

## **EDUCATION / HEALTH & HUMAN SERVICES**

The Education and H/HS Committees met jointly on Wednesday, June 6, 7:30-9:45 p.m., at Walt Whitman Middle School (Jack Knowles Lecture Room) with 16 MVCCA member associations represented (12 HHS and 8 ED): Belle Haven Terrace, Collingwood on Potomac, Hollindale, Hollin Glen, Hollin Hills, Newington Forest, Mount Vernon CA, Mount Vernon MHP, Mount Vernon Farms, Mount Zephyr, Riverside, Stratford on Potomac Sec. 4 (2), Sulgrave Manor (2), Wessynton, Wellington (2), and Williamsburg Manor. MVCCA Co-chair Dan Fisher-Burrier was present as liaison to the Council.

This joint meeting focused on ***“Children and Mental Health: What are our community’s resources?”*** National and state attention to and funding for healthcare, including mental health, for children has been selective at best and has shifted a large burden to localities. Fairfax County has developed important services and programs in response to recognized needs among children and families, but funds for these, in the schools and the community, are strained by growing needs. Well before the tragedy at Virginia Tech, a State commission and the County’s Beeman Commission were at work, gathering information and preparing to make recommendations.

Both committees recognize the important roles, in the well-being of children and families, of high quality professional services and programs provided through two countywide systems: the Fairfax County Public Schools (FCPS) and the Fairfax-Falls Church Community Services Board (CSB). This meeting provided a fascinating forum on the roles of each and their interrelationship, as nine dedicated professionals—service directors and providers—responded to our invitation that requested an overview and a “Q & A” panel on specific issues and scenarios that cross “borders” in real life.

### **CSB and “Comprehensive Services”**

The county CSB, which includes Fairfax City and Falls Church and is the largest in the state, is required under state Code and established by the local jurisdictions (who provide 70% of funding for a \$150 million budget), with responsibility (under the Virginia Comprehensive Services Act) to enable people in the county to access services not available in the private sector. These include 70+ services—for mental health, mental retardation, and substance abuse—provided directly or in contractual programs (with roughly 1000 staff and 50 private sector partners). In providing an overview of services for children, ***Alan Berenson***, LCSW, Director of Youth and Family Mental Health Services described a broad array of services for children and youth prior to, during, and also outside public school enrollment. (Examples include pre-admission screenings for psychiatric hospitalizations, evaluations of children in cases of abuse or neglect, and a hybrid youth/adult “family psychiatric program” with juvenile court.) ***Bharati Patel***, LPC, CSB Prevention Supervisor (Region II & III) described growing emphasis on tested, evidence-based programs such as SOS (“Signs of Suicide” prevention programs for middle and high school students), ACT (for parent and staff education and involvement), Safe Choices, and model wellness programs like Girl Power. Leadership and Resiliency started in a handful of schools, won numerous awards, and is now budgeted to be introduced in half the county high schools in FY2008. Supporting Your Emerging Adult helps parents prepare children for the emotions and choices of teen years.

### **FCPS and “Special Services”**

The FCPS Department of Special Services interacts with all the students of the public schools, plus those who receive educational services in other settings such as home instruction, a hospital, a specialized center, or other alternative school. Three areas within the Special Services Department provide an in-school presence for assisting staff, students and parents in evaluation, screening,

response and locating treatment options in a wide range of individual circumstances impacting student mental health. **Elsie Kirton**, Director of School Counseling and Student Registration Services explained the varied roles of counselors, from early testing and development of study skills, to middle school lessons on how to handle bullying, to academic and career center counseling in high school. Fairfax County is maintaining counselor/student ratios at a higher level than state-required minimums so that every school has at least one counselor in full time assignment. However, pressure to absorb more students (and greater diversity of cultural norms) with fewer staff is a constant especially with the impact of No Child Left Behind and attendant record-keeping and test evaluation. Volunteer adult mentors (4,000+, “but more are always needed”) are essential. **DeDe Bailer**, Director, Psychology and Preventive Services, emphasized the high level of training and professional credentials required for the 130 psychologists on staff. Again, FCPS exceeds state minimums, and every school has a psychologist on staff, though not necessarily fulltime, depending on population. Staff psychologists work with teachers, staff, students and parents to address a wide variety of factors that inhibit learning and affect the school community, including promoting proactive behavioral programs and recognizing and screening for depression, suicidal ideation, and other emotional disorders. They also perform a wide variety of other services, including audiological and other testing, pre-school diagnostic programs to evaluate children for special education eligibility, assisting with special ed services involving “emotional disability” and mental health issues and providing referrals to specialized treatment programs and services to the juvenile justice system. **Richard Gergely**, Director, Social Work and Support Services, noted that school social services emerged in the 1970s with recognition of needs of “handicapped” students. Today, roving social workers link schools and families with the services needed to maximize student educational progress. Services are available at specialized schools (as at Quander Road) and “step down” programs within a school for general education. They are available for attendance office concerns, special education, referrals for learning and emotional disabilities, and for students who are homeless, homebound, in hospital, or even on suspension. Often, the Social Worker links students and families with CSB services or with other public and private resources to meet the particular needs.

In the last hour of the meeting, four additional service providers joined the five overview presenters in responding to a lively Q and A discussion from varied perspectives: **Lee Britton**, FCPS Social Worker for Special Education (Mount Vernon High School); **Pamela Rubin**, FCPS Coordinator of Social Work Services (Mount Vernon pyramid); **Linda Pate**, M.A., CSB Prevention Specialist; and **Dr. Lawrence Sutton**, FCPS School Psychologist. The committee representatives brought many questions to the discussion and paid close attention to the responses. Among the issues: legal requirements for confidentiality *versus* school board requirements that certain behaviors be reported and thus become subject to “zero tolerance” and board expulsion hearings; the requirement of the Individuals With Disabilities Act (IDEA) that disabled students (including those with mental or emotional disorders) be educated in the “least restrictive environment,” which has resulted in increased mainstreaming of students and fewer specialized placements but with attendant concerns about adequacy of services in local schools, teacher training, and impact on other students; the need for more full-day treatment for children with serious issues to be offered in a center closer to South County (rather than bussing all clients to one center in Reston); the shift toward a proactive and preventive approach, for example, for teen depression and suicidal ideation as well as for a wide variety of undesirable or risky student behaviors; complexities of rules that govern record-keeping (what records are permitted, and whether these are able to be shared when students change schools; much-publicized loopholes in managing the present system of court orders for treatment; and more).

Most mental illnesses, including major depressive disorder, are based in brain chemistry and treated successfully in combination with medication, yet it is estimated nationally that only about 21% of children in need do receive treatment. Improved public awareness and training concerning symptoms

and where to get help are much needed, here as well as nationally, among school staff, parents, and other adults in contact with children. FCPS is now partnering with the CSB in seeking a grant for “Strengthening Connections,” a new project to develop “a sustainable collaborative plan”—along with a resource directory and linkage protocol—between schools and mental health agencies to improve identification and referral of students and provide needed services in the most cost effective and efficient manner.

Representatives at the meeting received information on specific programs and services, to share with their neighborhoods. Two publications are of particular interest: A 6-page booklet “Everyone’s Child...then and now” presents key findings—on “risky behaviors” and issues such as bullying/aggression and mental health/depression—from the 2005 Fairfax County youth survey, conducted on a statistically valid sample of 13,235 students in grades 6, 8, 10, and 12. (To download the PDF in choice of languages, go to [www.fcps.edu/ss/SDFY/EveryonesChild.htm](http://www.fcps.edu/ss/SDFY/EveryonesChild.htm).) A 40-page booklet “Emergent Adulthood Resource Guide” presents basic factual information and lists resources (print, web, phone) for young people making the transition from high school to the next stage of their lives—whether work, college, or military service. The Fairfax Partnership for Youth’s YSAD task force produced it for their May 2007 conference on mental wellness and suicide prevention among this age group.

**HHS and ED Meetings—open to the public**

**Tuesday, July 10, MVCCA Committees for Health & Human Services and Public Safety (joint meeting),** 7:30 pm, Inova Mount Vernon Hospital Engh Conf. Room (2<sup>nd</sup> floor), focus: Community “all hazards” preparedness: County and neighborhood planning. Chairs Shawkey (PS) 703 360-2185 and Cleveland (HHS) 703 780-9151.

**July MVCCA Education Committee meeting, TBD: representatives will be contacted via e-mail.**

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