

**Josiah H. Beeman Commission
Meeting of April 14, 2007
12000 Government Center Parkway
Room 232**

In Attendance:

Mary Ann Beall, Chair, Fairfax-Falls Church Community Services Board
Mary Ann Bergeron, Executive Director, VA Association of Community Services Board
Gary Cyphers, Deputy Executive Director, Communications & Members Services
American Public Human Services Association
David Dangerfield, Retired Chief Executive Officer, Valley Mental Health
Joan Dodge, Senior Policy Associate, National Technical Center for Children's Mental
Health (Georgetown University)
Diane Grieder, Owner/President, Alipar, Inc.
Chuck Hall, Executive Director, Hampton-Newport News Community Services Board
Sonia Jurich, Senior Research Associate, RMC Research Corp., Arlington, Virginia
Ronald Manderscheid, Director, Mental Health and Substance Use Programs Constella
Group, Inc.
Mattie Palmore, Vice Chair, Fairfax-Falls Church Community Services Board,
Special Magistrate
Russell Pierce, Private Consultant Public Health Advisor, Substance Abuse and Mental
Health Services Admin. U.S. Department of Health and Human Services
Sherry Rose, Peer Advocate
Yvette Sangster, PAIMI Program Director, Protection and Advocacy for Individuals with
Mental Illnesses (Georgia Advocacy Office)
James Scott, Delegate, 53rd District, Virginia House of Delegates
James Stewart, Inspector General, Office of the Inspector General for Mental Health,
Mental Retardation and Substance Abuse Services
Carol Ulrich, President, National Alliance for Mental Illness of Northern Virginia,
Member of Virginia Chief Justice's Commission on Mental Health Law Reform
Verdia Haywood, Deputy County Executive, Fairfax County
Margo Kiely, Josiah H. Beeman Commission Staff Director
Kathaleen Karnes, Management Analyst, Fairfax County
Louise Wilson, Josiah H. Beeman Commission Support

Welcome and Introductions:

Margo Kiely, Staff Director for the Josiah H. Beeman Commission, opened the meeting with a welcome to all in attendance. Going around the room, the members, staff, and guests introduced themselves.

System Environment:

DCE Verdia Haywood gave a presentation to the Commission titled "Building a High Performing Organization: A Shift to a Strategic and Systems Environment." (Copies of the power point were distributed at the meeting.) The presentation focused on the County's adoption of HPO standards and models, and on the many cross cutting initiatives –

particularly in Human Services – which will lead to better and more integrated service delivery. These initiatives include redesign of the health safety net, refocusing prevention as a strategy, long term care, and eliminating disparities in outcomes based on race or ethnicity.

Discussion:

Much discussion followed.

It was noted that the Human Services organization is reflective of the entire community in terms of the makeup of the community. All agencies are stakeholders of these initiatives, and the Commission needs to be an active stakeholder in the process.

A question was raised about the inclusion of behavioral health care in the redesign of the health safety net. DCE Haywood responded that that was a goal but that it would not start that way, as the County has multiple objectives in this redesign:

- Ease the strain on government and nonprofits in meeting the needs.
- Involve the private sector more in contributions to this objective.
- Consideration of transferring governance of the safety net to the private sector.

In terms of long term care, he noted that the workforce doing direct care is the lowest paid workforce in the County. He offered the notion that the County government, in partnership with the Community College and the public schools could assist in the development of that workforce.

In both instances he noted that the input of the Josiah H. Beeman Commission will definitely have an impact.

Commissioners spoke of the overlap between long term care and the mental health system, reminding us that people with mental illnesses often will require long term care and that their needs should be considered at the base of the process of building a new response. The excess mortality of people with mental illnesses, from ordinary physical illnesses, and the significantly reduced life expectancy among people with mental illnesses were noted.

Mr. Haywood stated that as the health care safety net is redesigned, we need to build primary care into the system so that the system is comprehensive and linked to specialty care as well as primary care. The commission's recommendations to the Board of Supervisors should go beyond the safety net as driven by income and receipt of basic health care.

Various members of the staff told the Commission that three years ago the community had a Community Access Program (CAP) grant, which combined access with the safety net programs so that people could be familiar with what services could be obtained with a one-stop approach. Also, the County agencies had developed a Health Access Assistance Team to connect children and adults with the safety net and with federal and state coverage programs.

Mr. Haywood talked about trying to work strategically with all parties to get a PACE (Program for All inclusive Care for the Elderly) in this area. He noted the potential for the

expansion of the Adult Day Health Program to less intensive day programming in congregations.

Commissioners appreciated the comprehensive overview and stated that it was very impressive, and that the Commission should make sure that they are not narrow-minded in their recommendations. The Commission can become part of the model:

- You are trying to have a universal approach.
- We need to be mindful of the environment.

Commissioners noted the impact of the dearth of affordable housing on people with mental illnesses, in particular the long wait list for Housing Choice Vouchers and the inability of many people to qualify for workforce housing. Mr. Haywood responded that the County understands how there is a long way to go in developing more units and more affordable housing. Even with the Housing First Model, the people on the street have mental/physical disabilities and don't make the income level to afford the low income housing. Some would rather live in the woods than become part of this process.

The usual major issues affecting service delivery are primary health care, transportation, and housing. Mr. Haywood was asked about transportation.

Mr. Haywood responded that the County does have transit services related to human Services. The Board is looking at the transit system. We need to look at the larger transit system in the County (i.e. commuter buses, etc.) along with access to the transportation system.

It was observed that poor people have shorter life spans than other populations. Many don't receive proper health care, dental care, or mental health care. What is important here is the wait time for mental health versus the wait time for primary health care. What is the parity? What is the wait time for mental health services?

Ms. Kudless, Deputy Director of the CSB, responded that the standard is between two and ten business days. The actual wait is fifteen days for adults and five for children.

The Commission broke for lunch.

Upon return, Margo noted that May is Mental Health Awareness Month. It is also the anniversary of the tragic shooting of two police officers in Chantilly. She offered to draft a resolution of recognition to circulate to the Commission.

The Commission was divided on the appropriate response. While expressing empathy for the officers, Commissioners also expressed empathy for the young man with mental illness and for his family. They also expressed empathy for others in the community with mental illnesses.

The Commission utilized a consensus process for deciding the appropriate action to take. A description of the process is attached.

After much thoughtful discussion, the consensus of the Commissioners was to have a resolution recognizing Mental Health Awareness Month, encouraging community support of people with mental illnesses, and thanking all those who support them.

A subcommittee of Ms. Sanger, Ms, Rose, and Dr. Manderscheid was appointed to draft the resolution.

Adopting a Structure for Input:

Margo proposed that the Commission use an electronic survey to all involved groups to test how closely aligned the perception of the current mental health system meets the ten rules adapted from the IOM report. Misalignments would then provide direction for the Commissioners to elicit further information in small meetings with members of each group.

It quickly became apparent that the Commissioners thought that an electronic survey of consumers was not a good idea.

The discussion that followed cautioned the Commission to encourage people to say what they want to say, and that the Commissioners should take care to bring very few assumptions to the effort. Individuals know what their most important needs are.

After much discussion, the Commission agreed to initiate stakeholder input with service users, staff, and families. Where possible, discussions should be held with consumers within their natural communities (including clubhouses and consumer run drop-in programs) so there is no additional burden on them. Staff input can begin at the CSB All Hands Meeting in June.

In addition to the initial stakeholder groups, Emergency Rooms, Primary Care Physicians, and Inpatient Units should be considered part of the mental health system.

The Commission is interested in having conversations with consumers and staff. It was proposed that two Commissioners and staff would go to groups of stakeholders. Those participants who wished to have a written record would be given one and the purpose and utilization of the information would be shared. Consumers incurring expenses for transportation would be reimbursed, and refreshments would be provided where appropriate.

The inquiry would be asset based as well as problem focused so that the entire picture would be seen. The need for foreign language capability would be assessed and services provided, perhaps through County or nonprofit Social Workers. The coordination of this input process could be contracted if necessary.

A limited number of prompting questions were recommended:

- What has been your experience with the mental health system?
- What would you like to see different with the system?
- What do you hear from others in your community?
- What has worked for you?
- Are you in charge of your own care? If not, what would it look like if you were?
- Is there anything else you would like to tell us?

Staff was then tasked with developing and emailing a proposal which would include:

- Invitation to participate
- Scripted Introductory Statement:
 - Who we are
 - Why we are here
 - Confidentiality
 - No attribution
- Supplemental list of follow up questions.
- Scripted closing statement:
 - How information will be used
 - Written summary
- Proposed sites and schedules
- Incentives
- Timing

At a later date, the Commission could conduct a public hearing or forum to solicit more information.

Questions were raised about the time line for the Report of the Commission. The report and recommendations are due to the Board of Supervisors no later than eighteen months from the first meeting date of the Commission. An interim report is due six months from the first meeting.

Going Forward:

Staff raised the question of using the IOM material as a basis in communication about the work of the Commission. Two charts were placed on the wall: one representing the primary aims for healthcare delivery and one representing the ten rules for a transformed health care delivery system. It was recommended that the “Aims” be changed to “Values” and the first rule be reframed into a value statement to be included with the values.

It was pointed out that the Commission does not have a representative of people with co-occurring disorders, and that to have someone who has used co-occurring services would be beneficial to all of us.

In the remaining discussion, the Commission discussed the need for the work to be inclusive of the work on homelessness, should have established benchmarks, and should be mindful of cultural equality and outcome parity.

A sign-up sheet was circulated earlier in the meeting for members to indicate whether they would be interested in a mental health services site bus tour. The following signed up:

May 18 – 9:00 a.m.-1:00 p.m.

Carol Ulrich
Sonia Jurich
Mary Ann Beall
Sherry Rose
Chuck Hall
Mattie Palmore

June 29 – 9:00 a.m.-1:00 p.m.

Sonia Jurich
Mary Ann Beall
Gary Cyphers
Joan Dodge
Sherry Rose
Ron Manderscheid
Diane Grieder
Mattie Palmore
Jim Stewart
David Dangerfield

Meeting adjourned 3:00 p.m.