

**Josiah H. Beeman Commission
Meeting of June 30, 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 Boards
Gary Cyphers, Deputy Executive Director, Communications & Member Services, American Public Human Services Association
David Dangerfield, Retired Chief Executive Officer, Valley Mental Health, Salt Lake City, UT
Larry Davidson, Associate Professor of Psychology in Psychiatry, Director, Program for Recovery and Community Health, Yale University School of Medicine
Joan Dodge, Senior Policy Associate, National Technical Center for Children's Mental Health, Georgetown University, Washington, D.C.
Diane Grieder, Owner/President, Alipar, Inc., Suffolk, VA
Chuck Hall, Executive Director, Hampton-Newport News Community Services Board and Member of Virginia's Commission on Mental Health Law Reform
Sonia Jurich, Senior Research Associate, RMC Research Corp., Arlington, VA
Ronald Manderscheid, Director of Mental Health and Substance Use Programs, Constella Group, Inc., NC
Mattie Palmore, Vice Chair, Fairfax-Falls Church Community Services Board, Special Magistrate
Russell Pierce, Regional Coordinator of Recovery and Inclusion Services, Pathway Homes, Fairfax, VA
Yvette Sangster, 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, Dept. of Mental Health, Mental Retardation and Substance Abuse Services, Richmond, VA, and Member of Virginia's Commission on Mental Health Law Reform
Carol Ulrich, President, National Alliance on Mentally Illness - Northern Virginia, and Member of Virginia's Commission on Mental Health Law Reform

Verdia Haywood, Deputy County Executive, Fairfax County
Margo Kiely, Staff Director, Josiah H. Beeman Commission
Kathaleen Karnes, Management Analyst, Fairfax County
Jaclyn Wing, Administrative Support
Gary Axelson, CSB Director Clinical Operations and Staff Liaison to Beeman Commission
Merni Fitzgerald, Director, Office of Public Affairs

Mary Kudless, Deputy Director, CSB
John deFee, Director of Mental Health Services
Cenith Hall-Tibbs, MH Manager for Highly Intensive/Intensive Services
Gary Lupton, Director of Utilization, Management, and Quality Assurance, CSB
Davene Nelson, MH Manager, CSB

Jim Stratoudakis, Director, Quality Management and Emergency Preparedness, CSB
Will Williams, Director of Alcohol and Drug Services, CSB
Jim Thur, Executive Director of the CSB

Meeting began at 9:15 a.m.

Margo Kiely reviewed the proposed agenda. She acknowledged an overlap in the meeting schedules of the August Beeman Commission meeting and a newly scheduled meeting of the Commonwealth of Virginia's Commission on Mental Health Law Reform. Because several members of the Beeman Commission are members of that Commission, it was decided that the August 24th and 25th meeting of the Beeman Commission would be cancelled and the September meeting would be expanded. The Beeman Commission will meet Friday September 14 from 9:00 – 5:00 and Saturday September 15 from 9:00 – 2:00.

Members were advised that they would receive an electronic survey to gather information about their availability for meetings from January to April of 2008. A draft meeting schedule, based on the survey findings, will be developed for review by Commission members at the September meeting.

Conversations with Consumers and Staff

At several members' request, the agenda was adjusted to allow members to begin with a review of the consumer and staff conversations summary.

Margo noted that Commission members who participated in conversations had been given draft notes from the conversations they conducted. These members had reviewed the notes for accuracy and thoroughness and returned them to Margo with any suggested changes or additions. She then distributed a draft summary of the conversations and explained that a content analysis was used as the methodology for summarizing comments made by consumers and staff during these conversations. She emphasized that feedback was obtained from a relatively small number of consumers (approx. 40) and staff members (approx. 70) in comparison with consumers and staff in the system. She noted that comments were mixed and included areas of satisfaction as well as suggested areas for improvement.

Members reviewed the summary and asked to see the notes. Margo indicated that while no names were listed in the notes, some comments of participating stakeholders could be identified by those familiar with the facilities. Merni Fitzgerald, Director of Public Affairs, noted that Commission members could review these comments in a closed session. Because copies of the notes needed to be made for Commission members, it was agreed that the group would discuss the next items on the agenda and return to the conversation notes later.

Service Populations

The group was referred to the deliverables in their charter which include recommendations on service populations. Members had been given copies of two example websites (from

the states of Colorado and Utah) each of which clearly identified priority populations. It was noted that Community Services Boards in Virginia have not taken similar steps to include information on their websites about who will or will not be treated.

Ron Manderscheid noted that the definitions referenced on the Colorado website for Serious and Persistent Mental Illness, Serious Mental Illness, Serious Emotional Disturbances, and Psychiatric Emergencies were developed by SAMHSA. He commented that if populations to be served are limited to these populations, prevention and early intervention would not be addressed.

During this discussion, members talked about the need to consider the role of the Fairfax-Falls Church CSB, to look beyond those with severe and persistent mental illness, to avoid zeroing in on the “sickest and poorest” and engage those who are not yet in crisis, to consider how public money is used and whether or not it is tied to programs/populations, to assure that deterioration is not a requirement for treatment, to acknowledge elevated mortality rates among those with serious mental illness, to assure timely access and individualized care, to build a system of care, and to consider what the system is designed to achieve.

As the group continued to discuss this topic, members began to develop a framework for future discussion. Specifically, this framework would include a definition of the system, the philosophy behind the system and those it serves, a statement of system values, and identified outcomes. Staff will take the notes from this exchange of ideas as well as the subsequent discussion around guiding values and outcomes (see below) and develop a draft outline for further dialogue at the September meeting.

Guiding Values for Mental Health Care

To begin the group discussion on guiding values for mental health care, Commission members were referred to the Six Aims of High-Quality Health Care and the Ten Rules to Guide the Redesign of Health Care from the Institute of Medicine’s *Improving the Quality of Health Care for Mental and Substance-Use Conditions*. Included with these documents were Aims and Rules recast in the language of mental health as identified in *From Study to Action: A Strategic Plan for Transformation of Mental Health Care* (copies of which were previously distributed to members by Ron Manderscheid). The Aims and Rules had been discussed in previous meetings and the group was asked about the adequacy of these documents to serve as resources for a list of guiding values.

Joan Dodge referred the group to the System of Care Core Values and Guiding Principles identified in *Building Systems of Care – A Primer* (copies of which were previously distributed to members).

Larry Davidson and Yvette Sangster suggested that another resource for values would be the Recovery Core Values. Copies of these values were distributed to members.

Consumer and System Outcomes

Group members were referred to SAMHSA's National Outcome Measures as they began to discuss Consumer and System Outcomes, an identified deliverable in the Commission's charter. The measures are listed under broad categories referred to as domains. These domains include: Reduced Morbidity, Employment/Education, Crime and Criminal Justice, Stability in Housing, Social Connectedness, Access/Capacity, Retention, Perception of Care, Cost Effectiveness, Use of Evidence-Based Practices. Asked what domains might be missing from this list, Commission members proposed adding the following: Recovery and Resilience (at the person and system level), Primary Health Care, Children and Families, Co-occurring Disorders, Mortality, Partnerships (between professionals, families and consumers), Quality, Cultural Competence, Consumer & Family Involvement, Integration of Services (housing, child welfare, schools, juvenile justice, etc.).

Group members acknowledged the need for consumer and system outcomes. Larry Davidson referenced the Vision Statement in the Executive Summary of the New Freedom Commission on Mental Health report:

“We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports – essentials for living, working, learning and participating fully in the community.”

In particular, members discussed the last phrase of that statement: living, working, learning and participating fully in the community.

Additionally, members discussed the value of the dictionary definition for “recovery” (i.e., finding that which was lost) and referenced the importance of finding hope.

Next, the group prepared to go into executive session to, as determined earlier in the meeting, review notes from the conversations with stakeholders. Before the group went into closed session, David Dangerfield requested that staff bring to the next meeting an outline of the Commission report to the Board of Supervisors.

Executive Session

As per County policy, a motion was made that the Commission go into Executive Session. The official vote was sixteen in favor of going into executive session and zero members who did not want to go into executive session.

At the end of this session, another motion was made to move out of closed session. The vote was eleven in favor of going into executive session and zero members who did not want to go into executive session. It should be noted that several members had left the meeting before this vote to close the session.

Future Stakeholder Input

Margo discussed a diagram that members were given on the process for ensuring the quality of Commission recommendations to the Board of Supervisors. It is anticipated that stakeholder input will be solicited on the Commission's recommendations. Several members emphasized the importance of hearing from consumers and families before recommendations are drafted.

Commission members asked staff to revise the conversations summary and create a proposal for future stakeholder input. Non-consumers with mental illness were suggested as another stakeholder group.

Members asked about the timeline for the Commission. Verdiana Haywood indicated that he is hoping that the first draft of the Commission's report will be complete in April of 2008.

Some members talked about the need for increased communication about Commission activities. Merni Fitzgerald and Brian Worthy from the Office of Public Affairs were asked to develop a Media Plan. Mary Ann Bergeron, Larry Davidson, and Ronald Mandersheid volunteered to take a look at and comment on an electronic version of the draft media plan before it is reviewed by all members at the September meeting of the Commission.

Meeting adjourned at 3:00 p.m.