Population Level Data Report on Youth Behavioral Health Needs in the Fairfax-Falls Church Community

February 28, 2020

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Executive Summary

BACKGROUND INFORMATION

A workgroup consisting of staff from the Community Services Board, Fairfax County Department of Health, Healthy Minds Fairfax, Neighborhood and Community Services, and George Mason University met over the course of 6 months to review population level children's behavioral health data and its relationship to the Blueprint. The purpose of the workgroup is to compile and analyze population-level children's behavioral health data and their findings to the Community Policy and Management Team.

To the extent possible data was collected and analyzed for the years from the years 2015 to 2019 and were from the following sources:

- The Fairfax County Youth Survey
- Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)
- Fairfax-Falls Church Community Services Board
- Northern Virginia Regional Projects Office: Regional Utilization Reports
- PRS CrisisLink Quarterly Reports
- Children's Services Act Quarterly Performance Reports to the CPMT

The workgroup focused on trends in the following areas: Depressive Symptoms and Stress; Suicide Ideation and Behavior; Substance Use; Complex and High-Risk Behaviors; Risk Factors; Help Seeking Behaviors; and Youth Resiliency and Protective Factors.

BEHAVIORAL HEALTH ISSUES EXPERIENCED BY CHILDREN AND YOUTH: FINDINGS AND TRENDS

<u>Depressive Symptoms and Stress</u>

- Females experience much higher rates of depressive symptoms and stress than males.
- Depressive symptoms and stress increase as the youth get older.
- Suicide attempts for Hispanic youth are twice the rate of white youth.
- Depressive symptoms are higher for Hispanic youth than any other race.
- LGBQ youth have twice the rate of depressive symptoms, more than 3 times the rate of suicidal ideation, and 3 times the rate of suicide attempts.
- Higher levels of stress are correlated with depressive symptoms.

<u>Suicidal Ideation and Behavior</u>

- The 15-24 age group has the highest rate of emergency department (ED) visits for suicide attempts and/or ideation, followed by the 10-14 age group.
- ED visits for suicidal attempts and ideation have been increasing for the 10-14 age group since 2010.
- After several years of increasing, ED visits for the 15-24 age group peaked in 2017, with modest decreases in 2018 and 2019.
- Females are more likely than males to go to the ED for suicidal behavior.

Substance Use (Vaping Included)

- Overall, substance use is flat or going slightly down.
- While vaping has the highest usage of all substances, there is only one year of data.
- Alcohol and marijuana are the second and third most used substances, respectively.
- Use of alcohol, prescription painkillers, and cigarettes have decreased over time.
- White and Hispanic youth are most likely to vape and drink alcohol.
- Use of substances increases with age.

Complex and High-Risk Behaviors

- There has been an increase in temporary detention orders for involuntary hospitalization, and in admissions to the state psychiatric hospital.
- Residential placements funded through the Children's Services Act have steadily decreased from 2009 through mid-2019. There has been a significant increase from July through December 2019.

RISK FACTORS

Bullying and Sexual Harassment

- Overall, bullying has decreased.
- Males tend to bully more than females.
- Females are more likely to be cyberbullied.
- Females and are three times more likely to be sexually harassed than males.
- LGBQ youth are more than 20% likely to be bullied.
- Those who are bullied are more than twice as likely to report depressive symptoms.

Dating Aggression

- Rates of reported dating aggression have remained steady since 2015.
- Female and LGBQ youth are more likely to be victims of dating aggression

Stress

- High stress correlates with higher use of substances (alcohol, marijuana).
- People who report a "10" on the stress scale on the Fairfax County Youth Survey are 30% more likely to have considered suicide.

Substance Abuse

- Youth who report frequent marijuana use are twice as likely to consider suicide. Use of any substance is related to increased suicidal ideation. Substance use, stress and suicide are strongly correlated.

HELP SEEKING BEHAVIOR

A major goal of Healthy Minds Fairfax is to promote awareness and help-seeking behaviors and reduce stigma so that children, youth and their families can access appropriate and timely services.

- Youth and families have made increased use of hotlines, mobile response services and walk-in screening and assessment to access help, probably due in part to expansions of those services and the accompanying publicity.
- Due to the decentralized, fragmented nature of the American healthcare system, it is impossible to measure the utilization rate for behavioral health services, absent research specific to our locality or region.

YOUTH RESILIENCY AND PROTECTIVE FACTORS

Research shows that certain factors, when present in the life of a youth, increase resiliency and can prevent or mitigate the severity of behavioral health conditions. These protective factors can be present in school, family, community or the individual.

- LGBQ, black, and Hispanic youth feel less safe than others in their schools and in their communities.
- Youth who live in the southeastern part of county reported less opportunities for extra curriculars and have more neighborhood safety issues.

RECOMMENDATIONS FOR FURTHER ANALYSIS

1. The families of youth experiencing suicidal ideation have several potentially helpful options other than the emergency department, yet that resource is used much more frequently than others. It is suggested that further study be done on how families are deciding to respond to suicidal ideation, including whether they are aware of other options, and how often the ED transport is made by the police, EMS, and the family.
2. When possible and appropriate, data in this report should be further disaggregated by zip code, school pyramid, and the percentage of students eligible for free and reduced lunch, in order to promote equity.
3. Determine the amount of overlap between youth placed in the Commonwealth Center for Children and Youth (state children's psychiatric hospital) and youth entering residential placements, and whether both groups had access to a continuum of community-based behavioral health services and supports prior to placement and after discharge.

RECOMMENDATIONS FOR ACTION

1. Focus on social emotional skill development and self-efficacy (including problem-solving and self-advocacy) development, with targeted approaches to females, (especially Hispanic females) and the LGBTQ population.
2. Ensure that education resources/curricula are inclusive of LGBTQ youth. Increase the awareness of the needs of the LGBTQ population. Identify targeted approaches to LGBTQ youth in all strategies.
3. Increase social and emotional learning in schools and in community settings.

4. Examine public and private behavioral health providers protocols for calling 911 as opposed to referring the family to alternative crisis response services.
5. Assess the extent to which children and youth with behavioral health issues and their families, and the professionals who serve them, are aware of how to appropriately access crisis and urgent response services.
6. Assess the adequacy of handoffs from urgent and crisis services such CR2, CSB emergency services, and ED to ongoing behavioral health services.
7. Continue to support efforts to curb vaping and to monitor marijuana use.
8. Promote awareness of community resources that are available for youth.
9. Ensure that parenting class curricula include an emphasis on substance use prevention.
10. Explore barriers, real and perceived, to engagement in extracurricular activities.

Behavioral Health Issues: Depression, Anxiety, and Stress

Behavioral Health Issues: Depression, Anxiety & Stress

Completed by Jesse Ellis; Prevention Manager, Prevention Unit, Fairfax County Department of Neighborhood and Community Services; jesse.ellis@fairfaxcounty.gov

Overview

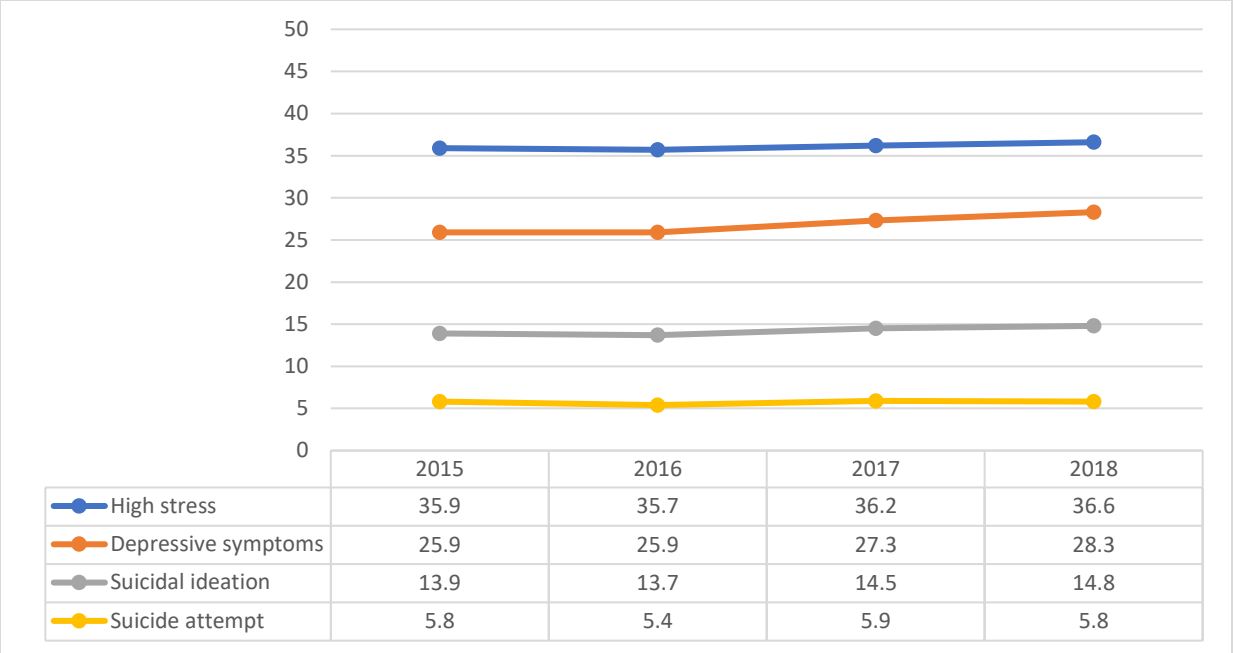
More than one third of students report high levels of stress, and more than a quarter report signs of depression. About 15 percent report having considered suicide, while 8 percent report having attempted to kill themselves. These percentages have been relatively flat since 2015, but there are some signs of potential increases, especially for depressive symptoms.

Disparities

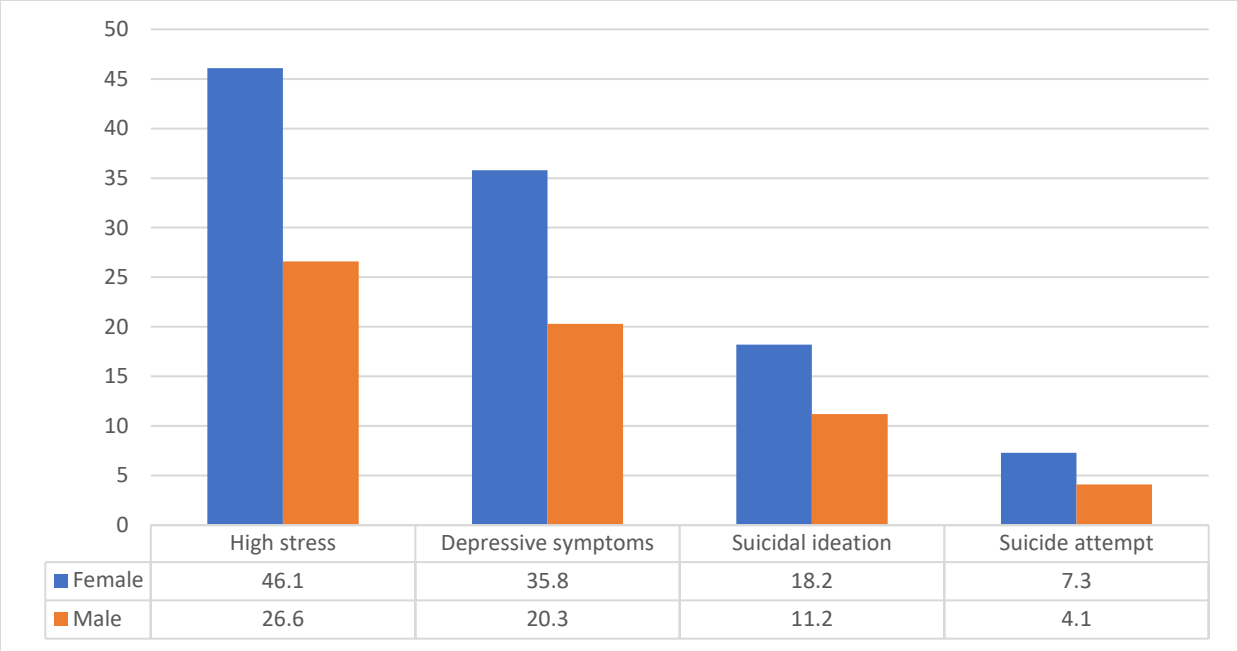
For all measures, girls and LGBQ youth report significantly higher rates than their peers. White and Asian students are more likely to report high stress, while Hispanic students are more likely to report depressive symptoms and suicidal ideation. Student in the Langley and Fairfax pyramids and at Thomas Jefferson High School report significantly higher levels of stress than their peers. Students Annandale, Edison, Fairfax, Falls Church, Herndon, Justice, Mount Vernon, South County, South Lakes, and Westfield report higher rates of suicide attempts than their peers.

Implications

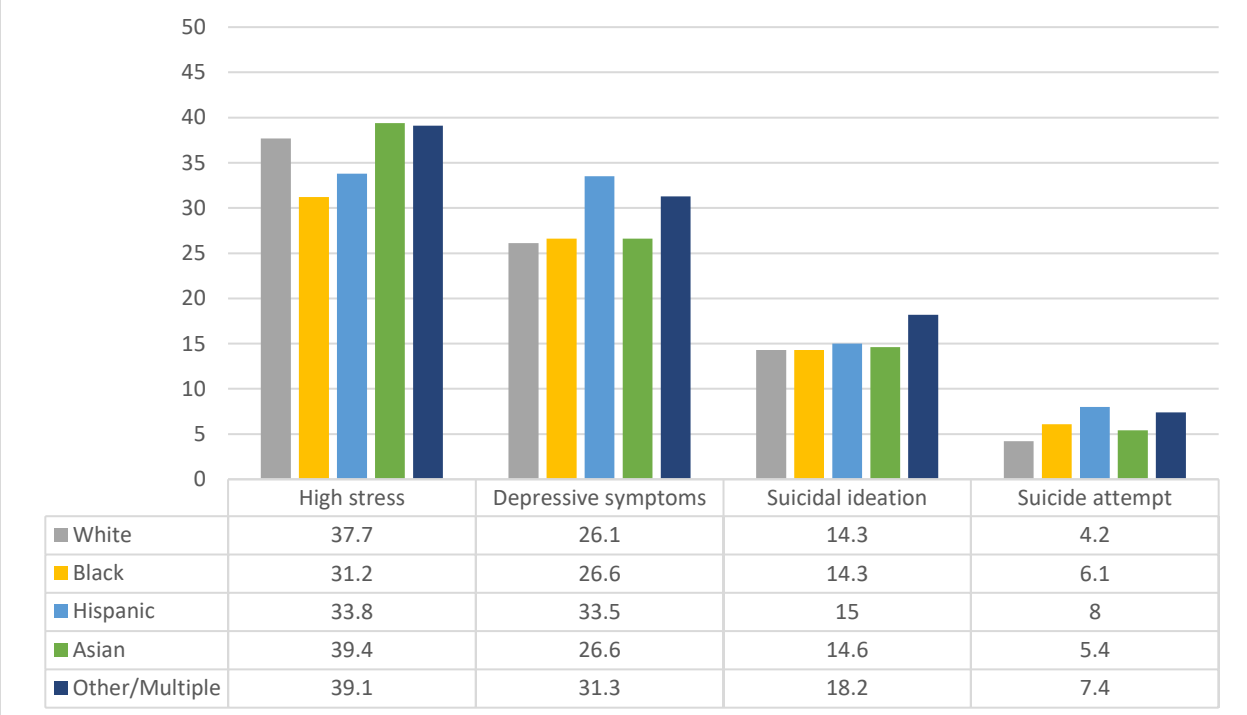
We should continue to monitor the trends as we emphasize tier one strategies that focus on building students' social emotional skills. Prevention and intervention efforts targeted to females, Hispanic, and LGBQ youth (including intersectional youth).



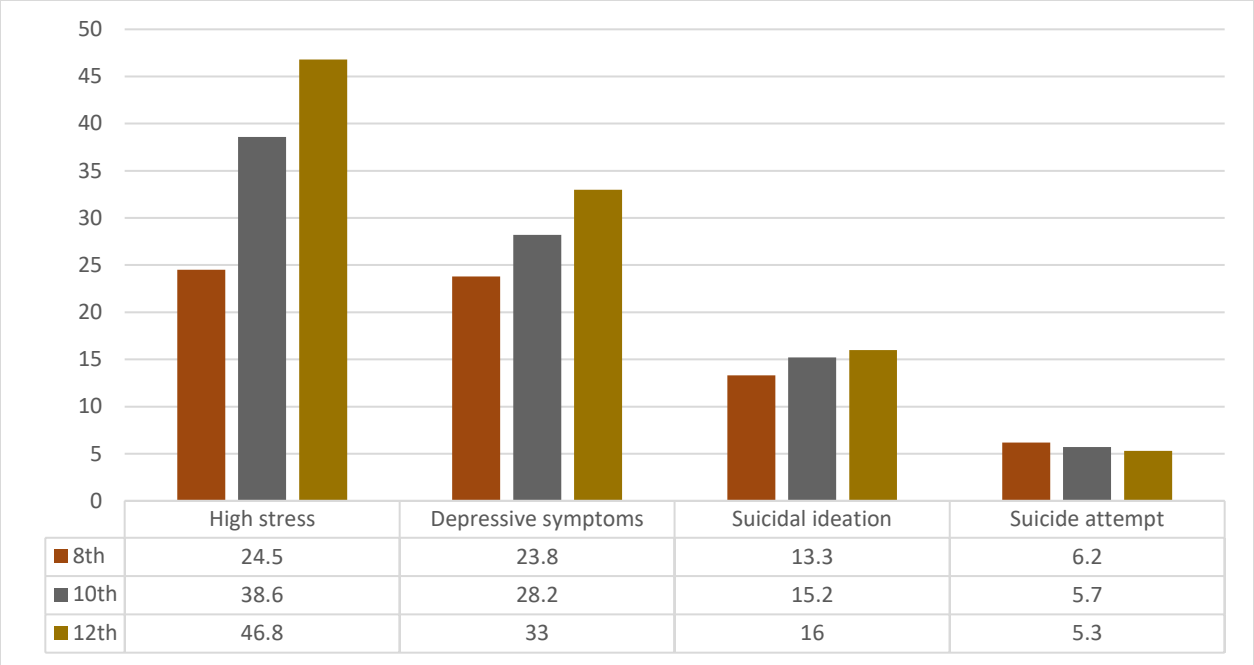
	2015	2016	2017	2018
High stress	35.9	35.7	36.2	36.6
Depressive symptoms	25.9	25.9	27.3	28.3
Suicidal ideation	13.9	13.7	14.5	14.8
Suicide attempt	5.8	5.4	5.9	5.8



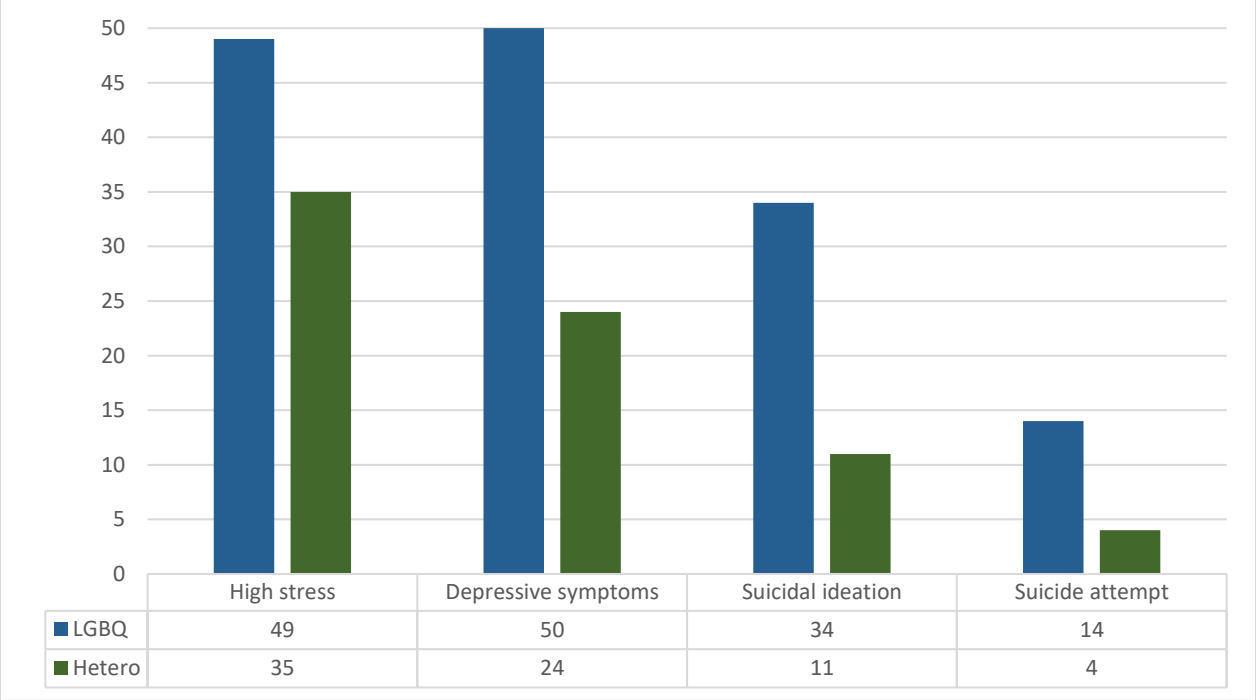
	High stress	Depressive symptoms	Suicidal ideation	Suicide attempt
Female	46.1	35.8	18.2	7.3
Male	26.6	20.3	11.2	4.1



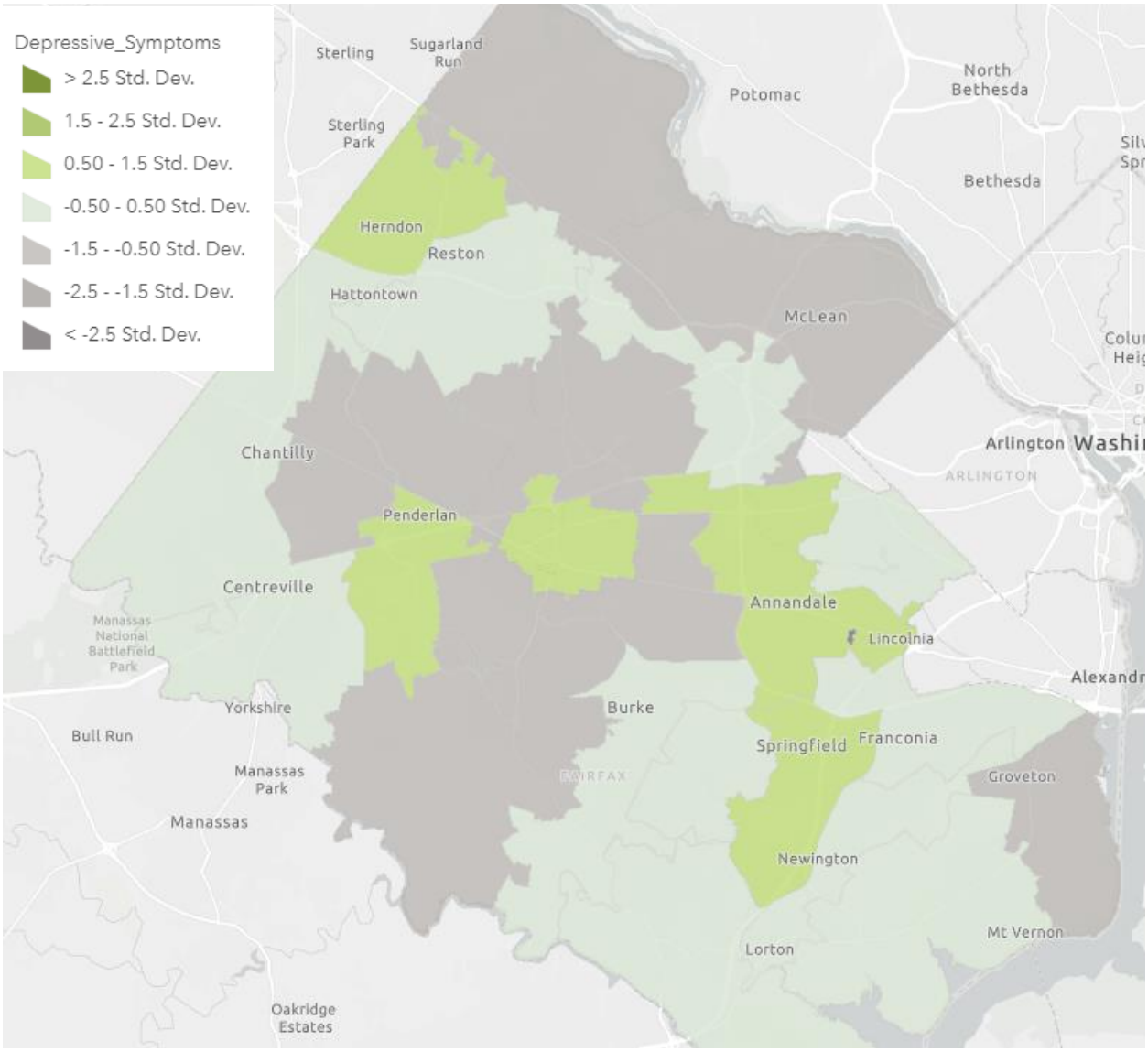
	High stress	Depressive symptoms	Suicidal ideation	Suicide attempt
White	37.7	26.1	14.3	4.2
Black	31.2	26.6	14.3	6.1
Hispanic	33.8	33.5	15	8
Asian	39.4	26.6	14.6	5.4
Other/Multiple	39.1	31.3	18.2	7.4

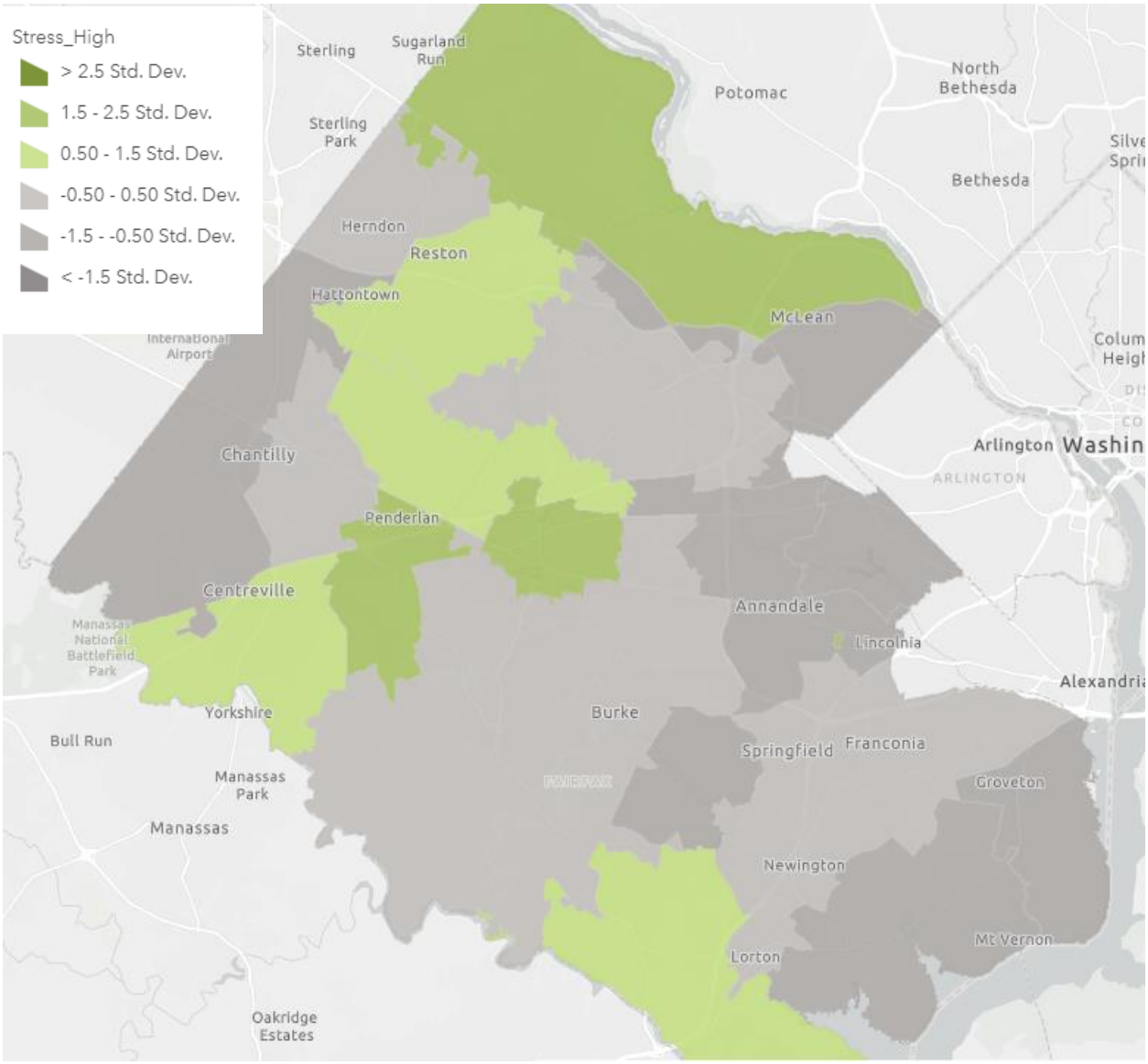


	High stress	Depressive symptoms	Suicidal ideation	Suicide attempt
8th	24.5	23.8	13.3	6.2
10th	38.6	28.2	15.2	5.7
12th	46.8	33	16	5.3



	High stress	Depressive symptoms	Suicidal ideation	Suicide attempt
LGBQ	49	50	34	14
Hetero	35	24	11	4


Depressive_Symptoms
> 2.5 Std. Dev.
1.5 - 2.5 Std. Dev.
0.50 - 1.5 Std. Dev.
-0.50 - 0.50 Std. Dev.
-1.5 - -0.50 Std. Dev.
-2.5 - -1.5 Std. Dev.
< -2.5 Std. Dev.
Sterling
Sugarland Run
Potomac
North Bethesda
Sterling Park
Bethesda
Herndon
Reston
Hattontown
McLean
Chantilly
Arlington
ARLINGTON
Penderlan
Centreville
Annandale
Lincolnia
Manassas National Battlefield Park
Yorkshire
Burke
Bull Run
Springfield
Franconia
Manassas Park
FAIRFAX
Groveton
Manassas
Newington
Mt Vernon
Lorton
Oakridge Estates


Stress_High
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1.5 - 2.5 Std. Dev.
0.50 - 1.5 Std. Dev.
-0.50 - 0.50 Std. Dev.
-1.5 - -0.50 Std. Dev.
< -1.5 Std. Dev.
Sterling
Sugarland Run
Potomac
North Bethesda
Sterling Park
Bethesda
Herndon
Reston
Hattontown
McLean
Chantilly
Arlington
Washin
ARLINGTON
Penderlan
Centreville
Annandale
Lincolnia
Alexandri
Yorkshire
Burke
Bull Run
Springfield
Franconia
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Newington
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Lorton
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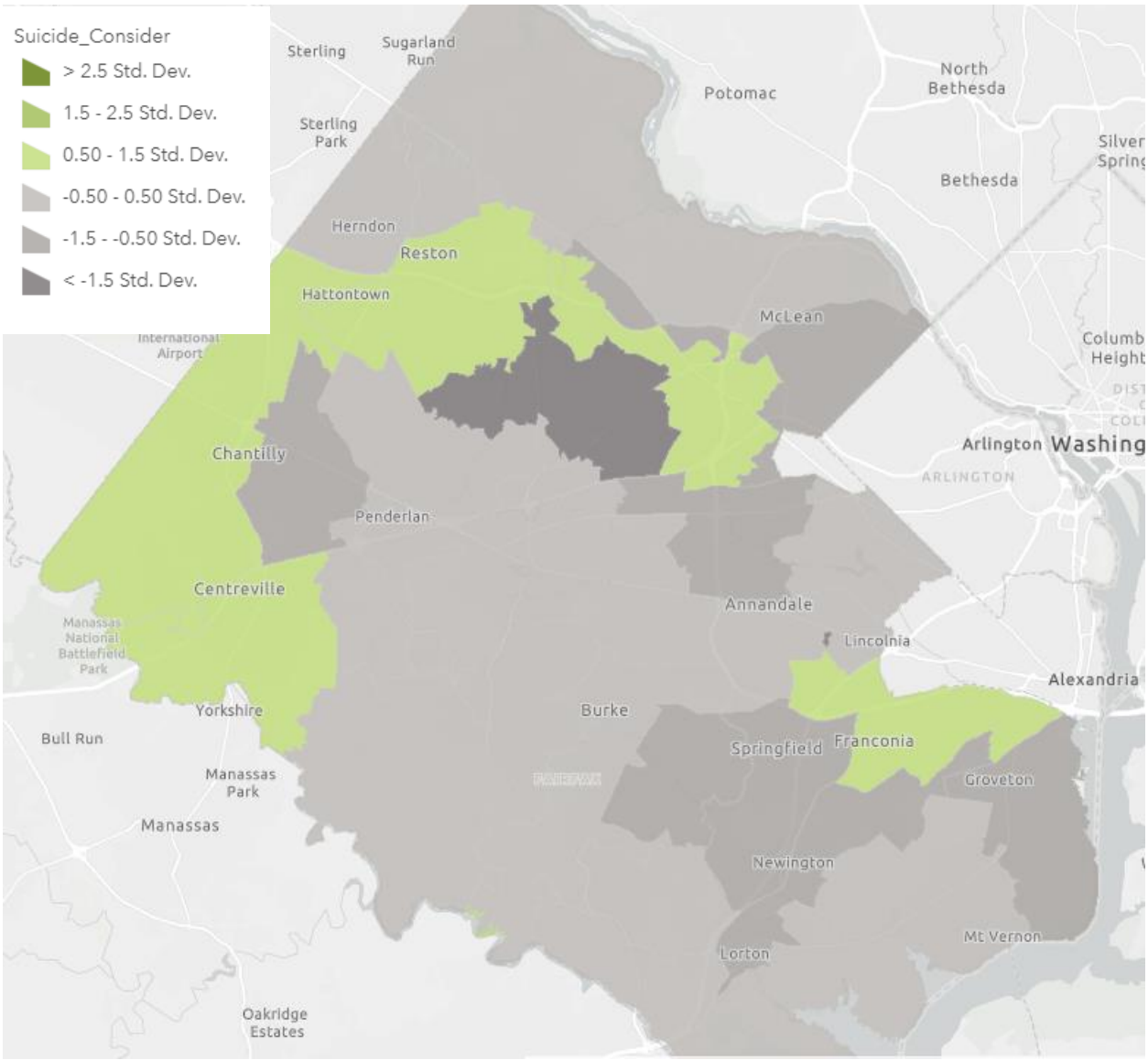
Suicide_Consider
> 2.5 Std. Dev.
1.5 - 2.5 Std. Dev.
0.50 - 1.5 Std. Dev.
-0.50 - 0.50 Std. Dev.
-1.5 - -0.50 Std. Dev.
< -1.5 Std. Dev.
Sterling
Sugarland Run
Potomac
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Sterling Park
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Penderlan
Centreville
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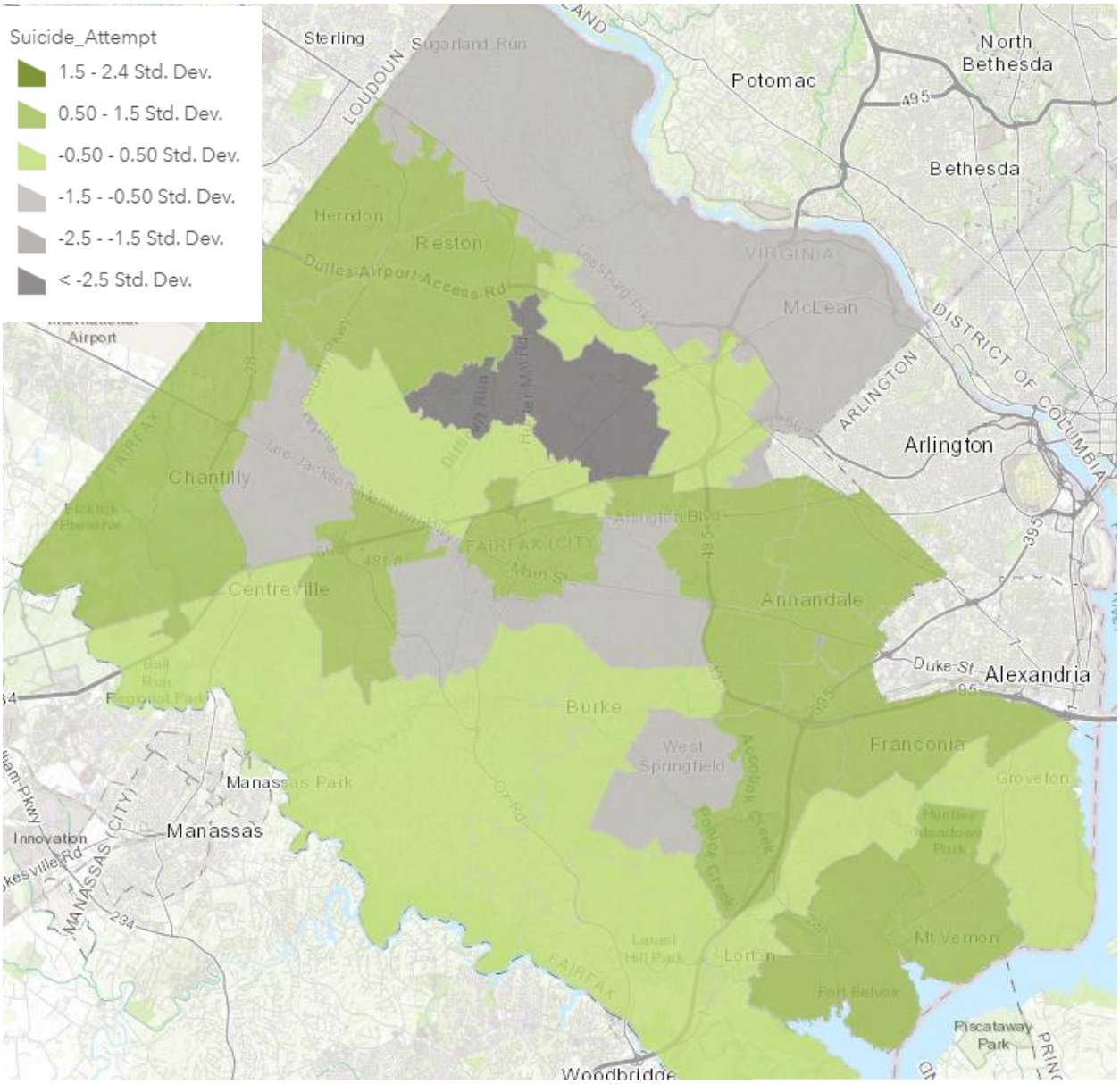
Alexandria
Yorkshire
Burke
Bull Run
Springfield
Franconia
Manassas Park
Groveton
Manassas
Newington
Mt Vernon
Lorton
Oakridge Estates
Arlington
ARLINGTON


Suicide_Attempt
1.5 - 2.4 Std. Dev.
0.50 - 1.5 Std. Dev.
-0.50 - 0.50 Std. Dev.
-1.5 - -0.50 Std. Dev.
-2.5 - -1.5 Std. Dev.
< -2.5 Std. Dev.
Sterling
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Herndon
Reston
VIRGINIA
McLean
DISTRICT OF COLUMBIA
ARLINGTON
Arlington
Chantilly
FAIRFAX (CITY)
Centreville
Annandale
Alexandria
Burke
West Springfield
Franconia
Groveton
Manassas Park
Manassas
Innovation
Mt Vernon
Fort Belvoir
Piscataway Park
Woodbridge

Mental Health Measures

Variable	*Item Text*	*Measure Description*
High Stress	On a scale of 1 to 10, where 1 means little or no stress and 10 means a great deal of stress, how would you rate your average level of stress during the past month?	Percent responding 8, 9, or 10
Depressive Symptoms	During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?	Percent responding "yes"
Suicidal Ideation	During the past 12 months, did you ever seriously consider attempting suicide?	Percent responding "yes"
Suicide Attempt	During the past 12 months, how many times did you actually attempt suicide?	Percent responding "1 time" or more

Behavioral Health Issues: Suicidal Ideation and Behavior

Analysis of Visits to Emergency Departments in the Fairfax Health District for Suicidal Ideation and/or Suicide Attempts

Completed by René F. Najera, MPH, DrPH; Substance Use and Mental Health Program Manager, Division of Epidemiology and Population Health, Fairfax County Health Department; rene.najera@fairfaxcounty.gov

We analyzed data extracted from the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) for visits to emergency departments in the Fairfax Health District occurring between January 1, 2010, and December 31, 2019. A total of 23,068 visits were reported in that time periods. Of those, 5,254 visits were repeat visits by 2,505 individuals. What follows is an analysis of the data extract, and it should be considered preliminary and subject to change as there are instances where records can be updated after the fact.

Data Extract

We used the Virginia Department of Health ESSENCE portal online to extract a comma-separated values file consisting of visits occurring between January 1, 2010, and December 31, 2019. The query used extracted records where the chief complaints section included any of the words "Suicide" or "Suicidal." We also extracted records where the ICD-9 or ICD-10 diagnostic codes included R45.851 (), R45.85(), or v62.84(). During a previous analysis of ESSENCE data, we found that misspellings of "Suicide" or "Suicidal" were common and included simple variations on those words into our query.

Demographics

Our analysis of the data showed that there was a substantial proportion of visits for which race and ethnicity were not available. Of the 23,068 records extracted, 4,393 (19%) records showed "No Race" and 348 (1.5%) records showed "Unknown" in the race field. Age data was complete for all records and is summarized below. A total of 10,320 (45%) of visits extracted were for male patients.

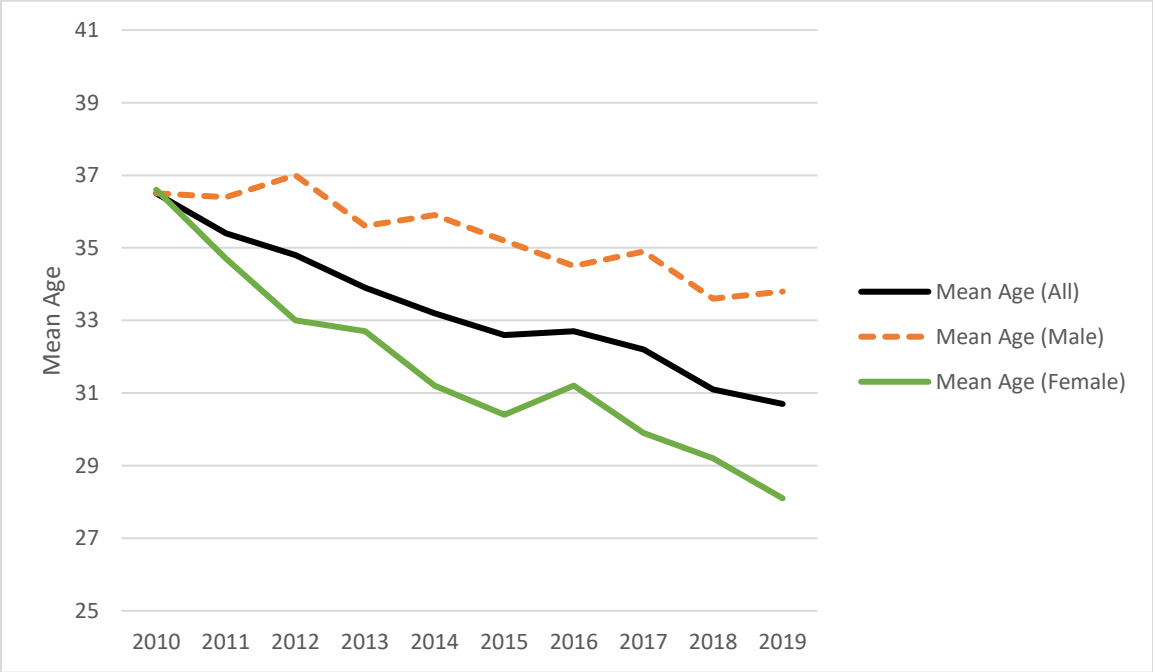
Race	N (%)
American Indian or Alaska Native	101 (0.4)
Asian	1,112 (4.8)
Black or African American	3,110 (13.5)
Middle Eastern or North African	221 (1.0)
Native Hawaiian	22 (0.1)
No Race	4,393 (19.0)
Other Race	2,774 (12.0)
Unknown Race	348 (1.5)
White	10,987 (47.6)

Table 1. Number and proportion of reported visits to emergency departments in Fairfax County for suicidal ideation and/or attempted suicide by race, 2010 to 2019.

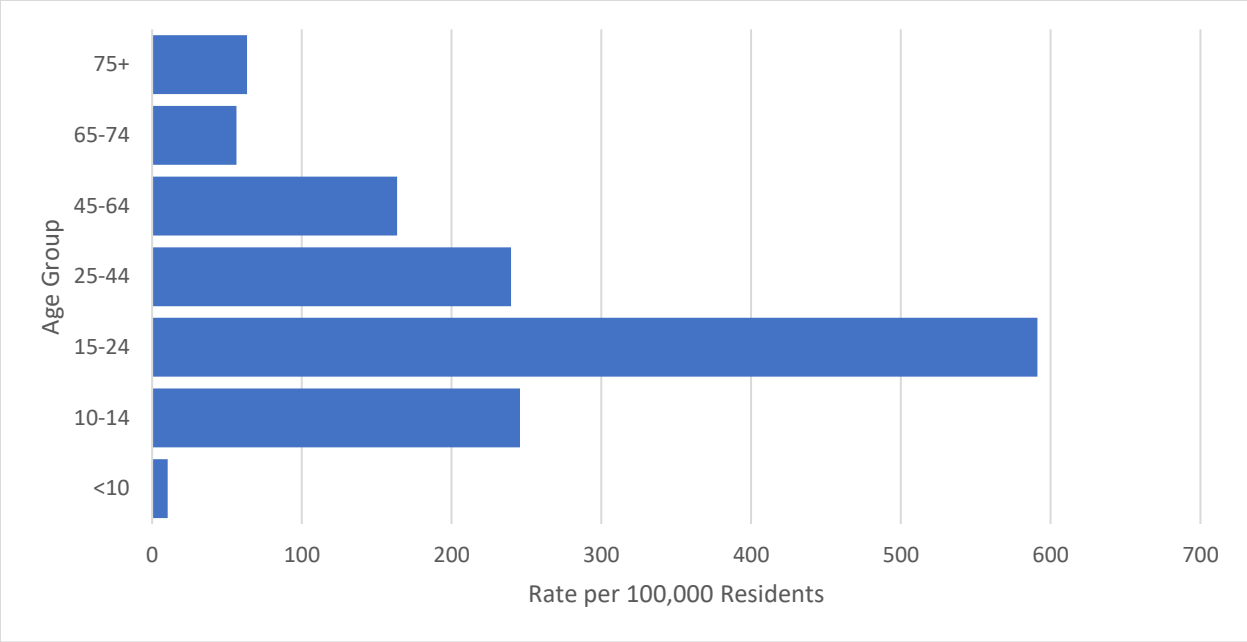
Age Group	N (%)
<10	151 (0.7)
10-14	1,777 (7.7)
15-24	7,542 (32.7)
25-44	7,754 (33.6)
45-64	5,012 (21.7)
65-74	494 (2.1)
75+	338 (1.5)

Table 2. Number and proportion of reported visits to emergency departments in Fairfax County for suicidal ideation and/or attempted suicide by age group, 2010 to 2019.

The range of age for the reported cases was 1 to 115 years. A total of 9,470 (31%) records were for patients aged 24 and under, with 151 (0.7%) for patients under ten years of age and 1,777 (7.7%) for patients ages ten to 14. Male patients had an average age of 35 years while female patients had an average age of 31 years. This difference in mean ages was statistically significant ($p < 0.001$). The mean age for all visits trended downward between 2010 and 2019. However, the downward trend was most influenced by female patients. Their average age in 2010 was 36.6 years and 28.1 years in 2019. This difference in downward trends between genders was significant as was the trend between 2013 and 2019 for all patients.

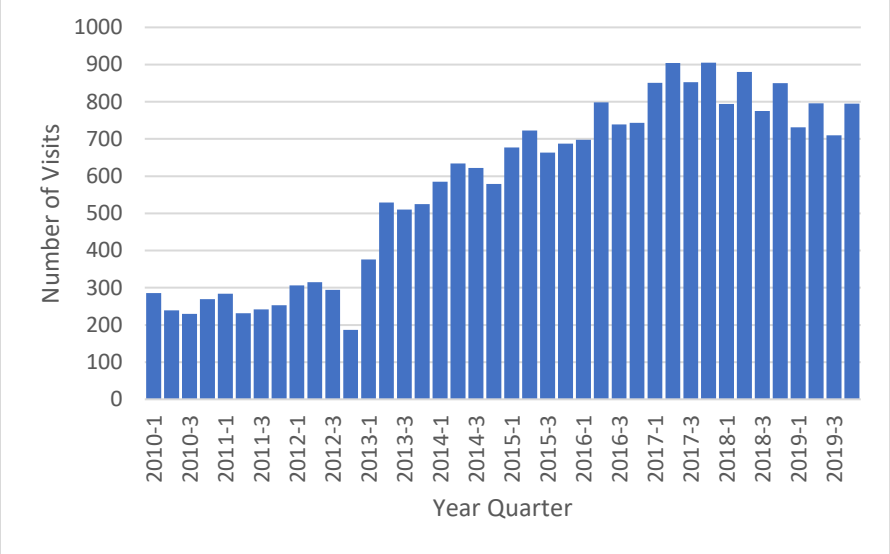


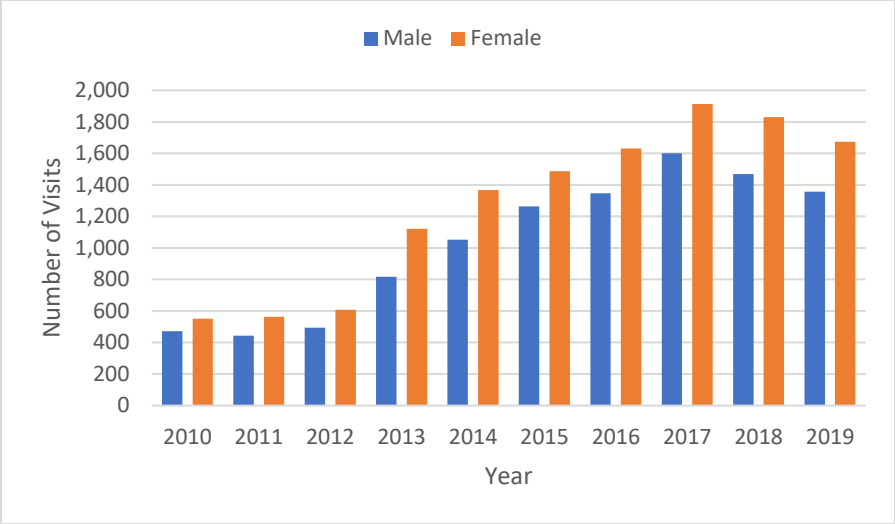
Adjusting for population, the 15-24 age group had the highest rate of visits per year per 100,000 residents, followed by the 10-14 and 25-44 age groups.

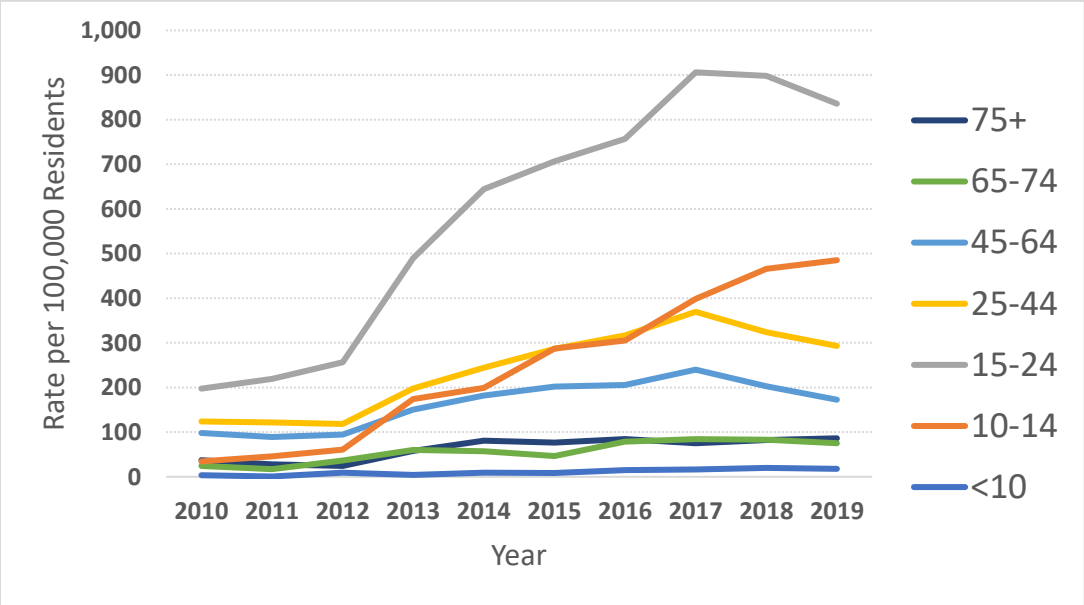


Temporal Analysis

The total number of visits increased significantly between 2012 and 2013 reaching a peak of 905 visits in the fourth quarter of 2017. That year, 3,513 visits were reported to ESSENCE. Most of the visits to emergency departments for suicidal ideation or suicide attempts were by female patients throughout the study period.



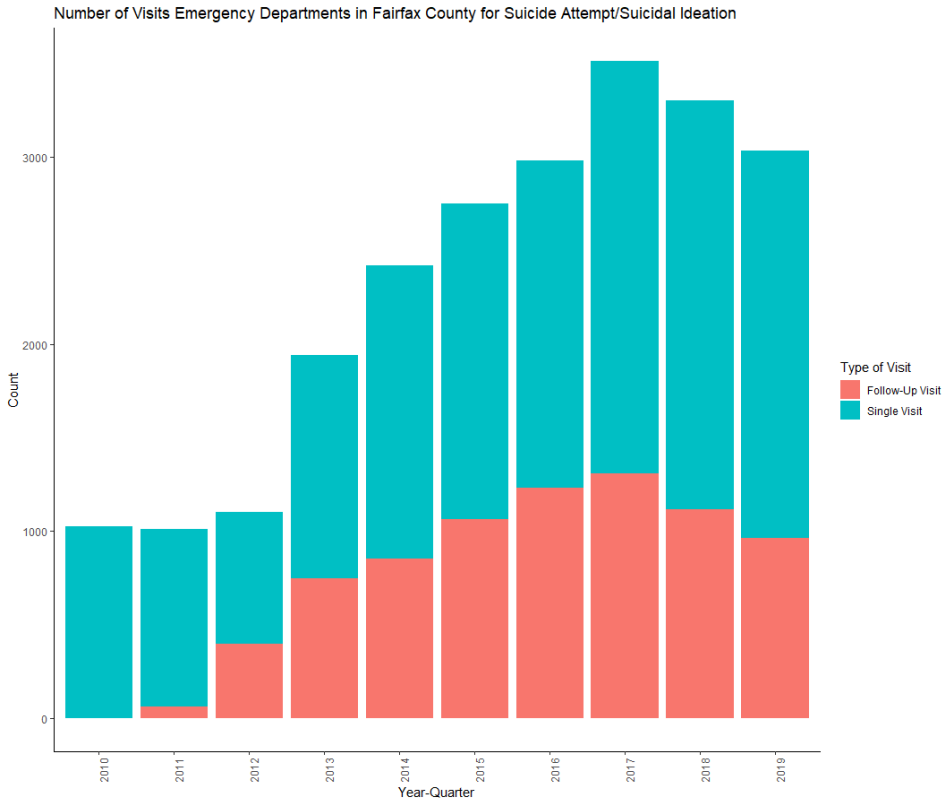




When analyzing the number of visits to emergency departments for suicide/suicidal ideation and accounting for differences in population sizes, we found that the 15 to 24 age group consistently had the highest rate of visits in the study period. That group also exhibited the most prominent increase in rate starting in 2012, peaking at around 900 visits per 100,000 residents in 2017 and 2018. For 2019, the 15 to 24 age group, the 25 to 44 age group and the 45 to 64 age group all showed a decline in rates from previous years. However, the 10 to 14 age group showed a continued increase from previous years, rising to the second highest rate in 2017 and staying at that position through 2019.

Repeated Visits

A total of 2,505 individuals visited an emergency department in Fairfax County more than once for suicidal ideation or suicide attempt, accounting for 5,254 visits. In that group, the average number of visits was 3 visits over the ten-year period, with a minimum of 2 visits and a maximum of 69 visits. Like in the whole group, men were older on average than women, while women accounted for more of the repeat visits than men. Each year from 2011 to 1017, the proportion of visits that were repeat or subsequent visits by persons who had been previously seen increased. In 2018 and then again in 2019, the proportion of total visits that were repeat or subsequent visits decreased.



Further Analyses

There are a number of further analyses that will be done in order to better understand these data:

- Breakdown of visits by sex and race/ethnicity and age group.
    - Race and ethnicity data in ESSENCE are based on self-identification and may not always reflect the correct information given by the patient if the patient is not able to communicate.
- Breakdown of some of the "chief complaints."
    - Chief complaints are free-text comments given by the patients and recorded by emergency department staff. As a result, complaints that may indicate suicidal ideation may not be recorded or, conversely, complaints may be misunderstood as exhibiting a suicidal ideation.
- Statistical analysis of trends
    - Although we are dealing with a rather large sample size, it is still necessary to use a trend analysis to understand trends, especially given the recent apparent decrease in 2018 and 2019.
- A full literature review on the usefulness of surveillance systems like ESSENCE in identifying the burden of suicidal ideation and suicide attempts on the community.

Behavioral Health Issues: Substance Abuse

Substance Use Indicators

Completed by Jesse Ellis; Prevention Manager, Prevention Unit, Fairfax County Department of Neighborhood and Community Services; jesse.ellis@fairfaxcounty.gov

Overview

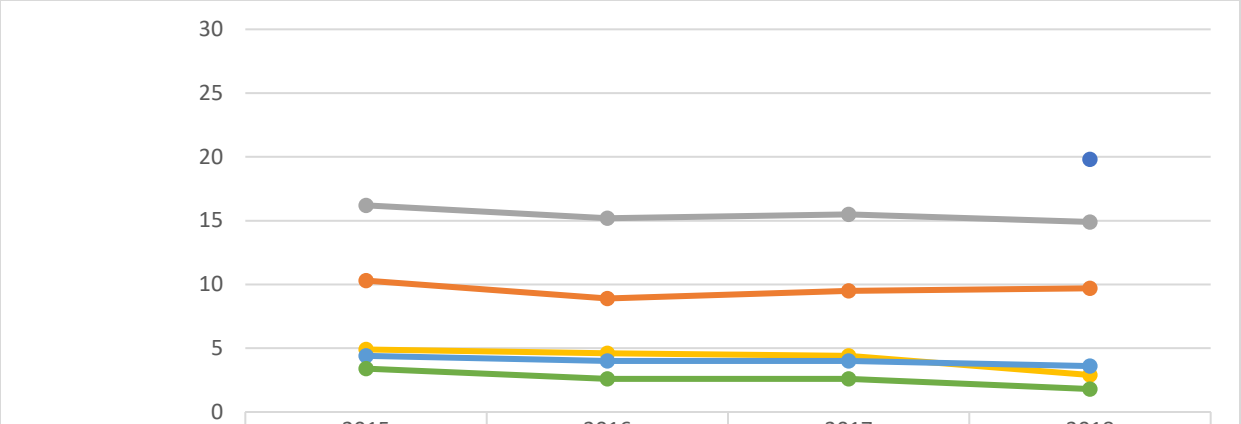
Use of several of the most common substances, including alcohol, cigarettes, and prescription drugs, are at all-time lows and appear to continue to decline. Marijuana use, however, has remained flat, at about 10 percent. And about one in five students reports vaping.

Disparities

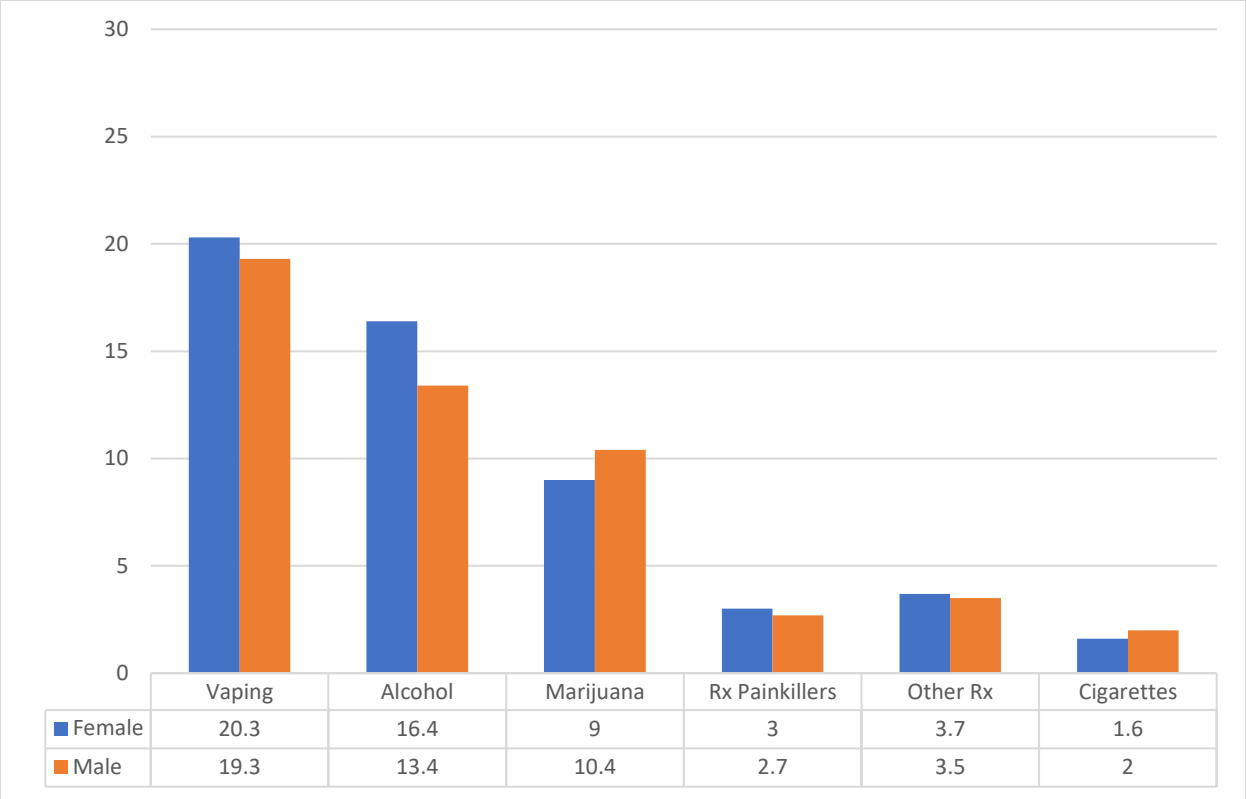
Vaping and alcohol use are most common among White and Hispanic youth. Students in the Langley and Madison pyramids are more likely to report using other (i.e., non-painkiller) prescription drugs (without a doctor's order) than their peers.

Implications

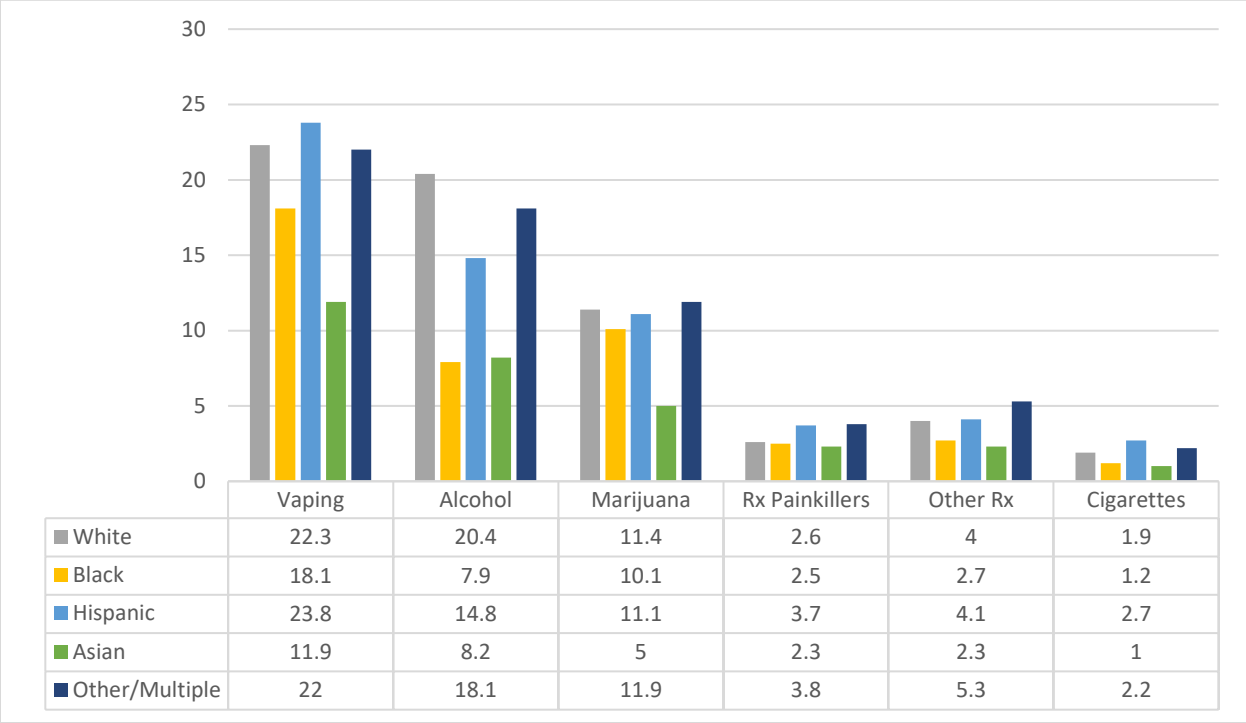
As cultural norms, laws, and delivery methods regarding marijuana use continue to change, it will be critical to maintain relevant education and monitoring of trends. Vaping's prevalence and rapid emergence requires a focused comprehensive prevention and intervention approach.



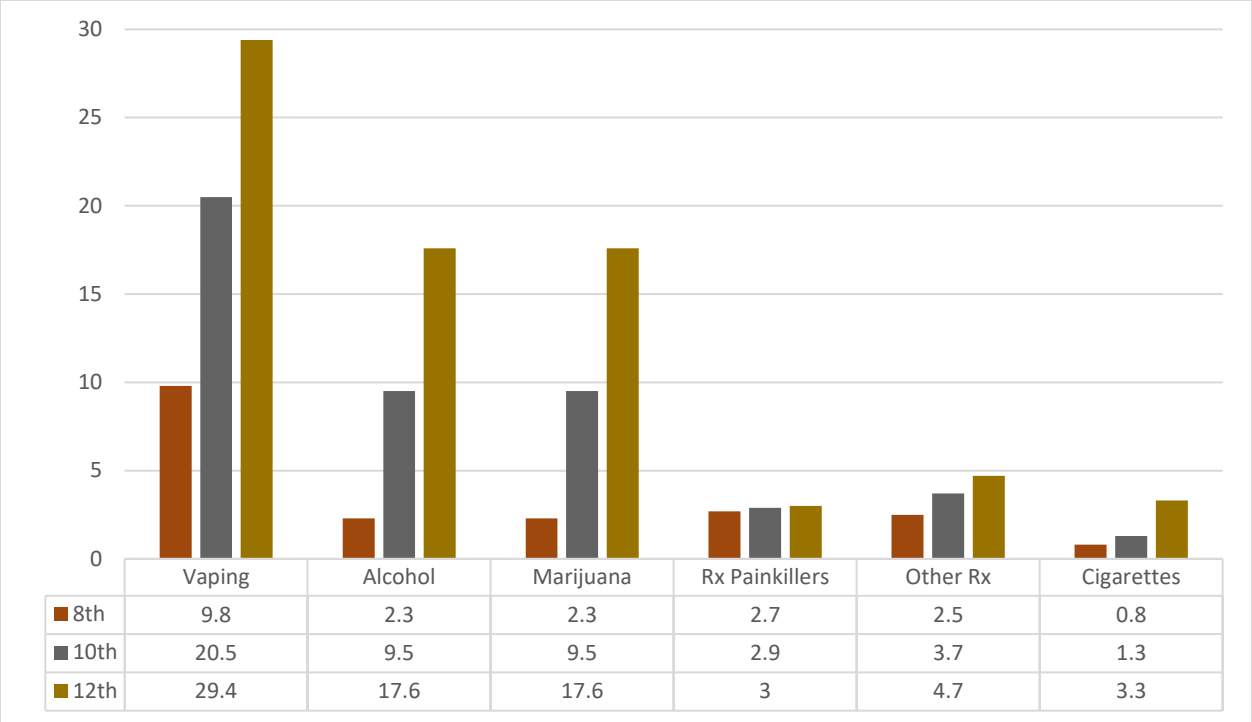
	2015	2016	2017	2018
Vaping				19.8
Marijuana	10.3	8.9	9.5	9.7
Alcohol	16.2	15.2	15.5	14.9
Rx Painkillers	4.9	4.6	4.4	2.9
Other Rx	4.4	4	4	3.6
Cigarettes	3.4	2.6	2.6	1.8



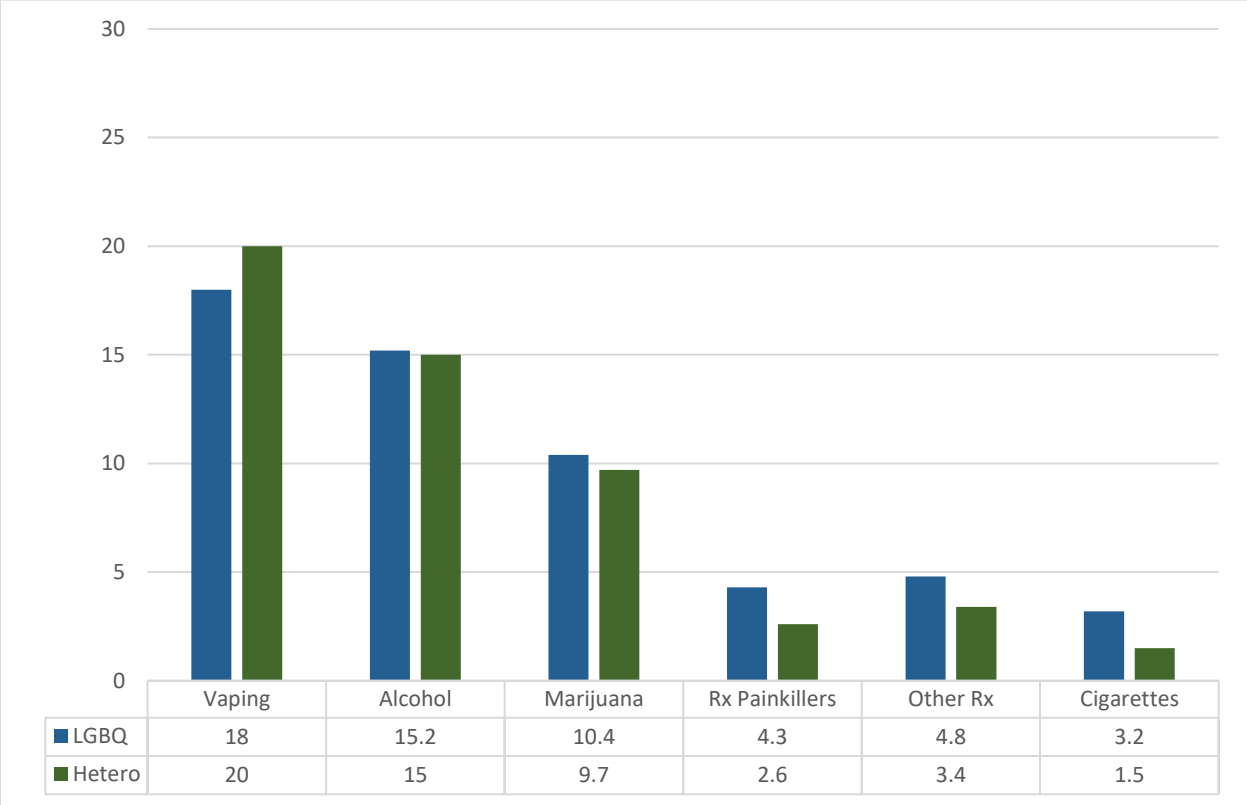
	Vaping	Alcohol	Marijuana	Rx Painkillers	Other Rx	Cigarettes
Female	20.3	16.4	9	3	3.7	1.6
Male	19.3	13.4	10.4	2.7	3.5	2



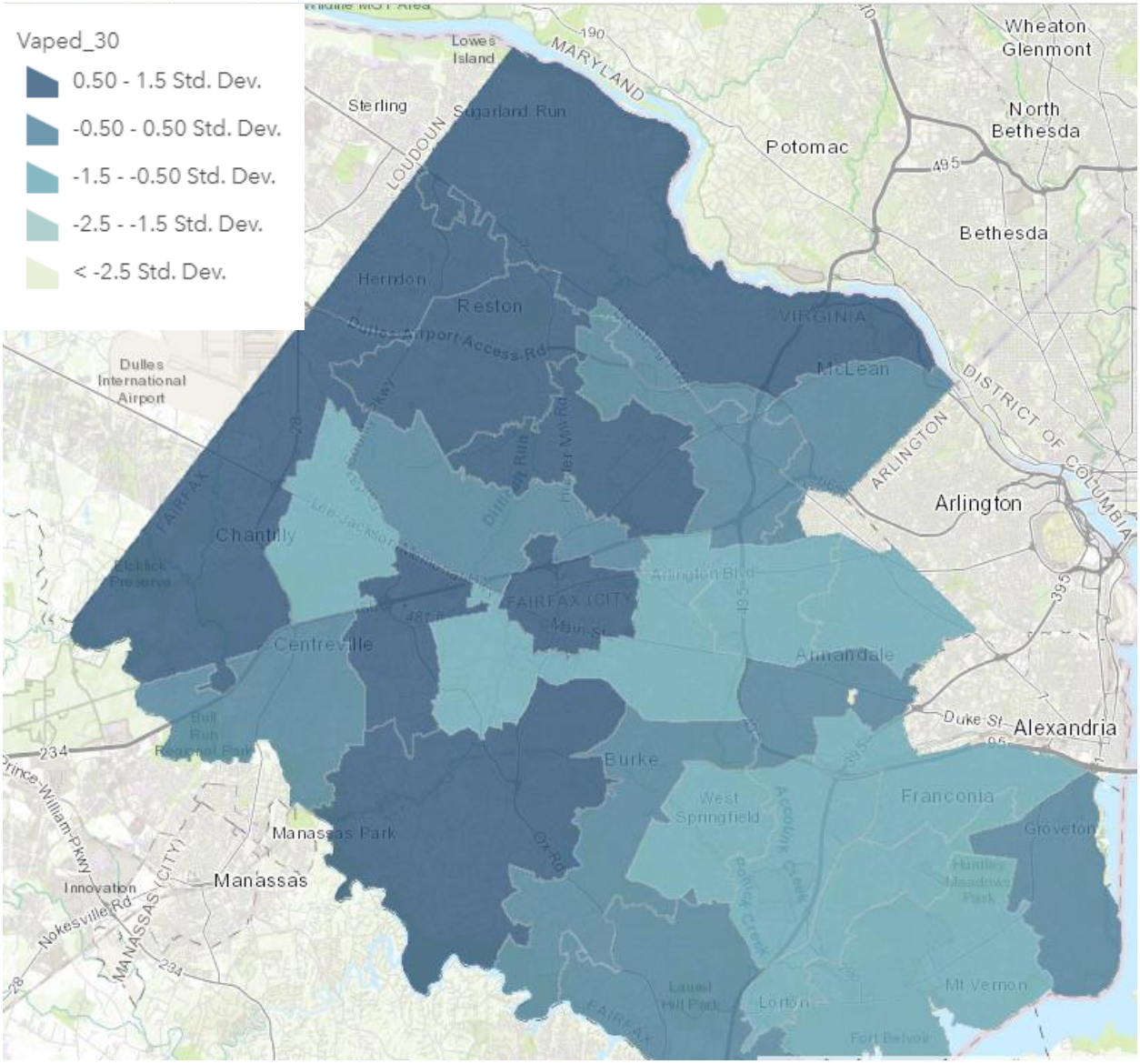
	Vaping	Alcohol	Marijuana	Rx Painkillers	Other Rx	Cigarettes
White	22.3	20.4	11.4	2.6	4	1.9
Black	18.1	7.9	10.1	2.5	2.7	1.2
Hispanic	23.8	14.8	11.1	3.7	4.1	2.7
Asian	11.9	8.2	5	2.3	2.3	1
Other/Multiple	22	18.1	11.9	3.8	5.3	2.2



	Vaping	Alcohol	Marijuana	Rx Painkillers	Other Rx	Cigarettes
8th	9.8	2.3	2.3	2.7	2.5	0.8
10th	20.5	9.5	9.5	2.9	3.7	1.3
12th	29.4	17.6	17.6	3	4.7	3.3



	Vaping	Alcohol	Marijuana	Rx Painkillers	Other Rx	Cigarettes
LGBQ	18	15.2	10.4	4.3	4.8	3.2
Hetero	20	15	9.7	2.6	3.4	1.5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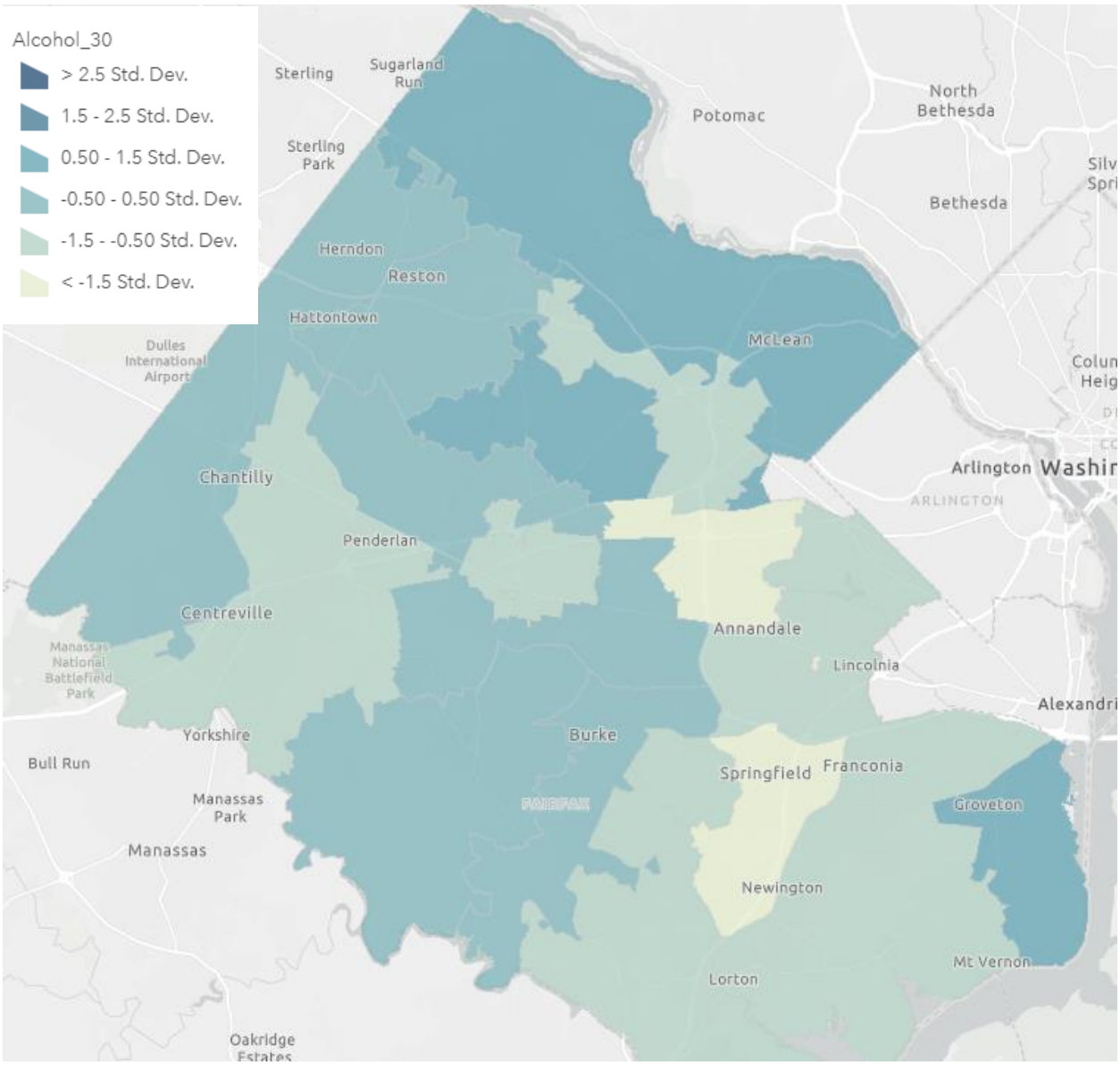
-1.5 - -0.50 Std. Dev.
-2.5 - -1.5 Std. Dev.
< -2.5 Std. Dev.
Lowes Island
Sterling
Sugarland Run
Potomac
Wheaton Glenmont
North Bethesda
Bethesda
Herndon
Reston
VIRGINIA
McLean
Dulles International Airport
Dulles Airport Access Rd
Chantilly
ARLINGTON
Arlington
DISTRICT OF COLUMBIA
FAIRFAX (CITY)
Centreville
Annandale
Alexandria
Duke St
Burke
West Springfield
Franconia
Groveton
Manassas Park
Manassas
Innovation
Mt Vernon
Lorton
Fort Belvoir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0.50 - 1.5 Std. Dev.
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-1.5 - -0.50 Std. Dev.
< -1.5 Std. Dev.
Sterling
Sugarland Run
Potomac
North Bethesda
Sterling Park
Bethesda
Herndon
Reston
Hattontown
McLean
Dulles International Airport
Chantilly
Arlington
ARLINGTON
Penderlan
Centreville
Annandale
Manassas National Battlefield Park
Lincolnia
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Bull Run
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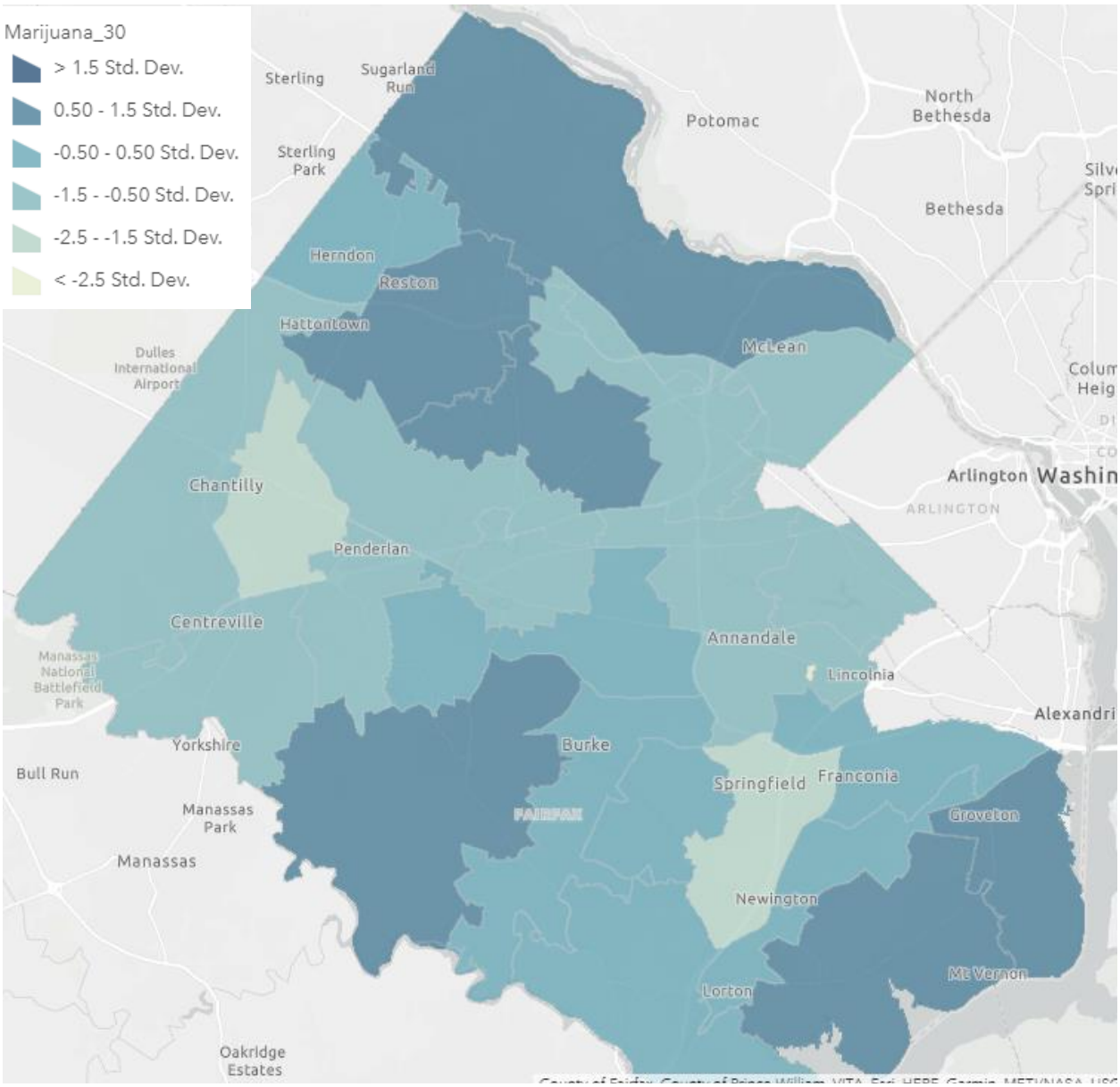
Manassas
Newington
Mt Vernon
Lorton
Oakridge Estates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< -2.5 Std. Dev.
Sterling
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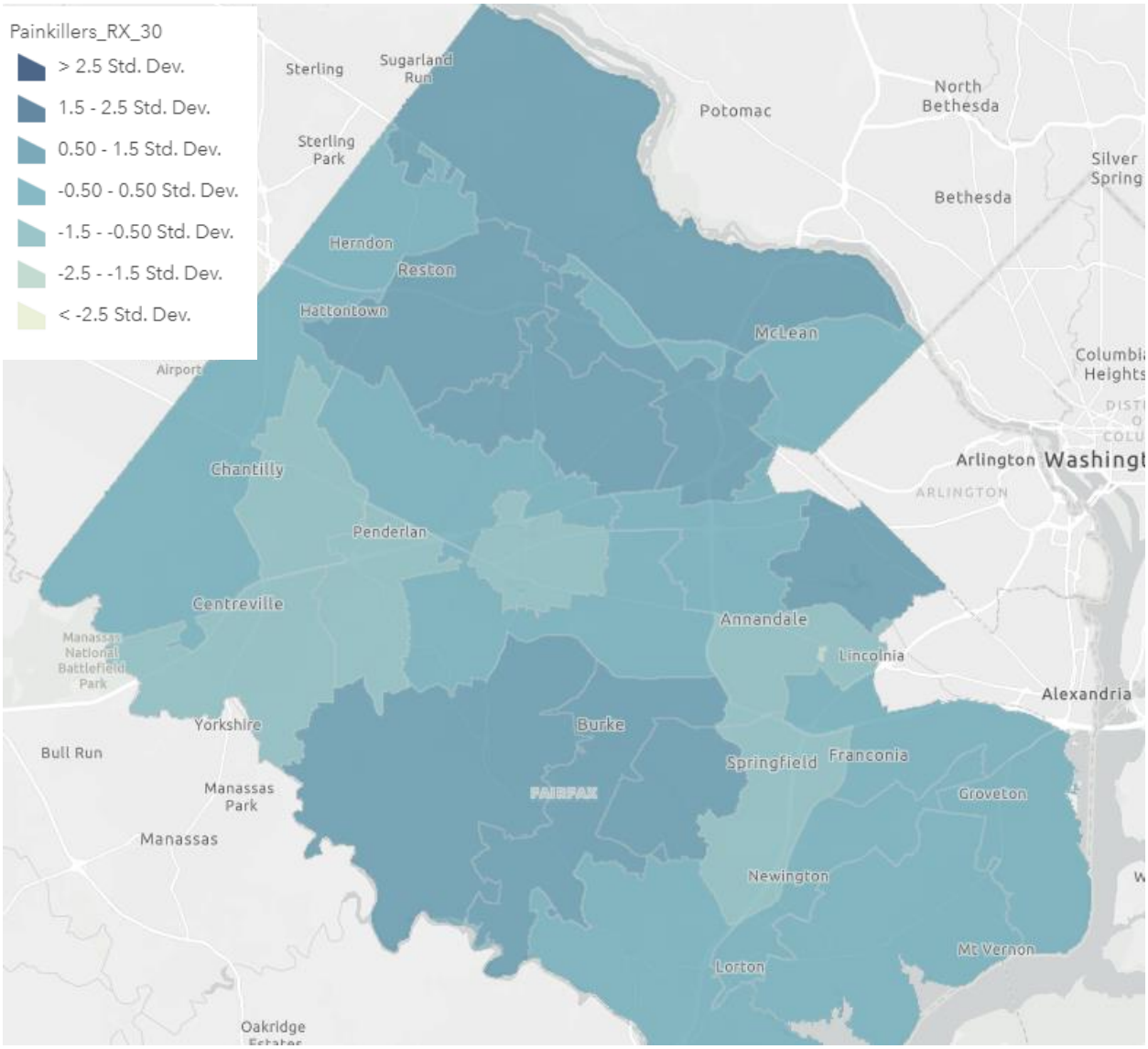
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-1.5 - -0.50 Std. Dev.
-2.5 - -1.5 Std. Dev.
< -2.5 Std. Dev.
Sterling
Sugarland Run
Potomac
North Bethesda
Sterling Park
Silver Spring
Bethesda
Herndon
Reston
Hattontown
McLean
Airport
Chantilly
Arlington
ARLINGTON
Penderlan
Centreville
Annandale
Manassas National Battlefield Park
Lincolnia
Alexandria
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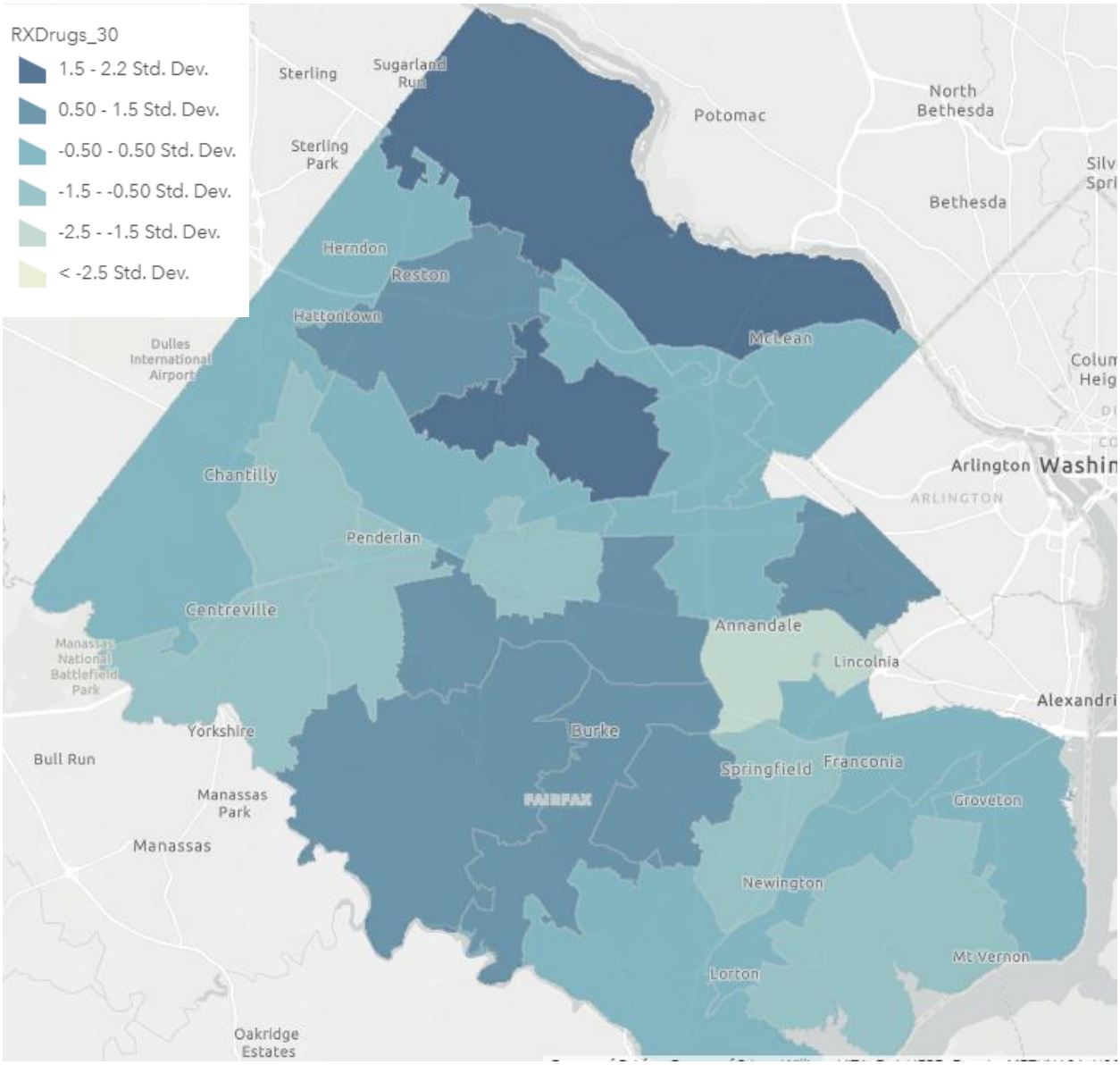
Lorton
Oakridge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-2.5 - -1.5 Std. Dev.
< -2.5 Std. Dev.
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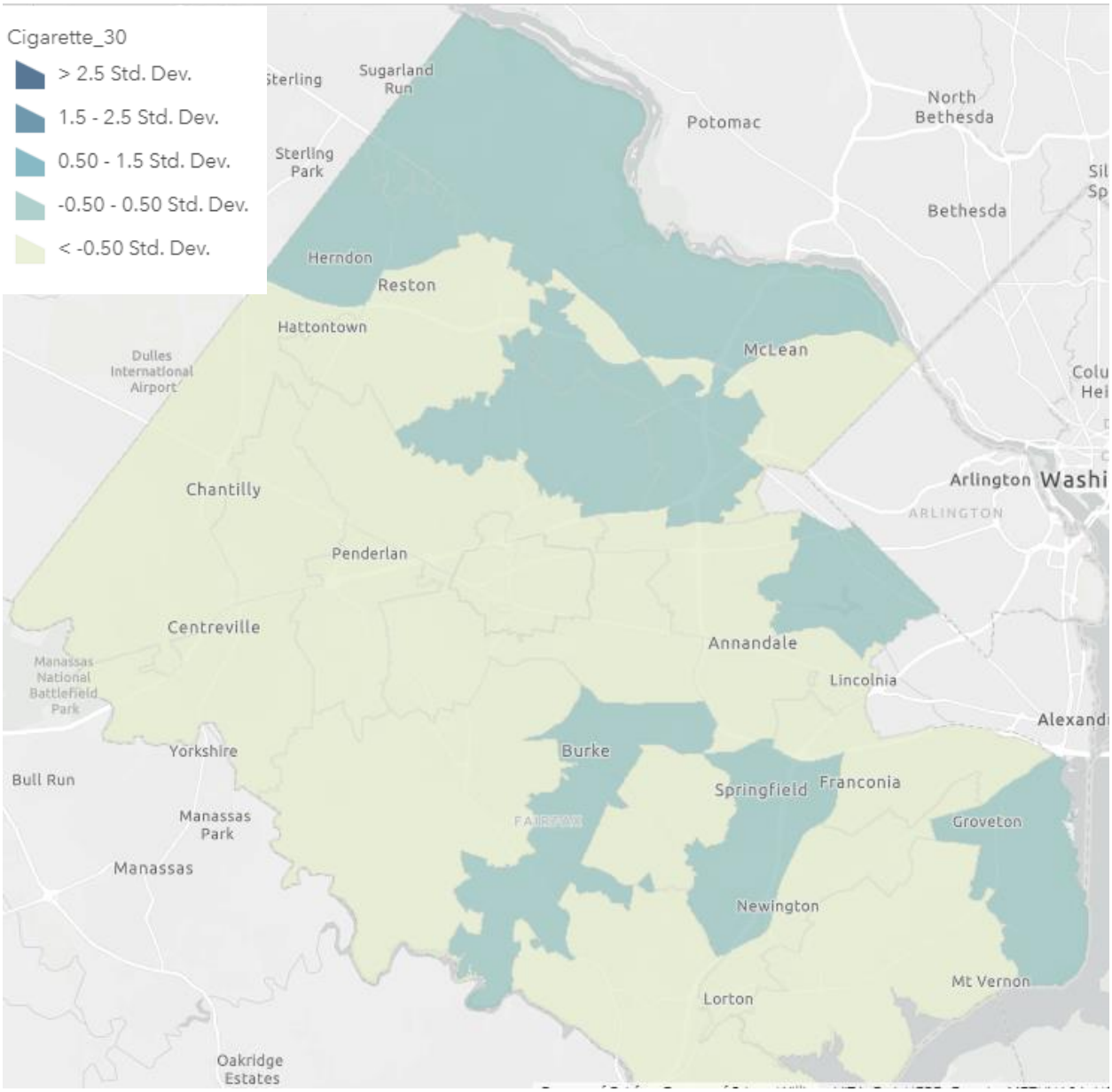
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Sterling
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North Bethesda
Sterling Park
Bethesda
Herndon
Reston
Hattontown
McLean
Dulles International Airport
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Manassas National Battlefield Park
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Manassas Park
Groveton
Manassas
Newington
Mt Vernon
Lorton
Oakridge Estates

Behavioral Health Issues: Complex and High-Risk Behaviors

Complex and High-Risk Behavioral Health Issues

Completed by Jim Gillespie; CSB Child, Youth and Family Services Director & Healthy Minds Fairfax Director, Fairfax-Falls Church Community Services Board & Fairfax County Department of Family Services; james.gillespie@fairfaxcounty.gov

Overview

This analysis focuses the relatively small number of youth with conditions of such risk and complexity that restrictive placement is deemed necessary. Restrictive placements fall into three categories:

Temporary Detention Order (TDO)/Commitment: For youth at imminent risk to self or others due to mental health issues who require legal intervention to be hospitalized because they do not agree to voluntary placement. Hospitalization is a very short term (nearly always two weeks or less) and very restrictive ("locked") intervention.

Commonwealth Center for Children and Adolescents (CCCA): CCCA is the state hospital that accepts children and youth who have been TDO'd or committed but not accepted by private hospitals. These are generally the most high-risk and complex of the youth who are TDO's or committed. Several years ago lengths of stay of 30-60 days or longer were not uncommon, but current length of stay is comparable to private hospitals, two weeks or less.

Residential Placement: Psychiatric residential or group home placement is for children and youth with complex and high-risk issues which are not imminent but are severe and difficult to address in the community. Several years ago, lengths of stay of a year or more were common, but it is now typically six months or less.

FY 2018 saw a spike in both TDOs and CCCA admissions, which continued through FY 2019. According to CSB Emergency Services staff, no legislative or policy changes took place that might explain the increase. The opening of the Merrifield Center in 2016 and subsequent publicity about availability of walk-in and emergency services may have contributed to the increase. During the same period, private residential placements continued a steady decline that began about FY 2010, when on average over 150 youth were placed. This was consistent with a statewide trend of decreasing residential placements. The CSB's two directly operated residential programs closed in FY 2015. The number of private residential placements increase in FY 2020 from an all time low of 34 on June 30, 2019 to 44 on December 31, 2019.

Disparities

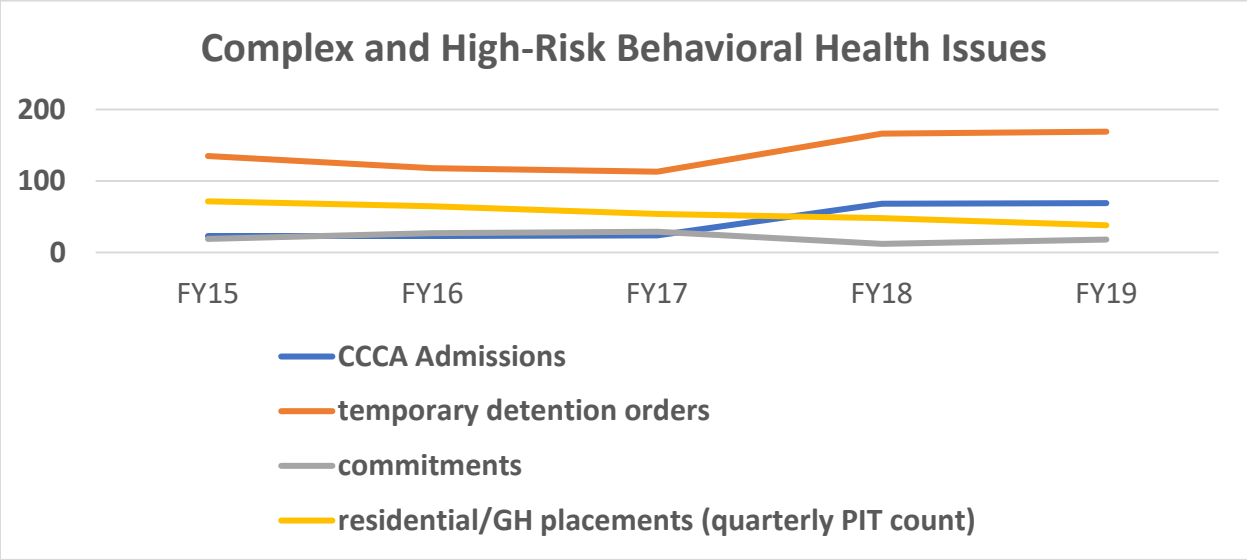
Disaggregating this data would be difficult, if not impossible. The disaggregated data could be requested from each data source if we determine that the additional information would be useful.

Implications

The obvious question raised by this data is whether the county's reduced use of long-term residential placement is resulting in more youth with complex and high-risk conditions remaining in the community and requiring short-term hospitalizations when in crisis. While sometimes necessary, hospitalization is not the preferred response to crisis, because it teaches youth that they cannot handle strong emotions without external controls. Each hospitalization makes the next one more likely.

Over the past decade the reduction in residential placements has been dramatic. Has it reached the point that youth who would in the past have been placed residentially are now instead being served through involuntary hospitalization?
Further Questions:

- Average residential length of stay has been decreasing along with the average census. Are fewer youth being placed residentially, or are a similar number being placed but for a shorter duration? Comparing annual aggregate counts of youth placed should answer that question.
- Can it be determined how many youth are being TDO'd in the weeks or months after residential discharge and if so how frequently?
- Was the spike in TDOs driven by an increased number of youth TDO's, or by the same youth being TDO'd multiple times?



	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
CCCA Admissions	23	23	24	68	69
Temporary Detention Orders	135	118	113	166	169
Commitments	19	27	29	12	18
Residential Placements (quarterly PIT count)	71.5	64.5	54	48	38

FY 2020 CCCA Admissions through September 30, 2019: 12
FY 2019 CCCA Admissions through September 30, 2018: 14
FY 2020 Residential Placements
September 30, 2019: 43
December 31, 2019: 44

Risk Factors: Bullying

An analysis of risk factors known to be associated with
the development of mental health and substance use problems

Bullying

Completed by Nicole Beadles, PhD, NCSP; Academic Program Coordinator, School Psychology Program, College of Education and Human Development, George Mason University; nbeadles@gmu.edu

Overview

Bullying in school has decreased over the past four years. This includes bullying others through traditional means, as well as through electronic media (cyberbullying). Similarly, reports of being bullied (traditional and cyber) have decreased. More students report being bullied than engaging in bullying behavior themselves, and this is consistent across race, gender, grade, and sexual orientation. Bullying behavior, and the experience of being bullied, decreases from 8th to 12th grade.

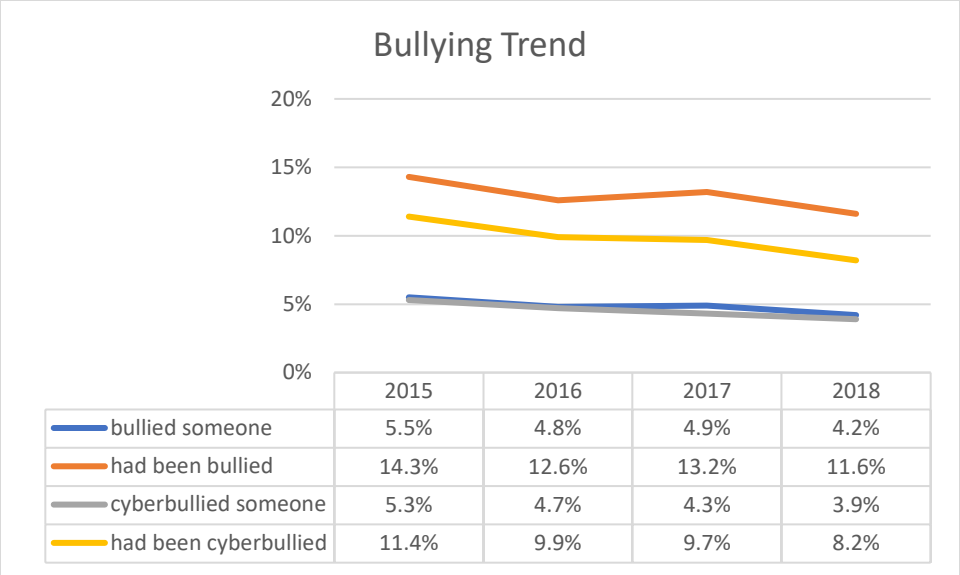
Disparities

Students who identify as "other" or "multiracial" report being bullied and cyberbullied more than students of all other ethnicities. There was little difference across other ethnicities regarding having been bullied. Students who identify as Black and Hispanic report engaging in more bullying than students of other ethnicities. More males than females tend to bully (traditional and cyber), and more females than males report being cyberbullied. Significantly more students who identify as gay, lesbian, bisexual, or "not sure" report being bullied than heterosexual students. Additionally, a higher percentage of students who identify as gay or lesbian report bullying others, when compared to students of other sexual orientations.

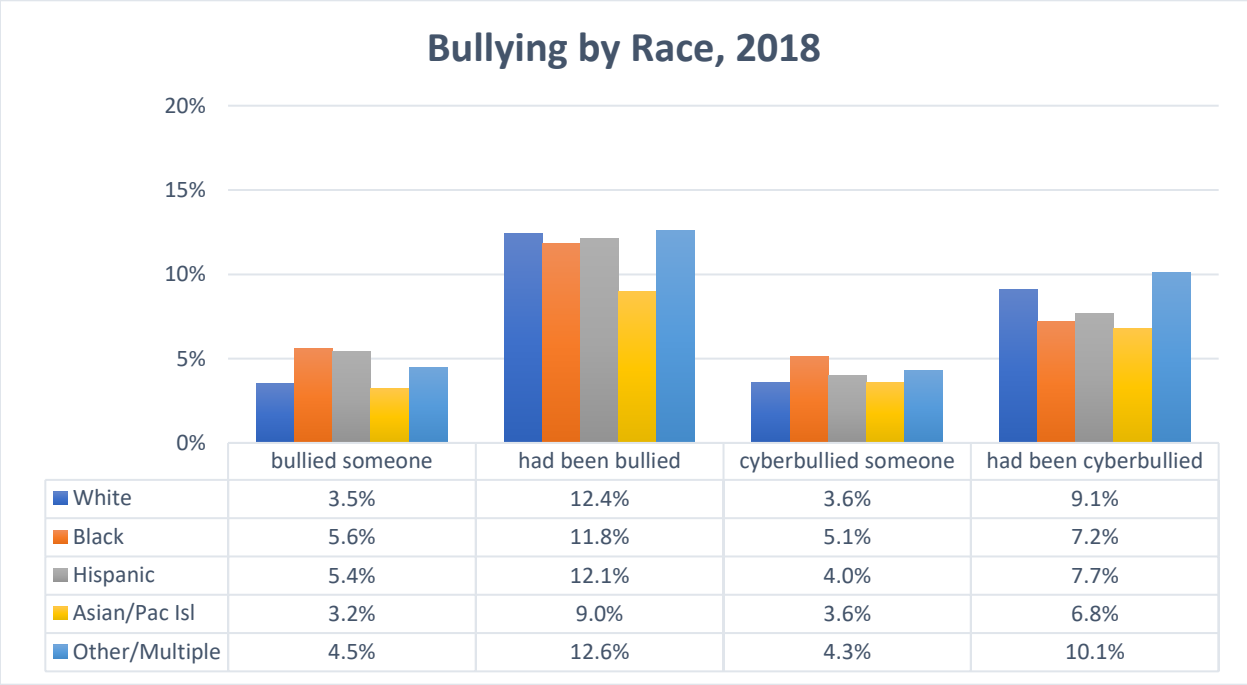
Implications

Consider examining factors that may have contributed to the reduction of bullying over the past four years. This may include tier one programs focusing on school climate, social emotional learning, or bullying specifically. Develop social emotional support systems for students who identify as gay, lesbian, bisexual, or "not sure." This could include gay straight alliance clubs in schools. Increase social emotional learning and PBIS across all schools, and prioritize schools that are ethnically and racially diverse that have high percentages of students of color.

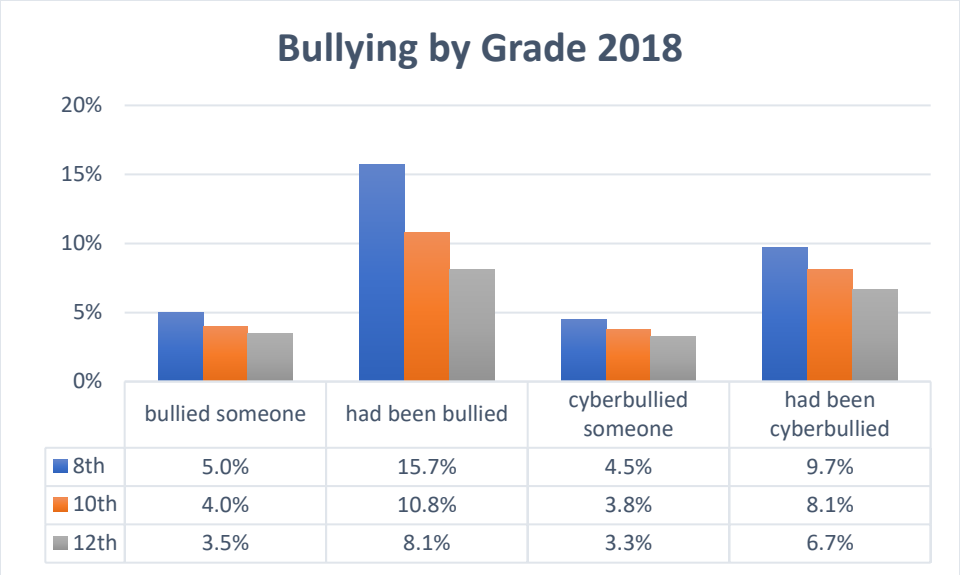
Take away message: Bullying has decreased overall over the past 4 years. Bullying decreases from grade 8 to grade 12. More males do the bullying, and more females are the victims (particularly of cyberbullying). Students who report being LGBQ face significantly more bullying than heterosexual students.



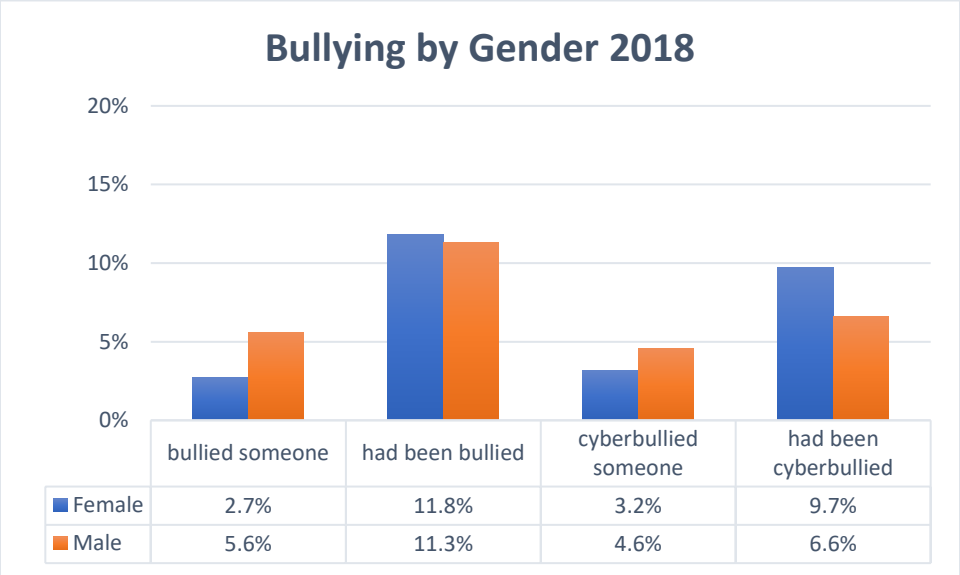
	2015	2016	2017	2018
bullied someone	5.5%	4.8%	4.9%	4.2%
had been bullied	14.3%	12.6%	13.2%	11.6%
cyberbullied someone	5.3%	4.7%	4.3%	3.9%
had been cyberbullied	11.4%	9.9%	9.7%	8.2%



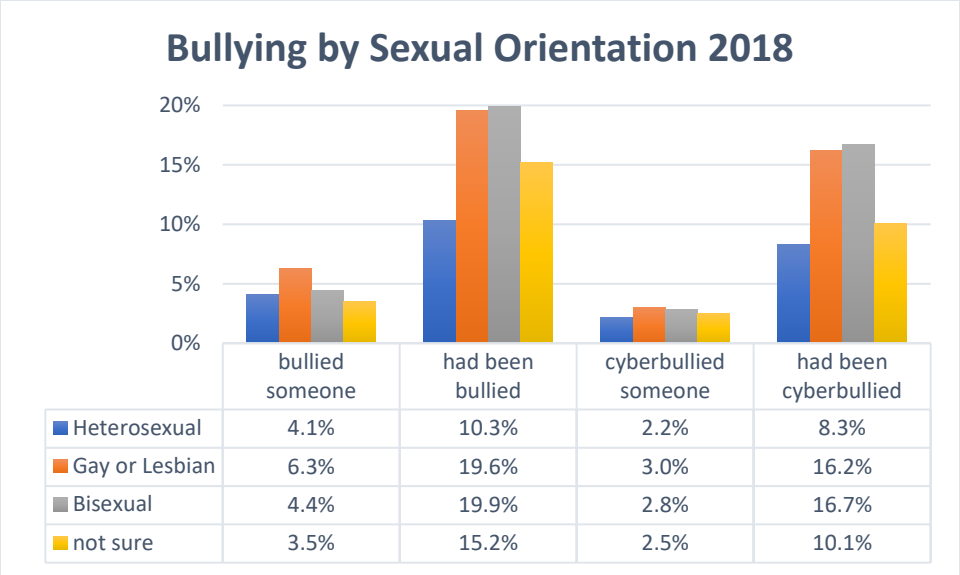
	bullied someone	had been bullied	cyberbullied someone	had been cyberbullied
White	3.5%	12.4%	3.6%	9.1%
Black	5.6%	11.8%	5.1%	7.2%
Hispanic	5.4%	12.1%	4.0%	7.7%
Asian/Pac Isl	3.2%	9.0%	3.6%	6.8%
Other/Multiple	4.5%	12.6%	4.3%	10.1%



	bullied someone	had been bullied	cyberbullied someone	had been cyberbullied
8th	5.0%	15.7%	4.5%	9.7%
10th	4.0%	10.8%	3.8%	8.1%
12th	3.5%	8.1%	3.3%	6.7%

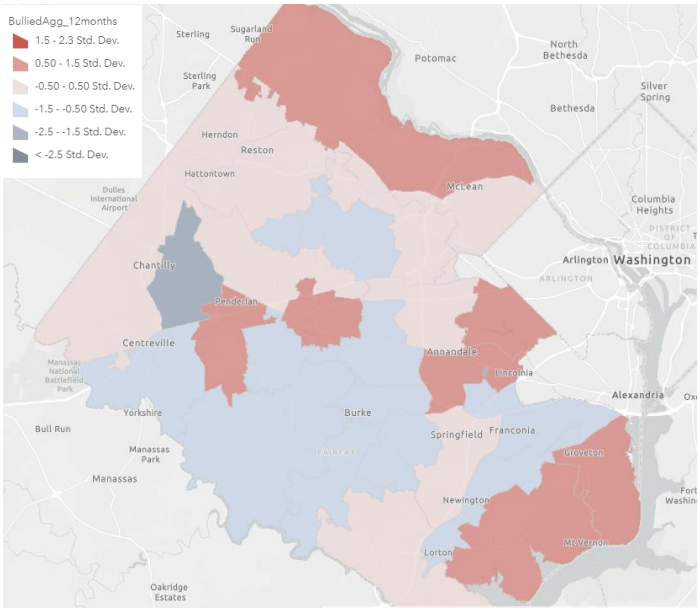


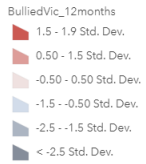
	bullied someone	had been bullied	cyberbullied someone	had been cyberbullied
Female	2.7%	11.8%	3.2%	9.7%
Male	5.6%	11.3%	4.6%	6.6%

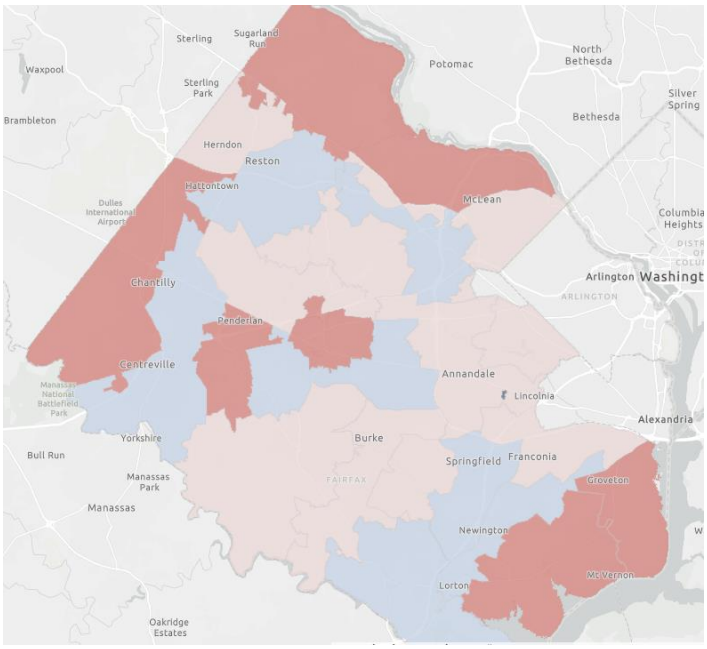


	bullied someone	had been bullied	cyberbullied someone	had been cyberbullied
Heterosexual	4.1%	10.3%	2.2%	8.3%
Gay or Lesbian	6.3%	19.6%	3.0%	16.2%
Bisexual	4.4%	19.9%	2.8%	16.7%
not sure	3.5%	15.2%	2.5%	10.1%

Bullying by Location – analysis??



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McLean
Columbia Heights
Chantilly
Arlington
Washingt
ARLINGTON
Pender
Centreville
Annandale
Lincolnia
Manassas National Battlefield Park
Alexandria
Yorkshire
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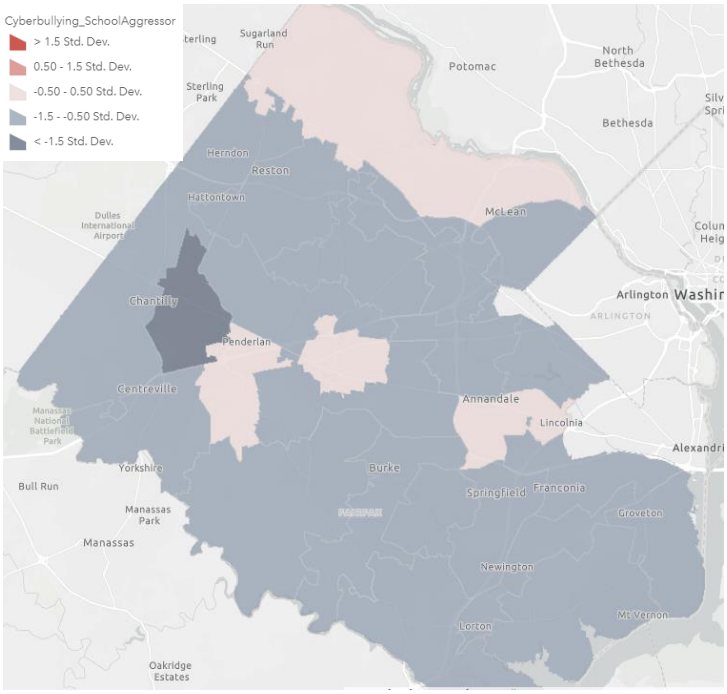
Newington
Mt Vernon
Lorton
Oakridge Estates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Sugarland Run
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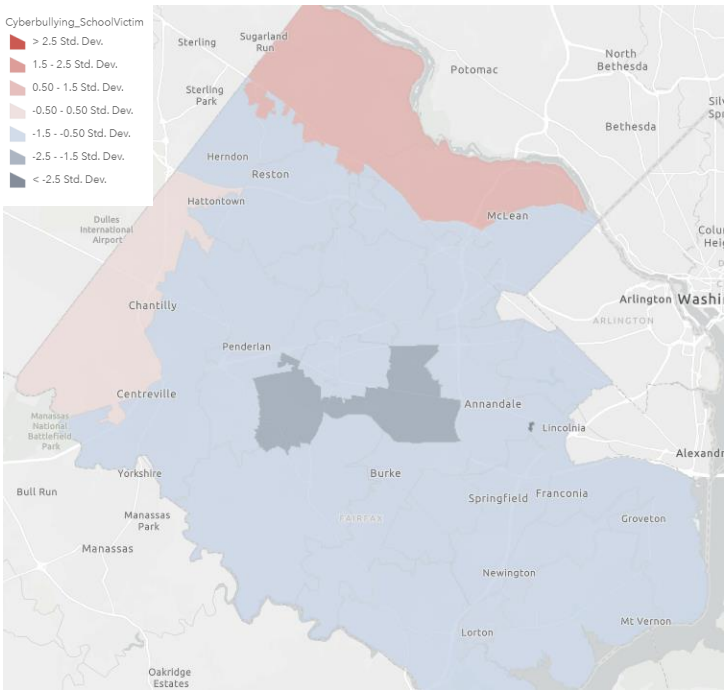
Cyberbullying_SchoolVictim
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1.5 - 2.5 Std. Dev.
0.50 - 1.5 Std. Dev.
-0.50 - 0.50 Std. Dev.
-1.5 - -0.50 Std. Dev.
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Bull Run
Manassas Park
Groveton
Manassas
Newington
Mt Vernon
Lorton
Oakridge Estates

Risk Factors: Dating Aggression

Dating Aggression

Completed by Nicole Beadles, PhD, NCSP; Academic Program Coordinator, School Psychology Program, College of Education and Human Development, George Mason University; nbeadles@gmu.edu

Overview

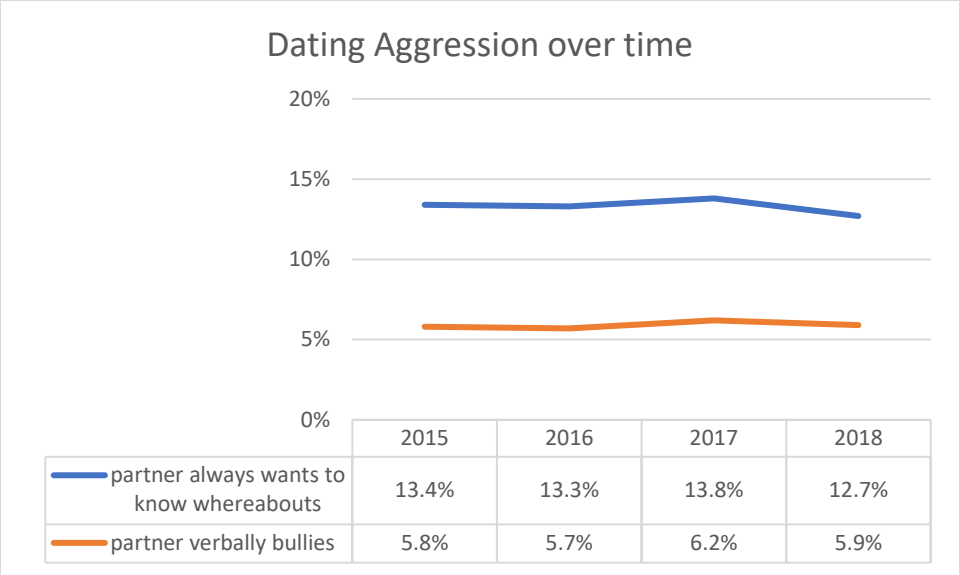
Overall rates of dating aggression have remained relatively flat over the past four years. Verbal bullying within relationships occurs less frequently than needing to always know the partner's whereabouts. While dating aggression appears to increase from 8th to 12th grade, this may be due to more students actually having partners when they reach higher grades, thus increasing the opportunities for dating aggression to occur.

Disparities

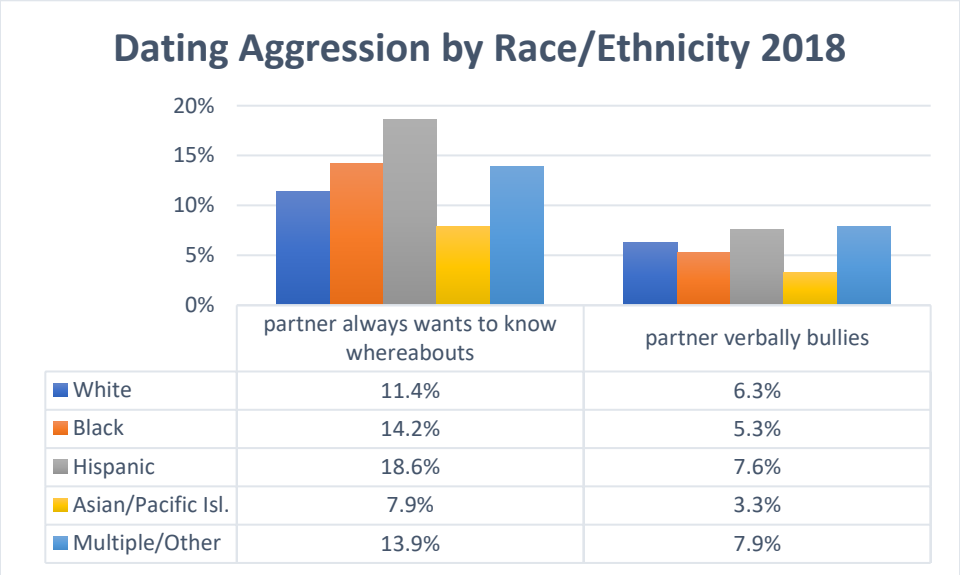
Across ethnicities, Hispanic students most frequently report having partners that want to know their whereabouts. Verbal aggression among partners occurs most frequently for students who identify as multiple or other ethnicities, followed by Hispanic students. About three percent more females experience verbal bullying when compared to males. Students who identify as bisexual experience the most dating aggression, with rates being at least four percentage points higher than the next closest group (gay or lesbian). In general, sexual minority and Hispanic students experience significantly more dating aggression than other groups of students.

Implications

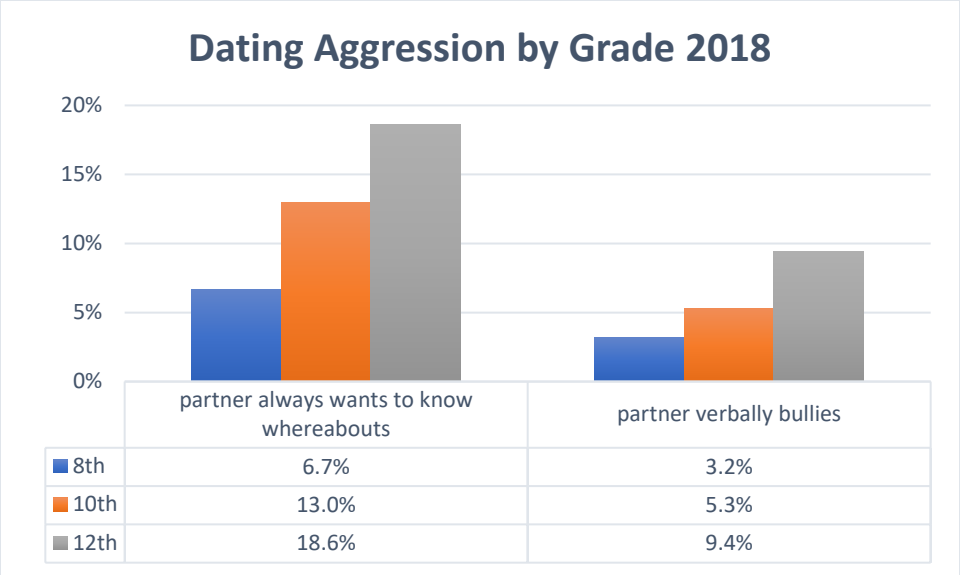
Take away message: Dating aggression has remained flat over the past 4 years. Up to 13% of students report experiencing some form of dating aggression. Students who identify as bisexual face significantly more dating aggression than heterosexual students. Females face more verbal bullying than males. Dating aggression increases from 8th to 12th grade.

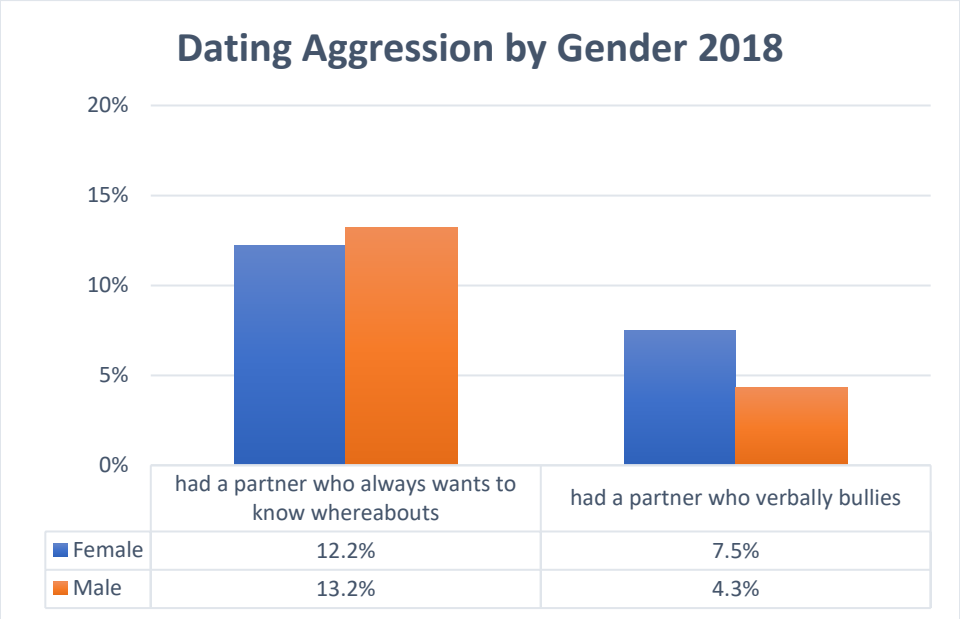


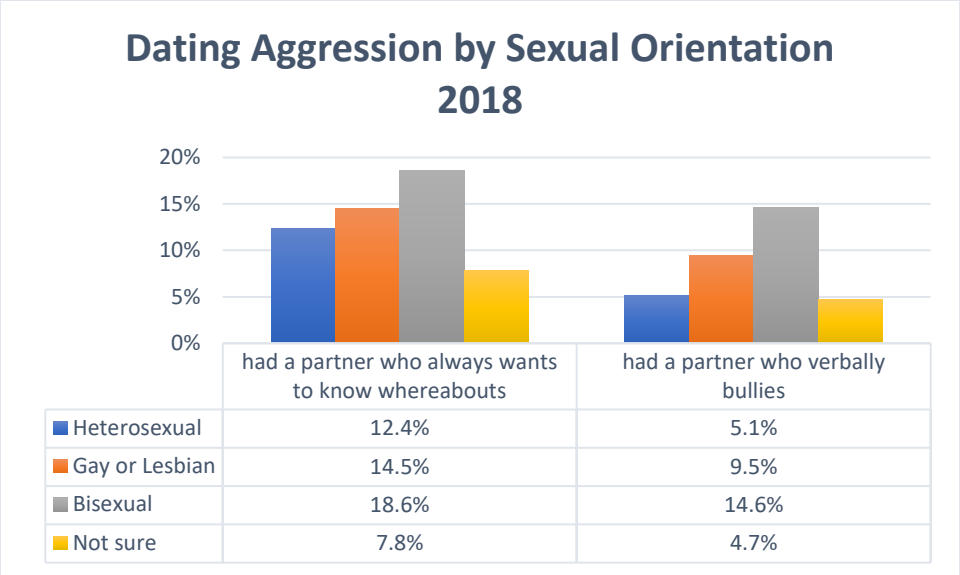
	2015	2016	2017	2018
partner always wants to know whereabouts	13.4%	13.3%	13.8%	12.7%
partner verbally bullies	5.8%	5.7%	6.2%	5.9%



	partner always wants to know whereabouts	partner verbally bullies
White	11.4%	6.3%
Black	14.2%	5.3%
Hispanic	18.6%	7.6%
Asian/Pacific Isl.	7.9%	3.3%
Multiple/Other	13.9%	7.9%


Dating Aggression by Grade 2018
20%
15%
10%
5%
0%
partner always wants to know whereabouts
partner verbally bullies
8th 6.7% 3.2%
10th 13.0% 5.3%
12th 18.6% 9.4%


Dating Aggression by Gender 2018
20%
15%
10%
5%
0%
had a partner who always wants to know whereabouts
had a partner who verbally bullies
Female 12.2% 7.5%
Male 13.2% 4.3%



	had a partner who always wants to know whereabouts	had a partner who verbally bullies
Heterosexual	12.4%	5.1%
Gay or Lesbian	14.5%	9.5%
Bisexual	18.6%	14.6%
Not sure	7.8%	4.7%

Risk Factors: Sexual Harassment and Other Victimization

Sexual harassment and other victimization

Completed by Nicole Beadles, PhD, NCSP; Academic Program Coordinator, School Psychology Program, College of Education and Human Development, George Mason University; nbeadles@gmu.edu

Overview

From 2015-2018, there has been essentially no change in the numbers of students who have been insulted about their race/culture (almost half of all students). However, there has been an almost 8-point decrease in the number of students who say they are insulting others' race or culture. Sexual harassment remained stable at around 14 percent. The percent of students who experience victimization (or insult others) does not change greatly from 8th to 12th grade. However, sexual harassment does increase in high school.

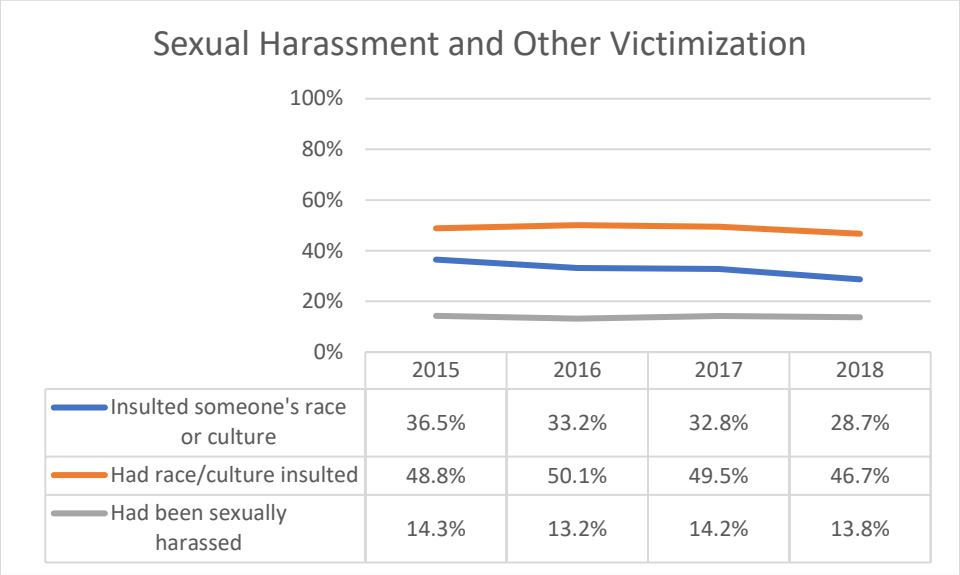
Disparities

More than half of students of multiple or other, Asian or Pacific Island, and Black ethnicity report being insulted about their race or culture. Furthermore, these same groups of students' reports insulting another's race or culture more than other groups. Students of multiple or other ethnicities report more experiences of sexual harassment than other groups. More males than females insult others, and significantly more females report experiencing sexual harassment (20 percent compared to 7 percent). Furthermore, bisexual and gay/lesbian students report significantly more experiences of sexual harassment (upwards of 10 to 20 percent) when compared to heterosexual students or those who are unsure of their sexual orientation.

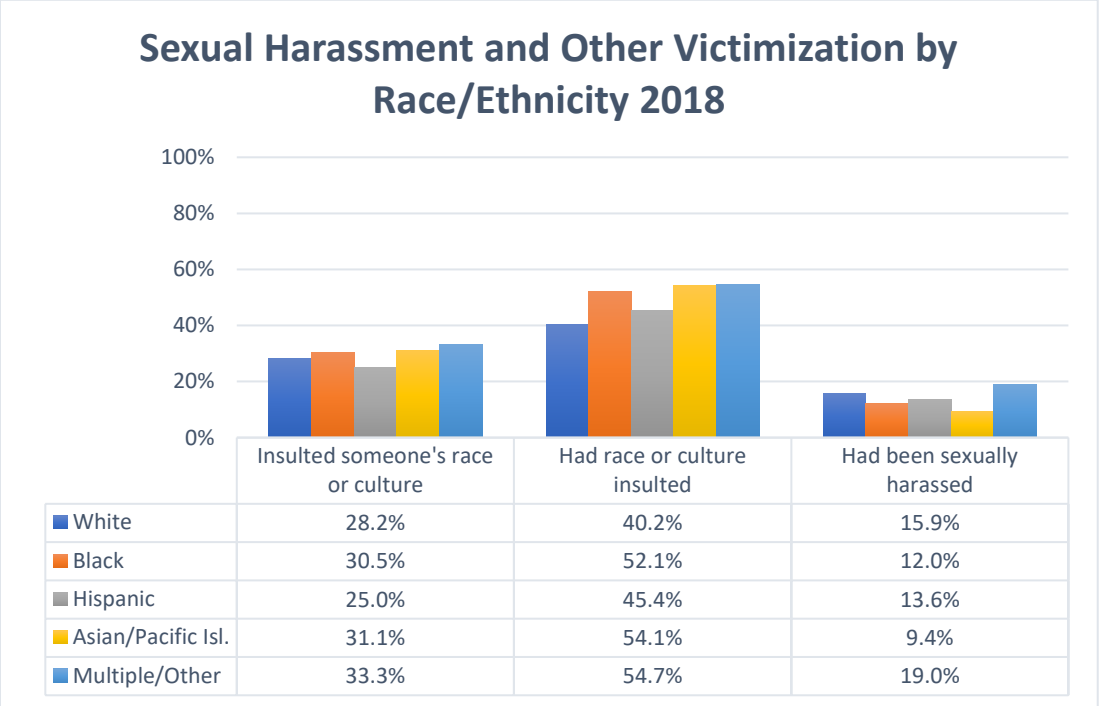
Implications

Cultural sensitivity training should be integrated into schools starting in elementary school. Consider integrating this with SWPBIS and continue through high school. Educating students about boundaries and appropriate behavior with students of other genders and sexual orientations could be reinforced in curriculum in health and PE.

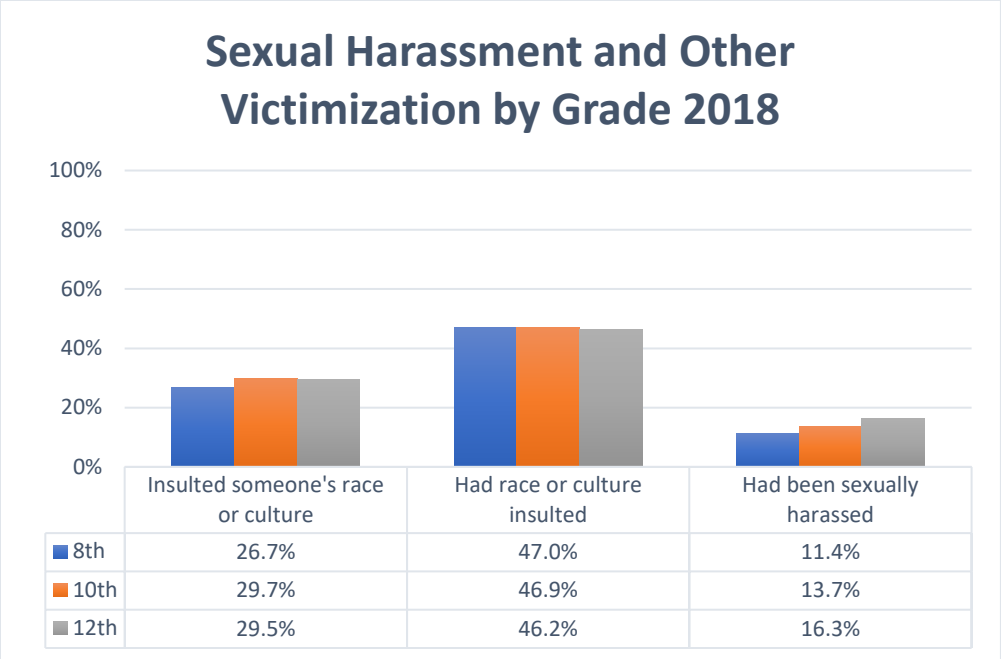
Take away message: Females and sexual minority youth are reporting being sexual harassed significantly more often than others (approximately 3 times more often). Males tend to



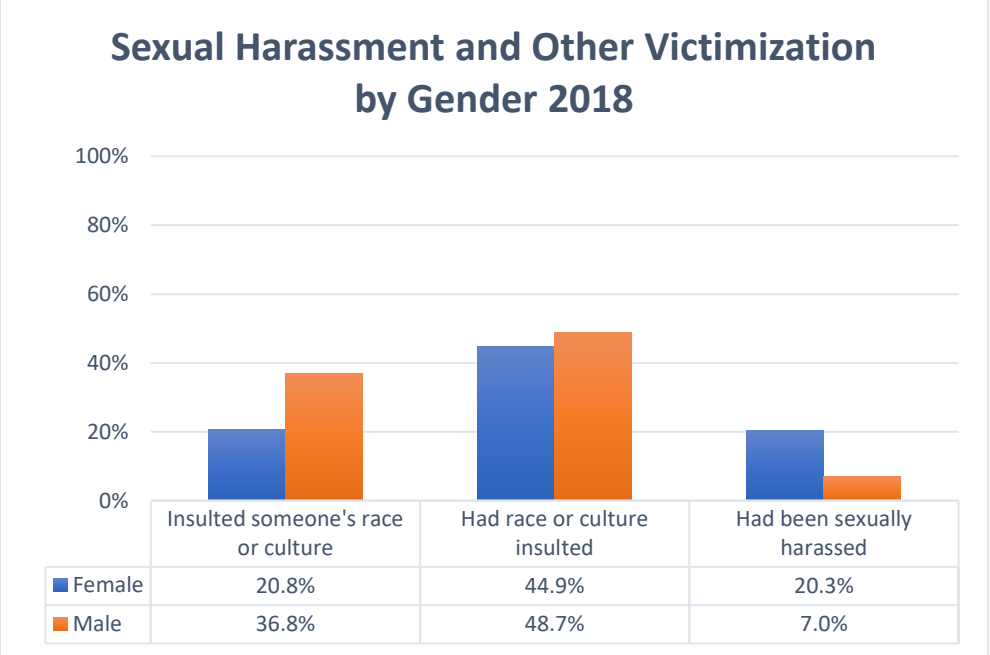
	2015	2016	2017	2018
Insulted someone's race or culture	36.5%	33.2%	32.8%	28.7%
Had race/culture insulted	48.8%	50.1%	49.5%	46.7%
Had been sexually harassed	14.3%	13.2%	14.2%	13.8%



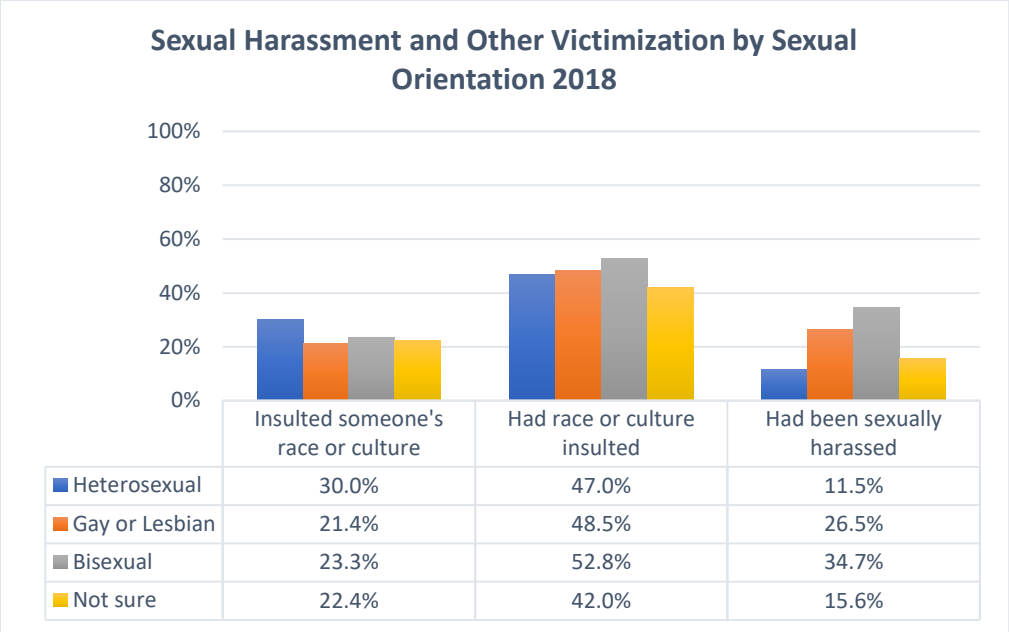
	Insulted someone's race or culture	Had race or culture insulted	Had been sexually harassed
White	28.2%	40.2%	15.9%
Black	30.5%	52.1%	12.0%
Hispanic	25.0%	45.4%	13.6%
Asian/Pacific Isl.	31.1%	54.1%	9.4%
Multiple/Other	33.3%	54.7%	19.0%



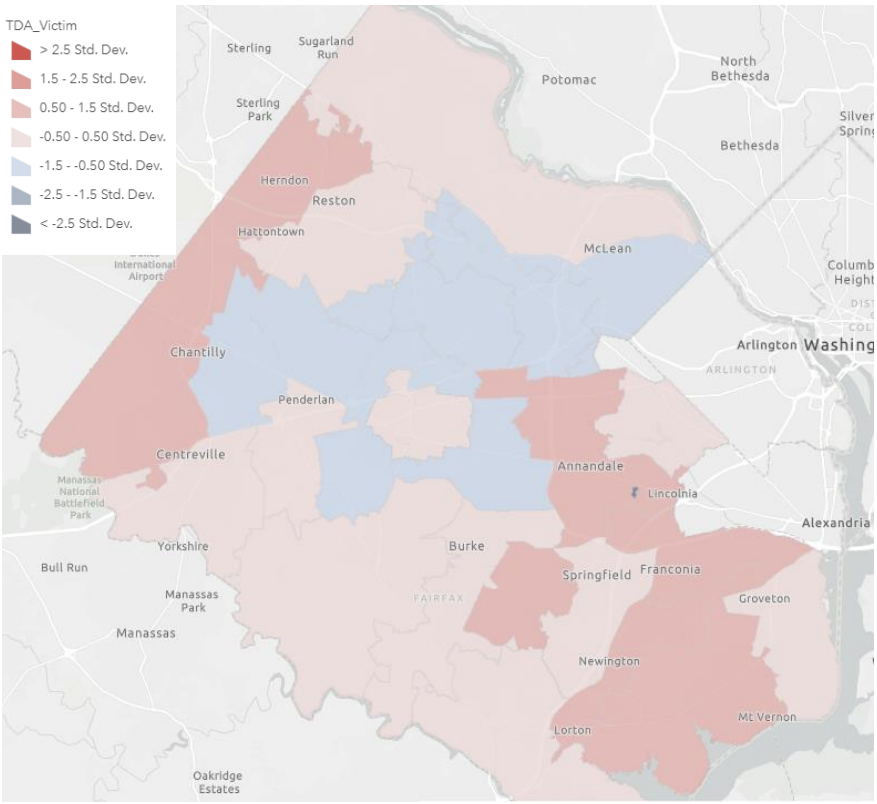
	Insulted someone's race or culture	Had race or culture insulted	Had been sexually harassed
8th	26.7%	47.0%	11.4%
10th	29.7%	46.9%	13.7%
12th	29.5%	46.2%	16.3%

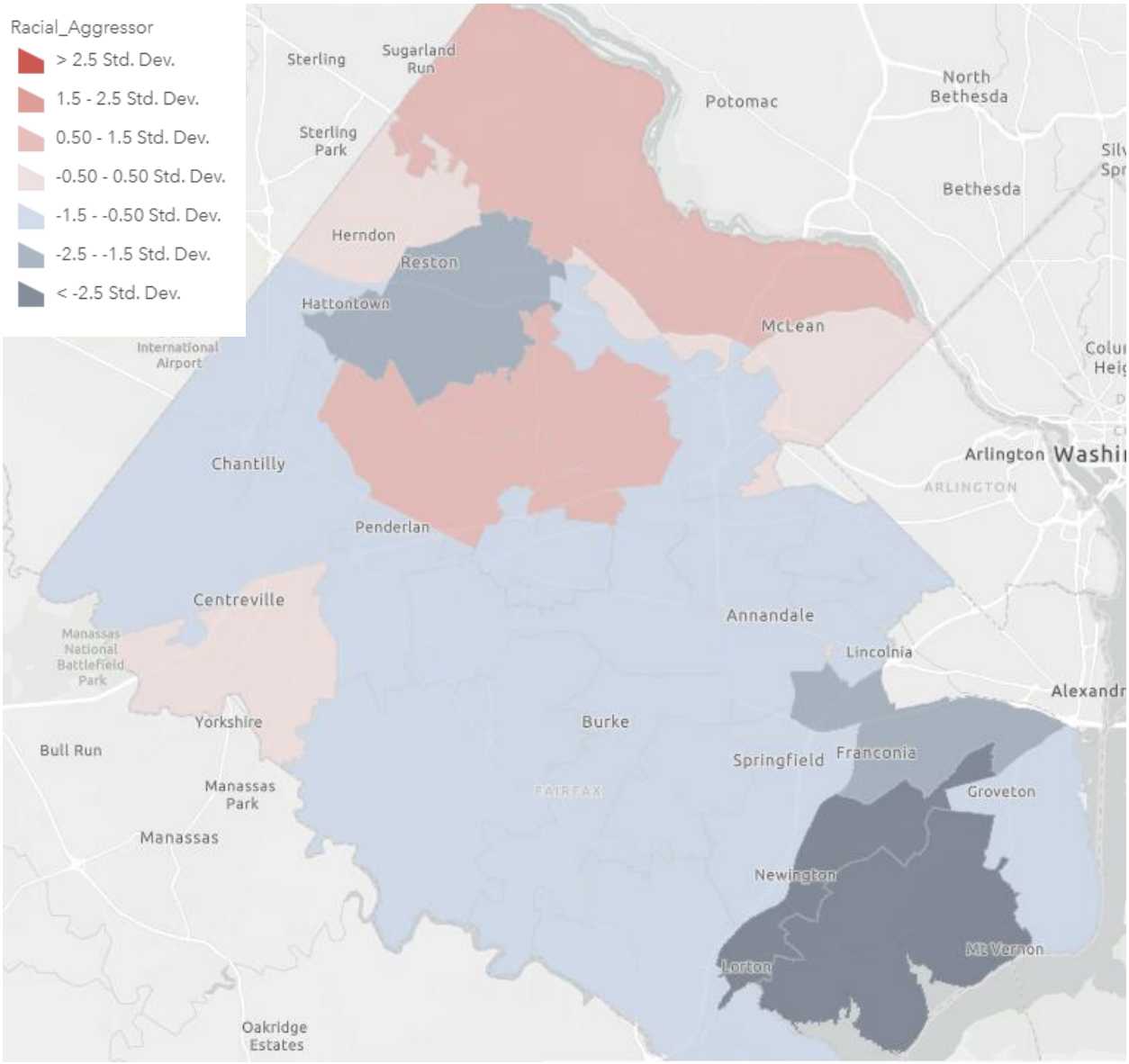


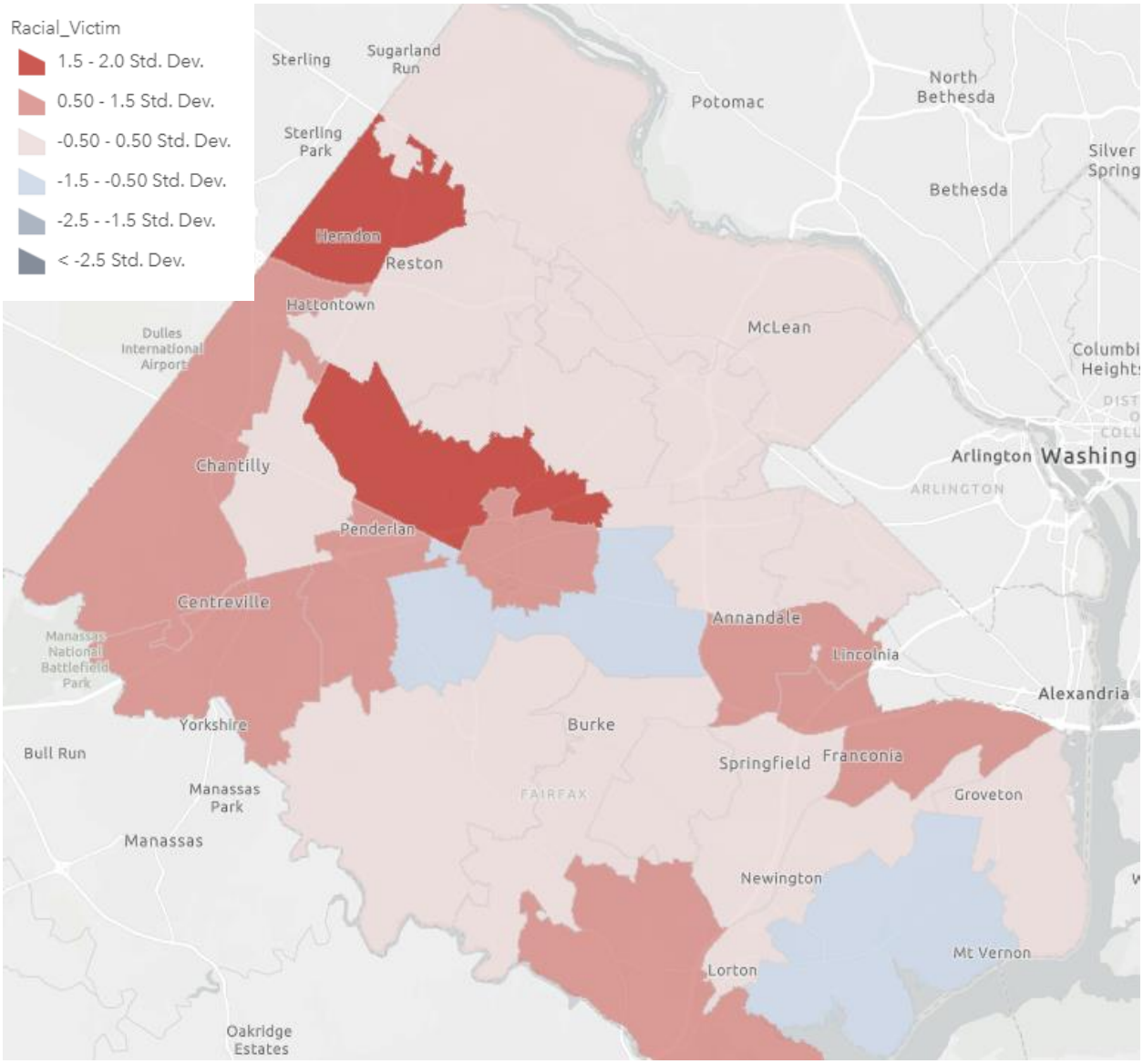
	Insulted someone's race or culture	Had race or culture insulted	Had been sexually harassed
Female	20.8%	44.9%	20.3%
Male	36.8%	48.7%	7.0%

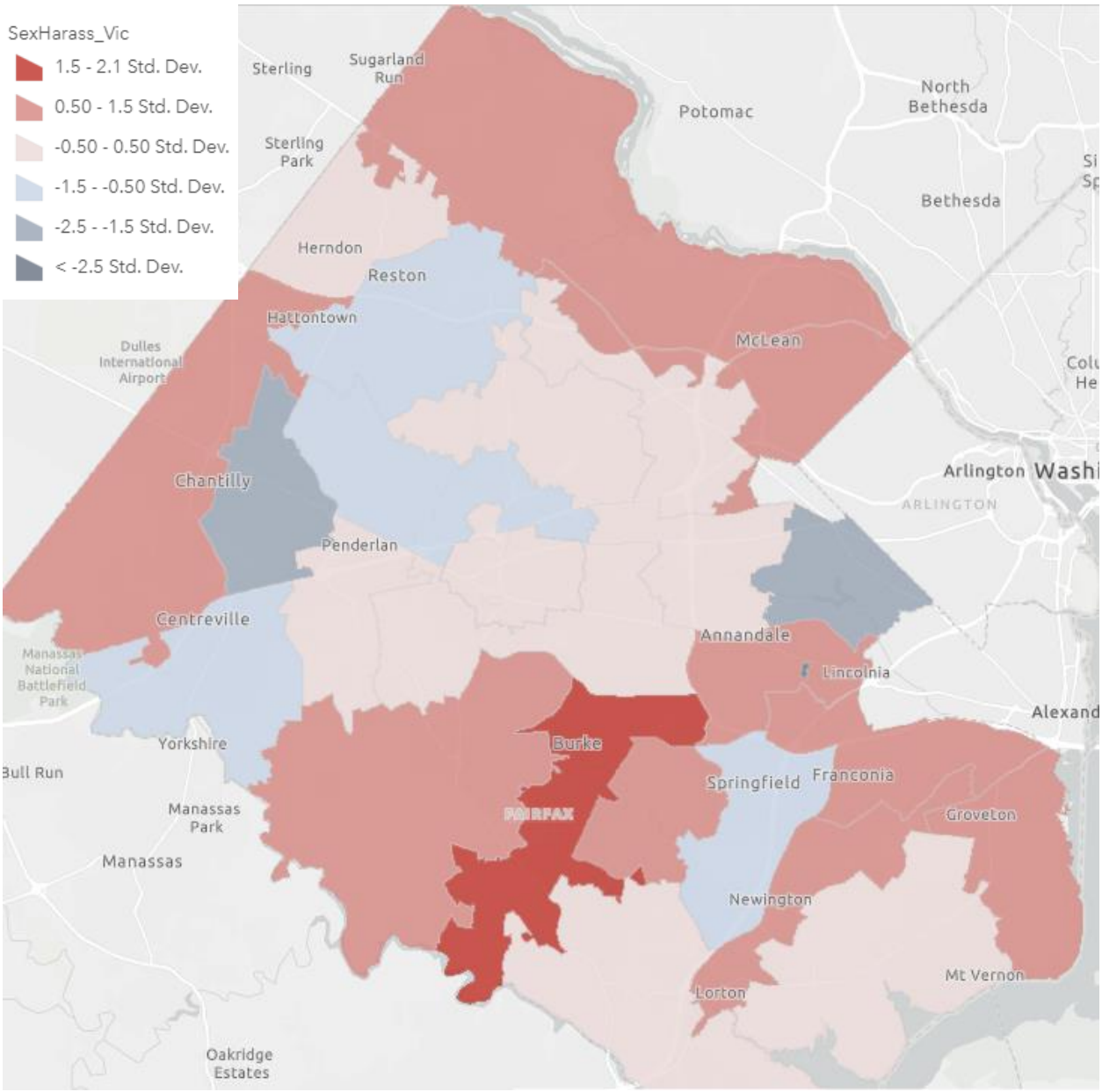


	Insulted someone's race or culture	Had race or culture insulted	Had been sexually harassed
Heterosexual	30.0%	47.0%	11.5%
Gay or Lesbian	21.4%	48.5%	26.5%
Bisexual	23.3%	52.8%	34.7%
Not sure	22.4%	42.0%	15.6%




Racial_Aggressor
> 2.5 Std. Dev.
1.5 - 2.5 Std. Dev.
0.50 - 1.5 Std. Dev.
-0.50 - 0.50 Std. Dev.
-1.5 - -0.50 Std. Dev.
-2.5 - -1.5 Std. Dev.
< -2.5 Std. Dev.
Sterling
Sugarland Run
Potomac
North Bethesda
Sterling Park
Bethesda
Herndon
Reston
Hattontown
McLean
International Airport
Chantilly
Arlington
ARLINGTON
Penderlan
Centreville
Annandale
Manassas National Battlefield Park
Lincolnia
Yorkshire
Burke
Bull Run
Springfield
Franconia
Manassas Park
FAIRFAX
Groveton
Manassas
Newington
Mt Vernon
Lorton
Oakridge Estates


Racial_Victim
1.5 - 2.0 Std. Dev.
0.50 - 1.5 Std. Dev.
-0.50 - 0.50 Std. Dev.
-1.5 - -0.50 Std. Dev.
-2.5 - -1.5 Std. Dev.
< -2.5 Std. Dev.
Sterling
Sugarland Run
Potomac
North Bethesda
Sterling Park
Silver Spring
Bethesda
Herndon
Reston
Hattontown
McLean
Dulles International Airport
Chantilly
Arlington
Penderlan
Centreville
Annandale
Lincolnia
Alexandria
Manassas National Battlefield Park
Yorkshire
Burke
Bull Run
Springfield
Franconia
Manassas Park
Groveton
Manassas
Newington
Mt Vernon
Lorton
Oakridge Estates


SexHarass_Vic
1.5 - 2.1 Std. Dev.
0.50 - 1.5 Std. Dev.
-0.50 - 0.50 Std. Dev.
-1.5 - -0.50 Std. Dev.
-2.5 - -1.5 Std. Dev.
< -2.5 Std. Dev.
Sterling
Sugarland Run
Potomac
North Bethesda
Sterling Park
Bethesda
Herndon
Reston
Hattontown
McLean
Dulles International Airport
Chantilly
Arlington
ARLINGTON
Penderlan
Centreville
Annandale
Manassas National Battlefield Park
Lincolnia
Yorkshire
Burke
Springfield
Franconia
Bull Run
Manassas Park
FAIRFAX
Groveton
Manassas
Newington
Mt Vernon
Lorton
Oakridge Estates

Risk Factors: Sexual Harassment and Other Victimization

Risk Factors: Substance Use

Association between mental health (stress) and substance use/suicide

Completed by Nicole Beadles, PhD, NCSP; Academic Program Coordinator, School Psychology Program, College of Education and Human Development, George Mason University; nbeadles@gmu.edu

Overview

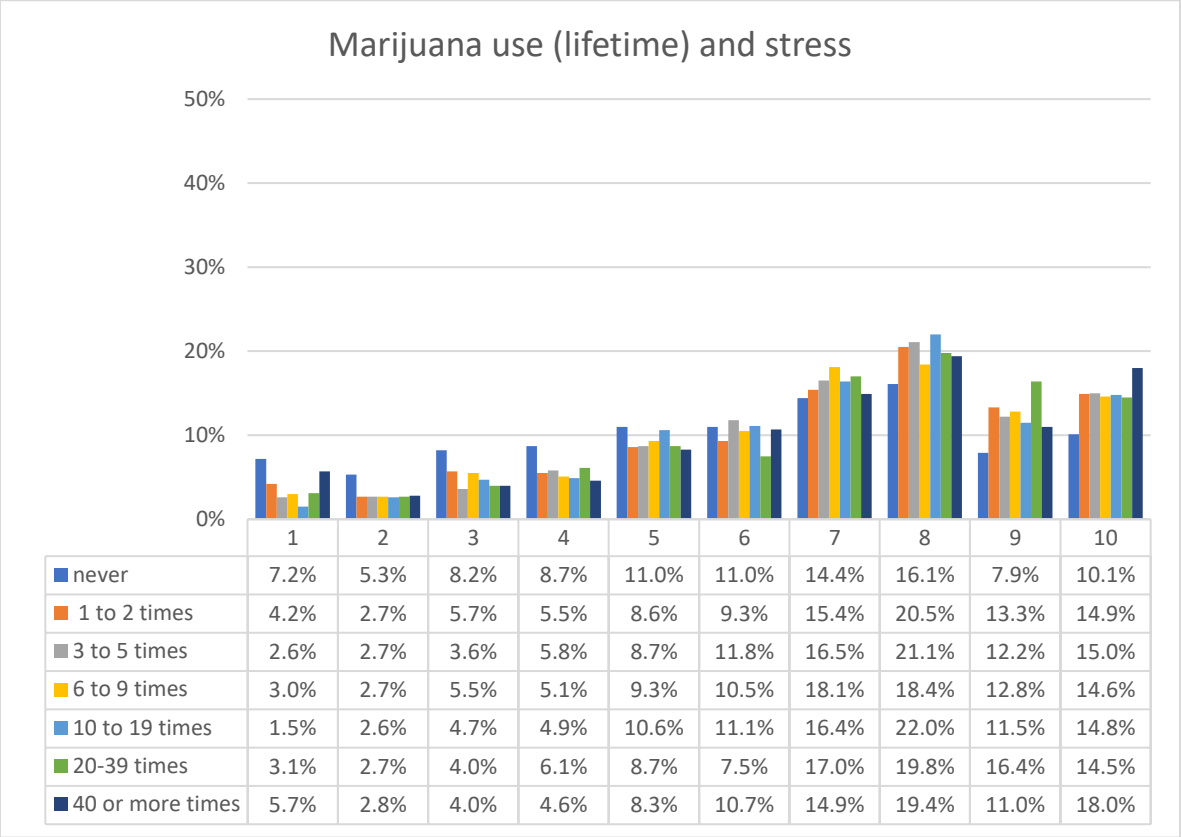
As stress levels increase for students, many tend to utilize poor coping strategies such as marijuana and alcohol. In a 30-day period, there is a clear trend of increased substance use with increased stress levels. More students are turning to alcohol over marijuana.

In addition, as stress levels increase, so does the percentage of students who consider taking their own lives. At low levels of stress, about 3 percent of students consider suicide; at the highest level of stress, about 33 percent of students consider suicide. The relationship between marijuana use (lifetime) and suicidal ideation appears flat; that is, there is no dramatic change in the percentage of students who consider suicide at lower versus higher levels of marijuana use. With alcohol, the percent of students who consider suicide increases slightly as alcohol use increases. It should be noted that students who never have used marijuana or alcohol report significantly less suicidal ideation when compared to students who have used either substance, even just 1 to 2 times.

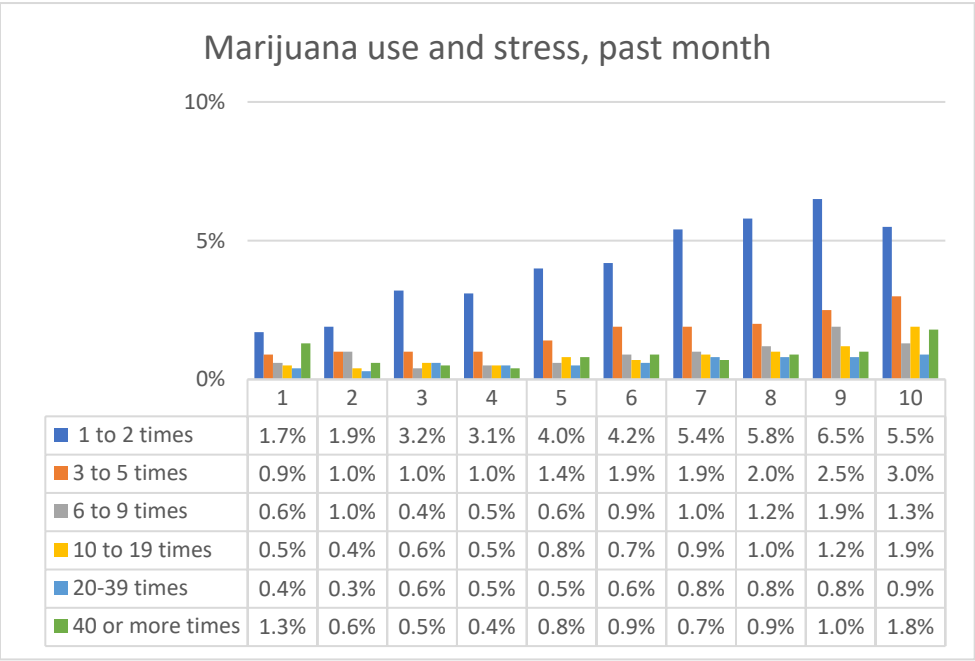
Implications

Need to introduce self-care and healthy coping strategies to school children. Continue to disseminate information about, and link families and children to, services in the community for mental health support and substance use treatment. Continue to involve school social workers and school psychologists and school counselors to teach ways to reduce/cope with stress from intense school and extra-curricular activities. Monitor and screen children for high stress levels (school wide screening for behavioral health?) to identify and care for children with mental health needs, and those who are under high stress.

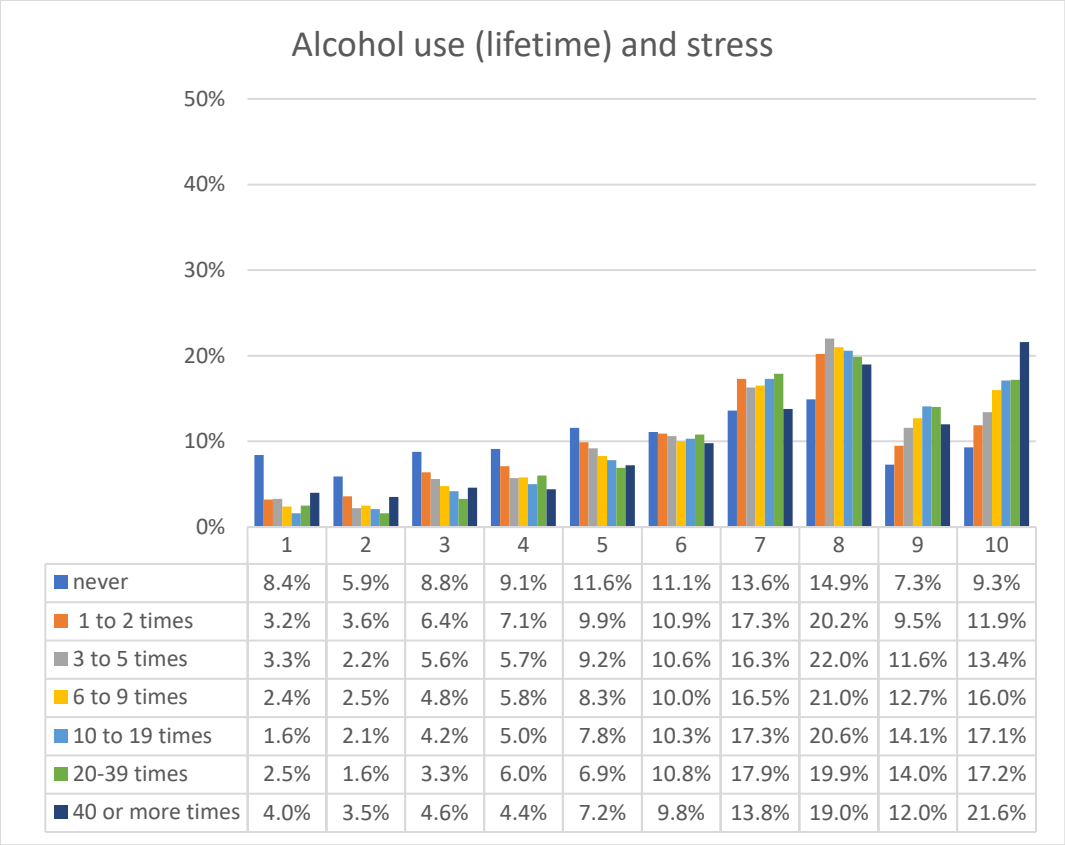
Take away message: As stress levels increase for students, there is an increase in marijuana and alcohol use. More students are using alcohol over marijuana when stressed. In addition, as stress levels increase, so does the percentage of students who consider taking their own lives, ranging from 3 to 33 percent at low to high levels of stress.



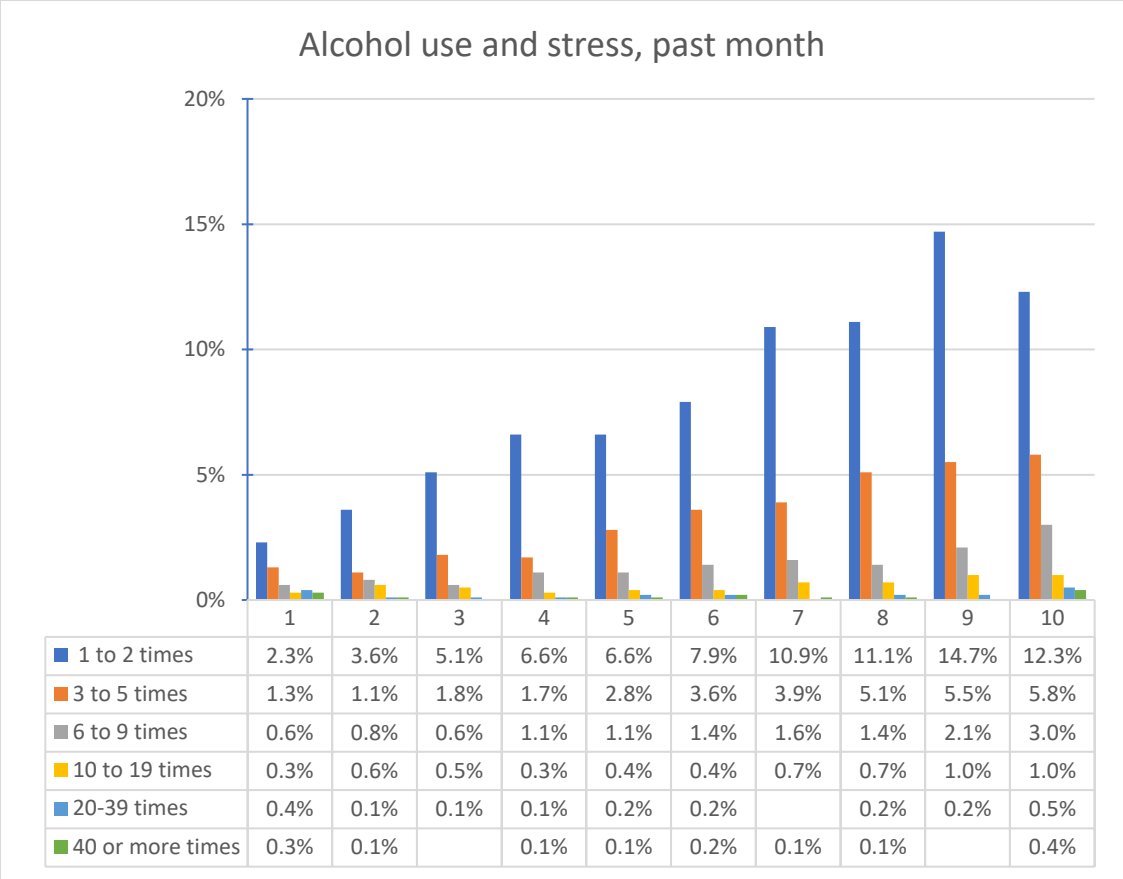
	1	2	3	4	5	6	7	8	9	10
never	7.2%	5.3%	8.2%	8.7%	11.0%	11.0%	14.4%	16.1%	7.9%	10.1%
1 to 2 times	4.2%	2.7%	5.7%	5.5%	8.6%	9.3%	15.4%	20.5%	13.3%	14.9%
3 to 5 times	2.6%	2.7%	3.6%	5.8%	8.7%	11.8%	16.5%	21.1%	12.2%	15.0%
6 to 9 times	3.0%	2.7%	5.5%	5.1%	9.3%	10.5%	18.1%	18.4%	12.8%	14.6%
10 to 19 times	1.5%	2.6%	4.7%	4.9%	10.6%	11.1%	16.4%	22.0%	11.5%	14.8%
20-39 times	3.1%	2.7%	4.0%	6.1%	8.7%	7.5%	17.0%	19.8%	16.4%	14.5%
40 or more times	5.7%	2.8%	4.0%	4.6%	8.3%	10.7%	14.9%	19.4%	11.0%	18.0%



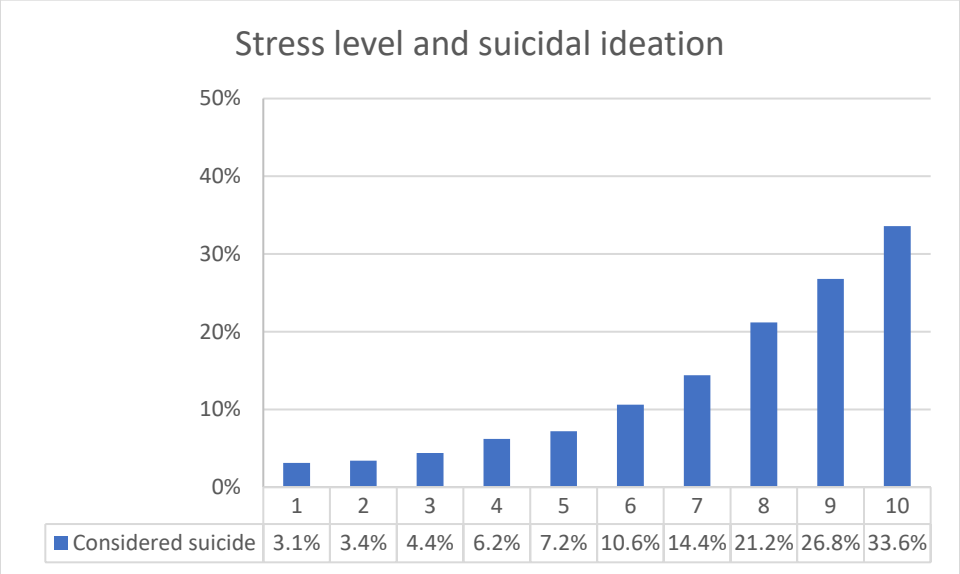
	1	2	3	4	5	6	7	8	9	10
1 to 2 times	1.7%	1.9%	3.2%	3.1%	4.0%	4.2%	5.4%	5.8%	6.5%	5.5%
3 to 5 times	0.9%	1.0%	1.0%	1.0%	1.4%	1.9%	1.9%	2.0%	2.5%	3.0%
6 to 9 times	0.6%	1.0%	0.4%	0.5%	0.6%	0.9%	1.0%	1.2%	1.9%	1.3%
10 to 19 times	0.5%	0.4%	0.6%	0.5%	0.8%	0.7%	0.9%	1.0%	1.2%	1.9%
20-39 times	0.4%	0.3%	0.6%	0.5%	0.5%	0.6%	0.8%	0.8%	0.8%	0.9%
40 or more times	1.3%	0.6%	0.5%	0.4%	0.8%	0.9%	0.7%	0.9%	1.0%	1.8%



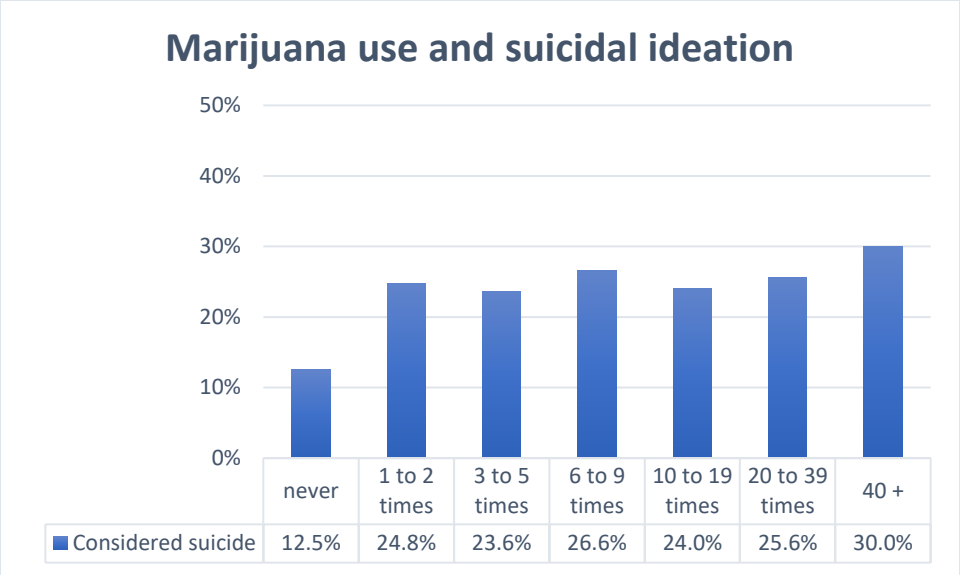
	1	2	3	4	5	6	7	8	9	10
never	8.4%	5.9%	8.8%	9.1%	11.6%	11.1%	13.6%	14.9%	7.3%	9.3%
1 to 2 times	3.2%	3.6%	6.4%	7.1%	9.9%	10.9%	17.3%	20.2%	9.5%	11.9%
3 to 5 times	3.3%	2.2%	5.6%	5.7%	9.2%	10.6%	16.3%	22.0%	11.6%	13.4%
6 to 9 times	2.4%	2.5%	4.8%	5.8%	8.3%	10.0%	16.5%	21.0%	12.7%	16.0%
10 to 19 times	1.6%	2.1%	4.2%	5.0%	7.8%	10.3%	17.3%	20.6%	14.1%	17.1%
20-39 times	2.5%	1.6%	3.3%	6.0%	6.9%	10.8%	17.9%	19.9%	14.0%	17.2%
40 or more times	4.0%	3.5%	4.6%	4.4%	7.2%	9.8%	13.8%	19.0%	12.0%	21.6%

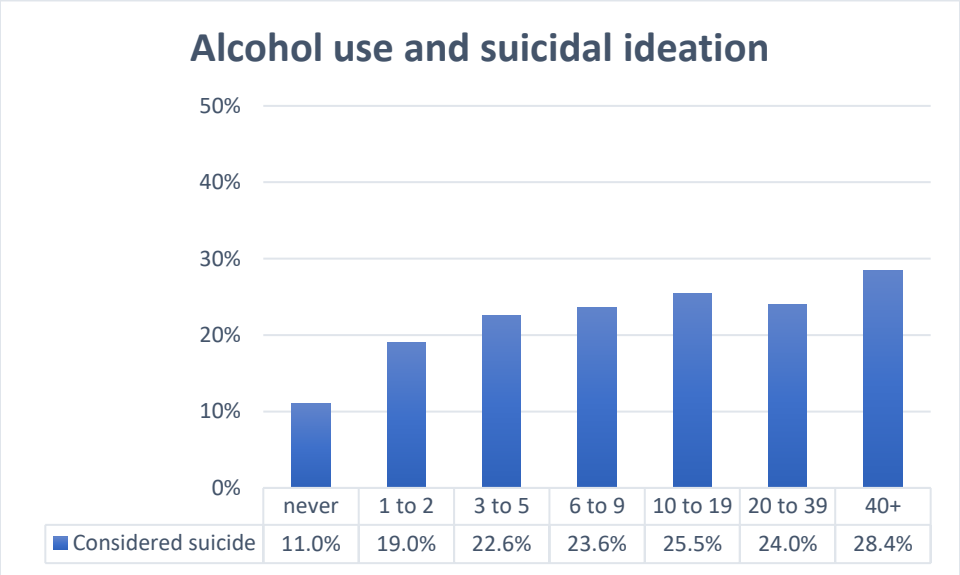


	1	2	3	4	5	6	7	8	9	10
1 to 2 times	2.3%	3.6%	5.1%	6.6%	6.6%	7.9%	10.9%	11.1%	14.7%	12.3%
3 to 5 times	1.3%	1.1%	1.8%	1.7%	2.8%	3.6%	3.9%	5.1%	5.5%	5.8%
6 to 9 times	0.6%	0.8%	0.6%	1.1%	1.1%	1.4%	1.6%	1.4%	2.1%	3.0%
10 to 19 times	0.3%	0.6%	0.5%	0.3%	0.4%	0.4%	0.7%	0.7%	1.0%	1.0%
20-39 times	0.4%	0.1%	0.1%	0.1%	0.2%	0.2%		0.2%	0.2%	0.5%
40 or more times	0.3%	0.1%		0.1%	0.1%	0.2%	0.1%	0.1%		0.4%



	1	2	3	4	5	6	7	8	9	10
Considered suicide	3.1%	3.4%	4.4%	6.2%	7.2%	10.6%	14.4%	21.2%	26.8%	33.6%


Marijuana use and suicidal ideation
50%
40%
30%
20%
10%
0%
never
1 to 2 times
3 to 5 times
6 to 9 times
10 to 19 times
20 to 39 times
40 +
Considered suicide
12.5%
24.8%
23.6%
26.6%
24.0%
25.6%
30.0%


Alcohol use and suicidal ideation
50%
40%
30%
20%
10%
0%
never
1 to 2
3 to 5
6 to 9
10 to 19
20 to 39
40+
Considered suicide
11.0%
19.0%
22.6%
23.6%
25.5%
24.0%
28.4%

Help Seeking Behaviors

Help Seeking Behaviors

Completed by Jim Gillespie; CSB Child, Youth and Family Services Director & Healthy Minds Fairfax Director, Fairfax-Falls Church Community Services Board & Fairfax County Department of Family Services; james.gillespie@fairfaxcounty.gov

Overview

Help seeking behaviors can be placed on a continuum from early intervention through crisis intervention. For this analysis it isn't feasible to measure most early intervention help seeking behavior due to our county's decentralized and largely privatized health care system. It will instead focus on behaviors in response to perceived urgency on behalf of youth and their families. The common elements of these interventions are risk assessment, emotional de-escalation, and connection to treatments, services and supports in the least restrictive setting that is safe.

Crisislink is a crisis hotline for youth and adults experiencing emotional dysregulation. Caller issues range from mild to severe. In FY 2019 13% of all calls related to suicide. The telephone hotline began collecting age data in FY 2018. The text hotline does not. For this analysis only data from callers under age 18 are reported. All text line callers are reported.

CSB Assessments: The Community Services Board (CSB) conducts mental health assessments on a same-day walk-in or scheduled basis. The number of assessments done is not limited by capacity. Families who perceive that their child has an urgent mental health issue are encouraged to use this service.

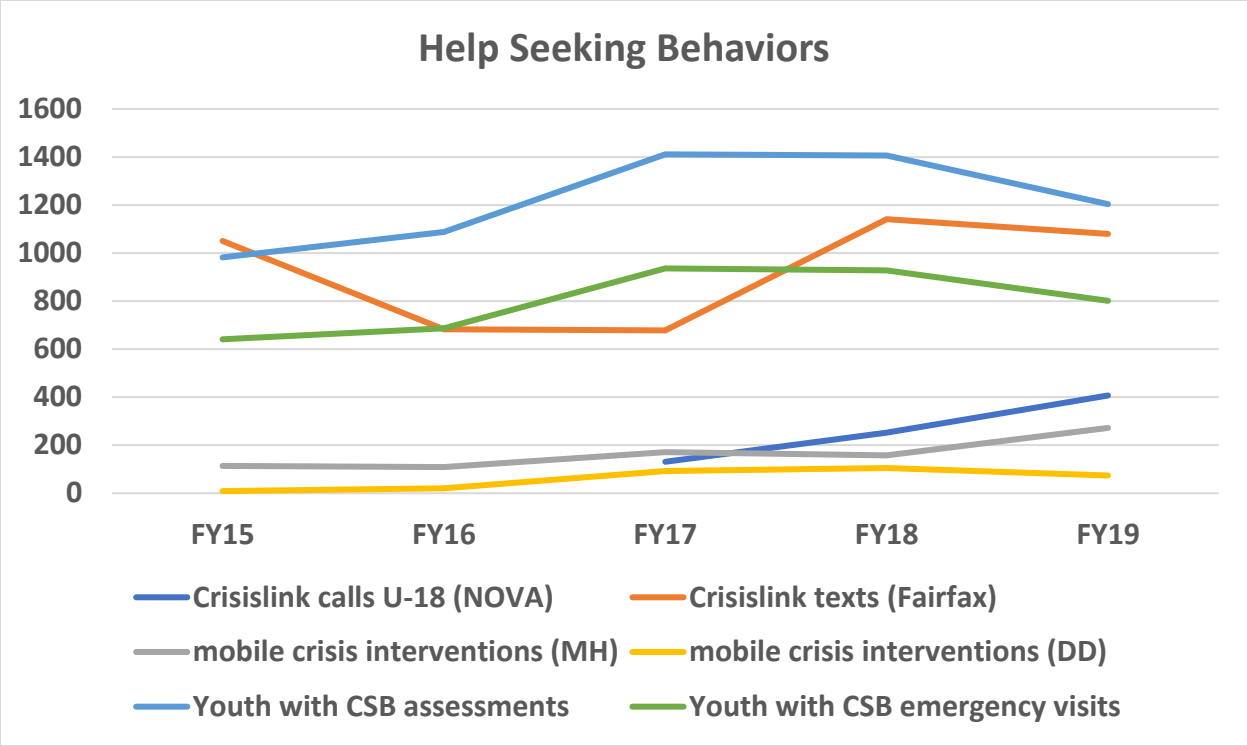
Mobile Crisis Intervention: This is a mobile response service which can deploy a counselor to the home or other location within two hours, based on a telephone screening. Much like the Crisislink hotline, in the initial phone call the clinician assess risk and judges whether the situation can be appropriately handled by phone. If not, a clinician is sent to the home to de-escalate the crisis, put in place a safety plan, and begin connecting the family to services and supports. There are separate mobile crisis providers for youth with mental health issues and youth with developmental disabilities.

CSB Youth Emergency Visits: The CSB assesses youth in crisis to determine whether they are at imminent risk to self or others, and if so whether hospitalization is necessary.

Implications

County health and human services agencies, Fairfax County Public Schools, the non-profit community and advocacy and support organizations make many efforts to encourage the use of these and other help seeking behaviors, in the belief that they relieve emotional distress, identify youth at high risk, facilitate the connection of children, youth and families in need to appropriate services and supports, reduce adverse outcomes such as suicide. Over the past five years utilization of the identified "urgent care" services have increased. The crisis text line is a relatively new service, beginning in FY 2015, and utilization has been high. The CSB began offering walk-in screening and assessment in FY 2017, and it has also been popular. Use of mobile crisis intervention has increased significantly, especially since separate providers for youth with mental health and developmental disability services was established in FY 2017.

Has the increase in help seeking behaviors resulted in a reduction in adverse outcomes for children and youth with mental; health issues? Community use of long-term residential interventions declined significantly. But TDOs and placements in the state hospital have risen sharply since FY 2018.

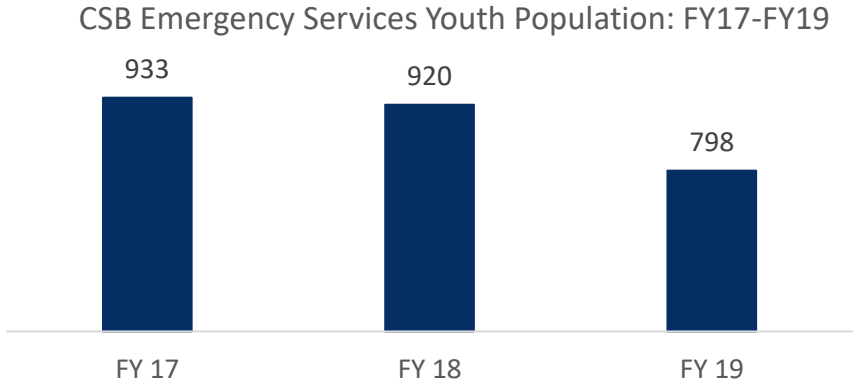


	FY15	FY16	FY17	FY18	FY19
Crisislink calls U-18 (NOVA)	unavailable	unavailable	131	252	407
Crisislink texts (Fairfax)	1050	683	678	1141	1080
mobile crisis interventions (MH)	114	109	171	158	272
mobile crisis interventions (DD)	9	20	92	105	74
Youth with CSB assessments	982	1088	1411	1406	1204
Youth with CSB emergency visits	641	687	936	928	801

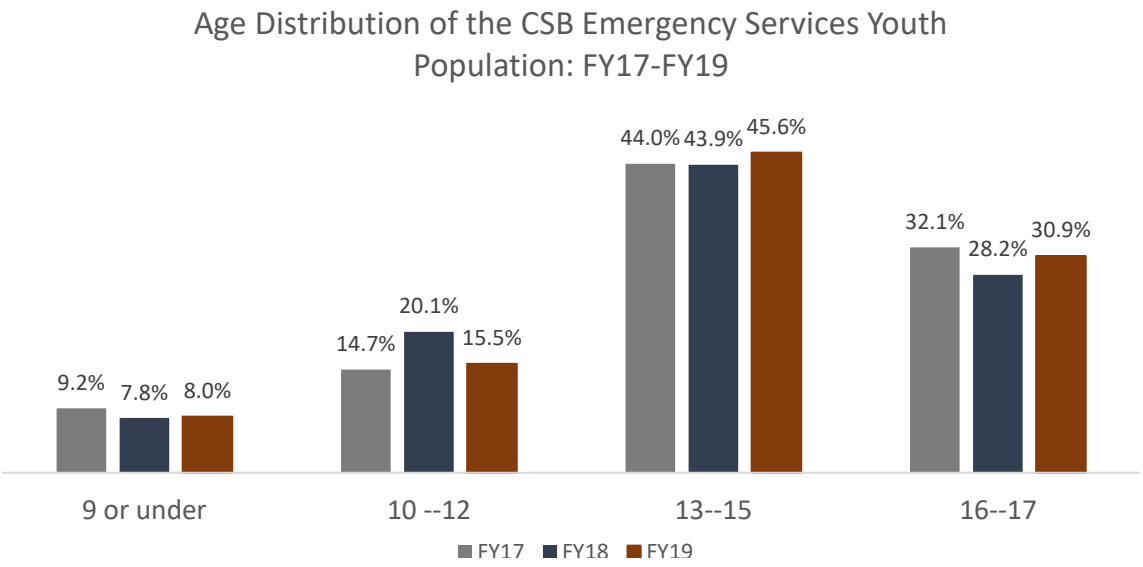
The following is an analysis of the CSB Emergency Services Youth (under 18) population from FY17 to FY19. This is an at-risk population predominantly with mental health and/or substance use diagnosis who has sought crisis intervention services at CSB. Thus, the implication of the analysis may not be generalized to the general youth population.

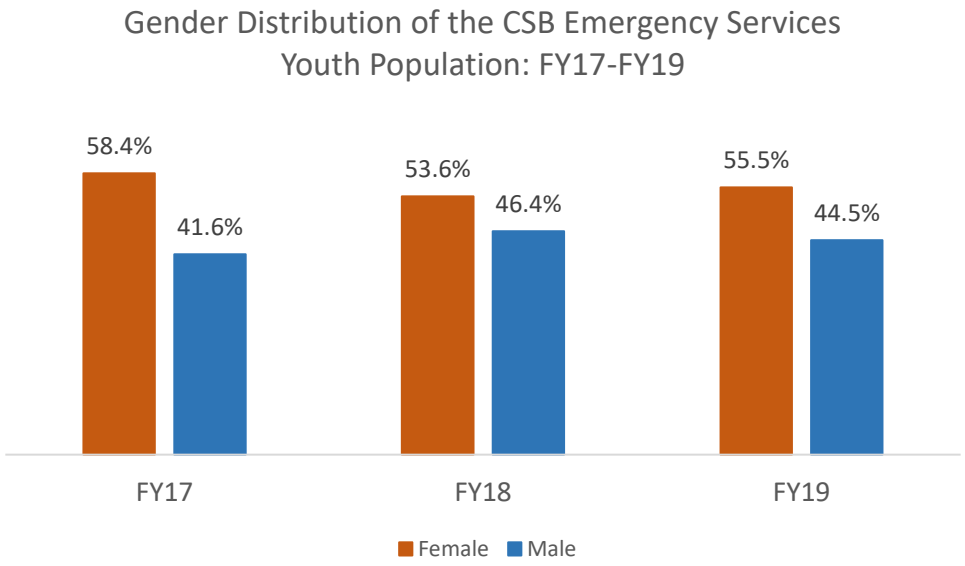
Completed by Chloe Kyung Lee; Management Analyst, Fairfax-Falls Church Community Services Board; kung.lee@fairfaxcounty.gov

- More than 20% of the individuals who received services at the CSB Emergency Services were under 18. There was a 14.5% reduction in the number of youth Emergency clients from FY 17 to FY 19.

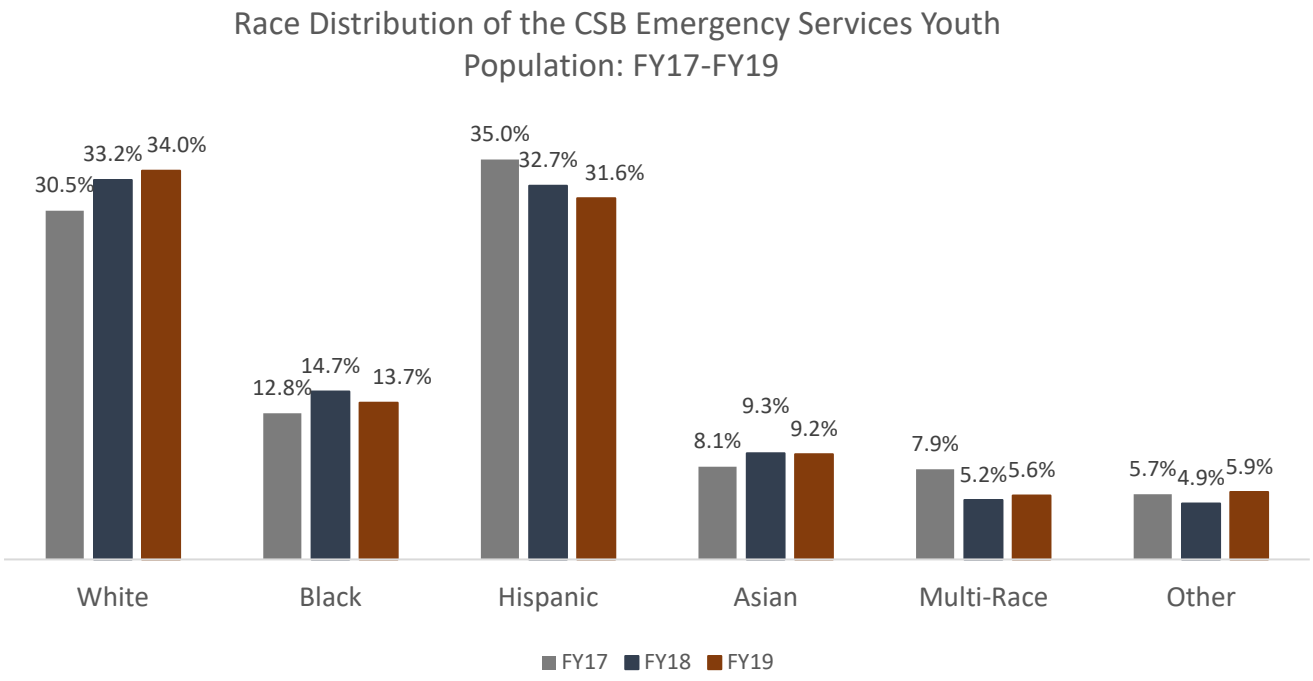


- The average age of the CSB Emergency Services youth population was 14 years old. 13-15 was the largest age group.

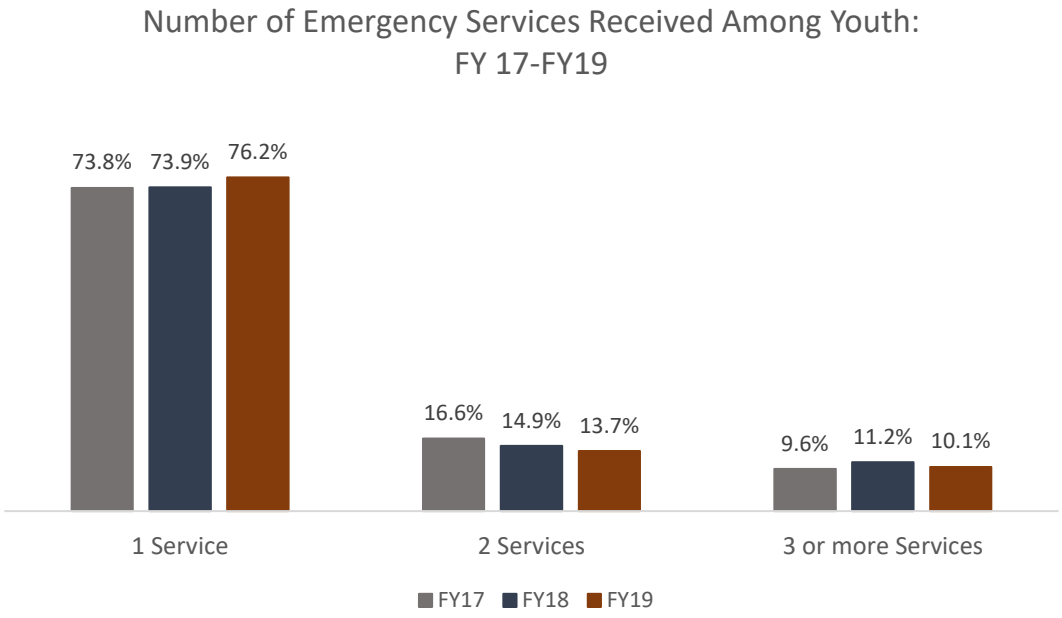




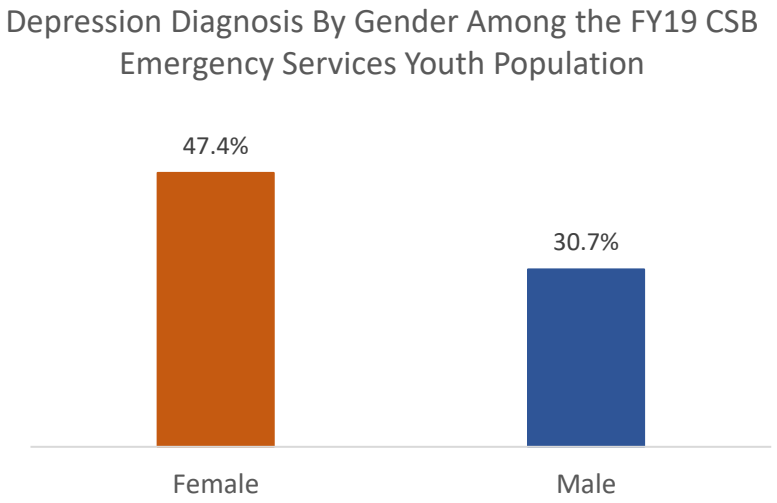
- White and Hispanic were the largest race groups among the CSB Emergency Services youth population.

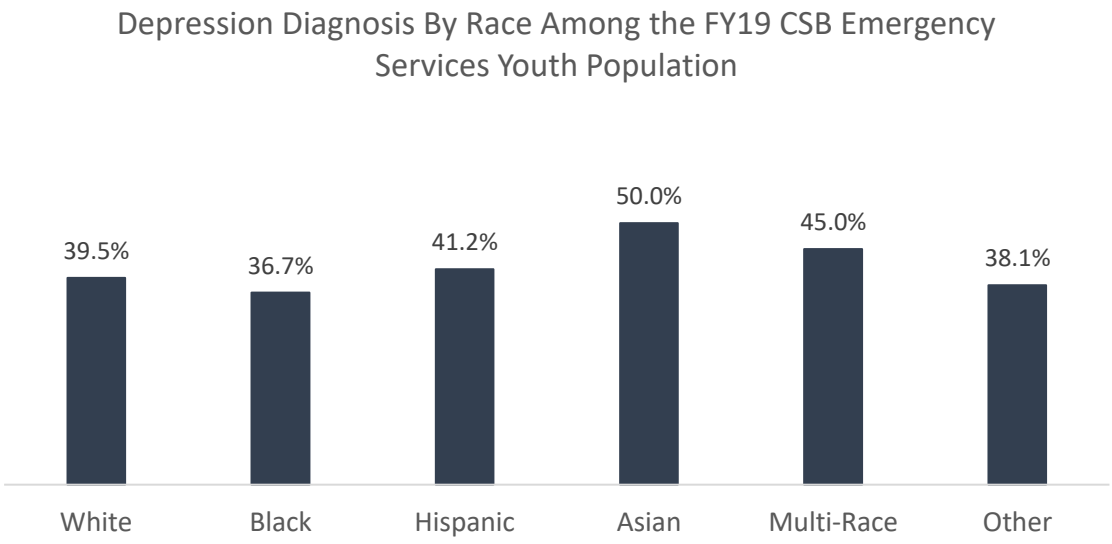


- 10% of the youth served visited CSB Emergency Services three or more times a year.



- The most prevalent diagnosis among the youth Emergency Services population was depression. 40% of the population in FY 2019 (N=798) had the diagnosis. Female youth clients were more likely to have a depression diagnosis than male. Asian youth clients were more likely to have a depression diagnosis than individuals of other races.

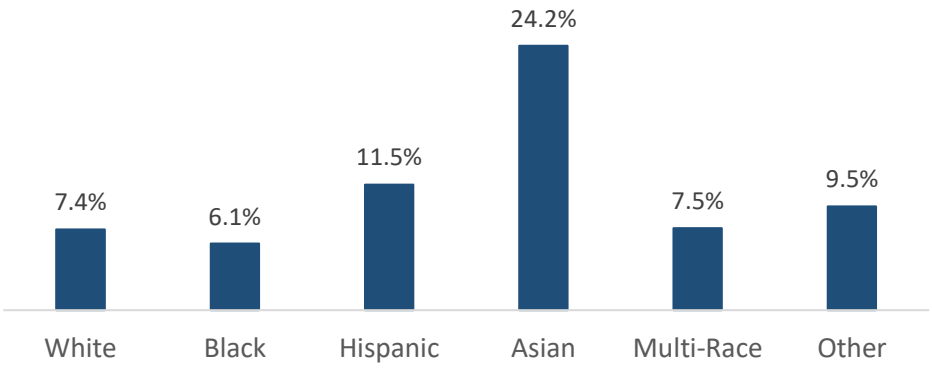




- 10.4% of the youth Emergency population in FY19 (N=798) had suicidal ideation or attempts as their diagnosis. Female youth clients were more likely to have suicidal ideation and/or attempts than male. Asian youth clients were more likely to have suicidal ideation and/or attempts than individuals of other races.

Suicidal Ideation/Attempt by Gender Among the FY 19 Emergency Youth Population

Suicidal Ideation/Attempt by Race Among the FY 19 Emergency Youth Population



Youth Resiliency and Protective Factors

School-Based Protective Factors

Completed by Jesse Ellis; Prevention Manager, Prevention Unit, Fairfax County Department of Neighborhood and Community Services; jesse.ellis@fairfaxcounty.gov

Overview

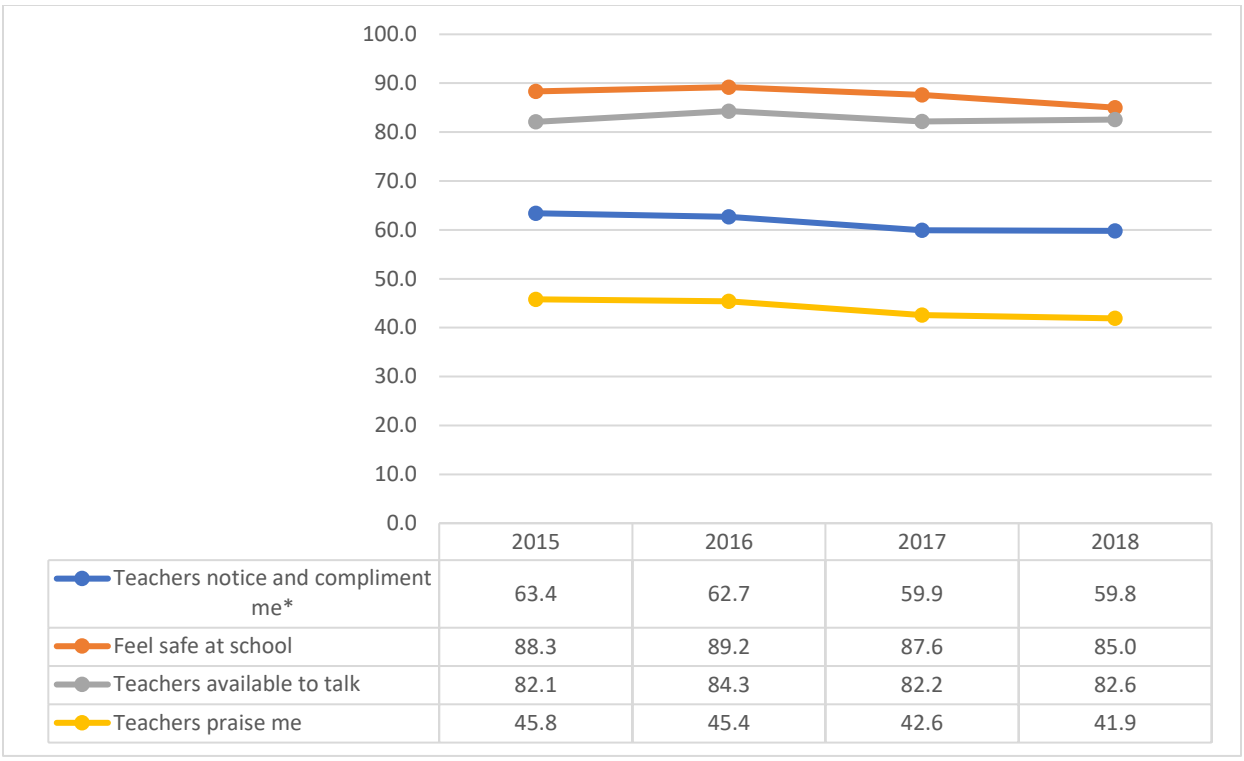
More than four out of five students feel safe at school and agree that teachers are available to talk one-on-one. About 60% say that teachers notice when they do a good job and compliment them on it. There are potential downward trends in school-based protective factors; each of the four measures has decreased by at least three percentage points since 2015.

Disparities

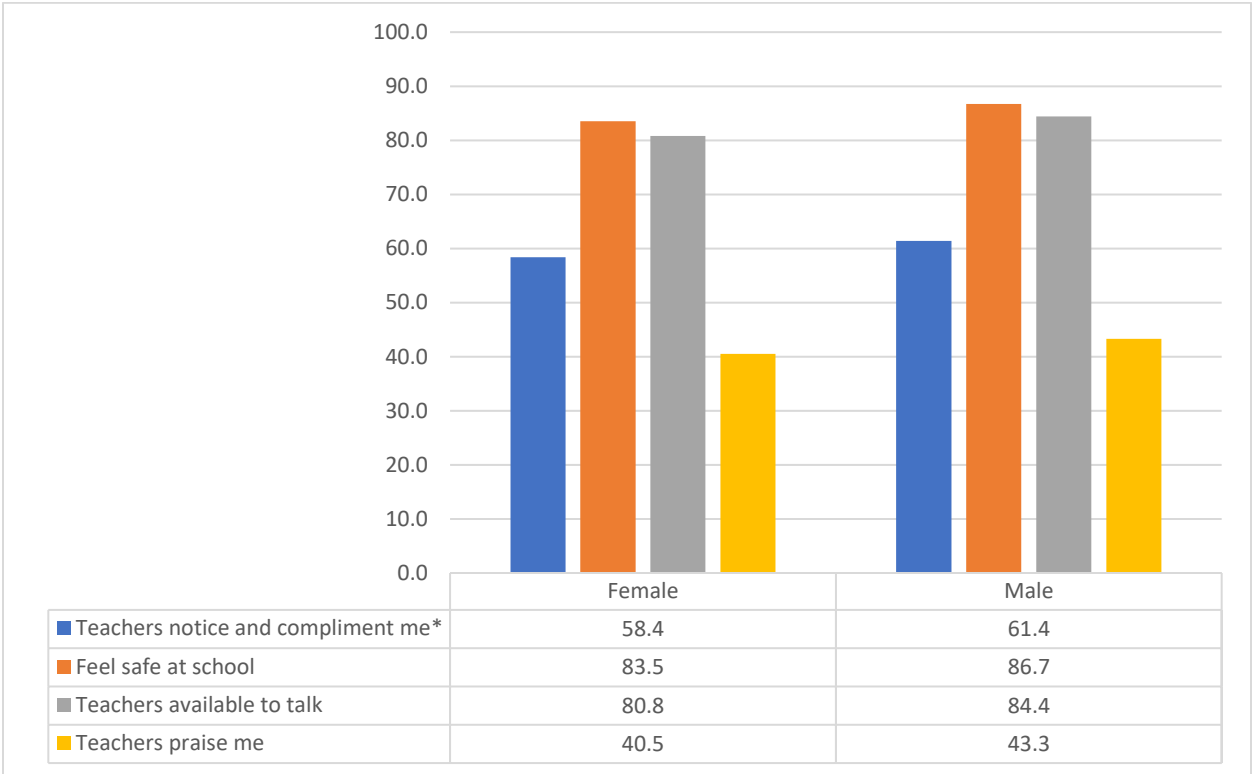
Boys report the presence of these protective factors at slightly higher rates than girls. White and Asian students are more likely to report feeling safe at school and being praised by teachers, but there are virtually no racial/ethnic disparities regarding teacher availability and teachers complimenting students on good work. LGBQ students, however, do feel less safe at school and that teachers are less likely to be available to talk. The West Potomac pyramid has a school Three to Succeed average that is significantly less than the countywide average.

Implications

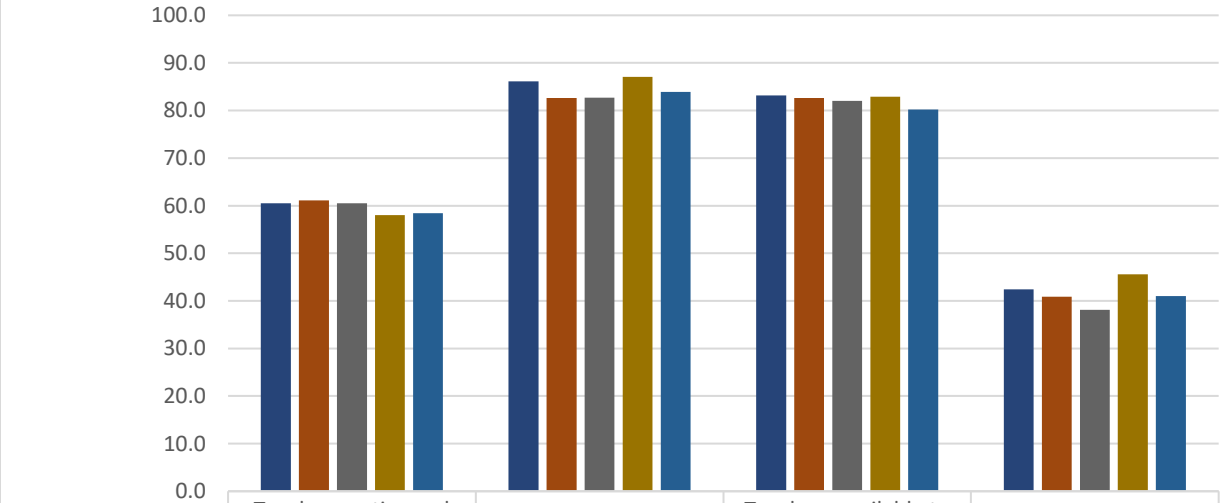
We should continue to monitor the trends as we emphasize tier one strategies that focus on enhancing school climate and building students' social emotional skills. Additional outreach should be conducted with LGBQ, Black, and Hispanic students to identify potential reasons they feel less safe at school. Additional efforts should target schools in the West Potomac pyramid.



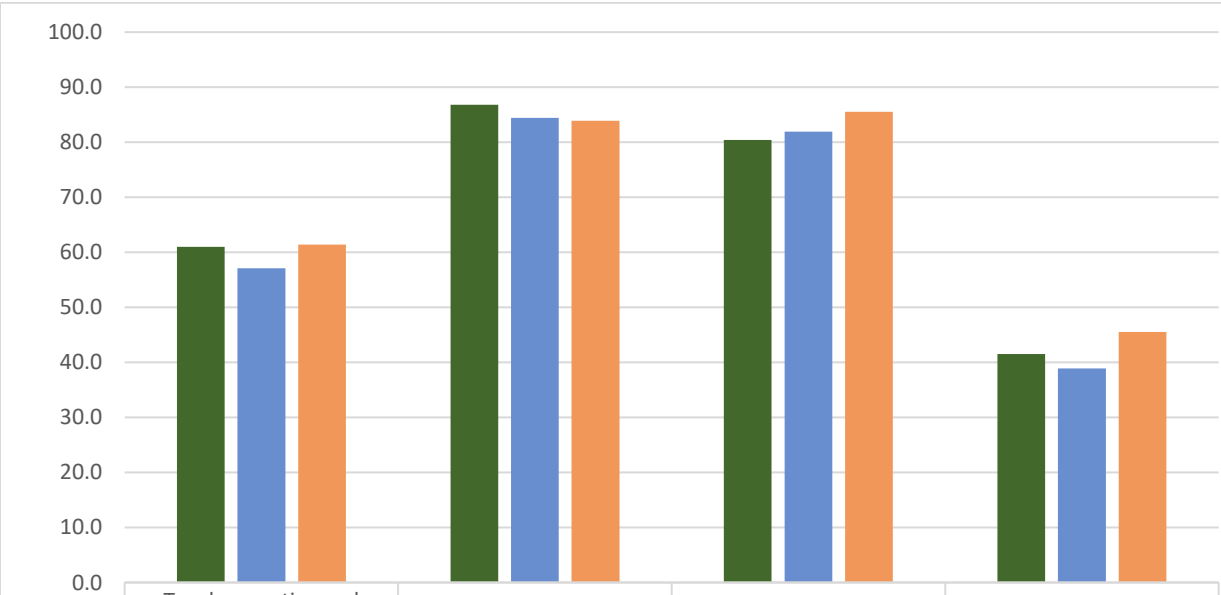
	2015	2016	2017	2018
Teachers notice and compliment me*	63.4	62.7	59.9	59.8
Feel safe at school	88.3	89.2	87.6	85.0
Teachers available to talk	82.1	84.3	82.2	82.6
Teachers praise me	45.8	45.4	42.6	41.9



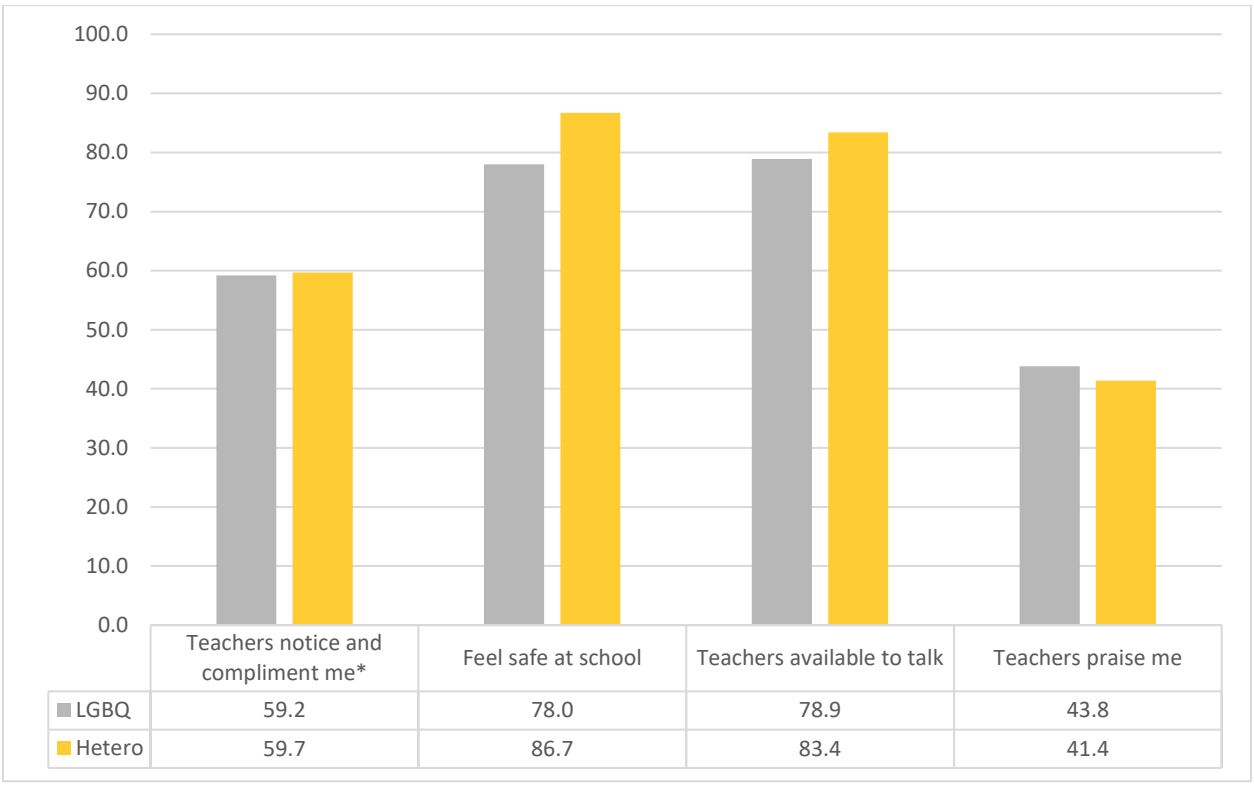
	Female	Male
Teachers notice and compliment me*	58.4	61.4
Feel safe at school	83.5	86.7
Teachers available to talk	80.8	84.4
Teachers praise me	40.5	43.3



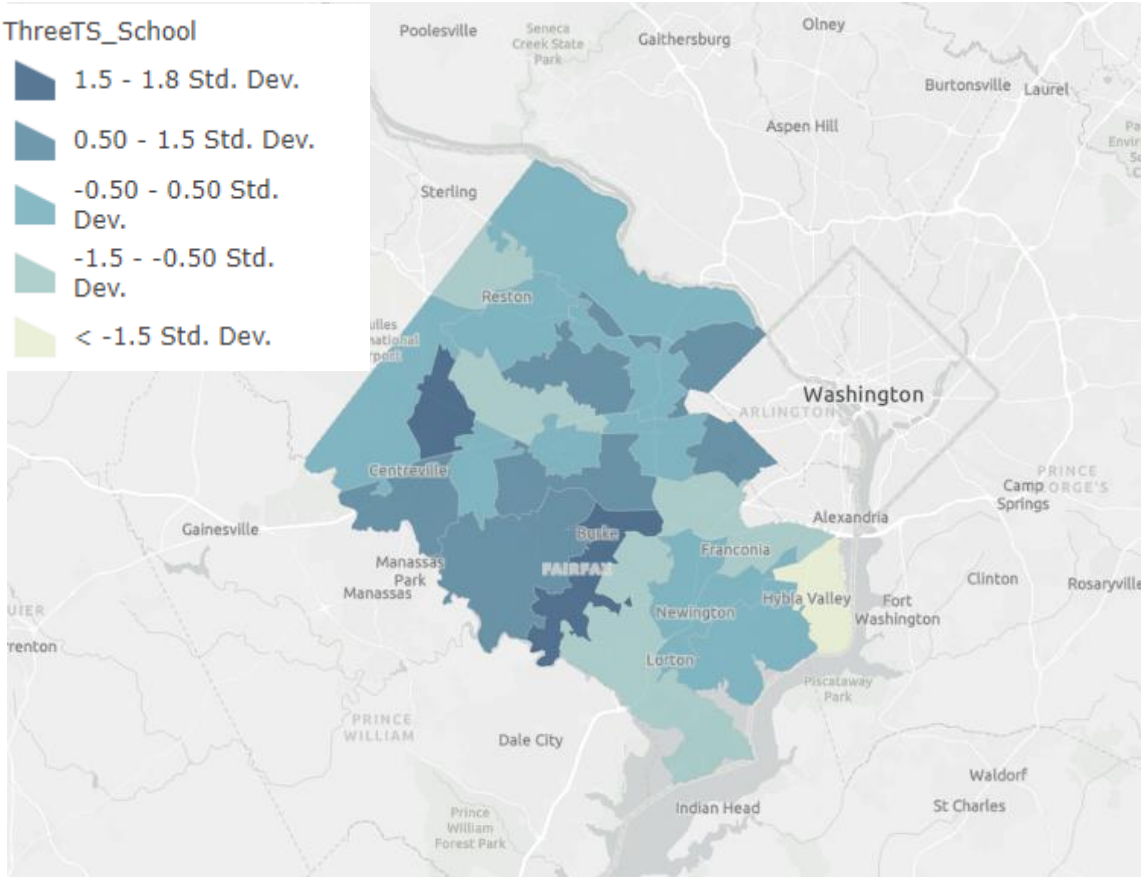
	Teachers notice and compliment me*	Feel safe at school	Teachers available to talk	Teachers praise me
White	60.5	86.1	83.2	42.4
Black	61.1	82.6	82.6	40.9
Hispanic	60.5	82.7	82.0	38.1
Asian	58.0	87.1	82.9	45.6
Other/Multiple	58.4	83.9	80.2	41.0



	Teachers notice and compliment me*	Feel safe at school	Teachers available to talk	Teachers praise me
8th	61.0	86.8	80.4	41.5
10th	57.1	84.4	81.9	38.9
12th	61.4	83.9	85.5	45.5



	Teachers notice and compliment me*	Feel safe at school	Teachers available to talk	Teachers praise me
LGBQ	59.2	78.0	78.9	43.8
Hetero	59.7	86.7	83.4	41.4



Family-Based Protective Factors

Completed by Jesse Ellis; Prevention Manager, Prevention Unit, Fairfax County Department of Neighborhood and Community Services; jesse.ellis@fairfaxcounty.gov

Overview

Youth report high levels of structure, as over 90% have parents who know where they are and 88% have clear rules on drugs and alcohol. More than four in five report being able to talk with a parent when they have a problem, and about 70% feel included in family decisions that affect them. There are no discernable trends, as these data have remained fairly consistent since 2015.

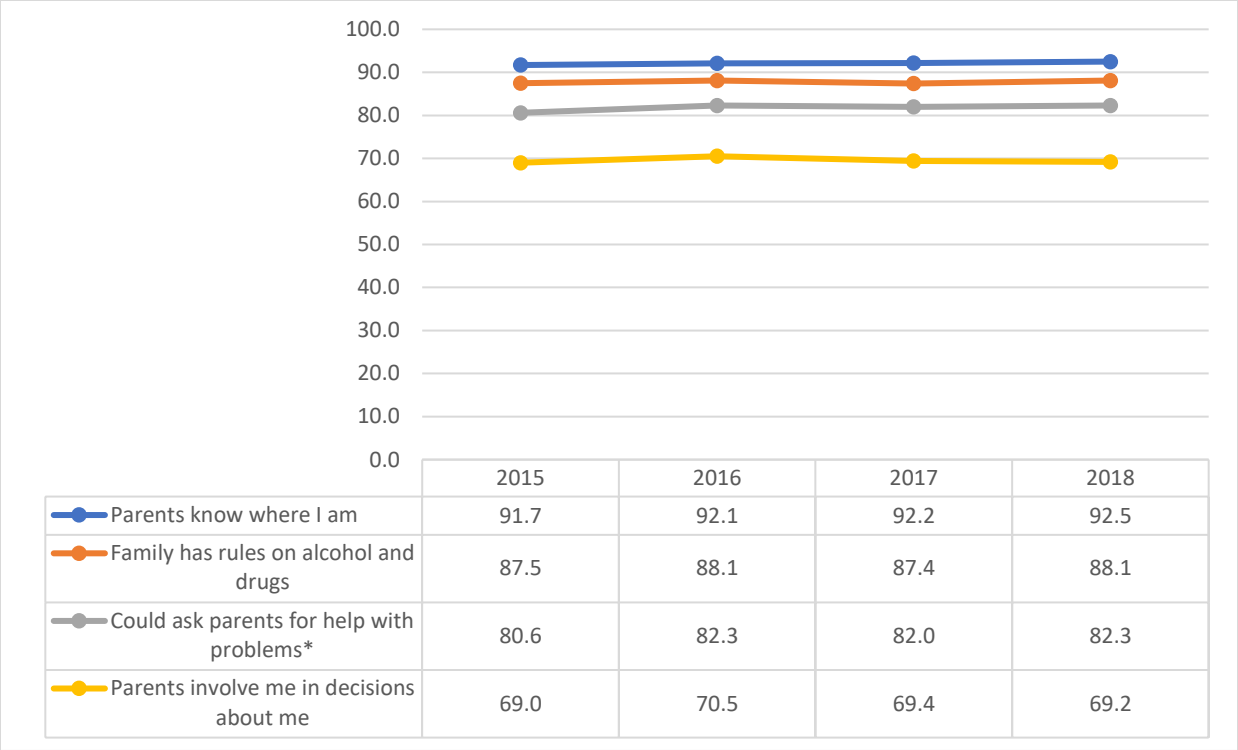
Parental disapproval of drinking, smoking, and marijuana use remains high, with no to minimal disparities.

Disparities

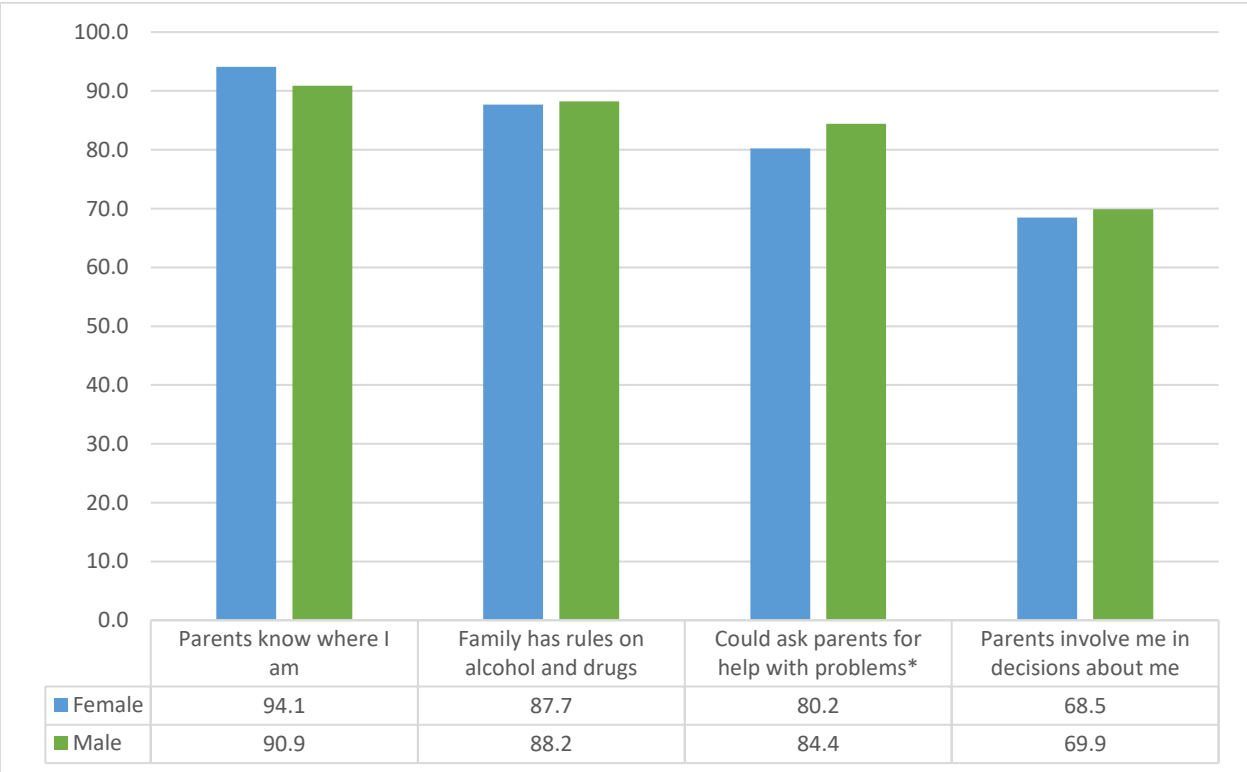
Girls are slightly more likely than boys to have parents who want to know their whereabouts, while boys are slightly more likely to report being able to go to a parent for help. White students are much more likely to report being able to go for a parent for help and to be involved in decision making. LGBQ students are much less likely to report being able to go for a parent for help and to be involved in decision making. It is interesting that, as students age, they are less likely to report being involved in decision making. The Justice and Annandale pyramids have family protective factor scores that are significantly lower than the countywide average.

Implications

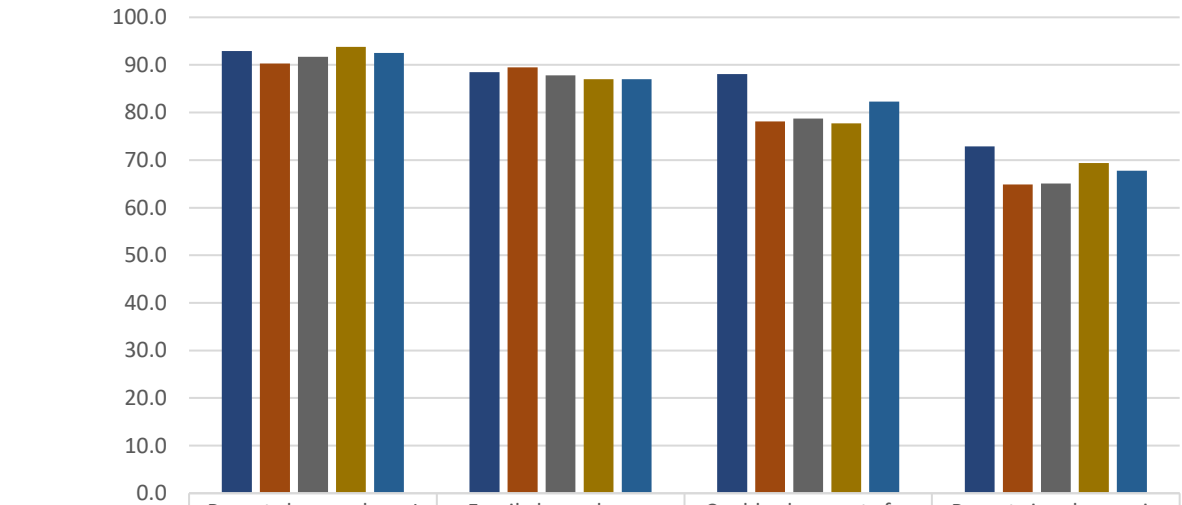
Providers of parenting courses, who often focus on families of color and target many of their services to the Falls Church and Annandale areas, should emphasize shared decision making strategies. Engaging the Family Acceptance Project should result in strategies and service enhancements that could improve outcomes for LGBQ families. Continue outreach to parents on the risks of substance use in order to maintain high disapproval levels.



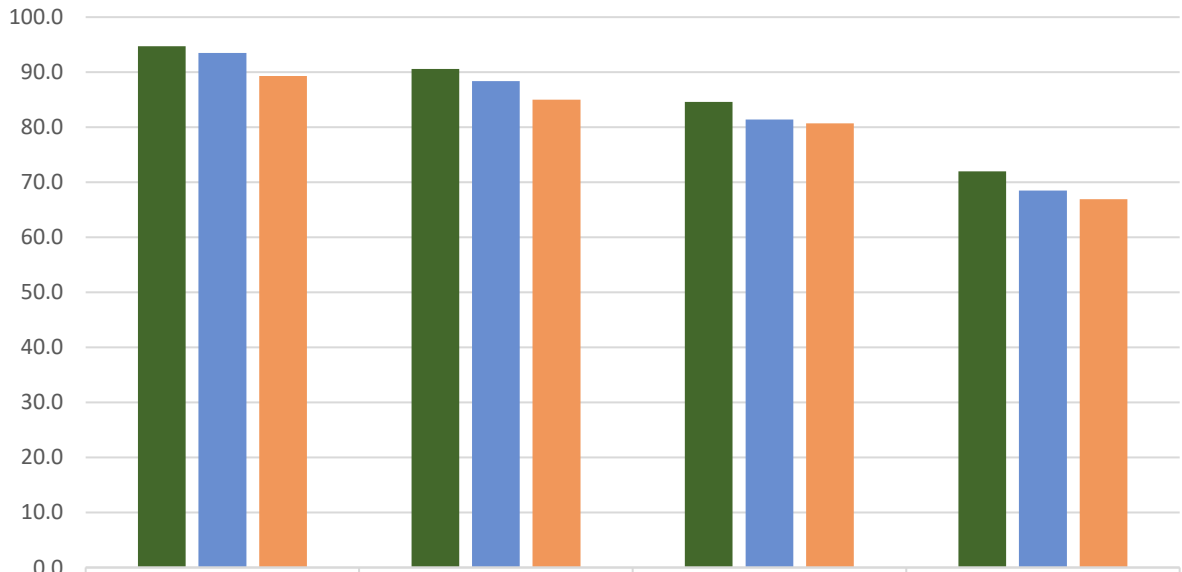
	2015	2016	2017	2018
Parents know where I am	91.7	92.1	92.2	92.5
Family has rules on alcohol and drugs	87.5	88.1	87.4	88.1
Could ask parents for help with problems*	80.6	82.3	82.0	82.3
Parents involve me in decisions about me	69.0	70.5	69.4	69.2



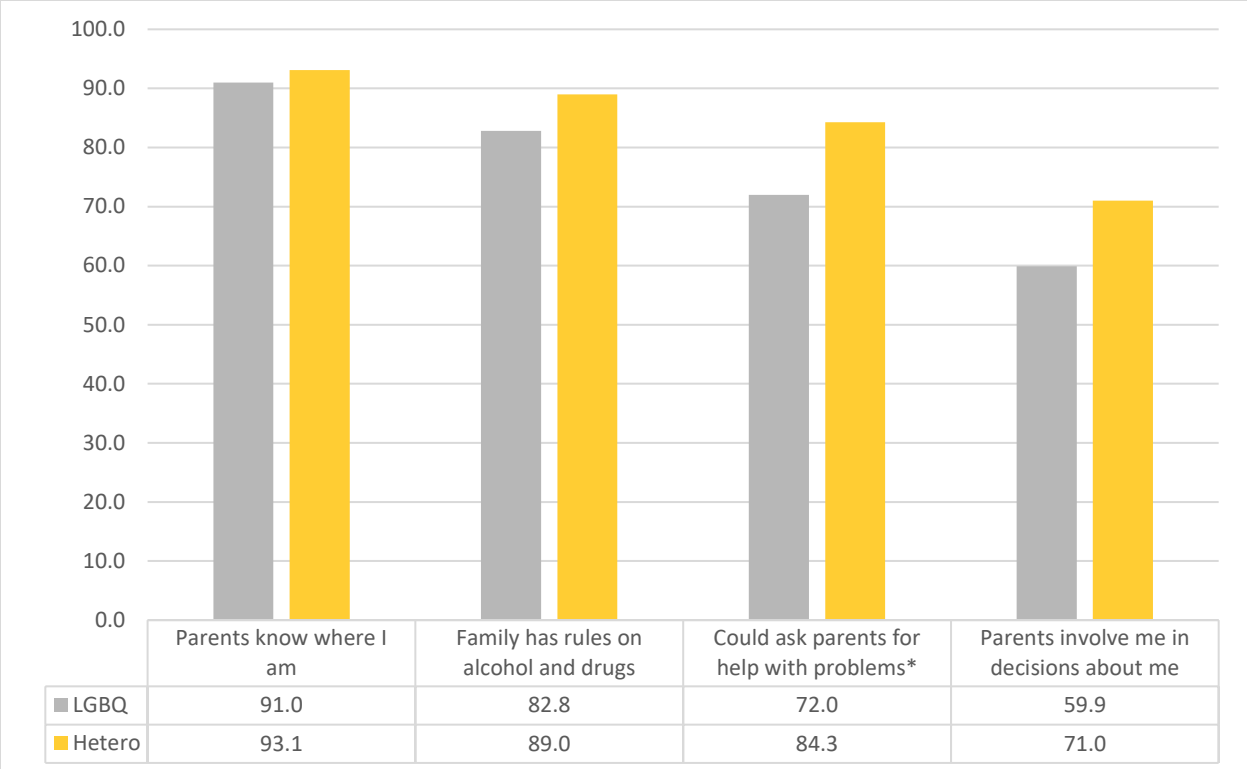
	Parents know where I am	Family has rules on alcohol and drugs	Could ask parents for help with problems*	Parents involve me in decisions about me
Female	94.1	87.7	80.2	68.5
Male	90.9	88.2	84.4	69.9



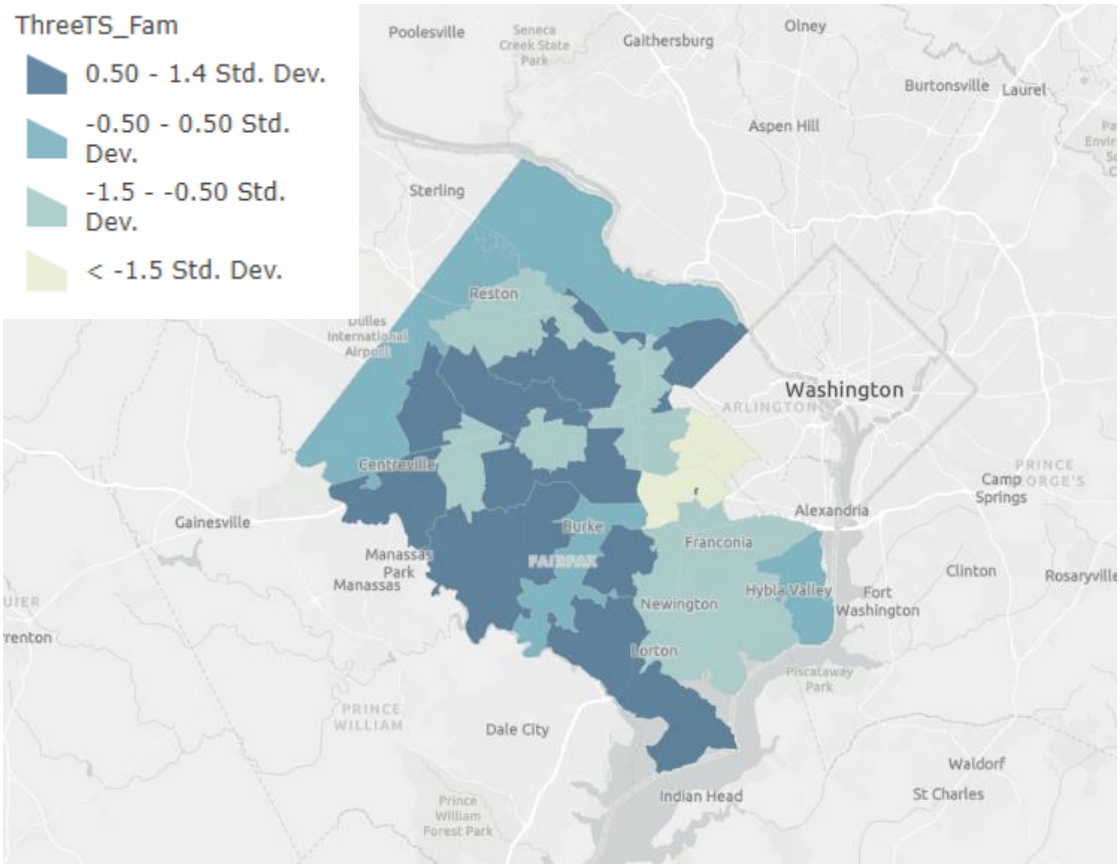
	Parents know where I am	Family has rules on alcohol and drugs	Could ask parents for help with problems*	Parents involve me in decisions about me
White	92.9	88.5	88.1	72.9
Black	90.3	89.5	78.1	64.9
Hispanic	91.7	87.8	78.7	65.1
Asian	93.8	87.0	77.7	69.4
Other/Multiple	92.5	87.0	82.3	67.8

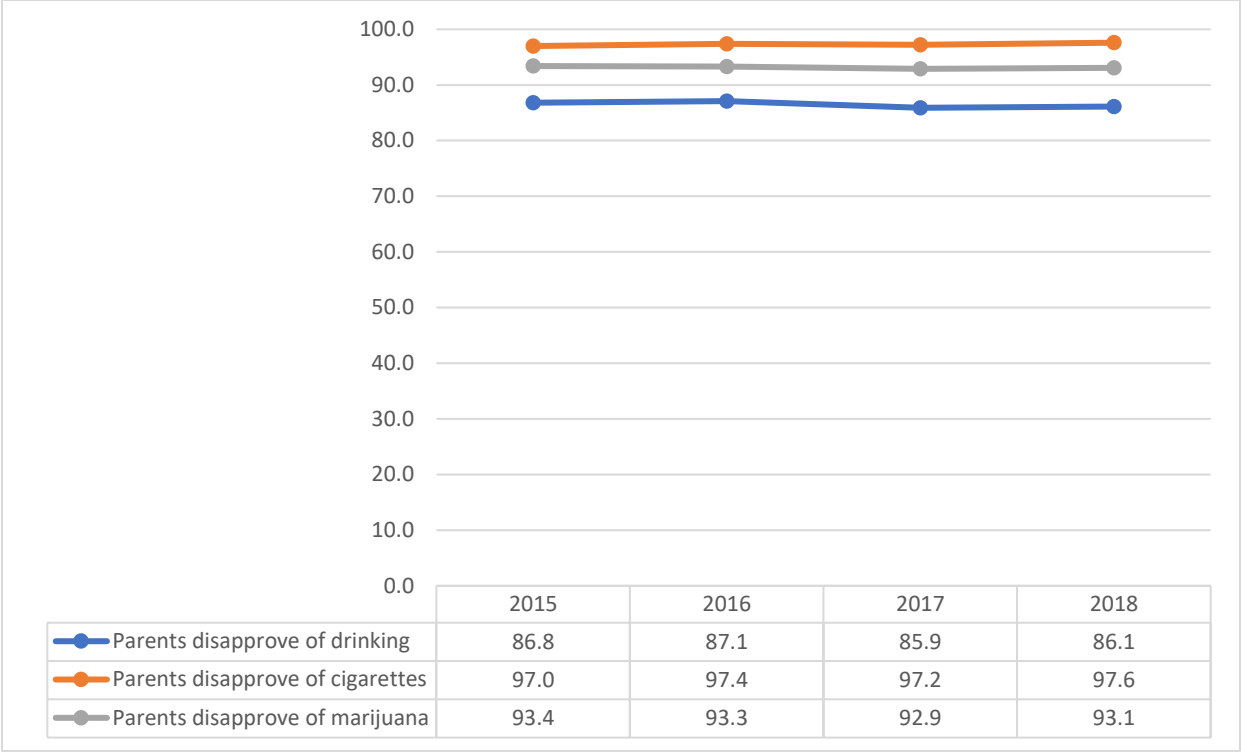


	Parents know where I am	Family has rules on alcohol and drugs	Could ask parents for help with problems*	Parents involve me in decisions about me
8th	94.7	90.6	84.6	72.0
10th	93.5	88.4	81.4	68.5
12th	89.3	85.0	80.7	66.9

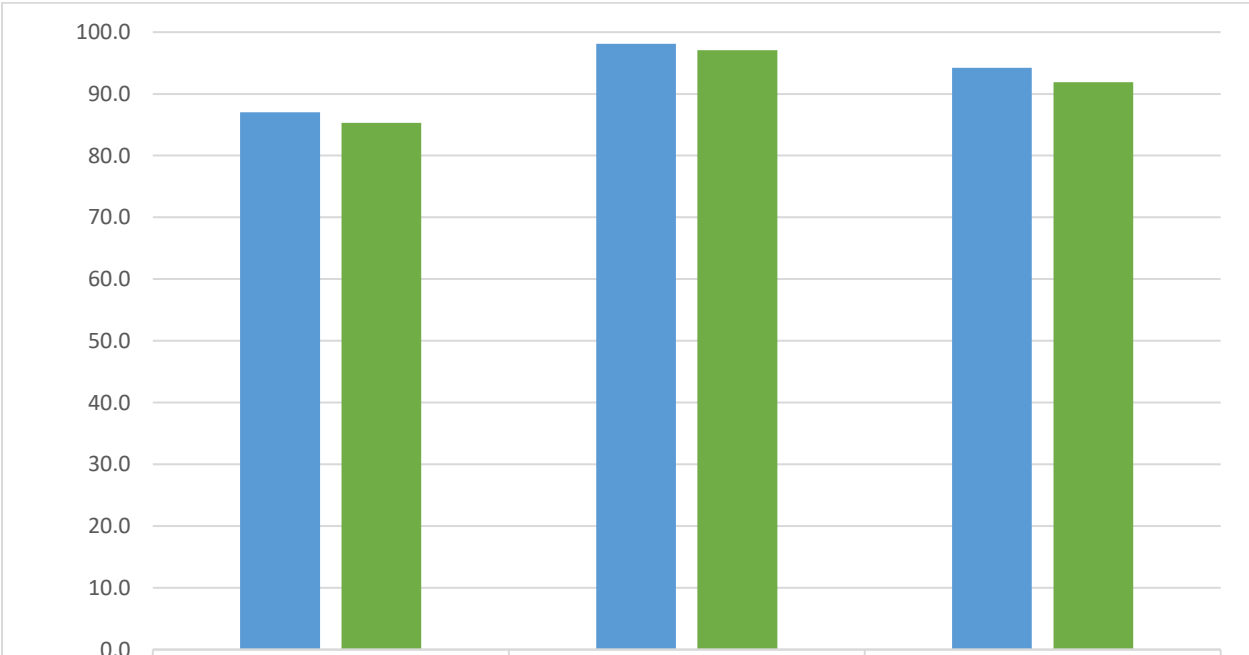


	Parents know where I am	Family has rules on alcohol and drugs	Could ask parents for help with problems*	Parents involve me in decisions about me
LGBQ	91.0	82.8	72.0	59.9
Hetero	93.1	89.0	84.3	71.0

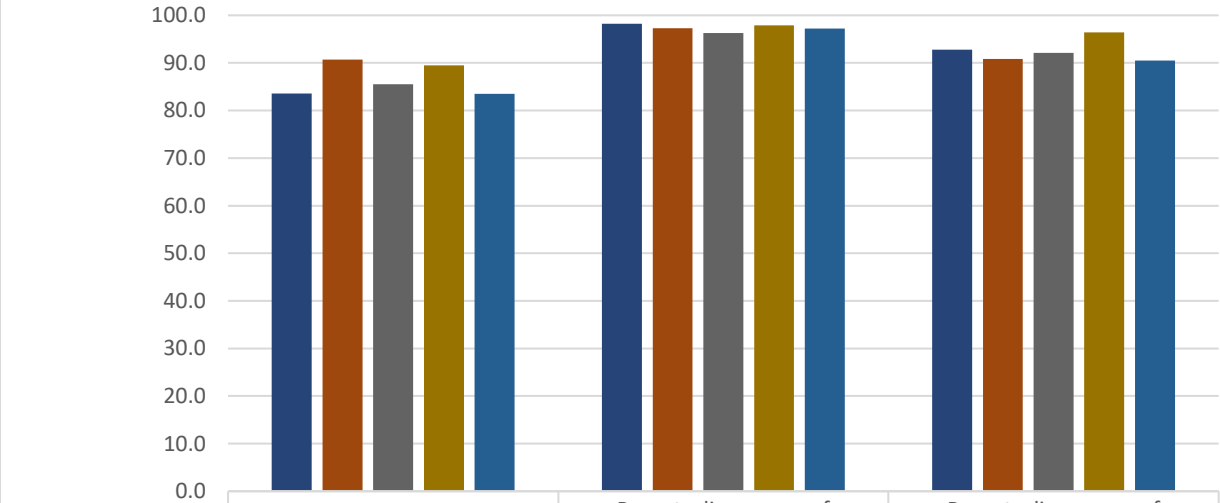




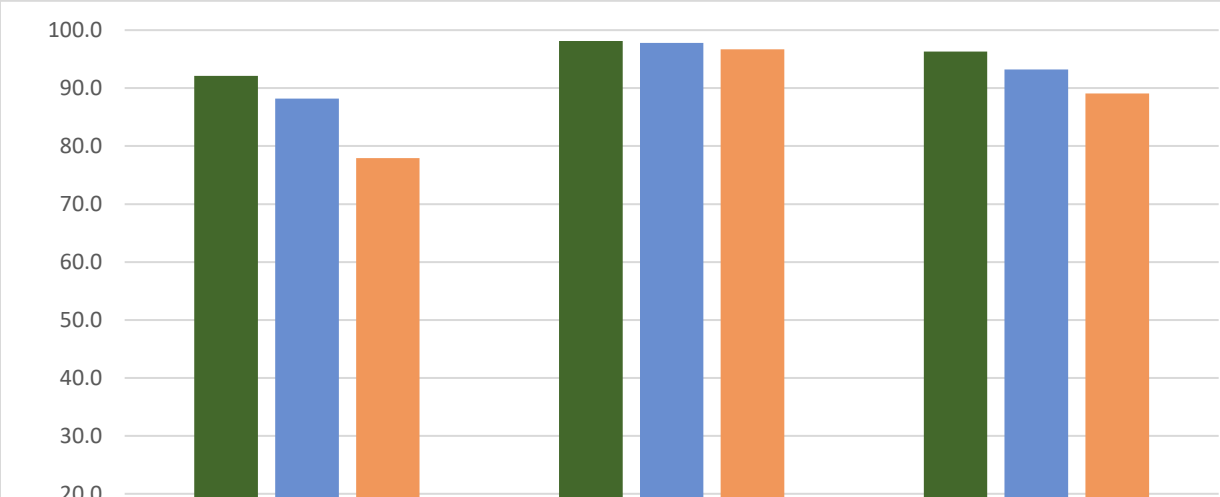
	2015	2016	2017	2018
Parents disapprove of drinking	86.8	87.1	85.9	86.1
Parents disapprove of cigarettes	97.0	97.4	97.2	97.6
Parents disapprove of marijuana	93.4	93.3	92.9	93.1



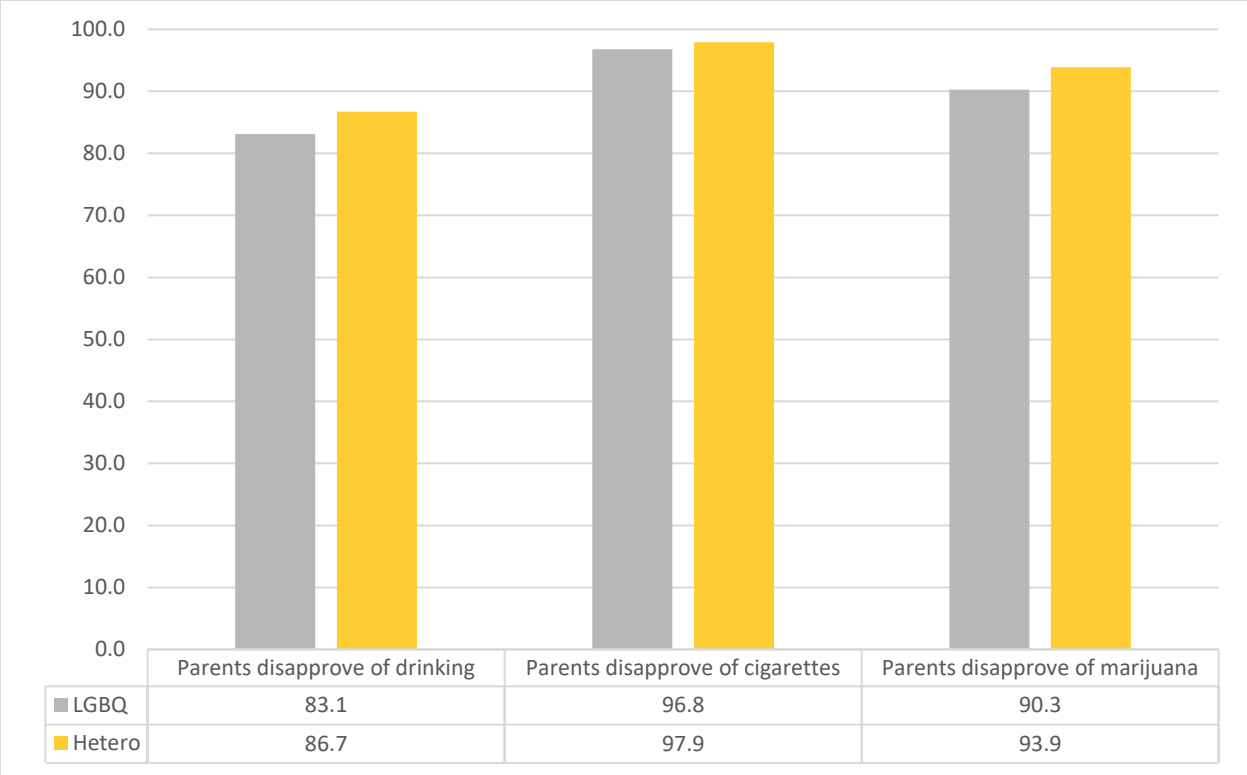
	Parents disapprove of drinking	Parents disapprove of cigarettes	Parents disapprove of marijuana
Female	87.0	98.1	94.2
Male	85.3	97.1	91.9



	Parents disapprove of drinking	Parents disapprove of cigarettes	Parents disapprove of marijuana
White	83.6	98.2	92.8
Black	90.7	97.3	90.8
Hispanic	85.5	96.3	92.1
Asian	89.5	97.9	96.4
Other/Multiple	83.5	97.2	90.5



	Parents disapprove of drinking	Parents disapprove of cigarettes	Parents disapprove of marijuana
8th	92.1	98.1	96.3
10th	88.2	97.8	93.2
12th	77.9	96.7	89.1



	Parents disapprove of drinking	Parents disapprove of cigarettes	Parents disapprove of marijuana
LGBQ	83.1	96.8	90.3
Hetero	86.7	97.9	93.9

Community-Based Protective Factors

Completed by Jesse Ellis; Prevention Manager, Prevention Unit, Fairfax County Department of Neighborhood and Community Services; jesse.ellis@fairfaxcounty.gov

Overview

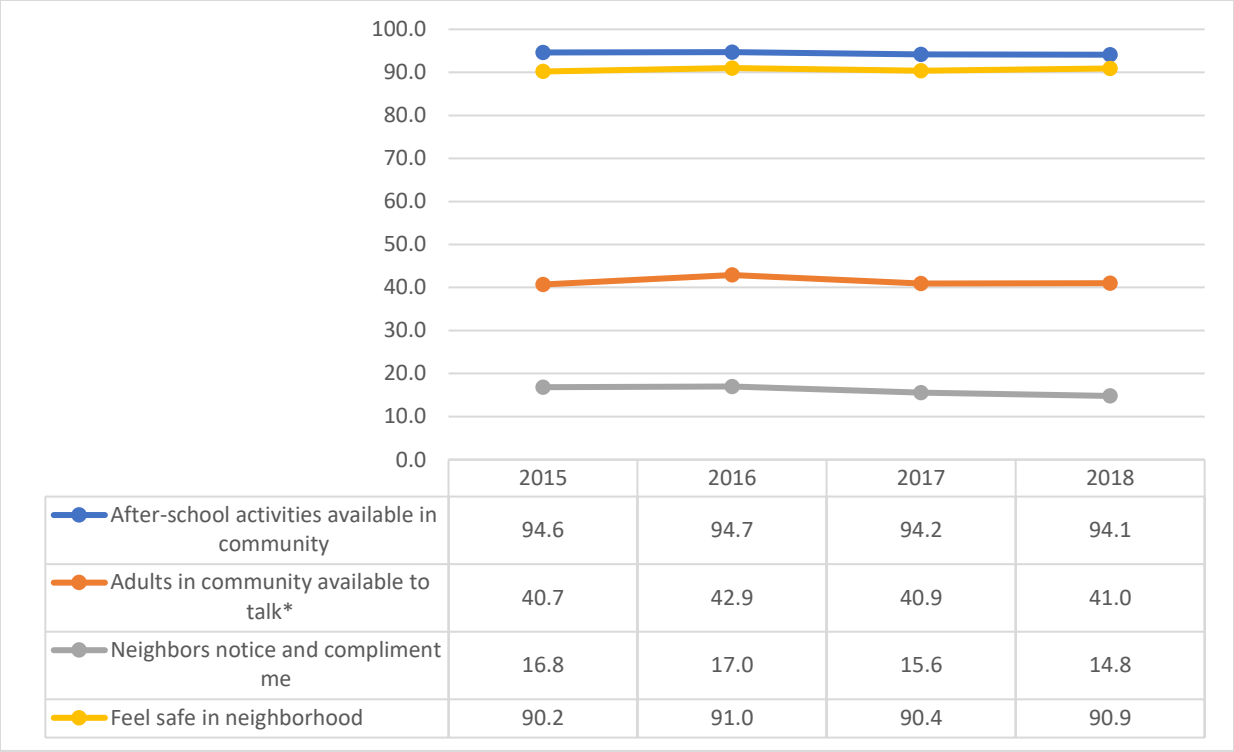
The presence of community-based protective factors has remained fairly stable over time, with no significant trends emerging. Students report high levels of community-wide assets, with over 90% reporting after-school activities are available and that they feel safe in their neighborhood. Lower numbers report positive relationships with adults in the community, with 41% reporting there are lots of adults in the community who they can talk to, and only 15% reporting that neighbors notice and compliment them on a job well done. These low ratings may be in part due to the wording of the items, which students could interpret as limiting these adults to immediate neighbors (e.g., next-door neighbors).

Disparities

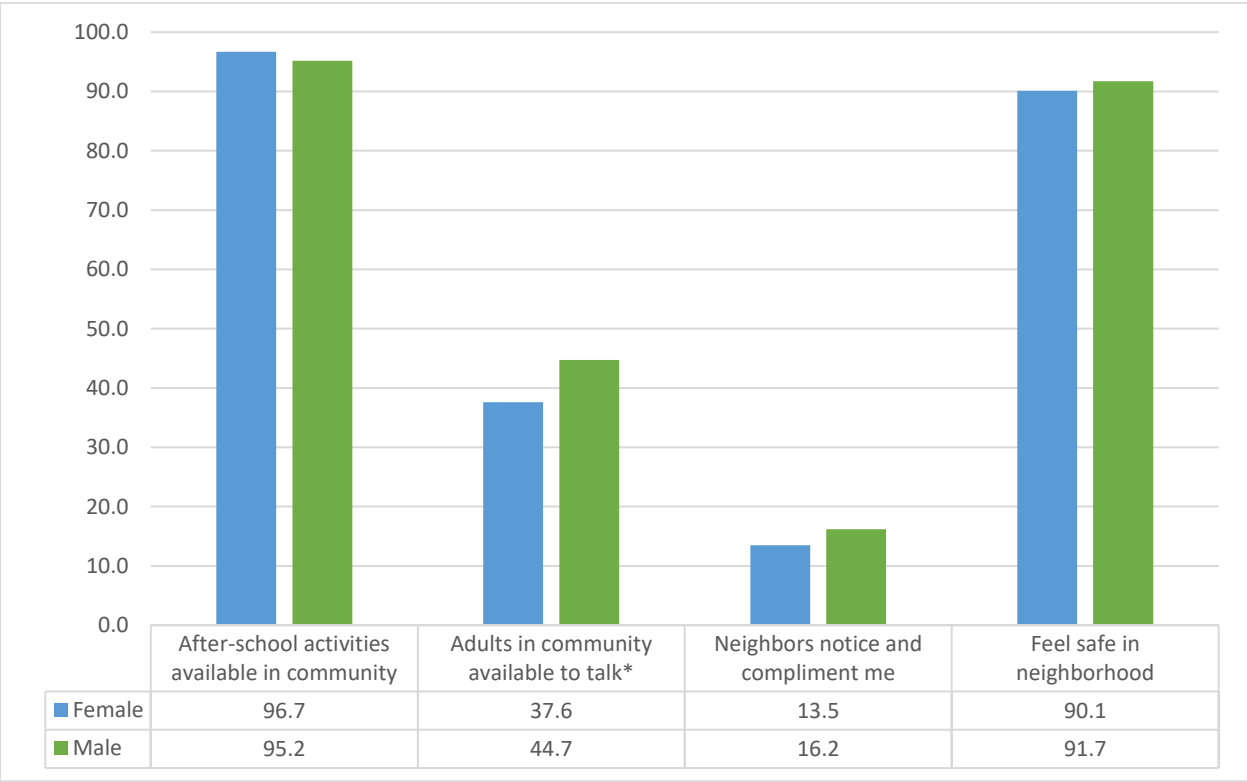
Black and Hispanic students are less likely to report available after-school activities and that they feel safe in their neighborhoods. White students are much, much more likely (nearly 20 percentage points) than most of their peers to report community adults available to talk to. Heterosexual students are also more likely than LGBQ students to report community adults available to talk to. The Mount Vernon, Lee, and Annandale pyramids have community protective factor scores that are significantly lower than the countywide average.

Implications

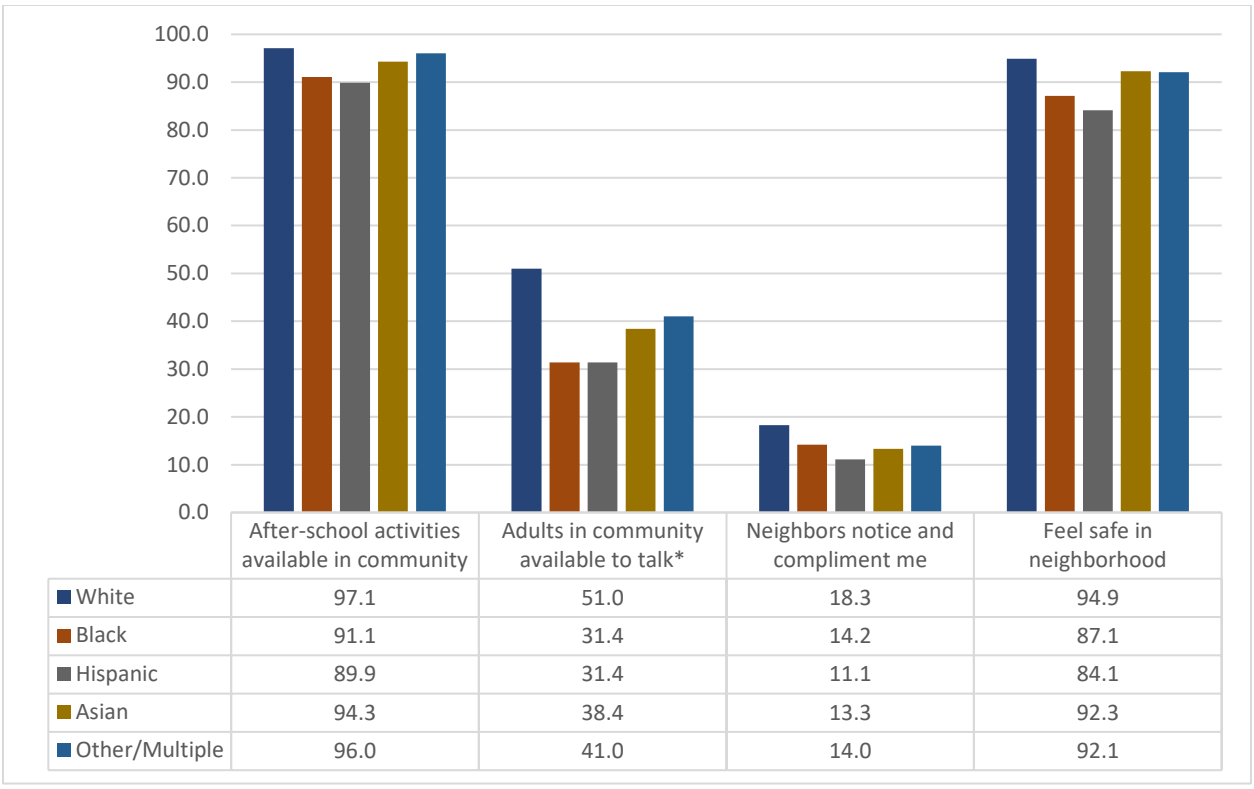
Emphasis should be maintained on encouraging “neighbors” and other community adults (e.g., coaches, religious leaders) to establish healthy relationships with youth, especially within communities of color. Engagement of students of color, particularly within the southeastern part of the county, should focus on identifying barriers to after-school activity participation and on how to enhance community safety.



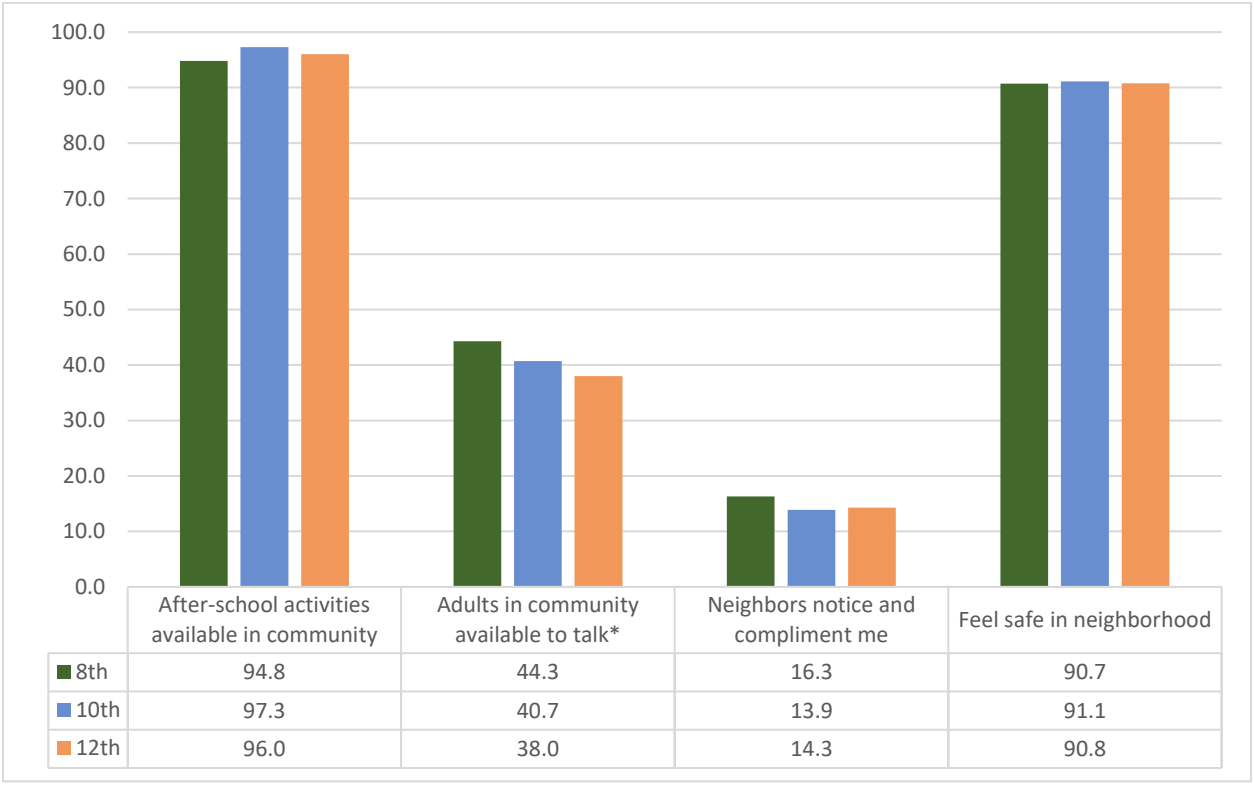
	2015	2016	2017	2018
After-school activities available in community	94.6	94.7	94.2	94.1
Adults in community available to talk*	40.7	42.9	40.9	41.0
Neighbors notice and compliment me	16.8	17.0	15.6	14.8
Feel safe in neighborhood	90.2	91.0	90.4	90.9



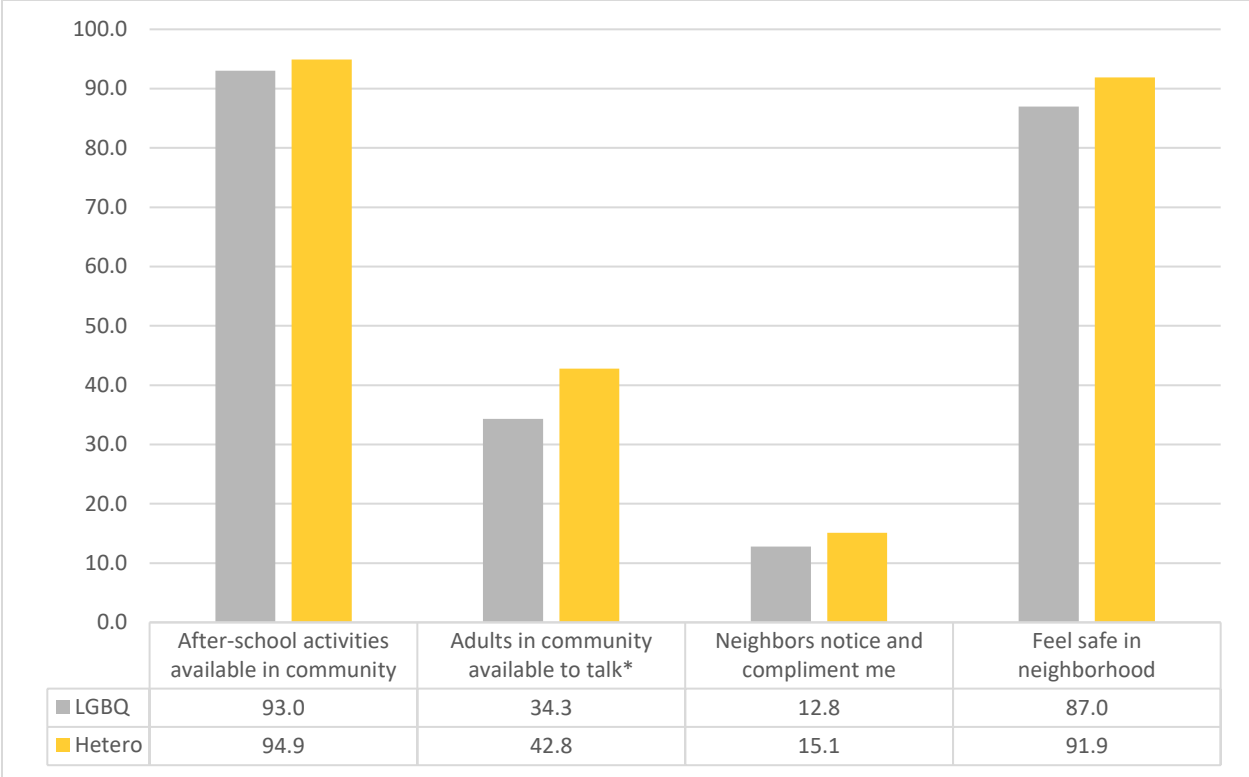
	After-school activities available in community	Adults in community available to talk*	Neighbors notice and compliment me	Feel safe in neighborhood
Female	96.7	37.6	13.5	90.1
Male	95.2	44.7	16.2	91.7



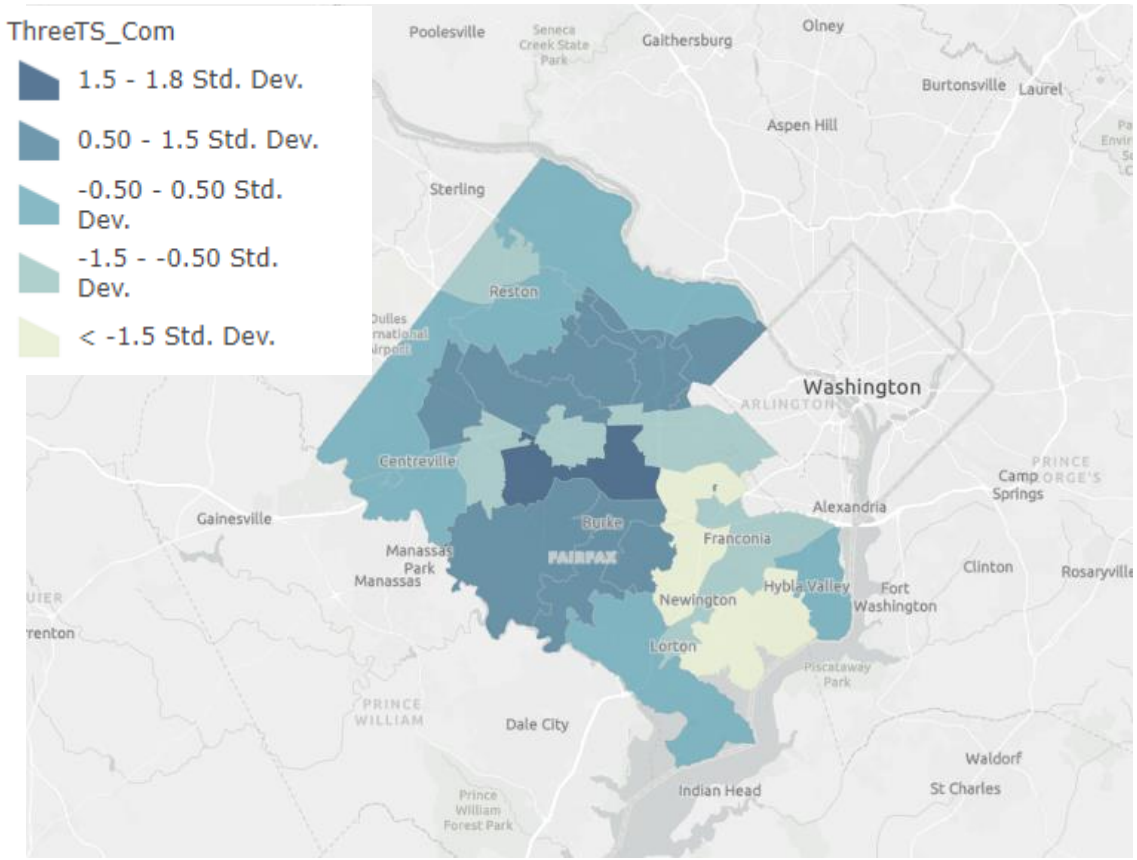
	After-school activities available in community	Adults in community available to talk*	Neighbors notice and compliment me	Feel safe in neighborhood
White	97.1	51.0	18.3	94.9
Black	91.1	31.4	14.2	87.1
Hispanic	89.9	31.4	11.1	84.1
Asian	94.3	38.4	13.3	92.3
Other/Multiple	96.0	41.0	14.0	92.1



	After-school activities available in community	Adults in community available to talk*	Neighbors notice and compliment me	Feel safe in neighborhood
8th	94.8	44.3	16.3	90.7
10th	97.3	40.7	13.9	91.1
12th	96.0	38.0	14.3	90.8



	After-school activities available in community	Adults in community available to talk*	Neighbors notice and compliment me	Feel safe in neighborhood
LGBQ	93.0	34.3	12.8	87.0
Hetero	94.9	42.8	15.1	91.9



Individual Protective Factors

Completed by Jesse Ellis; Prevention Manager, Prevention Unit, Fairfax County Department of Neighborhood and Community Services; jesse.ellis@fairfaxcounty.gov

Overview

Most measures of student-level protective factors have remained steady over time. There have been slight declines, however, in the percent of students who report it's not okay to cheat at school and who perform community service. Over 90% of students report having much to be thankful for, three quarters say it is important to accept responsibility for your actions, and 71% participate in after-school activities.

Attitudes regarding substance use have also remained stable. For example, there has not been a significant decrease in the percentage of students who believe smoking marijuana is risky.

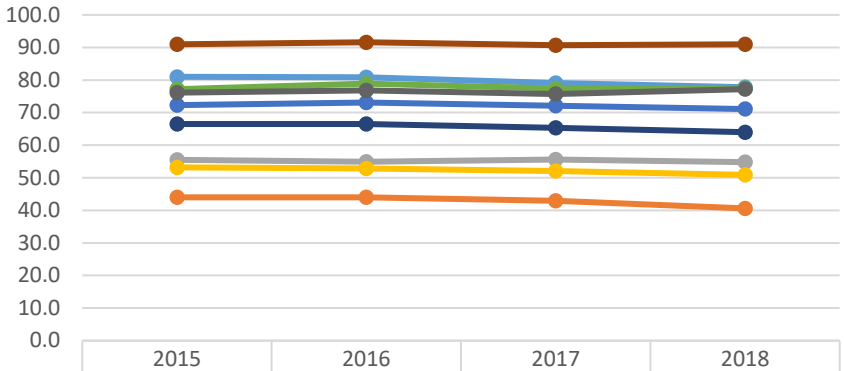
Disparities

Girls are much more likely than boys to report participating in community service and making sure people are treated fairly. Boys are significantly more likely to believe they can solve their problems. There are significant racial and ethnic disparities in after-school activity participation; nearly 80% of white students participate regularly, compared to 65% of Black students and 54% of Hispanic students. Interestingly, after-school participation increases as students age; 67% of eighth graders participate, compared to 71% of tenth and 75% of twelfth graders. Fewer than half of LGBQ students report believing they can solve most of their problems, compared to 67% of their peers. Students in the Mount Vernon and Justice pyramids have individual protective factor scores that are significantly lower than the countywide average.

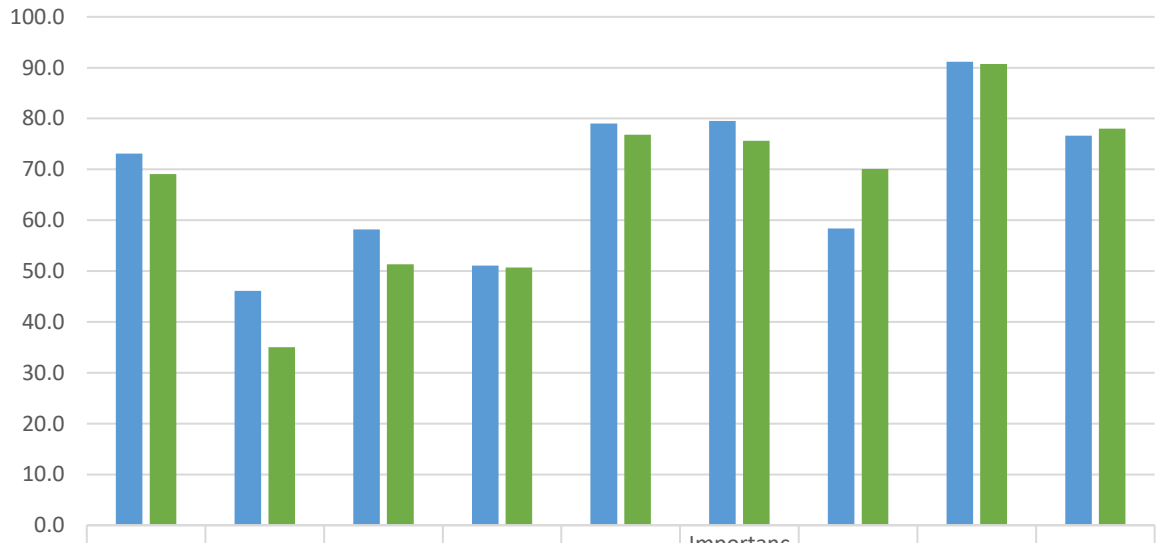
Implications

Efforts to increase self-efficacy, particularly related to problem solving, should target girls and LGBQ students. Engagement of students of color, particularly within the southeastern part of the county, should focus on identifying barriers to after-school activity participation.

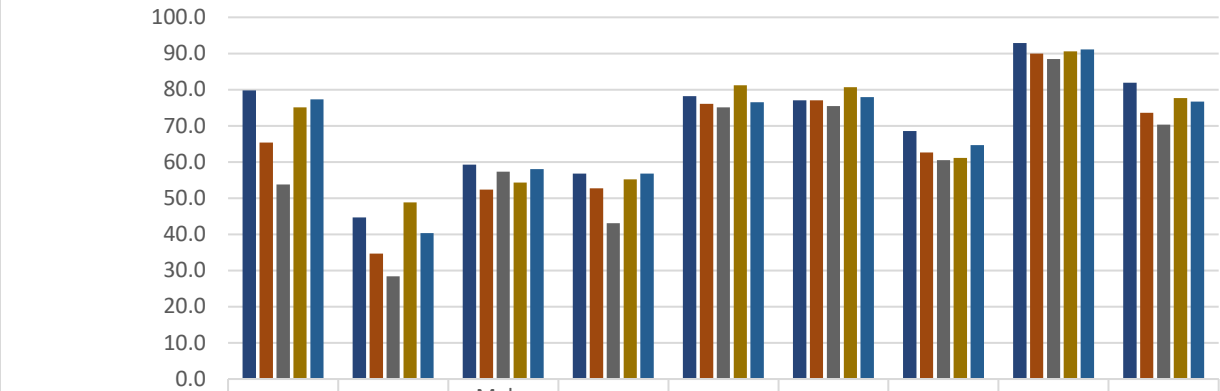
Individual Protective Factors



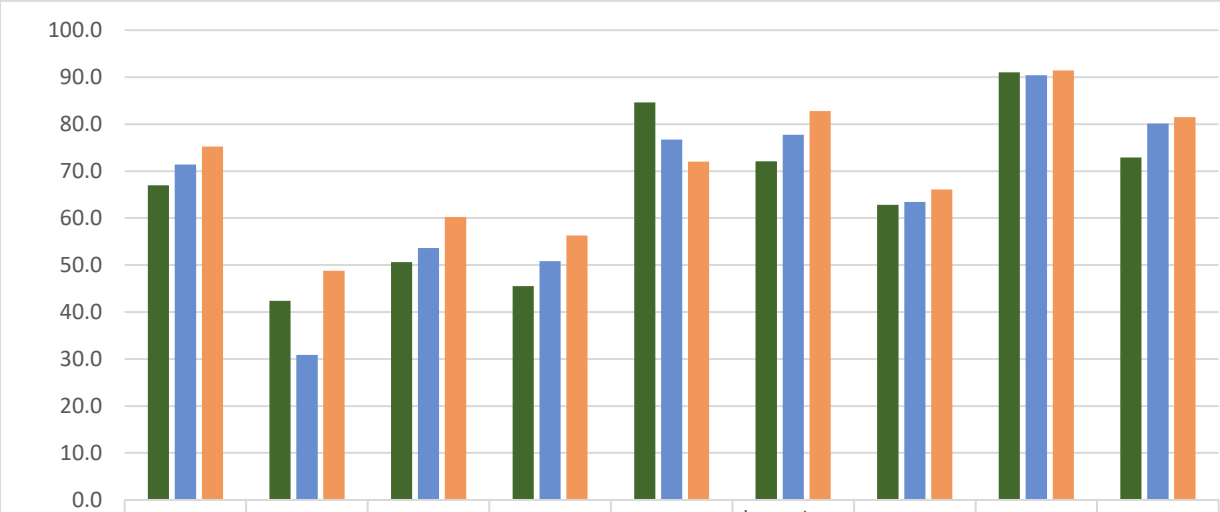
	2015	2016	2017	2018
Participate in after-school activities*	72.3	73.1	72.1	71.1
Perform community service*	44.0	44.0	42.9	40.6
Make sure people are treated fairly	55.5	54.9	55.6	54.8
Stood up for what you believe	53.2	52.9	52.1	50.9
It's okay to cheat at school*	81.0	80.9	79.1	77.8
Importance of accepting responsibility**	77.2	78.9	77.4	77.5
Can solve most problems	66.5	66.5	65.3	64.0
Much to be thankful for	91.0	91.6	90.7	91.0
Can disagree without fighting	76.1	76.8	75.7	77.2



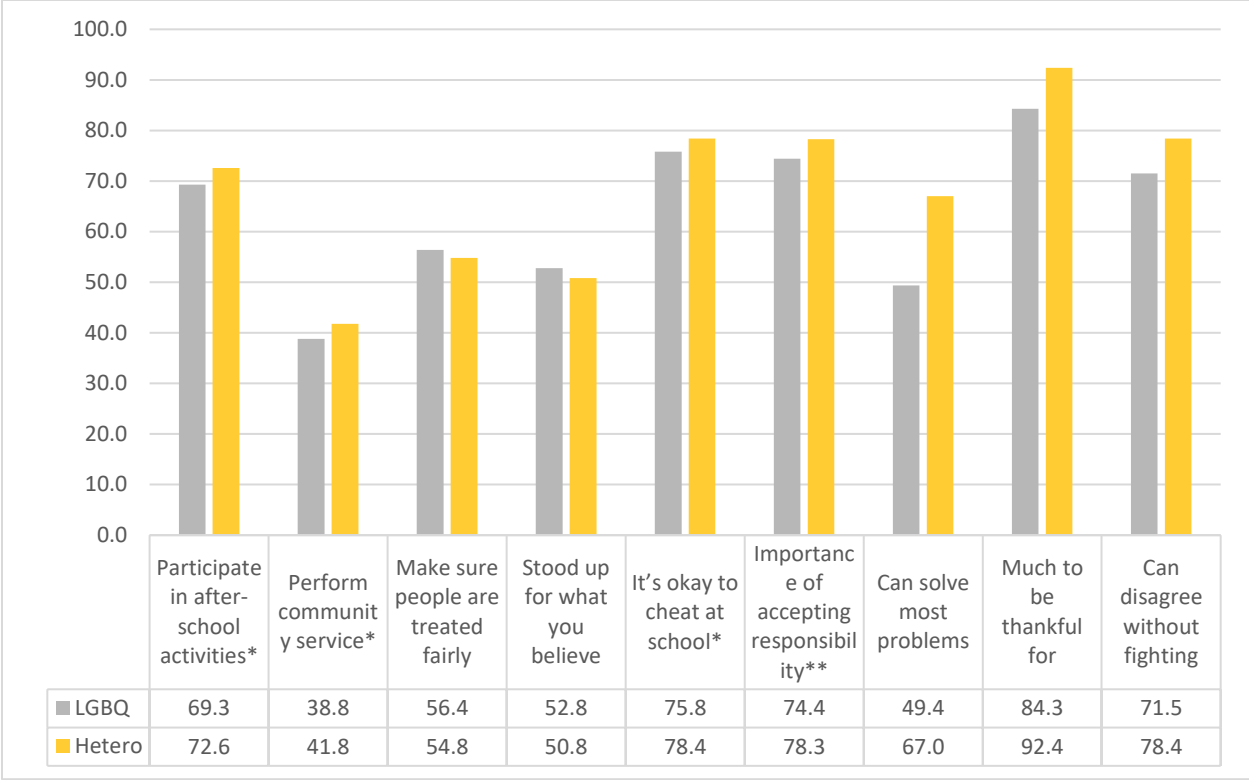
	Participate in after-school activities*	Perform community service*	Make sure people are treated fairly	Stood up for what you believe	It's okay to cheat at school*	Importance of accepting responsibility**	Can solve most problems	Much to be thankful for	Can disagree without fighting
Female	73.1	46.1	58.2	51.1	79.0	79.5	58.4	91.2	76.6
Male	69.1	35.0	51.3	50.7	76.8	75.6	70.1	90.7	78.0



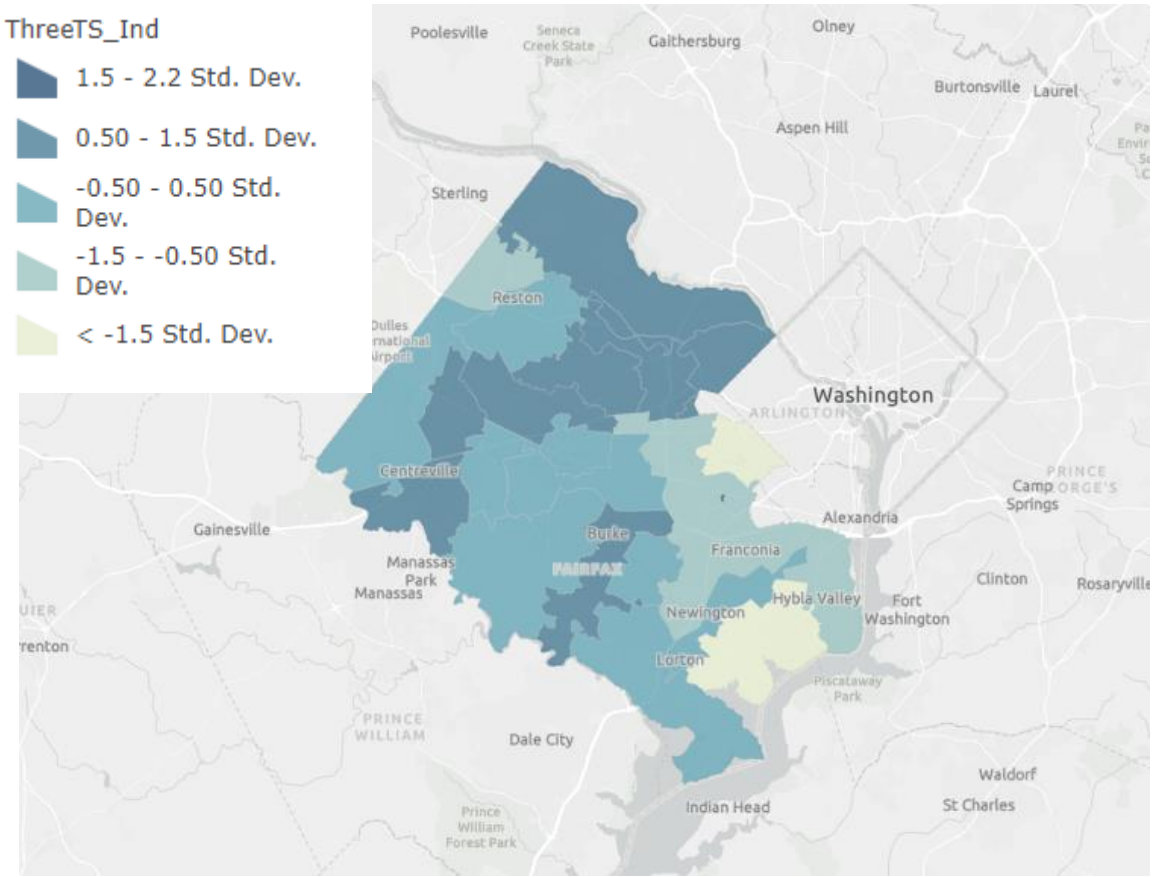
	Participate in after-school activities*	Perform community service*	Make sure people are treated fairly	Stood up for what you believe	It's okay to cheat at school*	Importance of accepting responsibility**	Can solve most problems	Much to be thankful for	Can disagree without fighting
White	79.8	44.7	59.3	56.8	78.2	77.1	68.6	92.9	81.9
Black	65.4	34.7	52.4	52.7	76.1	77.1	62.6	90.0	73.6
Hispanic	53.8	28.4	57.3	43.1	75.1	75.5	60.5	88.5	70.3
Asian	75.1	48.8	54.3	55.2	81.2	80.7	61.1	90.6	77.7
Other/Multiple	77.3	40.3	58.0	56.8	76.5	77.9	64.7	91.1	76.7

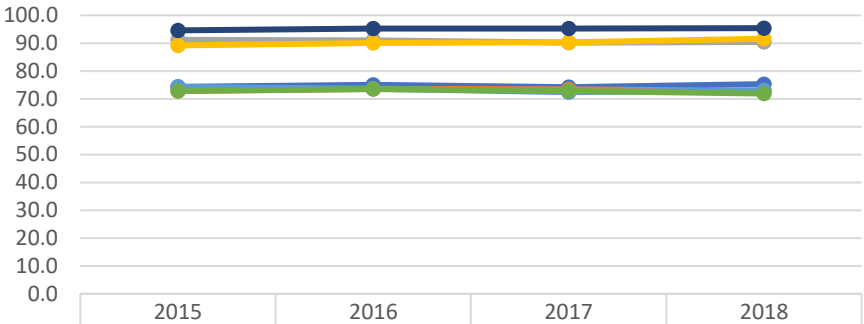


	Participate in after-school activities*	Perform community service*	Make sure people are treated fairly	Stood up for what you believe	It's okay to cheat at school*	Importance of accepting responsibility**	Can solve most problems	Much to be thankful for	Can disagree without fighting
8th	67.0	42.4	50.6	45.5	84.6	72.1	62.8	91.0	72.9
10th	71.4	30.9	53.6	50.8	76.7	77.7	63.4	90.4	80.1
12th	75.2	48.8	60.2	56.3	72.0	82.8	66.1	91.4	81.5

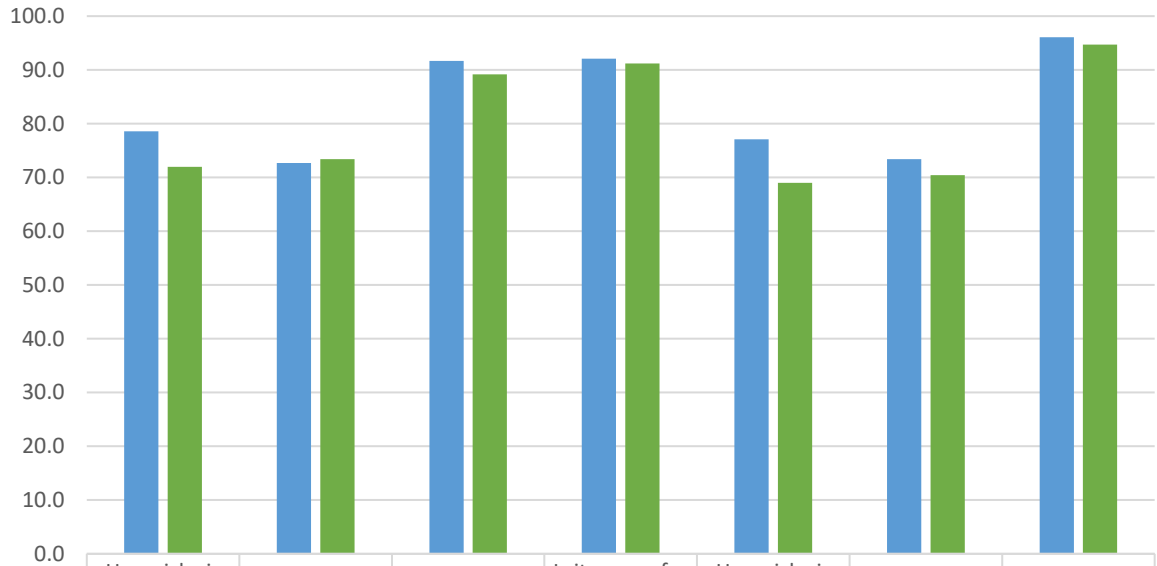


	Participate in after-school activities*	Perform community service*	Make sure people are treated fairly	Stood up for what you believe	It's okay to cheat at school*	Importance of accepting responsibility**	Can solve most problems	Much to be thankful for	Can disagree without fighting
LGBQ	69.3	38.8	56.4	52.8	75.8	74.4	49.4	84.3	71.5
Hetero	72.6	41.8	54.8	50.8	78.4	78.3	67.0	92.4	78.4

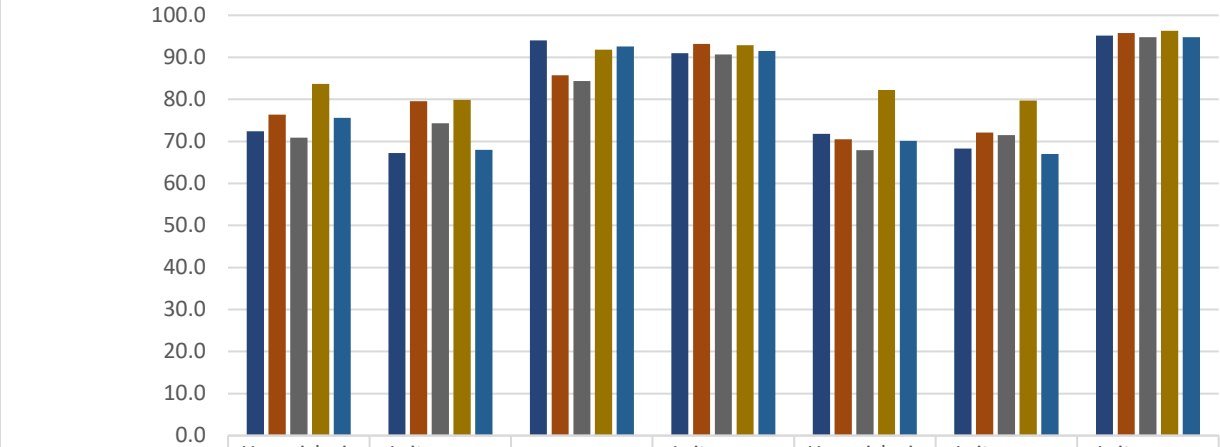




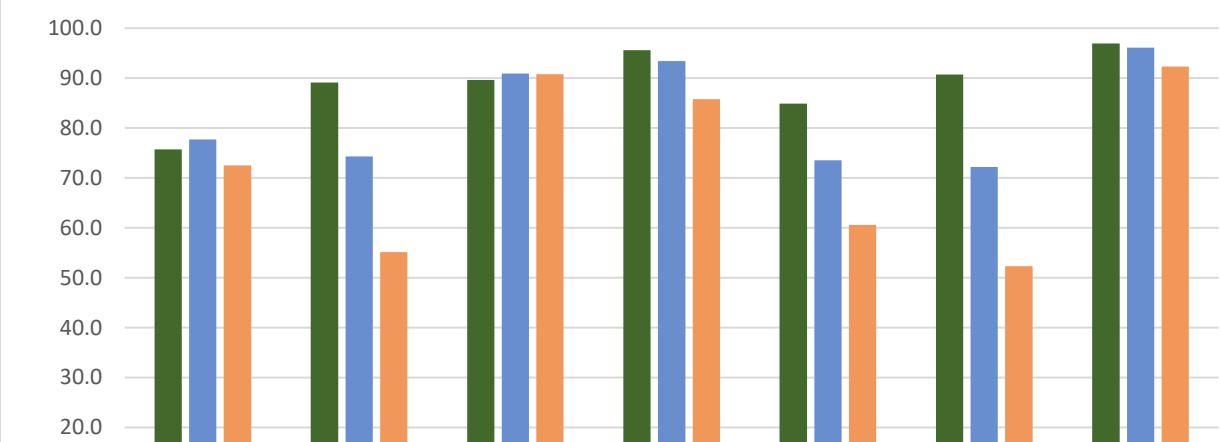
	2015	2016	2017	2018
How risky is drinking alcohol regularly?	74.3	75.0	74.2	75.3
Is it wrong for peers to drink regularly?	72.8	73.6	73.4	72.9
How risky is smoking regularly?	91.2	91.0	90.2	90.4
Is it wrong for peers to smoke cigarettes?	89.2	90.1	90.3	91.6
How risky is using marijuana regularly?	74.3	73.7	72.4	73.1
Is it wrong for peers to use marijuana?	72.9	73.5	72.8	71.9
Is it wrong for peers to use other drugs?	94.6	95.2	95.3	95.4



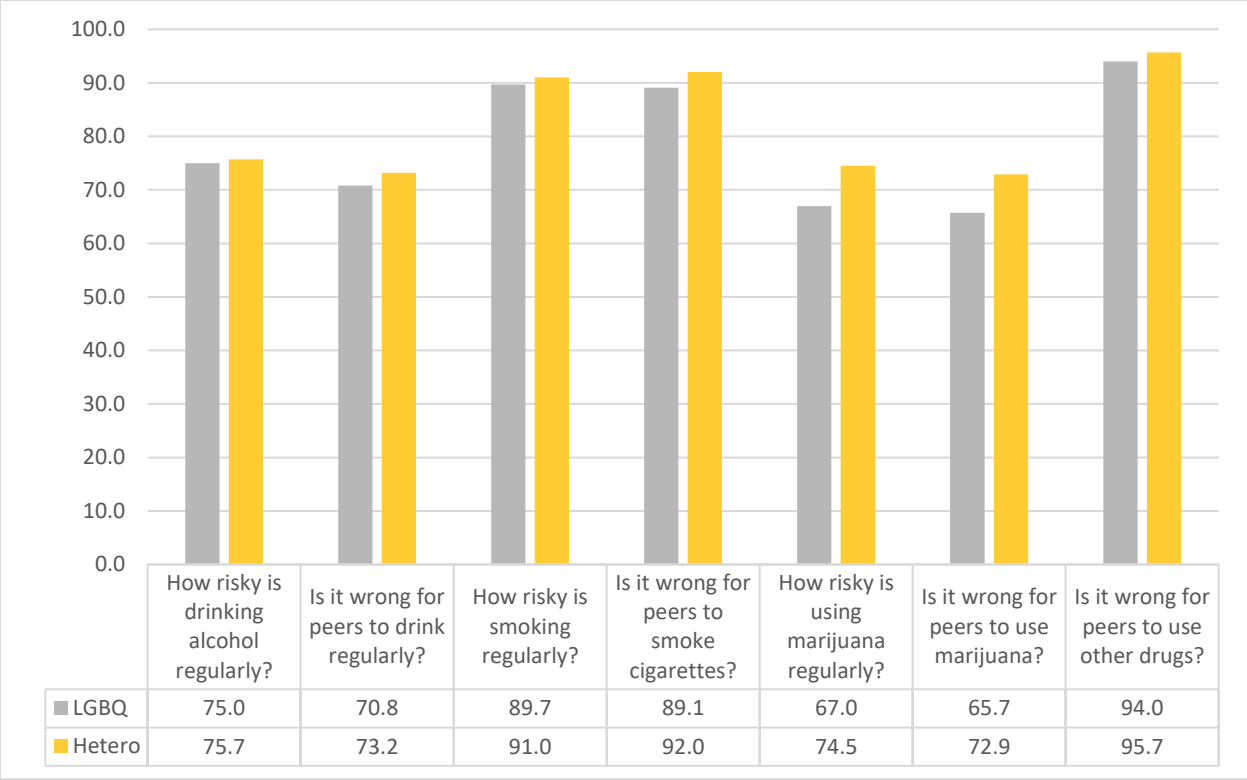
	How risky is drinking alcohol regularly?	Is it wrong for peers to drink regularly?	How risky is smoking regularly?	Is it wrong for peers to smoke cigarettes?	How risky is using marijuana regularly?	Is it wrong for peers to use marijuana?	Is it wrong for peers to use other drugs?
Female	78.6	72.7	91.7	92.1	77.1	73.4	96.1
Male	72.0	73.4	89.2	91.2	69.0	70.4	94.7



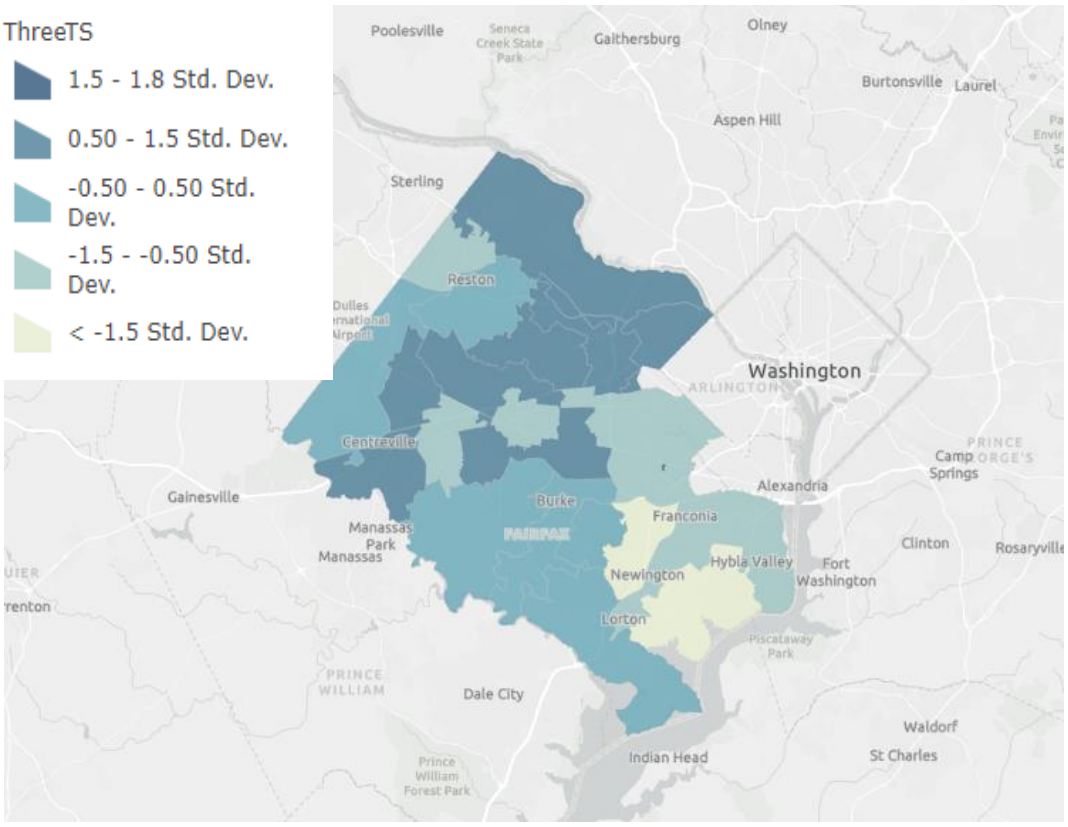
	How risky is drinking alcohol regularly?	Is it wrong for peers to drink regularly?	How risky is smoking regularly?	Is it wrong for peers to smoke cigarettes?	How risky is using marijuana regularly?	Is it wrong for peers to use marijuana?	Is it wrong for peers to use other drugs?
White	72.4	67.2	94.0	91.0	71.8	68.3	95.2
Black	76.4	79.6	85.7	93.2	70.5	72.1	95.8
Hispanic	70.9	74.3	84.4	90.7	67.9	71.5	94.8
Asian	83.7	79.9	91.8	92.9	82.2	79.7	96.3
Other/Multiple	75.6	68.0	92.6	91.5	70.1	67.0	94.8

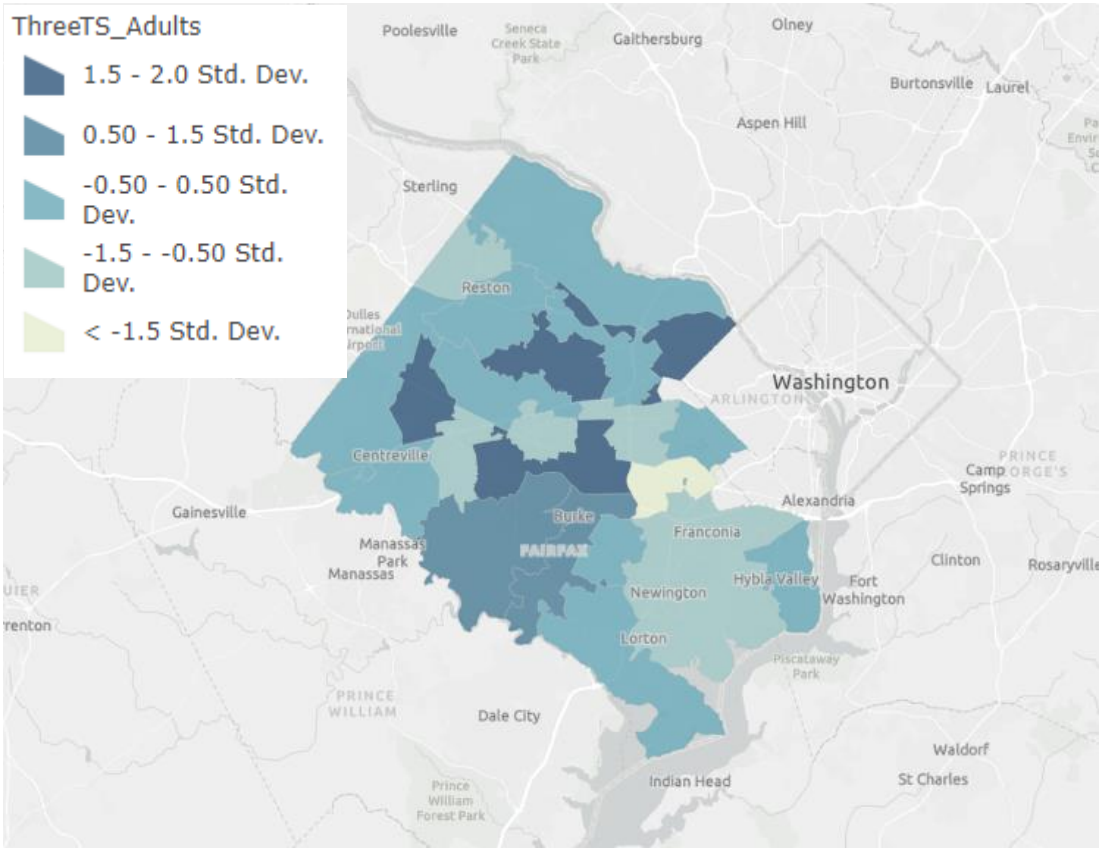


	How risky is drinking alcohol regularly?	Is it wrong for peers to drink regularly?	How risky is smoking regularly?	Is it wrong for peers to smoke cigarettes?	How risky is using marijuana regularly?	Is it wrong for peers to use marijuana?	Is it wrong for peers to use other drugs?
8th	75.7	89.1	89.6	95.6	84.9	90.7	96.9
10th	77.7	74.3	90.9	93.4	73.5	72.2	96.1
12th	72.5	55.1	90.8	85.8	60.6	52.3	92.3



	How risky is drinking alcohol regularly?	Is it wrong for peers to drink regularly?	How risky is smoking regularly?	Is it wrong for peers to smoke cigarettes?	How risky is using marijuana regularly?	Is it wrong for peers to use marijuana?	Is it wrong for peers to use other drugs?
LGBQ	75.0	70.8	89.7	89.1	67.0	65.7	94.0
Hetero	75.7	73.2	91.0	92.0	74.5	72.9	95.7


ThreeTS
1.5 - 1.8 Std. Dev.
0.50 - 1.5 Std. Dev.
-0.50 - 0.50 Std. Dev.
-1.5 - -0.50 Std. Dev.
< -1.5 Std. Dev.
Poolesville
Seneca Creek State Park
Gaithersburg
Olney
Burtonsville
Laurel
Aspen Hill
Sterling
Reston
Dulles International Airport
Washington
ARLINGTON
Centreville
Gainesville
Burke
Manassas Park
Manassas
FAIRFAX
Franconia
Alexandria
Camp Springs
PRINCE GEORGE'S
Clinton
Rosaryville
Hybla Valley
Fort Washington
Newington
Lorton
Piscataway Park
PRINCE WILLIAM
Dale City
Waldorf
St Charles
Indian Head
Prince William Forest Park


ThreeTS_Adults
1.5 - 2.0 Std. Dev.
0.50 - 1.5 Std. Dev.
-0.50 - 0.50 Std. Dev.
-1.5 - -0.50 Std. Dev.
< -1.5 Std. Dev.
Poolesville
Seneca Creek State Park
Gaithersburg
Olney
Burtonsville
Laurel
Aspen Hill
Sterling
Reston
Dulles International Airport
Washington
ARLINGTON
Centreville
Gainesville
Burke
Manassas Park
Manassas
FAIRFAX
Franconia
Alexandria
Camp Springs
PRINCE GEORGE'S
Clinton
Rosaryville
Hybla Valley
Fort Washington
Newington
Lorton
Piscataway Park
PRINCE WILLIAM
Dale City
Waldorf
St Charles
Indian Head
Prince William Forest Park

School Protective Factors

Variable	*Item Text*	*Measure Description*
Teachers notice and compliment me*	My teacher notices when I am doing a good job and lets me know about it.*	Percent responding "yes" or "YES!!"
Feel safe at school	I feel safe at my school.	Percent responding "yes" or "YES!!"
Teachers available to talk	There are lots of chances for students at my school to talk with a teacher one-on-one.	Percent responding "yes" or "YES!!"
Teachers praise me	My teachers praise me when I have done well in school.	Percent responding "yes" or "YES!!"

Family Protective Factors

Variable	*Item Text*	*Measure Description*
Parents know where I am	When I am not at home, one of my parents knows where I am and who I am with.	Percent responding "yes" or "YES!!"
Family has rules on alcohol and drugs	My family has clear rules about alcohol and drug use.	Percent responding "yes" or "YES!!"
Could ask parents for help with problems*	If I had a personal problem, I could ask my mom or dad for help.*	Percent responding "yes" or "YES!!"
Parents involve me in decisions about me	My parents ask me what I think before most family decisions affecting me are made.	Percent responding "yes" or "YES!!"

Family Attitudinal Protective Factors

Variable	*Item Text*	*Measure Description*
Parents disapprove of drinking	How wrong do your parents feel it would be for you to drink beer, wine, or hard liquor regularly?	Percent responding "wrong" or "very wrong"
Parents disapprove of cigarettes	How wrong do your parents feel it would be for you to smoke cigarettes?	Percent responding "yes" or "YES!!"
Parents disapprove of marijuana	How wrong do your parents feel it would be for you to smoke marijuana?	Percent responding "yes" or "YES!!"

Family Protective Factors

Variable	*Item Text*	*Measure Description*
After-school activities available in community	Are there sports teams or other after-school activities for people your age available in your community?	Percent responding "yes" or "YES!!"
Adults in community available to talk*	There are lots of adults in my neighborhood I could talk to about something important.*	Percent responding "yes" or "YES!!"
Neighbors notice and compliment me	My neighbors notice when I am doing a good job and let me know about it.	Percent responding "yes" or "YES!!"
Feel safe in neighborhood	I feel safe in my neighborhood, or the area around where I live.	Percent responding "yes" or "YES!!"

Individual Protective Factors

Variable	*Item Text*	*Measure Description*
Participate in after-school activities*	How many times have you participated in school or non-school-based activities after the regular school day ended?*	Percent responding "once a month" or more often
Perform community service*	How many times have you volunteered to do community service?*	Percent responding "once a month" or more often
Make sure people are treated fairly	During the last 12 months, how many times have you helped make sure that all people are treated fairly?	Percent responding "three to four times" or more
Stood up for what you believe	During the last 12 months, how many times have you stood up for what you believed, even when it was unpopular to do so?	Percent responding "three to four times" or more
It's okay to cheat at school*	I think sometimes it is okay to cheat at school.*	Percent responding "no" or "NO!!"
Importance of accepting responsibility**	How important is the following to you in your life? Accepting responsibility for my actions when I make a mistake or get in trouble.**	Percent responding "quite important" or "extremely important"
Can solve most problems	I feel as if I can solve most problems in my life.	Percent responding "agree" or "strongly agree"
Much to be thankful for	I have much in life to be thankful for.	Percent responding "agree" or "strongly agree"
Can disagree without fighting	I know how to disagree without starting an argument or fight.	Percent responding "agree" or "strongly agree"

Attitudinal Protective Factors

Variable	*Item Text*	*Measure Description*
How risky is drinking alcohol regularly?	How much do you think people risk harming themselves if they take one or two drinks of an alcoholic beverage nearly every day?	Percent responding “moderate risk” or “great risk”
Is it wrong for peers to drink regularly?	How wrong do you think it is for someone your age to drink beer, wine, or hard liquor regularly?	Percent responding “wrong” or “very wrong”
How risky is smoking regularly?	How much do you think people risk harming themselves if they smoke one or more packs of cigarettes per day?	Percent responding “moderate risk” or “great risk”
Is it wrong for peers to smoke cigarettes?	How wrong do you think it is for someone your age to smoke cigarettes?	Percent responding “wrong” or “very wrong”
How risky is using marijuana regularly?	How much do you think people risk harming themselves if they smoke marijuana regularly?	Percent responding “moderate risk” or “great risk”
Is it wrong for peers to use marijuana?	How wrong do you think it is for someone your age to smoke marijuana?	Percent responding “wrong” or “very wrong”
Is it wrong for peers to use other drugs?	How wrong do you think it is for someone your age to use LSD, cocaine, amphetamines, or another illegal drug?	Percent responding “wrong” or “very wrong”