COMMUNITY-BASED PREVENTION & INTERVENTION IN FAIRFAX

A Local Look at Collaborative Efforts to Support Children and Families



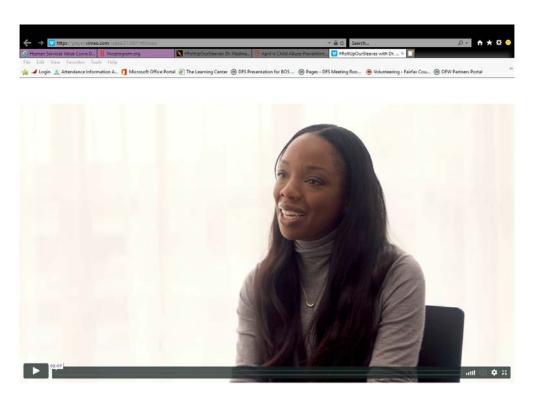




OBJECTIVES

- Share Information about Community-Based Prevention Programming in Fairfax (Body Safety Program & Neighborhood Networks)
- Discuss the Importance of Collaboration and Partnering to Identify Root Causes of Risk Factors and Enhance Protective Factors
- Review Outcomes and Return on Investment
- Explore Creative Funding Possibilities for Your Locality

TRAUMA-INFORMED LENS IN PREVENTION



https://www.shinola.com/thejournal/videos/brand/rollupoursleeves-dr-nadine-burke-harris-center-youth-wellness

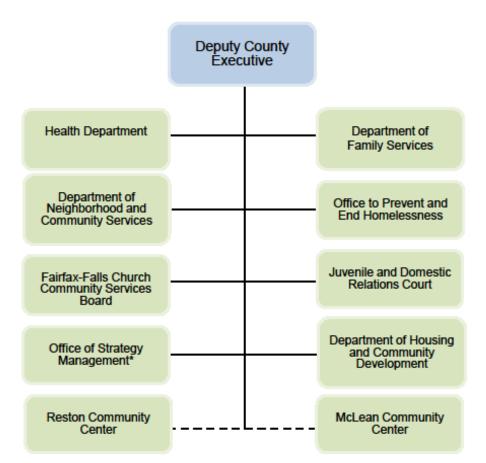
SETTING THE CONTEXT - DEMOGRAPHICS

- In 2018, Fairfax County population is 1,152,873 people with 38.3% of residents speaking a language other than English at home
- 406 square miles in the county
- 26.1% of residents are children and youth under the age of 20
- \$64,000 is the annual income needed to rent the average market rate one bedroom apartment in Fairfax County
- Race/Ethnicity: White 51.7%, Asian/Pacific Islander 18.8%, Hispanic/Latino 16.2%, Black 9.3%, Other 4%
- Fairfax County Public Schools is the 10th largest school division in the U.S. with 198 schools and centers. FCPS serve a diverse student population of more than 187,000 students in grades PreK- 12, speaking over 200 languages.
- Over 31% of FCPS student population are economically disadvantaged
- More than 29% of students are English Learners
- 14.5% of students are reported as students with disabilities
- 92% of students graduate on time (in four years), and more than 89% plan to pursue post-secondary education

FAIRFAX COUNTY HHS AGENCIES



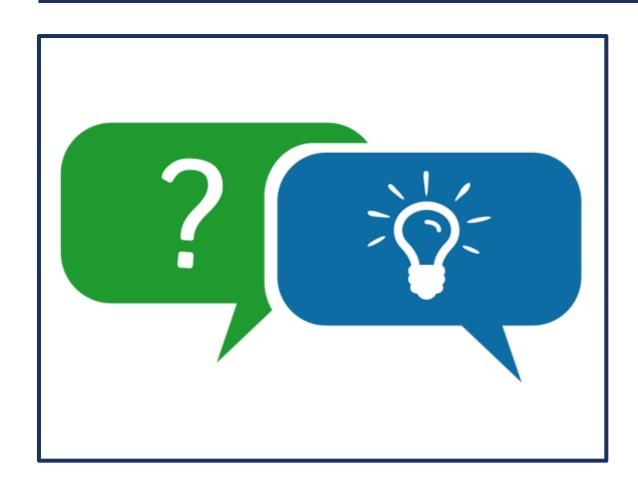
Fairfax County Health and Human Services



PREVENTION CONTINUUM

- Address at different levels educate (primary prevention) and then target at-risk families (secondary prevention)
 - Primary: Body Safety Program
 - Secondary: Neighborhood Networks Program
- FCPS uses a multi-tiered system of support (MTSS) that focuses on students' data to make decisions in order to provide high quality instruction and intervention.
 - Using the MTSS framework, some students will require additional academic, behavior, and/or social-emotional wellness support. Families are partners in this process and their child's school team will share information about his/her needs and progress.

TURN AND TALK



- What is happening in your locality regarding Prevention?
- What partnerships have you established already?

BODY SAFETY PROGRAM

- Worked with school system to select schools to offer program
- Evidence-based curriculum for grades PreK-6 from ChildHelp: Speak Up Be Safe
- 2 hour in-classroom sessions focusing on body safety
- MOU school site based addendum
- One coordinator @ DFS with trained volunteer pool
- Information session held with parents regarding curriculum being taught in classes
- Partnership between schools and county with implementation of curriculum and prevention efforts in schools

OVERVIEW OF FAIRFAX NEIGHBORHOOD NETWORKS PROGRAM

- Child abuse & neglect prevention program started in 2000 focused on helping families build their natural networks of support
- Partnership with Fairfax County Public Schools Currently in 19 Elementary Schools & 1 Pre-School
- In FY18, served 131 children in 55 families
- 8 Social Services Specialists, 4 funded through PSSF grant
- Schools identify & refer at-risk families to this voluntary program
- Use of SDM, NCFAS, and Genogram/Ecomap
 - Referral if High or Very High Risk
- Service Planning Meetings & Multi-Disciplinary Team Meetings
- Graduation

NEIGHBORHOOD NETWORKS PROGRAM CRITERIA

The identified child in the family must attend a participating school and the family must have a willingness to engage in preventative services, in addition to any of the following:

- Attendance Issues
- Child Behavioral Issues
- Vulnerable Family
 - Isolated Family
 - Overwhelmed Parent
 - Decreased academics
 - Cultural Issues
- No Current Access to Services

PRESERVING PERMANENCY: A NN SUCCESS STORY

A 5-year-old boy found his mother unresponsive on the bathroom floor. She had suffered a severe stroke and was in the hospital for several weeks. A referral came to Neighborhood Networks (NN) due to the boy's trauma. He had regressed in school – crying a lot, talking about how he missed his mother, and talking in baby-talk. The child was connected with a CSB therapist to help him process his emotions. A NN social worker met with the family regularly to offer support to the mother's cousin who had taken on the role of caring for the boy. Neighborhood Networks also helped enroll the child in a swimming class, which gave him an exciting activity to look forward to while his mother recovered. A Service Planning Meeting was held which included the therapist, family, the child's current teacher at Head Start and a representative from his new school to help ease the child's transition to kindergarten in the fall. In addition, the NN social worker helped the cousin to complete Medicaid/SNAP renewal paperwork to prevent a lapse in benefits, and also helped her cope with the needs of her own two sons, who were having difficulty adjusting to the changes in their home. The little boy has since successfully transitioned to Kindergarten and has made significant strides in his social and emotional health in therapy. The mother continues to recover each day and is now connected with a psychologist to help her deal with her own recovery, as well.

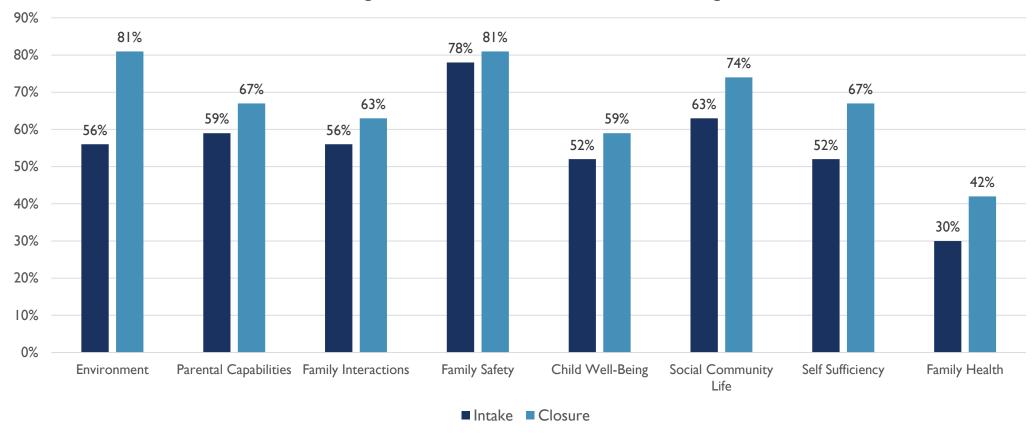
Thank you to everyone who is contributing to the success of this case including Child Abuse and Neglect Prevention Services, Head Start, Fairfax County Public Schools, and the Community Services Board.

OUTCOMES

- Importance of evaluation partners and funders want to know your program works
- Neighborhood Networks Outcome Measures
 - % of children who do not have a new screened in referral to CPS during NN services & up to 1 year after services end (FY18: 82% and 80%)
 - % of children who are able to remain safely in their homes during NN services & up to 1 year after services end (FY18: 100% for both)
 - New Draft Measure: Percent of children who missed less than 10% of school days during the Neighborhood Networks intervention (for children referred with school attendance challenges).
 - Assessment (NCFAS) Data showing improvement (see next slide)

NCFAS DATA – FY 18 (N = 27)

Ratings of Baseline or Above at Intake and Closing



RETURN ON INVESTMENT (ROI)

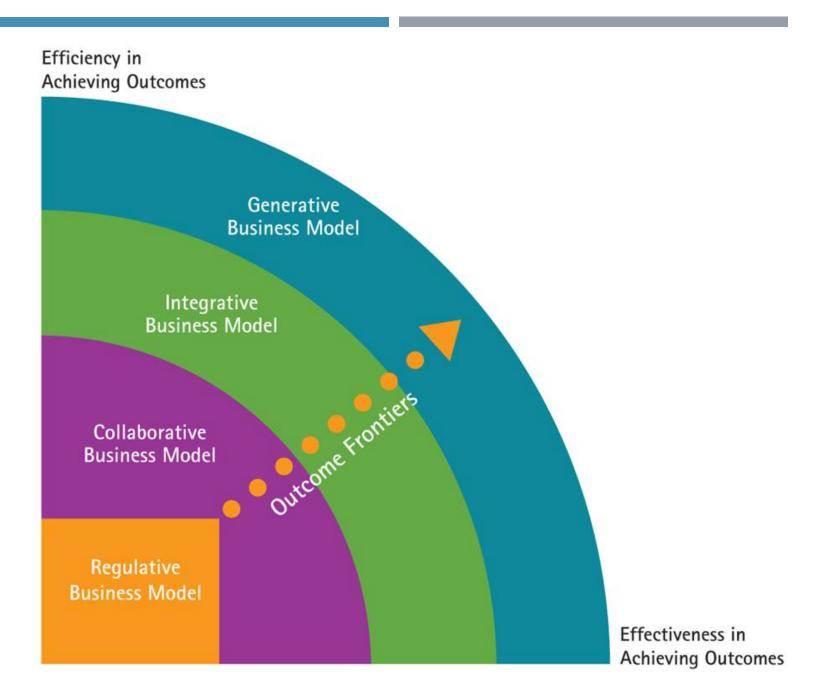
- Funders want to see that investment in prevention programs SAVES \$\$\$\$
 - In Fairfax last year, it cost about \$4,500 to serve an entire family in Prevention as compared to about \$34,000 to serve a single child in foster care (non-residential).
- Funders and partners want to see how prevention efforts could help solve other problems
 - VDOE: Chronic absenteeism now linked to school accreditation
 - Chronic Absenteeism requires a community solution
 - Attendance Works Data <u>www.attendanceworks.org</u>
- Importance of tying prevention efforts to other important priorities in your community (healthy communities, school readiness, etc.)

LESSONS LEARNED

- Focus on common goal with all partners
- Collaboration at program design stage
- Early intervention elementary school
- Establishing clear roles & responsibilities (MOU)
- FERPA & Confidentiality / Consents (also MOU)
- Need champion internal to each partner agency (e.g. important in obtaining principal buy-in)
- Measuring outcomes and linking criteria to outcomes
- Using data to drive decision-making (e.g. Youth Survey & CPS Hotline mapping)
- Being flexible about both funding and personnel true partnership
- Being ready and responsive when your partner has a need
- Utilization of systems approach

HUMAN SERVICES VALUE CURVE

- Regulative: The focus is on compliance with policy, consistency, following the rules.
- Collaborative: The focus is on supporting people by working across agency and programmatic boundaries.
- Integrative: The focus is on addressing the root causes of individual and family needs integrating services.
- Generative: The focus is on generating healthy communities by co-creating solutions for multidimensional family and socioeconomic challenges and opportunities.



TURN AND TALK



- Where do you see the programs we have discussed today (Neighborhood Networks and Body Safety) on the Human Services Value Curve?
- Where on the Human Services Value Curve do you see your program, agency, or locality focusing right now?

FUNDING PREVENTION PROGRAMS

- As foster care numbers decline, repurpose child welfare positions
- Utilize temporary or contracted positions when possible
- Partner with other invested entities who has a stake in the success of children and could assist with funding?
- Use of volunteers, AmeriCorps VISTA, peer supports
- Utilize research and make the case with return on investment data VOICES for Virginia's children, Families Forward, Child Welfare Information Gateway @ www.childwelfare.gov, etc.
- Seek out and/or utilize new and existing grant opportunities (CB-CAP, PSSF, Family First, etc.)
- Be creative!

FUNDING SOURCES

Department of Education - Title IV Block Grants Under ESSA (Every Student Succeeds Act)

https://www2.ed.gov/fund/grant/apply/grantapps/index.html

Virginia Department of Education

http://www.doe.virginia.gov/special_ed/grants_funding/index.shtml

Department of Justice

https://www.justice.gov/grants

FUTURE DIRECTION & POSSIBILITIES

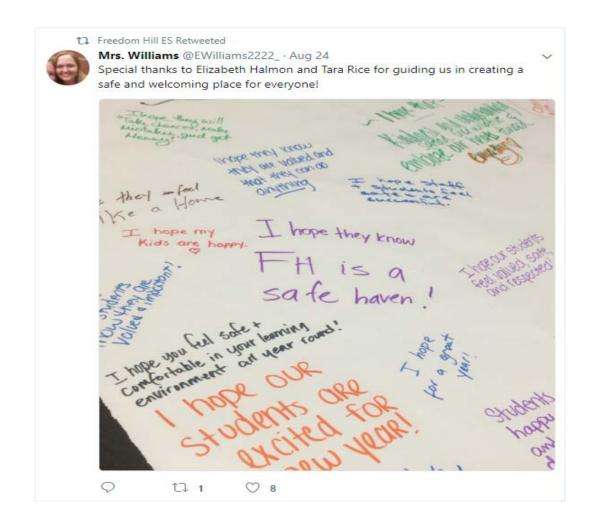
- Community Schools Grants/Partnerships
- Partnership between Juvenile & Domestic Relations District Court, Department of Family Services, & Fairfax
 County Public Schools truancy data
- Expansion of Neighborhood Networks Program (more schools and/or more capacity in targeted schools)
- System of Care Fairfax County Blueprint
- Connection to medical community and public benefits

BUILDING A COMMUNITY OF HOPE



https://www.youtube.com/watch?v=dlcU5uHMdTM

BUILDING STRONG COMMUNITIES



Q & A DISCUSSION

- What questions do you have?
- What ideas do you have to "make the case" for prevention programs?
- Where are your local prevention dollars?

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