

**FAIRFAX COUNTY SUCCESSFUL CHILDREN AND YOUTH POLICY TEAM**

**February 1, 2017, 10:00 a.m. – 12:30 p.m.**

**Inova Center for Personalized Health, Conference Center Room C18**

**Agenda**

1. Welcome and Introductions
  - a. Membership Update
2. Action Item
  - a. Action 1: SCYPT Endorsement of School-Based Drug Counselors Program
3. Discussion Item
  - a. Discussion on Recommendations for Funding Endorsed by the SCYPT
4. Information Items
  - a. Update on SCYPT Process Committee
  - b. Update on SCYPT Community Engagement Committee
  - c. Update on SCYPT Community Schools Committee
  - d. Update on SCYPT Early Interventions Committee
  - e. Update on School Readiness Strategic Planning Process
5. Recap of New Action Steps or Assignments
6. Items and Announcements Presented by SCYPT Members
7. Adjourn

SCYPT Action Item A-1  
February 1, 2017

#### ACTION ITEM A-1

TITLE:

SCYPT Endorsement of Proposed School-Based Drug Counselors Program

RECOMMENDATION:

Staff recommend SCYPT endorse the implementation of a pilot program to reintroduce school-based drug counselors.

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 was first presented to the SCYPT for discussion and feedback at its December 2016 meeting. Staff have revised the proposal based on the feedback received from SCYPT members.

Based on the review of available data, an overview of best practices in related programs nationally, barriers to treatment identified via past surveys, and input from parents and agency representatives who participated on the committee, the proposal includes the following recommendations:

- Field test a revised model of SAP (Substance Abuse Prevention program) with six certified substance abuse counselors to provide prevention, early intervention, and referral services in five high schools, five middle schools, and two alternative high school campuses, inclusive of all programs at those sites, and to provide prevention services to elementary schools in the related pyramids. Four of these positions would be on a 194-day contract, and two would be on a 218-day contract to allow for follow-up and case management into the summer. Bilingual counselors should be recruited for schools with high Hispanic populations.
- Train existing FCPS AOD (Alcohol and Other Drug) 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 AOD contract to 218 days 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 two dedicated CSB positions to JDRDC intake to provide services to youth diverted to behavioral health treatment, to attend the AOD seminar parent session to explain access to CSB

SCYPT Action Item A-1

February 1, 2017

services and act as a point of contact, and to expand CSB substance abuse treatment services for youth.

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.

EQUITY:

Racial and ethnic diversity and poverty status of schools were each taken into consideration for the selection of schools to pilot the program. This both helps to ensure that underserved populations are able to access the program's services, and that the evaluation of the pilot program considers its impact on diverse school communities. The high percentage of Hispanic students at some of the schools will necessitate the hiring of bilingual counselors for those locations. SAP counselors will be expected to address all forms of substance use prevention, but will also tailor presentations for youth, outreach to parents, and partner with community organizations to incorporate data that reveals likely areas of concern for subgroups in individual schools. Counselors will also engage parent liaisons and school social workers, as well as school translation services, when needed, to reach parents and explain concerns and help navigate to treatment. Similarly, all information and referral materials for parents will be translated into Spanish and any other high frequency language in a particular school.

The plan includes a metric to track referral and completion of CSB treatment services by demographic categories, in an attempt to measure the effectiveness of these strategies. Lastly, the plan includes a metric to collect data directly from parents and youth on what barriers exist to accessing treatment, and any strategies that develop to effectively reduce these barriers.

ATTACHMENTS:

Substance Use Prevention, Intervention and Treatment: Proposal to the SCYPT  
Supervisor Herrity's Board Matter

STAFF:

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

# Substance Use Prevention, Intervention, and Treatment

## Executive Summary

On June 1, 2016, the Successful Children's and Youth Policy Team (SCYPT) responded to a request 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 Fairfax County Public Schools (FCPS), the Fairfax County Police Department (FCPD), the Community Services Board (CSB), the Fairfax County Board of Supervisors, the Fairfax County 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.

A review of information from the prior implementation of the SAP counselor program, which was ended in 2012 due to need for CSB to reorganize resources, revealed that principals who had SAP counselors in their schools felt that they were a valuable addition to the clinical team, and essential to early intervention with youth who were beginning to show signs of frequent drug use. The review also demonstrated that there were two critical areas of concern that will need to be addressed with new strategies to overcome identified problems. These included (1) a low rate of treatment completion for youth referred for treatment services outside of school; and (2) conflicts with HIPAA and FERPA confidentiality requirements, which limited CSB employees from sharing information with parents and school officials, and school officials from sharing information with CSB employees. Available information also suggested that primary assignments of the SAP counselors did not always align with data suggesting areas of greatest need.

In addition to prevention and early intervention programming at base schools, the committee discussed the need to increase parent engagement and overcome barriers to treatment for youth with known drug problems, including those who screen positive for a need for treatment at the FCPS Alcohol and Other Drug (AOD) program, or at Juvenile and Domestic Relations District Court (JDRDC) intake.

Based on the review of available data, an [overview](#) of best practices in national SAP programs, barriers to treatment identified via past surveys, and input from parents and agency representatives who participated on the committee, the following recommendations are made:

- Field test a revised model of SAP with six (6) certified substance abuse counselors to provide prevention, early intervention, and referral services in five high schools, five middle schools, and two 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 a 218-day contract to allow for follow-up and case management into the summer. Bilingual counselors should be recruited for schools with high Hispanic populations.
- 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 218 days 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 two (2) dedicated CSB positions to JDRDC intake to provide services to youth diverted to behavioral health treatment, to attend the AOD seminar parent session to explain access to CSB services and act as a point of contact, and to expand CSB substance abuse treatment services for youth.

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.

## **Overview of Existing Services**

### **Information and Interventions Available to All Students**

#### Counseling and Health Lessons

All students in Fairfax County Public Schools receive instruction about the impact of drugs on the brain, and how that may impact emotions, reasoning, and the ability to learn and remember information. 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 learn, as part of the lessons on the Student Rights and Responsibilities (SR&R), 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 tenth 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 the loss of driver's license as a consequence, are integrated into various wellness week activities and provided through assemblies and student led activities. In eleventh and twelfth grades student participate in activities related to laws and science surrounding drug use in the United States. In addition, throughout the year schools hold assemblies, wellness weeks, and other activities to reinforce healthy life choices, including information about drugs and alcohol.

#### Mental Wellness Support

All middle and high schools have school counselors, school psychologists, and school social workers who regularly work with students on relationship issues, interpersonal conflicts, anxiety, depression, and eating disorders. While these professionals do not have specific expertise in providing substance abuse treatment, they do provide mental health supports and interventions which can be important in addressing underlying social or emotional issues which might lead to some youth to attempt to "self-medicate." School psychologists and school social workers have participated in two days of professional development to learn to identify signs of substance use and strategies for engaging parents and youth in understanding the need for treatment, to increase their ability to work in collaboration with CSB and other substance use treatment providers.

#### FCPS Alcohol and Other Drug Seminars

The one-day Tobacco seminar and three-day Alcohol and Other Drug seminar were developed as interventions for youth found to be under the influence, in possession of, or using drugs on school grounds or school-related activities. Youth may also be recommended by police, courts, parents, teachers, or counselors who are concerned about behavior patterns that suggest possible drug use. 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 the signs of drug use, slang, and common methods used to hide or disguise drugs, as well as learn about community resources for more intensive interventions. Middle and elementary students about whom there have been concerns about possible drug usage are seen in one-to-one sessions by the ATOD seminar

teachers to increase understanding and to identify need for additional resources. Parents of these younger students attend the evening parent workshop that is part of the seminar.

Community Engagement

FCPS, Neighborhood and Community Services (NCS), JDRDC, and the CSB work individually and together with police, the national Drug Enforcement Agency, colleges, and local non-profit groups to expand messages about the dangers of underage drinking and substance use into the larger community. A number of town hall meetings, with representatives from the Fairfax County Board of Supervisors, the Fairfax County School Board, CSB, FCPS, Drug Enforcement Agency (DEA), the police, the Chris Atwood Foundation, as well as recovering substance users, have been held to raise awareness about opioid use and the related heroin overdose epidemic. The United Prevention Coalition (UPC) has been active in Fairfax for over a decade, providing a range of activities and a website with extensive, understandable information for parents and concerned members of the community. They sponsor a series of presentations for parents, typically held at local high schools including: Saturday Night in the Suburbs, Parents Reaching Out to Educate Communities Together (PROTECT) Against Substance Abuse; and the Perils of College Age Drinking Forum. These types of parent presentations can be scheduled by interested parents, PTA and/or PTSA, or school administrators. UPC, in partnership with FCPS and others conduct several communication campaigns each year, including: Parents Who Host Lose the Most; Prescription and Opiate Drug Abuse Prevention Campaign; and Project Sticker Shock. UPC also has an active Youth Council that develops and implements a variety of youth to youth campaigns to prevent drug use.

Neighborhood and Community Services provides evidence-based drug prevention programming to the middle school afterschool programs, as well as at recreation centers and teen centers. FCPS and CSB partner to provide evidence-based programs within the schools to selected groups of students who are identified as potentially at risk due to life circumstances. These programs, which include Girls Circle and Boys Council, Life Skills, LS Transitions and Too Good for Drugs for youth are complemented by parenting programs offered in the community, Raising Safe Kids and Nurturing Parenting program. NCS also developed a webpage of activities and materials related to the Youth Survey and teen substance abuse to be used by faith youth group, scout, or community group leaders.

FCPS' Office of Student Safety and Wellness offers drug and alcohol prevention presentations to classes, grade levels, whole school, staff members, parents, and community groups. In FY16, they responded to 164 requests from schools for parent or teacher presentations and 44 requests by community organizations.

**Interventions Available at Selected Schools**

Additional interventions for youth who present with possible substance use issues 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 HS	VTSS grant	Mental Health/Substance Use	20+ hours/week
South Lakes HS	VTSS grant	Mental Health/Substance Use	20+ hours/week
Centreville HS	VTSS grant	Mental Health/Substance Use	20+ hours/week
Falls Church HS	VTSS grant	Mental Health/Substance Use	20+ hours/week
Fairfax HS	VTSS grant	Mental Health/Substance Use	20+ hours/week

Through the Systems of Care (SOC) office, the Short-Term Behavioral Health (STBH) 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 participating in the program who can provide treatment for substance use. Currently, the Short-Term Behavioral Health Project is available to youth attending the following schools:

Annandale HS  
Lee HS  
Stuart HS

Edison HS  
Mt. Vernon HS  
Woodson HS

Hayfield SS  
Robinson SS  
Bryant AHS

Lake Braddock SS  
South County HS  
Mountain View AHS

### **Substance Use Services Available Through the Community Services Board and Community Providers**

The Community Services Board provides a number service options to treat the range of levels of substance abuse and addiction present in Fairfax County. These include: a 12 week, two nights per week, psychoeducational program for youth referred by the schools, by parents, and by JDRDC; outpatient therapy; intensive outpatient therapy (multiple times per week); intensive day treatment (full day, including FCPS academic classes); and emergency services. CSB also provides same day, walk-in access to assessment and referral services at its Merrifield site.

Non-profit and other private providers in the area were also identified by CSB, with information about insurance coverage and other details. This information is provided as part of CSB call and referral service, and is attached in Appendix B.

### **Data Considered in Recommendations**

The committee reviewed data from multiple sources, as well as an [overview](#) of best practices in use of substance abuse prevention (SAP) counselors in schools. It looked at historical data from the SAP program which was discontinued in FY12; utilization and recidivism data from the FCPS AOD seminar program; data from JDRDC intake and diversion; Youth Survey data disaggregated by school and subgroups; and school discipline data related to substance use. Highlights of this data review are listed below:

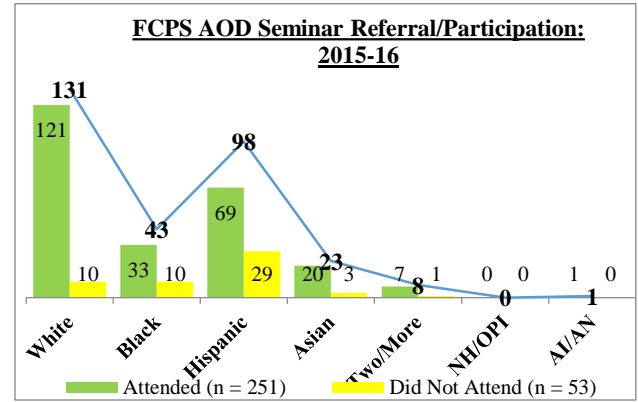
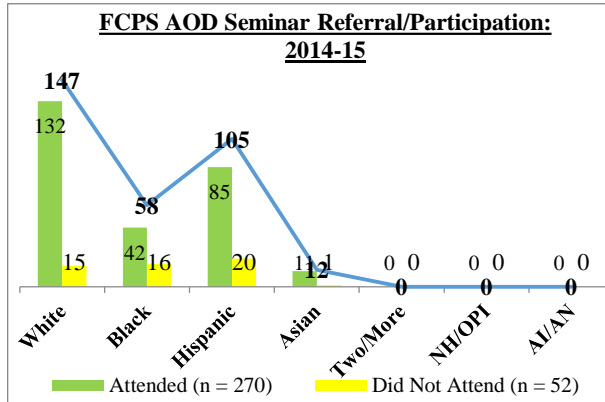
- **Discontinued CSB/FCPS SAP Program**

- The decision to close the CSB/FCPS SAP program was made in FY 2012 as a part of a budget cut and service re-design. At the time, 12 CSB staff members were providing SAP services to individual high schools, some middle schools, and rotating to conduct screenings at AOD seminars.
- The committee considered data collected as part of an internal evaluation in FY 2011 of the SAP program in the schools. This data clearly indicated that although a large number of screenings were conducted, only a small percentage of those referred to treatment end up going to or completing treatment.

	<u>FY 2011</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

- **FCPS AOD Seminars**

- Historical information about the AOD seminar demonstrated some disparities in utilization of the seminar by different ethnic groups after referral. A two-year comparison shows that 89-92 percent of White students who were referred attended the seminar; 72-76 percent of Black students attended; and 70-80 percent of Hispanic students attended. Earlier attempts to reduce disparities in racial and ethnic group utilization of the seminar, including opening a seminar in South County and providing transportation when needed, have been effective in reducing, but not eliminating these differences.



- Review of records of students who attended the AOD seminar in 2014-15 reveals that less than 1 percent of them had a second drug related offense in school. Surveys completed by youth and parents indicated that they felt the information obtained during the seminar was useful.
  - Review of CSB records from 2011-12 indicated that only 5 percent of youth screened by CSB at the AOD seminar and identified as needing treatment completed the recommended treatment.
  - **A two year data snapshot of data from the seminar indicated that over 250 youth attend each year. The committee recognized that this is an opportunity, in addition to the SAP prevention work, to engage families in obtaining treatment early, before more entrenched addictive patterns were established. However, the committee also recognized a need to ensure that more effective strategies were used to increase the number of referred youth who began and completed recommended treatment.**
- **JDRDC Intake and Diversion**
    - JDRDC has been actively working for the last several years to improve and expand the process of identifying youth who can safely be diverted from deeper contact with the court system. Recent efforts have included increased screening to determine which youth require mental health or drug treatment services, and which may benefit from other diversion options including restorative justice. As part of this effort, individuals from the police, the courts, and JDRDC participated in year-long Diversion Institute to learn about best practices from across the country, and to develop, with technical support, a more effective means to screen youth who had complaints filed at juvenile intake. This team continues to work together to pilot new strategies to identify which diversion strategy might be most effective for a specific youth and family, ways to increase parent engagement in implementation of the recommended diversion plan, and monitors data to assess the impact of these diversion decisions. A recent strategy, for example, has been to have parents sign a release for JDRDC to speak to the CSB or other identified provider when the diversion plan is signed. This enables JDRDC intake to follow up after a week and call CSB to determine if the youth has enrolled in treatment and if not, to call parents to encourage them to do so. However, JDRDC staff members on the committee indicated that they have limited capacity to follow-up multiple times with a single family, especially if the youth was not part of the monitored diversion program.



- Data from the Diversion Project (below) indicated that there were 69 youth identified between August 2015 and August 2016 who had mental health and/or substance use issues who were at moderate to high risk of reoffending. An additional 135 were identified with mental health and/or substance use issues, but were judged to be at low risk for reoffending.
- **The data indicated 204 youth were identified by JDRDC as needing services, but reports from CSB indicated that many of these youth did not follow through and begin or complete treatment. The committee felt this represented another opportunity for intervention and treatment, if effective strategies could be identified to engage parents and overcome barriers to accessing and completing treatment.**
  - 1254 Total Pilot Intakes
  - 481 Intakes Eligible for Diversion
  - 204 (42%) had at least mental health or substance abuse issues indicated as risk factors

Diversion decisions for the 52 youth that had both mental health and substance abuse issues 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

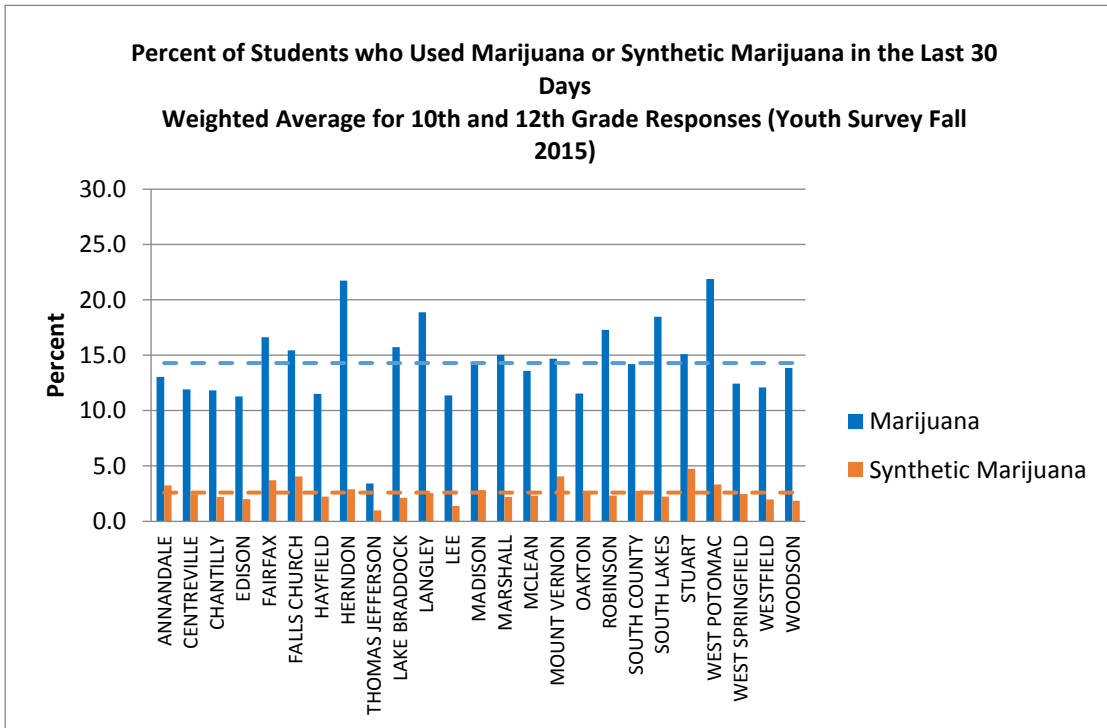
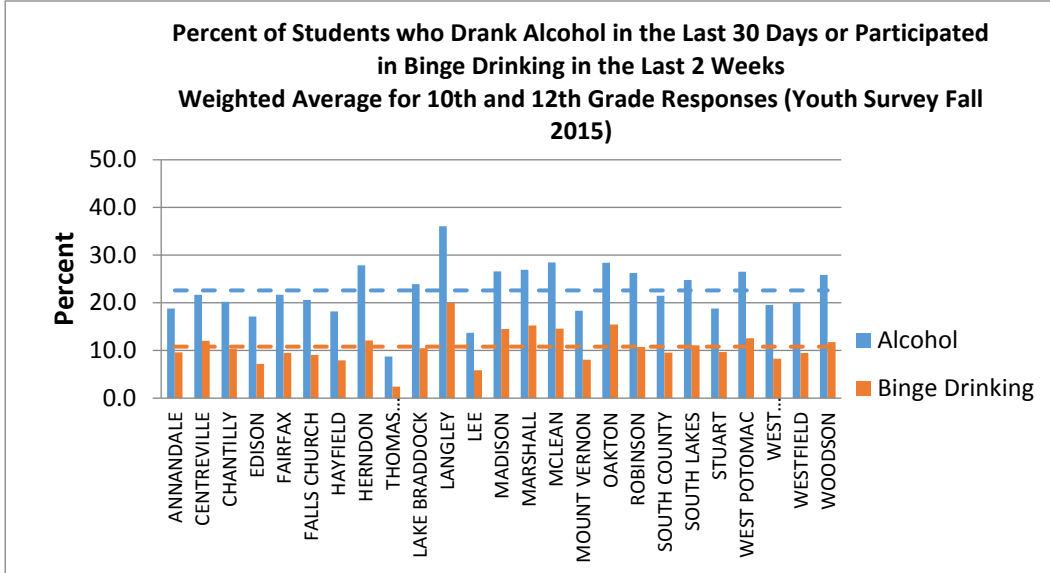
- **Youth Survey**

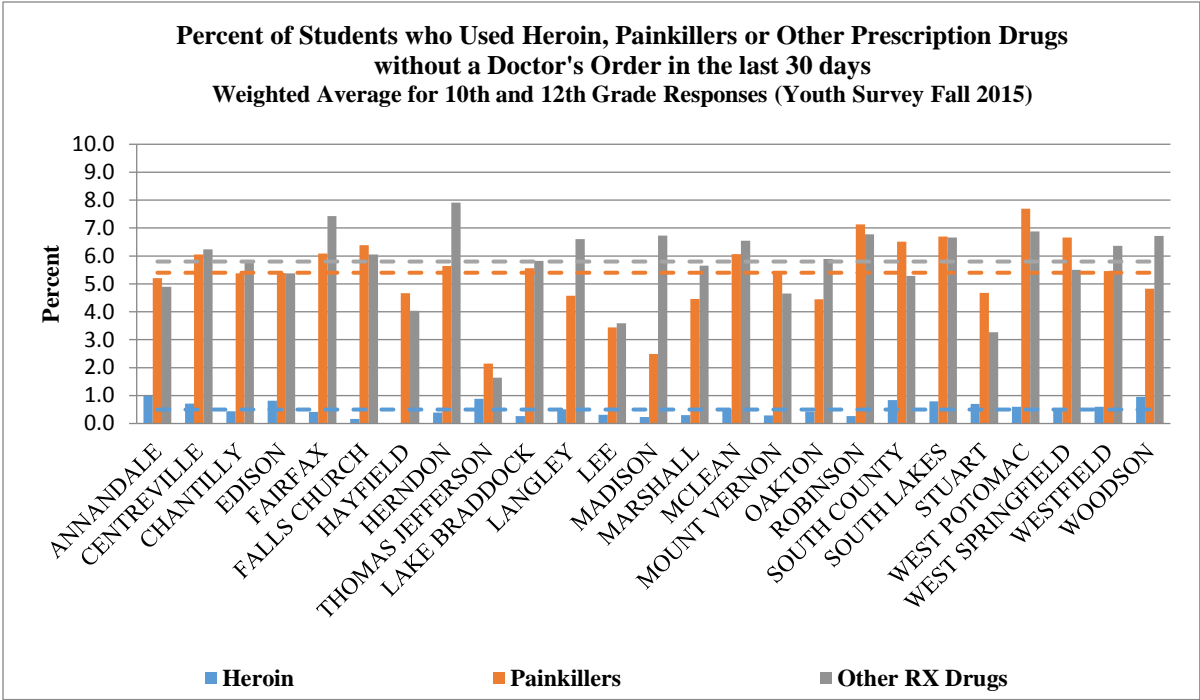
- Key substance use findings from the [Youth Survey](#) (see pages 18-77) indicate that while Fairfax is below national averages in use of alcohol and marijuana, and rates have been declining, Fairfax youth self-report higher than national rates in use of LSD, cocaine, methamphetamines, and heroin.

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.

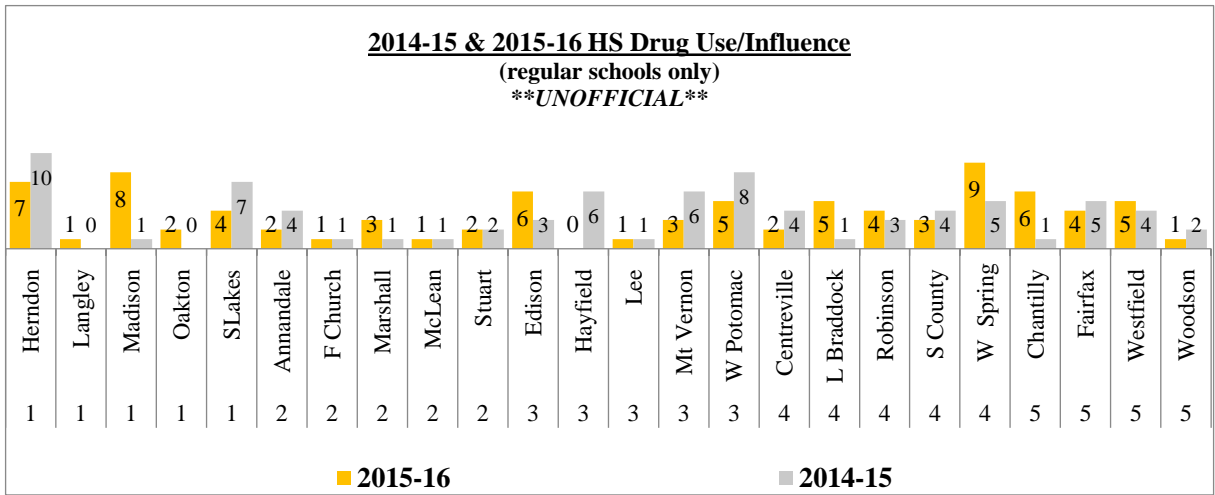
- Mean first age reported use of cigarettes was 13.5 years, marijuana was 13.8 years, and alcohol was 14.6 years, with reported age when youth started using of substances once or twice a month being 15.1 years.
  - Males and females start use of these drugs at the same age
  - White youth begin using 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 five 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 five 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 eighth grade youth reporting use has fluctuated between 2.3% (2013) and 4.2% (2014) over the past five years
  - The percentage of tenth (4.7%) and twelfth (6.1%) grade youth reporting use has stayed relatively constant over last five 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 0.4%, black 0.6%, Hispanic 0.7%, Asian 0.5%, other 1.0%
    - Heroin: White 0.5%, black 0.5%, Hispanic 0.4%, Asian 0.3%, other 0.7%

- School Level Comparisons





• **FCPS Discipline Data**



Based on information from the Youth Survey and FCPS discipline data, five high schools, with associated middle schools, and two alternative high schools were selected to be included in the field study, if funding for the SAP program is allocated. See detailed plan below.

**Recommendations**

Based on the review of available data, an [overview](#) of best practices in national SAP programs, barriers to treatment identified via past surveys, and input from parents and agency representatives who participated on the committee, the following recommendations are made:

- Field test a revised model of SAP with six (6) certified substance abuse counselors to provide prevention, early intervention, and referral services in five high schools, five middle schools, and two 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 a 218-day contract to allow for follow-up and case management into the summer. Bilingual counselors should be recruited for schools with high Hispanic populations.
- 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 218 days 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 two (2) dedicated CSB positions to provide services to youth diverted to behavioral health treatment, services at JDRDC intake, attend the AOD seminar parent session to explain access to CSB services and act as a point of contact, and expand CSB substance abuse services to youth.

## 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 work 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 address creating capacity to address the behavioral health needs of children aged 0-7; developing and/or 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 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 well-being 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 members.

The counselors will support various prevention efforts by participating in activities such as presentations to health classes, parents, PTA and/or 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, HIPAA, 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 of experience, who is hired as a school system employee. This will address the confidentiality and legal restrictions noted above. 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 two 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%
- Fee Waiver 58.33%

Herndon High School/ Herndon Middle School

- Asian 12.42%
- Black 8.33%
- Hispanic 38.39%
- White 36.61%
- Other 4.05%
- Fee Waiver 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%
- Fee Waiver 18.55%

Stuart High School/ Glasgow Middle School

- Asian 13.80%
- Black 10.26%
- Hispanic 50.67%
- White 22.97%
- Other 2.29%
- Fee Waiver 64.47%

West Springfield High School/ Irving Middle School

- Asian 14.25%
- Black 6.83%

- Hispanic 15.49%
- White 56.83%
- Other 6.60%
- Fee Waiver 11.23%

Mountain View Alternative High School

- Asian 14.80%
- Black 9.42%
- Hispanic 62.33%
- White 12.56%
- Other 0.90%
- Fee Waiver 56.05%

Bryant Alternative High School

- 7.69%
- 24.10%
- 54.36%
- 10.77%
- 3.06%
- 58.46%

These schools all fell in the top six county high schools in use of either alcohol, marijuana, painkillers, heroin, or other prescription drugs and each had middle schools where eighth graders reported relatively high substance use. Herndon High School and West Springfield High School 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 also 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, including communication in multiple languages	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, supervisor report quarterly data to program leads in FCPS and CSB	October 2017-June 2018	FCPS, CSB

**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 the range of services available and how to access them. 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**

<b>Task</b>	<b>Date to be Completed</b>	<b>Responsible Party</b>
Certify to administer GAIN-SS	September 2017	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	September 2017	Coordinator, Student Safety and Wellness, AOD teachers
Review and revise parent night materials to include referral information and navigation support, and available translations of all materials	September 2017	Coordinator, Student Safety and Wellness (FCPS) CSB

**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 health care for individuals diverted from 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.

**ACTION STEPS TO IMPLEMENTATION:**

<b>Task</b>	<b>Target Date for Completion</b>	<b>Responsible Party</b>
Budget Approval	May 2017	Board of Supervisors
Behavioral Health (BH) and Licensed Clinician (LC) Positions Advertised	June 2017	CSB
Training for BH and LC on JDRDC diversion screening tools, decision process, and diversion protocols.	August-September 2017	JDRDC, CSB

Develop protocol for “warm handoff” from JDRDC to CSB	September-October 2017	JDRDC, CSB
Developing plan to engage parents in supporting treatment and overcoming barriers to access	September-October 2017	CSB
Evaluation and refinement of program implementation: Monthly assessment of number of referrals made, days from referral to service, number of youth completing recommended treatment, and identification of barriers to treatment and possible solutions.	October 2017-June 2018	JDRDC, CSB

**Outcomes and Indicators**

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 and/or 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 and/or 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
    - Demographics of youth referred and completing treatment
    - 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 (SR&R violations for possession, use, distribution, under the influence) disaggregated to reflect target schools
    - SR&R re-offense percentages for youth attending AOD seminar
    - JDRDC records indicating number and demographics of youth diverted to substance use evaluation or treatment, completing treatment, and re-offense percentage

**Equity Impact Statement**

The committee reviewed data from the youth survey regarding differences by racial and ethnic groups as self-reported. The following trends were noted:

- Black, Hispanic, and other/multiracial youth report starting to use cigarettes, marijuana, and alcohol approximately one year earlier than white and Asian peers
- White and Hispanic youth report higher rates of use of alcohol than black and Asian youth
- Hispanic youth report higher rates of use of marijuana than other subgroups
  - Note: Hispanic youth report starting using various substances earlier, and then report higher percentages of youth using of alcohol, marijuana and prescription drugs than other groups.
- FCPS eighth graders report a higher rate of use of painkillers for nonmedical purposes than the national average; white and Hispanic youth report a higher level of use of painkillers and other prescription medications for nonmedical purposes than black and Asian youth
- The percentage of youth who self-identify as “other/multi-racial” who report using LSD, cocaine, methamphetamines, and heroin was higher than the percentage of youth in other subgroups. While all subgroups fell below 1%, the reported use numbers are above national averages

Given this data, school demographics were considered as well as data from school level youth survey and discipline records.

SAP counselors will be expected to address all forms of substance use prevention, but will also tailor presentations for youth, outreach to parents, and partner with community organizations to incorporate data that reveals likely areas of concern for subgroups in individual schools.

The committee recommends recruiting bilingual counselors to work in Annandale, Herndon, Stuart, and the two alternative high schools, as these schools have high enrollment of Hispanic youth. While many of the youth may speak English, bilingual counselors may be better able to engage parents whose English skills may still be developing. The proposal is structured, by using SAP counselors who are FCPS employees, to allow the counselors to engage parent liaisons and school social workers, as well as school translation services, when needed, to reach parents and explain concerns and help navigate to treatment. Similarly, all information and referral materials for parents will be translated into Spanish and any other high frequency language in a particular school.

The plan includes a metric to track referral and completion of CSB treatment services by demographic categories, in an attempt to measure the effectiveness of these strategies. Lastly, the plan includes a metric to collect data directly from parents and youth on what barriers exist to accessing treatment, and any strategies that develop to effectively reduce these barriers.

### **Policy and Resource Needs**

No change in policy is needed. New CSB staff members include one behavioral health therapist and one licensed clinician. New FCPS staff members include six SAP counselors and one part-time clinical supervisor. Including operational and personnel costs, funding of \$768,884 (recurring if the field test is extended beyond one year) will be necessary. A detailed budget is presented in Appendix A.

A decision on a funding procedure for FCPS costs (e.g., a dedicated amount as part of the budget transfer; or inclusion in CSB budget, then transferred to FCPS; or other options) will need to be made by the boards.

### **Next Steps**

The Fairfax County School Board and the Fairfax County Board of Supervisors would need to approve funding as part of the FY18 budget. If the SCYPT endorses this plan, or any portion of it, it will be presented to the boards. Specific steps to implement each section of 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](mailto:daryl.washington@fairfaxcounty.gov)
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  - Mary Ann Panarelli [mmpanarelli@fcps.edu](mailto:mmpanarelli@fcps.edu)
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- JDRDC Intake
  - Lauren Madigan [lauren.madigan@fairfaxcounty.gov](mailto: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
- Brittany Li, Department of Family Services
- Lauren Madigan, Juvenile and Domestic Relations District Court Services

## Appendices

### APPENDIX A

#### 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	
<b>Total FTE Count</b>		<b>7.5</b>	<b>\$365,535.00</b>	<b>\$163,028.61</b>	<b>\$528,563.61</b>	
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
					<b>\$6,575.00</b>	
					<b>Total</b>	<b>\$535,138.61</b>

#### 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
				<b>\$233,746</b>

APPENDIX B

Location	Service Provided For Youth	Service Provided For Families	Psychiatric Service	Other Languages	Cost and Sliding Scale	Insurance
<p><b>Life Line Counseling Center Alcoholism Treatment Program</b>  <b>Address: 10374 Democracy Ln A, Fairfax, VA 22030</b>  <b>Phone: (703) 691-3029</b></p>	<p>Assessment for Drug and Alcohol</p>	<p>Assessment for Youth and work with their families to provide a better outcome</p>	<p>No, just substance abuse counseling.</p>	<p>Spanish</p>	<p>Some set rates but can work with families on a case by case basis. Not on a sliding scale.</p>	<p>"in-network" preferred provider, Blue Cross and some forms of Aetna but it may not cover everything</p>
<p><b>National Counseling Group Mental Health Service</b>  <b>Address: 7620 Little River Turnpike #402, Annandale, VA 22003</b>  <b>Phone:(703) 813-5982</b></p>	<p>Outpatient, Intensive In-Home Therapy, Day Treatment and Intensive Family Services</p>	<p>Intensive Family Services from DHS</p>	<p>No</p>	<p>Spanish</p>	<p>No sliding Scale. Family and Community based services range \$62-65.</p>	<p>Medicaid</p>
<p><b>Living Free Health Services Alcoholism Treatment Program</b>  <b>Address: 4306 Evergreen Ct # 204, Annandale, VA 22003</b>  <b>Phone: (703) 750-1292</b></p>	<p>Outpatient Treatment Services for drugs and alcohol</p>	<p>No</p>	<p>No, just substance abuse counseling.</p>	<p>Spanish</p>	<p>No sliding scale. Intake Without a Referral \$200 With a Referral \$35</p>	<p>BlueCross Blue Shield</p>
<p><b>Recovery Center of Northern Virginia Alcoholism Treatment Program</b></p>	<p>Group Services for Substance Abuse. None are available at this moment</p>	<p>Family Service Programs</p>	<p>No</p>	<p>Spanish</p>	<p>Intake is \$200 and \$150 for each session afterward. Family can file for reimbursement</p>	<p>"Out of Network" No insurance</p>

<p><b>425 Carlisle Dr Herndon, VA 20170 (703) 464-5122</b></p> <p><b>Or Addiction Treatment Center</b></p> <p><b>706 S King St #8 Leesburg, VA 20175 (703) 669-3103</b></p>					after amount is paid.	
<p><b>Multicultural Clinical Center</b></p> <p><b>Mental Health Service</b></p> <p><b>6563 Edsall Rd, Springfield, VA 22151 (703) 354-0000</b></p>	<p>Eval, group and individual counseling</p>	<p>as needed, not part of program</p>	<p>not for this program</p>	<p>Multiple languages</p>	<p>\$100 for eval, group 50</p>	<p>no</p>
<p><b>Inova Kellar Center</b></p> <p><b>11204 Waples Mill Road Fairfax, VA 22030</b></p> <p><b>703-218-8500</b></p>	<p>Full Day Partial Hospitalization Program (PHP), After School Intensive Outpatient Programs (IOP), Intensive In-Home Services Program, Psychological and educational testing, Therapy Services Group therapy services, Medication management and The Kellar School</p>	<p>Intensive In-Home Services Program for families</p>	<p>Yes</p>	<p>Any languages, they can call for an interpreter</p>	<p>Prices range based on the type of service provided. Patients can apply for an scholarship that is based off the families income to help with the cost.</p>	<p>All major insurances</p>
<p><b>Phoenix House Counseling Center - Arlington,</b></p>	<p>Assessment and Evaluation Services an evaluation, prevention or</p>	<p>Family Support Groups</p>	<p>Yes for inpatient services</p>	<p>Spanish</p>	<p>No sliding scale. Without insurance is \$430 a day</p>	<p>Aetna BCBS Care First BCBS Anthem Cigna Comp</p>



<b>200 North Glebe Road, Arlington, VA 22203</b>	educational services, outpatient counseling, or residential treatment					Psych Kaiser (adolescents only) MHN MHNet MultiPlan United ValueOptions NCPPO
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SCYPT Discussion Item  
February 1, 2017

## DISCUSSION ITEM

### TITLE:

Discussion on Recommendations for Funding Endorsed by the SCYPT

### BACKGROUND:

Over the years, the SCYPT has endorsed multiple plans and recommendations for funding for behavioral health and school readiness initiatives. While many have been included as a part of County or FCPS approved budgets, some requests have remained unfunded and several recommendations will be considered for inclusion in FY 2018 budgets. As the county continues to have changes in demographics and service needs, it is important for the SCYPT to review previously endorsed service plans to determine if they still represent significant service needs and constitute priorities for funding, in the context of each other and the full plans of which they are a part.

### ATTACHMENTS:

SOC budget requests  
SR funding requests

### STAFF:

Jesse Ellis, Neighborhood and Community Services  
Jim Gillespie, System of Care Office  
Anne-Marie Twohie, Office for Children

## Behavioral Health System of Care Budget Requests

In May 2014, the SCYPT endorsed a plan to increase behavioral health services for children and youth. The Board of Supervisors included funding in the FY 2015 and FY 2016 budgets to begin implementation of the plan, which included the development of a Systems of Care (SOC) Office and new short-term behavioral health services for children and youth. (The plans, as proposed, can be found [here](#) and [here](#), and within the SCYPT meeting materials for [September 2013](#) and [May 2014](#), available at <http://bit.ly/scypt>.) The plan also called for long-term development of additional strategies to strengthen the system of care. Those strategies are incorporated into the comprehensive [Behavioral Health System of Care Blueprint](#), which was endorsed by the SCYPT in April 2016. Since that time, the county, FCPS, and community partners have begun to implement strategies included in the Blueprint. Many strategies require little to no funding, or are funded through existing budgets. However, the SOC Office has put forth three FY 2018 budget requests to support the Blueprint implementation. And the SCYPT is expected to endorse another Blueprint-related plan, the school-based drug counselor proposal.

### *Continued Funding for Existing Services*

Strategy	Crisis textline	\$200,000
<b>Description</b>	In response to an increase in youth suicides in 2013 and 2014, for FY 2015 the CSB added to its crisis hotline contract with Psychiatric Rehabilitation Services the piloting of a crisis textline, reflecting youths' preference for texting over phone calling. The textline has been popular, with 5,649 conversations in FY 2015, of which 1,448 were active suicide texts. Crisis Textline staff completed 431 24-hour text follow-ups after text conversations that resulted in referrals for service due to high risk issues such as suicide, abuse and domestic violence. In FY 15 76 text conversations resulted in crisis textline staff contacting first responders such as the police, fire and rescue and the CR-2 regional crisis stabilization service. With the pilot having demonstrated the efficacy of a crisis textline, ongoing funding is requested.	
<b>Performance to Date</b>	In FY 2016, PRS CrisisLink's call and text volume was as follows:  Total Calls from Fairfax County: 4223 Suicidal Callers from Fairfax County: 341 (8%)  Total Texts from region: 886 Suicidal Texters from region: 80 (9%)  Total Texts from Fairfax County: 683 Suicidal Texters from Fairfax County: 53 (8%)	
<b>Blueprint Goal: Strategy: Action Step:</b>	Reducing Incidence of Youth Suicide (Goal 9) Continue to make available and promote the suicide prevention hotline, including textline. (Strategy D) Provide adequate support to effectively manage crisis textline.	

*Funding to Expand Existing Services*

<b>Strategy</b>	<b>Expand Short-Term Behavioral Health Services to 10 more high school communities</b>	<b>\$475,000</b>
<b>Description</b>	<p>In FY 2016 a project was initiated to purchase short-term outpatient mental health treatment for 350 youth. Youth are referred from ten areas of the county, corresponding to ten high school boundaries, chosen based on mental health need and financial need. Referred youth have mental health needs in need of timely intervention, primarily involving depression and/or anxiety, and cannot access treatment. They and their families receive 6-8 sessions of outpatient counseling using the evidence-based cognitive-behavioral approach. The request is for \$475,000 to expand the service to an additional 350 youth in ten new high school communities. A mental health clinician will provide consultation as needed to the approximately 115 families receiving short-term behavioral health services at any given time, including addressing pressing clinical or resource issues, coordinating care and connecting them to other services as necessary. The clinician will also offer clinical consultation to the contracted therapists as necessary and provide clinical oversight and utilization review of the interventions. A business analyst will perform two functions: first, determine if referred families meet program's income and insurance requirements; second, help families who need mental health services beyond 6-8 weeks to use insurance or able to access other resources to do so. The analyst will provide consultation to families on details of their insurance plans such as deductibles, co-pay requirements, in and out of network benefits, plans available through the Affordable Care Act, and on the provider networks of common insurance plans.</p>	
<b>Performance to Date</b>	<p>The program launched in late FY 2016. To date, 53 youth have been served at 11 schools. Staff and FCPS are working to improve referral processes to ensure proper fit and increase the number of youth served.</p>	
<b>Blueprint Goal: Strategy: Action Step:</b>	<p>Behavioral Health Intervention (Goal 12) Expand access to timely and available behavioral health services for school age children and youth with emerging behavioral health issues who have not been able to access such services. (Strategy D) Increase capacity of Short Term Behavioral Health Service for Youth to address additional school communities with the most urgent need.</p>	

Funding for New Services

<b>Strategy</b>	<b>Psychiatric services</b>	<b>\$225,000</b>
<b>Description</b>	To provide psychiatric consultation to pediatricians and other primary care physicians to improve their ability to diagnose and when necessary prescribe medication for children and youth with behavioral health issues under their care. Pediatricians play an essential role in the behavioral health care of their patients, particularly with the shortage of child psychiatrists.	
<b>Performance to Date</b>	N/A	
<b>Blueprint Goal: Strategy: Action Step:</b>	Equity/Disparities (Goal 8) Increase access and availability to behavioral health services for underserved populations. Strategies are to be developed and implemented in a culturally competent manner and in partnership with the communities to be served. (Strategy B) Implement expanded access to and use of telepsychiatry, mobile apps, and other technologies.	
<b>Blueprint Goal: Strategy: Action Step:</b>	Care Coordination and Integration (Goal 7) Provide behavioral health consultation to primary care providers and patients. (Strategy A) Develop a plan for providing behavioral health consultation service for private providers, to include proposed financing mechanism.	

<b>Strategy</b>	<b>School-Based Drug Counselors</b>	<b>\$768,884</b>
<b>Description</b>	<p>Field test a revised model of SAP (Substance Abuse Prevention program) with six certified substance abuse counselors to provide prevention, early intervention, and referral services in five high schools, five middle schools, and two alternative high school campuses, inclusive of all programs at those sites, and to provide prevention services to elementary schools in the related pyramids. Four of these positions would be on a 194-day contract, and two would be on a 218-day contract to allow for follow-up and case management into the summer. Bilingual counselors should be recruited for schools with high Hispanic populations.</p> <p>Train existing FCPS AOD (Alcohol and Other Drug) 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 AOD contract to 218 days 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</p>	

	two dedicated CSB positions to JDRDC intake to provide services to youth diverted to behavioral health treatment, to attend the AOD seminar parent session to explain access to CSB services and act as a point of contact, and to expand CSB substance abuse treatment services for youth.
<b>Performance to Date</b>	N/A
<b>Blueprint Goal:</b> <b>Strategy:</b> <b>Action Steps:</b>	Behavioral Health Intervention (Goal 12) Reduce youth substance abuse and use. (Strategy F) Perform resource and gap analysis of private, school based, CSB, and JDRC substance abuse interventions. Recommend and implement service enhancements based upon gap analysis. Perform cross sectional review of FCPS, CSB and County substance abuse prevention strategies on substance abuse. Refine strategies if needed based upon current Youth Survey data and best practice information.

Please note that there are other budget requests related to youth behavioral health, from the SOC Office and other agencies, that are not included here because they are not specific to the implementation of the Blueprint which was endorsed by the SCYPT.

## School Readiness Budget Requests

In December 2013, the SCYPT endorsed a plan to increase access to, and the quality of, early childhood services. Recommendations were presented as a three-year plan. The Board of Supervisors included funding in the FY 2015 and FY 2017 budgets, but the plan has not been fully funded as proposed. (The plans, as proposed, can be found within the SCYPT meeting materials for [November 2013](#) and [December 2013](#), available at <http://bit.ly/scypt>.)

Presently, the Office for Children is leading the development of a comprehensive strategic plan for school readiness. That plan will build off of the 2013 plan and will be presented to the SCYPT for endorsement. It is scheduled to be completed by Summer 2017.

The strategies listed here are those that remain unfunded from the original plan endorsed by the SCYPT in December 2013.

<b>Strategy</b>	<b>Neighborhood School Readiness Teams</b>	<b>FY15: \$46,069 (FCPS)</b> <b>FY17: \$46,069 (FCPS)</b>
<b>Description</b>	NSRTs are collaborative partnerships between the community, early childhood programs, FCPS and the county. Neighborhood school readiness teams develop and implement action plans to support school readiness in their neighborhoods. The unfunded requests would establish one position each to coordinate teams, allowing the creation of new teams to serve more schools.	
<b>Performance to Date</b>	In FY 2015, the Board of Supervisors included \$59,114 in the budget, funding one position. Even without the remaining two positions, the goal of serving 24 schools has been met. In fact, nine new schools have been funded since FY 2015; 26 schools are currently served by 12 NSRTs. However, further expansion will not be possible without additional staff.	
<b>Plan Recommendation:</b>	#1: Create a learning network of quality early care and education programs that promotes school readiness through the alignment of curricula to the Virginia Foundation Blocks for Early Learning in order to build knowledge and awareness of shared kindergarten expectations.	
<b>Strategy:</b>	Expand Neighborhood School Readiness Teams to develop school, county, community partnerships.	
<b>Goal:</b>	All Title I elementary schools will participate on an NSRT.	

<b>Strategy</b>	<b>Coaching and Mentoring</b>	<b>FY17: \$281,905 (County)</b>
<b>Description</b>	The Office for Children’s Institute for Early Learning offers professional learning opportunities for educators working with children. Courses, workshops and online sessions provide educational opportunities that support quality learning experiences and quality learning environments for children of all ages. These continuing education classes also help meet professional development requirements for licensing and the Child Development Associate credential.	
<b>Performance to Date</b>	In FY 2015, the BOS included \$281,905 in the budget for three new staff (meeting that year’s request), resulting in 360 educators and 4,500 children being served. Currently, a total of 835 early childhood educators served and 7,160 children are served.	
<b>Plan Recommendation:</b>	#1: Create a learning network of quality early care and education programs that promotes school readiness through the alignment of curricula to the Virginia Foundation Blocks for Early Learning in order to build knowledge and awareness of shared kindergarten expectations.	
<b>Strategy:</b>	Provide coaching for early childhood professionals.	
<b>Goal:</b>	Increase coaching and professional development opportunities for early childhood educators.	

<b>Strategy</b>	<b>Virginia Preschool Initiative</b>	<b>FY16: \$531,068 (FCPS)</b> <b>FY17: \$75,000 (County)</b> <b>\$408,000 (FCPS)</b> <b>FY18: \$408,000 (FCPS)</b>
<b>Description</b>	VPI, Virginia’s Pre-K program, provides early childhood education and comprehensive services to children who are four years old and at-risk for school failure. Services are provided in FCPS preschool classrooms and in community-based programs throughout the county.	
<b>Performance to Date</b>	In FY 2015, the BOS approved \$150,000 for 50 community slots; the BOS approved \$75,000 for 25 slots in FY 2017. In FY 2015, FCPS approved \$163,624 for 34 FCPS slots, 2 teachers, and 2 Instructional Assistants. Additionally, 87 slots have been added over the past two years through VPI+ funding, and 34 through Title I and VPI funding.	
<b>Plan Recommendation:</b>	#2: Support children living in poverty to reach fall kindergarten benchmarks as reported on a universal screener. Provide coaching for early childhood professionals.	
<b>Strategy:</b>	Increase access to quality programming through expansion of VPI.	
<b>Goal:</b>	To increase the number of children enrolled in VPI and to decrease the percentage of unused slots.	



<b>Strategy</b>	<b>Virginia Quality</b>	<b>FY17: \$194,456 (County)</b> <b>FY18: \$153,291 (County)</b>
<b>Description</b>	VQ is Virginia’s Quality Rating and Improvement System, an initiative to assess, improve and communicate the level of quality in early childhood programs, center-based and family child care. VQ defines standards for early childhood education and creates a framework for accountability. It also establishes a network of support and outreach for programs and educators which promotes continuous quality improvement.	
<b>Performance to Date</b>	The BOS approved \$194,456 in FY 2015 and \$153,291 in FY 2016, resulting in 63 new child care programs participating in VQ. A total of 90 now participate.	
<b>Plan Recommendation:</b>	#2: Support children living in poverty to reach fall kindergarten benchmarks as reported on a universal screener. Provide coaching for early childhood professionals.	
<b>Strategy:</b>	Expand the VQRIS in order to support quality in early childhood programs.	
<b>Goal:</b>	Enable county child care centers/preschools and family child care homes serving children living in poverty to participate in VQ.	

<b>Strategy</b>	<b>Child Care Assistance and Referral</b>	<b>FY18: \$800,000 (County)</b>
<b>Description</b>	CCAR provides financial assistance for child care to families with low to moderate incomes who are working or are in education programs.	
<b>Performance to Date</b>	In FY 2016, the BOS approved \$600,000 in CCAR funding, allowing approximately 65 children to maintain their subsidy. A \$200,000 Local Cash Match for Early Head Start Partnership Grant, also approved by the BOS in FY 2016, supports services for 56 babies and toddlers.	
<b>Plan Recommendation:</b>	#2: Support children living in poverty to reach fall kindergarten benchmarks as reported on a universal screener. Provide coaching for early childhood professionals.	
<b>Strategy:</b>	Provide additional access to affordable quality child care through the CCAR program.	
<b>Goal:</b>	Increase the number of families who can access affordable, quality child care.	

## SCYPT Process Committee Update

February 1, 2017

### *Immediate Changes to SCYPT Meetings:*

1. Assigned seats: The co-chairs, Pat, and Francisco will continue to sit at the front of the room. However, all other members will be randomly assigned seats, which will change each meeting. This will allow for greater opportunity for members to interact with different people each time and will decrease the occasional tendency for discussion to “cluster.” It will also hopefully encourage more participation from members who tend to talk less during the meetings.
2. Updated Report Template: The template for reports to the SCYPT will be updated to highlight key information members have indicated they want to know. A standard report template will help ensure a consistent approach to issues. (Note that some reports are not initially developed for SCYPT and may not follow the same template.)
3. Updated Presentation Template: The template for PowerPoint presentations to the SCYPT will be updated to facilitate shorter presentations while highlighting the main points of the presentation and the key “asks” of the SCYPT. (Note that some presentations are not initially developed for SCYPT and may not follow the same template.)

### *Intermediate-Term Strategies (to be implemented within the next year):*

1. Mapping Plans to Outcomes: Staff will develop a “living document” that shows which of the SCYPT-identified community level outcomes are addressed by the various plans endorsed by the SCYPT. This may be integrated into other documentation used to update the SCYPT on progress.
2. Fiscal Map: Develop a [fiscal map](#) of FCPS and County Government funds and their purpose. The map will be used to help guide SCYPT priority setting and needs identification.
3. SCYPT Retreat: Host a full- or half-day retreat for SCYPT members to lead into the next year of work. Activities may include a “data gallery walk” to allow members to identify trends they are most concerned about, leading to a prioritization of needs.
4. Social Meeting: Host a social/celebratory meeting for SCYPT members to celebrate successes and have an opportunity to socialize with each other.

### *Longer-Term Strategies (to be implemented in the future, as time and resources allow):*

1. Expanded Dashboard: Build onto the existing dashboard of community level indicators additional dashboards that help communicate the SCYPT’s impact:
  - a. *System Performance* metrics that reflect successfully implemented plans endorsed by the SCYPT and collective impact strategies; and

- b. *Leadership* metrics (based on SCYPT evaluation, fiscal map, member survey, etc.) that reflect SCYPT functioning.

*Strategies that an Expanded Process Committee will Further Develop (in the immediate future):*

1. Consent agenda
2. Standard communication to present updates and accomplishments
3. Regular (e.g., once or twice a year at pre-determined intervals) agenda items
4. Updated SCYPT website
5. Determining when something moves out of the “active priority phase,” freeing up time to address other issues
6. Better ways – binders or web-based board docs system, for example – to share and maintain agendas, meeting materials, and other relevant documents

## SCYPT Community Engagement Committee Update

February 1, 2017

### *Strategies to Develop and Implement Immediately:*

1. Mapping Moving Trains: Conduct a [Mapping Moving Trains](#) analysis to identify organizations, coalitions, and initiatives tied to our work. The result will make for easier connections of initiatives to organizations and stakeholders and help facilitate the engagement of broad and multi-sectoral partners in the development and implementation of strategies.
2. Gateway to the SCYPT: Develop a process that allows community members and stakeholders an opportunity to connect with SCYPT to get involved or share their concerns. This may mean designating members of SCYPT to serve as points of contact who can connect people to the relevant CANs. But, more than just a connection point, it also serves as an official way to raise issues and concerns to the SCYPT.
3. SCYPT Community Outreach: SCYPT community reps (paired with appropriate FC/FCPS reps and with staff support) will host sector-specific focus groups to share SCYPT information and ask how we could get their sectors more involved in our work – both informing strategy development and implementing strategies.
4. High-Level Communication: Communicate the role of the SCYPT and of the CANs and how they all fit together. Use multiple methods to communicate and share this. Brand the overall collective impact effort as the “strategic focus to youth-related work in Fairfax” to better help people understand where they fit in.