

FAIRFAX COUNTY SUCCESSFUL CHILDREN AND YOUTH POLICY TEAM

**December 6, 2017, 10:00 a.m. – 12:30 p.m.
Government Center, Conference Room 9/10**

Agenda

1. Welcome and Introductions
 - a. Membership Update
2. Action Items
 - a. Action 1: SCYPT Endorsement of School Readiness Strategic Plan Implementation Plan and Funding Request
 - b. Action 2: SCYPT Endorsement of Behavioral Health Blueprint Funding Request
3. Information Items (written items only)
 - a. Update on SCYPT Community Engagement Committee
 - b. Update on SCYPT Process Committee
 - c. Update on SCYPT Community Schools Committee
 - d. Update on One Fairfax Policy
 - e. Update on Behavioral Health Blueprint Implementation
4. Recap of New Action Steps or Assignments
5. Items and Announcements Presented by SCYPT Members
6. Adjourn

SCYPT Action Item A-1
December 6, 2017

ACTION ITEM A-1

TITLE:

SCYPT Endorsement of the Equitable School Readiness Strategic Plan FY 2019 Implementation Plan and Funding Request

RECOMMENDATION:

Staff recommend SCYPT endorse the Fairfax County Equitable School Readiness Strategic Plan FY 2019 Implementation Plan and Funding Request.

BACKGROUND:

At its October 4, 2017, meeting, the SCYPT endorsed the Equitable School Readiness Strategic Plan. Last month, the Office for Children reconvened the task force that developed the plan in order to develop an implementation plan and associated budget request for Fiscal Year 2019. The implementation plan includes 12 actions, 5 of which would require new funding:

- \$10,000 to implement community-based playgroups with a focus on social-emotional skill development.
- \$76,000 to pilot the use of the Early Development Instrument to assess the quality and availability of school readiness supports and services.
- \$1,035,000 to expand early childhood development and learning programs in FCPS and the community.
- \$248,000 to expand the Nurse Family Partnership program into the Reston/Herndon area.
- \$170,000 to implement a mental health consultation system to provide professional supports to early childhood educators.

The actions that do not have a cost, or will use existing resources, include:

- Conducting community outreach regarding the Strategic Plan, to gain ongoing input and decision-making support from the community.
- Incorporating Mind in the Making parent workshops and awareness initiatives into RestON (the Reston Opportunity Neighborhood).
- Expanding the use of the ASQ developmental screening tool to community programs.
- Developing and implementing the use of an equity-focused decision-making tool for early childhood programs, services, and policies.
- Establishing an early childhood professional learning coordinating council.
- Continuing County participation in the Washington Region Early Care and Education Workforce Network in order to pursue strategies that link competencies and effective practices to higher compensation, including benefits.
- Continuing participation in the master development planning for the Old Mount Vernon High School, to ensure early childhood needs are incorporated.

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

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decision making; addressing needs children, families, and educators who have low incomes and are English language learners; place-based initiatives; and full engagement of parents and families.

ATTACHMENTS:

Equitable School Readiness Strategic Plan FY 2019 Implementation Plan and Funding Request
Fairfax County Equitable School Readiness Strategic Plan

PRESENTERS:

Maura Burke, Fairfax County Public Schools

Betsi Closter, Office for Children

Anne-Marie Twohie, Office for Children

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

Equitable School Readiness Strategic Plan Birth to Eight

Implementation Framework

December 2017

Strategies:

1. Establish meaningful partnerships with families to grow school readiness opportunities in all communities and support children’s optimal development in all settings.
2. Provide equitable offerings of high-quality early development and learning experiences and related school readiness supports throughout the county.
3. Foster quality and effective professional learning in all early childhood programs and services.
4. Promote equity-focused planning and decision making, as well as shared accountability, through use of data.
5. Nurture a whole community commitment to school success for all children.

Actions	Activities	Responsible	Funding Request
S-1 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.	Bring the Equitable School Readiness Strategic Plan to the community for ongoing input and decision-making.	Office for Children, Opportunity Neighborhood, Department of Housing and Community Development, Fairfax County Public Schools and Northern Virginia Association for the Education of Young Children	Existing
S-1 Action 5, A - Partner with families to support children’s executive function skills through Mind in the Making and other initiatives and strategies.	Create additional parent-child play groups in Fairfax County Public Schools that support children’s social and emotional competencies.	Fairfax County Public Schools	\$10,000
S-1 Action 5, B - Partner with families to support children’s executive function skills through Mind in the Making and other initiatives and strategies.	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.	Office for Children, Cornerstones/RestON, and Fairfax County Public Schools	Existing

Actions	Activities	Responsible	Funding Request
<p>S-2 Action 1 - Implement the Early Developmental Instrument (EDI) to understand the quality and availability of school readiness supports and services. A) Pilot the EDI in identified low child opportunity neighborhoods and use the results to expand the supply and affordability of quality early childhood programs, family strengthening, preventative health, mental health, dental health, and early intervention programs and services. B) Adopt lessons learned from the pilot in county-wide practices.</p>	<p>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.</p>	<p>Fairfax County Public Schools and the Office for Children</p>	<p>\$76,000</p>
<p>S-2 Action 2 - Increase the supply, access and affordability of quality early childhood programs.</p>	<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 identification. 	<p>Office for Children, community early childhood programs and Fairfax County Public Schools</p>	<p>County: \$810,000</p> <p>FCPS: \$231,000</p>
<p>S-2 Action 5 - Increase awareness of and access to early intervention programs and services, including existing and new programs and supports that address identified needs.</p>	<p>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.</p>	<p>Health Department</p>	<p>\$248,000</p>
<p>S-2 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.</p>	<p>Promote the use of the ASQ-3 and ASQ-SE developmental and social emotional screener throughout the county to increase early identification and intervention.</p>	<p>Health Department, Infant Toddler Connection, Fairfax County Public Schools, and Office for Children</p>	<p>Existing</p>
<p>S-2 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.</p>	<p>Engage and support community, FCPS and county partners in using the School Readiness Equity Tool.</p>	<p>Office for Children, Fairfax County Public Schools, Northern Virginia Association for the Education of Young Children</p>	<p>Existing</p>

Actions	Activities	Responsible	Funding Request
<p>S-2 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.</p>	<p>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.</p>	<p>Office for Children, Healthy Minds Fairfax, Northern Virginia Association for the Education of Young Children, and Fairfax County Public Schools</p>	<p>\$170,000</p>
<p>S-3 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.</p>	<p>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.</p>	<p>Office for Children, Fairfax County Public Schools, Northern Virginia Association for the Education of Young Children, higher education, and community stakeholders.</p>	<p>Existing</p>
<p>S-3 Action 6 - Pursue strategies that link competencies and effective practices to higher compensation, including benefits.</p>	<p>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.</p>	<p>Fairfax County Office for Children, and Fairfax Futures</p>	<p>Existing</p>
<p>S-5 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, etc.)</p>	<p>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.</p>	<p>Department of Public Works and Environmental Services</p>	<p>Existing</p>
<p style="text-align: right;">Total \$1,545,000</p>			



Fairfax County
Equitable School Readiness
Strategic Plan
Birth to Eight

Year One Implementation Plan

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 similarly 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.

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
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.

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, communicating.)

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 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
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>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>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	County: \$810,000 FCPS: \$231,000
Outcomes	Additional children served in a mixed delivery system.

Fairfax County Early Childhood Mixed Delivery System

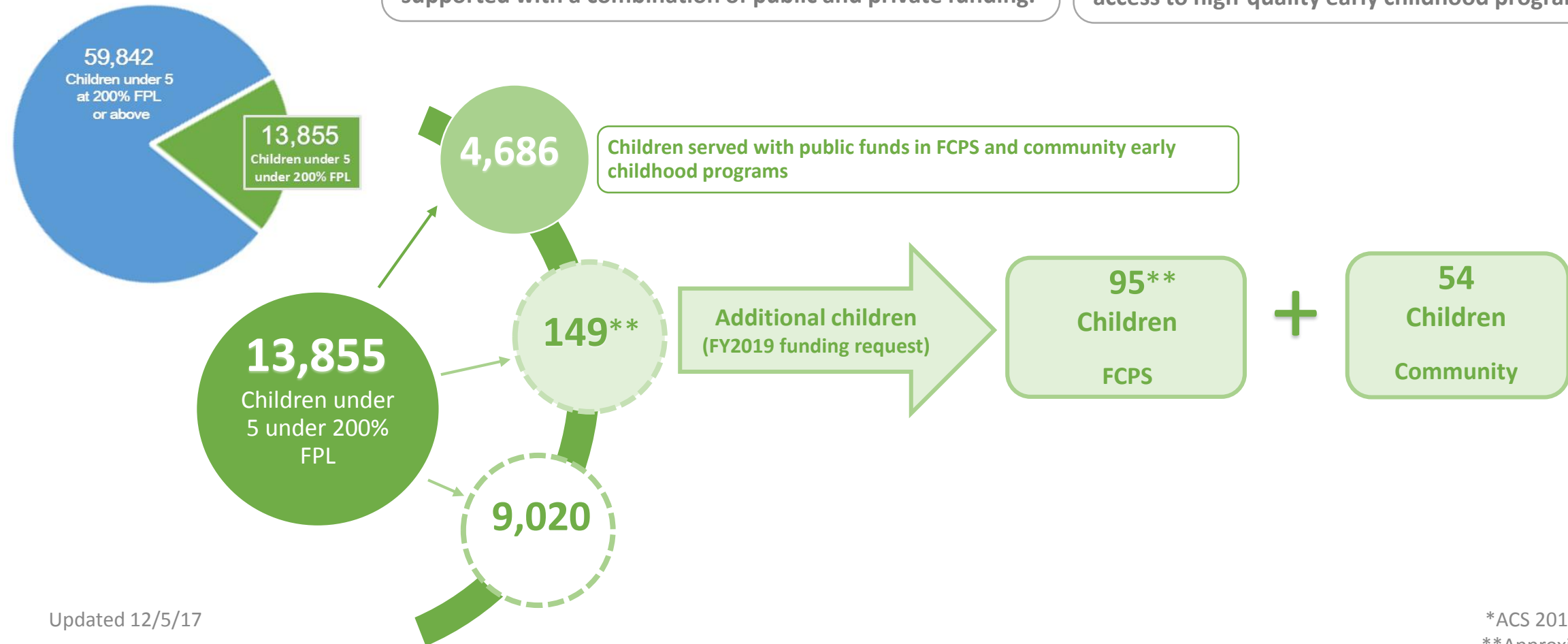
Children under 5
73,697*

Mixed Delivery System:

Services offered through a variety of programs and settings supported with a combination of public and private funding.

Goal:

The goal of a mixed delivery system is to support families' access to high-quality early childhood programs.



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 Ignite, FCPS Strategic Plan One Fairfax Policy Strategic Plan to Facilitate the Economic Success of Fairfax County
Responsible	Health Department
Resources	\$248,000 annually
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

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.

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.

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 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 annually
Outcomes	Child Outcomes: <ul style="list-style-type: none">• Gains in socialization, emotional competence and communication Staff Outcomes: <ul style="list-style-type: none">• Increased demonstration of best practices for supporting young children's behavioral health• Enhanced communication with families Program Outcomes: <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

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.

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.

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, etc.).
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	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.

Contact Information

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SCYPT Action Item A-2
December 6, 2017

ACTION ITEM A-2

TITLE:

SCYPT Endorsement of the Children's Behavioral Health Blueprint FY 2019 Funding Request

RECOMMENDATION:

Staff recommend SCYPT endorse the Children's Behavioral Health Blueprint FY 2019 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 30 different Blueprint actions; some of the actions that require little to no funding or are already funded for FY 2019 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;
- Identifying and addressing barriers to services for underserved communities; and
- Supporting the adoption of trauma-informed practices and promoting public awareness of trauma and its impacts.

Three proposed strategies for FY 2019, 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:

- \$162,435 to expand the Short-Term Behavioral Health Services program to ten additional middle school communities, providing services for 140 youth.
- \$250,000 to provide telepsychiatry and psychiatric consultation for children and youth otherwise unable to access psychiatric services. Psychiatric consultation will be provided for 250 youth and telepsychiatry for 152 youth, for a total of 402 youth served annually.
- \$300,000 to pilot a school-based program in which certified substance abuse counselors will provide prevention, early intervention, and referral services in three high schools and three middle schools, and to provide prevention services to elementary schools in the related pyramids. It is anticipated that 3,000 youth will receive prevention messaging and 150 will receive group school-based intervention. This is a scaled-down version of a proposal that was endorsed by the SCYPT in February 2017, but not funded by the Board of Supervisors.

EQUITY:

SCYPT Action Item A-2
December 6, 2017

All three proposals are designed to promote equity by supporting increased access to behavioral health services for typically underserved populations. Short-Term Behavioral Health Services (STBHS) are available to youth in low and moderate income households, and the criteria for STBHS schools include the percentage of students who qualify for free and reduced price meals. Telepsychiatry, psychiatric consultation, and school-based drug counselors each address barriers to accessing services that can be related to location, transportation, and cultural competency.

ATTACHMENTS:

Children's Behavioral Health System of Care Blueprint FY 2019 Funding Request
Children's Behavioral Health System of Care Blueprint

PRESENTER:

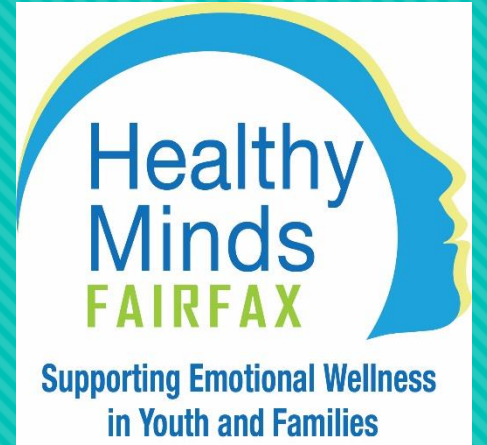
Jim Gillespie, Healthy Minds Fairfax

Children’s Behavioral Health System of Care Blueprint FY 2019 IMPLEMENTATION FUNDING REQUESTS

Goal 8: *Implement targeted strategies to address disparities in outcomes and access based on race, ethnicity, sexual orientation, socio-economic status, geography and other factors.*

Goal 12: *Address the needs of children and youth with emerging behavioral health issues who have not been able to access appropriate, timely and matching treatment services in the community.*

Action Step	Funding Request	BHSOC Blueprint Strategy	Lead Organization
1. Expand Short-Term Behavioral Health Services to ten middle school communities. Short-term behavioral services will be provided to 140 youth in high need middle school communities.	\$162,435	12. 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.	Healthy Minds Fairfax
3. Provide telepsychiatry and psychiatric consultation for children and youth in need of psychiatric services but unable to access them due to the severe shortage of child psychiatrists in Northern Virginia who accept Medicaid and/or private insurance. Psychiatric consultation will be provided for 250 youth and telepsychiatry for 152 youth, for a total of 402 youth served annually.	\$250,000	8.B. Increase access and availability to behavioral health services for underserved populations. Strategies are to be developed and implemented in a culturally competent manner and in partnership with the communities to be served.	Healthy Minds Fairfax
4. Place certified substance abuse counselors to provide prevention, early intervention, and referral services in three high schools and three middle schools, inclusive of all programs at those sites, and to provide prevention services to elementary schools in the related pyramids. It is anticipated that 3,000 youth will receive prevention messaging and 150 will receive group school-based intervention.	\$300,000	12.F. Reduce youth substance abuse and use.	Fairfax County Public Schools



Healthy Minds Fairfax: FY 2019 Funding Requests

Presentation to the Successful Children and Youth Policy Team:

December 6, 2017

Behavioral Health System of Care Blueprint: FY 2018 Accomplishments to Date

- Expanded access to paraprofessional family support partner services to any family of a child with mental health issues;
- In partnership with Inova trained 51 local pediatricians in the identification and treatment of mental health issues;
- Expanded short-term behavioral health services to middle-school age youth in four secondary schools and one stand-alone middle school;
- Partnered with George Mason University and Inova to form a children's behavioral health evidence-based practice training consortium; and
- Contracted to recruit private therapists to provide pro-bono services and match them with children and youth in low/moderate income families.

Behavioral Health System of Care Blueprint: FY 2018 Strategies in Progress

- Develop a website that will serve as a hub of information and connect families to services;
- Provide training to public and private behavioral health providers on evidence-based treatments and practices;
- Identify and address barriers to services for underserved communities; and
- Support the adoption of trauma-informed practices and promoting public awareness of trauma and its impacts.

Expand Short-Term Behavioral Health Services to Ten Middle School Communities

- Annual cost: \$162,435
- 140 additional youth to be served annually
- Projected number of youth to be served this fiscal year: 200
- Intervention is 6- 8 sessions of outpatient therapy from contracted private providers
- Targeted to youth with emerging mental health issues in low and moderate income families (up to 400% of poverty)

FY 2017 Outcomes:

- Improved behavioral health functioning (youth self report via GAINSS instrument): 67%
- Improved behavioral health functioning (parent/caregiver report): 80%
- Improved behavioral health functioning (therapist report): 74%

Provide Telepsychiatry and Psychiatric Consultation

- Annual cost: \$250,000
- 402 youth to be served annually
 - 250 through psychiatric consultation
 - 152 through telepsychiatry
- Expected outcomes:
 - Increase in pediatric primary care providers who can usually meet the needs of children with behavioral health problems
 - Increase in patients that pediatric primary care providers can manage without referral to a psychiatrist

Pilot a School-Based Substance Abuse Prevention Program

- Three substance abuse counselors for three high schools and three middle schools
- Prevention services for the elementary schools in the related pyramids
- 3,000 youth will receive prevention messaging and 150 will receive group school-based intervention

SCYPT Updates

December 6, 2017

Community Engagement Committee

The “Mapping Moving Trains” survey was completed by about 60 coalitions, networks, intermediaries and leadership groups that are working on issues of importance to the SCYPT. The assessment results will help identify stakeholders for engagement and guide the team’s outreach efforts. Staff from the Forum for Youth Investment is finalizing the analysis and report, and it will be presented to key system staff and to everyone who completed the survey. SCYPT members will be invited to the presentation and are encouraged to work with staff to identify strategies to use to results to improve community engagement. Jesse Ellis will be in touch with more details.

Process Committee

- Staff are working to develop a fiscal map of public investments in services for children, youth, and families in Fairfax County. They have begun the process with a focus on school readiness and are preparing to expand to the entire system. The Fiscal Map will be completed and shared with the SCYPT later this school year.
- The SCYPT website is being redesigned. The new design will be rolled out with the switch to the new county website, expected in December. The new design will allow for easy access to agenda and other materials, limiting the reliance on email attachments.

Community Schools Committee

Representatives from the United Way of the National Capital Area and the Coalition for Community Schools (CCS) attended the committee’s November 28 meeting. They shared the United Way’s efforts to promote and support community schools in the area, particularly at middle schools. And they shared best practices and critical components of community schools models, as well as other resources. The United Way and CCS will work with the committee to arrange site visits to local community schools.

One Fairfax Policy Update

The School Board and Board of Supervisors adopted the One Fairfax policy on November 20 and 21, respectively. For more information:

- Press release: <https://www.fairfaxcounty.gov/news/2017/fairfax-county-adopts-social-equity-policy.htm>

- County One Fairfax page: <https://www.fairfaxcounty.gov/onefairfax/>
- FCPS One Fairfax page: <https://www.fcps.edu/onefairfax>

Please use the #OneFairfax hashtag when discussing the policy on social media.

Behavioral Health Blueprint Implementation Update

See attached update presented to the Community Policy Management Team on October 27, 2017.

FAIRFAX-FALLS CHURCH CHILDREN'S BEHAVIORAL HEALTH SYSTEM OF CARE BLUEPRINT FOR 2016-2019

**Quarterly Report on Blueprint Strategies to the CPMT
October 27, 2017**

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 additional parent representative has not yet been added to CPMT.
- 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 October proposed revisions to local policies and procedures, based on the revised practice standards, will be presented to CPMT.
- 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 and approved by CPMT on September 29. In April a proposed new name for the system of care initiative, Healthy Minds Fairfax, was approved by CPMT. CPMT also approved changing the name of the Behavioral Health System of Care Program to Children's Behavioral Health Collaborative. The Healthy Minds Fairfax name was officially announced in August.
- D. *Continue to develop partnerships with community organizations and agencies in different sectors for coordination, financing and support of the SOC approach.* To be implemented in FY18 and FY19.

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. Regarding the action step on identifying alternative methods of budgeting the required local CSA match, it was decided to wait until the State workgroup on private day school services makes a recommendation to the General Assembly on November 1.

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.* Expanded staff training to include community resources, insurance access, evidence-based/informed treatments, ICC and the GAINSS is being worked by the SOC Training Committee and will be accomplished by April 2018.

- 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.* To be completed in FY 18.

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.
- 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.* Through a grant from the Virginia Department of Behavioral and Developmental Services the provision of family support partners is being expanded to many more families of children and young adults with mental health issues, including families self-referring. NAMI Northern Virginia, Autism Society of Northern Virginia and Formed Families Forward are coordinating the establishment of a local network of family organizations.
- B. *Increase family and youth involvement in system planning and implementation.* By October CSA/SOC polices and procedures will be reviewed and recommendations for revisions to increase family involvement will be presented to CPMT.
- 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 throughout the community. The CSB and FCPS actively offer Mental Health First Aid trainings, and the Kognito suite of online trainings (including a peer training for teens) remain available for free to anyone in the community. The Kognito trainings are required for many staff in FCPS and County agencies. Through the County’s Partners in Prevention Fund, six community-based organizations have been awarded contracts and trained to implement Signs of Suicide and/or Lifelines; many schools also implement SOS.

- 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. Eight organizations were awarded mini-grants for youth-led projects to address stigma, funded by the regional suicide prevention grant, and implemented their projects in the past year. A new RFP will be released shortly.
- 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 ends at the end of November 2017). The FCPS Mental Health and Wellness Conference on October 21 will again attract a large audience of parents, teachers, and youth.
- D. *Maintain a speaker's bureau and/or list of approved presenters to school and community groups.* To be completed in FY18.

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/family support partner services for the next three years. Approximately 100 youth and families will be served annually. On June 8 an RFP was issued for a contract to continue services as of November 1, 2017.
- B. *Expand evidence-based peer to peer groups, family/community networks.* In August an RFP was issued for evidence-based parent/caregiver and youth peer-to-peer services, based on an inventory and gaps analysis to be conducted in the spring. Proposals are being reviewed with contracts to be awarded by January 1. CPMT approved \$50,000 for the project on June 23.

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.* With recent consumer focus groups completed, consumer feedback from parents and youth confirmed the following needs from a database/website:
 - One source (database/website) to find information about children/youth/young adult behavioral health information (recognizing symptoms, stigma reduction) and available services
 - A listing of therapists & psychiatrists, their specialties, availability, and insurance accepted
 - A website presentation that is "super intuitive" with color, a balance of words, pictures and psychoeducational videos, contact links, capacity to email, listings of support groups, language translation capacity and be simple
 - Access capability from computer/smartphone (Adult preferences) and smartphone/text/websites/apps (youth preference)

- Resources specifically for young children
- Stronger supports to help youth keep up with school while in the hospital and upon returning to school

A draft website proposal has been developed and is serving as the basis for our current preliminary consultations with IT. Content will be developed and/or linked to if we pursue this avenue with our own IT. A next step includes a consultation with Amy Carlini (DFS) to discuss her capacity to “create” it for us online. One more “sweep” of “off the shelf” models will be done to make sure we have not missed a potential already established website we could purchase.

The discussion surrounding a database of behavioral health providers has evolved to a more customized database of behavioral health providers who have participated in specific trainings, directly related to our system of care. Under discussion is creating a provider list of clinicians who have availed themselves to training in evidence based practices (EBPs) and details the extent of their training from “self-identified” to having become “certified” in an EBP. Input from our in-house IT consultants and our consultation with Network of Care private vendor has guided us to be realistic about what information we can realistically collect from behavioral health clinicians and keep maintained in an “up to date” format.

- B. *Create a clearing house for information on children’s behavioral health issues and resources.* Staffing should include expertise on insurance and have appropriate language capacity. The clearing house should be accessible in person, by telephone and on-line. Work will soon begin on leveraging the existing capacity of CSB, the FCPS Family Resource Center and NCS Coordinated Services Planning to increase families’ knowledge of and access to services. Discussion in the above area will begin once we have determined stronger specifics of the website and database.

GOAL 7 Care Coordination and Integration

Coordinator: Jim Gillespie

- A. *Provide behavioral health consultation to primary care providers and patients.* Through the Virginia Department of Behavioral and Developmental Services, the county has been selected as a sub-recipient for a federal SAMHSA grant which will fund family navigator/family support partner services for the next four years. Approximately 100 youth and families will be served annually. Work has begun on developing an on-line behavioral health clearinghouse of services and providers, for which CPMT approved \$60,000 in FY 2018 funding. The county is partnering with Inova to provide intensive behavioral health training to approximately 60 pediatricians in October December 3017. CPMT has approved \$70,000 for the project in FY 2017.
- B. *Promote resources to implement tiered levels of integration based on capacity and readiness.* An inter-agency workgroup headed by Dr. Gloria Addo-Ayensu is developing a community plan to implement integration, including but not limited to consultation, facilitated referral, co-location and full integration, to be presented to CPMT next spring.

- C. *Increase the appropriate implementation of behavioral health screenings and referrals in primary care settings.* In April CPMT approved a proposal to fund behavioral health/psychopharmacology training for local pediatricians, to take place in December 2017. INOVA is also sponsoring such training in October 2017, and between the two sessions approximately 60 local pediatricians will be trained.

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.
- B. *Increase access and availability to behavioral health services for underserved populations.* Strategies are to be developed and implemented in a culturally competent manner and in partnership with the communities to be served. The Underserved Populations work group has conducted multiple focus groups across the county with approximately two left to be scheduled. These groups been conducted with youth, mothers' groups, fathers' groups, parents groups, of multiple ethnicities including a soon to be scheduled faith community focus group. With the assistance of our Juvenile Court representative, results are being tabulated and will be presented to the BHSOC Committee in July. Resulting strategies/solutions will be developed in response to the learnings from the focus groups, potentially with community members being part of the strategy development phase.
- C. *Require training in cultural competence and advancing equity in alignment with One Fairfax for County, FCPS, and County-contracted behavioral health service providers.* Preliminary steps have been taken to inventory current "cultural competency" trainings offered within FCPS and our Human Service agencies. Cultural competence training will be more deeply explored in January 2018.
- D. *Implement support structures for LGBTQ youth.* The Evidence Based Practice (EBP) Workgroup has identified a local expert who will provide the cultural competency component with a projected training date of December 15, 2017 as long as our Training Consortium contract is signed. The Training Consortium anticipates this same trainer to partner with the Clinical Core Competency Training component to address the unique clinical needs of this population and how it impacts treatment and its delivery.

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 is finalizing a toolkit for publication.
- B. *Develop and publish guidelines for service providers on the availability and effective use of crisis services.*

- C. *Develop a common and coordinated approach to youth suicide postvention.* A resource for community organizations on implementing suicide postvention will be published shortly. 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 FY2017, PRS CrisisLink answered 4,927 calls. The majority of the calls were answered on the CrisisLink local hotline number (2,292 calls) and the National Suicide Prevention Lifeline number (1,025 calls). Of the calls received, 316 were from actively suicidal individuals with a suicide plan. The most common method reported for completing suicide was through lethal overdose or firearms. Of the 316 active suicide calls, 23 individuals required immediate life-saving intervention through first responders or emergency departments, 75 were directly referred to the CSB Emergency Mental Health Services, and 108 individuals were referred to CSB Entry and Referral. The majority of the suicidal individuals were between the ages of 35 – 64.

The PRS CrisisText Connect program received 1,115 texts. Of those texts, 193 individuals were actively suicidal with a plan for completing suicide. The most common method was lethal overdose. The majority of texters were under the age of 21 with a mental health provider at the time of their connection. Eight lifesaving interventions were required during this period. Of those reporting suicide ideation or serious mental health symptoms, 22 were referred directly to emergency mental health or their current treatment provider for immediate assistance. Thirty-one minors were connected to a trusted adult, including school staff or a parent/guardian in their home. Of the total texts, 22% used the “NEEDHELP” keyword (promoted by FCPS), 44% used “CONNECT” (promoted throughout the community), and 34% used other keywords (most notably “REACHOUT,” promoted through video PSAs playing online, on TV, & in movie theaters).

- E. *Train behavioral health providers in evidence-based practices specific to the treatment of youth with suicidal ideation and behavior.* The CPMT recently approved HMF funding for a Training Consortium that will deliver a series of trainings on this and other topics.

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.*
- B. *Establish a set of core competencies based on service type for all public & contracted provider staff.*
- C. *Train County, school staff and providers on EBPs, including how and when to use them. Include a review of practices that are harmful.*
- D. *Incentivize the use of EBPs among providers.*

The Evidence Based Practice work group is deeply involved in the beginning conversations of launching the Training Consortium with two trainings anticipated within the next three months, one addressing the unique cultural and treatment needs of the LGBTQ population, and an introductory session to Evidence Based Practice and the Training Consortium itself. We are awaiting final budget approval in order to press the button for the launch of these two trainings while identifying what is needed and preparing to put the trainings in place once the funding is approved. The Training Consortium’s defining Core Competency training delivery is anticipated for the Spring of 2018. County clinical staff, school staff providing treatment services and

contracted providers and other private providers will be invited to participate. Incentivization of using EBPs, definitions and criteria for evidence-based and evidence-informed practice in prevention and intervention/treatment and a set of core competencies will be worked on over the next quarter.

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 1000 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, will proclaim 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 will focus on the impact of trauma across the lifespan.
- D. *Develop shared screening and referral process for individuals impacted by trauma for school and human services agency staff using nationally recognized screening tool.* To be completed FY18.
- 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 developing plans to ensure their organizations are trauma-informed.

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.* To begin July 2017
- B. *Create capacity to address behavioral health needs of children 0-7.* To begin January 2018
- C. *Establish a training consortium in partnership with university and private provider partners (ex: GMU, INOVA) for ongoing training for staff and service providers.* See above in Goal 10E.
- 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. The Short Term Behavioral Health Service for Youth continues to serve thirteen high schools. They are Annandale, Bryant Alternative, Edison, Hayfield, Herndon, Lake Braddock, Lee, Mt. Vernon, Mountain View Alternative, Robinson, South County, Stuart, and Woodson. We have branched out to serve middle schools and are currently serving, Key, Herndon, Hayfield, Robinson and South County. We have increased the potential school referral sources to include Counseling staff, in collaboration with the school social worker or school psychologist. This service continues to link income eligible youth and families from these high school and middle school communities to timely and available short term mental health counseling (up to 8 sessions), funded by Healthy Minds Fairfax. At this writing, one hundred and thirty two youth have been referred for services. In August 2017, the CSB Youth Access staff have become a referral source to the STBH program. This opens up another avenue of referral for youth from the schools identified above.

- 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.* The school-based substance abuse intervention program that was approved by the CPMT and endorsed by the SCYPT but was not funded by the BOS, is being offered in a reduced funding proposal for FY '19 budget consideration. This proposal would serve three school pyramids, rather than six including Stuart/Glasgow, Herndon High/Herndon Middle and South County High/South County Middle. We will learn in Spring '18 if this is funded.

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. The SOC Training Committee will continue to have this be a topic for ongoing planning in conjunction with the TICN and Evidence-based Treatment workgroup.
- 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 CSA Management Team met with Evidence-based Associates, the organization under contract with DJJ as a services broker, to discuss implementation of Multisystemic Therapy (MST) and Functional Family Therapy (FFT) as part of DJJ's transformation efforts. The management team determined that next steps were to estimate the number of youth who might be served by each program to aid in making recommendations regarding sponsoring these services for our community.
- 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 managers have presented the Reflections curriculum, based on the ARC model that the authors

have adapted 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 such as kinship families. The CSA Management Team has also considered briefly the need to adopt an evidence-based model for supervised visitation services. No additional updates for this quarter.

- 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.* A report was provided to the CPMT about the ICC waitlist data and position vacancies that have resulted in a loss of capacity by both ICC providers. Meetings were held with both ICC providers to share this information to determine how easily the providers could add staff positions. More historical data on the waitlist will be shared with each provider to determine the need for additional staff positions. Secondly, the CSB has reached capacity to accept new cases in October and the CSA Management Team has begun working on strategies to manage the waitlist and adjust case management to other agencies, if appropriate. Use of televideo for meeting participation was also suggested as an efficiency.
- E. *Improve the utilization of the annual gaps survey of youth and parents in CSA-SOC to identify needed interventions.* No new information. This goal is ongoing.
- F. *Develop communication plan to share information about the services and care coordination offered through the SOC process with the broader provider community.* In November, CSA will develop a new page on the county website to provide information about the program using the new county-approved system.
- G. *Build system capacity to monitor fidelity to EBT models and conduct outcome evaluation for purchased services.* The graduate management intern has started her position with CSA and the in-house fidelity monitoring process for ICC is estimated to begin by mid-November.
- 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. No new information this quarter.
- 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.* One interview was held based on last recruitment effort, but the nominating committee did not recommend this candidate as a member. Review of state and local policy presents a new opportunity to utilize our Family Support Partners to serve on the FAPT where there has been a vacancy. CPMT also discussed efforts by NOVACO and providers to identify potential Fairfax residents who may be invited to serve as part of personalized recruitment efforts.

GOAL 14 **DD/Autism Services:** *Develop expanded continuum of care of services for youth with DD/autism.* Begins FY 2018

GOAL 15 **Transition Age Youth:** *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.* Begins FY 2018