

Substance Use Prevention, Intervention, and Treatment

Executive Summary

On June 1, 2016, the Successful Children's and Youth Policy Team (SCYPT) responded to a request by Supervisor Herrity to consider the possibility of adding substance abuse prevention (SAP) counselors to the schools, as well as recommend other prevention and intervention services designed to help address growing concerns about increased substance abuse by teens, especially the abuse of painkillers and heroin. The FBI and DEA have been working closely with Fairfax County Public Schools (FCPS), the Fairfax County Police Department (FCPD), the Community Services Board (CSB), the Fairfax County Board of Supervisors, the Fairfax County School Board, and non-profit groups in response to a growing number of overdoses and deaths from opioid painkillers and heroin. This report is a summary of staff findings and recommendations.

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

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

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

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

(4) of these positions would be on a 194-day contract, and two (2) would be on a 218-day contract to allow for follow-up and case management into the summer. Bilingual counselors should be recruited for schools with high Hispanic populations.

- Train existing FCPS AOD teachers to complete screening tools to determine if substance abuse treatment is indicated and allow for additional follow-up and guidance for parents as they work to locate a treatment provider where indicated.
- Extend one (1) AOD contract to 218 days to allow for follow-up and case management of students who were identified as needing services during the final quarter of the school year.
- Hire a part-time licensed clinician as a clinical supervisor, for the SAP counselors and AOD teachers to ensure utilization of best practices, short-term early intervention fidelity, and consultation about complex cases.
- Provide two (2) dedicated CSB positions to JDRDC intake to provide services to youth diverted to behavioral health treatment, to attend the AOD seminar parent session to explain access to CSB services and act as a point of contact, and to expand CSB substance abuse treatment services for youth.

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

Overview of Existing Services

Information and Interventions Available to All Students

Counseling and Health Lessons

All students in Fairfax County Public Schools receive instruction about the impact of drugs on the brain, and how that may impact emotions, reasoning, and the ability to learn and remember information. Early in elementary grades students learn that medicines are both helpful and dangerous, and should only be taken when given by a parent or other caretaker. The concept of prescription drugs which can only be taken as directed by a doctor in very specific doses is introduced. At the same time, students learn, as part of the lessons on the Student Rights and Responsibilities (SR&R), that any medicine needed at school should be brought to the school health room, to be sure the student gets the medicine at the right time, and that no one takes it accidentally. In the middle elementary grades, health lessons include information about the dangers of drinking alcohol when you are not grown up, and the dangers of smoking cigarettes, or taking anyone else's medications. By late elementary and through tenth grade, students are given progressively more information about the impact of drugs, including illegal drugs and inhalants, on the brain and relationships with others. They also participate in more in-depth discussions about peer pressure and problem solving. In high school the discussions include physical and psychological addiction, use of

steroids, use of painkillers, and LSD, heroin, and methamphetamines. Messages about underage drinking and drunk driving, including information about the loss of driver's license as a consequence, are integrated into various wellness week activities and provided through assemblies and student led activities. In eleventh and twelfth grades student participate in activities related to laws and science surrounding drug use in the United States. In addition, throughout the year schools hold assemblies, wellness weeks, and other activities to reinforce healthy life choices, including information about drugs and alcohol.

Mental Wellness Support

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

FCPS Alcohol and Other Drug Seminars

The one-day Tobacco seminar and three-day Alcohol and Other Drug seminar were developed as interventions for youth found to be under the influence, in possession of, or using drugs on school grounds or school-related activities. Youth may also be recommended by parents, teachers, or counselors who are concerned about behavior patterns that suggest possible drug use. These seminars offer targeted small group instruction, designed around self-assessment of current patterns of use. These seminars include a parent night, where parents learn more about the signs of drug use, slang, and common methods used to hide or disguise drugs, as well as learn about community resources for more intensive interventions. Middle and elementary students, who are identified as possibly using drugs are seen in one to one sessions by the ATOD seminar teachers to increase understanding and to identify need for additional resources. Parents of these younger students attend the evening parent workshop that is part of the seminar.

Community Engagement

FCPS, Neighborhood and Community Services (NCS), JDRDC, and the CSB work individually and together with police, the national Drug Enforcement Agency, colleges, and local non-profit groups to expand messages about the dangers of underage drinking and substance use into the larger community. A number of town hall meetings, with representatives from the Fairfax County Board of Supervisors, the Fairfax County

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

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

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

Interventions Available at Selected Schools

Additional interventions for youth who present with possible substance use issues are available at the following high schools, supplemented by community resources when treatment for addiction is needed.

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

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

Annandale HS	Edison HS	Hayfield SS	Lake Braddock SS
Lee HS	Mt. Vernon HS	Robinson SS	South County HS
Stuart HS	Woodson HS	Bryant AHS	Mountain View AHS

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

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

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

Data Considered in Recommendations

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

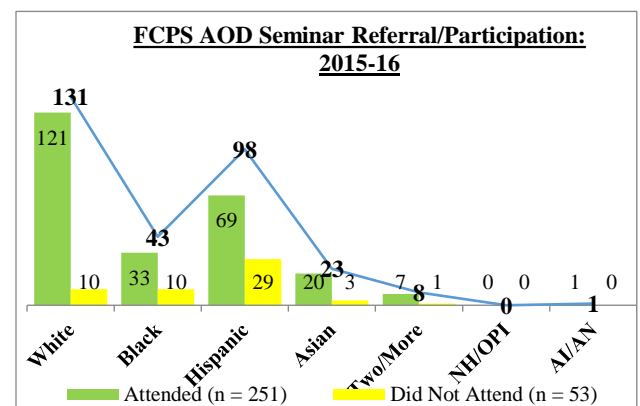
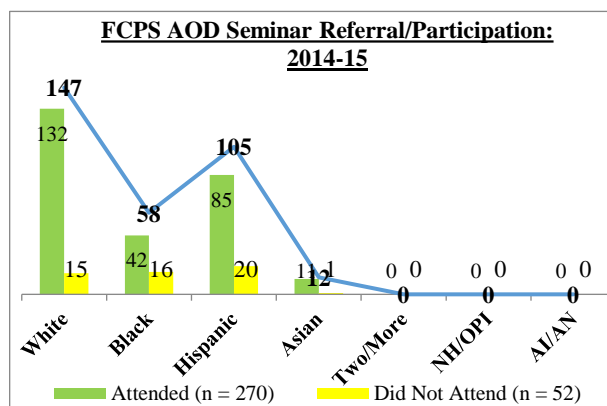
- **Discontinued CSB/FCPS SAP Program**
 - The decision to close the CSB/FCPS SAP program was made in FY 2012 as a part of a budget cut and service re-design. At the time, 12 CSB staff members were providing SAP services to individual high schools, some middle schools, and rotating to conduct screenings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

percentage of those referred to treatment end up going to or completing treatment.

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

- **FCPS AOD Seminars**

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



- Review of records of students who attended the AOD seminar in 2014-15 reveals that less than 1 percent of them had a second drug related offense in school. Surveys completed by youth and parents indicated that they felt the information obtained during the seminar was useful.
- Review of CSB records from 2011-12 indicated that only 5 percent of youth screened by CSB at the AOD seminar and identified as needing treatment completed the recommended treatment.
- **A two year data snapshot of data from the seminar indicated that over 250 youth attend each year. The committee recognized that this is an opportunity, in addition to the SAP prevention work, to engage families in obtaining treatment early, before more entrenched addictive patterns were established. However, the committee also**

recognized a need to ensure that more effective strategies were used to increase the number of referred youth who began and completed recommended treatment.

- **JDRDC Intake and Diversion**

- JDRDC has been actively working for the last several years to improve and expand the process of identifying youth who can safely be diverted from deeper contact with the court system. Recent efforts have included increased screening to determine which youth require mental health or drug treatment services, and which may benefit from other diversion options including restorative justice. As part of this effort, individuals from the police, the courts, and JDRDC participated in year-long Diversion Institute to learn about best practices from across the country, and to develop, with technical support, a more effective means to screen youth who had complaints filed at juvenile intake. This team continues to work together to pilot new strategies to identify which diversion strategy might be most effective for a specific youth and family, ways to increase parent engagement in implementation of the recommended diversion plan, and monitors data to assess the impact of these diversion decisions. A recent strategy, for example, has been to have parents sign a release for JDRDC to speak to the CSB or other identified provider when the diversion plan is signed. This enables JDRDC intake to follow up after a week and call CSB to determine if the youth has enrolled in treatment and if not, to call parents to encourage them to do so. However, JDRDC staff members on the committee indicated that they have limited capacity to follow-up multiple times with a single family, especially if the youth was not part of the monitored diversion program.
- Data from the Diversion Project (below) indicated that there were 69 youth identified between August 2015 and August 2016 who had mental health and/or substance use issues who were at moderate to high risk of reoffending. An additional 135 were identified with mental health and/or substance use issues, but were judged to be at low risk for reoffending.
- **The data indicated 204 youth were identified by JDRDC as needing services, but reports from CSB indicated that many of these youth did not follow through and begin or complete treatment. The committee felt this represented another opportunity for intervention and treatment, if effective strategies could be identified to engage parents and overcome barriers to accessing and completing treatment.**
 - 1254 Total Pilot Intakes
 - 481 Intakes Eligible for Diversion

- 204 (42%) had at least mental health or substance abuse issues indicated as risk factors

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

24 Low Risk | 28 Moderate/High Risk

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

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

79 Low Risk | 26 Moderate/High Risk

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

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

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

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

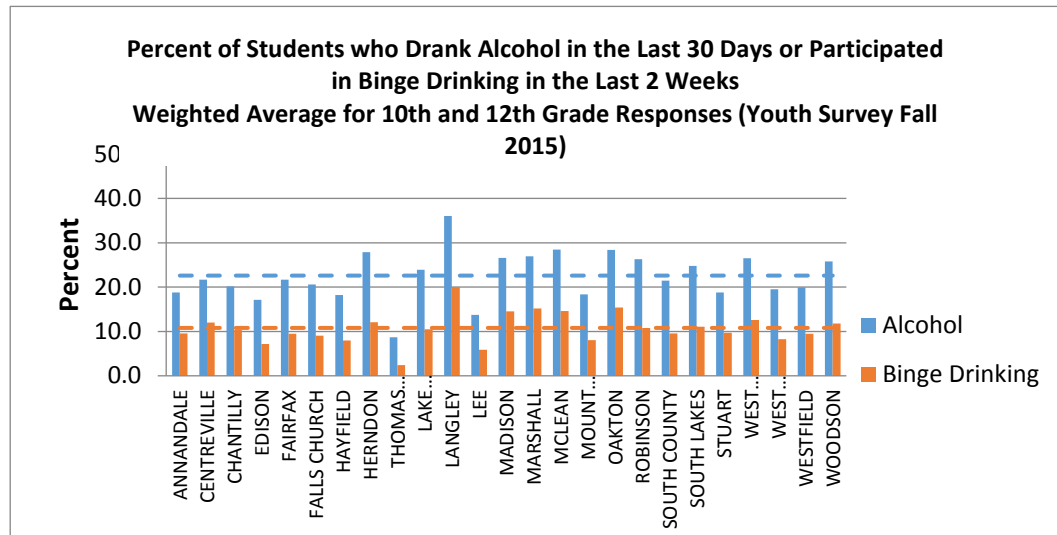
- **Youth Survey**

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

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

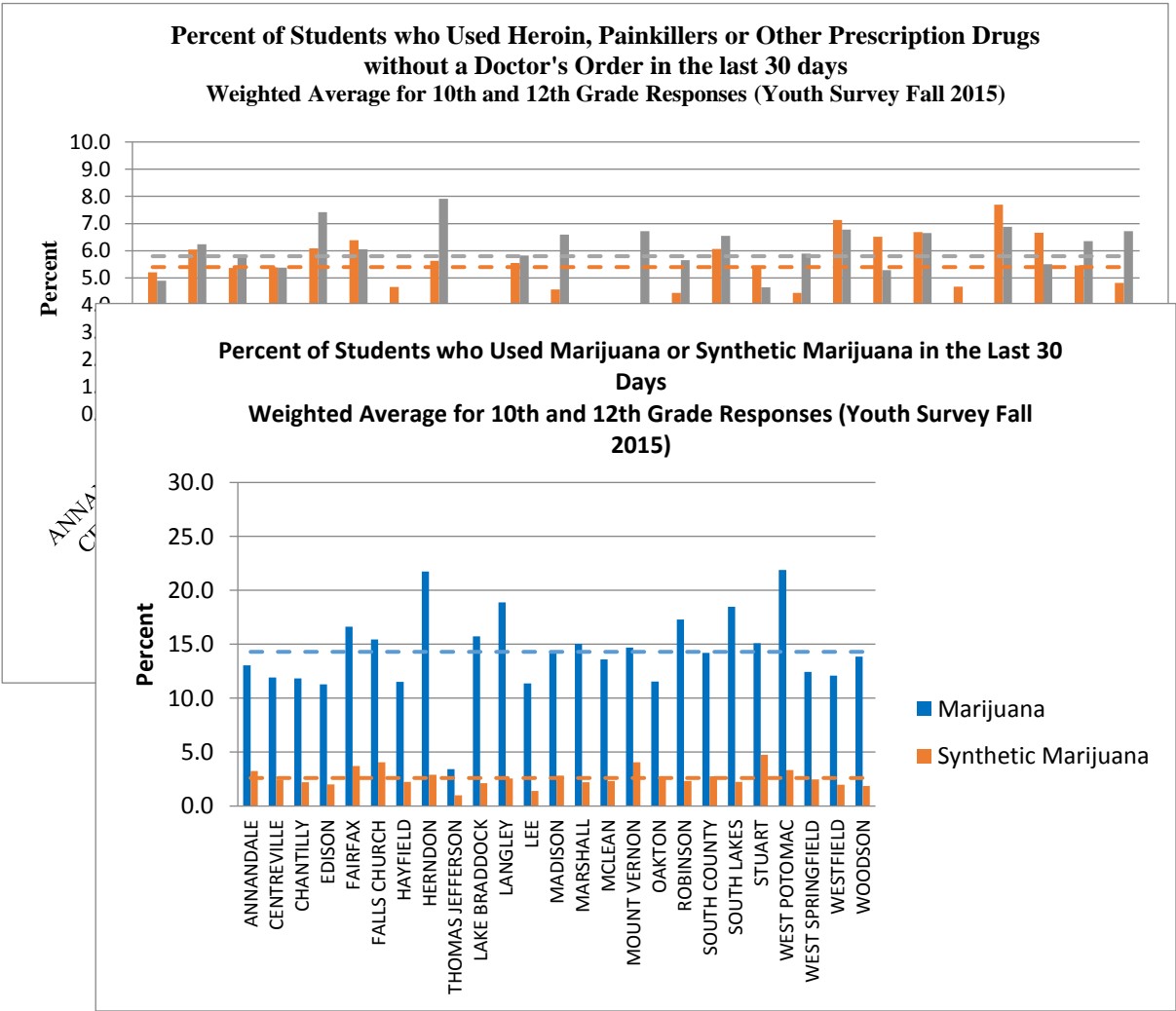
- Mean first age reported use of cigarettes was 13.5 years, marijuana was 13.8 years, and alcohol was 14.6 years, with reported age when youth started using of substances once or twice a month being 15.1 years.
 - Males and females start use of these drugs at the same age
 - White youth begin using these substances approximately a year later than peers in other groups
- Alcohol (16.2% or 5,500 youth) (Fairfax continues below national average)
 - Overall rates of alcohol use (lifetime, last month and binge drinking) are the lowest in five years.
 - Females (37%) have a higher rate of alcohol use than males (34.6%)
 - White (40.5%), Hispanic (42.4%) and youth who identify as Other/multiple races (38.9%) have higher rate of use than Black (23.9%) and Asian (23.9%) youth
- Marijuana (10.3% or 3,500 youth) (Fairfax below national average)
 - Overall rates of marijuana use are the lowest in five years, continuing a declining trend from 22% in 2011 to 19.2% in 2015
 - Males (20.1%) have a higher rate of marijuana use than females (18.2%)
 - White (20.3%), Black (21.1%) and youth of other/multiple races (21.2%) report relatively equal rates of use. Hispanic (25.3%) youth report higher rates. Asian (9.8%) youth report significantly lower rates.
- Painkillers without prescription (4.9% or 1,650 youth) (No US comparison)
 - A higher percentage (3.8%) of eighth-grade youth reported using painkillers in the past month than any other substance investigated, followed by e-cigarettes (3.5%), and then alcohol (3.4%)
 - The percentage of eighth grade youth reporting use has fluctuated between 2.3% (2013) and 4.2% (2014) over the past five years
 - The percentage of tenth (4.7%) and twelfth (6.1%) grade youth reporting use has stayed relatively constant over last five years
 - Usage is higher in white (5.1%), Hispanic (5.8%) and other/multiple (5.7%) than among black (4.8%) and Asian (3.4%) youth.
- LSD (2.0% or 680 youth), Cocaine (1.1% or 374 youth), Methamphetamines (0.5% or 170 youth), Heroin (0.4% or 136 youth) (Above national averages for last 5 years)
 - Males are approximately two times more likely to use each of these drugs more than females

- Youth self-reporting as other/multiple races reported the highest use for each of these drugs
 - LSD: White 2.1%, black 1.5%, Hispanic 2.8%, Asian 1.0%, other 3.2%
 - Cocaine: White .9%, black 1.3%, Hispanic 1.6%, Asian .6%, other 1.8%
 - Methamphetamines: White 0.4%, black 0.6%, Hispanic 0.7%, Asian 0.5%, other 1.0%
 - Heroin: White 0.5%, black 0.5%, Hispanic 0.4%, Asian 0.3%,

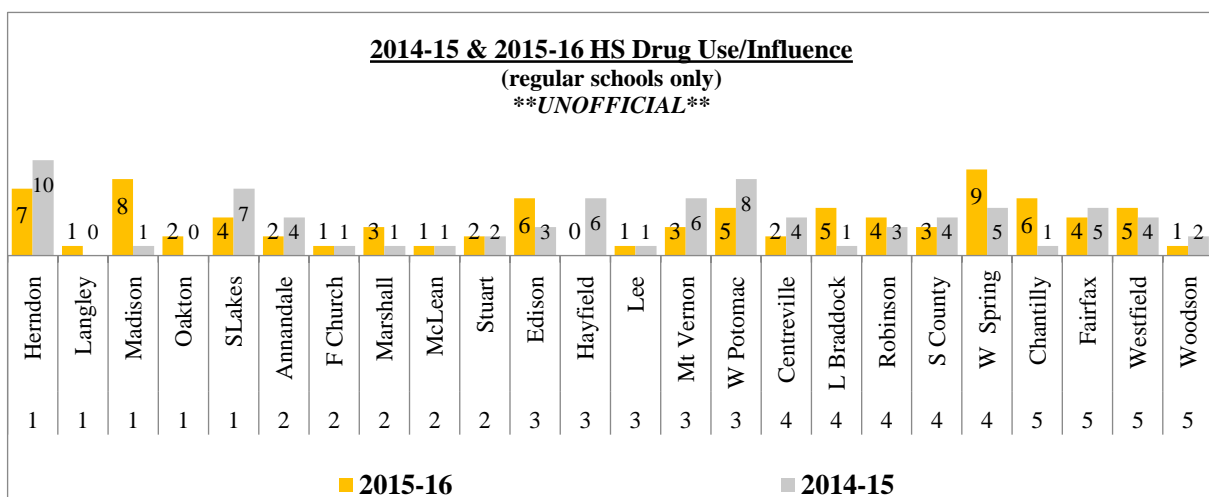


other 0.7%

- School Level Comparisons



- **FCPS Discipline Data**



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

Recommendations

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

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

(4) of these positions would be on a 194-day contract, and two (2) would be on a 218-day contract to allow for follow-up and case management into the summer. Bilingual counselors should be recruited for schools with high Hispanic populations.

- Train existing FCPS AOD teachers to complete screening tools to determine if substance abuse treatment is indicated and allow for additional follow-up and guidance for parents as they work to locate a treatment provider where indicated.
- Extend one (1) AOD contract to 218 days to allow for follow-up and case management of students who were identified as needing services during the final quarter of the school year.
- Hire a part-time licensed clinician as a clinical supervisor for the SAP counselors and AOD teachers to ensure utilization of best practices, short-term early intervention fidelity, and consultation about complex cases.
- Provide two (2) dedicated CSB positions to provide services to youth diverted to behavioral health treatment, services at JDRDC intake, attend the AOD seminar parent session to explain access to CSB services and act as a point of contact, and expand CSB substance abuse services to youth.

Connections

- Data from the CSB indicates that currently, only a small percentage of the youth who report regular use of drugs and alcohol are receiving treatment. This appears to be related to a number of issues, including less emphasis on mandatory consequences of school or community drug violations resulting in fewer youth “mandated” to attend treatment. Other factors discussed include changing attitudes towards drug usage due to legalization efforts across the country, changing demographics in the county, with related difficulty with stigma, language barriers, financial barriers, and transportation.
 - These barriers to treatment were hypothesized by county, school, and community partners who participated on the committee. Careful collection of information from families who participate in the programs being proposed will either confirm these hypotheses, or provide insight into additional barriers families may experience.
 - The recommendations include tracking specific indicators and interviewing parents and youth to identify and overcome barriers. By hiring SAP counselors and the clinical supervisor as FCPS employees, as well as expanding the skill of FCPS AOD teachers to screen and refer youth for treatment, school resources such as parent liaisons and school social

workers can be part of the team working to build trust and overcome some areas of resistance or barriers to treatment.

- Similarly, by dedicating a CSB clinician to work with youth referred by JDRDC intake or courts, and asking parents at the time the diversion is discussed to sign a release for intake specialists to speak with CSB, the goal is to reduce wait times and enable the CSB worker to help with case coordination to ensure the youth actually attends the recommended treatment.
- This proposal is closely aligned with work already in process under the [Children's Behavioral Health System of Care Blueprint](#) to address access to earlier intervention and treatment for substance use and co-occurring mental health disorders. Specifically, Goal 12:
 - Behavioral Health Intervention
Address the needs of children and youth with emerging behavioral health issues who have not been able to access appropriate, timely, and matching treatment services in the community. Intervening early when children and youth present with emerging behavioral health issues can reduce the intensity of the symptoms and duration of treatment. These strategies address creating capacity to address the behavioral health needs of children aged 0-7; developing and/or identifying a validated cross-system screening process to determine the needs, resources and desirable outcomes; creating a training consortium in partnership with a university and private provider partners; and expanding a current pilot initiative of providing timely and available behavioral health services to school-age children and youth with emerging behavioral health issues who have not been able to access services. In addition, there is a need to expand the Diversion First initiative to include youth who come in contact with the criminal justice system and reduce youth substance use and abuse.
 - The recommendations attempt to make more effective the efforts of school and community partners to help parents recognize drug use problems when they exist, and to navigate the process of accessing treatment for their youth.
 - CSB Entry and Referral Call Center (703-383-8500, TTY 711) can take calls in English and Spanish, and other languages as needed, to briefly assess safety and make referrals to CSB, if appropriate, or to private provider groups. A copy of the list of these providers, including insurance information, can be found in Appendix B. The Short-Term Behavioral Health project of the Systems of Care (SOC) Office has identified providers available to serve 12 high school communities, with an intention to expand to additional high schools as provider availability and needs dictate. A number of these providers can offer treatment for substance abuse, and the SOC Office is working to expand provider options in this area.

- This proposal fully aligns with the [FCPS Strategic Plan, Ignite](#), under the area of Caring Culture, and will address Overarching Strategy 7: Promote overall health and well-being of students and staff in order to encourage healthy life choices and increased quality of life, and specifically the metric on drug and alcohol use.

Plan

The committee recommended three primary points of intervention.

Recommendation 1: Substance Abuse Prevention (SAP) Program

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

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

- To avoid conflicts with FERPA, HIPPA, and other privacy regulations, it is recommended that the SAP counselors be school system employees. This will allow the counselors, in addition to working with individual students, to attend Tier II and Tier III meetings about students, who may be referred for a variety of reasons ranging from poor grades to poor attendance to discipline concerns, and offer expertise and consideration of involvement in the SAP program, when appropriate. It will also allow the counselors to work with school social workers, parent liaisons, and others to help parents overcome barriers to treatment.
- It is recommended that clinical supervision of the SAP counselors be provided by a half-time (initially, while there are 6 counselors) certified substance abuse counselor with at least 5 years of experience, who is hired as a school system employee. This will address the confidentiality and legal restrictions noted above. This individual will provide at least one hour of individual and one hour of group supervision weekly to the SAP counselors, and will work with the coordinator of Student Safety and Wellness to provide clinical supervision as needed for AOD seminar teachers.

- It is recommended that the SAP counselors participate, as appropriate, in training offered by the CSB regarding substance use disorders, co-occurring mental health disorders, treatment options, etc., as well as training offered through the Systems of Care office on trauma and cultural competence, and other areas of system-wide focus.

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

Annandale High School/ Poe Middle School

- Asian 20.25%
- Black 16.95%
- Hispanic 43.44%
- White 16.85%
- Other 2.51%
- Fee Waiver 58.33%

Herndon High School/ Herndon Middle School

- Asian 12.42%
- Black 8.33%
- Hispanic 38.39%
- White 36.61%
- Other 4.05%
- Fee Waiver 39.9%

South County High School/ South County Middle School

- Asian 19.42%
- Black 17.50%
- Hispanic 11.28%
- White 45.55%
- Other 6.26%
- Fee Waiver 18.55%

Stuart High School/ Glasgow Middle School

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

West Springfield High School/ Irving Middle School

- Asian 14.25%
- Black 6.83%
- Hispanic 15.49%
- White 56.83%
- Other 6.60%
- Fee Waiver 11.23%

Mountain View Alternative High School

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

Bryant Alternative High School

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

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

ACTION STEPS TO IMPLEMENTATION:

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

Recommendation 2: Enhanced Alcohol and Other Drug Seminar-FCPS

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

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

ACTION STEPS TO IMPLEMENTATION

Task	Date to be Completed	Responsible Party
Certify to administer GAIN-SS	September 2017	AOD teachers (online)
Complete motivational interview overview	TBD-schedule to align with SAP and CSB trainings	CSB
Complete protocol for parent permission forms and record keeping in consultation with Records Office and legal	September 2017	Coordinator, Student Safety and Wellness, AOD teachers

Review and revise parent night materials to include referral information and navigation support, and available translations of all materials	September 2017	Coordinator, Student Safety and Wellness (FCPS) CSB
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Recommendation 3:

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

One of the primary functions of the additional CSB behavioral health therapist and licensed clinician is to provide immediate access to community behavioral health care for individuals diverted from JDRDC. The goal is to have a warm handoff from JDRDC staff that will provide immediate access to care. The CSB has vacant unfunded positions that can perform this function.

ACTION STEPS TO IMPLEMENTATION:

Task	Target Date for Completion	Responsible Party
Budget Approval	May 2017	Board of Supervisors
Behavioral Health (BH) and Licensed Clinician (LC) Positions Advertised	June 2017	CSB
Training for BH and LC on JDRDC diversion screening tools, decision process, and diversion protocols.	August-September 2017	JDRDC, CSB
Develop protocol for "warm handoff" from JDRDC to CSB	September-October 2017	JDRDC, CSB
Developing plan to engage parents in supporting treatment and overcoming barriers to access	September-October 2017	CSB
Evaluation and refinement of program implementation: Monthly assessment of number of referrals made, days from referral	October 2017-June 2018	JDRDC, CSB

to service, number of youth completing recommended treatment, and identification of barriers to treatment and possible solutions.		
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Outcomes and Indicators

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

- Metrics for the recommendations in this proposal would include:
 - Process Measures
 - Number of youth seen by SAP counselors, individually and in intervention groups
 - Number of youth screening positive and referred for higher level of intervention and/or treatment
 - Number of youth accessing CSB or private treatment
 - Identification of common barriers to accessing treatment
 - Number of prevention presentations provided by SAP counselors
 - Number of youth seen by AOD teachers
 - Number of youth screening positive for higher levels of intervention and/or treatment
 - Number of youth accessing CSB or private treatment
 - Identification of common barriers to accessing treatment
 - Number of youth seen by CSB provider in treatment as result of diversion referral from JDRDC intake or courts
 - Demographics of youth referred and completing treatment
 - Identification of common barriers to accessing treatment
 - Outcome measures
 - Youth Survey data for targeted schools (Fall 2016, Fall 2017, compared to Fall 2018)
 - Number of youth completing SAP intervention groups or treatment with CSB in FY17, compared to FY15 and FY16 figures
 - School discipline SY15-16, SY 16-17, SY 17-18 (SR&R violations for possession, use, distribution, under the influence) disaggregated to reflect target schools
 - SR&R re-offense percentages for youth attending AOD seminar
 - JDRDC records indicating number and demographics of youth diverted to substance use evaluation or treatment, completing treatment, and re-offense percentage

Equity Impact Statement

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

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

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

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

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

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

barriers exist to accessing treatment, and any strategies that develop to effectively reduce these barriers.

Policy and Resource Needs

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

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

Next Steps

The Fairfax County School Board and the Fairfax County Board of Supervisors would need to approve funding as part of the FY18 budget. If the SCYPT endorses this plan, or any portion of it, it will be presented to the boards. Specific steps to implement each section of the proposal are listed above.

Recommendations

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

Contacts

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We would like to thank all members of the committee:

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

Appendices

APPENDIX A

FCPS FY18 Budget

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

Fairfax-Falls Church CSB FY18 Budget

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

APPENDIX B

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

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

200 North Glebe Road, Arlington, VA 22203	educational services, outpatient counseling, or residential treatment					Psych Kaiser (adolescents only) MHN MHNet MultiPlan United ValueOptions NCPPO
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