

MEMO TO THE CPMT

September 28, 2018

**Information Item A- 1:** Approve Proposed Updates/Changes to CPMT Bylaws

**ISSUE:** That the CPMT Bylaws require periodic updates and revisions to stay current with CSA state and local policy

**BACKGROUND:**

The CPMT Bylaws may be amended at any regular meeting of the CPMT by a two-thirds (2/3) vote of those present and voting; provided, however, that notice of the proposed changes have been submitted to the members of the CPMT thirty (30) days prior to the meeting. These bylaws may also be amended at any time without advance notice by unanimous vote of all members of the CPMT.

Proposed changes include:

- Updating the code sections referenced in Article I
- Adding duties to Article IV to reflect the Code
- Moving local government elected official or designee to Section 2: state mandated members
- Revise/remove Director of Department of Administration for Human Services from Section 3
- Optional members: Correct/amend number of private service providers from 2 to 1

**ATTACHMENT:** DRAFT of Proposed CPMT Bylaw changes

**STAFF:**

Janet Bessmer, CSA Manager

**BYLAWS OF  
THE FAIRFAX-FALLS CHURCH  
COMMUNITY POLICY AND MANAGEMENT TEAM**

**ARTICLE I: PURPOSE**

It is the purpose of the Community Policy and Management Team to implement the Children's Services Act as specified in Sections ~~2.1-745 through 2.1-759~~ §2.2-5200 through §2.2-5214 of the *Code of Virginia*.

**ARTICLE II: MISSION**

The mission of the Fairfax-Falls Church Community Policy and Management Team (CPMT) is to provide leadership in the development of new concepts and approaches in the provision of services to children, youth and families of Fairfax County and the cities of Fairfax and Falls Church. The primary focus of the CPMT is to lead the way to effective services to children already at risk of experiencing emotional/behavioral problems, especially those at risk or in need of out of home placements, and their families.

**ARTICLE III: PARTICIPATING JURISDICTIONS AND NAME**

The governing bodies of Fairfax County and the cities of Fairfax and Falls Church have agreed to work jointly in implementing the Children's Services Act. Therefore this body shall be known as the "Fairfax-Falls Church Community Policy and Management Team."

**ARTICLE IV: RESPONSIBILITIES**

As set forth in the *Code of Virginia*, the CPMT has the following duties and authority:

1. Develop interagency policies and procedures to govern the provision of services to children and families;
2. Develop interagency fiscal policies governing access to the State pool of funds by the eligible populations including immediate access to funds for emergency services and sheltered care;
3. Coordinate long range, community-wide planning which ensures the development of resources and services needed by children and families;
4. Establish policies governing referrals and reviews of children and families to the Family Assessment and Planning Teams and a process to review the teams' recommendations and requests for funding;
5. Establish Family Assessment and Planning Teams as needed;

6. Establish quality assurance and accountability procedures for program utilization and funds management;
7. Obtain bids and enter into contracts for the provision or operation of services in accordance with the Fairfax County Public Procurement Act;
8. Establish procedures for the management of funds in the interagency budget allocated to the community from the State pool of funds, the Trust fund, and any other source;
9. Authorize and monitor the expenditure of funds by each Family Assessment and Planning Team;
10. Submit grant proposals upon approval by the Fairfax County Board of Supervisors; and,
11. Serve as its community's liaison to the State Management Team, reporting on its programmatic and fiscal operations and on its recommendations for improving the service system, including consideration of realignment of geographical boundaries for providing human services.
12. *Collect and provide uniform data to the Council as requested by the Office of Children's Services*
13. *Review and analyze local and statewide data; track the utilization and performance of residential placements using data and management reports to develop and implement strategies for returning children placed outside of the Commonwealth, preventing placements, and reducing lengths of stay in residential programs for children who can appropriately and effectively be served in their home, relative's homes, family-like setting, or their community;*
14. *Administer funds pursuant to § 16.1-309.3;*
15. *Have authority, upon approval of the participating governing bodies, to enter into a contract with another community policy and management team to purchase coordination services provided that funds described as the state pool of funds under § 2.2-5211 are not used;*
16. *Submit to the Department of Behavioral Health and Developmental Services information on children under the age of 14 and adolescents ages 14 through 17 for whom an admission to an acute care psychiatric or residential treatment facility licensed exclusive of group homes, was sought but was unable to be obtained by the reporting entities.*
17. *Establish policies for providing intensive care coordination services for children who are at risk of entering, or are placed in, residential care through the Children's Services Act program,; and*
18. *Establish policies and procedures for appeals by youth and their families Such policies and procedures shall not apply to appeals made pursuant to § 63.2-915 or in accordance*



*with the Individuals with Disabilities Education Act or federal or state laws or regulations governing the provision of medical assistance pursuant to Title XIX of the Social Security Act.*

## **ARTICLE V: MEMBERSHIP, APPOINTMENTS AND TERM OF OFFICE**

### **Section 1. Memberships.**

The CPMT shall have no more than twenty-one (21) members. Eleven (11) members have legally mandated status under the Code of Virginia. Four (4) members are locally mandated by the Board of Supervisors. Six (6) members may be appointed by the Board of Supervisors on an optional basis. Of the twenty-one CPMT members, eight (8) are filled on a limited term basis by the Board of Supervisors.

### **Section 2. State Mandated Members.**

The following representatives are mandated under *Virginia Code* to serve as members of the CPMT:

- *Deputy County Executive, Human Services*
- Director of Court Services for the Fairfax County Juvenile and Domestic Relations Court
- Director of the Department of Family Services
- Executive Director of the Fairfax-Falls Church Community Services Board
- Director of the Department of Health
- Director of Special Services, Fairfax County Public Schools
- One (1) representative of the Falls Church City Public Schools
- One (1) human services representative appointed by the Fairfax City Council
- One (1) human services representative appointed by the Falls Church City Council
- One (1) representative of private service providers\*
- One (1) parent representative who is not an employee of any public or private provider of services to youth\*

### **Section 3. Locally Mandated Members.**

The following representatives are designated by the Fairfax County Board of Supervisors to serve as members of the CPMT:

- ~~Deputy County Executive, Human Services~~
- Director of the Office of Strategy Management
- Director of the Department of Neighborhood and Community Services
- Director of Special Education Procedural Support, Fairfax County Public Schools
- Director of Intervention and Prevention Services, Fairfax County Public Schools

### **Section 4. Optional Members.**

The Fairfax County Board of Supervisors may appoint the following positions as members of the CPMT:

- ~~Two (2)~~ *One (1)* representatives of private service providers\*
- Up to four (4) parent representatives who are not employees of any public or private provider of services to youth\*
- One (1) community representative\*

**Section 5. Appointments and Terms for Limited Term Members**

The eight (8) members identified by an asterisk (\*) in Sections 2, 3, and 4 above shall serve limited term appointments. The term shall be for two (2) years and re-appointments may be made for additional consecutive terms upon approval by the CPMT and Board of Supervisors. The terms of private service provider representatives shall expire in alternating years.

All jurisdictions shall be afforded the opportunity to nominate persons for limited term appointments. The Chair of the CPMT shall forward the CPMT's recommended nominee for membership to the Fairfax County Board of Supervisors or other appointing authority for approval. For the parent representatives, the Chair will appoint a Nominating Committee of three members with at least one parent representative to assist in obtaining nominations for these limited term members.

## **ARTICLE VI: OFFICERS AND THEIR DUTIES**

### **Section 1. Officers.**

The officers of the CPMT shall consist of a Chair and Vice Chair.

### **Section 2. Duties of the Chair.**

The duties of the Chair shall be:

- a. To set the agenda for and preside at all meetings of the CPMT.
- b. To appoint committees as needed to support the work of the CPMT.
- c. To keep the State Management Team, the Fairfax County Board of Supervisors, and the Councils of the participating cities informed of the activities of the CPMT.
- d. To perform other duties as determined by the CPMT.

### **Section 3. Duties of the Vice Chair.**

The Vice Chair shall, in the absence of the Chair, perform the duties of the Chair and other duties determined by the CPMT.

## **ARTICLE VII: ELECTION OF THE OFFICERS AND TERM OF OFFICE**

### **Section 1. Elections.**

Election of officers shall be conducted by the CPMT acting as a Nominating Committee of the Whole. The election shall be held at the last meeting of the County fiscal year or as needed.

### **Section 2. Term of Office.**

The term shall be for the County fiscal year. There is no term limit on the number of terms which a person may serve.

## **ARTICLE VIII: MEETINGS**

### **Section 1. Meetings.**

The CPMT shall hold a sufficient number of meetings to properly conduct its business.

### **Section 2. Absences.**

Absences shall be managed in accordance with Fairfax County Procedural Memorandum Number 99, which states that the names of the members who are absent for three consecutive

regularly scheduled meetings are to be transmitted to the Clerk to the Board of Supervisors or other appointing authority for appropriate action.

**Section 3. Staff Support.**

The Chair shall assign Fairfax County staff designated by the Deputy Executive for Human Services to maintain the minutes of all meetings, to prepare agendas, and to distribute meeting minutes.

**ARTICLE IX: QUORUM**

A majority of the members of the CPMT including the Chair or Vice-Chair, present in person, constitutes a quorum at all meetings of the CPMT for the transaction of business.

**ARTICLE X: RULES OF ORDER**

**Section 1. Voting.**

Both officially appointed members and their designees may participate in discussions. However, only the officially appointed member may vote.

**Section 2. Decisions.**

The CPMT shall generally work by consensus. Robert's Rules of Order, Newly Revised, shall be used as a guide in conducting Management Team business. All issues of parliamentary procedure shall be referred to the Chairman or presiding officer where decisions shall be final or binding.

**ARTICLE XI: COMMITTEES**

Committees may be established as needed. Membership is not limited to members of the CPMT.

**ARTICLE XII: CONFIDENTIALITY**

All information about specific youth and families obtained by CPMT members in discharge of their responsibilities shall be confidential under all applicable laws, mandates, and licensing requirements.

**ARTICLE XIII: AMENDMENTS**

These bylaws may be amended at any regular meeting of the CPMT by a two-thirds (2/3) vote of those present and voting; provided, however, that notice of the proposed changes have been submitted to the members of the CPMT thirty (30) days prior to the meeting. These bylaws may also be amended at any time without advance notice by unanimous vote of all members of the CPMT.

**These bylaws were last approved by the Board of Supervisors on 6-20-17.**



Memo to the CPMT  
September 28, 2018

**Administrative Item A- 2 : APPOINTMENT OF NEW FAMILY ASSESSMENT AND PLANNING TEAM (FAPT) MEMBER**

**ISSUE:**

CPMT approval of the following person to serve on the FAPT:

**CSB**

- Doug Healey

**RECOMMENDATION:**

Approval of the appointment of the nominee as a FAPT representative.

**BACKGROUND:**

Training for new FAPT members and substitutes was completed on September 26, 2018.

**FISCAL IMPACT:**

None.

**STAFF:**

Sarah Young, FAPT Coordinator



MEMO TO THE CPMT  
September 28, 2018

**Administrative Item A- 3:** Endorse Healthy Minds Fairfax FY 2020 – 2022 HHS Resource Plan Submission

**ISSUE:**

Endorse Healthy Minds Fairfax FY 2020 – 2022 HHS Resource Plan Submission

**BACKGROUND:**

The Health and Human Services Resource Plan is an adaptive planning tool to help guide budgetary decisions. The initial plan was developed through a collaborative effort with HHS staff, the Department of Management and Budget, and the Human Services Council to identify funding and staffing priorities for the next three fiscal years, FY 2019 through FY 2021.

The plan is not a commitment to fund activities – this is done through the county’s budget process. In contrast, the plan provides a comprehensive view of prioritized efforts that will help address needs identified by our community. The Resource Plan is not just for government, but for the whole community to proactively match resources with critical needs. The plan will also enhance long-term strategies and ensure good stewardship of public dollars.

As part of the Board of Supervisors’ Budget Guidance for FY 2018 and FY 2019, HHS staff were directed to identify priority funding items that could complement efforts to address needs identified in our community. The guidance also stated that the Resource Plan should:

- Recognize that the county will be fiscally constrained during this period.
- Consider the priorities already established by the Board of Supervisors and the HHS System.
- Be flexible enough to respond to changing priorities, the impact of changes in programming and county demographics, and shifts in federal funding.

As such, the Resource Plan was developed in conjunction with staff from the Fairfax County Department of Management and Budget, HHS, and the Human Services Council. The initial Resource Plan identifies funding and staffing priorities for the next three fiscal years, FY 2019 through FY 2021. The Resource Plan is aligned with the 2016 Human Services Needs Assessment report which highlights the significant and broadening challenges many Fairfax County residents currently face. The assessment was developed using feedback from the community, survey data, and information from Fairfax County programs and services.

The Healthy Minds Fairfax items in the current Resource Plan are a combination of prior year HMF budget requests and recommendations from the 2016 Needs Assessment Report. The attached submission updates the HMF Resource Plan to be fully consistent with Blueprint priorities and the recommendations of Blueprint workgroups that have been endorsed by the CPMT. On September 17, the Children’s Behavioral Health Collaborative Management Team reviewed and endorsed the submission.

**RECOMMENDATION:**

Endorse Healthy Minds Fairfax FY 2020 – 2022 HHS Resource Plan Submission

**FISCAL IMPACT:**

If \$330,000 increases are funded for fiscal years 2020, 2021 and 2022, the Healthy Minds Fairfax budget will increase from \$1,134,868 to \$2,124,868.

**INTERNAL CONTROL IMPACT:**

None

**ATTACHMENTS:**

Draft Healthy Minds Fairfax Resource Plan Submission

**STAFF:**

Jim Gillespie, HMF    Betty Petersilia, CBHC

## HEALTHY MINDS FAIRFAX RESOURCE PLAN SUBMISSION

FY 2020: \$330,000

### EXPAND MOBILE STABILIZATION AND RESPONSE SERVICES (INTEGRATION PLAN):

- Fairfax County children and youth in need of psychiatric hospitalization are often being placed in psychiatric hospitals outside the Washington area, sometimes several hours away and/or in another state. These hospitals have little or no knowledge of Fairfax area resources making coordination of care and appropriate discharge planning challenging. Further the great distance is an impediment to family participation in treatment, visitation and ability to support their child. During the periods when bed availability is a significant issue, youth may be housed in the Emergency Department(s), in observation beds or admitted to the medical unit often with sitters receiving little or no treatment until a bed becomes available. Knowledgeable staff believe that some of the youth currently being recommended for an ED evaluation and/or hospitalization may be safely diverted if mobile stabilization and response services were available to connect with the youth and family at the time of assessment in the ED or prior to going to the ED. Such a service is available in Northern Virginia through the Children's Regional Crisis Response (CR2) program, but is greatly under-staffed.

Compared with the staffing pattern of model programs identified by the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Northern Virginia mobile response program is 50% to 67% under-staffed, which reduces its ability to respond in a timely manner. Thus, it lacks the capacity to guarantee a timely response to youth at high risk of hospitalization, leading to unnecessary hospitalizations.

### EVIDENCE-BASED INTERVENTIONS FOR UNDER-SERVED POPULATIONS OF CHILDREN, YOUTH AND FAMILIES (UNDERSERVED POPULATIONS REPORT):

- The HMF Underserved Populations work group has completed its initial report identifying the pockets of underserved youth in our community, identifying their strengths and barriers to accessing behavioral health services and developing strategies and recommendations to address these identified barriers. Fifteen focus groups conducted across the county with teens and parents together and separately informed this report. Funding has been identified to provide Youth Mental Health First Aid training to Faith leaders & their youth leaders to strengthen their "behavioral health" IQ in working with teens and families, targeted to faith communities in areas where underserved youth live. Additional funding for multicultural behavioral health services, flexibly delivered in our community, is urgently needed to meet the specific needs of our Latino youth, Asian youth and culturally sensitive behavioral health services for our African American youth. Other identified & recommended prevention programs, technology assisted apps, telehealth approaches and culturally responsive therapeutic approaches need more in depth exploration and possible funding to implement in the work group's second phase of its work.



**PSYCHIATRIC CONSULTATION FOR PEDIATRICIANS AND FAMILY PHYSICIANS (INTEGRATION PLAN):**

This request is to provide psychiatric consultation for children and youth in need of psychiatric services but unable to access them due to the severe shortage of child psychiatrists in Northern Virginia who accept Medicaid and/or private insurance. Psychiatric consultation is telephone contact between a pediatrician or family physician and a child psychiatrist to assist in accurate diagnosis and appropriate use of medication.

**ON-LINE NAVIGATION WEBSITE MAINTENANCE:**

- HMF is creating a navigation website to assist families in understanding behavioral health issues and in navigating the system to access services. The “content gathering” is underway to be added to the current HMF website. This work of content development will probably continue through December ‘18 and will include review by members of the original work group and a “testing” process by consumers. Ongoing maintenance of the navigation website will be required in the future to ensure accurate and straightforward information to assist families in this community.

**CREATE NURSING POSITIONS IN CSB YOUTH AND FAMILY SERVICES (INTEGRATION PLAN):**

- While the CSB’s Adult Services have had nursing positions throughout its history, it has now come time for Youth and Family Services to add nursing positions to its child, youth and family service. Youth and Family psychiatrists need assistance in triaging “doctor calls” by answering medication questions and other related medical/psychiatric questions to free the child psychiatrists to see clients exclusively and do less case management kinds of activities. A nurse can also handle some of the medical aspects of the child/youth intake addressing medical issues including height, weight and other medically related questions. Having such nursing positions will make it possible for the child psychiatrists to spend more time with the children, youth and families addressing their psychiatric and medication concerns and create a more efficient use of their time.

*FY 2021: \$330,000*

**CONTINUE PARENT SUPPORT PARTNER SERVICES:**

- Parent Support Partners are trained parents and caregivers who use their personal experiences to help other youth with mental health issues and their families build on their strengths, navigate services and find hope. As of September, 2020 a four-year federal grant to fund parent support partner services in the county will expire. By that time, it will be appropriate to assess the level of continued local need for that service.



**EXPAND THERAPEUTIC SERVICES FOR CHILDREN, YOUTH AND FAMILIES THROUGH SHORT-TERM BEHAVIORAL HEALTH SERVICES, GIVE AN HOUR PRO-BONO THERAPY PROJECT, AND/OR CSB:**

- By July 2020 the cost effectiveness of current Healthy Minds Fairfax projects to expand access to outpatient therapeutic services, such as Short-Term Behavioral Health Services and Give an Hour pro-bono therapy, other private resources will have been assessed. HMF initiatives to help families access therapeutic services through their insurance and resources will have been implemented. And CSB will have largely implemented the STEP-Virginia measures to increase timely access to treatment. At that time, it will be appropriate to assess the remaining gaps in behavioral health services for children, youth and families, and invest resources accordingly.

**CONTINUE EVIDENCE-BASED PRACTICE CONSORTIUM:**

- The Fairfax Consortium for Evidence Based Practice, funded for three years by Healthy Minds Fairfax and an active collaboration with GMU's Department of Psychology and Inova Kellar, provides quality training in evidence based skill development for child serving behavioral health clinicians in our public and private sector. Core skills of Cognitive Behavioral Therapy and Dialectical Behavioral Therapy are offered with additional offerings addressing trauma, substance use, suicide risk assessment, and the unique needs of LGBTQ+ youth. Upcoming offerings include a nationally certified trainer in Trauma Focused Cognitive Behavioral Therapy and a beginning focus on evidence based interventions for younger children in the coming year and for adults in 2020. Select trainings include supervision and consultations for an "advance practice" group intending to pursue certification (where relevant) and a research component that can contribute to future pursuits of grants and non-county funding to contribute to its sustainability in future years.

*FY 2022: \$330,000*

**ESTABLISH LOCAL PEDIATRIC ACCESS PROGRAM (INTEGRATION PLAN):**

- A Pediatric Mental Health Access Program is a model used by over 20 states across the country in which there is a central phone number that a pediatrician or other primary care provider can call and get connected to behavioral health consultations and coordinated referrals. Each state's model varies, but generally a primary care provider can call one number and a care coordinator or behavioral health specialist answers the call. Diagnostic and/or treatment advice is available for the primary care provider as well as psychiatric consultation and care coordination services for the patient. Through Access programs pediatricians and family physicians receive the support and assistance to effectively serve many children and youth with mental health issues, saving valuable child psychiatrist time for those with the most complex issues.

The need for an Access program is driven primarily by two factors: First is the shortage of child psychiatrists, and especially those who take Medicaid and/or commercial insurance. Most children and youth with mental health issues must be treated by their primary care providers, who lack expertise in identifying mental health issues and prescribing appropriate medication. Access to telephone consultation with child psychiatrists greatly increases their ability to provide effective treatment.

Second, it is increasingly difficult for families to access mental health counseling through their insurance due to high deductibles and co-pays, and lack of providers.

Through an Access program pediatricians can connect with a care coordinator who can help connect the family to appropriate and available mental health counseling.

### **CURRENT HEALTHY MINDS FAIRFAX RESOURCE PLAN ITEMS:**

#### ***FY 2019:***

- In FY 2017, short-term behavioral health services were provided to students in 13 high school communities, chosen based on the level of mental health need and financial need. This funding will expand services to an additional 140 youth in 10 middle school communities. The youth referred need timely intervention and cannot access treatment. Youth and their families receive 6 to 8 sessions of outpatient counseling. \$159,435  
***Recommendation: Incorporated in new FY 2021 Resource Plan submission.***
- Funding will provide contract support for a substance abuse prevention (SAP) counselor program. Specifically, the counselors will provide prevention, early intervention and referral services in three high schools and three middle schools, inclusive of all programs at those sites as well as to provide prevention services to elementary schools in the related pyramids. It is anticipated that 3,000 youth will receive prevention messaging and 150 will receive group school-based intervention. \$300,000  
***Recommendation: Incorporated in Diversion First budget request***
- Funding will provide telepsychiatry and psychiatric consultation for children and youth in need of psychiatric services but unable to access them due to the shortage of child psychiatrists in Northern Virginia who accept Medicaid and/or other private health insurance. Telepsychiatry is the direct provision of psychiatric services via video while psychiatric consultation is telephone contact between a pediatrician and a child psychiatrist to assist the pediatrician in accurate diagnosis and appropriate use of medication. \$250,000  
***Recommendation: Incorporated in new FY 2020 and 2022 HMF Resource Plan submissions***

#### ***FY 2021:***

- Funding expands short-term behavioral health services by expanding services to an additional 75 children in high-need elementary school communities. The children referred need timely intervention and cannot access treatment. Children and their families receive 6 to 8 sessions of outpatient counseling as well as help with accessing services through their insurance and connecting to other services, if necessary, after the 6 to 8-week intervention. \$119,401  
***Recommendation: Incorporated in new FY 2021 HMF Resource Plan submission***
- Replace expiring grant funding which currently supports the Parent Support Partner (PSP) Services. PSPs assist families by supporting their engagement in the service provision process, helping them identify strengths, and furthering their development of resiliency and self-care skills. The purpose of these services is to assure that the needs of the families are heard during the service provision process. The targeted recipients of this service are children and adolescents with serious emotional disturbance, from birth through age 21. \$405,961  
***Recommendation: Incorporated in new FY 2021 HMF Resource Plan submission***

- Funding will support a team of social workers specializing in children, youth and young adult and their family's behavioral health issues would allow families to receive more tailored and impactful service recommendations as well as general assistance in navigating the County's growing behavioral health services. \$334,689  
*Recommendation: Drop from Resource Plan until need for this services is further studied.*
- Funding will provide contractual bilingual behavioral health services to children, youth, young adults and their families in the Latino, Korean and other minority populations. 0 / 0 \$0 \$225,000 \$225,000  
*Incorporated in new FY 2020 HMF Resource Plan submission*
- Funding will support a team of social workers specializing in children, youth and young adult and their family's behavioral health issues would allow families to receive more tailored and impactful service recommendations as well as general assistance in navigating the County's growing behavioral health services. 3 / 3 \$0 \$334,689  
*Recommendation: Drop from Resource Plan until need for this services is further studied.*
- Construction of the HMF online database is anticipated to begin in late FY 2018; however, current funding levels appear to only permit the purchase of an off-the-shelf product, with little customization options. This request will provide some additional resources to further customize, enhance, handle change requests and maintain the product to County specifications. 0 / 0 \$0 \$60,000  
*Recommendation: Incorporated in new FY 2020 Resource Plan submission*
- The Youth Mobile Crisis staff who work directly with youth with developmental disabilities (DD) and/or autism need specialized training to better serve this population of County residents. This funding allows for three full day training sessions. 0 / 0 \$0 \$21,000  
*Recommendation: Drop from the Resource Plan until need can be further studied.*
- Transportation aides specialized in providing mental health assistance to youth with challenging behaviors or medically fragile conditions would allow for a safer and more successful and effective provision of transportation services to these youths. 3 / 3 \$0 \$223,755  
*Recommendation: Drop from Resource Plan until need can be further studied.*



MEMO TO THE CPMT  
September 28, 2018

**Administrative Item A- 4:** Endorse HMF FY 2020 County Budget Requests

**ISSUE:**

Endorse Healthy Minds Fairfax FY 2020 County Budget Requests

**BACKGROUND:**

On September 17, the Children's Behavioral Health Collaborative Management Team reviewed and endorsed these FY 2020 HMF budget requests, which are based on the proposed HHS Resource Plan submission they also endorsed.

**Crisis Response Services Expansion: \$100,000**

It is proposed to expand crisis response capacity by 8% through the addition of one new counselor for the CR2 crisis response program, to be accomplished contractually. The CR2 crisis response program is 50-67% under-staffed compared with model programs identified by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The goal is to create a protocol for youth identified by the CSB, providers or Fairfax Hospital ED to be considered for CR2 services and to create capacity to serve approximately ten additional youth per month. CR2 staff would develop protocols with the CSB, Inova Fairfax Emergency Department and other appropriate stakeholders to enable the CR2 crisis intervention to occur in an alternative setting. CR2 counselors are available to meet with clients within their homes or any site in the community, including schools, courts and community centers. CR2 collaborates with CSBs, CSA agencies, and other professionals so that every child and family served may benefit from coordinated care and a team approach. The collaboration process is further enhanced through community outreach, awareness campaigns, and training so that every locality may improve its ability to prevent crises and provide a successful response. CR2 serves children age 17 and younger experiencing a psychiatric crisis due to mental health issues that are placing them at risk of psychiatric hospitalization who are experiencing mental health or behavioral challenges. CR2 is provided at no cost to families. Families with commercial insurance may be required, by their insurer, to provide a copay for psychiatric assessment and medication services. Services provided by CR2 include:

- Rapid mobile response
- 24-hour intervention
- Screening and triage
- Clinical assessments, including lethality
- Psychiatric assessment and services
- Medication prescription
- Bilingual counselors
- Case management



- 30-day post discharge support
- Care coordination with community resources and professionals
- Safety planning

**Behavioral Health Treatment for Under-Served Populations of Children, Youth and Families: \$130,000**

It is proposed to expand multicultural mental health services through contracting for behavioral health therapy services directly in the community and/or through telehealth capacity. Telehealth approaches address many of the barriers that make it difficult for underserved populations to access services, especially language and lack of transportation. It is proposed that \$130,000 be budgeted for contracted outpatient behavioral health services. At an estimated cost of \$100/hour that would purchase 1,300 therapy hours, and serve 130 children and youth with an average of 10 sessions each. For some youth and families home-based interventions may be necessary, which would double the hourly cost due to the need for therapists to go to the home, proportionately reducing the number of youth who could be served. Medicaid and commercial insurance would be accessed first, and the new service only used when those sources could not meet the need.

**Psychiatric Consultation: \$100,000**

This request is to provide psychiatric consultation for children and youth in need of psychiatric services but unable to access them due to the severe shortage of child psychiatrists in Northern Virginia who accept Medicaid and/or private insurance. Psychiatric consultation is telephone contact between a pediatrician and a child psychiatrist to assist the pediatrician or family physician in accurate diagnosis and appropriate use of medication. The \$100,000 request would purchase psychiatric consultation for at least 250 youth annually. Specifically, it would fund five hours a week of telephonic psychiatric consultation for 50 weeks a year. Pediatricians would sign up for 15 minute slots to consult with a child psychiatrist on treating children and youth with mental health issues. It is estimated that on average, for each child or youth served, four 15 minute consultations would take place over the course of a year.

**RECOMMENDATION:**

Endorse Healthy Minds Fairfax FY 2020 Budget Requests

**FISCAL IMPACT:**

If these increases, totaling \$330,000, are funded for fiscal year 2020, the Healthy Minds Fairfax budget will increase from \$1,134,868 to \$1,464,868.

**INTERNAL CONTROL IMPACT:**

None

**ATTACHMENTS:**

None

**STAFF:**

Jim Gillespie, HMF     Betty Petersilia, CBHC