

Successful Children and Youth Policy Team

December 1, 2021, Meeting Summary

Key decisions and actions are in **bold**.

SCYPT Members in Attendance:

Gloria Addo-Ayensu, Leslie Atkins, George Becerra, Michael Becketts, Michelle Boyd, Telaekah Brooks, Karla Bruce, Alicia Doe, Mark Ginsberg, Kelly Henderson, Jessica Hudson, Rick Leichtweis, Chris Leonard, Nicole Lehman, Rodney Lusk, Megan McLaughlin, Sloane Presidio, Elaine Tholen, Matt Thompson, Lanita Thweatt, Lloyd Tucker, Douglas Tyson, Diane Volcansek, Daryl Washington, Jenna White

Action Item – SCYPT Endorsement of Behavioral Health Blueprint Funding Requests

Jim Gillespie of the Fairfax-Falls Church Community Services Board, Peter Steinberg of the Healthy Minds Fairfax (HMF) program within the Fairfax County Department of Family Services (DFS), and Christy Esposito-Smythers of George Mason University (GMU) presented two proposed DFS funding requests. Dr. Esposito-Smythers began with an overview of evidence-based practices, why it is so important to use them, and best practices in training practitioners to use them. She shared some of the successes of the Fairfax Consortium on Evidence Based Practices. The consortium is a collaboration among GMU and HMF to provide training, consultation, and other supports to local children’s behavioral health providers – public and private – regarding the use of evidence-based treatments and other practices.

Mr. Gillespie and Mr. Steinberg detailed the two budget proposals. The first, for \$125,000 annually, is to continue funding the training consortium. The second, for \$200,000 annually, is to continue to fund family support partner services. This program, implemented by a contracted community organization, connects family supports partners, trained parents and caregivers of young adults with mental health issues, with other parents of children and youth with mental health issues in order to provide support, education and assistance with accessing services. Both requests are associated with strategies in the Children’s Behavioral Health Blueprint, which was endorsed by the SCYPT in 2016, and has been implemented ever since.

Jesse Ellis explained that the budget proposals have been submitted by DFS to the Fairfax County Department of Management and Budget for consideration for inclusion in the County Executive’s proposed Fiscal Year 2023 budget, scheduled for release in February. The SCYPT is being asked to endorse the requests as a sign of support that they should be included in the County Executive’s budget and that the Board of Supervisors should include them in their approved budget.

Without objection, the SCYPT voted to endorse the budget requests. The SCYPT Executive Committee will meet on January 5 to discuss next steps.

Discussion Item – Hospital Diversion Pilot Project Update

Rick Leichtweis of Inova and Jim Gillespie of the Fairfax-Falls Church Community Services Board (CBS) discussed the urgency of addressing the numbers of youth coming to the area's emergency departments (EDs) because of mental health issues and suicidal thoughts or behaviors. Dr. Leichtweis noted that the need, while always there, has really become more severe in the last year or two. In 2021, over 100 youth have been "boarded" at Inova's EDs, as they wait for inpatient or residential beds to become available.

Dr. Leichtweis and Mr. Gillespie presented on a pilot program in which Inova and the CSB are partnering to refer more youth to community-based crisis resources, in an effort to reduce the numbers coming to the ED. The initiative is currently being piloted and will be assessed for effectiveness.

Daryl Washington of the CSB added that the issue is significant, and not just in Fairfax. In October, 19 youth boarded at EDs in Fairfax County, but 39 boarded in EDs across Northern Virginia. He noted that a multi-faceted approach is needed. We need to continue to strengthen community services (crisis services such as REACH and Children's Regional Crisis Response programs have been expanded recently). And we need to partner with others in the region to identify opportunities to access crisis stabilization programs. Local and regional solutions are critical, as Virginia has been unable to increase beds to address staff vacancies at the state youth psychiatric hospital.

In response to a question about whether residential services are part of the solution, Mr. Gillespie noted that the pilot program helps to expand access to Children's Services Act (CSA) and Medicaid funding for families, and that residential care is a part of the continuum of services offered through CSA and Medicaid. Newly available case management services within the CSB will help to provide more case management with CSA to determine the most appropriate services for youth and families. Dr. Leichtweis noted that the system is paying attention to this issue in a way it really hasn't in the past, but that an ongoing issue is finding available placements; new regulations are needed to help providers take challenging cases. In the short term, if more people can be successfully diverted from the ED, it will help to open up more access to emergency, inpatient, and residential care.

Rodney Lusk added that it is important to advocate to the General Assembly to fund additional inpatient and residential beds, and Megan McLaughlin added that advocacy needs to be much more intentional on this issue.

In response to a question about depression and social emotional health screenings being implemented by Fairfax County Public Schools (FCPS), Mr. Gillespie stated that FCPS and the CSB have been coordinating services to ensure adequate referrals and supports. The CSB has allowed FCPS to make direct referrals to CSB clinic sites for intensive cases, allowing those families quicker access to services.

In response to a question about how the out of school time sector can help support behavioral health and ensure youth have access to appropriate services, Mr. Gillespie suggested that people reach out to the CSB's Health Promotion and Wellness Team; Jesse Ellis noted that the Fairfax County Out of School Time Network can also help provide resources and supports.

Karla Bruce concluded by noting that it is important to understand who – demographically and geographically – is most in need. Can understanding this help us to target our approach?

Discussion Item – Equitable School Readiness Strategic Plan Update

Anne-Marie Twohie and Betsi Closter of the Fairfax County Department of Neighborhood and Community Services Office for Children (OFC) and Maura Burke of Fairfax County Public Schools (FCPS) presented a school readiness update on our approach to promoting school readiness, the current early childhood landscape in Fairfax County, how statewide initiatives are being implemented locally, and progress on implementation of our Equitable School Readiness Strategic Plan (ESRSP). Many of the plan's actions have been or are being implemented. But over the coming year, much of the focus will be on implementing Strategy 1 (establishing meaningful partnerships with families) and Strategy 5 (engaging community and building will). The ESRSP Implementation Planning Team has reconvened and will be meeting over the next several months to plan and implement actions related to these strategies.

It was noted that the School Readiness Resource Panel set a bold goal of ensuring all families with incomes at or below 300 percent of the Federal Poverty Level have access to publicly funded early childhood services, but only a few thousand are currently served. Ms. Twohie noted that large investments will be necessary to close that gap. Recent increases in eligibility for child care subsidies help, as do upcoming capital projects at several sites across the county that will include child care. The County's new early childhood fund helps ensure allocated money remains dedicated to these initiatives. But we will need to maintain focus and increase the size and scope of these investments to meaningfully move the needle. This will take a full community commitment and a variety of strategies that include new programs, expanded subsidies, capital investments, and efforts to enhance the workforce. Several members noted that a detailed plan, with accompanying budgets, will be needed, and that new federal funding and programs should be incorporated and highlighted within the plan.

Because of how they naturally fluctuate, wait lists are not an ideal measure of demand or capacity for early childhood services. However, due in large part to pandemic-related issues, most programs do not currently have wait lists. Ms. Twohie noted that staff have been focused on maintaining and increasing supply. Ms. Burke added that FCPS and OFC work collaboratively so that, if space isn't available within one program, families can be referred to another program that can accommodate them and meet their needs.

Items Presented by SCYPT Members

George Becerra requested that the SCYPT Executive Committee consider hosting one or two SCYPT meetings per year in the evening to accommodate additional guests in the community.

Public Comment

Shyamali Roy Hauth provided the following statement, via email, for inclusion as public comment:

I am Shyamali Roy Hauth, the mother of a transgender non-binary adult child who attended FCPS in early grades. I present this written testimony to advocate for transgender non-binary and gender nonconforming inclusive language in all surveys and materials.

It has come to my attention that the FCPS survey which goes out to 6, 8, 10, & 12 grade students has question(s) about gender. In both surveys question number three (3) asks, "Are you:" and provides two choices—male and female. So non-binary or gender nonconforming students are immediately forced to choose a gender that does not represent who they are.

Indeed, FCPS's current registration paperwork, Form IT-19 provides "male," "female" and "non-binary" for enrollment and re-enrollment
<https://www.fcps.edu/sites/default/files/media/forms/it19.pdf>

For grades 8, 10, & 12, the survey goes on to question four (4) which assesses whether they are transgender. The first choice for the answer in this case is "No, I am not transgender". Which appears to favor a negative response. Once more marginalizing an already marginalized population.

We are aware that this is the wording from the CDC question about transgender students developed and piloted in 2017. The question then becomes: is input from the trans and non-binary student and parent community in Fairfax important enough to alter the question slightly, and/or is the consistency of the question wording in terms of statistics important enough to outweigh the concern expressed in this county about harm to students. People have been advocating for statistics about trans and non-binary for many years, so it is very much needed. In our experience the CDC pilot results significantly underestimate the actual number of trans students in American schools.

This survey gathers important mental health and social information. If our transgender and gender nonconforming students don't feel safe or included in the early demographic question, they may not be forthcoming in follow-on questions.

Why is inclusive language important? We know that when transgender children are in a supportive and inclusive environment they are much less likely to become depressed, anxious, or suicidal. Our transgender youth attempt suicide at a disproportionately higher rate (between 40-50%) compared to their cisgender heterosexual counterparts (18%). In fact, use of appropriate pronouns decreased suicidal ideation by half in a 2020 survey conducted by the Trevor Project. If our intent is to assess and provide support to our youth in order to address depression and to prevent suicide, we must start by ensuring inclusion in the language on our survey. I recommend working with FCPS PRIDE to amend future surveys and best serve our students. Thank you for taking time to hear my concerns and for your service to our Fairfax County students and families.