

MEMORANDUM

DATE: APRIL 30, 2001
TO: THE HONORABLE MAYOR AND MEMBERS OF CITY COUNCIL
FROM: PHILIP SUNDERLAND, CITY MANAGER *ps*
SUBJECT: ALEXANDRIA COMMUNITY SERVICES BOARD'S FY 2000 ANNUAL REPORT

ISSUE: Transmittal of the Alexandria Community Services Board's FY 2000 Annual Report.

RECOMMENDATION: That City Council receive the Alexandria Community Services Board's FY 2000 Annual Report.

DISCUSSION: The FY 2000 Annual Report for the Alexandria Community Services Board (Board) provides an overview of Board responsibilities and a summary of its FY 2000 accomplishments, revenues and expenditures. It also includes the Board's FY 2001 goals.

The Board consists of a group of 16 citizen volunteers appointed to serve three year terms. It 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.

FY 2000 Board expenditures totaled \$18 million dollars. Board programs served 4,452 Alexandrians in FY 2000, many of whom received services in more than one program. The Board has an Administrative section which is responsible for centralized functions like finance (budget, contracting and reimbursement), personnel and risk management and three operating divisions which provide services in Alexandria.

During FY 2000 the Board's operating divisions were organized by type of disability: Mental Health, Mental Retardation and Substance Abuse. However, beginning in FY 2000 and continuing into FY 2001, the Board reorganized its structure to increase responsiveness to consumers. As a result of this reorganization, the current operating divisions are: Acute/Emergency Care, which provides time limited, problem oriented services like emergency and short-term outpatient care; Extended Care, which provides long-term services like residential and vocational for persons with mental retardation or serious mental illness or substance abuse problems; and, Prevention, which provides a variety of educational, consultative, outreach, volunteer and public information services.

Highlights of FY 2000 Board accomplishments summarized in the report include:

- Purchasing seven condominiums for the Board's community-based residential program with \$800,665 in housing funds awarded by City Council.
- Completing accessibility renovations at a group home for persons with co-occurring mental illness and medical problems.
- Holding two public hearings to obtain community feedback about services provided by the Board and unmet needs in the community; and, meeting with consumers and their guardians/family members to learn first-hand about successes, concerns and unmet needs.
- Issuing four newsletters to increase public awareness of the needs of persons with mental illness, mental retardation and substance abuse.
- Advocating (for the needs of persons with mental illness, mental retardation and substance abuse) with local, regional and state elected officials, task forces and organizations.
- Initiating vocational counseling for consumers with substance abuse problems in cooperation with the Northern Virginia Office of the Department of Rehabilitative Services through State *Vocational Counselor Initiative* funds.
- Expanding substance abuse services for ex-offenders in cooperation with Alexandria's Office of Probation and Parole.
- Adopting a *Strategic Plan for FY 2001* as part of the *State Plan for FY 2000 through FY 2006*.
- Making significant progress reorganizing the Department of Mental Health, Mental Retardation and Substance Abuse to increase the responsiveness of Board programs.
- Adopting a position paper titled the *Future Role of the Board* to address structural changes for community services boards being considered by the State.
- Enhancing the Board's Program Evaluation Plan.

Highlights of FY 2001 Board goals identified in the report include:

- Locating a more suitable facility for the Mental Health Psychosocial Clubhouse and Community Support Program to allow for handicapped accessibility and to alleviate overcrowding.
- Improving results for seven performance outcome measures that did not meet or exceed target goals established in the Board's *Program Evaluation Plan* for FY 2000 to ensure continued delivery of quality services.
- Reviewing and updating the Board's *Quality Improvement Plan* to incorporate new "best practices" standards and its *Program Evaluation Plan* to set new performance goals for FY 2002.

- Developing new ways to solicit meaningful consumer feedback to ensure that programs maintain a consumer-driven focus.
- Increasing the number of agreements with private contractors who provide services for which the Board is responsible to increase consumers' choice of care providers, cover unexpected increases in service demand and improve service coverage during staff vacancies.
- Studying employee turnover and vacancies and reduce the time taken to fill vacant positions.
- Working toward accreditation by the Commission on the Accreditation of Rehabilitation Facilities (CARF) to ensure that Board programs meet objective standards and can compete with the private sector.
- Completing the Department reorganization to separate Extended Care from Acute/Emergency programs to reduce administrative layers and organizational boundaries that might interfere with optimal treatment of consumers.
- Improving compliance with clinical documentation requirements to ensure accuracy and completeness of computerized records.
- Increasing public information and advocacy activities.

FISCAL IMPACT: None

ATTACHMENT: *Alexandria CSB Annual Report, July 1, 1999 - June 30, 2000*

STAFF: William L. Claiborn, Ph.D., Director, Department of Mental Health, Mental Retardation and Substance Abuse



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alexandria community services board annual report

july 1, 1999 - june 30, 2000

Mission Statement

- ◆ 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 and advocacy, family support and education.

Adopted December 2, 1993.



ALEXANDRIA COMMUNITY SERVICES BOARD

ANNUAL REPORT

July 1, 1999 - June 30, 2000

Message from the Chair.....	1
Who We Are and What We Do.....	2
Accomplishments.....	3
Seeking Vocational Opportunities for Consumers.....	6
Consumer Demographics.....	7
Acute/Emergency Care Programs.....	9
Extended Care Programs.....	11
Prevention Programs.....	13
About Our Employees.....	15
Our Private Providers.....	17
Budget Summary.....	18
What We Will Work on During FY 2001.....	19
Volunteer Opportunities for Citizens.....	20
Site Directory.....	21



Message from the Chair

December 31, 2000

Dear Alexandrian,

I'm pleased to issue our Annual Report for FY 2000. Last year we served 4,452 people. However, success is measured by the improved quality of life which our services afford individuals. Our community-based services empower Alexandrians with mental illness, mental retardation or substance abuse problems to live more self-determined lives. Board programs provide a complete range of services from emergency and time limited, goal oriented outpatient care to extended care which includes case management, day support, vocational and residential services. Prevention and early intervention programs also make an important contribution by increasing community awareness, teaching new coping skills and encouraging drug-free lifestyles.

The Board works closely with City Council and is grateful for their continued support which exceeds the State's minimum funding requirements. We also enjoy collaborations with other City agencies and departments in support of our mission. Special thanks go to the Alexandria Office of Housing for help in the purchase of seven new condominiums. Due to this joint effort, the residential program gained the capacity to house 16 additional consumers. This is an extremely important accomplishment because residential services are the foundation of successful community-based services.

Finally, I would like to thank the people on the front lines who work every day to help our consumers. This includes Board staff and staff at other agencies, both public and private. The commitment of these caring, dedicated individuals is the reason our services continue to make a difference in Alexandria.

The following pages summarize last year's accomplishments, funding and expenditures. I hope you will find the information useful and helpful. We welcome your comments and suggestions.

Sincerely,

Julie N. Jakopic, Chair



The Alexandria Community Services Board (Board) is a group of 16 citizen volunteers appointed by the Alexandria City Council to serve three year terms. The 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. Alexandria's Board is designated as an administrative policy Board. It sets policy and administers the provision of 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 (Department). Most Board services are provided through programs operated by the Department. However, the Board also purchases services from over 20 private contractors. The Department has an Administrative section which is responsible for centralized functions like finance (budget, contracting and reimbursement), personnel and risk management and three operating divisions: Acute/Emergency Care provides time limited, problem oriented services like emergency and short-term outpatient care; Extended Care provides long-term services like residential and vocational for persons with mental retardation or serious mental illness or substance abuse problems; and, Prevention provides a variety of educational, consultative, outreach, volunteer and public information services.

FY 2000 Board Members

- Julie Jakopic, Chair (7/1/99 - 1/6/00)
Vice Chair (1/6/00 - 6/30/00)
- Carlos Vega-Matos, Chair (1/6/00 - 6/30/00)
Vice Chair (11/4/99 - 12/2/99)
- Larry Hoffer, Vice Chair (7/1/99 - 12/2/99)
- Phillip Bradbury, Vice Chair (1/6/00 - 6/30/00)
MR Committee Chair (7/1/99 - 6/30/00)
- Megan Contakes, MH Committee Chair (7/1/99 - 6/30/00)
- Harry "Bud" Hart, SA Committee Chair (7/1/99 - 6/30/00)
- Joseph Bury (7/1/99 - 6/30/00)
- Dale Cloyd, M.D. (7/1/99 - 3/2/00)
- Florine Greenberg, Ph.D. (7/1/99 - 6/30/00)
- Walter Hill (12/2/99 - 6/30/00)
- Herbert Karp (7/1/99 - 6/30/00)
- Mondre Kornegay (7/1/99 - 6/30/00)
- Erin Kraabel (10/7/99 - 6/30/00)
- Mellenie Runion (7/1/99 - 6/30/00)
- Joseph Skryzpczak (4/6/00)
- Nancy Turner (7/1/99 - 6/30/00)
- Linda Turpin (7/1/99 - 6/30/00)

FY 2000 Alexandria City Officials

- Kerry J. Donley, Mayor
- William D. Euille, Vice Mayor
- William C. Cleveland, Councilman
- Redella S. Pepper, Councilwoman
- Lonnie C. Rich, Council Member
- David G. Speck, Councilman
- Lois L. Walker, Council Member

**FY 2000 Management Team,
Department of Mental Health,
Mental Retardation & Substance Abuse**

- William L. Claiborn, Ph.D., Executive Director
- Chris Yeannakis, Director, Mental Health Services
- Gerry Desrosiers, Director, Extended Care Services
- John Boyd, Acting Director, Substance Abuse Services
- Deborah Warren, Director, Consultation and Education
- Brenda Sauls, Fiscal Officer
- Margaret Ross, Administrative Assistant

Board meetings are open to the public. The Board normally meets the first Thursday of each month (except August) at 7:30 p.m. in the fourth floor conference room at 720 North Saint Asaph Street, Alexandria, Virginia.



Accomplishments

City Council's Healthy Communities Initiative: The Board participated in City Council's Healthy Communities Subcommittee with Vice Mayor William D. Euille and Council Member Lois Walker. This subcommittee studied the operation and future direction of the Board as well as the relationship between the Board and the City's Department of Mental Health, Mental Retardation and Substance Abuse and issued a report to City Council.

Residential Services Initiatives:

- ◆ Seven condominiums purchased for community-based residential program. City Council allocated \$800,665 to purchase condominiums for the Board's supervised apartment program. These monies enabled the Board to provide community-based residential services to an additional 16 consumers through four mental health residences, two mental retardation residences and one substance abuse residence. With these purchases the Board met the goal in its current *Five Year Housing Plan* for the acquisition of condominiums.
- ◆ Accessibility renovations successfully completed at a group home for persons with co-occurring mental illness and physical challenges. These renovations included adding a handicapped access ramp and enlarging a bathroom, doors and hallways.

Public Information and Advocacy Initiatives:

- ◆ Two public hearings held to obtain community feedback. The first hearing on February 3rd addressed the State's FY 2001 *Performance Contract*¹ and *Strategic Plan*.² Four former Board chairs attended this meeting to offer support and feedback. The second hearing on April 6th addressed unmet needs of Alexandrians with mental illness, mental retardation or substance abuse problems. Four members of the community at-large spoke at this hearing.
- ◆ Four newsletters issued. The Board issued four editions of the quarterly newsletter during FY 2000. The purpose of this newsletter is to increase public awareness of the needs of persons with mental illness, mental retardation or substance abuse problems. It is mailed to community groups, civic associations, religious organizations, other interested individuals and Board staff.

¹ The *Performance Contract* is an annual agreement between the Board and the State Department of Mental Health, Mental Retardation and Substance Abuse Services. This agreement specifies funding levels for State and Federal funds that are disbursed by the State and sets minimum service requirements for each Board program.

² The *Strategic Plan* is part of the *Comprehensive State Plan for FY 2000 through 2006*.

- ◆ Board liaisons advocated locally, regionally and state-wide. Liaisons met with consumer organizations, task forces and elected officials. Advocacy activities included working with the following organizations:

- Task Force on AIDS
- Public Health Advisory Commission
- SAARA (Substance Abuse and Addiction Recovery Alliance)
- Alexandria Police Department (to enhance officers' sensitivity to people with disabilities)
- Alexandria Public Schools Substance Abuse Advisory Committee
- Arc (Association of Retarded Citizens of Northern Virginia)
- NAMI - Virginia (National Alliance for the Mentally Ill - Virginia)

Cooperative Initiatives:

- ◆ Vocational counseling for consumers with substance abuse problems initiated. In cooperation with the Northern Virginia Office of the Department of Rehabilitative Services (DRS), the Board submitted a proposal for State *Vocational Counselor Initiative* funds. Thanks to this effort, consumers with substance abuse problems now have access to a vocational counselor and an employment counselor at both the Board's Mill Road substance abuse facility and the DRS office. The purpose of this initiative is to increase consumers' abilities to obtain and retain paid employment. Services include vocational development, help improving work habits, assistance with job readiness and employment follow-up services.
- ◆ Substance abuse services for ex-offenders expanded. In cooperation with Alexandria's Office of Probation and Parole, the Board expanded its services to ex-offenders with substance abuse and mental health problems by "co-locating" a Board substance abuse counselor at Alexandria Probation and Parole. This co-location enhances the state-funded CROP (Community Integration of Offenders Program) project.

Consumer, Family and Friend Feedback Initiatives:

- ◆ The Mental Retardation Committee held an open forum for consumers and families and received feedback from approximately 35 persons.
- ◆ The Mental Health Committee visited the Psychosocial Clubhouse and met with consumers and staff to learn first-hand about consumer and staff successes and concerns.



Accomplishments

- ◆ The Mental Health Committee attended a Family Focus Group and learned about community support needs for families coping with mental illness.
- ◆ The Substance Abuse Committee toured Second Genesis (a private contract facility which provides substance abuse treatment services) and interviewed three Board-funded clients about their satisfaction with the program.

Program Study Initiatives:

- ◆ The Mental Retardation Committee studied residential and day placements. Tony Records and Associates studied whether mental retardation vocational and residential services are provided in a reasonably unrestricted environment, given the capabilities and preferences of consumers as well as those of the consumers' guardians/family members. The report pointed out practices and environmental factors that contribute to restricting or lessening consumer choice.
- ◆ The Mental Health Committee studied the intake process. Julie Kovac, a clinical psychologist, studied the responsiveness of the Mental Health Center's intake process. One of the positive outcomes of this study is a "Wait-list Group" which enables consumers to begin exploring their problems while they wait to be assigned a therapist.
- ◆ The Substance Abuse Committee studied the Methadone program. Dr. George Woody, a researcher and clinical professor of psychiatry at the University of Pennsylvania School of Medicine, studied the Methadone program. Dr. Woody concluded that the Methadone program is effective and well-structured and that most consumers had reduced their drug use as a result of these services. He also recommended a number of minor changes, several of which were adopted.

FY 2000 Planning Initiatives:

- ◆ Strategic Plan adopted. On February 3rd the Board adopted its *Strategic Plan for FY 2001*. This plan is part of the *Comprehensive State Plan for FY 2000 through FY 2006*. To obtain a copy of this plan, contact the Board's Administration office at (703) 838-4455.
- ◆ Department reorganization made significant progress. The City Department of Mental Health, Mental Retardation and Substance Abuse, through which the Board provides the majority of its services, continued planning the reorganization of its operational structure during FY 2000. Transition to the new structure will begin in FY 2001. The goal of this

reorganization is to increase the responsiveness of Board programs. The new organizational structure will reduce administrative layers and organizational boundaries (which might interfere with optimal treatment). After the reorganization is complete, services aimed at state-mandated priority populations (extended care services for the seriously mentally ill) will be separated from time-limited, problem oriented services (acute and emergency care services) and a separate authorization system to approve the delivery of services will be in place.

- ◆ Position paper adopted. At its October 1999 meeting, the Board adopted a position paper titled the *Future Role of the Board* to address structural changes for community services boards that are being considered by the State. This paper, drafted by Carlos Vega-Matos, summarizes the Board's statutory mandate, current organizational structure, guiding principles and future challenges. To obtain a copy of this paper, contact the Board's Administration office at (703) 838-4455.
- ◆ Program Evaluation Plan updated. The Board's *Program Evaluation Plan* was updated to incorporate information required by the State's Performance Outcome Measurement System (POMS). POMS is a software system that tracks information about consumers with serious mental illness or substance abuse problems. Examples of outcome measures added to the *Program Evaluation Plan* to ensure POMS compliance include: use of atypical anti-psychotic medications and employment status of psychosocial consumers.

Seeking Vocational Opportunities for Consumers

Vocational services help persons with mental disabilities find and maintain employment. Businesses that employ individual consumers or contract to purchase enclave or sheltered workshop services also benefit. According to Julie Jakopic, Director of Research and Technical Assistance, National Association for State Community Service Programs, "Using the Board's Sheltered Workshop is an outstanding way of getting large mailings out without overwhelming the small staff in our office." If you can provide work opportunities for a person or group of persons with mental disabilities call (703) 370-5138. Examples of full-time and part-time services Board consumers can provide through vocational programs include:

- ◆ Janitorial (performing daily and intermittent housekeeping chores such as emptying trash, dusting furniture and sweeping floors)
- ◆ Mailroom (collating documents, stuffing envelopes and making deliveries)
- ◆ Building and grounds maintenance (changing light bulbs, watering plants and picking up trash outside)
- ◆ Office support (answering phones, data entry, light typing and filing)
- ◆ Retail (operating a cash register, stocking shelves and straightening up)
- ◆ Gardening (planting flowers, watering plants and pulling weeds)
- ◆ Warehousing (boxing, labeling, inventorying and moving products)



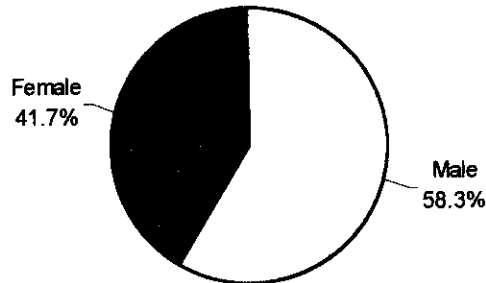
Consumer Demographics

Board programs served 4,452 Alexandrians during FY 2000 as compared with 4,613 during FY 1999, many of whom were served by more than one Board program. The demographic characteristics of persons served did not change significantly from FY 1999 to FY 2000.

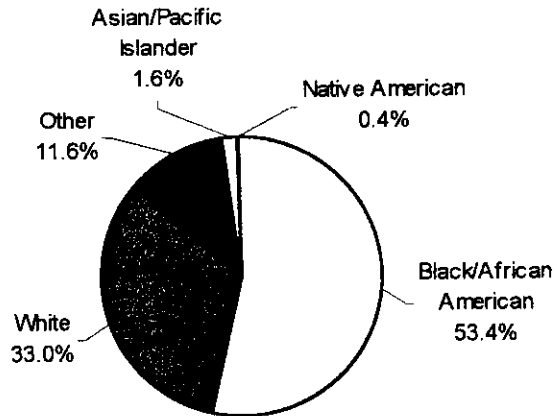
Forty-two percent of our consumers were female and 58% were male.

Because Board programs generally serve the lower income segment of Alexandrians and the majority of these are minorities, the racial and ethnic make-up of Board consumers does not mirror that of the City's population. About 53% of Board consumers were African American (as compared to 23% of the City-wide population); and, 33% were White (as compared to 59% City-wide). Thirteen percent of Board consumers were of Hispanic origin as were 13% of all City residents. City-wide racial and ethnic percentages are taken from the *City of Alexandria, Virginia, Annual Report 2000* and are based on a 1998 population estimate.

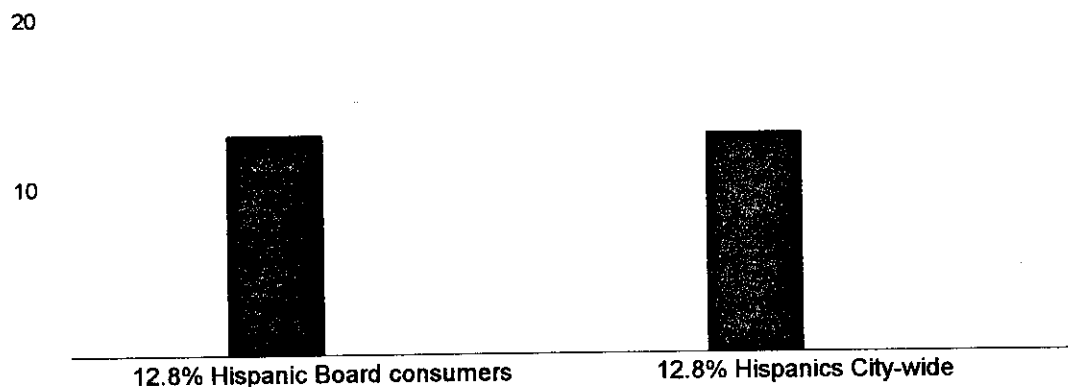
Consumer Gender Distribution



Consumer Race and Ethnicity Distribution



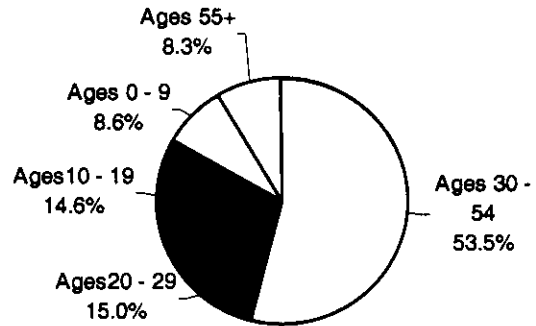
Percentage of Hispanic Board Consumers and City Residents





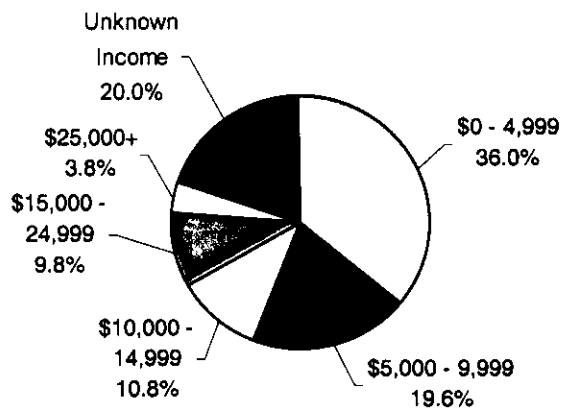
The majority of our consumers were adults. Fifteen percent were adults from 20 to 29 years of age (as compared to 20% City-wide). Over half (54%) were adults from age 30 to 54 (as compared to 42% City-wide). Only 8% of Board consumers were adults 55 and older (as compared to 20% City-wide). Children comprised 23% of Board consumers (as compared to 18% City-wide). Nine percent of the children served were below the age of 10 (as compared to 10% City-wide); and, 15% were from age 10 to 19 (as compared to 8% City-wide). City-wide percentages are from the U.S. Census Bureau's 1999 estimates of Alexandria's population by age.

Consumer Age Distribution



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 estimated median household income published in the *City of Alexandria, Virginia, Annual Report 2000* is \$67,312. However, 36% of our consumers earned less than \$5,000 annually; 20% earned between \$5,000 and \$10,000; 11% 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. This 20% consists primarily of consumers served by the Emergency Services and Detoxification programs who did not provide complete personal information.

Consumer Income Distribution





Acute/Emergency Care Programs

Persons Served by Acute/Emergency Care Programs during FY 2000

<u>Type of Service</u>	<u>Number of Persons Served by Primary Disability</u>		
	<i>Mental Health</i>	<i>Mental Retardation</i>	<i>Substance Abuse</i>
Outpatient - 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.	1,356	---	1,406
Emergency - Provided crisis intervention in-person or by telephone 24 hours daily.	1,014	---	---
Detoxification Center - Provided non-medical help for consumers withdrawing from alcohol or drugs in short term (5-10 days) or extended (up to 90 days) stays and "sobering up" services in lieu of criminal "Drunk in Public" charges.	---	---	654 (123 of these were from neighboring jurisdictions)
Early Intervention - Provided developmental evaluations and therapy for infants and toddlers and assessment and counseling for at-risk children and adolescents at Alexandria Public Schools.	36	267	287
Alexandria Detention Center - 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.	158 Critical Care Unit	---	157 Sober Living Unit
Methadone Maintenance - Helped adults stop using illegal narcotics by providing carefully prescribed and monitored methadone treatment to lessen the discomfort of withdrawal; and to maintain abstinence with methadone.	---	---	235 (67 of these were from neighboring jurisdictions)
Short-term Inpatient - Helped to prevent long-term hospitalization for persons suffering from acute mental disorders.	157	---	---
Critical Incident Stress Management - Provided counseling for Public Safety personnel and citizens after traumatic events.	75	---	---
Intensive In-Home - Helped children in their own homes. These services help children in crisis, those at risk of removal from their homes and those about to reunite with their families after being removed from their homes.	66	---	---
Crisis Bed - Provided a less costly, less restrictive, short-term residential alternative to hospitalization	27	---	---
Neuropsychological Testing - Diagnosed dementia and cognitive impairment to assist with treatment and entitlement eligibility.	24	---	---
Court Evaluation - Provided court-ordered psychological evaluations.	18	---	1

Acute/Emergency Care Programs -Exceeding Expectations

Of 268 discharges from the Inpatient program at INOVA Alexandria Hospital, 223 (83%) remained within the community without readmission for at least 90 days. The goal for this outcome indicator is 80%.

Eighty percent (915 of 1,142) discharged from the Detox program remained within the community without readmission for at least 90 days. The goal for this outcome indicator is 50%.

Eighty-nine percent (25 of 28) of consumers with a substance abuse problem who completed both pre and post testing showed an improvement in functioning. Pre and post test results were based on the *Addiction Severity Index*. The goal for this outcome indicator is 75%.

Only 10% (2 of 20) of consumers receiving services through the Community Reintegration of Offenders (CROP) program were reincarcerated due to parole violations. The goal for this outcome indicator is no more than 30%. This federally funded program provides intensive counseling and case management to repeat offenders.

All Acute/Emergency Outpatient programs reached or exceeded the goal that 75% of consumers meet treatment goals (as assessed by their therapist) upon discharge: MH Critical Care Unit/Jail (98% - 51 of 52); SA Adult Day Support (97% - 59 of 61); SA Detox (92% - 797 of 869); SA Methadone (85% - 91 of 107); MH Adult Outpatient 79% - (179 of 227); SA Outpatient (76% - 359 of 471); MH Youth and Family & Intensive In-Home (75% - 79 of 106).

The goal of 90% consumer satisfaction was exceeded by the following Acute/Emergency programs: Parent Infant Education (100%); Sober Living Unit (100%); SA Youth Services (95%); Outpatient, Methadone (93%); and, Mental Health Adult Outpatient (92%).

Acute/Emergency Care Programs - Making an Immediate Difference

Mark (not his real name), a 36 year old man suffering from depression, had only been receiving Board services for a few weeks when he became suicidal because of a traumatic personal event. He was fired from his job when he reported to work one morning. After being fired, as he drove home from DC to Alexandria over the 14th Street Bridge, he became frightened that he would hurt himself and called the Board's Emergency Services on his cell phone. Mark told the Emergency Services worker that he wanted to jump off the bridge or throw himself in the path of oncoming traffic. The worker who took his call stayed on the phone with Mark and "talked him home." Two other therapists immediately left for Mark's house and were there when he arrived. The Emergency Services team was able to stabilize the situation without hospitalizing Mark. They talked with Mark until he was no longer in crisis and he felt comfortable agreeing to a "safety contract" that he would not harm himself. They also set up a "safety watch" support system for Mark with his friends and family. Mark is doing well. He is continuing therapy with Acute services and is looking for a new job.



Extended Care Programs

Persons Served by Extended-Care Programs during FY 2000

<u>Type of Service</u>	<u>Number of Persons Served by Primary Disability</u>		
	<i>Mental Health</i>	<i>Mental Retardation</i>	<i>Substance Abuse</i>
Case Management - Developed consumers' service plans, monitored care provided by Board programs and other agencies, helped consumers maintain entitlements and provided outreach to homeless persons.	878	162	105
Residential - Provided permanent or temporary living arrangements as an alternative to institutionalization for persons unable to live on their own or with their families through ten group homes and 53 supervised condominiums or apartments. The Supported Living program helped persons live independently in their own homes. Contracted residential treatment helped chemically dependent adults learn to maintain abstinence.	30 group home residents	36 group home residents	41 group home residents
	57 supervised condo/apt residents	11 supervised condo/apt residents	60 supervised condo/apt residents
	63 supported living residents	1 supported living residents	---
	1 resident placed with a private residential contractor	20 residents placed with private residential contractors	48 residents placed with private residential treatment contractors
Adult Day Support - Provided day support and rehabilitation services for persons with mental illness through the Psychosocial Clubhouse; care and pre-vocational habilitation for persons with mental retardation; and, intensive therapy to help persons with substance abuse problems make the changes necessary to maintain abstinence.	121 psychosocial clubhouse "members"	10	89
Competitive Employment, Individual - Helped persons with mental disabilities be employed individually in the community alongside nondisabled workers.	59	11	---
Supported Employment, Group (Enclave) - Provided support and supervision to enable work crews of persons with disabilities to work in community settings. Examples of jobs performed include janitorial and simple assembly-line work.	4	14	---
Sheltered Employment - 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.	2	56	---
Discharge Planning - Helped people leaving hospitals arrange suitable living and after care.	78	---	---

Extended Care programs - Exceeding Expectations

The goal for vocational programs is that 90% of consumers maintain their jobs for six months or longer. One hundred percent (4 of 4) of consumers served by Mental Health Group Employment maintained employment for six months or longer. Of the 14 consumers served by MR Group Employment, 11 were in the program for six months or longer and 10 (91%) of these 11 maintained their jobs for six months or longer. Of the 11 consumers served by Mental Retardation Individual Employment, two of these were served directly by the Board's vocational program (as opposed to contracted programs) and both of these maintained employment for six months or longer (100% - 2 of 2).

The goal of 90% consumer satisfaction was met or exceeded for the following Extended Care programs: Substance Abuse Case Management (100%); Independent Living Program (98%); Men's Recovery Home (95%); Women's Recovery Home (93%); and, Psychosocial Clubhouse Case Management (90%).

One-hundred percent of 32 Alexandria consumers discharged from State psychiatric hospitals to the Alexandria community were contacted by Board discharge planners within seven days of discharge; 84% (27 of 32) of these had face to face meetings with Board discharge planners.

Of 46 discharges from Residential programs, 13 (28%) 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.

Fifty-four percent (166 of 306) of consumers receiving anti-psychotic medication received newer generation (or atypical) medication which often provides better results with fewer side effects.

Extended Care Programs - Making a Difference Over Time

Ashley (not her real name) is a 27 year old woman with severe mental retardation. She moved into one of the Board's group homes after living in a state institution for 11 years. The progress that Ashley has made since moving into her group home is a real success story for both Ashley herself as well as our group home staff. When Ashley first came to us, she was unable to communicate with others in a meaningful way. She cried often, spent a great deal of time crawling on the floor instead of walking and would sometimes smear feces on walls and floors. Because she was not comfortable eating with others, she only ate after her house mates had finished their meals. Ashley's life is much different now. She rarely cries, has stopped most of her negative behaviors and can do many new things. Ashley now follows verbal prompting from staff, enjoys eating meals with her house mates and has learned to take her dirty dishes into the kitchen after meals, turn on the water faucet in the bathtub before bathing and even dress herself with some assistance from staff. Ashley especially likes to spend time outdoors and has the freedom to enjoy the back porch of her group home whenever she chooses. The group home environment has enabled Ashley to thrive in many ways. She and staff look forward to helping her achieve even more in the future.



Prevention Programs

Prevention Program Presentations and Consultations during FY 2000

<u>Type of Service</u>	<u>Number of Events¹ and Contacts² by Primary Disability</u>					
	Events			Contacts		
	<i>MH</i>	<i>MR</i>	<i>SA</i>	<i>MH</i>	<i>MR</i>	<i>SA</i>
Prevention Education	383	251	1,334	3,407	2,891	20,742
<ul style="list-style-type: none"> - Workshops to promote wellness and prevent substance abuse - Group activities (such as anger management and smoking cessation groups) for children identified through Alexandria Public Schools - Groups to help foreign-born adults and their children cope with adjustment issues - Groups to help older adults with life transitions - Groups to help incarcerated parents return to their families - Kids are Terrific Camp (a summer day-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 (classes to teach 6th, 7th and 8th graders to mediate disagreements among their peers) - Strengthening the Family (a weekly research-based social and educational program to help families reduce risk factors through improved communication and parenting skills) - Girl Power & Angels Camp (camps to teach girls 12 - 16 years old positive self images) - Untouchables (a club to help African American boys engage in positive behavior) - HIV/AIDS Education for minority parents and children 						
Community Outreach Information and Referral	94	20	1,832	94	41	5,950
<ul style="list-style-type: none"> - Public hearings - Mental Illness Awareness Week presentation at Lee Center - Supported Living program open-house for Disabilities Inclusion Awareness Month - Presentations at local colleges to inform students about career opportunities and volunteer opportunities - Presentations to local businesses about vocational placement opportunities for consumers - Outreach to African American and Latino communities 						
Staff Development/Consultation to Other Agencies	1,198	16	64	4,787	69	552
<ul style="list-style-type: none"> - Stress reduction seminars for other agencies - Seminars on aging and mental health 						
Preschool Case Consultation	6	12	453	20	35	989
<ul style="list-style-type: none"> - Consultation and psychological services for preschool children and their care providers through the Arlington Health Foundation Grant and Children's Fund Grant 						

¹ Events represent the number of different prevention activities held. For Prevention events with multiple activities which occur on different dates, each separate activity is counted.

² Contacts represent the combined attendance at all events. An individual may attend more than one event.

Prevention Programs - Exceeding Expectations

Of 86 preschoolers participating in social skills groups funded by the Arlington Foundation, 86% (74) significantly improved their social skills score and 65% (56) showed a significant decrease of observed problematic behaviors based on the Preschool and Kindergarten Behavior Scale (PKBS). This greatly exceeded the target goal of significant improvement in 60% of the children on social and emotional readiness for kindergarten. In addition, 100 child-specific consultations with teachers were completed, and 25 child behavior plans were developed in collaboration with parents and teachers.

A total of 205 preschool children received psychological services through the Children's Fund. Of these, 54% (110) were identified as at-risk; and, 40% (82) were Hispanic and spoke only Spanish. These services also included consultations by a bilingual psychologist with 238 preschool teachers and 184 parents. In addition, 293 parents participated in 19 parent workshops on topics such as positive discipline and developmental milestones. Of 64 children who participated in social skills groups through this program, 75% (48) showed significantly improved social skills, and 59% (38) showed a decrease in problematic behaviors based on the PKBS. The target goal for this measurement is that 60% of the children will show a significant improvement.

Our staff provided leadership to the City's Hoarding Task Force, an interagency collaboration that addresses problematic hoarding behavior, which is most prevalent among the elderly. The Hoarding Task Force coordinates compassionate intervention for individuals with problematic hoarding behavior to resolve code compliance issues and avoid eviction. During FY 2000 the task force assisted 22 persons whose living situations required intervention.

Prevention Programs - Making an Early Difference

Malika (not her real name) is a 17 year old Senior at T.C. Williams High School with a history of weekend binge drinking beginning in the 9th grade. She also has a history of suspensions for disruptive behavior in school. During her Junior year, Malika was referred to the Board's in-school substance abuse counselor. After about two months in counseling, Malika negotiated a no drinking contract with her counselor. The counselor also convinced Malika to participate in the Board's six-week Peer Advisors Program at Charles Houston Community Center. This program focuses on both substance abuse prevention and interpersonal communication skills. Much to her surprise, Malika really enjoyed the Peer Advisors program. Soon she was participating as a Peer Advisor in the after school tutoring and athletic programs for younger children at Charles Houston. Malika has maintained alcohol abstinence and her school performance has improved. Thanks to services provided through the Board's Prevention program, she now has dreams and aspirations which she previously never considered possible. Malika presently advocates for the Peer Advisor program, with poise and conviction. She has addressed audiences of up to 150 people.



About Our Employees

Board Employees - Exceeding Expectations

- ◆ A Mental Retardation Case Manager received high praise from the sibling and father of a consumer following a family crisis. The father became seriously ill very suddenly when the sibling was out of town. The case manager coordinated temporary care for the consumer and “went the extra mile” to locate the sibling, a flight attendant, to let her know about her father and services for her sister. The father and sibling described the quick and caring responses of the case management team as “amazing.”
- ◆ Emergency Services staff received compliments from both the public and individual consumers during FY 2000. Accolades were received on behalf of Emergency Services’ interventions from citizens, victims involved in or witnessing critical incidents and consumers in distress. Emergency Room staff at INOVA Alexandria Hospital expressed appreciation that Emergency Services staff respond to more routine mental health needs of Emergency Room patients when their time permits. One Emergency Services staff member received a commendation for going beyond the call of duty by helping a profoundly depressed consumer make sense of her health insurance benefits so that she could benefit from services to which she was entitled in the private sector.
- ◆ An independent evaluator’s clinical review of services provided by 18 substance abuse counselors found that the quality of services (in terms of appropriateness and level of technical skill) met or exceeded expectations for professional service delivery.
- ◆ The friend of a consumer wrote to his friend’s case manager to express gratitude for the case manager’s exemplary help during a very tough period of the friend’s illness. He also noted that the case manager provided continuity (always missing before) which made the difference in his friend being able to achieve and maintain stability.
- ◆ The parents of a consumer wrote to express gratitude for their son’s therapist whose work “led to a major breakthrough” because for the first time in his life, their son acknowledged his mental illness.
- ◆ Several adult children of older consumers wrote to thank the Elderly Services program for helping their parents. They expressed gratitude that staff helped their parents gain stability for previously poorly managed psychiatric symptoms and find appropriate and safe, long-term care.
- ◆ A long-time consumer with HIV/AIDS thanked her therapist because “you have stuck with me.” Because of clinical support services offered through the Mental Health Center, this consumer has maintained sobriety, entered subsidized housing to which she was referred by her therapist and has regained custody of one of her children.



Outstanding Employee Award Recipients

◆ **Extraordinary One-time Contribution**

Corey Grant, Residential Counselor, Mental Retardation Services: Provided “above and beyond the call of duty” services for a consumer preparing for her Bat Mitzvah. Corey used his own equipment to make a video recording of the ceremony and also coordinated a celebration party.

◆ **Continued Excellent Performance**

Individuals

- Martha Boyer, Acting Caseworker, Mental Retardation Services
- Shonia Bryant, Account Clerk, ACCESS
- Melissa Johnson, Assistant Coordinator, Residential Services, Mental Retardation
- Lynn Roos, Caseworker, Mental Retardation
- Willie Wright, Psychological Counselor, Substance Abuse

Groups

MIS Data Entry Staff

- Kai Cooper, Clerk Typist
- Dorothea Gidda, Data Entry Operator
- Delia Gil, Secretary
- Charles Hutton, Data Entry Operator

Reimbursement Staff

- Aster Haileselassie, Fiscal Analyst
- Michele Jackson, Administrative Technician
- Carol Meyers, Account Clerk
- Ann Roesler, Fiscal Officer
- Tammie Terrell, Account Clerk

Residential Food Services Staff, Substance Abuse

- Jose Bonilla, Cook
- Lynn Michaels, Cook
- Adolph Stuart, Food Services Specialist
- Lionell Ward, Cook
- Leon White, Cook

FY 2000 Employee Data

<u>Authorized Staff Levels</u>	<u>Race and Ethnicity Data for Full Time Staff</u>	<u>Education</u>
222 FTE full time 70 FTE part time	50.2% White 46.0% Black 3.3% Asian/Pacific Islander 0.5% Other 9.3% Hispanic	67% of full-time staff have undergraduate or higher degrees



Our Private Providers

The Board purchases services from the private sector for its consumers. Contracted services, primarily vocational and residential, represent about 4% of the Board's budget. In FY 2000 the Board spent \$692,644 for contracted consumer services. In addition, Medicaid paid \$1,818,313 directly to private providers for about 60 Board consumers. In FY 2000 the Board had 23 agreements to purchase services for consumers.

Six agreements with private contractors to purchase developmental services for infants and toddlers (birth to 3 years). Developmental services provide therapy for cognitive, speech and motor deficits. These services are mandated by Part C of the State's 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
- ◆ Vision Consulting Services

Nine 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.
- ◆ Fairfax Opportunities Unlimited, Inc.
- ◆ ICON Community Services
- ◆ Job Discovery, Inc.
- ◆ Mount Vernon Lee Enterprises
- ◆ Sheltered Occupational Center
- ◆ St. Colletta Day School
- ◆ St. John's Community Services

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
- ◆ Grafton



The numbers shown in the boxes below reflect Board activities for FY 2000. There were no major changes in expenditures or revenues from FY 1999 to FY 2000. The distribution of expenditures among service areas remained relatively stable from FY 1999 to FY 2000. Mental Health related activities represented 45% of the total expenditures, Substance Abuse 25%, Mental Retardation 24% and Administration 6%. Revenue received in excess of expenditures includes federal grant monies which may be spent during the first quarter of the new fiscal year.

FY 2000 Revenue and Expenditures

**FY 2000 Revenue in Millions
by Source¹**

<u>Revenue Source</u>	<u>\$</u>	<u>%</u>
City of Alexandria	7.83	41
Commonwealth of Virginia	3.44	18
Medicaid	3.25	17
Federal Government	2.67	14
Consumer/insurance fees	1.72	9
Other	.19	1
Total	19.10	100

Total revenue of \$19.1 million.

**FY 2000 Expenditures in Millions
by Service Area**

<u>Service Area</u>	<u>\$</u>	<u>%</u>
Mental Health	8.10	45
Substance Abuse	4.50	25
Mental Retardation	4.32	24
Administration	1.08	6
Total	18.00	100

Total expenditures of \$18.0 million.

¹ The numbers shown above do not include monies paid into the City reserve account for vehicle replacements, activities associated with the City's shelter program and Waiver services provided by contract agencies.



What We Will Work on During FY 2001

Due to results obtained from program outcome measure assessments in our *Program Evaluation Plan* and other self studies, in FY 2001 we plan to:

- ◆ Locate a more suitable facility for the Mental Health Psychosocial Clubhouse and Community Support Program to alleviate overcrowding.
- ◆ Improve results for seven performance outcome measures that did not meet or exceed target goals established in the Board's *Program Evaluation Plan* for FY 2000 to ensure continued delivery of quality services.
- ◆ Review and update the Board's *Quality Improvement Plan* to incorporate new "best practices" standards and its *Program Evaluation Plan* to set new performance goals for FY 2002.
- ◆ Develop new ways to solicit meaningful consumer feedback to ensure that programs maintain a consumer-driven focus.
- ◆ Increase the number of agreements with private contractors who provide services for which the Board is responsible to increase consumers' choice of care providers, cover unexpected increases in service demand and improve service coverage during staff vacancies.
- ◆ Study employee turnover and vacancies and reduce the time taken to fill vacant positions.
- ◆ Work toward accreditation by the Commission on the Accreditation of Rehabilitation Facilities (CARF) to ensure that Board programs meet objective standards and can compete with the private sector.
- ◆ Conduct one in-depth study of a Board program from each disability area to assess performance, long-term mission and short term goals.
- ◆ Hold separate focus groups with consumers and their families for each disability area to obtain feedback about services provided.
- ◆ Complete the Department reorganization to separate Extended Care from Acute/Emergency programs to reduce administrative layers and organizational boundaries that might interfere with optimal treatment of consumers.
- ◆ Improve compliance with clinical documentation requirements to ensure accuracy and completeness of computerized records.
- ◆ Make a minimum of 10 community presentations to increase awareness of Board services and educate the public about pertinent issues regarding mental illness, mental retardation and substance abuse.

Many people ask what they can do to help the Board help its consumers. One of the most helpful things you can do is volunteer. Some of the most popular volunteer opportunities are described below. For more information about volunteer opportunities, contact the Board's Volunteer Coordinator by phone (703) 838-4455 or E-mail ACSB@ci.alexandria.va.us.

- ◆ **Special One-time Project Volunteer** - Volunteer with your business, social club, school or church group for a special one-time project such as planting flowers at a group home or sponsoring a group home barbeque or other social event.
- ◆ **Friendly Visitor** - Adopt a group home resident. Group home residents enjoy having a friendly visitor to help them play games, go for walks, paint their fingernails or go to the movies or mall. A minimum of two hours per week is suggested. A one year commitment is requested.
- ◆ **Representative Payee** - Manage a bank account for a consumer whose disability prevents him/her from managing his/her own finances. Responsibilities include receiving checks and paying bills on behalf of the client. Only two hours monthly are required because very few transactions are involved. A one year commitment is requested.
- ◆ **Driver** - Provide transportation for a consumer whose disability prevents him/her from driving or using public transportation. A periodic time commitment (depending on the consumer's needs) is requested.
- ◆ **Specialized Skills Volunteer** - Lend your unique talents to help with projects that require specialized skills such as carpentry, writing, computer programming, web page design, language translation or arts and crafts. A one-time-only or periodic time commitment may be requested.
- ◆ **Administrative Assistant** - Work in an administrative support capacity such as receptionist, medical records assistant, bookkeeper or help with data entry or filing. Four hours weekly is suggested. A six month commitment is requested.
- ◆ **Board or Committee Volunteer** - Serve as a member of the Community Services Board, Friends of the Mental Health Center or the Human Rights Committee. Members meet either monthly or bi-monthly and dedicate two or more hours weekly. A one to three year commitment is requested.



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) 838-5054, 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
- ◆ Residential Administrative Offices, (703) 329-2015

115 North Patrick Street

- ◆ Day support for people with a mental illness (Psychosocial Clubhouse), (703) 838-4706

3105 Colvin Street

- ◆ Mental Retardation sheltered, supported and competitive employment
(703) 370-5138, TDD (703) 370-5138

517 North Saint Asaph Street

- ◆ Parent-Infant Education
(early intervention and prevention services for infants and toddlers), (703) 838-5067

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
- ◆ Alexandria Probation and Parole
- ◆ Arlandria Chirilagua Housing
- ◆ Carpenter's Shelter
- ◆ Charles Houston Recreation Center
- ◆ Crestview Garden Apartments
- ◆ INOVA Alexandria Hospital
- ◆ Presidential Greens Apartments