

FAIRFAX COUNTY SUCCESSFUL CHILDREN AND YOUTH POLICY TEAM

**October 3, 2018, 10:00 a.m. – 12:30 p.m.
FCPS Willow Oaks Center, Conference Room 1000B**

Agenda

1. Welcome and Introductions
2. Brief SCYPT Overview
3. Administrative Item (Consent Agenda)
 - a. Approval of New SCYPT Membership Position
4. Action Items
 - a. Action 1: SCYPT Endorsement of Behavioral Health Blueprint Funding Request
 - b. Action 2: SCYPT Endorsement of School Readiness Strategic Plan Funding Request
5. Information Items (written items only)
 - a. SCYPT Community Engagement Committee
 - b. Community Schools
6. Recap of New Action Steps or Assignments
7. Items and Announcements Presented by SCYPT Members
8. Adjourn

Next Meeting:
Wednesday, December 5, 2018
10 am – 12:30 pm
Willow Oaks Center

Welcome to the SCYPT

An Overview of the Team and Your Role

October 3, 2018



Why SCYPT?

From our charter:

In order to become confident individuals, effective contributors, successful learners and responsible citizens, all of Fairfax County's children need to be safe, nurtured, healthy, achieving, active, included, respected and responsible. **This can only be realized if the county, schools, community and families pull together to plan and deliver top-quality services, which overcome traditional boundaries.**

SCYPT's Role

- Coordinate initiatives, ensuring they tie to Ignite, the Economic Success Strategic Plan, and other board efforts.
- Coordinate planning and action among agencies and sectors.
- Promote shared accountability for outcomes and processes.

SCYPT's Vision and Mission

- **Vision:** A community where all children and youth thrive and reach their full potential.
- **SCYPT Mission:** The Successful Children and Youth Policy Team provides policy and resource guidance and champions the collective efforts of the Fairfax community to ensure all children, youth, and their families and communities have equitable access to quality services, supports, and opportunities to further their success and well-being.



Shared Community Level Outcomes

Children get a healthy start in life.

Children enter kindergarten ready to succeed.

Children and youth succeed academically.

Children and youth are healthy.

Children and youth are physically healthy.

Children & youth are socially, emotionally, and behaviorally healthy and resilient.

Children and youth are safe and free from violence and injury.

Youth earn a post-secondary degree or career credential.

Youth enter the workforce ready to succeed.

Youth contribute to the betterment of their community.



From Individual Action to Collective Impact

Collective Impact

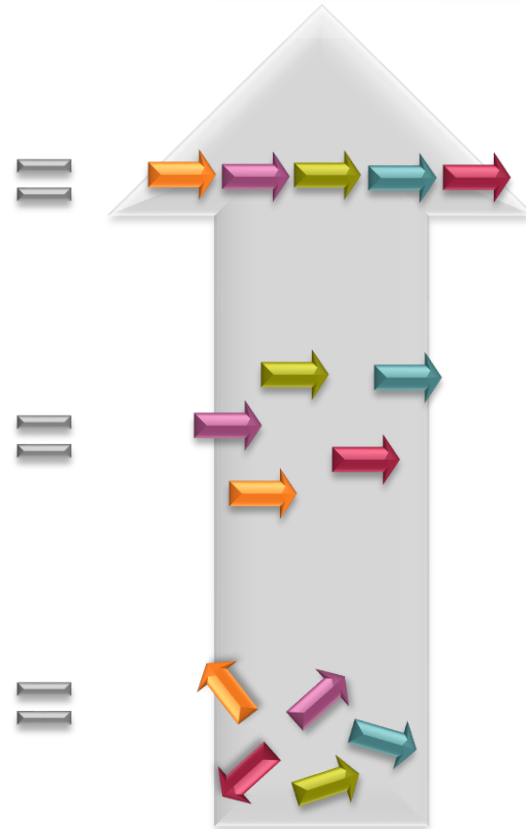
- A group working towards the same outcome.
- Looking at student level data.
- To continuously improve practices over time.

Coordinated Impact

- A group working on the same issue.
- Sharing program level data.
- To identify best practices and align efforts.

Individual Impact

- Individual practitioners working on specific issues.
- Collecting qualitative and quantitative data.
- To demonstrate impact with individual students.



Why the SCYPT was Formed

There was a need for...

- ...coordinated approaches to issues.
- ...policy-focused development of initiatives.
- ...in-depth vetting of budget and policy proposals.
- ...multi-sector and multi-system engagement in planning and implementation.



Members' Responsibilities

- Providing strategic direction
- Serving as visible champions on children and youth issues within the community and within one's sector and organization
- Modeling desired changes/directions within one's organization/sphere of influence
- Directing resources (funding, people, advocacy, etc.) to address identified issues
- Providing perspectives from one's sector and serving as voices of the sector, able to discuss current trends and efforts
- Reviewing and providing data to aid in decision-making

SCYPT Administrative Item Ad-1
October 3, 2018

ADMINISTRATIVE ITEM Ad-1

TITLE:

Approval of New SCYPT Membership Position

ISSUE:

SCYPT approval of an amendment to the SCYPT charter to add a position for the Fairfax County Government Chief Equity Officer.

RECOMMENDATION:

The SCYPT Executive Committee recommends that the SCYPT amend its charter to add one position: the Fairfax County Government's Chief Equity Officer.

BACKGROUND:

Having reviewed SCYPT membership, and based on the recent establishment of the Chief Equity Officer position within the Fairfax County Government, the Executive Committee is recommending adding that position to the SCYPT membership. The position was created as a part of the County's effort to implement the One Fairfax policy. Given the SCYPT's emphasis on equity, the Chief Equity Officer is well-positioned to support SCYPT initiatives. The Fairfax County Public Schools Chief Equity Officer is already a member of the SCYPT.

ATTACHMENTS:

None.

STAFF:

Jesse Ellis, Department of Neighborhood and Community Services

SCYPT Action Item A-1
October 3, 2018

ACTION ITEM A-1

TITLE:

SCYPT Endorsement of the Children's Behavioral Health Blueprint FY 2020 Funding Request

RECOMMENDATION:

Staff recommend SCYPT endorse the Children's Behavioral Health Blueprint FY 2020 Funding Request.

BACKGROUND:

At its April 6, 2016, meeting, the SCYPT endorsed the Children's Behavioral Health System of Care Blueprint, a strategic plan for improving access and quality of behavioral health services for children and youth in Fairfax. Implementation began almost immediately, and the SCYPT has received regular updates on progress. Workgroups are currently working on implementation of at least 20 different Blueprint actions; some of the actions that require little to no funding or are already funded for FY 2020 include:

- Implementing a Family Navigator program to provide peer support to families with youth with behavioral health issues;
- Developing a website that will serve as a hub of information and connect families to services;
- Providing training to public and private behavioral health providers on evidence-based treatments and practices; and
- Supporting the adoption of trauma-informed practices and promoting public awareness of trauma and its impacts.

Three proposed strategies for FY 2020, however, require additional funding and have been included in the budget request for Healthy Minds Fairfax (the System of Care Office within the Department of Family Services). The three funding requests are:

- \$100,000 to expand the Children's Regional Crisis Response (CR2) program. CR2 serves children under 18 who are experiencing a psychiatric crisis due to mental health issues that are placing them at risk of psychiatric hospitalization, at no cost. The additional funding will allow CR2 to serve 10 additional Fairfax County youth per month.
- \$130,000 to expand multicultural behavioral health care services. Funding will be used to purchase approximately 1,300 therapy hours provided by culturally and linguistically competent providers; it is expected that 130 children and youth would receive 10 sessions each.
- \$100,000 to purchase psychiatric consultation for at least 250 youth annually. The program would provide consultation services to pediatricians for five hours a week; pediatricians in the community would sign up for 15-minute consultation slots to get assistance in accurate diagnosis and medication prescribing.

EQUITY:

All three proposals are designed to promote equity by supporting increased access to behavioral health services for typically underserved populations. The CR2 program is mobile and free, and it is designed in large part to eliminate the need for police involvement in crisis situations. The federal Substance Abuse

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and Mental Health Services Administration (SAMHSA) considers mobile services a best practice for engaging with families of diverse cultures because services are offered in the home at the family's request, and can connect families to an array of home- and community-based services tailored to their individual needs. Multicultural behavioral health services are designed and delivered specifically to be effective with racial and ethnic minority groups. Psychiatric consultation addresses the barriers to access, including cost and location, that are in part due to the limited number of child psychiatrists in the region.

ATTACHMENTS:

Healthy Minds Fairfax Proposed FY 2020 Budget Requests

Healthy Minds Fairfax Report on FY 2018 Accomplishments and Activities

Healthy Minds Fairfax Quarterly Report on Blueprint Strategies, August 24, 2018

PRESENTER:

Jim Gillespie, Healthy Minds Fairfax

HEALTHY MINDS FAIRFAX PROPOSED FY 2020 BUDGET REQUESTS

Crisis Response Services Expansion: \$100,000

Funding would expand crisis response capacity by 8% through the addition of one new counselor for the Children's Regional Crisis Response (CR2) crisis response program, to be accomplished contractually. The CR2 crisis response program is 50-67% under-staffed compared with model programs identified by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The goal is to create a protocol for youth identified by the CSB, providers, or Inova Fairfax Hospital Emergency Department (ED) to be considered for CR2 services and to create capacity to serve approximately ten additional youth per month. CR2 staff would develop protocols with the CSB, Inova Fairfax ED, and other appropriate stakeholders to enable the CR2 crisis intervention to occur in an alternative setting. CR2 counselors are available to meet with clients within their homes or any site in the community, including schools, courts and community centers. CR2 collaborates with CSBs, CSA agencies, and other professionals so that every child and family served may benefit from coordinated care and a team approach. The collaboration process is further enhanced through community outreach, awareness campaigns, and training so that every locality may improve its ability to prevent crises and provide a successful response. CR2 serves children age 17 and younger experiencing a psychiatric crisis due to mental health issues that places them at risk of psychiatric hospitalization. CR2 is provided at no cost to families. Families with commercial insurance may be required, by their insurer, to provide a copay for psychiatric assessment and medication services. Services provided by CR2 include:

- Rapid mobile response
- 24-hour intervention
- Screening and triage
- Clinical assessments, including lethality
- Psychiatric assessment and services
- Medication prescription
- Bilingual counselors
- Case management
- 30-day post discharge support
- Care coordination with community resources and professionals
- Safety planning

Behavioral Health Treatment for Under-Served Populations of Children, Youth and Families: \$130,000

Funding would expand multicultural mental health services through contracting for behavioral health therapy services directly in the community and/or through telehealth capacity.

Telehealth approaches address many of the barriers that make it difficult for underserved populations to access services, especially language and lack of transportation. Funding of \$130,000 for contracted outpatient behavioral health services, at an estimated cost of \$100/hour, would purchase 1,300 therapy hours, and serve 130 children and youth with an average of 10 sessions each. For some youth and families home-based interventions may be necessary, which would double the hourly cost due to the need for therapists to go to the home, proportionately reducing the number of youth who could be served. Medicaid and commercial insurance would be accessed first, and the new service only used when those sources could not meet the need.

Psychiatric Consultation: \$100,000

Psychiatric consultation would be available for children and youth in need of psychiatric services, but who are unable to access them due to the severe shortage of child psychiatrists in Northern Virginia who accept Medicaid and/or private insurance. Psychiatric consultation is telephone contact between a pediatrician and a child psychiatrist to assist the pediatrician or family physician in accurate diagnosis and appropriate use of medication. The \$100,000 request would purchase psychiatric consultation for at least 250 youth annually. Specifically, it would fund five hours a week of telephonic psychiatric consultation for 50 weeks a year.

Pediatricians would sign up for 15 minute slots to consult with a child psychiatrist on treating children and youth with mental health issues. It is estimated that on average, for each child or youth served, four 15 minute consultations would take place over the course of a year.

HEALTHY MINDS FAIRFAX REPORT ON FY 2018 ACCOMPLISHMENTS AND ACTIVITIES

Children's Behavioral Health Blueprint: FY 2018 Accomplishments

Strategy: *Expand access to timely and available behavioral health services for school age children and youth with emerging behavioral health issues who have not been able to access such services.*

Short-Term Behavioral Health Services

In Fiscal Year/School Year 2018 the Short Term Behavioral Health Service was available through 13 high schools, and for the first time expanded to 5 middle schools. A referral process from the CSB was also established. The number of students served increased 129%, from 55 in FY17 to 129 in FY18. In FY19 the service will expand to 3 additional middle schools (Glasgow, Holmes, and Poe) and 2 elementary schools (Annandale Terrace and Herndon). Participating schools are chosen based on level of mental health need as identified by the annual youth survey, and the level of financial need as identified by percentage of students eligible for free and reduced school lunch.

Short Term Behavioral Health Services for Youth (STBH) provides timely counseling services to children and to assist parents in securing more long term counseling services through their insurance or another community resource. Services are offered by a select group of private providers at no cost to the family. The child's school social worker or psychologist at the participating FCPC school locations assist in the referral process and selection of an appropriate STBH provider for the child. The child can receive a total of eight sessions to include an assessment, counseling sessions and a wrap-up closing session. Families with incomes less than 400% of poverty who cannot access treatment through Medicaid or commercial insurance are eligible.

Give an Hour Healthy Minds Fairfax

Through Healthy Minds Fairfax the County is partnering with a national nonprofit organization, Give an Hour, to provide free and confidential mental health services to low and moderate income youth and children between the ages of 5 and 21. Fairfax-based private mental health therapists are recruited to "give an hour," i.e., provide ongoing weekly mental health treatment to one child or youth free of charge. More than 200 children and youth and projected to receive more than 2,500 therapy sessions annually. Give an Hour aims to address the needs of children and youth with emerging mental and/or behavioral health issues who have not been able to access appropriate and timely treatment services in the community. Give an Hour Healthy Minds Fairfax seeks to provide awareness of the Five Signs of Emotional Suffering and Healthy Habits of Emotional Well-Being. The project launched on July 9, 2018.

Strategy: *Reduce youth substance abuse and use.*

With county funding support, enhanced substance abuse prevention services are available in five high school pyramids in SY 2019. FCPS collaborated with the epidemiologists from the Health Department to review data from the Youth Survey, student discipline records, and students referred to the FCPS Alcohol and Other Drug Seminar. Using this information, high school pyramids were ranked and the pyramids with the highest identified needs were selected. These include Herndon, Langley, Robinson, South Lakes and West Potomac pyramids. Bryant and Mt. View High Schools were also selected due to the high concentration of students attending those schools with prior drug related violations of the Student Rights and Responsibilities. Substance abuse counselors have been hired by FCPS to identify and engage with the students in those pyramids, with a CSB behavioral health specialist and clinician dedicated to linking identified students to substance use disorder services and providing additional treatment capacity.

Strategy: *Create a family navigator program.*

Through the Virginia Department of Behavioral and Developmental Services, the county has been selected as a sub-recipient for a federal SAMHSA grant that will fund family navigator/parent support partner services through September 2020. NAMI Northern Virginia, the contracted provider, served 55 families in FY 2018. Parent support partners are trained parents of teens and young adults with mental health issues who assist parents of children and youth with mental health issues navigate the system to access services, and provide peer support and education.

Strategy: *Increase the availability of and capacity for evidence-based practices/interventions along the continuum of prevention through treatment.*

Strategy: *Train behavioral health providers in evidence-based practices specific to the treatment of youth with suicidal ideation and behavior.*

In FY 2018 the County partnered with George Mason University and Inova to establish the Fairfax Training Consortium for Evidence Based Practice. In FY 2018 the Consortium trained 233 therapists on best practices with LGBTQ youth, 178 on suicide prevention for children and youth, and 40 on the core competencies needed to treat a range of mental health issues including trauma, substance abuse and high risk behaviors.

Strategy: *Provide behavioral health consultation to primary care providers and patients.*

Strategy: *Promote resources to implement tiered levels of integration based on capacity and readiness*

The county partnered with Inova to provide intensive behavioral health training to 65 pediatricians in October and December 2017. An inter-agency workgroup developed a community plan to implement integration of primary pediatric care and behavioral healthcare, including but not limited to consultation, facilitated referral, co-location and full integration, which was endorsed by CPMT in June. The Integration Plan will be implemented in FY 2019 and beyond. The HMF FY 2020 budget requests for psychiatric consultation and crisis response services are Integration Plan recommendations. Many other recommendations do not require additional funding to implement.

Children's Behavioral Health Blueprint: FY 2018/FY 2018 Activities

Strategy: *Develop an accurate, accessible and real time database of behavioral health care providers that includes information on if they are accepting new clients, if they accept insurance, and their areas of expertise, with functionality to assist families in understanding behavioral health issues and in navigating the system to access services.*

A navigation website for families will come online in FY 2019. It will be extensively tested by consumer families before going live. The provider database will initially focus on providers trained in evidence-based practices.

Strategy: *Provide behavioral health consultation to primary care providers and patients.*

Strategy: *Promote resources to implement tiered levels of integration based on capacity and readiness*

In FY 2019 a project will be initiated to safely divert youth from hospitalization when appropriate through expansion of the Children's Regional Crisis Response (CR2) mobile crisis response service. The County and Inova are partnering to provide two additional intensive behavioral health training sessions in FY 2019 to train fifty pediatricians and family physicians, bringing the total trained to 115. The Virginia Health Department has submitted a federal proposal to implement a Pediatric Mental Health Access Program.

Strategy: *Increase access and availability to behavioral health services for underserved populations.*

In September, 2018 a report, Innovative Behavioral Health Strategies for Underserved Populations, was presented to the Community Policy and Management Team. During FY 2019 Healthy Minds Fairfax will be working to implement the recommendations of that report, including but not limited to expanding home-based multicultural mental health services for Latino youth and their families.



Quarterly Report on Blueprint Strategies to the Community Policy and Management Team
August 24, 2018

GOAL 1: Deepen the Community “System of Care” Approach

Coordinator: Jim Gillespie

Governance Structure:

- A. *Establish a Children’s Behavioral Health System of Care oversight committee as the locus of SOC management and accountability.* Accomplished through designating CPMT as the oversight committee. The fifth CPMT parent representative, Terry Williams, has been appointed.
- B. *Establish cross-system behavioral health system of care practice standards, policies and procedures.* Revised system of care principles and practice standards have been approved by the CPMT. In December 2017 CPMT approved revisions to local policies and procedures, based on the revised practice standards, and these have been incorporated in the SOC training curriculum.
- C. *Generate support for the SOC approach among the general public and policy makers and administrators at the state and local levels.* Results Based Accountability (RBA) measures were developed for the BHSOC Blueprint, approved by CPMT in September 2017 and the first quarterly RBA report was presented to CPMT on February 23. In 2017 the system of care initiative was re-named Healthy Minds Fairfax.
- D. *Continue to develop partnerships with community organizations and agencies in different sectors for coordination, financing and support of the SOC approach.* Work on this strategy was scheduled to begin in January 2018, but a workgroup has not yet been assembled.

Financing Strategies:

- E. *Coordinate county budgeting, including but not limited to Diversion First, to maximize the possibility of high priority children’s behavioral health needs being funded.* To complete these strategies a matrix of youth services has been developed and fiscal mapping conducted. This strategy has now been folded into a SCYPT fiscal mapping strategy for children’s services. Regarding the action step on identifying alternative methods of budgeting the required local CSA match, it was decided to wait to see if the General Assembly takes action on the issue of rising CSA private special education expenditures. The General Assembly directed that a study be done on the feasibility of state rate setting for private special education services.

Service Quality and Access:

- F. *Develop/facilitate trainings and outreach materials that increase awareness and knowledge of systems of care values and creates better informed consumers, providers and county and school system staff.* The Training Committee continues to work on revising and expanding the SOC training policy. Brief PowerPoint presentations have been completed around the areas of insurance access, CANS & GAINSS, and Intensive Care Coordination and Wraparound. The primary audience for these presentations are families. The presentations will be recorded and placed on the Healthy Minds Fairfax page on the County website. Information on evidence-based/informed treatments will also be added to the website, directing families to established resources. The Training Committee continues to discuss the best ways to communicate the above information to families, providers and county staff.

Number of Staff, providers & families trained on community resources, insurance access, evidence-based/informed practices, & HF wraparound:

FY 18	FY17	FY16
0	0	0

- G. *Collect and regularly report on community outcomes, and assess gaps in the array of services and supports necessary for the success of the SOC in preventing and treating behavioral health issues.* The annual CSA service gap survey has been revised locally and by the state.

- H. *Review intake, assessment, triage, referral protocols across all levels of care, and lead case management assignments with the goal of supporting families in accessing both public and community provided resources.* CPMT approved endorsed use of local funding to expand the regional mobile stabilization and response service to assist with hospital diversion and discharge planning, but regional approval is still pending.

GOAL 2: Data Systems

Coordinator: Janet Bessmer

- A. *Increase cross-system data sharing.* CSA is represented on the HS IT Advisory Committee that meets monthly and is consulted on various topics such as Document Management, the “Front Door,” and the Services taxonomy to ensure that recommendations meet CSA needs. CSA has requested to meet with planning facilitators to review the unique needs of the CSA program as an existing cross-agency collaboration.
- B. *Use cross-system data to improve decision-making and resource use.* To begin in CY 2019

GOAL 3: Family and Youth Involvement

Coordinator: Jim Gillespie

- A. *Increase the presence and effectiveness of family leadership through a sustained family-run network.* A group of family-led nonprofit organizations that serve families, children and youth in northern Virginia began meeting in fall 2017 and continues to meet periodically in person and virtually. The group includes representatives from about eight organizations who gather to share information about their own programming, and exchange ideas for addressing regional challenges and for leveraging potential collaborations. The group has invited participation of Voices of Virginia’s Children to share timely information on state and regional policy and legislative efforts and their impact on families and children in our area.
- B. *Increase family and youth involvement in system planning and implementation.* In December 2017 CPMT approved revisions to local policies and procedures.
- C. *Include youth and family participation in the evaluation of publicly and privately provided services, with prompt action for improvement when necessary.* Parents and youth helped develop new CSA provider evaluation surveys, but implementation has been delayed due to the transition to a new state data and financial reporting system (LEDRS).
- D. *Expand evidence-based peer to peer groups, family/community networks.* See Goal 5, Strategy B.

GOAL 4: Increase Awareness and Reduce Stigma

Coordinator: Jesse Ellis

- A. *Implement “gatekeeper trainings” to increase layperson understanding of mental illness, recognition of signs and symptoms of mental illness or emotional crisis, and support of others in accessing help, using a cultural competency lens.* Gatekeeper trainings continue to be provided in a number of ways through Mental Health First Aid and the Kognito suite of online trainings (including a peer training for teens), Signs of Suicide, and Lifelines.
- B. *Promote youth-led initiatives to combat stigma associated with mental illness, treatment, and accessing help.* Awareness initiatives to combat stigma and promote help-seeking also continue. Ten organizations were awarded mini-grants this year to implement youth-led projects to address stigma, funded by the regional suicide prevention grant. Eleven high schools are currently implementing Our Minds Matter clubs, developed by the Josh Anderson Foundation.

- C. *Increase public awareness of issues surrounding mental illness and behavioral health care.* The public service announcements developed by the Health Department have been running in theaters since June 2016, and on television and online since December 2016 (the TV/online contract was extended through June 2018).

Number of views of PSAs promoting help-seeking behaviors:

FY18	FY17
6,597,856	3,298,928

Number of crisis texts and calls:

FY18	FY17
1815 text conversations/5597 calls	1087/4927

- D. *Maintain a speaker’s bureau and/or list of approved presenters to school and community groups.* To be completed in FY19.

GOAL 5: Youth and Parent/Family Peer Support

Coordinator: Jim Gillespie

- A. *Create a Family Navigator program.* Through the Virginia Department of Behavioral and Developmental Services, the county has been selected as a sub-recipient for a federal SAMHSA grant that will fund family navigator/parent support partner services for the next three years. In October 2018 NAMI Northern Virginia was selected as the provider through September 2020. The goal is to serve approximately 100 youth and families annually.

Number of families served by parent support partners:

FY18	FY17	FY16
55	32	57

- B. *Expand evidence-based peer to peer groups, family/community networks.* In March HMF funding was approved for The Merrifield Crisis Response Center Peer Recovery Staff to implement a weekly Peer Group for teens who’ve been served by Emergency Services. The group will began on 5/17/2018 and runs in the evening weekly from 6:00 pm -7:30 pm.

Number participating in expanded parent/family peer support service programming:

FY18	FY17	FY16
2 (Began May, 2018)	0	0

GOAL 6: System Navigation

Coordinator: Betty Petersilia

- A. *Develop an accurate, accessible and real time database of behavioral health care providers that includes information on if they are accepting new clients, if they accept insurance, and their areas of expertise, with functionality to assist families in understanding behavioral health issues and in navigating the system to access services.*

The work of development of the database has been “pushed out” to January of 2019 to allow for a focus on the development of the clearinghouse for children’s behavioral health information below. Work has begun, however, in compiling the lists of training participants from the most recent offerings by the Fairfax Consortium for Evidence Based Practice.

Number of “hits” on new on-line navigation tool:

FY18 (YTD)	FY17	FY16
Begins in FY 19	0	0

Percentage of users satisfied with on-line navigation tool:

FY18 (YTD)	FY17	FY16
N/A	N/A	N/A

- B. *Create a clearing house for information on children’s behavioral health issues and resources.*
 “Content gathering” is underway for the clearing house of children’s behavioral health information to be added to our current Healthy Minds Fairfax website. In consultation with the CSB’s web developer, Lara Larson, it appears possible for us to simply incorporate a design remodel within our existing web address and drop our new content there. This work of content development will probably continue through December and will include review by members of the original work group and a “testing” process by consumers.

GOAL 7: Care Coordination and Integration

Coordinator: Jim Gillespie

- A. *Provide behavioral health consultation to primary care providers and patients.*
- B. *Promote resources to implement tiered levels of integration based on capacity and readiness.*
 The county partnered with Inova to provide intensive behavioral health training to 65 pediatricians in October and December 2017. An inter-agency workgroup headed by Dr. Gloria Addo-Ayensu developed a community plan to implement integration, including but not limited to consultation, facilitated referral, co-location and full integration, which was endorsed by CPMT in June. The workgroup also developed a project to safely divert youth from hospitalization when appropriate through expansion of CR2 mobile crisis response services, which was approved for HMF funding in March. The state Health Department has submitted a federal proposal to implement a Pediatric Mental Health Access Program.

Number of pediatric primary care psychiatric consults:

FY18	FY17	FY16
0	0	0

- C. *Increase the appropriate implementation of behavioral health screenings and referrals in primary care settings.* The workgroup will be recommending screening tools for use in primary pediatric care, probably based on the recommendations of the REACH staff who presented the intensive behavioral health training for pediatricians.

GOAL 8: Equity/Disparities

Coordinator: Betty Petersilia

- A. *Promote the adoption of culturally and Linguistically Appropriate Services (CLAS) Standards among BH providers.* The CPMT adopted the Culturally and Linguistically Appropriate Services (CLAS) Standards at its February 24, 2017 meeting. The Fairfax Consortium for Evidence Based Practice’s training on LGBT Best Practices and the ongoing work of the Underserved Populations workgroup discussed elsewhere is a reflection of these standards. There are no additional updates at this time.
- B. *Increase access and availability to behavioral health services for underserved populations.*
 The Underserved Populations workgroup has completed its report and presented it to the CBHC Management Team on 7/30/18. With the support of the CBHC Management Team, the original work group is willing to continue its work to implement recommendations and explore the viability of recommendations that warrant more research. Funding from the CSB has made it possible to provide Youth Mental Health First Aid training to more Faith/Youth leaders in houses of worship where underserved youth live than originally anticipated. With the recent funding of Northern Virginia Family

Service's VPIP program, exploration will begin to see how Healthy Minds Fairfax can help to expand multicultural mental health services by one position to serve more Latino youth in our underserved communities.

- C. *Require training in cultural competence and advancing equity in alignment with One Fairfax for County, FCPS, and County-contracted behavioral health service providers.* At the March CSA conference, 62 participants attended a workshop called "In Their Shoes", working from a strength based approach to cultural competency. Participants reported overwhelmingly that the presentation was helpful and content clear. The SOC Training Committee is currently reviewing a "one and done" training option vs. a longer training experience for staff and community partners. DFS staff shared their training approach for consideration and other trainers are being explored as well. It is anticipated that an early winter training will be offered to meet this need.
- D. *Implement support structures for LGBTQ youth.* The Fairfax Training Consortium for Evidence Based Practice anticipates offering a second training focusing on the specific clinical skills therapists can use in their practice to help address the unique needs of this population this Fall. An additional research based educational approach called the Family Acceptance Project is also being reviewed for a possible training option through the Consortium.

GOAL 9: Reduce Incidence of Youth Suicide in our Community

Coordinator: Jesse Ellis

- A. *Identify universal suicide and/or depression screening tool(s) for use by the community.* The team developing guidance and protocols for suicide/depression screening by community organizations has finalized a toolkit for publication; it will be incorporated into the new website.
- B. *Develop and publish guidelines for service providers on the availability and effective use of crisis services.* The CSB has recently published new information (including printable fliers) on accessing the Mobile Crisis Unit and on Involuntary Psychiatric Hospitalization of Minors.
- C. *Develop a common and coordinated approach to youth suicide postvention.* A resource for community organizations on implementing suicide postvention will be published on the redesigned website. An extension of the committee has begun meeting to discuss opportunities for coordinated community postvention outreach and services.
- D. *Continue to make available and promote the suicide prevention hotline, including textline.* In FY2018, PRS CrisisLink answered 5,597 calls, a 14% increase over last year. Of these calls, 196 were from youth under 18, and 298 were from individuals 18 to 24; this represented a 42% increase in calls from these age groups. The PRS CrisisText Connect program engaged in 1815 text conversations with 1582 unique individuals, a 41% increase over last year.
- E. *Train behavioral health providers in evidence-based practices specific to the treatment of youth with suicidal ideation and behavior.* The Fairfax Training Consortium for Evidence Based Practice will launch its first Core Competency training (multiple day training in CBT, DBT skills needed to treat a range of mental health issues including trauma, substance abuse and high risk behaviors) on August 31, 2018, comprised of up to 50 youth and family serving public and private mental health professionals. To date, there are 42 mental health professionals registered, at this writing. The second session of Core Competency training will be starting in November '18. Final details regarding an offering of TF-CBT training are being reviewed with an anticipated offering available in early Winter '18. In advance of this launch, focus groups were held with CSB clinicians, parents and teens to get feedback on segments of the Core Competency curriculum.

Number of BH providers trained in evidence-based suicide prevention treatment:

FY18	FY17	FY16
178	0	0

GOAL 10: Evidence-Based and Informed Practices

Coordinator: Betty Petersilia

- A. *Develop definitions and criteria for evidence-based and evidence-informed practice in prevention and intervention/treatment.* Content for this information is in development at present with a final review anticipated by October '18.
- B. *Establish a set of core competencies based on service type for all public & contracted provider staff.* Content for this information is in development at present with a final review anticipated by October '18.
- C. *Train County, school staff and providers on EBPs, including how and when to use them. Include a review of practices that are harmful.* Curriculum still needs to be developed or compiled from other sources in order to be ready to present to this audience. This work has been moved forward again to be addressed this next quarter.
- D. *Incentivize the use of EBPs among providers.*
 The significant energy involved to launch the above-mentioned trainings and focus groups have delayed a full discussion of incentivizing the use of EBPs among providers. A preliminary discussion has begun with one initial idea of allowing County contracted private providers who have attended specific training offerings may be invited to propose a higher individual rate based on their training participation. More ideas will be provided in the next quarter.

Number of BH providers trained in trauma evidence-based treatment:

FY18	FY17	FY16
0 (begins FY19)	0	0

Number of BH providers trained in evidence-based suicide prevention treatment:

FY18	FY17	FY16
178	0	0

GOAL 11: Trauma Informed Care

Coordinator: Jesse Ellis

- A. *Ensure there is sufficient clinical capacity to meet the needs for trauma-specific, evidence-based interventions.* The Fairfax County Trauma-Informed Community Network has reached over 1500 people with their 90-minute Trauma Awareness 101 Training, which is now available on-demand as a 30-minute webinar. The TICN continues to host full day sessions of their Trauma-Informed Supervisor Training, and have reached hundreds of supervisors from county human services agencies, schools, and non-profit partners. The TICN training subcommittee also developed a training on Secondary Traumatic Stress in the workforce that is now available regularly. Trainings and resources on developing trauma-informed spaces are currently available.
- B. *Train non-clinical staff in community-based organizations, schools, and county agencies to implement trauma-informed practices.* The TICN worked to increase community awareness of trauma and its impact by developing and publishing a Trauma Awareness Fact Sheet that has been widely distributed, and supported mass printing of a trauma infographic poster from the National Council for Behavioral Health that was also widely distributed. The TICN now owns a copy of (and license to screen) the documentary *Resilience*, and the film is regularly loaned out for additional staff and community screenings.

- C. *Inform the community at large on the prevalence and impacts of trauma.* The Board of Supervisors, in November, proclaimed Fairfax to be a trauma-informed community. Screenings of *Resilience*, and workshops hosted by the FCPS Mental Health and Wellness Conference, the FCPS Parent Resource Center, and community organizations each highlight trauma for the community. The October meeting of the Partnership for a Healthier Fairfax focused on the impact of trauma across the lifespan and had approximately 75 people in attendance. The Fairfax County Council of PTAs recently appointed a representative to the TICN.
- D. *Develop shared screening and referral process for individuals impacted by trauma for school and human services agency staff using nationally recognized screening tool.* This is in development.
- E. *Human service agency leaders will integrate the concepts of trauma-informed care into their organizational culture.* County Health and Human Services agencies are each implementing plans to ensure their organizations are trauma-informed. An update was provided in the May CPMT packet.

GOAL 12: Behavioral Health Intervention

Coordinator: Betty Petersilia

- A. *Develop empirically validated cross system human services and schools screening process available to determine needs, resources, & desirable outcomes.* This work group’s report has been shared with the HMF Director with recommendations for a cross system screening process and anticipate its review by the CBHC Management Team and CPMT early Fall ’18.

Number of BH screenings (semi-annual measure):

FY18 (YTD)	FY17	FY16 (Started in 7/2015)
88	108	12

- B. *Create capacity to address behavioral health needs of children 0-7.* The Office for Children has developed a 48-hr. Social-Emotional Competencies certificate program. With funding from HMF, they purchased materials and resources that supported the implementation of the first two workshop series in this certificate program. OFC continues to seek funding to establish an early childhood mental health consultation system that will build the capacity of programs and strengthen the competencies of early childhood educators to promote children’s successful social and emotional development.
- C. *Establish a training consortium in partnership with university and private provider partners (ex: GMU, INOVA) for ongoing training for staff and service providers.* The Training Consortium for Evidence Based Practice presented its second training on Family Intervention for Suicide Prevention on June 4, 2018 with 66 mental health clinicians in attendance. The first Core Competency 3-day training for mental health clinicians will begin on August 31, 2018 into September. Final arrangements are underway for the scheduling of a nationally certified trainer to train in Trauma Focused CBT in early November. In addition, the first training for clinicians focused on younger children is tentatively scheduled for January 2019. It is also anticipated that a consultant will be hired with expertise in federal and state funding in dissemination and implementation of evidence-based practices for youth and families and grant proposals which will head us to potential grant/foundation applications for funding to address sustainability of the consortium.
- D. *Expand access to timely and available behavioral health services for school age children and youth with emerging behavioral health issues who have not been able to access such services.* Despite not receiving additional funding for the Short Term Behavioral Health Service for Youth in the most recent budget, we will expand to 5 additional schools this year including Glasgow, Holmes and Poe

Middle schools and, for the first time, serve two elementary schools, Annandale Terrace and Herndon. As a reminder, this service continues to link income eligible youth and families from select school communities to timely and available short term mental health counseling (up to 8 sessions), funded by Healthy Minds Fairfax. School referrals totaled 173 this past school year, far surpassing last year’s total of 75.

Number of youth served through Short-Term Behavioral Health Services:

FY18	FY17	FY16
130	57	30

Give an Hour, the pro bono therapy initiative for children, youth and families in Fairfax County and their website went live on July 9, 2018. The Board of Supervisors offered a resolution at their July 10, 2018 meeting recognizing the launch of the Give An Hour campaign in Fairfax County for our at risk youth. A community launch is scheduled for September 20, 2018 with a film screening of *Into the Light* which highlights the impact of trauma on a young veteran and the role Give an Hour played in his life. A panel discussion will follow. We anticipate increased use as school starts and more community awareness events are scheduled.

Number of youth served through pro-bono outpatient therapy services:

FY18	FY17	FY16
Website up July 9, 2018	0	0

- E. *Develop recommendations for the Board of Supervisors Public Safety Committee that reflect Diversion First initiatives needed for youth who come in contact with the criminal justice system.* CSB and JDRDC staff continue to meet to address the behavioral health needs of the court that can be provided by the CSB.
- F. *Reduce youth substance abuse and use.* With the assistance of a HD epidemiologist and a review of data from youth survey, discipline, AOD intervention seminars for both high school and middle schools and a ranking of the pyramids from greatest to least risk of expanding opioid concerns, along with a zip code review of where overdoses occurred, school pyramids were chosen. The FCPS school-based substance abuse intervention program is “under construction” with the imminent hiring of a part time FCPS clinical supervisor and the subsequent hiring of six FCPS staff to serve the following pyramids: South Lakes, Herndon, Langley, West Potomac, Robinson and Bryant/Mountain View high schools. This program will work collaboratively with CSB staff for initial trainings and throughout the year in other professional development activities.

GOAL 13: Service Network for High Risk Youth

Coordinator: Janet Bessmer

- A. *Increase availability/capacity of provider community to offer trauma assessments and evidence-based trauma treatment; trauma services shall be offered in languages and in locations that are accessible to families.* Private providers who offer trauma assessments and treatments are identified in the CSA provider directory. There continues to be a need for providers to offer evidence-based trauma assessments and treatment. This goal overlaps with roles of TICN and the Training Consortium. More coordination between the groups is needed.
- B. *Identify and implement an evidence-based parenting program designed for parents of adolescents (12+); language capacity and location/accessibility shall meet the needs of families.* The project is now being coordinated by Bob Bermingham to facilitate agency stakeholders in projecting the number of youth who might benefit and develop a funding proposal. Both FFT and MST are under consideration for two different

populations. In addition, Diversion First funding was obtained that can be used for this project, provided the target population has a criminal justice connection as befitting the goals of Diversion First.

- C. *Identify and implement an evidence-based parenting program designed for parents of children (<12); language capacity and location/accessibility shall meet the needs of families.* DFS has provided foster parents with training in the Reflections curriculum, based on the ARC model that the authors have adapted specifically for use with foster families. This curriculum has been well-received by foster families and DFS has plans to expand the training for other caregivers, including birth parents and kinship families. The contract for the ARC Reflections Train-the-trainer is pending. The CSA Management Team has also considered the need to adopt an evidence-based model for supervised visitation services.
- D. *Monitor utilization of ICC and Case Support and increase capacity/staffing so that youth with identified behavioral health care needs receive appropriate case management services.* UMFS and Wrap Ffx are fully staff with ICC facilitators. UMFS has 4 with a supervisor who will carry cases part-time. Wrap FFX has 7 facilitators. The CSB Resource Team has had some staff turnover and leave for medical reasons. They are working on hiring so that cases do not remain on a waitlist.
- E. *Improve the utilization of the annual gaps survey of youth and parents in CSA-SOC to identify needed interventions.* One project that stemmed from survey results is a new initiative being discussed with Grafton. Northern VA CSA managers met with representatives of Grafton to discuss development of an overnight respite program for youth with developmental disabilities. Grafton is partnering with Jill's House to learn about their service delivery model. Grafton indicated that they might be able to offer this new services. Overnight respite was identified repeatedly on the gaps survey.
- F. *Develop communication plan to share information about the services and care coordination offered through the SOC process with the broader provider community.* As part of the county's new website design, CSA and HMF have new pages on the county's public website. In addition, CSA has begun producing its monthly newsletter again that contains training announcements and other information pertinent for system partners.
- G. *Build system capacity to monitor fidelity to EBT models and conduct outcome evaluation for purchased services.* In the fourth quarter, CSA staff began implementation of the WFI-EZ survey protocol. Fifty-two families were found to meet the survey criteria; based on the survey guidance from the Office for Children's Services, 30% of those families (n=16) were randomly selected to receive the WFI-EZ survey. The caregivers, lead case managers, and care coordinators were contacted via email to respond to the survey. While participation in the survey is voluntary, CSA staff has been following up with each person who received a survey to offer assistance or answer any questions that may prove to be barriers to completing the survey. Additionally, in the fourth quarter, the Wraparound Document Assessment and Review Tool (DART) was used to do a case review of a sampling of UMFS case files. A DART review of Wraparound Fairfax files was completed in a previous quarter. CSA staff is working with research staff from the Wraparound Evaluation and Research Team (WERT) to analyze the data and develop recommendations for next steps.
- H. *Provide IT infrastructure to support data collection for fidelity monitoring and outcome evaluation along with electronic records management.* CSA is a participant on the Health and Human Services Integrative System Implementation Advisory workgroup which is overseeing a multi-year project that supports data analytics, electronic records management, and other functions utilized in CSA. CSA is working with DFS IT staff to discuss efficiency and streamlining through existing technology for incoming documentation and file maintenance.
- I. *Explore opportunities for expanding available financial resources to serve youth on diversion or probation who need intensive behavioral health services.* CSA staff have met with court staff to review the requirements for CSA-funded services and train staff to access these funds. Court staff have been active participants in recent CSA training and supervisory booster sessions.

- J. *Increase family and provider membership on the CPMT.* Our CPMT parent representative positions and our vacancy on FAPT have now been filled.

GOAL 14: DD/Autism Services
Coordinator: Tracy Davis

Develop expanded continuum of care of services for youth with DD/autism. The interagency workgroup convened on 6/15/18 and 7/23/18 and is working on refining the direction of the work on this goal. Regular workgroup meetings are scheduled to occur on the 4th Monday of every month. Updates on each blueprint strategy are addressed below:

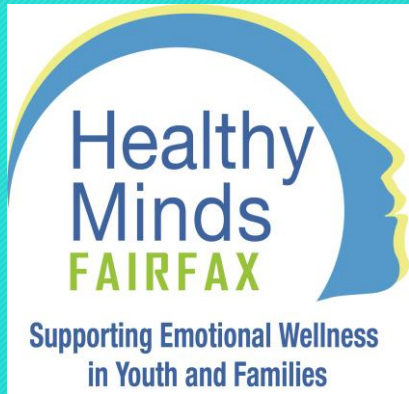
- A. *Conduct needs assessment and service inventory of the existing continuum of services and supports and identify critical service gaps for youth with DD/Autism.* Status: The workgroup had consensus that the urgent need is to serve the 1,000 youth that are on the DD waiver waitlist and that the largest service gap is for case management along with the need for behavioral supports, respite, crisis supports (such as Reach) and attendant care giver support. The workgroup determined that there is no further assessment and inventory needed however reassessment should be addressed with the development of the subsequent blueprint following the completion of the current blueprint that ends in 2019.
- B. *Utilize results of needs assessment and gap analysis to develop a plan to address critical service gaps.* Status: The workgroup determined that there may be a need for focus groups/discussion with service providers such as Grafton, Jill's House and/or other homebased/ABA providers. Jill's House or Autism Society can bring together families to be sure the plan is addressing their needs. The workgroup determined that these tasks may be completed in conjunction with priority strategy areas E, F & G and therefore there is no further work required for this strategy. Reassessment of utilizing the results of the needs and service gaps should be addressed with the development of the subsequent blueprint following the completion of the current blueprint.
- C. *Ensure that DD/Autism BH services are included in System Navigation.* Status: This strategy was identified as low priority area; the workgroup has determined that the timelines will need to be adjusted.
- D. *Develop outreach and social messaging campaign to promote earlier identification of youth with DD/Autism who would qualify for and benefit from referral to services.* Status: This strategy was identified as low priority area. The dates will not be adjusted as they track to the completion of the current blueprint that ends in 2019.
- E. *Improve transition planning for children with intellectual disabilities or chronic residential needs.*
F. *Ensure access to crisis stabilization services designed for youth with DD/Autism with providers trained to serve this population*
G. *Increase case management and care coordination capacity for children and youth with DD, particularly for younger children.*
Status of Strategy E, F and G: These strategies were identified as high priority areas. The objective for the workgroup is to address Blueprint Strategy E, F & G by obtaining project funding to take the CSA process that currently exists to accurately assess children for appropriate supports to prevent crisis. This funding will address the need/gap in services (insufficient case management staff, crisis services for younger children).
- H. *Strategy H - Develop community awareness campaign regarding special needs of youth with DD/Autism.* Status: This strategy was identified as low priority area; the workgroup has determined that the timelines will need to be adjusted.

GOAL 15: Transition Age Youth

Coordinator: Betty Petersilia

Provide coordinated services and supports for youth and young adults of transition age, both those still in school and those who have left school. Reduce the number of youth of transition age who are living with unidentified and untreated serious mental illness who have signs and/or symptoms of a serious mental health condition that emerged before they transition out of youth serving systems/programs.

The Transitional Age Youth workgroup has proposed a policy statement that in summary states that behavioral health providers who work with children and youth are committed to help their clients transition their services from children and youth services to adult services. Based on both national and international models to keep youth ages 18-24 engaged in services and to engage those who are not in services, we determined that drop-in centers are needed in Fairfax County specifically for this population. To attract this population, the drop-in center needs to have computers, charging stations and food. Additionally, the center needs to offer vocational/employment assistance, independent living skills, and someone to encourage the person to remain or engage in services. Physical health screenings will also need to be offered. The workgroup is currently working on what this model would look like and the best part of the county to begin to offer this type of services.



Healthy Minds Fairfax: Update and FY 2020 Funding Requests

Presentation to the Successful Children and Youth Policy Team:
October 3, 2018

Behavioral Health System of Care Blueprint: FY 2018 Accomplishments

2

- Short-Term Behavioral Health Services
 - SY 17-18 STBH served 124 students an increase of 118% over the previous year
 - STBH was available to 13 high schools and 5 middle schools.
- Implemented Give an Hour Health Minds Fairfax
 - a pro-bono outpatient therapy service for children and youth in low and moderate income families.
 - targeted to serve 200 children and youth annually.
- Beginning in SY 2018-2019
 - Enhanced substance abuse prevention services are available in 5 high schools pyramids as well as Bryant and Mountain View High Schools.

BHSOC Blueprint: FY 2018 Accomplishments

3

- Contract with NAMI Northern Virginia
 - 55 families with mental health issues received support, education and service navigation from trained family support partners.
- Partnership with George Mason University and Inova
 - Trained behavioral health clinicians in evidence-based practices
 - LGBTQ+ youth (233)
 - suicide & risk assessment (178)
 - Cognitive Behavioral therapy and Dialectical Behavioral Therapy (40)
- Partnership with Inova
 - trained 65 local pediatricians in the identification and treatment of mental health issues.
 - Two additional training sessions scheduled for this fall.

BHSOC Blueprint: FY 2019 Activities

4

- Stand up a navigation website for families
- Expand regional crisis response and stabilization services
- Implement specialized services to address underserved populations
- Expand Short Term Behavioral Health Services to three more middle schools and two elementary schools

BHSOC Blueprint: FY 2020 Expansion Requests Crisis Response Services Expansion

5

- Expansion cost: \$100,000, 7% increase in capacity
- Service currently 50-67% under-staffed
- Goal is to safely divert youth from unnecessary hospitalization
- Mobile crisis response and stabilization service includes:
 - 24 hour intervention and home response
 - Safety planning
 - Care coordination
 - Warm handoff to ongoing treatment providers

BHSOC Blueprint: FY 2020 Expansion Requests Behavioral Health Treatment for Underserved Populations

6

- Expansion cost: \$130,000
- Purchase 1,300 therapy hours; serve 130 children
- Expand multicultural mental health services through contracting for behavioral health therapy services
- Utilize a flexible delivery model that is community based
- Explore telehealth capacity
- Continue to utilize Medicaid and commercial insurance

BHSOC Blueprint: FY 2020 Expansion Requests

Psychiatric Consultation

7

- Program Cost: \$100,000
- Telephone contact between pediatrician and child psychiatrist
- Anticipated to serve 250 youth annually
- Funds 5 hours/week of telephonic psychiatric consultation for 50 weeks a year
- Pediatricians sign up for 15 minute slots

Healthy Minds Fairfax Staff

8

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SCYPT Action Item A-2
October 3, 2018

ACTION ITEM A-2

TITLE:

SCYPT Endorsement of the Equitable School Readiness Strategic Plan FY 2020 Funding Request

RECOMMENDATION:

Staff recommend SCYPT endorse the Fairfax County Equitable School Readiness Strategic Plan FY 2020 Funding Request.

BACKGROUND:

At its October 4, 2017, meeting, the SCYPT endorsed the Equitable School Readiness Strategic Plan. Implementation of the plan began in FY 2019; key initiatives have included:

- Implementing parent-child playgroups and parent workshops that use the Mind in the Making framework to support the development of executive function skills.
- Piloting the Early Development Instrument in nine pyramids in Spring 2019.
- Serving an additional 36 children in community-based early childhood programs.
- Expanding the Nurse-Family Partnership program to serve 50 additional families in the Herndon-Reston area.

Four proposed strategies for FY 2020 require additional funding and have been included in budget requests. The funding requests are:

- \$80,000 to develop five additional family-child playgroup facilitators to support children's social and emotional competencies, serving approximately 200 additional children and families in approximately 10 high needs communities. (FCPS funding)
- \$15,000 to expand the Early Development Instrument (EDI) pilot to an additional seven to eight identified neighborhood/pyramids to obtain population level data on percentages of children who are developmentally vulnerable and utilize data to inform equitable decision-making regarding the provision of school readiness supports and services. (FCPS)
- Expand early childhood program access:
 - \$1,310,400 to serve an additional 72 children in community programs: 36 through an expansion of community pre-k slots, and 36 through continuing VPI+ in community programs. (Fairfax County)
 - \$133,079 for a Child Care Specialist II and an Administrative Assistant II (part-time) to manage the proposed 72 new slots, plus 36 current slots, including recruitment, onsite monitoring and technical assistance. (Fairfax County)
 - \$650,300 to continue to operate three FCPS VPI+ classrooms. This includes nine positions and operating costs. (FCPS)
 - \$1,000,000 to fund the Child Care Assistance and Referral (CCAR) provider maximum reimbursable rate (MRR) increase, which went into effect in September 2018, and increased rates an average of 31 percent. (Fairfax County)
 - \$170,000 to develop an Early Childhood Mental Health Consultation System for community early childhood programs to increase the capacity of programs and competencies of educators to support children's successful social and emotional

SCYPT Action Item A-2
October 3, 2018

development and executive functioning skills. Approximately 50 early childhood programs will participate over the course of one year. (Fairfax County)

EQUITY:

The plan itself is intended to address the achievement gap, barriers to opportunity as a result of poverty, and other inequities. Strategies selected for early implementation emphasize equity-focused data and decision making; home-based and community-based services that increase accessibility; and expansion of services and financial support.

ATTACHMENTS:

Equitable School Readiness Strategic Plan FY 2022 Implementation Plan and Funding Request

PRESENTERS:

Maura Burke, Fairfax County Public Schools

Betsi Closter, Office for Children

Joanna Hemmat, Fairfax County Health Department

Fahemeh Pirzadeh, Northern Virginia Association for the Education of Young Children

Anne-Marie Twohie, Office for Children



Fairfax County
Equitable School Readiness
Strategic Plan
Birth to Eight

Year One Implementation Plan - Update

Successful Children and Youth Policy Team October 3, 2018

The Fairfax County Equitable School Readiness Strategic Plan lays out a vision and roadmap for ensuring that all young children in Fairfax County have the supports they need to be successful in school and beyond.

Successful implementation will rely on the collaborative efforts and energy of stakeholders across the county – families, professionals, government agencies and their leaders, non-profit organizations, businesses, faith-based institutions, schools and others will all play multiple and important roles in creating a system of supports that ensure that all young children are set for success.

The Equitable School Readiness Strategic Plan Implementation Planning Team has identified actions and activities for the first year of implementation.

Strategy 1

Establish meaningful partnerships with families to grow school readiness opportunities in all communities and support children's optimal development in all settings.

Action 3	Involve families as partners with other school readiness stakeholders (educators, principals, policy makers, etc.) in data analysis and review, action planning, decision making, implementation and evaluation.
Activity	Bring the Equitable School Readiness Strategic Plan to the community for ongoing input and decision making.
Alignment with Other Plans	Ignite, FCPS Strategic Plan One Fairfax Policy Strategic Plan to Facilitate the Economic Success of Fairfax County
Responsible	Department of Housing and Community Development, Fairfax County Public Schools, Northern Virginia Association for the Education of Young Children, Office for Children, and Opportunity Neighborhood
Resources	Existing
Outcomes	Continuous family input informs the quality, equity, and effectiveness of programs and services.
Update	The ESRSP has been shared with families on the Head Start Policy Council and the SACC Parent Advisory Council, and with community members through the School Readiness Community Collaborative Council and the Neighborhood School Readiness Teams. Plans are being developed to share the ESRSP with additional families and community members and provide opportunities for ongoing engagement.

Strategy 1

Establish meaningful partnerships with families to grow school readiness opportunities in all communities and support children's optimal development in all settings.

Action 5	Partner with families to support children's executive function skills through Mind in the Making and other initiatives and strategies.
Activity A	Create additional parent-child play groups in Fairfax County Public Schools that support children's social and emotional competencies.
Alignment with Other Plans	Children's Behavioral Health System of Care Blueprint Ignite, FCPS Strategic Plan One Fairfax Policy Strategic Plan to Facilitate the Economic Success of Fairfax County
Responsible	Fairfax County Public Schools
Resources	\$10,000 Update: Funded by FCPS
Outcomes	Children will demonstrate gains in executive function skills including self-regulation. Families will demonstrate increased abilities to support their children's resiliency skills and total protective factors.
Update	The parent-child playgroups were facilitated at two elementary schools in the high-need communities of Falls Church and Herndon. Family interviews were conducted in June, 2018. The survey results showed that playgroup participants' knowledge and understanding of how to interact with their child increased and that families were more connected to community members and resources. The groups will continue in FY19.

Strategy 1

Establish meaningful partnerships with families to grow school readiness opportunities in all communities and support children's optimal development in all settings.

Action 5	Partner with families to support children's executive function skills through Mind in the Making and other initiatives and strategies.
Activity B	Bring Mind in the Making to RestON by providing a parent workshop series on the Seven Essential Life Skills to two neighborhoods and hosting a community-wide Mind in the Making awareness event.
Alignment with Other Plans	Children's Behavioral Health System of Care Blueprint Ignite, FCPS Strategic Plan One Fairfax Policy Strategic Plan to Facilitate the Economic Success of Fairfax County
Responsible	Cornerstones/RestON, Fairfax County Public Schools, and Office for Children
Resources	Existing
Outcomes	Families will demonstrate increased abilities to support children's development of the Seven Essential Life Skills (taking on challenges, self-directed and engaged learning, focus and self-control, perspective taking, making connections, critical thinking, and communicating).
Update	Two MITM series were provided for families in the RestON community. The series were provided at Dogwood Elementary School and at the Cedar Ridge Community Room. Families provided positive feedback about their understanding of the Seven Essential Life Skills and how they are able to utilize the information at home. Additional MITM series have been requested by families and principals.

Strategy 2

Provide equitable offerings of high-quality early development and learning experiences and related school readiness supports throughout the county.

Action 1	Implement the Early Development Instrument (EDI) to understand the quality and availability of school readiness supports and services.
Activity	Pilot the EDI in an identified neighborhood to obtain population level data on percentages of children who are developmentally vulnerable and utilize data to inform equitable decision-making regarding the provision of school readiness supports and services.
Alignment with Other Plans	Children's Behavioral Health System of Care Blueprint Health and Human Services Resource Plan Ignite, FCPS Strategic Plan One Fairfax Policy Strategic Plan to Facilitate the Economic Success of Fairfax County
Responsible	Fairfax County Public Schools and Office for Children
Resources	\$76,000 Update: County funding provided for EDI; FCPS funding provided for substitute staff required for implementation in FY19.
Outcomes	County will have population level data on percentages of children who are developmentally vulnerable in the five EDI domains (physical health and well-being, social competence, emotional maturity, language and cognitive skills, communication skills and general knowledge) and areas of need will be identified.
Update	County and FCPS are contracting with the UCLA Center for Healthier Children, Families and Communities to implement the EDI. FCPS will gather EDI data in Spring 2019 in nine pyramids across the county. All kindergarten teachers in the nine identified pyramids will complete the survey on all kindergarten students. The elementary schools in the remaining 15 pyramids will participate in FY20 or FY21.

Strategy 2

Provide equitable offerings of high-quality early development and learning experiences and related school readiness supports throughout the county.

Action 2	Increase the supply, access and affordability of quality early childhood programs.
Activity	<p>Serve approximately 149 additional young children in high quality, comprehensive early childhood programs in community-based settings and FCPS classrooms (54 children in community-based settings, approximately 95 children in existing FCPS classrooms.)</p> <ul style="list-style-type: none"> • Eligible children will participate in a full-day early childhood program. • Programs will partner with families to support children’s success. • Health, mental health, and developmental screenings will identify any need for early intervention.
Alignment with Other Plans	<p>Health and Human Services Resource Plan Ignite, FCPS Strategic Plan One Fairfax Policy Strategic Plan to Facilitate the Economic Success of Fairfax County</p>
Responsible	Community early childhood programs, Fairfax County Public Schools and Office for Children.
Resources	<p>County: \$810,000 FCPS: \$231,000</p> <p>Update: County funding provided \$540,000 to serve 36 additional children in community programs; FCPS students were funded with the VPI grant and existing local funds.</p>
Outcomes	Additional children served in a mixed delivery system.
Update	County and FCPS are currently recruiting and enrolling children.

Strategy 2

Provide equitable offerings of high-quality early development and learning experiences and related school readiness supports throughout the county.

Action 5	Increase awareness of and access to early intervention programs and services, including existing and new programs and supports that address identified needs.
Activity	Expand Nurse-Family Partnership by two nurse home visitors to address inequities in maternal child outcomes in the Herndon-Reston area, serving 50 additional families.
Alignment with Other Plans	Children's Behavioral Health System of Care Blueprint Health and Human Services Resource Plan Ignite, FCPS Strategic Plan One Fairfax Policy Strategic Plan to Facilitate the Economic Success of Fairfax County
Responsible	Health Department
Resources	\$248,000 Update: Funded by Fairfax County
Outcomes	Improved health, educational and economic outcomes for first time mothers with low income who are at highest risk for poor birth outcomes. <ul style="list-style-type: none">• Percentage of babies born full term• Percentage of babies born at a healthy weight• Percentage of mothers initiating breastfeeding• Percentage of infants up-to-date on immunizations• Percentage of enrolled mothers over 18 years of age working at 24 months postpartum
Update	Health Department is hiring two new nurses for the Herndon-Reston NFP program.

Strategy 2

Provide equitable offerings of high-quality early development and learning experiences and related school readiness supports throughout the county.

Action 6	Expand and promote the use of developmental and social emotional screeners (e.g. ASQ-3, ASQ-SE, AEPS, DECA, ACES, etc.) among all early childhood programs, and use screener data to inform the provision of services for individual children and families.
Activity	Promote the use of the ASQ-3 and ASQ-SE developmental and social emotional screeners throughout the county to increase early identification and intervention.
Alignment with Other Plans	Children's Behavioral Health System of Care Blueprint Ignite, FCPS Strategic Plan One Fairfax Policy Strategic Plan to Facilitate the Economic Success of Fairfax County
Responsible	Health Department, Infant and Toddler Connection, Fairfax County Public Schools and the Office for Children
Resources	Existing
Outcomes	Increased number of children identified for and receiving early intervention services. Increased number of early childhood programs using and promoting developmental and social emotional screeners.
Update	Fifteen staff from the Office for Children and Health Department have been certified as trainers on the implementation of ASQ-3 and ASQ-SE. The ESRSP Implementation Planning Team will develop a plan for bringing the training to the community.

Strategy 2

Provide equitable offerings of high-quality early development and learning experiences and related school readiness supports throughout the county.

Action 7	Create an equity-focused culture among stakeholders and the public to include using an equity tool to guide decision-making for all early childhood programs, services and policies.
Activity	Engage and support community, FCPS and county partners in using the School Readiness Equity Tool.
Alignment with Other Plans	Children's Behavioral Health System of Care Blueprint Ignite, FCPS Strategic Plan One Fairfax Policy Strategic Plan to Facilitate the Economic Success of Fairfax County
Responsible	Fairfax County Public Schools, Northern Virginia Association for the Education of Young Children and Office for Children
Resources	Existing
Outcomes	Increased number of community, FCPS and county partners using an equity lens when making policy and program decisions.
Update	Fairfax Futures is seeking grant funding to support test implementation of the SR Equity Tool in Opportunity Neighborhoods.

Strategy 2

Provide equitable offerings of high-quality early development and learning experiences and related school readiness supports throughout the county.

Action 9	Create a system for prevention-focused early childhood mental health consultation services to support children’s successful participation in early childhood education programs and eliminate expulsion and suspension practices.
Activity	Develop an Early Childhood Mental Health Consultation System for community early childhood programs to increase capacity of programs and competencies of educators to support children’s successful social and emotional development and executive functioning skills. Approximately 50 early childhood programs will participate over the course of one year.
Alignment with Other Plans	Children's Behavioral Health System of Care Blueprint Health and Human Services Resource Plan Ignite, FCPS Strategic Plan One Fairfax Policy Strategic Plan to Facilitate the Economic Success of Fairfax County
Responsible	Fairfax County Public Schools, Healthy Minds Fairfax, Northern Virginia Association for the Education of Young Children, and Office for Children
Resources	\$170,000 Update: Not funded
Outcomes	<p>Child Outcomes:</p> <ul style="list-style-type: none"> Gains in socialization, emotional competence and communication <p>Staff Outcomes:</p> <ul style="list-style-type: none"> Increased demonstration of best practices for supporting young children’s behavioral health Enhanced communication with families <p>Program Outcomes:</p> <ul style="list-style-type: none"> Changes in environment and teaching practices which support children’s social emotional well-being Decreased numbers of children suspended/expelled for behavior
Update	A 48-hour Social Emotional Competencies Certificate Program has been developed and is being provided for early childhood professionals beginning September 2018. RFP for mental health specialists to be released Fall 2019. Funding is needed to establish the ECMHCS.

Strategy 3

Foster quality and effective professional learning in all early childhood programs and services.

Action 1	Establish a countywide early childhood professional learning coordinating council to support professional learning and alignment with quality indicators within the early childhood community.
Activity	Identify and convene professional learning partners and stakeholders to support early childhood educators in obtaining competencies to provide developmentally appropriate and culturally responsive experiences for young children and their families.
Alignment with Other Plans	Ignite, FCPS Strategic Plan One Fairfax Policy Strategic Plan to Facilitate the Economic Success of Fairfax County
Responsible	Fairfax County Public Schools, higher education and community stakeholders, Northern Virginia Association for the Education of Young Children, and Office for Children.
Resources	Existing
Outcomes	Professional learning coordinating council established and supporting professional learning and alignment with quality indicators.
Update	The ESRSP Implementation Planning Team will begin developing the work of the Council and identifying members Spring 2019.

Strategy 3

Foster quality and effective professional learning in all early childhood programs and services.

Action 6	Pursue strategies that link competencies and effective practices to higher compensation, including benefits.
Activity	Continue county participation in The Washington Region Early Care & Education Workforce Network, which focuses on mapping competency-based career pathways that are linked to quality and compensation and can be used across the region.
Alignment with Other Plans	Ignite, FCPS Strategic Plan One Fairfax Policy Strategic Plan to Facilitate the Economic Success of Fairfax County
Responsible	Fairfax Futures and Office for Children
Resources	Existing
Outcomes	Competency-based career pathways linked to quality and compensation used countywide.
Update	Fairfax County continues to participate on the Washington Region Early Care & Education Workforce Network. The Network is developing a Career Pathway that links competencies to compensation for the DC region.

Strategy 4

Promote equity-focused planning and decision making, as well as shared accountability, through the use of data.

Action 1	Create a comprehensive plan for a countywide school readiness data system informed by parents and other stakeholders that uses data related to early childhood programs and services including supply and demand, program quality and population-level child and family outcomes.
Activity	Initial data gathering and planning.
Alignment with Other Plans	Ignite, FCPS Strategic Plan One Fairfax Policy Strategic Plan to Facilitate the Economic Success of Fairfax County
Responsible	Office for Children
Resources	Virginia Early Childhood Foundation grant
Outcomes	Increase data available to share with the community and inform decision-making regarding school readiness.
Update	<p>A five-year data capacity plan was developed for identifying and gathering data relevant to promoting children's school readiness.</p> <ul style="list-style-type: none">An inventory of publicly available data will support the implementation of the plan.

Strategy 5

Nurture a whole community commitment to school success for all children.

Action 4	Partner with families, businesses, faith-based organizations, early childhood professionals, community groups, libraries, schools, government and others to collectively develop strategies and structures that build community, social connections, and the sense of belonging and support for all Fairfax County families (e.g., learning about child development via social interactions at parks, malls, schools).
Activity	Inform land use and development policy and practice to support the creation of the Master Development Plan for the redevelopment of Original Mount Vernon High School and surrounding area to provide an early childhood education system responsive to community needs.
Alignment with Other Plans	Health and Human Services Resource Plan Ignite, FCPS Strategic Plan One Fairfax Policy Strategic Plan to Facilitate the Economic Success of Fairfax County
Responsible	Department of Public Works and Environmental Services
Resources	Existing
Outcomes	New resources including early childhood programs, supports and services that meet the needs of families exist in the Mount Vernon community.
Update	The Master Development Plan for OMVHS includes space for an early childhood program and professional learning opportunities for educators.

FY 2020 Funding Requests

- Partner with families to support children's executive function skills through Mind in the Making and other initiatives and strategies.
- Implement the Early Development Instrument (EDI) to understand the quality and availability of school readiness supports and services.
- Create a system for prevention-focused early childhood mental health consultation services to support children's successful participation in early childhood education programs and eliminate expulsion and suspension practices.
- Increase the supply, access and affordability of quality early childhood programs.

Strategy 1

Action 5	Partner with families to support children’s executive function skills through Mind in the Making and other initiatives and strategies.
Activity A	Develop an additional five family-child playgroup facilitators to support children’s social and emotional competencies and expand the number of playgroups to serve approximately 200 additional children and families in approximately 10 high needs communities.
Alignment with Other Plans	Children's Behavioral Health System of Care Blueprint Ignite, FCPS Strategic Plan One Fairfax Policy Strategic Plan to Facilitate the Economic Success of Fairfax County
Responsible	Fairfax County Public Schools
Resources	FCPS: \$80,000
Outcomes	Children will demonstrate gains in executive function skills including self-regulation. Families will demonstrate increased understanding of how to support their children’s resiliency, self-regulation, numeracy and literacy skills.

Strategy 2

Action 1	Implement the Early Development Instrument (EDI) to understand the quality and availability of school readiness supports and services.
Activity	Continue to pilot the EDI in additional seven to eight identified neighborhood/pyramids to obtain population level data on percentages of children who are developmentally vulnerable and utilize data to inform equitable decision-making regarding the provision of school readiness supports and services.
Alignment with Other Plans	Children's Behavioral Health System of Care Blueprint Health and Human Services Resource Plan Ignite, FCPS Strategic Plan One Fairfax Policy Strategic Plan to Facilitate the Economic Success of Fairfax County
Responsible	Fairfax County Public Schools and Office for Children
Resources	FCPS: \$15,000
Outcomes	County will have population level data on percentages of children who are developmentally vulnerable in the five EDI domains (physical health and well-being, social competence, emotional maturity, language and cognitive skills, communication skills and general knowledge) and areas of need will be identified.

Strategy 2

Provide equitable offerings of high-quality early development and learning experiences and related school readiness supports throughout the county.

Action 2	Increase the supply, access and affordability of quality early childhood programs.
Activity	<p>Continue to serve young children in high quality, comprehensive early childhood programs in community-based settings and FCPS classrooms (72 children in community-based settings, and 54 children in existing FCPS PreK classrooms.)</p> <ul style="list-style-type: none"> • Eligible children will participate in a full-day early childhood program. • Programs will partner with families to support children’s success. • Health, mental health, and developmental screenings will identify any need for early intervention.
Alignment with Other Plans	<p>Health and Human Services Resource Plan Ignite, FCPS Strategic Plan One Fairfax Policy Strategic Plan to Facilitate the Economic Success of Fairfax County</p>
Responsible	Community early childhood programs, Fairfax County Public Schools and Office for Children.
Resources	<p>County: \$1,310,400 - Serve 72 children in community programs</p> <ul style="list-style-type: none"> ○ Expansion of community PreK slots (36) ○ Continuation of VPI+ in community programs (36) <p>\$ 133,079 - Child Care Specialist II and Admin Assistant II (part-time) for management of the proposed 72 and current 36 slots, including recruitment, onsite monitoring and technical assistance.</p> <p>FCPS: \$ 650,300 - Funding for FCPS to continue to operate its three VPI+ classrooms. This includes nine positions and operating costs.</p>
Outcomes	Additional children served in a mixed delivery system.

Strategy 2

Provide equitable offerings of high-quality early development and learning experiences and related school readiness supports throughout the county.

Action 2	Increase the supply, access and affordability of quality early childhood programs.
Activity	Fund the Child Care Assistance and Referral (CCAR) provider maximum reimbursable rate (MRR) increase, which went into effect in September, 2018, and increased rates an average of 31 percent. The new rates improve affordability for families and support quality care, as well as provide a seamless system for families and child care programs participating in CCAR. Funding would also support an increase in service levels.
Alignment with Other Plans	Ignite, FCPS Strategic Plan One Fairfax Policy Strategic Plan to Facilitate the Economic Success of Fairfax County
Responsible	Office for Children
Resources	County: \$1,000,000 - This funding will enable CCAR to maintain current service levels while implementing the new MRR. It will also help to address costs of new eligibility policies and may also provide for an increase in service levels to eventually return to prior year enrollment levels.
Outcomes	CCAR maintains or increases service levels.

Strategy 2

Provide equitable offerings of high-quality early development and learning experiences and related school readiness supports throughout the county.

Action 9	Create a system for prevention-focused early childhood mental health consultation services to support children’s successful participation in early childhood education programs and eliminate expulsion and suspension practices.
Activity	Develop an Early Childhood Mental Health Consultation System for community early childhood programs to increase capacity of programs and competencies of educators to support children’s successful social and emotional development and executive functioning skills. Approximately 50 early childhood programs will participate over the course of one year.
Alignment with Other Plans	Children's Behavioral Health System of Care Blueprint Health and Human Services Resource Plan Ignite, FCPS Strategic Plan One Fairfax Policy Strategic Plan to Facilitate the Economic Success of Fairfax County
Responsible	Fairfax County Public Schools, Healthy Minds Fairfax, Northern Virginia Association for the Education of Young Children, and Office for Children
Resources	County: \$170,000
Outcomes	<p>Child Outcomes:</p> <ul style="list-style-type: none"> • Gains in socialization, emotional competence and communication <p>Staff Outcomes:</p> <ul style="list-style-type: none"> • Increased demonstration of best practices for supporting young children’s behavioral health • Enhanced communication with families <p>Program Outcomes:</p> <ul style="list-style-type: none"> • Changes in environment and teaching practices which support children’s social emotional well-being • Decreased numbers of children suspended/expelled for behavior

Ongoing Planning Work

The Equitable School Readiness Strategic Plan seeks to advance racial and social equity so that every family has high quality ECE programs in the settings that best meet their family's needs. The implementation of the ESRSP recognizes that for all young children to thrive, some children and their families may need more supports than others. Eliminating disparities in access, affordability and quality of early childhood services improves outcomes and benefits the whole community.

Board of Supervisors FY 2020 Budget Guidance requests development of an expanded, universal system of early childhood services.

FY 2019 Actions

1. Develop and implement a point in time survey of early childhood programs to:
 - Address gaps in data identified in ESRSP planning process
 - Provide baseline and ongoing data
2. Map County and FCPS fiscal resources for children birth to eight
3. Research Virginia and other community universal PreK models (i.e., Buncombe County, NC; Washington, DC; New York, NY)

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SCYPT Updates

October 3, 2018

Community Engagement Committee

The discussion at the SCYPT retreat in June produced many good ideas on strategies to improve community engagement with SCYPT work. Leslie Atkins convened a committee last month to discuss moving forward. The committee will begin with a focus on how to best support community members on the SCYPT to ensure they are fully involved in meetings and initiatives. The second phase will focus on outreach to the broader community to increase engagement in SCYPT initiatives and ensure a two-way flow of communication.

Community Schools

United Way of the National Capital Area has contracted with United Community Ministries (UCM) to lead a community school initiative at Whitman Middle School, and Fairfax County Neighborhood and Community Services is amending a contract with UCM to lead one at Mount Vernon Woods Elementary School. As described at the SCYPT retreat in June, our community schools initiative is being implemented under the umbrella of Opportunity Neighborhoods. UCM has signed a memorandum of agreement with Fairfax County Public Schools and is in the process of hiring site coordinators for both schools. Needs assessment work has already begun at both sites. As the two sites get up and running, the SCYPT Community Schools Committee will reconvene to establish system-wide guidance, standards, and protocols for future community schools and the overall initiative.