

Partnership for a Healthier Alexandria
Mental Health / Substance Abuse Work Group
Meeting Minutes
October 26, 2006

Work Group Members Present:

- Mary Riley, Chair, Community Services Board; Public Health Advisory Commission; Co-Chair, Mental Health / Substance Abuse Work Group
- Allen Lomax, Chair, Alexandria United Way; Chair, Economic Opportunities Commission; Co-Chair, Mental Health / Substance Abuse Work Group
- JoAnn Maldonado, Coordinator, Department of Human Services Multicultural Services
- Rose Berler, Chair, ACPS Health Advisory Board
- Asta Lynch, Alexandria Community Services Board
- Cathy Thompson, Representative, ALIVE!
- William Chesley, Deputy Director, Alexandria Parks and Recreation Department
- Ann Huston, Representative, Chamber of Commerce
- Nancy McCormick, Representative, Youth Policy Commission; Executive Director, Families First of Alexandria, Inc.
- David Cheney, Chair, Substance Abuse Education and Violence Prevention Advisory Committee
- Cate Alexander, T.C. Williams PTSA and Private Resident
- Charles Konigsberg, Director, Alexandria Health Department
- Veronica Aberle, Nurse Manager, Alexandria Health Department
- Christina Theokas, Monitoring & Evaluation Analyst, ACPS
- Mike Mackey, Coordinator, Alexandria Gang Prevention & Intervention, Court Services Unit
- Mary Flynt, Prevention Education, ACPS
- Jan Macidull, Representative, NAMI Northern Virginia
- Deborah Warren, Division Director, Child, Family and Prevention Services, Alexandria Community Services Board
- Cara Pennel, Health Planner, Alexandria Health Department

I. Introductions

II. Approval of September 13 Work Group Minutes

September 13, 2006 meeting minutes were approved.

III. Presentations (Brief)

City's Language Assistance Plan – JoAnn Maldonado, DHS

To improve how government offices/agencies communicate with residents with limited English proficiency, the federal government mandated assessments of needs and the development of language access plans with appropriate translation services.

The City of Alexandria contracted with Language Line for interpreter services. The Alexandria Police Department had been using Language Line for 911-call translation for several years. Language Line is a for-profit organization with 24/7 availability providing translation for 170 languages. Any telephone can be used to connect with trained interpreters by calling a 1-800 number, inputting the language (Spanish or other) and a client ID number. Both the unit of service number and number of minutes for calls have increased significantly in Alexandria (from 179 to 353 units of service and from 971 to 21,000 call minutes). Department of Human Services (DHS) has a Language Line phone with two handsets to have three-way interpreter conversations, interviews, etc. They also have conference call capabilities.

The cost of service is based on type of language and length of call, but JoAnn was able to negotiate a flat per minute fee (\$1.60/minute), and then later renegotiate (\$1.30/minute), based on a flat fee given to Montgomery County.

Two Alexandria agencies outsource mental health counseling services for residents with limited English proficiency, because of the difficulty in receiving such services through an interpreter. All written information is provided in Spanish (federally mandated). It is known that 90% of Language Line usage for 911 calls in Alexandria are for Spanish.

Community of Concern Presentation – Cate Alexander, private resident

Mimi Fleury, President and co-founder of the Community of Concern, and Beth Kane Davidson, Director of the Addiction Treatment Center of Suburban Hospital, will talk to parents on Tuesday, November 28 at 7:30 p.m. in the TC Williams Cafeteria about drinking and drug use by teens. The program is being sponsored by the TCW PTSA.

The Community of Concern is a partnership of parents, students, schools, and other organizations working together through education and cooperation to keep youth alcohol, tobacco and other drug free.

The Community of Concern originated at the Georgetown Preparatory School in Bethesda, Maryland, in September of 1999 around a booklet written by and for parents from the school, reviewed by experts- “A Parent’s Guide for the Prevention of Alcohol, Tobacco and Other Drugs”. The overwhelming response to the booklet in the Washington, DC area led Headmaster Dr. James Power and Mimi Fleury, a parent, to establish the Community of Concern. This partnership of parents, students and schools works together to encourage the prevention of alcohol, tobacco and other drug use by young people.

This grass-roots initiative has continued to grow. To date parents, schools, students and entire communities in more than 25 different states across the nation are working together to keep kids safe and healthy.

The Community of Concern works with six nationally prominent neuroscientists to help parents better understand the effects of alcohol and other drugs on the development of the adolescent brain. They are working together to address the common questions of parents, such as: Is drinking alcohol a "rite of passage" in high school? Is it important to "teach kids to drink responsibly" in high school?

You can read more about the Community of Concern at:
<http://www.thecommunityofconcern.org/default.asp>.

Methamphetamine Prevention Efforts – Deborah Warren, CSB

Handout: Methamphetamine Demand Reduction Program Overview

Community presentations are available on methamphetamines provide by involving Alexandria CSB prevention staff and law enforcement officers. Presentations can be tailored for different groups and for different lengths of time. Get in touch with Deborah Warren or Tricia Bassing for presentations if you are interested; Mary-Jane Atwater, with The Partnership for a Drug-Free America, is the Northern Virginia contact.

IV. Discussion – Possible Action Steps (Short and Long-Range)

Flow Diagram – Possible Action Steps: The diagram reviewed by the work group provided an overview of proposed activities for the next year and beyond.

- **1. Inventory/Resource Directory** – It was proposed that the work group initially focus on two targets to inventory existing programs, services and activities for a preliminary activity. Due to the other activities listed below, it was decided that the work group would concentrate on one group at this time. The age group of greatest concern mentioned previously was age 6-12. The group will review existing resource directories and identify gaps for 6-12 year olds, research best practices where gaps exist and then print and make the inventory available to the public in the form of a resource guide.
- **2. Community wide anti-stigma campaign** – A government publication from the *President's New Freedom Commission on Mental Health* identified stigma as the #1 obstacle preventing Americans with mental illnesses from getting the care they deserve and has declared mental health stigma a national priority. Many national and state-wide anti-stigma campaigns are in existence. It was proposed that a multi-year effort be adopted and begin by choosing 2-3 targets. The work group decided that the initial focus would be on youth, with other target populations selected in later years.
- **3/4. Interventions for targeted age groups** – Based on current services/programs and gaps, the group will investigate best practices where the gaps exist and develop a longer-term plan for the 6-12 age group.
- **5. YRBSS** – The data from YRBSS will be utilized to develop action steps for substance abuse. Although it was noted that the School Board must still approve TYRBSS administration, several work group members are hopeful that YRBSS

will be implemented in the spring. It cannot be conducted for 6th graders, but 7th-12th graders would be surveyed.

- **6. Long-Term MH/SA Initiatives** – throughout the year, the group will examine possible long-term programs such as TeenScreen. Because such programs are very resource intensive, the work group would seek out and obtain funding.
- **7. Mentoring Initiative** – Mentor Alexandria will kick-off its campaign during National Mentoring Month in January. A website is being tested to help in the recruitment of mentors. The website could also be used by parents, probation officers, social workers, etc. to locate mentors and mentoring information. Mentors will be available for different activities/objectives such as tutoring, athletics, links to appropriate after school programs, etc. There are currently 15 partners working on this initiative. It was proposed that the Partnership MH/SA work group assist the mentoring initiative by helping in community outreach, to engage businesses, provide spaces for meetings, etc. There is a need for adult mentors.

Discussion for above proposals:

- Virginia Supreme Court Chief Justice Leroy R. Hassell Sr. has launched the Commission on Mental Health Law Reform to revise Virginia's mental health laws and judicial processes. (MH/SA work group member Jan Macidull is serving on this Commission.) Concerns were raised about mental illness in the homeless and prison populations. Twenty percent+ of incarcerated populations suffer from mental illness. Concerns about whether this will shift to local communities, local law enforcement.
- A suggestion was made to lay out the strategy on paper and run it through other departments/agencies to vet plan or see if there are other areas we need to place our focus.
- In efforts to be accountable to the community, we should look at where the needs are (e.g., Is 911 data available?) to explain our rationale for selecting a certain target group over another.
- According to guidelines developed by the CSB's Ethics Committee, under the guidance of Ethics consultant Dr. Michael Gillette, the City of Alexandria should focus first on those whose basic needs are not being met. An example of this would be the Safe Haven facility, which will provide housing to persons who are living on the street. Over the past several years, a survey conducted by Alexandria's *Homeless Services Coordinating Committee* has shown that there have consistently been between 80-110 chronic, unsheltered homeless in Alexandria and, according to outreach workers, a large percentage have been residents of Alexandria for many years.
- Jan Macidull stated that one of the issues that came up in a meeting of the Commission on Mental Health Law Reform was that if Alexandria Police Department officers pick up someone from the streets who may have mental health issues, they can only be held for four hours. Because Alexandria Hospital closed its Psychiatric Unit and there are often no beds available at Mt. Vernon

Hospital or other surrounding jurisdictions, the police may decide to just leave the person on the streets.

- We should investigate “procedural” activities that may not cost money.
- Very little mental health/mental illness data is available at the local level. It was decided that the group would focus on youth for now, based on anecdotal information that youth are a primary concern at this time and that the group is focusing more on prevention efforts rather than intervention. The group will do more needs analysis in the future and look at expanding the focus.
- There are two types of stigma – there is the out-right discrimination that people face as well as the “closed door” stigma that prevents people from seeking help or asking for information and support. There are no support groups in Alexandria for sharing/learning for parents or teens, have to go to DC. Deborah Warren stated that when Alexandria City agencies have tried to offer support groups, attendance is usually very poor. If doing an anti-stigma campaign, must look at the needs of parents/guardians.
- Should also focus on professional caregivers such as teachers and settings where youth spend a good amount of time.
- *Caring for Every Child’s Mental Health* is a national campaign that the work group should explore. Bring a national campaign into the community, open doors so parents and kids can ask for help, increase awareness of mental illness as an *illness*, and provide support so that when people get help they continue with their treatment.
- *Elimination of Barriers Initiative* is another national campaign that has been federally funded in eight states (California, Florida, Massachusetts, North Carolina, Ohio, Pennsylvania, Texas, and Wisconsin). One of the goals of this pilot project is to develop and distribute evidence-based public education practices to States and communities nationwide.
- The Anti-Stigma Campaign Example Handout is the Wisconsin plan for *Elimination of Barriers Initiative* pilot project. These were three-year initiatives that began in September 2003; they are currently evaluating the programs, so “best practices” are not yet available – however, there are lessons learned. Targets for a youth campaign could focus on parents/caregivers, schools/educators, faith communities through youth ministers, primary healthcare providers/pediatricians, etc.
- Another high-risk age group is post high school (18 to early 20s). It’s a very vulnerable time for those who have mental illness because they may be living independently and are out a system such as school that might otherwise provide support/services.
- In the Chicago area, there is a parental education program through PTA focusing on mental health and substance abuse in teens. One highlight was a panel of kids in recovery that explained how they got away with things. The only problem with PTA involvement is that it’s the same people. The Gang Prevention Initiative is looking at ways to reach out to those who aren’t normally involved (reaching out and convening in apartment building meeting rooms, recreation centers, living rooms, etc.)
- Other suggestions/recommendations include:

- Should involve private schools in Alexandria.
 - Should link through the churches
 - Should check with Fairfax County, Arlington, DC, etc. to see if they are doing anything with anti-stigma.
- ✦ Will plan to put the anti-stigma campaign plan into the logic model framework.

Logic Model Handouts:

- Program Action - Logic Model
- Overarching Logic Model (sample program)
- Measuring Program Outcomes: A Practical Approach (United Way handout from Allen)

Date for Next Meeting

Let Cara know if you are interested in working on specific activities (e.g., anti-stigma campaign, activity to inventory existing programs/services). We will have meetings for these smaller groups over the next couple of months and plan to pull the larger group back together in January.