Memo to the CPMT
August 24, 2018

INFORMATION ITEM I- 2: June and July Residential Entry and FAPT Report

Issue:

Local CSA policy requires that the FAPT shall report the placement of children across jurisdictional lines and the rationale for the placement decisions to the CSA Program Manager who shall inform the CPMT at its next scheduled meeting.

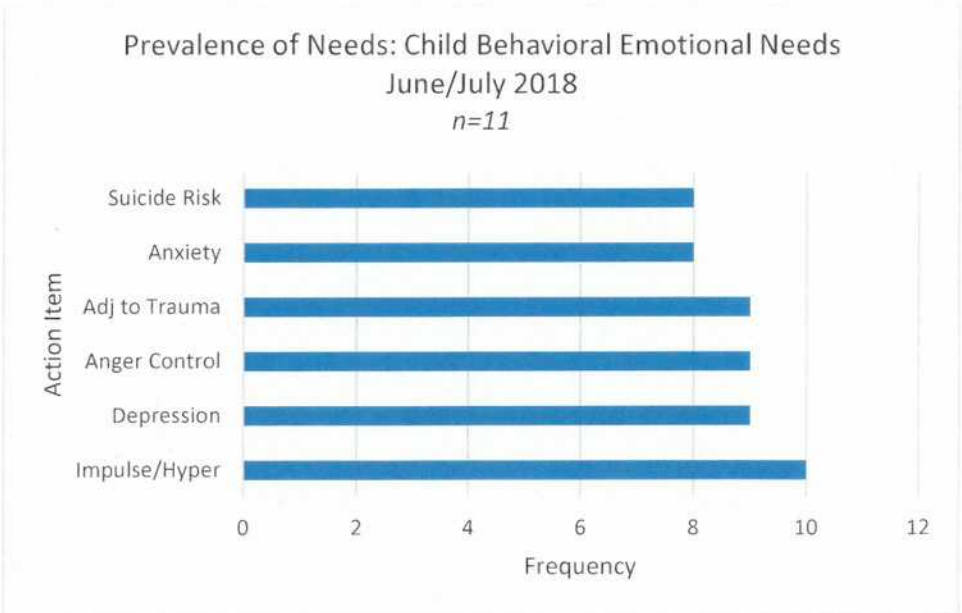
Residential Entry Report: Eleven youth entered long-term residential settings in June and July.

	June	July
Male	3	1
Female	3	4

AGE	June	July
13	1	1
14	1	1
15	0	3
16	1	0
17	3	0

Lead Agency	June	July
DFS Foster Care	1	2
Falls Church City		
FCPS MAS		1
JDRDC	2	
CSB	3	2

	Initial	Re-admit	Lateral	Step Up	Step Down
DFS Foster Care	1		2		
FCPS MAS	1				
JDRDC	1	1			
CSB	1		2	2	
Falls Church City					



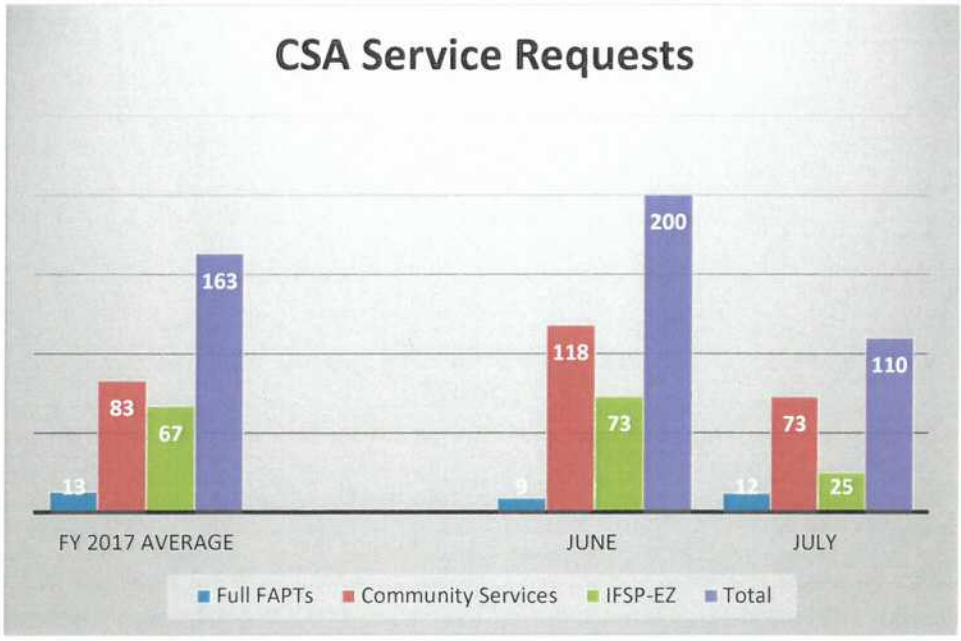
UR Report

- There appears to be a growing trend of more females entering residential treatment than males
- Of the 11 entries into long-term residential settings, only four were initial placements suggesting a need for improved transition planning when youth are exiting residential settings and increased monitoring of outcomes to prevent re-entry as well as increased monitoring while youth are out of the home to prevent placement disruptions
- There continues to be a high number of youth with trauma engering residential settings suggesting a need for increased access to evidence based trauma treatments in the community
- For the coming fiscal year, UR will begin tracking Leland placements, short-term (<90 days) funded through ICC, and FAPT approved placements and increase monitoring of length of stays
- For the coming fiscal year, UR will increase monitoring of serious incident reports and outcomes following RTC

CSA and FAPT Volume Report:

In June and July of 2018, there was a total of **310** service requests processed by CSA:

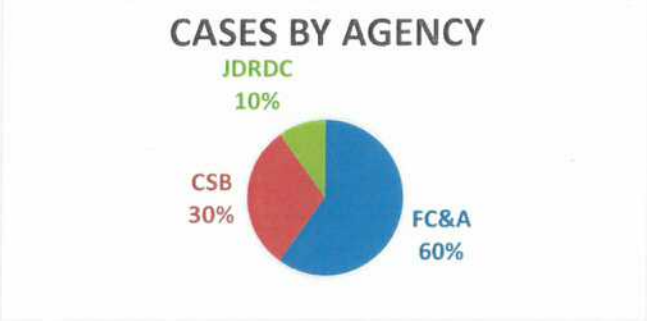
- **21** requests for FAPT meetings
- **191** requests for Community Based services (handled by UR analysts)
- **98** requests for services via the IFSP-EZ (submitted to FAPT for review as consent agenda items and then forwarded to UR for service authorization)



CSA continues to meet time-to-service benchmarks with regards to getting cases to FAPT or UR (depending on service(s) requested).

23 youth/family meetings were held with the two standing FAPT teams. Of those **23** meetings:

- **12** referrals were from FC&A, **9** referrals were from CSB, and **2** referrals were from JDRDC

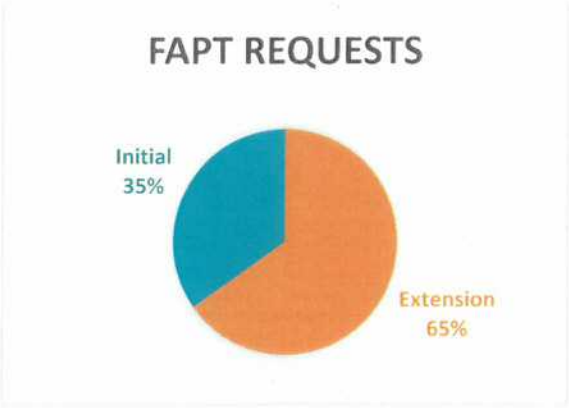


  - **8** were requests for *initial placements,* **6** of which had plans developed for a Residential Treatment Center; **1** plan was developed utilizing Leland House and **1** plan was developed utilizing community based services.

  - **15** were requests for *continuation of existing placements*, all of which had plans developed for a short-term (3 months) extension of the current placement; community-based services including ICC, home-based and outpatient services were also included to assist with discharge in these cases.

- Of the **8** initial placement requests, **6** were actively receiving community based services at the time of the FAPT meeting, one of which was actively involved with ICC.

- **3** youth (2 FC&A and 1 privately placed by parents) were in placement prior to coming to FAPT.



- The issue of case managers not preparing families (parents AND youth) for FAPT continues to be pervasive. Attendees typically do not receive an explanation about who is on the FAPT, what information the members have been given ahead of time, and what the purpose of the meeting is (planning, not funding); the youth is often not present or not informed about the purpose of the meeting when present.
- Data shows consistently that there are more requests for extensions than requests for initial placements. Coordinated and thorough discharge/transition planning is often lacking for our youth.
- Several UR and FAPT members recently attended the Building Bridges Initiative training in Washington, D.C. and will be sharing ideas at an upcoming All-FAPT members meetings and developing an RTC checklist to be used in reviewing our contracted providers.

STAFF:
Kim Jensen, Utilization Review Manager
Sarah Young, FAPT Coordinator

MEMO TO THE CPMT

August 24, 2018

Information Item 1-4: Quarterly Blueprint Update and Healthy Minds Fairfax Performance Plan Quarterly Report

ISSUE: CPMT requested quarterly updates on the Children's Behavioral Health SOC Blueprint and the Healthy Minds Fairfax performance plan

ATTACHMENT: Quarterly Update and Report: April – June 2018

STAFF:
Jim Gillespie, HMF
Janet Bessmer, CSA
Jesse Ellis, NCS
Betty Petersilia, CHBH

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

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

Healthy Minds FAIRFAX
Supporting Emotional Wellness in Youth and Families

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 2018 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.

MEMO TO THE CPMT
August 24, 2018

Information Item I- 5:

ISSUE:
Review and Provide Feedback on Draft Submission of Healthy Minds Fairfax FY 2020 County Budget Request and FY 2020 – 2022 HHS Resource Plan Items

BACKGROUND:
The Health and Human Services Resource Plan is an adaptive planning tool to help guide budgetary decisions. The initial plan was developed through a collaborative effort with HHS staff, the Department of Management and Budget, and the Human Services Council to identify funding and staffing priorities for the next three fiscal years, FY 2019 through FY 2021.

The plan is not a commitment to fund activities – this is done through the county's budget process. In contrast, the plan provides a comprehensive view of prioritized efforts that will help address needs identified by our community. The Resource Plan is not just for government, but for the whole community to proactively match resources with critical needs. The plan will also enhance long-term strategies and ensure good stewardship of public dollars.

As part of the Board of Supervisors' Budget Guidance for FY 2018 and FY 2019, HHS staff were directed to identify priority funding items that could complement efforts to address needs identified in our community. The guidance also stated that the Resource Plan should:

- Recognize that the county will be fiscally constrained during this period.
- Consider the priorities already established by the Board of Supervisors and the HHS System.
- Be flexible enough to respond to changing priorities, the impact of changes in programming and county demographics, and shifts in federal funding.

As such, the Resource Plan was developed in conjunction with staff from the Fairfax County Department of Management and Budget, HHS, and the Human Services Council. The initial Resource Plan identifies funding and staffing priorities for the next three fiscal years, FY 2019 through FY 2021. The Resource Plan is aligned with the 2016 Human Services Needs Assessment report which highlights the significant and broadening challenges many Fairfax County residents currently face. The assessment was developed using feedback from the community, survey data, and information from Fairfax County programs and services.

The Healthy Minds Fairfax items in the current Resource Plan are a combination of prior year HMF budget requests and recommendations from the 2016 Needs Assessment Report. The attached submission updates the HMF Resource Plan to be fully consistent with Blueprint priorities and the recommendations of Blueprint workgroups that have been endorsed by the CPMT. On August 20, the Children's Behavioral Health Collaborative Management Team reviewed the submission; they are generally positive about it but want to work it some more at their September meeting before requesting CPMT endorsement on September 28 It is requested that on August 24 CPMT review the draft submission and provide feedback to be incorporated prior to its return in September.

ATTACHMENTS: Draft Healthy Minds Fairfax Resource Plan Submission

STAFF: Jim Gillespie, HMF Betty Petersilia, CBHC

HEALTHY MINDS FAIRFAX RESOURCE PLAN SUBMISSION

FY 2020: $330,000

ON-LINE NAVIGATION WEBSITE MAINTENANCE:

- HMF is creating a navigation website to assist families in understanding behavioral health issues and in navigating the system to access services. The "content gathering" is underway to be added to the current HMF website. This work of content development will probably continue through December '18 and will include review by members of the original work group and a "testing" process by consumers. Ongoing maintenance of the navigation website will be required in the future to ensure accurate and straightforward information to assist families in this community.

EXPAND MOBILE STABILIZATION AND RESPONSE SERVICES:

- Fairfax County children and youth in need of psychiatric hospitalization are often being placed in psychiatric hospitals outside the Washington area, sometimes several hours away and/or in another state. These hospitals have little or no knowledge of Fairfax area resources making coordination of care and appropriate discharge planning challenging. Further the great distance is an impediment to family participation in treatment, visitation and ability to support their child. During the periods when bed availability is a significant issue, youth may be housed in the Emergency Department(s), in observation beds or admitted to the medical unit often with sitters receiving little or no treatment until a bed becomes available. Knowledgeable staff believe that some of the youth currently being recommended for an ED evaluation and/or hospitalization may be safely diverted if mobile stabilization and response services were available to connect with the youth and family at the time of assessment in the ED or prior to going to the ED. Such a service is available in Northern Virginia through the Children's Regional Crisis Response (CR2) program, but is greatly under-staffed.

  Compared with the staffing pattern of model programs identified by the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Northern Virginia mobile response program is 50% to 67% under-staffed, which reduces its ability to respond in a timely manner. Thus, it lacks the capacity to guarantee a timely response to youth at high risk of hospitalization, leading to unnecessary hospitalizations.

CREATE NURSING POSITIONS IN CSB YOUTH AND FAMILY SERVICES (INTEGRATION PLAN):

- While the CSB's Adult Services have had nursing positions throughout its history, it has now come time for Youth and Family Services to add nursing positions to its child, youth and family service. Youth and Family psychiatrists need assistance in triaging "doctor calls" by answering medication questions and other related medical/psychiatric questions to free the child psychiatrists to see clients exclusively and do less case management kinds of activities. A nurse can also handle some of the medical aspects of the child/youth intake addressing medical issues including height, weight and other medically related questions. Having such nursing positions will make it possible for the child psychiatrists to spend more time with the children, youth and families addressing their psychiatric and medication concerns and create a more efficient use of their time.

EVIDENCE-BASED INTERVENTIONS FOR UNDER-SERVED POPULATIONS OF CHILDREN, YOUTH AND FAMILIES (UNDERSERVED POPULATIONS REPORT):

- The HMF Underserved Populations work group has completed its initial report identifying the pockets of underserved youth in our community, identifying their strengths and barriers to accessing behavioral health services and developing strategies and recommendations to address these identified barriers. Fifteen focus groups conducted across the county with teens and parents together and separately informed this report. Funding has been identified to provide Youth Mental Health First Aid training to Faith leaders & their youth leaders to strengthen their "behavioral health" IQ in working with teens and families, targeted to faith communities in areas where underserved youth live. Additional funding for multicultural behavioral health services, flexibly delivered in our community, is urgently needed to meet the specific needs of our Latino youth, Asian youth and culturally sensitive behavioral health services for our African American youth. Other identified & recommended prevention programs, technology assisted apps, telehealth approaches and culturally responsive therapeutic approaches need more in depth exploration and possible funding to implement in the work group's second phase of its work.

FY 2021: $330,000

CONTINUE PARENT SUPPORT PARTNER SERVICES:

- Parent Support Partners are trained parents and caregivers who use their personal experiences to help other youth with mental health issues and their families build on their strengths, navigate services and find hope. As of September, 2020 a four-year federal grant to fund parent support partner services in the county will expire. By that time, it will be appropriate to assess the level of continued local need for that service.

EXPAND THERAPEUTIC SERVICES FOR CHILDREN, YOUTH AND FAMILIES THROUGH SHORT-TERM BEHAVIORAL HEALTH SERVICES, GIVE AN HOUR PRO-BONO THERAPY PROJECT, AND/OR CSB:

- By July 2020 the cost effectiveness of current Healthy Minds Fairfax projects to expand access to outpatient therapeutic services, such as Short-Term Behavioral Health Services and Give an Hour pro-bono therapy, other private resources will have been assessed. HMF initiatives to help families access therapeutic services through their insurance and resources will have been implemented. And CSB will have largely implemented the STEP-Virginia measures to increase timely access to treatment. At that time, it will be appropriate to assess the remaining gaps in behavioral health services for children, youth and families, and invest resources accordingly.

CONTINUE EVIDENCE-BASED PRACTICE CONSORTIUM:

- The Fairfax Consortium for Evidence Based Practice, funded for three years by Healthy Minds Fairfax and an active collaboration with GMU's Department of Psychology and Inova Kellar, provides quality

training in evidence based skill development for child serving behavioral health clinicians in our public and private sector. Core skills of Cognitive Behavioral Therapy and Dialectical Behavioral Therapy are offered with additional offerings addressing trauma, substance use, suicide risk assessment, and the unique needs of LGBTQ+ youth. Upcoming offerings include a nationally certified trainer in Trauma Focused Cognitive Behavioral Therapy and a beginning focus on evidence based interventions for younger children in the coming year and for adults in 2020. Select trainings include supervision and consultations for an "advance practice" group intending to pursue certification (where relevant) and a research component that can contribute to future pursuits of grants and non-county funding to contribute to its sustainability in future years.

FY 2022: $330,000

ESTABLISH LOCAL PEDIATRIC ACCESS PROGRAM (INTEGRATION PLAN):

- A Pediatric Mental Health Access Program is a model used by over 20 states across the country in which there is a central phone number that a pediatrician or other primary care provider can call and get connected to behavioral health consultations and coordinated referrals. Each state's model varies, but generally a primary care provider can call one number and a care coordinator or behavioral health specialist answers the call. Diagnostic and/or treatment advice is available for the primary care provider as well as psychiatric consultation and care coordination services for the patient. Through Access programs pediatricians and family physicians receive the support and assistance to effectively serve many children and youth with mental health issues, saving valuable child psychiatrist time for those with the most complex issues.

  The need for an Access program is driven primarily by two factors: First is the shortage of child psychiatrists, and especially those who take Medicaid and/or commercial insurance. Most children and youth with mental health issues must be treated by their primary care providers, who lack expertise in identifying mental health issues and prescribing appropriate medication. Access to telephone consultation with child psychiatrists greatly increases their ability to provide effective treatment. Second, it is increasingly difficult for families to access mental health counseling through their insurance due to high deductibles and co-pays, and lack of providers.

  Through an Access program pediatricians can connect with a care coordinator who can help connect the family to appropriate and available mental health counseling.

CURRENT HEALTHY MINDS FAIRFAX RESOURCE PLAN ITEMS:

FY 2019:

- In FY 2017, short-term behavioral health services were provided to students in 13 high school communities, chosen based on the level of mental health need and financial need. This funding will expand services to an additional 140 youth in 10 middle school communities. The youth referred need timely intervention and cannot access treatment. Youth and their families receive 6 to 8 sessions of outpatient counseling. $159,435
  Recommendation: Incorporated in new FY 2021 Resource Plan submission.

- Funding will provide contract support for a substance abuse prevention (SAP) counselor program. Specifically, the counselors will provide prevention, early intervention and referral services in three

high schools and three middle schools, inclusive of all programs at those sites as well as 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
Recommendation: Incorporated in Diversion First budget request

- Funding will provide telepsychiatry and psychiatric consultation for children and youth in need of psychiatric services but unable to access them due to the shortage of child psychiatrists in Northern Virginia who accept Medicaid and/or other private health insurance. Telepsychiatry is the direct provision of psychiatric services via video while psychiatric consultation is telephone contact between a pediatrician and a child psychiatrist to assist the pediatrician in accurate diagnosis and appropriate use of medication. $250,000
Recommendation: Incorporated in new FY 2022 HMF Resource Plan submission

FY 2021:

- Funding expands short-term behavioral health services by expanding services to an additional 75 children in high-need elementary school communities. The children referred need timely intervention and cannot access treatment. Children and their families receive 6 to 8 sessions of outpatient counseling as well as help with accessing services through their insurance and connecting to other services, if necessary, after the 6 to 8-week intervention. $119,401
Recommendation: Incorporated in new FY 2021 HMF Resource Plan submission

- Replace expiring grant funding which currently supports the Parent Support Partner (PSP) Services. PSPs assist families by supporting their engagement in the service provision process, helping them identify strengths, and furthering their development of resiliency and self-care skills. The purpose of these services is to assure that the needs of the families are heard during the service provision process. The targeted recipients of this service are children and adolescents with serious emotional disturbance, from birth through age 21. $405,961
Recommendation: Incorporated in new FY 2021 HMF Resource Plan submission

- Funding will support a team of social workers specializing in children, youth and young adult and their family's behavioral health issues would allow families to receive more tailored and impactful service recommendations as well as general assistance in navigating the County's growing behavioral health services. $334,689
Recommendation: Drop from Resource Plan until need for this services is further studied.

- Funding will provide contractual bilingual behavioral health services to children, youth, young adults and their families in the Latino, Korean and other minority populations. 0 / 0 $0 $225,000 $225,000
Incorporated in new FY 2020 HMF Resource Plan submission

- Funding will support a team of social workers specializing in children, youth and young adult and their family's behavioral health issues would allow families to receive more tailored and impactful service recommendations as well as general assistance in navigating the County's growing behavioral health services. 3 / 3 $0 $334,689
Recommendation: Drop from Resource Plan until need for this services is further studied.

- Construction of the HMF online database is anticipated to begin in late FY 2018; however, current funding levels appear to only permit the purchase of an off-the-shelf product, with little customization

options. This request will provide some additional resources to further customize, enhance, handle change requests and maintain the product to County specifications. 0 / 0 $0 $60,000
Recommendation: Incorporated in new FY 2020 Resource Plan submission

- The Youth Mobile Crisis staff who work directly with youth with developmental disabilities (DD) and/or autism need specialized training to better serve this population of County residents. This funding allows for three full day training sessions. 0 / 0 $0 $21,000
Recommendation: Drop from the Resource Plan until need can be further studied.

- Transportation aides specialized in providing mental health assistance to youth with challenging behaviors or medically fragile conditions would allow for a safer and more successful and effective provision of transportation services to these youths. 3 / 3 $0 $223,755
Recommendation: Drop from Resource Plan until need can be further studied.