

Appendix B: Commission Charter

Josiah H. Beeman Commission On the Fairfax-Falls Church Mental Health Service Delivery System

Charter and General Work Plan

The Fairfax County Board of Supervisors is establishing a blue-ribbon commission, designated the Josiah H. Beeman Commission in honor of the former Chairman of the Fairfax-Falls Church Community Services Board, to advise the Board of Supervisors on the future direction and design of the mental health services delivery system serving Fairfax County, the City of Fairfax, and the City of Falls Church. The Josiah H. Beeman Commission will consist of a mix of national, state, regional, and local mental health service delivery experts and consumers, consumer advocates, and/or family members of consumers to bring fresh knowledge and perspective to the task of recommending a vision and blueprint for revamping/transforming the local mental health delivery system for Fairfax County, Fairfax City, and the City of Falls Church. The Josiah H. Beeman Commission shall make recommendations to the Board of Supervisors on changes to the mental health service delivery system that it believes are necessary to enhance the system of care to be more coherent, responsive, efficient, and effective for adults of all ages and children and families in need of public mental health services.

THE COMMISSION WILL:

- Recommend a vision and blueprint for the direction for public mental health service delivery.
- Establish a broad roadmap for the transformation of the County's mental health care system required to achieve this vision.
- Recommend key strategies for faci-

tating this transformation.

IN GENERAL, THE BOARD OF SUPERVISORS DESIRES RECOMMENDATIONS THAT WILL:

- Focus the system on services and treatments that are consumer- and family-centered – that provide consumers with reasonable and timely access to services, meaningful and appropriate choices about treatment options, and supportive services and providers that are consistent with highly effective public mental health service delivery.
- Facilitate and maximize consumer recovery, resiliency, and the ability to successfully cope with life's challenges and not just symptom management.
- Assist the Board, in collaboration with the Community Services Board, to clarify priority populations to be served through the public mental health system as well as those populations who may not be able to be served or are best not served or served less extensively by the public system given limited resources.
- Assist the Board in identifying the potential for linkages with the County's primary healthcare programs to support certain types of mental health service delivery that can be offered in a primary care environment.
- Assist the Board in identifying additional partnership opportunities with the Commonwealth of Virginia to better collaborate on mental health service delivery policy and funding, and with other Community Services Boards in the region to address such issues as inpatient bed shortages and opportuni-

ties for collaborative programming.

- Identify best practices and service strategies for integrating mental health and substance abuse treatment for persons with co-occurring disorders.
- Identify clear and measurable standards and consumer outcome measures that focus on recovery, resilience, and success.
- Highlight best practices for public mental health service delivery linkages and integration with other public service functions (social services, public education, homelessness services, family and child services, child welfare services, juvenile and domestic relations, housing services, etc.) to better enable an integrated approach to meeting citizen service needs.
- Facilitate integration with the Commonwealth's Integrated Strategic Plan for transforming Virginia's publicly funded mental health, mental retardation, and substance abuse services systems and are consistent with the State's ongoing review process related to compulsory treatment and medication.

Commission Deliverables

1. Recommendations on the Appropriate Role of Public Mental Health Services in the Fairfax County Service Delivery System

Drawing on best practices in public mental health service delivery at the local level from around the nation, recommend the appropriate role(s) for the County's mental health system in the provision of services to individuals and families in need of services. Include recommendations on proven strategies for optimum collaboration with partners

in the service community such as the local school system and the county's housing, social services, juvenile justice and other human service agencies, to best meet the needs of both adults and children and families.

2. Recommendations On Service Populations

Based on best practices in local public mental health services delivery from around the country, the recommended roles for local public mental health identified in (1) above, and the general resource levels currently being invested in mental health service delivery:

- a. Identify critical service populations whose needs must receive priority attention and resources from the local mental health system.
- b. Identify those populations who should/can be served outside the public system and summarize the potential impacts, if any, of not serving these populations in the public system.
- c. Identify any populations who might receive more limited services from the public mental health system.

3. Recommendations On Service Delivery Design

Recommend a core service delivery model and mix of service offerings with proven effectiveness in achieving optimal outcomes for populations to be served and which:

- a. Are best suited to implement a consumer-driven, recovery-based approach to meeting the needs of consumers.
- b. Are consistent with providing timely access to services and providing acceptable levels of service choice to consumers.
- c. Outline a general mix of publicly provided services - directly operated

services, contracted services, and consumer-operated services - necessary to implement the recommended practice model.

d. Are evidence-based and will result in a coherent efficient and effective service system for both adults and children and families.

e. Are consistent with the appropriate role of the mental health system in the overall service delivery system.

f. Can be implemented within the general level of public investment that the system currently enjoys as well as determine priority services should additional resources become available in the future.

g. Address a best practices approach to integration of mental health and substance abuse services that best meet the needs of consumers with co-occurring disorders.

h. Explore opportunities for regional collaboration in mental health service delivery.

i. Provide for service delivery in settings appropriate for the various consumer populations to be served.

4. Recommend Strategies for Funding and Resource Development to Support the Service Delivery Design

The Fairfax Board of Supervisors and the other partner governing bodies make a significant investment of local resources in support of public mental health service delivery. While it is anticipated that current levels of local investment will be sustained, long-term local revenue forecasts suggest that opportunities for expansion of local investment are very limited. The Board desires recommendations on financing strategies that optimize federal, state, and other resources to sustain the ser-

vice delivery system and seeks to learn about additional creative financing approaches that may have been developed in other areas.

5. Recommend Outcomes and a System Of Measures to Gauge Performance

Drawing on best practices, recommend a system of both consumer and system outcomes as well as a relevant set of program and process measures that will facilitate assessment of the ongoing performance of the mental health system in terms of efficiency, effectiveness, access to services, and consumer recovery and which will support ongoing accountability, transparency, and continuous improvement in the system and promote a passion for operational excellence in delivery of mental health services.

Together, deliverables 1 through 5 will establish a vision and framework for a revamped mental health delivery system grounded in best practices. Using this framework as a baseline against which the current system of mental health service delivery can be assessed, the following deliverables are designed to provide the Board of Supervisors with a blueprint that can be used to design and implement necessary changes in the system.

6. Assessment of the Current System Of Mental Health Services Delivery

Provide an assessment of the current system of care in terms of treatment approach, service offerings, financing, resource allocation, service system partnerships, service integration, and populations served against the system blueprint envisioned in deliverables 1-5 above. This assessment should identify:

a. The strengths of the current system

of care that should be preserved.

b. Necessary changes in the fundamental role the mental health system of care plays in the overall human services delivery system.

c. Proposed changes in the system's response to the various key populations in need of mental health services.

d. Proposed changes in the overall design, delivery, measurement, and management of the system of care in light of the best practices framework.

e. Essential workforce core competencies required for the recommended system of care and the necessary changes, if any, in the general staff skill sets necessary to implement the system of care.

f. New partnerships and service delivery relationships that are required for the best practices framework.

g. Proposed changes in the financing of the system. This should include a review of the current allocation of resources for mental health services and an assessment of resource allocation changes that would be required to implement the proposed system blueprint.

h. Necessary changes in the system of measures for assessing the ongoing performance of the system.

7. Transformation Roadmap And Strategies

Provide recommendations on the staging, sequencing, and key strategies necessary to implement the system transformation.

Commission Timetable and Resources:

It is anticipated that preparatory work for Commission meetings will begin in November of 2006 and that

the Commission's first meeting will be held in January. The Commission will deliver an interim report to the Board of Supervisors within 180 days of its initial meeting and updates to the Board every 90 days until its work is completed.

To accomplish this work, the County Executive shall:

1. Identify a staff director who will be responsible for facilitating the Commission's work and deliberations and will assure that the necessary County staff and contractual service resources (including administrative support resources) are brought to bear on the Commission's activities.

2. Working with the Commission, identify other staff resources necessary to complete the Commission's work plan and deliverables. An interagency staff team will be identified that will provide research and analysis support to the Commission. Working with the staff director, this interagency team will identify, assemble, and send information for Commission member review prior to the initial meeting of the Commission.

3. In conjunction with the Community Services Board and the staff director to the Commission, engage mental health employees in the process by assuring an opportunity for them to express their ideas about service populations, service delivery design, funding, and measures of success.

4. Identify appropriate work space and other support resources that the Commission should require.

5. Assure, in conjunction with the Executive Director of the Community Services Board, timely access to Community Services Board staff, data, and other resources necessary for the Commission's work.

Commission Composition: Commission membership will include national, regional, state, and local mental health leaders; mental health consumers, consumer advocates and/or family members of consumers; recognized experts in mental health law and the criminal justice system; experts in workforce development; experts in mental health quality and accountability; and recognized experts in specific mental health populations.

As the Commission progresses in its work, it is expected that individuals will be needed to serve as part of a growing cadre of expert resources. Similarly, the Commission may wish to assemble a group of consumers, consumer advo-

cates, and/or family members of consumers to serve as resources on an as-needed basis.

Commission Work Plan and Activities: There is no prescription for specific Commission work activities. Rather, it is expected that a detailed work plan will be determined by the Commission itself in consultation with the County Executive and the designated staff director of the Commission. The Board does desire that the Commission consult with key stakeholders throughout its process.