

**Josiah H. Beeman Commission
Meeting of September 15, 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, President/CEO Avalon Health Care, inc., Salt Lake City, UT
Joan Dodge, Senior Policy Associate, National Technical Center for Children's Mental
Health, Georgetown University, Washington, D.C.
Ronald Manderscheid, Director of Mental Health and Substance Use Programs, Constella
Group, Inc., NC
Sherry Rose, Peer Advocate
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
Tracey Powell, Research Assistant to the Beeman Commission

John DeFee, Director of Mental Health Services
Gary Lupton, Director of Utilization, Management, and Quality Assurance, CSB
Sharon Ekleberry, Director of CSB Transformation Initiatives
Ora Edmond, Mental Health Counselor for Program of Assertive Community Treatment
Kaye Fair, Mental Health Division Director
Colton Hand, M.D., Medical Director
Sharon Jones, Division Director of Adult Community Services
Joanne O'Connor, Relief Counselor (Peer Specialist), Crisis Care
Chris Tull, Mental Health Manager of Crisis Care Program
Beth Valentine, Pharmacy Assistance Program Aid, Reston
Dan Zeman, Director for Risk Management and Compliance

Meeting began at 9:15am

The meeting began with a self introduction of the Commission members, Commission staff, non-Beeman Commission staff, CSB staff, staff from other programs, and other guests.

Margo Kiely began by giving an overview of the agenda and progression for the day. Ms. Kiely then introduced Commissioner Kirk from the Connecticut Department of Mental Health & Addiction Services (DMHAS), the keynote presenter for the day.

Dr. Kirk's presentation is attached and will be posted on the Josiah H. Beeman Commission webpage. The following is a brief summary of the major points discussed.

Commissioner Kirk began his presentation by posing the question that the system needs to ask itself about the transformation process: "Why are we doing this?" The ultimate goal of transformation is a system that is consumer and family driven, is focused on recovery, and builds resilience. The system, he said, has a single overarching goal: a value-driven, recovery-oriented healthcare system.

Commissioner Kirk spoke about the fact that some people view mental health or substance abuse treatment as a financial drain because people are not necessarily "cured." This is due to the fact that mental illness has a cyclical nature, and because of that the care cycle should be continuous, and operate in a way to reduce crisis.

He described a system to formulate a recovery plan. A recovery plan should be driven by the expressed needs, values, and preferences of the person in recovery. The plan is the plan of person in recovery and it systematically elicits that person's hopes, dreams, goals and preferences in the form of an active, ongoing dialog between the provider and the person in recovery

Recovery support services are essential. These include: legal services, education, community support, post treatment monitoring, sober and supportive housing, transportation, and help for basic needs. Inpatient costs go down dramatically when consumers are working.

Commissioner Kirk gave a number of statistics about mental health treatment. He stated that typically 80% of mental health funding goes to 20% of the population, which is in Acute or Crisis care, the most expensive type of care. The average number of medications for a person in inpatient treatment is seven, four for general health and three for mental health (i.e. psychotropic). Inpatient care gets the most funding, which tends to go towards treating relapsing consumers. Attenuating relapse is wise economically as well as clinically.

It would be better financially and holistically to go to recovery checks, community support services, and recovery based services. The end result will be less costly than if inpatient services are heavily funded and preventive services are not.

There are four goals that Commissioner Kirk described as necessary for a good system: quality care, services for people with challenging needs, effective agency management, and a resource base to support goals Commissioner Kirk described many methods to extend resources that already exist. These methods include: supported housing, employment services, reducing the use of high cost services through prevention, "warm lines" and aggressive outreach efforts to keep a situation from escalating, crisis

intervention teams so that emergency rooms are not over utilized, assistance in building a normal life within the community before discharge, faith-based portals, community asset mapping to find non-monetary supports, criminal justice reentry diversion task forces, a military support program, services for young adults, services for children coming out of child welfare, and a healthy relationship with other agencies to thwart tragedies from occurring. He stated that funding for enhancing co-occurring diagnosis and treatment capabilities is critical, and that in the future, the system should be ready to change all mechanisms to become co-occurring capable or dual-diagnosis ready.

Commissioner Kirk discussed the importance of peer work. Peer support and recognition are integral to recovery. This, however, doesn't mean that all peers are automatically qualified. It is important to have trained advocates and to have peer advocates do coursework and go through a curriculum. Consumers are cornerstones for the system who have a lot of untapped resources.

Commissioners commended Dr. Kirk for his work in Connecticut and thanked him for his participation with the Commission.

Lunch

After the lunch break there was a question and answer session with the Commission, CSB staff, guests of the Commission and Commissioner Kirk.

Commissioner Kirk described how to communicate effectively with people that are not versed in the intricacies of the process. In order to be effective, one has to explain the problem and show what the better thing to do is. When asked about quantifying results, Commissioner Kirk said to be straightforward and make sure that monetary savings are highlighted along with human interest.

An issue that was brought up is the viewpoint of the police and jail staffs.. The main concern is that the jail is turning into a Social Services agency, and that it is hard to reintegrate former inmates back into society with a conviction. Commissioner Kirk confirmed that this is a valid concern, and that the typical population in the jails is not as much mental health consumers as it is substance abuse victims. Ultimately, he states, it is important to have diversion because it will reduce the number of people in the jails over time

At this point the CSB staff discussed the various initiatives underway in this CSB. and referenced consultants who have been assisting in the work.

Sharon Ekleberry outlined the accomplishments of the Recovery Work Group and the VASIP with Dr. Minkoff and Dr. Cline as consultants. Other initiatives are the CO-SIG and COMPASS with many services becoming dual-diagnosis capable. She described many efforts in which consumers and various staff work together, including many staff meetings where consumers are invited to contribute. Commission guests who are consumers contributed to the discussion with insights about the changes in the system and about their experiences.

In order to facilitate management and clinical challenges, Commissioner Kirk said there must be a balance of power that allows staff to have the power to suggest change. He described a need to move away from traditional clinical supervision, and move towards team sessions. Commissioner Kirk also suggested that the system avoid becoming a one stop shop.

Commissioner Kirk described the need to cultivate good, lasting relationships with non-profit organizations because they are a wonderful resource and often more flexible than public institutions.

Commissioners, staff and guests expressed their appreciation for Dr. Kirk's information and dialogue.

The Connecticut website is www.ct.gov/dmhas . The Recovery Initiative is under Major Initiatives, and the Recovery Institute is under Education and Training.

Meeting adjourned at 2PM