July, 2022

Dear Parent/Caregiver:

Thank you for your interest in serving on a leadership board for children’s behavioral health care in Fairfax-Falls Church. Here is some additional information about requirements for citizen members:

* Please visit our [state](http://www.csa.virginia.gov) and [local](http://www.fairfaxcounty.gov/healthmindsfairfax/childrens-services-act) websites to learn more about the Community Policy and Management Team (CPMT) and Children’s Services Act (CSA).
* The CPMT meets monthly for two hours (1:00 to 3:00pm) generally on the fourth Friday of the month, nine times per year.
* Meetings have been virtual due to COVID but may resume as in person in the future. Our typical meeting location is the Fairfax County Government Center.
* Parent representatives are also invited to attend a monthly Family Advisory Board meeting for informal discussion and planning. CPMT members are also encouraged to participate in the annual Northern Virginia CSA Symposium, as well as additional optional training opportunities and workshops. If members are assigned to subcommittees or workgroups their availability will be considered in scheduling meetings, and no more than one additional meeting per month would be required.
* Parent representatives receive a stipend of $100 per meeting.
* Interested parents/caregivers will meet with a panel of three CPMT members before being nominated by the CPMT for referral to the Board of Supervisors for appointment.



***See what some of our Parent Representatives have to say about their role:***

*“I enjoy being a Parent Representative because it is rewarding to help families who are going through what my family has been through.”*

*“Parents bring a unique voice to the table because we have lived and breathed what it’s like raising a special needs child. It is rewarding to be able to give back and help other families in need.”*

*“The role of parents and caregiver on the CPMT is critical to ensuring that meaningful and high-quality services and supports are available to families impacted by behavioral health challenges.”*

*“Systems MUST be guided by parents and caregivers who “walk the talk; parent and family voice is absolutely necessary to inform the work of the CPMT.”*

**Please contact the CSA office if you have any questions or would like to speak with a current parent representative. Thank you!**

**Fairfax-Falls Church CSA**

**CPMT Parent Representative Interest Form**

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| --- |
| **APPLICANT INFORMATION** |
| Name: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| Phone: Click or tap here to enter text. | Email: Click or tap here to enter text. |
| Briefly describe your interest in serving on the CPMT: Click or tap here to enter text. |
| Briefly describe any relevant trainings attended and/or certifications you have received: Click or tap here to enter text. |
| **POSITION DETIALS:** |
| CPMT Parent Representatives assist with the following: * + Development of local interagency policies and procedures to govern the provision of services to children and families in its community;
	+ Coordination of long-range, community-wide planning which ensures the development of resources and services needed by at-risk youth and families in its community
	+ Authorization of the CSA utilization review staff to approve expenditures according to local and state CSA policies and procedures;
	+ Review, in the aggregate, financial and program data in order to Identify and address gaps and barriers to service to respond to needs of at-risk youth and families, and to develop or re-direct service delivery resources

Participation in appeal meetings from families if their service request is not approved |

***I have read the above position description and am able to carry out the tasks described. By signing I am consenting to the exchange of my information with members of the CPMT and the CSA Management Team to determine the best candidate for the role***:

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Signature Date

**Return interest forms/applications to:**

**Children’s Services Act (CSA)**

12011 Government Center Pkwy, 4th Floor

Fairfax, VA 22035

**Fax:** (703) 653-1369

**Email** **DFSCSA@Fairfaxcounty.gov**