

Best Practices to Promote Health
Health and Wellness Action Team
January 7, 2015 (11:30 am - 1:30 pm)
Peter Paul Development Center

Executive Summary

The team reviewed two compilations of Evidence Based Practices: substance abuse and mental health services. The team agreed that there are multiple challenges related to treatment of individuals with substance use issues, including the illegal use of prescription drugs, medication management, chronic pain management, co-occurring conditions, and the interruption to education and employment. Most agreed that substance abuse could compromise the redevelopment process. Many team members thought the Celebrating Families model – a parent and child model – seemed comprehensive and feasible for Richmond. There were, however, concerns for adults without children, specifically anonymity, geographic location of services, and community violence. Kate Neuhausen discussed the San Antonio Model, a cost-saving and person-centered spectrum of care that aims to offer appropriate services for individuals with substance abuse and mental health issues. She introduced the opportunity in Richmond, Virginia through the state innovation grant - 2.6 million dollars - to try to strengthen care for the uninsured and Medicare/Medicaid populations. For mental health services, the team explored Mental Health First Aid and the Chicago Family Case Management Demonstration, and affirmed the importance of wrap-around services and co-location of multiple services in one site so to reduce the stigma associated with service seeking.

Welcome & Introductions

Today we will be looking at two compilations of Evidence Based Practices: substance abuse and mental health services.

Substance Abuse Programs

Challenges:

- The majority of substance use in the population living in public housing is the illegal use of prescription drugs. This is an issue from adolescence upward. Youth are using substances and, in turn, are truant from school, or they are going to school impaired. Either way, children are not learning at their potential. For adults, the misuse of medications impacts physical health and performance at work.
- Substance abuse could compromise the redevelopment process. Individuals that are impaired are going to have difficulty filling out paperwork. Grades in school and truancy are also relocation issues.
- The Informed Neighbors Corps (INC) claimed that substance abuse was a primary concern. They would like to see prevention and intervention programs for youth and adults, particularly for aimed for treatment of prescription drugs.
- Is there a lack of services? Or does Richmond need initiatives to prepare people for services? In terms of AA programs (NA programs or 12-Step programs), there are many meetings happening. However, these programs do not recruit. The INC mentioned the need for meetings that take place in the community. The INC wanted to see a more intentional program that would raise awareness about available services.

- There may be co-occurring conditions such as substance abuse *and* depression. People may be trying to self-medicate. Moreover, people might seek substance abuse services but not mental health services.
- Chronic pain management is a multi-layer issue. People who are suffering chronic pain do not have good alternatives to narcotic drugs. Bear in mind, there is a high rate of disability in the population.
- Some residents might feel as though there is no other way to pass their time. There could be ways to prevent substance abuse if more jobs were available.
- Some people do not see substance abuse as a problem. Substance use may be a coping mechanism or a way to fit in. There might be more education about the health factors related to substance abuse. Many people do not know the side effects of what they are taking or doing.

Goodness of Fit:

- **Celebrating Families** seems comprehensive and feasible for Richmond.
 - **Do we have anything like this, or even a good foundation for something like this in Richmond?**
 - This program does seem similar to the **Strengthening Families Program**, which is being led by RBHA and piloted at MLK, Jr. Middle School. To begin, families, who are residents of public housing and whose children are recognized as truant, are identified. Once per week, for 2.5 hours, a family dinner is offered wherein the family learns about nutrition. After dinner, parents breakout and learn basic parenting skills and youth learn about peer pressure. The program is targeted for 10-14 year olds. The curriculum is designed for practice and building on what is learned.
 - **Celebrating Families** focuses on parenting skills and is a parent-child program. It gives parents an opportunity to be involved and participate in change.
 - **Greater Richmond Stop Child Abuse Now (SCAN) Family Support Network** seems like a similar model. In an 18-week session design, parents and children break out for specific curricula and then come back together.
 - As a “low-hanging fruit”, it would be nice to identify programs that are already working with parents and youth, and add in substance use education to the programming.
 - **Challenge Discovery Projects** offers substance abuse counseling for adolescents.
 - **The Virginia Foundation for Healthy Youth** is a program working on smoking cessation.
 - Due to the particular need at this time, we might explore opportunities with RBHA to launch programming focused for Creighton Court residents.
 - **Is this something that we would want to seek and invest additional funding? Yes.**
- **Pathways to Housing Model:** although we are not looking for a Supportive Housing model, we previously liked this model.
 - **Harm reduction**, a principle of the Pathways to Housing model, is one that the team supports.
- **What about meeting the pressing needs of the adult population?** Certainly, there are adults without children that may struggle with substance abuse.

- **Substance use, and services for substance use, may be a particular challenge for women** (approximately 83% of households in Creighton are headed by women)
- Co-occurring substance use and mental illness illuminates the specific concern for medication management
- Unfortunately, one has to be diagnosed, or have a severe situation, in order to receive assistance. Part of the reason that people are turning to these (substance use) options is because they are not quite in a dire situation.
- How do we build a community that will promote mental wellbeing? Violence comes up as an issue. Experiencing community violence and witnessing violence contribute to an overall feeling of being unsafe.
- Motivational interviewing (MI) is a technique that assesses for a person's readiness to change. Advocates at the Resource Centers are trained in MI. People can become ready to change at any time. People also have depressive experiences at any time. How do we create a community space that people feel willing to access and place their trust? We have talked about having services co-located to make service-seeking more inviting. We know that presenting issues and problems can be complex. This points us back to the wrap-around services.
- One dilemma is that you want people to feel honest, but you also want them to feel cared for and seen.
 - **Anonymity:** many residents come downtown to DSS versus to a professional located in the public housing development. We hear really mixed things about this. Some say they need services in the community, and others say that they want to remain anonymous so not to be gossiped about in their community.
 - Family and Community Engagement or individuals related to the school system and truancy, and other paraprofessionals or advocates are available in the community. Having options is important, and making the options known is even more important. We need a good referral system.
 - It continues to come up that we need some community-based option. There should probably be prevention, and services and treatment, compressed into one space.
 - **How do we create relationships of trust?**
 - **And how do we instill the grit and advocacy skills for clients to navigate the systems?**
- There should be some childcare option available for those adults that do have children. Children can hear too much and do not know how to manage the information; and, the adult might not be able to focus if children are present. Respite childcare should be an option for any type of service.

San Antonio Model (Kate Neuhausen is a medical doctor and she researches mental health. She is here to discuss an exciting opportunity in Richmond.)

- There is a dearth of mental health services in Richmond. For example, many individuals have to show up at the Daily Planet at 5:00 A.M. and only the first 3 people in line get an appointment. Many, who are mentally ill, are put in jail. There are so many gaps in services in Richmond.
- There is a great model in San Antonio that offers a person-centered spectrum of care. The goal of the system is to keep people with drug abuse and mental illness issues out of jail.

There is behavioral health treatment in the jail and there is treatment in the community. They also have mental health professionals embedded in primary health care, so there is no stigma associated with seeking mental health care.

- In Richmond, there are so many service providers operating in silos and it is chaos.
- The San Antonio Model is a cost-saving model. In San Antonio, they convened service providers and gathered data, and concluded that they could treat 20 people for substance abuse rather than treating them at the ER or in jail. They were able to document that they saved \$50 million dollars. They had economists from the University of Texas track the cost savings that resulted from offering appropriate care.
- Virginia was just awarded a State Innovation grant - 2.6 million dollars - to try to strengthen care for the uninsured and Medicare/Medicaid populations. There is an urban planning group in Richmond, a group in Williamsburg, and a rural group in the Northern Neck.
 - In Richmond, they are trying to do a single point of entry for mental health and substance abuse rather than sending people out into the void and having them fall through the cracks. Since the grant was just awarded, there will be a summit in February.
 - Is there a way that the work in this group can inform that process?
 - This is more of a long-term project to design a more person-centered model.
 - Janie could work on a draft memo of recommendations for the summit.
- There is a crisis stabilization center at Chippenham Hospital. Those individuals that are not severely mentally ill, and who do not have health care insurance, are often referred to The Daily Planet. Medicaid offers service providers, but you have to go through that list and find out who might be available. People struggling with mental health issues may not be able to go through that list.
- At the Resource Centers, they had an RBHA counselor come in once every 3 weeks. This was not a very sustainable model because a person might not feel in the same vulnerable place in 3 weeks. How do you create a warm handoff? A bilingual counselor, who is working toward licensure at the Daily Planet, is attempting to meet with folks on site at the Resource Centers.
- Are there places that you have referred clients to that have worked? The net-relationship piece seems to be very important. Having an established relationship with an agency offers more of a team orientation for referral and connection. (This is about having people ready when the client is ready). Challenge Discovery is the Resource Center's best connection.
 - What if there was a common screening across all agencies?
 - In the area of early childhood home visitation, VCU is trying to use a screening process that is more streamlined. This is in a pilot phase. It is for the adult, who might be coming in to a home visiting program.
- Do you think people would be willing to get help in their primary care doctor's office?
 - Yes, this might be a great place to start. This does assume that a person has a primary care physician. There are only about 4-5 different primary care offices in the East End.
 - From the community needs assessment this summer, mental health came up as a big issue. Community residents participated in this data collection. There are residents and service providers interested in seeing change. In this assessment, residents talked about depression, anxiety, alcohol and smoking use.

Mental Health Programs

Challenges

- The challenges are so vast.

Goodness of Fit:

- **Mental Health First Aid (MHFA):** There is a focus on MHFA for youth ages 10-14. It looks at some of the behaviors that paraprofessionals can recognize, and be aware of, in order to do some immediate and on-site intervention. MHFA is happening in Richmond in partnership with RBHA. Chimere Miles has been doing trainings with organizations that provide services to youth. In February, March, and April, RPN will offer trainings (8-hour trainings). So far, Chimere has trained approximately 150-200 people. In addition, Richmond Promise Neighborhood did a training of about 25 community leaders to recognize mental health problems in adults.
 - It helps people recognize mental health problems as such. So far, it has been a positive experience.
 - Because it is a new program, and this is true of anything, there have been some inconsistencies with the trainers.
 - In general, it helps to increase the dialogue and to help people respond in appropriate ways.
 - Is there a way to capture the changes that come about as a result of these trainings? As far as the adult training, there has been follow-up, but there have been challenges in measuring the outcomes.
 - Who might be a good target for mental health first aid?
 - Going back to violence and feeling unsafe in the community, are there services for individuals who witness trauma? ChildSavers provides crisis response for children. Somehow, violence often gets skipped over, and yet it is a huge issue! It is so normalized in the community.
 - When we talk about building a healthy community, we cannot skip over the violence issue.
 - In MHFA, trauma is touched on. We will have to figure out a way to talk about it in a way that does not make people feel bad.
 - Community violence is so complex: a lifestyle, an attitude, the police, etc.
- **Chicago Family Case Management Demonstration**
 - Intensive care coordination: wrap-around services for the family, which communicates to all service providers and liaises with the family. The service typically goes about 1 year or so and works with the family so that the family can be empowered to advocate for themselves.
 - At the Virginia Home for Boys and Girls, there is a high-fidelity wrap-around service provided to families with youth at risk of being placed out of the home. Often, the agency will get a phone call from the school regarding behavioral issues. A parent can self-refer, as well.
 - Is there a way that the Resource Centers and the Housing Advocates could be in a position to refer to these services? Yes. The Virginia Home for Boys and Girls serves at-risk youth (typically 8-18). If we can do a better job communicating these services, it would help. Folks need to know that services exist and there are pathways to access them.

- We have begun a discussion on compliance; however, we do not yet have the concrete places for residents to go for help with achieving compliance. We first want to have a good idea about the spectrum of resources.