

# Fairfax-Falls Church Children's Behavioral Health System of Care Blueprint for 2016-2021: Final Report

January 2022

## Contents

Blueprint Background.....	2
Goal 1: Deepen Community System of Care Approach.....	3
Goal 2: Data Systems.....	6
Goal 3: Family and Youth Involvement .....	7
Goal 4: Increase Awareness and Reduce Stigma.....	8
Goal 5: Youth and Parent/Family Peer Support.....	9
Goal 6: System Navigation.....	10
Goal 7: Care Coordination and Integration.....	12
Goal 8: Equity/Disparities.....	13
Goal 9: Reducing Incidents of Youth Suicide in our Community .....	14
Goal 10: Evidence-Based and Informed Practices.....	15
Goal 11: Trauma-Informed Care Community .....	16
Goal 12: Behavioral Health Intervention.....	18
Goal 13: Service Network for High-Risk Children.....	19
Goal 14: DD/Autism Services.....	20
Goal 15: Transition Age Youth.....	21

## Blueprint Background

For the past 20 years, Fairfax County has been committed to using system of care principles to meet the needs of youth and families. Systems of care is an approach used by states and communities to provide effective services for children, youth and families with complex behavioral health and other issues. As defined by The Federal Substance Abuse and Mental Health Services Administration, a “system of care” incorporates a broad array of services and supports that are organized into a coordinated network, integrates care planning and management across multiple levels, is culturally and linguistically competent, and builds meaningful partnerships with families and youth at service delivery and policy levels. The core values of the system of care philosophy specify that services should be community based, child centered, family focused, and culturally and linguistically competent.

In 2015, the county’s commitment to a system of care was formalized by the creation of a new program unit to implement a system of care model that connects the continuum of supports and services across county agencies, Fairfax County Public Schools (FCPS), and community partners. Named Healthy Minds Fairfax in 2017, the unit was charged with developing new policies and procedures on care coordination and service delivery and providing oversight of the various entities delivering services along the continuum of care. In addition, the unit was tasked with contracting for services for individuals with emerging mental health and substance use issues.

Consistent with system of care principles, Healthy Minds Fairfax embraced a rigorous and inclusive planning process to develop a road map for their work. In November and December 2015, a 30-member planning team was convened that included representative from the Community Services Board, Fairfax County Public Schools, Juvenile and Domestic Relations District Court, Neighborhood and Community Services, Department of Family Services, Health Department, Systems of Care, nonprofit family organizations, community-based behavioral health service providers, families, and George Mason University faculty. The planning team was tasked with developing a vision and mission for the system of care initiative and establishing goals, strategies, action steps, and a timetable for accomplishing each.

The team engaged in a planning process based on the Toolkit for Expanding the System of Care Approach developed by the Georgetown University National Technical Assistance Center for Children’s Mental Health. Georgetown University staff facilitated the planning process, which was informed by results of a System of Care Expansion Self-Assessment survey that was completed by 82 public, private and community stakeholders with expertise in children’s behavioral health. The team also drew on local studies and reports related to children’s behavioral health status and needs.

The planning team identified 15 overarching goals and related strategies to be implemented by and with the support of Fairfax County human services departments and Fairfax County Public

Schools. Together, these goals comprise the Blueprint of Healthy Minds Fairfax, the Fairfax-Falls Church System of Care for children, youth and families, which spanned calendar years 2016 through 2019 and was reviewed and revised at least annually by the Community Policy and Management Team (CPMT) and the Successful Children and Youth Policy Team (SCYPT).

## Goal 1: Deepen Community System of Care Approach

**Description:** Deepen the system of care approach to inform the entire continuum of behavioral health services for children, youth and families through: (1) a governance structure that guides the entire continuum, (2) financing strategies that support sustainability and improve capacity and, (3) continuous improvement to service quality and access. The strategies set forth in this goal address establishing a Children’s Behavioral Health System of Care (BHSOC) oversight committee; creating cross-system behavioral health practice standards, policies and procedures; generating support for these efforts from the general public, policy makers and local administrators at the state and local levels; and furthering the development of partnerships with community organizations and agencies in different sectors for coordination, financing and support of the SOC approach. It further calls for a system mapping process to maximize, braid or combine funds. Additional strategies include striving for more inclusion of providers and families in the development of SOC training policy and annual planning; collecting and reporting on community outcomes and assessing gaps; and finally, reviewing intake, assessment, triage and referral protocols with the goal of supporting families in accessing both public and community provided resources.

### ***Progress to Date***

#### **Governance Structure**

- The planning team’s first step was development of vision and mission statements. The vision of Healthy Minds Fairfax is to provide a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, so that all children and youth in the Fairfax-Falls Church community are socially, emotionally, mentally and behaviorally healthy and resilient.

The mission of Healthy Minds Fairfax is to collectively ensure all children, youth and their families have equitable and easy access to a continuum of quality, integrated and/or coordinated services, supports, and opportunities to promote resiliency and further their social, emotional, mental and behavioral health.

- In 2015, the CPMT was designated as the oversight board for the Children’s Behavioral Health System of Care.
- In 2016, a community Children’s Behavioral Health System of Care Blueprint was developed to guide system of care efforts. It was approved by the CPMT and endorsed by the SCYPT.
- Revised system of care principles and practice standards were approved by the CPMT in 2017. Also in 2017, CPMT approved revisions to local policies and procedures, based on the revised practice standards, and these were incorporated in the system of care training curriculum.
- Results Based Accountability (RBA) measures were developed for the Blueprint and approved by CPMT in late 2017. Quarterly reports were presented beginning in calendar year 2018.
- In 2017, the system of care initiative was re-named Healthy Minds Fairfax (HMF). HMF participated in a series of public events (e.g., tables at school events and conferences) to promote their work and services.
- In 2020, HMF launched a partnership with the Northern Virginia Family Network, a collaboration of more than 10 regional family-run nonprofit organizations, to enhance family voice in our local system of care.
- Two parent representatives, for a total of five, were added to CPMT to promote family voice at the leadership level.
- In 2021, the SCYPT identified behavioral health as a priority area. SCYPT comprises leaders from multiple sectors within Fairfax County. The team’s role is to set community-wide goals and priorities for public policy as it relates to children, youth, and families.

### **Financing Strategies**

- In 2018, a matrix of youth services was developed, and in 2019 fiscal mapping was conducted and presented to the SCYPT.
- Decisions about alternative methods of budgeting the required local Children’s Services Act (CSA) match are on hold pending the implementation of a General Assembly directive to transfer the responsibility to fund private special services from CSA to the Virginia Department of Education.

## Service Quality and Access

- In 2018, PowerPoint presentations were developed that focus on insurance access, CANS & GAIN-SS, and Intensive Care Coordination (ICC) and Wraparound. The primary audience for these presentations is families. The presentations are recorded and included on the HMF page on the County website.
- 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 2018.

### Number of visits/page views for training events calendar website page

FY21	FY20	FY19
111/127	124/162	89/119

### Number of visits/page views for community resources website page

FY21	FY20	FY19
346/468	265/347	166/272

- Trainings for case managers included Introduction to System of Care, introductions to several evidence-based treatments such as Multisystemic Therapy (MST), Functional Family Therapy (FFT), and Parent-Child Interaction Therapy (PCIT). 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 evidence-based treatments (EBT) 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	FY20	FY19	FY 18
790	304	206	0

- In 2020, an inter-agency workgroup issued a Population Level Data Report on Youth Behavioral Health Needs in the Fairfax-Falls Church Community.
- HMF funding expanded the regional mobile stabilization and response service by 15%. Subsequently, a significant increase in DBHDS funding resulted in eight additional crisis counselors being hired, nearly doubling the program’s capacity and eliminating the need for county funding.

## ***Discussion***

In the five years since the creation of the Blueprint, our local Children’s Behavioral Health System of Care has developed and matured. A governance structure has been created that involves families at a deeper level than ever before. It links closely to the Successful Children and Youth Policy Team, which comprises leaders from multiple sectors within Fairfax County and sets community-wide goals and priorities for public policy as it relates to children, youth, and families.

A current challenge facing our system of care in 2021 is that of leadership succession. The majority of county and school system child-serving leadership positions have turned over since 2016. The leadership group that endorsed system of care principles and practice standards, stood up Leland House, launched High Fidelity Wraparound and Family Partnership Meetings, and developed the original Blueprint, is largely gone. Their successors face the challenge of continuing to work collaboratively on behalf of children, youth and families with complex and high-risk needs in the face of many other pressing health and human services issues.

## **Goal 2: Data Systems**

***Description:*** Increase collaboration through the implementation of a cross-system data sharing. Efforts here are in the direction of increasing data sharing and using the cross-system data to improve decision-making and resource use. This cross-system data sharing can lead to the improvement of process and outcome evaluations, reduce duplication and improve efficiency and increase the use of data in community reporting and planning processes.

### ***Progress to Date***

- The Department of Family Services has selected a vendor to develop a new Health and Human Services Multi-function IT system to replace the current information system supporting CSA and HMF. Requirements for the new system, which will be accessible by cross-agency case managers, will permit greater efficiency through automated workflows and data sharing capabilities. Other developments to support data sharing include a newly developed Consent to Exchange information that is compliant with HIPAA and FERPA.

## ***Discussion***

Data sharing across human services agencies remains a challenge due to laws and regulations that apply for each agency (e.g., HIPAA, FERPA). State agency data and reporting systems also are not designed to share information across systems. The work of the Human Services IT Advisory Committee, the Office of Strategy Management, and data analytics staff within human services agencies is setting the stage for improvements in data sharing. The new HHHS IT

system, for example, is intended to provide a solution that may support this goal after development and implementation in FY24.

### Goal 3: Family and Youth Involvement

**Description:** Increase the presence and effectiveness of family leadership through a sustained family-run network. The strategies focus on strengthening and expanding family leadership; increasing the presence of family and youth involvement in system planning, implementation, evaluation of services and system improvement; and expanding evidenced based peer to peer groups and family/community networks.

#### ***Progress to Date***

- In 2017, the Northern Virginia Family Network, a network of more than 10 regional family-run nonprofit organizations, was created. The group 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 2020, the Network became a member of the newly formed HMF Family Advisory Board.
- In 2020, CPMT endorsed the establishment of the HMF Family Advisory Board. The board consists of the CPMT parent representatives, Family Assessment and Planning Team (FAPT) parent representatives, and representatives from NAMI-NOVA, the Autism Society of Northern Virginia and the Northern Virginia Family Network. The Family Advisory Board provided input on a report on children’s mental health presented to the Board of Supervisors in 2021. The board’s input resulted in the creation of a respite service for parents and caregivers of children with behavioral health issues who were impacted by Covid-19.
- The CSA Monitoring and Quality Assurance (QA) Plan was shared with providers and the Family Advisory Board for comment and then presented to the CPMT in December 2020. Implementation of the plan is underway.
- In FY21, HMF implemented a monthly satisfaction survey to assess family’s experiences with provider services. Switching from an annual to a monthly survey will increase response rates and allow for families’ concerns to be addressed more proactively.



## ***Discussion***

While we have involved families at a deeper level than ever before, we face at least three current challenges. A Youth Advisory Council is in its infancy. Thus far no mechanism has been developed for input of youth at the program or system levels. Second, the composition of the Family Advisory Board and other groups through which we involve families does not fully reflect the racial and cultural diversity of our community. The value of our collaboration with families is limited by our failure to engage the entire community. Third, we face the challenge of bureaucratic inertia pulling us back to old, professional-centric patterns of decision-making. We must continually work to engage youth and families in meaningful ways and integrate requirements for family and youth engagement into our policies.

## **Goal 4: Increase Awareness and Reduce Stigma**

***Description:*** Use social messaging to promote awareness and help seeking behaviors and reduce the stigma surrounding mental illness and behavioral health care. In an effort to accomplish the above, strategies revolve around educating and informing the public to increase their understanding of mental illness, its signs and symptoms and how to support others to get help. It also addresses involving youth to combat stigma and creating a speaker's bureau of approved presenters for the school and community to access.

### ***Progress to Date***

- Gatekeeper trainings, which teach people to identify individuals who are showing warning signs of suicide risk and help them get services, include Mental Health First Aid, the Kognito suite of online trainings (including a peer training for teens), Signs of Suicide, and QPR (Question Persuade Refer). Eleven Kognito modules were available through June 2021, including modules focused on early childhood, military families, postvention, and trauma-informed schools. 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 committed to implementing the training with their coaches, and implementation began in 2021. The CSB is now offering Mental Health First Aid and Question Persuade Refer suicide prevention trainings virtually.
- Funded by the regional suicide prevention grant, the CSB annually awards seven to eleven mini-grants for youth-led projects to address stigma.
- 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. The program uses a student-led club model in which teens are trained and empowered to promote school-wide social

connectedness, encourage help-seeking behavior, and develop coping skills via youth-led activities. Our Minds Matter works to instill holistic growth in students so they are stronger mentally and can serve as leaders and changemakers in their community.

- Public service announcements that promote help-seeking behavior were developed by the Health Department and have been running in theaters since June 2016. The contract for television and online placement ended in June 2018, so subsequent data are based on YouTube views.

**Number of PSA views**

<b>FY21</b>	<b>FY20</b>	<b>FY19</b>	<b>FY18</b>	<b>FY17</b>
409	270	619	6,597,856	3,298,928

***Discussion***

Ongoing efforts such as gatekeeper training and youth-focused initiatives will remain key to fighting the stigma around behavioral health. Fairfax County also benefits from an evolving national discussion on mental health and substance use that helps to decrease stigma. Data support the reduction of stigma in Fairfax County: Requests for services, emergency department visits, crisis line calls, and help-seeking behaviors have continued to increase without a comparable increase in reported mental health problems, suicidal thoughts and behaviors, or suicides. (While some of indicators of mental health problems have increased, they have not increased at nearly the rate of help-seeking behaviors.)

Institutional approaches to stigma reduction should be explored and implemented. We should consider how treatment and disciplinary practices in a variety of settings and sectors serve to reinforce stigma and how they could be changed.

**Goal 5: Youth and Parent/Family Peer Support**

**Description:** Develop and expand youth and parent/family peer support services. The creation of a Family Navigator program to assist families in “navigating the system” and expansion of evidence-based peer to peer groups round out the strategies of this goal.

***Progress to Date***

- In 2016, through the Virginia Department of Behavioral Health and Developmental Services (DBHDS), the county was selected as a sub-recipient for a federal SAMHSA grant that funded family navigator/family support partner services for four years. In October 2018, NAMI Northern Virginia was selected as the provider through

September 2020. The SAMHSA grant ended in January 2021, and effective February 2021 PRS, Inc. became the new provider through a county contract.

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

Funding Source	FY21	FY20	FY19	FY 18
Federal Grant/HMF	232	155	160	55
CSA	172	110	127	83

- In 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, despite mental health or substance use challenges. Parents acquire resources and discuss ways to help their teen live their healthiest, fullest lives in the aftermath of trauma or through times of emotional distress.

**Number of participants in expanded parent/family peer support programming**

FY21	FY20	FY19
44 parents, 27 youth	91 parents, 72 youth	22 parents, 20 youth

- HMF partnered with Formed Families Forward to provide the Respite to Recharge program in response to the Covid-19 crisis. Sixty-three families received a total of 9230 hours of free respite (up to 150 hours per family).

**Discussion**

In 2015, family support partners were only available to a small number of families involved in High Fidelity Wraparound. In 2016, the service was expanded to other families of children with mental health issues, with the support of a DBHDS contract. In subsequent years, use of this peer support service steadily increased. When the DBHDS contract expired in 2021, HMF funded its continuation.

Funding for Family Peer Support Partners (a new name) was in the FY21 County Executive’s proposed budget but had to be removed due to the Covid-19 crisis. It has been requested for FY23. Without ongoing county support, HMF may have to discontinue funding Family Peer Support Partners if the cost of other HMF services, especially Short-Term Behavioral Health Services, continues to rise.

**Goal 6: System Navigation**

**Description:** Educate/inform/assist families on how to access services and navigate the system to include developing an accurate and accessible 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. This goal is a most needed and ambitious one as it addresses developing an accurate, accessible, real time data base of behavioral health care providers and creating a clearinghouse for information on children’s behavioral health issues and resources that is accessible in person, by telephone and online.

***Progress to date***

- The Healthy Minds Fairfax website was redesigned and launched in the summer of 2019. The redesign was based on input from consumer focus groups with parents and youth, which identified the following needs:
  - One source for information about children’s behavioral health (e.g., recognizing symptoms, stigma reduction) and available services
  - A list of therapists and psychiatrists, their specialties, availability, and insurance accepted
  - A “super intuitive” design with color; a balance of words, pictures and psychoeducational videos; contact links; listings of support groups; and language translation capacity
  - The ability to access the site from computers/smartphones (adults’ preference) and smartphone/ text/apps (youths’ preference)
  - Resources specifically for young children
  
- A list of pediatricians that have received intensive mental health training has been added to the redesigned Healthy Minds Fairfax website. The list is maintained and updated on a regular basis.
  
- Current efforts to improve the website include posting a feedback survey, developing a Web link policy, and adding additional resources for the mental health screening tool. In addition, Covid-19 mental health resources have been added along with CSA Covid-19 information.

**Total number of visits to the HMF website (launched FY18)**

<b>FY21</b>	<b>FY20</b>	<b>FY19</b>	<b>FY18</b>
21,143	14,811	8,649	2,848

## Goal 7: Care Coordination and Integration

**Description:** Improve care coordination and promote integration among schools, primary care providers and mental health providers, including the integration of primary and behavioral health care. More and more research points to the efficacy of integrating primary and behavioral health care. In that vein, strategies here relate to providing behavioral health consultation to primary care providers, implementing tiered levels of integration and increasing the use of behavioral health screenings and referrals in primary care settings.

### *Progress to date*

- Since 2017, HMF and Inova have trained 218 pediatricians in assessing and treating behavioral health issues.
- In 2018, a Healthy Minds Fairfax Taskforce, including representatives of the Health Department, CSB, Inova, and FCPS, developed a Community Integration Plan that described strategies to promote and support behavioral health integration with primary care and schools. The Community Integration Plan was endorsed by CPMT and continues to guide public and private integration efforts.
- In August 2019, the Virginia Mental Health Access Program (VMAP) was launched, making psychiatric consultation and other resources available to pediatricians throughout Virginia. In mid FY21 the pediatricians gained the support of a care navigator. As of June 2021, 141 Fairfax-Falls Church pediatric primary care providers were enrolled in VMAP, and 235 patients had been served to date.

Number of pediatric primary care psychiatric consults	
FY21	FY20
171	64

- HMF funding to George Mason University placed psychology residents at three local pediatric primary care offices to provide behavioral health services.

### *Discussion*

Significant progress has been made in the integration of primary pediatric care and behavioral health care during the past five years. Many Fairfax-based pediatric care providers are now trained in children's behavioral health and participate in the Virginia Mental Health Access Program, which offers participating pediatric practices no-cost, real-time telephonic psychiatric, mental health, and care navigation consultation. Several local pediatric practices have created in-house mental health treatment capacity, including adding psychology residents sponsored by HMF.

The Fairfax Community Integration Plan continues to guide local efforts to integrate behavioral health with primary pediatric care and the schools. Covid-19 necessitated a temporary pause in efforts to achieve plan objectives, but work is set to resume in 2022. Areas for future work include improving information-sharing and behavioral health efforts among primary care providers, behavioral health care providers, emergency departments, and schools. Pediatric primary care providers have expressed a strong desire for a county or Northern Virginia conference to share best practices in integration.

## Goal 8: Equity/Disparities

**Description:** Implement targeted strategies to address disparities in outcomes and access based on race, ethnicity, sexual orientation, socio-economic status, geography and other factors. Strategies involve increasing access and availability to behavioral health services for underserved populations, using Culturally and Linguistically Appropriate Services standards, training in cultural competence for County, FCPS and County-contracted providers along with additional support structures for LGBTQ youth.

### *Progress to date*

- The Healthy Minds Fairfax Underserved Populations workgroup presented the Innovative Behavioral Health Strategies for the Underserved Populations report to the CPMT in 2018.
- The CPMT adopted the Culturally and Linguistically Appropriate Services (CLAS) Standards in 2017.
- HMF has supported the Northern Virginia Family Service Violence Prevention Intervention Program (VPIP) since FY19. During that time, 48 youth received intensive services, and 108 youth received group services. All youth referred for services were Hispanic.
- HMF is working with Community Services Board Wellness Health Promotion and Prevention Services to bring Youth Mental Health First Aid to groups representing underserved populations. Five trainings were planned, but only two occurred. Three trainings were cancelled due to Covid-19. Thirty-five people received the training.
- Over 70 county and FCPS staff and contracted providers attended training on generational trauma in spring 2021.

### *Discussion*

Based on current trends and data, more work needs to be done to meet the behavioral health needs of underserved populations. The next step is to look at how to further break down barriers to treatment. Increasing access to community-based services and ensuring that services are

affordable are only part of the solution. Improving cultural competency and hiring a more diverse workforce that represents underserved populations are other solutions that need to be explored.

## Goal 9: Reducing Incidents of Youth Suicide in our Community

**Description:** Reduce the incidence of youth suicide in our community. As we continually work to provide a safe and supportive community for our children and youth, the focus in this goal addresses developing universal suicide and/or depression screening protocols for community organizations; having guidelines for service providers on the availability and effective use of crisis services, developing a common and coordinated approach to youth suicide postvention; continuing and promoting the suicide prevention hotline and text line; and training behavioral health providers in evidence-based practices for suicidal youth.

### *Progress to date*

- A toolkit for community organizations with guidance and protocols for suicide and depression screening was developed and added to the HMF website in 2017. A resource for community organizations and families on implementing suicide postvention was also added to the website in 2020. The ConnerStrong Foundation developed “Help is at Hand,” a booklet with guidance and supports for survivors, and plans for widespread dissemination are in development.
- The CSB published information (including printable fliers) on accessing the Mobile Crisis Unit and on involuntary psychiatric hospitalization of minors.
- The CSB, in collaboration with PRS CrisisLink and other partners, offers a free suicide prevention hotline in Fairfax. Anyone can text or call, and a PRS CrisisLink volunteer will respond within minutes. Most requests for assistance come in via telephone, and the number of calls has continued to rise year over year, nearly doubling between FY20 and FY21. Most calls come in through CrisisLink’s local number rather than being routed through the national number, an indicator of the effectiveness of local outreach efforts.

**Number of crisis texts/calls**

FY21	FY20	FY19	FY18	FY17
1,760/ 16,046	1,638/ 8,289	1,675/ 7,780	1,815/ 5,597	1,087/ 4,927

- Since FY18, 384 therapists have received HMF-sponsored training in evidenced-based suicide prevention, including Family Intervention for Suicide Prevention (FISP), a trauma-informed treatment protocol for suicidal ideation. The focus of future FISP training will be on agencies and programs that are committed to implementing the model as their standard of care when youth present with suicidal ideation or self-harming behaviors.

**Number of BH providers trained in evidence-based suicide prevention treatment**

FY21	FY20	FY19	FY 18	FY 17
48	0*	70	178	0

\* No trainings were offered in FY20

### ***Discussion***

Significant community, county, and FCPS engagement have been critical to reducing the youth suicide rate in Fairfax County. But recent increases (mirroring national trends) and the impact of the pandemic mean that we must remain vigilant, continuing to seek to better understand suicide in Fairfax County and implement targeted approaches that address specific root causes of suicide and barriers to effective care. Continued efforts regarding gatekeeper training, provider training, and service access will be necessary.

## **Goal 10: Evidence-Based and Informed Practices**

**Description:** Increase the availability of and capacity for evidence-based practices/interventions along the continuum of prevention through treatment. Trauma is ever present in many of the children and youth seeking our services. These strategies target the development of core competencies in trauma treatment needed by the treating clinicians and creating definitions and criteria for evidence-based and evidence-informed practice, along with training County/FCPS staff and contracted providers in evidence-based practices.

### ***Progress to date***

- HMF created the Fairfax Consortium for Evidenced Based Practice, a partnership between Fairfax County, GMU, and INOVA, to promote, create and provide evidence-based behavioral health treatment training for public and private therapists who serve Fairfax County children, youth, and families.
- Under contract with HMF, the George Mason University Center for Psychological Services developed an evidence-based Core Competency training curriculum for therapists treating children, youth, and families. The model provides skills necessary to treat a range of mental health issues, including trauma, substance abuse, and high-risk behaviors. It includes training on Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), LGBT best practices, and Family Intervention for Suicide Prevention (FISP).



- In 2018, the Fairfax Consortium for Evidence Based Practice launched its first Core Competency training. To date, 121 therapists have attended this training.
- The Systems of Care Training Committee has promoted the implementation of an array of evidence-based interventions to CSA case managers and families.
- Two information sessions about evidence-based practices were provided to nearly 300 county and school staff during the summer of 2020.
- In FY21, Parent-Child Interaction Therapy (PCIT) began being offered by contracted providers in our region. PCIT is an evidenced-based treatment for young children with behavioral problems. PCIT utilizes coaching sessions while observing a parent and a child in a therapeutic playroom. The therapists provide in-the-moment techniques to the parents to help manage the child's behavior (pcit.org).

### ***Discussion***

Since 2018, 734 therapists (several therapists have attended multiple trainings) have been trained in evidenced-based practices through the Fairfax Consortium for Evidenced Based Practice. Therapists use evidenced-based practice to help youth who have been impacted by trauma or diagnosed with anxiety and depression. Additionally, therapists have been trained how to treat youth with suicide ideation or who have attempted suicide. While these evidence-based practices are now being implemented, the next steps are to determine if they are being implemented as intended and measure their effects in the community. An assessment will determine the extent to which the evidenced-based treatments are being implemented with fidelity. It will also explore how families understand the use of evidence-based treatments and seek to identify any barriers that impede implementation. Assessment findings will guide efforts to measure impact and improve evidence-based practice in the county.

## **Goal 11: Trauma-Informed Care Community**

***Description:*** Enhance the community's ability to effectively identify and respond to children and families who have been exposed to trauma. While many of our children and youth present with symptoms of trauma, our provider network of trauma informed practitioners needs to increase along with the community's understanding of what trauma informed care means. Strategies to target these concerns include educating non-clinical staff and the community at large on the impact of trauma and trauma informed practices; ensuring there is sufficient clinical capacity to provide the trauma specific interventions for our children and youth; having a shared cross-system screening and referral process for individuals impacted by trauma; and integrating the concepts of trauma-informed care into our organizational structure.

### ***Progress to date***

- The Fairfax County Trauma-Informed Community Network (TICN) is the primary group responsible for implementing many of the trauma-focused strategies found in the Blueprint. The TICN is an initiative of the Partnership for a Healthier Fairfax. Membership is open to anyone interested and includes, but is not limited to, county government staff, FCPS staff, professionals from higher education, nonprofit partners, and private service providers.
- The TICN has reached over 7,000 community members with their Trauma Awareness 101 training, over 1,000 professionals with their Trauma Informed Supervisor and Cost of Caring trainings, and over 1,000 community members through ACE Interface Presentations titled “Building Resilient Communities and Understanding Adverse Childhood Experiences.”
- One county Health and Human Services agency is currently screening clients using a validated trauma screening tool. Juvenile and Domestic Relations District Court (JDRDC) began piloting the STRESS (Structured Trauma Related Experiences Symptom Screener) in select work units in 2016 and scaled to agency-wide 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.
- 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. The Fairfax Consortium for Evidence Based Practice is strategizing how to increase the number of clinicians who complete the certification process.

**Number of BH therapists trained in trauma evidence-based treatment**

FY21	FY20	FY19	FY 18	FY 17
40	0	86	0	0

***Discussion***

The nationally recognized Fairfax County Trauma Informed Community Network, aided by national attention to the issue, has helped to promote trauma-informed practice across settings and sectors within Fairfax County. Moving forward, it will be necessary to ensure that agencies and organizations have institutionalized practices to ensure sustainability. We will also need to continue to seek opportunities to incentivize the implementation of trauma-informed practices.

## Goal 12: Behavioral Health Intervention

**Description:** Address the needs of children and youth with emerging behavioral health issues who have not been able to access appropriate, timely and matching treatment services in the community. Intervening early when children and youth present with emerging behavioral health issues can reduce the intensity of the symptoms and duration of treatment. These strategies attend to creating capacity to address the behavioral health needs of children from 0-7; developing/identifying a validated cross-system screening process to determine the needs, resources and desirable outcomes; creating a training consortium in partnership with a university and private provider partners; and expanding a current pilot initiative of providing timely and available behavioral health services to school age children and youth with emerging behavioral health issues who have not been able to access services. In addition, there is a need to expand the Diversion First initiative to include youth who come in contact with the criminal justice system and reduce youth substance use and abuse.

### *Progress to date*

- The Brief Screening for Adolescent Depression (BSAD) is available to families and youth on the Healthy Minds Fairfax website as well as the website for the Falls Church-Fairfax County CSB.

**Number of online adolescent screenings completed using BSAD**

FY21	FY20	FY19	FY18	FY17
58	50	89	88	108

- CSA has expanded community-based interventions for youth to include access and funding for Parent-Child Interaction Therapy (PCIT), a family-centered treatment approach for children ages 2-7.
- With funding from HMF, the Office for Children (OFC) purchased materials and resources to implement a 48-hour Social-Emotional Competencies Certificate Program that includes four courses focused on the importance of establishing nurturing relationships that promote positive social development and foster effective interactions with young children. OFC also offers a 48-hour Introduction to Early Childhood Certificate Program focused on developmentally appropriate approaches to early education. OFC continues to seek funding to establish an early childhood mental health consultation system that will build the capacity of programs and strengthen the competencies of early childhood educators to promote children's successful social and emotional development.

- Healthy Minds Fairfax Short-Term Behavioral Health Services (STBH) is available to all middle and high school students in Fairfax County and the cities of Falls Church and Fairfax and students at five designated STBH elementary schools. This service links income-eligible youth and families to timely and available short-term mental health counseling (up to eight sessions).

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

FY21	FY20	FY19	FY18	FY17
241	205	215	126	57

- 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 additional substance use services.

***Discussion***

Much progress has been made on this goal. The Covid-19 pandemic led to an increased need for children’s behavioral health services. The next phase of work should be on building capacity for the existing programs. Additionally, more work is needed on mental health parity, ensuring that insurance plans cover behavioral health treatment and making it affordable for families.

**Goal 13: Service Network for High-Risk Children**

***Description:*** Develop an improved service network for high-risk children to include appropriate evidence-based practices, care coordination, and crisis intervention/stabilization, in order to improve the outcomes for those served. This goal includes a myriad of strategies the highlights of which are implementing an evidence-based parenting program for adolescents and specifically for children under 12; increasing the capacity for youth to receive appropriate case management services; developing a communication plan to share information about services and care coordination offered through the SOC process; providing IT infrastructure to support data collection for fidelity monitoring and outcome evaluation along with electronic records management; and exploring opportunities to serve youth on diversion/probation who need intensive behavioral health services.

***Progress to date***

- A new CSA contract addendum for Evidence-Based Treatment was developed that defines criteria for specific interventions, including Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Dialectical Behavior Therapy (DBT), Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), and Parent-Child Interaction Therapy (PCIT), supported by the federal Family First Prevention Services Act (FFPSA).

- Three providers are currently under CSA contract to provide Functional Family Therapy. In FY21, 62 families received Family Functional Therapy (FFT).
- One provider is certified to offer Multi-Systemic Therapy (MST) and has served 14 families in FY21 under CSA contract.
- The Department of Family Services (DFS) has provided foster parents with training in the ARC Reflections curriculum, a skill-building curriculum to help caregivers support children who have experienced trauma. This curriculum has been well-received by foster families, and DFS has plans to expand the training for other caregivers, including birth parents and kinship families.
- United Methodist Family Services and the CSB provide High Fidelity Wraparound, an evidence-based care coordination approach. Fidelity monitoring is conducted by CSA staff in the Continuous Quality Improvement unit.
- CSA produces a bi-monthly newsletter that includes training announcements and other information relevant to system partners. DFS has been facilitating a quarterly home-based provider meeting to share information about FFPSA implementation. CSA has also developed a specific page on their public and internal websites with information regarding new services.
- Case support capacity has been increased to 75 youth/families and targeted to youth at high risk of hospitalization and students with complex behavioral health needs identified by school mental health staff.

### ***Discussion***

Passage of the Family First Prevention Services Act provided funding from the Virginia Department of Social Services (VDSS) for provider training in three evidence-based interventions. Implementation of these interventions has been somewhat disrupted by the pandemic, which has resulted in fewer referrals to some agencies and a decrease in youth served in CSA. While Fairfax has actively recruited providers, engaged in training activities to support case managers, and promoted these interventions in various ways, providers have recently reported significant challenges with sustainability. Fairfax-Falls Church CSA will continue to contract for evidence-based interventions and recruit new providers to ensure capacity, but without agency referrals, providers may not be able to continue to provide the interventions.

## **Goal 14: DD/Autism Services**

***Description:*** Develop expanded continuum of care of services for youth with DD/Autism. These strategies identify that a needs assessment and service inventory of existing services and supports

is necessary to identify critical service gaps for this population leading to a plan that will be developed to address the critical service gaps; that an outreach campaign and social messaging will help to promote earlier identification of children with DD/Autism; and that this population needs additional transition planning, access to crisis stabilization, case management, care coordination along with a community awareness campaign educating the community about the special needs of these children and youth.

### ***Progress to date***

- The workgroup refined the work on this goal and identified two main deliverables: 1) a revised Blueprint Goal 14, DD/Autism Services, with updated action steps and dates, and 2) DD/Autism Services case management recommendations with a statement of need.
- The workgroup agreed that the urgent need was to serve the 1,000 youth that were on the DD waiver waitlist and that the largest service gaps include case management, behavioral supports, respite, crisis supports (such as Reach), and caregiver support.
- The DD/Autism services workgroup presented a recommendation to use the current CSA process to assess children for appropriate supports to prevent crisis and apply it to 347 of the more than 1,300 youth who have open cases with the CSB Developmental Disabilities Services Unit. In 2019, the CSB assumed responsibility for implementing the recommendations, including obtaining additional case management positions.

### ***Discussion***

The recommendations were presented to the CSB DD Support Services leadership team who agreed to take responsibility for implementing the recommendations that they determined to be most beneficial to their clients. A more in-depth financial feasibility proposal will need to be developed if the general concept is endorsed by the CSB Leadership Team. Costs related to CSA and CSB staffing as well as space to house the staff will need to be considered.

## **Goal 15: Transition Age Youth**

***Description:*** 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. This goal addresses a long-known need to improve transition planning for youth in need of adult behavioral health services. This goal's strategies address adapting a primary care transition model of resources and tools for use in behavioral health care; ensuring that "navigators" have knowledge and understanding of unique transition

issues and requirements; reflecting these unique needs in navigation tools; improving transition planning for transition age youth in need of adult behavioral health services.

### ***Progress to date***

- Healthy Minds Fairfax has partnered with the Jewish Social Services Agency (JSSA) to provide case management services to transitional age youth. JSSA is working with FCPS and the CSB to increase the number of referrals.
- A Youth Advisory Council has been formed. To date, the council has five members who range in age from 15 to 19 years old. Three of the members identify as LGBTQ+. Two of the members are Black, one is White, and one is Asian. All of the members have been involved with Fairfax County's Health and Human Services.

### ***Discussion***

JSSA began to accept referrals to their case manager services in 2021 and is doing outreach to FCPS and public child-serving agencies. Next steps will be to discuss how JSSA and the CSB can collaborate so that youth who need services can receive them, either through JSSA or the CSB. Healthy Minds Fairfax may consider developing a budget proposal in FY24 so funding for these services will be sustained.

The Youth Advisory Council began meeting in fall 2021. They are in the early stages of their development and plan to work on a project to reduce the stigma of mental health. The Council will be involved in the development of the next version of the Blueprint.