

City of Alexandria, Virginia

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MEMORANDUM

DATE: NOVEMBER 30, 2001

TO: THE HONORABLE MAYOR AND MEMBERS OF CITY COUNCIL

FROM: PHILIP SUNDERLAND, CITY MANAGER *PS*

SUBJECT: ALEXANDRIA COMMUNITY SERVICES BOARD FY 2001 ANNUAL REPORT

**ISSUE:** Transmittal of the Alexandria Community Services Board's FY 2001 Annual Report.

**RECOMMENDATION:** That City Council receive the Alexandria Community Services Board's FY 2001 Annual Report.

**DISCUSSION:** The Alexandria Community Services Board (Board) consists of a group of 16 volunteers appointed to oversee the City's publicly funded mental health, mental retardation and substance abuse services and provide policy direction to the Department of Mental Health, Mental Retardation and Substance Abuse (Department). Included in the FY 2001 Annual Report are a summary of accomplishments, an overview of future challenges and a description of revenues and expenditures for the year. This report is specially dedicated to recognizing Board staff and includes many pictures of them.

Prior to FY 2001, the Department organized its operating divisions by type of disability: Mental Health, Mental Retardation and Substance Abuse. In FY 2001, the Department transitioned to a new operational structure. The current divisions are Acute Care Services, which provides time-limited, problem oriented services like emergency mental health care and short-term outpatient care; Extended Care Services, which provides long-term services like residential and vocational programs; and Prevention, which provides educational, consultative, outreach, public information and volunteer services.

Highlights of the accomplishments summarized in the report include:

- Working with City commissions and civic associations to revise the City Ordinance for equitable dispersion of group homes without making it harder to establish new group homes.
- Opening a Clorazil Medication Clinic at the Mental Health Center as a convenience to consumers in order to facilitate their participation in treatment.
- Expanding mental health services to an additional 25 persons living with HIV.
- Completing a needs assessment of two senior residential high-rise communities that resulted in increased services to this population.

- Training staff at homeless shelters on how to best assist persons with serious mental illness, and continuing outreach to homeless persons with serious mental illness.
- Opening five new condominiums, which were purchased in FY 2000, to provide permanent and transitional housing to persons with mental illness, mental retardation and substance abuse problems.
- Expanding Clubhouse programs to include a Women's Stress Management Group, a Gardening Club and a Quilting Club for persons with psychiatric disabilities.
- Increasing employment opportunities for persons with mental retardation by working with Didlake, Inc. to establish a new janitorial crew.
- Automating Medicaid billing to reduce wait time for revenues and automating clinical assessment records to improve communication between staff.
- Establishing a Diversity Committee to increase staff's abilities to provide services compatible with consumers' cultural backgrounds.

Highlights of the challenges facing the Board for FY 2002 include:

- Finding a new location for the Board's Clubhouse, a psychosocial treatment facility, which is overcrowded and in need of increased handicapped accessibility.
- Continuing to work toward accreditation by CARF, a national organization that accredits hospitals, clinics and other health care facilities, in order to meet standards for best care practices for insurance company reimbursements and state and federal funding.
- Continuing to work toward Federal Health Insurance Portability and Accountability Act (HIPPA) compliance. HIPPA requires compliance with strict new regulations for the security and confidentiality of consumer records.

FY 2002 Board expenditures totaled \$19 million. Board programs served 4,194 Alexandrians, many of whom received services in more than one program.

**FISCAL IMPACT:** None

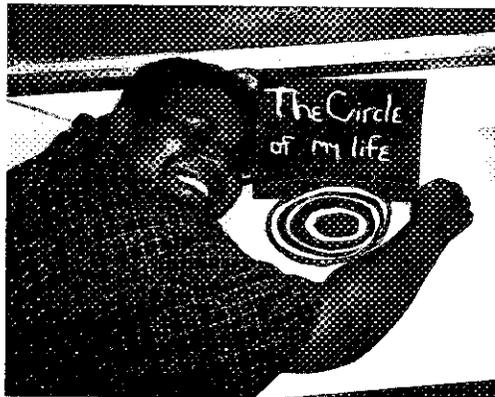
**ATTACHMENT:** Alexandria Community Services Board FY 2002 Annual Report

**STAFF:** William L. Claiborn, Ph.D., Executive Director of the Alexandria Community Services Board



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# alexandria community services board year in review



fiscal year 2001  
July 1, 2000 – June 30, 2001

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## A Message from the Chair

Dear Friends:

It is with pride that I present this report on behalf of the Alexandria Community Services Board (Board). The following pages summarize our FY 2001 accomplishments, funding and expenditures and identify some ongoing challenges. We hope that you will take a few minutes to look through the report. Your comments and suggestions are welcome to us as we strive to provide quality, community-based services for Alexandrians with mental illness, mental retardation or substance abuse problems.

Highlights of last year's accomplishments include opening five new residential programs, starting a Clozaril medication clinic at the Mental Health Center and establishing a Diversity Committee to ensure that services are compatible with our consumers' increasingly diverse cultural backgrounds. Successful state legislation was advanced to provide privileged communication and civil immunity for peer review activities that ensure quality consumer care. The Board also worked with City commissions and civic associations to revise the City Ordinance for equitable dispersion of group homes throughout the City without making it harder to establish new group homes.

Our biggest disappointment last year was that we did not find a new location for the psychosocial clubhouse program, which has out-grown its current facility. Consequently, the search for a new location for this program is our number one priority this year.

I would like to conclude by thanking City Council for continuing to support the Board and its mission. Thanks also go to our private contractors and Board staff for their ongoing commitment to our consumers. This report is specially dedicated to recognizing our staff. Along the outer panels of the pages, you will find pictures of many of them. Together we served 4,194 persons. It is because of the hard work and compassion of these caring professionals that we can continue to provide the quality services for which we are known.

Sincerely,

Phill Bradbury  
Chair



*Phill Bradbury, Chair*

## About the Alexandria Community Services Board

By Dara Schumaier, Assistant to the Executive Director



*Dara Schumaier, Assistant  
to the Executive Director*

The Alexandria Community Services Board (Board) was established in 1969 in accordance with the Code of Virginia, Section 37.1, Chapter 10, to oversee Alexandria's publicly funded mental health, mental retardation and substance abuse services. The Code requires that every jurisdiction in the Commonwealth of Virginia either establish a community services board or join a community services board composed of neighboring jurisdictions.

The Board is a group of 16 citizen volunteers appointed by Alexandria City Council. Accordingly, the Board reports to the Council and sets policy for and administers the provision of publicly funded mental health, mental retardation and substance abuse services.

In collaboration with the City Manager, the Board selects an Executive Director who also serves as Director of the City's Department of Mental Health, Mental Retardation and Substance Abuse. Most of the Board's services are provided through the department, however, the Board also purchases services from private contractors. The department has an administrative section and three operating divisions: Acute Care Services, Extended Care Services and Prevention Services.

### FY 2001 Board Members

Phillip Bradbury, Chair  
Walter Hill, Vice Chair  
Megan Contakes  
Julie N. Jakopic  
Mary Riley  
Harry "Bud" Hart  
Joseph Hinkle, M.D.  
Herbert Karp  
Matthew Berg  
Joseph Bury  
Mark Elder  
James Gladden  
Florine Greenberg, Ph.D.  
Mondre? Kornegay  
Holly Schumann  
Nancy Ann Turner  
Christopher Venner

### FOCUS ON BOARD MEMBER ACCOMPLISHMENTS

**Board members represented the Alexandria Community Services Board** at Commission on HIV/AIDS, Commission on Persons with Disabilities, Public Schools Substance Abuse Advisory Committee, Old Presbyterian Meeting House, local civic associations, a statewide housing forum and focus groups with Board consumers.

**An ad hoc Board committee** studied a consumer satisfaction survey conducted in September that showed a drop in consumer satisfaction from previous years. The committee made seven recommendations to staff regarding access to services and consumer participation in their treatment plans. Staff implemented the committee's recommendations which included changes in reception at the Mental Health Center and new requirements for clinician's voice mail messages. A follow up survey conducted in May 2001 showed improved consumer satisfaction in both targeted areas.

**The Board's Mental Health Committee** conducted a post-discharge follow-up study of consumers to evaluate services. Responses showed that consumers liked the services they received and would recommend them to family and friends. The majority of consumers felt services helped them deal more effectively with daily problems, social situations and work or school.

**The Board's Substance Abuse Committee** studied the Substance Abuse Day Support Program to determine why the program has not been operating at full capacity, and whether consumers in the program were satisfied with services. Results showed that fewer consumers were being served due to two staff vacancies and a decrease in the number of consumers in the Social Detox Program (which is the primary referral source). Consumers were satisfied overall with services, but believed they could benefit from additional peer support activities and information. In response, staff began recreational outings, spirituality training and alumni groups and gave information to consumers about resources for food, clothing, job training and health care.

**Board-City Council Work Session keeps Council informed.** In October 2000, City Council held a work session with the Board to discuss the Healthy Communities Subcommittee report. The subcommittee included Council members William D. Euille and Lois Walker. It studied the operation and future direction of the Board as well as the relationship between the Board and the Department of Mental Health, Mental Retardation and Substance Abuse. The work session provided an opportunity to talk with Council about the challenges facing the Board.

**Board participation in coalition impacted proposed change to City Ordinance.** In November 2000, City Council approved an ordinance change that included a compromise to forego a requirement that all new group homes licensed by the Department of Social Services (DSS) obtain Special Use Permits (SUPs). The Board proposed that the City allow compliance with the Board's Housing Policy as an alternative to the SUP process. Consequently, anyone proposing new group homes with DSS licensure can either follow the Board's Housing Policy or obtain an SUP. To arrive at this compromise, the Board worked with a coalition that included the Commission on Persons with Disabilities, Seminary Hill Association, the Commission on Aging, Del Ray Citizens' Association, the Human Rights Commission and the Office of Planning and Zoning.

**State legislation advanced by the Board was successful.** In February 2001, the Virginia General Assembly approved legislation supported by the City Council to provide privileged communication and civil immunity for peer review activities. Brian Moran, Delegate to the General Assembly, sponsored this legislation. The purpose was twofold: to ensure quality care for consumers by providing for objective evaluation of Board services (including consumers' clinical records); and to facilitate all such activities performed in good faith by exempting the resulting records and reports from public disclosure, and providing civil immunity for the Board members, staff and consultants responsible for this work.

**FY 2001  
City Government**

**Mayor**  
Kerry J. Donley

**Vice Mayor**  
William C. Cleveland

**City Council**  
William D. Euille  
Redella S. Pepper  
Lonnie Rich  
David G. Speck  
Lois Walker

**Our Mission**

Serving Alexandria through community-integrated mental health, mental retardation and substance abuse services;

creating an environment promoting the highest functioning and quality of life;

providing prudent resource allocation, leadership, advocacy, family support and education.

## Program News and Challenges

By William L. Claiborn, Ph.D., Executive Director

Our mandate to issue an annual report serves two important functions. First, it allows us to stop and review where we have been and where we are going. Second, it provides an opportunity for us to share these successes and challenges with the citizens of Alexandria.

Looking back, I am pleased to report that FY 2001 was a productive year. We are fortunate to have employees who give their best to provide quality care for our consumers every day. I am also pleased to have this opportunity to focus on our leadership in the community.

### FOCUS ON LEADERSHIP IN THE COMMUNITY

**Hoarding Task Force.** Fairfax and Arlington Counties are replicating Alexandria's Interagency Hoarding and Eviction Task Force, founded by Board staff. Since 1997, this task force has developed compassionate care plans for Alexandrians who require intervention due to their hoarding behavior. In the fall of 2000, a conference entitled *Extreme Hoarding 2000: Community and Treatment Strategies* attracted the attention of the media and over 200 professionals.

**Attachment disorders training.** A team of clinical psychologists developed a presentation on attachment disorders in children that was approved for continuing education by the Virginia Bar Association. This training helps judges, guardians *ad litem* and social services staff make informed decisions about custody issues.

**Interagency effort.** In cooperation with Alexandria's Department of Human Services, Alexandria City Public Schools and Alexandria Juvenile and Domestic Relations Court, Youth Services staff helped design and implement the substance abuse treatment portion of the Alexandria Family Drug Treatment Court. This interagency effort helps parents with substance abuse problems stay drug free and become better parents.

Looking forward, we need to continue working on three major initiatives. We have already made significant progress on two of these efforts: reorganizing our departmental structure and working toward CARF<sup>1</sup> accreditation.

<sup>1</sup> CARF is a nationally recognized organization that provides accreditation of hospitals, clinics and other health care facilities and organizations.



William Claiborn  
Executive Director

#### FY 2001 Management Team

William Claiborn  
Gerry Desroisers  
Judy Carter  
Deborah Warren  
Brenda Sauls  
Maggie Ross  
Janis Gold  
John Boyd

Unfortunately, we have not been as successful with the third, finding a new location for our psycho-social clubhouse program. This is our highest priority for FY 2002. I am confident that together, we have the requisite knowledge, skills and dedication to achieve these goals as we focus on future challenges.

## FOCUS ON FUTURE CHALLENGES

**Finding a new Clubhouse.** Our most pressing need is to find a new location for the Clubhouse program. The Clubhouse program helps Alexandrians with serious mental illness to live successfully in their community by providing day support and rehabilitation. The current Clubhouse facility has only 4,000 square feet to accommodate 25 staff and 115 members. An average of 45 consumers are at the Clubhouse during the day.

**Completing the departmental reorganization.** During FY 2001 we began transitioning to a new operational structure. The goal of this reorganization is to increase the responsiveness of Board programs by reducing administrative layers and organizational boundaries. Last year we successfully separated services aimed at state-mandated priority populations (extended care services for the mentally ill) from time-limited, problem oriented services (acute and emergency care services). During FY 2002 we will continue the reorganization by integrating substance abuse and mental health outpatient services and implementing a separate authorization system to approve the delivery of services.

**Obtaining CARF accreditation and becoming HIPAA<sup>1</sup> compliant.** The Board will continue to work toward these two goals to ensure that we meet standards for best care practices, insurance company reimbursements and receipt of state and federal monies.



*Clubhouse members  
returning with groceries*



*Left: Keysha Kyle  
Right: Carla Caceres  
Mental Health Center  
Receptionists*

<sup>1</sup> HIPAA (The Federal Health Insurance Portability and Accountability Act) requires compliance by April of 2003 with strict new regulations for the security and confidentiality of consumers' mental health, mental retardation and substance abuse records.

## Program Accomplishments

### FOCUS ON ACUTE CARE SERVICES

By Judy Carter, Director of Acute Care Services



*Judy Carter, Director of  
Acute Care Services*

The progress made in reorganizing our service structure was one of our biggest accomplishments. Services are no longer categorized by disability areas, but by short term or long-term care. This is making a positive difference for staff and consumers alike. Following are just a few of our many other accomplishments.

**Children's New Initiative Monies** were made available. A state grant of \$27,000 enabled the Board to begin providing additional services for children with serious emotional disturbances. These child-centered services focus on the family with the goal of keeping the child in the home while improving functioning.

**The State Substance Abuse Reduction Effort (SABRE)** funded early intervention for troubled youth. In cooperation with the Commonwealth of Virginia Department of Criminal Justice Services and the Court Services Unit of Alexandria's Juvenile and Domestic Relations Court, the Board submitted a proposal for SABRE funds. This resulted in a grant award of \$75,825 to provide substance abuse prevention, education and treatment to adjudicated youth in cooperation with the Court Services Unit.



*Sharry Hamasaki,  
Clinical Psychiatrist*

**A Clozaril clinic** opened with on-site blood draws at the Mental Health Center. Clozaril is an anti-psychotic medication that requires bi-weekly monitoring of consumers' blood levels. On-site blood draws eliminated the need for consumers to make hospital appointments for lab work. Blood draws now take place during regularly scheduled medication groups. This convenience has facilitated consumers' participation in the therapeutic and educational aspects of their treatment.

**The Recycle Medication Program** resulted in a savings of \$18,800 through medication credits to the Acute Services division. This program, which is run in cooperation with the State Pharmacy, recycles unused prescription medications that would otherwise be wasted as a result of consumers changing medications or transitioning to private insurance prescription plans <sup>1</sup>.

<sup>1</sup> Staff actively audit records to identify consumers with private prescription coverage and take them off the State Pharmacy program which is for indigent consumers only.

**Ryan B. White/CARE Act Funds** were authorized by Congress to expand mental health services to persons living with HIV disease. This \$34,580 enables the Board to provide targeted and HIV-specific mental health interventions to approximately 25 additional persons with HIV (through the Alexandria Health Department's Casey Health Center and the Alexandria Detention Center). These funds are available to eligible metropolitan areas that have disproportionately higher numbers of persons infected with HIV in their populations.

**Comprehensive needs assessment survey** was completed by the Geriatric Team for two senior residential high-rise communities. Board staff worked with Alexandria Redevelopment Housing Authority (ARHA) to conduct these surveys to learn how we can best help the residents of these communities. Survey outcomes indicated a need for outreach for elderly Hispanics, and a need for better training of Companion Care Aides. After completing the surveys, twelve residents came to the Board for mental health and substance abuse services. The Geriatric Team has since increased mental health and substance abuse screening of residents, added educational and therapeutic activities for residents (such as weekly "Spanish Caring and Sharing" groups), and initiated regular in-service education for care givers.

**Projects for Assistance in Transition from Homelessness (PATH)** enabled the Board's Homeless Coordinator to continue outreach to homeless persons in Alexandria with mental illness. These services are often the first link that homeless persons have with mental health care. Outreach is provided at drop-in centers, soup kitchens and homeless shelters. Another important component of these services is training shelter staff to better help the mentally ill homeless. During FY 2001 the Board received \$50,323 of federal PATH monies.

**"Tuesdays with Judy Carter"** helped develop stronger ties of communication between clinical staff who work off site and those at the Mental Health Center and Substance Abuse Center. The new relationship between the Mental Health Unit in the Detention Center and Emergency Services is a good example of this intra-agency success. Because of participation in these meetings, Detention Center staff now feel free to call Emergency Services staff for help; and in turn, are helping Emergency Services staff with their 24 hour on-call responsibilities.



*John Boyd,  
Director of Juvenile Services*

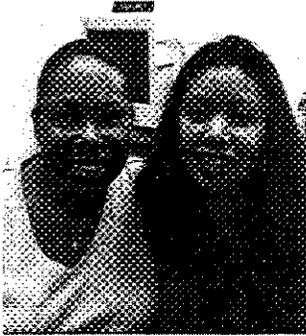


*Lynn Fritts, Homeless  
Coordinator*

## FOCUS ON EXTENDED CARE

By Gerry Desroisers, Director of Extended Care Services

During FY 2001, the Board continued to provide community-based services for Alexandrians with mental disabilities who require long-term care. The accomplishments below were chosen by staff as deserving of special recognition.

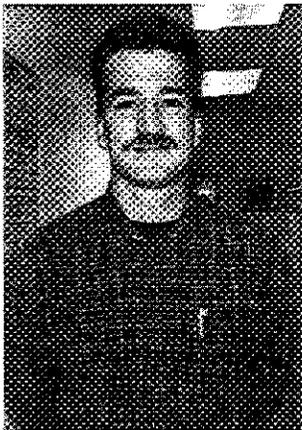


Left: Selene Butler,  
Clubhouse Case Manger  
Right: Carlin Brodie,  
Clubhouse Therapist

**Five new residential programs** opened during FY 2001 in properties purchased during FY 2000. These permanent and transitional supervised apartments now provide residential services to an additional 12 consumers across all three disability areas. These include: three programs that provide permanent residential services for seven persons with mental illness; one program that provides permanent residential services for two persons with mental retardation; and one transitional program that serves three persons recovering from substance dependency.

**The U.S. Department of Housing and Urban Development (HUD)** awarded two new three-year grants to the Board during FY 2001. The combined amount of these grants is approximately \$851,000. These monies will enable the Board to continue five existing residential programs, which together serve seventeen homeless individuals with mental illness and/or substance abuse problems.

**The Clubhouse** expanded its programming to include a Women's Stress Management Group, a Gardening Club and a Quilting Club for Clubhouse members.



Mike O'Deay, Residential  
Maintenance Supervisor

**The Mental Health Vocational Program** facilitated a week-long training to educate and empower Clubhouse members by providing them with information on a wide range of topics. There were 15 different workshops featuring speakers from different City agencies such as the Animal Shelter and the Office on Women. In addition to attending the workshops, members had the opportunity to showcase their art and talents. The week ended with a Saturday cookout with Board members and "Friends of the Mental Health Center."

**The Mental Retardation Vocational program** increased employment opportunities by working in cooperation with DidiLake, Inc. to establish a new janitorial crew at the Department of Defense. The long term goal of this effort is to provide consumers with the training and confidence they need to move to a more independent employment setting.

## FOCUS ON PREVENTION AND VOLUNTEERISM

By Deborah Warren, Director of Education and Consultation

This was a year of remarkable progress. In addition to moving forward on several new initiatives, we achieved measurable accomplishments and had fun!

**The Diversity Committee** was founded to increase staff's abilities to provide services compatible with consumers' cultural backgrounds. The Diversity Committee promotes greater understanding of cultural diversity through formal training and informal activities such as multi-cultural luncheons.

**Psychological prevention services for preschool children** were supported by grants totaling \$90,537 from the Children's Fund and the Arlington Health Foundation. This program improves social and emotional skills in children by providing mental health services to preschool staff, the children and their parents. Of the 260 children who participated in social skills groups, 78% increased their social skills, and 70% decreased problem behaviors.

**Successful Aging Expo** was co-sponsored by the Board, Office of Aging and Adult Services, and the Department of Recreation, Parks and Cultural Activities. The expo, entitled *The New Age of Aging: Mind, Body, Spirit* was successful in attracting over 200 attendees of all ages.

**Forty-nine volunteers provided 3,657 hours of service.** Volunteers visited with residents of Board group homes, managed the finances of CSB consumers and provided in-office administrative assistance. An additional 13 volunteers served on the board of Friends of the Mental Health Center.

## FOCUS ON SPECIAL PROJECTS

By Brenda Sauls, Associate Director of Administration

Following are just a couple of the many FY 2001 accomplishments of administration staff. I am including these highlights because it is through technology that we maximize our resources.

**Electronic automation** of Medicaid billing reduced wait-time for receipt of critical Medicaid revenues which comprised 14% of the total FY 2001 revenue. Computer automation of clinical assessments records improved communication between staff resulting in better coordination of consumers' care and simplification of reporting requirements.

**Web-based training** was made available for staff. This enables staff to conveniently meet ongoing educational interests and some requirements for renewal of professional licenses or certifications.



Deborah Warren, Director of Education & Consultation



Back L ▶ R: JJ Campbell, Ed Byers and Sorin Cetina  
Front: Elaine Cartwright, Management Information Systems staff.

## Outcome Indicators

By Judy Howe, Director of Program Evaluation

We establish outcome indicators to measure the effectiveness of services and plan for service improvements. Outcomes for each program are included in the Board's *Annual Performance Improvement Plan*, which is updated annually to ensure the usefulness of each outcome indicator. Following are examples of outcome indicators that helped measure the success of services in FY 2001.

### FOCUS ON OUTCOME INDICATORS FOR ACUTE CARE

**After Hours Response Rate for Emergency Calls** - Emergency services staff responded to 97% of after-hour calls within ten minutes of notification by the answering service. The goal for this outcome indicator was 80%.

**Inpatient Services** - Of 236 discharges from the Inpatient program at INOVA Alexandria Hospital, 198 (84%) remained within the community without psychiatric readmission for at least 90 days. This improved from 83% (223 of 268) in FY 2000. The goal for this outcome indicator was 80%.

**Treatment Goals for Acute Care Programs** - The following programs met or exceeded the expectation that 75% of consumers who had at least four face-to-face visits prior to discharge, fully or partially met their treatment goals at discharge: Detention Center Mental Health Critical Care Unit (142 of 142 for 100%); Substance Abuse Detox (746 of 767 for 97%); Substance Abuse Methadone (110 of 123 for 89%); Substance Abuse Outpatient (258 of 320 for 81%); Mental Health Outpatient Adult (132 of 175 for 75%); and, Mental Health Youth and Family & Intensive In-Home (90 of 120 for 75%).

**Parent Infant Education (PIE) Therapy Indicators** - Eighty-eight percent of infants who received at least six months of service met at least 50% of their goals for at least one of their therapies as assessed by their therapist at the time of their service plan review. This indicator is reported by our contractors who provide services such as physical therapy, speech therapy or cognitive therapy to infants from birth to three years of age. The expectation for this outcome indicator is that 75% of consumers in the sample will have met at least 50% of their goals in at least one discipline.

**Reincarceration Rate for Consumers Participating in the Community Reintegration of Offenders Program: (CROP)** - Only 9% (3 of 34) of consumers receiving services through CROP were reincarcerated due to parole violations. This improved from 10% (3 of 34) in FY 2000. This federally funded program provides intensive counseling and case management to repeat offenders with substance abuse problems. The goal for this outcome indicator was no more than 30%.



Judy Howe, Director  
of Program Evaluation



Left: Laurie Meyer, Home  
Based Services Team Leader  
Right: Sinae Choi, Home  
Based Services Therapist



## FOCUS ON OUTCOME INDICATORS FOR EXTENDED CARE

**Level of Functioning for Persons with Mental Illness** - Thirty-seven of a sample of fifty-five (67%) consumers maintained or improved in overall functioning based on clinician assessments using the Multnomah Community Ability Scale. This improved from 55% in FY 2000. The goal for this outcome indicator was 60%.

**Vocational Indicators** - Of 16 consumers with mental retardation who participated in employment programs, 15 (94%) maintained employment for six months or longer. Of 32 consumers with mental illness participating in employment programs, 34 (94%) maintained employment for six months or longer. The goal for this outcome indicator was 90%.

**Transition to a More Independent Living Situation** - Of 48 discharges from residential programs, 29 (60%) were discharged to more independent living situations - such as from a group home to a supervised apartment, or from a supervised apartment to a private residence. This improved from 28% (13 of 46) in FY 2000.



*Left: Shirley Wilson,  
Residential Detox Counselor  
Right: Viddy Comsa,  
Residential Counselor*

## FOCUS ON OUTCOME INDICATORS FOR PREVENTION AND INTERVENTION

**Juvenile Detention Center New Father Class** - Of the detained fathers who took the Smart Baby IQ Test after participating in weekly fathering groups, 37 (85%) scored 75% or higher in knowing their baby's needs and understanding proper discipline.

**Black Male Mentoring Program** - Of 18 students, 100% of them were not referred for disciplinary action in school and 14 (75%) of them were able to demonstrate how to say no to drugs without feeling embarrassed before their peers.

**Untouchables Male Youth Club** - Of 25 participants, 100% report no drug or alcohol use or experimentation and 22 (89%) of the participants' parents were satisfied with the groups activities and influence on their children.

**Kids are Terrific Substance Abuse Prevention Camp** - Of the 100 children who participated, 85 (85%) demonstrated proficiency in escaping a negative peer pressure situation.

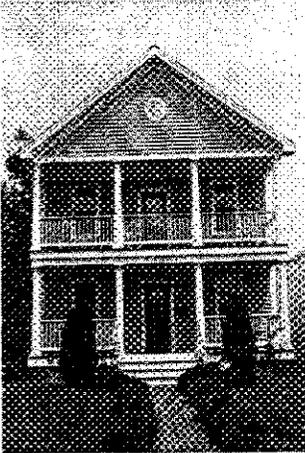


*Kit Rafalko,  
Mental Health Therapist*

## Consumer Success Stories

By Board Consumers

These Board consumers shared glimpses of their lives, attesting to the effectiveness of mental health, mental retardation and substance abuse services. The names below are fictitious for the purpose of maintaining consumer privacy.



*Men's Substance Abuse  
Recovery Home*

### Three Years Clean

Tonisha, a mother of three, came to the Board's Detox in 1998, progressed to the Women's Substance Abuse Recovery Home where she lived for nine months, and graduated from the Day Support program. Tonisha then moved in with her boyfriend and was reunited with her children, who had been living with their grandmother. Shortly after, Tonisha and her three boys moved out of her boyfriend's place due to his substance abuse. She lived in one shelter, then another, but continued to work and stay drug and alcohol free. The family was assisted by the Adopt a Family program, which enabled Tonisha to go to school while the program paid for her rent. Tonisha has been clean for over three years. She and her boys have their own apartment, she works as an administrative assistant, and she continues to visit her Board therapist twice a month.

### Outstanding Employees



*Janis Gold, Director of  
Substance Abuse Outpatient  
Services*

Cliff and Todd are both men in their mid-thirties who lived in the Board's New Hope transitional home, moved on to mental health group homes, then progressed to separate supervised apartments that they share with other Board consumers. They see clinicians at the mental health center, they are members of the Clubhouse psychosocial program and they receive job support services. For the first time in their lives, they have both been able to hold down full-time jobs, Cliff at a restaurant for over one year and Todd at a supermarket for almost three years. Neither feels the anxiety or paranoia they were tormented by in the past. Cliff has received the Employee of the Month award three times and Todd received a Mystery Shopper Award of \$500.00 for providing outstanding customer service. Cliff enjoys working and seeing the regular customers and their kids. Todd contributes his success to three things: support from his family and the Clubhouse staff, the right combination of medications and his own hard work.

### Free to Grow

Eighteen month-old Andre was born without fully developed eyes. When he was referred to the Parent Infant Education program (PIE), a program for children with developmental disabilities, Andre was afraid to move about alone.

He was fearful of many sensory stimulations such as things he would hear or touch. After six month of services through PIE, Andre's parents report that their son runs freely through their home, talking, laughing and exploring the environment.

### **New Lease on Life After 80**

Isabel, an Hispanic lady in her eighties, began to work with the Board's Geriatric Team when her husband Leo, who has Alzheimer's disease, became increasingly violent towards her. Leo was given medication that reduced his aggression and he was enrolled in an adult day care program. Isabel was given medication for depression and anxiety. Eventually she realized she was no longer physically capable of caring for her husband. Leo moved to a nursing home where he is doing well and Isabel visits him regularly. Through therapy, Isabel has learned to manage her symptoms and no longer requires medication. With the help of case management, Isabel and Leo have obtained U.S. citizenship after living in the United States for 12 years.

### **Teamwork**

When 16 year-old Kristen was referred to the Board, she had accidentally harmed her baby. There was concern over her lack of response to the death of the infant and home-based counseling services were recommended. Kristen was found to behave immaturely, and there were reports of behaviors in school that were inappropriate for a person her age. Kristen was found to have mild mental retardation. Board staff are working with Kristen and her mother as a team to teach Kristen vocational skills, and to help her mother understand her daughter's needs and develop strategies to assist Kristen in the future.

### **Home at Last**

Tony, a 13 year-old child who lives with his adoptive family, came to the Board's Mental Health Center due to violence towards his classmates and adoptive mother. Prior to being adopted, Tony had lived in several foster homes and had been sexually abused. In his last foster placement, the family adopted his siblings, but not him. Tony began therapy, but his situation at home continued to escalate to the point that he struck his mother with a bat and threatened to kill her. While discussing this attack in therapy, Tony broke down and spilled out all his fears of being rejected. He had been behaving in such a way that he would be first to reject those around him. The family continues to make progress and shares moments of joy and understanding both in therapy and at home.



*Back L ▶R: Dina Saad,  
Malisa Fulks and Yinka  
Olarinde*

*Front L ▶R: Ixsa Colon and  
Patty Eitemiller,  
Mental Retardation  
Case Managers*



*Rhonda Williams, Therapist,  
Geriatric Team*

## Financials

By Jane Hassell, Fiscal Officer



Jane Hassell, Fiscal Officer

As the Board's new fiscal officer, working on the annual report has been a great way for me to learn more about our programs. The numbers shown in the boxes below reflect Board activities for FY 2001. There were no major changes in expenditures or revenues from FY 2000 to FY 2001. However, the distribution of expenditures among service areas reflects the departmental reorganization. Acute Care activities represent 48% of total expenditures; Extended Care activities represent 44%; Prevention activities represent 4%; and Administration represents 3% of total expenditures. Revenue received in excess of expenditures includes federal grant monies received during FY 2001 that may be spent during the first quarter of FY 2002. State balances include anticipated refunds to the state for required matching funds for Medicaid expenditures.

### FY 2001 Revenue and Expenditures

FY 2001 Revenue by Source			FY 2001 Expenditures by Service Area <sup>1</sup>		
<u>Revenue Source</u>	<u>\$ (millions)</u>	<u>%</u>	<u>Service Area</u>	<u>\$ (millions)</u>	<u>%</u>
City of Alexandria	8.60	44.6	Acute Care	8.88	48.2
Commonwealth of Virginia	3.41	17.7	Extended Care	8.19	44.4
Medicaid	2.71	14.0	Prevention	0.74	4.0
Federal Government	2.20	11.4	Administration	0.63	3.4
Consumer & Insurance Fees	2.21	11.5			
Other	.15	0.8			
<b>Total</b>	<b>19.28</b>	<b>100.0</b>	<b>Total</b>	<b>18.44</b>	<b>100.0</b>



Monique Smallwood,  
Secretary

<sup>1</sup> The numbers shown above do not include monies paid into the City of Alexandria reserve account for vehicle replacements, activities associated with the city's shelter program, and waiver services provided by contract agencies.

## Private Contractors

The Board purchases services from the private sector for its consumers. Contracted consumer services, primarily vocational and residential, totaled \$701,211 in FY 2001 and represented about 4% of the Board's total expenditures. In addition, Medicaid paid \$1,894,496 directly to private providers for 47 consumers. In FY 2001, the Board had 28 agreements to purchase services for consumers.

**Ten agreements with private contractors to purchase developmental services for infants and toddlers (birth to 3 years).** Developmental services provide therapy for babies with cognitive, speech and motor deficits. These services are mandated by Part C of the Federal Individuals with Disabilities Education Act (IDEA) and are provided through the Board's Parent Infant Education program.

The Chesapeake Center, Inc.  
The Child Development Center of Northern Virginia  
The Children's Therapy Center  
Marie Celeste  
Fairfax County Health Department

Robin Hoofnagle  
Angela Dusenberry  
Cindy Meranda  
Building Blocks Therapy, Inc.  
Wendy Jaffe



*Tammie Terrell and  
Joyce Bates, Account Clerks*

**Ten agreements with private contractors to purchase vocational services for consumers.** Vocational services provide training and a supervised working environment so that consumers can perform meaningful work for remuneration.

Central Fairfax Services  
Didlake, Inc.  
Service Source, Inc.  
ICON Community Services  
Job Discovery, Inc.

Mount Vernon Lee Enterprises  
Sheltered Occupational Center  
St. Coletta Day School  
St. John's Community Services  
Abilities Network

**Three agreements with private contractors to purchase intermediate (up to 90 days) or long-term (90 days or more) residential treatment services for persons with substance abuse problems.**

Second Genesis, Inc.  
Serenity Homes  
Vanguard Services Unlimited

**Five agreements with private providers to purchase residential services for persons with mental retardation.** These services include the purchase of respite care to relieve regular care givers.

Chimes  
Community Living Alternatives  
Community Systems, Inc.

Volunteers of America  
Wellspring Ministries



*Lida Lowe, Outreach &  
Prevention Specialist,  
Parent Infant Education  
Program (PIE)*

## Persons Served by Acute Care Services

Program	Number of Persons Served by Primary Disability		
	Mental Illness	Mental Retardation	Substance Abuse
<b>Outpatient Services</b> - Provided testing, diagnosis, short-term individual or group therapy, short courses of medication for depression or other psychiatric problems for adults and children as well as HIV services and in-home services for elderly persons.	1,328	—	1,144
<b>Emergency Services</b> - Provided crisis intervention in-person or by telephone 24 hours daily.	1,194	—	—
<b>Detoxification Center</b> - Provided non-medical help for consumers withdrawing from alcohol or drugs in short term (5-10 days) or extended stays (up to 90 days) and "sobering up" services in lieu of criminal "Drunk in Public" charges.	—	—	656
<b>Early Intervention Service</b> - Provided developmental evaluations and therapy for infants and toddlers, assessment and counseling for at-risk children and adolescents at Alexandria Public Schools, and support groups for elderly citizens.	26	281	163
<b>Alexandria Detention Center Services</b> - Helped inmates adjust to incarceration, stabilized psychiatric crises and provided two specialized therapeutic units to help inmates develop skills and constructive contacts in the community to help them lead productive lives after incarceration.	132 Critical Care Unit	—	149 Sober Living Unit



*Diane Vallance,  
Fiscal Analyst*



*Back L ▶R:  
Carol Jackson, Detox Nurse;  
Dawnel White, Detox Therapist  
Supervisor; Shawn Wilkins,  
Detox Counselor;  
Cecilia Wisdom, Detox  
Counselor  
Front: Carlton Smith, Detox  
Counselor*



Program	Number of Persons Served by Primary Disability		
	Mental Illness	Mental Retardation	Substance Abuse
<b>Methadone Maintenance</b> - Helped adults stop using narcotics by providing carefully prescribed and monitored methadone treatment to lessen the discomfort of withdrawal; and helped some learn to maintain abstinence without methadone.	—	—	242
<b>Short-term Inpatient Care</b> - Helped to prevent long-term hospitalization for persons suffering from acute mental disorders.	134	—	—
<b>Intensive In-Home Services</b> - Helped children in their homes. These services help children in crisis, those at risk of removal from their home and those about to reunite with their families after being removed from their home.	69	—	—
<b>Intensive Youth Case Management</b> - Provided comprehensive, integrated wrap-around services to improve the academic performance and behavioral functioning of children and adolescents with severe emotional disturbances ranging in age from infancy to 21 years, and to promote more involvement of families in maintaining these youth safely in the community (formerly the ACCESS program).	66	—	—
<b>Care Bed</b> - Provided a less costly, less restrictive short-term residential alternative to hospitalization.	16	—	—



*Cindy Gaisor, Supervisory Administrative Assistant*



*Mercedes Wilson-Dallas, Team Leader Youth & Family Unit*

### Persons Served by Extended Care Services

Program	Number of Persons Served by Primary Disability		
	Mental Illness	Mental Retardation	Substance Abuse
<p><b>Case Management</b> - Developed and coordinated consumers' service plans, monitored care provided by the Board's programs and other agencies, and helped consumers maintain entitlements.</p>	532	196	154
<p><b>Residential Services</b> - Ten group homes and 53 supervised condos or apartments provided permanent or temporary living arrangements as an alternative to institutionalization for persons unable to live on their own or with their families. The Supported Living program helped persons live independently in their own homes. Contracted residential treatment provided rehabilitation to help chemically dependent adults make the emotional and practical changes necessary to maintain abstinence.</p>	36 (group home residents)	38 (group home residents)	36 (group home residents)
	68 (supervised condo/apt residents)	10 (supervised condo/apt residents)	46 (supervised condo/apt residents)
	77 (supported living consumers)	1 (supported living consumers)	—
	—	—	38 (residential treatment consumers)
<p><b>Adult Day Support</b> - The Psychosocial Clubhouse provided day support and rehabilitation services for adults with mental illness. Substance Abuse Day Support provided intensive therapy to help adults make the necessary changes to maintain abstinence. Both programs emphasize independence and help strengthen abilities to cope with daily living.</p>	122 Psychosocial Clubhouse "members"	—	70 Substance Abuse Day Support consumers



Brenda Harris-Strom,  
Residential Senior  
Counselor



Vinod Dilawari,  
Administrative Clerk

Program	Number of Persons Served by Primary Disability		
	Mental Illness	Mental Retardation	Substance Abuse
<b>Individual -Competitive Employment</b> - Helped persons with mental disabilities be employed individually in the community alongside nondisabled workers.	42	8	—
<b>Group - Supported Employment (Enclave)</b> - Provided support and supervision to enable groups (work crews) of persons with disabilities to work in community settings. Examples of jobs performed by work crews include janitorial and simple assembly-line work.	4	14	—
<b>Sheltered Employment</b> - Provided support and supervision for workers with disabilities at the Board's Colvin Street facility. Here, under the supervision of staff, workers learned job skills and earned wages working on special projects such as collating documents and stuffing envelopes.	1	58	—
<b>Discharge Planning</b> - Helped those leaving hospitals to arrange suitable living and after care.	70	—	—



Left: Denise Sequeira, Coordinator of Vocational Services Right: Thomas Prince, Shelter Supervisor

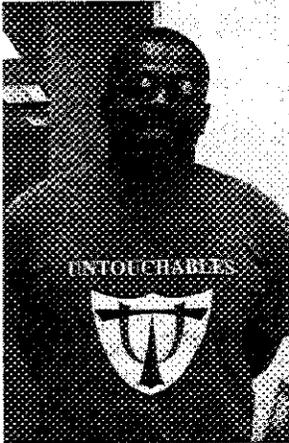


Sandra Bowman, Management Analyst

## Persons Served by Prevention & Early Intervention Services

### EDUCATION AND PREVENTION PROGRAMS

Prevention education included the following groups and activities:



Teddy Jones,  
Prevention Therapist

Program	Number of Persons Served by Primary Disability					
	Sessions <sup>1</sup>			Contacts <sup>2</sup>		
	MI	MR	SA	MI	MR	SA
Prevention education	360	266	1,313	2,391	4,054	18,673

- Group activities (such as anger management and smoking cessation groups) at Alexandria Public Schools
- *Ready-Set-Grow* program to help foreign-born adults and their children cope with adjustment issues
- *Kids are Terrific Camp* to teach 8-12 year olds about health, hygiene, and resisting peer pressure
- *Camp Lett*, an overnight camp for high risk 8-12 year olds
- *Peer Mediation Training* to teach 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> graders to mediate disagreements among peers
- *Strengthening the Family*, a weekly research-based social and educational program to help families reduce risk factors through improved communication and parenting skills
- *Second Step Violence Prevention Program* to help middle school children develop skills in anger management, impulse control and problem solving
- *Promoting Alternative Thinking (PATHS)* to help 6 and 7 year olds improve their thinking skills
- *Fatal Vision* to demonstrate to high school students the devastating consequences of driving impaired by alcohol



Robert Sizemore,  
Prevention Therapist  
Supervisor

<sup>1</sup> Sessions include the number of different prevention activities held. For events with multiple activities that occur on different dates, each separate activity is counted.

<sup>2</sup> Contacts show the combined attendance in all sessions. An individual may attend one or more sessions that are part of a single event.



- *Court Service Unit Alcohol Diversion Program* to teach adolescent first offenders about the harmful effects of alcohol
- *Boat Building Alternative After -School Program* in cooperation with Alexandria Seaport Foundation to teach at-risk youth from low-income neighborhoods boat-building
- *HIV/AIDS Outreach Program* to provide education and referral services for parents and children



Mary Ursitti,  
Prevention Therapist

**COMMUNITY OUTREACH AND STAFF DEVELOPMENT**

Program	Number of Persons Served by Primary Disability					
	Sessions			Contacts		
	MI	MR	SA	MI	MR	SA
Community Outreach	101	18	442	101	36	2,500
Staff Development & Consultation to other Agencies	691	32	112	2,342	74	716

**Community Outreach included:**

- Public hearings
- Mental Illness Awareness Week
- Supported Living program open-house for Disabilities Inclusion Awareness Month
- Presentations at local colleges to inform students about career and volunteer opportunities
- Presentations to local businesses about vocational placement opportunities for consumers
- Outreach to African American and Latino communities

**Staff Development & Consultations included:**

- Stress reduction seminars
- Seminars on aging and mental health
- Consultation and psychological services for preschool children and their care providers through the Arlington Health Foundation Grant and Children's Fund Grant
- Judith Krasnow Lecture on Ethics and Confidentiality

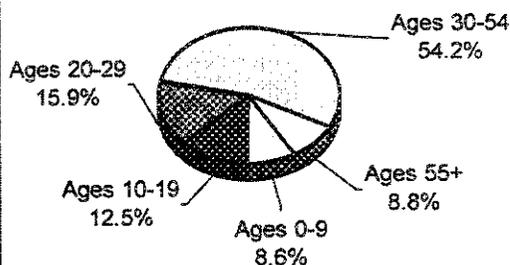


Rachna Varia,  
Clinical Psychologist

## Consumer Demographics

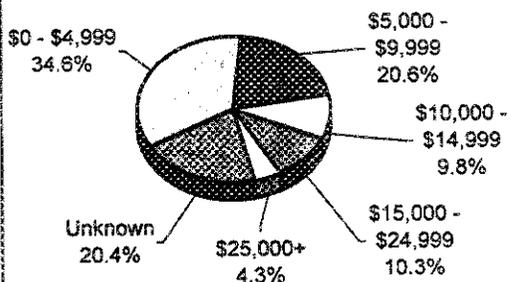
The Board served 4,194 Alexandrians during FY 2001 as compared with 4,452 during FY 2000. The decrease resulted from a reduction in the number of children in early intervention school programs (due to staff problems that have since been corrected), and a decrease in the number of adults served in substance abuse outpatient due to staff vacancies and reduced referrals from Detox. While there were fewer consumers in substance abuse outpatient programs, consumers overall received a higher level of services. The demographic characteristics of persons served did not change significantly from FY 2000 to FY 2001.

**Consumer Age Ranges**



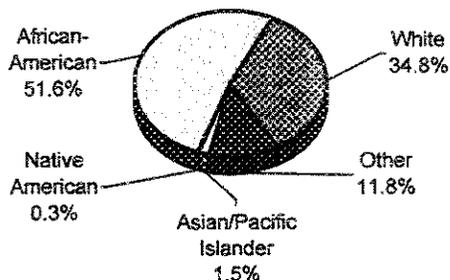
The majority of Board consumers were adults. Sixteen percent were age 20 to 29 (compared to 21% city-wide). Over half (54%) were age 30 to 54 (compared to 44% City-wide). Only 9% were age 55 and older (as compared to 17% City-wide). Children comprised 21% of consumers (compared to 18% City-wide). Nine percent were below age 10 (compared to 11% City-wide); and 13% were age 10 to 19 (compared to 7% City-wide).

**Consumer Income**



A comparison of the City's median household income to consumer incomes further emphasizes the discrepancy between characteristics of Board consumers and the City-wide population. The City's median household income was \$70,273, while almost 35% of our consumers earned less than \$5,000 annually; 21% earned between \$5,000 and \$10,000; 10% earned between \$10,000 and \$15,000; 10% earned between \$15,000 and \$25,000; and, 4% earned \$25,000 or more. The income for 20% of those served is unknown due to incomplete personal information.

**Consumer Race**



Hispanics (14%) are represented within these racial categories.

Because Board programs generally serve the lower income segment and the majority of these persons are minorities, the racial make-up of Board consumers does not mirror that of the City's population. About 52% of consumers were African American (compared to 22 % City-wide); and, 35% were White (as compared to 54% City-wide). Fourteen percent of Board consumers were of Hispanic origin (compared to 15% City-wide).

Forty-one percent of Board consumers were female (as compared to 48% of the City-wide population) and 59% were male (compared to 52% City-wide).

City-wide demographics provided by the City's Office of Planning and Zoning. City-wide gender, race and ethnicity and age demographics from the U.S. 2000 census; and City-wide median household income estimate from Claritis.

## Employee Data

By Maggie Ross, Administrative Assistant

Thanks to the department's reorganization, we saw the personnel function come into its own as a distinct section within administration. I look forward to working with staff under the new structure during the coming year. Following is a statistical snapshot of our staff. In fiscal year 2001, the Board employed approximately 321 staff (211 permanent full-time and 110 permanent part-time).

### Race and Ethnicity of Full-time Staff:

Asian 3.1% Black 44.1% Hispanic 9.5% White 42.3% Other 1%

### Full-time Staff Degrees (number of staff with each degree):

BA	49	DSW	2	Ph.D	6
BS	7	MA	25	Psy.D	1
MS	10	MD	5	RN	1
MSW	30	Other	6		

Of all the full-time staff, 67% had an undergraduate or higher degree.

### Longevity Awards

Each year the Board recognizes staff who have been employed here for five years. Staff are also recognized at each five-year interval thereafter.

#### 20 YEARS

John Boyd  
Walter Brown  
Robert Copeland  
Janis Weinberg Gold  
Lola Stubblefield  
Gretchel Temba

#### (10 years, cont.)

Laurie Ferreri  
Christine Gass  
Charles Hutton  
Connie Juntunen  
Elizabeth McNeil  
Laurie Meyer  
Denise Sequeira  
Karen Slade  
Vanessa Ward

#### (5 years, cont.)

Darlene Cannaday  
Vivian Dewberry  
Aidil Diaz-Garcia  
LaVonda Dodson  
Saba Gebrehiwet  
Judy Howe  
Meredith McLane  
Kathleen Mosley  
Godwin Okafor  
Paula Orellana-Dine  
Eileen Perrella  
Tracy Scandale-  
Underhill

#### 15 YEARS

Ronald Eldridge  
Paul Powell  
Deborah Warren

#### 5 YEARS

John Archambeault  
Rodney Boudreaux  
Rickey Brown  
Shonia Bryant  
Edward Byers

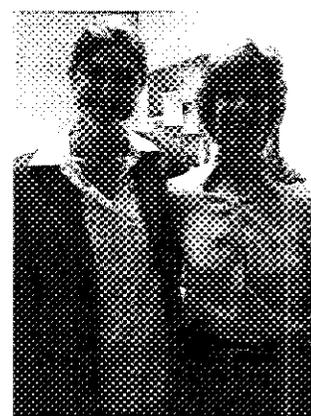
#### 10 YEARS

Victoria Comsa  
Carlin Corbett

Debra Smalley  
Wiley Timmons  
Mary Ursitti  
Rhonda Williams



Maggie Ross,  
Administrative Assistant



Left: Tricia Bassing,  
Prevention Therapist,  
Right: Kim Giles,  
Emergency Services Team  
Leader



## Site Directory

### 720 North Saint Asaph Street

- Alexandria Community Services Board Administrative Office  
(Department of Mental Health, Mental Retardation and Substance Abuse)  
(703) 838-4455, TDD (703) 838-6400, E-mail - ACSB@ci.alexandria.va.us
- Mental Health Center and Acute/Emergency Care Administrative Office  
(703) 838-6400
- Extended Care Administrative Office, (703) 838-5060
- Prevention Services Administrative Office, (703) 838-4455
- Public Information and Volunteer Coordinator, (703) 838-4455

### 2355-A Mill Road

- Substance Abuse Services, (703) 329-2000, TDD (703) 329-2026
- Detox Offices, (703) 329-2015

### 115 N. Patrick Street (703) 838-4706

- Day support for people with a mental illness (Psychosocial Clubhouse)

### 3105 Colvin Street (703) 370-5138, TDD (703) 370-5138

- Mental Retardation sheltered, supported and competitive employment

### 517 North Saint Asaph Street (703) 838-5067

- Parent-Infant Education (early intervention and prevention services for infants and toddlers)

### Residential Sites (Group Homes and Supervised Apartments)

- Ten group homes (69 beds) throughout Alexandria
- Fifty-three supervised condos/apartments (108 beds) throughout Alexandria

### Community Service Sites

- Adolescent Health Clinic
- Alexandria City Public Schools
- Alexandria Community Shelter
- Alexandria Detention Center
- Alexandria Juvenile & Domestic Relations Court Services Unit
- Alexandria Probation and Parole
- Alexandria Chirilagua Housing

City of Alexandria, Virginia

11  
12-11-01

**MEMORANDUM**

DATE: JANUARY 3, 2002

TO: THE HONORABLE MAYOR AND MEMBERS OF CITY COUNCIL

FROM: PHILIP SUNDERLAND, CITY MANAGER 

SUBJECT: PROPOSED SITE FOR COMMUNITY SERVICES BOARD CLUBHOUSE PROGRAM

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After a long search, we have located a building, at 1400 Duke Street, for the relocation of the Community Services Board's Clubhouse program. Assuming successful completion of negotiations with the building owner, I will be recommending a long-term lease for Council consideration. Funds for the lease are available from the Board's budget. Funds to improve the building so it meets the Clubhouse's requirements have also been identified.

Earlier this week, the Board submitted an SUP application for the use of the site which will be presented to the Planning Commission and City Council in March. As part of the Board's community outreach and involvement process, Board members will be contacting the neighbors near the site in the next few days to describe the proposal and answer any questions, and to notify them of the public meetings on the proposal which the Board intends to hold in January. I understand that Board members will also be contacting you in the near future to discuss the proposal.

If you have any questions about this matter, please give me or Lori Godwin a call.

cc: William Claiborn, Director, MH/MR/SA  
Eileen Fogarty, Director, Planning and Zoning