I. Foundation for Recommendations

As a Commission, we began by building a foundation for our recommendations. This foundation includes the following: Vision, Philosophy, Values and Guiding Principles, Stakeholder Input on the system, and the current System Structure.

A. COMMISSION VISION

This Commission has adopted as its vision the following vision statement from the *New Freedom Commission on Mental Health:*

> *"We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports – essentials for living, working, learning and participating fully in the community".* [8]

B. COMMISSION PHILOSOPHY

Mental health is fundamental to overall health and it is a shared community responsibility. Anyone with, or at risk for, mental illness should have access to a comprehensive and coordinated

[8] New Freedom Commission on Mental Health. (July 2003). *Achieving the Promise: Transforming Mental Health Care in America. Executive Summary*. (DHHS Pub. No. SMA-03-3831). Rockville, MD. 1.

system of services and supports including prevention and early intervention services. This system should include treatment and other critical supports such as affordable and safe homes, meaningful work opportunities and/or education, primary health care, and supports for families and children. This shared community responsibility 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. Services and supports should be designed to build resilience and facilitate individualized recovery.

C. COMMISSION VALUES and GUIDING PRINCIPLES

In framing the values and principles to guide the Commission's work, members referred to *Improving the Quality of Health Care for Mental and Substance-Use Conditions*[9], *From Study to Action: A Strategic Plan for Transformation of Mental Health Care*[10], *Building Systems of Care: A Primer*[11], and *Recovery Core Values*[12]. Not surprisingly, there was much commonality among the values and principles identified in these references. While each member brought his or her own

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[9] Institute of Medicine, Board on Health Care Services. (2006). *Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series.* Washington: The National Academies Press. 57-58.

[10] Daniels, A., Ed. D., and Adams, N., M.D., MPH. (Feb 2006). *From Study to Action: A Strategic Plan for Transformation of Mental Health Care*. Accessed 17 June 2008. www.healthcarechange.org.

[11] Pires, Sheila. (Spring 2002). *Building Systems of Care: A Primer.* Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University Child Development Center.

[12] Advocacy Unlimited, Inc. (2 Oct 2001). Recovery Core Values for the Mental Health and Addictions Recovery (Treatment) System. Accessed 16 June 2008. http://www.mindlink.org/recovery_core_values.html.

set of values to guide this work, we were heartened by the commonality of values among members.

As a group, we agreed to the following set of primary values upon which to build our recommendations:

- **ACCESS**
  Assurance that services and supports are timely, appropriate to needs, and sufficient to reach the identified outcomes in order to restore and sustain individual and family integration in the community.

- **COMMUNITY-BASED SERVICES and SUPPORTS**
  Services and supports which are located in the community, for which management and decision-making responsibility rest at the community level, and which are directed by the individual along with the individual's choice of persons in his or her natural support system.

- **CULTURAL AND LINGUISTIC COMPETENCE**
  All persons providing services and support will have an understanding of, and responsiveness to, cultural, racial, ethnic or linguistic differences in all areas of services and supports.

- **EFFECTIVENESS and MEASURABLE RESULTS**
  Services based on the best scientific evidence at the time resulting in the achievement of desired outcomes of choice for the individual.

- **EQUITY**
  Provides services and supports that do not vary in quality because of personal characteristics of the individual such as severity of disability, gender, ethnicity, geographic location and socioeconomic status.

- **FAMILY INVOLVEMENT, SUPPORT and EDUCATION**
  Individuals and their families are participants in all aspects of the planning, delivery of services and supports as chosen by individual and appropriate by age and circumstance. A robust system of support for families experiencing the mental illness of a family member is an important part of a service delivery system.

- **INVOLVEMENT with NATURAL COMMUNITY SUPPORTS**
  Individuals and families are seen as having important social connections with other organizations, services and affiliations that are in their community and these connections serve as a network and resources for supports, activities and education.

- **PERSON-CENTERED SERVICES and SUPPORTS**
  A highly individualized and family directed approach used to understand each individual's and family's history, strengths, needs and vision of their own treatment and needed natural supports to promote resiliency and recovery.

- **PREVENTION and EARLY INTERVENTION**
  Maintenance of wellness, early identification, and early intervention that builds protective and resiliency factors and enhances the likelihood of positive outcomes for everyone.

- **RESPECT**
  Deference and honoring of the unique preferences, strengths, and dignity of each person in their choice of services and supports.

- **SAFETY**
  Services and supports are provided in an emotionally and physically safe, compassionate, trusting and caring treatment/working environment for all persons with a mental health disability, family members, staff, and the community.

- **SERVICE INTEGRATION**
  Coordinated and collaborative services and supports with consistent practice models and strategies and cooperation across systems and among mental health providers to ensure the appropriate and timely exchange of information and coordination of effective services and supports.

- **TRANSPARENCY**
  All stakeholders in the service system have the information necessary to support both person/family-centered and systems-level informed decision-making. The policies, priority setting, and practices of the mental health delivery system should be transparent and accessible to members of the community.

D. STAKEHOLDER INPUT

As we built the vision, philosophy, and values elements of the foundation for our recommendations, we conducted a parallel process of gathering input from various stakeholder groups through conversations and surveys. These stakeholder groups included:

- Individuals (including both youth and adults) receiving mental health services. (In the survey, these persons are referred to as **consumers**)
- Family members and Significant Others of individuals receiving mental health services

- Service Providers, and by that we mean Fairfax-Falls Church Community Services Board (CSB) staff as well as employees and volunteers associated with organizations that provide mental health services in Fairfax County
- Leaders of other county departments in the human services system

To ensure stakeholder input in the process of developing recommendations, the Commission conducted the following activities:

1. 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 reoccurring 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 on programs, processes, medication, the Medicaid application process, and 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 conditions 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 benefits processing, and collaboration within the CSB, with other county agencies and 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 decision making
- **Promoting effectiveness:** number and range of outside activities, more day treatment and step down programs, follow up with individuals receiving services
- **Ensuring safety:** physical conditions of facilities, supporting safe behavior of individuals receiving services, safety of program locations
- **Providing transparency:** more education for individuals receiving services and families on programs and processes
- **Supporting free flow of information:** communication between leadership and staff (response time, information sharing)
- **Ensuring timeliness:** intra-agency responsiveness

2. 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 instrument) and similar surveys for family members/significant others of individuals receiving services and for providers of mental health services. The ROSI survey is a tool currently 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 (see 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 used 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

3. 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, families of adults who had experience with emergency services. Comments from both of these sessions were summarized, with the topics that engaged the most interest 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, a few of the 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

4. Conversation with county human services leaders

At a regularly scheduled 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 Community Services Board (CSB) and the Deputy County Executive for Human Services.

One strong theme which 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 underutilized 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.

5. Overall themes from stakeholder input activities

Overall, when looking at all stakeholder input gathering activities, some reoccurring themes across these various participant groups and input methodologies include the need for:

- Growth opportunities for individuals receiving mental health services (employment, education, community activities)
- Support and education for families/significant others of individuals receiving mental health services
- Use of peer advocates and peer service providers
- Assistance and process modifications for benefits and insurance related issues
- Greater collaboration among service providers and partners in the county
- Availability of public information on county services and processes
- Improved access including the process to receive services and housing, as well as increased contact with staff

After drafting our initial recommendations, we created an opportunity for feedback from representatives of all stakeholder groups and other interested individuals.

A summary of stakeholder input sessions will be added following completion of these sessions.

Our draft recommendations were subsequently refined and reshaped based on this input.

E. CURRENT SYSTEM STRUCTURE

In addition to stakeholder input on the current system, the Commission gathered information about the mental health system from Community Service Board (CSB) service providers. In reply to our many questions, staff provided responses in the form of categorized portfolios of data and information. In response to our request to visit some service delivery sites, we were given the opportunity to tour sites including Consumer Wellness Center of Falls Church, Crisis Care Program at Woodburn Place, Crossroads, Eleanor Kennedy Shelter, Program of Assertive Community Treatment, PRS, Inc., Project to Assist Transition from Homelessness Team, and Woodburn Center for Community Mental Health. Finally, we listened to presentations by, and had multiple conversations with, CSB staff regarding mental health services and supports.

In gathering information about the system, we learned how the CSB is structured and how that structure impacts individuals receiving mental health services as they initially access services and flow through the system. Listed below is a brief summary of elements related to the current system structure. In our discussions and in this list we have used a "door" metaphor to capture the entry and exit flow of individuals through the system.

- The primary "front door" for adults entering the system is through the Access Unit. Other portals of entry include, but are not limited to, Emergency Services, Crisis Care, Homeless Outreach, Hospital Discharge, and Day Treatment.
- Approximately 50% of adults who enter the system through the Access Unit complete CSB care because their needs are met or they are referred to other community resources. The remaining 50% transfer deeper into the system.

- Most adults transitioning from the Access Unit deeper into the system of services and supports are uninsured or underinsured and are:
    - Persons in psychiatric crisis
    - Persons experiencing a serious mental illness
    - Persons experiencing a serious mental illness with a concomitant substance use disorder
    - Persons who are functioning poorly in the community as a result of mental health symptoms and need a service not otherwise available (primarily case management)
- While the CSB has the ability to serve persons with private insurance (through participation on many insurance panels) the number of individuals receiving services who have private insurance represents a statistically low percentage of the total served.
- The "back door" for adults to exit the system is utilized less often than the front door. This is because many persons require ongoing psychotropic medication and/or experience complex disorders and, even in the context of improvement, may continue contact with case managers or psychiatrists/nurse practitioners
- Currently the system is structured with separate "doors" for adults and for children, youth, and their families.
- Children, youth, and their families in need of services call the same Access Unit phone number, where they are screened by a designated Youth & Family staff member. Callers are then given an intake appointment or referred to other appropriate services or agencies. Other portals of entry for children, youth, and their families include, but are not limited to, Emergency Services, Adolescent Day Treatment, Youth & Family Residential Services, Psychiatric Inpatient units, Juvenile and Domestic Relations District Court, Comprehensive Services Act, Fairfax County Public Schools and the Department of Family Services.
- Children, youth, and their families have fewer eligibility constraints to access system services

- The CSB is structured in discrete disability areas which include Mental Health, Alcohol and Drug Services, Mental Retardation, and Infant Toddler Connection.
- A significant effort is underway to build co-occurring capable programs able to treat co-occurring substance abuse and mental health disabilities and to establish a "no wrong door" policy for individuals with co-occurring disorders. Several years ago, the CSB established a "no wrong door" within its Homeless Services Unit, integrating staff from Mental Health and Alcohol and Drug Services.

Draft