth services has been developed and fiscal mapping conducted. This strategy has now been folded into a fiscal mapping strategy for children's services. It was presented to SCYPT in April 2019 and also to DMB leadership in June. Both groups received the fiscal map and its process quite well and gave approval to proceed with fine-tuning the data.

**Service Quality and Access:**

E. *Develop/facilitate trainings and outreach materials that increase awareness and knowledge of systems of care values and creates better informed consumers, providers and county and school system staff. Develop/facilitate trainings and outreach materials that increase awareness and knowledge of systems of care values and creates better informed consumers, providers and county and school system staff.* A master calendar for children's behavioral health trainings and events and a children's behavioral health resources page were added to the Healthy Minds Fairfax public website in August of 2018. In the first three quarters of FY21, the training events calendar and the community resources website pages received the following visits:

**Number of visits/page views for training events calendar website page:**

| FY21 (1st Qtr) | FY21 (2nd Qtr) | FY21 (3rd Qtr) | FY21 (4th Qtr) | FY21 TOTAL | FY20 | FY19 |
|---|---|---|---|---|---|---|
| 15/16 | 24/28 | 26/33 | N/A | 65/77 | 124/162 | 89/119 |

**Number of visits/page views for community resources website page:**

| FY21 (1st Qtr) | FY21 (2nd Qtr) | FY21 (3rd Qtr) | FY21 (4th Qtr) | FY21 TOTAL | FY20 | FY19 |
|---|---|---|---|---|---|---|
| 92/119 | 81/115 | 72/107 | N/A | 245/341 | 265/347 | 166/272 |

Due to COVID-19, trainings continued to be held using a virtual platform. In the 1st and 2nd Quarters of FY21, 12 trainings were held with a combined total of 864 participants. Trainings for case managers included Introduction to System of Care, introductions to several Evidence-Based Treatments such as Multisystemic Therapy, Functional Family Therapy and Parent Child Interaction. Case managers, Wraparound facilitators and family support partners were also provided a three-part training series to help them identify and work with natural supports for families. An introduction to EBTs was also held for families. The EBT trainings were recorded and are available online as resources for staff and families.

**Number of Staff, providers & families trained on community resources, insurance access, evidence-based/informed practices, & High-Fidelity Wraparound**:

| FY21 (1st Qtr) | FY21 (2nd Qtr) | FY21 (3rd Qtr) | FY21 (4th Qtr) | FY21 TOTAL | FY20 | FY19 | FY 18 |
|---|---|---|---|---|---|---|---|
| 732 | 58 | 0 | N/A | 790 | 304 | 206 | 0 |

F. *Collect and regularly report on community outcomes and assess gaps in the array of services and supports necessary for the success of the SOC in preventing and treating behavioral health issues.* An inter-agency workgroup issued a Population Level Data Report on Youth Behavioral Health Needs in the Fairfax-Falls Church Community in February 2020. Presentation to the CPMT was delayed due to COVID and will be done when in-person meetings resume. The annual Office of Children’s Services Gaps and Needs Survey will be presented to CPMT on April 30, 2021. The SOC Training Committee has promoted the implementation of an array of evidence-based interventions that are now available in our community such as MST, FFT, PCIT and TFCBT.

G. *Review intake, assessment, triage, referral protocols across all levels of care, and lead case management assignments with the goal of supporting families in accessing both public and community provided resources.* In FY 20 HMF funding expanded the regional mobile stabilization and response service by 15%. A significant increase in DBHDS funding support has resulted in eight more crisis counselors being hired and eliminated the need for county funding in FY 21.

## GOAL 2: Data Systems

*Coordinator: Janet Bessmer*

A. *Increase cross-system data sharing.* CSA has implemented OpenText, an electronic document management system. CSA is also participating in the DFS process to replace or upgrade our management information system which has cross-agency case management functionality. CSA staff have also participated in meetings with OSM to discuss collection of data elements for the HHS performance metrics reporting.

**B.** *Use cross-system data to improve decision-making and resource use*. The FY20 Data Analytics Fellowship Academy (DAFA) evaluated CSA data on the effectiveness of Foster Care Prevention Services as provided across our system of care service agencies. The results were presented to the CPMT. In addition, the George Mason Psychology Department has provided free consultation on

the statistical analyses of CSA data to include client demographics, service utilization and CANS ratings. It is planned for these results to be shared with the CSA Management Team and CPMT in the future.

**GOAL 3: Family and Youth Involvement**

*Coordinator: Jim Gillespie*

A. *Increase the presence and effectiveness of family leadership through a sustained family-run network*
The Northern Virginia Family Network, a network of more than 10 regional family- and children-focused nonprofit organizations meets quarterly to collaboratively address its mission of 'elevating the voices of families to improve outcomes for children, youth and young adults across systems of care'. In May 2020 the Network became a member of the newly formed HMF Family Advisory Board.

B. *Increase family and youth involvement in system planning and implementation.*
In February 2020 the CPMT parent representatives, FAPT parent representatives and representatives from NAMI-NOVA, the Autism Society of Northern Virginia and the Northern Virginia Family Network met to plan the establishment of a HMF Family Advisory Board (FAB). In May 2020 CPMT endorsed the establishment of the FAB as the family advisory board for CSA and Healthy Minds Fairfax, and in July the FAB established an FY 21 monthly meeting schedule. The FAB provided input on a report on children's mental health to be presented to the Board of Supervisors in April 2021. FAB's input resulted in the creation of a respite service for parents and caregivers of children with behavioral health issues and impacted by COVID. The Jewish Social Services Agency (JSSA) has partnered with Fairfax County to develop a youth advisory board to Healthy Minds Fairfax.

C. *Include youth and family participation in the evaluation of publicly and privately provided services, with prompt action for improvement when necessary.* In FY21 Q2, the CSA Monitoring and QA Plan was shared with providers and the Family Advisory Board for comments; it was presented to the CPMT at the December, 2020 meeting. Implementation of the Monitoring and QA plan are underway, with CSA staff reviewing and tracking SIRs and monthly progress reports, as well as ensuring that CSA funds are not being used to purchase Medicaid eligible services without the required documentation. In FY21 Q3, a survey company, Crossroads, Inc., will be on board to survey family satisfaction on provider services; the company will survey a pool of families on a monthly basis. This is a change from the previous survey process that was done on an annual basis. The change in the survey protocol will hopefully lead to a higher response rate. Concerns from families will also be able to be dealt with on a more timely basis as the Crossroads will forward any family concerns that need to be addressed on a monthly basis. CSA staff will provide the data necessary for Crossroads to fulfill the established Scope of Work. A report of the survey efforts will be complied after the 4th Quarter of FY21.

D. *Expand evidence-based peer to peer groups, family/community networks*. See Goal 5, Strategy B.

**GOAL 4: Increase Awareness and Reduce Stigma**

*Coordinator: Jesse Ellis*

A. *Implement "gatekeeper trainings" to increase layperson understanding of mental illness, recognition of signs and symptoms of mental illness or emotional crisis, and support of others in accessing help, using a cultural competency lens.* Gatekeeper trainings continue to be provided in a number of ways through Mental Health First Aid, and the Kognito suite of online trainings (including a peer training for teens), and Signs of Suicide. Eleven Kognito modules are now available, including early childhood, military families, postvention, and trauma-informed schools modules. HMF funding has helped expand the implementation of Signs of Suicide to cover all FCPS middle and high schools. The Eric Monday Foundation is finalizing a web-based training specifically for youth sports coaches; FCPS and multiple youth sports organizations have committed to implementing the training with their coaches and implementation will begin in May. The CSB is now offering Mental Health First Aid and QPR suicide prevention trainings virtually. An overview of gatekeeper trainings available through the county and elsewhere is available online.

B. *Promote youth-led initiatives to combat stigma associated with mental illness, treatment, and accessing help.* The CSB awarded eight mini-grants for youth-led projects to address stigma, funded by the regional suicide prevention grant, for FY21. Twenty-three high schools in Fairfax County are currently implementing Our Minds Matter clubs, developed by Our Minds Matter (formerly the Josh Anderson Foundation), and more are planning to do so.

C. *Increase public awareness of issues surrounding mental illness and behavioral health care.* The public service announcements developed by the Health Department have been running in theaters since June 2016. The contract for television and online placement ended in June 2018, so current data is based only on YouTube views.

While the number of texts received by PRS CrisisLink continues a slowly declining trend, the number of calls to the crisisline is significantly higher through the second quarter of FY21; the majority of calls came in through CrisisLink's local number and were not routed through the national number.

**Number of views of PSAs promoting help-seeking behaviors**:

| FY21 (1st Qtr) | FY21 (2nd Qtr) | FY21 (3rd Qtr) | FY21 (4th Qtr) | FY21 TOTAL | FY20 | FY19 | FY18 | FY17 |
|---|---|---|---|---|---|---|---|---|
| 132 | 174 | 45 | N/A | 351 | 270 | 619 | 6,597,856 | 3,298,928 |

**Number of crisis texts/calls:**

| FY21 (1st Qtr) | FY21 (2nd Qtr) | FY21 (3rd Qtr) | FY21 (4th Qtr) | FY21 TOTAL | FY20 | FY19 | FY18 | FY17 |
|---|---|---|---|---|---|---|---|---|
| 381/ 4500 | 364/ 4182 | * | N/A | 745/ 8682 | 1638/8289 | 1675/7780 | 1815/5597 | 1087/4927 |

*Information is unavailable at this time and will be updated on the next quarterly report**.**

D. *Maintain a speaker's bureau and/or list of approved presenters to school and community groups.* To be completed in CY21.

## GOAL 5: Youth and Parent/Family Peer Support

*Coordinator: Tracy Davis*

A. *Create a Family Support Partner program.* The SAMHSA grant ended January 2021 and effective February 2021 PRS, Inc. became the provider through a county contract.

**Number of families served by family support partners (unduplicated by FY)**:

| FY21 (1st Qtr) | FY21 (2nd Qtr) | FY21 (3rd Qtr) | FY21 (4th Qtr) | FY21 TOTAL | FY20 | FY19 | FY 18 |
|---|---|---|---|---|---|---|---|
| 38 | 22 | 105 | N/A | 165 | 155 | 160 | 55 |

B. *Expand evidence-based peer to peer groups, family/community networks.*
In February 2019, the CSB launched “Heads Up" and "Talk It Out”, resource groups for parents and teens (ages 14-17). The groups are available in weekly concurrent sessions. Teens talk about successful, sustainable recovery and resilience through mental health or substance use challenges. Parents acquire resources and discuss ideas on how to help their teen live their healthiest, fullest lives in the aftermath of trauma or through times of emotional distress. The groups became inactive in April 2020 due to COVID but re-opened virtually later in the quarter.

**Number participating in expanded parent/family peer support service programming**:

| FY21 (1st Qtr) | FY21 (2nd Qtr) | FY21 (3rd Qtr) | FY21 (4th Qtr) | FY21 TOTAL | FY20 | FY19 | FY 18 |
|---|---|---|---|---|---|---|---|
| 10 parents, 4 youth | 9 parents, 5 youth | 14 parents, 5 youth | N/A | 33 parents, 14 youth | 91 parents, 72 youth | 22 parents, 20 youth | 0 |

## GOAL 6: System Navigation

*Coordinator: Tracy Davis*

A. *Develop an accurate, accessible and real time database of behavioral health care providers that includes information on if they are accepting new clients, if they accept insurance, and their areas of expertise, with functionality to assist families in understanding behavioral health issues and in navigating the system to access services.* A listing of the REACH training pediatricians has been added to the redesigned Healthy Minds Fairfax website. The listing is maintained and updated on a regular basis and it has just been updated to add the November 2019, June 2020 and November 2020 REACH training participants.

**Total Number of Visits for All Visitors to HMF Website:**

| FY21 (1st Qtr) | FY21 (2nd Qtr) | FY21 (3rd Qtr) | FY21 (4th Qtr) | FY21 TOTAL | FY20 | FY19 | FY18 | FY17 |
|---|---|---|---|---|---|---|---|---|
| 4,613 | 4,442 | 6,962 | N/A | 16,017 | 14,811 | 8,649 | 2,848 | 0 |

**Number of Visits for Returning Visitors:**

| FY21 (1st Qtr) | FY21 (2nd Qtr) | FY21 (3rd Qtr) | FY21 (4th Qtr) | FY21 TOTAL | FY20 | FY19 | FY18 | FY17 |
|---|---|---|---|---|---|---|---|---|
| 2,412 | 2,247 | 4,024 | N/A | 8,683 | 8,062 | 5,968 | 1,994 | 0 |

**Number of Visits for New Visitors:**

| FY21 (1st Qtr) | FY21 (2nd Qtr) | FY21 (3rd Qtr) | FY21 (4th Qtr) | FY21 TOTAL | FY20 | FY19 | FY18 | FY17 |
|---|---|---|---|---|---|---|---|---|
| 2,201 | 2,195 | 2,938 | N/A | 7,334 | 6,749 | 2,681 | 854 | 0 |

**FY21 (1st, 2nd, & 3rd Qtrs. combined) Top Content Viewed by Number of Visits:**

| Content | Visits |
|---|---|
| Children's Services Act Forms and Resources | 3,223 |
| Healthy Minds Fairfax Homepage | 2,557 |
| CSA Symposium | 2,053 |
| Children’s Services Act | 1,730 |
| COVID-19 Mental Health Resources | 777 |
| What is a Family Partnership Meeting or Family Resource Meeting? | 543 |
| Evidence-Based Treatments and Interventions | 436 |
| Get Help In an Emergency | 412 |
| Family Assessment and Planning Team | 364 |
| About Healthy Minds Fairfax | 306 |
| Children’s Services Act Staff Roster | 298 |
| Children's Services Act Case Management | 276 |
| Family Support Services | 270 |
| Community Policy and Management Team | 261 |
| Children's Behavioral Health Community Resources | 245 |
| For Providers | 208 |
| How Do I Pay for Services | 197 |
| How Can My Child’s School Help? | 191 |
| Healthy Minds Fairfax Directory of REACH-Trained Pediatricians | 172 |
| Finding Supportive Services | 168 |
| CSA COVID-19 Information | 167 |

B. *Create a clearing house for information on children’s behavioral health issues and resources.* Current work on the website includes a feedback survey, a weblink policy and adding additional resources for the mental health screening tool. In addition, COVID-19 Mental Health Resources have been added to the website along with CSA COVID-19 Information.

## GOAL 7: Care Coordination and Integration

*Coordinator: Jim Gillespie*

A. *Provide behavioral health consultation to primary care providers and patients.*

The Virginia Mental Health Access Program (VMAP) has launched, making psychiatric consultation and other resources available to pediatricians all over the state of Virginia. More information can be found at: http://www.virginiapediatrics.org/vmap/ In mid FY 21 the pediatricians gained the support of a care navigator. As of March 31, 138 Fairfax-Falls Church pediatric primary care providers were VMAP enrolled, and 171 unique patients have been served since September 2020. Through HMF funding a George Mason University 3 psychology residents are currently placed in a local pediatric primary care office to provide behavioral health services.

B. *Promote resources to implement tiered levels of integration based on capacity and readiness.* HMF is co-sponsoring a REACH behavioral health training for pediatricians to be held virtually in early June. 111 Fairfax-Falls Church are enrolled in the Virginia Mental Health Access Program, through which they have access to telephonic consultation. Psychiatric consultations for Fairfax pediatricians skyrocketed to 40 in the period October – December 2020. In 2018 an inter-agency workgroup headed by Dr. Gloria Addo-Ayensu developed a community plan to implement integration, including but not limited to consultation, facilitated referral, co-location and full integration, which was endorsed by CPMT in June 2018. The workgroup also developed a project to safely divert youth from hospitalization when appropriate through expansion of CR2 mobile crisis response services.

**Number of pediatric primary care psychiatric consults**:

| FY21 (1st Qtr) | FY21 (2nd Qtr) | FY21 (3rd Qtr) | FY21 (4th Qtr) | FY21 TOTAL | FY20 | FY19 | FY 18 |
|---|---|---|---|---|---|---|---|
| 15 | 40 | 41 | N/A | 96 | 64 | 0 | 0 |

C. *Increase the appropriate implementation of behavioral health screenings and referrals in primary care settings.* The workgroup recommended screening tools for use in primary pediatric care, based on the recommendations of the American Academy of Pediatrics and the REACH curriculum.

## GOAL 8: Equity/Disparities

*Coordinator: Peter Steinberg*

A. *Promote the adoption of culturally and Linguistically Appropriate Services (CLAS) Standards among BH providers.* This strategy has been achieved.

B. *Increase access and availability to behavioral health services for underserved populations.* Healthy Minds Fairfax continues to support the Northern Virginia Family Service Violence Prevention Intervention Program (VPIP). During this quarter 23 youth were referred for intensive services and 64 youth were referred to their workshops. All youth referred for services were Hispanic.

*Require training in cultural competence and advancing equity in alignment with One Fairfax for County, FCPS, and County-contracted behavioral health service providers.* Over 70 county and FCPS staff and contracted providers attended a half day training that focused on generational trauma.

C. *Implement support structures for LGBTQ youth.* This has been identified as a priority in the development of the new community plan.

## GOAL 9: Reduce Incidence of Youth Suicide in our Community

*Coordinator: Jesse Ellis*

A. *Identify universal suicide and/or depression screening tool(s) for use by the community.* The team developing guidance and protocols for suicide/depression screening by community organizations has finalized a toolkit for publication; it has been incorporated into the new website.

B. *Develop and publish guidelines for service providers on the availability and effective use of crisis services.* The CSB has published information (including printable fliers) on accessing the Mobile Crisis Unit and on Involuntary Psychiatric Hospitalization of Minors.

C. *Develop a common and coordinated approach to youth suicide postvention.* A resource for community organizations and families on implementing suicide postvention has been published on the redesigned website. An extension of the committee has begun meeting to discuss opportunities for coordinated community postvention outreach and services. A new Kognito module on postvention is now available. The Conner Strong Foundation developed "Help is at Hand," a booklet with guidance and supports for survivors; plans for widespread availability and dissemination are in development.

D. *Continue to make available and promote the suicide prevention hotline, including text line.* The PRS CrisisText Connect program engaged in 1638 text conversations with 1389 unique individuals in FY20. This represents a slight decrease from FY19. However, the number of hotline calls answered continued to significantly increase. In FY20, PRS CrisisLink answered 8289 calls, a 7% increase over FY19, after huge increases in FY18 and FY17. Of these calls, 465 (an 43% increase over FY19) were from youth under 18, and 524 were from individuals 18 to 24. These trends continued through the first half of FY21, as PRSCrisisLink engaged in 745 text conversations, and answered 8682 calls.

E. *Train behavioral health providers in evidence-based practices specific to the treatment of youth with suicidal ideation and behavior.* The Core Competency Training that is now offered regularly includes a section that is specific to the treatment of youth with suicide behavior. Training on Family Intervention for Suicide Prevention (FISP) is also regularly provided through the Training Consortium.

## GOAL 10: Evidence-Based and Informed Practices

*Coordinator: Peter Steinberg*

A. *Develop definitions and criteria for evidence-based and evidence-informed practice in prevention and intervention/treatment.*

This strategy has been met.

B. *Establish a set of core competencies based on service type for all public & contracted provider staff.*
This strategy has been met.

C. *Train County, school staff and providers on EBPs, including how and when to use them. Include a review of practices that are harmful.* The Fairfax Evidenced Based Training Consortium, which is

overseen by the Evidenced-Based Workgroup in partnership between Fairfax County and George Mason University, delivered the following trainings in the 3rd quarter:

| | |
|---|---|
| Trauma Focused Cognitive Behavioral Therapy (TF-CBT): | 40 clinicians |
| Family Intervention for Suicide Prevention (FISP): | 50 clinicians |
| Core Competency Refresher: | 16 clinicians. |

D. *Incentivize the use of EBPs among providers.* All participants who become certified in the core competencies will be placed on a list of provides that will be housed on the Healthy Minds Fairfax website.

## GOAL 11: Trauma Informed Care

*Coordinator: Chrissy Cunningham and Jesse Ellis*

A. *Ensure there is sufficient clinical capacity to meet the needs for trauma-specific, evidence-based interventions.* In the spring of 2018, the Fairfax Consortium for Evidence-Based Practice trained over 100 clinicians in the Family Intervention for Suicide Prevention (FISP), which is a trauma-informed treatment protocol for suicidal ideation. An additional 50 clinicians were trained in January 2021. Focus of FISP training moving forward will be on agencies and programs who are committed the implementing the model as their standard of care when youth present with suicidal ideation or self-harming behaviors.

In November 2018, 45 clinicians were trained in Trauma-Focused Cognitive Behavioral Therapy. The enrollment requirements for that training included a commitment from accepted clinicians to pursue certification. In the spring of 2020, an additional 24 clinicians attended TF-CBT training, which was provided virtually. In January 2021, an additional 30 clinicians attend virtual TF-CBT training. The consortium team continues to explore strategies to encourage and incentivize clinicians to complete the certification process, which includes a year of supervision with the trainer, the staffing of several cases, completion of the treatment protocol with 3 clients, and the passing of a written exam. Consortium staff assists the team with tracking the clinicians participation in the supervision component, and manages communication with trained clinicians to ensure we continue to update our internal list of certified providers. As demand for evidence-based treatment models increases, the team is also exploring new strategies to help case managers across our system connect not only with certified providers, but with providers who are in process and need clients to complete the protocol with. Together, these strategies should result in an increase in certified providers in our community in 2021 as the last 2 training cohorts become eligible for certification.

In 2019, 51 clinicians working with children ages 7-12 were trained in MATCH-ADTC- Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems. An additional 39 clinicians were trained in MATCH-ADTC using a virtual format this spring.

As evidence-based treatment models become more broadly available in our community, efforts have been made to familiarize staff in case management roles with the different treatment models and with how to connect their clients to providers who can offer them. Increasing demand for these evidence-based treatments from our system and our partners is an important part of incentivizing clinicians to participate in training, to follow-through with certification, and to use treatment practices with proven outcomes.

B. *Train non-clinical staff in community-based organizations, schools, and county agencies to implement trauma-informed practices.* The Fairfax County Trauma-Informed Community Network has reached over 7000 people with their 90-minute Trauma Awareness 101 Training, which is also available on-demand as a 30-minute webinar. The TICN continues to offer full day sessions of their Trauma-Informed Supervisor Training and has reached over 600 supervisors from county human services agencies, schools, and non-profit partners. Additionally, the TICN offers a full day training on Secondary Traumatic Stress (STS) in the workforce (The Cost of Caring), and a 2 hour Secondary-Traumatic-Stress and Self-Care Basics workshop, both of which have reached 500+ staff from county human services agencies and non-profit partners. A special version of STS training focused on navigating the pandemic has been delivered to almost 200 people to date. Additional trainings and resources are available on the TICN website, and include a mini-grant opportunity to fund small space improvement projects. Space improvement projects were completed last spring at the Health Department, Domestic & Sexual Violence Services, Juvenile & Domestic Relations District Court, Department of Family Services and at the Community Services Board. Funds for additional projects at county HHS agencies, as well as for small projects at community-based organizations were made available this year through grant funding from the Family & Children's Trust Fund of Virginia (FACT). Projects are currently underway at JDRDC, at the CSB, at Mountain View High School, at FCPS Pre-K & Early Head Start, and at 5 community-based organizations using these funds.

In spring 2000, the TICN added to their list of publications, which previously included a "Guide to Educating Children, Youth and Families about Trauma & Resilience" booklet for staff providing psychoeducation to kids and families. The new resource for professionals is entitled "A Guide to Trauma-Informed Approaches for Service Providers," and is available in both booklet and poster format, and is intended for staff in case management and care coordination roles. These resources have been widely distributed, as have two COVID-19 specific publications entitled, "Trauma-Informed Strategies for Working with Youth and Families During the COVID-19 Pandemic" and "Trauma-Informed Strategies for Working with Youth and Families When Out-of-School Time Centers Reopen and Programs Resume."

*Inform the community at large on the prevalence and impacts of trauma.* In February of 2019, a team of four TICN members from Fairfax-two from the CSBs Wellness, Health Promotion & Prevention Team, one from the NCS prevention team, and one from FCPS Social Work Services- attended an intensive 2-day course to become Master Trainers in the ACE Interface curriculum, an evidence-based program that the VA Department of Behavioral Health and Developmental Services has a license for, and is rolling out across the state to raise awareness in the community about the impact of Adverse Childhood Experiences, and the science of neurobiology, epigenetics and resilience. With support from DBHDS, the Fairfax Master Trainer Team convened the first ACE Interface presenter cohort in the state in April 2019, where 30 people from county HHS agencies, FCPS, non-profit, and family/parent organizations were trained to deliver the curriculum. A second presenter cohort was trained in late February 2021, increasing the capacity of the team to bring this information to a wider variety of audiences. ACE Interface Presentations- titled Building Resilient Communities and Understanding Adverse Childhood Experiences- have been delivered to over 1,000 people so far, and are currently available in a virtual format, which have drawn larger audiences than pre-pandemic in-person presentations. Thanks to grant funding from FACT, presenters from community, faith or parent organizations now have access to a stipend each time they complete a presentation. In partnership with DBHDS and other ACE Interface Master Trainer Teams from across the state, plans are currently underway for a PSA

related to the messages in the ACE Interface presentation, and for additional coordination of this work at the state a regional levels.

C. *Develop shared screening and referral process for individuals impacted by trauma for school and human services agency staff using nationally recognized screening tool.* One county HHS agency is currently screening clients using a validated trauma screening tool. Juvenile & Domestic Relations District Court began piloting the STRESS (Structured Trauma Related Experiences Symptom Screener) in select work units in 2016 and scaled to agencywide implementation in July 2019. Through technical assistance from the RFK National Resource Center for Juvenile Justice, JDRDC is currently working on refining workflow and referral processes to respond to the results of the screening. Expanding the capacity of the provider community to offer evidence-based treatments for trauma, the work of the training consortium, is a key component of ensuring that all of the necessary resources to effectively respond to trauma screening are in place.

D. *Human service agency leaders will integrate the concepts of trauma-informed care into their organizational culture.* County Health and Human Services agencies continue to implement plans to ensure their organizations are trauma informed. Evidence of lessons learned by agency leadership from across HHS in the Taking the Lead: Training for Leaders in High Stress, Trauma-Exposed Workplaces (training that was sponsored by the TICN in 2016) have been apparent throughout the response to the pandemic, and the TICN has received multiple requests for review of those training materials during this time.

## GOAL 12: Behavioral Health Intervention

*Coordinator: Peter Steinberg*

A. *Develop empirically validated cross system human services and schools screening process available to determine needs, resources, & desirable outcomes.* The Brief Screening for Adolescent Depression (BSAD) is available for families and youth on the Healthy Minds Fairfax Website as well as the website for the Falls Church-Fairfax County Community Services Board. Healthy Minds Fairfax staff continues to work with human services to develop a protocol for screening tools.

**Number of BH screenings**

| FY21 (1st Qtr) | FY21 (2nd Qtr) | FY21 (3rd Qtr) | FY21 (4th Qtr) | FY21 TOTAL | FY20 | FY19 | FY18 | FY17 |
|---|---|---|---|---|---|---|---|---|
| 15 | 15 | 28 | N/A | 58 | 50 | 89 | 88 | 108 |

B. *Create capacity to address behavioral health needs of children 0-7.* CSA has expanded community-based interventions for youth to include access and funding for Parent-Child Interaction Therapy (PCIT). PCIT is a family centered treatment approach for children ages 2-7.

C. *Establish a training consortium in partnership with university and private provider partners (ex: GMU, INOVA) for ongoing training for staff and service providers.* The Fairfax Consortium on Evidenced Based Practice has entered its fourth year and we are in the early planning stages for the next year. All trainings that recently took place were delivered online. The consortium will be.

The trainings offered during this quarter are TF-CBT, Family Intervention for Suicide Prevention, and a refresher course in the Core Competencies.

D. *Expand access to timely and available behavioral health services for school age children and youth with emerging behavioral health issues who have not been able to access such services.* Healthy Minds Fairfax Short-Term Behavioral Health Services (STBH) is temporarily available to all middle school and high school age youth and children attending one of the five designated STBH elementary schools. As a reminder, this service continues to link income eligible youth and families from select school communities to timely and available short-term mental health counseling (up to 8 sessions), funded by Healthy Minds Fairfax. During this quarter, all services were provided via telehealth.

**Number of youth served through Short-Term Behavioral Health Services**:

| FY21 (1st Qtr) | FY21 (2nd Qtr) | FY21 (3rd Qtr) | FY21 (4th Qtr) | FY21 TOTAL | FY20 | FY19 | FY18 | FY17 |
|---|---|---|---|---|---|---|---|---|
| 20 | 67 | 64 | N/A | 151 | 205 | 215 | 126 | 57 |

E. *Develop recommendations for the Board of Supervisors Public Safety Committee that reflect Diversion First initiatives needed for youth who come in contact with the criminal justice system.* CSB and JDRDC staff continue to meet to address the behavioral health needs of the court that can be provided by the CSB.

- *Reduce youth substance abuse and use.* Substance Abuse Prevention Services (SAP) are available in all Fairfax County School pyramids including alternative schools. Youth can be referred to the CSB by FCPS and JDRDC for an additional substance use service. During this period 5 youth were referred for services.

## GOAL 13: Service Network for High Risk Youth

*Coordinator: Janet Bessmer*

A. *Increase availability/capacity of provider community to offer trauma assessments and evidence-based trauma treatment; trauma services shall be offered in languages and in locations that are accessible to families.* This goal overlaps with roles of TICN and the Training Consortium. Private providers who offer trauma assessments and treatments are identified in the CSA provider directory. There continues to be a need for providers to offer evidence-based trauma assessments and treatment.

*B.* *Identify and implement an evidence-based parenting program designed for parents of adolescents (12+); language capacity and location/accessibility shall meet the needs of families.* Three providers are currently under contract to provide Functional Family Therapy.

C. *Identify and implement an evidence-based parenting program designed for parents of children (<12); language capacity and location/accessibility shall meet the needs of families.* Parent Child Interaction Therapy (PCIT) is currently being offered by two providers in our region. One provider has Spanish-speaking therapists.

D. *Monitor utilization of ICC and Case Support and increase capacity/staffing so that youth with identified behavioral health care needs receive appropriate case management services.* UMFS and Wraparound Fairfax are fully staffed. There appears to be adequate capacity at this time; however, referrals to the programs have been lower during the pandemic.

E. *Improve the utilization of the annual gaps survey of youth and parents in CSA-SOC to identify needed interventions.* The OCS survey for FY21 has just been completed and will be presented to the CPMT. The results can be used for further service development.

F. *Develop communication plan to share information about the services and care coordination offered through the SOC process with the broader provider community.* CSA produces a bi-monthly newsletter that contains training announcements and other information pertinent for system partners. See social marketing goals for more information about outreach efforts. DFS has been facilitating a quarterly home-based provider meeting to share information about FFPSA implementation and promote improved collaboration with providers. Two information sessions about EBTs were provided to nearly 300 county and school staff during the summer. CSA has also developed a specific page on their public and internal website with information and job aides regarding new services.

G. *Build system capacity to monitor fidelity to EBT models and conduct outcome evaluation for purchased services*. Fidelity monitoring efforts have been moved to the Virginia Wraparound Implementation Center, which is funded through a federal grant. Both Wraparound providers, UMFS and Wraparound Fairfax, have entered into MOUs with VWIC. As VWIC collects data on family satisfaction through the WFI-EZ survey and compliance of the model through file reviews using the DART, data will be entered into an online information system. CSA staff will have access to this data. A report out on the WFI-EZ and DART data collected from FY18 through FY20 was provided to the CSA Management Team and the ICC Stakeholders Workgroup.

H. *Provide IT infrastructure to support data collection for fidelity monitoring and outcome evaluation along with electronic records management.* CSA has implemented an electronic document management system, OpenText, and has been able to work remotely. Serious Incident Reports and other data are tracked and collected electronically.

I. *Explore opportunities for expanding available financial resources to serve youth on diversion or probation who need intensive behavioral health services.* CSA staff continue to collaborate with juvenile court leadership to make the CSA process accessible to probation officers. Training about MST and FFT have been provided to court staff.

J. *Increase family and provider membership on the CPMT.* FAPT parent representative positions have been filled. All vacant CPMT positions were filled as of September 24, 2019. The Family Advisory Board was established.

**GOAL 14**: **DD/Autism Services**
*Coordinator: Tracy Davis*

*Develop expanded continuum of care of services for youth with DD/autism.* The workgroup has refined the direction of the work on this goal. Two main deliverables were identified:

Deliverable #1: Revised SOC Blueprint Goal 14, DD/Autism Services, with updated action steps and dates

Deliverable #2: DD/Autism Services Case Management Recommendations with a Statement of Need

The two deliverables for Goal 14 stated above have been accomplished.

Updates on each blueprint strategy are addressed below:

A. *Conduct needs assessment and service inventory of the existing continuum of services and supports and identify critical service gaps for youth with DD/Autism.* Status: No further action is required on Strategy A. For Action Steps 1- 4: The workgroup had consensus that the urgent need is to serve the 1,000 youth that are on the DD waiver waitlist and that the largest service gap is for case management along with the need for behavioral supports, respite, crisis supports (such as Reach), transportation and attendant care giver support. The workgroup determined that there is no further needs assessment and inventory needed however consolidating the inventory information and possibly reexamining the needs could be addressed with the development of the subsequent blueprint following the completion of the current blueprint.

B. *Utilize results of needs assessment and gap analysis to develop a plan to address critical service gaps.* Status: No further action is required on Strategy B. For Action Steps 1- 5: The workgroup determined that there may be a need for focus groups/discussion with service providers such as Grafton, Jill's House and/or other homebased/ABA providers. Jill's House or Autism Society can bring together families to be sure the plan is addressing their needs. The Welcoming Inclusion Network (WIN) and CSB Supported Employment should be included in all future discussions to address critical gaps. The workgroup determined that these tasks may be completed in conjunction with priority strategy areas D, E, & F and therefore there is no further work required for this strategy. Reassessment of utilizing the results of the needs and service gaps should be addressed with the development of the subsequent blueprint following the completion of the current blueprint.

C. *Develop a system navigation, community awareness & outreach campaign to promote early identification of youth with DD/Autism who would benefit from referral to services.* Status: No further action is required on Strategy C. For Action Steps 1 – 7: The workgroup indicated that current efforts by CSB, FCPS, and family organizations are ongoing. Each organization will assume responsibility going forward for implementing the current efforts. Reexamining the needs and the services with regards to system navigation, community awareness & outreach to promote early identification could be addressed with the development of the subsequent blueprint following the completion of the current blueprint.

D. *Improve transition planning for children with intellectual disabilities or chronic residential needs.*

E. *Ensure access to crisis stabilization services designed for youth with DD/Autism with providers trained to serve this population*

F. *Increase case management and care coordination capacity for children and youth with DD, particularly for younger children.*

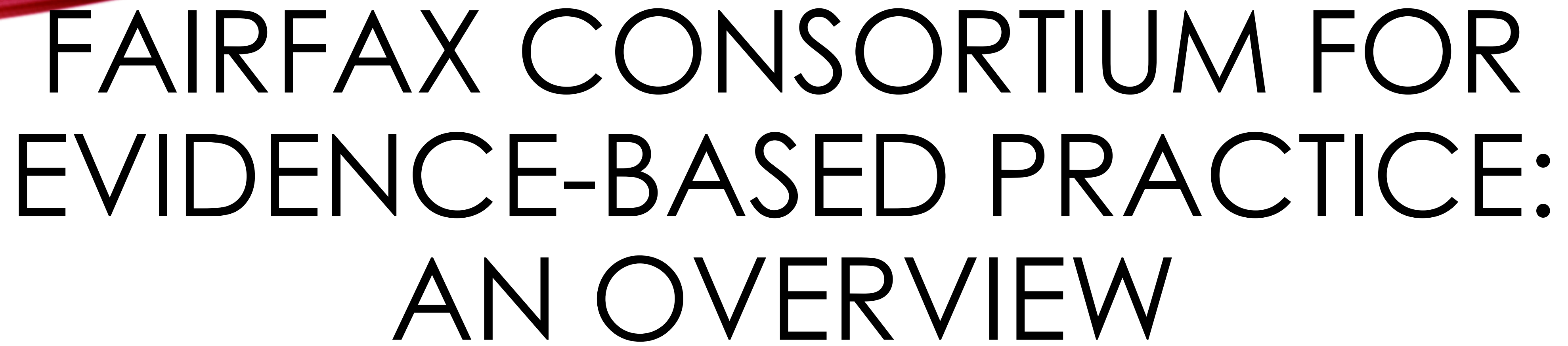
Status of Strategy E, F and G: Strategy E, F & G were identified as high priority areas. The objective for the workgroup is to address Blueprint Strategy E, F & G. The DD/Autism services workgroup presented a recommendation to take the CSA process that currently exists to accurately assess children for appropriate supports to prevent crisis and applying it to 347 of the more than 1,300 youth who have open cases with the CSB Developmental Disabilities Services Unit. On November 7, 2019, the recommendations were presented to the CSB DD Support Services

leadership team. The CSB will assume responsibility going forward for implementing the recommendations that they determine to be most beneficial. Obtaining additional positions to serve in a case management role appears to be the next area to be addressed.

**GOAL 15: Transition Age Youth**
*Coordinator: Peter Steinberg*

*Provide coordinated services and supports for youth and young adults of transition age, both those still in school and those who have left school. Reduce the number of youth of transition age who are living with unidentified and untreated serious mental illness who have signs and/or symptoms of a serious mental health condition that emerged before they transition out of youth serving systems/programs.*

A. Health Minds Fairfax has partnered with the Jewish Social Services Agency (JSSA) to provide case management services to Transitional Age Youth, and it is anticipated that services will begin in May, 2021.

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Licensed Clinical Child Psychologist

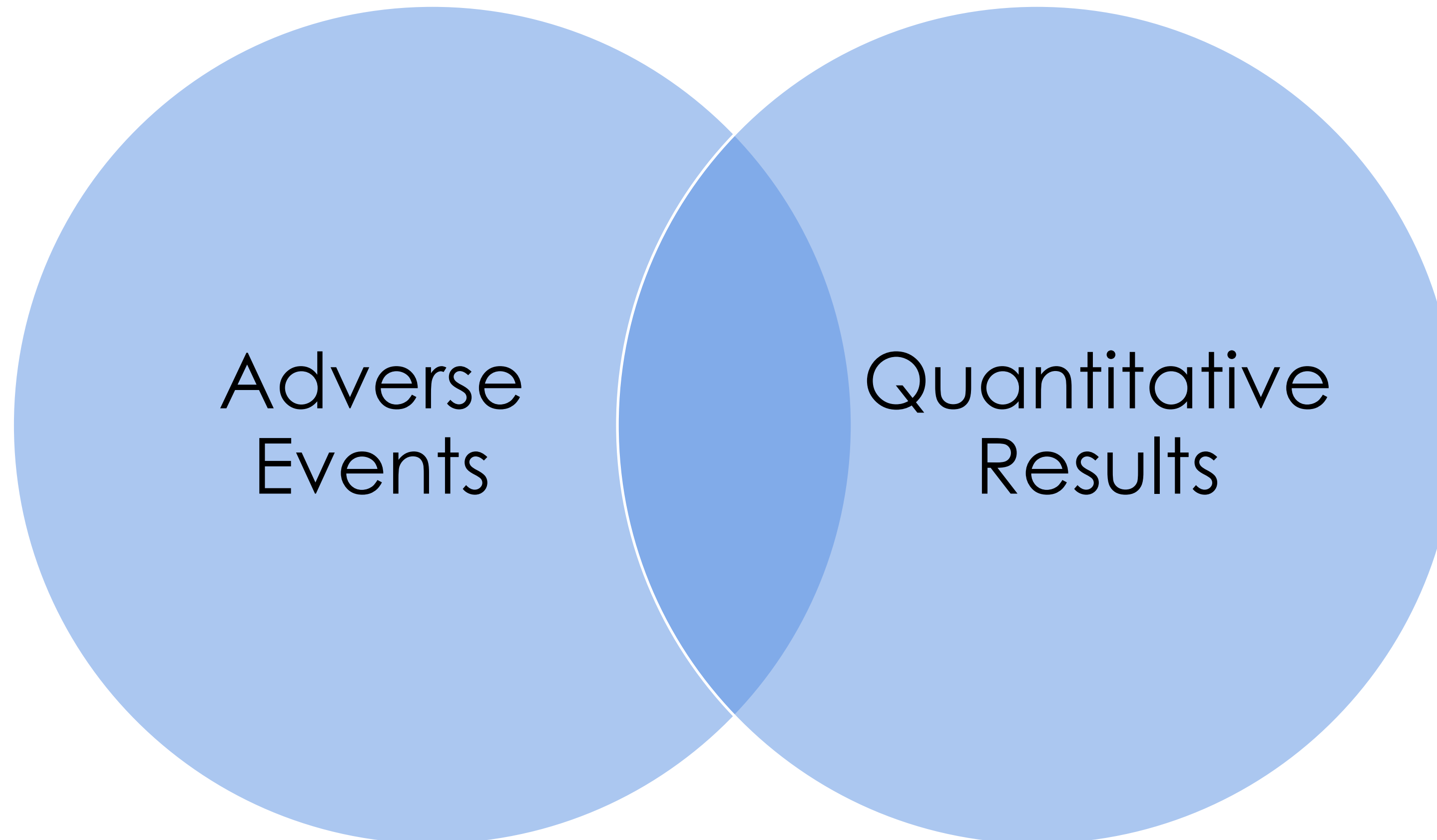
# WHAT IS AN "EVIDENCE-BASED" MENTAL HEALTH TREATMENT?

- Tested in research studies – randomized controlled trials
- Follows the "medical model"
- List of EBTs change as interventions are tested

# LEVELS OF RESEARCH EVIDENCE

| Level | Criteria |
| --- | --- |
| **Well Supported by Research Evidence** | • Tested in at least two rigorous RCTs with favorable effects on specified outcome(s) relative to control group, carried out in practice or usual care setting, sustained effect at least 1 year beyond treatment end in one trial, and published in peer-reviewed journals. |
| **Supported by Research Evidence** | • Tested in at least one rigorous RCT with a favorable effect on specified outcome(s) relative to control group, carried out in practice or usual care setting, sustained effect at least 6 months beyond treatment end, and published in a peer-reviewed journal. |
| **Promising Research Evidence** | • Tested in at least one study with a control group, published in peer-reviewed journal, shows benefit over control condition OR outcomes comparable to other registry program with 1-3 rating in same area OR superior outcomes to an appropriate comparison program. |
| **Evidence Fails to Demonstrate an Effect** | • Tested in at least two rigorous RCTs without favorable effects on specified outcome(s) relative to control group, carried out in practice or usual care setting, and published in peer-reviewed journals. |
| **Concerning Practice** | • Weight of studies published suggest a negative effect AND/OR case data suggests the program likely caused risk of harm that was severe or frequent AND/OR compared to benefits program shows greater risk of harm |
| **Not Rated** | • Generally used in youth and family serving systems but does not have data needed to rate. |

# POTENTIALLY HARMFUL TREATMENT (PHT)



# CHILD AND ADOLESCENT POTENTIALLY HARMFUL TREATMENTS (PHTS)

**Table 3** Adverse events reported for five child psychotherapies

| Treatment | Type of harm | Information source |
|---|---|---|
| Attachment therapy/holding therapy (AT/HT) | Some child deaths; emotional burden | Mercer, Sarner, and Rosa (2003), Lilienfeld (2007), Thyer and Pignotti (2015) |
| AT/HT adjuvant methods | Child weight loss; educational losses; suicidality; emotional burden | Mercer et al. (2003), "In the matter of Debra [Kali] Miller, Ph.D." (2012) |
| Aversive conditioning/operant punishment methods using severe or noncontingent electric shock | Burns, anxiety | FDA executive summary (2014) |
| Conversion therapy | Anxiety, depression; suicidality; substance abuse; emotional burden | APA task force (2009) |
| *Festhaltetherapie* | Anxiety, depression | Benz (2013a, 2013b) |

Mercer, J. (2017). Evidence of Potentially Harmful Psychological Treatments for Children and Adolescents. *Journal of Child and Adolescent Social Work, 34,* 107–125.

# EVIDENCE-BASED ASSESSMENT SETS THE STAGE FOR EVIDENCE-BASED TREATMENT

# PHQ-9A

**Instructions:** How often have you been bothered by each of the following symptoms during the past **two weeks**? For each symptom put an **"X"** in the box beneath the answer that best describes how you have been feeling.

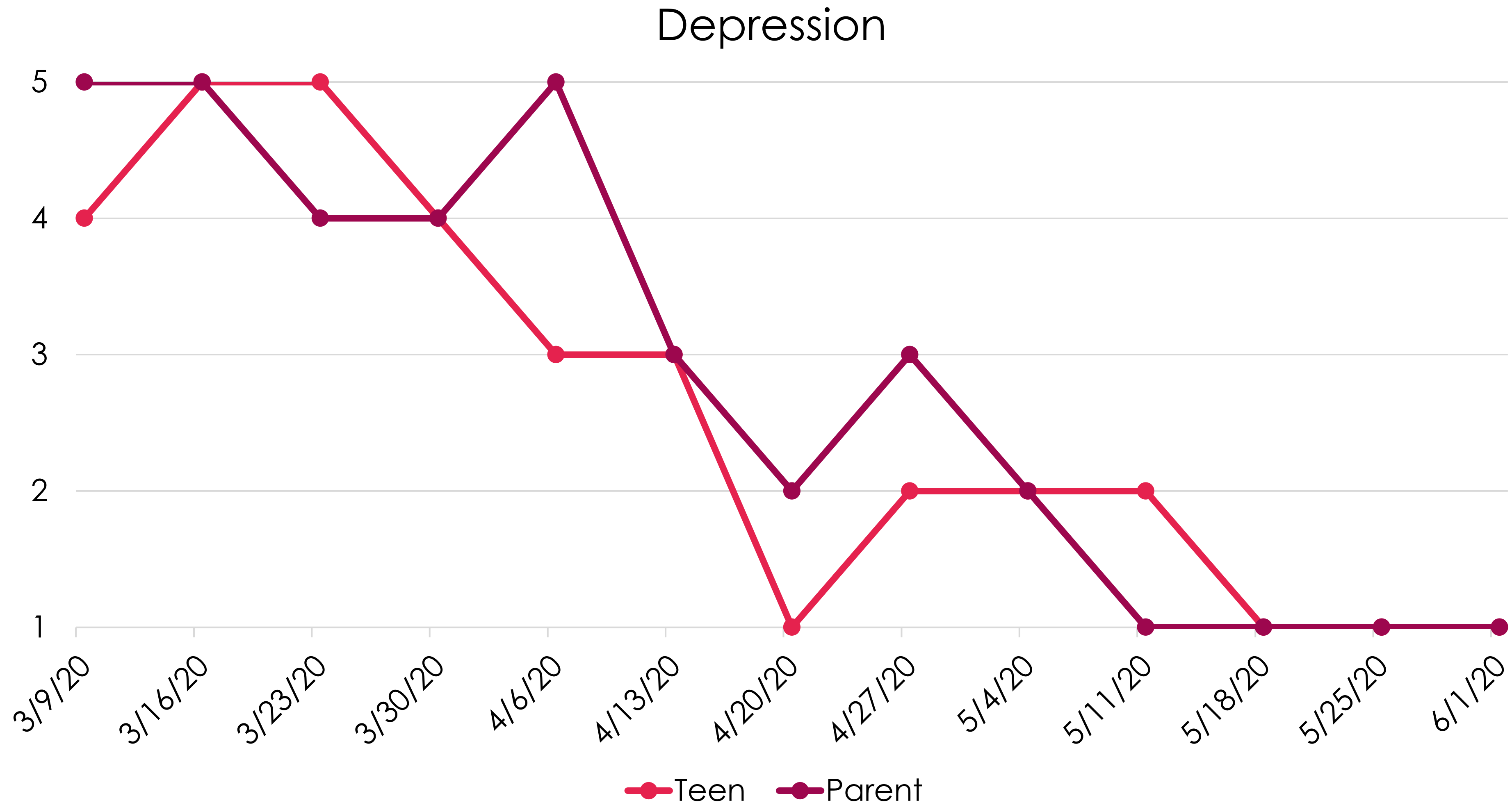
| | **(0) Not at all** | **(1) Several days** | **(2) More than half the days** | **(3) Nearly every day** |
|---|---|---|---|---|
| **1.** Feeling down, depressed, irritable, or hopeless? | | | | |
| **2.** Little interest or pleasure in doing things? | | | | |
| **3.** Trouble falling asleep, staying asleep, or sleeping too much? | | | | |
| **4.** Poor appetite, weight loss, or overeating? | | | | |
| **5.** Feeling tired, or having little energy? | | | | |
| **6.** Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down? | | | | |
| **7.** Trouble concentrating on things like school work, reading, or watching TV? | | | | |
| **8.** Moving or speaking so slowly that other people could have noticed?<br><br>Or the opposite – being so fidgety or restless that you were moving around a lot more than usual? | | | | |
| **9.** Thoughts that you would be better off dead, or of hurting yourself in some way? | | | | |

# MEASUREMENT-BASED CARE (MBC)

- Systematic use of patient-reported data to inform care decisions and monitor treatment progress as well as provide feedback to clinicians and patients
- Faster reduction in mental health symptoms, particularly when used regularly (e.g., session-by-session vs. every 90 days)
- Improves patient-provider communication, patient engagement, clinician treatment fidelity, and costs of care
- Offers protection against potentially harmful treatment

(Bickman et al., 2011; Carlier et al., 2012; Delgadillo et al., 2017; Dowrick et al., 2009; Green et al., 2014; Guo et al., 2015; Hawkins et al., 2004; Janse et al., 2017; Lambert et al., 2003; Scott & Lewis, 2015; Wolpert et al., 2012)

# SAMPLE GRAPH



TRAINING IN EVIDENCE-BASED
TREATMENTS OFFERED THROUGH
THE FC-EBP

| TRAININGS | # INDIVIDUALS TRAINED SINCE 12/18 |
| --- | --- |
| BEST PRACTICES WITH LGBTQ YOUTH | 156 |
| TRAUMA-FOCUSED COGNITIVE-BEHAVIORAL THERAPY | 107 |
| FAMILY INTERVENTION FOR SUICIDE PREVENTION | 229 |
| MODULAR APPROACH TO THERAPY FOR CHILDREN WITH ANXIETY, DEPRESSION, TRAUMA, OR CONDUCT PROBLEMS | 121 |
| CORE COMPETENCY COGNITIVE BEHAVIORAL THERAPY † | 121 |
| CASE MANAGER TRAINING | 52 |

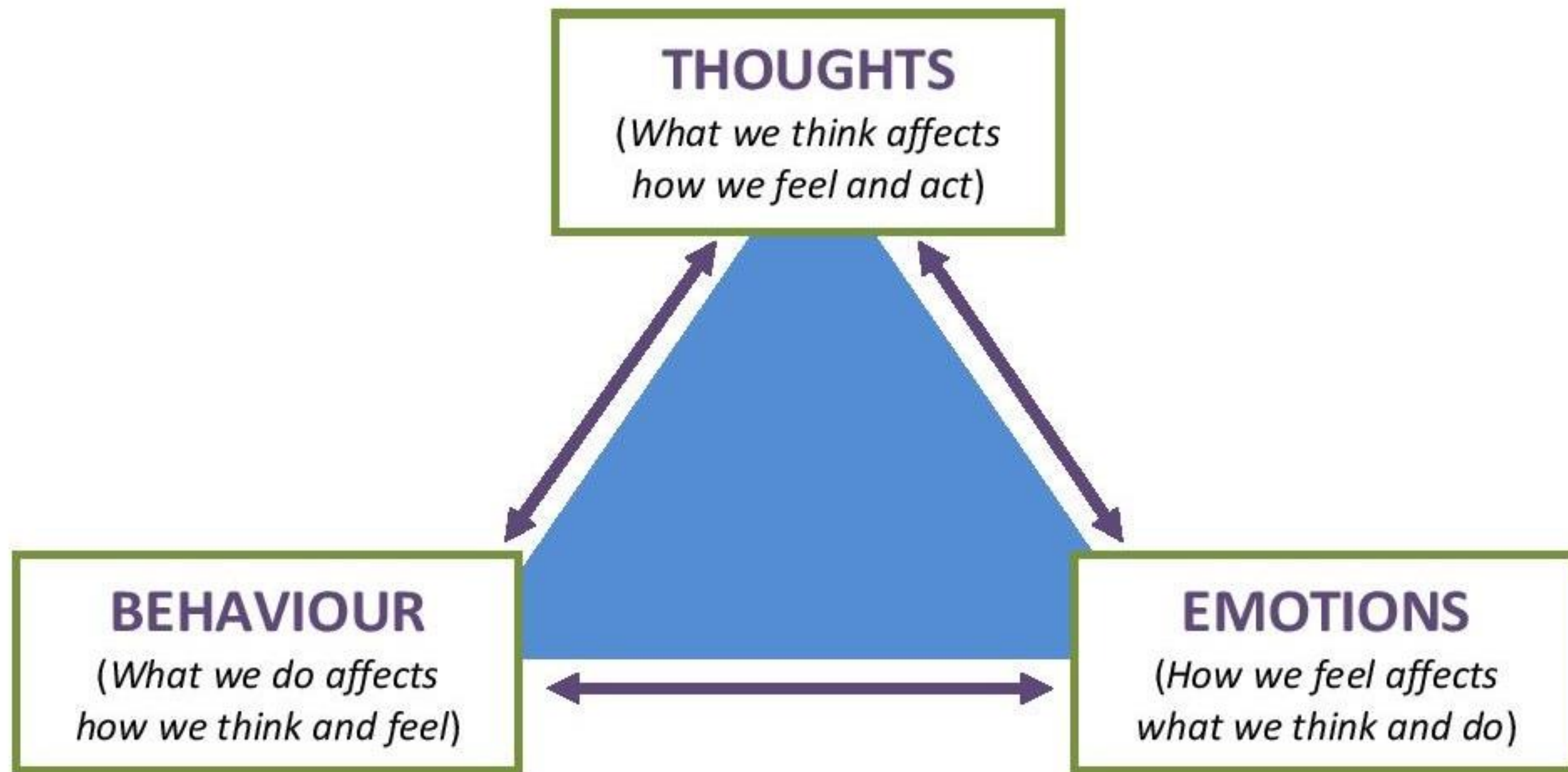
† = Includes DBT skills

# COMMON ELEMENTS: CAREGIVER INVOLVEMENT

Collaborators

Coaches

# COMMON ELEMENTS: SKILL BUILDING



# WHAT CAN CBT BE USED TO TREAT?

- CBT forms the basis for empirically supported treatments for:
  - Mood Disorders
  - Anxiety Disorders
  - Post-Traumatic Stress Disorder
  - Disruptive Behavior Disorders
  - Substance Use Disorders
  - High Risk Behaviors
    - Suicidal thoughts and behaviors, non-suicidal self-injury, risky sexual behavior

# TEEN SKILLS

| NAME OF SKILL | OBJECTIVE |
|---|---|
| Problem-Solving | Learn how to generate and evaluate options to problems, and identify the most effective solution |
| Thinking Patterns | Become aware of the link between thoughts and feelings, learn to identify untrue and unhelpful thoughts that cause negative emotions, and learn how to develop true and helpful thoughts |
| Affect Management | Become aware of signs in one's body, mind, and behavior that signal that one's emotions are getting too intense, and develop a coping plan to calm emotions |
| Coping with Intense Urges and Emotions | Develop safe and effective coping skills to help tolerate situations that lead to significant negative emotions and urges |
| Improving Sleep | Enhance sleep and develop healthy sleep habits to help improve mood and speed of recovery |
| Diet and Pleasant Activities | Increase behaviors that make teenagers feel better and improve their health, such as diet and pleasant activities |
| Assertive Communication | Learn how to effectively communicate with others, including how to best express feelings, ask for what one needs, and say no in situations that are not healthy in a way that others will listen |
| Increasing Social Support | Learn how to increase the number of people who provide positive and healthy social support |
| Motivational Enhancement | Learn a structured way to evaluate the benefits and consequences of unhealthy behavior and decisions |
| Chain Analysis | Identify & address the sequence of thoughts, feelings, and behaviors that lead to risky behaviors & choices that go against one's values or beliefs |
| Facing Your Fears | Become aware of triggers for anxiety, identify skills to help manage it effectively, and practice exposures in session |

# PROBLEM-SOLVING WORKSHEET

**S**elect problem: How to ______________________________________

**O**ptions                **L**ikely Outcome (+, -, +/-)

1. ________________________________

2. ________________________________

3. ________________________________

4. ________________________________

5. ________________________________

6. ________________________________

7. ________________________________

8. ________________________________

Circle the **V**ery Best One(s)

**E**valuate: How well do you think it will work?

| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|
| not well | | | | | very well |

# COMMON ELEMENTS: "TRANSDIAGNOSTIC" OR ADDRESS MULTIPLE AREAS

MATCH-ADTC

Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems

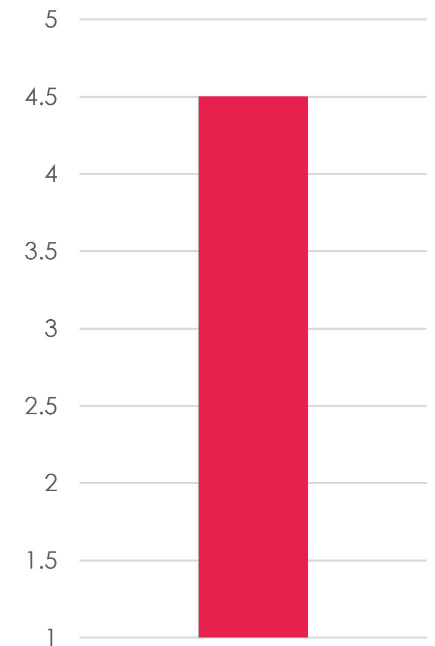
Bruce F. Chorpita and John R. Weisz

# WHAT ELSE DOES THE FC-EBP PROVIDE?

- Consultation to Clinicians
- Consultation/Implementation Support to Supervisors & Administrators
- Outcome Evaluation

# MET TRAINING OBJECTIVES

- Learn how to assess for suicide risk and conduct family-based safety planning
- Learn how to use a special problem-solving method called "SOLVE" with clients.
- Learn how to use a special cognitive restructuring method called "A-B-C-D-E" with clients.
- Learn how to assess for sleep problems and teach clients strategies to improve their sleep.
- Learn strategies to help facilitate connectedness and positive feelings among teens and their parents in family sessions.
- Learn strategies to help facilitate positive family communication in family sessions with teens and their parents.




Rated on a scale from 1 (low) to 5 (high

# KNOWLEDGE SURVEY

*A set of true/false questions to gauge whether or not knowledge was acquired.*
*Means correspond to percentage correct*

N = 68 clinicians

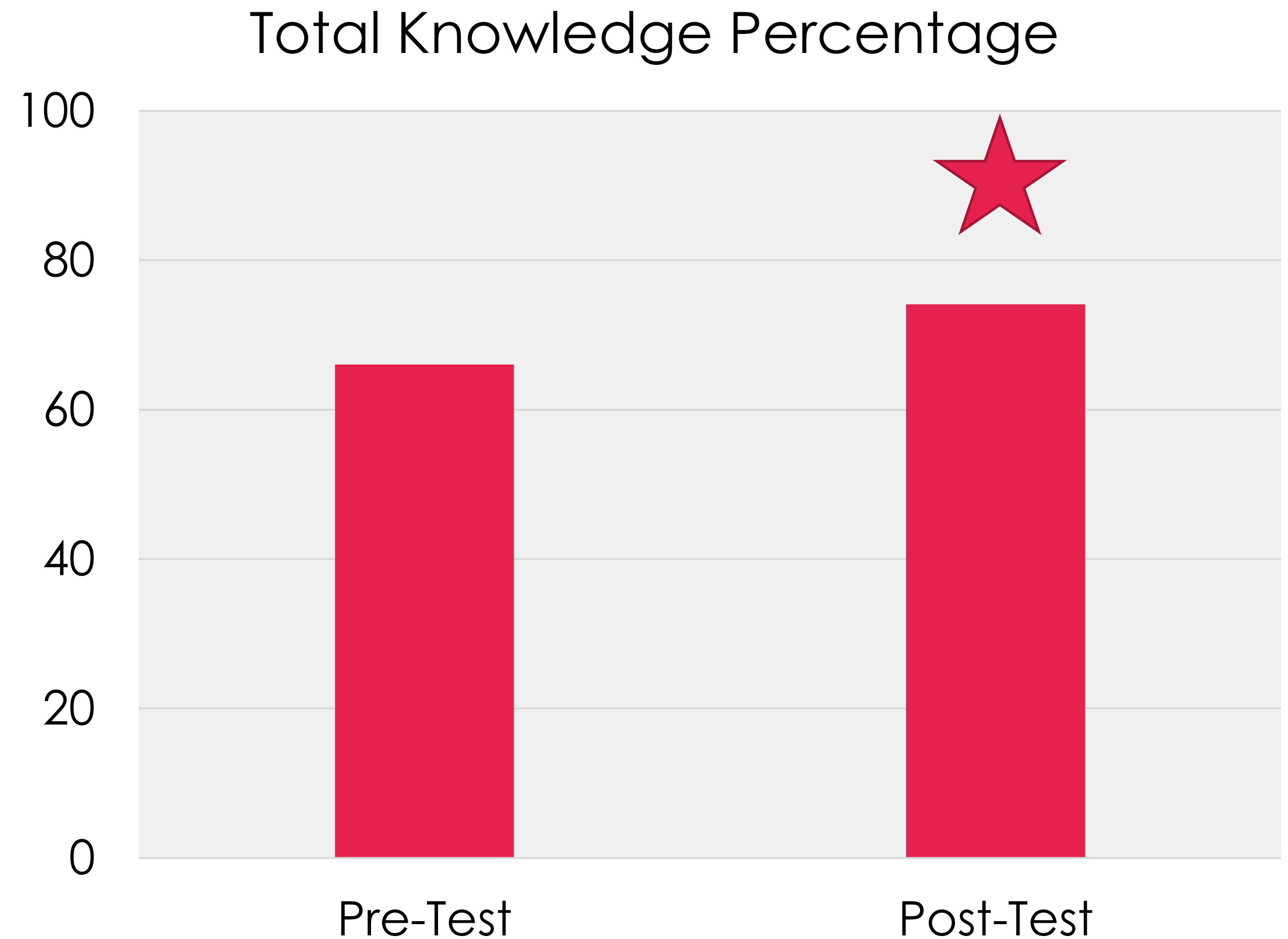
<u>Pre-test</u>

- M = 66.06, SD = 9.31

<u>Post-test</u>

- M = 74.12, SD = 7.90

$t(67) = -9.11$, $p < .001$*



# SELF-EFFICACY SURVEY

*Confidence in using skills taught in training*

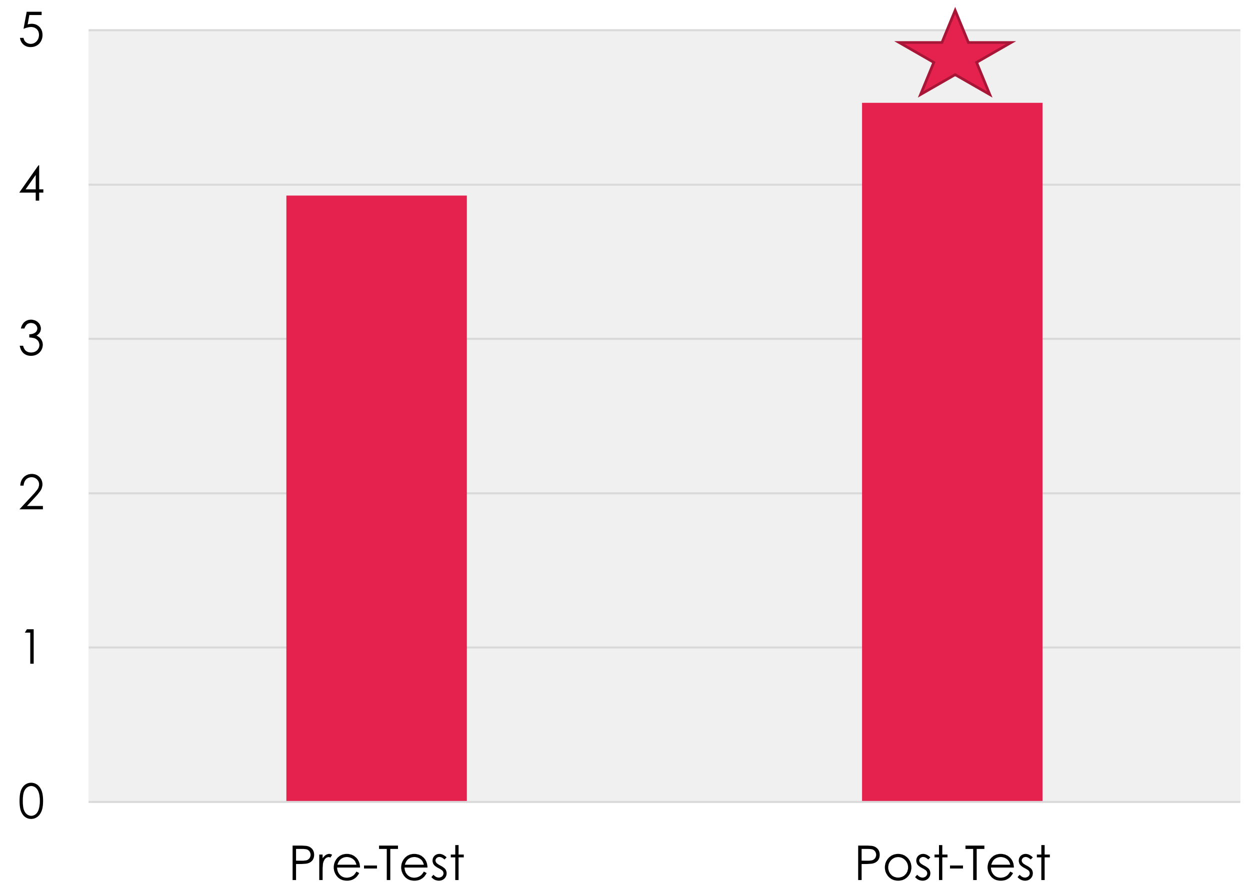
*Average score, based on ratings from 1 ("not at all") to 5 ("very much")*

N = 68 clinicians

Pre-test
- M = 3.93, SD = 0.59

Post-test
- M = 4.53, SD = 0.38

$t(67) = -9.75$, $p < .001$*



# ARE CLINICIANS USING THE EBT? (3 MONTH FOLLOW-UP)

- All clinicians report using the EBT with their clients to varying degrees
- Greatest increase in skill use pre-training to 3 months post-training
  - Weekly Assessment
  - Problem-Solving
  - Thinking Patterns
  - Affect Regulation
  - Sleep

# WHAT'S ON THE HORIZON?

# LONG TERM FOLLOW-UP & NEEDS ASSESSMENT

- Long term follow-up
  - All clinicians who have completed our training

- Needs assessment
  - Clinicians
  - Supervisors/Administrators
  - Case Managers
  - Parents of Youth in Mental Health Treatment

# GMU IN-KIND CONTRIBUTIONS

- Over $15,000 in room rentals, technical support, translators, and CEU credits from **12-18 to 3-19**
- 10% indirect cost rate (current rate is 57%)
- Faculty time

thank you

FAIRFAX - FALLS CHURCH
Community Services Board

# Hospital Diversion Pilot Project: October-December 2021

**Project Summary**

- CSB will accept referrals of up to twenty youth at risk for hospitalization during a nine-week period, between October 11 and December 12. Families may also access public agency services through contact CSB Entry for CSB services, or the CSA Office for assignment of a CSA case manager.
- Referrals will be accepted from CR2 and REACH for youth at the emergency department or CSB Emergency Services or having been served by them within the past 60 days, and youth in the hospital or having been hospitalized within the past 60 days.
- The process of referring youth currently hospitalized for CSB and/or CSA case management will be reviewed and expedited if possible.
- The CSB, CR2 and REACH will jointly develop criteria for considering youth for referral.
- The CSB will offer case management services, to include connecting families to CSB services and/or intensive services provided privately, as necessary. The family is expected to access services through their commercial insurance or Medicaid as appropriate.
- Case management services will be provided at no cost to the family, although there may be fees for other services provided by the CSB or accessed privately.

**How to make a referral**

- Referrals from to CSB can only be made with the consent of the youth's parent or legal guardian, or the youth if age 14 or over.
- The CR2 or REACH mental health professional should complete the CSB Youth and Family Direct Referral Form along with a signed consent to release information.
- The CR2 or REACH mental health professional should review CSB Direct Referral Information for Parents with the parents.
- The referral form and consent are to be sent by secure email to the CSB Youth and Family Intensive Manager.
    - Jessica Jackson, Jessica.jackson@fairfaxcounty.gov

**Youth who are most appropriate for CSB services**

- Children and adolescents with behavioral health problems that significantly impact their mood, thinking, and/or behavior. The problems are often significantly disabling as compared to the functioning of most youth their age. The problems may be of recent onset or they have been going on for some time. OR
- Children and adolescents who have serious needs that cannot be met elsewhere or who do not have alternative resources such as commercial insurance to meet their needs. AND
- Youth at high risk for hospitalization due to behavioral health issues that place themselves or others at risk, and existing services and supports available to the family are unable to mitigate the risk.

**What should the referring mental health professional expect?**

- CSB will send a secure mail confirming receipt to the referring mental health professional within **one business day of** receiving the referral.
- A CSB case manager will make a contact call to the youth and family within **two business days** of receiving the referral.
- The CSB case manager will make at least two attempts to contact the youth and family via the telephone number(s) provided. If an appointment has not been made in **one week** the referral will be closed and family may directly contact CSB Entry for CSB services, or the CSA Office for assignment of a CSA case manager.
- The CSB case manager will contact the referring mental health professional within **five business days** of receiving the referral with a report on the status of engaging the youth and family in services.

# School Readiness Update

## Successful Children and Youth Policy Team

*December 1, 2021*

# Early Childhood Education

- Early childhood education is the period of learning and development that occurs from birth to age eight.
- Quality early childhood programs provide experiences that support the whole child – cognitive, social, emotional and physical development.
- Partnerships with families support children's optimal development.
- A mixed-delivery system offers access to early childhood programs located in settings that best meet family's needs.

# Early Childhood Experiences

**Early Childhood Experiences**

**Centers**

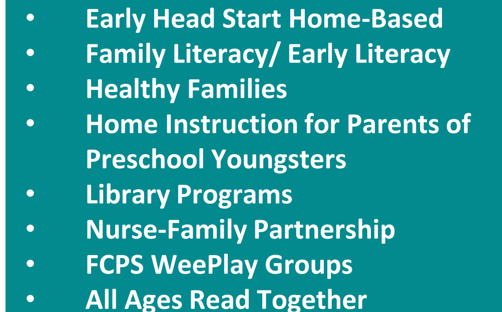
- Early childhood programs in public or private settings (community, county & FCPS)

**Family Child Care Homes**

- County permitted or state licensed family child care educators

**Family Homes**

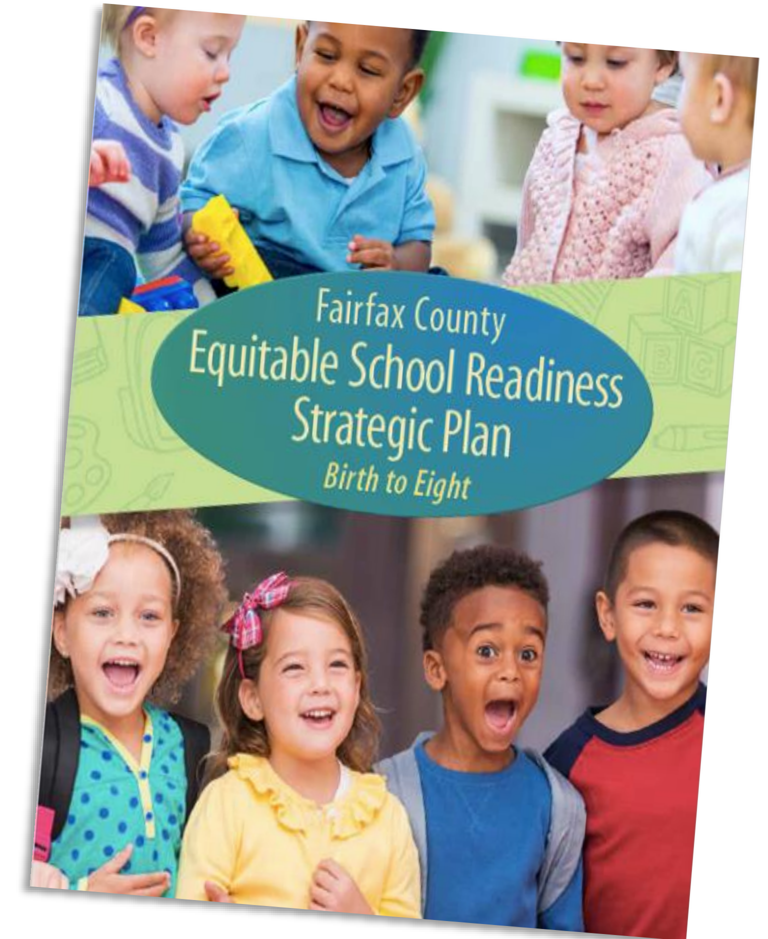
- Family member or neighbor who provides experiences



# Fairfax County School Readiness

**Vision:** All children enter kindergarten at their optimal developmental level with equitable opportunity for success.

**Mission:** Families, communities, schools and the county work together to build an equitable, coordinated and comprehensive system that ensures young children in Fairfax County are ready to be successful in kindergarten and beyond.

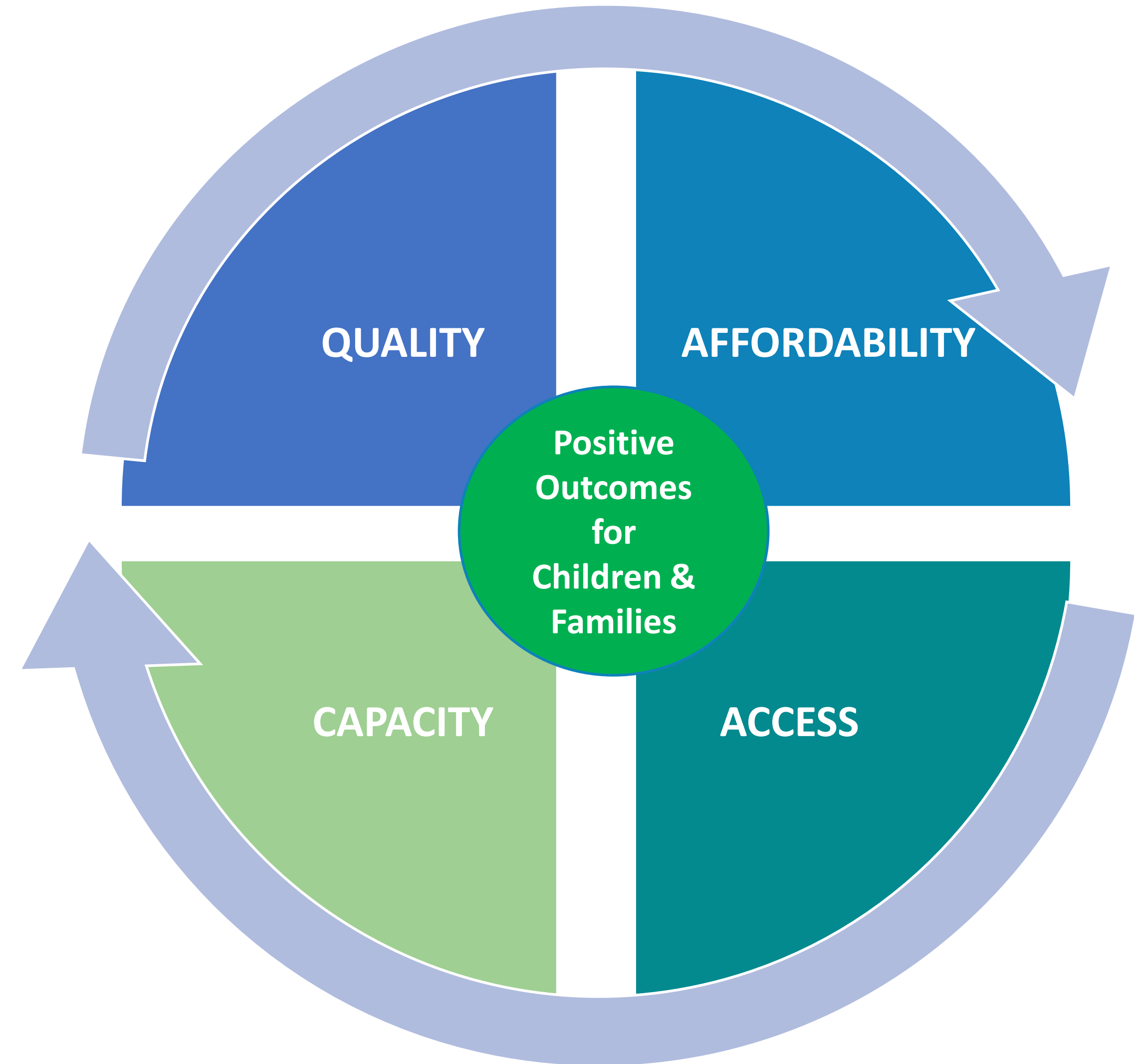


# Guiding Principles

| Principle | Description |
| --- | --- |
| Families | • Families are the experts about their children. Families have equitable opportunities to choose early childhood programs that best meet their family's needs. |
| Birth to Eight | • The period of birth to age eight is critical for a child's health, development and learning |
| Equity | • All families, regardless of income, neighborhood in which they live, race, ethnicity, linguistic or cultural background have access to high quality, affordable, inclusive early childhood programs and school readiness supports. |
| Early Childhood Workforce | • Early childhood educators who provide quality experiences are foundational to positive outcomes for children. |
| Quality | • High quality early childhood experiences in all settings provide positive outcomes for children |
| Mixed Delivery System | • Access to public and private early learning and development programs is key to meeting the needs of the community. |

# School Readiness Resources Panel Recommendation

Support a comprehensive approach to advance and expand Fairfax County's early childhood system- providing full and equitable access to high quality, affordable, early care and education for young children, families, and communities to thrive and prosper.



# Early Childhood Landscape

# Children Under Age Five in Fairfax County

**ALL CHILDREN**
Under Age 5

Under 300% FPL

Under 200% FPL

Under 100% FPL

**6,216**

Source: ACS 2019 5 Year Population Estimates (under 5) & ACS 2019 5 Year Estimates Age by Ratio of Income to Poverty Level in the past 12 months

# Data

Children Birth to Five served in **Publicly Funded Early Childhood Programs** (Centers, Family Child Care Homes and FCPS) Fall 2021

| Program | County | FCPS | Community/HS /EHS Program | Total |
|---|---|---|---|---|
| Early Head Start, Head Start, Community and FCPS Pre-K | 786 | 1,808 | 228 | 2,822 |
| Child Care Assistance and Referral (0-5) | 1,388 | _ | _ | 1,388 |
| Total | | | | 4,210 |

Children Birth to Five served in **Home-Based and Other settings** – Fall 2021

| Program | County | FCPS | Community | Total |
|---|---|---|---|---|
| Nurse-Family Partnership | 159 | _ | _ | 159 |
| Healthy Families Fairfax | 264 | _ | _ | 264 |
| HIPPY | _ | 330 | _ | 330 |
| Early Literacy | _ | 399 | _ | 399 |
| Family Literacy | _ | 100 | _ | 100 |
| WeePlay Group | _ | 50* | _ | 50 |
| Early Head Start Home-Based | _ | _ | 72 | 72 |
| Total | | | | 1,374 |

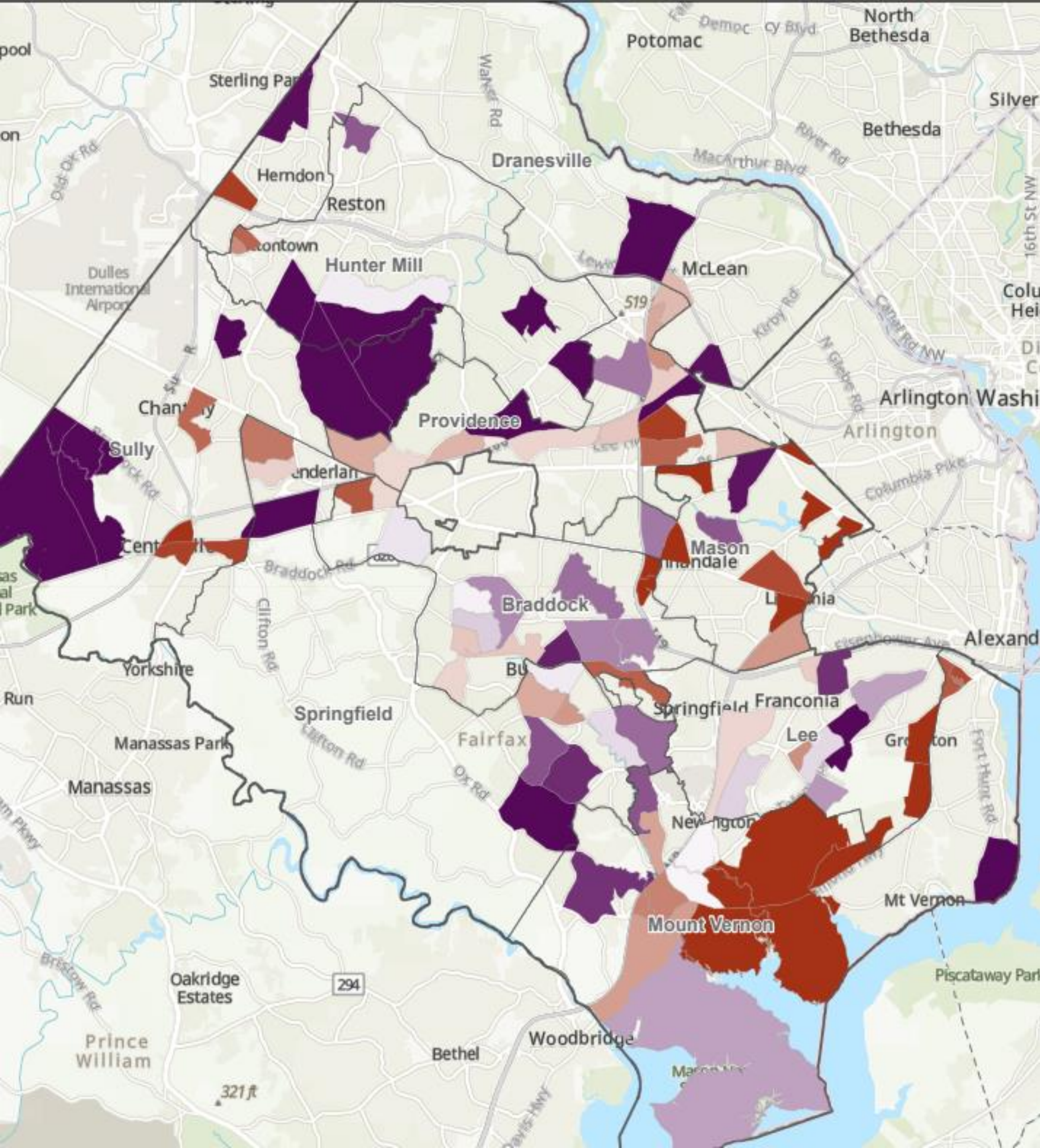
Source: OFC Enrollment Data October/ Fall 2021
FCPS PreK Fall 2021 Data
*Average weekly attendance

# Pre-pandemic and Now

## Early Learning and Development Programs

| Program Type* | March 2020 | November 2021 | Percent Change |
|---|---|---|---|
| Early Learning and Development Centers | 419 | 406 | (3.1%) |
| Family Child Care Homes | 1,502 | 1,317 | (12.3%) |
| Total | 1,921 | 1,723 | (10.3%) |

*Regulated child care programs
Source: March 2020 and November 2021 OFC Data
SACC is not included in chart- total SACC sites= 142

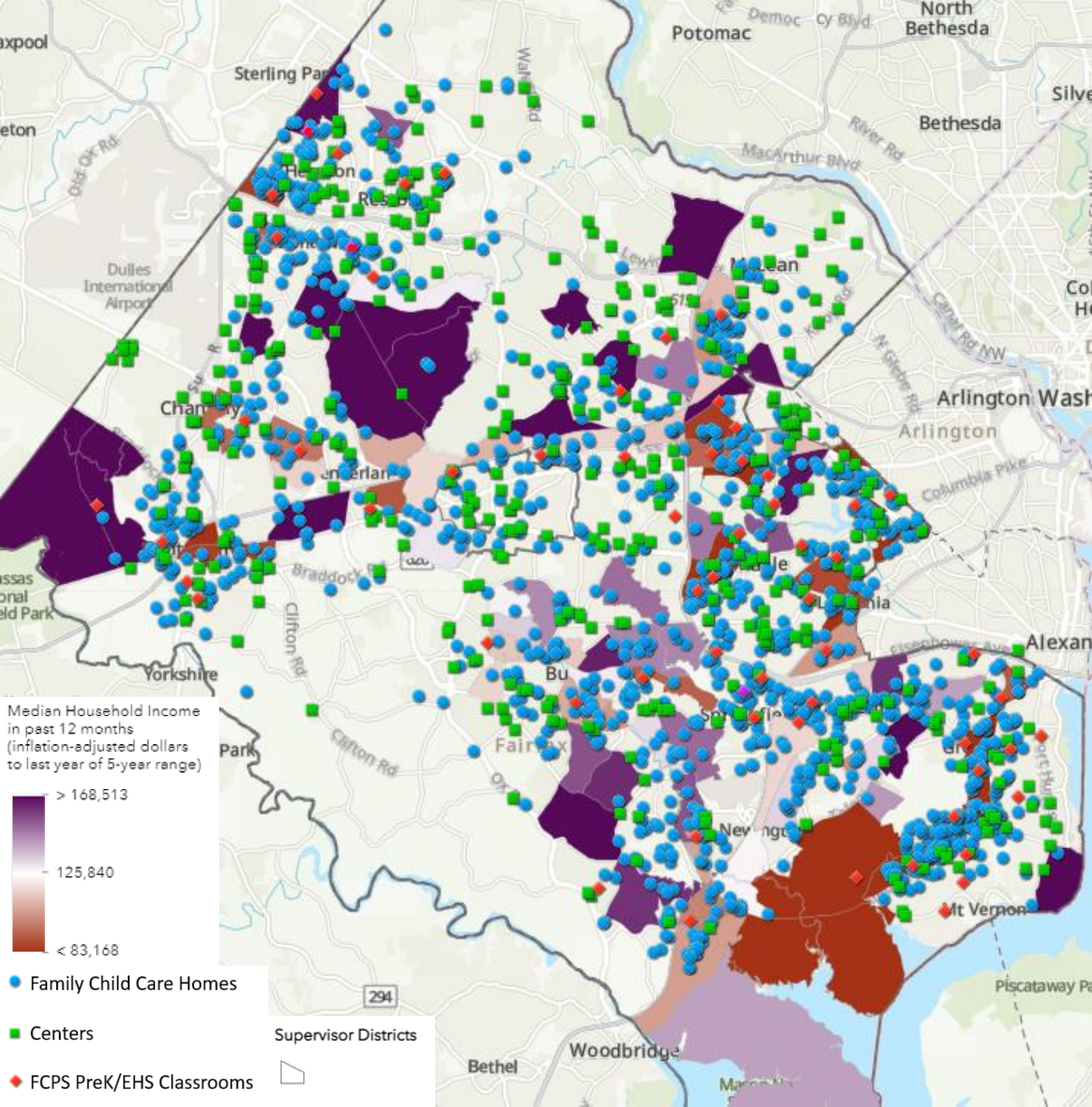



# Early Learning and Development Program Supply

*Definition*: Child care deserts as defined by Center for American Progress & modified to include Fairfax County permitted child care homes : A child care desert is any census tract with more than 50 children under age 5 that contains either no child care providers or so few options that there are more than three times as many children as state licensed/ county permitted child care slots.

*Sources:*

1. Population: ACS 2019 5 Year Data
2. Provider Capacity: November 2021 OFC Data
   - Includes Fairfax Permitted Family Home Providers and FCPS PreK programs, all other Regulated child care programs except SACC.




# Early Learning and Development Program Supply with Program Overlay

Source: OFC Data Nov 2021 (no SACC) and FCPS PreK Programs Fall 2021

*Definition*: Child care deserts as defined by Center for American Progress & modified to include Fairfax County permitted child care homes : A child care desert is any census tract with more than 50 children under age 5 that contains either no child care providers or so few options that there are more than three times as many children as state licensed/ county permitted child care slots.

*Sources:*

1. Population: ACS 2019 5 Year Data
2. Provider Capacity: November 2021 OFC Data
    - Includes Fairfax Permitted Family Home Providers and FCPS PreK programs, all other Regulated child care programs except SACC.

# Alignment with the State

# Virginia's New Unified Early Childhood System

- Virginia's current system does not offer every child equitable opportunity.
- Quality early childhood experiences prepare children for success, but families and children lack equitable access to these experiences.
- The current system too often fails to prepare children who are Black, Hispanic, speak a language other than English at home, or have a diagnosed disability or developmental delay.
- Virginia's new unified early childhood system must ensure that all children have access to quality teaching and learning experiences that meet their unique needs.

**The new system will:**

| | |
|---|---|
| **Unify** | around shared & equitable expectations of quality. |
| **Measure** | and strengthen adult-child interactions and curriculum use in all publicly funded birth to five programs. |
| **Improve** | supports for educators, prioritizing those who need it most. |

Link B-5

Unified Measurement & Improvement System

Coordinated Enrollment

Virginia's Early Learning & Development Standard

# Ready Regions

READY
REGIONS

A statewide network established to ensure equitable opportunities for all families with young children to thrive.

**Ready Regions will:**

Coordinate and integrate essential services and resources starting with a focus on early childhood learning and development.

Serve as Virginia's public-private network bringing together partners, including leaders supporting health and well-being, early learning and development, and family partnerships, to collaborate on priorities for Virginia's youngest citizens.

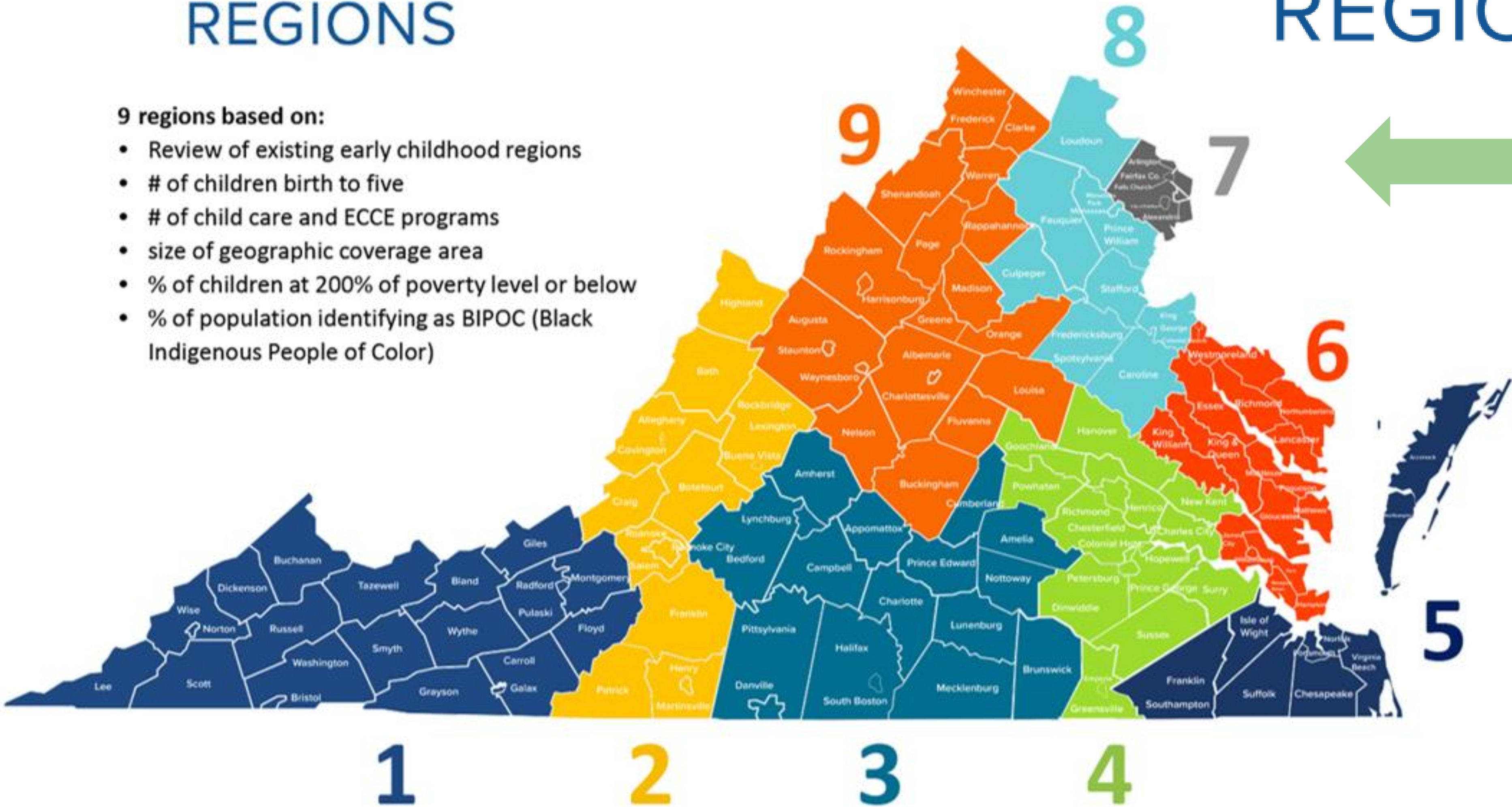
# Ready Regions Regional Plan

Ready Region #7, with Fairfax County as the lead, will support the ongoing activities and strategies of building Virginia's Unified Early Childhood System by partnering with publicly-funded early childhood programs to:

- Reimagine an equitable early childhood system.
- Support coordinated enrollment, the expansion of opportunities for quality early childhood experiences, and meaningful partnerships with families.
- Collect data through LinkB5, a data portal that connects communities of early childhood programs serving children ages birth to five across the region and the state.
- Promote equity-focused planning and decision making as well as shared responsibility using data.

# Ready Regions

READY
REGIONS



# Fairfax County Equitable School Readiness Strategic Plan Birth-Eight

## Countywide Strategic Plan

- The Chairman's Task Force on Equity & Opportunity
- Fairfax County Economic Recovery Framework
- FCPS Ignite
- Equitable School Readiness Strategic Plan

# ESRSP Implementation

## Accomplishments

- ☑ Early Development Instrument
- ☑ School Readiness Resources Panel
- ☑ Expansion of early childhood program
- ☑ Expansion of Nurse Family Partnership program
- ☑ Ages and Stages Questionnaire Initiative
- ☑ SACC Fee Scale Adjustments
- ☑ Child Care Subsidy Program eligibility increase
- ☑ Equity LENS
- ☑ CDA Gold Standard for Professional Learning
- ☑ Creation of the Early Childhood Birth-5 Fund
- ☑ Creation of WeePlay Groups

And more...

# ESRSP Implementation Team

- The Equitable School Readiness Strategic Plan Birth to Eight Implementation Team will focus on:
  - **Strategy ONE**: Establishing meaningful partnerships with families and
  - **Strategy FIVE**: Engaging community and building public will.
- Team will meet monthly beginning November 2021
  - Team includes community members, families, early childhood educators, County and FCPS partners.

# Family Partnerships

- New Family Partnership Coordinator

- Family Partnership Framework
  - Develop a framework for establishing meaningful partnerships.
  - Provide recommendations for a framework to create a Family Partnership Hub, and
  - Develop indicators of successful family partnerships.

# Looking Ahead- Strategy ONE

- Establish Family Councils
- Establish Family Partnership Hub
- Develop a family partnership plan for the implementation of the new Virginia Unified Early Childhood System
- Inclusive Community Engagement
- Expand current family partnership initiatives, including:
  - FCPS WeePlay Groups
  - Ready Rosie

# Looking Ahead- Strategy FIVE

- Develop and launch a public awareness campaign focused on the value and importance of high-quality early childhood experiences.

# Questions?