Josiah H. Beeman Commission
Meeting of October 26, 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, American Public Human Services Association
David Dangerfield, President/CEO Avalon Health Care, inc., Salt Lake City, UT
Mattie Palmore, Vice Chair, Fairfax-Falls Church Community Services Board, Fairfax, VA, Special Magistrate
Russell Pierce, Regional Coordinator of Recovery and Inclusion Services, Pathway Homes, Fairfax, VA
Sherry Rose, Peer Advocate
Yvette Sangster, Program Director, Protection and Advocacy for Individuals with Mental Illnesses, Georgia Advocacy Office
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
Tracey Powell, Research Assistant

Sharon Jones, CSB
Gary Lupton, CSB
Shirley Rupta, Inova

Meeting began at 2:15pm

The meeting opened with introductions of the Commission, Guest Speakers, Commission Staff, and other guests. The agenda was reviewed for Friday and Saturday, and the presence of Commissioner Reinhart and Dr. Drake was noted.
There was discussion by Commission members and staff relating to an executive session, the rules that allow for one, and various planning mechanisms for future meetings.

From Science to Practice
Ms. Kiely introduced Dr. Robert Drake, whose Dartmouth based research is nationally recognized. Dr. Drake talked a bit about his previous and current work and conclusions that he has drawn from it. He said he believes that the Mental Health system in the United States is in dire need of help and that such help must be based on good science, good data and avoidance of fads in

care. Dr. Drake described various problems with the current system in the United States as a whole, and then focused on three elements which he says are typically in need of improvements:

- Treatment must become more client centered.
- Treatment must become more evidence and science based.
- Modern Information Technology must be widely and creatively used to improve care.

In order to become more client-centered, he said, the system needs to assist people in finding useful information about their illness and treatment and to insure that such resources are readily available. Care must be taken to avoid the absorption of the mental health system into the criminal justice system, and to insure that the system keeps people with mental health disorders out of jail through the timely provision of care. Dr. Drake reviewed data which concludes that only a small minority of consumers actually receives evidence based care. Dr. Drake also expressed the opinion that the information systems in use in mental health work at this time are pretty uniformly inadequate. He discussed how to better use modern technology, and stated that a system cannot be managed without good data. Currently, he said, there is no good data in any mental health system on outcomes. He gave the Cystic Fibrosis Foundation as an example of a quality, working uniform information sharing system.

Other suggested ways of supporting and improving the system would be to hire more consumers to do outreach, develop good access to a research base and use it to inform practices, find ways to retain quality forward-looking clinicians, have centers that are geared towards specific clientele and decorated to make that client base comfortable, utilize a more extensive program to help consumers find employment (*noting, with great emphasis, that employment is the single most successful and effective evidence based practice in the treatment of serious mental illness, and that supported employment is underutilized for people with mental illnesses*), and to reach out to business and industry and get them on the board to support treatment and reduce stigma.

From Vision to Reality: A Discussion with the Commissioner

Mary Ann Bergeron introduced James Reinhart, M.D., Commissioner of the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services and spoke of his accomplishments and the various effective initiatives that he has implemented since he became Commissioner.

Commissioner Reinhart gave a presentation about violence and mental illness, and the slides of that presentation are included with these minutes. The Commissioner pointed out the "post Virginia Tech" environment is one in which the data about mental illness and violence needs to be better known and communicated. He reviewed three important studies to be looked at when analyzing violence and mental illness: The McArthur Foundation Violence Risk assessment study; Arseneault, et al Mental Disorders and Violence in a Total Birth Cohort; and Swanson, et al with the CATIE study.

The McArthur Foundation study was a multi-site study based on self-reports and collateral informants from police and hospital records. In short, those with no substance abuse have a very small rate of incidence of violence – not too dissimilar to that of the general population - and those with substance abuse had a somewhat greater rate. The Arseneault study was an epidemiological study of a cohort of 961 people and tested three hypotheses on violence: substance use before offence, conduct disorder, and threat perception. Overall, research indicates that the link between mental illness and violence is weak, especially without substance

use. The CATIE study pointed out that newer anti-psychotic medications are not as beneficial as previously thought and that people who are violent are not necessarily mentally ill.

The changes that are needed are not news, said Commissioner Reinhart. There have been seven previous Commissions which have concluded that more community resources are urgently needed. A growing problem is a major psychiatric inpatient bed shortage. This is because an increasing percentage of public beds are designated as "forensic" and private sector beds are closing or are not open to all admissions.

One of the recommendations from the Virginia Tech Panel was to reform the involuntary commitment code. The Beeman Commission will stay abreast of the recommendations of the state level bodies.

There was discussion from the Commission members about how the loss of income and pervasive homelessness causes more crime. Commission members also reiterated that if there were more prevention and resources for people to get help before they get to the level of crisis, there would be much less need for acute care. There was also sentiment that maintaining healthy people would cost less money in the long term picture, and that having a system that only has well funded crisis care modules will result in over-utilizing crisis care.

Guest forum

General comments from the guest forum revolved around a desire to have a social network for those in mental health care, an aspiration that there will be more understanding of those with substance abuse problems, and the hope that there will be less stigmatization of those with substance abuse problems as well as those people with mental illness.

Meeting ended at 5:15pm