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)

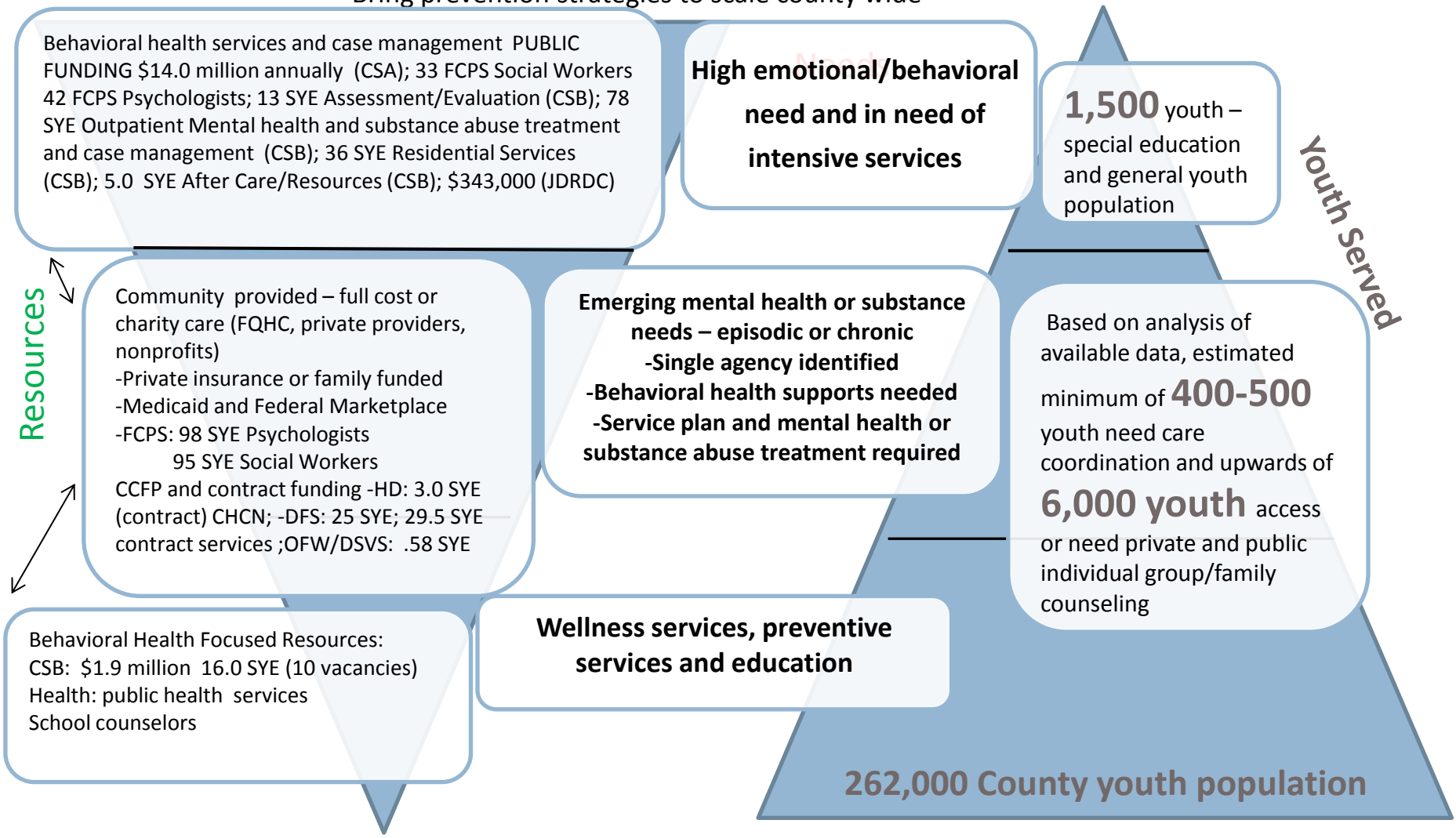
Nonprofit/faith and community

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

Prevention: Tier 1 Services

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

Mental wellness and substance abuse awareness

PROGRAMS/SERVICES (examples)

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

Prevention: Tier 2 Services

Targeted populations early interventions

Targeted family and youth interventions

Family based interventions

Situational crisis management

Short term social skills programming

Personal development intervention (anger management, emotional regulation, coping skills)

PROGRAMS/SERVICES (examples)

- family preservation program
- Healthy Families Fairfax
- Nurse Family Partnership
- Maternal/child health
- Community-school care Coordination
- AOD Intervention Seminars
- Restorative Behavior Intervention Seminars

Intervention

Targeted family and youth interventions

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

- **Short-term & longer term services for both gen ed. and special education populations**
- **Clinical support in public cay school and day treatment settings**
- **Targeted Case Management**
- **Outpatient care**
- **Psychiatric evaluations, treatment and medication**
- **Day treatment**
- **Emergency services**
- **Hospitalization**
- **Residential**

Emerging need

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

Known need, but may not access treatment and supports

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

Emergency/Crisis

SERVICE examples

- CSB Emerg Svcs
- Private therapists
- Hospitalization

Stabilization

After Care and Transitions

SERVICE examples

-Intensive Care Coordination

-Discharge planning

PROGRAMS/SERVICES (examples)

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

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.