MEMO TO THE CPMT
July 26, 2019

Information Item I-1: May Budget Report & Status Update, Program Year 2019

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 2019 cumulative expenditures through May 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 May 2019 equal $28.6M for 1,113 youth. This amount is a decrease from May last year of approximately $0.6M, or 2.07%. Pooled expenditures through May 2018 equal $29.2M for 1,132 youth.

General comparisons to the previous year based on LEDRS reporting categories is presented below:

	Program Year 2018	Program Year 2019	Change Amt	Change %
Residential Treatment and Education	$4,654,813	$3,280,619	($1,374,194)	-29.52%
Private Day Special Education	$15,928,613	$15,775,250	($153,363)	-0.96%
Non-Residential Foster Home and Community Services	$8,983,269	$9,249,959	$266,690	2.97%
Non-Mandated Services (All)	$393,923	$1,178,506	$784,583	199.17%
Recoveries	($745,993)	($874,980)	($128,987)	17.29%
Total Expenditures	**$29,214,625**	**$28,609,354**	**($605,270)**	**-2.07%**

	Program Year 2018	Program Year 2019	Change Amt	Change %
Residential Treatment and Education	145	134	(11)	-7.59%
Private Day Special Education	319	296	(23)	-7.21%
Non-Residential Foster Home and Community Services	1,156	1,112	(44)	-3.81%
Non-Mandated Services (All)	123	206	83	67.48%
Total Youth Counts (Unique Count in each category)	**1,743**	**1,748**	**5**	**0.29%**

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

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

RECOMMENDATION:
For CPMT members to accept the May Program Year 2019 budget report as submitted.

ATTACHMENT:
Budget Chart

STAFF:
Yin Jia, Xu Han, Terri Byers (DFS)

Program Year 2019 Year To Date CSA Expenditures and Youth Served (through May)

Mandated/ Non-Mand:	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%	$1,084,123	56		0	$1,084,123
		Group Home	57.64%	$179,763	10		0	$179,763
		Education - for Residential Medicaid Placements	46.11%	$350,921	23	$459,612	6	$810,533
		Education for Residential Non-Medicaid Placements	46.11%	$160,943	14	$935,822	10	$1,096,765
		Temp Care Facility and Services	57.64%	$109,435	15		0	$109,435
	Residential Total			$1,885,185	118	$1,395,433	16	$3,280,619
	Non Residential	Special Education Private Day	46.11%	$67,124	5	$15,708,126	291	$15,775,250
		Wrap-Around for Students with Disab	46.11%	$287,850	49		0	$287,850
		Treatment Foster Home	46.11%	$3,585,875	117		0	$3,585,875
		Foster Care Mtce	46.11%	$1,217,358	128		0	$1,217,358
		Independent Living Stipend	46.11%	$609,778	26		0	$609,778
		Community Based Service	23.06%	$2,504,415	640		0	$2,504,415
		ICC	23.06%	$875,823	143		0	$875,823
		Independent Living Arrangement	46.11%	$57,932	6		0	$57,932
		Psychiatric Hospital/Crisis Stabilization	46.11%	$110,928	3		0	$110,928
	Non Residential Total			$9,317,084	1117	$15,708,126	291	$25,025,209
Mandated Total				**$11,202,269**	**1235**	**$17,103,559**	**307**	**$28,305,828**
Non-Mandated	**Residential**	Residential Treatment Facility	57.64%	$54,950	7		0	$54,950
		Temp Care Facility and Services	57.64%	$2,885	1		0	$2,885
	Residential Total			$57,836	8	$0	0	$57,836
	Non Residential	Community Based Service	23.06%	$862,242	159		0	$862,242
		ICC	23.06%	$258,428	39		0	$258,428
	Non Residential Total			$1,120,670	198	$0	0	$1,120,670
Non-Mandated Total				**$1,178,506**	**206**	**$0**	**0**	**$1,178,506**
Grand Total (with Duplicated Youth Count)				$12,380,775	1441	$17,103,559	307	$29,484,334
Recoveries								-$874,980
Total Net of Recoveries								$28,609,354
Unduplicated child count								1,113

Key Indicators		
Cost Per Child	**Prog Yr 2018 YTD**	**Prog Yr 2019 YTD**
Average Cost Per Child Based on Total Expenditures /All Services (unduplicated)	$25,808	$25,705
Average Cost Per Child Mandated Residential (unduplicated)	$50,439	$36,861
Average Cost Per Child Mandated Non- Residential (unduplicated)	$23,650	$24,728
Average Cost Mandated Community Based Services Per Child (unduplicated)	$3,464	$3,913
Average costs for key placement types		
Average Cost for Residential Treatment Facility (Non-IEP)	$16,019	$19,359
Average Cost for Treatment Foster Home	$31,405	$30,649
Average Education Cost for Residential Medicaid Placement (Residential)	$22,117	$27,949
Average Education Cost for Residential Non-Medicaid Placement (Residential)	$57,528	$45,699
Average Special Education Cost for Private Day (Non-Residential)	$49,950	$53,295
Average Cost for Non-Mandated Placement	$3,321	$5,721

Program Year 2019 Year To Date CSA Expenditures and Youth Served (through May)

Category	Program Year 2019 Allocation	Year to Date Expenditure (Net)	Percent Remaining
SPED Wrap-Around Program Year 2019 Allocation	$732,674	$275,114	62%
Non Mandated Program Year 2019	$1,630,458	$996,279	39%
Program Year 2019 Total Allocation	$39,593,010	$28,609,354	28%

MEMO TO THE CPMT
July 26, 2019

Information Item I-2: Serious Incident Report, FY19 Quarter 4

ISSUE: That the CPMT receive information about the disposition of reports of serious incidents that impact youth and families receiving services within the system of care as they relate to contractual requirements and service delivery.

BACKGROUND: Our contract (Agreement for Purchase of Services) specifies provider requirements for reporting serious incidents to both the case managing agency and to the CSA program. Our current CSA policy manual contains procedures describing staff responsibilities in the event of serious incidents for youth receiving CSA funded services.

When serious incidents occur, contracted providers are required to give verbal or email notification of the incident to the case manager and guardian within 24 hours and a written report to the CSA Utilization Review Manager within 72 hours of the incident. This centralized reporting enables the CSA Program to review and collate reports by both the individual youth and facility.

On June 24, 2016, the CPMT directed the CSA Management Team to develop proposed policy and procedures to ensure centralized reporting of serious incidents to include criteria for reporting to the CPMT about the disposition of incidents. A determination was made that the CPMT would be made aware of adverse incidents for youth receiving CSA-funded services that have the potential to impact the safety/well-being of youth due to allegations of:

- Alleged criminal activity by the provider to include abuse/neglect of clients
- Legal/Risk Management issues to include unsafe conditions
- Ethical/Licensure issues to include boundary and dual relationships
- Contractual violations/fiscal issues to include failure to report SIRs and billing misconduct

When the incident meets the criteria stated above, the CSA UR Manager and the CSA Contracts Coordinator review the details and decide if immediate action is needed to ensure the safety of the involved youth and other youth in the program/facility. During periods of investigation, contracts are "frozen" and removed from the local CSA Provider Directory and notifications are made to case managers of youth served by the provider. The CSA MT is briefed at the next meeting and subsequently makes a decision regarding future referrals and contracts. The CSA UR Manager and the CSA Contracts Coordinator notify the CSA Program Manager who informs appropriate Human Services Leadership when a situation requires such escalation. When necessary, case managers, CSA staff and contracts analyst make sight visits to assess the facility and any continued risk to the youth receiving services funded by the County.

SERIOUS INCIDENT REPORT:

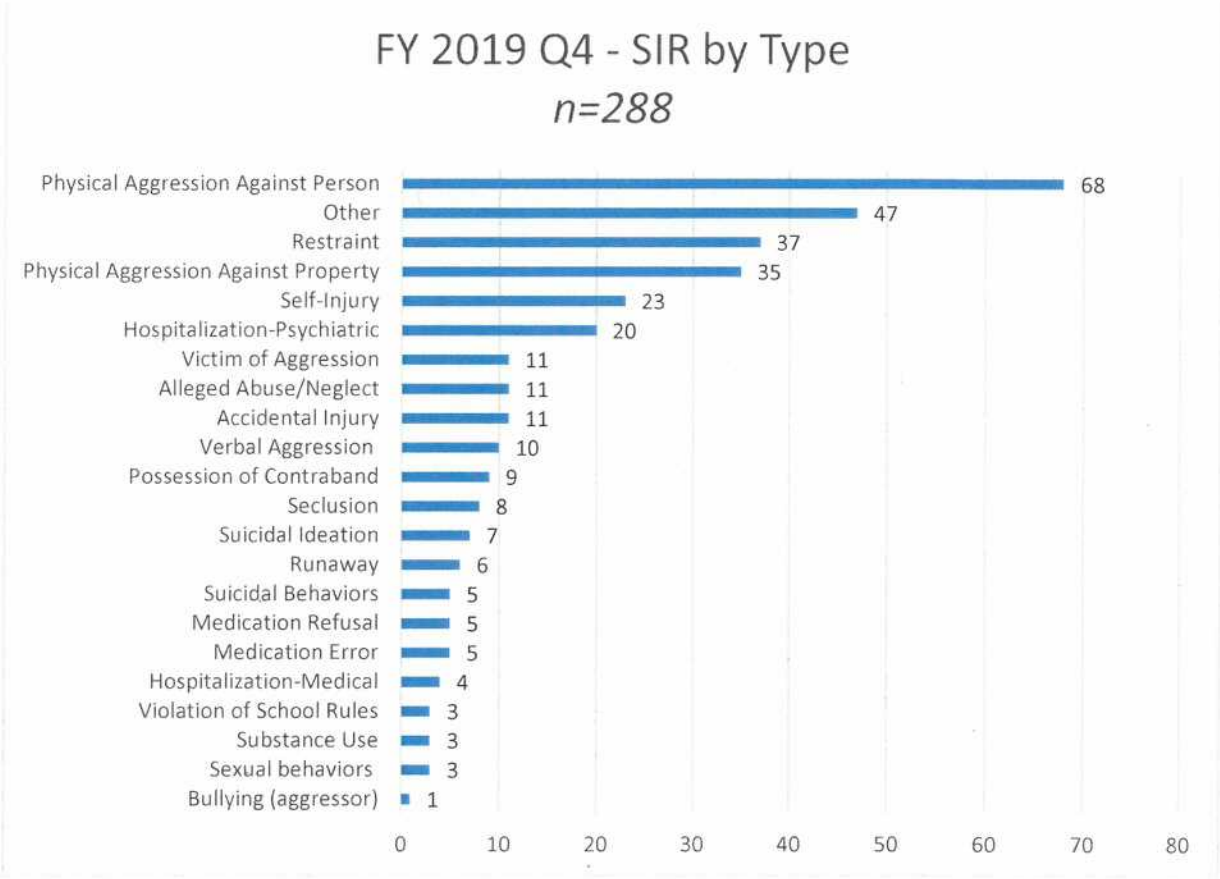
During the fourth quarter, there was one SIR that the CSA Management Team continued to monitor from the second and third quarter.

- New referrals to the residential facility that was conducting pat downs of youth has resumed following review of documentation of revised policies and practices by CSA Management Team.

During the fourth quarter, there were two new SIRS reported to the CSA Management Team.

- CSA received a call from a FCPS Supervisor reporting an incident regarding a youth who self-harmed and required medical attention. Report indicated that a home-based worker had been at the house the same evening of the incident, and during that time, the youth reported to the counselor that she had self-harmed previously in the week and that she had a razor in her room. According to reports, the homebased worker had the youth commit to safety and did not report the incident to her parents, nor did he ensure removal of the razor. Parent emailed the ICC worker the day following the incident asking for the homebased worker to be removed from the case indicating that the homebased worker had cited confidentiality as the reason for not disclosing. Parent stated, "I think safety trumps that, don't you?" Youth had previous suicide attempt by cutting in January that required 98 stitches. The homebased agency director was contacted by CSA and subsequently submitted a written SIR regarding the incident, removed the homebased worker from the case and increased supervision on remaining cases with this worker. CSA Management Team determined that appropriate actions were taken by the agency, and no further action was required.
- A UR analyst identified contractual issues and clinical concerns with an out-of-state residential facility. Contractual issues included failure to implement a crisis safety plan; failure to submit SIRS; and failure to include required elements in the SIRS. CSA Management Team recommended having a conference call with the facility and directed UR to create a template for SIRS to help reduce errors in reporting by providers. A conference call was held with CSA, DPMM, Placing Agency, and the facility. Issues were resolved. A template for SIRS was also developed.

VOLUME OF SIRS: There continues to be a high volume of SIRS received by CSA due to increased monitoring and oversight at all levels. UR staff follow-up with providers and case managers when there are questions or safety concerns. UR follow-up is documented and filed in the youth's CSA chart. Volume of SIRS received remains high throughout this fiscal year (Q1=321; Q2=330; Q3=332; Q4=288).



STAFF:

Kim Jensen, UR Manager
Barbara Martinez, DPMM Contract Analyst Supervisor

MEMO TO THE CPMT
July 26, 2019

Information Item I- 4: Review Proposed CSA Topic for Data Analytics Fellowship Academy

ISSUE: The DFS Data Analytics Fellowship Academy (DAFA) has collaborated with the CSA program to propose a topic for the DAFA Class of 2020 related to the effectiveness of Foster Care Prevention services provided to youth across human services agencies and schools.

BACKGROUND: The Data Analytics Fellowship Academy (DAFA) is a nationally recognized professional development program that has been customized for Fairfax County DFS and is applicable across human services. The DAFA program aims to teach participants, or Fellows, how to use data and research principles to inform case practice and performance decisions, with the end goal of ultimately improving the lives of children, families and adults in Fairfax County. The program uses client level data to analyze and address research questions of interest to county leadership. The program culminates in a data report out complete with interactive workshops.

The DAFA Class of 2020 proposed topic involves an analysis of Foster Care Prevention Services provided by our CSA system of care across child-serving human services agencies. In addition to DFS, agencies like the courts and CSB along with the schools provide services mandated as "Foster Care Prevention." DAFA would perform quantitative and qualitative analysis of CSA data regarding how these youth are currently served and offer recommendations for system improvements. Recommendations may identify interventions that are more effective at reducing the separation of children from families through entrance into Foster Care. The work of DAFA will align with recent review of "high utilizers" of CSA services and youth who enter foster care in late adolescence when other interventions have not been successful. The proposed topic aligns with the implementation of the Family First Prevention Services Act, signed into law in February 2018, that emphasizes prevention, early intervention and evidence-based practices for children and families who are at imminent risk of entering foster care.

DAFA has already made a tremendous impact within the Department of Family Services. Previous topics analyzed include: Supporting the economic stability of families by promoting a family-focused, integrated system (TANF), Strengthening child safety while enhancing family stability (CPS), and Achieving timely, safe, and stable permanency for children in foster care.

RECOMMENDATION: That CPMT endorse the project to fulfill powers and duties described in § 2.2-5206 13. *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. Every team shall also 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. Additionally, teams shall 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;*

ATTACHMENT:
DAFA Class Description
DAFA Class of 2020 Proposed Topic

STAFF:
Eduardo Leiva, DFS
John Ruthinoski, DFS
Janet Bessmer, CSA

The Department of Family Services

Data Analytics Fellowship Academy (DAFA) Class Description

- Nationally recognized program customized to better understand root causes
- Introduces team driven data projects
- Projects integrate initiatives and focus areas
- Teaches data analysis, business process, diagnostic & presentation skills
- Informs case practice and performance decisions
- Produces proposed improvements and solutions

Analysis	Month	Lesson
Research and Preparation	October November December	Kick Off and Excel Basic Tools Understanding the Power of Diagnostics Challenging Our Assumptions
Quantitative Analysis	January February March	Understanding Bright Spots, Literature Review, Introducing Quantitative Analysis Cohort Analysis Begins Preparing Our Story for the Interim Presentation
Report Out	April	**Interim Presentations- Quantitative Data**
Qualitative Analysis	May June July	Business Mapping of Program Process Understanding Our Topic Through the Lens of the Lived Experience Leveraging Bright Spots and Creating Solutions
Report Out	August	**Final Presentations-Quantitative/Qualitative Findings and Workshops**

Example of a DAFA Quantitative Project Data Cohort

- Select programmatic research topic and questions
- Identify client level service data that will address research topic
- Export/transform service data into cohort database (I.e. Excel) for Fellows analysis
- See example below: data cohort selected for Class of 2019 DAFA data project

EXAMPLE: Class of 2019 Data Cohort			
Demographics			
Client Name	Client Date of Birth	Client Race/Ethnicity	Client Gender
Region of Origin	Caretaker Family Structure/Year/Race		
Programmatic Details			
Program location	Intake Date	Intake Program	Date/age at Entry
Presenting Issues	Risk Factors	Previous interventions	
Presenting Issues			
Type of Entry	Case History	Previous Abuse	Domestic Violence
Recidivism	Mental Health Issues	Child Gang Involvement	Child Sex Offender
Child Diagnosed as Having a Disability	Type of Disability		
Types of Support			
Monetary Assistance	Child Support	Medicaid	Self-Sufficiency Services (TANF, SNAP, etc.)
Child Care Services (SACC/CCAR, Head Start, etc.)	Adult and Aging Services	Children, Youth and Families Services (CPS, PPS, Healthy Families, etc.	Payment Rates
Outcomes			
Previous entry	Placements	Outcomes/Placement Date	Case Plan Goal
Assessment Results	Program Exit Date	Exit Reason	Time in program
Age at entry vs. exit			

Data Analytics Fellowship Academy (DAFA) Class of 2020 Proposed Research Topic

Focus: How effective are CSA Foster Care Prevention (FCP) services on improving outcomes in areas of child and parent functioning and preventing subsequent involvement with the child welfare system?

Research questions:

1. What are the characteristics of children and youth receiving FCP services?
    a. How do these characteristics vary by referral source (i.e. DFS, FCPS, CSB, JDRDC)?
2. What are the needs of children and parents receiving FCP services and what FCP services are they receiving?
    a. How do these vary by referral source?
3. What are the similarities/differences among children and parents who receive FCP services and those who show improved functioning compared with those who do not?
4. What are the similarities and differences among children and parents who receive FCP services and those who have subsequent involvement in the child welfare system compared with those who do not?
5. Which FCP services are effective in addressing which needs? (using CANS scores and subsequent child welfare involvement)
    a. Are there combinations of FCP services that produce better outcomes for certain needs compared to individual services?
6. Is there a relationship between cost of services or length of services and outcomes? Does it vary by need addressed or by type of service?

MEMO TO THE CPMT
July 26, 2019

Information Item I-6: Children's Behavioral Health Blueprint Revisions

ISSUE:
At it's meeting on July 15 the Children's Behavioral Health Collaborative (CBHC) Management Team endorsed revisions to the Children's Behavioral Health Blueprint and its extension through December 2020. The CPMT will review the proposed revisions on July 26 in preparation for considering approval on September 27. The CBHC Management Team is continuing to work on the Blueprint and may propose additional revisions prior to the September CPMT meeting.

BACKGROUND:
In March 2016 the CPMT approved a multi-year children's behavioral health system of care blueprint for calendar years 2016 through 2019, and fiscal years, 2017, 2018, and 2019. It represents goals and strategies to be implemented by and with the support of Fairfax County human services departments and Fairfax County Public Schools. Wherever possible and appropriate, the public entities responsible for implementation of particular strategies noted in the plan work in conjunction with family, consumer and other non-profit organizations, and provider agencies. Consistent with the system of care principles, families and consumers are involved in planning, implementation and evaluation of activities to implement the blueprint. The Blueprint serves as the strategic plan for Healthy Minds Fairfax, a program established by the County Board of Supervisors to improve access to and the quality of children's behavioral health services.

The Blueprint was developed in accordance with a framework approved by CPMT, and is based on these principles:

- Planning should be inclusive of the entire continuum of services and supports for children's behavioral health needs.
- There should be a systems focus, beyond just service planning.
- Children, youth and families must be able to "see" the range of services and navigate the system with and without support from professional staff.
- Services should be evaluated regularly. There should be a focus on population outcomes as well as service performance.
- Planning should be both descriptive of current service system and prescriptive of needed changes.

System of care elements addressed in the plan include:

- *Access*: Promoting the ability of families, youth, and professionals to obtain services and navigate the behavioral health system.
- *Quality*
- *Promoting Trauma-Informed Practice*: Ensuring trauma-informed practices and approaches are integrated into services at all levels.
- *System coordination and linkages*
- *Planning and delivery of services and supports*
- *Family and youth involvement* at policy, planning and service delivery levels
- *Reducing racial and ethnic disparities in service delivery and outcomes,* including cultural/linguistic competence

In the three years since the Blueprint was created there have been significant accomplishments in achieving its goals and strategies, as documented in the attached Summary of Blueprint Revisions, but there is much still to do. The proposed revisions will focus efforts on accomplishing the highest priority goals and strategies.

ATTACHMENT:
Summary of Blueprint Revisions

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

Healthy Minds FAIRFAX
Supporting Emotional Wellness in Youth and Families

GOAL 1: Deepen the Community "System of Care" Approach

Coordinator: Jim Gillespie

Governance Structure:

Accomplishments to Date:
The CPMT has been designated the governing board for Healthy Minds Fairfax, and the Children's Behavioral Health Management Team as the management group. Our local system of care principles and practice standards have been updated to reflect the broader population of children, youth and families now served by Healthy Minds Fairfax. New county and FCPS child-serving staff are trained on the principles and practice standards. Our local system of care initiative has been re-branded as "Healthy Minds Fairfax", with a new website to up to focus on helping families to navigate the system to access services.

To be Accomplished by December 2020:
A protocol for monitoring system-wide implementation if principles, practice standards, policies and procedures will be implemented. An initiative to partner with insurance companies to support the ability of families to use their benefits for behavioral health care will be implemented.

Summary of Proposed Revisions:
No substantive revisions

Financing Strategies:

Accomplishments to Date:
A fiscal mapping of county resources targeted to serving children and youth has been completed and presented to the SCYPT.

To be Accomplished by December 2020:
A review of existing services for opportunities to increase the use of Medicaid funding will be completed. A community plan to support the ability of families to use their insurance benefits to access behavioral health care will be developed.

Summary of Proposed Revisions:
Case rates, pay-for-success and other risk-sharing financing approaches are no longer a priority. Identifying alternative methods of budgeting the local CSA match is no longer a priority.

Service Quality and Access:

Accomplishments to Date:
The CSB has coordinated discharge for youth presenting to emergency departments for substance use or suicidality to indicated follow-up care.
To be Accomplished by December 2020:
Training sessions for families and providers on these topics will be held at least annually: community resources; accessing services through insurance; evidence-based treatments; ICC/high fidelity wraparound; and the CANS. Training sessions for new public agency child-serving staff on these topics will be held at least three times a year: community resources; accessing services through insurance; evidence-based treatments; and ICC/high fidelity wraparound.

Summary of Proposed Revisions:
Greater specificity was added to the strategy on training families, providers and county/FCPS staff.

GOAL 2: Data Systems

Coordinator: Jim Gillespie

Accomplishments to Date: An Integrative HHS data warehouse has been created and it contains data from Neighborhood and Community Services, the Health Department, and Office to Prevent and End Homelessness. A structure for sharing the dashboards internally amongst the HHS agencies is being created. DIT is working with a vendor to implement a software tool which will allow HHS agencies to identify unique clients across programs. A client interaction management tool is currently being piloted with DFS and NCS.

To be Accomplished by December 20: DIT will continue to work towards an integrative electronic health records for both the CSB and Health department (HCSIS), expanding the data warehouse, and integrating it into other HHS systems.

Summary of Proposed Revisions: There were no substantive revisions to this goal.

GOAL 3: Family and Youth Involvement

Coordinator: Jim Gillespie

Accomplishments to Date:
An additional CPMT parent representative position was added, for a total of five. The Northern Virginia Family Network has been established. The 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'.
To be Accomplished by December 2020:
Establish and implement a procedure for systemically sharing timely County (CSB, CSA and HMF) programming and content designed for children, youth and families with the Northern Virginia Family Network. Develop and implement a process to involve family and youth in identifying needs, assessing system responsiveness, developing tools and process to help families access services, and in evaluating services.

Summary of Proposed Revisions:
Consider establishing a HMF family advisory board and adding family representation to the CSA Management Team. Establish a HMF youth advisory board, and a youth engagement position to lead implementation of youth-related strategies and action steps.

GOAL 4: Increase Awareness and Reduce Stigma

Coordinator: Jesse Ellis

Accomplishments to Date: Gatekeeper trainings (such as Mental Health First Aid, the Kognito At-Risk programs, and Signs of Suicide) continue to be implemented broadly by County agencies, FCPS, and community organizations. Mini-grants are awarded each year to multiple organizations to implement youth-led projects to address stigma. The County, FCPS, community partners, and the Suicide Prevention Alliance of Northern Virginia continue to promote and share various messaging materials that promote help-seeking and reduce stigma.

To be Accomplished by December 2020: Implement policy changes to require gatekeeping training within large organizations. Identify opportunities to make gatekeeper trainings more culturally relevant. Explore developing a speakers bureau or list of approved programs.

Summary of Proposed Revisions: Increase youth and family involvement in local awareness and stigma reduction activities.

GOAL 5: Youth and Parent/Family Peer Support
Coordinator: Jim Gillespie

Accomplishments to Date:
Family support partner services have been implemented and are now serving over 100 youth and families annually.

To be Accomplished by December 2020:
See below

Summary of Proposed Revisions:
Evaluate the effectiveness of locally provided family support partner services, and if effectives, develop and implement a sustainability plan for ongoing provision

GOAL 6: System Navigation
Coordinator: Peter Steinberg

Accomplishments to Date: The Healthy Minds Fairfax Website (https://www.fairfaxcounty.gov/healthymindsfairfax/) has been redesigned and recently has been launched to the public.

To be Accomplished by December 2020: By the end of August 2019, a list of medical professionals who have received intensive training through the REACH Institute in how to assess, identify, and treat behavioral healthy problems that their patients are experiencing. A list of behavioral health providers who have received training in Evidenced-Based treatments through the Fairfax Consortium for Evidenced-Based Practice

Summary of Proposed Revisions: There were no substantial changes to this goal.

GOAL 7: Care Coordination and Integration
Coordinator: Jim Gillespie

Accomplishments to Date:
In partnership with Inova HMF provided intensive mental health training to 150 pediatricians. In June 2018 CPMT approved a community plan for integrating pediatric primary care and behavioral health care. In collaboration with the statewide Virginia Mental Health Access Program (VMAP), HMF is purchasing child psychiatry consultation for local pediatricians. Through HMF the capacity of the regional children's mobile response and stabilization service has been expanded by 20% and it has been more closely linked to the Inova emergency departments. A county website, established to help families navigate the system to access services, also has a section help pediatric primary care providers access behavioral health care for their patients.

To be Accomplished by December 2020:
Through VMAP local pediatric primary care providers will have access to care navigators to help secure mental health care for their patients. At least 50 more pediatrics primary care providers will participate in intensive mental health training. Case review sessions will be implemented for pediatricians to consult with behavioral health clinicians. Inpatient and ambulatory behavioral health programs will be encouraged to share discharge plans with primary care providers and schools. A county-wide integration conference will be held.

Summary of Proposed Revisions:
No substantive revisions

GOAL 8: Equity/Disparities
Coordinator: Peter Steinberg

Accomplishments to Date: A story telling project has been developed by the Partnership for Healthier to help promote the CLAS Standards among behavioral health providers. The Healthy Minds Underserve Populations Workgroup learned through focus groups that services need to occur in their immediate community. Additionally, the workgroup learned that transportation is one of the biggest barriers to receiving mental health treatment. Healthy Minds Fairfax partnered with the Northern Virginia Family Service to provide bilingual, bicultural services to youth in both a community and school-based setting.

To be Accomplished by December 2020: In FY 20, Healthy Minds Fairfax received $130,000 to expand multicultural mental health services to youth. It is anticipated that some of the funds will be used to expand the Northern Virginia Family Service VPIP (Violence Prevention and Intervention Program) with the goal of 115 individuals in both the community and school setting. A portion of the funds will be used to support the expansion of youth led clubs to reduce the stigma of mental health. The Underserved Populations Workgroup is exploring ways to increase the number of licensed bilingual, bicultural mental health providers in Fairfax County.

Summary of Proposed Revisions: There were no substantive revisions to this goal.

GOAL 9: Reduce Incidence of Youth Suicide in our Community
Coordinator: Jesse Ellis

Accomplishments to Date: Online self-administered screenings have been identified and linked to from County web pages. One-page information sheets on emergency services and how to access them, and on identifying postvention resources have been published. The PRS CrisisLink hotline and textline have continued to be supported and remain heavily utilized. Behavioral health providers have been trained in evidence-based suicide prevention and treatment practices.

To be Accomplished by December 2020: Publish a clear overview of the FCPS suicide postvention protocol.

Summary of Proposed Revisions: Ensure community-based implementation of evidence-based practices in behavioral health care.

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

Accomplishments to Date: The Fairfax Training Consortium on Evidenced-Based Practice has been established. Trainings through the Training Consortium include: Family Intervention for Suicide Prevention, Core Competencies, Match ADTC (core competencies for working with children under the age of 12), and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).

To be Accomplished by December 2020: Members of the Evidenced-Based Practice workgroup will be providing informational sessions in the Fall to county agencies as well as private agencies to help them develop implementation plans. The Fairfax Training Consortium will be providing additional trainings in the core competencies as well trainings for supervisors. The SOC Training Committee will explore providing an overview of evidenced-based treatment to case managers who purchase services.

Summary of Proposed Revisions: There were no substantial changes to this goal.

GOAL 11: Trauma Informed Care
Coordinator: Jesse Ellis

Accomplishments to Date: Core competencies for providers have been identified and trainings are ongoing. Broader trainings and activities on trauma awareness and secondary trauma are provided regularly by the Trauma-Informed Community Network. All Health and Human Services agencies have developed and are implementing plans to increase their use of trauma-informed practices.

To be Accomplished by December 2020:

Summary of Proposed Revisions: Implement ACE Interface trainings and activities in various community settings to further increase trauma awareness.

GOAL 12: Behavioral Health Intervention
Coordinator: Peter Steinberg

Accomplishments to Date: Short Term Behavioral Health Services (STBH) has been established and is available to children, youth and their families who meet the income criteria guidelines and attend one of 39 Fairfax Public Schools. While the service is free, the therapy is provided by private therapists who contract with Fairfax County. The Fairfax Training Consortium has been established and trainings have been offered in Family Intervention for Suicide Prevention, the Core Competencies, Match ADTC (core competency training for working with children who are 12 and under), and Trauma Focused Cognitive Behavioral Therapy (TF-CBT).

To be Accomplished by December 2020: Continue to explore screening tools that can be uniformly used across systems. Develop protocols for referrals/follow-up based on the results of the screenings.

Summary of Proposed Revisions: There were no substantial changes to this goal.

GOAL 13: Service Network for High Risk Youth
Coordinator: Janet Bessmer

Accomplishments to Date: (letters match blueprint strategies)

A. The Training Consortium has sponsored training in TF-CBT and core competencies in trauma treatment to expand capacity in our provider community.
B. DFS is sponsoring the Reflections curriculum and the CSA MT has approved a contract for Functional Family Therapy.
D. The CSA program is in the process of collecting ICC fidelity data using tools developed nationally for measuring Wraparound fidelity. A grant-funded intern assists with this project. CSA and the CSA Management Team monitors the use of Case Support Services provided by the CSB and is engaged in efforts to assess capacity and needs for expansion.
E. The annual gap survey has been modified and used to collect community feedback.
G. A new position has been approved for CSA to implement evaluation of our service delivery system, as part of the program's CQI process.
H. CSA in collaboration with DFS IT has begun implementation plans for an electronic document management system that will streamline internal processes. In addition, CSA, DFS IT and finance have piloted an electronic workflow for DFS staff for purchase order requests. Time to Service should be reduced. The intent is to offer this workflow to other human service agencies as well.
J. Parent representative positions on the CPMT have been expanded to five.

To be Accomplished by December 2020:

F. Increase outreach efforts to share information about CSA with the broader community.
I. Support implementation of evidence-based interventions such as MST, FFT and parenting programs.

Summary of Proposed Revisions:
Two strategies were combined into one to support implementation of parenting programs for youth with intensive behavioral health care needs.

GOAL 14: DD/Autism Services
Coordinator: Tracy Davis

Accomplishments to Date:

- Strategy A and B require no further action. The workgroup had consensus that the urgent need is to serve the 1,000 youth that are on the DD waiver waitlist. The workgroup recommends reexamining the need for similar strategies with the development of the subsequent blueprint following the conclusion of the current blueprint ending December 2020.

To be Accomplished by December 2020:

- Strategy E, F & G were identified as high priority areas. The main objective for the workgroup is to address Blueprint Strategy E, F & G by obtaining project funding to take the CSA process that currently exists to accurately assess children for appropriate supports to prevent crisis. This funding will address the need/gap in services (insufficient case management staff, crisis services for younger children).

Summary of Proposed Revisions:

- Strategy C, D & H were combined in the revised version of this blueprint goal. These strategies were identified as low priority areas. The workgroup adjusted timelines as necessary and may need to be extended to be addressed with the development of the subsequent blueprint following the conclusion of the current blueprint ending December 2020.
- The times lines were pushed back to December 2020 for Strategy E, F & G.

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.

Accomplishments to Date: The Transitional Age Youth Workgroup drafted a SOC Principle stating that transitional age youth face unique needs and that our Systems of Care will work to ensure that the transitional age youth successfully transitions to adulthood. The workgroup researched transitional age program throughout the county and decided that any program for this age group needs to be based on the drop-in center model that is often used for adults. A sample transition assessment and service plan was created and will be made available on the Healthy Minds Fairfax website.

To be Accomplished by December 2020: The Healthy Minds Fairfax student intern will assist this workgroup in conducting a needs assessment for a drop-in center and will continue to research programs that have been successful with this age group. The student intern will work with local family run organizations as well as local youth-oriented programs to develop a youth council that will serve as an advisory board for any programing for this service.

Summary of Proposed Revisions: There were no substantial changes to this goal.