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

May 29, 2020
Community Policy and Management Team (CPMT)
Virtual Meeting due to COVID-19 Emergency Procedures

Agenda

FINAL

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
  Item A – 2: Approve Reappointment of CPMT Private Provider Representative and Appoint FAPT members

- **HMF Administrative Items**
  Item A - 3: Endorse FY 2021 Expenditure Plan
  Item A - 4: Endorse Establishment of a Healthy Minds Fairfax Family Advisory Board

- **Contract Items**
  Item C – 1: Approve Child Specific Contract for Change Academy Lake of the Ozarks
  Item C – 2: Approve Child Specific Contract for Youth Villages Memphis

- **CSA Information Items**
  Item I – 1: Review CSA Budget Report (Not in Packet)
  Item I – 2: Review CSA Emergency Operating Procedures
  Item I – 3: Review Proposed CPMT Meeting Schedule for FY21

- **HMF Information Item**
  Item I – 4: Children's Behavioral Health Quarterly Progress Report

- **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

Approved:

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

Approved:

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

Approved:

MEMO TO THE CPMT

May 29, 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 providing all children, youth, and their families in its jurisdiction 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
- Assistant Superintendent, Department 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

Term of Appointment: 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.

Appointment: 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.

Re-Appointment: 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 Falls Church City Council and the Fairfax City 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

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

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~~5.~~6. Establish Family Assessment and Planning Teams (FAPT) and/or collaborative, multidisciplinary teams (MDT) as needed;

~~6.~~7. Establish quality assurance and accountability procedures for program utilization and funds management;

~~7.~~8. ~~Obtain bids~~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 ~~Public~~ Purchasing Resolution;

~~8.~~9. ~~Establish procedures for the management of~~Manage funds in the interagency budget allocated to the community from the state ~~pool~~pools of funds, the ~~Trust~~trust fund, and any other source;

~~9.~~10. Authorize and monitor the expenditure of funds by each Family Assessment and Planning Team;

~~10.~~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 ~~by the Fairfax County Board of Supervisors~~of the participating governing bodies;

~~11.~~12. Serve as ~~its~~the community's liaison to the ~~State Management Team~~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;

~~12.~~13. Collect and provide uniform data to the State Executive Council as requested by the Office ~~of Children's Services~~for Children's Services in accordance with subdivision D 16 of §2.2-2648;

~~13.~~14. ~~Review and analyze local and statewide data provided by the Office for Children's Services;~~ 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 ~~in residential settings~~, and reducing lengths of stay in residential programs for children who

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can appropriately and effectively be served in their home, relative's homes, family-like setting, or their community;

~~14.~~15. Administer funds pursuant to § 16.1-309.3;

~~15.~~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;

~~16.~~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 ~~Va. Code Ann. §§~~ 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;

~~17.~~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~~; and~~, consistent with guidelines developed pursuant to subdivision D 22 of § 2.2-2648; and

~~18.~~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~~§ 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.

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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~~, the Falls Church City Council and the Fairfax City Council~~. (took out cities). Six (6) additional members may be appointed by the Fairfax County Board of Supervisors~~, the Falls Church City Council and the Fairfax City Council on an optional basis.~~. Of the twenty-one CPMT members, eight (8) ~~are filled~~members shall serve on a limited term basis ~~by the Board of Supervisors~~.

Section 2. ~~State~~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~~, the Falls Church City Council, and the Fairfax City Council~~ 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.

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The Fairfax County Board of Supervisors~~, the Falls Church City Council, and the Fairfax City Council~~ may appoint the following ~~positions as~~limited term members ~~of~~ to the CPMT after all participating jurisdictions have had the opportunity to submit nomination recommendations:

- One (1) ~~representatives~~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

Term of Appointment: The ~~eight (8)~~private service provider and parent representative legally mandated to serve on the CPMT and any appointed optional members ~~identified by an asterisk (*) in Sections 2, 3, and 4 above~~ (up to six members)

shall serve two (2) year limited term appointments. ~~The term shall be for two (2) year appointment and re-appointments may be made for additional consecutive terms upon approval by the CPMT, the~~

Appointment: Fairfax County ~~Board of Supervisors~~, the City of Fairfax, and the City of Falls Church ~~City Council, and the Fairfax City Council. The terms of private service provider representatives shall expire in alternating years.~~

~~All jurisdictions~~ shall be afforded the opportunity to nominate persons for limited term appointments. The Chair of the CPMT shall ~~forward the CPMT's~~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 ~~nominee~~candidate(s) for limited term membership, it shall forward the recommended candidate(s) to the Fairfax County Board of Supervisors~~, the Falls Church City Council, and the Fairfax City Council~~ for approval. ~~For the parent representatives, the~~ The Chair ~~will~~shall appoint ~~a Nominating Committee of three members with~~ at least one parent representative to ~~assist~~the Nominating Committee when the appointment of a parent representative is being considered.

Re-Appointment: 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 ~~obtaining nominations for these limited term members.~~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.

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ARTICLE ~~VII~~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 ~~X~~IX of these bylaws.

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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 ~~VIII~~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 ~~Memorandum01~~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 ~~optional~~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 ~~XIII~~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 ~~and approve~~ records and minutes of the meeting.

Section 7. Staff Support.

The ~~Chair shall assign~~ Fairfax County ~~staff designated by the~~ Deputy Executive for Human Services shall designate staff to ~~maintain the minutes~~provide administrative support including preparation and distribution of ~~all meetings, to prepare~~ agendas~~,~~ and ~~to distribute~~ meeting minutes.

ARTICLE ~~IX~~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 ~~X~~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 ~~XI~~X: COMMITTEES

Committees may be established as needed. ~~Membership~~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 ~~XII~~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 ~~XIII~~XII: REMOVAL OF MEMBERS

~~Optional member(s)~~ The CPMT may ~~be recommended~~recommend to the Fairfax County Board of Supervisors~~ City of Fairfax Council and City of Falls Church Council for~~ removal of any Limited Term member(s) from the CPMT for cause, including but not limited to cause as set forth in Article ~~VIII~~VII, Section 2, by a two-thirds majority vote of all ~~of~~ 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 ~~XIV~~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 ~~XV~~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 _____, ~~2019~~2020.

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

MEMO TO THE CPMT

May 29, 2020

Administrative Item A- 2: Recommend Reappointment of CPMT Private Provider Representative and Approve FAPT Members

ISSUE:
That CPMT nominate Rick Leichtweis, Ph.D. to the Board of Supervisors for re-appointment as private provider representative to the CPMT and approve new FAPT members.

BACKGROUND:
The CPMT Bylaws denote required members and optional members. State mandated members include:

- One (1) representative of private service providers

The Fairfax County Board of Supervisors may appoint the following positions as members of the CPMT:

- One (1) representatives of private service providers

The term shall be for two (2) years and re-appointments may be made for additional consecutive terms upon approval by the CPMT and Board of Supervisors. The terms of private service provider representatives shall expire in alternating years.

CSA also requests CPMT approval of the following new Family Assessment and Planning Team (FAPT) members who have completed their training and meeting observation requirements:

DFS

- Sarah Coughter
- Nakejah Allen

Private Provider

- Shaina Chandler, Hallmark

RECOMMENDATION:

For the CPMT to nominate to the Board of Supervisors Rick Leichtweis for re-appointment as a CPMT provider representative. It is requested that Dr. Leichtweis term expire on June 30, 2022 to maintain staggered terms for provider representatives as required by the CPMT Bylaws.

That the CPMT approve the new FAPT members.

ATTACHMENT: None

STAFF: Janet Bessmer, CSA; Sarah Young, FAPT Coordinator

MEMO TO THE CPMT
May 29, 2020

Administrative Item A- 3: Endorse Proposed Healthy Minds Expenditures For FY21

ISSUE:
The FY 2021 Healthy Minds Fairfax Program expenditures are presented for endorsement.

RECCOMENDATION:
The Children's Behavioral Health Collaborative Management Team (CBHCMT) recommends that the CPMT endorses the Healthy Minds Program expenditures for FY21.

BACKGROUND:
The CBHCMT recommends a program operating budget of $1,079,189.85 to support continued implementation of Blueprint strategies in FY 2021. Included in this amount is funding to evaluate all programs and services that are funded by Healthy Minds Fairfax. As the work on the strategies progresses during the year the amount of funding allocated may shift between projects, as necessary. The Family Advisory Board reviewed all funding proposals that were submitted to the CBHCMT and has endorsed the Healthy Minds Fairfax operating budget for this upcoming fiscal year.

FY 2021 Project approved by the Board of Supervisors

Psychiatric Consultation for Pediatricians	$100,000

FY 2021 Project endorsed by CPMT Chairperson, Deputy County Executive Tisha Deeghan

Kinship Respite to Recharge:	$43,730 (under contract)

CBHCMT Recommended and Family Advisory Board Endorsed projects for FY 2021

Family Support Partners	$83,333
FCPS – Behavior Health Specialists in Community Schools	$120,000
FCPS – SOS License Renewal	$12,000
HMF – Short Term Behavioral Services	$200,000
Violence Prevention Intervention Program	$99,116
System of Care Training	$20,000
GMU Partnership with the Pediatric Group	$10,000
Fairfax Consortium for Evidenced Based Training	$161,234
CSB's Head's Up/Talk It Out	$31,900
Create Calm	$4,9999
GMU Partnership with KIDZ Docs	$10,000
Transitional Age Youth Case Manager	$50,000
Youth Coordinator	$50,000
CSB's BeWell for Youth	$31,487
Evaluation for HMF Programs and Services	$51,389

ATTACHMENTS:
FY 2021 Funding Proposals with Summary

STAFF:
Jim Gillespie, HMF Director
Peter Steinberg, CBHC Program Director

Proposal Number	Continuing/ New	Agency/Workgroup	Name of Project	Brief Description	Amount
1	Continuing	Fairfax County Public Schools	Supporting Behavioral Health Specialist in FCPS's Community Schools	Fairfax County Public Schools (FCPS) Department of Intervention and Prevention Services is submitting a request for funding in the amount of $120,000 to provide mental health services through dedicated behavioral health clinicians in Fairfax County Public Community Schools. This request is being submitted for the 2020-21 academic year. The behavioral health clinicians will be able to see students for up to 20 hours per week at FCPS' three existing community schools; Glasgow MS, Whitman MS, and Mt. Vernon Woods ES.	$ 120,000.00
2	Continuing	Fairfax County Public Schools	Universal Suicide Prevention Programs for all middle, high, and secondary schools in FCP	Fairfax County Public Schools (FCPS), Department of Intervention and Prevention Services is submitting a request for funding in the amount of $12,000 for the purchase of 52 Signs of Suicide (SOS) Program renewals for all middle, high, and secondary schools. This would allow FCPS to provide universal implementation of suicide prevention programming for youth in grades 6th through 12th grade. The renewal of this programming is necessary for the 2020-2021 school year since several schools were unable to conduct the suicide prevention program during the 2019-2020 school year.	$ 12,000.00
3	Continuing	Healthy Minds Fairfax	Short-Term Behavioral Health Services (STBH)	This funding request is to pay for services for students who attend one of 39 Fairfax County Public Schools. Referrals are also accepted from the Community Services Board and the Fairfax Juvenile and Domestic Relations District Count Intake Office. The Short-Term Behavioral Health Service for Youth (STBH) is in the process of completing its fourth full year of service delivery. STBH is a short-term outpatient psychotherapy intervention, purchased from contracted private providers, for students with depressive and anxiety symptoms or other emerging mental health issues.	$ 200,000.00
4	Continuing	Underserved Work Group	To Continue To Fund One Positon to Deliver Multicultural Mental Health Services	For the past two years, Healthy Minds Fairfax has funded one fulltime mental health worker to provide a combination of individual, family, and group counseling as well as intensive case management to immigrant families living in high need neighborhoods in Fairfax County such. The Underserved Workgroup recommends continuing to fund this position.	$ 99,116.00
5	Continuing	System of Care Workgroup	Funding to Request the Knowledge and Skills of the System of Care Workforce	The System of Care Training Committee recognizes the benefit of effective training for all stakeholders to build and sustain a robust Systems of Care. Outlined below is a request for funds that would allow for development of trainings in the community and the facilitation of attendance at national trainings and conferences. The trainings contribute to the success of specific Goals and Strategies outlined in the Blueprint.	$ 20,000.00

Proposal Number	Continuing/ New	Agency/Workgroup	Name of Project	Brief Description	Amount
6	Continuing	GMU Center for Psychological Services	Continued Partnership with the Pediatric Group	This proposal is requesting funds to support one existing practice in this program – The Pediatric Group and Fairfax Pediatrics Associates. For The Pediatric Group (TPG), we came up against an unanticipated issue in year 2. Given the success in year 1, TPG attempted to increase services at the practice by increasing the hours of our behavioral health psychology resident. Fewer clients at TPG could afford to pay out of pocket at all for behavioral health services.	$ 10,000.00
7	Continuing	Evidenced Based Practice Workgroup	Fairfax Consortium for Evidenced Based Practice	The Healthy Minds Evidenced Based Practice Workgroup is requesting $165,167 for FY 21 to continue to fund the Fairfax Training Consortium for Evidenced-based Practice. The Fairfax Consortium for Evidenced Based Practice accomplishes Goal 10, Strategy C in the Children's Behavioral Health Blueprint which is to train county and school staff as well as private provides in evidenced based practices.	$ 161,234.00
8	Continuing	Community Services Board	Heads Up/Talk It Out	In this, our third year with the Children's Behavioral Health Colloborative, we are requesting continued support for our peer recovery support specialist led, drop in group for teens and their parents as well as the expansion of the services for a parent support group and recovery and wellness group for teens at the Northwest Center in Reston. The proposed group in Reston would be open to parents and guardians of existing and non-clients in Fairfax County. The group plans to support caretakers of children and teenagers that are struggling with issues addressed by the mission of the CSB	$ 31,900.86
9	New	Create Calm	Fostering Resilience in Early Learning	In the Create Calm Program for Fostering Resilience in Early Learning, 25 FCPS early childhood educators and paraeducators will be trained in powerful and effective tools to deepen the understanding and application of yoga and mindfulness practices to reduce stress and enhance self-regulation in themselves and the children with whom they work. These tools include yoga poses, breathing exercises and meditation techniques to improve focus, balance and energy. Participants will explore practical techniques and develop skills to create calm through purposeful play that encourages self-awareness.	$ 4,999.00
10	New	GMU Center for Psychological Services	GMU's Center for Psychological Center's Partnership with a local pediatric practice	This proposal is requesting funds to add a NEW practice to this program – KIDZ DOCS. KIDZ DOCS is a pediatric practice under the Trusted Doctors umbrella, and is located in Alexandria, VA. They have significant need for a behavioral health clinician and have requested to join this program. Similar to the first two practices, they would make a 2 year commitment, with the help of Fairfax County to assist in funding the first year. Given the location of this practice, in Alexandria, this helps address needs further out in the county.	$ 10,000.00

Proposal Number	Continuing/ New	Agency/Workgroup	Name of Project	Brief Description	Amount
11	New	Transitional Age Youth Workgroup	Case Management Services for Transitional Age Youth	This funding request is for $75,000 for FY 21 and $100,000 for FY 22 and FY2 for case management services for Transitional Age Youth. If funding is approved, the contract to provide services will be competitively awarded to a non-profit agency. This proposal will help accomplish Goal of the Children's Behavioral Health Blueprint which is Transitional Age Youth. Specifically, the proposed services will *p rovide coordinated services and supports for youth and young adults of transition age, both those still in school and those who have left school.*	$ 50,000.00
12	New	Healthy Minds Fairfax	Creation of Youth Coordinator Position	The Children's Behavioral Health Collaborative (CBHC) program staff is requesting $275,000 over a three-year period for a Youth Coordinator position. The breakdown of funding will be $75,000 for year one and $100,000 for years two and three. CBHC staff plans to contract through a competitive process with an non-profit agency to recruit and hire a full-time youth coordinator whose goal will be to develop, coordinate, and implement a Youth Council made up of youth who with lived experience help guide Healthy Minds Fairfax in meeting the behavioral health needs of children and youth.	$ 50,000.00
13	New	Community Services Board	BeWell for Children and Youth	We would like to develop peer wellness support services to youth and families receiving services from the CSB to enhance the integrated coordination of care. We propose that provision of such services will help meet some of the specific identified challenges around *time constraints* and *communication* and information sharing as outlined in the Behavioral Health Integration Plan needs statement. Peer wellness specialists are able to help bridge the *communication* gap between behavioral health and primary care providers.	$ 31,900.86

Healthy Minds Fairfax Funding Proposal

Supporting Behavioral Health in FCPS Community Schools

Fairfax County Public Schools (FCPS) Department of Intervention and Prevention Services is submitting a request for funding in the amount of $120,000 to provide mental health services through dedicated behavioral health clinicians in Fairfax County Public Community Schools. This request is being submitted for the 2020-21 academic year. The behavioral health clinicians will be able to see students for up to 20 hours per week at FCPS' three existing community schools; Glasgow MS, Whitman MS, and Mt. Vernon Woods ES. A percentage of the youth enrolled in public school settings have difficulty with emotional regulation, which leads to problems with disruptive behavior, impulse control, avoidance behaviors, and conflict with teachers and peers. Behavioral health clinicians will be hired at these school sites having experience with Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT) which are empirically supported treatments for children and youth who exhibit difficulty regulating their emotions effectively. Long-term outcomes will include improved mental wellness, increase school attendance and educational success, as measured by academic progress.

Criteria for service

- 400 percent poverty line
- Recommendation of clinical team

A description of the project and how the project will accomplish a Blueprint strategy or action step?

The project aims to provide mental health services in our three existing community schools, Whitman MS, Glasgow MS and Mt. Vernon Woods ES. The proposed behavioral health clinicians will be available to provide mental health services for up to 20 hours per school site. A community school is a public school that effectively benefits from partnerships with community resources and leverages these resources in the school community. Its integrated focus on academics, health, social services, mental wellness, youth and community development and community engagement leads to improvements in student learning, stronger families, and healthier communities. Behavioral Health Clinicians at FCPS community schools would remove an access barrier by providing services in schools.

This project will primarily work toward Blueprint Goals 8 and 12

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

Strategy B-Increase access and availability to behavioral health services for underserved populations. Strategies are to be developed and implemented in a culturally competent manner and in partnership with communities to be served.

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

Strategy 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.

A description of why current available services in the county cannot meet the need.

Research indicates that one in five school-age students exhibit signs and symptoms of a diagnosable mental health condition. Only 20 percent of these students actually receive any mental health services, and the majority of them receive those services in a school setting. Research increasingly suggests that schools function as the de facto mental health service provider for children and adolescents.

The mental health challenges that students experience adversely affect school engagement and academic performance. Many students are not able to access community providers, due to various access barriers for mental health services. Access is limited due to financial resources, medical insurance coverage and limited availability of mental health providers accepting insurance for services, transportation, and long waitlists. Having behavioral health clinicians in the three existing community schools will benefit students who need mental health services and reduce the barriers to accessing these services for students.

Have other funding sources been explored?

No. Hourly professional positions are approved in our budget to hire behind existing employed contracted positions and no growth positions are available in 2020-2021 budget.

How will the program be sustained after funding?

Hourly behavioral health clinicians have been hired for Glasgow MS and Whitman MS. Mt. Vernon Woods ES clinician will be hired when FCPS reopens. Continued funding is being requested until growth budgeted positions are made available.

What is the evidence that the proposed intervention will achieve the desired outcomes with the target population?

FCPS had a VDOE grant that utilized Behavioral Health Clinicians at five high schools during the duration of the VTSS VDOE grant. In review of the Behavioral Health Clinician services data in these five high schools during 2017-18 and 2018-19, although the sample size was small, there were positive outcomes for the students with promotion/graduation rates and increase in attendance outcomes. Although, there is not a direct correlation between the

services and the data, it is of note that there was overall improvement for the students in these areas.

For the chronic absenteeism rates (absent all day 10 percent of the time or more), 54 students, who received services in 2016-17 returned to the same school for the current school year. Overall, the chronic absentee rate fell from 31.5 percent last year to 22.2 percent by February 2019 for the 54 students who returned to the same school where they received services during the 2017-18 school year. For 79 of the students, the promotion/graduation rates from 2017-18 were as follows:

Falls Church HS (n=15): 86.7 percent
Centreville HS (n=16): 100.0 percent
Fairfax HS (n=24): 95.8 percent
South Lakes HS (n=15): 86.7 percent
West Potomac HS (n=9): 88.9 percent

Outcomes with effective therapeutic services to include, CBT and DBT treatment, through behavioral health clinicians, will support access and effective mental health services to students in our community schools. CBT and DBT have been described as the “gold standard” for mental health treatment. Evidence has shown these treatment approaches effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, eating disorders, and severe mental illness. Numerous research studies suggest that CBT leads to significant improvement in functioning and quality of life. In many studies, CBT has been demonstrated to be as effective as, or more effective than, other forms of psychological therapy or psychiatric medications. There is substantial support for CBT as an effective and appropriate first-line treatment for youth with depression and anxiety.

As a comprehensive treatment for pervasive emotional difficulties, DBT has gained empirical support for its effectiveness from research with adults and adolescents. Several randomized clinical trials have demonstrated the efficacy of DBT for reducing self-harm and suicide attempts in adolescents. Given that evidence on effective treatment for adolescents who engage in suicidal and self-harm behaviors is limited, it is especially noteworthy that DBT is a well-established, empirically-supported treatment for decreasing repeated suicide attempts and self-harm in youth.

CBT and DBT have also been shown to reduce office referrals and disciplinary actions in schools, thereby saving valuable school resources. Because CBT and DBT teach effective skills for emotion management, problem solving, interpersonal effectiveness, and decision making, students who acquire these skills are less likely to be suspended or require specialized placements due to emotional and behavioral challenges. This serves the dual purpose of saving school districts money and improving school attendance, academic and social progress of students involved in the therapeutic intervention.

What are the outcome measures including how will the data be collected and reported back to the Children’s Behavioral Health Collaborative?

Data will be collected from the behavioral health clinicians similarly as to the short-term behavioral health (STBH) providers. Access to GAINS assessment through collaboration with

Healthy Minds Fairfax – FY 21: Proposal 1

Healthy Minds Fairfax would be requested and aggregated, behavioral health clinicians would also request completion of the parent surveys and student satisfaction surveys from participants and parents or guardians. Collection of attendance data will be gathered from students accessing behavioral health clinicians and their mental health services duration.

A project budget identifying how county funds will be used and whether a one-time or ongoing expenditure is being proposed.

A total of $120,000 is requested for continuing behavioral health clinicians for academic 2020-21 school year. This would be an ongoing expenditure budget needed every school year.

A timeline for when the project will be completed if county funds are approved.

- The behavioral health clinicians will were hired for Glasgow and Whitman MS in January and February and will remain in the two Community Schools until the end of academic school year 2019-2020 (with using telehealth during school closures).
- Mt. Vernon Woods ES therapist will need to be hired when schools are reopened.

Healthy Minds Fairfax Funding Proposal

Universal Suicide Prevention Programs for all middle, high, and secondary schools in Fairfax County Public Schools

Fairfax County Public Schools (FCPS), Department of Intervention and Prevention Services is submitting a request for funding in the amount of $12,000 for the purchase of 52 Signs of Suicide (SOS) Program renewals for all middle, high, and secondary schools. This would allow FCPS to provide universal implementation of suicide prevention programming for youth in grades 6th through 12th grade. The renewal of this programming is necessary for the 2020-2021 school year since several schools were unable to conduct the suicide prevention program during the 2019-2020 school year. As a result of the COVID-19 Pandemic, all FCPS schools were closed for several months. This impacted the ability of many schools to implement the program during those months.

SOS is a universal, evidence-based program depression awareness and suicide prevention program designed for middle-school (ages 11–13) or high-school (ages 13–17) students. The goals of the program include reducing suicide and suicide attempts in youth by increasing knowledge and encouraging help-seeking behaviors on behalf of oneself or others, reinforcing the importance of seeking treatment for depressive or suicidal thoughts and feelings, as well as reducing the stigma of mental illness. In addition, the program increases "gatekeeper" education, and encourages community-based partnerships between parents, schools and community agencies to support student mental health. These outcomes align directly with the Fairfax County Youth Suicide Review Team's 2016 Annual report which recommends promoting evidence-based risk assessments, educating parents and you on suicide warning signs, and expanding peer gate keeper trainings for teens.

Questions to be addressed:

- *A brief description of the project and how the project will accomplish a Blueprint strategy or action step*?

FCPS has 23 middle, 24 high schools, and 3 secondary schools in addition nontraditional school programs that serve more than 100,000 students in grades 6th through 12th grade. Currently, SOS is implemented in most FCPS middle and high schools. Due to school closure, it is difficult to determine the number of schools who were able to implement the SOS Program during the 2019-2020 school year.

Providing every middle and high school with the funding to renew the Signs of Suicide Prevention Program (SOS) aligns directly with the Children's Behavioral Health System of Care Blueprint in the areas listed below.

Goal 4: Increase Awareness & Reduce Stigma

Action Step – Train schools and community-based organizations in the implementation of Signs of Suicide and Lifelines.

Goal 9: Reducing Incidents of Youth Suicide in our Community

Strategy E – Train behavioral health providers in evidence-based practices specific to the treatment of youth with suicidal ideation and behaviors.

Goal 10: Increase the availability and capacity for evidence-based practices/interventions along the continuum of prevention through treatment

Strategy C - Train County, school staff and providers on EBP's including how and when to use them.

- *Have other funding sources been explored?*

Schools fund the purchase of the SOS program. The upfront cost of $495 and $300 annual renewal fee is cost prohibitive for many of our middle and high schools.

- *What is the recent data indicating extent of need (if available) for the proposed project?*

According to the most recent Fairfax County Youth Survey, 28.3% of youth in grades 8, 10 and 12 report having experienced depressive symptoms in the past year to include feeling so sad or depressed for two or more weeks in row that they stopped doing previously enjoyed activity. 14.8 percent of youth reported having considered suicide in the past year and 5.8 percent of our middle and highs school youth in Fairfax County reported actually attempting suicide.

- *What is the evidence that the proposed intervention will achieve the desired outcomes with the target population?*

When implemented with fidelity, the SOS Signs of Suicide Prevention Program has a demonstrated effect of increasing student's knowledge and adaptive attitudes about suicide risk and depression, as well as a 40-60% reduction in self-reported suicide attempts in randomized control studies (Asletine et al., 2007 & Schilling et al., 2016).

- *How will the program be sustained after the funding?*

Schools will provide the $300.00 annual renewal fee for the online version of SOS. PTA, student-led, or other forms of fundraising for the annual cost could be a proactive way for the school community to demonstrate their support of mental wellness in their school as well as destigmatizing mental health issues.

- *What are the outcome measures including how will the data be collected and reported back to the CBHC?*

The Fairfax County Youth Survey can provide outcome measures both at the pyramid and district level annually, and over time, by looking at the percentage of students responding to questions on the survey who report that they have experienced symptoms of depression, suicidal ideation, or attempted suicide. Annual data can be reported back to the CBHC by sharing and comparing the annual survey of wellness screenings conducted in FCPS with the annual results of the Fairfax County Youth Survey. Again, implementation data for the 2019-2020 school year is incomplete since

many of the schools in FCPS implement the SOS program in the spring and school closures have prevented implementation.

Results of the Fairfax County Youth Survey indicate that the number of students experiencing depressive symptoms has increased by 1% between 2017-2018 school year. The percentage of youth considering suicide also increased from 14.5% to 14.8%. This indicates the ongoing need for the implementation of the SOS Program in all FCPS middle and high schools.

FY 2021 Healthy Minds Fairfax Funding Proposal

The Short-Term Behavioral Health Service for Youth: Continuation of Service

This funding request is in the amount of $200,000 to continue the Short-Term Behavioral Health (STBH) Service. This funding request is to pay for services for students who attend one of 39 Fairfax County Public Schools. Referrals are also accepted from the Community Services Board and the Fairfax Juvenile and Domestic Relations District Count Intake Office.

Progress to Date

The Short-Term Behavioral Health Service for Youth (STBH) is in the process of completing its fourth full year of service delivery. STBH is a short-term outpatient psychotherapy intervention, purchased from contracted private providers, for students with depressive and anxiety symptoms or other emerging mental health issues. Youth and their families receive 6-8 sessions of outpatient counseling using an evidence-based approach. In addition to direct treatment, the families will get help with accessing services through their insurance and connecting to other services, if necessary, after the youth and family completes the Short Term Behavioral Services. Referrals are from school social workers, school psychologists and school counselors. Clinicians from the Community Services as staff from the Juvenile and Domestic Relations District Court can also refer youth. The program is available for students in families with incomes less than 400% of poverty ($104,800 for a family of four in 2020) who cannot access timely services through insurance or Medicaid. This program addresses Blueprint Strategy 13D.

As of March 31, 2020, 270 youth have been referred to STBH services from 19 high schools, 15 middles schools and 5 elementary schools. Referrals have also been received from the Community Services Board and the Juvenile and Domestic Relations District Court during the 2019-2020 school year. Sixty-two percent of the youth referred for services attended at least one session. The average number of referrals is expected to be about 6 sessions per student.

The GAIN Short Screener (GAIN-SS) is administered at the beginning and after 30 days of treatment. During the 2018-2019 school year, youth who have completed a 1st and 2nd GAIN-SS results indicate that approximately 66.6% of youth served had improved behavioral health symptoms, while 26.6% reported no change and 6.6% saw an increase in behavioral health symptoms. The preliminary results of a data analysis of the GAIN SS showed that was a statistically significant decrease in the average number internalizing symptoms reported from baseline to re-administration of the GAIN-SS .Discharge summaries completed by STBH clinicians indicate that 2% showed deterioration; 14% no change; 14% showed minimal change; 25% showed moderate improvement and 31% showed significant improvement in behavioral health symptoms. Another 14% left treatment too early for their symptoms to be properly assessed.

Description of any new project activities

There are no current plans to expand STBH services to additional schools during the 2020-2021 school year. A budget request has been submitted for FY 22 to expand STBH services to all Fairfax County Public Schools High Schools and Middle Schools in School year 2021-2022. Healthy Minds Fairfax staff will consider adding a transportation services to the STBH program in the fall.

Updated Project Budget (all funds go to STBH providers):

Anticipated FY 19 expenditures: prior to the stay home order the program expenditure was projected to be $173,000

Projected FY 20 expenditures: $200,000

Plan for continued funding after expiration of HMF funding:

This program serves children, youth, and families who cannot immediately access insurance for treatment, it is anticipated that continued HMF funding will be necessary to maintain it.

Outcome Measures

Functional Outcomes

- Participating youth will continue to complete a GAIN Short Screener at STBH service initiation and again 60-90 days after service initiation. Scores will be analyzed to determine the average change in score between the two administrations. The percentage of youth with scores that improved, remained the same and declined will also be reported.
- At discharge the treating clinician will continue to assess the status of addressing target problems on a scale from "deteriorated" to "significant improvement".

Quality outcomes

- Caregivers will complete a telephone survey that will include questions about their satisfaction with the services, what impact the service had on their child's behavioral health, and if they were able to follow through on the recommendations made by the STBH provider when services concluded.

Continuum of Care Outcome

- At discharge, the treating clinician will continue to report on the follow-up services to which the youth and/or family were referred, and whether they received the services for which they were referred.

FY 2021 Healthy Minds Fairfax Funding Proposal

Underserved Populations Workgroup

To Continue to Support One Position To Deliver Multicultural Mental Health Services

This funding request is in the amount of $99,116 to provide funding to support one position at the Norther Virginia Family Service (NVFS) Violence Prevention and Intervention Program (VPIP).

A. Brief description of why currently available services in the county cannot meet the need.

For the past two years, Healthy Minds Fairfax has supported to fund one fulltime mental health worker to provide a combination of individual, family, and group counseling as well as intensive case management to immigrant families living in high need neighborhoods in Fairfax County such as the Culmore, Annandale, and Herndon neighborhoods. Services are delivered by in English and Spanish. Services are free to families and paid for funds from Fairfax County. The Underserved Workgroup recommends continuing to fund this position. Without these funds, this position will be eliminated. These services have been funded through a contract with Northern Virginia Family Service

B. Brief description of the project including how it will accomplish Blueprint strategies or action steps.

Goal 8 B, Strategy 3 specifically suggests to "develop and implement strategies to address identified barriers, which may include partnering with community-based organizations with existing presence in or relationships with underserved communities to jointly serve individuals on-site or to promote access to available services". In addition, an additional action step advises to *increase the availability of services offered in languages other than English.*

As stated in previous requests, culturally competent, language specific trauma-recovery mental health services are integrated into the home, school or community setting based on assessment and the family's needs. Bilingual, bicultural counseling services are designed to strategically focus on problem resolution and skill building. Services are provided within the school, community, home or NVFS office, based on client preference and access needs. In order to effectively provide services to youth in both the community and school-based setting, time spent coordinating the various parties is essential to a cohesive, well communicated effort. NVFS' Mental Health Counselors therefore work with school personnel, parents and community-based staff on cases to facilitate treatment goals, referrals and emergency services.

C. Project budget identifying how county funds will be used, and whether a one-time or ongoing expenditure is being proposed.

Cost per FTE to expand*continue existing services: Approximately $99,116
*assumption is this will be added to existing programming, with supervision and management support available to leverage

Projected Budget for FY 21:

Salaries	$	60,365
Benefits (25.5% of salary)	$	15,846
Subtotal Personnel Expense	$	76,211
Direct Expenses - Occupancy (rent), telephone, office supplies, liability insurance, telephone/ computer, mileage, etc.)		
Sub Total Direct Non-Personnel Expense	$	5,907
Total Direct Expense (Personnel and Direct Costs)	$	82,118
Indirect Expense at 21%	$	16,998
Total Expenses	$	99,116

Note Salary includes 1 FTE mental health Counselor, .05 FTE Clinical Supervisor, .05 Fte Program Manager. And .01 FTE Program Director

D. Timeline for when the project will be completed if county funds are approved

FY 2021

E. **Outcomes**

Number of Youth served per FTE: Each FTE provides services to 30 youth (and their families) annually, with an open case load of 10 cases at a time. Mental Health counselors provide group-based services along with a co-facilitator (funded through other means), to an additional 75 youth each year as well, serving a total of at least 105 youth.

NVFS current outcome measures will be used for this position. They include the following: Youth Self-Assessment Scale, Youth Initiatives Participant Assessment, Current Adaptive Functioning Index-Cross Cultural Version, Group and Workshop Post Testing, Client Satisfaction Surveys, Academic Records.

In addition, to the above, NVFS will be working with an evaluation consultant supported by Healthy Minds Fairfax funds to evaluate VPIP services in FY 21.

Healthy Minds FAIRFAX
Supporting Emotional Wellness in Youth and Families

MEMORANDUM

To: CBHC Management Team

From: SOC Training Committee

Date: March 12, 2020

Issue: FY2021 Children's Behavioral Health Funding Request to Expand the Knowledge and Skills of Systems of Care Workforce and Families

a. Description of the project and how it will accomplish a Blueprint strategy or action step.

The Systems of Care Training Committee recognizes the benefit of effective training for all stakeholders to build and sustain a robust Systems of Care. Outlined below is a request for funds that would allow for development of trainings in the community and the facilitation of attendance at national trainings and conferences. The trainings contribute to the success of specific Goals and Strategies outlined in the Blueprint.

1. **Development/Implementation of Cultural Competency Training for Providers**

Goal 8 (Equity/Disparities), Strategy C tasks the SOC Training Committee with developing cultural competency training for county staff and county-contracted behavioral health service providers. Training funds would allow for the coordination and development of 2 half-day trainings for up to 80 contracted providers.

2. **National Conference & Trainings for Workforce and Parent Leaders**

Attendance at conferences and professional trainings that will build new skills and bring fresh perspectives to agency staff and parent leaders. Where possible and appropriate, multi-agency teams made up of key stakeholders from agency and community partners (e.g. FAPT members, parents/caregivers) will have the opportunity to attend conferences and trainings focused on increasing family engagement, trauma-informed care, evidence-based interventions, and innovations/improvements in residential care, for example. The trainings/conferences will be selected based on how well they further the work of the Blueprint.

The conferences and trainings allow for broad collaboration among System of Care stakeholders, emphasize family voice, and are aligned with the System of Care Blueprint goals, including but not limited to the following:

- Goal 1: Deepen the Community Systems of Care Approach
- Goal 3: Family and Youth Involvement
- Goal 7: Care Coordination and Integration
- Goal 10: Evidence-Based and Informed Practices
- Goal 11: Trauma Informed Care
- Goal 12: Behavioral Health Intervention

- Goal 14: DD/Autism Services
- Goal 15: Transition Age Youth

b. Description of why current available services in the county cannot meet the need.

1. Currently, there are no known programs being delivered, consistently and broadly, that address the goal of training providers on cultural competency. 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.

2. The trainings/conferences proposed for staff and parent leaders to attend will offer fresh perspectives and new skills provided by other leaders in the field.

c. Have other funding sources been explored?

There are currently no known funding sources for launching training on the proposed training topic. For the trainings and conferences proposed for workforce development, no other funding sources are available.

d. How will the program be sustained after the funding?

Cultural Competency

It is the hope that a locally developed training for providers could be developed through the One Fairfax initiative. However, at this time, the SOC Training Committee is awaiting guidance from One Fairfax staff on next steps. Until then, funds would be needed to bring in a trainer to accomplish this goal.

Conference & Trainings for Workforce

For each training opportunity, individual agencies are asked if the training costs can be funded through their training budgets. When this is not possible, the SOC Training Committee would use existing processes to fund the conference/training for individuals through training dollars requested from the CBHC Management Team.

e. What are the outcome measures including how will the data be collected and reported back to the Children's Behavioral Health Collaborative?

<u>Outcome measures for the proposed trainings for providers and families</u>.

1. Examples of what may be collected and reported:
    a. Number of participants trained in total.
    b. Results of participant surveys

Sample questions and rating items might include: Did the training meet the stated objectives? What will you do differently as a result of this training? What program policies and processes were changed as a result of the training?

It is expected that at least 90% of participants will state they will be able to use the information learned at the training.

Outcome measures for the Conference & Trainings for Workforce
It is believed that providing individuals actively involved in our system of care work the opportunity to attend national, high quality trainings helps with retention and participation on workgroups, infuses the ongoing work with new and innovative ideas, and keeps the work energized and focused.

Sixteen (16) people will attend high-quality and effective conferences and trainings focused on innovative ways to develop and improve programs for children, youth, and young adults with mental health and substance use disorders. Each conference attendee will be expected to share what they've learned with Blueprint workgroup(s). Before each conference, the conference participant will be expected to discuss with their team, workgroup or supervisor, as appropriate, the expected learning goals of the conference and also do a debrief to the appropriate person(s) after the conference.

100% of participants will indicate that these conferences/trainings developed their competencies, knowledge, skills, or abilities to achieve current and/or future goals

f. A project budget identifying how county funds will be used and whether a one-time or ongoing expenditure is being proposed.

Budget Requests for Training	**Est. Budget**
Training for Providers	$5,000
Conference & Trainings for Workforce	$15,000
Total Request	**$20,000**

g. A timeline for when the project will be completed if county funds are approved.

Training for Providers
Spring, 2021

Conference & Trainings for Workforce
Various dates July 1, 2020-June 30, 2021

Center for Psychological Services
4400 University Drive, MSN 2C6, Fairfax, Virginia 22030
Phone: 703-993-1370

1) A description of the project and how the project will project accomplish a specific Blueprint strategy or action step? Be sure to indicate which strategy and/or action step.

Project Name: George Mason University Center for Psychological Services Partnership with Local Pediatric Practices

This proposal is requesting funds to support two existing practices in this program – The Pediatric Group and Fairfax Pediatrics Associates.

While Fairfax Pediatrics Associates (FPA) is finishing their first year in the program and were on track to break even with the assistance of Fairfax County's first year fund, the COVID pandemic has impacted services significantly. Thus, any assistance to help bridge this gap is appreciated.

For The Pediatric Group (TPG), we came up against an unanticipated issue in year 2. Given the success in year 1, TPG attempted to increase services at the practice by increasing the hours of our behavioral health psychology resident. While there were difficulties with transition to a new EMR in summer 2019, which impacted the ability to see clients quickly, it also became apparent that the demographics of the practice were different than FPA. Thus, fewer clients could afford to pay out of pocket at all for behavioral health services. In fact, half of one time consults did not return for services due to inability to pay even a reduced rate. In addition, the pandemic has caused significant disruption to all services, and resulting in further loss of revenue. While some patients are still being seen via teletherapy, fewer services are being utilized. Thus, for this program to continue at TPG, we would request $10,000 of ongoing funding to help with both funding the program as well as opening a portion of time up to clients typically served by Medicaid.

The Blueprint Strategy that will be addressed:
Goal 7: Care Coordination and Integration – Improve care coordination and promote integration among schools, primary care providers and mental health providers, including the integration of primary and behavioral health care. Specifically, Strategy B: Promote resources to implement tiered levels of integration based on capacity and readiness to include information sharing, co-location, full integration, behavioral health homes and telemedicine.

Integration Plan - Strategies to Facilitate Integration of Behavioral Health Services in Primary Care Practices. Specifically, Strategy 9: Support Expansion of GMU's Center for Psychological Services Partnerships with Local Pediatric Practices Meet with GMU Center for Psychological Services to discuss their partnership with a local pediatric practice to assess opportunities for expansion.

Description of the project:
The purpose of the project is to provide co-located behavioral health services in local pediatric primary care offices in collaboration with the Mason Center for Psychological Services. We are currently in two practices and hope to add a third this Fall.

A Mason Psychology Resident would provide behavioral health services to clients of the local pediatric primary care office referred in house. The Psychology Resident would provide services 2 days per week, 5 hours/day, specific times TBD, based on a 10 hour/week commitment. A new patient would need a one-hour time slot, a follow up patient would need 40 minutes if uncomplicated anxiety, depression or ADHD. If the client is more complicated, an hour appointment would be set aside.

A Mason licensed clinical supervisor will be available 2.5 hours/week to provide supervision for all clinical cases at the Mason Center for Psychological Services. Supervisor will also be required to co-sign notes and have access to notes remotely. Supervisor will be available during the times the doctoral student is seeing clients, by phone, if needed for any emergencies.

Resident will meet with clinical supervisor at GMU Center for Psychological Services to ensure all clinical supervision needs are met for 2 hours/week; ½ hour week is set for notes, consultation, other administrative duties or extra supervision, as needed.

2) A description of why current available services in the county cannot meet the need.

Refer to the Needs Statement on page 4 of the Behavioral Health Integration Plan that was endorsed by the Fairfax-Falls Church Community Policy and Management Team on June 22, 2018. See the link for the Needs Statement excerpt:
https://www.fairfaxcounty.gov/healthymindsfairfax/sites/healthymindsfairfax/files/assets/documents/integration-plan-20181002.pdf

3) What are the outcome measures including how will the data be collected and reported back to the Children's Behavioral Health Collaborative?

In the past two years, we have piloted this at 2 different pediatric practices. The Pediatric Group (TPG), led by Dr. Candace Fugate, is completing year two of this program, embedding a psychology resident into the pediatric practice.

Fairfax Pediatrics Associates (FPA), led by Dr. Sandy Chung, is completing year one of having a psychology resident working within their medical team. With the first year funding provided by Fairfax County, and the ability to charge slightly higher for their services due to a different demographic served ($95/session), FPA was on track to break even prior to the COVID-19 outbreak. This is addressed in the 2nd proposal. Overall, we continue to receive very positive feedback from both sites regarding the accessibility of services, collaboration with primary care doctors and decreased need for referrals out to the community. The biggest "con" from both practices is cost. We also have data that we were not able to quickly access regarding depression symptoms, anxiety symptoms and acting out symptoms due to shift to telehealth. We will report this in a future report.

The Pediatric Group (6/18- current)

For TPG, the first year implementing integrated behavioral health for 10 hours/week was a success with a total of 285 behavioral health visits, and the practice broke even financially, based on the fees charged to clients (sliding scale at $75/session) and the support of Fairfax County ($10,000 to help cover the psychology resident the first year). This year, TPG attempted to increase the hours and availability of the

resident due to significant need for additional behavioral health services at the practice and ended up with a significant financial loss.

Thus, it appears that the assistance from Fairfax County was critical for this practice to break even on finances. We believe part of this was due to the demographics of this practice, as it has a larger percentage of Medicaid patients than FPA. Data from this year indicated that 1/2 of patients who had one behavioral health consult and did not return were Medicaid clients and could not afford the out of pocket cost. We attempted to get full demographic data from the practice, but due to the current crisis, we were not able to do so. See Table 1 for TPG data.

TPG DATA TABLE 1

June 2019- December 2019 – (at 20 hours/week, full expense paid by TPG)
Independent Clients - 44
Total Client contacts – 160 (110 were from August -December)

January 2020 – March 2020 – 10 hours/week, full expense paid by TPG
Independent Clients - 21
Total Client contacts - 102

NOTE: One time consults – 21 clients in addition to the above. Of these, half were on Medicaid, and unable to come back for sessions due to finances.

Total Clients Seen in 2018/2019 (10 hours/week- 11 months) – 285
Total Clients Seen in 2019/2020 (20 hrs for 7 mos/10 hrs for 3 mos) – 262

Fairfax Pediatrics Associates (6/19 – current)

With the help of a Fairfax County Grant last year, we placed a second clinical psychology doctoral trainee in a new pediatric practice, Fairfax Pediatrics Associates, for 10 hours/week. Prior to the COVID-19, Dr. Chung reported that the practice was breaking even on covering costs for the psychology resident. Of note, this practice seems to have a slightly higher demographic in that they are charging $95/session (which is still half of what a session in the community costs out of pocket) and are not having difficulty filling their slots. In fact, they have also requested the ability to expand hours, although it may not be fiscally do-able at this time.

In summary, the FPA psychology resident has seen 58 independent patients, completed 227 behavioral health visits to date (June 2019– March 2020). Data suggests that most patients are seen an average of 3.73 visits (SD = 2.61) and our goal is 6 visits for most protocols. 10 clients were referred for either more intensive or long term therapy. All others were served within the practice. See Table 2 for additional data.

FAIRFAX PEDIATRICS ASSOCIATES DATA TABLE 2

	# Clients seen
Intake	58
Session 1	41

Session 2	36
Session 3	30
Session 4	25
Session 5	17
Session 6	10
Session 7-10	10
One time consult	4

Total BH VISITS - 227
As of 3/30/2020, includes 5 TELEHEALTH VISITS

4) A project budget identifying how county funds will be used and whether a one-time or ongoing expenditure is being proposed.

For the existing practices, we are making two requests.

1) For **The Pediatric Group**, going into their third year of the program, we are requesting $10,000 to cover the stipend for our advanced doctoral trainee, with the practice covering the remainder of the fees for the 2020-2021 academic year. This would include setting aside 1-2 behavioral health slots per week for Medicaid patients who cannot pay $75/session. For year 4, we will re-evaluate the ratio of behavioral health slots for out of pocket vs Medicaid patients.

2) For **Fairfax Pediatrics Associates**, going into their second year of the program where they had anticipated covering all costs for the full year psychology resident, the pandemic has caused a significant disruption in ability to provide behavioral health services, ability for clients to pay for those critical services and the practice to collect for sessions. Thus, any assistance possible to help offset these lost revenues is appreciated as the entire practice is functioning at 40% per Dr. Chung. One option for assistance would be to provide $5000 for year two as the practice is committed to providing behavioral health if at all possible, and the out of practice referrals have decreased drastically this year.

Total budget for 2020-2021 Academic Year (note; 10 hours week = 8 behavioral health appointments):

Cost to cover an advanced doctoral student for 10 hours/week at a pediatric practice:

9 month academic year = $10,000 stipend
$4,100 6 credits in state tuition (3/semester)
$1,425 Half graduate insurance

Total $15,535 (note: if paying for 20 hours/week, this doubles)

Cost to cover 2.5 hours/week of licensed supervisor (off site) x 38 weeks = $5107
($50/hr x 2.5 hours x 38 weeks + 7.5% fringe)

Total cost for 9 month academic year (10 hours/week – end of August – May 31): $20,642

Total cost for full year (including summer 10 hours/week - June 1 – May 31): $26,254.50

5) How will the program be sustained after the funding?

As a condition for participation, the local pediatric primary care group that participates in this project for year 1 will be asked to sustain the project with their full financial support for year 2. While this was not as successful as we hoped in the first practice, there were several factors that may have contributed to this, including the increase from 10 hours/week to 20 hours/week without supplemental funding, a higher percentage of Medicaid patients at that practice and some unavoidable issues including switching of EMR early in the year and COVID-19. As FPA goes into their 2nd year, we will not be increasing hours of the psychology resident to determine if this was a factor that made it difficult to sustain.

In the pilot program, families are charged on a sliding scale basis, similar to the scale set at the GMU Center for Psychological Services ($75/session). This has the advantage of covering the cost of the services. However, the lowest income clients are not able to pay out of pocket, and as we work with physician practices to hire their own psychologist, they will be able to bill Medicaid and other insurances. To bill insurance, it is a Medicaid requirement that the supervisor be on site while all services are being provided. Off-site supervision is acceptable for sliding scale payment. However, by increasing behavioral health services "in house" practices will save on the cost of the GMU supervisor, while expanding the ability to serve more patients across all socioeconomic levels.

6) A timeline for when the project will be completed if county funds are approved.

If county funds are approved, FPA will start in June 2020 and end in May 2021, while TPG would start in August 2020 and end in May 2021.

Thank you for your consideration!

Robyn Mehlenbeck, PhD, ABPP
Director, GMU Center for Psychological Services
Clinical Professor, Department of Psychology
George Mason University
Email: rmehlenb@gmu.edu

The Healthy Minds Evidenced Based Practice Workgroup is requesting $165,167 for FY 21 to continue to fund the Fairfax Training Consortium for Evidenced-based Practice. The Fairfax Consortium for Evidenced Based Practice accomplishes Goal 10, Strategy C in the Children's Behavioral Health Blueprint which is to train county and school staff as well as private provides in evidenced based practices.

Background of the Consortium

The Fairfax Consortium for Evidence Based Practice, funded for three years by Healthy Minds Fairfax and an active collaboration with GMU's Department of Psychology and Inova Kellar, provides quality training in evidence-based skill development for child serving behavioral health therapists in our public and private sector. Core skills of Cognitive Behavioral Therapy and Dialectical Behavioral Therapy are offered with additional offerings addressing trauma, substance use, suicide risk assessment, and the unique needs of LGBTQ+ youth. Training in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) was offered in the Spring 2019 and was delivered by a certified trainer in TF-CBT. MATCH ADTC which is an evidence-based intervention for younger children was completed in 2019. Trainings included supervision and consultations for a group intending to pursue certification (where relevant) and a research component that can contribute to future pursuits of grants and non-county funding to contribute to its sustainability in future years.

Since December 2018, the Fairfax Consortium on Evidenced Based Practices (FCEBP) has trained a total of 438 therapists (inclusive of overlap across some trainings) in evidenced based treatments for youth with behavioral health needs and their families. These therapists have come from public agencies, Fairfax County Public Schools, local non-profits, and private agencies that contract with Fairfax County. An ample amount of data has been collected in the context of these trainings. Comparing scores from pre- to post-trainings, therapists reported a significant increase in knowledge and self-efficacy, or confidence, in the use of skills designed to address multiple types of youth mental health problems including, suicidality, depression, anxiety, conduct problems, substance abuse, and trauma. With regard to the core competency CBT/DBT training, comparing scores from pre- to 3-month post-training, therapists also reported a significant increase in overall use of CBT/DBT techniques. When examining specific techniques, therapists reported a significant increase in skills that can be used to address all types of problems, which include problem-solving, cognitive restructuring, affect regulation, and sleep hygiene. Notably, they also reported a significant increase in weekly use of an evidence-based client self-report symptom measure (depression, anxiety, anger, fatigue, suicidal ideation, suicidal behavior, substance use) at the start of each therapy session. This assessment is built into the core competency CBT/DBT treatment protocol. The therapists use this measure to monitor client progress and assist in treatment planning, consistent with "measurement-based care." Similar to evidence-based interventions, accrediting bodies of major healthcare organizations, such as The Joint Commission, now require the use measurement-based care to track client progress and monitor outcomes. Fidelity data, in the form of a self-report assessment of adherence to the essential elements of each manualized treatment module (e.g., problem-solving, cognitive restructuring, affect regulation, etc.) included in the core competency CBT/DBT treatment manual, was collected from a subsample of 47 therapists. Cumulatively, these 47 therapists completed over 200 adherence checklists. These

therapists consented to provide these extra data in the context of a GMU IRB approved research protocol. On average, therapists reported adherence rates of 75%. These adherence ratings are considered to be strong given that we encourage some "fidelity with flexibility" in the delivery of content, many of the therapists who completed the adherence checklists did not participate in supervision calls with the trainers, and the use of the treatment manual was not mandated by administrators.

Many of the therapists who are targeted for these trainings work for the Community Services Board or community non-profits who have contracts with Fairfax County to provide behavioral health services to those youth and families who otherwise would not have access to care. These organizations often work for our most underserved and vulnerable populations. Additionally, Evidenced-based practices have been shown to increase the quality of the care being provided.

Description of the Project

Implementing Evidence-based practices is expensive due to the extensive training and oversight required. The Community Services Board, and local non-profit agencies that provide behavioral health care to the most vulnerable children and youth in our community do not have the funding to meet these training requirements. Healthy Minds Fairfax is partnering with George Mason University and Inova to sponsor Evidence-based practice training for public and private behavioral health providers. The three-year pilot project has thus far trained 438 therapists in a variety of Evidence-based practices. This collaboration has proved to be a very cost-effective method of providing EBP training. The request is for $165,167 in FY 2021. Funding will be allocated to support the following tasks:

1. Funding will be used to train approximately 330 clinicians who work in a public or private child serving behavioral settings in various Evidenced-based practices. Trainings consists of an average of 3 days. Participants who attend the Core Competency, Trauma Focus-CBT, and Family Intervention for Suicide Prevention are required to participate in bimonthly supervision calls. The days of training depend on the evidenced based practice being taught. The purpose of the calls is to provide support to the clinicians in their utilization of the evidenced-based practice and to help the clinicians adhere to the fidelity of the evidenced-based practice. Other planned trainings include Diagnostic Interviewing and a training for case managers that will teach case managers how to match youth to providers who utilize Evidence-based practices

2. In order to successfully implement EBPs agencies must review and usually re-structure all or part of their service delivery systems and revise their training plans to accurately assess the needs of children and youth entering services and match them with appropriate Evidenced-based practices. The funding request will allow for consultation to the Community Services Board and local non-profit behavioral health providers in implementing EBPs within their agencies.

3. This funding request allow George Mason staff to measure to what degree of fidelity the clinicians following the training protocols. At each training, clinicians are given a pre and post

survey to gauge their confidence in using the skill and if they increase their knowledge in that area. A follow-up survey will be sent out to each clinician to measure their usage of the evidenced-based practice and which evidenced-based practice they use most often. Agency and providers who send staff to the trainings will be asked to agree to allow for satisfaction surveys to be sent to their clients after treatment ends as part of the standard of care. An annual report on the status of evidenced-based practice implementation will be presented to the Children's Behavioral Health Collaborative Management Team Community Policy and Management Team.

Outcome Measures

Overall, therapists providing therapeutic services will be better equipped to meet federal and state requirements to utilize Evidenced-based practices. Additionally, organizations will be in a better position to be reimbursed by funding sources that will require treatment that is evidenced based.
Specifically, each clinician is given a pre and post survey to gauge their confidence in using the skill and if they increase their knowledge in that area. A follow-up survey will be sent out to each clinician to measure their usage of the EBP and which EBP they use most often. Supervision calls will be used to measure how closely the therapists are able to follow to the fidelity of the EBP. Agency and providers who send staff to the trainings will be asked to agree to allow for satisfaction surveys to be sent to their clients after treatment ends as part of the standard of care.

The Evidenced Based Workgroup will make an annual report to the Children's Behavioral Health Collaborative and the Community Policy Management Team.

Healthy Minds Fairfax 2020 Proposal – "Heads up /Talk It Out"

Emergency Services began its partnership with the Children's Behavioral Health Collaborative in 2017, when peer recovery support staff noted the high number of number of children and families that were presenting for crisis intervention services and did not appear to be connected to behavioral health services. At that time there had been there were 972 youth who utilized the Emergency Services. As of the close of 2019 there had been 2,400 services provided to youth and their families.

In this, our third year with the Children's Behavioral Health Collaborative, we are requesting continued support for our peer recovery support specialist led, drop-in group for teens and their parents as well as the expansion of services for a parent support group and a recovery and wellness group for teens at the Northwest Center in Reston. These groups address the Blueprint goal of developing and expanding youth and parent/family peer support services.

Goal 5: Youth and Parent/Family Peer Support
Develop and expand youth and parent/family peer support services.
The creation of a Family Navigator program to assist families in "navigating the system" and expansion of evidence-based peer to peer groups round out the strategies of this goal.

1. **A description of the project and how the project will project accomplish a Blueprint strategy or action step**?
   This submission is to request ongoing funding of two 30-hour non-merit benefit eligible Peer Recovery Specialists at Merrifield Center and request an additional 30-hour non-merit benefit eligible Peer Recovery Specialist position to support the new parent support group "***Talk It Out***" and an adolescent recovery and wellness group, "***Heads Up****,"* in Reston.

   Presently: The teen ***Heads Up*** and parent ***Talk It Out*** group held at the Merrifield Center is supported by collaboration between Emergency Services and Youth & Family Outpatient behavioral health services programs. The two groups meet concurrently one time per week and are staffed by a combination of CSB clinical staff and two to three Recovery Peer Specialists.

   The mission of the groups has been to help these individuals and their parents to manage stress and decrease use of Crisis Response services though development of recovery skills and crisis plans in collaboration with Peer Recovery Support. The ***Heads Up*** group serves individuals between the ages of 14-17. The curriculum used with the teens is evidence based and services are delivered via 90-minute groups meeting one time per week. The ***Talk It Out*** parent support group is 90-minutes one time per week and has provided families with ongoing support and assisted with navigation of community resources and services.

   The proposed ***Talk It Out*** parent group in Reston would be open to parents and guardians of existing clients and non-clients in Fairfax County. There would be no charge for participation in the group. The group plans to support caretakers of children and teenagers that are struggling with issues addressed by the mission of the CSB.

   The group will be modeled after the Juvenile Court Family Services Group run at Fairfax County Court and ***Talk It Out*** group at Merrifield Center. It would give emotional support to parents going through a difficult time with their child. Group facilitators, CSB clinical staff and Peer Recovery Support staff, will help parents access the appropriate services in the county, including those in the

private sector. The group will also give emotional and logistical support to parents with children that have serious emotional disabilities. Ultimately, parents and guardians will be linked to services most appropriate for their child.

The group will be open format without a curriculum and as the group forms topics and curriculum will be developed based on participants needs. The group will initially be staffed by existing CSB staff and a Peer Recovery Specialist. The Peer Recovery Specialist will help parents and guardians connect through shared lived experience with behavioral health issues.

Since February 2019 to date the group at Merrifield has serviced 46 parents/guardians and 94 adolescents in the respective ***Heads Up*** and ***Talk It Out*** groups.

Strategy B in Goal 5 states: "Expand peer support services for Youth and Families"
By expanding available family support to Reston this will meet the need for expansion of Goal 5. The need for this type of group in the north county area is high. ***Talk It Out*** would provide emotional support to parents struggling through a difficult time with their child.

Due to staffing patterns and space availability at the Northwest Center (NWC) the peer recovery specialist will lead an adolescent wellness and recovery group similar to ***Heads Up*** at Merrifield, but on a different day. There are several groups being offered at the NWC site, including: Substance Use Disorder Group, Trauma Group for Girls, MATCH groups for younger children (aged 7-11).

2. A description of why current available services in the county cannot meet the need.

Currently, there are no other services that provide Behavioral Health Family "drop-in" peer support programing and system navigation in the Reston area of the county. Merrifield drop-in groups, ***Heads Up*** and ***Talk It Out*** have served parents and teens from central and southern areas of Fairfax County.

3. What are the outcome measures including how will the data be collected and reported back to the Children's Behavioral Health Collaborative?

The Reston and Merrifield groups will take attendance and follow-up with individuals that that attend groups through phone contact by Peer Recovery staff. Staff will ask participants to complete measures provided by Lisa Lunghofer, Ph.D., owner of Making Good Work, LLC. The instruments include the *Satisfaction with Services Scale EBP*; the PROMIS measure of *Informational Support* and the PROMIS measures of *Psychological Stress Experiences* and *Emotional Support*. These scales will be offered at group start, four-week interval and at conclusion of group participation. to evaluate both process and outcome data. The information would be sent to the Children's Behavioral Health Collaborative annually and shapes outreach and marketing efforts to reach more youth and families in need of supportive services.

4. A project budget identifying how county funds will be used and whether a one-time or ongoing expenditure is being proposed.

The groups are requesting ongoing funding to support group logistics including marketing materials, beverages, snacks, transportation (bus tokens), and the acquisition of additional peer recovery staff.

Budget:

Category	1 position (midpt/hr)	3 positions	Cost +FB @ 14.55%	Total
Peer Recovery Specialist (S-15)	25.17	75.51	$30,100.86	$30,100.86
Supplies (Metro Bus tokens, handouts and art supplies)				$ 1500
Snacks (all groups)				$ 300
Total				$31,900.86

FB Rate by position status	
Non-Merit Benefit Eligible	14.55%

5. **How will the program be sustained after the funding?**
   The groups ***Heads Up*** and ***Talk It Out*** at Merrifield Center have been supported by clinical and Peer Recovery staff at Merrifield Center, this is expected to continue as long as the need presents for these groups. The proposed ***Talk It Out*** group at Reston Center will be run by CSB clinical and Peer Recovery staff and may eventually be fully sustained by Peer Recovery Specialists and parent volunteers vetted by CSB VIVA!

6. **A timeline for when the project will be completed if county funds are approved.**
   Projecting relief from social distancing by the current COVID 19 pandemic in the summer of 2020, it is anticipated that the ***Heads Up*** and ***Talk It Out*** groups at Merrifield will return to full participation within 6-12 months. The new ***Talk It Out*** and ***Heads Up*** groups in Reston should be able to start within 6-12 months. In Addition, a telehealth version of the group at Reston would be offered on Zoom, if current restrictions are not lifted by the start of the next school year. Parents and guardians will surely need the support and additional resources, if FCPS does not open in August 2020 for in-person instruction. Project completion for the initiation of the Reston ***Talk It Out*** and ***Heads Up*** groups will be measured by ongoing group participation and adoption of recurrent meetings. It is thought that this should occur within 6-12 months.

Create Calm: Fostering Resilience in Early Learning

Introduction

Science has demonstrated that early childhood is a prime time for natural exponential brain development that facilitates the learning of the three social-emotional strengths of resilience: attachment, self-regulation, and initiative. When these social-emotional strengths are fully developed and in balance, children have a greater ability to cope with stress and adversity. Early childhood educators are increasingly faced with behavioral challenges and mental health needs that are often based in social-emotional challenges related to attachment, self-regulation, and initiative. Although classroom educators are not typically trained as mental health professionals, when provided with simple evidence-based strategies for incorporating those social-emotional strengths into classroom routines, the need for more significant forms of intervention and treatment is reduced. Create Calm is a non-profit organization that provides these critical mindfulness-based behavioral health programs.

#1 Project Description

Applicable Blueprint Goal #10: increase availability of evidence-based and informed practices
Strategy C: Train County, school staff and providers on EBPs, including how and when to use them.

Create Calm is dedicated to providing educators and paraeducators with the tools needed to support the social-emotional needs of their students. By supporting early childhood educators, including paraeducators, who work directly with children, interventions reach a larger number of students and thus have a greater impact on the community.

In the Create Calm Program for Fostering Resilience in Early Learning, 25 FCPS early childhood educators and paraeducators will be trained in powerful and effective tools to deepen the understanding and application of yoga and mindfulness practices to reduce stress and enhance self-regulation in themselves and the children with whom they work. These tools include yoga poses, breathing exercises and meditation techniques to improve focus, balance and energy. Participants will explore practical techniques and develop skills to create calm through purposeful play that encourages self-awareness, relieves tension, and fosters social-emotional competencies. These practices are intended for classroom implementation. The training is efficiently packaged in 2-hour modules designed to provide a layered learning experience while exploring specific topics such as sensory processing, emotional regulation, and challenging behaviors. Details and learning objectives for the modules are attached.

These training modules are one component of a multi-learning platform that includes in-person experiential training modules, mentorship (in-person and virtual), and an online review course. The

training modules are based on well-known psycho-educational theory, incorporating mental health education and scientific research of brain development. The complement of in-class instruction, hands-on learning and in-the-field practice allows participants to identify, discuss, and develop strategies related to challenging behaviors in their own classrooms in a preventative manner. Participants begin to develop practical applications for the benefit of their students. Mentorship, including phone calls, video conferencing, journaling, and site visits promote further understanding of the program content and greater classroom application. The online review course provides an opportunity for participants to reflect upon and problem solve around topics and issues that educators are most frequently encountering. In addition to supporting participants individually, the structure of this learning platform creates a strong and meaningful sense of community among the participants. Teachers who were previously trained in an earlier Create Calm training of FCPS Early Head Start staff will become mindfulness leaders, providing ongoing mentorship to the recent program graduates. All participants in this program will be offered a discounted rate to enroll in the 30-hour Radiant Child Yoga Level 1-3 foundational training to become certified children's yoga instructors. These individuals who go on to complete the 30-hour children's yoga program would be poised to become the next generation of mindfulness leaders.

#2 Need for Programming

In 2016, FCPS published a report finding that positive, supportive discipline procedures led to fewer behavioral issues in school.[1] FCPS has led the way in promoting student wellness, mental health, and resiliency through their award-winning Student & Staff Health & Wellness program. This program includes school-based wellness committees, before/after school programming for students, wellness conferences, and wellness newsletters. FCPS formally supports the social-emotional needs of students with a comprehensive team of psychologists, mental health professionals, behavior intervention services and crisis intervention resources. Unfortunately, these services primarily respond to significant behavioral issues or trauma, rather than preventing challenging behaviors and mental health needs. Additionally, there is a very limited number of FCPS professionals working in these positions. For example, in the Behavior Intervention Services department, there are only 17 behavior intervention professionals to provide guidance around behavior prevention and intervention services for more than 187,000 FCPS students.

Since 2016, Create Calm staff have been teaching in FCPS, bringing expert instruction in the form of children's yoga classes, professional development, mentorship and community building events. As an approved FCPS vendor, Create Calm currently provides these programs as part of a comprehensive

[1] https://www.boarddocs.com/vsba/fairfax/Board.nsf/files/AHBN8R5B740D/$file/Study%20of%20Changes%20in%20Discipline%202004-2016_April%202016_technical%20rpt.pdf.)

layered learning platform for educators, including opportunities to continue education and training through a more comprehensive registered children's and family yoga instructor certification program.

In 2018, Create Calm conducted its first FCPS teacher training with the Fairfax Family and Early Childhood Education Program (FECEP). Over the past two years, nearly 30 FCPS Head Start Educators and FECEP family outreach and nutrition providers have attended a 30-hour Radiant Child Yoga teacher training. This training included classroom immersion practice teaching and personalized mentorship. While this is a good start, there are many more educators, students, and families that would benefit from the same strategies and interventions. This proposal will provide an additional 25 educators with critical wellness tools.

According to the FCPS website, during the 2019-20 school year, there were more than 4,200 students enrolled in PreK and Head Start programs. These early childhood programs exist in 91 out of 141 FCPS elementary schools (almost 65%). The services and supports embedded in these programs are designed to impact the academic, physical, social, and emotional wellness of the students and their families as well. By supporting PreK and Head Start educators, we can provide wellness interventions for the students in greatest need, our youngest learners. Additionally, by targeting this specific population, we are able to contribute to the natural home-school connection that already exists, thus directly impacting their families and the community at large. The Create Calm training series is designed to be preventative. As an increasing number of educators begin to incorporate techniques learned in this training into their classrooms, we hope to increase mindfulness and resilience in students, and reduce the number of challenging behaviors in the classroom.

#3 Data Collection and Reporting

The primary learning outcomes for this proposal include:

- Learn the fundamentals of teaching yoga and mindfulness to children including age-appropriate breathing exercises, movement, and techniques for rebalancing energy
- Identify stress-reduction and behavior management strategies
- Practice varied techniques for calming and focus
- Understand the intentions and benefits of yoga and mindfulness practices ● Learn effective means for incorporating yoga successfully in a classroom
- Understand the correlation between core learning standards and yoga

Create Calm is committed to ensuring effective, high quality programming and measurable success. All Create Calm programs include consistent means for collection, assessment, and dissemination of data. Primary data collection typically takes place through:

- Assessment Instruments: teacher observations; call and response quizzes; written exercises and demonstrations (practice teaching); textual and visual analysis and interviews; comprehensive manual & training materials.
- Surveys: data points for participant surveys include instructor preparedness, course content, and level of comfort with implementing the strategies taught; data points for students include how they felt before and after a mindfulness experience, their interest in continuing to learn about yoga, and strategies they feel they can use for themselves.
- Journaling & Small Group Reflections: mindfulness journals & personal practice reports; interactive, experiential learning models; opportunity to revisit and learn new mindfulness strategies as applied to existing challenging behaviors in the classroom to enhance effectiveness and sustainability.
- Classroom Feedback: mentorship will provide a means for tracking classroom behaviors as well as monitoring participant effectiveness in implementing newly acquired skills
- Mindfulness Leadership Track: cohort mentors will use a collaborative tracking form to report observations, questions, and feedback to include goal-setting and strategies for sustainability. ● Final Observations: testimonials, surveys, feedback will be collected at conclusion.

Examples of these data collection tools to be used are attached.

#4 Project Budget

We are requesting a one-time expenditure of $4,999.99 from Healthy Minds to cover costs associated with providing trainers, mentors, and materials for this program. Additional funds will be provided through donations and contributions, including funding through the FCPS Early Head Start department. The full proposed operating budget for this program is attached. Below is a summary of program expenses by course component.

Course Component	Cost (per person)	Cost (25 participants)
Series of 4- 2hr modules	$120	$3,000
1hr Mentorship	$95	$2,375
2hr On-Line Review Course	$75	$1,875
TOTAL	$290	$7,250

#5 Program Sustainability

The Mindfulness Leader refresher training and mentorship provide a platform for greater sustainability. Previously trained FCPS staff will be invited to become Mindfulness Leaders, connecting with the current cohort of participants to answer questions, provide support/resources, and develop a network for resilience in schools. The current timeline for the project affords ease and continuity for renewing services and continuing to build the network of Mindfulness Leaders and participants in FCPS. Current participants and FCPS mental health professionals will also be eligible for discounts on the comprehensive Radiant Child Yoga teacher certification program, making certification more affordable and accessible, and providing reinforcement for the foundational skills learned in this training series.

If the need arises for additional funding, Create Calm is prepared to solicit corporate sponsorships through organizations that are invested in early childhood initiatives.

#6 Project Timeline

This program is designed for a cohort of 25 early childhood educators and paraeducators. These participants will engage in a year-long program, outlined as follows:

August, 2020	Leadership Meetings to Determine Training Dates/Locations; Registration Open
September, 2020	Virtual Review Course; Reflective Supervision/Training of Mindfulness Leaders
October, 2020	Training Module 1
November, 2020	Mindfulness Leaders Paired with Cohort Participants
December, 2020	Training Module 2
February, 2021	Training Module 3
March, 2021	Training Module 4
April-May, 2021	Mentorship for Current Cohort
June, 2021	Final Data Collection & Analysis

Training Modules to be Included in the Proposal for

Fostering Resilience in Early Learning

Create Calm Module 1: An Introduction to Yoga for Children: How Yoga Balances the Mind, Body and Nervous System

In this experiential introductory workshop teachers will learn the science behind the benefits of sharing yoga with children. Participants will learn how yoga postures, breathing exercises and meditation practices build resilience and balance the stress-response in the nervous system. This workshop will introduce movement and breath practices that build resilience, calm the nervous system, clear stress from the body and mind and prepare students for learning. These evidence-based strategies act as preventative interventions and are easily incorporated into classroom routines.

In Module 1 participants will:

- Understand primary reasons how children can benefit from yoga
- Explore how science supports the practice of yoga to balance the brain and nervous system and enhance executive functioning for optimal learning
- Identify evidence-based practices that help children calm, focus, and self-regulate
- Experience mindful movement and meditation for stress relief and improved

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Throughout all of these continuing education experiences, participants will be learning yoga and breathing techniques that build their capacity to support their students while attending to their own emotional and mental well-being.

Create Calm

resilience

Module 2: Yoga and Self-Regulation: Using Yoga to Rebalance Energy, Improve Focus and Calm the Mind.

In this workshop, participants will experience guided yoga and mindfulness exercises that train the brain to recognize emotions and manifest them in a pro-social manner (self-regulation). By improving self-regulation, students are enhancing skills of interoception. Interoception provides students with a better understanding and feeling of what's going on inside their body allowing them to engage in more preventative behavior management strategies, rather than engaging in unhealthy behaviors.

Workshop participants will explore yoga tools that help students manage difficult emotions and symptoms of trauma, including anger, anxiety, and fatigue. As students learn to more effectively engage interoceptive skills, they develop lasting behavior management techniques that act as preventative measures to stabilize behavior, reduce anger and anxiety, and improve mental clarity.

In Module 2 participants will:

- Identify the primary emotional challenges facing children today
- Understand how symptoms of trauma may affect the brain and body and learn how yoga can provide potential preventative tools to reduce the impact of those symptoms
- Practice breathing and meditation exercises that manage anger and anxiety, support self-regulation and build resilience
- Explore techniques for waking the brain and calming the mind
- Experience how mindful meditations and positive affirmations build self-confidence and directly impact individual belief systems and capacity for self-care

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Throughout all of these continuing education experiences, participants will be learning yoga and breathing techniques that build their capacity to support their students while attending to their own emotional and mental well-being.

Create Calm

Module 3: Yoga and Social-Emotional Learning: Building Compassion and Community in the Classroom with Yoga.

In this workshop, participants will discover how yoga supports social-emotional development. Scientists describe social emotional development as the emerging capacity of a child to experience, control, and express feelings, form close and secure interpersonal connections, investigate the environment and learn, all in the setting of family, society and cultural anticipations. These factors are critical to student growth and well-being.

Through yoga games and stories, participants will experience how purposeful play encourages self-awareness, relieves tension, and fosters social-emotional competencies. Participants will learn how to implement yoga inspired activities in critical transition spaces and throughout the day in the classroom. Healthy social-emotional skills are developed when educators nurture interpersonal relationships in conjunction with physical movement resulting in the harmonious integration of brain regions.

In Module 3 participants will:

- Practice yoga games that support social emotional learning, build empathy, and grow positive connections between teachers and students
- Experience meditation and mindfulness exercises that develop students' focus and awareness
- Discover how yoga games develop compassion, community, self-regulation and resilience
- Develop personalized yoga strategies to easily incorporate into classroom routines

Module 4: Addressing Sensory Challenges in the Classroom: Yoga

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Throughout all of these continuing education experiences, participants will be learning yoga and breathing techniques that build their capacity to support their students while attending to their own emotional and mental well-being.

Create Calm
Techniques for Sensory Integration and Attention

In this module, participants will explore the science of yoga for sensory integration, including how to support students with attention and sensory processing challenges. Those students with neurological challenges are often in an ongoing stress state and thus have limited capacity to take in and process information.

Participants will experience yoga movement and sequences including acupressure techniques, spinal movement, and stretching to build body awareness, improve coordination and core strength, and support proprioception and the vestibular system. Through these exercises, students can achieve greater internal composure, balance the body and mind, and enhance cognitive functions, creating a calm, focused student ready to learn.

In Module 4 participants will:

- Practice yoga postures that support core strength development
- Learn body tapping techniques that promote body awareness, including spatial positioning and relative movement in the body
- Recognize how yoga improves the vestibular system and proprioception and how this impacts student learning
- Explore how breathing and movement help build physical stamina and emotional resilience in students of all ages -- children and adults

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Throughout all of these continuing education experiences, participants will be learning yoga and breathing techniques that build their capacity to support their students while attending to their own emotional and mental well-being.

Fostering Resilience in Early Learning
2020-2021 with Fairfax County Public Schools

Proposed Budget

ESTIMATED EXPENSES			
	Children's Yoga Training Materials	$	1,875
	Children's Yoga Training Instructor Pay	$	3,000
	Mentorship/Internship Staffing	$	1,375
	Space Rental for Trainings & Classes	$	950
	Instructor Travel Expense	$	85
	Admin/Operations (@3% of total operations)	$	165
	Client Staffing/Program Management	$	1,225
	Executive Team (3.5% total cost)	$	304
Total Expense		$	8,979
PROJECTED INCOME			
Direct Public Support	Healthy Minds Grant	$	4,999
	Space Rental Donation	$	950
	INA Wellness In-Kind Donation	$	250
	Client Staffing/Program Management Donation	$	640
	Board Member Donations	$	100
	Fundraising/Donations	$	-
	Professional Services Donations	$	-
	Client Contributions/Payments		2251
Other Income	Miscellaneous Income	$	-
Total Income		$	9,190
NET INCOME		$	211

RCY MENTORSHIP TRACKING & FEEDBACK CHECKLIST

Student Name:

Contact Information:

MEETING/CALL RECORD

Call/ Meeting/ Observation	Date Time	Date Time	Date Time	Date Time	Date Time

Calls					
Meetings					
Observations					

NEXT SCHEDULE MEETING/CONTACT: _____

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PRACTICUM COMPLETED: YES NO Date: _____

ATTENDED Level 1-3: YES NO If no, level completed: _____
If no, why was whole course not completed? _____

INTRODUCTION/GOAL SETTING

What tools and techniques have you used and found successful?

What is one thing in your teaching or in your own life that has changed as a result of this training?

How will this yoga be incorporated into your work regularly?

What do you feel is the greatest challenge you face in implementing these new tools?

How do you envision us using your mentorship time?

Are there particular tools or techniques you would like us to work on together/need to review?

SUMMARY OF GOALS/PRIORITIES:

_____

_____

CLASS COMPONENTS (feedback on teaching observation)

Class Format	Key Content	Notes
Centering/ Tune In		
Warm Ups		
Poses/ Exercises		
Games		
Relaxation		
Meditation		
Ending		

OVERALL FEEDBACK

What are the teacher's strengths?

_____

What inspired you most in the teaching you observed?

_____

What tools were especially effective?

_____

What did not seem to work as well?

_____

Identify the most successful age-appropriate poses/exercises/activities observed.

_____

Final Comments (cudos, next steps, promised resources, remaining questions):

_____

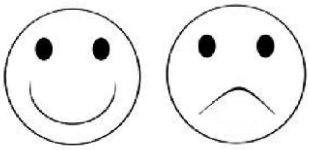
Kids Yoga Survey

How did you feel before yoga today?

How did you feel after yoga?

Did you like doing yoga today?

Would you like to participate in more yoga classes?



Will you be able to use something you learned in yoga today? Write/draw about it in the box.

How would you rate your yoga class?

Tell me something I don't know about your yoga class today.

This survey will be sent to participants as a Google Form.

Please read the statements below, and rate the course and instructor according to the following scale:

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

	1	2	3	4	5
The instructor was well prepared.					
The content of the training was well presented.					
The instructor created a positive learning environment.					
I learned new information/skills as a result of this training.					
I would attend another training like this.					
I feel that I can now teach a yoga class to my students.					

	Yes	No	Further Explanation
Are your school administrators aware of this course?			
Have you shared with administrators how your new yoga skills are impacting the classroom?			
Have you shared any tools or successes with your colleagues?			

Have you encouraged any colleagues to take this course?			

Please provide a brief response to the following questions:

1. What led you to take this course?

2. Complete the sentences: At the beginning of this training, I felt _____. At the end of the training, I felt _____.

3. Which tools and techniques did you find most useful? How will you use what you learned?

4. What did you enjoy most about the training?

5. What did you enjoy least about the training?

6. What would you like to see more of, or experience, in future trainings?

7. Please explain any additional feedback you have, or share a story of how you have been professionally or personally impacted by this training.

Center for Psychological Services
4400 University Drive, MSN 2C6, Fairfax, Virginia 22030
Phone: 703-993-1370

1) A description of the project and how the project will project accomplish a specific Blueprint strategy or action step? Be sure to indicate which strategy and/or action step.

Project Name: George Mason University Center for Psychological Services Partnership with Local Pediatric Practices

This proposal is requesting funds to add a NEW practice to this program – KIDZ DOCS. KIDZ DOCS is a pediatric practice under the Trusted Doctors umbrella, and is located in Alexandria, VA. They have significant need for a behavioral health clinician and have requested to join this program. Similar to the first two practices, they would make a 2 year commitment, with the help of Fairfax County to assist in funding the first year. Given the location of this practice, in Alexandria, this helps address needs further out in the county.

The Blueprint Strategy that will be addressed:
Goal 7: Care Coordination and Integration – Improve care coordination and promote integration among schools, primary care providers and mental health providers, including the integration of primary and behavioral health care. Specifically, Strategy B: Promote resources to implement tiered levels of integration based on capacity and readiness to include information sharing, co-location, full integration, behavioral health homes and telemedicine.

Integration Plan - Strategies to Facilitate Integration of Behavioral Health Services in Primary Care Practices. Specifically, Strategy 9: Support Expansion of GMU's Center for Psychological Services Partnerships with Local Pediatric Practices Meet with GMU Center for Psychological Services to discuss their partnership with a local pediatric practice to assess opportunities for expansion.

Description of the project:
The purpose of the project is to provide co-located behavioral health services in a local pediatric primary care office in collaboration with the Mason Center for Psychological Services.

A Mason Psychology Resident would provide behavioral health services to clients of the local pediatric primary care office referred in house. The Psychology Resident would provide services 2 days per week, 5 hours/day, specific times TBD, based on a 10 hour/week commitment. A new patient would need a one-hour time slot, a follow up patient would need 40 minutes if uncomplicated anxiety, depression or ADHD. If the client is more complicated, an hour appointment would be set aside.

A Mason licensed clinical supervisor will be available 2.5 hours/week to provide supervision for all clinical cases at the Mason Center for Psychological Services. Supervisor will also be required to co-sign notes and have access to notes remotely. Supervisor will be available during the times the doctoral student is seeing clients, by phone, if needed for any emergencies.

Resident will meet with clinical supervisor at GMU Center for Psychological Services to ensure all clinical supervision needs are met for 2 hours/week; ½ hour week is set for notes, consultation, other administrative duties or extra supervision, as needed.

2) A description of why current available services in the county cannot meet the need.

Refer to the Needs Statement on page 4 of the Behavioral Health Integration Plan that was endorsed by the Fairfax-Falls Church Community Policy and Management Team on June 22, 2018. See the link for the Needs Statement excerpt:
https://www.fairfaxcounty.gov/healthymindsfairfax/sites/healthymindsfairfax/files/assets/documents/integration-plan-20181002.pdf

3) What are the outcome measures including how will the data be collected and reported back to the Children's Behavioral Health Collaborative?

In the past two years, we have piloted this at 2 different pediatric practices. The Pediatric Group (TPG), led by Dr. Candace Fugate, is completing year two of this program, embedding a psychology resident into the pediatric practice.

Fairfax Pediatrics Associates (FPA), led by Dr. Sandy Chung, is completing year one of having a psychology resident working within their medical team. With the first year funding provided by Fairfax County, and the ability to charge slightly higher for their services due to a different demographic served ($95/session), FPA was on track to break even prior to the COVID-19 outbreak. This is addressed in the 2nd proposal. Overall, we continue to receive very positive feedback from both sites regarding the accessibility of services, collaboration with primary care doctors and decreased need for referrals out to the community. The biggest "con" from both practices is cost. We also have data that we were not able to quickly access regarding depression symptoms, anxiety symptoms and acting out symptoms due to shift to telehealth. We will report this in a future report.

The Pediatric Group (6/18- current)

For TPG, the first year implementing integrated behavioral health for 10 hours/week was a success with a total of 285 behavioral health visits, and the practice broke even financially, based on the fees charged to clients (sliding scale at $75/session) and the support of Fairfax County ($10,000 to help cover the psychology resident the first year). This year, TPG attempted to increase the hours and availability of the resident due to significant need for additional behavioral health services at the practice and ended up with a significant financial loss.

Thus, it appears that the assistance from Fairfax County was critical for this practice to break even on finances. We believe part of this was due to the demographics of this practice, as it has a larger percentage of Medicaid patients than FPA. Data from this year indicated that 1/2 of patients who had one behavioral health consult and did not return were Medicaid clients and could not afford the out of pocket cost. See Table 1 for TPG data.

TPG DATA TABLE 1

June 2019- December 2019 – (at 20 hours/week, full expense paid by TPG)
Independent Clients - 44

Total Client contacts – 160 (110 were from August -December)

January 2020 – March 2020 – 10 hours/week, full expense paid by TPG
Independent Clients - 21
Total Client contacts - 102

NOTE: One time consults – 21 clients in addition to the above. Of these, half were on Medicaid, and unable to come back for sessions due to finances.

Total Clients Seen in 2018/2019 (10 hours/week- 11 months) – 285
Total Clients Seen in 2019/2020 (20 hrs for 7 mos/10 hrs for 3 mos) – 262

Fairfax Pediatrics Associates (6/19 – current)

With the help of a Fairfax County Grant last year, we placed a second clinical psychology doctoral trainee in a new pediatric practice, Fairfax Pediatrics Associates, for 10 hours/week. Prior to the COVID-19, Dr. Chung reported that the practice was breaking even on covering costs for the psychology resident. Of note, this practice seems to have a slightly higher demographic in that they are charging $95/session (which is still half of what a session in the community costs out of pocket) and are not having difficulty filling their slots. In fact, they have also requested the ability to expand hours, although it may not be fiscally do-able at this time.

In summary, the FPA psychology resident has seen 58 independent patients, completed 227 behavioral health visits to date (June 2019– March 2020). Data suggests that most patients are seen an average of 3.73 visits (SD = 2.61) and our goal is 6 visits for most protocols. 10 clients were referred for either more intensive or long term therapy. All others were served within the practice. See Table 2 for additional data.

FAIRFAX PEDIATRICS ASSOCIATES DATA TABLE 2

	# Clients seen
Intake	58
Session 1	41
Session 2	36
Session 3	30
Session 4	25
Session 5	17
Session 6	10
Session 7-10	10
One time consult	4

Total BH VISITS - 227
As of 3/30/2020, includes 5 TELEHEALTH VISITS

4) A project budget identifying how county funds will be used and whether a one-time or ongoing expenditure is being proposed.

For the new practice, we are requesting $10,000 to cover the initial stipend in year 1 of the advanced doctoral trainee, with the practice covering the remainder. For year 2, the practice would commit to covering the full cost, barring a pandemic.

Total budget for 2020-2021 Academic Year (note; 10 hours week = 8 behavioral health appointments):

Cost to cover an advanced doctoral student for 10 hours/week at a pediatric practice:

9 month academic year =	$10,000 stipend	
	$4,100 6 credits in state tuition (3/semester)	
	$1,425 Half graduate insurance	
Total	$15,535	(note: if paying for 20 hours/week, this doubles)

Cost to cover 2.5 hours/week of licensed supervisor (off site) x 38 weeks = $5107
($50/hr x 2.5 hours x 38 weeks + 7.5% fringe)

Total cost for 9 month academic year (10 hours/week – end of August – May 31): $20,642

Total cost for full year (including summer 10 hours/week - June 1 – May 31): $26,254.50

5) How will the program be sustained after the funding?

As a condition for participation, the local pediatric primary care group that participates in this project for year 1 will be asked to sustain the project with their full financial support for year 2. While this was not as successful as we hoped in the first practice, there were several factors that may have contributed to this, including the increase from 10 hours/week to 20 hours/week without supplemental funding, a higher percentage of Medicaid patients at that practice and some unavoidable issues including switching of EMR early in the year and COVID-19. As FPA goes into their 2nd year, we will not be increasing hours of the psychology resident to determine if this was a factor that made it difficult to sustain.

In the pilot program, families are charged on a sliding scale basis, similar to the scale set at the GMU Center for Psychological Services ($75/session). This has the advantage of covering the cost of the services. However, the lowest income clients are not able to pay out of pocket, and as we work with physician practices to hire their own psychologist, they will be able to bill Medicaid and other insurances. To bill insurance, it is a Medicaid requirement that the supervisor be on site while all services are being provided. Off-site supervision is acceptable for sliding scale payment. However, by increasing behavioral health services "in house" practices will save on the cost of the GMU supervisor, while expanding the ability to serve more patients across all socioeconomic levels.

6) A timeline for when the project will be completed if county funds are approved.

If county funds are approved, this will start in August 2020 and end in May

Thank you for your consideration!
Robyn Mehlenbeck, PhD, ABPP
Director, GMU Center for Psychological Services
Clinical Professor, Department of Psychology
George Mason University

Email: rmehlenb@gmu.edu

FY 21 Healthy Minds Funding Proposal

Case Management Services Transitional Health Youth

Submitted by Alexander Stewart, Healthy Minds Fairfax MSW Student, Peter Steinberg, LCSW, Program Manager, Children's Behavioral Collaborative and the Transitional Age Youth Workgroup

Funding Request

This funding request is for $75,000 for FY 21 and $100,000 for FY 22 and FY2 for case management services for Transitional Age Youth. If funding is approved, the contract to provide services will be competitively awarded to a non-profit agency. This proposal will help accomplish Goal of the Children's Behavioral Health Blueprint which is Transitional Age Youth. Specifically, the proposed services will *provide coordinated services and supports for youth and young adults of transition age, both those still in school and those who have left school.*

Background Information

Transition-age youth (TAY) are characterized as those ages 16-24 and who are experiencing situations in which psychosocial development is imperative to their progress and success. What's most important to understand is that an agency's ability to identify possible adverse mental health and functional outcomes is critical when working with youth, as well as supporting their overall life experience.

The transition from adolescence to adulthood is marked by significant events related to the areas of self-sufficiency, education, employment, household contribution, personal relationships, parenting responsibilities, and the underlying message from society to positively contribute to their community. The ability to effectively and successfully progress through each of these areas and developmental milestones requires that the youth work through the normal stages of life, including separation-individuation, identity formation, and achieving intimacy. It also is dependent upon positively adjusting to these new responsibilities in way many youths are not familiar with; typically, they are now tasked with facing these situations on their own.

Some additional facts on Transitional Age Youth:

- *1 in 7 children and teens have at least one treatable mental health disorder*
- *Approximately 20% of youth ages 13-18 experience severe mental health disorders in a given year*
- *Mental health challenges often develop during adolescence*
- *50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24*
-

Proposed Services

The proposed services is to create a case manager position that would be responsible for working with transitional age transitional age youth (TAY), their families, and informal as well formal supports in supporting their transition from adolescence to adulthood. The case manager would be tasked with focusing on providing services for youth that are not receiving case management services from either a public or private agency.

Healthy Minds Fairfax seeks to contract with a non-profit who will be selected through a competitive process. The contracted agency will be responsible to hire a case manager to work with TAY who not involved in a social services agency and who do not receive supportive services from any other

community resource(s). It is anticipated that the TAY themselves, their family members, healthcare provider, therapist, or case manager (if services are being terminated) will refer the person for services.

Criteria For Services

Youth between ages 16 and 24 will be eligible to receive services. Besides being between ages 16 and 24, the person will need to meet at least of one of the following criteria: academically challenged, have special needs including a mental illness or a substance use disorder, be at risk of homelessness, an unmarried parent, undocumented, LGBTQ, and have no or limited health insurance and benefits. The contracted agency will be responsible for developing a referral process to ensure that the youth meets the criteria.

Assessment and Goal Setting

The contracted agency will be responsible for developing an assessment form. Part of the assessment process will be to complete the Transition Readiness Checklist. This checklist can be used to develop goals and a service plan. Areas to be assessed include physical health needs, behavioral health needs, medication issues, transportation needs, housing needs, educational needs, employment needs, and need for benefits. While the case manager will facilitate the development of the service plan that will include specific measurable goals, the service plan will be dependent on the youth's strengths and desires. The service plan will be reviewed every 90 days at which services the need for services to continue will be reassessed.

Services and Service Delivery

The actual services delivered to the TAY will be based on the service plan and can be very broad. An example of services may include supportive counseling, financial counseling such as how to budget or file taxes, referrals to a medical or behavioral health provider, help with obtaining benefits including health insurance, help with and obtaining employment. In some cases, the youth will request to include family members, friends as well as other informal and formal supports in their work. In that case, a team-based approach will use like the Wraparound process. It is anticipated that services will be delivered in the environment where the youth will be most comfortable. Besides offering individual services, the case manager may offer group services that focuses on a life domain area such as life skills, community connections, finances, and employment.

Performance Measures

It is expected that the case manager will spend 75% of their work week will be spent doing direct client work such as individual sessions, family sessions, meetings involving the client, and connecting client services. Twenty-five percent of their work will indirect client work such as supervision and non-client related meetings. The annual goal will be that the case manager will serve 75 clients per year, this is based on an average caseload of 35 clients who will receive an average of 6 months of services.

Future Planning

In the future and based on budgetary factors, it is anticipated that a drop-in center will be added to this service. A drop-in center will provide the youth with a safe place to go to receive services with the need of referral. This drop-in center will be staffed by a peer specialist with lived experience and provide group as well as individual services on a drop-in basis.

Three Year Funding Request to Create a Youth Coordinator Position

The Children's Behavioral Health Collaborative (CBHC) program staff is requesting $275,000 over a three-year period for a Youth Coordinator position. The breakdown of funding will be $75,000 for year one and $100,000 for years two and three. CBHC staff plans to contract through a competitive process with an non-profit agency to recruit and hire a full-time youth coordinator whose goal will be to develop, coordinate, and implement a Youth Council to help guide Healthy Minds Fairfax in meeting the behavioral health needs of children and youth. This Youth Council will consist of youth with lived experience with the behavioral health systems.

How Will This Project fulfill a Blueprint Need?

This proposal will meet the action step listed in Goal 3, Strategy C in the Children's Behavioral Health Blueprint. Goal 3 states: *Family & Youth Involvement – expand family-driven and youth guided services and expand family and youth involvement in the planning and delivery of services.* Strategy C of goal 3 states: *increase youth involvement in system planning and implementation.*

Role of the Youth Coordinator and Youth Council

The purpose of the youth coordinator will be to oversee the work of the Youth Council and to act as liaison between the Youth Council and Healthy Minds Fairfax. In partnership with the CBHC staff, the youth coordinator will develop a strategic plan on how the Youth Council will be developed. It is anticipated that this plan will be presented to the Community Policy and Management Team in 2021. This person will be responsible for recruiting youth to serve on the council. Part of this task will include setting up an application process and meeting with private and public agencies including Fairfax County Public Schools staff to identify youth that may be interested in joining the council. The youth coordinator will work with youth as well as stakeholders to develop a vision, mission, and goals of the Youth Council. Once established the youth coordinator will be responsible for facilitating Youth Council meetings including finding a meeting platform so the meetings can be virtual. This coordinator will be also be responsible for organizing and facilitating any public service projects that Youth Council decides to pursue. Attending meetings with stakeholders and leadership teams will also be part of this role. The youth coordinator will also explore the possibility of developing a local chapter of Youth Move National.

The purpose of the Youth Council is to bring together youth with lived experience in the behavioral system in Fairfax County to help guide policy and develop behavioral health services. Additionally, the Youth Council can help identify issues that impact youth and serve as a resource to caregivers and professionals. Member of the Youth Council may be asked to be the voice of youth at community events and conferences. The Youth Council will ensure that the youth voice is heard in case planning. Members of the Youth Council will be included in the evaluation of public and private behavioral health services and will be asked to provide feedback on those services.

Healthy Minds Fairfax Proposal – "BeWell" (Behavioral health and Primary Care integration)

We would like to request funding from Healthy Minds Fairfax to support the following Blueprint goals:

Goal 7: Improve *care coordination and promote Integration among schools, primary care providers and mental health providers, including the integration of primary and behavioral health care

1. **A description of the project and how the project will project accomplish a Blueprint strategy or action step**?

   The "BeWell" project is designed to support the integration and care coordination of behavioral and physical health activities to meet the whole health needs of clients receiving services from the CSB. A similar pilot project undertaken with SAMHSA grant funds targeting the adult population with serious mental illness has observed positive outcomes over the past few years that we would like to extend to youth and families. Utilizing peer recovery specialists in a wellness and health coaching role, improvements have been noted in a number of clients' health indicators around obesity, diabetes and blood pressure, in addition to self-reported measures around daily functioning and overall health (see infographic attached). We would like to develop peer wellness support services to youth and families receiving services from the CSB to enhance the integrated coordination of care. We propose that provision of such services will help meet some of the specific identified challenges around *time constraints* and *communication* and information sharing as outlined in the Behavioral Health Integration Plan needs statement. Peer wellness specialists are able to help bridge the *communication* gap between behavioral health and primary care providers by participating in interdisciplinary *case review* meetings and supporting *care coordination* between CSB behavioral health and primary care providers, to support the youth and family's understanding and follow-up with treatment recommendations. These activities would be consistent with the Blueprint strategies and Action Step #4: *Access to Care coordination and case review meetings.*

2. **A description of why current available services in the county cannot meet the need.**
   BeWell is leading the integration and care coordination efforts for the CSB's priority population. In an effort to demonstrate intentional programming, streamline processes and prevent duplication of services, the CSB Children's Behavioral Health Services (specifically outpatient and resource which serves the most vulnerable population) would like to increase partnership with BeWell regarding integration and care coordination efforts. Doing so also promotes focused, specialized programming while eliminating the development of additional, costly services.

   The *Healthy Minds Fairfax Behavioral Health Integration Plan* needs statement clearly identifies the gaps and challenges around lack of coordinated and integrated services. The current provision of the CSB Children's Behavior Health services has been limited in the level of primary and behavioral health care integration due to the funding challenges associated with recruiting and sustaining pertinent clinical, professional and para-professional positions on the multidisciplinary team. The difficulties particularly related to the recruitment and retention of nurses and senior clinicians has exacerbated the resource and funding issue.

3. **Have other funding sources been explored?**
   Other funding sources are being considered under the state's Department of Behavioral Health and Developmental Services (DBHDS) STEP VA initiative (*System Transformation, Excellence and*

Performance) a national best practice model designed to reform and improve the quality and accessibility of comprehensive behavioral health care system across Virginia, including bidirectional behavioral health and primary care integration. The current STEP VA priority to date relevant to this proposal surrounds the roll out of primary care coordination and physical health screening to all CSB clients receiving case management services aged 3 and over. The availability and amount of future funds at this time is unknown. In the interim Youth and Family services have not yet accomplished the level of primary care screening and integration that some of the other CSB departments have to date and so represents a significant need. Stagnation in this effort is due to the need for human capitol retention, particularly nursing positions. Recruitment efforts, particularly for nurses has been difficult throughout the industry.

4. **How will the program be sustained after the funding**?
   We hope the implementation funds will help launch the services over the initial 12-24month period, by which time we hope to demonstrate an effective peer support program that supports billing and a reimbursement structure for peer support services.

5. **What are the outcome measures including how will the data be collected and reported back to the Children's Behavioral Health Collaborative?**
   The primary outcome measures will include the number of CSB clients reviewed in care coordination meetings and followed-up by peer wellness support services and activities/events. Secondary outcomes may include health and wellness indicators: e.g. BMI and blood pressure, metabolic screen indicators (lipids, A1C etc) and other BH outcomes tied to individualized treatment goals.

6. **A project budget identifying how county funds will be used and whether a one-time or ongoing expenditure is being proposed.**
   Available county funds will be used to cover provision of **peer wellness/health coaching/care coordination services** and **care coordination training** for multi-disciplinary staff (from Behavioral Health and Primary Care). An estimate is provided in the table below:

Title/Grade	Midpt + FB	# of pos	Total
Peer Specialist*	52,208	1	52,208
Training			4,500
Admin cost (copying, printing, etc.)			6,265
Total Proposal Cost			62,973

*Assumptions:
Used hrly rate of $19.74
Used 40 hours/week; 2080 hours/annual
Apply tax and benefits rate of 27.15%

7. **A timeline for when the project will be completed if county funds are approved.**
   "Project completion", defined by the implementation and pilot of peer wellness support services is anticipated to be in effect with a successful pilot period within 12-24 months.

Proposal prepared and submit by Shana Grady (shana.grady@fairfaxcounty.gov)

Please submit your proposal to peter.steinberg@fairfaxcounty.gov by April 8th 2020.

MEMO TO THE CPMT
May 29, 2020

Administrative Item A- 4 : Endorse Establishment of a Healthy Minds Fairfax Family Advisory Board

ISSUE:
To establish a Family Advisory Board to increase family involvement in Healthy Minds Fairfax system planning and implementation.

RECOMMENDATION:
That a Healthy Minds Fairfax Family Advisory Board (FAB) be established to increase family involvement in system planning and implementation. The Board shall consist of the Community Policy and Management Team and Family Assessment and Planning team parent representatives, the Children's Behavioral Health Collaborative Management Team family representatives and a representative of the Northern Virginia Family Network. It shall provide comment on pending CPMT decisions through an administrative item section titled "Family Advisory Board Report." The CSA Management Team and Children's Behavioral Health Collaborative Management Team are encouraged to seek FAB feedback on items before them. Other Healthy Minds Fairfax committees and work groups are encouraged to consult with the FAB in developing proposals and completing projects.

BACKGROUND:
Children's Behavioral Health Blueprint Goal 3 is to *"expand family-driven and youth-guided services and expand family and youth involvement in the planning and delivery of services",* with a strategy to "*increase family involvement in system planning and implementation.*" Specific actions steps include:

1. *Develop policies and procedures to ensure family organization involvement in:*
    a. *Identifying family needs and assessing system responsiveness;*
    b. *Developing new services and supports;*
    c. *Developing tools and processes to help families navigate the BH system.*

    d. *Develop policies and procedures to ensure family involvement in service delivery, when appropriate.*

2. *Establish a HMF family advisory board.*

3. *Consider adding family representation to the CSA Management Team*

The CPMT and FAPT parent representatives and CBHC Management Team family representatives have met informally three times to plan the development of the FAB and to provide feedback on FY 2021 HMF funding proposals. The concept they developed is for an advisory board consisting of the existing CPMT parent representatives, the FAPT parent representatives, the Children's Behavioral Health Collaborative (CBHC) family organization

representatives (NAMI Northern Virginia and the Autism Society of Virginia), and a representative from the Family Organization Network. These are the most knowledgeable parents and family members in our system, and everyone is in a position of responsibility in the local system of care.

The FAB would generally meet monthly, probably mid-way between CPMT meetings, to review proposals from HMF workgroups, the CSA Management team and the CBHC Management Team for new programs or services, policy changes, etc., and any pending CPMT decision items. The FAB would provide input and feedback so that family voice is heard and incorporated. The meetings would be scheduled at times and places most convenient for the members (including evenings if necessary), and members would receive the same stipend as for CPMT and FAPT meetings.

ATTACHMENT:
None

INTERNAL CONTROL IMPACT:
None

FISCAL IMPACT:
Cost of providing participation stipends would not exceed $8,000 annually.

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

CPMT PARENT REPRESENTATIVES:
Stacey Alexander
Jacqueline Benson
Cristy Gallagher
Annie Henderson
Joe Klemmer

Memo to the CPMT
May 29, 2020

CONTRACT ITEM C-1: Child Specific Contract Request for Change Academy Lake of the Ozarks

ISSUE: FCPS-Multi-Agency Services requests approval of a child specific Agreement for Purchase of Services (APOS) for residential IEP with Change Academy Lake of the Ozarks in Lake Ozark, MO for a youth with Harmony #163695.

RECOMMENDATION: CSA Management Team recommends approval of a child specific Agreement for Purchase of Services (APOS) for residential IEP with Change Academy Lake of the Ozarks in Lake Ozark, MO for a youth with Harmony #163695.

PROVIDER:

Change Academy Lake of the Ozarks (CALO)
130 Calo Lane
Lake Ozark, MO 65049
(573) 746-7397
https://calopreteens.com

MEDICAID ENROLLMENT: The youth is not Medicaid eligible and CALO is not an enrolled Medicaid provider.

LICENSE: CALO is a Missouri state licensed children's residential school.
.

INSURANCE STATUS: CALO is appropriately insured per Fairfax County standards.

PROGRAM DESCRIPTION:

CALO Preteen program serves adopted children struggling in making and keeping relationships in all aspects of their lives. They work with boys who are emotionally unstable and have a history of trauma, from adoptions and abuse and neglect. CALO does not use rewards or consequences, as it does not appear to work with this specific population of students. CALO specializes in working with adopted children and their families. Typical diagnoses of youth at CALO include: ADHD, PTSD, Anxiety Disorder, Attachment disorders.

Website: https://calopreteen.com

OTHER CONTRACTED PROVIDERS CONSIDERED:

All clinically appropriate providers currently under open contract were considered and none were available or appropriate based on the youth's diagnosis and situation. This is an IEP driven contract request.

Office for Children's Services guidance tool for the placement of student's with Disabilities is attached for reference.

FISCAL IMPACT:

Residential Daily Rate (including education):	$511/day
Total approximate cost for 1 month of services:	$15,330
Total approximate cost for 3 months of services:	$45,990
Total approximate cost for 6 months of services:	$91,980
Total approximate cost for 12 months of services:	$186,515

STAFF:
Adam Cahuantzi
Barbara Martinez

Office of Comprehensive Services
Empowering communities to serve youth

Residential Placement of Students with Disabilities

	CSA Placement	Parental Placement
Educational Purpose	**1** IEP identifies residential placement as Least Restrictive Environment	**3** Parent makes unilateral placement to meet student's educational needs
Non-Educational Purpose	**2** IFSP identifies need for residential placement	**4** Parent makes placement for treatment purposes

NOTES: *A placement made through a signed Parental Agreement with a public child-serving agency is a CSA placement. A placement made through Adoption Assistance is a parental placement.*

1 IEP identifies private residential placement as LRE

- §2.2-5211.B1 – "Special Education Mandate" - CSA pays for IEP services. When child is Medicaid eligible and meets medical necessity criteria for residential treatment, Medicaid funds may be used for placement. (Medicaid does not fund the educational portion of services.)
- School division remains responsible for FAPE (IEP, re-evaluation, progress reporting).

2 IFSP developed by the FAPT identifies need for residential placement

- §2.2-5211.B2 – "Special Education Mandate" - CSA pays for all services. When child is Medicaid eligible and meets medical necessity criteria for residential treatment, Medicaid funds may be used for residential treatment services. (Medicaid does not fund the educational portion of services.)
- School division of child's residence remains responsible for FAPE (IEP, re-evaluation, progress reporting).

3 Parent makes unilateral educational placement

- Child gives up right to FAPE, i.e., child does not have access to public school services. Parent holds fiscal and oversight responsibilities for all services including educational services. (8 VAC 20-81-150.C.7.c.)

4 Parent makes placement for treatment purposes

- Child maintains right to FAPE – school division of child's residence is responsible to ensure student has services necessary to benefit from the residential facility's educational program.
- School division identifies appropriate services in the IEP and how they will be delivered, e.g., may provide direct services, arrange with another school division to provide services, or negotiate with provider for purchase of appropriate services. See VDOE: SESS FAQ 014-11 for more information. Link: http://www.doe.virginia.gov/special_ed/regulations/state/faq_implementing_regulations/2011/014-11_parent_placement_of_student_residential.shtml.
- If the least restrictive environment identified in the IEP is private day school, it is appropriate to utilize CSA funds for the services necessary to ensure the child's access to FAPE if such services are to be purchased from a private provider.

Memo to the CPMT
May 20, 2020

CONTRACT ITEM C-2: Child Specific Contract Request for Youth Villages in Memphis, TN

ISSUE: Department of Family Services Foster Care and Adoption requests approval of a child specific Agreement for Purchase of Services (APOS) for residential treatment with Youth Villages in Memphis, TN for a youth with Harmony #138841.

RECOMMENDATION: CSA MT recommends approval of a child specific APOS for residential treatment with Youth Villages in Memphis, TN for a youth with Harmony #138841.

PROVIDER:

Youth Villages
7426 Memphis Arlington Road
Memphis, TN 38135
(731) 660-6782
www.youthvillages.org

MEDICAID ENROLLMENT: Youth Villages does not accept Virginia Medicaid. The youth is Medicaid eligible.

LICENSE: Youth Villages is a licensed by the State of Tennessee Dept. of Mental Health and Substance Abuse Services as a mental health residential treatment facility for children and adults.

INSURANCE STATUS: Youth Villages is appropriately insured per Fairfax County standards.

PROGRAM DESCRIPTION:

Youth Villages is accredited by The Joint Commission and uses evidence-informed practices across all aspects of programming.

Their services include:

- Comprehensive child and family evaluation
- Group, individual and family therapy
- Master-level counselors
- Trauma-focused cognitive-behavioral therapy
- Crisis Prevention Institute Nonviolent Crisis Intervention®

- Collaborative Problem Solving approach
- 3:1 staff ratio
- Speech, language and recreational therapies
- Physical and occupational therapy rooms
- Sensory therapy rooms containing leading-edge tactile equipment
- Neurofeedback therapy program

Website: https://www.youthvillages.org/services/residential-programs/bills-place/

OTHER CONTRACTED PROVIDERS CONSIDERED:

A number of secure residential programs were explored for this youth (Harmony number: 138841). The youth is currently placed at the Youth Villages Inner Harbour Campus residential program in Douglasville, GA. This Youth Villages program has stated that they are no longer able to meet this child's needs nor keep him safe at this program. Youth Villages, Inner Harbor Campus has recommended this child transfer to the Youth Villages more secure residential program called Bill's Place, located in Memphis, TN. This child has eloped from there campus on 8 separate occasions. On the last two occasions he received criminal charges. He was involved in stealing a vehicle and leaving the state of GA on 5/15/2020. The current Youth Villages program feels he would be better served at the Youth Villages program, Bill's Place, as it is more secure with lower staff to resident ratios and an enclosed campus.

Since entering Foster Care in August of 2014, this youth has been had multiple Residential Treatment Center admissions.

Grafton School in Berryville, VA for 17 months
North Spring Behavioral Health in Leesburg, VA for 13 months.
Hallmark Youthcare of Richmond for three (3) months

Devereux Advanced Behavioral in League City, TX in November 2017 for 13 months
Youth for Tomorrow in Bristow, VA for three (3) months.

FISCAL IMPACT:

Residential Daily Rate:	$650
Total approximate cost for 9 months of services:	$175,500
Total approximate cost for 12 months of services:	$237,250

This youth is IV-E eligible, so rates will be broken down to draw down funding for Residential Daily Supervision (Additional Daily Supervision) and Room & Board.

STAFF:
Kamonya Omatete
Barbara Martinez

MEMO TO THE CPMT
May 29, 2020

Information Item I-1: April 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 April 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 April 2020 for FY20 equal $27.1M for 1,038 youth. This amount is an increase from April last year of approximately $1.9M, or 7.40%. Pooled expenditures through April 2019 for FY19 equaled $25.2M for 1,039 youth.

	Program Year 2019	Program Year 2020	Change Amt	Change %
Residential Treatment & Education	$2,871,972	$3,840,136	$968,164	33.71%
Private Day Special Education	$13,989,178	$13,634,834	($354,344)	-2.53%
Non-Residential Foster Home/Other	$5,112,742	$6,315,970	$1,203,229	23.53%
Community Services	$2,909,605	$3,170,839	$261,234	8.98%
Non-Mandated Services (All)	$1,123,387	$806,735	($316,652)	-28.19%
Recoveries	($775,125)	($669,945)	$105,180	-13.57%
Total Expenditures	**$25,231,759**	**$27,098,570**	**$1,866,811**	**7.40%**
Residential Treatment & Education	119	125	6	5.04%
Private Day Special Education	291	297	6	2.06%
Non-Residential Foster Home/Other	307	353	46	14.98%
Community Services	683	688	5	0.73%
Non-Mandated Services (All)	202	165	(37)	-18.32%
Unique Count All Categories	**1,602**	**1,628**	**26**	**1.62%**
Unduplicated Youth Count	**1,039**	**1,038**	**(1)**	**-0.10%**

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 April.

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

ATTACHMENT:
Budget Chart

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

NOTE:

[1] Residential services continue to drive up the cost in FY20 than FY19.

- Education-residential Medicaid placement up $300k YTD than last year, mainly due to one youth receiving translation service $383k
- Residential treatment facility services up $750k due to more youth received more services.

[2] All other areas have seen a decrease in FY20 vs FY19 YTD expenses, private day decreased the most.

- Private day expenditure decreased to lower than FY19 YTD by $354k.
- Non-Mandated services down by $316K, serving 37 fewer youths.

[3]Treatment Foster Home still up $1M, serving 16 additional youths.

[4] Most of the decrease of expenditures observed started in Mar. The decease is partially due to reduction in service due to COVID, and partially due to communication being affected, i.e. delay in receiving invoices. Observed payment up in May.

MEMO TO THE CPMT

May 29, 2020

Information Item I- 2: Review CSA Emergency Operating Procedures

ISSUE: That the CSA program and CSA Management Team implemented emergency procedures for continuity of operations in response to COVID-19.

BACKGROUND: In response to the Governor's Order and county response to COVID-19, the CSA program staff worked with the CSA Management Team and the CPMT Chair to implement emergency procedures to ensure continuity of operations and ongoing service delivery.

The CSA Management Team began meeting weekly rather than twice monthly to allow for timely response to an evolving situation and to share regular agency operating status updates. The following procedures were implemented:

- DPMM Contracts, CSA and DFS staff worked together to solicit, summarize and communicate updates on private provider operating status twice weekly
- Private providers who adjusted service delivery to follow national and state guidelines regarding telehealth and HIPAA were eligible for CSA reimbursable
- Distance learning plans approved by school divisions were eligible for CSA reimbursement
- From mid-March through May 30, case managers could request up to a three-month extension of current services based on existing service plans, reducing the need for additional meetings and documentation
- Case managers and families were encouraged to use DocuSign for signatures. Phone verification by staff of attendance and agreement was also accepted on forms.
- FAPT meetings were held by conference call and then transitioned to HIPAA-compliant Zoom meetings. FAPT meetings have been held weekly as per the usual schedule with no break in operations.

The CSA Management Team also proposed some changes to policy which were then reviewed and approved by the CPMT Chair, pending CPMT review as follows:

- CSA Parental Contributions were suspended using a COVID-19 waiver for the months of March, April, May, and June. Services provided during this period will not incur a monthly copay.
- Case managers who are required to visit residential facilities face to face every 90 days may utilize video conferencing.

ATTACHMENT: Continuity of Operations for CSA

STAFF:
Janet Bessmer, CSA

Children's Services Act – Continuity of Operations

Financial relief for families and providers

1. Request leadership approval to **waive family contributions** for the month of March and April with the option to extend the waiver through June, depending on circumstances. Account balances remain. Delinquency notices, however, would be suspended as no payments are expected during this time.
2. Case managers may use the Amend Authorization (ie., Fix Memo) memo to UR to **request an extension of an existing community-based service for up to three months** without requiring an additional FRM. There would still need to be a valid consent and an updated CANS. This process is recommended for case managed by FCPS SW where they are mandated to be closed. Others agency staff may convene FRMs via teleconference or other electronic means. This provision allows for services to be extended on the current MAP without a new MAP needing to be generated.
3. Payment for Private Day providers – Request leadership approval to **provide payment of the educational daily rate only for up to 14 days** during the time of the Governor's Order closing schools. Ancillary services will not be funded unless prior written approval is granted by the LEA. The Governor's Order does not obligate payment but OCS has agreed to fund the state share if Fairfax honors the existing PO's and funds under our contract provision for absences. Private Day programs that are required to make up the days in their schedule may not bill the locality if they invoice during this 14 day emergency circumstance.
4. Payment for other providers – **Providers may continue to serve** children, youth and families using telehealth if appropriate. CSA accounts payable/DFS finance are able to perform their job functions remotely and will continue their work. FCPS finance staff are being set up to process education service payments remotely.

Team-based Planning

1. **FRMs and FPMs**- Human Services agencies and schools must follow agency directives regarding their job functions. When feasible, remote work options such as conference calls, video conferencing and other options will be used and considered acceptable forms of team meetings.
    a. FCPS Senior Supervisors and 12 month FCPS SW staff continue to be available for CSA needs. FCPS SWs are currently not available so their case work will be covered by the essential staff.
    b. FCPS MAS staff – all working remotely to perform essential job functions.
    c. DFS CYF – Foster Care and CPS continue operations. FINS assessments suspended.
    d. Court – currently staff have suspended all non-essential face to face contact with clients and other professionals.

e. CSB Resource Team – RT staff working remotely. CSB has a screening process in place for clients and can meet face to face with social distance of 6' observed.

2. FAPT meetings will be held using conference calls and/or GotoMeeting as technology permits. Case Managers should support families in identifying the best option for the family based on their preferences and availability of technology. The regular calendar of meetings will be held, subject to county directives.

Monitoring of Youth/Service Delivery

1. Request leadership approval that **face to face visits at RTCs be suspended**. Instead workers will continue to monitor care at the same frequency using telehealth, videoconferencing, and phone calls to the facility and family.
2. Using technology, **Case managers should continue regular case contact** and respond to families' needs as appropriate and available. Contact supervisors if new needs or an increase in risks are assessed.

Provider Service Availability

1. Adam Cahuantzi and MAS are the point of contact for Private Day programs and educational services.
2. DFS CYF managers will identify the point of contact for TFC and family foster homes to address any issues related to service availability and payment-related issues.
3. DPMM Contracts will be the point of contact for all other providers who serve cross-agency referrals such as RTCs, GHs, and community-based treatment providers.
4. Points of contact by service type will assess provider operating status and serve as the liaison to our System of Care. Contractual, billing and service-related issues will be handled using email, teleconferencing and phone.
5. Providers may use telehealth and other non-face to face means as per federal and state guidance. www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

Approved Electronic Solutions

1. DocuSign – the county has approved the use of DocuSign for staff. Several documents that require parent signatures may be added to one "envelope" and routed to various parties for signature. CSA accepts DocuSign for all of our required forms (e.g., Consents, Parental Contributions, Parental Agreements, MAP/IFSP, etc.).
2. GoToMeeting – county staff should request agency access under agency licenses. However, CSA can assist in setting up a virtual meeting using our license if 3 business day notice is provided and if scheduling permits. CSA is maintaining a calendar because the function only allows one meeting to occur at a time.
3. MS Teams, Skype, Facetime, Zoom and other options may be used with parent permission and as per agency policy.

4. OpenText – CSA plans to move to electronic document management on April 2nd for incoming documents.
5. DFSCSA main mailbox and fax are preferred means of sending in documents. **Paper and interoffice mail of hard copy documents is discouraged** to promote our ability to provide same level of service electronically.

Community Policy & Management Team (CPMT)

Meeting Location:

Fairfax County Government Center, 12000 Government Center Pkwy, Fairfax, VA 22035

CPMT SCHEDULE FY21 *(July 2020 – June 2021)*			
Meeting Date	**Room #**	**Time**	**Notes**
Jul. 24, 2020	232	1:00-3:00pm	
Aug. 28, 2020	232	1:00-3:00pm	
Sept. 25, 2020	123-C	1:00-3:00pm	
Oct. 23,2020	232	1:00-3:00pm	
Dec. 4, 2020	232 (Pending)	1:00-3:00pm	Nov/Dec Meeting Combined
Jan. 29, 2021	TBD	1:00-3:00pm	
Feb. 26, 2021	TBD	1:00-3:00pm	
Mar. 26, 2021	TBD	1:00-3:00pm	
Apr. 30, 2021	TBD	1:00-3:00pm	
May 28, 2021	TBD	1:00-3:00pm	
Jun. 25, 2021	TBD	1:00-3:00pm	

Schedule Approved by CPMT:

MEMO TO THE CPMT

May 29, 2020

Information Item 1- 4: Healthy Minds Fairfax Blueprint Quarterly Report July 2019 - March 2020

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 2019 through March 2020 is attached.

ATTACHMENT:
Quarterly Report on Blueprint Strategies to the Community Policy and Management Team, July 2019 – March 2020

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

Program Year 2020 Year To Date CSA Expenditures and Youth Served (through April 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%	$1,629,729	59		0	$1,629,729
		Group Home	57.64%	$187,897	6		0	$187,897
		Education - for Residential Medicaid Placements	46.11%	$140,046	9	$722,194	12	$862,240
		Education for Residential Non-Medicaid Placements	46.11%	$81,523	8	$854,367	9	$935,890
		Temp Care Facility and Services	57.64%	$224,380	22		0	$224,380
	Residential Total			$2,263,575	104	$1,576,561	21	$3,840,136
	Non Residential	Special Education Private Day	46.11%	$189,946	5	$13,444,888	292	$13,634,834
		Wrap-Around for Students with Disab	46.11%	$319,428	56		0	$319,428
		Treatment Foster Home	46.11%	$4,147,827	128		0	$4,147,827
		Foster Care Mtce	46.11%	$1,324,917	130		0	$1,324,917
		Independent Living Stipend	46.11%	$92,072	21		0	$92,072
		Community Based Service	23.06%	$2,244,090	534		0	$2,244,090
		ICC	23.06%	$926,749	154		0	$926,749
		Independent Living Arrangement	46.11%	$401,066	17		0	$401,066
		Psychiatric Hospital/Crisis Stabilization	46.11%	$30,660	1		0	$30,660
	Non Residential Total			$9,676,756	1046	$13,444,888	292	$23,121,644
Mandated Total				**$11,940,331**	**1150**	**$15,021,449**	**313**	**$26,961,779**
Non-Mandated	**Residential**	Residential Treatment Facility	57.64%	$31,849	3		0	$31,849
		Group Home	57.64%	$64,194	2		0	$64,194
	Residential Total			$96,043	5	$0	0	$96,043
	Non Residential	Community Based Service	23.06%	$560,140	129		0	$560,140
		ICC	23.06%	$150,551	31		0	$150,551
	Non Residential Total			$710,692	160	$0	0	$710,692
Non-Mandated Total				**$806,735**	**165**	**$0**	**0**	**$806,735**
Grand Total (with Duplicated Youth Count)				**$12,747,066**	**1315**	**$15,021,449**	**313**	**$27,768,515**

Recoveries	**-$669,945**
Total Net of Recoveries	**$27,098,570**
Unduplicated child count	**1,038**

Key Indicators		
Cost Per Child	**Prog Yr 2019 YTD**	**Prog Yr 2020 YTD**
Average Cost Per Child Based on Total Expenditures /All Services (unduplicated)	$24,285	$26,107
Average Cost Per Child Mandated Residential (unduplicated)	$34,602	$38,021
Average Cost Per Child Mandated Non- Residential (unduplicated)	$23,517	$24,729
Average Cost Mandated Community Based Services Per Child (unduplicated)	$3,859	$4,202
Average costs for key placement types		
Average Cost for Residential Treatment Facility (Non-IEP)	$17,526	$27,623
Average Cost for Treatment Foster Home	$28,353	$32,405
Average Education Cost for Residential Medicaid Placement (Residential)	$25,695	$41,059
Average Education Cost for Residential Non-Medicaid Placement (Residential)	$48,072	$55,052
Average Special Education Cost for Private Day (Non-Residential)	$48,073	$45,909
Average Cost for Non-Mandated Placement	$5,561	$4,889

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

Category	Program Year 2019 Allocation	Year to Date Expenditure (Net)	Percent Remaining
SPED Wrap-Around Program Year 2020 Allocation	$717,020	$312,314	56%
Non Mandated Program Year 2020	$1,630,458	$760,087	53%
Program Year 2020 Total Allocation	$38,340,860	$27,098,570	29%

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).

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 in 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 third 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	34/48	N/A	109/146	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	73/93	N/A	198/257	166/272

A training for case managers on High Fidelity Wraparound was held on February 3, 2020, with participants. Sessions at the March 2020 Children's Services Act Symposium & Provider Expo focused on several Evidence-based Practices including Functional Family Therapy (FFT), Multisystemic Therapy (MST) and Parent-Child Interaction Therapy (PCIT). Symposium participants were educated on the components of each EBP, the populations that are best served by each intervention and the referral criteria/process for each. Approximately 250 people participated in the EBP sessions.

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	258	N/A	304	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. An inter-agency workgroup issued a Population Level Data Report on Youth Behavioral Health Needs in the Fairfax-Falls Church Community in February 2020 and it will be presented to the CBHC Management Team and the CPMT in May.

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 met to plan the establishment of a HMF Family Advisory Board (FAB), which has since met in April and May. CPMT will be asked to endorse the establishment of the FAB as the family advisory board for CSA and Healthy Minds Fairfax.

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	64	N/A	228	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	471/2035	N/A	1200/5987	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 CY20.

GOAL 5: Youth and Parent/Family Peer Support

Coordinator: Jim Gillespie

A. *Create a Family Support Partner program.* Through the Virginia Department of Behavioral and Developmental Services, the county was selected as a sub-recipient for a federal SAMHSA grant that funds family support partner services for 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 family support partners:

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19	FY 18
90	21	20	N/A	131	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	27 parents, 14 youth	N/A	84 parents, 66 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	10,609	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	3,099	N/A	5,682	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	2,740	N/A	4,927	2,681	854	0

FY20 (1st, 2nd, 3rd Qtrs. combined) Top Content Viewed by Number of Visits:

Content	Visits
CSA Symposium	2449
Healthy Minds Fairfax Homepage	2245
Children's Services Act	1852
Children's Services Act Forms and Resources	763
About Healthy Minds Fairfax	386
Children's Services Act Staff Roster	359
What is a Family Partnership Meeting or Family Resource Meeting?	356
Community Policy and Management Team	287
Family Assessment and Planning Team	281
Pediatric Behavioral Health Integration Resources for Primary Care Physicians	276
Children's Services Act Case Management	221
How can my child's school help?	207
Get help in an emergency	205
Children's behavioral health community resources	196
Family support services	188
For Providers	140

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 is co-sponsoring a REACH behavioral health training for pediatricians to be held virtually in early June. 111 Fairfax-Falls Church are enrolled in the Virginia Mental Health Access Program, through which they have access to telephonic consultation. 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	25	33	N/A	66	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.* Youth continue to receive services from the Northern Virginia Family Service Violence Prevention Intervention Program (VPIP). The current plan is for the expansion of the Our Minds

Matter program to the Teen Centers operated by Neighborhood and Community Services to take place in September. This may be delayed due to Coronavirus emergency.

C. *Require training in cultural competence and advancing equity in alignment with One Fairfax for County, FCPS, and County-contracted behavioral health service providers.* 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.* Poster from the Family Acceptance Project have been distributed and displayed throughout the county. Trainings from staff will be scheduled soon.

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 Conner Strong 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 text line.* 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 and text conversations are maintaining a pace similar to last year's (see 4.C. for details); any anticipated impact of COVID-19 call and text volume is expected to be reflected in fourth quarter numbers.

E. *Train behavioral health providers in evidence-based practices specific to the treatment of youth with suicidal ideation and behavior.* The Core Competency Training offered in January included 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. The Fairfax Evidenced Based Training Consortium, which is overseen by the Evidenced-Based Workgroup in partnership between Fairfax County and George Mason University, delivers training in evidenced based treatments to public and private clinicians including staff from the Fairfax County Public Schools.

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 third cohort just completed a four-day training in the Core Competency curriculum. The Core Competency curriculum is a modular approach to working with youth over age 12. In this training, participants learn core CBT/DBT skills to address skill deficits that underlie multiple mental health difficulties. This Spring, a second cohort will participate in the MATCH ADTC training. Match ADTC is similar to the Core Competency training but is suitable for clinicians working with youth 11 and under.

D. *Incentivize the use of EBPs among providers.*
The idea of providing incentives to those who utilize evidenced-based practice in their work continues to be explored.

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 for 2020 began in February, with 52 clinicians completing Core Competency training. 40 clinicians are preparing to begin MATCH-ADTC training in late April. This training will be conducted online to accommodate social distancing requirements. Over 40 clinicians have applied for TF-CBT this year, and the consortium team is in the process of working with the trainer to move this training, which was also slated to be held this spring, to an online format.

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 of 2019. 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. This presentation was 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 audiences. Recruitment for a second presenter cohort is currently underway. Training was scheduled to take place in April but will be rescheduled for the fall due to the COVID-19 pandemic. In the meantime, Master Trainers and presenters are able to offer virtual presentations.

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	8	N/A	43	89	88	108

B. *Create capacity to address behavioral health needs of children 0-7.* Office for Children staff who support early childhood educators in centers and family childcare homes throughout the county will participate in a professional learning series that will use The Pyramid Model Equity Coaching Guide and facilitated discussions on understanding the impact of race and implicit bias. The Pyramid Model for Social Emotional Competence in Infants and Young Children (formerly known as SEFEL – the Social Emotional Foundations for Early Learning) applies coaching and mentoring through an equity lens. The Pyramid Model is a multi-tiered framework of evidence-based teaching practices that promote social and emotional skills of all children, prevent challenging behaviors and provide individualized interventions for children with persistent challenging behavior. As of this date, the childcare specialists are in the process of completing the first phase of this learning series.

C. *Establish a training consortium in partnership with university and private provider partners (ex: GMU, INOVA) for ongoing training for staff and service providers.* This strategy has been met. The Fairfax Consortium on Evidenced Based Practice is completing its third year and planning has begun for the next year.

During this quarter the Fairfax Consortium on Evidenced Based Practices completed a four-day training in the Core Competency. Participants learned how to use a modular approach to youth age 12 and above who have been diagnosed with an anxiety or depressive disorder.

Core Competency (4 Days plus 1 Supplemental Day)

Number Attended	Number from Public Agencies	Number from Non-Profits and private agencies
55	28	27

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	61	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 FY20 Cycle 1) took place in Quarter 1. In response to previous low response rates, the ICC Stakeholders group decided that all eligible families receiving ICC would be provided with the WFI-EZ. The FY20 Cycle 1 survey collection happened between February 14 and March 31st. During this time, facilitators were asked to set time aside during a Youth and Family Team Meeting (YFT) so that families could complete the WFI-EZ survey form. Forty-one families met the eligibility criteria – served for at least 3 months and still enrolled in services during the survey window. A report out on the WFI-EZ and DART data collected will be provided 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 budget proposal will be submitted to the Children's Behavioral Health Collaborative Management Team requesting $100,000 that will be awarded to a private agency to develop a Transitional Age Youth Coordinator Position. The person in this position will help those youth who need assistance in transitioning from child mental health services to adult mental health services by providing a board range of services.