

**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