

MEMO TO THE CPMT

September 27, 2019

Information Item 1 -2: Healthy Minds Fairfax Blueprint Quarterly Report

ISSUE:

That the CPMT review a quarterly progress report on implementation of strategies in the Children's Behavioral Health System of Care Blueprint

BACKGROUND:

When CPMT approved the Blueprint in March 2016 it directed that staff provide quarterly progress reports. The full progress report for the period April through June 2019 is attached, with a summary below.

Areas of Strategic Focus:

Access

Accomplishments:

- Short-Term Behavioral Health Services (STBHS) served 215 youth in FY 2019, compared to 126 in FY 2018.
- STBHS has been expanded to 15 additional schools and now accepts referrals from the CSB. The PRS CrisisText Connect program engaged in 1675 text conversations with 1615 unique individuals in FY19. This represents a slight increase (2%) in the number of individuals and a slight decrease (7%) in the number of conversations over FY18. However, the number of hotline calls answered continued to significantly increase. In FY19, PRS CrisisLink answered 7780 calls, a 39% increase over FY18 and a 58% increase over FY17. Of these calls, 325 were from youth under 18, and 608 were from individuals 18 to 24; this represented an 89% increase over FY18 (following a 42% increase from FY17 to FY18).

Challenges:

- The Give an Hour pro-bono therapy services contract was canceled due to not have enough clinicians to serve referrals.

Planned Activities:

- The capacity of the regional mobile response service for children and youth will be expanded by 20% in FY 2020
- Healthy Minds Fairfax received an additional \$130,00 in the Fairfax County Budget to expand multicultural mental health services to youth. Most of this funding will be used to expand the Violence Prevention Intervention Program (VPIP).

Awareness and Stigma

Accomplishments:

- The TICN continues to host and sponsor screenings of the documentary *Resilience* will began screening *Broken Places* in May.
- In April, the TICN and CSB facilitated a training of trainers in ACE Interface; 30 county, school, and partner staff participated.

Challenges: None identified

Planned Activities

- The TICN and CSB are currently developing a broad implementation plan for the ACE Interface initiative; nine presentations have been completed to date, with six more scheduled for September and October.
- New funding allocated by HMF expanded the implementation of Signs of Suicide to cover all FCPS middle and high schools.
- The Eric Monday Foundation is developing a web-based training specifically for youth sports coaches; FCPS and multiple youth sports organizations have committed to implementing the training with their coaches.

Coordination and Integration

Accomplishments:

- HMF co-sponsored a REACH behavioral health training for 35 pediatricians in early May.
- Healthy Minds Fairfax website has been redesigned and had a soft launch of the website in the Summer 2019.
- Through HMF funding a George Mason University a psychology resident is currently placed in a local pediatric primary care office to provide behavioral health services.

Challenges: None identified

Planned Activities:

- Beginning in the fall of 2019 psychiatric consultation will be available to Northern Virginia pediatricians, and later in the year they will have access to a care navigator.
- If HMF funding become available, another George Mason University a psychology resident can be placed in a local pediatric primary care office to provide behavioral health services.

Family Engagement

Accomplishments:

- For fiscal year 2019 190% more families (160 versus 55) were served with Parent Support Partners than in all of FY18.
- 22 parent and 20 youth participated in a new CSB youth peer support group and an accompanying parent support group.
- The Northern Virginia Family 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'.
- Parents and youth helped develop revised CSA provider evaluation/consumer satisfaction surveys.

Challenges:

- Implementation of the revised CSA provider evaluation/consumer satisfaction surveys developed with the help of parents and youth develop has been delayed due to the transition to a new state data and financial reporting system (LEDRS).

Planned Activities

- With the completion of the Partnership for a Healthier Fairfax's training on cultural competence completed, the SOC Training Committee will be working with PFHF staff to determine the feasibility of using this training with contracted behavioral health providers and the process and logistics of such a roll-out.
- A new staff position in the CSA program for FY20 will address family and youth participation in evaluating CSA services.
- The Transition Age Workgroup surveyed transitional youth (ages 16-24 to find out what services are needed to meet their physical and mental health needs. Due to the lack of responses, the workgroup is considering having focus groups in the Fall/Winter.

Quality

Accomplishments:

- Twelve case managers received introductory High-Fidelity Wraparound training on June 19.
- The Fairfax Training Consortium for Evidence Based Practice trained 50 providers on Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC) in February. To date this year, they also have offered their Core Competencies training and a training on Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).
- To help agency case managers fully understand the role of the ICC facilitator, an ICC/Wraparound training was held in June 2019 for seven staff members.

Challenges:

- The response rate to surveys assessing the fidelity of intensive care coordination to High Fidelity Wraparound principles has been low.

Planned Activities

- A provider directory of clinicians trained in evidenced-based practices is being developed.
- The next ICC/Wraparound training for case managers will be held in the first quarter of FY20.

System Transformation

Accomplishments:

- A matrix of youth services has been developed and fiscal mapping conducted.
- The matrix was presented to SCYPT in April and also to DMB leadership at the end of June.

Challenges: None identified

Planned Activities

- Proceed with fine-tuning the data for the matrix of youth services.

- The Transitional Age Youth Workgroup has 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.
- This workgroup continues to plan to develop resources and programs for transitional age youth to include a drop-in center.

ATTACHMENTS:

Quarterly Report on Blueprint Strategies to the Community Policy and Management Team: 9/27/19

STAFF:

Peter Steinberg, Children's Behavioral Health Collaborative Manager

Jesse Ellis, NCS Prevention Manager

Janet Bessmer, CSA Manager

Jim Gillespie, Healthy Minds Fairfax Director



GOAL 1: Deepen the Community “System of Care” Approach

Coordinator: Jim Gillespie

Governance Structure:

- A. *Establish a Children’s Behavioral Health System of Care oversight committee as the locus of SOC management and accountability.* Accomplished through designating CPMT as the oversight committee.
- B. *Establish cross-system behavioral health system of care practice standards, policies and procedures.* Revised system of care principles and practice standards have been approved by the CPMT. In December 2017 CPMT approved revisions to local policies and procedures, based on the revised practice standards, and these have been incorporated in the SOC training curriculum.
- C. *Generate support for the SOC approach among the general public and policy makers and administrators at the state and local levels.* Results Based Accountability (RBA) measures were developed for the BHSOC Blueprint, approved by CPMT in September 2017 and quarterly reports have been presented to since February 2018. In 2017 the system of care initiative was re-named Healthy Minds Fairfax (HMF). On April 6 HMF had a table at the FCPS Special Education Conference, attended by approximately 1,100. On June 19 and 26 HMF had a table at the Domestic Violence Training Resource Fair, attended by 50. On May 9 HMF had a table at the CSB Children’s Mental Health Awareness Day event, attended by 150. On May 17 HMF had a table at the NEXUS Children’s Mental Health Conference, attended by 75. On June 9 HMF had a table at Mom’s Demand Action wear orange event, attended by 120.
- D. *Continue to develop partnerships with community organizations and agencies in different sectors for coordination, financing and support of the SOC approach.* Work on this strategy was scheduled to begin in January 2018, but a workgroup has not yet been assembled.

Financing Strategies:

- E. *Coordinate county budgeting, including but not limited to Diversion First, to maximize the possibility of high priority children’s behavioral health needs being funded.* To complete these strategies a matrix of youth services has been developed and fiscal mapping conducted. This strategy has now been folded into a fiscal mapping strategy for children’s services. It was presented to SCYPT in April and also to DMB leadership at the end of June. Both groups received the fiscal map and its process quite well and gave approval to proceed with fine-tuning the data.

Service Quality and Access:

- F. *Develop/facilitate trainings and outreach materials that increase awareness and knowledge of systems of care values and creates better informed consumers, providers and county and school system staff.* Develop/facilitate trainings and outreach materials that increase awareness and knowledge of systems of care values and creates better informed consumers, providers and county and school system staff. A master calendar for children’s behavioral health trainings and events and a children’s behavioral health resources page were added to the Healthy Minds Fairfax public website in August of 2018. In the fourth quarter, the calendar received 806-page visits, up from 426 in quarter three and the resources page received 553 page visits, up from 459 in quarter three. Twelve case managers received introductory High-Fidelity Wraparound training on June 19.

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

FY 19	FY18	FY17
206	0	0

- G. *Collect and regularly report on community outcomes, and assess gaps in the array of services and supports necessary for the success of the SOC in preventing and treating behavioral health issues.* The annual CSA service gap survey has been revised locally and by the state.
- H. *Review intake, assessment, triage, referral protocols across all levels of care, and lead case management assignments with the goal of supporting families in accessing both public and community provided resources.* HMF funding has expanded the regional mobile stabilization and response service by 20%

GOAL 2: Data Systems

Coordinator: Jim Gillespie

- A. *Increase cross-system data sharing.* The HS IT Advisory Committee meets monthly and is consulted on various topics such as Document Management, the “Front Door,” and the Services taxonomy to ensure that recommendations meet CSA needs. CSA has requested to meet with planning facilitators to review the unique needs of the CSA program as an existing cross-agency collaboration.
- B. *Use cross-system data to improve decision-making and resource use.* To begin in CY 2019

GOAL 3: Family and Youth Involvement

Coordinator: Jim Gillespie

- A. *Increase the presence and effectiveness of family leadership through a sustained family-run network and*
- B. *Increase family and youth involvement in system planning and implementation.*
A network of more than 10 regional family- and children-focused nonprofit organizations meets quarterly to collaboratively address its mission of ‘elevating the voices of families to improve outcomes for children, youth and young adults across systems of care’.
- C. *Include youth and family participation in the evaluation of publicly and privately provided services, with prompt action for improvement when necessary.* Parents and youth helped develop revised CSA provider evaluation/consumer satisfaction surveys, but implementation has been delayed to FY20 due to the transition to a new state data and financial reporting system (LEDRS). A new staff position in the CSA program for FY20 is dedicated to implementation of this goal.
- D. *Expand evidence-based peer to peer groups, family/community networks.* See Goal 5, Strategy B.

GOAL 4: Increase Awareness and Reduce Stigma

Coordinator: Jesse Ellis

- A. *Implement “gatekeeper trainings” to increase layperson understanding of mental illness, recognition of signs and symptoms of mental illness or emotional crisis, and support of others in accessing help, using a cultural competency lens.* Gatekeeper trainings continue to be provided in a number of ways through Mental Health First Aid, and the Kognito suite of online trainings (including a peer training for teens), and Signs of Suicide. New funding allocated by HMF will expand the implementation of Signs of Suicide to cover all FCPS middle and high schools. The Eric Monday Foundation is developing a web-based training specifically for youth sports coaches; FCPS and multiple youth sports organizations have committed to implementing the training with their coaches.
- B. *Promote youth-led initiatives to combat stigma associated with mental illness, treatment, and accessing help.* The CSB awarded seven mini-grants for youth-led projects to address stigma, funded by the regional suicide prevention grant; a new RFP for FY20 will be released September 3. Fifteen high schools are currently implementing Our Minds Matter clubs, developed by the Josh Anderson Foundation, and more are planning to do so.

- C. *Increase public awareness of issues surrounding mental illness and behavioral health care.* The public service announcements developed by the Health Department have been running in theaters since June 2016. The contract for television and online placement ended in June 2018, so current data is based only on YouTube views.

Number of views of PSAs promoting help-seeking behaviors:

FY19	FY18	FY17
1007	6,597,856	3,298,928

Number of crisis texts and calls:

FY19	FY18	FY17
1675/7780 calls	1815/5597	1087/4927

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

GOAL 5: Youth and Parent/Family Peer Support

Coordinator: Jim Gillespie

- A. *Create a Family Navigator program.* Through the Virginia Department of Behavioral and Developmental Services, the county was selected as a sub-recipient for a federal SAMHSA grant that will fund family navigator/parent support partner services for the next three years. In October 2017 NAMI Northern Virginia was selected as the provider through September 2020. The goal is to serve approximately 100 youth and families annually. In FY 2019, 190% more families were served than in FY 2018.

Number of families served by parent support partners:

FY19	FY18	FY17
160	55	32

- B. *Expand evidence-based peer to peer groups, family/community networks.* On February 7 the CSB launched "Heads Up" and "Talk It Out", resource groups for parents and teens (ages 14-17). The groups are available in weekly concurrent sessions. Teens talk about successful, sustainable recovery and resilience through mental health or substance use challenges. Parents acquire resources and discuss ideas on how to help their teen live their healthiest, fullest lives in the aftermath of trauma or through times of emotional distress.

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

FY19	FY18	FY17
22 parents, 20 youth	2	0

GOAL 6: System Navigation

Coordinator: Peter Steinberg

- A. *Develop an accurate, accessible and real time database of behavioral health care providers that includes information on if they are accepting new clients, if they accept insurance, and their areas of expertise, with functionality to assist families in understanding behavioral health issues and in navigating the system to access services.* A provider directory consisting of those who have been trained in evidenced-based practices is being developed and will be available during the Fall 2019.

Number of Visits To HMF Website

FY19	FY 18	FY 17
8,649	2,848	0

Number of Returning Visits

FY19	FY 18	FY 17
5,968	1,994	0

Number of New Visitors

FY 19	FY 18	FY 17
2,681	854	0

FY 19 Top Content Viewed by Number of Views

Content	Views
Homepage	2,467
CSA Symposium	2,328
Children’s Services Act	1,728
Mental Health Crisis Response	596
About Us	562
Parent Information	445

- B. *Create a clearing house for information on children’s behavioral health issues and resources.*

The updated Healthy Minds Fairfax website has been redesigned and had a soft launch during the Summer 2019.

GOAL 7: Care Coordination and Integration

Coordinator: Jim Gillespie

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

The Virginia Department of Health has been awarded a federal grant to establish a statewide pediatric mental health access program, to include behavioral health consultation. Inova Kellar Center is a Northern Virginia partner. Beginning in the fall of 2019 psychiatric consultation will be available to Northern Virginia pediatricians, and later in the year they will have the support of a care navigator. Through HMF funding a George Mason University a psychology resident is currently placed in a local pediatric primary care office to provide behavioral health services. The plan is for this placement to last at least two years with the second year of service being fully funded by the pediatric primary care office.

- B. *Promote resources to implement tiered levels of integration based on capacity and readiness.*

HMF co-sponsored a REACH behavioral health training for 35 pediatricians in early May. In 2018 an inter-agency workgroup headed by Dr. Gloria Addo-Ayensu developed a community plan to implement integration, including but not limited to consultation, facilitated referral, co-location and full integration, which was endorsed by CPMT in June. The workgroup also developed a project to safely divert youth from hospitalization when appropriate through expansion of CR2 mobile crisis response services, which approved in the county and HMF budgets for FY 2020. CR2 services will be expanded by 20%.

Number of pediatric primary care psychiatric consults:

FY19	FY18	FY17
0	0	0

- C. *Increase the appropriate implementation of behavioral health screenings and referrals in primary care settings.* The workgroup will be recommending screening tools for use in primary pediatric care, probably based on the recommendations of the REACH staff who presented the intensive behavioral health training for pediatricians.

GOAL 8: Equity/Disparities

Coordinator: Peter Steinberg

- A. *Promote the adoption of culturally and Linguistically Appropriate Services (CLAS) Standards among BH providers.* The CPMT adopted the Culturally and Linguistically Appropriate Services (CLAS) Standards at its February 24, 2017 meeting. The Fairfax Consortium for Evidence Based Practice's training on LGBT Best Practices and the ongoing work of the Underserved Populations workgroup discussed elsewhere is a reflection of these standards. There are no additional updates at this time.
- B. *Increase access and availability to behavioral health services for underserved populations.* Healthy Minds Fairfax received an additional \$130,00 in the Fairfax County Budget to expand multicultural mental health services to youth. Most of this funding will be used to expand the Violence Prevention Intervention Program (VPIP). This program, which is operated by the Northern Virginia Family Service, provides mental health services to youth and families in targeted areas to prevent the youth from engaging targeting behaviors. Other programs that are being considered are expanding the Our Minds Matter program to the Teen Centers operated by Neighborhood and Community Services and to provide training funds to those interested in becoming Youth Mental Health First Aid Trainers.
- C. *Require training in cultural competence and advancing equity in alignment with One Fairfax for County, FCPS, and County-contracted behavioral health service providers.* At the March 2019 CSA Symposium, approximately 200 participants attended a workshop titled, "Respectful Curiosity: The Art of Engagement" which covered topics related to cultural competence, exploring one's own biases and how to meet the client where they're at. Participants reported that the presentation was helpful and content clear. With the completion of the Partnership for a Healthier Fairfax's training on cultural competence completed, the SOC Training Committee will be working with PFHF staff to determine the feasibility of using this training with contracted behavioral health providers and the process and logistics of such a roll-out.
- D. *Implement support structures for LGBTQ youth.* The Fairfax Training Consortium for Evidence Based Practice anticipates offering a second training focusing on the specific clinical skills therapists can use in their practice to help address the unique needs of this population this Fall. An additional research based educational approach called the Family Acceptance Project is also being reviewed for a possible training option.

GOAL 9: Reduce Incidence of Youth Suicide in our Community

Coordinator: Jesse Ellis

- A. *Identify universal suicide and/or depression screening tool(s) for use by the community.* The team developing guidance and protocols for suicide/depression screening by community organizations has finalized a toolkit for publication; it will be incorporated into the new website.
- B. *Develop and publish guidelines for service providers on the availability and effective use of crisis services.* The CSB has published new information (including printable fliers) on accessing the Mobile Crisis Unit and on Involuntary Psychiatric Hospitalization of Minors.
- C. *Develop a common and coordinated approach to youth suicide postvention.* A resource for community organizations on implementing suicide postvention will be published on the redesigned website. An extension of the committee has begun meeting to discuss opportunities for coordinated community postvention outreach and services.

- D. *Continue to make available and promote the suicide prevention hotline, including textline.*
The PRS CrisisText Connect program engaged in 1675 text conversations with 1615 unique individuals in FY19. This represents a slight increase (2%) in the number of individuals and a slight decrease (7%) in the number of conversations over FY18. However, the number of hotline calls answered continued to significantly increase. In FY19, PRS CrisisLink answered 7780 calls, a 39% increase over FY18 and a 58% increase over FY17. Of these calls, 325 were from youth under 18, and 608 were from individuals 18 to 24; this represented an 89% increase over FY18 (following a 42% increase from FY17 to FY18).
- E. *Train behavioral health providers in evidence-based practices specific to the treatment of youth with suicidal ideation and behavior.* The Fairfax Training Consortium for Evidence Based Practice trained 50 providers on Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC) in February. To date this year, they also have offered their Core Competencies training and a training on Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).

Number of BH providers trained in evidence-based suicide prevention treatment:

FY19	FY18	FY17
70	178	0

GOAL 10: Evidence-Based and Informed Practices

Coordinator: Peter Steinberg

- A. *Develop definitions and criteria for evidence-based and evidence-informed practice in prevention and intervention/treatment.* Content for this information is in development at present with a final review anticipated by October '18.
- B. *Establish a set of core competencies based on service type for all public & contracted provider staff.* Sixty-eight therapists from Health and Human Services and private providers have been trained in the core competencies which include risk assessment and safety planning, Cognitive Behavioral Therapy, Dialectical Behavior skills, working with families and providing treatment to those who have experienced a trauma event.
- C. *Train County, school staff and providers on EBPs, including how and when to use them. Include a review of practices that are harmful.* Part of the training in the core competencies includes how to provide them to their clients. Curriculum still needs to be developed or compiled from other sources in order to be ready to present to this audience. This work has been moved forward again to be addressed.
- D. *Incentivize the use of EBPs among providers.*
The significant energy involved to launch the above-mentioned trainings and focus groups have delayed a full discussion of incentivizing the use of EBPS among providers. A small workgroup is working on developing a provider directory with the aim of launching it in the Fall 2019.

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

FY19	FY18	FY17
113	0	0

Number of BH providers trained in evidence-based suicide prevention treatment:

FY19	FY18	FY17
70	178	0

GOAL 11: Trauma Informed Care

Coordinator: Jesse Ellis

- A. *Ensure there is sufficient clinical capacity to meet the needs for trauma-specific, evidence-based interventions.* In the spring of 2018, the Fairfax Consortium for Evidence-Based Practice trained over 100 clinicians in the Family Intervention for Suicide Prevention (FISP), which is a trauma-informed treatment protocol for suicidal ideation. In November 2018, 45 clinicians were trained in Trauma-Focused Cognitive Behavioral Therapy. The enrollment requirements for this training included a commitment from accepted clinicians to pursue certification. The Core Competency Training offered this year to 70 clinicians included a trauma specific session. Also, in 2019, approximately 50 clinicians working with children ages 7-12 were trained in MATCH-ADTC- Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems.
- B. *Train non-clinical staff in community-based organizations, schools, and county agencies to implement trauma-informed practices.* The Fairfax County Trauma-Informed Community Network has reached over 4000 people with their 90-minute Trauma Awareness 101 Training, which is now available on-demand as a 30-minute webinar. The TICN continues to host full day sessions of their Trauma-Informed Supervisor Training and have reached hundreds of supervisors from county human services agencies, schools, and non-profit partners. The TICN training subcommittee also developed a training on Secondary Traumatic Stress in the workforce (The Cost of Caring) that is now available regularly. Trainings and resources on developing trauma-informed spaces are also currently available.

The TICN continues to offer screenings and discussions on the documentary *Resilience*; over 6,000 people have seen it to date. The TICN hosted two screenings of *Broken Places* at the Fairfax County Government Center Board Auditorium for 250 people, which addresses community trauma.

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

- C. *Inform the community at large on the prevalence and impacts of trauma.* The TICN continues to host and sponsor screenings of the documentary *Resilience* and began screening *Broken Places* in May. Led by the TICN’s representative from the Fairfax County Council of PTAs, the Network presented a new version of Trauma 101, specifically for parents, at the FCCPTA Family Engagement Conference in October and at the Virginia statewide PTA conference last winter. In April, the TICN and CSB facilitated a training of trainers in ACE Interface; 30 county, school, and partner staff participated. They are currently developing a broad implementation plan for the initiative; nine presentations have been completed to date, with six more scheduled for September and October.
- D. *Develop shared screening and referral process for individuals impacted by trauma for school and human services agency staff using nationally recognized screening tool.* This is in development.
- E. *Human service agency leaders will integrate the concepts of trauma-informed care into their organizational culture.* County Health and Human Services agencies are each implementing plans to ensure their organizations are trauma informed. The Health Department and the Department of Housing and Community Development are among agencies whose staff are all being provided the TICN’s Trauma 101 training. HCD recently shared an update on their work on the RHA’s public website.

GOAL 12: Behavioral Health Intervention

Coordinator: Peter Steinberg

- A. *Develop empirically validated cross system human services and schools screening process available to determine needs, resources, & desirable outcomes.* This work group’s report has been shared with the HMF Director with recommendations for a cross system screening process. The CBHC management team

has asked HMF staff to continue to review screening tools and develop a protocol for when to use screening tools.

Number of BH screenings (semi-annual measure):

FY19	FY18	FY17
89	88	108

- B. *Create capacity to address behavioral health needs of children 0-7.* The Office for Children (OFC) hosts a 48-hr. Social-Emotional Competencies certificate program. The Office for Children offers a 48-hour Social-Emotional Competencies Certificate Program. The four courses in this series explore the importance of establishing nurturing relationships that promote positive social development and foster effective interactions with young children. In addition, OFC offers a 48-hour Introduction to Early Childhood Certificate Program. The four courses in this program explore developmentally appropriate approaches to early education and provide many opportunities for educators to integrate knowledge and strategies into their daily practice.
- C. *Establish a training consortium in partnership with university and private provider partners (ex: GMU, INOVA) for ongoing training for staff and service providers.* The Training Consortium for Evidence Based Practice presented its second training on Family Intervention for Suicide Prevention on June 4, 2018 with 66 mental health clinicians in attendance. Fifty-nine therapists from the Health and Human Services as well as private providers attended the Core Competency training and 45 therapists received training in TF-CBT. The therapist who attend the TF-CBT training are working towards the TF-CBT Certification. In February 2019, 42 therapists received Match-ADTC training. MATCH-ADTC is a treatment model that focuses the most common behavioral conditions in children under 12. This treatment model focuses on treatment for depression, anxiety, post-traumatic stress, and conduct issues.
- D. *Expand access to timely and available behavioral health services for school age children and youth with emerging behavioral health issues who have not been able to access such services.* Healthy Minds Fairfax expanded Short-Term Behavioral Healthy Services to 15 additional schools and started to accepted referrals from the CSB to help prevent families from waiting for services. As a reminder, this service continues to link income eligible youth and families from select school communities to timely and available short-term mental health counseling (up to 8 sessions), funded by Healthy Minds Fairfax.

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

FY19	FY18	FY17
215	126	57

Give an Hour, the pro bono therapy initiative for children, youth and families ended on August 31, 2019 due to the lack of providers available to accept referrals.

Number of youth served through pro-bono outpatient therapy services:

FY19	FY18	FY17
9	0	0

- E. *Develop recommendations for the Board of Supervisors Public Safety Committee that reflect Diversion First initiatives needed for youth who come in contact with the criminal justice system.* CSB and JDRDC staff continue to meet to address the behavioral health needs of the court that can be provided by the CSB.
- F. *Reduce youth substance abuse and use.* With the assistance of a Health Department epidemiologist and a review of data from youth survey, discipline, Alcohol and Other Drug (AOD) intervention seminars for

both high school and middle schools and a ranking of the pyramids from greatest to least risk of expanding opioid concerns, along with a zip code review of where overdoses occurred, school pyramids were chosen. The FCPS school-based substance abuse intervention program was launched in December 2018 and served the following pyramids in SY19: South Lakes, Herndon, Langley, West Potomac, Robinson and Bryant/Mountain View high schools. This program works collaboratively with CSB staff for initial trainings and throughout the year in other professional development activities.

GOAL 13: Service Network for High Risk Youth

Coordinator: Janet Bessmer

- A. *Increase availability/capacity of provider community to offer trauma assessments and evidence-based trauma treatment; trauma services shall be offered in languages and in locations that are accessible to families.* This goal overlaps with roles of TICN and the Training Consortium. Private providers who offer trauma assessments and treatments are identified in the CSA provider directory. There continues to be a need for providers to offer evidence-based trauma assessments and treatment. TFCBT training was offered by the consortium, supplemented by CSA funding, for 44 clinicians in November 2018.
- B. *Identify and implement an evidence-based parenting program designed for parents of adolescents (12+); language capacity and location/accessibility shall meet the needs of families.* Functional Family Therapy is being considered for youth with chronic school absences related to behavioral concerns. Contracting issues are currently being addressed to support implementation of this intervention. A subgroup of the CSA Management Team is developing a proposal.
- C. *Identify and implement an evidence-based parenting program designed for parents of children (<12); language capacity and location/accessibility shall meet the needs of families.* DFS has provided foster parents with training in the Reflections curriculum, based on the ARC model (Attachment, Regulation and Competency) that the authors have adapted specifically for use with foster families. This curriculum has been well-received by foster families and DFS has plans to expand the training for other caregivers, including birth parents and kinship families. The contract for the ARC Reflections Train-the-trainer is pending. The CSA Management Team has also considered the need to adopt an evidence-based model for supervised visitation services.
- D. *Monitor utilization of ICC and Case Support and increase capacity/staffing so that youth with identified behavioral health care needs receive appropriate case management services.* UMFS and Wraparound Fairfax are fully staff with ICC facilitators. UMFS has 4 with a supervisor who will carry cases part-time. Wrap FFX has 7 facilitators. The CSB Resource Team has filled 7 positions and their new staff have accepted new cases. There is no longer a waiting list for CSB case management.
- E. *Improve the utilization of the annual gaps survey of youth and parents in CSA-SOC to identify needed interventions.* The results of the annual state OCS survey were provided to the CPMT in April 2019. The qualitative responses were considered very informative.
- F. *Develop communication plan to share information about the services and care coordination offered through the SOC process with the broader provider community.* CSA produces a monthly newsletter that contains training announcements and other information pertinent for system partners. See social marketing goals for more information about outreach efforts.
- G. *Build system capacity to monitor fidelity to EBT models and conduct outcome evaluation for purchased services.* The WFI-EZ is used to determine fidelity to the High-Fidelity Wraparound model by capturing the family and facilitator satisfaction with the wraparound process. The WFI-EZ surveys were completed in FY19's fourth quarter. Thirty-one families meet the survey criteria, 15 of which will be randomly selected to receive the WFI-EZ. The annual file review, which uses the DART (Document Review Assessment Tool), began May 2019. Additionally, in order to help agency case managers fully understand the role of

the ICC facilitator, an ICC/Wraparound training was held in June 2019 for seven staff members. The next training is schedule for the first quarter of FY20.

- H. *Provide IT infrastructure to support data collection for fidelity monitoring and outcome evaluation along with electronic records management.* CSA is working with DFS IT staff to discuss efficiency and streamlining through existing technology for incoming documentation and file maintenance. CSA is part of a pilot using NINTEX forms to replace the current encumbrance form and begin using an electronic workflow. Additional work is focused on reviewing options for portals for non-County entities including providers and schools as well as electronic workflows.
- I. *Explore opportunities for expanding available financial resources to serve youth on diversion or probation who need intensive behavioral health services.* CSA staff have met with court staff to review the requirements for CSA-funded services and train staff to access these funds. Court staff have been active participants in recent CSA training and supervisory booster sessions. These discussions are ongoing.
- J. *Increase family and provider membership on the CPMT.* FAPT parent representative positions have been filled. All vacant CPMT positions were filled as of September 24, 2019..

GOAL 14: DD/Autism Services

Coordinator: Tracy Davis

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

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

Deliverable #2: DD/Autism Services Case Management Proposal with a Statement of Need to CBHC & CPMT

Updates on each blueprint strategy are addressed below:

- A. *Conduct needs assessment and service inventory of the existing continuum of services and supports and identify critical service gaps for youth with DD/Autism.* Status: No further action is required on Strategy A. For Action Steps 1- 4: The workgroup had consensus that the urgent need is to serve the 1,000 youth that are on the DD waiver waitlist and that the largest service gap is for case management along with the need for behavioral supports, respite, crisis supports (such as Reach), transportation and attendant care giver support. The workgroup determined that there is no further needs assessment and inventory needed however consolidating the inventory information and possibly reexamining the needs could be addressed with the development of the subsequent blueprint following the completion of the current blueprint that ends in 2019.
- B. *Utilize results of needs assessment and gap analysis to develop a plan to address critical service gaps.* Status: No further action is required on Strategy B. For Action Steps 1- 5: The workgroup determined that there may be a need for focus groups/discussion with service providers such as Grafton, Jill's House and/or other homebased/ABA providers. Jill's House or Autism Society can bring together families to be sure the plan is addressing their needs. The Welcoming Inclusion Network (WIN) and CSB Supported Employment should be included in all future discussions to address critical gaps. The workgroup determined that these tasks may be completed in conjunction with priority strategy areas E, F & G and therefore there is no further work required for this strategy. Reassessment of utilizing the results of the needs and service gaps should be addressed with the development of the subsequent blueprint following the completion of the current blueprint.

- C. *Ensure that DD/Autism BH services are included in System Navigation.* Status: Strategy C may be combined with D in the revised version of this blueprint goal. Strategy C was identified as low priority area; the workgroup has determined that the timelines need to be adjusted.
- D. *Develop outreach and social messaging campaign to promote earlier identification of youth with DD/Autism who would qualify for and benefit from referral to services.* Status: Strategy D may be combined with C in the revised version of this blueprint goal. Strategy D was identified as low priority area; the workgroup has determined that the dates will not be adjusted as they track to the completion of the current blueprint that ends in 2019.
- E. *Improve transition planning for children with intellectual disabilities or chronic residential needs.*
- F. *Ensure access to crisis stabilization services designed for youth with DD/Autism with providers trained to serve this population*
- G. *Increase case management and care coordination capacity for children and youth with DD, particularly for younger children.*
Status of Strategy E, F and G: Strategy E, F & G were identified as high priority areas. The objective for the workgroup is to address Blueprint Strategy E, F & G by obtaining project funding to take the CSA process that currently exists to accurately assess children for appropriate supports to prevent crisis. This funding will address the need/gap in services (insufficient case management staff, crisis services for younger children). The timelines will need to be adjusted.
- H. *Strategy H - Develop community awareness campaign regarding special needs of youth with DD/Autism.* Status: This strategy was identified as low priority area; the workgroup has determined that the timelines will need to be adjusted. With regards to H.1., it was determined that no further action is required, however providing additional training could be addressed with the development of the subsequent blueprint following the completion of the current blueprint than ends in 2019.

GOAL 15: Transition Age Youth

Coordinator: Peter Steinberg

Provide coordinated services and supports for youth and young adults of transition age, both those still in school and those who have left school. Reduce the number of youth of transition age who are living with unidentified and untreated serious mental illness who have signs and/or symptoms of a serious mental health condition that emerged before they transition out of youth serving systems/programs.

- A. The Transitional Age Youth Workgroup has 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. This workgroup continues to plan to develop resources and programs for transitional age youth to include a drop-in center. Sample transition assessment and service plan will be made available on the Healthy Minds Fairfax website.

MEMO TO THE CPMT
September 27, 2019

Information Item I-3: Update on the Children's Behavioral Health Blueprint Revisions

ISSUE:

Healthy Minds Fairfax (HMF) staff has made additional revisions to the Children's Behavioral Health Blueprint. The CPMT will review the proposed revisions on September 27 in preparation for considering final approval on October 25, 2019.

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 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.

During the summer, HMF held two meetings with an ad hoc committee that consisted of two members of the CPMT (Rick Leichtweis and Lesley Abashian), two members of the Children's Behavioral Health Collaborative Management Team (CBHCMT) (Meredith McKeen and Mike Repie) and utilization management staff from Dominion Hospital and the Community Services Board of Fairfax-Falls Church. The purpose of these meetings was to discuss developing partnerships with insurance companies to support the ability of families to use their insurance benefits to secure timely and appropriate behavioral health care. The committee decided that more needs to be done in this area and has proposed a new strategy to Goal 1 of the Blueprint that focuses on collecting data to determine the barriers families face when trying to use their insurance for mental health services, providing education to families to increase their knowledge on their insurance benefits, and advocating insurance companies to pay for nontraditional services such as case management.

Dual status youth are defined as youth who have had contact with the juvenile justice system and the child welfare system, sometimes concurrently. Research has shown that dual status youth are at high risk of educational and mental health problems. HMF staff proposes a new strategy to Goal 1 of the Blueprint that focuses on raising awareness of the problem by collecting data to determine the number of dual status youth in Fairfax County and designing and implementing strategies to serve these youth.

ATTACHMENT:

New Strategies to Goal 1

STAFF:

Jim Gillespie, Healthy Minds Fairfax Director

Peter Steinberg, Children's Behavioral Health Collaborative Program Manager

Goal 1: Deepen Community System of Care Approach			
<i>Deepen the system of care approach to inform the entire continuum of behavioral health services for children, youth and families through: (1) a governance structure that guides the entire continuum, (2) financing strategies that support sustainability and improve capacity and, (3) continuous improvement to service quality and access.</i>			
Strategy	Action Steps	Who	When
Engage with insurance companies, employers, providers, and families to support the ability of families to use their insurance benefits to secure timely and appropriate behavioral health care.	<ol style="list-style-type: none"> 1. Gather information from private providers to determine why they do not accept all insurances and what, if any, barriers they have faced with insurance companies. 2. Gather information from INOVA, Fairfax County, and FCPS to determine the barriers that their employees have faced in using their insurance to access behavioral health services. 3. Create a way for families to increase their knowledge on their insurance to access timely behavioral health services. 4. Advocate insurance companies to provide non-traditional services such as case management and to pay for additional services such as intensive in-home services. 5. To support access, encourage businesses and schools to permit employees and students to attend mental health appointments during the day. 	HMF facilitates a workgroup that consists of members from the CSB, FCPS, Private Provides, a therapist in private practice, representatives from Behavioral Health Acute Hospitals, FCPS, a representative from a family run organization, A member of the CPMT	10/19-12/20

	<p>6. Explore the establishing a regional initiative to address the behavioral health workforce shortage, parity, and other regional issues impacting access to care.</p>		
--	---	--	--

<p>Implement effective strategies to serve “dual status” youth – youth who come into contact with both the child welfare and juvenile justice systems and occupy various statuses in terms of their relationship to the two systems.</p>	<p>1. Raise local awareness of the challenges and costs associated with dual status youth through training events and other activities.</p>	<p>JDRC</p>	<p>10/19-6/20</p>
	<p>2. Collect data and report to CPMT on the number of dual status youth in our community and the challenges to effectively serving them.</p>	<p>JDRC, DFS, CSB, CSA</p>	<p>10/19-7/20</p>
	<p>3. Design and implement local strategies to effectively serve dual status youth.</p>	<p>JDRC, DFS, CSB, CSA</p>	<p>1/20-12/20</p>