

THEME

Leadership and Governance

RECOMMENDATION 1:

Promote effective leadership and governance to attain and sustain the vision for the mental health system.

“The vision of a transformed mental health system has created a national imperative to recognize the importance of effective leadership in initiating change and sustaining each step towards making the vision a reality.”¹ It is the governance of the system (i.e., the Board of Supervisors and the CSB board) that will oversee movement of the CSB from vision to results. Effective governance holds the system accountable for outcomes. Transformational leadership (at all levels) sets the organizational tone and works to ensure that the organization attains and sustains the vision.

Strategy 1.1: Review and, as needed, restructure the CSB board to promote service integration and system effectiveness.

The CSB board is currently structured by service disability areas — intellectual disability (formerly known as mental retardation), mental health, and alcohol and drug services. The Commission encourages the board to move away from this segregated structure as we believe these divisions promote separation instead of integration of services. We acknowledge that the disability structure may promote advocacy efforts; however, advocacy is only one role of the CSB board among many, including management of the business of service delivery. The Commission recommends that the CSB board work with the Deputy County Executive for Human Services, the County Executive,

and the Human Services Committee of the Board of Supervisors to assure a board structure that promotes service integration and system effectiveness.

Strategy 1.2: Document the skill set needed for overall CSB board member composition and advise the Board of Supervisors accordingly.

A recovery- and resilience-oriented board will require competencies such as business acumen, systems thinking, strategic planning, and outcome measurement to assess system performance in serving youth, adults, and families. To further promote service integration and improve effectiveness, we believe the skill set of the CSB board should be broadened. Competencies and skills that reflect the needed roles of the board must be sought as new members are appointed.

Strategy 1.3: Strengthen partnerships within the public and private sectors.

Mental health is a shared community responsibility. This shared responsibility comprises services and supports provided by public, nonprofit, and private entities and by partnerships among them, as well as services and supports provided by families, peers, friends, advocates, and other groups and individuals in the community. To strengthen these partnerships, CSB board members and the executive director must focus outside the CSB and

develop partnerships with organizations and individuals with a commonality of purpose. We encourage exploration of public-private partnerships in the provision of services (e.g., in the areas of outpatient, residential, and day-treatment services) to amplify public resources and build behavioral healthcare capacity in the community.

Strategy 1.4: Encourage and recognize creativity and innovation while balancing risk with results.

According to the National Institute of Mental Health, an idea is “innovative” if it “challenges existing paradigms or clinical practice, addresses an innovative hypothesis or critical barrier in the field, [and/or] develops or employs novel concepts, approaches, methodologies, tools, or technologies.”² A work environment that encourages recovery demands innovation and requires creative thinking at all levels of the organization.

We recognize that innovation increases risk. A risk-averse environment is not compatible with the values or beliefs of a transformed, recovery- and resilience- oriented mental health system. Staff in a risk-averse system are often anxious that they will be blamed if things go wrong and are therefore reluctant to take initiative.³ To assure an environment where innovation is welcomed and expected, the CSB board and leadership must support staff and continually encourage them to pursue innovative treatment options.

Strategy 1.5: Recruit or promote leaders who possess competencies required to manage evolving service and business practices.

As new leaders are chosen, the CSB must hire or promote individuals with leadership attributes that are consistent with the vision of a recovery- and resilience-oriented system. Inherent in the shift to a more business-focused model is the need for business management skills at all levels of leadership. Additional competencies needed to manage evolving services and business practices include, but are not limited to, change and transition management, external awareness, strategic planning, and systems thinking. While some CSB leaders already possess these competencies, a consistent skill set is needed among leaders across the organization.

Strategy 1.6: Provide ongoing leadership development.

To successfully imbed a recovery- and resilience-oriented philosophy throughout the system, leadership development needs to be part of the organization’s DNA. We understand that the county has invested in a leadership/management development program that focuses on personal competencies needed to realize vision-driven, values-based organizations. We encourage the CSB to take full advantage of this program for its organizational leaders and to imbed its principles in the work culture. Effective succession planning will anticipate upcoming transitions and include development and mentoring as part of staff members’ evolution into leadership roles.

Strategy 1.7: Assure a mechanism for accountability of leaders.

Leadership and accountability are essential ingredients for sustainable change. Leaders must embrace accountability and establish clear systems for checking progress throughout the system. Similarly, there must be a mechanism for assessing the effectiveness of leadership.

We have learned that the county has a 360 evaluation tool available to all managers, which involves ratings by supervisors, peers, and direct reports, as well as by the individual. The competencies and performance rated in this instrument have been aligned with the competencies adopted by the county for managers. With the addition of a mechanism to receive feedback from individuals receiving mental health services, this tool would be a valuable asset for leadership accountability.

Strategy 1.8: Require and model respect in all interactions throughout the system.

In our values for the transformed system, we emphasized the need to honor the unique preferences, strengths, and dignity of each person. While we believe it is critical that respect be demonstrated to all individuals receiving services, we also believe that a culture of mutual respect among those providing services is a key element of this transformation.

Strategy 1.9: Establish an Office of Consumer and Family Affairs with well-defined responsibilities and a leader who reports directly to the CSB Executive Director.

Forward-looking states and localities across the country have been establishing Offices of Consumer Affairs since the early 1990s. As of January 2007, thirty-seven states had established these offices, several of which subsequently changed their name to Office of Consumer and Family Affairs.⁴ Because we believe that persons with psychiatric disorders and their families should be involved in all aspects of CSB services, we support efforts already under way to establish an Office of Consumer and Family Affairs. This office will be a resource to individuals, families, and staff in system transformation, service quality assurance, and the leadership and engagement of individuals receiving mental health services. The leader of this office should be a person with lived experience of mental illness, as is the case in many states and localities.

We agree with the National Association of State Mental Health Program Directors that a core element of a successful Office of Consumer Affairs is that its “establishment, planning, and hiring must be supported by and involve consumers.”⁵ We envision that this office would seek and encourage a healthy advocacy process.