Introduction

In 2003, the New Freedom Commission on Mental Health recommended "fundamentally transforming how mental health care is delivered in America."[1] The commission noted that "advances in research, technology, and our understanding of how to treat mental illnesses provide powerful means to transform the system,"[2] and that transformed care focuses "on facilitating recovery and on building resilience, not just on managing symptoms."[3] Recovery is the "process in which people are able to live, work, learn, and participate fully in their communities."[4] Resilience is "the personal and community qualities that enable us to rebound from adversity, trauma, tragedy, threats, or other stresses – and to go on with life with a sense of mastery, competence and hope."[5] In order to fulfill its charge from the Fairfax County Board of Supervisors, the Josiah H. Beeman Commission began its work by crafting a vision, philosophy, and set of values that reflect recovery and resilience as the goals of the transformed system of mental health care.

The Commission examined extensively the Fairfax-Falls Church Community Services Board (CSB) mental health system. We found that, in many cases, people feel well-served. Others have had negative experiences. Persons who feel well served say that they have:

- Been listened to in terms of their needs early in their CSB experience.
- Experienced respect in their CSB interactions.
- Been participants in decisions about their own treatment.
- Learned or are learning to manage the symptoms of their illness and become well.
- Been assisted with employment, health care, housing needs.
- Been supported in identifying and fulfilling their goals.
- Become more and more independent.

These are outcomes of a recovery/resiliency-focused system and are fully present in the Ohio, Utah, Rhode Island, and Connecticut state systems; in some CSB systems in other parts of Virginia; and in some aspects of the Fairfax-Falls Church CSB system.

Similarly, many states and communities across the country have developed comprehensive, community-based systems of care for children with or at risk for mental health disorders. These systems have demonstrated positive outcomes for children and their families. We asked youth and families about their needs and experiences with the mental health system. As with adults, we heard positive as well as negative experiences. When youth and families have felt well-served, we found that CSB has:

- Responded quickly to their needs.
- Provided family support and education about the mental health conditions of youth.
- Assisted them in becoming more resilient and less dependent upon intensive services.
- Utilized the latest evidence-based or promising practices.
- Helped them identify and fulfill their goals.

• Provided an array of culturally and linguistically competent services and supports.

We understand that this commission was formed to create a blueprint for transformation of the mental health system consistent with recovery and resilience principles that are being adopted by cities, counties and states across the nation. We also understand that challenges to accessing mental health services in the Fairfax-Falls Church area, including unacceptably long waits for service, created a sense of urgency around this goal of system transformation. The overarching recommendation of the Commission is to structure the CSB and transform the system around the business, governance, and service practices that characterize a recovery/resiliency-focused system. Just as they have in other states and localities, these practices will improve access, optimize efficiency, enhance financing mechanisms, and promote favorable outcomes for adults and children, youth and their families. In transforming its system of mental heath care, the Fairfax-Falls Church area will experience the tangible benefits of increased wellness and employment, decreased reliance on the public system, and reduced need for expensive emergency and crisis services.

The New Freedom Commission noted that the "process of transforming mental health care in America drives the system toward a delivery structure" that will give individuals with psychiatric disabilities "broader descretion in how care decisions are made."[6] We agree with the commission that this shift will give these individuals "more confidence," which will "enhance cooperative relationships with mental healthcare professionals who share the hope of recovery."[7]

JUST AS THEY HAVE IN OTHER STATES AND LOCALITIES, WE BELIEVE THESE PRACTICES WILL IMPROVE ACCESS, OPTIMIZE EFFICIENCY, ENHANCE FINANCING MECHANISMS, AND PROMOTE FAVORABLE OUTCOMES FOR ADULTS, CHILDREN, YOUTH, AND THEIR FAMILIES.