

HEALTHY MINDS FAIRFAX FY 2021 BUDGET REQUESTS

Family Support Partners: \$150,000 (FY21)/\$200,000 (FY22 and recurring)

Family support partners (FSPs) are trained parents of young adults with mental health issues who provide support, education, and assistance with accessing services to parents of children and youth with mental health issues. Funding would support serving 100 self-referred families annually who have children or youth with mental health issues with approximately 10-20 hours of Family Support Partner (FSP) services each.

In addition, it will fund FSP participation in 400 family resource meetings and family partnership meetings annually. These are inter-agency meetings convened by county and FCPS child-serving staff to plan services for youth with complex and high-risk behavioral health needs. FSPs attend to provide support and education to the participating parents and to offer their services.

Since January 2017, FSP services have been funded through a federal grant, which expires in September 2020. In FY 2019, 161 families were served. The proposed county funding will be supplemented by Children's Services Act funding for the children and youth with complex and high-risk issues who are eligible for that program, including youth in foster care and the juvenile justice system.

FSPs are paraprofessionals who receive professional supervision and extensive training. They work collaboratively with the child-serving professionals involved with the family. They provide families with support, education and assistance with navigation guidance. Particular activities include helping with the paperwork associated with accessing services, connecting parents to community resources, providing support during service planning meetings, periodic face-to-face meetings, and regular phone/text/email communication.

Evidence-Based Practice Training: \$125,000

Evidence-based practices (EBPs) in behavioral health care are interventions proven by research to be effective in addressing specific mental health and substance use disorders, resulting in children and youth having reduced symptoms and risk behaviors, and improved functioning at home, in school, and in the community. The use of EBPs is or soon will be a requirement for accessing state and federal funding to support provision of behavioral health care to children, youth, and families. State agencies that currently require use of evidence-based practices are the Department of Juvenile Justice and the Department of Social Services. Agencies that will soon have such a requirement are the Department of Behavioral and Developmental Services and the Department of Medical Assistance Services (Medicaid).

Implementing evidence-based practices is expensive due to the extensive training and oversight required. The Community Services Board and local non-profit agencies that provide behavioral health care to the most vulnerable children and youth in our community do not have the funding to meet these training requirements. Healthy Minds Fairfax is partnering with George Mason University and Inova to sponsor evidence-based practice training for public and private behavioral health providers. The three-year pilot project has thus far trained 438 therapists in a variety of evidence-based practices. This collaboration has proved to be a very cost-effective method of providing EBP training. The request is for \$125,000 in recurring funding. Funding will be allocated annually to support the following tasks:

1. Funding will be used to train 330 clinicians who work in a public or private child serving behavioral settings in various evidenced-based practices. Trainings consist of an average of three days. Afterwards, participants are required to participate in bimonthly supervision calls. The days of training depend on the evidenced based practice being taught. It is anticipated that 1,000 person-days (one person attending one day) of training will be provided. The cost to provide the training is \$75,000. In addition to attending the training, all clinicians will be required to participate in supervisory telephone calls at a cost of \$15,000. Telephone calls will take place twice a month and last approximately 2 hours. The purpose of the calls is to provide support to the clinicians in their utilization of EBPs and to help the clinicians adhere to the fidelity of the EBP.
2. In order to successfully implement EBPs, agencies must review and usually re-structure all or part of their service delivery systems and revise their training plans to accurately assess the needs of children and youth entering services and match them with appropriate EBPs. Funding will support consultation to the Community Services Board and local non-profit behavioral health providers on implementing EBPs within their agencies. The estimated cost is \$15,000 to provide approximately 100 hours of consultation.
3. Funding of \$20,000 will be used to measure to what degree of fidelity the clinicians follow the training protocols. At each training, clinicians are given a pre- and post-survey to gauge their confidence in using the skill and if they increase their knowledge in that area. A follow-up survey will be sent out to each clinician to measure their usage of the EBP and which EBP they use most often. Agency and providers who send staff to the trainings will be asked to agree to allow for satisfaction surveys to be sent to their clients after treatment ends as part of the standard of care. An annual report on the status of EBP implementation will be presented to the Community Policy and Management Team.

To provide additional support for the implementation of EBPs, county staff will collaborate with FCPS, local non-profit organizations, and providers in accomplishing these activities. Additional funding is not necessary to implement the following:

1. Develop and implement annual plans for training local providers on EBPs that meet state and federal requirements and address the needs of local children, youth and families. Ensure that capacity is enough to meet the EBP training needs of CSB therapists and those of the local non-profit child-serving agencies. Monitoring will include, but is not limited to, the EBP requirements of the federal Families First Prevention Services Act and the Virginia Department of Behavioral and Developmental Services STEP Virginia initiative.
2. Access state and federal funding for EBP training whenever possible to offset local costs.