

## ARLINGTON COUNTY COMMUNITY SERVICES BOARD

### Mental Health Committee

December 12/12/19

Approved 1/22/20

**Committee Members Present:** David FitzGerald (Co-chair), Bob Carolla, Cecelia Revilla, Judy Deane, Sam Howlett, Steven Gallagher, Florence Jones, Meade Hanna

**Committee Members Absent:** Dori Mitchell (Co-chair), John Blount, Scott Brannon, Tom Quinn, Debra Byrd, Sherry Coles, Wayne Bert, Tameka Parker, Leslie Gosling, Anne Hermann, Joe Klem, Steve Taphorn, John Mitchell

**Staff Present:** Alan Orenstein, Jose Campos

**Call to Order:** The meeting was called to order at 6:00 pm.

**Approval of Minutes:** The 11/13/19 minutes were approved without changes.

#### Job Avenue Presentation

Mr. FitzGerald provided an overview of the purpose and role of the CSB and MH Committee. Using a Presentation, Mr. Campos reviewed the following:

- Job Avenues mission and staffing in partnership with PRS a private company that contracts workers to DHS.
- A range of data primarily from the program's PMP including: the number of referrals and service utilization (clients served, number employed, number in each stage, etc.).
- Key principles of the Individual Supported Employment (IPS) model, such as zero exclusion, competitive jobs, close integration with the MH team, etc.
- Data from extensive national research showing approximate outcome that 45% of IPS participants achieve employment.
- Stages of service: screening and assessment, job development (determining and finding the desired job), job placement, and follow along services.
- Other services provided: Supported Education, work readiness training, and a JA counselor and client follow-along dinner.
- Data indicating the high degree of fidelity to the IPS model (i.e., services provided in conformance with standards for an evidence based IPS model program); and client satisfaction and percent achieving employment (46% last year).

There were a number of questions from the membership including: relationships with current and potential employers (yes, including a periodic Job Fair, as an example); the availability of data on a number of service aspects (e.g., the average time to achieve employment, how long people stay in job, why people left the job, etc.); program acceptance criteria (viz., the sole criteria is that client wants to work); clarification of the service stages; how does the program assist clients not needing substantial help (services are individualized); what is the difference with the Arlington Employment Center (JA provides more individual assistance and is experienced working with SMI); details of what and how services are provided; how JA works with the employer (determined by the client how JA would help and could include, for example, advocating for accommodations).

#### Outpatient Director's Report:

Dr. Orenstein provided an update on the fire at the Kensington apartments. He described that there are 8 clients living at Kensington:

- 6 are supported by CR: 2 are with family, 3 are at a hotel, and 1 is incarcerated

- 1 client is in the PSH program in a hotel and is supported by the PSH program in addition to their MH team
- and 1 client was renting an apartment subsidized with a housing grant and regional funding and is at a hotel supported by DHS funding

There is a family meeting with CR this evening. Mr. Gallagher noted that it looked like the Kensington was being used different from what was originally intended, but he agreed with Mr. Fitzgerald that this would best be discussed with Ms. Mitchell at the Group Home Committee.

### **Co-Chairs' Report**

On the request of the co-chair, Ms. Jones described at length her son's treatment history. Beginning with her experience with the school system, she detailed other attempts to achieve helpful services. In general, she described what she experienced as service gaps and systemic difficulties achieving needed services. When questioned, she noted the helpfulness of several individual service providers.

Dr. Orenstein gave an overview of the engagement philosophy and practices in outpatient services. He distributed a summary outline that described the following:

- Values of accessibility and responsiveness
- The low estimated level of utilization (15-20%) by the estimated number of SMI persons in Arlington and Virginia
- Stressed the importance of a trusting, empathic, client-centered and persistent relationship with the provider and "starting where the client is" in developing a treatment plan
- How engagement starts at Intake and continues during services
- Referenced policies in case of missed appointment, outreach procedures before discharge, and family engagement
- Noted limits to service intensity in standard programs (versus a PACT team or RAISE model) due to caseload sizes
- Noted the need for utilization management due to limits of resources

There was a vigorous discussion focusing primarily on young adults, relating to what "engagement" entailed and how to engage young adults very reluctant to be admitted to services. There was, for example, the suggestion of a family navigator and the use of peers. Mr. FitzGerald stressed that all staff should accept that with young adults there will be a reluctance to engage. In trying to summarize the discussion, he described that there is a need to figure out what is proper engagement process at this point and how to improve it long term.

**Announcements:** None

**Adjournment.** The Committee adjourned at 8:15 pm.