



**The Arlington Community Services Board**  
**Sequoia III**  
**2100 Washington Boulevard**  
**Arlington, VA 22204**  
**(703) 228-4871 FAX: (703) 228-4853**



**Anne Marie C. Hermann**  
**ACCSB Chair**

**July 19, 2017**  
**Sequoia III**  
**2120 Washington Blvd., Room 112**  
**Arlington, Virginia**  
**7:00 pm - Full Board Meeting**

**Deborah Warren**  
**CSB Executive Director**

**Present:** Anne Hermann, Leslie Gosling, Linda Kelleher, Cherie Takemoto, Judy Deane, Jenette O'Keefe, Adele McClure, Dori Mitchell, Wayne Bert, Frank Haltiwanger, Shauna Alonge, Joanne Del Torro

**Excused:** Carol Skelly, Jay Terner, Atima Omara, Asha Patton-Smith, Laura DeMaria,

**Staff:** Kelly Mauller, Oliver Russell, Deborah Warren, Anita Friedman

**Public Comment(s)**

A member of the community spoke about the improvement of mental health services in BHD and the mental health committee over the past few years.

**CSB Staff Recognition Award**

Kevin Richardson, Mental Health Team C, was nominated to receive the July 19, 2017 CSB Staff Recognition Award. Alexis Speight, Mental Health Team C Supervisor nominated and spoke about Mr. Richardson. Ms. Speight spoke about Mr. Richardson's accomplishments and stated that he is a great asset to the team.

Mr. Richardson stated that he appreciates being recognized for his accomplishments and thanked the CSB.

**Approval of the June 21, 2017 ACCSB Meeting Minutes**

Chair Hermann called for a motion to approve the June 21, 2017 ACCSB Full Board meeting minutes. Ms. Takemoto motioned to approve the minutes, Ms. McClure seconded the motion, and the minutes were approved as amended.

**Substance Abuse Services Update**

Suzanne Somerville, who recently accepted the position of Bureau Chief for Residential and Specialized Program Services, presented a comprehensive update about the recent assessment of Substance Abuse Services. Ms. Somerville stated that the purpose of the assessment was to evaluate current services to improve/expand services available to Arlington County residents in need of treatment for substance use disorders.

Ms. Somerville provided an overview of the anticipated outcomes of the assessment. They are as follows:

- Increased collaboration and break-down of diagnosis driven silos.
- Intake and access to be addressed by Same Day Access (as of September 2017).

- Improved treatment philosophies – change to more co-occurring competence. Required shifts include: working with individuals in all Stages of Change; person-centered treatment; allowance for harm reduction; increased engagement efforts and increased outreach vs. discharge due to “non-compliance”.
- Intensive Outpatient Program (IOP) – service gap identified in every structured interview.
- Significant cross-training of mental health and substance abuse services including training in trauma informed care, harm reduction and synthetic drugs.
- Improved access to substance abuse specialists for other divisions (Senior Adult Mental Health, Developmental Disabilities and Public Health).
- Increase oversight of Residential Treatment Providers – clarifying expectations and holding vendors accountable.
- Exploration of residential treatment options for underserved populations (Serious Mental Illness, medical detox, LGBTQ) populations.

Ms. Somerville stated that two evaluation teams were established to implement and process the assessment; A Vision Group and an Outreach Group.

Vision Group – Inter- departmental team with representatives from BHD (Substance Abuse, Mental Health and Client Services Entry), Child and Family Services and Aging and Disability Services. The team developed an overall plan for evaluation, identified stakeholder groups to be interviewed and created questions to be asked in the structured interviews.

Outreach Group – Team made up of direct service clinicians and supervisors from Substance Abuse, compliance and administrative staff. The team met with 30 identified stakeholder groups to complete structured interviews.

Ms. Somerville provided an overview of the survey assessment results. She stated that a total of 159 staff, 30 clients and 30 stakeholder groups responded to the survey. Each group responded to a specific set of questions about services related to their group.

Ms. Somerville stated that, once the data was collected, a team of four individuals including two compliance officers, one administrative and one supervisor categorized the data into categories that included:

- Access/Intake
- Provider issues
- Service integration
- Service gaps
- Vision/trends and observations

Within each of the five categories, a relative frequency of specific themes developed:

- Access and intake most common concerns – transitioning clients and delay to start of services
- Providers and Vendors most common concerns – access and quality
- Service integration most common concerns – communication regarding on-going clients, partner training and the need for collaboration
- Service gaps most common concerns – gaps in the continuum of care
- Vision and trends most common concerns – philosophy of care, specialized client needs and emerging trends

Ms. Somerville stated that the categorized data was given to workgroups made up of clinicians, compliance staff and supervisors. The workgroups set priorities based on the frequency of the responses and then divided the priorities into four categories.

- Highest priority and/or easiest to achieve
- High priority that will take longer to achieve
- May be a high priority but will be difficult to achieve and may be lesser priority
- Outside of the scope of work for Substance Abuse services

Timelines for the prioritized items are 1-3 months, 3-6 months, 6-12 months and 1-3 years and longer range plans. An action plan, designating the timeframe that each task will be completed within, has been implemented.

Ms. Somerville provided a follow-up plan of factors to be reviewed to determine if the action plan is working.

- Number of new clients admitted to substance abuse services over the next six months
- Decrease in clients discharged within their first sixty days
- Monitoring the discharge reasons to see if there are more individuals discharged for having successfully completed treatment than previously
- Staff will be re-surveyed after one year to see if there is a change in perceptions

Ms. Somerville suggested a few action steps to the members.

- Promote substance abuse use treatment services
- Develop an anti-stigma campaign
- Review and provide feedback on the action plan and reported outcomes
- Consider reorganization of committees to reflect treatment focus vs. disability focus
- Support staff

Ms. Somerville asked the members for any questions about the assessment.

Ms. Mitchell asked what the acronym IOP represents. Ms. Somerville responded that IOP represents Intensive Outpatient Program. She explained that IOP is an intermediate level of treatment that requires a minimum of 9 hours of treatment per week. Ms. Somerville added that IOP is for individuals who either do not need a residential level of treatment and/or individuals that are employed and do not want to lose their employment.

Ms. Deane asked about the Matrix Program. Ms. Somerville responded that the Matrix Program is a structured dual diagnosis program that identifies both mental health and substance use triggers.

Mr. Haltiwanger asked if there is a continuum between traditional paternalistic and old harm reduction and what trends are being seen in the Washington area and nationally. Ms. Somerville responded that there is a continuum and that the trend, or best practice, is more person centered/harm reduction oriented.

### **Substance Abuse and Mental Health Services Integration**

Mr. Russell, Assistant BHC Division Chief, provided a brief update about the BHD initiative to integrate Substance Abuse and Mental Health Services (Refer to Handout). He stated that the Substance Abuse Bureau will now be referred to as Residential and Specialized Program Services Bureau and that the Mental Health Bureau will be referred to as Outpatient Clinical Services Bureau.

Mr. Russell provided a summary of some of the main goals of the new organization.

- Integrate Mental Health and Substance Abuse services in a meaningful way
- Provide client based as opposed to program based services
- Reduce practice, cultural and philosophical differences within the division
- Position the division strategically to align with general trends toward behavioral health integration
- Centralize administrative oversight of residential contracts

- Emphasize recovery principles throughout the division

Mr. Russell reported which services will fall under each new Bureau.

Residential and Specialized Program Services

- Mental Health Residential Services
- Substance Abuse Residential and Case Management, Detox, Intensive Outpatient Services (IOP), Office Based Opioid Treatment (OBOT)
- Substance Abuse Jail Addictions, Corrections and Treatment (ACT) Unit
- Abuser Intervention Program (AIP)
- Drug Court
- Clarendon House

Outpatient Clinical Services

- Community Support Team A
- Community Support Team B
- Community Support Team C
- Outpatient Substance Abuse
- Employment Services
- Program of Assertive Community Treatment (PACT) Team

Ms. Takemoto asked if individuals with a co-occurring diagnosis in mental health and substance use will be billed twice. Mr. Russell responded that those individuals will only be billed once.

Ms. Friedman reported that the current Electronic Health Record system will soon be replaced in order to stream line services and billing.

Ms. Deane asked if mental health and substance abuse intakes will remain a separate process. Mr. Russell responded that individuals will be assessed for co-occurring mental health and substance use disorders during the same appointment.

**Regional Update on State Budget and Response to County Board Chair, Jay Fisette**

Ms. Warren, DHS Deputy Director/CSB Executive Director, provided an update about the State’s budget priorities. Ms. Warren reported that she and Mr. Russell attended a State budget meeting on July 11<sup>th</sup>. She stated that the Department of Behavioral Health and Developmental Services (DBHDS) and the Virginia Association of Community Services (VACSB) are filing a joint request for funding for Same Day Access and Primary Care Screening. The request will ask that each CSB in the State receive adequate funding to implement both of the initiatives. She added that the State has mandated implementation by 2019. Ms. Warren noted that the Regional Management Group (RMG) has not yet determined their State budget priorities. Ms. Warren and Mr. Russell are scheduled to meet with the Regional Management Group on July 21<sup>st</sup>.

Chair Hermann asked the members if they would be willing to support the VACSB and DBHDS in their request. The members agreed. Chair Hermann will move forward with a letter of support.

Chair Hermann reported that she sent an email to CSB Liaison and County Attorney, Pat Carroll, requesting an extension of the July 20<sup>th</sup> due date to submit input to the County Board regarding the County’s FY18 State Budget Priorities.

## Annual Retreat Agenda

Chair Hermann announced that the CSB will hold its annual retreat on Saturday October 14th from 9:00 a.m. - 2:00 p.m. in the Sequoia III (2120 Washington Blvd.) Building, in room 112.

Suggested topics include:

- Reorganization of committees
- Needs assessment for Autism services
- CSB Board strategic planning
- Prioritization of CSB Board goals
- Review change initiatives in other DHS areas
- Board roles and responsibilities
- Training
- A speaker
- New projects

## Report Out on ACCSB Retreat Initiatives

- ✓ Chair Hermann reported out about the Mary Marshall Assisted Living Residence (MMALR).
  - As of the July 10<sup>th</sup> meeting the census was at 50
  - Applications are being considered for three individuals currently in the homeless shelter
  - The Director of MMALR has completed the Mental Health First Aid training - 3 training sessions were conducted in June and July and another training is slated for August for the remaining staff
- ✓ Mr. Bert reported out about the Mental Health Criminal Justice Review Committee (MHCJRC).
  - The committee discussed medication issues in the jail - Corizon has agreed to prescribe non-formulary medications to individuals leaving the hospital and going to the jail to ensure stability of the individual.
  - There is now only 1 nurse practitioner available for 2 days per week.
  - There will soon be 4 groups in the Moral Reconciliation Training Program for individuals who are resistant to treatment. A group will be in the jail, the homeless shelter, drug court and in out-patient services. Mr. Russell stated that Moral Reconciliation is an evidence based treatment model.
  - A discussion was held about Interdiction for habitual misdemeanor offenders. (Interdiction: an official instruction from a law court telling someone that they are not allowed to do something. Source: dictionary.cambridge.org). The members suggested asking Leslie Weisman to present about Interdiction at a future CSB meeting.

## Informational Items

- ✓ Chair Hermann announced that the County Board has appointed Laura DeMaria as a new member of the CSB Full Board. She added that Ms. Del Torro was reappointed for a second term.
- ✓ Chair Hermann thanked Ms. Friedman for filling the role of interim CSB Executive Director while the position was vacant.
- ✓ Ms. Mauller, reported that she does not have an update about the CSB FY17 Annual Report.
- ✓ Ms. Deane provided an update about the VHC expansion.
  - A meeting has been scheduled with VHC on July 21<sup>st</sup> to discuss the schedule/timeframe for implementing additional psychiatric beds
  - A tentative meeting has been scheduled with DHS staff and VHC for July 28<sup>th</sup> to discuss how to determine the number of hospital beds VHC should request
  - an additional meeting with VHC is scheduled for July 31<sup>st</sup>

- Develop a strategy to discuss VHC increasing services for children
- ✓ Chair Hermann reported that she received a letter from former Economic Independence Division Chief, Cindy Stevens, thanking the CSB for honoring her with a Lifetime Achievement award at the June 21<sup>st</sup> CSB Annual Awards Ceremony.
- ✓ Ms. Takemoto reported that the Ad hoc Autism Group held its first meeting. The group would like to hold a meeting with the CSB leadership team sometime in September to have a more in depth discussion about autism needs.
- ✓ Ms. Takemoto reported that she, Ms. Omara and Ms. McClure attended the anniversary ceremony for the Americans with Disabilities Act.
- ✓ Mr. Bert recommended a book titled Insane Consequences; How the Mental Health Industry Fails the Mentally Ill. He added that the book comprehensively covers many ideas and institutions common to the mental health industry.
- ✓ Chair Hermann brought the members attention to the Annual Art Show flyer (Included in Member Packet). This year's show will be held on July 21<sup>st</sup> from 11:00 a.m. to 2:00 p.m. in Sequoia III (2120 Washington Boulevard) on the 4<sup>th</sup> floor.

### **Adjournment**

The Arlington County Community Services Full Board meeting was adjourned by Chair Hermann at 9:20 p.m.

Respectfully submitted by Kelly Mauller