

Arlington Community Services Board (CSB) – Children and Youth Committee
November 17, 2014

Committee Present: Shauna Alonge (Chair), Janine Finnell, Naomi Verdugo, Asha Patton Smith, Erica Jackson, Joanne Del Toro, Betsy Greer, Earl Conklin, Linda Staheli

Staff: Heather Stowe, Bonita Parker (minutes)

1. **Call to order:** The meeting was called to order at 6:30 p.m. by Shauna Alonge.
2. **Minutes:** The October minutes were finalized and will be sent to the CSB.

It was noted that the Transition Services section of the October minutes wasn't as detailed as the rest of the document. Naomi noted that 14 to 18 youth were served by BHB's Transitional Services and that only two of those youth have IEPs. She expressed concern at the lack of youth receiving transition services who have IEPs. It was noted that APS Behavioral Health case managers provide some transition services to Arlington County students with IEPs. The Committee is concerned that these services are not a good substitute for Kacey's focused transition services. The committee would like to discuss this issue further. Kacey also noted that 80% of her youth that are a part of her case load go on to college. A Committee member noted that that was 80% of 18 youth, so it's a small number of youth. It was also noted that this may show a gap in addressing needs of young people who are not ready for college. It's thought that Kacey is dealing with healthier young people.

It was noted by Betsy that she thinks that Asperger's and Autism are mental illnesses, however, others consider these separate from mental health. The Committee asked about NAMI's opinion on this issue. Naomi will put a meeting together with the transition coordinators (of Arlington Public Schools, APS). Committee members still think that the population for transition services is largely unidentified.

3. **Eligibility Criteria:** Adult Services has expanded its eligibility criteria in a limited way. Specifically, they have added one staff person to provide services to non-SMMI Clients. CFSD Division Chief, Heather Stowe, noted that Adult Services is required to follow very specific criteria for SMMI. CFSD is required to follow the criteria for Seriously Emotionally Disturbed (SED) which allows much more flexibility in the number/types of children/youth who can be served. Naomi agreed that the criteria for children appears very broad. Almost any behavior or symptom may be diagnosed using the current criteria. The concerns raised by Shauna after her conversation with an APS substance abuse specialist were raised to the group – CFSD not accepting some their kids, perhaps because the criteria are being interpreted too strictly. Heather reported on her conversation with APS staff where they were not expressing the same issues. She asked specifically about referrals and they indicated they had no waiting

referrals to send to CFSD. Shauna indicated that she will follow up on this with APS staff. Heather also reported that CFSD staff meet quarterly with APS substance abuse services staff to share information and maintain a working relationship. The next meeting should be in December.

In addition, CFSD has reviewed the Behavioral Health Bureau (BHB) intake process and is attempting to better capture youth who may be using or are at risk for substance abuse. CFSD is trying to put in place front line substance abuse prevention and identification of young people at risk for substance abuse. CFSD is happy to share information with APS substance abuse specialists and extend an invitation to speak to the Committee.

Betsy and other Committee members asked why the census numbers for youth continue to be so low. Asha reported an uptick in census at Kaiser due to increases in those with Medicaid and health insurance because of the Affordable Care Act. Earl reported that the Courts numbers are down as well. The reason for the decrease is unclear, but may be due to redevelopment or prevention efforts.

Committee members again asked about being able to locate BHB via internet search. CFSD staff set up the smart board and conducted a google search using various terms (e.g., teen, mental, health, Arlington). The BHB webpage was consistently in the top five of google search findings. CFSD staff also responded immediately when Linda noted that the information for the crisis stabilization was not easily found, and now CR² has its own tab on the CFSD webpage. There was also discussion of how committee members found information to help their own children. Answers included the yellow pages and the Washington, DC [Behavioral Health] website. Finally, CFSD is also redoing the BHB brochure.

This was followed by a conversation about the Community Center that are used as drop-ins by youth in Australia. These young people have mentors. Thomas Jefferson and Bancroft allow youth to assemble in somewhat similar ways. Youth at these community centers may offer young adult or peer mentors as well. The Committee may consider discussing this with someone from Parks and Recreation.

4. **Monthly Statistics:** CFSD provided the Committee with statistics including the number and percent of youth with DSM-IV diagnoses as well as the number of youth served by several programs in July, August, September, and October of FY 2015 compared to FY 2014 averages. There was a decrease in calls to the MHSA referral line. Emergency Services experienced the only consistent increases in numbers this fiscal year. Emergency Services numbers do not include clients served by CR². The Committee would like additional breakdowns in the future.

The Committee asked about the definitions of youth served and the length of cases. VICAP was also explained.

The Committee asked for a description of the difference between Emergency Services and CR². Emergency Services, located at Drewry Center, existed prior to CR². Leslie Weisman is the Bureau Chief for Emergency Services for DHS. It offers a 24 hour response for anyone experiencing a psychiatric emergency. Emergency Services is certified by the State to carry out involuntary commitments, while CR² is not. Emergency Services is often accompanied by the police, only completes assessments, and make referrals. In contrast, CR² may offer short term treatment and case management. It was noted that Emergency Services is often called by APS before parents are called. The Committee asked that a link to Emergency Services be added on the CFSD BHB webpage.

Diagnoses: The diagnoses data includes primary and secondary diagnoses. There is duplication because young people may have multiple diagnoses. Thirty percent of diagnoses were mood disorders. The conduct disorder diagnoses is very broad, may not develop into a full-blown adult diagnoses, and may be diagnoses given by someone other than Arlington County Behavioral Health staff. Substance abuse diagnoses were self-reported. A Committee member asked about receiving the diagnoses data broken down by age group. That probably isn't possible due to the limitations of the system. The Committee asked about the impact of changing to DSM-V, but Asha reported that coding for DSM-V will not be implemented in the United States for four or five years. The US is behind other places in implementing DSM-V. Heather also notified the Committee that the presentation of diagnosis data may be presented differently in the future.

School data: Arlington Public School diagnoses data was provided as a handout as well. Someone asked the meaning of other health impairment. It was suggested that the Committee ask APS to define other health impairment and emotional disability. Bonita will ask APS to provide definitions for all of these diagnoses. Asha noted that there are not many options. The Committee has also requested suspension data. It has been provided in the past.

5. **Text, Talk, Act to Improve Mental Health | Creating Community Solutions:** The Committee was presented with information regarding Text, Talk, Act, which allows people especially young people to participate in a national dialog on mental health concerns. Heather reported that the goal is to implement something similar in Arlington County. The difficulty is that someone would be needed to man and monitor it. Teen Network Board (TNB) participation is desired. It was noted that the Committee would not need to build engagement to implement something like Text, Talk, Act. Something like this would allow group text messages and

maybe flash tweets to be sent. However, the Committee expressed concern about others “egging on” users rather than attempting to help them. Yorktown provides a pocket card etc. that include emergency response information. It may be useful to implement some of these strategies. The difficulty with any of these ideas is sustainability, thus the suggestion to include TNB participation.

6. **Mind Matters:** BHB was also prominently featured in the APS newsletter for its Mental Health Cadre, called Mind Matters. CFSD will email copies to the Committee. Dr. Stowe and BHB staff will also conduct training in January and on an ongoing basis. BHB will continue to submit articles to the newsletter. There was a suggestion to have committee members to talk about their family experiences and NAMI.

Linda also suggested a Salon. This idea was also mentioned in a discussion held at H. B. Woodlawn. It was noted that there is a quarterly meeting including DHS, APS and NAMI as an effort to improve working relationships between the groups. These meetings are organized by Asst. Superintendent Brenda Wilks. A salon may be redundant, but others disagree. A salon is a way to have end users, parents, psychiatrists and case workers in a room outside offices. It was noted that the Partnership liaison may believe that this would be a task for the Partnership. However, the Partnership is more broadly focused than the Committee. Linda suggested that the committee identify youth to participate in a salon. Linda was asked to set it up with representation from the Committee of Heather Stowe of CFSD, a representative of the Courts, and others. A list of potential participants will be sent to the Committee.

Old Business:

7. **Site Visits:** The Committee has the option to visit the Detention Center before or after shift change. It was suggested that the visit take place at approximately 7 pm during the Committee’s regular meeting time in January. The Committee asked that the Memorandum of Understanding (MOU) between DHS and the Detention Center be shared with the Committee prior to the site visit. There is a new director and program manager at the Detention Center. The new Program Manager has worked in Washington, DC and Seattle in the past. In response to a question, Earl noted that DHS has no role in hiring at the Detention Center. There is a Detention Commission that includes two Arlington County Representatives, Pat Romano and Rev. Taylor, is responsible for Detention Center hiring. The Committee would like to consider visits to Leland House and Phoenix House. However, the Committee was reminded that Arlington County has no direct access to Leland House. The Committee will be polled regarding site visit preferences.
8. **RA1SE Project:** The date and time of the Raise Project presentation at DHS was noted. [That presentation has since been rescheduled. It will take place on February 2, 2015 at 1 pm.]

9. **Committee Calendar:** There was review of the calendar for the year through May, 2015. December's meeting will feature Kim Durand from the Partnership discussing the newly released 2013 Community Report Card on the Status of Children Youth and Families. January is likely to include a site visit, probably to the Detention Center. The topic in February will be Juvenile justice issues with invite speakers including Caitlynn Tracy, Lt. Ron Files, and Fredy Martinez. In March, there will be a joint meeting with Adult Mental Health Committee. In April, there will be a joint meeting with Substance Abuse Services. The date for the April meeting has been changed to April 27th. Finally, in May there will probably be a discussion of the budget and a presentation on FAPT.

Meeting adjourned at 8:20 p.m.

Next meeting: Monday, December 15, at 6:30 p.m., in lower level room A at the DHS Stambaugh/Sequoia building.