

- Access to services for children with a parent who has a mental illness and/or substance use disorder
- Access to services for foster care parents

3. KEY SUPPORTS FOR TRANSFORMATION

As outlined below, a successful transformation towards a recovery- and resilience-oriented system requires visionary leadership, a workforce that embraces the principles of recovery and resilience, and technical supports to increase system efficiency and productivity.

a. Governance and Leadership

“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”.⁶⁸ It is the governance (i.e., CSB board) of the system 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 the organization sustains and attains the vision.

i. Board Structure and Competencies

The CSB board is currently structured by the disability areas which provide services—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

⁶⁸ SAMHSA. (2005 May-June). Leadership is Everyone’s Business. *Mental Health transformation trends*. 1(2), 5. Accessed 16 June 2008. <http://www.samsha.gov/>

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 others, 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.

Recommendation 35

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

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. 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.

Recommendation 36

Broaden the skill set of the CSB board as new members are appointed to reflect needed competencies for governance.

ii. CSB Leadership Competencies, Development and Accountability

As new leaders are chosen, the CSB must hire or promote individuals who possess leadership attributes that are consistent with the vision of a recovery- and resilience-oriented system.

Inherent in the philosophical shift to a more business-focused model is the need for business management skills at all levels of leadership.

Recommendation 37

Assure that leadership positions are filled by individuals who possess leadership attributes that are consistent with the vision of a recovery- and resilience-oriented system.

To successfully imbed a recovery-and resilience-oriented philosophy throughout the system, leadership development, including a drive to be more innovative and creative at all levels, needs to be part of the DNA of the organization. We understand that the county has invested in a leadership/management development program which focuses on personal competencies needed to realize vision-driven, values-based organizations. We encourage the CSB to take full advantage of this program, and to imbed its principles in the work culture. Effective succession planning will include this development program and mentoring to assist staff in evolving into leadership roles.

Recommendation 38

Provide ongoing leadership development.

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.

Recommendation 39

Assure a mechanism for accountability of leaders.

As a final note on governance and leadership, we believe that movement towards independence can apply to systems as well as individuals. Parallel to the development of self-reliance and independence of individuals with mental illness is the enhancement of self-reliance and independence of system leadership. As leaders adopt a more business-focused model of service delivery (which maximizes revenue, measures results, and incentivizes productivity), there would be reduced system dependence on local tax dollars.

b. Workforce

As the system shifts to a transformed culture focused on recovery and resilience, new and different competencies are required. This shift necessitates a transformed approach to recruiting, retaining, and training the behavioral health care workforce.

SAMHSA commissioned the Annapolis Coalition to develop a national strategic plan on workforce development. Strategic goals in this national plan focus on broadening the concept of the workforce, strengthening the workforce, and instituting structures to support the workforce.⁶⁹

⁶⁹ The Annapolis Coalition on the Behavioral Health Workforce for SAMSHA. (2007). An action plan for behavioral health workforce development: a framework for discussion. pp. 2-3, 13-14. Accessed 17 June 2008. <http://www.samsha.gov/workforce/annapolis/workforceactionplan.pdf>

i. Staff Competencies

Competency identification, development, and assessment are receiving increased attention in all areas of health care, including behavioral health. “This trend is driven by the compelling notion that, for a field to advance, there must be more precision in specifying the optimal attitudes, knowledge, and skills of the workforce”.⁷⁰ Additionally, linguistic competency—or the communication of information in a manner that is easily understood by diverse audiences including the deaf population as well as persons of limited English proficiency, low literacy skills, and/or linguistic disabilities—is becoming an essential trait for providers in today’s behavioral health care workforce.⁷¹

Once competencies unique to a recovery- and resilience-oriented system “have been identified, the objective is to build them into the workforce [through ongoing competency-based education/training] and to demonstrate, using various assessment strategies, that the competencies have been acquired by individual providers”.⁷²

⁷⁰ The Annapolis Coalition on the Behavioral Health Workforce for SAMSHA. (2007). An action plan for behavioral health workforce development: a framework for discussion. 120. Accessed 17 June 2008. <http://www.samsha.gov/workforce/annapolis/workforceactionplan.pdf>

⁷¹ Bronheim, S., Goode, T., and Jones, W. (Spring 2006). Rationale for Cultural and Linguistic Competence in Family Supports. *Policy Brief: Cultural and Linguistic Competence in Family Supports*. 4. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.

⁷² The Annapolis Coalition on the Behavioral Health Workforce for SAMSHA. (2007). An action plan for behavioral health workforce development: a framework for discussion. 120. Accessed 17 June 2008. <http://www.samsha.gov/workforce/annapolis/workforceactionplan.pdf>

Recommendation 40

Assure that staff competencies reflect and support the vision and values of a recovery- and resilience-oriented system.

ii. Productivity Standards

Productivity can be incentivized by building productivity measures into the county's pay for performance system. These productivity standards would be established through benchmarking other system standards, and conversations with staff and individuals receiving mental health services. These standards would be periodically re-evaluated to assure that they are reasonable, but challenging. These standards will also be affected by advances in technology which impact the work.

Recommendation 41

Demonstrate high expectations for efficiency and accountability through clear performance and productivity standards.

As a final note, in a transformed system that operates according to the values and beliefs established by the Commission, we believe that staff who have experienced mental illness should feel safe identifying their disability, and find comfort in the knowledge that they will be treated as an asset to the organization because of their personal experience. Individuals who choose to self-disclose their history of mental illness are expected in, and evidence of, a recovery-and resilience-oriented system. In a transformed system, staff will understand the purpose and importance of being up-front about their own lived experience, and will recognize that, by

sharing their story, they are helping to reduce the stigma surrounding mental illness and providing invaluable support to other individuals.

iii. Workforce Planning

The design elements of this system transformation require increased emphasis on care coordination (case management) and peer support. To accomplish this transformation, the agency needs flexibility in the workforce planning process to create and reallocate positions as necessary to meet the changing needs of individuals receiving mental health services. This will include the provision of new positions when funding to cover the costs is within the CSB budget.

Recommendation 42

Create, within the defined budget, flexibility to authorize and reallocate positions in order to respond to the needs of individuals receiving mental health services.

iv. Transportation Support

Care coordination (case management) is the core of an improved system of mental health care in Fairfax County. The objective of recovery requires that persons are served in their natural communities, assisted in developing daily life strategies, and supported prior to a crisis. Both emergency and care coordination staffs need the capacity to be mobile and responsive.

Ideally, the CSB would have a fleet of vehicles with take home privileges for those staff whose need for mobility is clear. Less ideally, the County would develop a mechanism to assist the staff in obtaining the appropriate insurance coverage on their private vehicles. Some options include: the county purchasing an appropriate rider, making the purchase of additional insurance a

reimbursable expense, or, at minimum, increasing the mileage rate for community transportation so that staff are able to purchase coverage individually.

Recommendation 43

Enable persons to be served in their natural communities by assisting staff in transportation needs.

c. Organizational Culture

Establishing a recovery- and resilience-oriented work culture involves a creative mix of risk acceptance and mutual respect for fellow employees and all those who are served.

i. Innovation and Respect

According to the National Institute of 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”.⁷³ A work environment that encourages recovery demands innovation and requires innovative thinking at all levels of the organization.

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

⁷³ Division of Services and Intervention Research and Division of Extramural Activities of the National Institute of Mental Health. (17 Oct 2005) Innovation in Mental Health Research: What? How? How Much? Potomac, MD. Accessed 15 July 2008. <http://www.nimh.nih.gov/research-funding/scientific-meetings/2005/>

anxious that they will be blamed if things go wrong and are therefore reluctant to take initiative.⁷⁴ Even with “the best of intentions, providers [can] act in a controlling and limiting fashion, offering a limited menu of choices for action that appear to be reasonable and protective”, but which leave the individual feeling constrained and limited.⁷⁵ 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.

We recognize that innovation increases risk. However, because most individuals without psychiatric disabilities “learn and grow from taking risk and learning from both their successes and failures”, we believe that a person-centered approach to mental health care should allow individuals on the road to recovery the same opportunities.⁷⁶

Recommendation 44

Encourage and recognize creativity and innovation while balancing risk with results.

In our values we emphasized the need, in a transformed system, 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. Respect amongst

⁷⁴ Campling, Penelope, Davies, Steffan, and Graeme Farquharson. (2004) *From toxic institutions to therapeutic environment: residential settings in mental health services*. London: Gaskell. 179.

⁷⁵ Adams, Neal, and Diane M. Grieder. (2005) *Treatment planning for person-centered care: the road to mental health and addiction recovery*. Burlington, MA: Elsevier Academic Press. 150.

⁷⁶ Adams, Neal, and Diane M. Grieder. (2005) *Treatment planning for person-centered care: the road to mental health and addiction recovery*. Burlington, MA: Elsevier Academic Press. 150.

providers, and mutual encouragement, is especially important in transformed mental health system, as courage and excitement will be needed to pursue innovative treatment options.

Recommendation 45

Foster a culture of respect in all relationships.

ii. System Language

“Creation of a recovery-oriented system of care requires behavioral health care practitioners to alter the way they look at persons with mental illness and addiction, their own roles in facilitating recovery from these conditions, and the language they use in referring to individuals they serve”.⁷⁷

“ ‘Person first’ language is used to acknowledge that the diagnosis is not as important as the person’s individuality and humanity, e.g., ‘a person diagnosed with schizophrenia’ versus ‘a schizophrenic’”.⁷⁸ Person-first language recognizes that the person to whom one is referring is firstly a multidimensional human being like everyone else, and secondarily, has a disability with which he or she is dealing. Employing person-first language does not mean that a person’s diagnosis is hidden or seen as irrelevant; however, it also is not the sole focus of any description about that person.⁷⁹ The intentional use of person-first language helps to promote an environment

⁷⁷ Connecticut Department of Mental Health and Addiction Services, Yale University Program for Recovery and Mental Health. (2006). *Practice Guidelines for Recovery-Oriented Behavioral Health Care*. 97.

⁷⁸ Tondora, J., Pocklington, S., Gorges, A., Osher, D., and Davidson, L. Yale Program for Recovery and Community Health. (2005). Implementation of person-centered care and planning: how philosophy can inform practice. 6.

⁷⁹ Tondora, J., Pocklington, S., Gorges, A., Osher, D., and Davidson, L. Yale Program for Recovery and Community Health. (2005). Implementation of person-centered care and planning: how philosophy can inform practice. 6.

in which people with mental illness are valued, motivated to gain hope for the future, and reach their goals.

Recommendation 46

Promote person-first language that is consistent with a recovery- and resilience-oriented system of care.

Other changes in system language may promote changes in thinking and practice. For example, the titles of Care Coordinator, Recovery Guide⁸⁰, or Recovery Support Specialist may be more strengths-based, recovery- and resilience-oriented alternatives to the title of Clinical Case Manager when referring to those providing service.

c. Technology

The successful implementation of changes to programming, structure, and philosophy identified in this report is critically linked with the leveraging of appropriate technology solutions. Technology can bring alive the set of values established by this Commission, affording the opportunity to improve efficiency, facilitate access to services and information, provide data for measuring effectiveness, and promote transparency and participation. More specifically, efficiency gained through the real time entry of information via a variety of hardware into an electronic health record rather than on paper, or paper to electronic transfer, ensures that information is available across physical sites and between CSB providers of service. For the individuals receiving service, the end result is better coordination and quality of care, not to mention the efficiency gained by

⁸⁰ Davidson, L, Tondora, J., Staeheli M., O'Connell M., Frey, J., & Chinman, M. (2003). Recovery guides: An emerging model of community-based care for adults with psychiatric disabilities. 4. In Lightburn, A., & Sessions, P. (Eds.) *Community Based Clinical Practice* (pp. 476-501). London: Oxford University Press.

not having to reiterate information already provided (both clinical and administrative). Likewise, for staff it affords the opportunity of time savings and enhanced decision support. Data that is generated on service type and amount can be utilized to review what is being provided up against demand and need, evaluate productivity and realign resources as needed. Having information available on outcomes and productivity on a regular basis is itself an important management tool for system improvement.

Across the nation, technology is playing an increasingly important role in the delivery of health care, behavioral health care and most significantly, the integration of the two. Key to this are ePrescribing, the electronic health record (EHR) and the personal health record (PHR) that support health information exchange (HIE), and supportive technologies that improve the efficiency and quality of service. An EHR is an individual's health record in digital format that is accessed on a computer, often over a network. Typically an EHR is generated by the service provider, while a PHR is maintained by the individual receiving service. A PHR is a vehicle for the individual to organize and retrieve his or her own health information, including emergency contact information, a description of problems, history of treatments, and preferences. The integration of EHR and PHR information promotes a person-centered approach to services. On a larger scale, the EHR and PHR are facilitators of HIE, which is the electronic movement of clinical information between information systems. Ultimately, HIE will improve the safety, efficiency, and effectiveness of services.

The development of an electronic health record and related infrastructures is required by both state (target date for Virginia Health Information Exchange initiative is 2012) and federal initiatives (target date for Federal EHR and Interoperability initiative is 2014) to facilitate the movement of information. The Fairfax-Falls Church CSB has set a goal of full electronic

connectivity by 2010. Anasazi Software, behavioral health care software, was implemented in 1999 as the CSB Electronic Health Record. As a county agency, the Fairfax-Falls Church CSB relies on the county Department of Information Technology (DIT) for infrastructure support of its 1100 staff, more than 80,000 consumer records, connectivity for 75 main sites and additional smaller sites where individuals receiving CSB services reside, as well as policy implementation/guidelines.

Use of a strong EHR, integration of that EHR with a PHR, procurement of state-of-the-art software, and consistent network connections are critical success factors in supporting the CSB's service delivery system. The following basic principles underlie the CSB technology development:

- The Fairfax-Fall Church CSB must meet the federal and state guidelines for implementation of EHR and HIE in a timely manner
- Privacy and confidentiality must be maintained
- The EHR of the CSB should have the capacity for integration with a PHR and meet the needs of individuals receiving services and staff alike
- Adequate infrastructure and staff resources should support the EHR
- The type and implementation of this technology should be consistent with transformation principles
- The use of technology should be embraced and championed by CSB leadership, and understood and supported by county management as well

A critical juncture exists that could be capitalized on. The CSB is facing expensive upgrades to Anasazi Software over the next two years that involve ePrescribing and changes to the Assessment and Treatment Planning module of the product. Newer products on the market have

additional features that would enable the CSB to best support the transformation. In addition, a large number of the CSB's in Virginia are currently evaluating their software systems and, as a result, there is timely information available about these products and their ability to meet the needs of a transforming behavioral healthcare system. Through the county IT funding process, the CSB is currently allocating funds to build additional server capacity to meet an increased user base. The possibility exists that these funds, coupled with the anticipated costs for upgrade, could be redirected into a product that supports the system reform underway. Strategic implementation opportunities, such as hosting the EHR with the vendor, could provide more efficiency and potential better use of county resources.

Recommendation 47

Support improvements in efficiency and recovery through the purchase and support of a new EHR/PHR following county funding and procurement procedures. A very rough estimate for this purchase is a one time cost of approximately \$3M over 3 years.

To meet the requirements for the future, the EHR software for the CSB should be:

- A Web based application (uses a browser) that is secure, user friendly and intuitive
- Accessible by individuals who receive services to view and update information in the EHR; capable of integration with PHRs maintained by individuals receiving services for self-management
- Capable of health information exchange with other software, including medical practices and laboratories, and meet software guidelines for this interoperability
- ePrescribing capable
- Document management ready, including the scanning and indexing of information generated in paper or coming in electronically and its interface with the CSB EHR

- Structured to integrate data collection and reimbursement functions
- Capable of robust reporting to ensure that information in the system can be reported out and analyzed. This includes producing a dashboard of daily indicators for executive/manager/supervisor/staff
- Includes decision support opportunities that enhance the skills of staff and those receiving services

The first steps to secure this EHR/PHR include the CSB, county staff, and as appropriate outside experts, working together to:

- Assess current support from the county to the CSB for the implementation of the EHR/PHR. Large scale purchases or upgrades of software and related infrastructure are not included in the CSB budget, but rather handled through a process of county prioritization and funding
- Issue a Request for Information (RFI) to assess the availability of EHR software to meet the future needs and requirements of the CSB. The process of review of respondents to this RFI should involve not only the staff supporting the CSB EHR efforts, but also line staff, individuals receiving CSB services, and county IT staff
- In conjunction with this RFI, review the current application used by the CSB and upcoming upgrades to determine the most effective use of the funds to either upgrade or purchase a new software product, as well as the degree to which this application meets the needs of the CSB and those who receive services from the CSB
- Analyze the possibility for hosting the current or future EHR application at the vendor site as an Application Server Provider (ASP) as opposed to within the county to take advantage of more effective back up of the vital information of individuals receiving CSB services, as well as consistency in support for the software

- Identify other hardware and network needs required for the CSB to realize the implementation of a state-of-the-art EHR and PHR, HIE, and adequate support for individuals receiving CSB services through the use of technology

To effectively support this EHR/PHR, the right hardware and infrastructure must be in place.

These items include:

- A system that is available 24/7 with sufficient redundancy to avoid down time.
- Purchasing flexibility to benefit most from state-of-the-art technology (computers, laptops, PDAs)
- Consistent network, regardless of location, that allows quick and remote access
- Public access at CSB sites so that individuals receiving services can access not only the EHR/PHR at a CSB site, but also websites that support their job seeking, information gathering, and connection with others
- Sufficient CSB support staff for ongoing training and real time support to clinical staff
- Service Level Agreement with DIT that supports the ability of the CSB to maintain the EHR, including business continuity

Ultimately it is the right combination of software and hardware and support for system reform that will lead to an increased efficiency of business practice. There are some specific items that when implemented would immediately have a positive impact and these are highlighted below.

Technology can clearly support the move away from an office based approach to service delivery to working in the community. Use of laptops and other similar portable devices would improve the usability of the EHR and maximize its efficiency. Although a transition has occurred

from desk tops to laptops for certain identified positions within the CSB, rapid changes in technology are making available many different options that might prove more efficient and cost effective.

Recommendation 48

Purchase hardware (laptops and similar portable devices) that supports changes in business practice.

In their daily work, staff encounter technology issues that need to be resolved quickly and efficiently. Support for these issues is frequently slowed by the fact that the CSB is spread out across many sites. The CSB has staff identified by the county as “super users” who could assist with some of these common technical issues with computers and applications.

Recommendation 49

Modify existing IT rules to give permission for administrative rights for desktops, to include laptops, for identified CSB staff.

The Internet has spawned a wealth of information that is a critical support to individuals receiving mental health services and their families. Websites are helpful in getting information about jobs and living arrangements. Other sites, including the Network of Care, provide opportunities for research on the latest medications, help groups, and connection with others seeking support. Some EHR products currently have methods for individuals receiving services to complete information online as they wait for scheduled appointments. This information is then used to focus the time

with staff, as well as aid in overall decision support. For those individuals residing in CSB facilities, as well as those participating in outpatient activities, access to this type of information where they get service further supports their recovery and resilience. Computers and kiosks at sites, as well as staff computers with both staff and public access capacity, are required to realize this goal.

Recommendation 50

Modify existing IT rules to allow access to public domains at sites for the use of individuals receiving services and purchase computer kiosks for key CSB service sites