

FAIRFAX COUNTY SUCCESSFUL CHILDREN AND YOUTH POLICY TEAM

December 7, 2016, 10:00 a.m. – 12:30 p.m.

Inova Center for Personalized Health, Conference Center Room C22

Agenda

1. Welcome and Introductions
 - a. Membership Update
2. Action Item
 - a. Action 1: SCYPT Adoption of Response to Board of Supervisors and School Board on Joint Board-Identified Priorities
3. Discussion and Feedback on Proposed School-Based Drug Counselors Program
4. Presentation on Local Children's Funding Models
5. Recap of New Action Steps or Assignments
6. Items and Announcements Presented by SCYPT Members
7. Adjourn

Note: In the agenda packet, but not on the agenda, is an update on implementation of the Behavioral Health System of Care Blueprint, provided to the Community Policy and Management Team on December 2.

SCYPT Action Item A-1
December 7, 2016

ACTION ITEM A-1

TITLE:

SCYPT Adoption of Response to Board of Supervisors and School Board on Joint Board-Identified Priorities

ISSUE:

SCYPT adoption of a response to the Board of Supervisors and School Board on priorities identified at the joint board retreat.

RECOMMENDATION:

The Executive Committee and staff recommend SCYPT approve the proposed memo to the Board of Supervisors and School Board, identifying actions related to issues identified at the joint board retreat, as requested by Chairman Bulova.

BACKGROUND:

On June 14, 2016, the Board of Supervisors and School Board held a joint retreat at Mount Vernon. At the retreat, the boards identified a number of priority issues under the heading of “children and families.” Those priorities include:

- Access to quality early childhood education;
- Community hubs – schools with wrap-around services;
- Partnering with businesses, communities, mentorships;
- Disrupting multi-generational poverty;
- Preparation for multiple pathways for career and workforce readiness;
- Improving early education funding, with state and local government funding;
- Improved land use and joint Capital Improvement Plan planning for early education and family needs; and
- Establish school readiness as joint priority for our work.

In a Board Matter approved by the Board of Supervisors on October 18, 2016, Chairman Sharon Bulova requested the SCYPT “present to both board a Work Plan by January 31, 2017, so that the board will have the opportunity to address them beginning with the FY2018 and throughout the remainder of this Board’s four-year term.”

Staff discussions with the SCYPT Executive Committee led to the draft memo to the boards that is presented as the proposed response to the boards.

ATTACHMENTS:

Chairman Bulova’s Board Matter
Proposed Response to the Boards

STAFF:

Jesse Ellis, Department of Neighborhood and Community Services

CLERK'S BOARD SUMMARY

REPORT OF ACTIONS OF THE FAIRFAX COUNTY BOARD OF SUPERVISORS

Tuesday, October 18, 2016

JOINT BOARD RETREAT 2016 (12:22 p.m.)

Chairman Bulova stated that on June 14, the Board held a joint retreat with the County School Board at the Fred W. Smith National Library in Mount Vernon. The Boards received presentations on the County's Economic Success Plan, Early Childhood Development, and the work of the joint Successful Children and Youth Policy Team (SCYPT).

The afternoon discussion included developing a Joint Work Program for the remainder of the Boards' current terms. Each Board Member was given three votes to use to prioritize more than a dozen areas of shared responsibilities then divided into small groups which honed in on the three top vote-getters: children and families; land use policies; and fiscal policies. Background on the specific issues presented by the three breakout groups is attached to her written Board Matter.

To develop recommendations for how the two Boards can work more closely together on shared priorities, Chairman Bulova moved:

- For the priorities under "Fiscal," in addition to more joint budget meetings through the calendar year, the creation of a Joint Budget Workgroup consisting of the Chairmen and budget chairs of the respective Boards. This Workgroup will prioritize the list of issues, as described at the retreat, and present to both Boards a work plan by January 31, 2017, so that the Boards will have the opportunity to address them beginning with the Fiscal Year (FY) 2018 budget and throughout the remainder of the Board's four-year term.
- For the priorities under "Children and Families," that the SCYPT undertake the prioritization of the list of issues as described at the retreat and present to both Boards a work plan by January 31, 2017, so that the Boards will have the opportunity to address them beginning with FY 2018 and throughout the remainder of the Board's four-year term.
- For the priorities under "Land Use," that the Planning Commission's Schools Committee undertake the prioritization of the list of issues, as described at the retreat, and present to both Boards a work plan by January 31, 2017. These issues will be the focus of this Committee throughout the remainder of the Board's four-year term.

Supervisor Hudgins seconded the motion.

Discussion ensued concerning consideration of the Social Security supplement and whether it could be included as part of the "Fiscal" review.

Chairman Bulova:

- Noted that this has been shared with School Board Chairman Sandy Evans so that both Boards know the proceedings from the retreat recommendations
- Asked unanimous consent that the Board direct the Office of Public Affairs to update the website to reflect this motion

Without objection, it was so ordered.

from <http://www.fairfaxcounty.gov/bosclerk/summary/>

Proposed SCYPT Response to Board of Supervisors Board Matter on Joint Board Priorities

On October 18, 2016, Chairman Bulova presented a board matter, approved without objection, directing follow-up work from last June's joint board retreat. The board matter asked the Successful Children and Youth Policy Team (SCYPT) to present the Board of Supervisors and School Board with a work plan that allows the boards to address identified priorities related to children, youth, and families, beginning with the FY 2018 budget.

The priorities identified at the joint board retreat reflected issues that have been identified by board members and other community leaders as key concerns over the past several years. As a result, the priorities are predominantly the focus of existing plans and initiatives. Below, we will highlight the ways in which the priorities identified by the joint boards are addressed by ongoing initiatives and areas in which the boards can support additional or future action.

Priorities Identified by the Joint Boards:

- Access to quality early childhood education
- Improving early education funding, with state and local government funding
- Establish school readiness as joint priority for our work

In 2014, the SCYPT endorsed a three-year plan to improve access to and quality of early care and education. Strategies included the expansion of professional development, community engagement, quality initiatives, and pre-school slots. The Board of Supervisors provided funding for the first year of the plan, and Fairfax County Public Schools (FCPS) also contributed resources.

The SCYPT has identified school readiness as its highest priority for FY 2017. A strategic planning process, led by the Office for Children and involving key stakeholders from multiple agencies and sectors, began this fall in order to develop an even more comprehensive strategic plan for improving school readiness across Fairfax County. The plan, which will be inclusive of the priorities identified above, is expected to be finalized and presented to the boards in summer 2017. The SCYPT will be engaged throughout the development of the plan and will be asked to endorse it before it is sent to the boards.

Strategies that include specific funding needs that are identified early in the process will be brought to the SCYPT for endorsement in February, then forwarded to the boards for FY 2018 budget consideration.

Priority Identified by the Joint Boards:

- Improved land use and joint Capital Improvement Plan (CIP) planning for early education and family needs

The 2014 school readiness plan included convening a work group to explore CIP opportunities to plan for early childhood programs co-located with other services. The SCYPT believes a broader and more proactive approach is needed, however. Deputy County Executive Pat Harrison will convene a joint County government-FCPS team to develop co-location guidelines, a process for incorporating early childhood capital needs into the CIP, and policy recommendations that direct proactive consideration of early childhood capital needs into the development of the CIP.

The team will also consider opportunities to integrate early childhood services into upcoming FCPS school construction and renovations. Recommendations will be presented to the boards in February.

Priority Identified by the Joint Boards:

- Community hubs – schools with wrap-around services

A committee of SCYPT members and staff met last spring to begin to explore opportunities for implementing *community schools*. This committee will reconvene to develop broad strategies and identify potential short-term opportunities. Such opportunities will be shared with the SCYPT in February, and any specific funding requests will be forwarded to the boards for FY 2018 budget consideration.

In addition, a committee including facilities and capital budgeting staff from both county government and FCPS will meet to research and develop standards for community schools facilities. The team will identify schools scheduled to be built or renovated, and recommend opportunities to implement the new standards in the 2020 FCPS bond capital plan.

Priority Identified by the Joint Boards:

- Partnering with businesses, communities, mentorships

There are numerous mentoring programs throughout Fairfax County, managed by County government, FCPS, and community-based organizations. While mentoring can be a highly effective intervention, recruiting and training mentors and managing the program effectively are significant challenges. Business partnerships can be critical to sustaining mentoring programs. The Office of Public Private Partnerships (OP³) and the FCPS Office of Business and Community Partnerships each support mentoring programs in developing such relationships. Further, the Attendance Action Plan recently endorsed by the SCYPT emphasizes the importance of mentoring programs, as they help connect students to school and keep them engaged in learning. Implementation of the Attendance Action Plan is just beginning; as workgroups addressing mentoring identify specific resource needs, they will present the needs to the SCYPT for endorsement prior to being presented to the boards.

Priority Identified by the Joint Boards:

- Preparation for multiple pathways for career and workforce readiness

The 2012 report “Disproportionality in the Juvenile Justice System” and the 2015 “Equitable Growth Profile of Fairfax County” each noted the need for nimble systems of career and workforce readiness. The Economic Success Plan, Ignite (the FCPS Strategic Plan), and the Attendance Action Plan each include specific strategies focused on this. Strategies being implemented or planned include, among others:

- Changes to FCPS English Learner course requirements and sequence, to provide students with more flexibility in their schedule to take courses of interest;
- Tools to assist school counselors and families in identifying appropriate non-traditional school programs based on students’ needs and interests; and
- A recently completed “Inventory of Workforce Development Programs that Align with High Demand Fields,” that included specific recommendations, developed by OP³.

Priority Identified by the Joint Boards:

- Disrupting multi-generational poverty

Any successful approach to disrupting multi-generational poverty is necessarily broad, comprehensive, and complex in scope. Strategies are necessary in the areas of benefits, health and health care, housing, school readiness, education and workforce development, financial stability, and economic development. While they play important roles, effectively addressing poverty is beyond the reach and capacity of the SCYPT, or of the various systems that serve children, youth, and families. While gaps certainly exist, and while there is always room for improvement, the SCYPT recommends that the boards consider the coordinated implementation of the following plans as its approach to disrupting multi-generational poverty:

- [Ignite](#) (the FCPS Strategic Plan);
- [The Strategic Plan to Facilitate the Economic Success of Fairfax County](#);
- [The Housing Blueprint](#);
- [The Community Health Improvement Plan](#); and
- [The Human Services System Report Card](#) (and associated strategies).

The Boards should consider full resourcing of these plans to be the most effective path to addressing poverty in Fairfax County.

SCYPT Discussion Item
December 7, 2016

DISCUSSION ITEM

TITLE:

Discussion and Feedback on Proposed School-Based Drug Counselors Program

BACKGROUND:

In May 2016, the Board of Supervisors approved a board matter from Supervisor Pat Herrity requesting staff to research the need for school-based drug counselors and to present recommendations to the SCYPT for the Board to consider. A multi-agency team of staff and stakeholders met over the past several months to research the issue and develop a plan. A proposed pilot project is presented to the SCYPT for discussion and feedback. The SCYPT is not being asked to endorse the proposal at this time, but to provide feedback to staff.

ATTACHMENTS:

Substance Use Prevention, Intervention and Treatment: Proposal to the SCYPT
Supervisor Herrity's Board Matter
2012 Memo to the Board of Supervisors on School-Based Alcohol and Drug Youth Services

STAFF:

Mary Ann Panarelli, FCPS Intervention and Prevention Services
Daryl Washington, Community Services Board

Substance Use Prevention, Intervention and Treatment: Proposal to the SCYPT

Background

On June 1, 2016, the SCYPT was requested by Supervisor Herrity to consider the possibility of adding Substance Abuse Prevention (SAP) counselors to the schools, as well as recommend other prevention and intervention services designed to help address growing concerns about increased substance abuse by teens, especially the abuse of painkillers and heroin. The FBI and DEA have been working closely with FCPS, the FCPD, the CSB, the Board of Supervisors, the School Board, and non-profit groups in response to a growing number of overdoses and deaths from opioid painkillers and heroin. This report is a summary of staff findings and recommendations.

Overview

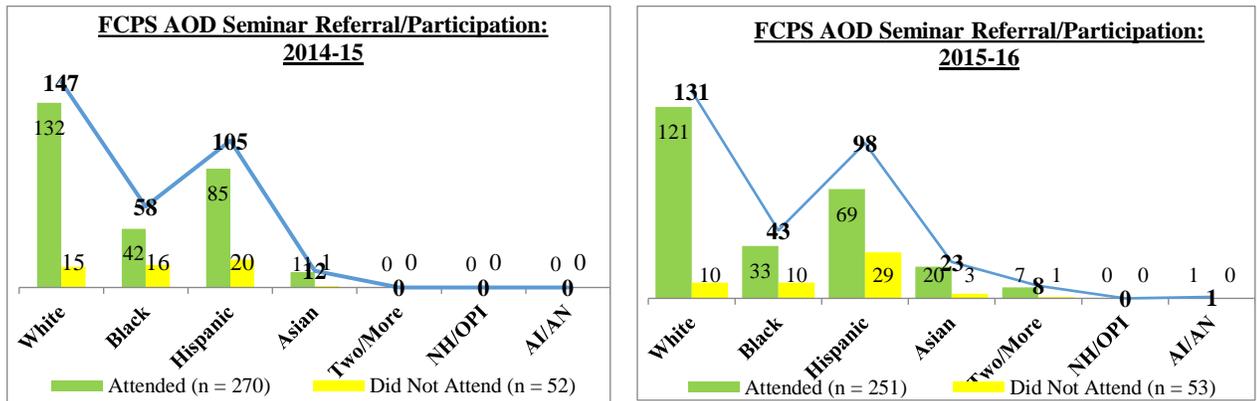
Drug abuse prevention in FCPS is approached as part of a tiered system of intervention. At tier 1, or the universal prevention level, all youth are taught through health lessons about drugs and their impact on the brain, emotions, and wellbeing. Early in elementary grades, students learn that medicines are both helpful and dangerous, and should only be taken when given by a parent or other caretaker. The concept of prescription drugs, which can only be taken as directed by a doctor in very specific doses, is introduced. At the same time, students are told, according to the Student Rights and Responsibilities (SRR), that any medicine needed at school should be brought to the school health room, to be sure the student gets the medicine at the right time, and that no one takes it accidentally. In the middle elementary grades, health lessons include information about the dangers of drinking alcohol when you are not grown up, and the dangers of smoking cigarettes, or taking anyone else's medications. By late elementary and through 10th grade, students are given progressively more information about the impact of drugs, including illegal drugs and inhalants, on the brain and relationships with others. They also participate in more in-depth discussions about peer pressure and problem solving. In high school the discussions include physical and psychological addiction, use of steroids, use of painkillers, and LSD, heroin, and methamphetamines. Messages about underage drinking and drunk driving, including information about loss of driver's license as a consequence, are integrated into various wellness week activities and provided through assemblies and student led activities.

The one-day Tobacco Seminar and three-day Alcohol and Other Drug Seminar were developed as tier 2 interventions for youth found to be under the influence, in possession of, or using drugs on school grounds or at school related activities. Youth may also be recommended by parents, teachers, or counselors. These seminars offer targeted small group instruction, designed around self-assessment of current patterns of use. These seminars include a parent night, where parents learn more about signs of drug use, slang, and common methods used to hide or disguise drugs, as well as about community resources for more intensive interventions. In addition, all high schools have a school psychologist and a school social worker. While these clinicians do not have specific expertise in substance abuse, they do provide mental health services which can be important in addressing some of the underlying social or emotional issues which might lead some youth to attempt to "self-medicate."

Additional tier 2 and 3 interventions are available at the following high schools, supplemented by community resources when treatment for addiction is needed.

Cedar Lane	CSB	Mental Health/Substance Use	10 hours/week
Quander Road	CSB	Mental Health/Substance Use	10 hours/week
West Potomac	VTSS grant	Mental Health/Substance Use	20+ hours/week
South Lakes	VTSS grant	Mental Health/Substance Use	20+ hours/week
Centreville	VTSS grant	Mental Health/Substance Use	20+ hours/week
Falls Church	VTSS grant	Mental Health/Substance Use	20+ hours/week
Fairfax	VTSS grant	Mental Health/Substance Use	20+ hours/week

Historical information about the AOD seminar has shown a slight decrease in referral and attendance:



The committee reviewed data and historical concerns from the former implementation of the Substance Abuse Prevention (SAP) program in the schools. This data had a clear indication that although a large number of screenings are conducted, only a small percentage of those referred to treatment end up going to treatment.

<u>2011 School Year</u>	
Total SAP Referrals	1337
Total SAP Assessments	463
Total # of Youth Needing Treatment	318
Total # of Youth Entering Treatment	152
Total # of Youth Completing Treatment	24

The decision to close the CSB SAP program was made in FY 2012 as a part of a budget cut and service re-design. At the time 12 CSB staff were providing SAP services to individual high schools. When asked, they also provided information sessions at individual middle schools, but this was not done consistently. Lastly, they rotated to conduct screenings at AOD seminars.

Through the Systems of Care Office, the Short Term Behavioral Health Services project facilitates placement of youth in need whose families meet certain financial conditions, with private mental health providers for short term treatment. One of the recommendations of this report is to increase the number of providers who participate in the program who can provide treatment for substance use. Currently, Short Term Behavioral Health Services are available to youth attending the following schools:

- Annandale Edison Hayfield Lake Braddock

Diversion decisions for the 52 youth that had both MH and SA indicated:

24 Low Risk | 28 Moderate/High Risk

- 21 Informal Counseling w/Referral
- 11 Diversion Hearing
- 11 Monitored Diversion
- 4 Informal Counseling
- 1 Resolved
- 4 Blank

Diversion decisions for the 105 youth who solely had mental health indicated:

79 Low Risk | 26 Moderate/High Risk

- 53 Informal Counseling w/Referral
- 22 Informal Counseling
- 19 Monitored Diversion
- 6 Diversion Hearing
- 2 Resolved
- 3 Blank

Diversion decisions for the 47 youth who solely had substance abuse indicated:

31 Low Risk | 15 Moderate/High Risk | 1 Missing

- 26 Informal Counseling w/Referral
- 8 Monitored Diversion
- 6 Diversion Hearing
- 3 Informal Counseling
- 1 Resolved
- 3 Blank

****Overall number of moderate/high risk juveniles with either MH/SA needs or both during the Intake Diversion Pilot August 2015-August 2016 is 69***

Data from the Fairfax Youth Survey, from FCPS discipline records, and from AOD seminar records were used to identify schools where needs appeared to be greatest. Lastly, the committee reviewed an [overview](#) of best practices in national SAP programs. Based on the review of this information, barriers to treatment identified via past surveys, and input from parents and agency representatives who participated on the committee, the following recommendations were made:

- Field test a revised model of SAP with six (6) certified substance abuse counselors to provide prevention, early intervention, and referral services in 5 high schools, 5 middle schools and 2 alternative high school campuses, inclusive of all programs at those sites, and to provide prevention services to elementary schools in the related pyramids. Four

- (4) of these positions would be on a 194 day contract, and two (2) would be on an 11 month contract to allow for follow-up and case management into the summer.
- Train existing FCPS AOD teachers to complete screening tools to determine if substance abuse treatment is indicated and allow for additional follow-up and guidance for parents as they work to locate a treatment provider where indicated.
 - Extend one (1) AOD contract to 11 months to allow for follow-up and case management of students who were identified as needing services during the final quarter of the school year.
 - Hire a part-time licensed clinician as a clinical supervisor, for the SAP counselors and AOD teachers to ensure utilization of best practices, short-term early intervention fidelity, and consultation about complex cases.
 - Provide one (1) dedicated Community Services Board (CSB) position to JDRDC intake to provide services to youth diverted to behavioral health treatment.
 - Provide one CSB position to the AOD seminar parent session and increase immediate availability to a CSB assessment and services.
- It is recommended that the Successful Children and Youth Policy Team (SCYPT) endorse the proposed action plan and a \$768,884 budget request to implement strategies to provide prevention, early identification and accessible treatment options.

Background Information/Data

- Key substance use findings from the [Youth Survey](#) (see pages 18-77) indicate that while Fairfax is below national averages in use of alcohol and marijuana, and rates have been declining, Fairfax youth self-report higher than national rates in use of LSD, cocaine, methamphetamines, and heroin .

Note: There were approximately 34,000 valid responses included in the survey to questions about drugs and alcohol. One percent of these respondents would equal approximately 340 youth. Figures in parentheses after each substance represent overall rate of self-reported use in the last month, followed by approximate number of youth represented by that percentage.)

 - Mean first age use of cigarettes (13.5 yrs) marijuana (13.8 yrs) and alcohol (14.6 yrs) once or twice a month (15.1 yrs)
 - Males and females start use of these drugs at the same age
 - White youth begin using these substances approximately a year later than peers in other groups
 - Alcohol (16.2% or 5,500 youth) (Fairfax continues below national average)
 - Overall rates of alcohol use (lifetime, last month and binge drinking) are the lowest in 5 years.
 - Females (37%) have a higher rate of alcohol use than males (34.6%)
 - White (40.5%), Hispanic (42.4%) and youth who identify as Other/multiple races (38.9%) have higher rate of use than Black (23.9%) and Asian (23.9%) youth
 - Marijuana (10.3% or 3,500 youth) (Fairfax below national average)
 - Overall rates of marijuana use are the lowest in 5 years, continuing a declining trend from 22% in 2011 to 19.2% in 2015
 - Males (20.1%) have a higher rate of marijuana use than females (18.2%)
 - White (20.3%), Black (21.1%) and youth of other/multiple races (21.2%) report relatively equal rates of use. Hispanic (25.3%) youth report higher rates. Asian (9.8%) youth report significantly lower rates.

- Painkillers without prescription (4.9% or 1,650 youth) (No US comparison)
 - A higher percentage (3.8%) of eighth-grade youth reported using painkillers in the past month than any other substance investigated, followed by e-cigarettes (3.5%), and then alcohol (3.4%)
 - The percentage of 8th grade youth reporting use has fluctuated between 2.3% (2013) and 4.2% (2014) over the past five years
 - The percentage of 10th (4.7%) and 12th (6.1%) grade youth reporting use has stayed relatively constant over last 5 years
 - Usage is higher in white (5.1%), Hispanic (5.8%) and other/multiple (5.7%) than among Black (4.8%) and Asian (3.4%) youth.
- LSD (2.0% or 680 youth), Cocaine (1.1% or 374 youth) , Methamphetamines (0.5% or 170 youth), Heroin (0.4% or 136 youth) (Above national averages for last 5 years)
 - Males are approximately two times more likely to use each of these drugs more than females
 - Youth self-reporting as Other/Multiple Races reported the highest use for each of these drugs
 - LSD: White 2.1%, Black 1.5%, Hispanic 2.8%, Asian 1.0%, Other 3.2%
 - Cocaine: White .9%, Black 1.3%, Hispanic 1.6%, Asian .6%, Other 1.8%
 - Methamphetamines: White .4%, Black .6%, Hispanic .7%, Asian .5%, Other 1.0%
 - Heroin: White .5%, Black .5%, Hispanic .4%, Asian .3%, Other .7%

Outcomes and Indicators

The outcomes of this proposal would support the SCYPT-identified goal of *Children and youth are socially, emotionally, and behaviorally healthy and resilient*. Indicators of this goal include measures of substance use, and are reflected below.

The proposal includes three major points of intervention for youth who are using or abusing drugs: SAP counselors in selected schools; expanded screening and referral services through the FCPS Alcohol and Other Drugs seminar; and dedicated staff to provide services to youth diverted by JDRDC intake or the courts.

- Metrics for the recommendations in this proposal would include:
 - Process Measures
 - Number of youth seen by SAP counselors, individually and in intervention groups
 - Number of youth screening positive and referred for higher level of intervention/treatment
 - Number of youth accessing CSB or private treatment
 - Identification of common barriers to accessing treatment
 - Number of prevention presentations provided by SAP counselors
 - Number of youth seen by AOD teachers
 - Number of youth screening positive for higher levels of intervention/treatment
 - Number of youth accessing CSB or private treatment
 - Identification of common barriers to accessing treatment

- Number of youth seen by CSB provider in treatment as result of diversion referral from JDRDC intake or courts
 - Identification of common barriers to accessing treatment
 - Outcome measures
 - Youth Survey data for targeted schools (Fall 2016, Fall 2017 compared to Fall 2018)
 - Number of youth completing SAP intervention groups or treatment with CSB in FY17, compared to FY15 and FY16 figures
 - School discipline SY15-16, SY 16-17, SY 17-18 (SRR violations for possession, use, distribution, under the influence) disaggregated to reflect target schools
 - SRR Re-offense percentages for youth attending AOD seminar
 - JDRDC records substance use diversion, re-offense
 - Number of youth referred to and completing CSB outpatient behavioral healthcare services.

Connections

- Data from the CSB indicates that currently, only a small percentage of the youth who report regular use of drugs and alcohol are receiving treatment. This appears to be related to a number of issues, including less emphasis on mandatory consequences of school or community drug violations resulting in fewer youth “mandated” to attend treatment. Other factors discussed include changing attitudes towards drug usage due to legalization efforts across the country, changing demographics in the county, with related difficulty with stigma, language barriers, financial barriers and transportation.
 - These barriers to treatment were hypothesized by county, school, and community partners who participated on the committee. Careful collection of information from families who participate in the programs being proposed will either confirm these hypotheses, or provide insight into additional barriers families may experience.
 - The recommendations include tracking specific indicators and interviewing parents and youth to identify and overcome barriers. By hiring SAP counselors and the clinical supervisor as FCPS employees, as well as expanding the skill of FCPS AOD teachers to screen and refer youth for treatment, school resources such as parent liaisons and school social workers can be part of the team working to build trust and overcome some areas of resistance or barriers to treatment.
 - Similarly, by dedicating a CSB clinician to working with youth referred by JDRDC intake or courts, and asking parents at the time the diversion is discussed to sign a release for intake specialists to speak with CSB, the goal is to reduce wait times and enable the CSB worker to help with case coordination to ensure the youth actually attends the recommended treatment.
- This proposal is closely aligned with work already in process under the [Children’s Behavioral Health System of Care Blueprint](#) to address access to earlier intervention and treatment for substance use and co-occurring mental health disorders. Specifically, Goal 12:
 - Behavioral Health Intervention
 - 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.

- The recommendations attempt to make more effective the efforts of school and community partners to help parents recognize drug use problems when they exist, and to navigate the process of accessing treatment for their youth.
 - CSB Entry and Referral Call Center (703-383-8500, TTY 711) can take calls in English and Spanish, and other languages as needed, to briefly assess safety and make referrals to CSB, if appropriate, or to the providers private provider groups. A copy of the list of these providers, including insurance information, can be found in Appendix B. The Short-Term Behavioral Health project of the Systems of Care (SOC) Office has identified providers available to serve 12 high school communities, with an intention to expand to additional high schools as provider availability and needs dictate. A number of these providers can offer treatment for substance abuse, and the SOC Office is working to expand provider options in this area.
- This proposal fully aligns with the [FCPS Strategic Plan, Ignite](#), under the area of Caring Culture, and will address Overarching Strategy 7: Promote overall health and wellbeing of students and staff in order to encourage healthy life choices and increased quality of life, and specifically the metric on drug and alcohol use.

Plan

The committee recommended three primary points of intervention.

Recommendation 1:

Substance Abuse Prevention (SAP) Program

Six SAP counselors will be available to students in the targeted school communities who have been referred for issues related to substance use. The counselors will tailor prevention activities to fit the needs of their school community, based on Youth Survey data, discipline data, and consultation with principals, counselors, psychologists and social workers in the pyramid. The counselors will be state or nationally licensed or certified substance abuse counselors and will provide assistance with substance abuse assessment, short-term early intervention counseling support, referral to outside services, case coordination, and consultation with families, community agencies and school staff.

The counselors will support various prevention efforts by participating in activities such as presentations to health classes, parents, PTA/PTSA, and staff meetings. They will also collaborate with other community groups to bring national substance abuse prevention activities into the schools.

- To avoid conflicts with FERPA, HIPPA, and other privacy regulations, it is recommended that the SAP counselors be school system employees. This will allow the counselors, in addition to working with individual students, to attend Tier II and Tier III meetings about students, who may be referred for a variety of reasons ranging from poor grades to poor attendance to discipline concerns, and offer expertise and consideration of involvement in the SAP program, when appropriate. It will also allow the counselors to work with school social workers, parent liaisons and others to help parents overcome barriers to treatment.
- It is recommended that clinical supervision of the SAP counselors be provided by a half-time (initially, while there are 6 counselors) certified substance abuse counselor with at least 5 years' experience, who is hired as a school system employee. This individual will provide at least one hour of individual and one hour of group supervision weekly to the SAP counselors, and will work with the coordinator of Student Safety and Wellness to provide clinical supervision as needed for AOD seminar teachers.
- It is recommended that the SAP counselors participate, as appropriate, in training offered by the CSB regarding substance use disorders, co-occurring mental health disorders, treatment options, etc., as well as training offered through the Systems of Care office on trauma and cultural competence, and other areas of system-wide focus.

Based on drug use data from the Youth Survey and school discipline records, five high schools, five middle schools and 2 alternative high school campuses were recommended for inclusion in the initial field study for the Substance Abuse Prevention (SAP) program. Please note that five high schools (Centreville, South Lakes, Fairfax, Falls Church, West Potomac) already involved in the Virginia Tiered System of Support/Project AWARE grant were excluded from consideration because they have additional clinical and AOD support through the grant.

Annandale High School/ Poe Middle School

- Asian 20.25%
- Black 16.95%
- Hispanic 43.44%
- White 16.85%
- Other 2.51%
- Free/Reduced Meals 58.33%

Herndon High School/ Herndon Middle School

- Asian 12.42%
- Black 8.33%
- Hispanic 38.39%
- White 36.61%
- Other 4.05%
- Free/Reduced Meals 39.9%

South County High School/ South County Middle School

- Asian 19.42%
- Black 17.50%
- Hispanic 11.28%
- White 45.55%
- Other 6.26%
- Free/Reduced Meals 18.55%

Stuart High School/ Glasgow Middle School

- Asian 13.80%
- Black 10.26%
- Hispanic 50.67%
- White 22.97%
- Other 2.29%
- Free/Reduced Meals 64.47%

West Springfield High School/ Irving Middle School

- Asian 14.25%
- Black 6.83%
- Hispanic 15.49%
- White 56.83%
- Other 6.60%
- Free/Reduced Meals 11.23%

Mountain View Alternative High School/Bryant Alternative High School

- Asian 14.80% 7.69%
- Black 9.42% 24.10%
- Hispanic 62.33% 54.36%
- White 12.56% 10.77%
- Other 0.90% 3.06%
- Free/Reduced Meals 56.05% 58.46%

These schools all fell in the top six county high schools in use of painkillers, heroin, or marijuana and each had middle schools where 8th graders reported relatively high substance use. Herndon and West Springfield were among the five base schools with the highest number of students who were placed in a nontraditional school program following a school related drug violation. The committee considered demographic make-up of the schools in relation to Youth Survey disaggregated use data.

ACTION STEPS TO IMPLEMENTATION:

Task	Target Date for Completion	Responsible Party
Budget Approval	May 2017	Board of Supervisors
SAP counselor and supervisor position description and classification	June 2017	FCPS, Office of Student Safety and Wellness
Hiring counselors and supervisor	July 2017	FCPS, CSB, parent representatives
Training for SAP counselors screening tools and interview process	August-September 2017	FCPS, CSB
Communication plan for school community, parents, larger community	September-October 2017	FCPS, CSB, Prevention, System of Care Office
Evaluation and Refinement To include weekly meetings with supervisor, supervisor completing monthly assessment with principals,	October 2017-June 2018	FCPS, CSB

supervisor report quarterly data to program leads in FCPS and CSB		
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Recommendation 2:

Enhanced Alcohol and Other Drug Seminar-FCPS

Four (existing) Alcohol and Other Drug (AOD) prevention teachers conduct a three-day seminar each week in the north (Pimmit Hills) and south (Quander Road) of the county. The seminar is free and, if needed, transportation can be provided. Students may be referred through the disciplinary process, or may be referred by parents, administrators and teachers. The seminar is psycho-educational, and includes a parent night.

- AOD teachers will participate in training with SAP counselors to learn how to utilize screening tools and techniques to help identify youth who attend the seminar who may need additional intervention or treatment. This will include training on motivational interviewing, the Global Appraisal of Individual Needs-Short Screener (GAIN-SS), and cheek swab test for drugs in the system.
 - Screenings will only be conducted with parent permission and assent of the youth.
 - Results and referral information will be given to the parents and youth.
 - The AOD counselor will obtain a release of information from the parents to share information from the screening with CSB or other provider.
 - The AOD counselor will follow up with the parents one week following the seminar to determine if an appointment for a full assessment and possible treatment had been made.
 - The AOD teacher may enlist the assistance of the attending SAP counselor (if at target school), the school social worker and, as needed, translators, to assist the parents in navigating to a provider.

The CSB will send counselors or therapists to parent nights to explain range of services available and how to access. Anyone interested in CSB services will receive a prioritized assessment by the CSB.

- The SAP supervisor will provide clinical oversight to ensure fidelity of screening and clinical consultation as needed.

ACTION STEPS TO IMPLEMENTATION

Task	Date to be Completed	Responsible Party
Certify to administer GAIN-SS	9/17	AOD teachers (online)
Complete motivational interview overview	TBD-schedule to align with SAP and CSB trainings	CSB
Complete protocol for parent permission forms and record keeping in consultation with Records Office and legal	9/17	Coordinator, Student Safety and Wellness, AOD teachers

Review and revise parent night materials to include referral information and navigation support	9/17	Coordinator, Student Safety and Wellness (FCPS) CSB
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Recommendation 3:

Dedicated CSB substance abuse and mental health therapist to cases referred by JDRDC intake

One of the primary functions of the additional CSB Behavioral Health Therapist and Licensed Clinician is to provide immediate access to community behavioral healthcare for individuals diverted by JDRDC. The goal is to have a warm handoff from JDRDC staff that will provide immediate access to care. The CSB has vacant unfunded positions that can perform this function.

Policy and Resource Needs

No change in policy is needed. New CSB staff include one youth Behavioral Health Therapist and one Licensed Clinician. New FCPS staff include six SAP counselors and one part-time clinical supervisor. Including operational and personnel costs, funding of \$768,884 (recurring, if the pilot is extended beyond one year) will be necessary; a detailed budget is presented below.

A decision on the funding mechanism for FCPS costs (e.g., included as a part of the budget transfer; included within CSB’s budget, then transferred to FCPS; or other options) will need to be made by the boards.

Next Steps

The School Board and Board of Supervisors would need to approve funding as a part of the FY 2018 budget. If the SCYPT endorses this plan, it will be presented to the boards. Specific steps to implement the proposal are listed above.

Recommendations

It is recommended that the SCYPT endorse the proposed action plan and a \$768,884 budget request to implement strategies to provide prevention, early identification and accessible treatment options.

Contacts

- CSB
 - Daryl Washington daryl.washington@fairfaxcounty.gov
 - Lyn Tomlinson lyn.tomlinson@fairfaxcounty.gov
 - Allen Berenson allen.berensen@fairfaxcounty.gov
- FCPS
 - Mary Ann Panarelli mmpanarelli@fcps.edu
 - Stefan Mascoll smascoll@fcps.edu
- JDRDC Intake
 - Lauren Madigan lauren.madigan@fairfaxcounty.gov

We would like to thank all members of the committee:

- Marie Flynn, parent
- Christina Kramer, parent
- Daryl Washington, Community Services Board
- Lyn Tomlinson, Community Services Board
- Allen Berenson, Community Services Board
- Patrick McConnell, Community Services Board
- Desiree Gordon, Community Services Board
- Mary Ann Panarelli, Fairfax County Public Schools
- Stefan Mascoll, Fairfax County Public Schools
- Kate Salerno, Fairfax County Public Schools
- Jill Jakulski, Fairfax County Public Schools
- Brian Maslowski, Fairfax County Public Schools
- Jesse Ellis, Neighborhood and Community Services, Prevention
- Betty Petersilia, Department of Family Services, Behavioral Health System of Care
- Brittney Li, Department of Family Services
- Lauren Madigan, Juvenile and Domestic Relations District Court Services

Budget

FCPS FY18 Budget

Title	Contract Length	Position/ FTE	Estimated Salary (based on step 6)	Estimated Benefits (estimated at 44.6%)	Total	Notes
AOD Teacher (existing position)	218	1.0	\$6,705.00	\$2,990.43	\$9,695.43	Difference between 194-day and 218-day is \$9,695 including benefits
US20 Drug Counselors	194	4.0	\$206,312.00	\$92,015.15	\$298,327.15	
US20 Drug Counselors	219	2.0	\$116,450.00	\$51,936.70	\$168,386.70	
US24 Supervisor	219	0.5	\$36,068.00	\$16,086.33	\$52,154.33	
Total FTE Count		7.5	\$365,535.00	\$163,028.61	\$528,563.61	
Laptop	n/a	n/a			\$5,915.00	7 laptops @ \$845 each
Cell Phone	n/a	n/a			\$660.00	Annual smart phone charge/ 1 phone
					\$6,575.00	
					Total	\$535,138.61

Fairfax-Falls Church CSB FY18 Budget

Category	Qty	Description	Unit Cost	Total
Compensation	1	MH Senior Clinician (S25)	79,934	79,934
Fringe Benefits	1	Fringe Benefits (46.33%)	37,033	37,033
Compensation	1	MH Therapist (S23)	72,564	72,564
Fringe Benefits	1	Fringe Benefits (46.33%)	33,619	33,619
Operating	2	Mileage (1,200/annual)	648	1,296
Operating	2	Supplies	1,000	2,000
Operating	2	iPhones	650	1,300
Operating	2	Laptop/Monitor/Printer	2,000	4,000
Operating	2	Training/Professional Development	1,000	2,000
				\$233,746

CLERK'S BOARD SUMMARY

REPORT OF ACTIONS OF THE FAIRFAX COUNTY BOARD OF SUPERVISORS

Tuesday, May 17, 2016

RESOLUTION TO CONSIDER PUTTING DRUG COUNSELORS BACK IN THE SCHOOLS

(11:32 a.m.)

Supervisor Herrity said that earlier this month he and Chairman Bulova participated in his Heroin and Prescription Drug Abuse Town Hall. At this town hall, they learned about this growing threat, what is being done to combat it, and what the County needs to do moving forward. The Board is receiving notification reports of overdoses from the Police Department on a near-weekly basis. The problem is real and the Board needs to ensure that it does whatever it takes to address it in the County.

The County is seeing a disturbing trend: opioid abusers are becoming younger and younger. In fact, a majority of the overdoses seen in the County in the past couple of months have involved 16-25 year olds. This problem needs to be combatted not only at home, but in the schools. Three years ago, the Board took drug counselors out of the public schools during a reorganization. The feedback from principals, then and again now, is that this had a huge negative impact on high school staff and that current programs have not been as effective.

As an example, Supervisor Herrity stated that he equates this need to the impact of having police school resource officers (SROs) in the schools rather than at the station. SROs are much more effective when they are in the schools, working hands-on with children – ensuring the students and SROs have easy access to one-another for following up on a case. The same can be said about drug counselors. This is a problem growing among some of the County's most vulnerable citizens and he stated his belief that the Board must work to put drug counselors back into the schools. Following the town hall meeting, the school system and the Community Services Board (CSB) started a discussion and are supportive of the idea. The issue likely will be funding.

Therefore, Supervisor Herrity moved that the Board direct the County Executive to work with the CSB and schools to evaluate the feasibility of returning drug counselors to the schools and to prepare a discussion for an upcoming Human Services Committee meeting. Supervisor Cook seconded the motion.

Supervisor Hudgins asked to amend the motion to include collaboration with the Successful Children and Youth Policy Team (SCYPT) Committee. This was accepted.

Following discussion regarding the motion, Chairman Bulova announced that the SCYPT Committee and its work will be on the agenda for the joint Board of Supervisors/School Board retreat on June 14, 2016.

Supervisor K. Smith asked unanimous consent that the Board direct staff to circulate upcoming meetings of the SCYPT Committee. Without objection, it was so ordered.

The question was called on the motion, as amended, and it was carried by unanimous vote.

from <http://www.fairfaxcounty.gov/bosclerk/summary/>



County of Fairfax, Virginia

MEMORANDUM

DATE: February 23, 2012

TO: Fairfax County Board of Supervisors

FROM: Patricia Harrison, Deputy County Executive 

SUBJECT: School Based Alcohol and Drug Youth Services

This memorandum provides background and explanation of the service redesign that the Community Services Board (CSB) is undertaking within the school-based alcohol and drug screening and referral services known as Student Assistance Plan (SAP). As a result of funding made available by the Board of Supervisors several years ago, CSB began providing SAP services in selected schools seven years ago and for the past eleven years they have also provided some structured evidence-based prevention services in high schools through the Leadership and Resiliency Program (LRP).

The SAP program has had Substance Abuse Counselors actually located at the selected schools. At the time this program was introduced, a four year plan was established by the Board of Supervisors envisioning growing it every year by two or three schools until all of the high school pyramids had dedicated, full-time SAP and LRP staff. Over the last four years the number of schools covered has remained ten, given the limited local funding available and the significant implementation priorities of the Beeman Commission recommendations.

As the CSB has been reviewing all of our services to determine the most effective and cost efficient way to provide them, they have collaborated with key county and community partners to ensure that the services actually meet their needs. This collaboration has evolved over the last year with the Fairfax County Public Schools leadership, especially those leaders in the Department of Special Services. Based on that collaboration, the CSB has restructured their Prevention and SAP services to more directly meet the needs of the entire school system.

These new services are now identified as Wellness and Health Promotion. CSB staff will remain engaged with the schools and provide services in collaboration with the school system identified as a priority based on identified risk and protective factors. The CSB liaison program will continue as a part of the identified services; however, these counselors will be available to more than one school and may vary their services provided based on the priority needs in each school. Therefore, instead of serving a selected group of schools, counselors and related services will be available to FCPS.

This redesigned model will better allow for the flexibility necessary to determine programs and services based on a collaborative review of available data and changing needs.

This new plan has been coordinated with FCPS, Special Services including staff that directly manages the special service programs for the schools. The CSB Wellness and Health Promotion leadership and the FCPS Special Services leadership from the schools are currently working with the various school Principals to ensure a smooth transition of responsibilities. Once that has been accomplished the Wellness and Health Promotion staff will communicate with respective staff at each school and be available for families who have questions. We will also have written materials available at the school to explain the services.

The CSB will monitor the satisfaction, service outcomes, and cost efficiency with the newly structured programming to make sure that the students' needs are adequately addressed. We anticipate this CSB service model will be similar to FCPS special services staff that are assigned to more than one school when their specialty is valued at each school. We appreciate your continuing support and will keep you informed as the programming further develops. If you have any specific questions, please contact Carolyn Castro-Donlan, CSB Deputy Director at 703-324-7089.

cc: Anthony Griffin, Fairfax County Executive
George Braunstein, Director, Fairfax-Falls Church Community Services Board
Jack Dale, Superintendent, Fairfax County Public Schools (FCPS)
Kim Dockery, Assistant Superintendent, FCPS

SUBSTANCE USE PREVENTION, INTERVENTION AND TREATMENT

Proposal to the SCYPT



Overview

- Universal prevention messages through Health Curriculum
- Alcohol and Other Drug 3 day intervention
- 7 high schools have current programs to provide additional interventions
- 12 high schools are part of Short-Term Behavioral Health

Data Considered

- School discipline (drug related offenses)
- Youth Survey (self-report drug use)
 - Demographic and school-based differences
- JDRDC Diversion Pilot (referrals for mental health/substance use)
- School demographics

Other Work Considered

- SCYPT Collective Impact - outcome areas and metrics
- FCPS Caring Culture section of Ignite, the Strategic Plan – goals, strategies, and metrics
- System of Care Youth Behavioral Health Blueprint – goals, strategies and metrics

Recommendations

- Field test new Substance Abuse Prevention (SAP) model
 - 6 counselors (four 10-month, two 11 month), one .5 clinical supervisor (FCPS employees)
 - 5 HS, 5 MS, 2 Alternative HS campuses, plus prevention at related elementary schools
- Enhance current AOD seminar
 - Train existing staff to do drug use screening and make referrals
 - Provide one CSB position to speak at parent night and increase immediate availability of CSB assessment and services

Recommendations

- Provide one CSB position to JDRDC intake to provide services to youth diverted to behavioral health treatment
- SCYPT endorsement of proposed action plan and \$768,884 budget request (recurring if plan is effective)

Schools Selected for SAP

- Annandale/Poe
- Herndon High/Herndon Middle
- South County High/South County Middle
- Stuart/Glasgow
- West Springfield/Irving
- Mountain View/Bryant AHS

- These schools fell in top 6 county HS in use of painkillers, heroin, or marijuana, and each had middle schools where 8th graders reported relatively high substance use. Herndon and West Springfield had highest rate of placement in Nontraditional Schools due to school related drug violation.

Outcomes and Indicators

- Process Measures
 - Number of youth seen by SAP counselors
 - Number screening positive and referred to higher level of intervention
 - Number completing treatment (CSB or private)
 - Identification of barriers to accessing treatment
 - Number of prevention presentations by SAP counselors
 - Number of youth seen by AOD teachers
 - Number screening positive and referred to higher level of intervention
 - Number completing treatment (CSB or private)
 - Identification of barriers to accessing treatment

Outcomes and Indicators Continued

- Process Measures
 - Number of youth seen by CSB provider in treatment as result of referrals from AOD
 - Number of youth seen by CSB provider in treatment as result of referrals from JDRDC diversion
 - Identification of barriers to accessing treatment

Outcomes and Indicators Continued

- Outcome Measures
 - Youth Survey data for targeted schools
 - Youth completing SAP intervention groups
 - School discipline data, disaggregated to schools
 - SRR re-offense for youth attending AOD seminar
 - JDRDC substance use diversion, re-offense
 - Number of youth referred to and completing CSB outpatient behavioral healthcare services

Next Steps

- SCYPT discussion and feedback (December)
- SCYPT endorsement of final plan (February)
- Board action on budget
- Action steps are outlined in detail in report

Committee Members

We would like to thank all members of the committee:

- Marie Flynn, parent
- Christina Kramer, parent
- Daryl Washington, Community Services Board
- Lyn Tomlinson, Community Services Board
- Allen Berenson, Community Services Board
- Patrick McConnell, Community Services Board
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- Mary Ann Panarelli, Fairfax County Public Schools
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- Jesse Ellis, Neighborhood and Community Services, Prevention
- Betty Petersilia, Department of Family Services, Behavioral Health System of Care
- Brittany Li, Department of Family Services
- Lauren Madigan, Juvenile and Domestic Relations District Court Services

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

**Quarterly Report to the CPMT
December 2, 2016**

GOAL 1 Deepen the Community "System of Care" Approach

Coordinator: Jim Gillespie

Governance Structure:

- For SOC governance the CPMT has been supplemented to include an additional member each from DFS, DNCS and JDRDC, and two additional members from CSB. In addition a fifth CPMT parent representative has been added.
- SOC principles and practice standards are being revised and will be presented to CPMT in January.
- A proposed action plan to develop an SOC social marketing plan to generate support for the SOC approach among the general public, policy makers and administrators will be presented to CPMT on December 2.

Service Quality and Access:

- Worked on revision to annual gap survey; Fairfax-Falls Church CSA UR Manager has volunteered to serve on the state work to revise the OCS annual gap survey.

GOAL 2 Data Systems

Coordinator: Janet Bessmer

The Health and Human Services IT Roadmap Implementation Workgroup has been meeting weekly to develop recommendations for implementation of an integrated human services IT system that allows for data analytics and efficient service delivery across agencies. The System of Care division is represented on the workgroup to ensure that SOC needs are included in the planning. Functions such as case management, electronic document management, provider portals to facilitate contract management, and client portals for resources and information are relevant for the SOC division and are part of the planning process. Initial implementation recommendations will be presented to the HHS IT Governance Board on November 30th.

GOAL 3 Family and Youth Involvement

Coordinator: Jim Gillespie

Aside from a workgroup being formed little has been accomplished to date.

GOAL 4 Increase Awareness and Reduce Stigma

Coordinator: Jesse Ellis

Gatekeeper trainings continue to be provided in a number of ways throughout the community. The CSB and FCPS actively offer Mental Health First Aid trainings, and the Kognito suite of online trainings (including a peer training for teens) remain available for free to anyone in the community. Through the County's Partners in Prevention Fund, six community-based organizations were recently awarded contracts and trained to implement Signs of Suicide and/or Lifelines; many schools also implement SOS.

Awareness initiatives to combat stigma and promote help-seeking also continue. A new RFP for the third round of mini-grants for youth-led projects to address stigma, funded by the regional suicide prevention grant, will be available before the end of the calendar year. The public service announcements developed by the Health Department have been running in theaters since June; the HD is currently finalizing a contract to run them on TV and online. Staff shared the Recommendations for Reporting on Suicide at a recent meet-and-greet with members of the local media. And October's FCPS Mental Health and Wellness Conference featured a track for ethnic minority community members.

GOAL 5 Youth and Parent/Family Peer Support

Coordinator: Jim Gillespie

Through the Virginia Department of Behavioral and Developmental Services, the county has been selected as a sub-recipient for a federal SAMHSA grant that will fund family navigator/family support partner services for the next four years. Approximately 100 youth and families will be served annually.

GOAL 6 System Navigation

Coordinator: Betty Petersilia

This team, tasked to develop an on-line database of behavioral health provider information and a clearinghouse or information on children's behavioral health issues and resources, has begun its work by reviewing current county information systems. The team is scanning them to determine if we can build on or partner with one of our systems already in place or through a review of other national information websites, decide if purchasing an "off the shelf" website (i.e. Network of Care) might better suit this need. Criteria for the inclusion of community behavioral health providers is also being established including identifying incentivizing criteria to engage the private provider community to serve our children, youth and families in a more robust way. Consumer feedback is a key component in the development of both a website and clearinghouse. The team will solicit this feedback through the use of focus groups and surveys with consumer groups in our community. Team members include representatives from family run organizations to further help to inform this process.

GOAL 7 Care Coordination and Integration

Coordinator: Jim Gillespie

Through the Virginia Department of Behavioral and Developmental Services, the county has been selected as a sub-recipient for a federal SAMHSA grant which will fund family navigator/family support partner services for the next four years. Approximately 100 youth and families will be served annually. Work has begun on developing an on-line behavioral health clearinghouse of services and providers.

GOAL 8 Equity/Disparities

Coordinator: Betty Petersilia

Charged to promote the adoption of Culturally and Linguistically Appropriate Services (CLAS) Standards among behavioral health providers, the CPMT will be reviewing these standards in its December meeting and consider adoption in its January meeting. Identifying and addressing the needs of our underserved populations is also a focus in this goal area. The team focusing on the underserved populations is currently reviewing over twenty five county reports, other regional data and maps to accurately capture who they are. The team is concurrently developing a "barriers" list that will inform the subsequent strategies it will develop to increase access and availability to behavioral health services for these underserved populations. Work will begin in January 2017 to address creating training

opportunities for staff in the areas of cultural competency and the unique needs of the LGBTQ youth in our community.

GOAL 9 Reduce Incidence of Youth Suicide in our Community

Coordinator: Jesse Ellis

The team developing guidance and protocols for suicide/depression screening by community organizations has identified screening tools appropriate for community-based use and the basic foundations of a protocol. Draft protocols and guidance are expected by the end of November. Similarly, a draft resource for community organizations on implementing suicide postvention is expected by the end of November. A contract to continue the local suicide prevention hotline and textline is nearly complete.

GOAL 10 Evidence-Based and Informed Practices

Work begins January 2017

GOAL 11 Trauma Informed Care

Coordinator: Jesse Ellis

The Fairfax County Trauma-Informed Community Network has reached over 600 people with their 90 minute Trauma Awareness 101 Training, which is now available on-demand as a 30-minute webinar. The TICN has also hosted 4 full day sessions of their Trauma-Informed Supervisor Training, reaching over 100 supervisors from county human services agencies and their non-profit partners. The TICN training subcommittee also developed a training on Secondary-Traumatic-Stress in the workforce that will be rolled out in 2017, and worked closely with the Systems of Care Training Team to plan an intensive 2-day training for county and FCPS leadership that will be held in November 2016.

The TICN worked to increase community awareness of trauma and its impact by developing and publishing a Trauma Awareness Fact Sheet that has been widely distributed, supporting mass printing of a trauma infographic poster from the National Council for Behavioral Health that was also widely distributed, and hosting two screenings of and discussions on the documentary *Resilience*.

GOAL 12 Behavioral Health Intervention

Coordinator: Betty Petersilia

Driven by the identified need of FCPS students facing multiple barriers to receiving timely and available mental health treatment services, the Short Term Behavioral Health Service was developed and launched in January 2016 for four high school communities with services provided by contracted private providers in our community. This fall, the Short Term Behavioral Health Service for Youth has expanded its service capacity from the four original high schools (Annandale, Lee, Stuart and Robinson) to eight additional high school communities (Edison, Hayfield, Lake Braddock, Mt. Vernon, South County, Woodson and two alternative schools/Bryant and Mountain View). This service continues to link income eligible youth and families from these high school communities to timely and available short term mental health counseling (up to 8 sessions), funded by the System of Care initiative.

With the increasing awareness and deep concern of the growing epidemic of youth and adults in our community succumbing to opioid use and dependence, a work group of county and school professionals have developed a draft plan to respond to Supervisor Herrity's request to reconsider Substance Abuse

professionals embedded in schools. Parents, school and county professionals convened and have completed a draft report recommending specific steps to be considered to address the mounting concern of painkiller and heroin use in our community. This report will be present to the CPMT at its January meeting.

GOAL 13 Service Network for High Risk Youth

Coordinator: Janet Bessmer

CSA staff and the CSA Management Team have focused on monitoring and oversight of services purchased from internal organizations such as the CSB for Case Support and Intensive Care Coordination (ICC). Progress on task areas include:

- Proposed new fidelity monitoring plan for ICC using multi-modal approach with additional tools
- Engaged CPMT in greater understanding of the ICC program with ICC program presentation at October meeting
- The new MH Case Management/Case Support services have been in place for six months; CSB staff and the CSA Management Team have worked on implementation issues reinforcing the need for and philosophy behind the service; Reporting procedures have been finalized.
- Worked on revision to annual gap survey; Fairfax-Falls Church CSA UR Manager has volunteered to serve on the state work to revise the OCS annual gap survey

GOAL 14 DD/Autism Services

Work begins July 2017

GOAL 15 Transition Age Youth

Work begins January 2017



Funding Brighter Futures:

How Local Governments are Enhancing
Investments in Kids



The Children's Funding Project

FIND. ALIGN. GENERATE. EVALUATE.

FIND Cities and localities must develop the capacity to rigorously identify, track, analyze, and forecast funding sources and funding needs for services that support children and youth.

ALIGN To address gaps and overlaps in the existing funding landscape, local government must be prepared to make adjustments in how funding is allocated, managed, and accounted for within agencies.

GENERATE Localities must assess need, explore feasibility, facilitate community engagement, launch a campaign, and plan the administration of new locally-generated funds to address gaps in meeting the needs of all children and youth.

EVALUATE As communities do the hard work to find, align and generate new dedicated funding streams for children and youth services, they must also consider methods to measure the impact of their investments.

King County Dashboard of Spending

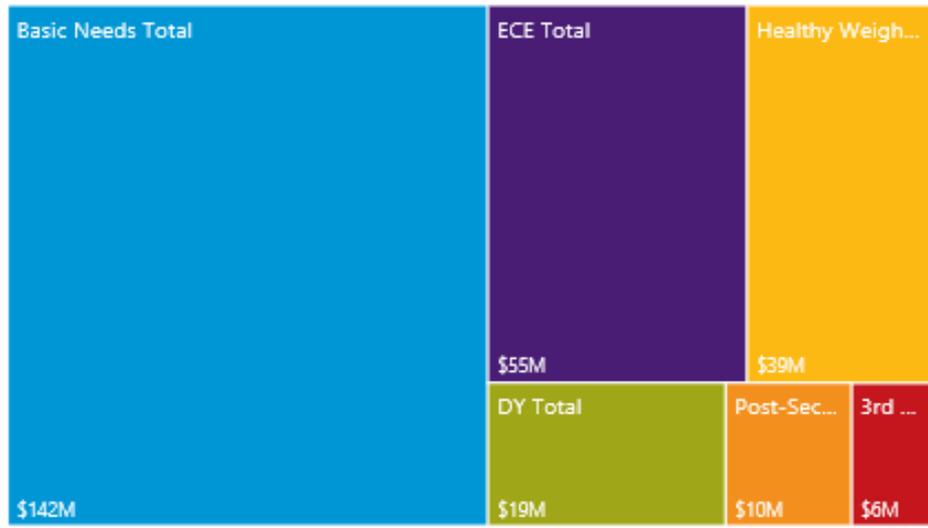
By ages and outcomes

Primary Outcome Area	Pre K (0-5) Total: \$4.2 M	School Age (6-10) Total: \$6.9 M	Middle (11-14) Total: \$13.8 M	High (15-18) Total: \$13 M	Young Adult (19-24) Total: \$5.3 M	Families Total: \$2.4 M
Academically Successful Total: \$1.5 M	\$0.1 M	\$0 M	\$0.2 M	\$0.7 M	\$0.4 M	\$0.1 M
Vocationally Successful Total: \$0.5 M	\$0 M	\$0 M	\$0.1 M	\$0.3 M	\$0.2 M	\$0 M
Healthy Total: \$18.8 M	\$2.1 M	\$1.9 M	\$6.2 M	\$4.9 M	\$2.8 M	\$0.9 M
Safe Total: \$17.5 M	\$1.2 M	\$4.1 M	\$5.4 M	\$5.2 M	\$1.1 M	\$0.5 M
Socially Engaged Total: \$7.1 M	\$0.9 M	\$0.9 M	\$1.9 M	\$1.9 M	\$0.7 M	\$0.9 M
Civically Engaged Total: \$0 M	\$0 M	\$0 M	\$0 M	\$0 M	\$0 M	\$0 M

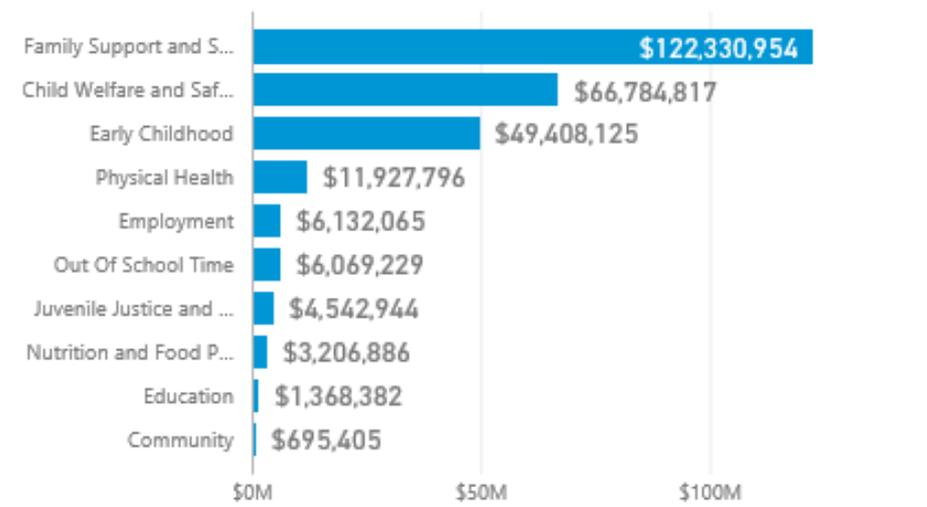
Denver Children's Cabinet Fiscal Map of Child and Youth Spending

Agency	Program	Total Funding
Arts and Venues	Chance to Dance	\$13,000
Arts and Venues	Cultural Field Trips	\$4,000
Arts and Venues	Cultural Partner Program	\$20,000
Arts and Venues	Five Points Jazz Festival	\$7,000
Arts and Venues	Teacher Scholarships	\$6,000
Arts and Venues	Urban Arts Fund	\$73,250
Arts and Venues	Youth One Book One D...	\$22,100
Denver County Court	Child Care Center	\$216,135
Denver County Court	Juvenile Courtroom 4F	\$352,891
Denver Health and Hos...	AIM	\$255,025
Denver Health and Hos...	CCCAP	\$2,600,000
Denver Health and Hos...	Medical Career Collabo...	\$100,000
Denver Health and Hos...	School Based Health C...	\$8,361,411
Total		\$272,466,603

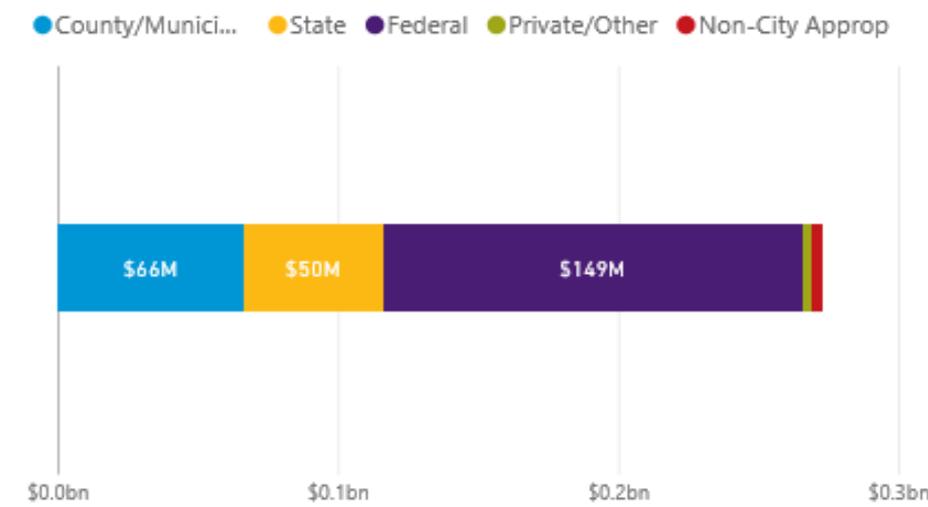
Investments by Goal



Total Funding by Primary Service



Funding Source



A Fragmented Set of Funding Streams:

Education



Health & Food



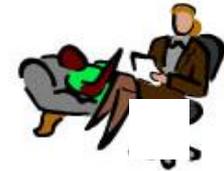
Social Services



Child & Family Services



Mental Health & Probation



- Public Schools
- ESEA, Title I
- School Lunch & Breakfast
- Head Start
- IDEA
- After-School Programs
- Textbook Funding
- Tests & Achievement
- Teacher Issues
- GED

- Medi-Cal – EPSDT
- Healthy Families Parent Expansion
- Child Health & Disability Program
- Expanded Access Primary Care
- Trauma Case Funding
- Co-payments for ER Services
- Child Lead Poisoning Prevention Program
- HIV/AIDS Prevention & Education
- Breast Cancer Screening
- Food Stamps
- WIC

- TANF
- GAIN, CAL Learn, CalWORKS, etc.

- Child Care – CCDBG, SSBG, CalWORKS Child Care, etc.
- After-School Programs – 21st Century Learning Centers, etc.
- Promoting Safe & Stable Families
- Child Abuse & Neglect Programs
- Foster Care – Transition
- Independent Living, Housing, etc.
- Adoption Assistance, Adoption Opportunities

- School-Based MH Services for Medi-Cal-Kids
- Probation Officers in Schools
- Cardenas-Schiff Legislation
- Health Care Through Probation
- Mental Health Evaluations
- Juvenile Halls



Mom



Dad



9 year old



5 year old



Baby 1 1/2



Mom's sister



Boyfriend in trouble

Children's Services in Los Angeles County

SOURCE:
Margaret Dunkle



Generate: Why now? A Perfect Storm



The opportunity divide

investing 8 to 1 in enrichment from wealthy to poor

No new federal or state resources

14% decline in federal spending since 2010

Early intervention, prevention and youth development works

But the lion's share of resources go to fix problems

Use of evidence takes time, money and stability

Communities with long term sustainable funding are able to invest in what works

Collective impact partnerships are ready

More sophisticated partnerships and backbone organizations to organize and implement

What is a public local dedicated funding stream?

Public – allocated by government

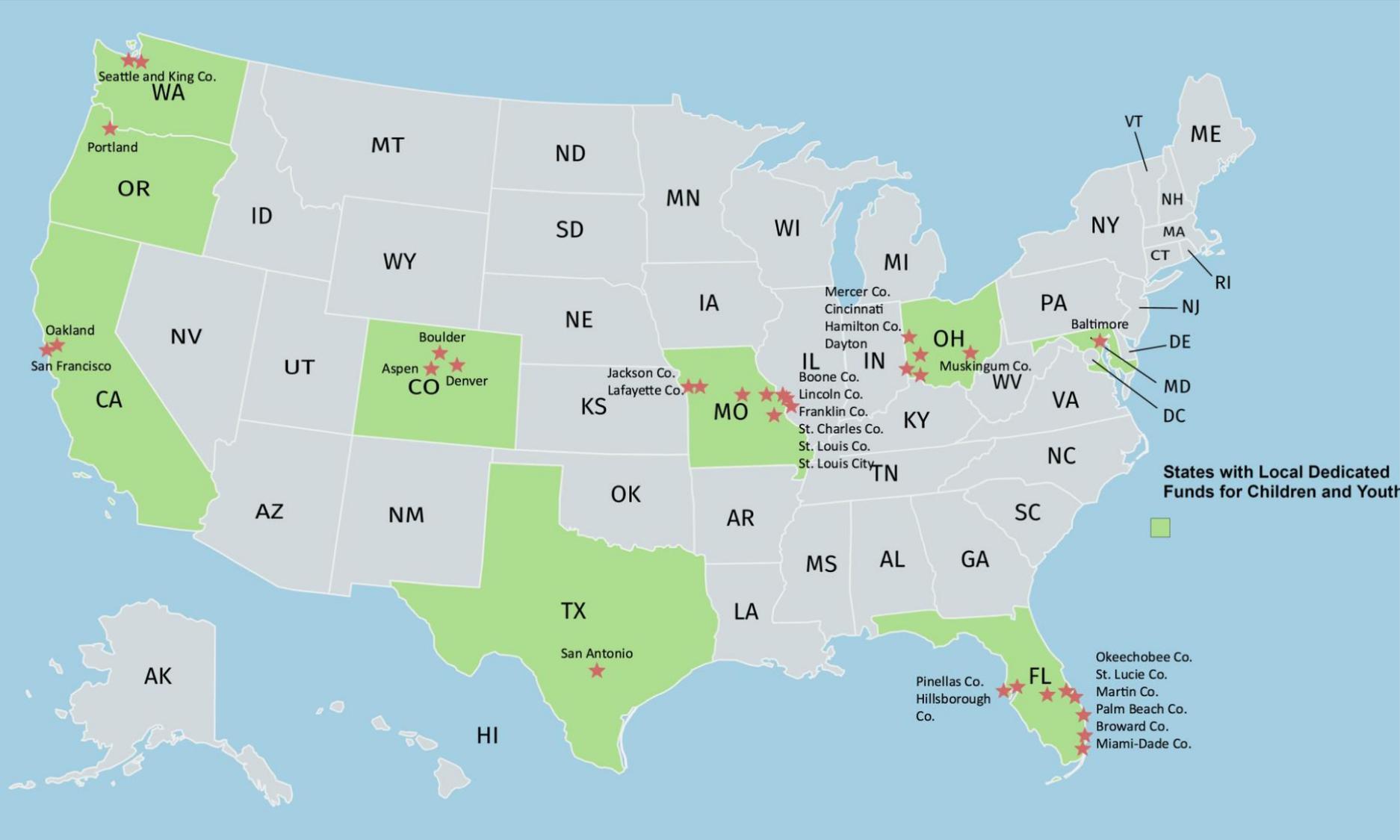
Local – allocated at the county, city or school district level

Dedicated – can only be spent on services to children, youth and families

Funding – specific amounts of money allocated in a budget process

Stream – ongoing funding, as opposed to year-to-year

Local Children's Funds





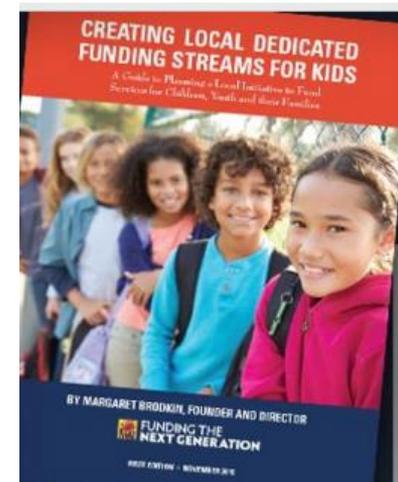
Parallel strands of work

- Make the case
- Build a strong influential organization/ partnership/ coalition
- Develop funding proposals and new revenue policy
- Outreach, educate, communicate and organize

Polling can tell you many things:

- How much people care
- How much they are willing to pay
- Which services they want
- What is the relative importance
- What funding mechanisms voters prefer
- What messages and messengers are most effective
- Who are the supporters and opponents
- How vulnerable are you

Source: Creating Local Dedicated Funding Streams for Kids Guide, Margaret Brodtkin



Key Stakeholders

At the outset – small group of “dedicated committed citizens” – true believers

- Non-profit service providers
- Advocate(s)
- Community foundation
- Political champion
- Public agency director(s)

At the end – large coalition of hundreds

- Parents and Youth – authentic voices
- Grassroots organizing groups
- Civic and service organizations
- Pediatricians
- Business
- Labor/unions
- Faith community
- Senior citizen groups
- Foundations
- Neighborhood associations
- Education organizations
- Professional associations
- League of Women Voters

Develop funding proposals and new revenue policy

Most important question – What shall we fund?

Strategies

- Assessing gaps
- Polling
- Consensus of Coalition
- Community outreach to stakeholders
- Practical and political considerations



Hardest question: The funding source?

POSSIBILITIES

- Taxes – property, sales, business, utility, hotel
- Fees – entertainment, development
- Set-asides – of General Fund or a specific revenue source

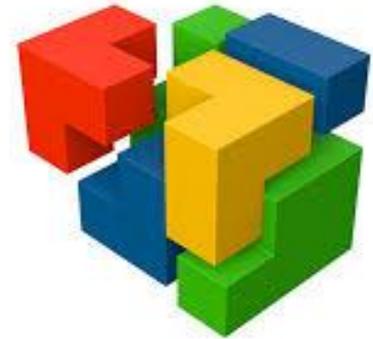
CONSIDERATIONS INCLUDE:

Economy, Poll results, Elected official's opinions
Legalities, Political analysis, Volunteer base,
Campaign costs, Creativity of proposal



Elements of a good measure

- Sufficient resources
- Addresses priority needs
- Clarity of purpose
- Accountability
- Preventing supplantation



Once you are on the ballot

- The campaign is fairly straightforward:
 - Outreach
 - Educate
- Communicate
 - Organize



- What does it take?
 - Time - marathon
 - Staff – coordinator, organizer, writer, spokesperson – credible person with multiple skills
 - Passion
 - High tolerance of uncertainty
 - Leadership

REMEMBER: It's other people's money.

But the benefits are worth it...

- Expansion of services - new populations, neighborhoods, eliminate waiting lists, leverages DOUBLE resources
- Creativity and flexibility – school-based system, detention diversion, anchor institutions, youth initiated projects
- System building – capacity building, evaluation, coordination, accountability
- Constituency building – community ownership and support – 75% vote “yes” for re-authorization

Making Smart Investments

- Portland, OR - 95 cents of every dollar goes to proven, quality and cost-effective programs helping Portland's children.
- San Francisco, CA – one of every 3 children in San Francisco is served by the fund.
- St. Charles County, MO – Truancy is down, graduation rate is up and the county ranks #1 or 2 in the state every year compared to over 70th before the fund.
- Pinellas County, FL – with the flexibility of a local fund and getting at root causes they meet the needs of chronically homeless families and achieve permanent housing goals (and save money).
- Broward County, FL- they use Results Based Accountability and a process of continuous improvement and evaluation to track their investments and outcomes over time.
- Palm Beach County, FL – Performing better than comparison groups in studies.

Strategic Financing Resources:

[Creating Local Dedicated Funding Webinar](#)

[Adding It Up Guide: Mapping Public Resources for Children, Youth and Families Guide](#)

[Taking Bold Action to Fund What Matters Blog](#)

[Funding the Next Generation Website](#)

[Performance Partnership Pilots Hub Website](#)

[Colorado's Guide to blending and braiding funds Guide](#)

[Using SIBs to Support a Bundle of Youth Interventions Webinar](#)

[Early thoughts on the value of SIBs Blog](#)

[Pay for Success Learning Hub Website](#)

[SIB Lab Website](#)