

# Executive Summary

---

## **Background**

This report conveys to the Fairfax County Board of Supervisors a series of recommendations for transforming the Fairfax-Falls Church system of mental health care. As outlined in its charter, 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 (CSB), 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 and strategies for facilitating the transformation to achieve this vision.

The Fairfax-Falls Church area is not alone in seeking to transform its system of mental health care. Transformation has been happening across the country. Many of these efforts are following guidance of the 2003 New Freedom Commission on Mental Health to reduce the stigma that surrounds mental illness, build individual and community resilience, and strengthen the hope of recovery for every individual with mental illness. Few would dispute the value of achieving these goals.

We believe that mental health is fundamental to overall health. As with primary health care, mental health care is shifting toward practices that are supported by research, providers who are skilled and up-to-date in these practices,

and individuals who are partners in decisions about their care. Technology is an essential support of these three components of quality health care.

**REDUCE THE STIGMA THAT SURROUNDS MENTAL ILLNESS, BUILD INDIVIDUAL AND COMMUNITY RESILIENCE, AND STRENGTHEN THE HOPE OF RECOVERY FOR EVERY INDIVIDUAL WITH MENTAL ILLNESS.**

## **Timing**

We are well aware that this report is being delivered to the Board of Supervisors at a time when local, state and federal resources are greatly constrained due to economic conditions. However, we must emphasize the long-range nature of our recommendations for this transformation. As with most successful change efforts, the organizational, infrastructural, and business process changes we have recommended will require several years to complete. This would be the case even if our recommendations were delivered at a time of great prosperity. Successful transformation takes time: time to mark the end of old behaviors and practices, time to navigate new paths toward a new vision, and time to celebrate and build on successes that demonstrate improved results. We commend the Board of Supervisors for chartering this transformation and strongly encourage each member to take the “long view” in supporting our recommendations.

Finally, we were pleased to note that the CSB began to make recovery- and resilience-oriented changes before the

inception of this Commission and has accelerated changes during the time this Commission has met. We believe that the very existence of this Commission has amplified early progress toward transformation, and our recommendations are designed to build upon this early progress.

### **Transformation** **Recommendations**

Our road map for transforming the mental health system is described below in seven broad themes followed by general recommendations that are supported by specific strategies. Imbedded in our recommendations and supporting strategies are service and business practices that reflect the goals of system transformation. Just as they have in other states and localities, we believe these practices will improve access, optimize efficiency, enhance financing mechanisms, and promote favorable outcomes for adults, children, youth, and their families.

#### **Leadership and Governance**

► **Recommendation:** *Promote effective leadership and governance to attain and sustain the vision for the mental health system.*

Among the strategies to support this recommendation are reviewing the structure of the CSB board; documenting needed skills for the board; strengthening public and private partnerships; recruiting, developing, and assuring accountability of leaders; and establishing an Office of Consumer and Family Affairs.

#### **Fiscal Management**

► **Recommendation:** *Maximize and leverage all potential sources of funding for the system and for individuals with psychiatric disabilities.*

Strategies include maximizing revenue and reimbursements from Medicaid and other entitlements, improving assistance for individuals seeking federal and state benefits, seeking grant funding for initiatives that are sustainable after the term of the grant, and exploring the establishment of a foundation.

#### **Prevention and Early Intervention**

► **Recommendation:** *Increase prevention and early intervention efforts for children, youth, and adults in order to decrease the need for mental health services.*

Strategies include raising public awareness of mental health and related services and supports, assuring that prevention is a responsibility of all providers, integrating fully with the schools to support the mental health of children, and expanding early intervention practices to prevent the need for emergency care.

#### **Services and Supports**

► **Recommendation:** *Build a service delivery system that, in its entirety, supports recovery and resilience.*

Strategies include essential design practices of a transformed system such as ensuring access to care, person-centered care and care coordination; using peers throughout the system; shifting care into the community; and increasing support to families of children, youth, and adults with psychiatric disabilities.

► **Recommendation:** *Assure safe, affordable, and stable housing for persons with psychiatric disabilities.*

Strategies include supporting the Housing First approach, expanding housing options with support services, creating a housing development fund, and optimizing collaboration between mental health and housing services.

► **Recommendation:** *Expand employment and education support for persons with psychiatric disabilities.*

Among the strategies to expand employment and education are implementing services consistent with the principles of evidence-based supported employment, accessing federal and state funding for employment programs, and strengthening connections with local educational institutions.

► **Recommendation:** *Facilitate connection with primary health care for persons with psychiatric disabilities.*

Strategies include supporting cross-system collaboration in providing primary and behavioral health care, exploring modification of the affordable healthcare system, and exploring the possibility of a locally developed group health insurance plan.

#### **Workforce and Training**

► **Recommendation:** *Assure a workforce that possesses skills, values, and attributes consistent with the vision of a recovery- and resilience-oriented system.*

Among the strategies to support this recommendation are developing a recovery- and resilience-oriented workforce, demonstrating expectation for accountability through productivity standards, assuring training for persons interested in providing peer support, and using person-first language throughout the system.

#### **Data and Outcomes**

► **Recommendation:** *Ensure cross-system accountability with performance and outcome measures, and use the data to improve the system.*

Strategies include adopting a system of performance measures and assuring that data is used to improve system effectiveness; seeking information on successful service approaches to serving children, youth, and adults; and conducting periodic analyses of system functioning to identify points for improvement.

#### **Technology and Information Sharing**

► **Recommendation:** *Utilize technology to support providers in delivering quality care, individuals in participating in their care, and the system in collecting data for effective management.*

Strategies include purchasing technology that supports service and business practices and facilitating access to electronic information.

**WE STRONGLY BELIEVE THERE ARE COMPELLING BUSINESS REASONS FOR ACTION . . .**

**Compelling Reasons to Act**

The primary objective of our recommendations is to promote increased wellness and employment of individuals with psychiatric disabilities, and decreased reliance on the public system of mental health care. In addition, we strongly believe that there are compelling business reasons for action, and risks associated with inaction or failure to implement our recommended strategies. Fairfax is currently not maximizing nonlocal sources of revenue and reimbursements. A significant number of our recommended strategies were designed to produce additional state, federal, and nonpublic financial resources for the mental health system. We believe that many of our strategies to transform and improve the system can be implemented at no additional cost, by reallocating existing resources or staff. Finally, we believe that many of our strategies — designed to strengthen efficiency and effectiveness as well as enhance prevention and

early intervention — will assure that Fairfax-Falls Church area residents are getting the most value for their tax dollars and will ultimately decrease demand for expensive and traumatic emergency services and hospitalization.

**Next Steps**

We understand that an implementation plan will be developed for our recommended strategies and have outlined, in this report, the next step for the CSB board and staff. That next step is to conduct a high-level analysis, with initial estimates of level of investment required, degree of difficulty anticipated, and timeline needed for implementation of each recommended strategy. Additionally, because we have recommended a series of strategies to maximize potential sources of funding, we propose that this analysis also capture estimated levels of additional funding.

**Complementary Initiatives**

The work of this Commission is complementary to, but not inclusive in scope of, state and regional mental health initiatives. At the state level, the Commission on Mental Health Law Reform (charged with conducting a comprehensive examination of Virginia’s mental health laws and services) has been identifying gaps in mental health services and developing ways to use the law more effectively to serve the needs of persons with mental illness. That commission’s preliminary report identified recommendations for the 2008 session of the General Assembly. A final report, which will include recommendations for addressing gaps in the service delivery system, will be submitted this winter. Three members of the Josiah H. Beeman Commission serve as members of the Commission on Mental Health Law Reform. At the regional level, the local Health Planning Region is charged with regional planning, service coordination, and service delivery. Mental health efforts of this region have included utilizing local hospitals for purchase of inpatient beds, providing regional hospital discharge assistance, enhancing services for older adults, and building regional crisis stabilization capacity.