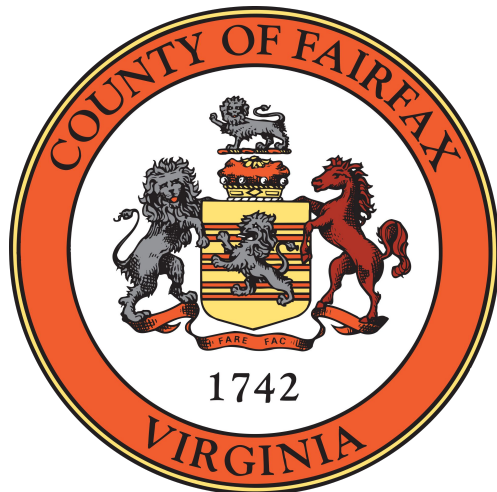




FAIRFAX COUNTY DEPARTMENT OF  
**FAMILY SERVICES**  
ADULT AND AGING



# Community Response Team & Adult Protective Services:

## A Collaborative Approach to Prevention

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Fairfax County Dept. of Family Services

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Fairfax County Fire & Rescue Department

# Learning Objectives

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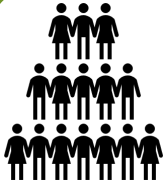
1. Participants will learn the benefits to a collaborative approach between emergency services staff and Adult Protective Services (APS) staff
2. Participants will learn a framework for how to form their own Community Response Team (CRT) or CRT/APS partnership in their jurisdiction

# Who is in the room today?

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# Fairfax County, VA: Facts



Approximately 1.17 million residents



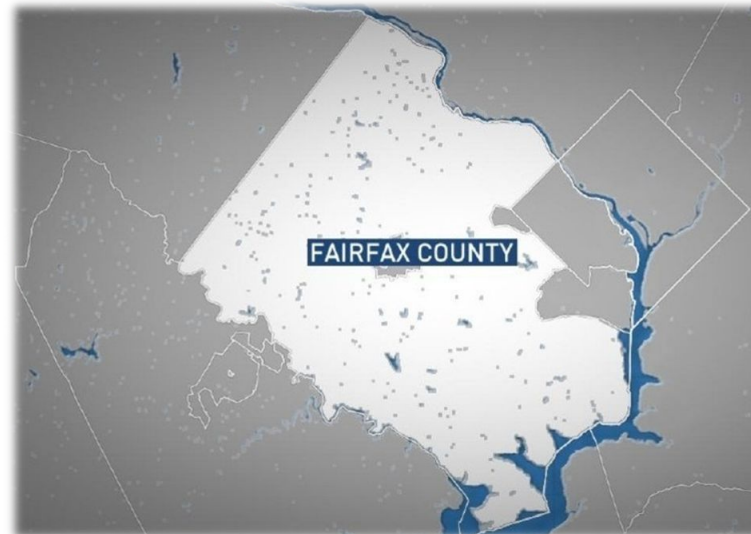
19.4%  $\geq 60$  yrs old (~227,000)



425,585 Housing Units\*



>7 Hospitals



\*= single-family detached, duplex, townhouse, multifamily, ALFs only.



# Community Response Team (CRT)

ENGAGEMENT AND CONNECTION FOR THE HEALTH AND WELLBEING OF OUR COMMUNITY

Fairfax County created the Community Response Team (CRT), a multi-disciplinary team comprised of mental health professionals and Fire and Rescue staff to address the needs of residents who frequently call 911 to develop more appropriate interventions. This program began in 2018.

## CRT Team:

- 1 Licensed Eligible LCSW/LPC
- 1 Crisis Intervention Team Trained Law Enforcement Officer
  - As needed
- 1 Crisis Intervention Team Trained Firefighter/Paramedic
- Peer Recover Specialists

(Second team May 2023)



*"To connect utilizers of Fairfax County's Public Safety System to available community resources"*



# DIVERSION FIRST



Community  
Services Board

# CRT

COMMUNITY RESPONSE TEAM



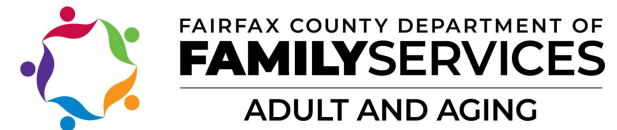
# Adult Protective Services (APS)

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Virginia Adult Protective Services is a state mandated, locally administered program that requires the receipt and investigation of valid reports of abuse, neglect, and exploitation of older and vulnerable adults.

## What makes a valid report?

- An adult must be 60+ or 18-59 and incapacitated
  - The adult must be living and identifiable
  - Circumstances must allege abuse, neglect, or exploitation
  - The local department must be the agency of jurisdiction
- 
- In FY 2022, Virginia APS programs received over 40,000 APS reports, and conducted nearly 27,000 investigations
  - In FY 2022, Fairfax County received 3,204 reports



# How our partnership was formed

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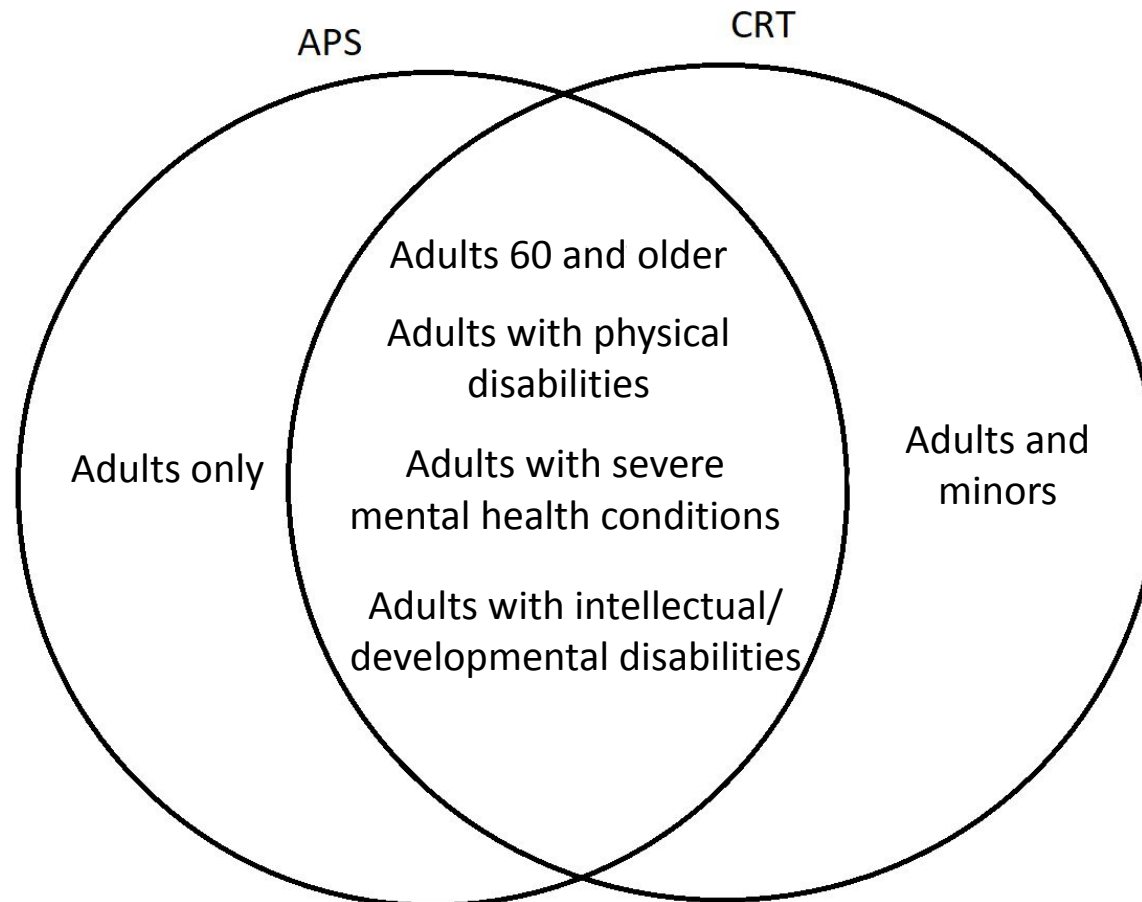
- It all started with a call during the COVID-19 pandemic...
- This call led to further discussion about our programs and the intersection of our service populations
- CRT/APS reviewed laws, policies, and internal processes to examine our ability to work collaboratively
- This led to the development of the CRT and APS Charter to define our shared purpose





# Shared Service Population

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# Collaborative Care Plan

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## Fairfax County Mission:

- "To partner with communities, families and individuals to provide opportunities to access a continuum of resources that promote equity and create positive outcomes for people of all ages and abilities."
- If we have the same goal, why not be on the same team, same page!



# How we can share information

## APS

- Mutual client/case file
  - 22VAC30-100-50 (Disclosure of APS)
  - VAC 62.3-1606 (mandated reporting)
- Client signing the Consent to Exchange Information form

Care  
Coordination

## CRT

- Non-substance use disorder information, care coordination/case management
  - 42 CFR Part 2 \*
- 911 call history during 45-day investigative phase
- Any information authorized by client
- Mandated reporting

# CRT and APS Charter

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## Purpose:

Community Response Team (CRT) and Adult Protective Services (APS) have a shared client population and through collaboration can achieve the mutual goal of providing necessary services to protect the health, safety and well-being of residents of Fairfax County.

## Permissions:

States sharing authorities between CRT and APS and how to file new reports with either organization and notes the expectations of how the working relationship will be conducted.

## Confidentiality:

States participants will follow confidentiality regulations and policies within their agency, department, or organization during collaboration. Clause indicating that if parties do not respect this agreement, then the charter and working relationship may dissolve.

## Reviewed and Supported by:

County Attorney, CRT Program Manager, and APS Program Manager, Community Services Board Director, Adult & Aging Director

# CRT & APS Bi-Weekly Meetings

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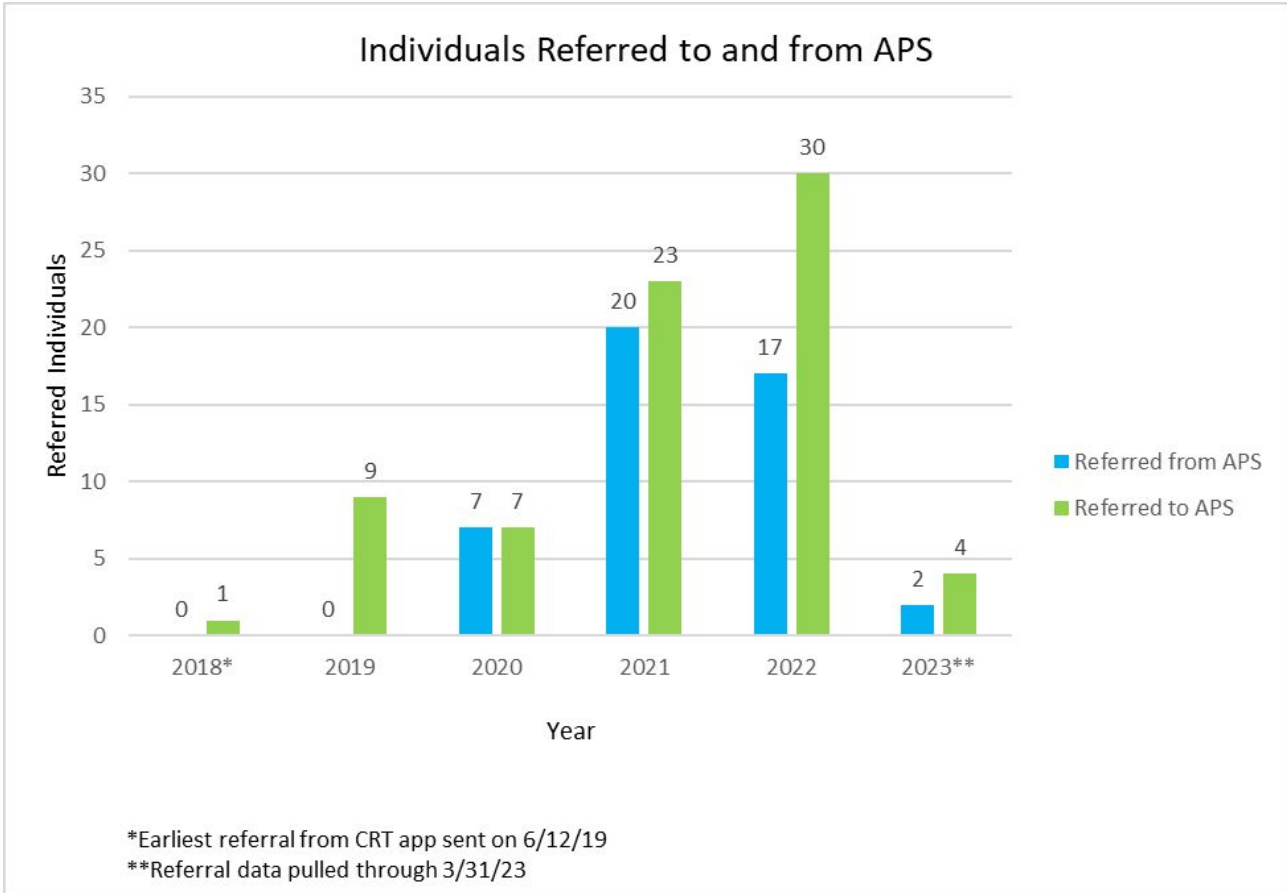


## Bi-weekly Monday morning meetings

- Discuss mutual clients/new referrals
- Schedule partnered home visits
- Coordinate care plans
- Provide pertinent updates on previous cases
- Review mutual client hospitalizations



# Reporting statistics: CRT

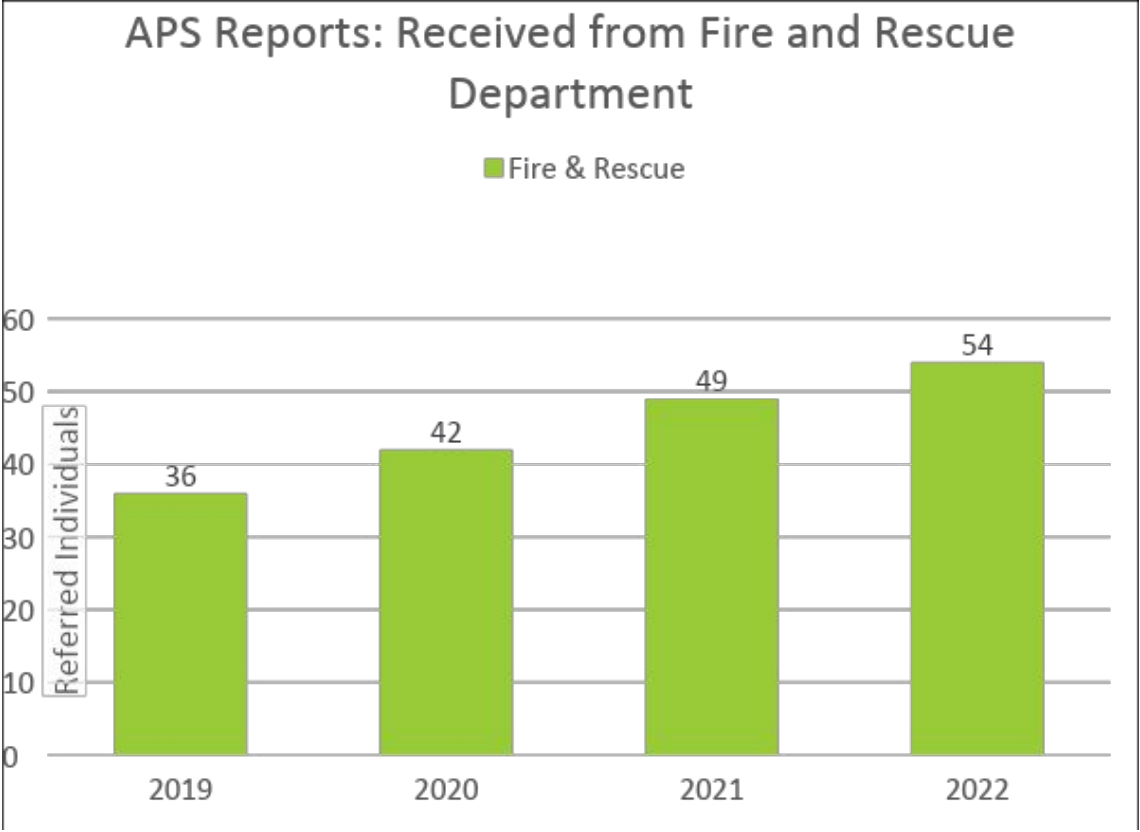


Blue- indicates clients referred to CRT by APS

Green- indicates clients referred from CRT to APS

# Reporting statistics: APS

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Green- indicates clients referred from EMTs and firefighters to APS

# Case Study

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- Client was a 73 y/o female who was residing alone in an apartment the past two years.
- Client needed supervision for most Activities of Daily Living (ADL's) and Instrumental Activities of Daily Living (IADL's), she was not alert and oriented due to her rapid decline with memory loss and diagnosis of dementia.
- APS report was received for self-neglect concerns related to client's excessive use of 911 and multiple visits at the ER.
- In the span of one month, the client had been transported to the ER about 40 times.
- The client would make several visits within 24 hours to the ER and would always leave against medical advice or before being admitted.

# Case Study – A Success Story

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APS and CRT collaboration:

- APS and CRT completed several joint home visits to engage client.
- APS and CRT advocated on behalf of client whenever she was at the ER.
- CRT kept APS informed whenever client was transported and discharged from the ER.
- CRT and APS kept ongoing communication with client's son/POA, hospital case managers and physicians.
- CRT filed the Temporary Detention Order (TDO) based on the client's inability to care for herself and collaborated with APS/POA as well as all collaterals to ensure TDO was granted.

**Client was successfully discharged bed to bed to a locked memory care facility to ensure ongoing safety and proper medical treatment.**

# What staff have to say

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*APS: "CRT's ability to access medical records has been most helpful for me. I've been able to get the name of the PCP, facility of discharge, or a critical family member"*

*APS: "I was trying to identify and locate a client and CRT really helped with that. Without the help of CRT, I probably would not have found my client, CRT was the link."*

*CRT: "Having a direct and open channel of communication saves time, builds relationships that are easy and provide an important line of communication with each other. This program is helping so many people and the future potential is limitless."*

*CRT: "We have a very productive/collaborative relationship with APS. This relationship leads to increased service efficiency because it prevents duplicate services/interventions by CRT/APS and we are able to exchange relevant/useful information to each other which improves service outcomes. Additionally, CRT has a more active understanding of what resources/services APS can initiate and CRT can help APS initiate services such as mental health through the CSB."*



# Our Partnership Framework

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- **Identify who your champions are** – Which professionals on your teams are passionate about creative solutions to challenges?
- **Find your area of intersection** – Is there one client or repetitive circumstance that would benefit from a shared response/ different intervention?
- **Host a discussion** – Is there a partnership already in place? If not explore what each program can bring to the table to address the problem.
- **Review your laws, policies, and internal protocols** – Are there ways for you to collaborate or streamline a referral process?
- **Accountability and transparency** – Develop a document that outlines your purpose, sharing permissions, confidentiality and have it reviewed by management for approval



# Resources

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## **International Co-Responder Alliance**

<https://www.coresponderalliance.org>

It is a resource for communities looking to start a program; providing access to a variety of models across different first responder disciplines, partnerships, urban/suburban/rural areas, and geographical locations so they can pick the one best suited to their unique setting.

## **Community Services Board (CSB) Mobile Crisis Unit**

<https://www.fairfaxcounty.gov/community-services-board/services/mobile-crisis-unit>

The Mobile Crisis Unit (MCU) is an emergency mental health program of the Fairfax-Falls Church Community Services Board that provides on-scene evaluation to individuals who are experiencing a mental health emergency and who need, but are unwilling or unable to seek, mental health treatment.

## **Virginia Department for Aging and Rehabilitative Services (DARS)**

<https://www.DARS.Virginia.gov>

Provides programs and services that improve employment, quality of life, security, and independence for older adults and persons with disabilities, and their families



# Any Questions?

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# Contact Information:

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*The Fairfax County Community Response Team (CRT) is a Member of the International Co-Responder Alliance*