

Questionnaire for Candidates for County Board, June 4, 2020, from Arlington Mental Health & Disability Alliance (AMH&DA)

## COUNTY BOARD CANDIDATE RESPONSES TO AMH&DA QUESTIONNAIRE

*Note: Candidates Audrey Clement and Libby Garvey are running against each other in the June 23 election. Bob Cambridge and Takis Karantonis are running against each other in the July 7 election. Susan Cunningham is also running in that election. As of this date we have not received her responses.*

### PSYCHIATRIC ACUTE CARE AND INTENSIVE OUTPATIENT SERVICES

*Better care for those who suffer from mental illness in the county is desperately needed. Virginia Hospital Center only serves adults in its psychiatric unit. AMH&DA, along with Department of Human Services (DHS) and the Community Services Board, requested that VHC provide children's psychiatric services as part of their site plan and use permit associated with their land swap with the County. These efforts were unsuccessful. However, VHC did agree to improve their psychiatric services, such as increasing the number of beds and upgrading the unit's interior space, in conjunction with the Hospital's renovation and expansion. VHC also agreed to provide a Post-Hospitalization Outpatient Services program for seriously mentally ill patients being discharged from inpatient services but who require intensive outpatient care.*

*These improvements were stipulated in the Virginia Hospital Center's site plan and use permit. The Arlington County Manager is responsible for compliance with all site plans and use permits.*

#### 1. How will you ensure VHC complies with all of the stipulations agreed to in the site plan and use permit?

**Cambridge:** As counsel for respondents at involuntary commitment hearings since 2013 and as counsel for criminal defendants burdened with mental health issues since 1999, I am fully aware of the obstacles mental health issues present to one so burdened. If elected I would support compliance.

**Clement:** In 2018 Arlington County Board consummated a deal with VHC whereby the County transferred the Edison Street site adjacent to VHC in exchange for VHC property on S. Carlin Springs Road. Considering the value of the real estate it got and its own burgeoning need for bed space, VHC benefited greatly from the exchange.

Although VHC is viewed widely as a model citizen as compared with other corporations located in the County, there was a lot of community unrest over the design of the new outpatient facility and garage. Surrounding neighborhoods viewed the expanded

hospital campus as a compound rather than a campus and accused VHC of presenting them with a fait accompli. County Board, with the exception of then Board member John Vihstadt, approved the deal based largely on the claims of VHC leadership and hospital staff that the hospital was in urgent need of the beds that would be made available in the main hospital building when outpatient operations were transferred to the new facility.

Given the competing interests involved in the expansion of VHC, I recommend that the County Manager set up a task force to monitor compliance with the use permit issued by the County for operation of the new outpatient facility, as well as the terms of the site plan.

**Garvey:** The County Board routinely places conditions on the plans we approve and we monitor that they are being complied with. While our staff do this monitoring, I find that our active citizens usually provide excellent back up monitoring in almost everything we do. If VHC does not comply, I look forward to hearing about it from AMH&DA. These conditions are legally enforceable. The County works closely with VHC on health issues and is working even more closely now during the pandemic. VHC periodically comes to Arlington County with requests for support for local or sometimes state regulatory issues. It is in their interest (and ours) for them to adhere to their legal agreements with the Board.

Also, as I assume you must know, there are quarterly meetings with VHC. The Community Services Board (CSB) participates in these meetings, and I believe the Alliance has been invited to participate as well. I know the April 10 meeting had to be cancelled, but future meetings will be arranged as we all work our way through how to handle such meetings during the pandemic. I hope the Alliance will participate.

**Karantonis:** I would connect with the Planning Commission, Arlington County Manager, the Department of Human Services (DHS), and the Arlington Mental Health & Disability Alliance to ensure Virginia Hospital Center (VHC) remains compliant with the stipulations agreed to in the site plan and use permit. VHC should continue to improve its psychiatric care to address the true needs of our community and serve the mentally ill in Arlington. Upon release, our mentally ill patients should be able to have access to the same doctors and level of care in order to remain stable, recovered, and close to home.

In response to the as-yet-unknown new mental health needs brought by COVID-19, it is important to ensure that VHC commits the necessary resources to meet these needs and serve those in need of mental health services.

## **2. How will you address the needs of Arlington children for acute psychiatric care?**

**Cambridge:** Children requiring such care are now placed at Dominion Hospital and the new units at Fairfax INOVA Hospital. I believe the Crisis Care facility will also have such

units. All of those facilities are in Fairfax County and I know beds are often in short supply. I would support a facility in Arlington, but I fear with the COVID-19 stress on our budgets such a facility is not in our near future.

**Clement:** I recommend that Arlington County urge VHC to arrange with Inova Health Systems to make psychiatric referrals to one or more of its facilities in Northern Virginia. According to its website, Inova is Northern Virginia's leading nonprofit healthcare provider, recognized in 2019 by U.S. News & World Report which named Inova Fairfax Hospital the #1 hospital in the Washington, DC region. In this way VHC can assure that children with acute psychiatric needs get adequate care.

<https://foundation.inova.org/about-us/>

**Garvey:** As a Board member, I have long advocated for improved mental health services for young people. I have seen what friends go through who have children who have needed these services. Over my years on the County Board, I have worked hard, and usually successfully, to include requested funding for positions to help with child and youth mental health. Recently I was pleased to approve funding of \$2.4M for CR2, Childrens Crisis Response. By this September we should have 2 additional teams and supervisors. Our DHS staff meet weekly with the vendor supplying these services.

As you may know, there is an annual needs assessment done for acute psychiatric care for children. Indeed, this showed a significant need several years ago which led to our pushing for more hospital beds to meet the need. Inova Fairfax Hospital and North Spring Clinic have both added beds as a result. I believe following the processes we have in place with good data and annual reviews, as well as regional cooperation, is key to our being able to provide the necessarily robust mental health services for children in Arlington.

**Karantonis:** I will push for additional funding to support the Children's Regional Crisis Response teams and would be opposed to eliminating committed funds below the current baseline.

At the same time, it is very important that we continue to prioritize children with psychiatric issues, therefore I would support DHS accepting health insurance for minors.

## **TRANSPARENCY AND OUTCOME CONCERNS REGARDING DHS**

*Arlington spends significant sums of money on human services. However, with respect to those with mental illness and other disabilities, it is not clear whether best practices are in place, whether residents know where to turn for help, and whether they can access services even if they do reach DHS. There is a sense that this is not a question of funding so much as accountability.*

**3. What will you do to ensure that Arlington taxpayer funds to address mental illness, addiction and disability are being spent effectively by the Department of Human Services?**

**Cambridge:** I have found myself impressed by the efforts of DHS personnel such as Dee Foreman and Patrice English. They appear to me to be a good source of advice and insight as to where improvements might be made. Look to the soldiers in the foxhole to give you the best advice as to what is really going on.

**Clement:** I will ask the County Board appointed auditor to include a review of DHS' mental illness, addiction and disability programs in his annual work plan.

**Garvey:** I talk fairly frequently with our CSB membership and with families who access our services. I have not gotten the sense that accountability is an issue. If this appears to be a serious question, I can ask our County Board auditor to look into these issues. I would like to know more specifically why anyone thinks accountability is an issue.

There are many ways to ensure that taxpayer funds are being spent effectively. As you may know, DHS programs are monitored by the CSB . DHS is audited and there are multiple areas of accountability. There is an annual performance report on the Management Plan for DHS and that has metrics. There are daily reports to the Department of Mental and Behavioral Health Services. The many grants we receive for DHS all require regular reports and monitoring.

As you also may know, DHS is continuing to provide services and fully operate almost all programs virtually during the pandemic. This includes providing same day access for service.

**Karantonis:** a) Oversight, evaluation, and transparency are of paramount importance: Arlingtonians should have unfettered access to the data related to DHS services and should be able to provide input on the County's budget priorities.

b) Building on the 4 pillars of Destination 2027, we need an inclusive and equitable roadmap to mental health and addiction services. I would encourage and support the Arlington Partnership for Children, Youth and Families in its efforts to create such a roadmap, which is particularly relevant in light of the stress imposed on the health system by COVID-19.

## **SPECIALTY COURTS & DOCKETS**

*Arlington County Courts currently have two specialty programs, the Drug Court Program and the recently approved Behavioral Health Docket. These programs are quite limited in their reach due to restrictions relating to participating courts and eligibility criteria. For example, the strict criteria for the Drug Court Program has resulted in low participation rates. Research indicates that early intervention for mental illness and disability is*

*crucial, while criminalization of behaviors that are not under the control of the individual is counterproductive. The collateral effects of arrests and incarceration can be severe, such as loss of employment and housing, accumulation of debt, deportation, impact on dependents, disqualification from student loans, loss of job licenses, and loss of Medicaid and other public services.*

*AMH&DA believes that Arlington County has a unique opportunity at this time to improve services while reducing criminalization of mental illness, addiction and disability.*

**4. Do you support the expansion of specialty dockets in Arlington to divert those with mental illness, addiction and disability from the criminal justice systems?**

**Cambridge:** Specialty dockets have worked in other jurisdictions, although not as well as I and others would hope. I do support the innovation and I appreciate those who keep trying to do better.

**Clement:** According to the Application For Behavioral Health Docket, posted on the Arlington BHD website:

“The Arlington County BHD seeks to identify SMI/DD/DD individuals arrested for misdemeanor and felony offenses that are in General District Court. The docket offers those who are eligible an opportunity to voluntarily participate in a court-supervised diversion program that provides intensive treatment and support in lieu of a jail sentence. The goal of the BHD is to improve both mental health treatment compliance and service connection as well as criminal justice outcomes.”

<https://arlingtonva.s3.amazonaws.com/wp-content/uploads/sites/5/2020/03/Behavioral-Health-Docket-Proposal-Final.pdf>

I support the BHD mission as a way to prevent recidivism, improve mental health intervention outcomes, and promote justice.

**Garvey:** County staff are researching the idea of expanding specialty dockets. As you likely know, the Juvenile Court already functions much like a specialty court. The Court routinely tries to support mental health needs of young people. There are clinicians assigned by DHS to juvenile courts and the focus is now on diversions. While more progress certainly should be made, the fact that the number of young people from Arlington housed at our Juvenile Detention Center is down 70% since 2010 shows there has been success with those efforts.

**Karantonis:** Yes: We need to treat people with dignity and help them get on a path to recovery. Jail does not help recovery and does not decrease recidivism. Drug courts and a behavioral health docket are a meaningful advancement in civil rights.

**5. What will you do to ensure that Arlingtonians of all ages can access appropriate diversion programs through our courts?**

**Cambridge:** I would support such efforts and am willing to work with advocates and county staff.

**Clement:** I will advocate a line item in Arlington's annual operating budget for the BHD.

**Garvey:** I will continue to support the programs and staff we have in place to make sure people are diverted as appropriate. I am willing to advocate for new programs that would be effective.

**Karantonis:** While Arlington offers opportunities for a second chance to youth, we also need to do more to divert them away from the criminal legal system. I would support continuing to provide both youth diversion programs and opportunities for adult diversion through the use of drug courts and behavioral health dockets. There should be no age discrimination as we seek to improve our citizens' safety.

I will advocate to increase awareness throughout the county regarding these opportunities: promote multilingual advertisement of options and resources, using multiple platforms (e.g., buses, newspapers, social media) to effectively reach out to all Arlington communities. I would also encourage the Commonwealth's Attorney to offer Continuing Education classes to attorneys to educate them on these options.

**6. Do you support expungement of criminal records associated with diversion programs? Why or why not?**

**Cambridge:** The honest answer (how often do you get an honest answer from an attorney?) is it depends. I would support providing a judge with the ability to allow an expungement because a judge is privy to a lot of details that I believe can and should make a difference, details not contemplated by Virginia's legislation. But expungement is within the influence of the legislature in Richmond, not Arlington. I do believe that consideration should be given to juveniles and to those without an extensive record. I have joked that if stupidity were a defense, I would win a lot more cases, but the problem is actually not a laughing matter. I do not have the answer and at this time I do not believe anyone else has it either, but I would listen very closely to any idea that suggests other possible solutions.

**Clement:** If one supports BHD, as I do, it necessarily follows that one supports expungement of the arrest records for the persons so diverted.

**Garvey:** Yes, when warranted. As you may know, juvenile records are expunged by age 26 in our courts and often much younger. I support this. I am well aware that a criminal record can prevent young people from leading fully functional lives, which is an injustice and a waste.

**Karantonis:** Yes: Wherever possible, we should look for opportunities to restore people's dignity. The consequences on people's lives should match the severity of the crime, especially for victimless crimes or crimes committed by mentally ill individuals. If you complete the required work and pay your dues to society, your crime shouldn't continue to punish you throughout your life.

I should note that this is my personal opinion, as this is a matter of policy pertaining to the criminal justice system and not under the purview of the County Board.

## JUVENILE JUSTICE

*Detention itself is criminogenic (meaning it causes or is likely to cause criminal behavior). There are some localities across the country that have committed to achieving zero youth detention using a public health approach. Arlington has a one-year effort underway to develop restorative practices to better respond to conflict, crime and other harm. This program, known as "Restorative Arlington," explores how we can use restorative practices in the legal system and in school and community settings.*

### 7. Should Arlington adopt zero youth detention as a goal?

**Cambridge:** I would prefer a goal of doing better and as we do better continually raising the bar. Those working in this area deserve much less frustration than is currently the norm. It is hard enough to engage all of the competent and committed people from whom we get the best results. I oppose giving them goals they cannot achieve with the resources available.

**Clement:** Absolutely. However, if a student is violent or his/her misbehavior is sufficient to distract other students from their normal routines, then intervention is necessary.

**Garvey:** Zero youth detention is a great goal, but it must be acknowledged that there will always be youth who need to be in detention to protect either themselves or others. The former case includes youth who have been caught up in sex trafficking. At times the only way to protect them is detention. The latter include those who are psychopaths and a danger to others no matter what treatment they receive. To understand this phenomenon, I recommend the book "The Fear Factor" which is a fascinating look at altruists and psychopaths.

**Karantonis:** Yes: We should adopt zero youth detention as a goal, given that detention and incarceration can cause additional trauma for youth.

Having repeatedly organized community outreach opportunities for the Offender Aid and Restoration (OAR) program, I have come to appreciate the importance of not having to resort to punishment first. Along with the appropriate partners and stakeholders, we should work to divert as many children/youth away from the criminal legal system as possible. We should provide them with the resources and assistance necessary to

address behavioral issues and help them succeed in becoming productive members of our community.

To address the needs for individuals requiring special attention, we should divert more resources towards smaller group homes conducive to rehabilitation. For those cases where detention is necessary, the detention facilities should be close and accessible to enable visits from family and loved ones.

### **8. What alternatives to detention would you support to keep the community safe and achieve better outcomes?**

**Cambridge:** I would support the boot camps that have had not the greatest results, but not infrequent better results. Unfortunately, we cannot all spend all of our time working on such issues, but there are good people who do. They deserve more support than has been provided to date. I do not have the answers you seek, but I have a good idea who is more likely to come up with good ideas, that group now including AMH&DA.

**Clement:** Robust school counseling programs.

**Garvey:** Our residential programs like Argus House, after school shelter care and diversion programs which are monitored daily, are all good alternatives to detention. I support these programs and any reasonable alternative that can provide safety for our youth and others and which could help address the underlying issues that caused the youth to be in detention.

**Karantonis:** I am supportive of strengthening mental health, substance abuse, and other behavioral health programs. I am also supportive of diversion and restorative justice programs.

It is important to remember that appropriate early childhood care and combatting the effects of toxic stress affect the development of the brain and an adult's ability to deal with challenges. We must prioritize improving accessibility to early childhood care and afterschool programs to improve outcomes for our children, because we know that early childcare is a significant determinant of one's future behavior. Furthermore, I will continue to support the OAR program.

### **9. How do you define restorative justice? Should these practices be adopted locally? Why or why not?**

**Cambridge:** I can hardly oppose repairing the harm caused by crime. If the practices work, those successes need to be more widely communicated. I would certainly support that communication. You need to know that I support staying within the budget that circumstances have imposed on us, but I very much oppose spending anything on efforts proven not to work. What I have read suggests the restorative justice practices might just work here.



**Clement:** Wikipedia defines restorative justice as “an approach to justice in which one of the responses to a crime is to organize a meeting between the victim and the offender, sometimes with representatives of the wider community. The goal is for them to share their experience of what happened, to discuss who was harmed by the crime and how, and to create a consensus for what the offender can do to repair the harm from the offense.”

“A restorative justice program aims to get offenders to take responsibility for their actions, to understand the harm they have caused, to give them an opportunity to redeem themselves and to discourage them from causing further harm. For victims, its goal is to give them an active role in the process and to reduce feelings of anxiety and powerlessness. Restorative justice is founded on an alternative theory to the traditional methods of justice, which often focus on retribution. However, restorative justice programs can complement traditional methods.”

I support restorative justice in cases where a convicted felon is capable of understanding that his/her offense was actually wrong and why. Otherwise victims of the offense might leave the program more traumatized than when they entered it.

**Garvey:** Restorative justice focusses on repairing the harm caused by crime or wrongdoing rather than on punishment . Punishment usually creates more harm and is counterproductive if what you want to do is improve people and a society. Restorative practices like community service and victim-offender dialogue or mediation are two practices that I support. As I think you know, we have been actively engaged in working to expand restorative justice in Arlington. We had all hoped that Liane Rozzell’s year here would do a lot to establish such practices. That is why Arlington County gave her an office and assigned staff to be on her team. We had hoped to implement a full blown restorative justice program. Hopefully, she and the Annie E Casey Foundation will be willing and able to extend her time with us and continue her work despite the pandemic.

**Karantonis:** Restorative justice is the rehabilitation of offenders through a community-based approach. Restorative justice brings the offender, victim, and community stakeholders together to jointly decide the most effective approach to hold the offender accountable for his/her actions, help both the victim and offender heal, and prevent recidivism.

Restorative justice is paramount in our efforts to address the root causes of crime and prevent recidivism. I am fully supportive of the Restorative Arlington efforts, and look forward to the realization of Liane Rozell and her team’s work on this initiative.

### **10. Do you support closing the Northern Virginia Juvenile Detention Center where Arlington incarcerates court-involved youth?**

**Cambridge:** I am not currently up to speed on all of the details that necessarily surround an issue like that. I am sympathetic to the needs of our juveniles and their families, but

must decline to pontificate about something when it is clear to me that I need to learn a lot more before advocating a position.

**Clement:** According to a recent story in the Alexandria Times, the NVJDC might be closed because it is seriously underutilized.

<https://alextimes.com/2019/11/juvenile-detention-center/>

However Executive Director Jonitha McNair opposes the move, because its corrective treatment model has not been adopted by other facilities across the state. According to McNair, if the juveniles in NVJDC are relocated, they will get detention not treatment. I might support closure of the facility if its treatment modality were adopted by the facility that replaces it. But first I would want to review the report and recommendations commissioned by the Northern Virginia Juvenile Detention Commission in 2019.

**Garvey:** Not at the moment because I am concerned that if we close the facility, our youth will be sent far away (Fairfax has said that they do not want to partner with us). This concerns me because 1) I believe the current staff at the facility are doing an excellent job helping and supporting the young people there and they are always trying to improve their services to youth 2) Arlington County would have no control over how our young people are treated at a facility outside our control and it is likely to be much less good for our youth than at the NVJDC and 3) families would find it difficult to visit their young people if the facility were far away (some do not have cars and need either vouchers currently provided by NVJDC, or public transportation).

**Karantonis:** While I support eliminating youth detention centers, I understand that there are a number of goals we must achieve to meet our goal of zero youth detention. That said, I do not believe we should close the Northern Virginia Juvenile Detention Center (NVJDC).

Until we have the appropriate diversion and restorative justice programs in place to prevent youth detention, we need to ensure that families and loved ones are able to visit those who are detained. Many families rely on public transportation and closing NVJDC would make the commute to another facility much harder.

**11. If the Northern Virginia Juvenile Detention Center remains open, would you support co-locating community mental health services onsite (i.e. mental health services for the broader community, not for those who are being detained)?**

**Cambridge:** Fairfax has had what I believe is good results with mental health professionals located in their Adult Detention Center. That said, here again I am not up to speed on the benefits and disadvantages of placing mental health services in S. Whiting Street, Alexandria, as opposed to 2120 Washington Boulevard. The Alexandria facility itself is not large. Is there a nearby site that has some advantages?

**Clement:** I support the co-location of community mental health services for the broader community at NVJDC, with a view towards freeing up space for other educational or rehabilitative activities elsewhere in Arlington County.

**Garvey:** I would not support that unless I can be persuaded that such a co-location is somehow beneficial and would not increase the problem of stigma associated with seeking mental health services.

**Karantonis:** Yes. We should do our best to allocate resources to optimally meet the needs of our community. Given that mental health patients are underserved and services underfunded, we should take advantage of co-location opportunities as much as possible. Having said that, the City of Alexandria and the City of Falls Church are our partners in the NVJDC, therefore all decisions have to be joint and collaborative.

## **ACCESSIBILITY**

*Several public buildings and digital assets of Arlington County are not fully accessible to individuals with disabilities. In addition, some programs lack accommodations in services and program design. The need for accommodations goes far beyond physical access. Barriers exist relating to communication, social emotional and sensory needs.*

### **12. Do you agree that Arlington needs to improve accessibility in its county and public school buildings and programs? If so, what steps would you take to improve accessibility and accommodations for school and county programming?**

**Cambridge:** Given that we spend much more than does Fairfax County on a per student basis (with results arguably not quite as good) I would certainly support making digital equipment available to those Arlington residents who do not have the resources to purchase their own. I must decline to go farther than that now; some attempts have been made in that direction, and I do not know what advantages and obstacles have been revealed.

**Clement:** The principal problem with new school facilities constructed in Arlington County is the County's denial of the need for green space on school campuses. Every new school construction project since 2014 has entailed the clear cutting of up to 100 trees. At the new Reed School construction site in Westover, APS actually justified the elimination of a grove of majestic hardwoods with the specious argument that the 75 year-old trees had to go in order for the slope on which they were situated to be ADA accessible.

Kids need green space, and disabled kids are no exception. Using the ADA to justify clear cutting school grounds represents the height of cynicism and is harmful not only to the environment but to the very students APS says it wants to protect. If elected I will

promote preservation of green space on school campuses everywhere in the County for its particular benefit to disabled students.

**Garvey:** Arlington is always looking for ways to connect better with our residents and remove barriers to anyone trying to access government services and facilities. With the current pandemic we are continuing to refine our methods of virtual connection and welcome suggestions for how we might improve. It is important for us to stay current with the variety of translation services offered virtually. With over 100 different languages spoken in Arlington, virtual translations services are crucial.

**Karantonis:** Yes: Arlington must improve accessibility to public buildings, especially our public schools. In order to address accessibility issues, we should be intentional about inclusivity and allowing everyone in our community to have a seat at the decision-making table (in particular, those with disabilities, immigrants, communities of color, and those who are socio-economically disadvantaged). I am also supportive of having an independent disability accessibility expert present at all planning phases for new buildings. Such an individual would help us proactively avoid problems, such as the serious issues identified following the opening of the new Alice Fleet Elementary.

**13. There are communication barriers throughout Arlington County as evidenced by the 2016 US Department of Justice (DOJ) settlement with the Sheriff's Department regarding a homeless, deaf Ethiopian immigrant who spent 6 weeks in custody without access to accommodations required under the Americans with Disabilities Act. Mr. Zemedagegehu alleged he missed meals, lacked medication and could not make phone calls. DOJ found the Arlington County Sheriff's Department in violation of federal law and awarded him monetary relief in the amount of \$250,000, in addition to other requirements. How would you ensure such barriers are eliminated county-wide?**

**Cambridge:** Problems such as you cite should, of course, be avoided and I doubt that additional advocacy from me would help the Sheriff's Department. We seem to expect perfection these days, when I know personally I am not perfect and I do not remember anyone I have ever worked with or heard about who was perfect. Humans are imperfect creatures. Inevitable mistakes should be seen as learning experiences and repeated mistakes are a sign of something that really needs attention. But even Vince Lombardi noted, "If you are not making mistakes, you are probably not trying hard enough." Being composed of a group of humans, I expect the Sheriff's Department to make other mistakes in the future. But I know no one there wants that result and I have seen a lot of effort to try for that perfect record. I would encourage AMHD&A similar organizations, and anyone becoming aware of similar problem to speak up and work with each other to secure a just result. If elected I will certainly listen.

**Clement:** I would urge the County Sheriff to included a module on the Americans with Disabilities Act (ADA) as part of the training program for new recruits, as well as a refresher course for sheriff's deputies.

**Garvey:** Good staff development and training, which I have long supported first as a member of the School Board and now on the County Board, are always crucial to making sure the needs of different people are understood by our staff. Again, we are always trying to improve our communications. The current pandemic and the need to ensure that everyone in Arlington has enough to eat, a place to live, and access to health care makes clear how important this is. We are reaching out to various immigrant communities and using translation services such as google translate, which are not perfect, but at least help. The need for virtual meetings has presented new challenges for accessibility.

**Karantonis:** a) I align with those who advocate for the strengthening of the office of the Public Defender so that it is adequately resourced to advocate for the needs of individuals such as Mr. Zemedagegehu.

b) I will offer my full support to the Arlington County Sheriff's Office and other law enforcement officials to ensure that such cases do not occur in the future.

## **SUBSTANCE USE AND MENTAL HEALTH SERVICES FOR CHILDREN AND TEENS**

*The AMHD&A considers youth risk data to be highly relevant to the likelihood that a student will require mental health or substance use treatment.*

*Arlington County has no treatment facility within the county for either mental health or substance use for juveniles who need a more intensive treatment than outpatient.*

*The most recent reported Arlington Youth Risk Behavior Survey is from 2017. As compared to 2013, 2017 results show an increase in the percentage of APS students feeling sad or hopeless for 2+ weeks in the past year (rising from 29% to 37% of 12<sup>th</sup> graders) and an increase in the percentage of those reporting having been victims of bullying in the past year. Of those who reported bullying, 25% reported being bullied because of their race in 8<sup>th</sup> and 10<sup>th</sup> grades. Self-harm was included for the first time in the 2017 survey, which showed that 12% of 6<sup>th</sup> graders, 13% of 8<sup>th</sup> graders, 15% of 10<sup>th</sup> graders and 17% of 12<sup>th</sup> graders had engaged in self-harm. In the category of sexual violence which is also new, 54% of 8<sup>th</sup> graders reported unwanted sexual contact at school during school hours. Further, approximately 50% of females across grades report being sexually harassed at school. Overall, those reporting ever using marijuana is down and those reporting ever using alcohol in middle school is up.*

### **14. Will you commit to establishing residential services within the county for youth mental health treatment?**

**Cambridge:** I cannot so commit because I do not know the relative adequacy of nearby facilities for youth from Arlington. Dominion and Fairfax INOVA appear to have capacity

for current requirements, but I have not been introduced to the details. Those facilities are apparently taking a significant part of Arlington's budget, but I am not familiar with alternatives that are being proposed.

**Clement:** This answers questions 14-15. If by residential services you mean living quarters within the County, I would advocate housing acquired from APAH and managed through an APAH affiliate. Otherwise I would explore the possibility of using some of the underutilized space at NVJDC or the space at the recently acquired VHC facility on Carlin Springs Road.

**Garvey:** At the moment, the County does not really have control over establishing residential services beyond working with private providers to develop such services. We are always searching to expand our system of care. Two years ago we established a program to make sure that no child needing mental health services is turned away.

**Karantonis:** Yes.

#### **15. Will you commit to establishing residential services within the county for youth substance use treatment?**

**Cambridge:** I cannot so commit because I do not know the relative adequacy of nearby facilities for youth from Arlington. Dominion and Fairfax INOVA treat youth for substance abuse, but I have not been introduced to the details concerning capacity or adequacy. Those facilities are apparently taking a significant part of Arlington's budget, but I am not familiar with alternatives that are being proposed. Initiatives such as are suggested by questions 14 and 15 require more detail for proper consideration. I would appreciate very much having those interested email me at [bcseq@verizon.net](mailto:bcseq@verizon.net) to initiate a discussion. They appear to be issues worth consideration.

**Clement:** This answers questions 14-15. If by residential services you mean living quarters within the County, I would advocate housing acquired from APAH and managed through an APAH affiliate. Otherwise I would explore the possibility of using some of the underutilized space at NVJDC or the space at the recently acquired VHC facility on Carlin Springs Road.

**Garvey:** There is an acute need for residential services for substance abuse treatment throughout our region. Substance abuse is usually a result of mental health problems such as depression or situations like domestic violence, all of which are getting worse with the pandemic. Given the numbers and the economics and the need to work with private providers, a regional approach is the most likely approach to have success in improving access to residential services for Arlington youth. I will continue to work with our region to increase the availability of residential services for youth substance use treatment close in to Arlington, if not in Arlington itself. For the moment, the cost of real estate makes Arlington a difficult location economically for private providers.

**Karantonis:** Yes: Currently in Arlington we have transition homes and some rehabilitation services, but we must continue to expand to meet the needs of our community. I would be open to establishing residential pediatric psychiatric services and substance abuse treatment facilities closer to home and physically located in Arlington County.

**16. What changes would you make to improve access to mental health treatment and substance use treatment in Arlington through Arlington Public Schools or county services?**

**Cambridge:** The services and help available from Arlington DHS, NAMI, and your organization seem to me to be among the best kept secrets in the area. I encourage continuation of the efforts made to date to get the word out. Families confronted with these problems always seem stunned and disoriented. A bad time to try to get up to speed on what is going on and what others have done to try to cope. (703) 228-5160 is a good place to start, as are (800) 950-NAMI (6264), <http://www.namivirginia.org>, and <http://amhda.org/resources.html>. We never really know where a need will arise next, so communication as best you can is what is needed. I would definitely support any initiative to better get the word out.

**Clement:** A robust APS school counseling program is the place to provide non-academic intervention for troubled youth. But regardless of which entity provides the intervention, the County needs to consolidate its services with those provided by APS.

**Garvey:** See #15 above about increasing residential services. I would also recommend increasing school counselors. I also support having counselors to provide education and career counseling different from those who provide mental health and substance abuse counseling.

**Karantonis:** a) I recognize the need for these services and I believe we should make them strategically available in more facilities.

b) We should support the School Board and APS in providing expanded mental health and addiction services in our schools. Having said that, we should find solutions that improve access to these services across the community: for example, it might be possible to simplify access to DHS professionals by using the school facilities after hours to provide mental health services and counseling to all Arlingtonians. This would have the added benefit of eliminating the stigma associated with receiving help from these services.

c) We must allow DHS to accept insurance for patients under the age of 18.