

Appendix D: Stakeholder Input

For ease of reference, input activity descriptions from the Stakeholder Input section of the report are repeated as an introduction to themes from each stakeholder activity.

Conversations with Individuals Receiving Services and Staff: Commission members, working in pairs, conducted conversations with stakeholders, including CSB staff members and individuals receiving mental health services at the following facilities: Consumer Wellness Center of Falls Church, Franconia Road Treatment Center, Juvenile Detention Center, Leland House Youth Crisis Care, Residential Extensive Dual Diagnosis, and Stevenson Place. Comments from individuals receiving services and staff at all of these sites were combined, summarized, and organized according to recurring theme areas, as listed below.

■ Overall, participating **individuals receiving services** expressed *satisfaction* with:

Program effectiveness: program content and applicability

Person-centered manner of treatment: staff friendliness and compassion, involvement of individuals receiving services in treatment and decisions, choice of outside activities

Resources: variety available to individuals receiving mental health services

■ Participating **individuals receiving services** suggested *greater emphasis* be placed on:

Being person-centered: more skill development (training) and employment/volunteer opportunities for individuals receiving services, respect for individuals receiving services, wellness promotion (nutrition and healthy living)

Providing transparency: more education for individuals and families about programs, processes, medication, the Medicaid application process, and the rights of those receiving services.

Ensuring timeliness: time to get into programs

Providing access: transportation for individuals receiving services

Promoting effectiveness: individual-therapist relations, community-based programs, consistency of information and treatment to individuals receiving mental health services, number and range of outside activities

Ensuring safety: physical condition of facilities, supporting safe individual behavior

■ Overall, participating **staff members** expressed *satisfaction* with:

Program effectiveness: variety and range of services, quality and dedication of staff, family involvement, and therapy effectiveness

Person-centered manner of treatment: involvement of individuals receiving services and families in treatment and goal-setting

Collaboration and coordination: integrated systems approach, collaboration of staff, crisis management, and creative problem-solving

Internship programs: quality and potential of interns as future staff

■ Participating **staff** members suggested *greater emphasis* be placed on:

Providing access: housing and program admittance, transportation, number of available psychiatrists, insurance/benefits assistance, referral process for care continuity, reaching out to culturally diverse populations

Ensuring efficiency: amount of paperwork, information technology system and support, clear work processes, clarification of staff responsibilities

Promoting collaboration: partnerships with government agencies to improve processing of benefits; and collaboration within the CSB, with other county agencies, and with outside organizations

Supporting staff: organizational staffing needs, training and development, performance evaluation system, and staff wellness

Ensuring strong leadership: organizational priorities in line with mission, leadership training, leadership structure, staff input, and involvement in making decisions

Promoting effectiveness: number and range of outside activities, more day-treatment and step-down programs, follow-up with individuals receiving services

Ensuring safety: physical condition of facilities, supporting safe behavior of individuals receiving services, safety of program locations

Providing transparency: more education for individuals receiving services and families about programs and processes

Supporting free flow of information: communication between leadership and staff (response time, sharing of information)

Ensuring timeliness: intra-agency responsiveness

Survey on Mental Health System:

The Commission utilized the Recovery Oriented Systems Indicators (ROSI) survey to gather input from individuals receiving mental health services (referred to as consumers of mental health services in the survey) and similar surveys for family members/significant others of individuals receiving services and for providers of services. The ROSI survey is available through the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services, and was developed by individuals receiving mental health services in cooperation with Columbia University.

The type of sampling that was used for the ROSI survey was a non-probability sampling. Self-selected samples were collected from library sites and Web-based responses. Opportunity samples were taken from mental health service and support locations. Therefore, results may or may not be representative of the general mental health population. The survey was meant to provide direction for further information-gathering and aid in the formation of recommendations for the future direction of the mental health services delivery system serving Fairfax-Falls Church area residents.

■ As highlighted in the summary of the survey results (Appendix C), participating **individuals receiving mental health services (consumers), family members/significant others, and providers** gave the highest percentage of *positive* responses to survey statements related to:

- The respect shown by staff in terms of the cultural background of individuals receiving mental health services
- The lack of pressure, threats or force in treatment
- The non-interference of staff in the

personal relationships of individuals receiving mental health services

- Being treated as a person, not a psychiatric label
- Belief shown by staff that the individual receiving services can grow, change, and recover
- The complete information given to them in words they understand before having to consent to treatment and medication

■ Participating individuals receiving mental health services (consumers), family members/significant others, and providers gave the highest percentage of *negative* responses to survey statements related to:

- Having enough income to live on
- Having enough good service options to choose from
- The presence of a peer advocate when needed
- Having affordable housing
- Family members getting the education and support needed

Conversations with Families of Individuals Receiving Services: Two activities expanded opportunities for input from families. Working in pairs, Commissioners met with parents of youth in the Teen Alternative Program (a comprehensive day-treatment program for students in grades 9 to 12) and, through NAMI-NoVa (National Alliance on Mental Illness – Northern Virginia), families of adults who had experience with emergency services. Comments from both of these sessions were summarized. The topics that engaged the most interest are listed below.

■ Families of youth in the CSB’s Teen Alternative Program shared positive remarks about the program and provided key suggestions that included:

- Increasing the education of staff members in the school system on available options for students experiencing mental health issues
- Improving the availability of information to the general public on youth mental health programs and resources
- Improving the transition process for youth leaving a psychiatric hospital or mental health program

■ Again, in addition to positive remarks, key suggestions made by the families of individuals who had experience with emergency services included:

- Examining the restrictions that prevent individuals from receiving emergency services unless they are deemed a threat to themselves or others
- Increasing the availability of the Mobile Crisis Unit
- Ensuring a consistent follow-up process after each crisis visit
- Assessing the methods of support available for families and significant

others of individuals receiving mental health services

Conversation with County Human Services Leaders: At a meeting of the Human Services Leadership Team, the agenda included a conversation regarding the opportunities and challenges for greater service integration in serving people with mental illness. Two Commissioners attended this meeting and had the opportunity to hear from the Directors of Family Services, Community and Recreation Services, the Office for Women, the Department of Housing, and the Court Services Unit of the Juvenile and Domestic Relations District Court. They also heard from the Deputy Director of the CSB and the Deputy County Executive for Human Services.

One strong theme that emerged from this meeting was the need to strengthen collaborative relationships between agencies in order to provide complete services to people with mental illnesses. It was noted that there is a need for increased mental health services and supports provided by the CSB for elderly, homeless, and multicultural populations. Connection points between the CSB and the housing agency need improvement in order to assist adults with mental health disabilities in accessing and maintaining homes. Conversely, the assistance of therapeutic recreation services for youth and adults is under-utilized in the mental health arena.

The need for greater willingness to be flexible on the part of CSB staff who are assisting people in other agencies was noted, particularly in reference to scheduling around the educational needs of children and youth. A more rapid hiring process for filling CSB vacancies is desired. In terms of the

broader community of the Human Services system, there is a need for the following: 1) a better system-wide response for families and significant others of individuals receiving mental health services; 2) a more collaborative approach to prevention; and 3) assistance for individuals receiving mental health services on quality-of-life issues such as housing, health care, and employment.

Stakeholder Input on Draft Recommendations: After drafting our initial recommendations, we sought feedback from representatives of all stakeholder groups and other interested individuals. Specifically, draft recommendations were posted for comment on the Josiah H. Beeman page available through the Fairfax County Government website. Additionally, three public input sessions were conducted to solicit in-person comments from stakeholders. Based on this input, our draft recommendations were refined and reshaped. Topics that engaged the most interest were:

- Care network
- Care coordination
- Continuity of care
- Service integration
- Peer support and advocacy
- Peer-operated services
- Publicizing of services
- Financing a transformed system