

**Arlington Community Services Board (CSB)  
Children and Youth Committee  
April 17, 2019**

**Committee Present:** Wendy Carria, Marguerite Tomasek, Asha Patton, Jeanine Finnell, Frank Haltiwanger,

**Child and Family Services Division (CFSD) Staff:** Deborah Warren, Tabitha Kelly, Shari Lyons, Tiffany Lee, Jamii PremDas

**Visitor:** Kathy Panfiel. Naomi Verdugo

**Called to Order:** 6:00 pm

**Minutes:** will be reviewed at May meeting

**CR2 Presentation:**

Introductions facilitated and the CR2 fact sheet distributed to committee members. CR2 is a 45-day crisis stabilization Medicaid and grant funded program. The eligibility criteria include youth presenting with homicidal/suicidal ideation, aggressive behaviors and any immediate behaviors that put themselves and others' safety at risk. Children who cannot maintain stability in their home are referred to a higher level of care. If a child is behaving in an aggressive manner and is unsafe, 911 should be called and CR2 will follow up. The Columbia scale is used as a determinant for CR2. Currently, there is a team of 12 staff (2 bi-lingual) and the program is currently seeking two additional full time staff. The staff must be licensed eligible (at minimum) and is being advertised on Indeed, at college fairs and on the CR2 website. The two new positions are funded by Fairfax CSB. Ms. Barbour will send the link of the advertisement to the committee members. The call center is located in Richmond, VA and the hours are Monday-Thursday 8:30a-7:30p, and program staff answers the phone after hours and after 5pm on Fridays. Telepsychiatry is also available. CR2 Psychiatrists are able to see the youth faster than their own Psychiatrist and stabilize on meds. CR2 Psychiatrist will then collaborate with the assigned Psychiatrist.

During the first 30 days CR2 will stabilize the youth and then transition them to a specialist. This process and safety planning is initiated on the 1<sup>st</sup> day of treatment. CR2 attends the transition appointments with the families. Even though the youth has 45 days, the entire 45 days may not always be needed.

Ms. Barbour indicated that she would send fiscal year data to the team per Ms. Warren's request. In March 2019, 100% of the calls received were accepted. There is a current census of 100 children. In the first quarter there were about 300 youth being served. To alleviate staff burn out, staff are currently working 4 days in a row and 3 days off. Because of this, it is possible that in a 45-day program a client could have different workers. Additional staff have been added for later hours to field CR2 calls. On the weekends the staff calls are less, so staff doesn't work so much on the weekends. The highest call volume is usually in the middle of the week.

Ms. Warren indicated that Arlington is currently working on creating a system map about resources and where to go regarding referrals for additional treatment needs. When a youth refuses treatment planning, CR2 works with the family to help get the youth buy-in. Sometimes CR2 will give the youth 4-5 days to try to agree to treatment. CR2 also responds to calls from the school. Sometimes, they receive a

call from a counselor and they will inform the counselor that they are on their way, but will need the parents there for consent. Training has been provided to APS and in August, teachers will be trained at a pre-service.

In June 2018, there was a meeting about problems and issues with the CR2 program. DHS and CR2 collaboratively worked together on a Quality Improvement Plan that is reviewed once a month in person to review data and progress.

Ms. Verdugo asked if more funding for CR2 should be requested. Ms. Warren indicated that CR2 is aligned with the STEP VA initiative. Step 1 was the implementation of Same Day Access. Step 2 is the implementation of Primary Care Screenings (currently in process). One of the steps is related to crisis and it is all based on funding. There is a lot of focus on mobile crisis and must be implemented by 7/2021. The goal is to expand our mobile crisis service but more funding is needed and has been inadequate. We are also currently working on a co-responder model with CSB staff and police.

**New Business:**

None discussed

**Announcements:**

Due to the CR2 presentation, data will be reviewed during next month's meeting.

The 2019 Community Report on the status of children, youth and families is now available on the APCYF website. Additionally, the Destination 2027 health plan has also been published. The health plan focuses on equity.

Arlington county is currently working on a capstone project about reducing disproportionality of youth in juvenile justice. The project has been approved and entered into the CJJR fellows network.

Ms. Warren indicated that she is working with Earl Conklin from the court to create an RFP to look at detention. Ms. Warren will do a presentation at a later date

**Next Meeting:**

**May 15, 2019 at 6:00pm**