



The Arlington Community Services Board

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Wendy Crawford
ACCSB Chair

Deborah Warren
DHS Deputy Director/
CSB Executive
Director

THIS IS A HYBRID IN-PERSON/VIRTUAL MEETING

5:30 P.M. - 7:30 P.M. pm - Full Board Meeting
2100 Washington Boulevard
Lower-Level Auditorium
February 21, 2024

Present: Jenette O’Keefe, Daniel Adams, Dori Mitchell, Bertra McGann, Anne Hermann, Wendy Crawford, Joe Klem, Paul Kalchbrenner, Steve Gallagher, Bob Carolla, Joe Albert, Cherie Takemoto

Virtual: Ollie Russell (staff), D’Roscoe Webster, Angi Souder

Absent: Steve Taphorn

Guests: Jan Longman, Michael-dharma Irwin (virtual), Maimoona Bah-Duckenfield, Sydney Palinkas, Emily Siqveland

Public Guest: Arianna Zoghi

Staff: Kelly Mauller, Deborah Warren

Public Comment:

Public comment is encouraged at all Community Services Board meetings. There was no public comment and Ms. Mauller noted that no public comments were submitted through the public website.

Welcome

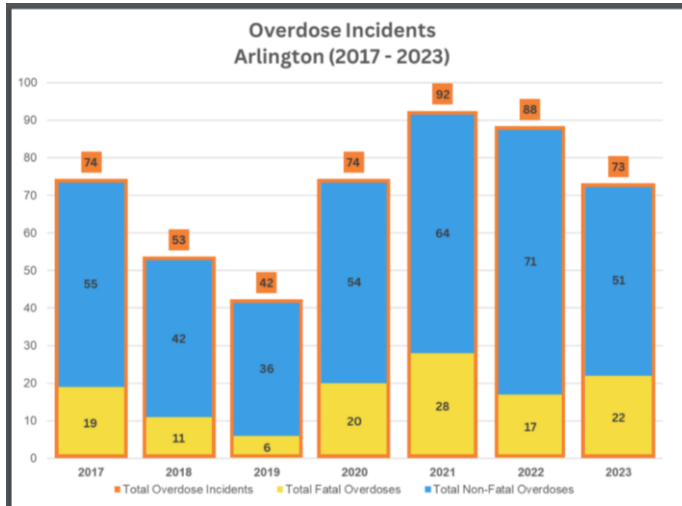
Chair Crawford welcomed the members to the meeting. She asked the members and guests to introduce themselves.

Presentation: Arlington Addiction and Recovery Initiative Impact Report

Emily Siqveland, Opioid Programs Manager, presented about the Arlington Addiction and Recovery Initiative (AARI) 2017-2023 Impact Report.

AARI is Arlington’s opioid and other addictions taskforce, comprised of stakeholders from across the County, including treatment providers, first responders, schools, the justice system, the hospital, and private clients.

AARI was founded in January 2017 in response to the rising concerns in our community. The primary goals are to prevent individuals from developing a substance user disorder, increase access and awareness of available treatment resources in the community, and decrease access to opioids through diversion. AARI works off of a strategic plan with three primary focus areas; prevention, treatment, and supply reduction.



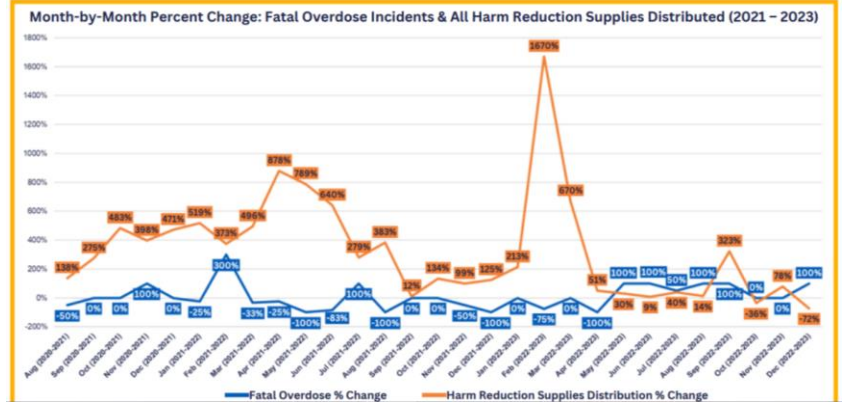
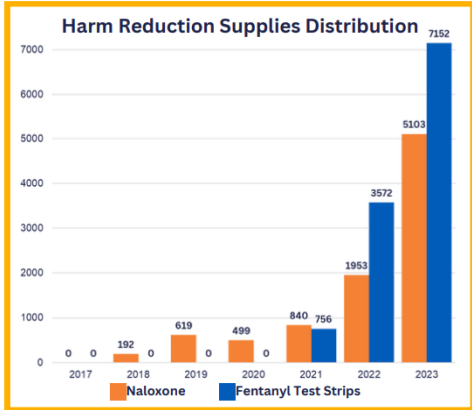
AARI’s work has been made possible through the pursuit of funding from various sources along with local dollars. AARI regularly seeks grant funding to enhance programming.

Sources of funding include:

- Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA)
- Virginia Opioid Abatement Authority (OAA)
- Virginia Department of Behavioral Health and Developmental Services (DBHDS)
- Bureau of Justice Administration (BJA)
- CareFirst
- State Opioid Response Grant (SOR)

Focus Areas; Prevention, Treatment, Supply Reduction

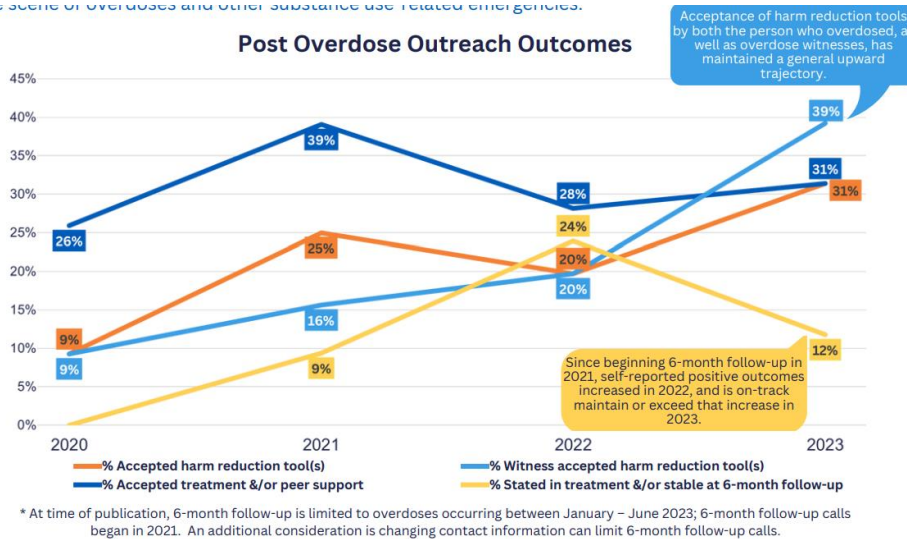
Prevention – AARI began utilizing SOR prevention funds in 2019 to engage the public with prevention campaigns through Public Service Announcements (PSAs) on television and electronic advertising through geofencing and social media. Campaigns were guided by community-level data and community voices. Overdose prevention and harm reduction efforts are considered tertiary prevention, in that, these efforts prevent fatal consequences due to the disease of addiction. AARI has partnered with libraries, parks and recreation, Marymount University, Animal Welfare League, the local shelters, and many more to install 126 opioid emergency kits in public access areas, so that anyone can respond in the event of a suspected overdose.



Treatment

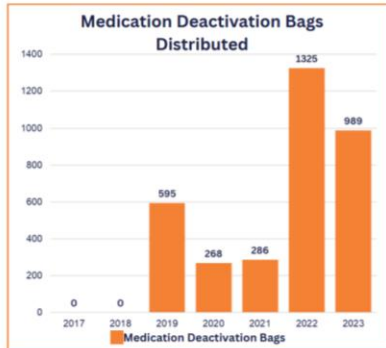
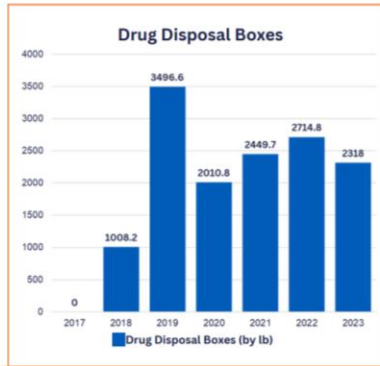
AARI has advocated for expanded treatment and diversion programs from its inception. Since AARI started, the County has seen an expansion in treatment through the development of Office Based Opioid Treatment (OBOT), which pairs therapy and Medication to Treat Opioid Use Disorders (MOUD). AARI’s overdose outreach program began in 2018 and, over the years, has obtained funding for a full-time Peer Recovery Specialist to provide outreach and engagement services to individuals experiencing addiction.

scene of overdoses and other substance use related emergencies.



Supply Reduction

In 2018, AARI completed its first project, installing four permanent drug takeback boxes throughout the community. In addition, AARI has purchased medication deactivation bags and medication lock boxes to provide to community members as an alternative supply reduction strategy.



AARI's Work Saves Lives The success of this work is reflected in Arlington overdose rates. The number of fatal overdoses peaked in Arlington, as well as Virginia in 2021. From 2021 - 2022 Arlington overdoses decreased by nearly 40%, compared to the approximately 2% decrease seen for all of Virginia. In 2023, the illicit drug supply became more toxic than ever, contributing to an increase in fatal overdoses in the United States. Statewide it is predicted that there will be a slight increase in fatal overdoses, bringing the total back up to 2021 levels. Arlington has not been spared the toxicity of the current drug supply and while fatal overdoses have increased from 2022 - 2023, the total remains approximately 20% below the aforementioned peak in 2021.

Questions/Responses/Comments:

- AARI provides Narcan training the third Wednesday of each month in the front of the 2100 Washington Boulevard building. 38 people have volunteered to assist with the trainings.
- Are fentanyl strips available to the community and what is xylazine? Fentanyl strips and xylazine are both harm reduction tools meant for people who use drugs, to test the drug before they use the drug to see if fentanyl or xylazine is detected. Xylazine is a newer substance that is contaminating the illicit drug market. Xylazine is an animal tranquilizer that is not meant for human consumption. Xylazine is not an opioid therefore Narcan will not reverse the effects of the drug.
- How prevalent is fentanyl? Fentanyl is present in opioids as well as other illicit substances.

- The members asked about data collection (refer to the above charts).
- Is demographic data collected demographic and is it known which areas have a higher rate of overdoses? Age, race and ethnicity, if available, and zip codes of where the incident occurred.
- Is there data on the type of drug that was used in the fatal overdoses and is there information as to whether the incident occurred at a school or if the person is an adolescent? There is data but it is not always consistent.

Presentation: RAFT Dementia Program

Sydney Palinkas, Senior Adult Mental Health Management Specialist, presented about the Regional Older Adults Facility Mental Health Support Team (RAFT).

- Launched January 2023
- Short-term, FREE program
- A program of the Regional Projects Office, funded by DBHDS
- Supporting individuals living with dementia and their families in their homes
- Providing psychoeducation and support to families
- Building caregiver resilience and reducing stress

Trained Dementia Specialists will work with families in their homes to:

- Assess and identify challenges and areas of concern
- Provide individualized education and training on topics such as:
 - Overview of Dementia (types, stages, etc.)
 - Communication
 - Safety
 - Wandering and other challenging behaviors
- Connect to resources and services
- Non-pharmacological interventions
- Plan to prevent crisis
- Short-term respite care in assisted living facility

Respite Beds

- Assisted living level of care
- Loudoun and Fairfax County
- 3 beds total
- 2 weeks – 90 days

Support Families Experiencing

- Irritability, agitation, anxiety
- Safety concerns related to cooking, driving, exploring etc.
- Verbal and physical aggression
- Sleep disturbances
- Shadowing
- Delusions, hallucinations, paranoia
- Scams and financial exploitation

- Loneliness, boredom, lack of access to resources
- Unable to maintain in-home nurse or aides due to behaviors

Non-Pharmacological Interventions

- Behavioral Interventions (ABC Charts, validation, Positive Approach to Care)
- Cognitive Interventions (Games, puzzles)
- Recreational Interventions (Art, cooking, folding laundry, structured programming)
- Environmental Modifications (Door alarms, tracking devices, safety bars)
- Reality Orientation / Memory Aides (White boards, cueing, clocks)
- Music (Listening to music, singing, making music)
- Comfort / Sensory Stimulation (Aromatherapy, fidget boards, sensory boards)

Eligibility

- Resident of the City of Alexandria, Arlington, Fairfax-Falls Church, Loudoun, or Prince William Counties
- 55 years and older
- Diagnosis of dementia or exhibiting symptoms of dementia
- Living in the community in their homes, or the homes of family members or other caregivers

Outreach

Our outreach efforts have reached over 95,000 individuals and agencies in Northern Virginia, including:

- Area Agencies on Aging
- Adult Protective Services
- Adult Day Programs
- CSBs
- Crisis Response Team (CRT) and Crisis Intervention Team (CIT)
- Local and state hospitals
- Home health care agencies
- Faith communities
- Senior living communities/Villages

The Dementia Support Program provides training to professionals, community members, and organization on issues related to aging and dementia. In 2023, we trained 989 individuals in 35 trainings. Groups included:

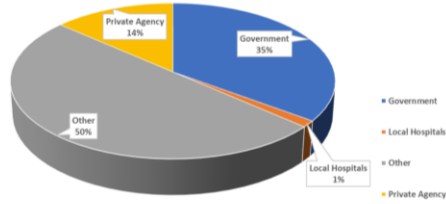
- CIT officers
- VA Caregiver Support Program
- Senior living residents
- Faith communities
- Senior centers and adult day programs

Consultations, Referrals and Clients – 2023

- Consultation Hours: 180+
- Total referrals received: 112
- Total clients served: 75
- Average_monthly referrals: 9

Statistics

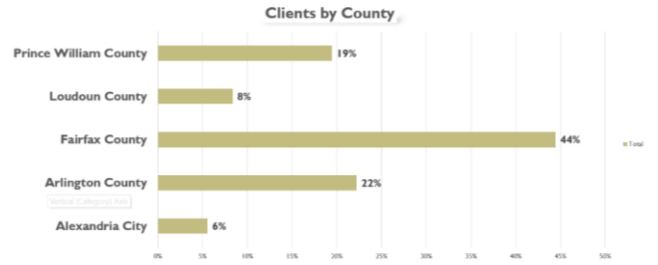
Referral Sources



Other: Family, friends, self
 Government: APS, AAA, CSB
 Private Agency: Home health, community villages

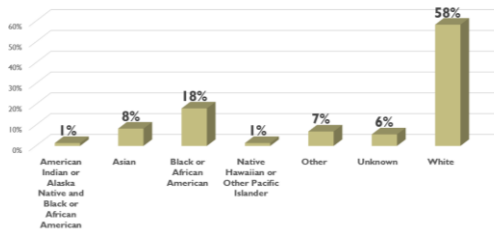
REGIONAL OLDER ADULT FACILITIES MENTAL HEALTH SUPPORT TEAM

Clients By County

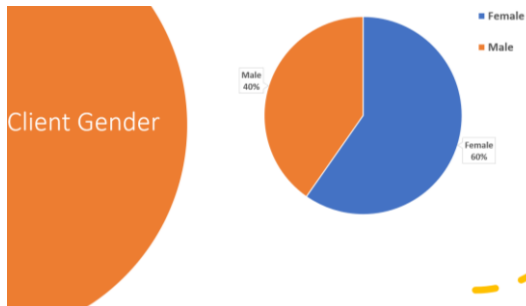
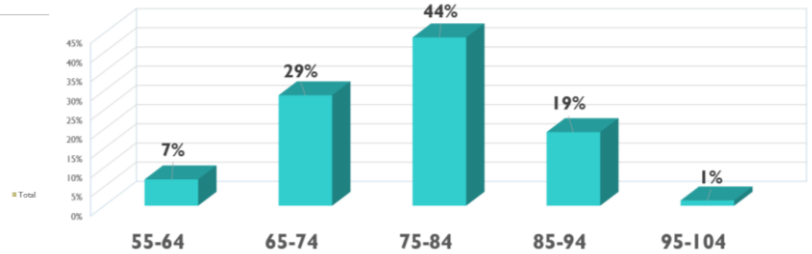


Racial Demographics

Clients by Race



Clients Age



Questions/Responses/Comments

- Since there are only three respite beds, are they overbooked? The respite beds are not being utilized as expected.

- Where are the beds located and what is the average length of stay? There is one bed in Fairfax and one in Lands Down End in Avalon. For the average length of stay, there has only been one individual who was in respite for 90 days. Respite beds are being offered for existing clients that DHS is serving.
- Does RAFT have peer support services? RAFT, currently, does not have peer support services.
- Would it be helpful to have information about RAFT dementia services on the Employee Assistance Program webpage? Yes, it would be helpful.

Action Item: Review ACCSB Policy and Procedure-19: Human Rights and Dispute Resolution

Chair Crawford called for a motion to approve the policy. Ms. O’Keefe called for a motion to approve the policy. Mr. Adams seconded the motion and the members discussed the policy.

Jan Longman, Compliance Officer, and Michael-dharma Irwin, Quality Assurance Division Director, presented proposed edits to ACCSB Policy and Procedure-19: Human Rights and Dispute Resolution. The purpose was to incorporate language to the CSB policy so that all of the clients and advocates have a voice. The next philosophy is that the clients are informed of their rights. The State requires that DHS informs them about human rights each year, and the clients sign the form acknowledging their rights. DHS has specific signage informing clients about their rights and how to file a complaint. Complaints may arise that don’t meet the formal complaint process such as, requesting a new case manager, not liking where they have to park in the complex, their therapist is not a good fit, etc. DHS has a complaint process for these types of complaints at a lower level. If the complaint was about abuse or neglect, etc., that is where the Compliance Department would step into the formal complaint process, at a higher level. These types of complaints are handled immediately.

What was edited out of the policy was language where the policy was restating State policy in detail. DHS does not have control over State policy and is required to follow State policy. The language in the CSB policy refers to following State policy, as opposed to spelling it out and then having to reupdate the CSB policy. Referring to State policy, is a standard reference.

A one-page document will be developed for inclusion on the website. The members approved the policy unanimously.

Approval of the January 17, 2024 ACCSB Meeting Minutes

Due to time constraints, the January 17, 2024 minutes will be reviewed for approval at the March 20th Full Board meeting.

Committee Reports

Due to time constraints, committee reports will be provided at the March 20th Full Board meeting.

Review of CSB Annual Report

Due to time constraints, the CSB annual report will be reviewed for approval at the March 12th Executive Committee meeting.

Chair Report

- The Executive Committee has discussed and agreed to meeting every other month, beginning in March.
- The CSB governing documents; Memorandum of Agreement (MOA) with County, By-laws, and Charter, are currently being reviewed by the County Attorney's Office.
- Member recruitment continues to be open to ideas and efforts. There are currently three vacancies on the board. Mr. Gallagher has accepted to interim Chair the Mental Health Committee.
- The CSB/County Board March budget meetings have been scheduled.
 - March 22nd – 9:00 – 10:00 with Susan Cunningham
 - March 26th – 1:00 – 2:00 with Libby Garvey and Takis Karantonis
 - March 27th – 1:00 – 2:00 with Maureen Coffey and Matt de Ferranti

Executive Director Report

- The County Manager will announce his proposed budget on March 24th. Reductions have been incorporated into the budget, including reductions in the workforce. There are individuals, who are currently in filled positions, that will be reduced. The individuals will receive a severance package but the positions will no longer be in place. The County Board/DHS work session is scheduled for March 14th from 3:00 to 6:00. The public budget hearing will be held on April 2nd at 7:00 and the public tax hearing is scheduled for April 4th at 7:00. Member sign up is required.
- VHC Health Update:
 - The Certificate of Public Need (COPN) was filed in January
 - A hearing date has not yet been scheduled for the Health Advisory Committee of Northern Virginia to give an opportunity to provide a brief statement
 - Eight letters of support have been submitted for the Carlin Springs project
 - VHC Health is interested in developing a comprehensive psychiatric emergency department program – a letter of support, on behalf of the CSB, was submitted

Additional Updates/Information/Announcements

No additional information, questions, or announcements were provided by the Members.

Adjournment

Chair Crawford called for a motion to adjourn the meeting. Ms. O'Keefe called for a motion to adjourn. Ms. Takemoto seconded the motion and the meeting adjourned at 7:30 p.m.

Respectfully submitted by Kelly Mauller