

**Administrative Item A-1:** Approve OCS Annual Gap Survey Response

**ISSUE:**

Approve FY 2014 Service Gaps Analysis

**BACKGROUND:**

Each year the Office of Comprehensive Services (OCS) issues a survey to local CPMTs to assess critical gaps and barriers in services needed by children to be served successfully in the local community (§2.2-5211.1). The needs assessment fulfills one of the primary responsibilities of the CPMT – to coordinate long range, community-wide planning to develop resources and services needed by children and families in the community (§ 2.2-5206).

In 2017, the Office of Children's Services (OCS) convened a group of local CSA coordinators to provide input as to how the Service Gap Survey might be improved in terms of functionality and the information collected and reported on. As a result of that workgroup, it was determined that although the Service Gap Survey will continue to be issued each year as required by the Code, a full survey will be completed only in the odd numbered years beginning with FY2017. In the even numbered years, OCS will ask localities to review their previous year's submission, make any applicable changes and submit this "updated" survey.

2017 Service Gap Survey Responses	
Service Gaps	Barriers
<ul style="list-style-type: none"><li>• Trauma Informed Services</li><li>• School-based Mental Health</li><li>• Family Therapy</li><li>• Intensive In-home</li><li>• Child Mentoring</li></ul>	<ul style="list-style-type: none"><li>• Need for greater collaboration and consensus</li><li>• Lack of funding</li><li>• Provider availability</li><li>• Need more information and data</li></ul>

To determine what progress has been made on addressing the above gaps and barriers and determine if any new gaps and barriers have emerged, CSA staff reviewed Blueprint updates, residential entry reports and reports from utilization review and other County staff regarding current wait-list status of services. Highlights from the updated survey response are below:

**For FY 2018, are there any new gaps in services identified that were not reported in FY 2017?**

- Respite; ABA; Case management; and, Supports/treatments for youth experiencing human trafficking.

**Have any of the gaps in services identified in FY 2017 been resolved in FY 2018?**

While the gaps identified in FY 2017 have not been resolved to date, work continues to address the community needs by building capacity and increasing the knowledge and skills of existing county staff and providers in the community.

- The Fairfax County Trauma-Informed Community Network (TICN) has reached more than 1000 people with its Trauma Awareness 101 training and hundreds of supervisors from county human service agencies, schools, and non-profit partners through its Trauma-Informed Supervisor Training.

- The Fairfax Training Consortium for Evidence-Based Practices has trained approximately 100 individuals who offer direct treatment services, including school staff, on the “Family Intervention for Suicide Prevention (FISP).”
- The Community Services Board and Fairfax County Public Schools continue to offer “Mental Health First Aid” trainings.

**Have any of the barriers to providing services identified in FY 2017 decreased or been resolved completely?**

While the identified barriers have not been completely removed, progress has been made in the last year to address these challenges.

- Greater collaboration and consensus is being gained through the development of a Northern Virginia network of family-led organizations that serve children, youth, and families. Parent Support Partner availability has been increased through a federal SAMHSA grant.
- The County has partnered with Inova to provide intensive behavioral health training to approximately 60 pediatricians; more pediatricians will be trained in FY18.
  - An interagency workgroup is developing a community plan for implementation of tiered levels of integration in order to increase access to appropriate behavioral health services.
- The “Underserved Populations” workgroup is working to increase access and availability to behavioral health services for underserved populations and has completed 15 focus groups across the county with youth and parents of multiple ethnicities including a faith based focus group.

**RECOMMENDATION:**

That the FY 2108 updated Gaps Analysis be approved for submission to the Office of Comprehensive Services

**ATTACHMENTS:**

Fairfax- Falls Church CSA Updated Service Gap Survey Response

**INTERNAL CONTROL IMPACT:**

None

**STAFF:**

Patricia E. Arriaza

Suzette Reynolds

Locality: Fairfax\_Falls Church  
Contact: Patricia Arriaza, CSA Program Specialist  
E-mail: patricia.arriaza@fairfaxcounty.gov  
Phone: 703-324-8241

- 1) For FY 2018, are there any new gaps in services identified that were not reported in FY 2017?

Additional gaps not reported in FY2017 include respite, ABA, and case management.

Currently, there is one provider of out-of-home respite that serves the Northern Virginia region. Families of children with developmental disabilities may wait for several months before being served. In-home respite is available, but there is a gap in providers who have expertise in working with children on the autism spectrum. There are also lengthy waits for ABA services in our area.

Finally, on two occasions over the past year, there was no case management capacity for new CSA cases. Further, the caseloads for some agency case managers exceeds 50 youth, compromising the quality of CSA case management services for the County's highest-risk, highest-need youth and families. More specifically, children who attend private day school are often children who would benefit from wraparound services, however, many are only funded for private day. As evidenced by the number and severity of serious incident reports received from private day schools, many youth have high mental health needs and safety needs that are unable to be adequately addressed by case managers who do not have a mental health background, and who carry caseloads of 50 or more youth.

In reviewing the residential entry report over the past year, more specific gaps were identified. Children entering residential treatment centers over the past year tended to have actionable CANS scores in adjustment to trauma, anxiety, oppositional, and conduct, suggesting a lack of community-based providers who are able to utilize evidence-based interventions for children with trauma treatment needs, anxiety, and youth with externalizing behaviors. Anxiety appears to be a driving factor in other behavioral health issues such as school refusal, substance use, run away, suicide risk, and other self-harming behaviors. These youths appear to be at much higher risk for entering out-of-home care. While our system of care has made great gains in raising awareness of the need for evidence-based trauma treatment and overall, has become a trauma-informed community, there remains a lack of capacity in providers trained in evidenced-based trauma treatments.

There is also a gap in services specific to youth involved in human trafficking as evidenced by the increasing numbers who are entering out-of-home care. Reports indicate that there are instances of human trafficking in every middle and high school in Fairfax County, and many elementary schools, yet there are few providers with expertise in this area.

While there are increasingly more news reports on the opioid epidemic both locally and nationally, it does not appear that youth with substance use issues are

accessing CSA services in high numbers suggesting a need for increased efforts at identification and referral. Further, truancy also appears to be an area where more youth appear to be slipping through the cracks and not being identified or referred for CSA services, though many may meet eligibility through non-mandated funding pools.

2) Have any of the gaps in services identified in FY 2017 been resolved in FY 2018?

While the gaps identified in FY 2017 have not been resolved to date, work continues to address the community needs by building capacity and increasing the knowledge and skills of existing county staff and providers in the community.

- The Fairfax County Trauma-Informed Community Network (TICN) has reached more than 1000 people with its Trauma Awareness 101 training and continues to host full day sessions of their Trauma-Informed Supervisor Training, reaching hundreds of supervisors from county human service agencies, schools, and non-profit partners. Through this work, Fairfax-Falls Church is addressing the identified need for more trauma informed services.

- The Fairfax Training Consortium for Evidence-Based Practices has trained approximately 100 individuals who offer direct treatment services, including school staff, on the "Family Intervention for Suicide Prevention (FISP)". A train the trainer session will also be completed so that the training can be continued – increasing the community's capacity to address the identified gap of "School-based Mental Health." The trainer will also be meeting with Fairfax County Public Schools and Inova staff to determine if the training can be used to meet the needs of their larger clinical staffs.

- The Community Services Board and Fairfax County Public Schools continue to offer "Mental Health First Aid" trainings. 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 in the community also implement Signs of Suicide.

- 3) Have any of the barriers to providing services identified in FY 2017 increased or are there any new barriers identified for FY 2018?

No, the barriers identified in FY 2017 have not increased.

- 4) Have any of the barriers to providing services identified in FY 2017 decreased or been resolved completely?

The perceived barriers identified in FY 2017 were:

-Provider availability; Lack of funding; Need for greater collaboration and consensus; and, Need more information and data.

While these barriers have not been completely removed, progress has been made in the last year to address these challenges.

The Fairfax-Falls Church System of Care (Healthy Minds Fairfax) Blueprint calls for an oversight committee to serve as the locus of system of care management and accountability. The Community Policy and Management Team (CPMT) was designated as that committee. This allows for alignment of the system of care work with CSA mandates, ensuring that there is greater collaboration and consensus on the work that is carried out to address needs and gaps in the community.

Greater collaboration and consensus is also being gained through the development of a Northern Virginia network of eight family-led organizations that serve children, youth, and families. The network regularly shares information about their own programming and exchange ideas for addressing regional challenges and leveraging potential collaborations. The group will stay abreast of state and regional policy and legislative efforts to understand their impact on children, youth, and families in our community.

Information is shared through various county agency websites, e.g. FCPS' Return to Learn, Healthy Minds Fairfax website and blog, to keep the community updated on trainings and available resources that aim to address the communities needs.

The need for greater provider availability is being addressed through trainings and implementation of programs:

- Parent Support Partner availability has been increased through a federal SAMHSA grant that funds family navigator/family support services for the next

three years. This increases the capacity to serve more families in the community. United Methodist Family Services has also increased its capacity to provide parent support partners for children, youth and families who are participating in the intensive care coordination (ICC) program. Both ICC providers have increased their ICC staff, which allows for greater ICC capacity.

- The Training Consortium will train county clinical staff, school staff and contracted providers on Evidence-Based Practices in prevention and intervention/treatment that will address service gaps in the community.

- The county also recently partnered with Inova to provide intensive behavioral health training to approximately 60 pediatricians. More will be trained in FY2018. An interagency workgroup is developing a community plan for implementation of tiered levels of integration in order to increase access to appropriate behavioral health services.

- The "Underserved Populations" workgroup has completed 15 focus groups across the county with youth and parents of multiple ethnicities including a faith based focus group. Through these focus groups, the workgroup is working to increase access and availability to behavioral health services for underserved populations.

As a way to address the need for "more information and data", both CSA and Healthy Minds Fairfax staff participate in Health and Human Services Information Technology's workgroup that is working to develop an integrated human services IT system that will allow for data analytics and effective delivery across agencies. The use of such an integrated system will help address data needs but also allow for greater collaboration in decision making – in program development and funding decisions.

Work continues on a system navigator that will allow consumers to find available providers in their area. Consumer focus groups have provided information on what youth and parents would find most helpful in a database/system navigator aimed to provide information on behavioral health care providers.

While the work on the IT systems continues, feedback from the community is regularly sought using focus groups and surveys.

Memo to the CPMT  
April 27, 2018

**Administrative Item – A-2:** Nominate one CPMT Parent Representative and appoint one FAPT Parent Representative

**ISSUE:**

That CPMT nominate to the Board of Supervisors Terry Williams for appointment as CPMT parent representative and Kishawna Scarborough for appointment as FAPT parent representative.

**BACKGROUND:**

In order to fulfill Virginia Code requirements, Fairfax-Falls Church CPMT Bylaws provide for five parent representatives to be approved by the CPMT and the Board of Services for terms of up to two years. Additionally, each FAPT shall have a parent representative appointed as a standing member of the team.

CPMT established the following criteria to consider in selection process

- Parents of youth with behavioral health issues and/or intellectual disabilities who are or were involved in public child serving systems
- Parents associated with a parent advocacy/support group with whom they can liaison in fulfilling their parent representative role
- Parents with knowledge of the CSA system
- Parents who reflect the cultural and racial diversity of families and youth in the Fairfax-Falls Church community

After interviewing two well qualified candidates, the nominating committee of Louise Armitage, Jessie Georges, and Nancy Vincent recommends the following candidates. In addition to their parenting experience, below is a summary of their qualifications:

*Terry Williams* has a background in Human Resources and currently serves as a Family Support Partner for the National Alliance for Mental Illness (NAMI). As the parent of two children with complex mental health needs, she has been involved with CSA through the FRM, FPM and ICC processes. She has completed the CSA Systems of Care trainings and is a state certified Family Support Partner.

*Kishawna Scarborough* currently serves as a Family Support Partner for the National Alliance for Mental Illness (NAMI). She has experience participating in both the FAPT and ICC processes. She has completed the CSA Systems of Care trainings and High Fidelity Wrap training, and is CANS certified.

**RECOMMENDATION:**

That CPMT nominate Terry Williams to the Board of Supervisors for appointment as CPMT parent representative and appoint Kishawna Scarborough as a FAPT parent representative.

**FISCAL IMPACT:**

None

**ENCLOSED DOCUMENTS:**

None

**STAFF:**

Janet Bessmer, CSA

Sarah Young, CSA



MEMO TO THE CPMT

April 27, 2018

**Information Item A - 3: FY 19 Calendar of Meetings**

**ISSUE:** Approve the CPMT BHSOC calendar of meetings for FY 2019.

**BACKGROUND:**

The CPMT typically meets nine times per year on the fourth Friday of every month. Typically the November and December meetings are combined to accommodate the holiday season, one meeting is held over the summer, and the March meeting may be canceled to allow attendance at the CSA Symposium's CPMT Roundtable. Once per quarter the meeting includes the BHSOC Advisory Committee. Attendance by members is critical to maintain a quorum.

FY 19 CPMT/ BH SOC Schedule of Meetings <small>approved 04/27/18</small>			
<u>Date</u>	<u>Room</u>	<u>Time</u>	<u>Notes</u>
August 24, 2018	GC Rm 232	1:00 pm - 3:00 pm	no July meeting
September 28, 2018	GC Rm 232	1:00 pm - 3:00 pm	Labor Day Sept 3rd
October 26, 2018	GC Rm 120 C	1:00 pm - 3:00 pm	
December 7, 2018	GC Rm 120 C	1:00 pm - 3:00 pm	Combine Nov/Dec meeting
January 25, 2019		1:00 pm - 3:00 pm	FCPS Teacher Workday
February 22, 2019		1:00 pm - 3:00 pm	
March 22, 2019		1:00 pm - 3:00 pm	NoVA CSA Symposium and CPMT Roundtable held this month. Date: TBD
April 26, 2019		1:00 pm - 3:00 pm	State CSA Conference in Roanoke, Date: TBD.
May 31, 2019		1:00 pm - 3:00 pm	Date changed to avoid Memorial Day Monday, May 27th
June 28, 2019		1:00 pm - 3:00 pm	

**RECOMMENDATION:**

That the CPMT adopt the schedule using the alternative dates proposed where there is a conflict with the FCPS student schedule.

**ATTACHMENT:** None

**STAFF:**

Janet Bessmer, CSA  
Mariann Gabor, CSA