

**Josiah H. Beeman Commission
Meeting of May 18, 2007
12000 Government Center Parkway
Room 232**

In Attendance:

Mary Ann Beall, Chair, Fairfax-Falls Church Community Services Board
Joan Dodge, Senior Policy Associate, National Technical Center for Children's Mental Health (Georgetown University)
Chuck Hall, Executive Director, Hampton-Newport News Community Services Board
Mattie Palmore, Vice Chair, Fairfax-Falls Church Community Services Board, Special Magistrate
Sherry Rose, Peer Advocate
Carol Ulrich, President, National Alliance on 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
Jaclyn Wing, Josiah H. Beeman Support
Gary Axelson, Director of Clinical Operations, Mental Health Services
Sharon Arndt, HIPAA Compliance Manager
Ed Rose, County Attorney
Brian Worthy, Special Projects Manager
John DeFee, Director of Mental Health Services
Bonnie Dickens, National Alliance on Mental Illness – Northern Virginia (NAMI-NoVa)

2PM meeting started with introductions.

Health Insurance Portability and Accountability Act (HIPAA):

Sharon Arndt, HIPAA Compliance Manager, presented information about the application of HIPAA to the work of the Commission.

The Commission is covered under the workforce provision of HIPAA and, therefore, the members may be privy to private health information in the course of their work and evaluation of the system. For this reason, members of the Commission are required to be trained on HIPAA and to sign the acknowledgement form, "Commitment to Confidentiality and Acknowledgement of HIPAA Training," which demonstrates an agreement to work within the HIPAA regulations. These forms are to be kept on file. Personal medical information must be guarded and its use outside of the Commission's mission as described in the Charter and Work Plan is prohibited.

Consumers are free to opt-out of any conversation with the Commission at their own discretion. Consumers are to be informed that the Commission will comply with the provisions of HIPAA.

Ms. Arndt requested that a notation be placed in each client file indicating their voluntary participation in Commission conversations or interviews. She indicated that this was not a HIPAA requirement, but might be an additional layer of protection for the County. Much discussion ensued with concern expressed about the willingness of consumers to have such notes in their files, and about the equity of MH consumers and other Human Services clients. An agreement was reached that this request would be revisited by the HIPAA Compliance Manager and the County Attorney.

Ms. Arndt provided the Commissioners with contact information and invited them to call if they had further questions.

Virginia Freedom of Information Act (VFOIA):

County Attorney Ed Rose presented information about the Virginia Freedom of Information Act, and its application to the work of the Commission.

The Josiah H. Beeman Commission is covered by VFOIA as it is a Board appointed body engaged in work which affects the public. VFOIA covers any documents (electronic or otherwise) including, but not limited to, minutes, reports, personal notes, or recordings which relate to work being done for the public. Any or all of these can be required to be released.

The second substantial VFOIA issue involves the definition of a public meeting. Whenever there are three or more members (or a majority of members) discussing public business it is considered to be a public meeting. Public meetings require advance notice to the public. Any documents coming out of such meetings are public and have to be made available. The public, including members of the media, are entitled to attend any public meeting. For emergency sessions the public has to be notified when the notification goes to the members about the meeting.

VFOIA also prohibits electronic meetings. Instant messaging between members constitutes a meeting. E-mail between members is considered a letter unless the exchange is so frequent as to meet the (undefined) definition of “simultaneity,” which our County Attorney estimates as fewer than four hours.

VFOIA is to be interpreted to favor the right of the public to have access to information about the conduct of public business. All meetings must be documented, and there needs to be access to meeting documents for anyone who wants a copy.

This legislation is, however, not withstanding of privacy protection safeguards. Certain public “meetings” can be closed under provisions detailed in the legislation.

VFOIA requires actual physical presence of members at a meeting. This raised the question about the ability to use speakerphone for those who are disabled and cites a specific example. The County Attorney stated that as a “reasonable accommodation,” in accordance to provisions set

forth within the Americans with Disabilities Act (ADA), this might be permitted, but that in any instance of doubt the County Attorney's office should be consulted for guidance.

A copy of VFOIA was provided to each Commissioner.

Ms. Arndt and Mr. Rose were thanked for their participation.

Commission on Mental Health Law Reform:

Margo Kiely introduced Charles Hall and Carol Ulrich to discuss the work of the Virginia Commission on Mental Health law Reform.

Charles Hall gave some background about the development of the Commission. He pointed out that it was a result of the interest and concern of a Justice of the Virginia Supreme Court, and is now supported by the Court; the Governor's office; Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS); the universities; and the members of the task forces.

Initially, the focus was on the definition of "imminent danger to self or others," then broadened to include those incarcerated with mental health disorders and other concerns. Five task forces were formed: Commitment, Criminal Justice, Empowerment and Self-Determination, Juvenile Justice, and Access. The initial goal was for recommendations to come forth in 18 months to two years. The process has recently been greatly accelerated since the Virginia Tech tragedy.

The work of the Access task force was covered in Charles Hall's presentation titled "Commission on Mental Health Law Reform." Copies of this PowerPoint were distributed at the meeting.

Carol Ulrich spoke briefly about the Task Force of criminal justice, which she chairs, and invited the Commissioners to attend any of the sessions.

The Commission discussed some of the best practices around the nation. It was noted that Columbus, Ohio, always comes up when best practices are discussed. Columbus has 24/7 emergency support and shares resources across five community based centers. Other states have virtually no ER visits. The Commission discussed the importance of the advance health directive, by which a person decides ahead of time what should be done if they start to have symptoms.

The Commission discussed the need for a uniform policy and practice around Temporary Detention Orders (TDOs); the need for housing, including single resident occupancies; the need for "warmlines" development to prevent situations from escalating into those requiring hotline or emergency intervention; and the need for statewide information sharing among CSBs.

Questions and Concerns:

Questions and concerns which were discussed included the right to treatment (citing Pennsylvania as an example); data about children and adolescents from Milwaukee and how keeping them served is much cheaper than not keeping them supported and having them go to jail later on; the economic modeling being used to demonstrate the budgetary effectiveness of this approach; new definitions of criminally insane vs. insane criminals; criteria regarding imminent danger vs. near danger; commitment needing to be a more respectful process; narrow criteria which prevents preventive care; and the need to review and revise the role of the "Special Justice."

Resolution for the Board of Supervisors:

Deputy County Executive Haywood thanked Ron Manderscheid, Sherry Rose, and Yvette Sangster for drafting this resolution that was discussed at the previous Commission meeting. He pointed out that the timing did not work out for the May meetings of the Board.

Mr. Haywood suggested that the resolution be forwarded for a Board proclamation for Mental Illness Awareness Week (October 7-13). With that timing, advocates, consumers, the Board of the CSB, and members of the Commission could be present in support.

With a revision to include "resilience" with "recovery" in the wording, this recommendation was accepted.

Zoomerang:

Kathaleen Karnes reported the results from an electronic survey of Commission members designed to gather feedback on proposed conversation sites and components discussed at the previous Commission meeting. Copies of the survey results were distributed.

There was discussion about how the process of facilitating the Conversations would go, and about the differences between the bus tours, the Conversations, and open forums.

Copies of proposed questions, opening and closing statements, and the conversations schedule were distributed. Commission members made minor modifications to the questions and recommended that a statement about HIPAA be added to the opening statement.

Meeting adjourned at 5PM

**Josiah H. Beeman Commission
Meeting of May 19, 2007
12000 Government Center Parkway
Room 232**

In Attendance:

Mary Ann Beall, Chair, Fairfax-Falls Church Community Services Board
David Dangerfield, Retired Chief Executive Officer, Valley Mental Health
Joan Dodge, Senior Policy Associate, National Technical Center for Children's Mental Health (Georgetown University)
Chuck Hall, Executive Director, Hampton-Newport News Community Services Board
Ronald Manderscheid, Director, Mental Health and Substance Use Programs Constella Group, Inc.
Mattie Palmore, Vice Chair, Fairfax-Falls Church Community Services Board, Special Magistrate
Sherry Rose, Peer Advocate
Carol Ulrich, President, National Alliance on Mental Illness of Northern Virginia, Member of Virginia Chief Justice's Commission on Mental Health Law Reform
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
Verdia Haywood, Deputy County Executive, Fairfax County
Margo Kiely, Josiah H. Beeman Commission Staff Director
Kathaleen Karnes, Management Analyst, Fairfax County
Jaclyn Wing, Josiah H. Beeman Support
Gary Axelson, CSB Director Clinical Operations and Staff Liaison to Beeman Commission
Brian Worthy, Special Projects Manager
John DeFee, Director of Mental Health Services
Sharon Ekleberry, Director of CSB Transformation Initiatives
Colton Hand, M.D., Medical Director
Cathy Pumphrey, CSB Planning/Development Director
Jim Thur, Executive Director of the CSB
Mary Kudless, Deputy Director of the CSB
Jim Stratoudakis, Director, Quality Management and Emergency Preparedness
Gary Lupton, Director of Utilization, Management, and Quality Assurance
Cindy Koshatka, MH manager
Bonnie Dickens, National Alliance on Mental Illness – Northern Virginia (NAMI-NoVa)

9:00 AM Meeting started with introductions.

Margo Kiely informed the Commission that Channel 16 would tape the session for the benefit of those unable to attend the meeting. Ms. Kiely then introduced Jim Thur, Executive Director of the CSB, and Mary Kudless, Deputy Director of the CSB.

Strategic Overview:

Jim Thur began by mentioning his excitement for the work of the Josiah H. Beeman Commission and his anticipation of positive change in the system. He then presented the “Strategic Overview.” (Copies of this PowerPoint were distributed at the meeting.) He covered the various entities which interact with the Fairfax-Falls Church Community Services Board (FFCCSB); the initiatives on the state, regional, and local levels; and the goals and vision of this CSB. For each goal he clarified progress and the need for specific further actions.

At the end of this presentation, the Commissioners observed that there are a great number of initiatives and raised the question of how they would be or are prioritized. They asked how the Commission could be of most assistance in furthering the CSB mission.

Mention was made of the Network of Care and that there is still a long way to go in teaching everyone how to use this network. Are we maximizing our tools to get practice change?

Additional observations and questions for Mr. Thur included:

- How does this CSB compare with other CSBs in the State (including who Fairfax serves that others do not serve)?
- Appreciation of the challenge in seeking additional funding, but interested in hearing about efficiency increases with the same resources.
- What is your vision?

Questions were raised about how the end users experience this host of initiatives, and does the consumer even know about them? In terms of getting the consumers opinion about how things are working in the system, Dr. Otkin’s and Dr. Ralph’s evaluation tools were mentioned.

Meeting Consumer and Family Needs:

Mary Kudless introduced her presentation by focusing on the need for services to be community based, and the need for expanded outreach.

Children and Adolescents

There needs to be improvement in the quantity and quality of MH services in the schools. Two such programs, the Student Assistance Program for Early Identification and Assessment, and the Leadership and Resiliency Program, are currently being paired in fifteen schools. In order to be in all 28 high schools and 5 alternative high schools, the plan will be going into 2016 or 2020.

There’s concern as to whether or not there’s the capacity to deal with the beginning signs of Mental Illness for youth in schools, and to get information out to people so that they know where more pertinent information and treatment are. There are also concerns with whether there are

disorder recognition programs available. MH is working on expanding beyond just a counselor and a social worker in the schools. The ADS program is more extensive, but MH is growing. There is a program that a team is working on to help kids that are graduating and leaving the schools.

According to the County's Youth Risk Survey, In Fairfax, 30% of kids by Grade 10 have thought about suicide, and that rate is much higher in Hispanic girls. There is overrepresentation of African-Americans in juvenile detention, the foster care system, and in lower school achievement (In foster care, identifying the problem and openly talking about it has resulted in a decrease from 65% of the foster care program down to 45%. [The African-American population is 9%]); the MH program in public schools is much stigmatized; and there needs to be an improved understanding of what's normal at what age group vs. what is a sign of illness.

Improvements Needed:

Mary Kudless noted a need for the staff to deepen their skills to be able to help those with severe disorders. Crisis services needs some work in the welcoming aspect, and primary health care needs to be improved. It would be an improvement if there were a source for someone to have an on-call family member so that supporting family can be connected immediately.

Presentation:

Mary Kudless then presented "Meeting Consumer and Family Needs: Bringing Staff and Services into the Recovery Paradigm." (Copies of this PowerPoint were distributed at the meeting.) Ms. Kudless reviewed the present service system and goals for improvement. She specified many challenges and reviewed an inventory of current initiatives. She echoed the earlier recommendation for an Office of Consumer and Family Affairs, and emphasized the need for development of transformative leadership.

Much interactive discussion followed, including comments on federal trends regarding reimbursement for Care Management. There is legislation on the Hill to add Care Management to Medicare and Medicaid. If that legislation makes it through, it would change a lot about the ability to provide this service to the public. The idea of prevention is starting to be pushed on the Hill because funding acute care has long been not enough.

There was discussion about 24/7 call centers, and the potential to tier responses in terms of need. The use of interactive technology to reach those in remote areas or that are disabled was also mentioned. The Commissioners expressed hopes that legislators on the Hill will fund more of these concepts.

Mary Kudless talked about potential capacity and processes of change. The Call Center concept has been looked at for MH and ADS. A question is: Can IT keep up? One of the central elements that is needed is a more responsive IT system which would let staff grow with it. The system needs both more funds and greater flexibility. Mary Kudless notes that video conference capability would be valuable. It would be very helpful if someone could video conference with a doctor,

even at 3AM. There has been work on it, and it is very effective; however, there are a lot of sites, and it's not cheap to install.

Ms. Kudless noted that adult caseloads are coming closer to the goal of 40 persons and indicated that they need to be lower.

Additional observations and questions following Ms. Kudless's presentation included:

- Elevating the case management model might have a profound impact on the system
- How was the number 40 chosen as a goal for caseload size?
- Some systems have tried to solve the access issue with groups
- Has CSB looked at double scheduling in consideration of the no show rate?
- What is the expected turnover in CSB in the next 5 years?
- How would you rate the system on a scale of 1 – 10 with 1 being reactive in responding to incidents and 10 being proactive?

Ms. Kudless thanked the Commissioners for their discussion and their interest in the FFCCSB.

Conversations with Stakeholders:

The sign up sheet for the conversations was distributed and there was a brief explanation of the process.

Plan for a Road Map

Margo Kiely presented the Charter in Brief, and a visual plan of the charter with some proposed timelines. Copies of these documents were distributed at the meeting.

David Dangerfield also went to the Charter and outlined his "Thoughts on a Road Map," which was projected for Commission members to view during the meeting. The Road Map takes the work of the Commission from Mission to Actions. This incorporates the Institute of Medicine (IOM) goals and adds one regarding a healing environment.

It was decided to use the Road Map and the Visual Outline of the Charter in combination.

New York State Handout

Staff distributed, for discussion, the New York State Office of Mental Health booklet entitled "What might a transformed public mental health system look like?" detailing the qualities of what a recovery oriented system. In the following discussion, it was noted that this shows the power of a real vision, and that the qualities specified would make a great difference to consumers and family members. It was noted that the system has to be able to respond openly and accurately to the questions posed by the public.

Meeting Adjourned 3PM