

B. SYSTEM DESIGN AND POPULATIONS SERVED

“Recovery is an “everybody wins” scenario”.¹³ In a recovery- and resilience-oriented system, individuals receiving mental health services “rebuild meaningful lives while decreasing their dependence on the system...Rather than creating long term users of a system...individuals will receive services that will enable them to recover and decrease their dependence on the system”.¹⁴

It is our intention that the following design recommendations build upon the values and guiding principles identified in this report. As outlined below, elements of the transformational design include enhanced access, optimized service, and increased utilization of peers.

1. ACCESS

While our discussions about enhancing access to mental health care covered the landscape of possibilities, we ultimately focused on the need for assuring: access to information, public care or a care network referral, and benefits assistance and advocacy.

a. Information

Public awareness and education efforts are necessary not only to increase knowledge about mental health and wellness but also to reduce the stigma about mental illness and to promote the positive effects of best practice in prevention and treatment. As identified in our values,

¹³ Crowley, K. (1997). Excerpts from the *Report to the Wisconsin Blue Ribbon Commission on Mental Health*. Accessed 17 June 2008. http://www.procovery.com/files/blueribbon_article.htm.

¹⁴ Crowley, K. (1997). Excerpts from the *Report to the Wisconsin Blue Ribbon Commission on Mental Health*. Accessed 17 June 2008. http://www.procovery.com/files/blueribbon_article.htm.

maintenance of wellness, early identification, and early intervention build protective and resiliency factors and enhance the likelihood of positive outcomes for everyone.

We believe it is the responsibility of the public mental health system to provide mental health education and to raise public awareness about mental health issues, and that all residents of the Fairfax-Falls Church area should have easy access to this information. While the CSB currently conducts education and public awareness activities, we understand that these activities are loosely organized in the service delivery system. We believe Fairfax-Falls Church area residents would benefit from enhanced access to information about mental health, wellness, recovery, and resilience.

We also believe that all residents of the Fairfax-Falls Church area should have access to information about public mental health services and supports through outreach and publicity efforts. As with the public awareness and education activities, it is our assessment that the CSB's publicizing of its mental health services is a loosely organized effort.

Further, we believe that increased focus is needed on easing access to information for individuals whether it is by phone, computer, written material, or in person. It is very important that an individual's first contact with the mental health system, regardless of where that contact is made, is welcoming, informative, and comfortable. A transformed, integrated system will not only meet the primary needs of the individual seeking assistance, it will also "create an environment in which

other basic desires for comfort, convenience, safety, and information are anticipated and addressed”.¹⁵

Recommendation 2

- a. Organize and deliver education and public awareness activities and campaigns about mental health and wellness.**
- b. Actively publicize information about public mental health services and supports to the community.**
- c. Assure that access to information is a customer-friendly, culturally-sensitive and welcoming process.**

b. Public Care or Care Network Referral

“The public mental health system serves as a safety net for people who are poor, uninsured, or for those whose private insurance benefits run out during their illness. The public system ensures that mental health treatment is available for those in need, enabling individuals to return to their communities and lead more productive lives”.¹⁶ In addition to serving those in the safety net, we believe that the public system has an obligation to assure either access to public mental health services and supports or linkage to private or nonprofit mental health services and supports. In a transformed system, every resident of the Fairfax-Falls Church area would have a path into the public mental health system or a referral to a nonprofit or private provider in the care network. This belief is based on our philosophy that mental health is a shared community responsibility.

¹⁵ Ford, F. and Fottler, M. (Fall 2000). Creating Customer-Focused Health Care Organizations. *Journal of Healthcare Management*. 18-33.

¹⁶ Burns, Robert J. National Governor’s Association. (7 Dec 2001) Issue Brief: Strengthening the Mental Health Safety Net: Issues and Innovations. Accessed 14 July 2008. <http://www.nga.org/>

i. Public Care

Public mental health care currently provided by the CSB includes an extensive array of services and supports. For example, some individuals have brief access to public care (e.g., relatively short-term supportive counseling, participation in a psycho-educational group). Others may have longer term access to public care (e.g., intensive care coordination or case management, medication management). The CSB estimates that approximately 50% of adults who enter the system complete public care because their needs are met through short-term, time-limited services and supports or they are referred to other community resources; the remaining 50% transition deeper into the system of public care for continuing care.

We strongly believe that Fairfax-Falls Church area residents benefit from the extensive and rich array of public mental health services and supports. However, as we considered our recommendations about the populations to be served by the public sector, we returned more than once to our definition of the mental health system outlined in the Commission Philosophy section of this report:

“Mental health is a shared community responsibility...[and]...is comprised of 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”.¹⁷

Our focus, as we grappled with the difficult decisions around populations to be served, was on this broadly defined system and its capacity to serve Fairfax-Falls Church area residents.

¹⁷ This report, 14-15

To promote mental health and wellness in the community, we believe that any Fairfax-Falls Church area resident seeking care, regardless of insurance or ability to pay, would have access to time-limited public care or a referral/assessment for connection to nonprofit or private mental health services and supports. Those served longer term by the CSB would include adults, children, and youth who:

- are uninsured or underinsured or are unable to pay and are:
 - experiencing psychiatric crisis
 - experiencing a serious mental illness (adults), serious emotional disturbance (up to 18 years of age), or at risk of developing a serious emotional disturbance (birth to age seven)
 - experiencing a serious mental illness with a concomitant substance use disorder, or
 - functioning poorly in the community as a result of mental health symptoms and in need of a specific service or a constellation of services provided by the CSB and otherwise not available
- regardless of insurance and ability to pay:
 - are determined to be in need of public mental health services and supports to prevent further decompensation and/or reliance on the public system.

In accordance with our value of person-centered care, the duration of longer term service and supports would be dependent on the individual.

Recommendation 3

Assure that all who seek access to the mental health system secure either access to public mental health services and supports or linkage to private or non-profit mental health services and supports.

ii. Care Network

The Commission believes that the capacity of the public system would be enhanced through a robust network of care which brings together public, private and nonprofit providers, insurers, employers, and people in recovery to address the needs of the community. An optimized network of care would bring the various entities (public, private and nonprofit) closer together and could potentially increase both contractual relationships with private practices and capacity in the nonprofit community. Additionally, as the CSB forges stronger relationships with insurance companies, there may be potential for increased insurance collections by the CSB.

The unique capacities of the public system (such as emergency coverage and service, care coordination or case management services, and skill in assisting people with severe psychiatric disabilities) are a major asset to the community. The CSB must educate others in the network as to its unique capacity to serve. Similarly, the private and nonprofit entities in the care network enrich the community with assets which could be better understood by all network partners.

Building a robust network would require the development of more focused business policies and practices with built-in accountability and follow-up as essential components of the process. Partners in the network would not only be responsible for making referrals, but also for ensuring that connections in the care process are secured. Business practices regarding referrals between primary health care providers may serve as examples for enhancing accountability among system partners.

Our recommendation to increase collaboration and accountability would not be complete without some assurance of system incentives to accomplish the transformation. We hypothesize that a

robust network of care would enhance cross-system access to services and supports and would increase opportunities for cross-system referrals. As an initial step in building this network, we recommend that a detailed market analysis be conducted in order to map network assets, test the hypothesis regarding incentives for collaboration and shared accountability, and evaluate current system capacity against projected need.

Recommendation 4

Build a robust network of care with practices that ensure cross-system accountability for referral connections. Begin with a market analysis to map network assets, identify incentives for shared accountability and collaboration, and evaluate current capacity against projected need.

c. Benefits Assistance and Advocacy

Many challenges exist in the Virginia benefits administration environment for persons with behavioral health care needs who want to access Medicaid benefits and other entitlements including Medicare, Supplemental Security Income (SSI) and Social Security Disability Income (SSDI). Multiple applications may be made before eligibility is approved. Follow up with, and advocacy for, the service recipient until such time as the individual is enrolled or disqualified is critical.

Recommendation 5

Deploy Benefits Coordinator positions to mental health service sites in order to assist and advocate for individuals seeking benefits