

Josiah H. Beeman Commission

Draft Report to the Fairfax County Board of Supervisors

**Draft Report for Input
via Email, Mail, and Stakeholder Sessions**

This report is available electronically at www.fairfaxcounty.gov/beemancommission

October 27, 2008
[Tentative date for final report]

COMMENTS ON RECOMMENDATIONS

For individuals unable to attend the input sessions, comments on recommendations may be given **between July 18 – August 8, 2008** via:

Email: **beemancommission@fairfaxcounty.gov**

Postal Mail:

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The Commission is very interested in your response to their draft recommendations. To ensure that your comments can be used in the revision of the recommendations, please state the **Recommendation #** that your comments relate to in your message. Comments related to the recommendations will be summarized and presented to the Commission at their September meeting for consideration in the final Commission report.

Questions related to the recommendations can be answered at the input sessions listed at www.fairfaxcounty.gov/beemancommission

Questions received through email or postal mail will be noted, but may not receive personal response.

Please keep in mind that the purpose of the comments is to provide input on how the Commission recommendations can be improved. Your comments, including identifying or individual information, can be available to the public through the Freedom of Information Act.

THANK YOU!

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Executive Summary

*A high level overview of findings and recommendations
will be added when draft recommendations
are finalized pursuant to stakeholder input.*

Commission Membership

- **Mary Ann Beall**, Chair, Fairfax-Falls Church Community Services Board, Fairfax, VA
- **Mary Ann Bergeron**, Executive Director, VA Association of Community Services Boards, Glen Allen, VA
- **Gary Cyphers**, Deputy Executive Director, American Public Human Services Association, Washington, DC
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- **Ronald Manderscheid, Ph.D.**, Director of Mental Health & Substance Use Programs, Constella Group, Inc., Rockville, MD; and Secretary of the U.S. Department of Health and Human Services' Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020
- **Mattie Palmore**, Vice Chair, Fairfax-Falls Church Community Services Board; and, Special Magistrate, Fairfax, VA
- **Russell Pierce, J.D.**, Regional Coordinator of Recovery and Inclusion Services, Pathway Homes, Fairfax, VA
- **Sherry Rose**, Peer Advocate, Fairfax, VA
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- **James Scott**, Delegate, 53rd District, Virginia House of Delegates, Richmond, VA; and Assistant Vice President for Community Affairs, INOVA Health Systems, Fairfax, VA
- **James Stewart, III**, Inspector General for Mental Health, Mental Retardation and Substance Abuse Services, Richmond, VA; and Member of Commonwealth of Virginia Commission on Mental Health Law Reform
- **Carol Ulrich, Esquire**, President, National Alliance on Mental Illness of Northern Virginia (NAMI-NoVa), Reston, VA; and Member of Commonwealth of Virginia Commission on Mental Health Law Reform

Acknowledgements

Other contributors to our work ...

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- **Thomas Kirk, Jr. Ph.D.**, Commissioner of the Connecticut Department of Mental Health and Addiction Services
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- **James Reinhard, M.D.**, Commissioner, Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services
- **Mary E. Smith, Ph.D.**, Consultant

Introduction

“The 21st century promises new hope and opportunity for persons diagnosed with mental illness”.¹

“To improve access to quality care and services”, the President’s New Freedom Commission on Mental Health recommended “fundamentally transforming how mental health care is delivered in America”.² “Transformation is happening...From California to Connecticut, promising models of transformation in behavioral health are being developed and piloted”.³

¹ Bassman, Ronald, Ph.D. (2006). The Evolution from Advocacy to Self-Determination. In Ronald W. Mandescheid, Ph.D. and Joyce T. Berry, Ph.D., J.D. (eds.) *Mental Health, United States, 2004*. 14. Rockville, MD: Substance Abuse and Mental Health Services Administration. Accessed 15 July 2008. <http://www.samsha.gov/>

² New Freedom Commission on Mental Health. (2003). *Achieving the Promise: Transforming Mental Health Care in America. Executive Summary*. DHHS Pub. No SMA-03-3831. Rockville, MD: US Department of Health and Human Services. 6.

³ SAMHSA. (2005 May-June). Transformation is now. *Mental Health transformation trends*. 1(2), 2. Accessed 16 June 2008. <http://www.samsha.gov/>

This report conveys a series of recommendations for transforming the Fairfax-Falls Church system of mental health care. The reader of this report may find new and unfamiliar concepts or terms. A few of those concepts require a prominent place in this report and are therefore defined below:

“Stigma refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illnesses...Responding to stigma, people with mental health problems internalize public attitudes and become so embarrassed or ashamed that they often conceal symptoms and fail to seek treatment”.⁴

“Resilience means the personal and community qualities that enable us to rebound from adversity, trauma, tragedy, threats, or other stresses – and to go on with life with a sense of mastery, competence, and hope. We now understand from research that resilience is fostered by a positive childhood and includes positive individual traits, such as optimism, good problem solving skills, and treatments. Closely-knit communities and neighborhoods are also resilient, providing supports for their members”.⁵

⁴ New Freedom Commission on Mental Health. (2003). *Achieving the Promise: Transforming Mental Health Care in America. Executive Summary*. DHHS Pub. No SMA-03-3831. Rockville, MD: US Department of Health and Human Services. 7.

⁵ New Freedom Commission on Mental Health. (2003). *Achieving the Promise: Transforming Mental Health Care in America. Executive Summary*. DHHS Pub. No SMA-03-3831. Rockville, MD: US Department of Health and Human Services. 7.

“Recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential”.⁶

Hope refers to the notion that “recovery provides the essential and motivating message of a better future – that people can and do overcome the barriers and obstacles that confront them. Hope is internalized; but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process”.⁷

For definitions of other key terms and concepts, refer to Appendix A.

Commission Charter

As outlined in its charter (see Appendix B), the Josiah H. Beeman Commission was established to advise the Board of Supervisors on the future direction and design of the mental health services delivery system serving Fairfax County, the City of Fairfax, and the City of Falls Church. This Commission was named in recognition of the late Josiah H. Beeman, former chairman of the Fairfax-Falls Church Community Services Board, and his dedication to the recipients of mental health services and supports. The Commission was asked to recommend a vision for the service delivery system and to develop recommendations for facilitating the transformation to achieve this vision. As we developed our recommendations, we focused on the following deliverables as

⁶ SAMHSA. (2004). *National consensus statement on mental health recovery*. [Brochure]. Accessed 17 June 2008. <http://mentalhealth.samhsa.gov/publications/>.

⁷ SAMHSA. (2004). *National consensus statement on mental health recovery*. [Brochure]. Accessed 17 June 2008. <http://mentalhealth.samhsa.gov/publications/>.

identified in the charter: Roles of Public Mental Health Services; Service Delivery Design; Populations to be Served; Assessment of Current System against Recommended Design; System Transformation Roadmap; Outcomes and Performance Measures; and Financing Strategies to Optimize Resources.

Recovery-Oriented Accomplishments

As we plan for the future, we want to recognize accomplishments of the CSB and its progress toward a recovery- and resilience-oriented system. Highlights from among the many accomplishments include:

- Crisis Care at Woodburn Place hired Peer Specialists who have designed an “Introduction to Wellness Recovery Action Plan (WRAP)” program. To date, approximately 390 individuals receiving mental health services have participated in this program.
- The Program of Assertive Community Treatment (PACT) significantly reduced hospital bed days and has begun turning apartment leases over to individuals receiving services.
- The CSB deploys psychiatric resources to Community Health Care Network clinics managed through a contract with the Health Department. Alternatively, primary care is provided to individuals in crisis care at CSB’s Woodburn Place and to those with co-occurring disorders at two residential programs. The CSB also conducts psycho-educational groups with a focus on wellness, nutrition, and smoking cessation.
- A system-wide Mental Health Services Recovery Workgroup, comprised of advocates, individuals receiving mental health services, family members and staff, was established to guide transformation to a recovery- and resilience-oriented system.

- Despite challenges in finding housing in the costly Fairfax market (see the Optimized Integration section of this report), Adult Residential Services expanded housing capacity over the past decade with 298 new beds, including 22 beds which were added in 2008.
- The CSB worked with individuals to establish three Drop-in Centers operated by persons receiving mental health services.
- The CSB partnered with contract providers (Psychosocial Rehabilitation Services and Service Source) and the Virginia Department of Rehabilitation Services to eliminate the waiting list for vocational services.
- The CSB collaborated with police and other system partners to divert from jail to treatment persons with mental illness who would otherwise be arrested for nonviolent misdemeanors (e.g., loitering).
- As a pilot in the Virginia Service Integration Program, aimed at integrating and improving mental health and substance abuse assessment and treatment, the CSB completed an exhaustive system survey and organized change agents to address system issues in achieving dual diagnosis capabilities in all programs.
- The CSB collaborated with system partners to launch Leland House which provides short-term intervention and stabilization to youth ages 12-17. Staff works extensively with youth in crisis and families to prevent out-of-home or out-of-community placements.
- The CSB overhauled the “front door” of the system and decreased waits for initial assessments from months to 2-10 business days.
- The CSB’s Youth and Family Services partnered with George Mason University to develop an instrument to examine direct service experience (e.g., timely access to service, collaborative goal setting) and outcome of services (e.g., doing better in school, getting along better with family and friends).

- The CSB, working with the Area Agency on Aging, developed a plan to enroll as many people as possible in Medicare, Part D. This effort resulted in more than 90% of eligible individuals being enrolled. The program is ongoing and continues to help individuals receiving mental health services with Part D decisions as their life circumstances change.
- The CSB, working with the Department of Family Services (DFS), developed a tool that helps staff determine who may be eligible for Medicaid benefits. DFS deployed staff to three mental health outpatient sites to assist eligible individuals with Medicaid applications.

While recovery- and resilience-oriented efforts of the CSB began before the inception of the Commission, the work of the Commission has accelerated those efforts. CSB leadership has reported that their experience with the Commission has facilitated a better understanding of recovery principles and practices, has led to greater emphasis on the importance of resilience, and has enabled greater “traction” with staff for transformational work. In short, the Commission seems to have amplified, energized, and validated the progress of the CSB toward a transformed system and our recommendations are designed to build upon that progress.

In addition, other agencies in the county have responded to the re-orientation of the mental health system and it is anticipated that on-going partnerships will be evident in the future. One example of partnership is the work with the Fairfax County Police Department related to persons with mental illness. A team of police officers trained in crisis intervention is available to respond and serve as a resource for cases when mental illness is suspected. The curriculum for this training was developed by reviewing evidence-based jail diversion practices and includes presentations by individuals receiving mental health services and families.