MEMO TO THE CPMT
May 28, 2018

Administrative Item A-1: Endorse Proposed FY 2019 Healthy Minds Fairfax Budget

ISSUE:
A proposed FY 2019 Healthy Minds Fairfax budget is presented for endorsement

BACKGROUND:
In March of 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. On May 14, 2018, The Children's Behavioral Health Collaborative Management Team (CBHCMT) approved a proposed budget to support continued implementation of Blueprint strategies in FY 2019. The projects recommended by the CBHCMT are listed in priority order. As work on the strategies progresses during the year the amount of funding allocated may shift between projects as necessary.

FY 2019 Projects Previously Endorsed by CPMT:

Evidence-Based Practice Training Consortium:	$165,828	(under contract)
Give an Hour Pro-Bono Outpatient Therapy:	$101,860	(under contract)
Expand CR-2 crisis stabilization service:	$100,000	
Pediatrician behavioral health training (REACH):	$ 70,000	

CBHCMT Recommended FY 2019 Projects:

1.	Short Term Behavioral Health Services:	$ 85,000
2.	Short Term Behavioral Health Services Expansion:	$ 49,000
3.	Expanded Multicultural Mental Health Services:	$ 98,000
4.	Provider Database:	$ 31,500
5.	Recovery Youth Peer Support Group:	$ 11,318
6.	System of Care Training:	$ 9,059
	TOTAL:	$721,565

CBHCMT Recommended but Budget is Insufficient to Support:

7.	Children's BH Care Coordinator Services:	$130,000
8.	Early Childhood Mental Health Consultation:	$150,431
9.	Psychiatric Consultation:	$ 52,000
10.	Youth MH First Aid for the Faith Community:	$ 6,250

ATTACHMENTS:
FY 2019 Funding Proposals

STAFF:
Jim Gillespie, HMF Director
Betty Petersilia, CBHC Program Director

FY 2019 Healthy Minds Fairfax Funding Proposal

To continue

The Short Term Behavioral Health Service for Youth

This funding request is in the amount of **$85,000** to continue the Short Term Behavioral Health (STBH) Service for Youth.

A. Progress to Date

The Short Term Behavioral Health Service for Youth is in the process of completing its second 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. The six to eight session intervention is based on a cognitive therapy approach, and therapists have been trained to address trauma issues. Therapists and Healthy Minds Fairfax staff help families access longer-term treatment when necessary. Referrals are from school social workers, school psychologists and school counselors, and the program is available for students in families with incomes less than 400% of poverty ($98,000 for a family of four) who cannot access timely services through insurance or Medicaid. It addresses Blueprint Strategy 13D. STBH continues to serve 13 high schools (Annandale, Bryant, Edison, Herndon, Hayfield, Lake Braddock, Lee, Mt. Vernon, Mountain View, Robinson, South county, Stuart, Woodson) and 5 middle schools (Hayfield, Herndon, Key, Lake Braddock and Robinson). As stated in previous years, wait for service at our main public provider (CSB) and key non-profit behavioral health providers remains high. Several of these providers report waiting lists exceeding 20 clients each. In its initial year (January 2016 start-up), 30 referrals were made and 30 entered treatment; in 2016-17, 75 referrals were made and 57 entered treatment, in 2017-18, 133 referrals were made as of 5-3-18, a 65% increase over the previous year and 53 entered treatment with an additional 42 youth, still in treatment and pending notification of the extent of the treatment episode.

B. Description of any new project activities

This school year, greater efforts were made to reach out to Student Services Departments/Counseling Staff which actual site visits to 4 schools to speak directly with the counseling staff. Counselors can now refer cases to STBH once a consultation takes place with the school social worker or school psychologist.

FCPS school leadership has requested expansion into the elementary schools. This will be presented in a separate expansion request.

C. Updated Project Budget

Anticipated FY 18 expenditures	$70,000 (all direct costs to contracted STBH providers)

Projected FY 19 expenditures	$85,000 (per DAHS Budget office projections) (all direct costs to contracted STBH providers)

D. Plan for continued funding after expiration of HMF funding:
Since this initiative serves children and families who cannot immediately access insurance for treatment, it is anticipated that continued HMF funding will be necessary to maintain it.

E. Proposed 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".
- At discharge the parent/guardian will assess the status of addressing target problems on a scale from "deteriorated" to "significant improvement".

Quality outcomes

- Parent/guardians will complete a satisfaction survey.
- Participating youth will complete a satisfaction survey.

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.

STBH STATISTICS

	2016 (Start Up Year/January)	2016-2017	2017-2018 (as of 4/18/18)
Totals Referrals	30	75 150% above previous year	124 65% above previous year
Total Entered Services (at least 1 session)	30	57	53 (42 pending)
Average # of Sessions attended	6.7	4.1	5.0
# of Requested Extensions (1 or more sessions)	8	3	19

Race

	#	%		#	%		#	%
Hispanic	18	60%	Hispanic	36	48%	Hispanic	70	56%
Black	4	13%	Black	15	20%	Black	21	17%
White	6	20%	White	12	16%	White	23	19%
Asian/P.I.	2	7%	Asian/P.I.	12	16	Asian/P.I.	7	6%
						Am. Indian	3	2%

Gender

2016 Male	2016 Female	2016-2017 Male	2016-2017 Female	2017-2018 Male	2017-2018 Female
15	15	27	48	45	79

Grade

2016 9	10	11	12	2016-2017 9	10	11	12	2017-2018 7	8	9	10	11	12
3	11	12	4	19	15	27	14	23	15	13	23	24	26

Reason for Referral

	2016	2016-2017	2017-2018
Access	11	34	53
Access/Copay	2	5	8
Copay	6	6	11
No Insurance	11	30	52

Schools

2016		2016-2017		2017-2018	
Annandale HS	13	Annandale HS	10	Annandale HS	16
Lee	6	Bryant ALC	2	Bryant ALC (via CSB)	1
Robinson	3	Hayfield HS	12	Edison	1
Stuart	8	Herndon HS	8	Hayfield HS	12
		L. Braddock HS	3	Hayfield MS	0
		Lee HS	5	Herndon HS	15
		Mt. Vernon HS	4	Herndon MS	30
		Mt. View ALC	4	Key MS	5
		Robinson HS	7	L. Braddock HS	1
		Stuart HS	7	L. Braddock MS	3
		Woodson HS	7	Lee HS	5
				Mt. Vernon	8
				Mt. View ALC	7
				Robinson HS	5
				Robinson MS	0
				S. County HS	1
				S. County MS	0
				Stuart HS	8
				Woodson HS	6

FY 2019 HMF Proposal to Expand Short-Term Behavioral Health Services to Five High Need Elementary and Middle Schools

This funding request is in the amount of **$49,000** to expand the Short Term Behavioral Health (STBH) Service for Youth to five (total) middle and elementary schools.

Project progress to date, including outcome data if available:

Youth participating in Short-Term Behavioral Health Services have mental health issues in need of timely intervention, primarily involving depression and/or anxiety, and cannot access treatment. Income eligibility is 400% of poverty and lack of timely access to outpatient treatment is the primary reason for the original development of this service. Youth and their families receive 6-8 sessions of outpatient counseling using an evidence-based cognitive-behavioral 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 6 to 8 session intervention.

In FY 2018 the Short-Term Behavioral Health Services Program is projected to serve 110 students from 13 high schools and 45 students from 5 middle schools, with a total of about 155 youth receiving outpatient therapy, an average of 5 sessions per student. The GAIN Short Screener is administered at the beginning and end of each intervention. Of the students that completed a 1st and 2nd GAIN-Short Screener, results indicate that 94 % of youth served had improved behavioral health symptoms. On discharge summaries that have been completed by STBH clinicians, they indicated that 12 % of youth showed no change, 24% showed minimal change, 35% showed moderate improvement and 29% showed significant improvement.

A description of any new project activities:

In the 2016 youth risk behavior survey, 13.7% of FCPS sixth graders and 21.6% of eighth graders reported high levels of stress. 20.7% of FCPS sixth graders and 20.6% of eighth graders reported experiencing depressive symptoms. The percentage of FCPS eight graders considering suicide was 11.3%, and 5.5% reported having attempted suicide in the past year. In some middle school communities these figures are significantly higher.

Short-term behavioral health services are provided to students in school communities, chosen based on the level of mental health need and financial need, as assessed by the behavioral health-related questions on the youth survey and the percentage of students eligible for free and reduced school lunch. The request is for $49,000 to expand the service to an additional 70 children and youth in five high need elementary and middle school communities.

Updated project budget:

The $49,000 request would serve 70 children and youth for an average of seven sessions each at an average of $100/session.

A plan for continuing the project (if necessary) after expiration of HMF funding:
Since this project serves families who cannot access insurance for treatment it is anticipated that continued HMF funding will be necessary to maintain it.

Proposed outcome measures for the new project period:

Functional Outcomes

- Participating youth will 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 name and declined will also be reported.
- At discharge the treating clinician will assess the status of addressing target problems on a scale from "deteriorated" to "significant improvement".
- At discharge the parent/guardian will assess the status of addressing target problems on a scale from "deteriorated" to "significant improvement".

Quality outcomes

- Parent/guardians will complete a satisfaction survey.
- Participating youth will complete a satisfaction survey.

Continuum of Care Outcome

- At discharge, the treating clinician will 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 2019 Healthy Minds Fairfax Funding Proposal

Underserved Populations Workgroup

One Position Expanded Multicultural Mental Health Services

This funding request is in the amount of **$98,424** to provide **Trauma Informed Individual and Family Mental Health Counseling** to Latino youth in underserved areas in our community, possibilities include Culmore, Springfield or Herndon.

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

The Underserved Populations workgroup, through its use of focus groups with youth and parents, specifically in the Culmore community, learned of their unmet behavioral health needs, their desire to receive services in their immediate community because of the trust they have in their neighborhood resources, the parental desire to be involved in their child's treatment, transportation challenges, and the presence of trauma and domestic violence in their lives. Repeatedly, these particular focus groups and our other focus groups with Asian youth and adult Faith leaders and African American youth and parents underscored the need for services to be embedded directly within their communities from providers "who look like us".

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.*

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* existing services: Approximately $98,424
*assumption is this will be added to existing programming, with supervision and management support available to leverage

Projected Budget for FY 19:

Salaries	$	58,796
Benefits (25.5% of salary)	$	14,993
Subtotal Personnel Expense	$	73,789
Direct Expenses - Occupancy (rent), telephone, office supplies, liability insurance, telephone/ computer, mileage, etc)		
Sub Total Direct Non-Personnel Expense	$	7,553
Total Direct Expense (Personnel and Direct Costs)	$	81,342
Indirect Expense at 21%	$	17,082
Total Expenses	$	98,424

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 2019

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.

HEALTHY MINDS FAIRFAX PROPOSAL 4

FY 2019 Health Minds Fairfax Children's Behavioral Health Database Funding Proposal

Submitted by the Blueprint Navigation Website Workgroup

May 18, 2018

This funding request is in the amount of FY 2019 - **$63,000** if project work begins in **January 2019**; **$31,500** if project work begins in **April 2019**

a. A brief description of the project, including how it will accomplish Blueprint strategies or action steps

The purpose of the project is to meet the meet the following Blueprint Strategy (6a):

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.

Specifically, this request to fund modification of the DFS Child Care Management System (CCMS) so that it can help families who access it identify behavioral health providers who have been trained in:

- Evidence-based practices (EBPs) for children's behavioral health issues.
- A "system of care" approach to addressing the needs of children, youth and families.
- Family driven and youth guided care, respecting family voice and choice, and involving families in treatment.
- Local community resources and how to access them.

Many of these trainings are already called for in the Blueprint, so the database would be pulling together for consumer use information on who has been trained.

In this concept, the database would contain therapists and other providers who have been trained in one or more of the subjects listed above (EBPs, SOC, family driven care, and community resources), and that this would be verified information, not self-reported. It would also have many self-reported items such as specializations, treatment modalities, age range, insurances accepted, and availability (to the extent it can be kept current). Families would be educated, via the navigation website and other efforts, to understand the value of using providers trained in the four subjects. The county would recruit providers for the database by persuading of the value of the SOC approach and offering them no cost CME trainings in the subjects.

This request is to fund the following activities in order to create a Healthy Minds Fairfax database:

- Create a portal on the front of CCMS
- Use the CCMS framework
- Clone and modify code from the CCMS system
- Clone and modify code from the IEFL system for the training requirements
- Database work as required

b. **A brief description of why currently available services in the county can't meet the need**
Families seeking to access behavioral health services and/or navigate the local public/private behavioral health system have options, but often they are not adequate:

- On-line private provider directories, such as the *Psychology Today* website. All of the information on such sites is entered by the providers themselves, with no vetting. As a result it is not uncommon for therapists to list themselves as "expert" in addressing as many as ten or more mental health issues and/or populations, with no supporting evidence.
- Insurance company provider lists. As with on-line directories, providers self-select their specialties, and their listed availability status is often inaccurate.
- County Coordinated Services Planning: The wide range of needs and services addressed by CSP and the Human Services Resource Guide necessitates that CSP staff be generalists, limiting their in-depth knowledge of children's behavioral health services. With the support of the proposed on-line system, and additional training in that area, CSP staff have the potential to be excellent resources for families who need or want person-to-person assistance in accessing services.
- Community Services Board: CSB Entry staff are very knowledgeable of resources and system navigation processes. But their primary role as the gateway for individuals seeking CSB services limits the time they can spend assisting those who need behavioral health services but for whom the CSB will not be the provider. With the support of the proposed on-line system CSB Entry staff will be better able to turn their brief interactions with callers into value added experiences.

c. **A project budget identifying how county funds will be used, and whether a one-time or ongoing expenditure is being proposed: FY 2019 - $63,000 if project work begins in January 2019; $31,500 if project work begins in April 2019.** (It is anticipated that work on the database will not begin until the navigation website project is complete, or nearly so.)

Estimate (based on hourly rate of $135.00):

- Full Year 1: $126,000
- Full Year 2: $20,000 (Change Requests if needed)
- Full Year 3: $20,000 (Change Requests if needed)

It should be noted:

- No requirements have been created at this point, so this is just an estimate based on what we know.
- Since we have not done requirements, reports have not been discussed.
- It doesn't factor in a framework upgrade for IEFL, we don't know if it will be required.
- Additional buffer has not been added to the estimate.

d. Performance measures:
Through empowering families to be effective consumers, the proposed system will play a crucial role in achieving population outcomes through the Healthy Minds Fairfax initiative (see logic model). The on-line system will be evaluated by feedback provided by users. To access most features of the system users will be required to identify their primary areas of need, i.e., "find a therapist qualified to treat my child". Upon exiting the system users will be requested to rate its effectiveness in addressing their identified needs.

Merrifield Crisis Response Center (MCRC)
Recovery Support Specialist
Healthy Minds Fairfax (HMF) Project
FY 2019

This funding request is in the amount of **$11,318** to support the funding of a Recovery Support Specialist to provide recovery support groups for youth.

A. *A brief description of why currently available services in the county can't meet the need.*

In 2017 there were 972 youth who utilized the Emergency Services, of that number 66% were not connected to the CSB prior to their visit to Emergency Services and, at this time, 48% of those youth have not been connected to CSB services. A segment of Youth 8.1% identified as super utilizers have been to the Emergency Services 3 or more visits. Engagement of these Youth in services is critical to reduce their use of Crisis Services. We are proposing an adult peer recovery support specialist led, drop-in group for teens. The mission of this group would be to help these individuals to manage stress and decrease use of Crisis Response services though development of recovery skills and plans in collaboration with Peer Recovery Support.

Currently there are no CSB sponsored recovery support groups for youth. In addition, there are no drop-in / engagement groups for youth facilitated by peer recovery specialists.

B. *A brief description of the project including how it will accomplish the Blueprint Strategies or action steps.*

Relevant Blueprint Action Step: Develop Youth and Parent / Family Peer Support services.

The Peer-to-Peer group would address the Blueprint Strategy by expanding evidence based peer-to-peer groups and develop family and community networks. Much evidence supports that peer support is a critical and effective strategy for ongoing health care and sustained behavior change for people with chronic diseases and other conditions, and its benefits can be extended to community, organizational and societal levels.

Overall, studies have found that social support:

- decreases morbidity and mortality rates
- increases life expectancy
- increases knowledge of a disease
- improves self-efficacy

- improves self-reported health status and self-care skills, including medication adherence
- reduces use of emergency services

Additionally, providers of social support report less depression, heightened self-esteem and self-efficacy, and improved quality of life.

A literature review of data on peer-to-peer run groups revealed that peer programming for youth is most sustainable when supported by adult peer recovery personnel. Adult Peer Recovery Specialists had the benefit of lived experience and sustained period of recovery from challenges to better meet the needs of identified youth. See below link for additional background information: (https://www.youthmovenational.org/images/downloads/YouthPeertoPeerLiteratureReviewFINAL.pdf; 5/2013) and (http://www.advocatesforyouth.org/publications/publications-a-z/1856-peer-programs-looking-at-the-evidence-of-effectiveness-a-literature-review).

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

Budget

The proposal is for continuation of pilot project funding originally granted in FY 2018 so that it may successfully run through June 2019. If the pilot Peer Drop-In Group program enjoys continued success, additional funding will be requested for FY 2020 and county budget requests placed for FY 2021 to allow for sustained, targeted Peer-to-Peer programming for youth and parent / family peer support.

Category	Grade	FTE	Hrs/Yr	Mid Pt w/4.25% MRA/PI	Annual	Fringe	Total
Peer Recovery Specialist, non merit 30/hr/wk	S15	2	144	$25.14	$7,240	$974	$8,213
							$8,213
						Operating	$1,800
						Indirect Cost	12.23%
Supplies (art and handouts)							$300
Total							**$11,318**

The group would target youth aged 14-17 y/o run by MCRC Peer Recovery Staff.

Group: MCRC Youth Drop-in Recovery Group
90 minutes over 4 -16 weeks

The focus is to provide education to teens about the elements of successful, sustainable, recovery and help them to develop their own successful plans for recovery through exposure and collaboration with Peer Recovery support staff. The groups will provide teens psychoeducational information provided by Peers to help these individuals integrate behavioral tools to manage stress and weather crisis.

Group Topics:
SAMSHA Eight Dimensions of Wellness
(for 4 week group)
Week 1: Occupational and Financial
Week 2: Emotional and Physical
Week 3: Intellectual and Social
Week 4: Spiritual and Environmental

Second Block:
(for 4 weeks)
Wellness and Recovery Action Plan
Week 1: WRAP Overview
Week 2: Discovery and Development of Wellness Tools
Week 3: Crisis Plan
Week 4: Post Crisis Planning

Third Block:
(for 8 weeks)
Whole Health Action Management
Week 1: WHAM Overview
Week 2-8: Wellness Strategies, Stress Management and Peer Support

If funded, the MCRC Peer Led group would begin April 2018 and run through May 2018. If on-going funds are awarded, the group will run continuously through the end of the fiscal year.

D. *A timeline for when the project will be completed if county funds are approved.*
It is the hope of the MCRC staff that Peer-to-Peer programming will enjoy ongoing success and utilization, enabling youths and their families a sense of connection with the CSB and recovery services through the end of fiscal year June 2019.

E. Outcomes

Outcome measures that will be used are:

- Full participation in 4 week cycles
- Participation and completion of subsequent 4 week groups
- Decreased number of visits to MCRC requiring inpatient hospitalization
- Increased number of individuals connected to services

System of Care Training Committee
Children's Behavioral Health Funding Request
FY2019

This funding request is in the amount of **$15,760.**

Request for: Training Funds to Expand the Knowledge and Skills of Systems of Care Workforce

a. A brief description of why currently available services in the county can't meet the need

While there may be trainings/conferences offered locally on a couple of the below referenced topics, few offer the opportunity to learn what is happening in systems across the country. 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.

b. A brief description of the project, including how it will accomplish Blueprint strategies or action steps

Funding would allow the Systems of Care Training Committee to coordinate participation in trainings on key topics that further the work of the Blueprint. It is the intent of the Training Committee to select trainings that allow for interagency/system partner collaboration, 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

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

Training Opportunities	
Family Engagement (4 attendees)	$5,500
Policy & Research (2 attendees)	$3,760
CANS/TCOM (2 attendees)	$2,500
CSA State Conference (4 attendees)	$2,200
Misc (e.g., per diems, travel expenses)	$1,800
Total	$15,760

These would be one-time expenses. While the Training Committee budget has a current balance of $8,357, the workgroup expects to utilize those funds in FY19 to develop training(s) that would address Blueprint Goal 8. Equity/Disparities. CSA program dollars will be used to pay for any CSA program staff that may attend any of the above referenced conferences.

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

Fiscal Year 2019

e. Outcomes

- 12 Blueprint workgroup members 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 member will be expected to share what they've learned with Blueprint workgroup(s).
- 100% of participants will indicate that these conferences/trainings developed their competencies, knowledge, skills, or abilities to achieve current and/or future goals.

FY 2019 Healthy Minds Fairfax Behavioral Health Consultation

for Pediatric Primary Care Providers Funding Proposal

Submitted by the Children's Behavioral Health SOC Integration Workgroup

May 18, 2018

This funding proposal is in the amount of **$130,000** for FY 19 and continued funding in the amount of $130,000 for FY 20.

a. A brief description of the project, including how it will accomplish Blueprint strategies or action steps

This request supports the following strategy in the Children's Behavioral Health System of Care Blueprint:

- *Provide behavioral health consultation to primary care providers and patients.*

This request is to pilot a telephone care coordination/behavioral health resource and referral service for use by pediatric primary care providers (PCPs) in treatment planning for their patients with behavioral health issues. To access the service, primary care providers would call a dedicated telephone line answered directly by a care coordinator, who would personally handle calls to request help in finding community behavioral health services for children. The telephone consultation Is intended to be provided while the patient is still in the PCP's office so that recommendations can be communicated and implemented efficiently. The care coordinator would have expertise in finding clinical resources for families by maintaining close working relationships with intake coordinators at community mental health agencies and keeping updated information regarding waiting times and availability of clinicians for special clinical populations. The coordinator would have current information on behavioral health programming offered through the Community Services Board, private providers, universities and the public school system. The coordinator would know the criteria and process for accessing case management services and intensive behavioral health services, and would be a link to peer support services and respite resources.

b. **A brief description of why currently available services in the county can't meet the need**

Existing local telephone consultation services are primarily designed for potential clients, and/or lack the required behavioral health expertise. Community Services Board entry and referral staff screen patients for behavioral health issues and identify potential CSB clients, and lack the time to take an active role in identifying and facilitating referrals to non-CSB providers.

NSC human services information and referral staff are familiar with assisting third parties, but lack the necessary behavioral health expertise.

c. A project budget identifying how county funds will be used, and whether a one-time or ongoing expenditure is being proposed: $130,000 for FY 2019 and $130,000 for FY 2020.

The evaluation of the pilot will include tracking the number and types of consultation calls to assess whether existing telephone consultation services could potentially be modified to take on the primary care consultation function.

d. Performance measures:

Participating pediatricians will be polled at the end of the pilot on these self-reported outcomes, which are also collected from REACH training participants:

1. The pediatrician is able to identify and differentiate among pediatric behavioral health problems and manage psychopharmacology.
    a. Knowledge
    b. Competence
    c. Performance
    d. Patient outcomes

2. The pediatrician has enhanced confidence in delivering pediatric behavioral healthcare.
    a. Knowledge
    b. Competence
    c. Performance
    d. Patient outcomes

HEALTHY MINDS FAIRFAX

Equitable School Readiness Strategic Plan
Funding Request
April 2018

The Office for Children, Department of Family Services is requesting ongoing funding in the amount of **$150,431** annually to establish and support an ECMHC system. They could reduce their request to **$112,320.**

The development of the Fairfax County Equitable School Readiness Strategic Plan and feedback from stakeholders underscored an existing need within the community for early childhood mental health services and supports for early childhood programs. The Office for Children, Department of Family Services, is requesting funding to develop and pilot an early childhood mental health consultation (ECMHC) system. ECMHC is an effective strategy to support young children's social and emotional development in early childhood settings. The primary goals for the ECMHC system are to build the capacity of early childhood programs to support and promote children's successful social and emotional development and executive functioning skills; prevent and decrease challenging behaviors; and eliminate suspensions and expulsions from early childhood settings.

Need for Services

The County currently does not have an ECMHC system for community early childhood programs or an existing strategy for fostering shared, cross-discipline early childhood and mental health expertise among professionals to meet the needs of young children.

Funding provided by Healthy Minds Fairfax in FY2018 was leveraged with Partners in Prevention Fund and OFC in-kind funding to support the provision of "Supporting Social-Emotional Competencies in Young Children" a course designed for early childhood educators and mental health professionals that focuses on strategies to develop a collaborative framework for strengthening competencies of young children and families. Early childhood educators enrolled in this course work in community programs that will participate in the ECMHC system.

Project Description

The proposed ECMHC system would support the shared goals and strategies within the Behavioral Health Blueprint and the Equitable School Readiness Strategic Plan to support the capacity of early childhood programs to promote children's social-emotional health (Appendix A).

The ECMHC System will provide early childhood mental health consultation to early childhood educators in programs throughout the County. ECMHC will build the capacity of the programs and strengthen the competencies of early childhood educators to promote children's social emotional growth and executive functioning skills. This will contribute to positive child interactions and decreased challenging behaviors.

The ECMHC approach provides programmatic consultation and supports systemic change. It is a problem-solving and capacity building intervention with a strong emphasis on collaboration. The model supports and strengthens the essential partnership with families and individualized resources and referrals.

The project leaders will establish the system by:

- Recruiting a cadre of mental health consultants
- Identifying a cadre of OFC early childhood specialists
- Administering an application process for the participation of early childhood programs. Priority consideration will be given to programs serving families with low to moderate incomes.

    - Fifty early childhood programs will be selected to participate in the ECMHC pilot.
    - Staff from participating programs will be invited to participate in the Institute for Early Learning Course "Supporting Social-Emotional Competencies in Young Children."
    - Programs will complete a needs assessment.

Each participating program will be partnered with a mental health consultant and early childhood specialist who will provide consultation services.

Mental health consultants and early childhood specialists participating in the ECMHC system will meet every two months for collaborative reflection to build a shared knowledge base and coordinate efforts.

A plan for collecting and reporting outcome measures will be developed.

OFC will identify a university partner and additional funding to develop an evaluation component.

Project Budget

The Office for Children, Department of Family Services is requesting ongoing funding in the amount of **$150,431** annually to establish and support an ECMHC system. This funding would enable the County to pilot the consultation model with the intent of continuing and expanding the model when additional funding is identified. Potential funding sources include grant and County funds.

The requested **$150,431** ongoing annual funding would be used as follows:

Early Childhood Mental Health Consultation (ECMHC) System (50 programs) (FY 2019)
This request funds one (1/0.5 FTE) part-time coordinating position and consultative services associated with the establishment of an early childhood mental health consultation system (ECMHC), with the goal of promoting children's successful social and emotional development. This will contribute to positive child interactions and decreased challenging behaviors. Funding Details:

Consultation Services: ECMHC will build the capacity of the programs and strengthen the competencies of early childhood educators. Funding requested supports the shared strategies in the Equitable School Readiness Plan and the Healthy Minds Fairfax Behavioral Health Blueprint. The funding would be used as follows:
$108,000: Provides four hours of mental health consultation services each month, for a six-month period, for each participating community early childhood program. Fifty programs will participate during the course of one year. ($90.00/hour x 24 hours= $2,160 per center x 50 centers).
$4,320: Two-hour Collaborative Reflection sessions with a cadre of mental health consultants and early childhood specialists every other month for one year ($90.00/hour x 48 hours = $4,320) for 4 mental health consultants.

New PT Benefits Eligible (E) Position for Program Coordination: This part-time Child Care Specialist III position ($38,110) will establish and coordinate the new ECMHC System, working to recruit the mental health consultants

and the fifty programs, coordinate the work, as well as collaborative reflection sessions of the mental health consultants and early childhood educators participating in the consultation system.

Timeline

Months One – Three:

- Recruit mental health consultants
- Identify early childhood specialists
- Establish application process for program participation

Months Four - Fifteen:

- Present Institute for Early Learning Course "Supporting Social-Emotional Competencies in Young Children"
- Programs complete needs assessment and develop goals
- Provide mental health and early childhood consultation services
- Conduct collaborative reflection sessions (mental health and early childhood consultants)

Outcome Measures

Proposed Outcome Measures for this program will include the following:

1. How much did we do?

- Number of participating early childhood programs
- Number of program staff participating
- Number of children enrolled at participating programs
- Number of consultation visits
- Number mental health and early childhood referrals and follow-up
- Number of program staff completing the course *Social-Emotional Competence in Young Children*

2. How well did we do?

Child Outcomes

- Reduced number of classroom disruptions
- Decreased number of children expelled for behavior
- Gains in socialization, emotional competence, and communication Improved social skills and peer relationships

Staff Outcomes

- Reduced teacher stress levels
- Enhanced communication with families
- Increased demonstration of best practices for supporting young children behavioral health

Program Outcomes

- Changes in environment and teaching practices which support children's social emotional well-being.

3. Is anyone better off?

    - Children will have consistent and positive early childhood experiences. They will be better off when needs are identified and services are provided as early as possible.
    - Early childhood educators will demonstrate increased competency to support children's behavioral health.
    - The capacity of the early childhood community to support children's social emotional well-being will be strengthened as a result of the ECMHC system.

4. What is the Story Behind the Numbers?

    We would anticipate the following core components of the ECMH system would contribute to its success.

    - Solid program infrastructure (administration, collaboration and coordination)
    - Clear model design
    - Highly qualified mental health consultants and early childhood specialists
    - Communication among all stakeholders
    - Ongoing assessment and quality improvement
    - Evaluation

Related Resources

Early Childhood Mental Health Consultation Policies and Practices to Foster the Social-Emotional Development of Young Children https://www.zerotothree.org/resources/1694-early-childhood-mental-health-consultationpolicies-and-practices-to-foster-the-social-emotional-development-of-young-children

Georgetown University Center for Child and Human Development https://gucchd.georgetown.edu

Preschool and Child Care Expulsion and Suspension Rates and Predictors in One State https://www.researchgate.net/publication/232198215_Preschool_and_Child_Care_Expulsion_and_Suspension_Rates_and_Predictors_in_One_State

APPENDIX A

SHARED GOALS AND STRATEGIES

The proposed ECMHC system would support the shared goals and strategies within the Behavioral Health Blueprint and the Equitable School Readiness Strategic Plan to support the capacity of early childhood educators to promote children's social-emotional health.

Behavioral Health Blueprint:

Goal 12: Behavioral Health Interventions.

Strategy B: Create capacity to address behavioral health needs of children 0-7.

Action Step 4: Develop pilot initiative to address timely social-emotional services to young children.

Action Step 5: Train child care and behavioral health providers on social-emotional health of young children.

Fairfax County Equitable School Readiness Strategic Plan:

Goals: All children are ready; All professionals are ready.

Strategy 2: Provide equitable offerings of high-quality early development and learning experiences and related school readiness supports throughout the County.

Activity 2.3: In coordination with Healthy Minds Fairfax, increase the supply, access and affordability of family strengthening, preventive health, infant and early childhood mental health, and early intervention programs and services, including existing programs (e.g., home visiting programs) and new programs and supports (e.gl, early childhood mental health consultation program) that address identified needs.

Activity 2.7: Create a system for prevention-focused early childhood mental health consultation services to support children's successful participation in early childhood education programs and eliminate expulsion and suspension practices.

Strategy 3: Foster quality and effective professional learning in all early childhood programs and services.

Activity 3.5: Develop consultation and support systems to strengthen early childhood educator competencies in recognizing and addressing childhood trauma and promoting children's social emotional growth and executive functioning skills, thereby preventing expulsions and/or suspensions of children from early childhood programs.)

FY 2019 Healthy Minds Fairfax Psychiatric Services Funding Proposal

Submitted by the Children's Behavioral Health SOC Integration Workgroup

May 18, 2018

a. A brief description of the project, including how it will accomplish Blueprint strategies or action steps

This request is to provide telephone psychiatric consultation for pediatricians and other primary care providers serving for children and youth in need of psychiatric services but unable to access them due to the severe shortage of child psychiatrists in Northern Virginia who accept Medicaid and/or private insurance. Psychiatric consultation is telephone contact between a pediatrician and a child psychiatrist to assist the pediatrician in accurate diagnosis and appropriate use of medication. The request would fund two weekly two-hour telephone consultation periods, which would provide up to sixteen 15-minute consults weekly. This request supports the following strategy in the Children's Behavioral Health System of Care Blueprint:

- *Provide behavioral health consultation to primary care providers and patients.*

b. A brief description of why currently available services in the county can't meet the need

The 2013 Youth Behavioral Health Services Report identified approximately 6,000 Fairfax children and youth lacking needed behavioral health services and a 2015 community self-assessment conducted by the Georgetown University Technical Assistance Center for Children's Mental Health identified a local lack of psychiatric consultation and telepsychiatry. The 2016 Fairfax-Fall Church Children's Behavioral Health System of Care Blueprint identified implementing these services as a high priority. Studies indicate numerous barriers to accessing in-person services for youth presenting with mental health concerns, including: significant wait times for evaluation and appropriate treatment; early discharge without being seen by a mental health professional or developing an appropriate treatment plan; unnecessary admission while waiting for evaluation or treatment; high volume of requests for off-site mental health providers; travel time and costs for mental health providers, and families; time taken from school and employment; and potential stigma associated with accessing local mental health services.

Numerous studies show that psychiatric and other telemental health services and consultations break these barriers so that children and youth can access timely and appropriate mental health services, resulting in reduced need for hospitalization and reduced length of hospital stays. The elimination of travel time and cost also enables providers to see more clients more quickly. Telepsychiatry and psychiatric consultation services are feasible, acceptable, and effective for evaluating and treating youth presenting with various mental health concerns and can be delivered across developmental status.

c. A project budget identifying how county funds will be used, and whether a one-time or ongoing expenditure is being proposed: $52,000 for FY 2019.

The project is based on two weekly two-hour telephone consultation periods, which could provide up to sixteen 15-minute consults weekly, at an hourly cost of $250. It is proposed that in FY 2019 a pilot be established of a size commensurate with the funds allocated.

If the pilot is successful ongoing funding will be sought through the county budget process.

d. Performance measures:

Participating pediatricians will be polled at the end of the pilot on these self-reported outcomes, which are also collected from REACH training participants:

1. The pediatrician is able to identify and differentiate among pediatric behavioral health problems and manage psychopharmacology.
    a. Knowledge
    b. Competence
    c. Performance
    d. Patient outcomes

2. The pediatrician has enhanced confidence in delivering pediatric behavioral healthcare.
    a. Knowledge
    b. Competence
    c. Performance
    d. Patient outcomes

FY 2019 Healthy Minds Fairfax Funding Proposal

Underserved Populations Workgroup

Targeted Youth Mental Health First Aid Training for Faith/Youth Leaders

This funding request is in the amount of **$6,500** to provide **Mental Health First Aid Training** to selected Faith/Youth Leaders in the signs and symptoms of common behavioral health concerns. The training will be targeted to Faith/Youth leaders in the **houses of worship** in areas where youth's behavioral health needs are **unmet or underserved** or showing high levels of stress, depression and/or suicidal ideation. Faith/Youth Leaders will gain the knowledge to recognize behavioral health issues to help increase access to behavioral health services.

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

Youth Mental Health First Aid is an 8 hour public education program which introduces participants to the unique risk factors and warning signs of mental health problems in adolescents, builds understanding of the importance of early intervention, and teaches individuals how to help an adolescent in crisis or experiencing a mental health challenge. Mental Health First Aid uses role-playing and simulations to demonstrate how to assess a mental health crisis; select interventions and provide initial help; and connect young people to professional, peer, social, and self-help care. The CSB is one of the primary providers of MHFA training. They have provided limited training to the houses of worship to date (1 synagogue, 6 protestant churches, 2 Catholic diocese, 1 Catholic Church). With the assistance of NCS's Faith Community Liaison, the CSB and NCS will work together to reach out to the house of worship in youth communities of underserved youth to provide this training to their leadership.

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

Goal 8 Strategy B – advises to *increase access and availability to behavioral health services for underserved populations*. The Underserved Populations workgroup, while addressing the delivery of behavioral health services to these populations in its upcoming report, experienced repeatedly in its focus groups that Latino, African American and Asian youth expressed a desire that their parents "get educated" in the specifics of mental health problems. In the Faith Community In Action focus group, Faith leaders also reported that they saw themselves as part of the problem and part of the solution. Some houses of worship thought they may have contributed to their congregations shying away from a discussion of youth and family mental health issues because of faith tenets over time. While progress has been made over time, the Faith leaders asked for a vehicle for them to get more understanding of the basic of mental health issues of youth so that they

are better informed and more capable to assist the parents of their youth and congregations on when and how to access help and services. *Goal 4 Strategy A* also supports implementing *"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.* Its first action step advocates to *promote the availability of existing CSB-provided trainings* including *Mental Health First Aid.*

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

It is intended that the NCS Faith Liaison, a member of the Underserved Populations workgroup, in collaboration with CSB Prevention, will identify faith leaders in these underserved communities to participate. Youth MHFA can be offered in English and Spanish.

Anticipated costs:

Offer 10 "classes", 25 participants each = 250 participants at $25/participant = **$6,250**

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

FY 2019

E. **Outcomes**

250 "Faith Gatekeepers" in communities with underserved populations (Latino, African American and Asian communities) will be trained and able to recognize behavioral health issues in their youth and to help increase their youth/families ability to recognize, refer and seek access to behavioral health services.

TAKING THE LEAD: EFFECTIVELY SUPPORTING LEADERS IN HIGH-STRESS, TRAUMA-EXPOSED WORKPLACES

Implementation Progress Report **April 2018**

Healthy Minds Fairfax Blueprint Goal 11: Trauma-Informed Care Community

Human Service agency leaders will integrate the concepts of trauma-informed care into their organizational culture, with the goals of:

- Supporting a resilient workforce that is well equipped to respond to the needs of county residents who have experienced trauma
- Promoting policies, procedures and practices within their organizations that are in line with the principles of trauma-informed care

Following a 2 day training experience with Dr. Patricia Fisher of the TEND Academy in November 2016, leadership from each participating agency was tasked with identifying 1-3 strategies to implement to work towards the goals listed above.

"Attending as a team enabled us to plan for moving the work forward."

"Eye opening information about trauma."

"Practical implementation for high level concepts."

- HHS Leaders following the training experience

Upgraded Courtyard at Shelter Care II

Trauma-Informed Spaces

JDRDC has used the TICN Facility Review Checklist Tool to review all of their service delivery sites. The Department of Neighborhood & Community Services is currently developing a plan to use the tool across their sites as well.

12 different agencies were represented at the training.

JDRDC	Falls Church City	CSB
NCS	OPEH	NAMI of Northern Virginia
HCD	FCPS	Healthy Minds Fairfax/CSA
DFS	HD	DAHS

9 agencies submitted Organizational Change Plans to the TICN.

Most participating agencies have taken advantage of professional development resources available through the TICN to move their trauma-informed efforts forward.

- Over 300 staff have attended the TICN's full-day Cost of Caring training that was developed as a strategy to share information about Secondary-Traumatic-Stress and Self-Care with the HHS workforce
- 300 additional staff (many in FCPS) have attended shorter presentations focused on these issues facilitated by TICN members
- HCD, NCS and FCPS have worked to bring Basic Trauma Awareness Training (Trauma 101) to their staff
- All supervisors from JDRDC have now attended the Trauma-Informed Supervisor training, with staff from other HHS agencies also attending sessions alongside staff from our private and not-for-profit partner organizations. FCPS offered 3 well-attended sessions of this training over the summer specifically for Administrators in their Title One Elementary Schools.

Trauma-Informed Community Network

Part of the Partnership for a Healthier Fairfax

Multiple agencies have planned screenings of the *Resilience* documentary for their staff.

<u>JDRDC</u>

Screenings at every agency worksite (ongoing)

<u>Health Department</u>

Screenings at every agency worksite (completed Spring 2018)

<u>DAHS</u>

Screening for all staff at annual "all-hands" staff meeting (Spring 2018)

<u>CSB</u>

Made the film available for staff to watch at their desktops via Employee U

<u>FCPS</u>

Purchased their own screening license and are promoting the film to school sites across the division

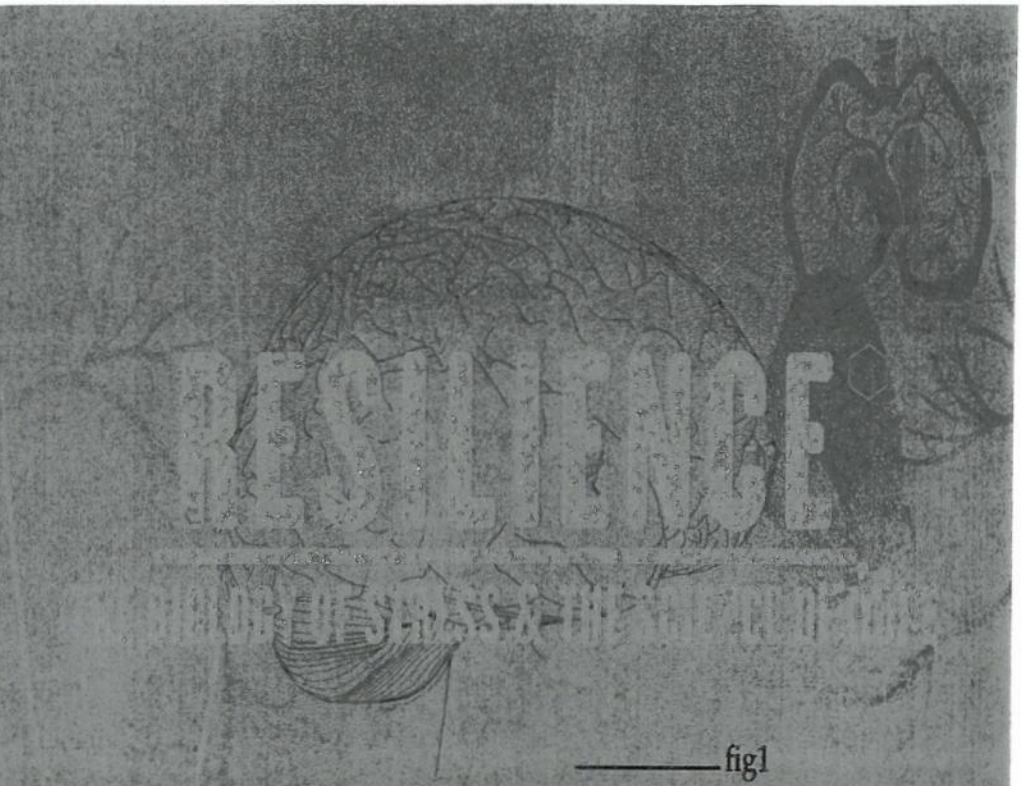

fig1

The Fairfax TICN purchased a license to screen the Documentary *Resilience* .

Everyone who attended the *Taking the Lead* training received a copy of Dr. Fisher's Workbook, <u>Building Resilient Teams</u>. NAMI of Northern Virginia, HCD and Falls Church City Public Schools are all using the team building exercises from the workbook as part of their initial implementation strategy.

Larger agencies like the HD, JDRDC, and NCS are currently considering how they might incorporate the exercises.

Several agencies (FCPS, NAMI and the HD) planned to promote workplace wellness strategies as part of their implementation plans.

Healthy Minds Fairfax, in Partnership with INOVA (who was represented at the training as part of the HMF/CSA team) and the George Mason University Department of Psychology have partnered to form the <u>Fairfax Consortium for Evidence-Based Practice</u>. The Consortium has already offered training in a trauma-informed suicide prevention intervention, with more trauma-focused offerings planned for the future.

Other strategies that showed up in agency plans include:

- Building information about trauma, secondary-traumatic-stress and self-care into existing agency trainings
- Adding relevant trauma trainings to employee training plans or learning maps
- Looking at succession planning and team functional capacity with senior management using the concepts introduced in the training
- Assessing the self-care of all agency staff
- Looking at hiring practices to identify ways to emphasize the importance of a supportive workplace culture from the beginning of employment
- Examining spaces where services are delivered to ensure that they promote recovery and healing for those seeking services, as well as for those delivering them

Questions?

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Fairfax County Trauma-Informed Community Network

http://bit.ly/fairfaxTICN

2018– Moving Training into Practice

With the wealth of training opportunities that have been made available over the last several years, many agencies are ready to move beyond professional development into implementation. Multiple existing agency strategic plans already reference trauma-informed care. Several agencies have seen references to trauma-informed care come up in internal organizational assessment processes that they have undertaken. Leading the charge in Fairfax is our Juvenile & Domestic Relations District Court. JDRDC is in the final months of a 5 year strategic plan that prioritized trauma-informed care, and is preparing to re-administer their Trauma-Informed Organizational Assessment to all staff to gauge the progress that has been made in the agency since it was originally administered 2 years ago. Much of the ongoing work in our HHS organization is well aligned with best practices for trauma-informed care implementation. There is much we have done, and can continue to do to help build a Trauma-Informed Fairfax, as directed by the Board of Supervisors in a Resolution passed in November 2017. https://vakids.org/our-news/blog/fairfax-county-is-building-strong-brains-by-addressing-childhood-trauma