Fairfax County Successful Children and Youth Policy Team

May 14, 2014, 9:30 a.m. – 12 noon

Fairfax County Government Center, Room 232

Agenda

1. **Welcome and Introductions**

2. **Administrative Items**
   Item Ad-1: Adoption of School Year 2014-15 SCYPT Meeting Schedule

3. **Information Items**
   Item I-1: Youth Behavioral Health Services Operational Plan Update
   Item I-2: School Readiness Update and Goal Framework
   Item I-3: Equity Policy Update

4. **Items and Announcements Presented by SCYPT Members**

5. **Adjourn**

SCYPT Administrative Item Ad-1
May 14, 2014

ADMINISTRATIVE ITEM Ad-1

TITLE:
Approval of a Meeting Schedule for School Year 2014-15.

ISSUE:
SCYPT approval of a SCYPT meeting schedule for School Year 2014-15.

RECOMMENDATION:
Staff recommend that the SCYPT approve the proposed quarterly meeting schedule for School Year 2014-15.

BACKGROUND:
All meetings would occur on Wednesdays from 9:30 a.m. to noon. The following dates are proposed for next year's meetings:

September 17, 2014
October 22, 2014
November 12, 2014
December 17, 2014
January 21, 2015
February 25, 2015
May 13, 2015

ATTACHMENTS:
None.

STAFF:
Jesse Ellis, Department of Neighborhood and Community Services

SCYPT Information Item I-1
May 14, 2014

TITLE:
Youth Behavioral Health Services Operational Plan Update

ISSUE:
County and Public Schools staff have developed a draft operational plan to guide the implementation of newly approved behavioral health services for youth.

BACKGROUND:
At the September 23, 2013, SCYPT meeting, the phase one report of the Fairfax County Interagency Youth Behavioral Health Work Group was presented to the SCYPT. The SCYPT endorsed the work group's recommendations, which were subsequently presented to the Board of Supervisors Human Services Committee. Three new positions and $1 million to implement the recommendations were included in the County's FY 2015 Adopted Budget Plan. As part of the Board's action on the budget, staff was directed to provide an update on these services, including "opportunities for enhanced collaboration with the Fairfax County Public Schools, a clear explanation of the use of funds approved for the expansion, options for acceleration of future funding, and a report on the demand of services in FCPS and Fairfax County." In response, the attached report includes updated information on the following deliverables:

- Definition of recommended target population;
- Child serving points of entry;
- Screening, referral, intake procedures;
- Resource recommendations – budget, staffing, contracting;
- Care coordination model;
- Services definitions and treatment standards;
- Quality assurance: practice standards and performance measures;
- Accountability plan: job descriptions and governance; and
- Implementation schedule and key milestones plan document.

Feedback and guidance from the SCYPT will inform further revisions and efforts.

The SCYPT will continue to receive regular updates on these efforts.

ATTACHMENTS:
Fairfax County Interagency Youth Behavioral Health Work Group Phase Two Implementation Report

STAFF:
Brenda Gardiner, Department of Administration for Human Services
Allen Berenson, Fairfax-Falls Church Community Services Board
Dede Bailer, Fairfax County Public Schools
Patrick McConnell, Fairfax-Falls Church Community Services Board
Amy Parmentier, Fairfax County Public Schools
Mary Ann Panarelli, Fairfax County Public Schools
Daryl Washington, Fairfax-Falls Church Community Services Board

Fairfax County Interagency Youth Behavioral Health Work Group

PHASE TWO IMPLEMENTATION –
Building a Systems of Care approach

Update to Successful Children and Youth Policy Team
May 14, 2014

Assignment to Work Group

- Fairfax County Board of Supervisors directed staff to identify requirements to address ***youth behavioral health services requirements as part of FY 2014 budget guidance***.
- The Successful Child and Youth Policy Team (SCYPT) voted to endorse the proposed recommendations and noted support for $1.0 million for behavioral health direct services in October 2013.
- Presented preliminary recommendations to Board of Supervisors Human Services Committee in November 2013.
- Report on progress to SCYPT - May 2014.

FY 2015 Budget Guidance Included in the FY 2015 Approved Budget

Behavioral Health Services

"The expansion of Behavioral Health services included in the FY 2015 budget is an important step in meeting the critical needs in the community for services to youth and their families. Staff is directed to continue to develop specific implementation policies and programs and report to the Board at the first Human Services Committee in FY 2015. The report should identify opportunities for enhanced collaboration with the Fairfax County Public Schools, a clear explanation of the use of funds approved for the expansion, options for acceleration of future funding, and a report on the demand of services in FCPS and Fairfax County. "

Report On:

- Enhanced Collaboration
- Budget Plan
- Options for acceleration
- Anticipated demand – obtaining baseline

Response to Board Budget Guidance - Summary

- **Enhanced Collaboration between Schools and Human Services**

- A recommendation on a common, easy to use screen for use when there are concerns that a child needs behavioral health services.

- A common “intake” procedure for all youth – whether they have access to health insurance coverage – or not – that would assist families in obtaining needed health care for mental health or substance use treatment.

- An initial agreement on the role of the staff in the schools – social workers, psychologists, and in human services – CSB, Juvenile Court and CSA services – and referring agencies (DFS, NCS, Health, community)

- Target “conditions” or needs to access contract funds for treatment: anxiety, depression, conduct issues, substance use treatment, trauma.

Response to Board Budget Guidance - Summary

➢ **Budget Plan**

- Draft scope of services for contracts – Behavioral Health treatment to include Cognitive Behavioral Treatment, Family Therapy, Motivational Interviewing, through individual and group modalities for mental health and substance use needs; and case management/care coordination

- Recommendations on systems outcome measures to be used in an integrated health care Systems of Care framework:
  - commonly used set of measures to include in electronic health records; and
  - system-wide data sharing business process for collection/analysis and reporting.

- An outline of the Systems of Care office and the positions requested for funding (slide 20)

- Training and next steps

Response to Board Budget Guidance - Summary

- **Options for acceleration**

- Additional funding for contractual services – to address anticipated demand for services in area of care coordination
- Priority hiring for Systems of Care positions
- Training funds

- **Anticipated demand** – obtaining baseline data

- Requires decision on use of data system for shared information and reporting
- Need to identify impact of Affordable Care Act on access to behavioral health services through insurance coverage
- Need to quantify the family supports gaps – particularly for additional family behavioral health supports and other community supports
- Estimate remains at 400-600 families in need of services today

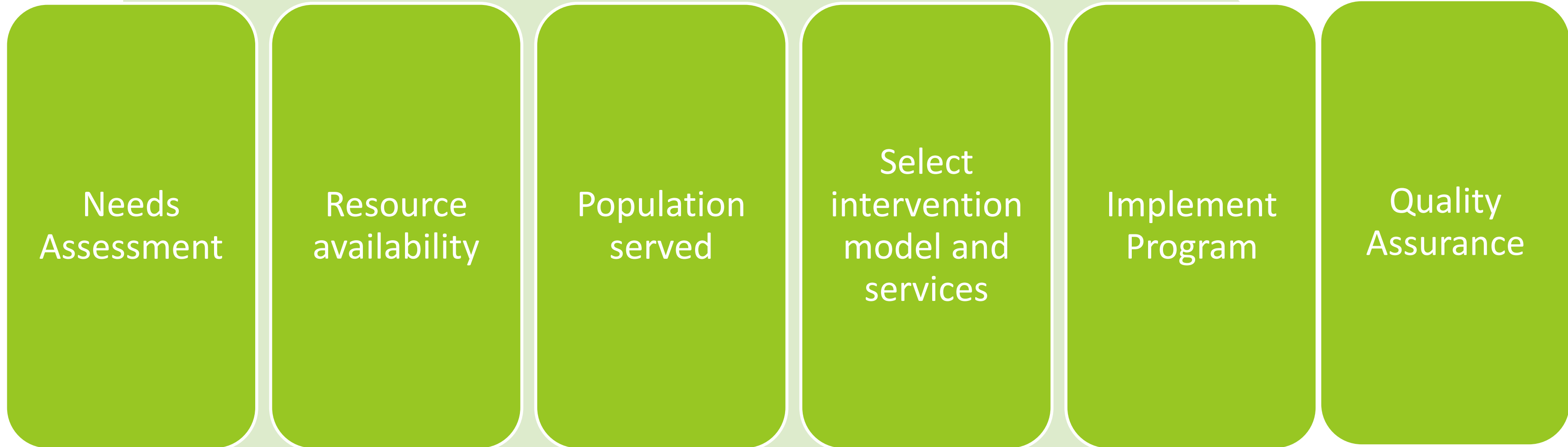
REVIEW- Recommendations from Fall 2013 report

- Interagency Youth Behavioral Health Work Group established a detailed work plan on proposed recommendations with key deliverables and timeframes (and use of $1.2 million in recurring baseline funding) in Fall 2013. Recommendations included the following:
  1. Implement system changes to improve information sharing, best practices, collaboration, and accountability of the system
  2. **Continue implementation of a "Systems of Care" approach: connect the continuum - Across County, School, and Community supports and services**
  3. Develop and implement CSB Youth Services Division Resource Plan
  4. Review needs of youth served in multi-agency and co-located sites, including educational and treatment settings, with goal to best leverage supportive services, treatment and educational services to meet youth needs
  5. Expand the scope of the mental health promotion/wellness priorities within the Prevention Fund
  6. Improve access to behavioral health care for families with insurance and Medicaid
  7. Review policies on use of CSA non-mandated funding

Recommendation 2

Phase II Design Tasks to Address Youth Behavioral Health Gaps in Systems of Care Continuum - youth and families needing treatment services

- Youth with emerging mental health or substance use needs
- Episodic or chronic
- Behavioral health supports needed
- Service plan for mental health substance use treatment required



Needs Assessment

Gaps identified in Work Group report:

- Behavioral Health Care coordination
- Mental health and Substance Use treatment
- Case management functions
- Youth referral sources: Community providers, Self/family, FCPS, DNCS, Health Dept.

Resource availability

$1.O million requested for FY 2015:
Funding for Systems of Care positions (3)
Contract services for mental health/substance use treatment
Care Coordination: county, FCPS and contracted

Population served

6,000 youth accessing services or in need;
400-500 youth needing care coordination

Select intervention model and services

- Intake, assessment, triage, referral,
- Transition across levels of care
- Lead case management assignments
- Team job descriptions
- Select geographic area to test model
- Establish Transition and roll out
- County-wide time table

Implement Program

- Staff training
- Develop service agreements
- Create budget
- Policies & procedures for oversight and management

Quality Assurance

- System performance measures and outcomes
- Accountability plan
- Consumer engagement strategies

Project Plan

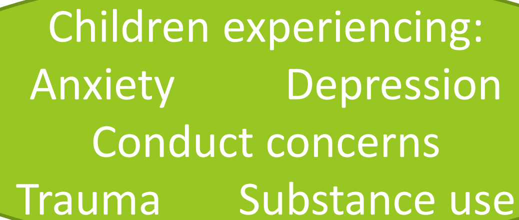
Goal: **Enhance access to behavioral health services and care coordination for "mid-tier" level of care for youth and their families**

Deliverables:

- Refine definition of recommended **target population**
- Child serving points of entry
- Establish **screening, referral, intake** procedures
- Resource recommendations – budget, staffing, contracting
- **Care coordination model** defined
- **Services definitions and treatment** standards completed
- **Quality Assurance** – practice standards and performance measures completed
- **Accountability Plan** – job descriptions and governance
- **Implementation schedule** and key milestones plan document completed

Time frame: **May 2014 presentation to SCYPT**
Implement Program – July 2015

- **Target population**



- **Screening**

- **Services**

Refine definition of recommended target population	Youth with known or emerging mental health or substance use needs Episodic or chronic Behavioral health supports needed Service plan for mental health substance use treatment required
Establish screening, referral, intake procedures	

1. **Best Practice research – other jurisdictions - models like the one we want to build**
2. **What are their strategies for identification of need?**
3. **Recommendations for child serving points of entry?**
4. **Screening tools and intake procedures recommendations**

GAIN-SS **http://www.assessments.com/catalog/GAIN_SS.htm**

Global Appraisal of Individual Needs - Short Screener

Short screen for general populations to quickly and accurately identify clients who have one or more behavioral health disorders

- Rules out those who do not have behavioral health disorders.
- Easy-to-use, validated tool for use by multiple child-serving disciplines across the system. Requires minimal training or direct supervision to administer.
- Serves as a periodic measure of behavioral health change over time.

EXAMPLES of cases likely to be screened

- Twelve year old child misbehaves on bus; child is upset with family over vacation plans changing. Child has special education services; does not meet eligibility for CSA funding for BH needs; conduct issues include biting, spitting, hitting adults/verbal abuse.
- Fourteen year old lives part time with each parent; older 17 yr. old sibling with conduct concerns in one home; hitting younger sibling, being abusive to parents. A third sibling is truant and repeatedly runs away from home.
- Blended family with five stepchildren; conduct concerns with three children; history of domestic violence in family, verbal abuse, physical altercations among some siblings. Two siblings with known marijuana use.
- Eleven year old child with anxiety resulting from family situation; (mother depressed; no medication.)
- Twelve year old boy seen in the community beating younger 6 year old brother; CPS and police called.
- Fifteen year old youth running away, school attendance ok, living in shelter housing for temporary stay; extensive family conflict present.

- Fourteen year old argues with parent regarding use of computer. Situation escalates and child refuses to go to school. Child reports being depressed, has no friends.

  Sixteen year old child transferred to new high school because of attendance and behavior issues. Student lost a parent in previous year. Parent discovers child is stealing; not using substances; family has insurance.

  Youth is depressed and anxious. Parent's insurance is limited in choice of providers, not taking new patients. Parents need to participate in family support services to deal with healthy communications and establishing boundaries.

COMMON FACTORS:

Not emergencies (yet) BUT acute care need exists

A service gap exists for providing urgent care

Needs require immediate attention and entry into care

Assessment and Care Plan

Assessment Tools and evidence informed treatment recommendations

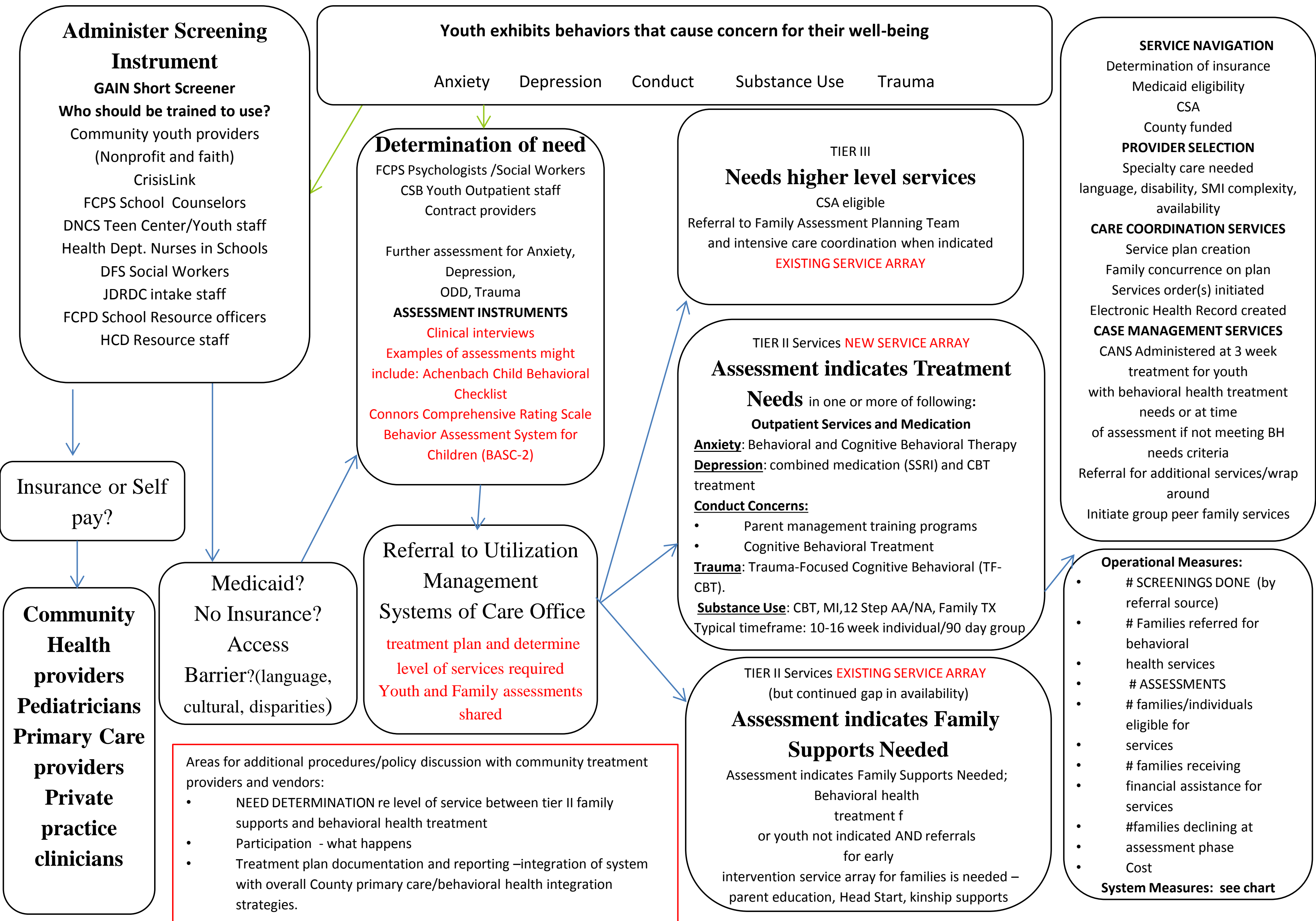
Service Standards

Service Provision

- Least restrictive intervention - frequency, duration of services
- Care coordination for components of care plan with other providers (social, primary health, community providers, others)
- Care transitions between providers
- Family engagement and partnership protocols
- Transition points in continuum between levels of care
- Staffing configuration
- Job Descriptions

1. **Best Practice research – for target population, what treatment is needed?**

Care Coordination Model - Proposed Client Flow – Youth Behavioral Health



System Outcomes

Measures of success

Implementation strategy

Reporting mechanisms and accountability

Clinical Outcomes

Service Provision Outcomes

- Individual and team
- Record Keeping – Case notes
- Data tracking
- Accountability strategy to families and youth – how will clients measure progress and evaluate interventions with staff/program?

1. **Who is responsible for success of proposed model?**
2. **What reporting mechanisms need to be in place?**
3. **What is the systems planning process/resourcing and budgeting mechanism?**

DRAFT Proposed System Measures – dependent upon: data systems, common data definitions, and collection practices		
System/ Payer	**1. Access**	Percentage of the referrals that: • Utilize community behavioral support services •Attendance rates for services included in family plan
	2. Utilization	Rates and percentages for: • Outpatient services • Participation in ongoing community peer and family programs • Percentage referred for services through Family Assessment and Planning Teams
	3. Cost	Cost of care • Expenditures per family – year one
Provider	**4. Practice**	Key practices relevant for youth with behavioral health conditions • Percentage of referred youth reporting on their health status • Youth and family engagement/involvement/voice and choice • Medication usage, delivery and adherence • Side-effects • Medication management • Follow-up after prescribing of behavioral health related medication
Youth/ Family Functioning	**5. Living Environment**	• Child later enters residential services • Child later enters foster care
	6. Behavioral Health and Physical Health	Behavioral health factors: • Clinical assessment and level of functioning • Caregiver strengths/risks • Symptom severity/reduction/management • Youth daily living skills General physical health measures • Weight and nutrition, Body Mass Index (BMI) screening • Management of chronic conditions • Assessment of potential physical effects of behavioral health medications • Dental care

DRAFT Proposed System Measures - dependent upon: data systems, common data definitions, and collection practices		
Youth/ Family Functioning	**7. Employment, Education and Other Responsibilities**	• School placement, attendance, achievement • Employment • Volunteer activities
	8. Family and Community	Measures of social supports and community engagement • Community/neighborhood strengths/weaknesses • Justice involvement • Social relations • Parental rights
Experience of Care	**9. Experience of Care**	Opinions about the care and the supports received and satisfaction with services, transitions and outcomes; reports of services received
Adapted for community based services from proposed systems measures for residential care from National Building Bridges Initiative (BBI): "Building Consensus on Residential Measures: Recommendations for Outcome and Performance Measures".		

Next Steps

Communications

1. Availability of GAIN SS tool
2. Online training
3. Development of Job Aid on resources – how to refer to community health care resources for insured population
4. Tracking protocols (referrals/where)
5. Access to "tier two" assessment and outpatient care
6. Parent permission protocols

Staff Procedures

1. Department protocols for use of screen
2. Training on assessment strategies for referrals
3. Intake personnel at CSB, FCPS – how to access services
4. Assessment teams – FCPS psychologists, social workers, CSB Youth Division, contractors
5. Referral process for DFS, DNCS, Health Department, community youth providers

Systems of Care office

1. Hiring of Systems of Care staff positions
2. Decision on electronic health record and data exchange of information

Systems of Care –Filling Gaps in Services

Systems of Care

3 positions

- System Director: plan and coordinate resources across agencies for the continuum of care, manages funds, establishes system-wide plan
- Service Utilization Specialist – authorize level of services
- Clinician: coordinates care with school and county staff

Prevention Services

Neighborhood and Community Services

Fairfax County Public Schools

Health Department

Early intervention Services

Dept. Family Services

Fairfax County Public Schools

Fairfax-Falls Church Community Services Board

Health Department

Family and Community Support Services

Care coordination

Access to treatment

Support services

FY 2015: $600K contract mental health/behavioral health services and case coordination for eligible youth

Office of Comprehensive Services

Appendix – Existing Resources and Service Capacity for Youth Behavioral Health Services

Public Schools

- Wellness/prevention services
- Suicide Risk and Threat Assessments
- Mental health services and treatment
  - Group and individual counseling –general population and target populations (alternative schools)
  - Crisis intervention/stabilization in school settings
  - Parent clinic and consultation
  - Referrals for community/public behavioral health treatment
  - Case management services for CSA enrolled youth
  - Psychological Evaluations

Community Services Board

- Wellness/prevention services
- Medicaid managed care eligibility determination (VICAP)
- Mental health and substance services and treatment
  - Psychiatric evaluations
  - Court ordered psychological evaluations
  - Individual, group and family treatment
- Residential services
- Outpatient and day treatment
- Intensive Care Coordination Services
- Targeted Case Management for SED and at risk youth
- Psych. Hospital Discharge Planning
- Emergency Services

Community Providers

Private (insurance and families)

Nonprofit/faith and community

County funded – contract providers

- Contract oversight in CSA Program office (96 businesses; 39 private therapists – as of 5/14)
- Contract oversight for youth crisis care in CSB (1 provider)
- Community provided (CCFP funded)

Appendix - Existing Services
Human Services and Schools Programs for Youth with Behavioral Health Needs

Prevention

General population – monitor student functioning with short term intervention as needed

Mental wellness and substance abuse awareness

PROGRAMS/SERVICES (examples)

- Wellness programs; depression & suicide awareness i.e. SOS, Response, ASIST, Active Minds chapters
- Positive Behavior Intervention Support (PBIS)
- Mental Health First Aid
- "Three to Succeed" strategies
- Health curriculum
- Resiliency Project
- Partnerships with community coalitions and providers for education, public awareness, & events

Early Intervention

Targeted family and youth interventions

Situational crisis management

Short term social/emotional skill development (anger management, emotional regulation, coping skills)

Group Counseling

Parent consultations

PROGRAMS/SERVICES (examples)

- Family Protection and Preservation Services
- Healthy Families Fairfax
- Nurse Family Partnership
- Maternal Child Health
- Community-School Care Coordination
- AOD and Restorative Behavior Intervention Seminars
- Parent Clinic

Intervention

Targeted family and youth interventions

Continuum of services for life stressors, substance abuse and mental illness

- **Short-term & longer term services for both gen ed. and special ed. populations**
- **Intensive clinical support in public day school, selected school sites and day treatment settings**
- **Targeted Case Management**
- **Outpatient care**
- **Psychiatric evaluations, treatment and medication**
- **Day treatment**
- **Emergency services**
- **Hospitalization**
- **Residential**
- **In-home services**

Emerging need

- Appears as non-emergency
- May be acute or chronic (impacts school performance, social and family life); or
- Long term support needed but managed with appropriate medication and therapeutic care; and
- May be receiving some services

Known need, but may not access treatment and supports

- Youth involved in substance abuse
- Youth or caregiver has suffered trauma (family domestic violence, war, refugee crisis, sexual exploitation or trafficking)
- Youth has committed a crime

Emergency/Crisis

SERVICES (examples)

- CSB emergency services
- Private therapy
- Hospitalization

Stabilization/ After Care/Transition

SERVICES (examples)

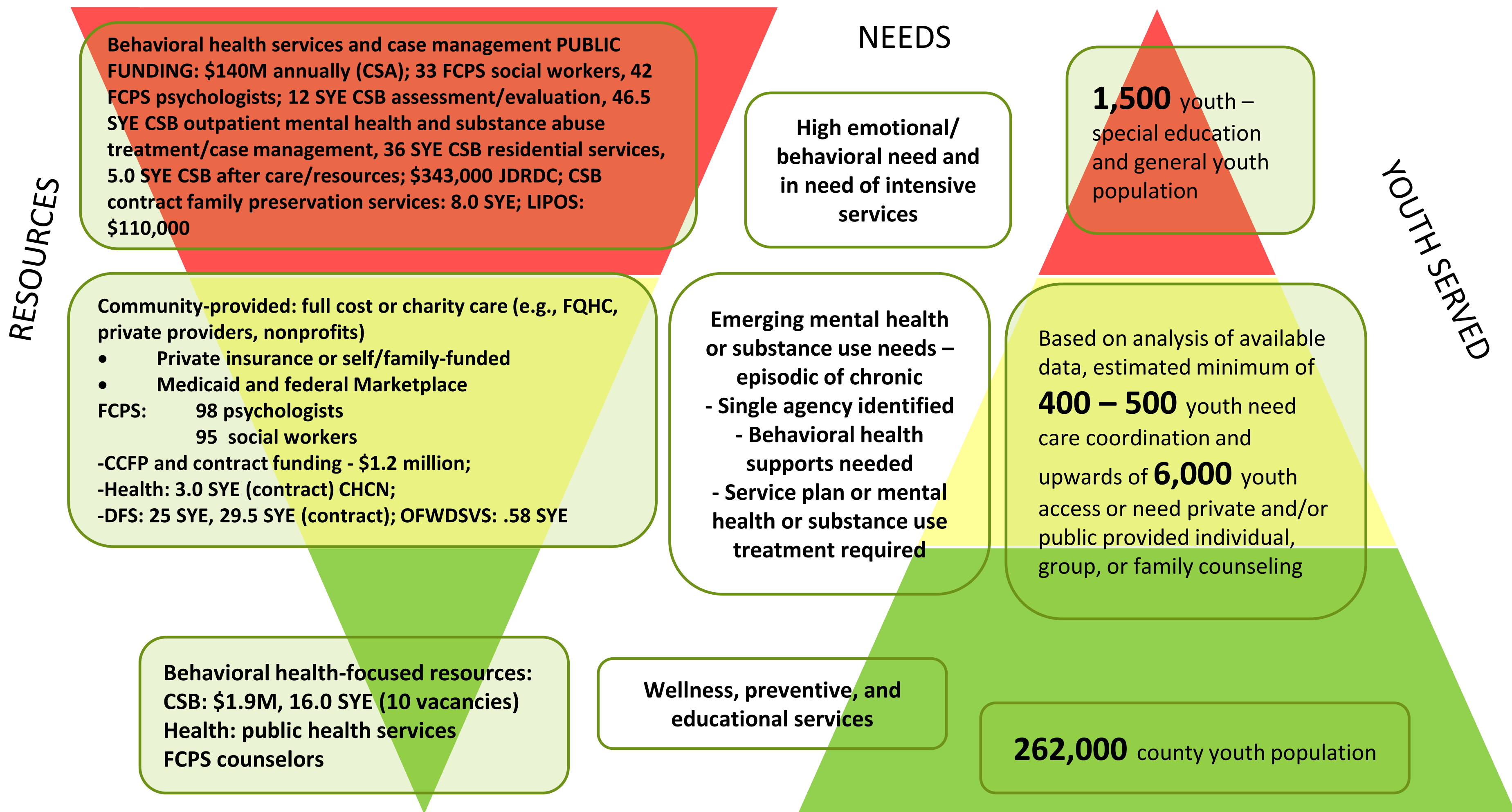
- Intensive Care Coordination
- Discharge planning

PROGRAMS/SERVICES (examples)

- Behavioral techniques training (respect, responsibility, resiliency, coping)
- Outpatient services – individual, family and group counseling
- Residential services
- Intensive in-home services

Appendix - Public youth behavioral health funding is concentrated at high emotional and behavioral need population – smallest percentage of all youth

- Reinvest any savings into "mid-tier" targeted interventions
- Bring prevention strategies to scale county wide



Note: As youth present mental health and substance abuse needs, stabilize or move into crisis, the resources following them may serve them or may be absent, depending upon the family/youth eligibility for specific funding and programs.

SCYPT Information Item I-2
May 14, 2014

TITLE:
School Readiness Update and Goal Framework

ISSUE:
Staff is preparing to implement a newly approved expansion of the Virginia Quality Rating and Improvement System.

BACKGROUND:
At the November 6, 2013, and December 4, 2013, SCYPT meetings, proposed school readiness strategies were presented to the SCYPT. The SCYPT endorsed the work group's recommendations, which were subsequently presented to the Board of Supervisors Human Services Committee. Three new positions and approximately $700,000 to implement the recommendations were included in the County's recently adopted FY 2015 budget.

Today's update will highlight the implementation plan for one of the strategies included in the original Recommendation #2: "Expand Virginia Quality Rating and Improvement System in order to support quality in more early childhood programs."

The update will be presented within the context of a proposed and draft framework that captures strategies and outcomes related to community goals.

Feedback and guidance from the SCYPT will inform further revisions and efforts.

The SCYPT will continue to receive regular updates on these efforts.

ATTACHMENTS:
School Readiness Community Goal Framework

STAFF:
Anne-Marie Twohie, Department of Family Services, Office for Children
Betsi Closter, Department of Family Services, Office for Children
Jesse Ellis, Department of Neighborhood and Community Services

ALIGNING AND COORDINATING SYSTEMS
Policies, standards, braided funding, planning, linkages and referrals

RECRUITING AND ENGAGING STAKEHOLDERS
Coalitions, partnerships, advocacy, outreach

MAXIMIZING RESOURCES
Alternate funding, partnerships, grant strategies, resource sharing

IMPROVING QUALITY	
Professional Learning	Accreditation
IFEL, Portage, Community Colleges, Universities	NAEYC, NAFCC
Regulations and Standards	Performance Management
Head Start, VPI, State Licensing, Local Permitting, VQRIS	Program evaluation, customer feedback, RBA

INCREASING ACCESS	
Financial	Physical
No-fee programs, sliding fee scales, scholarships, CCAR, VPI, Head Start, Early Head Start	Transportation, proximity, space, operating hours and days

PROGRAMS AND SERVICES		
Early Care and Education	Parenting Programs	Family and Child Supports
Head Start, Early Head Start, FECEP, Family Child Care Homes, Centers and Preschools	Resource Mothers, Nurturing Parenting, Parent Encouragement, FCPS Classes	Family Literacy, Early Literacy, Kinship Care, Family Engagement
Special Education/Disability Services	Home Visiting Programs	Health and Health Care
ITC, FCPS Early Childhood Special Education, SMILE	Healthy Families, Nurse Family Partnership, HIPPY, Head Start	MCCP, CSB, HD Clinics, WIC, FQHCs
Kindergarten Transition Programs	Community-Based Programs	
Bridge to K, K orientation, K registration, NSRT, Jumpstart	Parks, Libraries, Museums, Sports, Classes, Arts, Etc.	

REDUCING DISPARITIES	
Targeted Programs	Outreach
Disability-, culture-, language-specific; means-tested; place-based	Planning, engagement, promotion in linguistically and culturally appropriate ways
Inclusion	Support Services
Staff support, accommodations, adaptations	Referral, care coordination, assessment, access

PROGRAM OUTCOMES

- Children and families demonstrate healthy behaviors.
- Children and families access health care (including primary, behavioral, and oral).
- Children acquire and use new knowledge and skills.
- Children have positive social and emotional relationships.
- Children are curious and apply various approaches to learning.
- Children have the ability to take actions to meet their needs.
- Children have their basic needs met.
- Children and families are comfortable with the school environment.

LONG-TERM OUTCOMES

- Children are physically healthy.
- Children are socially and emotionally healthy.
- Children have basic literacy and numeracy skills.
- Children have appropriate executive functioning skills.
- Children have functioning and stable families.
- Children and families are connected to their school.

COMMUNITY GOAL

All children enter kindergarten ready to succeed.

SHARING ACCOUNTABILITY
Shared data systems; common outcomes, indicators, and standards

BUILDING CAPACITY
TA, support, resources, IT solutions

DRAFT – DRAFT – DRAFT
This document is for illustrative purposes only. It is not intended to be complete, exhaustive, or totally accurate.

DRAFT

SCYPT Information Item I-3
May 14, 2014

TITLE:
Update on Next Action Steps for Equity Promotion and Disparity Prevention

ISSUE:
Staff has begun to identify strategies for implementing the recommendations on adopting an equity lens and policies that promote racial equity.

BACKGROUND:
In September 2012, staff presented the results of the Institutional Analysis (IA), an investigation into the disproportionate outcomes affecting African American and Hispanic youth involved in the juvenile justice system. (The report can be viewed at http://www.fairfaxcounty.gov/living/healthhuman/disproportionality/the_story_behind_the_numbers_september_2012.pdf).

At the February 26, 2014, SCYPT meeting, staff led by the County's Disproportionality and Disparity Prevention and Elimination Team (DDPET) reported on their work catalyzed by the IA to advance racial equity. The SCYPT formed an Equity Subgroup comprised of SCYPT members, DDPET staff and community leaders to add further specificity to these recommendations:

1. Adopt intentional equity strategies;
2. Use data to promote and assess equity progress; and
3. Identify and build infrastructure to advance race equity work.

The Board of Supervisors adopted Budget Guidance related to Successful Children and Youth as well as Disproportionality. These acknowledged both boards' commitment to boosting achievement at our neediest schools, yet some students slip through the cracks. The Board asked how to ensure that policy makers view all policies through an "equity lens" and that all decisions consider the impacts on equity – equity of opportunity and equity of outcomes. The following actions were directed expeditiously:

1. Direct staff to report progress and the existing strategy plan at a joint meeting with the Fairfax County School Board and the Board of Supervisors; and
2. Urge the Fairfax County Board of Supervisors and the Fairfax County School Board to determine the cost, identify funding sources, and seek an independent review of disproportionate and disparate impact outcomes for youth and families of color and other vulnerable youth in schools and the County Human Services agencies.

Further specificity regarding recommendations and a proposed sequencing of action steps is the focus of the update. Leadership action is essential and the urgent action steps for discussion and decision include:

1. Engage board members on equity with a proposed method of convening a 3+3 Board group; and
2. Design a local collective leadership approach to making racial equity a visible priority.

The other critical elements of a local strategic plan to advance equity, including infrastructure, tools, data, community engagement and accountability mechanisms, will be driven by collective leadership.

SCYPT Information Item I-3
May 14, 2014

ATTACHMENTS:
None

STAFF:
Karen Shaban, Department of Neighborhood and Community Services
Marlon Murphy, Juvenile and Domestic Relations District Court

Next Steps in the Fairfax Journey to Advance Equity

Presentation to Successful Children and Youth Policy Team
May 14, 2014

Disproportionality & Disparity Prevention and Elimination Team (DDPET)

Reminder... February's "Asks"

1. Adopt intentional equity strategies
2. Use data to promote and assess equity progress
3. Identify & build infrastructure to advance race equity work, including:
   - Establish data policy to mandate disaggregated data
   - Institute an equity "bench card" for all leaders
   - Establish equity goals, measure and share progress
   - Establish a dedicated structure and institute mechanism(s) to maximize collective impact through an equity lens
   - Define SCYPT leadership role to advance race equity

Since then,

- Attended "Governing for Racial Equity" (GRE) Conference sponsored by the GRE Network

  GRE Network:
  - a regional partnership of government jurisdictions working to achieve racial equity
  - works to eliminate institutional and structural racism, as they are the root causes of racial inequities

- SCYPT Equity Subgroup convened

- Talked with youth to better understand if and how they believe their "race/ethnicity" impacts their life

Budget Guidance

- Successful Children and Youth
  - Both boards are committed to boosting achievement at our neediest schools yet some of our students are slipping through the cracks because of lack of coordination
  - With Board's support, SCYPT will work to revamp our approach to improving academics; and
  - Work to develop a comprehensive plan that replaces piecemeal programming, develops better communication among organizations, and creates an overarching support infrastructure for children and youth.

Budget Guidance

- Disproportionality
  - Addressing disparities requires us as policy makers to view all our policies through an "equity lens." The following should be undertaken expeditiously:
    - 1. Direct staff to report progress and the existing strategy plan at a Joint meeting with Fairfax County School Board and the Board of Supervisors; and
    - 2. Urge the BOS and School Board to determine the cost, identify funding source(s), and seek an independent review of disproportionate and disparate impact outcomes for youth and families of color and other vulnerable youth in schools and the County Human Service agencies.

Milestones in the Fairfax Journey

1990's

Minority Student Achievement Oversight Committee

Early Intervention Strategy Team (EIST)

Chantilly Pyramid Minority Student Achievement Committee

mid-2000's

Building on the Strengths of the African American Family Summit

Together We're the Answer Community Collaborative

2010

Closing the Minority Achievement Gap Plan (FCPS)

Institutional Analysis (IA)

Disproportionality and Disparity Prevention and Elimination Team

2012

IA: Disproportionate Minority Contact for African American and Hispanic Youth: The Story Behind the Numbers and the Path to Action

Successful Children and Youth Policy Team

2014

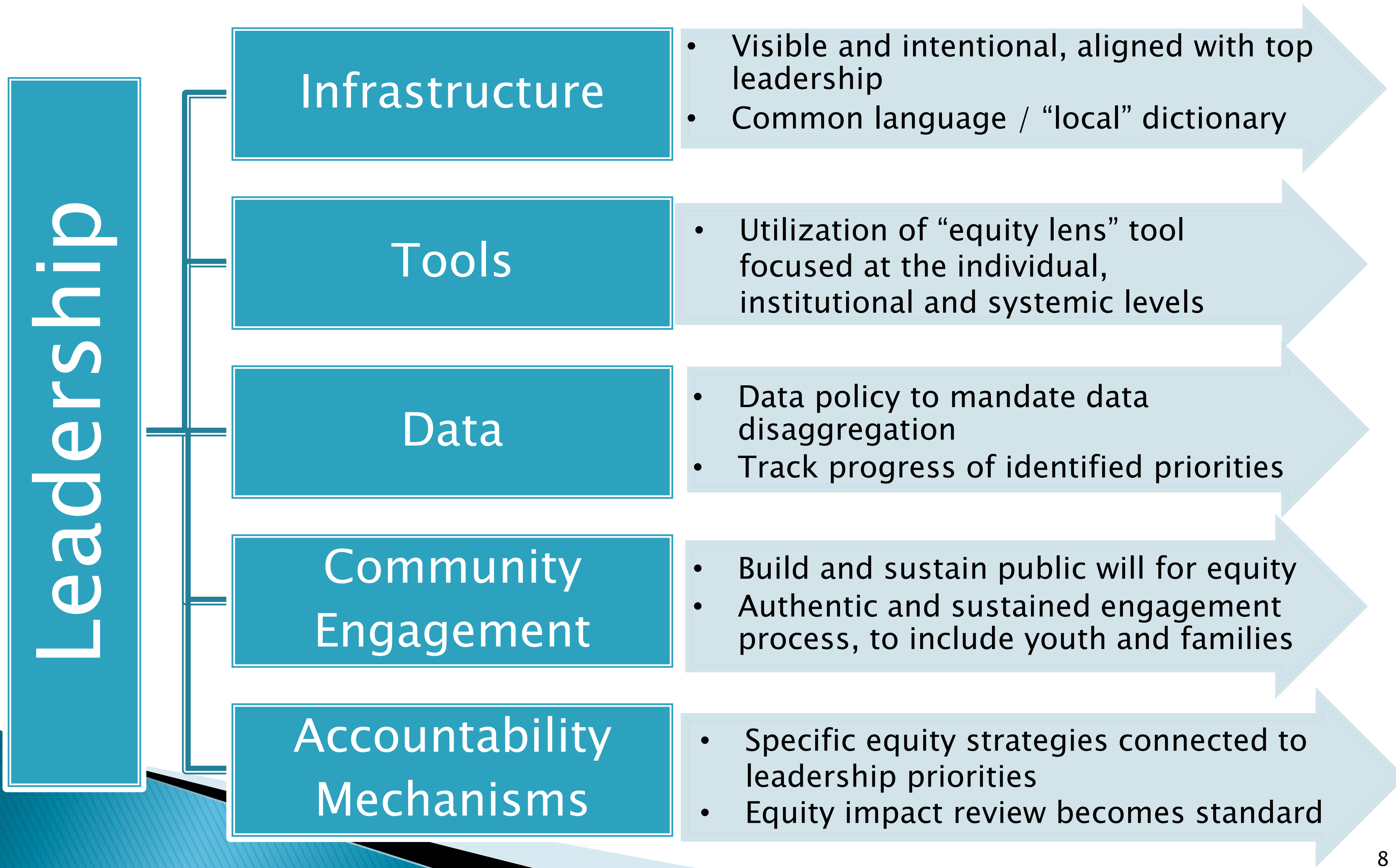
Next Steps to advance equity:

Collective, intentional Leadership

How do we get to this Result? Leadership is Essential

- Express ***EQUITY*** as a priority through a documented position that requires intentional actions
- Equity requires the intentional examination of systemic policies and practices that, even when they appear to be fair – may, in effect, serve to marginalize some and perpetuate disparities

Strategic Plan to Advance Equity



Urgent Action Steps to get results

Leadership

Leadership Work (starting NOW)

1. Engage board members on equity
   - Proposed method: Convene 3 + 3 Board group to prepare for joint board retreat
2. Design local collective leadership approach to making racial equity a visible priority

   Some Examples:
   1. King County, Washington
   2. Multnomah County, Oregon
   3. Madison-Dane County, Wisconsin

King County Equity & Social Justice Overview

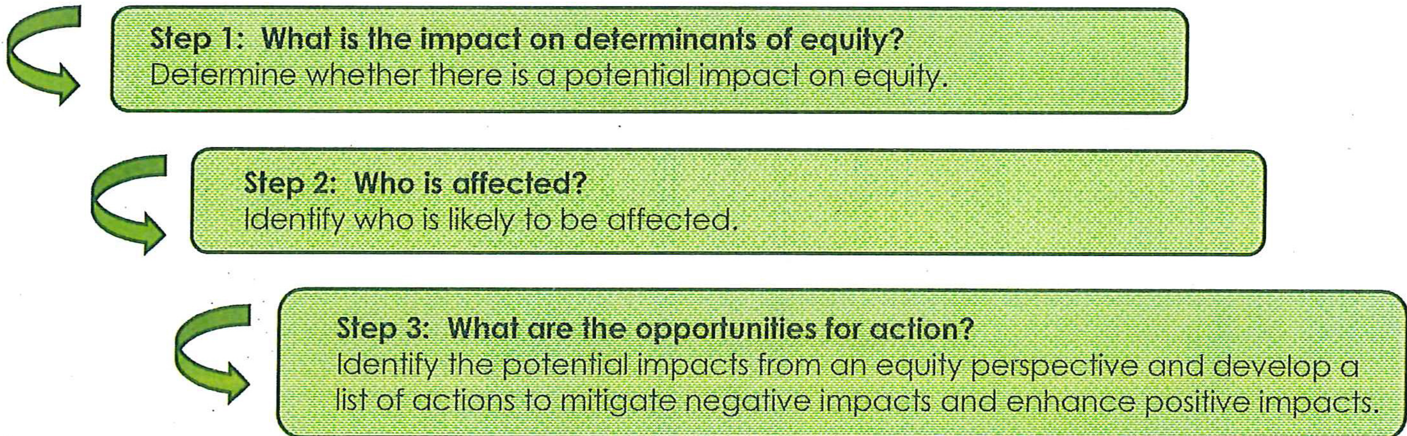
"We won't create equity working alone, nor will we get the job done overnight. But the only way we can start is by asking the important questions and digging deeper."

Dow Constantine, King County Executive

Expectation:

ESJ Ordinance 16948 defines and directs efforts to achieve the "Fair and Just" principle. The ordinance identifies the 14 determinants of equity shown below. All county employees will utilize the tool and take into account the 14 determinants of equity in their decisions and planning so everyone can attain their full potential!

Three Steps to Advancing Equity in King County:



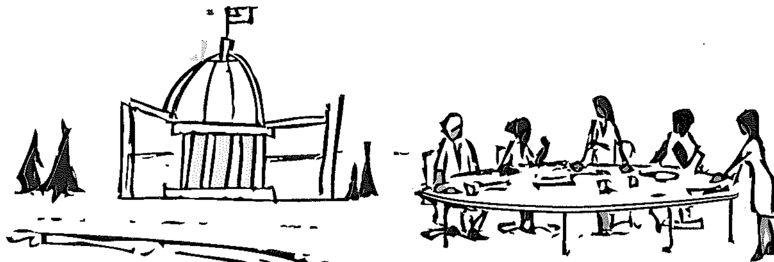
14 Determinants of Equity:

1. Access to health and human services
2. Affordable, safe, quality housing
3. Access to parks and natural resources
4. Equity in County practices
5. Access to affordable, healthy, local food
6. Equitable law and justice system
7. Community and public safety
8. Access to safe and efficient transportation
9. Strong, vibrant neighborhoods
10. Economic development
11. Early childhood development
12. Family wage jobs and job training
13. Quality education
14. Healthy built and natural environments

Click link below for additional support:
ESJ-2014 Budget Analytical Resources

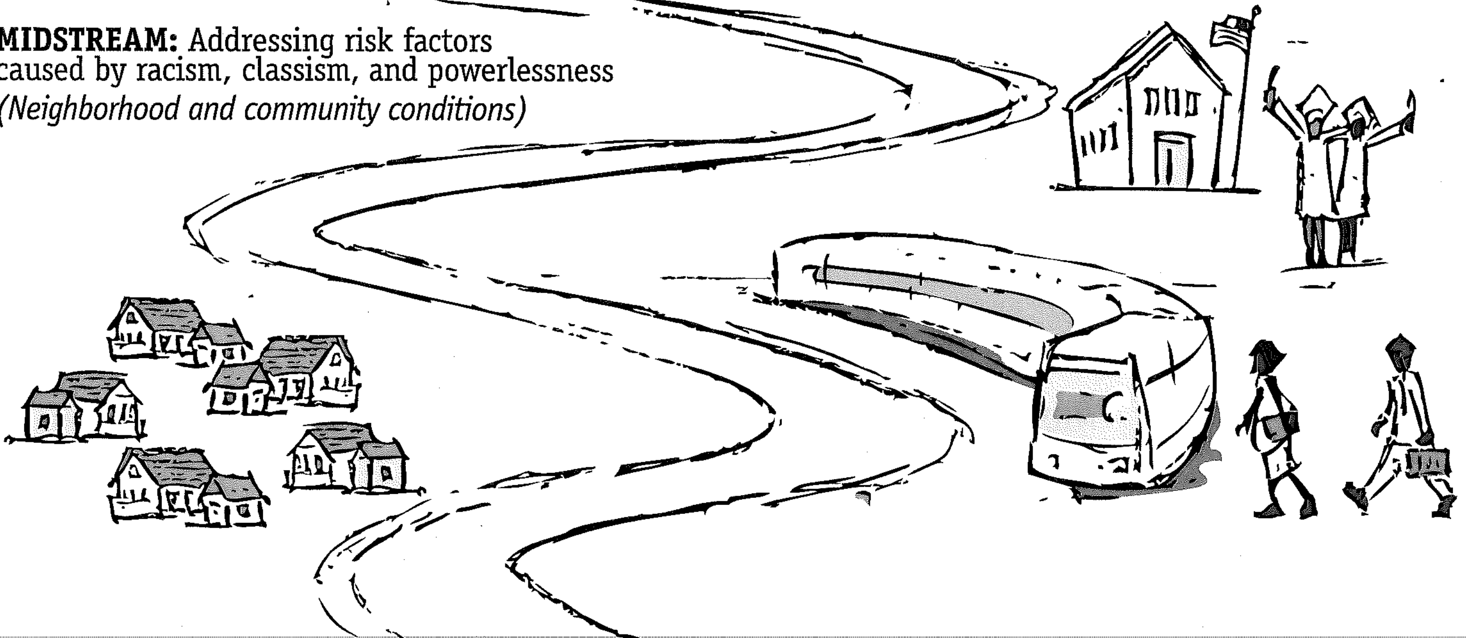
"Working Together for One King County"

HEALTH EQUITY FRAMEWORK

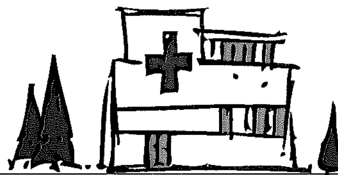


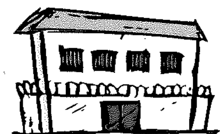
UPSTREAM: Addressing racism, classism, and powerlessness
(Social and institutional privilege)

MIDSTREAM: Addressing risk factors caused by racism, classism, and powerlessness
(Neighborhood and community conditions)



DOWNSTREAM: Improving access and quality of service delivery system





Multnomah County Health Equity Initiative 2009
www.mchealth.org/healthequity

UPSTREAM: Addressing Racism, Classism, and Powerlessness
(Root Causes of Social Determinants of Health)

Examples of policies and actions to strengthen upstream policy may include:

- Chair ensures culturally responsive workforce
- Chair advocates/personally lobbies for policies such as immigration reform
- Board of County Commissioners supports undoing institutional racism through training
- Board of County Commissioners creates career pipeline for racial and ethnic minorities in public service for Multnomah County
- Board of County Commissioners evaluates current County policies and practices for discrimination and institutional racism
- Board of County Commissioners pursues community-informed policy by supporting/ allocating resources for community-based policy and advocacy leadership development
- Board of County Commissioners mandates diverse representation on policy advisory committees
- Board of County Commissioners enacts or advocates for economic development, workforce development and equitable education policies

MIDSTREAM: Addressing Risk Factors Caused by Racism, Classism, and Powerlessness
(Social Determinants of Health)

Examples of policies and actions to improve the social determinants of health:

- Board of County Commissioners enacts or advocates for place-based strategies focused on social determinants of health equity in neighborhoods where people of color and low-income individuals live to:

1. Promote economic security and wealth development
2. Foster affordable low-income housing and home ownership
3. Ensure access to healthy, affordable food
4. Create and maintain safe, accessible opportunities for physical activity
5. Prioritize educational attainment and equitable school environments
6. Limit marketing of products and services that promote unhealthy choices

DOWNSTREAM: Improving Access and Quality in Service Delivery System

Examples of policies and actions to strengthen and improve individual behaviors and care:

- Board of County Commissioners advocates for increased access to health and human services for all as a human right
- Board of County Commissioners allocates resources targeted at addressing racial and ethnic disparities in Health & Human Services
- Multnomah County provides culturally competent services
- Multnomah County ensures equity in quality of all services

Appendix A: Resolution 31054 – Declaring the City of Madison's Intention to Adopt an Equity Impact Model

(Enacted October 30, 2013)

City of Madison

City of Madison
Madison, WI 53703
www.cityofmadison.com

Legislation Text

File #: 31054, **Version:** 1

It is anticipated that the development and implementation of the equity impact model will be accomplished with existing staff resources. No appropriation is required.

Declaring the City of Madison's intention to adopt an Equity Impact Model.

WHEREAS, a healthy Madison starts in our homes, schools and neighborhoods; and,

WHEREAS, equity exists when everyone has access to opportunities necessary to satisfy essential needs, advance their well-being, participate in and contribute to civic life and achieve their full potential; and,

WHEREAS, equity is both the means to healthy and thriving communities and an end that benefits us all; and,

WHEREAS, evidence shows that more equitable societies have better long-term economic, health, and social outcomes; and,

WHEREAS, Madison and Dane County's increasing demographic diversity presents new opportunities for growth as well as challenges in fostering connections to resources; and,

WHEREAS, the City of Madison recognizes that good health requires individuals to make responsible personal choices, it also recognizes that the journey to a healthier community requires a societal commitment to remove the obstacles preventing residents from making healthy decisions; and,

WHEREAS, promoting equal opportunity for all residents is a core social, moral and economic responsibility and a priority for the City of Madison; and,

WHEREAS, city leaders, departments and staff are committed to providing excellent services for every Madison resident; and,

WHEREAS, the Common Council's Legislative Agenda Work Group on Demographic Change is endeavoring to determine if the City of Madison is meeting the needs of communities of color, immigrants, and low-income families and individuals; and,

WHEREAS, the equity impact model described below will be taken on in pursuit of a vision of Madison where:

- A high-quality education, living wage jobs, safe neighborhoods, a healthy natural environment, efficient public transit, parks and green spaces, affordable and safe housing and healthy food are afforded to all residents;
- The benefits of growth and change are equitably shared across our communities; and
- Madison is a place where one's future is not limited by race, ethnicity, gender, sexual orientation, disability, age, income, place of birth or place of residence.

NOW, THEREFORE BE IT RESOLVED, that the Common Council requests Public Health Madison & Dane County, together with the following agencies and committees: Planning & Community & Economic Development; Civil Rights; Human Resources; Community Services Committee; Board of Health; Common Council Organizational Committee (Council Legislative Agenda Work Group on Demographic Change); and

City of Madison | Page 1 of 2 | Printed on 11/12/2013
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others shall work with the executive branch towards developing and implementing an equity impact model to inform policies and practices that consider equity impacts in city government plans and decisions.

The process to develop the equity impact model will be supported by the following activities:

1. Better understand and report on inequities in Madison
   - collect and summarize key indicators in multiple sectors
   - share information with the Common Council, Mayor's Office, city agencies and the public
   - work with the existing efforts to coordinate City data and to focus those efforts on equity indicators

2. Establish an interdepartmental city equity workgroup;
   - research equity initiatives and policies from other cities and regions
   - explore the use of equity impact assessment tools for use in policy and project decisions
   - report on progress to Common Council and the Mayor's Office by April 2014

3. Train city staff at all levels in equity and social justice concepts, frameworks and skills
   - gather information from all city departments to best accommodate learning and skill needs
   - identify and develop training content and formats, collaborating with community partners and other cities and regions
   - require representatives from all city departments to participate in trainings

4. Make recommendations for the parameters of a City of Madison equity impact model
   - summarize equity initiatives and policies from other cities and regions
   - recommend a City of Madison equity impact model based on best practices and considering the unique characteristics of Madison

5. Ensure accountability and implementation of the equity initiative;
   - improve city service delivery to underserved populations
   - explore and further develop strategic partnerships with other agencies and groups
   - prioritize public participation and community engagement in decision making and processes
   - prioritize increasing diversity of city government bodies and department staff