



news from the
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Department of Mental Health,
Mental Retardation and Substance Abuse

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Mental Health Law Reform

The Virginia General Assembly enacted changes to the civil commitment criteria that expand the circumstances leading to involuntary treatment of persons with a serious mental illness. The changes, which took effect in July 2008, resulted in part from the Virginia Tech tragedy in which a student killed 32 people and then himself.

The primary change in the law comes from removal of the "imminent danger" requirement, which stated that in order to be treated involuntarily, a person must present an imminent danger to himself or others as a result of a mental illness. The new criteria indicates that there exists a "substantial likelihood" that the person will cause serious harm to himself or others or suffer serious harm due to lack of capacity to protect himself or provide for his human needs.

Other changes include the ability of magistrates to consider more information than in the past when determining whether to issue a temporary detention order. They may consider past actions, relevant hearsay and medical records. While the length of initial commitment has been reduced from 180 to 30 days, a recommitment hearing may be held if needed. At this point the judge may extend the commitment, allow the person to sign in voluntarily, allow the person to leave treatment or order mandatory outpatient treatment.

Although orders of mandatory outpatient treatment existed before, how it should be monitored was vague. Such was the case with Seung-Hui Cho at Virginia Tech. While he was never committed to inpatient treatment, his hearing did result in an order for outpatient treatment; however, the treatment was not monitored. The new law assigns Virginia CSBs to closely track treatment and report back to the courts.

With monies provided by the State, the Alexandria CSB is hiring an additional Emergency Services clinician to evaluate persons and obtain orders for a temporary detention when appropriate, and an additional therapist to monitor both the inpatient and mandated outpatient treatment orders.

While these changes will make it easier for families and health care providers to obtain services for persons

experiencing a severe mental illness, there are still concerns. There are not enough psychiatric hospital beds in Virginia for persons in need of care. Liz Wixson, Director of Acute Care and Emergency Services at the Alexandria CSB



Jodi Roberts,
Emergency Services Clinician

said, "We've known for some time that the involuntary commitment laws in Virginia were limiting and were not in line with how other States handled this issue. The new language will help us work more effectively with persons and their families on accessing services, yet there is a real concern that we may not have enough inpatient psychiatric beds to accommodate an increase in demand. We'll monitor the data closely over the coming year to see if the modifications to the law have a significant impact on inpatient bed availability."

Michael Gilmore, CSB Executive Director, said, "We are pleased the General Assembly approved the Governor's \$42 million dollar package for mental health services, and we are glad that the Governor recognized that this funding is a down payment. We know there is much work ahead to ensure that people in need of services receive additional funding."

For the details and exact language of these laws, search HB 499 or SB 246 on the internet.

The new screening packets that are completed by clinicians when doing evaluations for a detention order give the person in need of services an opportunity to share their opinions and preferences. Examples of the questions include: *What would be most helpful to you now? Are there any people you would like to be involved in your care? What are your top three strengths?* Language in the assessment packet is also more respectful and recovery-oriented. For example, what previously read as "Has individual complied with recommended medication and treatment plans?" now reads as, "Has individual followed recommended medication and recovery plans?"

A Caring Community Promoting Respect, Recovery, Hope

PIE Program Receives City Funding

The Alexandria CSB's Parent Infant Education Program (PIE) serves infants and toddlers up to age 3 whose physical or mental development is slower than expected, who are diagnosed with a condition likely to result in a delay, or, who have a 25% delay in one or more developmental areas. Services include:



- Assessment of individual and family needs and development of a plan to meet those needs
- Evaluations of cognitive, physical, communication, social, emotional and adaptive functioning
- Assistance in locating, funding and using services
- Developmental education for parents of children age 0-3

In 2006 the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services determined that PIE needed to increase the number of children identified and given early intervention services as well as provide more timely services and transition activities for children that moved from PIE to other services after reaching the age 3 limit.

This demand for corrective action came in spite of the fact that the team of four Infant Development Specialists achieved 145% of their productivity goal and served nearly 400 children annually, a 24% increase from 2003 without any increase in staffing.

In effort to correct the problems identified by the State and in recognition of the importance of PIE services, the CSB

submitted to the Alexandria City Council a supplemental budget request to fund an additional PIE position. Robin Crawley, PIE Coordinator, said that CSB Chair, Mary Riley and Executive Director, Mike Gilmore, "upped the ante at a Council meeting by appealing to their culinary senses and presenting mini fruit pies to each member of Council as a subtle reminder of the importance of the program."

Each pie had a note that started with, "Enjoy your pie and support PIE..."



(L►R) PIE staff Robin Crawley, Patricia Eitemiller and Deatrice Williams received awards from the CSB for Outstanding Stewardship and Accountability. Not shown— Pamela Little.

Crawley explained that "due to strong advocacy and solid program outcome data, Council voted unanimously to approve funding for the CSB's only FY09 supplemental budget request." As stated by City Manager, James K. Hartmann, "The FY 09 budget passed by City Council affirms the City's commitment to fiscal responsibility, but also underscores its commitment to providing quality services to our residents. It gives us the resources we need to be responsive to the growing needs of the community during difficult economic times."

Wellness Recovery Action Plans

WRAPs, developed by Mary Ellen Copeland, are a tool created by persons in recovery from a mental illness.* They are designed to decrease troubling feelings and behaviors, increase personal empowerment, improve quality of life and assist in achieving goals. The key elements of a WRAP include: wellness tips found to work for the individual; a daily maintenance plan; identification of triggers, early warning signs and an action plan; pre and post crisis planning.

As a way of incorporating mental health recovery and WRAPs into the Alexandria CSB, Craig Pearson, a peer support specialist was hired two years ago to work with people in developing their own WRAPs. Pearson has received mental health services and now works to help others on their road to recovery. Pearson said, "I have been

introducing the concept to people at the Clubhouse and others that receive outpatient mental health services. I have been trying to make it clear that it is a



good tool to have in their lives. They can learn more about themselves, get to know themselves better, and get in touch with their own thoughts about their illness. People must believe that recovery is possible because it is possible if they give it a chance. I believe in WRAP. Once people see WRAP working for others, they will get on board the WRAP train, which leaves the station when they are ready. The WRAP is worth the work and the journey it will take you on. It offers hope, gives back faith and dignity."

Emergency Services Not Only for Persons in Crisis

The Alexandria CSB has been providing emergency mental health services since 1978. Emergency Services provides 24-hour phone and face-to-face crisis intervention to persons facing a serious mental health problem or dealing with a traumatic event. Clinicians respond to calls from persons in need of help or from others who call on their behalf.

Emergency Services are not only for persons in crisis, who are suicidal or who have a mental illness. The services help people to have healthy responses to traumatic events such as a car accident, the death of a friend, a fire, or witnessing a crime. There is evidence that when a person experiences something traumatic, a conversation with a therapist called a “debriefing” reduces the likelihood of mental health problems such as depression or post traumatic stress disorder. Debriefing supports healthy responses to difficult events and educates people about what to expect (i.e. difficulty sleeping, crying, agitation, reliving event) for

how long these symptoms can be expected, and when to seek help. Therapist Jon Teumer said, “I see many instances where people are clearly relieved after debriefing instead of having gone home and suffered alone with difficult feelings.”



Jon Teumer, Emergency Services Clinician.

Emergency Services also operates a Critical Incident Response Team. Fifteen clinicians with different areas of specialization are trained in models of crisis response. The team is prepared for small and large scale crises. This team responds when large groups of people are impacted, such as the death of a student at a City public school or the death of an employee at a local business.

To access Emergency Services call 703-838-6400. All information is kept confidential. At the CSB we know it can be hard to ask for help. We admire the strength and courage of those who do.

TeensWork! by Cindy Gaisor

Shanice Harris, a 14-year-old from TeensWork!, a summer youth employment program, worked in the CSB’s Human Resources unit for six weeks during the summer. She learned a variety of clerical skills and how to make and maintain personnel files. She was also called on to assist with a special map project for the Executive Director of the CSB. Avis Hunter, Personnel Assistant, enhanced Shanice’s experience by asking her thoughtful questions such as what she had learned each week and what kinds of things make a good employee. Shanice’s work culminated in earning an Exceptional Initiative Award. The Department’s small Human Resources unit was grateful to have Shanice’s assistance and positive attitude.

Ruthie Lezama (left), Youth Employment Counselor, presents the Exceptional Initiative Award to Shanice at the TeensWork! closing ceremony.



Ethics Committee

Since 2001, the Alexandria CSB’s Ethics Committee has worked to address ethical issues that arise in the provision of services. The Committee is comprised of staff from all divisions. Michael Gillette, President of Bioethical Services of Virginia, provides consultation to the Ethics Committee. The Committee developed *Guidelines for the Prioritization of Services*, which allocates resources in times of scarcity and has been implemented throughout the CSB. Gillette consulted with City Council and all City department heads on this matter. Recently, the Committee completed a policy on the hiring of CSB consumers for positions such as peer support advisors. Gillette serves as one of the CSB’s most popular staff trainers, offering training on topics such as the *Ethics of Mandated Outpatient Services* and the *Ethics of Recovery*. Deborah Warren, Director of Child, Family and Prevention Services, said, “Michael Gillette has made a huge impact on ethically-based clinical and administrative decision making at the CSB.” He is currently writing a book of case studies and policies that will feature work done at the Alexandria CSB.



Michael Gillette, Ph.D., Ethicist and President of Bioethical Services of Virginia.



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CSB Staff In Training

The CSB has a large training program that offers nearly 20 different trainings per month to staff. Some trainings are one-time only requirements, such as cultural competency training, while others must be renewed annually, such as person-centered care, ethics, confidentiality and human rights. A variety of additional trainings are offered each month on clinical topics such as



medication administration, youth suicide, distress tolerance and ethics topics. Credits for maintaining clinical staff licensure are offered for most training. Staff can also use the CSB's on-line training program and select from among 200 behavioral health topics.

Here, CSB trainers Tyreese McAllister, an Emergency Services Clinician, and Juan Palma, an Account Clerk, demonstrate how to break free from a choke hold during their training on Non-Violent Crisis Intervention, an annual requirement for all employees.

To make comments, suggestions of story ideas or contributions, call Jennifer Cohen Cordero at 703.838.4455, x161 or email jennifer.cohen-cordero@alexandriava.gov