

**FAIRFAX COUNTY SUCCESSFUL CHILDREN AND YOUTH POLICY TEAM**  
**September 25, 2013, 9:30 a.m. – 12 noon**  
**Fairfax County Government Center, Room 232**

**Agenda**

- 1. Welcome and Introductions**
- 2. Presentations**
- 3. Administrative Items**
  - Item A-1: Approval of Changes to the Meeting Schedule for School Year 2013-14
  - Item A-2: Endorsement of Recommendations for Suicide Prevention
  - Item A-3: Endorsement of Recommendations for Youth Behavioral Health
  - Item A-4: Endorsement of Scope of Recommendations for School Readiness
- 4. Information Items**
  - Item I-1: 2012-13 Fairfax County Youth Survey
- 5. Items and Announcements Presented by SCYPT Members**
- 6. Adjourn**

SCYPT Administrative Item A-1  
September 25, 2013

ADMINISTRATIVE ITEM A-1

TITLE:

Approval of Changes to the Meeting Schedule for School Year 2013-14.

ISSUE:

SCYPT approval of changes to the SCYPT meeting schedule for School Year 2013-14.

RECOMMENDATION:

The SCYPT Co-chairs recommend that the SCYPT approve the proposed changes to the meeting schedule for School Year 2013-14.

BACKGROUND:

The SCYPT Charter, as approved on May 8, 2013, states that the SCYPT shall meet quarterly. The following dates were approved for the School Year 2013-14 meetings:

September 25, 2013, 9:30 am to noon  
December 4, 2013, 9:30 am to noon  
February 26, 2014, 9:30 am to noon  
May 14, 2014, 9:30 am to noon

Discussions among staff and the co-chairs, however, resulted in a shared agreement that additional meetings were necessary to ensure that the SCYPT could meet not only its currently identified obligations, but also develop a framework and common understanding among the entire team to guide its work going forward. Facilitated discussion on establishing a process for achieving collective impact and setting systemic goals for the community is necessary and requires additional meeting time. Therefore, two additional meetings are proposed for this school year:

November 6, 2013, 9:30 am to noon  
March 12, 2014, 9:30 am to noon

ATTACHMENTS:

None.

STAFF:

Jesse Ellis, Office of the County Executive

SCYPT Administrative Item A-2  
September 25, 2013

## ADMINISTRATIVE ITEM A-2

### TITLE:

Endorsement of Recommendations for Suicide Prevention.

### ISSUE:

SCYPT endorsement of staff recommendations for suicide prevention.

### RECOMMENDATION:

Staff recommend that the SCYPT endorse the recommendations to the Board of Supervisors included in the report "Suicide in Fairfax County."

### BACKGROUND:

Fairfax County's suicide rate, 7.9 per 100,000 persons from 2003 to 2011, has been consistently lower than state and national rates, both overall and when broken down by age group. However, in a county as large as Fairfax, even relatively low rates result in immense impacts. Eighty-two county residents commit suicide in an average year. Most years, between four and seven youth take their own lives; the youth rate, despite also being below state and national rates, remains unacceptable. The impact of suicide on families, friends, and communities is immeasurable.

Suicide disproportionately affects certain demographics. Whites and males are most likely to commit suicide, nationally and in Fairfax. The elderly – especially older males – are also overrepresented among those who commit suicide.

Fairfax County agencies, Fairfax County Public Schools, and community organizations are committed to reducing the incidence of mental illness and the prevalence of suicide in the county. The report highlights a variety of programs, procedures, and services that are in place across the county designed to prevent and respond to suicides. These range from 24/7 crisis response services to police training to mental health screenings to primary prevention programs. No single agency or organization is responsible for the breadth of services and programs; they all fit into a broad comprehensive approach to suicide prevention and response. The report focuses on County-funded efforts aimed specifically at suicide. It is worth noting that many other organizations, including health care providers, non-profit organizations, and faith-based organizations, are working to prevent suicide in our community.

The most effective ways to prevent suicide are generally not classified as "suicide prevention." Ensuring that individuals are engaged in their communities, find meaning in their relationships, are protected from traumatic experiences, and have caring individuals in their lives are among the many critical strategies to reduce suicide risk. Primary prevention is essential and must be incorporated in a purposive manner throughout the community.

Even with numerous services that surely help explain our lower than average suicide rates, there is more that can be done, both to improve the coordination and functioning of the existing system, and to fill

SCYPT Administrative Item A-2  
September 25, 2013

gaps in service and address unmet needs. Recommended short-term changes to improve our prevention and response interventions include the following:

1. Form a Youth Suicide Review Team to review incidences of suicide in the county, analyze trends, and recommend to the Board programmatic and policy solutions to prevent future suicides;
2. Develop a clear timetable for policy and funding decisions to improve the quality of the youth behavioral health services system and improve access to the system;
3. Commit to provide resources for primary prevention activities that provide the best opportunities to prevent suicide and the risk factors that accompany it;
4. Identify critical issues for elder suicide prevention that need to be addressed through the County's 50+ Action Plan, the Long Term Care Coordinating Council's Strategic Plan, or other initiatives;
5. Direct the reestablished countywide prevention coordination unit to incorporate specific suicide prevention strategies within their broader prevention plan, and to review population-level data, identify service gaps and other needs, and coordinate approaches among various stakeholders on a regular and ongoing basis; and
6. Promote guidelines on suicide reporting to the local press.

The report is available at <http://www.fairfaxcounty.gov/living/healthhuman/reports/suicide-in-fairfax-county.pdf>.

ATTACHMENTS:

"Suicide in Fairfax County: A Report to the Fairfax County Board of Supervisors"

STAFF:

Jesse Ellis, Office of the County Executive

SCYPT Administrative Item A-3  
September 25, 2013

#### ADMINISTRATIVE ITEM A-3

TITLE:

Endorsement of Recommendations for Youth Behavioral Health Services.

ISSUE:

SCYPT endorsement of staff recommendations for improving youth behavioral health services.

RECOMMENDATION:

Staff recommend that the SCYPT endorse the recommendations to the Board of Supervisors included in the report "Youth Behavioral Health Services: Interim Status Report and Recommendations."

BACKGROUND:

In adopting the FY 2014 budget, the Board of Supervisors directed County and school staff to develop recommendations for comprehensive improvements to the array of behavioral health services for youth. The team inventoried and categorized existing services and identified gaps in service and other critical unmet needs. While there is general agreement that improvements to the prevention and high-end treatment ends of the continuum of services are necessary, staff identified the greatest needs are in the area of services (and service coordination) for youth "in the middle." Typical characteristics of such youth include emerging mental health or substance abuse problems and a need for treatment or supports and engagement with a single agency (i.e., not multi-systemic). It is estimated that about 6,000 school-aged youth are in need of such services in Fairfax County, and that a small subset of them would require care coordination.

Services exist to serve these youth. However, there are gaps in service capacity, consistency and quality of approach, availability of accurate and appropriate referral information, care coordination, funding availability, and family capacity to navigate the system. Staff will be recommending systems and policy changes and improvements, new service approaches, and continued service and youth needs reviews. A recommendation will also be presented for the use of \$200,000 set aside by the Board of Supervisors to begin implementation of service improvements.

ATTACHMENTS:

"Youth Behavioral Health Services: Interim Status Report and Recommendations"

STAFF:

Brenda Gardiner, Department of Administration for Human Services

SCYPT Administrative Item A-4  
September 25, 2013

#### ADMINISTRATIVE ITEM A-4

TITLE:

Endorsement of Scope of Recommendations for School Readiness.

ISSUE:

SCYPT endorsement of scope of staff recommendations for school readiness.

RECOMMENDATION:

Staff recommend that the SCYPT endorse a scope of forthcoming recommendations on increasing access to services to promote school readiness.

BACKGROUND:

School readiness is much more than a question of whether children have basic academic skills and knowledge. We utilize a framework that conceptualizes school readiness along four domains:

- *Ready Children:* Children have the best chance at success when families, elementary school staff and community organizations work together to prepare them to successfully transition into kindergarten;
- *Ready Schools:* School principals and teachers can best respond to new kindergartners when they've met the children, their families and their child care professionals ahead of time and are familiar with the kinds of learning experiences the children have had before starting school;
- *Ready Families:* Parents partner with elementary school teachers, principals, child care providers and preschool teachers to determine how best to help children transition into school from home and child care settings; and
- *Ready Communities:* Local nonprofits, libraries, parks, health clinics, businesses, and faith-based organizations provide programs and services support children's school readiness.

A variety of strategies are needed to meet our community's diverse needs. Therefore, within Fairfax County, we have developed a continuum of programs and services to support children's school readiness. This continuum includes, but is not limited to, community-based child care providers, centers, and preschools; home visiting programs such as Healthy Families and the Nurse-Family Partnership; the Infant-Toddler Connection; ChildFind; Head Start and Early Head Start; the Virginia Preschool Initiative; Child Care Assistance and Referral; Neighborhood School Readiness Teams; Bridges to Kindergarten; and the Portage Project. Each program serves identified populations and meets specific needs and goals in an effort to promote a comprehensive and community-wide approach to kindergarten readiness.

Even within categories of programs (e.g., Head Start), there are varied approaches and funding streams. As staff work to develop recommendations to improving access to services and increasing school readiness outcomes, a systems approach is necessary to inform future directions. Therefore, staff is asking that the SCYPT endorse an approach that addresses the full range of needs by incorporating elements of the entire continuum of services.

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ATTACHMENTS:

None.

STAFF:

Anne-Marie Twohie, Department of Family Services, Office for Children

SCYPT Information Item I-1  
September 25, 2013

## INFORMATION ITEM I-1

### TITLE:

2012-13 Fairfax County Youth Survey Report

### ISSUE:

The School Year 2012-13 Fairfax County Youth Survey Report provides information on Fairfax County youth behaviors and risk and protective factors.

### BACKGROUND:

Results from the Fairfax County Youth Survey, using data collected during School Year 2012-2013, are now available. The following highlights should be noted:

- The prevalence of alcohol use decreased slightly. Alcohol is the most frequently used substance for Fairfax County youth, but it is below the national average; however, binge drinking among Fairfax County twelfth graders is comparable to their peers nationally.
- In the past year, there has been a decrease in marijuana and cigarette use while inhalant use has increased; however, there are no clear trend patterns for these substances based on three years of data. Data across a few more years will be needed to identify any developing trends.
- Fairfax County was above the national average for depressive symptoms in 2011, and prevalence within the county increased between 2011 and 2012.
- Bullying remains an area of focus for our community, and beginning in 2009 we extended this area to include cyberbullying:
  - Among eighth-, tenth-, and twelfth-grade students, there was a 10 percentage point drop in Fairfax County youth who reported being a bully; however, there was a slight increase of youth who reported being a victim of bullying. For sixth-grade students, prevalence has continued to decrease for both being a victim and being a bully.
  - Being a victim as well as being an aggressor has decreased for cyberbullying.
  - Being a victim has increased for racial/cultural harassment, while being the aggressor has decreased.

County and Fairfax County Public Schools staff use pyramid-level data to determine needs in targeted geographic areas and address issues that remain a major concern. Public and private partners continue to work more collaboratively to better educate the community, strengthen programs and services, and introduce more creative initiatives. The Prevention Toolkit, a product of collaborative efforts designed to provide the public with access to data and support in taking action to address youth issues, will have updated in-depth data later this fall.

The Prevention Toolkit currently addresses five areas, selected based on previous survey results and the countywide prevention goals: Alcohol, Tobacco and Other Drugs; Bullying & Cyberbullying; Mental Health; Nutrition & Physical Activity; and Teen Dating Abuse. The Prevention Toolkit is available at: [www.fairfaxcounty.gov/ncs/prevention/toolkit.htm](http://www.fairfaxcounty.gov/ncs/prevention/toolkit.htm).



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For more information about the Fairfax County Youth Survey, please contact Sophia Dutton, Department of Neighborhood & Community Services, at [sophia.dutton@fairfaxcounty.gov](mailto:sophia.dutton@fairfaxcounty.gov) or (703) 324-5134.

The full reports can be found at <http://www.fairfaxcounty.gov/youthsurvey>. In addition to the reports, the website includes a 25 minute video describing highlighting the survey results and slides for a presentation on the results. It also houses results of the Youth Survey from prior years, as well as related fact sheets and public service announcements.

ATTACHMENTS:

“Fairfax County Youth Survey School Year 2013” presentation

STAFF:

Dede Bailer, FCPS Department of Special Services

Sophia Dutton, Department of Neighborhood and Community Services

# Suicide in Fairfax County

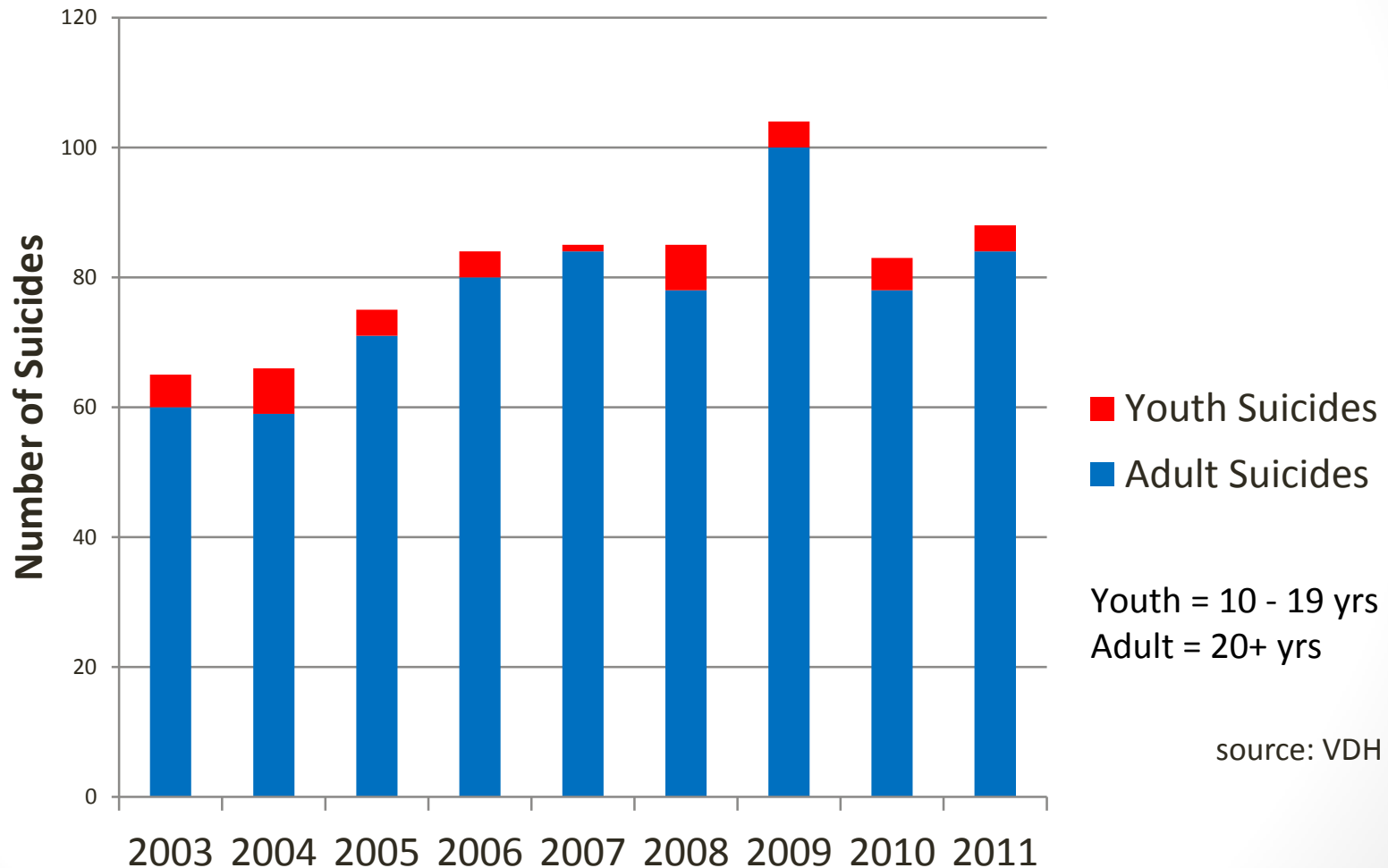
Successful Children and Youth Policy Team

September 25, 2013

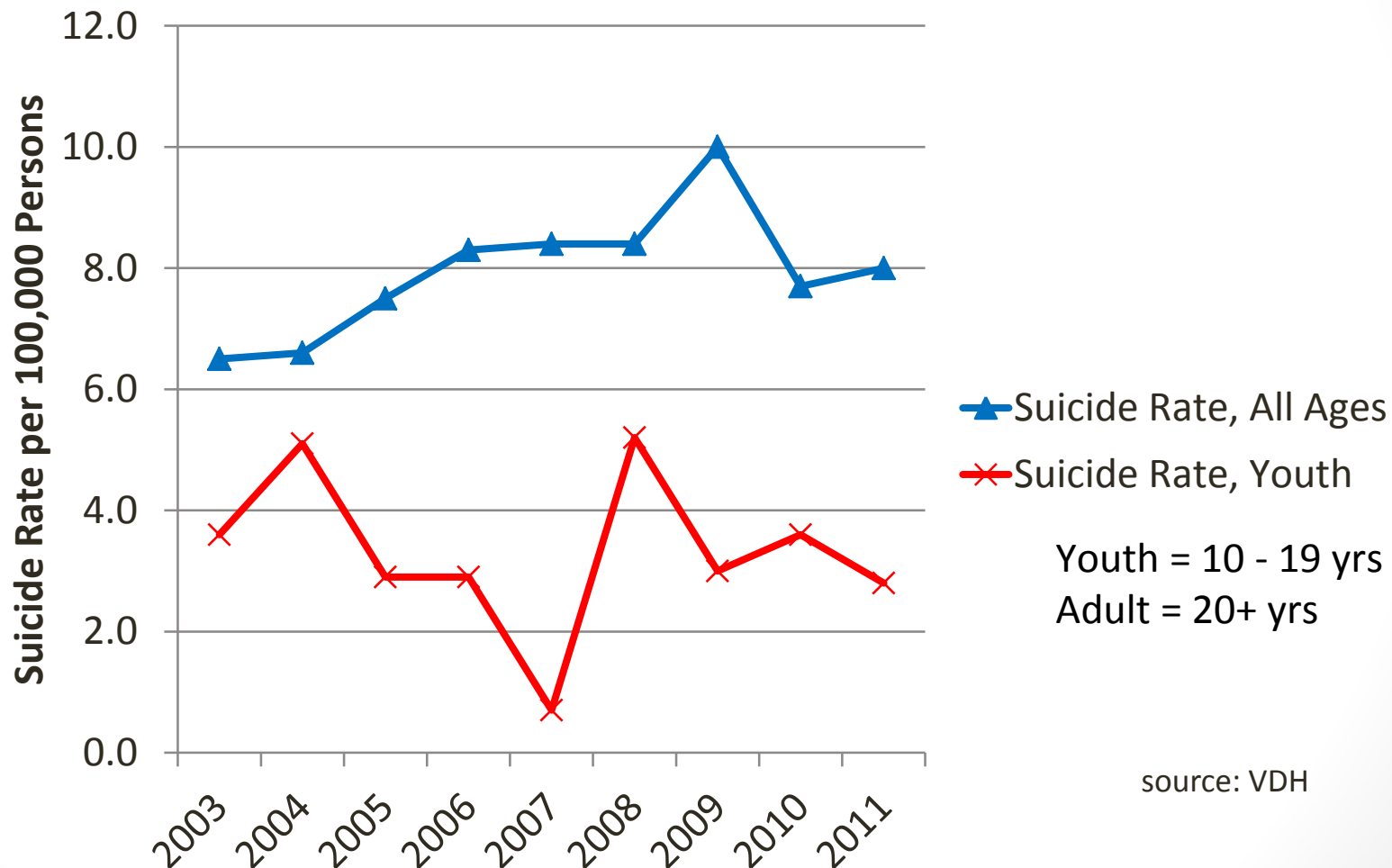
Jesse Ellis

Office of the County Executive

# Annual Suicides in Fairfax County, 2003-2011



# Annual Suicide Rates in Fairfax County, 2003-2011



source: VDH

# Suicide Rate by Age Group, 2003-2011

Age Group	Fairfax County Suicide Rate	Range of Annual Fairfax County Suicide Rate	National Suicide Rate (2003-2010)
Total (10+ years)	7.9	6.5 – 10.0	11.5
10 – 19 years	3.3	0.7 – 5.2	4.3
20 – 24 years	10.0	6.0 – 13.6	12.7
25+ years	10.3	8.2 – 13.5	15.3
60+ years (2003-10)	12.4	not available	15.6

sources: VDH, CDC

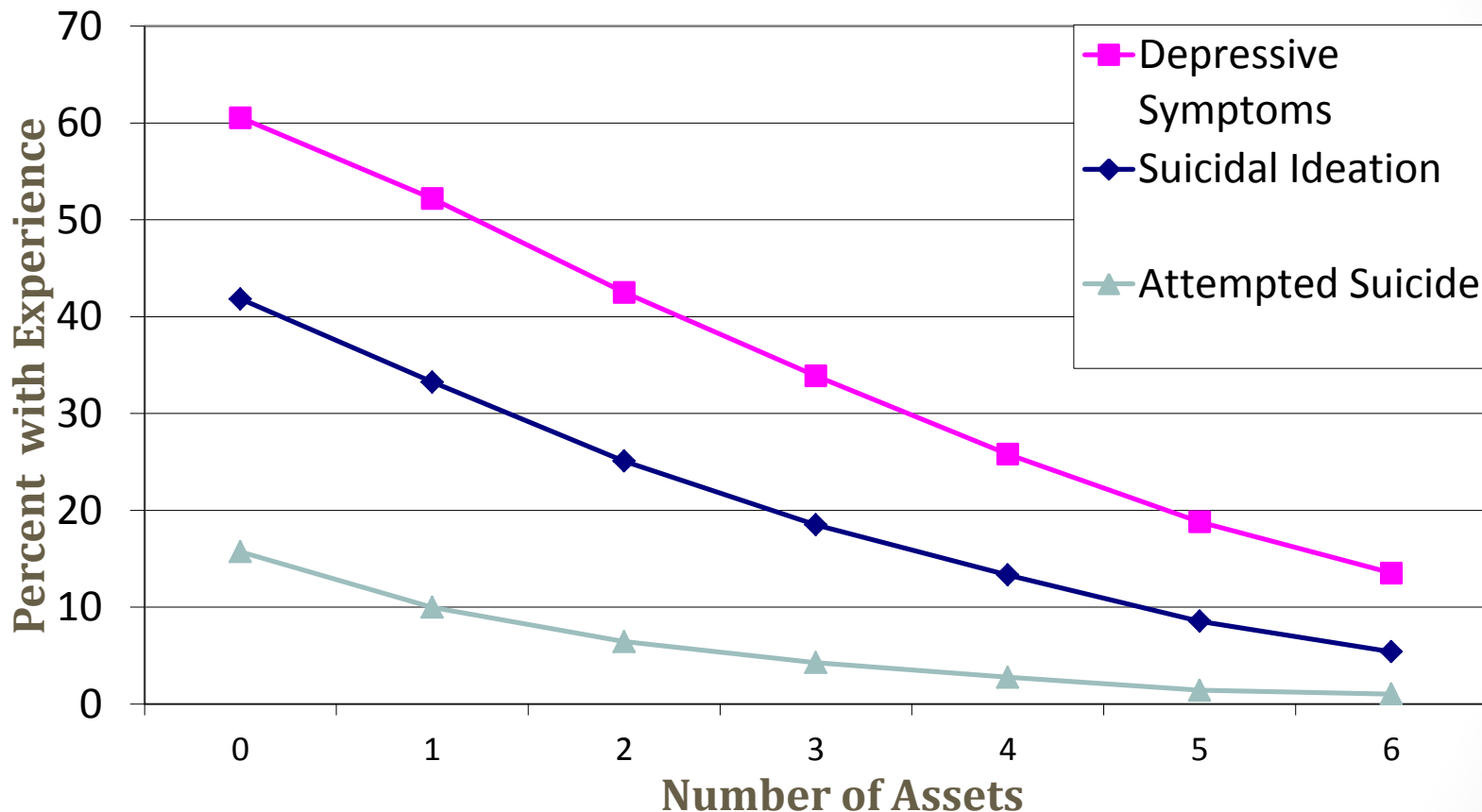
# Disparities

- Males are more than twice as likely as females to commit suicide
- Non-Hispanic whites have the highest rates among racial/ethnic groups
- Older (60+) men have a very high suicide rate statewide: 29.4 per 100,000

# Common Circumstances

- Mental health problems, depression
- Relationship problems
- Substance abuse
- Physical health problems, especially for older adults
- Job problems
- Financial problems
- Also common for youth: school problems, legal problems

# Youth Depression and Suicide: Three to Succeed



Having High Personal Integrity  
Performing Community Service  
Having Teachers Recognize Good Work

Having Community Adults to Talk to  
Participating in Extracurricular Activities  
Having Parents Available for Help



# Response to Suicide and Acute Risk

- Police
  - Collaborations with FCPS, CSB, CrisisLink
  - Victim Services Unit
- Community Services Board
  - Emergency Services (e.g., Woodburn, MCU)
  - Residential Services
- FCPS
  - Assessment and services
  - Response protocol
- CrisisLink
  - Hotline

# Suicide Prevention

- Primary prevention
  - Prevention Toolkit
- Police
  - Crisis Intervention Training
- FCPS
  - Resiliency Project
  - Screenings and awareness
- CSB
  - MHFA
  - Youth ACT: Signs of Suicide
- Partnership for Youth
  - Advocacy
  - Training
  - Resources/awareness

# The 2012 National Strategy for Suicide Prevention

## Strategic Direction 1: Healthy and Empowered Individuals, Families, and Communities

Goal 1. Integrate and coordinate suicide prevention activities across multiple sectors and settings.

Resiliency Project  
Crisis Intervention Training  
Rec 5: Coordinated approach

Goal 2. Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors.

Resiliency Project  
Prevention Toolkit  
Mental Health First Aid  
PFHF educational campaign

Goal 3. Increase knowledge of the factors that offer protection from suicidal behaviors and that promote wellness and recovery.

Resiliency Project  
Mental Health First Aid  
Prevention Toolkit  
Emergency Services

Goal 4. Promote responsible media reporting of suicide, accurate portrayals of suicide and mental illnesses in the entertainment industry, and the safety of online content related to suicide.

Rec 6: Promotion of guidelines

# The 2012 National Strategy for Suicide Prevention

## Strategic Direction 2: Clinical and Community Preventive Services

Goal 5. Develop, implement, and monitor effective programs that promote wellness and prevent suicide and related behaviors.	Partners in Prevention Fund Primary and behavioral health care integration
Goal 6. Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.	Counselors and therapists Operation Medicine Cabinet Cleanout
Goal 7. Provide training to community and clinical service providers on the prevention of suicide and related behaviors.	Mental Health First Aid Signs of Suicide

# The 2012 National Strategy for Suicide Prevention

## Strategic Direction 3: Treatment and Support Services

Goal 8. Promote suicide prevention as a core component of health care services.

Primary and behavioral health care integration

Goal 9. Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.

Current assessment practices  
PFHF access to screenings  
strategy  
Rec 2: Youth behavioral health improvement strategies

Goal 10. Provide care and support to individuals affected by suicide deaths and attempts to promote healing and implement community strategies to help prevent further suicides.

FCPS and Police protocols  
CrisisLink  
Community of Solutions

# The 2012 National Strategy for Suicide Prevention

## Strategic Direction 4: Surveillance, Research, and Evaluation

Goal 11. Increase the timeliness and usefulness of national surveillance systems relevant to suicide prevention and improve the ability to collect, analyze, and use information for action.

Youth Survey  
BRFSS  
Rec 1: Youth Suicide Review Team

Goal 12. Promote and support research on suicide prevention.

Youth Survey  
BRFSS  
Rec 1: Youth Suicide Review Team

Goal 13. Evaluate the impact and effectiveness of suicide prevention interventions and systems and synthesize and disseminate findings.

Existing evaluations  
Rec 5: countywide prevention coordination

# Recommendations

1. Form a Youth Suicide Review Team to review incidences of suicide in the county, analyze trends, and recommend to the Board programmatic and policy solutions to prevent future suicides.
2. Develop a clear timetable for policy and funding decisions to improve the quality of the youth behavioral health services system and improve access to the system.
3. Commit to provide resources for primary prevention activities that provide the best opportunities to prevent suicide and the risk factors that accompany it.

# Recommendations

4. Identify critical issues for elder suicide prevention that need to be addressed through the County's 50+ Action Plan, the Long Term Care Coordinating Council's Strategic Plan, or other initiatives.
5. Direct the reestablished countywide prevention coordination unit to incorporate specific suicide prevention strategies within their broader prevention plan, and to review population-level data, identify service gaps and other needs, and coordinate approaches among various stakeholders on a regular and ongoing basis.
6. Promote guidelines on suicide reporting to the local press.



# Questions?

The report is available at  
[www.fairfaxcounty.gov/living/  
healthhuman/reports/  
suicide-in-fairfax-county.pdf](http://www.fairfaxcounty.gov/living/healthhuman/reports/suicide-in-fairfax-county.pdf)

Fairfax  
County  
Interagency  
Youth  
Behavioral  
Health Work  
Group



Resources



Needs



Recommendations

**Presentation to Successful Children and Youth Policy Team  
September 25, 2013**

# Board of Supervisors Guidance

- Directed staff to identify requirements to address ***youth behavioral human services requirements in schools and the broader community.***

“Program staff from the Department of Family Services, Health Department, Office to Prevent and End Homelessness, Department of Neighborhood and Community Services, the Juvenile and Domestic Relations District Court and the Fairfax-Falls Church Community Services Board, under the guidance of the Deputy County Executive for Human Services will work with the Fairfax County Public Schools (FCPS) and the nonprofit community (including the Partnership for Youth) to identify the array of youth services that are necessary to address the most pressing needs within the community.

The discussion will focus on work already underway as part of the collaboration between the County and FCPS to identify the appropriate prevention, early intervention and treatment services that are necessary to deal with behavioral health issues and to best leverage the current services provided within the schools as well as more broadly in the community. The review will include an evaluation of possible strategies presented by the Fairfax-Falls Church Community Services Board as part of the FY 2014 budget discussions as well as the service concerns heard by the Human Services Council. A comprehensive recommendation will be provided to the Human Services Committee of the Board of Supervisors (to which the School Board will be invited) in Fall 2013.”

- Funding of \$200,000 held in reserve until the Board approves the recommendations for its use.

# Project Scope

- All youth living in Fairfax County
  - 262,000 under age 18
  - 183,000+ enrolled in public schools
  - 2,600+ in private schools/out of school
  - 74,054 pre-kindergarten
  - Not limited to youth receiving higher intensity services (out of home placement, residential or hospitalization for treatment)
- Identification of existing resources and programs
- Gap between authorized level of resources and budgeted resources

# Existing Resources and Service Capacity for Youth Behavioral Health Services

## Public Schools

- Wellness/prevention services
- Suicide and Risk Assessment
- 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, outpatient and day treatment)
- Intensive Services Coordination
- Targeted Case Management for SED and at risk youth
- Psych. Hospital Discharge Planning
- Emergency Services

## Community Providers

Private (insurance and families)

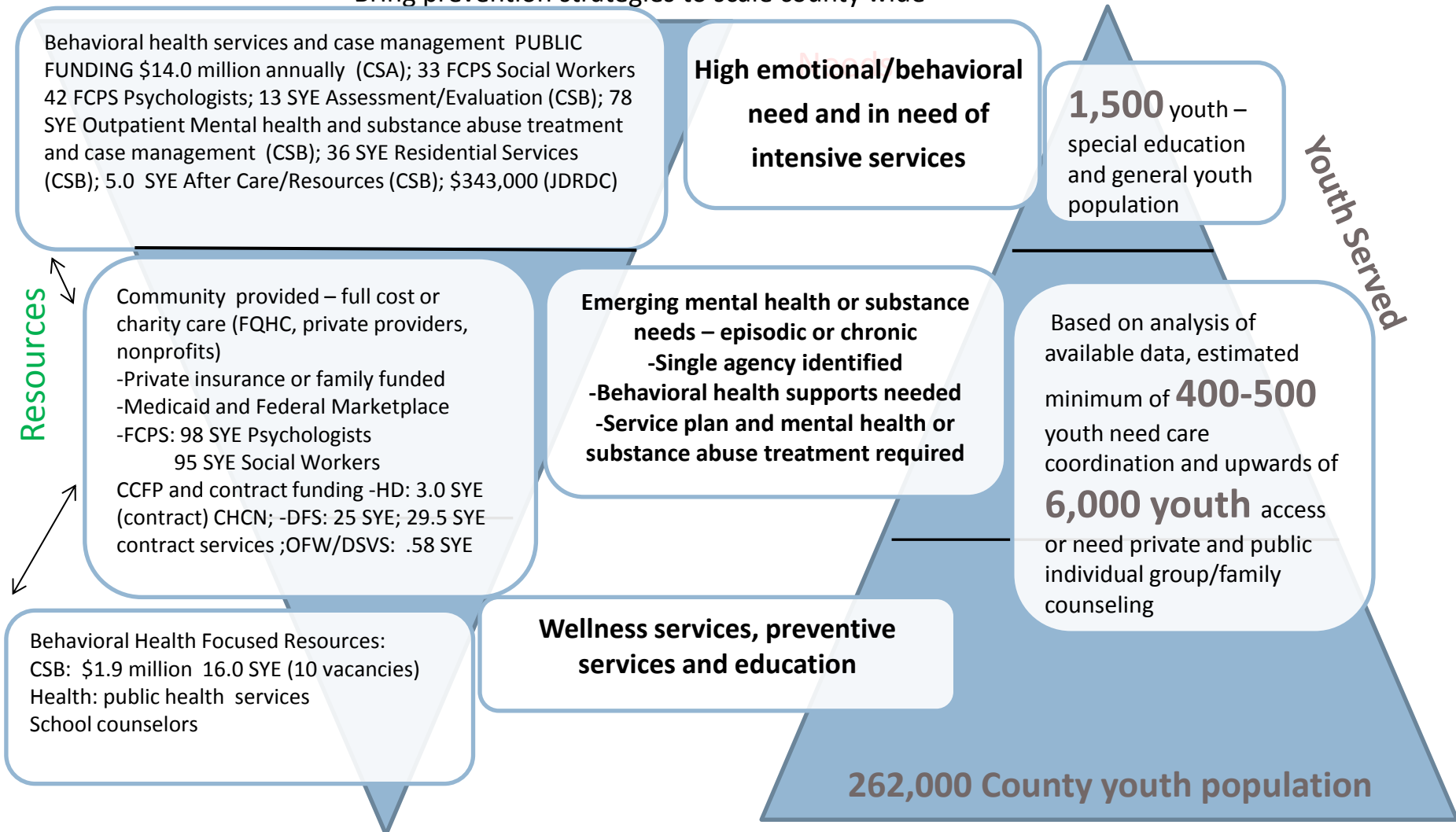
Nonprofit/faith and community

## County funded – contract providers

- Contract oversight in CSA Program office (75 businesses; 80 private therapists)
- Contract oversight for youth crisis care in CSB (1 provider)
- Community provided (CCFP funded)

# 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

# Human Services and Schools Programs for Youth with Behavioral Health Needs Across Continuum of Need

<p><b>Prevention: Tier 1 Services</b></p>	<p><b>Prevention: Tier 2 Services</b> Targeted populations early interventions</p>	<p><b>Intervention</b></p>	
<p>General population – monitor student functioning with short term intervention as needed</p> <p>Mental wellness and substance abuse awareness</p>	<p>Targeted family and youth interventions</p> <p>Family based interventions</p> <p>Situational crisis management</p> <p>Short term social skills programming</p> <p>Personal development intervention (anger management, emotional regulation, coping skills)</p>	<p>Targeted family and youth interventions</p> <p>Continuum of services for life stressors, substance abuse and mental illness</p> <ul style="list-style-type: none"> <li>Short-term &amp; longer term services for both gen ed. and special education populations</li> <li>Clinical support in public cay school and day treatment settings</li> <li>Targeted Case Management</li> <li>Outpatient care</li> <li>Psychiatric evaluations, treatment and medication</li> <li>Day treatment</li> <li>Emergency services</li> <li>Hospitalization</li> <li>Residential</li> </ul>	<p><b>Emerging need</b></p>
<p><b>PROGRAMS/SERVICES (examples)</b></p> <ul style="list-style-type: none"> <li>Wellness programs; depression &amp; suicide awareness e.g. SOS, Response, ASIST, Active Minds chapters</li> <li>Positive Behavior Intervention Support (PBIS)</li> <li>Mental Health First Aid</li> <li>“Three to Succeed” strategies</li> <li>Health curriculum</li> <li>Resiliency Project</li> <li>Partnerships with community coalitions and providers for education, public awareness, &amp; events</li> </ul>	<p><b>PROGRAMS/SERVICES (examples)</b></p> <ul style="list-style-type: none"> <li>family preservation program</li> <li>Healthy Families Fairfax</li> <li>Nurse Family Partnership</li> <li>Maternal/child health</li> <li>Community-school care Coordination</li> <li>AOD Intervention Seminars</li> <li>Restorative Behavior Intervention Seminars</li> </ul>	<p><b>PROGRAMS/SERVICES (examples)</b></p> <ul style="list-style-type: none"> <li>Behavioral techniques training (respect, responsibility, resiliency, coping)</li> <li>Outpatient services – individual, family and group counseling</li> <li>Residential services</li> </ul>	<ul style="list-style-type: none"> <li>Appears as non-emergency</li> <li>May be acute or chronic (impacts school performance, social and family life); or</li> <li>Long term support needed but managed with appropriate medication and therapeutic care; and</li> <li>May be receiving some services</li> </ul>
		<p><b>Known need, but may not access treatment and supports</b></p>	
		<ul style="list-style-type: none"> <li>Youth involved in substance abuse</li> <li>Youth or caregiver has suffered trauma (family domestic violence, war, refugee crisis, sexual exploitation or trafficking)</li> <li>Youth has committed a crime</li> </ul>	
		<p><b>Emergency/Crisis</b></p>	<p><b>After Care and Transitions</b></p>
		<p><b>SERVICE examples</b></p> <ul style="list-style-type: none"> <li>CSB Emerg Svcs</li> <li>Private therapists</li> <li>Hospitalization</li> </ul>	<p><b>SERVICE examples</b></p> <ul style="list-style-type: none"> <li>-Intensive Care Coordination</li> <li>-Discharge planning</li> </ul>
		<p><b>Stabilization</b></p>	

# Prevalent Gaps in the Youth Behavioral Health System

- Families struggle to access and navigate the system
  - Timely and consistent information is needed to support parents and families in need of public and community BH services
- Staff in different parts of the system do not have consistent protocols and resources to refer and transition clients
  - Trained and informed personnel with consistent information and referral tools are needed to support “handoffs”
- Limited system wide ability to examine the effectiveness and efficiency of services
  - Utilization management, review and treatment credentialing is not coordinated system wide



# Gaps (continued)

- Families with insurance, including Medicaid, often can't find providers that accept insurance
  - Public system doesn't have the capacity to serve all people with/without insurance
- Service gaps exist for care coordination and mental health/substance use treatment
  - A particular need identified is a comprehensive array of therapeutic services for trauma survivors

# Summary of Initial Recommendations

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 1

**Implement system changes to improve information sharing, best practices, collaboration, and accountability.**

- **Develop shared training on key behavioral health needs for mental health and substance abuse services and identification.**
  - Expand trauma informed training to all staff to ensure appropriate service/treatment practices.
  - Develop a shared HS and FCPS training curriculum and implementation plan that is annually updated, with goal of bringing existing training programs to scale for school and county social workers, counselors, treatment and referring staff.
- **Revise system-wide management and oversight practices to improve accountability and performance.**
  - Develop agency-specific performance dashboards using the Human Services systems accountability framework currently under development.
  - Create joint action plans that integrate funding, workforce, strategies and outcome measurement for prevention and early intervention initiatives and services.

# Recommendation 2

## **Continue implementation of a “Systems of Care” approach across County, FCPS, and community supports and services.**

- Complete the Interagency Youth Behavioral Health Work Group’s phase II tasks identified in work group charter by spring 2014.
- Inventory existing resources within the FCPS and HS service delivery structure to better serve youth and families needing service approaches more intensive than a single agency response, and less intensive than those offered to high risk/need youth. Expand inter-agency work group to include additional community provider representation.
- Create a working model that clearly defines the County’s “system of care” for youth across the continuum of behavioral health needs. The model is to include provision of services and resources from mental health, substance abuse, education, child welfare, juvenile justice programs and the community.
- Review options for service delivery models using available resources to meet needs of youth and families.

# Recommendation 2 *(continued)*

- **Develop protocols to ensure effective cross-system coordination of services.**
  - Review intake, assessment, triage, referral, transition across levels of care, and lead case management assignments.
  - Review, develop, and implement a uniform set of requirements in cross-system treatment planning tool.
  - Review, develop, and determine how to track system performance measures and outcomes.
  - Establish formal agreements that clearly identify roles, responsibilities and service flow between participating county agencies, FCPS, and partnering entities.
- **Utilize the \$200,000 set aside in FY 2014 for required direct services not covered by CSA or other funding sources.**
  - Examine various strategies to increase access to mental health and substance use treatment in the community as well as through public resources through use of set aside funds.
  - Continue monitoring CSB's personnel vacancies and expenses monthly and fill positions using CSB appropriated funds before accessing the \$200K set aside.

# Recommendation 2 *(continued)*

- **Establish a Systems of Care fund to implement the model.**
  - Consider establishing a locally administered fund to enhance access to services for “mid tier” youth; an initial \$1.0 million is recommended.
  - Bring model to system-wide implementation.
  - Create systems implementation oversight (through a combination of redirected resources and savings).
  - Develop policies and operational procedures on providing care coordination and mental health/substance abuse services through combination of community providers, FCPS and HS program resources.
- **Present final Interagency Youth Behavioral Health Work Group recommendations to SCYPT, School Board, and Board of Supervisors by May 2014.**

# Recommendation 3

## **Develop and implement CSB Youth Services Division Resource Plan.**

- Work with the CSB Board and staff to address consistent criteria to ensure youth and families with the greatest need receive priority for timely and appropriate services. Outline the expected service delivery staffing configuration.
- Identify expected population and service delivery design, incorporating expected outcomes and deliverables for clinical support in public day school and day treatment settings, Targeted Case Management, outpatient services, psychiatric evaluations, emergency services, care coordination, treatment planning and support services.
- Complete division redesign by June 2014.
- Assume resources provided through the County General Fund remain at the September 2013 authorized position level.
- Present final recommendations to CSB Board and full interagency YBH work group by January 2014 and report to SCYPT in February 2014.

# Recommendation 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.**

- Focus review on targeted populations: juvenile diversion population, youth returning to community from corrections, youth in day treatment and youth in alternative education programs.
- Present subcommittee work with final recommendations to the interagency work group and SCYPT by February 2014.



# Recommendation 5

**Expand the scope of the mental health promotion/wellness priorities throughout the continuum of supports provided to youth and families.**

- Direct the re-established countywide prevention coordination unit to incorporate specific behavioral health promotion strategies within their broader prevention plan, and to review population-level data, identify service gaps and other needs, and coordinate approaches among various stakeholders on a regular and ongoing basis.
  - Consider establishing an annual performance contract with each agency focused on maintaining a resource commitment to primary prevention activities that provide the best opportunities to promote mental and behavioral health.

# Recommendation 6

## **Improve access to behavioral health care for families with insurance and Medicaid.**

- Review and leverage existing capacity at the FCPS Family Resource Center to enhance information and education for families on mental health supports and services.
- Review capacity within health navigation and coordination services throughout the system to develop “help line” and/or automated tools to provide current information and assistance.
- Determine appropriate mechanisms for sharing information to front line FCPS and HS workforce, with the goal of assuring information provided is updated, current, and reflects information on specialty services.
  - Goal is to improve quality and consistency of information and referral to community mental health and substance abuse services and educate consumers on available treatments funded by insurance.

# Recommendation 7

## **Review policies on use of CSA non-mandated funding.**

- Direct the CSA Management Team to investigate options for revenue maximization of CSA funding that efficiently accesses state/federal revenues to address mid-tier youth and family populations identified in this report.
  - Report to full work group in December 2013.
- Present recommendations from Interagency Youth Behavioral Health Work Group to CPMT by January 2014.

# Next Steps

- Incorporate initial feedback from SCYPT.
- Present preliminary recommendations and full report to Board of Supervisors Human Services Committee on October 1, 2013.
- Request approval from Board of Supervisors to authorize the DCE to proceed with use of the \$200,000 set-aside funding.
- Establish a detailed work plan on proposed recommendations with key deliverables and timeframes.



# School Readiness

Needs, Resources, and Current Strategies

Fairfax County

Successful Children and Youth Policy Team

September 25, 2013

Fairfax County

**O F C** Office for Children

# School Readiness

- Children
- Families
- Schools
- Communities



## School Readiness

Fairfax County

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# School Readiness

Children develop in the context of their family and community.

Communities have the opportunity to work in partnership with families to support young children's healthy growth and development and lifelong success.

Promoting children's positive development and school readiness helps children, families, communities and schools to thrive. A variety of strategies are needed to meet diverse needs.



## School Readiness

Fairfax County

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# Early Childhood Education: Research

Research from the Center of the Developing Child at Harvard University (2010) shows that the learning, development and care that children experience before they reach school age influences their ability to live a healthy life, succeed in school and contribute to society.



## School Readiness

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# Early Childhood Education: Research

Brain research demonstrates that children learn more in their first five years of development than at any other time of life. (Huttenlocher & Dabholkar, 1997)

The emerging social, language, literacy, math and science skills children have as they enter kindergarten are strong predictors for later school success. (*Blair, 2002; Hart & Risley, 1995*)



## School Readiness

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# Return on Investment

Nobel laureate economist James J. Heckman has documented that for every dollar spent on early childhood education, particularly for the neediest children, the return is \$7 in improved academics and productivity and lower social costs.

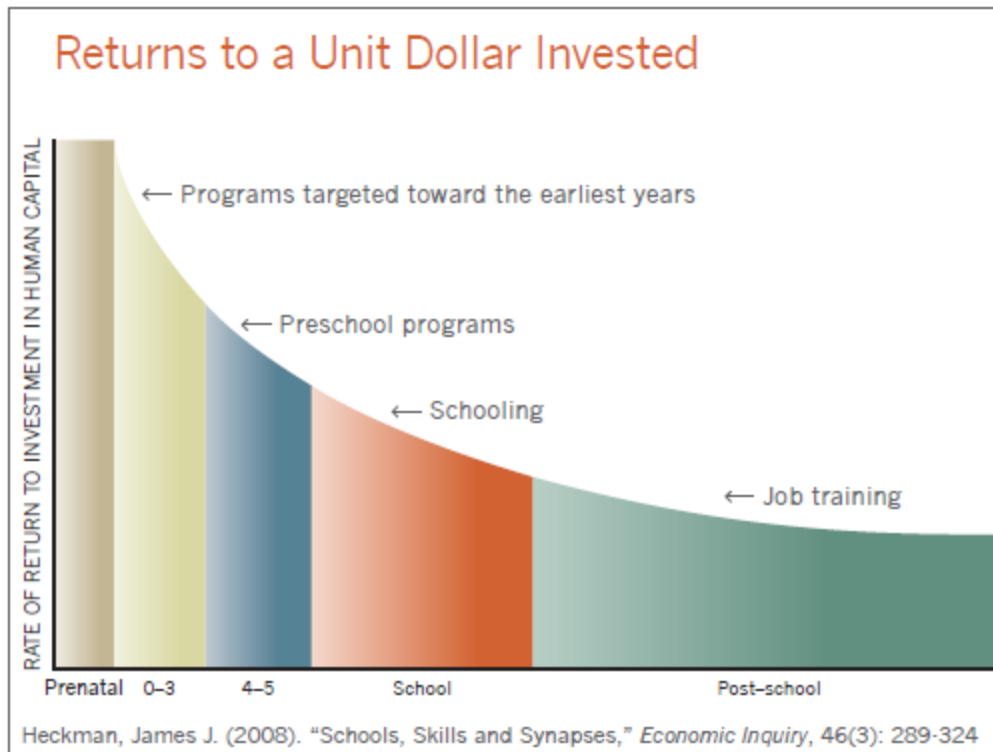


## School Readiness

Fairfax County

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# The Heckman Equation



Early childhood education is an efficient and effective investment for economic and workforce development. The earlier the investment, the greater the return on investment.

Invest in Early Childhood Development:  
Reduce Deficits, Strengthen the Economy  
[www.heckmanequation.org](http://www.heckmanequation.org)



## School Readiness

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# Return on Investment

Heckman's research demonstrates the importance of:

- Starting early (from *birth* to age five)
- Serving children *and* their families
- Program quality

High quality early childhood programs prepare children with the foundation to be ready to be productive members of our community and to have the analytical and technical skills required to meet the challenges of an ever changing global economy.



## School Readiness

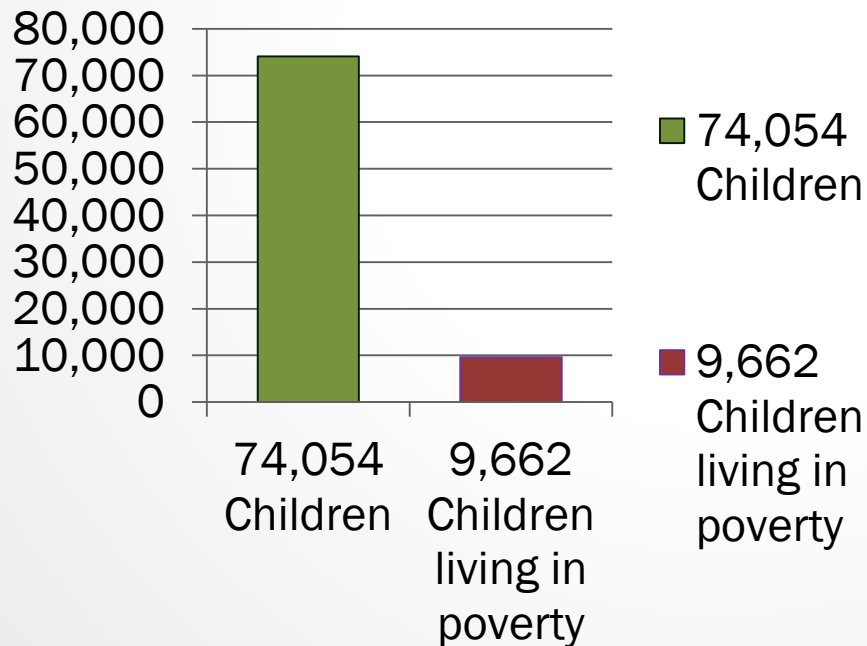
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# Children in Fairfax County

- There are 74,054 children under the age of 5 years living in Fairfax County.
- 13.1% of children under 5 (9,662) are living below the poverty level\*.



\*2011 American Community Survey



## School Readiness

# Children in Fairfax County

- In FCPS last year, 26.7% of all students were eligible for free/reduced meals, while 33.1% of kindergarteners were eligible.
- In 2011, 62% of children under age six had all parents in the labor force as compared to 57% in 2005.



## School Readiness

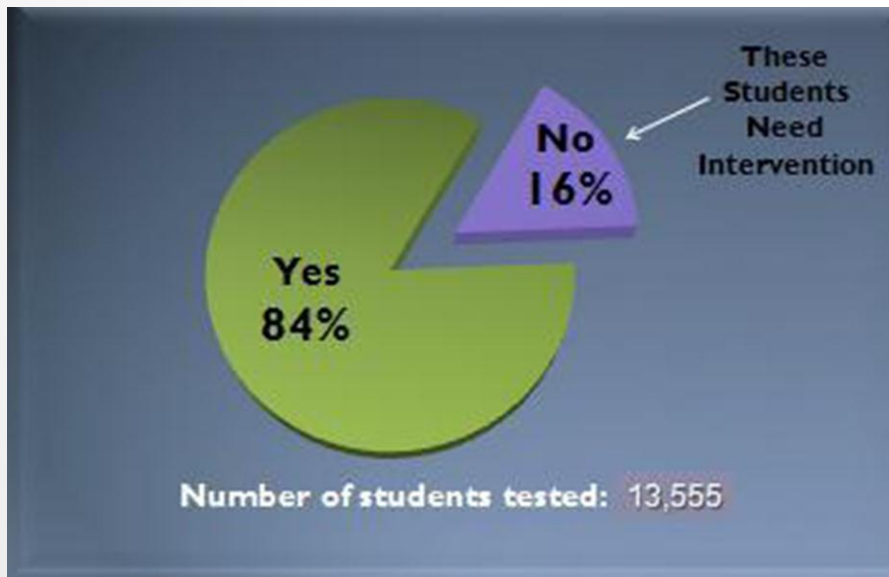
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# Children in Fairfax County

Fall 2012 - FCPS kindergarten phonological awareness assessment:

- Of 13,555 students assessed, approximately 84 percent (11,233) met the fall reading intervention benchmark.
- Approximately 16 percent (2,122) did not and were referred for intervention services.



Passages, Benchmarking Our Students' Achievement, FCPS, June 2013



## School Readiness

Fairfax County

**O F C** Office for Children

# A Continuum of Programs

In Fairfax County, we have continuum of programs that support children's school readiness.

Fairfax County's diverse early childhood community, which includes over 2,100 family child care providers and over 500 centers and preschools, serves children from birth through age 12.



## School Readiness



# A Continuum of Programs

County programs promoting school readiness include:

Home visiting programs such as **Healthy Families** and the **Nurse-Family Partnership** provide services to eligible pregnant women and new moms so that they can receive the care and support they need to ensure a healthy baby, and promote positive parenting skills.



**School  
Readiness**

Fairfax County

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# A Continuum of Programs

The **Infant Toddler Connection of Fairfax-Falls Church, CSB, and FCPS Child Find and Early Childhood Identification and Services** provide evaluations and early intervention services for young children who have a developmental delay or a diagnosis that may lead to developmental delays.



## School Readiness

Fairfax County

**O F C** Office for Children

# A Continuum of Programs

**Head Start/FECEP** and **Early Head Start** provide early childhood education, family services and health, nutrition and mental health services to eligible children from birth to five years old and their families. **Early Head Start** also serves pregnant women.



## School Readiness

Fairfax County

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# A Continuum of Programs

The **Virginia Preschool Initiative** provides early childhood education and comprehensive services to at-risk four year olds and their families.

**VPI** services are provided in FCPS preschool classrooms and in community-based child care centers and family child care homes throughout the county.



## School Readiness

Fairfax County

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# A Continuum of Programs

The **Child Care Assistance and Referral** program provides financial assistance for child care to families with low to moderate incomes who are working or are in education programs.

The **Fairfax County Public Library** has a number of initiatives which promote children's school readiness including Story Times, Baby Arts Play and a Story Time project with family child care providers.



## School Readiness

Fairfax County

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# A Continuum of Programs

**Neighborhood School Readiness Teams** are collaborative partnerships between the community, early childhood programs, public schools, and county programs.

NSRTs develop and implement action plans to support school readiness in their community.



## School Readiness

Fairfax County

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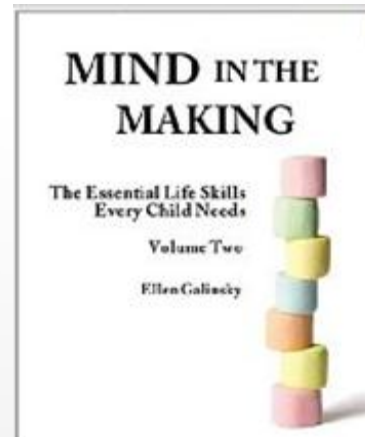
# A Continuum of Programs

## Bridges to Kindergarten - FCPS

A summer program to support successful transition to kindergarten for children on the waiting list for Head Start/FECEP and others who have not had a pre-K experience.

## Mind in the Making – FCPS and OFC

A partnership with parents, schools, and the community to promote children's executive functioning skills.



## School Readiness



# A Continuum of Programs

The **Virginia Quality Rating and Improvement System** is an initiative to assess, improve, and communicate the level of quality in early care and education settings that families consider for their children.

VQRIS defines standards for early childhood education and creates a framework for accountability, and also establishes a network of support and outreach for programs and practitioners which promotes continuous quality improvement.



## School Readiness

Fairfax County

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# A Continuum of Programs

The **Portage Project Initiative** provides on-site coaching to family child care providers as they implement curriculum designed to prepare children to be successful in school. This initiative is funded by the Partners in Prevention Fund and Fairfax Futures.

The **Office for Children** collaborates with community organizations, county agencies, public schools, families and early childhood professionals to support children's lifelong success.



## School Readiness

Fairfax County

**O F C** Office for Children

# Looking Ahead

A comprehensive county-wide school readiness plan will build upon a strong foundation and include diverse strategies that:

- Support and engage families
- Support community based early childhood programs
- Augment existing pre-kindergarten programs



## School Readiness

Fairfax County

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# Head Start Overview

The **Head Start** program is an integral part of assuring that the county's most vulnerable children are ready to succeed in kindergarten and beyond.

The program also supports family self-sufficiency by helping parents to achieve their own educational, literacy and employment goals.

**Head Start** is a partnership between **Fairfax County**, **Fairfax County Public Schools** and **Higher Horizons Day Care**.



## School Readiness

Fairfax County

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# Head Start/Early Head Start

The **Office for Children** directly operates the **Greater Mount Vernon Community Head Start** programs, through which children are served in either a center-based or family child care model.

**Fairfax County Public Schools** serves children in a center-based model.

**Higher Horizons Day Care Center**, a private non-profit organization, provides center-based and home-based services.



## School Readiness

Fairfax County

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# Program Enrollment

The county and FCPS utilize a combination of federal, state, and local dollars to fund these programs.

2013-2014 Head Start Funding and Funded Program Enrollment

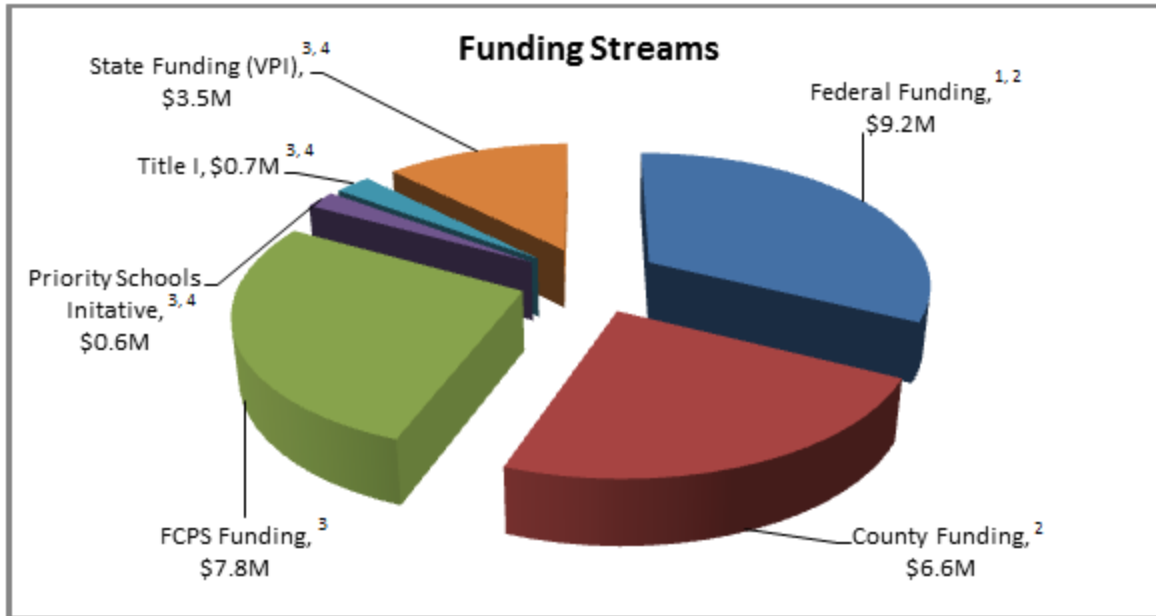
Program	Federal Head Start & Early Head Start Funding	County, FCPS, State, and/or Title I Funding <sup>1</sup>	Total
Greater Mount Vernon Community Head Start	248	54	302
Higher Horizons	140	84	224
Fairfax County Public Schools	290	1,233	1,523
<b>Total</b>	<b>678</b>	<b>1,371</b>	<b>2,049</b>

<sup>1</sup>Greater Mount Vernon and Higher Horizons are funded with County General Fund dollars only. FCPS leverages County General Fund dollars with other funding sources –including local School Board funds, state VPI funds, federal Title I dollars, and Priority Schools Initiative funds – to maximize the number of children receiving full day early childhood education and other comprehensive services.



## School Readiness

# Funding Streams



<sup>1</sup> Includes required 20% non-federal match (cash and in-kind).

<sup>2</sup> Supports OFC/GMVCHS, Higher Horizons, and FCPS.

<sup>3</sup> Supports FCPS only.

<sup>4</sup> State VPI, Title I, and PSI funds are used by FCPS to maximize the number of children receiving full day early childhood education and other comprehensive services. Additional VPI funds, not shown here, are used to serve children in community-based child care centers and family child care homes.



## School Readiness

Fairfax County

**O F C** Office for Children



# Thank You

September 25, 2013

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*Dunn Loring Center*  
2334 Gallows Road  
Dunn Loring, Virginia 22027  
703-204-4341

Mr. Ilryong Moon  
Chairman  
Fairfax County School Board  
8115 Gatehouse Road, Suite 5400  
Falls Church, VA 22042

Dear Mr. Moon

We are pleased to submit the Minority Student Achievement Oversight Committee's (MSAOC) Annual Report for 2013, including our recommendations. We hope you will accept our recommendations as meaningful and thoughtful information to assist in making informed decisions related to "*closing the achievement gap*" policies and programs.

MSAOC would like to formally acknowledge the excellent liaison work of Assistant Superintendent Dr. Sloan Presidio and Ms. Teddi Predaris over this past school year.

We look forward to discussing finding and recommendations at the May 30th meeting and hope that you will advance their implementation.

Please do not hesitate to reach out to us at any time in the future. You are always welcome to attend our monthly meetings to observe our deliberations, ask questions and provide input.

Sincerely yours,

George Becerra

Chair

Cc. Mr. Dan Storck, School Board Liaison

Attachment



# Minority Student Achievement Oversight Committee (MSAOC) Annual Report May 2013

## A. Committee Purpose:

MSAOC advocates for minority student achievement. The Committee identifies, reviews, and assesses issues affecting minority student academic achievement within the policies, curriculum, practices and procedures of FCPS. The Committee's responsibilities also include: making appropriate recommendations each year to the School Board; reviewing strategies and proposing solutions for closing the achievement gap; evaluating progress towards goals set by the School Board for closing the gap; and ensuring outreach to parents/guardians about resources available through FCPS.

## 2012-2013 Committee Charge:

*Ensure that school system efforts to close all aspects of the achievement gap for underrepresented minority students remain on course and that the new Priority Schools Initiative is making a meaningful contribution to these efforts; also monitor the projected impact of the demographic influx/changes with language minority students in FCPS.*

## B. Findings and Rationale

### 1. Closing the Achievement Gap

#### a. Findings

Virginia's ESEA Waiver approval under No Child Left Behind Act of 2001 provides flexibility but requires new and more challenging efforts on the part of FCPS. This flexibility is intended to support Virginia's reform efforts to transition to college- and career-ready standards and assessments; developing systems of differentiated recognition, accountability and support; and evaluating and supporting teacher and principal effectiveness.

FCPS must develop revised college and career-ready Standards of Learning (SOLs), with full implementation and assessment, mathematics in 2011-2012, and English in 2012-2013. School divisions must reduce the proficiency gaps in math and reading by half over the next six years, setting increases at six equal intervals, starting with the 2011-2012 assessment year.

We encourage FCPS, if it has not already done so, to participate in State-funded initiatives to close the achievement gap, including Project Graduation, focused on students at risk for not meeting diploma requirements; the Algebra Readiness Initiative that provides intervention services to students in grades 6-9; the Virginia Preschool

Initiative and Early Intervention Reading Initiative; and Virginia Early Warning System, which will identify students at-risk of failure or dropping out.

FCPS's closing the achievement gap efforts and Priority Schools Initiative is not well coordinated to meet these new state requirements. Many of the target schools under PSI are also included as recipients of services for closing the achievement gap. Closing the achievement gap efforts are assigned to Dr. Sloan Presidio, Assistant Superintendent for Instruction and PSI to Dr. Dan Parris, Cluster 3 Assistant Superintendent. These two efforts/initiatives should be coordinated under one person/office for increased accountability.

#### **b. Rationale:**

Virginia's targets are set too low for FCPS's Black, Hispanic, disabled, poor and language minority students who are performing above the six year targets; the improvement in achievement rate in FCPS has not been fast enough to close the gap in six years for all subgroups; and the gap does not close between the lowest and highest performing schools as is the indicator for PSI.

FCPS has focused on closing the "opportunity gap" (programs and resources) by implementing a plan for 25 programs --as noted later in this report. The plan does not have a timely, precise, and clear design/approach for evaluating the success of the individual projects nor present a clear line between goals, activities and their contribution towards closing the achievement gap. An impact statement on how each project in the plan will contribute to closing the gap and their attendant costs should be developed.

MSAOC oversight responsibilities have also expanded without any additional resources. These responsibilities require significant efforts to review reports and data on student achievement. In the past, staff from the Office of Testing were appointed to the MSAOC (we would consider the Office of Evaluation as well).

## **2. Growth Model**

### **a. Findings**

One approach considered by many states is the use of growth-based or value-added accountability models. These models hold promise as reliable and innovative methods to measure student achievement over time. A growth model would determine whether tracking individual student's over time would provide another and more accurate measure of schools' progress in raising student achievement. It would not stereotype differences in subgroup performance.

Interest in student growth modeling arises from educators concerned with measuring the effectiveness of teaching through changes in student performance as a companion or alternative to status measures. The model would need to consider non teaching factors that influence student achievement such as socio-economic status, attendance

and prior learning to be fair. As VDOE revises State standards and assessments, FCPS should continue to provide interim reports as baseline data are collected using the status method but also consider using a growth model as a method of tracking student progress.

Divisions must comply with VDOE requirements to use a four-year adjusted cohort graduation rates and disaggregate that rate for reporting and determining AMO. We think dropout metrics would also be important to place schools with high “dropout rates” on an accelerated track for substantial interventions that will improve student achievement and graduation rates

### **b. Rationale**

Student growth measures can focus attention on the change in scores connected to the same student over time. The current system tends to stereotype Black and Hispanic students as low performers. The current status method does not assess student’s performance based on the quality of instruction received. These measures would be a companion to the SOL tests, provide more accurate information about classroom instruction and not stereotype student subgroups. A pilot effort to test an initial student growth model should start in 2013/14 and results should be made available to the Committee in 2014/15.

## **3. Implementing the Relationship Component of the Framework**

### **a. Findings**

FCPS has started to focus on the third leg of its operating framework using Dr. Ferguson’s Tripod Model. Staff has initiated professional development with the Leadership Team and also provided professional development and support to pilot schools and staff as well. We believe that this is a good start but additional expansion will be needed to expose all schools to this initiative.

Some School Improvement Plans have goals related to closing the gap but not all. Cluster Assistant Superintendents and schools should be monitored through their annual plans to detail how they have implemented all components of the framework including enhancing student/teacher relationships.

We ask the School Board to consider the following questions and staff to respond: How will FCPS continue to engage staff in effective instruction and interventions that are designed to improve academic achievement? For example, how will regular classroom teachers be involved in closing the gap? What percentage of subgroup students in their classrooms passed SOL reading and math last year and how many who started the year academically behind progressed enough to pass this year? How many subgroup students passed, for example, advanced math or Algebra 1 who were academically behind last year? Teachers and schools are using a variety of methods to improve achievement, including Responsive Instruction and targeted interventions, block scheduling, eCart, formative assessments and data.

## **b. Rationale**

Although the achievement gap between Black and Hispanic students and their Asian and White classmates is a national problem, we now recognize that the gap is wider in middle-income communities than in inner cities, particularly at the higher achievement levels.<sup>1</sup> Resources are important, but we believe that schools must recognize and foster improvements that can be made by staff and by students, mutually embracing high expectations for academic achievement beyond the resources provided but within the context of positive school climate. This is particularly critical for Black and Hispanic students.<sup>2</sup>

Two researchers, Dr. Ronald Ferguson and the late Professor John Ogbu, conducted studies in middle-class suburban school districts to determine how schools can raise minority student achievement and close the gap. Dr. Ferguson found that Black and Hispanic students said teacher encouragement helped motivate their efforts and that this encouragement was more important than teacher demand, unlike White students who said that teacher demands were more important. Dr. Ogbu found that Black students felt that genuinely positive race relations in school, irrespective of the superficial appearance of racial harmony, were more important than academic demands. Dr. Ogbu found that many Black students strongly believed that their teachers did not care for them because they were not supportive, nurturing, or encouraging. He also found that many Black students were searching for an identity but have internalized the negative beliefs and stereotypes of others. Dr. Ogbu concluded that teachers needed to recognize that their expectations have an effect on their minority students' concept of themselves as learners.<sup>3</sup>

School climate is a critical element of the relationships between school, students, families and the community. As a consequence, schools should be held accountable for designing and implementing action plans to improve school climate.

We believe that psychological and sociological processes--especially trust and high expectations-- play a critical role in minority student achievement. In addition, we believe that positive school climate provides absolutely critical and imperative support for the development of intellectual and social competence for Black and Hispanic

---

<sup>1</sup> College Board, 1999, *Reaching the Top: A Report of the National Task Force on Minority High Achievement*. New York

<sup>2</sup> MSAOC 10<sup>th</sup> Report Card

<sup>3</sup> Ferguson, R.F. (2002) *What doesn't meet the eye: Understanding and addressing racial disparities in high-achieving suburban schools*. Cambridge, MA: Harvard University.

Ogbu, J.U (2003) *Black American students in an affluent suburb: A study of academic disengagement*. New Jersey: Lawrence Erlbaum.

## **4. Closing the Gap Programs and Initiatives**

### **a. Findings**

This is the 3<sup>rd</sup> year of implementation of these twenty-five programs, each having annual targets, objectives and accomplishments. As shown in the chart below each of the programs has had varied success in meeting its annual objectives.

- By Fall 2009, identify the key strategies outlined the “Best Practices” that are most effective in closing the achievement gap;
- By Fall 2010, develop a continuum of strategies that will be implemented in each school;
- By Fall 2010, establish an action plan to highlight schools within each cluster that are successfully closing the achievement gap;
- Develop a PLC protocol to be used in all schools;
- Develop a Priority School Initiative to provide focused funding and support to schools that are showing a greater need to assist in closing the achievement gap; and
- Develop a Glossary of common terms to use when discussing the achievement gap.

Each manager of the programs/initiatives will develop a focus, action steps and timeline, and measurable outcomes for specifically closing the Black and Hispanic achievement gap, and also link to the project framework components. Each program will have measurable outcomes and report on progress toward achieving those measurable outcomes.

The plan does not have a timely, precise, and clear design/approach for evaluating the success of the individual projects nor present a clear line between goals, activities and its contribution towards closing the achievement gap. So far we have not seen the list of schools that have closed the gap and how the protocol for PLC will be implemented in each school.

### **b. Rationale**

The plan emphasizes closing the “opportunity” gap and providing consistency and accountability across clusters and pyramids.

## **5. Strategies for Informing Parents and Community**

### **a. Findings**

FCPS has established an informative link on its webpage for parents to find out about the plans for closing the achievement gap. This link covers the following questions:

- How is the achievement gap defined in FCPS?
- Why is closing the gap important?
- How is the achievement gap being addressed in FCPS?
- Why was the Closing the Achievement Gap Project created?
- How will we know if the project is working?

FCPS is doing an adequate job of making available closing the achievement gap information to parents, but much more must be done to reach language minority parents. There needs to be a revision of some of the 25 CAGP projects to implement an aggressive parent outreach effort.

The Commonwealth's flexibility does not waive the parental involvement requirements of ESEA. For example, schools are still required to have written parent involvement policies; provide materials and training for parents to work with their children to improve academic achievement; and educate teachers, principals, and other staff on how to reach out to parents as partners in the education of their children. We would want to see these requirements implemented through each school's improvement plan.

### **b. Rationale**

FCPS is too dependent on its web site, Channel 21, and other high tech devices to reach language and other minority parents. Many of the parents that must be reached do not have access to cable television or personal communication device at home. We have found that face-to-face meetings with parents in a setting that offer open dialogue in a language they feel most comfortable are the most effective. Therefore, placing information on Channel 21, placing information on web sites, and sending information by e-mail does not and will not reach FCPS' neediest families.

As we recommended in the MSAOC 11<sup>th</sup> Report Card, the most important strategy for increasing minority parent involvement is developing a warm and welcoming school climate. School climate is the educational and social atmosphere of a school. In schools with a welcoming school climate, educators treat parents with respect and encourage their participation in all types of involvement. This is particularly important for minority parents to feel accepted, respected, and needed, and they are more likely to become involved in the school. The MSAOC Report also noted the following: "A basic foundation of a welcoming school climate is the school's family involvement policy. This policy is a written statement that establishes a school's commitment to partner with parents to become involved in the school at whatever level they are able to participate.

Although this policy is for all parents, it is especially important for minority parents. It emphasizes that the school should accommodate parent work schedules when creating parent-involvement activities and should also provide opportunities for parents to voice their comments in their home or native language, if needed.”

## 6. Priority Schools Initiative

### a. Findings

FCPS is in the 3<sup>rd</sup> year of implementing the Priority Schools Initiative (PSI). VDOE’s ESEA Flexibility Waiver Agreement will influence which Title I schools will continue in PSI. The Commonwealth has changed its rating of its lowest performing schools to USED Focus and USED Priority schools. FCPS does not have USED Priority schools but two USED Focus schools: Annandale Terrace and Forestdale.

The table below shows current FCPS Priority Schools and their status (2010-2013):

School	AYP 2011/12	Former Excel or Focus School	Title 1/Tier	Outperforming-reading	Outperforming math
Beech Tree Elementary	yes	Yes/Excel	Yes/3	yes	no
Brookfield Elementary	no		Yes/1		
Bucknell Elementary	no	Yes Excel	Yes/3		
Bull Run Elementary	no		No/2		
Centre Ridge Elementary	No		No/1		
Crestwood Elementary	No		Yes/1		
Clearview Elementary	No		No/2		
Cunningham Park Elementary	No		No/2		
Dogwood Elementary	yes	Yes Excel	Yes/3		
Dranesville Elementary	no		No/2		
Herndon Elementary	no		Yes/1		
Hollin Meadows Elementary	no	Yes Excel/focus	Yes/3		
Hunters Woods Elementary	No		No/1		
Hybla Valley Elementary	No	Yes Excel	Yes/3		
Kings Glen Elementary	yes		No/1	yes	no
London Towne Elementary	ye	Yes Excel	Yes/1	yes	yes
Lorton Station Elementary	no		Yes/1		
McNair Elementary	yes		No/2	yes	yes
Mt. Vernon Woods Elementary	no	Yes focus	Yes/3		
Riverside Elementary	no	Yes focus	Yes/3		
Rose Hill Elementary	no		Yes/2	yes	yes
Washington Mill Elementary	yes		Yes/1		
Woodlawn Elementary	no	Yes Excel	Yes/3		
Glasgow Middle	yes		No/2	yes	yes
Herndon Middle	no		No/2		
Hughes Middle	no		No/1		



Poe Middle	yes		No/2	yes	yes
Sandburg Middle	No		No/1		
Twain Middle	No		No/2	yes	yes
Whitman Middle	no		No/1		

As shown in the table above, a few schools are outperforming similar non PSI schools in reading and math, but most are not. We understand that UVA School Turnaround Center has provided individual reports to 20 Tier 1 schools, but no overall report of their findings and recommendations.

In its PSI-2 Report, staff provided information about the performance of PSI schools. But we have the following unanswered questions:

- How much student achievement gain for the dollars spent?
- What is the role of UVA?
- Why is there not an external evaluation of PSI?
- How are “best practices” implemented in PSI?
- How many students have made achievement gains?
- How many children, and in what proportion, were failing in base year?
- What is staff turnover in PSI schools?
- How much resources were used in each school?
- Reading and math gains significantly increased in about half of the PSI schools compared to similar schools. Why were some schools successful and others not?
- At the Division level it appears that PSI schools are performing less well in Year 2 compared to base year. Why has there not been more progress?

**b. Rationale**

- FCPS is considering a new cohort of PSI schools and School Composite Index for 2013/14 and we are making our recommendations with that in mind.
- Reporting in three categories would give schools more detailed information of how all subgroups perform.



## C. Summary of the Committee's Activities 2012/13

Listed below is the annual agenda for the Committee:

Date	Public Hearings	Agenda
9/12/2012		<ul style="list-style-type: none"> <li>• MSAOC Background and School Board Charge</li> <li>• Charter School Application</li> <li>• Update National Heritage and Handbook</li> </ul>
10/01/2012		<ul style="list-style-type: none"> <li>• MSAOC Orientation for new members</li> <li>•</li> </ul>
10/10/2012	15 min. open to public	<ul style="list-style-type: none"> <li>• State of the Schools Report—Mr. Presidio</li> <li>• Update on NCLB Waiver Request</li> </ul>
11/14/2012		<ul style="list-style-type: none"> <li>• Update on Closing the Achievement Gap Plan-Dr. Presidio</li> <li>• Update on PSI—Dr. Dan Parris</li> </ul>
12/12/2012		<ul style="list-style-type: none"> <li>• CAGP Update—Ms. Predaris</li> <li>• Math Science Review—Mr. Herring</li> </ul>
1/9/2013		<ul style="list-style-type: none"> <li>• TJHSST/Level 4 Services—Ms. Holland/Dr. Horn</li> <li>• Update National Heritage Plan—Ms. Predaris</li> </ul>
2/13/2013		<ul style="list-style-type: none"> <li>• Handbook Working Group Update</li> <li>• Goal Setting Plan Presentation</li> </ul>
2/18/2013	Handbook	<ul style="list-style-type: none"> <li>• CMTE Mtg. Reston Community Center 11AM</li> </ul>
2/19/2013	Red Team	<ul style="list-style-type: none"> <li>• Mtg w/Drs Oliver and Sockwell 5050 GAB</li> </ul>
2/28/2013	PSI	<ul style="list-style-type: none"> <li>• Mtg w/Dr. Parris PSI rm 111 Dunn Loring Ctr</li> </ul>
3/13/2013		<ul style="list-style-type: none"> <li>• Elementary School Student Progress Report-Ms. Heard</li> <li>• MSAOC Leadership and Nomination of Officers</li> </ul>
4/9, 10,11	Hearing	<ul style="list-style-type: none"> <li>• County holds public hearing on 2014 budget</li> </ul>
4/10/2013		<ul style="list-style-type: none"> <li>• Election of Officers</li> <li>• Report on the School Board Charge</li> </ul>
4/14-15	Public Hearing	<ul style="list-style-type: none"> <li>• School Board hold public hearing on 2014 budget</li> </ul>
4/30/2013	FY2014	<ul style="list-style-type: none"> <li>• Budget Adopted by County</li> </ul>
5/8/2013		<ul style="list-style-type: none"> <li>• College Success Program—Dr. Craig</li> <li>• Final Action on the MSAOC Annual Report</li> </ul>
5/30/2013		<ul style="list-style-type: none"> <li>• Annual Report to School Board 7 pm Gatehouse</li> </ul>
6/12/2013		<ul style="list-style-type: none"> <li>• Goal Setting and Student Learning-Ms. Harris</li> <li>• Evaluation/ Celebration</li> </ul>

## **1. Significant Activities In 2012/13**

The first meeting was held on September 12, 2012 where Mr. Becerra welcomed members and reviewed the annual agenda; meetings held to date—Mr. Presidio, Barbara Hunter, School Board Members and Handbook timeline and working group.

He introduced Mr. Welch who summarized the charter school application and members asked questions.<sup>1</sup> Ms. Predaris provided an update on the ESEA Waiver and spoke to next steps for National Heritage recommendations

Other meetings include:

- SR&R Public Meetings – Westfield and Falls Church HS
- Superintendent Search Community Panel
- Mountain View Graduation
- TJ STEM Open House
- Successful Children and Youth Task Force Meetings
- FCCPTA Emerging Minority Parent Conference
- Personal Meetings with Supervisors Cathy Hudgins and Jeff McKay
- Testimony at BOS Budget Public Hearings
- Superintendent's BCAC Meetings
- AAPAC Expansion Public Meetings – Lee HS
- Westfield At-Risk Male Student Group – 4 Meetings
- School Board Retreats
- Joint School Board and BOS Meetings
- CPMSAC Presentation at Their Cluster Annual Principal Reception
- Seminar Presentation at CPSMAC Meeting
- Lake Braddock SS Hispanic and Minority Parents Award Ceremonies
- "It Takes a Village" Conference Mount Vernon High School

## **2. Advocacy Handbook**

The Advocacy Handbook was published in 2003 and 2007 but due to budget cuts, it was not funded in 2012. Except for a few copies nearly all of the previous versions were shared with parents; the positive responses have been overwhelming; and we are constantly asked by school staff for a new editions of the Handbook.

As a significant goal in 2013 the Committee wanted to find out what parents need and want to know about helping their children at school and home and then publish a customer-friendly handbook made accessible through group meetings. We intend to prepare, publish and disseminate about 25,000 Advocacy Handbooks for parents, with English, Korean, Vietnamese, Spanish, Arabic and Mandarin versions and also make available online on FCPS website and through social media. A Committee group has

been working on a draft and meeting with parents since January 2013 and will finalize the Handbook once a commitment of funds is secured.

### 3. Meeting at TJHSST on February 7, 2013

We enjoyed meeting with Dr. Glazer and Ms. Bosley to hear about student life at TJ and shared our concerns about getting additional resources to the parent led TJ Diversity Committee—who works with underrepresented minority students prepare for the admissions test. Dr. Glazer shared our conversation with the PTSA leadership and asked if there is anyone on our committee that wishes to write grants to extend our middle school extension programs.

Another item we talked about at our meeting is what happens to TJ students once they go on to college. We had been looking at TJ Student Tracker Data. We following up with the information requested about non-FCPS Black and Hispanic students admitted to TJHSST.

Column1	Class of 2012	Class of 2013	Class of 2014	Class of 2015	Class of 2016	Class of 2017
Black, FCPS	5	4	4	4	5	5
Black, Out of County	4	4	0	2	2	
Hispanic FCPS	4	4	6	8	9	15
Hispanic Out of County	6	2	7	5	4	
	19	14	17	19	20	
County B/H #	9	8	10	12	14	
County B/H %	47%	57%	58%	63%	70%	
Total Admissions	480	480	493	493	471	480
% B/H Admissions	3.90%	2.90%	3.40%	3.80%	4.20%	4.16
% Asian		54.1	57.2	55.9	65.3	66
% White		36.4	34.6	34.2	25.2	25.6

We were also appreciative that the door has been left open for follow up with the PTSA Diversity Committee and opportunities for their obtaining additional resources. The MSAOC may also be interested in getting more information about student life at TJ from underrepresented students and parents. We look forward to our continued collaboration.

## **D. Specific Actionable Recommendations**

### **1. Closing the Achievement Gap**

- Reestablish an office responsible for coordinating minority student achievement efforts, to include closing the achievement gap and Priority Schools Initiative.
- Appoint staff from PLA to MSAOC, starting this school year, 2013/14.
- Coordinate efforts between Human Resources and Instruction, to implement principal and teacher evaluation systems starting this school year.
- We believe FCPS should move faster and beyond the Commonwealth's AMO and method of measuring student performance by adopting an individual student growth model. During the interim, establishing a new baseline for reading and mathematics by using three-year averages based on the new standards and assessments in each content area is recommended.
- Explore a model of individual student growth to measure closing the gap but continue to compare the lowest and highest performing student groups as benchmarks for academic progress and include both dropout and graduation rates. Set as an aspiration goal that the achievement gap should be completely closed by school year 2016-17.

### **2. Implement the Relationship Component of Its Framework**

- Beginning in the upcoming school year, the Departments of Instructional Service, Special Services and Professional Learning and Accountability should train all staff to implement the "relationship" component of Dr. Ferguson's Tripod Model, including designing school climate activities in schools. (Training should include new/current principals, beginning teachers, and instructional coaches.)
- Cluster Assistant Superintendent and principal annual evaluations should include criteria for measuring efforts and accomplishments related to school climate and student relationships.
- Cluster Assistant Superintendents should ensure that all schools implement goals and activities in their respective SIP to close the achievement gap by 2016/17 and focus on school climate or the "relationship" component of Dr. Ferguson's Tripod Model.
- Professional learning communities training in all school levels should be expanded to show how schools can implement best and evidence-based practices to close the achievement gap, including how to improve school climate. An annual school climate survey should be conducted.

### **3. Closing the Gap Programs and Initiatives**

- Based on our review, we recommend the following programs be eliminated from the GAGP: Afterschool Program; eCart; Goal Setting, Mentor Works, Kids Business Partnership and Parenting classes. In addition to annual goals, the plan should contain goals and metrics on how each would contribute to closing the gap by 2016/17.

- After these changes we recommend that the Program Evaluation Office conduct a formative or impact and summative or operations evaluation of the remaining programs/initiatives.
- We request that for next year, the staff provide an impact statement on how each project will contribute to closing the gap and their attendant costs should be developed.

#### **4. Strategies for Informing Parents and Community**

- Parent involvement efforts should be assigned to Family and School Partnership, which already functions in that capacity, and is currently working with parent groups related to the 25 programs.
- Some of the 25 CAGP need to be revised to include aggressive parent community outreach to inform them about what FCPS is doing to close the achievement gap and what they can do to help, including their feedback.
- FCPS's Closing the Achievement Gap plan should be widely discussed and disseminated throughout the community in clear and easy format and be accessible on FCPS website in multiple languages.
- Fund the *Advocacy Handbook for Parents* (translated into additional languages, including Chinese and Arabic) and in addition to its role of a road map for parent involvement, serve as a medium to disseminate information about the plan; and use Parent Liaisons who can communicate with the minority parent community to help disseminate the plan.
- Make it a requirement in School Improvement Plans develop and implement action plans for parent involvement explain how schools will go about informing parents about the closing the achievement gap initiative.
- Continue to form partnerships with community centers, faith-based organizations, language-specific groups, and individuals and groups who already interact with hard-to-reach families. Participate in parent meetings or events such as those sponsored by MSAOC, CMSAC, *Nadar Por Vida* and other community and civic organizations.

#### **5. Priority Schools Initiative**

- UVA should provide a summary report of its activities, findings and recommendations by June 2013 so the Committee can review and include in its reporting to the School Board for next year.
- Comparing base year 2009-10 to Years 1 and 2, provide the percentage of students by race/ethnicity that have passed advanced, passed and failed SOL reading and math in each of the PSI school? What percentage of students has failed? What is the trend?
- Provide data on staff turnover rate at each school and why?
- Reading and math SOL gaps significantly increased in about half of the PSI elementary schools and most of the middle schools over comparison schools from base year to Year 2. Explain the factors to which you attribute the success of some PSI schools but not others?

- At the division level it appears that PSI schools are performing less well in Year 2 compared to base year both in reading and math. Provide data and or reasons why there not been more progress given the resources provided?

## E. Attendance Reporting Form 2012 – 2013 Attendance

Member Name	District	Appointed By	* Sept	* Oct	* Nov	* Dec	* Jan	* Feb	* Mar	* Apr	* May	* Jun
George Becerra	Braddock	McLaughlin	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Ted Howard	Dranesville	Strauss		Y	Y			Y				
Clarence Williams	Hunter Mill	Hynes		Y			Y	Y		Y	Y	
Travis Rodgers	Lee	Kaufax	Y	Y	Y		Y	Y	Y	Y	Y	
Lesley Anne Pittard	Mason	Evans		Y	Y	Y						
Shirley Norman-Taylor	Mt. Vernon	Storck		Y	Y	Y		Y	Y	Y	Y	
Andrew McDevitt	Providence	Reed	Y		Y	Y						
Robert Shaw	Springfield	Schultz		Y	Y	Y	Y	Y		Y	Y	
Mark Burney	Sully	Smith										
Patrick Lee	At Large	McElveen	Y	Y		Y	Y					
Lois Yeunkyung Kim	At Large	Moon	X	X	X	X		Y	Y	Y	Y	
Will James	At Large	Velkoff	Y		Y							
Kevin Cao	Student Rep.	Gunter	Y	Y				Y				
Emily Schaal	Student Rep.	Gunter										

Y = Attended

N = Absent



## F. Voting Record Form

Name	Signature	Concur	Non concur
Sharon Aldredge			
Darwin Barker			
George Becerra			
Mark Burney			
Lawrence Bussey			
Kevin Cao			
Ralph Cooper			
Anthony Copeland			
Natalie Delaney			
Ted Howard			
Mary Frances Howlette			
Will James			
John Johnson			
Lois Yeunkyung Kim			
Nardos King			
Patrick Lee			
Andrew McDevitt			
Guru Nagaraja			
Shirley Norman-Taylor			
Herbert Ohta			
Mark Penn			
Sloan Presidio			
Lesley Anne Pittard			
Teddi Predaris			
Rosa Reyes			
Travis Rogers			
Nelly Samaniego			
Emily Schaal			
Robert Shaw			
Mariana Tafur			
Douglas Tyson			
Sylvia Washington			
Clarence Williams			
Patricia Williams			

## Attachments



*Dunn Loring Center*  
2334 Gallows Road  
Dunn Loring, Virginia 22027  
703-204-4341

Chairman Sharon Bulova

Board of Supervisors

12000 Government Center Parkway

Fairfax, VA 22035

Dear Chairman Bulova:

I am George Becerra and it gives me great pleasure to present and submit testimony on the FY 2014 Budget proposal. I am the current chair of the Minority Student Achievement Oversight Committee, a standing committee of the Fairfax County School Board.

This Committee advocates for minority student achievement. In that capacity, it identifies, reviews, and assesses issues affecting minority student academic achievement within the policies, curriculum, practices and procedures of FCPS. The Committee's responsibilities also include: making appropriate recommendations to the School Board; reviewing strategies and proposing solutions for closing the achievement gap; evaluating progress towards goals set by the School Board for closing the achievement gap; and ensuring outreach to parents/guardians about resources available through FCPS.

In addition to the testimony presented this evening, I invite you and members of the Board of Supervisors to hear our presentation and report to the School Board in response to their charge to the Committee and matters related to closing the achievement gap. The meeting will be held on May 30, 2013 at 7 pm, Gatehouse Administrative Building, room 1600.

Sincerely,

George Becerra

Chair

## Attachments

Good evening my name is George Becerra, Chair of the Minority Student Achievement Oversight Committee of the Fairfax County School Board. The Committee's 2012-2013 charge from the School Board is to:

*Ensure that school system efforts to close all aspects of the achievement gap for underrepresented minority students remain on course and that the new Priority Schools Initiative is making a meaningful contribution to these efforts; also monitor the projected impact of the demographic influx/changes with language minority students in FCPS.*

In carrying out our charge I am here tonight to talk about closing the achievement gap and resources needed to accomplish this goal.

We are here this evening to talk about three issues that impact FCPS--changing demographics, particularly the growth of ESOL students and those eligible for free and reduced priced meal and encourage changes and continued support.

Public education is often viewed as a cost and not as it really is—an asset for the County's economic growth and competitiveness. We believe that it is a wise return on investment for diverse student population to expand preschool programs, beyond FECEP/Head Start program so that more children are ready to learn. We need targeted resources in closing the achievement gap.

### Changes in Demographics and Increases in Funding

- Fairfax County is the engine that drives Washington Metropolitan economic growth and as such the attraction for new residents.
- Student growth reflects the general resident population in the County in terms of migration and birth rate.
- We project, based on the Capital Improvement report that FCPS will grow to 200,000 students by 2020.
- There has been and will continue to be rapid increase in Hispanic student population, ESOL, students with disabilities and free and reduced meals participation. Keep in mind that special needs children require more resources than the general student population.
- This growth will drive class size and the need for new teachers.
- We must better project not only future enrollments but also the composition of the new children coming into the system.
- As you deliberate on this budget you may want to find out how much it cost to close the achievement gap?

## Preschool Programs

- Disadvantaged children start kindergarten with significantly lower cognitive skills than their more advantaged counterparts. There are substantial differences by race and ethnicity in children's test scores as they begin kindergarten. Before even entering kindergarten, the average cognitive scores of children in the highest SES group are 60% above the scores of the lowest socio-economic status (SES) group. Moreover, average math achievement is 21% lower for Black than for White and 19% lower for Hispanic students.<sup>4</sup>
- Data from a FCPS Developmental Reading Assessment (DRA) report shows that children experiencing quality center-based child care enter kindergarten with higher reading skills.<sup>5</sup>
- Children who attend quality preschools with qualified teachers develop cognitive abilities are more prepared to learn reading and math than children who do not participate in preschool. So for example children who attended a formal or institutional pre-kindergarten program have better assessment scores than those in home daycare—whether licensed or not.
- Preschool participants can also become more academically advanced than non-participants in pre-numeracy and literacy, such as letter-word identification and spelling.
- Preschool participants are more likely to graduate high school than non-participants.<sup>6</sup> The study shows that children attending preschool are also 24 percent more likely to attend a four-year college.
- The same study also shows Black and Hispanic children enter kindergarten with lower literacy skills than their White and Asian classmates.
- The Board approved a placeholder of \$3 million to expand FECEP starting next fall. Fairfax Early Childhood Education Program (FECEP) enrollment is projected to reach approximately 1,600 children by school year 2016-17 but not keeping pace with the rapid increase of poor families in the County.
- This is a start but not good enough since nearly 4200 children were in poverty in 2010.<sup>7</sup>
- Finally in addition to FECEP/Head Start the County and schools should explore implementing other alternatives, such as home visiting programs to meet the needs of our unserved population and lower the costs (see attachment).

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<sup>4</sup> U.S. Department of Education's Early Childhood Longitudinal Study, Kindergarten Cohort (ECLS-K)

<sup>5</sup>

<sup>6</sup> The Chicago Longitudinal Study

<sup>7</sup> US Census, American Fact Finder, Selected Economic Characteristics, 2007-2011 American Community Survey 5-Year Estimates and Profile of General Population and Housing: 2010, Fairfax County, Virginia

### **Priority Schools Initiative**

- The Priority Schools Initiative (PSI) was funded to replace funding for eight Focus and Excel schools—all funded under Title I. These programs served and continue to serve high risk and disadvantaged children.
- There are three levels of PSI—Tier 1 (12), 2 (10) and 3 (8) schools. Tier 2 and 3 serve schools with the highest number of disadvantaged students.
- A few PSI schools are outperforming similar non PSI schools in reading and math but most are not.
- UVA has trained principals in turnaround strategies to close the achievement gap but we have yet to see any reports from this effort to assess its effectiveness.
- Although the success of the program is yet to be proven, we believe continued funding is needed but more targeted to high risk and low performing Tier 2 and 3 schools with significant disadvantaged students.
- Both the impact of the program and the targeting of resources should be formally assessed by the office responsible for program evaluation.

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**Fairfax (County): Inventory of Medical Home, Child care, Home Visiting, Prenatal and Pre School Programs**

There are multiple-site perinatal and early childhood home visiting programs in Fairfax County which form a continuum of services from birth to five years of age. These programs serve low income and at-risk families and children. These County programs cover prenatal and perinatal health, wellness and school readiness for families, parents and children. Some Fairfax County programs are national models and others are state-developed models.

<b>Program</b>	<b>Description</b>
<p><b>Child Care Assistance and Referral (child care)</b></p>	<p>The Child Care Assistance and Referral program provides financial assistance for child care to low and moderate income Fairfax County families who are working, or who are in education/training programs and need assistance with paying for the cost of child care. The program pays for child care in centers, family child care homes, or School Age Child Care.</p> <p>Low and moderate income families who work or are in training, Families that receive Temporary Assistance for Needy Families, participating in the Virginia Initiative for Employment Not Welfare program in Foster Care and part of the Child Protective Services system. Families with children with special needs, as well as homeless families that apply while they are in a shelter. Depending on eligibility, families may be responsible for paying only a portion of the weekly child care fee. CCAR may pay the remaining amount, and also a program registration fee for one year. Parents are responsible for all other charges, including overtime and late fees. Parent fees are: Based on income, size of family and the number of children in care. Fairfax County Office for Children Head Start EHS, Jennifer Branch, Director, 12011 Government Center Parkway, Suite 930 Fairfax, VA 22035 Ph: (703) 324-8290.</p>
<p><b>BabyCare (Prenatal)</b></p>	<p>The goal of the BabyCare Program is to improve pregnancy and birth outcomes for “at risk” pregnant and postpartum women and infants up to age two who are enrolled in one of Virginia’s Medicaid programs. The BabyCare program provides:</p> <ul style="list-style-type: none"> <li>● Case management for pregnant and postpartum women and infants up to age two by a Registered Nurse or Social Worker (Maternal and Infant Care Coordination - MICC).</li> <li>● Expanded prenatal services for pregnant women including patient education classes (including smoking cessation), nutritional services, homemaker services and substance abuse treatment services.</li> </ul>

<p><b>Medicaid Managed Care (pre and perinatal)</b></p>	<p>The Virginia Department of Medical Assistance Services (DMAS) contracts with five Managed Care Organizations (MCOs) to coordinate and provide high quality services to high-risk pregnant and postpartum women and infants and toddlers (up to age 2) who are enrolled in several Medicaid programs. The programs aim to reduce infant mortality and morbidity; ensure provision of comprehensive services; and assist the new mother or caregiver in meeting other priority needs. Covered services include but are not limited to case management /follow-up monitoring to ensure compliance, patient education, nutrition assessment and counseling, and homemaker services for members who are on physician-ordered bed rest.</p>
<p><b>Comprehensive Health Investment Project (case management)</b></p>	<p><b>CHIP</b> of Virginia is a network of 10 locally operated organizations that provide case management via home visiting in 30 Virginia communities. Central to CHIP's mission is the creation of a relationship between a child and a primary care provider – a medical home that provides cost-effective prevention services in a consistent setting. Services are provided by a CHIP team of a public health nurse and outreach worker who work in partnership with the family and service providers to help each family reach its full potential and better utilize health care and community services. CHIP targets low-income families with children from birth to age six, when comprehensive prevention-oriented services make the greatest impact in the life of a young child.</p>
<p><b>Early Head Start/Head Start (preschool)</b></p>	<p>Head Start is a federally funded community-based program for low-income families that centers around four areas: child development, family development, community building, and staff development. Home visits are centered on parent education and parent-child activities, comprehensive health and mental health services, and obtaining high quality child care services. A family service worker helps families develop goals for themselves and their children in an individualized family service plan. The Head Start/Early Head Start programs assess community resources with the aim of building a comprehensive network of services to support pregnant women and families with young children.  <b>Maura Burke</b> Coordinator Early Childhood Curriculum &amp; Grant Management, ISD 571-423-4845 Maura.Burke@fcps.edu</p>



<p><b>Healthy Families America (prenatal and infants and toddlers 0-3 year olds)</b></p>	<p>Healthy Families is a nationally established program designed to promote positive parenting, improve child health and development, promote responsive parent-child interaction, and prevent child abuse and neglect. The Healthy Families model is both an “initiative” and a practice model Sherry Torrenzano, Director 12011 Government Center Parkway, #600, Fairfax, VA 22035-1102, Ph: (703) 324-7706</p>
<p><b>Virginia Healthy Start (Loving Steps) (home visiting program)</b></p>	<p>The goal of Virginia Healthy Start Initiative/Loving Steps Program is to reduce infant mortality and low birth weight within minority populations. The Loving Steps Program reaches this goal through community-driven initiatives that include intensive case management services and care coordination by a multidisciplinary team and enhancement of the capacity of the local community’s perinatal service system through the efforts of a local consortium and fetal and infant mortality reviews. Home visiting is a major strategy of Loving Steps programs. Loving Steps employs nurses, dietitians, and community health workers to provide services to women and infants who are at risk for poor perinatal outcomes. These professionals screen program participants for medical, nutritional, social, economic and environmental risks, identify service gaps and develop a plan of care to address those gaps and improve their health status.</p>
<p><b>Project LINK (case management)</b></p>	<p>Project LINK is an interagency, community-based collaborative program designed to coordinate and enhance services to help meet the extensive and multiple needs of women and their children who have been identified as affected by substance use. Eight Project LINK sites provide intensive case management services for pregnant, parenting and “at risk” substance using women and their children. Fourteen CSBs are able to access Project LINK funds; 26 CSBs do not have the program. Through the use of innovative linkages, a continuum of care is provided that integrates prevention, early intervention, and treatment services with health care and other human and supportive services.</p>

<p><b>Resource Mothers Program</b> (home visiting)</p>	<p>The Resource Mothers Program is a home-visiting program designed to decrease infant mortality and low birth weight rates among Virginia’s teen mothers. The program is provided in 69 localities in Virginia. Over the past 25 years, the Virginia program has served an unduplicated count of 21,555 pregnant teenagers, plus their infants and families. To improve birth outcomes for the teen and the baby, the program encourages early entry into prenatal care, smoking cessation, drug and alcohol avoidance, healthy nutrition, up-to-date immunizations for the teen and the baby, regular health care for the infant, return to school or work for the teen, delay of repeat pregnancy and the development of a stable home for the teen and her baby with the help of her family and the baby’s father. Preference is given to first-time pregnant teens without adequate family support. The resource mother is a community health worker who develops a supportive mentoring relationship with the teen and her family. Yvette Bailey/Jacquelyne Ward-Richardson, Fairfax – Northern Virginia Urban League 10777 Main Street, Suite 320 Fairfax, VA 22030, Ph: (703) 836-7644</p>
<p><b>Early Childhood Special Education (ECSE)</b> (preschool)</p>	<p>Federal legislation (Individuals with Disabilities Education Improvement Act of 2004 – IDEA 2004) and state regulations require that children with identified disabilities, from age 2 through 21, receive free and appropriate public educational services through local public school divisions. Since there are no comparable requirements for typically developing or at-risk preschoolers, school divisions may provide services to these children in a variety of settings. The settings are required to be the least restrictive setting where the child (with support) can be successful in attaining skills comparable to same-age, typically developing peers. These settings include home, family day care, community preschool programs, and public preschool programs. Needed supports (environmental modifications) and services (for example, speech therapy, physical therapy, and educational services) vary depending on the needs of the individual child. All school divisions in Virginia have ECSE programs that serve children ages two to kindergarten age.</p>

<p><b>Home Instruction for Parents of Preschool Youngsters (HIPPY) (home visiting)</b></p>	<p>A research-based parent involvement, school readiness program that helps language minority parents prepare their three to five year old children for success in school. HIPPY is offered in English and Spanish. It helps parents empower themselves as their children's first teacher by giving them the tools, skills and confidence they need to work with their children in the home. <b>Elisabeth Bruzon</b> Family and School Partnerships, DCCO 703-204-4350 Elisabeth.Bruzon@fcps.edu</p>
<p><b>Part C Early Intervention (preschool program)</b></p>	<p>Part C Early Intervention is a federally mandated program that provides services to children from birth to age 3 who have developmental delays or disabilities. Local interagency coordinating councils (LICCs) have been established statewide to advise and assist the local lead agencies. In Virginia, children from birth to age three are eligible for Part C Early Intervention services if the child is functioning at 25% or more below their chronological age, shows atypical development or has a diagnosed condition that has a high probability of resulting in developmental delay. Families have the option to transition their two-year-old children from Part C Early Intervention services to Part B special education services.</p>
<p><b>Parents As Teachers (home visiting program)</b></p>	<p>Two communities provide the Parents as Teachers model serving a total of 150 families. The home visiting component is not provided in one of the two sites. Another community provides a small HIPPY program through the school system.</p>
<p><b>Early Literacy Program (preschool program)</b></p>	<p>Is a free, interactive parenting education program for Fairfax County families who have young children from birth to five years of age and whose home language is Arabic, Korean, or Spanish. The program is offered throughout the year at various school, community sites, and faith-based institutions and is designed to help parents prepare their young children for future success in school while raising parent's awareness of their role as their child's first and most important teachers. * 6-12 week sessions meeting weekly and biweekly throughout the year. <b>Mary Shepherd</b> Family &amp; School Partnerships, DCCO703-204-4340Mary.Shepherd@fcps.edu</p>

<p><b>Family Literacy Program (preschool program)</b></p>	<p>A comprehensive family education program designed to enhance the literacy skills of the family by providing basic English classes to parents of elementary school children and enriching learning opportunities to their children. The FCPS Family Literacy Program is currently offered at 12 elementary schools. <b>Micheline Lavallo</b> Family Literacy Specialist Adult ESOL, ISD 703-658-2760 Micheline.Lavalle@fcps.edu <b>Debbie Swietlik</b> Debbie.swietlik@fcps.edu</p>
<p><b>Parents as Educational Partners (preschool program)</b></p>	<p>A program geared primarily toward immigrant parents new to the U.S. school system. The program provides essential information about the qualities, practices and procedures of the American educational system, as well as specific information about FCPS and individual schools. Information on how parents can participate in their children's learning and school events and activities is highlighted, while simultaneously teaching related English language skills. The goal of the program is to increase parent participation in their child's learning and give families more confidence to participate in school events and activities. <b>Mary Howlette</b> ESOL Specialist ESOL Services, ISD571-423-4664mhowlette@fcps.edu</p>
<p><b>Pre-Kindergarten Literacy Program (preschool program)</b></p>	<p>Free interactive parenting education and school readiness program for African Heritage and African-American families with preschool-age children.6 weeks sessions/21 ½ -2 hours per <b>Burnette Scarboro</b> Family &amp; School Partnerships Department of Communications and Community Outreach703-204-4334</p>