**FAIRFAX-FALLS CHURCH CHILDREN'S SERVICES for**
**AT-RISK CHILDREN, YOUTH & FAMILIES**

**February 28, 2020**
**Community Policy and Management Team (CPMT)**
**Government Center Room 232**

**Agenda** MEETING CANCELLED

**1:00 p.m. -- Convene meeting ~**

1. **MINUTES:** Approve minutes of January 24, 2020 meeting

2. **ITEMS:**

   - **CSA Administrative Items**
     **Item A – 1:** Approve Revisions to the CPMT Bylaws

   - **HMF Administrative Items**
     **Item A – 2:** Endorse expenditure of HMF funds for Transportation for Short Term Behavioral Health Services

   - **HMF Presentation Item**
     **Item P – 1:** Children's Behavioral Health Community Data Trends Report

   - **CSA Information Items**
     **Item I – 1:** Review CSA Budget Report
     **Item I – 2:** Review Family First Prevention Services Act (FFPSA) update

   - **HMF Information Item**
     **Item I – 3**: Children's Behavioral Health Quarterly Progress Report
     **Item I – 4**: County Executive's Proposed Budget

- **NOVACO – Private Provider Items**
- **CPMT Parent Representative Items**
- **Cities of Fairfax and Falls Church Items**
- **Public Comment**

**3:00 p.m. – Adjourn**

# Fairfax-Falls Church Community Policy and Management Team
# January 24, 2020

**Attendees:** Tisha Deeghan**,** Michael Becketts, Jacqueline Benson, Annie Henderson, Teresa Johnson, Joe Klemmer, Chris Leonard, Deborah Scott, Rebecca Sharp, Jane Strong, Michael Lane, Lesley Abashian, Staci Jones Alexander, Richard Leichtweis, Christy Gallagher, Nancy Vincent, Daryl Washington

**Absent:** Gloria Addo-Ayensu, Deb Evans, Robert Bermingham

**SOC Attendees:** Jim Gillespie, Desiree Gordon, Peter Steinberg, Tracy Davis

**Stakeholders and CSA Program Staff Present:** Janet Bessmer, Patricia Arriaza, Sarah Young, Kim Jensen,

1. **Approve minutes of December 6, 2019 meeting:**
   *Motion made by Rick Leichtweis, seconded by Michael Lane. Motion Approved by all CPMT members.*

2. **Items:**

- **CSA Administrative Item:**
  - **Item A-1**: Approve Revisions to the CSA Local Policy & Procedures Manual with amendment to disclaimer language. Reviewed changes made to CSA Policy Manual since December 6, 2019 CPMT Meeting. Disclaimer has been added. Suggestion to change language of the disclaimer to make it user friendly. Amendment to disclaimer language added to the manual was not approved. *Motion made to accept all revisions expect disclaimer by Rick Leichtweis, seconded by Jane Strong. Motion Approved by all CPMT members.* The language will be revised and brought to the next CPMT for approval. *Motion for amendment to disclaimer language made by: Joe Klemmer; Seconded by Michael Lane. Motion Approved by all CPMT members.*

- **HMF Administrative Item:**
  - **Item A - 2**: Endorse HMF Mid-Year Budget Proposals
    - Teresa Johnson requested to pull proposal #7 that was requested by the schools. These funds will be returned to HMF budget.
    - Truth Initiative: Is there any research regarding the vaping proposal? There is early data that show kids are engaged in this program and about 30% are reaching their goals. More research will be done on this as time goes on. This is not yet evidence based but as of right now it is best practice. Why is the vaping program not funded by the Department of Health? This falls under substance abuse in HMF blueprint.
    - Are funds for the Short-Term Behavioral Health (STBH) program fully utilized? A budget request has been submitted to expand this program in 2022. Can this be expanded to Falls Church City Schools? This has not been addressed yet. The budget will have to be examined to determine if the program could be offered to Falls Church City Schools.
    - *Motion made to Amend Proposal: Approve Proposal 1- 9 except proposal 7. Investigate what could be done if $20,000 is added back to the budget (since proposal 7 was pulled). Motion made by: Michael Lane Seconded by Daryl Washington*
    - **Item A - 3:** Endorse CSB Protocol for Use of Unspent Mental Health Initiative (MHI) Funds Proposal to create three therapist positions to specialize in evidence-based practice particularly

Trauma Focus Cognitive Behavioral Therapy. CSA management team has reviewed the request and recommends approval. With Family First coming will there be an opportunity to use those funds for these positions: DBHS will provide funding and has vetted these positions. If overtime, there is additional funding/availability we will look into this. *Motion made by: Rick Leichtweis Seconded by Annie Henderson. Approved by all CPMT members.*

- **CSA Contracts:**
  - **Item C – 1:** Child Specific Request for Benedictine School
    - Other providers were considered but there were communication issues. What license do they have? Both educational and therapeutic.
      *Motion to approve made by Michael Lane, seconded by Daryl Washington. Motion Approved by all CPMT members.*
  - **Item C – 2:** Child Specific Request for Sedona Sky
    - This was a parental placement for RTC and the cost of the educational piece is equivalent to the cost of keeping youth in local placement. Parents are paying for RTC portion of the cost. What is the oversight of this service? Schools will visit and monitor the service.
      *Motion to approve made by Joe Klemmer, seconded by Rick Leichtweis. Approved by all CPMT members.*

- **HMF Presentation Item**
  - Item P – 1: Update from Northern Virginia Family Network
    - Family led organization that promotes family voice; Correction to email address on the flyer – novafamnetwork@gmail.com. What is your relationship to small organizations? They were invited and share information, but we don’t have consistent attendance.

- **CSA Information:**
  - Item I – 1: Review Proposed Amendments to the CPMT Bylaws
    In preparation for our next audit and as a result of the last audit we are updating our Bylaws. This is the second revision that is being brought to the CPMT. Added revisions/additions regarding: Information about FIOA, Role of the Cities and City Counsels, Removal of Members. Cities submitted their suggestions and they have been incorporated. Corrections provided: revise Tisha Deeghan’s Title and Director of School should be Assistant Superintendent.
    Recommended change to mission statement: change word “ensure”. Members are encouraged to provide feedback regarding the Bylaws before the next meeting.
  - Item I – 2: Review of CPMT Quarterly Data Report
  - Item I – 3: Review of Quarterly Residential Entry and UR Report – we are seeing a slight increase in RTC entry compare to last year. Actionable CANS scores remain consistence. FAPT has been seeing youth coming back to extend RTC stay; it seems that there is a delay in implementing discharged plans. Report will begin including time to service data (time FAPT packet is received by CSA to service implementation). Seeing extreme aggression in younger youth. It is notable the many deal with this behavior using restraints. We are starting to see educational advocates attend FAPT meetings. MAS has approximately 300 students being managed by 6 case managers. Parents are



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requesting their children be sent to non-Medicaid and/or non-local placements. The system needs to determine a way to get resources/information out to parents before behaviors accelerate.
  - Item I – 4: Review of Quarterly Serious Incident Reports – Parent letter led to an investigation of a facility. A poll was completed to get feedback from case managers that used this facility. Restraints increased by 37% since last quarter.
  - Item I – 5: Review CSA Budget Report – invoices are coming in faster therefore they are being processed faster causing the data to show an increase in payment compared to last year. Why are paying so much for translation services? Case was inherited from a different jurisdiction that was providing the same service. It's a sensory impairment and services cannot be implemented without it. Medicaid does not cover this; CSA is currently exploring other resources.
- **HMF Information item:**
  - Item I – 6: Regional Evidence Based Practice Learning Collaborative
    6-10 representatives needed for the team. Contact Peter if you would like to add anyone.
- **NOVACO – Private Provider Items:** No updates reported
- **CPMT Parent Representative Items:** NAMI Northern VA advocacy group learned that there is a private company that has purchased land in McLean for an RTC. Looking for ways to advocate for this facility since members of the community are against it.
- **Cities of Fairfax and Falls Church Items:** Falls Church – Aurora house provides two programs (independent living and counseling programs).
- **Public Comment:** No updates reported

*Motion to adjourn by Teresa Johnson, seconded by Michael Lane. All members approve.*

**NEXT MEETING: February 28, 2020; Government Center Room 232**

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Approved:

MEMO TO THE CPMT

February 24, 2020

**Administrative Item A - 1:** Approve Revisions to the CPMT Bylaws

**ISSUE:** That the CPMT Bylaws require periodic review and revision followed by approval by the Board of Supervisors and the City Councils of Falls Church and Fairfax.

**BACKGROUND:** In our 2018 audit by the Office of Children's Services (OCS), the CPMT Bylaws were noted as needing some minor updates. As part of the review and approval process, the Office of the County Attorney also reviewed the bylaws and added some additional required elements (e.g., VFOIA requirements). Changes to the bylaws include:

- Proposed minor rewording of CPMT mission statement
- Inclusion of City Councils in bylaw approval process
- Procedures for removal of an optional/local member
- Requirements for public meetings

**RECOMMENDATION:** That the CPMT approve the revised bylaws and forward them to the Board of Supervisors for adoption.

**ATTACHMENT:**
Draft Revised Bylaws

**INTERNAL CONTROL IMPACT:** None

**FISCAL IMPACT:** None

**STAFF:**
Deborah Laird, Assistant County Attorney
Janet Bessmer, CSA Program Manager

# BYLAWS OF
# THE FAIRFAX-FALLS CHURCH
# COMMUNITY POLICY AND MANAGEMENT TEAM

## ARTICLE I: PURPOSE

It is the purpose of the Community Policy and Management Team (CPMT) to implement the Children's Services Act pursuant to Va. Code Ann. § 2.2-5200 *et seq*.

## ARTICLE II: MISSION

***The Fairfax-Falls Church CPMT is committed to ~~ensuring that~~ providing all children, youth, and their families ~~have~~ with equitable and easy access to a continuum of quality, integrated and/or coordinated services, supports, and opportunities that further their social, emotional, mental, and behavioral health and that promote resiliency.***

## ARTICLE III: PARTICIPATING JURISDICTIONS AND NAME

The governing bodies of Fairfax County and the cities of Fairfax and Falls Church have agreed to work jointly on implementing the Children's Services Act. Therefore, this body shall be known as the "Fairfax-Falls Church Community Policy and Management Team."

## ARTICLE IV: RESPONSIBILITIES

As set forth in the *Code of Virginia*, the CPMT's authority and duties include, but are not limited to, the following:

1. Develop interagency policies and procedures to govern the provision of services to children and families;

2. Develop interagency fiscal policies governing access to the State pool of funds by the eligible populations including immediate access to funds for emergency services and sheltered care;

3. Establish policies to assess the ability of parents or legal guardians to contribute financially to the cost of services to be provided and, when not specifically prohibited by federal or state law, provide for appropriate parental or legal guardian financial contribution, utilizing a standard sliding fee scale based upon ability to pay;

4. Coordinate long range, community-wide planning which ensures the development of resources and services needed by children and families;

5. Establish policies governing referrals and reviews of children and families to the Family Assessment and Planning Teams and a process to review the teams' recommendations and requests for funding;

6. Establish Family Assessment and Planning Teams (FAPT) and/or collaborative, multidisciplinary teams (MDT) as needed;

7. Establish quality assurance and accountability procedures for program utilization and funds management;

8. Establish procedures for obtaining bids on the development of new services and enter into contracts for the provision or operation of services in accordance with the Fairfax County Purchasing Resolution;

9. Manage funds in the interagency budget allocated to the community from the state pools of funds, the trust fund, and any other source;

10. Authorize and monitor the expenditure of funds by each Family Assessment and Planning Team;

11. Submit grant proposals that benefit this community to the state trust fund and enter into contracts for the provision or operation of services upon approval of the participating governing bodies;

12. Serve as the community's liaison to the Office for Children’s Services, reporting on its programmatic and fiscal operations and on its recommendations for improving the service system, including consideration of realignment of geographical boundaries for providing human services;

13. Collect and provide uniform data to the State Executive Council as requested by the Office for Children’s Services in accordance with subdivision D 16 of §2.2-2648;

14. Review and analyze data in management reports provided by the Office of Children's Services in accordance with subdivision D 18 of § 2.2-2648 to help evaluate child and family outcomes and public and private provider performance in the provision of services to children and families through the Children's Services Act program, review local and statewide data provided in the management reports on the number of children served, children placed out of state, demographics, types of services provided, duration of services, service expenditures, child and family outcomes, and performance measures, and track the utilization and performance of residential placements using data and management reports to develop and implement strategies for returning children placed outside of the Commonwealth, preventing placements, and reducing lengths of stay in residential programs for children who can appropriately and effectively be served in their home, relative's homes, family-like setting, or their community;

15. Administer funds pursuant to § 16.1-309.3;

16. Have authority upon approval of the participating governing bodies, to enter into a contract with another community policy and management team to purchase coordination services, provided that funds described as the state pool of funds under § 2.2-5211 are not used;

17. Submit to the Department of Behavioral Health and Developmental Services information on children under the age of 14 and adolescents ages 14 through 17 for whom an admission to an acute care psychiatric or residential treatment facility licensed pursuant to § 37.2-403 et seq., exclusive of group homes, was sought but was unable to be obtained by the reporting entities. Such information shall be gathered from the family assessment and planning teams or participating community agencies authorized in § 2.2-5207;

18. Establish policies for providing intensive care coordination services for children who are at risk of entering, or are placed in, residential care through the Children's Services Act program, consistent with guidelines developed pursuant to subdivision D 22 of § 2.2-2648; and

19. Establish policies and procedures for appeals by youth and their families of decisions made by local family assessment and planning teams regarding services to be provided to the youth and family pursuant to an individual family services plan developed by the local family assessment and planning team. Such policies and procedures shall not apply to appeals made pursuant to § 63.2-915 or in accordance with the Individuals with Disabilities Education Act or federal or state laws or regulations governing the provision of medical assistance pursuant to Title XIX of the Social Security Act.

## ARTICLE V: MEMBERSHIP, APPOINTMENTS AND TERM OF OFFICE

**Section 1. Memberships.**

The CPMT shall have no more than twenty-one (21) members. Eleven (11) members have legally mandated status under the Code of Virginia. Four (4) members are locally mandated by the Fairfax County Board of Supervisors. (took out cities). Six (6) additional members may be appointed by the Fairfax County Board of Supervisors. Of the twenty-one CPMT members, eight (8) members shall serve on a limited term basis.

**Section 2. Legally Mandated Members.**

The following representatives are mandated under *Virginia Code* to serve as members of the CPMT:

- Deputy County Executive, Human Services
- Director of Court Services for the Fairfax County Juvenile and Domestic Relations Court
- Director of the Department of Family Services
- Executive Director of the Fairfax-Falls Church Community Services Board
- Director of the Department of Health
- Director of Special Services, Fairfax County Public Schools

- One (1) representative of the Falls Church City Public Schools
- One (1) human services representative appointed by the Fairfax City Council
- One (1) human services representative appointed by the Falls Church City Council
- One (1) representative of private service providers (Limited Term Member)
- One (1) parent representative who is not an employee of any public or private provider of services to youth (Limited Term Member)

**Section 3. Locally Mandated Members.**

The following representatives are designated by the Fairfax County Board of Supervisors to serve as members of the CPMT:

- Director of the Office of Strategy Management
- Director of the Department of Neighborhood and Community Services
- Director of Special Education Procedural Support, Fairfax County Public Schools
- Director of Intervention and Prevention Services, Fairfax County Public Schools

**Section 4. Optional Members.**

The Fairfax County Board of Supervisors may appoint the following limited term members to the CPMT after all participating jurisdictions have had the opportunity to submit nomination recommendations:

- One (1) representative of private service providers
- Up to four (4) parent representatives who are not employees of any public or private provider of services to youth
- One (1) community representative

**Section 5. Appointments and Terms for Limited Term Members**

<u>Term of Appointment</u>: The private service provider and parent representative legally mandated to serve on the CPMT and any appointed optional members (up to six members) shall serve two (2) year limited term appointments.

<u>Appointment</u>: Fairfax County, the City of Fairfax, and the City of Falls Church shall be afforded the opportunity to nominate persons for limited term appointments. The Chair of the CPMT shall appoint a Nominating Committee of at least three (3) members who, after consideration of all nominations, shall make recommendations to the CPMT. If the CPMT approves the Nominating Committee's recommended candidate(s) for limited term membership, it shall forward the recommended candidate(s) to the Fairfax County Board of Supervisors for approval. The Chair shall appoint at least one parent representative to the Nominating Committee when the appointment of a parent representative is being considered.

<u>Re-Appointment</u>: Re-appointments may be made for additional consecutive terms by currently serving, limited term members upon approval by the Fairfax County Board of Supervisors after

CPMT consideration of recommendations from all participating jurisdictions. The terms of private service provider representatives shall expire in alternating years.

## ARTICLE VI: OFFICERS AND THEIR DUTIES

**Section 1. Officers.**

The officers of the CPMT shall consist of a Chair and Vice Chair. The Chair shall be the Fairfax County Deputy Executive County for Human Services.

**Section 2. Duties of the Chair.**

The duties of the Chair shall be:

a. To set the agenda for and preside at all meetings of the CPMT.
b. To appoint committees as needed to support the work of the CPMT.
c. To keep the State Management Team, the Fairfax County Board of Supervisors, and the Councils of the participating cities informed of the activities of the CPMT.
d. To perform other duties as determined by the CPMT.

**Section 3. Duties of the Vice Chair.**

The Vice Chair shall, in the absence of the Chair, perform the duties of the Chair and other duties determined by the CPMT.

## ARTICLE VI: ELECTION OF THE OFFICERS AND TERM OF OFFICE

**Section 1. Elections.**

Election of officers shall be conducted by the CPMT acting as a Nominating Committee of the Whole. The election shall be held at the last meeting of the County fiscal year or as needed, and in accordance with the voting provisions of Article IX of these bylaws.

**Section 2. Term of Office.**

The term shall be for the County fiscal year. There is no term limit on the number of terms which a person may serve.

**Section 3. Replacement of Officers.**

If an office becomes vacant for any reason, it shall be filled by an election at the next regular meeting having a majority of members present. The newly elected officer shall complete the unexpired term of the officer succeeded. Prior to the election of any replacement officer, all

members shall be provided with notice of the proposed election before the meeting at which the replacement is elected.

## ARTICLE VII: MEETINGS

**Section 1. Meetings.**

The CPMT shall hold a sufficient number of meetings to properly conduct its business.

**Section 2. Absences.**

Absences shall be managed in accordance with Fairfax County Procedural Memorandum 01-02, which states that upon notification by staff, the Clerk will communicate with the Board of Supervisors regarding members who are absent from three or more consecutive meetings.

Any Limited Term member who misses three consecutive meetings or more than half of the scheduled meetings within a 12-month period, or who fails to participate in the work of the CPMT without good cause acceptable to a majority of the other CPMT members may be subject to removal from the CPMT in accordance with Article XII of these bylaws.

Upon notification by staff, the Clerks of the Cities will inform their respective City Council about members representing the Cities who are absent from three (3) of more consecutive meetings.

**Section 3. VFOIA.**

All meetings shall be open to the public except as provided under the Virginia Freedom of Information Act, Virginia Code § 2.2-3700 *et seq.*, as amended ("VFOIA"). Pursuant to Virginia Code § 2.2 3701, “meeting” or “meetings” means the meetings including work sessions, when sitting physically, or through electronic communication means pursuant to § 2.2-3708.2, as a body or entity, or as an informal assemblage of (i) as many as three members or (ii) a quorum, if less than three, of the constituent membership, wherever held, with or without minutes being taken, whether or not votes are cast, of any public body.

**Section 4. Notice and Agenda.**

Notice and the agenda of all meetings shall be provided as required under the VFOIA. All meetings shall be preceded by properly posted notice stating the date, time, and location of each meeting. Notice of a meeting shall be given at least three working days prior to the meeting. Notice of emergency meetings, reasonable under the circumstances, shall be given contemporaneously with the notice provided to CPMT members. Notices of all meetings shall be provided to the Office of Public Affairs for posting at the Government Center and on the County Web site as well as to the Office of Communications at the City of Falls Church and the City of Fairfax for posting at their respective City Hall and their City website. All meetings shall be conducted in public places that are accessible to persons with disabilities.

**Section 5. Public Access.**
For any meeting, at least one copy of the agenda, all agenda packets, and, unless exempt under the VFOIA, all materials furnished to members shall be made available for public inspection at the same time such documents are furnished to the members. Pursuant to the VFOIA, any person may photograph, film, record, or otherwise reproduce any portion of a meeting required to be open, but such actions may not interfere with any CPMT proceedings.

**Section 6. Records.**
County staff shall ensure that minutes of meetings are recorded as required under the VFOIA. Minutes shall include: (1) the date, time, and location of each meeting; (2) the members present and absent; (3) a summary of the discussion on matters proposed, deliberated, or decided; and (4) a record of any votes taken. Such minutes are public records and subject to inspection and copying by citizens of the Commonwealth or by members of the news media. The supporting County department shall provide staff support to review records and minutes of the meeting.

**Section 7. Staff Support.**

The Fairfax County Deputy Executive for Human Services shall designate staff to provide administrative support including preparation and distribution of agendas and meeting minutes.

## ARTICLE VIII: QUORUM

A majority of the members of the CPMT including the Chair or Vice-Chair, present in person, constitutes a quorum at all meetings of the CPMT for the transaction of business.

## ARTICLE IX: RULES OF ORDER

**Section 1. Voting.**

Both officially appointed members and their designees may participate in discussions. However, only the officially appointed members may vote.

A quorum is necessary for a vote. In making any recommendations, adopting any plan, or approving any proposal, action shall be taken by a majority vote of the CPMT members present and voting. Upon the request of any member, the vote of each member on any issue shall be recorded in the minutes. All votes of CPMT members shall be taken during a public meeting, and no vote shall be taken by secret or written ballot or by proxy.

**Section 2. Conduct and Procedure.**

The CPMT shall generally work by consensus. Except as otherwise provided by Virginia law or these bylaws, all meetings shall be conducted in accordance with *Robert's Rules of Order, Newly Revised*, and except as specifically authorized by the VFOIA, no meeting shall be conducted through telephonic, video, electronic, or other communication means where the members are not

all physically assembled to discuss or transact public business. All issues of parliamentary procedure shall be referred to the Chair or presiding officer, whose decisions shall be final.

## ARTICLE X: COMMITTEES

Committees may be established as needed. Committee membership is not limited to members of the CPMT.

All meetings of any such committees shall comply with the notice and other requirements of the VFOIA. To the extent practicable, any such committees shall be composed of at least four members. Committee meetings may be held at the call of the Chairperson or at the request of two members, with notice to all members.

## ARTICLE XI: CONFIDENTIALITY

All information about specific youth and families obtained by CPMT members in discharge of their responsibilities shall be confidential under all applicable laws, mandates, and licensing requirements.

## ARTICLE XII: REMOVAL OF MEMBERS

The CPMT may recommend to the Fairfax County Board of Supervisors removal of any Limited Term member(s) from the CPMT for cause, including but not limited to cause as set forth in Article VII, Section 2, by a two-thirds majority vote of all the CPMT members. Prior to the CPMT vote to remove a Limited Term member, the CPMT shall inform the representatives of the City of Falls Church Council and the City of Falls Church Council of its intention to remove a Limited Term member. The members' authority to recommend removal under these bylaws neither limits nor waives the Board of Supervisors' authority to remove members from the CPMT as provided by law.

## ARTICLE XIII: COMPLIANCE WITH LAW AND COUNTY POLICY

The CPMT shall comply with all Virginia laws, including, but not limited to, the VFOIA, and the Virginia State and Local Government Conflict of Interests Act, Virginia Code § 2.2-3100 *et seq.*, as amended, with all County and City ordinances, and with all County and City policies concerning the activities of its boards, authorities, and commissions. In case of a conflict between a provision of these bylaws and any applicable ordinance or law, the provisions of the applicable ordinance or law, as the case may be, shall control.

## ARTICLE XIV: AMENDMENTS

These bylaws may be amended by adopting the proposed amendment or amendments at any regular meeting of the CPMT by a two-thirds (2/3) vote of those present and voting; provided, however, that notice of the proposed changes have been submitted to the members of the CPMT thirty (30) days prior to the meeting. Proposed amendments to these bylaws may also be adopted at any time without advance notice by unanimous vote of all members of the CPMT. Any proposed amendments are subject to, and shall not become effective until, approval by the Fairfax County Board of Supervisors, the Falls Church City Council, and the Fairfax City Council.

**These bylaws were last approved by the Board of Supervisors on [INSERT DATE OF APPROVAL HEARING WITH BOS].**

GIVEN under my hand this _____ day of ____________, 2020.

____________________________
Jill G. Cooper
Clerk for the Board of Supervisors
Department of Clerk Services

MEMO TO THE CPMT
February 28, 2020

**HMF Administrative Item A-2:** Endorse expenditure of Healthy Minds Fairfax funds to pay for transportation services for Short Term Behavioral Health clients who meet certain income and distance requirements.

**ISSUE:**

Healthy Minds Fairfax (HMF) staff is seeking the endorsement of the CPMT to spend up to $20,000 to pay the transportation costs of Short Term Behavioral Health (STBH) clients whose family's income is less than 300% of the poverty level and the STBH provider is no more than 7 miles from the clients base school. The plan is to pilot this service to children, youth, and their families who live in the following zip codes: 20121, 22003, 22042, 22044, 22306, and 22312.

**RECCOMENDATION**

That the CPMT endorse expenditure of up to $20,000 Healthy Minds Fairfax funds to pay for transportation services for Short-Term Behavioral Health (STBH) clients who meet the criteria stated above.

**BACKGROUND:**

The preliminary responses of a Referral Source Survey show that the primary reason that a referral is not made to the STBH Services is that the family lacks transportation. During informal conversations with STBH providers, the providers have informed Healthy Minds Fairfax staff that transportation is the primary reason that families decided not to participate in ongoing treatment. Providing transportation to STBH clients will increase the likelihood that youth will be referred to the service and that the youth will participate in services. Healthy Minds Staff plans to pilot this service to children, youth, and their families living in in the following zip codes: 20121, 22003, 22042, 22044, 22306, and 22312.

Transportation will be provided by a contacted provider(s).

**FISCAL IMPACT:**

The amount of $20,000 is currently in the Healthy Minds Budget for FY 20 and is unallocated.

**ATTACHMENTS:**

None

**STAFF:**
Peter Steinberg, Children's Behavioral Health Collaborative Program Director
Desi Gordon, Management Analyst III

**MEMO TO THE CPMT**
**February 28, 2020**

**Presentation Item P-1:** Healthy Minds Fairfax Population Data Workgroup Report

**ISSUE:**

CPMT review of the Population Level Data Report on Youth Behavioral Health Needs in the Fairfax-Falls Church Community in support of the Children's Behavioral Health System of Care Blueprint

**BACKGROUND:**

The Population Level Data Report on Youth Behavioral Health Needs in the Fairfax-Falls Church Community is a new report which is intended to support programming and resource allocation decisions through identifying significant local issues and trends. It is anticipated that the report will be prepared annually, to coincide with the annual planning and budgeting processes of the County, Fairfax County Public Schools, Healthy Minds Fairfax and private providers. CPMT feedback is requested on the Report, including suggestions for revisions or additions to next year's edition, in order to enhance its value to decision-makers.

**ATTACHMENTS:**

1. Executive Summary; attached
2. The entire Population Level Data Report on Youth Behavioral Health Needs in the Fairfax-Falls Church Community can be found at: https://www.fairfaxcounty.gov/healthymindsfairfax/sites/healthymindsfairfax/files/Assets/Documents/PDF/population-data-report-addendum.pdf

**STAFF**

Jesse Ellis, Neighborhood and Community Services Prevention Manager
Jim Gillespie, Healthy Minds Fairfax Director
Rene Najera, Health Department Population Health Manager
Peter Steinberg, Children's Behavioral Health Collaborative Manager

## Executive Summary

### BACKGROUND INFORMATION

A workgroup consisting of staff from the Community Services Board, Fairfax County Department of Health, Healthy Minds Fairfax, Neighborhood and Community Services, and George Mason University met over the course of 6 months to review population level children's behavioral health data and its relationship to the Blueprint. The purpose of the workgroup is to compile and analyze population-level children's behavioral health data and their findings to the Community Policy and Management Team.

To the extent possible data was collected and analyzed for the years from the years 2015 to 2019 and were from the following sources:

- The Fairfax County Youth Survey
- Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)
- Fairfax-Falls Church Community Services Board
- Northern Virginia Regional Projects Office: Regional Utilization Reports
- PRS CrisisLink Quarterly Reports
- Children's Services Act Quarterly Performance Reports to the CPMT

The workgroup focused on trends in the following areas: Depressive Symptoms and Stress; Suicide Ideation and Behavior; Substance Use; Complex and High-Risk Behaviors; Risk Factors; Help Seeking Behaviors; and Youth Resiliency and Protective Factors.

### BEHAVIORAL HEALTH ISSUES EXPERIENCED BY CHILDREN AND YOUTH: FINDINGS AND TRENDS

#### Depressive Symptoms and Stress

- Females experience much higher rates of depressive symptoms and stress than males.
- Depressive symptoms and stress increase as the youth get older.
- Depressive symptoms and suicide attempts for Hispanic youth are twice the rate of white youth.
- LGBQ youth have twice the rate of depressive symptoms, more than 3 times the rate of suicidal ideation, and 3 times the rate of suicide attempts.
- Higher levels of stress are correlated with depressive symptoms.

#### Suicidal Ideation and Behavior

- The 15-24 age group has the highest rate of emergency department (ED) visits for suicide attempts and/or ideation, followed by the 10-14 age group.
- ED visits for suicidal attempts and ideation have been increasing for the 10-14 age group since 2010.
- After several years of increasing, ED visits for the 15-24 age group peaked in 2017, with modest decreases in 2018 and 2019.
- Females are more likely than males to go to the ED for suicidal behavior.

**Substance Use (Vaping Included)**

- Overall, substance use is flat or going slightly down.
- While vaping has the highest usage of all substances, there is only one year of data.
- Alcohol and marijuana are the second and third most used substances, respectively.
- Use of alcohol, prescription painkillers, and cigarettes have decreased over time.
- White and Hispanic youth are most likely to vape and drink alcohol.
- Use of substances increases with age.

**Complex and High-Risk Behaviors**

- There has been an increase in temporary detention orders for involuntary hospitalization, and in admissions to the state psychiatric hospital.
- Residential placements funded through the Children's Services Act have steadily decreased from 2009 through mid-2019. There has been a significant increase from July through December 2019.

**RISK FACTORS**

**Bullying and Sexual Harassment**

- Overall, bullying has decreased.
- Males tend to bully more than females.
- Females are more likely to be cyberbullied.
- Females and are three times more likely to be sexually harassed than males.
- LGBQ youth are more than 20% likely to be bullied.
- Those who are bullied are more than twice as likely to report depressive symptoms.

**Dating Aggression**

- Rates of reported dating aggression have remained steady since 2015.
- Female and LGBQ youth are more likely to be victims of dating aggression

**Stress**

- High stress correlates with higher use of substances (alcohol, marijuana).
- People who report a "10" on the stress scale on the Fairfax County Youth Survey are 30% more likely to have considered suicide.

**Substance Abuse**

- Youth who report frequent marijuana use are twice as likely to consider suicide. Use of any substance is related to increased suicidal ideation. Substance use, stress and suicide are strongly correlated.

**HELP SEEKING BEHAVIOR**

*A major goal of Healthy Minds Fairfax is to promote awareness and help-seeking behaviors and reduce stigma so that children, youth and their families can access appropriate and timely services.*

- Youth and families have made increased use of hotlines, mobile response services and walk-in screening and assessment to access help, probably due in part to expansions of those services and the accompanying publicity.
- Due to the decentralized, fragmented nature of the American healthcare system, it is impossible to measure the utilization rate for behavioral health services, absent research specific to our locality or region.

**YOUTH RESILIENCY AND PROTECTIVE FACTORS**

*Research shows that certain factors, when present in the life of a youth, increase resiliency and can prevent or mitigate the severity of behavioral health conditions. These protective factors can be present in school, family, community or the individual.*

- LGBQ, black, and Hispanic youth feel less safe than others in their schools and in their communities.
- Youth who live in the southeastern part of county reported less opportunities for extra curriculars and have more neighborhood safety issues.

**RECOMMENDATIONS FOR FURTHER ANALYSIS**

1. The families of youth experiencing suicidal ideation have several potentially helpful options other than the emergency department, yet that resource is used much more frequently than others. It is suggested that further study be done on how families are deciding to respond to suicidal ideation, including whether they are aware of other options, and how often the ED transport is made by the police, EMS, and the family.
2. When possible and appropriate, data in this report should be further disaggregated by zip code, school pyramid, and the percentage of students eligible for free and reduced lunch, in order to promote equity.
3. Determine the amount of overlap between youth placed in the Commonwealth Center for Children and Youth (state children's psychiatric hospital) and youth entering residential placements, and whether both groups had access to a continuum of community-based behavioral health services and supports prior to placement and after discharge.

**RECOMMENDATIONS FOR ACTION**

1. Focus on social emotional skill development and self-efficacy (including problem-solving and self-advocacy) development, with targeted approaches to females, (especially Hispanic females) and the LGBTQ population.
2. Ensure that education resources/curricula are inclusive of LGBTQ youth. Increase the awareness of the needs of the LGBTQ population. Identify targeted approaches to LGBTQ youth in all strategies.
3. Increase social and emotional learning in schools and in community settings.
4. Examine public and private behavioral health providers protocols for calling 911 as opposed to referring the family to alternative crisis response services.

5. Assess the extent to which children and youth with behavioral health issues and their families, and the professionals who serve them, are aware of how to appropriately access crisis and urgent response services.
6. Assess the adequacy of handoffs from urgent and crisis services such CR2, CSB emergency services, and ED to ongoing behavioral health services.
7. Continue to support efforts to curb vaping and to monitor marijuana use.
8. Promote awareness of community resources that are available for youth.
9. Ensure that parenting class curricula include an emphasis on substance use prevention.
10. Explore barriers, real and perceived, to engagement in extracurricular activities.

MEMO TO THE CPMT
February 28, 2020

**Information Item I-1: January Budget Report & Status Update, Program Year 2020**

**ISSUE:**
CPMT members monitor CSA expenditures to review trends and provide budget oversight.

**BACKGROUND:**
The Budget Report to the CPMT has been organized for consistency with LEDRS reporting categories and Service Placement types.

The attached chart details Program Year 2020 cumulative expenditures through January for LEDRS categories, with associated Youth counts. IEP-driven expenditures for Schools are separated out. Further information on the attachment provides additional information on recoveries, unduplicated youth count, and:

-Average cost per child for some Mandated categories
-Average costs for key placement types, such as Residential Treatment Facility, Treatment Foster Home, Education placements.

**Total Pooled Expenditures**: Pooled expenditures through January 2020 for FY20 equal $17.7M for 898 youth. This amount is an increase from January last year of approximately $3.2M, or 23.96%. Pooled expenditures through January 2019 for FY19 equaled $14.2M for 909 youth.

| | Program Year 2019 | Program Year 2020 | Change Amt | Change % |
|---|---|---|---|---|
| Residential Treatment & Education | $1,642,618 | $2,191,576 | $548,957 | 33.42% |
| Private Day Special Education | $7,962,266 | $9,038,582 | $1,076,316 | 13.52% |
| Non-Residential Foster Home/Other | $2,717,080 | $4,187,658 | $1,470,578 | 54.12% |
| Community Services | $1,730,101 | $2,118,226 | $388,125 | 22.43% |
| Non-Mandated Services (All) | $702,734 | $507,550 | ($195,183) | -27.77% |
| Recoveries | ($511,725) | ($387,548) | $124,177 | -24.27% |
| **Total Expenditures** | **$14,243,074** | **$17,656,043** | **$3,412,969** | **23.96%** |
| Residential Treatment & Education | 82 | 85 | 3 | 3.66% |
| Private Day Special Education | 273 | 284 | 11 | 4.03% |
| Non-Residential Foster Home/Other | 230 | 303 | 73 | 31.74% |
| Community Services | 551 | 550 | (1) | -0.18% |
| Non-Mandated Services (All) | 183 | 113 | (70) | -38.25% |
| **Unique Count All Categories** | **1,319** | **1,335** | **16** | **1.21%** |
| **Unduplicated Youth Count** | **909** | **898** | **(11)** | **-1.21%** |

Note:  The number of youths served is unduplicated within individual categories, but not across categories.

Expenditure claims are submitted to the State Office of Children's Services (OCS) through January.

**RECOMMENDATION:**
For CPMT members to accept the January Program Year 2020 budget report as submitted.

**ATTACHMENT:**
Budget Chart

**STAFF:**
Timothy Elcesser, Xu Han, Terri Byers (DFS)

**NOTE:**

[1] The increase in Residential treatment and education is mainly driven by the facts that:

- Payment for School youths' services is more up to date than last year, CSA finance team has received and processed more invoices
- There are more youth in residential placement with IEP that requires special education, accounting for a $353k increase
- One youth receiving high cost translation service continue to drive up the cost in residential category, overall Residential placement has more high maintenance youth than last year.

[2] The increase in Non-residential Foster Home and Community Services is caused by serving more youth YTD this year than same period last year.

- Treatment Foster Home is up 29 youth and expenditure up by $1.1M
- Community Based Service is down 1 youth and expenses are up by $388k
- CSA continues to seek to maximize Non-residential treatments and Community Services.

[3]Overall, CSA finance team processed 12,356 payment transactions YTD vs 10,672 from same period of FY19, this is a 16% increase. Average time interval in paying residential invoices 40 vs 55, non-residential 33 vs 37 days

# Program Year 2020 Year To Date CSA Expenditures and Youth Served (through January Payment)

| Mandated/ Non-Manda | Residential/ Non-Residential | Serv Type Descrip | Local Match Rate | County & Foster Care | Youth in Category | Schools (IEP Only) | Youth in Category | Total Expenditures |
|---|---|---|---|---|---|---|---|---|
| **Mandated** | **Residential** | Residential Treatment Facility | 57.64% | $880,468 | 43 | | 0 | $880,468 |
| | | Group Home | 57.64% | $136,754 | 4 | | 0 | $136,754 |
| | | Education - for Residential Medicaid Placements | 46.11% | $67,150 | 6 | $477,711 | 11 | $544,861 |
| | | Education for Residential Non-Medicaid Placements | 46.11% | $39,332 | 3 | $529,359 | 8 | $568,691 |
| | | Temp Care Facility and Services | 57.64% | $60,802 | 10 | | 0 | $60,802 |
| | Residential Total | | | $1,184,506 | 66 | $1,007,070 | 19 | $2,191,576 |
| | **Non Residential** | Special Education Private Day | 46.11% | $73,160 | 4 | $8,965,422 | 280 | $9,038,582 |
| | | Wrap-Around for Students with Disab | 46.11% | $246,775 | 50 | | 0 | $246,775 |
| | | Treatment Foster Home | 46.11% | $2,724,587 | 114 | | 0 | $2,724,587 |
| | | Foster Care Mtce | 46.11% | $812,966 | 108 | | 0 | $812,966 |
| | | Independent Living Stipend | 46.11% | $67,020 | 16 | | 0 | $67,020 |
| | | Community Based Service | 23.06% | $1,494,372 | 422 | | 0 | $1,494,372 |
| | | ICC | 23.06% | $623,854 | 128 | | 0 | $623,854 |
| | | Independent Living Arrangement | 46.11% | $305,651 | 14 | | 0 | $305,651 |
| | | Psychiatric Hospital/Crisis Stabilization | 46.11% | $30,660 | 1 | | 0 | $30,660 |
| | Non Residential Total | | | $6,379,043 | 857 | $8,965,422 | 280 | $15,344,465 |
| **Mandated Total** | | | | **$7,563,549** | **923** | **$9,972,492** | **299** | **$17,536,041** |
| | | | | | | | | |
| **Non-Mandated** | **Residential** | Residential Treatment Facility | 57.64% | $17,206 | 2 | | 0 | $17,206 |
| | | Group Home | 57.64% | $63,742 | 2 | | 0 | $63,742 |
| | Residential Total | | | $80,948 | 4 | $0 | 0 | $80,948 |
| | **Non Residential** | Community Based Service | 23.06% | $337,429 | 89 | | 0 | $337,429 |
| | | ICC | 23.06% | $89,174 | 20 | | 0 | $89,174 |
| | Non Residential Total | | | $426,603 | 109 | $0 | 0 | $426,603 |
| **Non-Mandated Total** | | | | **$507,550** | **113** | **$0** | **0** | **$507,550** |
| | | | | | | | | |
| **Grand Total (with Duplicated Youth Count)** | | | | **$8,071,100** | **1036** | **$9,972,492** | **299** | **$18,043,592** |

| | |
|---|---|
| **Recoveries** | **-$387,548** |
| **Total Net of Recoveries** | **$17,656,043** |
| **Unduplicated child count** | **898** |

**Key Indicators**

| **Cost Per Child** | **Prog Yr 2019 YTD** | **Prog Yr 2020 YTD** |
|---|---|---|
| Average Cost Per Child Based on Total Expenditures /All Services (unduplicated) | $15,669 | $19,662 |
| Average Cost Per Child Mandated Residential (unduplicated) | $26,073 | $30,867 |
| Average Cost Per Child Mandated Non- Residential (unduplicated) | $15,377 | $18,713 |
| Average Cost Mandated Community Based Services Per Child (unduplicated) | $2,798 | $3,541 |
| **Average costs for key placement types** | | |
| Average Cost for Residential Treatment Facility (Non-IEP) | $14,241 | $20,476 |
| Average Cost for Treatment Foster Home | $19,356 | $23,900 |
| Average Education Cost for Residential Medicaid Placement (Residential) | $19,390 | $32,051 |
| Average Education Cost for Residential Non-Medicaid Placement (Residential) | $37,609 | $51,699 |
| Average Special Education Cost for Private Day (Non-Residential) | $29,166 | $31,826 |
| Average Cost for Non-Mandated Placement | $3,840 | $4,492 |

## Program Year 2020 Year To Date CSA Expenditures and Youth Served (through January Payment)

| Category | Program Year 2019 Allocation | Year to Date Expenditure (Net) | Percent Remaining |
|---|---|---|---|
| | | | |
| **SPED Wrap-Around Program Year 2020 Allocation** | $717,020 | $240,569 | 66% |
| **Non Mandated Program Year 2020** | $1,630,458 | $475,217 | 71% |
| **Program Year 2020 Total Allocation** | $38,340,860 | $17,656,043 | 54% |

MEMO TO THE CPMT

February 24, 2020

**Information Item I - 2:** Review Family First Prevention Services Act (FFPSA) Update

**ISSUE:** That the CPMT receive regular updates on the implementation of FFPSA, particularly regarding the development of evidence-based interventions.

**BACKGROUND:** The Virginia Department of Social Services (VDSS) continues to plan for state-wide implementation of FFPSA for July 1, 2020. Please see http://familyfirstvirginia.com for comprehensive information from the state about planning efforts. Staff from the Department of Family Services are actively planning for implementation in coordination with the Children's Services Act Management Team members. Updates related to our children's System of Care continuum of services include the following:

Evidence-Based Treatments:

- Family Priority was awarded a training grant to develop a Functional Family Therapy (FFT) team in the Northern Virginia region.
- National Counseling Group located in Manassas was awarded a training grant to expand their Multi-Systemic Therapy (MST) program to an additional team.
- Phillips Family Partners as awarded a grant to train two staff to offer Parent-Child Interaction Therapy (PCIT).
- Presentations about all three of these promoted services will be provided at the March 11th Annual CSA Symposium for all agency case managers.
- The CPMT Roundtable on March 11th will focus on implantation supports necessary to sustain EBTs within a community. All CPMT members are invited to participate.
- The CPMT is sending a team to participate in a state-sponsored Regional Evidence-Based Practices (EBP) Learning Collaborative on April 15th.

Budget Impact:

- DFS is currently seeing clarification from VDSS regarding federal policy about Title IVE funds being considered the funding stream of last resort. More information will be provided as it becomes available.

Qualified Residential Treatment Program (QRTP):

- DPMM and DFS are working with CSA staff to clarify the contractual requirements for residential treatment programs that accept youth who are in foster care and estimate the budgetary impact.

**ATTACHMENT:** None

**STAFF:**
Janet Bessmer, CSA

# MEMO TO THE CPMT

**February 28, 2020**

**Information Item 1-3:** Healthy Minds Fairfax Blueprint Quarterly Report July - December 2019

**ISSUE:** CPMT review of the quarterly progress report on implementation of strategies in the Children's Behavioral Health System of Care Blueprint

**BACKGROUND:**
When CPMT approved the Blueprint in March 2016 it directed that staff provide quarterly progress reports. The full progress report for the period July through December 2019 is attached.

**ATTACHMENT:**
Quarterly Report on Blueprint Strategies to the Community Policy and Management Team, July - December 2019

**STAFF:**
Jim Gillespie, Healthy Minds Fairfax Director
Janet Bessmer, CSA Manager
Peter Steinberg, Children's Behavioral Health Collaborative Manager
Jesse Ellis, NCS Prevention Manager

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**
**October - December 2019**

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.

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.

*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 quarterly reports have been presented to since February 2018. In 2017 the system of care initiative was re-named Healthy Minds Fairfax (HMF). On October 2, 2019 HMF had a table at Mom's Demand Action suicide prevention event, attended by 53 parents; on October 5 had a table at the FCFS Mental Wellness Conference attended by approximately 1,000 parents and FCPS staff; on October 9 had a table at the Latin Partnership for Success Back to School Resource Fair, attended by approximately 400 students and parents; on October 23 had a table at the Angst movies viewing at Annandale High School, attended by approximately 75 students and parents; on October 30 had a table at the Fairfax Suicide Prevention Summit, attended by approximately 35; on November 5 Healthy Minds Fairfax had a table at the Holmes Middle School Resource Fair, attended by approximately 25 students and parents; and on November 1 and 2 had a table at the Inova Mohsehn Ziai Pediatric Conference, attended by approximately 150 pediatricians.

C. *Continue to develop partnerships with community organizations and agencies in different sectors for coordination, financing and support of the SOC approach.*
HMF is partnering with the Northern Virginia Family Network, a network of more than 10 regional family- and children-focused nonprofit organizations.

**Financing Strategies:**

D. *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 fiscal mapping strategy for children's services. It was presented to SCYPT in April 2019 and also to DMB leadership at the end of June. Both groups received the fiscal map and its process quite well and gave approval to proceed with fine-tuning the data.

**Service Quality and Access:**

E. *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.*
*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.* A master calendar for children's behavioral health trainings and events and a children's behavioral health resources page were added to the Healthy Minds Fairfax public website in August of 2018. In the second quarter of

FY20 quarter, the training events calendar and the community resources website pages received the following visits:

**Number of visits/page views for training events calendar website page:**

| FY20 (1st Qtr) | FY20 (2nd Qtr) | FY20 (3rd Qtr) | FY20 (4th Qtr) | FY20 TOTAL | FY19 |
|---|---|---|---|---|---|
| 36/50 | 39/48 | N/A | N/A | 75/98 | 89/119 |

**Number of visits/page views for community resources website page:**

| FY20 (1st Qtr) | FY20 (2nd Qtr) | FY20 (3rd Qtr) | FY20 (4th Qtr) | FY20 TOTAL | FY19 |
|---|---|---|---|---|---|
| 46/60 | 79/104 | N/A | N/A | 125/164 | 166/272 |

A training for case managers on High Fidelity Wraparound was held on October 21, with 19 participants.

**Number of Staff, providers & families trained on community resources, insurance access, evidence-based/informed practices, & High-Fidelity Wraparound**:

| FY20 (1st Qtr) | FY20 (2nd Qtr) | FY20 (3rd Qtr) | FY20 (4th Qtr) | FY20 TOTAL | FY19 | FY 18 |
|---|---|---|---|---|---|---|
| 0 | 46 | N/A | N/A | 46 | 206 | 0 |

F. *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. The CSA Management Team is collaborating with OCS and VDSS to implement the evidence-based interventions of MST and FFT in our locality as part of the state's Family First Prevention Services Act initiative.

G. *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.* HMF funding has expanded the regional mobile stabilization and response service by 15%.

**GOAL 2: Data Systems**

*Coordinator: Jim Gillespie*

A. *Increase cross-system data sharing.* The HS IT Advisory Committee 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. CSA is presently implementing OpenText document management and is working with DFS Finance about how records might be integrated.

B. *Use cross-system data to improve decision-making and resource use*. The FY20 Data Analytics Fellowship Academy (DAFA) is evaluating CSA data on the effectiveness of Foster Care Prevention Services as provided across our system of care service agencies. In addition, the George Mason Psychology Department has provided free consultation on the statistical analyses of CSA data to include client demographics, service utilization and CANS ratings. Results from both evaluations will be shared with the CPMT and CSA Management Team.

**GOAL 3: Family and Youth Involvement**

*Coordinator: Jim Gillespie*

A. *Increase the presence and effectiveness of family leadership through a sustained family-run network*
The Northern Virginia Family Network, a network of more than 10 regional family- and children-focused nonprofit organizations meets quarterly to collaboratively address its mission of 'elevating the voices of families to improve outcomes for children, youth and young adults across systems of care'.

B. *Increase family and youth involvement in system planning and implementation.*
On February 28 the CPMT parent representatives, FAPT parent representatives and representatives from NAMI-NOVA, the Autism Society of Northern Virginia and the Northern Virginia Family Network are meeting to plan the establishment of a HMF family advisory board.

C. *Include youth and family participation in the evaluation of publicly and privately provided services, with prompt action for improvement when necessary.* CSA has hired a Management Analyst to support evaluation of services which includes youth and family participation and feedback about services received.

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), and Signs of Suicide. Multiple new Kognito modules became available this summer, including early childhood, military families, postvention, and trauma-informed schools modules. HMF funding has helped expand the implementation of Signs of Suicide to cover all FCPS middle and high schools. The Eric Monday Foundation is developing a web-based training specifically for youth sports coaches; FCPS and multiple youth sports organizations have committed to implementing the training with their coaches.

B. *Promote youth-led initiatives to combat stigma associated with mental illness, treatment, and accessing help.* The CSB awarded nine mini-grants for youth-led projects to address stigma, funded by the regional suicide prevention grant, for FY20. Nineteen high schools in Fairfax County (one is a private school) are currently implementing Our Minds Matter clubs, developed by the Josh Anderson Foundation, and more are planning to do so.

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. The contract for television and online placement ended in June 2018, so current data is based only on YouTube views.

**Number of views of PSAs promoting help-seeking behaviors**:

| FY20 (1st Qtr) | FY20 (2nd Qtr) | FY20 (3rd Qtr) | FY20 (4th Qtr) | FY20 TOTAL | FY19 | FY 18 | FY 17 |
|---|---|---|---|---|---|---|---|
| 85 | 79 | N/A | N/A | 164 | 619 | 6,597,856 | 3,298,928 |

**Number of crisis texts/calls:**

| FY20 (1st Qtr) | FY20 (2nd Qtr) | FY20 (3rd Qtr) | FY20 (4th Qtr) | FY20 TOTAL | FY19 | FY 18 | FY 17 |
|---|---|---|---|---|---|---|---|
| 352/2010 | 377/1942 | N/A | N/A | 729/3952 | 1675/7780 | 1815/5597 | 1087/4927 |

D. *Maintain a speaker's bureau and/or list of approved presenters to school and community groups.* To be completed in FY20.

## 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 was 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 2017 NAMI Northern Virginia was selected as the provider through September 2020. The goal is to serve approximately 100 youth and families annually**.** In FY 2019, 190% more families were served than in FY 2018.

**Number of families served by parent support partners**:

| FY20 (1st Qtr) | FY20 (2nd Qtr) | FY20 (3rd Qtr) | FY20 (4th Qtr) | FY20 TOTAL | FY19 | FY 18 |
|---|---|---|---|---|---|---|
| 90 | 21 | N/A | N/A | 111 | 160 | 55 |

**B.** *Expand evidence-based peer to peer groups, family/community networks.*
In February 2019 the CSB launched “Heads Up" and "Talk It Out”, resource groups for parents and teens (ages 14-17). The groups are available in weekly concurrent sessions. Teens talk about successful, sustainable recovery and resilience through mental health or substance use challenges. Parents acquire resources and discuss ideas on how to help their teen live their healthiest, fullest lives in the aftermath of trauma or through times of emotional distress.

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

| FY20 (1st Qtr) | FY20 (2nd Qtr) | FY20 (3rd Qtr) | FY20 (4th Qtr) | FY20 TOTAL | FY19 | FY 18 |
|---|---|---|---|---|---|---|
| 44 parents, 39 youth | 13 parents, 15 youth | N/A | N/A | 57 parents, 52 youth | 22 parents, 20 youth | 0 |

## GOAL 6: System Navigation

*Coordinator: Peter Steinberg*

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.* A listing of the REACH training pediatricians has been added to the redesigned Healthy Minds Fairfax website. A listing of the clinicians that have attended the Healthy Minds Fairfax & George Mason University co-sponsored training consortium events will be added during the current fiscal year. Both listings will be maintained and updated on a regular basis.

**Total Number of Visits for All Visitors to HMF Website:**

| FY20 (1st Qtr) | FY20 (2nd Qtr) | FY20 (3rd Qtr) | FY20 (4th Qtr) | FY20 TOTAL | FY19 | FY 18 | FY 17 |
|---|---|---|---|---|---|---|---|
| 2,223 | 2,547 | N/A | N/A | 4,770 | 8,649 | 2,848 | 0 |

**Number of Visits for Returning Visitors:**

| FY20 (1st Qtr) | FY20 (2nd Qtr) | FY20 (3rd Qtr) | FY20 (4th Qtr) | FY20 TOTAL | FY19 | FY 18 | FY 17 |
|---|---|---|---|---|---|---|---|
| 1,273 | 1,310 | N/A | N/A | 2,583 | 5,968 | 1,994 | 0 |

**Number of Visits for New Visitors:**

| FY20 (1st Qtr) | FY20 (2nd Qtr) | FY20 (3rd Qtr) | FY20 (4th Qtr) | FY20 TOTAL | FY19 | FY 18 | FY 17 |
|---|---|---|---|---|---|---|---|
| 950 | 1,237 | N/A | N/A | 2,187 | 2,681 | 854 | 0 |

**FY20 (1st & 2nd Qtrs.) Top Content Viewed by Number of Visits:**

| Content | Visits |
|---|---|
| Healthy Minds Fairfax Homepage | 1486 |
| Children's Services Act | 1048 |
| Pediatric Behavioral Health Integration Resources for Primary Care Physicians | 257 |
| About Healthy Minds Fairfax | 237 |
| Children's Services Act Staff Roster | 193 |
| Community Policy and Management Team | 189 |
| CSA Symposium | 186 |
| What is a Family Partnership Meeting or Family Resource Meeting? | 183 |
| Family Assessment and Planning Team | 165 |
| Children's behavioral health community resources | 125 |
| Get help in an emergency | 120 |
| Children's Services Act Forms and Resources | 111 |
| Family support services | 107 |
| Children's Services Act Case Management | 100 |
| How can my child's school help? | 100 |

B. *Create a clearing house for information on children's behavioral health issues and resources.*
Current work on the website includes a feedback survey, a weblink policy and adding additional resources for the mental health screening tool.

**GOAL 7: Care Coordination and Integration**
*Coordinator: Jim Gillespie*

A. *Provide behavioral health consultation to primary care providers and patients.*
The Virginia Mental Health Access Program (VMAP) has launched, making psychiatric consultation and other resources available to pediatricians all over the state of Virginia. More information can be found at: http://www.virginiapediatrics.org/vmap/ Later in the fiscal year the pediatricians will also have the support of a care navigator. Through HMF funding a George Mason University a psychology resident is currently placed in a local pediatric primary care office to provide behavioral health services. The plan is for this placement to last at least two years with the second year of service being fully funded by the pediatric primary care office.

B. *Promote resources to implement tiered levels of integration based on capacity and readiness.*
HMF co-sponsored a REACH behavioral health training for 35 pediatricians in early May. In 2018 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 2018. The workgroup also developed a project to safely divert youth from hospitalization when appropriate through expansion of CR2 mobile crisis response services, which approved in the county and HMF budgets for FY 2020. CR2 services have been expanded by 15%.

**Number of pediatric primary care psychiatric consults**:

| FY20 (1st Qtr) | FY20 (2nd Qtr) | FY20 (3rd Qtr) | FY20 (4th Qtr) | FY20 TOTAL | FY19 | FY 18 |
|---|---|---|---|---|---|---|
| 8 | 18 | N/A | N/A | 26 | 0 | 0 |

C. *Increase the appropriate implementation of behavioral health screenings and referrals in primary care settings.* The workgroup recommended screening tools for use in primary pediatric care, based on the recommendations of the American Academy of Pediatrics and the REACH curriculum.

**GOAL 8: Equity/Disparities**
*Coordinator: Peter Steinberg*

A. *Promote the adoption of culturally and Linguistically Appropriate Services (CLAS) Standards among BH providers.* This strategy has been achieved.

B. *Increase access and availability to behavioral health services for underserved populations.* To date, 39 youth have been referred to the Violence Prevention Intervention Program (VPIP). The expansion of the Our Minds Matter program to the Teen Centers operated by Neighborhood and Community Services will be taking place in the next quarter.

C. *Require training in cultural competence and advancing equity in alignment with One Fairfax for County, FCPS, and County-contracted behavioral health service providers.* In the 4th quarter of FY2019, the training committee viewed the Partnership for a Healthier Fairfax's cultural competency training to determine if it could be used to train county-contracted behavioral health service providers. While the training developed by PFHF uses first-person stories from Fairfax County residents to discuss the importance of culturally competent services the committee felt it wouldn't be a good primary resource for training because of its lack of focus on children and youth. The committee is moving forward with funding a training for providers in the 4th quarter of this fiscal year. Two half day trainings will be held for County contracted behavioral health providers that will focus on "Cultural and Linguistic Competence to Address Disparities".

D. *Implement support structures for LGBTQ youth.* The Family Acceptance Project will be providing trainings on their model to youth serving staff and school staff on helping families learn to support their LGBT children.

**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 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. A new Kognito module on postvention is now available. The ConnerStrong Foundation developed "Help is at Hand," a booklet with guidance and supports for survivors; plans for widespread availability and dissemination are in development.

D. *Continue to make available and promote the suicide prevention hotline, including textline.*

The PRS CrisisText Connect program engaged in 1675 text conversations with 1615 unique individuals in FY19. This represents a slight increase (2%) in the number of individuals and a slight decrease (7%) in the number of conversations over FY18. However, the number of hotline calls answered continued to significantly increase. In FY19, PRS CrisisLink answered 7780 calls, a 39% increase over FY18 and a 58% increase over FY17. Of these calls, 325 were from youth under 18, and 608 were from individuals 18 to 24; this represented an 89% increase over FY18 (following a 42% increase from FY17 to FY18). To date in FY20, the number of calls continues to increase, while the number of text conversations continues a slight slowing (see 10.C. for details).

E. *Train behavioral health providers in evidence-based practices specific to the treatment of youth with suicidal ideation and behavior.* The Core Competency Training that is being offered in January has a section on that is specific to the treatment of youth with suicide behavior.

**GOAL 10: Evidence-Based and Informed Practices**
*Coordinator: Peter Steinberg*

A. *Develop definitions and criteria for evidence-based and evidence-informed practice in prevention and intervention/treatment.* The Evidenced-Based Workgroup defines evidenced based treatments as those treatments that have strong research that demonstrates that the treatment works well in children and adolescents.

B. *Establish a set of core competencies based on service type for all public & contracted provider staff.* This strategy has been met.

C. *Train County, school staff and providers on EBPs, including how and when to use them. Include a review of practices that are harmful.* A new cohort of clinicians will be attending the 4-Day Core Competency Training during the months of January and February 2020.

D. *Incentivize the use of EBPs among providers.*
It is anticipated that a list of providers who have been trained in Evidenced-Based Practices will be posted on the Healthy Minds Fairfax website by March 2020. The idea of providing incentives to those who utilize evidenced-based practice in their work continues to be explored.

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

| FY20 (1st Qtr) | FY20 (2nd Qtr) | FY20 (3rd Qtr) | FY20 (4th Qtr) | FY20 TOTAL | FY19 | FY 18 | FY 17 |
|---|---|---|---|---|---|---|---|
| 0* | 0* | N/A | N/A | 0* | 113 | 0 | 0 |

* Trainings begin in April 2020

**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.* In the spring of 2018, the Fairfax Consortium for Evidence-Based Practice trained over 100 clinicians in the Family Intervention for Suicide Prevention (FISP), which is a trauma-informed treatment protocol for suicidal ideation. In November 2018, 45 clinicians were trained in Trauma-Focused Cognitive Behavioral Therapy. The enrollment requirements for this training included a commitment from accepted clinicians to pursue certification. The Core Competency Training offered this year to 70 clinicians included a trauma specific session. Also, in 2019, approximately 50 clinicians working with children ages 7-12 were trained in MATCH-ADTC- Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems. Trainings in TF-CBT, MATCH-ADTC and Core Competencies will be held again in

2020. There are 60 clinicians who have been accepted to participate in Core Competency training in January 2020, and applications are being accepted for both TF-CBT and MATCH-ADTC for the spring.

B. *Train non-clinical staff in community-based organizations, schools, and county agencies to implement trauma-informed practices.* The Fairfax County Trauma-Informed Community Network has reached over 7000 people with their 90-minute Trauma Awareness 101 Training, which is also 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 (The Cost of Caring) that has reached over 500 professionals to date. Trainings and resources (including a mini-grant opportunity to fund small space improvement projects) on developing trauma-informed spaces are also available.

The TICN continues to offer screenings and discussions on the documentary Resilience; over 4,000 people have seen it to date. The TICN hosted two screenings of Broken Places at the Fairfax County Government Center Board Auditorium in the spring of 2019 which were attended by approximately 250 people.

The TICN has developed a "Guide to Educating Children, Youth and Families about Trauma & Resilience" to prepare the human services workforce to provide psychoeducation to kids and families. The guide has already been widely distributed to a variety of audiences across the child and youth serving system.

C. *Inform the community at large on the prevalence and impacts of trauma.* The TICN continues to host and sponsor screenings of the documentary Resilience and began screening Broken Places in May. Led by the TICN's representative from the Fairfax County Council of PTAs, the Network presented a new version of Trauma 101, specifically for parents, at the FCCPTA Family Engagement Conference in October, at the Virginia statewide PTA conference last winter and at the National PTA Conference in June. The presentation is slated to be the only parent-led workshop at the National Trauma Sensitive Schools Conference in February 2020.

In February of 2019, a team of four TICN members from Fairfax-two from the CSBs Wellness, Health Promotion & Prevention Team, one from the NCS prevention team, and one from FCPS Social Work Services- attended an intensive 2-day course to become Master Trainers in the ACE Interface curriculum, an evidence-based program that the VA Department of Behavioral Health and Developmental Services has a license for, and is rolling out across the state to raise awareness in the community about the impact of Adverse Childhood Experiences, and the science of neurobiology, epigenetics and resilience. With support from DBHDS, the Fairfax Master Trainer Team convened the first ACE Interface presenter cohort in the state in April 2019, where 30 people from county HHS agencies, FCPS, non-profit, and family/parent organizations were trained to deliver the curriculum. ACE Interface Presentations- titled Building Resilient Communities and Understanding Adverse Childhood Experiences- have already been delivered to a variety of community and professional

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. The Health Department and the Department of Housing and Community Development are among agencies whose staff are currently participating in agency-wide TICN trainings. HCD recently shared an update on their work on the RHA's public website and in their annual report.

**GOAL 12: Behavioral Health Intervention**

*Coordinator: Peter Steinberg*

A. *Develop empirically validated cross system human services and schools screening process available to determine needs, resources, & desirable outcomes.* The Brief Screening for Adolescent Depression (BSAD) is available for families and youth on the Healthy Minds Fairfax Website as well as the website for the Falls Church-Fairfax County Community Services Board. Healthy Minds Fairfax staff continues to work with human services to develop a protocol for screening tools.

**Number of BH screenings**

| FY20 (1st Qtr) | FY20 (2nd Qtr) | FY20 (3rd Qtr) | FY20 (4th Qtr) | FY20 TOTAL | FY19 | FY 18 | FY 17 |
|---|---|---|---|---|---|---|---|
| 15 | 20 | N/A | N/A | 35 | 89 | 88 | 108 |

B. *Create capacity to address behavioral health needs of children 0-7.* Community based child servicing agencies had an opportunity to apply for free training in Parent-Child Interaction Therapy (PCIT) which is designed for children 3 – 7 years old and their families. The training is being offered by the Virginia Department of Social Services.

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 Fairfax Consortium for Evidenced Based Practices has entered its third year. A budget request has been made to the County Executive's budget for continued funding for the consortium.

During this quarter the Fairfax Consortium on Evidenced Based Practices completed a two-day training called Case Conceptualization. Participants in the Case Conceptualization Training learned how to complete a semi structured assessment of which allows for the clinician to develop a more valid and reliable diagnoses of the youth. Treatment planning and mapping the problem to the appropriate evidenced-based treatment was also reviewed.

**Case Conceptualization (2 Days)**

| Number Attended | Number from Public Agencies | Number from Non-Profits and private agencies |
|---|---|---|
| 27 | 19 | 8 |

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 Short-Term Behavioral Health Services (STBH) is available to children and youth who attend any of the 38 designated Fairfax County Public Schools. Children and youth who have to wait for services at the Falls Church-Fairfax Community Services Board will be screened for STBH services. 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.

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

| FY20 (1st Qtr) | FY20 (2nd Qtr) | FY20 (3rd Qtr) | FY20 (4th Qtr) | FY20 TOTAL | FY19 | FY 18 | FY 17 |
|---|---|---|---|---|---|---|---|
| 24 | 88 | N/A | N/A | 112 | 215 | 126 | 57 |

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.* Substance Abuse Prevention Services (SAP) are available all Fairfax County School pyramids. This program works collaboratively with CSB staff which allows for a warm hand-off from those students who need outpatient substance abuse treatment.

**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.* This goal overlaps with roles of TICN and the Training Consortium. 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. TFCBT training was offered by the consortium, supplemented by CSA funding, for 44 clinicians in November 2018 and will be offered again in Spring 2020.

*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.* Functional Family Therapy is being considered for youth with chronic school absences related to behavioral concerns. CSA is currently under contract with one provider organization to provide this EBP and is working on finalizing the contract with a second provider.

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 (Attachment, Regulation and Competency) 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. As noted earlier, PCIT is one of the initial evidence-based treatments supported by FFPSA. Our community will need to consider implementation of this service.

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 Wraparound Fairfax 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 filled 7 positions and their new staff have accepted new cases. There is no longer a waiting list for CSB case management.

E. *Improve the utilization of the annual gaps survey of youth and parents in CSA-SOC to identify needed interventions.* The results of the annual state OCS survey were provided to the CPMT in April 2019. The qualitative responses were considered very informative. The next survey will be released in Jan-March of 2020.

F. *Develop communication plan to share information about the services and care coordination offered through the SOC process with the broader provider community.* CSA produces a monthly newsletter that contains training announcements and other information pertinent for system partners. See social marketing goals for more information about outreach efforts. DFS has been facilitating a quarterly home-based provider meeting to share information about FFPSA implementation.

G. *Build system capacity to monitor fidelity to EBT models and conduct outcome evaluation for purchased services.* The WFI-EZ is used to determine fidelity to the High-Fidelity Wraparound model by capturing

the family and facilitator satisfaction with the wraparound process. Planning for the next round of WFI-EZ surveys (WFI-EZ FY19 Cycle 2) took place in Quarter 1. Thirty-one families received services for the designated survey period (January 2019 through June 2019); of those 31 families, 15 were randomly selected to receive the WFI-EZ (per the protocol set forth by the Office for Children's Services). Of the 15 families who received the survey, 53% (8) responded. In December, the ICC Stakeholders group discussed strategies for improving the response rate for families. It was decided that, for future WFI-EZ survey cycles, all eligible families will be given an opportunity to respond to the survey. The next round of survey collection (WFI-EZ Cycle 2 FY20) will take place in the 3rd Quarter; 41 families will be asked to respond to the survey. A report out on the WFI-EZ and DART data collected is planned for the 4th Quarter to the CSA Management Team and CPMT.

H. *Provide IT infrastructure to support data collection for fidelity monitoring and outcome evaluation along with electronic records management.* CSA is working with DFS IT staff to implement existing county technology for improved efficiency and streamlining for incoming documentation and file maintenance. CSA is part of a pilot using NINTEX forms to replace the current encumbrance form and begin using an electronic workflow. Additional work is focused on reviewing options for portals for non-County entities including providers and schools as well as electronic workflows.

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. HMF staff participated in the court's sponsored Dual Status training in October, 2019.

J. *Increase family and provider membership on the CPMT.* FAPT parent representative positions have been filled. All vacant CPMT positions were filled as of September 24, 2019.

**GOAL 14**: **DD/Autism Services**
*Coordinator: Tracy Davis*

*Develop expanded continuum of care of services for youth with DD/autism.* The workgroup has refined the direction of the work on this goal. Two main deliverables were identified:

Deliverable #1: Revised SOC Blueprint Goal 14, DD/Autism Services, with updated action steps and dates

Deliverable #2: DD/Autism Services Case Management Recommendations with a Statement of Need

The two deliverables for Goal 14 stated above have been accomplished.

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: No further action is required on Strategy A. For Action Steps 1- 4: 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), transportation and attendant care giver support. The workgroup determined that there is no further needs assessment and inventory needed however consolidating the inventory information and possibly reexamining the needs could be addressed with the development of the subsequent blueprint following the completion of the current blueprint.

B. *Utilize results of needs assessment and gap analysis to develop a plan to address critical service gaps.* Status: No further action is required on Strategy B. For Action Steps 1- 5: 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 Welcoming Inclusion Network (WIN) and CSB Supported Employment should be included in all future discussions to address critical gaps. The workgroup determined that these tasks may be completed in conjunction with priority strategy areas D, E, & F 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. *Develop a system navigation, community awareness & outreach campaign to promote early identification of youth with DD/Autism who would benefit from referral to services.* Status: No further action is required on Strategy C. For Action Steps 1 – 7: The workgroup indicated that current efforts by CSB, FCPS, and family organizations are ongoing. Each organization will assume responsibility going forward for implementing the current efforts. Reexamining the needs and the services with regards to system navigation, community awareness & outreach to promote early identification could be addressed with the development of the subsequent blueprint following the completion of the current blueprint.

D. *Improve transition planning for children with intellectual disabilities or chronic residential needs.*

E. *Ensure access to crisis stabilization services designed for youth with DD/Autism with providers trained to serve this population*

F. *Increase case management and care coordination capacity for children and youth with DD, particularly for younger children.*

Status of Strategy E, F and G: Strategy E, F & G were identified as high priority areas. The objective for the workgroup is to address Blueprint Strategy E, F & G. The DD/Autism services workgroup presented a recommendation to take the CSA process that currently exists to accurately assess children for appropriate supports to prevent crisis and applying it to 347 of the more than 1,300 youth who have open cases with the CSB Developmental Disabilities Services Unit. On November 7, 2019, the recommendations were presented to the CSB DD Support Services leadership team. The CSB will assume responsibility going forward for implementing the recommendations that they determine to be most beneficial. Implementation should begin within the next few months.

## GOAL 15: Transition Age Youth

*Coordinator: Peter Steinberg*

*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.*

A. A final report will be presented to the CBHC and CPMT in Spring 2020.

Memo to the CPMT

February 28, 2020

**Information Item I – 4**: Healthy Minds Fairfax FY 2021 Funding Requests

**BACKGROUND**:
In March 2016 the CPMT endorsed the Children's Behavioral Health System of Care Blueprint, a community plan for improving access and quality of behavioral health services for children and youth. Implementation began almost immediately, and the CPMT has received regular updates on progress. In October 2019 the CPMT revised the Blueprint and extended it through December 2020. Workgroups are currently implementing many Blueprint actions; some of the actions that require little to no funding or are already funded for FY 2021 include:

- Maintaining a website that will serve as a hub of information and connect families to services;
- Supporting the adoption of trauma-informed practices and promoting public awareness of
- trauma and its impacts;
- Providing short-term outpatient mental health interventions to children and youth with emerging mental health issues;
- Training pediatricians in best practice interventions for children and youth mental health issues;
- Providing telephonic psychiatric consultation for pediatricians, especially on medication management'
- Expanding mobile crisis response services for children and youth.

Two proposed strategies for FY 2021 requiring additional funding were included in the budget request for Healthy Minds Fairfax (in the Department of Family Services).

The two funding requests were:

- $150,000 in FY 2021 and $200,000 annually thereafter to continue provision of family support partner services for the parents and caregivers of children and youth with mental health issues;
- $125,000 for training to implement evidence-based behavioral health treatment practices now being required by many federal and state funding sources for behavioral health care.

Of these, funding for continued provision of family support partner services was included in the County Executive's proposed budget. Below is a description of the request.

Family supports 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 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.

**ATTACHMENTS**:
None

**PRESENTER**:
Jim Gillespie, Healthy Minds Fairfax